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# Glasgow and West of Scotland Blood Transfusion Service

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RJC/BY

3rd December 1984



Dr. R. J. Perry,
SNBTS,
Protein Fractionation Centre,
21 Ellen's Glen Road,
Edinburgh.

Dear Bob,

**Haemophiliac F VIII batch dedication**

I shall take this simply because I want to be able to use this letter as a briefing document for colleagues who have not been involved in our preliminary discussions.

The ultimate objective may be to provide limited donor pools, i.e. to have multiple donations from the same donor in a pool so that a 1000 donation pool represents the least possible number of donors. Though this option is under study, it must be some way in the future.

The next best option is to designate a batch for an individual patient. This would work roughly like this. Batch A is released. Stocks are high. Designate batch A to patient Anderson. Now we're a bit short of factor VIII, having allocated some years of therapy for one case. Batch A+1 and batch A+2 go to general use. Eventually batch B coincides with a recovery of stock. We designate batch B to patient Borland. This is an epoch of high production combined with poor supply. By the time we get to batch P for patient Paterson, life is a bit easier as Anderson to Ormond are using batches A to O and are not drawing on the general supplies. Eventually each case is using his own batch and as it goes done, a new batch replaces it.

The present suggestion is designed as a path towards this goal which would not impose so much strain on production.

The first requirement is that if any of any batch is given to our Region we would have exclusive right (barring disaster) to receive the rest of the batch. This sounds practicable from what you said.

We would then dedicate a batch to RHSC. They would use it all and we would dedicate another batch to them.

We would ask GRI to group their cases into, let's say, group 10 and group 20. Each group would possibly contain a similar mixture of mild and severe cases. It may even be

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possible to start off with more groups, e.g. 10, 20, 30, 40 and 50. Each group would have a designated batch of product.

The hospital stock would look like this. Five piles of factor VIII - each pile consisting of a single batch (or at most an older and a newer batch) and each pile labelled with "Exclusively for group no. ....." When factor VIII is prescribed, the patient's record card is checked by the MLSO. This card has such data as blood group, hepatitis status, usual dose and so on. We would add to this card the patient's treatment group number.

The ordering policy would almost be equivalent to five different products. The Royal would order factor VIII for group 30, send 100, and factor VIII for group 50, send 200.

The RTC stock would consist of seven piles of factor VIII, one each of the batch at issue for RHSC and the batches for groups 10 - 50. The seventh pile would consist of unallocated batches. When a pile at issue got a bit low, a new batch would be dedicated.

If the system worked easily the groups could be split further, 10 becoming 11 and 12 and so on. The key would be that any group should always consist of at least enough people to use a whole batch within its expiry.

So far as I can see, this policy would start by reducing batch exposure by a factor of about 6 in severe cases, less in mild cases without any vast increase in stockpiling. Group splitting (at its later stages) would need to be timed to ensure that we could tolerate the extra demand but careful monitoring should see to that. At the late stages there would also be strain on storage capacity. This would mean that as we get towards having a mean of a year's supply for each of a large number of groups, we'll need to be very careful.

I think I should start initial negotiation as soon as possible as existing resources should cope. The late stages will depend on continuing high yields of factor VIII, controllable increases in clinical demand and adequate plasma collection, and processing resources.

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The urgent point is that I want to make a big quick reduction in patients' batch exposure and to worry about the law of diminishing returns later.

With kind regards,

Yours sincerely,

GRO-C

R. J. Crawford,
Consultant.

c.c. Dr. J. D. Cash,
Dr. R. Mitchell,
Dr. D. Hopkins,
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