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R. Jackson ✓
15 FEB 1975
National

Blood Transfusion Service

Regional Transfusion
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Telephone Cambridge 45921
(S.T.D. Code GRO-C)

Director: Dr J Darnborough, MB, ChB, FRCPath

12th February, 1975.

Dr. W. d'A. Maycock,
The Lister Institute of Preventive
Medicine,
Elstree,
Herts.

(Copy to Hannibal House,
Dept. of Health & S.S.)

Dear Dr. Maycock,

Blood Products Production

I am writing with reference to Mr. Gidden's letter of the 24th December, yours of 4.2.75. and 10.2.75. and enclosures. May I also refer to my letter of 13.7.73. and Minute 8 of the Special RTDs meeting on this subject on the 20.7.73.

The Expert Committee on the Treatment of Haemophilia recommended -

- (i) that the total number of donations utilised for the production of anti-haemophilic material of any sort should be increased to a minimum of 400,000 p.a., possibly rising eventually to 700,000 p.a.
- (ii) that the preferred product for the future was Factor VIII concentrate;
- (iii) that 275,000 of the 400,000 should be utilised for fractionation at BPL, i.e. that the fractionation capacity of BPL of 1,000 litres per week should be fully utilised (see RTD(73)24).

The figures given in RTD(73)20 and elsewhere showed that in the U.K. about 300,000 donations p.a. were already utilised for anti-haemophilic preparations, of which 50,000 were being produced in Scotland which had, therefore, already reached its share of the 400,000 target. The deficit of 100,000 was, therefore, in England and Wales where, of 250,000 already utilised, about 45,000 went for fractionation, the remaining 205,000 being made into cryoprecipitate or FFP by the RTCs. If the present total haemophilic target is, in terms of donations, 400,000, of which 275,000 are to be fractionated, then 100,000 would come from the extra material, once the deficit had been made good, and the remaining 175,000 from the 250,000 units already utilised in other ways, i.e. by sending it for fractionation rather than preparing cryoprecipitate.

Neither RTD(75)1 appendix 1 nor RTD(75)3 make this clear and suggest, particularly to the outsider (e.g. RHA officers), that a further 210,123 donations need to be utilised for anti-haemophilic products when, in fact, it is only 100,000 plus readjustment in the processing of what is already being used.

Both these tables give a very misleading picture of RTC activities in producing anti-haemophilic material, as they give only the BPL viewpoint. Any RHA officer reading either table would immediately get the impression that five Centres (Northern, SE&SW Thames, Wessex, Mersey and North Western) are doing nothing for the haemophilics and that, apart from Oxford, very few are near to the suggested target which is, of course, quite wrong. NW Thames is producing vast quantities of cryoprecipitate and so is Wessex, plus considerable amounts also being produced by Northern, Yorkshire, South Western, West Midlands, North Western and Wales (see RTD(73)16).

Continued

In short, I am suggesting (a) that it is the total haemophilic load that needs to be shared out, not the extra (my letter of 13.7.73. and Minute 8, 20.7.73.), and (b) that the draft tables RTD(75)1 appendix 1 and RTD(75)3 are not suitable in their present form for distribution to RHAs in that they are incomplete and misleading. Further columns need to be added, showing cryoprecipitate and FFP production at RTC level and/or further amplification is needed in the covering letter which will go to Regional Administrators.

The figures given for concentrated cells are not quite the whole story as these will result from other sources such as platelet preparations, specific IgG plasma, etc. Our actual total for 1974 was 4,530, i.e. more than twice those resulting from fresh plasma for Factor VIII.

On Table RHD(75)3 I think it would also be worth an explanatory note to the effect that plasma sent for Factor VIII and immunoglobulins, including anti-D, is also used for PPF. This can be deduced from the table but again will not necessarily be apparent to an RHA Administrator. Also, on RTD(75)3, does column 5b "Specific" include anti-D plasma ?

One final point arising out of all this: I wonder if the time has now come to reconsider the format of the quarterly and annual statistics to include information on anti-haemophilic products and possibly other things such as the immunoglobulins. Obviously you will be modifying it anyway to include PPF.

Yours sincerely,

GRO-C

J. Darnborough.

JD/DA

Encl.