BPP(73)1.6

The United Oxford Hospitals

OXFORD HAEMOPHILIA CENTRE

Tel: Oxford (OOX 2) 64841

GRO-C

Churchill Hospital,
Headington,
Oxford.
OX3 7LJ

5th June, 1973

Dear Bill,

Thank you for your letter about the meeting on the 20th June.

My feelings about the supply of high potency human factor VIII concentrate are in two contexts:-

1. Short term By short term I mean the time which elapses until there is an adequate supply of intermediate purity factor VIII available in this country. The estimated requirement of intermediate potency factor VIII is the product of about 300,000 to 700,000 blood donations annually. This may be translated to factor VIII units to give about 30,000,000 to 50,000,000 units of factor VIII. The supply of intermediate potency factor VIII has absolute priority in my view since this is required to prevent crippling and save the lives of 95% of haemophilic patients who do not have factor VIII antibodies. In this short term view the production of high potency material should be on an experimental scale only.

2. Long term When there is enough intermediate potency factor VIII, then the production of high potency material should be considered.

(a) There is a case for supplying about ten per cent of the factor VIII concentrate as high potency material to treat patients who have anti-factor VIII antibodies.

(b) The intermediate potency material could slowly be replaced by high potency preparations which would be somewhat more convenient to use. There is considerable danger in opting immediately for a large supply of high potency material.

(a) The high potency material will involve a far higher loss of activity during purification and unless the supply of blood for fractionation is increased to the absolute maximum (1 - 1½ million donations annually) there will inevitably be too little material made.

(b) We do not know that the high potency material will not prove more antigenic than the intermediate potency material. It may produce antibodies in more patients. There are thus grounds for introducing it slowly and on a planned trial basis.

Yours sincerely,

GRO-C

Rosemary Biggs

Dr. W. d'A Maycock,
Lister Institute of Preventive Medicine,
Elstree,
Herts.
WD6 3AX