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10 / 8 / 67

MEDICAL RESEARCH COUNCIL

HEADQUARTERS FILE

SERIES SYMBOL
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OPENING CORRESPONDENT

TO

FROM

GENERAL SUBJECT
BLOOD TRANSFUSION RESEARCH COMMITTEE

GENERAL NUMBER
216

CLOSING DATE
/ /

SPECIAL SUBJECT
W/P. ON THE CRYOPRECIPITATE METHOD FOR PREPARING AHF CONCENTRATES 1ST MTG 20TH NOV. 1967

SPECIAL NUMBER
34

RELATED TO:
) 216/38

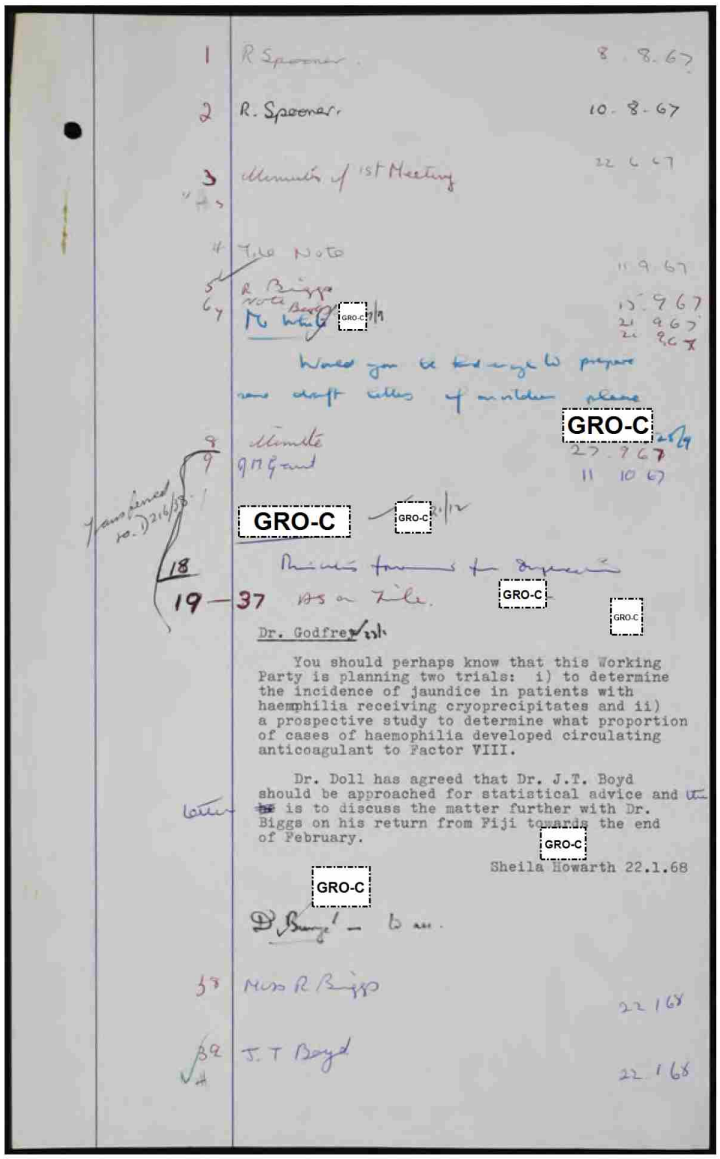
REVIEW FOR DESTRUCTION

TRANSFERRED TO T. C.

FILE NUMBER	SUBJECT	YEAR	INITIALS
		Please	return to

Archives.

Dr Howarth GRO-C 1/8
Registry
Dr. Howarth GRO-C 11/4
Miss D. Shannon 15/1
Registry ✓
Dr. Howarth GRO-C
GRO-C 7/9
Dr Godfrey ✓
Dr Godfrey
Dr Bunge GRO-C 27/2
Dr Howarth GRO-C 3/4
Dr. Rankin GRO-C
GRO-C
Miss Brown GRO-C



1 R Spooner 8.8.67

2 R. Spooner. 10.8.67

3 Minutes of 1st Meeting 22.6.67

4 Title Note 11.9.67

5 R Biggs note Boyd

6 M White GRO-C 15.9.67 21.9.67 21.9.67

Would you be kind enough to prepare some draft letters of invitation please

GRO-C

7 Minute 27.9.67

8 Signed 11.10.67

GRO-C GRO-C

Minutes transmitted to Secretariat

18

19—37 As on File. GRO-C GRO-C

Dr. Godfrey

You should perhaps know that this Working Party is planning two trials: i) to determine the incidence of jaundice in patients with haemphilia receiving cryoprecipitates and ii) a prospective study to determine what proportion of cases of haemophilia developed circulating anticoagulant to Factor VIII.

Dr. Doll has agreed that Dr. J.T. Boyd should be approached for statistical advice and it is to discuss the matter further with Dr. Biggs on his return from Fiji towards the end of February.

GRO-C

Sheila Howarth 22.1.68

GRO-C

Letter

D Biggs to see.

38 Miss R Biggs 22.1.68

39 J. T Boyd 22.1.68

circulated 4/1/68 KS. ✓ SO.

MEDICAL RESEARCH COUNCIL

37

Circulation:
Members of Working Party

MRC.67/1285
CMP.67/8

BLOOD TRANSFUSION RESEARCH COMMITTEE

Working Party on the Cryoprecipitate Method of Preparing AHF

Minutes of the first meeting held at the Medical Research Council, 20 Park Crescent, London, W.1. on 20 November, 1967 at 11.00 a.m.

Present: Dr Rosemary Biggs (Chairman), Dr E.K. Blackburn, Dr R.A. Cummings, Dr K. Dormandy, Professor A.S. Douglas, Dr J.M. Grant, Dr R.M. Hardisty, Dr W.J. Jenkins, Professor R.A. Kekwick, Dr W.d'A. Maycock, Dr Watson Williams.

Also present: Dr Sheila Howarth.

Apologies for absence were received from Dr J. Wallace.

1. The Terms of Reference of the Working Party which are "to consider the preparation and production of AHF concentrates by the cryoprecipitate method and the effects which the wider use of this preparation might have on the research programme for plasma fractionation" were read and noted.

The Chairman interpreted the terms of reference to mean that the work of the Committee fell into two main categories: the first included the scientific research problems associated with cryoprecipitate preparations and the second the more technical questions relating to the production of the cryoprecipitate concentrates.

2. Scientific and Research Aspects

(a) Incidence of Jaundice. Since the pooling of a number of plasma samples is involved in preparing each cryoprecipitate dose, the Working Party considered that it was of importance to determine the incidence of jaundice in patients receiving these preparations. Dr Biggs reported that the International Committee on Haemostasis and Thrombosis were considering an international trial to discover the incidence of jaundice in cases of haemophilia treated by transfusion of blood plasma and concentrates. Dr Maycock reminded the Working Party that another Sub-Committee, of which he is the Chairman, was planning a pilot survey in two hospitals of the incidence of post-transfusion hepatitis but the proposed survey in haemophiliacs would not conflict with this.

The Working Party then agreed to mount a trial under their aegis to determine the incidence of jaundice in patients with haemophilia receiving cryoprecipitates. It was agreed that this should be a prospective rather than a retrospective survey. Directors of registered haemophilia centres would be approached about whether they

/would wish

would wish to take part and, if so, whether their series of cases would consist of adults only or would also include children. It was agreed that haemophilia centres in Oxford, Sheffield, Glasgow and the Royal Free Hospital would certainly take part. It was thought that the pattern of the trial might perhaps follow that designed for the survey of post-transfusion hepatitis and, with this in mind, the Working Party asked that Dr J. T. Boyd, who was already giving statistical advice in the latter trial, should be approached and asked to collaborate in this proposed haemophilia survey also. It was suggested that patients treated by methods other than cryoprecipitates should be included, since most patients receive many types of blood products, and the restriction of the study to those patients who received no other preparation than cryoprecipitate would restrict the data and, moreover, it was desirable to have figures for other preparations for comparison. It was thought that the trial might be carried out at 2 levels. One part would consist of a simple enquiry to discover from the physicians in charge of the treated patients the number of cases who developed clinical jaundice. In the second part blood samples would be obtained at the time of treatment from all patients, who subsequently would be followed-up at stated intervals. Serum transaminase estimations would be carried out. The Chairman and Dr Maycock then agreed to draw up a draft protocol, with statistical advice, for the further consideration of the Working Party.

(b) Circulating Anticoagulant to Factor VIII. The Chairman suggested that a prospective study was needed to determine what proportion of cases of haemophilia developed circulating anticoagulants and to observe the relationship of this to treatment. It was not certain whether the incidence of this complication was increasing. The definition of a circulating anticoagulant substance accepted by the Working Party was that one unit of anticoagulant activity was the amount which would destroy 75% of the added Factor VIII activity when the mixture was incubated in a test tube for one hour at 37°C. It was agreed that a prospective study of the incidence of circulating anticoagulant factors in haemophilia should be undertaken and Dr Biggs consented to draw up a draft protocol which the Working Party could consider at a future meeting. Dr Howarth agreed to approach Dr Boyd to see whether he would be prepared to give statistical advice in this survey also.

(c) The Working Party agreed that it would be useful if the standard for assessing the potency of cryoprecipitates could be prepared since it was essential to know the activity of the preparations administered to patients. Dr Biggs offered to try, in association with Dr Bangham, to make a plasma standard which could be circulated to those making cryoprecipitates in haemophilia centres and the blood transfusion service.

(d) The fate of the erythrocytes which were separated during the preparation of cryoprecipitates was raised and it was stated that hospitals varied in their acceptance of these. It was considered that this was a problem for consideration by the Blood Transfusion Service and not by the Working Party.

3. Production of Cryoprecipitates. Dr Maycock introduced papers (CMP.67/2, CMP.67/3, CMP.67/4, CMP.67/5, CMP.67/6, and CMP.67/7) which had been pre-circulated to the Working Party summarising the information he had been able to obtain by questionnaire from those preparing cryoprecipitates. He pointed out the striking difference in production which existed between regions. Dr Watson-Williams provided additional figures for the centre at the Manchester Royal Infirmary which in the first six months of 1967 had made cryoprecipitates from

/256 donations

256 donations and had used 1800 donations of blood as fresh plasma in 1966 and 1204 in the first six months of 1967. He added that these preparations were compared by in vivo assay and in his experience cryoprecipitate prepared in a standard way gave standard results.

The shelf life of cryoprecipitates was then discussed. Dr Hardisty reported that potency had apparently remained stable over two months in experiments at Great Ormond Street. In Manchester potency was unchanged over a year in cryoprecipitates stored at -35°C; yearly assays on the same preparation were planned for a five year period. It was agreed that the optimal temperature for storage was not at present known.

Concern was expressed about the considerable variation which might exist in the potency of preparations made from pools of plasma, since AHG levels were known to vary widely in individuals and this would be reflected in the pools. It was agreed that the determination of pool activity must await the development and circulation of a standard. It might then be feasible to reserve pools of high activity for special cases of haemophilia. Pools of plasma of low activity should perhaps not be used for making cryoprecipitate at all. In this connection it was noted that slow bleeding of donors affected AHG levels. It was accepted that there was a bigger yield of activity when the frozen plasma was thawed more rapidly.

Little information appeared to be available as to the best treatment of the supernatant plasma remaining after cryoprecipitate preparation. Dr Maycock told members that he had no facilities for processing this at Elstree at present. Perhaps the supernatants should be added to the red blood cells and distributed for transfusion purposes. It was suggested that ultimately when cryoprecipitate preparation was standardised the residues could be pooled for treatment of Factor IX deficient patients. The alternative was to stop the preparation of cryoprecipitates in local centres and to send all plasma already frozen to a few chosen centres for fractionation, which might exclude the preparation of cryoprecipitates altogether.

It appeared that each blood transfusion centre was following its own method of preparation at the present time and the Working Party thought that the adoption of a standard method should be considered. They agreed that Dr Cleghorn should be invited to join the Working Party since the North London Blood Transfusion Centre, Edgware, was making large quantities of cryoprecipitate. They also felt that a consideration should be given to the question of holding a meeting of all Directors of blood transfusion centres and haemophilia centres who were involved in manufacturing cryoprecipitates to find an answer to the following important questions:

(a) Is the policy of preparing cryoprecipitates to be a long or a short-term one?

(b) What is the total requirement of cryoprecipitates?

(c) Can this ever be supplied centrally?

Date of next meeting. It was considered that the next meeting should be held in February or March 1968.

circulated 14/11/67

MEDICAL RESEARCH COUNCIL

32

Circulation
Members of Working Party

MRC.67/1130
CMP. 67/1

BLOOD TRANSFUSION RESEARCH COMMITTEE

Working Party on the Cryoprecipitate Method of Preparing AHF

Agenda for the first meeting of the Working Party to be held at the Medical Research Council, 20, Park Crescent, London W.1. at 11 a.m. on Monday, 20 November, 1967.

1. Terms of Reference: 'to consider the preparation and production of AHF concentrates by the cryoprecipitate method and the effects which the wider use of this preparation might have on the research programme for plasma fractionation.'

2. Production of Cryoprecipitates: (Papers 1 - 6: CMP 67/2, CMP 67/3, CMP 67/4, CMP 67/5, CMP 67/6, CMP 67/7; enclosed).

3. Any other Business

4. Date of next meeting

CHP67/7

Anti-haemophilic Globulin Cryoprecipitate

Regional Transfusion Centre: .....

(Note: if the space for answers to any questions is insufficient, please use continuation sheets)

1) Amount prepared in terms of normal donations of blood

a) 1966 ..... donations

b) 1967 (first 6 months) ..... donations

c) 1968 (estimate) ..... donations

2) Method of preparation: give reference if possible and note briefly any modifications of published method that have been adopted and type of equipment used - e.g. Fenwal double pack.

3) Potency:

What is range of potency (expressed in terms of ml. normal fresh plasma) of preparations? .....

Method by which assayed (give reference if possible) .....

.....

Where assayed .....

No. of separate preparations assayed: - .....

4) **Sterility:** Results of sterility tests.

No. of separate preparations examined: .....

No. sterile .....

No. infected .....

5) **Issue:**

a) Is cryoprecipitate issued to any hospitals requesting it?

b) Is cryoprecipitate issued only to "centres" specialising in treatment of haemophilia?

6) Other laboratories preparing cryoprecipitate in your region

Please list and, if possible, give estimate of number of donations used in 1966 and 1967 (first 6 months)

7) Fresh frozen plasma

a) Amount prepared in terms of normal donations

a) 1966 ..... donations

b) 1967 (first 6 months) ..... donations

b) What is range of potency expressed in terms of ml. normal fresh plasma? .....

Method by which assayed (give reference if possible)

.....

Where assayed .....

No. of preparations assayed .....

MEDICAL RESEARCH COUNCIL

Circulation
Members of Working Party

MRC 67/1138
CPM 67/6
PAPER 6

BLOOD TRANSFUSION RESEARCH COMMITTEE
Working Party on the Cryoprecipitate Method of Preparing AHF

Cryoprecipitate and Fresh Frozen Plasma

1. The information in Papers 1, 2, 3 and 4 was gathered by the questionnaire, Paper 5, which was completed by Directors of the Regional Transfusion Centres.

Paper 1 summarises the amounts of cryoprecipitate being prepared and the estimated amounts needed in 1968, in terms of normal blood donations, and the method of issue. It also summarises information received about fresh frozen plasma.

Paper 2 summarises information received about the method of preparing cryoprecipitate. There was considerable variation in the amount of detail given in the replies. The rather fuller detail received from Dr. Cleghorn, North London Regional Transfusion Centre, is reproduced in Paper 3, and the general assessment of the needs for a population of 1.0 million received from Edinburgh is shown in Paper 4.

With the exception of RTC's Leeds and Sutton, the answer to question 6 of the questionnaire was "NIL", and in one case no answer was given. The following hospitals prepare cryoprecipitate in the Leeds and Sutton Regions:

Leeds Region:	St. James' Hospital	...	1966	280 donations	
			1967 (1st 6 mos)	416 "	
Sutton Region:	Portsmouth Hospital	...	1966	275 "	
			1967 (1st 6 mos)	82 "	
	Lewisham Hospital	...	began May 1967	30 "	/wk
	St. George's Hospital	...	began Jan. 1967	50 "	(to date)

Dr. Cleghorn notes that he believes most London teaching hospitals probably prepare cryoprecipitate for teaching purposes.

2. A summary of the approximate number of donations devoted to the treatment of haemophilia may be useful.

	1966	1967 1st 6 mos.	1968 Estimate
Cryoprecipitate	4,909	18,875	78,845
Fresh Frozen Plasma	23,063	12,927	-
Edinburgh	4,942	2,646	-
HAHG, BPL	5,100	3,176	-
	38,014	37,624	

Note: No information yet received from Dundee or Northern Ireland. No account taken of donations of blood used in Plasma Fractions Laboratory, Oxford.

MEDICAL RESEARCH COUNCIL

PAPER 4
MRC. 67/1140
CMP. 67/5

Circulation:
Members of Working Party

BLOOD TRANSFUSION RESEARCH COMMITTEE
WORKING PARTY ON THE CRYOPRECIPITATE METHOD OF PREPARING AHF

S.E. REGIONAL TRANSFUSION CENTRE, EDINBURGH

FRESH BLOOD PROCESSING
(figures refer to donations)

	1966*	1967 (6 months)
Fresh blood processed (donations) primarily for Haemophilia	4,942	2,646

Distribution

Used as fresh frozen plasma (or dried fresh plasma)	988	554
Processed to Fraction I		
(a) from frozen plasma	1,310	1,438
(b) from fresh liquid plasma	2,644	654

*1966 was a bad year; production being below average.

These quantities represent approximately what we estimate as an optimum requirement for our own Region (pop. 1m.) but you will appreciate that the major part of the fraction I production was distributed elsewhere.

MEDICAL RESEARCH COUNCIL

Circulation:
Members of Working Party

PAPER 3
MRC.67/1141
CMP.67/4

Blood Transfusion Research Committee
Working Party on the Cryoprecipitate Method of Preparing AHF

CRYOPRECIPITATE

Information from Dr T.E. Cleghorn, R.T.C. Edgware

Our production currently is based on snap freeze in alcohol/solid CO_2 followed immediately by thawing below 6°C and processing to completion. We start to thaw units some 60 minutes after the donation is received. Thawing occupies 90 minutes and the second spin and final finishing off takes another 15 minutes. Thus, some 165 minutes elapse between receipt of a donation and its unit of cryoprecipitate going into store at -25°C.

The interval between bleed time and start of processing is now 2 - 3 hours and will drop to 1 1/2 hours or less when new local session arrangements are complete. In addition, a small expanding local panel is bled weekly by a single unit plasmapheresis with red cell return one week in arrears. Processing of these units - currently 15 a day and aiming for 48, in a five day week starts within 30 minutes of collection.

We do not assay here at present, but aim to start in the New Year. Users do their own assays sporadically. Dr Dormandy routinely examines a pool of 5 units once a week prior to clinical use, by the Biggs two-stage method. The results range between 600 and 1500% with a current average of 900 - 1000% per unit. This should rise, if anything.

Cryoprecipitate is issued to any hospital which requests it, and cannot, in my view, be withheld. In practice, this is no problem and issues outside our six Haemophilia Centres are less than 1% of production.

I think that most of our teaching hospitals have tried preparing cryoprecipitate, but I doubt now if they do more than enough for teaching purposes.

Fresh frozen plasma is still produced, about three quarters of issues currently being of the cryoprecipitate - exhausted material. We shall always produce some of the classical type, but expect demand to continue to fall.

We use the Fenwal JD-2 pack for cryoprecipitate donations and either this or the Baxter F-2278 for fresh frozen plasma. In general we concentrate on JD-2 and aim to pull cryoprecipitate out of all donations taken for grouping serum or other specialist use. We are trying to develop a technique for taking platelets and cryoprecipitate from the same donation, but this involves problems of assay which we are not yet ready to tackle.

Circulation:
Members of Working Party

CRYOPRECIPITATE : Amount prepared at RTC's in terms of normal blood donations

Paper 1

MRC.67/1142
CMP67/2

	N'castle	Leeds	Sheff.	Camb.	Edgware	Brent.	Sutton	Oxford	Bristol	Cardiff	B'ham	M'chester	L'pool	Edin.	Glasgow	Dundee	A'deen	I'ness	Total
Population	3·07	3·18	4·54	1·63	4·20	3·36	8·58	1·78	3·01	2·70	5·00	4·52	2·23	1·0					
1966	Nil	Nil	Nil	Nil	1,563	212	307	1,200	293	338	Nil	Nil	896	See Note	100		Nil	Nil	4,909
1967 (1st 6 mos)	580	60	16	Nil	6,645	114	729	3,600	401	934	3,400	Nil	1,340	-	1,000		Nil	56	18,875
1968 estimate	2,840	1,000-1,500	300+	?	31,200	600	2,500	10,000	5,200	3,120-3,640	13000	Nil	3,000	-	5,000		250	250-400	78,845
HOSPITALS TO WHICH CRYOPRECIPITATE ISSUED BY RTC.																			
Any Hospital	With discretion	Yes	No	-	Yes	With discretion	With discretion	No	with discretion	Occ.	No	-	Yes	-	No		-	No	
Special Centre	No	No	Yes	-	Yes	No	No	Yes	No	Yes	Yes	-	No	-	Yes		-	Yes	
FRESH FROZEN PLASMA in terms of donations of blood																			
1966	1,454	815	1,350	Nil	1,906	959	4,300	5,882	590	1,023	1,672	?	807	988	1,223		Nil	94	23,063
1967 (1st 6 mos)	333	680	535	Nil	636	442	2,750	4,333	202	403	1,165	?	140	554	734		Nil	20	12,927
Potency	N.T.	N.T.	93% normal		N.T.	N.T.	1 ml = 0·5ml normal	1 ml = 0·77ml normal	1ml = 0·75ml normal	1 ml = 0·62ml normal	N.T.		N.T.	60-70% of normal	25-200% normal			N.T.	
No. of tests			7				18	1,000	2	23				81	60				
Method			TGT[1]				TGT[2]	TGT[1]		P & R[3]				TGT[1]	Douglas[4]				

Note: RTC Edinburgh prepares cryoprecipitate only experimentally with a view to developing more realistic methods of pooling, increasing concentration and yield, dispensing and storage. It is simpler and more efficient for Edinburgh to prepare Fraction I. Suggests that "cryoprecipitate or a similar product" might be better prepared centrally in bulk.

Circulation:
Members of Working Party

CRYOPRECIPITATE : method of preparation, etc.

PAPER 2

MRC.67/1139
CMP67/3

	Newcastle	Leeds	Sheffield	Edgware	Brentwood	Sutton	Oxford	Cardiff	Birmingham	Liverpool	Glasgow	Inverness
Method	P & S[5]	-	-	See extract from letter	P & S	P & S	Own	P & S	P & S	P & S	P & S	P & S
Age of blood	-	-	-		-	-	-	2 hrs.	-	-	-	-
Centrifuge 1	-	-	3000 30 mins.		-	-	-	-	-	-	-	2000 for 1 hr.
Thaw	8°C	4°C	4°C or 6°-8°C		-	4°C	4°C or 12°C	8°C	-	8°C	-	-
Centrifuge 2	-	-	3000/30' 4000/10'		-	-	-	-	-	-	-	-
Final volume	10 ml	-	20 ml		10-15ml	-	-	-	-	-	-	10 ml
Storage	-	-20°C	-40°C		-	slc CO_2 -30°C	-30°C	-	-	-	-	
Equipment	JD2	JD2 or F2278	JD2 or Tuta		JD2	Tuta	F2278	JD2	JD2	JD2	JD2	JD2
Potency	20-45% recovery	No data yet	300-530ml (475)	-	45-180ml (117)	150ml	1ml= 4-8ml	11 to 300 units(85)	No data yet	Slow thaw 8-12 x conc. Fast thaw 18-30 x conc.	3 to 25 x concn.	No data yet
Method	TGT[1]	HMcP[6]	TGT[1]	-	Bergna[7]	One-stage[8]	TGT[1]	P & R[3]	P & R[9]	H&McP[6]	Douglas[4]	Douglas[4]
No. of tests	6	-	8	-	8	Many	250	357	v.few	?	373	?
Where done	R.V.I.	RTC	R.S.I.	-	RTC	St.T.	O.H.C.	R.C.I.	Q.E.	R.T.C.	G.R.I.	IRI & GRI
Infected	0/40	NT	NT	-	NT	0/6	0/49	NT	Random Nil	NT	0/250	NT

1. Biggs and MacFarlane 1966
2. Biggs, Lancet 1957, 2, 311
3. Kekwick and Walton Brit.J. Haem. 1964, 10, 299
4. Douglas (unpublished) one stage method.
5. Pool and Shannon. New Eng.Med. J. 1965, 273, 1443
6. Hardisty and McPherson. Thromb. Diath.Haem. 1962, 7, 215
7. Bergna. Blood 1960, 15, 637
8. Ingram et al J. Clin. Path. 1967, 20, No. 4.
9. Pool and Robinson. Brit. J. Haem. 1959, 5, 17.

MEDICAL RESEARCH COUNCIL
EXTERNAL STAFF

RESEARCH LABORATORY,
OXFORD HAEMOPHILIA CENTRE,
CHURCHILL HOSPITAL,
HEADINGTON, OXFORD.

Telephone: Oxford 64841, Ext. GRO-C

35

18th December, 1967.

19 DEC 1967

Dear Dr. Howarth,

I think that your minutes of the first Cryoprecipitate Working Party meeting are excellent. I have added one piece and made very minor alterations to conform with technical exactness. The addition concerns the inclusion of preparations other than cryoprecipitate in the jaundice trial. I don't think that the reason for including these came out in the discussion all that clearly but I think that those taking part understood. The reason is simply that if one tries to determine the incidence of jaundice after cryoprecipitate alone, all those cases who receive cryoprecipitate and some other preparation are excluded since the jaundice could be attributed to the other preparation. The exclusive approach has already given rise to difficulties in assessing jaundice after the human AHG. If we collect figures for all heavily treated patients, I feel that we may get a more veracious idea of the problem and maybe if the trial is well planned it may be possible to see if pooled preparations give a higher incidence.

Yours sincerely,

GRO-C

Rosemary Biggs

Dr. Sheila Howarth,
Medical Research Council,
20, Park Crescent,
London, W.1.

? I am not sure of the reference to red cell antibodies on p3. I have crossed this out in pencil. I don't recollect reference to these tests at the meeting but I may have forgotten.

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D. 216/34

5th December, 1967.

Dear Dr. Bigge,

I am sending you for comments and amendments the draft minutes on the first meeting of the Cryoprecipitate Working Party. If you will give them your approval, I will arrange for them to be duplicated and circulated.

I have had a word with Professor Mollison who agrees that Dr. C. Rizza should be invited to serve as secretary to the Working Party and I will write to him formally when the minutes are available, sending him a copy.

Similarly I will make formal approaches to the director of the Statistical Research Unit, to see whether Dr. Boyd can be invited to help the Working Party with statistical advice. If he agrees to do this then I will put him in touch with you directly.

I hope that your trip to the United States was a success.

With kind regards,

Yours sincerely,

GRO-C

Sheila Howarth

Miss Rosemary Bigge, M.D., Ph.D.,
Oxford Haemophilia Centre,
MRC Laboratory,
Churchill Hospital,
Headington,
OXFORD.

Enc.

File No.

D.216/34

27/9/67

Dr. Godfrey

Working Party on Cryoprecipitate

I attach 3 draft invitations. I feel I should make one or two comments:

1) It is not very clear whether the meeting is to continue after lunch - perhaps this point could be incorporated on the "noughts and crosses" form accompanying the letters.

2) At present the form shows all the dates suggested by Dr. Biggs but I feel we shall need to delete some of them in view of the following difficulties:

Nov. 9th - BRB meeting
Nov. 13th - All rooms already booked for p. m.
Nov. 14th - Difficulty in obtaining a room this day.
Nov. 16th - CRB meeting

3) It is not clear from the first paragraph of (5) whether it is intended that more than one person should be invited from the Oxford Regional Blood Transfusion Service; my draft assumes only one, i. e. Dr. Grant or her representative.

GRO-C

File No.

6

Note for file 21/9/67

I telephoned Dr. Biggs in reply to her letter of 15th. Sept. and confirmed that these were firm proposals for membership of the W.P. I subsequently spoke to Professor Mollison as chairman of the main Committee and he agreed to the suggested membership.

When Dr. Maycock has the results of the questionnaire available, Dr. Biggs will provide a list of dates for the meeting; but mean while the Office will ~~write~~ invitations to serve to those listed.

Sent

GRO-C

5

MEDICAL RESEARCH COUNCIL

19 SEP 1967

BLOOD COAGULATION RESEARCH UNIT

THE CHURCHILL HOSPITAL,
OXFORD.

Please note change of address.

OXFORD HAEMOPHILIA CENTRE,
Medical Research Council Laboratory,
Churchill Hospital,
Headington,
Oxford

Tel: Oxford 64841, Ext GRO-C

15th September, 1967.

Dear Dr. Howarth,

Re: Working Party on the Use of the Cryoprecipitate Method

I had a talk to Dr. Maycock about this yesterday and we thought that rather more people should probably be included than suggested at the meeting. For example, we thought we should have representatives from the other two main Haemophilia Centres at Sheffield and Manchester, so that Drs. Blackburn and Israels should be asked either to come or send representatives, and we think that from London Dr. Hardisty and Dr. Dormandy should be asked. We think that representatives should come from the Oxford Regional Blood Transfusion Service and Dr. Jean Grant should be asked about this. We then wondered about Scotland and whether or not Professor A.S. Douglas should be asked, and possibly Dr. R.A. Cumming from the Edinburgh Blood Transfusion Service.

Before the meeting takes place Dr. Maycock is going to send a questionnaire to all the Regional Blood Transfusion Centres to find out what cryoprecipitate is now made, how it is assayed and to whom the material is at present issued. This questionnaire will I think make a good starting point from which to work. We should then try to make an estimate of the amount of Factor VIII concentrate that will be needed in this country and what proportion of this ought to be in the form of cryoprecipitate and what proportion as HAHG. We can also take steps to see how it may be possible to ensure a reasonable minimum standard of activity in these preparations. Dr. Maycock also thought that we should probably consider the question of serum hepatitis and, in view of the American activities, whether or not it would be reasonable to increase the pool size for fractionation. Dr. Maycock thought that he would have the main results of the questionnaire within a month to six weeks and suggested a meeting early in November.

Yours sincerely,

GRO-C

Rosemary Biggs

Dr. Sheila Howarth,
Medical Research Council,
20, Park Crescent,
London, W.1.

File No.

Note for file 11/9/67

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I spoke to Dr. Biggs on the phone today. She will give further thought to the composition of the W.P. with the possibility of recommending that Dr. Grant (Oxford BTS), Dr. Hardisty or Dr. Dormandy should be added. I told her that this would have to be approved by Professor Mollison as Chairman of the main committee. When composition has been settled, we will send ou the invitations from Head Office together with a list of suggested dates.

GRO-C