The United Oxford Hospitals

OXFORD HAEMOPHILIA CENTRE

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22nd August, 1967

Dr. G. E. Godber,
Ministry of Health,
Alexander Fleming House,
Elephant and Castle,
London, S.E.1.

Dear Dr. Godber,

1 Thank you for your invitation to act as a consultant to the Standing Joint Committee on the Classification of Proprietary Preparations. I shall be very pleased to do this. The delay in answering your letter was due to my absence from England.

2 I should like to take this opportunity to mention the question of preparations for the treatment of haemophilia and Christmas disease. These are mainly human blood products and do not, I suppose, class as proprietary preparations. The preparations I have in mind are concentrates from human plasma of factors VIII and IX, used for the treatment of patients with haemophilia and Christmas disease respectively.

3 Both of these preparations are in very short supply in England and at present they are also scarce everywhere else in the world. They are so important for the treatment of these patients that their use makes the difference between life and death in many cases and the difference between quick recovery and long drawn painful illness with residual crippling in many others. At present many haemophilic patients are not aware of the great efficacy of this treatment and do not attend as they should for treatment. In the next year or two I would expect that these patients will attend for treatment.

4 I have estimated, on the basis of our practice, that a minimum quantity of these concentrates required at present is the product from about 50,000 donors a year. When all of the patients come for treatment more would be needed. The supply of plasma as starting material for fractionation would, I think, be no problem since the use of the red cells can be organised. This shortage of material to treat these patients is not new but at the meeting that I attended recently, the plans made by the United States to deal with the shortage were outlined. I have good reason to believe that within the next year or two very large amounts of these products will become available on a Commerical basis in the United States. I estimate that the product from more than 1,000,000 donors a year will be processed. When this material comes on to the market we shall be obliged to buy it at a very high cost for our patients unless the English shortage can be remedied.

5 In this country we have pioneered this treatment, we have the personnel who know how to make the products, we could easily have enough plasma to serve as starting material. It would seem to me a great pity if we cannot make our own material in this country for lack of the organisation, apparatus and buildings in which to work. The purchase of the finished products

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in the United States will undoubtedly be very costly. A part of the United States product will be made on contract by the American Red Cross and will presumably not be available for sale abroad but a large amount will be made by commerical enterprise and on sale. On present prices a course of anti-haemophilic treatment for one emergency purchased from the United States, would cost $1,500 to $5,000. Surely it would be less costly to us to do everything to expedite the manufacture of these fractions in England and in particular to accelerate as much as possible the new fractionation buildings at Elstree and in Edinburgh. I feel that it is perhaps time to try to reassess the quantities of these products that might be needed and to try and work out an emergency plan to try and meet the need.

Yours sincerely,

GRO-C

Rosemary Biggs