

Witness Name: R

Witness Name: Royal Free Hospital (Debra Anne Pollard)
Statement No. WITN3094002
Date: 7 May 2019

EXHIBIT "WITN3094002/32"

This is the exhibit marked "WITN3094002/32" referred to in the second witness statement of Debra Anne Pollard dated 7 May 2019



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Hampstead
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The Royal Free Hospital

Telephone
01-794 0500
Ext. **GRO-C**

The Katharine Dormandy Haemophilia Centre & Haemostasis Unit

Directors:

Dr P.B.A. Kernoff, MD, MRCP.

Dr E.G.D. Tuddenham, MRCP, MRCPath.

Ref: PBAK/cb

22nd February 1984

Dr S A Hall

GRO-C

Dear Dr Hall

Re: Mrs Jacqueline **GRO-C** d.o.b. **GRO-C** 57 Hospital No: 217328
GRO-C
Miss Colette O'DONNELL d.o.b. **GRO-C** 59 Hospital No: 812800
GRO-C

I write further to our phone conversation of 20.2.84.

Because of the risk of hepatitis after transfusion of factor VIII concentrate being very high in infrequently-treated patients, we try to minimise blood product exposure when treatment is needed to prevent or stop bleeding. DDAVP injection has proved to be very useful in this respect, since it can raise the basal factor VIII level three or fourfold in patients such as these sisters who have only mildly depressed factor VIII levels. Temporary elevation of factor VIII is often all that is required to control minor bleeding episodes. If DDAVP fails or a major elective procedure is to be undertaken, we would prefer cryoprecipitate to factor VIII concentrate, because the former is prepared from the plasmas of many less donors.

A number of my patients with mild factor VIII deficiency are treated by their General Practitioners with DDAVP, and if you and your colleagues feel that this would be a practicable proposition then I see no reason why Mrs **GRO-C** and her sister could not be similarly treated. We normally use a dose of 0.3 µg/kg body weight, which would mean giving about 16 µg (4 vials) of DDAVP. The material is diluted in a large syringe with about 30 ml of saline, and then given by slow intravenous injection over a period of 20 minutes or so. We have only very rarely seen adverse reactions such as flushing,

/continued.....



An International Training Centre of the World Federation of Haemophilia

Re: Jacqueline GRO-C
Colette O'Donnell

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and these are usually mild. I enclose a Data sheet for your information. Because DDAVP stimulates fibrinolysis as well as raising the factor VIII level, a few days treatment with oral tranexamic acid (at about 1g t.d.s) is usually given as well. Although intranasal administration has sometimes been used, it is generally thought to be much less effective in controlling bleeding.

If you had problems in obtaining supplies of DDAVP, I should be willing to give Mrs GRO-C and her sister a limited supply to keep at home. In any event, it would be of help to us if they could complete one of our record sheets (an example is enclosed) when treatment is given, and send it to us afterwards. National data is collected on therapeutic materials given to patients with congenital coagulation defects, and we are interested in assessing the blood product saving impact of DDAVP.

If treatment with DDAVP is unsuccessful, blood product therapy may be indicated and I think it is important for Mrs GRO-C and her sister to appreciate this. In particular, I think it would be highly desirable for friendly relationships to be re-established with the local hospital since it will probably be Dr Taylor, rather than myself, who will have to deal with any acute problems.

With kind regards

Yours sincerely

P B A Kernoff MD MRCP
Consultant Haematologist

Encs.