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Ref: PBAK/cb

26th June 1985

Dear Colleague

re: Heat-Treated Factor IX Concentrates; and Cryoprecipitate v Heat-Treated VIII Concentrate

Although the risk of transmission of HTLV-III from unheated NHS factor IX concentrate is clearly very small, it is nonetheless present. Nationally, 10 patients with haemophilia B who are only known to have received NHS factor IX are anti-HTLV-III positive. One of these has fairly definite AIDS.

Both because commercial heat-treated concentrates may carry risks other than HTLV-III transmission, and because it was hoped that heated NHS factor IX might have become available by now, we have until recently continued to use unheated NHS material. However, I feel that the balance of risk/benefit has now changed, particularly since we still have no clear idea when NHS heat-treated product will be produced in quantity.

In view of these circumstances, we have made a policy decision to change to commercial heat-treated factor IX concentrate until such time as heated NHS product becomes available. I am not aware of any hard evidence which favours any particular commercial product. We shall be using the Alpha material for the time being.

On a related matter, there does seem to be a growing feeling that cryoprecipitate, especially if given in large quantities, may carry more risks than heat-treated factor VIII concentrates, particularly since anti-HTLV-III screening has not yet been introduced in the Blood Transfusion Service. To use factor VIII concentrates for patients who would normally be treated with cryoprecipitate would of course represent a complete turnaround in policy. While we have not yet implemented this change, it is being considered for patients who may be expected to need a large donor exposure to cryoprecipitate.

I merely transmit this information for your interest. The subject will doubtless be extensively discussed at the National Directors Meeting on October 21st.

With kind regards

Yours sincerely

GRO-C

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Consultant Haematologist & Director

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