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jgw.lmm 25th January 1978

Dr J F Davidson
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Dear John

I thank you for your extremely helpful letter of 18th January laying out the utilisation of PFC fractions in Glasgow Royal Infirmary during 1977. This is indeed most useful since it does help us to plan ahead and to predict where PFC effort should be placed.

The supply situation on factor VIII concentrate is fairly well understood and I am sure that you appreciate that the limiting factor in the equasion is the slow transfer of resources from cryoprecipitate to the intermediate concentrate.

The supply situation for PPSB is dependent entirely on the supply of suitable plasma which is difficult for the regional centres to provide. I am sure that the information that at least twice the present production is required will provide some stimulation to further efforts but, realising the real difficulties, I am reluctant to press for more raw material.

Something of a mystery surrounds the albumin supply situation since it is my understanding and our records show that the PFC met every request for 15% albumin solution during 1977 and indeed finished the year with a healthy surplus equivalent to about four months supply at the current rate of usage. We have never had a good estimate of the requirement for salt poor albumin in Scotland but embarked/

embarked in the early part of 1977 on a programme to supply approximately 2 000 doses each of 45 g during any 12 month period. Accepting that this is a little better than an intelligent guess and that the West of Scotland would probably use this material pro rata with the population then I would expect an annual usage just exceeding 1 100 unit doses. In fact, during 1977, we supplied 822 such units to the West of Scotland in total and it appears that 374.4 such units reached you at Glasgow Royal Infirmary.

I would be interested to know if you bought the 10%, 20% and 5% albumin solutions because there was a particular clinical need for preparations at these concentrations. If this is the case would it be possible for you to give us some assessment of the scale of such need since, if it is other than vestigial, I can see no reason why we should not be able to meet your clinical requirements precisely.

The final paragraph of your letter can be read with wry amusement since of course it is largely dependent on how much of what and when fractions are required to create self support. I believe that 1978 is well set for the Transfusion Service to make substantial inroads on the demand problems which clinical practice have created but past experience has shown that the main effect of satisfaction of any particular demand has been for escalation of that very thing. Thus, perhaps pessimistically, all one should really predict is substantial improvement!

With kindest regards

Yours sincerely

JOHN G WATT
Scientific Director