

Witness Name: Royal Free Hospital (Debra Anne Pollard)
Statement No. WITN3094001
Date: 7 May 2019

EXHIBIT "WITN3094001/8"

This is the exhibit marked "WITN3094001/1" referred to in the witness statement of
Debra Anne Pollard dated 7 May 2019

**Advice from the UKHCDO Advisory Committee on
Managing Shortfall in Recombinant and Plasma Derived Factor VIII Products**

The UKHCDO Advisory Committee recommend that Haemophilia Centres (in conjunction with patients and families) begin developing contingency plans for decreasing use of recombinant Factor VIII for the period of time for which we have a shortfall in Factor VIII supplies.

It is recommended that:-

1. Haemophilia Centre staff review infusion practices (ie. rVIII units/dose) being used by individual patients with a goal of potential reduction in dosage if possible.
2. Priority for recombinant Factor VIII be given to children who have always received rVIII (ie. those who have never received plasma derived concentrate) and newly diagnosed severely affected patients who have not been previously treated. Older patients who have not been previously treated or only received rVIII previously should be considered on an individual basis.
3. Those patients for whom there is insufficient recombinant Factor VIII for treatment should be switched to plasma derived Factor VIII (use UKHCDO Treatment Guidelines for selecting products).
4. Treatment Centre staff should consider increasing the interval between doses on an individual basis and using an individual dose of 25 units/kg. for children on long-term prophylaxis with rVIII. Such modifications to prophylaxis must be accompanied by advice on sporting and life style activities. For adults it should be considered on an individual basis if prophylaxis can be stopped in the short term.
5. Non-urgent surgery should be postponed with immediate effect.
6. Starting patients on immune tolerance induction should be postponed until supplies are available to guarantee continuation of such treatment.
7. Patients on high dose immune tolerance be switched from recombinant to high purity plasma derived Factor VIII to ensure the continuation of their immune tolerance treatment.
8. Patients currently on plasma derived should not be switched to recombinant Factor VIII until there is a more secure supply.
9. Product usage in all patients should be decreased by considering the greater use of continuous infusion for urgent surgery and serious haemorrhages.

29 March 2001