

7 frozen fresh plasma 44,000

MATERIALS FOR THE TREATMENT OF HAEMOPHILIA AND CHRISTMAS DISEASE

In the last quarter 1972, two questionnaires A & B (possibly copies attached) were sent to Directors of Haemophilia Centres with the purpose of eliciting information about the numbers of patients being treated for haemophilia or Christmas Disease, the amounts of the various preparations needed for the regimes of treatment then in use and the amounts that might be needed if supplies were unlimited.

HAEMOPHILIA

This questionnaire was concerned with cryoprecipitate and Factor VIII concentrate. Interpretation of the answers is complicated by the fact that some centres made alternative statements. There were also discrepancies between answers, eg. the needs of two centres treating regularly the same number of haemophiliacs might differ by as much as 3 to 4 times.

	<u>E.W.N.I.</u>	<u>SCOTLAND</u>
1. Questionnaires distributed	34	
Haemophilia Centres replying	33	
No. of patients treated regularly (32 centres only)	1449	
2. Centres preferring to use cryoprecipitate	2	
Centres preferring to use concentrate	14	
Centres preferring to use both cryoprecipitate and concentrate	17	

In arriving at the following totals the figures submitted by Haemophilia Centres have been interpreted in the most generous way. The amounts of cryoprecipitate and concentrate are expressed as donations of blood.

3. Estimated annual needs for present treatment policy		
	<u>E.W.N.I.</u>	<u>SCOTLAND</u>
Cryoprecipitate	65,000	
Concentrate @ 5 donations/ container of 400 i.u.	<u>135,000</u>	
	<u>200,000</u>	<u>          </u> donations

4. Estimated annual needs if supplies were unlimited

	<u>E.W.N.I.</u>	<u>SCOTLAND</u>
Cryoprecipitate	50,000	?21,000
Concentrate @ 5 donations/ container of 400 i.u.	<u>255,000</u>	<u>30,000</u> <i>50,000</i>
	<u>305,000</u> ✓	<u>51,000</u> donations

*High point*

5. Approximate quantities issued in 1972

Cryoprecipitate	230,000 *	21,000 **
Concentrate @ 5 donations container of 400 i.u.	<u>30,000</u>	<u>7,000</u>
	<u>260,000</u> ✓	<u>28,000</u> donations

\* Omits N. Ireland

\*\* From annual report of Scottish National Blood Transfusion Association

The difference between the total number of donations used for the treatment of haemophilia in E.W and N.I. in 1972 and the estimated annual needs for the present treatment policy, 260,000 compared with 200,000, is explained, at least in part, by the fact that cryoprecipitate is issued by RTCs. to hospitals as well as to Haemophilia Centres.

ESTIMATE OF FUTURE NEEDS IF SUPPLIES WERE UNLIMITED. The figure of 305,000 donations annually for E.W. and N.I. (para.4 above) is based upon replies from haemophilia centres. The figure of <sup>50,000</sup>30,000 donations for concentrate in Scotland, (para.4) is taken from the minutes of the first meeting of the Working Party on Products Containing Factors VIII and IX of the Scottish Central Consultative Committee on Blood Transfusion. It has been assumed that the amount of cryoprecipitate needed would be the same as that used at present.

Since treatment of haemophilia is carried out at hospitals without haemophilia centres, this estimate is almost certainly low and, judging by the proportion of cryoprecipitate issued to such hospitals in 1972 should perhaps be increased by as much as 20 per cent. The grand total for E.W. and N.I. would then be: 365,000 donations and, using the figures in para.4 for Scotland, the grand total for U.K. would then be <sup>436,000</sup>416,000 donations.

Add for F.F.P. 44,000  
460,000 " "  
2. 460,000

*This figure is in a large range of 400,000 - 750,000 donations as per 14 given above.*

### CHRISTMAS DISEASE

The position here seems to be simpler. The total future requirement estimated for ideal treatment by Haemophilia Centres in England and Wales and Northern Ireland is about 5,000 containers of 20 ml freeze-dried concentrate containing 1,000 i.u. The number of patients in E.W. and N.I. under regular treatment at these centres is about 200.

The Plasma Fractionation Laboratory, Oxford can prepare this quantity. At present the laboratory prepares about 85% of the estimated need and can increase its production. Fresh plasma from about 35,000 donations is being used at present and will be increased to about 42,000 donations when 5,000 containers are prepared. This fraction is separated from fresh plasma used for preparing Factor VIII concentrate.

The above quantities of Factor IX concentrate are for the treatment of Christmas disease itself. If the concentrate, which also contains Factors II and X (and VII depending upon the method of preparation) is used to treat hepatic failure, eg. caused by drug toxicity, considerably greater amounts may be needed. The efficacy and safety of the concentrate used in this way is being investigated. Results of these investigations may permit an estimate to be made of the quantities of concentrate needed for this purpose.

In this statement the BPL's at Elstree and Edinburgh are not included. Each laboratory has potential capacity.

W. d'A MAYCOCK

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