HAEMOPHILIA CENTRE
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• Glasgow Royal Maternity Hospital •
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• Lightburn Hospital • Belvidere Hospital •

GDOL/KC GRO-B

File copy

9 January 1996

Dr Lesley Wilkie
Director of Public Health
Argyll & Clyde Health Board
Ross House
Hawkhead Road
Paisley

Dear Dr Wilkie

RE: GRO-B - DOB GRO-B 53
GRO-B

Thank you for your very helpful discussion on the telephone today concerning our patient Mr GRO-B who has severe Haemophilia A. As you know, David Hume wrote to Moira Anderson on 20/12/95 requesting funding of commercial Factor VIII concentrate for this patient following discussions which my co-director Dr. Walker and I had with Mr GRO-B earlier in December. He has severe Haemophilia A with recurrent joint bleeds which require treatment at home two to three times per week to prevent further damage to his joints.

To date, he has been receiving human Factor VIII concentrate which, as you know, has been supplied in Scotland free of charge by the Scottish National Blood Transfusion Service. Mr GRO-B is now very keen to change from human donor Factor VIII concentrate to Recombinant Factor VIII concentrate which is made from cultured tissue cells. David's letter did not make it clear that the commercial blood product requested is in fact Recombinant Factor VIII, rather than human Factor VIII.

As noted in David's letter, Mr GRO-B has contracted Hepatitis C through previous treatment with human blood products and is currently being assessed by our gastroenterologist concerning suitability for Interferon treatment for this. Mr GRO-B is very concerned about the possibility of acquiring future human virus infections from continued use of human derived Factor VIII concentrate, in particular Hepatitis B to which he is not immune despite repeated attempts at vaccination. Dr. Walker and I have had full discussions with Mr. GRO-B on two occasions and believe that, in view of his lack of immunity to Hepatitis B, the safest option given his continued high use of Factor VIII concentrate would be for him to switch to Recombinant Factor VIII concentrate.

As noted in David's letter, we would estimate that he would require approximately 100,000u of Recombinant Factor VIII per year. Although naturally this may fluctuate from year to year depending on how many bleeds or other complications he has. There are currently three Recombinant Factor VIII preparations from different manufacturers. One of these (Kogenate) is licensed and the current price is 50 pence per unit which equals about £50,000 per annum. Unfortunately, there is a supply problem with this at present and the alternative is for us to prescribe one of the other two Recombinant Factor VIII preparations which are currently being considered for licensing in the U.K. but meantime can be prescribed on a named patient basis. We are currently inquiring about current availability and price of these other two products.

Thank you for your sympathetic consideration of this change of treatment. Should the health board agree funding, no doubt Julie Carter can raise the appropriate invoices with the appropriate person in your health board.

We look forward to hearing from you.

Kind regards.

Yours sincerely

G D O LOWE
CONSULTANT PHYSICIAN

cc. Mrs. Anne Anderson, Contractors Director, Argyll & Clyde Health Board.
Mr. D. Hume, Patient Services Manager, Glasgow Royal Infirmary.
Ms. J. Carter, Business Manager, Glasgow Royal Infirmary.
Dr. I. Walker, Consultant Haematologist, Glasgow Royal Infirmary.
GRO-B