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m/ur/13, 31/3  
2/12

Mr. ~~\_\_\_\_\_~~

FACTOR VIII SUPPLIES

Your paper of 3 August: The target for factor VIII production from all sources which would allow optimum treatment for all haemophiliacs in the UK, agreed by the Expert Group which met on 4 May was a usage of over 40 million international units pa. We agreed to consider plans to produce 35 million i.u. per annum.

*study  
will show what  
Jul's*

You point out that in theory this level of production has already been achieved in England and Wales, assuming a yield of 60 i.u. of factor VIII activity per donation of plasma processed to cryoprecipitate.

We know that in addition clinicians are buying and using or accumulating commercially produced factor VIII concentrate at the rate of 10 million i.u. per annum (assuming the same "unit" is used).

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There is some highly potent cryoprecipitate about. I understand that the Edware product contains levels of 100 i.u. factor VIII or more consistently. It would be worthwhile to ask Dr. Cleghorn what volume of plasma is removed to give this yield. It is unlikely that he removes only 180ml. or less from each donation. The donor plasma factor VIII levels might be higher than normal.

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It will be rewarding to see the results of ~~\_\_\_\_\_~~ working party's investigations. We should keep in close touch and if it would speed up things, could we consider funding any exercises undertaken? I was not at the RTDs' meeting which discussed this and await the minutes with interest.

I would support ~~\_\_\_\_\_~~ view in his minute of 10 August - clinicians will use, or will grossly over use cryoprecipitate which uncertainly exists over the dose per pack. This is one of the principal reasons given for using AHG concentrate where the dose is stated on the label and the requirement of each patient calculated fairly accurately (in terms of body weight, severity of bleed etc.).

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12 August 1976

cc Dr. Maycock