

COPY TYPED 07/02/12

CAL/PMW

10th May, 1983

Dr. D.B.L. McClelland,
Director,
B.T.S
R.I.E

Dear Brian,

I was delighted to hear from you today that you may be able to obtain further regular supplies of NHS intermediate purity factor VIII concentrate. I have relentlessly tried to continue the farsighted policy of my predecessor in treating the local haemophiliacs exclusively with Edinburgh concentrate. As you know to date the supply of this material has not been sufficient to treat all the patient as I should wish despite using 25% of our factor VII therapy as cryoprecipitate, (compared to the UK average of 10%).

The increase in the monthly allocation from 330 bottles to 570 bottles has gone a long way towards meeting our requirements but even this amount is insufficient. To be totally self sufficient in NHS factor VIII we shall require a further increase. This should allow a modest amount of surgery that I have recently held back from embarking upon because of the shortage. It is, of course, very important that we receive a guaranteed regular supply to enable the source to run smoothly without the prospect of a recurrence of the recent restrictions I had to impose on the issue of material to patients in order to eek out the monthly allocation. Despite my strenuous efforts I have had to allow three patients to be treated regularly with commercial factor VIII and others have also received it. I would welcome the opportunity to revert to treating these individuals with NHS treatment.

Looking to the future I would suggest we aim for the figure of 2.75 million units of factor VIII per million of the population (Haemophilia/SNBTS Directors Meeting), 3 or 3.4 million units for S-E Scotland by 1985. The enclosed table sets out a reasonable progressive increase to 1985. Of these annual totals 10% should be as cryoprecipitate (assuming a 70 units per donation).

I have been very pleased to hear of the recent excellent developments under way at PFC to produce not only a purer factor VIII product but also one *- also some* that will be "hepatitis reduced". It was particularly encouraging to learn that this can be achieved with very little loss in yield of factor VIII from the starting plasma.

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I sincerely appreciate the effort you and Dr. Frank Boulton have made to obtain sufficient supplies of therapeutic materials for patients under my care.

Yours sincerely,

C.A.Ludlam
Consultant Haematologist

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