

DRAFT

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Dear

Supply of Factor VIII Deficient Plasma  
for the Protein Fractionation Centre (PFC)

Some 18 months ago at a Scottish Regional Haemophilia/Transfusion Directors' Meeting, the Scientific Director of the PFC (Mr. John Watt) made a special plea for supplies of factor VIII deficient plasma. The response has been disappointing and I have been asked by the Headquarters Unit of the Scottish Transfusion Service to contact all members of the Meeting. The purpose of this letter is to document the background of the problem, to examine what has been achieved and to make specific proposals, which I believe will provide helpful guidelines for the future.

Background:

Although the Edinburgh Transfusion Centre is responsible for providing the quality control assays of the final fractionated factor VIII concentrates prior to issue, the PFC makes a steady and significant contribution of its own, directed towards in-process quality control. The resultant early detection, isolation and correction of faults in what is a complex process procedure is undoubtedly beneficial to the national effect. In addition, the PFC staff are engaged upon a development programme designed to improve yields of factor VIII: an exercise in which progress is inevitably slow, but the potential rewards for the patients' and the NHS are high. There is no doubt that progress is being made and that we can look forward to significant advances, provided the impetus of this work can be maintained.

Present Position:

(a) PFC Requirements: A regular supply of 250 ml of factor VIII deficient plasma is required/month (3000 ml p.a.), in order to maintain current routine in-process control and the enhanced yield development programme.

(b) Regional Contributions (since 1976<sup>o</sup>) in mls:

	<u>Aberdeen</u>	<u>Dundee</u>	<u>Edinburgh*</u>	<u>Glasgow</u>	<u>Inverness</u>
1976	Nil	800	1345 (90)	Nil	Nil
1977	350	400	1648 (96)	Nil	220
1978 (28th Feb.)	Nil	Nil	100 (24)	100	80

o Mr. Watt's request was made in late (November) 1976.

\* First figure for Edinburgh is total obtained from Edinburgh haemophiliacs for all PFC work. Figure in parenthesis is the proportion of this total sent for PFC's own assays.

Proposals for the Future:

At the present time factor VIII concentrate issues from PFC are primarily based upon regional populations and since 1975/1976 can be summarised as follows:\*

	<u>Aberdeen</u>	<u>Dundee</u>	<u>Edinburgh</u>	<u>Glasgow</u>	<u>Inverness</u>
1975/1976	267	157	1182	1868	493
1976/1977	490	395	1508	3273	812
1977/1978 (28.2.78)	410	445	771	4410	580

\* 12 month periods beginning April 1st. Numbers refer to vials.

It seems reasonable to propose that the supply of factor VIII deficient plasma for PFC should be based primarily on the same principle, and that calculations should exclude Edinburgh in view of its commitment to assaying the final product. Calculations based upon a population of approximately 4 million (excluding Edinburgh) indicate the following annual regional inputs of factor VIII deficient plasma to PFC.

<u>Aberdeen:</u>	400 ml
<u>Dundee:</u>	400 ml
<u>Glasgow:</u>	2000 ml
<u>Inverness:</u>	200 ml
<u>Total</u>	<u>3000 ml.</u>

Continuity of supply (on a monthly basis) is important, and it is suggested that this would be primarily the task of Glasgow with a regular basic input of approximately 150 ml per month, which could be sporadically topped up to achieve an annual figure of 2000 ml.

It is recognised that these proposals may prove to be difficult to implement in some Regional Haemophilia Centres. Consideration may have to be given to an alternative proposal of obtaining commercial factor VIII deficient plasma and billing Health Boards on a pro-rata basis. We estimate that the total cost of 3000 ml of commercial plasma (if available in these quantities) would be between £7,000-10,000.

There is no doubt that colleagues at PFC would be relieved and delighted if you feel it were possible to implement these proposals forthwith. There is also no doubt that we would not wish the figures to be adhered to slavishly - particularly if the smaller regions can in 1978 produce more than their suggested quota! In any event I anticipate this item will be on the Agenda for the next meeting of the Haemophilia/Transfusion Directors, and I trust that this letter will provide sufficient information for constructive and lively discussion.

Kindest regards,