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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Factor VIII supply and demand

SIR,—At the recent meeting of the American Blood Resources Association (ABRA) in Arlington, Virginia, the president of Alpha Therapeutics reviewed international plasma resources with special reference to the fractionation capacity and sales of blood products in Europe. Using available figures, he considered France to be "ill served by its socialised blood service," the United Kingdom "as a disgrace to be included in a fourth world . . . an indictment of what happens in a socialised system," and West Germany, with a market "bigger than the rest of Europe combined," as "on the basis of blood component therapy doing the best job probably in the world." ABRA is to be congratulated for providing the forum for open debate on the collection, distribution, and use of blood products, and the time has come to invite comment from a wider audience.

In 1978 the world market for plasma products was estimated at $1000m, this figure excluding most of the developing world, the USSR, and China. A commodity market of this size, with its potential for continued growth as new and safer products are introduced and as the scale of treatment spreads, contains the obvious incentive on the part of industry to collect and sell as much material as possible. What concerns me as a prescriber is how this is being done, and I believe that there are two areas for concern. The first lies with the demand for plasma products, and with how this might be manipulated; the second lies in the possibilities for the exploitation of plasma donors in developing countries. The two products which are presently in most demand and which "drive" the plasma market are factor VIII concentrate for the treatment of haemophilia A and albumin. As I do not prescribe the latter I shall confine my remarks to factor VIII.

At the end of 1978, because of a continuing shortfall in supply from the National Blood Transfusion Service, over 50% of factor VIII used in the United Kingdom for home therapy in haemophilia A was imported,[1] a fact that should be of concern to all those who give blood regularly in the United Kingdom. Despite an overall rise due to the implementation of home therapy programmes and to more planned surgery, the use per individual patient per year has remained remarkably constant, patients on home therapy requiring on average about 24 000 VIII units annually. Without exception the directors of those centres with patients on home therapy prescribe routinely between 250 and 500 units (the contents of one or two vials) of factor VIII to be given early in the course of acute bleeding episodes. An inquiry in 1978 established that this relatively low-dose regimen was not dictated by the imposition of financial restraint on the prescribing habits of any director, and there is now considerable evidence of the efficacy of low-dose therapy for the majority of acute bleeding episodes.[2–8] Although there may well be reasons for increasing this dosage in individual patients, the clinical indications for doing so should be clear. One example is the use of prophylaxis, but even when this is applied as an alternate-day regimen it only accounts for around 50 000 factor VIII units per year, a figure in accord with contemporary practice in some major centres in the United States (P Levine, personal communication).

In contrast, in 1975 the average factor VIII consumption by 700 West German patients was 95 000 units per patient,[9] this figure including the haemostatic cover for approximately 68 operations and 18 patients with clotting factor antibodies. But 80 patients undergoing "intensive rehabilitation" in one centre used an average of 130 000 factor VIII units per patient per year.[9] The discrepancy in the figures for the United Kingdom and West Germany has never been explained, despite the fact that at a meeting in Bonn in 1977 those responsible for the prescription of