Questions and Answers – Workshop on Mobilizing Support for Haemophilia Care (Workshop II)

Question: Should third world countries strive to become self-sufficient for plasma products?
Answer: Definitely ‘yes’. Cryoprecipitate production is encouraged as a high priority. The development of national blood transfusion services is important and urgent, and provides a source of plasma.

Question: Is there a problem using concentrated red cells for transfusion when plasma has been removed from the whole blood?
Answer: This is a matter of physician education and development of proper transfusion practices. Experience in major blood centers indicates that 80% conversion of whole blood into concentrated red blood cells is practical and acceptable.

Question: Is plasmapheresis possible with non-remunerated donors?
Answer: There are examples of successful programs in Finland, Belgium and a number of other countries. The problems are more with organization than with motivation of the donors. Whether nonremunerated donors can effectively provide the world’s plasma needs is unanswered and controversial.

Question: At this time there is a clear need for remunerated as well as nonremunerated donors for plasmapheresis. Should small or developing countries produce high-potency concentrates?
Answer: The technology is complex and costly. Expert and experienced personnel are required, as is enormous capital investment. The minimum volume to consider for production is 50,000 liters/year, equivalent to a population of 4 million of medical treatment is fully developed. It is more practical to think in terms of much larger facilities (0.5–1.5 million liters) equivalent to a population base of 40–120 million. Existing fractionation facilities are not fully utilized and the establishment of new facilities is not a high priority.

Question: What is the cost of cryoprecipitate and of concentrates in different areas?
Answer: The cost of cryoprecipitate depends primarily upon the cost of the container and of the personnel who do the work. Generally 5–10 US cents per factor VIII unit. The cost of concentrates are often higher, and are affected by ability to market other plasma products (particularly albumin). Cost should not be confused with price. Price is a decision by the vendor. It is affected by what the market will bear. Higher prices in Europe reflect higher production and marketing costs, devaluation of the US dollar, different technology and a different marketing structure for other plasma fractions.

Question: Why is there a dosage difference of 50,000 factor VIII units per patient per year in USA; compared to 200,000 factor VIII units per patient per year in one center of the Federal Republic of Germany.
Answer: Each group is convinced that its results are satisfactory. The data necessary to resolve this question are not available so. At this time there is no answer. In Bonn Federal Republic of Germany
the objective of treatment is to prevent all bleedings; in USA the objective is to prevent all
damage caused by bleeding
but minor bleeding promptly treated is not considered to be a problem. A collaborative study will
be undertaken
with agreed objectives and study criteria
to compare results over the next 5 years. Hopefully the answers will emerge from this study.