

Amendments and corrections to the “Guidelines for the use of fresh frozen plasma, cryoprecipitate and cryosupernatant”.

Since the initial publication of these Guidelines, the Transfusion Task Force wishes to correct an error, and to clarify how to select the FFP according to the ABO and RhD group of the FFP and of the recipient.

- a) There is a specification error regarding factor VIII content (para 2.1). The third bullet point on page 15 quotes “Immediately after being thawed, the standard FFP must have at least 70 IU/ml of FVIII in at least 75% of the packs.” This should read “...must have at least 0.7 IU/ml”
- b) Selection by ABO group status of donor and product. The Table 1 on page 12 is in two parts, distinguishing between products which have been tested for the presence of ‘high titre’ anti-A / B haemolysins and those which have not. There are technical concerns about the definition of a “haemolysin” and particularly about relating any such activity *in vitro* with clinical effects. We also note that plasma from donors of group A and of group B generally have lower activities of the corresponding ABO antibodies than plasma from donors of group O; however, plasma from donors of groups A or B cannot be regarded as haemolysin free, especially when given in large volumes as is frequently the case for FFP. Therefore and on further consideration, we regard the separation of the table into two parts as superfluous, and recommend that all FFP products (including cryoprecipitate, and cryoprecipitate-depleted (cryosupernatant) plasma) be given according to the amended version accompanying this notice.
- c) Selection by RhD status. The guidelines recommend that the RhD status of the FFP or cryoprecipitate is unimportant, and RhD positive FFP can be given safely to RhD negative recipients – even young women. Although not explicitly stated in the Guidelines, this also applies to cryoprecipitate and to cryoprecipitate-depleted (cryosupernatant) plasma. Some doubts have been expressed as to the safety of this for large scale transfusions such as plasma exchange in the management of TTP. We stand by the published recommendation which is supported by a preliminary report from Turner and Cardigan (2005). This re-inforces the earlier work referenced to Mollison in the Guidelines. We do note that the EU Blood Directive – and hence the legally-binding UK Blood Safety and Quality Regulations, 2005 – still requires FFP to be labelled according to the RhD group of the donor, even though this is not a requirement of the Council of Europe.

Table. Principles of selection of FFP according to donor and recipient blood group

Recipient group	O	A	B	AB
1 st choice	O†	A	B	AB‡
2 nd choice	A	AB‡	AB‡	A*
3 rd choice	B	B*	A*	B*
4 th choice	AB‡	-	-	-

† Group O FFP must only be given to group O recipients

* Tested and negative for high-titre ABO antibodies

‡ AB plasma, though haemolysin free and suitable for patients of any ABO group, is often in short supply.

References

Blood and Safety Quality Regulations, 2005

<http://www.opsi.gov.uk/si/si2005/20050050.htm>

British Committee for Standards in Haematology, 2004. Guidelines for the use of Fresh Frozen Plasma, Cryoprecipitate and Cryosupernatant. *British Journal of Haematology* 126, 11-28

Council of Europe: Guide to the preparation, use and quality assurance of blood components, 11th edition, 2005: p 163. Council of Europe Publishing.

Turner CP, Cardigan R. (2005) Quantification of Residual Red Cells and Red Cell Microparticles in Plasma Components Produced from Whole Blood Donations. *Transfusion Medicine*, 15, Suppl 1: 16

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