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Dear Colleague,

Maintenance B12 Replacement Therapy

It is approaching 12 months since we introduced a local guideline algorithm for the investigation and management of patients with suspected low serum B12.

With the exception of one or two operational problems relating to cut off values, the guidance appears to have been well received and generally considered helpful. Of course, it should be remembered that this is a guideline and there will always be clinical situations which demand variation from this.

One of the original motivators for producing this guidance was the increasing volume of both B12 test requests and intrinsic factor (IF) antibody requests. It has come to our attention that intrinsic factor antibody is now being used retrospectively to examine patients on long term B12 replacement in an effort to identify patients who could potentially stop this treatment. Not surprisingly, this has led to an unsustainable surge in expensive IF antibody tests. As the original algorithm was intended to provide a prospective guide to investigation of patients with suspected B12 deficiency and was devised in the post Schilling test era, we would recommend the following approach to patients on long term Hydroxycobalamin in whom treatment discontinuation is being considered.

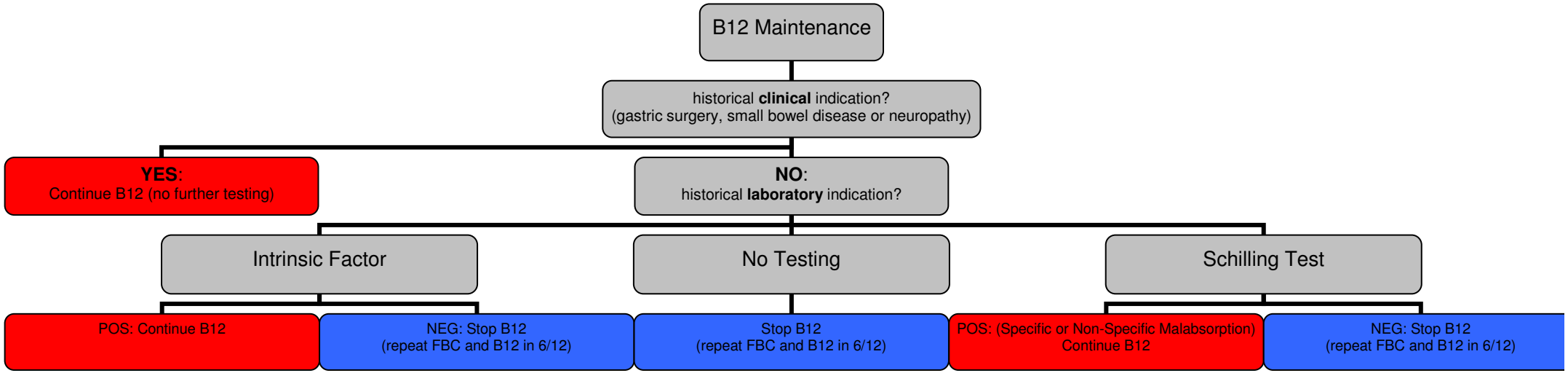
We would like to highlight that where there is no clinical indication for long term B12 administration and no previous laboratory testing has been performed, that we are recommending monitoring of blood count and B12 levels after cessation. Patients with a deteriorating blood count or falling B12 levels (below the treatment trigger of 150pg/ml) should be restarted on treatment without further investigation. This approach will prevent patients with intrinsic factor negative pernicious anaemia from having their treatment inappropriately discontinued without long term follow-up. Of course, this has the benefit to the laboratory of preventing expensive retrospective testing in patients who have already had a clinical decision taken to continue B12 replacement.

Please also note that we are not suggesting that this process is necessary for all patients already receiving B12, but hope that this serves as a template for those practices wishing to re-examine the need for treatment in this group of patients.

Please do not hesitate to contact us if you have any queries or concerns.

Kind regards,

Adam Rye
Consultant Haematologist



Note

Where there is no clinical indication for long term B12 administration and no previous laboratory testing has been performed -monitor blood count and B12 levels after cessation.

Patients with a deteriorating blood count or falling B12 levels (particularly below the treatment trigger of 150pg/ml) should be restarted on treatment without further investigation.

Adam Rye
15 Sep 2005