

**PE1408/CC**

**Healthcare Quality and Strategy Directorate**  
Planning and Quality Division

T: 0131-244 3308

E: Elizabeth.porterfield@scotland.gsi.gov.uk

Ms Sigrid Robinson  
Assistant Clerk to the Public Petitions Committee  
T3.40  
The Scottish Parliament  
Edinburgh  
EH99 1SP

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16 February 2016

Dear Ms Robinson

**PERNICIOUS ANAEMIA PETITION [PE1408](#)**

I refer to your letter of 2 December, sent on behalf of the Scottish Parliament's Public Petitions Committee (PCC), which asks the Scottish Government to respond to issues raised by the Petitioner in her submission dated 26 November 2015. Thank you for agreeing to extend the deadline for our response to allow us to obtain the views of the Scottish Haematology Society (SHS) in relation to the draft advice for GPs that the SHS developed.

The SHS has carefully considered the petitioner's response. I hope the following comments are helpful in addressing the points that were raised:

**1. Testing**

Reassessment relates to the complete overview of the patients' case and the possible diagnoses. At this point it may not be fully clear to the medical practitioner that possible B12 deficiency is the only contributing factor to a patients' presentation. This means that reassessment may result in further clinical and laboratory evaluation. The SHS advice does not commit the practitioner to making a final decision about B12 therapy at the initial visit and leaves further review open to the practitioner, therefore the advice should perhaps indicate "initial reassessment". However, it is clear from the evidence reviewed in the BCSH (British Committee for Standards in Haematology) guideline that it is not possible to give a more evidence based recommendation. With regard to folate levels, they are usually checked in conjunction with the B12 levels and any deficiency would usually be addressed in parallel.

## **2. Gastric Parietal Cell Antibodies**

The SHS considers that gastric parietal cell antibody testing is often used during investigation of B12 deficiency although not technically used per se to diagnose B12 deficiency. As such, the statement is not controversial as there is a general acceptance that these antibodies are indeed not specific for the diagnosis of Pernicious Anaemia. This is also reflected in the BCSH guideline which is based on a full systematic review of available data and which has gone through a significant and documented process of scrutiny and review. Regarding the finding of eosinophilia there are many potential causes for this and it is not possible to advocate empiric therapy without a diagnosis having been established.

## **3. Macrocytosis**

The SHS accepts that some patients with B12 deficiency are not macrocytic and that is why 4 other clinical criteria are listed which are independent of macrocytosis as an indication for testing. The SHS believes that haematologists generally appreciate that iron deficiency can mask the macrocytosis of B12 deficiency and often the request is for "haematinics" which includes B12, folate and ferritin.

## **4. Availability in other EU countries**

It is not possible to comment on how B12 is dispensed in other European countries.

I hope this is helpful.

Yours sincerely

Elizabeth Porterfield  
Head of Strategic Planning & Clinical Priorities