

Draft advocacy letter to NZBS

Date: [Insert date]

To: Dr [Name], Medical Director
New Zealand Blood Service

Subject: Request to add testosterone-induced erythrocytosis to NZBS therapeutic venesection programme

Dear Dr [Name],

I am writing as a New Zealand resident undergoing testosterone-replacement therapy (TRT) for clinically diagnosed hypogonadism. TRT has restored my quality of life, but like many men on treatment it has also raised my haematocrit. My most recent full-blood-count showed a haematocrit of [XX] %, above the internationally accepted safety threshold of 0.50-0.54 %.

1 . International safety guidance

- The Endocrine Society's 2018 Clinical Practice Guideline recommends **withholding or adjusting TRT and/or performing phlebotomy when haematocrit exceeds 54 %**, noting the eight-fold rise in erythrocytosis risk above that level. [1]
- The American Urological Association likewise advises “hold TRT if HCT > 50 % and reinstate at a lower dose once normalised.” [2]
- European Urology and other reviews confirm that regular phlebotomy is a proven, low-risk method to control TRT-induced erythrocytosis. [3, 4]

Elevated haematocrit increases blood viscosity and the odds of thrombo-embolic events; therapeutic venesection lowers viscosity by ~3 % per 450 mL unit removed. [5]

2 . Established practice in the United States

- Carter BloodCare operates an FDA-approved variance programme offering **no-cost phlebotomies every 2–8 weeks for TRT patients**, and can even transfuse collected units if the donor meets standard eligibility. [6, 7]
- The American Red Cross performs over **10 000 therapeutic apheresis procedures annually**, including for testosterone-related polycythaemia. [8]
- These services follow AABB Standard 5.6.7.1, which differentiates therapeutic draws from standard allogeneic donations yet allows use of the blood if all criteria are met. [9]

3 . Gap in current NZBS policy

Section 3.1 of NZBS Policy 111P012 (“Haemochromatosis & Therapeutic Venesection”) currently states that “patients with high haemoglobin levels as a complication of testosterone replacement therapy do not require therapeutic venesection.” [10] This leaves TRT patients ineligible for NZBS venesection clinics even when their haematocrit exceeds evidence-based safety limits, forcing them to seek more costly or less convenient private options.

4 . Requested action

I respectfully ask NZBS to:

1. **Add testosterone-induced secondary erythrocytosis to the list of accepted indications** for therapeutic venesection, alongside polycythaemia vera and hereditary haemochromatosis.
2. **Adopt the US threshold (HCT \geq 0.54 or clinician-directed \geq 0.50) and minimum interval (14 days)** used by centres such as Carter BloodCare.
3. Allow units collected from otherwise eligible TRT donors to enter the allogeneic supply, further securing New Zealand’s blood inventory.

I have enclosed copies of the relevant Endocrine Society and AUA guidelines, the AABB standard, and the Carter BloodCare TRT phlebotomy enrolment form for your consideration. I would be grateful for an opportunity to discuss this proposal with NZBS clinicians or policy staff, and I am willing to participate in any pilot programme that may be required.

Thank you for your time and for NZBS’s continued commitment to donor and patient safety.

Yours sincerely,

[Name]

[Address]

[NHI or DOB]

[Phone / Email]

References for NZBS

1. Endocrine Society Clinical Practice Guideline, *JCEM* 2018 – monitoring & 54 % rule
[MediRequestsOxford Academic](#)

2. AUA Guideline summary – hold TRT if HCT > 50 % [ASH Publications](#)
3. European Urology Focus review on TRT-erythrocytosis management [European Urology Focus](#)
4. Bioscientifica review: phlebotomy as practical option [Bioscientifica](#)
5. The Blood Project educational brief on TRT & erythrocytosis [The Blood Project](#)
6. Carter BloodCare TRT programme overview [Carter BloodCare](#)
7. Carter BloodCare enrolment/prescription form [Carter BloodCare](#)
8. American Red Cross therapeutic-apheresis service description [Red Cross Blood](#)
9. AABB Standards (5.6.7.1) regarding therapeutic phlebotomy [mabbweb.org](#)
10. NZBS Policy 111P012, clause 3.1 – current exclusion of TRT cases [NZ Blood](#)