

Pediatric Oncology/Hematology Vrije Universiteit Medical Centre, Amsterdam

To whom it may concern

Pediatric Oncology-Hematology

Prof.dr G.J.L. Kaspers
Prof. em. dr A.J.P. Veerman
Dr. J. Cloos, laboratory
Dr. E. van Dulmen, late effects
Dr. V. de Haas
W.A. Kors
Dr. M.A. Veening
D.G. van Vuurden

Patient correspondence to: hoi.info@vumc.nl
visit our website: www.vumc.nl/kinderoncologie-hematologie

Your letter dated

Your reference

Date

27 February 2010

Subject
Reti-EPO

Our reference
100227-Pech-EPO-ww

E-mail secretary:
sigrid.bruinsma@vumc.nl
tel.: +31 20 444 2420
fax.: +31 20 444 2422

Dear committee members,

Recently I was reading in the Dutch Medical Journal ('Medisch Contact') about Mrs Claudia Pechstein and her conviction for EPO use.

As professor emeritus in Paediatric Haematology, Oncology and Immunology, former head of the Paediatric Department in the VU University Medical Centre, as well as former interim Head of the dept of Human Genetics in the same Hospital, I was intrigued by the case. I have on my own accord contacted the bureau of Mrs Pechstein, and I declare that I have no connection whatsoever with her, or anybody acting on her behalf. I received no remuneration of any kind, financially or otherwise. I give this expert opinion of free will and have no conflict of interest in any way.

My firm opinion is that there is no ground for the conviction for the use of Epo or similar bone marrow stimulating substances or procedures. Why did I come to this conclusion? Essentially two arguments:

1. Epo (if intermittently given) indeed causes increased percentages of reticulocytes in the blood, in a few days. But this argument cannot be turned around: high levels of reticulocytes are not obligatory sign of EPO use; they can be caused by many other situations. Compare the statement: a cow is an animal. Yes indeed. But it does not follow that all animals are cows.
2. Besides reticulocyte counts, all the other laboratory determinations support the existence of a haematological condition that goes with a shortened life-span of erythrocytes, and hence a higher replacement need. These data, of Dr Weimann and Professor Heimpel, are very expertly and consistently reviewed by Prof Dr Gassmann, whose letter of 26 February 2010 I fully endorse. A higher replacement need exists in situations of blood loss (externally) or hemolysis ('internal', or rather intravascular, blood loss). I am convinced that the laboratory data of Mrs Pechstein indicate a subclinical hemolytic condition, most probably low-grade spherocytosis, but it is also possible that it concerns more rare conditions like elliptocytosis, stomatocytosis or xerocytosis. All these diseases are hereditary, most often autosomal dominant. The fact that in the blood of the father and of Mrs Pechstein herself similar laboratory values were found for reticulocytes and MCHC (among others) is also consistent with an autosomal dominant condition.

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3. Many more could be said on the subject, among others a discussion on what is the meaning of normal values, but I will refrain from this. The letter of prof dr Gassmann, which I mentioned before, is clear enough. The conclusion is inevitable: from the hematological data it is not possible to conclude that Epo or another blood stimulating agent or procedure was cause of the increased reticulocyte count. On the contrary, there is compelling evidence to prove that she has a hereditary subclinical haemolytic condition.

I would ask you to consider these facts, and the expert opinions of myself and others based on these facts, so that proper judgment can be done of Ms Claudia Pechstein regarding the alleged use of Epo.

In general, this case illustrates that the criteria for EPO doping have to be reconsidered urgently by the relevant regulating bodies/committees.

For any questions you may have, I would certainly be willing to testify or act as expert in your important procedures.

With kind regards,



Prof. dr Anjo J.P. Veerman,
Professor of Paediatric Oncology/Hematology
VU University Medical Center, P.O. Box 7057
1007 MB Amsterdam, the Netherlands
Phone: +31 20 444 2420;
Fax:: +31 20 444 2422;
E-mail: ajp.veerman@vumc.nl
Mobile: +31 654 692 786

Attached: CV short of Anjo J.P. Veerman

Short CV of Anjo JP Veerman – update February 2010

- Professor of Pediatrics, and specialised in Pediatric Oncology, Hematology and Immunology at the Vrije Universiteit Medical Centre, the VUmc, in Amsterdam, the Netherlands, and visiting Professor of Paediatrics at the Gadjah Mada University in Yogyakarta, Indonesia. Still holding office as emeritus professor in the VUmc with contract until (at least) May 2011.
- Clinician, involved in pediatric oncology, especially childhood leukaemia, special interest in hereditary anemia and granulocytopenia. But also active as general paediatrician, supervision and on call duties night and weekends.
- Research in the fields of drug resistance, genetics of leukaemia, and in late effects after treatment for pediatric cancer. In Indonesia research on the subtypes of childhood leukaemia: are they the same as in western countries? Development of effective and economic treatment protocols. (Co)author of about 400 scientific publications in peer-reviewed journals. Promotor of 24 PhD students. Reviewer for amongst others, the Blood Journal, Pediatric Blood and Cancer, and the Lancet.
- Educator, training pediatric residents and fellows. Past Chairman of Pediatric License Board in the Netherlands (Concilium Paediatricum), past member of the Dutch Medical Specialisation Board.
- Manager with many functions in organisations, amongst others: Department Head of Dept Pediatrics, VUmc Amsterdam (1987-1998); Interim Department Head of the Dept of Human Genetics VUmc (1988-1994), Member of the Bone Marrow Transplant Committee of the Dutch Government, Board member (1981-2005) and Chairman of the Dutch Childhood Oncology Group (2004/5), Treasurer of the International Society of Pediatric Oncology (SIOP) 1998-2007, Past Vice Chairman of the Dutch Scientific Committee on Cancer Research. Member of the External Advisory Board of VIVA for Paediatric Oncology in Singapore (current).
- Organisator of congresses on Leukaemia and Lymphoma and on Pediatric Oncology, Editor of books.