**Editor's Note:** Letters to the Editor contribute new scientific data, comment on a recent article in **TRANSFUSION**, or provide an opinion on an important topic. Letters expressing opinions are usually based on an analysis citing specific published studies. We are publishing the following letter, submitted by authors from 26 institutions, as an exception, to facilitate the debate on the important topic of universal WBC reduction.

**Jeffrey McCullough, MD**
*Editor*
**TRANSFUSION**

## Universal WBC reduction

WBC reduction represents an advance in the technology of blood component preparation. For selected patients, the prevention of several transfusion complications resulting from recipients' exposure to allogeneic donor WBCs has been adequately documented by clinical trials. However, extending the use of WBC-reduced blood components to all patients should be justified on the basis of published data documenting significant benefit, regardless of diagnoses or reasons for transfusion. The signatories of this letter have reviewed the available data, including those presented in great detail in recent publications.[1,2] It is our view that published reports fail to document a substantial health benefit that would serve to justify WBC reduction of cellular components transfused to *all* patients. Accordingly, we feel that the currently available evidence regarding the deleterious effects of allogeneic blood transfusion is not sufficiently compelling to warrant universal WBC reduction for the prevention of these effects.

Although the lack of documentation of significant benefit for all patients is foremost in our minds, no rational consideration of a policy of universal WBC reduction can ignore cost considerations. The cost in the United States has been estimated to be more than $600 million per year.[1] We decry the forced expenditure of such an enormous amount of money without commensurate patient benefits.

Thus, we strongly oppose measures that would compel us to supply only WBC-reduced blood components for all of our patients. We will continue to strive to maintain a policy of selective WBC reduction until data are forthcoming from well-designed scientific studies that justify a change in policy. In the meantime, we urge regulatory agencies and blood centers to withhold the forced implementation of universal WBC reduction.

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