

LAF/ey

Professor A.L. Bloom,
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3th April, 1986.

Dear Professor Bloom,

It was nice to see you and Jane at the Cambridge meeting last week, please give her my regards. I have enclosed a copy of the abstract which has been submitted to the World Federation of Haemophilia by Professor Allain and his colleagues, I thought you may like to have a copy.

Since the abstract was submitted in December, 1985, a further three patients have reached six months' evaluation and the six patients referred to in the text now have almost nine months' data. All nine patients have not seroconverted to the HTLVIII virus and all have kept normal ALT levels.

Looking at the data in its worst light, eight out of the eleven patients showed no seroconversion to HTLVIII and have no elevation of ALT showing an infectivity risk of 27%. At best, in eight out of nine patients, the risk is 11%.

Only one batch has been used, but we do have other trials where different batches are being used. These also look favourable but I cannot comment further on these at present.

At the Haemostasis and Thrombosis Club meeting, as you may recall, Dr. Karnoff presented the following data.

NANB Infectivity Rates with Dry Concentrates

Hemophil T	-	Travenol	11/13 patients	5/5 lots	84% risk
Factorate HT	-	Armour	3/3 patients	3/3 lots	100% risk
Kryobulin	-	Immuno	3/3 patients	1/1 lots	100% risk

Cont/...

Dr. Kernoff mentioned his work with Alpha and said that five out of eighteen patients developed NANB hepatitis. That is 27.7% infectivity.

I was anxious that you should be aware of this study as it shows that Koate HT has a process that is capable of reducing NANB infectivity as well as other claims which have been made by the manufacturers of the wet product.

Thank you for keeping this information confidential. Professor Allain has been assured that it will be.

You mentioned to me that the consumption of concentrate has increased since using your current product. The increase of 10,000 IU of Factor VIII per patient that you mentioned could amount to an additional £16000 worth of treatment per patient for this coming year (at 16pence per IU). If, for example, you have 20 patients on this volume, the extra could be around £32,000.

Koate HT would save you this and, of course, you would not be paying the premium price for your other Factor VIII. Our current price for Koate HT is 14 pence per IU.

I look forward to meeting you again soon before or during one of your many adventures.

Yours sincerely

Linda A. Frith
Sales Development Manager

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