BPL
BIO·PRODUCTS LABORATORY

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RSL/CW

November 24, 1993

Dr Lorna Williamson
East Anglian Regional Transfusion
and Immuno-Haematology Centre
Long Road
Cambridge CB2 2PT

Dear Lorna

Octaplas CTX Application

At our recent meeting in Cambridge I said I would write to you setting out the substance of our discussion and defining what we saw as the key issues to get the earliest possible commencement of this trial.

We agreed to set out the following proposal for the management structure of the clinical trial programme:

Sponsors: National Blood Authority/Bio Products Laboratory
Octapharma

Clinical Coordinator: Dr. Lorna Williamson, RTC Cambridge

Clinical Trial Monitor: Sue Bhadere, Octapharma

Principal Clinical Investigator: Dr. Fereydoun Ala, RTC Birmingham

Participating Clinical Centres: Based on RTC Cambridge, RTC Birmingham and RTC Leeds

The names of all participating clinical investigators will need to be defined and all of the clinicians involved will have to submit a brief copy of their curriculum vitae.

I have a finally revised copy of the pharmaceutical component for the CTX application to which I will append an introduction appropriate to the current state of knowledge and regulatory practices with particular reference to hepatitis A.

You have agreed to complete the detail of the clinical protocol and also agree with Sue Bhadere the format of the protocol so that it meets GCP requirements. You will also agree with Sue Bhadere the status of all Case Record Forms that are to be used in the study and then we shall need to discuss the printing of these forms in sufficient numbers ahead of commencement of the trial. You will then be able to despatch this completed document to me which we will then bind into the CTX application. BPL will prepare the MAL 164 forms and agree them with Octapharma: the revised application can then be submitted to MCA.

I promised to send you a copy of the Distribution Protocol which has been developed for the Blood Substitutes study in the UK. The document is confidential and I think it is self-explanatory in its layout and content. We shall need to determine the particular activities which will allow distribution based on bulk supply from Octapharma to BPL where it will be stored under appropriate secure conditions and you will need to determine how this material is going to be redistributed to the clinical centres, how it will be stored and sent to participating clinical units. There will need to be some simple forms which allow BPL to maintain a note of inventory and distribution and any write off: likewise you will need an inventory log for the Transfusion Centres and an inventory request form from the clinical investigators when they want product. The days of cold storage will need to be logged and there will need to be a description of the conditions of the product during transit, e.g. inspection for the presence or absence of dry ice in the container and for the conditions of storage at the RTC and the hospital. If there are any problems, I am sure we can talk about them.

Concerning the key elements to the critical path, obviously submission of the CTX and its approval are priorities as will be the updating and submission for the Ethical Review Board approval: the latter can commence without delay.

The collection of plasma I believe should await the CTX approval to avoid unnecessary activities which raise costs.

You have agreed to set out the procedures for collection and testing of samples, some tests being performed in the local hospital and some being referred to RTC Cambridge so that assays will be standardised. The labelling and numbering of samples will be part of this planning exercise. The costs of this activity you have previously agreed will be covered by Octapharma under their arrangements with Jean Pierre, but I think the budget needs to be redeveloped and resubmitted to gain approval. A statement of Octapharma's preparedness to finance this activity should appear in the CTX application.

I will leave you to digest the contents of this letter and you will obviously need to talk to Sue Bhadere. If I have got the main thrust of the discussions right, then I think we need to meet again with Sue Bhadere round about the time the clinical protocol is in its final form; I will come to Cambridge for that purpose. We will then need to prepare a general letter setting out the key areas of responsibility to the principals and main investigators with an attached copy of the clinical protocol in its final form. Following this and commencing early in the new year, we agreed we would hold a series of meetings in each of the three regions where the sponsors representatives, yourself, the trial monitor and clinical investigators could be fully acquainted with the particulars of the study and can raise any specific issues on management. Please call if there are any problems as I shall be in and around Elstree for the foreseeable future.

Thank you for your help and collaboration.

Yours sincerely,

GRO-C

Dr. Richard S. Lane