

Dr Harris

VISIT FROM ABBOTT LABORATORIES LIMITED

The Managing Director of Abbott Laboratories phoned late on Friday evening requesting a meeting this week in view of the claims published in the press that the Wellcome test was the one chosen by the Department. I assured him then that the information had not been released by the Department and was not true.

He came yesterday with his sales manager Mr Steven Porter and two scientific advisers. Mr Kennedy and Mr Lister were also at the meeting. Mr Williams was present at our pre-meeting and subsequent discussion but because of urgent business he did not meet the Abbott representatives.

Abbott's main case was that they could not be excluded from the evaluation in the BTS because the UK would look ridiculously out of step with the USA, France and Germany who were all using their tests. Abbott would make a case to the press that the PHLS evaluation was only on 400 samples whereas they had results on 129,000 tests. The rate of positives overall on these tests being .1% (on enquiry this was repeatable positives, the positive pickup rate is .9%). They complained that the PHLS evaluation had many faults (they had agreed to the protocol without comment). They felt that the UK had been tardy in introducing their test to the BTS. Mr Porter accused officials of leaking information to the press and of lying. They brought a telex (attached) which gives the outline of a paper which their representatives were presenting at NIH on 31 July. They have offered to bring scientists across from the States to justify their claims that their test is entirely reliable. They made it quite clear that it would be disastrous for Abbott to be excluded from the UK evaluation because this evaluation would be held in higher regard elsewhere.

Our stance was that the Department would be issuing the NHS with information about the PHLS evaluation. We agreed to give them an hour's warning of any press release that might be issued. We agreed to consider whether we wished to discuss their test with their scientific advisers and the possibility of their test being evaluated in the BTS. (They have offered to supply kits for this evaluation free of charge. In response to the letter from STB3 inviting all the firms evaluated in the PHLS trial to tender for the BTS evaluation, Abbott agreed the protocol and tendered their offer at a cost of £2.00 for each test.) On their departure Mr Gibbons apologised for the behaviour of Mr Porter.

In the discussion following these points were made:

- a.. The Abbott's test clearly did not do well in comparison with the other tests in the PHLs evaluation.
- b. The time taken to perform the Abbott test is at least twice that of the Organon and Wellcome tests. This is inconvenient for RTCs and will undoubtedly require further staff to perform the test.
- c. By agreeing to Abbotts taking part in the BTS evaluation we are admitting that the PHLs evaluation is questionable.
- d. Even if Abbott provide the test kits free, we are still having to pay for the staff to perform the evaluation. We are also using up valuable aliquots of stored sera which may be required to evaluate second and third generation tests.
- e. Abbott Laboratories are a powerful and influential company. They made it quite clear that they would raise objections in every quarter if they were not included in the Blood Transfusion Service evaluation.

MED SEB and HS1 felt that their request to be included in the BTS evaluation should be resisted although recognising that Abbotts Laboratories could make this very difficult. It is proposed that the information contained in the telex and cabled by Abbott should be sent to the expert working group along with the minutes of the meeting at which decisions were taken on their recommendations about the tests to be used, and comments on the Abbott results requested. Even were it agreed to include the Abbott test in the BTS evaluation this could not take place until late August. If Abbott is allowed into the BTS evaluation, Ortho whose test was regarded as suitable for diagnostic laboratories should be invited to take part in the evaluation should they wish to do so. They also could not be expected to offer their test free of charge and as it is believed they have a second generation test nearly ready they may not wish to take part in the BTS evaluation in any case.

1 August 1985

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DR ALISON SMITHIES
Principal Medical Officer

cc: Mr Harris Mr Williams Mr Lister
 Mrs Fosh Mr Allen Mr Kennedy