2.



We measure the over pressure only before and after, not during the process.

It is accepted that sensitivity of HIV varies according to relative humidity but the protein composition of the intermediate bulk can affect relative humidity. As we have no specification for the intermediate how can we be sure the process is 'in control'. In addition the pharmacist states that the protein milieu will also effect HIV inactivation and therefore if we have no specification for the intermediate how are we sure we have the process under control.

Again he raised the point which was one of the reasons for the turn down of our TIM 2 variation - ie the question of particle size in the conditioned powder. If the penetration of moisture varies and some particles not hydrated then any Virus trapped inside an unpenetrated particle would be more resistant to heat.

The variation in log steps inactivation data was also commented on. Extra data points in the 10 hour inactivation could have been useful to show exactly what happened and perhaps a RT incubation for longer than 28 days to see if anything unusual occurred.

As indicated above, these were "impromptu comments" and as said by the pharmacist reflect his personal feelings but are not official requests for data. They do however show the type of approach to assessment taken by the U.K. authorities where intermediate steps taken in development like to be seen and evidence of validation, reproducibility and control discussed.

In summary therefore I believe his main concern was that we had not demonstrated (to his satisfaction) that the vapour heating process was reprodubile or 'in control'.

In addition the pharmacist said that the product will however go to committee (with his assessment) where it will be considered. The committee may ignore his advice and feel the additional safety offered by the product warrants its licencing and that the pharmacist is being unreasonable in his data requirements.

TOTAL P 07