

Meeting of the Steering Committee of the DHSS study of surrogate
NANBH markers in blood donors

Wednesday 24 August 1988 at Manchester BTC.

Present: Dr. Harold Gunson)
Dr. Vanessa Martlew) NBTS Plymouth Grove
Dr. Kim Shwe) Manchester M13 9LL

Mr. Ian Laing Dept. Biochemistry
(for Mr. Geoff Seneviratne) Manchester Royal Infirmary Oxford
Road, Manchester. M13 9WL

Dr. Ian Fraser SWRTC, Southmead Road. Bristol.
BS10 5ND.

Dr. Marcela Contreras)
(Chair)) NLBTC, Deansbrook Road,
Dr. John Barbara) Edgware, Middlesex.
(Secretary)) HA8 9BD.

Action

1. Matters arising

Dr. Gunson

1.1. Budget: Dr. Gunson will send details of sub-
codes (under which claims can be
made) when they become available.

1.1.2. Non-pay items: (see xerox¹)

1.1.2.1. Anti-core tests will cost less than
itemised. NLBTC will send anti-HBc
positive samples to Prof. Zuckerman
and Prof. Thomas at the completion
of testing.

1.1.2.2. Travel and subsistence allowance can
be drawn upon for this current
meeting.

1.1.2.3. Receipts should be sent under the
appropriate code to Miss Anne-Marie
Schumaker, Administrative Officer at
Manchester RTC at appropriate
intervals. Manchester RHA will
reimburse each Centre's RHA.

1.1.3. Pay items: see Xerox².
For pay, stipulate the post for
which reimbursement is claimed (e.g.
by sending photocopies of the pay
slips).
(Appropriate London Weighting has
been included for NLBTC).

1.2. Donor leaflets have been distributed to the
three RTCs.

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- 1.3. Ethical committees: Dr. Fraser reported that approval is agreed in principle at Bristol, with Southmead acting for the Region. (To be finalised at a meeting on 2nd Sept).

Dr. Contreras reported that St. Mary's have approved, via chairman's action.

(Manchester's prior receipt of approval was helpful to Bristol and Edgware in this matter).

- 1.4. Additional tests on "positive" samples; ideally these should be performed on the original samples since this reflects the situation at the time of screening.

- 1.5. Validation, confirmation and supplementary testing should be clearly distinguished: validation: repeating screen positives. confirmation: Reference Laboratory tests; sera with elevated ALT values (both initial and repeat samples) should be sent to NLBTC for central ALT estimation. Dr. Contreras to organise with Dr. Mijovic. supplementary: additional tests on 'positives' as in Xerox³.

Dr. Contrera

- 1.6. Chiron testing for hepatitis 'C' virus (HCV): Dr. Gunson awaits the return of Geoff Savage, Ortho Diagnostics, to arrange details. It is hoped that no charge would be made by Ortho since our samples will provide an important UK library of sera. The Chiron test may be fully licensed by autumn next year. Subsequent to the meeting Dr. Gunson was informed that Dr. Jack Goldstein from Ortho, Raritan NJ, is setting up US clinical trials in November 1988. They are considering a European trial, including our study. Dr. Gunson and Dr. Barbara hope to meet Dr. Goldstein at the November AABB, hopefully to organise screening of all our 9000 samples.

- 1.7. It was agreed that if any donor sample was of insufficient volume for the full range of tests, that donor would be excluded from the study.

2. Integration of ALT Results.

The discrepant Manchester ALT results in relation to the other two centres was discussed. The two methods for ALT available at Manchester used 'Parallel' and 'centrifugal' analyzers. The latter was the preferred methodology but was inconvenient for testing samples from our study.

The parallel analyzer was therefore used but it loses precision at low ALT levels - the ones most likely to be seen in our study.

Dr. Fraser reported that Dr. Goldie (the Southmead chemical pathologist) calculated a coefficient of correlation of 0.996 between Edgware and Bristol results and of 0.858 between Manchester and Bristol. For biological assays, even a correlation of 0.858 would be considered adequate in terms of uniformity of results.

During the study, Dr. Contreras will ask Dr. Mijovic to organise monthly panels of samples for ALT comparison at the three centres, so that several sets of correlation graphs will be available to allow review throughout the extent of the study. Any variations between centres will themselves provide important information as regards ALT testing.

Dr. Contreras

3. Dr. Martlew asked if the Biochemists in the study could retain the specimens which they test, to avoid unnecessary loss of serum sample from 'positives'. Southmead cannot, Manchester will report back once they have examined the feasibility of this and Dr. Contreras will organise NLBTC local biochemistry sample retention with Dr. Mijovic. As much serum as possible from 'positive' and the selected control sera should be salvaged for frozen storage. Subsequent to the meeting, Dr. Gunson has asked that large aliquots of all sera in the study are stored frozen, so that they are available for the Chiron assay, if we have access to it.
4. Neopterin: The study 'positives' could be tested for neopterin using the funding from savings accrued from the reduced price for anti-HBc kits which Dr. Gunson had negotiated. (Since the meeting Dr. Barbara has ascertained that tests can be done on serum at approximately £4 per test).
5. Individual Centres update.

5.1. Bristol: Ethical approval is pending. Projected study commencement date is 12th September. Their SR, Dr. Nicola Anderson, will conduct the study locally. Their clerical cover may be provided by someone at the Centre who is interested in part-time work.

5.2. Manchester Ethical approval has been given. A part-time clerical officer has been organised. Projected study commencement date is 5th September. Dr. Martlew and Dr. Shwe will cover the clinical aspects. On 14th November

Dr. Martlew will move to Liverpool but will continue to attend coordinating meetings. From 1st October, Dr. Douglas Lee will be on the coordinating committee.

- 5.3. Edgware: Subsequent to the meeting, Dr. A. Raafat Estafani informed us that he has accepted the appointment of overall coordinator. Initially, the Edgware SRs (Dr. Ranasinghe and Dr. Brennan) will cover.

Dr. Contreras will ask her secretary to fix a date for Drs. Anderson, Martlew, Shwe, Ranasinghe and Brennan to meet to discuss a uniform approach to donor examination, some time in September. Dr. Contreras will also ask Dr. Ranasinghe to provide a discussion document covering a preliminary approach to the examination of the donors.

Dr. Contreras

Dr. Contreras

A temporary scientific officer has been appointed. The clerical work will be covered by overtime and the RDO (Mr. Martina) will assess the best way to obtain a spread of donor sessions. Starting date for the study will be 19th September.

6. Transport: The drivers from various centres will come directly to Edgware as necessary, while on their routine trips to Elstree.

Directors

7. Anti-HBc assay: Since different assays for anti-HBc have not been formally compared in the UK, and since Organon and Dupont have expressed an interest to Dr. Gunson, Dr. Barbara will ask for some anti-HBc reagents (FOC) from both manufacturers.

Dr. Barbara

Subsequent to the meeting, Dr. Barbara contacted Alan Follett (Ortho) and Marian Ward (Dupont). Ortho do not yet have a licensed produce available. They are anticipating launch in 1989 but may have some kits on an R&D basis. Dupont do not have anti-HBc kits for general distribution but will be sending JAB 4 'unlicensed' kits (from one of two possible suppliers) at the end of September, 1988.

8. Selection of 2/5 of the ALT tested samples for anti-HBc assay. Subsequent to the meeting, Dr. Contreras has received advice from Janet Mortimer (CPHL); see Xerox 4.

9. The date of the next meeting was fixed for 11 am on
Wednesday Nov. 2nd 1988 at the Bristol RTC.

Dr. John Barbara
Secretary
1st. September 1988.
JB/MM.

NANB BUDGET - NON-PAY

MATERIALS	MANCHESTER	EDGWARE	BRISTOL
	£	£	£
ALT Tests	3,000	500	3,000
Anti-HBc	-	3,910	-
Confirmatory Tests (biochemistyr/haematology)	2,000	2,000	2,000
PHLS	4,000	4,000	4,000
School Hygiene and Tropical Medicine	-	3,600	-
Professor H. Thomas	-	225	-
Travel/Subsistence	2,000	2,000	2,000
Stationery/Telephones	250	250	250

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Xerox 1.

NAMB BUDGET - PAY

	GRADE	MANCHESTER	EDGWARE	BRISTOL
Clerical Asst.	Clerk Typist (8 months)	£ 3,223 + 310	£ 3,223 + 1,330	£ 3,223 + 310
Medical Officer	Senior Registrar (8 months)		10,000 + 5,700	
	Clinical Assistant (.14 wle 6 months)			1,094 + 161
Technical Assistant (Overtime)	MLSO		1,000	
Scientific Officer (3 months)			2,169 + 716	

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Xerox 2.

Xenx 3

Application for the
Research Grant -
Appendix 1 (cont)

reactions have been obtained will be referred to Dr. R.S. Tedder, Department of Virology, Middlesex Hospital, for confirmation.

4) Donor recall

4.1 Donors identified as having an abnormal ALT level and/or positive for anti-HBc will be asked to return to the RTC.

4.2 As controls the donor immediately preceding the one with an abnormal ALT or positive anti-HBc result will be recalled.

4.3 The reason for the study will be fully explained to the donors and they will be asked to give a full medical history according to an agreed protocol and have a clinical examination.

4.4 With the donor's agreement blood will be taken for:-

(i) Tests performed at the Local D.G.H.

ALT, GST, bilirubin, alkaline phosphatase
AST and GT
Albumin
Prothrombin time
Full blood count and ESR

(ii) Tests carried out at viral reference laboratories

N.W. Thames, Middlesex Hospital -
Dr. R.S. Tedder

S. Western, Oxford PHLS - Dr. J. Kurtz

N. Western, Manchester PHLS - Dr. J. Craske

Scotland, Edinburgh University -
Dr. J. Peutherer

anti-HBc+ IgM
anti-HBs + titre on positives
anti-HAV + IgM on positives
CMV (IgG and IgM)
EBV

(iii) For those donors who are anti-HBc positive only:

(a) Tests to be performed at the London School of Hygiene and Tropical Medicine (Professor A. Zuckerman)

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