Draft. 23.1.76.

Dear Dr. Raison,

AHG Concentrate: Letter Dr. Cooper of DEHW to CMO

After receiving Dr. Waiter's minute of 30 December, in which it was suggested I should comment upon the lines 18-21 of p.3 of Dr. Cooper's letter, I asked Medicines Division for examples of the current labelling, leaflets etc. I have not heard from them. I have, however, arranged to examine bottles of Hemofil (Travenol) at Oxford.

Hemofil: The leaflet states that (1) each unit of plasma used is tested by CIE and that the concentrate is not subjected to any treatment known to diminish the transmission of hepatitis. ~~The leaflet~~ It also states that the reconstituted concentrate has been tested by RIA and found negative (this statement occurs also on the label), that this test will detect (presumably in these circumstances) only 50 per cent of single units of blood or plasma potentially infective for hepatitis B, and that the significance of a non-reactive test result with AHG concentrate has not been established and that the product "should continue to be considered to carry a high risk with respect to hepatitis".

FDA's new requirements on hepatitis testing, which came into force August 1975, specify the use of a "third generation test"; presumably, therefore, the donations of plasma used to prepare Hemofil ~~is~~ are now tested by RPH or RIA, probably RIA since RPH has never been popular in U.S.A.

Thus Hemofil concentrate as now prepared in U.S.A. is RIA negative and, since August 1975, has presumably been prepared from RIA negative plasma.

The wording in the leaflet is chosen to afford Travenol maximum protection and, I would say, therefore overstates the risk, given that both the plasma and concentrate are tested in a proper manner by RIA. I don't think the wording could be much stronger, ~~and in my view is adequate~~. I ~~would prefer~~ wonder whether the label should not merely ~~to~~ say "For information regarding hepatitis risk see leaflet" because it is potentially misleading to say "tested and not reactive for hepatitis B". Reading the latter statement, few users, ~~all of whom are about all of them are~~ are likely to read the leaflet, because most ~~of them are~~ ~~patients with~~ need to give concentrate.

Check now on label.

The prevalence of hepatitis in U.K. associated with U.K. blood and blood products has long been smaller than that in U.S.A. However, until concentrate prepared ~~for~~ from UK plasma is available, I would have said the benefits attaching to Hemofil and other similar concentrates of antihaemophilic factor, used with discrimination, outweigh the risk. There is always the problem of non-B hepatitis; some American authorities now say that this may account for 90% of transfusion associated hepatitis. This opens a new vista of complications.