Scottish National Blood Transfusion Service
Edinburgh & South East Scotland
Blood Transfusion Centre
Royal Infirmary of Edinburgh
Lauriston Place
Edinburgh EH3 9YW

Telephone 0131 536 5300
Fax 0131 536 5352

www.snbts.org.uk (General Information)
www.scotblood.co.uk (Donor Information)

Tel: GRO-C
Fax:
Email: Marc.Turner@ GRO-C

MLT/LG

2nd July 2002

Dr John R Stephenson
Research and Development Division
Department of Health
Skipton House
80 London Road
London
SE1 6LH

8/7

John

Dear Dr ~~Stephenson~~

TEST ASSESSMENT FACILITY

Thank you for your invitation to review this proposal for establishment of a Test Assessment Facility brought forward by Dr Eglin and Dr Hodson. I apologise for the delay in reply.

As you will have realised, I have been aware of this proposal for some time and was invited to join the planning group though was unable to do so due to other commitments. I have had the benefit of listening to the discussions on this proposal at both the European Medicines, Evaluation Authority meeting and our UKBTS/DOH R&D meeting the other week.

Though initially sceptical, I have come to the view that there is an important need for a facility such as that proposed in order to enable timely comparative assessment of any assays developed for the detection of PrP^{SC} or surrogate markers of vCJD infectivity in peripheral blood.

Drs Eglin and Hodson enjoy my greatest respect and I have no doubt about their ability to lead this project. Similarly the National Blood Service has a track record in delivery on projects similar and indeed much more extensive than this. The proposal to collect 5000 units of blood from the UK donor pool and a further 5000 from a non UK donor pool appears reasonable for the purpose of test validation. I wasn't quite sure that I followed the logic in the penultimate sentence on page 3 to the effect that a 5000 sample batch would contain at least 1 vCJD donor if the incidence of vCJD in the population is around 1 in 10,000. However, as pointed out by the applicants the purpose of the panel is test validation not epidemiological surveillance. A study of

SNBTS Head Office
Ellen's Glen Road Edinburgh EH17 7QT
National Director Angus Macmillan Douglas
SNBTS is a Division of the Common Services Agency

the background incidence of pre clinical vCJD in the blood donor population will require a much larger panel and a validated assay.

I have some relatively minor concerns over some aspects of the proposal.

In their introduction the authors say that the standard protocols developed to produce the five components will be applied to other proposed UK collections of blood samples from cases of vCJD, sporadic CJD, other neurological disease and serum samples from animals infected with vCJD/BSE.

I think that if the intent is to achieve commonality in sample processing (I concur that this sensible), this has to be achieved through consensus with other workers in the field rather than unilaterally imposed. I suspect that this is what the applicants intended but it didn't clearly come across in the application.

I wonder why the applicants have chosen to store plasma, leucocytes, red cells, RNA and DNA but not platelets?

Samples from patients with CJD are problematic to collect in terms both of rarity and of the small volume of blood available from affected individuals. In addition as you know there are multiple calls on this resource from many different investigators. I think it would be important to clarify how this facility fits in with other initiatives such as the NIBSC / WHO initiative to establish a set of international reference materials for diagnosis and study of TSEs and DOH Tissue Management Group.

Samples from serial bleed of animals incubating vCJD/BSE may be less problematic, but I would draw attention to the comments I made at our meeting a few weeks ago about limitations on infrastructual capacity in UK animal house facilities and also the need to evaluate whether the blood component processing applied to human blood would result in a similar distribution of components when applied to animal blood.

I gave some consideration to the requirement for category 2 and 3 laboratories, and I think that if the facility is intending to handle vCJD/BSE infected samples from experimental animals or vCJD patients then this will be essential for the protection of the staff.

Under the item entitled Samples paragraph 2 on page 5, I wondered why the age band, gender and first three letter of the post code were required given that the purpose of the facility is test assessment not epidemiological study. Given the problems that we have ourselves experienced when supposedly anonymised samples proved to be traceable during a pilot HTLV study, I would recommend trying to achieve as clean a break as possible between sample and donor. I have not seen the MREC and this may be dealt with adequately in that context.

Could I challenge whether only commercial assays would be considered for evaluation or other suitable research based or experimental assays might also have access to this material?

I think it would be useful to ask the applicants to be a little bit more specific about the independent committee they propose to establish in order to control access to the samples. Given that there will be only one such facility in the UK, would the applicants intend that the overseeing committee have appropriate representation from the other UK Blood Transfusion Services and other relevant organisations such as NIBSC, DOH and potentially WHO? Presumably a series of policies will be drawn up by the independent committee for access and use of the samples?

I think the proposal has to be looked at from the perspective of facilitation of assessment of assay performance and suitability for clinical implementation rather than as a scientific study per se. Certainly this kind of facility is required and does not exist elsewhere. The cost of the work is relatively high, but if this is to be done in a timely manner then appropriate facilities and staffing will be required and in this context the costings do not seem unreasonable. Certainly the cost of delaying implementation of a test or implementation of a poorly validated assay would be substantially greater.

If you require any further input from myself please do not hesitate to contact me.

With best wishes

Yours sincerely

GRO-C

Dr Marc L Turner
Clinical Director /
Consultant Haematologist