IN STRICT CONFIDENCE

MINUTES OF ANNUAL HAEMOPHILIA/SNBTS DIRECTORS/SOHHD MEETING

DATE OF MEETING: Thursday 12th May 1994

VENUE: SNBTS Headquarters

PRESENT:

Mr J T Donald (Chair)
Dr C A Ludlam
Professor G D O Lowe
Dr B Gibson
Dr I Walker
Dr T G Taylor
Dr D King
Dr P Cachia
Dr A Thomas
Mrs E Porterfield (Secretary)
Dr E E Mayne
Dr S J Urbaniak
Dr E Brookes
Dr R J Perry
Professor J D Cash
Dr C V Prowse
Ms J Pelly
Professor R H Girdwood
Dr A Keel
Mr R Panton

APOLOGIES:

Dr G Galea
Dr R Mitchell
Dr D B L McClelland
Dr W M McClelland
Mr M McLaughlin
Dr A Dawson
Dr B Bennett
Dr Murphy did not attend

1. INTRODUCTION

Mr Donald opened the meeting, explaining that while Mr Scaife had hoped to be able to chair the meeting, he unfortunately could not due to many other commitments.

2. MINUTES OF THE LAST MEETING (30TH APRIL 1993)

With the addition of Dr Urbaniak to the list of apologies for absence, the minutes were agreed as a true record.

3. MATTERS ARISING

Any matters arising not directly relating to agenda items would be dealt with under any other business.

4. COAGULATION FACTOR WORKING PARTY (SCOTLAND AND NORTHERN IRELAND) 6TH ANNUAL REPORT

4.1 Dr Ludlam spoke to his report (circulated).

Throughout the year, there had been four regular and one extraordinary meetings. The latter have proven to be a most valuable and profitable occasion thanks to the contribution of Professor Ernest Briet (Leiden) as guest speaker.

4.2 Dr Angela Thomas (RHSC Trust, Edinburgh) had joined the group and was attending this her first annual joint meeting.

4.3 FVIII Concentrate

4.3.1 In summarising his report, Dr Ludlam noted that SNBTS HP FVIII had been issued under CTX cover throughout Scotland and Northern Ireland. Jane Pelly, Product Services Manager, was co-ordinating clinical trial data collection which was reasonably satisfactory.

In general terms Haemophilia Directors and patients were very pleased with this product.

4.3.2 Concern had been raised in relation to viral safety, particularly of Hepatitis A and Parvovirus transfusion via solvent detergent virus inactivated products such as HP VIII. Haemophilia Directors were particularly hopeful that viral inactivation step to eliminate these notes might become available.

4.3.3 The collaborative study to compare both immune parameters and clinical status of HIV infected haemophilia patients treated with either SNBTS HPVIII or monoclonally purified concentrate was progressing well.

Preliminary data was expected to be available by the end of the year.

4.4 Factor IX

The high purity IX pharmacokinetic study results compared well with those of intermediate purity product. When sufficient HPIX becomes available, it is anticipated that this will become the main blood product for treating patients with Haemophilia B throughout Scotland and Northern Ireland.

4.5 Production and Use

Data collection continues monthly. In the year under review, usage in Scotland was exactly on target at 13m.i.u.. Usage in Northern Ireland was 3m.i.u., as contracted.

There were now 2 licensed recombinant products and 2 further undergoing clinical trials.

Professor Briet (see para 4.1) had presented data on the apparently increased incidence of inhibitor development in patients being treated with recombinantly derived product.

Haemophilia Directors had found this "study day" extremely profitable and were planning to hold another on Parvovirus transmission. It was hoped this would take place on 17th November 1994 and that Professor Jim Mosely, Director of the US Transfusion Safety Study for the past 9 years, would be guest lecturer.

Secretary's note - subsequently arranged for 9th March 1995.

4.6 Fibrin Sealant and Fibrinogen

4.6.1 Fibrin Sealant was mostly used by surgeons to effect haemostasis. Results of ongoing clinical trials awaited with interest.

4.6.2 Fibrinogen for infusion - Clinical Trials due to commence in the treatment of acquired deficiency or DIC, eg. in Septicaemia or for obstetric bleeding problems. This product could also be used to treat congenitally low fibrinogen levels which is relatively uncommon and usually only occurs post surgical intervention.

4.7 Planning for the future

4.7.1 Audit - Two audit exercises had been undertaken in Scotland over the last 3 years.

Haemophilia Directors were keen to review the use of FVIII concentrate over the last 13-14 years, especially in relation to changes in treatment/treatment regimes and the pressures which produced these changes.

To this end, a proposal for a multi-centre study (Edinburgh/Glasgow/Belfast) had been submitted to CRAG for funding; it was expected that this might be successful.

4.7.2 Factor IX (High Purity product) - Provided the results of the current pharmacokinetic study were satisfactory, this product would be issued to Haemophilia B patients under the CTX scheme with indemnity provided by SOHHD. Monitoring and data collection would proceed as outlined in the clinical trial protocol.

4.7.3 HP Factor VIII - Clinical trials would continue with a view to application for a product licence when appropriate.

4.8 Acknowledgements

Dr Ludlam expressed appreciation to all CFWP members for their support throughout the year, and particularly thanked Dr Prowse who was most efficient WP Secretary.

Dr Ludlam agreed to continue as the CFWP Chairman for the next 3 years.

Mr McIntosh noted SNBTS appreciation of the CFWP's work which was of vital importance to the Service.

4.9 Appendix to 6th Annual Report

Dr Prowse and Jane Pelly spoke to their joint report. Points of particular note were:-

4.9.1 FVIII Stocks - It was planned to increase stockholding to the equivalent of 3 months' supply during 1994-95, however, in achieving this actual stocks through the year would fluctuate due to the complex manufacturing plans required as a result of the building programme. Throughout the period at least one month's supply would be held at Regional Transfusion Centres.

4.9.2 Factor IX - Plans are in hand to maintain the existing DEFIX product licence in addition to seeking a licence for HPIX (see 4.3 and 4.6.2 above).

Haemophilia Directors were keen to see DEFIX production continued as it was used to treat patients other than those with haemophilia, eg. liver transplantation, reversal of anticoagulant therapy etc.

It was noted that there may also be a niche market for a 4-factor product - II, VII, IX and X.

Haemophilia Directors were reassured that SNBTS were committed to supply/flexibility in these products.

4.9.3 Strategic Context - Against the background of no additional central funding, combined with the SNBTS plan to increase FVIII production to 17m i.u. in 1997-98 to meet projected clinical demand, Mr Panton emphasised the importance of the proposed CRAG project to study patterns of use etc. In this context, he would be happy to lend his support to the proposal (see 4.6.1, para 1).

In considering those variables which might influence future demand, Haemophilia Directors would examine, inter alia, the availability of recombinant product and its costs (approx 60p/unit against 33-35p/unit (BPL) and PFC marginal costs of 17p/unit).

4.10 Study of Viral Safety of SNBTS FVIII/IX Concentrate
Hepatitis A Seroprevalence in Scottish Haemophiliacs
(Agenda items 4.1 and 4.2 respectively)

These papers had been circulated for information and were taken as read.

5. **HPFVIII - PHARMACOKINETCIS STUDY**

This draft paper had been submitted for publication.

6. **SNBTS FVIII DEVELOPMENT PROGRAMME - ENHANCING THE MARGIN OF VIRUS SAFETY**

Dr Perry summarised the position which fell into three separate categories:-

a. regulatory issues - National and European
b. enhancing safety - loss of yield
c. in introducing more/greater virus inactivation steps, what is the effect on the product?

The current position was:-

a. The Medicines Control Agency, which had banned licence applications pending investigation of the Hepatitis A transmission episode, would now accept applications which would be assessed without reference to any possible future CPMP position.

The licence may be granted without the introduction of additional virus inactivation steps but these may become necessary in the next 2 or 3 years.

There was no indication of the possible outcome of CPMP deliberations but recent representations via EPFA had proved more effective in obtaining a hearing at CPMP. It was hoped that sensible solution to the regulatory issues would be forthcoming.

b. Safety/Yield Loss - a lot more work had been done and would continue in this area. The yield loss inherent in a heat treatment step and its relation to maintenance of supply was being closely assessed.

c. Virus inactivation - Studies of various batches had shown variable results. Work was ongoing.

7. DEVELOPMENT OF HIGH PURITY FIX CONCENTRATES

The pharmacokinetic study was now complete; this had demonstrated very little difference between the HPIX and existing SNBTS product. On this basis, it had been agreed to proceed with the surveillance study which was expected to take approximately 2 years.

It was noted that some patients, stabilised on existing product, had expressed a preference to continue treatment with that rather than switch to HPIX at this time. They preferred to wait until it was licensed.

8. FIBRIN SEALANT/FIBRINOGEN

The fibrin sealant clinical trial was ongoing. Haemophilia Directors' interest centred on its possible application to cover, for example, dental extractions. A suitable protocol had been drawn up pending data on surgical use from the clinical trial. Data so far were very good. As fibrinogen formed part of the fibrin sealant kit, there were also possible applications in cases of fibrinogen deficiency.

9. ARRANGEMENTS FOR HAEMOPHILIA CARE IN SCOTLAND

Following the introduction of a DoH circular setting out revised arrangements for haemophilia care this was becoming increasingly centralised providing better and more cost effective care for patients. Haemophilia Directors had been hoped that the advice contained in this circular would be followed by similar arrangements for Scotland but so far no changes to the existing 1976 circular had been issued.

Haemophilia Directors were particularly anxious to ensure that patients were reassured as to the future of their care. Some were already enquiring as to how this would be managed in the purchaser/provider arena.

Dr Keel and Mr Panton understood the concerns expressed. Arrangements were in hand to issue guidance based on the English circular but following the institution of a new Purchasing Department within SOHHD this was one of the areas of responsibility now undertaken by them. It was hoped that an "Effectiveness Note" setting out guidance for haemophilia care would be issued in the near future.

Mr Panton would follow up with relevant colleagues to try to establish expected timescales for issue etc.

Dr Mayne expected to receive guidance in similar terms to the English circular within the next two weeks.

10. **AUDIT OF HAEMOPHILIA CENTRES 1993-94 AND 1994-95**

A paper covering the first cycle of audits had been submitted for publication.

The second cycle had been carried out in March/April 1994 following the procedures set up for the first round of audits. Reports were currently being prepared and summaries would be prepared for the Working Party in due course.

Audits had proved very successful with positive results in terms of patient satisfaction. These were now also necessary for the purposes of accreditation under the UK Haemophilia Centre Directors Accreditation Scheme.

Application for CRAG funding to cover the larger studies had been submitted; the outcome was awaited.

11. **ANY OTHER COMPETENT BUSINESS**

11.1 SNBTA View

Mr McIntosh sought Professor Girdwood's view, as President of the Scottish National Blood Transfusion Association, on the work being done via this group and others.

Professor Girdwood welcomed the ongoing efforts to enhance safety both for patients and donors. He also mentioned the concerns of donors in relation to cross-charging and was pleased to note there was no mention of this in the papers for the meeting.

11.2 The Group thanked Mr Donald for chairing the meeting.

12. **DATE OF NEXT MEETING**

To be arranged by E Porterfield.