

Heat Treated Factorate Ph
Rorer



Health Care Limited C0000071/1

To: Mr C R Bishop
From: P B Lloyd
Subject: Human Plasma Fractions

R. B. C.

15 JUL 1986

Date: 14 July, 1986
Ref: PBL/cds

Copies to:

C J Swartz
L Lucas

J D Michelmore
R Harris
R B Christie
E R James
C G Blatchford
N Randall
J T A Moore
A J Sheppard
C J Collins

File

1 Factorate
2 PBL
3 Reader

Relating to some recent correspondence and following my visits to Fort Washington and Kankakee the following information may be useful:

1. HEAT TREATMENT

There is a commitment to switch to a 68°C/72 hr cycle for future heat treatment of Factorate. The speed of the introduction of this step is dependent on getting an IND approved on a fast track by the FDA and getting the necessary work completed to demonstrate no major changes in potency, half-life and stability/protein structure. As far as I am aware, apart from the McDougal paper, there is no published data available to objectively demonstrate superiority of this particular cycle over other cycles including our current cycle but clearly it is advantageous to move to current state of the art as quickly as possible and this is being progressed.

Now that we can grow our own HTLV3 virus, spiking studies can be progressed more easily with greater confidence so effects of the various treatments can be verified and compared.

With regard to ALT testing, please note that all batches produced since March 1986 have been screened for ALT, the limit for acceptable donations is not more than 75/ml. Robin James is working out what this means in terms of our current inventory at Eastbourne. We are also chasing up the details of the procedure used by Plasma Alliance for the ALT test. In relation to your requests for labelling re. HTLV-III Antibody Testing and ALT Testing, we have to be precise in what we claim; testing for these parameters is performed on the individual donations by Plasma Alliance, not on the final product at Kankakee. The ALT concentration cut-off level used by Armour may not parallel that in the recent publication. I have asked to see the proposed label text before it is finally approved.

2. ESCHWEGE

The position on Eschwege needs to be clarified. Whilst it may be possible to utilise Eschwege for heat treatment of materials etc. to be used on a named patient basis, we must all be fully aware by now that our regulatory agencies do not regard this as a means of securing 'routine sales'. Thus to all intents and purposes, we are excluded from using Eschwege except for legitimate named patient activities.

Inter-office memorandum

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The reason for the refusal of the Licensing Authority to allow manufacturing for the UK of human blood products to proceed at Eschwege is relatively simple and has nothing to do with its view on these dedicated facilities. The problem stems from the fact that during the early 80s, Eschwege manufactured 'overflow' production for us of Gel Diluent for Calcitare/Calsynar. The DHSS Medicines Inspectorate inspected those facilities relevant to this operation. It did not like what it saw and stated that unless certain improvements were made in the facilities, conduct and monitoring of the sterile operations for this product, it would refuse manufacture. We very carefully identified with the DHSS what needed to be done. The requirements were quite modest. However, Dr. Krantz was not prepared to approve the costs and resources involved and we had to recommence production at Eastbourne, with the new sterile block coming on stream this was not a problem.

This regulatory impasse had never changed. I emphasise it has nothing to do with human plasma fraction production because these facilities were never inspected. If it is still important for us to be able to use Eschwege, in current circumstances, then I see no reason why we should not seek to break the impasse by going back to the DHSS with firm proposals.

3. ALBUMINAR - REGULATORY STATUS PROBLEM

I attach a copy of my memo to Clive Collins which is self-explanatory. The action (3) re. the protocols to be submitted in future to NIBS & C has already been arranged with Kankakee.

GRO-C

P B LLOYD