

Date 5th February, 1985.
To Linda
From Walid
Subject Area 2 - North and Wales - January report

Copy to Brian

Koate HT and Konyne HT

The activity seen in December 84 with regard to AIDS and Factor VIII Concentrate has slowed down during January.

All centres in this region have converted from non heat treated commercial material to heat treated commercial Factor VIII Concentrate. Opinion seems to be divided, however, on the use of non heat treated NHS material.

1. The following centres are continueing to use non heat treated NHS material
 - a. Trent region - Leicester, Sheffield, Lincoln and Nottingham.
 - b. Yorkshire region - Leeds, Bradford, York, Huddersfield, Hull and Harrogate.
 - c. North West region - Manchester, Liverpool, Lancaster, and Blackburn
 - d. Wales - Bangor, Swansea and Cardiff.
2. The following centres have partly or wholly discontinued the use of NHS material.
 - a. North East region - Newcastle, etc.

No NHS material is being used at the moment. This has resulted in expected sales being increased to Newcastle from approximately 1.5 million i.u. per annum to approximately 2.2 million i.u. per annum (Y.T.D. 1984 figures). However, it is expected that these sales figures will resume normality when heat treated NHS material is available. This is most likely to be April 85.

Although no sales of Konyne HT have been made to Newcastle as yet, it is anticipated that we will sell Konyne HT within the next two or three weeks. This is hoped to bring in a revenue of approximately £1400 per month from the sale of 10,000 i.u. per month at 14p per unit.



Area 2 - North and Wales - January report cont.

b. Derby.

Although NHS material is still being used, it is apparent that patients are being considered individually in favour of commercial heat treated material. This became obvious through the purchase of Konyne HT. Sales of Konyne HT to Derby are estimated to be 3,000 i.u. per month at 14p per unit (i.e. £420 per month). This should temporarily and partly compensate for the one patient who is currently using Profilate High Purity.

Konyne HT

Full advantage has not been taken of the small but profitable Factor IX HT market. This is mainly due to the vague cloud surrounding Konyne HT thrombogenicity and inavailability of stock. However, it seems that both problems are being solved currently and more sales activity in this area is required in February 85.

The market for commercial Factor IX Complex HT is temporarily in the U.K. and would cease to exist when NHS produces heat treated material, again possible in April.

Development in major target accounts

1. The Manchester connection.

Hopes of obtaining the Manchester contract during 1985 were dashed after learning that Dr. Wensley had managed to raise finance for his research.

Dr. Wensley has simply switched from Profilate to Profilate HT at 14p per unit and "supplies problems"!

Dr. Wensley appears to believe in the wet heat treatment process. However, he is reserving judgement until results of liver function studies on patients using Alpha HT are known.

Nevertheless, from further communication, he has told me that all being equal i.e. price and HTLV3, non A non B reduced risk, he will award the contract to Cutter. Tenders regarding this contract should be expected in late February or early March 85.

Dr. Wensley has asked me if he could visit Cutter U.S.A. plants while in the States for the San Diego meeting in July. This request was passed on to Mr. Pete Dehart who welcomed the idea and offered every help.

Development in major target accounts cont.

2. The Leeds connection.

A very successful meeting took place with Dr. Swinburne and she has reassured me that she will buy Koate HT for a small number of patients when all her Profilate stock has been used up. This will take approximately four months, and the amount will be in the range of 100,000 i.u. per annum at 12p per unit, i.e. £12,000 per annum.

Koate HT and Konyne HT Competitors report

Factor VIII

Armour - Factor VIII HT is 12p per unit. They are having a stock problem which they are overcoming by collecting old stock from clients, heat treating it and redistributing.
This is very unethical and should the DHSS realise the situation, there could be problems for Armour. Maybe somebody should inform the DHSS.

Alpha - Price 14p per unit. They are struggling with stock problems; some of the material being sold here is Canadian.

Immuno - They have a vague price of 14p per unit and no product!

Travenol - No market activity in this area.

Factor IX

Armour - They have no product available

Alpha - Price is 15-16p per unit.

Immuno - They have no product available.

Travenol - They have a price of 20p per unit, however I am not aware of any sales.

Gamimune report

The following potential accounts were visited.

1. Dr. Richardson - Russells Hall Hospital, Dudley.
2. Dr. Pollock - Birmingham General Hospital
3. Dr. Heeney - Hope Hospital, Manchester
4. Dr. Lawrence - Northern General Hospital, Sheffield.

Interest in the product was mixed. Most of these centres will be visited again in six weeks' time.

Sales of Gamimune have slumped this month to a mere £468. This is due to lack of Gamimune/ITP sales.

The possibility of Gamimune meetings to maintain and increase interest in the product has been discussed with various centres and more work in this area is needed.

To obtain reasonable and consistent sales figures for Gamimune, the product has to be used regularly in primary immunodeficiency and not be dependant on ITP sales which are unpredictable and irregular. ITP sales will continue to be so until IVIG scientifically proves itself as a regular method of treatment.

Mr. P. Dehart's Visit

Mr. Dehart's visit has been of great value to myself in terms of cross examining our products versus the competitor's products. His trip was also technically and scientifically very informative and interesting. It is hoped that such a trip could be made on a more regular basis.