EC 27/97

UKBTS / NIBSC
STANDING ADVISORY COMMITTEE ON BLOOD COMPONENTS

Meeting at National Blood Authority offices, Watford,

10.30 a.m., on Thursday

9 October 1997

MINUTES

SACBC 97.3 **1.1** **PRESENT:**

Dr Lorna Williamson (Chair)	**LW**
Mr Martin Bruce (Secretary)	**MB**
Mrs Michelle Ashford	**MA**
Dr Clive Dash	**CD**
Dr Katy Forman	**KF**
Mr Peter Garwood	**PG**
Dr Paul Metcalfe	**PM**
Dr Derwood Pamphilon	**DP**
Mr Alan Slopecki	**AS**
Dr Audrey Todd	**AT**

1.2 **MINUTES OF THE LAST MEETING (MO8/97)**

The minutes of the last meeting (15 May 1997) were accepted as a true record.

1.3 **DECLARATION OF INTERESTS**

It was noted that some members had not yet submitted a formal declaration of interests to the Secretary. This to be actioned prior to the next meeting (12 December 1997).

SACBC 97.3 **2.0** **MATTERS ARISING**

2.1 **TERMS OF REFERENCE**

The Terms of Reference, circulated as document SACBC L47, were accepted by the SAC. LW to forward for next Red Book Executive, 21.11.97. **LW**

SACBC 97.3 2.1 **MINUTES AND NEWSLETTERS**

1) It was noted that SACTTI minutes are treated as confidential and circulated only to that SAC and UKBTS National Medical Directors. However, the SACTTI Update is circulated widely.

2) The Group agreed that the same approach should be adopted for SACBC.

3) Previously a proposal had been made that the availability of the SACBC Newsletter be notified in the BBTS Newsletter. It was accepted that this would be useful.

2.3 BLOOD PACK EVALUATION PROTOCOL

The SAC discussed SACBC DOC L21 and agreed to forward comments on this to AS by 24 October 1997. **ALL**

AS to incorporate any comments received to make the protocol more generic in application. This protocol would eventually be incorporated into the Red Book with the other generic evaluation protocols. **AS**

LW to forward for Red Book Executive Meeting. **LW**

SACBC 97.3 3.0 **MINUTES OF THE RED BOOK EXECUTIVE, 19 JUNE 1997 (SACBC L48)**

3.1 **INDEMNITY**

i) It was noted that the NBA would indemnify staff for work performed on behalf of SACs. Dr Robinson to obtain a letter to this effect from Mr Janisch.

ii) Dr Robinson seeking approval for other National Authorities to share costs in event of legal repercussions.

iii) KF to obtain indemnity from current employer. **KF**

SACBC 97.3 4.0 **VIRUS INACTIVATED PLASMA (VIP)**

4.1 i) It was noted that currently the UK was the only country in Western Europe which did not produce VIP.

ii) MSBT had recommended that UK BTS introduce a mixed economy of VIP and traditional FFP.

4.1

iii) There had been no advice on the proportion of each component, not target patient groups.

iv) Additional government funding is not being made available to NBA for VIP plasma, although the VIP component is twice as expensive i.e. in England, trusts will be expected to apply risk analysis etc to determine who receives. In Scotland, since components are issued without charge, the position is different i.e. funds will be released, but decision on % VIP being left with SNBTS.

iv) UK Haemophilia Directors wish to use VIP for coagulation deficiencies where no concentrate exists and have stated a preference for Methylene Blue (MB) treated plasma.

vi) The SAC agreed there would be considerable merit in inviting an independent group of experts to advise on patient groups for whom VIP could be recommended. LW/MB will be attending the BCSH Blood Transfusion Task Force on 17 November 1997 and LW will ask for this topic to be put on the agenda. **LW**

4.2 **SOLVENT DETERGENT (SD) TREATED PLASMA**

i) Octapharma currently contract manufacture SD treated plasma (Octaplas) for a number of European countries (e.g. Norway, Belgium).

ii) SD treated plasma is pooled (380 litres per pool ≡ 1,000-1,400 donations); the SD process is ineffective against non-lipid enveloped viruses, but Octapharma specify a neutralising level of anti-HAV in each pool and screen pools for HAV by Nucleic Acid Testing (NAT). It is anticipated that there will be sufficient antibody in a pool to neutralise Parvovirus B19.

iii) SD plasma is licensed for neonates but is not produced in a paediatric size. Although cryoprecipitate can be produced from SD plasma, this is not planned for regulatory reasons.

iv) NBA will be utilising Octapharma production until the Methylene Blue (MB) treatment process is proven and operationally feasible.

v) Anticipated that Octaplas will be MCA licensed by the end of 1997.

SACBC 97.3 4.2

vi) NBA plasma to be held by BPL prior to shipping to Octapharma. Plasma collection in November could be through manufacture and back to NBA by February 1997.

vii) Product licence variation for UK plasma not envisaged to be a problem.

viii) It was noted that FDA have licensed a pooled SD VIP product (pool size 500 donations).

4.3 METHYLENE BLUE (MB) TREATED PLASMA

i) Plasma filtered to remove white cells prior to exposure to white light at 660 nm. (Photoactivates MB, resulting free radicals disrupt the nucleic acid preventing viral replication). Dye is excreted by patient post-transfusion.

ii) The Aarhus Group who are using this process have found problems with filters clogging up and double centrifuge plasma to minimise this.

iii) Other problems with the Baxter MB equipment include:

- Very slow throughput i.e. one plasma per lightbox takes 30 minutes. (Baxter working on a more effective box);
- No effective means of confirming/demonstrating exposure to white light (Baxter also working on this);
- The quantity of MB provided requires plasma of a specific volume range - therefore operationally complex.

iv) CD advised that, following informal discussions, he anticipated that the `MB pack` will be considered as a Medical Device and therefore will come under the purview of MDA. MCA would inspect the process of MB plasma production.

v) SNBTS have opted for MB production and have taken the decision to provide this for neonates. Haemophilia Directors have been asked to advise of any patient groups they would wish to receive MB plasma. Consultant Haematologists have also been invited to comment on other potential indications e.g. HUS and TTP.

SACBC 97.3	4.4	**IMPLEMENTATION**	
		i) Notwithstanding the various complications of finance, patient groups, process capability and regulatory issues, it was felt that the UKBTS should make VIP available on the same date - across the UK. The current target date was 1 March 1998.	
		ii) The SAC would need to produce specifications for MB FFP and cryo. It was envisaged this would fall out of the joint SNBTS/NBA evaluation.	
		LW/MB to keep on agenda.	**LW/MB**
		iii) LW will circulate copies of the updated information package which has been sent to hospitals in England, plus ISBT abstract from Dr Solheim, Norway	**LW**
	4.5	**PROTOCOL FOR THE EVALUATION OF MB FFP**	
		It was agreed this would be revised in the light of discussions on the generic evaluation protocol for FFP/CRYO (L53). Additionally, consideration would be given to explaining the impact of MB treating > 6 hours (and therefore freezing >8 hours). Comments to LW before 23 October 1997.	**ALL**
SACBC 97.3	5.0	**LEUCOCYTES FOR TRANSFUSION (MO5/97)**	
	5.1	The SAC discussed this item, which was deferred from the last meeting, and agreed that the production of leucocytes from buffy coats offered no proven clinical benefit i.e. the reasons for deleting this component from the Red Book were still valid.	
		LW will write to Dr Green to confirm the SAC position.	**LW**
	5.2	It was noted that the Midlands and South West Zone use granulocytes, apheresis. LW to seek the advice of Dr Warwick concerning the use of GCSF in volunteer donors for the purpose of collecting granulocytes.	**LW**
SACBC 97.3	6.0	**ROLE OF SAC IN COMPONENT EVALUATIONS**	
	6.1	Completing this item was the main objective of the meeting. LW would take the final version of the proposed Outline Evaluation Process with the evaluation protocols to the next Red Book Executive meeting.	**LW**

SACBC 97.3 6.2 **OUTLINE EVALUATION PROCESS (L50)**

The SAC discussed L50 at length and a number of changes were agreed, including:

- The need for investigators to have an NHS sponsor;
- The need to incorporate components made by more efficient processes;
- The need to reorder the list after incorporating additional steps, including critical literature review and compilation of data file by investigators; procurement of `research` barcode; final barcode; sign-off of protocol by SACBC;
- Turn around times (by SACBC);
- What should be submitted and when, to whom;
- The utility of information provided by manufacturers of equipment, consumables etc;
- The need for a feedback loop.

SAC to submit comments to AS by 23 October 1997. AS will revise the document and forward to LW by 7 November 1997 **ALL AS**

6.3 **PROTOCOL FOR THE EVALUATION OF RED CELL COMPONENTS**

A number of changes were agreed, including:

- The need for a generic term for red cell additive solutions i.e. replace SAGM with OAS;
- The matrix should differentiate between tests which are `recommended` and those in which there is an element of discretion;
- A note should be added to the effect that sterility testing should be included when relevant - (see L53/97 [issued as L57/97, corrected at the meeting] page 2, para 2);
- Integral filtration should be replaced by leucodepletion to reflect the fact that filtration is but one means of achieving leucodepletion;
- Re counting white cells in leucodepleted components, the method should show linearity down to 10^5;
- If references were to be inserted, the author and year would be sufficient.

SACBC 97.3	6.4	**PROTOCOL FOR THE EVALUATION OF PLATELET COMPONENTS**	
		Members to submit comments to DP by 23 October 1997, DP to modify and forward to LW by 7 November 1997.	**ALL** **DP**
		The SAC acknowledge that lack of unequivocal published data meant that this was the most difficult of all protocols to produce and agree. A Consensus Conference on this subject was scheduled for Edinburgh in November 1997 and the unanimous view was that the SAC should await developments at that conference before issuing an evaluation protocol.	
		LW to communicate this to the Executive Committee.	**LW**
	6.5	**PROTOCOL FOR THE EVALUATION OF FFP AND CRYO**	
		The SAC discussed this document (L54) and a few changes were agreed:	
		• LW will produce a testing matrix in the format of that submitted for red cell evaluations. This will indicate that extensive coagulation assays should be reserved for very novel plasma components.	**LW**
		• Note on page 1, section 2, third bullet, second FIX should read FX1.	
		• Cryosupernatant section to be expanded e.g. to include vWf multimers.	
		Members to submit comments to LW by 23 October 1997, LW to modify by 7 November 1997.	**ALL** **LW**
	6.6	**PROTOCOL FOR PLASMA FOR FRACTIONATION**	
		This document (L36/97) had not been completed or revised since the last meeting (May 1997). The SAC considered that, in any event, this was probably outwith the remit of this group and no further action was required.	
		LW to write to Terry Snape.	**LW**

SACBC 97.3 6.7 **PROTOCOL FOR 0.5 CPD EVALUATION (L43)**

The SAC agreed that this evaluation should proceed as proposed. There was no need to incorporate requirements that might emerge from the SAC generic red cell evaluation protocol. LW had already written to Chris Prowse along those lines. The results of the trial were awaited with interest.

SACBC 97.3 7.0 **NOVEL COMPONENT SPECIFICATIONS**

7.1 **HYPERCONCENTRATED PLATELETS FOR FETAL TRANSFUSION (L56)**

This document to be submitted by Dr M Murphy to the NBS apheresis technical subgroup. If the protocol is approved and signed off by this subgroup, SACBC will produce an appropriate specification to be issued as a Red Book update.

Members to submit comments to LW by 23 October 1997. DP to discuss with Mike Mprhy and produce a draft outline specification for the next meeting (12 December 1997) **ALL** **DP**

7.2 **SPECIFICATIONS FOR RED CELL COMPONENTS**

i) Paper L57 was discussed, and the following were agreed:

- Components for neonatal use must be made from donors who have donated at least once in the past two years;
- Cellular components must be leucodepleted to $<5 \times 10^6$ per starting red cell donation;
- Where a sterile connecting device has been used to add satellite packs, the components must only be stored with the weld in place if additional heat seals are applied either side of the weld;
- `Leucodepleted` would be removed from the label since this was now part of the specification.

ii) MA agreed to investigate which neonatal components UKBTS Centres are currently producing and what testing is performed on plasma containing components. Report back next meeting. **MA**

iii) Re L59, the SAC agreed that all components should be transfused through a standard giving set with an in-line filter. This information should be made available to users via product compendia etc.

LW to communicate the SAC view to Dr Napier. **LW**

7.3 VOLUME REDUCED PLATELETS FOR CHILDREN

Dr Stainsby (Newcastle Blood Centre) had requested that this components, prepared and used fairly regularly in the North East of England, be approved for inclusion in their compendium. LW to reply indicating that the SAC would wish to wait until a generic evaluation protocol was available to assess the suitability and specification of this component. **LW**

SACBC 97.3 8.0 PROPOSED VALIDATION OF STORAGE OF IRRADIATED RED CELLS IN DIFFERENT PACKS.

It was agreed that the SAC would submit comments on the above document (L61) to LW by 23 October 1997. **ALL**

SACBC 97.3 9.0 PREPARATION FOR REVIEW OF QUALITY MONITORING

SACBC 97.3 9.1 It was agreed that AS/PG/MA/MB would prepare summary information for the next (Dec 97) meeting. **AS/PG/ MA/MB**

SACBC 97.3 9.2 The meeting would address:

- Performance vs current specifications (including Council of Europe);
- Sampling procedures;
- Counting procedures / equipment;
- Statistical analysis.

SACBC 97.3 9.3 With regard to statistical analysis, AS will discuss the relevant issues with statisticians at NIBSC. **AS**

SACBC 97.3	**10.0**	**'ACCREDITED' DONOR' STATUS; FFP/CRYO**	
SACBC 97.3	**10.1**	SACTTI had considered the matter of the time limits for accredited donors for clinical FFP and Cryo production. Their advice was that the requirement should be changed from "at least one donation, negative for all mandatory markers, in the last 6-24 months" to "a donor who has donated, with negative mandatory markers in the past two years".	
SACBC 97.3	**10.2**	LW will ask Dr Robinson to present this proposed change to the forthcoming MSBT meeting and seek their approval to implement a change in the component specification.	**LW**
SACBC 97.3	**11.0**	**NUCLEIC ACID TESTING** It had been proposed that when NAT was introduced for plasma for fractionation from 01 Apr 98, all plasma components (i.e. including plasma for direct clinical use) will be held pending negative test results being obtained. A special meeting of SACTTI had been scheduled for Nov 97 to discuss this proposed. Acceptance of the proposal to include HCV PCR as a mandatory test for release of all plasma components will need to be incorporated in an addendum to the Red Book.	
SACBC 97.3	**12.0**	**ANY OTHER BUSINESS** AT expressed a wish to stand down from the SAC and proposed that she be replaced by Dr Chris Prowse. This was agreed. The SAC unanimously recorded their appreciation of AT's input over the past year.	
SACBC 97.3	**13.0**	**DATE, TIME AND PLACE OF NEXT MEETING** 12 December 1997, 10.30 a.m. NBS Newcastle	

MB/cmh