LdW (Copies to attendees, Angela Gowans-LdW)

**NBA HCV lookback scientific meeting, 26 May 1995**

Present: JP Allain, E Caffrey, P Hewitt, S Knowles

**1. Brief review of Cambridge indeterminate C22 3 and 4+**

A total of 14 is identified by RIBA 2. RIBA 3 confirmed 3 which went in the lookback. Three of the remaining 10 are PCR positive, equally included in the lookback. The question is raised of the inclusion of C33. If PCR data are available they should be incorporated.

*Follow-up to the meeting with the hepatologists.*

From several proposals (HT and GD) the immunogenetics of the LB is of interest. C Navarette should be included in the MHC class I and II testing.

**Action: PH will contact HT on the issue: SK will discuss with CN.**

The involvement of Dr Tedder is considered. Our primary goal should be to organise the various studies between the Zone and the hepatologists, defining clearly the topics and the investigators of each research project. Once this is clearly established, it could be discussed with RT and see under which conditions, the LB samples could be accessible. Conversely, any research project based on the LB should be promptly disclosed to our group to consider.

**Action: PH will probe RT on this last issue.**

It is clear that the LB should remain under the control of the Zone. It will be the guarantee of concerted research. One possible solution would be to establish an "HCV lookback study group" with all members co-authoring, the designated principal investigators of each project being primary author.

To that effect, it is essential to obtain a consensus for:

- a common clinical protocol,
- a common data base,

**Action: LW will report to the group at the next meeting on the establishment of this data base.**

- a unique sample repository

This repository will be established in the NLBTS storing facilities. Each recipient, at the time of the first visit to the collaborating hepatology Centre, should have a special sample taken for that purpose. The volume is to be discussed, but clearly, multiple aliquots of buffy coat and plasma-serum should be stored. This repository is intended to give access to all patients for all investigators. A strict control of its use is necessary by an appropriate committee. The US TTV model would be legitimate.

**Action: JPA will contact J Mosley for an estimate of the cost of such repository.**

**Review of the main projects emerging from the various proposals received.**

*Project 1: Antiviral therapy (proposed by GD)*

The Zone group should avoid the fragmentation of the LB patients between various treatment protocols the hepatologists may be already involved in. One should attempt to have a common LB protocol designed ie entries based on liver biopsy rather than PCR or ALT.

(PTO)

*Project 2 :* *Viral factors (proposed by RW, GD, HT)*

This consists of studying the clusters donor-recipients from a clinical standpoint, including genomic subtyping and viral titres.

*Project 3:* *Host factors (proposed by HT)*

It will study the HCV natural history in correlation with MHC class I and II, including liver biopsy.

*Project 4:* *Immunological analysis-recovery (proposed by GA and JPA)*

This study focuses essentially on the HCV RNA negative presumably infected recipients. It will attempt to discover the frequency and the underlying mechanisms of HCV recovery. The natural addition to the project would be to include the indeterminate donors and their recipients in the lookback format.

**Action: JPA will write a one page summary to be presented to Dr A Robinson to obtain DoH and ethical approval.**

*Project 5 :* *Molecular analysis. (proposed by JPA)*

It will study the HVR1 quasispecies and the immunological implications of neutralising antibodies.

Preparation of the agenda for the 23rd June meeting:

- Central data base
- Central repository
- Central clinical protocol
- Allocation of projects and strategy
- Funding

GRO-C