UKBTS/NIBSC STANDING ADVISORY COMMITTEE ON BLOOD COMPONENTS ROYAL COLLEGE OF PATHOLOGISTS, LONDON

12 JUNE 1998, 10.30 am

23 14 Mars		MINUTES 12:55	1.5372
SACBC 98.3	1.1	PRESENT Dr L Williamson (Chair, items 1-3) Mr M Bruce (Secretary, Chair items 4-5) Mrs M Ashford Mr P Garwood Dr P Metcalfe Dr D Pamphilon Dr CV Prowse Mr A Slopecki	ACTION LW MB MA PG PM DP CVP AS
SACBC 98.3	1.2	APOLOGIES	
		Apologies were received from Dr C Dash and Dr K Forman.	
SACBC 98.3	1.3	DECLARATION OF INTERESTS	
		SAC members re-affirmed previously recorded interests - there were no new interests to declare.	
SACBC 98.3	1.4	MINUTES OF THE LAST MEETING	
		It was agreed that 3.6 be reworded as follows: "Can we achieve >240x10 ⁹ platelets per pool from four leucodepleted donations and is this minimum platelet count acceptable against a BCSH (and Council of Europe) guideline that states a therapeutic dose should be >300x10 ⁹ platelets"?	
		With this change, the minutes of the 22 April 1998 meeting were approved as a true record.	
SACBC 98.3 SACBC 98.3	2. 2.1	MATTERS ARISING DISTRIBUTION OF SACBC MINUTES	
		LW advised that SACBC minutes should be distributed to the Chair of the Executive Committee plus the four National Medical Directors.	МВ
SACBC 98.3	2.2	GROWTH FACTORS	
	2.2.1	DP updated SACBC on progress made by the Group addressing issues pertaining to the administration of growth factors to volunteer donors.	
		The Group comprises DP; Frank Boulton; Steve Devereux; Ian Franklin; Virge James and Mike Murphy.	

	2.2.2	The Group met in May 1998 and a further meeting is scheduled for mid July 1998. DP will send MB a copy of approved minutes for distribution to SACBC.	DP MB
	2.2.3	The Group are planning to establish:	
		 Red Book style indications; inclusions; exclusions; ethical and donor counselling considerations; donor follow up details; specifications of doses etc. Do not support the use of TPO. A multi-centre trial for GCSF mobilised granulocytes. 	
SACBC 98.3	2.3	CORRESPONDENCE FROM NEIL SMITH, BIRMINGHAM	
		The SAC discussed this correspondence (L118) and considered that Red Cells for Exchange Transfusion was more appropriate than providing whole blood for this indication. LW to write to N Smith.	LW
		Note added after meeting, doc L124 refers. Ruth Warwick believes that whole blood for exchange transfusion should be included within the Red Book. MB will draft a specification.	MB
SACBC 98.3	2.4	COMPONENT EVALUATION PROTOCOLS	
	2.4.1	A number of changes were made which MB agreed to action.	MB
	2.4.2	LW will send an updated version of the generic protocol for plasma component evaluation, with references, to MB.	LW
	2.4.3	LW will ask the Executive Committee if they wish references to be included in the Red Book.	LW
SACBC 98.3	2.5	REVISED SPECIFICATIONS FOR COMPONENTS FOR INFANTS UNDER 1 YEAR	
	2.5.1	The SAC discussed the latest revision of the above (m98/34) and a number of changes were proposed which MB agreed to action.	МВ
	2.5.2	The SAC agreed to consider a recommendation that the actual haematocrit be printed/written on the CT label of Red Cells for IUT.	ALL
	2.5.3	MB agreed to produce a specification for platelets for neonatal use.	MB
SACBC 98.3	2.6	SACTTI	
	2.6.1	LW updated SACBC on developments arising from the recently held meeting of SACTTI.	

2.6.2 METHYLENE BLUETREATED FFP

SACTTI had discussed the possible HCV transmission that was being associated with MBT plasma produced in Springer. Baxter are preparing to double the dose of Methylene Blue used and are indicating the process is a 'risk reduction measure' - they have validated 5 log viral kill but seroconverting donors can have 10 logs HCV.

SACTTI also had some concerns about MBT toxicology and Baxter are collating information which they will be sending to LW. LW will distribute to SACBC. CVP advised the SAC that he had a toxicology file (Arthur Little) which he will distribute to SACBC via MB. CVP also advised that Baxter will be supporting an observational study of MBT plasma use in neonates with Dr A Todd (Edinburgh RTC) and Dr B Gibson (Royal Hospital for Sick Children, Glasgow).

LW

CVP

2.6.3 LEUCODEPLETION

SACTTI did not wish to express a view on the current SACBC specification on leucodepleted components; regarding hold time prior to leucodepletion, SACTTI expressed no particular view on the limits within which leucodepletion should be completed to effect removal of phagocytosed bacteria;

regarding the absolute time by which leucodepletion must be complete, SACTTI agreed this should, ideally, be within 48 hours of venepuncture.

2.6.4 Some SACTTI members were not entirely satisfied with the data presented by LW on the equivalence of leucodepletion and CMV seronegativity. Consequently, LW is compiling a further dossier and will be contacting the Finnish Red Cross; W Murphy (Ireland); Luc Noel (France); Mark Popovsky (US); W Mayr (Austria). LW feels that the consensus view is that there will be a gradual acceptance that it is unnecessary to CMV test leucodepleted components.

It was suggested LW also contacts A Brand in Leiden; BSBMT (John Goldman) and UK CCSG (Jackie Cornish at Bristol Children's Hospital) to establish whether they have any relevant data and to seek their views concerning this change.

LW

SACBC 98.3 2.7 LEUCODEPLETION

There was a question relative to the length of time blood to be leucodepleted with a '4°C' filter could be outwith 4°C. (It was noted that it would take around 90 minutes to process a 'batch' of blood in this way).

It was agreed that the current Red Book specification for this should not be changed but further discussion was required.

SACBC 98.3 3. NEWSLETTER

LW circulated a draft SACBC Newsletter and asked for comments to be sent via MB.

ALL

SACBC 98.3 4. DRAFT 4TH EDITION, COUNCIL OF EUROPE GUIDELINES ON THE PREPARATION, QUALITY CONTROL AND USE OF BLOOD COMPONENTS

SACBC made a number of comments on the above and MB agreed to compile a composite list to be sent to LW for onward transmission to the Council of Europe via Angela Robinson. (Circulated with the minutes as M98/45)

MB

SACBC QUALITY REVIEW

The SACBC (in the absence of LW) felt it was essential that this be deferred to reflect the substantial effort group members will be required to make to effect the implementation process for the anticipated announcement (by HM Government) on 100% leucocyte depletion. Thus the September 1998 meeting in Edinburgh will be a general meeting.

SACBC 98.3 6. ANY OTHER BUSINESS

6.1 MA will be unable to attend the next (September 1998) SACBC meeting.

SACBC 98.3 7. DATE, TIME, VENUE AND CONTENT OF MEETINGS FOR 1998:

10 September 1998

Edinburgh (venue to be announced);

General Meeting

04 November 1998

Newcastle; Quality

17 December 1998

West End Donor Centre, London