

ADVISORY COMMITTEE ON THE N.B.T.S.

Working Party on Plasma Supply

Minutes of the meeting held at Edgware Regional Transfusion Centre on Tuesday 8th February, 1983.

- Present:-
- Dr. H.H. Gunson (In the Chair)
 - Dr. A.E. Robinson
 - Dr. D. Walford
 - Dr. J. Smith
 - Mr. S. Godfrey
 - Dr. T.D. Davies
 - Dr. B. Brozovic
 - Dr. F. Ala

(1) The minutes of the last meeting were approved.

Matters arising : The Chairman drew members attention to comments that he had received on the code of practice for manual plasmapheresis, particularly with respect to performing all the tests recommended for a donor who is to undergo only one plasmapheresis operation. It was generally agreed that many of the tests applied to donors having repeated operations, but that such action should be left to the discretion of the attending doctor.

(2) Membrane apheresis : Members of the Working Party observed membrane plasmapheresis with a Kobe filter.

- 2.1. Advantages : (a) it was fast - 1 litre of plasma collected in 35-40 minutes
 (b) the plasma was clean, i.e., without cells.

- 2.2. Disadvantages : (a) two-arm technique necessary; double needles were demonstrated, but they had not yet been tried out
 (b) it was an "open" system with two transducers having to be connected up, but this could probably be modified.
 (c) cost : the Kobe machine costs £20,000, but the membranes are expensive (£40). To get cost benefit it was estimated that one litre would have to be collected per procedure, since it was estimated that each procedure costs £75 for disposables alone. This requires the administration of replacement fluid and it would be necessary to observe the Code of Practice for Cell Separators.

An Organon-Teknika capillary filter is about to be examined at Edgware R.T.C., and this, if satisfactory, could reduce costs since the machine costs £6,000 and the filters £20-30 each, including the harness.

(3) Hepatitis - reduced Factor VIII - Implications for plasma supply

Dr. J. Smith briefly reviewed the various techniques which may be suitable for treatment of the products, viz;

Contd./over

- (a) b-propiolactone + u.v. light
- (b) neutralisation with Ig
- (c) pasteurisation
- (d) removal of virus by solid phase markers or by the use of polyelectrolytes

It was agreed that whatever method was used there would be a deleterious effect on yield of Factor VIII. Although this could not be accurately assessed at the present time it could be as much as 25%.

It was agreed that this factor should be borne in mind when plasma supply was being assessed in the future.

(4) Implications of the use of SAG(M) in Plasma Collection

Dr. Ala reported that he was successfully removing up to 300 ml plasma from a donation of whole blood and there was no undue haemolysis of the red cells after a storage period of 35 days. Survival studies have shown excellent results after 35 day storage. The red cells were being used clinically and no untoward effect had been noted.

The Working Party agreed:-

- (a) That this system should undergo appraisal for inclusion in the programme for plasma supply.
- (b) The Chairman will prepare a financial assessment of different proportions of plasma from SAG(M) donations, between 20% and 70%. Dr. Ala agreed to send him the data he had available.

(5) Date of Next Meeting

To be arranged.