

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

CONFIDENTIAL

SCOTLAND/NORTHERN IRELAND HAEMOPHILIA DIRECTORS
CLINICAL TRIAL TO ASSESS THE TOLERABILITY OF
HIGH POTENCY FACTOR VIII/CONCENTRATE (HPVIII)
MANUFACTURED BY SNBTS
IN PATIENTS WITH HAEMOPHILIA A WHO
POSSESS ANTIBODIES TO HIV
(HP 013)

Participating Centres

Aberdeen

Belfast

Dundee

Edinburgh

Glasgow (GRI & Yorkhill)

Inverness

PROTOCOL
25 NOVEMBER 1991

R R C STEWART

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GRO-C

(Fax)

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Protocol dated

Clinical Investigator

Name

Title

Address

.....

.....

Signed

Date

Monitor Dr R R C Stewart
 SNBTS Headquarters Medical Unit
 Medical Unit
 Livingston House
 39 Cowgate
 Edinburgh
 EH1 1JR

Signed

Date

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1. INTRODUCTION

The treatment of patients with haemophilia A was revolutionised in 1964 following the observation by Poole et al (1) who demonstrated that a fraction of plasma precipitated on thawing (cryoprecipitate) was effective in reducing bleeding in such patients. For many years, cryoprecipitate was the mainstay of treatment of haemophilia patients, until purified Factor VIII concentrates became available.

While this further improved the treatment of haemophilia patients, it was not without its drawbacks, notably virus transmission (HIV, hepatitis B and non-A, non-B hepatitis agents) and an apparent immune disturbance in non-HIV infected individuals. The cause of this immune disturbance has not been unequivocally identified, and many contaminants of the Factor VIII concentrate have been implicated, including immunoglobulin and total protein load.

This suggestion has led most manufacturers to develop Factor VIII products which have less contaminating protein in them. The Protein Fractionation Centre, Edinburgh has developed such a product in collaboration with French colleagues.

This surveillance study is designed to assess the tolerability of HPVIII in patients with Haemophilia A who possess antibodies to HIV, particularly in respect to acute tolerance and the long term effects of treatment on immune function.

The aim of this study is to assess the tolerability of HPV VIII. This will consist of the following elements.

- i. Immediate (allergic-type) reactions.
- ii. To assess effects of HPV VIII on immune function, by measurement of lymphocyte subset numbers.
- iii. To assess the development of inhibitors to Factor VIII in patients on HPV VIII.

2. METHODS

2.1 Patients

The patients will be hospital outpatients and will be recruited by the Haemophilia Directors of Scotland and Northern Ireland.

2.2 Inclusion Criteria

Patients of either sex and any age whom the physician believes requires Factor VIII concentrate and who are positive for antibodies to HIV. Patients with Haemophilia A or von Willebrand's Disease may be recruited.

2.3 Exclusion Criterion

The only exclusion criterion is intolerance to Factor VIII concentrates.

2.4 Number of Patients

As many patients who fulfil the entry criteria and who require treatment with HPV VIII will be enrolled.

3. TRIAL MEDICATION

3.1 Description

The product to be used in the study is:

HPVIII: Factor VIII in vials of approximately 250 IU with a specific activity of greater than 50 IU/mg protein. This product is produced by the Protein Fractionation Centre and will be supplied gratis by the SNBTS.

3.2 Storage

Factor VIII concentrate should be stored in the dark at temperatures between +2°C and +8°C.

3.3 Resolution from the dry state

The vial of Factor VIII Concentrate and the sterile water for injections (Ph Eur) should be brought to room temperature before reconstitution. Remove the plastic caps from the Factor VIII Concentrate and the sterile water for injections (Ph Eur) and clean the stoppers with a spirit swab. Using a syringe, gently add the sterile water for injections (Ph Eur) to the dried Factor VIII. The contents of the vial should be mixed gently to ensure resolution. DO NOT SHAKE THE SOLUTION. The solution should then be allowed to stand without further agitation.

Performed in this way the reconstitution is generally instantaneous and should be complete within 5 minutes in the case of HPVIII. Z8 may take up to 20 minutes to dissolve.

4. DOSE OF HPVIII

The dose of HPVIII given to each patient will be individualised to attempt to achieve blood levels appropriate for their clinical condition.

5. RECRUITMENT OF PATIENTS

The purpose and procedures of the study will be explained to prospective subjects and their unforced written consent obtained prior to their taking part in the study.

It must be emphasised to each prospective subject that, if they wish to withdraw their participation in the study, they are free to do so without prejudicing their clinical care.

6. TRIAL SCHEDULE

6.1 Infusion of trial medication

The material should be infused as soon as practicable after dissolution is complete. The infusion rate should be such to permit the infusion to be completed within 30 minutes.

6.2 Sample Collection Arrangements

6.2.1 **Prior to Therapy**

See Appendix I

1. For emergency treatment take a single blood sample immediately before infusion of HPV VIII concentrate.
2. For an elective procedure, if possible an additional pre-treatment blood sample should be collected some time before entry.

Blood Samples

All samples will be analysed locally on entry:

1. Lymphocyte subsets
2. Full blood count
3. Serum stored (5ml, for children < 5 year - 1ml) at -40°C

6.2.2 Follow Up Samples

THREE MONTHLY SAMPLES

1. T cell subset numbers should be determined
2. Full blood count
3. Serum sample stored

These sampling schedules are summarised in Appendix I.

6.3 Detection of Inhibitors to Factor VIII(c)

Samples should be taken to test for the presence of inhibitors to Factor VIII(c) before the first infusion and three monthly intervals thereafter.

6.4 Documentation

1. Entry Registration Form (Form A) should be completed as soon as a potentially suitable patient is identified and sent to the Co-ordinating Centre. The Co-ordinating Centre will issue a letter of confirmation of receipt which will include a patient study number.

2. Blood Product Usage Report Form (Form B) should be completed to keep a record of blood product usage by patients in the study. If it is more convenient, a computer printout of usage may be attached to Form B.

6.5 Adverse Events

Acute adverse events in the use of Factor VIII concentrates are rare. Some patients experience slight irritation at the site of injection. A transitory headache or nausea following the administration of Factor VIII concentrate also has been reported and for individual patients; this appears to be batch related.

In the event of any patient experiencing a reaction to the infusion, the infusion should be stopped immediately and appropriate medical action taken. The infusion should be restarted in such case only when, in the opinion of the attending physician, it is justifiable to do so.

6.6 Analysis of Data

As the sample of patients inevitably will be small, it will not be possible to perform a rigorous statistical analysis. The data therefore will be presented descriptively.

7. **ADMINISTRATION**

7.1 Ethical Review

The protocol will be approved by the ethics committee of each of the Haemophilia Centres which supplies the haemophilia volunteers. No individual, whose respective ethics committee has not consented to the study, will be entered.

7.2 Declaration of Helsinki

The trial shall conform to the recommendations of the Declaration of Helsinki as adopted at 18th World Medical Assembly, Helsinki, Finland, 1964 and as revised by the 29th World Medical Assembly, Hong Kong 1989, Japan 1975. A copy is appended (Appendix IV).

7.3 Legal Category

The trial will be performed under the terms of the Clinical Trials Exemption (CTX) Scheme. It will not take place until authorisation to proceed has been received from the Medicines Control Agency.

7.4 Compliance with protocol and permitted deviations

The final protocol of the study will be agreed by the clinical investigators and the SNBTS and will be signed in confirmation of such agreement. The protocol will be approved by the SHHD and the local Ethics Committee. Any variations to this protocol must be agreed in advance by the clinical investigators and approved by the SNBTS and SHHD. The Medicines Control Agency and the local Ethics Committee will be informed of any such variations. While in normal circumstances the protocol should be adhered to, in any emergency situation, the clinical investigator(s) shall exercise their clinical judgement and safeguard the patient's interests. In such cases, deviations from the protocol shall not require the prior approval of the SNBTS and the SHHD, nor the local Ethics Committee. Any such deviations from the protocol, along with full details of the reasons for their occurrence should be reported to the SNBTS in writing as soon as possible.

7.5 Confidentiality

Volunteers taking part in the study will be issued with a study number, and this number and initials will be used to identify samples and in the handling of data. Patients taking part in the study may thus be assured that their identity will be known to as few people as possible.

7.6 Maintenance of Records

The Case Report Forms of each patient shall be retained by the SNBTS for a period of at least 15 years and shall be made available for the inspection of members of the Regulatory Authorities, or other authorised individuals only.

7.7 Indemnity of Investigators/Haemophilia Doctors

Trials of SNBTS Factor VIII products are covered by a Scottish Home and Health Department Compensation Scheme which is based on ABPI Healthy Volunteer Study Guidelines. One copy of this letter should be signed by the Investigator in agreement with the terms of the letter and returned to Dr R Stewart. In addition each major investigator will be required to sign an Investigator's Agreement.

7.8 Prestudy Documentation

The study will be conducted under the Clinical Trial (Exemption) Scheme (CTX) of the Medicines Control Agency. Trial medication will not be issued until Dr R Stewart receives the following:

1. Approval of the study by Medicines Control Agency by the issue of CTX.
2. A copy of the Local Ethics Committee's letter of approval.
3. A copy of the laboratory normal ranges for the tests required by the protocol.
4. A specimen copy of the informed consent form.
5. An up-to-date copy of the curriculum vitae of each of the clinical investigators.
6. A copy of the letter of indemnity signed by the major investigator in that centre.

7.9 Monitoring Responsibility

Monitoring of the trial will be the responsibility of Dr R Stewart who will visit the Centre to review progress at least every three months. During the early phases of the trial these visits will be more frequent to ensure that any misunderstandings are cleared up quickly.

7.10 Adverse Event Reporting

Any serious adverse events which occurs subsequent to the infusion of HPV VIII should be reported immediately by telephone to Dr R Stewart or his deputy (Tel No 031 225 6398). A serious adverse event includes the death of any patient in the study of whatever causes, even if apparently unrelated to the trial medication. This is necessary as the SNBTS must report such reactions to the Medicines Control Agency promptly. Minor adverse events would be reported at the next regular monitoring meeting.

7.11 Early Cessation of the Trial

The SNBTS reserve the right to stop the trial if:

- a. Recruitment is too slow to allow accrual of an adequate number of patients in a reasonable length of time.
- b. Evidence is gained that patients are being exposed to an unacceptable risk.
- c. For any reason, it is not possible to continue to supply the trial material.
- d. Advances in therapy make the protocol obsolete.

7.12 Publication

Without prejudice of the intention to publish the results of this study, the SNBTS reserve the right to review any written or oral presentation of the data prior to publication. This is to ensure that no information with potentially commercial application is disclosed prematurely.

8. REFERENCES

1. Poole J, Hershgold EG, Pappenhagen AR, 1964 Nature, 203, 312.

SAMPLING SCHEDULE

	Prior to Therapy	3 Months	6 Months
Full Blood Count	X	X	X
Serum Stored (5ml)	X	X	X
Lymphocyte Subsets	X	X	X
Factor VIII Inhibitors	X	X	X

INFORMATION FOR PATIENTS
Clinical Trial of High Potency
Factor VIII

Trial Number: HP 013

You are invited to take part in a clinical trial of a new preparation of Factor VIII. This product is prepared by the Protein Fractionation Centre made from plasma collected by the SNBTS and NIBTS from unpaid Scottish and Northern Irish blood donors. These donors are all tested for the presence of antibodies to HIV, and for the presence of Hepatitis B surface antigen. The factor VIII concentrate is of a higher potency than that currently produced by the Scottish National Blood Transfusion Service (having a specific activity of over 50 IU per milligramme of protein). It has been suggested that such higher potency factor VIII concentrates may enhance patient care. The most noticeable difference which you as a patient will detect is that the product is made up in a smaller volume and it is likely to go into solution more quickly than other products which you have used.

A similar product (made from plasma from French blood donors) is in routine use in France and there is considerable experience with it. However, as this product has not been widely used within the UK, the Haemophilia Directors and the Scottish National Blood Transfusion Service have agreed that, in the meantime, it should only be used on a clinical trial basis.

The purpose of the trial is to closely monitor recipients of the high potency factor VIII concentrate to ensure that the use of the product is not associated with any unexpected side effects. This will require that samples are taken at specified times for specified tests. This will mean that you will have to attend the Haemophilia Centre more frequently than at present. Travelling expenses for such additional visits will be re-imbursed. The data gained will be very valuable and will assist in the improvement of haemophilia care in Scotland and Northern Ireland.

If you have any questions about the purpose or procedures of the trial, your Haemophilia Director will attempt to answer them.

You are invited to take part in this trial, but should be clear that you may choose not to do so. Having agreed to take part in the study, you may withdraw at any time without being required to give a reason. You may be assured that refusal to take part or withdrawal will not prejudice your medical care in any way, although, obviously, you will not be able to continue to receive the high potency factor VIII concentrate.

The Haemophilia Director and the staff of the centre will take responsibility for your clinical care during the study. They will halt your participation if it is felt that continued participation would be detrimental to your wellbeing.

The Scottish Home and Health Department has agreed to offer compensation to patients who take part in trials of SNBTS products in the unlikely event of their suffering any significant deterioration in health or wellbeing as a result of their taking part in the trial.

All efforts will be made to ensure that information that is obtained with this study which can be identified with you will remain confidential. In any written reports and publications, you will be referred to by a code number only.

It however is possible that representatives of the Scottish National Blood Transfusion Service or of governmental regulatory agencies may wish to examine your records and in signing this consent you give permission for such examination.

Some insurers treat participation in medical studies as a material fact which should be mentioned when making any proposal for health-related insurance and that accordingly participation in the study should be disclosed if the patient is in the process of seeking or renewing any such insurance and the patient should check that participation does not affect any existing policies (including endowment mortgages) held by the patient. A form to send to our insurers will be supplied.

This information for patients is intended to assist the patient in deciding whether to take part in the clinical trial. If the patient agrees to do so, they should sign the consent form which should be presented along with this document.

DECLARATION OF HELSINKI

Recommendations Guiding Physicians
in Biomedical Research involving Human Subjects

Adopted by the 18th World Medical Assembly,
Helsinki, Finland, 1964
and ammended by the 29th World Medical Assembly,
Tokyo, Japan, October 1975
35th World Medical Assembly,
Venice, Italy, October 1983
and the
41st World Medical Assembly,
Hong Kong, September 1989

Introduction

It is the mission of the physician to safeguard the health of the people. His or her knowledge and conscience are dedicated to the fulfilment of this mission.

The Declaration of Geneva of the World Medical Association binds the physician with the words, 'The health of my patient will be my first consideration', and the International code of Medical Ethics declares that, 'A physician shall act only in the patient's interest when providing medical care which might have the effect of weakening the physical and mental condition of the patient'.

The purpose of biomedical research involving human subjects must be to improve diagnostic, therapeutic and prophylactic procedures and the understanding of the aetiology and pathogenesis of disease.

In current medical practice most diagnostic, therapeutic or prophylactic procedures involve hazards. This applies especially to biomedical research.

Medical progress is based on research which ultimately must rest in part on experimentation involving human subjects.

In the field of biomedical research a fundamental distinction must be recognized between medical research for a patient, and medical research, the essential object of which is purely scientific and without implying direct diagnostic or therapeutic value to the person subjected to the research.

Special caution must be exercised in the conduct of research which may affect the environment, and the welfare of animals used for research must be respected.

Because it is essential that the results of laboratory experiments be applied to human beings to further scientific knowledge and to help suffering humanity, the World Medical Association has prepared the following recommendations as a guide to every physician in biomedical research involving human subjects. They should be kept under review in the future. It must be stressed that the standards as drafted are only a guide to physicians all over the world. Physicians are not relieved from criminal, civil and ethical responsibilities under the laws of their own countries.

I BASIC PRINCIPLES

1. Biomedical research involving human subjects must conform to generally accepted scientific principles and should be based on adequately performed laboratory and animal experimentation and on a thorough knowledge of the scientific literature.
2. The design and performance of each experimental procedure involving human subjects should be clearly formulated in an experimental protocol which should be transmitted for consideration independent of the investigator and the sponsor provided that this independent committee is in conformity with the laws and regulations of the country in which the research experiment is performed.
3. Biomedical research involving human subjects should be conducted only by scientifically qualified persons and under the supervision of a clinically competent medical person. The responsibility for the human subject must always rest with a medically qualified person and never rest on the subject of the research, even though the subject has given his or her consent.
4. Biomedical research involving human subjects cannot legitimately be carried out unless the importance of the objective is in proportion to the inherent risk to the subject.
5. Every biomedical research project involving human subjects should be preceded by careful assessment of predictable risks in comparison with foreseeable benefits to the subject or to others. Concern for the interests of the subject must always prevail over the interests of science and society.
6. The right of the research subject to safeguard his or her integrity must always be respected. Every precaution should be taken to respect the privacy of the subject and to minimise the impact of the study on the subject's physical and mental integrity and on the personality of the subject.
7. Physicians should abstain from engaging in research projects involving human subjects unless they are satisfied that the hazards involved are believed to be predictable. Physicians

should cease any investigation if the hazards are found to outweigh the potential benefits.

8. In publication of the results of his or her research, the physician is obliged to preserve the accuracy of the results. Reports of experimentation not in accordance with the principles laid down in this Declaration should not be accepted for publication.

9. In any research on human beings, each potential subject must be adequately informed of the aims, methods, anticipated benefits and potential hazards of the study and the discomfort it may entail. He or she should be informed that he or she is at liberty to abstain from participation in the study and that he or she is free to withdraw his or her consent to participation at any time. The physician should then obtain the subject's freely-given informed consent, preferably in writing.

10. When obtaining informed consent for the research project the physician should be particularly cautious if the subject is in a dependent relationship to him or her or may consent under duress. In that case the informed consent should be obtained by a physician who is not engaged in the investigation and who is completely independent of their official relationship.

11. In case of legal incompetence, informed consent should be obtained from the legal guardian in accordance with national legislation. Where physical or mental incapacity makes it impossible to obtain informed consent, or when the subject is a minor, permission from the responsible relative replaces that of the subject in accordance with national legislation.

Whenever the minor child is in fact able to give a consent, the minor's consent must be obtained in addition to the consent of the minor's legal guardian.

12. The research protocol should always contain a statement of the ethical considerations involved and should indicate that the principles enunciated in the present Declaration are complied with.

II MEDICAL RESEARCH COMBINED WITH PROFESSIONAL CARE (Clinical Research)

1. In the treatment of the sick person, the physician must be free to use a new diagnostic and therapeutic measure, if in his or her judgment it offers hope of saving life, re-establishing health or alleviating suffering.

2. The potential benefits, hazards and discomfort of a new method should be weighed against the advantages of the best current diagnostic and therapeutic methods.

3. In any medical study, every patient - including those of a control group, if any - should be assured of the best proven diagnostic and therapeutic methods.

4. The refusal of the patient to participate in a study must never interfere with the physician-patient relationship.

5. If the physician considers it essential not to obtain informed consent, the specific reasons for this proposal should be stated in the experimental protocol for transmission to the independent committee (1,2).

6. The physician can combine medical research with professional care, the objective being the acquisition of new medical knowledge, only to the extent that medical research is justified by its potential diagnostic or therapeutic value for the patient.

III NON-THERAPEUTIC BIOMEDICAL RESEARCH INVOLVING HUMAN SUBJECTS (Non-clinical biomedical research)

1. In the purely scientific application of medical research carried out on a human being, it is the duty of the physician to remain the protector of the life and health of that person on whom biomedical research is being carried out.

2. The subjects should be volunteers - either healthy persons or patients for whom the experimental design is not related to the patient's illness.

3. The investigator or the investigating team should discontinue the research if in his/her or their judgement it may, if continued, be harmful to the individual.

4. In research on man, the interests of science and society should never take precedence over considerations related to the wellbeing of the subject.

INDEMNIFIED CLINICAL INVESTIGATORS
FOR SNBTS CLINICAL TRIALS

HIGH POTENCY FACTOR VIII (HB) CLINICAL TRIALS				
CLINICIAN	CENTRE/LOCATION	TRIAL	SIGNED INDEMNITY FORM RETURNED	COMMENTS
Dr Gibson (Dr Ahmed)	Royal Hospital for Sick Children, Glasgow	HP012	Not issued by SOHHD	SNBTS took Department's letter of 30.4.91 as overall approval for all FVIII Trials. No further applications for indemnity letters for clinical investigators has been made. NQL/5/1 Pt 4 Docs 1, 3, 6 and 9 refer.
Dr Ludlam	Royal Infirmary, Edinburgh	HP012	Not issued by SOHHD	
Dr Mayne (Dr McNulty)	Royal Victoria Hospital, Belfast	HP012	Not issued by SOHHD	

*Trial Complete
Final Reports in preparation*