1	Friday, 1 October 2021	1	Mono VIII:C, but is often referred to in the documents
2	(10.00 am)	2	as the human Factor VIII product, or words to that
3	Presentation by Counsel to the Inquiry on	3	effect. The product was never widely produced and
4	the Pharmaceutical Companies (continued)	4	never widely used, and we will explore why that was.
5	SIR BRIAN LANGSTAFF: Yes.	5	The techniques developed for Mono VIII:C were,
6	MR HILL: Sir, today we turn to Speywood, and it is	6	however, very important in the origins of the
7	important to begin by noting the differences between	7	recombinant Factor VIII story. We will look at that
8	Speywood and the other companies that we have been	8	today as well.
9	Speywood was a British company and was, throughout the	9	The third element of interest to the Inquiry of
10	period involved, a relatively small company. While it	10	Speywood's work was the production of porcine
11	manufactured some blood products, these were not	11	Factor VIII, again, through polyelectrolyte
12	widely used in the UK market. It's fair to describe	12	fractionation.
13	them as being somewhat peripheral products.	13	As the name suggests, porcine Factor VIII was
14	The company was also involved in a wide range of	14	produced from pig plasma. The product that was made
15	other activities, we will look at those as we go	15	using that technique was called Hyate:C. It was
16	through. But there are three elements that of	16	primarily used for treating patients with Factor VIII
17	particular interest to the Inquiry. The first, and as	17	inhibitors, and was not in general used for
18	we heard yesterday, is that Speywood imported Cutter	18	haemophilia patients who did not have inhibitors, and
19	product, Koate, and subsequently re-branded it as	19	we will examine why that was.
20	Humanate, and sold it in the UK.	20	We will hear evidence later today from
21	The second aspect is the work that was done by	21	Sarah Middleton, who was, among other roles, the chief
22	Speywood on human Factor VIII fractionation through	22	scientist at Speywood for a period during the early
23	a process called polyelectrolyte fractionation. We	23	eighties, late seventies and early eighties. We will
24	will hear evidence about what that was in due course.	24	hear her evidence after this presentation. What I say
25	The product subsequently came to be called	25	in the presentation is not intended in any way to
	1		2
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1	pre-empt that evidence. Her analysis of the documents	1	Speywood by the National Enterprise Board, who was
2	may be different to mine, and ultimately, sir, it will	2	a Government body that's invested money in firms that
3	be for you to decide what your analysis is.	3	were, it was hoped, going to go on and make
4	The presentation, as with all of the	4	a successful business within the UK, and also an
5	presentations this week, will touch upon some of the	5	investment by Prutec Limited, which was the investment
6	documents. It's not exhaustive. It is not	6	arm of Prudential Insurance. We will return in due
7	comprehensive. There are matters that we may have to	7	course to the context of that investment and what
8	return to later, if that would be of assistance to	8	happened around it, but for present purposes, the
9	you. And as, again, with all of the presentations in	9	report is a helpful way of us understanding the
10	the last couple of weeks, it is limited by the access	10	company and the way that it was structured as of 1981.
11	that we have to the papers. We have a lot of	11	Could we have, please the second page.
12	material, but we have by no means all of the material	12	We can see in the left-hand corner that the
13	that we would like to have in order to tell the full	13	report is directed to DA Smart of Prutec Limited and
14	story.	14	I Burns of the National Enterprise Board. It says:
15	Before turning to the products, it is helpful to	15	"Introduction:
16	have a look at the company structure and how that	16	"In accordance with the instructions contained
17	developed over time. A helpful way of doing that is	17	in your letters of 26 October 1981, we have carried
18	by looking at a document IPSN00000027, please, Soumik.	18	out an investigation into the affairs of Speywood
19	We can see from the front page of this document	19	Laboratories Limited and its present subsidiaries
20	that it is a report prepared by Deloitte, Haskins &	20	('Speywood Group') in connection with a proposed joint
21	Sells, a firm of accountants, a very eminent firm of	21	investment of £4 million in Speywood Laboratories
22	accountants, and it is dated 9 December 1981, and the	22	Limited by Prutec limited and the National
23	report is headed "Speywood Laboratories Limited".	23	Enterprise Board."
24	The context of the report is that it was	24	The report refers to Speywood throughout and I'm
25	prepared ahead of a proposed joint investment in	25	going to do the same throughout this presentation. If

(1) Pages 1 - 4

1	we could go, please, to page 3. The "History and	1	Hyate C is now the company's main product."
2	Business" section. The report says this:	2	The report then goes on to list subsidiaries and
3	"Speywood was incorporated on	3	former subsidiaries, and we can see at various points
4	19th November 1973. In 1974 the company purchased	4	there have been a variety of businesses: a dietary
5	ethical drug products from S Maw and Sons, including	5	food business, a television projection and ancillary
6	animal plasma fractions for the treatment of	6	equipment business, a business entitled Vision Medical
7	haemophilia and Zonulysin, an enzyme for the removal	7	Limited. These had all either been sold off or had
8	of cataracts.	8	ceased trading, some with losses, some sold at
9	"By 1978, the main trading activity of the	9	a profit. Then the final one is Cardio Technology
10	company was the sale of Koate (human Factor VIII	10	Limited, and we can see that that was sold with 85 per
11	imported from Cutter Laboratories). This	11	cent of the share capital to a Mr P Hammond, who went
12	distributorship was terminated by Cutter in 1980	12	to become the Chancellor of the Exchequer.
13	although Speywood are still able to obtain the product	13	If we could go over to the next page, please.
14	through a US intermediary. Speywood continued to sell	14	Some further businesses, retail pharmacies, and
15	Koate in the UK under the name of Humanate, but	15	then a US company, Speywood Corporation, and a west
16	stopped in June 1981 when the product licence was	16	German company, Speywood GmbH, which were intended to
17	amended."	17	be outlets into those two markets. But, as the report
18	Pause there, sir, to tell you that these are all	18	says, the US company has never traded and the German
19	matters that, I will come on to in due course.	19	company is intended to be used as an outlet that, at
20	On to the next page:	20	that stage, I don't think it was being used. These
21	"Over the years the company has been seeking to	21	aren't companies that will trouble us today.
22	improve its animal plasma products. It has now	22	What is also clear from the report is that
23	developed a manufacturing process using	23	Speywood is based in two centres. There is an office
24	polyelectrolytes developed by Monsanto. Porcine	24	in Nottingham, or Nottinghamshire, I should say, and,
25	Factor VIII produced by this process and sold as	25	as we can see in the "Future Plans" section,
20	5	25	6
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1	a 10,000 square foot factory on the Wrexham Industrial	1	those that we have been dealing with in the recent
2	Estate leased from the Welsh Development Agency.	2	days and weeks.
3	If we could go over, please, to page 7. This	3	"The senior staff are:-
4	is a page containing details of a licensing agreement	4	"D Heath Managing director
5	reached with the Monsanto Company. We will again come	5	"P Lees Commercial director
6	back to some details of this, but I don't intend to go	6	"D Williams Marketing director"
7	through the fine detail of who had which rights. But	7	And those names, David Heath, Peter Lees and
8	you will see there, sir, that by 1981, there is	8	David Williams will come up as we go through the
9	a fairly detailed explanation of the relationship	9	presentation today.
10	between Speywood and Monsanto. The crux of it is that	10	Then, a few names down:
11	Monsanto had licensed to Speywood the technique to use	11	"Mrs S Middleton Chief Scientist"
12	polyelectrolyte fractionation both in porcine and	12	That's Sarah Middleton who will be giving
13	human plasma, and in return, Speywood had agreed to	13	evidence later today.
14	certain limitations on its rights use the products	14	If we could go back, please, Soumik to
15	that resulted from them.	15	page 27 sorry, 26. The bottom half of that page,
16	Although that version of the licensing agreement	16	please, under the heading "Share Capital". The
17	dates from 15 August 1981, there was a previous	17	accountants set out the current position as of 1981 on
18	agreement as well.	18	the shares that were owned by the different equity
19	If we could now, Soumik, please, go to page 30	19	holders in the company. I will use the adjusted
20	of the document. Under the heading "Management and	20	figures, and we can see that an investment trust owns
21	Staff" the report says:	21	32,000 shares, so that's about 40 per cent of the
22	"At the time of our review, Speywood employed	22	company.
23	12 persons at Bingham [that's the Nottinghamshire	23	A finance body owns a further 21,200 shares, so
24	site] and 21 at Wrexham."	24	that's about 26.5 per cent of the company. Mr Heath
25	So we can see, sir, a much smaller company from	25	owns 18,800 shares, that's 23.5 per cent. So that's
	7		8 (2) Pages 5 - 8
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1 about roughly a quarter of the company. And Mr Lees In 1984, the company was acquired by Porton 2 and Mr Williams have about 5 per cent of the company 2 International. It was later acquired by 3 3 each. So those are the equity holders. Ipsen Biopharm Limited. Just for your note, Ms Middleton, from whom we 4 I merely note that Sarah Middleton is not one of 4 5 the equity holders. She was the chief scientist and 5 will hear later, left the company in 1984, just before 6 6 hence an employee of the company. it was acquired by Porton. 7 Thank you, Soumik. We can take that down now. 7 Turning then to the importation and sale of 8 8 The proposed investment of £4 million was in factor concentrates. As we heard yesterday, there was 9 9 fact made in 1982 by Prutec and the National an agreement, a distribution agreement, between 10 10 Enterprise Board. Both of those entities took 25 per Speywood Laboratories and Cutter Laboratories, so that cent of the equity of the company, meaning that the 50 11 11 Speywood could import and sell within the UK the 12 per cent that was left remained in the hands of the 12 Factor VIII product, Koate. The agreement itself is 13 original investors, presumably according to the same 13 at IPSN0000139 003. It ran for three years from 14 proportions. 14 June 1976. 15 After that investment, a new chairman, 15 I won't take you to the agreement, sir, but it 16 is there for future consideration should that be Mr Seymour, was appointed, and Mr James Mottram became 16 the general manager in 1983. His brief, according to 17 17 necessary. the documents that we have, was to, and I quote, 18 A product licence, PL 0370/0004, was granted to 18 19 "reorganise Speywood into a classical UK 19 Speywood for Koate in August 1976. The reference 20 pharmaceutical company". The reference for that is 20 I have for that is IPSN0000312_036. We know, and as 21 IPSN0000166_019. Mr Heath and Mr Williams 21 we heard yesterday, that Cutter had originally 22 22 submitted an application for Koate, but Speywood in subsequently left the company and we will hear 23 a little evidence about the circumstances in which 23 effect took this on. There is correspondence to that 24 that took place, and the disputes that gave rise to 24 effect, which is BAYP0000020_046. 25 it. 25 Unfortunately, sir, we don't have at present the 9 10 1 documents that will help to answer the questions that 1 "Hepatitis -- Koate is prepared from units of 2 2 human plasma, each donation offer which has been found we raised yesterday about the level of detail that was 3 provided before the licence was granted, to what 3 non-reactive for hepatitis B antigen ... when tested 4 extent further information was provided about the 4 by radioimmunoassay. In addition, each batch has also 5 source of plasma and the way in which donors were 5 been tested against hepatitis by radioimmunoassay. 6 selected and indeed rejected. That is something we 6 However, despite these tests and the precautions taken 7 7 will continue to explore. We will seek to work with in selecting donors, the risk of transmitting serum 8 8 others within the Inquiry, as well, to see if they can hepatitis cannot be excluded." 9 9 shed any light on it. But, at present, I'm afraid, Thank you, Soumik. 10 I can't take that story any further. 10 The product was on sale from Speywood from 1 November 1976. Reference for that is 11 We know that there was some further 11 12 correspondence about packaging and the hepatitis 12 IPSN0000312 038. 13 warning in October 1976, a reference is 13 We have some sales figures from November 1976 to IPSN0000312 040. The warning itself -- and perhaps we 14 October 1977, and please can we have this on screen, 14 15 could bring this up, Soumik -- is at IPSN0000329_001. 15 please, Soumik, IPSN0000146. 16 16 Here we can see the data sheet for Koate. The Very helpfully set out per haemophilia centre 17 product licence is there on the left-hand side. The 17 with a grand total at the bottom. We can see that 18 address of Speywood and, of note, sir, is that the 18 we're not entirely comparing like with like because 19 address given is the Bingham address, the Nottingham 19 the -- some of the centres have been using the product 20 address, and not the Wrexham address. There may be 20 for longer than others. Bristol has been using it for 21 a significance to that as we go through. 21 a full 12 months, compared to St Thomas's just using 22 22 If we could -- give me one second, Soumik. it for five.

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If we could go to the second page, please, the

"There are no known contra-indications to Koate.

"Contra-indications and warnings", it says:

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(3) Pages 9 - 12

More than 500,000 units, and I take that to mean

international units, had been sold to Oxford. Then

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about just over 300,000 units to Liverpool.

If we go down to the bottom Soumik, we can see that the total sales for that period, November '76 to October '77, a 12-month period, is 2.7 million units.

Those sales, sir, were achieved despite not tendering for the NHS central contract that we have seen in some of the other presentations. We will return to this matter and, indeed, the reasons why Speywood didn't tender to that contract when we come back to look at some of the evidence from civil servants and Government ministers.

A reference, so that we have it for when we come back, is DHSC0003719_098, which explains Speywood's thinking at that time.

David Williams, the marketing director, one of the names that we saw in the accountant's report, met with leading haemophilia clinicians between August 1978 and January 1979 to discuss their factor concentrate usage, and the Inquiry has considered some of the notes that he made of those meetings when examining each of the centres, so I won't take you through each one but they're helpful ways of getting a snapshot of what the Centre was doing at the time.

I will, however, just highlight one, for present purposes, which is IPSN0000334_019. We can see from the file note that this is Mr Williams's meeting with

"He is not interested in the administration kits but prefers to make his own up in the hospital.

"I offered Koate at 10p for 50,000 unit lots and am reasonably confident that we will get some of the business. Bloom always likes to keep two suppliers, but is reluctant to make frequent changes.

"Bloom is obviously not an animal lover although he is interested in our work."

Pause there, sir. A slightly cryptic reference, I believe, to porcine Factor VIII.

"He is prepared to look at the new material when available. He referred to Rizza's suggestion that use of porcine increased the inhibitor level to human. He also felt that the present material was too antigenic and expressed doubts as to the likelihood of our reducing this to a level which he would regard as satisfactory. I think it important that we provide him with clinical evidence as soon as possible. Perhaps Jean Pierre could prepare some notes."

I pause there, sir, to say that we will be coming back to this, but Professor Bloom's reaction to the possible use of porcine Factor VIII is, I would suggest, fairly typical of the view at that time in 1978, and we will come on to see how that view changed or, indeed, whether it changed, in due course.

Professor Bloom at the University Hospital of Wales on 24 August 1978.

I'm going to read through all of this note, sir. There will be some things that I focus on now, which are to do with the product sales, and some things that I will come back to in due course which in particular concerns polyelectrolyte fractionation. The initials "PE", as we will see on this note, refer to polyelectrolyte fractionation.

What Mr Williams said in the note is this:

"There are 250 haemophiliacs attached to this centre, of which 100 are regular attenders and 13 inhibitors. Until recently, human factor VIII purchases have been split three ways, Hemofil, Factorate and Elstree. They have now stopped using Armour, following the hepatitis problem."

I just pause there to note that, although it's not clear from this document, that may relate to reports in 1977 and 1978 of adverse reactions and hepatitis infection through the use of the Armour product.

"Prices are: Hemofil 11p and Factorate 9.5p."

Factorate being the Armour product.

"Bloom used to favour Immuno, but as this is now 16p, he never buys.

"Bloom would like some PE to help with new research project of his looking at the biochemistry of human factor VIII. He has a research worker starting January 1979, to work full time on this subject. We could arrange to have first option on the results.

"PPF was at one time rationed in his area, but is now issued on a first come, first served basis. There is never enough available, partly because the Health Service does not produce sufficient, partly because of the high price. Bloom felt that there was a place for commercial material, if it could be produced more cheaply. We should obviously investigate."

The date of the note is 31 August 1978 and we can see at the bottom that it was copied to Mr Heath.

As I say, sir, there are a number of other similar notes. I'm going to be give some references for the transcript so that people have those in case they are of use to them. I would point out that in one of them, which concerns Dr Stewart at Birmingham, he says that he hadn't heard about any hepatitis problem in connection with the Armour product. That is IPSN0000333 022.

The other references are IPSN0000332_021, IPSN0000334_019, IPSN0000331_008, IPSN0000333_022,

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INQY1000151 0004

1 IPSN0000338 011 and IPSN0000321 026. not accord with the potency that was stated on the 2 The prices that were offered to the various 2 label. If we could go, please, Soumik, to 3 3 IPSN0000575, we will see some of the correspondence clinicians varied. Some of that variation is due to 4 4 about this. The date is 4 December 1979, and the different amounts of product being offered. As you 5 observed the other day, sir, there is generally 5 letter is going from David Williams to Mr C Jones of 6 6 a discount for bulk. However, there is also Cutter Laboratories. As we will see it's not only 7 an attempt to negotiate with individual clinicians to 7 raising the problem but also raising the point that 8 8 try to get their business, in essence. Speywood would like compensation from Cutter for the 9 9 difficulties and the financial difficulties that the As we've seen in that letter, 10p was offered to 10 10 Professor Bloom; 9.5p for 1 million international problem had given rise to. 11 units was offered to Dr Kernoff at the Royal Free in 11 What Mr Williams says in the letter is that the: 12 January 1979; 9p was offered in a draft letter, 12 "... situation with respect to [as he terms 13 seemingly to the whole Haemophilia Centre Directors, 13 them] 'suspect' batches of Koate is as follows ..." 14 dated 1980. The reference for that is 14 We can see there four batches listed down, and 15 15 IPSN0000325 001. we can see, in the second column, the assigned 16 Dr Preston was offered 9.25p in August 1979 and 16 potency, which I take to mean the potency that was 17 8.5p by May 1980. The reference is IPSN0000322_006, 17 stated on the label. 18 18 and the same stem, _003. You can also see the quantity received, the 19 The pattern, which you will have observed, sir, 19 current stock and how much had been sold. 20 is generally a falling one. 20 The paragraph below, Mr Williams says: 21 In December 1979, an issue arose about the 21 "As you will realise from the quantity involved, 22 potency claimed for Koate on its labelling. 22 we have a major problem. On the one hand, we are 23 What appears to have happen is that, when the 23 desperately short of 'good' stock and, clearly, we 24 product was tested by NIBSC and by the individual 24 dare not sell new batches without first obtaining NIBS 25 Haemophilia Centres, they found that their assays did 25 clearance. So your urgent help with prompt despatches 17 18 1 is of paramount importance. The other side of the 1 from Rizza and Jones." 2 2 coin is that we have two major and influential We don't have that letter. 3 customers, Oxford and Newcastle, reluctant to trust 3 "NIBS obtained 210 and cleared at 230. Repeat our assay figures and insisting on their own check 4 4 assays at Oxford indicate 185." 5 prior to acceptance." 5 What I take that to mean, sir, is that when 6 He gives some further detail on each of the 6 NIBS -- the assigned potency, as we can see from the 7 7 table on the previous page, is 230. NIBS in their batches. 8 8 The first batch, C 1090, if we look back at the tests obtained 210, the units don't matter but 9 9 table we can see that its assigned potency was 1,100. a figure of 210 for the potency, so about 10 per cent 10 Mr Williams, in his letter, says that C 1090 was: 10 below that which was claimed. I read that as meaning "Not acceptable to NIBS unless we re-label at that NIBS were content to clear the product as saying 11 11 12 900 my own view is that this should be returned to 12 that it had a potency of 230, presumably allowing some 13 USA." 13 leeway for a potential difference in testing. 14 But when the product was then tested at Oxford, 14 So NIBS has run its tests, found that the potency figure that they can obtain using their tests 15 the potency was 185, which appears to have prompted 15 16 16 is around 900, and are insisting that the product is a complaint to Speywood about the product. 17 re-labelled to show that potency, if it is to be sold 17 Mr Williams goes on to say that: 18 in the UK. This is an example, sir, of the stop 18 "For the present, I have supplied replacement 19 orders that we have heard made reference to. The 19 material free of charge to both centres. Probably the 20 suggestion from Mr Williams is that that product 20 simple way out financially, is to give them units equivalent to their 'loss', say 20% or 126,000 units. 21 should be sent back to Cutter and, presumably, 21 22 22 Speywood would be compensated for the cost of it. Obviously we will be looking to Cutter for 23 The second lot considered is NC 8610, which: 23 compensation." 24 "... has been extensively used in Oxford and 24 So the fact that the product is not as potent as 25 Newcastle and is the subject of an attached letter 25 claimed means that more will have to be used, hence

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1	that figure of 20 per cent. They will build up the	1	shows that, after further thought, Speywood had
2	stockpile to replace that which these centres should	2	decided not to sell product to France when NIBS has
3	have had. And as is stated in terms there, Speywood	3	said that it must be re-labelled. And one of the
4	are looking to Cutter for compensation on that. So	4	reasons that is given for that policy is that Duncan
5	Speywood very much seeing this as a problem of	5	Thomas of NIBSC is in regular contact with his French
6	Cutter's making.	6	opposite number and it would be embarrassing for the
7	"NC 8185	7	companies involved to be found to be selling with one
8	"This was cleared by NIBS at label declaration,	8	label in one country and one label in the other
9	although their assay was around 10% low."	9	country. Although I should add that it's important to
10	Again, sir, showing that there is a degree of	10	note that in his letter of 21 February 1980,
11	leeway allowed by NIBSC. But as we can see from	11	Mr Williams also refers to a basic moral issue that is
12	"NC 8184":	12	involved as well. So it is not just a cynical attempt
13	"NIBS again got 900 and will not clear without	13	to avoid being caught.
14	re-label."	14	The further point made by Mr Williams in his
15	The claimed potency was 1130.	15	letter of 4 December 1979, a little further down the
16	So the leeway only extends so far before NIBS,	16	page, please thank you Soumik is:
17	using stop orders, say: you can't distribute this	17	"Of course, any recommendations on these batches
18	product without re-labelling it.	18	could change if your technical people can resolve the
19	What Mr Williams says about that product is:	19	matter with NIBS. I do hope you can achieve an
20	"I originally stated that we would [re]sell to	20	agreement quickly."
21	France at label strength and in fact we have sold them	21	So there is some thought that this may be
22	200,010 units. However, in view of total problem,	22	a technical issue perhaps about how the different
23	I feel it is not sensible to continue this policy."	23	tests work.
24	I would say there is a further document, sir, at	24	Thank you, Soumik. We can take that down.
25	IPSN0000291, which is dated 21 February 1980, which	25	I leave that there, sir. It is an example of
20	21	20	22
	21		22
1	the way in which the licensing system works its way	1	reference is IPSN0000139_022. That product, of
2	through at different levels.	2	course, would have had a longer shelf life. The last
3	Turning to the switch of products from Koate to	3	time that a Speywood sale under the licensing
4	Humanate. The June 1976 distribution agreement	4	agreement seems to have been cleared by NIBS was
5	between Cutter and Speywood ran for three years, and	5	February 1980.
6	it appears that it was terminated at the end of 1979.	6	The way in which Speywood began to sell Humanate
7	Cutter then began supplying Koate directly to the UK	7	can be shown by a letter that was sent to Dr Aronstam
8	market. We heard something about that yesterday.	8	at Treloar's Centre by Mr Williams on 30 July 1980.
9	The references are IPSN0000331_001, and	9	The reference is IPSN0000331_001.
10	MHRA0036365_018.	10	Again, sir, I'm going to read all of the letter
11	-	11	through. There are matters that we will come back to
12	In February 1980, Speywood obtained a variation to their product licence allowing them to continue	12	later, but I think it is important to show how the
13	•	13	•
	selling Koate for up to one year, and also allowing		different strands of Speywood's work: the human
14	them to import unlicensed sorry, to import	14	Factor VIII, the porcine Factor VIII, and the sale of
15	unlabelled factor concentrate manufactured by Cutter	15	imported products, all work together. Although we're
16	for relabelling and for sale under the name Humanate.	16	going to be looking at them individually for purposes
17	I'm afraid, sir, that we don't have the	17	of analysis, they are running alongside each other all
18	documents that accompanied that licence variation	18	the time.
19	application, or at least we haven't identified them if	19	What Mr Williams said is this, and I quote:
20	we do have them. Our information is taken from	20	"Dear Tony,
21	a later licensing issue, which we will come on to.	21	"As you are aware, Speywood are the only British
22	The reference is MHRA0036365_018.	22	owned company researching new blood fractionation
23	MR HILL: According to company records, the last Koate	23	techniques and the isolation of highly purified plasma
24	batch imported by Speywood was released by the DHSS,	24	proteins for clinical use.
25	so that's released by NIBS, in February 1980. The	25	"The first successful result of our research
	23		24 (6) Pages 21 - 24

1	programme, is the availability of a preparation of	1	for home treatment. A leaflet and data sheet giving
1 2	porcine Factor VIII:C, Hyate:C, for the treatment of	2	further information are enclosed. Pack sizes are
3	inhibitor patients. This product has now been used	3	nominal 250, 500 and 1,000 units.
4	for the first time in man. We are delighted to report	4	"Our price for Humanate is 7.5p per unit,
5	that the treatment, in a life-threatening situation,	5	delivered, regardless of quantity, which we hope will
6	was entirely problem-free. Thrombocytopenia was	6	give you some saving over current prices.
7	completely absent and there were no antigenic	7	"Administration kits are available free of
8	reactions. It would therefore appear that the	8	charge, if required. We can normally guarantee
9	criteria for the use of porcine material can be	9	delivery within 24 hours.
10	relaxed."	10	"I do hope you will be able to give us some
11	I will come back to that later.	11	support and use Humanate for part of your treatment
12	"We are now working hard to produce human VIII:C	12	programme."
13	and a vWF [von Willebrand's fraction] concentrate.	13	He says that he is sending a copy of this letter
14	Initial clinical samples will be ready by the end of	14	to Brian Grundy in Southampton.
15	this summer.	15	One point that I would pick up from the letter,
16	"Financing this research has been a major	16	sir, is the reference to Humanate being, and I quote
17	difficulty for such a small company as ours. For the	17	"not an intermediate product". You've heard evidence
18	first four years, we relied on our profits from sales	18	about the distinctions drawn between intermediate
19	of Cutter's Koate to provide the cash. Cutter are now	19	purity and high purity product and it was Dr Kingdon's
20	selling direct and, to fill the gap, we have arranged	20	evidence in his witness statement, CBLA0000011_005 at
21	the supply of a high quality freeze-dried Factor VIII	21	paragraph 31, he's referring to the 1970s but this
22	product under our own trade mark, Humanate.	22	letter is 30 July 1980. His evidence was that high
23	"Humanate is not an intermediate product and has	23	purity was between 1 and 2 international units per
24	a specific activity of approximately one AHF unit per	24	milligram.
25	milligram of protein. It is readily soluble and ideal	25	What is claimed for the product Humanate is that
20		20	•
	25		26
1	the specific activity is approximately one AHF unit	1	a further reference, should it be needed, is
2	per milligram, which perhaps explains the slightly odd	2	BAYP0000021_063.
3	wording of Humanate being "not an intermediate	3	Second, the product was not obtained directly
4	product" but it is not claimed that it is a high	4	from Cutter but through an independent company called
5	purity product.	5	Parlier Medical Support. Sorry, Parlier Medical
6	Soumik, can we have on screen, please,	6	Supply Company, which was based in San Francisco, the
7	BAYP0000021_023, at the top right-hand corner, please.	7	reference for that is MHRA0036365_018.
8	This appears to be a data sheet for Humanate	8	On the first of these points, can we have on
9	and, in the top right-hand corner I'm afraid it's	9	screen, please, IPSN0000338_001, a letter dated
10	a very poor copy we can see that it's written:	10	31 October 1980, a few months after the letter that we
11	"Humanate is prepared from human"	11	looked at a moment ago, and sent from Mr Williams to
12	SIR BRIAN LANGSTAFF: It looks like "venous".	12	Dr Evans of the Royal Manchester Children's Hospital.
13	MR HILL: " venous plasma"? Yes, it looks like "venous	13	The section that I'd like to look at now is the second
14	plasma".	14	and third paragraphs. What Mr Williams says is, and
15	"Each unit of donor plasma has been tested for	15	I quote:
16	Hepatitis B Surface Antigen by a radioimmunoassay	16	"Humanate is manufactured for us by Cutter
17	technique and found non-reactive. However, this test	17	Laboratories, so is identical to the product which we
18	does not necessarily preclude the presence of	18	have previously sold as their agent [that's Koate].
19	Hepatitis Virus."	19	"I will be grateful if you can keep this
20	That appeared to be the warning that accompanied	20	information confidential."
21	Humanate as of circa 1980.	21	SIR BRIAN LANGSTAFF: So what you've just told me means
22	Two things are clear from other documents. The	22	that that's a lie, does it?
23	first is that Humanate was Koate being sold under	23	MR HILL: No, sir.
24	a different name. We saw reference to that in the	24	SIR BRIAN LANGSTAFF: "Manufactured for us", because it
25	accountant's report that we looked at earlier, and	25	was bought from an intermediary, not direct.
	07		00

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1	MR HILL: It was bought with the knowledge, I believe, of	1	The
2	Cutter, so	2	SIR BRIAN LANGSTAFF: That's not yet this stage?
3	SIR BRIAN LANGSTAFF: So Cutter manufactured it for	3	MR HILL: So far as I can tell, that's not yet this stage.
4	Speywood and sold it through an intermediary?	4	But there is a tension which does develop, and we will
5	MR HILL: As I understand it the position to be, yes, sir.	5	see, shortly, that there is also a tension with
6	SIR BRIAN LANGSTAFF: I see, so it was manufactured for	6	licensing position
7	them?	7	SIR BRIAN LANGSTAFF: Yes.
8	MR HILL: So far as I can ascertain from the documents.	8	MR HILL: with Speywood.
9	It was certainly manufactured with well, it was	9	What I take from this document, though, is that
10	within Cutter's knowledge that Speywood were doing	10	Mr Williams is prepared to answer what appears to have
11	this.	11	been a question from Dr Evans, and say, "This is Koate
12	SIR BRIAN LANGSTAFF: Well, that's a different issue. You	12	and it's made by Cutter", but, as we have seen from
13	may know that somebody is manufacturing or selling	13	a previous letter from Dr Aronstam, there was an
14	something that you actually made but you may not want	14	opaqueness, if I may put it that way, as to what the
15	them to do it.	15	product was. It was certainly not said to Dr Aronstam
16	MR HILL: You may not, I don't know, but I've seen no	16	that, "This is Koate", and it was not said, indeed,
17	evidence to suggest that Cutter didn't want them to do	17	that it was a Cutter product no, sorry, it was said
18	it, and Cutter could have entered into an arrangement	18	that it was a Cutter product. It says no, sorry
19	with the Parlier Medical Supply Company to ensure that	19	I apologise. It was not. It said:
20	they didn't do it, and that, at least at this stage,	20	"We have arranged for supply of a high quality
21	does not appear to have been	21	freeze-dried Factor VIII product under our own
22	SIR BRIAN LANGSTAFF: At some stage they used the word	22	trademark Humanate."
23	"pirate product", Cutter.	23	So no further information given there about the
24	MR HILL: There is a tension which develops, and we saw	24	source of that product, but, seemingly in response to
25	some of that in some of the documents yesterday.	25	a request from Dr Evans, Mr Williams does explain
	29		30
1	where the product was from but then asks Dr Evans to	1	Humanate and the impossibility of tracing its
2	keep that information confidential.	2	manufacture back to its source."
3	We will come back to this letter about the	3	So concerns within Cutter Laboratories Limited
4	porcine product in due course.	4	about the market position, if I may put it that way,
5	If we could go forward, sir, just a few months,	5	of Koate in respect of this other product, and
6	this is a document we did see yesterday	6	a desire to price it out of the market. And also an
7	BAYP0000021_063, please, Soumik.	7	indication that the Licensing Authority was concerned.
8	This is the board meeting of Cutter Laboratories	8	And that is the second element that I'll pick up now:
9	Limited, the UK-based company, held on Tuesday	9	the significance of the use of Parlier Medical Supply
10	16 December 1980. As I say, Ms Richards showed us	10	Company.
11	this yesterday. If we could go down, please, to the	11	The concerns flagged there in the minutes, the
12	central paragraph under the heading "Koate", it says:	12	specific reference to Dr Thomas, led in fact to
13	"It was agreed that the Managing Director,	13	a variation of the licence that had been granted to
14	Mr BA Dyos, would put together a full situation report	14	Speywood for Humanate, and it's helpful to examine
15	regarding Koate and also the Speywood parallel product	15	that process in a little detail, again because it
16	known as Humanate which was in fact Koate marketed	16	assists us with our understanding of the way the
17	under a different label. It was agreed that this	17	licensing process worked.
18	situation report was important and should receive full	18	If we could have on screen, please, Soumik
19	priority."	19	MHRA0036365_001.
20	A little further on there's a discussion about	20	We can see that these are the minutes of the
21	sales, and if we pick it up three lines from the	21	Committee on Safety of Medicines, that's the main
22	bottom, it was said:	22	committee, a meeting held on the Thursday.

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looked at.

"... it should be possible to price Humanate out

of the market coupled with the fact that NIBSAC and

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Doctor Duncan Thomas were very concerned regarding

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22 January 1981. So the first meeting of 1981, and

just a month or so after the previous document that we

1	There's a list of attendees. I note in passing	1	have further papers, or at least we haven't found
2	that Dr J Smith, Dr Joseph Smith, is there, from whom	2	further papers. We will continue to look for them,
3	we've heard evidence. And among the committee	3	because it will be interesting to see how the original
4	secretariat, for hearing 2 only, are Dr Fowler and	4	variation was granted.
5	Dr Holgate. Hearing 2, as we will see, concerns	5	"Background
6	Speywood and Humanate.	6	"1.1. Since 1976, Speywood Laboratories Limited
7	If we could turn, please, Soumik, to page 3 of	7	has sold anti-haemophilic globulin (Factor VIII)
8	that document. Under the heading "Hearings" it says:	8	manufactured by Cutter Laboratories under the name
9	"Humanate Speywood Laboratories.	9	Koate in the United Kingdom. This arrangement had
10	"8.2. A record of the Committee's findings in	10	been terminated by Cutter at the end of 1979.
11	respect of the above is included at appendices B and C	11	"1.2. In February 1980, Speywood had obtained
12	to these minutes."	12	a variation to their product licence which had
13	And it is appendix C to which we will turn,	13	permitted them to:-
14	because that's records a discussion on Humanate.	14	"a. continue selling their remaining stocks of
15	That is at MHRA0036365_018.	15	Koate for up to one year.
16	You can see, top right-hand corner:	16	"b. import, in bulk, unlabelled vials of
17	"Appendix C	17	anti-haemophilic globulin manufactured by Cutter for
18	"CSM/81/1st Meeting	18	relabelling and sale under the name Humanate.
19	"Hearing 2"	19	"1.3. The material for sale as Humanate was not
20	Medical assessor is Dr Fowler and the product is	20	obtained from Cutter, but through an independent
21	Humanate.	21	company called Parlier Medical Supply Company of
22	We're going to go through this document in	22	San Francisco, California.
23	a little detail, partly because this is the	23	"1.4. At the time of granting the Speywood
24	information that we have about the original variation	24	Product Licence for Koate in 1976, a full 'stop order'
25	that allowed Humanate to be sold in the UK. We don't	25	had been routinely applied. This had required the
	33		34
1	licence holder to supply samples and protocols of	1	impossible to assess the safety of a blood product by
1 2	licence holder to supply samples and protocols of tests above on every batch of product and not to sell	1 2	impossible to assess the safety of a blood product by reference to finished product-testing alone. Speywood
2	tests above on every batch of product and not to sell	2	reference to finished product-testing alone. Speywood
2	tests above on every batch of product and not to sell or supply material from a batch until a certificate of	2	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with
2 3 4	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing	2 3 4	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating
2 3 4 5	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this	2 3 4 5	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling."
2 3 4 5 6	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and	2 3 4 5 6	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page.
2 3 4 5 6 7	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National	2 3 4 5 6 7	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to
2 3 4 5 6 7 8	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National Institute of Biological Standards and Control."	2 3 4 5 6 7 8	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to Speywood had obliged the company to ensure that all
2 3 4 5 6 7 8 9	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National Institute of Biological Standards and Control." I pause there, sir. That is why we had that	2 3 4 5 6 7 8 9	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to Speywood had obliged the company to ensure that all batches of the product continued to conform to the
2 3 4 5 6 7 8 9	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National Institute of Biological Standards and Control." I pause there, sir. That is why we had that exchange about the potency of the products and	2 3 4 5 6 7 8 9	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to Speywood had obliged the company to ensure that all batches of the product continued to conform to the various specifications contained in the original
2 3 4 5 6 7 8 9 10	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National Institute of Biological Standards and Control." I pause there, sir. That is why we had that exchange about the potency of the products and re-labelling.	2 3 4 5 6 7 8 9 10	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to Speywood had obliged the company to ensure that all batches of the product continued to conform to the various specifications contained in the original application. While Speywood had acted as distributors
2 3 4 5 6 7 8 9 10 11 12	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National Institute of Biological Standards and Control." I pause there, sir. That is why we had that exchange about the potency of the products and re-labelling. Paragraph 1.5.	2 3 4 5 6 7 8 9 10 11	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to Speywood had obliged the company to ensure that all batches of the product continued to conform to the various specifications contained in the original application. While Speywood had acted as distributors for Cutter they had been able to do this. Now that
2 3 4 5 6 7 8 9 10 11 12 13	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National Institute of Biological Standards and Control." I pause there, sir. That is why we had that exchange about the potency of the products and re-labelling. Paragraph 1.5. "The protocols supplied to NIBSC by Speywood for	2 3 4 5 6 7 8 9 10 11 12	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to Speywood had obliged the company to ensure that all batches of the product continued to conform to the various specifications contained in the original application. While Speywood had acted as distributors for Cutter they had been able to do this. Now that they had no contact with Cutter they were no longer in
2 3 4 5 6 7 8 9 10 11 12 13 14	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National Institute of Biological Standards and Control." I pause there, sir. That is why we had that exchange about the potency of the products and re-labelling. Paragraph 1.5. "The protocols supplied to NIBSC by Speywood for their first batch of Humanate has provided results of	2 3 4 5 6 7 8 9 10 11 12 13	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to Speywood had obliged the company to ensure that all batches of the product continued to conform to the various specifications contained in the original application. While Speywood had acted as distributors for Cutter they had been able to do this. Now that they had no contact with Cutter they were no longer in a position to guarantee that the product sold as
2 3 4 5 6 7 8 9 10 11 12 13 14 15	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National Institute of Biological Standards and Control." I pause there, sir. That is why we had that exchange about the potency of the products and re-labelling. Paragraph 1.5. "The protocols supplied to NIBSC by Speywood for their first batch of Humanate has provided results of tests done on the finished product by a British	2 3 4 5 6 7 8 9 10 11 12 13 14	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to Speywood had obliged the company to ensure that all batches of the product continued to conform to the various specifications contained in the original application. While Speywood had acted as distributors for Cutter they had been able to do this. Now that they had no contact with Cutter they were no longer in a position to guarantee that the product sold as Humanate conformed to its Product Licence
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National Institute of Biological Standards and Control." I pause there, sir. That is why we had that exchange about the potency of the products and re-labelling. Paragraph 1.5. "The protocols supplied to NIBSC by Speywood for their first batch of Humanate has provided results of tests done on the finished product by a British contract laboratory. These had followed very closely	2 3 4 5 6 7 8 9 10 11 12 13 14 15	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to Speywood had obliged the company to ensure that all batches of the product continued to conform to the various specifications contained in the original application. While Speywood had acted as distributors for Cutter they had been able to do this. Now that they had no contact with Cutter they were no longer in a position to guarantee that the product sold as Humanate conformed to its Product Licence specification. If in fact Cutter were the original
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National Institute of Biological Standards and Control." I pause there, sir. That is why we had that exchange about the potency of the products and re-labelling. Paragraph 1.5. "The protocols supplied to NIBSC by Speywood for their first batch of Humanate has provided results of tests done on the finished product by a British contract laboratory. These had followed very closely those done by Cutter for Koate, but the protocol had	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to Speywood had obliged the company to ensure that all batches of the product continued to conform to the various specifications contained in the original application. While Speywood had acted as distributors for Cutter they had been able to do this. Now that they had no contact with Cutter they were no longer in a position to guarantee that the product sold as Humanate conformed to its Product Licence specification. If in fact Cutter were the original manufacturers of Humanate as claimed by Speywood they
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National Institute of Biological Standards and Control." I pause there, sir. That is why we had that exchange about the potency of the products and re-labelling. Paragraph 1.5. "The protocols supplied to NIBSC by Speywood for their first batch of Humanate has provided results of tests done on the finished product by a British contract laboratory. These had followed very closely those done by Cutter for Koate, but the protocol	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to Speywood had obliged the company to ensure that all batches of the product continued to conform to the various specifications contained in the original application. While Speywood had acted as distributors for Cutter they had been able to do this. Now that they had no contact with Cutter they were no longer in a position to guarantee that the product sold as Humanate conformed to its Product Licence specification. If in fact Cutter were the original manufacturers of Humanate as claimed by Speywood they could have changed the source, place or method of
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National Institute of Biological Standards and Control." I pause there, sir. That is why we had that exchange about the potency of the products and re-labelling. Paragraph 1.5. "The protocols supplied to NIBSC by Speywood for their first batch of Humanate has provided results of tests done on the finished product by a British contract laboratory. These had followed very closely those done by Cutter for Koate, but the protocol had omitted material included in the Koate protocol concerning the Bulk Active Substance Used for Formulation, Formulation and Filling. The Koate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to Speywood had obliged the company to ensure that all batches of the product continued to conform to the various specifications contained in the original application. While Speywood had acted as distributors for Cutter they had been able to do this. Now that they had no contact with Cutter they were no longer in a position to guarantee that the product sold as Humanate conformed to its Product Licence specification. If in fact Cutter were the original manufacturers of Humanate as claimed by Speywood they could have changed the source, place or method of manufacture of the product and Speywood would have been unaware of this and unable to communicate such
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National Institute of Biological Standards and Control." I pause there, sir. That is why we had that exchange about the potency of the products and re-labelling. Paragraph 1.5. "The protocols supplied to NIBSC by Speywood for their first batch of Humanate has provided results of tests done on the finished product by a British contract laboratory. These had followed very closely those done by Cutter for Koate, but the protocol had omitted material included in the Koate protocol concerning the Bulk Active Substance Used for Formulation, Formulation and Filling. The Koate protocol had also contained Cutter's statement that the product had been manufactured by them at their plant in Berkeley, California. Although the tests	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to Speywood had obliged the company to ensure that all batches of the product continued to conform to the various specifications contained in the original application. While Speywood had acted as distributors for Cutter they had been able to do this. Now that they had no contact with Cutter they were no longer in a position to guarantee that the product sold as Humanate conformed to its Product Licence specification. If in fact Cutter were the original manufacturers of Humanate as claimed by Speywood they could have changed the source, place or method of manufacture of the product and Speywood would have been unaware of this and unable to communicate such changes to the Licensing Authority.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	tests above on every batch of product and not to sell or supply material from a batch until a certificate of clearance for it had been granted by the licensing authority. Speywood had complied with this requirement for Koate by supplying samples and protocols obtained from Cutter, to the National Institute of Biological Standards and Control." I pause there, sir. That is why we had that exchange about the potency of the products and re-labelling. Paragraph 1.5. "The protocols supplied to NIBSC by Speywood for their first batch of Humanate has provided results of tests done on the finished product by a British contract laboratory. These had followed very closely those done by Cutter for Koate, but the protocol had omitted material included in the Koate protocol concerning the Bulk Active Substance Used for Formulation, Formulation and Filling. The Koate protocol had also contained Cutter's statement that the product had been manufactured by them at their	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	reference to finished product-testing alone. Speywood have repeatedly said that they now had no contact with Cutter, and thus had no access to information relating to the manufacture of the product they were selling." Over the page. "Moreover the Product Licence granted to Speywood had obliged the company to ensure that all batches of the product continued to conform to the various specifications contained in the original application. While Speywood had acted as distributors for Cutter they had been able to do this. Now that they had no contact with Cutter they were no longer in a position to guarantee that the product sold as Humanate conformed to its Product Licence specification. If in fact Cutter were the original manufacturers of Humanate as claimed by Speywood they could have changed the source, place or method of manufacture of the product and Speywood would have been unaware of this and unable to communicate such changes to the Licensing Authority. "The scientists at the National Institute for

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1 Where the Licence Holder was the manufacturer or his I pause there, sir, to summarise what 2 authorised distributor, this posed no problem. Where 2 I understand the position to be, that the use of the 3 3 the Licence Holder had no communication with the intermediary company meant that NIBSC were unable to 4 manufacturer, as in Speywood's case, such a dialogue 4 satisfy themselves that there was a chain that they 5 5 could follow all of the way back to the manufacturers was impossible. 6 6 "As a matter of routine, the additional of the product in order to understand how the product 7 conditions contained in the Schedule to the Product 7 was manufactured and the -- (overspeaking) --8 8 Licence issued to Speywood referred to protocols but SIR BRIAN LANGSTAFF: Way I understand it is that, leave 9 9 no mention was made therein to the contents required aside the intermediary, there was no direct link 10 between Cutter and Speywood any more --10 in respect of such protocols. This lack of 11 information was unsatisfactory, particularly in regard 11 MR HILL: Yes. 12 to biological products of the type in question. So as 12 SIR BRIAN LANGSTAFF: -- so Speywood didn't have the to remedy the situation, it had been proposed under 13 13 information. 14 Section 29(1) using powers conferred under 14 MR HILL: Yes. SIR BRIAN LANGSTAFF: It begs the question, going back to 15 Section 28(3)(g) of the Medicines Act 1968, 15 16 compulsorily to vary Speywood's Product Licence in 16 what I raised earlier in the letter to Evans, how one 17 17 could say that Cutter was making it for Speywood. order to require the protocols to include evidence of the source and date of collection of the donor blood MR HILL: Yes. I will jump, if I may, to paragraph 1.10, 18 18 19 from which the product was prepared, the date of 19 which records that: 20 manufacture and the results of tests done during and 20 "The Licensing Authority [wrote] to the company 21 on completion of manufacture. This would have put 21 on 27 November 1980 stating their proposal to vary the 22 beyond doubt the nature of the evidence required when 22 product licence ..." 23 the term protocol was used and would have served to 23 The wording is given, which I won't go through 24 bring Speywood into line with the current practice of 24 now, because it will come up again. 25 other manufacturers of anti-haemophilic globulin." 25 On 30 July 1980, the company had written to the 37 38 1 Committee giving notice that they intended to avail 1 the regulations of the US Bureau of Biologics. 2 2 themselves of the opportunity to appear before the "Preliminary discussion 3 Committee to ensure that their position was fully 3 "The following points emerged from the 4 understood. 4 preliminary discussion: 5 So this the working through of the Medicines 5 "(i) that 4% of the batches supplied for testing 6 Act 1968. The Licensing Authority is proposing to 6 in 1980 came from Speywood 7 7 vary, the company has an opportunity to put its case "(ii) that of 50% of the batches from US 8 8 and this report from Dr Fowler is part of the process sources, there had been need to refer back to the 9 9 manufacturers." that then follows. 10 Paragraph 2, or section 2, "Additional 10 We understand that to mean that in 50 per cent of the cases where batches of factor concentrates are 11 information": 11 12 "The Company had submitted a paper giving the 12 tested, there's a need to go back to the manufacturer 13 background to their case and why the variation to the 13 to ask of them some questions, which shows the licence should not be imposed. 14 importance of having that chain going all the way 14 15 "On the day of the hearing, the Company handed 15 back. 16 "(iii) that Speywood were merely being asked to 16 in a copy of the a notarised statement from Parlier 17 Medical Supply Company which certified that bulk 17 give information which was routinely supplied by all 18 unlabelled antihaemophilic factor (human) shipped to 18 manufacturers of anti-haemophilic globulin sold in the 19 Speywood was: 19 UK." 20 "(i) manufactured and sold by Cutter 20 Section 4, the "Hearing": 21 Laboratories, 21 "The representatives of the Company were as 22 22 "(ii) approved and released for general sale in follows ..." 23 23 Mr Williams, the spokesman and Dr Jones, from the USA by the FDA (Bureau of Biologics division) 24 "(iii) derived from human plasma collected in 24 Newcastle. 25 plasmapheresis centres licensed by and conforming to 25 "The Company's representatives were welcomed by 39 40

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be obtained from the FDA possibly by NIBSC, under the 1 the Chairman, who introduced the Committee, the 2 secretariat, and the DHSS officials present. The 2 US Freedom of Information Act. 3 representatives had no objection to the presence of 3 "He explained that his objective in appearing 4 any officials. 4 before the Committee was to seek an extension of the 5 5 present arrangements to enable the company to make "Mr Williams referred to the affidavit from 6 6 other arrangements if possible for the purchase of Parlier Medical Supply Company which had been 7 furnished and with the aid of slides explained that 7 Factor VIII and eventually to remove the Company's 8 8 the Cutter material was subject to Cutter in-house financial dependence on this imported Factor VIII. 9 9 quality control, before submission to the FDA/BOB for "Dr Jones then explained that he had come to the 10 10 clearance. The material was purchased after clearance hearing as an independent consultant (unpaid) to 11 and thus its integrity was in his view guaranteed. 11 advise the Committee that in his capacity as director 12 Following delivery to Parlier Medical Supply Company, 12 of a Haemophilia Centre, he had satisfactorily treated 13 all packaging was removed and the product shipped 13 patients with Humanate. 14 intact to the UK. On arrival in the UK, the 14 "In reply to questions Mr Williams stated that 15 he thought that, if necessary, donors of blood might 15 (unlabelled) material was subject to quality control, 16 carried out in the laboratories of Toxicol and the 16 be traced from Cutter's records by means of the 17 Oxford Haemophilia Centre. Samples were then 17 Freedom of Information Act. submitted to NIBSC together with protocols and 18 "He had accepted that the batches he imported 18 19 following approval, the material was repackaged as 19 (unlabelled) were consistent with Cutter batches, 20 Humanate. 20 because of the assurances given by Parlier Medical 21 "He considered that all Factor VIII products 21 Supply. 22 22 carried a risk of Non-A, Non-B hepatitis, but that the "Mr Williams said that he did not know of any 23 risk was minimised by the monitoring of donors by the 23 other manufacturer who was asked to provide the 24 FDA. 24 information required. 25 "Mr Williams felt that any additional data could 25 "Findings 42 41 "The Committee found that there was insufficient 1 1 that the information -- so that it contains -evidence of any firm arrangement which would enable 2 2 "... the licence holder should on request 3 Speywood to obtain the data specified in 3 furnish the Licensing Authority from every batch of 4 [paragraph] 1.9." 4 a product" --5 SIR BRIAN LANGSTAFF: Sorry, now, that's not coming up on 5 SIR BRIAN LANGSTAFF: -- (overspeaking) --6 my screen at the moment. 6 MR HILL: -- "a sample of such amount as the Authority 7 7 MR HILL: Section 5 of page 4 of the document. considered adequate for any examination ... the 8 8 SIR BRIAN LANGSTAFF: Yes. licence holder should if required by the Licensing MR HILL: "The Committee found that there was insufficient 9 9 Authority, furnish evidence of a source and date(s) of 10 evidence of any firm arrangement which would enable 10 collection of the donor blood from which the product Speywood to obtain the data specified in ... 1.9." was prepared, the date of manufacture of the product, 11 11 12 If we can go back now, please, Soumik to page 2 12 and an outline of manufacturing methods, protocols and 13 and to 1.9, and I'll read out what that data is. 13 results of tests done, on the donor blood, during What paragraph 1.9 says is: 14 manufacture and on the finished product." 14 15 "Following the Licensing Authority proposals 15 So that's the information that the Committee a letter had been sent to the Company on 29 July 1980 16 16 accepted was necessary, and they accepted the point 17 in accordance with Sections 28 and 29 and Schedule 2 17 made to them by the Licensing Authority that there was 18 of the Medicines Act 1968. It had informed the 18 no way that Speywood could obtain that data. 19 Company in accordance with paragraph 2 of Schedule 2 19 The advice that the Committee then gave, and 20 that the committee had had reason to think that they 20 it's important to remember that the Committee is not

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licence --

MR HILL: Yes, so it is proposing varying the product so

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might have to advise the Licensing Authority to vary

SIR BRIAN LANGSTAFF: The information is the last five

the Product Licence for this product" --

lines, six lines, is it?

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the decision-making body, the Licensing Authority is

circumstances, it must consult the Committee. The

advice that the Committee gave was to vary the product

the decision-making body, but, under these

1	SIR BRIAN LANGSTAFF: Well, let's have a look at that	1	blood, during manufacture and on the finished
2	because we're still back on paragraph 1.10.	2	product."
3	MR HILL: Yes.	3	So it's accepting the argument that had been
4	SIR BRIAN LANGSTAFF: We need to go to paragraph 6, don't	4	made by the Licensing Authority as to the information
5	we?	5	that was required.
6	MR HILL: Page 5, please, Soumik.	6	The reasons for the advice, if we can go back,
7	SIR BRIAN LANGSTAFF: Shall we go back to the previous	7	please, Soumik:
8	page?	8	"That, because of the risk to patients arising
9	MR HILL: Page 4, please, Soumik.	9	from lack of evidence as to the origins and provenance
10	SIR BRIAN LANGSTAFF: "Advice", at the bottom of the page.	10	of the donor blood, the Committee were not satisfied
11	MR HILL: The advice that has been given is to vary the	11	as to the safety [underlined] of the product."
12	licence to "include the following words", and that's	12	That was the advice given by the Committee.
13	on page 5. I quote:	13	I don't have a document for you, sir, showing the
14	"The Licence Holder shall on request furnish to	14	decision of the Licensing Authority, but it is clear
15	the Licensing Authority from every batch of the	15	that there was a product variation, and that, as
16	product, or from such batch or batches as the	16	a result of that product variation, Speywood ceased to
17	Licensing Authority may from time to time specify,	17	sell Humanate.
18	a sample of such amount as the Authority may consider	18	SIR BRIAN LANGSTAFF: You mean licence variation?
19	adequate for any examination required to be made; and	19	MR HILL: Sorry, licence variation, yes. The accountant's
20	the licence holder shall, if required by the Licensing	20	report that we looked at earlier, IPSN0000027, page 3,
21	Authority, furnish evidence of the source and date(s)	21	says in terms:
22	of collection of the donor blood from which the	22	"Speywood continued to sell Koate in the UK
23	product is prepared, the date of manufacture of the	23	under the name of Humanate but stopped in June 1981
24	product, an outline of manufacturing methods,	24	when the product licence was amended."
25	protocols and results of the tests done, on the donor	25	I don't know, sir, why there is a gap between
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1	this consideration, which is taking place in	1	following letter which was sent by Professor Bloom in
2	January 1981, and the ceasing of the sales of Koate in	2	March 1981. It's DHSC0001191.
3	June 1981. We don't have the	3	I'm afraid it's a very poor copy. It is dated
4	SIR BRIAN LANGSTAFF: What was it, sales of Koate?	4	10 March 1981. It is sent to Dr Holgate at the DHSS.
5	MR HILL: Sorry, of Humanate. It's fair to say that the	5	I will try my best to read from it.
6	accountant's report doesn't cite the resources that	6	Dr Bloom says at the start that he is writing in
7	it's using, and nor was this its principal focus. So	7	his official capacity as Chairman of the Haemophilia
8	I'm afraid we simply don't know why there is that	8	Centre Directors of the UK. And he is referring to,
9	seeming gap of the significance, if any, of it.	9	he says, the problem of
10	I'm going to turn very briefly, sir, if I may	10	SIR BRIAN LANGSTAFF: "At a meeting of Reference
11	before the break because I've nearly finished the	11	Centre Directors the problem of [something]
	section on Humanate and Koate there were a number		
12		12	impurities"
13	of adverse incidents in the use of Humanate.	13	MR HILL: It is for something I'm afraid I can't assist
14	Glasgow Royal Infirmary reported possible NANB	14	with, but it is referring to impurities in Factor VIII
15	infection in three patients in a letter to Speywood in	15	concentrates, and in particular, Humanate.
16	January 1981, and later, in March 1981, expressed	16	If we go to the second paragraph, the first
17	their view that it was "highly probable" those were	17	legible sentence of it:
18	the words they used that Humanate was responsible	18	" the first concerns the preparation of
19	for that infection. The references are	19	Humanate, about which there was some adverse publicity
20	IPSN000336_005 and IPSN000336_002.	20	in the National Press recently. My colleagues and
21	There were also reports from Treloar's and	21	I would like to be reassured that this material has
22	Bournemouth of apparent allergic reactions to Humanate	22	been cleared for use and has passed the normal control
23	in February 1981. IPSN0000323_002 and	23	processes for the UK. We would like to be reassured
24	IPSN0000323_003.	24	that it is possible from the protocol to trace actual
25	It may be that these concerns prompted the	25	batches to source in the event of an outbreak of
	47		48 (12) Pages 45 - 48
			, , , ,

1 hepatitis etc attributable to it. Most of us are concerning Factor VIII concentrate and enclosing 2 aware of rumours that this material originates with an 2 a copy of a letter given to you by Dr Savidge. 3 American Company and is sold through brokerage or 3 "As I am sure you are aware, one of the 4 other means to Speywood Laboratories Ltd where it is 4 cornerstones of our philosophy for the licensing of 5 relabelled. This seems to us to be somewhat irregular 5 'biological' products is to have detailed knowledge of 6 and would greatly appreciate your advice on its 6 and control over early stages of manufacturing and 7 current status." 7 in-process control -- this including source material. 8 8 If we could go to the final paragraph: I am particularly delighted to have your clearly 9 9 "The Haemophilia Reference Centre Directors have expressed support for this attitude. 10 expressed disquiet at these developments although we 10 "With regard to Humanate and Speywood Laboratories Ltd I can say no more at this stage as 11 are aware that by virtue of plasma [brokerages] ... in 11 12 the USA it may be difficult sometimes to be sure of 12 the matter is being dealt with at the present time." the exact origin of plasma used in any of the 13 This may reflect the strict confidentiality that 13 14 currently available concentrates. These problems 14 surrounded the meetings of the Committee on Safety of highlight the importance of developing a UK potential 15 15 Medicines. We can see that as of 23 March 1981, at 16 within the Health Service to supply all the needs of 16 least according to Dr Holgate's letter, the matter is the British haemophiliacs. I would be very grateful 17 17 still being dealt with, the process is still running. 18 18 for your advice." But as we know, they were aware of concerns pre-dating 19 So that is the concern that is being raised in 19 Professor Bloom's letter and had proposed a variation 20 March 1981 with Dr Holgate. 20 of the licence as a result. 21 His reply is at BPLL0001351_039, dated 21 SIR BRIAN LANGSTAFF: Well, Professor Bloom was referring 23 March 1981. Dr Holgate wrote: 22 22 to some press comment, I think, wasn't he? 23 "Dear Professor Bloom, 23 MR HILL: He was. SIR BRIAN LANGSTAFF: So the matter was out in -- at least 24 "Thank you for your letter of 10th March drawing 24 25 our attention to the recent disturbing press reports 25 allegations were out in the open. 49 50 MR HILL: Yes. What we don't know is what the adverse 1 Reference, should one be needed, IPSN0000139_022. 1 2 publicity in the press was, whether it was just that 2 I note the time, sir, 3 there had been a hepatitis outbreak or whether it was 3 SIR BRIAN LANGSTAFF: Right, well, we will take a break now until ten to 12. Ten to 12. 4 the more detailed point about the ability to trace 4 5 back. But it's interesting to note that 5 (11.22 am) 6 Professor Bloom, the director of Haemophilia Centre 6 (A short break) 7 7 Directors -- sorry, the chairman of the Haemophilia (11.50 am) 8 Centre Directors -- referred in his letter only to 8 MR HILL: Sir, I'm turning now to Speywood and 9 9 rumours about the origins of Humanate. He does not polyelectrolyte fractionation. I'm going to attempt 10 appear to have known the exact process by which 10 to give a very brief layperson's guide to 11 Speywood imported the product. 11 polyelectrolyte fractionation but I'm conscious that SIR BRIAN LANGSTAFF: If you write to someone like 12 Ms Middleton will be able to give us far more detail, 12 13 Mr Evans and say, "Well, you've pressed me, so I'll 13 no doubt more accurate detail, in due course. tell you this is really Koate manufactured -- which we My understanding is that it is a process that 14 14 buy from a broker and put a label on it, well, they 15 involves the use of a polymer, a large molecule, that 15 16 16 make it for us, but please keep it quiet", it's bound when used in fractionation can act as an absorbent, 17 to be at the level of rumours, I would have thought. 17 meaning that it causes the adhesion, the sticking of 18 MR HILL: Yes. Save for the fact that Dr Evans asked and 18 certain protein factors, such as Factor VIII, to

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19 was given an answer. 20 SIR BRIAN LANGSTAFF: Yes.

MR HILL: Sir, the only other point I would make in 21 22 respect of the importation of products is that no 23 product licence was obtained for Konyne, which is the 24 Factor IX product, and the Inquiry has found no 25

evidence that Speywood sold Konyne in the UK.

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separate it out from other molecules, particularly

of particular significance to this Inquiry, sir. The

first is that it could allow for a higher purity of

based on the work of Cohn and others.

lower weight molecules. It is a different method of

fractionation when compared to the traditional methods

There were two potential advantages which were

1	Factor VIII to be obtained. The second is that there	1	On 7 May 1979, Speywood met with representatives
2	was a line of thinking, and we will see how far that	2	of the DHSS to discuss the possibility of Government
3	developed, that while Factor VIII would adhere to the	3	financial assistance. The minutes help to explain the
4	polyelectrolyte, the lower weight viruses would not,	4	position at that time, and if we could have them on
5	which means that the two could be separated out. So	5	screen, please. DHSC0003936_082, please.
6	it would work as a form of viral inactivation.	6	We can see this is a meeting that was held on
7	SIR BRIAN LANGSTAFF: Yes. I will stand to be corrected	7	7 May. Present were Mr Heath and Mr Lees of Speywood,
8	in due course, as you are, by Ms Middleton and what	8	and Mr Weston and Mr Buck of DHSS. The minutes record
9	she has to tell us, but my understanding is that there	9	this:
10	are two steps. One is the adherence or adsorption of	10	"The meeting had been arranged to discuss the
11	the protein of interest onto a substrate, which is	11	possibility of government financial assistance for the
12	a basically a form of polymer, and the second is	12	company."
13	applying a solvent to release it from the polymer. So	13	It talks about its establishment and its
14	it gets separated out by the process of adsorption and	14	specialisation of porcine blood fractionation.
15	then released by the process of well, it's eluted,	15	The minutes go on to say that:
16	to use the words of the scientist.	16	"The company had 3 projects under
17	MR HILL: Yes, that's my understanding, sir.	17	consideration."
18	SIR BRIAN LANGSTAFF: Right. Well, we may both be wrong.	18	1 is I'm afraid, the first word is
19	MR HILL: Ms Middleton will mark our homework in due	19	SIR BRIAN LANGSTAFF: "To use", I think.
20	course.	20	MR HILL: Yes.
21	Speywood had begun its work on polyelectrolyte	21	"1. To use polyelectrolytes for a new blood
22	fractionation of porcine Factor VIII by 1978, before	22	fractionation process. The process had been developed
23	Ms Middleton's arrival. I won't go to the document	23	and patented by Monsanto, who had licensed it to
24	but we can see that from documents including	24	Speywood in March 1979 because they were concerned
25	IPSN0000334_019.	25	about their corporate image in view of the possible
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1	link between blood products and hepatitis. Palmer	1	What the meetings record is that:
2	Research in North Wales were making the	2	"Speywood sought assistance [this is the final
3	polyelectrolyte under licence for Speywood, but	3	paragraph] specifically with the first project."
4	further development work was needed on the	4	So that's polyelectrolyte fractionation of both
5	fractionation process, and this work was being	5	porcine and human Factor VIII.
6	undertaken by Dr Johnson in New York. The potential	6	"This was a new product area with considerable
7	market for the porcine product could not be met from	7	commercial potential but the company would have to
8	production at their Wrexham plant and they were	8	proceed slowly and cautiously unless government
9	looking at an advance factory in Wales. £200-250K	9	support was available. The Department said that the
10	expenditure on sterile areas etc, was envisaged.	10	PPDS assistance appeared to be the appropriate, and
11	About 80-90% of the £4-5m turnover from the factory	11	offered to consider an application, with support from
12	would be exported. They hoped to occupy the factory	12	STB."
13	in November or December 1979 and be ready for	13	PPDS is the Department of Industry's Product and
14	production by April 1980.	14	Process Development Scheme. So the company Speywood
15	"Human blood fractionation using	15	are being invited to consider an application under
16	polyelectrolytes was a more problematic undertaking	16	that scheme, with some assistance from the Department.
17	because of the implications of using human blood for	17	I will leave that document there, sir.
18	commercial purposes. Speywood envisaged taking out	18	An application was made to the scheme on
19	patents and licensing overseas producers, and	19	12 October 1979. Can we have, please, on screen,
20	supplying the polyelectrolyte for the NHS to undertake	20	Soumik, IPSN0000165_077.
21	their own fractionation. Dr Lane of the BPL was	21	You can see there, sir, the application title
22	working on the fractionation process."	22	page, "PPDS Application", by Speywood. On page 3,
23	Then there are references to the other lines of	23	please, Soumik. You can see the date, 12
24	business that Speywood were pursuing at the time, sets	24	October 1979.
25	and disposable accessories and blood bags.	25	If we can turn, please, Soumik to page 5.

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This application gives us a picture of what Speywood was doing at that time, and what it intended to do, as of October 1979, whilst seeking a degree of financial assistance from the Government to do it.

Under the heading "Introduction":

"For over two years Speywood Laboratories Limited has been researching into the fractionation and purification of animal (porcine) and human blood fractions using polyelectrolytes. The initial work which has concentrated on Factor VIII has been very successful. Moreover, the laboratory results show that polyelectrolytes can be used for a total blood fractionation process producing purer fractions with better yields at lower capital and labour costs than can be obtained with a traditional Cohn process. This discovery could have a significant impact on the Department of Health's plasma fractionation costs, it will generate substantial foreign exchange earnings from exports and licence fees, and it will increase employment. This introduction explains the process and programme required to turn a laboratory discovery into commercially producible licensed products."

If we could go over to the next page, please, Soumik. This is under the heading "The Process". I won't go through every word, but you can see the

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"At Stage 2 [small scale production] all the work is drawn together at Speywood."

Sir, we can see there the plan is to use external laboratories as part of the research stage before bringing things back to Speywood once you get to scale matters up to production.

"The Programme", section 2:

"The Company's intention is to develop the existing polyelectrolyte fractionation process to a point where the Company can produce itself a range of animal fractions and can licence others to produce human fractions. The fractions envisaged and their stages of development are as follows ..."

If we could turn over, please, to the next page. I won't go through all of these, sir, but the point is that although Factor VIII:C is the first of the factions mentioned, there is an intention or a hope that the process can also be used to produce other products: fibronogen, albumin, animal globulins, et cetera. I won't go through the detailed plan as to how that might be achieved.

If we could turn, please, to page 10, Soumik. This is entitled "Capital Investment", and it talks about the figures that are going to be involved.

different stages involved: the first is production research, the second is small scale production, and the third is pilot plant production.

If we could go to the paragraph that follows. It goes on to say:

"Because of the size of the Company, its personnel, laboratory equipment and research facilities, much of the work in Stage 1 is either sub-contracted to outside laboratories, or is carried out by Speywood's staff in outside laboratories. Two laboratories are of particular importance to us:

"- Dr Alan Johnson's laboratory in New York. Dr Johnson was the first man to realise the possible potential of polyelectrolyte fractionation.

"- Dr Jean-Pierre Allain's haemostasis and coagulation laboratory at the CNTS in Paris."

And you will recall, sir, that there was a reference we looked at before the break to getting some data from Jean-Pierre. That is Jean-Pierre Alan.

"Other laboratories where specific parts of the work will probably be carried out include Dr Richard Lane's laboratory at the Lister Institute, Prof Arthur Bloom's laboratory in Cardiff and Dr Preston's laboratory in Sheffield. Proposed programmes of work in these various laboratories are

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I won't take you to each one of them, sir, but the document reveals that the anticipated capital costs are £298,000 to June 1980, £354,700 of management costs to July 1981, and £142,660 of external research costs. There are also further costs for clinical trial and licensing stages. So we can see, sir, that these are considerable sums of money.

That was the application, sir. It was discussed within the DHSS. I'm not going to take you to all of the documentation about those discussions, but there is one helpful summary at DHSC0003936 049, please, Soumik.

This is a memorandum on 30 October 1979 from D Weston, copied to colleagues within the DHSS, about the application, and it is sent to Dr Walford.

Picking it up from the second paragraph, this refers back to some of the other correspondence that has been going on in the DHSS at that time.

"Dr Waiter's earlier comments, and those received from Dr Wintersgill and Mr Sloggem, suggest that DHSS should support the application on medical/technical grounds and there are also sound commercial reasons which hinge on the prospects for import substitute and export earnings. The main problem was, and still is, that the project is

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1 extremely ambitious for a relatively small company of I will leave that document there, sir. 2 limited financial and technological resources and with 2 On 14 April 1980, the Department of Industry did 3 3 the first application it seemed that neither the offer a PPDS grant of up to £186,820 which represented 4 company nor the project could be regarded as being 4 25 per cent of net eligible costs. So, as we have 5 financially viable. Some of the earlier doubts about 5 seen from Mr Weston's memorandum, that is approval for 6 6 supplementary sources of funding have been lifted the application but at the 25 per cent level rather 7 a little and it is possible that once one body makes 7 than the 50 per cent level which could have been given 8 8 a firm offer others may follow suit. But the fact for a development of outstanding significance and 9 9 remains that this is a project not far short of £1M in importance. 10 10 value and even with grants and loans which [may] be Separately from the application for financial expected to amount to something in excess of £1M the 11 11 assistance from the Department of Industry, an 12 company will be hard pressed to fund the operation 12 agreement was reached between Speywood and BPL for even allowing for the substantial sales it expects to 13 13 a joint programme in developing polyelectrolyte 14 obtain. Cash flow problems are likely to loom larger 14 fractionation of human blood, according to -- stress 15 in view of the level of expenditure expected 15 that this is human rather than porcine. 16 especially during the first nine months of the 16 Could we have, please, Soumik, on screen 17 BPLL0016008_151. 17 project. 18 18 "I have discussed the application for funds with This is the proposal for that joint development. 19 Department of Industry and they have are prepared to 19 I will read through it. The "Background": 20 consider a case for financial assistance: under the 20 "Speywood Laboratories Limited, a privately 21 PPDS this may take the form of a cash grant of up to 21 owned British company, had developed unique and 22 22 25% of approved project costs but if we considered the beneficial technology for the processing of animal and 23 development to be of outstanding significance and 23 human plasma. 24 importance, 50% funding with provision for a return on 24 "The first stage of the development programme, 25 sales might be recommended." 25 the production of high quality coagulation factors, is 61 62 1 completed to production clinical scale for porcine 1 isoagglutinins, negligible fibronogen, negligible 2 2 von Willebrand's factor and Factor VIII:RAg. factor VIII:C and, to pilot scale for human 3 factor VIII:C. The feasibility of the process is thus 3 "2. Improved yield, via plasma 4 confirmed. 4 "3. Considerably greater clinical 5 "Speywood lack facilities for the scale-up of 5 acceptability." 6 human blood processing to the next stage. That is, 6 The first point raised there is reduced 7 7 the finalisation of the production scale process for hepatitis risk. The other points are lower incidence 8 8 human factor VIII:C and the extension of the of protein shock, reduced liver damage and reduced 9 9 technology to the separation of albumin, immune serum injection volume. 10 globulins, etc. 10 Fourth point: 11 "This initial proposal is confined to the 11 "Simpler processing procedure, requiring 12 factor VIII:C aspect." 12 considerably less time." 13 Then it goes on to talk about the "Objectives of 13 So that is what it is hoped this method of the joint programme": fractionation will lead to. 14 14 15 15 The "Staff/facility requirements": "Finalisation of a production scale process ... 16 "1. Speywood Chief Scientist, Mrs 16 "Determination of the purity and yield 17 parameters ..." 17 Sarah Middleton, to work at Elstree." 18 On to the next page, please, Soumik: 18 We'll come back to that with Ms Middleton's 19 "Initial UK clinical trials ... 19 evidence later. 20 "The preparation, acceptance and approval of 20 "2. [Technical] assistant is to be provided by 21 a UK product licence ..." 21 BPL. 22 22 Moving to the "Benefits envisaged": "3. Speywood to provide all equipment, with the 23 23 "1. A product consisting primarily of possible exception of [a] centrifuge. 24 factor VIII:C purified 500 to 1000 times over plasma." 24 "4. BPL are to provide cryoprecipitate ..." 25 It talks about the total removal of A/B 25 So that is the proposal. Speywood would provide 63 64

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1	the solid phase polyelectrolyte, which is said to be	1	process.
2	the key to the process.	2	SIR BRIAN LANGSTAFF: Yes. So they've done the first two
3	SIR BRIAN LANGSTAFF: We're missing that, I think.	3	steps?
4	MR HILL: On to the next page, please, Soumik. Point 5.	4	MR HILL: They have done the production of high-quality
5	My fault, sorry.	5	coagulation factors, completed to production clinical
6	Then reference to the space requirement.	6	scale for porcine and to pilot scale for human.
7	SIR BRIAN LANGSTAFF: Can you assist with this, I've just	7	There has been some production, according to
8	noticed the date of this, 31 July 1979	8	this document, of human Factor VIII but, in contrast
9	MR HILL: Yes, sir.	9	to the document that is to come, which says that there
10	SIR BRIAN LANGSTAFF: and the application for the PPDS	10	will be a Speywood will bring in to house future
11	scheme was made in October '79.	11	production. This proposal is actually saying that
12	MR HILL: Yes.	12	Speywood don't have the facilities to do that and,
13	SIR BRIAN LANGSTAFF: In that, it was said that there were	13	hence, that has to be done with the assistance of BPL.
14	three stages. It wasn't suggested that they were	14	SIR BRIAN LANGSTAFF: The date of their suggesting this
15	already at and had completed, stage 2?	15	agreement, was this at about the time that the sales
16	MR HILL: No.	16	agreement with Koate ended?
17	SIR BRIAN LANGSTAFF: But they are suggesting that in this	17	MR HILL: The sales agreement with Koate ends a little
18	document, aren't they?	18	later, at the end of 1979.
19	MR HILL: There does the wording between the two	19	SIR BRIAN LANGSTAFF: Yes. So it's '79?
20	documents is not precise, but this document certainly	20	MR HILL: Yes, but there is, from the documents that we
21	suggests that they are further down that route. Yes.	21	the letter that we saw earlier, the way that Speywood
22	SIR BRIAN LANGSTAFF: It says, "We're ready to roll it out	22	explained the position to clinicians was that they
23	commercially", as I read it.	23	were using the importation business to finance their
24	MR HILL: I don't think it's quite saying that. It is	24	research
25	saying that they need to finalise a scaling up of the	25	SIR BRIAN LANGSTAFF: Yes.
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1	MR HILL: to these areas, and	1	DHSC00003936 005.
2	SIR BRIAN LANGSTAFF: But the importation business was	2	Jumping forward about nine months to one year,
3	ending?	3	we have some optimistic predictions of the future
4	MR HILL: The agreement with Cutter was ending and there	4	which come from Mr Heath. The reference, please, is
5	was then an attempt to	5	IPSN0000257_059.
6	SIR BRIAN LANGSTAFF: I see. So the importation business	6	This document is called "Polyelectrolyte plasma
7	is separate, the one where they secure it from the	7	fractionation 10 years on", and it is signed by
8	intermediary?	8	Mr Heath and dated August 1980 in the bottom
9	MR HILL: Yes. So looked at from the outside, there would	9	right-hand corner. The purpose of this document isn't
10	continue to be an importation process which would	10	clear, but it shows what Mr Health was saying as of
11	allow for sales which would allow for money to keep	11	August 1980.
12	coming in to the company which could then fund the	12	Sir, he's projecting ten years into the future
13	research that they were undertaking.	13	and saying what the situation will be.
14	As we will see, in due course, when that supply	14	"By 1990 the Cohn and cryoprecipitate
15	of money ceases, there is a need to find funding from	15	fractionation techniques will have been replaced by
16	elsewhere. That's when we get on to the National	16	polyelectrolyte ion-exchange process.
17	Enterprise Board and Prutec.	17	"The effect on the plasma donation programme,
18	I won't go through the commercial arrangements,	18	the plasma fractionation industry and clinical
19	sir, at heading E, but they are there should they be	19	application will be dramatic.
20	of relevance later. But there is this, it should	20	"Extra high yields of the coagulation factors
21	be remembered, is the proposal.	21	will enable the donor programme to keep pace with the
22	The agreement, which I won't take you through,	22	increasing demand with only a minimal increase in
23	is BPLL0016007_013. The agreement was formally for	23	plasma collection. The imbalance between the
24	a 6-month period but, as we will see, it continued in	24	requirements for Factor VIII and the other plasma
25	practice into 1981. Reference for that is	25	proteins will vanish. Donor centres will be

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1 responsible for the first stage of the fractionation I will trace through in some documents the 2 adsorbing the labile fractions directly onto the 2 development of polyelectrolyte fractionation, a topic 3 3 that we will return to with Ms Middleton later. Some polyelectrolytes. 4 "Elution and further processing will be 4 of the documents can helpfully be introduced now. 5 completed by a local fractionation unit, which, due to 5 By November 1980, Dr Edward Tuddenham, at the 6 6 the simple, low cost nature of the polyelectrolyte Royal Free, had begun work on a clinical sample of 7 process, will be viable for a much smaller plasma 7 human and porcine Factor VIII provided as a result of 8 8 throughput. This spread of technology coupled with the BPL/Speywood/Monsanto collaboration. Reference is 9 9 BPLL0016008_125, and IPSN0000156_034. the increased yields will allow most countries to 10 conform with the WHO ideal of 'self-sufficiency' in At some point in 1981 he gave a lecture in 10 plasma products. Paid donor collection will decrease 11 11 Toronto on his initial laboratory results. It is 12 rapidly in the United States when export demand 12 a document that Ms Richards took Professor Tuddenham to when he gave his evidence in October last year. 13 13 declines. 14 "There will be no risk of hepatitis infection 14 I won't go through it all, but I will just bring it up 15 from polyelectrolyte fractionated materials, 15 and refer to certain sections of it. 16 IPSN0000156 101, please. prophylactic treatments will increase and new 16 fractions will provide a wider range of therapeutic 17 The lecture begins: 17 18 "It was at the 1976 World Federation of 18 treatments probably via the intramuscular route." 19 That's his vision of the future, as it were. 19 Haemophilia Conference in Kyoto that Dr Alan Johnson 20 I stress, sir, now, that we are dealing here with 20 of [New York] University first outlined a new 21 a businessman who is talking about a product and 21 fractionation process using solid-phase ion exchange 22 22 a process that his business is promoting. This is resins known as polyelectrolytes". 23 a very different thing from looking at data sheets 23 So that's where the technology dates from. 24 containing detailed information about individual 24 Professor Tuddenham goes on to say: 25 25 "After almost 5 years of further intensive products. 70 69 1 research and scale up we can now report that 1 capital required." 2 2 polyelectrolytes do indeed offer a viable alternative Go on to the next page, please, Soumik. 3 to conventional processes, giving extremely pure 3 "4) Operates at room temperature. 4 fractions at high yield." 4 "5) Can be performed at small scale, 1 Kilo cryo 5 I note, sir, that the "5 years" is where we get 5 or 1 litre plasma. 6 the date of 1981, because the date isn't on the 6 "It is thus an entirely feasible process for 7 7 individual blood centres or small Governmental document itself. 8 8 If we could just expand out, please, Soumik, we fractionation units." 9 can see that there are references to slides, which 9 Some more detail is given in the page that 10 don't help us because we don't have the slides, but 10 follows. I will just pick out the point that the what I will do is take you to page 2 of this document, 11 11 specific activity of human Factor VIII is ten units 12 12 per milligram. We were talking earlier about high please. 13 Towards the bottom of that page, Dr Tuddenham 13 purity being between 1 and 2 units, as defined by Dr Kingdon. So this is what is meant by ultra high 14 says: 14 "The operation has significant advantages over 15 15 purity. 16 16 current fractionation methodology. The final paragraph of that page, please, 17 "1) Higher yields -- 35% from cryo, 50% from 17 Soumik. 18 plasma." 18 "Both products [so that's the human Factor VIII 19 That is referring to the source material that is 19 and the porcine Factor VIII] have now been used 20 used in the polyelectrolyte fractionation. So if you 20 clinically and some of the results have been presented 21 use cryoprecipitate, your yield is 35 per cent. If 21 here and in Toronto. Half-life is of the same order 22 22 you use plasma, it's 50 per cent. as present [Factor]VIII products, ranging between 8 23 23 "2) Ultra high purity fractions." and 16 hours, depending on individual patient 24 Not just high purity, but ultra high purity. 24 response."

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"3) Simple process, less labour, energy and

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Go over to the next page. I won't read the

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section about porcine Factor VIII. We will come back to that. The paragraph starting "In vitro tests", I understand this is about human Factor VIII:

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"In vitro tests have demonstrated that Hepatitis B surface particles do not bind to the E5 polyelectrolyte under the conditions used for the production of FVIII:C.

"In trials, using heavily infected cryo, simple washing of the polymer reduced hepatitis B below detectable levels, leaving the Factor VIII:C intact. There is the encouraging possibility of concentrates with a reduced risk of hepatitis transmittal. It has also been hypothesised that the immunogenic character of [polyelectrolyte] [Factor] VIII:C may differ from that of the conventional [Factor] VIII agglomerate. Antibody response may be changed.

"Only further clinical experience will prove or disprove the latter points but, despite this, we feel that a higher purity Factor VIII concentrate at a yield significantly above the conventional, offers excellent prospects for the treatment of haemophilia in the 1980s."

So an optimistic assessment but, as that final paragraph shows, the need for clinical experience being required to test whether or not these laboratory

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electronically of the document, "Introduction:

"Over the past seven years Speywood Laboratories have spent large sums of money researching and developing new protein fractionation techniques. Approximately two-thirds of the funds have been expended on animal plasma fractionation, the remaining third on human plasma processes. In the last few years a new technique, the 'polyelectrolyte process', has emerged as a practical and exciting alternative to the 40 year old Cohn process.

"Whilst the polyelectrolyte animal fractions have far less eventual potential than the human fractions, they are unique to Speywood and offer an ideal base for a small, highly specialised business. To maximise on their potential, Speywood have committed to a new 10,000 [square foot] facility for production and research purposes, and a comprehensive and costly development programme for the next five years. This plan does not allow for any major expenditure in the human fractionation area.

"The human polyelectrolyte process has not been practised on the same scale as the animal process. However, recent production yields, clinical trials and hepatitis tests have adequately demonstrated that the

results will be replicated.

Dr Tuddenham was also the author on a paper considering response of patients to infusions of polyelectrolyte Factor VIII. Ms Middleton was the co-author, so I will ask her about that in due course. There is a further paper from October 1983 from Ms Middleton on the clearance of hepatitis B surface antigen during polyelectrolyte fractionation and, again, I will ask her about that in due course.

As I mentioned earlier, alongside these developments, there was thought being given to the need for further investment in the company, no doubt in part prompted by the disappearance of the importation business, as a result of the variation of the product licence.

I won't go through all of the documents, but I will take you to one which is of significance from July 1981. It is DHSC0003936_019, please, Soumik. Again, from the front page we can see the Speywood group's title. On the second page, please, Soumik, "Human Protein Plans", the title of the document, and the date -- sorry, Soumik, if we could just go back one page, bottom right-hand corner, and handwritten on "July 1981".

If we could turn, please, to the third page

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economically, is very efficacious and is most probably free of hepatitis infectivity. Other human proteins, which have a vast therapeutic potential and cannot be produced via the classical Cohn fractionation process, have also been successfully isolated. To exploit these developments Speywood originally planned to license this technology and the products thereof to a major American plasma fractionator. In the light of these recent findings and in view of a new EXCLUSIVE licence from Monsanto, Speywood now proposes to raise the necessary finance to fund the advance of 'human proteins' through a new venture."

Go over to page 2, please, Soumik. We can see the "Outline plan" for that new venture, which is:

"To form a new division adequately financed to undertake the following:

- "1) The establishment of a new manufacturing unit for the production of human biologicals, using polyelectrolyte fractionation technology and continuous centrifugal electropheresis.
- "2) A research and development programme aimed at providing further therapeutic proteins from plasma and servicing the development of fractionation/purification skills.
 - "3) An external research and development

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major protein, Factor VIII:C, can be produced

programme, designed to investigate the viability of producing therapeutically proven proteins via the recombinant DNA route.

"This highly specialised company will have a base of products from the outset. It should become one of the leading protein fractionation companies in Europe with unique technology that can be applied to natural or synthesised product separation. The research and development plan is intended to provide a second generation of products which do not rely on the finite source -- plasma.

"Financial Support:

"£4-5 [million] will be required to fund MBL through the first 4 years."

That's Molecular Biology Limited, which is the proposed name of the new company:

"The National Enterprise Board, Prutec and Celltech [an American firm and we will come back to their role later] are evaluating Speywood's proposals with a view to providing this requirement in the form of equity and loans."

Turning to page 3, I won't read through all of this, but we can see that the manufacturing unit is proposed for Wrexham and, by the end of the year, it's proposed that this will employ 61 people. The section

effort to scale up to commercial production scale."

If we turn to page 5, we can see various programmes set out, but the first is research and development programme. Then item 3, the genetic engineering programme, which talks about the need to have academic institute studies and then scale up, and the pilot plant and then industrial production. That, as I understand it, is a reference to recombinant.

On page 6, you can see the academic institute studies that have been instigated by that stage, so there's a team in Oxford, and a group at the Royal Free Hospital and the Hallamshire Hospital. The objective is:

"Investigational studies to produce the gene clones and the laboratory expression of the following proteins", which includes Factor VIII:C.

Thank you, Soumik, we can take that off the screen.

As of July 1981, that appears to be the Speywood plan.

This plan seems to have prompted considerable concern at BPL, who, at that stage, were still collaborating with Speywood on their work. We see correspondence from BPL to Dr Tuddenham, urging him to take steps to protect intellectual property. I won't

headed "Raw materials", if we look at the second paragraph of that:

"A supply of cryoprecipitate has been arranged direct with a United States plasma collection company, on a long term contract. Each shipment will have full donor information and the plasmapheresis centres will be open to inspection by the UK Medicines Inspectorate."

So this, sir, just so that we are clear, it's not about importing finished Factor VIII product but the raw material that will be used in polyelectrolyte fractionation.

If we go over to page 4, please, "The products". "Factor VIII:C

"For the treatment of haemophilia A.

"-- 20 times purer than any competitive product.

"-- Substantially free of hepatitis."

Various other claims made including a greater yield than conventional Factor VIII.

Then he goes through the other products that is intended to produce a von Willebrand's factor, fibronectin and fibrinogen. Then it says:

"The Factor VIII:C and [von Willebrand's factor] are fully developed products. The Fibronectin and Fibrinogen still require considerable development

take you to those letters, sir, but they're at BPLL0016008 075, and the same stem 066.

There are minutes from a meeting on 12 July 1981 between BPL, the DHSS and Speywood, concerning the ongoing collaboration and the future of the collaboration. That is at DHSC0003936_005. That's a need there, to formalise what other arrangements are going forward and it is revealed at that meeting that BPL had entered its own talks with Monsanto, which created a further layer of complexity and tension.

Those minutes also record that a lead time of three years is estimated for a product licence.

I am going to take you to two documents though, which show the nature of BPL's concerns and the terms in which it is expressed.

Could we have, please, BPLL0016008_068, please, Soumik.

This is a letter from Dr Lane to Dr Walford. It's dated 17 August 1981. From the context of the letter, we can tell that Dr Lane is referring back to the human protein plans document that we have just looked at. What Dr Lane says is this:

"Dear Diana,

"I am sure you have seen this document [that's the human protein plans] which has presumably been

23 "I 24 "I 25 the hum

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1 presented to NEB, Prutec and Celltech among others, I won't take you to it, sir. Suffice to say that 2 including DHSS. On page 4, I hope the attention has 2 Dr Walford thinks that those involved in potentially 3 3 backing this project have got sufficient information been drawn to these organisations of the highly 4 spurious nature of the claims made on three of their 4 and sufficient expertise to be able to make their 5 principle four products. I have coloured these in. 5 own -- form their own judgements. But she 6 6 "The claims are either without substance, ie 'At acknowledges Dr Lane's concerns. 7 greater yield than conventional factor VIII', or 7 One further document, BPLL0016008 065, please, 8 8 meaningless, for example, 'Substantially free of Soumik. 9 9 hepatitis'. There are also substantial contradictions This is dated 26 August 1981, and it is from 10 Dr Smith in BPL, who is writing this memo to Dr Lane 10 as in 'Fibronectin for the treatment of traumatic and Dr Harvey. 11 septic shock' followed by 'A fibronectin therapeutic 11 12 concentrate has never been produced before' ... 12 He makes explicit reference to the human protein plans, and he says these confirm: "I am well aware of Speywood's enormous needs to 13 13 14 generate funds for their operation but I would be 14 "... ambitions which had been reported to me by 15 disturbed if financial backers in this country were so 15 third parties but denied by employees of Speywood. 16 ill-advised that they could not see some defects in 16 These intentions are incompatible with BPL's aims, the 17 national interest, and my interpretation of our 17 the claims that are being made in this document. I contract. They are entirely compatible with my 18 18 would be pleased to have your comments. 19 "Our experience of polyelectrolyte indicates 19 assessment of Speywood's reliability as partners. It 20 that its development has not reached the point set out 20 is obvious that if Speywood's interpretation of our 21 in the attached document and is not appropriate for 21 current contract is taken with this document, BPL lose 22 22 onward process of the fresh plasma into control of the main issues." 23 immunoglobulin, albumin and other fractions which are 23 And he goes on to say that he is unwilling to 24 needed to make the overall economies." 24 proceed with the next stages of preparation for Dr Walford's reply is at BPLL0016008_064. 25 25 polyelectrolyte for clinical trial until the interests 81 82 1 are safeguarded. He sets out the reasons, or the 1 "Not only will this extra investment create new 2 2 safeguard that he requires. jobs but it will add momentum to our existing lead in 3 Point (d) is: 3 fractionation technology and bring nearer the exciting 4 "a firm understanding that BPL is not a training 4 possibility of producing valuable blood proteins 5 ground for Speywood employees. I will have 5 through genetic engineering. If this becomes reality, 6 Sarah Middleton in CF Department [I understand that to 6 as I have every confidence it will, then by the year 7 7 mean cold fractionation department] for the 'cryo' 2001 we may never need to collect plasma from donors 8 again." 8 part of the work, and no one else, on present 9 9 evidence." So Mr Heath, at that stage, is emphasising the 10 So we can see Dr Smith there deeply disturbed by 10 prospect of recombinant technology. And although, as we will see, events didn't transpire as Mr Heath would 11 the human protein plans. 11 12 A further document to which I will give 12 have hoped, you may feel, sir, that there is some 13 a reference but not go is BPLL0016008_072. This is 13 prescience in that statement. a more technical minute in which Dr Smith expresses 14 14 In the same month in which the £4 million his reservations about the technical challenges 15 investment was announced -- and as we know that's from 15 16 16 involved in scaling up polyelectrolyte fractionation, Prutec and the National Enterprise Board -- the 17 echoing some of Dr Lane's's concerns that the document 17 cooperation between Speywood and BPL effectively 18 is presenting too optimistic a picture. 18 ended. The reference is BPLL0016008_053. And 19 Despite those reservations of BPL, in 19 although there is some contact going forward, there is 20 December 1981 a £4 million-pound investment was 20 an end to the previous arrangements that had been made 21 announced into Speywood. The reference is 21 between Speywood and BPL. 22 22 BPLL0016007_048. If we jump forward to 24 April 1982, the 23 23 document is BPLL0016008 034. I won't take you to the document sir, but I will 24 read one quote from Mr Heath, which is a press 24 We can see this is a minute from Dr Smith to

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Dr Lane, an internal minute from BPL concerning

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release, and Mr Heath is quoted as saying:

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(21) Pages 81 - 84

1 a Speywood meeting at Uberlingen on 24 April 1982. frozen cryo source. JP Allain ... and JJ Morganthaler 2 Dr Smith said that: 2 ... are the only people working along similar lines to 3 "The meeting seemed to be designed to present 3 Speywood, if one neglects Alan Johnson's contribution 4 the merits of porcine factor VIII to influential 4 which always seems to be difficult to substantiate. 5 German clinicians, and to associate the PE technology 5 The following problems continue to plague this 6 for porcine factor VIII with projected production of 6 work ..." 7 human factor VIII." 7 He goes through those problems: the frozen cryo 8 8 The first page concerns porcine product. I'm is difficult to redissolve; the yields are low; the 9 9 going to take us to the second page, if I may. polyelectrolytes "is accused of being variable"; 10 I won't go through everything that was said but it is 10 Morganthaler has not produced a non-pyrogenic batch 11 perhaps captured by the third paragraph down. 11 yet and has filtration problems, which echoed by BPL's 12 "Pending the millennium (which incidentally 12 experience. And: 13 sounds like a marketing nightmare), Speywood hope to 13 "(e) the lack of hard results after more than 14 make human factor VIII pay the bills. It is therefore 14 a year underlines the lack of professional control 15 15 very disappointing to find how little progress has over Speywood's multi-centre efforts." 16 16 been made since we parted company. He goes on to say: 17 "Speywood would appear to have abandoned the 17 "The low yield remains the most important 18 feature of the method." 18 plasma route ..." 19 He gives the reasons for that. So it is no 19 I will leave that document there, sir, but 20 longer, in Dr Smith's understanding, trying to use 20 Dr Smith's view, as of April 1982, is that very slow 21 polyelectrolyte fractionation on plasma, but it is 21 progress is being made and very large problems remain. 22 instead using it on cryoprecipitate. 22 It should be noted, of course, that Dr Smith is not 23 He goes on to discuss further down the document 23 a dispassionate observer and has some hostility 24 24 towards Speywood, as we have seen from the other how Speywood are: 25 "... concentrating on a commercial (probably US 25 documents. 85 86 1 It should also, however, be noted that this is 1 Mr Heath says is this: "Producing 'Pure Factor VIII:C' for clinical 2 2 an internal BPL document, Dr Smith reporting to his 3 3 use, is not going to be a commercially viable colleagues. 4 I won't take you to these documents but 4 proposition and therefore will probably never generate 5 correspondence from Mr Heath in May 1982 confirms the 5 any monies for the inventors, but, we feel it will be 6 impression of progress being slower than anticipated. 6 a useful factor in the patent protection built around 7 7 The reference is IPSN0000402 and IPSN0000232_001. biosynthetic factor VIII production." 8 8 Studies were ongoing to demonstrate that the What I interpret those words to mean is that the 9 9 product was "free from hepatitis infectivity", but focus is now on the recombinant product, and the 10 these were in vitro studies, in the laboratory, and 10 polyelectrolyte fractionation of Factor VIII is no Mr Heath, in a letter dated 2 April 1982 to the longer being considered as a commercially viable 11 11 12 Reverend Tanner, accepted that only a full year's 12 proposition in the long term, but it's being done for 13 clinical trial in what he described as patients with 13 reasons of patent protection in respect of recombinant clean livers would provide proof that the product was 14 14 product. 15 indeed hepatitis-free. SIR BRIAN LANGSTAFF: This is from Heath? 15 MR HILL: This is from Heath. 7 July 1982. 16 The reference is IPSN0000252_001. There is some 16 17 evidence that a research project was being designed by 17 I am a little wary, sir, that I may be reading 18 Dr Howard Thomas at the Royal Free at this time. 18 too much into one paragraph of one letter, but it does 19 Can we go, please, Soumik, to IPSN0000249. 19 seem part of a picture that, during 1982, there is 20 This is a letter sent by Mr Heath, dated 20 a more pessimistic view of the prospects of the 21 7 July 1982, to the British Technology Group, which, 21 polyelectrolyte fractionation of Factor VIII. 22 as I understand it, the National Enterprise Board had 22 SIR BRIAN LANGSTAFF: Well, it's gone from being 23 been absorbed into, so it's to one of the financial 23 a Europe-beater to being a commercial failure. 24 backers and, indeed, equity holders of Speywood. 24 MR HILL: Yes. 25 If we look at the third paragraph down, what **SIR BRIAN LANGSTAFF**: In the space of how long?

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1	MR HILL: The	1	from Mr Heath and it is to Mr Seymour, who has been
2	SIR BRIAN LANGSTAFF: About a year?	2	appointed as the chair. If we could sorry,
3	MR HILL: protein plans was July 1981. This is	3	Soumik if we could just take that off the screen,
		4	-
4	July 1982. SIR BRIAN LANGSTAFF: Yes. And what is now the enthusiasm		please. Could we just go down a little further, please,
5		5	, ,
6	is the recombinant, the biosynthetic.	6	Soumik? Thank you, yeah, we'll take it off screen.
7	MR HILL: Yes. Now that was always part of the protein	7	Sir, I note there was an address that was left
8	plans.	8	on that document which should not have been left on
9	SIR BRIAN LANGSTAFF: Yes.	9	that document.
10	MR HILL: But the emphasis has shifted to the recombinant	10	SIR BRIAN LANGSTAFF: see.
11	product.	11	MR HILL: I will ask in due course for a restriction order
12	There was an application made for a clinical	12	to be made.
13	trial certificate for the Factor VIII product produced	13	SIR BRIAN LANGSTAFF: Yes, well, no one should reveal
14	as a result of polyelectrolyte fractionation. That	14	the any details which have come from looking at
15	product is now known by the name of Mono C. It's not	15	that letter online.
16	entirely clear when that trial certificate was applied	16	MR HILL: I'm grateful, sir. Thank you.
17	for, but there is a report on the second quarter of	17	I will read from the letter rather than
18	1982 made by Mr Heath, which says that a submission	18	SIR BRIAN LANGSTAFF: Please.
19	had been made at that stage. That's IPSN0000232_001.	19	MR HILL: show it, as a result of that.
20	We have other documents to indicate that the	20	The context of this letter, I'm afraid I cannot
21	trial was intended to be established at Lord Mayor	21	fathom. But the relevant section for the current
22	Treloar School and at the Royal Free. IPSN0000398,	22	purposes is this, it refers to concerns that
23	for those.	23	Mr Seymour either has or has reported about how some
24	Can we go now, please, Soumik, to IPSN0000230.	24	form of conversation between somebody representing
25	This is a letter dated 26 November 1982. It is	25	Speywood and somebody representing the DHSS may have
	89	20	90
	09		90
1	ieonardised Snevwood's prospects of in the	1	That's the porcine product
1	jeopardised Speywood's prospects of in the	1	That's the porcine product.
2	licensing process. But we can't really work out what	2	SIR BRIAN LANGSTAFF: Yes.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	licensing process. But we can't really work out what that conversation was. But this is a letter from Mr Heath reassuring Mr Seymour that's not the case. And he has spoken Mr Heath has spoken to Dr Keith Fowler at the DHSS. Mr Heath reports that: "Dr Fowler concluded our conversation by assuring me that the Mono VIII:C application which was on his desk would go on the fast track as soon as the Alpha cryo application was received." I pause there to say this I take to be a reference to the clinical trial application. So by 26 November 1982, that application was on Dr Thomas's desk, but he was awaiting what is described as the Alpha cryo application, and I understand that to be a further application that the cryoprecipitate from Alpha be allowed into the country so that it can be used as the raw material for the production of the Mono C (sic) polyelectrolyte fractionated Factor VIII. SIR BRIAN LANGSTAFF: Thank you. MR HILL: I add this now for future reference: "However, he also added that we were doing	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	SIR BRIAN LANGSTAFF: Yes. MR HILL: So clinical trial for the human product, full product licence for the porcine product. Mr Heath goes on to say: "On reflection, I think it was entirely wrong of me to condone Paul's request to speak to the DHSS." That's a reference to Paul Joaquim or SIR BRIAN LANGSTAFF: Joaquim. We have a statement, have we not, from his wife? MR HILL: That's right, which contains an extract from what appears to be a memoir, from Mr Joaquim. He was a director of Speywood and he was on the board at the behest of the British Technology Group: "I feel that the Medicines Inspectorate in particular are anxious to be truly independent of any outside pressures, either governmental or business-wise. If anything, Speywood will get a hard ride because the BTG owns 25% equity." I will leave that document there, sir. The CSM main committee considered the clinical trial application on 24 March 1983, and it was rejected. If we could have, please, DHSC0003950_016.
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1 is dated 24 March 1983. So some four or five months So, that is what it's saying in the remarks to 2 after the previous correspondence: 2 give the company further information about where it 3 3 "The advice that the main Committee gave was, on should be going. 4 the evidence before them, the Committee had reasons to 4 It also, I note, at paragraph 12, just above 5 think that on grounds relating to safety and quality 5 that -- this is among the reasons for rejecting the it would be unable to advise the grant of a clinical 6 6 certificate -- it says: 7 trial certificate, the preparation ... and directed 7 "In the event of a clinical trial certificate 8 8 the secretary to notify the applicant in accordance being issued the study should be limited to ten 9 with the Act." 9 patients and to no more than one bleeding episode in 10 10 each patient." That product, as we can see, is Mono VIII:C. So a rejection of clinical trial certificate. The 11 11 Which is, as I understand it, a more confined 12 reasons are given. I won't go through them all. The 12 trial than the one that had been proposed. first six relate to the use of bulk cryoprecipitate, 13 So no clinical trial certificate. There was 13 14 which is obtained, as we can see, from Alpha 14 a meeting on 2 June 1983 between the DHSS and 15 Therapeutics. The following five reasons relate to 15 representatives of Speywood, as we have seen, this is 16 16 the technical details of the product Mono VIII:C. fairly common after licensing rejections, 17 17 an opportunity for the company to speak to those Remarks on page 2, please, Soumik. 18 18 "By product licence stage: involved in the licensing process to understand what 19 "1. Evidence should be provided to show that 19 they have to do. 20 the manufacturing process yields a consistent product. 20 It is a meeting that was attended by 21 "2. Evidence should be provided concerning the 21 Ms Middleton, as a result I will come back to that 22 22 long termed toxicity of a product and its possible later 23 contaminants. 23 It's not clear from the documents that I have 24 "3. Evidence of clinical pharmacology of 24 seen whether a further application for a clinical 25 a product would be required." 25 trial certificate was made or whether a clinical trial 93 94 1 certificate was ever granted. That's something we 1 resources required to establish production, technical 2 2 will pick up with Ms Middleton, but I note that we are support and marketing were underestimated. In 1982 3 getting towards the end of her time with the company 3 management priorities were poorly selected with funds 4 as well, so we're not sure how far we will be able to 4 being diverted to prestige projects, whilst inadequate 5 take that. 5 attention was devoted to the necessities of technical 6 In 1983, Speywood underwent a significant change 6 support [data, I think] for Product Licences, 7 7 of direction. By April of that year, Mr Heath had essential product plant and facilities. 8 8 become the non-executive deputy chairman, Mr Williams "During the first quarter of 1983 priority has 9 had lost his seat on the board, IPSN0000260_024. 9 been given to correcting the matters indicated above. 10 Mr Heath resigned from Speywood in September 1983, 10 A reappraisal has also been undertaken to ascertain reference for that is IPSN0000442 042. 11 11 whether the original plan for Speywood is still viable 12 There was a significant change in business plan. 12 but on an extended timetable, or whether the company 13 If we could have, please, Soumik, IPSN0000021. You 13 must change its direction and concept in order to can see this is a corporate plan for 1983 to 1985. It 14 ensure future profitability. 14 is produced by Mr Seymour, who is the new chairman. 15 "There is little doubt that with standard 15 He may also be chairman and managing director, I'm 16 16 management practice a radical improvement can be 17 afraid I'm not entirely sure of all of his titles. It 17 achieved so that a loss in 1982 approaching 18 is dated 19 April 1983. 18 £1.5 million need not reoccur." 19 If we could turn over, please, to the next page. 19 I won't take you through all of the plans, sir, 20 It sets out the original plan of the company and then, 20 but if we could go to page 6, please, Soumik. We have 21 in the second paragraph, some fairly harsh words, and 21 a comment -- sorry, electronic page 7, internal 22 22 page 6. My fault. I quote: 23 23 "The majority of the Board now recognise that A section on the production of human material. 24 the original plans were unrealistic and that the rate 24 Mr Seymour says this: 25 of sales growth projected was unattainable whilst the 25 "The fundamental reason for Speywood failing to

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1 achieve a breakeven in the next 12 months is the well, please, Soumik. 2 absence of any revenue from products resulting from 2 It talks about some of the possibilities 3 3 the processing of human cryoprecipitate. considered, including a contract processing human 4 4 plasma or cryoprecipitate from third parties, but that "Such products are considered to be uneconomical 5 due to a high price of imported cryoprecipitate, and 5 also appeared to be uneconomical. It notes the DHSS's 6 6 impracticable due to the inevitable licensing problems concern about the risk of AIDS, and they are now no 7 that would arise in employing USA plasma raw 7 longer prepared to permit a multi-function plant. So 8 8 materials, and their association with viral diseases. you can't have a plant which is doing both porcine and 9 9 human Factor VIII. Then it says: "Experience to date has also indicated that the 10 [Factor] VIII content of this material and the yield 10 "No firm proposals are made at this time, but 11 achieved after this processing is so variable that no 11 obviously the Board of Speywood must consider the 12 reliable commercial forecasts are possible." 12 future handling of human blood products most 13 13 In short, a commercially unviable proposition. carefully." 14 I will leave that section there, just to note 14 So the door isn't shut but nor is there much 15 the door wasn't being closed completely on 15 optimism. 16 polyelectrolyte human factor concentrate, but severe 16 If we could go, please, Soumik, to page --17 electronic page 12, internal page 11, of the document. 17 doubt being cast upon it. 18 18 SIR BRIAN LANGSTAFF: Well, it goes on to make The section "Final summary and conclusion", I will 19 observations doesn't it, at the bottom of the page --19 pick it up from the second paragraph there, and 20 MR HILL: Yes, I will read through if that would help, 20 I quote: 21 21 "The company that evolves from the proposed SIR BRIAN LANGSTAFF: -- which suggests that "Well, it 22 22 re-organisation will, however, fall short of the might be possible to do it but not the way we were 23 23 aspirations of the original management. It is 24 24 unlikely to have a significant role in the supply of 25 high purity Human [Factor] VIII:C and certainly will 25 MR HILL: Yes, yes. If we go over to the next page, as 97 1 be unable to fund university research at a seven 1 said: 2 2 figure level as was originally projected. An interest "It's a tragedy, a disillusioning ten years of 3 can be maintained in genetically engineered [Factor] 3 my life went into Speywood, wasted because the British 4 VIII:C however, providing this is progressed as 4 didn't get the best out of it." 5 a co-operative venture." 5 In contrast to that, and we can see it from the 6 That is the recombinant product, sir. 6 business plan we've just looked at, is the view of 7 7 I will come back to the recombinant product Mr Seymour and his colleagues which is in essence that 8 8 after lunch, but I will just say this now, sir. There the previous management were too ambitious, too 9 9 is a dispute that then generates between the original disparate, lacking focus in their funding, and not 10 management of the company, Mr Heath and Mr Williams, 10 sufficiently orientated on running a conventional 11 and those who are now in control, Mr Seymour and his 11 pharmaceutical business. That had led to the problems 12 colleagues. It's played out in a New Scientist 12 that Speywood had in 1983. I don't seek to resolve 13 article in March 1983, IPSN000426_036. There's an 13 that argument there. I just draw out the outlines article in Business Magazine, IPSN0000442 042. of it for you. 14 14 15 There are questions in Parliament, RLIT0001486 15 I note that Speywood was acquired by Porton 16 16 and 1487 and 1488, and private correspondence, International Limited in July 1984. 17 IPSN0000260 024. 17 I will come back, sir, to recombinant porcine 18 I won't go through all of those documents but 18 Factor VIII after lunch, and we will also hear from 19 the fundamental battle lines, as it were, are between 19 Ms Middleton then. I am conscious that whereas I can 20 Mr Heath and Mr Williams, who saw a lack of investment 20 continue the presentation on Tuesday if necessary, 21 in research and a prioritisation of short-term profits 21 Ms Middleton must give her evidence today and I --22 leading to a failure to exploit the technological 22 SIR BRIAN LANGSTAFF: Well, yes, we will obviously want to 23 23 advances made, and in particular, a failure to exploit hear Ms Middleton in full, without any pressure of 24 work in recombinant technologies which later comes to 24 time, on her or on you. 25 fruition. Mr Heath from the Business Magazine article MR HILL: Sir, I suggest, then, that I -- directly after

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- 1 lunch, I introduce just a couple of very quick 2 documents about recombinants, and then we hear from 3 Ms Middleton, and then I return to porcine Factor VIII 4 at a later stage. 5 SIR BRIAN LANGSTAFF: Yes, well, let's take a break now, 6 shall we, until five past two, and expect to hear from 7 Ms Middleton sometime around about quarter past two. 8 MR HILL: I'm grateful, sir. Thank you.
- 9 (1.07 pm)

10 (The luncheon adjournment)

- (2.06 pm) 11
- MR HILL: Sir, after further thought, it may make sense to 12 call Ms Middleton straight away, just to avoid the 13 14 difficulties of moving equipment around between
- 15 presentation and witness evidence.
- 16 SIR BRIAN LANGSTAFF: Let's do that.

17 Ms Middleton, would you like to come forward and Lauren will swear you in. 18

19 MS SARAH MIDDLETON (affirmed) 20 Examination-in-chief by MR HILL

- 21 SIR BRIAN LANGSTAFF: And it is, I think, Ms Middleton?
- THE WITNESS: Yes, thank you. 22
- 23 MR HILL: Ms Middleton, you provided the Inquiry with
- a statement dated 14 April 2021. I'd just like to ask 24
- 25 you one or two things about your qualifications and

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- A. Yes. 1
- 2 Q. Working on recombinant human albumin in yeast?
- 3 Α.
- Q. 1986 to 2001, "Andaris Ltd: Director of Targeted 4
- 5 Therapeutics"?
- 6 A. Yes.
- 7 Q. Then 2001 to 2016, you founded Haemostatix Ltd, as CEO 8 and CTO; is that right?
- 9 A. Yes.
- 10 Q. You haven't, as I understand it, given evidence previously to any Inquiry about the infected blood? 11
- 12 A.
- 13 But you were interviewed with respect to a US class
- action. Without giving away any confidences that you 14
- can't give away, what were the circumstances of that 15
- 16 interview?
- A. I have very little recollection, actually. I was 17
- 18 called to London, and interviewed by American
- 19 attorneys, and I thought that is a class action on
- 20 behalf of haemophiliacs in the United States. And
- 21 I was interviewed twice, but nothing ever came of it,
- 22 and there were no written papers or anything.
- 23 Do you know on whose behalf the attorneys were acting?

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- 24 I suspect they were acting on behalf of the
- 25 haemophiliacs.

- your early career. If we could have on screen,
- 2 please, WITN5666001, please, Soumik.
- 3 We can see from the statement that you did a BSc
- 4 in biochemistry at the University of Saint Andrews
- 5 between 1966 and 1969; is that right?
- 6 A. Yes.
- 7 Q. Then if we go over to the second page, please, Soumik.
- 8 The outline of your career, I'll come back to fill in
- 9 some more detail on this in due course, but from 1969
- 10 to 1976 you were at the Protein Fractionation Centre
- 11 in Edinburgh as a biochemist; is that right?
- 12 A. Yes.
- Q. So was that your first job after university? 13
- 14 A. That was my first job, yes.
- 15 1976 to 1979, you were at the Department of Medicine
- 16 University of Glasgow, again as a biochemist?
- A. Yes. 17
- Then 1979 to 1987 it says here, "Speywood Laboratories 18 Q.
- 19 Ltd: Chief Scientist"?
- 20 A. Yes.
- 21 Is the 1987 date correct?
- 22 A. I think that includes consultancy work that I did
- 23 subsequently.
- Q. I understand. 1987 to 1996, another firm, Delta 24
- Biotechnology Limited? 25

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- Q. Plaintiffs in the action? 1
- 2 A. Yes, the plaintiffs.
- 3 Q. Thank you. I'd like to begin, if I may, by asking you
- 4 a few questions about the protein fractionation centre
- 5 in Edinburgh, and your time there.
- 6 A. Yes.
- 7 Q. As we have seen, you joined in 1969, directly after
- 8 university?
- 9 A. Yes.
- 10 Q. Who was your line manager, if such a thing --
- A. Jim Smith. Dr Smith. 11
- Which department were you in? 12
- 13 A. Well, we were one big department, or one little
- department, in the bowels of the Royal Infirmary in 14
- 15 Edinburgh, and we were just -- there were a group of
- 16 us, about 15 of us, I guess, fractionating, learning
- 17 to fractionate blood.
- 18 Q. Under the guidance of Dr Smith?
- Yes. Well, Dr Smith was my immediate boss. The 19
- 20 organisation was run by Mr John Watt, who was a vet.
- 21 Q. How --
- 22 A. And then he was, I suppose, reporting to -- it wasn't
- 23 John Cash, it was the predecessor. I'm sorry, I can't
- 24 remember his name.
- 25 Q. Lunderstand.

A. Head of Blood Transfusion Service. back onscreen, please -- sorry, page 2 of your witness 2 Q. You say there were about 15 of you? 2 statement back onscreen. 3 3 A. Approximately. The description that you give of the different Q. What kind of gradations were there in terms of the 4 processes involved, if I could just ask you to expand 4 5 different work that was being done, in terms of the 5 a little and explain, in layperson's terms, insofar as 6 is able, the different elements of your work there, 6 seniority of --7 A. Well, I was first employed as a technician, and was 7 the first being: 8 8 promoted to biochemist, but mostly we were "Purification of Factor IX, for human 9 9 technicians. They were technicians. plasma ..." Q. When you say you were promoted to biochemist from 10 Α. Yes. 10 a technician, can you recall when that happened? 11 11 Q. "... using ion exchange resin." A. After about a year, I think, about a year. 12 12 Α. Q. Should I understand from what you said there that you Could you explain what you were doing, when you were 13 13 Q. 14 weren't in any policy formulating at that time? 14 doing it and what the product was? A. No, no. I was doing what I was told. 15 The purification took the supernatant from 15 16 Q. By Dr Smith? 16 cryoprecipitate, which was cryosupernatant, and was then diluted and passed over an exchange resin in By Dr Smith. 17 17 Q. Thank you. So we are clear, that's the same 18 18 order to prepare a concentrate of factor II, IX and X. 19 Dr Jim Smith --19 There was no Factor VII, which was in some 20 A. Yes 20 concentrates. 21 Q. -- who later moves to BPL and with whom you --21 The issue for Factor IX is that it can be 22 22 A. thrombogenic, in other words it can actually promote Q. -- worked at BPL? 23 clotting outside of the action of Factor IX, so you 23 A. Yes. 24 want it to be controlled and not produce clots when 24 25 you're not expecting it. And this Factor IX was very 25 Q. And if we could have page 1 of your witness statement 105 106 1 clean, and didn't appear to activate clotting factors, 1 Citrated Factor VIII-Depleted Plasma"? 2 A. as some concentrates did. So it was a very --2 3 regarded as very safe. 3 Q. And you're listed as the lead author there. Q. Is this a forerunner of the products that became 4 5 Defix? 5 With Ida Bennett and JK Smith, presumably Dr Smith? Q. 6 A. No, that is Defix. 6 7 7 Q. It is Defix? Q. If we could look at the abstract, please, Soumik: 8 A. Yes. 8 "Abstract. A simple procedure is described for 9 9 Q. So the first bullet point there we should understand large-scale absorption on to DEAE-cellulose of 10 to be working on the production of --10 coagulation factors II, IX and X from citrated, 11 A. Defix, yes. 11 factor VIII-depleted plasma. The coagulation factors And was that the first time that it was being 12 are eluted frontally from the exchanger in a high 12 13 produced? 13 yield and in a form suitable for therapeutic use, without further fractionation. The lyophilised A. Yes. 14 14 15 15 Q. 1969 time? concentrate is very stable without the addition of 16 A. Yes, it was. heparin and, when redissolved to iso-osmolar solution 16 17 Q. Could we have onscreen, please, Soumik, PRSE0003648, 17 18 please. 18 Forgive my repeated butchering of pronunciations 19 This is a document that we provided you with. 19 as we go through! 20 We have provided two sets of documents, it's in the 20 "... contains approximately 30 U/ml factors II, second set. 21 IX and X, 250-300 times purified from the starting 21 22 plasma. The effectiveness of the concentrate in the 22 A. Yes. 23 23 Q. And it is an article from Vox Sang, volume 24, treatment of haemophilia B is discussed." 24 pages 441 to 456, from 1973, entitled "A Therapeutic 24 A. Yes.

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Q. So that's the abstract of the article. Should I take

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Concentrate of Coagulation Factors II, IX and X from

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Now, I can't actually remember how PPSB was 1 it that this article is describing the process that 2 you have just described to us? 2 made, but obviously it started off in blood collected 3 3 A. Yes. in EDTA, which is rather different because none of the 4 Q. This is the formulation of Def --4 other fractions can be collected from that blood. 5 A. Yes. 5 Q. Could you just explain EDTA to us? Q. To the best of your knowledge, was this article from 6 A. Ethylenediaminetetraacetic acid. 6 7 1973 the first publication of the Defix product? 7 Q. I won't try and repeat that! 8 A. 8 Going back to the article: 9 9 Q. If we just look at the introduction section, there are "This product represented an important advance a couple of points to pick out from it: 10 in the treatment of haemophilia B, and its use has 10 11 "Until 1967, only fresh-frozen plasma could be 11 been extended to a number of other deficiencies of the 12 offered in Scotland for correcting deficiencies of 12 prothrombin complex of coagulation factors. The coagulation factors II, VII, IX and X. Such treatment 13 demand for PPSB for use, eg, in liver disease and the 13 14 was frequently inadequate to maintain haemostatic 14 reverse of anticoagulant therapy, at times threatened 15 levels of factor IX in patients with severe 15 to exhaust the stocks required for emergency treatment 16 haemophilia B during major bleeding episodes or 16 of haemophilia B, and prompted us to look for new 17 17 methods of recovering factor IX or prothrombin complex surgery." from normal citrated plasma. A large increase in the 18 18 A. Yes. 19 Q. "Since 1967 the Protein Fractionation Centre has made 19 production of PPSB was considered uneconomical of 20 approximately 1,100 doses of 'PPSB' from blood 20 limited fresh blood resources, because cellular 21 collected in EDTA, by the method published by 21 components and factor VIII are not readily recovered Soulier ..." 22 22 from blood collected in EDTA. It was hoped that an 23 What was PPSB? 23 alternative method could be devised to improve the 24 A. That was a full factor concentrate which contained 24 yield of factor IX (only about 30% in large scale 25 Factor VII in addition to factor II, IX and X. 25 production of PPSB) and end our dependence on 109 110 1 procuring batches of tricalcium phosphate with the 1 is written is this: 2 2 appropriate absorbtive properties." "More than 20 batches, each made from 200 to 600 3 If I just pause there for a moment, am I right 3 donations of plasma, have been used since May 1970. 4 in understanding that to mean that your work in trying 4 In Scotland the screening of all donations of blood 5 to create Defix was a response to the need for more 5 for Australia antigen by immunodiffusion or 6 product and concerns about running short of the 6 immunoelectroosmopheresis became routine during 1971. 7 7 existing product? Using such methods, which detect probably less than 8 8 A. More product, and more efficient use of blood. 50% of Australia antigen carriers, the incidence of 9 9 Q. Going back to the article: antigenaemia among blood donors in Scotland has found 10 "This report describes the absorption of factors 10 to be about 0.07%. All batches of the factor II. IX II, IX and X from large batches of citrated Cohn 11 11 and X concentrate have been tested for Australia 12 supernatant ... on DEAE-cellulose, and their selective 12 antigen by the methods used for donor plasma, usually 13 elution in a form suitable for freeze-drying and 13 in five-fold concentration. Australia antigen has not administration to patients without further been found in any batch, nor has any recipient 14 14 15 purification or stabilisation." 15 developed hepatitis or Australian antigenaemia 16 16 Yes. following treatment with the concentrate alone. Α. SIR BRIAN LANGSTAFF: That's "supernatant I", I think it 17 17

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"Since the methods used to detect the agent causing serum hepatitis were very insensitive and since no systematic attempt has been made to assess the incidence of sub-clinical hepatitis among the recipients, it would be prudent to assume that the concentrate could be infective if made from infective plasma, but it seems likely that the concentration of the infective agent is substantially reduced by the preparative procedure."

dealing with "Transmission of serum hepatitis". What

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is said there, isn't it?

A. It's actually cryosupernatant.

MR HILL: Sorry, my printed version is not --

Q. I'm not going to go through the technical detail of

the article but, if we could please go to electronic

page 11, which is internal page 451, the section

A. Yes, Cohn supernatant.

- A couple of things to pick up from there. First of all, the batch size that is cited there, which is
- 3 200 to 600 donations of plasma, am I right to
- 4 understand that that was -- those were the batch sizes
- 5 that were used in the work that you were doing at that
- 6 time?
- 7 A. Yes.
- 8 Q. Do you know why there was such a variation between 200
- 9 and 600 donations?
- 10 A. Well, I suspect that, at the time, we were -- well,
- 11 I'm fairly sure we were -- we were making it and
- 12 scaling up as we went along.
- 13 Q. Scaling up to use --
- 14 A. Scaling up to use more plasma and bigger columns.
- 15 Q. Do you know how the batch size developed in terms of
- 16 the Factor IX product produced at PFC, during the
- 17 remainder of your time there -- to 1976?
- 18 A. Err ... I'm actually not sure what size it went up to.
- 19 Q. Do you recall what discussions were taking place
- 20 within PFC about batch size around this time?
- 21 A. No
- 22 Q. The article here clearly demonstrates an awareness of
- 23 the risk of what is described as Australia antigen --
- 24 A. Yeah.
- 25 Q. -- serum hepatitis, at the time.

- 1 did actually have a technician in the Blood
- 2 Transfusion Service who did have an accident with
- 3 a positively -- a positive hepatitis B donation, and
- 4 she subsequently died. So there was definitely
- 5 an awareness.
- 6 Q. Are you able to say approximately when that occurred?
- 7 A. Well, it was probably in the first couple of years,
- 8 I think, that I was there. Maybe a bit longer.
- 9 Q. Early 1970s?
- 10 A. Yeah, early '70s.
- 11 Q. Are you able to -- this is a very difficult question
- thinking back all these years -- are you able to
- 13 recall what kind of journals and learning that you
- would have been keeping up to date with at that time?
- 15 A. Well, obviously Vox Sanguinis was one of them, Blood,
- 16 Thrombosis and Haemostasis, those are the ones I sort
- 17 of remember. Vox Sanguinis was very much the one to
- do with fractionation. Obviously Blood. No virology
- 19 journal specifically, but hepatitis would have been
- 20 discussed in some of those -- in those other ones that
- 21 I've mentioned.
- 22 Q. Were they made available to you at the PFC or did you
- 23 have to find them off your own back?
- 24 A. No, they were available.
- 25 Q. I'd like to just again pick up a couple of more things

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- 1 A. Yeah
- 2 Q. Do you know whether there was discussion, recognition,
- 3 of whether or not that risk increased with a larger
- 4 batch size?
- 5 A. No, I don't know whether there was. But it's likely,
- 6 isn't it, that it would have been?
- 7 Q. Do you think you would have been involved in those
- 8 discussions?
- 9 A. I was only a lowly technician at the time. I wasn't
- 10 involved in those discussions.
- 11 Q. Those would have been matters for whom?
- 12 A. Er ... probably Jim Smith, um ... and/or the director
- of the Blood Transfusion Service, whoever that was.
- 14 I don't think it was John Cash. It was --
- 15 Q. The predecessor --
- 16 A. The predecessor.
- 17 Q. Do you remember what information you were given, what
- training you were given, about the risk of hepatitis
- 19 from such products at this time?
- 20 A. We were -- yes. We were aware of hepatitis as
- 21 a potential problem but, I have to say, I don't think
- 22 we took a great deal of precautions for it, at the
- 23 time. We weren't that aware of it. I suspect
- 24 Scottish plasma was thought to be a fairly clean
- 25 plasma, so I can't really answer that question, but we

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- 1 from that section. There's a reference to the testing
- 2 that became routine during 1971. Should we understand
- 3 that, before that, there was no routine testing for
- 4 hepatitis?
- 5 A. Possibly not. The assays, as they say, were rather
- 6 insensitive at the time.
- 7 Q. That's what I was going to ask next.
- 8 A. Yeah.
- 9 Q. There's a figure of probably less than 50 per cent
- 10 given.
- 11 A. Yes.
- 12 Q. An awareness, then, that testing wasn't going to catch
- 13 everybody?
- 14 **A.** Yes.
- 15 **Q**. The figure that is given about the blood donors in
- 16 Scotland being found to be about 0.07 per cent --
- 17 SIR BRIAN LANGSTAFF: I think we've lost it on the screen.
- 18 A. Yes -- (overspeaking) -- on the screen.
- 19 MR HILL: Apologies. If we could highlight the middle
- 20 paragraph, "Transmission of Serum Hepatitis". Thank
- 21 you.
- 22 A. Yes.
- 23 Q. Sir, we can see that figure there given of
- 24 0.07 per cent --
- 25 **A.** Yeah.

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- Q. -- for instance, among blood donors in Scotland. How
 much faith should we put in that figure, given the
 limited sensitivity of testing at the time?
- 4 A. I can't answer that question. I won't answer that5 question.

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Something just in, sort of, qualification of all of this. There was insufficient Factor IX available, and very much the emphasis with everything I did at PFC, and subsequently, really, was with the aim of getting a product out there to treat haemophilia because there were problems, obviously, for haemophiliacs who didn't get treatment. So bleeding was regarded as the first problem.

- was regarded as the first problem.
 Q. The question of the risk and benefit of those products, was that a question for you to consider as biochemist and previously a technician, or is that for
- 18 A. That was more for others, I think. But it was19 definitely very important.
- 20 Q. The conclusion of that sentence says:

others?

"... it would be prudent to assume that the concentrate could be infective if made from infective plasma, but it seems likely that the concentration of the infective agent is substantially reduced by the preparative procedure."

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the same, positively charged resins, and getting full
 factor concentrates.

At the end of the day, the difference between the resins and the products made was going to be probably the amount of activation of clotting factors that you got between the different products, and that was really the difference between them.

8 **MR HILL**: Do I understand the start of that answer to be that this idea --

- 10 A. Yes.
- 11 Q. -- insofar as it was exploited in PFC --
- 12 A. Yes.
- 13 Q. -- was that of Dr Smith?
- 14 A. Yes, that of Dr Smith within PFC, but it was being15 used in other places, other facilities.
- SIR BRIAN LANGSTAFF: So the inspiration, the basic idea,
 scientifically, was somebody else's in Europe, you

18 think -

- 19 A. I think it came from somebody else in Europe --
- 20 SIR BRIAN LANGSTAFF: -- and roughly --
- A. -- because it's quite common, people were using
 cellulose or sepharose, I think. One was more highly
- 23 charged than the other, and Oxford, the Haemophilia
- 24 Centre, they, I think, were using the sepharose
- 25 product, but I might be wrong, the full factor.

- A. Yes
- Q. Do you know the reasons why it was thought that theprocedure --
- 4 A. Well, the agent -- the factors II, IX and X clotting
- 5 factors were absorbed to the resin. It was very
- 6 likely that the infective agent wouldn't be absorbed,
- 7 would remain in the supernatant and, therefore, it
- 8 could be concluded, possibly, that there would be
- 9 a reduction, in any event, of virus.
- 10 Q. What was the basis for thinking that the virus --
- 11 A. Well, the virus is very big and I don't think --
- 12 I think it wouldn't -- it subsequently turned out to
- be the case -- it wouldn't absorb or be bound to
- 14 a positively charged resin.
- 15 Q. That is, you think, the reason for that final clause
- in the final sentence?
- 17 A. Yes, yes.

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- 18 SIR BRIAN LANGSTAFF: May I just ask, who was it who first
- 19 had the idea of using electrically charged resin to
- 20 attract certain proteins and not others?
- 21 A. Well, it was Jim Smith's, the method. The method
 - actually did come, I think, from the Dutch -- I think
- 23 it the Dutch, or was it the Swiss? Somebody in
- Europe, who was already using this cellulose method.
- 25 Other manufacturers were using similar resins but not

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1 SIR BRIAN LANGSTAFF: Yes.

- A. So it was fairly well known to use a positivelycharged resin.
- 4 SIR BRIAN LANGSTAFF: Thank you.
- 5 MR HILL: If I could go, please, to electronic page 15 of
- 6 the document, internal page 455. This may follow from
- 7 the answers you've given already, if we look at the
- 8 second paragraph there, it is stated -- this is in the
- 9 concluding section:
- 10 "There is no reason to believe that the
 - concentrate cannot transmit serum hepatitis; however
- 12 it is probably better in this respect than alternative
- 13 sources of factor IX, including plasma."
- Do I understand from your previous answer that
- 15 the reason for that is the technique that was used was
- 16 thought to have a degree of viral inactivation?
- 17 **A.** Yes, well, viral separation.
- 18 Q. I'm going to take you to another article now, if
- 19 I may. It is again, one of yours. If we could have
- 20 PRSE0003799.
- 21 A. Oh, right, yes.
- 22 Q. This is the Journal of Laboratory and Clinical
- 23 Medicine from 1976 --
- 24 A. Yeah.
- 25 Q. -- volume 88, pages 91 to 101, "Removal of hepatitis B

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(30) Pages 117 - 120

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- 1 surface antigen ... from plasma fractions".
- 2 A. Yes.
- 3 Q. We can see the authors are Dr Johnson and his colleagues from New York, and you and Jim Smith from 4 5 Edinburgh.
- 6 A. Yes, yes.
- 7 Q. You refer in your statement, the second of your bullet
- 8 points was -- sorry, third your bullet points -- was
- 9 "Clearance of Hepatitis B from Factor IX concentrate
- 10 using polyethylene glycol precipitation".
- 11 A. Yes.
- 12 Q. Am I right in thinking that this article covers that aspect of your work? 13
- 14 A. Yes. Yes, it does.
- Before we delve into it, could I ask you again for 15
- 16 a quick potted guide of what polyethylene glycol
- 17 precipitation is?
- Polyethylene glycol is a large, molecular weight 18
- 19 polymer and you can add it to solutions of protein
- 20 when it would cause precipitation of proteins in
- 21 a selective way, depending on their charge. And you
- 22 can, by adjusting the pH of the solution, adding the
- 23 polyethylene glycol, you can get selective
- 24 precipitation of certain proteins. So size and
- 25 charge

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- 1 investigators feel that use of the more sensitive 2 radioimmunoassay ... has reduced it by about 50 per 3 cent. However, pretesting has failed to achieve 4 further reduction because of possible contamination of 5 the blood by infectious agents capable of causing 6 non-A, non-B hepatitis, and insufficient sensitivity
 - of the assay." Just pausing there for a moment, two factors mentioned. One is the same as with the previous article, there's a lack of sensitivity in the testing, and the second is a reference here in this article
- from 1976 to non-A, non-B hepatitis. 12
- 13 Α.

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- So plainly you were aware, at that stage, of non-A, 14 non-B hepatitis? 15
- Yes, which is now hepatitis C. 16 Α.
- 17 Q. Yes. Can you recall how serious non-A, non-B was
- 18 considered to be, as a risk to potential patients at
- 19 that time?
- 20 A. Well, once again, at this time, the overall objective
- was to stop the patients from bleeding. And while we 21
- 22 were doing this work, obviously to try to improve the 23

situation as far as the hepatitis was concerned,

- 24 that's all I was, sort of, aware of. Obviously, we
- 25 were aware of hepatitis. We had the agent -- we
 - 123

Q. Size and charge. If we could look at the abstract, 2 please:

3 "Endogenous or deliberately added hepatitis B 4 antigen was removed and concentrated for assay from 5 albumin, and from coagulation factor II, VII, IX and X 6 concentrates as model plasma fractions. The 7 concentrates carry considerable risk of causing 8 hepatitis in transfused patients. The amount of 9 antigen remaining in the fraction was estimated to be 10 less than 1/10,000 of that detectable by the Ausria II 11 radioimmunoassay and 1/100 of that found to be 12 infectious when highly contaminated human sera were 13 diluted and injected in chimpanzees. Batch 14 fractionation methods with polyethylene glycol were

15 used. The yield of albumin was 96 per cent and of the 16 coagulation factors about 90 per cent."

Going to the first paragraph, it says:

That's an overview there of the article.

19 "The high incidence of hepatitis from the 20 administration of blood and plasma fractions remains 21 a serious problem despite governmental requirements to 22 pretest donors for the hepatitis B antigen ... Use of 23 the counterelectrophoresis (CEP) assay for screening 24 donors has reduced the overall incident of serum

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1 developed these agents to try to stop bleeding first.

hepatitis by nearly 30 per cent, and most

- 2 Second, we wanted to try and address the hepatitis
- 3 problem.
- 4 Q. So that everybody is clear, your role as a biochemist
- 5 was to work on those projects --
- 6 A. Yes.
- 7 Q. -- not to decide whether or not the treatment that 8 resulted from it should be given to a patient?
- 9 A. No. I mean yes.
- 10 Q. You agree with the proposition?
- 11 A. Yes. [Laughs]
- Q. Do you recall what discussions were taking place at 12
- 13 around that time about other pathogens or potential
- pathogens in blood products? 14
- A. In the 1970s? 15
- Yes. 16 Q.
- 17 Α. No.

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- 18 Q. If I could turn, please, to electronic page 7 of the 19 article. Forgive me, I think I miscounted.
- 20 Electronic page 8, please, internal page 98. This is
- 21 in the "Discussion" section. In the second paragraph
- 22 down, it says:

"Our purpose has been to reduce the antigen level in selected model plasma fractions, albumin, and

factor II, (VII), IX and X concentrates, to 105 or 104

1 particles per millilitre and then inject the material that time about heat treatment --A. No. 2 in chimpanzees to determine its infectivity." 2 Q. -- of those factors? 3 Am I right in saying this was a spiked sample 3 4 that would then be inserted into the chimpanzees? A. Not in those, no. Not at that time. 4 5 5 Q. No, the work wasn't going on, or, no, you don't --A. Yes. 6 Q. It goes on: 6 No, the work was not going on. I'm not even sure 7 "Albumin is normally heated to 60°C to prevent 7 that -- in those days, we all believed what is said 8 hepatitis, but since this temperature would cause 8 here, that they can't be heat treated, and that was 9 9 inactivation, and factor II, (VII), IX and X what was believed at the time. concentrates, they cannot be heated and carry a strong Q. Received wisdom, as it were? 10 10 11 risk of causing hepatitis in recipients." 11 A. Sort of received wisdom from what we knew about those 12 So albumin, it was known at that time, could be 12 proteins. subjected to a heat treatment at 60 degrees C. But were there any discussions, as far as you recall, 13 13 Q. 14 A. 14 about the --15 But, according to this article Factor IX and the other 15 A. It was --16 factors couldn't be? 16 Q. -- possible --That's what was considered at the time: they couldn't A. A. It was dismissed at the time as being unlikely to be 17 17 possible, which is why we looked at this precipitation 18 be. 18 19 Q. Do you know why that was considered so? 19 20 Well, they were both -- they're all quite labile 20 Q. If we could go on to the next paragraph. 21 proteins, which is subject to denaturation, whereas 21 "In collaborative studies with Dr Hoofnagle, two 22 chimpanzees were injected with PEG-fractionated II, 22 albumin is known to be a very robust protein and can 23 be heated, and it was heated at 60 degrees for 23 (VII), IX and X concentrates which were known to be 10 hours, originally to remove bacteria. 24 infectious ..." 24 Q. Do you know if any work was going on within PFC at 25 I'm afraid the copy isn't good here: 125 126 infected? 1 "... and contained at least 1011 antigen 1 2 particles per millilitre prior to PEG fractionation." 2 A. Actually, I can't, because I'm not quite sure what 3 That's polyethylene. 3 this actually meant, now, going back 40 years. 4 A. Yes --4 I apologise for that. I'm not quite sure what the 5 Q. -- glycol fractionation. 5 procedure was that was different. 6 "But these concentrates were prepared by an 6 Q. But you say they didn't get a very good result, 7 7 earlier version of the PEG procedure, which" -whatever that procedure was? 8 I am afraid I can't --8 A. Was, it didn't seem to work. SIR BRIAN LANGSTAFF: "Utilised", I think. 9 9 Q. Hadn't inactivated -- separated the --10 A. "... which utilised 0.15 M [sodium chloride] and could 10 A. No, it hadn't separated it out. not quantitatively remove the HBsAg below levels of 11 11 Q. I am just going to take you to see if we could perhaps 12 get some assistance from Peter Foster's evidence to 12 13 10 to the 8th. 13 the Penrose Inquiry. SIR BRIAN LANGSTAFF: 5th, I think. 14 14 A. Yes. Q. You're aware of Dr Foster? 15 A. It couldn't, anyway. 15 MR HILL: 105. A. Yes. 16 16 A. Yes, they didn't get a very good result. 17 He became a colleague of yours --17 Q. 18 Q. It says: 18 A. Yes, he did. "... one of the two injected animals" --19 19 Q. -- in due course. Yes. "became infected". 20 A. Yes. Q. -- "while the other did not ..." Q. If we could have on screen, please, Soumik, 21 21 A. Yeah. 22 PRSE0003349, this is one of the documents that you 22

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Q. Could you just talk us through that aspect and the

significance, both of the previous method being used

and the fact that one of the chimpanzees became

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128 (32) Pages 125 - 128

were provided with. If we could have page 3 -- sorry,

just leave it there for one second, we can see this is

the witness statement of Peter Foster to the Penrose

1 Inquiry, or one of his witness statements. precipitation parameters (the revised method being 2 If we could turn to page 3 of that, please, and 2 known as the mark II method) to remain greater removal 3 3 paragraph (f). It says -- Dr Foster said this: of the hepatitis B virus. However, he told me that 4 "Factor IX preparing experimentally in the USA 4 his application for funding for another chimpanzee 5 by this procedure, from plasma known to contain 5 study, to discover if the removal of hepatitis B 6 hepatitis B infectivity, was tested by Dr Johnson in 6 infectivity had been successful, was rejected by the 7 chimpanzees. The chimpanzees developed hepatitis B, 7 USA National Institute of Health (NIH) because they 8 8 demonstrating that hepatitis B infectivity had not considered that [and he quotes] 'hepatitis is no 9 been fully removed ..." 9 longer a problem'." 10 Then there is citation to the article which we 10 Oh, that's interesting. 11 have just seen. 11 Q. Is that something you were aware of or can assist us 12 Α. Yes. 12 So, leaving aside the reference to whether or not it 13 13 A. No. I wasn't. 14 was one chimpanzee or two chimpanzees, it became 14 Q. We will leave that for Dr Foster, then. 15 infected. Dr Foster's take from the paper, as it 15 If we could continue on as we are here, to: were, is that the process hadn't been successful? 16 16 "h). Another issue that arose with factor IX 17 A. prepared by the first (mark I) version of the method 17 Q. Or I should say wholly successful? 18 18 was a thrombogenic reaction in dogs [Dr Cash is cited] 19 A. Well --19 suggesting that the product might be harmful to 20 Q. It may have reduced --20 patients. Alternatively, this may have been 21 Α. Not really successful -- it wasn't successful. 21 a consequence of the very high dose of factor IX ..." Yes, and that's a conclusion you would agree with? 22 SIR BRIAN LANGSTAFF: Sorry. 22 A. I would agree with that. 23 MR HILL: Sorry. 23 Q. If we could just go to (g), then: 24 "... consequence of the very high dose of 24 25 "Dr Johnson's subsequently refined for 25 factor IX that had been administered in this study, as 129 130 1 the product was more concentrated than established 1 Oh, I'm apologising, sorry. He wasn't referring 2 2 Factor IX concentrates." to Defix. 3 Were you aware of or involved in the Cash work 3 Q. We will pick this up with Dr Foster in due course. 4 which led to the production of that article? 4 A. Yes, because when we went on to use the polyethylene 5 A. Yes. We supplied the concentrates for it. Actually, 5 glycol process that Dr Johnson had developed, we did 6 I was surprised because I didn't recall -- and I have 6 a parallel, not -- we did it with no, obviously, 7 7 read Peter's submission -- but I was surprised because hepatitis added in, we did it just to look at the 8 8 I -- it could have been because it was a very high fractionation of Factor IX, through this polyethylene 9 dose of Factor IX that was administered. That's all 9 glycol process. We actually got a reduction in I can conclude from that. 10 10 thrombogenic material by tests that were introduced later, which was again one of those publications that 11 Q. Yes. 11 A. And that -- because a lot of Factor IX, a lot of 12 we had. 12 13 Factor II, a lot of Factor X, that could be the result 13 Q. I am just going to take you back to the 1976 article of -- that could be resulting in this thrombogenicity of which you were a co-author. 14 14 that I referred to. 15 If we could have on the screen, please, Soumik, 15 16 Q. Yes, yes. PRSE0003799, internal page 99. 16 17 But that was the Defix. 17 So I think page 8 of the electronic version. 18 Q. That was the Defix that you supplied Dr Cash --18 I'm afraid I don't have a marked copy. Sorry, page 9. 19 Yes. 19 A. That's 98. A. 20 Q. -- for that article --20 Q. Thank you. I just want to take you to the final A. Yes, yes. 21 paragraph: 21 22 Q. So a slightly different stream of work? "Although the clinical value of the PEG method 22 23 23 A. No, that was Defix. And what -- well, I think it for removing [hepatitis B] must be confirmed by 24 was -- I think that's what he's referring to. If you 24 further studies in chimpanzees, we fully expect that 25 go back to the page before, can you just ... 25 its application to selected, clinically useful blood

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(33) Pages 129 - 132

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fractions will reduce or even eliminate

post-transfusion hepatitis due to hepatitis B antigen

contained in these administered fractions."

Could you just explain the basis for that thinking?

- 6 A. Um ... well, I think ... there was only two
 - chimpanzees. The method was refined, and I think he
- 8 felt that the use of a precipitation method to
- 9 precipitate out the virus, which is obviously very big
- 10 and very heavy, it -- theoretically, it would be
- 11 a good method.
- 12 $\,$ Q. Shall we read this as being that although there has
- 13 been infectivity with the mark I method --
- 14 A. Yeah.

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- 15 Q. -- Dr Johnson is already thinking about the mark II
- 16 methods and is optimistic for the results that may be
- 17 obtained?
- 18 A. Yes, yes.
- 19 Q. We see an express reference to the need for further
- 20 chimpanzee studies.
- 21 A. Yes
- 22 Q. We can tie that back to what Dr Foster said in --
- 23 A. Mm
- 24 Q. -- and pick that up with him in due course. Thank
- 25 you.

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- 1 briefly explain what that involved, please.
- A. Well, it was well known and was used, single donor
 cryoprecipitate, which means that plasma was thawed
 very slowly to not more than 5 degrees, and the
 precipitate that was Factor VIII and fibrinogen, in

6 large proteins, was recovered.

This is a very slow process but it was single donor, which was the advantage from the hepatitis point of view. But it was very slow, and if a patient was bleeding, it was not a particularly useful thing to do. So what I did, again with Dr Smith, was to make bulk preparations of cryoprecipitate, which essentially involved taking large amounts of plasma, thawing it out very slowly, with mixing, to get a cryoprecipitate which would then be dissolved and -- essentially dissolved and formulated to make a bulk

product, which could be freeze-dried.
 And that was the first Factor VIII to be made by
 that method at -- in Scotland.

- Q. Very difficult question but can you remember the
 time span in which you were engaged in that work, and
- 22 particularly when it came to -- (overspeaking) --
- A. Well, I did it almost when I first started my first in the first couple of years.
- 25 SIR BRIAN LANGSTAFF: From 1969 to 1971?

One further article from your time at PFC -- or, published after your time, but referring back to while

3 you were there.

If we could have, please, WITN2235010. The second page of this, please.

6 An article from British Journal of Haematology 7 in 1981, volume 47, pages 91-104, an article by

8 Dr Prowse and Dr Cash:

"The Use of Factor IX Concentrates In Man: a 9-Year Experience of Scottish Concentrates in the South-East of Scotland."

You are not an author of this paper.

- 13 A. No.
- 14 Q. It is published after you have left the PFC but would
- 15 include periods that you were at the PFC if it's
- 16 a nine-year study; is that fair?
- 17 A. Yes.
- 18 Q. Did you have any role in the study to which this
- 19 article refers?
- 20 A. No.
- 21 Q. I will leave it there.
- 22 Returning to your witness statement, you also 23 say that while you were at the PFC, you were involved
- 24 in purification of Factor VIII from human blood using
- 25 purified cryoprecipitate fraction. Could you just

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- 1 A. Yes, I guess so. Yeah.
- 2 MR HILL: How -- may I ask a broad question: how
- 3 successful was the product that was created?
- 4 A. Quite successful.
- 5 Q. Was it used by clinicians in the --
- 6 A. Oh, yes.
- 7 Q. -- (overspeaking) --
- 8 A. Yes, it was. In fact, after I left PFC, which was for
- 9 reasons of -- I had a husband who moved to the West
- 10 Coast of Scotland, and I went to Glasgow and worked
- 11 with a haemophilia director there, and was involved in
- 12 some of the treatment of patients -- for the first
- 13 time, really.
- 14 And they were using some of that concentrate,
- 15 and it just made such a difference to -- for the
- 16 patients to be able to have a freeze-dried concentrate
- 17 used immediately out of the fridge for immediate use.
- 18 Q. This concentrate, shall we understand that it was
- 19 essentially a freeze-dried cryoprecipitate?
- 20 A. Yes
- 21 Q. Rather than what became known as freeze-dried factor
- 22 concentrates at a later stage, rather than pooled
- 23 plasma?
- 24 A. It was -- I'm not sure I understand your question.
- 25 **Q.** I'm sorry.

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(34) Pages 133 - 136

- 1 A. It was a freeze-dried -- it was freeze-dried
- 2 cryoprecipitate, but made in bulk. So you got several
- 3 hundred vials from a batch.
- 4 Q. Isee.
- 5 A. That were freeze-dried.
- 6 Q. So what was the pool size of the cryoprecipitate?
- 7 A. Well, I know initially it was about 20 litres but
- 8 I can't remember how many units that -- how much that
- 9 made, but ...
- 10 Q. Obviously obtained from more than one donor at that
- 11 size?
- 12 A. Yes, it was.
- 13 Q. You said initially. Do you remember about --
- 14 A. I don't know how high because it was being done in
- 15 a small facility, and using small scale equipment, and
- 16 therefore we were somewhat limited to about 20 litres.
- 17 Now, I'm sure it went up to about 100 litres,
- 18 subsequently, about that's what I recall doing.
- 19 SIR BRIAN LANGSTAFF: Can I just tell you, the -- we've
- 20 had a conversion factor used in the course of the last
- 21 week or so of somewhere around 600 ml a litre of whole
- 22 blood is plasma.
- 23 A. Yeah.
- 24 SIR BRIAN LANGSTAFF: So if that is so --
- 25 A. Yes.

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- 1 explanation earlier, could I ask for your explanation
- 2 of what polyelectrolyte fractionation is, please?
- 3 A. Well, essentially it was just a novel polymer,
- 4 positively charged polymer, that was -- I can't
- 5 remember its original use from Monsanto but it was
- 6 being evaluated for plasma fractionation. And there
- 7 were variations on the degree of positive charge that
 - could be introduced into it.
 - So there was one called E100, which was a 100 per cent substitute with positive charge, which was used -- potentially which was developed to purify
- 12 albumin and gamma globulin away from each other. And
- 13 then there was -- the one that -- when I first
- 14 evaluated those polyelectrolytes, I went to New York.
- 15 There was no -- from my recollection, and I think this
- was true, there was no polyelectrolyte at that point
- that was very useful for Factor VIII. I don't know
- 18 whether it was because the Factor VIII wouldn't come
- 19 off the polyelectrolyte. I suspect that was the case.
- 20 But at that time, there wasn't one.
 - So I ended up -- from PFC, I went over and

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- 22 learnt about albumin and gamma globulin.
- 23 Q. Was that at Dr Johnson's --
- 24 A. That was in Dr Johnson's lab.
- 25 Q. You mentioned Monsanto.

- SIR BRIAN LANGSTAFF: -- then a donation of plasma is
- 2 about 600 ml?
- 3 A. Yes.
- 4 SIR BRIAN LANGSTAFF: So 20 litres would give you
- 5 somewhere between 35 and 40 donors.
- 6 A. Yes, yes.
- 7 SIR BRIAN LANGSTAFF: Or donations, I should say, because
- 8 they might be the same donor giving a couple of pints.
- 9 $\,$ A. Most likely single at that point. Yes. That would be
- 10 right.
- 11 SIR BRIAN LANGSTAFF: That would be right?
- 12 A. Yes.
- 13 MR HILL: Same question as earlier. Were you involved in
- 14 any discussions about the potential risk of --
- 15 **A.** No.
- 16 Q. -- increasing the donor size?
- 17 A. No.
- 18 Q. Again, a decision made at a higher level?
- 19 A. Yes.
- 20 Q. The final bullet point you gave through PFC is the:
- 21 "Evaluation of Plasma Fractionation using solid
- 22 phase polyelectrolyte based on Ethylene Maleic
- 23 anhydride (EMA PE)."
- 24 A. Yes
- 25 Q. Now with some trepidation, given that I attempted an

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- 1 A. Yes.
- 2 **Q**. That was the company providing the polyelectrolyte?
- 3 A. Yes
- 4 Q. Yes. And that's the same company as later provided --
- 5 A. Yes
- 6 Q. Well, even at this time as was providing Speywood, and
- 7 you would --
- 8 A. Yes. Yes.
- 9 Q. Other than those areas that we've discussed, were you
- 10 involved in any other viral separation or viral
- 11 inactivation work in PFC at that time?
- 12 A. Um ... no, only the creation of Supernine, which we've
- 13 talked about, the PEG precipitated.
- 14 Q. We will come back to Supernine perhaps with Dr Foster
- 15 or with others.
- 16 A. And I did actually -- yes. I did actually look at
- 17 separation of viruses with polyelectrolyte with immune
- 18 globulins. But that's not -- that was never
- 19 published, so I am not quite sure -- but there
- 20 obviously was an awareness there of ...
- 21 Q. Who was directing the areas in which R&D would be
- 22 aimed, in the PFC at that time?
- 23 A. Um, Jim Smith. Dr Smith.
- 24 Q. What resources were available to him?
- 25 A. Plasma.

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(35) Pages 137 - 140

- Q. As in laboratory and human resources?
- 2 A. In PFC?
- 3 Q. Yes.
- 4 **A.** Um ... we had laboratory, we had equipment. We had plasma.
- 6 Q. How many people?
- 7 A. Doing research, or doing this development work?
- 8 Q. Doing research.
- 9 A. Well, there was me and I guess there was a couple of
- 10 others, but it was mostly me doing coagulation
- 11 factors
- 12 Q. Fair to say then that there had to be a fair degree of
- 13 prioritisation on the work which you were doing?
- 14 A. Mm
- 15 Q. We know that in 1981, after you had left, some
- five years after you had left, the Medicines
- 17 Inspectorate gave a critical report of the PFC.
- 18 In your experience, up until 1976, did the PFC
- 19 meet the standards that you would have expected of
- 20 a laboratory and fractionation centre.
- 21 A. Well, I didn't know any better. They -- we were --
- 22 well, we were obviously trying to work as cleanly as
- 23 possible. The Medicines Act had only just really come
- into play in 1969, so I think we were sort of -- it
- 25 sounds terrible but it isn't meant to -- making it up

- 1 said something of it originally, but what kind of
- 2 interaction, if any, did you have with haemophilia
- 3 patients?
- 4 A. Well, I, having moved to Glasgow, I was involved
- 5 with -- we were collecting blood samples from patients
- 6 to check on their Factor VIII levels after treatment,
- 7 and looking at things like half lives and those sorts
- 8 of things.
- 9 Q. The half life of a Factor VIII product that they'd
- 10 been given?
- 11 A. Yes, yes.
- 12 Q. Did you conduct any other routine blood tests on those
- 13 patients at that time?
- 14 A. No. Just factor assays.
- 15 Q. Would you actually draw the blood yourself?
- 16 A. No, no, it was drawn by a nurse or a doctor.
- 17 Q. And are you able to assist at all with what the
- 18 consenting process was that the patient went through
- 19 before giving that blood?
- 20 A. There wasn't -- as I recall, there was no consenting
- 21 process.
- 22 Q. So the blood would be taken from the patient without
- 23 the patient being told what the blood was going to be

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- 24 used for?
- 25 A. It might have been. It might have been.

1 as we went along. We had to keep out bacteria, we had

2 to keep out pyrogen in particular, and these were the

3 things that drove us to work as cleanly as possible

4 and that's what we did.

5 But the facilities in PFC at the time -- and

6 this is before it moved into its new facility out at

- 7 Liberton -- we were in the bowels of the Royal
- 8 Infirmary in Edinburgh, and in fact -- which was not
- 9 a particularly desirable place to be making clean
- 10 blood products, but it was all we had.
- 11 Q. How did it compare with your later experience of12 Speywood?
- 13 A. When I first went to Speywood the conditions were not
- 14 great. We were working in a Portakabin -- and
- 15 a garage, actually. So I got used to that sort of
- thing, and, amazingly, made pyrogen-free products out
- 17 of -- in some of these facilities.
- 18 Q. Is it fair to say that then both your initial work in
- 19 Speywood and the work that you did at the PFC, your
- 20 burdens were added to by the need to work hard to make
- 21 pyrogen-free product in the --
- 22 A. Yes, it adds quite a lot of problems, and cleaning
- 23 equipment, and water quality, and those sorts of
- 24 things. So yes.
- 25 Q. Moving to your time in Glasgow in 1976 to '79, you

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- 1 Q. You personally weren't involved in those
- 2 discussions --
- 3 A. No -- no.
- 4 Q. -- with the patient?
- 5 A. No. I can't tell you if there were bits of paper
- 6 signed or whatever was done. It wasn't that apparent,
- 7 because the number of patients within a haemophilia
- 8 unit -- the whole haemophilia unit is very much sort
- 9 of like a family. And patients were coming in all the
- 10 time to get their treatment and knew the haemophilia
- to the to get their treatment and knew the nacmophilia
- directors and the nurses intimately, because they were
 there quite often, and I don't think -- I don't know
- what consenting processes would have been involved.
- 14 Q. What, other than checking the blood for the effect of
- 15 the Factor VIII products, what other roles did you
- and reducer this productor, this contact to cook
- 16 undertake at Glasgow at that time?
- 17 A. Well, I actually looked at the Factor IX concentrate
- 18 that -- the Defix Factor IX concentrate, and the
- 19 Supernine concentrate, and looked at using different
- 20 assays to look at that thrombogenicity.
- 21 Q. That was research work that you were doing --
- 22 A. Yes
- 23 Q. -- on the products rather than -- (overspeaking) --
- 24 the patients?
- 25 A. Yes, on the products, yes. While I was there.

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1 I also did things to do with Factor VIII assays, 2 recoveries after exercise and various other things. 3 I worked with who is now Professor Lowe at the time 4 and we did some work with recovery of Factor VIII with 5 exercise, and things like that, physiological effects.

- Q. What links did you have at that stage with your former 6 7 colleagues at the PFC?
- 8 Well, I was still working -- Peter Foster was there at 9 that time. I suspect Jim Smith had left, I think.
- And he knew what I was doing, because we subsequently 10
- 11 wrote the paper about Supernine and PEG concentrate.
- 12 So he knew what I was doing.
- Did you have any links with pharmaceutical companies 13 14 at that stage, while you were at Glasgow?
- 15 No, the only reason -- the only pharmaceutical company
- 16 that happened while I was in Glasgow was that
- David Heath, who you've heard mentioned, came into the 17
- 18 lab while I was working to speak to my boss,
- 19 Dr Prentice, who was the haemophilia director, and
- 20 started to talk about polyelectrolytes. Within my
- 21 hearing. So that's how it came about that I ended up
- 22 working for Speywood.
- 23 Q. You've pre-empted my next question.
- 24 Α. Right.
- It was how you were recruited to Speywood in 1979. 25

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A. Yes. 1

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- 2 Q. What did that role entail?
- 3 A. Well, I sometimes thought it was because I was the 4 only scientist. At the time.

It involved -- my going there was primarily to develop porcine Factor VIII. There was a problem with the current product, which was not soluble, and couldn't be used. I subsequently sorted that problem out -- actually, quite quickly -- then went over to the States to pick up the polyelectrolyte, which seemed to have been now working for Factor VIII. So that's the way it went. I then came back and scaled

- 13 the polyelectrolyte method up to produce Hyate:C.
- Q. That's the porcine product? 14
- 15 A. The porcine product.
- But when you say you went over to the States, should 16 17 we understand that to be literally --
- 18 A. -- (overspeaking) -- Dr Johnson's lab.
- Did you stay there for long and conduct research or 19 20 was it literally to pick up the polyelectrolyte --
- Well, I stayed there -- I think I stayed there three 21
 - or four weeks, just to make sure that the method
- 23 worked, and to -- because I didn't -- because it
- 24 previously hadn't, for Factor VIII, but it did work.
- 25 So I then picked up the polyelectrolyte, brought it

- Was it from that --
- 2 A. Essentially I heard that conversation about
- 3 polyelectrolyte. I also -- and -- yes, I wrote to
- 4 David and said -- because I wanted to actually get
- 5 back to something more production-orientated, and
- 6 explained my experience, and I got a letter by return
- 7 of post saying: Yes, when are you going to start?
- 8 So that's what happened.
- 9 Q. You then moved to Speywood. Physically, where were
- 10 you based when you were working for Speywood?
- 11 A. Wrexham.
- 12 Q. In Wrexham?
- 13 A.
- 14 Q. Did you have anything to do with the office in
- 15 Nottinghamshire?
- 16 A. Not really. We occasionally -- we went over there
- occasionally. Myself and the production, I guess you 17
- mean the production director, Dr Costello, (?) ** 18
- 19 and -- he was in charge of the Wrexham site. We
- occasionally went over there, but just to talk about 20
- 21 progress with porcine Factor VIII.
- 22 Q. So you're essentially going there for meetings, but
- 23 never being based there; is that right?
- No, never been based there. 24
- 25 Your title was chief scientist?

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- 1 back to Wales, which is where we were, to Wrexham.
- 2 So that we are clear, this is for polyelectrolyte that 3
- was being licensed from Monsanto?
- 4 A. Yes, it was.
- 5 Q. The accountant's report from 1981 that we looked at
- 6 earlier -- and I know you were in the room when we
- 7 were going through the presentation earlier -- it
- 8 referred to there being 21 staff in Wrexham. I am not
- 9 going to ask you for what each one of them did, as of
- 10 1981, but what kind of roles were those people doing?
- 11 What were people doing in --
- 12 Initially, there were not 21 but there was --A.
- 13 initially, there was a technician in the lab who was
- doing Factor VIII assays, mostly, and there were 14
- a collection of three or four or maybe five 15
- 16 individuals who were responsible for collecting the
- 17 blood on the abattoir.
- 18 Q. The pig blood?
- Yeah, collecting and separating it. 19 A.
- 20 Then there was you, as chief/sole scientist?
- Yes. And then there was Dr Costello (?) ** who, 21
- 22 actually, was a botanist but he was obviously
- 23 a scientist, as well. But he was in overall charge of
- 24 the site, and the personnel.
- Q. Who gave you directions about what it was that you

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- 1 should be doing?
- 2 A. Me.
- 3 Q. We heard in the presentation about the importation of
- 4 Koate and Humanate --
- 5 A. Yes.
- 6 Q. -- and its sale within the United Kingdom. What role,
- 7 if any, did you have in the importation and sale of
- 8 Koate and Humanate?
- 9 A. I had no -- very little knowledge of it. I certainly
- 10 had no input at all.
- 11 Q. We saw from the data sheet that it was -- the address
- 12 given was the Nottingham address.
- 13 A. Yeah
- 14 Q. So far as you're aware, was the Koate and Humanate
- 15 business run from Nottingham --
- 16 A. Yes.
- 17 Q. -- or from Wrexham?
- 18 A. No, from Nottingham.
- 19 Q. Were you ever involved in the processes of seeking
- 20 product licences or dealing with the DHSS, insofar as
- 21 it related to Koate and Humanate?
- 22 **A.** No
- 23 Q. I'm going to quickly ask you, before we have a break,
- 24 about porcine Factor VIII and Hyate:C. You said --
- you've explained how you went and you picked up

- 1 Factor VIII assays are particularly difficult to
- 2 standardise, and we did have a problem with porcine
- 3 Factor VIII because the kinetics of the production of
- 4 porcine Factor VIII are different between human and
- 5 pigs. And there was a pig standard which was supplied
- 6 by a commercial company, which turned out to be wrong
- 7 because of the way it was -- had been assayed. So
- 8 yes, I had quite a lot of input into that. It's an
- 9 interesting topic, the kinetics of blood clotting in
- 10 pigs versus human. Sorry.
- 11 Q. I won't go into too much detail about that, and you'll
- 12 forgive me. But were you involved in any of the
- 13 applications for product licences for Hyate:C?
- 14 A. Somebody else wrote them, because I wasn't there at15 the time.
- 16 Q. But you left the company by that stage?
- 17 A. I was either -- I may not have left. I might have
- 18 been somewhere else, like at Elstree or in Paris, or
- 19 I also worked on deficient plasmas and various other
- 20 things. So I was away from, sometimes away from
- 21 Speywood, and I don't think that licence was applied
- 22 for until the facility, the manufacturing facility,
- 23 had been built. And so I was -- I'm not -- I did --
- 24 don't think -- I might have done. I don't remember
- 25 whether I did or not.

- 1 a polyelectrolyte and understood that it now worked in
- 2 respect of Factor VIII, and then you solved the
- 3 problem that they had been having with it. In your
- 4 statement, I won't take you to it, but at paragraph 14
- 5 you say:
- 6 "I developed a production scale process to
- 7 recover porcine Factor VIII."
- 8 A. Yeah
- 9 Q. Then at paragraph 37 you say that you had little
- 10 involvement in porcine Factor VIII thereafter.
- 11 A. I had -- after scaling up, yes, I showed the method to
- others, the other people, and they were perfectly
- 13 capable of handling it. It was a very easy process,
- 14 really. The difficulty with any Factor VIII or
- 45 Factor IV consentents the notice married medium i
- 15 Factor IX concentrate, it's not so much making it,
- it's knowing you've got the right thing at the end of
- it, in terms of assays, and analytical work, and
- 18 knowing that there's no potential for clotting when
- 19 you don't want clotting. So thrombogenicity, as we
- 20 call it.
- 21 Q. Did you have any role in that aspect of the work in
- 22 terms of Hyate:C?
- 23 A. The assay?
- 24 Q. The assay and the checking, the quality control and --
- 25 A. Yes, to an extent, because I had experience of --

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- 1 Q. I haven't found many papers with your name on in
- 2 connection with the Hyate:C --
- 3 A. The product. The product licensing or --
- 4 Q. And indeed the product licensing.
- 5 A. Yes, well, okay, in that case I didn't.
- 6 Q. We haven't looked at this in the presentations and we
- 7 will come back to that at a later date, but we know
- 8 that the application for the product licence was made
- 9 on 29 November 1983 --
- 10 A. Oh, right. Okay.
- 11 Q. -- and the licence was granted on 3 December 1984.
- 12 A. Right.
- 13 Q. Would you have still been working at Wrexham for
- 14 Speywood at that time?
- 15 A. Um ... well, no, I don't -- now you come to mention it
- 16 I actually don't know, because I did have a very --
- 17 I didn't really work full time at Wrexham, for a long
- 18 time before -- a long time after -- after I went and
- 19 worked down at the -- at Elstree.
- 20 Q. At BPL?
- 21 A. At BPL. And I don't know -- if you ask where I was,
- 22 I know I was doing work at the Royal Free on depleted
- 23 plasmas, for example, and I just was working in other
- 24 people's labs, I think.
- 25 Q. Is it fair to say, then that, certainly from your

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- 1 current recollection, you didn't have a great deal of 2 input into the finalisation of the product Hyate:C?
- 3 A. No, I don't think I did.

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Well, in the sense that I did formulate it, and I did run -- develop assays, and various other things, and I did have an interaction with NIBSC, N-I-B-S-C, about the assay, because that caused us all a lot of confusion at one stage. So I was doing that.

- 9 Q. Were you involved in, for example, directing the thinking about where this product should be used, and 10 11 which cohort of patients it should be used with?
- 12 Not really. It was inhibitor patients, as far as 13 I was concerned.
- 14 Q. That's where my question is leading to. When the 15 product licence went in, we'll look at this in due 16 course, it is very expressly said to be for inhibitor 17 patients.
- A. 18 Yeah.
- 19 Q. One question that the Chair may wish to consider, in
- 20 due course, is why porcine Factor VIII, in the
- 21 mid-1980s at a time of risk of both hepatitis and
- 22 AIDS, was directed towards inhibitor patients rather
- 23 than the wider population of --
- A. Of patients without an inhibitor? 24
- Q. Yes, exactly, without inhibitors. 25

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- 1 seen in the past, with much more -- much less pure 2 products, so I don't think people wanted to use it.
- 3 Q. We will come back to that, sir, as I say, in due 4 course, when we look at some further papers. I am
- 5 going to move on from porcine Factor VIII to human 6 Factor VIII, so I wonder if now might be a convenient
- 7 moment?
- 8 SIR BRIAN LANGSTAFF: Well, how much longer do you think 9 you might be?
- 10 MR HILL: Probably, sir, about another half an hour or so.
- SIR BRIAN LANGSTAFF: Because I am concerned that we need 11 12 plenty of time for you to pick up questions from those
- 13 Core Participants who might want to ask them. Yes, so
- we'll take 25 minutes, and come back, therefore, at 14
- 15 ten to four.
- MR HILL: Thank you, sir. 16
- 17 (3.23 pm)
- 18 (A short break)
- (3.50 pm) 19
- 20 MR HILL: Ms Middleton, I'd like to turn now to the
- 21 fractionation of human Factor VIII, by the
- 22 polyelectrolyte method. I won't take you to your
- 23 statement but you say in it that shortly after,
- 24 relatively shortly after joining Speywood, you were
- 25 seconded to BPL, and you subsequently spent some time 155

- 2 Are you able to give any insight into that question
- 3 from your perspective?
- 4 A. Well, from what I knew, first of all, porcine --
- 5 original porcine Factor VIII had a shocking
- reputation. This is before Hyate:C. It was a really 6
- 7 toxic product. It produced thrombocytopenia, platelet
- 8 reduction because of this so-called platelet
- 9 activating factor, which was thought to cause this
- 10 problem. They had allergic reactions to the protein,
- 11 et cetera. When it came to Hyate:C, it was much more
- 12 highly purified and actually was very well tolerated
- 13 by patients. But there was the concern that it would,
- 14 potentially, in non-inhibitor patients, produce
- 15 a cross-reacting inhibitor to human Factor VIII.
- 16 Q. It follows from that, that by taking this product,
- 17 they would then render themselves incapable of taking
- 18 a human --
- 19 A. Yes.
- 20 Q. -- Factor VIII plasma product in the future?
- 21 A. Yes, and that was the big unknown concern.
- 22 Were there any other reasons, you think, that --
- 23 A. Well, I think you were going to be giving pig protein
- 24 to people and, again, that might be a risk of creating
- 25 allergic reactions to the pig protein, which had been

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- in Paris as well at the CNTS lab. 1
- 2 A. Yes.
- 3 Q. I think that was in April, from April 1981.
- 4 We heard in the presentation about how there was 5 some optimism about the product in 1981, which gave 6 way fairly quickly to a more pessimistic view of the
- 7 prospects of the product.
- 8 A. Mm.
- 9 Q. Can I ask, you have said in your statement that yields
- 10 were variable, and that problems soon became apparent
- with the product. Could you explain what those 11
- 12 problems were, and how quickly they became apparent to
- 13 you, and to others?
- A. Well, as you probably know, blood clotting is 14
- a very -- it's quite a complex process. It's 15
- 16 a cascade. That's to make the blood clot. There are
- 17 also a lot of mechanisms in there to stop blood
- 18 clotting when it's not supposed to. So it's quite
- 19 a complex system to deal with. And if you are making
- 20 Factor VIII, purifying it, depending on the starting
- 21 material, you, have plasma which is in various -- once
- 22 you collect plasma or blood from the body, it's
- 23 immediately not as stable as it was when it was in the
- 24 body, because you've exposed it to surfaces, you've
- 25 generally exposed it to the air and you've generally

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changed the profile of it. And the inhibitors to blood clotting and the procoagulant. So, particularly with the polyelectrolyte, the Factor VIII, it proved to be very difficult to control the clotting, if you like, because the Factor VIII became -- was probably becoming activated during the process. And how activated it became depended on the quality of the starting material, quite often.

But it did result with -- with huge variability, trying to control the process, and it proved, in my hands anyway, very difficult to control it with any of the sort of different parameters that I tried.

So you absorb onto the polyelectrolyte and then you wash off. That's essentially what you have to do. By controlling -- the way you absorb it, or the things you add to it to try to keep it stable, the way you elute it off, can all affect what happens in terms of the stability of the final product, and what it proved to be -- relatively easy, you could elute things off, and you could measure a Factor VIII level that seemingly was high, remembering that the assays themselves could sometimes not discriminate as to whether you'd got an activated system or not, and then, as you stored it, let it stand, the activity dropped off because the Factor VIII was becoming

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the reference is HSOC0022968. And he is describing how he worked with you and with others in order to try to purify Factor VIII that he can then go on to use in gene sequencing which would then give rise to recombinant products?

And he said that by 1982 he had devised a multi-step procedure, which had -- which led to that -- in cooperation with others, I should emphasise.

10 A. Mm.

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11 Q. And he said:

"The bulk processing capacity of polyelectrolyte, combined with the exquisite specificity of monoclonal antibodies, overcame all remaining problems, although Frances Rotblat and Don O'Brian (?) ** in my laboratory found that they needed to use large amounts of highly poisonous nerve gas type enzyme inhibitors to keep the Factor VIII stable."

- 20 A. Yes.
- 21 Q. So that is what you were referring to a moment ago?
- 22 A. Yes
- Q. I don't think it needs to be stated why using a nerveagent --
- 25 A. Yes.

1 activated and lost.

So it proved very difficult to control and that
in essence was confirmed, because when we made
Factor VIII sequencing, that was Professor Tuddenham's
project, he had to use a very serious anti-proteolytic
agent -- it was actually nerve gas -- to stop the
clotting factors prevent activation of the clotting
cascade, in order to get pure Factor VIII at the end
of it.

- 10 Q. If I can just interject there, a couple of things11 arise from that. The variability of the product.
- 12 A. Yes.
- Q. Does that make it hard to translate from
 a laboratory-based product on which you can do your
 experiments and test the potential, into a mass
- 16 produced product which could actually be marketed?
- 17 A. Yes, the main thing you have to remember when you're18 producing any product is quality, safety, and
- 19 efficacy. If you're getting variability yields and
- you don't know why, then you don't have the quality.
- 21 And not the safety, either.
- 22 Q. The process you were talking about with Dr Tuddenham
- 23 there -- I'm going to come on to recombinant shortly,
- 24 but there's an article that he's written that I know
- 25 that you have seen. I'm not going to bring it up, but

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- 1 Q. -- as part of a product --
- 2 A. Not suitable for a therapeutic product, no.
- 3 **Q.** Thinking back now, are you able to put a timescale on when you became aware that these problems were going
- to be insurmountable in terms of bringing a product to
- 6 market?
- 7 A. Well, I think I became aware of it when I was actually at Elstree.
- 9 Q. This is 1980 to 1981?
- 10 A. Yes. If that's when it was, yes. And I spent
- 11 a couple of months after that in Orsay, in Paris, and
- we had the same problems. We couldn't get the thing
- to be stable. You know, one day, we got something
- that we thought was 75% yield, then if you left it on
- the bench, it had gone down to 25 per cent. So it was
- 16 really not looking very viable at this stage in
- 17 Elstree.
- 18 Q. You were in Paris from April 1981, according to
- 19 paragraph 17 of your statement, for a few months?
- 20 A. Yes, for a few months, yes.
- 21 Q. By that stage do you think you were aware that this
- 22 wasn't really going to be --
- 23 A. Well, it did just never seemed to -- no, I ...
- ${\bf 24} \quad {\bf Q}. \quad {\bf I} \ {\bf am} \ just going to ask from a document to be brought$
- up on the screen. It's BPLL00016007_018, please,

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- Soumik. BPLL0016007_018. This a letter which is written to Mr Heath from Dr Allain in Paris.
- 3 A. Mm

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4 Q. I know you have seen this in the files we provided you5 with. He says:

"Dear David.

"I enclose a summary of the results of PE5 phase 1 which has worked out very well.

"We are presently doing some additional experiments on filtration and freeze drying that looks very promising. The loss in yield seems quite reasonable.

"I have done all the background work for the next step and the raw material is now being prepared. I am confident that step 2 will be as successful as step 1."

So that's Dr Allain's view in this letter on 27 May 1981.

- 19 A. Yes.
- Q. I'm cautious about reading too much into one letter in
 a snapshot in time, but around that time, had you
 already doubts developing in your mind?
- A. I did. And obviously Jean-Pierre Allain and I worked
 together on the preparation in stage -- I think it was
 step 2, in Paris, and, we had the same problems as I'd

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- 1 collected -- in fact I think it was almost fresh -2 cryoprecipitate, from very good quality --
- 3 specifically for those clinical trials, because it was
- done on four patients, I think, three haemophiliacs
- 5 and one von Willebrand.
- 6 Q. Yes.
- 7 A. Yes. And specifically for that. It was made in the8 clean room at BPL, and -- specifically for that
- 9 experiment. And that showed that the Factor VIII that
- 10 we got was good recovery, which suggests it was quite
- 11 good Factor VIII, and that it didn't work in
- von Willebrand's disease, which is what we might have
- expected because of the nature of the protein at that
- 14 point.

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- Q. So an example of how, when it is done in very closelycontrolled circumstances, it could work, but that --
- 17 A. Yes, and that was probably due to the fact that the
- 18 cryoprecipitate was very good quality. The stuff --
- 19 the product I was working with at BPL was mostly
- 20 freeze-dried product that had failed quality control
- 21 for some reason. Mostly due to pyrogenal bacteria, or
- 22 pyrogen really, or something of that order. So
- 23 I worked on that, which had been freeze-dried and was
- 24 not terribly good quality.
 - The stuff that probably -- the cryo that I 163

1 had at BPL. So I think his letter was optimistic.

- 2 Q. This letter, of course, is referring to him at the end
- 3 of step 1.
- 4 A. Yes.
- 5 Q. You subsequently worked with step 2 --
- 6 A. Yes
- 7 **Q.** -- and it was disappointing?
- 8 A. Yes. And we never really went to step 3, I don't
- 9 think.
- 10 Q. We heard earlier, I believe you were in the room for
- 11 it, about Dr Tuddenham's lecture from some point in
- 12 1981 in which he expressed some optimism.
- 13 A. Mm.
- 14 Q. There is also a paper -- I won't bring it up, but
- BPLL0016007_026 -- the authors are Tuddenham, Lane,
- 16 Rotblatt, Johnson, Snape, you and Kernoff, "Response
- to infusions of polyelectrolyte fractionated human
- 18 factor VIII concentrate ..."
- 19 A. Yes.
- 20 Q. "... in human haemophilia A and von Willebrand's
- 21 disease.
- 22 A. Yes.
- 23 Q. Both of those -- both the lecture and the paper --
- 24 express some hope for the method?
- 25 A. Yes. We made a batch at BPL with carefully

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- 1 worked with on this -- on that product, was possibly
- 2 fresh and probably never been even frozen. It was
- 3 probably made straight from that. So if you had
- 4 perfectly good quality cryo, then maybe it would work.
- 5 Q. You also wrote a short paper on viral inactivation
- 6 which is dated October 1983.
- 7 A. Yes.
- 8 Q. I won't bring it up, but it's ISPN0000409_009.
- 9 A. Viral separation.
- 10 Q. Sorry, viral separation, my error.
- 11 If I may summarise the paper, it's that the
- 12 in vitro experiment that you did showed viral
- 13 separation.
- 14 **A.** Yeah.

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- 15 Q. But as per Dr Tuddenham's lecture, there was a need to
 - look at that in clinical trials if that were to be
- 17 proved to be safe and efficacious?
- 18 A. Yes, we showed that in Professor Thomas's lab. We
- 19 added hepatitis to the concentrate and then worked it
- 20 over the polyelectrolyte, and that showed that there
- 21 was no absorption of the virus to the ion-exchange
- 22 resin.
- 23 Q. Meaning that the ultimate product would be free --
- 24 A. Yes.
- 25 Q. -- of hep B?

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- A. Would be separated from it, yes.
- 2 Q. Was there any expectation that it would also clear
- 3 NANB hepatitis?
- 4 A. Possibly for the same reason.
- 5 Q. You say "possibly" but that, of course, couldn't be 6 tested for at the time?
- 7 A. No, no.
- 8 Q. Hence the need for clinical trials. We will come back
 - to the clinical trial in a second. Before I do, we
- 10 know that you developed your concerns about how viable
- 11 this was going to be as a product. Did you share
- those concerns with Mr Heath?
- 13 A. Yes

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- 14 Q. We've seen some of the things that he was saying in
- 15 1981. To give you just one example from July 1981, the human protein plan. He said:

"Recent production yields, clinical trials and hepatitis tests have adequately demonstrated that the major protein, Factor VIII:C, can be produced economically, is very efficacious and is most probably free from hepatitis activity."

That is from July 1981. In your view, was that a claim that was justified?

- 24 A. Err ... I think it was optimistic at that point.
- 25 Q. This was at a point in time when Mr Heath and Speywood

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some of the things they did and that was a shame. And he also ended up -- he could very easily, because he was the way he was, put people's backs up, and that was certainly the case with the bio products laboratory, because of the different cultures. Bio products was there to make blood products, and get as much as possible out for the population.

David was constantly looking into the future, and trying to raise money, in those days, was difficult, and therefore you tend to overpromise, or he was over-promising.

The porcine Factor VIII was working very well, mainly because I think a lot of the clotting that happened and the problems with clotting happened before the plasma ever got from the abattoir to what we were working with, and we were left and the yields were probably pretty dreadful from porcine blood, but it was easier, in that sense, because we had -- but with Factor VIII you were so totally dependent on fresh frozen good quality human plasma, human blood that you had to be so careful about the yield.

So he had -- he was optimistic because the porcine was going well. He maybe thought that the human should be going well because the porcine was, and that was his -- probably his reasons for doing it.

1 was seeking a £4 to 5 million investment, half of

2 which was coming from public funds. In that context,

3 do you think that that claim was one that could

- 4 reasonably have been made?
- 5 **A.** Um ... with hindsight, it was perhaps a bit economical with the truth.
- 7 Q. Were you involved in any way in the --
- 8 A. No, no
- 9 Q. If you had been involved, what would you have said to10 Mr Heath about it at the time?
- A. Well, I would have said -- I would have suggested that
 he moderated his language.
- 13 Q. Sorry --

22

- 14 A. Well, I think I should say something about David,
- 15 because he was very entrepreneurial, and he was
- 16 entrepreneurial from very early -- he took on
- a porcine Factor VIII; why on earth would he do that?
- 18 He was a pharmacist. It was a very strange thing to
- do. But he saw the potential in it. He took on the
- 20 polyelectrolyte fractionation to improve that porcine
- 21 Factor VIII, which, again, was very entrepreneurial.
 - And obviously the recombinant Factor VIII came from
- 23 him and he worked on it.
- But the trouble was that he was very -- not very good at man management, and people let him down in

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- 1 **Q.** But by July 1981 he was aware, was he, of your
- 2 reservations?
- 3 A. He knew but he probably thought I was just being, you
- 4 know, slightly negative on the subject, quite likely.
- 5 Q. You were the chief scientist of Speywood, and he was
- 6 a pharmacist by trade, as I understand it?
- 7 A. Yes, he was.
- 8 Q. The clinical trial of Mono C, (sic) the Factor VIII
- 9 product. Were you involved in putting the application
- 10 for the clinical trial together?
- 11 A. Well, I must have been but I don't remember doing it.
- 12 But we must have done it.
- 13 Q. We know that it went in at some point in 1982, and we
- 14 also know that progress on the product had slowed by
- that stage. What was the purpose of having a clinical
- 16 trial in those circumstances?
- 17 A. I think it was to -- well, basically to check to see
- 18 whether it was safe and whether the concept of
- 19 Factor VIII:C, which is what it was, the clotting
- activity, as opposed to the complex, which circulates
- 21 in plasma with the von Willebrand factor sort of
- 22 attached to it, or that's what was thought, whether it
- 23 would survive like that in the circulation.
- 24 Q. Was there any feasible prospect, as of 1982, of
- 25 bringing this to a product that could be placed on the

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- 1 market?
- 2 A. At the time of clinical trial?
- 3 **Q**. Ye
- 4 A. Um ... maybe in some -- I don't -- I don't know how to
- 5 answer that question.
- 6 Q. Let me --
- 7 SIR BRIAN LANGSTAFF: As best you can.
- 8 A. As best I can. Um ... because the question is: why
- 9 did you do a clinical trial?
- 10 MR HILL: No smoke and mirrors here, that's the --
- 11 A. That's the question.
- 12 Q. If you're in the circumstances where it is unlikely
- 13 that this will ever be made into a --
- 14 A. Well, it was made at the bio products laboratory, that
- 15 product. So they must have thought something positive
- 16 about it at that stage, in spite of the difficulties
- 17 that we had with it. So maybe they thought that they
- 18 should check that it would work, because it was
- 19 a different entity. So, maybe, you know, things
- 20 might -- things might work out. Maybe I was being too
- 21 negative about it. Maybe it was possible to make it
- 22 work.
- 23 But the other question that needed to be
- 24 answered is would it actually work in the circulation?
- 25 Never mind whether the -- you know, because if you can

- 1 Q. So this is a meeting on 2 June 1983.
- 2 A. Yeah.
- 3 Q. The subject "Clinical trials certificate for
- 4 Mono VIII:C".
- 5 **A.** Yes.
- 6 Q. Then "source of cryoprecipitate"?
- 7 A. Which was this Alpha cryoprecipitate, which was being
- 8 bought in 100-kilo lots -- was it 100-kilo lots -- in
- 9 large lots, as a frozen cryoprecipitate, to make -- to
- 10 try to make Mono Factor VIII:C out of. It wasn't that
- 11 material that went into the patients. The product
- 12 that went into patients came from Elstree.
- 13 Q. Yes, I think we're at slightly cross purposes.
- 14 A. Oh right, okay.
- 15 Q. So the paper I referred you to earlier, which you
- 16 co-wrote with Dr Lane, et cetera, et cetera, and
- 17 Dr Tuddenham, that was a product that was made in
- 18 Elstree --
- 19 A. In Elstree, yes.
- 20 Q. -- and that was used, as you said, on three
- 21 patients --
- 22 A. And one von Willebrand's.
- 23 Q. -- with haemophilia A and one von Willebrand's

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- 24 patient.
- 25 A. Yes.

- 1 get the production process to work, which I couldn't,
- 2 but other people might have got it to work, would
- 3 Factor VIII:C on its own last in the circulation? And
- 4 yes, it did.
- 5 Q. Do I take it from your answer that you were trying now
- 6 to help us by looking back and thinking what the
- 7 thinking might have been, but you weren't actually --
- 8 you're not able to say what you yourself thought at
- 9 the time?
- 10 A. Yes.
- 11 Q. I should say, out of fairness, that we looked at the
- 12 1983-1985 business plan and, as we discussed during
- the presentation, the door was not being closed
- 14 absolutely on Factor VIII through polyelectrolyte
- 15 fractionation, although there were concerns about how
- 16 feasible it was going to be.
- 17 A. Mm.
- 18 Q. We know that the initial application was turned down,
- and I referred to a meeting that you attended on
- 20 2 June 1983. If we could have that on screen, please,
- 21 Soumik. It's IPS --
- 22 A. That wasn't the same product.
- 23 Q. Ah. If we bring it up on screen, perhaps you can
- assist us with it. IPSN0000165_109, please.
- 25 A. Yeah.

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- 1 Q. This is different. This is the application for the
- 2 clinical trial --
- A. Yes.
- 4 Q. -- which was made at some point in 1982?
- 5 A. Yes
- 6 Q. That was what I was discussing with you a moment ago?
- 7 A. Yes, yes.
- 8 Q. Why it was that there was an attempt to have
- 9 a clinical trial at that stage.
- 10 A. Oh, from this -- yes.
- 11 Q. Does that alter your assessment, any of your answers,
- now that we're clear about what we're talking about?
- 13 SIR BRIAN LANGSTAFF: I don't see why it should alter your
- answers, but just that we now know you're talking
- 15 about -- we're quite clear which trial you're now
- 16 talking about.

24

- 17 A. Yes. I can't ... I recall this and, as you know in
- the plans, there was the idea of building a facility
- 19 to make human Factor VIII from this frozen
- cryoprecipitate. I wasn't certain about it at all.
- 21 But I'm not sure why we applied for a clinical trial
- 22 certificate using this material.
- 23 MR HILL: The idea was that the material -- the
 - cryoprecipitate would come up in from Alpha, and then
- 25 you would fractionate it --

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- 1 A. It was a frozen paste that you re-suspended. We 2 did -- I did do some work with it. It was a frozen 3 paste that was re-suspended and then put over the 4 polyelectrolyte.
- 5 Q. I'd like to just look at what was to said at this
- meeting. There was you and Anne Walton from Speywood? 6
- 7 A.
- The note is by -- the initials are EAW. Is that Anne 8
- 9 Walton?
- A. Yes. 10
- Who was Anne Walton? 11 Q.
- She was -- she did some marketing but she also focused 12 in on regulatory affairs. 13
- 14 Q. Was she a scientist?
- 15 A. Yes.
- 16 Q. The participants from the DHSS, a Dr Fowler and
- 17 Dr Purves.
- A. 18 Yes.
- 19 Q. And if we could just look at the note and I'll read it 20 through to you.
- 21 "1. Dr Fowler was of the opinion that, despite 22 the controversy surrounding US imports as a result of 23 AIDS, our application will not be judged prejudicially 24 by the CSM if we pursue it with Alpha cryo cited as source material. There have been suggestions in 25

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1 A couple of points about that. Paragraph 1, the 2 discussion of the potential ban on US blood products, 3 and the recognition that that was impractical. Are 4 you able to help us with who was saying that it would 5 be impractical to ban US blood products?

- 6 A. No.
- 7 Q. Would you or Anne Walton have been in a position to 8 make that observation? Do you think it's more likely
- 9 to have come from the DHSS officials?
- 10 A. I think it's more likely to have come from the DHSS 11
- But the references to the source material choice being 12
- 13 "based on commercial and scientific grounds", as
- opposed to what other grounds? 14
- 15 A. Um ... as opposed, presumably, to citing the source of
- the raw material. So in other words, it's coming from 16
- 17 the US. I don't know what else.
- 18 Q. Are you able to assist us any further now about the
- 19 contents of that meeting and what was discussed at it?
- 20 Can you remember it at all?
- I can't remember it. I can't remember it very well at 21
- 22
- Q. Do you know why it was that you were asked to go from 23 24 Speywood?
- 25 Well, Anne would have set it up, and I would have gone

certain quarters about the banning of importation of all US blood products but the impracticality of this is recognised by those who were well informed in this area and a ban does not, therefore seem likely. An application based on Alpha cryo would (or should) be judged solely on its scientific merit.

- "2. The possibility of leaving an application open-ended with respect to source material was discussed and dismissed as unacceptable.
- "3. We were advised that if a change in source material is desired, the application might proceed more easily if the licensing of the import or the cryo were included in the CTC application. The responsibility wore the quality of the raw material would then be entirely Speywood's and in addition, the cryo would then be licensed for importation only for the purpose covered by the CTC."

If we go over to the next page, the possible courses of action are discussed. I won't go thorough that, but it says:

"In conclusion it appears that the use of US cryo will not prejudice our case with the licensing authorities and therefore our choice of source material can be based on commercial and scientific grounds."

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- 1 along because of being -- whenever that meeting was,
- 2 still being chief scientist of Speywood. The most
- 3 experienced for the human Factor VIII.
- 4 Q. Can you help us with whether or not a further
- 5 application was made for a clinical trial certificate
- 6 on that product?
- 7 A. I don't think it was.
- 8 Q. Do you know why it wasn't pursued?
- A. No -- well, yes, I probably do, because I don't think 9
- 10 there was anywhere to make it.
- Q. The facility that had been planned wasn't built? 11
- No. And I think at one stage it might even have been 12
- 13 thought you could share the facility with porcine, but
- that became a no-goer when -- because of virus 14
- concerns, and it had to be separate. 15
- 16 Q. That is something we saw with the business plan about
- 17 the DHSS no longer allowing a multi-purpose site.
- 18 Α.
- 19 Looking back on human Factor VIII and polyelectrolyte
- 20 fractionation, was this always a project that was
- 21 ultimately bound to fail, given the knowledge and
- 22 equipment and availability of material in the early
- 23 1980s, or were there any missed opportunities to have 24
- developed it further?
- Sorry, do you mean with respect to human Factor VIII?

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The Infected Blood Inquiry Q. Yes. 1 an American firm? 2 A. I don't think it was going to fly. It worked very 2 A. I think what happened with the recombinant Factor VIII 3 nicely for porcine Factor VIII. 3 was that, as I understood it, the -- there was 4 Q. But not for human? 4 a certain amount of money brought forward by Prutec 5 A. But not for human. 5 and BTG, and that was sort of -- that money was Q. On recombinants -- I'm going to take this very dispersed around various Oxford facilities to try to 6 6 7 briefly, if I may -- your role was important but 7 clone the gene, to sequence it -- sequence it first, 8 8 limited in helping to provide the purified -- the purify it, et cetera -- and none of that programme 9 first step of the purification process? 9 really worked out. The only bit of that programme 10 A. Yes. that worked out was Ted Tuddenham's purification. 10 The UK didn't really have the technology at the 11 Q. And then passing that on to Dr Tuddenham and his team 11 12 to work on thereafter? 12 time. In a paper that Ted wrote, Ted Tuddenham wrote, 13 he said that they had, and I recall that they did, 13 Α. 14 Q. Mr Heath's view that we heard earlier was that this 14 they interviewed Genentech, Genetics Institute, 15 was something of a tragic failure by the UK to 15 with -- another American company, and Celltech in this 16 capitalise upon the work that was done, because the --16 country, after Ted had presented his work on 17 ultimately the work was taken forward by Genentech, 17 purification. And Celltech in this country was at the 18 18 stage of making protein -- I think it was rennet -- in an American company, and subsequently by other 19 American pharmaceutical companies as well? 19 bacteria. Factor VIII was a big protein. Nobody knew 20 A. Yes. 20 what the structure was. It needed to be done in 21 Q. Could I ask for your opinion on that view from 21 mammalian cells. 22 Mr Heath, and in particular upon the question of David had actually written into the original 22 23 whether, if other steps had been taken, it would have 23 agreement that if it was mammalian cells then the UK 24 led to a quicker development of recombinant products 24 manufacturing rights would stay here. So he was 25 or just a development by a British firm as opposed to 25 astute enough to realise that, and they realised that 177 178 1 it was never going to be a bacteria. And the Oxford 1 because of his, sort of, rather -- what shall we people, who were working on the project, were working 2 2 say -- his sort of -- his energetic sort of -- I can't 3 in yeast, which was not terribly much better for a big 3 think of the right word, but he wanted -- he was 4 protein like Factor VIII. There was not much known 4 passionate about what he wanted, but that passion 5 about the structure either. 5 tended to make him promise too much and achieve -- not 6 I do recall that after some had been purified, 6 achieve it, and I don't think that made him a very 7 7 it was sent to ICRF, but Mike Waterfield, who was good source for somebody to invest in. I don't think 8 8 going to do some sequencing, couldn't get time on the they were very happy with it. 9 9 sequencer. MR HILL: Thank you. Those are the questions I have for 10 So when it went over to Genentech, they had 10 you. a whole department with several people, sequences 11 11 Sir, may I suggest a few minutes break while we 12 dedicated to the project. It was just completely 12 allow the Core Participants -- I don't anticipate 13 13 there will be many questions from them -- I received 14 a great deal of assistance in advance, 14

So going back to your original question, which I've probably not answered, I don't know, but it came down to the fact that I think the funding from Prutec and BTG was not used in a very constructive way, and that goes back to what I said originally about David, that he gave responsibility to people for doing things, and the person that stood out was Ted Tuddenham. The rest of them didn't really have the technology to do it. And Prutec and BTG got a bit upset about that, and that's when the trouble came, and David was removed and put to one side.

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He wasn't terribly popular with a lot of people

18 always do, I don't know if you've watched any of the 19 Inquiry at all before you came, but what we always do 20 is we take a break when a witness has finished the 21 evidence which the Inquiry counsel has to ask to allow 22 the Core Participants -- they come from all different 23 perspectives -- to ask questions through counsel of 24 the witness and, that way, we make sure that we try to

SIR BRIAN LANGSTAFF: Well, we will see, because the

question may have prompted some questions. What we'd

collect as many different questions, answering 180

Ms Middleton's --

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1 different viewpoints, as there may be. 2 It does mean you've got to wait a little bit 3 longer. I can't promise you how long but we'll say 15 4 minutes and come back at quarter to five, and we will 5 see then what questions there are, if there are any.

6 A. Okay.

7 SIR BRIAN LANGSTAFF: So quarter to five.

THE WITNESS: Right. 8

9 (4.27 pm)

(A short break) 10

(4.45 pm) 11

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Questions from CORE PARTICIPANTS

MR HILL: Ms Middleton, a few questions from some of the 13 14 Core Participants that I've been invited to ask you.

This means we're going to jump rather from one topic 15

to another. 16

A. Yes, okay. 17

Q. Starting with your time still in Scotland, and the 18 19 reference that you made to a colleague sadly dying of 20 hepatitis B, were any changes made to the way you

21 operated in response to that death?

Um ... immediately, yes, we did become much more 22 Α. 23 aware, I think, of the potential problems with the

24 plasma we were dealing with. The person that had the

25 accident, it was a known infected patient that caused

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Q. I am going to -- this is a document that you haven't seen and I don't think is on our system, so I'm just going to read a short passage to you. It comes from a meeting in May 1985, a meeting in Scotland of the Scottish National Blood Transfusion Service. And it refers to a request that has come from you to the SNBTS -- and forgive me, I've just lost my place temporarily.

> What is recorded in the minutes is this you have asked:

"... to obtain from the SNBTS about 50 litres per annum of fresh frozen plasma from which to developed a range of reagent biodepleted plasmas."

You had approached SNBTS because of "concern that the haemophiliac plasma substates in use at present might be contaminated with HTLV-III or hepatitis".

18 A. Yes.

First of all, do you have any recollection of making 19 20 such a request?

A. I don't, but I do remember the project, so ... 21

Q. Could you explain what that project was? 22

23 A. The project was to use monoclonal antibodies, the ones

24 developed at the Royal Free, to make

25 a Factor VIII-deficient plasma. Factor VIII-deficient

the problem there. And that was in a lab, which was a 2 separate lab, where they were doing studies with the 3 hepatitis virus.

4 But as far as PFC was concerned, obviously we --5 I suppose we did become much more aware of the 6 potential.

7 Q. Do I understand from that answer that the colleague 8 was somebody who worked within the Edinburgh Royal 9 Infirmary rather than within the PFC?

A. Yes, she wasn't in the PFC, she was in the Royal 10 11 Infirmary. But in the same sort of department, blood 12 transfusion.

Do you know if the accident and the death was notified 13 Q. 14 to any public health body?

15 A. I'm sure it was. It was a prick. It was an

16 accidental prick with a needle, which was, you know,

tiny, but yeah, that's what happened. 17

Q. Staying with your time in Scotland, and moving to 18

19 Glasgow, do you recall if the blood that you were

20 dealing with, which was taken from patients with

21 haemophilia, was marked as being high risk?

22 A. I don't think it was.

23 Q. Do you remember if any particular procedures were in 24 place for how you dealt with and handled that blood?

25 A. No. I don't think so.

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1 plasmas from haemophiliacs were used as reagents to

test for the potency of a Factor VIII concentrate. So 2

3 rather than use -- these obviously became much more

4 potentially risky -- that was thought to be the case,

5 as reagents. And therefore, we decided to use normal 6

plasma, and deplete it of Factor VIII using monoclonal

7 antibody column to deplete it.

8 Q. In order to create assays?

9 A. To use for assays.

10 Q. So everybody has the reference, it's PRSE0004075, and

the minutes record that it was considered not 11

12 appropriate to provide the material because there was

13 no surplus at the time.

A. Right. 14

Q. Do you know if you were able to obtain an equivalent 15

16 material from elsewhere?

17 A. I did get some from somewhere. I bought some from 18 somewhere. But it wasn't the United States. I'm not

19 quite sure. It can't have been English, British --

20 I don't know where it -- (overspeaking) --

21 Q. Because it was commercial?

22 A. It must have been commercial.

Q. And your desire was to avoid the material coming from 23 24

the United States because of perceived risk of

25 HTLV-III?

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- 1 A. Well, it was to come from -- there was no point in
- 2 doing it unless it came from a clean source. And
- 3 I can't recall now where it did come from, but we did
- 4 use that technology, and subsequently it was -- the
- 5 assay was developed and was sold commercially by an
- 6 organisation called Diagnostic Reagents who were based
- 7 in Oxford and who supplied -- probably still do --
- 8 reagents for coagulation factors.
- 9 Q. Moving on to a different topic, was there any
- 10 discussion about proposed research concerning AIDS,
- 11 HIV, HTLV-III, at Speywood during your time there?
- 12 A. Not AIDS, no. I think AIDS and HIV were only really
- identified -- started to be identified in '82, '83,
- 14 Q. But Speywood wasn't involved in any --
- 15 A. No.
- 16 Q. Specific projects that tried to address the risk of --
- 17 A. No
- 18 Q. -- HIV, HTLV-III, et cetera?
- 19 A. No.
- 20 Q. Further question. How much of your work, either at
- 21 the PFC or at Speywood, informed by a knowledge of the
- 22 different severities of haemophilia in patients, mild,
- 23 moderate and severe haemophilia?
- 24 A. Um, I'm not sure I understand the question. We were
- 25 making concentrates to treat haemophilia, whatever the

- 1 A. (Witness nodded)
- 2 SIR BRIAN LANGSTAFF: But you moved to Liberton --
- 3 A. Yes.
- 4 SIR BRIAN LANGSTAFF: -- did you? That would be about
- 5 1973, I think.
- 6 A. Possibly, yes.
- 7 SIR BRIAN LANGSTAFF: What was life like there?
- 8 A. Oh, well, that was very different, because it was
- 9 purpose-built facility.
- 10 SIR BRIAN LANGSTAFF: So you had a purpose-built facility
- 11 there.
- 12 A. Yes
- 13 SIR BRIAN LANGSTAFF: Then when you moved down south to
- 14 Wrexham, you found yourself in a Portakabin in --
- 15 A. And a garage.
- 16 SIR BRIAN LANGSTAFF: A garage?
- 17 A. Yes. I only did the research work in the garage, I
- 18 should say
- 19 SIR BRIAN LANGSTAFF: [Laughs]. So I -- would I be right
- 20 in thinking that David Heath, whose enthusiasm had
- 21 recruited you to post --
- 22 A. Yes.
- 23 SIR BRIAN LANGSTAFF: -- he would have had some schemes

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- 24 and dreams for improving those facilities.
- 25 A. Well, he did, ultimately. They did improve that

- 1 level, however severe or mild it was.
- 2 Q. But were you aware of the distinctions between --
- 3 A. Yes.
- 4 Q. -- mild, moderate and severe?
- 5 A. Yes.
- 6 Q. Does it come back to the fact that your role as
- 7 a scientist was to seek to make the product --
- 8 A. Yes
- 9 Q. -- and not to decide how it should be used by the
- 10 clinician --
- 11 A. Yes.
- 12 Q. -- and the patient?
- 13 A. Yes, yes. Although in discussions with the
- 14 clinicians -- because we were very close to the
- 15 clinical use, particularly in the UK -- we did get to
- 16 learn about what people were doing, what clinicians
- 17 were doing for treatment, et cetera.
- 18 MR HILL: Those are, sir, the questions that we have had
- 19 from the CPs. I turn to you now, sir, if you have
- 20 anything further.

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Questions from SIR BRIAN LANGSTAFF

- 22 SIR BRIAN LANGSTAFF: I just have a couple of questions.
- 23 You've described life in the basement in the old
- 24 Royal Infirmary in Lauriston Place, which I can
- 25 imagine was like working in a basement.

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- facility and they had a purpose-built production
- 2 facility for Hyate:C, on the Wrexham estate.
- 3 SIR BRIAN LANGSTAFF: So you did eventually get the
- 4 facilities you wanted, for research as well?
- 5 A. Well, it didn't happen until -- um, I'm not even sure
 - of the timing of it, but it was '82/'83. I mean, it
- 7 was later than I was -- my -- all my work was done in
- 8 the garage, and the -- and the Portakabin, under
- 9 laminar flow, I should say. We did clean up the
- 10 Portakabin.
- 11 SIR BRIAN LANGSTAFF: Did you know -- this is a second
- topic -- anything about the Speywood's continuing to
- market Koate without, it may be thought, telling Koate
- 14 they were doing it by buying it and sourcing it --
- 15 A. No, I didn't.
- 16 SIR BRIAN LANGSTAFF: -- from an intermediary.
- 17 **A.** No, I didn't.
- 18 SIR BRIAN LANGSTAFF: Is that the sort of thing that David
- 19 Heath might do, as you would see him?
- 20 A. Well, I suppose -- I guess, I guess he might have
- 21 done. I'm sorry to say.
- 22 SIR BRIAN LANGSTAFF: Well, you have a slightly,
- 23 I suspect, a slightly ambivalent attitude towards him.
- 24 A. Well, he was a-- he was the sort of person -- I had
- 25 two mentors. One was Jim Smith and one was David

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1	Heath, really, on the business side. But I didn't	1	So he did have very good ideas. But sometimes	;
2	but only in the sense that it was all his ideas and	2	bringing them to fruition was not quite so good.	
3	everything else that I admired. But when it came to	3	SIR BRIAN LANGSTAFF: Yes, it was a case of the next b	oig
4	doing he did do certain things that I thought were	4	thing, as it were.	Ū
5	a little bit, a bit near the edge, and I didn't	5	A. A little bit. Yes, I'm afraid so.	
6	really it wasn't my style at all and I didn't	6	SIR BRIAN LANGSTAFF: Yes, well, thank you. That's all	
7	really like it, and it was very unfortunate, because	7	that I have to ask.	
8	it caused problems with BPL, which I could see why.	8	A. Okay.	
9	And my two mentors didn't get on at all. Jim Smith	9	MR HILL: Ms Middleton, with all of our witnesses, we ask	
10	and because they were opposite ends of the	10	at the end if there is anything else that you wish to	
11	spectrum.	11	say in your evidence.	
12	So it caused difficulties.	12	A. Um, no, I don't think so. Thank you.	
13	SIR BRIAN LANGSTAFF: Yes. And	13	MR HILL: Thank you, sir.	
14	A. Sir, I'm afraid it was the downside, the upside being	14	SIR BRIAN LANGSTAFF: Well, we have asked you a nun	nhar of
15	he had these amazing ideas, and some of the ideas like	15	difficult questions this afternoon, and detained you	ilbei oi
	putting polyelectrolyte into a donor centre to collect	16		
16 17		17	I think for an hour longer than you might have hoped this afternoon. I'm sorry about that.	
17	plasma straight from the donor on to the		•	
18	polyelectrolyte and then fractionating it on site, as	18	THE WITNESS: That's all right.	
19	it were, I mean that's a very interesting idea. But	19	SIR BRIAN LANGSTAFF: But I'm very grateful. And you'v	ve
20	obviously fractionation, plasma fractionation was not	20	done two, in particular, difficult things it seems to	
21	going to carry on in the same way it, you know, it was	21	me. You've explained to us how the polyelectrolyte	
22	never going to happen in the future, but had plasma	22	system works in terms which I think I can understand,	
23	fractionation gone on for, you know had recombinant	23	and those around me will, and you've answered	
24	technology not started to take over, then it would	24	questions which you didn't really want to have to	
25	have it was a really good idea.	25	answer, but have done so, and done so in order to help	
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1	us. And can I just tell you, that's very much	1	INDEX	
2	appreciated. And thank you for coming the way you	2		1
3	have down here, and I hope you have a good trip back	3	Presentation by Counsel to the	
4	tonight.	4	MS SARAH MIDDLETON (affirmed)	101
5	THE WITNESS: Thank you.	5	Examination-in-chief by MR HILL	101
6	SIR BRIAN LANGSTAFF: Mr Hill, what does next week hold in	6	Questions from CORE PARTICIPANTS	181
7	store for us?	7	Questions from SIR BRIAN LANGSTAFF	186
8	MR HILL: On Tuesday, sir, we will return to the	,	Questions non on a british but to the control of th	100
9	presentations. We will complete the presentation on	9		
10	Speywood, and then we will move on to the last of the	10		
	current set of presentations on pharmaceutical	11		
11 12	·	12		
	companies, which is on Alpha and associated companies. Then later in the week we will move on to some			
13		13		
14	presentations about Haemophilia Centres.	14		
15	SIR BRIAN LANGSTAFF: Very well. So ten o'clock on	15		
16	Monday. Ten o'clock.	16		
17	MR HILL: Sir, Tuesday.	17		
18	SIR BRIAN LANGSTAFF: I've done it again, sorry! I do	18		
19	apologise. It will be ten o'clock for me, or before	19		
20	ten o'clock for me on Monday, but for you, ten o'clock	20		
21	on Tuesday for us, ten o'clock on Tuesday.	21		
22	(5.00 pm)	22		
23	(The hearing adjourned until 10.00 am on Tuesday,	23		
24	5th October 2021)	24		
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45/10 46/18 47/4 48/10 50/21 50/24 51/12 51/20 52/3 53/7 53/18 54/19 65/3 65/7 65/10 65/13 65/17 65/22 66/2 66/14 66/19 66/25 67/2 67/6 88/15 88/22 88/25 89/2 89/5 89/9 90/10 90/13 90/18 91/21 92/2 92/9 97/18 97/22 100/22 101/5 101/16 101/21 111/17 116/17 118/18 119/16 119/20 120/1 120/4 127/9 127/14 130/22 135/25 137/19 137/24 138/1 138/4 138/7 138/11 155/8 155/11 169/7 172/13 180/16 181/7 186/22 187/2 187/4	'Substantially [1] 81/8 'suspect' [1] 18/13	1 litre [1] 72/5 1 million [1] 17/10 1 November 1976 [1] 12/11 1 October 2021 [1] 1/1 1,000 [1] 26/3 1,100 [2] 19/9 109/20 1.07 [1] 101/9 1.1 [1] 34/6 1.10 [2] 38/18 45/2 1.2 [1] 34/11 1.3 [1] 34/19 1.4 [1] 34/23 1.5 [1] 35/12 1.5 million [1] 96/18 1.9 [4] 43/4 43/11 43/13 43/14 1/10,000 [1] 122/10 1/100 [1] 122/11 10 [4] 20/9 21/9 59/23	15 [4] 104/16 105/2 120/5 181/3 15 August 1981 [1] 7/17 151 [1] 62/17 16 December 1980 [1] 31/10 16 hours [1] 72/23 16p [1] 14/25 17 [1] 160/19 17 August 1981 [1] 80/19 18,800 shares [1] 8/25 185 [2] 20/4 20/15 186,820 [1] 62/3 19 April 1983 [1] 95/18 1966 [1] 102/5 1967 [2] 109/11	4/17 5/16 7/8 7/17 8/17 32/23 32/23 46/23 47/2 47/3 47/16 47/16 47/23 48/2 48/4 49/20 49/22 50/15 60/4 67/25 70/10 71/6 74/18 74/24 79/19 80/3 80/19 82/9 83/20 89/3 134/7 141/15 148/5 148/10 156/3 156/5 160/9 160/18 161/18 162/12 165/15 165/15 165/22 168/1 1982 [19] 9/9 84/22 85/1 86/20 87/5 87/11 87/21 88/16 88/19 89/4 89/18 89/25 91/14 96/2 96/17 159/6 168/13 168/24 172/4	21 February 1980 [2] 21/25 22/10 21,200 [1] 8/23 210 [3] 20/3 20/8 20/9 22 January 1981 [1] 32/23 23 March 1981 [2] 49/22 50/15 23.5 [1] 8/25 230 [3] 20/3 20/7 20/12 24 [3] 84/22 85/1 107/23 24 August 1978 [1] 14/2 24 hours [1] 26/9 24 March 1983 [2] 92/22 93/1 25 [6] 9/10 61/22 62/4 62/6 92/19 155/14 25 per cent [1] 160/18
45/10 46/18 47/4 48/10 50/21 50/24 51/12 51/20 52/3 53/7 53/18 54/19 65/3 65/7 65/10 65/13 65/17 65/22 66/2 66/14 66/19 66/25 67/2 67/6 88/15 88/22 88/25 89/2 89/5 89/9 90/10 90/13 90/18 91/21 92/2 92/9 97/18 97/22 100/22 101/5 101/16 101/21 111/17 116/17 118/18 119/16 119/20 120/1 120/4 127/9 127/14 130/22 135/25 137/19 137/24 138/1 138/4 138/7 138/11 155/8 155/11 169/7 172/13 180/16 181/7 186/22 187/2 187/4 187/7 187/10 187/13	'Substantially [1] 81/8 'suspect' [1] 18/13	1 litre [1] 72/5 1 million [1] 17/10 1 November 1976 [1] 12/11 1 October 2021 [1] 1/1 1,000 [1] 26/3 1,100 [2] 19/9 109/20 1.07 [1] 101/9 1.1 [1] 34/6 1.10 [2] 38/18 45/2 1.2 [1] 34/11 1.3 [1] 34/19 1.4 [1] 34/23 1.5 [1] 35/12 1.5 million [1] 96/18 1.9 [4] 43/4 43/11 43/13 43/14 1/10,000 [1] 122/10 1/100 [1] 122/11 10 [4] 20/9 21/9 59/23 127/13	15 [4] 104/16 105/2 120/5 181/3 15 August 1981 [1] 7/17 151 [1] 62/17 16 December 1980 [1] 31/10 16 hours [1] 72/23 16p [1] 14/25 17 [1] 160/19 17 August 1981 [1] 80/19 18,800 shares [1] 8/25 185 [2] 20/4 20/15 186,820 [1] 62/3 19 April 1983 [1] 95/18 1966 [1] 102/5 1967 [2] 109/11 109/19	4/17 5/16 7/8 7/17 8/17 32/23 32/23 46/23 47/2 47/3 47/16 47/16 47/23 48/2 48/4 49/20 49/22 50/15 60/4 67/25 70/10 71/6 74/18 74/24 79/19 80/3 80/19 82/9 83/20 89/3 134/7 141/15 148/5 148/10 156/3 156/5 160/9 160/18 161/18 162/12 165/15 165/15 165/22 168/1 1982 [19] 9/9 84/22 85/1 86/20 87/5 87/11 87/21 88/16 88/19 89/4 89/18 89/25 91/14 96/2 96/17 159/6 168/13 168/24 172/4 1983 [16] 9/17 74/6 92/22 93/1 94/14 95/6	21 February 1980 [2] 21/25 22/10 21,200 [1] 8/23 210 [3] 20/3 20/8 20/9 22 January 1981 [1] 32/23 23 March 1981 [2] 49/22 50/15 23.5 [1] 8/25 230 [3] 20/3 20/7 20/12 24 [3] 84/22 85/1 107/23 24 August 1978 [1] 14/2 24 hours [1] 26/9 24 March 1983 [2] 92/22 93/1 25 [6] 9/10 61/22 62/4 62/6 92/19 155/14 25 per cent [1] 160/18 250 [2] 14/11 26/3
45/10 46/18 47/4 48/10 50/21 50/24 51/12 51/20 52/3 53/7 53/18 54/19 65/3 65/7 65/10 65/13 65/17 65/22 66/2 66/14 66/19 66/25 67/2 67/6 88/15 88/22 88/25 89/2 89/5 89/9 90/10 90/13 90/18 91/21 92/2 92/9 97/18 97/22 100/22 101/5 101/16 101/21 111/17 116/17 118/18 119/16 119/20 120/1 120/4 127/9 127/14 130/22 135/25 137/19 137/24 138/1 138/4 138/7 138/11 155/8 155/11 169/7 172/13 180/16 181/7 186/22 187/2 187/4 187/7 187/10 187/13 187/16 187/19 187/23	'Substantially [1] 81/8 'suspect' [1] 18/13	1 litre [1] 72/5 1 million [1] 17/10 1 November 1976 [1] 12/11 1 October 2021 [1] 1/1 1,000 [1] 26/3 1,100 [2] 19/9 109/20 1.07 [1] 101/9 1.1 [1] 34/6 1.10 [2] 38/18 45/2 1.2 [1] 34/11 1.3 [1] 34/19 1.4 [1] 34/23 1.5 [1] 35/12 1.5 million [1] 96/18 1.9 [4] 43/4 43/11 43/13 43/14 1/10,000 [1] 122/10 1/100 [1] 122/11 10 [4] 20/9 21/9 59/23 127/13 10 hours [1] 125/24	15 [4] 104/16 105/2 120/5 181/3 15 August 1981 [1] 7/17 151 [1] 62/17 16 December 1980 [1] 31/10 16 hours [1] 72/23 16p [1] 14/25 17 [1] 160/19 17 August 1981 [1] 80/19 18,800 shares [1] 8/25 185 [2] 20/4 20/15 186,820 [1] 62/3 19 April 1983 [1] 95/18 1966 [1] 102/5 1967 [2] 109/11 109/19 1968 [3] 37/15 39/6 43/18	4/17 5/16 7/8 7/17 8/17 32/23 32/23 46/23 47/2 47/3 47/16 47/16 47/23 48/2 48/4 49/20 49/22 50/15 60/4 67/25 70/10 71/6 74/18 74/24 79/19 80/3 80/19 82/9 83/20 89/3 134/7 141/15 148/5 148/10 156/3 156/5 160/9 160/18 161/18 162/12 165/15 165/15 165/22 168/1 1982 [19] 9/9 84/22 85/1 86/20 87/5 87/11 87/21 88/16 88/19 89/4 89/18 89/25 91/14 96/2 96/17 159/6 168/13 168/24 172/4 1983 [16] 9/17 74/6 92/22 93/1 94/14 95/6 95/10 95/14 95/18	21 February 1980 [2] 21/25 22/10 21,200 [1] 8/23 210 [3] 20/3 20/8 20/9 22 January 1981 [1] 32/23 23 March 1981 [2] 49/22 50/15 23.5 [1] 8/25 230 [3] 20/3 20/7 20/12 24 [3] 84/22 85/1 107/23 24 August 1978 [1] 14/2 24 hours [1] 26/9 24 March 1983 [2] 92/22 93/1 25 [6] 9/10 61/22 62/4 62/6 92/19 155/14 25 per cent [1] 160/18 250 [2] 14/11 26/3
45/10 46/18 47/4 48/10 50/21 50/24 51/12 51/20 52/3 53/7 53/18 54/19 65/3 65/7 65/10 65/13 65/17 65/22 66/2 66/14 66/19 66/25 67/2 67/6 88/15 88/22 88/25 89/2 89/5 89/9 90/10 90/13 90/18 91/21 92/2 92/9 97/18 97/22 100/22 101/5 101/16 101/21 111/17 116/17 118/18 119/16 119/20 120/1 120/4 127/9 127/14 130/22 135/25 137/19 137/24 138/1 138/4 138/7 138/11 155/8 155/11 169/7 172/13 180/16 181/7 186/22 187/2 187/4 187/7 187/10 187/13 187/16 187/19 187/23 188/3 188/11 188/16	'Substantially [1] 81/8 'suspect' [1] 18/13	1 litre [1] 72/5 1 million [1] 17/10 1 November 1976 [1] 12/11 1 October 2021 [1] 1/1 1,000 [1] 26/3 1,100 [2] 19/9 109/20 1.07 [1] 101/9 1.1 [1] 34/6 1.10 [2] 38/18 45/2 1.2 [1] 34/11 1.3 [1] 34/19 1.4 [1] 34/23 1.5 [1] 35/12 1.5 million [1] 96/18 1.9 [4] 43/4 43/11 43/13 43/14 1/10,000 [1] 122/10 1/100 [1] 122/11 10 [4] 20/9 21/9 59/23 127/13 10 hours [1] 125/24 10 March 1981 [1]	15 [4] 104/16 105/2 120/5 181/3 15 August 1981 [1] 7/17 151 [1] 62/17 16 December 1980 [1] 31/10 16 hours [1] 72/23 16p [1] 14/25 17 [1] 160/19 17 August 1981 [1] 80/19 18,800 shares [1] 8/25 185 [2] 20/4 20/15 186,820 [1] 62/3 19 April 1983 [1] 95/18 1966 [1] 102/5 1967 [2] 109/11 109/19 1968 [3] 37/15 39/6 43/18	4/17 5/16 7/8 7/17 8/17 32/23 32/23 46/23 47/2 47/3 47/16 47/16 47/23 48/2 48/4 49/20 49/22 50/15 60/4 67/25 70/10 71/6 74/18 74/24 79/19 80/3 80/19 82/9 83/20 89/3 134/7 141/15 148/5 148/10 156/3 156/5 160/9 160/18 161/18 162/12 165/15 165/15 165/22 168/1 1982 [19] 9/9 84/22 85/1 86/20 87/5 87/11 87/21 88/16 88/19 89/4 89/18 89/25 91/14 96/2 96/17 159/6 168/13 168/24 172/4 1983 [16] 9/17 74/6 92/22 93/1 94/14 95/6 95/10 95/14 95/18 96/8 99/13 100/12	21 February 1980 [2] 21/25 22/10 21,200 [1] 8/23 210 [3] 20/3 20/8 20/9 22 January 1981 [1] 32/23 23 March 1981 [2] 49/22 50/15 23.5 [1] 8/25 230 [3] 20/3 20/7 20/12 24 [3] 84/22 85/1 107/23 24 August 1978 [1] 14/2 24 hours [1] 26/9 24 March 1983 [2] 92/22 93/1 25 [6] 9/10 61/22 62/4 62/6 92/19 155/14 25 per cent [1] 160/18 250 [2] 14/11 26/3 250-300 [1] 108/21 250K [1] 55/9
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