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SNBTS





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15 December, 2003

Your Ref: Our Ref.

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Enquiries to: Henry Hambley

Extension: GRO-C Direct Line:

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GRO-C (secretary) henry.hambley@ (pamelalanderson@ GRO-C

Dear Brian

Edinburgh

EH16 4SA

Re: William Stafford

Attached is the report on this man which I have gleamed from BTS files and from his case notes.

The only outstanding item relates to the confusion over the CMV test. I have written to Dr P Molyneaux, Consultant Virologist and await her reply.

Yours sincerely

GRO-C

DR HENRY HAMBLEY Clinical Director



SNBTS Head Office Ellen's Glen Road Edinburgh EH17 7QT National Director Angus Macmillan Douglas SNBTS is a Division of the Common Services Agency

Report on William Stafford

Date of Birth: GRO-C 1943

Address:

GRO-C

A) Request

In our file are copies of three requests relating to requests for crossmatched blood in December 1988, June 1991 and October 1991. I enclose copies of the copies. I will try to find originals.

From copies you can see that on no occasion was CMV negative blood requested. The clinical details are scanty: December 1988 request indicates high dose steroids and June 1991 request indicates "PAN on immunosuppression".

B) Donations

Donation numbers of the units are:-

December 1988	829702 9
	827711 8
	872554 3
	829330 9
	829370 8
	829372 4
June 1991	104822 8 - 30/5/23
	104822 8 — 30/5/13 104836 8 — 25/5/14
	104924 0 IVT
October 1991	117460 6 - 2/1/25 121884 0 NT
,	121884 0 NJ
	117528 9 NT

C) CMV Status of Donations

None of the donations were tested at the time of donation. All tested subsequently.

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DONATION NUMBER	CMV Ab	DATE TESTED
1048228 - Fre ?!	Negative	30/05/1993
104 836 8 m 9/	Negative	25/05/1994
104 924 0 mm 1/	Not tested	Not tested
1174606 00/9/	Negative	24/09/1995
117 528 9 04 7/	Not tested	Not tested
121 884 0 <i>CF 7 (</i>	Not tested	Not tested

There was also the question of HCV testing and all the donors were retested for HCV. It is not clear from our notes whether this was done on subsequent donations or whether archive samples were tested. At least one of the donations (104 924 0) had an archive sample tested for HCV and I guess there will be no remaining archive sample. This donor has not donated since June 1991.

Although the three results are done subsequently, it would be very unusual for antibody to CMV to "disappear". By chance, one would expect 3 out of 6 random donations to be CMV negative.

D) Need for CMV Negative Blood

Mr Stafford was on oral prednisolone (25mg od), oral cyclophosphamide (150 od) during 1991. While this is immunosuppressive, it is relatively mild. My own recollection from early 1990's was that CMV negative blood would be recommended in neonates <15400G and in CMV negative patients undergoing chemotherapy for acute leukaemia or bone marrow transplantation. However, there were no suggestions that patients such as this having relatively mild immunosuppressive therapy received CMV screened blood. I think the best sources will be Handbook of Transfusion Medicine 1st and 2nd editions. The AABB Technical Manual (10th and 11th edition published 1990 and 1993 respectively) only refer to need for CMV negative blood in low birth weight neonates.

E)CMV Testing of Mr Stafford

There is correspondence (copy) in SJU's notes that the initial anti-CMV test which was requested in October 1991 i.e. at the start of eye symptoms was reported as being negative. However a second test was done in March 1992 because of deteriorating vision and was positive. At this time, the original sample was repeated and found to be positive for anti-CMV. Following this, he was started on anti-viral therapy with Acyclovis and Ganciclovir.

I have discussed with Dr P Molyneaux, Consultant Virologist, ARI who was not in post in 1992. The department have no records going back to that date. She is unaware of the techniques used for CMV screening in Aberdeen at that time and will try to confirm with MLSO 3. However, she thinks it is likely to have been either CMV later or CMV complement fixation test both of which had high rates of false positive and false negative reactions.

My feeling is that:-

- 1. Clear evidence that CMV negative blood was not requested by the clinicians.
- Clinical details on the request form would not have indicated to either MLSO or medical staff that CMV screened blood was appropriate.
- The clinical condition and treatment while immunosuppresive was not one which either then (1991) or now would mandate the use of CMV negative blood.
- If the October CMV test had been reported as positive, it may have (suggested) altered the
 management of the ophthalmologist to allow earlier use of anti-CMV therapy, i.e. Acyclovis
 Ganciclovir with better outcome.



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For BTS use: