06/06/2000.

Peter Longstaff, GRO-A

GRO-C

The Case For Recombinant Products.

Dear Mr Proctor,

Thank-you for your telephone call. As you are aware we are two haemophiliacs Peter Longstaff and GRO-A each infected with HIV, and hepatitis viruses B, C, and G through contaminated NHS blood products, namely human plasma derived factor VIII. We would be grateful if you could present our case for recombinant (a synthetic product which haemophiliacs can inject to help their blood clot) to the relevant bodies as soon as possible.

Peter first requested recombinant in 1996 in a letter to his consultant Dr. Peter Jones and was turned down for this treatment, (see document 1). The reason for wanting recombinant now is the same as it was then and that is simply that recombinant products are the safest products for haemophiliacs currently on the market and there is no evidence that they contain human viruses.

In Dr Jones's 1996 letter he expressed two main concerns as follows :-

1. The safety v cost issue.
2. The question of recombinant shortages.

Our Answer to question 1.

With regard to the safety issue, Dr Jones did not feel that the first generation recombinant products were scientifically proven to be safer than human plasma derived products, his reason being that the early recombinant products still used human albumin and therefore could possibly contain human viruses. We questioned his opinion back then as in an article by Dr Mark Winter, Centre Director for Haemophilia, Canterbury, argues that "although albumin is a blood product it has been used for the past fifty years in many thousands of patients without any evidence that it is able to transmit viruses," (see document no 2).

To continue on from that, "The recombinant technology used in the manufacturing process has been used for a number of years in the production of other drugs such as insulin, hepatitis B vaccines, and erthropoietin (which is used to treat the anaemia of patients with renal failure). All these products have an excellent safety record."

There is now a new second generation recombinant product called Re-facto. This is currently deemed to be the safest product on the market, a smaller factor VIII gene is used which is more stable and does not need to be stabilised in the final container, using human albumin. The favourable results of the clinical trials with regard to a) no evidence of viral transmission, b) potency and efficacy and c) inhibitor formation, are shown in (document 3).

In the Haemophilia Society "Blood Products Policy" point no 3 states "All people with haemophilia should have the opportunity to use recombinant products," and no 5 "Financial constraints should not be a limiting factor in achieving any of these objectives." (see document 4).

In 1996 UK Haemophilia Centre Directors recommended in a paper entitled, "New Variant CJD And The Treatment Of Haemophilia" that recombinant factor VIII be the treatment of choice for those with haemophilia A. "Further and new uncertainties about the safety of plasma products with respect to nvCJD requires that these recommendations be implemented with greater urgency. The use of recombinant VIII concentrate as a way of reducing the theoretical risk of nvCJD is further supported by a briefing paper prepared by the NBA. The Executive Committee therefore recommends that patients be treated, AS SOON AS POSSIBLE with recombinant VIII manufactured without the use of bovine proteins or human albumin (see document no 5).

We have collected several documents on recent blood safety issues (see bundle 6) with regard to viruses being detected in human plasma products and treatment recalls. The following statement was issued by Graham Barker who previously worked for the Haemophilia Society, "Whilst clotting factor concentrates are produced using human plasma there will always be some risk, however slight, of blood borne viruses getting through. This is particularly true for as yet unknown viruses. If an unknown virus is currently present, there is no way of testing whether the viral inactivation techniques used on plasma products are effective and so there is always the risk of transmission. We need to get human plasma out of the chain, so that people with haemophilia can receive their treatment -CONFIDENT THAT THE PRODUCT THEY ARE USING IS AS SAFE AS POSSIBLE."

The manufacturers of for example Replenate, one high purity factor VIII, state on their information leaflet to patients that "When medicinal products prepared from human plasma are administered, infectious diseases due to transmission of infective agents cannot be totally excluded. This applies also to pathogens of hitherto unknown origin."

With regard to the cost, yes recombinant products are more expensive, the highest quote we have seen is 60p per unit, price list price for second generation recombinant. This is our treatment of choice. However we are told by a haematologist in Wales (where all patients are now on recombinant) that there is a "genuine price" open to negotiation and that there is a better deal on bulk buying. I believe around the 43p per unit mark is more realistic. The price for first generation recombinant we were informed is 18-19p per unit.

As you are probably aware 95 haemophiliacs were infected with the HIV virus in the early eighties through contaminated blood products, 77 are dead, now only 18 remain alive. The deceased patients had they lived would have been dependant on plasma products all their lives. The Health Authority will have saved considerable money in the long-term here with regard to the haemophilia budget, we are not including HIV or HCV treatment costs in this equation because if haemophiliacs hadn't been contaminated in the first place we wouldn't need these treatments! As the Health Authority has made savings on the deceased they might consider investing in the living with the safer recombinant products. Realistically, now that all of us with HIV also have hepatitis C through human plasma on top of hepatitis B and G our long term survival prospects are not good so you would probably not be prescribing to us for many years!

In a timely letter we received this statement sent to us by Catherine Taylor, MEP for Scotland. (see doc no 7) "In February this year, the Commission of the European Communities issued the Commission's Work Programme for 2000. Detailed in this under Public Health, the Commission states:

"More generally, the Commission will present, using its new powers under the Amsterdam Treaty, a Communication on a health strategy for European Union suggesting how effect can be given to the health and health-related provisions in the Treaty. This will complement an Action Programme on health, the further development of alert systems between Member States for communicable diseases and a directive promoting high standards in relation to blood and blood derivatives."

We see blood safety as a very important issue and have successfully campaigned on two fronts in relation to this.

1. We campaigned for the Department Of Health to look at the safety of British plasma in relation to nvCJD. British plasma can no longer be used in the manufacture of blood products because of the theoretical risk of CJD. This may be reversed if it is proven Not to be a risk. We were actually informed by the Department Of Health about the withdrawal of British plasma products before our Centre Director. We informed them, they checked to verify this and withdrew this treatment.
2. We campaigned for recombinant products to be used in the UK as an alternative to human plasma. We were partially successful in that under 16 year olds are now receiving recombinant.

With regard to the safety of human derived plasma according to the Haemophilia Society there is still the possibility of the following viruses being transmitted through these products, hep A, parvo virus B19, TVT no proven link to disease, hep SEN-V, and of course the theoretical risk of CJD.

Answer to Dr Jones's question 2.

In answer to Dr Jones's second concern, recombinant shortages, we have once again spoken to treatment providers in Wales and Southern Ireland, Wales have not experienced shortages in over a year, Southern Ireland couldn't remember any problems with shortages recently. Wales said they had two main suppliers and one minor supplier to fall back on. I am not sure why Newcastle appear to experience shortages, perhaps the RVI should consider changing its supplier!

We have presented the scientific argument for recombinant and now we wish to explain a little of the human cost of lives damaged by viral infection from human plasma.

Over 1200 haemophiliacs nationally were infected in the early 1980s with HIV from infected plasma products, around 420 are surviving, over 800 are DEAD. 95% of the 420 now have hepatitis C, a further 4,400 (according to haemophilia Society figures) have hepatitis C alone. The DEATHS from hepatitis C are 120 plus, the majority of these deaths are among the co-infected. Although treatment for HIV is improving so that haemophiliacs were living longer, hepatitis C is now taking over from AIDs as the main cause of death in haemophiliacs in Europe and Canada. In one month from December to January 8 co-infected haemophiliacs died from hepatitis C related problems. Peter lost his 20 year old brother in 1986, also a haemophiliac from AIDs related problems, followed

by his father who lost the will to live. GRO-A has lost his nephew, a haemophiliac and just a child of aged 11 to AIDs and also his brother who was HIV positive and who also had a heart complaint and who because of HIV infection insisted on having written on his hospital notes, "NOT FOR RESUCITATION". He went on to die of a heart attack not wanting to be revived. We have both lost countless friends from AIDs, we were both part of a close knit haemophilia community, now when we come to hospital for treatment it is rare to meet an adult haemophiliac anymore. We understand from a worker at the Haemophilia Society that Newcastle has among the highest death rate amongst haemophiliacs who were infected with HIV and hepatitis C.

The total number of deaths internationally as a result of contaminated blood products will never truly be known. What we do know and plan to dispel is that these deaths were the result of a huge unavoidable tragedy. For many haemophiliacs, infection with AIDs and hepatitis C was not only avoidable, but that governments and haemophilia profiteers, such as Bayer, Baxter Hyland, Alpha, Armour, Centeon, Cutter, Japanese Green Cross etc, chose not to act to produce a safer product in favour of bigger profits. We are working closely now with the Canadian haemophiliacs and their legal advisors and also the Haemophilia Society of Southern Ireland who are about to start their public inquiry and Italy who have just completed their inquiry. (see bundle 8a and 8b and 8c). There is now a criminal investigation in Canada with 14 Royal Canadian Mounted Police employed in the investigation of blood products. Peter is the first co-infected haemophiliac to be granted legal aid against the Department Of Health to overturn the hepatitis waiver which appeared in the "shut up and die" ex-gratia HIV settlement, after this it is litigation for surviving haemophiliacs as the Government withheld vital information from us!

We refer you to these paragraphs written in "The End Of Innocence. Britain in the Time of AIDs" by Simon Garfield, 1994: -

In the first months of 1985, Dr Jones constructed his own theory as to how his patients and other British haemophiliacs had become infected.

Five years earlier he had found that plasma for the manufacture of Factor VIII and Factor IX had not only been bought from paid donors in the U.S. but also from donors in central Africa. It was an indirect purchase, because when demand outstripped supply in the U.S. international plasma brokers were called upon to meet the shortfall. These brokers, working principally from offices in Zurich and Montreal, would draw on numerous supply sources: many situated precisely in those areas in central Africa where Karposi's sarcoma was now endemic-Kinshasa, the capital of Zaire, as well as Ghana, the Congo, Ivory Coast and Senegal.

Dr Jones wrote a lengthy letter to the BMJ in March. "Given the long incubation period for AIDs,' he wrote 'these facts suggest that the disease was introduced into the U.S. not by sexual transmission, but via plasma obtained in endemic areas the exposure of a population with a proclivity for promiscuity resulted in spread."

He noted that if plasma from these endemic areas was still being used, then the current system of screening would be inappropriate. Heat treatment may make safe Factor VIII and IX, but other blood products, particularly intravenous gamma globulin derived from multiple donations, should still be considered as potentially infectious. (he goes on to say)

Quote:

"I knew and I know that there is no international law which prohibits the use of plasma from developing countries. There should be. All that the major companies engaged in the collection and fractionation of plasma have to do in order not to be bound by FDA rules is set up subsidiaries outwith the U.S. Examples known to regulatory bodies in Britain and other countries include the longstanding contract between a multinational company and a plasmaphresis centre in Lesotho in Africa and the facilities run by at least two companies in Mexico." (he then goes on to say)

Quote:

"A rep from a blood product company can walk into my room now and tell me that he has an accredited herd of donors in a particular part of the United States and that he does A, B, C and D to each of these donors and the plasma comes from nowhere else and I don't believe him.'

There's written evidence of the blood collection in Lesotho. I've also met the doctor who worked in Zaire, which of course was the epicentre of HIV, perhaps is the epicentre of HIV. Now, if plasma was coming out of there, then obviously it was infected. And no amount of rebuttal can take away the fact that somebody who is qualified and who's actually been there and done it, has told me. Again, it all comes down to commerce."

"I've seen documentation of lying by major blood companies, I've seen evidence that plasma was imported into this country outside the authorities, outside licensing. Which is why I don't have total faith. I have a lot of faith, but not total faith in licensing procedures."

END.

In 1975 "World In Action" documentary program highlighted the dubious collecting centres in the U.S. in their program "Blood Money". The documentary didn't go far enough we now know of the notorious Cummins Prison plasma program, supported by Bill Clinton when he was Governor Of Arkansas, where prisoners were bled weekly and "paid" in percodan tablets. We know that blood was taken from prisoners known to be infected with hepatitis viruses and later HIV. We are in contact with a lady whose brother died of hepatitis C in Cummins and was made to donate blood each week for the plasma program. We will soon be sent the transcript for a documentary to be released shortly in the U.S. called "Factor VIII, The Arkansas Prison Scandal." Clinton may yet be subpoenaed for his part in the scandal. Arkansas was only one of a number of prisons used by the blood brokers. We know the firm of Cutter was a good customer of Cummins. We quote from an internal memo, "Take no extraordinary actions. There are no data to support the emotional arguments that prison plasma collected from adequately screened prisoners is "bad" .To exclude such plasma from manufacture of our coagulation product would only be a sop or gratuity to the Gay Rights (sic) and would presage further pressure to exclude plasma collected from over the Mexican border and the paid donor." Many haemophiliacs in this country were familiar with Cutter products.

We now have access to over 500 hundred articles regarding blood scandals. There is evidence of Thomas Hecht's, International Cryosan having its licence withdrawn for buying blood taken from Russian cadavers and relabelled as coming from live Swedish donors. We may never know under what circumstances these people died but the blood would have had to be removed very quickly after death so that it did not clot. Exhibits

Yours sincerely

Peter Longstaff and GRO-A -HIV/HBV/HCV/HGV

Quote:

With regard to the provision of recombinant Factor VIII, the requirement that Health Authorities and Trusts provide the recombinant product to for children under 16 and new patients was not intended to preclude provision to other patients. This is a matter for clinical judgement, and individual patients who have particular concerns about their current treatment should talk to their doctor.

Lord Philip Hunt (Parliamentary Under Secretary Of State) for Health.

The end result of dangerous practice amongst the blood companies and failure amongst Governments to provide adequate care and attention with regard to ensuring safe treatment for haemophiliacs. (see document 10).

GRO-C: Peter Longstaff

GRO-A