SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE
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JDC/EP

PROTEIN FRACTIONATION CENTRE
Received: 17/6/83
File No: 2-167

Refer to	Action taken
P. Foster ✓	
R Berry	
A Macleod ✓	

13th June 1983

Dr C A Ludlam
Consultant Haematologist
Royal Infirmary
EDINBURGH

Dear Chris

Heat Treatment of Factor VIII Concentrate

I promised to follow up our telephone conversation with a note which would include a proposed protocol and information which may be of interest to you and the Infirmary Ethics Committee.

Proposed by P.F.!

Perhaps I should first emphasise that the plan I proposed at the last Scottish Haemophilia/BTS Directors' WP still stands - we intend to come back to you and Charles Forbes with a matched pair (heated/unheated) of factor VIII concentrates. We had, in fact, hoped to be able to move forward at this time but unfortunately the unheated part of the pair proved to be unacceptably pyrogenic in the rabbit test. Thus we have at the moment a small amount of heat treated material only.

John Watt and I feel that it would be most unfortunate not to use this first heat treated batch on its own. If you were able to show in 2 or 3 patients that its behaviour was broadly similar to previous data you, Chris and Frank have collected on cryoppt. and intermediate VIII then it would considerably boost the confidence of the PFC team and, I should hasten to add, the Licensing Authority within Medicines Division who are being kept fully briefed on the work up here (thus no Clinical Trial Certificate or Exemption required).

Finally, in this preamble, I would turn your attention to the point you rightly raised with regard to the possibility of molecular damage during the heat treatment process. John and I would be delighted if you wished to take a couple of the available vials and test them in your own laboratory against your known antibodies. You will be interested in the enclosed information produced by Dr Dawes. Her data suggest, using immunoassays, that there does not appear to be damage following heat treatment with respect of VIII:CAg, VIII:RAg, thrombospondin, BTG and PF4.

I enclose a suggested protocol and the profile of batch NY.761. The only comment with regard to the profile is that the osmolality is higher than existing products (it will be suitably adjusted in future batches). We suggest that you make each vial of this batch (NY.761) up with a volume of 25 ml. distilled water. I've suggested a dose of 20 i.u./Kg. which for a 70 Kg. patient will require 10 vials of this particular batch. Thus you will have more than enough to do 3 patients.

Dr C A Ludlam

13th June 1983

I've sent Frank Boulton a copy of this letter and enclosures as he has kindly agreed to co-ordinate matters on my behalf. Frank will liaise with you closely, as before, and will make the necessary arrangements to get the vials of batch NY.761 down to you when you are ready to go.

Sincere thanks, good luck and best wishes.

Yours sincerley

John D Cash

P.S.: We would much appreciate it if, after you've done the 3 severe haemophiliacs and if there was a sufficient number of vials from batch NY.761 left over, you would consider giving an infusion into a Von Willebrand's Syndrome patient. We would all like to know whether it is efficacious.

Encl.

Copy to:
Dr Boulton
Mr Watt
Dr Foster