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**MEETING OF THE SNBTS MEDICAL AND SCIENTIFIC COMMITTEE
18th MAY 1994
AT SNBTS HQ**

94.1.1	Present	Prof J D Cash (Chair)	JDC
		Mr M Bruce (Secy)	MB
		Dr E Brookes	EB
		Dr G Galea	GG
		Dr J Gillon (Items 94.1.2 through 94.1.4.2 and 94.1.7.1 only)	JG
		Dr A Keel (Items 94.1.2 through 94.1.4.2 and 94.1.7.1 only)	AK
		Dr R Mitchell	RM
		Dr D B L McClelland	BMcC
		Dr M McClelland	MMcC
		Dr R J Perry	RJP
		Dr C V Prowse	CVP
		Mrs M Thornton (item 94.1.4.6 only)	MT
		Dr S J Urbaniak	SJU

94.1.2 **MINUTES OF THE 9th/10th NOVEMBER MEETING**

The corrections to these minutes (issued with the agenda) were approved. With these corrections registered it was agreed the minute was a true record of the meeting.

94.1.3 **MATTERS ARISING**

An update of the action list issued with the meeting agenda is enclosed as Appendix 1.

NB: Those items that are completed are shown in shaded boxes and will be deleted from the list prior to issuing the next update (Aug 94).

94.1.4 **TOPICS FOR DISCUSSION**

1. **Proposed Changes to MSC Procedures** (see agenda 94.1.4.1)

- i. It was agreed that minutes of the previous meeting will not be recirculated with the agenda. Future agendas will carry a prominent comment "PLEASE BRING YOUR COPY OF THE LAST MINUTES" or similar.

MB

ii. **Matters Arising**

The proposals concerning procedural changes to Matters Arising (agenda 94.1.4.1ii) were agreed in principle. The Secretary will write to each Group inviting them to submit a paper for noting or presentation to MSC.

iii. Standing Items

These proposals (see agenda item 94.1.4.1iii) were agreed in principle. The Secretary would write to each Group inviting them to submit a paper for noting or presentation to MSC.

MB

It was agreed that the function of committees reporting to the MSC would be discussed at the next meeting.

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iv. Agenda Planning

Proposals (see agenda item 94.1.4.1iv) accepted in full.

MB

v. Items for Noting

Proposals (see agenda item 94.1.4.1v) accepted in full.

vi. Bulletin Board

It was agreed that this proposal should be supported in principle but merited further development.

MB

94.1.4.2 Autologous Transfusion (Paper D1 of 18 May 94)

JG introduced his paper which provoked useful discussion. The proposals made in this paper were addressed as follows:

- i. Proposal 1 was agreed in full.
- ii. The following modification was made to proposal 2 "The predeposit system developed in SEBTS may be adopted by other regions and offered for patients attending the Donor Centre. Other Centres may wish to use SEBTS as a training resource for this activity".
- iii. Proposal 3 was approved with clarification given to explain that the testing and storage related to blood withdrawn by hospital staff not under BTS control.
- iv. It was agreed that considerations of new funding/cost recovery referred to in Proposal 4 should be discussed by the Board.

JDC

The development of mobile teams for autologous blood collection was not considered a viable proposition at this time.

- v. It was agreed the 5th proposal would be deleted.
- vi. In the light of these discussions the following SNBTS policy was agreed.

- . predeposit autologous transfusion programmes should be supported by all SNBTS RTCs.
- . SNBTS predeposit autologous transfusion programmes/support should be based on available BCSH guidelines.
- . SNBTS RTCs would provide training for local hospitals wishing to establish such programmes.

94.1.4.3

Half Strength Citrate (Paper D2 of 18 May 94)

Developments with this anticoagulant were noted with interest. CVP advised that the study would establish FVIII yield improvements in an RTC production process.

94.1.4.4

Greed Card for RhD Negative Antenatal Patients (Paper D3 of 18 May 94)

The following were agreed:

- i. that PFC would continue to make these cards available.
- ii. that cards could be produced by the 4S antenatal software provided:
 - * they carry the same wording as existing cards
 - * they are of the same approximate size/layout
- iii. that SJU would guide the "4S" project team with respect to generation of 'green cards' by that software.
- iv. that anyone who wished to comment on content/layout of these cards should submit comments to SJU.
- v. that SJU should forward all comments, including a suggestion that advice should be given concerning action to be taken following antepartum haemorrhage, to the Red Guide SAC dealing with immunisation for anti-D production.

SJU

SJU

94.1.4.5

Research Links with the NBA

JDC advised that as yet, he had no firsthand knowledge of NBA R&D plans. There was general concensus that the SNBTS would be interested in exploring opportunities for collaboration with the NBA once its intentions were known.

94.1.4.6

Personal Interviewing of Donors Paper D4 of 18 May 94)

On the basis that exclusion of high risk donors is an important SNBTS objective, the MSC gave approval in principle to the proposals set out in pages 15 and 16 of the paper (D4) presented by GG.

GG was asked to thank the Donor Consultants Group for their efforts and to advise them the MSC wished them to develop and present to MSC a schedule for implementation of a programme

GG

for personal interviewing of donors based on the policy now approved by MSC.

94.1.4.7 **Principal outcomes of SACTTI Meeting**

In the absence of a minute of the SACTTI meeting, RM summarised the main agenda items. These were:

- . the decision not to test donations for anti-HBc was revisited.
- . Lyme disease - AFS (France) plan permanent donor deferral - UKBTS defer 1 year after recovery.
- . syphilis screening would continue to be a mandatory test.
- . study is planned to investigate why 50% of anti-HCV positive donors have no known viral exposure/risk factor.

94.1.5 **COMMENTS ON ITEMS FOR NOTING**

1. Re increased target donation volume (Paper N1 of 18 May 94), GG advised NRTC would begin collecting "470mL" donations from 1 June 1994.
2. With respect to the report of the first NBA/SNBTS Quality meeting (Paper N2 of 18 May 94), the following comments were made:
 - i. The MSC approved the development of a unified UKBTS approach to the evaluation of microbiological test kits and equipment. This would be based on the existing SNBTS procedure and developed jointly by SNBTS/NBA staff representatives.
 - ii. The philosophy of continuing to develop a dialogue with the NBA on Quality matters was fully endorsed by MSC.
 - iii. Re exchange of anonymised audit reports, this was approved in principle but an initial restriction to MI audit reports was agreed. MB would send reports to Alan Slopecki for onward distribution (in confidence) to QA Managers.

If it was thought important that this exchange should include PFC/BPL, RJP advised he would be happy to enter a reciprocal arrangement. MB to pursue with Alan Slopecki.

3. Re the report on the 1994 BATB meeting in Leicester (Paper N4 of 18 May 94), it was agreed that this should be a discussion item on the next MSC agenda. However, concern was expressed that in the UK, multiple groups, some of whom seemed not to cover all required areas of expertise, were, in an unco-ordinated manner, attempting to produce

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"definitive" guidelines for tissue banking ie

- . UKTSSA/NIBSC - the final membership and the breadth of it's expertise is not clear.
- . BCSH - apparently setting up a working party to address standards for tissue banking (Dr L Williamson (Cambridge RTC) has been invited to participate).
- . UKBTS/NIBSC - seeking to set standards via a working group that would include BABT, non BTS members.
- . Royal College of Surgeons (have co-opted Dr C Entwistle, Director Oxford RTC) to develop tissue banking standards.

With respect to the standards being set by UKTSSA/NIBSC, AK felt that the document produced by this group would achieve adequate consultation with relevant, practically experienced individuals.

From an SNBTS MSC perspective, it was agreed that lack of a single, unified, expert approach could prove problematic and JDC would write to AK to express these concerns.

JDC

With respect to the document produced by GG and circulated prior to the meeting, AK advised:

- p4 (2a) the document referred to was produced by UKTSSA/NIBSC
- p4 (2f) the individual referred to is a Mr Pudlow (not Dr Purcell) who is being seconded from the Civil Service to UKTSSA, essentially to establish a UK perspective on tissue banking activities.

AK confirmed that Mr Pulow's remit does include Scotland and that she welcomed this inclusion.

94.1.6 FUTURE AGENDA ITEMS

Appendix 2 shows the status of future agenda items resulting from discussions at the meeting on 18 May 1994. Further comment/proposals should be submitted to the MSC Chairman/Secretary before 25 July 1994.

94.1.7 AOCB

1. HCV Lookback

This very complex and extremely important issue was discussed at length. The Committee unanimously agreed that on finding a "known" (or regular) donor who was now anti-HCV pos, the SNBTS should:

- i. Retest previous archive samples to exclude "missed" sero conversion. This testing might include PCR testing on the first "sero negative" sample after positivity was detectable.
- ii. For donations issued to hospital blood banks, other RTCs etc, the SNBTS will provide the following minimum information to the clinician to whom the components were sent.
 - . the component type/s
 - . donation number/s
 - . relevant information/advice concerning the infection risk and recommended action
- iii. For donations issued to named patients by SNBTS blood banks, the SNBTS will identify recipients of all relevant components (ie anti-HCV seropositive and/or PCR positive) then provide the medical officer responsible for administering the component/s with relevant information/advice concerning the infection risk and recommended action.
- iv. It was agreed that the procedure to be followed would be based on that outlined in a forthcoming publication on the subject in Transfusion Medicine from SERTC. JG to circulate a prepublication copy.
- v. From a SHHD perspective, AK expressed a view that the SHHD may not have a locus in this matter and that the SNBTS should make a decision on lookback for HCV that was based on their professional judgement. However, before SNBTS took any action AK asked to be given the opportunity to discuss the issues with SHHD colleagues to seek their views and asked that the SNBTS take no formal action until she had subsequently contacted JDC.
- vi. Once AK had communicated the SHHD position to JDC and provided SHHD were in agreement that the SNBTS should implement this policy, JDC would write to DMCI to provide details of the SNBTS policy, thereby allowing a decision to be taken on a starting date for the process. JDC also would formally advise NBA, NIBTS, SACTTI and MSBT of the SNBTS policy.
- vii. If SHHD agreed that SNBTS should develop and implement a lookback policy for HCV, AK subsequently would communicate this to DOH.

JG

AK

JDC

AK

2. **Availability of HPIX**

CVP advised that the Haemophilia Directors had approved the next phase of clinical trials for this product. Once ethical committee approval was granted - expected mid/end June 1994, all haemophilia B patients (except some in Dundee) will move on to HPIX.

RJP will write to RTDs to advise them of a firm starting date.

RJP

Defix will continue to be available for anticoagulant reversal.

3. **Representatives for SNBTS Tissue Banking Group**

SJU requested RTDs to nominate a maximum of 2 representatives from their Centre to participate in the above group.

RTDs

? *Not done.*

4. **Actions from the Matters Arising Update Chart (see appendix 1)**

- i. GG to send a copy of the draft SNBTS A-Z for bone donors to AK.
- ii. RM to communicate the MSBT decision re CJD in writing to GG. GG to advise SAC.
- iii. SNBTS Donor Consultants (JG) to make proposals to SACTTI re "sexual partners of HCV positive individuals". Copy to MSC Secy, who will issue for noting.
- iv. GG to produce a report for MSC on hyperimmune plasma procurement.

GG

RM

GG

JG

MB

GG

5. **Date, time and place of future meetings**

10am, 17 August 1994, Conference Room, HQ
 10am, 07 September 1994, (PES) Conference Room, HQ
 10am, 10 November 1994, Conference Room, HQ

6. **Agenda Planning**

An update of the agenda planning list is attached as Appendix 2.

7. **Papers for 17 August Meeting**

Papers for the next meeting should be lodged with the Secretary by 29 July 1994.

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