

FACTOR VIII - HAEM.
DIRECTOR'S
0016

UK Regional Haemophilia Directors Committee
Fifth Meeting
4 February 1991

3 Recommendations on Choice of Therapeutic materials

It was agreed that an update was required re Factor IX where 'the position definitely has changed'. It was agreed that three factor concentrate could no longer be recommended for patients with Haemophilia B undergoing surgery.

It was agreed that Haemophilia Directors would send comments to P Kernoff by end of March for inclusion in next update of Recommendations. (see also 7(c) Adverse Events Working Party report).

Dr Ludlam reviewed the plans for HPVIII for the group. Dr Kernoff (member of CBLA) explained BPL position. He stated that BPL would be granted a PL for their Haemophil-M product in April when Crown Immunity ceased (I think he has misunderstood the transitional arrangements). I was asked to comment on the legal position with SNBTS supply of HPVIII- I stated that the French plasma material would be supplied on a named patient basis, that the contract-fractionated material would be on NPB or CTX and the first material produced in PFC would be used for clinical trial purposes under CTX scheme. Dr Savidge said that he understood the Scottish position clearly, but did not believe that BPL would get a PL based upon data which related to product produced elsewhere.

There was some discussion on the BPL plans for production of two products: Dr Kernoff emphasised that BPL planned to 'make what the market demanded'.

Dr Mayne expressed concern that the central tenet of the previous versions of the 'Recommendations' was to use licensed products and now we are going the other way with both UK fractionators planning to supply outwith PL. Dr Kernoff replied that the Haemophilia Directors had caused this to happen by pushing for High Purity products while there was no scientific evidence for their benefit, however their contribution to the improvement in haemophilia care would be considerable.

Dr Mayne said that in her opinion the decision of the two UK fractionators to adopt differing technologies produced an anomalous position and it would have been preferable if there was a single UK product.

Dr Jones took up Dr Kernoff's point and said that he would require a reasoned scientific argument to convince the Northern Region to pay for high purity products and that 'god-like' pronouncements were not enough.

Professor Bloom stated that he was still concerned about the potential for inhibitor development in patients on high purity products, especially children, and the evidence on immunosuppression is not yet in. He would prefer a product from UK donors as it could be calculated that every batch of US plasma will be contaminated with HIV (even allowing for testing- due to window phenomena), whereas only 1% of UK batches will be so contaminated and there is always the chance of QC failure leading to, for example, cross contamination after solvent detergent treatment.

Dr Savidge said that they would have to consider cost in their deliberations as 'renal units are unlikely to be happy to close to support haemophilia care'. He added that you must carefully consider what you mean by high purity-what comes off a column or what goes into patients- he preferred the latter and reviewed the non FVIII contaminants in HPVIII and monoclonal FVIII with albumin added back. He pointed out that monoclonal purification was not designed for plasma-derived concentrates but for purifying recombinant DNA Factor VIII. He stated that an application to the FDA for rFVIII (presumably IND) had been turned down on three points

- 1 gene stability
- 2 inhibitor development
- 3 animal viruses.

At this point there was a very strange exchange between Dr Savidge and Dr Raymond from the Department of Health who seemed to be under the impression that as Institut Merrieux had had to withdraw placentally-derived albumin products due to lack of HIV testing then all French products would contain this.

Dr Mayne asked the members of the group to choose their product of choice from those currently available (some included HPVIII or BPL Haemophil-M as currently available others did not):

Dr Savidge Biotransfusion
Dr Daley (Truro) Monoclante-P
Dr Lowe Scottish HPVIII
Dr Ludlam 8Y
Dr Howe? (Liverpool) Monoclante-P
Dr Leslie (Norwich) Monoclante-P
Dr Jones (Newcastle) Biotransfusion
Professor Bloom 8Y
Dr Kernoff Monoclante-P
Dr Mayne Biotransfusion

4 Letter from Department of Health

The position of Haemophilia care after the White Paper was discussed. See Appendix I.

5 Constitution

See Appendix II

6 Annual Returns for 1989

Majority are in three large centres sent in in December 1990.

Factor VIII usage just under 100 million IU per annum: commercial usage is declining and 'NHS' usage is increasing. (See Appendix III)

There were a lot of deaths in 1989 (estimate about 90)- cause of death in AIDS patients will be included in the report which will be posted in a week or so. (See Appendix IV)

Factor IX usage is up a bit.

The Haemophilia Directors will be asked to supply data on usage of FVIII and IX by HIV positive and negative so that a better estimate of future requirements can be made.

7(a) vWD Working Party

Nothing to report- Dr Mayne requested that Dr Savidge prepare a 'Recommendations' for the treatment of vWD.

7(b) Inherited Platelet Disorders

No report-Professor Preston not present.

7(c) Adverse Events

Dr Kernoff reporting- (See also Appendix V) In addition to previous four known cases of thrombosis with Factor IX, there was a further case in Birmingham in December. All these cases have been associated with orthopaedic surgery (and 2 or 3 have involved pulmonary embolus). The Working Party can no longer recommend the use of three factor concentrate for such procedures. There was some discussion about what should be done, and a consensus emerged that the Factor IX levels should be normalised with single FIX and the patient should receive heparin as a normal patient would.

Dr Mayne reported the baby who developed DIC on DEFIX.

7(d) Chronic Hepatitis

No report-Professor Preston not present.

8 Arrangements for 1991 and 1992 AGMs

Monday 7 October 1991 Oxford

18 and 19 September 1992 Norwich

NB I was asked to leave at this point- afterwards Dr Mayne said to me that commercial manufacturers were excluded from attending the meeting and BPL was included in this and therefore I would not be able to attend further meetings. A personal invitation may be extended to Professor Cash, but if he is unable to attend a deputy may not be sent.

After the meeting, Dr Savidge informed me that Biotransfusion had resolved the 'solubility problem' by adding 35% Sucrose to the final formulation-this had been relayed to him by Dr Burnouff.