

EVALUATION OF ANTI-HTLV III KITS IN THE NATIONAL BLOOD TRANSFUSION
SERVICE: NOTES OF DISCUSSIONS HELD WITH WELLCOME DIAGNOSTICS AND
ORGANON TEKNIKA LTD ON 27 SEPTEMBER, 1985

4289

1. Introduction: In the light of the first draft evaluation report produced by _____ and colleagues, discussions were held separately with Wellcome and Organon to determine the companies' preparedness to meet the demand for their products and to assess as far as possible arrangements for quality assurance.

Welsh Office; _____ STB3A and
STB3A were hosts to the representatives from the companies.

2. Wellcome Diagnostics: The following attended-

Product Manager

Q A Department

Head of Research and Development

Wellcome have contracts for the supply of anti-HTLV III tests with 16-17 BTCs. Most of these are 3-6 month contracts but one, with Liverpool BTC, is for 12 months. They don't have contracts with Manchester, Leeds, Lancaster and Sheffield BTCs. They are unlikely to get Lewisham Hospital's contract. Southampton BTC will go with Wellcome if Wellcome buys the BTC's stock of Organon kits: Wellcome will probably do this. Wellcome have the Army contract. They have had enquiries from Canada, Finland, Denmark (have tendered), Hungary (will tender) France, Italy, Germany, South Africa, Australia, Yugoslavia, Hong Kong, Taiwan, Singapore, Malaysia. The Taiwan government has been promised a copy of _____ report to support Wellcome's claims. In all, some 800,000 tests have been ordered and the company will have supplied 250,000 tests by the week of 30 September. They plan to produce 1.25×10^6 per week in due course. CAMR can supply adequate antigen and will

increase production: CAMR has supplied antigen for the last six weeks without mishap. As a back up, Wellcome wish to produce antigen at Dartford and have so far satisfied the HSE inspectors as to safety requirements. They are having discussions with an overseas supplier with Category 4 production facilities.

As from 1 November, Australia will not permit the importation of anti-HTLV III positive materials and test methods must be FDA-approved. This means that Wellcome may be forced to use Abbott tests to prove their own products. Wellcome will shortly be making a preliminary approach to the FDA and may wish to use DHSS evaluation data in support of claims.

Wellcome accept the difficulties highlighted by the BTS evaluation. Certain of these they attribute to not being able to get BTCs to help them in field trials because of the BTCs solidarity to resist testing until all were able to start. However, already improvement have been put in hand as a result of the BTC evaluation. The failure to identify certain positive samples they are satisfied was due to a batch of conjugate which, although it passed QC tests that were current, was inadequate in the trials. They do not know why this batch behaved as it did, are investigating still, and can now identify and remove from production similar batches. Wellcome will be sending to _____, who is being sent ^{by the evaluators} the 'sticky' sera that gave difficulty, some of the doubtful conjugate. They are prepared to continue to tighten QA procedures as the need arise from field experience. Wellcome are mindful that the majority of contracts they have will be up for renewal in a few months and are prepared to try very hard to keep them by improving their product and back up.

The company has contracts with about 40 hospital-based PHLS laboratories and with 10 of the smaller PHLS laboratories.

Wellcome has annual FDA-style GMP inspections by an employee of its sister pharmaceutical company in the USA. This man is very experienced in the ways of the FDA and gives no quarter in his inspection. GMP inspections are also run by house staff on a regular basis. Wellcome will provide some information on in-house QA and would be happy to have DHSS shadow the FDA if a formal inspection takes place. They will let us know the details

The company was given the go-ahead to contact the evaluators about the results of the trial and in particular the circumstances surrounding the false-negative results. In due course Wellcome will produce a full written response to the draft report.

Wellcome will be making a press statement on 2 October about a pharmaceutical product of theirs which it is claimed reduces viraemia in pre-AIDS patients. They feel that this will also stimulate some publicity for the anti-HTLV III test.

3. Organon Teknika: The following attended-

XXXXXXXXXX	Product Specialist
XXXXXXXXXX	Managing Director
XXXXXXXXXX	Quality Control, Oss, Holland

Organon has about 25,000 tests in use in the UK, including those used by Southampton BTC. They are supplying BTCs in Germany, France, Sweden, Norway, Holland and Belgium. They are not on the USA market but have undergone a satisfactory FDA inspection of the Dutch plant.

Organon has contracts with Manchester, Sheffield and Leeds BTCs. They think that Scotland will probably go with Wellcome but they may get the contact with Aberdeen BTC. They think that they may get Cardiff BTC's contact after the BTC has tried Wellcome's kit: this they see as deliberate/^{Cardiff}BTC policy to gain experience in both kits.

Organon gets antigen from ENI in the USA. Litton Bionetics is now owned by Organon and antigen from Litton is being investigated. Organon had the chance to market the ENI F9 confirmatory plates but declined to do so because they saw little advantage in using them. F9 plates, they reported, have had a poor reception in Australia.

The company accepts the difficulties of the BTC evaluation as teething troubles. However, they are amending their operating protocol as a result. They cannot understand why the plates supplied to Manchester were outside their own QC specification but are investigating. The same batch when tested at Oss was satisfactory and is in routine use, without complaint, elsewhere. The false-negative weak positive results they attribute to the cut-off being set after clinical trial with real AIDS patients. They are confident that in the field with fresh samples and real positives there will be no difficulty. Nevertheless, they are happy for users to set their own cut-off points to suit local circumstances, provided that the user takes responsibility for the outcome. They are prepared to amend the cut-off themselves in the light of experience gained in field use.

They recognise the deficiencies of the recommended equipment and are prepared to investigate better equipment. Similarly they

are prepared to investigate computer-assisted readout and interpretation of data. Organon will provide a written response to the evaluation report in due course.

Both ENI and Litton supply Organon with antigen that is heat-treated and contains Triton. Routinely, Organon tests antigen for reverse transcriptase activity and for the presence of the detergent.

4. Follow-up Discussions between _____ and I

It was agreed that-

- a) Both companies, but especially Wellcome, had made much progress in the marketing of their anti-HTLV I kits and were trying hard to improve them and the back-up service associated with marketing. There was no reason why a user could not have confidence in these companies to supply a reliable product.
- b) However, as an added safeguard it would be prudent if the companies were willing (the signs were that they would be) to undertake GMP-type surveys of the manufacturing premises.
- c) There is a need for a NEQAS for anti-HTLV III assay

Copies to _____

Welsh Office
 STB
 STB
 MEDSEB
 MEDSEB
 HS
 HS
 STB

~~_____~~
 29 September, 1985