

**COMMITTEE ON
GOVERNMENT REFORM AND OVERSIGHT**

**HEARING BEFORE THE
SUBCOMMITTEE ON HUMAN RESOURCES**

TESTIMONY PROVIDED BY

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**ON BEHALF OF
THE
PLASMA USERS COALITION (PUC)**

**SEPTEMBER 9, 1998
10:00 A.M.**

Mr. Chairman and members of the Subcommittee, I am John Boyle and I am here today on behalf of the **Plasma Users Coalition**. The Coalition includes the Alpha One Foundation; the Alpha One National Association; the Committee of Ten Thousand; the Hemophilia Federation; the Immune Deficiency Foundation; and the National Hemophilia Foundation.

The Coalition **represents patients who depend on the long-term use of plasma products for their health** and very lives. As you know, more than 500,000 Americans use plasma products each year. However, persons with alpha one antitrypsin deficiency, bleeding disorders and primary immune deficiency diseases must use plasma products many times each year for their entire lives. There are approximately 4,000 alpha one plasma users, 15,000-18,000 bleeding disorder users, and 20,000-30,000 immune deficient plasma users. Collectively, we represent about 50,000 Americans. The Coalition exists so that we may exchange information and support the needs of individuals dependent on frequent and life long usage of plasma based products. Hence, Mr. Chairman, I am here today speaking on behalf of the 50,000 to 60,000 individuals who consume plasma-based products repeatedly and in large quantities to escape suffering from painful, debilitating and life threatening diseases. Personally, I am here today because my infant son was diagnosed with one of these disorders nearly twenty years ago.

First, it is very important to note that **plasma products are essential to the health and well being** of persons with these chronic disorders. For example, before the introduction of gamma-globulin for the treatment of immune deficient patients nearly fifty years ago, persons with these disorders could expect to suffer repeated infections until one finally killed them. Today, many immune deficient patients can be expected to live long and relatively asymptotic lives, thanks to intravenous gamma globulin. Second, there is currently **no medically equivalent product available** for alpha one or primary immune deficiency diseases. The bleeding disorders community does have a recombinant option, however, recombinant products are in short supply, and more expensive than some patients can afford.

Mr. Chairman, you requested that the Coalition address the following issues; the GAO report comparing viral marker rates of paid versus volunteer donors, the regulatory compliance of plasma manufacturers; current and chronic shortages of plasma products and finally the Department of Health and Human Services efforts to address product availability. Given our limited time and urgency of the latter issues I will focus my remarks on GMPs, product availability and efforts to address those issues.

As we noted earlier, the development of plasma products for alpha one, bleeding disorders, and immune deficiency diseases have dramatically extended the lives and

improved the quality of life for tens of thousands of Americans. However, **a current and ongoing shortage of these products has** caused serious adverse health consequences. For example, in Alpha One Antitrypsin Deficiency, a congenital emphysema, diagnosis is usually made after 70% of lung function is gone, the lung deterioration is arrested but not reversed by treatment with plasma derivatives. Effective augmentation therapy is dependent on regular dosage and infusion. One study indicates a sixty-percent difference in mortality with treatment. Unfortunately, the Alpha One community is served by a sole manufacturer who has been at 50% production for the major portion of 1998. Moreover, even at 100% production there is not an adequate supply of Protease inhibitor for augmentation therapy of eligible patients.

Approximately seventy percent of immune deficient patients are treated with intravenous gamma globulin. For nearly twenty years, IVIG, has been recognized as a safe and effective treatment for primary immune deficiency diseases. However, beginning in the fall of 1997, widespread shortages of IVIG developed. Within this past week, we completed a survey of 100 doctors treating more than 2,000 immune deficient patients to document the current situation. Over ninety percent of these doctors reported difficulty in obtaining IVIG for their patients since April. As a result, they report postponing infusions, increasing the intervals between infusions, and reducing prescribed dosages of IVIG to their patients. How serious is this for these patients? Well, half of the doctors who have had difficulty in obtaining IVIG report that the shortage since April has had a **negative effect on the health of their patients**. Specifically, patients are suffering from increased infections that normally would have been checked by recommended IVIG therapy.

It should be clearly remembered that persons with bleeding disorders have been victims as well as beneficiaries of plasma products. With the introduction of recombinant alternatives to plasma based clotting factors the treatment of hemophilia leapt into the 21st century. No longer did individuals with bleeding disorders have to stand in the corridor of fear and pain, deciding to endure painful bleeds or risk exposure to possible viral contaminants like HIV which devastated their community. Last week the Surgeon General endorsed the use of recombinant AHF as the preferred treatment for hemophilia, and recommended accelerated implementation for all individuals currently using plasma based derivatives to recombinant usage.

However, there is a continuing shortage of recombinant AHF, which along with prohibitive costs will keep persons with bleeding disorders members of the plasma products users community for some time to come.

The Department of Health and Human Services Advisory Committee on Blood Safety and Availability reviewed the chronic product availability problems at its April meeting followed by the attention of this subcommittee in May. At both of these meetings short

and long term recommendations were made. We are here today to report that the product availability has not improved significantly since those meetings and we believe that the situation will get worse in the near future. May I repeat, we believe that a very bad situation is getting worse, not better, despite the recognition of the seriousness of the problem by both government and industry.

This brings us to the substance of the GAO report. The GAO reports numerous deficiencies in adherence to good manufacturing practices in recent inspections of four major fractionation companies. These deviations led to two consent decrees, including one requiring a company to cease distribution of its products. This shut down was one of several factors in the IVIG shortage.

At first glance, the GAO report suggests a manufacturing industry that has significant problems with the production of plasma derivatives, with over 50% of the manufacturers under consent decree. I can tell you as a parent of a plasma user that the 429 deviations from good manufacturing practices cited in the report scares me. A few months ago my wife and I were pulled off a plane because my son could not get his gamma globulin, which is equally scary. At the same time, none of us want bathtub plasma products carrying infectious agents that kill rather than cure.

The GAO report, however, does not evaluate the state of manufacturing and specifically, the safety of manufacturing at these plants. The 429 deviations could represent a broken industry, which as a result of old plants, low investment, and company indifference to the product and customer, is unable to manufacture a safe product. Or, the same numbers could represent too much of a meter-maid mentality on the part of the regulatory agency. A better understanding of the true situation is critical because it tells us about the future availability of safe plasma products for persons whose lives depend upon them. If the industry is currently unable to produce enough products according to reasonable manufacturing guidelines, we need to decide how to address the long term production issues while trying to redirect the distribution system to get the available product to the patients for whom it is live saving. For example, less than half of all IVIG produced in the United States goes to immune deficient patients or other on label uses.

With not nearly enough plasma products available for the dependent users we offer the following recommendations:

- Industry needs to identify and prioritize customers with essential medical needs, for whom these products are life sustaining, (previously untreated patients (PUPs) with bleeding disorders, immunocompromised hemophiliacs, primary immunodeficient, and Alphas currently on product).
- Industry and government need to work cooperatively with hospital pharmacies and buying coalitions to encourage rationing protocols.
- Industry and government need to work with medical societies to promote responsible usage of products during shortages.
- Homecare pharmacies, wholesalers, and specialty distributors should report on product distribution and purchasing should be restricted so that they are not able to amass a surplus.
- Industry and government should support safety net programs established by consumer organizations which use small portions of the available supply, but allow access to physicians treating large numbers of patients.
- Industry should accelerate its compliance performance and take responsibility to fulfill its commitment to consumers for whom their products are life sustaining.
- The FDA should coordinate GMP activities and communicate within the agency new programs or protocol that could affect supply.
- We are also concerned that regulators and the industry need to change their collective dynamic from adversarial to cooperative. Increased communication and cooperation is essential, including technical assistance from the regulators.
- In the case of Alpha One augmentation therapy there is not, and will not be an adequate supply of product until another manufacturer introduces an additional product to the market place. We therefore recommend an allocation system that prioritizes patients currently on product and guarantees delivery of product to these patients regardless of the healthcare delivery system they choose.
- The above recommendations must be met or we will have to reconsider export policy. If we are not able to meet US demands under the guidance of conscientious product use, American consumers of plasma derivatives are going to ask for export controls. In the case of recombinant AHF products we feel it is unacceptable to export over 50% of the market supply.

Mr. Chairman, the consumers thank you and your subcommittee for its vigilance in the oversight of this area. We thank you for the opportunity to comment on these issues. However, we hope that you will hold both industry and government to their responsibilities and commitments in this area. In the aftermath of the plasma product shortages earlier this year, the industry promised increased production. Based on what we are hearing, we are likely to see further reductions in production in the coming months. There will be high human costs if this comes to pass. The FDA promised to try to address the distribution problems by a more extensive program of educating providers to the appropriate allocation of these scarce products. This promise has not been fulfilled.

Please remember we are discussing life-sustaining therapeutics! Twenty years ago, my wife and I were told that my six-month-old son might not live through the night. Today, he is a college student with no health impairments or activity limitations. He has not suffered a hospitalization in nearly twenty years. That is the difference that a safe, effective and available plasma product can make. We want to make sure that tens of thousands of other patients will continue to have that chance in the future.

Six months ago consumer organizations were asking for more information about the reasons for the shortages. Now, in light of a worsening situation, we want action. At the May 7th hearing Mr. Bacich of Baxter invited you to point at industry and challenge them to fix the problem. Did they fail to hear the challenge or are they unable to meet it? While we wait to see this action, better information is still necessary. The consumer organizations need to be made aware FDA and industry actions taking place and how these actions will affect the product supply.

In conclusion, we offer the patient notification system as a model for cooperation and communication. The industry has a consumer advisory panel, all companies have agreed to participate, and the patient information will be registered with a neutral third party that ensures patient confidentiality. The distribution system should be approached in the same cooperative manner, by the industry, government and consumers, assuring that delivery is made to those for whom it is life sustaining.

The consumers wish to commend you, Mr. Chairman for the recent recall amendment you offered to the appropriations bill. This type of legislation serves to further patient awareness and education and most importantly safety.