Stem Cell Biology and Regenerative Medicine

Kristina Hug Göran Hermerén *Editors*

Translational Stem Cell Research

Issues Beyond the Debate on the Moral Status of the Human Embryo



Stem Cell Biology and Regenerative Medicine

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Issues Beyond the Debate on the Moral Status of the Human Embryo

🔆 Humana Press

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Preface

For many years, the discussion of the ethical aspects of human embryonic stem cell research focused on only one question: the moral status of the embryo. It soon became clear that there were three or four different basic positions, the arguments became well-known and were discussed over and over again, and the likelihood that any interesting new arguments would appear decreased over time.

In this book, we want to show that research on human embryonic stem cells, as well as research on stem cells of other kinds, also raise other issues that deserve to be discussed, over and above the issue on the moral status of the embryo, where little progress has been made during the last decade. The various parts of this book identify such issues and discuss ways of dealing with them.

The focus of this book, as indicated by its title, is on translational stem cell research, that is, not in the first place on stem cell research aiming at new, basic knowledge of stem cell biology. Instead, the focus is on ethical, legal, and social aspects of research, which aims at paving the way for clinical applications and translating the results of stem cell research into diagnostic and therapeutic applications.

It has become increasingly clear that different diseases raise different problems and offer challenges which are not identical. The book therefore opens with a part describing the state of the art in stem cell research focusing on a number of specific diseases such as diabetes; neurodegenerative, cardiovascular, and muscular disorders; oncologic and genetic diseases; as well as treating burn victims. How far have we arrived today, and what remains still to be achieved? Important aspects include the severity of the disease, whether alternative treatments exist, and how common the disease is.

The traditional way from bench to bedside involves a number of steps: first research in vitro, then research on small animals, then on large animals, then trials of unproved treatments in emergency situations, and finally small-scale trials – and later (we are not there yet) randomized clinical trials. What do we have to have demonstrated on each of these steps in order to proceed to the next one? Some of these steps raise ethical issues that are discussed in the latter half of the first part of this book. Children, of course, raise special problems since their capacity of giving a free and informed consent is limited. These issues are discussed in Part II of this book.

In the next part, some scientific, regulatory, and ethical challenges to basic research are discussed. Human eggs are required to produce human embryonic stem cell lines, and women can be exploited or put under pressure to deliver eggs. If eggs are collected in the course of IVF treatments, problems of gratitude and psychological pressure cannot be dismissed; so the forms of obtaining informed consent become an important ethical issue. To avoid some of these problems, and diminish the demand for human ova, some scientists have made experiments by using ova from cows or rabbits to create human–animal entities for translational research. This research raises other issues that are discussed in Part III.

Stem cell banks are becoming an increasingly important resource for research. Therapeutic cloning is emerging as a costly and unlikely way to achieve clinical progress on a large scale. Against that background, stem cell banks, repositories of stem cell lines, and registries are likely to become important in the future if and when stem-cell-based therapies exist. These banks raise issues about the procurement of the tissues (information, consent, etc.); about the processing and testing necessary for safety, as well as standardization; and finally about access: who is going to have access to the samples and the information collected, on what conditions, and who is going to decide about this? Such issues are discussed in Part IV of this book.

The long and winding road from bench to bedside, via the first idea, the first experiments, via proof of concept, and proof of principle, contains many steps, requires considerable economic resources, and many things can go wrong. No university institution by itself has the resources required to develop research results into commercially viable products. Collaboration with industry is necessary. Such collaboration is not always unproblematic, as a number of disputes between scientists and industrial sponsors have indicated, and it raises also ethical and strategic issues, which are discussed in Part V of this book.

To scale up and succeed on a competitive market, first rate science and economic resources are required. But in addition to that, also intellectual property rights. Industry is not likely to be interested in investing large amounts of money in a project if there is no protection of intellectual property, and their competitors can use the results of their investments for free. The possibility to patent methods and products based on stem cell research then becomes an important issue. Controversies have surrounded a number of patent applications, particularly involving human embryonic stem cells. Praxis in different parts of the world is not the same, the US Patent and Trademark Office being more liberal than its European counterpart, the European Patent Office.

In Part VI, the legal problems raised by patents on human stem-cell-based inventions are discussed, followed by a discussion of the extent to which there can be technological solutions to a moral dilemma. Finally, in this part, ethical issues raised by stem cell patent applications including and beyond the so-called morality clause in the European Patent Convention are discussed.

Many stakeholders are involved in the future of stem cell research, not just politicians and regulators, doctors, researchers, present and future patients, and their organizations. The stakeholders also include health-care providers, research-funding organizations, pharmaceutical industry, and taxpayers. A broad and constructive debate on the development of this rapidly developing research area is essential, particularly since recent research results (*Cell Stem Cell*, May 2010) have indicated important differences between human embryonic stem cells and induced pluripotent stem cells, suggesting that one type of cell may not in all contexts be able to replace the other.

Accordingly, communicating results and concerns has become a crucial issue, especially in research involving human embryonic stem cells. Transparency and openness have proved to be successful, and "hype" creates problems. Imaginative ways of communicating research to the general public and creating conditions for a constructive dialogue have been tried successfully and are described in Part VII.

There are a number of psychosocial and cultural factors affecting judgment and decisions about translational stem cell research. Age, gender, and culture are such factors, and it has become increasingly clear that they play a role in decision making. To neglect them would be to give a distorted picture of the complex background and would make it difficult to understand why people's views can differ so sharply. This is discussed in Part VIII of this book.

One stumbling block on the road from bench to bedside can be the evaluation of stem cell research projects in research ethics committees. Since this research is rather new and rapidly developing, it also presents challenges to the members of the research ethics committees. The systems of research ethics committee examination is not exactly the same, but international guidelines are used as a basis, like the Declaration of Helsinki and the Oviedo Convention and its protocols. The problems and procedures raised by this examination are discussed in Part IX.

In the final part, we take a look at the future of the translational stem cell research and stem-cell-based therapeutic applications. Which ethical issues are then likely to emerge? Risks, long-term effects, priority setting and social justice are such issues discussed in this concluding part.

During many years, both editors were involved in several EU-funded research projects: EuroStemCell, ESTOOLS, NeuroStemCell, Eurostemcell CA, and others. Over the years, we also learned something about the scientific aspects of the stem cell research, and we got to know many of the leading experts in the field. Finally, it is a pleasure to express our thanks to them and to all others who have contributed to this book. We also want to thank the editors at Springer for excellent collaboration in this project.

Lund, 15 May 2010

Kristina Hug Göran Hermerén

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Editors

Göran Hermerén, Ph.D., is professor emeritus of medical ethics at the faculty of medicine, Lund University, Sweden. His current research interests and publications include priorities and allocation of resources in health care, as well as ethical aspects of genetic testing, care at the end of life, nanotechnologies, and stem cell research. Prof. Hermerén is President of the European Group on Ethics in Science and New Technologies since 2002 and the chair of the advisory board of the German Reference Center for Ethics in the Life Sciences. He is a member of the Swedish National Council on Medical Ethics and has served on many governmental and parliamentary commissions, as well as a referee for international journals. In addition, he has served as external examiner in bioethics at University College, Dublin, as a coordinator of the EU-funded research project "Euro-priorities," and is a partner in several ongoing EU-funded research projects. From 2011 she will be an external ethics advisor for the European Network "ScreenTox" (Stem Cells for Reliable, Efficient, Extended and Normalized Toxicology).

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Harold Ayetey, MB, BChir (MD)., after obtaining his medical and surgical degrees from the University of Cambridge in 2004, went on to pursue postgraduate training in General Internal Medicine in Cambridge, London, and Oxford, during which he developed a subspecialty interest in cardiology and the molecular basis of congenital cardiac arrhythmias in particular. In 2008, Dr Ayetey was appointed Wellcome Trust Clinical Research Fellow at the University of Cambridge and Honorary Specialty Registrar in Cardiology at Addenbrooke's Hospital in Cambridge, giving him the opportunity to combine clinical practice with a longstanding interest in stem cell biology and the concept of pluripotency. Currently, a PhD candidate in Professor Austin Smith's group at the Wellcome Trust Centre for Stem Cell Research in Cambridge, Harold's research focuses on the derivation and use of patient-specific induced pluripotent stem (iPS) cells for the study of congenital cardiac arrhythmias.

Gisela Badura-Lotter, Ph.D., is a biologist and ethicist in the field of biomedical ethics and philosophy of science. She worked as junior scientist at the Chair of Ethics in the Biological Sciences and the International Centre for Ethics in the Sciences and Humanities, both at the University of Tübingen, Germany, where she received her PhD with a dissertation on biological, medical, and ethical aspects of embryonic stem cell research. After a postdoc period at the Faculty of Medicine, at the University of Brest (France), where she worked within the EU-project

"Chimeras and hybrids in comparative European and international research – scientific, ethical, philosophical, and legal aspects," she is now assistant professor at the Institute of the History, Philosophy and Ethics of Medicine at Ulm University, Germany. She has three beloved children.

Mary Baker, MBE, is patron and immediate past president of the European Parkinson's Disease Association (EPDA), a position she was elected to in 1992 when the EPDA was first formed. Mary retired as Chief Executive of the Parkinson's Disease Society of the United Kingdom in 2001 where she had worked for 18 years. Mary is also president of the European Federation of Neurological Associations, vice president of the European Brain Council, consultant to the World Health Organization (WHO) and chair of the Working Group on Parkinson's Disease formed by the WHO in May 1997. In 2008, the Council of Europe reappointed Mary for a second term as one of the patient representatives to serve on the Management Board of the EMA, and in the same year she was appointed to the IMI JU Scientific Committee. In 2007, Mary was appointed to the Council of the ABPI and she is also a member of the ABPI Code of Practice. Other appointments include director-at-large for the World Stroke Association, former patient editor of the BMJ (now chair of the BMJ Patient Advisory Group). In 2009, Mary received the British Neuroscience Association Award for Outstanding Contribution to British Neuroscience and for Public Service and in 2003, an Honorary Doctorate from the University of Surrey was conferred upon her in recognition of work within the world of Parkinson's disease.

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Oliver Brüstle, M.D. Ph.D., is professor of Reconstructive Neurobiology at the University of Bonn. He is also co-founder and scientific director of LIFE & BRAIN GmbH, a biomedical enterprise serving as translational hub of the University of Bonn Medical Center. Trained as an M.D., he conducted research and clinical work in neuropathology and neurosurgery at the universities of Zurich and Erlangen, respectively. In 1993 he joined the laboratory of Ron McKay at the National Institutes of Neurological Disorders and Stroke in Bethesda, MD, USA to study neural stem cells. Upon his return to Germany in 1997, he started is own lab and, in 2002, became director of the newly founded Institute of Reconstructive Neurobiology. His field of interest is stem cell research, with a focus on stem-cellbased brain repair. The Brüstle lab has particular expertise in the generation of neural cells from pluripotent stem cells and their application in models of neurological disease. Having been the first researcher working on human embryonic stem cells in Germany, he was instrumental in shaping the public debate around this sensitive topic and became a fierce political advocate of stem cell research. In 2000, Oliver Brüstle received the Bennigsen-Foerder Award. Since 2002, he serves as chair of the Steering Committee and board member of the Stem Cell Network North Rhine Westphalia. He is editorial board member and referee for several scientific journals and reviewer for numerous funding agencies. Since 2008, he also serves on the boards of directors of the multinational European research consortia ESTOOLS and NEuroStemCell.

Anders Castor, M.D., Ph.D., is senior consultant in pediatric oncology at Skane university hospital. He has a Ph.D. in malignant stem cell research from Lund university. Anders has, partly due to the clinical experiences within the field of pediatric oncology, developed a strong and broad interest in medical ethics, with a focus on ethics and children. He has initiated, and is currently chairing two different ethical committees: one at the department of pediatrics at Skane university hospital, Lund, which focuses on consultative services and the other a joint Nordic committee, with clinically active pediatric oncologists and nurses from all the Nordic countries, which focuses on developing competence and guidelines in the field of pediatric oncology. He is also doing research on ethical decision-making with regard to children.

Neville Cobbe, Ph.D., is currently a research fellow at the University of Liverpool, having previously worked for several years at the University of Edinburgh. His main research interests have been the evolutionary and functional analysis of proteins that contribute to chromosome behavior, cell division, and cell migration. Aside from research publications in genetics and cell biology, Neville has been interested in various aspects of communicating science and its relevance to society, organizing exhibitions for the Edinburgh International Science Festival over successive years and participating in workshops for young people or adults on various bioethical issues (ranging from genetic testing to cloning). This has led to invitations to give public presentations on stem cell research to diverse audiences on behalf of the UK Research Councils, the Scottish Council on Human Bioethics, and the Royal Society of Edinburgh, as well as contributing oral and written evidence to the House of Commons Science and Technology Select Committee.

Giulio Cossu, M.D. Ph.D., Giulio Cossu has a long lasting interest in the field of muscle cell and developmental biology and in the cell therapy of muscular dystrophies. He received his MD degree from the University of Rome in 1997. He trained as a Fogarty postdoctoral at the Wistar Institute, University of Pennsylvania (1980-1983), and then became associate and then full professor at the Dept. of Histology and Medical Embryology of the University of Rome "La Sapienza." In 2000 he was appointed director of the "Stem Cell Research Institute" of the Hospital San Raffaele in Milan. Since 2005 he is professor of histology and embryology at the University of Milan. In 2008, he was appointed director of the newly created San Raffaele Division of Regenerative Medicine. Since 1997 Giulio Cossu is EMBO Member; he has been president of the Italian Association of Cell and Developmental Biology (1998-2001) and member of the Directory Board of the International Society for Stem Cell Research (2003–2005). Giulio Cossu is currently a member of the Directory Board of the International Society for Differentiation and senior editor of EMBO Molecular Medicine. He is currently serving as chairperson for Panel LS7 (Molecular Medicine) for the European Research Council. He is also member of the ISSCR Task force for Clinical Translation of Stem Cell Research.

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Michael Fuchs, Ph.D., is the general manager and a senior scientist at the Institute of Science and Ethics in Bonn (IWE). Since 1995, he teaches philosophy at the University of Bonn. He is the representative of the IWE at the Board of Directors of the European Association of Centers of Medical Ethics since 2000. He functions as partner and project leader in several European and national research projects on bioethics and research ethics. Recently he has published books and articles on enhancement technologies, national ethics councils, research ethics, gene therapy, and genetic diagnosis. His other fields of research are philosophy of nature, anthropological and ontological problems of individuation and individuality of living beings, semiotics and philosophy of language, and medieval Latin philosophy.

Nicolas Grasset, M.D., Ph.D., graduated from Lausanne Medical School in 1999 and was a surgical resident before joining the Barrandon's laboratory in 2003. He obtained his PhD in Life Sciences and Technology at the Ecole Polytechnique Fédérale de Lausanne (EPFL) in 2008. His research, supported by the FP6 EuroStemCell consortium, consisted in validating the pig as a predictable animal model to understand the fate of autologous epidermal stem cells transplanted in extensive wounds. Besides a strong interest in ethics, Nicolas Grasset aims at bringing stem cells from bench to bedside.

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also established induced pluripotent cells, and improved derivation and culture conditions of pluripotent stem cells. She has published some 300 articles and book chapters from the topics. In addition, she has written a large number of articles for general public regarding these topics.

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for Parkinson's Research. He was co-chair of the ISCCR Task Force on the Clinical Translation of Stem Cells 2007–2008. According to PubMed, Lindvall has about 300 published articles since 1972. In 2008, Lindvall was elected member of the Royal Swedish Academy of Sciences. Lindvall has headed the clinical neurotransplantation program at the University of Lund since 1983. This program has pioneered cell replacement strategies and been the first to show that transplanted neurons can survive, grow, restore transmitter release, become functionally integrated, and give rise to clinically measurable improvements in the diseased human brain. Current research interests in Lindvall's laboratory are the development of stem-cell-based treatments for Parkinson's disease and stroke, especially the regulation and therapeutic relevance of neurogenesis from the adult brain's own neural stem cells.

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Part I: Translational Stem Cell Research: What is Possible Today and What Still Remains to be Achieved?

Chapter 1 Towards Clinical Application of Stem Cells in Neurodegenerative Disorders

Olle Lindvall and Zaal Kokaia

Abstract Stem cells have the capacity to generate neurons and glia cells which are lost in neurodegenerative diseases such as Parkinson's disease and stroke. The adult brain's own neural stem cells are potential novel therapeutic targets because they produce neurons and glia in response to injury and could become affected by the degenerative process. Besides cell replacement, stem cell-based approaches can also improve function by modulating inflammation, preventing neurons from dying, and increasing angiogenesis. These exciting laboratory findings should now be responsibly translated to the clinic. However, the development of stem cell-based therapies for human neurodegenerative diseases will require major research efforts so that the mechanisms regulating the proliferation, migration, differentiation, survival and function of stem cells are much better understood and can be effectively controlled. Strategies to prevent tumor formation must be developed. Finally, the functional efficacy of stem cells or their derivatives, their mechanisms of action, and absence of significant adverse effects should be demonstrated in animal models with pathology and symptomatology resembling the human disease.

Keywords Parkinson's disease • Alzheimer's disease • Stroke • Neurogenesis • Transplantation

1.1 Introduction

Neurodegenerative diseases comprise a wide range of human conditions in which neurons and glial cells in the brain and spinal cord are lost. In acute neurodegenerative diseases, different types of neurons and glial cells die within a restricted brain area

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over a short period of time, e.g., in response to ischemic stroke or spinal cord injury. In chronic neurodegenerative diseases, there is over several years either a rather selective loss of a specific cell population, such as dopamine (DA) neurons in Parkinson's disease (PD) or motor neurons in amyotrophic lateral sclerosis (ALS), or a widespread degeneration of many neuron types, such as in Alzheimer's disease (AD). Stem cells may preserve and restore function in several different ways, e.g., by releasing trophic molecules or modulating inflammation. However, the most attractive possibility would be if they could be used to replace the cells that have died. This could be achieved either by transplantation of stem cell-derived cells predifferentiated in vitro to various stages of maturation, e.g., to neuroblasts, or by stimulation of the formation of neurons and glia from the adult brain's own neural stem cells (NSCs). No stem cell-based treatment has yet been established for any neurodegenerative disorder. Despite this, "treatments" for several of these diseases are offered at "clinics" around the world, without rationale and with poor scientific and clinical basis. The vast majority of these sites over-promised the results and gravely underestimated the potential risks [1]. "Stem cell tourism" is a major problem in the field of neurodegenerative diseases that damages patients and their relatives and slows down the serious development of effective stem cell-based therapies [2]. For the responsible application of stem cell therapies in patients with neurodegenerative diseases, it is now important to define clinical road maps, i.e., the major milestones in basic and clinical research that need to be reached, and the ethical, regulatory, societal and economical issues that need to be addressed. In this chapter, we will discuss some general issues related to the clinical translation of stem cells. We will also describe the current status of stem cell-based approaches and define the critical milestones that remain to reach the clinic in three neurodegenerative disorders - PD, AD, and stroke.

1.2 Moving Stem Cells to the Clinic in Neurodegenerative Disorders: General Aspects

When considering the application of stem cells in patients with a specific neurodegenerative disorder, it must be understood what the acceptable risks are and what will be necessary for this approach to be clinically competitive. Stem cells and their derivatives represent, in most cases, entirely novel products. Proliferation and maturation of stem cells are difficult to control. Animal models may not fully predict their toxicity, occurrence of immune and other biologic responses, and risk for tumor formation after implantation in patients. It should also be underscored that the degree of disability and available therapeutic options differ widely between various neurodegenerative diseases. Patients with PD have virtually normal life expectancy, motor symptoms are effectively reversed during the first years by several drugs, and valuable improvement can be obtained in advanced stages as well. In contrast, for patients with ALS, which is a fatal disorder, there is currently no effective treatment. If efficacious therapy already exists, as in PD, the risk must be low and the stem cell-based approach must offer an advantage (e.g., better functional outcome and single procedure versus life-long drug therapy with associated side effects). If effica-