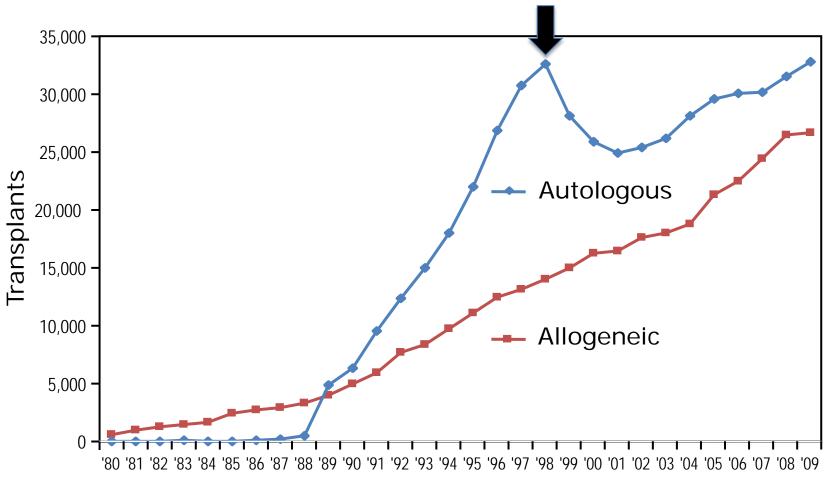
Professional Guidelines for Stem Cell Translation ISSCR

George Q. Daley
Director, Stem Cell Transplantation Center
Children's Hospital/ Harvard Medical School
ISSCR President 2007-2008

HSC Transplant activity worldwide 1980-2009



CIBMTR

International Society for Stem Cell Research

- Promote safe, effective, innovative clinical translation:
 - Educate scientists and medical practitioners world-wide
 - Establish professional standards
 - scientific, medical, ethical
 - Help inform, formulate regulatory pathway
 - Train translational physician scientists
 - Educate patients and their families
 - Spotlight clinics marketing unproven treatments

Why are stem cells different from drugs?

- Stem cell products are entirely novel
- Stem cells persist in the patient
- Animal models only partially predictive



2008

New ISSCR Guidelines Underscore Major Principles for Responsible Translational Stem Cell Research

Insoo Hyun,^{1,*} Olle Lindvall,^{2,*} Lars Ährlund-Richter,³ Elena Cattaneo,⁴ Marina Cavazzana-Calvo,⁵ Giulio Cossu,⁶ Michele De Luca,⁷ Ira J. Fox,⁸ Claude Gerstle,⁹ Robert A. Goldstein,¹⁰ Göran Hermerén,¹¹ Katherine A. High,¹² Hyun Ok Kim,¹³ Hin Peng Lee,¹⁴ Ephrat Levy-Lahad,¹⁵ Lingsong Li,¹⁶ Bernard Lo,¹⁷ Daniel R. Marshak,¹⁸ Angela McNab,¹⁹ Megan Munsie,²⁰ Hiromitsu Nakauchi,²¹ Mahendra Rao,²² Heather M. Rooke,²³ Carlos Simon Valles,²⁴ Alok Srivastava,²⁵ Jeremy Sugarman,²⁶ Patrick L. Taylor,²⁷ Anna Veiga,²⁸ Adrianne L. Wong,¹⁰ Laurie Zoloth,²⁹ and George Q. Daley³⁰

— Bestvoorscheiß Dipoties ntbeas, dbook

- Biogienstisats de house ioni apro-le solungio con l'estimble de la propient la company de la compa
- Ragioenous particular adriticaters und cell manufacture
- Scrupulous review of clinical protocol by Relines for
 - Ensuring informed consent, patient autonomy of Stem Cells
- Rigorous long-term follow-up, reporting of negative results



Guidelines for the Clinical Translation of Stem Cells

December 3, 2008

Medical innovation (outside formal clinical trial)



Declaration of Helsinki (10/19/13)



http://jama.jamanetwork.com/article.aspx? articleid=1760318&utm_source=silverchair +information+systems&utm_medium=emai l&utm_campaign=jama%3aonlinefirst10%2f 19%2f2013

UNPROVEN INTERVENTIONS IN CLINICAL PRACTICE

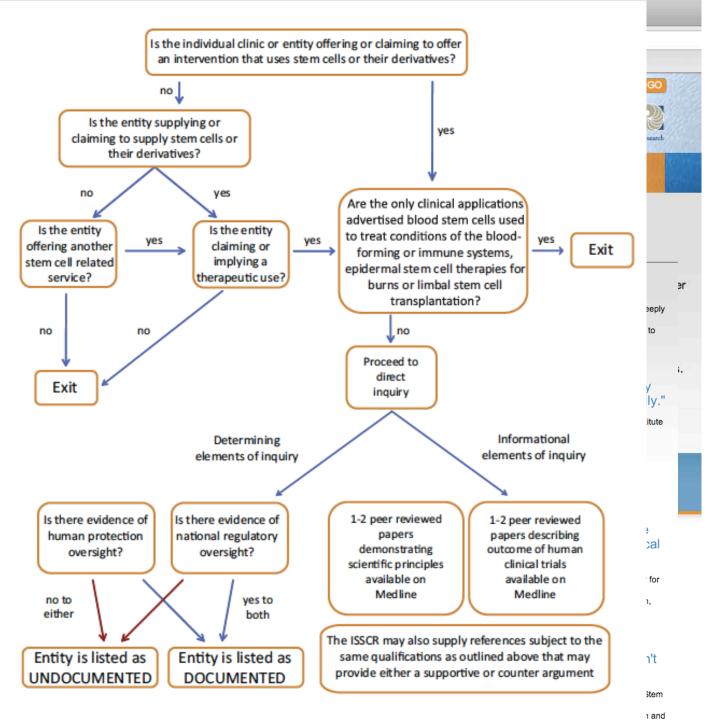
37. In the treatment of an individual patient, where proven interventions do not exist or other known interventions have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorised representative, may use an unproven intervention if in the physician's judgement it offers hope of saving life, re-establishing health or alleviating suffering. This intervention should subsequently be made the object of research, designed to evaluate its safety and efficacy. In all cases, new information must be recorded and, where appropriate, made publicly available.





Patient: Stem C

Patrick L. Taylor, ¹ Roger A. I Elena Cattaneo, ⁴ Alan Colma Harold Edgar, ⁷ Ira J. Fox, ⁸ C Lawrence S.B. Goldstein, ¹⁰ I Andrew Lyall, ¹² Robertson F Femando J. Pitossi, ¹⁴ Emes Heather M. Rooke, ¹⁶, * Dougla Susan Stayn, ¹⁹ Gary K. Steir Amy J. Wagers, ²⁰ and Irving



Promoting ethical, effective care

- Community and Professional standards
 - Reinforced thru continuing education, practice guidelines, professional societies, peer consultation
 - Professional accreditation/ certifications
 - Practice standards and legal liabilities
 - Tort law and medical malpractice
- Regulatory oversight
 - Legal, governmental, institutional
- Market forces
- Need to address patient, family needs