

Draft: ICOC NIH Guidelines Task Force Comments on Draft NIH Guidelines for Human Stem Cell Research Discussion draft subject to revision pending ICOC approval & final review



## **DRAFT Considerations Identified by CIRM for the ICOC NIH Guidelines Response Task Force – Updated**

The following comments have been prepared by CIRM staff in response to recommendations from the ICOC NIH Guidelines Response Task Force in preparing a formal response to the Draft National Institutes of Health Guidelines for Human Stem Cell Research. <http://stemcells.nih.gov/policy/2009draft.htm>

These comments are for discussion purpose and do not constitute a formal CIRM response. The comments will be considered at the ICOC meeting on May 12, 2009. <http://www.cirm.ca.gov/meetings/2009/05-07-09.asp>

The California Institute for Regenerative Medicine (CIRM) applauds NIH for its speed in issuing the above referenced Guidelines and welcomes the opportunity to respond. CIRM was established in 2004 when 59% of California voters agreed to support ethical embryonic and adult stem cell research. With up to \$3 billion in approved bond funds to be issued over 10 years, it is CIRM's mission to advance the ethical study of embryonic and adult stem cell research in order to improve the lives of patients. Additional information may be found by visiting <http://www.cirm.ca.gov/>.

Like the NIH, CIRM is required to establish standards to ensure that its funded research is ethically responsible, scientifically worthy and is conducted with the interests of donors and patients being of primary importance. CIRM has supported efforts to develop and harmonize effective regulatory policy requirements to ensure ethically responsible research and to enable state, national and international collaboration and exchange. In this spirit, we respectfully submit the following comments for consideration by the NIH.

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## Summary of Major Recommendations:

1. [Recognize hESC lines derived in accordance with core principals for ethical responsibility](#). These core principles include:
  - Requiring rigorous independent oversight
  - Ensuring voluntary and informed donor consent
  - Requiring no undue inducements
2. [Avoid disqualifying ethically responsible hESC lines or research projects through the retroactive application of detailed technical requirements](#).
3. [Verification of adherence to regulations and guidelines requiring ethically responsible donation which can be established by:](#)
  - For hESC lines derived in the U.S., approval by an Institutional Review Boards (IRBs)
  - For hESC lines derived outside the U.S., verification by an IRB that procurement was consistent with the core principles of ethical responsibility
4. [NIH Guidelines must explicitly allow the continued use of the established Pre-2001 hESC lines that meet Common Rule guidance on donor consent](#).
5. [The NIH Guidelines should allow the use of hESC lines derived through parthenogenesis provided they meet core standards for ethical responsibility](#).
6. [To avoid duplicative reviews and provide for certainty the NIH should support and fund the development of a system to register and identify established eligible hESC lines that comply with the final NIH guidelines](#).
7. [Support and fund the development of a system to prospectively register new eligible hESC lines at the time of derivation](#).
8. [Allow the use of hESC lines derived from eligible blastocysts already deposited in tissue banks prior to the publication of the NIH guidelines provided there was IRB approval and oversight](#).
9. [Support and fund the registration of tissue banks that have established protocols consistent with the NIH draft Guidelines](#).
10. To reduce administrative burden for those hESC lines that are listed on a NIH funded registry and / or are the subject of an IRB approval verifying ethical donation, no additional documentation requirements exist above that which evidences such IRB approval and / or listing on such registry.

## Discussion of Major Recommendations:

### 1. Recognize hESC lines derived in accordance with core principals for ethical responsibility.

Nationally and internationally research is conducted in accordance with core principals for ethical responsibility. These principals emerged from the Nuremberg Code and have been adopted by leading nations, research institutions and professional bodies. These core principals include:

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- Requiring independent oversight such as through IRBs which have extensive experience reviewing informed consent in the context of human tissue research;
- Ensuring a process for voluntary informed consent including the review of consent procedures performed outside the United States;
- Requiring no undue inducements to donors.

The federal Common Rule 46 CFR provides one example where these core principals have been incorporated into a legally binding system of regulations and independent oversight. The Common Rule requires institutional review boards (IRBs) to review and approve the process for obtaining voluntary informed consent from individuals participating in research – including the donation of cells and tissues (see Table 1).

**2. Avoid disqualifying ethically responsible hESC lines or research projects through the retroactive application of detailed technical requirements.**

A fundamental concern is that established research materials that have already been deemed ethically derived and that are currently being used in NIH funded research could be disqualified by the retroactive application of technical requirements for procurement and consent. For instance new requirements not found in 46 CFR 116 informed consent requirements include: explicit discussion regarding the commercial potential of research results. These materials include the Pre-2001 hESC lines, post-2001 hESC lines, and blastocysts stored in research tissue banks. Table 2 summarizes the scientific importance of some of these lines for research into chronic disease.

- ▶ **Avoid the retroactive application of detailed technical requirements. Any detailed requirements which are in addition to the standards that IRB's have been held to date (which standards include compliance with 46 CFR 116, National Academies' of Sciences Guidelines, and 2002 federal agency stem cell guidance) should be applied only prospectively to materials procured or derived after July 1, 2009.**

Table 1: Consent Requirements Under U.S. Federal Law  
46 CFR 116

- A statement that the study involves research
- An explanation of the purposes of the research
- The expected duration of the subject's participation
- A description of the procedures to be followed
- Identification of any procedures which are experimental
- A description of any reasonably foreseeable risks or discomforts to the subject
- A description of any benefits to the subject or to others which may reasonably be expected from the research
- A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject
- A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained
- For research involving more than minimal risk, an explanation as to whether any compensation is offered, and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained
- An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject.
- A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits, to which the subject is otherwise entitled

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**3. IRB approvals should serve as the mechanism for verifying adherence to regulations and guidelines at the time of embryo / tissue donation and to establish that such research materials were ethically derived.**

*For hESC lines derived in the United States*

Verification by an Institutional Review Board (IRB) of adherence to regulations and guidelines in place at the time of embryo donation should serve to establish that research materials were ethically derived. For lines derived in the United States prior to July 1, 2009, this determination would be based on adherence to the Common Rule. For lines derived after July 1, 2009 this determination would be based on adherence to the Common Rule and the additional requirements (if any) required by NIH Guidelines. Application of this scheme would have the following effect:

For pre- and post-2001 lines derived in the U.S, the above scheme would enable utilization of all hESC lines where there is IRB oversight and approval of the informed consent protocol.

Work with Pre-2001 lines should not be impaired by the additional technical requirements that provide limited value in ensuring ethical derivation yet could have the unintended result of interfering with the very research which was permitted before President Obama's Executive Order. Furthermore, Post-2001 lines made without federal or state funding in the United States represent important building blocks for the field. To support continuity in research NIH should allow the continued use of materials obtained from donors in accordance with federal and state law at time of donation, including IRB approval of the donation protocol.

States such as California have developed research programs in accordance with the National Academies' of Sciences (NAS) Guidelines for Human Embryonic Stem Cell Research. These guidelines incorporate the Federal Common Rule for review and oversight of human subjects research. In addition, state research programs incorporating the NAS Guidelines require an additional level of oversight by requiring review by a stem cell research oversight committee. This added oversight provides added assurance that research is ethically responsible, scientifically worthy, and conducted in accordance with applicable law.

Future lines derived in the United States from blastocysts procured after July 2009, would be required to conform to any additional requirements imposed by the NIH Guidelines.

- ▶ **CIRM has found that institutions can effectively assure through IRBs and/or embryonic stem cell research oversight committees (ESCROs) that post-2001 lines conform to the Common Rule and have been derived with IRB**

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**approval and oversight. Lines determined to adhere to regulations and guidelines at time of embryo donation should satisfy evidentiary requirements.**

*For hESC lines derived outside the United States*

Under this scheme, an IRB would determine, consistent with current practice, that there was acceptable review and oversight of the consent and derivation process.

IRBs approval has been and will continue to be based on findings that, hESC derivation has been performed in accordance to core principles for ethical responsibility.

CIRM, so far, has performed an equivalency analysis for three nations, Canada, Japan and the United Kingdom. Each has developed policies and supporting regulatory regimes to ensure that research is ethically responsible, scientifically worthy, and conducted in accordance with internationally accepted norms of conduct. The, hESC derivation performed under the Canadian Institutes for Health Research Guidelines, Japanese Guidelines for Derivation and Utilization of Human Embryonic Stem Cells and Human Fertilization and Embryology Authority license (UK) conform to national consensus standards for that jurisdiction and are acceptable for use in CIRM-funded research. These standards include consent requirements deemed appropriate for the respective jurisdiction.

- ▶ **Given that international exchange and collaboration is imperative for the advancement of stem cell science, guidelines and regulations should allow IRBs to recognize hESC lines derived outside the U.S.**
- 4. NIH Guidelines must explicitly allow the continued use of the established Pre-2001 hESC lines.**

Work with Pre-2001 lines should not be impaired by the additional technical requirements that provide limited value in ensuring ethical derivation yet could have the unintended result of interfering with the very research which was permitted before President Obama's Executive Order. To date, CIRM has approved grants totaling over \$761 million representing the largest source of funding for embryonic and pluripotent stem cell research in the world. A significant number of hESC lines utilized by CIRM grantees from 2001 through 2009 are pre-2001 / NIH-approved lines. A substantial research investment has been made by CIRM and others to develop and characterize many of these lines, which are often used as comparison (control) for evaluating newer lines. Table 3 illustrates the number of funded applications utilizing such lines. Thus, they represent an important research foundation for the field. Limiting the use of such materials will slow the field and undermine the quality of the science.

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- ▶ **Eliminate uncertainty and disruption of established research and explicitly grandfather in these cell lines.**

**5. The NIH Guidelines should allow the use of hESC lines derived through parthenogenesis provided they meet standards for ethical derivation.**

Established parthenogenetic cell lines represent an important scientific resource due to their unique genetic constitution and method of derivation. Research involving the comparison of embryo derived lines, induced pluripotent lines from somatic cells, and parthenogenetic lines may be particularly informative for understanding a range of issues related to mechanisms of reprogramming and differentiation. In addition, the unique immunologic profile of parthenogenetic lines may be particularly important in the development of cell products for clinical transplantation.

- ▶ **NIH should allow the use of parthenogenetic lines provided materials were procured in accordance with federal and state law at time of donation, including IRB approval of the donation protocol. Lines derived subsequently should conform to the current NIH standard.**

**6. To avoid duplicative reviews and provide for certainty the NIH should support and fund the development of a system to identify and register eligible hESC lines that comply with the NIH draft Guidelines.**

In 2006 CIRM adopted regulations requiring research institutions to determine that hESC lines utilized in sponsored research conform to specific consent and oversight requirements. Consistent with the proposed draft NIH guidelines, CIRM requires institutions to assure hESC lines comply with these regulatory requirements.

In 2007, CIRM implemented a regulatory evaluation. Twenty-one research institutions participated in workshops designed to discuss the impact of CIRM regulations on research practice (see [http://www.cirm.ca.gov/meetings/pdf/2007/050907\\_item\\_8b.pdf](http://www.cirm.ca.gov/meetings/pdf/2007/050907_item_8b.pdf)). Participant institutions reported the continued evaluation of hESC provenance represented the major resource commitment for oversight committees. It was common for multiple institutions to be evaluating the same lines resulting in a duplication of labor. Consequently, CIRM determined that there was need for a registry system to serve as a single point for verification.

- ▶ **To support more efficient use of research funds, consistency and better certainty among NIH grantees, NIH should support initiatives designed to determine the compliance status of established lines. The compliance status of lines should be available to funded researchers through a registry or database.**

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**7. Support and fund the development of a system to prospectively register new eligible hESC at the time of derivation.**

The derivation stage represents an opportune time to compile information related to donor consent and other aspects of blastocyst procurement. CIRM and the Interstate Alliance on Stem Cell Research (IASCR) have developed a registration mechanism that includes certification by an independent review body. This mechanism leverages established review and oversight procedures to provide assurance that research is ethically responsible, scientifically worthy, and conducted in accordance with applicable law. The registration form includes a certification that informed consent for the blastocyst donation conforms to the *National Academies' Guidelines for Human Embryonic Stem Cell Research* (NAS Guidelines) and the status of donor payments.

- ▶ **NIH should support this assurance mechanism by encouraging oversight bodies to certify newly derived lines conform to requirements for ethical derivation.**

**8. Allow the use of hESC lines derived from eligible blastocysts already deposited in tissue banks prior to the publication of the NIH guidelines provided there was IRB approval and oversight.**

Nationwide there are a number of tissue banks that routinely collect blastocysts for research. These tissue banks are an important source of blastocysts for hESC derivation. Tissue banks adhere to detailed procedures for consenting donors and complying with state and national laws. Individuals and couples donating to these banks have gone through a very thoughtful and deliberative education and informed consent process. Direct experience with donors and research suggests that blastocysts are frequently donated out of an intense sense of altruism. Donors hope to contribute to humanity by supporting scientific discovery and medical research. NIH policy should not result in the exclusion of these materials from research if they were procured in an ethically responsible manner.

- ▶ **The NIH Guidelines should allow the use of hESC lines derived from blastocysts already deposited in tissue banks provided there was IRB approval and oversight of the donation process. Blastocysts subsequently donated to tissue banks should conform to the current NIH standard.**

**9. Support and fund the registration of tissue banks that have established protocols consistent with the NIH draft Guidelines.**

Tissue banks are an important source of blastocysts for hESC derivation. Tissue banks adhere to detailed procedures for consenting donors and complying with state and national laws. NIH should consider an accreditation system for tissue banks that implement procedures and policies consistent with the final NIH Guidelines.

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- ▶ **NIH should consider an accreditation process for tissue banks. hESC lines derived from blastocysts deposited in accredited banks could be included in a hESC registration system.**

Table 2: hESC Utilization for Disease Research

STEM CELL LINE	Neural & Neurodegenerative Ailments														
	ALS <sup>1</sup>	ALZ <sup>2</sup>	HD <sup>3</sup>	PD <sup>4</sup>	Spinal <sup>5</sup>	Other	Cardiac <sup>6</sup>	Blood <sup>7</sup>	Cancer <sup>8</sup>	Fertility <sup>9</sup>	Foundational Sci. <sup>10</sup>	HIV/AIDS	Diabetes	Musculoskeletal/Arth. <sup>11</sup>	Other <sup>12</sup>
BG01V, 01, 02, 03	X	X	X	X	X				X		X	X	X		
CyT49, CyT203													X		
ES lines (01 - 06)						X	X	X	X						
ESI-H3											X				
ESI017, 35, 49, 51, 53											X				
FES22, 29, 30, 61											X				
G7, W7, W10 (StemCellLife, CA)	X	X	X	X	X								X		
H1, H9	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
H6, H7, H13, H14	X			X		X			X	X	X				X
HES2, 3, 4											X			X	
HSF1, HSF6				X				X	X	X				X	X
HuES lines (1-17)	X	X	X		X	X	X	X	X	X	X	X	X	X	X
I6	X	X	X	X	X								X		
iPS line A, line B											X				
Karolinska 181								X			X				
LLC-2P, 6P, 7P, 8P, 9P, 12PH, 15PH											X				
LSJ-1, LSJ-2		X				X		X						X	
MA01, 99								X			X				
Mel 1, 2, 3, 4				X			X	X	X		X	X			
MFS-5														X	
miz1, 4, 6											X				
SIVF0 01, 02, 03, 05, 06, 07, 17HD, 18HD, 19, 20HD, 21, 22, 23											X				
TE06	X	X	X	X											

NOTE 1: This table only shows if a cell line is used in research for a particular disease/ailment/pathology. It does not reflect the number of CIRM-funded PIs performing work in a particular field.

NOTE 2: **Tan color indicates most commonly reported stem cell lines used.**

Note 3: The tab "FINAL" contains more detailed information regarding the derivation of the stem cell lines.

1 Amyotrophic lateral sclerosis / Lou Gehrig's disease

2 Alzheimer's disease

3 Huntington disease

4 Parkinson's

5 Injuries to the spine

6 Heart disease & injury

7 Hematopoietic ailments / blood disease (non-malignancy)

8 Cancers (hematological, solid tumor)

9 Fertility & reproductive health

10 Foundational science including immunology

11 Musculoskeletal/osteoarthritis

12 Includes retinal, hearing/balance, dental

Table 3: Summary of hESC Utilization

	Stem Cell Line	Date Created	Occurrence	
WiCell	H1	1998	19	
	H7	1998	3	
	H9	1998	30	
	H13	1998	1	
UCSF	HSF1	2001	4	
	HSF6	2001	6	
Melton / Harvard	HuES-1	2004	2	
	HuES-2	2004	1	
	HuES-3	2004	2	
	HuES-6	2004	3	
	HuES-7	2004	1	
	HuES-8	2004	1	
	HuES-9	2004	4	
	HuES-10	2004	1	
	HuES-11	2004	1	
	HuES-12	2004	1	
	HuES-13	2004	1	
	HuES-15	2004	1	
	HuES-17	2004	2	
	ACT	MA01		1
		MA99		1
	Belmonte Pera	HES 2	2000	1
		HES 3	2000	2
LSJ-1		2006	2	
LSJ-2		2006	3	
ES[2]		2007	1	
ES[3]		2007	1	
ES[4]		2007	1	
MFS-5		2007	1	