USE OF HUMAN EMBRYONIC STEM CELLS IN THE TREATMENT OF PARKINSON'S DISEASE

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CONDITIONS TREATED



CONVENTIONAL DERIVATION METHODS



HESC: WE CULTURE THEM DIFFERENTLY



OUR HISTORY



*Shroff G et al. Annals of Neurosciences. 2015;22(3).



TECHNOLOGY HIGHLIGHTS

- o Patented technology^{1,2}
- In-house cultured hESC from a Single Fertilized
 Ovum
- o Non- contaminated
- o Free of animal products
- o Karyotypically stable cell lines upon 4000 passages³
- o Viable and ready-to-use product form
- o Simple, Cost-effective and Scalable
- o No immunosuppressants needed
- No significant adverse event in over 13 years of therapeutic usage

1. http://patentscope.wipo.int/search/en/WO2007141657

- 2. Shroff G, International Journal of Recent Scientific Research
- 3. Paper communicated





PARKINSON'S DISEASE: BACKGROUND

- Central nervous system (CNS) disorder
- Progressive in nature
- Caused by a genetic defect and/ or environmental factors
- In Europe, affects every 1 in 100 persons
- Women have longer life expectancy





PARKINSON'S DISEASE SYMPTOMS

Motor Symptoms

- Bradykinesia (slowness)
- Tremor
- Stiffness
- Shuffling gait
- Postural instability
- Lack of facial expression

Non-motor Symptoms

- Depression
- Anxiety
- Constipation
- Dysautonomia
- Sleep disturbances
- Hallucinations



PATHOLOGICAL MANIFESTATION

 Degeneration of neurons (DA) in substantia nigra pars compacta (SN) and the nigrostriatal (dopaminergic) tract¹

 Presence of biomarkers such as α-synuclein positive Lewy bodies in the brain²

> ¹Braak *et al Neurobiology of aging.* 2003, 24: 197-211 ²Marsden *et al J Neural Transm Suppl.* 1983, 19: 121-141



CONVENTIONAL TREATMENTS

Drug Therapy

- Levodopa
- MAO-B inhibitors: Selegiline
- Dopamine agonists: Pramipexole, Ropinirole

Surgical treatment

- Deep Brain Stimulation
- No treatment can cure or can reverse the condition



CELL TRANSPLANTATION STUDIES (ELSEWHERE)

- hESC derived DA neurons promoted partial function recovery in parkinsonian rat models¹
- Human embryonic DA neurons transplanted into 40 patients (34 to 75 yr) showed clinical benefits in younger patients only²
- A phase I trial to assess the safety of using hESC in the treatment of amyotrophic lateral sclerosis, inferring that this therapy could show a potential therapeutic effect in the treatment of PD, multiple sclerosis and Alzheimer's disease patients (http://www.michigandaily.com/news/new-treatments-als-reach-phase-iitrial)

¹Roy *et al Nature medicine.* 2006, 12: 1259-1268 ²Freed *et al NEW ENGL J MED.* 2001, 344: 710-719



HESC THERAPY: PARKINSON'S DISEASE

• We are the first to report the safe and effective transplantion of hesc in PD

• Till date, we have treated 30 patients with PD with significant clinical improvements.



CASE PRESENTATION

- A 65-year old male patient
- Admitted on 19 November 2012
- Complaints of :
 - Resting tremors
 - Back and neck stiffness
 - > Bradykinesia
 - Muscle rigidity
 - > Unclear speech
 - Micrographia
 - Imbalanced walking
 - > Urinary urgency with incomplete voiding
 - Pain in shoulder
 - Numbness in his hand and legs



SPECT BEFORE TREATMENT (20 NOV 2012)



Grey: Normal; Red, pink and white: above normal (+2, +3, +4 of standard); Hypoperfused Regions: Green: -2 of standard; Light blue: -3 of standard; Dark blue: -4 of standard; black: -5 of standard

Moderate hypoperfusion in bilateral parieto-temporal regions and moderate to severe hypoperfusion in bilateral basal ganglia and bilateral cerebellar regions



BEFORE



TREATMENT PLAN



CONTD...



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CLINICAL IMPROVEMENT: AFTER THERAPY

Before Therapy	After Therapy
Resting tremors	Reduction in tremors
Muscle rigidity	Reduction in muscle rigidity
Bradykinesia	Reduction in bradykinesia
Imbalanced walking	Able to balance himself again while walking
Shuffling gait present	Shuffling gait disappeared
Back and neck stiffness	Had reduction in pain and stiffness in the neck and a better ability to turn it around
Pain in shoulder	Had a reduction of shoulder pain
Numbness in his hand and legs	Reduction in numbness in his left (lt) hand and in both of his legs

AFTER



SPECT AFTER TREATMENT (20 NOV 2014)



Grey: Normal; Red, pink and white: above normal (+2, +3,+4 of standard); Hypoperfused Regions: Green: -2 of standard; Light blue: -3 of standard; Dark blue: -4 of standard; black: -5 of standard Normal hypoperfusion in the cerebral region and a significant improvement (> 60%) occurred in the degree of perfusion in the cerebellar regions

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REPORT

Examination Performed

SPECT imaging of the brain performed following injection of 99m Tc-HMPAO intravenously. Imaging performed using a high resolution collimator on a dual head gamma camera.

Findings

SPECT images reconstructed in transaxial, sagittal and coronal axes show minimal hypoperfusion in right basal ganglia.

Homogenous and symmetrical perfusion seen to the rest of the cortical and sub cortical regions.

Bilateral cerebellar uptake is normal.

IMPRESSION

- Minimal hypoperfusion noted in right basal ganglia.
- Compared to the previous scan done on Dec 3rd, 2012 the degree of perfusion seen in the cerebral and cerebellar regions has significantly improved.

Please correlate clinically.

N.B.

10%- 30% change—Mild improvement 30%- 60% change---Moderate improvement > 60% change--- Significant improvement

BEFORE

AFTER





CURRENT STATUS

Currently off all medications

 Has a mild resting tremor in his right hand as the only persisting symptom

• Is back at work and has an improved quality of life



NINE PATIENTS WITH PD TREATED TILL DATE

9 most recent PD patients are evaluated here. An independent neurologist examined the patients.

- All patients were scored for 42 symptoms with the Unified Parkinson's Disease Rating Scale (UPDRS) both before and after therapy
- Of the total 9 patients,7 showed improvement when scored with UPDRS. Their medications were halved



UNIFIED PARKINSON'S DISEASE RATING SCALE

- OPDRS scale scores symptoms as 0 to 4 in direction good → bad
- For example: Walking is graded as:
 - 0 = Normal
 - 1 = Mild difficulty. May not swing arms or may tend to drag leg
 - 2 = Moderate difficulty, but requires little or no assistance
 - 3 = Severe disturbance of walking, requiring assistance
 - 4 = Cannot walk at all, even with assistance



UPDRS Scores Before And After Treatment(3 MNTHS)





UPDRS Scores Showing Improvement in Walking After Therapy



UPDRS Scores Showing Improvement in Postural Stability After Therapy





UPDRS Scores Showing For Tremor After Therapy





UPDRS Scores Showing For Body Bradykinesia After Therapy



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HESC IN SPINOCEREBELLAR ATAXIA*

• A 59-year old male doctor

- Chief complaints:
 - Difficulty in speech and sleep since last 28 years
 - Difficulty in maintaining balance since last 25 years
 - Difficulty in writing since last14 years
 - Difficulty in walking since 19 years
 - Memory loss since 3 months
 - Has stopped his practice since

*Shroff G. Clin. Case. Rep. 2015; 5:1



SPECT SCAN: BEFORE THERAPY



Shows large areas of hypoperfusion (darker areas)



AFTER THERAPY:

- Patient was able to walk independently (only few steps)
- Showed improvement in the strength of bilateral UL and LLs, balancing, stamina, endurance and coordination
- Better control over trunk and legs.
- Could start writing
- His speech was clearer



SPECT SCAN: AFTER THERAPY



Shows reduction in hypoperfusion (darker areas)



BEFORE THERAPY

AFTER THERAPY



Shroff G. Clin. Case. Rep. 2015; 5:1



SUMMARY

- hESC therapy is an effective and safe tool in treating patients with PD
- No adverse events and teratoma formation was seen in the patients
- UPDRS, an internationally used scoring system showed improvement in patients after therapy. Patients had improvement in major symptoms associated with PD including bradykinesia, tremor, rigidity, postural stability and walking
- hESC therapy for PD might become a potential therapeutic option in the future



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THANK YOU

