



Rome Cardiology
Forum 2014
An ESC Update
Programme
in Cardiology



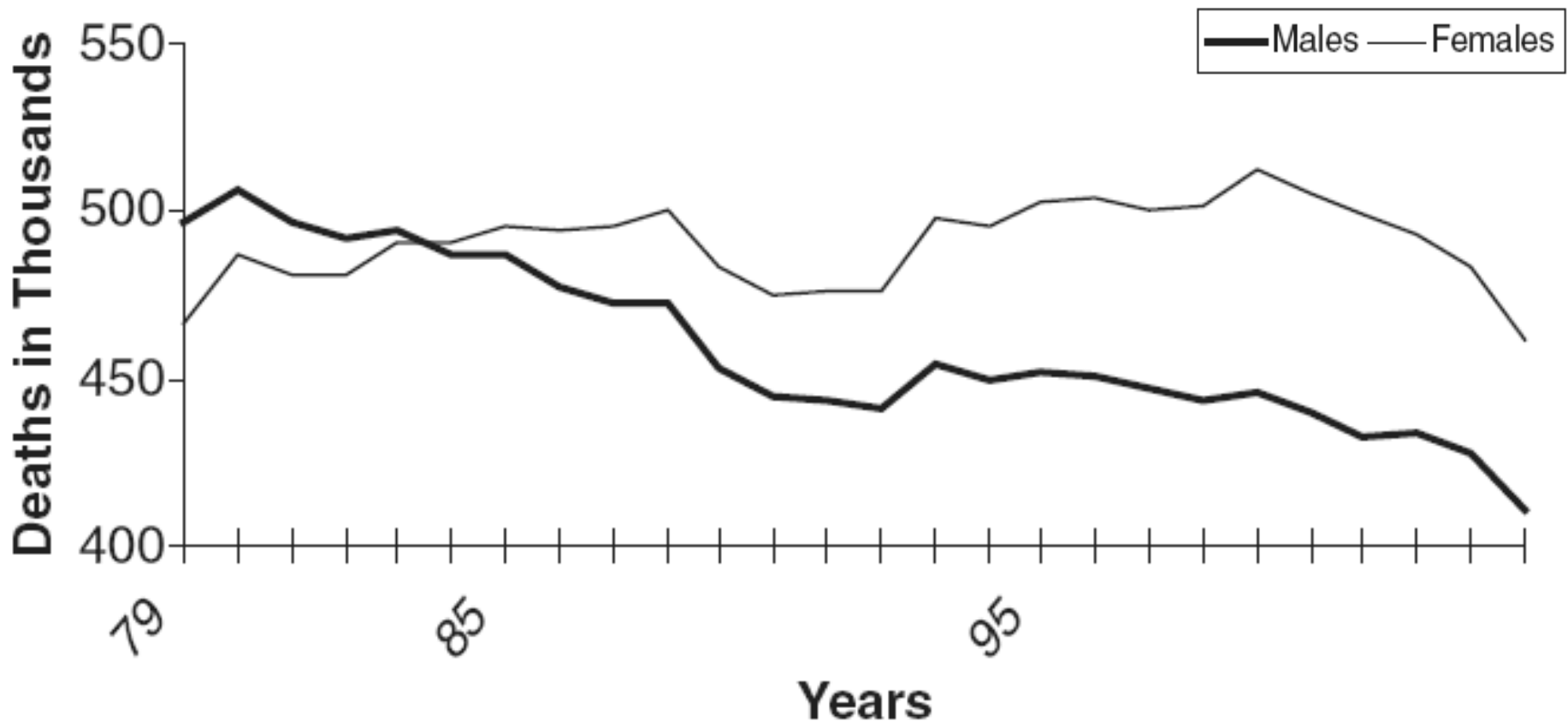
Cardiac Stem Cells

Domenico D'Amario MD, PhD

Università Cattolica del Sacro Cuore

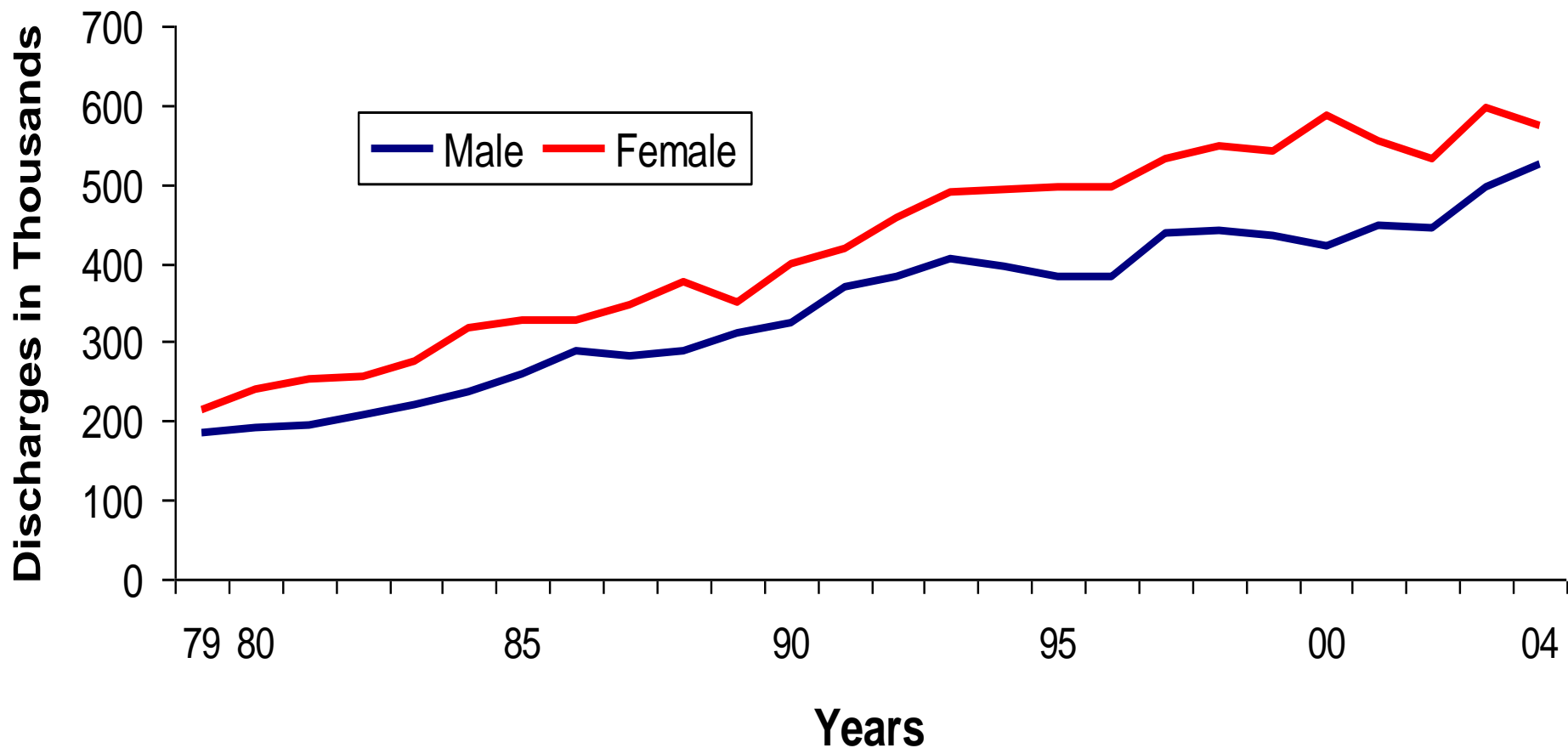
Rome: 31.01.2014

Myocardial Infarction Mortality in U.S.A.

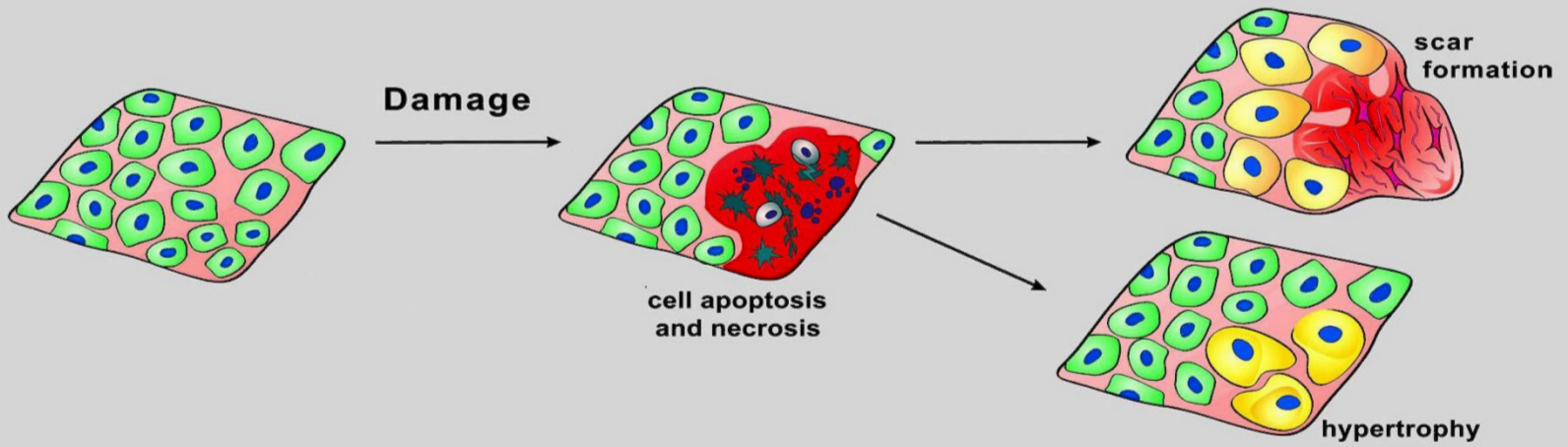


(Rosamund et al, Circulation 2007)

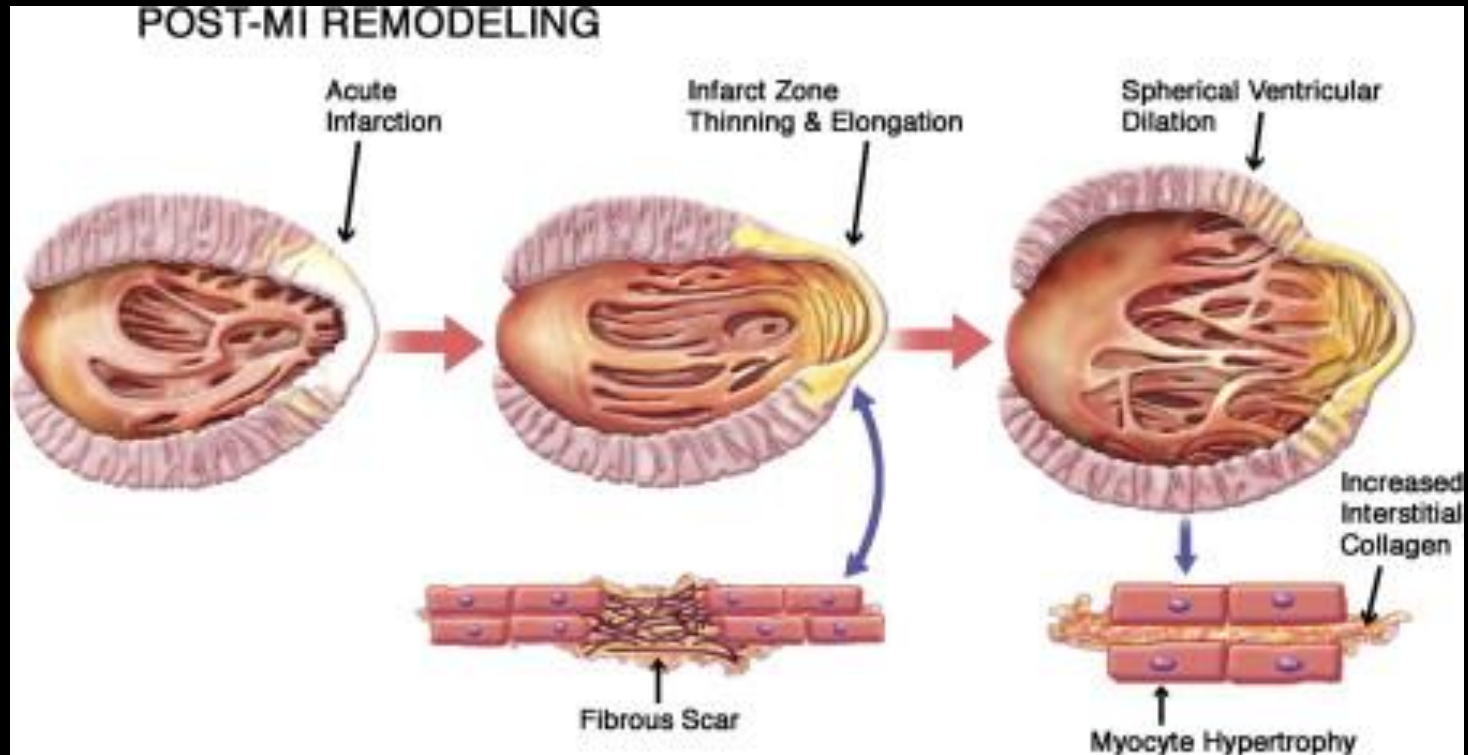
However...



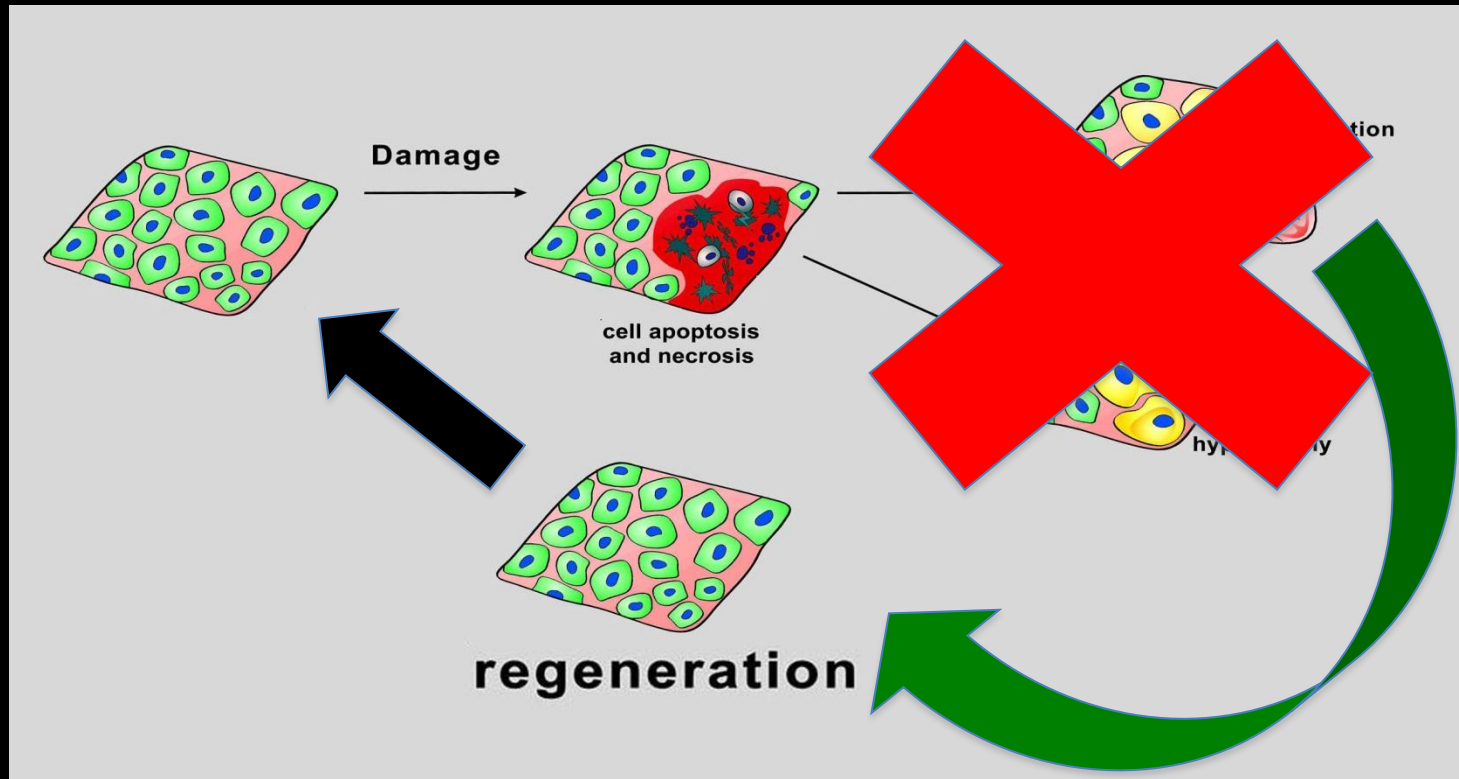
Hospital discharges for heart failure by sex
(United States: 1979-2004). Source: NHDS, NCHS and NHLBI)



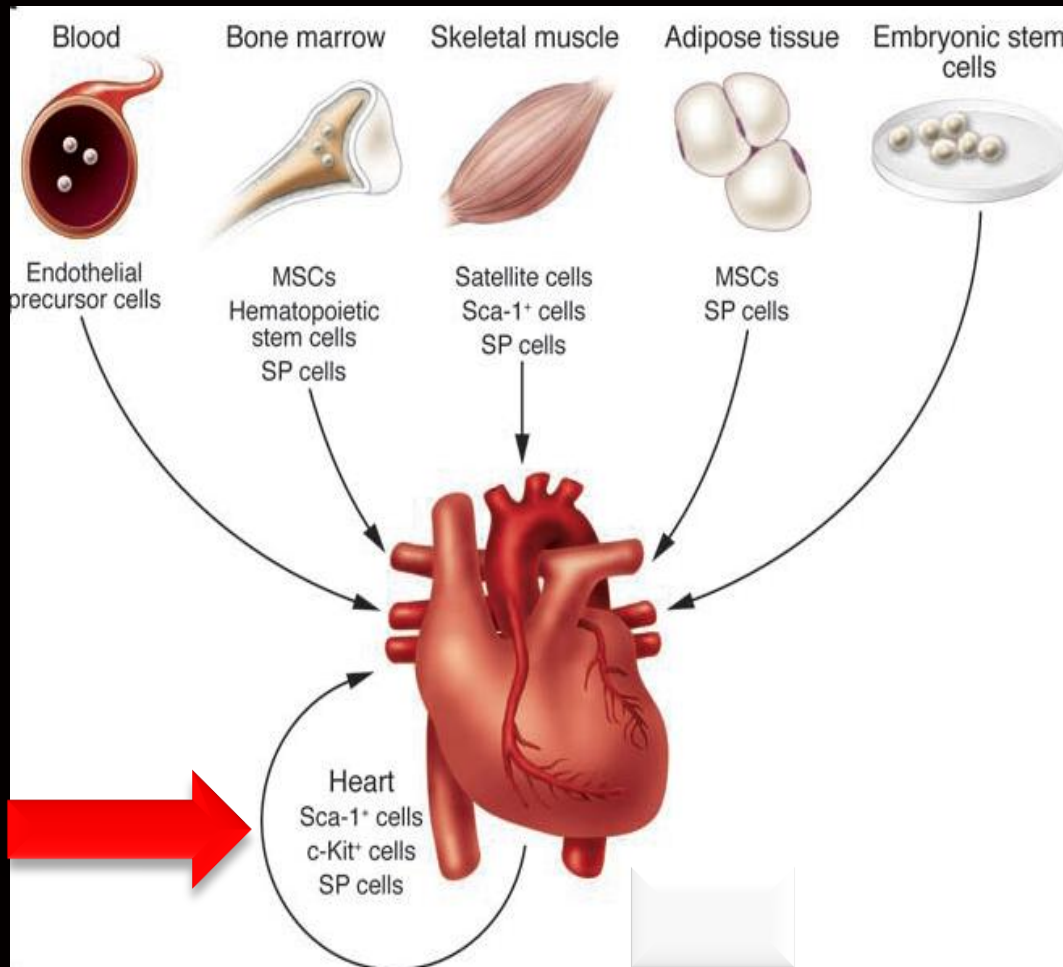
LEFT VENTRICULAR REMODELING



STEM CELL THERAPY

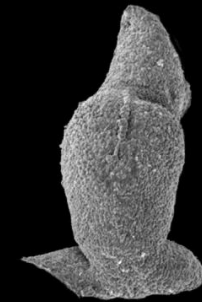
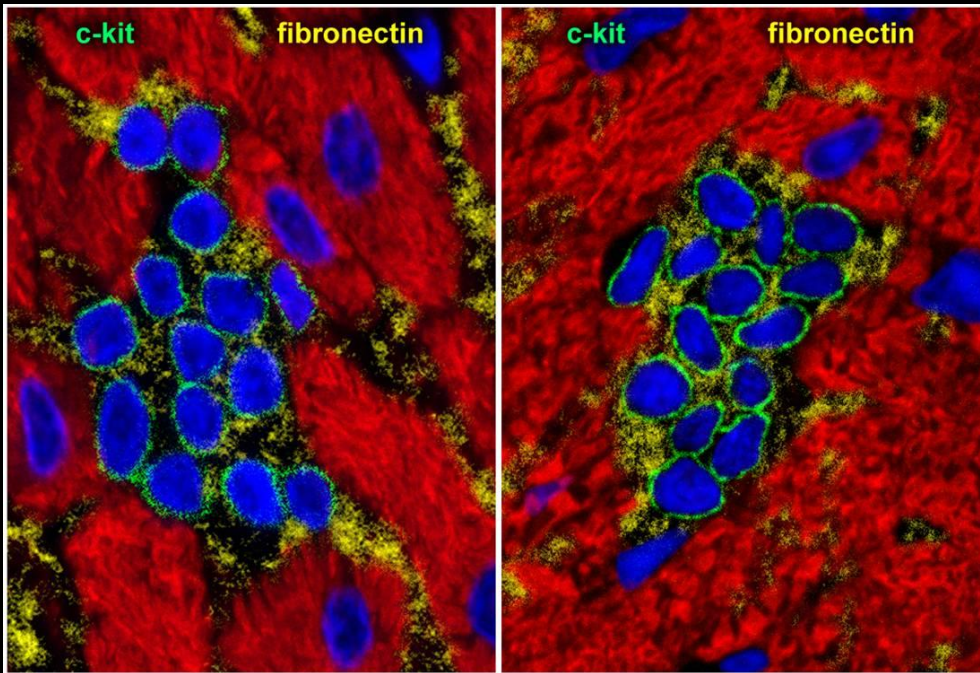


STEM CELL ORIGIN

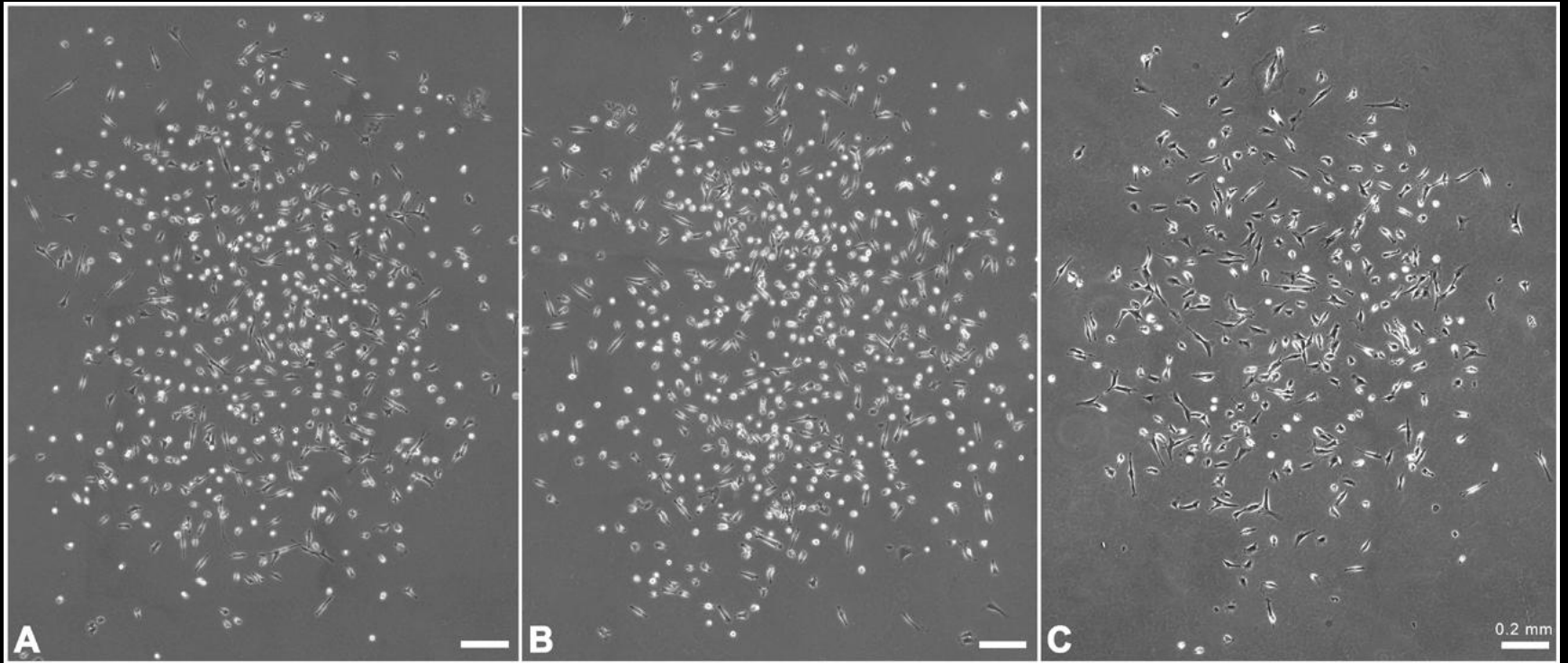


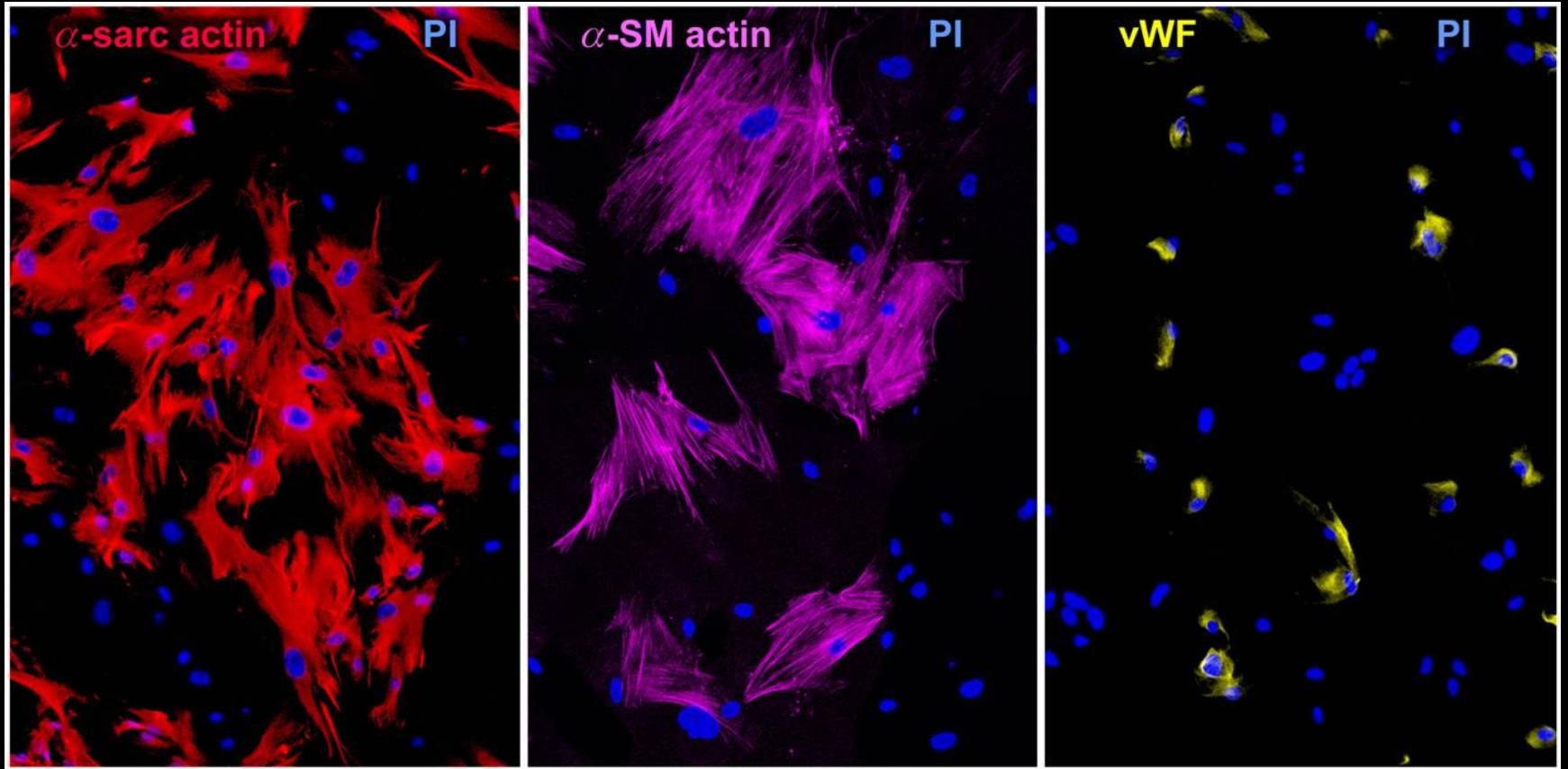
HUMAN CARDIAC STEM CELL

THE HEART AS A SELF-RENEWING ORGAN

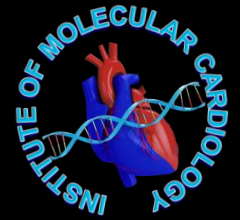


Bearzi C., Hosoda T, D'Amario D. PNAS, 2007





Hosoda T, D'Amario D., Zheng H et al., PNAS, 2010



SCIPPIO

Stem Cell Infusion in Patients
with Ischemic cardiomyOpathy

Bolli R, Chugh A, D'Amario D et al., Lancet 2011

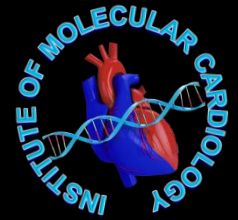
Cardiac stem cells in patients with ischaemic cardiomyopathy (SCIPIO): initial results of a randomised phase 1 trial



Roberto Bolli, Atul R Chugh, Domenico D'Amario, John H Loughran, Marcus F Stoddard, Sohail Ikram, Garth M Beache, Stephen G Wagner, Annarosa Lerj, Toru Hosoda, Fumihiko Sanada, Julius B Elmore, Polina Goichberg, Donato Cappetta, Naresh K Solankhi, Ibrahim Fahsah, D Gregg Rokosh, Mark S Slaughter, Jan Kajstura, Piero Anversa



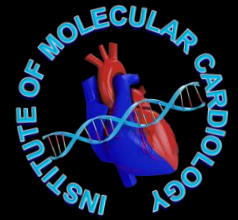
Overview



- Phase I, prospective, randomized, open label, human study enrolling a maximum of 20 patients to the treated arm and 20 controls scheduled to undergo on-pump CABG surgery
- At the time of CABG, the right atrial appendage will be resected and harvested for CSCs
- At 4 ± 1 months after CABG surgery, treated patients will undergo selective intracoronary injections of CSC solutions. All patients will be followed clinically for up to 2 years
- Follow-up will include clinical assessment, laboratory studies, imaging and functional studies.



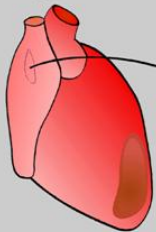
Inclusion Criteria



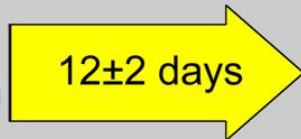
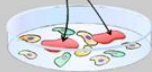
- LVEF \leq 40%
- A history of Q-wave (STEMI) MI with a residual akinetic and nonviable scar (as evidenced by a low-dose dobutamine stress echocardiogram and/or a thallium redistribution nuclear study for viability and/or an electrocardiogram and/or cardiac MRI and/or rest perfusion images on a sestamibi SPECT study)
- Patient scheduled for surgical revascularization within 2 weeks of the initial screening



Right Atrial Appendage



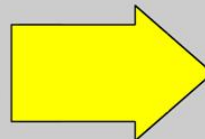
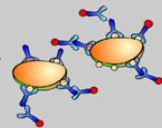
cell isolation



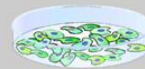
12±2 days

expansion

c-kit sorting



expansion

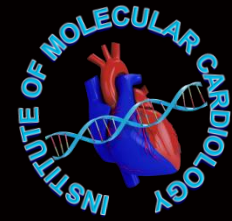


time

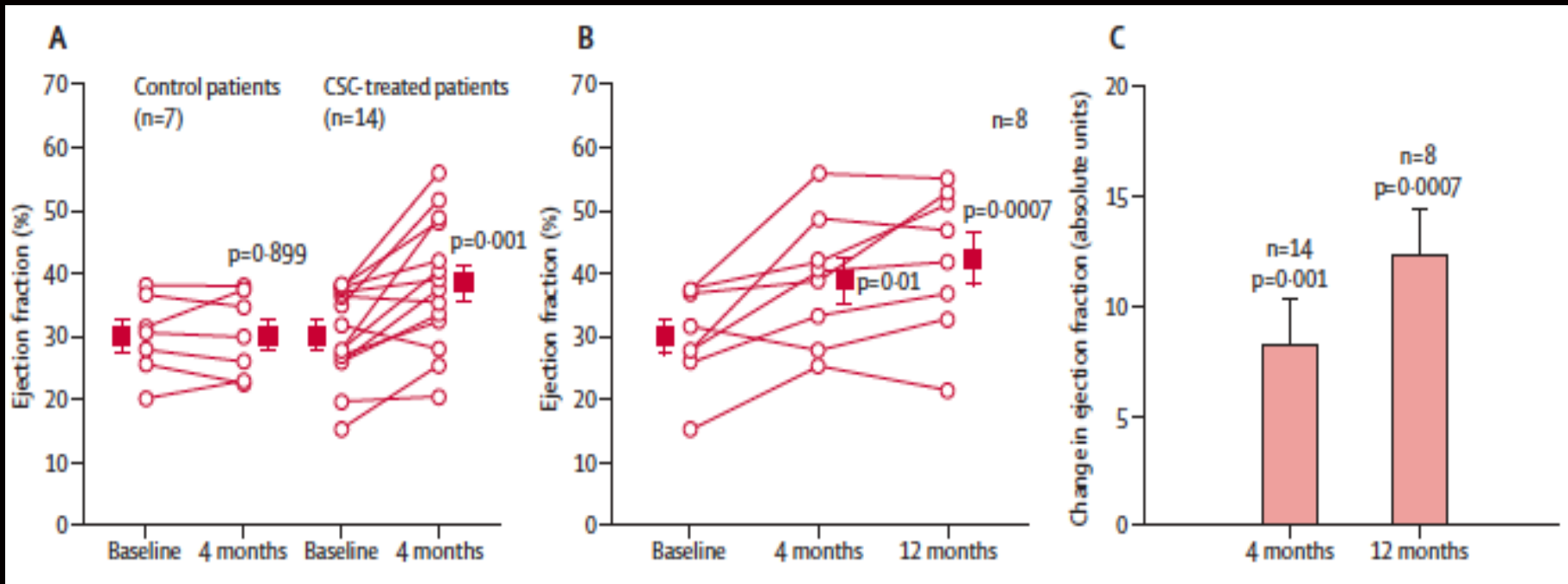




SCIPIO: Results

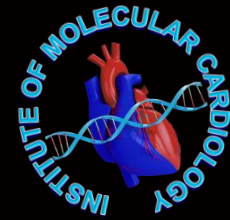


Ejection Fraction

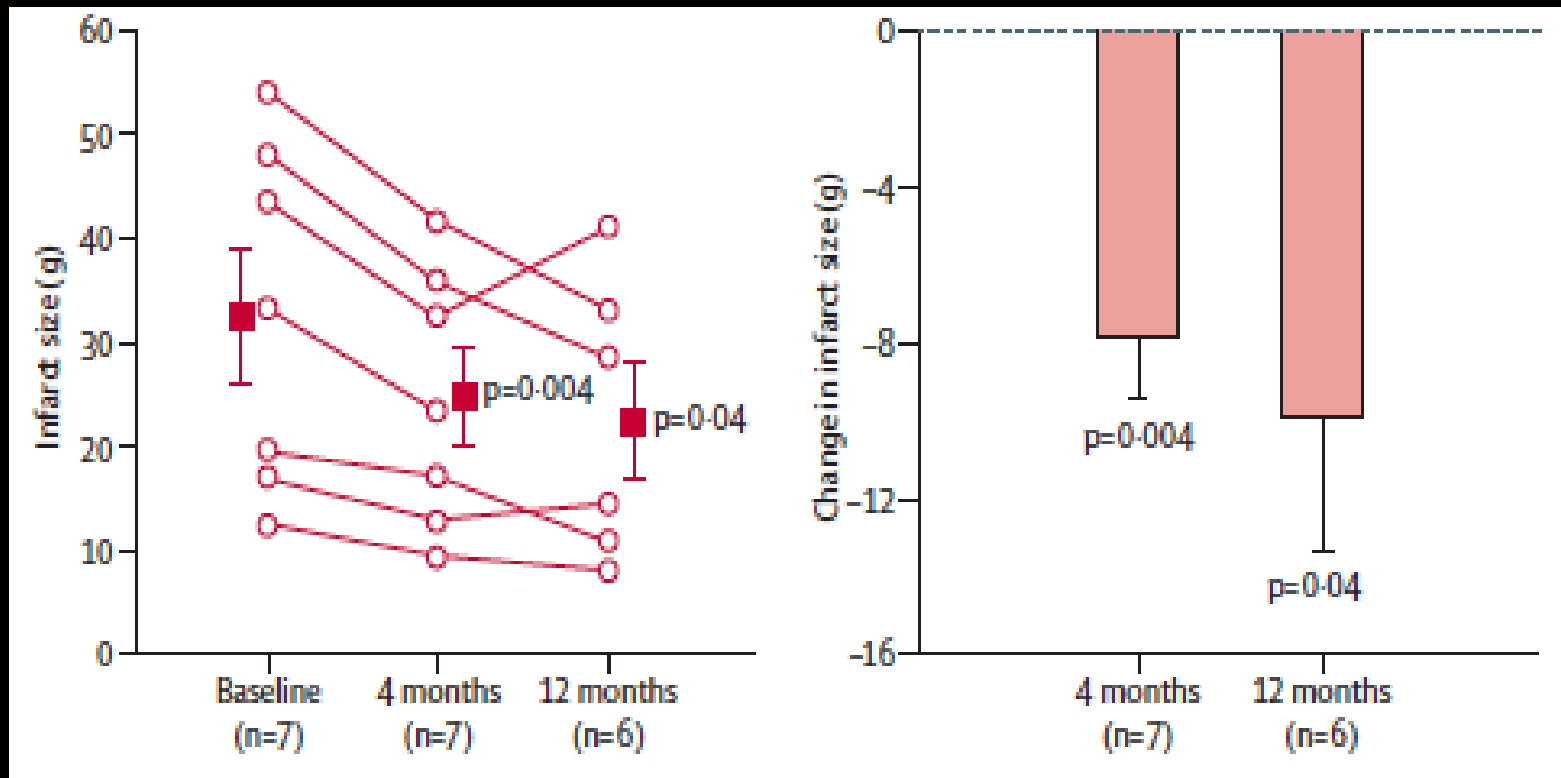


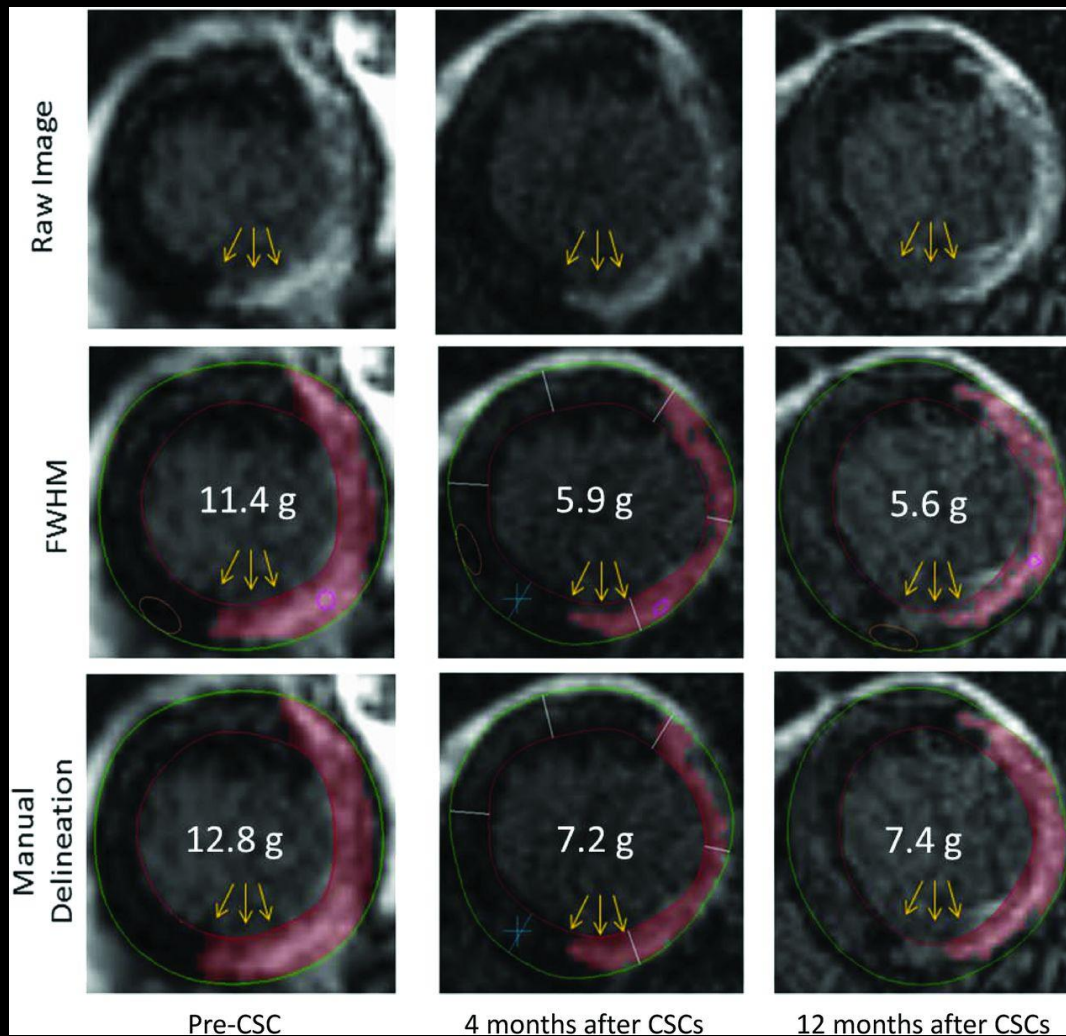


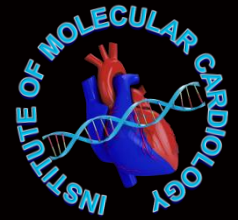
SCIPIO: Results



Infarct size



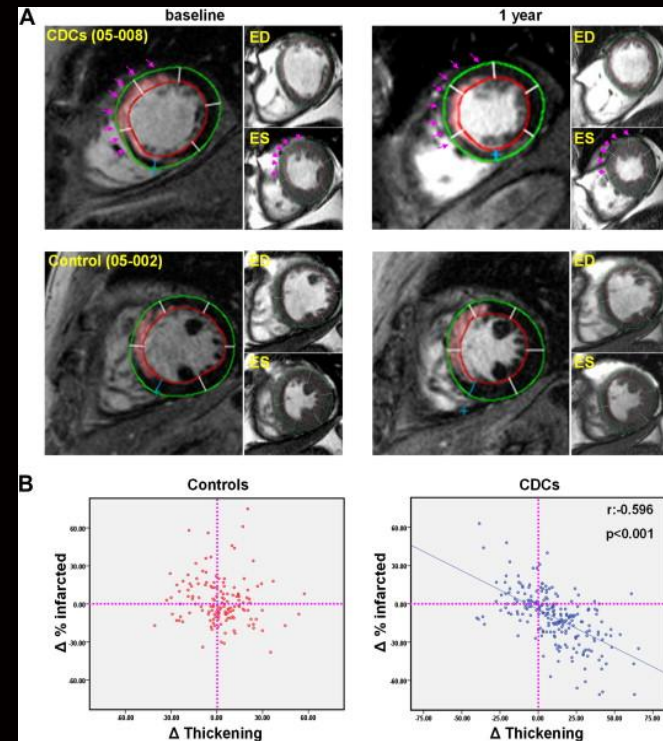
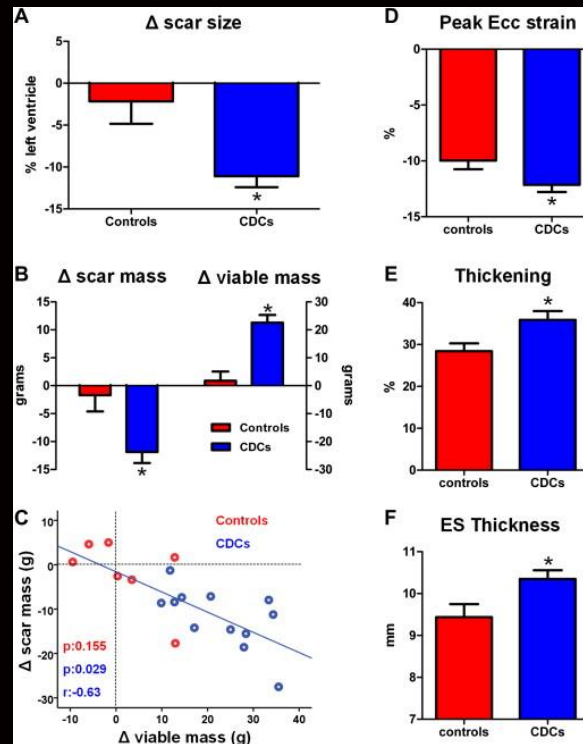
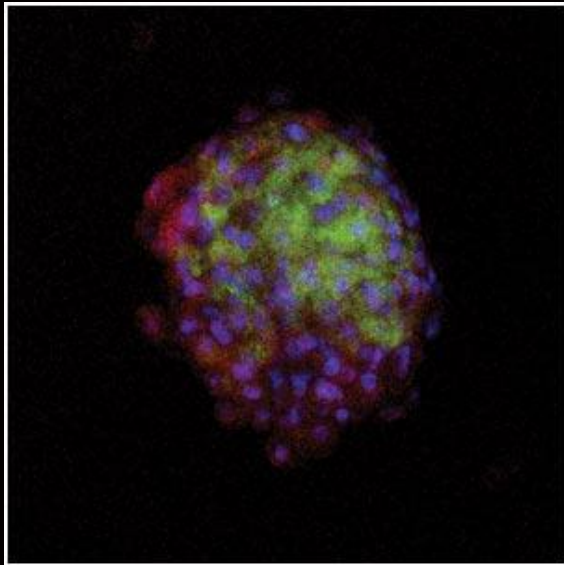




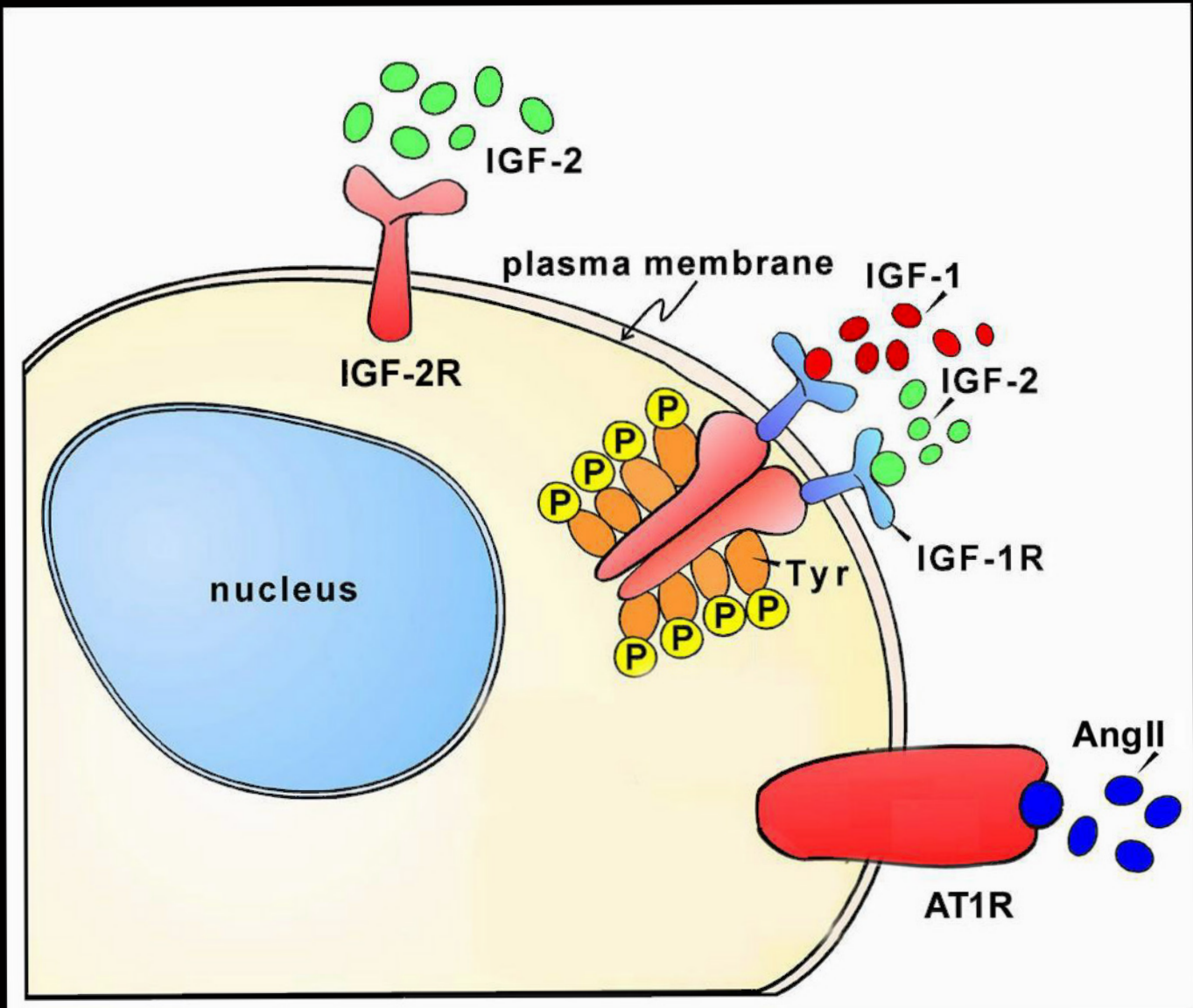
Summary

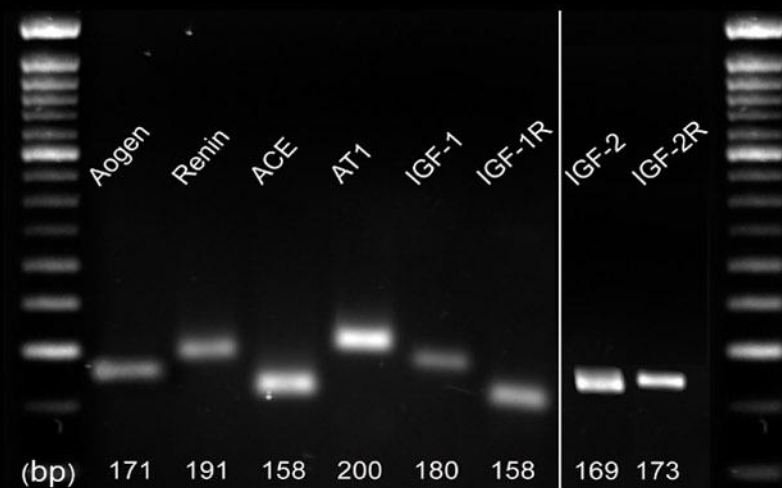
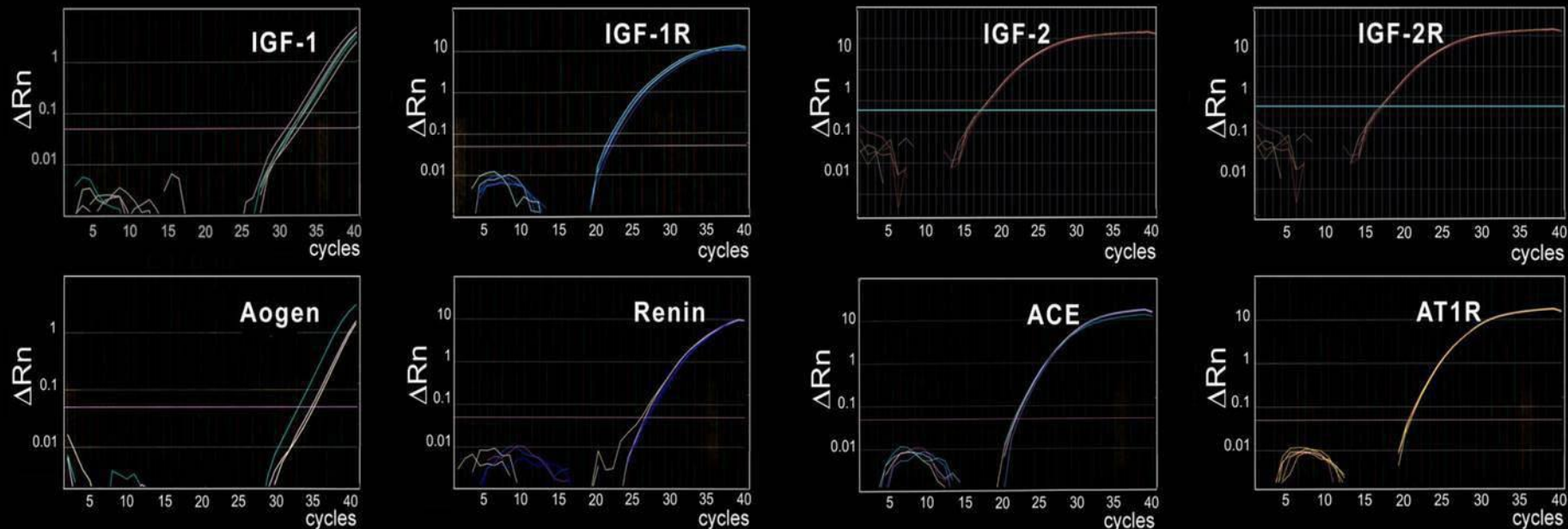
- Safety profile for intracoronary infusion of CSC is apparent
- Feasibility of the procedure has been demonstrated
- Preliminary results are more than encouraging and warrants investigation in a larger volume of patients
- Paucity of surgical candidates implies need for other methods of tissue procurement

CADUCEUS Trial (CARDiosphere-Derived autologous stem CELls to reverse ventricular dysfunction)



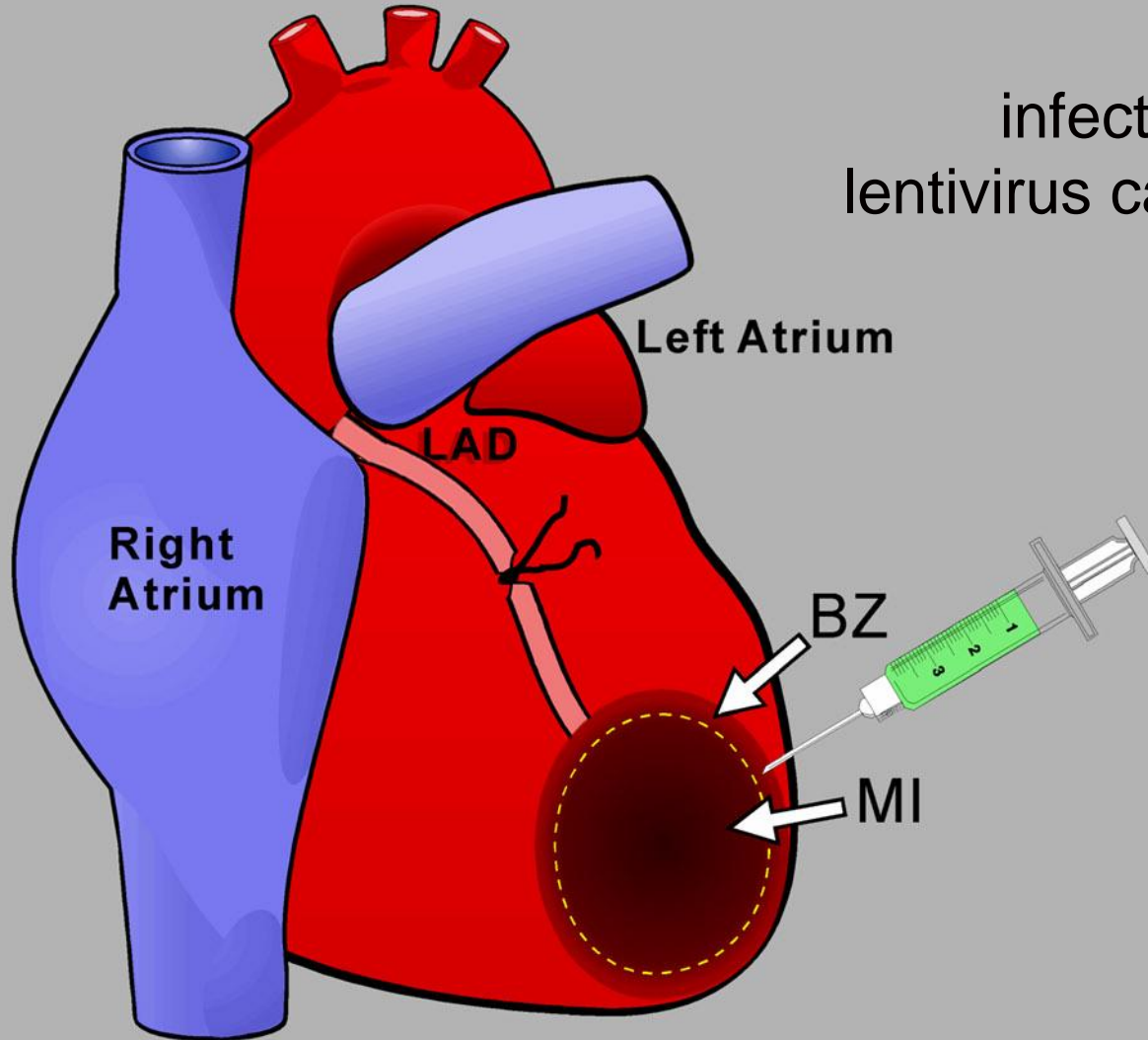
- **Second Generation of cells**
- **Selection of patients**
- **New technique for isolation**

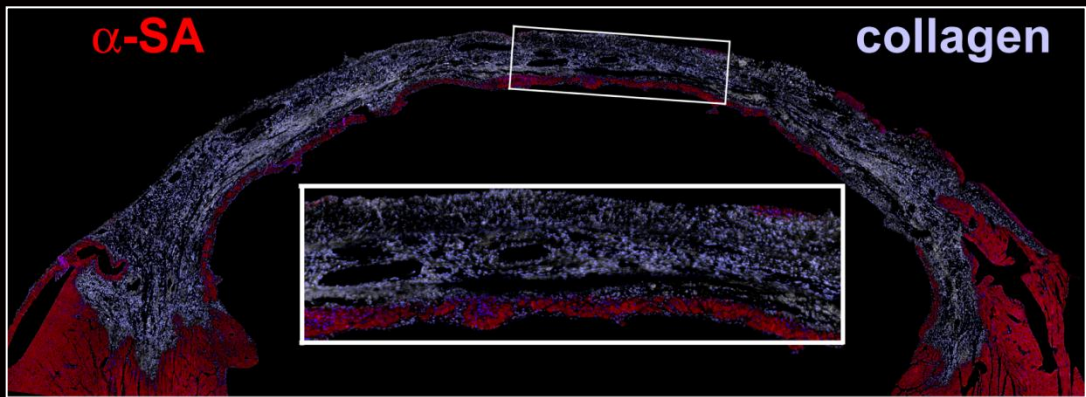




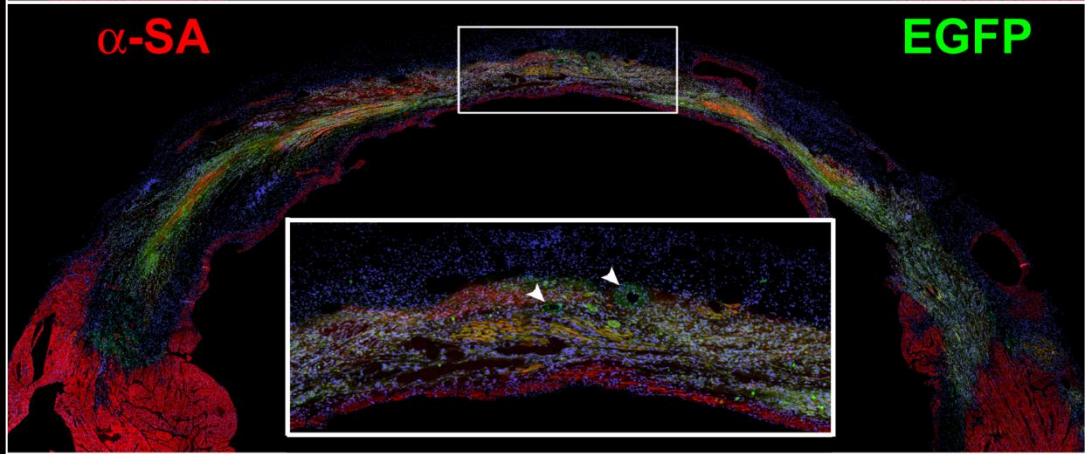
IGF-1R^{POS}hCSCs vs unselected hCSCs

infected with
lentivirus carrying EGFP

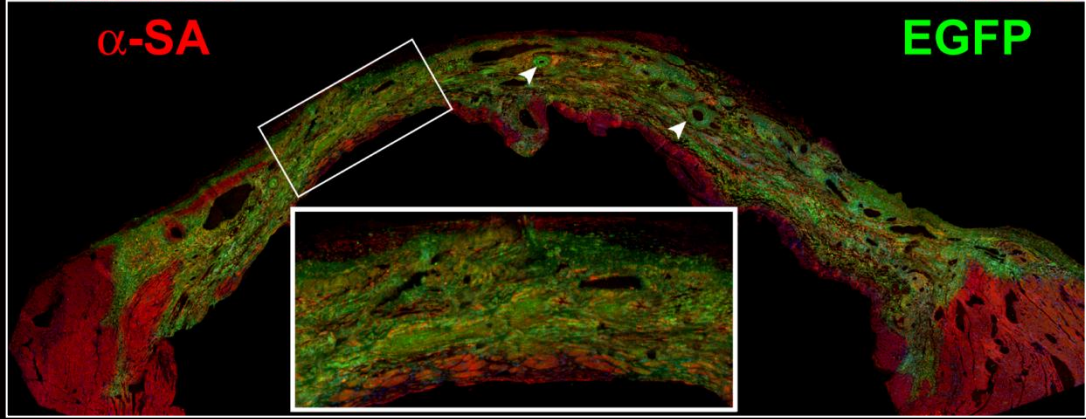




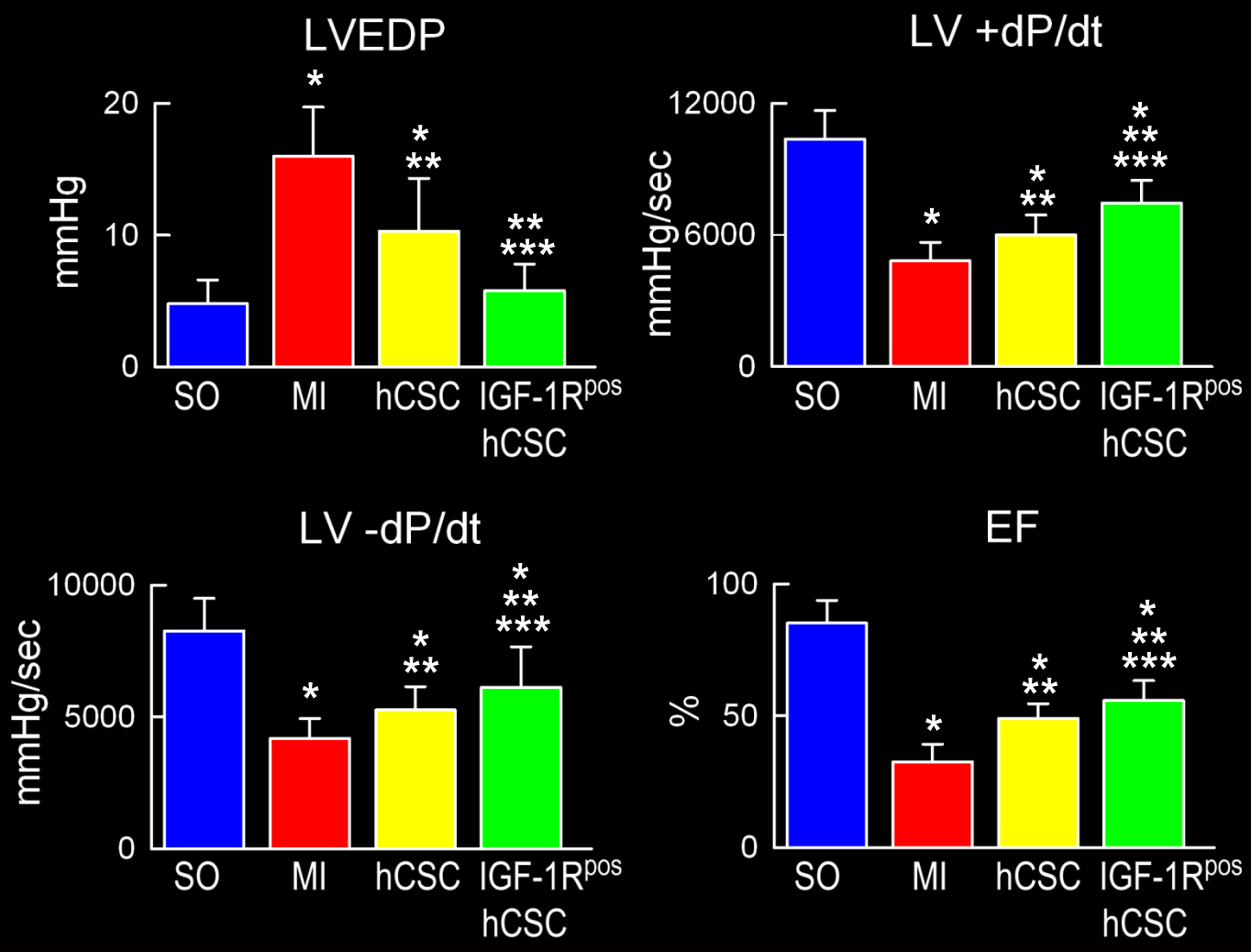
MI only



**Unselected
hCSCs**



**IGF-1R^{pos}
hCSCs**

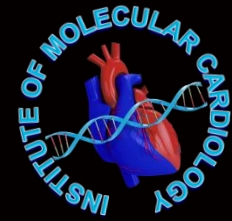


The expression of IGF-1R identifies a pool of younger hCSCs with enhanced growth reserve in vitro and in vivo pointing to this hCSC subset as the ideal candidate cell for the management of human heart failure.

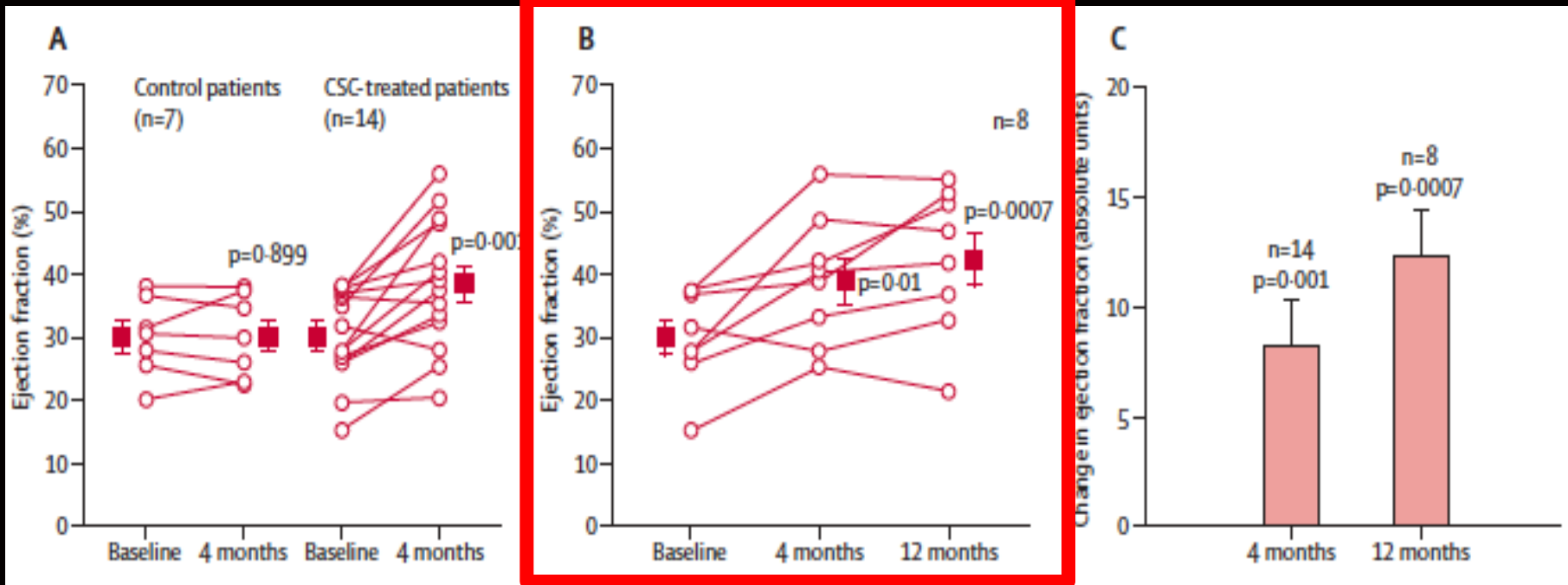
- **Second Generation of cells**
- **Selection of patients**
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SCIPIO: Results



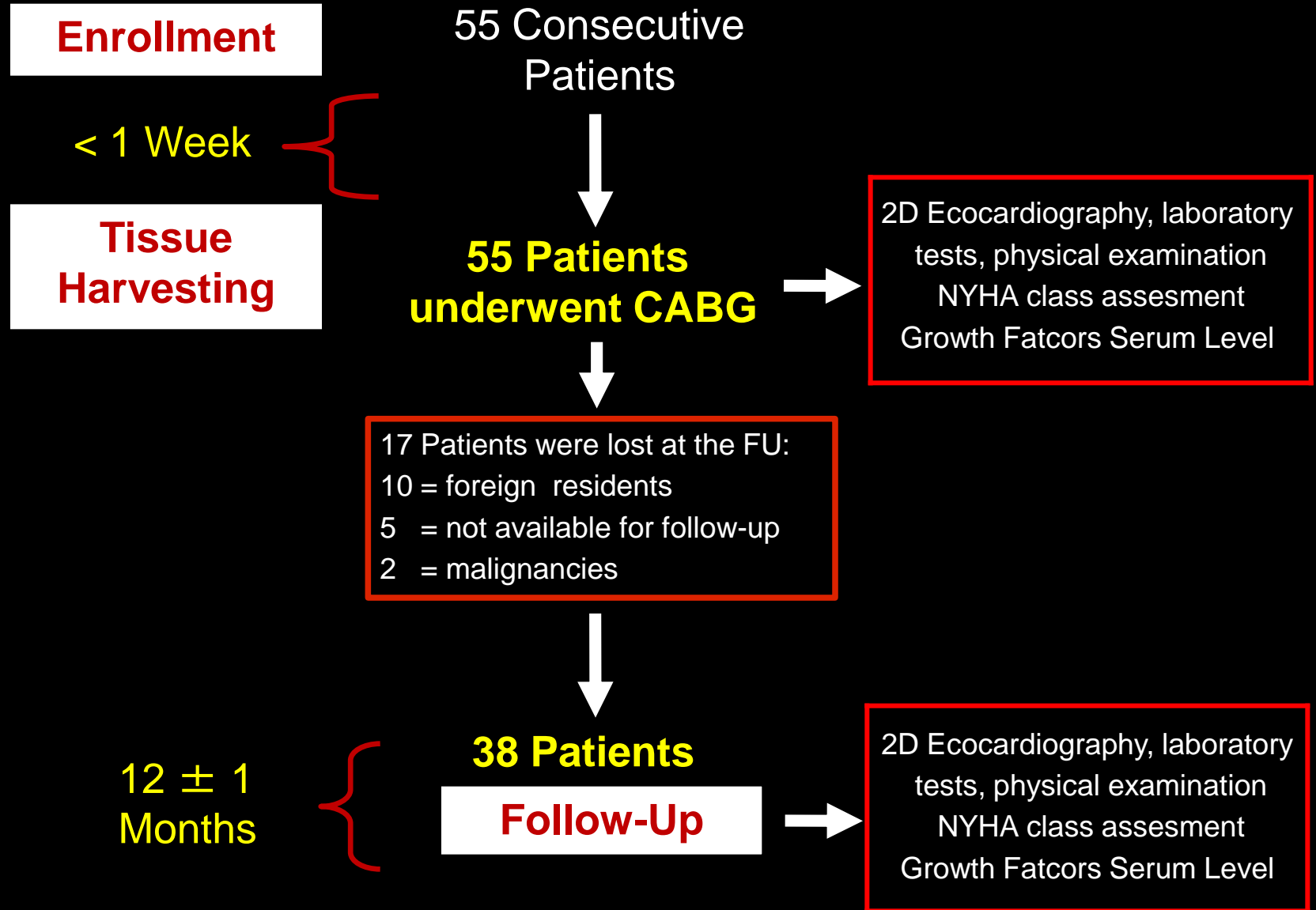
Ejection Fraction



To define whether a pool of functionally competent hCSCs can be harvested from patients with ischemic cardiomyopathy, independently from age, sex and comorbidities.

To test whether CSC characteristics are critical determinants of LVR following complete revascularization at 1 year follow up.

STUDY DESIGN

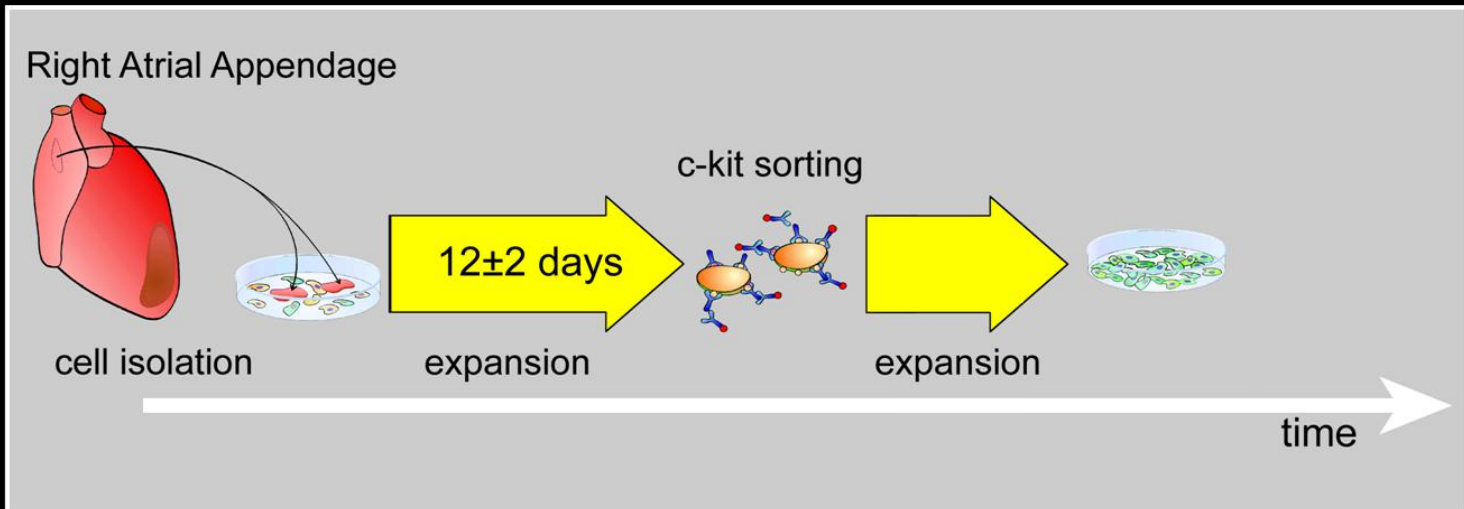


Study Population

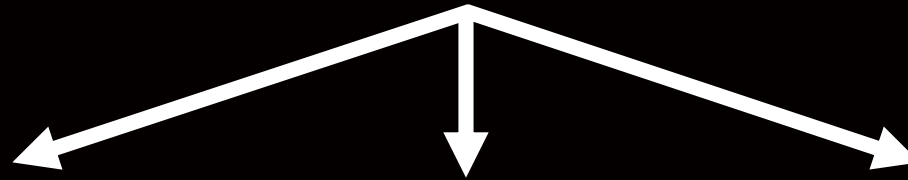
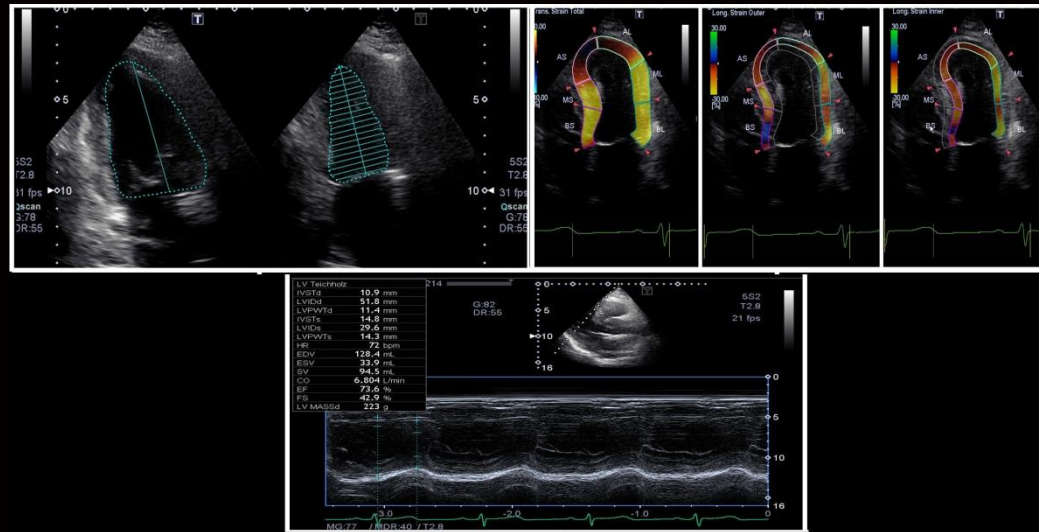
Patients (n)	38
Age-yr (mean±SD)	69±9
Gender	
Female (n;%)	5 (13%)
Male (n;%)	33 (87%)
Body mass index kg/m²	28±4
CV risk factors	
Family history (n;%)	28 (74%)
Smoke (n;%)	23 (61%)
Hypertension (n;%)	37 (97%)
Hypercholesterolemia (n;%)	30 (79%)
Diabetes mellitus (n;%)	24 (63%)
BUN ≥ 24 mg/dl (n;%)	5 (13%)
Uric Acid ≥ 8 mg/dl (n;%)	3 (8%)

Clinical Presentation

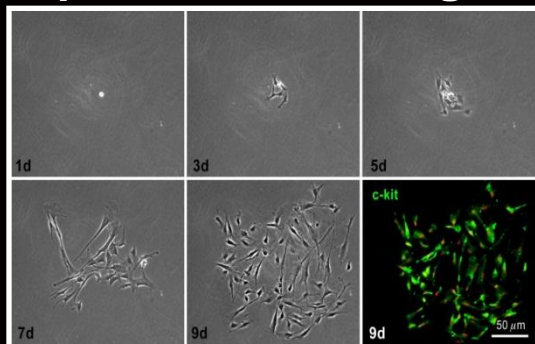
Acute coronary syndrome (n;%)	16 (42%)
Stable angina (n;%)	22 (58%)
NYHA functional class	
I	2 (5%)
II	21 (55%)
III	15 (40%)
IV	0 (0%)
Previous CV events (n;%)	4 (11%)
Previous coronary revascularization (n;%)	1 (3%)
Ejection fraction (EF) - mean \pm SD	54 \pm 11
Patients with EF < 45% (n;%)	8 (21%)



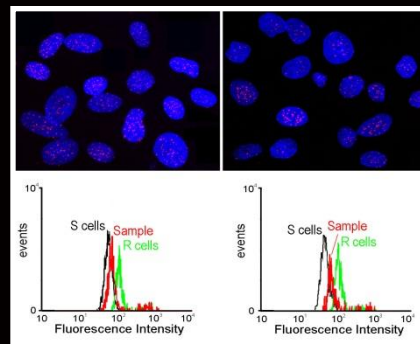
Left Ventricular Remodeling and Cardiac Stem Cell



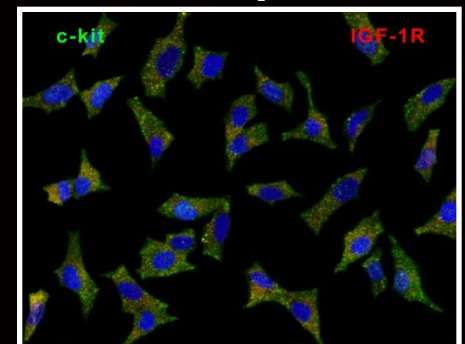
Population Doubling Time



Telomere/Telomerase



IGF-1R expression

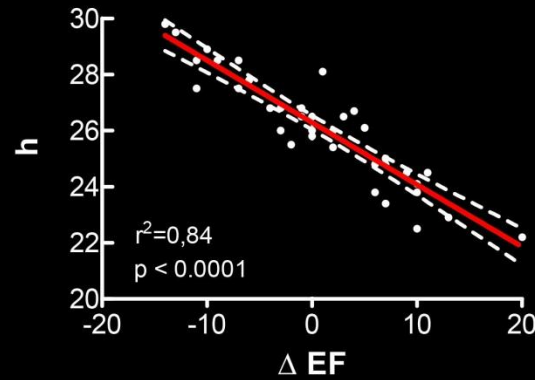


Left Ventricular Remodeling and Cardiac Stem Cell

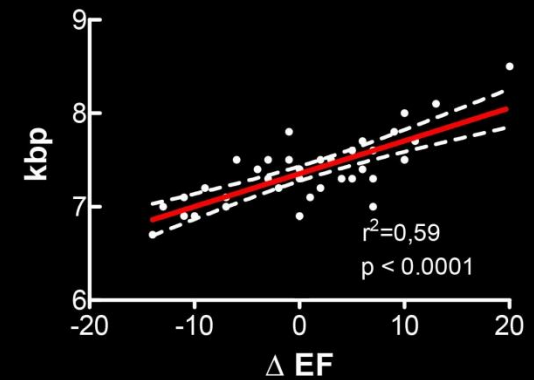
Δ Ejection Fraction



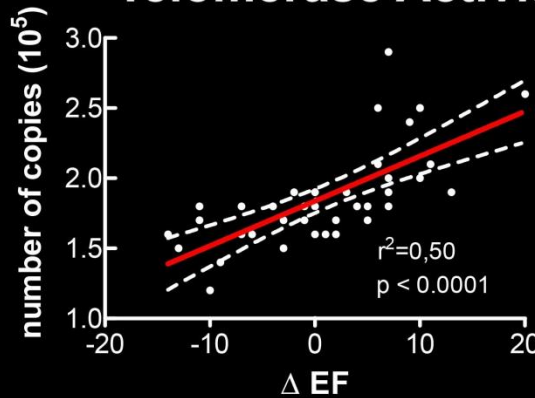
Population Doubling Time



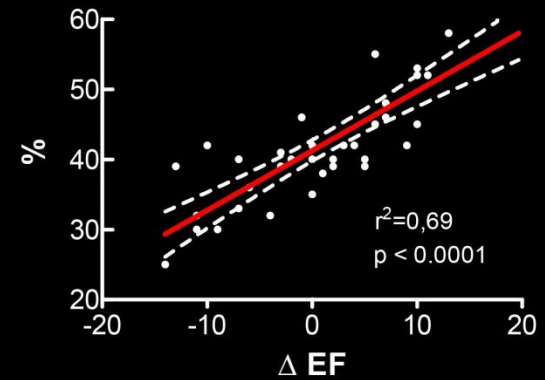
Telomere Length



Telomerase Activity

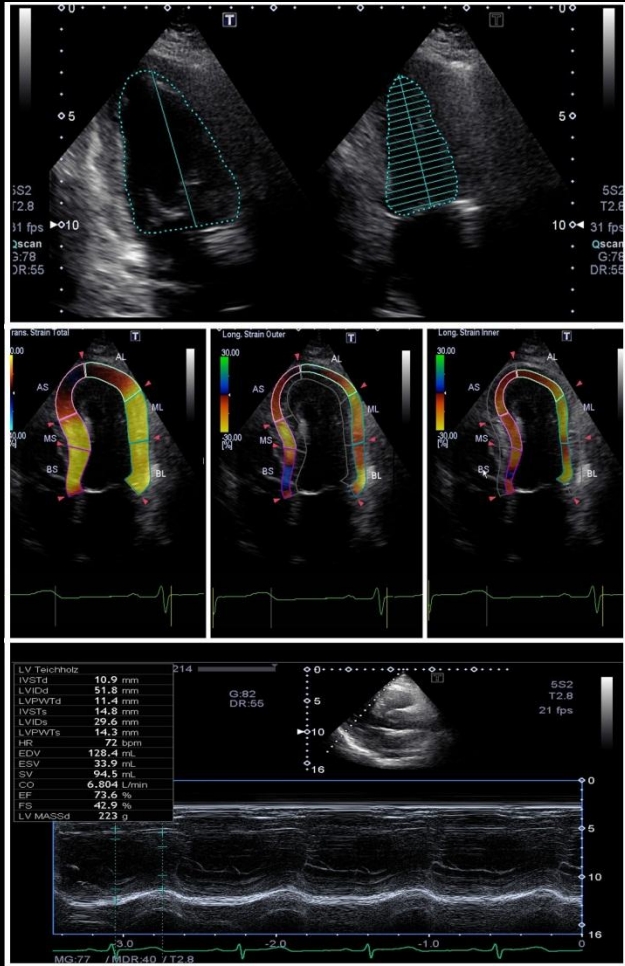


IGF-1R^{pos} CSC

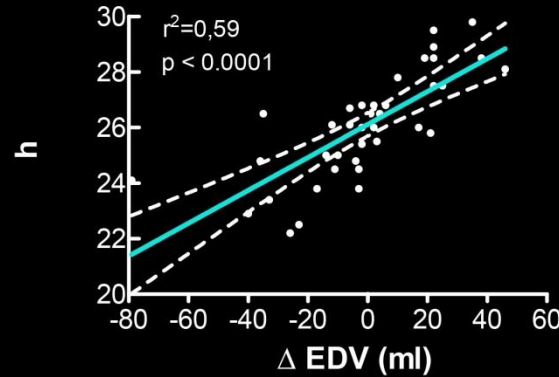


Left Ventricular Remodeling and Cardiac Stem Cell

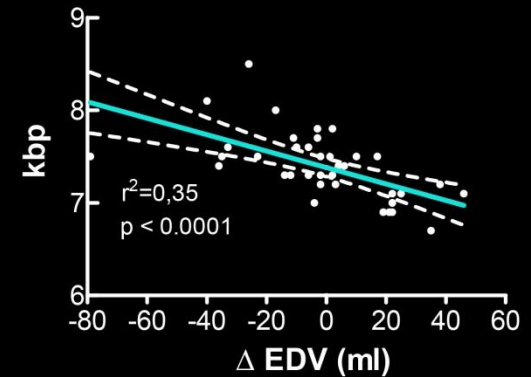
Δ End Diastolic Volume



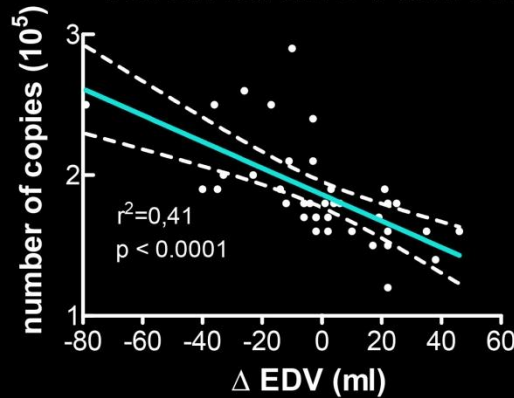
Population Doubling Time



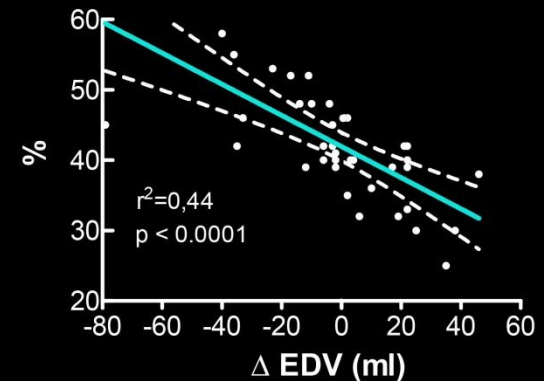
Telomere Length



Telomerase Activity



IGF-1R^{pos} CSC

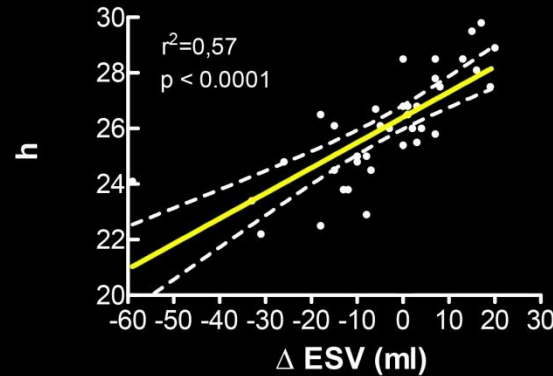


Left Ventricular Remodeling and Cardiac Stem Cell

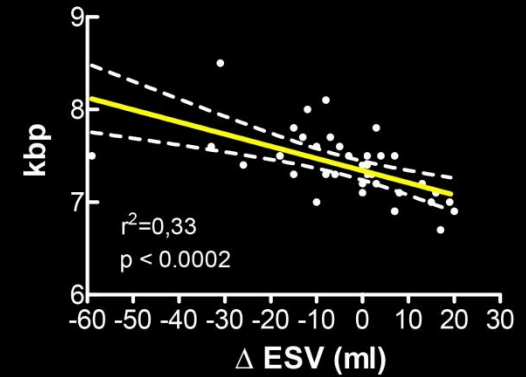
Δ End Systolic Volume



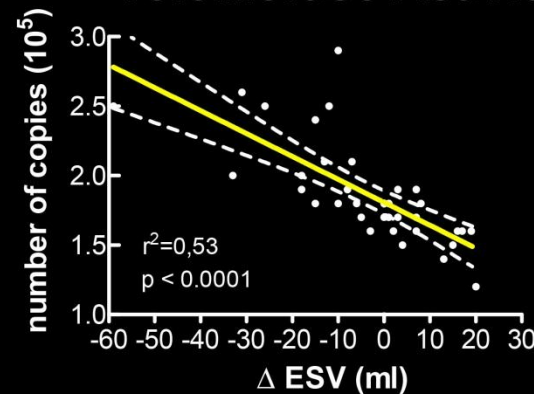
Population Doubling Time



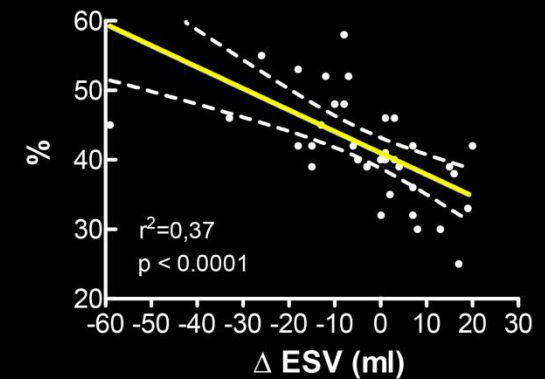
Telomere Length



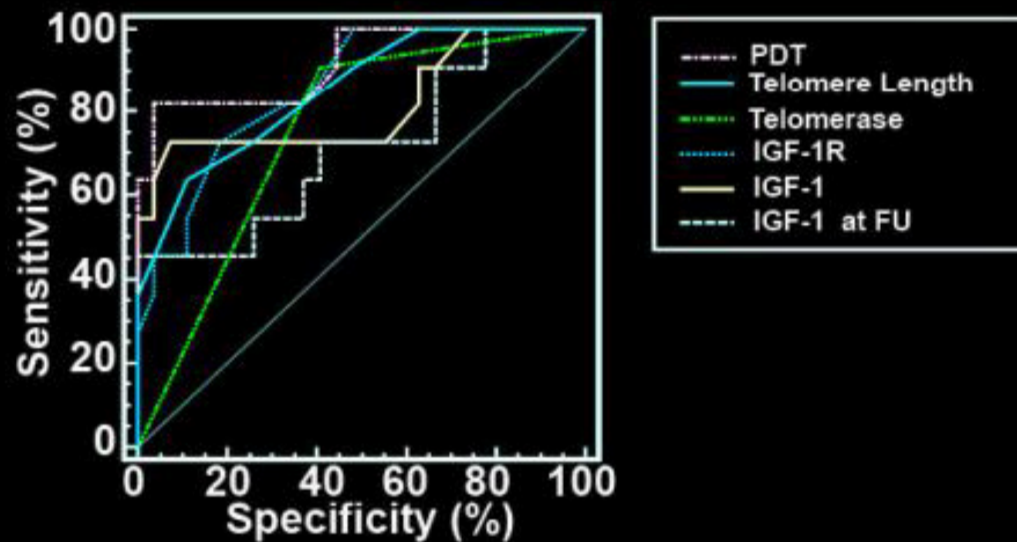
Telomerase Activity



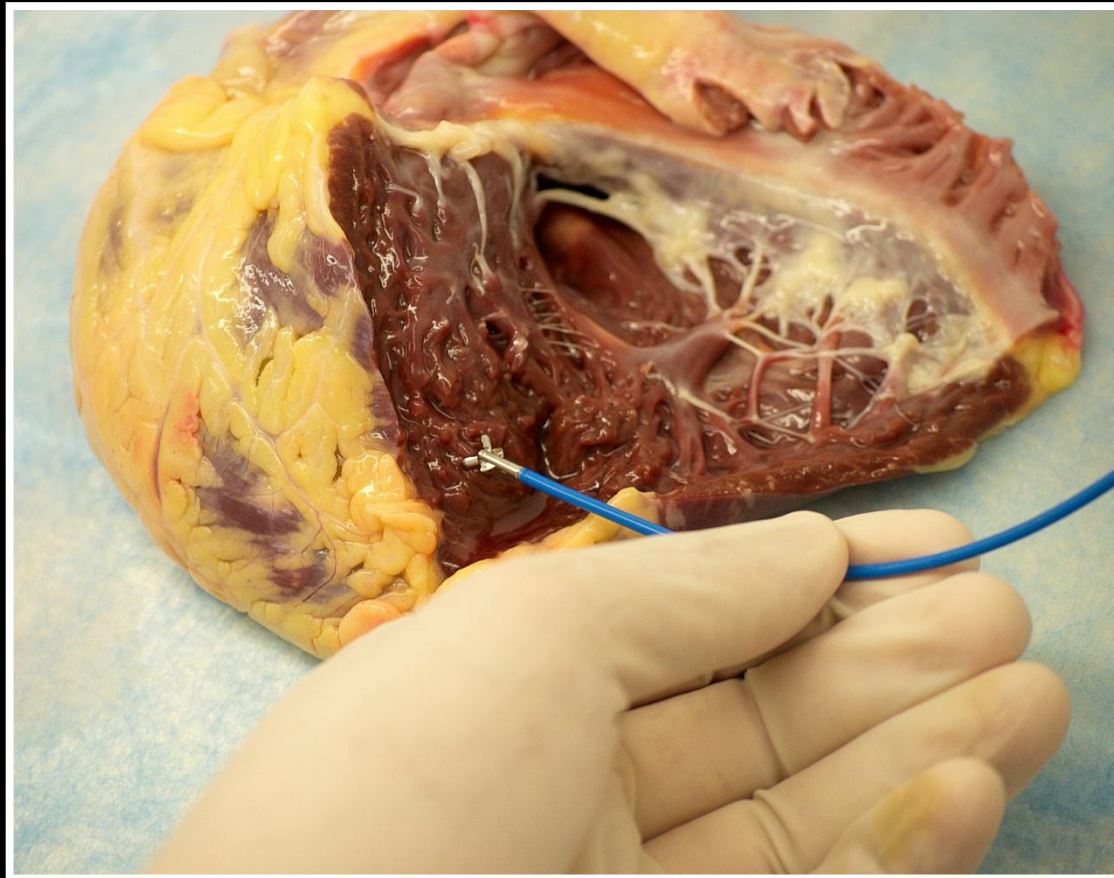
IGF-1R^{pos} CSC



	AUC	p	CI 95%	Cut Off	Sensitivity	Specificity
PDT	0.92	< 0.001	0.78 – 0.98	> 26.8	81.8	96.3
Telomere length	0.85	< 0.001	0.70 – 0.94	≤ 7	90.9	59.3
Telomerase	0.75	0.002	0.59 – 0.88	≤ 1.6	63.6	88.9
IGF1-R	0.86	< 0.001	0.71 - 0.95	≤ 39.0	72.7	81.5
IGF1	0.81	< 0.001	0.66- 0.92	≤ 52.7	72.7	96.3
IGF1 at follow-up	0.71	0.01	0.54 - 0.85	≤ 81.8	45.4	100



- **Second Generation of cells**
- **Selection of patients**
- **New technique for isolation**

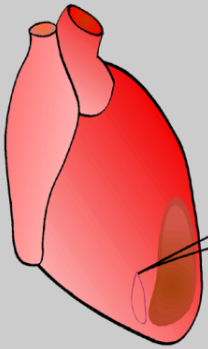




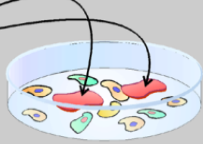
75 mg

**1.3 mg
x 3-5**

biopsy



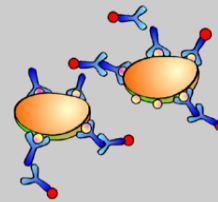
cell isolation



17 ± 2 days

expansion

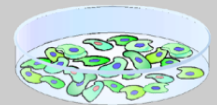
c-kit sorting

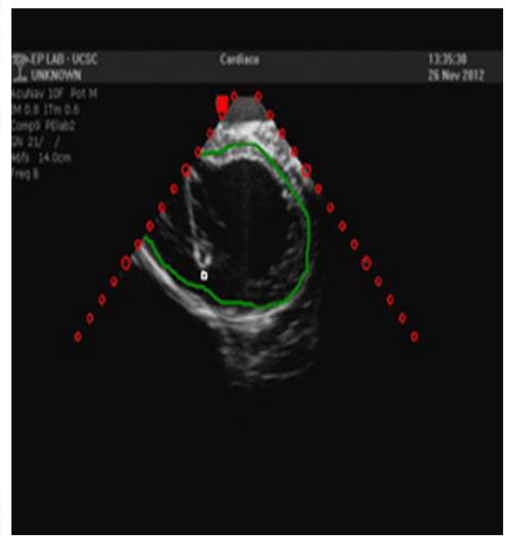
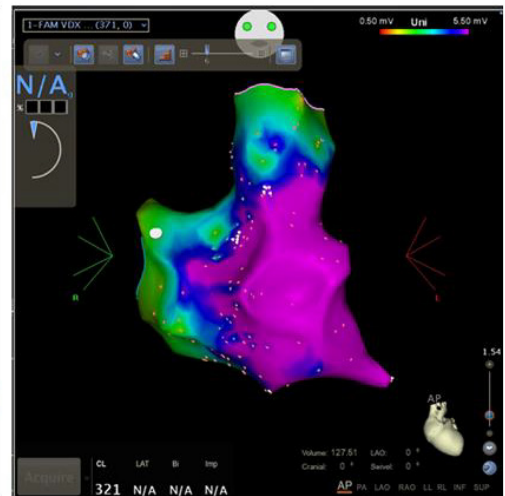
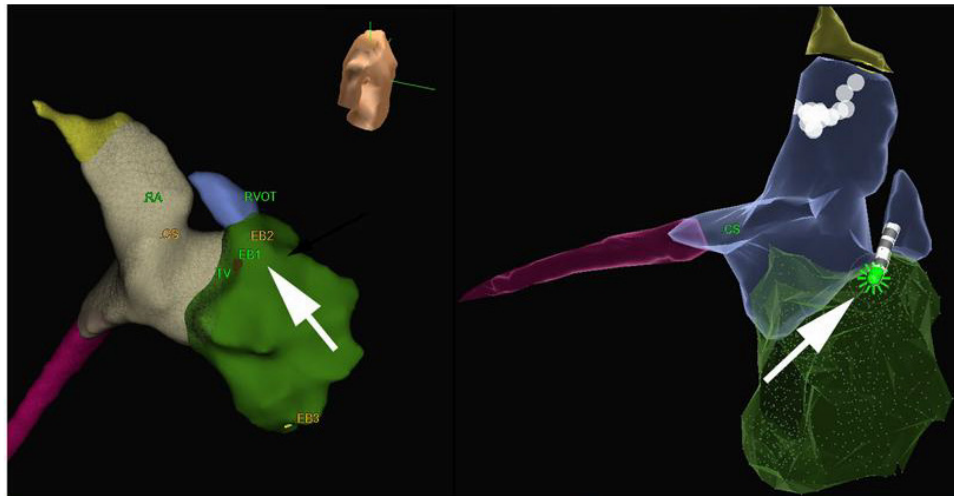


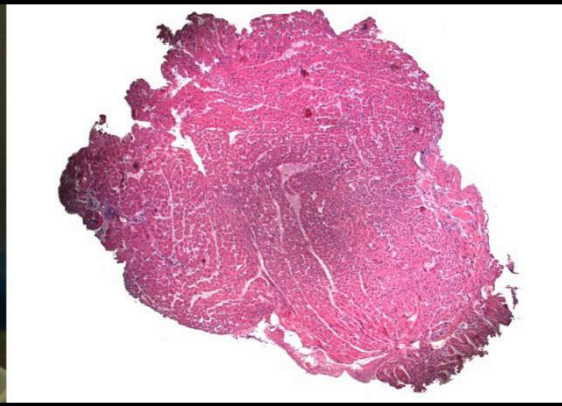
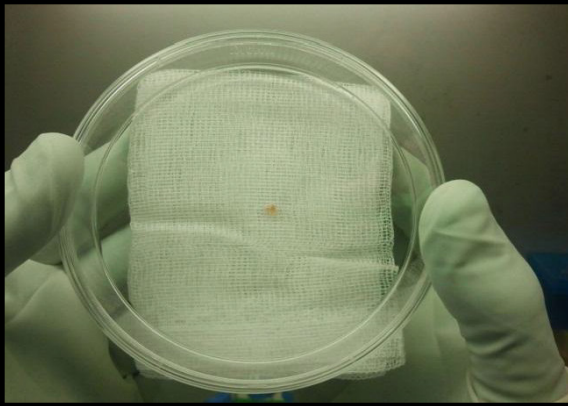
9 ± 2 days

expansion

CSC collection

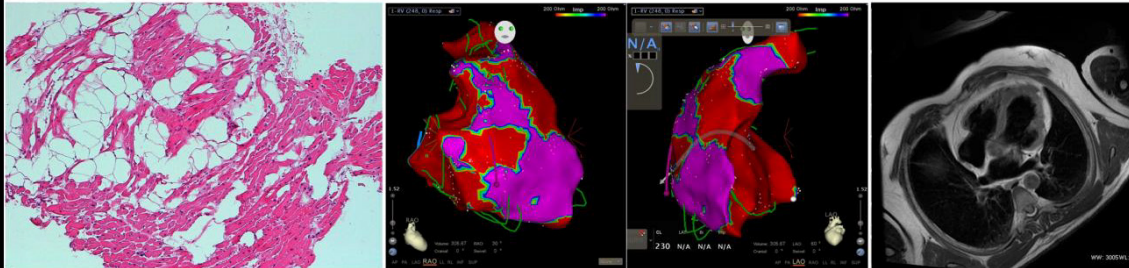




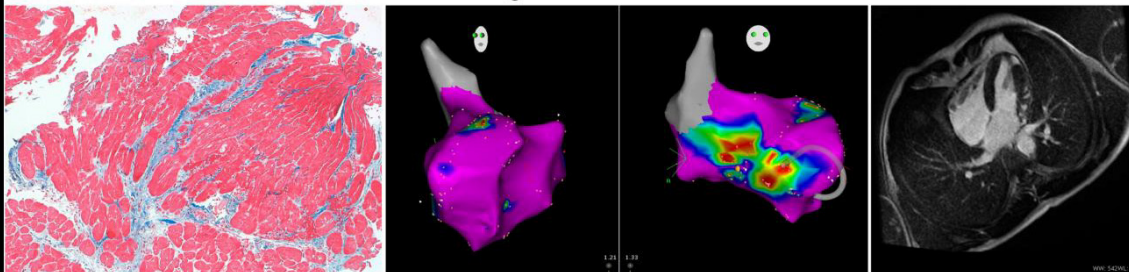


Histopathological Diagnosis	33	Major Complications	0
Amyloidosis	2	Hemopericardium/Tamponade	0
Antiphospholipid syndrome	1	Stroke	0
ARVC	4	Minor Complications	3
Myocarditis	12	Transient Chest Pain	0
Virus Genome Positivity	3	Non Sustained VT	3
Idiopathic Dilated Cardiomyopathy	14	Transient Hypotension	0

ARVC



Myocarditis



- **Heart Failure is an international public health problem of pandemic proportions. The epidemics of HF represents a challenge for the National Health System.**

- **Currently there are no effective intervention to regenerate lost myocardial tissue and reverse the resultant dysfunction and heart remodeling.**

- **hCSCs and CDCs entered in the clinical scenario resulting in significant improvement in LV systolic function, quality of life pointing to this class of cell as the ideal candidate cell to treat HF in humans.**