

Degree	Type	Year
Transfusion Medicine and Cellular and Tissue Therapies	OB	0

Contact

Name: Joaquim Vives Armengol

Email: joaquim.vives@uab.cat

Teachers

Jaap Jan Zwaginga

Chantal Lechanteur

Sergio Querol Giner

Teaching groups languages

You can view this information at the [end](#) of this document.

Prerequisites

Level B2 or equivalent in English.

Objectives and Contextualisation

In this module, the most extensive of the programme, will be about advanced therapies. Cell therapy and the basic concepts will be introduced in order to follow with the in-depth study of haematopoietic cell therapy, immunotherapy, and regenerative medicine.

The module goes into depth on the cell banks, cord and tissue banks with an emphasis on safety, standards and quality credentials of the bio-banks, as well as the regulatory and ethical aspects.

Competences

- Apply the biological principles of cell therapies in the treatment of local and systemic disease processes.
- Integrate scientific and technical knowledge in accordance with a commitment to ethics and the code of conduct.

- Knowledge and understanding that provide a basis or opportunity for originality in developing and / or applying ideas, often in a research context.
- Take reasoned decisions based on critical, objective analysis.
- That the students can apply their knowledge and their ability to solve problems in new or unfamiliar environments within broader (or multidisciplinary) contexts related to their field of study.

Learning Outcomes

1. Describe the distinct concepts and processes of a tissue bank.
2. Describe the state of the art of the distinct concepts of regenerative medicine.
3. Identify the biological and technological bases of cellular immunotherapy.
4. Integrate scientific and technical knowledge in accordance with a commitment to ethics and the code of conduct
5. Knowledge and understanding that provide a basis or opportunity for originality in developing and / or applying ideas, often in a research context.
6. Take reasoned decisions based on critical, objective analysis
7. That the students can apply their knowledge and their ability to solve problems in new or unfamiliar environments within broader (or multidisciplinary) contexts related to their field of study.
8. Understand the distinct concepts and levels of ex-vivo cell manipulation.

Content

1. Introduction to advanced therapies.
2. Haematopoietic stem cells.
3. Immunotherapy.
4. Cell therapy for organ repair.
5. Regenerative medicine.
6. Advanced therapies.
7. Umbilical cord cell bank.
8. Tissue bank.

Activities and Methodology

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
Discussions	20	0.8	8, 1, 2, 3, 4, 6, 7, 5
Type: Supervised			
Virtual Cases/Problem Solving	50	2	8, 1, 2, 3
Type: Autonomous			
Personal Study	30	1.2	8, 1, 2, 3, 4, 6, 7, 5
Reading Articles/Reports of Interest/Videos	30	1.2	8, 1, 2, 3, 4, 6, 7, 5
Test/Scheme	30	1.2	8, 1, 2, 3, 4, 6, 7, 5

The methodology for this course is active and constructive. It does not only contemplate the content but also reading, reflecting and applying knowledge to reasonably close situation to create meaningful learning.

Students will work on real life examples and case studies, reflecting on complex and relatively unstructured situations to find adequate solutions.

Faithful to the proposed methodology, students form the centre of the learning process and generate knowledge by interacting significantly with their peers, with the teaching materials and with the environment. This programme not only teaches training in a virtual environment but also allows them to experience their learning every day.

At the beginning of the unit, the teacher will present a learning plan to the group with specific objectives, learning activities, the necessary resources and recommended deadlines for each activity.

The dates for carrying out the activities are recommended in order to be able to follow the course. The only fixed dates are the beginning and end of each teaching unit. This means that students can do their own planning but they must respect the dates for the beginning and the end of each unit.

Students are recommended to work in a continuous and consistent manner and not allow tasks to accumulate around the deadlines, which may lead to haste, undue time pressure and not allow the students to enjoy their learning or carry out additional reflections. Also the course offers group activities which require synchronisation among the group.

Some of the activities must be send online to the teacher for assessment and receive feedback of progress. Teachers will return the work with comments and together the students can continue to think and learn. The deadline for each of these activities is the end of the teaching unit. Other activities will consist in discussion and working together in shared spaces.

The primary language used during the course will be English. However, the use of Spanish will also be allowed. The course materials will also be in English.

Annotation: Within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

Assessment

Continous Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Exercise 1	7%	15	0.6	8, 2, 7, 5
Exercise 2	13%	25	1	8, 3, 7, 5
Exercise 9	7%	15	0.6	4
Exercises 3 and 4	28%	40	1.6	8, 3, 6
Exercises 5 and 6	10%	30	1.2	2, 6
Exercises 7 and 8	7%	15	0.6	1, 6, 7, 5

This module will be assessed as follows:

1. Moderated discussions on the online campus (Campus Virtual). These discussions account for 20% of the grade.
2. Work, tests, online cases and problem solving. These activities count for 60% of the grade.
3. Personal study, reading articles and reports of interest and/or videos. This individual work counts for 20% of the grade.

Single evaluation

1. Case study. Capacity to create a useful and sustainable cell and tissue bank for a concrete territory. This activity counts for 100% of the module. The same retrieval system as for the continuous assessment will be applied.

Bibliography

Friedenstein AJ, Petrakova KV, Kurolesova AI, Frolova GP. Heterotopic of bone marrow. Analysis of precursor cells for osteogenic and hematopoietic tissues. Transplantation. 1968;6:230-247.

Friedenstein AJ, Deriglasova UF, Kulagina NN, et al. Precursors for fibroblasts in different populations of hematopoietic cells as detected by the in vitro colony assay method. Exp Hematol. 1974;2:83-92.

Young HE, Steele TA, Bray RA, et al. Human reserve pluripotent mesenchymal stem cells are present in the connective tissues of skeletal muscle and dermis derived from fetal, adult and geriatric donors. Anat Rec. 2001;264:51-62.

Campagnoli C, Roberts IA, Kumar S, Bennet PR, Bellantuono I, Fisk NM. Identification of mesenchymal stem/progenitor cells in human first-trimester fetal blood, liver, and bone marrow. Blood. 2001;98:2396-2402.

In 't Anker PS, Scherjon SA, Kleijburg-van der Keur C, de Groot-Swings GM, Claas FH, Fibbe WE. Isolation of mesenchymal stem cells of fetal or maternal origin from human placenta. Stem Cells. 2004;22:1338-1345.

In 't Anker PS, Scherjon SA, Kleijburg-van der Keur C, et al. Amniotic fluid as a novel source of mesenchymal stem cells for therapeutic transplantation. Blood. 2003;102:1548-1549.

Pittenger MF, Mackay AM, Beck SC, Jaiswal RK, Douglas R, Mosca JD. Multilineage potential of adult human mesenchymal stem cells. Science. 1999;284:143-147.

Sanchez-Ramos J, Song S, Cardozo-Pelaez F, et al. Adult bone marrow stromal cells differentiate into neural cells in vitro. Exp Neurol. 2000;164:247-256.

Schwartz RE, Reyes M, Koodie L, et al. Multipotent adult progenitor cells from bone marrow differentiate into functional hepatocyte-like cells. J Clin Invest. 2002;109:1291-1302.

Jiang Y, Jahagirdar BN, Reinhardt RL, et al. Pluripotency of mesenchymal stem cells derived from adult marrow. Nature. 2002;418:41-49.

Wang L, Li Y, Chen X, et al. MCP-1, MIP-1, IL-8 and ischemic cerebral tissue enhance human bone marrow stromal cell migration in interface culture. Hematology. 2002;7:113-117.

Ringdén O, Uzunel M, Sundberg B, et al. Tissue repair using allogeneic mesenchymal stem cells for hemorrhagic cystitis, pneumomediastinum and perforated colon. Leukemia. 2007;21:2271-2276.

Caplan AI. Adult mesenchymal stem cells for tissue engineering versus regenerative medicine. J Cell Physiol. 2007;213:341-347.

Le Blanc K and Ringdén O. Immunomodulation by mesenchymal stem cells and clinical experience. *J Intern Med*. 2007;262:509-525.

Ball LM, Bernardo ME, Roelofs H, et al. Cotransplantation of ex vivo expanded mesenchymal stem cells accelerates lymphocyte recovery and may reduce the risk of graft failure in haploidentical hematopoietic stem-cell transplantation. *Blood* 2007;110:2764-2767.

Thomas, E. Donnall, et al. "Supralethal whole body irradiation and isologous marrow transplantation in man." *Journal of Clinical Investigation* 38.10 Pt 1-2 (1959): 1709.

Reiffers, J., et al. "Successful autologous transplantation with peripheral blood hemopoietic cells in a patient with acute leukemia." *Experimental hematology* 14.4 (1986): 312-315.

Gianni, Alessandro M, et al. "Granulocyte-macrophage colony-stimulating factor to harvest circulating haemopoietic stem cells for autotransplantation." *The Lancet* 334.8663 (1989): 580-585.

Dreger, Peter, et al. "G-CSF-mobilized peripheral blood progenitor cells for allogeneic transplantation: safety, kinetics of mobilization, and composition of the graft." *British journal of haematology* 87.3 (1994): 609-613.

Broxmeyer HE, Gordon GW, Hangoc G et al. Human umbilical cord blood as a potential source of transplantable hematopoietic stem/progenitor cells. *Proc Natl Acad Sci USA*. 1989; 86 (10):3828-32.

Gluckman E, Broxmeyer HA, Auerbach AD, et al. Hematopoietic reconstitution in a patient with Fanconi's anemia by means of umbilical-cord blood from an HLA-identical sibling. *N Engl J Med*. 1989;321 (17):1174-1178.

Ljungman P, Bregni M, Brune M, Cornelissen J, de Witte T, Dini G, et al. Allogeneic and autologous transplantation for haematological diseases, solid tumours and immune disorders: current practice in Europe 2009. *Bone Marrow Transplant* 2010;45(2):219-34.

Ballen, Karen K., et al. "Selection of optimal alternative graft source: mismatched unrelated donor, umbilical cord blood, or haploidentical transplant." *Blood* 119.9 (2012): 1972-1980.

Svane IM, Boesen M, Engel AM. The role of cytotoxic T-lymphocytes in the prevention and immune surveillance of tumors--lessons from normal and immunodeficient mice. *Med.Oncol*. 1999;16:223-238.

Little MT, Storb R. History of haematopoietic stem-cell transplantation. *Nat.Rev.Cancer* 2002;2:231-238.

Blazar BR, Murphy WJ, Abedi M. Advances in graft-versus-host disease biology and therapy. *Nat.Rev.Immunol*. 2012;12:443-458.

Fefer A, Sullivan KM, Weiden P et al. Graft versus leukemia effect in man: the relapse rate of acute leukemia is lower after allogeneic than after syngeneic marrow transplantation. *Prog.Clin.Biol.Res*. 1987;244:401-408.

Kolb HJ. Graft-versus-leukemia effects of transplantation and donor lymphocytes. *Blood* 2008;112:4371-4383.

Walter EA, Greenberg PD, Gilbert MJ et al. Reconstitution of cellular immunity against cytomegalovirus in recipients of allogeneic bone marrow by transfer of T-cell clones from the donor. *N.Engl.J.Med*. 1995;333:1038-1044.

Meij P, Jedema I, Zandvliet ML et al. Effective treatment of refractory CMV reactivation after allogeneic stem cell transplantation with in vitro-generated CMV pp65-specific CD8+ T-cell lines. *J.Immunother*. 2012;35:621-628.

Einsele H, Roosnek E, Rufer N et al. Infusion of cytomegalovirus (CMV)-specific T cells for the treatment of CMV infection not responding to antiviral chemotherapy. *Blood* 2002;99:3916-3922.

Feuchtinger T, Opher K, BethgeWA et al. Adoptive transfer of pp65-specific T cells for the treatment of chemorefractory cytomegalovirus disease or reactivation after haploidentical and matched unrelated stem cell transplantation. *Blood* 2010;116:4360-4367.

Bollard CM, Aguilar L, Straathof KC et al. Cytotoxic T lymphocyte therapy for Epstein-Barr virus+ Hodgkin's disease. *J.Exp.Med.* 2004;200:1623-1633.B

Baron F, Storb R. Mesenchymal stromal cells: a new tool against graft-versus-host disease? *Biol Blood Marrow Transplant* 2012 Jun;18(6):822-40.

Nauta AJ, Fibbe WE. Immunomodulatory properties of mesenchymal stromal cells. *Blood* 2007 Nov 15;110(10):3499-506.

English K. Mechanisms of mesenchymal stromal cell immunomodulation. *Immunol Cell Biol* 2013 Jan;91(1):19-26.

NM, Carlo-Stella C, Magni M, Milanesi M, Longoni PD, Matteucci P, et al. Human bone marrow stromal cells suppress T-lymphocyte proliferation induced by cellular or nonspecific mitogenic stimuli. *Blood* 2002 May 15;99(10):3838-43.

Bartholomew A, Sturgeon C, Siatskas M, Ferrer K, McIntosh K, Patil S, et al. Mesenchymal stem cells suppress lymphocyte proliferation in vitro and prolong skin graft survival in vivo. *Exp Hematol* 2002 Jan;30(1):42-8.

Aggarwal S, Pittenger MF. Human mesenchymal stem cells modulate allogeneic immune cell responses. *Blood* 2005 Feb 15;105(4):1815-22.

Ryan JM, Barry F, Murphy JM, Mahon BP. Interferon-gamma does not break, but promotes the immunosuppressive capacity of adult human mesenchymal stem cells. *Clin Exp Immunol* 2007 Aug;149(2):353-63.

Fibbe WE, Nauta AJ, Roelofs H. Modulation of immune responses by mesenchymal stem cells. *Ann N Y Acad Sci* 2007 Jun;1106:272-8.

Leberbauer, C., et al., Different steroids co-regulate long-term expansion versus terminal differentiation in primary human erythroid progenitors. *Blood*, 2005. 105(1): p. 85-94.4.

Lowe, K.C., Blood substitutes: from chemistry to clinic. *Journal of Materials Chemistry*, 2006. 16(43): p. 4189-4196.

Lu, S.J., et al., Biologic properties and enucleation of red blood cells from human embryonic stem cells. *Blood*, 2008. 112(12): p. 4475-84.

Mountford, J.C., et al., Red blood cells from pluripotent stem cells for use in transfusion. *Regenerative medicine*, 2010. 5(3): p. 411-23.

Duan, L., et al., Highly Loaded Hemoglobin Spheres as Promising Artificial Oxygen Carriers. *Acs Nano*, 2012. 6(8): p. 6897-6904.

Winslow, R.M., Current status of blood substitute research: towards a new paradigm. *J Intern Med*, 2003. 253(5): p. 508-17.

Li, T., X. Jing, and Y. Huang, Polymer/hemoglobin assemblies: biodegradable oxygen carriers for artificial red blood cells. *Macromol Biosci*, 2011. 11(7): p. 865-75.

Sharma, A., et al., Recent innovations in delivery of artificial blood substitute: A review. *International Journal of Applied Pharmaceutics*, 2011. 3(2): p. 1-5. Broxmeyer HE, Gordon GW, Hangoc G et al. Human umbilical cord blood as a potential source of transplantable hematopoietic stem/progenitor cells. *Proc Natl Acad Sci USA*. 1989;86 (10):3828-32.

Gluckman E, Broxmeyer HA, Auerbach AD, et al. Hematopoietic reconstitution in a patient with Fanconi's anemia by means of umbilical-cord blood from an HLA-identical sibling. *N Engl J Med*. 1989; 321 (17):1174-1178.

Ballen, K. K., E. Gluckman, and H. E. Broxmeyer. "Umbilical cord blood transplantation: the first 25 years and beyond." *Blood* (2013).

Gluckman E, Rocha V, Boyer Chamard A et al. Outcome of cord blood transplantation from related and unrelated donors. *New Engl. J. of Med.* 1997;337 (6):373-81.

Rubinstein P, Carrier C, Scaradavou A, et al: Outcomes among 562 recipients of placental-blood transplants from unrelated donors. *N Engl J Med* 1998; 339 (22): 1565-77.

Wagner JE, Barker JN, DeFor TE et al. Transplantation of unrelated donor umbilical cord blood in 102 patients with malignant and nonmalignant diseases: influence of CD34 cell dose and HLA disparity on treatment-related mortality and survival. *Blood.* 2002; 100 (5):1611-1618.

Gluckman E, Rocha V , Arcese W et al. on behalf of Eurocord group. Factors Associated with Outcome of Unrelated Cord Blood Transplant: Guidelines for Donor Choice. *Experimental Hematol.* 2004;32 (4):397-407.

Laughlin, Mary J., et al. "Outcomes after transplantation of cord blood or bone marrow from unrelated donors in adults with leukemia." *New England Journal of Medicine* 351.22 (2004): 2265-2275.

Sullivan, Michael J. "Banking on cord blood stem cells." *Nature Reviews Cancer* 8.7 (2008): 555-563.

McCullough, Jeffrey, et al. "Mislabeled units of umbilical cord blood detected by a quality assurance program at the transplantation center." *Blood* 114.8 (2009): 1684-1688.

Querol, Sergio. "A case of mistaken identity." *Blood* 114.8 (2009): 1459-1460.

Peter Singer, *Rethinking Life and Death*, Oxford University Press, 1995.

Manuela Atienza, *Bioética, Derecho y Argumentación*, Themis, 2004.

Encyclopedia of Bioethics. Reich WTh., (Editor Simon & Schuster Macmillan 1995 pag 247 ss

Software

No specific software for this Module.

Groups and Languages

Name	Group	Language	Semester	Turn
(TE) Theory	1	English	second semester	morning-mixed