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Monday, January 22, 2007

## 'Recycling' life

### UMass Memorial revives cord blood program for stem cell transplants

By Elizabeth Cooney TELEGRAM & GAZETTE STAFF  
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**WORCESTER**— Darleen Falke of Dudley knows how desperately people need stem cell transplants.

She saw them every day when she worked at UMass Memorial Medical Center's bone marrow transplant unit six years ago and she sees them now in her work as a scheduler in the hospital's cancer center.

That's why, when she saw a sign about donating umbilical cord blood after a baby is born, she asked her obstetrician



Dr. Mary M. Herlihy, director of general obstetrics and gynecology at UMass Memorial, hopes discussing cord blood donation can become a routine part of prenatal care. (T&G Staff/PAUL KAPTEYN)

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Darleen Falke of Dudley, with her daughter, Lily, made a cord blood donation earlier this month. (T&G Staff/JIM COLLINS)

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how she could give this source of stem cells.

On Jan. 11 Mrs. Falke delivered her daughter, Lily, and a cord blood donation.

"I knew I wanted to do it. I see people come in and they're fighting for their lives," she said. "I hope I can help somebody else."

Last month UMass Memorial revived a program to collect cord blood, a rich source of stem cells needed to rebuild blood systems in people who have blood diseases or had cancer treatments. Chemotherapy destroys not only cancer cells in people, but it also wipes out their supply of blood stem cells. Stem cell transplants are a cure for the cure, said M. William Lensch of Children's Hospital Boston.

Dr. Mary M. Herlihy, director of general obstetrics and gynecology at UMass Memorial, hopes discussing cord blood donation can become a routine part of prenatal care, ideally in the beginning of the third trimester of pregnancy.

"It's completely voluntary, an altruistic act that could have enormous benefit for another individual," she said.

Cord blood cells are different from embryonic stem cells, whose use in research is controversial because embryos must be destroyed to obtain them. But cord blood donation, although it poses no risks and saves something otherwise thrown away, has had an up-and-down history.

Public programs like the one re-established at UMass Memorial have been hard to maintain because of their high cost. Political interest in public banking has led to legislation in Massachusetts and other states to establish public banks. The latest report from the Massachusetts Biomedical Research Advisory council recommends that a public bank be sponsored at UMass Medical School at a start-up cost of \$5 million over its first two years.

Private cord blood banking, based on a belief that cord blood may fill a future medical need, has drawn fire from medical groups such as the American Academy of Pediatrics, which calls it unwise unless a family member needs a stem cell transplant. The practice has also attracted investment from businesses recognizing the appeal of such "insurance." Companies offering self-storage charge families a fee to collect and then store cord blood cells. The price for collection and processing can be about \$2,000 and the annual fee can be about \$150.

Meanwhile, stem cell science has advanced since the first successful cord blood transplant in Paris in 1988, making cord blood use in adults more feasible, especially if an unrelated bone marrow donor match cannot be found.

In 1997 UMass Memorial established a program to collect, process and store cord blood cells. Almost two years later the hospital decided the \$750,000 annual price tag was too high. The American Red Cross took over the project until its own financial woes made the organization pull out in 2003. Cord blood cells among the 1,800 units collected in Worcester remain in national Red Cross repositories in Oregon and Minnesota.

Last year UMass Memorial was contacted by Cryobanks International Inc. of Altamonte Springs, Fla., to explore setting up a new voluntary donation site. There would be no cost to mothers or to the hospital. Costs would be borne by Cryobanks, which also runs a private banking service that charges about \$1,600 for collection and processing in the first year plus an annual fee of \$120.

When a transplant is made from cells stored at Cryobanks for public use, the transplant center involved reimburses Cryobanks \$22,500.

The company also makes money from its overseas operations, licensing banks in Greece and India. There have been 15 cord blood transplants using voluntary cord blood donations stored by Cryobanks, including five in the last three weeks, chief executive officer Dwight C. Brunoehler said. There has been one withdrawal of



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privately stored cord blood.

“Our objective is to make sure everyone around the world who needs a transplant gets one,” he said. “We go about that in different ways.”

Mr. Brunoehler declined to disclose revenues, saying only “we are a profitable biotech company.” Cryobanks, founded in 1994, is in merger discussions with the publicly traded BioStem Inc., which he said securities regulations prohibited him from discussing.

Cryobanks approached UMass Memorial because of the hospital’s history with cord cell banking and because Cryobanks lists its cord blood units with the Caitlin Raymond International Registry, based at UMass Memorial. Mr. Brunoehler also said the ethnic mix of the population in Central Massachusetts made it attractive because most registries, including the National Marrow Donor Program that Cryobanks joined last year, lack the diversity to match members of minority groups, particularly black and Asian people.

Registries need to have thousands of units because finding a match for transplant is so difficult. Even within a family, people have only a one-in-four chance of finding a match.

“That’s why the registries need to be bigger and need cord blood to go into it,” said Dr. Lensch of Children’s.

Dr. Herlihy was eager to find a way to restart the cord blood cell collection she remembered from her days as a resident at UMass Memorial.

“A state bank would be absolutely wonderful, but this opportunity is here now,” she said about the Cryobanks partnership. “They have other hospital programs and they provided a coordinator to help us deal with the logistics. The opportunity was too good to pass up.”



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