

**LifeCell – Daily News Update**

**September 22, 2009**

**Direct News:**

Publication	tradingmarkets.com
Headline	<a href="#">India's Max New York Life, LifeCell International Team Up on Children's Insurance</a>
Gist of the article	<p>Max New York Life Insurance Co. [78465] said it has formed a strategic partnership with LifeCell International, India's first and largest stem cell banking service provider, to provide coverage for the children of LifeCell customers.</p> <p>Through the partnership, LifeCell will bank the umbilical cord blood stem cells of clients' children for future therapeutic use, while Max New York Life will provide life insurance options to LifeCell customers to help them meet the future financial needs of their children.</p> <p>V. Vishwanand, director and head of bancassurance and direct sales at Max New York Life, said knowledge about financial planning in India is "relatively lower" and there is "immense potential" for people to use their money in a more effective manner to achieve their goals.</p> <p>"Planning for children's future is one such reason for saving in the majority of Indian households. Through this tie-up, we are able to educate and extend to the LifeCell customers a bouquet of services in life and health insurance products," said Vishwanand.</p> <p>Incorporated in 2000, Max New York Life Insurance Co. Ltd., a joint venture between India's conglomerate Max India Ltd. and New York Life International [55369], the international arm of New York Life, is a leading private life insurance companies in India.</p>

**Key Industry News:**

Publication	discovermagazine.com
Headline	<a href="#">Body Attacks Self; Body Protects Self</a>
Gist of the article	<p>What if researchers could reboot a misfiring immune system? That is the intriguing possibility raised by stem cell transplant specialist Richard Burt. He is pioneering a new treatment for autoimmune disorders, one in which patients' immune systems are suppressed and then replaced with an infusion of their own immune stem cells, filtered out from their blood. These</p>

	<p>then grow into all types of blood cells, including the white blood cells of the immune system.</p> <p>In autoimmune disorders, the immune system goes haywire and attacks the body's own tissues. In the case of type 1 diabetes, it destroys the insulin-producing cells in the pancreas, and in multiple sclerosis it strikes the central nervous system.</p> <p>Burt, of Northwestern University, first imagined stem cell treatments 20 years ago, while working with leukemia patients who received bone marrow transplants; the patients subsequently lost their immunity to childhood diseases like mumps and measles, necessitating a new round of vaccinations. Burt reasoned that transplants could reset the immune systems in autoimmune patients in the same way, stopping the assaults on healthy cells.</p>
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<b>Publication</b>	<b>dnaindia.com</b>
<b>Headline</b>	<a href="#">TIFR boost for stem cell research</a>
<b>Gist of the article</b>	<p>The National Centre for Biological Sciences (NCBS) in Bangalore is setting up the country's first specialised institute for stem-cell research. click here</p> <p>Until now, research in stem-cell therapy was being carried out in an uncoordinated manner at a few hospitals in the country. Now, the centrally sponsored Institute for Stem Cell Biology and Regenerative Medicine (ISCBRM) will be the umbrella organisation for all such research across the country.</p> <p>The NCBS, which operates under the aegis of the Tata Institute of Fundamental Research (TIFR), Mumbai, is setting up the new institute, which will provide a platform for scientists from other institutes and hospitals to do research in stem cells.</p> <p>S Ramaswamy, dean of the institute, said, "This is the first time the department of biotechnology in the government of India is starting a dedicated institute for stem-cell research. There was no controlled and systematic study of stem cells. Now all research projects taken up by any hospital or institute will come under this institute's umbrella."</p> <p>The Christian Medical College (CMC) in Chennai, which is involved in the global research in stem-cell applications, will collaborate with the new institute. So will hospitals like LV Prasad Eye Hospital, which had made a breakthrough in stem-cell therapy. Many hospitals across the country, including a couple from Mumbai, will participate in the institute's projects.</p> <p>For the past three months, the institute has been integrating resources to take up major research projects. According to Ramaswamy, LV Prasad Eye</p>

	<p>Hospital is the only one to have conducted a significant project in stem-cell research, using the technology to treat a degenerative eye disease.</p> <p>"The biggest project, apart from ophthalmology, was in cardiac stem cells for a cardiac disease, which will now be completed under the stem cell institute," he said.</p> <p>Maharashtra's first stem-cell genetic research centre was set up by the Lokmanya Tilak Municipal General Hospital at Sion in Mumbai.</p>
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<b>Publication</b>	<b>stuff.co.nz</b>
<b>Headline</b>	<b><a href="#">Family on \$80,000 stem cell mission</a></b>
<b>Gist of the article</b>	<p>A Christchurch family hopes to raise nearly \$80,000 for experimental stem-cell transplants in Mexico for their severely disabled children.</p> <p>Five years ago, Ross and Bernadette Martin were looking forward to retirement in a new house and plenty of overseas travel.</p> <p>They now face the possibility of selling their home to fund a trip to Mexico to have stem cells injected into their grandson and newly adopted son.</p> <p>Grandson Oscar, 4, suffers from cerebral palsy, epilepsy and global development delay.</p> <p>Two-year-old Liam, for whom the couple have permanent guardianship from Child, Youth and Family, has septo-optic dysplasia. He is virtually blind and unable to produce sufficient growth hormones, meaning he is the size of a 10-month-old baby.</p> <p>In February this year, the family took the boys to the United States for stem-cell treatment just across the border in Mexico. People gave generously to their fundraising efforts, but they had to use their family savings, and Ross Martin sold his car to fund the \$100,000 trip.</p> <p>They are booked for follow-up treatment in November, and estimate the cost at between \$70,000 and \$80,000 because of the better exchange rate.</p> <p>"This time we decided to do something a bit bigger and more significant. It takes more organising, but hopefully we'll get the money faster and easier," Ross Martin said.</p> <p>Daughter Claire organised a Trade Me auction by ringing businesses in the Yellow Pages and asking for donated goods.</p> <p>She said the response had been amazing. Hundreds of items, ranging from paintings to toastie-makers, guided walks and weekends away, went up for</p>

	<p>auction yesterday and will finish in a week.</p> <p>"If we can't raise the money we'll look at selling our house because we think they have made such progress so far," Ross Martin said. "It's the boys' quality of life that we are really trying to improve, and we can't put a value on that."</p> <p>Before the therapy, Liam had had monthly stays in hospital, being drip-fed because of low blood-sugar levels.</p> <p>The Martins said Liam had been back just once since having stem cells injected and had developed some vision, which allowed him to perceive light.</p> <p>Oscar was more responsive and able to walk and turn by himself with a walker. He had also developed some speech.</p> <p>The Martins and Oscar's mother, Lucy, said the American doctors had never promised them anything and there was a chance the boys would have improved anyway. But it was "more than likely" the benefits came from the stem cells.</p> <p>Each vial of stem cells taken from donated umbilical cord blood costs US\$5000 (NZ\$7075) and is injected into the brain through a catheter inserted through the groin.</p> <p>"There's virtually no risk in doing it, but the risk in not doing it is waking up at 65 and wondering if you had tried, would it have made a difference?" Bernadette Martin said.</p>
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<b>Publication</b>	<b><a href="http://myelomabeacon.com">myelomabeacon.com</a></b>
<b>Headline</b>	<b><a href="#">Study Shows Mozobil Induces Mobilization Of Stem Cells But Not Tumor Cells</a></b>
<b>Gist of the article</b>	<p>A recent Phase 2 study, published in the journal Bone Marrow Transplantation, evaluated Mozobil's (plerixafor) ability to mobilize stem cells from the bone marrow into the blood without increasing the mobility of tumor cells in multiple myeloma patients.</p> <p>One common treatment option available to eligible myeloma patients is high dose chemotherapy followed by autologous stem cell transplantation. Before chemotherapy, the patient's own stem cells are collected by peripheral blood apheresis, which looks and feels similar to a routine blood donation, and then the stem cells are transplanted back after chemotherapy.</p> <p>For this regimen to be an option, two million stem cells per kilogram of body weight must be collected. For many patients, multiple sessions of stem cell collection are needed, which increases the risk of contaminating the</p>

samples with tumor cells. Even after multiple sessions, some patients cannot collect enough stem cells.

Two drugs, Neupogen (filgrastim) and Mozobil aim to solve these problems. Neupogen is a drug that is commonly used to increase stem cell production in bone marrow. It is a type of granulocyte colony-stimulating factor (G-CSF). Mozobil, which was approved by the United States Food and Drug Administration in December 2008, is designed to increase the movement of stem cells from the bone marrow into the bloodstream, where they can be collected.

According to Dr. Stefan Fruehauf, Professor of Hematology/Oncology at Paracelsus-Klinik Osnabrueck in Germany, "The availability of [Mozobil] will significantly change the management of myeloma patients on the transplantation track."

Dr. Guido Tricot, Professor of Medicine at the University of Utah, recruited twenty patients with multiple myeloma scheduled for a stem cell transplant. They were split into two test groups. The first group included patients who were proven poor mobilizers of stem cells, and the second group included patients who were predicted poor mobilizers of stem cells.

All patients were given an injection of Mozobil in addition to G-CSF before each stem cell collection. Samples from nine patients were analyzed for tumor cell mobilization before and after Mozobil injection. None of the myeloma patients mobilized tumor cells, and most of the stem cell samples had less than one percent of the abnormal proteins associated with myeloma.

Cell counts found that 70 percent of the proven poor mobilizers and 80 percent of the predicted poor mobilizers yielded at least two million stem cells per kilogram of body weight.

Seventeen out of the 20 myeloma patients received at least one transplant. Of the three who did not receive a transplant, only one patient did not produce at least two million stem cells per kilogram of body weight. The other two patients had large enough yields but chose not to receive a transplant for other reasons.

Twelve of the patients who received the transplant were assessed one year later, and all had durable transplants.

Information collected regarding the safety of the treatment regimen was consistent with previous studies of Mozobil. The most frequent drug-related side effects were mild.

The combination of Mozobil plus G-CSF "increases patient safety and the

	likelihood of mobilizing sufficient stem cells for transplantation,” said Dr. Fruehauf. “This effort will further reduce the complication rate, morbidity, and mortality of stem cell transplantation in myeloma.”
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