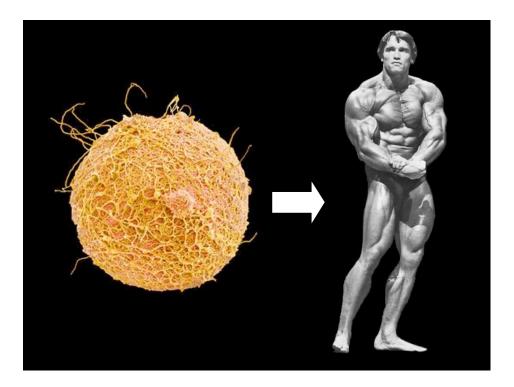


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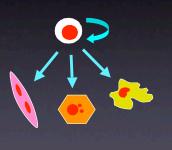


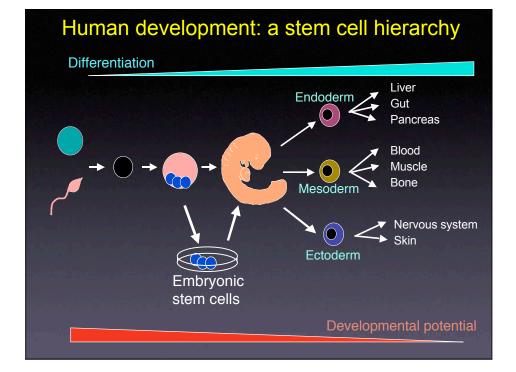
## What are stem cells?

Units of development and regeneration

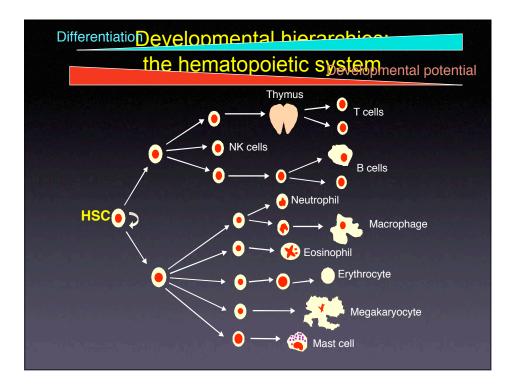
### Why are stem cells special?

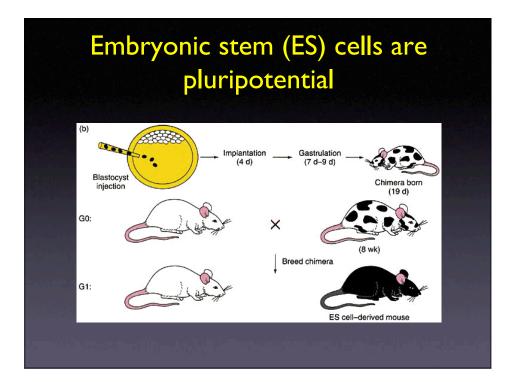
- 1. They are primitive
- 2. They can self-renew
- 3. They can produce differentiated cells

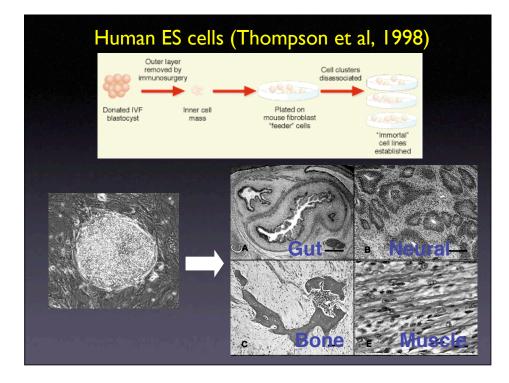




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# Embryonic versus adult

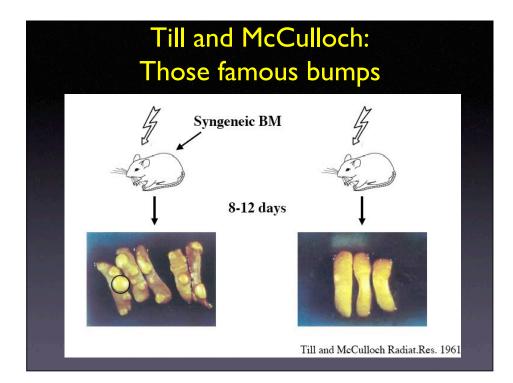
- Isolated from early embryos
- Can expand
  indefinitely in culture
- Can give rise to all cell types
- Isolated from adult human tissue
- Can not be
  expanded in culture
  - Can only give rise to same tissue

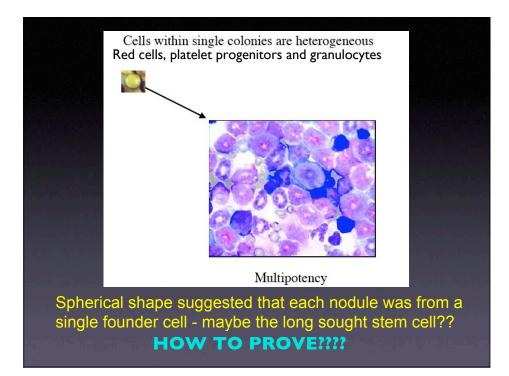
# The hematopoietic stem cell (HSC)

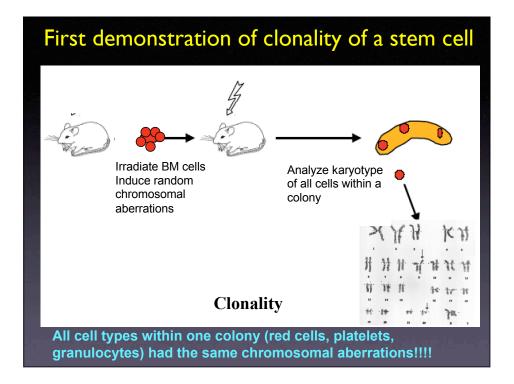
- First stem cell to be isolated and studied
- Most of what we know about stem cells comes from studies with HSCs
- First and only stem cell used in the clinic
- Discovered by Till and McCulloch in 1961 (winners of the 2005 Lasker Award)

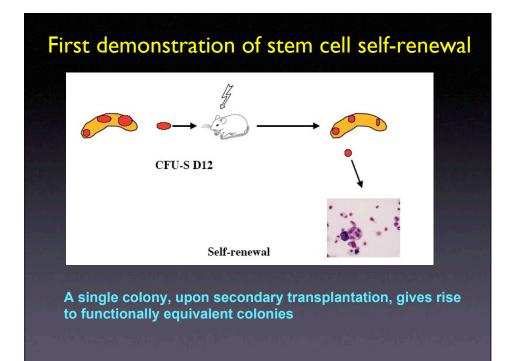
# The 1960s: stem cells, a hypothetical concept

- Several lineages in the blood: lymphoid, myeloid, erythroid. How were these derived? Multipotent progenitor or single lineage progenitor?
- Jacobson: shielding the spleen from total body irradiation or infusion of BM cells provided radioprotection. Cellular or humoral effects?









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### Is there a universal blood stem cell that gave rise to both myeloid and lymphoid cell lineages?

Keller and coworkers (1985)

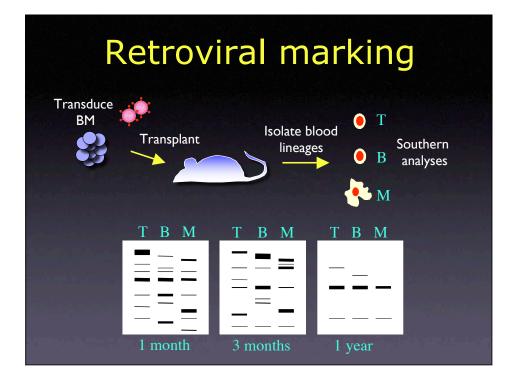
Infected bone marrow cells with a virus containing neoR gene

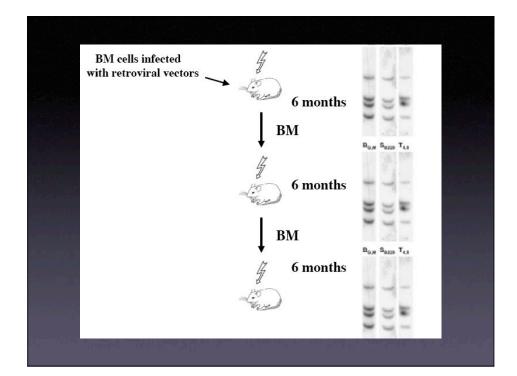
- virus insets itself randomly into the bone marrow cell genome
- recombinant bone marrow cells are resistant to neomycin - can select the infected cells

- virus is replicated in the same genomic position at each cell division

- provides each cloned bone marrow cells with a unique marker

They injected the engineered bone marrow cells into an irradiated mouse and analyzed the resulting recolonization of the hematopoietic system



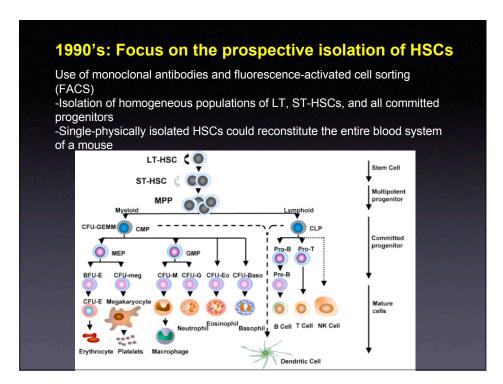


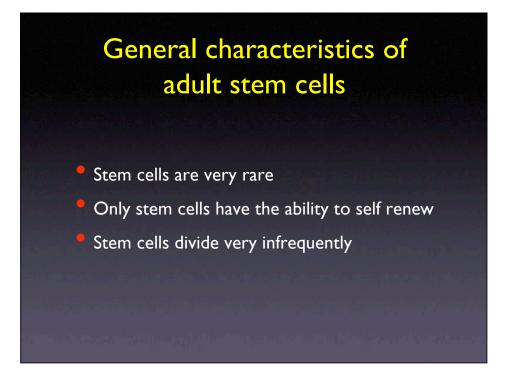
### **Retroviral marking studies: lessons learned**

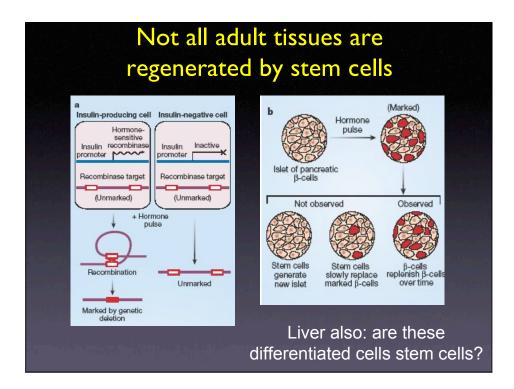
Existance of two types of stem cells : long-term and short-term HSCs

Only a few LT-HScs are enough to sustain hematopoiesis for life (in primary and secondary recipients)

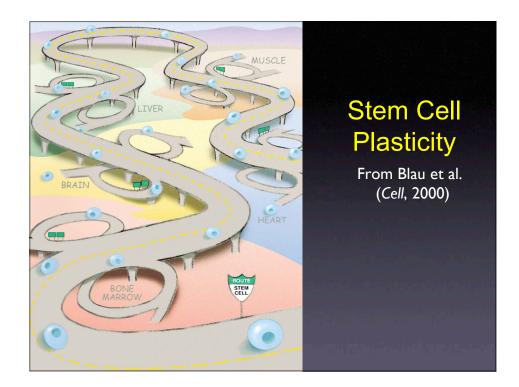
All LT-HSCs are multipotent, no unilineage HSCs

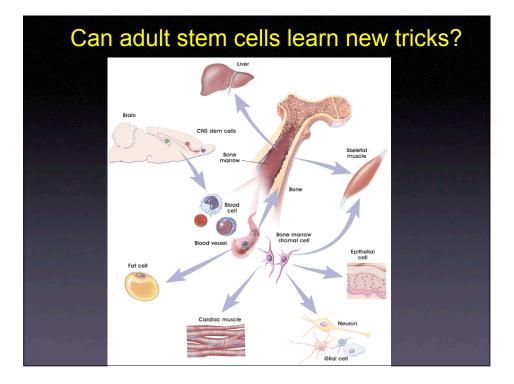


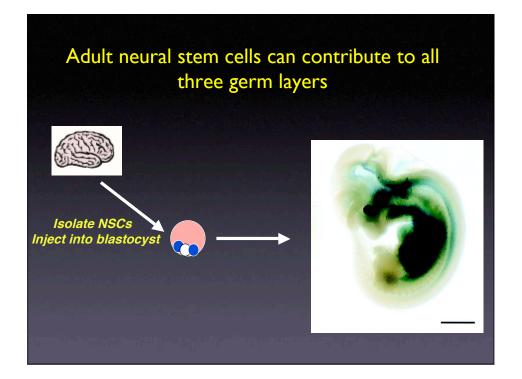


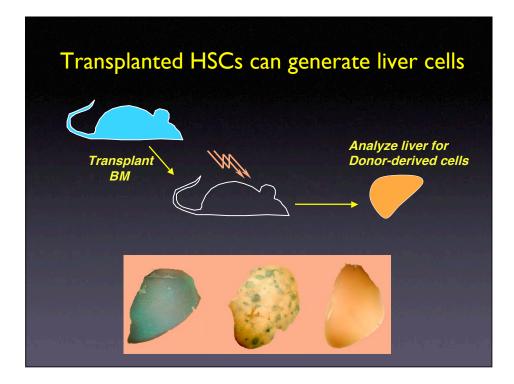


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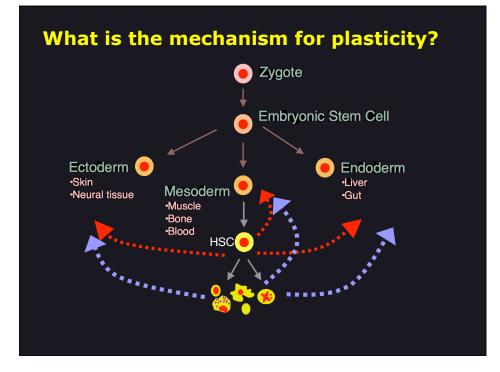






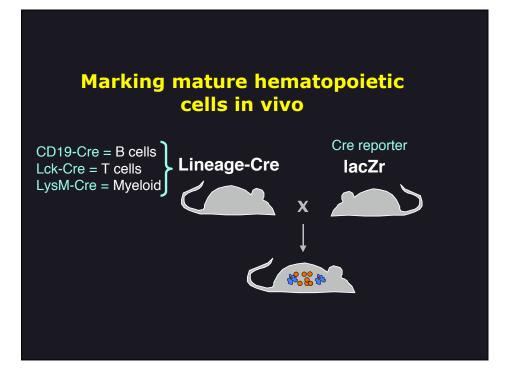
### Potential therapeutic implications of "plasticity"

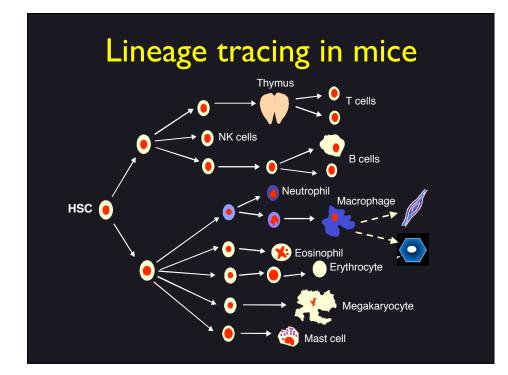
- Transplantation of bone marrow for muscular dystrophies
- Direct injection of bone marrow stem cells for cardiac regeneration
- Bone marrow injections for neurodegenerative diseases

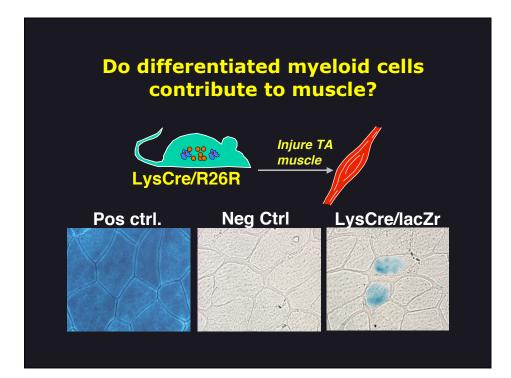


# Reevaluating the role of HSCs in plasticity

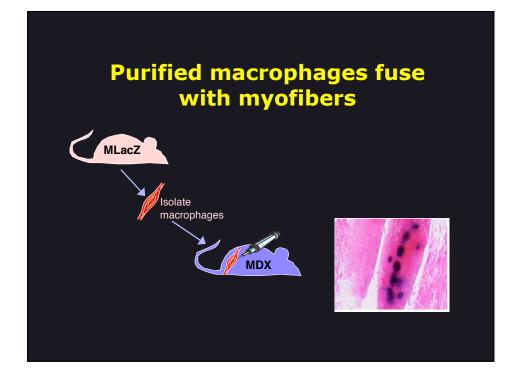
- Muscle and liver engraftment require previous BM and blood engraftment by donor HSCs.
- HSCs directly injected into the liver or muscle do not engraft.
- Non-hematopoietic engraftment by a single or hundreds of HSCs is identical.
- Experimental models of plasticity require severe injuries, which result in extensive recruitment of inflammatory cells.



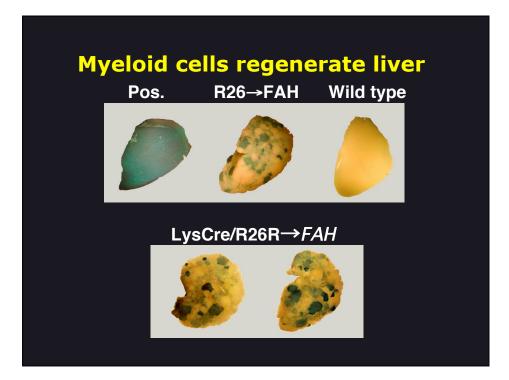


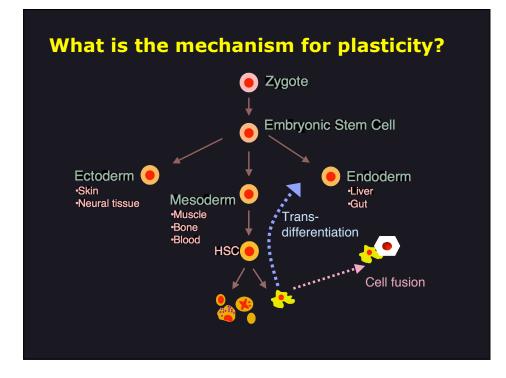


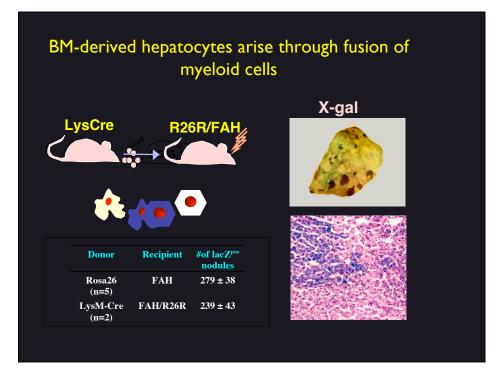
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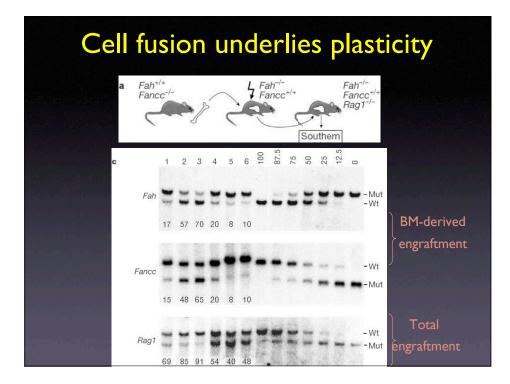


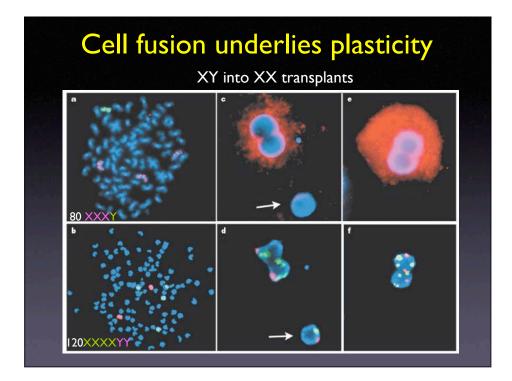
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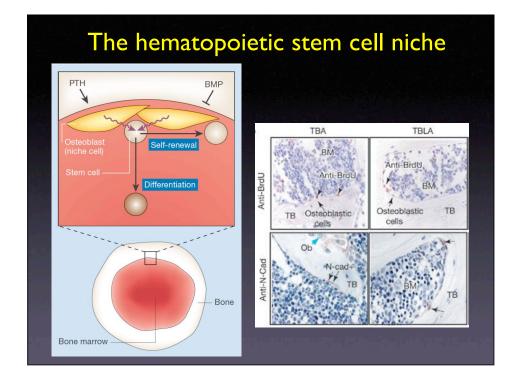


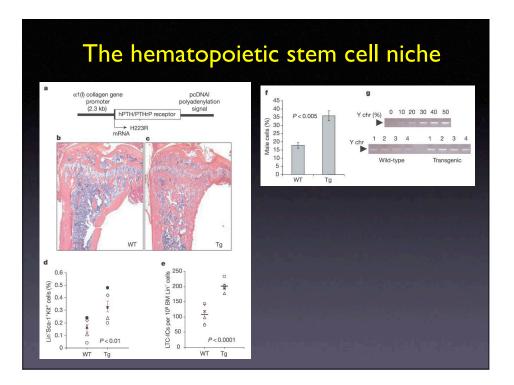


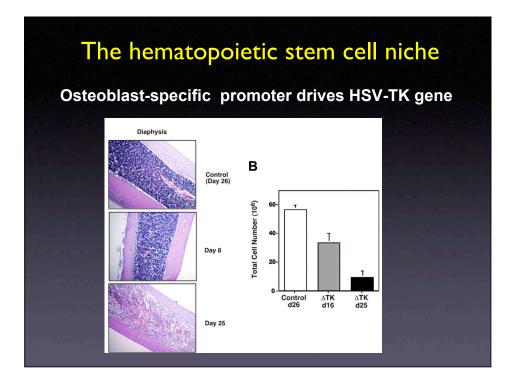


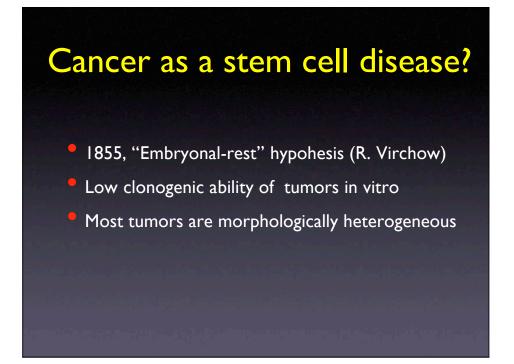
### **Lessons learned**

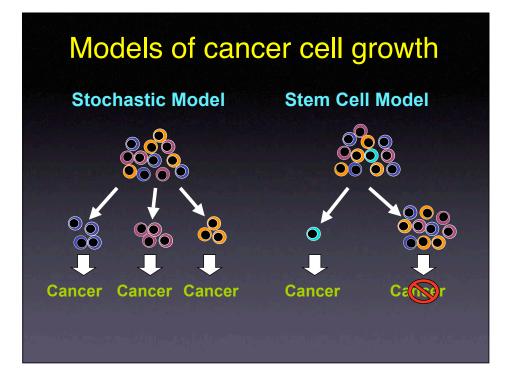
- HSCs do not "transdifferentiate"
- Mature myeloid cells are the direct mediators of plasticity.
- Macrophages randomly fuse with other cell types.





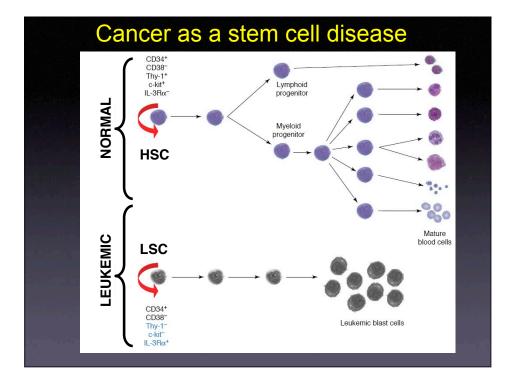


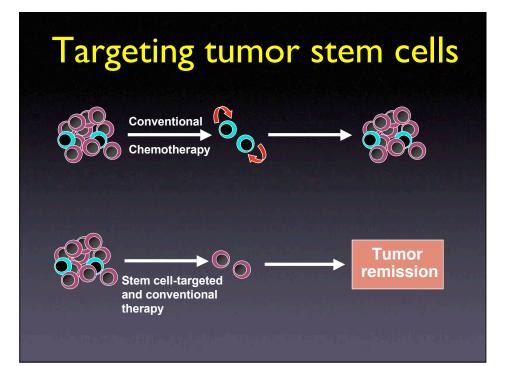




# Experimental evidence of cancer stem cells

- Acute myeloid leukemia: CD34<sup>+</sup> CD38<sup>neg</sup> cells are tumor initiating (only 0.1% of total tumor cells)
- Breast cancer: CD44<sup>+</sup>CD24<sup>neg</sup> (2% of all tumor cells)
- Brain cancer: CDI33<sup>+</sup> (~20% of all tumor cells)





# How do we target cancer stem cells?

Need to know how self-renewal is regulated:

What are the **genes** that tell stem cells

to be stem cells?