## Whether stem cell therapy is effective and safe compared to standard care in muscular dystrophies? A systematic review



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## INTRODUCTION

- Muscular dystrophies are heterogeneous disorders resulting in progressive muscular weakness, functional dependency, and early mortality.
- Different forms, routes and doses of stem cell therapies with impact on variable outcomes at different time points in muscular dystrophies, especially DMD.



Fig.1 The PRISMA flow diagram of literature search and for selection of studies

## **MATERIALS & METHODS**

 Searched different databases (Web Of Science, PubMed, and EMBASE) using the following major keywords: "Muscular Dystrophy" & "Stem cell therapy".

- Searched different databases (Web Of Science, PubMed, and EMBASE) using the following major keywords: "Muscular Dystrophy" & "Stem cell therapy".
- Randomized Controlled Trials (RCTs) comparing the efficacy and safety of stem cell therapy with placebo or usual care in patients with Muscular Dystrophy were included in this review.
- Cochrane risk-of-bias tool for randomized trials was used for quality assessment.

Study	CAP Events	-1002 Total	Co Events	ontrol Total	Risk	Ratio	RR	95%-CI	Weight
Taylor et al, 2019 McDonald et al, 2022	12 3	13 8	10 2	12 12		+	1.11 	[0.82; 1.49] [0.48; 10.60]	96.4% 3.6%
<b>Random effects model</b> Heterogeneity: $I^2 = 0\%$ , $\tau^2 =$	= 0, p = (	<b>21</b> ).38		<b>24</b> 0	0.1 0.5	• 1 2	<b>1.14</b>	[0.85; 1.52]	100.0%

Fig. 2- Pooled estimates of the occurrence of treatment emergent adverse events with CAP-1002 versus Control group



## Fig. 3- Risk of Bias Asessment of Included Studies

# RESULTS

- Two (HOPE and HOPE-2) trials have shown improved structure with CAP-1002 treatment but this did not translate into improved ejection fraction at 6&12months of treatment.
  - Both the trials had shown sustained or improved mid-distal level PUL 1.2 scores with CA-1002 at 6 weeks, 3, 6 and 12 months.
  - HOPE trial resulted with approximately similar responses of QoL using patient-and parent-proxy Pediatric Outcomes Data Collection Instrument (PODCI) and PedsQL in both the treatment group.
  - Higher numbers of Treatment-emergent adverse events (TEAEs) with the treatment of CAP-1002 (15/21 (71%)) versus control (10/24 (42%)) in patients with DMD.

## **CONCLUSIONS**

- Stem cell therapy may have little to no difference in clinical improvement and quality of life in persons with muscular dystrophies.
- More studies with longer follow ups, larger sample sizes and meaningful outcomes are required to establish potential role of stem cell therapy in muscular dystrophies.

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