

# Standards in Scientific Communities II

Module 3, Lecture 4

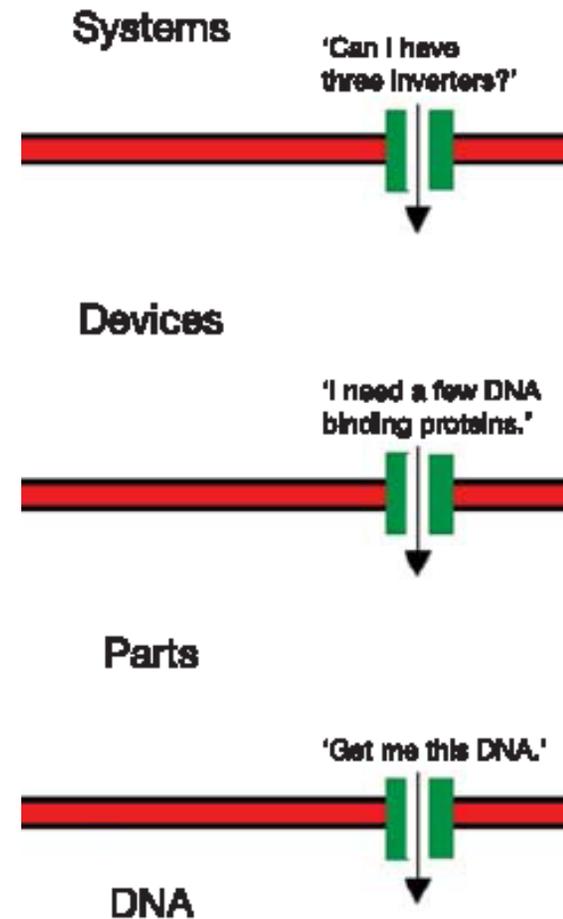
20.109 Spring 2013

# Topics for Lecture 4

- Module 3 so far
- Standards in tissue engineering(+)
  - review and introduction
  - writing exercise
  - discussion
  - modern context

# Lecture 3 review

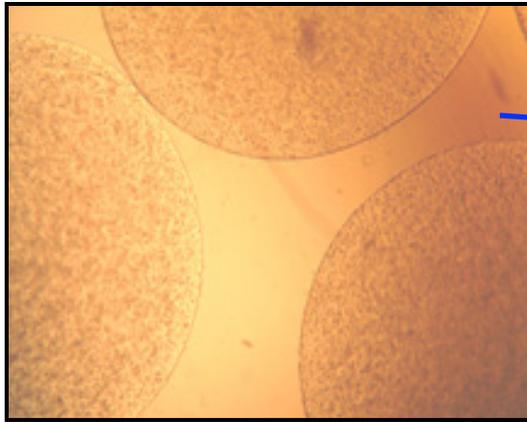
- What are three general engineering principles that might help make biology more “engineerable”?
- And way back: What can you learn from a confidence interval? A t-test?



From D. Endy, *Nature* 438:449

# Module progress: week 1

- Day 1: culture design
  - What did/will you test?



- Day 2: culture initiation
  - Cells receiving fresh media every day
  - Half volume exchange due to soft beads

# Module progress: week 2

- Day 3: viability/cytotoxicity testing
- Groups generally found
  - mostly live...
  - ... but less than at 7d (S12-)
  - mostly round
  - not much clustering
- What conditions killed cells?
- Other interesting findings?
- How to explain the results?
- How to improve the assay?

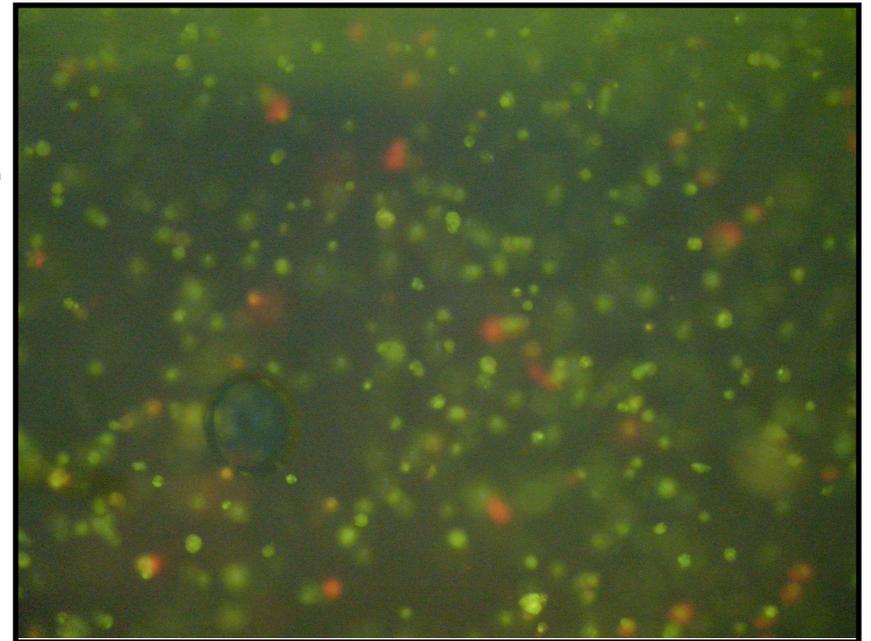


Image from T/R Platinum

# Assignment for report or addendum

- With your own data *or* a complete dataset to be announced and posted very soon...
- Get live cell count and/or live cell percent values for both culture conditions
- Calculate 95% CI for both means
- Plot means on bar graph with CI error bars
- Apply t-test to the means
  - For multiple comparisons, ANOVA is better
  - Comparing many means requires correction
  - Remember,  $p = 0.05$  means 1 in 20 false positives!

# Data standards: what and why?

- Brooksbank & Quackenbush, *OMICS*, 10:94 (2006)
- High-throughput methods are data-rich
- Standards for **collection** and/or **sharing**
- Reasons
  - shared language (human and computer)
  - compare experiments across labs
  - avoid reinventing the wheel (save t, \$)
  - integration of information across levels
- Examples
  - MIAME for microarrays
  - Gene Ontology (protein functions)
- Who drives standards?
  - scientists, funding agencies, journals, industry

collagen, type II, alpha 1  
gene from *Mus musculus* (house mouse)

Term associations ↓

### Term Associations

gene association format RDF-XML

Filter associations displayed ?

Filter Associations

Ontology	Evidence Code
All	All
biological process	IC
cellular component	IDA
molecular function	IEP

Select all Clear all Perform an action with th

Accession, Term	
<input type="checkbox"/> GO:0001502 : <a href="#">cartilage condensation</a>	33
<input type="checkbox"/> GO:0030199 : <a href="#">collagen fibril organization</a>	36
<input type="checkbox"/> GO:0043066 : <a href="#">negative regulation</a>	808

www.geneontology.org

# How valued are TE standards?

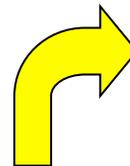
- 2007 strategic plan for TE clinical success by 2021
  - 24 int'l leaders in TE listed high-priority areas
  - 1/3 named standards

- Analysis
  - concept dominance
  - progress so far
  - standards 7<sup>th</sup> of 14

P.C. Johnson et al., *Tissue Eng* 13:2827 (2007)

TABLE 6. NORMALIZED CONCEPT DOMINANCE  
(I.E., TAKING PRESENT PROGRESS INTO CONSIDERATION)

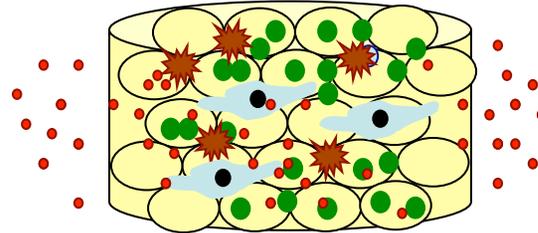
	O/P
Angiogenic control	3.3
Stem cell science	3.2
...	...
<b>4. Cell sourcing/characterization.</b>	
Clinical understanding/interaction	2.2
Immunologic understanding and control	2.0
Manufacturing/scale-up	1.1
Regulatory transparency	1.1
<b>7 (tie). Standardized models.</b>	
Multidisciplinary understanding/cooperation	0.8
Expectation management/communication	0.4
Pharmacoeconomic/commercial pathway	0.3
Multilevel funding	0.0



- 2007 US govt. strategic plan
  - standards listed as part of “implementation strategy”

# How useful are TE standards?

- See 2005 editorial by A. Russell
  - proposes need for standards
  - in data collection and sharing
- Choose and respond to a student excerpt (~10')
- Pros/cons/etc... ?



Can we standardize this TE construct?

# Beyond TE standards: targeted support and improving communication

- P.C. Johnson et al., *Tissue Eng A* **17**:1+2 (2011)
- Survey of all interested parties in a TE society, from academia to early and established companies
- What are greatest hurdles to TE commercialization?

## *Academics*

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Obtaining sufficient funds for research  
Orienting research to market needs

## *Startup companies*

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Obtaining adequate operating capital  
Recruiting experienced management  
Working with technology transfer offices

## *Development-stage companies*

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Generating sufficient revenue while staying financed  
Maintaining focus on the evolving market

## *Established companies*

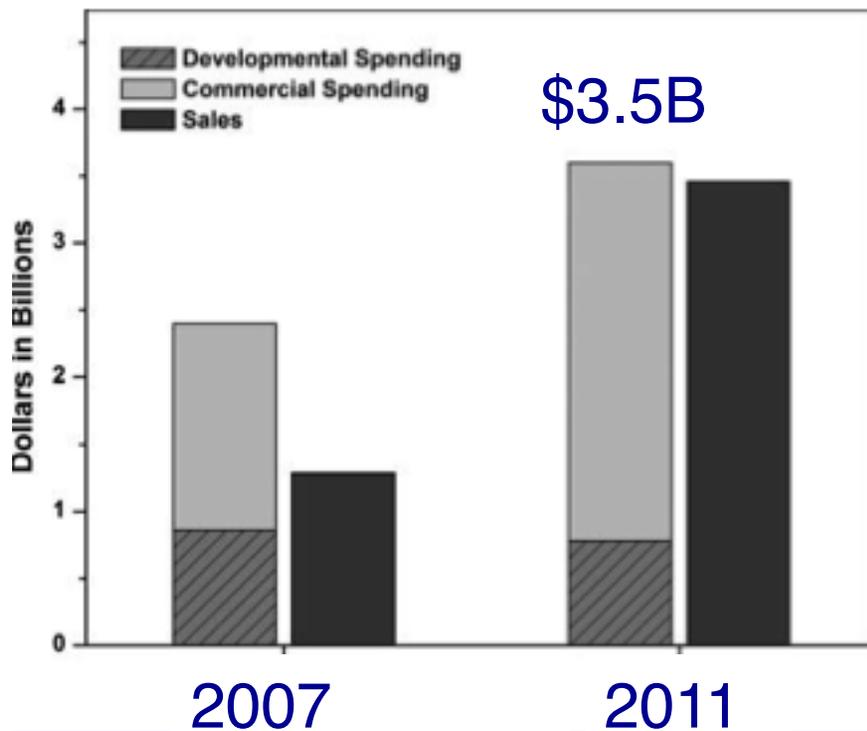
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Managing growth  
Growing the intellectual property base  
Working with the FDA

# Building a TE industry

Sales approaching spending\*

Bone/cartilage leads sales



\* stem cell banking included

Commercial products (# of companies)	2011 Sales (in millions)
Orthopedic (19)	\$1713
Wound healing (15)	\$738
Multiple (16)	\$554
Stem cell banking (18)	\$312
Other (5)	\$144
<b>Total:</b>	<b>\$3461</b>

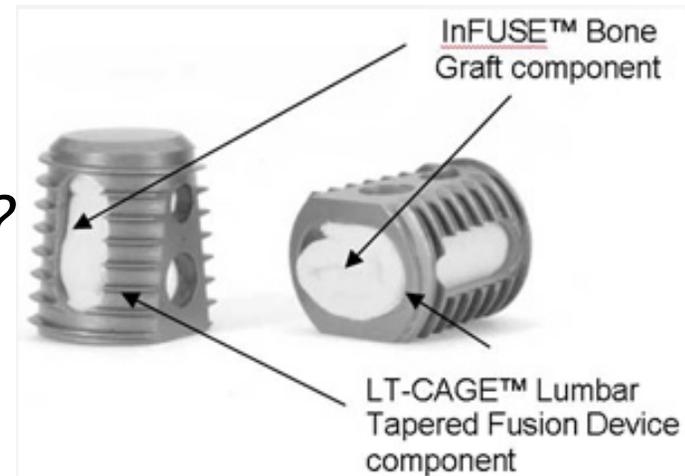
**2-fold** increase in jobs since 2007

Predict **5-10 years** for stem cell and cell/biomaterial combination products to really enter market

# Challenges in orthopedics and beyond

- C. H. Evans, *Tissue Eng B* 17:6 (2011)
- Only three orthopedic products with clinical trials!
- Huge publication:product ratio
- Translational research doesn't advance careers (incentives)
- Perfect as the enemy of the good

*At what point is it best to stop tweaking and move forward to the next phase of development?*



# Lecture 4: conclusions

- Strategies besides standardization may take precedence in some BE fields.
- TE has few products to market, but continues to grow. Challenges remain.
- Your thoughts here!

Medtronic Inc said it agreed to pay \$85 million to settle a shareholder lawsuit accusing it of making misleading statements concerning Infuse, a genetically engineered bone graft used in spinal surgery.

(Reuters)

Next time: transcript and protein assays, imaging.