From “Old” Cloning to “Young” Cellular Reprogramming: Nobel Prize 2012 Spotlighted the Stem Cell Work

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Abstract
Here is a concise historical review and some perspectives on the spotlighted nuclear transplantation (cloning) and induced pluripotent stem cells (iPSC). Besides, we propose that iPSC may be hypothetically considered one exceptional case among “cancerous” cells. The argument between stochastic and elite model of iPSC is briefly discussed.

Introduction
Mature cells can be rejuvenated to become pluripotent- the discovery for which Dr. Yamanaka and Dr. Gurdon won the 2012 Nobel Prize in medicine and physiology [1]. A few scientists can be recognised in this very special way. On the other hand, many other great scientists contributed to this field so they will not be snubbed here. Just to introduce a few names, Dr. James Thomson, who with Yamanaka won the King Faisal International Prize for Medicine in 2011 jointly for their work on stem cell therapy, is the pioneer to first isolate human embryonic stem (ES) cells in the lab back in 1998 and also showed that mature human body cells could be reversed into stem cells in Science in 2002 [2]. Dr. Ian Wilmut group successfully cloned Dolly, the first mammal cloned from an adult cell at the Roslin Institute in Scotland in 1996 [3]. Besides, a noted embryologist professor Tong Dizhou (TC Tung) produced the world’s first cloned fish by inserting the DNA from a cell of a male carp into an egg from a female carp. He published the findings in a Chinese science journal in China in 1963, which was not translated into English and has seldom been reviewed in English literatures until recently [4,5]. However, the significance and influential outcomes of these discoveries are almost limitless, and there are exhilarating times to continue ahead.

Gurdon’s Cloning
Let’s have a retrospective view on this year Nobel Prize in medicine and physiology spotlighted discoveries, which have already excited hundreds of scientists to enjoy their research better. In 1960s, Sir John B. Gurdon transplanted the nucleus from a mature intestinal cell into the immature cell nucleus in an egg cell of a frog. In this classic cloning experiment, some of those modified egg cells developed into animals for organ transplantation into humans, and as some preclinical models of human disease [1]. A specialized form of nuclear transfer for faulty mitochondria [7] has the potential to treat mitochondrial disease and is being developed for use in humans. However, it is his publication [6] and the follow-ups that initially ignited the controversy of ethical issue discussion later on the human cloning too.

Yamanaka’s iPSC
More than 40 years later, in order to avoid the use of surplus embryos, Yamanaka and Takahashi [8] showed in 2006 that they reprogrammed mature cells in mice to become immature stem cells by introducing exogenous Oct3/4, Sox2, Klf4, and c-Myc (OSKM). The reversed cells own the pluripotency, i.e. self-renewal and differentiating into cells of the three germ layers, in nude mice tumours and then able to develop into all types of cells as properties of ES cells and express ES cell marker genes. This work turned the direction of stem cell research in affirming that iPSC cells are free from the ethical issues that plague the human cloning and embryonic stem cells. Other following studies show that iPSC can form any kind of differentiated cell, can be derived from anyone.

Currently many scientists could have such a near-limitless supply of iPSC cells. During one small-table discussion last year, they mentioned that they have more than one bank of collections of 2000 iPSC cell lines. Then he said the first iPSC clinic application will be in 2 years in Japan. Logically, these iPSC cells have the identical genetics background to the person from whom they are derived. So, once the differentiated cells coaxed from iPSC cells, they could be transplanted back into a patient and assumed no rejections. However, the percentage in mixed cell population is so low for iPSC that they are insufficient for therapeutic application and techniques advancements will need to resolve this bottleneck problem.

The Significance of the Simple but Versatile iPSC Technology
These iPSC cells are also awesome disease models. At the cellular level, the iPSC cells can essentially become the proxy of ‘the patient’ with genetic diseases [1]. They may carry the same disease-causing mutations, genetic variants present in patient. Scientists may model the disease more accurately, for instance, which genes go awry with an array of details, such as the conditions, the timing, the causes, and progression and then may find ways to put the brake for diseases in their tracks. The procedure is to take some skin cells from a person with disease and then reprogram them back into iPSC cells. Afterwards, to coax these stem cells to turn into desired differentiated cells and watch how they work, how they go wrong, and test out hypothesis, or screen potential drugs. Once the iPSC cells differentiate to form the cell...

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Received December 08, 2012; Accepted December 10, 2012; Published December 13, 2012


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Figure 1: “Dams and Lakes” epigenetics landscape and cancer bidirectional reprogramming.

a: Differentiation hierarchy in normal tissue
Potency: the potency of cell diversity.

b-d: Differentiation hierarchy in iPSC
b: the intrinsic and external factors shake the constraint of cell attractors.
c,d: the over-expression of TFs or CRS deficiency overturns the regulatory constraints and empower the pluripotency to normal cells (c: oligopotent or unipotent cells, d: terminal cells).

e-g: Differentiation hierarchy in cancer
e: the ageing related or environmental carcinogens, resulting in abnormal expression of TFs or CRS deficiency overturn the constraint and empower the aberrant “pluripotency’ to normal cells (f: oligopotent or unipotent cells, g: terminal cells).
h: Cancer patient induced pluripotent stem cell (iPS). The over-expression of TFs or chemicals, CRS deficiency by epidrug overturns the constraint and empowers the pluripotency to cancer cells.

i,j: Cancer cell reprogrammable to normal-like cells
i,j: chemicals or CRS deficiency by epidrug overturn the constraint and empower the aberrant pluripotent cancer stem like cells to normal-like cells.

As a derivative of Waddington epigenetics landscape [30], “Dams and Lakes” epigenetics landscape emphasizes the reversibility of cellular reprogramming, particularly we need that:

First, some definitions:
1) The “cell” is here defined as a unit of (Dam + Lake), but the whole unit will behave similarly along with the downward trend as the “stone” in Waddington epigenetic landscape. Dam: here defined as the locker/gatekeeper of attractors, the regulatory constraints of Gene regulatory network (GRN), the stabilizers of multi-cellular differentiation states. Lake: all other biological characteristics rather than those of Dam in cell, and the “Lake water” represent the majority of proteins, RNAs, and so on.
2) The totipotency of cells: the merged “power” of altitude and volume (S) of lake water unit (“Dam and Lake”).
3) The “lightning” means ageing, the deficient TF expressions, mutations, the tissue disruption, the extra-cellular matrix (ECM) remodelling, the over-expression of TF (e.g. H-RAS, OSKM, etc), the stressors.
4) The lightning causes the “heavy rain” and flood, then raises the water level of “lake” or “wave” that may correspond to “higher cellular noise” of gene expression heterogeneity, the driving force of progress of cancer or pluripotency. When the inundated “lakes” merge, then the “dams” could sink under the water. The “lakes” become the bigger and more “powerful” one than their normal counterparts.
5) The robustness is that the dam can tolerate a “light rain”.
6) The “Dams” is made from multiple factors, such as chromatin remodel systems including Mi-2/NuRD, dREAM, the heterochronic genes, ECM genes, the cancer drivers such as p53, PI3KCA, KDM5c, APC, FBXW7, Rb, Ras, VHL, SETD2, mTOR, PTEN, and so on.

2nd, we could like to hypothesize that:
1) The same tier differentiated cells are easy to reach same potency with direction conversion. Therefore we could claim that: 1). iPSC state might be one “we-want-it” exceptional case among the general cancerous states. 2). Here with a focus on cancer, but it could possibly applied on other complex diseases as well.
Note: In red signifies the malignant reprogramming; in green signifies the benignant reprogramming.
types associated with the illness, the effects of these genetic variants may reveal the underlying mechanisms of its symptoms, progression mechanisms, and look for ways to slow this down or even reverse it [1]. Ideally, it can expose windows of opportunity for treating the condition before symptoms appear, i.e. early prevention. Besides, the pharmaceutical industry can join to screen out reagents that restore gene or protein expression to normal levels in its derived cells and then project therapies for disorders with no treatment available. It can also bridge the gap of diseases with no good animal models, such as heart failure. Drug screening can be improved while established disease IPSC cell line models could find out effective targets or minimize the side effects of medications [1]. The personalized medicine may be feasible through benefiting from iPSCs. Because iPSCs can be derived from any individual of any genetic background, they may eventually tell us the patient-specific disease susceptibility, drug resistance, drug-patient-preferential toxicity and so on. Amazingly, iPSC has inspired us to apply direct conversion among differentiated cells and many brilliant findings bursts out [9]. Perhaps one day, we can effectively reverse the diseased biological clocks to a more youthful or healthier state by using a cocktail of chemicals alone [10] or combined approach [11].

Some Issues of iPSC

Seemingly it is fantastic, but some points we need pay attention to

The immune reactions

Since iPSC cells are genetically identical to their donors’ cells, i.e. patient cell, transplants of the cells were assumed not to trigger the body's immune defences, but that view is now being questioned. Last year two interesting studies cause our cautions for iPSC clinical trial in that iPSC cells triggered immune reactions when they were implanted into mice. In some cases, the cells were completely destroyed by the animals’ immune systems [12,13].

The tumorigenicity

With both self-renewal and differentiating into cells of the three germ layers, the human induced pluripotent stem cells (HiPSCs) are invaluable for regenerative medicine. However, the same properties also make them tumorigenic, and therefore hurdle their clinical application [14]. There are important genetic and epigenetic differences between these ESCs and IPSCs, which seem to influence their tumorigenicity [8,15]. This could allow us to play with epigenetic avenues to deal with such issues [15]. However, a latest brief report seems be encouraging [8,15]. There are important genetic and epigenetic differences between the two. Therefore, now iPSC technology, along with a risk but a bit like human “artificial selection”, empowers us to look “back” at the “archaic” life forms and look “ahead” at life forms in the future with “cell evolution” in dish. Thus it seems be one addition to the standard natural selection that can make organisms to evolve. In short, both the impact of Gurdon’s experiments and iPSC enables us to challenge nature and to break boundaries.

References


