

Multiple Myeloma Research Foundation

Stance on Human Embryonic Stem Cell Research

ALL emailed the Multiple Myeloma Research Foundation on 12/7/23 asking if they fund or support any human embryonic stem cell or fetal tissue research. MMRF's RN Patient Navigator responded with the following (major points are bolded below):

As a research organization we collaborate with our Multiple Myeloma Research Consortium (MMRC). We are selective about the research we pursue, keeping patients at the center of everything we do. Multiple myeloma is a blood cancer that develops in plasma cells in the bone marrow—the soft, spongy tissue at the center of bones. In healthy bone marrow, normal plasma cells make antibodies to protect the body from infection. In multiple myeloma some plasma cells are transformed into cancerous cells and may grow out of control crowding out the normal cells that help fight infection. These malignant plasma cells then produce an abnormal antibody called M protein. While researchers have developed a better understanding of how multiple myeloma develops, the exact cause has not yet been identified. To date, this is an incurable blood cancer. Research in this area is focused on understanding the biology of this cancer. Researchers aim to answer many questions – two of them being: What are the common genetic drivers? What are the best treatment approaches to help those suffering with this disease? **Research in multiple myeloma focuses on cancer cells and at no time would an embryonic stem cell be of interest. There is no funding by the MMRF for this type of work nor do we support fetal stem cell research projects.** It is possible that the use of a stem cell transplant in the treatment of a person suffering with multiple myeloma would mislead people. The terminology often can confuse those not familiar with the process. **The procedure that patients most often undergo is one where a person collects or harvests their own hematopoietic stem cells for subsequent autologous transplantation in patients with multiple myeloma.** While a MM patient undergoes an

Autologous stem cell transplant most commonly once or twice in their lifetime, the harvesting of those cells takes place only once in their lifetime. When the harvest is done, the usual procedure is to collect (or harvest) enough cells as possible. Those cells are taken from the MM patient's own blood supply, then stored in a frozen condition. They are then available to the patient, at the Multiple myeloma specialist's discretion, to be transfused back after high dose chemotherapy. This procedure is termed an autologous stem cell transplant. Please note that the stem cells harvested for a stem cell transplant are not the same cells that are needed for a CAR T procedure. In this case, it is white blood cells known as T cells that are harvested from the MM patient's blood. The harvesting of T cells does not require mobilization beforehand.

<https://www.myelomainvestmentfund.org/our-people/>

Nicole Samuel, PhD, an associate of MMFR's Investment Fund, has a history of working in cancer biology, including embryonic stem cells. This fact is listed on MMFR's website:

Nicole Samuel, PhD, received her B.A. in Biology from Amherst College and her Ph.D. in Biomedical Sciences from the Icahn School of Medicine at Mount Sinai. Her doctoral work in cancer biology focused on leukemia and other blood disorders. **Her work included the use of embryonic stem cells,** genetic engineering and bioinformatic analysis to understand early genetic events leading to the onset of leukemia. Following her doctoral work, Nicole transitioned to biotechnology equity research to deepen her clinical trial skills/expertise and develop additional skills in financial valuation/modeling and due diligence.

Other

<https://themmrf.org/wp-content/uploads/2023/04/2022-MMRF-Donor-Impact-Report.pdf>

On page nine in their 2022 annual report, MMRF states that they are working with “community leaders and organizations to improve diversity and inclusion among Black and other underserved patients, as well as researchers, through education and medical research opportunities.” These leaders include Black Women’s Health Imperative and National Black Nurses Association.

Black Women’s Health Imperative lists that their vision is that “all Black women will enjoy optimal health in a society that promotes health equity, social and **reproductive justice**.” NBNA partners work with both the pro-abortion Johnson & Johnson and the Alzheimer’s Association (See more at all.org/charity-watchlist).

<https://themmrf.org/about/board-of-directors/karen-e-andrews/>

<https://themmrf.org/about/board-of-directors/kathy-giusti/>

Both of MMRF’s founders have worked for pro-abortion and pro-human embryonic stem cell research organizations and presidential administrations.

According to their biographies on MMRF’s website, Karen Andrews “provided legal counsel in the non-profit sector, having served as EVP, Chief of Staff, and General Counsel of the March of Dimes and General Counsel of the Muscular Dystrophy Association” (See more on both these organizations at all.org/charity-watchlist). Kathy Giusti “was appointed to President Obama’s Precision Medicine Initiative Working Group and served as an advisor to the Biden Moonshot program.”



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