

REVIEW ARTICLE

Review of the Published Literature Confirms the Safety of Intravenous Infusion of Mesenchymal Stem Cells

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Abstract: Background: Mesenchymal stem cells (MSCs) have been shown to decrease inflammation and enhance healing due to their immunomodulatory properties and secretion of growth factors. Intravenous infusion is the most common delivery route of MSCs, and it is used for the treatment of a wide variety of conditions, with established efficacy.

ARTICLE HISTORY

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Objective: This review will analyze the safety of intravenous infusion of MSCs and determine the incidence of any possible resultant Serious Adverse Events (SAEs).

Methods: Using PubMed, we searched the scientific literature to identify SAEs related to intravenous infusion of MSCs. We performed disease-specific searches and a general adverse event search.

Results: A total of 70 studies were included in this review. Thousands of infusions were administered and only two SAEs were identified from the same study. The SAEs were two upper extremity thromboembolisms in patients with preexisting renal disease.

Conclusion: Properly performed intravenous infusion of MSCs is very safe, with a near absence of reported serious adverse events associated with its use.

Keywords: Mesenchymal stem cell, intravenous infusion, inflammation, serious adverse events, rheumatoid arthritis, stem cell treatment.

1. INTRODUCTION

Mesenchymal stem cells (MSCs) have been shown to decrease inflammation and enhance healing due to their immunomodulatory properties and secretion of growth factors [1-4]. Since MSCs have outstanding homing abilities, the cells can localize to areas of inflammation or tissue damage [1, 2]. Intravenous infusion is the most common delivery route of MSCs, and it is used for the treatment of a wide variety of conditions, with established efficacy [5-11]. However, safety is of paramount importance. This review will analyze the safety of intravenous infusion of MSCs and determine the incidence of any possible resultant serious adverse events (SAEs).

Minor self-limited side effects can occur with intravenous infusion of any substance. Side effects include lethargy, fatigue, phlebitis, and localized skin irritation [12-14]. These side effects are not the focus of our review since they are not serious or related to MSCs, and they can occur with intravenous infusion of any substance.

In a previous study, we demonstrated the absence of SAEs related to intra-articular injection of autologous MSCs [15]. In addition, many clinical trials have demonstrated the safety of intrathecal injection of MSCs [16-23]. We hypothesized that this literature review would also demonstrate the safety of intravenous administration of MSCs.

2. MATERIALS AND METHODS

Using PubMed, we searched the scientific literature to identify SAEs related to intravenous infusion of MSCs. We performed disease-specific searches and a general adverse event search. The list of diseases included multiple sclerosis (MS), rheumatoid arthritis (RA), amyotrophic lateral sclerosis (ALS), ankylosing spondylitis, autism, cerebral palsy, idiopathic pulmonary fibrosis, Crohn's disease, ulcerative colitis, lupus, multiple system atrophy, and traumatic brain injury. Specifically searching for clinical trials, each disease was crossed referenced with the term "Mesenchymal stem cell". In order to identify any additional SAEs, we searched for serious adverse events using the terms "Human mesenchymal stem cell" and "serious adverse event".

We included clinical trials that used intravenous MSC infusion and noted SAEs related to the stem cell treatment. We excluded reviews, discussions, pre-clinical studies, and pro-

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ocols. We excluded studies in which MSC treatment was combined with alternative therapies or medications. In addition, we excluded patients that had multi-system organ failure, malignancies, or pre-cancerous lesions/conditions at baseline. We reviewed titles and abstracts for all studies, and the full text was reviewed for articles that met our inclusion criteria.

3. RESULTS

A total of 299 articles were identified using our search criteria. 229 articles were excluded based on our exclusion criteria, leaving 70 studies included in this review. Our selection process is shown in Fig. (1). The included studies were for the following conditions: MS, RA, lupus, acute respiratory distress syndrome/Covid-19, Crohn's disease, stroke, idiopathic pulmonary fibrosis, frailty, multiple system atrophy, sepsis, diabetes and diabetes-related complications, epidermolysis bullosa, cerebral palsy, tuberculosis, FLNA associated respiratory failure, chronic lung allograft dysfunction, ALS, neuromyelitis optica spectrum disorder, autoimmune liver cirrhosis, psoriasis vulgaris and psoriatic arthritis, allograft rejection after renal transplantation, cardiomyopathy, autosomal dominant polycystic kidney disease, chronic kidney disease, bronchiolitis obliterans, spinocerebellar ataxia, autism, traumatic brain injury, acute myocardial infarction, spinal cord injury, a chronic obstructive pulmonary disorder, and ankylosing spondylitis. A detailed summary of included studies is shown in Table 1.

Thousands of infusions were administered and only two SAEs were identified, both from the same study. The SAEs were two upper extremity thromboembolisms in patients with renal disease [78].

4. DISCUSSION

To our knowledge, this is the first review that specifically evaluates the safety of intravenous infusion of autologous

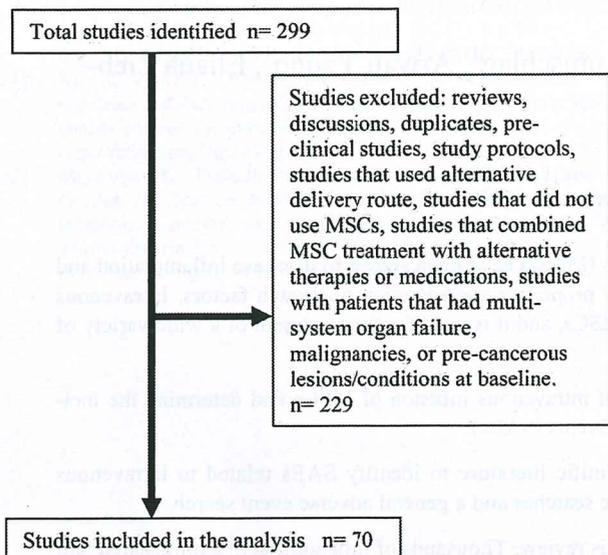


Fig. (1). Intravenous MSC study selection process.

Table 1. Included studies summary.

Author/Year	Condition	Cell Type	Dose (millions)	# of Treated Patients	Follow up (months)	MSCs Related SAEs
Connick <i>et al.</i> (2012) [5]	MS	Autologous BM-MSCs	1.1- 2/kg	10	5.8–10.2	none
Li <i>et al.</i> (2014) [6]	MS	Allogeneic UC-MSCs	4/kg	13	12	none
Llufriu <i>et al.</i> (2014) [24]	MS	Autologous BM-MSCs	1–2/kg	8	12	none
Cohen <i>et al.</i> (2018) [25]	MS	Autologous BM-MSCs	1–2/kg	24	6	none
Fernández <i>et al.</i> (2018) [26]	MS	Autologous AD-MSCs	1 or 4/kg	19	12	none
Riordan <i>et al.</i> (2018) [27]	MS	Allogeneic UC-MSCs	20	20	12	none
Petrou <i>et al.</i> (2020) [28]	MS	Autologous BM-MSCs	1/kg	16	14	none
Karussis <i>et al.</i> (2010) [29]	MS/ALS	Autologous BM-MSCs	23.4-24.5	48	25	none
Odinak <i>et al.</i> (2011) [30]	MS	Autologous BM-MSCs	2/kg	8	12	none
Lublin <i>et al.</i> (2014) [31]	MS	Allogeneic P-MSCs	150or 600	12	12	none
Wang <i>et al.</i> (2013) [32]	RA	Allogeneic UC-MSCs	40	136	8	none
Liang <i>et al.</i> (2012) [33]	RA	Allogeneic UC-MSCs	1/kg	4	36	none
Wang <i>et al.</i> (2019) [34]	RA	Allogeneic UC-MSCs	40	64	36	none
Ghoryani <i>et al.</i> (2020) [35]	RA	Autologous BM-MSCs	1/kg	13	12	none
Yang <i>et al.</i> (2018) [36]	RA	Allogeneic UC-MSCs	1/kg	52	12	none

(Table 1) Contd....

Author/Year	Condition	Cell Type	Dose (millions)	# of Treated Patients	Follow up (months)	MSCs Related SAEs
Park <i>et al.</i> (2018) [37]	RA	Allogeneic UC-MSCs	25, 50, or 100	9	1	none
Ghoryani <i>et al.</i> (2019) [38]	RA	Autologous BM-MSCs	1/kg	9	12	none
Gu <i>et al.</i> (2014) [7]	Lupus	Allogeneic UC-MSCs or BM-MSCs	1/kg	81	12	none
Liang <i>et al.</i> (2010) [8]	Lupus	Allogeneic BM-MSCs	1/kg	15	36	none
Sun <i>et al.</i> (2009) [9]	Lupus	Allogeneic BM-MSCs	1/kg	4	18	none
Wang <i>et al.</i> (2014) [39]	Lupus	Allogeneic UC-MSCs	1/kg	40	12	none
Wang <i>et al.</i> (2013) [40]	Lupus	Allogeneic UC-MSCs or BM-MSCs	1/kg	87	48	none
Yang <i>et al.</i> (2014) [41]	Lupus	Allogeneic UC-MSCs	30	20	12	none
Wang <i>et al.</i> (2012) [42]	Lupus	Allogeneic UC-MSCs or BM-MSCs	1/kg	58	48	none
Hashemian <i>et al.</i> (2021) [43]	ARDS/Covid-19	Allogeneic UC-MSCs or P-MSCs	200	11	2	none
Meng <i>et al.</i> (2020) [44]	Covid-19	Allogeneic UC-MSCs	30	9	1	none
Wilson <i>et al.</i> (2015) [45]	ARDS/Covid-19	Allogeneic BM-MSCs	1, 5, or 10/kg	9	2	none
Zheng <i>et al.</i> (2014) [46]	ARDS/Covid-19	Allogeneic AD-MSCs	1/kg	6	1	none
Lanzoni <i>et al.</i> (2021) [47]	ARDS/Covid-19	Allogeneic UC-MSCs	100	12	1	none
Yip <i>et al.</i> (2020) [48]	ARDS/Covid-19	Allogeneic UC-MSCs	1, 5, or 10/kg	9	1	none
Zhang <i>et al.</i> (2018) [10]	Crohn's disease	Allogeneic UC-MSCs	1/kg	37	12	none
Duijvestein <i>et al.</i> (2010) [49]	Crohn's disease	Autologous BM-MSCs	1-2/kg	10	3	none
Dhere <i>et al.</i> (2016) [50]	Crohn's disease	Autologous BM-MSCs	2, 5, or 10/kg	12	2	none
Chung <i>et al.</i> (2021) [51]	Stroke	Autologous BM-MSCs	1/kg	39	3	none
Levy <i>et al.</i> (2019) [52]	Stroke	Allogeneic BM-MSCs	0.5, 1, or 1.5/kg	36	12	none
Fang <i>et al.</i> (2019) [53]	Stroke	Autologous BM-MSCs	2.5/kg	9	48	none
Glassberg <i>et al.</i> (2017) [54]	IPF	Allogeneic BM-MSCs	20, 100, or 200	9	15	none
Averyanov <i>et al.</i> (2020) [55]	IPF	Allogeneic BM-MSCs	200	8	12	none
Chambers <i>et al.</i> (2014) [56]	IPF	Allogeneic P-MSCs	1 or 2/kg	8	6	none
Tompkins <i>et al.</i> (2017) [57]	Frailty	Allogeneic BM-MSCs	100 or 200	20	12	none
Golpanian <i>et al.</i> (2017) [58]	Frailty	Allogeneic BM-MSCs	20, 100, or 200	15	12	none
Lee <i>et al.</i> (2008) [59]	MSA	Autologous BM-MSCs	40	11	12	none
Lee <i>et al.</i> (2012) [60]	MSA	Autologous BM-MSCs	40	14	12	none
He <i>et al.</i> (2018) [61]	Sepsis	Allogeneic UC-MSCs	1, 2, or 3/kg	15	18	none
McIntyre <i>et al.</i> (2018) [62]	Sepsis	Allogeneic BM-MSCs	0.3, 1, or 3/kg	9	12	none
Skyler <i>et al.</i> (2015) [63]	Type 2 diabetes	Allogeneic BM-MSCs	0.3, 1, or 2/kg	45	3	none
Packham <i>et al.</i> (2016) [64]	Diabetic nephropathy	Allogeneic BM-MSCs	150 or 300	20	15	none

(Table 1) Contd....

Author/Year	Condition	Cell Type	Dose (millions)	# of Treated Patients	Follow up (months)	MSCs Related SAEs
Lee et al. (2021) [65]	Epidermolysis bullosa	Allogeneic UC-MSCs	1-3/kg	6	24	none
Rashidghamat et al. (2020) [66]	Epidermolysis bullosa	Allogeneic BM-MSCs	2-4/kg	9	12	none
Gu et al. (2020) [11]	Cerebral palsy	Allogeneic UC-MSCs	50	20	12	none
Huang et al. (2018) [67]	Cerebral palsy	Allogeneic UC-MSCs	50	27	24	none
Skrahin et al. (2014) [68]	Tuberculosis	Autologous BM-MSCs	1/kg	30	6	none
Pelizzo et al. (2020) [69]	FLNA associated respiratory failure	Allogeneic BM-MSCs	1/kg	1	9	none
Chambers et al. (2017) [70]	Chronic lung allograft dysfunction	Allogeneic BM-MSCs	2/kg	10	12	none
Rushkevich et al. (2015) [71]	ALS	Autologous BM-MSCs	1/kg	10	12	none
Fu et al. (2016) [72]	Neuromyelitis optica spectrum disorder	Autologous BM-MSCs	100	15	24	none
Liang et al. (2017) [73]	Autoimmune liver cirrhosis	Allogeneic UC-MSCs or BM-MSCs	1/kg	26	70	none
De Jesus et al. (2016) [74]	Psoriasis vulgaris and psoriatic arthritis	Autologous AD-MSCs	0.5-3.1/kg	2	12	none
Reinders et al. (2013) [75]	Allograft rejection after renal transplantation	Autologous BM-MSCs	1-2/kg	6	6	none
Butler et al. (2017) [76]	Cardiomyopathy	Allogeneic BM-MSCs	1.5/kg	22	3	none
Makhlough et al. (2017) [77]	Autosomal dominant polycystic kidney disease	Autologous BM-MSCs	2/kg	6	12	none
Wu et al. (2017) [78]	Chronic kidney disease	Allogeneic UC-MSCs	1/kg	2	UK	Two SAEs
Chen et al. (2019) [79]	Broncholitis obliterans	Allogeneic BM-MSCs	1/kg	32	3	none
Jin et al. (2013) [80]	Spinocerebellar ataxia	Allogeneic UC-MSCs	UK	16	12	none
Lv et al. (2013) [81]	Autism	Allogeneic UC-MSCs	1/kg	23	6	none
Wang et al. (2017) [82]	Traumatic brain injury	Autologous BM-MSCs	20-40	10	6	none
Chullikana et al. (2015) [83]	Acute myocardial infarction	Allogeneic BM-MSCs	2/kg	10	24	none
Ra et al. (2011) [84]	Spinal cord injury	Autologous AD-MSCs	400	8	3	none
Weiss et al. (2013) [85]	Chronic obstructive pulmonary disorder	Allogeneic BM-MSCs	100	31	24	none
Wang et al. (2014) [86]	Ankylosing spondylitis	Allogeneic BM-MSCs	1/kg	31	5	none

BM-MSCs: bone marrow-derived mesenchymal stem cells, UC-MSCs: umbilical cord-derived mesenchymal stem cells, AD-MSCs: adipose-derived mesenchymal stem cells, P-MSCs: placenta-derived mesenchymal stem cells. MS: multiple sclerosis, ALS: amyotrophic lateral sclerosis, RA: rheumatoid arthritis, ARDS: acute respiratory distress syndrome, IPF: idiopathic pulmonary fibrosis, MSA: multiple system atrophy, UK: unknown.

and allogeneic MSCs for the treatment of various conditions. This review demonstrates that intravenous infusion of MSCs, when properly performed, is very safe for the treatment of various conditions. In the 70 included studies, thousands of infusions were performed and only one study reported MSC-related SAEs, which were upper extremity thromboembolisms. These occurred in two patients with preexisting renal disease who received intravenous infusions of umbilical cord-derived MSCs [78]. It is known that renal disease results in a hypercoagulable state. In Urine, the loss of antithrombin-III, an anticoagulation factor, limits the anticoagulation cascade and increases the likelihood of developing thromboembolism [87]. Although it is unknown whether this directly occurred due to MSC treatment, it does raise concern for providing intravenous administration of MSCs in patients with preexisting hypercoagulable states. Taking a baby (81mg) Aspirin on the morning of treatment or the morning of a long travel day before treatment can reduce the risk of thromboembolism in such patients.

A weakness of our study is that we depend on reported adverse events from the authors of the included studies. Therefore, it is possible that there could be additional adverse events that were not reported. Our paper included 70 studies, with thousands of infusions. In addition, it included studies that used MSCs derived from various tissues, both autologous and allogeneic, including but not limited to bone marrow, adipose tissue, and umbilical cord. We believe the near absence of SAEs satisfactorily establishes that intravenous infusion of MSCs is extremely safe.

CONCLUSION

Properly performed intravenous infusion of MSCs is very safe, with a near absence of reported serious adverse events associated with its use.

LIST OF ABBREVIATIONS

ALS	=	Amyotrophic Lateral Sclerosis
MS	=	Multiple Sclerosis
MSCs	=	Mesenchymal Stem Cells
RA	=	Rheumatoid Arthritis
SAEs	=	Serious Adverse Events

CONSENT FOR PUBLICATION

Not applicable.

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None.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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