

# 10 Things to Know Before You Fall Victim to a Retinal Stem Cell Scam

by Dr. David Gamm

1. **The Hope is real:** Stem cell technology has created exciting new possibilities for understanding and treating diseases that have perpetually plagued humankind. But we have an overarching obligation to “first do no harm.”
2. **The difference between Hope and Hype is a single letter and a compelling website.** Private stem cell clinics touting miracle cures can cause you to lose whatever vision you have left – or your entire eye – due to infection, tumor, or another catastrophic event. And even if the treatment causes no physical harm, it can result in significant financial damage, with costs often reaching into the tens of thousands of U.S. dollars.
3. **Confused? It’s NOT the fault of you or your family.** Stem cell technology is complicated and new, and there are a growing number of private clinics that are attempting to financially capitalize on patients’ desperation and confusion. You should know that in many cases, the “stem cells” that are now being transplanted in these for-profit clinics are from fat, bone marrow, or another source that has no proven ability to replace missing retinal cells.
4. **Be highly skeptical of any stem cell therapy that requires you to pay a fee or that claims to be a cure-all.** Almost all valid stem cell therapies are still in the clinical trial stage, or even earlier. Ethical scientists will enroll patients in these trials without asking for, or accepting, payment. If you have doubts, ask questions – and not just of the people trying to sell you the stem cell procedure, since they have an inherent conflict of interest.
5. **In order to avoid scams, it is important to understand what the retina is....** The retina is actually a complex “layer cake,” with each layer containing specific types of cells that perform a precise job and connect to other cells to form a neural circuit. Deepest within the retina lies a layer of photoreceptors – rods and cones – that detect light and initiate a cascade of events that ultimately lead to our perception of vision, which occurs in the brain.

6. **...and also to understand what happens when retinal cells die.** Some of the most devastating and incurable causes of blindness are rooted in the death of retinal cells, including photoreceptors and RPE cells (the layer which nourishes photoreceptors). These diseases include age-related macular degeneration (AMD), retinitis pigmentosa (RP), Stargardt disease, Best disease, and others. For the vast majority of those affected, there are no cures or successful treatments available.
7. **We are born with all the retinal “parts” we are ever going to have.** The human retina has no innate ability to replace these cells once they are lost – one reason why stem cells have drawn so much attention, as they can provide replacement parts by repurposing other types of cells.
8. **Stem cell therapies may provide an option to replace the lost cells** either by 1) getting the retina to fix itself (**regeneration**), or 2) introducing new cells obtained from an outside source (**replacement** by transplantation). Scientists are working on both options, most commonly using pluripotent stem cells (PSCs) – grown in the laboratory – which can theoretically make any cell in the entire body. The “reprogramming” is complex, but there has been tremendous progress in recent years. Many highly differentiated and specialized cell types, including photoreceptors and RPE cells, can now be produced from human PSCs in a reliable manner.
9. **The “installation challenge” is formidable for all cell types,** and scientists are just beginning to tackle the question of developing truly effective methods of installing the new cells and getting them to connect properly and function. Stem cells cannot just be inserted into the eye and then find their way to where they need to go.
10. **There is no magic to stem cells,** but there is a great deal of excellent, well-designed, and well-intentioned research being performed in the stem cell field. Stem cells have unique but variable properties that, *if thoughtfully tested and applied*, may be of considerable help to some patients in the foreseeable future. We’re optimistic about this future...and you should be, too.

For a more detailed version of this article, please contact the McPherson Eye Research Institute at (608) 265-0690, [vision.wisc.edu](http://vision.wisc.edu).