The Enduring Legacy of Henrietta Lacks

Francis S. Collins, M.D., Ph.D. Director, National Institutes of Health

Henrietta Lacks Memorial Lecture

October 6, 2018

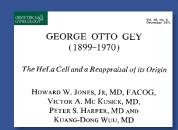






HeLa Cells and the Lacks Family

- 1951: doctors in Baltimore took biopsy from 31-year-old
 African American woman with aggressive cervical cancer
 - Patient, Henrietta Lacks, died 8 months later
- Cells soon found to be "immortal" invaluable to research
 - Named HeLa used without Lacks' knowledge, consent
- 1971: Henrietta's identity made public
 - Start of challenges for Lacks family
- 2010: Rebecca Skloot's book brought wide attention to Henrietta, Lacks family, HeLa cells
- 1951 to now: HeLa cells hard at work....





Lacks family/ITV/Rex Features

CANCER RESEARCH

VOLUME 12 APRIL 1952

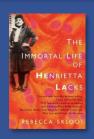
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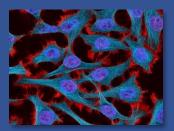
SCIENTIFIC PROCEEDINGS

AMERICAN ASSOCIATION FOR CANCER RESEARCH, INC.

New York, N.Y. April 11-13, 1952

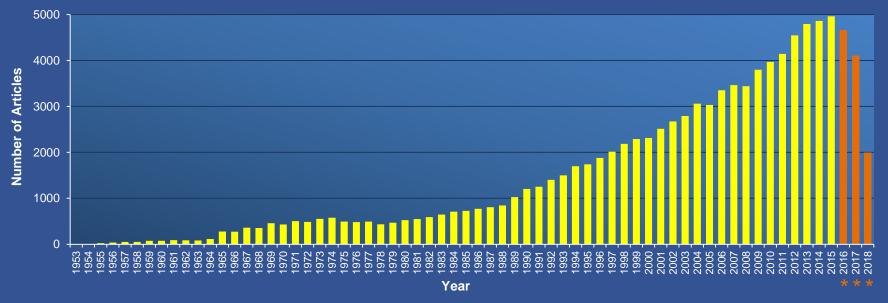
TISSUE CULTURE STUDIES OF THE PRO-LIFERATIVE CAPACITY OF CERVICAL CARCINOMA AND NORMAL EPITHE-LIUM. GEORGE O. GEY, WARD D. COFFMAN,* and MARY T. KUBICEK.* (Departments of Surgery and Gynecology, Johns Hopkins Hospital and University, Baltimore 5, Md.)



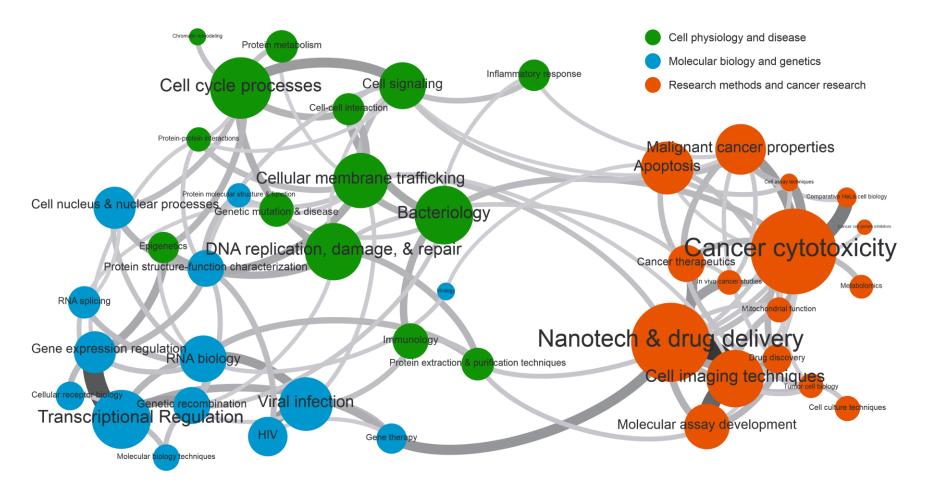


The Contribution of HeLa Cells to Biomedical Research Over 100,000 publications resulting from research using HeLa Cells

- >142 countries
- Three Nobel Prizes (telomerase, HPV and cancer, and nanoscale imaging)



^{*}2016-2018 papers have not yet been fully indexed. "HeLa" appeared in title or abstract. 2018 data is still being populated.



Topics of HeLa Cell Research

NIH: Steward of Medical and Behavioral Research for the United States

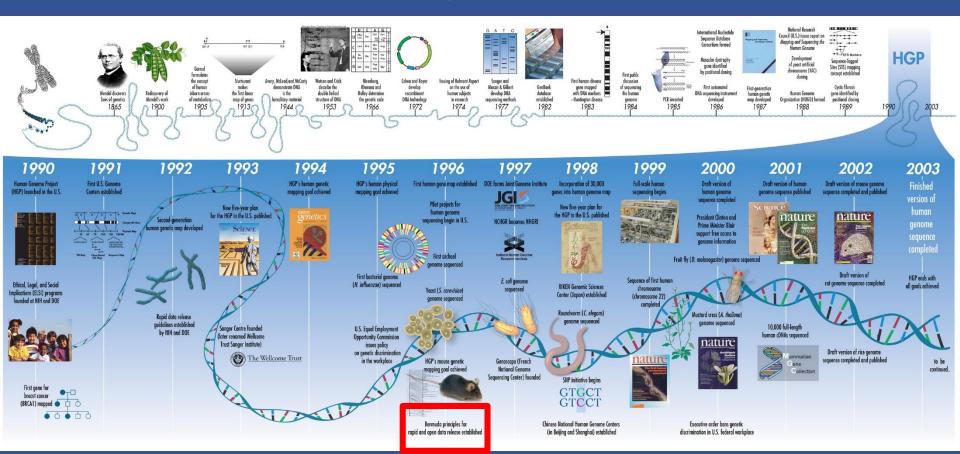


"Science in pursuit of fundamental knowledge about the nature and behavior of living systems ... and the application of that knowledge to extend healthy life and reduce illness and disability."





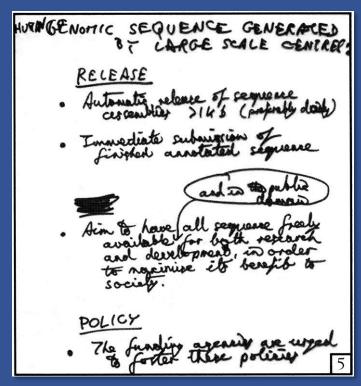
The Human Genome Project



Laying the Foundation for Open Access: Bermuda Principles



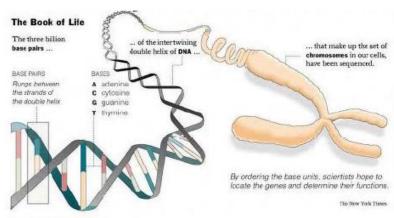




The New York Times

NEW YORK, TUESDAY, JUNE 27, 2000

Genetic Code of Human Life Is Cracked by Scientists



Science Times

A speciacissue

- Putting the genome to work.
- Some information has already paid research dividends.
- Two research methods, two results.
- From Mendel to helix to genome.
- More articles, charts and photos of the genome effort.

Section F





The Human Genome Project: 1990-2003



nature

SEPERCOMPUTING Approximate processing will advance modelling p.32

AUTUMN BOOKS Grande dame of food politics takes on the soft-drinks industry p.34

debated, with erudition and poetry 8.38

EARTH Marking the centenary of the book that proposed continental drift p.43



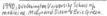
wenty-five years ago, the newly created US National Center for Human Genome Research (now the National Human Genome Research Institute; NHGRI), which the three of us have each directed, joined forces with US and international partners to launch the Human Genome Project (HGP). What happened next represents one of the most historically significant scientific endeavours: a 13-year quest to sequence all three billion base pairs of the human genome.

Even just a few years ago, discussions surrounding the HGP focused mainly

"The HGP changed the norms around data sharing in biomedical research."









1997, HEF meeting at (all spring Harbox. Eleven, R. Myers, J. Withoushi & R. Gibs.

Twenty-five years of big biology

The Human Genome Project, which launched a quarter of a century ago this week, still holds lessons for the consortium-based science it ushered in, say Eric D. Green, James D. Watson and Francis S. Collins.

instance, that diverse groups from different countries and disciplines come together to share and analyse vast data sets.

It is easy for young researchers to forget that many of the problems they are trying to solve today had not even been thought about by their predecessors a quarter of a century ago. Equally easy to lose sight of are the insights that the HGP still offers to those pursuing big science projects. In fact, we think that the success of today's consortiumbased science depends on six key lessons from the HGP.

Embrace partnerships. By necessity, the HGP broke the mould of individual researchers toiling away in isolation to answer a small set of scientific questions. It also ran against the grain of hypothesis-driven research, focusing instead on the discovery of fundamental information that would inform many follow-on investigations.

The HGP brought together more than 2.000 researchers from many countries, disciplines and levels of seniority, with subgroups answering to different funding agencies. Success stemmed from: strong

Protecting Against Genetic Discrimination

- Early recognition: as more data is available, individual protections must expand
- 2008: passage of the Genetic Information Nondiscrimination Act (GINA)
- But much remained to be done as NIH's interactions with the Lacks family would show....







Two Tours of Duty at NIH

National Human Genome Research Institute, 1993 to 2008; Returned in 2009 as NIH Director



HeLa Whole Genome Sequence Made Public 2013

- March: German researchers posted HeLa genome sequence
 - Lacks family asked that sequence be removed; data was removed
 - But 2nd publication was pending and public, media attention was growing
- April—July: NIH, Lacks family met to craft long-term solution
 - Three meetings of core participants
 - Lacks Family: 6 to 10 family members attended each session
 - NIH: Francis Collins, Kathy Hudson
 - JHU: Daniel Ford, Ruth Faden
 - Rebecca Skloot
 - Discussed complex issues,
 challenges sought an agreement



NIH-Lacks Family Agreement

Announced August 7, 2013

BMJ 2013;347:f5041 doi: 10.1136/bmj.f5041 (Published 9 August 2013)

access to HeLa genome

NEWS

The New Hork Times

A Family Consents to a Medical Gift, 62 Years

By CARL ZIMMER



USA TODAY

NIH makes privacy agreement Henrietta Lacks' family

Dan Vergano, USA TODAY



****NBCNEWS**

NIH finally makes goo Lacks' family - and it's ethicist says

Deal Reached with NIH over Henrietta Lacks' Cell Line

SCIENTIFIC AMERICAN

NIH and family of Henrietta Lacks reach agreement on

The family of the woman whose cells have helped advance a great deal of biological research has agreed to a case-by-case release of her genomic data

The Washington Post

August 7, 2013

NIH, family of Henrietta Lacks reach deal on access to DNA code

By MALCOLM RITTER and - Associated Press

NEW YORK - Some 60 years ago, a doctor in Baltimore removed cancer cells from a poor black patient named Henrietta Lacks without her knowledge or consent. Those cells eventually helped lead to a multitude of medical treatments and laid the groundwork for the multibillion-dollar biotech industry.

©CBS NEWS



Henrietta Lacks was only 31 when she died of cervical cancer in

Jeri Lacks Whye, center, one of Henrietta Lacks's grandchildren, with her

own daughters, Jabrea, left, and Aiyana Rogers.

npr



PUBLIC HEALTH

Decades After Henrid Family Gets A Say Or

August 7, 2013 - 1:40 PM ET

Lacks family, I agreement on genome data

By DANIELLE ELLIOT | CBS NEWS | August 8, 2013,

On Jan. 29, 1951, a poor black woman from Hospital, complaining of pain in her abdo

year, but, unbeknownst to her family, cells from the cancerous her life continued to live on in research labs around the world.

Morning Edition talks with NIH's Dr. Francis Collins

The Agreement: Details

HeLa Whole Genome Sequence in NIH Database of Genotypes and Phenotypes (dbGaP)

- Researchers apply for access; criteria include
 - Using data only for health, medical, or biomedical research objectives
 - No studies of population origins or ancestry
 - Make no contact with Lacks family regarding proposed research
 - Disclose any commercial plans
 - Acknowledge family in publications, presentations
 - Share results
 - Deposit future HeLa whole genome sequence data into dbGaP
- Genome Data Access Working Group evaluates all requests



HeLa Genome Data Access Working Group (2014)

- Evaluate requests to accessHeLa genome sequence data
 - Consist with HeLa Genome Data Use Agreement?
- Report, make recommendations to NIH Advisory Committee to the Director



HeLa Genome Data Access Working Group (Today)

Carrie D. Wolinetz, Ph.D. (Co-Chair)

Acting Chief of Staff and Associate Director for Science Policy, Office of the Director – *NIH*

Spero Manson, Ph.D. (Co-Chair)

Distinguished Professor of Public Health and Psychiatry and Director, Centers for American Indian and Alaska Native Health; Colorado Trust Chair in American Indian Health, and Associate Dean for Research Colorado School of Public Health

Russ B. Altman, M.D., Ph.D.

Professor, Bioengineering, Genetics, and Medicine and Director, Biomedical Informatics Training Program – Stanford University

Ruth Faden, PhD., M.P.H.

Philip Franklin Wagley Professor in Biomedical Ethics and Director, Johns Hopkins Berman Institute of Bioethics Bloomberg School of Public Health – *Johns Hopkins University*

David Lacks, Jr.

Representative, Henrietta Lacks Family

Jeri Lacks-Whye

Representative, Henrietta Lacks Family

Richard M. Myers, Ph.D.

President, Director and Faculty Investigator HudsonAlpha Institute for Biotechnology

Veronica Spencer

Representative, Henrietta Lacks Family

Status of Requests to Access HeLa Genomic Data 2013-Present

No. Requests	Status
78	Evaluated by the HeLa Genome Data Access Working Group
72 (92% approval)	Approved by NIH Director

- Investigators from 19 countries have requested access to data
- Approved uses, outcomes (e.g., publications, IP) publicly available on the HeLa Cell Genome Sequencing Studies study page
- Rejections for incomplete applications; unwillingness to share data

Getting the Word Out: Special NIH Event for Scientists, Trainees

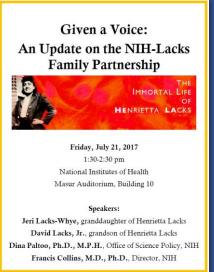
NIH-Lacks Family Partnership: overview; current status

Personal reflections: agreement development; discussions about

partnership

Q&A session





NIH: Steward of Medical and Behavioral Research for the United States



"Science in pursuit of fundamental knowledge about the nature and behavior of living systems ... and the application of that knowledge to extend healthy life and reduce illness and disability."





Turning Discovery into Health: Enhancing Diversity Among Clinical Research Participants

One Hundred Third Congress of the United States of America

AT THE FIRST SESSION

Begun and held at the City of Washington on Tuesday, the fifth day of January, one thousand nine hundred and ninety-three

An Act

To amend the Public Health Service Act to revise and extend the programs of the National Institutes of Health, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the "National Institutes of Health Revitalization Act of 1993".

Subtitle B—Clinical Research Equity Regarding Women and Minorities Adm Policy Ment Health (2007) 34:497–503 DOI 10.1007/s10488-007-0133-z

ORIGINAL PAPER

Gender and Ethnic Diversity in NIMH-funded Clinical Trials:

Review of a Decade of Published Research Medicine

Winnie W. S. Mak · Rita W. Law · Jennifer Alvidrez · Eliseo J. Pérez-Stable

Race, Medical Researcher Distrust, Perceived Harm, and Willingness to Participate in Cardiovascular

Prevention Trials

Cancer

Twenty Years Post-NIH Revitalization Act: Enhancing Minority Participation in Clinical Trials (EMPaCT): Laying the Groundwork for Improving Minority Clinical Trial Accrual

April 1, 2014

Noëlle S. Sherber, MD, Steven P. Schulman, MD, Eric L. Ding, ScD, and Neil R. Powe, MD, MPH, MBA

Celedón⁴

Renewing the Case for Enhance

Moon S. Chen, Jr, PhD MPH^{1,2}; Primo N. La

RESPIRATORY AND CRITICAL CARE MEDICINE®

March 1 2015

January 2008

Moving toward *True* Inclusion of Racial/Ethnic Minorities in Federally Funded Studies

A Key Step for Achieving Respiratory Health Equality in the United States

nature

18 SEPTEMBER 2014

Missing patients

Effective clinical studies must consider all ethnicities — exclusion can endanger populations, says **Esteban G. Burchard**.

POLICY FORUM

December 15, 2015

Diversity in Clinical and Biomedical Research:

A Promise Yet to Be Fulfilled

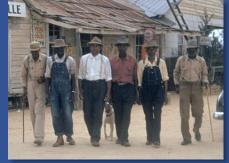
Sam S. Oh¹, Joshua Galanter^{1,2}, Neeta Thakur¹, Maria Pino-Yanes^{1,3,4}, Nicolas E. Barcelo¹, Marquitta J. White¹, Danielle M. de Bruin¹, Ruth M. Greenblatt^{1,5}, Kirsten Bibbins-Domingo^{1,6}, Alan H. B. Wu⁷, Luisa N. Borrell⁸, Chris Gunter^{9,10}, Neil R. Powe^{1,6©}, Esteban G. Burchard^{1,2©}*

Biomedical Research and Participant Diversity:

Ongoing Challenge; Many Causes....

Legacy of Tuskegee casts a long shadow

- 1932: U.S. Public Health Service recruited "colored people" with "bad blood"
 - No mention of syphilis no informed consent
- 1945-47: new drug, Penicillin, now standard treatment
 - Never offered to participants
- 1972: article exposes study; study ends
 - 1974: \$10M out-of-court settlement reached
- 1997: President Bill Clinton offers formal apology on behalf of U.S.

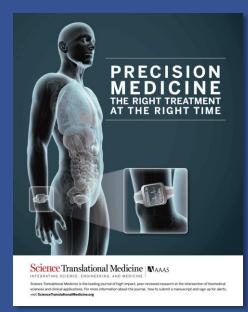






Bringing More *Precision* to Medicine

- Emerging approach to disease prevention and treatment that transforms mostly one-size-fits-all approach of Western medicine
- Tailors medical care to fit our unique medical selves
 - Considers individual variability in lifestyle, environment, genes
- Based on an old premise think prescription glasses
 - But needing new insights, technologies, science to advance
 - Diversity is essential













Working With the Lacks Family to Broaden Our Understanding of "Research Participants"

U. of Illinois Cancer Center event: Advancing Trust in Medical Research

- NIH-supported researcher Dr. Robert Winn engaged four generations of Lacks family, >500 community members, to discuss
 - How to increase diversity among participants in clinical trials
 - How historical mistrust affects precision health





The All of Us Research Program



Description: a historic, longitudinal effort to gather data from one million or more people living in the US ... that takes into account individual differences in lifestyle, socioeconomics, environment, and biology

Mission: accelerate health research and medical breakthroughs, enabling individualized prevention, treatment, and care – for all of us



All of Us: Objectives



- Nurture enduring relationships with participant partners
 - Who reflect the nation's diversity across ages, races/ethnicities, genders, geographies, backgrounds…
- Build richest, largest-ever biomedical resource
 - Dataset that's as easy, safe, and free to access as possible
- Catalyze a robust biomedical research ecosystem
 - Engaging a wide array of researchers, funders















Participant Engagement

DIRECT VOLUNTEERS











Enroll & Consent



Surveys



Baseline Measurements



Electronic
Health Records

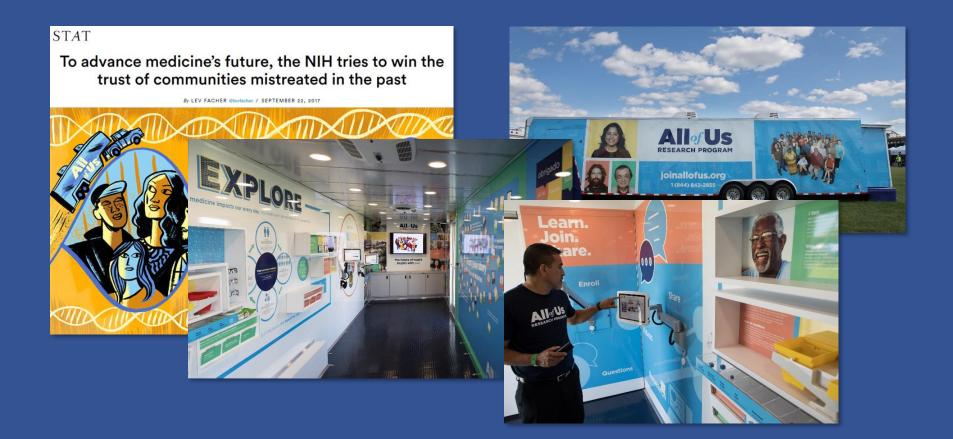


Apps, Phones & Wearables



Bio-Samples (Blood/Urine)

Earning Participants' Trust



Sign up at Joinallofus.org



ABOUT

HOW TO JOIN

NEWS & EVENTS

COMMUNITY

LOG IN

earch

Español

The future of health begins with you.

The All of Us Research Program has a simple mission. We want to speed up health research breakthroughs. To do this, we're asking one million people to share health information. In the future, researchers can use this to conduct thousands of health studies.



JOIN NOW



Importance of Diversity video



Launch Highlights May 6, 2018













Birmingham, AL

Chicago, IL

Detroit, MI

Kansas City, MO

Nashville, TN

New York, NY

Pasco, WA

I realized that <u>All of Us</u> was about my family's story.

It was about your family's story.

It's about what we face every day.

Veronica Robinson All of Us Launch, Chicago May 6, 2018



Photo by Rob Karlic

Debt to the Lacks Family



We are so grateful for the input and support of Henrietta Lacks' family; their feedback and experiences helped shape our program's values and protocol and we hope to continue to partner with them for years to come.

Eric Dishman Director, All of Us



Debt to the Lacks Family

It was such an incredible honor to share the stage with members of the Henrietta Lacks family. Despite their own unfortunate personal experience with research, it was abundantly clear that they are committed to leveraging their experience, altruism, knowledge and trust as Ambassadors in underrepresented communities to convey the many compelling reasons why diversity in research is

vitally important to the health of our nation.

~Dara Richardson-Heron, M.D. Chief Engagement Officer, *All of Us*







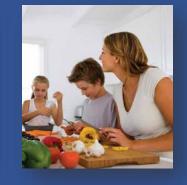
The main goal was science and being part of the conversation.

David Lacks Jr.











Turning Discovery Into Health www.nih.gov/hope

directorsblog.nih.gov



