treated with gene therapy protocols [2]. The FDA guidelines recommend that retrovirus vector products be tested for the presence of RCR by inoculation and passage of the test sample with a permissive cell line for a minimum of 5 passages in order to amplify any potential RCR present, followed by subsequent testing with an appropriate indicator cell assay. The PG-4 S + L− focus-forming assay and the marker rescue assays have been routinely used for the detection of RCR [3–7]. However, these conventional cell-based assays are known to have several disadvantages: the assays take a long time (weeks), visual evaluation of the results requires skill and is labor intensive, and the limited dynamic range requires many dilutions. Therefore, there is need for a more sensitive and rapid quantitative detection method for RCR.

Polymerase chain reaction (PCR) is a highly sensitive method for the detection of viral genomes [8]. It has been reported that PCR assays were capable of detecting one or more copies of RCR provirus in 500,000 cells [9]. PCR-based assay for RCR is used for biosafety monitoring of transduced cells with retroviral vectors [10] and of patients receiving retroviral gene therapy [9,11].

Moreover, the recently developed fluorescence-based real-time quantitative reverse transcription-PCR (RT-PCR) assay allows precise quantification of RNA genomes. Since quantitative RT-PCR can be performed in a short time with a wide dynamic range and high throughput, it is expected to be particularly suitable for quantifying RCR in viral stocks with high sensitivity. However, the PCR-based assay detects not only infectious virus genomes. In previous studies, PCR-based assays detected viral DNA fragments derived from packaging cell lines contaminated into retrovirus vector supernatants and caused false-positive findings [12,13]. Therefore, when quantitative RT-PCR is used for RCR detection, some process is required to distinguish infectious RCR RNA and viral DNA fragments prior to the quantitative RT-PCR assay. Infection of RCR into a permissive cell line is suitable for this purpose, because infectious RCR selectively replicates in cells without replication of viral DNA fragments and retrovirus vectors.

In addition, if RCR could be concentrated when preparing the sample for quantitative RT-PCR, it is expected that the sensitivity of RCR genome detection could be improved. In a previous study, our group demonstrated that polyethyleneimine (PEI)-conjugated magnetic beads efficiently adsorbed many types of viruses, with the exception of some non-enveloped viruses, and this novel virus concentration method using PEI-beads enhanced the sensitivity of virus detection by both PCR and RT-PCR [14].

In the present study, we have established a novel RCR detection method based on infectivity RT-PCR. Infectivity RT-PCR is a hybrid method that attempts to combine the best features of infectivity assays and quantitative RT-PCR. Samples are allowed to amplify in cell culture, as in conventional assays. Replication-competent retrovirus is quantified by real-time quantitative RT-PCR rather than by counting focuses. In addition, we applied a novel virus concentration method using PEI-beads to concentrate RCR in culture supernatants before quantitative RT-PCR. We demonstrated that this novel method could detect RCR more sensitively and rapidly than the conventional culture assays.

2. Materials and methods

2.1. Virus and cells

Hybrid Moloney/amphotropic *Murine leukemia virus* (MLV) obtained from ATCC (Manassas, VA; VR-1450; virus titer: $6.9 \pm 2.0 \times 10^7$ infectious unit (iu)/ml) was used as the RCR Reference Material. This hybrid virus, which was established by both the FDA and ATCC as an MLV RCR Reference Material, consists of Moloney MLV with a substitution of the *env* coding region from the 4070A strain of amphotropic MLV (AMLV), and represents a typical recombinant virus that could be generated in a retroviral packaging cell line containing coding sequences for an AMLV *env* [2].

Mus dunni cells (CRL-2017) and cat fibroblast PG-4 (S + L−) cells (CRL-2032) were obtained from ATCC. NIH/3T3 cells (JCRB0615) were obtained from the Japanese Cancer Research Resource Bank (Tokyo, Japan). ΨCRIP-P131 cells (RCB1088) were obtained from the RIKEN Cell Bank (Tsukuba, Japan). *M. dunni* cells and PG-4 (S + L−) cells were maintained in McCoy's 5A medium with 10% fetal calf serum (FCS). NIH/3T3 cells and ΨCRIP-P131 cells were maintained in Dulbecco's modified Eagle's medium (DMEM) supplemented with 10% calf serum.

2.2. Preparation of recombinant retrovirus vector

The retrovirus vector plasmid pLEGFP-N1 (Clontech, Palo Alto, CA) contains the enhanced green fluorescent protein (EGFP) and neomycin resistance gene. ΨCRIP-P131 cells which contain the *gag/pol* gene of Moloney MLV and *env* gene of 4070A in different expression vectors were used as a high titer retrovirus vector-packaging cell line. ΨCRIP-P131 cells (1×10^6 cells) were transfected with pLEGFP-N1 (2 μg) by Effectene Transfection Reagent (Qiagen, Hilden, Germany). Two days after transfection, cells were trypsinized and replated. The next day, Geneticin (GIBCO-BRL, Grand Island, NY; final concentration 1 mg/ml) were added to each dish and cultured for an additional 2 weeks. Eighteen clones of neomycin-resistant cells were picked up, and a clone (ΨCRIP-LEGFP1) which showed the

highest EGFP expression when the NIH/3T3 cells were infected with the culture supernatants of cloned cells was used as a line of retrovirus vector-producing cells. For the preparation of retrovirus vector sample, ΨCRIP-LEGFP1 cells were cultured to subconfluence, the medium was replaced with fresh medium, and after 24 h of culture, the culture supernatants were collected as retrovirus vector samples (vector titer: 1×10^6 cfu/ml). Vector supernatants were stored at −80 °C until use.

2.3. RCR concentration by PEI-beads

PEI-beads were made by coupling of PEI (MW 70,000; Wako Pure Chemical Inc., Tokyo, Japan) with magnetic beads (IMMUTEX-MAG™; mean diameter: 0.8 μm; JSR Inc., Tokyo, Japan) by the 1-ethylene-3-(3-dimethylaminopropyl)carbodiimide coupling method as described previously [14]. RCR concentration using PEI-beads was done as follows: various dilutions of RCR solution were prepared from RCR Reference Material diluted with DMEM. Then 1 or 10 ml of each RCR dilution was incubated with 100 μl of PEI-beads for 10 min at room temperature. Then the complexes of virus and PEI-beads were trapped by a magnetic field (for 1 ml: Magnetic Trapper™, Toyobo Co., Tokyo, Japan; for 10 ml: Dynal MOC-1™, Dynal AS, Oslo, Norway). The virus genome was extracted from the PEI-beads adsorbed fraction (the whole volume) or unadsorbed supernatant (100 μl) with an SMI-TEST EX R&D Kit (Genome Science Laboratories, Fukushima, Japan). Extracted nucleic acids were dissolved in 50 μl of DNase/RNase-free distilled water, and 10 μl of this solution was used for the quantitative RT-PCR reaction.

2.4. Real-time quantitative RT-PCR

The real-time quantitative RT-PCR for RCR was monitored on an ABI PRISM 7000 Sequence Detection System (Applied Biosystems, Foster City, CA). The reaction was carried out in a 50 μl reaction mixture containing 10 μl of extracted sample, 1 μM each of the forward and reverse primer, 0.2 μM of TaqMan probe, and 25 μl of TaqMan One-Step RT-PCR Master Mix Reagents with 1.25 μl of 40× MultiScribe and RNase Inhibitor (Applied Biosystems). The reaction conditions were as follows: the viral RNA was reverse-transcribed into cDNA for 30 min at 48 °C, then heat-inactivated for 10 min at 95 °C; PCR was then performed for 50 cycles of 15 s at 95 °C and 1 min at 60 °C. Standard curves were generated from RCR RNA extracted from RCR Reference Material in each RT-PCR assay and validated using linear regression analysis. The RCR genomes were quantified in infectious units (iu). One infectious unit of RCR measured by quantitative RT-PCR means that the sample contains virus genome RNA equivalent to 1 iu of RCR Reference Material. The sequences of the primer pair and the probe used were as follows: forward primer (AMLVenv-1018F): 5′-GCG GTC GTG GGC ACT TAT A-3′; reverse primer (AMLVenv-1082R): 5′-TGT TGG GAA GTG GCC GTA C-3′; TaqMan probe (AMLVenv-1040TM): 5′-(FAM)-ATC ATT CCA CCG CTC CGG CCA-(TAMRA)-3′. These sequences were designed to detect the *env* gene of 4070A AMLV using Primer Express Ver 1.0 Software (Applied Biosystems). The amplified product is predicted to be 64 base pairs (bp) in length.

2.5. Amplification of RCR by culture cells

M. dunni cells were plated in 60-mm dishes at 2×10^5 cells/dish and cultured overnight. Culture medium was replaced with 1 ml of polybrene solution (16 μg/ml) as well as 1 ml of virus solution and incubated for 4 h at 37 °C. Cells were washed with 1 ml of medium 3 times and incubated with 5 ml of fresh culture medium. Culture supernatants were collected at the indicated days for RCR concentration using PEI-beads and detected by quantitative RT-PCR.

2.6. S + L− focus-forming assay

The PG-4 cells were plated in 6-well plates at a concentration of 2×10^5 cells/well and incubated at 37 °C in 5% CO_2 overnight. On the day of infection, the medium was discarded, 1 ml of DEAE-Dextran (20 μg/ml in medium) was added to each well, and the cells were incubated for 30 min at 37 °C. Then 1 ml of test sample was added to each well and the cells were incubated for 2 h at 37 °C. Finally, the samples were replaced with 2 ml of fresh culture medium and cultured at 37 °C in 5% CO_2. Foci of transformed cells were examined microscopically on day 3 and day 7.

3. Results

3.1. Detection of RCR RNA by real-time quantitative RT-PCR

We first established the detection method of RCR RNA by real-time quantitative RT-PCR. Serial log dilutions of RCR solution were prepared, and viral genome RNA extracted from 100 μl of each RCR solution was analyzed by TaqMan quantitative RT-PCR. Forward and reverse primers as well as the TaqMan probe used for the detection of RCR were designed to detect the AMLV *env* sequence that exists in the RCR genome but not in the retroviral vector sequence (Fig. 1). Fig. 2 shows the standard curve generated from an amplification plot of the quantitative RT-PCR assay for RCR. A linear relationship was observed between the threshold cycle (C_T, the PCR cycle at which the

fluorescence of amplification first exceeds baseline) and the log-transformed input retroviral RNA genomes. The linearity of the standard curve was obtained at a range of 10^{-1}–10^{6} iu of RCR in 100 μl of the sample with a correlation coefficient of 0.998. The standard curve was reproducible for repeated assay (data not shown). Since C_T could not be calculated from virus solutions having concentrations below 0.1 iu, the detection limit of the quantitative RT-PCR for RCR was 0.1 iu.

3.2. Concentration of RCR by PEI-beads

In order to detect very low titers of RCR in the culture supernatants of infected cells, we tried to concentrate retrovirus particles using PEI-beads. One and 10 ml of RCR solution (10^{-5} dilution of RCR in DMEM) were incubated with 100 μl of PEI-beads, and fractionated into the PEI-beads adsorbed fraction and the unadsorbed supernatant fraction. Viral genome RNA extracted from each fraction was applied to RT-PCR and analyzed by agarose gel electrophoresis. As shown in Fig. 3A, RCR *env* RNA was detected by RT-PCR from the PEI-beads adsorbed fraction but not from the unadsorbed supernatant, indicating that RCR was efficiently adsorbed in the PEI-beads. When the starting volume of virus solution used for concentration was increased from 1 to 10 ml, the amounts of RCR RNA obtained in the PEI-beads adsorbed fraction were increased without any change in the unadsorbed fraction. To analyze the concentration of virus with PEI-beads quantitatively, serial log dilutions of RCR solution were fractionated with PEI-beads, and the amounts of RCR RNA in the adsorbed fraction and the unadsorbed fraction were quantified by real-time RT-PCR (Table 1, Fig. 3B). When solutions containing low concentrations of RCR were applied to PEI-beads, all of the retrovirus particles in the viral solutions were efficiently collected in the PEI-beads fraction. On the other hand, when a solution containing high concentration of RCR was applied to the PEI-beads, unadsorbed

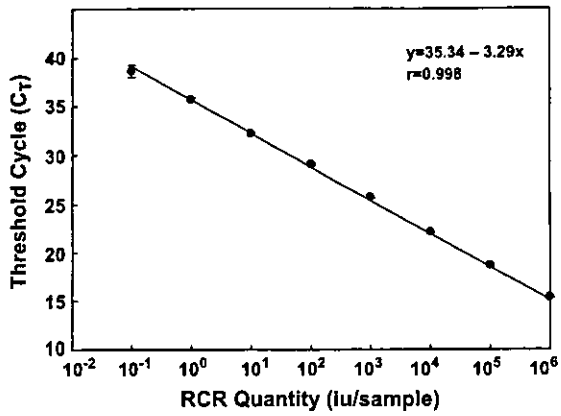

Fig. 2. Standard curve for the determination of RCR quantity generated from an amplification plot of real-time quantitative RT-PCR. Serial dilutions of RCR solution were analyzed by quantitative RT-PCR. A standard curve was generated from the amplification plot of RCR using real-time quantitative RT-PCR. The correlation coefficient is 0.998. Data are the mean ± S.D. (n = 3).

viruses were detected in the supernatant (Table 1). As a result, RCR treated with PEI-beads were maximally concentrated about 10-fold from 1 ml of virus solution and 100-fold from 10 ml of virus solution compared to direct extraction from 100 μl of original virus solutions, and at the same time, the assay sensitivity was increased about 10- and 100-fold, respectively (Table 1, Fig. 3B). These results clearly demonstrated that PEI-beads efficiently adsorbed RCR, and that this novel virus concentration method is useful for improving the sensitivity and lowering the limits of RCR detection.

3.3. Amplification of RCR in cell culture for infectivity RT-PCR

For the screening of RCR in retrovirus vector products, it is necessary to detect very less amounts of RCR among large amounts of retrovirus vectors. In our preliminary study, however, viral *env* DNA sequences derived from a packaging cell line were used to

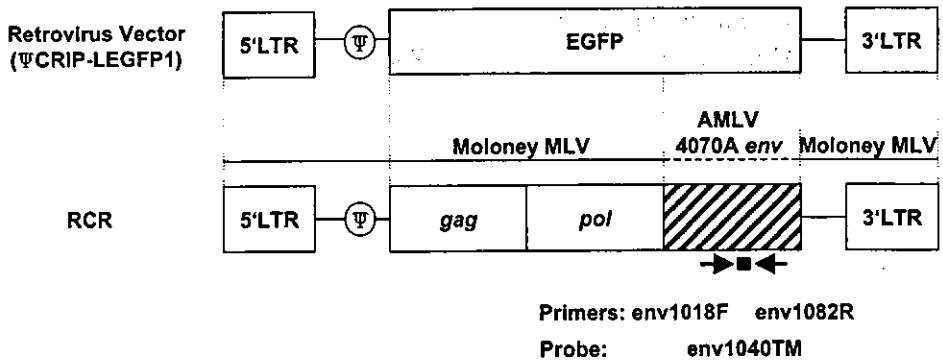

Fig. 1. Structure of RCR and retrovirus vector used in this study. The open bars represent Moloney MLV genome, the gray bar represents the expression cassette for the EGFP gene, and the striped bar represents the AMLV 4070A *env* gene. Black arrows and a small black square underneath the RCR genome indicate the location of the primers and a probe for RCR detection, respectively.

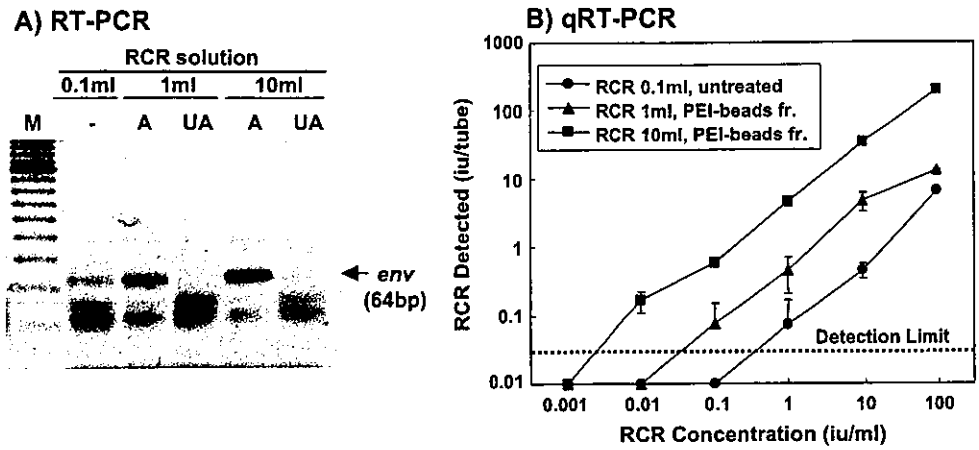

Fig. 3. Concentration of RCR by PEI-beads. (A) RCR solution (10^{-5} dilution) was fractionated with PEI-beads. Viral genome RNA extracted from the PEI-beads adsorbed fraction and unadsorbed supernatant were amplified with RT-PCR and analyzed by 5% agarose gel. M: 20 bp DNA ladder; −: untreated RCR solution; A: PEI-beads adsorbed fraction; UA: PEI-beads unadsorbed supernatant fraction. (B) One or 10 ml of serial dilutions of RCR solution was incubated with PEI-beads. Viral genome RNA extracted from the PEI-beads adsorbed fraction and untreated RCR solution was analyzed by real-time quantitative RT-PCR.

contaminate ΨCRIP-LEGFP1 retrovirus vector supernatants and detected using the same conditions used for the detection of RCR RNA (data not shown). Then, in order to detect only infectious RCR in retrovirus vector products by quantitative RT-PCR, we developed an infectivity RT-PCR. We first infected *M. dunni* cells with solutions containing various titers of RCR and cultured for several days. The replicated RCR in culture supernatants was then concentrated by PEI-beads and quantified by real-time RT-PCR.

Fig. 4 demonstrates the time course of the detection of RCR by infectivity RT-PCR. When *M. dunni* cells were infected with 10 or 100 iu of RCR, the viruses were linearly amplified from day 3 to day 7 (Fig. 4), and all 3 dishes had detectable amounts of virus even on day 2 (Table 2). When the cells were infected with 1 or 0.1 iu of RCR, amplification of RCR could be detected in more than one of the dishes after day 2 and day 5, respectively, though the level of amplification varied widely between the dishes (Table 2). RCR could not be amplified when the cells were infected with 0.01 iu of RCR. The same RCR solutions were also examined by direct S + L− assay using PG-4 cells (Table 2). We could not detect any focuses after 3 days of infection. On day 7, only when cells were infected with 100 iu of RCR, focuses were observed in 100% of wells. However, infection with 10 or 1 iu of RCR induced focus formation in only 1/2 or 1/6 of infected wells, respectively. These results demonstrated that infectivity RT-PCR was able to detect RCR more rapidly and 10- to 100-fold more sensitively than conventional S + L− assay.

3.4. Detection of RCR in retrovirus vector supernatant by infectivity RT-PCR

Finally, various amounts of RCR spiked in 10^6 cfu of retrovirus vector supernatant were examined by infectivity RT-PCR with RCR concentration by PEI-beads

Table 1
Quantitative analysis of RCR concentration using PEI-beads

RCR dilution	RCR quantity (iu/sample)				
	RCR 0.1 ml	RCR 1 ml		RCR 10 ml	
	Untreated	Adsorbed fr.	Unadsorbed fr. (0.1 ml)	Adsorbed fr.	Unadsorbed fr. (0.1 ml)
10^{-1}	2.0×10^6	4.0×10^6	4.9×10^1	6.3×10^6	6.3×10^7
10^{-2}	9.6×10^4	1.4×10^6	−	3.8×10^6	4.4×10^3
10^{-3}	3.7×10^3	3.4×10^4	−	7.2×10^5	1.5×10^0
10^{-4}	4.8×10^2	3.3×10^3	−	6.6×10^4	−
10^{-5}	2.4×10^1	1.2×10^2	−	2.6×10^3	−
10^{-6}	2.1×10^0	6.9×10^0	−	1.2×10^2	−
10^{-7}	−	3.8×10^{-1}	−	1.0×10^1	−
10^{-8}	−	−	−	5.0×10^{-1}	−
10^{-9}	−	−	−	−	−

Serial log dilutions of RCR solution (RCR Reference Material; original concentration: 6.9×10^7 iu/ml) were fractionated with PEI-beads. The amounts of RCR RNA extracted from the PEI-beads adsorbed fraction and unadsorbed fraction were quantified by real-time RT-PCR. −: Under detection limit.

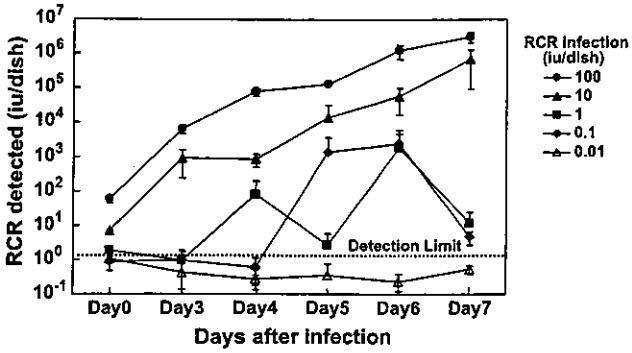

Fig. 4. RCR growth curve in *M. dunni* cells. *M. dunni* cells were infected with serial log dilutions of RCR solution. Culture supernatants were harvested at the indicated time, and RCR was concentrated by PEI-beads. Viral genome RNA was extracted from PEI-beads and the amount of RCR was determined by real-time quantitative RT-PCR. Data are the mean ± S.D. (n = 3).

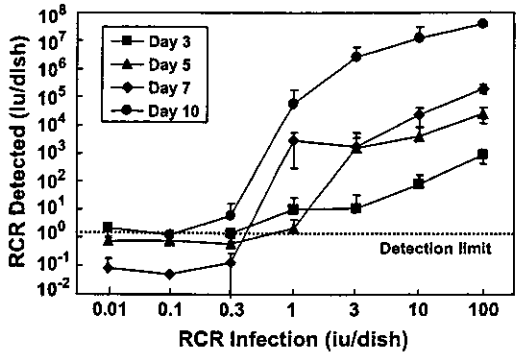

Fig. 5. Detection of RCR spiked in retrovirus vector supernatant by infectivity RT-PCR. *M. dunni* cells were infected with serial dilutions of RCR solution in 10^6 cfu/ml of ΨCRIP-LEGFP1 retrovirus vector supernatant. Cell culture supernatants of infected cells were harvested on day 3, 5, 7 and 10, and then RCR was concentrated by PEI-beads. The amount of RCR genome RNA extracted from the PEI-beads adsorbed fraction was determined by real-time quantitative RT-PCR. Data are the mean ± S.D. (n = 5).

(Fig. 5, Table 3). The amount of RCR was evaluated on 3, 5, 7, and 10 days after infection. Infectivity RT-PCR was able to detect 1 iu of RCR on day 3, and 0.3 iu of RCR on day 10 (Fig. 5). The detection ratio of 100% could be achieved for 10 iu on day 3 and 3 iu on day 5. We could not detect any *env* DNA from the culture supernatant of *M. dunni* cells after infection and cultivation of retrovirus vector supernatant (data not shown). When the same RCR samples were evaluated by direct S + L− assay, we could not detect any focuses on day 3, and focuses could be detected at 1 iu on day 7, although 100 iu was required for 100% detection (Table 3). Therefore, it is demonstrated that infectivity RT-PCR improved the level of sensitivity for the detection of RCR in retrovirus vector products 3- to 10-fold and shortened the assay period compared with the conventional S + L− assay.

4. Discussion

In the present study, we have developed a novel RCR detection method based on an infectivity RT-PCR and a virus concentration method using PEI-beads. Real-time quantitative RT-PCR is a suitable alternative to conventional RCR detection by infectivity assays because it is not only a quantitative but also a more sensitive method. However, viral *env* DNA derived from packaging cells was also detected in retrovirus vector supernatants used in this study under the same conditions used to detect RCR RNA (data not shown). Although RCR spiked in retrovirus vector supernatants was concentrated with PEI-beads, *env* DNA was also detected in the PEI-beads adsorbed fraction (data not shown). The mechanism of virus-adsorption by PEI-beads remains unclear, but it is hypothesized that the positive charge field of the PEI molecule might tightly interact with the negative charge of surface lipids or negatively charged proteins on viruses [14]. It is possible that PEI-beads adsorbed RCR particles as well as negatively charged DNA fragments. Therefore, to detect only infectious RCR by quantitative RT-PCR, infection and replication of virus in permissive cells is inevitable. The method of amplifying a virus in a permissive cell line, as used in infectivity RT-PCR, is also a common method to increase the assay sensitivity for virus detection, and is often used before conventional indicator cell

Table 2
Comparison of sensitivity of RCR detection by direct S + L− assay and infectivity RT-PCR

RCR infection (iu/dish)	Direct S + L− assay		Infectivity RT-PCR					
	Day 3	Day 7	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
100	− (0/6)	+ (6/6)	+ (3/3)	+ (3/3)	+ (3/3)	+ (3/3)	+ (3/3)	+ (3/3)
10	− (0/6)	± (3/6)	+ (3/3)	+ (3/3)	+ (3/3)	+ (3/3)	+ (3/3)	+ (3/3)
1	− (0/6)	± (1/6)	± (1/3)	± (1/3)	± (1/3)	± (1/3)	+ (3/3)	± (2/3)
0.1	− (0/6)	− (0/6)	− (0/3)	− (0/3)	− (0/3)	+ (3/3)	± (2/3)	+ (3/3)
0.01	− (0/6)	− (0/6)	− (0/3)	− (0/3)	− (0/3)	− (0/3)	− (0/3)	− (0/3)

Serial log dilutions of RCR solution were evaluated by direct PG-4 (S + L−) assay or infectivity RT-PCR conducted in conjunction with virus concentration using PEI-beads. Data are presented as positive assays (dishes or wells) over the total number of assays performed. +: All the dishes or wells were positive for RCR; ±: at least one dish or well was positive; −: none of the replicates were positive.

Table 3
Comparison of direct S + L− assay and infectivity RT-PCR on RCR detection spiked in retrovirus vector supernatant

RCR infection (iu/dish)	Direct S + L− assay		Infectivity RT-PCR			
	Day 3	Day 7	Day 3	Day 5	Day 7	Day 10
100	− (0/5)	+ (5/5)	+ (5/5)	+ (5/5)	+ (5/5)	+ (5/5)
10	− (0/5)	± (4/5)	+ (5/5)	+ (5/5)	+ (5/5)	+ (5/5)
3	− (0/5)	± (2/5)	± (1/5)	+ (5/5)	± (3/5)	+ (5/5)
1	− (0/5)	± (1/5)	± (2/5)	± (2/5)	± (4/5)	± (3/5)
0.3	− (0/5)	− (0/5)	− (0/5)	− (0/5)	− (0/5)	± (1/5)
0.1	− (0/5)	− (0/5)	− (0/5)	− (0/5)	− (0/5)	− (0/5)
0.01	− (0/5)	− (0/5)	− (0/5)	− (0/5)	− (0/5)	− (0/5)

Serial dilutions of RCR in 10^6 cfu/ml of ΨCRIP-LEGFP1 retrovirus vector supernatant were evaluated by direct PG-4 (S + L−) assay or infectivity RT-PCR conducted in conjunction with viral concentration using PEI-beads. Data are presented as positive assays (dishes or wells) over the total number of assays performed. +: All the dishes or wells were positive for RCR; ±: at least one dish or well was positive; −: none of the replicates were positive.

assays. In infectivity RT-PCR, the indicator cell assay was replaced by quantitative RT-PCR subsequent to the amplification of viruses.

Concentration of retrovirus particles is a simple method to increase the sensitivity of RCR detection. Several approaches to concentrate viruses have been tried in an attempt to enhance the sensitivity of virus genome detection [15–17]. Ultra-centrifugation is widely used for virus concentration, although it is associated with loss of infectivity of MLV [18]. Centrifugation at high-speeds for long duration has been used for concentration of retrovirus vectors [19,20], but this method is very time-consuming and not suitable for virus screening. Polyethylene-glycol (PEG) precipitation is a simple and easy method to concentrate several viruses, but the excess amount of PEG hampers the PCR reaction. In the present study, we have demonstrated that PEI-beads efficiently concentrated RCR in proportion to the volume of virus solution used for the assays. Virus concentration with PEI-beads is a simple and rapid method and is suitable for multiple sample preparation for quantitative RT-PCR.

By the combination of infectivity RT-PCR and virus concentration with PEI-beads, we have developed a novel RCR detection method. We demonstrated that 1 iu of RCR spiked in 10^6 cfu/ml of vector products could be detected within 3 days, and the sensitivity for viral detection was increased 3- to 10-fold compared with the direct S + L− assay. By this method, the presence of retroviral vector interfered with RCR detection [5] only slightly. As a result, this method can detect infectious RCR more rapidly and more sensitively and less labor intensive than conventional cell assays. However, the detection sensitivity was not additively improved as expected from the data of quantitative RT-PCR and virus concentration by PEI-beads. We consider that the limiting step of the detection of RCR by infectivity RT-PCR is the initial infection of the permissive cells with the virus, and thus it is difficult to improve the sensitivity after the replication step. In this case, improvement of the infection process may increase the detection sensitivity. We used polybrene for enhancing viral infectivity, as is done in conventional infectivity assays, but the effect was limited. It has been reported that spinoculation, in which RCR samples are inoculated under centrifugation, increased the sensitivity of RCR detection by the S + L− assay and marker rescue assays [6]. Alternatively, co-precipitation of retrovirus vector with calcium phosphate [21] or complexation with polybrene and chondroitin sulfate C [22] has been shown to increase the transduction efficiency. Utilizing these methods may be useful for increasing the infectivity sensitivity of RCR detection by infectivity RT-PCR.

The RCR detection method described here was designed to specifically detect infectious AMLV RCR in retrovirus vector products. The same strategy should be applied to RCRs other than AMLV by using primers and a probe designed to detect the specific RCR RNA. Furthermore, the infectivity (RT-) PCR strategy may be applicable to the detection of other replication-competent viruses. We have demonstrated that the infectivity PCR method was superior to the conventional cell culture/CPE method for detecting replication-competent adenovirus and useful for the detection of RCA in adenovirus vector products [23].

In conclusion, infectivity RT-PCR conducted in conjunction with virus concentration using PEI-beads can detect infectious RCR more sensitively and rapidly than the conventional infectivity assay. This novel method would be useful for detecting RCR in retrovirus vector products.

Acknowledgements

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Novel mechanism of tumorigenesis: Increased transforming growth factor-β1 suppresses the expression of connexin 43 in BALB/cJ mice after implantation of poly-L-lactic acid

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Abstract: Poly-L-lactic acid (PLLA) is a widely used promising material for surgical implants such as tissue-engineered scaffolds. In this study, we aimed to determine the *in vivo* effect of PLLA plates on the cellular function of subcutaneous tissue in the two mouse strains, BALB/cJ and SJL/J, higher and lower tumorigenic strains, respectively. Gap-junctional intercellular communication (GJIC) and the expression of connexin 43 (Cx43) protein were significantly suppressed, whereas the secretion of transforming growth factor-β1 (TGF-β1) level was significantly increased in PLLA-implanted BALB/cJ mice compared with BALB/cJ controls. However, no significant difference in TGF-β1 secretion was observed between the SJL/J-implanted and SJL/J control mice. We found for the first time that a significant difference was observed between the two strains; thus, the PLLA increased the secretion of TGF-β1 and suppressed the mRNA expression of Cx43 at the earlier stage after implantation into the higher-tumorigenic strain, BALB/cJ mice. This novel mechanism might have a vital role in the inhibition of GJIC and promote the tumorigenesis in BALB/cJ mice. © 2004 Wiley Periodicals, Inc. J Biomed Mater Res 70A: 335–340, 2004

Key words: poly-L-lactic acid; gap-junctional intercellular communication (GJIC); connexin 43; transforming growth factor (TGF)-β; tumorigenesis

INTRODUCTION

The implantation of a biomaterial always induces a host inflammatory response. The extent and resolution of these responses have a vital role in determining the long-term success of implanted medical devices.[1–3] Poly-L-lactic acid (PLLA) is a widely used material for surgical implants and clinically as a bioabsorbable suture material.[4,5] Polyurethanes (PUs) have also been used for implant applications because of their useful elastomeric properties and high tensile strength, lubricity, and good abrasion resistance. Some adverse effects of the biomaterials, such as PLLA and PUs, have been reported in animal experiments. Long-term implants of PLLA produced tumorigenicity in rats.[6] Different kinds of PUs induced various tumor incidences in rats.[7] All tumors have been generally viewed as the outcome of disruption of the homeostatic regulation of the cellular ability to respond to extracellular signals, which trigger intracellular signal transduction abnormalities.[8] During the evolutionary transition from the single-cell organism to the multicellular organism, many genes appeared to accompany these cellular functions. One of these genes was the gene coding for a membrane-associated protein channel (the gap junction).[9] Gap-junctional intercellular communications (GJIC) are transmembrane channels that allow the cell–cell transfer of small molecules and are composed of protein subunits known as connexin; at least 19 connexins exist and they are expressed in a cell- and development-specific manner.[10,11] GJIC also has an important role in the maintenance of cell homeostasis and in the control of cell growth.[12] So, the loss of GJIC has been considered to cause abnormal development and tumor formation.[13–15] Several tumor promoters have been shown to restrict GJIC by phosphorylation of connexin proteins, such as connexin 43 (Cx43), which is an essential

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protein to form the gap-junction channel.[16,17] We have hypothesized that the different tumorigenic potentials of PLLA and PUs are caused mainly by the different tumor-promoting activities of these biomaterials. Therefore, we investigated the effects of PLLA on the subcutaneous tissue between the two strains of female mice, BALB/cJ and SJL/J.

MATERIALS AND METHODS

Animals

Five-week-old female BALB/cJ and SJL/J mice were purchased from Charles River (Japan) and maintained in the animal center according to the animal welfare National Institute of Health Sciences guidance. All mice were fed with standard pellet diets and water *ad libitum*, before and after the implantation.

Implantation of PLLA

PLLA was obtained from Shimadzu Co. Ltd. as uniform plates. Implants (size: 20 × 10 × 1 mm, weight-average molecular weight 200,000) were sterilized using ethylene oxide gas before use. Sodium pentobarbital (4 mg/kg) was intraperitoneally administered to the mice. The dorsal skin was shaved and scrubbed with 70% alcohol. Using an aseptic technique, an incision of approximately 2 cm was made; away from the incision, a subcutaneous pocket was formed by blunt dissection, and one piece of PLLA was placed in the pocket. The incision was closed with silk threads. In both strains, controls were obtained by sham operation and subsequent subcutaneous pocket formation. After surgery, the mice were housed in individual cages. After 30 days, mice from the implanted group were sacrificed, implanted materials were excised out, and subcutaneous tissues from the adjacent sites were collected for culture. At the same time, subcutaneous tissues were removed from the sites in the sham-operated controls that correlated with the implant sites.

Cell culture of subcutaneous tissues

The subcutaneous tissues were maintained in minimum essential medium supplemented with 10% fetal bovine serum in a 5% CO_2 atmosphere at 37°C.

Scrape-loading and dye transfer (SLDT) assay

SLDT technique was performed by the method of El-Fouly et al.[18] Confluent monolayer cells in 35-mm culture dishes were used. After rinsing with Ca^{2+} Mg^{2+} phosphate-buffered saline [PBS (+)], cell dishes were loaded with 0.1% Lucifer Yellow (Molecular Probes, Eugene, OR) in PBS (+) solution and were scraped immediately with a sharp blade. After incubation for 5 min at 37°C, cells were washed three times with PBS (+) and the extent of dye transfer was monitored using a fluorescence microscope, equipped with a type UFX-DXII CCD camera and super high-pressure mercury lamp power supply (Nikon, Tokyo, Japan).

Western blot analysis

When cells grew confluently in 60-mm tissue culture dishes, all cells were lysed directly in 100 μL of 2% sodium dodecyl sulfate (SDS) gel loading buffer (50 m*M* Tris-HCl, pH 6.8, 100 m*M* 2-mercaptoethanol, 2% SDS, 0.1% bromophenol blue, 10% glycerol). The protein concentration of the cleared lysate was measured using the microplate BCA (bicinchoninic acid) protein assay (Pierce, Rockford, IL). Equivalent protein samples were analyzed by 7.5% SDS–polyacrylamide gel electrophoresis. The proteins were transferred to Hybond-ECL nitrocellulose membranes (Amersham Pharmacia Biotech UK Ltd., Buckinghamshire, UK). Cx43 protein was detected by anti-Cx43 polyclonal antibodies (ZYMED Laboratories, Inc., San Francisco, CA). The membrane was soaked with Block Ace (Yukijirusi Nyugyo, Sappro, Japan), reacted with the anti-Cx43 polyclonal antibodies for 1 h, and after washes with PBS containing 0.1% Tween20, reacted with the secondary anti-rabbit immunoglobulin G antibody conjugated with horseradish peroxidase for 1 h. After several washes with PBS–Tween20, the membrane was detected with the ECL detection system (Amersham Pharmacia Biotech UK Ltd.).

Reverse transcriptase polymerase chain reaction (RT-PCR)

Cx43 mRNA expression was verified by RT-PCR. Total cellular RNA was isolated from cultured cells in Trizol reagent (Life Technologies, Inc., Frederick, MD) following the manufacturer's instructions. The concentration of total RNA was determined using a UV spectrophotometer (Gene Quant; Pharmacia Biotech, Piscataway, NJ). cDNA was synthesized from 1 μg of total RNA by RT using the First-Strand cDNA synthesis kit (Amersham Pharmacia Biotech, Uppsala, Sweden). Amplification was performed in a volume of 25 μL containing 1 μL of cDNA, 10 pmol of each primer, 0.625 unit of *Taq* polymerase (Promega, Madison, WI) and 0.2 m*M* of each deoxynucleotide triphosphate. The sequence of the primer pairs were as follows: forward 5′-ACAGTCTGCCTTTCGCTGTAAC-3′ and reverse 5′-GTAAGGATCGCTTCTTCCCTTC-3′. The PCR cycle was as follows: initial denaturation at 94°C for 5 min, followed by 25 cycles of 94°C for 1 min, 60°C for 1 min, and 72°C for 1 min, with final extension at 72°C for 7 min. The amplified product was separated on 1.5% agarose gel and visualized with SYBR Green I (BioWhittaker Molecular Applications, Rockland, ME). For relative quantitation, the signal intensity of each lane was standardized to that of a housekeeping gene,

GAPDH. To amplify this gene, the following primer pairs were used: forward 5'-CCCATCACCATCTTCCAGGAGC-GAGA-3' and reverse 5'-TGGCCAAGGTCATCCATGA-CAACTTTGG-3'.

Enzyme-linked immunosorbent assay (ELISA)

Cells were seeded onto 60-mm dishes. The conditioned medium was collected and obtained after the centrifugation at 1000 rpm for 2 min. The transforming growth factor (TGF)-β levels of the media were measured with commercially available ELISA kits (R&D Systems Inc., Minneapolis, MN).

Cytokine treatment

Here, we used sham-operated BALB/cJ mice cells as a control. One hundred thousand cells were seeded onto 35-mm tissue culture dishes and cultured. After 4 h seeding in a 5% CO_2 atmosphere at 37°C, cells were treated with TGF-β1 (0, 2, and 10 ng/mL). Thereafter, SLDT and RT-PCR were performed. Purified human TGF-β1 was purchased from R&D Systems.

Statistical analysis

Student *t* test was used to compare the implanted samples with the controls. Statistical significance was accepted at $p < 0.05$. Values were presented as the mean ± standard deviation.

RESULTS AND DISCUSSION

There are many known tumorigenesis-inducing factors. It was reported that many plastics induce malignant tumors when implanted subcutaneously into rats and mice.[19–22] PLLA shows slow degradation, and therefore has been applied as a biomaterial for surgical devices such as bone plates, pins, and screws. It was reported in different studies that polyetherurethane, polyethylene, and PLLA produced tumors in rats.[6,7,23–25] In our study, tumors were induced by PLLA plates in BALB/cJ mice at 100% incidence but not in SJL/J mice at the surrounding tissues of PLLA plates during a 10-month *in vivo* study. To understand the mechanisms of tumorigenesis induced by PLLA, we focused on the inhibitory effects on GJIC at the early stage of tumorigenesis. To assess functional GJIC, the SLDT assay was performed. Brand et al.[26] reported that BALB/cJ mice are a higher and SJL/J mice are a lower tumorigenic strain. Our present results showed that the GJIC was significantly inhibited in 1-month PLLA-implanted BALB/cJ mice cells compared with BALB/cJ controls (Fig. 1). In contrast, no significant difference was observed between the 1-month PLLA-implanted SJL/J mice and SJL/J controls (Fig. 1). The data also revealed that the dye migration was higher in control BALB/cJ mice than control SJL/J mice (Fig. 1). High responder to the tumorigenicity may be classified as animals that are easily suppressed in both GJIC function and the connexins expression. This perturbed gap junction is likely to have a major role in the PLLA-induced tumorigenesis. Gap junctions are also regulated by the posttranslational phosphorylation of the carboxy-terminal tail region on the connexin molecule. Phosphorylation of connexin molecules is closely related with the inhibition of GJIC.[27,28] Phosphorylation has been involved in controlling a broad variety of connexin processes that include trafficking, gathering/nongathering, degradation, and also the gating of gap channels. It was also reported that communication-deficient cells did not express the Cx43–biphosphorylated (P_2) isoform but cells with low gap-junction permeability showed detectable amounts of the Cx43–monophosphorylated (P_1) isoform.[16] To survey the cause, we examined the mRNA and protein expression of the Cx43 gene. Here, mRNA expression was suppressed in PLLA-implanted BALB/cJ mice compared with BALB/cJ controls [Fig. 2(A)]. No significant difference was observed between the PLLA-implanted SJL/J mice and SJL/J controls [Fig. 2(B)]. We also found that the total level of protein expression such as unphos-

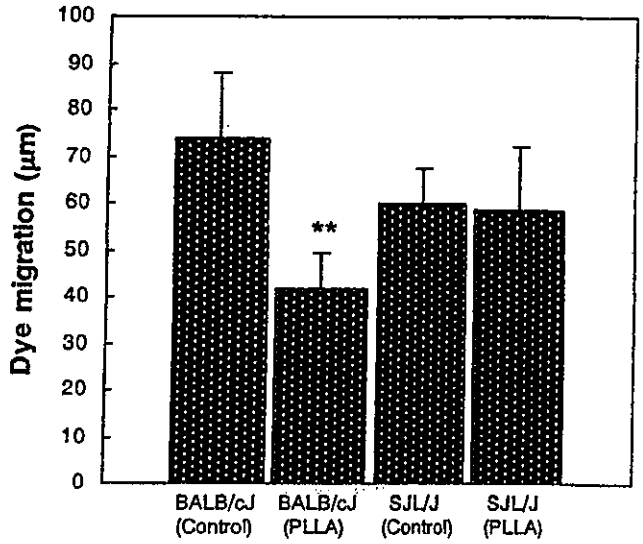


Figure 1. Statistical analysis of the SLDT assay. In both the implanted and sham-operated controls, three mice of each strain were sacrificed after 30 days. Results shown are representative of two independent experiments. GJIC was significantly inhibited in PLLA-implanted BALB/cJ mice cells compared with BALB/cJ controls. $^{**}p < 0.01$.

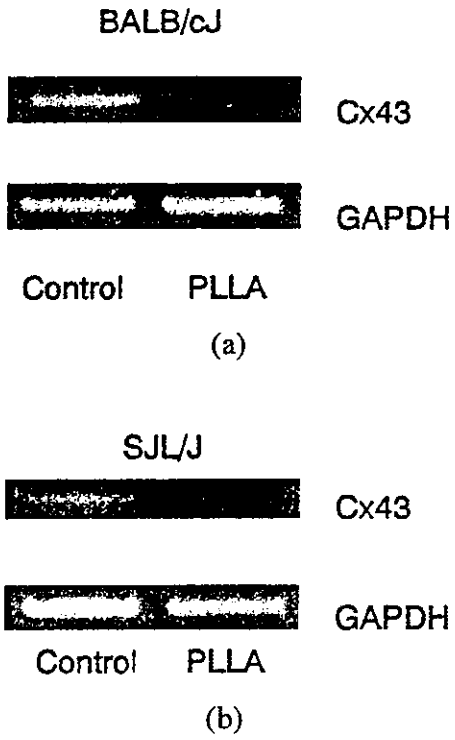


Figure 2. mRNA expression of Cx43 by RT-PCR analysis. In both the implanted and sham-operated controls, three mice of each strain were sacrificed after 30 days. Results shown are representative of two independent experiments. SYBR Green I stained PCR products after agarose gel electrophoresis showed that (A) mRNA expression was suppressed in PLLA-implanted BALB/cJ mice compared with BALB/cJ controls, and (B) no significant difference was observed between the PLLA-implanted SJL/J mice and SJL/J controls.

phorylated (P_0), P_1, and P_2 levels were significantly decreased in PLLA-implanted BALB/cJ mice compared with the control (Fig. 3). Asamoto et al.[29] reported that tumorigenicity was enhanced when the expression of Cx43 protein was suppressed by the anti-sense RNA of Cx43. A similar tendency was also observed in our study where the protein expression might be inhibited via down-regulation of the mRNA level. The genetic alteration and posttranslational

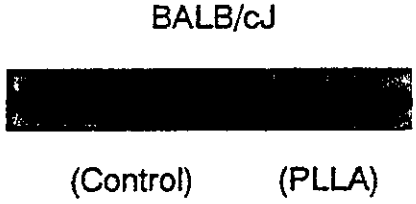


Figure 3. Protein expression of Cx43 by Western blot analysis. In both the implanted and sham-operated controls, three mice of each strain were sacrificed after 30 days. Results shown are representative of two independent experiments. Total level of protein expression such P_0, P_1, and P_2 levels were significantly decreased in PLLA-implanted BALB/cJ mice compared with the controls.

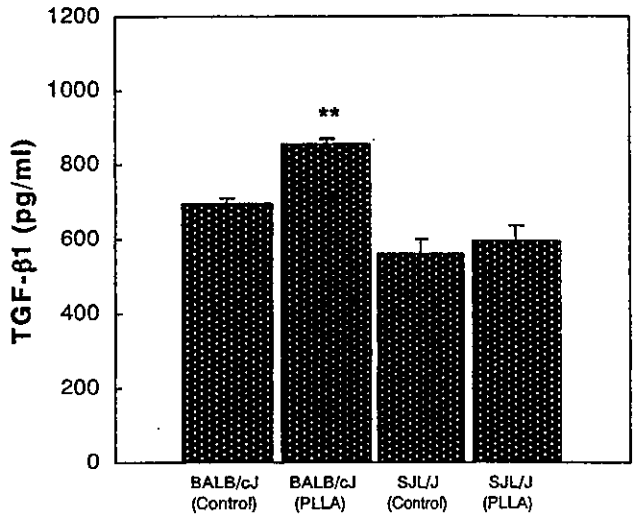
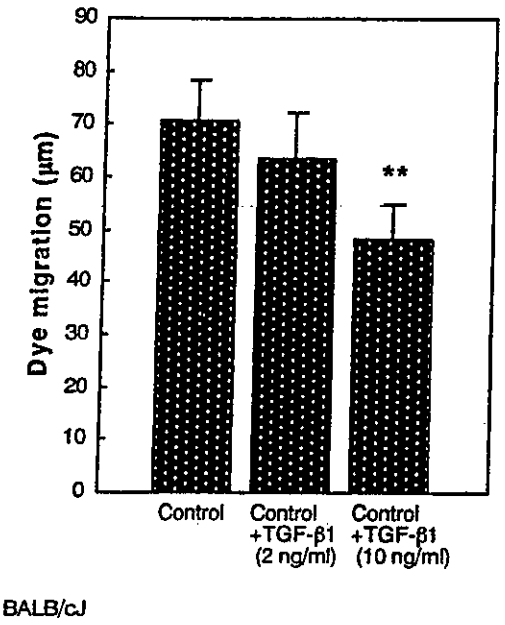


Figure 4. Statistical analysis of TGF-β1 cytokine assay by ELISA. In both the implanted and sham-operated controls, three mice of each strain were sacrificed after 30 days. Results shown are representative of two independent experiments. Secretion of the TGF-β1 level was significantly increased in PLLA-implanted BALB/cJ mice compared with BALB/cJ controls. $^{**}p < 0.01$.

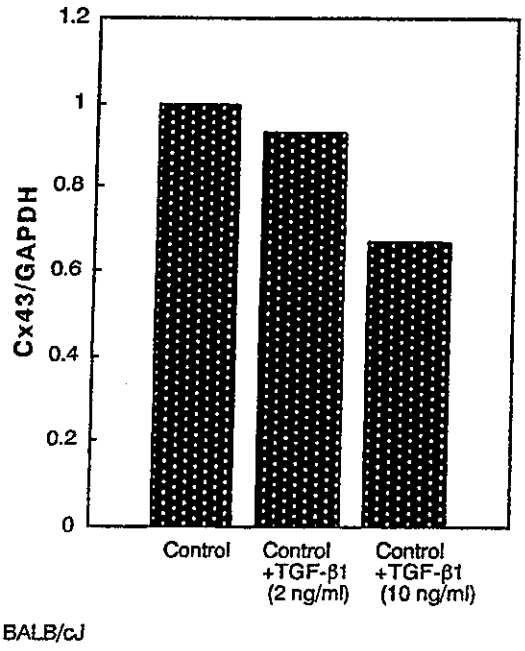
modification in the Cx43 protein was shown to be involved in impaired GJIC and could be associated with tumorigenesis. Therefore, it is suggested that the inhibitory effect of PLLA on GJIC might be caused by the alteration in the Cx43 protein, causing enhancement of tumorigenesis. Moreover, Moorby and Patel[30] reported a direct action of the Cx43 protein on cell growth that was mediated via the cytoplasmic carboxyl domain.

Because TGF-β1 inhibits GJIC by decreasing the phosphorylated form of Cx43[31] and the phosphorylation of Cx43 has been implicated in gap-junction assembly and gating events,[16,27,32] we hypothesized that TGF-β1 might have an important role on PLLA-implanted BALB/cJ mice. Figure 4 clearly demonstrates that the secretion of the TGF-β1 level was significantly increased in PLLA-implanted BALB/cJ subcutaneous tissue in comparison with those from BALB/cJ control mice. No significant difference was found in the secretion of TGF-β1 between the SJL/J implanted and SJL/J control mice. TGF-β2 and TGF-β3 cytokine assay revealed no significant difference in TGF-β2 secretion and TGF-β3 was below the detection level (data not shown). So we performed an *in vitro* study, which showed that the intercellular communication and the mRNA expression of Cx43 were significantly suppressed in BALB/cJ control cells when treated with TGF-β1 [Fig. 5(A,B)].

In conclusion, we suggest that increased secretion of TGF-β1 (Fig. 4) suppressed expression of the gap-junctional protein Cx43 (Fig. 3) at the earlier stage after implantation of PLLA in BALB/cJ mice, resulting in



(a)



(b)

Figure 5. (A) SLDT assay. (B) National Institutes of Health image analysis quantitation of RT-PCR bands. In both figures, BALB/cJ control cells were treated with 2 and 10 ng/mL TGF-β1. GJIC was significantly inhibited and mRNA expression was significantly suppressed in BALB/cJ control cells treated with 10 ng/mL TGF-β1 compared with BALB/cJ controls. $^{**}p < 0.01$. Three dishes were used for one data point (bar) as one experiment. Results shown are representative of two independent experiments.

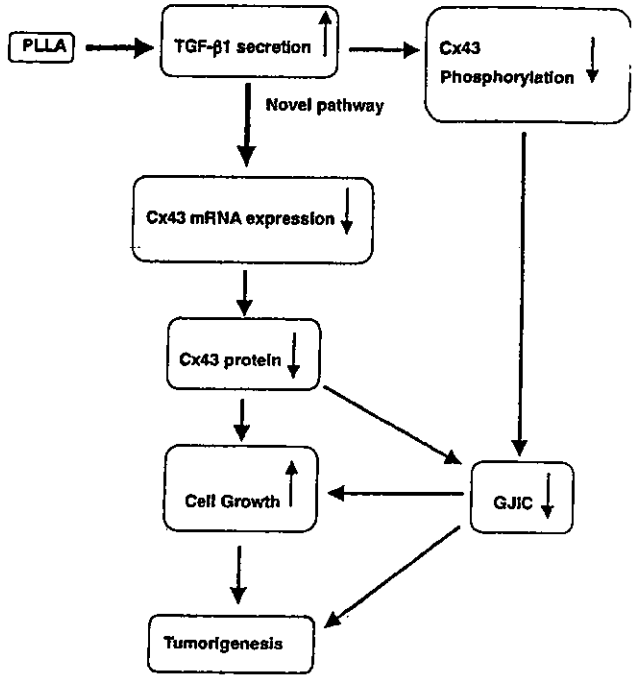


Figure 6. Schematic representation of the pathway of tumorigenesis induced by PLLA in BALB/cJ mice.

the suppression of the function of GJIC (Fig. 1) and at the same time, mRNA expression of Cx43 was suppressed in BALB/cJ mice (higher tumorigenic) but not in SJL/J mice (lower tumorigenic) [Fig. 2(A,B)]. TGF-β1 also suppressed the expression of mRNA of Cx43 and the function of GJIC in the BALB/cJ mouse cells *in vitro* [Fig. 5(A,B)]. These results indicated the novel mechanism of tumorigenesis induced by PLLA (Fig. 6).

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特別記事

細胞組織医療機器などの品質・安全性確保について

Quality, Efficacy and Safety of Tissue Engineered Medical Products

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はじめに

2000年12月26日付けの，ヒトまたは動物由来成分を原料として製造される医薬品などの品質および安全性確保についての医薬安全局長通知(医薬発第1314号)において，別添1「細胞組織利用医薬品等の取扱い及び使用に関する基本的考え方」と別添2「ヒト由来細胞・組織加工医薬品等の品質及び安全性の確保に関する指針」の二つの文書が示された。

別添1の「基本的考え方」は，ヒトや動物の細胞・組織から構成される医薬品および医療機器(2005年度から医療用具は，医療機器に名称変更される予定)について，品質および安全性の確保，ならびに細胞・組織の取り扱いに関する科学的および倫理的妥当性を確保するための方策をまとめている。

別添2の指針は，「基本的考え方」に基づき，ヒトの細胞・組織に培養処理などの加工を施して製造される医薬品および医療機器について，品質および安全性の確保のために必要な基本的技術要件を定めており，治験前に厚生労働省に提出する品質および安全性の確認申請に必要な添付資料の内容を示している。

2001年3月28日付けで，「薬事法施行規則の一部を改正する省令等の施行について(細胞組織医薬品及び細胞組織医療用具に関する取扱いについて)」(医薬発第266号)省令および告示が公布され，2001年4月1日より施行されている。

ヒトまたは動物の細胞または組織より構成された医療機器および医薬品に関して，科学技術の進歩に伴う感染症への対策が急務となり，ドナースクリーニング，感染因子の不活化など，ドナーに由来する感染症への対策や，培養などの処理により細胞または組織が有害な性質のものとならないことの確認など，品質および安全性を確保するための特別の対策が必要とされ，改正された。

細胞組織医療機器などの適用範囲

細胞組織医療機器，細胞組織医薬品とは，ヒトまたは動物の細胞または組織より構成される医療機器および医薬品のことであり，動物由来の組織を利用して承認を取得している生体弁や心嚢膜も含んでいる。

改正概要

承認申請書の記載方法の変更(詳細は，最新の薬事法で確認のこと)や，GMP関係省令についても一部改正された。その概要としては，細胞組織医療機器などを製造または輸入するにあたり，細胞もしくは組織由来または製造工程中の感染症などの伝播による危険性を排除し，不適切な製造や取り扱いによる品質および安全性上の問題の発生を防止するために，製造管理と品質管理に必要な要求事項を定めた。

具体的には，

①細胞組織医療機器などの製造所の構造設備の基準への適合，原料の受け入れ，加工処理，製品の保

管などを行う区域について，他区域からの区分，必要な構造および設備の要求。

②加工処理の「加工」とは，疾病の治療や組織の修復または再建を目的として，細胞または組織の人為的増殖，細胞または組織の活性化を目的とした薬剤処理，生物学的特性改変，遺伝子工学的改変，非細胞または非組織成分とのハイブリッド化，カプセル化などを施すことを意味する。

③細胞組織医療機器などについては，生物学的製剤などと同様に，原料として使用するヒト，動物，植物または微生物から得られたものに係る事項や使用動物の規格に関する事項について，製品標準書を作成すること。

④細胞組織医療機器などの製造，保管，出納，ならびに衛生管理に関する記録については，遅発性感染症の危険性を否定し得ないことから，安全性の確保上必要な情報を得るために，少なくとも所定の期間記録を保存することとなっている。すなわち，特定生物由来製品の場合，医療機関での患者使用記録の保管期間は20年間とし，製造業者などでの提供者・製造記録の保管期間は30年間と規定。生物由来製品では，製造業者などでの提供者・製造記録の保管が求められ，ヒト血液成分以外の成分に関する記録は10年間，ヒト血液成分を含む場合のヒト血液成分に関する記録は30年間保管となっている（生物由来製品の特性に応じて保管期間は異なる。最新版の薬務公報に目を通し，現時点での正確な情報を入手すること）。

⑤細胞または組織の取り違えや，細菌，真菌，ウイルスなどの伝播の危険性を避けるために，製造工程において複数のドナーからの細胞・組織を同一室内で同時期に取り扱ったり，交叉汚染を引き起こすような保管方法を取らないこと。さらに，ドナーまたはドナー動物ごとに，細胞や組織，中間製品および製品を管理する必要がある。

⑥原料となる細胞または組織について，表1に基づき，適格なものであることを確認し，その結果に関する記録を作成すること。

⑦「施設」は組織を採取した医療施設もしくは動物の細胞または組織を採取した施設を指す。

⑧「適格性を有する」とは，「細胞組織医薬品及び細胞組織医療用具に関する基準」より以下に述べるいずれの項目にも該当し，原料となる条件を満たしているものを指す。細胞組織医療機器について，薬事法第42条の規定に基づき，品質および安全性確保の観点から，原料または材料となる細胞または組織に関する基準を定めている（2001年3月厚生労働省告示第101号関係）。この基準を満たさない細胞または組織は，品質および安全性についての情報が十分でないことから，製造業者は，これらの細胞または組織を原料または材料として医薬品または医療機器を製造すべきでない。「基準の概要」として，医薬品または医療機器の

表1　原料となる細胞・組織の適格性と記録について

①当該細胞または組織を採取した施設
②当該細胞または組織を採取した年月日
③当該細胞または組織が人に係るものである場合には，ドナースクリーニング（ドナーについて，問診，検査などによる診断を行い，細胞組織医薬品の原料となる細胞または組織を提供する適格性を有するかどうかを判定することをいう）のためのドナーの問診，検査などによる診断の状況。
④当該細胞または組織が動物に係るものである場合には，ドナー動物の受け入れの状況ならびにドナースクリーニング（ドナー動物について，試験検査および飼育管理を行い，細胞組織医薬品の原料となる細胞または組織を提供する適格性を有するかどうかを判定することをいう）のためのドナー動物の試験検査，および飼育管理の状況。
⑤当該細胞または組織を採取する作業の経過（採取する作業経過に関する記録と，採取作業において微生物などに汚染されていない旨が確認できるものであること）。
⑥①から⑤までに掲げるものの他，細胞組織医療機器などの品質の確保に関して必要な事項（製造に使用する試薬に関する試験検査結果を指す）。

原料または材料となる細胞・組織については，必要な衛生管理と人員をもつ施設で採取されていること，ドナースクリーニングが適切に行われていることが確認できること，採取作業が適切に行われていることが確認できること，必要な記録を確認できること，が必要である。ドナースクリーニングの項目など具体的な内容については，個別の製品ごとに異なることから，具体的事項については承認申請書に記録する。

以上が改正概要であるが，紙面の都合上，すべての内容について記載はできない。薬務関連の公報最新版（厚生労働省ホームページ：薬事法；http：//wwwhourei.mhlw.go.jp/~hourei/html/hourei/contents.html，審査管理課関連通知；http：//www.nihs.go.jp/mhlw/tuuchi/index.html）を読み，正確な情報を入手することが重要である。

2003年10月25日，医療機器フォーラム（http：//dmd.nihs.go.jp/iryokiki/）設立記念シンポジウムとして，「Tissue Engineering—開発と評価」に関する講演会を開いた。Tissue Engineeringを含む医療機器の健全な発展を図るために，医療機器の開発，製造および品質管理に係る問題について，産官学の情報交換の場を作ることを目的として設立した。医療機器フォーラムは，毎年1回は定期的に開催（10月予定）する予定である。安全かつ優れた医療機器の開発支援に本フォーラムが有効に活用されることを願っている。

細胞組織医療機器等の製品化のためのガイドライン，環境整備について

医療機器・細胞組織医療機器関連の薬事法の改正が昨年度からスタートしている。その内容は，(1) 多様性に富んだ医療機器のリスクに応じた新クラス分類とその承認制度の見直し，(2) 細胞組織医療機器が含まれる生物由来製品の感染リスクに応じた安全対策の充実，(3) 市販後安全対策の抜本的見直しが急ピッチで進められている。また，第三者認証制度の導入において必要な規格・基準の整備も行われている。本稿では，細胞組織医療機器や新たな制度である生物由来製品の薬事法の改正内容について記載した。

土屋利江

1. 細胞組織医療機器等の薬事法改正について

平成12年12月26日付けでヒトまたは動物由来成分を原料として製造される医薬品等の品質及び安全性確保についての医薬安全局長通知（医薬発第1314号）において，別添1「細胞組織利用医薬品等の取扱い及び使用に関する基本的考え方」と別添2「ヒト由来細胞・組織加工医薬品等の品質及び安全性の確保に関する指針」の2つの文書が示された。

別添1の基本的考え方は，ヒトや動物の細胞・組織から構成される医薬品および医療機器（平成17年度から医療用具は，医療機器に名称変更される予定）について，品質および安全性の確保ならびに細胞・組織の取扱いに関する科学的および倫理的妥当性を確保するための方策をまとめている。

別添2の指針は，「基本的考え方」に基づき，ヒトの細胞・組織に培養処理等の加工を施して製造される医薬品および医療機器について，品質および安全性の確保のために必要な基本的技術要件を定めており，治験前に厚生労働省に提出する品質および安全性の確認申請時に，必要な添付資料の内容を示している。

平成13年3月28日付けで「薬事法施行規則の一部を改正する省令等の施工について（細胞組織医薬品及び細胞組織医療用具に関する取扱いについて）」（医薬発第266号）省令および告示が公布され，平成13年4月1日より施行されている。

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Reform of Biological Products Regulation and Guidelines for Manufacturing Tissue Engineered Medical Products

ヒトまたは動物の細胞または組織より構成された医療機器および医薬品に関して科学技術の進歩に伴う感染症への対策が急務となり，ドナースクリーニング，感染因子の不活化など，ドナーに由来する感染症への対策，培養などの処理により細胞または組織が有害な性質のものとならないことの確認など，品質および安全性を確保するために特別の対策が必要とされ，改正された。

2. 細胞組織医療機器等の適用範囲

ヒトまたは動物の細胞または組織より構成される医療機器および医薬品であり，動物由来の組織を利用して承認を取得している生体弁や心のう膜も含んでいる。

3. 改正概要

承認申請書の記載方法の変更（詳細は，最新の薬事法で確認のこと）や，GMP*関係省令についても一部改正された。その概要は，細胞組織医療機器などを製造または輸入するにあたり，細胞もしくは組織由来または製造工程中の感染症などの伝播による危険性を排除し，不適切な製造や取扱いによる品質および安全性上の問題の発生を防止するために，製造管理と品質管理に必要な要求事項を定めた。

具体的には，

(1) 細胞組織医療機器等の製造所の構造設備の基準への適合，原料の受入れ，加工処理，製品の保管等を行う区域について，他区域からの区分，必要な構造及び設備の要求。

* GMP: 製造許可の要件として製造所の構造設備から製造工程全般にわたる製造管理及び品質管理について製造業者が遵守すべき基準

(2) 加工処理の「加工」とは疾病の治療や組織の修復又は再建を目的として，細胞または組織の人為的増殖，細胞または組織の活性化を目的とした薬剤処理，生物学的特性改変，遺伝子工学的改変，非細胞または非組織成分とのハイブリッド化，カプセル化等を施すこと。

(3) 細胞組織医療機器等は，生物学的製剤等と同様に原料として使用する人，動物，植物または微生物から得られたものに係る事項や使用動物の規格に関する事項について，製品標準書を作成。

(4) 細胞組織医療機器等の製造，保管及び出納ならびに衛生管理に関する記録については，遅発性感染症の危険性を否定し得ないことから，安全性の確保上必要な情報を得るために，少なくとも所定の期間記録を保存することとなっている。即ち，特定生物由来製品の場合，医療機関での患者使用記録の保管期間は20年間とし，製造業者等での提供者・製造記録の保管期間は30年間と規定。生物由来製品では，製造業者等での提供者・製造記録の保管が求められ，人血液成分以外の成分に関する記録は，10年間，人血液成分を含む場合の人血液成分に関する記録は，30年間保管となっている。(生物由来製品の特性に応じて保管期間は異なる。最新版の薬務公報に目を通し，現時点での正確な情報を入手し，確認すること。)

(5) 細胞又は組織の取り違えや細菌，真菌，ウイルス等の伝播の危険性を避けるために，製造工程において複数のドナーからの細胞又は，組織を同一室内で同時期に取扱ったり，交叉汚染を引き起こすような保管方法をとらないこと。更に，ドナー又はドナー動物ごとに細胞や組織，中間製品及び製品を管理する必要がある。

(6) 原料となる細胞又は組織について，後述した内容において，適格なものであることを確認し，その結果に関する記録を作成すること。

(i) 当該細胞又は組織を採取した施設

(ii) 当該細胞又は組織を採取した年月日

(iii) 当該細胞又は組織が人に係るものである場合には，ドナースクリーニング（ドナーについて，問診，検査等による診断を行い，細胞組織医薬品の原料となる細胞又は組織を提供する適格性を有するかどうかを判定することをいう）のためのドナーの問診，検査等による診断の状況。

(iv) 当該細胞又は組織が動物に係るものである場合には，ドナー動物の受入の状況並びにドナースクリーニング（ドナー動物について，試験検査及び飼育管理を行い，細胞組織医薬品の原料となる細胞又は組織を提供する適格性を有するかどうかを判定することをいう）のためのドナー動物の試験検査及び飼育管理の状況

(v) 当該細胞又は組織を採取する作業の経過（採取する作業経過に関する記録と採取作業において微生物等に汚染されていない旨が確認できるものであること）。

(vi) (i)から(v)までに掲げるもののほか，細胞組織医療機器等の品質の確保に関し必要な事項（製造に使用する試薬に関する試験検査結果を指す）。

(7) 「施設」は組織を採取した医療施設もしくは動物の細胞又は組織を採取した施設を指す。

(8) 「適格性を有する」とは，「細胞組織医薬品及び細胞組織医療用具に関する基準」の

以下のいずれにも該当し，原料となる条件を満たしているもの。

細胞組織医療機器について，薬事第42条の規定に基づき，品質及び安全性確保の観点から，原料又は材料となる細胞又は組織に関する基準を定めている（平成13年3月厚生労働省告示第101号関係)。この基準を満たさない細胞又は組織は，品質及び安全性についての情報が十分でないことから，製造業者は，これら細胞又は組織を原料又は材料として医薬品又は医療機器として製造すべきでない。

「基準の概要」

医薬品又は医療機器の原料又は材料となる細胞又は組織については，

必要な衛生管理と人員を持つ施設で採取されていること。
ドナースクリーニングが適切に行われていることが確認できること。
採取作業が適切に行われていることが確認できること。
必要な記録を確認できること。

が必要である。

ドナースクリーニングの項目等具体的な内容については，個別の製品ごとに異なることから，具体的事項については承認申請書に記録する。

4. 生物由来製品に関する制度の概要

(1) 生物由来製品に関する制度の創設について

人又は動物の細胞，組織等に由来する原材料を用いて製造される生物由来製品は，その特性として，原材料の汚染に由来する感染リスク等について，注意を払う必要がある。生物由来というこの共通特性に着目し，原材料採取・製造から市販後に至る，一貫した安全性確保体制を導入し，製品の安全性を図るために創設された。

(2) 生物由来製品に関する制度の主な内容

(a) 生物由来製品及び特定生物由来製品の指定

製品の感染症リスクを考慮した科学的評価に基づき，指定を行い，生物由来製品は約700製品，特定生物由来製品は約280製品について指定し，公表した。

平成15年厚生労働省告示209号「厚生労働大臣が指定する生物由来製品及び特定生物由来製品を定める件」

(b) 生物由来原料基準

生物由来原材料を用いるすべての医薬品等の原材料について，品質・安全性の確保のために，適格性の基準を制定している。

平成15年度厚生労働大臣告示210号「生物由来原料基準を定める件」及び平成15年5月20日医薬発第0520001号「生物由来製品及び特定生物由来製品の指定並びに生物由来原料基準の制定等について」

(c) 血液製剤等の使用記録等の保管期間（前述した。）

(d) 表示

特定生物由来製品，生物由来製品それぞれの容器・包装に識別表示を行う。血液成分を含む特定生物由来製品については，採血国，献血，非献血の別を記載。

(e) 添付文書記載要領

平成15年5月15日付け医薬発第0515005号医薬局長通知「生物由来製品の添付文書に記載すべき事項について」及び平成15年5月20日付け医薬安発第0520004号医薬局安全対策課長通知「生物由来製品の添付文書の記載要領」において，生物由来製品に係る添付文書の具体的な記載要領等を定めている。

(e) 感染症定期報告

平成15年5月15日付け医薬発第0515008号医薬局長通知「生物由来製品に関する感染症定期報告制度について」において，生物由来製品に係る感染症定期報告の具体的な報告方法等について記載している。

(f) 使用対象者への説明並びに記録及び保存

医療関係者にたいし，特定生物由来製品の適正な使用のための必要な事項についての使用対象者への説明を義務づけている。また，特定生物由来製品の遡及調査等を可能とするために，使用の対象者の氏名等の記録及びその保存を義務付けた。

製造業者に対しては，生物由来製品の遡及調査等を可能とするため，販売等を行った生物由来製品に関する記録及びその保存を義務付けている。

(g) 製造業者等の生物由来製品製造管理者の設置要件の規定

生物由来製品の製造業者等は，生物製品製造管理者を設置しなければならない。その承認の対象者は，以下のように規定されている。

(i) 医師，医学の学位を持つ者

(ii) 歯科医師であって細菌学を専攻した者

(iii) 細菌学を専攻し，修士課程を修めた者

(iv) 大学等で微生物学の講義及び実習を受講し，修得した後，3年以上の生物由来製品もしくはそれと同等の保険衛生上の注意を要する医薬品，医療用具等の製造等（治療薬として製造する場合も含む）に関する経験を有する者

5. 医療機関からの副作用等報告制度：医師・薬剤師等の医薬関係者から直接厚生労働省に報告される副作用・不具合又は感染症報告の報告事項を規定

平成15年5月15日付け医薬発第0515014号医薬局長通知「医療機関等からの医薬品または医療用具についての副作用，感染症及び不具合報告の法制化に伴う実施要領の制定について」により，製造業者のみならず，医療機関からの報告事項について規定された。

6. おわりに

紙面の都合上，すべての改正内容について記載はできない。薬務関連の公報最新版

厚生労働省ホームページ：薬事法
http://wwwhourei.mhlw.go.jp/~hourei/html/hourei/contents.html
審査管理課関連通知 http://www.nihs.go.jp/mhlw/tuuchi/index.html

を読み，正確な情報を入手することが重要である。

2003年10月25日医療機器フォーラム（http://dmd.nihs.go.jp/iryokiki/）設立記念シンポジウムを開催し，「Tissue Engineering―開発と評価」に関する講演会を開いた。全国から多くの方々が参加された。医療機器フォーラムは，Tissue Engineering（平成17年度から細胞組織医療機器と名称される）を含む医療機器の健全な発展を図るために，医療機器の開発，製造および品質管理にかかわる問題について，産官学の情報交換の場をつくることを目的として設立した。医療機器フォーラムは，毎年1回は定期的に開催（10月予定）する予定である。安全かつ優れた医療機器の開発支援に本フォーラムが有効に活用されることを願っている（医療機器フォーラムのホームページ：http://dmd.nihs.go.jp/iryokiki/）。

高分子学会は，生物由来の感染因子による汚染の可能性が少ない材料を合成できる研究者で構成されている。生分解性高分子を主たる細胞の足場とする細胞組織医療機器を発展させるためには，有効性，安全性の高い材料を開発していただくことが重要なポイントとなる。製品の上市化に有望な新規材料を開発された場合には，是非，医療機器フォーラムに参加・発表していただき，有効で安全な医療機器の開発を促進できれば，と願っている。