HFEA Licence Committee Meeting

27 October 2011

Finsbury Tower, 103-105 Bunhill Row, London EC1Y 8HF

Minutes – Item 2

Centre 0102 (Guy's Hospital) – PGD application for Ehlers Danlos Syndrome classic type (type I and II) OMIM# 130000 and 130010

Members of the Committee: Anna Carragher (lay) – Chair Mair Crouch (lay) Sue Price (professional)	Committee Secretary: Terence Dourado Legal Adviser: Graham Miles, Morgan Cole (teleconference)

Declarations of Interest: members of the Committee declared that they had no conflicts of interest in relation to this item.

The following papers were considered by the Committee:

- Revised Executive Summary
- PGD Application form
- Redacted first peer review
- New redacted second peer review
- New redacted correspondence with second peer review
- Genetic Alliance opinion
- Paper by Beighton P (1998) Ehlers-Danlos syndromes: revised nosology, Villefranche, 1997. Ehlers-Danlos National Foundation (USA) and Ehlers-Danlos Support Group (UK). *Am J Med Genet*. 77(1):31-7
- Licence Committee minutes – 31st March 2011
- Licence Committee minutes – 05th May 2011
- Correspondence between the Centre and the Licence Committee

The Committee also had before it:

- HFEA Protocol for the Conduct of Licence Committee Meetings and Hearings
- 8th edition of the HFEA Code of Practice
- Human Fertilisation and Embryology Act 1990 (as amended)
- Decision trees for granting and renewing licences and considering requests to vary a licence (including the PGD decision tree); and

- Guidance for members of Authority and Committees on the handling of conflicts of interest approved by the Authority on 21 January 2009.
- Guidance on periods for which new or renewed licences should be granted
- Standing Orders and Instrument of Delegation
- Indicative Sanctions Guidance
- HFEA Directions 0000 – 0012
- Guide to Licensing
- Compliance and Enforcement Policy
- Policy on Publication of Authority and Committee Papers
- HFEA Pre-Implantation Diagnostic Testing ("PGD") Explanatory Note For Licence Committee

1. The Committee noted that the PGD application was to be considered at a licence committee on 31 March 2011 but was deferred for receipt of a peer review and a clearer explanation of why the application combined Ehlers Danlos Syndrome classic type I and type II. The item was re-submitted to a licence committee on 5th May 2011 but was deferred for a second time because the committee was not satisfied it had sufficient information to consider the paperwork; it requested a clearer lay statement from the Centre to assess the seriousness of the condition applied for.

2. The Committee noted that a lay statement had to date not been provided, but the Committee was mindful of recent correspondence from the Centre which stated that they considered all aspects requested by the Committee had been answered under section 2.5 of their application form, and that 'none of the terminology within this section would be inaccessible to lay personnel'. The Committee noted that the Centre has since confirmed it had no further evidence to support its application.

3. The Committee considered that a clearer lay statement would have been a welcome addition to the application. However, the Committee concluded that it was able to consider the application on the basis of the available information.

4. The Committee had regard to its Decision Tree. The Committee was satisfied that the Centre has considerable experience of carrying out PGD and that generic patient information about its PGD programme and associated consent forms had previously been received by the HFEA.

5. The Committee noted that the Centre's proposed purpose of testing the embryos was as set out in paragraph 1ZA(1)(b) of schedule 2 of the Act, ie. 'where there is a particular risk that the embryo may have any

gene, chromosome or mitochondrion abnormality, establishing whether it has that abnormality or any other gene, chromosome or mitochondrion abnormality'.

6. The Committee noted that Classical Ehlers Danlos Syndrome (OMIM# 130000 and 130010) is a disorder which is inherited in an autosomal dominant manner; if an embryo inherits a copy of the faulty gene from one parent the disease will be present, i.e. there is a 1 in 2 chance of the embryo having the abnormality.

7. The Committee considered that there is a significant risk that an individual with the condition will be affected because in general it is fully penetrant, albeit with variable expressivity.

8. The Committee considered the seriousness of the condition: the age of onset is usually within the first year of life; symptoms may include easy bruising with a tendency towards prolonged bleeding, dislocated joints, heart problems and scarring. Furthermore, it noted that facial scarring in particular may have a severe impact on an individual's quality of life. The Committee considered that although the symptoms of the condition are variable, severity was not predictable and the condition's severity and type could vary even within a family. The Committee considered that the condition was treatable, but that affected individuals at the severest end would require major surgery and a high-level of support.

9. The Committee noted that, although the Peer Reviewer considered it was not appropriate to carry out PGD for the condition, a licence committee was not bound by the overall opinion of a peer review. Furthermore, the Peer Reviewer had confirmed the seriousness of the condition for affected individuals with the most severe presentation. The Peer Reviewer stated that 'those with more severe manifestations may suffer painful joints and unsightly scarring, and arterial dilatation and rupture, although rare, can be a serious complication. Thus, this can be considered a serious condition for a minority of people with classic Ehlers Danlos'.

10. The Committee had regard to its explanatory note and noted that on the basis of the information presented, given the condition's worst presentation, it was satisfied that there is a significant risk that a person with the abnormality will have or develop a serious physical or mental disability, a serious illness or any other serious medical condition. Accordingly, it was appropriate to grant the application under paragraph 1ZA(1)(b) of Schedule 2 to the Act. The Committee

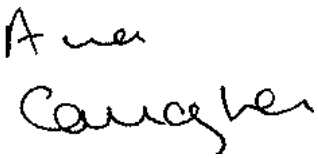
considered that if a condition is unpredictable then it was appropriate to adopt a precautionary line and consider the condition at the most severe end.

11. In making its determination, the Committee considered that the condition name which had been applied for was unhelpful because the type can vary even within families. It considered that Classical Ehlers Danlos Syndrome OMIM 130000 and 130010 would better reflect the condition's expressivity.

12. Following a thorough discussion the Committee considered that that there was a significant risk that a person with the abnormality will have or develop a serious physical or mental disability, a serious illness or any other serious medical condition. Accordingly, it was appropriate to grant the application under paragraph 1ZA(1)(b) of Schedule 2 to the Act.

13. The Committee agreed to authorise the testing of embryos for Classical Ehlers Danlos Syndrome OMIM 130000 and 130010. The Committee confirmed that this condition will be added to the published list of conditions for which PGD may be carried out.

Signed: Date: 03/11/2011



Anna Carragher (Chair)