

HFEA Statutory Approvals Committee

27 February 2014

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

Minutes – Item 4

Centre 0102 (Guy's Hospital) – PGD application for Inflammatory Bowel Disease, Early-onset IBD28 OMIM #613148

Members of the Committee: David Archard (lay) Chair Rebekah Dundas (lay) Hossam Abdalla (professional) Jane Dibblin (lay) Debbie Barber (professional)	Committee Secretary: Lauren Crawford
Advisor: Dr Mary Porteous	Legal Adviser: Stephen Hocking, DAC Beachcroft
	Also in attendance: Sam Hartley, Head of Governance and Licensing, HFEA

Declarations of Interest: The Members declared no conflicts in relation to this item

The following papers were considered by the Committee

- Executive summary
- Application form
- Redacted peer review

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) (“the Act”)
- 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

Discussion

1. The Committee had regard to its Decision Tree. The Committee noted that the Centre is licensed to carry out PGD. The Committee was also satisfied that the Centre has 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.
2. The Committee noted that the proposed purpose of testing the embryos was as set out in paragraph 1ZA(1)(b) of schedule 2 of the Act, i.e. ‘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’.
3. The Committee noted that Inflammatory Bowel Disease, Early-onset (IBD28) (OMIM #613148) is inherited in an autosomal recessive pattern and there is a 1 in 4 chance of an embryo being affected with the condition where both parents are carriers.
4. The Committee noted that IBD28 causes severe inflammation of the digestive tract resulting in diarrhoea, pain and loss of water and minerals. Individuals also have abnormal openings in the gut and abscesses in the anus and rectum. Patients may also have inflammation of the skin follicles. There is a high risk of lymphoma in childhood and life threatening infections.
5. The Committee noted the onset age for IBD28 is usually within the first year of life and also that the condition is fully penetrant.
6. The Committee noted that there is no curative treatment for IBD28. The condition is only treatable by bone marrow transplant. Early death is common from sepsis, malnutrition or lymphoma.
7. The Committee noted that the application is supported by the Peer Reviewer. The Peer Reviewer also gave information about a further identical phenotype of this condition caused by mutations in the IL10RB gene which, they say, is part of the same disease causing mechanism. Both conditions have early onset.

8. The Committee welcomed the advice of its Advisor, Mary Porteous, who confirmed that the condition was as described in the papers. She also confirmed that OMIM #612567 has the same mode of inheritance and identical phenotype to OMIM #613148.
9. The Committee considered that the condition is serious because it is a severe life threatening disease which affects babies and can result in early death.
10. The Committee had regard to its explanatory note and noted that on the basis of the information presented, given the condition's worst symptoms, 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. The Committee was therefore satisfied that the condition meets the criteria for testing under paragraph 1ZA(1)(b) and (2) of Schedule 2 to the Act.
11. The Committee agreed to authorise the testing of embryos for Inflammatory Bowel Disease, Early-onset IBD28 (OMIM #613148 & #612567).

Signed:

Date: 11/03/2014

A handwritten signature in black ink, appearing to read 'DWA' followed by a stylized flourish.

David Archard (Chair)