

*In brief***Montana sues drug companies:**

Montana state's attorney general, Mike McGrath, has charged 18 drug manufacturers with illegally inflating the average wholesale price of prescription drugs. Among those named are Abbott Laboratories, Aventis, Bristol-Myers Squibb, and GlaxoSmithKline. The lawsuit seeks restitution, expected to be in millions of dollars, for losses incurred by Montana residents and the state for the prescription drug overcharges. Montana's Medicaid programme for the poor, for example, paid about \$13.9m (£10m; €17m) to the drug companies in 2001.

UK government announces rise in prescription charges:

Prescription charges in England are to rise from £6.10 (\$8.70; €10) to £6.20 on 1 April 2002. Prescription charges, which are paid by only 15% of the population because of widespread exemptions, are expected to raise about £434m in the year. It is the fourth year running that the rise has been limited to 10p.

Lyme disease vaccine taken off the market:

GlaxoSmithKline has pulled its vaccine against Lyme disease, Lymerix, off the US market, citing poor sales. The vaccine, the only one approved for the prevention of Lyme disease, earned \$40m (£28m; €46m) in sales during 1999, its first year on the market, but sales have plummeted since then. The company denied that safety concerns, stemming from the possibility of vaccine related arthritis and myalgia, led to its withdrawal.

Plague outbreak in northern India:

Sixteen cases of pneumonic plague have been reported in the village of Hat Koti, in the Shimla district of Himachal Pradesh, India, since 4 February. There have been four deaths. All the cases are linked to residents of one hamlet, and a public education campaign has been instigated, along with fumigation of the village and use of chemoprophylaxis for those in contact with infected people.

United Kingdom grants first human embryo research licences

Susan Mayor *London*

The UK Human Fertilisation and Embryo Authority has granted the first licences for research teams to proceed with programmes designed to develop human embryonic stem cell lines.

The authority, the regulatory body that oversees human fertilisation and related research in the United Kingdom, last week approved applications from two research groups to develop stem cell lines from human embryos. Previously, researchers have only been licensed to study embryos up to 14 days old with a view to improving infertility treatment. They were not allowed to produce human embryonic stem cell lines that were maintained long term.

A group at Edinburgh University has been licensed to develop embryonic stem cell lines to be used in studies designed to develop new therapeutic approaches to Parkinson's disease, and a team at King's College, London has been approved to use stem cells to investigate neural disorders, infertility, and miscarriage.

The authority said that its licence committee gave "careful consideration to the scientific, medical, and ethical issues of the applications." Licences were granted for development of stem cell lines from "spare" embryos created for infertility treatment.

One of the new licence holders, Dr Stephen Minger, neurobiologist at the School of Biomedical Sciences, King's College, London, explained that human embryonic stem cells could be of substantial benefit as an alternative to transplantation of adult multipotential cells, and useful in generating new organs or tissues.

"Embryonic stem cells are useful because they are very primitive—they have the potential to develop into any type of cell in the body. We have to work out how to coax them to develop into specific types of cells."

He explained why his group wanted to develop embryonic stem cell lines: "We know that stem cell therapy is effective in treating diseases such as diabetes and Parkinson's, but it has been difficult to produce enough cells to treat even one patient. An embryonic stem cell line would enable us to produce unlimited

amounts of these cells."

The handful of human embryonic stem cell lines that have been generated have not been made generally available to the wider scientific community, Dr Minger said. "To the best of our knowledge, there have been no well characterised human stem cell lines grown successfully in this country." He added: "Our study aims to address some of these issues whilst also providing basic embryological data of clinical significance, which will impact on working practice."

Professor Austin Smith, direc-

the new national stem cell bank that is being established by the Medical Research Council.

The granting of the research licences followed two days after the approval last week by the House of Lords Select Committee on Stem Cell Research to extend research uses of human embryos to allow embryonic stem cell research. The committee recommended: "There is a clear scientific case for continued research on embryonic stem cells, in order that the full potential of adult stem cells for therapy can be realised and because it is likely that some therapies will need to use embryonic stem cells."

Previously, stem cells research had focused on embryonic stem cells from animals or on adult stem cells.

The move has made the UK



Professor George Radda believes the research has "real potential for the treatment of many life threatening diseases"

tor of the Centre for Genome Research, University of Edinburgh, and a member of the second group licensed, said: "Research into stem cells is vital to evaluate their potential use in the development of new medical treatments for a range of degenerative and chronic diseases which are otherwise untreatable, or poorly treated. Of particular interest are Parkinson's, stroke, and cardiovascular diseases."

He added: "The objectives of our research are to develop the best methods for cultivating stem cells and for directing them to make nerve, heart, and blood cells." Any stem cell lines that the group derives will be deposited in

regulations on embryonic stem cell research and human cloning more liberal than in other countries and has received widespread support from the scientific community. Professor George Radda, chief executive of the Medical Research Council (MRC), said: "The MRC supports this area of research and believes that it has real potential for the treatment of many life threatening diseases and conditions." The council has set up a committee to develop principles and practice in relation to the ethical, legal, and regulatory issues associated with stem cell research and banking. □