

VERBATIM PROCEEDINGS

STEM CELL RESEARCH ADVISORY COMMITTEE  
COMMISSIONER DR. ROBERT GALVIN, CHAIRPERSON  
OCTOBER 26, 2010

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MEETING RE: STEM CELL RESEARCH ADVISORY COMMITTEE  
OCTOBER 26, 2010

1 . . .Verbatim Proceedings of a meeting of  
2 the State of Connecticut Stem Cell Research Advisory  
3 Committee held on October 26, 2010 at 1:16 p.m. at  
4 Connecticut Innovations, 865 Brook Street, Rocky Hill,  
5 Connecticut. . .

6  
7  
8  
9 CHAIRPERSON COMMISSIONER DR. ROBERT GALVIN:

10 Okay. Item No. 2 is approval of minutes from the  
11 September meeting. We should all have received a copy of  
12 the minutes of that meeting. Are there any changes,  
13 additions, deletions, or corrections?

14 DR. MILTON WALLACK: So.

15 CHAIRPERSON GALVIN: Yes, Milt.

16 DR. WALLACK: Just an editorial thing on  
17 page two it indicates in one, two, three, on the fourth  
18 paragraph, Dr. Fishbone, and after that it talks about  
19 research in Connecticut was to try to find -- I think that  
20 should be cures for disease, not areas for disease.

21 MS. MARIANNE HORN: You're in the fifth  
22 paragraph, Milt?

23 DR. WALLACK: Yes, Dr. Fishbone indicated -

24 -

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1 DR. GERALD FISHBONE: Fourth paragraph.

2 DR. WALLACK: Fourth, I'm sorry.

3 MS. HORN: Oh, cures, okay.

4 DR. WALLACK: And then in the very last  
5 sentence on that page the suggestion was made to set up a  
6 parallel review process by venture. I think you meant  
7 capitalists or venture capitalists, I mean.

8 MS. CHELSEY SARNECKY: What does it say  
9 right now?

10 DR. WALLACK: It says venture capitals.

11 MS. SARNECKY: Yes.

12 MS. HORN: Thank you.

13 DR. WALLACK: And then on page six the only  
14 thing that I don't know if you want to do anything with  
15 this, I think that when you're referring to the Harvard  
16 lines there was -- they had 27 lines accepted. One was not  
17 accepted because of IRB problems at the university, at  
18 Harvard.

19 MS. HORN: I'll look into that and see if  
20 we need to modify that.

21 DR. WALLACK: Okay.

22 MS. HORN: Thanks.

23 CHAIRPERSON GALVIN: Any further comments?

24 DR. RON HART: This is Ron on the phone. I

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1 don't think that I got a copy of the minutes.

2 MS. SARNECKY: I can send you a copy, Ron.

3 DR. HART: Okay, thanks.

4 MS. SARNECKY: And if there are any issues  
5 that you come across, we'll just rehash them if need be.

6 DR. ANN KIESSLING: This is Ann Kiessling.  
7 I don't think I did either. I was thinking that maybe I  
8 just hadn't found them, but I can't find them now either.

9 DR. HART: I was searching while we were  
10 talking, yes.

11 MS. SARNECKY: Okay.

12 CHAIRPERSON GALVIN: So do we need to delay  
13 the vote?

14 MS. SARNECKY: I can send them now and we  
15 could do something later.

16 MS. HORN: Okay, let's do that.

17 CHAIRPERSON GALVIN: Okay. We'll table  
18 that issue. Chelsey is going to send you off. The folks  
19 who didn't get a copy are going to get a copy by email and  
20 we'll take a vote at the end of the meeting rather than at  
21 the beginning.

22 We will now proceed to Item No. 3, 2010  
23 contract update and I guess that will be you.

24 MS. SARNECKY: That will be me. We sent

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1 out last week the contracts for the 2010 grants. We've  
2 received all of the health center contracts back. So once  
3 our president and executive director signs those, those  
4 will begin. They all have an October 1st start date. And  
5 we're just waiting on a few back from Yale and we should  
6 be all set and ready to start the projects. We'll see six  
7 month fiscal reports in about seven months.

8 CHAIRPERSON GALVIN: Any further comment on  
9 Item No. 3?

10 MR. ROBERT MANDELKERN: Except that it's  
11 good to note the progress that our program is staying on  
12 track.

13 CHAIRPERSON GALVIN: So noted.

14 We'll move onto Item No. 4, 2011 request  
15 for proposals. Attorney Horn is going to handle that for  
16 us.

17 MS. HORN: I will. As you recall last  
18 month we worked on some language for diseased team  
19 proposals and I slotted that into the group project  
20 awards. I was a little puzzled about what to do with some  
21 language that I had noted about the intent for these  
22 awards was to get ready to begin FDA review and that there  
23 was no intent to pick one from this category if no good  
24 grant was there. I was confused about how to put that

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1 into the group project awards without indicating that this  
2 was the sole intent for the group project award, which I  
3 think it was not. We were giving priority to  
4 collaborative arrangements between industry with the goal  
5 of beginning Federal Drug Administration review within  
6 four years of the award. So that's the language I put in  
7 there. If people would like to have something different,  
8 please let me know.

9 DR. WALLACK: Can I suggest something,  
10 possibly something that may help. In the one, two, three,  
11 four -- in the sixth line where it says with the goal,  
12 would we want to consider possibly language that would say  
13 the following? With the goal of hopefully creating  
14 diseased directed research and with the objective of being  
15 that this research should move towards FDA review within  
16 four years of the award.

17 MR. MANDELKERN: Four years of the awarding  
18 of the award or the end review.

19 DR. WALLACK: Of the award, that's fine.

20 MR. MANDELKERN: Of the award in the  
21 beginning. Well, you have to, I think, make that -- I  
22 found that a little ambiguous.

23 DR. WALLACK: So within four years of  
24 awarding the grants. Why don't we say awarding the grant

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1 so it's not redundant?

2 MR. MANDELKERN: So that would be at the  
3 beginning.

4 MS. HORN: Yes, from the beginning.

5 DR. KIESSLING: Hi, this is Ann Kiessling.  
6 The language, I think, is -- sort of encompasses the  
7 spirit of the discussion that we had last month. But now  
8 we're missing the whole concept of creating a disease  
9 targeted team.

10 DR. WALLACK: I think, Ann, that's exactly  
11 why I suggested that with the goal being of hopefully  
12 creating disease directed research and you can say and  
13 appropriate teams.

14 DR. KIESSLING: I don't know. Maybe  
15 Marianne didn't put the phrase disease teams in there for  
16 a reason.

17 MS. HORN: No, I was just thinking that  
18 what was described there was maybe more self-evident than  
19 it is. I can certainly put something in there that says  
20 that these collaborative arrangements -- I can call them  
21 disease teams.

22 DR. WALLACK: Right. I think that  
23 Marianne's comment is right on the mark and that is that  
24 one would assume, it would be self-evident if you read it

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1 Federal Drug Administration review. I mean it implies  
2 that. But the only reason that I think, Ann, you and I are  
3 suggesting the words, the inclusion somehow of the words  
4 disease directed is it creates the message more clearly of  
5 what we're saying.

6 MS. HORN: Well, if after involved, a  
7 priority will be given to projects involving disease  
8 directed team collaborative arrangements?

9 DR. WALLACK: Right.

10 MS. HORN: Would that capture what you're  
11 looking for?

12 DR. WALLACK: Exactly. Right.

13 MS. HORN: Any further discussions?

14 MR. MANDELKERN: Well, in a sense though --

15 DR. WALLACK: -- I would move -- let me  
16 before I -- let me move the -- for consideration and  
17 discussion the language, Marianne, that you just added.

18 MS. HORN: Okay. Priority will be given to  
19 projects involving disease directed team collaborative  
20 arrangements.

21 DR. WALLACK: So I move that as an  
22 amendment to what you have here.

23 MS. HORN: Okay. Do we have a second?

24 DR. FISHBONE: I'll second it.

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1 MS. HORN: Okay.

2 DR. FISHBONE: Can you just repeat the  
3 words disease directed --

4 MS. HORN: -- disease directed team  
5 collaborative arrangements.

6 CHAIRPERSON GALVIN: Can you say that fast?

7 MR. MANDELKERN: The only thing I feel  
8 about it is that possibly saying it has to be disease  
9 directed can limit some of the research. For example,  
10 specifically the one big break through in Parkinson 's  
11 disease research was serendipitously come upon when they  
12 used drugs intended for patients with encephalitis for  
13 Parkinson's patients and they found wonderful improvement.

14 I think it's possible that research can head in one  
15 direction and wind up in another and I think maybe we  
16 shouldn't make the track too narrow.

17 DR. WALLACK: I would say that your concern  
18 is taken care of by virtue of the fact that we're not  
19 eliminating any of the other avenues of research. So all  
20 of those things can still happen. NO. 2, I would point  
21 out, for what it's worth, that there was a meeting about a  
22 week or so ago at the Health Center where a representative  
23 of the Parkinson's network was in attendance. Steve, help  
24 me with the last name. DeWitt. And he specifically asked

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1 about this kind of thing and was frankly very relieved to  
2 know that we were, at least, considering something along  
3 these lines.

4                   So, I think that, you know, your concern  
5 will be taken care of and many people who are in the  
6 advocate field, myself included, would be very much  
7 happier to know that after five years we're going to start  
8 finally moving with an eye towards, not eliminating, but  
9 an eye towards this next -- these next steps. And I would  
10 also finish by saying that I've discussed it with a number  
11 of researchers in the field and they, at least in  
12 Connecticut the ones I've talked to, feel very comfortable  
13 with this kind of language.

14                   DR. KIESSLING: The one thing I think that  
15 this kind of language encourages the clinical people to  
16 get more involved and to pay attention. And that is  
17 frequently a part of a disease team effort that's missing.  
18 It's difficult to get the clinicians involved until there  
19 is something -- there is a concrete goal.

20                   CHAIRPERSON GALVIN: Well, I'm going to  
21 interject a comment here and I agree with Mr. Mandelkern.  
22 I think that the Board is backing themselves into a too  
23 rigid form of having criteria applied. And I think you're  
24 going to be unhappy during the next considerations of

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1 proposals and find that we're going to spend a lot of time  
2 circling around what's a team. And -- or, you know, what  
3 is the meaning of life, and things like that. And I think  
4 we'll spend a rather endless amount of time or at least in  
5 the context of having maybe 15 hours to consider all kinds  
6 of grants, I think we'll spend a lot of time defining  
7 stuff. And well, do you think it will be ready in four  
8 years, Bob, or will it be ready in four years and two  
9 months, or three years and eight months, six years.

10 And I would prefer, and I think my  
11 colleague, Mr. Mandelkern, is trying to get at the point,  
12 I would prefer to leave this rather broad and perhaps  
13 address projects, which in the discretion of the Board  
14 would be a team effort leading to early recognition  
15 potentially within 48 months by the -- by the FDA. I think  
16 that would give us more room to maneuver and less room to  
17 start talking about, well, is it really a team or are they  
18 just two people in the same office and the guy down the  
19 hall. I'd prefer to see something looser rather than  
20 tighter and with some phraseology saying, you know, look  
21 if we look at five of these things and none of them are  
22 very good we're not going to -- we're not going to pick  
23 the best of the five. What really bothers me is with the  
24 tight language having the people sitting around this

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1 table, which may or may not include me, saying something  
2 like, well, you know, we really came up with the idea and  
3 now we've got to put -- now we've got to find eight  
4 projects to fit this description. And I would rather  
5 leave it as a discretionary item. I think there will be  
6 more than enough discussion about this either way, but I  
7 would prefer to keep it broad enough so we don't get into  
8 definitional issues about what constitutes -- what if it  
9 takes 50 months and those are the questions that you get  
10 when you -- when you try -- when you try to clarify things  
11 by exact phraseology. You tend to box yourself in.

12 DR. WALLACK: I would just make one comment  
13 about that. I understand what you're saying and maybe  
14 that's -- we take that up -- in order to not have you too  
15 concerned with that take out the word team and just leave  
16 in the concept of disease directed research. Now, having  
17 said that, and I'd be comfortable with doing that, No. 1.

18  
19 No. 2, I don't share the same kind of  
20 concern in the area of disease directed research because  
21 I've seen that happen. We now, for example, in California  
22 that the idea of the concept of disease directed funded  
23 research is currently going on. And it hasn't really, from  
24 what I gather we just came back from a meeting in

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1 Washington where some of us were discussing very things,  
2 it has not been a problem. So maybe we clean it up, take  
3 out the word team, leave the idea disease directed. Again,  
4 we -- I specifically -- I had suggested we say, hopefully  
5 fund this kind of research. It doesn't mean that we have  
6 to fund this kind of research. It's very similar to the  
7 fact that even though we have group grants if it doesn't -  
8 - if the group grants are not up to par we're not going to  
9 fund them. And that's been our policy.

10 So I don't have a problem with doing it. If  
11 you want to take out the word team I can certainly see  
12 doing that, but I would definitely want to go ahead with  
13 the idea of disease directed.

14 CHAIRPERSON GALVIN: Okay. And I certainly  
15 -- I agree with you and I certainly think that as a group  
16 we could all have a one or corporate memory to say that  
17 when we met in October we didn't say we had to pick one  
18 grant to fit this and I think that's -- as we look at it,  
19 if we could -- maybe we'll get five and we'll be good. Or  
20 maybe we'll get eight and none of them will be what we  
21 really want, but I don't want to have -- sometimes we've  
22 got to go back to what did we say back in October. Is  
23 that what we wanted to do? And I -- what we want to do is  
24 look and see if we've got a good one.

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1 DR. WALLACK: Absolutely.

2 CHAIRPERSON GALVIN: And if we've got a  
3 good one run with it. And so my expression of opinion had  
4 to do with I don't want to get into, well, you know, if  
5 it's a good one -- a good one it has to be within 48  
6 months. If it's 49 months it's not a good one. So with the  
7 discretion of the Board to look at it.

8 DR. WALLACK: I agree.

9 CHAIRPERSON GALVIN: And to pick one or not  
10 pick any.

11 DR. WALLACK: I totally agree with that.

12 CHAIRPERSON GALVIN: Okay.

13 DR. WALLACK: So the only thing I would put  
14 in there is to say hopefully fund instead of absolute.

15 CHAIRPERSON GALVIN: Yes.

16 DR. WALLACK: And also take out the word  
17 team.

18 CHAIRPERSON GALVIN: Collaborated maybe.

19 DR. WALLACK: That's fine. A disease  
20 directed collaborative --

21 CHAIRPERSON GALVIN: -- yes. Bob, you had  
22 another comment?

23 MR. MANDELKERN: Yes. My comment is that I  
24 don't quite share the enthusiasm of some of the other

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1 members for this approach, but I think it's worth trying.  
2 Whether we will get any proposals under this category  
3 remains to be seen. And so far we haven't seen much  
4 collaboration that came to anything. So I think let's try  
5 it. The only point I was making let's try it with a little  
6 more flex rather than confining it too much.

7 DR. WALLACK: Yes.

8 MR. MANDELKERN: Because the more you  
9 confine it the less chance you're going to get for someone  
10 to break forth into new territory.

11 DR. WALLACK: And what you guys all have  
12 just done is great, that flexibility, so that's great.

13 CHAIRPERSON GALVIN: Yes, I agree with you.  
14 Collaboration has got to be something well we're going to  
15 use Ed's lab every other Tuesday because that's when he  
16 plays -- and then we'll go over to UCONN once in a while  
17 or -- you know, that kind of sort of fuzzy collaboration.  
18 I think it should be realistic collaboration. Okay?

19 DR. WALLACK: Call the question.

20 CHAIRPERSON GALVIN: Okay.

21 MS. HORN: Okay. So the motion as amended  
22 by Milt and seconded by Dr. Fishbone is that the priority  
23 will be given to projects involving disease directed  
24 collaborative arrangements between industry. For example,

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1 biotechnology and pharmaceutical companies, medical  
2 centers and academic institutions with the goal of  
3 beginning Federal Drug Administration review within four  
4 years of the awarding of the grant. I don't have your  
5 hopefully in there.

6 DR. WALLACK: I would put the hopefully  
7 just to --

8 MS. HORN: -- where would you put the  
9 hopefully, Milt?

10 DR. WALLACK: Yes.

11 DR. FISHBONE: The goal hopefully.

12 DR. WALLACK: The goal would be to  
13 hopefully -- and that way we don't have to do it.

14 MS. SARNECKY: Can we say something with  
15 the intention?

16 DR. WALLACK: Okay, that's better, with the  
17 intention.

18 DR. HART: It's always hopefully.

19 MS. SARNECKY: Yes.

20 DR. WALLACK: Yes. What did you say, Ron?

21 DR. HART: If it's a goal it's already  
22 hopefully.

23 CHAIRPERSON GALVIN: Okay, so the intention  
24 of getting something to the FDA within -- and we all

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1 realize, sitting as a body, politic -- you know, four  
2 years is 48 months, or 60 months, or 61 months, or 49, I  
3 don't think we're going to hold anybody to if it's going  
4 to take them four and a half years as opposed to four.  
5 Just so long as we kind of build that in in our own heads.

6

7 DR. WALLACK: Right.

8 DR. FISHBONE: Do you need a timeframe or  
9 can it be with the intent of --

10 CHAIRPERSON GALVIN: -- we can say within a  
11 reasonable timeframe, which would --

12 MR. MANDELKERN: -- yes.

13 DR. KIESSLING: This is Ann Kiessling.  
14 Could somebody read that? First of all, could somebody,  
15 please, read that to me the way it's going to appear in  
16 the RFP? I'm a little confused. And secondly, I think the  
17 timeframe is critical.

18 MS. HORN: Priority will be given to  
19 projects involving disease directed collaborative  
20 arrangements between industry, for example, biotechnology  
21 and pharmaceutical companies, medical centers and academic  
22 institutions with the intention of beginning Federal Drug  
23 Administration review within four years of the awarding of  
24 the grant.

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1 DR. KIESSLING: That's great. I think it  
2 really should be said of Food and Drug, Federal Food and  
3 Drug Administration.

4 MS. HORN: Federal Food and Drug, okay.

5 CHAIRPERSON GALVIN: Yes.

6 DR. FISHBONE: Yes.

7 MS. HORN: Okay. That's the motion before  
8 you. All in favor?

9 ALL VOICES: Aye.

10 MS. HORN: Opposed?

11 CHAIRPERSON GALVIN: Motion carries.

12 MS. HORN: Okay.

13 DR. WALLACK: I'm sorry, before we leave  
14 the RFP --

15 CHAIRPERSON GALVIN: -- another RFP issue.

16 MS. HORN: The only other substantive issue  
17 that I have other than deciding on the date is we haven't  
18 nailed down the established investigator amount. There was  
19 some discussion of reducing it from a million dollars per  
20 grant.

21 DR. WALLACK: Right.

22 MS. HORN: And we came away from the last  
23 meeting without an exact amount to put in there.

24 DR. WALLACK: Can I just talk to that

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1 issue? I would recommend that we reduce the established  
2 investigator grant from a million dollars maybe to 750,000  
3 and if you wanted to instead of saying over four years do  
4 it over three years so that basically you're going to be  
5 getting the same amount of money. The advantage of doing  
6 that, at least from my viewpoint, is that it allows us to  
7 maybe consider an additional grant or two in the next go  
8 around because if you remember last -- in June we were --  
9 some of us felt that there were some grants out there that  
10 were very worthy, but we ran out of money. So, this would  
11 allow, free up some additional dollars, No. 1.

12 No. 2, again, before suggesting this I did  
13 speak to some of the researchers and they didn't see  
14 anything wrong with this kind of an approach. The argument  
15 about, you know, having to come before us again in a short  
16 period of time they felt, well, three years is not that  
17 short a period of time. So, I would recommend that we do  
18 that again in order to be more inclusive of some grants  
19 that we might not otherwise be able to fund.

20 I would put that in the form of a motion  
21 if, Mr. Chairman, that would be something to --

22 CHAIRPERSON GALVIN: -- establish  
23 investigative grants not to exceed 750,000.

24 DR. WALLACK: 750,000 and over three years.

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1 CHAIRPERSON GALVIN: Okay.

2 MS. HORN: Do I have a second?

3 DR. FISHBONE: I don't want to seem like a  
4 team here.

5 MS. HORN: Dr. Fishbone.

6 MR. MANDELKERN: Did you get a second?

7 MS. HORN: We did.

8 CHAIRPERSON GALVIN: Discussion?

9 DR. KIESSLING: This is Ann Kiessling. I  
10 would actually like to leave it to four years. I think  
11 established investigators can let us know if they think  
12 they need -- how much money they need per year. They can  
13 always apply for only three years. So I think that maybe  
14 people can also get a lot of work done with 750,000  
15 dollars spread over four years. Would it actually allow  
16 them to plan a little bit longer?

17 DR. WALLACK: If you put that in the form  
18 of an amendment to the motion I would second that, Ann.

19 CHAIRPERSON GALVIN: Is that what you want  
20 to do, Ann?

21 DR. KIESSLING: Please.

22 CHAIRPERSON GALVIN: Okay.

23 DR. WALLACK: I'll second the amendment to  
24 the motion, four years.

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1 CHAIRPERSON GALVIN: Any further -- Gerry.

2 DR. FISHBONE: I would like to ask the  
3 opinion of the only researcher is Ron, I think, on the  
4 phone.

5 MS. HORN: And Dr. Arinzeh.

6 DR. FISHBONE: Is she on the phone?

7 MS. HORN: Um, hmm.

8 MR. MANDELKERN: And Ann.

9 DR. FISHBONE: Pardon?

10 MR. MANDELKERN: And Ann.

11 MS. HORN: We have Ann Kiessling, Dr. Hart,  
12 and Dr. Arinzeh.

13 DR. FISHBONE: Yes. I would like to get  
14 some input from the researchers what they feel because  
15 otherwise it would seem to me like we're ramming this  
16 through without any representation from people who felt  
17 differently.

18 MS. HORN: Okay. So we heard from Ann.  
19 Anybody care to weigh in?

20 DR. TREENA ARINZEH: Sorry. I was separated  
21 for just a minute. Say it again?

22 MS. HORN: The motion is to reduce the  
23 established investigator award to up to 750,000 dollars  
24 spread out over four years. Currently it's a million

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1 dollars over four years. So we're just looking for some  
2 feedback on how that would feel to an investigator in  
3 terms of that amount of money and that number of years.

4 DR. ARINZEH: Yes. If we're limited to the  
5 timing that we have then that's kind of what we have to  
6 do. 750 spread over four years is going to be a  
7 significant reduction. So I mean I actually like it -- I  
8 would prefer it more 750 over three years, but I guess, I  
9 guess the thinking behind four years is that it gives them  
10 more time to do more work, is that correct?

11 MS. HORN: Well, it's not a requirement  
12 that it be four years. It may be that it ended over four  
13 years. So if you wanted to put in a grant for 750 for  
14 three years that would be acceptable.

15 DR. ARINZEH: Okay. Well, as long as there  
16 is some flexibility there then that's fine.

17 DR. HART: I think that based on our last  
18 discussion about the grants funded I mean if we have to  
19 draw the line so severely to get grants funded with large  
20 budgets I would suspect that it would be welcomed to a  
21 lot, a few more people to be funded.

22 CHAIRPERSON GALVIN: Bob Mandelkern.

23 MR. MANDELKERN: Well, first I would say  
24 that in some of the grants that I've reviewed of

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1 established investigators they are three year grants and  
2 they're focused that way. I'm just wondering would we  
3 discourage the application of some worthy scientist who  
4 felt that 750 over three or four was not enough to keep  
5 them in their labs and therefore not submit RFP's. It's a  
6 significant reduction from a million to 750. You will  
7 pick up a couple -- obviously, you want established  
8 investigators, but will we be diluting the qualities is my  
9 question.

10 CHAIRPERSON GALVIN: Milt?

11 DR. WALLACK: So, I think, Bob, you have a  
12 very good point and it certainly was something that when I  
13 knew this would be discussed that I didn't want to come in  
14 without having talked to some people and I did. And I do  
15 not sense any concern at all in going ahead with a four  
16 year. I was only originally saying three until Ann amended  
17 it, but I believed in my heart four was the way to go  
18 because people have told me that these are very  
19 substantial grants that we will apply for and will be very  
20 happy to receive. I don't see that as being a problem.  
21 And we pick up, again, the advantage on the other side of  
22 being able to be more inclusive and incorporate more  
23 people doing the research. I don't think the bottom line  
24 we'll lose anything and I think we'll gain, again, from

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1 the conversations that I've had.

2 DR. KIESSLING: This is Ann Kiessling.  
3 We're entering a real belt tightening era of research. And  
4 I guarantee that Connecticut investigators are going to be  
5 very appreciative of whatever Connecticut can continue to  
6 do in this area.

7 DR. HART: Very, very well said.

8 CHAIRPERSON GALVIN: I will -- just before  
9 I do that I will interject a personal comment. A week  
10 from today, plus a few hours, we will have a new governor  
11 and I think it's incumbent on those of you who are  
12 Connecticut residents and have what I, for want of a  
13 better term, have considered political clout I think it's  
14 very important for you to get yourselves or your elected  
15 representatives into the new governor's chambers as soon  
16 as possible and to explain where we are, what we've done,  
17 and where we'd like to go with this so that the 10 million  
18 dollars doesn't vanish along with -- I do hear all  
19 candidates talking about doing things in Hartford as if  
20 somehow the City or the local was a reason why the state  
21 is having financial difficulties. And that might change  
22 in Hartford, which I think means state employees or state  
23 institutions is going to fix everything. Well, this is  
24 something that we don't want to change and so those of you

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1 who have, as they say in the Bible, what is it-- those of  
2 you who have ears let them hear. And you need to get to  
3 your representatives early and say, look, don't do away  
4 with this program. The 10 million bucks you save here is  
5 not going to be able to -- it will do irreparable harm to  
6 the cause and to the 50 million dollars and spending that  
7 had preceded it.

8 With that said, we have the vote to be  
9 called. I believe the vote is to change the established  
10 investigator grants from a million dollars to not to  
11 exceed 750,000 dollars and to change the -- and leave the  
12 term three or four years.

13 MS. HORN: It may be extended over four  
14 years.

15 CHAIRPERSON GALVIN: Over four years.

16 DR. WALLACK: Over four years.

17 CHAIRPERSON GALVIN: Is that correct, Milt?

18 DR. WALLACK: Yes.

19 CHAIRPERSON GALVIN: Okay. All in favor of  
20 -- all in favor of that indicate by saying aye?

21 ALL VOICES: Aye.

22 CHAIRPERSON GALVIN: Opposed? The motion  
23 is carried.

24 DR. WALLACK: Bob, one other thing, or

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1 maybe two other things.

2 CHAIRPERSON GALVIN: Yes.

3 DR. WALLACK: On the group grants, the  
4 group grants are currently two million dollars, I believe.

5 And I'm doing this in full knowledge of the fact that we  
6 just did the disease directed research at two million  
7 dollars. I understand what we did. But I would put out  
8 for consideration if we might not want to consider the  
9 group grants. And I'm not talking about the disease  
10 directed group grants, I'm talking about the regular group  
11 grants reduce that to one million dollar grants over three  
12 years, one million dollars over three years. Again, for  
13 the same reasons of establishing a wider pool of  
14 distribution then we would otherwise be able to have. And  
15 do you want that in the form of a motion to start the  
16 discussion I so move it.

17 CHAIRPERSON GALVIN: Do we have a second?  
18 I'll second it.

19 MS. HORN: Okay, we have a second. Any  
20 discussion?

21 DR. FISHBONE: I'm just trying to figure  
22 out how that would play out. If you have a group grant  
23 that has six people in the group, like we had several  
24 before. If we give them 1,000 dollars to be -- that's

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1 over the four years --

2 DR. WALLACK: -- no three years.

3 DR. FISHBONE: Oh, three years. So that's  
4 what 350,000 dollars per year.

5 DR. WALLACK: Right. It's 350,000.

6 DR. FISHBONE: 350,000 divided by five or  
7 six. It seems to me you're not going to have very much  
8 money in each aspect of the grant. And I mean I would  
9 have thought maybe 1500 over three years might be a little  
10 bit --

11 DR. WALLACK: 1.5 million?

12 DR. FISHBONE: That's what I would have  
13 thought.

14 DR. WALLACK: Well, if you want to amend  
15 it. I'm only putting it out for discussion.

16 DR. FISHBONE: Yes.

17 DR. WALLACK: My --

18 DR. FISHBONE: -- I'd like some other  
19 opinions on that.

20 DR. WALLACK: Right. Well, do you want to  
21 put that as an amendment? I'll second your amendment.

22 DR. FISHBONE: Yes, I'll put that as an  
23 amendment.

24 DR. WALLACK: So Gerry's amendment is to

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1 put it out not one million, but 1.5 million over three  
2 years. I'll second that amendment.

3 MR. MANDELKERN: That's a reduction from  
4 two million to 1.5?

5 DR. WALLACK: And it's not the one million,  
6 yes.

7 DR. HART: Can I interject? This is Ron  
8 Hart on the phone. If we're going to do this directed  
9 research idea these things are expensive and I would  
10 rather see funding one at two million dollars than  
11 multiple at any cut whatsoever.

12 DR. WALLACK: I think the intent was to  
13 leave the disease directed at the two million and this  
14 would be the rest of that category at 1.5. It wouldn't  
15 touch the disease directed. You're right.

16 DR. HART: Would that be clear based on the  
17 RFP?

18 MS. HORN: Yes, we would have to clarify  
19 that the -- while priority is going to be given to these  
20 disease directed and they'll be funded at two million for  
21 four years other group grants that are funded would be for  
22 up to 1.5 million over up to three years.

23 DR. HART: Okay.

24 MR. MANDELKERN: Bob?

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1 CHAIRPERSON GALVIN: Yes.

2 MR. MANDELKERN: I'm feeling that the group  
3 grants will disappear completely because if my  
4 recollection is correct we've had fewer applications in  
5 the group category and I don't think we've funded any last  
6 round and I don't think we funded any in the round before.  
7 I think to use the financial tool to direct research to  
8 only some areas is not good science. And I think what  
9 we're doing is parsing the established and we're parsing  
10 the group and we're elevating the disease directed not  
11 knowing if they'll even be one application in this area.  
12 So I don't like the feeling I'm getting of diluting all  
13 other areas, which we have done practically for the sake  
14 of the disease directed. I would rather see -- leave the  
15 disease directed as we passed and leave the group alone.  
16 It hasn't drawn much interest in the last year or two. If  
17 we drop it, the dollars it will draw less interest and I  
18 would like to see it remain where it was at two million.

19 DR. WALLACK: I would say that that process  
20 will unfold regardless of whether it's 1.5 or two and I'm  
21 being a little bit more, I think, responsible with the  
22 state's funds by putting it at 1.5. The part -- I said  
23 there were two other things. The part that I didn't say  
24 frankly yet is that I think that to your point, Bob, I

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1 frankly would like to see the seed grants, the numbers of  
2 seed grants potentially be expanded. I think we're, at  
3 this point, funding two million dollars in seed grants.  
4 Is that right?

5 MS. HORN: Generally.

6 DR. WALLACK: Generally two million?

7 Frankly, I think that would do exactly what you want to do  
8 and it would give us greater powers in order to do it. I  
9 think the recommendation speaks to your intentions and  
10 your goal precisely.

11 MR. MANDELKERN: Well, it's not my  
12 interpretation of it and we've funded more, I think, than  
13 two million in seeds. And we've usually stopped the  
14 funding process or we've cut. Remember in the past  
15 frequently when we've come to the established, and if  
16 there were any group, cores now being out of the fact, we  
17 would take a uniform slice of the established and the  
18 groups and so on. So, I think we just have done it in the  
19 past. Now we're lowering the barrier. We're setting the  
20 goals -- we're setting the goal too low, in my opinion,  
21 for the sake of hopefully having researchers come forward  
22 with this disease orientated approach, which I hope draws  
23 wonderful proposals that will be very fruitful.

24 But there is the possibility that it might

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1 draw nothing and therefore the delusion of the groups and  
2 the established which may draw less because of the  
3 financial dropping of the limits might leave us not in the  
4 position we've been in for the last three, four years  
5 where we've consistently received applications for about  
6 ten times the amount of money we had to distribute. And  
7 the peer review people, therefore, had a strong job to  
8 discriminate among the programs. I would hate to see a  
9 situation where we get applications in much a lesser  
10 quantity and a much lesser amount because the goals have  
11 been dropped.

12 DR. WALLACK: Frankly, I personally don't  
13 agree that because the group grant requests on an annual  
14 basis will be precisely the same amount of money. In  
15 order to --

16 DR. FISHBONE: -- for one year less.

17 DR. WALLACK: Right, it will just be for  
18 one year less. They're getting exactly the same amount of  
19 dollars. They're getting 500,000 dollars a year as they  
20 are currently. I'm -- we're not doing anything at all to  
21 diminish the amount of money. All we're doing is we're  
22 creating in year one more dollars being made available to  
23 a greater number of researchers and I would hope that  
24 maybe seed grant recipients would be extended if possible.

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1 I'm telling you personal bias or if it's an established  
2 investigator that's great also. So they're -- so they're  
3 going to get the same amount, but we get more money  
4 available in this current year. I don't see a problem at  
5 all with it.

6 CHAIRPERSON GALVIN: Gerry?

7 DR. FISHBONE: One of the things that  
8 struck me about the group grants was that the more money  
9 you give the more people get brought into the group. My  
10 recollection over the years is that sometimes you would  
11 have seven people in the group and when the reviews came  
12 in one or two of those were suboptimal. It was almost as  
13 if it was dragging it out to get anybody who was  
14 interested in this area. So, I think the value of putting  
15 more money in doesn't necessarily produce better results.

16 It just brings in more people that may or may not be  
17 going out there on their own would have been funded for a  
18 grant but are getting it because they're part of the  
19 group.

20 DR. ANNE HISKES: Hello. (Inaudible)

21 MS. HORN: Did you want to weigh in on this

22 --

23 DR. HISKES: -- sure.

24 DR. WALLACK: Better to capture Anne while

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1 she's here because I don't know what a quorum situation  
2 is. I'm going to call the question so that we can  
3 definitely get Anne's vote on this. So I call the  
4 question.

5 DR. FISHBONE: Which is?

6 DR. WALLACK: 1.5 million over three years.

7 MS. HORN: For the group grants rather than  
8 the disease directed team.

9 DR. WALLACK: Right.

10 MS. HORN: Okay. All in favor?

11 ALL VOICES: Aye.

12 MS. HORN: All opposed?

13 CHAIRPERSON GALVIN: I'm opposed.

14 MS. HORN: Anybody opposed, okay.

15 MR. MANDELKERN: I abstain.

16 MS. HORN: And you're abstaining.

17 MR. MANDELKERN: Yes.

18 MS. HORN: Okay. And so who on the phone,  
19 can I hear the yea's again on the phone, please.

20 DR. HART: Yes.

21 DR. ARINZEH: Yes.

22 DR. HISKES: Yes.

23 DR. KIESSLING: Yes, Ann Kiessling.

24 MS. HORN: The yes's have it, 1.5 over

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1 three and that would be distinguished from the group.

2 CHAIRPERSON GALVIN: Okay. Now, let me  
3 tell you what my objection is. We have ten million  
4 dollars and I see that what we're trying to do is have a  
5 little bit here and a little bit here. I think we spend  
6 the ten million until it's done and I think we need more  
7 and new investigators and smaller grants. And my reason  
8 for voting now was I don't like this whole idea that of a  
9 team of people. It's very old time. And most of these  
10 people should be far enough along in their research to  
11 form their own teams and find their own financing. So, I  
12 think, you know, Bob and I and some others have talked  
13 about shouldn't we be funding more investigators and  
14 looking -- is having six or eight people in a group grant,  
15 who may or may not be productive or may or may not really  
16 work well together isn't that a better thing than maybe  
17 funding eight or ten people individually. And in order to  
18 be comfortable with that you have to figure well some of  
19 these ideas are just not going to work.

20 DR. WALLACK: So to pick up on your point,  
21 would it -- do you -- would you be happy if we indicated  
22 our desire to hopefully fund more seed grants?

23 CHAIRPERSON GALVIN: I don't know. I don't  
24 think we have to do that formally. I mean we're all

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1 sitting here or on the phone and I think maybe before all  
2 this starts when we discuss things in late March or April  
3 we should come up with a philosophy what do we want to do  
4 here? Do we want to -- do we want to try to put our --

5 DR. WALLACK: -- okay.

6 CHAIRPERSON GALVIN: Put -- do we want to  
7 put our money on a horse we think is going to win with a  
8 profit. And, you know, if someone says, came to us and  
9 said, here is a really good chance that this will come to  
10 fruition and come to a cure, then shouldn't we spend the  
11 whole ten million bucks on one project because a couple of  
12 a million is a drop in the bucket to develop a project. Or  
13 should we -- you know, and I think Bob has said -- is the  
14 new investigator who has got an idea that people are not  
15 quite sure is going to work and most of the time it's not  
16 going to work, but you'll learn a lot by finding out why  
17 it didn't work. But to put two million bucks over here  
18 and a million bucks over here, and three million bucks  
19 there, we don't really have -- you know, we don't have a  
20 huge amount of cash.

21 And I think that in our spring meeting Dr.  
22 Fontana will be in attendance. Dr. Fontana is the new  
23 director of research and development. And he, tomorrow,  
24 will be down at the scientific conference. And I think

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1 he's going to give us a pretty good idea about where are  
2 we going to -- and I think we should have maybe a one hour  
3 conclave the morning of the meeting and say, okay, we're  
4 going to have Fontana talk to us about where are we going,  
5 where do we want to go this year rather than -- but I  
6 don't have any objections per say to taking it from two to  
7 one and a half.

8 DR. WALLACK: Okay.

9 CHAIRPERSON GALVIN: Because it's just -- I  
10 don't want us to feel like, well, we talked about this and  
11 we really should fund a group. I think we'll probably get  
12 significant numbers of people who want to get at the two  
13 million dollars and say their project is going to do this  
14 and that. I think we'll probably get more rather than  
15 less and some of them won't really, you know -- like some  
16 of the grants we get, which we don't have much to do with  
17 stem cell but have a lot to do with research. So as long  
18 as we address that philosophy I'm fine.

19 DR. WALLACK: Okay.

20 DR. FISHBONE: A comment on that. The only  
21 problem, I think, is if you try to put all your eggs in  
22 one basket if it's the wrong basket you've got nothing.

23 CHAIRPERSON GALVIN: Yes.

24 DR. FISHBONE: It's very hard to say that

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1 the embryonic stage that we are with so many of these  
2 things I think the idea of funding more and more ideas is  
3 probably a very good one because we don't know which of  
4 those is going to be a homerun.

5 CHAIRPERSON GALVIN: Yes. And I think the  
6 other thing we could do is offer a 100,000 dollar grants  
7 and we're just sort of shot gunning, you know, to try to  
8 get one of a flock of geese to come down by putting a lot  
9 of pellets in the air. We don't want to do that either.  
10 So I think we have a balance here and I think maybe we  
11 could have a -- an hour or less of limited discussion  
12 about which way are we going to go now.

13 MR. MANDELKERN: Just in retrospect, I  
14 think the Committee has been exceedingly prudent because I  
15 think it was three years ago a proposal came in on  
16 Parkinson disease, it happened to be from Yale, and it  
17 received the highest score of all the proposals that had  
18 been submitted that year. And the peer review committee  
19 concluded that if this research was successful at the end  
20 of the period, and I think the end of the period will be  
21 next year, it would be ready for clinical trials. And yet  
22 we didn't go overboard. We cut that proposal from two  
23 million down to 1.2 or 1.1 because some of the multi's  
24 weren't to our liking.

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1                   But the point is that -- we've been prudent  
2 even when something has been off the wall. This score was  
3 far beyond what anyone else achieved in their proposal and  
4 had this promise of clinical trial at the end of the  
5 process we still were circumspective from the -- so I  
6 think we've done a very good job, but I would not like to  
7 cut the opportunities any further. That's why I abstained.

8

9                   DR. WALLACK: One other question, Bob,  
10 before we leave this. There are -- for 2011 do you have  
11 any thoughts about what you want to do going forward with  
12 the core grants? I know we've had discussion about that  
13 before.

14                   CHAIRPERSON GALVIN: I certainly think  
15 we've assisted several entities in getting -- we've funded  
16 three now.

17                   DR. WALLACK: Well, you funded one at  
18 UCONN.

19                   CHAIRPERSON GALVIN: Yes.

20                   DR. WALLACK: Or is it two, Marianne, one  
21 or two?

22                   MS. SARNECKY: Two.

23                   DR. WALLACK: Two. And we have two at Yale.  
24 You have the Snyder core.

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1 MS. SARNECKY: Um, hmm.

2 DR. WALLACK: And you have the Hython core.

3 CHAIRPERSON GALVIN: Yes.

4 DR. WALLACK: So you have four cores.

5 CHAIRPERSON GALVIN: Yes, that's enough.

6 DR. WALLACK: So do you want to put -- do  
7 we need to address the fact that --

8 MS. HORN: -- well, here is the wording we  
9 have right now. Core funding is not a priority for this  
10 round of funding. Some additional core funding may be  
11 considered for applications with novel or unusual plans.  
12 But we left the door open in case of that --

13 CHAIRPERSON GALVIN: -- I think that's  
14 fine.

15 DR. WALLACK: Okay.

16 CHAIRPERSON GALVIN: If someone comes up  
17 with something world shattering or awesome and needs some  
18 help that way and they come up with an outstanding idea  
19 that we all love, fine. I think -- once again, I think we  
20 need that discretion to say, you know, we're just not  
21 going to do that this year. We're sorry we're going to  
22 give out instead of giving you a million bucks for a core  
23 we'll give out ten 100,000 dollar grants or 250,000 dollar  
24 grants.

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1 DR. WALLACK: Okay.

2 MS. HORN: The only other thing I have in  
3 the RFP, and we need to hear from some of the researchers  
4 on this, is the date. Last year we had the letter of  
5 intent submission was October 30th, which is --

6 MS. SARNECKY: -- on Monday.

7 MS. HORN: Two days from now. And the  
8 proposal submission deadline was December 4th. And,  
9 again, I think that we didn't fund these until June. There  
10 was some concern about whether we were going to get out  
11 too far in front of peer review because there were grants  
12 that might not be funded, but the review might be done for  
13 nothing. So, that said, I just wondered were there any  
14 ideas about when we should get this RFP off and running.

15 MR. MANDELKERN: Just a point of inquiry,  
16 what was the time period last, Marianne?

17 MS. HORN: October 30th for the letter of  
18 intent and December 4th for the proposal submission.

19 MR. MANDELKERN: When did we release that?

20 MS. HORN: Gosh when did we send it out?  
21 The beginning of --

22 MS. SARNECKY: -- September.

23 MS. HORN: The beginning of September?

24 MS. SARNECKY: I think it was the end.

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1 MS. HORN: The end of September. It was a  
2 month lead time.

3 MR. MANDELKERN: We gave a month lead time  
4 for the letter of intent.

5 MS. HORN: Yes.

6 MR. MANDELKERN: And how much time for the  
7 final?

8 MS. HORN: Just over a month, five weeks  
9 from October 30th.

10 MR. MANDELKERN: So we went one week more  
11 than the letter of intent.

12 MS. HORN: Right.

13 DR. WALLACK: Why can't you just push it  
14 back what two weeks or three weeks, the whole thing?

15 MS. HORN: Well, I was going to propose  
16 December 30th because we have -- we have holidays falling  
17 in here.

18 DR. WALLACK: Right.

19 MS. HORN: And January 15th -- or January  
20 14th, which would take it over past the other holidays.  
21 But I don't know, in terms of academic schedules whether  
22 that is just a nightmare or not. And, Warren, I think you  
23 might want to weigh in on this as well.

24 MS. SARNECKY: Is -- Isolde, are you on

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1 line?

2 DR. ISOLDE BATES: Yes.

3 MS. SARNECKY: Do you have any comments  
4 about that in terms of the academic schedule?

5 DR. BATES: Well, we go 12 months --  
6 (inaudible) -- month after month after month.

7 MS. SARNECKY: Okay.

8 CHAIRPERSON GALVIN: Okay. I would get  
9 them out sooner rather than later. I think there was some  
10 confusion last year because the -- (inaudible) -- but I  
11 think that we're going to have some really persuasive  
12 people like Dr. Wallack, Dr. Pescatello -- I really think  
13 if the presentation is to the right person in a new  
14 administration they're going to understand how much good  
15 is done by this relatively small amount of money in a  
16 multi billion dollar budget, and also the job creation  
17 factor.

18 DR. WALLACK: Right.

19 CHAIRPERSON GALVIN: But you've got to send  
20 somebody who is a -- who can handle those kind of  
21 confrontations and Milt can handle them very well. Paul  
22 can handle them. I'm not sure of my own status, but going  
23 in and saying, you know, it's truly a good thing. We --  
24 don't take the ten million away, that's not the way to do

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1 it. It's that we've established this. This is -- we're  
2 getting results. We're moving the stuff forward even when  
3 the feds couldn't and we're creating jobs. And I think --  
4 people are going to come to Connecticut --

5 DR. WALLACK: -- and Mark did also, very  
6 well.

7 CHAIRPERSON GALVIN: And Mark yes. I left  
8 Mark out. Mark is -- if I had to go I'd take Mark with  
9 us. Even if he just sat there and smiled -- but I'd take  
10 Mark or Paul. Both --

11 DR. WALLACK: -- Mark, Paul, Hysan, and  
12 myself.

13 CHAIRPERSON GALVIN: Not to say that any --  
14 that none of the other folks here can do it. Of course,  
15 I'm considered suspicious because I'm a Rowland --  
16 originally a Rowland employee and they know there is  
17 something wrong with me. But that core that you recommend  
18 are very persuasive and well thought of people and you've  
19 got to get them out of -- you know, you're asking for ten  
20 million bucks. We're asking for ten -- no, we're not, the  
21 money has been earmarked and what we're telling is look  
22 how much good you're going to do.

23 DR. WALLACK: Right.

24 CHAIRPERSON GALVIN: You're creating --

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1 you've got to have -- but you've got to have a --

2 DR. WALLACK: -- okay.

3 DR. FISHBONE: How much money is left?

4 CHAIRPERSON GALVIN: 50 million.

5 DR. FISHBONE: 50 million. Five years  
6 worth.

7 CHAIRPERSON GALVIN: Yes.

8 MR. MANDELKERN: That's promised in the  
9 legislation. It's not --

10 CHAIRPERSON GALVIN: -- but they could --  
11 they took it away twice.

12 MR. MANDELKERN: Right.

13 CHAIRPERSON GALVIN: And I had to go to the  
14 Governor's office twice and get it back.

15 DR. WALLACK: You did it once on your own.

16 CHAIRPERSON GALVIN: Yes. I was able to  
17 get it back. The problem has not been -- not to belabor  
18 the point -- that people they don't understand what this  
19 is. It's frills. It's something that's left over from the  
20 Rell era. Actually the bill went through when Governor  
21 Rell was Lieutenant Governor. And, you know, they said  
22 this old stuff, it's using state money and you can get  
23 down and beg and say things, but you need the Pescatello's  
24 and the Loran's of the world to say, you've got to

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1 understand this is what has happening because of that  
2 money. And -- but they'll try something like, well, not  
3 this year, Milt. They'll whack you on the back -- or Bob  
4 and give you a good slap on the back and a little pin that  
5 says Governor Malloy or Governor Foley, come back next  
6 year and we'll give you 20 million next year, but not the  
7 ten million this year. You've got to point out all that  
8 really factual stuff. Okay.

9 MS. HORN: Okay, that's all we had on the  
10 RFP's.

11 MR. MANDELKERN: The timetable, if we get  
12 them out say by the end of October what's the reply date  
13 going to be for the intent?

14 MS. HORN: December 3rd.

15 MR. MANDELKERN: So that's -- and the  
16 final?

17 MS. HORN: January 14th.

18 CHAIRPERSON GALVIN: There is no purpose in  
19 keeping them. They're not to age in the casks.

20 MR. MANDELKERN: It's a little bit more of  
21 a stretch than last year.

22 MS. HORN: It is a little stretch. We're a  
23 little later starting and then we're running into the  
24 holidays.

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1 MR. MANDELKERN: But we got a tremendous  
2 response last year.

3 MS. HORN: Yes.

4 CHAIRPERSON GALVIN: And we'll get a  
5 tremendous response this year.

6 MS. HORN: So Chelsey and Dan and I will  
7 sit down and work out the little nitty gritty's of the RFP  
8 and get that done in the next week or so.

9 DR. WALLACK: Okay.

10 MS. SARNECKY: A quick question, once we  
11 work out the details, make them consistent with the  
12 contract that we have --

13 MR. WARREN WOLLSCHLAGER: -- I'm sorry,  
14 Marianne?

15 MS. HORN: Yes.

16 MR. WOLLSCHLAGER: I'm sorry, this is  
17 Warren. I just had to take my phone off mute.

18 MS. HORN: I thought maybe you had gone  
19 back to --

20 MR. WOLLSCHLAGER: -- I don't think it  
21 should make a difference on when you get out the RFP, but  
22 your peer reviews are much more tenuous this year than  
23 last. And I thought I'd just get that on the table so  
24 folks don't think we're necessarily going to keep the same

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1       timeframe. The issue of whether or not we can reimburse  
2       peer reviewers is not resolved. We're taking two  
3       different approaches to it. The Commissioner has asked for  
4       permission to pay them and we've also got a legislative  
5       proposal, but we don't have any feedback on either of  
6       those. So, when we reach out to peer reviewers, again, we  
7       won't be able to tell them whether or not they'll get any  
8       compensation for their efforts.

9                   CHAIRPERSON GALVIN: Yes, but when you have  
10       Myland and Milt and Hyphen, and Paul go in and talk  
11       they're going to have to point that out.

12                   MR. WOLLSCHLAGER: Sure.

13                   CHAIRPERSON GALVIN: And if I'm around I'll  
14       point it out that you can't -- I mean you can't ask people  
15       to donate 100 hours worth of work and not give them  
16       something for their time, certainly not what they're  
17       worth. And, you know, when I taught medical students I  
18       think I had to have them there for six weeks I think I got  
19       700 or 800 bucks. And I ended up losing about ten grand  
20       in billable funds, which is okay, but, you know, we're --  
21       at least I'm getting -- but you can't ask the kind of  
22       people -- I think what we need Mark and the others to say,  
23       you can't ask people of stature to do this work and then  
24       not give them something in return other than a firm

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1 handshake.

2 MS. HORN: Thanks, Warren.

3 CHAIRPERSON GALVIN: Okay. Just for the  
4 record, I'm certainly willing if any subgroup of this  
5 committee wants to meet with whoever the new chief  
6 executive is prior to the end of the gubernatorial term  
7 I'm certainly willing to go with them. Afterwards I think  
8 I'm going to be a greeter at the casino. I've been  
9 promised something like that.

10 MS. HORN: Sounds like fun. Okay, review  
11 and approval of 2008 annual reports.

12 MS. SARNECKY: I just think we might need  
13 to switch the order around here a little bit. Dr. Dees,  
14 are you on the line yet?

15 DR. RICHARD DEES: Yes.

16 MS. SARNECKY: Oh, perfect.

17 MS. HORN: Beautiful.

18 MS. SARNECKY: So I don't think we have to  
19 switch the order around. We'll start with 08SCBUCON006,  
20 Dr. LoTurco, the reviewers were Dr. Dees and Dr. Wallack.  
21 And I think how we'll do this is if there are any comments  
22 that need to be made Dr. Wallack or Dees you can make your  
23 comments, make your recommendations to vote for or to put  
24 a motion forward to approve the next round of funding for

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1 the researcher.

2 MS. HORN: But I would ask we're not going  
3 to get overly formal here, but if you have a conflict with  
4 the institution, please, do not vote on it.

5 DR. WALLACK: Rich, this is Milt. The --  
6 so you reviewed a few and I reviewed a few, I know. This  
7 is the only one, and maybe I'm missing something, but  
8 unless you have it, this is the only one that I see that I  
9 do not have any narrative summaries and no lay remarks. Is  
10 that a problem or not?

11 DR. DEES: I thought I had remarks.

12 DR. WALLACK: See, I don't have it.

13 DR. DEES: Section 3.

14 DR. WALLACK: Okay.

15 DR. DEES: I mean I thought Section 3 on  
16 page five was that.

17 DR. WALLACK: Okay. Now, I have it.

18 DR. DEES: All right.

19 DR. WALLACK: Chelsey gave it to me. I did  
20 not have it before. Okay, I'm sorry.

21 DR. DEES: All right.

22 DR. WALLACK: I'll defer to you, Rich.

23 DR. DEES: It seems like they're making  
24 progress on their goals so I would approve it

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1 DR. WALLACK: Okay.

2 DR. DEES: Shall I make a motion?

3 DR. WALLACK: And I would second it.

4 CHAIRPERSON GALVIN: All in favor?

5 ALL VOICES: Aye.

6 CHAIRPERSON GALVIN: Okay. Next.

7 MS. SARNECKY: 08SCBYALE13, this is Dr.

8 Vaccarino. The reviewers were Dr. Fishbone and Mr.

9 Mandelkern. Do you want to take it, Gerry?

10 DR. FISHBONE: Yes. She seems to have done  
11 very good work. She's finished Task No. 1. She has  
12 finished Task No. 2. She's doing Task No. 3. And Task No.  
13 4 is proceeding with the evaluation by other methods. And  
14 she's ready to proceed with Task No. 5. It sounds like  
15 what she was trying to do was to see the effects of  
16 hypoxia on neuro stem cells. And she seems to have done a  
17 lot of work. She's had three publications. She's put in  
18 three more that her name isn't on, but Sharon Weismann, I  
19 think, is on those three so collectively they've done a  
20 lot.

21 Her budget seemed to be within a reasonable  
22 range. I think they were like 9 percent under budget. So  
23 I would recommend it for approval.

24 MR. MANDELKERN: Yes, I would add to that

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1 that the publication record is quite strong also and that  
2 they're working in a very vital area and making progress.  
3 So I would concur as we did, Gerry, in our discussion that  
4 we should fund this and move it forward.

5 CHAIRPERSON GALVIN: Okay. Any further  
6 discussion? All in favor of moving Yale grant,  
7 08SCBYALE13 indicate by saying aye.

8 ALL VOICES: Aye.

9 CHAIRPERSON GALVIN: Opposed? No  
10 opposition? We go onto the next grant, which is a  
11 University of Connecticut grant.

12 MS. SARNECKY: 08SCBUCHC016, this is Dr.  
13 Morest, and the reviewers were Mr. Mandelkern and Dr.  
14 Dees.

15 CHAIRPERSON GALVIN: Do you want to do this  
16 one, Bob, or do you want --

17 MR. MANDELKERN: -- well, I can take it. We  
18 -- Dr. Dees and I discussed the grant's progress in the  
19 very important area. And we felt that progress was made on  
20 their milestones, good. One question that I had was the  
21 lay review needed some improvements, I felt. But aside  
22 from that I thought the -- I thought that the project  
23 should be funded and moved forward.

24 DR. DEES: -- they're in their third year,

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1 but they're making good progress. So I would recommend --

2 CHAIRPERSON GALVIN: -- okay, all in favor?

3 ALL VOICES: Aye.

4 CHAIRPERSON GALVIN: Opposed? Okay.

5 Another UCHC grant, Dr. Rosenberg's grant.

6 MS. SARNECKY: 08SCBUHC021, Dr. Rosenberg,  
7 the reviewers were Dr. Kiessling and Dr. Arinzeh.

8 CHAIRPERSON GALVIN: Do you want to do this  
9 one, Treena?

10 DR. ARINZEH: Yes. (Inaudible)

11 CHAIRPERSON GALVIN: Ann, do you have any  
12 other comments on that?

13 DR. KIESSLING: Yes. The other thing that  
14 was confusing to me, and I -- (inaudible) I don't know --

15 CHAIRPERSON GALVIN: -- hand on for a  
16 second. Do we all understand we're looking at the UCHC  
17 grant Rosenberg and the Giardina subcontract, they're both  
18 the same grant number, 08SCBUCHU021.

19 DR. KIESSLING: Right, they're both the  
20 same grant. I couldn't figure out what year they're in.  
21 They're in their first year, aren't they?

22 MS. SARNECKY: This is their second year  
23 annual report. So they've completed two years.

24 MR. MANDELKERN: Was the subcontract always

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1 in this --

2 DR. KIESSLING: -- yes. The subcontract  
3 has always been -- then this is actually a good example of  
4 a small group grant. I mean these people put together  
5 their respective expertise in a really good way. I just  
6 couldn't figure out -- well, I forgot that if I saw '08  
7 that means that they started in the fall of '08 and  
8 they're going to finish in the fall of '10 or '11?

9 MS. SARNECKY: The project goes until 2010.

10 DR. KIESSLING: Oh, okay. Then they're in  
11 good shape.

12 CHAIRPERSON GALVIN: Okay. Can we vote on  
13 these two since they're basically the same grant?

14 MR. MANDELKERN: I would like to make a  
15 comment on Giardina subcontract since I had not been aware  
16 it was the same contract before I saw it here. I think we  
17 should fund and go forward with it, but the lay summary  
18 that has been written for this report is actually  
19 inadequate. It's wordy. It's much too long, much too  
20 scientific, and it needs a lot of work. So I would vote  
21 to move it forward, but with the contingency that the lay  
22 summary has to be severely reduced and much improved from  
23 a scientific point of view.

24 DR. KIESSLING: And that goes for the

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1 parent grant too. The Rosenberg lay summary is pretty  
2 incomprehensible for the lay -- it was hard for me to  
3 follow.

4 MS. SARNECKY: So I can speak to the health  
5 center and get new lay summaries for Rosenberg and  
6 Giardina, but we'll approve them going forward and I'll  
7 send the new lay summaries around to everyone when I get  
8 them.

9 CHAIRPERSON GALVIN: I think we need more  
10 comprehensive and --

11 MR. MANDELKERN: -- they're awful.

12 CHAIRPERSON GALVIN: Okay.

13 MR. MANDELKERN: I mean the one that I was  
14 on, the Giardina lay summary is awful.

15 CHAIRPERSON GALVIN: Okay, we need a vote.  
16 We're on Rosenberg, UCHC21 and the Giardina subcontract,  
17 all in favor of accepting the report indicate by saying  
18 aye.

19 ALL VOICES: Aye.

20 CHAIRPERSON GALVIN: Opposed? The ayes  
21 have it. We are now going to UCHC022, the Li grant. And I  
22 don't believe Paul is with us. So, Treena, I'll have to  
23 ask you to discuss that.

24 DR. ARINZEH: Okay. So this group is now -

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1 - stem cells -- for muscular atrophy. I think this  
2 project -- they had pretty substantial preliminary data  
3 there and they (inaudible) -- so I vote yes. They're  
4 making good progress.

5 MS. SARNECKY: And just for the record, Dr.  
6 Pescatello sent me an email and said that he believes that  
7 this grant is making appropriate progress.

8 CHAIRPERSON GALVIN: Okay.

9 MS. SARNECKY: And he would vote in favor  
10 of approving the next round of funding.

11 CHAIRPERSON GALVIN: Okay. All in favor  
12 indicate by saying aye.

13 ALL VOICES: Aye.

14 CHAIRPERSON GALVIN: Opposed? And it is  
15 carried.

16 We're now down to the Niklason grant, which  
17 is 025 and it's Milt and Dr. Hart. Dr. Hart, do you want  
18 to comment on that?

19 DR. HART: Just it's a very complete  
20 progress report with an impressive amount of progress and  
21 data and one paper in preparation, which is a little  
22 worrisome. But other than that it looks very good.

23 CHAIRPERSON GALVIN: And Milt?

24 DR. WALLACK: I agree. It seems that

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1 they're making good progress. It -- I think they've gone  
2 -- they've now completed two years as of this summer. They  
3 have a four year grant. So I think I was very impressed  
4 with this.

5 CHAIRPERSON GALVIN: Okay. And all in  
6 favor of accepting the report on the Yale grant 025,  
7 Niklason, indicate by saying aye.

8 ALL VOICES: Aye.

9 CHAIRPERSON GALVIN: Opposed? The ayes  
10 have it.

11 We now move onto another Yale grant, the  
12 Redmond grant, and I think, Gerry, you have to discuss  
13 this because Paul isn't with us.

14 DR. FISHBONE: Yes. Dr. Redmond seems to  
15 be making very good progress. They have -- what they're  
16 trying to do is to produce dopamine producing cells and to  
17 direct them to monkeys as a possible cure for Parkinson's.  
18 These are -- that have been made sort of Parkinson like by  
19 -- I'm only saying good things.

20 MR. MANDELKERN: No, I couldn't hear.

21 DR. FISHBONE: Oh, oh.

22 MR. MANDELKERN: In a thinking pose.

23 DR. FISHBONE: So they really had very good  
24 success in producing the cells that produce dopamine from

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1 two lines of stem cells. And they have reached the point  
2 where they are starting to put these into monkeys and so  
3 far seeing stability of the dopamine producing cells. And  
4 they have not seen any ill effects yet. So they're really  
5 in the early stages of, if not the preliminary work --  
6 they're in the early stages of transplanting the cells  
7 into monkeys. And this seems to be safe. What's  
8 interesting is they have continued collaborations with a  
9 group of scientists down in the west coast, Dr. Even  
10 Snyder, which is not the Snyder that we funded. Is it  
11 Mike? There are scientists out there who are helping them  
12 and they're doing the work without cost to the Connecticut  
13 stem cell -- to us basically. So it looks like they're  
14 doing well. The budget is in order. They have a small  
15 discrepancy, but within acceptable limits. And I think we  
16 should continue to fund them.

17 CHAIRPERSON GALVIN: And, Chelsey, do you  
18 have any comments from Dr. Pescatello on --

19 MS. SARNECKY: -- Dr. Pescatello said that  
20 he also thinks that this grant is making appropriate  
21 progress and he would vote to --

22 CHAIRPERSON GALVIN: -- all in favor?

23 ALL VOICES: Aye.

24 CHAIRPERSON GALVIN: Opposed?

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1 MR. MANDELKERN: One more point of  
2 information, Gerry, this is year three or four?

3 CHAIRPERSON GALVIN: This is '08.

4 DR. FISHBONE: '08, so it's the second  
5 year.

6 CHAIRPERSON GALVIN: Yes.

7 MR. MANDELKERN: This is a report on the  
8 second year and we're funding the third.

9 MS. SARNECKY: Yes.

10 DR. FISHBONE: Yes.

11 MR. MANDELKERN: Okay.

12 CHAIRPERSON GALVIN: The motion is passed.  
13 That's Yale grant 05, the Redmond grant.

14 And lastly we have a Yale 004, the Lin  
15 grant, and Milt Wallack will discuss it.

16 DR. WALLACK: The -- I thought the report  
17 was very, very comprehensive. It was very well done. It  
18 seems as though that they're making all the progress on a  
19 multitude of fronts that they anticipated. The teams have  
20 stayed in place. The funding seems to be in place. They  
21 report no problems whatsoever. The form was first awarded,  
22 I believe, in 2007. So I think they have one more year to  
23 go on this. Is that right? Whatever. And so I would  
24 endorse the continued funding of this particular grant

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1 with enthusiasm.

2 MR. MANDELKERN: We're funding the last  
3 year?

4 CHAIRPERSON GALVIN: Do you have a comment,  
5 Dr. Hart?

6 DR. HART: All the same words that have  
7 been used.

8 CHAIRPERSON GALVIN: Okay.

9 MS. SARNECKY: Perfect.

10 CHAIRPERSON GALVIN: Then we'll vote. All  
11 in favor of the Yale grant, 004, Dr. Lin's grant indicate  
12 by saying aye.

13 ALL VOICES: Aye.

14 CHAIRPERSON GALVIN: Opposed? None? It  
15 passes.

16 Other business.

17 DR. FISHBONE: Could I just make one point  
18 about Dr. Redmond's grant?

19 CHAIRPERSON GALVIN: Sure.

20 DR. FISHBONE: I think this was a classical  
21 example of what we're hoping all to achieve where a  
22 combination of basic science and collaboration with other  
23 institutions. They're doing a disease orientated kind of  
24 grant and having very good progress with it.

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1 CHAIRPERSON GALVIN: I think that's exactly  
2 why I do -- I'm very encouraged by this. But I do think  
3 we still have to take the people who are -- I'm a little  
4 concerned we're not attracting people from any place other  
5 than the three universities. And they all have their  
6 orientation or if you want to call it ties between the  
7 medical schools and the university, but I mean let's face  
8 it's -- I'm still concerned, are we really attracting the  
9 new people and getting them started. Or are we somehow  
10 concentrating too much on the established and not  
11 encouraging people to begin, but that's a philosophical  
12 area. And hopefully we'll find some good people who have  
13 some interesting ideas and help us develop those. But this  
14 is -- the Redmond grant has worked really well.

15 MR. MANDELKERN: Can I to that?

16 CHAIRPERSON GALVIN: Yes.

17 MR. MANDELKERN: We took away the six,  
18 700,000 we all could have taken a nice trip to look at  
19 their monkeys.

20 DR. FISHBONE: You're talking about  
21 attracting new people into the field. And Milt and I both  
22 went to the Yale stem cell retreat. And they had 275  
23 people, most of whom looked like they were post doc's or  
24 people at that level. They were all very young people and

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1 it was exciting to see. You know, you talk about bringing  
2 new people into the field.

3 CHAIRPERSON GALVIN: Yes.

4 DR. FISHBONE: I think it was very exciting  
5 and hopefully it will be the same tomorrow at the UCONN  
6 retreat.

7 CHAIRPERSON GALVIN: Yes, interesting.

8 DR. WALLACK: And Chelsey went also.

9 DR. FISHBONE: Chelsey was there too.

10 MS. SARNECKY: I was there. It was  
11 fabulous.

12 DR. HART: Can I just make one brief  
13 comment?

14 CHAIRPERSON GALVIN: Sure.

15 DR. HART: At the New Jersey stem cell  
16 grant -- symposium at the end of September they actually  
17 had a grad student from UCONN that was invited to speak.  
18 He gave a wonderful presentation, Jason Gibson, from the  
19 Carter and Nelson lab. He gave a wonderful presentation,  
20 but he ended up winning one of the poster competition  
21 awards.

22 CHAIRPERSON GALVIN: That's great.

23 DR. HART: We really had a great impression  
24 from the researchers in Connecticut at the New Jersey

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1       symposium.

2                   CHAIRPERSON GALVIN: Chelsey, we need to  
3 maybe get a copy of his award and his poster so that when  
4 Milt goes up to bend the new governor's ear.

5                   MS. SARNECKY: Yes.

6                   DR. WALLACK: That's absolutely right. Can  
7 you get that, Chelsey?

8                   MS. SARNECKY: Of course, sure.

9                   CHAIRPERSON GALVIN: Yes. This is what  
10 we're doing. This is what we're doing with the ten  
11 million bucks.

12                  MR. MANDELKERN: Chelsey?

13                  MS. SARNECKY: Yes.

14                  MR. MANDELKERN: Can you also send me a  
15 copy of the Redmond report?

16                  MS. SARNECKY: Yes. Do you want my copy?

17                  MR. MANDELKERN: Yes, because I didn't get  
18 one.

19                  DR. WALLACK: Do you want under new  
20 business any updates that Marianne can share with you on  
21 the Dickey-Wicker stuff or, and/or anything else from  
22 IASCR or no?

23                  CHAIRPERSON GALVIN: Well, we have time to  
24 discuss whatever you might want to discuss for a while.

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1 MS. HORN: Well, just very briefly, Milt  
2 and I were privileged enough to go down to the IASCR, the  
3 Interstate Alliance on Research in DC last week and it was  
4 a wonderful presentation. This is the group that Warren  
5 and I picked up together years ago. And we had Ms.  
6 Charles who came and was responsible for the final update  
7 on the NAS guidelines and so she chatted about those. A  
8 number of the speakers we had spoke about the litigation  
9 that's going on and the ins and outs of the development of  
10 the Dickey-Wicker amendment and it's intent originally and  
11 some of the pitfalls of the -- of litigation. And I'm  
12 actually going to be on a panel tomorrow at the UCONN  
13 symposium talking about this, this case.

14 So they went through the Harriet Rab memo.  
15 And I think it was just a fascinating discussion and it  
16 really depends on whether the court looks at this language  
17 in the Dickey-Wicker and says it's clear on its face. I  
18 don't need to go any further or whether there is some  
19 ambiguity and they start to look behind it and give  
20 discretion to the long standing agency interpretations and  
21 so on. So, it will be very interesting. So that was  
22 wonderful. But the best thing about these meetings is they  
23 just have top notch speakers.

24 We did have a couple of folks from

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1 Congress, which Milt can probably speak more to, talking  
2 about advocating for changes in law at this point. The  
3 Senate fellow really felt that it was not a good, at this  
4 point, to try to introduce new legislation that might  
5 indicate that there was some validity to Dickey-Wicker  
6 applying to the destruction of embryos for research and --  
7 for stem cell research. And that the Congressional person  
8 felt, Congresswoman DeGetts.

9 DR. WALLACK: Diane DeGette.

10 MS. HORN: Who has been very outspoken off  
11 the record not in the front of the group felt that it was  
12 much more worthwhile to pursue some legislation. The IASCR  
13 was also there. I just wanted to point out for all of you  
14 that we do have their new medical tourism link to their  
15 site. It's a wonderful site on our website. So it talks  
16 about their handbook for anybody who is thinking about  
17 getting stem cell treatment in Costa Rica or god knows  
18 where.

19 MR. MANDELKERN: Two or 300 of the --

20 MS. HORN: -- yes, so they're trying to do  
21 something with assessing whether there is any validity to  
22 these clinics. So that's on our website. So that's about  
23 all I had, a great meeting.

24 DR. WALLACK: The only thing that I would

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1 really emphasize is the idea that it's -- this is a little  
2 personal, but it was also talked about after the meeting  
3 with Brendan Devine, who is the deputy or chief of staff  
4 for Diane DeGette, and it was very clear from his  
5 presentation and also from comments that Diane DeGette  
6 made in Connecticut a week or so ago, about ten days ago,  
7 that it's really essential that we, in fact, do something  
8 in Congress to overturn Dickey-Wicker or turn it aside if  
9 we can't overturn it, and the lawyers can address the  
10 differences in what I just said. There are differences.  
11 And so that's absolutely critical to do going forward to  
12 avoid any possibility of this kind of litigation occurring  
13 again.

14           The discussions over the two days did go  
15 more deeply into the motivation of Shirley -- which I  
16 don't want to bore anybody here at the table with, but  
17 which certainly reads like a novel. And the last thing  
18 that -- in that area that we should be aware of is that  
19 the lawsuit also has implications for how NIH went about  
20 creating the guidelines. A very, very important  
21 consideration and it may become part of the legal  
22 deliberations and part of the challenges. But, again,  
23 none of that exists if we get rid of Dickey-Wicker.

24           And the last thing that I would mention is

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1 that Story Landus representing NIH, who has been one of  
2 the forceful advocates of all of this going forward from  
3 the beginning, spoke to us as well. And as Marianne  
4 indicated -- was another very enlightening presentation  
5 and, again, I won't extend the meeting by saying anything  
6 more.

7 CHAIRPERSON GALVIN: Well, I can always end  
8 with a rhetorical question, there are more embryos than  
9 people have use for. And as a matter of fact, I had  
10 contact with a patient who has, I think, two or three  
11 stored embryos and they charge her. It's not an  
12 inconsequential fee for each embryo to be stored. And she  
13 was talking with us and going on about, well, I had the  
14 child now these are left over and I've been paying for  
15 them for eight years and it's up around the 1500, 1800,  
16 2000 dollar range to keep them for eight, or nine, or ten  
17 years. What am I supposed to do?

18 DR. WALLACK: Right.

19 CHAIRPERSON GALVIN: And I think you could  
20 even use them for stem cell research, keep them  
21 indefinitely, or pour bleach on them which is what people  
22 do. And I think of the pouring bleach on this tissue or  
23 human tissue if you want to regard them as human beings,  
24 which some people do, I don't see where that benefits

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1 anyone. And if you have -- if you're compelled to keep  
2 them forever I'm not sure who that benefits except the guy  
3 running the preserve areas.

4 DR. WALLACK: Right.

5 CHAIRPERSON GALVIN: I mean I don't quit  
6 get what the solution to this is or do you tell people  
7 they can have just one embryo and that's all we're going  
8 to allow you to be created and if that doesn't work then  
9 you're out of luck.

10 DR. KIESSLING: I'm interested in the  
11 approach to dealing with the Dickey-Wicker situation  
12 because I think it's in a gray area of legislation since  
13 it's a budget of -- it isn't as if they're for exactly any  
14 kind of a law or it's just simply an amendment to the NIH  
15 project. So did anybody talk about the legal strategy to  
16 deal with that as an amendment to the --

17 DR. WALLACK: -- yes, so it's actually an  
18 amendment to the -- not to the NIH budget, but to the  
19 general appropriations budget of Congress. It's attached  
20 to the entire budget. The Diane DeGette initiative, and  
21 there is a few ways of going at it, but she seems to be  
22 the one who will be carrying the ball. There is an intent  
23 in the lame duck sessions starting November 15th, Ann, to  
24 create legislation, legislative momentum to -- that will

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1 not overturn Dickey-Wicker, but which would set aside  
2 Dickey-Wicker by a motion that she has brought to the  
3 Congress twice before. And what it basically states or  
4 will state again is that her legislation will allow for  
5 funding of approved embryonic stem cell research and will  
6 allow for not only the authorization but the funding by  
7 NIH. Those are two different things, the authorization and  
8 the appropriation, of such funding.

9 It goes past Dickey-Wicker. It doesn't make  
10 people vote for its elimination, but it does take a  
11 positive step. So that's -- and I said the lawyers in the  
12 room can distinguish and elaborate more on the difference  
13 between the two approaches. But that seems to be what she  
14 will be trying to do starting November 15th.

15 DR. KIESSLING: Milt, is she trying to  
16 include stem cell -- (inaudible)?

17 DR. WALLACK: No, she's -- I think -- my  
18 understanding is that she is going to ignore that subject  
19 entirely.

20 DR. KIESSLING: Okay.

21 DR. WALLACK: And my understanding is that  
22 she's going to go directly again to the authorization and  
23 the appropriation of funds for the authorized funding.

24 CHAIRPERSON GALVIN: And that's an

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1 interesting -- just an historical note, Ann, that back in  
2 the late '70's or perhaps around '79 or so there was a  
3 movement to get rid of the military medical schools, which  
4 has a -- the acronym you chose and military health  
5 university, whatever they called it. And it was founded to  
6 take active duty military people and train them to be  
7 physicians. It was a closed circuit. And turned out to be  
8 much more expensive and it didn't really generate what  
9 they -- they were better off to fund a kid to go through  
10 Yale then put a kid through their own school. They tried  
11 to get rid of it and they couldn't and they found when  
12 they really wanted to get rid of it. Dr. Lanny, figured  
13 well, I'm not going to try to get rid of it I'll just give  
14 it a zero budget and he did. He was ready to cut their  
15 budget completely, which -- they ended up sacrificing the  
16 dean, who was a physician named Sanford who wrote that  
17 Sanford's handbook of infectious diseases and they kind of  
18 threw him to the dogs, and allowed the budget to go  
19 through. But there is lots of different ways. You don't  
20 have to vote the issue they just had to take their money  
21 away or cut it back so much that you can't function.

22 DR. KIESSLING: Right. But that would be -  
23 - that's what in Dickey-Wicker they're doing.

24 CHAIRPERSON GALVIN: Right.

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1 DR. WALLACK: Right.

2 MR. MANDELKERN: From my reading and from  
3 my participation in organizations I understand that there  
4 are very strong briefs now before the Court of Appeals not  
5 only from the Department, from the Attorney General, but  
6 there are a dozen or so -- briefs from coalitions on  
7 medical research and so on. And if -- and the -- rulings  
8 are expected shortly my understanding was that some  
9 rulings might come down before the end of this month.  
10 Marianne thought a little later on, but there will be a  
11 resolution, I think, with many of these questions not on  
12 the district level where it all started with this so  
13 called judge, but on the appeals level where it has been  
14 taken. So I'm very hopeful that the ruling on that level  
15 everything goes through it and then the Dickey-Wicker can  
16 be a long range fight, which I'm afraid it will have to be  
17 in my opinion. But what's there now is our hope, I  
18 believe.

19 CHAIRPERSON GALVIN: Okay. Thank you. Any  
20 further comment? If not --

21 DR. WALLACK: -- okay, just one thing, what  
22 Bob said is only partially true. And what has to be noted  
23 is that since 1996, for 14 years, this has been hanging  
24 out there and the only way -- the only reason that people

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1 like Shirley Ann Discher are able to come in and create  
2 any legal action is because that happens to be still  
3 viable. And so therefore it's -- the legislative folks who  
4 believe in stem cell research feel strongly that they have  
5 to overturn or set aside, set aside -- those are two  
6 different things, the impact of Dickey-Wicker.

7           The last thing I want to mention is that  
8 sometimes we sit here and we live our lives really  
9 passionately involved with stem cell research. And I think  
10 it's for the right reasons. But then sometimes you ask  
11 yourself really want am I doing? Shouldn't I be going out  
12 and playing a round of golf or whatever? And I just have  
13 to reflect on something that one of the panelists was  
14 Jonathan Marino, from -- he's been to our meetings before.  
15 And he's a professor at the University of Pennsylvania, a  
16 philosopher, an ethicist, a historian, and so forth. And  
17 he pointed out that we are, from his perspective, at a  
18 seminal moment in medical research that has the impact of  
19 creating a cultural shift in our thinking and in our  
20 society of no different than that type of seminal shift  
21 that occurred 500 years ago with Galileo.

22           So, it just reinforces the need to be at  
23 the table and to be proponents of something that we  
24 believe in that's very, very important, and very powerful.

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1

2

CHAIRPERSON GALVIN: Thank you. And now  
can we vote on the minutes from the September meeting.

4

MS. HORN: Did everybody have a chance to  
review the copies that Chelsey sent out? And if so, are  
there any further comments?

7

DR. WALLACK: Move the acceptance.

8

CHAIRPERSON GALVIN: I think that -- Ann,  
did you get a copy?

10

DR. KIESSLING: Yes, I did.

11

CHAIRPERSON GALVIN: Okay. And was -- Ron,  
did you get a copy?

13

DR. HART: Yes, I did.

14

CHAIRPERSON GALVIN: Okay. All in favor of  
accepting the minutes as amended indicate by saying aye.

16

ALL VOICES: Aye.

17

CHAIRPERSON GALVIN: Opposed? We stand  
adjourned.

19

(Whereupon, the meeting was adjourned at

20

2:52 p.m.)