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Comments for CIRM Board

My name is Steve Forman, and I am the Director of the Immune Cell Therapy program at the City of Hope Comprehensive Cancer Center, and our focus is the treatment of cancer, both solid tumors and blood cancers. I do want to express my gratitude to CIRM for their previous support for our pre-clinical and clinical programs that address the problem that so many people face suffering from cancer and need new therapies. I am proud to say that 20 years ago, I worked with the founders at the beginning of CIRM in helping to pass prop 71 and then served on the scientific advisory board to ensure that the priorities of the ballot initiative would be faithfully instituted, including the treatment of cancer. We recognized that the people of California would benefit from work directed at new cancer treatments made possible by CIRM funding of talented, creative scientists and clinicians in California.

I write to you now, on behalf of my fellow cancer research scientists and clinical colleagues at City of Hope, UCLA, the Swedish Cancer Institute and hospital in Seattle and scientists at the Institute of Systems Biology, most importantly, the thousands of women suffering from advanced cervical cancer, who will die of this disease. Together, we have developed a completely novel non-viral immune cell therapy to address a problem, faced by these women both in California and across the country whose cancer is driven by the HPV virus.

Over the last two years, starting with basic science observations involving the virus and its recognition by receptors in T cells, we have developed a non-viral approach to modify T cells to recognize proteins that are unique to this cancer because they are derived from the virus that causes it. One of the unique aspects of our project is that this is not a single TCR for a small group of patients, but rather several different TCR's, that will allow us to accomplish two things. The first is to have a multi targeted approach to the disease to increase the response to treatment and limit the development of resistance. But even more importantly, it provides the opportunity to use this therapy for nearly all woman suffering from this disease. Despite the broad application of the work, and the numbers of women in need, our PDEV application, based on the current structure of grant prioritization, was not scientifically reviewed. We had met with the FDA to discuss our project, and they recognized and commented on the impact of this multi targeted approach and gave us approval to proceed with developing a trial where more than one TCR could be used in a patient. Importantly the diversity of TCR receptors that we have developed allow nearly all women to be treated regardless of their HLA type. The current process for deciding what does and does not even get reviewed reduces that opportunity, and the hope that comes with it. Both proposition 71 and proposition 14 ballot initiatives included as a major focus the treatment of cancer. The process for review in the most recent award cycle, resulted in the dismaying exclusion of cancer related research and treatment programs with the seeming bias towards industry aligned approaches and treatment of rare diseases. This includes proposals previously funded by CIRM, which were meeting agreed upon milestones, and ready for clinical testing. That now comes to a halt without scientific review.

Thank you for considering these ideas in your deliberations, hoping that the review process will be modified to reflect the needs and expectations of the people of California who voted to pass these measures.

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