## BEFORE THE SCIENTIFIC AND MEDICAL ACCOUNTABILITY

### STANDARDS WORKING GROUP

# OF THE INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE TO THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE

## ORGANIZED PURSUANT TO THE CALIFORNIA STEM CELL RESEARCH AND CURES ACT

#### REGULAR MEETING

LOCATION: LUXE HOTEL

11461 W. SUNSET BOULEVARD LOS ANGELES, CALIFORNIA

DATE: FRIDAY, JULY 25, 2008

9 A.M.

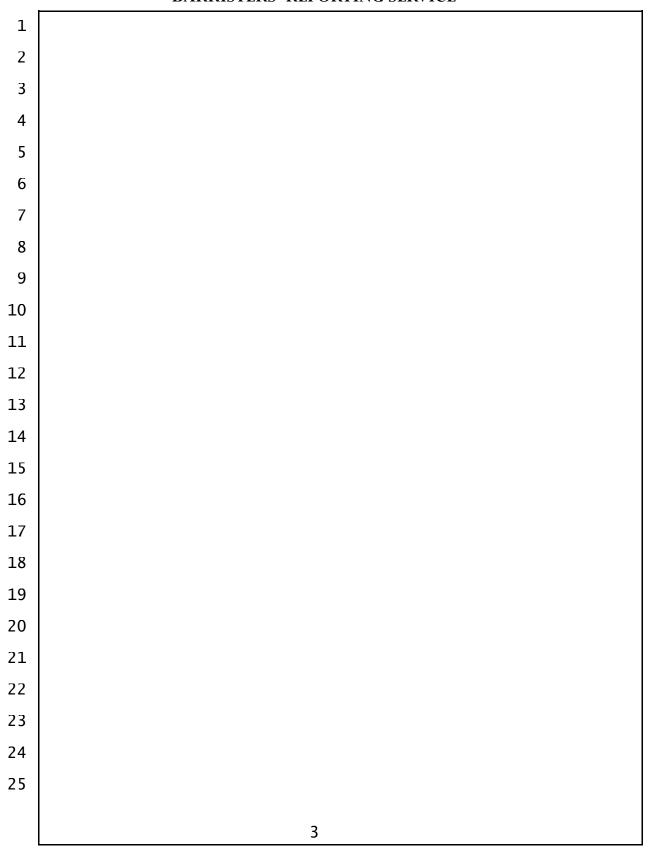
REPORTER: BETH C. DRAIN, CSR

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1	LOS ANGELES, CALIFORNIA; FRIDAY, JULY 25, 2008
2	9 A.M.
3	
4	CHAIRMAN LO: OKAY. I'D LIKE TO WELCOME
5	EVERYBODY AND ASK PEOPLE TO GET SETTLED. IT TURNS
6	OUT WE WILL NOT HAVE A QUORUM TODAY, SO WE ARE JUST
7	GOING TO HAVE A DISCUSSION AND BE ADVISORY TO THE
8	ICOC. BUT IT WILL BE IMPORTANT. THERE ARE A NUMBER
9	OF ISSUES, IMPORTANT ISSUES TO DISCUSS.
10	I'M GOING TO ASK SHERRY TO START AND SORT
11	OF FORMALLY GREET US. I FIRST WANT TO THANK YOU FOR
12	THIS GORGEOUS WEATHER THAT YOU BROUGHT US IN LOS
13	ANGELES.
14	CO-CHAIR LANSING: I WANT TO TAKE FULL
15	RESPONSIBILITY FOR THE WEATHER. IT'S TOTALLY WITHIN
16	MY CONTROL. SO THANK YOU.
17	I WANT TO WELCOME ALL OF YOU AND TELL YOU
18	AGAIN WHAT AN HONOR IT IS FOR ME PERSONALLY TO SERVE
19	ON THIS COMMITTEE, AND HOW GRATEFUL I AM TO ALL OF
20	THE MEMBERS OF THIS COMMITTEE. I THANK YOU VERY,
21	VERY, VERY MUCH FOR YOUR TIME. THIS IS OUR TWELFTH
22	MEETING; AND AS I SAID WHEN WE FIRST STARTED THIS,
23	THIS IS A CONTINUAL PROCESS THAT WILL GO ON IN ALL
24	OF OUR LIFETIMES, I WOULD SAY, FOREVER UNTIL THE
25	LAST DISEASE IS CONQUERED, DO YOU KNOW. AND WE ARE
	4

1	A CONTINUAL WORK IN PROGRESS. WE WILL CONSTANTLY BE
2	REEVALUATING WHERE WE ARE IN STEM CELL RESEARCH. I
3	DON'T NEED TO TELL ALL OF YOU HOW FAST THE FIELD IS
4	MOVING. AND IN ORDER TO KEEP UP WITH IT, WE
5	CONSTANTLY HAVE TO LOOK AT THE DECISIONS WE'VE MADE
6	AND QUESTION THEM IN THE LIGHT OF WHAT HAPPENS
7	THROUGH SCIENCE.
8	WE ALSO WANT OUR POLICIES TO BE
9	CONSISTENT. WE WANT OUR POLICIES TO BE CONSISTENT
10	WITHIN OURSELVES OBVIOUSLY, BUT WE ALSO HAVE TO LOOK
11	WHAT IS HAPPENING IN OTHER STATES AND WITH THE
12	NATIONAL ACADEMY OF SCIENCE.
13	IN LIGHT OF THAT, WE DIRECTED OUR STAFF TO
14	LISTEN TO THE CONSTITUENCIES WITHIN THE STATE TO
15	HEAR WHAT THEY SAID AND TO REPORT BACK TO US. WE
16	ALSO ASKED THEM TO LOOK AT WHAT'S HAPPENING IN THE
17	NATIONAL AND INTERNATIONAL LEVEL IN THE FIELD OF
18	SCIENCE, AND SOME OF THAT IS IN YOUR INFORMATION
19	PACKETS.
20	AS YOU KNOW, WE TOOK A VERY CONSERVATIVE
21	VIEW WHEN WE STARTED, AND WE FELT THAT WAS THE
22	PRUDENT VIEW. NOW, IN OUR MEETING TODAY, WE WANT TO
23	LOOK BACK AT SOME OF THOSE DECISIONS AND MAKE SURE
24	THEY'RE RIGHT, MAKE SURE THEY'RE CORRECT, AND IF
25	POSSIBLE REEVALUATE OR EVEN CHANGE SOME OF THEM.

1	IT'S GOING TO BE A HEALTHY DISCUSSION TODAY.
2	I ALSO WANT TO SAY, IN CLOSING, HOW
3	GRATEFUL I AM TO ALL OF YOU IN THE PUBLIC. I FEEL
4	AS IF I KNOW MOST OF YOU NOW, AND YOU'RE PART OF OUR
5	TEAM. THIS IS A COLLABORATIVE EFFORT FOR ALL OF US
6	TO DO THE BEST THAT WE CAN DO IN OUR AREA FOR THE
7	PATIENTS TO LEAD TO THE CLOSEST CLINICAL TRIALS THAT
8	WE CAN IMAGINE.
9	I ALSO WANT TO GIVE A SPECIAL THANK YOU TO
10	PAT KING, WHO REGRETTABLY HAD TO RESIGN FROM OUR
11	COMMITTEE DUE TO TIME AND TRAVEL CONSTRAINTS. WE'RE
12	GRATEFUL FOR HER HELP, WE'RE GRATEFUL FOR EVERYTHING
13	THAT SHE'S DONE, AND WE MISS HER.
14	SO, AGAIN, THANK YOU TO ALL OF YOU FOR
15	COMING TODAY. THANK YOU TO THE PUBLIC WHO,
16	AS I SAID, IS PART OF EVERYTHING THAT WE DO. THANK
	AS I SAID, IS TAKE OF EVERTITIES THAT WE BOT THAT
17	YOU ALL FOR YOUR TIME AND WELCOME. I LOOK FORWARD
17 18	, and the second
	YOU ALL FOR YOUR TIME AND WELCOME. I LOOK FORWARD
18	YOU ALL FOR YOUR TIME AND WELCOME. I LOOK FORWARD TO TODAY. THE TOPICS ARE INTERESTING, AND WE'RE
18 19	YOU ALL FOR YOUR TIME AND WELCOME. I LOOK FORWARD TO TODAY. THE TOPICS ARE INTERESTING, AND WE'RE GOING TO HAVE A LOT OF DETAILED DISCUSSION. THANKS
18 19 20	YOU ALL FOR YOUR TIME AND WELCOME. I LOOK FORWARD TO TODAY. THE TOPICS ARE INTERESTING, AND WE'RE GOING TO HAVE A LOT OF DETAILED DISCUSSION. THANKS AGAIN.
18 19 20 21	YOU ALL FOR YOUR TIME AND WELCOME. I LOOK FORWARD TO TODAY. THE TOPICS ARE INTERESTING, AND WE'RE GOING TO HAVE A LOT OF DETAILED DISCUSSION. THANKS AGAIN. CHAIRMAN LO: THANKS, SHERRY. I JUST WANT
18 19 20 21	YOU ALL FOR YOUR TIME AND WELCOME. I LOOK FORWARD TO TODAY. THE TOPICS ARE INTERESTING, AND WE'RE GOING TO HAVE A LOT OF DETAILED DISCUSSION. THANKS AGAIN.  CHAIRMAN LO: THANKS, SHERRY. I JUST WANT TO, FIRST OF ALL, ADD MY OWN WELCOME AND THANKS TO
18 19 20 21 22	YOU ALL FOR YOUR TIME AND WELCOME. I LOOK FORWARD TO TODAY. THE TOPICS ARE INTERESTING, AND WE'RE GOING TO HAVE A LOT OF DETAILED DISCUSSION. THANKS AGAIN.  CHAIRMAN LO: THANKS, SHERRY. I JUST WANT TO, FIRST OF ALL, ADD MY OWN WELCOME AND THANKS TO THE COMMITTEE MEMBERS FOR THEIR HARD WORK AND

1	COMMITTEE AT HARVARD, WHICH IS AN ENORMOUS
2	RESPONSIBILITY. IT'S TAKEN UP AN INCREDIBLE AMOUNT
3	OF HER TIME. SHE FELT THAT, MUCH AS SHE ENJOYED
4	THIS WORK AND THOUGHT IT WAS IMPORTANT, THAT
5	TRAVELING FROM THE EAST COAST WAS JUST TOO MUCH. I
6	REALLY WANT TO ACKNOWLEDGE HOW MUCH SHE'S HELPED US
7	AND ALSO HELPED ME PERSONALLY TO THINK THROUGH THESE
8	DIFFICULT ISSUES.
9	AS SHERRY SO NICELY SAID, I THINK OUR TASK
10	TODAY IS TO SORT OF TAKE A LOOK AT OUR REGULATION
11	WITH AN EYE TOWARDS THE EVOLVING SCIENCE, THE
12	SCIENTIFIC NEEDS, AND WHAT'S GOING ON IN THE POLICY
13	SPHERE IN OTHER STATES AND OTHER COUNTRIES AND THE
14	NAS.
15	AS SHERRY ALWAYS REMINDS US, THESE
16	REGULATIONS ARE MEANT TO BE DYNAMIC AND NOT STATIC,
17	AND WE NEED TO SORT OF MAKE SURE WE'RE UP TO DATE.
18	TODAY WE'LL BE TALKING ABOUT SOME ISSUES REGARDING
19	THE USE OF HUMAN EMBRYONIC STEM CELL LINES AND THE
20	DERIVATION OF NEW EMBRYONIC STEM CELL LINES AND
21	WHETHER OUR CURRENT POLICIES, CURRENT REGULATIONS
22	REALLY CAPTURE THE BEST APPROACH TO TAKE.
23	I WANT TO MAKE VERY CLEAR THAT WE'RE NOT
24	GOING TO TALK TODAY ABOUT THE ISSUE OF OOCYTE
25	DONATION SPECIFICALLY FOR RESEARCH OR PAYMENT FOR

1	OOCYTES IN THAT CONTEXT. THAT'S A MUCH IT'S A
2	MUCH DIFFERENT ISSUE, I THINK, CONCEPTUALLY AS ONE
3	WHERE PROP 71 HAS IMPORTANT THINGS TO SAY. SO
4	ALTHOUGH THERE HAVE BEEN SOME REPORTS IN THE PRESS
5	THAT WE WERE GOING TO DISCUSS THAT, WE SORT OF SAID
6	THAT'S NOT OUR DISCUSSION. WE'RE TALKING ABOUT
7	OOCYTES THAT HAVE EITHER BEEN DONATED FOR THE
8	DERIVATION OF NEW STEM CELL LINES WHICH ARE BEING
9	OFFERED TO STEM CELL RESEARCH.
10	NOW, WE HAVE A COUPLE OF OTHER THINGS
11	WE'RE GOING TO DO. FIRST STAFF, GEOFF LOMAX, AGAIN,
12	HE'S DONE A WONDERFUL JOB SORT OF PREPPING US FOR
13	THIS, IS GOING TO GIVE US SOME BRIEF UPDATES JUST TO
14	KEEP THOSE OF US ON THE SWG UP TO DATE ON THE
15	SCIENTIFIC AND POLICY ISSUE. THE MAIN SUBSTANTIVE
16	DISCUSSION WE'RE GOING TO DO TODAY IS THE
17	UTILIZATION OF STEM CELL LINES AND EMBRYOS TO DERIVE
18	EMBRYONIC STEM CELL LINES.
19	AND FINALLY, IF WE HAVE TIME, WE'RE GOING
20	TO HEAR ABOUT THE CALIFORNIA DEPARTMENT OF PUBLIC
21	HEALTH EFFORTS TO DEVELOP A SYSTEM TO TRACK OOCYTE
22	DONATION. BUT LET ME JUST TURN IT OVER NOW TO GEOFF
23	TO GIVE US THE, I GUESS, A FORMAL ROLL CALL AND
24	STAFF REPORT.
25	DR. LOMAX: THANK YOU VERY MUCH, BERNIE
	Q

1	AND MEMBERS OF THE WORKING GROUP. QUICKLY, I'D LIKE
2	TO DO A ROLL CALL.
3	ROBERT TAYLOR.
4	DR. TAYLOR: HERE.
5	DR. LOMAX: ANN KIESSLING.
6	DR. KIESSLING: HERE.
7	DR. LOMAX: FRANCISCO PRIETO.
8	DR. PRIETO: HERE.
9	DR. LOMAX: ALTA CHARO.
10	MS. CHARO: HERE.
11	DR. LOMAX: BERNIE LO.
12	CHAIRMAN LO: HERE.
13	DR. LOMAX: SHERRY LANSING.
14	CO-CHAIR LANSING: HERE.
15	DR. LOMAX: ROBERT KLEIN.
16	MR. KLEIN: HERE.
17	DR. LOMAX: MARCY FEIT.
18	MS. FEIT: HERE.
19	DR. LOMAX: JEFF SHEEHY.
20	MR. SHEEHY: HERE.
21	DR. LOMAX: JOSE CIBELLI.
22	DR. CIBELLI: HERE.
23	DR. LOMAX: THOSE ARE ALL THE MEMBERS
24	PRESENT TODAY, AND, AGAIN, WE'RE NOT UNDER A QUORUM
25	AND MAY WELL NOT BE FOR THE DAY.
	9

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1	WHAT I'D LIKE TO DO IS BRIEFLY UPDATE YOU
2	ALL ON A NUMBER OF ITEMS THAT ARE ONGOING IN NATURE,
3	AND THEY START WITH BRINGING YOU UP TO DATE ON THE
4	MOST RECENT REGULATORY REVISIONS TO THE STANDARDS.
5	A YEAR AGO YOU RECOMMENDED REVISIONS TO THREE
6	SECTIONS OF THE REGULATIONS, AND I'VE BULLETED OUT
7	THE SUBSTANTIAL REVISIONS. ONE, TO INCLUDE THE
8	JAPANESE SUBSTEM CELL LINES DERIVED UNDER THE
9	JAPANESE GUIDELINES AS ACCEPTABLY DERIVED. WE
10	CLARIFIED LANGUAGE AROUND PAYMENTS FOR RESEARCH
11	MATERIALS, AND WE SET A STANDARD TO ALLOW THE USE OF
12	CERTAIN CELLS FOR IPS EXPERIMENTS. THESE ARE THE
13	SO-CALLED ARCHIVED CELL LINES THAT WE WERE NOT ABLE
14	TO GO BACK AND BRING UP GET THE LEVELS OF CONSENT
15	THAT WOULD BE EXPECTED FOR MATERIALS PIPELINE TODAY.
16	SO THOSE REGULATIONS HAVE BECOME EFFECTIVE
17	AS OF THE END OF JUNE. YOU HAVE A REVISED SET OF
18	MATERIALS IN YOUR PACKET THAT REFLECT THE MOST
19	RECENT CHANGES, AND THOSE MATERIALS ARE ALSO AT THE
20	BACK OF THE ROOM IF MEMBERS OF THE PUBLIC WOULD LIKE
21	TO TAKE A LOOK AT THEM.
22	THIS IS JUST A REFRESHER ON THE TIMELINE
23	TO REMIND FOLKS OF THE PROCESS. ANY TIME WE GO
24	THROUGH A REVISION OF THE REGULATIONS, YOU ALL MAKE
25	RECOMMENDATION, THAT RECOMMENDATION WILL GO TO THE

1	ICOC. WE TYPICALLY HAVE A NUMBER OF ROUNDS OF
2	PUBLIC COMMENT, AT LEAST ONE. IN THIS CASE WE HAD
3	TWO CYCLES OF PUBLIC COMMENT. THE ICOC PROVIDED
4	FINAL APPROVAL EARLY THIS YEAR, AND THE AOL REVIEW
5	CONCLUDED, AGAIN, AT THE END OF MAY WITH A JUNE
6	EFFECTIVE DATE.
7	I WANTED TO UPDATE YOU ON ANOTHER
8	PROGRAMMATIC PIECE THAT WE'VE DEVELOPED AND ACTUALLY
9	IMPLEMENTED IT AS OF THIS YEAR. WE INITIATED A
10	PROGRAM OF SITE VISITS TO GRANTEE INSTITUTIONS TO
11	REVIEW THEIR COMPLIANCE WITH THE REGULATIONS AND
12	POLICIES THAT YOU ALL HAVE RECOMMENDED. THE SITE
13	VISITS INCLUDE A REVIEW OF THE OVERALL PROCEDURES
14	AND POLICIES, WHICH THE INSTITUTIONAL STEM CELL
15	RESEARCH OVERSIGHT COMMITTEES OPERATE UNDER.
16	WE THEN LOOK VERY SPECIFICALLY AND WE LOOK
17	AT APPLICATIONS AND PERFORM EFFECTIVELY AN AUDIT OF
18	THOSE APPLICATIONS TO ENSURE THAT THE REQUIRED
19	REVIEWS AND APPROVAL ARE IN ACCORDANCE WITH THE
20	REGULATORY REQUIREMENTS. AND WE ALSO TALK TO THE
21	PI'S ABOUT VARIOUS REPORTING REQUIREMENTS EXPECTED
22	OF THEM, REPORTING REQUIREMENTS SUCH AS THE NEED TO
23	REPORT PUBLICATIONS OR INTELLECTUAL PROPERTY
24	DEVELOPMENTS.
25	WE ALSO TAKE A LOOK AT FINANCIAL RECORDS
	11

1	TO ENSURE THAT SPECIFIC APPLICATIONS, THAT THE MONEY
2	IS GOING WHERE IT'S SUPPOSED TO GO. A COLLEAGUE OF
3	MINE, CYNTHIA SCHAFFER, LEADS THAT EFFORT, AND SHE'S
4	DONE A TERRIFIC JOB THERE. IN ADDITION TO
5	COMPLIANCE-RELATED ACTIVITIES, WE BUILD IN DURING
6	THE SITE VISIT A SET OF INFORMATIONAL INTERVIEWS
7	WITH THE STAFF AND THE PRINCIPAL INVESTIGATORS TO
8	INFORM THE POLICY DELIBERATIONS YOU ALL ARE ENGAGED
9	IN.
10	AND SOME OF THE COMMENTS YOU'VE GOT, FOR
11	EXAMPLE, A LETTER FROM STANFORD UNIVERSITY IS REALLY
12	A REFLECTION OF THAT INTERACTION TO SIT DOWN AND
13	DISCUSS WITH THEM SOME OF THE VERY SPECIFIC ISSUES
14	THAT YOU ALL ARE SEEKING INPUT ON. SO I THINK WE
15	SORT OF ACCOMPLISHED TWO THINGS HERE. WE REALLY
16	ENSURE A HIGH LEVEL OF COMPLIANCE AND REALLY SET
17	EXPECTATIONS WITH REGARD TO THE INSTITUTIONS, AND WE
18	GET QUALITY FEEDBACK FOR THE PURPOSES OF THESE
19	MEETINGS.
20	JUST SOME VERY BRIEF COMMENTS BASED ON
21	SOME INITIAL VISITS. WE DO BELIEVE THAT THE SITE
22	VISITS WILL SUPPORT EFFECTIVE PROGRAM OVERSIGHT.
23	IT'S VERY GOOD FOR THE INSTITUTIONS TO HEAR FROM US
24	WHAT WE'RE EXPECTING THEM IN REGARDS TO THEIR
25	REVIEWS AND APPROVALS. WE'VE ALSO BECOME AWARE THAT

1	WE THINK THERE ARE STEPS WE CAN TAKE INTERNALLY TO
2	SET MORE STANDARDIZED DOCUMENTATION PROCEDURES FOR
3	THEIR REVIEWS AND APPROVALS. SO WE'RE GOING TO BE
4	WORKING ON THINGS LIKE A MODEL APPROVAL LETTER FOR
5	STEM CELL RESEARCH OVERSIGHT COMMITTEE. AGAIN, THIS
6	IS REALLY TO DEVELOP AS MUCH CONSISTENCY AS POSSIBLE
7	IN THE APPROVAL PROCESS AND MORE SPECIFICALLY WITH
8	DOCUMENTATION OF THAT PROCESS.
9	IN TERMS OF THE INTERVIEWS, AGAIN, THIS IS
10	A COMMON THEME. I THINK WE SORT OF MENTIONED THIS
11	AT THE LAST FOUR MEETINGS, BUT VERIFICATION OF
12	ACCEPTABLY DERIVED CELL LINES CONTINUES TO REQUIRE A
13	SUBSTANTIAL RESOURCE COMMITMENT ON THE PART OF
14	INSTITUTIONS. AND THEY SORT OF CONTINUE TO SORT OF
15	COMMENT THAT ANYTHING WE CAN DO TO DEVELOP A LIST OF
16	SOME KIND OF MECHANISM THAT IDENTIFIES CELL LINES
17	THAT ARE APPROPRIATE FOR USE IN RESEARCH, AND THAT
18	LIST, PEOPLE COULD GO TO THAT LIST AS OPPOSED TO
19	EVALUATING CELL LINES ON AN ONGOING BASIS. THAT
20	WOULD BE A TREMENDOUS HELP.
21	AND FURTHER, CLEARLY, I THINK THIS IS A
22	REFLECTION OF THE FACT THAT A LOT OF THE COMMITTEES
23	AND A LOT OF PEOPLE OUT HERE REALLY LOOKING TO WHERE
24	WE WANT TO GO WITH OUR RESEARCH. THEY REALLY
25	SUGGESTED THE APPLICATION OF CELL THERAPIES, THAT

1	THE CLINICAL APPLICATION AND THE CLINICAL TRIALS IS
2	A NEW TERRITORY THAT WILL REQUIRE GUIDANCE AND A LOT
3	OF THOUGHT. SO PERHAPS THAT'S SOMETHING TO LOOK
4	FORWARD TO IN THE FUTURE, BUT MORE EVEN IN THE NEAR
5	FUTURE BECAUSE ALREADY PEOPLE ARE REALLY STARTING TO
6	THINK SERIOUSLY ABOUT WHAT ABILITY THEY HAVE IN
7	REGARDS TO CLINICAL TRIALS.
8	GIVEN THAT WE RECOGNIZE THIS PROBLEM OF
9	CELL LINES AND WHAT CELL LINES ARE CONSIDERED
10	ACCEPTABLY DERIVED AND THIS PROBLEM OF DOCUMENTATION
11	OF CELL LINES, IN ADDITION TO SORT OF LISTING WHAT
12	FOLKS HAVE TO SAY, WE HAVE BEGUN TO REACH OUT TO
13	NATIONAL AND INTERNATIONAL PARTNERS TO CONSIDER HOW
14	WE CAN SORT OF IMPROVE REGISTRY DATA TO SUPPORT THE
15	DETERMINATION OF CELL LINES THAT ARE ACCEPTABLY
16	DERIVED.
17	AND THERE ARE A NUMBER OF INITIATIVES OUT
18	THERE, THE INTERNATIONAL SOCIETY FOR STEM CELL
19	RESEARCH, THE EUROPEAN REGISTRY, THE UNIVERSITY OF
20	MASSACHUSETTS HAS BEGUN A REGISTRY EFFORT. THERE'S
21	WORK AT THE UNIVERSITY OF WISCONSIN, THE UK STEM
22	CELL BANK. THERE ARE A WHOLE SERIES OF EFFORTS OUT
23	THERE TO SORT OF DO THIS WORK, SO I THINK OUR
24	INITIAL THINKING WAS WE DON'T NEED ANOTHER EFFORT.
25	WHAT WE NEED TO DO IS TO GET IN WITH SOME OF THE

1	INTERESTING EFFORTS AND SEE IF WE CAN'T FORGE SOME
2	CONSENSUS AND SOME PRACTICES FOR DEVELOPING
3	CONSISTENCY FOR CELL LINE DOCUMENTATION.
4	AND WE HAD A WHAT I WOULD SAY IS A VERY
5	SUCCESSFUL MEETING THAT THE UNIVERSITY OF
6	MASSACHUSETTS HOSTED WHERE WE ACTUALLY DEVELOPED A
7	CONSENSUS STATEMENT WITH ALL THE PARTNERS PRESENT
8	AND SOME OTHER INDIVIDUALS REALLY STATING SORT OF
9	THE COMMITMENT, THAT WE NEED TO SORT OF MOVE FORWARD
10	WITH AN EFFORT THAT IS SORT OF OPTIMAL AND THAT
11	PEOPLE ARE THINKING TOGETHER. SO IT'S SORT OF THE
12	FIRST STEPS, I HOPE, TOWARDS A BROADER APPROACH TO
13	IMPROVING DATA, STANDARDIZATION AS WE'RE MOVING
14	FORWARD IN A MORE RELAXED WAY. BUT IT'S A
15	PRELIMINARY DEVELOPMENT THAT WE'VE BEEN I WOULD
16	SAY IT WAS A VERY PROMISING SET OF MEETINGS, AND
17	WE'LL KEEP YOU POSTED ON DEVELOPMENTS THERE.
18	I DID WANT TO JUST COME BACK TO THIS TABLE
19	THAT WAS IN YOUR BRIEFING MATERIAL BECAUSE THIS WAS
20	REALLY A FAIRLY SUBSTANTIAL PIECE OF FOLLOW-UP BASED
21	ON THE REQUEST YOU ALL MADE IN THE LAST MEETING,
22	WHICH WAS TO SURVEY THE LAY OF THE LAND WITH REGARD
23	TO POLICIES RELATED TO THE USE OF CERTAIN TYPES OF
24	CELL LINES OR THE USE OF EMBRYOS FOR THE DERIVATION
25	OF CELL LINES. AND I WANT TO JUST TAKE A MOMENT TO

1	EXPLAIN WHAT'S BEHIND THIS TABLE.
2	FOR EVERY STATE LISTED THERE, WE HAVE BEEN
3	IN DIRECT CONTACT WITH TYPICALLY THE ATTORNEY
4	GENERAL'S OFFICE OR SOME LEGAL ENTITY WITHIN THE
5	STATE THAT OVERSEAS THE REGULATIONS OR IS SORT OF
6	THE FINAL PARTY TO INTERPRET THE REGULATIONS AT THE
7	STATE LEVEL. AND WE DID THIS WORK THROUGH THE
8	INTERSTATE ALLIANCE FOR STEM CELL RESEARCH, WHICH IS
9	A COMMITTEE, WHICH IS A GROUP THAT I CO-CHAIR.
10	AND SO THESE FINDINGS IN TERMS OF WHAT'S
11	REPRESENTED IN THIS CHART REALLY REPRESENTS THE
12	COLLECTIVE WORK OF ALL THE STATES LISTED HERE AND
13	THE NATIONAL ACADEMIES AND CANADA. SO JUST IF YOU
14	HAVE ANY QUESTIONS ABOUT THE CONTENT, I'M HAPPY TO
15	EXPAND ON IT. I HOPE THE TABLE WILL MAKE SENSE TO
16	YOU ALL, BUT I DID WANT TO EMPHASIZE THE DILIGENCE
17	THAT KIND OF WENT INTO THIS EFFORT BECAUSE IT WAS
18	SUBSTANTIAL. AND WE HAVE, AGAIN, ADDITIONAL
19	DOCUMENTATION BACK BEHIND ON THOSE DATA. ANYONE
20	MORE INTERESTED IN THAT.
21	AND I THINK THAT'S ALL I HAVE. TURN IT
22	OVER TO YOU.
23	CHAIRMAN LO: ANY QUESTIONS FOR GEOFF
24	ABOUT THE UPDATE? OKAY. QUESTIONS FROM THE
25	AUDIENCE.
	10

WITH THAT, I'M GOING TO AGAIN TURN IT BACK
TO GEOFF TO SORT OF HELP US GET STARTED ON THE
ISSUES WE'RE GOING TO DISCUSS TODAY IN TERMS OF
USING CELL LINES, FIRST USING HUMAN EMBRYONIC STEM
CELL LINES DERIVED PRIOR TO THE EFFECTIVE DATE OF
THE CIRM REGULATIONS, WHICH IS NOVEMBER 2006.
GEOFF'S PREPARED SOME SLIDES THAT I THINK
WILL CLARIFY FOR US THE THERE ARE A LOT OF
DIFFERENT ISSUES HERE. AND I THINK IT WOULD BE
CONCEPTUALLY BETTER IF WE TRY TO SORT OF SEPARATE
THEM OUT AND DEAL WITH THEM ONE AT A TIME AS OPPOSED
TO ALTOGETHER. GEOFF HAS TRIED TO HELP US
ANALYTICALLY THINK THROUGH THE DIFFERENT RELATED
ISSUES.
DR. LOMAX: OKAY. AND JUST SO WE'RE ON
ITEM 4 NOW. FOR THE BENEFIT OF THE MEMBERS OF THE
AUDIENCE, WE HAVE A BRIEFING PAPER ON THIS ITEM,
BRIEFING NARRATIVE AS WELL IF FOLKS WOULD LIKE TO
FOLLOW ALONG.
THE ISSUE THAT WAS BROUGHT TO OUR
ATTENTION IS THAT THERE'S
CHAIRMAN LO: I'M SORRY. BEFORE YOU
START, ON THE LAST PAGE OF YOUR BRIEFING, THE
SLIDES
DR. LOMAX: I DON'T KNOW IF WE HAVE
17

1	CHAIRMAN LO: I'M SORRY. I MISSPOKE.
2	THEY'RE NOT IN HERE YET.
3	DR. LOMAX: THE TROUBLE WITH OF SLIDES,
4	THEY TEND TO GET DEVELOPED IN THE LAST 24 HOURS
5	AFTER WE COPIED EVERYTHING ELSE FOR THE PACKET. I
6	APOLOGIZE, BUT WE WILL MAKE THE SLIDES AVAILABLE. I
7	HOPE WHAT'S ON THE SCREEN IS SUFFICIENT.
8	SO WOULD YOU LIKE ME TO WALK THROUGH THIS
9	SLIDE, BERNIE?
10	CHAIRMAN LO: YEAH.
11	DR. LOMAX: OKAY. SO WHAT WE THOUGHT
12	WOULD BE HELPFUL WAS TO TALK ABOUT, I GUESS,
13	CONCEPTUALLY THE MATERIALS THAT I THINK ARE THE
14	FOCUS OF TODAY'S DISCUSSION, WHICH A TYPICAL EXAMPLE
15	WOULD BE YOU HAVE A SITUATION WHERE YOU'RE FORMING
16	AN EMBRYO FOR WE'RE CALLING THEM IVF EMBRYOS, SO
17	IT'S CREATED FOR INFERTILITY TREATMENT. IN SOME
18	CASES YOU MAY HAVE ONE OR BOTH GAMETE DONORS ARE
19	PAID IN THE CREATION OF THAT EMBRYO. AND THAT
20	EMBRYO IS INTENDED TO GO TO AN IVF PATIENT FOR THE
21	PURPOSES OF HAVING A CHILD.
22	AS WE'RE AWARE, THIS PROCESS HAS RESULTED
23	IN A NUMBER OF STORED EMBRYOS THAT ARE NO LONGER
24	REQUIRED FOR THE PATIENT FOR IVF PURPOSES. AND
25	TYPICALLY THE PATIENT, THEN, HAS ONE OF THREE
	10

1	OPTIONS FOR FINAL DISPOSITION OF THAT EMBRYO. IT
2	COULD BE DONATED TO ANOTHER PATIENT, COULD BE
3	DISCARDED, OR DONATED TO RESEARCH.
4	NOW, WHEN WE ORIGINALLY CRAFTED THE
5	REGULATIONS, THIS ISSUE OF PAYMENT, WE DREW A SORT
6	OF, I GUESS YOU WOULD SAY, A BRIGHT LINE IS ONE WAY
7	OF CHARACTERIZING IT, AND SAID ANY CELL LINE THAT
8	RESULTS FROM PAID GAMETE IF YOU'VE GOT A CELL
9	LINE THAT'S CREATED FROM ONE OF THESE EMBRYOS WHERE
10	THE PAID GAMETES IS CONTAINED IN THE EMBRYO, THEN WE
11	WOULDN'T CONSIDER IT ACCEPTABLY DERIVED BY VIRTUE OF
12	THE PAYMENT THAT WENT INTO THE INITIAL EMBRYO.
13	AND SO THE QUESTION THIS IS ONE
14	EXAMPLE. AND SO THE QUESTION REALLY BEFORE YOU
15	TODAY, ONE OF THE QUESTIONS BEFORE YOU TODAY, WILL
16	BE DO WE WANT TO REEVALUATE THE CASE WHERE YOU'VE
17	GOT A PAID EMBRYO AND IF THE CELL LINES ARE
18	THEN YOU'VE GOT AN EMBRYO THAT'S CREATED FOR IVF,
19	DO WE WANT TO REEVALUATE THAT POSITION AND ALLOW
20	CELL LINES DERIVED FROM THESE EMBRYOS TO BE MADE
21	AVAILABLE FOR RESEARCH. SO THAT'S ONE OF THE
22	ISSUES.
23	NOW, BERNIE, THE PROBLEM WITH THIS SLIDE
24	IS, WHICH WE STILL HAVEN'T ADDRESSED THE FIRST
25	QUESTION, WHICH IS THE GRANDFATHERING OF LINES, SO
	10

1	I'M DEFERRING TO YOU NOW. WHERE DO YOU WANT TO GO
2	FROM HERE IN THE DISCUSSION?
3	CHAIRMAN LO: WHAT WE'RE TRYING TO DO HERE
4	IS THE OTHER SITUATION WE WANT TO DISCUSS TODAY
5	IS WHERE IN THE IVF CONTEXT THE GAMETE DONORS
6	DONATED THEIR GAMETES FOR IVF AND GAVE CONSENT TO
7	THAT, BUT THE RESEARCH DONATION WAS NOT MENTIONED TO
8	DO THE GAMETE DONORS, AND NOW THEY MAY BE NO LONGER
9	CONTACTED. THEY MAY BE ANONYMOUS OR THEY MAY HAVE
10	INDICATED THEY DON'T WANT TO BE CONTACTED AGAIN. SO
11	CONCEPTUALLY YOU HAVE EMBRYOS THAT WERE CREATED FROM
12	GAMETES SPECIFICALLY FOR IVF CLINIC WORK THAT ENDED
13	UP BEING FROZEN, NOT NEEDED BY THE WOMAN OR COUPLE
14	IN IVF, AND NOW TYPICALLY YEARS AFTER THEY'VE
15	COMPLETED THEIR INFERTILITY TREATMENT HAVE DECIDED
16	THEY NO LONGER WANT TO KEEP THESE FROZEN EMBRYOS IN
17	INDEFINITE STORAGE.
18	THEIR OPTIONS ARE TO EITHER DISCARD THEM,
19	TO GIVE THEM TO ANOTHER WOMAN AND COUPLE FOR
20	REPRODUCTIVE PURPOSES, OR A NUMBER OF THEM ARE
21	SAYING ARE I'D LIKE TO DONATE THEM FOR RESEARCH IN
22	SOME SPECIFIC STEM CELL RESEARCH. SO THE QUESTION
23	IS IN THAT CONTEXT WHERE THE EMBRYOS WERE CREATED IN
24	AN IVF CONTEXT WITH ALL THE APPROPRIATE CONSENT FOR
25	IVF AND PERHAPS HUMAN GAMETE DONORS TYPICALLY AT A
	20

1	TIME WHEN STEM CELL RESEARCH WAS NOT SOMETHING THAT
2	PEOPLE WERE THINKING ABOUT. NOW DO WE ALLOW THOSE
3	EMBRYOS TO BE USED FOR STEM CELL LINES DERIVED FROM
4	IVF, EVEN THOUGH THEY DON'T MEET ALL THE
5	REQUIREMENTS WE SUBSEQUENTLY SET UP IN NOVEMBER 2006
6	FOR CIRM-FUNDED DERIVATION OF NEW HES LINES.
7	SO I DON'T KNOW IF I'VE CONFUSED YOU.
8	SHERRY, HELP US OUT.
9	CO-CHAIR LANSING: I DON'T NEED TO HELP
10	YOU OUT SO MUCH AS I WANT TO CLARIFY MY
11	UNDERSTANDING. AND I THINK I CAN PUT IT IN IT
12	SEEMS TO ME THERE'S TWO GROUPS. MAYBE I'M WRONG.
13	OKAY. SO LET ME JUST I KNOW IN THE FERTILITY
14	A WOMAN GOES IN FOR FERTILITY TREATMENT, BUT IT'S
15	ACTUALLY PERSONALIZED. AND SO, A, YOU CAN USE IT TO
16	HAVE A CHILD; B, YOU'VE NOW DECIDED THAT YOU HAVE
17	EXTRA ONES, AND SO YOU CAN USE THOSE TO HELP ANOTHER
18	PATIENT WHO WANTS TO HAVE A CHILD. YOU CAN DISCARD
19	THEM AND SAY I DON'T WANT ANYTHING ELSE DONE WITH
20	THEM. I JUST WANT TO BE SURE I'M CORRECT. OR YOU
21	CAN CHECK A BOX WHEN THAT BOX WAS AVAILABLE FOR
22	RESEARCH, BUT NOT EVERYBODY HAD THAT BOX AVAILABLE;
23	IS THAT CORRECT?
24	CHAIRMAN LO: WELL, BUT NOW AT THE TIME
25	YOU SAID I'VE MADE UP MY MIND, I DON'T WANT TO KEEP

1	THEM IN STORAGE, THE IVF BANK WHERE YOU HAVE THEM
2	FROZEN WILL SAY, BUT NOW YOU HAVE TO TELL US WHAT
3	YOU WANT DONE. TODAY THEY'LL OFFER YOU THE CHOICE
4	KEEP THEM FROZEN, GIVE THEM TO ANOTHER COUPLE FOR
5	REPRODUCTIVE PURPOSES
6	CO-CHAIR LANSING: OR RESEARCH.
7	CHAIRMAN LO: DISCARD OR
8	CO-CHAIR LANSING: OKAY. AND THEY DON'T
9	SPECIFY I JUST WANT TO BE CLEAR WHAT THAT
10	RESEARCH IS BECAUSE YOU CAN'T. I MEAN THAT WOULD
11	BE RIGHT?
12	CHAIRMAN LO: RIGHT. ALTHOUGH SOME
13	AGAIN, IT DEPENDS ON, YOU KNOW, PEOPLE LIKE ROB THAT
14	INVOLVED WITH IVF, ANN, I MEAN SOMETIMES THEY SAY
15	JUST RESEARCH. OTHER TIMES NOW I THINK THEY SAY FOR
16	STEM CELL RESEARCH IN PARTICULAR. SO THE COUPLE OR
17	THE WOMAN IN IVF GENERALLY SAYS I WANT THESE TO GO
18	SPECIFICALLY FOR STEM CELL RESEARCH. QUESTIONS THE
19	GAMETE DONORS FROM YEARS AGO MAY NOT HAVE SAID THAT,
20	AND NOW WE MAY NOT BE ABLE TO CONTACT THEM.
21	CO-CHAIR LANSING: OKAY. ISN'T IT AND
22	THOSE GAMETE DONORS FROM BEFORE, I'M TALKING TEN
23	YEARS AGO, DID THEY ACTUALLY HAVE A BOX THAT THEY
24	COULD CHECK AT THAT TIME AND THEY GAVE THEM A
25	RESEARCH OPTION? THE ANSWER IS NOT ALWAYS, RIGHT?
	22

1	DR. TAYLOR: SOMETIMES. I MEAN WE HAVE
2	RESEARCH BOXES. WE DIDN'T REALLY KNOW WE DIDN'T
3	SPECIFY, FRANKLY, AND SOME PEOPLE MADE DIFFERENT
4	DECISIONS ABOUT RESEARCH IN GENERAL VERSUS STEM CELL
5	RESEARCH. BUT THOSE OPTIONS WERE THERE
6	CO-CHAIR LANSING: THOSE OPTIONS WERE
7	ALWAYS THERE TO CHECK THE RESEARCH BOX?
8	CHAIRMAN LO: BUT NOT IN ALL IVF CENTERS.
9	I THINK ROB IS BEING MODEST. HE WAS SORT OF SETTING
10	THE STAGE. AND, YOU KNOW, I WOULD SAY THE FARTHER
11	BACK YOU GO IN TIME, THE MORE IVF CLINICS DIDN'T
12	HAVE THAT OPTION FOR
13	DR. KIESSLING: THE BIG DISTINCTION IS
14	EGGS AND SPERM. THE EGG DONOR MORE FREQUENTLY HAVE
15	THAT BOX TO CHECK THAN THE SPERM DONOR BECAUSE THE
16	SPERM LINE HAS BEEN PURCHASED FROM A SPERM BANK, AND
17	THOSE GUYS WERE ONLY ASKED ABOUT THEIR YOU KNOW,
18	MOST SPERM DONORS HAVE NEVER CHECKED A RESEARCH BOX.
19	CO-CHAIR LANSING: SO DON'T WE THEN HAVE
20	TWO POOLS? WE HAVE THE BOX OF PEOPLE THAT CHECKED
21	IT FOR RESEARCH AND HOW WE DEAL WITH THAT, AND THE
22	BOX THAT PEOPLE OF WHICH THERE NEVER WAS THAT
23	OPTION. OKAY. SO NOW IF YOU TAKE THERE NEVER WAS
24	THAT OPTION, I MEAN OBVIOUSLY IN ALL CASES YOU'RE
25	GOING TO TRY AND FIND THE PEOPLE, BUT THAT'S NOT
	22

1	GOING TO BE EASY. SO NOW YOU TAKE THE PEOPLE THAT
2	CHECKED RESEARCH; AND THEN IF YOU'RE LUCKY IN A MORE
3	SOPHISTICATED TIME, THERE WILL BE A RECOMMENDATION,
4	I WOULD ASSUME FROM OUR GROUP, TO SAY YOU CHECK FOR
5	RESEARCH OR YOU CHECK FOR STEM CELL RESEARCH OR
6	YOU'RE NOT OBJECTING TO STEM CELL RESEARCH, WHATEVER
7	WAY YOU WANT TO PUT IT.
8	BUT IF IT'S JUST IN GENERAL RESEARCH,
9	THAT'S THE BIG POOL THAT WE HAVE TO DEAL WITH. AND,
10	YOU KNOW, I KNOW WHERE I'M COMING OUT ON THIS
11	BECAUSE RESEARCH IS RESEARCH, BUT I DON'T WANT TO
12	SAY
13	CHAIRMAN LO: SHERRY, THIS HAS BEEN A
14	PROBLEM. LET ME JUST SORT OF CLARIFY TRY AND
15	CLARIFY IT AGAIN. SO YOU'RE ASKING WHEREVER
16	POSSIBLE WE SHOULD GO BACK AND SAY DO WE KNOW THAT
17	THE WE ALWAYS KNOW THAT THE WOMAN AND COUPLE IN
18	IVF TREATMENT HAVE CONSENTED TO DONATE FOR RESEARCH
19	AND TYPICALLY FOR STEM CELL RESEARCH. WHEREVER
20	POSSIBLE, WE GO BACK AND SAY DO WE KNOW THAT THE
21	GAMETE DONORS ALSO APPROVED OF DONATING THIS TO STEM
22	CELL RESEARCH? IF THEY DID, THEN THERE'S OBVIOUSLY
23	NO ETHICAL PROBLEM.
24	CO-CHAIR LANSING: EXACTLY.
25	CHAIRMAN LO: IF THEY SOMEHOW SAID, NO, WE
	2.4

1	ABSOLUTELY DON'T WANT IT
2	CO-CHAIR LANSING: THEN THERE'S NO
3	QUESTION EITHER.
4	DR. TROUNSON: BERNIE
5	CHAIRMAN LO: LET ME JUST MAKE SURE I'VE
6	GOT IT STRAIGHT. THE OTHER TWO CASES ARE WHERE THEY
7	WERE NEVER ASKED AND WE DON'T KNOW, AND THEN THE
8	OTHER CASE IS THEY CHECK RESEARCH IN GENERAL
9	MS. LANSING: RESEARCH.
10	CHAIRMAN LO: BUT NO ONE THOUGHT OF
11	STEM CELL RESEARCH.
12	CO-CHAIR LANSING: BUT RESEARCH IN
13	GENERAL, I JUST WANT TO SAY THIS AS A PATIENT
14	ADVOCATE, THAT'S HUGE. I MEAN IT'S A HUGE THING.
15	AND THEN I DON'T THINK WE SHOULD BE PUNISHED ANY
16	MORE THAN SOMEBODY ELSE SHOULD BE PUNISHED. SO I
17	GUESS WHAT I'M TRYING TO SAY IS I CHECKED RESEARCH
18	IN GENERAL, AND FOR SOME REASON I DON'T BELIEVE IN
19	BREAST CANCER RESEARCH. I CAN'T IMAGINE ANYBODY
20	SAYING THAT. NOBODY IS ASKING ME ABOUT SPECIFIC
21	RESEARCH. AND SO WHY ARE WE I'M ACTUALLY NOW
22	I WAS THE MOST CONSERVATIVE ON THIS ISSUE. I'M
23	ACTUALLY SAYING WHY ARE WE HELD TO A HIGHER STANDARD
24	THAN ANY OTHER KIND OF RESEARCH? I DON'T THINK WE
25	SHOULD BE BECAUSE THEN YOU OPEN IT UP TO THE

1	PATIENT YOU NEVER GET ANYONE TO CHECK THE
2	RESEARCH BOX BECAUSE I MEAN IF THEY DON'T BELIEVE IN
3	BREAST CANCER RESEARCH, MAYBE I DON'T BELIEVE IN,
4	YOU KNOW, MS RESEARCH. I DON'T KNOW.
5	CHAIRMAN LO: I THINK NOW WE'RE GOING TO
6	GET SOME DISCUSSION. ALAN WANTED TO SAY SOMETHING
7	AND BOB.
8	DR. TROUNSON: I THINK WHERE SHERRY IS
9	TALKING ABOUT THERE'S SOME REASONABLE CLARITY. BUT
10	THERE WAS A VIEW TEN YEARS AGO OR MORE THAT IF YOU
11	DON'T HAND AN EGG TO ANOTHER COUPLE FOR FOSTERING A
12	CHILD, SO THAT YOU DIDN'T THEREFORE, YOU KNOW,
13	YOU WEREN'T REQUIRED TO MAKE THE DECISIONS AND NOW
14	THE DISPOSITION OF EMBRYOS BECAUSE WHILE YOU'RE
15	PROVIDING THE EGG OR THE SPERM, YOUR DECISION ABOUT
16	WHETHER THAT SHOULD BE DISPOSED OF, THAT MEANT THAT
17	SOMEBODY ELSE WAS TRANSFERRED TO THE RECIPIENT
18	COUPLE. AND THAT WAS AT THE TIME A VIEW NOT
19	UNIVERSALLY HELD, BUT IT WAS A COMMON VIEW, THAT YOU
20	DIDN'T HAVE ANY BOXES TO PICK BESIDES DONATING TO
21	THE OTHER COUPLE, RECIPIENT COUPLE. AND THE
22	RECIPIENT COUPLE, AS YOU WOULD HAVE AS IF YOU HAVE
23	AN ADOPTED CHILD, TO MAKE THE DECISIONS ON BEHALF OF
24	THAT EMBRYO OR THOSE EMBRYOS FROM THEN ON.
25	AND YOU WOULDN'T GO BACK TO THE DONOR WHO

1	IN MANY INSTANCES WAS ANONYMOUS ANYWAY, WHO HAD PUT
2	A BARRIER ABOUT GOING BACK TO THEM. SO THERE WAS A
3	TIME WHERE ALL OF THESE THINGS WERE NOT SO CLEAR AS
4	THEY ARE TODAY. AND WHEN, OF COURSE, WE GOT OUR
5	GUIDELINES ESTABLISHED AT CIRM, IT'S BEEN VERY
6	CLEAR. SO I THINK THAT'S A BIT OF A SITUATION, BUT
7	WE'RE TALKING ABOUT TIME THAT WAS BEFORE NOW.
8	CHAIRMAN LO: AND LET ME AGAIN SORT OF ADD
9	ON WHAT ALAN SAID, WHICH IS VERY IMPORTANT, THAT, IN
10	FACT, IT WAS STANDARD PRACTICE IN A NUMBER OF IVF
11	PRACTICES TO HAVE THE GAMETE DONORS SIGN BASICALLY A
12	RELEASE FORM, SAYING I'M GOING TO GIVE THESE AWAY TO
13	THE WOMAN OR COUPLE IN IVF, AND THEY CAN DO WHATEVER
14	THEY WANT. THEY HAVE TOTAL AUTHORITY TO CONTROL
15	THEM. SO IN A SENSE THEY SIGNED EVERYTHING OVER TO
16	THE EMBRYO DONOR, BUT NOT ANYTHING SPECIFIC WITH
17	THAT.
18	SO A NUMBER OF COMMENTS, WHICH IS GREAT,
19	SO WE'RE GOING TO GO TO BOB AND THEN ALTA AND THEN
20	FRANCISCO. AND ANYONE ELSE PUT YOUR HAND UP.
21	MR. KLEIN: SO JUST FOR THE FRAMEWORK OF
22	THIS DISCUSSION, TIME STARTS WITH DR. TROUNSON'S
23	DISCUSSION. THERE IS NO TIME IN THE DISCUSSION OF
24	IVF PRIOR TO TROUNSON. SO TROUNSON IS OUR ULTIMATE
25	HISTORIAN IN THIS REGARD SINCE IT'S HIS DISCOVERY

1	THAT RUNS IVF ON A GLOBAL SCALE. HE HAS THIS
2	REMARKABLE WHOLE LOOK.
3	BUT MAYBE, DR. TROUNSON, YOU COULD CLARIFY
4	FOR ME. I WAS UNDER THE IMPRESSION THAT EVEN IN
5	VERY RECENT TIME, THAT SPERM DONORS, BECAUSE OF
6	THEIR DESIRE TO BE TREATED ANONYMOUSLY AND, IN FACT,
7	OFTEN NOT TO BE COMMUNICATED WITH, THAT EVEN IN
8	THIS IS A CURRENT PROBLEM AS WELL AS A HISTORICAL
9	PROBLEM WITH THE SPERM DONORS IS THAT WE HAVE DONORS
10	WHO MAY BE PAID DONORS WHO JUST DON'T WANT TO BE
11	COMMUNICATED WITH OR WE DON'T KNOW WHO THEY ARE.
12	IS THAT STILL A CURRENT PROBLEM? WHAT IS
13	THE PRACTICE?
14	DR. TROUNSON: I THINK THAT'S NOT VERY
15	COMMON ANYMORE. I THINK THE COMMUNITY HAS MOVED ON
16	IN MATURITY IN THAT RESPECT, AND I THINK THERE IS
17	THE COMMUNITY THINKS THERE IS AN APPROPRIATE WAY TO
18	BANK IF EVERYTHING AGREES THAT YOU COULD GO BACK TO
19	THE ORIGINAL DONOR BECAUSE THERE ARE SOME SITUATIONS
20	WHERE THERE ARE OFFSPRING. THAT'S NOT UNIVERSAL,
21	BOB, SO THERE'S A GREAT VARIETY, I THINK. AND SOME
22	OF THE CONDITIONS THAT YOU DESCRIBE STILL EXIST.
23	THEY DON'T EXIST ANY LONGER IN AUSTRALIA. YOU HAVE
24	TO BE IDENTIFIABLE IN THE LONG TERM, BUT I
25	UNDERSTAND IN THE U.S. IT'S VERY VARIED.
	20

1	MS. CHARO: IF I'M FOLLOWING THIS
2	CORRECTLY, WE'VE ACTUALLY CHANGED THE DISCUSSION NOW
3	FROM MUTUAL PAYMENT TO MUTUAL CONSENT, RIGHT? AND
4	SO I'M GOING TO PUT ASIDE THE ISSUE OF PAYMENT FOR A
5	MOMENT AND JUST WANT TO MENTION SOMETHING ABOUT HOW
6	THE NATIONAL ACADEMIES CAME TO THE POSITION THEY
7	CAME TO BECAUSE I KNOW THAT THAT WAS PART OF THE
8	REGULATIONS HERE CAME TO BE WHERE THEY ARE.
9	THE NOTION HAD BEEN THAT, WHILE IT'S TRUE
10	THAT MOST PEOPLE UNDERSTAND THE DONATION OF A
11	GAMETE, EGG OR SPERM, ESSENTIALLY THE LEGAL ISSUE
12	FOR CONTROL OVER IT, WE ALSO FOUND OURSELVES
13	THINKING THAT MOST PEOPLE ENTER THAT ARRANGEMENT
14	UNDER A CERTAIN SET OF ASSUMPTIONS. AND THOSE
15	ASSUMPTIONS ARE BUILT AROUND THE NOTION THAT THIS IS
16	FOR REPRODUCTIVE PURPOSES. AND THEN, OF COURSE, IT
17	MAY FAIL AND THE EMBRYO MAY WIND UP DESTROYED OR NOT
18	USED FOR A NUMBER OF REASONS, BUT THAT IT IS LIKELY,
19	AT LEAST HISTORICALLY, THAT MOST PEOPLE DO NOT
20	IMAGINE A TRANSFER OF THE EMBRYO TO RESEARCH AS A
21	LIKELY OUTCOME.
22	AND SO BEING EXTREMELY CAUTIOUS, WE CHOSE
23	TO PUT IN THE REQUIREMENT THAT THERE BE CONSENT FROM
24	ALL UNDERLYING GAMETE DONORS SOLELY SO THAT THERE
25	WAS A SENSE THAT THE ORIGINAL DECISION TO DONATE FOR

REPRODUCTIVE PURPOSES WAS DONE WITH COMPLETE WITH
AN UNDERSTANDING OF THE COMPLETE RANGE OF OUTCOMES,
BUT NOT NECESSARILY WITH A LIST OF PARTICULAR
RESEARCH PROTOCOLS THAT MIGHT BE USED IN THE
RESEARCH.
THAT SAID, I SHOULD AT LEAST PUT ON THE
TABLE FOR YOU ALL THAT THAT HAS PROBABLY BEEN ONE OF
THE TWO OR THREE MOST CHALLENGED GUIDELINES, RIGHT
UP THERE WITH NONPAYMENT AND THE CREATION OF ESCRO'S
TO BEGIN WITH AS OPPOSED TO USING IRB'S. AND JUST
TO PROVE THAT CONFLICT OF INTEREST RULES ARE
SOMETIMES OVERDONE WITH THE ASSUMPTION THAT
AFFILIATIONS DETERMINE EVERYTHING, MY OWN
INSTITUTION, AS I UNDERSTAND IT, IS PLANNING TO
IGNORE THAT PARTICULAR GUIDELINE THAT I AND ANOTHER
MEMBER OF MY INSTITUTION HELPED TO WRITE ON THE
NATIONAL ACADEMY'S COMMITTEE.
SO I JUST WANT TO PUT THAT ON THE TABLE SO
THAT PEOPLE APPRECIATE WHY THAT'S PUT IN, AND THAT
IT'S NOT ABOUT THE SPECIFICS OF THE RESEARCH SO MUCH
AS PEOPLE ENTERING THESE ARRANGEMENTS TO BE GAMETE
DONORS WITH SOME APPRECIATION OF WHAT THEY'RE
ACTUALLY GRANTING.
CHAIRMAN LO: FRANCISCO AND THEN ANN.
DR. PRIETO: I THINK THAT, YOU KNOW,
30

1	THERE'S QUESTIONS OBVIOUSLY LEGAL AND ETHICAL. AND
2	THE LEGAL ONE SEEMS FAIRLY CLEAR-CUT, THAT YOU'VE
3	RELINQUISHED CONTROL OVER THESE GAMETES PRESUMABLY
4	WITH SOME SORT OF BLANKET RELEASE. AND, YOU KNOW,
5	THERE IS NO LEGAL ISSUE OF REACHING BACK AND GETTING
6	THEIR CONSENT. ETHICALLY I THINK WHAT WE HAVE TO
7	DECIDE IS HOW ESSENTIAL IS IT TO GET THAT SORT OF
8	APPROVAL.
9	I THINK IF THERE WAS A RESEARCH BOX
10	CHECKED, THEN TO ME THAT OPENS UP THE WINDOW OF
11	ACCEPTABILITY THAT, YOU KNOW, PEOPLE UNDERSTAND THAT
12	VARIOUS THINGS ARE DONE IN RESEARCH. I DON'T THINK
13	WE HAVE TO OR CAN GO BACK AND EXPLAIN TO PEOPLE.
14	WE'D HAVE TO, YOU KNOW, TRAIN AT THE LEVEL OF A
15	PH.D. TO UNDERSTAND ALL THE POTENTIAL RAMIFICATIONS
16	OF THE RESEARCH. I DON'T THINK THAT WOULD EVER BE
17	SOMETHING THAT WE'D LIKE. I THINK THE PEOPLE THAT
18	CHECK THAT BOX, THEN THAT'S ACCEPTABLE.
19	CHAIRMAN LO: ANN AND THEN SHERRY.
20	DR. KIESSLING: I ACTUALLY WANT TO ASK
21	ALTA A QUESTION WITH YOUR LAWYER HAT ON. I MEAN
22	SETTING ASIDE THE ETHICAL ISSUES OF WHETHER SOME
23	COLLEGE GUY IS DONATING SPERM FOR THE SPERM BANK,
24	AND THE CALIFORNIA CRYO BANK IS THE ONE OF THE
25	BIGGEST SPERM BANKS IN THE COUNTRY, WHOSE DONATIONS

ARE STILL ANONYMOUS. THERE'S TWO CHAPTERS IN
BOSTON, I BELIEVE.
WHETHER OR NOT THAT PERSON ENVISIONS THAT
AT SOME POINT IN TIME HIS GENETIC INFORMATION WOULD
BE USED TO TREAT SPINAL CORD INJURY. I THINK THAT'S
A DISCUSSION WE NEED TO HAVE AS A SEPARATE ISSUE.
BUT ONE OF THE LEGAL CONCERNS HERE, AND
THIS IS NOW A LEGAL CONCERN, NOT AN ETHICAL CONCERN,
HOW DOES THE RETROSPECTIVE WORK ON THAT? NOW, IF
YOU ARE NOW AND THERE MUST BE EXAMPLES OF THIS IN
TERMS OF A STANDARD FOR DOING HUMAN SUBJECTS
RESEARCH THAT'S EMBRACED NOW AND LOOKING BACK AT
WHEN DISCUSSING THING AT A PRIOR TIME.
SO IN OTHER WORDS, IF THIS COMES AS A
COURT CHALLENGE, WHAT DO COURTS SAY ABOUT IF THE
STANDARDS UNDER WHICH THIS MATERIAL WAS COLLECTED DO
NOT AGREE WITH TODAY'S STANDARDS?
CHAIRMAN LO: THIS ACTUALLY IS GEOFF'S
NEXT SLIDE. SO CAN WE HOLD AND THEN ALTA JUMP IN
AFTER THIS BECAUSE GEOFF IS GOING TO TRY AND WALK US
THROUGH THAT WITH ALTA'S HELP. SHERRY.
CO-CHAIR LANSING: WELL, I ACTUALLY WANT
TO HEAR THE SLIDES, SO I'LL MAKE MY COMMENTS BRIEF.
I ACTUALLY UNDERSTAND WHAT YOU ARE SAYING, ALTA, AND
I AGREE WITH IT. BUT IF YOU IF WE ACCEPT THE
32

1	FACT THAT WE ARE A WORK IN PROGRESS, WE STARTED HERE
2	ON THE SLATE OF CONSERVATIVISM AND WE HAVE THERE AND
3	IT'S POSSIBLE. AND IT SEEMS TO ME A STEP TO TAKE
4	WOULD BE TO SAY THAT ANYONE THAT CHECKED THE
5	RESEARCH BOX, YOU KNOW, IS ACCEPTABLE BECAUSE WE'RE
6	NOT GOING TO WE'RE NOT GOING TO SPECIFY WHAT KIND
7	OF RESEARCH. I MEAN THAT WOULD BE IMPOSSIBLE TO DO.
8	AND IF YOU CHECKED THAT BOX, THEN WHY SHOULD WE NOT
9	BE ABLE TO USE THAT SINCE EVERYONE ELSE CAN? I MEAN
10	WE'RE THEN ACTUALLY HOLDING OURSELVES TO A STANDARD
11	NOW. THAT TO ME IS A STEP.
12	NOW, WHETHER OR NOT THEN THE NEXT STEP
13	IS A MUCH BOLDER STEP AND A STEP THAT I WOULD SAY
14	LET'S REVISIT IF WE NEED TO, AND I'M NOT
15	RECOMMENDING IT TODAY, IS THEY NEVER CHECK THE
16	RESEARCH BOX. AND THEN I THINK, YOU KNOW, YES, I
17	WOULD SAY ALWAYS TRY AND FIND THE DONOR, ALWAYS TRY
18	AND ASK THE QUESTIONS, AND I THINK AND GET
19	PERMISSION, THEN LET'S NOT DO THAT TODAY.
20	CHAIRMAN LO: WELL, THE OTHER OPTION WOULD
21	BE IF THERE WAS NO BOX FOR THEM TO CHECK WHEN THEY
22	DONATED.
23	CO-CHAIR LANSING: THEN I THINK, AS MUCH
24	AS, YOU KNOW, WISH WE COULD USE THEM ALL FOR
25	RESEARCH, THEN I THINK THAT'S IF YOU CAN'T FIND

1	THEM, THEN I SAY THAT'S MAYBE TOO BIG A STEP TODAY.
2	CHAIRMAN LO: IF SOMEONE ROB.
3	DR. TAYLOR: YEAH. I'D ACTUALLY LIKE TO
4	KIND OF STEP BACK TO THE QUESTION OF THE BOXES AND
5	THE TIMELINE. SO TEN YEARS AGO IN A UNIVERSITY
6	PROGRAM WHERE WE WERE DOING RESEARCH ON LOTS OF
7	TISSUES THAT WERE MAINLY DERIVED FROM SURGICAL
8	PROCEDURES OR BIOPSIES DONE IN THE OFFICE OR BLOOD
9	SAMPLES THAT WERE BEING DRAWN ROUTINELY AS PART OF
10	NORMAL CARE, WE HAD LOTS OF RESEARCH BOXES ON LOTS
11	OF THINGS. SO I THINK IT WOULD BE FAIR TO SAY THAT
12	IF WE GO BACK TEN YEARS AND WE LOOK AT THE POOL OF
13	FROZEN EMBRYOS THAT ARE KIND OF SITTING AROUND, I
14	WOULD HAVE TO ARGUE THAT THE BIGGEST COHORT IN A
15	POOL PROBABLY HAVE NO INFORMATION ABOUT RESEARCH
16	PROTOCOLS.
17	THERE'S A SMALLER SUBSET IN WHICH THERE
18	WAS A BOX LIKE IN THE UC SAN FRANCISCO PROGRAM, LOTS
19	OF OTHER UNIVERSITY PROGRAMS, I'M SURE, THAT HAD A
20	RESEARCH BOX THAT WASN'T PARTICULARLY SPECIFIED, BUT
21	IT WOULD ALLOW OTHERWISE DISCARDED MATERIAL TO BE
22	USED FOR RESEARCH. AND THAT'S NOT GOING TO BE THE
23	ENTIRE POPULATION OF THOSE FROZEN EMBRYOS, BUT IT'S
24	GOING TO REPRESENT A SET.
25	AND IT'S GOING TO BE A MUCH, MUCH SMALLER
	3.1

1	SET WHERE WE CAN TRACE IT BACK TO THE GAMETE DONORS,
2	AND INFINITESIMALLY SMALLER GROUP, I WOULD ARGUE,
3	BASED ON PARTICULARLY THE SPERM DONOR ISSUES, IN
4	THIS COUNTRY AT LEAST, WHICH ARE ALMOST COMPLETELY
5	ANONYMOUS AND UNTRACEABLE.
6	CO-CHAIR LANSING: BUT TEN YEARS AGO THERE
7	WAS THIS BOX FOR RESEARCH, WHICH IS A START.
8	DR. TAYLOR: RIGHT.
9	CHAIRMAN LO: LET ME SORT OF PUT THIS IN A
10	MUCH BIGGER CONTEXT, WHICH, AS ROB SUGGESTED, ALL
11	THE TIME IN THE COURSE OF CLINICAL CARE, WE
12	PHYSICIANS OBTAIN TISSUE AND IT'S STORED IN A
13	REPOSITORY, BIOPSY SAMPLES FROM CANCER SURGERY,
14	EXTRA TUBES OF BLOOD THAT MAY BE USED FOR
15	(UNINTELLIGIBLE). AT A CERTAIN POINT WE ALLOW THOSE
16	SPECIMENS TO BE USED FOR RESEARCH, BUT NOW IT'S
17	SPECIFIC IN THE SENSE OF RESEARCH PROVIDING WE STRIP
18	ALL IDENTIFIERS FROM THEM. AND THAT'S COMMONLY
19	ACCEPTED. IN FACT, A LOT OF THE CANCER RESEARCH IS
20	DONE WITH OLD PATHOLOGY SPECIMENS WHERE WE TAKE ALL
21	THE PATIENT'S IDENTIFYING INFORMATION AND JUST TURN
22	IT OVER TO THE RESEARCHER. AND FEDERAL REGULATIONS
23	FOR HUMAN SUBJECTS RESEARCH EXPLICITLY ALLOWED THAT.
24	SO ANONYMOUS TISSUE COLLECTED FOR CLINICAL PURPOSES
25	LEFT OVER, NOT NEEDED FOR RESEARCH FOR CLINICAL WORK

1	MAY BE GIVEN TO RESEARCHERS WITHOUT EXPLICIT
2	CONSENT
3	CO-CHAIR LANSING: ANONYMOUSLY.
4	CHAIRMAN LO: ANONYMOUSLY. NOW, WHAT,
5	AGAIN, I THINK SHERRY IS VERY RIGHT TO SAY, WE
6	WANTED TO BE VERY CAUTIOUS ON THIS BECAUSE OF THE
7	SENSE IT'S VIEWED AS EMBRYO RESEARCH WHERE WE KNOW
8	THERE ARE PEOPLE IN THE POPULATION CAN SAY, WAIT A
9	MINUTE, TAKING AWAY MY NAME DOESN'T MAKE IT ANY
10	RIGHT.
11	CO-CHAIR LANSING: WHAT DO YOU SIGN WHEN
12	YOU'RE AN ANONYMOUS TISSUE? MAYBE YOU SIGN AWAY
13	YOUR RIGHTS. I DON'T KNOW.
14	CHAIRMAN LO: WELL, YOU SIGN AWAY YOUR
15	RIGHTS WITH A GENERAL CONSENT TO COME TO THE
16	HOSPITAL. NO ONE EVER READ IT BECAUSE IT'S JUST A
17	PIECE OF PAPER. SO BASICALLY IT WAS, I THINK, AND
18	ALTA CAN HELP ME OUT, BUT I THINK THE OTHER
19	BACKGROUND IS THAT THIS SORT OF SPECIFIC CONSENT FOR
20	RESEARCH FROM THESE REPRODUCTIVE TISSUES IS IN A
21	SENSE AN EXCEPTION TO THE GENERAL RULE THAT
22	ANONYMIZED TISSUE THAT'S ALREADY COLLECTED FOR
23	CLINICAL PURPOSES USED FOR RESEARCH BECAUSE
24	REPRODUCTIVE TISSUE IS A LITTLE MORE SENSITIVE AND
25	BECAUSE EMBRYONIC STEM CELL RESEARCH MAY BE
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1	ADDITIONALLY SENSITIVE.
2	AND I THINK THE NOTION WAS YOU WOULDN'T
3	WANT SOMEONE TO COME BACK AND SAY, WELL, I REALLY
4	WASN'T ASKED, BUT, YOU KNOW, HAD YOU ASKED, I WOULD
5	HAVE THOUGHT NOW YOU'RE GOING TO DO RESEARCH ON
6	INFERTILITY, WHICH I WOULD HAVE SUPPORTED, BUT SO
7	THAT WAS ROB AND I CO-AUTHORED A PAPER IN 2004
8	WHICH ACTUALLY RECOMMENDED THAT WE GET SPECIFIC
9	CONSENT TO USE THOSE EMBRYOS FROM BOTH AN EMBRYO
10	DONOR AND THE GAMETE DONOR, BUT THAT WAS IN 2004.
11	ALTA, HELP ME OUT.
12	MS. CHARO: YOU HAVE NO IDEA HOW MUCH I
13	RESPECT YOUR OPINION ABOUT THIS, BUT I THINK THERE'S
14	A LEGAL CONFUSION AT THE BASE OF IT WHICH MAKES THE
15	ISSUE OF ANONYMITY NOT QUITE THE RIGHT ISSUE TO BE
16	DISCUSSING HERE BECAUSE THERE ARE TWO THINGS THAT GO
17	ON THAT DETERMINE HOW TO TREAT HUMAN TISSUE. ONE IS
18	A PROPERTY ANALYSIS, MY DISPOSITIONAL AUTHORITY OVER
19	THE TISSUE, AND THE SECOND IS HUMAN SUBJECTS
20	PROTECTIONS.
21	NOW, IN THE CONTEXT OF ORDINARY SURGICAL
22	WASTE, THE USUAL PROPERTY ANALYSIS IS THAT THAT
23	TISSUE, WHATEVER MY PRIMARY INTEREST IN IT MIGHT BE,
24	AND IT'S UNCLEAR IN MOST STATE LAW, WHATEVER THAT
25	PROPERTY INTEREST IS, THE TISSUE HAS BEEN ABANDONED,

1	SO I NO LONGER HAVE A PROPERTY INTEREST THAT IS THE
2	CONTROL, SO THE ONLY THING THAT'S LEFT ON THE TABLE
3	IS PROTECTION OF MY INTEREST, WHICH IS WHERE
4	ANONYMITY IS CONSIDERED SUFFICIENT, HUMAN SUBJECTS
5	RULES NO LONGER APPLY.
6	HERE I THINK IT'S REALLY NOT THE SAME
7	THING BECAUSE THE CONCERN ABOUT THE UNDERLYING
8	GAMETE DONORS IS NOT SO MUCH WHETHER THEY ARE THE
9	SUBJECT OF STUDY, WHICH WOULD TRIGGER HUMAN SUBJECTS
10	RIGHTS, AND FOR WHICH ANONYMITY WOULD PROVIDE THE
11	SOLUTION. I THINK THE QUESTION IS WHETHER OR NOT AT
12	THE MOMENT THEY WERE ASKED TO DONATE GAMETES TO A
13	COUPLE, THEY WOULD HAVE SAID, OH, I'D RATHER NOT HAD
14	THEY KNOWN THAT RESEARCH WAS A POSSIBLE OUTCOME.
15	IT'S WHETHER OR NOT THERE'S A MATERIAL
16	MISUNDERSTANDING AS BETWEEN THE GAMETE DONORS AND
17	THE RECIPIENTS ON THE POSSIBLE OUTCOMES THAT WOULD
18	HAVE CHANGED THE TRANSACTION.
19	NOW, PROPERTY LAW ABOUT HUMAN TISSUE IN
20	THE BODY AND OUTSIDE THE BODY, GAMETES, NONGAMETES,
21	IS A MESS IN THE UNITED STATES. THERE ARE NO CLEAR
22	NATIONAL RULES, AND EVEN WITHIN THE INDIVIDUAL
23	STATES, THERE'S NO CLEAR ANALYSIS. BUT THE ONE
24	THING I AM PRETTY CONFIDENT ABOUT IS THAT TO THE
25	EXTENT THAT THERE'S ANY NOTION OF CONTROL, THAT IT

1	DOES REST UPON ACTUAL UNDERSTANDING OF THE MEANING
2	OF THE TRANSACTION.
3	SO I DO THINK THAT, DESPITE THE ABSENCE OF
4	HUMAN SUBJECTS RIGHTS IN THE ANONYMOUS CONTEXT, I
5	DON'T THINK WE CAN COMPLETELY GET AROUND THE
6	QUESTION OF WHETHER WE THINK, A, IT WOULD BE VERY
7	LIKELY THAT PEOPLE WOULD DETERMINE THEIR WILLINGNESS
8	TO DONATE GAMETES TO COUPLES BASED UPON WHETHER
9	RESEARCH WAS ONE OF THE SEVERAL OUTCOMES THAT THEY
10	WERE AWARE OF AND, SECOND, WHETHER, EVEN IF THEY
11	KNEW THE OUTCOMES, THEY SOMEHOW HAD TO HAVE SOME
12	INCREDIBLY ELABORATE LISTING OF ALL THE POSSIBLE
13	OUTCOMES. I DON'T THINK WE CAN GET AWAY FROM EITHER
14	OF THOSE QUESTIONS WITH HUMAN SUBJECTS RIGHTS.
15	CHAIRMAN LO: I WAS GOING TO SAY THAT
16	THERE'S A BIGGER CONTEXT.
17	CO-CHAIR LANSING: I THINK I HAVE A
18	QUESTION FOR YOU, ALAN. SINCE WE WANT TO DO WHAT IS
19	ETHICAL, BUT WE ALSO WANT TO ADVANCE SCIENCE IN AN
20	ETHICAL WAY, HOW BIG IS THIS POOL THAT WE'RE TALKING
21	ABOUT OF PEOPLE THAT CHECKED THE RESEARCH BOX? YOU
22	HAVE ANY IDEA? ARE WE ARGUING ABOUT SOMETHING WE
23	DON'T NEED TO ARGUE ABOUT TODAY? I FEEL THAT
24	PEOPLE, I COULD BE WRONG, AND MAYBE WE NEED TO DO A
25	STRAW POLL, BUT I FEEL THAT IF YOU CHECKED THE
	20

1	RESEARCH BOX, AND I'M ULTIMATELY WRONG, BUT I THINK
2	MOST PEOPLE ARE SAYING YOU DON'T NEED WE'RE NOT
3	GOING TO GO THROUGH A LIST OF WHAT THE RESEARCH IS.
4	AND IF YOU CHECK THE RESEARCH BOX, THEN STEM CELL
5	RESEARCH IS PART OF RESEARCH TOO.
6	BUT I'M ASKING YOU, FROM YOUR POINT OF
7	VIEW AS A SCIENTIST, IS THAT A BIG ENOUGH POOL FOR
8	US TO ADVANCE OUR WORK AT LEAST TODAY?
9	DR. TROUNSON: I THINK IT IS, SHERRY,
10	WITHOUT TRYING TO REVISIT THE DECISION THAT THE
11	COMMITTEE MADE SOME TIME AGO. ALL THE ORIGINAL
12	LINES FROM ISRAEL THAT CONSTITUTED THE ORIGINAL
13	EMBRYONIC STEM CELL LINES ALL FALL IN THIS CATEGORY.
14	SO THEY WERE GRANDFATHERED IN ON THE BASIS THAT, YOU
15	KNOW, IT WASN'T AVAILABLE. THAT CHOICE HADN'T
16	BEEN WASN'T AVAILABLE AT THAT TIME AND NOT MADE
17	AVAILABLE TO THOSE PATIENTS.
18	SO, NO. 1, IT IS, AS YOU GO BACK AS YOU
19	GO FURTHER BACK ALL THE TIME, IT'S MORE AND MORE
20	COMMON. AND SO THIS COULD BE A RATHER LARGE POOL OF
21	MATERIAL THAT'S AVAILABLE.
22	TWO OTHER THINGS IS THAT SCIENTISTS HAVE
23	BEEN USING THESE EMBRYOS TO FORM EMBRYONIC STEM
24	CELLS. AND WE HAVE A SITUATION, FOR EXAMPLE, THAT'S
25	WHY WE ARE PRESSING FOR A DISCUSSION ON THEM, THAT A

1	CELL LINE WAS A CELL LINE HAS BEEN MADE IN AN
2	APPROPRIATE GMP WAY TO BE CLINICALLY ACCEPTABLE. IS
3	THIS A BASIS FOR A WHOLE LOT OF RESEARCH WORK IN A
4	GROUP OR A GROUP OF PEOPLE, AND IT'S NOT ACCEPTABLE
5	UNDER OUR UNDER THESE DEFINITIONS BECAUSE THERE
6	WAS A DONOR WAY BACK THAT DONATED THE EGG AND WHO
7	DIDN'T GIVE ANY APPROVAL. THAT WAS SOME TIME AGO.
8	SO THERE ARE INDIVIDUAL SITUATIONS WHERE
9	CELL LINES HAVE NOW BEEN DEVELOPED THAT ARE BEING
10	USED TO STUDY AREAS OF IMPORTANCE. AND, IN FACT,
11	THEY HAVE BEEN MADE CLINICALLY ACCEPTABLE OR, AS FAR
12	AS WE CAN TELL, UNDER APPROPRIATE CONDITIONS THAT
13	WOULD ACCEPT THEM BEING USEFULLY USED, BUT THEY
14	DON'T QUALIFY UNDER OUR
15	CO-CHAIR LANSING: BUT, ALAN, I JUST WANT
16	TO MAKE SURE I UNDERSTOOD THIS ANSWER BECAUSE I AM A
17	LAYPERSON. THE FIRST PART OF THE QUESTION, WHICH IS
18	TO ME A MORE EASY ANSWER, IS THAT PEOPLE THAT YOU
19	BELIEVE THERE'S A PRETTY BIG POOL THAT WOULD ADVANCE
20	THE SCIENCE OF PEOPLE WHO KNOWINGLY CHECKED RESEARCH
21	AS A POSSIBLE OPTION.
22	DR. TROUNSON: THERE'S A LARGE NUMBER OF
23	EMBRYOS, AS I UNDERSTAND, IN THE U.S. WHERE THE BOX
24	HAS BEEN CLEARLY.
25	CO-CHAIR LANSING: SO SAY THAT. THAT'S A
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1	VERY IMPORTANT
2	CHAIRMAN LO: YOU'RE SAYING THE BOX WAS
3	CHECKED, NOT JUST BY THE PERSON WHO WANTED TO DONATE
4	THE EMBRYO, BUT WAS ALSO CHECKED FOR RESEARCH BY THE
5	GAMETE DONOR. THAT'S WHAT I WASN'T SURE OF.
6	DR. TROUNSON: WE DON'T HAVE THAT
7	INFORMATION, I DON'T THINK, ANYWHERE AT HAND TO SAY
8	WHAT PORTION OF THOSE THAT ARE. BUT THERE'S
9	CERTAINLY, IF YOU GO BACK AND ASK IN EACH AND EVERY
10	CASE, YOU WILL FIND SOME OF THOSE. BUT IT WILL
11	BE IN THE CASE OF A DONATED EGG, THE FURTHER YOU
12	GO BACK, THE LESS LIKELY THERE IS. AND EVEN NOW YOU
13	WILL FIND IT, BUT IN THE CASE IT WAS A DONATED
14	SPERM, AS ANN SAYS, IT'S STILL QUITE COMMON.
15	CO-CHAIR LANSING: THE DONATED EGG, THERE
16	WILL BE BUT YOU THINK YOU SAID INITIALLY YOU
17	THOUGHT THERE WAS A PRETTY BIG POOL OF RESEARCH
18	CHECKED BOXES.
19	DR. TROUNSON: YES. YOU KNOW, I THINK OF
20	RESEARCH CHECKED BOXES FOR EMBRYOS; BUT WHEN WE'RE
21	TALKING ABOUT SORT OF DONATION OF EGGS TO FORM AN
22	EMBRYO, THAT I CAN'T TELL. AND I DON'T THINK ANYONE
23	HAS THAT
24	CHAIRMAN LO: LET ME ASK SHERRY'S QUESTION
25	A DIFFERENT WAY TO YOU AND ACTUALLY MARIE AS WELL.
	42

1	IS THE POOL OF EMBRYOS FOR WHICH WE HAVE CONSENT
2	FROM THE EMBRYO WOMAN OR COUPLE IN IVF PLUS A CHECK
3	BOX ON BOTH GAMETE DONOR SUFFICIENT FOR SCIENTIFIC
4	PURPOSES, OR IS THERE IMPORTANT SCIENCE THAT WOULD
5	REQUIRE ADDITIONAL EMBRYOS USED TO USE IN
6	RESEARCH WHERE WE HAVE CONSENT FROM THE DONOR COUPLE
7	IN IVF, BUT WE ACTUALLY DON'T KNOW AT ALL WHAT THE
8	OOCYTE OR GAMETE OR OOCYTE OR SPERM DONOR, THEY
9	WEREN'T OFFERED A CHECK BOX? I GUESS THAT'S THE, I
10	THINK, THE FOLLOW-ON TO SHERRY'S QUESTION.
11	DR. CSETE: SO FOR SCIENTIFIC PURPOSES,
12	SOMETHING THAT HAS TO LEAVE THE LAB, THE ANSWER IS,
13	YES, THERE'S SIGNIFICANT MATERIAL. I THINK EVERYONE
14	WOULD AGREE TO THAT. HOWEVER, WHEN YOU GO FOR
15	CLINICAL PURPOSES, WE NOW HAVE A SITUATION WHERE YOU
16	CAN'T REPLACE A HUGE BODY OF BANKED MATERIAL BASED
17	ON ONE CLINICAL LINE THAT SERVES AS THE MASTER BANK
18	FOR A POTENTIAL CELL PRODUCT THAT'S VERY CLOSE TO
19	GOING INTO PATIENTS. SO THAT'S WHY WE'RE HAVING
20	THIS DISCUSSION.
21	I THINK PART OF YOUR QUESTION, SHERRY, I
22	WANT TO TRY TO LEAD TO WHAT YOU SAID, WAS ARE THERE
23	AVAILABLE MATERIALS THAT CAN SORT OF COVER THE NEED.
24	AND I THINK, YES, THERE ARE FOR A NEED RESTRICTED TO
25	A LABORATORY. BUT THERE'S A PARTICULAR CLINICAL

1	NEED FOR CONSIDERING SOME LINES THAT HAVE BEEN NOW
2	EXTENSIVELY CHARACTERIZED AND BECOME THE BASIS FOR A
3	NOMINAL THERAPY.
4	CO-CHAIR LANSING: HOW WOULD YOU EXPLAIN
5	THAT SECOND PART?
6	DR. CSETE: THOSE ARE FEW. SO A
7	COMMERCIAL ENTITY DECIDES TO MAKE A DIFFERENTIATED
8	CELL PRODUCT FROM A HUMAN EMBRYONIC STEM CELL LINE.
9	YOU'RE NOT GOING TO DO THAT FROM POOLS OF HUMAN
10	EMBRYONIC STEM CELL LINES. YOU'RE GOING TO DO IT
11	FROM ONE. AND THE EXPANSION OF THAT BANK THAT WILL
12	SERVE AS THE SOURCE FOR THE CELLS FOR THERAPY IS
13	UNIQUE TO THAT LINE BECAUSE THAT'S THE ONE THAT WAS
14	PICKED, THAT'S THE ONE WHERE YEARS AND A HUGE AMOUNT
15	OF EFFORT WENT INTO EXPANDING AND FREEZING THE
16	SOURCE FOR THE FUTURE THERAPIES. AND THIS WAS ALL
17	DONE PRIOR TO THE REGULATIONS.
18	CO-CHAIR LANSING: HOW DOES THAT HOW
19	ARE WE AFFECTED BY THAT?
20	CHAIRMAN LO: LET ME SO THIS IS A
21	SOMEWHAT DIFFERENT SITUATION, BUT MARIE'S COMMENT IS
22	ACTUALLY A STEM CELL LINE THAT EXISTS, NOT AN
23	EMBRYO
24	CO-CHAIR LANSING: RIGHT.
25	CHAIRMAN LO: THAT WAS MADE AT LEAST
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1	THROUGH AN EMBRYONIC STEM CELL LINE BEFORE 2005, AND
2	ALSO, JUST TO SORT OF UNDERLINE THE REASON, WAS DONE
3	UNDER GOOD MANUFACTURING PRACTICES. SO A LOT MORE
4	ATTENTION TO STERILITY, QUALITY CONTROL, ALL THE
5	THINGS THAT YOU DIDN'T WANT IN A STEM CELL LINE THAT
6	MIGHT BE USED FOR TRANSPLANTATION. BUT TYPICALLY IF
7	WE'RE JUST DOING IT IN THE LABORATORY TO DERIVE A
8	STEM CELL LINE FOR SCIENTIFIC RESEARCH, YOU WOULDN'T
9	GO THROUGH ALL THAT EXTRA EFFORT AND COST.
10	SO IT'S ONE PARTICULAR LINE THAT WAS
11	ACTUALLY AN EXISTING LINE FROM EMBRYOS MADE INTO A
12	LINE BEFORE NAS OR WE ISSUED GUIDELINES. AND
13	BECAUSE IT WAS DONE UNDER THESE GOOD MANUFACTURING
14	PRACTICES, IT'S DEEMED AS HIGHLY DESIRABLE FOR
15	POTENTIAL TRANSPLANT. SO NOW A LOT OF PEOPLE ARE
16	USING THIS ONE PARTICULAR LINE TRYING TO
17	DIFFERENTIATE IT INTO A SPECIALIZED CELL, FOR
18	EXAMPLE
19	CO-CHAIR LANSING: I UNDERSTAND.
20	CHAIRMAN LO: TRYING TO GET AN ISLET
21	CELL FOR TRANSPLANTATION.
22	CO-CHAIR LANSING: SO WHY CAN'T WE USE
23	THAT? WHAT'S THE
24	CHAIRMAN LO: WELL, THE PROBLEM WAS THAT
25	WHEN YOU GO BACK TO HOW THAT LINE WAS DERIVED,
	AF

1	GRANTED, YOU DON'T KNOW THE YEAR, THEY HAD CONSENT
2	FROM THE WOMAN IN IVF, THE COUPLE IN IVF, BUT ONE OF
3	THE DONORS WAS ANONYMOUS. THEY DIDN'T KNOW WHETHER
4	THAT DONOR WOULD HAVE APPROVED. THEY DID AT THE
5	TIME BECAUSE AT THE TIME THEY DID IT, NO HAD
6	MENTIONED GETTING CONSENT FROM OOCYTE OR SPERM
7	DONORS FOR STEM CELL DERIVATION. THEY WENT AHEAD
8	AND DID IT, WERE SUCCESSFUL, AND NOW IT'S BEING
9	USED. AND THE QUESTION IS
10	CO-CHAIR LANSING: THERE'S AN EXISTING
11	STEM CELL LINE.
12	CHAIRMAN LO: IT'S AN EXISTING LINE WHICH
13	IS DIFFERENT
14	CO-CHAIR LANSING: SO IT'S BEEN DONE
15	ALREADY, SO WE ARE NOT CULPABLE. IT'S BEEN DONE
16	ALREADY, SO THAT'S AN EXISTING STEM CELL LINE, AND
17	DO WE NOT USE IT THEN AGAIN, WE'D BE HELD TO A
18	HIGHER STANDARD. THAT DOESN'T MAKE SENSE TO ME.
19	CHAIRMAN LO: SO THIS IS
20	CO-CHAIR LANSING: I CAN'T UNDERSTAND
21	THAT. I'M REALLY SORRY.
22	CHAIRMAN LO: THIS IS WE'VE GOT ALL THE
23	ISSUES.
24	DR. TAYLOR: WITH ALL DUE RESPECT, I'VE
25	GOT TO SAY THAT IF WE'RE GOING TO DEVELOP A STEM

1	CELL LINE AND GO THROUGH GMP PROCEDURES AND DO THIS
2	WITH A CELL WE HAVE NO INFORMATION ABOUT WHO ARE THE
3	GAMETE DONORS, I FIND THAT JUST HIGHLY
4	IRRESPONSIBLE. GIVEN THE OPPORTUNITIES THAT WE
5	HAVE, GIVEN THE OPPORTUNITIES THAT WE HAVE TO
6	ACTUALLY KNOW AND DEVELOP CELLS AND KNOW WHAT THE
7	GENETIC BACKGROUND IS, TO ME IT SEEMS CRAZY TO TAKE
8	SOMETHING THAT WE ARE NEVER GOING TO HAVE ANY
9	INFORMATION ABOUT AND DRIVE THAT CELL ALL THE WAY TO
10	THE END SO THAT THAT BECOMES AN ATTRACTIVE CELL FOR
11	PRODUCTION.
12	DR. CSETE: I WANT TO MAKE SURE THAT, YOU
13	KNOW, THAT IT WASN'T DERIVED WITHOUT ANY
14	INFORMATION. SO I'M JUST CONCERNED THAT IF WE'RE
15	MAKING DECISIONS ABOUT NOT HAVING CONSENT FROM AN
16	ANONYMOUS EGG DONOR, THAT THAT HAS IMPLICATIONS FOR
17	THESE LINES. AND THERE WAS CONSENT. THERE IS
18	CONSENT FROM SPERM DONOR, THE WOMAN WHO WAS THERE
19	FOR REPRODUCTIVE PURPOSES, AND THERE'S NO CONTACT
20	CLAUSE ON THE EGG DONOR, IRB APPROVAL CHECKED OFF,
21	DONE WITH THE BEST OF THE INTENTIONS EVEN BEFORE
22	THESE
23	DR. TAYLOR: THERE ARE LOTS OF GREAT
24	THINGS THEY CAN DO WITH THE CELLS. IT'S JUST THAT I
25	DON'T PERSONALLY WANT THOSE CELLS TO TRANSPLANT IN

1	MY LIVER.
2	CHAIRMAN LO: WHAT YEAR WAS THAT DERIVED?
3	DR. LOMAX: MARCH LET ME JUST LOOK
4	THROUGH. THE EMBRYO WAS CREATED IN 200
5	CHAIRMAN LO: WHAT WAS THE LINE?
6	DR. LOMAX: I BELIEVE IT'S A LINE THAT
7	DIDN'T NEED TO BE THE EXTENSION OF THE LINE BEGAN
8	IN MARCH 2005.
9	MR. KLEIN: AND, BERNIE, I'D LIKE TO
10	COMMENT ON THIS. ROB, WITH DUE RESPECT, I HAVE A
11	REAL PROBLEM WITH YOUR POSITION BECAUSE IF IT WAS
12	LEGALLY DERIVED, AND THIS IS A FIELD THAT'S
13	DEVELOPING, AND IN THE FIELD OF DIABETES
14	SPECIFICALLY YOU'RE IMPACTING THAT I'M AWARE OF. IF
15	YOU'VE GOT TO THE POINT YOU'VE GOT A GMP LINE THAT
16	MEETS FDA REQUIREMENTS, THAT HAS PROPER
17	CHARACTERIZATION, AND A TREMENDOUS AMOUNT OF
18	RESEARCH HAS GONE INTO, AND YOU'RE GOING TO GO BACK
19	AND SAY YOU DIDN'T HAVE A SPERM DONOR WHO DIDN'T
20	WHO WANTED TO BE ANONYMOUS AND DIDN'T WANT TO BE
21	CONTACTED, AND NOW TO IMPOSE AT THIS POINT AN
22	OBLIGATION OF THAT PERSON HAVING CONSENTED, WHEN WE
23	HAVE ALL THE OTHER PROTOCOLS BEING FOLLOWED, I THINK
24	YOU'RE PUTTING A NEW STANDARD WITH FULL INFORMATION
25	ABOVE THE IMPORTANCE OF THE PATIENT, WHICH VIOLATES

1	SOME BASIC VALUES OF MINE.
2	THE PATIENT HAS TO BE VALUED; THEIR LIFE
3	HAS TO BE VALUED. WE CANNOT DEFAULT ON OUR
4	OBLIGATIONS TO THE PATIENTS BECAUSE OF A SUPER
5	ETHICAL PERSPECTIVE WE NOW HAVE THAT SOME SPERM
6	DONOR FIVE YEARS AGO OR TEN YEARS AGO MAY HAVE
7	WANTED TO, IF THEY HAD KNOWN AT THE TIME THEY GAVE
8	UP CONTROL OF THAT SPERM, TO HAVE SOME FUTURE
9	CONTROL.
10	SO I JUST DON'T I JUST DON'T AGREE IN
11	TERMS OF ETHICAL VALUES, IN TERMS OF MORAL VALUES,
12	OR IN TERMS OF LEGAL VALUES ON DEFAULTING OUT THAT
13	TYPE OF LINE WHEN WE'RE SO DEPENDENT ON MOVING
14	THERAPIES FOR PATIENTS WHO MAY BE GOING BLIND
15	BECAUSE THEY HAVE A DISEASE OR LOSING THEIR KIDNEYS
16	BECAUSE THEY HAVE A DISEASE. AND I THINK WE HAVE TO
17	WEIGH THAT CONSIDERATION VERY SERIOUSLY.
18	DR. TAYLOR: I APPRECIATE WHAT YOU'RE
19	SAYING. ACTUALLY MY ISSUES ARE NEITHER ETHICAL NOR
20	MORAL. THEY'RE PURELY SCIENTIFIC AND INTELLECTUAL.
21	IT SEEMS TO ME THAT IF WE'RE DEVELOPING CELLS FOR
22	TRANSPLANTATION, I THINK IT'S BEST TO KNOW THE
23	FAMILY HISTORY, AS MUCH DETAIL AS WE HAVE ABOUT THE
24	INDIVIDUAL DONORS, AND TO HAVE DONORS WHO ARE
25	WILLING TO SORT OF HAVE THAT INFORMATION COLLECTED.

1	SO IT'S REALLY NOT AN ETHICAL ISSUE. TO
2	ME IT'S KIND OF A JUDGMENT ISSUE ABOUT WHAT CELL DO
3	YOU KIND OF PUSH TO GATHER FIRST. AND IF IT WERE
4	KIND OF COMING OUT OF MY LABORATORY, THAT WOULDN'T
5	HAVE BEEN THE CELL LINE THAT I WOULD HAVE TRIED TO
6	DRIVE TO THE END POINT.
7	NOW, IF YOU'RE TELLING ME THAT SORT OUT OF
8	DESPERATION WE NEED TO USE WHATEVER IS AVAILABLE,
9	THEN ONE HAS TO MAKE COMPROMISES. AND I THINK THE
10	COMPROMISE WE'RE MAKING HERE, AGAIN FROM MY
11	PERSPECTIVE, IS NOT REALLY A MORAL OR ETHICAL ONE.
12	IT'S AN INFORMATIONAL ONE. THIS IS THE BEST ONE.
13	IT'S LIKE SORT OF A BLOOD MISMATCHED BLOOD
14	DONATION WHEN SOMEBODY'S EXSANGUINATED. YOU UTILIZE
15	WHATEVER YOU'VE GOT.
16	MR. KLEIN: I CERTAINLY AGREE
17	SCIENTIFICALLY WE WOULD PREFER TO HAVE THE MOST
18	DETAILED INFORMATION POSSIBLE. IN THIS CASE MY
19	UNDERSTANDING, IF YOU HAVE A VERY HIGH DEGREE OF
20	INFORMATION, BUT AS TO THE SPERM DONOR AND THE
21	DEGREE OF INFORMATION YOU HAVE, WHILE ANONYMOUS, AS
22	TO HISTORY, I JUST DON'T HAVE THAT INFORMATION. YOU
23	KNOW, I APPRECIATE THE CLARIFICATION, SO IT'S NOT AN
24	ETHICAL OR MORAL DECISION. IT'S JUST A QUESTION OF
25	SCIENTIFIC
	50

1	CHAIRMAN LO: SO I THINK IT FALLS TO
2	SCIENCE BECAUSE THERE'S A CONCERN ABOUT SAFETY FOR
3	THE TRANSPLANTED CELL.
4	MR. KLEIN: I UNDERSTAND.
5	DR. TAYLOR: I JUST KIND OF THINK IT WAS A
6	BAD EXPERIMENT.
7	CHAIRMAN LO: SO A LOT OF PEOPLE ARE
8	WANTING TO GET IN, SO LET ME JUST MAKE SURE. JEFF,
9	MARCY, SHERRY. JEFF, YOU HAVEN'T HAD A CHANCE.
10	MR. SHEEHY: WELL, I GUESS WHAT I'M TRYING
11	TO FOCUS ON IS KIND OF THE POINT BETWEEN BOB AND
12	ROB. FOR WANT AFTER BETTER DESCRIPTION, I CALL IT
13	UTILITY ARGUMENT. AND RATHER THAN TRYING TO REWRITE
14	ALL OF OUR RULES, IS THERE A WAY TO CAPTURE JUST
15	THIS YOU KNOW, THERE'S A LOT AND MAYBE WE CAN
16	DO ONE-OFF EXCEPTIONS OR, YOU KNOW, THERE'S A LOT
17	ABOUT THIS ONE PARTICULAR LINE THAT WE COULD
18	DESCRIBE IN ORDER TO SAY THAT IT'S AN EXCEPTION.
19	IT'S GMP, CERTAIN TYPES OF YOU KNOW, THERE'S ALL
20	THESE OTHER UTILITY, WHAT IS IT GOING TO BE USED
21	FOR, WHAT IT'S BEING USED FOR, THE GENERAL THE
22	WAY IN WHICH IT'S KIND OF INVALIDATED FOR USE FOR
23	ALL THESE OTHER FOLKS BESIDES US THAT COULD BE THE
24	WAY TO CAPTURE THE ABILITY FOR OUR RESEARCHERS TO
25	USE IT WITHOUT SUDDENLY SAYING ALL YOU KNOW, YOU
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1	DON'T HAVE TO HAVE IDENTIFYING YOU DON'T HAVE TO
2	BE ABLE TO GET IN CONTACT WITH EVERY GAMETE DONOR.
3	YOU KNOW, BECAUSE IT SEEMS LIKE WE'RE
4	LETTING THE EXCEPTION DRAW THE RULES WHEN REALLY WE
5	SHOULD WRITE A RULE FOR THE EXCEPTION. THAT'S MY
6	POINT.
7	MS. FEIT: I JUST TEND TO AGREE WITH
8	DR. TAYLOR'S COMMENTS BECAUSE I HAVE A SON WHO'S
9	GOING BLIND OF DIABETES. HE'S STILL YOUNG. JUST
10	HAD MAJOR EYE SURGERY. WE DON'T KNOW IF WE CAN SAVE
11	HIS SIGHT, BUT I WOULD NOT WANT HIM INSTILLED WITH
12	STEM CELLS COMPETING BEHIND. I MEAN CERTAINLY BEING
13	BLIND AND LIVING ANOTHER 20 YEARS AS A BLIND PERSON
14	IS A LIFE-ALTERING SITUATION FOR OTHER THINGS.
15	IN MEDICINE IT'S ALWAYS BEEN THE MANTRA DO
16	NO HARM. AND SO I THINK YOU HAVE TO BE CAREFUL.
17	YOU HAVE TO GET KNOWLEDGE, FOLLOW PROCESSES, WE HAVE
18	TO ACKNOWLEDGE THE FACT THAT WE DON'T HAVE
19	INFORMATION. THAT CAN MEAN SOMETHING. SO WE DO
20	HAVE TO BE CAREFUL.
21	I THINK GOING BACK TO SHERRY'S COMMENTS,
22	WHICH ARE VERY VALID, NOT UNDERSTANDING HOW MANY AND
23	WHAT THE POOLS ARE AND WHAT THEY REPRESENT. MAYBE
24	WHERE WE'RE GOING IS INTO AN ERA WHERE WE HAVE TO
25	HAVE THAT KNOWLEDGE. AND WE HAVE TO KNOW, YOU KNOW,

1	HOW MANY OF THOSE EMBRYOS ARE AVAILABLE, WHAT IS THE
2	CIRCUMSTANCE, ARE THEY DONATABLE, AND ARE THEY
3	DONATABLE FOR GENERAL RESEARCH.
4	I ALSO AGREE THAT IF THEY SAID THEY COULD
5	BE DONATED FOR GENERAL RESEARCH, AND WE HAVE ALL THE
6	RIGHT SCIENTIFIC PROCESS INFORMATION, THAT WE
7	SHOULDN'T THEN DISCRIMINATE. WE'RE A PART OF
8	RESEARCH. WE SHOULD MOVE FORWARD.
9	CHAIRMAN LO: LET ME MAKE ONE COMMENT. I
10	THINK THE LAST THREE OR FOUR SPEAKERS HAVE REALLY
11	TOUCHED ON SOME IMPORTANT POINTS. I THINK IT'S
12	POSSIBLE TO SEPARATE OUT THE SAFETY FOR POTENTIAL
13	TRANSPLANT RECIPIENTS FROM THE QUESTION WHICH WE
14	HAVE BEFORE US, WHICH IS REALLY SHOULD WE ALLOW
15	CIRM-FUNDED RESEARCHERS TO WORK WITH THIS LINE. I
16	THINK TO SOME EXTENT THE FDA CHARGE IS TO WHEN
17	SOMEONE SAYS I WISH TO DO A CLINICAL TRIAL INVOLVING
18	THIS CANDIDATE FOR THERAPY, THERE'S WHEN WE SHOULD
19	LOOK AT THE POTENTIAL RISK TO THE PARTICIPANTS IN
20	THAT CLINICAL TRIAL, WHICH IN THIS CASE I WOULD HOPE
21	WE WOULD CONSIDER THIS NOTION OF DO WE HAVE ENOUGH
22	INFORMATION ABOUT THE GAMETE DONOR.
23	I DON'T KNOW WHAT THE THE FDA, THESE
24	ARE CONFIDENTIAL DISCUSSIONS BETWEEN THE FDA AND THE
25	INVESTIGATOR AND THE SPONSOR OF THE CLINICAL TRIAL.

1	SO I DON'T KNOW WHAT'S TRANSPIRED THERE, BUT I THINK
2	WE SHOULD ALL KEEP IN MIND THE FDA, TO THE EXTENT IT
3	DOES ITS CHARGE, IS SUPPOSED TO LOOK AT THIS
4	QUESTION IN DETAIL WITH REGARD TO THE SPECIFIC
5	PROTOCOLS. WE DON'T HAVE TO SETTLE THAT. IN FACT,
6	WE CAN'T BECAUSE WE DON'T KNOW THE DETAILS.
7	DR. CSETE: THAT'S ABSOLUTELY RIGHT.
8	CHAIRMAN LO: IT'S NOT SOMETHING
9	THAT'S
10	DR. TROUNSON: IT'S NOT THAT THEY'RE GOING
11	TO ISSUE GUIDELINES. THIS PARTICULAR ORGANIZATION
12	HAS BEEN IN CONTACT WITH THE FDA, AND THEY HAVE BEEN
13	CONTINUING TO DO WORK ON THE BASAL SET. IT IS VERY
14	LIKELY THAT THAT COULD BE AGREED TO BY THE FDA.
15	THEY'RE NOT CHARGED WITH SPECIFICALLY THE ETHICAL
16	ISSUES, BUT BETTER THE MEDICAL RISKS IN SOME
17	RESEARCH ASPECT. IN REALITY, NEARLY ALL THE
18	RESEARCH HAS BEEN DONE ON STEM CELL LINES WHERE
19	THERE'S ABSOLUTELY NO BACKGROUND KNOWLEDGE OR WILL
20	THERE EVER BE ON THE GENOME AND DISEASE HISTORY.
21	SO I THINK IN A SENSE THAT, YOU KNOW, WE
22	OUGHT TO IMPROVE THESE THINGS GOING FORWARD. MY OWN
23	VIEW HERE IS IT'S NOT REALLY US, THE COMMITTEE
24	SPECIFICALLY, CARTE BLANCHE TO DEVELOP NEW EMBRYONIC
25	STEM CELL LINES FROM SUCH EMBRYOS, BUT HOPEFULLY

1	IT'S GRANDFATHERING IN SOMETHING THAT WAS DONE PRIOR
2	TO THE ESTABLISHMENT OF OUR GUIDELINES BECAUSE IT
3	SEEMS LIKE THAT IS SOMETHING THAT WE'VE DONE IN THE
4	PAST, OR WE'VE AGREED TO IN THE PAST. AND IF
5	THERE'S SUFFICIENT JUSTIFICATION TO DO THAT, I THINK
6	IT WOULD BE EXTREMELY HELPFUL OR COULD BE EXTREMELY
7	HELPFUL IN THE PARTICULAR INSTANCE THAT WE HAVE NOW.
8	CHAIRMAN LO: WE HAVE A LOT OF HANDS.
9	SHERRY, AND THEN ANN
10	CO-CHAIR LANSING: I'LL GO LAST SINCE I'VE
11	TALKED A LOT.
12	CHAIRMAN LO: ANN.
13	DR. KIESSLING: I JUST WANTED TO MAKE A
14	QUICK RESPONSE TO SHERRY'S QUESTION. ONLY ABOUT 15
15	PERCENT OF IVF CYCLES IN THE COUNTRY INVOLVE ANY
16	DONATED GAMETES. SO 85 PERCENT OF IVF CYCLES IN THE
17	COUNTRY ARE FROM THE COUPLE INVOLVED; IS THAT RIGHT?
18	DR. TAYLOR: (NODS.)
19	DR. KIESSLING: SO WE'RE TALKING ABOUT
20	FROM THE EMBRYO WE'RE TALKING ABOUT MAYBE IT
21	MIGHT BE MORE THAN 15 PERCENT OF EMBRYOS BECAUSE EGG
22	DONORS TEND TO GENERATE MORE EMBRYOS, BUT WE'RE NOT
23	TALKING ABOUT THAT PROBLEM RELATIVE TO THE ENTIRE
24	FROZEN EMBRYO BANK. A RELATIVELY SMALL PERCENTAGE
25	ARE DONATED.

1	CHAIRMAN LO: LET ME JUST, AGAIN, IF I
2	COULD INTERRUPT FOR A MINUTE. BUT ALL OF THE 15
3	PERCENT OF EMBRYOS FROZEN IN IVF CLINICS THAT ARE
4	FROM OOCYTE DONORS, ARE THERE SCIENTIFIC REASONS TO
5	WANT TO USE THOSE TO DERIVE NEW EMBRYONIC STEM CELL
6	LINES SINCE THE DONORS ARE YOUNGER AND MAY BE ABLE
7	TO GET A MORE ROBUST LINE. THAT'S A QUESTION I
8	DON'T KNOW THE ANSWER TO.
9	DR. TROUNSON: BERNIE, IT'S REALLY HARD TO
10	ANSWER THAT QUESTION BECAUSE THERE MIGHT BE SOME
11	SPECIAL REASON TO DO THAT. BUT THEN I THINK, AGAIN,
12	WE CAN PICK A SPECIAL REASONS TO YOU. AS JEFF SAID,
13	YOU KNOW, THAT THERE WOULD BE A REASON FOR DOING IT.
14	FOR EXAMPLE, IF THERE WOULD BE A SPECIFIC GENOTYPE
15	NOT AVAILABLE SOMEWHERE ELSE. ONE WOULD HAVE
16	THOUGHT THAT MIGHT BE DIFFICULT.
17	BUT, YOU KNOW, I THINK THERE COULD BE
18	REASONS. THE OTHER EXAMPLE FOR WHICH DR. CIBELLI
19	WOULD BE AWARE IS IF AT TIMES WHEN YOU DEVELOP A
20	SPECIAL STEM CELL LINE, SAY HOMOLOGOUS RECOMBINATION
21	PROCEDURE THAT YOU INSERTED A REPORTER GENE INTO
22	THESE CELLS. IT'S TAKEN FOUR YEARS TO DO IT. IT'S
23	NOW A REAGENT AVAILABLE TO CALIFORNIA SCIENTISTS,
24	BUT IT FALLS OUT UNDER THESE RULES BECAUSE THE DONOR
25	WAS NOT COULD NOT GIVE APPROVAL. HERE WOULD BE

1	ANOTHER EXAMPLE FOR WHICH I THINK I'D WANT THE
2	COMMITTEE TO CONSIDER THAT CAREFULLY BECAUSE FOUR
3	YEARS OF WORK TO GET BACK TO THAT POINT IS AN AWFUL
4	LONG TIME FOR AN IMPORTANT REAGENT.
5	CHAIRMAN LO: JOSE AND THEN ROB AND THEN
6	ALTA.
7	DR. CIBELLI: FIRST THING I WOULD SAY IS
8	THAT HAVING BEEN FACED WITH THIS, I THINK THAT
9	SCIENCE WILL NEVER FINISH ANSWERING ALL THE
10	QUESTIONS RELATED TO THE DERIVATION OF NEW STEM
11	CELLS. SO WE ALSO NEED TO REALIZE IT'S BEEN 25
12	YEARS SINCE THE PERSON (INAUDIBLE). SO THIS IS
13	GOING TO HAPPEN AND NEEDS TO HAPPEN.
14	THE OTHER QUESTION IS WHO HAS THE LEGAL
15	AUTHORITY TO DECIDE THE FATE OF THAT EMBRYO? SO IF
16	THE MALE IS DONATING HIS SPERM, AND AS ALAN WAS
17	SAYING, THEN THOSE EMBRYOS ARE BASICALLY ADOPTED OR
18	TAKEN BY THE COUPLE, IS THE COUPLE THE ONE THAT'S
19	GOING TO DECIDE WHETHER WE'RE GOING GIVE THEM TO BE
20	RESERVED, WHETHER THEY'VE TO BE DESTROYED, OR GOING
21	INTO RESEARCH? I THINK THAT WE SHOULD STAY TO THE
22	WISHES OF THE COUPLE. AND IF THE DONORS, IN FACT,
23	ARE WILLING GIVE THOSE RIGHTS TO THE COUPLE, WHY
24	WOULD WE GO BACK AND TRY TO CHANGE THEIR VIEWS?
25	DR. TAYLOR: LET'S SEE. I WAS JUST GOING

1	TO YOU KNOW, I SORT OF HESITATE TO SAY THIS
2	BECAUSE WE'LL BE HERE FOREVER ON THE BASIS OF, BUT I
3	DO BELIEVE THAT THERE'S RESEARCH AND THERE'S
4	RESEARCH AND THERE'S RESEARCH AND THERE'S RESEARCH.
5	I SORT OF IT'S UNFORTUNATE, BUT I BELIEVE THERE
6	ARE A LOT OF LAYERS OF THINGS THAT WE MAY HAVE TO
7	SUBCATEGORIZE IN TERMS OF THE DEGREE OF INFORMATION
8	THAT WE HAVE BOTH KIND ON KIND OF A SCIENTIFIC BASIS
9	AND ALSO POSSIBLY ON AN ETHICAL BASIS.
10	SO I DO BELIEVE THAT HOMOLOGOUS
11	RECOMBINATION CELL LINES THAT WAS DERIVED COULD BE
12	USEFUL FOR LABORATORY EXPERIMENTS TO LEARN LOTS AND
13	LOTS AND LOTS OF THINGS AND SHOULD BE MADE AVAILABLE
14	AS QUICKLY AS POSSIBLE. BUT WHAT I PERSONALLY FEEL
15	IS THAT WHEN WE'RE TALKING ABOUT CELLS THAT ARE
16	GOING TO BE PREPARED FOR CLINICAL INTERVENTIONS,
17	THAT THOSE BE HELD TO THE VERY HIGHEST STANDARD, NOT
18	JUST ETHICALLY, BUT PARTICULARLY SCIENTIFICALLY SO
19	THAT WE KNOW AS MUCH ABOUT THOSE AS WE POSSIBLY CAN.
20	AND SO IT MAY WELL BE THAT WE HAVE GRADED DEGREES OF
21	CONSENT AND ASSENT.
22	AND, YOU KNOW, MY VIEW, AND I'M A SPERM
23	DONOR WHO DIDN'T EVEN REALLY I HAD NEVER HEARD OF
24	STEM CELLS, AND THOSE EMBRYOS WERE THEN LATER GIVEN
25	FOR RESEARCH. I DON'T BELIEVE YOU'VE GOT TO GO BACK

1	AND GET THAT FOR SOMEBODY TO WORK ON STUFF IN THE
2	LABORATORY. SO, YOU KNOW, AGAIN, I'M SORT OF
3	SUGGESTING WE MIGHT HAVE AN INCREDIBLY COMPLEX
4	MATRIX, AND THIS IS GOING TO BE A HUGE PAIN IN THE
5	REAR TO GO THROUGH THIS POTENTIALLY, BUT I DO THINK
6	IT'S WORTH THINKING ABOUT DIFFERENT DEGREES OF
7	CONSENT, DIFFERENT DEGREES OF SORT OF SCIENTIFIC
8	INFORMATION FOR DIFFERENT ULTIMATE PURPOSES.
9	AND WE'RE CLOSE NOW TO BEING ABLE TO SHOOT
LO	FOR THE MOON AND TO ACTUALLY DO WHAT WE WANT TO DO
L1	WITH THESE STEM CELLS. I'D JUST LIKE TO SEE THE
L2	VARIOUS CANDIDATES GET OUT THERE AND NOT HAVE
L3	SOMEBODY PUSH A PONY THAT THEY'VE INVESTED A LOT OF
L4	MONEY IN THAT MIGHT NOT BE THE BEST ONE TO RIDE DOWN
L5	THE ROAD.
L6	MR. KLEIN: I THINK THAT WE HAVE TO RELY
L7	ON THE FDA BECAUSE THIS AREA OF SCIENCE IS CHANGING
L8	CONSTANTLY. I MEAN EVEN IN HUNTINGTON'S DISEASE AND
L9	MAYBE EIGHT DIFFERENT DISEASES, SOME PEOPLE WITH
20	CERTAIN GENETIC CHARACTERISTICS YOU WOULD BELIEVE
21	WITH HUNTINGTON'S DISEASE ARE FUNCTIONING NORMALLY
22	AND SOME THAT HAVE THOSE CHARACTERISTICS THAT ARE
23	REALLY TOTALLY DISABLED. THE SPEED OF GENETIC
24	RESEARCH, THE SPEED OF BIOLOGICAL RESEARCH IS
25	CHANGING OUR LEVELS OF KNOWLEDGE SO CONSTANTLY, THAT

1	THE PROBLEM IS THE OPTIMAL IS ALWAYS DIFFERENT. THE
2	NEXT DAY IT'S GOING TO BE DIFFERENT FROM WHAT IT WAS
3	THE DAY BEFORE.
4	AND I THINK WE NEED TO BELIEVE THAT THE
5	FDA IS GOING TO BE EFFECTIVE IN FIGURING OUT WHAT IS
6	A SCIENTIFICALLY ACCEPTABLE LINE FOR UTILITY
7	PURPOSES BALANCED IN THE INITIATIVE. FOR ALS IT'S
8	GOING TO BE DIFFERENT THAN IT IS POTENTIALLY FOR
9	DIABETES. SO WE'RE GOING TO GET IN A LOT OF
10	TROUBLE, I THINK, IF WE TRY AND CREATE SOME
11	SCIENTIFIC STANDARDS THAT PREEMPT OUR SCIENTISTS
12	FROM ACTUALLY REACHING EVERY DAY. AND WE NEED TO
13	LOOK AT OUR CHARTER, WHICH HAS BEEN IS IT MORAL, IS
14	IT ETHICAL, IS IT LEGAL. AND WE ALSO NEED TO
15	REALIZE THAT OUR SCIENTISTS NEED TO WORK WITH THE
16	SCIENTISTS FROM OTHER STATES.
17	THE OTHER CHART UP THERE THAT SHOWED US
18	THAT EVERY OTHER STATE IN THE UNITED STATES THAT HAS
19	NEEDED SCIENTISTS HAVE DECIDED THAT THESE LINES AS
20	LONG AS THEY MEET THE OTHER STANDARDS, IF THEY HAD A
21	SPERM DONOR WHO WAS PAID THAT IT WAS ACCEPTABLE. SO
22	TO THE EXTENT THAT WE DON'T, ON THE BASIS OF
23	INTEGRITY, SEE THAT THERE IS A MAJOR ETHICAL ISSUE,
24	WE SHOULDN'T APPROVE IT. BUT IF WE THINK IT'S GOT
25	ETHICS AND IT'S GOT MORALS, WE NEED TO APPROVE IT SO

1	OUR SCIENTISTS CAN ACTUALLY WORK WITH SCIENTISTS IN
2	THESE OTHER STATES ON THESE LINES WHICH MAY BE IN
3	MANY DISEASES VERY IMPORTANT TO THE ADVANCEMENT OF
4	MEDICAL THERAPIES.
5	CHAIRMAN LO: ALTA.
6	MS. CHARO: I WANT TO IN SOME WAYS RETURN
7	TO A QUESTION THAT ANN ASKED, BUT WAS NEVER ANSWERED
8	ABOUT RETROACTIVE APPLICATION BECAUSE I THINK THERE
9	ARE TWO VERY DIFFERENT DEBATES GOING ON. I FEEL
10	LIKE OFTEN WE'RE CONFLATING THAT, AND I WANT TO
11	FOCUS NOW ON THE ETHICS ISSUE ONLY, NOT THE
12	SCIENTIFIC ISSUE.
13	CLEARLY WE HAVE AN OPTION OF DECIDING WE
14	WANT TO HAVE THE TIGHTEST POSSIBLE STANDARDS FOR NEW
15	DERIVATIONS GOING FORWARD, AND WE LIMIT THE RANGE OF
16	EMBRYOS THAT CIRM GRANTEES MAY USE TO DIVIDE. AND
17	THAT'S A CONSIDERED DECISION. YOU CAN GO EITHER
18	WAY, BUT THAT'S ONE DISCUSSION ABOUT WHAT STANDARDS
19	YOU WANT TO APPLY TO YOUR OWN GRANTEES FOR THE
20	FUTURE GOING FORWARD.
21	IT'S A VERY DIFFERENT QUESTION ASKING
22	WHETHER OR NOT YOUR GRANTEES CAN USE MATERIALS, NOT
23	ONLY THAT WERE CREATED IN THE PAST, BUT THAT WERE
24	CREATED BY OTHER PEOPLE IN OTHER JURISDICTIONS UNDER
25	OTHER RULES. AND THIS GETS VERY TRICKY BECAUSE ON

1	THE ONE HAND, IF YOU DO WANT, NOT ONLY FOR THE SAKE
2	OF CAPTIVE RESEARCH, BUT ALSO FOR THE SAKE OF
3	RESPECT AND ACCOMMODATING AND AVOIDING A KIND OF
4	CALIFORNIA ETHICAL IMPERIALISM, RIGHT, YOU WANT TO
5	ACKNOWLEDGE THAT OTHER JURISDICTIONS MAY HAVE RULES
6	THAT, ALTHOUGH THAT NOT THE SAME, ARE NONETHELESS
7	REASONABLE WITHIN THE WORLD OF REASONABLE SENSE OF
8	RULES, AND THAT THERE OUGHT TO BE THE ABILITY TO GO
9	AHEAD AND USE THOSE LINES BECAUSE THEY WERE JUDGED
10	TO BE REASONABLY DERIVED UNDER SOMEBODY'S ELSE'S
11	NOTIONS OF REASONABLE, WHETHER IT'S THE UK HFEA OR
12	IT'S THE AUSTRALIANS OR IT'S THE ISRAELIS OR
13	WHATEVER.
14	THAT SAID, WE NONETHELESS ALSO, AND THE
15	NATIONAL ACADEMIES DID THIS, JUST LIKE CIRM DID
15 16	NATIONAL ACADEMIES DID THIS, JUST LIKE CIRM DID THIS, IDENTIFIED A FEW VERY FUNDAMENTAL CORE
16	THIS, IDENTIFIED A FEW VERY FUNDAMENTAL CORE
16 17	THIS, IDENTIFIED A FEW VERY FUNDAMENTAL CORE PRINCIPLES WHICH WERE NONNEGOTIABLE, FOR WHICH THERE
16 17 18	THIS, IDENTIFIED A FEW VERY FUNDAMENTAL CORE PRINCIPLES WHICH WERE NONNEGOTIABLE, FOR WHICH THERE WOULD BE AN ETHICAL IMPERIALISM, AN INSISTENCE ON
16 17 18 19	THIS, IDENTIFIED A FEW VERY FUNDAMENTAL CORE PRINCIPLES WHICH WERE NONNEGOTIABLE, FOR WHICH THERE WOULD BE AN ETHICAL IMPERIALISM, AN INSISTENCE ON CERTAIN THINGS. FOR EXAMPLE, AN INSISTENCE THAT THE
16 17 18 19 20	THIS, IDENTIFIED A FEW VERY FUNDAMENTAL CORE PRINCIPLES WHICH WERE NONNEGOTIABLE, FOR WHICH THERE WOULD BE AN ETHICAL IMPERIALISM, AN INSISTENCE ON CERTAIN THINGS. FOR EXAMPLE, AN INSISTENCE THAT THE EMBRYO, NOT THE GAMETE, BUT EMBRYO DONORS HAD GIVEN
16 17 18 19 20 21	THIS, IDENTIFIED A FEW VERY FUNDAMENTAL CORE PRINCIPLES WHICH WERE NONNEGOTIABLE, FOR WHICH THERE WOULD BE AN ETHICAL IMPERIALISM, AN INSISTENCE ON CERTAIN THINGS. FOR EXAMPLE, AN INSISTENCE THAT THE EMBRYO, NOT THE GAMETE, BUT EMBRYO DONORS HAD GIVEN INFORMED CONSENT THAT THE EMBRYOS BE DIVERTED TO
16 17 18 19 20 21	THIS, IDENTIFIED A FEW VERY FUNDAMENTAL CORE PRINCIPLES WHICH WERE NONNEGOTIABLE, FOR WHICH THERE WOULD BE AN ETHICAL IMPERIALISM, AN INSISTENCE ON CERTAIN THINGS. FOR EXAMPLE, AN INSISTENCE THAT THE EMBRYO, NOT THE GAMETE, BUT EMBRYO DONORS HAD GIVEN INFORMED CONSENT THAT THE EMBRYOS BE DIVERTED TO RESEARCH. THAT IT HAD BEEN DONE WITH SOME
16 17 18 19 20 21 22	THIS, IDENTIFIED A FEW VERY FUNDAMENTAL CORE PRINCIPLES WHICH WERE NONNEGOTIABLE, FOR WHICH THERE WOULD BE AN ETHICAL IMPERIALISM, AN INSISTENCE ON CERTAIN THINGS. FOR EXAMPLE, AN INSISTENCE THAT THE EMBRYO, NOT THE GAMETE, BUT EMBRYO DONORS HAD GIVEN INFORMED CONSENT THAT THE EMBRYOS BE DIVERTED TO RESEARCH. THAT IT HAD BEEN DONE WITH SOME INDEPENDENT OVERSIGHT. THESE WERE NONNEGOTIABLES.

1	WE MIGHT WANT TO FOCUS ON IS WHETHER OR NOT CONSENT
2	FROM AN UNDERLYING OFTEN ANONYMOUS GAMETE DONOR IS
3	ONE OF THOSE NONNEGOTIABLE FUNDAMENTALS THAT WE WILL
4	INSIST UPON AS A CONDITION FOR THE USE OF LINES THAT
5	WERE CREATED ELSEWHERE OR AT ANOTHER TIME VERSUS
6	SAYING THAT THIS IS ONE OF THE ONES WHERE SO LONG AS
7	IT WAS DONE IN A WAY THAT MET THE REQUIREMENTS AT
8	THAT TIME IN THAT PLACE, WE WILL ACCEPT AS WITHIN
9	THE REALM OF REASONABLE. AND FOCUSING ON THAT, I
LO	THINK, MAYBE NARROWS THE DISCUSSION A LITTLE BIT,
L1	NOT TO WHAT WOULD BE OPTIMAL, BUT TO WHAT IS SO CORE
L2	THAT WE WILL NOT YIELD ON IT EVEN IF THE LINES WERE
L3	LEGALLY DERIVED IN ANOTHER PLACE AND TIME.
L4	CO-CHAIR LANSING: SO I JUST WANTED TO
L5	MAKE SURE THAT I'M HEARING THIS RIGHT BECAUSE I
L6	THINK WE'VE GOTTEN OFF AND CHANGED SLIGHTLY. I
L7	THINK WE'VE GOTTEN OFF ON WHAT OUR MISSION IS. OUR
L8	MISSION INITIALLY, THE QUESTION THAT WAS PUT BEFORE
L9	THE GROUP WAS WOULD WE REVISE OUR ETHICAL POLICY,
20	THAT IF THERE WAS A PAYMENT FOR FERTILIZATION, WOULD
21	WE NOW TAKE THOSE EMBRYOS FOR SCIENTIFIC RESEARCH.
22	AND INITIALLY WE SAID NO. YOU KNOW, THAT WAS OUR
23	VERY, VERY, VERY CONSERVATIVE STANCE, AND THAT
24	STANCE WE ARE NOW REEVALUATING AND QUESTIONING
25	WHETHER THAT IS TOO HIGH GIVEN THE INFORMATION THAT

1	WE'RE FINDING NATIONALLY AND INTERNATIONALLY, AND
2	ALSO WHETHER IT'S HURTING US IN TERMS OF ADVANCING
3	THE SCIENCE.
4	DR. TAYLOR: WE'RE BACK TO PAYMENT NOW, SO
5	I'M KIND OF CONFUSED. REALLY THERE ARE TWO ISSUES.
6	CHAIRMAN LO: LET'S TRY
7	CO-CHAIR LANSING: NOT PAYING FOR.
8	DR. LOMAX: I THINK FOR THE BENEFIT OF THE
9	COMMITTEE AND THE AUDIENCE, PERHAPS I COULD JUST LAY
10	OUT THE CONDITIONS, I THINK THE FACTS AROUND THE
11	SPECIFIC EXAMPLE WHICH WE WANTED TO BRING TO YOUR
12	ATTENTION AS AN EXAMPLE OF THE CATEGORY OF PROBLEM
13	OR ISSUE WE'VE IDENTIFIED.
14	SO THIS DOES NOT ACTUALLY DEAL WITH
15	PAYMENTS. IT IS THE CASE IN THIS PARTICULAR
16	EXAMPLE, WHICH WAS DESCRIBED EARLIER BY THE
17	SCIENTIFIC TEAM, OF AN EXISTING STEM CELL LINE THAT
18	HAS CERTAIN SCIENTIFIC VALUE, WHICH IS DESCRIBED IN
19	THE BRIEFING MEMO ON THIS TOPIC. THE TITLE OF THE
20	MEMO IS "USE OF STEM CELL LINES DERIVED PRIOR TO THE
21	EFFECTIVE DATE OF THE REGULATION."
22	SO IN THIS CASE IT IS AN EXISTING LINE.
23	AND WHAT I'VE TRIED TO DO IN THIS VIEW GRAPH IS TO
24	SUMMARIZE THE POLICY CONSIDERATIONS WHERE THERE'S A
25	NARRATIVE IN THE BRIEFING MEMO. IF YOU WANT TO

1	EVALUATE THOSE LINES AGAINST OUR STANDARD FOR
2	ACCEPTABLY DERIVED, THE ISSUE OF GAMETE DONOR
3	CONSENT IS THE ISSUE WHERE THIS LINE DOES NOT MEET
4	THE LETTER OF OUR STANDARD TODAY. BUT IF YOU WERE
5	TO GO THROUGH THE ADDITIONAL CRITERIA, THERE WAS NO
6	PAYMENT FOR THE GAMETE DONOR, IT WAS DONE UNDER IRB
7	APPROVAL, AND THERE WAS NO REIMBURSEMENT FOR
8	STORAGE.
9	SO THE FIRST QUESTION WE BROUGHT TO YOU
10	TODAY WAS ACTUALLY NOT ABOUT PAYMENT PER SE. IT WAS
11	ABOUT THE ACCEPTABILITY OF EXISTING LINES THAT WERE
12	IN EXISTENCE PRIOR TO OUR REGULATIONS TAKING EFFECT.
13	THEY WERE DERIVED OUTSIDE OF SORT OF THE CIRM
14	UNIVERSE. AND IS THERE WE WANT TO CONSIDER SOME
15	MECHANISM TO BRING A LOT OF THOSE MATERIALS TO ENTER
16	INTO EXISTING CIRM GRANTS.
17	SO THAT'S THE SPECIFIC
18	CO-CHAIR LANSING: WHEN YOU SAY EXISTING
19	STEM CELL LINES
20	DR. LOMAX: WELL, IT'S EXISTING STEM CELL
21	LINES DERIVED PRIOR TO THE DATE OF OUR REGULATIONS.
22	WE USED THAT AS A CUT POINT BECAUSE IT ADDRESSES
23	THIS ISSUE OF WHETHER OR NOT YOU APPLY THE STANDARDS
24	RETROACTIVELY OR NOT. AND I THINK THERE'S A
25	SENTIMENT THAT YOU DON'T APPLY THINGS RETROACTIVELY,

1	BUT THAT'S ONE OF THE QUICK CONDITIONS. THE WAY THE
2	STANDARDS ARE WRITTEN NOW, IF YOU WERE TO READ THEM
3	AS WRITTEN, THEY DO APPLY RETROACTIVELY. THERE'S NO
4	EXCEPTION FOR MATERIALS THAT WERE IN EXISTENCE PRIOR
5	TO OUR STANDARDS. IT WAS THE POINT MR. KLEIN MADE
6	EARLIER.
7	MR. KLEIN: SO, MADAM CHAIR, MAYBE WE
8	COULD FOCUS ON THAT FIRST QUESTION ON EXISTING CELL
9	LINES AND SEE IF THERE'S AN ABILITY TO HAVE A MOTION
10	ON THAT, AND THEN DECIDE WHETHER WE GO TO THE
11	MORE
12	CO-CHAIR LANSING: THE SECOND.
13	DR. KIESSLING: THEN I'D LIKE AN ANSWER TO
14	MY QUESTION FROM ALTA. ARE THERE EXAMPLES, LEGAL
15	EXAMPLES, OF THINGS GOING FORWARD THAT ARE ACTUALLY
16	WHERE TODAY'S STANDARDS ARE APPLIED RETROACTIVELY?
17	I THINK THAT'S THE NUTS AND BOLTS OF WHAT YOU'RE
18	ASKING. WHAT IS THE LIABILITY OF ACCEPTING
19	SOMETHING DOES NOT MEET TODAY'S STANDARD, BUT IT
20	WAS BECAUSE THE STANDARD DIDN'T EXIST WHEN THIS
21	TOOK PLACE. THERE'S GOT TO BE EXAMPLES OF THAT IN
22	THE MEDICAL RESEARCH.
23	MS. CHARO: I'M TRYING TO THINK OF
24	SOMETHING. AND TAMAR WILL THINK OF AS WELL.
25	DR. TAYLOR: AN EXAMPLE COMES TO MIND IS

1	THE SPERM DONATION BEFORE THE TIME OF ROUTINE HIV
2	SCREENING. SO, YOU KNOW, AT THE TIME THE HIV
3	EPIDEMIC WAS REALLY STARTING TO BREAK OPEN, NOBODY
4	REALLY NEW VERY MUCH. AND ACTUALLY WOMEN WERE
5	IMPREGNATED FROM DONATED SPERM FROM DONORS WHO WERE
6	NOT SCREENED, AND THERE WAS A BIG ISSUE ABOUT WHEN
7	THAT SCREENING SHOULD HAVE OCCURRED OR WOMEN EXPOSED
8	TO HIV POSITIVE OR SPERM IN HIV POSITIVE MEN. I
9	JUST SORT REMEMBER THAT ISSUE.
10	MS. CHARO: WELL, THAT'S INTERESTING. I
11	THINK WE'LL PROBABLY HAVE TO DOUBLE-CHECK ON THIS,
12	BUT IT'S A GOOD EXAMPLE YOU BRING UP, ROB, BECAUSE
13	THE FDA INSTITUTED REQUIREMENTS IN THE '90S, LATE
14	'90S FOR THE SCREEN NOT ONLY FOR HIV, BUT FOR A
15	VARIETY OF CONDITIONS, HEP C, HEP B, THINGS LIKE
16	THAT. AND WHAT I DON'T REMEMBER WAS WHETHER OR NOT
17	THOSE RULES WERE PROSPECTIVE ONLY FOR THE FUTURE
18	RECRUITMENT OF SPERM DONORS OR WHETHER THEY
19	EFFECTIVELY MADE IT THEY DISALLOWED THE USE OF
20	ANY SEMEN THAT HAD BEEN COLLECTED PRIOR TO SCREENING
21	PRACTICES. I'D BE SURPRISED IF THAT WERE THE CASE
22	BECAUSE I DON'T REMEMBER THE SPERM BANKS PUTTING UP
23	A HUGE FUSS, BUT IT COULD BE. AND I WOULD WANT TO
24	CHECK IT BEFORE ASSUMING THAT THE FDA HAD
25	ESSENTIALLY ALLOWED THE CONTINUED USE OF THE SEMEN

1	THAT WAS SCREENED UNDER THE OLD LAWS.
2	DR. CSETE: I THINK IT FELL UNDER THE SAME
3	ISSUE AS STORED FRESH FROZEN PLASMA. ALL THAT STUFF
4	WAS NOT ALLOWED.
5	MS. CHARO: SO ESSENTIALLY IT WAS THROWN
6	OUT. IT WAS NO LONGER USABLE. BUT, OF COURSE,
7	THESE WERE ALSO RULES THAT HAD TO DO WITH SAFETY AND
8	NOT WITH TO CHANGE ETHICAL NORMS. YOU KNOW, ROB,
9	IN MANY WAYS IT'S BEEN AROUND USE OF DATA FROM
10	RESEARCH THAT IN THE PAST WAS DONE ON THE ASSUMPTION
11	THAT IT WAS OKAY AND BY TODAY'S STANDARDS IS
12	CONSIDERED APPALLING. SO OBVIOUSLY THE HOLOCAUST
13	DATA WAS ONE EXAMPLE OF THAT DISCUSSION AND A
14	MORE A LESS WELL-KNOWN ONE HAD TO DO WITH THE USE
15	OF THE DATA FROM THE RADIATION EXPERIMENTS THAT THE
16	DEPARTMENT OF DEFENSE AND THE DEPARTMENT OF ENERGY
17	DID IN THE '60S AND '70S.
18	AGAIN, IT KIND OF GOES BACK TO THE SAME
19	THING I WAS TALKING ABOUT BEFORE, WHICH IS SOMETIMES
20	WE WILL DISALLOW THE USE OF THE DATA BECAUSE THE
21	PREVIOUSLY PERFORMED RESEARCH VIOLATED A STANDARD
22	THAT WE NOW THINK OF AS SO FUNDAMENTAL, THAT YOU DO
23	NOT WISH TO IN ANY WAY AFFILIATE YOURSELF WITH THAT
24	BEHAVIOR. IN OTHER CASES YOU USE IT ON THE
25	UNDERSTANDING THAT THERE'S NO WAY WHICH YOU ARE

1	FOSTERING THE CONTINUATION OF THAT BEHAVIOR BECAUSE
2	WE'VE EVOLVED PAST THOSE PREVIOUS NORMS AND YOU TAKE
3	WHAT YOU CAN.
4	SO I DON'T KNOW THAT THERE'S A SINGLE
5	LEGAL RULE ABOUT IT. RETROACTIVE APPLICATION IS
6	USUALLY A PROCESS QUESTION IN THE CONTEXT OF EITHER
7	CRIMINAL JUSTICE OR OCCASIONALLY ASSESSING LIABILITY
8	OF A PREVIOUS ACT THAT THIS RULE DOES.
9	MR. KLEIN: SO, MR. CHAIRMAN, JUST TO HAVE
10	A FORMAL MOTION IN PLACE FOR OUR DISCUSSION, I WOULD
11	LIKE TO KNOW HOW WE WOULD WORD A MOTION, AND MAYBE
12	DR. CSETE COULD MAYBE INSTRUCT US ON THIS OR GEOFF.
13	DR. CSETE: BERNIE, YOU CAN HELP WITH THIS
14	BECAUSE I THINK THE ONE SET OF WORDS DIDN'T COME
15	UP IN THIS DISCUSSION THAT I THINK IS IMPORTANT TO
16	COME UP IN THIS DISCUSSION IS THAT THE BEST EFFORTS
17	OF THE ETHICAL STANDARDS AT THE TIME WERE FOLLOWED.
18	AND SO JUST WHEN YOU FRAME YOUR MOTION, THINK ABOUT
19	THAT AS PERHAPS A CONTEXT.
20	CHAIRMAN LO: I THINK THAT ACTUALLY GOES
21	IN THE NEXT SLOT.
22	DR. LOMAX: AND JUST TO GIVE SOME CONTEXT
23	TO MR. KLEIN'S COMMENT THERE, STAFF WERE APPROACHED
24	ON THIS, AND I WANT TO ECHO SOMETHING JEFF SAID.
25	WHAT WOULD YOU RECOMMEND IF YOU WERE GOING TO HANDLE

1	THIS IN A REGULATORY CONTEXT? AND, JEFF, YOU SUMMED
2	IT UP VERY ARTICULATELY. OUR ASSESSMENT WAS THAT WE
3	WERE NO LONGER AT A STAGE WHERE WE WANT TO CHANGE
4	THE REGULATIONS FOR EVERY EXAMPLE. WE NEED SOME
5	SORT OF A PROCESS.
6	SO WE CAME BACK AND SUGGESTED THAT FROM AN
7	ADMINISTRATIVE, REGULATORY LENS THAT SOME TYPE OF
8	PROCESS TO ADDRESS THIS AS OPPOSED TO CHANGING THE
9	REGULATIONS WAS ADVISED BECAUSE OTHERWISE YOU DON'T
10	HAVE REGULATIONS ANYMORE. YOU END UP WITH A SERIES
11	OF PATHWAYS THAT LOSE SORT OF PARSIMONY. SO THE
12	NEXT SLIDE WAS OUR SUGGESTION, WHICH WOULD BE SOME
13	SORT OF PROCESS THAT WOULD ALLOW YOU TO EVALUATE
14	THESE CRITERIA WHICH ARE REALLY THE DRIVING CRITERIA
15	IN THE REGULATIONS. SO TURN IT OVER TO YOU, BERNIE.
16	MR. KLEIN: SO I ASKED THE QUESTION, BUT
17	IT'S NOT BEEN ANSWERED.
18	CHAIRMAN LO: LET ME MAKE THE PROPOSAL,
19	BOB, AS A STRAW. AGAIN, WE'RE NOT WE DON'T HAVE
20	A QUORUM, SO THIS IS REALLY
21	CO-CHAIR LANSING: WE CAN GO BACK.
22	CHAIRMAN LO: LET ME PROPOSE, IF I MAY,
23	AND GEOFF YOU CAN GET THIS DOWN, THAT FOR HESC LINES
24	THAT ALREADY BEEN DERIVED, OUR REGULATIONS EFFECTIVE
25	IN NOVEMBER 2006 THAT ARE ALREADY DERIVED MAY BE

1	USED BY CIRM-FUNDED RESEARCHERS PROVIDED THAT, NO.
2	1, THAT THEY MET THE ETHICAL AND LEGAL STANDARDS IN
3	PLACE AT THE TIME WHEN JURISDICTION WAS DERIVED.
4	TWO, THAT THE SO THE ISSUES ARE CONSENT, IRB
5	APPROVAL, AND SO FORTH.
6	SECOND, THAT THERE WAS CONSENT FROM THE
7	DONOR COUPLE IN IVF WHO HAD A FROZEN EMBRYO TO
8	DONATE THAT. AND I THINK WE'RE GOING TO HAVE TO
9	SORT OF THINK THROUGH HOW MUCH CONSENT THAT WOULD
10	TAKE. WHERE POSSIBLE
11	MR. KLEIN: CONSENT CONSISTENT WITH
12	STANDARDS OF CONSENT AT THE TIME.
13	CHAIRMAN LO: AT THE TIME. THAT'S RIGHT.
14	AND THEN THERE MUST BE NO SORT OF INDICATION THAT
15	THE GAMETE DONORS WOULD OBJECT TO THIS RESEARCH USE,
16	SO THEY KNOW THE GAMETE DONOR OBJECTED.
17	ALSO, I WOULD SUGGEST WE HAVE THAT AN IRB
18	OR EQUIVALENT APPROVE THE PROCESS BY WHICH THE
19	MATERIALS WERE GIVEN TO THE RESEARCHERS AND THE
20	DERIVATION. OKAY.
21	SO THAT'S, I THINK, THE GIST OF THAT.
22	NOW, GEOFF HAS ALSO PROPOSED A PROCEDURE FOR HOW
23	THAT'S DONE BECAUSE, AS YOU A NUMBER OF YOU HAVE
24	SUGGESTED, WHAT'S LIKELY TO HAPPEN, THERE WILL BE
25	SPECIFIC LINES THAT HAVE ACHIEVED THEIR USEFULNESS

1	OR SCIENTIFIC VALUE WHERE THERE WILL BE CERTAIN
2	CIRCUMSTANCES THAT WE MAY NEED TO CONSIDER THIS ON A
3	CASE-BY-CASE BASIS. AND GEOFF HAD SUGGESTED A
4	PROCEDURE BY WHICH CIRM STAFF WITH ALAN TO MAKE A
5	RECOMMENDATION TO THE ICOC WITH ADVICE AND INPUT
6	FROM ONE OR TWO MEMBERS OF THE SWG. THAT'S A
7	PROCEDURAL ISSUE OF HOW THAT ACTUALLY GETS DONE.
8	BUT IN TERMS OF THE SUBSTANCE, THAT'S HOW
9	I FELT IN RESPONSE TO YOUR VERY TONE OF MY
10	QUESTION.
11	MR. KLEIN: SO FOR PURPOSES OF THE
12	DISCUSSION AT THIS POINT IN OUR MEETING, THAT IS THE
13	QUESTION. AND ARE WE AT A POINT WHERE ON THIS
14	NARROW ISSUE WE CAN ASK THE MEMBERS WHAT THEIR STRAW
15	VOTE POSITION IS BECAUSE WE HAVE OTHER POSITIONS TO
16	DISCUSS IN THIS MEETING.
17	CHAIRMAN LO: GEOFF, IF YOU COULD PUT THAT
18	UP ON THE SCREEN AND READ IT, THAT WOULD BE GREAT.
19	DR. KIESSLING: SO, BERNIE, THE ONLY THING
20	ABOUT THIS THAT TROUBLES ME IS THAT WHEN WAS THIS
21	LINE DERIVED?
22	DR. CSETE: BEFORE THE NATIONAL ACADEMY
23	GUIDELINES WERE PUBLISHED, JUST BEFORE ACTUALLY.
24	DR. KIESSLING: 2002?
25	CHAIRMAN LO: 2005.

1	DR. KIESSLING: SO ARE WE TO SAY THAT IN
2	2005 THE ETHICAL STANDARD IN THIS COUNTRY WAS THAT
3	IT WAS ALL RIGHT TO DERIVE A STEM CELL LINE FROM AN
4	EMBRYO FROM WHICH YOU DID NOT HAVE THE CONSENT OF
5	BOTH GAMETE DONORS? I DON'T THINK THAT WAS THE
6	ETHICAL STANDARD.
7	DR. CSETE: NO. THEY HAD THE CONSENT SO
8	THAT THE THE EMBRYO WAS CREATED IN 2001. THEY
9	HAD THE CONSENT OF THE COUPLE.
10	DR. KIESSLING: BUT NOT THE GAMETE DONORS?
11	DR. CSETE: NOT THE GAMETE DONORS.
12	MR. KLEIN: IT WAS 2001.
13	DR. KIESSLING: ARE WE SAYING THAT IN 2001
14	THE ETHICAL STANDARD IN THIS COUNTRY WAS THAT IT DID
15	NOT MEET
16	CHAIRMAN LO: WELL, I THINK THIS IS A NICE
17	ILLUSTRATION OF IS THERE ARE ISSUES THAT HAVE TO DO
18	WITH THE GENERAL POLICY, AND OTHERS HAVE BEEN
19	LOOKING AT A SPECIFIC LINE. I GUESS I'D LIKE TO
20	HAVE US TRY AND AGREE
21	DR. KIESSLING: YOU KNOW, I'M HAPPY TO
22	LOOK AT THE SPECIFIC LINE. I THINK THERE ARE
23	COMPELLING ARGUMENTS ON THIS LINE. I DON'T WANT IT
24	CONSTRUED THAT WE AGREE THAT THE ETHICAL STANDARD
25	HAS ONLY EVOLVED IN THE LAST FIVE YEARS.
	70

1	MS. CHARO: ANN, I WOULD SIMPLY NOTE THAT
2	THE NIH ALLOWED FEDERAL MONEY TO BE USED ON THE
3	LINES THAT WE NOW CALL THE PRESIDENTIAL LINES EVEN
4	KNOWING THAT THERE WAS A LACK OF CLARITY ABOUT
5	WHETHER THERE HAD BEEN AN ANONYMOUS DONOR OF GAMETES
6	USED IN SOME OF THOSE EMBRYOS. FROM THE VERY
7	BEGINNING THEY SAID THEY DIDN'T KNOW ONE WAY OR THE
8	OTHER. SO IF ANYTHING, AT LEAST THE U.S. FEDERAL
9	GOVERNMENT'S ETHICAL STANDARD WAS, WELL, IT DOESN'T
LO	MATTER ENOUGH THAT WE'RE GOING TO DISALLOW THINGS
L1	BASED ON THE FACT THAT WE CAN'T BE SURE THAT CONSENT
L2	WAS OBTAINED. THAT WAS THE FEDERAL GOVERNMENT'S
L3	POSITION. I DON'T KNOW IF THAT'S THE NORM.
L4	CHAIRMAN LO: LET ME SUGGEST WE SEPARATE
L5	OUT THE GENERAL STANDARD OF HOW WE APPLY
L6	(UNINTELLIGIBLE) BECAUSE I DON'T WANT TO SAY RIGHT
L7	NOW IN THIS PARTICULAR CELL LINE WITHOUT SEEING MORE
L8	FACTS ABOUT THE CASE. I THINK IF WE CAN AGREE THAT
L9	HAVING THESE BE LEGAL, ETHICAL STANDARDS AT THE
20	TIME, THEN I THINK IT'S A DIFFERENT IT'S A SECOND
21	ORDER OF QUESTION. AT THAT PARTICULAR DAY IN TIME
22	WAS IT THE LEGAL, ETHICAL STANDARD? AND YOU HAVE TO
23	LOOK AT THE NIH POLICY, LOOK AT THE NAS POLICY, ROB
24	TAYLOR AND OTHERS OF IN 2004 WAS LIKE. I MEAN
25	THAT'S THE KIND OF A POINT IN A PARTICULAR CASE THAT

1	I DON'T THINK WE NEED TO DO TODAY.
2	WHAT WE CAN DO IS LAY OUT THE TIMELINE AND
3	SAY WHO MAKES THAT DETERMINATION. I MEAN IF WE CAN
4	AGREE
5	DR. TAYLOR: LET'S CLARIFY THE TIME. 2001
6	IS WHEN IS THE EMBRYO WAS CREATED. 2005 IS WHEN THE
7	CELL LINE WAS CREATED.
8	CHAIRMAN LO: SO I WOULD SAY IT HAD
9	THAT WHEN THE LINE WAS DERIVED, SO IF HESC LINE WAS
10	DERIVED, IT HAD TO BE BEFORE AGAIN, WE CAN ARGUE
11	WHETHER IT'S OUR GUIDELINES OR THE NAS GUIDELINES,
12	BUT WE ADOPTED THE NAS GUIDELINES AS TEMPORARY
13	GUIDELINES AS SOON AS WE KNEW THEY EXISTED. BUT ONE
14	OF THOSE CUTOFF DATES IS WHEN YOU HAVEN'T DERIVED
15	THE LINE. THAT'S WHAT WE'RE TALKING ABOUT. WE CAN
16	TALK ABOUT SOME OTHER CASES LATER, BUT LET'S TALK
17	ABOUT DERIVING THE DERIVATION WAS DONE BEFORE
18	THAT DATE. AND THE CRITERIA ARE IRB APPROVAL
19	MEETING THE ETHICAL AND LEGAL STANDARDS AT THE TIME.
20	AND NO CONTRADICTIONS AND CONSENT FROM THE EMBRYO
21	DONOR AND NO CONTRADICTORY IDEA THAT THE AND NO
22	INDICATION THAT THE GAMETE DONORS, IF ANY, WOULD
23	HAVE OBJECTED TO THE RESEARCH.
24	WE'VE GOT TO GET THAT DOWN BECAUSE THIS IS
25	THE SENSE THAT WE'RE GOING TO TRY AND ASK SHERRY AND

1	ROB AND JEFF AND MARCY TO TAKE BACK TO THE ICOC.
2	IT'S REALLY OUR THINKING ON THIS TOPIC RATHER THAN A
3	FORMAL VOTE.
4	MR. KLEIN: QUESTION FOR YOU. UP THERE
5	THERE'S THIS KIND OF COMMENT ABOUT NO PAYMENT.
6	CHAIRMAN LO: YEAH. THAT'S WHY I WANT TO
7	HAVE A NEW SLIDE FROM WHAT I WAS JUST TRYING TO SAY,
8	AND THEN WE CAN MODIFY THAT. THAT WAS THE FIRST
9	CUT.
10	MR. KLEIN: THIS ISSUE UP THERE I THINK WE
11	SHOULD ELIMINATE. THE ISSUE OF PAYMENT FOR EMBRYO
12	STORAGE SHOULDN'T BE THE CRITERIA. THAT'S
13	IRRELEVANT TO THIS DISCUSSION.
14	DR. KIESSLING: PAYMENT OF ANY KIND IS
15	IRRELEVANT TO THIS DISCUSSION.
16	MR. KLEIN: TO THIS DISCUSSION.
17	CHAIRMAN LO: OF THE DERIVED CELL LINES
18	THE EXISTENCE BEFORE I GUESS IT STRIKES ME
19	THERE'S AN ARGUMENT TO BE MADE FOR HAVING ALTA'S NAS
20	GUIDELINES OF MAY 2005
21	MS. CHARO: APRIL.
22	CHAIRMAN LO: APRIL 2005 BE THE CUTOFF
23	DATE. I FORGET, BOB, YOU'LL HAVE TO REMIND ME WHEN
24	WE ADOPTED THOSE AS OUR INTERIM GUIDELINES.
25	MR. KLEIN: WE ADOPTED THOSE IN MAY OF
	7.0

1	2005.
2	CHAIRMAN LO: IT WAS THE YEAR BEFORE A
3	GOOD YEAR BEFORE OUR YEAR AND A HALF BEFORE OUR
4	SWG GUIDELINE RECOMMENDATIONS WERE ACCEPTED BY ICOC.
5	OKAY. SO THESE WE'RE GOING TO TAKE OFF.
6	WHY DON'T YOU JUST LOOK AT THAT AND SEE IF THAT'S
7	THE SENSE OF OUR GROUP TO GO BACK TO THE ICOC.
8	MR. KLEIN: AS I UNDERSTAND IT, IN EVERY
9	CASE, THE SCIENTIFIC STAFF IS GOING TO LOOK AT
10	SPECIFIC LINES AND SPECIFIC STANDARDS. WE'RE NOT
11	DOING THAT. WE DON'T HAVE ENOUGH YEARS IN OUR LIFE
12	LEFT TO LOOK AT THAT, BUT SO WE'RE CREATING POLICY.
13	CHAIRMAN LO: POLICY. I DON'T KNOW IF
14	IT'S WITHIN OUR AMBIT OR WHETHER IT WOULD BE HELPFUL
15	TO MAKE A RECOMMENDATION TO CIRM LEADERSHIP AS TO
16	WHAT THAT PROCESS SHOULD LOOK LIKE. OBVIOUSLY YOU
17	NEED SCIENTIFIC INPUT, STAFF INPUT, ALAN, AND BOB,
18	AND YOU MIGHT ALSO WANT ONE OR TWO MEMBERS OF THIS
19	GROUP TO GIVE ETHICAL ADVICE ON WHAT, FOR EXAMPLE,
20	IS LEGAL AT THE TIME. IT'S AN OPEN QUESTION TO WHAT
21	EXTENT YOU WANT ANYONE FROM THIS GROUP INVOLVED IN
22	THOSE CASE-BY-CASE DETERMINATIONS.
23	MR. KLEIN: ON A CASE-BY-CASE BASIS, IF WE
24	COULD HAVE THE PRESIDENT HAVE THE ABILITY AND CHIEF
25	SCIENTIFIC OFFICER HAVE THE ABILITY TO CONTACT A

1	MEMBER OF THIS GROUP, OR IF THERE'S A VERY
2	SPECIALIZED QUESTION TO GO SOME OTHER PERSON OF
3	SPECIALIZED INFORMATION. MY BELIEF IS THAT THEY
4	WOULD GENERALLY ALWAYS COME TO THIS GROUP FOR INPUT,
5	BUT I THINK WE SHOULD GIVE THE PRESIDENT AND CHIEF
6	SCIENTIFIC OFFICER THE ABILITY TO ALSO DRAW
7	INFORMATION FROM OUTSIDE.
8	CHAIRMAN LO: SO WE'RE NOT GOING TO MAKE
9	THESE CASE-BY-CASE DETERMINATIONS AS A GROUP. WE'RE
10	GOING TO SET THE GENERAL POLICY, AND IT'S GOING TO
11	BE IMPLEMENTED BY THE PRESIDENT AND THE SCIENTIFIC
12	OFFICER.
13	THOSE WHO ARE ON THE ICOC, JEFF, MARCY,
14	SHERRY, ANY ADDITIONAL.
15	MS. FEIT: I THINK JUST BASED ON WE'RE
16	JUST TALKING ABOUT PROCESS ON EVALUATING THESE LINES
17	AS WE MOVE FORWARD. WE'RE NOT TALKING ABOUT MAKING
18	THOSE DETERMINATIONS. I THINK IT WILL HAVE TO
19	INVOLVE SOLVING WHAT IS KNOWN ABOUT THEM, AND WHERE
20	IT CAME FROM, WHEN IT WAS ESTABLISHED, WHAT WAS
21	INVOLVED. AND THEN I THINK IN TERMS OF SO WE'RE
22	JUST LOOKING AT PROCESS OF HOW THAT'S GOING TO
23	HAPPEN AT THIS INSTITUTION.
24	CHAIRMAN LO: MORE THAN PROCESS. WE'RE
25	SAYING GENERAL POLICY STANDARDS THAT WILL BE CARRIED

1	OUT ON A CASE-BY-CASE BASIS BY MARIE AND ALAN.
2	DR. CSETE: AND I'M EXPECTING THAT THIS IS
3	A RARE EVENT.
4	MS. FEIT: I THINK THAT NEEDS TO BE
5	STATED, THOUGH, IN THE PROCESS TO ENSURE THAT THE
6	BOARD UNDERSTANDS THAT PROCESS.
7	CO-CHAIR LANSING: AND THAT THIS IS RARE.
8	THAT THIS IS FOR THIS UNIQUE LINE. THIS IS NOT
9	COMMON POLICY. THIS IS A RARE POLICY.
10	MR. KLEIN: I THINK THAT THE DERIVATIVE OF
11	THAT, SHERRY, MAY BE GIVEN VERY LARGE NUMBERS OF
12	LINES, WE CAN SEE IN THE PETITIONS FAIRLY FREQUENTLY
13	IF ONE HAS 200 LINES, BUT YOU MIGHT SEE THEM COMING
14	UP AT EVERY BOARD MEETING. AS LONG AS THERE'S A
15	GOOD UTILITY FOR IT
16	CO-CHAIR LANSING: THAT'S FINE.
17	MR. KLEIN: IT'S FINE.
18	CO-CHAIR LANSING: I THINK THAT'S GREAT.
19	CHAIRMAN LO: I WANT TO ASK ALAN TROUNSON
20	AND MARIE CSETE TO SORT OF
21	MR. SHEEHY: I JUST COULD I SEE THE
22	WHOLE THING BECAUSE I'M NOT I JUST WANT I GET
23	THESE CRITERIA AND THEN THE PROCESS.
24	CHAIRMAN LO: THE PROCESS WILL BE
25	SEPARATE, SO YOU WANT TO TALK ABOUT THAT NOW?
	79

1	MR. SHEEHY: AS LONG AS THERE'S A ROBUST
2	PROCESS THAT VALIDATE THOSE CRITERIA. THIS PROCESS
3	AS DESCRIBED HERE SEEMS FINE. AND THEN EFFECTIVE
4	DATE WE'RE TALKING ABOUT IS MAY 2005 OR THE NOVEMBER
5	2006?
6	CHAIRMAN LO: I WOULD SAY MAY 2005, BUT
7	THAT'S THE PLEASURE OF THE COMMITTEE. THAT'S WHEN
8	WE FIRST PUT IN PLACE OUR INTERIM REGS.
9	MR. KLEIN: BY CHOOSING THAT DATE, YOU GET
10	A GAP BECAUSE OUR REGS ARE MORE RESTRICTIVE THAN THE
11	NATIONAL ACADEMY, SO YOU CREATE A GAP. SO I THINK
12	YOU HAVE TO GO WITH WHEN OUR REGS WERE IN PLACE
13	BECAUSE OTHERWISE YOU HAVE A SITUATION WHERE YOU'RE
14	HOLDING THEM TO A HIGHER STANDARD THAT WASN'T IN
15	PLACE IN 2005.
16	CHAIRMAN LO: AS FAR AS MY THOUGHTS WERE,
17	THE NAS ISSUED ITS GUIDELINES IN MAY APRIL 2005.
18	THOSE BECAME DE FACTO NATIONAL STANDARDS.
19	MR. KLEIN: RIGHT. SO IT WILL BE JUDGED
20	AGAINST THOSE AT THAT TIME.
21	CHAIRMAN LO: AT THAT TIME.
22	MR. KLEIN: RIGHT. AND THE LATER DATE,
23	THEN THERE'S OTHERS THAN WHEN OUR STANDARDS
24	OCCURRED.
25	CHAIRMAN LO: SO LET'S LOOK AT THE
	80

1	PROCESS. GEOFF, IF YOU'D GO TO NEXT SLIDE FOR
2	PROCESS BECAUSE I THINK JEFF RIGHTLY WANTS US TO
3	CONSIDER THEM BOTH TOGETHER AS A PAIR.
4	DR. KIESSLING: THE EFFECTIVE DATE IS
5	2005, MAY 2005.
6	CHAIRMAN LO: APRIL OF 2005. NO. NO.
7	NO. THE EFFECTIVE
8	MR. SHEEHY: IT IS NOVEMBER 2006.
9	CHAIRMAN LO: NOVEMBER 2006 FOR OUR
10	REGULATIONS TO KICK IN EFFECT. OTHERWISE WE'RE
11	GOING TO TIE IT ALL BOB, HAD THE NAS
12	GUIDELINES
13	DR. KIESSLING: WHAT IS THE EFFECTIVE DATE
14	THEN?
15	CHAIRMAN LO: NOVEMBER 2006 WITH THE
16	UNDERSTANDING, AS WE TURN THIS, IS AS OF APRIL 2005,
17	THE NATIONAL STANDARD WAS THE NAS GUIDELINES.
18	DR. KIESSLING: WHAT'S THE EFFECTIVE DATE
19	FOR
20	CHAIRMAN LO: THIS IS THE PREVIOUS
21	LINE, I THOUGHT WE WERE SAYING NOVEMBER 200
22	MR. SHEEHY: WE GOT TWO DIFFERENT THINGS.
23	DR. LOMAX: THIS IS A POINT OF
24	CLARIFICATION, AND, ALTA, I'LL DEFER TO YOU ON THIS.
25	MY UNDERSTANDING IS THAT THESE LINES WOULD NOT BE
	0.1

1	DISQUALIFIED UNDER THE NATIONAL ACADEMY'S STANDARDS.
2	SO IT'S NOT AN ISSUE UNTIL YOU GET TO NOVEMBER 2006
3	BECAUSE THE PREVAILING STANDARD OF THE TIME THAT WE
4	ADOPTED AS INTERIM STANDARDS WERE THE NATIONAL
5	ACADEMY STANDARDS. AND THESE LINES WOULD MEET THE
6	NATIONAL ACADEMY STANDARDS.
7	MR. KLEIN: MORE FOCUSED, IN APRIL 2005,
8	THEY HAVE TO MEET THE NATIONAL ACADEMY STANDARDS.
9	IN 2006 THEY HAVE TO MEET OUR STANDARDS.
10	(SIMULTANEOUS DISCUSSION.)
11	MR. SHEEHY: SO WE HAVE TWO DIFFERENT
12	DATELINES.
13	MS. PACHTER: THERE YOU WANT THE DATE
14	THAT FOR PURPOSES OF ESTABLISHING A PROCESS, YOU
15	WANT THE EFFECTIVE DATE OF OUR INTERIM REGULATIONS,
16	THE CIRM INTERIM REGULATIONS.
17	DR. KIESSLING: THAT'S MAY 2005.
18	MR. SHEEHY: NO. THAT'S NOVEMBER 22
19	MS. PACHTER: NOVEMBER 2006.
20	MR. SHEEHY: YEAH.
21	MS. PACHTER: IT WAS THE NATIONAL
22	ACADEMY'S GUIDELINES THAT WERE ADOPTED IN 2005.
23	DR. KIESSLING: WE ADOPTED THOSE, AND
24	AREN'T THOSE THE CRITERIA THAT WE'RE TALKING ABOUT?
25	MR. SHEEHY: ANN, LET ME TRY TO DESCRIBE
	0.7
	82

1	IT TO YOU. ONE IS WHAT LINES DO WE WANT TO CONSIDER
2	GRANDFATHERING, AND THOSE ARE THE ONES THAT WERE
3	CREATED BEFORE OUR EFFECTIVE REGULATIONS IN
4	NOVEMBER. THOSE LINES, THOUGH, WOULD HAVE TO BE, IF
5	YOU LOOK AT THE LAST LINE, WOULD HAVE TO BE GOVERNED
6	BY THE NAS STANDARDS IN THAT GAP.
7	MR. KLEIN: THAT'S RIGHT.
8	MR. SHEEHY: SO THE NAS STANDARDS ARE
9	APPLICABLE TO THOSE LINES IF THEY WERE CREATED WHILE
10	THE NAS GUIDELINES WERE AVAILABLE BECAUSE THAT WOULD
11	HAVE BEEN THE PREVAILING ETHICAL-LEGAL STANDARD.
12	DR. KIESSLING: OKAY. SO
13	MR. SHEEHY: BUT IN THE EVENT FOR OUR
14	CONSIDERATION IN GRANDFATHERING, THE TOP LINE, THAT
15	SHOULD BE NOVEMBER OF '06.
16	DR. KIESSLING: SO NOVEMBER. AND THEN IN
17	PLACE AT THE TIME IS MAY OR APRIL 2005.
18	MR. SHEEHY: WELL, IT WOULD BE WHATEVER IS
19	IN PLACE.
20	(SIMULTANEOUS DISCUSSION.)
21	CHAIRMAN LO: LET'S LOOK AT GEOFF HAD
22	SOME SUGGESTIONS FOR PROCESS. SO THIS IS ACTUALLY A
23	LITTLE DIFFERENT THAN WHAT BOB SAID. SO BASICALLY
24	SOMEONE COMES TO CIRM AND SAYS WE'D LIKE YOU TO
25	APPROVE THE USE OF THIS PARTICULAR CELL LINE BY A
	g z

1	CIRM-FUNDED RESEARCHER. SO CIRM STAFF MIGHT KNOW,
2	THAT MEANS CHIEF SCIENTIFIC OFFICER, PRESIDENT, CEO,
3	AND BOB SUGGESTED ACTUALLY THAT WE GIVE THE
4	PRESIDENT AND CHIEF OPERATING OFFICER THE OPTION OF
5	CONSULTING, NOT JUST ANYONE HERE ON THE SWG, BUT
6	ALSO OUTSIDE EXPERTS. THIS WAS WRITTEN A LITTLE
7	DIFFERENTLY. GOES TO THE ICOC WITH A RECOMMENDATION
8	FROM STAFF AS TO WHAT ICOC SHOULD DO AND IT PROVIDES
9	DOCUMENTATION.
10	THE ICOC CONSIDERS THAT IN ONE OF THEIR
11	PUBLIC MEETINGS. SO THERE IS A PROCESS IN PLACE FOR
12	PUBLIC COMMENT ON THIS AS WELL, BUT THE WE HAD
13	THOUGHT THAT THE INITIAL DETERMINATION SHOULD BE
14	DONE PRIMARILY BY CIRM STAFF FOR EFFICIENCY,
15	CONSULTING WITH MEMBERS. I DON'T THINK SHERRY OR I
16	HAVE A VESTED INTEREST IN ALWAYS BEING THE ONES
17	BEING CONSULTED. I THINK
18	CO-CHAIR LANSING: IT'S OUR PLACE TO GO
19	BACK TO THE GROUP WHEN WE SEE SOME PROBLEMS.
20	CHAIRMAN LO: BOB AS WELL, BUT THERE COULD
21	BE OTHER EXPERTS AROUND THE WORLD WHO MAY, IN FACT,
22	BE CONSULTED.
23	MR. KLEIN: AND IT MAY HAVE BEEN DERIVED
24	IN SOME OTHER
25	MR. SHEEHY: I MIGHT CHANGE THAT WORD TO
	84
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1	"AND" AFTER SWG.
2	CHAIRMAN LO: I'M SORRY. MY OWN, IF THIS
3	STATES AS CO-CHAIRS, IS THAT THEY COME AND IT'S A
4	TECHNICAL POINT THAT ALTA OR ANN OR ROB WOULD KNOW,
5	I WOULD SAY AT LEAST TALK TO THEM JUST TO BE
6	SUFFICIENTLY INCLUSIVE. YOU'VE HEARD ABOUT GOING TO
7	STANDARDS, GENERAL STANDARDS OF PROCESS WOULD BE
8	LOOKED AT TOGETHER. AGAIN, THOSE OF YOU PLEASE
9	SUGGEST ANY WAYS TO IMPROVE THIS.
10	ALAN, DOES THIS SEEM REASONABLE TO YOU AS
11	WELL? AND THEN WE HAVE PUBLIC COMMENTS.
12	DR. TROUNSON: I THINK IT SEEMS PERFECTLY
13	REASONABLE. IT'S REALLY COMING TO US AS AN ISSUE OF
14	DELIVERY OUR MISSION. AND IF WE SEE THERE IS A
15	PROBLEM US GOING FORWARD WITH SOME OF THE GRANTS,
16	WHETHER WE COULD ACCEPT A GRANT. SO CLEARLY IT'S
17	VERY PRAGMATIC FROM OUR POINT OF VIEW WE NEED
18	GUIDANCE TO HELP US, SO WE WOULD BE QUITE PREPARED
19	TO BRING IT CASE BY CASE. I DON'T EXPECT IT WOULD
20	BE FREQUENT, BUT IT WOULD BE REALLY DIFFICULT TO
21	ALWAYS PREDICT EXACTLY WHAT THE UNDERLYING REASONS
22	WERE. AND IT WOULD GIVE US A CHANCE TO EXPLORE
23	THOSE, SO WE WOULD FIND OUT WHETHER THERE WERE
24	SUITABLE CELL LINES AVAILABLE AND THEN WHAT'S THE
25	PRIMARY IMPEDIMENT.

1	I HAVE TO SAY TO YOU IN THIS PARTICULAR
2	CASE, IT'S A VERY PRIMARY IMPEDIMENT FOR, AS BOB
3	SAYS, DELIVERY TO THE PATIENTS BECAUSE THE REAL
4	DERIVATION WOULD BE EXTRAORDINARILY COSTLY AND
5	TIME-CONSUMING.
6	DR. CSETE: AND I JUST WANT TO ALLAY THE
7	FEARS THAT OBVIOUSLY THE FDA'S CONSIDERATION FOR
8	SAFETY WILL HAVE A HIGHER BAR. THE MEDICAL HISTORY
9	IS UNKNOWN FROM WHEN ONE BIOLOGIC COMPONENT OF THIS.
10	AND SO I WOULDN'T BE SURPRISED AT ALL IF THEY, FOR
11	EXAMPLE, SAY WE'LL TAKE THIS (UNINTELLIGIBLE).
12	DR. TAYLOR: THAT MAY BE HELPFUL, BUT I
13	STILL YOU HAVE MAYBE MORE FAITH IN THE FDA THAN
14	I, ONE. TWO, MORE FAITH IN PRIMARY NUCLEOTIDE
15	SEQUENCE THAN I.
16	CHAIRMAN LO: BUT, AGAIN, CERTAINLY THIS
17	IS SOMETHING THAT IS SCIENTIFICALLY
18	DR. CSETE: SO THE NORMAL DISEASES FOR
19	WHICH THERE WOULD BE GENETIC TESTING IN AN IVF
20	CLINIC SETTING.
21	MS. CHARO: I'M UNDERSTANDING THAT THIS IS
22	NOW KIND OF AMORPHOUS GUIDANCE. WE'RE NOT DRAFTING
23	REGULATIONS, CORRECT?
24	CHAIRMAN LO: YES, THAT IS CORRECT.
25	MS. CHARO: THEN WITH DUE RESPECT TO THE
	96

1	STAFF, (UNINTELLIGIBLE) ONE MORE THING THAT THEY
2	MIGHT DO, AND THAT IS TO TRY AND KEEP A FAIRLY GOOD
3	RUNNING TALLY OF THE LINES AND THE REASONING BECAUSE
4	I KNOW IT WILL BE IN A PUBLIC SESSION, I KNOW IT
5	WILL BE TRANSPARENT, BUT AS SOON AS THE NIH GOES
6	BACK INTO THE BUSINESS OF FUNDING EMBRYONIC STEM
7	CELL RESEARCH, THEY WILL BE FACED WITH PRECISELY
8	THIS QUESTION. IT WILL NOW BE 2009 OR MAYBE 2010,
9	AND THERE IS MORE FUNDING, AND THE FIRST ISSUE IS
10	GOING TO BE, NOW THAT WE'VE GOT OUR RULES FOR NEW
11	DERIVATIONS I TAKE IT BACK. THEY'RE NOT GOING TO
12	FUND THE DERIVATIONS. BUT THEY'LL STILL HAVE TO
13	DECIDE WHAT THE STANDARDS ARE FOR THE LINES THAT
14	THEY'RE WILLING TO FUND FOR USABILITY. AND SO TO
15	SOME EXTENT, THIS CIRM EXPERIENCE CAN ACTUALLY HAVE
16	A DRAMATIC EFFECT.
17	CO-CHAIR LANSING: IT'S A GREAT POINT.
18	IT'S A GREAT POINT.
19	DR. TROUNSON: SO WE'RE PICKING THAT UP,
20	AS GEOFF SAID, IN THE INFORMATION THAT WE'VE BEEN
21	COMPILING IN ASSOCIATION WITH THE BANKING GROUPS.
22	MS. CHARO: OH, THAT'S GOOD.
23	DR. TROUNSON: AND THEN WE'LL BE TALKING
24	ABOUT INCLUDING WHETHER THEY QUALIFY FOR USE OF THE
25	CALIFORNIA; SO RATHER THAN WE CREATE SOMETHING THAT

1	IS THERE, WE'VE GOT GEOFF WORKING ON UTILIZING THE
2	INFORMATION THAT'S PRESENTLY THERE THAT WE CAN THEN
3	TAKE IN-HOUSE AND ANSWER THOSE QUESTIONS VERY
4	PRECISELY.
5	CHAIRMAN LO: IF I COULD JUST EXPAND ON
6	ALTA'S COMMENT. I THINK IT WAS VERY HELPFUL. IT
7	WOULD ALSO BE EXTREMELY USEFUL TO SCRO'S AT
8	INDIVIDUAL INSTITUTIONS, AND I THINK THEY WOULD
9	REALLY APPRECIATE SORT OF THE SYNOPSIS OF THE
10	REASONING THAT CIRM STAFF AND ICOC WENT THROUGH
11	BECAUSE I WOULD ENVISION THE SCRO SAYING, OH, THESE
12	GUYS REALLY LOOKED AT IT. HERE'S THEIR REPORT AND
13	THEIR REASONING. RATHER THAN US GOING THROUGH ALL
14	OF THIS, LET'S DEFER TO THEIR JUDGMENT.
15	MS. CHARO: THERE IS AN ESCRO LIST SERVE
16	THAT THE NATIONAL ACADEMIES RUNS WHERE THEY SHARE
17	INFORMATION AROUND IT. THAT WOULD BE A PERFECT
18	PLACE ON A LINE-BY-LINE BASIS AFTER THE ICOC HAS
19	MADE ITS DETERMINATIONS TO POST THE SYNOPSIS TO
20	SHARE AROUND THE COUNTRY WHAT'S GOING ON HERE. IT
21	DOESN'T CONTROL WHAT THEY'LL DO, BUT IS INFORMATIVE
22	FOR EVERYBODY TO KNOW WHAT'S GOING ON.
23	CHAIRMAN LO: I JUST WANT TO OFFER AN
24	OPPORTUNITY FOR ANYBODY IN THE PUBLIC ALSO TO
25	COMMENT ON THIS. FOR THE RECORD STATE YOUR NAME.

1	MR. REED: I'M DON REED, CALIFORNIANS FOR
2	CURES. KNOWING THE STRESS THE TIME ON THE ICOC, I
3	WONDER IF THIS SHOULDN'T BE A MATTER THAT'S SET UP
4	IN POLICY RATHER THAN FOR AN INDIVIDUAL PETITION. I
5	THINK THIS IS GOING TO BE NOT JUST THIS ONE. I
6	THINK THERE WILL BE OTHER A LOT MORE LINES LIKE
7	THIS TO BE CONSIDERED. I THINK ONCE YOU ESTABLISH
8	THE STANDARDS, IT SHOULD BE HANDLED INTERNALLY. IF
9	THE NEW LINE MEETS THE STANDARDS, THEN IT SHOULD GO
10	FORWARD. BUT IF IT HAS TO BE INDIVIDUALLY
11	CONSIDERED BY THE ICOC, AND THEN MAYBE A LOT OF
12	THESE COME ON, THAT COULD BE A LOT OF TIME INVOLVED.
13	CHAIRMAN LO: ANY OTHER COMMENTS?
14	MR. SIMPSON: JOHN SIMPSON FROM CONSUMER
15	WATCHDOG. I UNFORTUNATELY FIND MYSELF DISAGREEING
16	WITH MY FRIEND DON REED. I DO THINK THAT GOING BACK
17	RETROACTIVELY, YOU CAN'T SET STANDARDS RETROACTIVELY
18	BECAUSE EACH SITUATION IS DIFFERENT. THIS SEEMS TO
19	ME THE PERFECT MIX OF THE RECOGNITION THAT THERE MAY
20	BE VALUE THAT ETHICAL STANDARDS EVOLVE OVER THE TIME
21	AND GIVES YOU A PROCESS TO DEAL WITH THESE
22	SITUATIONS, I THINK, IS A VERY GOOD THING. I GUESS
23	IT WILL END UP BEING AN AMORPHOUS RECOMMENDATION TO
24	STAFF TO COME UP WITH REGS, WHICH WOULD THEN
25	PRESUMABLY BE THE NEXT ICOC, AND THAT TO ME MAKES

1	SENSE. THANK YOU.
2	CHAIRMAN LO: SO I THINK IT'S FAIR TO SAY
3	THAT I'M TAKING AN INFORMAL VOTE.
4	CO-CHAIR LANSING: WHY DON'T YOU JUST DO A
5	STRAW POLL.
6	CHAIRMAN LO: LET'S DO A STRAW POLL.
7	GEOFF, YOU WANT TO WALK US THROUGH A STRAW POLL TO
8	GET THE SENSE OF THE GROUP TO THE ICOC. I GUESS WHY
9	DON'T WE GO ON THE WHOLE PACKAGE.
10	DR. LOMAX: I THINK WE'RE GETTING A SENSE
11	OF THE COMMITTEE TO THE PRIMARY SENSE OF THE
12	COMMITTEE IS A DIRECTION FOR STAFF TO DEVELOP
13	REGULATORY LANGUAGE THAT WOULD SORRY THE STAFF
14	WOULD DEVISE A REGULATORY CONCEPT TO BE BROUGHT TO
15	THE ICOC FOR A GRANDFATHERING CONCEPT CONSISTENT
16	WITH THE ITEMS ON THIS SLIDE, THAT THERE WOULD BE AN
17	EVALUATION OF THE INFORMED CONSENT, AN EVALUATION OF
18	THE REVIEW OF THE PROTOCOL THAT GOVERN THE
19	PROCUREMENT OF THE MATERIALS THAT WENT INTO THE STEM
20	CELL LINE, AND AN EVALUATION OR DOCUMENTATION OF
21	COMPLIANCE WITH PREVAILING ETHICAL AND LEGAL
22	STANDARDS IN PLACE AT THE TIME OF THE DERIVATION.
23	SO THE SENSE OF THE COMMITTEE
24	MR. KLEIN: YOU'RE LOOKING AT BOTH SLIDES.
25	CHAIRMAN LO: PLUS THE SECOND SLIDE.
	90
	JU

1	DR. LOMAX: YES. I THINK HERE THIS IS
2	SORT OF THE PARAMETERS OF WHAT I WOULD ENVISION A
3	REGULATION
4	CHAIRMAN LO: THIS BEING SORT OF THE
5	IMPLEMENTATION NOT POLICY THAT'S TOO STRONG A
6	WORD BUT PROCEDURES THAT WE WOULD I'M NOT SURE
7	HOW TO FRAME THIS IN TERMS THIS IS OUR SENSE OF
8	WHAT WE THINK CIRM AND STAFF SHOULD DO.
9	DR. LOMAX: I THINK THE FIRST SLIDE
10	REFLECTS THE HIGH LEVEL POLICY, WHAT THE BOUNDARIES
11	ARE FOR AN ANALYSIS THAT NEEDS TO GO TO THE ICOC. I
12	THINK THE SECOND SLIDE MAY SPEAK TO A SLIGHTLY MORE
13	GRANULAR LEVEL OF DETAIL, WHICH WOULDN'T NECESSARILY
14	APPEAR IN THE REGULATORY LANGUAGE, BUT WOULD BE A
15	SUPPORTING SORT OF PROTOCOL THAT BACKS UP THAT
16	REGULATORY LANGUAGE.
17	MR. KLEIN: THEY WOULD BE ADOPTING
18	PROCEDURES CONCURRENT WITH THE ADOPTION OF THE
19	REGULATORY LANGUAGE.
20	DR. LOMAX: CORRECT. PROCEDURES VERSUS
21	THE ENABLING REGULATION.
22	CO-CHAIR LANSING: WOULD YOU SAY THAT
23	AGAIN?
24	DR. LOMAX: WE WANT TO START WITH THE
25	FIRST ONE?
	0.1

1	CHAIRMAN LO: WE'LL ADOPT BOTH TOGETHER
2	BECAUSE JEFF RAISED THE POINT THAT STANDARDS,
3	CRITERIA DON'T MAKE SENSE UNLESS WE UNDERSTAND THE
4	PROCEDURE.
5	CO-CHAIR LANSING: ABSOLUTELY.
6	DR. LOMAX: SO THE STANDARD CRITERIA WOULD
7	ENABLE AN ANALYSES WHERE STAFF THE DETERMINATION
8	OF ACCEPTABLY DERIVED SHALL INCLUDE THE FOLLOWING
9	PROCEDURES: CIRM RECEIVES DOCUMENTATION THAT THE
10	ABOVE CRITERIA WERE SATISFIED IN THE PETITION TO USE
11	THE HUMAN EMBRYONIC STEM CELL LINE FOR CIRM-FUNDED
12	RESEARCH, CIRM STAFF IN CONSULTATION WITH THE
13	CO-CHAIRS OF THE STANDARDS WORKING GROUP AND OTHER
14	EXPERTS REVIEWS THE APPLICATION AND FORWARDS THE
15	PETITION TO THE ICOC WITH A RECOMMENDATION FOR
16	APPROVAL OR DISAPPROVAL, THE REVIEW OF THE
17	APPLICATION SHOULD INCLUDE CONSIDERATION OF THE
18	SCIENTIFIC SIGNIFICANCE OF THE STEM CELL LINE, AND
19	THE ICOC WILL CONSIDER THE PETITION IN PUBLIC
20	SESSION AFTER A PUBLIC POSTING OF THE PETITION.
21	CHAIRMAN LO: I'M JUST GOING TO WALK
22	AROUND THE TABLE. DR. TAYLOR.
23	DR. TAYLOR: I'M IN FAVOR.
24	CHAIRMAN LO: DR. KIESSLING.
25	DR. KIESSLING: (INAUDIBLE.)
	92

1	CHAIRMAN LO: DR. PRIETO.
2	DR. PRIETO: I'M IN FAVOR.
3	CHAIRMAN LO: PROFESSOR CHARO.
4	MS. CHARO: YES. I'M IN FAVOR.
5	CHAIRMAN LO: IN FAVOR. SO THAT'S OUR
6	SENSE, AND THEN, SHERRY AND BOB, IF YOU COULD TAKE,
7	AND MARCY AND JEFF, IF YOU COULD TAKE THIS BACK TO
8	THE ICOC. I KEEP FORGETTING
9	(SIMULTANEOUS DISCUSSION.)
10	CHAIRMAN LO: I'M PLAYING A DUAL ROLE. I
11	SUGGEST WE REWARD OURSELVES WITH A BREAK. LET'S
12	TAKE ABOUT A 15-MINUTE BREAK AND COME BACK.
13	(A RECESS WAS TAKEN.)
14	CHAIRMAN LO: I'D LIKE TO TRY AND GET
15	STARTED BECAUSE WE HAVE SOME OTHER IMPORTANT AND
16	FASCINATING ISSUES TO DEAL WITH. WHAT I WOULD LIKE
17	TO DO, JUST SO THOSE OF YOU WHO WOULD LIKE TO SEE
18	YOUR DAY PLANNED OUT, BEFORE LUNCH I WOULD LIKE TO
19	HAVE AN OVERVIEW OF THE NEXT TOPIC FROM GEOFF. AND
20	WE HAVE THREE PANELISTS TO PROVIDE KIND OF
21	BACKGROUND INFORMATION FROM THREE VERY DIFFERENT
22	PERSPECTIVES, COMPLEMENTARY AND IMPORTANT
23	PERSPECTIVES, FOR US.
24	AND THEN I'M GOING TO THIS WILL BE
25	MOSTLY INFORMATION BEFORE LUNCH. THEN AFTER LUNCH I
	0.2

1	WANT US TO BE ABLE TO DELIBERATE ON THIS QUESTION OF
2	USING EITHER STEM CELL LINES ALREADY CREATED THAT
3	INVOLVE GAMETES DONATED FOR IVF PURPOSES FOR WHOM
4	THE GAMETE DONORS WERE PAID. AND THE SECOND ISSUE
5	IS FOR EMBRYOS THAT A WOMAN IN IVF WISHES TO DONATE
6	FOR STEM CELL RESEARCH, BUT ONE OF THE GAMETE DONORS
7	WAS COMPENSATED. SO THIS IS DIFFERENT THAN THE
8	ISSUE WE TOOK BEFORE THE BREAK, BUT, AGAIN, THIS HAS
9	COME UP.
10	SO GEOFF HAS PREPARED A COUPLE OF SLIDES
11	TO JUST HELP WITH THIS ISSUE, DEFINE THE ISSUE AND
12	PUT IT IN CONTEXT, AND THEN WE HAVE THREE PEOPLE WHO
13	HAVE COME TO TWO PEOPLE HAVE ACTUALLY COME AND
14	ONE ON THE CELL PHONE TO PROVIDE SOME BACKGROUND
15	INFORMATION. SO, GEOFF, WHY DON'T YOU START. I'M
16	GOING TO ASK US TO JUST SORT OF MAINLY BE IN A
17	LISTENING MODE HERE AND THEN SAVE OUR DELIBERATIONS
18	TILL AFTER LUNCH. GEOFF.
19	DR. LOMAX: OKAY. THANK YOU. SO THIS
20	WE'RE NOW I'M GOING TO TRY TO PROVIDE A BRIEF
21	BACKGROUND THAT'S CONSISTENT WITH THE BRIEFING MEMO
22	TITLED "USE OF EMBRYOS CREATED FOR REPRODUCTIVE
23	PURPOSES WITH PAID GAMETES." SO THIS SHOULD BE
24	FAMILIAR BASED ON THIS MORNING'S DISCUSSION, BUT IT
25	SORT OF SETS THE STAGE BECAUSE WE'RE DEALING WITH A

1	NUMBER OF SITUATIONS, ALL OF WHICH WE'D LIKE YOU TO
2	AGAIN CONSIDER.
3	THE FIRST SITUATION WOULD BE AN EXISTING
4	STEM CELL LINE THAT WAS CREATED FROM AN EMBRYO THAT
5	WAS CONSTITUTED FROM ONE OR MORE PAID GAMETES. AND
6	AGAIN, WHETHER APPLIED RETROACTIVELY OR NOT, BUT TO
7	REMIND YOU THIS WOULD BE AN OUTSIDE LINE THAT WAS
8	DERIVED FROM, LET'S JUST SAY, MASSACHUSETTS. THE
9	ACCEPTABLY DERIVED STANDARD IN THE REGULATION WHICH
10	GOVERNS WHETHER THAT STEM CELL LINE COULD OR COULD
11	NOT BE USED BY A FUNDED RESEARCHER STIPULATES IN THE
12	PROVISION THAT NO PAYMENT TO THE GAMETE DONORS COULD
13	HAVE OCCURRED IN THE CREATION OF THAT EMBRYO.
14	THEREFORE, THE ACTUAL LINE WOULD BE DISQUALIFIED FOR
15	USE BY CIRM RESEARCHERS. SO IS THAT EXAMPLE CLEAR?
16	MAKES SENSE?
17	SO THAT'S ONE SITUATION. THAT WAS
18	QUESTION ONE, I BELIEVE, IN THE DOCUMENT THAT YOU
19	WERE PROVIDED AS THE BACKGROUND DOCUMENT.
20	CHAIRMAN LO: GEOFF, IF I COULD JUST POINT
21	OF CLARIFICATION. THESE ARE LINES THAT WERE DERIVED
22	FROM EMBRYOS THAT WERE CREATED FOR IVF, NOT
23	SPECIFICALLY FOR THE PURPOSE OF RESEARCH. SO THE
24	WOMEN WHO DONATED OOCYTES RECEIVED COMPENSATION AS
25	THEY OTHERWISE WOULD IN THE IVF PROCESS. THEY WERE

1	NOT, AS I UNDERSTAND IT, COMPENSATED TO THE SPECIFIC
2	RESEARCH DONOR.
3	DR. LOMAX: THAT IS CORRECT. AND WE
4	WE'VE COINED THE TERM IVF-EMBRYO IN THE BRIEFING
5	MATERIALS TO TRY TO CAPTURE THAT DETAIL.
6	CHAIRMAN LO: SO THIS WAS A MISS THIS
7	WAS SAID IN THE PRESS. WE'RE NOT TALKING ABOUT
8	PAYING WOMEN TO COME AND GO THROUGH OOCYTE RETRIEVAL
9	SPECIFICALLY FOR RESEARCH PURPOSES. WE'RE TALKING
10	ABOUT WOMEN WHO ARE GOING THROUGH IVF DONATION.
11	DR. LOMAX: CORRECT. SO THE SECOND
12	EXAMPLE, THIS GETS AT QUESTION THREE, AS IT CONCERNS
13	THE UTILIZATION OF EMBRYOS THAT CONTAIN PAID
14	GAMETES. SO AN EXAMPLE HERE MIGHT BE AN EMBRYO
15	BANK, AND WE'LL HEAR ABOUT EMBRYO BANKING IN A FEW
16	MINUTES, COMES INTO RECEIVERSHIP OF AN EMBRYO, IS
17	NOW SITTING IN A BANK. AND IN THE PROCESS OF THAT
18	EMBRYO GOING INTO THE BANK, ONE OF THE INDICATIONS
19	SUPPORTING THAT ON ONE OF THE DOCUMENTATIONS I
20	HAVE AVAILABLE IS AN INDICATION THAT A PAID DONOR
21	PROVIDED ONE OR MORE OF THE GAMETES FOR THAT EMBRYO.
22	THE QUESTION, AGAIN, IT TRIGGERS THE SAME
23	PROVISION IN THE STANDARD. IT'S ACTUALLY NOT
24	TECHNICALLY CORRECT TO SAY ACCEPTABLY DERIVED.
25	THERE'S ANOTHER PIECE OF THE REGULATION THAT SAYS
	96

1	EMBRYOS ESSENTIALLY GAMETES IN EMBRYOS USED IN
2	CIRM-FUNDED RESEARCH SHOULD NOT THERE SHOULD BE
3	NO PAYMENT TO ANYONE DONATING FOR THAT.
4	MR. KLEIN: AND, GEOFF, WE'RE NOT TALKING
5	ABOUT OTHER COUNTRIES' BANKS BECAUSE THOSE ARE
6	GRANDFATHERED UNDER ANOTHER PROCESS OR IN THE UNITED
7	STATES.
8	DR. LOMAX: NOW WE'RE TALKING ABOUT A
9	SITUATION SPECIFICALLY WHERE ONE OF OUR GRANTEES IS
10	PROPOSING TO DO A STEM CELL LINE DERIVATION, AND THE
11	SOURCE MATERIAL FOR THAT DERIVATION WOULD BE AN
12	EMBRYO. UNDER THE CURRENT REGULATIONS ONLY EMBRYOS
13	FOR WHICH NONE OF THE GAMETE DONORS HAVE BEEN PAID
14	IS ELIGIBLE TO BE USED IN DERIVATIONS. AND THE
15	QUESTION BEFORE YOU ALL IS SHOULD THEY BE ABLE TO
16	UTILIZE EMBRYOS FOR WHICH ONE OR MORE GAMETE DONORS
17	HAVE BEEN PAID IF THE EMBRYO IS ORIGINALLY CREATED
18	FOR THE SOLE PURPOSE OF IVF FOR REPRODUCTIVE USE.
19	MR. SHEEHY: DO WE KNOW WHEN THAT EMBRYO
20	WAS CREATED? IS THAT PRIOR TO OUR REGULATIONS?
21	DR. LOMAX: THAT'S
22	CHAIRMAN LO: THAT'S THE NEXT SLIDE.
23	DR. LOMAX: I TRIED TO I'M NOT SURE
24	THIS SLIDE DOES ACTUALLY CAPTURE IT, BERNIE. THAT'S
25	ANOTHER YOU MAY WANT TO I MIGHT SUGGEST YOU
	97

1	KIND OF SORT OF AGAIN ADDRESS THESE QUESTIONS
2	STEPWISE BECAUSE YOU HAVE SORT OF ANOTHER FACTOR
3	WHICH IS TIMING, AND I SORT OF LOOK TO YOU ALL TO
4	SORT OF THINK THAT THROUGH. IT'S ANOTHER VARIABLE
5	IN A FAIRLY COMPLEX CHAIN OF CIRCUMSTANCES. I THINK
6	SOME OF THE PANEL WE'VE BEEN ASKING THE PANEL.
7	WE MIGHT BE ABLE TO SORT OF GET AT SOME OF THOSE
8	QUESTIONS AS WELL WITH TIMING AND HOW MUCH WE KNOW
9	ABOUT THEM.
10	MR. KLEIN: THE DATES ARE THE ACTUAL
11	ISSUE.
12	MR. SHEEHY: THE ONLY POINT IS THAT FOR
13	PURPOSE OF OUR REGULATIONS, YOU KNOW, IF THEY WERE
14	MADE BEFORE OUR REGULATIONS WERE IN PLACE, HOW WOULD
15	ANYBODY KNOW? BUT IF IT'S POST OUR REGULATIONS,
16	THEN PEOPLE WOULD BE (INAUDIBLE).
17	DR. LOMAX: AGAIN, I THINK IN TERMS OF THE
18	PANEL WE'VE CONVENED, THERE IS AN OPPORTUNITY TO
19	HEAR A LITTLE BIT ABOUT HOW THAT IS ADDRESSED.
20	CHAIRMAN LO: IT'S AN IMPORTANT POINT.
21	THAT'S ONE OF THE FEW THINGS WE NEED TO DISCUSS
22	AFTER LUNCH. WHAT I WANT TO DO IS JUST LAY OUT FOR
23	YOU, WHICH HAS BEEN HIGHLIGHTED IN THE FOURTH ONE,
24	THE DATE AT WHICH THE EMBRYO WAS CREATED.
25	DR. TAYLOR: SO IS THE INTENT HERE TO LOOK
	0.0

AT THIS AS AN EXCEPTION LIKE IN THE LAST DISCUSSION,
OR IS THIS NOT VIEWED AS AN EXCEPTIONAL
CHAIRMAN LO: RIGHT NOW WE'RE JUST TRYING
TO LAY OUT SOME ISSUES FOR US TO CONSIDER. AND
AFTER LUNCH WE NEED TO THINK THROUGH WHAT, IF
ANYTHING, WE WISH TO DO TO MODIFY OUR CURRENT
POLICY.
DR. LOMAX: THE SCOPE OF THESE ISSUES ARE
A BIT BROADER THAN WHAT WE BROUGHT BEFORE YOU IN
QUESTION ONE. AND SO WE HAD SORT OF A NARROW
RECOMMENDATION. THIS IS AN ISSUE WHICH WE DON'T AT
THIS TIME HAVE ANY FORMAL RECOMMENDATION. WE'RE
TRYING TO FOLLOW THE SENSE OF THE COMMITTEE AND
UNDERSTAND HOW TO MOVE FORWARD. SO THAT'S WHY WE
TRIED TO SEPARATE IT.
SO I'M NOT SURE I'M WONDERING IF YOU
THINK IT'S WORTH TRYING TO WALK THROUGH THIS SLIDE,
OR DO YOU WANT THEN TO SORT OF BEGIN
CHAIRMAN LO: MAYBE WE SHOULD TURN TO THE
PANEL BECAUSE I THINK THEY HAVE A LOT OF
IMPORTANT GO THROUGH YOU WANT TO GO THROUGH
THIS SLIDE.
DR. LOMAX: WE'VE DONE THIS ONE. I JUST
THOUGHT I'D GO BACK TO IT BECAUSE IT'S IT GIVES
US SOMETHING TO LOOK AT. WE'VE DONE THIS ONE. THIS
99

1	IS THE EMBRYO EXAMPLE. NOW WE HAVE JEFF'S POINT TO
2	BE SENSITIVE ABOUT TIMING AS WELL.
3	CHAIRMAN LO: SO DO YOU WANT TO, GEOFF,
4	INTRODUCE THE PANEL. ANN, YOU HAD A QUESTION.
5	MR. KLEIN: IN INTRODUCING THE PANEL,
6	COULD WE SEE HOW CLOSE SHERRY IS TO HER
7	CONVERSATION? I THINK THIS PANEL IS VERY IMPORTANT.
8	SO COULD SOMEONE JUST CHECK WHERE SHERRY IS?
9	CHAIRMAN LO: I THINK SHE HAD ANOTHER CALL
10	SHE HAD TO TAKE AT 11:45.
11	MS. KING: RIGHT. IT WOULD BE STARTING IN
12	ABOUT FIVE MINUTES.
13	DR. LOMAX: ONE MINUTE. WE'RE CHECKING ON
14	HER.
15	(PAUSE IN PROCEEDINGS.)
16	MS. KING: DR. LO, IT'S GOING TO BE AT
17	LEAST 15 OR 20 MINUTES.
18	CHAIRMAN LO: SO WHY DON'T YOU INTRODUCE
19	ALL THREE PANELISTS FIRST, AND THEN WE'LL THEM GO IN
20	ORDER.
21	DR. LOMAX: I THINK WE HAVE TWO PANELISTS
22	AT THE MOMENT. SO FIRST, ONE OF THE SO WISHES OF
23	THE COMMITTEE AT THE LAST MEETING WAS TO PROVIDE
24	SORT OF MORE INSIGHT INTO THE ACTUAL PROCUREMENT
25	PROCESS PARTICULARLY FOR EMBRYOS. SO WE CONTACTED
	100

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1	THE UCSF TISSUE BANK, AND DENISE BERNSTEIN IS GOING
2	TO WALK US THROUGH THEIR PROCEDURES AND THEIR
3	PROTOCOLS FOR OBTAINING MATERIALS THAT WOULD GO INTO
4	THE BANK. AND THESE MATERIALS WOULD POTENTIALLY BE
5	AVAILABLE FOR RESEARCH, PARTICULARLY DERIVATION
6	RESEARCH.
7	WE ALSO INVITED DIANE MICHELSEN ALONG.
8	SHE WORKS WITH INDIVIDUALS WHO ARE INVOLVED IN THE
9	IVF PROCESS, AND SHE HAS SORT OF AN UNDERSTANDING OF
10	SORT OF SOME OF THE ASPIRATIONS OF POTENTIAL DONORS,
11	PARTICULARLY DONORS WHO MAY HAVE EMBRYOS THAT THEY
12	WOULD LIKE TO GIVE TO RESEARCH, BUT BECAUSE OF THE
13	REGULATIONS GOVERNING PAYMENTS AND OTHER
14	RESTRICTIONS, SHE'S HAD FEEDBACK FROM DONORS AND
15	BRINGS A LITTLE BIT OF A DONOR PERSPECTIVE IN TERMS
16	OF HOW OUR REGULATIONS IMPACT SORT OF CALIFORNIANS.
17	SO THOSE ARE TWO PERSPECTIVES.
18	WE HAVE SOME SCIENTISTS FROM STANFORD
19	WHICH WE'RE TRYING TO GET ON THE PHONE, AND WE'VE
20	ASKED THEM TO SORT OF EXPAND ON THE COMMENTS WHICH
21	THEY'VE ALREADY PROVIDED IN WRITING, WHICH WERE SENT
22	OUT TO YOU. AND THIS WILL DEAL MORE WITH THE
23	SCIENTIFIC ASPECTS OF THE SCIENTIFIC UTILITY OF
24	EMBRYOS. PARTICULARLY THIS QUESTION HAS COME UP
25	ABOUT ARE THERE CHARACTERISTICS OF PAID IVF-EMBRYOS
	101

1	THAT ARE SOMEWHAT DIFFERENT THAN THE OTHER 80 OR 75
2	PERCENT OF EMBRYOS. SO IT'S SORT OF A SPECTRUM OF
3	VIEWS FROM SORT OF THE DONOR, THE SCIENTISTS, AND,
4	AGAIN, TO ADDRESS A NUMBER OF QUESTIONS THAT YOU ALL
5	RAISED IN THE MEETING IN FEBRUARY THIS YEAR.
6	MS. BERNSTEIN: SO THANK YOU FOR THE
7	INVITATION. THIS IS A GREAT OPPORTUNITY FOR ME TO
8	INTRODUCE THE CONSENTING PROCESS FOR UCSF'S TISSUE
9	BANK. WE DO HAVE SOME DOCUMENTS THAT WERE EITHER
10	E-MAILED TO YOU OR COPIED IN THE BACK REGARDING THE
11	BANK. I MAY MAKE REFERENCE TO THESE OCCASIONALLY.
12	THIS IS THE FIRST STEP IN EMBRYONIC
13	RESEARCH. IT'S CONSENTING AND OBTAINING EMBRYOS.
14	SO THE PURPOSE OF OUR BANK IS TO PROVIDE THE
15	RESEARCHERS WITH THE TISSUES THEY NEED, PROVIDING
16	THE MAXIMUM USEFULNESS OF TISSUES, AND MATCHING THE
17	SPECIFIC TISSUE QUALITY TO THE RESEARCH QUESTION.
18	WE CURRENTLY ARE PROVIDING EMBRYOS AND
19	EGGS. WE OFFER THE DONORS LEVELS OF RESEARCH SO
20	THAT THEY'RE COMFORTABLE CHOOSING A TYPE OF RESEARCH
21	THAT IS DONE WITH THEIR EMBRYOS AND EGGS. WE ALSO
22	DEIDENTIFY THE SPECIMENS SO THAT THE SCIENTIFIC
23	RESEARCHER DOES NOT KNOW WHO THE DONOR IS. THEY DO
24	NOT EVEN KNOW WHICH PROGRAM THEY COME FROM.
25	WE COMPLY WITH ALL THE RULES AND
	102

1	REGULATIONS OF THESE AGENCIES AND THE CIRM AT THE
2	TOP, OF COURSE.
3	SO I WAS TALKING ABOUT LEVELS OF RESEARCH.
4	I'LL EXPLAIN THIS AS I EXPLAIN THIS TO PATIENTS ON
5	THE PHONE THAT ARE DONORS IN PERSON OR ON THE PHONE.
6	LEVEL ONE RESEARCH IS A GENERAL KIND OF RESEARCH.
7	AND WHAT THAT IS IS ALLOWING THE RESEARCHERS IN ANY
8	WAY THEY POSSIBLY CAN TO EXAMINE THE EMBRYOS OR
9	EGGS. THAT COULD MEAN STAINING, DISSECTION, GROWING
10	OUT EMBRYOS FOR TWO TO THREE DAYS TO TRY TO BETTER
11	UNDERSTAND WHAT WOULD MAKE THEM NORMAL OR ABNORMAL,
12	AND THEY CAN EXAMINE GENETIC PATTERNS. NO STEM
13	CELLS ARE GROWN FROM LEVEL ONE EMBRYOS OR LEVEL ONE
14	RESEARCH.
15	LEVEL TWO RESEARCH IS STEM CELL RESEARCH.
16	IT'S ALLOWING THE RESEARCHERS TO ATTEMPT TO GROW,
17	AND HOPEFULLY SUCCESSFULLY GROW, THOSE SPECIALIZED
18	CELLS THAT REPAIR DAMAGED TISSUES. AND THAT DOES
19	NOT REPLACE AN ORGAN THAT CAN BECOME A CELL
20	SUPPORTING TYPE SUCH AS A HEART, BRAIN, SPINAL CORD
21	CELL. IT'S IMPORTANT TO NOTE THAT THE DONOR'S DNA
22	IS CONTAINED WITHIN THE STEM CELLS, AND THAT THOSE
23	CELLS COULD BE OUT THERE FOR YEARS TO COME.
24	LEVEL THREE RESEARCH IS A MORE
25	MANIPULATIVE FORM OF RESEARCH, AND ITS GOAL IS TO
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1	CREATE A STEM CELL THAT MATCHES A SPECIFIC PERSON AS
2	WELL AS A SPECIFIC ORGAN TYPE TO HOPEFULLY AVOID THE
3	NEED FOR ANTIREJECTION MEDICATIONS. IT INVOLVES
4	MOVING DNA FROM ONE CELL TO ANOTHER AND THEN GROWING
5	OUT THOSE STEM CELLS. THE SCIENTIFIC TERM BEING
6	STEM CELL NUCLEAR TRANSFER. ANOTHER TERM FOR THAT
7	IS THERAPEUTIC CLONING, NOT TO BE CONFUSED WITH
8	REPRODUCTIVE CLONING. WE'RE NOT TRYING TO CREATE
9	ANOTHER BEING, BUT WE ARE TRYING TO CREATE CELLS
10	THAT MATCH A PARTICULAR BEING.
11	AND I DO HAVE SOME NUMBERS THAT I BROUGHT
12	WITH ME REGARDING HOW MANY PEOPLE CHOOSE THESE
13	DIFFERENT LEVELS OF RESEARCH AND ALSO THE EGG DONORS
14	WHO WE CONSENT AND WHAT THEY SELECT.
15	SO WHO ARE THE DONORS? THERE ARE SEVEN
16	DONOR GROUPS, AND, YES, SEVEN CONSENTING PACKETS FOR
17	EACH OF THESE GROUPS. AND THE PERSON'S DNA
18	CONTRIBUTION DIRECTS US TO THE CORRECT PACKET.
19	THERE ARE THREE GROUPS THAT DONATE FRESH TISSUES AND
20	THERE ARE FOUR GROUPS THAT DONATE FROZEN TISSUES.
21	THOSE THAT DONATE FRESH TISSUES ARE FROM
22	THE UCSF IVF PRACTICE, AND THAT WOULD BE YOUR
23	STANDARD IVF PATIENT. UCSF EGG DONORS, KNOWN, WERE
24	ANONYMOUS, PAID OR UNPAID, AND UCSF SPERM DONORS
25	KNOWN, PAID, OR UNPAID. I JUST HAVE TO SAY THAT THE
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1	SPERM DONOR GROUP, IT'S AN EXTREMELY RARE THAT WE
2	GET A CONSENT FROM THEM. THE BANKS DO NOT GET THAT
3	RESEARCH CLAUSE PUT IN THEIR CONTRACT, AND WE'VE
4	NEVER HAD A DONATION FROM AN ANONYMOUS SPERM DONOR.
5	WE COLLECT CONSENTS FROM ALL DONORS THAT
6	ARE IN THE PRACTICE WHETHER THEY'RE PAID OR UNPAID,
7	BUT WE ONLY DISTRIBUTE MATERIALS OF UNPAID DONORS.
8	WE DO NOT DISTRIBUTE THOSE FROM PAID DONORS.
9	THE NEXT GROUP ARE PEOPLE THAT DONATE
10	FROZEN MATERIALS, AND IT'S PRIMARILY EMBRYOS. AND
11	THESE ARE PEOPLE THAT NO LONGER NEED, NO LONGER WANT
12	THEIR FROZEN TISSUES ANYMORE. IT'S PRIMARILY PEOPLE
13	WHO HAVE COMPLETED THEIR FAMILIES. SOMETIMES IT'S
14	DIVORCE. SOMETIMES IT'S DEATH. AND THE FROZEN
15	GROUPS CONSIST OF THOSE WHO ARE DONATING FROZEN
16	EMBRYOS, EGG DONORS WHO CONTRIBUTED TO THE CREATION
17	OF FROZEN EMBRYOS, SPERM DONORS WHO CONTRIBUTED TO
18	THE CREATION OF FROZEN EMBRYOS, AND DONORS OF FROZEN
19	EGGS. THESE ARE USUALLY WOMEN WHO ARE GOING THROUGH
20	CANCER TREATMENT AND HAVE CHOSEN TO FREEZE THEIR
21	EGGS PRIOR TO CHEMOTHERAPY AND HOPING TO PRESERVE
22	THEIR FUTURE FERTILITY.
23	SO THE CONSENTING OF THE FRESH TISSUE
24	DONORS, AT UCSF THE PATIENTS PRIOR TO THEIR IVF
25	CYCLE GET A LARGE NUMBER OF DOCUMENTS AND INCLUDE
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1	MULTIPLE CONSENTS. ONE OF THOSE IS A GROUP OR OUR
2	PACKET OF CONSENTS FOR TISSUE DONATION FOR THE
3	TISSUE BANK. THIS IS FOR GENERAL IVF PATIENTS AND
4	THE EGG DONORS.
5	PRIOR TO THEM STARTING TREATMENT, THEY SIT
6	DOWN WITH A NURSE COORDINATOR OR RESEARCH
7	COORDINATOR, AND THE LEVELS OF RESEARCH ARE
8	DISCUSSED WITH THEM. THEY ARE OFFERED LEVELS ONE,
9	TWO, AND THREE. THEY ARE ALSO OFFERED TO DECLINE.
10	SO THERE'S A DECLINE BOX AND THEY CAN JUST CHECK
11	THAT OFF. AND THEN THESE PARTIES PUT THE CONSENT
12	FORM IN AN ENVELOPE, A SEALED ENVELOPE, AND IT COMES
13	TO ME.
14	PRIOR TO THE IVF TREATMENT FOR THE ACTUAL
15	RETRIEVAL, I MEET WITH THEM AND GO THROUGH A CIRM
16	VERIFICATION FORM. THERE ARE SEVEN POINTS ON THAT
17	FORM THAT WE MAKE SURE THEY UNDERSTAND, AND I HAVE A
18	COPY OF THAT AS WELL. IT GIVES THEM THE OPPORTUNITY
19	TO CLARIFY ANY QUESTIONS THEY MIGHT HAVE AND TO
20	CHANGE THEIR MIND IF THEY WISH.
21	IN ORDER TO PREVENT CLINICAL BIAS,
22	PHYSICIANS AND EMBRYOLOGISTS ARE NOT PERMITTED TO
23	KNOW IF THEIR PATIENTS HAVE CONSENTED TO DONATE TO
24	THE TISSUE BANK.
25	NOW, THE CONSENTING OF FROZEN TISSUE
	106

1	DONORS, FIRST OF ALL, THOSE DONORS COME FROM MOSTLY
2	OUTSIDE PROGRAMS THROUGHOUT THE UNITED STATES, AND
3	THEY CONTACT US BY GETTING INFORMATION FROM THEIR
4	IVF PROGRAM OR FROM THE INTERNET, BUT FROM THEIR IVF
5	PROGRAMS PRIMARILY. THEY GET A BROCHURE WHICH SOME
6	OF YOU HAVE COPIES OF, AND IT TELLS THEM HOW TO
7	CONTACT US. WHEN THEY FIRST CALL ME, I ASK THEM
8	ELIGIBILITY QUESTIONS. THE FIRST QUESTION BEING DID
9	YOU USE DONOR GAMETES AND EXPLAINING WHAT THAT
10	MEANS. AND I'LL GET INTO THAT A LITTLE BIT MORE
11	LATER.
12	THE OTHER ISSUE IS WHAT STATE WERE YOU
13	EMBRYOS CREATED. WE WILL NOT ACCEPT EMBRYOS FROM
14	STATES THAT BAN EMBRYONIC RESEARCH.
15	I MAIL THE CONSENT PACKET OUT TO THEM AND
16	ASK THAT BOTH PARTNERS READ THROUGH IT. AND THEN I
17	HAVE TO SPEAK WITH THEM BY PHONE TO REVIEW THE
18	CONSENT FORM PRIOR TO THEM MAILING IT BACK. WE DO
19	NOT CONSIDER A RETURNED CONSENT BY PHONE ONLY VALID.
20	I GO THROUGH THE LEVELS OF CONSENT, PERSONAL HEALTH
21	INFORMATION CONSENT WHICH IS UNIQUE TO UNIVERSITY OF
22	CALIFORNIA, REVIEW THE CIRM FORM. AND IF THEY HAVE
23	TIME AND IF THEY'RE WILLING, I GO THROUGH A HEALTH
24	QUESTIONNAIRE WITH EACH PARTNER.
25	AFTER THE CONSENTS ARE COMPLETE, I REVIEW

1	THEM TO MAKE SURE ALL THE LINES ARE FILLED IN,
2	PRETTY COMPULSIVE ABOUT THAT, AND THEN I NOTIFY THE
3	IVF PROGRAM AND MAKE ARRANGEMENTS FOR THOSE EMBRYOS
4	TO BE SHIPPED TO UCSF. IF A KNOWN GAMETE DONOR WAS
5	USED, IT'S THE RESPONSIBILITY OF THE RECIPIENT
6	COUPLE TO CONTACT THAT DONOR AND ASK HER TO CONTACT
7	ME. I CANNOT PURSUE THE DONOR. ONCE THE DONOR
8	CONTACTS ME, I MAIL HER A PACKET AND I DO THE SAME
9	THING WITH HER, REVIEWING THE FULL CONSENT, AND THEN
10	SHE CAN MAIL IT BACK TO ME.
11	THE CONSENTING PROCESS IS A COSTLY
12	ENDEAVOR. THERE'S ADMINISTRATIVE COST, SCIENTIFIC
13	COST, STAFFING, PAPER, MAILING, SHIPPING, STORAGE,
14	DATA MANAGEMENT, WHICH IS HUGE, AND DEIDENTIFYING.
15	INDEPENDENT RESEARCH GRANTS COVER A MINIMUM OF A
16	HUNDRED DOLLARS PER EMBRYO. THE IRONY IS THAT THE
17	RESEARCH FUNDING THAT IS PROVIDED FOR THE STUDIES
18	THAT REQUIRE THE USE OF THE EMBRYOS, BUT FUNDING HAS
19	NOT BEEN MADE AVAILABLE TO SUPPORT THE SOURCE OF THE
20	MATERIALS. AND AS I'VE INDICATED, THEY'RE
21	EXPENSIVE.
22	FUTURE CONTACT, ALL DONORS ARE ASKED IF WE
23	CAN CONTACT THEM AT SOME FUTURE POINT. IT COULD BE
24	FIVE TO TEN YEARS FROM NOW. IT'S 2008 AND WE DON'T
25	KNOW WHAT 2012 OR 2018 IS GOING TO BRING. SO THEY

1	CAN DECLINE OR THEY CAN AGREE. BOTH PARTIES NEED TO
2	AGREE. THE TWO REASONS WE WOULD DO THAT IS IF A
3	RESEARCHER FOUND SOME INFORMATION THAT COULD BE
4	USEFUL TO THEM IN THEIR FUTURE HEALTHCARE DECISIONS
5	OR FOR THEIR CHILDREN. OR IF STEM CELLS WERE
6	CREATED AND THEY COULD BE USED THERAPEUTICALLY, WE
7	ARE ASSUMING THAT THE FOOD AND DRUG ADMINISTRATION
8	IS GOING TO ASK US TO CONTACT THESE DONORS AND ASK
9	IF THERE'S BEEN ANY UPDATE IN THEIR HEALTH HISTORY.
LO	SO THEY GIVE US WHAT THEY WOULD ESTIMATE TO BE THEIR
L1	FUTURE CONTACT INFORMATION, AND IT'S USUALLY CELL
L2	PHONES AND E-MAILS, AND WE GO WITH THAT. WE ALSO
L3	ANTICIPATE THAT WE WOULD UTILIZE THE ETHICS
L4	COMMITTEE TO MAKE SURE THAT WE ARE INDEED PASSING
L5	ALONG USEFUL INFORMATION.
L6	NOW, THERE ARE SOME ALTERNATIVES TO THE
L7	TISSUE BANK CONSENTS. I'M GOING TO START AT THE
L8	BOTTOM OF THE CONSENT FOR CRYOPRESERVATION. THAT IS
L9	A FORM THAT ALL IVF PROGRAMS USE PRIOR TO FREEZING
20	EMBRYOS, AND THEY OFFER CERTAIN LIFE SITUATIONS AND
21	THEN OPTIONS FOR DISPOSITION. THE LIFE SITUATIONS
22	MIGHT BE IF THIS PARTNER DIES OR THAT PARTNER DIES,
23	IF THERE'S A DIVORCE. IF THEY DONATED THE EMBRYOS
24	AND NOBODY CAN FIND THEM IN, SAY, FIVE YEARS TO MAKE
25	THE PAYMENT UNDER YEARLY PAYMENT, THEY CAN DETERMINE

1	WHERE THOSE EMBRYOS WOULD GO IN THOSE SITUATIONS,
2	AND THAT COULD BE DONATION TO RESEARCH, DONATE TO
3	ANOTHER COUPLE, DONATE TO THE OTHER PARTY, DISCARD.
4	ANOTHER GROUP WOULD BE FORTUNATELY A SMALL
5	GROUP, BUT WE STILL HAVE HAD THEM, IS CONSENT VIA
6	THEIR WILL. AND MOST PEOPLE DON'T THINK THAT FAR
7	AHEAD WHEN THEY HAVE FROZEN EMBRYOS, BUT SOME PEOPLE
8	WILL PUT INTO THEIR WILL WHAT THEY WOULD LIKE DONE
9	WITH THESE FROZEN EMBRYOS. AND IF THAT OPTION IS
10	RESEARCH, THEN WE CAN ACCEPT THAT WILL AS CONSENT.
11	MR. KLEIN: IF I CAN ASK YOU A QUESTION
12	HERE, A LEGALISTIC QUESTION. THE WORD "ONLY"
13	FOLLOWS THE WORD "RESEARCH" UNDER LEVEL ONE
14	RESEARCH. SO THESE FORMS ARE LIMITED TO LEVEL ONE
15	RESEARCH ONLY. THAT MEANS THAT THEY ONLY DISCUSS
16	GENERAL MEDICAL RESEARCH. IT DOESN'T MEAN THAT THEY
17	SAY THE FORM DOESN'T SAY THAT YOU CAN ONLY DO
18	RESEARCH WHICH IS NOT SCNT AND NOT STEM CELL
19	RESEARCH.
20	MS. BERNSTEIN: NO. IT DOESN'T CLARIFY IT
21	ON THE FORMS. IT JUST IF THEY SAY RESEARCH AND
22	THEY DON'T CLARIFY STEM CELL RESEARCH
23	MR. KLEIN: I WAS ONLY TRYING TO ACUTELY
24	GET TO THE FUNCTIONALITY OF THE MODIFIER.
25	MS. BERNSTEIN: YEAH. YEAH. MAYBE I
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1	SHOULDN'T HAVE PUT MY ONLY IN ANOTHER SPOT.
2	WE CAN ACCEPT CONSENT FROM A GAMETE DONOR
3	CONTRACT. WHEN SOMEBODY SIGNS WITH THEIR AGENCY,
4	THEY SOMETIMES WILL SAY THAT THE RECIPIENT COUPLE
5	CAN CHOOSE TO DONATE THOSE EMBRYOS TO RESEARCH. IF
6	WE CAN GET A COPY OF THAT SIGNED CONSENT, THAT IS
7	CONSIDERED CONSENT FOR TISSUE BANK RESEARCH. THE
8	OTHER ONE IS CONSENT BY DISPOSITION FORM. AND THIS
9	IS NOW UNIQUE TO ONLY TWO GROUPS, UC SAN FRANCISCO
10	IVF PROGRAM AND A PRIVATE STORAGE FACILITY IN
11	NORTHERN NEVADA. THEY HAVE THE OPTION OF KEEPING
12	THE EMBRYOS IN STORAGE OR DONATING THEM TO ANOTHER
13	COUPLE OR DONATING TO RESEARCH OR TO DISCARD. AND
14	IF THEY DONATE TO RESEARCH, THEN THOSE CAN COME
15	DIRECTLY TO US.
16	AGAIN, THE LIMITATION IS THAT IT'S FOR
17	LEVEL ONE RESEARCH ONLY. AND ALSO THIS GROUP CANNOT
18	HAVE FUTURE CONTACT.
19	THE ADVANTAGES TO THE TISSUE DONORS ARE
20	THAT IT'S A SATISFYING OPTION. MOST PEOPLE WILL SAY
21	WE'RE NOT JUST THROWING THEM AWAY. THE OTHER THING
22	IS THAT THEY HAVE A DESIRE, STRONG DESIRE, TO HELP
23	OTHERS. THE MEDIA HAS BEEN VERY HELPFUL IN MOST
24	CASES OF ADVERTISING FOR STEM CELL RESEARCH AND HOW
25	IT CAN HELP. SOMETIMES THEY'RE A LITTLE OPTIMISTIC,

1	BUT GENERALLY SPEAKING IT HELPS.
2	THEY'RE OFFERED THE LEVELS OF RESEARCH,
3	AND THIS GIVES THEM THE OPTION TO CHOOSE A LEVEL
4	THAT THEY'RE COMFORTABLE WITH AND THAT THEY HAVE
5	CONTROL OVER THE DECISION ABOUT WHERE THEIR EMBRYOS
6	ARE GOING. AND THEY ARE VERY GLAD TO HAVE THE
7	SEPARATION OF THE FIREWALL, IF YOU WILL, FROM
8	SEPARATING DONORS FROM THE RESEARCHERS.
9	THE ADVANTAGES TO THE RESEARCHERS ARE
10	CONSISTENT WITH CONSENTING. AND THE COLLECTION OF
11	TISSUES IS ONGOING, AND THEY DON'T HAVE TO START AND
12	STOP THE RECRUITMENT WITH EACH PROTOCOL. IF THE
13	STUDY STOPS IN APRIL AND THEY START A NEW PROTOCOL
14	IN OCTOBER, THEY DON'T NEED TO RESTART THE
15	RECRUITING PROCESS BECAUSE WE, AS THE TISSUE BANK,
16	ARE JUST COLLECTING EMBRYOS ALL ALONG THE WAY.
17	TISSUE BANK HANDLES ALL CONSENTING ISSUES,
18	REGULATIONS, THE COMMITTEES, AND THE SCIENTIFIC
19	RESEARCHERS, OF COURSE, HAVE TO DO SOME OF THIS ON
20	THEIR OWN IN THEIR OWN PROTOCOLS, BUT THEY DON'T
21	HAVE TO HANDLE ANY OF THAT CONSENTING.
22	AND IT DECREASES THEIR RECRUITMENT COSTS.
23	STAFF AND TIME AND DOCUMENTS, AS I MENTIONED
24	EARLIER, SOMEBODY HAS TO PICK THAT UP, AND THAT IS
25	THE TISSUE BANK. WE DO NOT GET CIRM FUNDS.

1	WHAT DISAPPOINTS OR ANGERS POTENTIAL
2	DONORS, I HAD TO PUT THIS SLIDE HERE BECAUSE OF MY
3	INTERACTIONS WITH THE DONORS. THE INDIVIDUAL STATE
4	LAWS BANNING RESEARCH, IT'S HARD TO TAKE. IT, I
5	BELIEVE, IS A CLASS FOUR FELONY IN LOUISIANA TO
6	DESTROY AN EMBRYO. THERE ARE SOME STATES THAT HAVE
7	PENDING LEGISLATION. UCSF DEPARTMENT OF LEGAL
8	AFFAIRS CHECKS THE LAWS IN EACH STATE, AND WE TELL
9	THE PERSON YES OR NO WE CAN OR CANNOT ACCEPT FROM
10	YOUR STATE. I DO HAVE A SHORT LIST OF WHICH STATES
11	ARE LEGAL AND WHICH ONES AREN'T.
12	THE RISK IS TO THE DONOR AND TO THE
13	PHYSICIAN. UCSF HAS NO RISK IN ACCEPTING THESE
14	EMBRYOS, BUT WE DON'T WANT TO VIOLATE THE PATIENTS
15	IF WE VIOLATED, THEIR CONFIDENTIALITY BE VIOLATED IN
16	THE STATE THAT THEY LIVE IN.
17	SOME OF THEM HAVE EVEN OFFERED TO SHIP
18	THEIR EMBRYOS TO ANOTHER STATE AND THEN ASK US TO
19	SHIP THEM IN FROM THAT STATE. AND THAT'S WHY WE ASK
20	THEM WHAT STATE WERE THEY CREATED BECAUSE THEY WILL
21	SHIP THEM TO TEXAS AND THEN TRY TO SHIP THEM TO US.
22	TEXAS IS A LEGAL STATE.
23	NOW, OUR CONSENTING PROCESS IS TEDIOUS AND
24	IT'S DIFFICULT. AND WHEN YOU SEE THE SIZE OF OUR
25	PACKETS AND YOU KNOW THE NUMBER OF PHONE CALLS THAT

1	HAVE TO HAPPEN, YOU WILL SEE WHY. SOME PEOPLE WILL
2	JUST SAY, YOU KNOW WHAT, IT'S JUST EASIER TO DISCARD
3	AND WE WILL. THOSE WHO SAY IT'S EASIER TO DISCARD
4	AND STILL DONATE, THOSE ARE PEOPLE THAT ARE
5	MOTIVATED.
6	NOW, THE GAMETE DONOR RESTRICTIONS IS THE
7	HOTTEST ISSUE THAT I DEAL WITH ON ANY GIVEN DAY. A
8	RECIPIENT COUPLE WILL CALL ME, AND I HAVE TO ASK
9	THEM CAN I GET CONSENT FROM THIS DONOR. IF I CANNOT
10	GET CONSENT FROM THE DONOR, THEN IT'S ALL OVER. I
11	HAVE TO TELL THEM I'M SORRY I CAN'T ACCEPT YOUR
12	DONATION. THEY DON'T UNDERSTAND WHY THIS IS THE
13	CASE WHEN THEIR DONOR CONTRACT STATES THAT I TURN
14	OVER ALL RIGHTS TO THE RECIPIENT COUPLE. I ASSUME
15	THAT DIANE CAN PROBABLY CLARIFY THIS, BUT ALL RIGHTS
16	MEANS THAT THEY CAN DISPOSE OF THEM OR THEY CAN
17	DONATE THEM TO ANOTHER COUPLE OR THEY CAN DO
18	WHATEVER THEY WANT WITH THEM, BUT THEY CAN'T DO
19	RESEARCH. AND SO I ALWAYS TELL THE AGENCIES WE'RE
20	LOOKING FOR THE MAGIC WORD "RESEARCH" IN THE
21	CONTRACT.
22	SO WE SHARE THIS DISAPPOINTMENT IN A BIG
23	WAY. OUR CONCERN IS NOT ONLY THE NUMBER OF EMBRYOS
24	IN THE BANK, BUT THE QUALITY OF THOSE EMBRYOS IN THE
25	BANK. CERTAINLY ACCEPTING EMBRYOS FROM YOUNGER

1	DONORS IS PREFERABLE AND ENHANCES THE RESEARCH
2	OUTCOMES.
3	SO IN CONCLUSION, THE DETAILED CONSENTING
4	PROCESS IS VALUABLE TO THE RESEARCHERS AND THE
5	DONORS. BY HAVING A CONSISTENT CONSENTING PROCESS,
6	WE'RE MAKING CERTAIN THAT RESEARCHERS ARE RECEIVING
7	TISSUES FROM DONORS WHO HAVE PROVIDED TRULY INFORMED
8	CONSENT AND THAT SOCIETY WILL BENEFIT FROM THE WORK
9	OF THIS RESEARCH TEAM, AND THIS TEAM IS THE TISSUE
10	BANK AND THE SCIENTIFIC RESEARCHERS AND THE DONORS.
11	SO I'M SURE I'VE RAISED MORE QUESTIONS THAN I HAVE
12	ANSWERS, BUT I THANK YOU FOR YOUR TIME.
13	CHAIRMAN LO: OKAY. THANKS VERY MUCH.
14	QUICK QUESTIONS. WE HAVE THREE PEOPLE ON THE LINE
15	IN THE CLINIC WHO WANT TO MAKE A PRESENTATION. SO
16	WE'LL HOLD THESE. WHY DON'T WE GET BACK TO THE
17	QUESTIONS TO DENISE.
18	HELLO, PALO ALTO. ANYBODY THERE? NO ONE
19	IS THERE. ALL RIGHT. ASK YOUR QUESTION, JOSE.
20	DR. CIBELLI: CAN I ASK YOU A QUESTION
21	PLEASE?
22	MS. BERNSTEIN: YES. I'M SORRY.
23	DR. CIBELLI: HAVE YOU ATTEMPTED TO GET
24	THOSE FORMS SIGNED FOR PEOPLE WHO HAVE DONATED
25	OOCYTES FOR A SINGLE (INAUDIBLE)?
	110

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1	MS. BERNSTEIN: YES.
2	DR. CIBELLI: HOW DIFFICULT, HOW EASY? DO
3	PEOPLE DONATE JUST FOR (INAUDIBLE) REASONS?
4	MS. BERNSTEIN: FIRST OF ALL, THE PEOPLE
5	THAT APPROACH ME WHO ARE DONATING FROZEN SPECIMENS
6	ARE ALREADY MOTIVATED AND THEY'RE EASY TO GET
7	CONSENT FROM. THE FRESH CYCLES ARE A LITTLE TOUGHER
8	BECAUSE THESE PEOPLE ARE IN ACTIVE TREATMENT, AND
9	THE MAIN TRUST ISSUES ARE THEY'RE OVERWHELMED. AND
10	SO I THINK AT UCSF ABOUT 50 PERCENT OF PEOPLE WHO
11	ARE GOING THROUGH ACTIVE TREATMENT CHOOSE TO DONATE
12	TO RESEARCH. I DO HAVE NUMBERS, THOUGH, ON THE EGG
13	DONORS THAT I APPROACH.
14	CHAIRMAN LO: I'M SORRY, DENISE. DID YOU
15	TALK ABOUT 50 PERCENT OF WOMEN UNDERGOING TREATMENT
16	AGREE TO BE DONORS, AND WHAT ARE THEY DONATING?
17	MS. BERNSTEIN: OH, TO DONATE TISSUE
18	CHAIRMAN LO: TISSUE, BUT NOT
19	MS. BERNSTEIN: TO THE TISSUE BANK. SO
20	IT WOULD BE EGGS THAT ARE IMMATURE, EGGS THAT DON'T
21	FERTILIZE, OR DON'T FERTILIZE NORMALLY OR ABNORMALLY
22	GROWING EMBRYOS OR THOSE THAT CAN'T BE
23	CHAIRMAN LO: NOT FRESH OOCYTES THAT ARE
24	NORMAL MORPHOLOGY WHERE YOU SEND THEM TO SCNT.
25	MS. BERNSTEIN: I REALLY THINK OF US AS
	116

1	HAVING TWO BANKS, SO THERE REALLY ARE TWO SEPARATE
2	GROUPS.
3	DR. CIBELLI: THIS GOES BACK TO THE
4	PREVIOUS DISCUSSION THAT WE HAD IN TERMS OF HOW WE
5	SEE HOW HARD IT WILL BE TO GET OOCYTES DONATED FOR
6	SCNT. OF THOSE YOU APPROACH, HOW MANY OF THOSE
7	ACTUALLY DONATED GOOD QUALITY OOCYTES FOR SCNT?
8	MS. BERNSTEIN: GOOD QUALITY, I CAN'T TELL
9	YOU THAT. MAYBE I'LL JUST GO THROUGH THIS GROUP OF
10	NUMBERS.
11	THERE WERE 228 CYCLES THAT WERE DONATED TO
12	US IN THE FROZEN BANK. SO THE FROZEN EMBRYOS. OF
13	THOSE 107 WERE LEVEL ONE ONLY; BUT IF YOU PULL OFF
14	THE 90 THAT CONSENTED BY DISPOSITION FORM ONLY, THAT
15	LEAVES YOU WITH 17. THOSE THAT CONSENTED BY
16	DISPOSITION FORM AUTOMATICALLY ARE LEVEL ONE.
17	LEVEL TWO RESEARCH, WHICH IS STEM CELL
18	RESEARCH, IS 30. AND LEVEL ONE, TWO, THREE, ALL BUT
19	STEM CELL NUCLEAR TRANSFER FINDING ONE. SO VAST
20	MAJORITY GO THROUGH ALL THIS RESEARCH, ONE, TWO, AND
21	THREE.
22	CHAIRMAN LO: DR. CIBELLI HAS A QUESTION.
23	DR. CIBELLI: (32:34 TRACK 3) MY QUESTION
24	IS WHAT IS THE PRACTICAL TERMS AT UCSF FOR SOMEONE
25	THAT WANTED FRESH, WELL, NOT FRESH, BUT GOOD QUALITY
	117

1	OOCYTES EVEN THOUGH I COULD TAKE SOME FROZEN, I CAN
2	USE THOSE TOO. HOW PRACTICAL IS THAT? IS IT
3	PRECLUSIVE OR BOTH ARE TRYING TO DO THAT? AND
4	BEFORE WE GO INTO TOO MUCH DETAIL IN THAT, I WOULD
5	WANT TO KNOW IF IT'S FEASIBLE.
6	MS. BERNSTEIN: IT CAN HAPPEN ON THE
7	FROZEN, YOU'D PROBABLY GET BETTER QUALITY SPECIMEN
8	AND, YES, YOU CAN GET LEVEL THREE EMBRYOS. WE CAN
9	FOLLOW ABOUT 30 TO 40 IN A WEEK. FRESH EMBRYOS THAT
10	WE GET, WE'VE HAD
11	DR. CIBELLI: YOU SAY EMBRYOS. I'M ASKING
12	YOU ABOUT OOCYTES.
13	MS. BERNSTEIN: OOCYTES. I'M SORRY. WE
14	HAVEN'T DONE THAT IN A WHILE.
15	CHAIRMAN LO: AGAIN, THIS IS NOT QUITE
16	WHAT WE WANT TO TALK ABOUT, THOUGH, AN IMPORTANT
17	TOPIC, BUT I THINK THE ANSWER IS THEY AREN'T.
18	DR. CIBELLI: SINCE WE HAVE HER HERE.
19	MS. BERNSTEIN: I DON'T HAVE THE
20	STATISTICS IN FRONT OF ME ON OOCYTES. I HAVE THEM
21	AS THEY RELATE TO THE DONORS, BUT I DON'T HAVE
22	DISTRIBUTION. BUT I WOULD GUESS THAT WE GAVE OUT
23	MAYBE 10 TO 12 OOCYTES PER WEEK WHEN WE WERE GIVING
24	THOSE OUT. THEY WERE FRESH ONLY. THEY WERE NOT
25	FROZEN. AND THEY WERE PRIMARILY M1'S THAT WERE NOT

1	MATURE ENOUGH. IF THAT'S WHAT YOU WERE LOOKING FOR.
2	DR. CIBELLI: IF YOU HAVE THE OPPORTUNITY
3	(INAUDIBLE).
4	MS. BERNSTEIN: I MIGHT ACTUALLY RECOMMEND
5	THAT OUR REPRODUCTIVE BIOLOGIST DO THAT.
6	MR. KLEIN: JUST TO CLARIFY, YOU SAY THEY
7	WERE M1S THAT WERE IMMATURE.
8	MS. BERNSTEIN: YEAH.
9	MR. KLEIN: SO THEY'RE NOT THEY'RE NOT
10	THE HIGH QUALITY DESIGNEE FOR SCNT?
11	CHAIRMAN LO: SO I WANT TO MAKE SURE WE
12	DON'T BECAUSE THE ISSUE WE WANTED TO SORT OF
13	ADDRESS FOR THE CIRM LEADERSHIP WAS REALLY THE
14	EXISTING STEM CELL LINES AND EMBRYOS TO BE USED FOR
15	THE DERIVATION OF NEW LINES. SO I WANT MAKE SURE WE
16	GET TO THOSE BECAUSE THE OOCYTE DONATIONS ARE A
17	WHOLE DIFFERENT ISSUE AND AN IMPORTANT ONE, BUT I
18	THINK NOT WHAT I UNDERSTOOD WE WANTED TO DO TODAY.
19	NOW, WE HAVE ANOTHER STANFORD. DENISE,
20	CAN WE I'M SORRY. DIANE, CAN WE TURN TO YOU AND
21	HAVE YOU TALK.
22	MS. MICHELSEN: SURE. THANKS FOR HAVING
23	ME. MY NAME IS DIANE MICHELSEN. I AM AN ATTORNEY
24	AND MY PRACTICE IS IN LAFAYETTE, AND AS PART OF THIS
25	PRACTICE, WE HAVE A DONATION PROGRAM, AND SURROGACY
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1	DONATION PROGRAMS. WE WRITE CONTRACTS FOR PEOPLE
2	DEALING WITH ASSISTED REPRODUCTION, AND WE REVIEW
3	CONTRACTS FOR PEOPLE THAT ARE INVOLVED IN ASSISTED
4	REPRODUCTION. AND THAT COULD BE EMBRYO DONATION, IT
5	COULD BE OVUM DONATION, IT COULD BE SPERM DONATION,
6	IT COULD BE REDONATION, ANY OF THAT.
7	SO I SPEAK WITH A LOT OF PEOPLE FROM
8	ACROSS THE UNITED STATES AND CANADA. IN TERMS OF
9	CREDENTIALS, I HAVE BEEN PRESIDENT OF THE AMERICAN
10	ACADEMY OF ADOPTION ATTORNEYS, AND I HAVE BEEN HEAD
11	OF THEIR ASSISTED REPRODUCTION COMMITTEE, AND I HAVE
12	BEEN PRESIDENT OF THE ACADEMY OF HEALTH AND
13	ADOPTION. SO I'VE BEEN ACTIVE IN THE FIELD FOR OVER
14	25 YEARS, AND I'VE BEEN WATCHING YOU ALL.
15	ONE OF THE WAYS I GOT INVOLVED WITH THIS
16	IS WHEN IT FIRST CAME TO MY ATTENTION THAT DONATIONS
17	FROM PAID GAMETE DONORS INVALIDATED THE POSSIBILITY
18	OF RESEARCH. I STARTED REALIZING THAT ALL OF THE
19	DISPENSATIONS THAT WE HAD BEEN PUTTING IN CONTRACTS
20	FOR PAID GAMETE DONORS WERE GOING TO BE NOT ABLE TO
21	BE FOLLOWED. AND I WAS KIND OF CONCERNED ON BEHALF
22	OF MY CLIENTS, AND THAT IS REALLY HOW I GOT IN TOUCH
23	WITH GEOFF.
24	THERE ARE AN AMAZING NUMBER OF PEOPLE WHO
25	CREATE EMBRYOS; AND THEN WHEN THEIR EMBRYOS ARE

1	THEY HAVE COMPLETED THEIR FAMILY AND THEIR EMBRYOS
2	HAVE BEEN FROZEN FOR A PERIOD OF YEARS, AND THEY
3	DECIDE THEN THAT THEY WOULD LIKE TO DO SOMETHING
4	WITH THIS BECAUSE THEY WOULD LIKE TO REALLY HELP
5	OTHER PEOPLE WHO HAVE FERTILITY PROBLEMS. AND IF
6	THEY CAN GO FOR OTHER TYPES OF RESEARCH, THEY'RE ALL
7	VERY DELIGHTED TO DO THAT. IT COSTS THEM A LOT OF
8	MONEY TO CREATE THE EMBRYOS, AND THEY WOULD LIKE NOT
9	TO JUST THAW THEM AND TOSS THEM.
10	SO MANY OF THESE PEOPLE, I WOULD SAY MOST
11	OF THESE PEOPLE ARE NOT INVOLVED IN DONATING EMBRYOS
12	TO ANOTHER COUPLE. THEY DO NOT WANT A FULL SIBLING
13	OF THEIR CHILD TO BE RAISED BY ANOTHER COUPLE WHERE
14	THEY HAVE NO CONTACT OR NO CONTROL. AND SO THE
15	RESEARCH IS THEIR DESIRED OUTCOME.
16	I SEE PROBABLY, I WOULD SAY, 90 PERCENT OF
17	THE CONTRACTS WE EITHER CREATE OR REVIEW HAVE
18	DONATIONS FOR RESEARCH, AND THEY'RE DONE WITH PAID
19	DONORS. THE CHARACTERISTICS OF THE PAID DONORS, AND
20	THIS IS WHY PEOPLE I'M WORKING WITH TEND USE THE
21	PAID DONORS, IS THEY'RE YOUNGER. THEY'RE USUALLY 18
22	TO 34. THEY HAVE A VERY CLEAN HEALTH HISTORY, AND
23	PART OF THAT IS THEY ARE YOUNGER. BUT THEIR FAMILY
24	HEALTH HISTORY TENDS TO BE PRETTY CLEAN, AT LEAST
25	THE REPORTED FAMILY HEALTH HISTORY TENDS TO BE

1	CLEAN. THEY'RE BODY MASS INDEX IS USUALLY LESS THAN
2	26. AND THEN ALL OF THE ASRM GUIDELINES ARE
3	FOLLOWED IN TERMS OF TATTOOS AND ACUPUNCTURE AND
4	BLOOD DONATIONS AND SUCH.
5	THE VAST MAJORITY OF THESE DONORS ARE
6	ANONYMOUS TO THE RECIPIENTS. THAT IS NOT TO SAY
7	THAT THE PROGRAM DOESN'T HAVE INFORMATION AS TO
8	WHO'S WHO. BUT AT THE MOMENT THERE IS NO ABSOLUTE
9	REGISTRY, SO THE ABILITY TO GO BACK AND CONTACT
10	DONORS IS NOT AS REALLY COMPLETE BECAUSE WHAT
11	HAPPENS IS SOME OF THE PROGRAMS, THEY GO OUT OF
12	BUSINESS AND THEIR RECORDS ARE GONE.
13	THE CONTRACTS WE CREATE GENERALLY HAVE A
14	CLAUSE THAT SAYS THE DONOR IS DONATING SPECIFICALLY
15	TO MR. AND MRS. XYZ, AND OFTEN WE'LL WRITE THESE
16	ANONYMOUSLY, NOT MY PREFERENCE, BY THE WAY, AND
17	THEY'RE DONATING THEM FOR THEIR OWN USE. AND THEY
18	ARE ALSO ALLOWING ANY UNUSED DONATIONS TO BE
19	UTILIZED FOR RESEARCH PURPOSES. THEY ARE NOT DOING
20	A BLANKET DONATION THAT ALLOWS MR. AND MRS. XYZ TO
21	DONATE TO ANOTHER COUPLE.
22	AND THERE IS INDEED A STATUTE IN
23	CALIFORNIA THAT SAYS DONORS NEED TO KNOW WHAT THE
24	DISPOSITION OF THEIR GENETIC MATERIAL IS. SO IT'S
25	SOMETHING I INTERPRET A LITTLE MORE TIGHTLY THAN

	BINNISTENS REPORTING SERVICE
1	SOME OF THE OTHER PROGRAMS. SOME OF THE PROGRAMS
2	BELIEVE IF THE DONORS SIGN A BLANKET DONATION
3	PERMISSION SLIP, THAT ANYTHING CAN HAPPEN. I DON'T.
4	I DON'T THINK THAT'S THE APPROPRIATE INTERPRETATION
5	AND WOULD RATHER ERR ON THE SIDE OF CAUTION.
6	SO
7	MR. KLEIN: COULD WE GET A CLARIFICATION
8	ABOUT WHAT SHE JUST SAID.
9	MS. MICHELSEN: YES.
10	MR. KLEIN: SO IF THEY SIGN THIS DONATION,
11	YOUR INTERPRETATION
12	MS. MICHELSEN: SIGNED ADMISSION.
13	MR. KLEIN: IN CALIFORNIA THERE'S A LAW
14	THAT SAYS THAT SOMEONE WHO DONATES HAS TO KNOW WHAT
15	THE ULTIMATE DISPOSITION IS?
16	MS. MICHELSEN: THEY HAVE TO BE DONATING
17	FOR A PARTICULAR PURPOSE.
18	MR. KLEIN: AND THE FORMS THAT YOU USE
19	INCLUDE RESEARCH OR DO NOT?
20	MS. MICHELSEN: TYPICALLY THEY DO.
21	MR. KLEIN: THEY INCLUDE
22	MS. MICHELSEN: BUT THAT'S PART OF MY
23	DONOR CONTRACT, THAT THE DONOR ALLOW RESEARCH.
24	MR. KLEIN: OKAY. THANK YOU.
25	MS. LANSING: BUT NOT THE SPECIFIC KIND OF
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1	RESEARCH. THAT'S AN IMPORTANT DISTINCTION.
2	MS. MICHELSEN: YOU HAD ASKED ABOUT GOOD
3	QUALITY EMBRYOS OR GOOD QUALITY EGGS IS REALLY WHAT
4	YOU ASKED. LET ME JUST TALK ABOUT GOOD QUALITY
5	EMBRYOS AND THEN GO BACK TO EGGS JUST FOR A BRIEF
6	MOMENT.
7	TYPICALLY WHAT WILL HAPPEN IS FRESH
8	EMBRYOS OF THE BEST QUALITY ARE THOSE THAT ARE USED
9	FIRST, AND THEN THE NEXT ARE FROZEN FOR SECONDARY
10	USE. WHAT IS HAPPENING WITH MANY OF THE IVF
11	PROGRAMS NOW IS THEY ARE JUST FREEZING. THEY'RE NOT
12	BRINGING IT OUT FRESH. AND PART OF THAT IS FOR
13	CYCLE ADJUSTMENT. BUT MANY OF THE PROGRAMS THAT
14	I'VE BEEN TALKING TO HAVE NOT SEEN STATISTICS THAT
15	MANDATE THAT THE EMBRYOS HAD TO BE FRESH.
16	SO WHAT I'M SEEING IS MORE PEOPLE HAVE
17	FROZEN EMBRYOS RATHER THAN FRESH, AND THAT MAY HAVE
18	IMPLICATIONS FOR RESEARCH. ALMOST ALWAYS PEOPLE
19	WILL NOT DONATE FRESH EMBRYOS BECAUSE THEY DO NOT
20	KNOW IF THEIR FAMILIES ARE GOING TO BE COMPLETED OR
21	IF THE PREGNANCY WILL TAKE. AND IF THE EMBRYOS ARE
22	OF ANY GOOD QUALITY AT ALL, THEY WANT TO PRESERVE
23	THE ABILITY TO REINSERT THEM.
24	IT'S VERY SIMILAR ON FRESH EGGS BECAUSE
25	THEY MAY HARVEST 20 EGGS, AND THEY'RE ALMOST ALWAYS
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	Billius IEIS III OIII I GERVIEL
1	GOING TO WANT TO FERTILIZE ALL OF THE EGGS TO SEE
2	WHAT GRADE EMBRYOS COME OUT. TWENTY EGGS, YOU MAY
3	GET OUT OF THAT FOUR EXCELLENT EMBRYOS, YOU MAY GET
4	NONE, YOU MAY GET 20. BUT ALMOST EVERY PROGRAM
5	WE'VE WORKED WITH, AND I CAN SAY EVERY PROGRAM I'VE
6	WORKED WITH, FERTILIZES ALL OF THE EGGS THAT ARE ANY
7	DECENT QUALITY. SO THAT KIND OF MAKES YOUR
8	QUESTION, BUT THAT'S PROBABLY NOT GOING TO HAPPEN.
9	THAT'S MY COMMENTS. AND I'M OPEN FOR ANY
10	QUESTIONS.
11	CHAIRMAN LO: QUESTIONS FOR EITHER DENISE
12	OR DIANE?
13	MR. KLEIN: SO LET ME ASK THIS QUESTION.
14	YOU'RE SAYING THAT IN CALIFORNIA A SPERM DONOR WOULD
15	BE COVERED BY THE LAW YOU CITED AS WELL?
16	MS. MICHELSEN: YES.
17	MR. KLEIN: SO YOU HAVE TO HAVE A RESEARCH
18	AUTHORIZATION IN THE FORM.
19	MS. MICHELSEN: YES.
20	MR. KLEIN: NOW, IS THAT TRUE IN
21	MASSACHUSETTS?
22	MS. LANSING: WISCONSIN.
23	MS. MICHELSEN: I CAN'T SPEAK TO THAT. I
24	DON'T KNOW.
25	MS. LANSING: DOES SOMEBODY KNOW THE
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1	ANSWER TO THAT? WE'VE BEEN TALKING ABOUT THIS
2	BECAUSE THAT'S THE REAL ISSUE, ISN'T IT? I MEAN THE
3	SPERM DONOR. AM I WRONG?
4	MR. KLEIN: MOST FREQUENTLY.
5	MS. LANSING: MOST FREQUENTLY. I'M JUST
6	ASKING BECAUSE IT AM I WRONG BECAUSE IT SEEMS
7	LIKE IN CALIFORNIA WE'RE NOT GOING TO HAVE THAT
8	PROBLEM, BUT IF WE WANT TO USE OTHER LINES MY
9	REAL QUESTION IS, TO COME BACK TO THIS, NO ONE CAN
10	SEEM TO ANSWER WHAT THE POOL IS WHERE YOU HAD A
11	CONSENT TO RESEARCH FROM BOTH THE SPERM AND THE EGG
12	DONOR. WHAT'S THAT POOL? IS THAT POOL BIG ENOUGH?
13	AND THEN, B, FOR OUT-OF-STATE, WHAT HAPPENS IN
14	WISCONSIN OR PLACES WHERE WE COULD HAVE SOME VERY
15	GOOD LINES?
16	MR. KLEIN: MAYBE WE CAN ASK ANN. WE'RE
17	CONFERRING SHERRY AND I BOTH ARE CONFERRING IN
18	SOME OF THIS DISCUSSION, THAT IN MASSACHUSETTS WE'RE
19	REALLY TALKING ABOUT THERE IS RESEARCH ON OOCYTES,
20	BUT THE PROBLEM IS THERE IS CONSENT ON OOCYTES. BUT
21	IF TO THE EXTENT THAT THERE'S CONSENT ISSUES, IS
22	THE CONSENT ISSUE GENERALLY WITH THE SPERM DONOR?
23	DR. KIESSLING: YOU KNOW, I REALLY I
24	THINK SO. IT'S MY IMPRESSION THAT SPERM DONORS DO
25	NOT VERY OFTEN SIGN A RESEARCH FORM. BUT YOU'RE
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1	SAYING THAT IN CALIFORNIA SOMEBODY GOING INTO
2	DONATING SPERM FOR FERTILITY AT A SPERM BANK, HE'S
3	GOING TO BE PAID, WHAT, \$250 OR \$300. HE SIGNS A
4	FORM THAT SAYS THAT THE EMBRYO MAY BE USED FOR
5	RESEARCH PURPOSES?
6	MS. MICHELSEN: I CAN'T ABSOLUTELY SAY ONE
7	WAY OR ANOTHER. I DON'T KNOW. I WORK MOSTLY WITH
8	EGGS. I VERY RARELY WILL WORK WITH SPERM FROM SPERM
9	BANKS.
10	MR. KLEIN: BUT THE POINT, ANN, IS THAT
11	SHE INDICATED THERE WAS A STATUTE IN CALIFORNIA THAT
12	CONCERNS THE BIOLOGICAL MATERIAL. AND IF THE
13	STATUTE COVERS SPERM, THEN WE CAN ONLY MAKE A
14	DECISION WHERE THE SPERM DONOR HAS GIVEN CONSENT.
15	DR. KIESSLING: IS THAT
16	MS. MICHELSEN: YOU NEED A COPY OF THAT
17	STATUTE.
18	MS. LANSING: YES.
19	MS. MICHELSEN: AND WHEN WE BREAK FOR
20	LUNCH, I WILL SEE IF I CAN GET ONE.
21	MS. LANSING: IT SEEMS TO ME THAT WHAT
22	WE'RE TALKING ABOUT IS, UNLESS I'M READING THIS
23	WRONG, IF SOMEBODY IS GIVING YOU CONSENT, AN EGG AND
24	A SPERM DONOR, TO USE IT FOR RESEARCH, WE'RE ALL
25	SAYING THEY DON'T WANT TO SPECIFY WHAT THAT RESEARCH

1	IS, THAT WE WOULDN'T DO THAT. NOW THE QUESTION IS
2	YOU ONLY HAVE THE EGG DONOR GIVING YOU CONSENT, AND
3	SO HOW DO YOU TRACK BACK TO THE SPERM DONOR
4	ESPECIALLY IF YOU CAN'T TRACK IT? AND ARE WE
5	HURTING OURSELVES?
6	CHAIRMAN LO: THE OTHER ISSUE MEMBERS
7	WANTED TO TALK ABOUT THIS SESSION IS THE PAYMENT
8	ISSUE. SO THE OTHER ISSUE IS THE OOCYTE DONORS.
9	EXCEPT IN A RARE CASE WHERE IT'S A RELATIVE OR CLOSE
10	FRIEND ARE PAID THE STANDARD AMOUNT FOR OOCYTE
11	RETRIEVAL FOR IVF, AND THAT WHAT WE NOW HAVE IS
12	AFTER THE WOMAN GOES THROUGH RETRIEVAL, THE COUPLE
13	OR WOMAN IN IVF GOES THROUGH THEIR FERTILITY
14	TREATMENT AND DECIDE THAT THEY'VE COMPLETED THEIR
15	FAMILY, THEY DON'T WANT TO DONATE THEM TO ANOTHER
16	COUPLE FOR REPRODUCTION, RATHER THAN DISCARD THEM,
17	THEY WOULD LIKE TO DONATE TO RESEARCH. BUT THE
18	QUESTION OF THE PAYMENT ISSUE, CONSENT IS ONE
19	PROBLEM OF PAYMENT. IT'S ANOTHER PROBLEM
20	DISQUALIFYING THAT EMBRYO OR A LINE THAT'S ALREADY
21	DERIVED FROM SUCH AN EMBRYO.
22	MS. LANSING: I MEAN I WAS THE MOST
23	CONSERVATIVE ON THIS, AND I'VE COME FULL CIRCLE, NOT
24	FULL CIRCLE, BUT I'VE COME TO (INAUDIBLE). BECAUSE,
25	YOU KNOW, WHAT, DID WE START TWO YEARS AGO? IT'S

1	TWO YEARS LATER, AND ONE IS ENTITLED TO REEVALUATE
2	AND QUESTION AS THE SCIENCE MOVES AHEAD. AND IT
3	JUST SEEMS TO ME THAT TO HOLD OUR RESEARCH TO A
4	HIGHER STANDARD THAN ANY OTHER RESEARCH THAT IS
5	DONE, YOU KNOW, IN THE UNITED STATES SEEMS TO ME
6	DISCRIMINATION AGAINST THE STEM CELL RESEARCH, WHICH
7	I DON'T THINK IS CORRECT.
8	CHAIRMAN LO: DENISE WANTED TO SAY
9	SOMETHING, AND THEN WE HAVE A LOT OF QUESTIONS.
10	MS. BERNSTEIN: I WAS JUST GOING TO SAY
11	WHEN THE DONOR SIGNS THEIR CONTRACT, THAT THEY DO
12	WANT RESEARCH SUCH AS AN EGG DONOR OR A SPERM DONOR,
13	WE DO NEED TO RECEIVE A COPY OF THAT CONTRACT AS THE
14	CONSENT, AND THE SPERM BANKS WILL NOT RELEASE THAT.
15	THEY STILL WANT TO KEEP THE ANONYMITY OF THE DONOR,
16	SO HAVING THEM SIGN A CONSENT SAYING THAT IT'S OKAY
17	TO DO RESEARCH IS NOT REALLY USEFUL AT ALL. WE
18	CAN'T ACCEPT THAT.
19	MS. MICHELSEN: CAN YOU ACCEPT IT IF THE
20	NAMES ARE REDACTED AND THE BANK SWEARS UNDER PENALTY
21	OF PERJURY THAT THIS IS A TRUE COPY OF THEIR RELEASE
22	AND THAT TAKES US TO DONOR 8235?
23	DR. TAYLOR: THERE'S ZERO FINANCIAL
24	INCENTIVE FOR THEM TO PROVIDE THAT.
25	MS. MICHELSEN: YES.
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1	MS. BERNSTEIN: WE HAVE HAD ZERO SUCCESS
2	WORKING WITH THE SPERM BANK.
3	MR. KLEIN: THIS IS A VERY IMPORTANT POINT
4	THAT DENISE JUST MADE, SHERRY. EVEN THOUGH THE
5	SPERM BANK, THEY GET THE RESEARCH FORMS SIGNED,
6	BECAUSE OF THE REQUIREMENT FOR ANONYMITY, THE SPERM
7	BANK CAN'T GIVE THAT FORM TO UCSF. SO IT DOESN'T DO
8	THEM ANY GOOD BECAUSE THEY CAN'T DELIVER THAT
9	CONSENT FORM. SO IT MAY BE SITTING THERE WITH
10	CONSENT, BUT THEY CAN'T EVEN GET THE CONSENT OVER TO
11	UCSF SO THEY CAN USE THE LINE.
12	CHAIRMAN LO: DIANE, YOU HAD SOMETHING.
13	MS. MICHELSEN: THIS IS JUST A PIECE OF
14	CLARIFICATION THAT WOULD BE REALLY HELPFUL TO ME.
15	THE PURPOSE OF YOUR REGULATIONS ABOUT NOT ACCEPTING
16	EMBRYOS IF THERE WAS A PAYMENT TO THE GAMETE DONOR
17	IS WHAT?
18	MR. KLEIN: THE PURPOSE IS NOT TO INDUCE
19	THE GAMETE DONOR TO SELL EGGS FOR RESEARCH.
20	MS. LANSING: AND I DON'T THINK WE WANT TO
21	CHANGE THAT. IN OTHER WORDS, SOMEONE WHO IS
22	SPECIFICALLY COMING IN TO DONATE I FEEL VERY
23	STRONGLY ABOUT THIS. IT'S IN OUR STATUTE. WE CAN'T
24	CHANGE IT SOMEONE SPECIFICALLY COMING IN TO
25	DONATE THEIR EGGS FOR STEM CELL RESEARCH, PERIOD,
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THERE IS NO PAYMENT.
MS. MICHELSEN: THEREIN IS PERHAPS THE
CRUX THAT YOU CAN WORK WITH, SPECIFICALLY GETTING
PAID FOR RESEARCH PURPOSES, BECAUSE THE DONORS THAT
I'M TALKING ABOUT, THEY'RE NOT GETTING PAID AT ALL
FOR RESEARCH PURPOSES. IT HAS NOTHING TO DO
MS. LANSING: THAT'S CORRECT.
MS. MICHELSEN: MAYBE THIS
MS. LANSING: THAT'S WHY I CHANGED MY
OPINION.
MS. MICHELSEN: MAYBE THE STATUTE IS
ALREADY BROAD THE WAY IT'S WRITTEN, AND IT COULD BE
REWRITTEN TO PROTECT THAT WHICH YOU WANT PROTECTED.
MS. LANSING: YOU ARE GIVING US WE HAVE
TO GET EVERYBODY'S OPINION, BUT WE STARTED TWO YEARS
AGO WITH THE MOST CONSERVATIVE. AND SO WE STARTED
AT ONE POINT, AND NOW WE'RE JUST MOVING A LITTLE BIT
AS WE ARE BECOMING MORE EDUCATED. AND YOU'RE QUITE
RIGHT. THEY WERE PAID FOR IVF AND THAT'S IT, AND
THEY CHECKED A BOX THAT SAID RESEARCH. AND SO FOR
US NOT TO BE ABLE TO USE IT IN AN EQUAL OPPORTUNITY
RESEARCH WAY I THINK IS PUNITIVE TO US.
CHAIRMAN LO: A NUMBER OF PEOPLE.
FRANCISCO HAS BEEN VERY PATIENT AND ALTA AND WHO
ELSE, BOB.
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1	DR. PRIETO: MY FEELING ON PAYMENT LIKE
2	SHERRY IS ALL PUT CONSENT SEEMS PRETTY BASIC, AND
3	I GUESS I REALLY DON'T YOU KNOW, BOB HAS PUT THAT
4	THE CONSENT FORM CAN'T BE TRANSFERRED OVER. I DON'T
5	REALLY UNDERSTAND WHY THAT WOULD BE UNDER THE TERMS
6	THAT YOU LAID OUT WITH THE NAMES REDACTED AND SO ON.
7	I MEAN IT DOESN'T SEEM TO ME THAT SPERM DONORS ARE
8	THAT HARD TO RECRUIT, AND IT'S HARD FOR ME TO
9	BELIEVE THAT IN 2008 THE STANDARD IS, NOT KNOWING
10	THAT THIS RESEARCH IS OUT THERE, TO GET SOME SORT OF
11	CONSENT THAT YOUR GENETIC MATERIAL MAY BE USED FOR
12	RESEARCH. HOW HARD IS THAT?
13	MR. KLEIN: THE ISSUE IS THE CONSENT FORM
14	WHEN SIGNED HAS THE NAME.
15	DR. PRIETO: SO YOU REDACT THE NAME, YOU
16	CODE IT SO THAT YOU ANONYMIZE IT, YOU ISOLATE THE
17	RESEARCHER FROM THAT INFORMATION.
18	MR. KLEIN: MAYBE WE SHOULD JUST ASK WHAT
19	WOULD BE PRACTICAL BECAUSE WHAT MAY BE PRACTICAL IS
20	THAT THE SPERM BANK PROVIDES JUST AN ACKNOWLEDGEMENT
21	THAT THIS MATERIAL CAN BE USED FOR RESEARCH.
22	DR. PRIETO: SURE. AND UNDER PENALTY OF
23	PERJURY WE OBTAINED THE APPROPRIATE CONSENTS.
24	MR. KLEIN: DOES THAT WORK, DENISE?
25	DR. PRIETO: BUT THAT SHOULD BE THE
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1	STANDARD.
2	MS. BERNSTEIN: I'D HAVE TO LOOK BACK AT
3	THAT. IT WOULD CERTAINLY BE DIFFERENT FROM WHAT WE
4	DID FOR THE EGG DONORS, AND IT WOULD BE PUTTING
5	ANOTHER PARTY IN THE CONSENTING PROCESS. IN OTHER
6	WORDS, THE SPERM BANK WOULD BE SAYING, NO, WE SWEAR
7	THIS IS THIS PERSON.
8	MR. KLEIN: AND I THINK THE POINT WAS MADE
9	BY DR. TAYLOR, THEY DON'T HAVE ANY ECONOMIC
10	INCENTIVE TO SWEAR UNDER PENALTY OF PERJURY AND THEN
11	GET SUED.
12	DR. PRIETO: BUT THEY DON'T HAVE A
13	DISINCENTIVE.
14	MR. KLEIN: BECAUSE SOMEONE CHANGED THEIR
15	MIND OR SOMETHING. WHAT WE ARE ARE WE CORRECTLY
16	UNDERSTANDING THAT THE OOCYTE CONSENTS ARE FAIRLY
17	STRAIGHTFORWARD? THE REAL PROBLEM HERE IS THE SPERM
18	CONSENTS?
19	MS. BERNSTEIN: THE OOCYTES ARE NOT
20	TOTALLY CLEAR BECAUSE THE ONES WHO CONSENT AT UCSF
21	SIGN THEIR REAL NAME, THEY CHOOSE THE LEVEL OF
22	RESEARCH THEY'RE COMFORTABLE WITH, AND THEY'RE VERY,
23	VERY CLEAN. WE EVEN FIND OUT IF THEY ARE PAID OR
24	UNPAID. BUT IF SOMEBODY CALLS ME FROM NEW YORK AND
25	HAS AN ANONYMOUS GAMETE DONOR AND THEY HAVE NO WAY

1	OF FINDING THEM AND THE PROGRAM IS NOT GOING TO TELL
2	US WHO THEY ARE, THEN THE WHOLE PROCESS STOPS RIGHT
3	THERE. AND THAT'S A COMMON OCCURRENCE.
4	MS. MICHELSEN: SO THOSE ARE PEOPLE THAT
5	WANT TO DONATE THEIR EMBRYOS WHICH ARE
6	DR. PRIETO: THESE ARE ALL RELATIVE.
7	MR. KLEIN: DID DR. CSETE WANT TO MAKE A
8	COMMENT? I MEAN IS THERE A GROUP WITHIN THIS LARGER
9	GROUP WHERE WE HAVE AN EASIER ISSUE WITH THE
10	OOCYTES?
11	DR. CSETE: I'M JUST GOING TO MAKE IT MORE
12	COMPLICATED. I JUST WANT EVERYBODY TO KEEP IN THE
13	BACK OF THEIR MIND THAT THERE ARE POTENTIALLY
14	INHERENTLY COERCIBLE POPULATIONS WHO CAN'T AFFORD
15	IVF, AND THE CONSENT PROCESS FOR HAS TO BE VERY
16	CAREFULLY DONE TO NOT MAKE THE DONATION FOR RESEARCH
17	COERCIVE.
18	MR. KLEIN: THAT'S A SEPARATE ISSUE HERE
19	BEFORE US. THESE PEOPLE ARE IVF AND THEY'RE NOT
20	CONSIDERED RESEARCH.
21	DR. CSETE: HAS TO BE CLEANLY SEPARATED.
22	CHAIRMAN LO: A LOT OF PEOPLE ARE TRYING
23	TO GET IN ON THIS. ALTA, FRANCISCO, ROB, JEFF
24	SHEEHY. ALTA. AND THEN THE OTHER CONSTRAINT WE
25	HAVE, WE LOST THE STANFORD PARTY, BUT WE PROMISED
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1	PAT BECKER THAT WE'RE GOING TO ADJOURN FOR LUNCH AT
2	12:45, WHICH IS ABOUT 20 MINUTES.
3	MS. CHARO: I'M GOING TO RETURN TO THE
4	ISSUE OF PAYMENT FOR A MOMENT BECAUSE I THOUGHT WE
5	HAD KIND OF DISCUSSED CONSENT BEFORE THE BREAK. I
6	FIND IT HELPFUL IN THESE DISCUSSIONS TO GO BACK TO
7	THE ORIGINAL PURPOSE OF THE RULES IN ORDER TO
8	EXAMINE THEM WHETHER THE VARIATIONS MAKE SENSE.
9	SO AS I UNDERSTAND IT, THE ORIGINAL REASON
10	THAT WE AGREED TO PROHIBIT PAYMENT BEYOND THE
11	REIMBURSEMENT OF OUT-OF-POCKET EXPENSES WAS TO ALLAY
12	ANY FEAR, JUSTIFIED OR UNJUSTIFIED, THAT THE OFFER
13	OF PAYMENT WOULD INDUCE WOMEN TO UNDERGO AN
14	OVULATION PROCEDURE THAT THEY MIGHT OTHERWISE NOT
15	HAVE UNDERGONE. AND SO THE IDEA WAS NOT TO
16	ENCOURAGE OR INCENTIVIZE IN ANY WAY ANY ADDITIONAL
17	RISK.
18	WHEN I LOOK AT THE USE OF EMBRYOS OR LINES
19	FROM EMBRYOS THAT WERE MADE WITH EGG DONORS WHO
20	PARTICIPATED SOLELY FOR REPRODUCTIVE PURPOSES, THEY
21	MAY OR MAY NOT HAVE BEEN PAID. USUALLY THEY ARE.
22	THEY TOOK ON CERTAIN RISKS IN EXCHANGE FOR PAYMENT
23	IN A REPRODUCTIVE CONTEXT. OUR USE OF THOSE EMBRYOS
24	OR THOSE LINES AT THIS POINT I CAN'T SEE WOULD
25	EITHER INCREASE THE RISK TO THOSE WOMEN BECAUSE THEY

1	ARE NO LONGER PRESENTED WITH ANY MEDICAL
2	INTERVENTIONS, NOR DO I REALISTICALLY THINK IT
3	INCENTIVIZES WOMEN TO PARTICIPATE IN REPRODUCTIVE
4	DONATIONS THAT THEY MIGHT OTHERWISE HAVE AVOIDED.
5	RIGHT?
6	SO IN THIS SENSE I FIND THAT THE EXTENSION
7	OF THE PROHIBITION ON PAID GAMETES TO THE USE OF
8	EMBRYOS THAT WERE MADE ORIGINALLY IN A REPRODUCTIVE
9	CONTEXT DOESN'T NECESSARILY FULFILL THE ORIGINAL
10	PURPOSE OF CONTRIBUTING PAYMENT. I WILL SAY, THAT
11	SAID, I WILL ACKNOWLEDGE THAT THERE'S IRONY HERE
12	BECAUSE, IF ANYTHING, THE PAYMENTS IN THE
13	REPRODUCTIVE CONTEXT ARE THE ONES THAT UPSET PEOPLE
14	THE MOST AND WHERE THE AMOUNTS ARE UNREGULATED AND
15	WITH LITTLE OR NO OVERSIGHT, AND WHERE THERE ARE
16	CONCERNS ABOUT UNDUE INDUCEMENT ARE PROBABLY MOST
17	SIGNIFICANT RATHER THAN THE RESEARCH CONTEXT. BUT
18	WE DON'T GET TO REGULATE REPRODUCTIVE PRACTICES IN
19	IVF CLINICS, SO WE DON'T GET A CHANCE TO REACH OUT
20	AND SAY YOU SHOULDN'T PAY THEM THERE. MAYBE YOU
21	SHOULD BE PAYING THEM IN THE RESEARCH CONTEXT.
22	SO WITHIN THE LIMITED JURISDICTION THAT WE
23	HAVE, I DON'T SEE THE PROHIBITIONS, THE MOST
24	CONSERVATIVE EXTENSIONS OF THE PROHIBITIONS,
25	ACTUALLY SERVES THE UNDERLYING PURPOSE FOR WHICH THE
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1	RULE THAT NONPAYMENT WAS WRITTEN.
2	CHAIRMAN LO: ROB.
3	DR. TAYLOR: ACTUALLY I WAS GOING TO I
4	REALLY LIKE YOUR COMMENTS, ALTA, ON THAT POINT. I
5	AGREE COMPLETELY.
6	I WANT TO COME BACK TO THE SPERM CONSENT
7	ISSUE JUST TO MAKE THE COMMENT THAT THERE ARE
8	PROBABLY ABOUT FIVE CRYOBANKS AROUND THE COUNTRY
9	THAT I WOULD GUESSTIMATE ARE RESPONSIBLE FOR AT
10	LEAST 70 PERCENT OF THE DONATED SPERM CYCLES. AND
11	WHILE SO IT MAY BE YOU KNOW, ONE STRATEGY
12	MIGHT BE TO TRY TO GET TO THOSE BANKS AND TRY TO
13	MAKE THIS DONATION PROCESS ACTUALLY WORK FROM THAT
14	LEVEL. SO IT'S VERY DIFFERENT, AND THE REASON THE
15	OOCYTE DONATION AND SPERM DONATION ARE SO DIFFERENT
16	IN THIS REGARD IS THAT OOCYTE DONATION ESSENTIALLY
17	HAS TO BE DONE FRESH, AND IT'S BEEN REGULATED BY
18	SORT OF LOCAL INDIVIDUALS WHO SORT OF RECRUIT AND
19	DEVELOP THAT PROCESS. IT'S NOT CONSOLIDATED LIKE
20	SOME OF THESE CRYOBANKS.
21	SO MAYBE IF WE WANTED TO GO AFTER THE
22	SPERM ISSUE, CALIFORNIA CRYOBANK, FAIRFAX CRYOBANK,
23	NEW ENGLAND CENTER, CHECK OFF A LIST TO KIND OF GO
24	AFTER AND FIGURE OUT IS THERE A MECHANISM THAT WE
25	CAN SORT OF DEVELOP SOMETHING THAT WOULD INCENT THEM
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1	TO ACTUALLY WANT TO PARTICIPATE AND GET THE
2	INFORMATION TO THE INVESTIGATORS.
3	MS. BERNSTEIN: I THINK IT WOULD HAVE TO
4	HAPPEN AT THIS LEVEL, AT YOUR LEVEL.
5	DR. TAYLOR: YEAH. MAYBE IT CAN BE DONE
6	AT THE STATUTORY LEVEL; BUT AT THE VERY LEAST, I
7	WOULD THINK WE'D ONLY HAVE TO MAKE FIVE OR SIX PHONE
8	CALLS TO GET THE MAJORITY OF THE ACTION.
9	CHAIRMAN LO: JEFF.
10	MR. SHEEHY: I DO HAVE A QUESTION, BUT I
11	DO WANT TO COMMENT. I MEAN I STILL GO BACK TO THE
12	ORIGINAL POINT OF NOT USING IN THE PREVIOUS
13	DISCUSSION, EVEN IF YOU GET CONSENT, DOES THAT MEAN
14	THAT PERSON IS GOING TO BE WILLING TO BE CONTACTED
15	FOR A FULL MEDICAL HISTORY?
16	DR. TAYLOR: DOWN THE LINE.
17	MR. SHEEHY: SO I JUST YOU KNOW, IT
18	DOESN'T SEEM LIKE THE SPERM DONATION PRESENTS A
19	GREAT DEAL THAT THERE'S A LOT WORKING ON THE
20	CREATION OF THE EMBRYOS AND I MAY BE WRONG.
21	MS. MICHELSEN: THERE'S CERTAINLY LESS
22	SPERM DONATION INVOLVED IN CREATION OF EMBRYOS
23	BECAUSE THE SUCCESS IN IVF GENERALLY IS CONNECTED TO
24	THE AGE OF THE EGG, MUCH LESS SO WITH THE AGE OF THE
25	SPERM. SO SOMEONE AGES OUT PRETTY QUICKLY AS A

1	WOMAN. AS A MAN AND A COUPLE, ASSUMING YOU HAVE A
2	HETEROSEXUAL COUPLE, NOT NEARLY AS SIGNIFICANT.
3	MR. SHEEHY: SO IF 50 PERCENT DONATE AN
4	EGG, THEN I WOULD SUSPECT THAT THE NUMBER WHO HAVE
5	DONATED SPERM WE'RE NOT TALKING ABOUT
6	THE SECOND POINT I WANTED TO GET TO WAS IF
7	WE DID GRANDFATHER THESE IN, I MEAN IF WE DID DECIDE
8	THAT THIS WAS OKAY, I MEAN I GET WHAT YOU'RE SAYING.
9	SO ONE CAN IMAGINE A SCENARIO WHERE IT MIGHT
10	BE SOMEONE MIGHT CONSIDER IT VALUABLE TO CREATE
11	AN EMBRYO JUST FOR RESEARCH, YOU KNOW. OR YOU CAN
12	THINK OF SOMEONE WHO HAD A CONDITION, AND YOU COULD
13	SAY, YOU KNOW, A FAMILY HISTORY OR SOMETHING, AND
14	ACTUALLY ONCE YOU START PAYING, YOU KNOW, I JUST
15	WORRY ABOUT IF WE START TO DRAW THAT LINE AT A
16	TIME YOU KNOW, THERE ARE GENETIC CHARACTERISTICS
17	THAT MAY INDUCE PEOPLE TO YOU KNOW, WE'RE NOT
18	TALKING ABOUT A WELL-REGULATED INDUSTRY WHERE
19	SOMEONE COULDN'T GO AND CREATE AN EMBRYO WITH A PAID
20	DONOR WITH THE THOUGHT IN THEIR MIND THAT THEY'RE
21	GOING TO THEY DON'T REALLY WANT TO DO
22	REPRODUCTION. THEY WANT IT TO JUST DONATE THIS FOR
23	RESEARCH.
24	I MEAN WE CAN IMAGINE SCENARIOS, EVEN YOU,
25	KNOW, YOU HAD A CONDITION OF ALZHEIMER'S, YOU HAD A
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1	HISTORY OF ALZHEIMER'S, YOU WANTED TO CREATE A
2	DISEASE MODEL.
3	MS. CHARO: OF COURSE, ANY SET OF RULES,
4	ANY SET OF RULES, THERE ARE THOSE PEOPLE THAT ARE
5	DELIBERATELY GOING TO TRY TO CIRCUMVENT THEM. SO
6	THAT, THEN, JUST GETS TO THE QUESTION OF HOW YOU
7	WANT TO WRITE THE RULES. YOU WANT TO WRITE THEM AS
8	A GENERAL SET OF RULES FOR THE WAY YOU THINK THE
9	SYSTEM OUGHT TO BE, OR YOU'RE WRITING THEM
10	DEFENSIVELY AGAINST EVERY POSSIBLE VIOLATION OF
11	SOCIAL LEGAL NORMS.
12	AND THAT IS A VERY IT DEPENDS HOW
13	SCARED YOU ARE OF THAT SCENARIO WHETHER OR NOT
14	YOU'RE GOING TO WRITE THE RULES TO ANTICIPATE FAIRLY
15	UNLIKELY EVENTS.
16	MR. SHEEHY: WELL, WE'RE NOT REALLY.
17	WE'RE ENFORCING WRITING RULES WITH THE FORCE OF LAW
18	IN THE CALIFORNIA CONSTITUTION. SO IT'S A LITTLE
19	BIT DIFFERENT WHERE THE PAID OOCYTE ISSUE IS BECAUSE
20	WE'RE NOT JUST SIMPLY WRITING RULES TO TRY TO
21	COVER IF IT WERE JUST RULEMAKING, I'D AGREED WITH
22	YOU. BUT WE'RE ACTUALLY WRITING RULES TO ENFORCE
23	THE LAW.
24	MS. CHARO: I UNDERSTAND. WHAT YOU'RE
25	SUGGESTING IS THAT I WANT RESEARCH TO PROCEED ON MY
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1	PARTICULAR DISEASE OR I WANT TISSUE CREATED
2	ULTIMATELY FOR MY OWN TRANSPLANT, WHICH WOULD
3	PRESUME THAT THE FDA IS NOT GOING TO BE APPROVING
4	IT. I'M GOING TO GO TO MY IVF CLINIC, CLAIM I WANT
5	EMBRYOS FOR REPRODUCTIVE PURPOSES, OBTAIN AN EGG
6	DONOR THROUGH PAYMENT, HAVE THE EMBRYOS MADE, HAVE
7	TO AT LEAST GO THROUGH AT LEAST ONE CYCLE OF
8	IMPLANTATION TO CONVINCE THE IVF CLINIC I WAS
9	SERIOUS, AND THEN WITH THE REMAINING EMBRYOS NOW
10	DONATE THEM TO RESEARCH, AND HOPE THEY WILL ACTUALLY
11	REBOUND TO MY BENEFIT.
12	MR. SHEEHY: WELL, I DON'T WANT TO CREATE
13	SCENARIOS. I'M JUST MAKING THE POINT. BUT, YOU
14	KNOW, THIS IS A NEW IDEA, AND I'M NOT TRYING TO
15	THINK OF EITHER THE WORST-CASE SCENARIOS OR THE
16	BEST-CASE SCENARIOS. I JUST CAN IMAGINE THAT THERE
17	WOULD BE A SCENARIO, YOU KNOW, ESPECIALLY SINCE WE
18	HAVE ALL THE STEM CELL RESEARCH GOING ON.
19	BUT MY OTHER QUESTION WAS I WAS REALLY
20	INTRIGUED BY SOMETHING YOU SAID. SO WHEN PEOPLE
21	WHEN PEOPLE GO THROUGH IVF, THEY FERTILIZE ALL THE
22	EGGS GENERALLY IN YOUR EXPERIENCE?
23	MS. MICHELSEN: UNLESS THE EGGS ARE
24	IMMATURE OR ARE BLIGHTED, THEY FERTILIZE ANY VIABLE
25	EGG.

1	DR. TAYLOR: THAT MIGHT CHANGE AS WE GET
2	BETTER AT FREEZING EGGS. OUR SUCCESS RATES ARE
3	IMPROVING NOW WITH FREEZING EGGS, BUT WE'RE SO MUCH
4	BETTER, MORE SUCCESSFUL AT FREEZING EMBRYOS, THAT
5	THE IDEA WAS TO CREATE AS MANY EMBRYOS AS WE COULD
6	AND THEN FREEZE THE EXTRA EMBRYOS RATHER THAN
7	MR. SHEEHY: YOU ALSO DON'T KNOW WHAT
8	YOU DON'T KNOW WHEN THE FIRST EGG THAT IS THE
9	FIRST EMBRYO IS CREATED WITH (INAUDIBLE) AND THE
10	TWENTIETH EMBRYO IS CREATED.
11	DR. KIESSLING: NOT FOR A COUPLE OF DAYS.
12	DR. TAYLOR: YOU CAN LOOK AT THEM AFTER A
13	COUPLE OF DAYS BEFORE YOU DECIDE WHICH ONES LOOK THE
14	BEST.
15	MR. SHEEHY: SO THE LOGIC IS HAVING EXCESS
16	EMBRYO EXCESS OOCYTES GOING TO RESEARCH.
17	DR. TAYLOR: WE MAY SEE MORE OF IT IN THE
18	FUTURE, I THINK, AS WE GET BETTER AT FREEZING EGGS,
19	BUT IT'S STILL
20	MR. SHEEHY: SO WE WOULDN'T AT THIS KIND
21	OF IVF PROCESS WITH THE EXCESS EGGS.
22	MR. KLEIN: THE OTHER SIDE OF THIS, JEFF,
23	IS MY UNDERSTANDING IS THAT
24	MR. SHEEHY: THIS IS FOR ANOTHER DAY.
25	MR. KLEIN: FOR YOUR POINT, MY
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UNDERSTANDING IS
MR. SHEEHY: I DON'T NECESSARILY WANT
DISCUSSION TODAY.
MR. KLEIN: IS THAT WOMEN ARE ONLY
GOING TO GO THROUGH SO MANY OF THESE IMPLANTATIONS
OF EGGS, AND AT EIGHT OR TEN THEY MAY BE ESSENTIALLY
LIMITED OUT, JUST NOT GOING TO GO THROUGH THIS.
MR. SHEEHY: IT SEEMS LIKE THE
REPRODUCTIVE CONSENTS, WE'RE GOING TO FERTILIZE ALL
THE EGGS.
DR. TROUNSON: JEFF, I DON'T THINK THAT'S
NECESSARILY CORRECT.
MR. SHEEHY: I'M WORKING WITHIN WHAT IS
COMMON PRACTICE AS DESCRIBED. AND THIS IS NOT A
DISCUSSION FOR TODAY, BUT WE NEED TO BRING IT UP
AGAIN.
DR. TROUNSON: BUT I THINK WHAT YOU SAID
WASN'T NECESSARILY CORRECT. YOU NEED TO HAVE LINES
(INAUDIBLE).
CHAIRMAN LO: I THINK THIS IS ACTUALLY A
GOOD TIME TO BREAK FOR LUNCH. LET ME JUST SAY
THAT BECAUSE I THINK AFTER LUNCH WE HAVE TO KNOW
WHAT DO WE WANT TO DO.
MS. LANSING: WE ALSO NEED TO SEE
WHAT IF WE CAN GET THE
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1	CHAIRMAN LO: THE STANFORD PEOPLE, I
2	GUESS, ARE NOT AVAILABLE. THEY HUNG UP.
3	MS. BECKER: I'M STILL WORKING ON IT.
4	CHAIRMAN LO: OKAY. THEY WERE GOING TO
5	ADD, WHICH MAYBE WE CAN GET AFTER LUNCH FROM OUR
6	SCIENTISTS, IS SORT OF WHAT ARE WE LOSING IN TERMS
7	OF RESEARCH BY FOREGOING THESE LINES, HESC LINES
8	CREATED FROM ALREADY IN EXISTENCE CREATED WITH
9	OLD FAMILY HEALTH INFORMATION OR GIVING UP THE USE
10	OF DERIVING NEW LINES WITH EXISTING EMBRYOS FOR
11	WHICH THE DONORS (INAUDIBLE). THAT'S THE OTHER PART
12	OF THIS. WHAT ARE WE LOSING SCIENTIFICALLY? AND,
13	YOU KNOW, MAYBE I COULD ASK, BECAUSE THE STANFORD
14	PEOPLE, I DON'T THINK, ARE GOING TO BE AVAILABLE,
15	MAYBE ASK ALAN OR MARIE AND THE SCIENTISTS ON OUR
16	PANEL TO HELP THOSE OF US WHO AREN'T REPRODUCTIVE
17	STEM CELL SCIENTISTS TO UNDERSTAND.
18	MEANWHILE SHALL WE BREAK FOR LUNCH? I
19	WOULD LIKE US BACK AT 1:30. IS THAT OKAY? BECAUSE
20	WE ALSO HAVE MEMBERS FROM THE CALIFORNIA DEPARTMENT
21	OF PUBLIC HEALTH WHO WANT TO TELL US ABOUT THEIR
22	REPORTING REQUIREMENTS.
23	(A RECESS WAS TAKEN.)
24	CHAIRMAN LO: I'D LIKE TO RECONVENE.
25	BEFORE OUR LUNCH BREAK WE HEARD SOME VERY IMPORTANT,
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1	VERY INTERESTING INFORMATION FROM OUR TWO GUEST
2	SPEAKERS. AND THERE WAS A LOT OF DISCUSSION OVER
3	LUNCH, AND WHAT SHERRY AND I WOULD LIKE TO TRY TO DO
4	AS CO-CHAIRS I REALLY HAVE TO TIP MY HAT TO
5	SHERRY IS TO TRY AND SORT OF PUT OUT SOME SAMPLE
6	LANGUAGE THAT WE MAY BE ABLE TO REFINE AND THEN
7	AGREE ON.
8	SO JUST TO PUT THE CONTEXT, THERE ARE
9	EMBRYOS THAT ARE CREATED WITH THE INTENTION OF BEING
10	USED IN IVF PROGRAMS. OFTEN THESE ARE FROM YOUNGER
11	WOMEN DONORS, AND SO THERE MAY BE SOME SCIENTIFIC
12	(UNINTELLIGIBLE). BUT AS IS TYPICAL IN IVF
13	PRACTICE, MOST OF THESE IVF-EMBRYOS HAD PAYMENTS TO
14	DONORS, GAMETE DONORS, THAT RECEIVED THE ACTUAL
15	OUT-OF-THE POCKET EXPENSES. AND YEARS AFTER THEY
16	WERE DONATED WHEN THE WOMAN, COUPLE IN IVF HAS
17	COMPLETED THEIR TREATMENT, THAT WOMAN MAY WANT TO
18	DONATE THEM FOR RESEARCH, SPECIFICALLY STEM CELL
19	RESEARCH, AFTER MAKING A DECISION NOT TO KEEP THEM
20	FROZEN OR TO DONATE THEM TO ANOTHER COUPLE FOR
21	FERTILITY.
22	AND WHAT WE'RE TRYING TO DO IS SEE ARE
23	THERE SOME OF THOSE OR SOME OF THE CIRM POLICIES AND
24	REGULATIONS RESTRICTING SOME OF THE DONATIONS IN A
25	WAY THAT IS UNNECESSARY FROM THE POINT OF VIEW OF

1	PROTECTING THE INTERESTS AND THE SAFETY OF THE DONOR
2	WOMEN AS WELL AS THE WOMEN OR COUPLE IN IVF. SO I'M
3	PROPOSING THIS AS SOMETHING WE NEED TO DISCUSS,
4	MODIFY AS THE NEED BE.
5	FIRST, THE USE OF HUMAN EMBRYONIC STEM
6	CELL LINES DERIVED FROM EMBRYOS DONATED AFTER THE
7	WOMAN IN IVF HAS COMPLETED FERTILITY TREATMENT TO
8	SAY THAT THESE MAY BE USED IN CIRM-FUNDED RESEARCH
9	EVEN THOUGH THE GAMETE DONOR RECEIVED, AND THE
10	LANGUAGE IS NOT GOOD, SO I'M OPEN TO SUGGESTION, SO
11	I'M TRYING TO GET THE THOUGHT DOWN, EVEN THOUGH THE
12	GAMETE DONOR RECEIVED PAYMENT IN EXCESS OF EXPENSES
13	PROVIDED THAT SEVERAL THINGS. ONE, THAT CONSENT FOR
14	RESEARCH USE HAS BEEN OBTAINED FROM AND PROVIDED BY
15	THE EMBRYO DONOR AS WELL AS BOTH GAMETE DONORS. WE
16	UNDERSTAND WE'RE GOING TO LOSE SOME EMBRYO LINES
17	BECAUSE THE GAMETE DONORS DIDN'T CHECK OFF THAT BOX.
18	AND IRB HAS TO APPROVE THE RESEARCH PROTOCOL.
19	AND THEN I THINK THERE WERE CONCERNS THAT
20	A NUMBER OF PEOPLE EXPRESSED OF ARE WE MAKING SURE
21	WE'RE PROTECTING AGAINST THE POSSIBILITY THAT THIS
22	WOULD BE THIS EXCEPTION OR THIS CHANGE WOULD BE
23	EXPLOITED BY PEOPLE TO THE DETRIMENT OF WOMEN
24	DONATING OOCYTES.
25	SO SOME OF THE CONCERNS THAT ONE MIGHT

1	HAVE ARE THAT, FOR EXAMPLE, HAVE BEEN PRESSURED TO
2	HAVE A MORE INTENSE INDUCTION CYCLE, RETRIEVAL CYCLE
3	TO SORT OF RETRIEVE 25 OOCYTES RATHER THAN 15.
4	OBVIOUSLY THAT WAS WHERE THE WOMEN DONATING OOCYTES
5	HAVE GREATER RISK. WE HEARD THAT FROM THE NAS PANEL
6	THAT LINDA GUIDICE CHAIRED.
7	AND THE OTHER CONCERN THAT WAS RAISED WAS
8	THAT, WELL, MAYBE PEOPLE WOULD SAY THAT THEY WERE
9	GOING TO USE THESE THEY'RE INTENDING TO USE THESE
10	EMBRYOS FOR FERTILITY; AND THEN AFTER THEY'RE
11	DERIVED, OH, ACTUALLY I CHANGED MY MIND. I DON'T
12	WANT TO HAVE CHILDREN ANYMORE. LET'S GIVE THEM ALL
13	TO SCIENCE, SORT OF AS A MAYBE NOT SO TRANSPARENT
14	I DON'T KNOW IF BAIT AND SWITCH IS TOO STRONG A
15	TERM BUT SORT OF LESS THAN FORTHRIGHT.
16	SO, AGAIN, I THINK WE DON'T WANT TO WE
17	WANT TO MAKE SURE WE'RE PROVIDING, IT SEEMS TO ME AT
18	LEAST PERSONALLY, ADEQUATE PROTECTION TO THE WOMEN
19	DONATING OOCYTES INVOLVED IN FERTILITY TREATMENT.
20	AND THAT'S WHY I HAVE THOSE LAST TWO BULLETS WAS TO
21	SUGGEST THAT WE PROTECT AGAINST WE'RE TRYING TO
22	PROTECT AGAINST EMBRYOS THAT REALLY WERE INTENDED
23	FOR RESEARCH ALL ALONG, SO THEY HADN'T BEEN USED FOR
24	AT LEAST ONE IVF CYCLE. I THINK WE MAY WANT TO
25	THINK I DIDN'T HAVE TIME TO THINK THIS THROUGH

1	IF WE NEED OTHER PROTECTIONS PROTECTING AGAINST SORT
2	OF (UNINTELLIGIBLE).
3	BUT I THINK THE INTENTION IS TO ALLOW
4	THESE TO BE USED BECAUSE OF THE RESEARCH VALUE AND
5	BECAUSE OF THE WISH OF MANY OF THE WOMEN IN IVF
6	AFTER TREATMENT TO DONATE THEM TO RESEARCH, BUT WE
7	ALSO I THINK WANT TO MAKE SURE WE DON'T DO SO MUCH
8	THAT WE ACCEPT EMBRYOS WHERE THERE WAS A RISK.
9	NOW, LET ME JUST SAY THIS IS NOW FOR BOTH
10	THE LINES THAT ARE ALREADY DEVELOPED IN EXISTENCE,
11	BUT ALSO LOOKING TO THE FUTURE. SO I THINK THAT'S
12	THE OTHER THING WE TALKED ABOUT BEFORE LUNCH. WE
13	JUST HAVE TO GRANDFATHER THEM AND SEPARATE THAT OFF
14	FROM A FUTURE USE. THAT'S ANOTHER POSSIBILITY
15	THAT'S BEEN SUGGESTED.
16	I WANTED TO LAY THIS OUT AND JUST HAVE
17	PEOPLE KIND OF ANALYZE. I THINK THERE'S GOING TO BE
18	PEOPLE FROM THE PUBLIC WHO WILL DEFINITELY WANT TO
19	COMMENT, AND WE WANT TO HEAR THOSE COMMENTS AS WELL.
20	LET ME JUST START ON THE COMMITTEE. THIS
21	IS VERY ROUGH AND OPEN FOR MODIFICATION. ANN.
22	DR. KIESSLING: WHY DID YOU NOT INCLUDE
23	ESCRO?
24	CHAIRMAN LO: THAT'S FINE. IRB AND ESCRO
25	OR ESCRO. SHOULD BE IRB/ESCRO.
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1	DR. LOMAX: WELL, WE DO NEED TO BE A BIT
2	CAREFUL BECAUSE THE PRIOR APPROVALS IN THE CURRENT
3	SITUATION WITH THE REGULATIONS DEPEND ON THE
4	UTILIZATION OF A COVERED STEM CELL LINE.
5	MR. KLEIN: WELL, IT WOULD BE IRB OR ESCRO
6	AS APPLICABLE.
7	DR. LO: YEAH. SOMETHING LIKE THAT.
8	DR. LOMAX: YEAH.
9	CHAIRMAN LO: WE DON'T WANT TO AVOID ESCRO
10	REVIEW IF IT WOULD OTHERWISE BE ASKED FOR. THAT'S
11	AN IMPORTANT CORRECTION.
12	DR. CIBELLI: QUESTION. IT IS A LITTLE
13	BIT PROBLEMATIC TO ALLOW THIS TO TAKE PLACE IN THE
14	FUTURE. I MEAN WE SHOULD TALK ABOUT THE PAST. I'M
15	WONDERING IF YOU HAVE STATISTICS HOW MANY EMBRYOS
16	CAN BE THERE. HOW MANY WERE APPROVED, HUGE, JUST IN
17	CALIFORNIA.
18	CHAIRMAN LO: THAT'S A GOOD QUESTION.
19	DR. CIBELLI: I THINK WITH THOSE
20	STATISTICS, WE SHOULD BE ABLE TO GET THEM
21	(UNINTELLIGIBLE). PROBABLY IS NOT AFTER 2007, BUT
22	YOU WOULD BE ABLE TO GET 2005 IN CALIFORNIA.
23	CHAIRMAN LO: I DON'T KNOW THAT. I DON'T
24	KNOW IF ANYONE HERE HAS THAT DATA.
25	MS. LANSING: WE HAVE IT?
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1	CHAIRMAN LO: WHY DON'T YOU JUST, AGAIN,
2	FOR THE RECORD, STEVE.
3	DR. PECKMAN: IT'S STEVE PECKMAN, UCLA. I
4	DON'T HAVE ANY EXACT DATA ON THAT, BUT I CAN GIVE
5	YOU ANECDOTAL DATA OF WHAT WE'VE EXPERIENCED AT
6	UCLA, WHICH IS 50 PERCENT OF THE PEOPLE WHO HAVE
7	CONTACTED US ABOUT EMBRYO DONATION FOR STEM CELL
8	RESEARCH, EMBRYOS CREATED FOR CLINICAL IVF PURPOSES,
9	50 PERCENT OF THOSE INQUIRIES, NOT ANY ADVERTISING,
10	JUST PEOPLE PROACTIVELY CONTACTING US AT OUR
11	INSTITUTION, 50 PERCENT OF THOSE ARE MADE WITH
12	DONATED OOCYTES FROM THOSE DONORS. THAT'S HUNDREDS
13	OF POTENTIAL EMBRYOS AT ONE INSTITUTION THAT CANNOT
14	BE USED CURRENTLY BECAUSE THE OOCYTES HAVE BEEN PAID
15	FOR FOR CLINICAL PURPOSES.
16	CHAIRMAN LO: DENISE, DO YOU WANT MAKE A
17	COMMENT ABOUT UCSF'S EXPERIENCE AGAIN WITH PEOPLE
18	WANTING TO CONTACTING YOU TO DONATE, PEOPLE
19	DONATING LEFT-OVER EMBRYOS AFTER IVF?
20	MS. BERNSTEIN: I DON'T HAVE THE SAME
21	NUMBERS AT ALL. I DON'T HAVE EVEN NUMBERS AT ALL,
22	BUT THE PROGRAMS THAT REFER PEOPLE TO US KIND OF
23	WEED OUT THE PEOPLE THAT HAVE USED DONOR GAMETES
24	AHEAD OF TIME SO THAT I'M NOT THE PERSON GIVING THE
25	BAD NEWS, THEY ARE, WHICH I APPRECIATE. SO IT DOES.
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1	IT HAPPENS FREQUENTLY, AND THEY HAVE THE MOST TO
2	DONATE. THEY HAVE THE MOST NUMBER OF EMBRYOS TO
3	DONATE.
4	CHAIRMAN LO: MIKE KALICHMAN WAS HERE
5	BEFORE. ANY THOUGHTS FROM UCSD?
6	MR. KALICHMAN: WE DON'T HAVE ANY
7	EXPERIENCE ON THEM.
8	CHAIRMAN LO: BUT STEVE PECKMAN SAYS THAT
9	THIS IS A MAJOR
10	DR. PECKMAN: SO FOR US IT'S A SUBSTANTIAL
11	ISSUE REGARDING STEM CELL RESEARCH AND THE
12	DERIVATION OF NEW STEM CELL LINES.
13	MS. CHARO: BUT, STEVE, LET ME ASK. NOW
14	THAT WE'VE BEEN ALERTED BY DIANE AT LEAST IN THE
15	UNKNOWN CALIFORNIA STATUTE, THAT INDEPENDENTLY
16	REQUIRES ABSOLUTELY THAT THERE BE CONSENT FROM BOTH
17	SPERM AND EGG DONORS BEFORE THEIR MATERIALS CAN BE
18	DIVERTED INTO ANYTHING. WOULD THERE BE ANY
19	SUBSTANTIAL DIFFERENCE IN THE NUMBER OF EMBRYOS THAT
20	HAVE TO BE REJECTED IF WE WERE TO IF THE RULE
21	ABOUT PAID GAMETE DONORS HAD CHANGED SINCE THE
22	CONSENT ISSUE WOULD STILL HAVE TO BE HANDLED?
23	DR. PECKMAN: RIGHT. I THINK THAT'S AN
24	IMPORTANT QUESTION. I WAS THINKING ABOUT THAT
25	DURING HER TALK, AND THOUGH I'M NOT GOING TO

1	QUESTION ANYONE'S LEGAL EXPERTISE HERE TODAY, IT
2	WOULD BE MY OPINION THAT WE GET A LEGAL OPINION ON
3	THAT AND REVIEW THE ACTUAL STATUTE. I KNOW WHAT
4	SHE'S TALKING ABOUT. I DON'T REMEMBER THE EXACT
5	WORDING OF THE STATUTE, AND I DON'T REMEMBER IT
6	BEING THAT EXCLUSIVE.
7	THAT BEING SAID, IF THERE ARE LET'S SAY
8	THAT 75 PERCENT OF THAT 50 PERCENT THAT CAN'T DONATE
9	NOW ACTUALLY HAVE CHECKED THE BOX ON THE FORM THAT
10	SAYS RESEARCH, AND IF WE SAY THAT RESEARCH IS
11	SUFFICIENT ENOUGH CONSENT, AND IF WE REMOVE THE
12	RESTRICTION ABOUT PAYMENT FOR IVF CLINICAL PURPOSES,
13	THEN WE'VE EXPONENTIALLY INCREASED THE NUMBER OF
14	EMBRYOS THAT ARE AVAILABLE TO DERIVE STEM CELL
15	LINES.
16	AND SO THE ISSUE HERE FOR US HAS NOT BEEN
17	THE FACT THAT ONE OF THE DONORS WERE UNKNOWN BECAUSE
18	ACTUALLY THE MAJORITY OF THE CASES OF PATIENTS WHO
19	HAVE CONTACTED US ACTUALLY KNEW THE DONORS BECAUSE
20	THERE HAD BEEN A RELATIONSHIP SET UP, WHICH I'M
21	ASSUMING HAPPENS OFTEN, BUT THAT THERE WAS AN ISSUE
22	ABOUT RESEARCH THAT HAD ALREADY BEEN ADDRESSED.
23	NOW, LET'S SAY THAT THE STATUTE ISN'T WHAT
24	WE THINK IT IS TODAY AND IT'S LESS RESTRICTIVE.
25	THEN I THINK THE IMPORTANT QUESTION IS OWNERSHIP.

1	THAT WAS SOMETHING THAT MR. CIBELLI TALKED ABOUT
2	THIS MORNING, WHICH IS IF THE OWNERSHIP OF THE
3	RESULTING EMBRYO REVERTS TO THE PEOPLE WHO REQUESTED
4	THE CREATION OF THAT EMBRYO, WHAT FURTHER INTEREST
5	DOES THE GAMETE DONOR HAVE IN THAT IN TERMS OF
6	CONSENT FOR THAT GAMETE AND THE USE OF IT?
7	AND THE SAME THING THAT IF YOU SELL ME AN
8	OBJECT, ALTA, FOR X PURPOSE, AND I BUY IT AND I WANT
9	TO USE IT FOR ANOTHER PURPOSE THAN WHAT YOU SOLD IT
10	TO ME FOR, AM I BARRED LEGALLY FROM USING IT FOR
11	THAT OTHER PURPOSE?
12	MS. CHARO: TRUST ME, STEVE, THAT THAT
13	QUESTION IS MORE COMPLICATED THAN IT SOUNDS.
14	CHAIRMAN LO: I WANT TO SORT OF GET BACK
15	TO SORT OF THE QUESTION THANKS, STEVE. THAT'S
16	VERY HELPFUL. I THINK IN ALL HONESTY DIANE
17	MICHELSEN WAS TRYING TO GIVE US TEXT OF THE LAW. I
18	THINK WE NEED TO REFER THIS TO TAMAR AND HER STAFF
19	TO SORT OF SEE HOW THIS IMPACTS. BUT JUST NOTE THAT
20	ONE OF THE THINGS THAT WAS SUGGESTED WE AGREE ON IS
21	THAT BOTH GAMETE DONORS, ANY GAMETE DONORS IN THIS
22	EMBRYO FOR IVF HAD TO HAVE GIVEN CONSENT FOR
23	RESEARCH AT LEAST IN A GENERAL SENSE, AS SHERRY HAS
24	POINTED OUT. BUT THEN WE HAD A LOT OF COMMENTS
25	HERE, AND I JUST WANT SHERRY AND LET'S JUST GO
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1	AROUND

MS. LANSING: I THINK, YOU KNOW, AT LUNCH
WE ACTUALLY WE WERE TALKING. AND I THINK, UNLESS
I'M MISUNDERSTANDING IT, WE CAN FIND OUT WITH A
STRAW VOTE, THERE IS REAL CONSENSUS THAT WE STAY
FOCUSED ON OUR ISSUE WITH ONE POSSIBLE ONE THAT
CAN POSSIBLY BE WORKED OUT. I THINK THERE'S A REAL
CONSENSUS THAT IF SOMEONE RECEIVED PAYMENT FOR IVF
TREATMENT AND ACTUALLY WENT THROUGH SOME FORM OF THE
TREATMENT AND CHECKED AND BOTH OF THE SPERM AND
THE EGG DONOR BOTH CHECKED THE RESEARCH BOX, THAT
THEN THAT WOULD BE ACCEPTABLE. THAT'S A BIG MOVE
FOR US. I MEAN THAT'S SOMETHING THAT WE DIDN'T DO.

THE QUESTION THAT HAS COME UP FROM THE PUBLIC AND FROM SOME OF US, WHICH I THINK WE NEED MORE WORK ON, WHICH IS NOT THE GRANDFATHER PART, BUT THE MOVING FORWARD PART. AND WE NEED TO PUT UP THE PROTECTIONS DOWN THERE, MAKE SURE THAT THERE'S NO ABUSE OF THIS, THAT SOME, YOU KNOW, FERTILITY EXPERT WOULD WANT TO -- I HOPE THIS IS MERELY A FANTASY -- WOULD RISK ENDANGERING THE WOMAN'S HEALTH TO GET MORE EGGS THAT COULD BE USED.

AND THAT'S THE OTHER PROTECTIONS PART THAT
WE WANT TO PROTECT AGAINST SO WE CAN MOVE FORWARD IN
THE FUTURE SO THERE IS NO ABUSE OF THIS. AND I

1	THINK THAT'S THE LANGUAGE THAT WE DON'T YET HAVE.
2	CHAIRMAN-LO: SHERRY, LET ME SORT OF I
3	MADE THIS SLIDE VERY RUSHED. BUT SO THIS REALLY IS
4	BIFURCATED. AND ONE IS STEM CELL LINES ALREADY IN
5	EXISTENCE AS OF NOVEMBER 2006, SO SORT OF THE
6	GRANDFATHERING. YOU KNOW, WE'RE NOT YOU KNOW,
7	THAT'S ONE ISSUE. WE MAY JUST WANT TO SAY, FOR
8	EXAMPLE, WITH JUST THESE BULLETS WE'RE GOING TO
9	ALLOW EXISTING
10	MS. LANSING: WE HAVE UNANIMOUS CONSENT ON
11	THAT.
12	CHAIRMAN LO: RIGHT.
13	MS. LANSING: I THINK.
14	CHAIRMAN LO: THEN GOING FORWARD INTO THE
15	FUTURE WHERE THE ISSUE OF ADDITIONAL PROTECTIONS FOR
16	THE WOMAN DONATING OOCYTES AND PERHAPS ALSO THE
17	WOMEN IN IVF TREATMENT, I THINK WE NEED TO BE
18	SENSITIVE TO THEM. AND THEN THE QUESTION IS WHAT
19	ARE THE APPROPRIATE PROTECTIONS THAT ONE MIGHT WANT
20	TO CONDITION HERE FOR GOING FORWARD TO ENSURE THAT
21	PROTECTION.
22	SO ONE WAY TO SPLIT IT IS TO SAY DO WE
23	AGREE ON GRANDFATHERING; AND IF WE DO, THAT'S A BIG
24	STEP.
25	MS. LANSING: THAT'S A GOOD WAY TO DO IT.
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	±JJ

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1	AND THEN MAYBE GO TO STAFF AND ASK FOR WHAT OTHER
2	PROTECTIONS WE WOULD NEED TO MOVE FORWARD IN THE
3	FUTURE TO PROTECT AGAINST ANY
4	CHAIRMAN LO: AND I'D ALSO LIKE TO GET
5	OBVIOUSLY SOME PUBLIC COMMENT ON THIS AS WELL.
6	MR. KLEIN: WAIT A MINUTE. FOR
7	GRANDFATHERING, AREN'T YOU TALKING ABOUT THE WRONG
8	DATE BECAUSE IF WE ADOPT THIS
9	MS. LANSING: FROM TODAY FORWARD.
10	MR. KLEIN: THE EMBRYOS ARE ALREADY IN
11	EXISTENCE.
12	MS. LANSING: I AGREE. THE DATE OF THIS
13	MEETING, GRANT EVERYTHING BACKWARDS.
14	CHAIRMAN LO: OR THE DATE OF THE ADOPTION.
15	MR. KLEIN: IT'S NOT STEM CELL LINES IN
16	EXISTENCE. IF THE EMBRYOS ARE ALREADY IN
17	EXISTENCE
18	CHAIRMAN LO: THAT WAS THE NEXT GEOFF,
19	IF YOU CAN SHOW THE NEXT SLIDE, I HAD A COMPARABLE
20	SUGGESTION, AGAIN TRYING TO SEPARATE OUT WHICH
21	THERE'S NO TITLE USE OF IVF-EMBRYOS. I THINK
22	SO BOB IS SAYING, YOU KNOW, WE'RE TALKING ABOUT STEM
23	CELL LINES. WE'RE ALSO TALKING ABOUT EMBRYOS THAT
24	EXIST AS OF EITHER TODAY OR THE DAY THE ICOC
25	OFFICIALLY ADOPTS IT
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1	MR. KLEIN: RIGHT.
2	CHAIRMAN LO: GRANDFATHERING THAT. IF
3	WE CAN ALL AGREE ON THAT, THE GRANDFATHERING OF
4	EITHER THE LINES OR EMBRYOS, THAT WOULD BE A BIG
5	STEP.
6	MS. LANSING: CAN I JUST I'M SORRY. I
7	THINK THAT'S, YOU KNOW, AS WE TALK TO, YOU KNOW
8	MARCY, I'D LOVE FOR YOU TO SPEAK.
9	DR. DARNOVSKEY: I'D LOVE TO.
10	MS. LANSING: BECAUSE I THINK THIS IS A
11	BIG DEAL, AND I THINK WHAT WE REALLY WANT TO DO IS
12	MOVE FORWARD IN THE MOST POSITIVE WAY WITH OUR
13	PARTNERSHIP WITH THE PUBLIC AND NEW STANDARDS SO
14	THAT WE CAN PRESENT IT TO THE ICOC. I THINK IF
15	TODAY WE SAY, I KNOW, JEFF, YOU HAD SOME CONCERNS AS
16	WELL, AND I THINK IF WE SAY AS OF WHATEVER IS
17	ADOPTED, EVERYTHING IS GRANDFATHERED IN, AND NOW
18	WE'RE GOING TO LOOK TO THE FUTURE AND ASK STAFF TO
19	COME BACK WITH SOME PROTECTIONS AND HAVE ANOTHER
20	MEETING TO TALK TO SEE IF WE CAN COME UP WITH
21	SUFFICIENT PROTECTIONS SO THAT THERE CAN BE NO
22	ABUSES MOVING FORWARD.
23	CHAIRMAN LO: OKAY. SO A NUMBER OF
24	PEOPLE I CAN'T TELL IF SOME OF YOU ARE JUST
25	STRETCHING. ROB HAD HIS HAND UP. MARCY. SHE'S
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1	STRETCHING. JEFF, I KNOW AT LUNCH WE HAD A VERY
2	INTERESTING CONVERSATION I'D LIKE YOU TO ADDRESS IF
3	YOU WANT. AND THEN I'M ASK TO GET THE AUDIENCE
4	INVOLVED.
5	DR. TAYLOR: YEAH. I WAS JUST GOING TO
6	SAY I THINK THAT'S A WONDERFUL SUGGESTION. AND IT'S
7	LIKELY THAT THAT'S GOING TO OPEN UP A LOT OF
8	MATERIAL THAT, EVEN IF GOING FORWARD SOMEHOW THERE'S
9	A BLOCK TO EVER SORT OF CHANGING THE ESTABLISHED
10	POLICY AS WE KNOW IT, WE'D STILL BE MAKING A HUGE
11	CONTRIBUTION BECAUSE I THINK THERE'S A LOT OF STUFF
12	IN THE BANK CURRENTLY THAT CAN ACTUALLY BE UTILIZED
13	NOW. SO I WOULD CERTAINLY SUPPORT THAT.
14	CHAIRMAN LO: JEFF SHEEHY.
15	MR. SHEEHY: YEAH. I THINK I REALLY
16	THINK THAT THIS PROTECTS US, AT LEAST THIS FIRST
16 17	THINK THAT THIS PROTECTS US, AT LEAST THIS FIRST PHASE, BECAUSE THOSE EMBRYOS WOULD NOT HAVE BEEN
17	PHASE, BECAUSE THOSE EMBRYOS WOULD NOT HAVE BEEN
17 18	PHASE, BECAUSE THOSE EMBRYOS WOULD NOT HAVE BEEN CREATED UNDER ANY INFLUENCE FROM US. AND SO THAT'S
17 18 19	PHASE, BECAUSE THOSE EMBRYOS WOULD NOT HAVE BEEN  CREATED UNDER ANY INFLUENCE FROM US. AND SO THAT'S  THE REAL THEY WERE CREATED FOR A COMPLETELY
17 18 19 20	PHASE, BECAUSE THOSE EMBRYOS WOULD NOT HAVE BEEN  CREATED UNDER ANY INFLUENCE FROM US. AND SO THAT'S  THE REAL THEY WERE CREATED FOR A COMPLETELY  DIFFERENT PURPOSE, NONE OF OUR POLICIES HAD ANY
17 18 19 20 21	PHASE, BECAUSE THOSE EMBRYOS WOULD NOT HAVE BEEN  CREATED UNDER ANY INFLUENCE FROM US. AND SO THAT'S  THE REAL THEY WERE CREATED FOR A COMPLETELY  DIFFERENT PURPOSE, NONE OF OUR POLICIES HAD ANY  IMPACT ON THEIR CREATION, SO I DON'T FEEL ANY SENSE
17 18 19 20 21	PHASE, BECAUSE THOSE EMBRYOS WOULD NOT HAVE BEEN CREATED UNDER ANY INFLUENCE FROM US. AND SO THAT'S THE REAL THEY WERE CREATED FOR A COMPLETELY DIFFERENT PURPOSE, NONE OF OUR POLICIES HAD ANY IMPACT ON THEIR CREATION, SO I DON'T FEEL ANY SENSE OF UNEASE OR DISCOMFORT THAT IN ANY WAY WE VIOLATED,
17 18 19 20 21 22	PHASE, BECAUSE THOSE EMBRYOS WOULD NOT HAVE BEEN CREATED UNDER ANY INFLUENCE FROM US. AND SO THAT'S THE REAL THEY WERE CREATED FOR A COMPLETELY DIFFERENT PURPOSE, NONE OF OUR POLICIES HAD ANY IMPACT ON THEIR CREATION, SO I DON'T FEEL ANY SENSE OF UNEASE OR DISCOMFORT THAT IN ANY WAY WE VIOLATED, AS ALTA WAS TALKING ABOUT, YOU KNOW, THOSE BRIGHT

1	STATE LAWS OR ANYTHING LIKE THAT.
2	AND IF WE CAN PUT THE ADEQUATE
3	PROTECTIONS, WE SHOULD LET STAFF STUDY AND SEE IF
4	THERE'S A WAY WE CAN TALK ABOUT GOING FORWARD. BUT
5	IT WOULD AT LEAST TAKE CARE OF, I THINK, PARTIALLY
6	WHY FOLKS EXAMPLE ARE HERE, STANFORD, THESE EMBRYOS
7	ARE GOING TO NO GOOD USE. IT'S IMPORTANT TO THE
8	PARENTS, RIGHT, THAT'S WHAT IT IS IS PARENTS, TO
9	HAVE SOMETHING GOOD COME OUT OF THIS, NOT JUST TO
10	HAVE THEM DESTROYED AND JUST SIT IN THE FREEZER.
11	CHAIRMAN LO: DENISE AND THEN MARCY I'M
12	GOING TO ASK YOU TO SPEAK.
13	MS. BERNSTEIN: WHEN YOU SAY THAT THESE
14	WOULD GO TO RESEARCH, ARE YOU GOING TO BE
15	DIFFERENTIATING TYPES OF RESEARCH, OR IT CAN ALL GO
16	TO STEM CELL RESEARCH AND YOU CAN PROPAGATE CELLS
17	AND DNA OUT THERE?
18	CHAIRMAN LO: WE'RE NOT GOING TO USE THE
19	FINE-GRAINED CONSENT THAT YOU'VE PUT IN PLACE, AND
20	WE STILL NOW SAYING GOING FORWARD WE WOULD WANT
21	THAT. THAT'S PART OF WHAT WE NEED TO WORK OUT.
22	MS. BERNSTEIN: SO IT WOULD JUST BE
23	EVERYTHING.
24	CHAIRMAN LO: WHAT'S HAPPENED IN THE PAST,
25	WE'RE SAYING RATHER THAN THAW AND DISCARD THESE
	150

1	EMBRYOS, WITH THESE PROVISIONS, IF THEY'RE ALREADY
2	IN EXISTENCE AS OF TODAY, WE'D ALLOW THEIR USE FOR
3	RESEARCH.
4	MS. BERNSTEIN: STEM CELL RESEARCH.
5	CHAIRMAN LO: GOING FORWARD, I THINK A
6	NUMBER OF YOU HAVE SAID I'M COMFORTABLE WITH LOOKING
7	BACKWARDS, HAVING ALREADY BEEN CREATED, WE'RE NOT
8	GOING
9	MR. KLEIN: GOING FORWARD THE PROBLEM IS
10	NOT EVERY PLACE IS A UNIVERSITY, NOT EVERY PLACE IS
11	THIS GOING TO HAPPEN ALL THIS VERIFICATION, SO LET'S
12	LEAVE THAT FOR A FUTURE DISCUSSION. BUT ON AN
13	HISTORIC BASIS, GENERAL RESEARCH IS RESEARCH.
14	CHAIRMAN LO: AND, AGAIN, JUST FOR THE
15	RECORD.
16	DR. DARNOVSKEY: I'M MARCY DARNOVSKEY,
17	CENTER FOR GENETICS AND SOCIETY. AND I APPRECIATE
18	YOUR SOLICITING MY INPUT ON THIS.
19	YOU KNOW, WE'VE ALWAYS SAID THAT WE ARE
20	SUPPORTIVE OF EMBRYONIC STEM CELL RESEARCH USING
21	LEFT-OVER IVF-EMBRYOS, AND SO I AM COMFORTABLE WITH
22	THE GRANDFATHERING ISSUE. LOOKING BACKWARDS, AS
23	SEVERAL PEOPLE HAVE SAID, THOSE EMBRYOS WERE CREATED
24	FOR A PARTICULAR PURPOSE, THEY'RE THERE, WHY SHOULD
25	THEY GO TO WASTE? THE PEOPLE WHOSE GAMETES THEY ARE
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1	AND PEOPLE WHOSE EMBRYOS THEY ARE WANT THEM TO BE
2	USED FOR RESEARCH, GREAT. BUT I THINK IT'S REALLY
3	VERY DIFFERENT TO THINK ABOUT GOING FORWARD
4	THAT'S WHEN YOU GET INTO THE SITUATION
5	WHERE YOU GET ALL SORTS OF CONFLICTS OF INTEREST,
6	ALL SORTS OF COMPETING INCENTIVES OF PRACTITIONERS.
7	YOU KNOW, I DON'T THINK IT'S JUST A FANTASY,
8	UNFORTUNATELY, THAT PEOPLE WOULD EITHER CONSCIOUSLY
9	OR UNCONSCIOUSLY FEEL THAT, YOU KNOW, JUST A LITTLE
10	MORE OF THIS HORMONE, WE GET A FEW MORE EGGS, WE
11	REALLY WANT THEM. AND WHAT WE SEE TO DATE IN THE
12	ATTEMPTS TO ACQUIRE EGGS FOR SCNT RESEARCH IS THAT
13	JUST BECAUSE OF THE NATURE OF THESE FIELDS, THE IVF
14	PRACTITIONERS AND THE STEM CELL RESEARCHERS ARE VERY
15	CLOSE TO EACH OTHER, SOMETIMES NOT FREQUENTLY, YOU
16	KNOW, THE SAME INSTITUTION, SOMETIMES ON A DIFFERENT
17	FLOOR OF THE SAME BUILDING. AND IT'S A SITUATION
18	WHERE I THINK IT'S REALLY DIFFICULT TO SEPARATE
19	PEOPLE EVEN INSIDE THEMSELVES, EVEN PEOPLE OF GREAT
20	INTEGRITY, TO SEPARATE THEIR DESIRE AND DUTY OF CARE
21	TO THE WOMAN WHO COMES IN TO PROVIDE EGGS AND THEIR
22	DESIRE AND THEIR, YOU KNOW, SENSE OF DUTY TO THE
23	PERSON WHO'S UNDERGOING THE IVF TREATMENT AND ALSO
24	THEIR DESIRE AND MAYBE, AS THEY SEE IT, THEIR DUTY
25	TO ADVANCING THE RESEARCH.

1	AND I THINK THAT PUTS THESE PEOPLE IN A
2	VERY DIFFICULT SITUATION, AND IT PUTS THE WOMEN WHO
3	ARE PROVIDING THE EGGS AT RISK. SO THAT, I THINK,
4	MAKES THE GOING FORWARD, THE PROSPECTIVE, ALLOWING
5	THE USE OF IVF-EMBRYOS WITH PAID GAMETES IN A
6	PROSPECTIVE WAY, I THINK THERE IS A VERY BRIGHT LINE
7	CONCEPTUALLY, LOGICALLY, ETHICALLY, MAYBE LEGALLY
8	BETWEEN THE GRANDFATHERING AND THE MOVING FORWARD.
9	CHAIRMAN LO: THERE'S A NUMBER OF
10	COMMENTS.
11	MS. LANSING: I JUST WANTED TO THANK YOU,
12	MARCY, BECAUSE I THINK ACTUALLY WE HAD AN
13	OPPORTUNITY TO TALK. AND I THINK YOUR INPUT WAS
14	INVALUABLE.
15	DR. DARNOVSKEY: THANK YOU.
16	MS. LANSING: AND I THINK THAT IT'S GREAT
17	THAT WE HAVE CONSENSUS, I THINK, I HOPE I'M NOT
18	SPEAKING OUT OF TURN, AROUND THE GRANDFATHERING
19	BECAUSE WE ALWAYS WANT TO MOVE FORWARD WITH
20	CONSENSUS WITH YOU AS OUR PARTNER. AND I HOPE,
21	BECAUSE I THINK YOUR INPUT WAS REALLY GOOD, I HOPE
22	THAT YOU WILL WORK WITH US IN SEEING IF THERE'S A
23	POSSIBILITY TO HAVE ENOUGH PROTECTIONS THAT WE CAN
24	LOOK TO THE FUTURE AS WELL.
25	CHAIRMAN LO: LET ME ASK ALTA, AND THEN WE
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1	HAVE SOME OTHER PUBLIC COMMENT.
2	MS. CHARO: WELL, FIRST, SINCE IN MOST
3	CASES WE'RE TALKING ABOUT PAID EGG DONORS, NOT SPERM
4	DONORS, I WOULD SUGGEST WE START TALKING ABOUT
5	GRANDMOTHERING AS OPPOSED TO GRANDFATHERING.
6	LISTENING CLOSELY, I REALIZE THAT THERE
7	ARE TWO DIFFERENT SETS OF CONCERNS IN THE CONTEXT OF
8	THE PROSPECTIVE RULE THAT WE WOULD ALLOW CIRM
9	GRANTEES TO DERIVE FROM EMBRYOS THAT INCLUDE WITH
10	THEM GAMETES FROM A PAID DONOR. AND THE FIRST,
11	WHICH IS WHAT I THOUGHT WE WERE GOING TO BE WORRIED
12	ABOUT, WAS THAT SOMEHOW THIS WAS GOING TO ENCOURAGE
13	WOMEN TO BECOME PAID GAMETE DONORS IN THE
14	REPRODUCTIVE CONTEXT WHEN THEY OTHERWISE MIGHT NOT
15	DO IT. AND THAT REALLY DID WORRY ME A BIT BECAUSE
16	THAT'S EXACTLY THE LOGIC THAT HAD BEEN USED BY THE
17	H. W. BUSH AND W. BUSH ADMINISTRATIONS WHEN IT CAME
18	TO THE RULES ABOUT, FIRST, FETAL TISSUE RESEARCH IN
19	THE '80S AND THEN ABOUT EMBRYONIC STEM CELL RESEARCH
20	AT ALL IN THE 2000S. THAT IS, THAT THE PROSPECT OF
21	RESEARCH OUT THERE SOMEWHERE IN THE WORLD AS AN
22	AVENUE FOR DISCARDED PRODUCTS TO GO WOULD SOMEHOW
23	ENCOURAGE PARTICIPATION.
24	AND THAT WAS A LINE THAT MOST OF US HAD
25	REJECTED AS UNREALISTIC, AND I'M GLAD THAT THAT'S
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1	ACTUALLY NOT, I THINK, FROM WHAT I'M HEARING, THE
2	FOCUS OF CONCERN HERE.
3	BUT MARCY RAISED A TOTALLY SEPARATE
4	CONCERN, WHICH I ACTUALLY HADN'T REALLY THOUGHT
5	ABOUT, WHICH IS THE POTENTIAL EFFECT, NOT ON THE
6	WOMAN, BUT ON THE PEOPLE SURROUNDING THE WOMAN. AND
7	ON THAT SCORE, IT IS INTERESTING, THOUGH, TO GO BACK
8	TO THE OLD FETAL TISSUE RULES BECAUSE THAT WAS ALSO
9	A CONCERN, THAT THE MODE OF ABORTION, TIMING,
10	METHOD, ETC., MIGHT BE ALTERED TO MAKE THE FETAL
11	TISSUE FROM THE ABORTUS MORE USABLE TO RESEARCH.
12	AND THAT THIS WOULD HAVE AN ADVERSE EFFECT ON THE
13	QUALITY OF THE MEDICAL CARE GIVEN TO THE WOMAN
14	UNDERGOING ABORTION.
15	AND AS A RESULT, IN THE FEDERAL
16	REGULATIONS, THEY WRITE IN A RULE THAT SAYS IF YOU
17	ARE GOING TO USE THIS TISSUE, AND THESE RULES STILL
18	PERSIST EVEN NOW IN THE W. BUSH ADMINISTRATION, IF
19	YOU ARE GOING TO USE THIS TISSUE, YOU HAVE TO
20	TESTIFY NOT ONLY TO THE FACT THAT THE WOMAN WASN'T
21	PAID TO INDUCE HER TO HAVE AN ABORTION, BUT THAT THE
22	METHOD OF ABORTION WAS NOT ALTERED. AND TO PROVE
23	THAT, YOU HAVE TO SHOW THAT THE METHOD OF ABORTION
24	WAS CHOSEN BEFORE SHE WAS APPROACHED FOR HER CONSENT
25	TO RELINQUISH THE PRODUCTS OF ABORTION TO RESEARCH.

1	IN OTHER WORDS, YOU SEPARATE OUT FOR BOTH THE
2	WOMAN'S THINKING AND THE CARRIER'S THINKING, RIGHT,
3	THE PROSPECT OF RESEARCH AS THEY'RE COMING TO AN
4	AGREEMENT ON HOW TO PROCEED.
5	IT MAY NOT BE COMPLETELY TRANSFERABLE
6	INSTANTLY, AND I DO TAKE THE POINT ABOUT THE
7	COLLABORATIONS THAT GO ON, ESPECIALLY AS WE'RE
8	MOVING TO GMP QUALITY RESEARCH WHERE YOU ACTUALLY
9	NEED THE IVF DOCS AND THE RESEARCHERS TO BE IN
10	FAIRLY CLOSE PROXIMITY IN ORDER TO MANAGE THE
11	PHYSICAL ENVIRONMENT. I KNOW UP IN NEWCASTLE THEY
12	HAVE BEEN DOING THIS. BUT IT DOES SEEM TO BE AN
13	AVENUE OF ENDEAVOR THAT MIGHT LEAD TO THE KIND OF
14	PROTECTIONS THAT WE'D LIKE TO SEE WITHOUT
15	NECESSARILY HAVING TO ABSOLUTELY PREVENT THE USE OF
16	SUCH EMBRYOS BECAUSE NOW AT LEAST WE'RE FOCUSED ON
17	WHAT WE'RE WORRIED ABOUT, AND WE'VE GOT SOME MODELS
18	OF HOW TO GUARD AGAINST ANY INCIDENTAL ABUSES EVEN
19	BY PEOPLE OF GOOD INTENTION.
20	CHAIRMAN LO: OTHER PUBLIC SEVERAL
21	PUBLIC COMMENTS. LET'S DO ONE AT A TIME. AGAIN,
22	PLEASE INTRODUCE YOURSELF FOR THE RECORD.
23	MS. SMITH-CROWLEY: SHANNON SMITH-CROWLEY,
24	REPRESENTING THE AMERICAN SOCIETY FOR REPRODUCTIVE
25	MEDICINE. I WAS VERY PLEASED TO HEAR
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1	DR. DARNOVSKEY'S AGREEMENT AS TO THE GRANDMOTHERING
2	OF THE EMBRYOS USING PAID GAMETES. AND I WOULD LIKE
3	TO SAY THAT WE WILL DO EVERYTHING IN OUR POWER TO
4	WORK TO FIND A SOLUTION TO HELP PUT SOME PROTECTIONS
5	IN PLACE. AND I THINK THE ISSUES THAT WERE BROUGHT
6	UP WERE EXTREMELY VALID, AND I HOPE WE CAN ADDRESS
7	THEM, ESPECIALLY LOOKING AT THE HISTORICAL
8	REFERENCES IN TERMS OF SOME THINGS SUCH AS THE FETAL
9	TISSUE THAT THE OB-GYN'S HAVE HAD TO DEAL WITH MORE
10	MANY YEARS. THANK YOU.
11	MR. REED: IT'S ALWAYS A PLEASURE TO HEAR
12	THE AMAZINGLY ELEVATED LEVEL OF DISCOURSE THAT GOES
13	ON HERE. I WISH SOME OF OUR OPPONENTS IN THE PRESS
14	WOULD COME TO OUR MEETINGS AND HEAR WHAT IS ACTUALLY
15	SAID.
16	TO GO TO A VERY SMALL DETAIL, I'M
17	CONCERNED ABOUT THE FIRST SENTENCE, EMBRYOS DONATED
18	AFTER A WOMAN IN IVF HAS COMPLETED FERTILITY
19	TREATMENT. DOES THAT MEAN AFTER SHE HAS COMPLETED
20	AN IVF CYCLE, OR COULD THAT BE CONSTRUED AS WHEN SHE
21	IS BEYOND REPRODUCTIVE AGE? IS THAT SOMETHING THAT
22	COULD BRING US BACK DIFFICULTIES IN THE FUTURE, OR
23	COULD THERE BE HAS COMPLETED AN INFERTILITY
24	TREATMENT CYCLE, SOMETHING LIKE THAT?
25	DR. PECKMAN: FAMILY PLANNING IS
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	BARRISTERS' REPORTING SERVICE
1	COMPLETED.
2	MS. CHARO: I THINK THE INTENT IS PROBABLY
3	AT THE POINT AT WHICH SHE NO LONGER PLANS TO USE ANY
4	REMAINING EMBRYOS. WHETHER SHE'S AT REPRODUCTIVE
5	AGE OR NOT, SHE'S DECIDED SHE'S GOING TO CONCLUDE
6	HER IVF EFFORTS.
7	MR. KLEIN: A WOMAN'S CHOICE. IT'S THE
8	WOMAN'S CHOICE.
9	MR. REED: RIGHT. I DON'T QUESTION THE
10	INTENT. I JUST QUESTION COULD THIS BE USED AGAINST
11	US IN ANY WAY?
12	DR. TAYLOR: REPRODUCTIVE AGE IS PRETTY
13	BROAD NOW, SO I DON'T THINK WE WANT TO TRY TO DEFINE
14	THAT.
15	CHAIRMAN LO: WE HAVE THE LUXURY TO BE
16	ADVISORY TO THE ICOC.
17	MS. LANSING: WHEN SHE DECIDES SHE NO
18	LONGER WANTS.
19	CHAIRMAN LO: THAT'S A GOOD POINT.
20	MR. KLEIN: DID SOMEONE GET SHERRY'S
21	COMMENT THERE?
22	MS. LANSING: WHEN SHE DECIDES THAT SHE NO
23	LONGER WANTS THEM.
24	DR. LOMAX: THIS IS IN THE RECORD.
25	MR. KLEIN: WE HAVE A TRANSCRIPT FROM THE
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1	RECORDING.
2	DR. LOMAX: SHERRY'S COMMENT IS ACTUALLY
3	CONSISTENT WITH OUR EXISTING BODY OF REGULATION,
4	WHICH INDICATES THAT THESE DECISIONS ARE BY THE
5	WOMAN. SO IT'S CONSISTENT WITH OUR EXISTING
6	LANGUAGE. WHEN WE COME BACK TO YOU, WHICH I WOULD
7	SUGGEST THAT I ENVISION ON THIS ITEM A PROCESS
8	WHERE PERHAPS WE WOULD COME BACK TO THE WORKING
9	GROUP FIRST BECAUSE THIS IS VERY GOOD DIRECTION, BUT
10	UNLIKE THE FIRST ITEM THAT HAD SUFFICIENT
11	MR. KLEIN: GEOFF, I THINK THIS IS THE
12	DIRECTION TO THE ICOC. WE'RE GOING TO DEAL WITH IT
13	AT THE ICOC.
14	MS. LANSING: IF YOU CAN WITH ALL DUE
15	RESPECT, BOB, IF YOU CAN GIVE US SOME WRITTEN POINTS
16	TO KIND OF HELP US IN OUR DIRECTION, WE DON'T OBJECT
17	TO THAT. THE MORE SPECIFIC YOU CAN HELP US BE FOR
18	THE ICOC.
19	DR. LOMAX: I THINK THE POINT IS WE NEED
20	TO REALLY KIND OF GO BACK INTO THE REGULATIONS GIVEN
21	THE SENSE OF THE COMMITTEE TODAY AND UNDERSTAND SORT
22	OF WHERE THE POINTS OF WHERE WE CAN ACTUALLY
23	BRING THIS IN. SO THE DETAILS OF THE LANGUAGE WE
24	NEED TO DEVELOP, BUT WITHIN THE CONTEXT OF EXISTING
25	REGULATIONS. AND ON THIS PARTICULAR ITEM
	160

1	MS. LANSING: THIS IS JUST
2	CHAIRMAN LO: LET ME I THINK THERE NEED
3	TO BE MORE COMMENTS AND DISCUSSION ON THE PANEL.
4	STEVE, WHY DON'T YOU GO AHEAD.
5	DR. PECKMAN: STEVE PECKMAN, UCLA. FIRST
6	OF ALL, I'D LIKE TO SECOND ALTA'S COMMENTS ABOUT
7	SEPARATING OUT THE IVF TREATMENT FROM THE DONATION
8	FOR RESEARCH WITH OOCYTE CLINICAL OOCYTE DONORS,
9	AND THAT WE SHOULDN'T WHOLE CLOTH DISMISS THE IDEA
10	THAT COUPLES OR INDIVIDUALS CREATING EMBRYOS WITH
11	DONATED OOCYTES, THAT THOSE NEED TO BE REMOVED OFF
12	THE TABLE IN THE FUTURE BECAUSE THERE MAY BE
13	APPEARANCE BECAUSE THERE MAY BE QUESTIONS WE
14	HAVE, BUT RATHER ENSURE THAT THOSE QUESTIONS ARE
15	ADDRESSED AND MAKE THOSE EMBRYOS AVAILABLE IN THE
16	FUTURE WITH THOSE QUESTIONS ADDRESSED. THAT'S THE
17	MAIN POINT I ACTUALLY CAME HERE TO MAKE TODAY, SO
18	I'M GLAD THAT ALTA MADE IT FOR ME.
19	I WANT TO GO BACK TO THE DISCUSSION THAT
20	HAPPENED BEFORE LUNCH REGARDING SPERM DONORS AND
21	INFORMED CONSENT. I DON'T KNOW OF ANY ACADEMIC
22	MEDICAL CENTER IN CALIFORNIA THAT REQUIRES WHEN
23	TISSUES ARE BEING SHARED THAT THEY RECEIVE AN ACTUAL
24	SIGNED CONSENT FORM FROM THE DONOR. WHAT THEY
25	REQUEST IS THE CONSENT FORM THAT'S USED WHICH THEY
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1	HAVE OBTAINED INFORMED CONSENT, AN ATTESTATION BY
2	THE PROVIDER THAT IT HAS BEEN USED APPROPRIATELY,
3	AND THAT NO ONE ASKS TO SEE THE ACTUAL SIGNED
4	DOCUMENT. I THINK THAT'S A RED HERRING THAT SHOULD
5	BE TAKEN OFF THE TABLE COMPLETELY.
6	BUT THE MAIN POINT HERE TODAY IS TO
7	ENCOURAGE YOU TO CONSIDER THE USE BOTH
8	RETROSPECTIVELY AND PROSPECTIVELY OF EMBRYOS THAT
9	ARE CREATED WITH PAID DONORS FOR CLINICAL REASONS,
10	THAT THOSE BE ALLOWED TO BE USED FOR RESEARCH EVEN
11	THOUGH THOSE DONORS WERE PAID FOR CLINICAL PURPOSES
12	BECAUSE, AS YOU DISCUSSED EARLIER, INTENT OF THE
13	RESTRICTION WAS TO ADDRESS UNDUE INFLUENCE ON THE
14	OOCYTE DONOR. AND THERE'S CLEARLY NO UNDUE
15	INFLUENCE ON THE OOCYTE DONOR WHO IS CONTRIBUTING
16	THE OOCYTE FOR FERTILITY PURPOSES, AND THAT THE
17	RESEARCH COMES FOLLOWING THOSE DECISIONS AND IS
18	ACTUALLY NOT RELATED TO THAT IVF PROCESS AT ALL.
19	AND WE NEED TO SEPARATE THOSE ASPECTS OUT. THANK
20	YOU.
21	CHAIRMAN LO: THANK YOU.
22	MR. KLEIN: SO, MR. CHAIRMAN, IF THE
23	INSTITUTIONS LIKE UCLA HAVE BEEN ALIGNED UPON THE
24	PROVIDING ATTESTING TO THE FACT THAT CONSENT IS
25	THERE, IT'S NOT OUR INTENT TO ASK THEM TO ACTUALLY
	4-0

1	SUBMIT THE FORM; IS THAT CORRECT, WITH THE
2	GRANDFATHERED EMBRYOS THAT REALLY EXIST IN
3	PRACTICES?
4	DR. PECKMAN: I THINK WHAT YOU
5	WANT WHAT YOU WANT TO SEE IS THE SAMPLE FORM
6	THAT'S BEING USED, NOT THE ACTUAL SIGNED DOCUMENT.
7	MR. KLEIN: YEAH. THAT MAKES SENSE.
8	CHAIRMAN LO: I THINK, AGAIN, WHAT WE'RE
9	TRYING TO DO IS HAVE A FAIRLY VIABLE POLICY
10	RECOMMENDATION WITH THE ICOC. I THINK SOME OF THESE
11	DETAILS, I'LL BE SHRINKING THEM. WE WON'T BE ABLE
12	TO DO THAT TODAY. I THINK THAT'S SOMETHING WE'D
13	LIKE FRANKLY THE ICOC STAFF SORT OF DO.
14	MR. SIMPSON: JOHN SIMPSON FROM CONSUMER
15	WATCHDOG. I JUST WANTED TO AGREE THAT THE
16	GRANDMOTHERING AND THE GRANDFATHERING AND
17	GRANDPERSONING IS ABSOLUTELY THE RIGHT THING TO DO.
18	I ALSO WANTED TO AGREE WITH THE PREVIOUS SPEAKER,
19	THAT I DO ALSO THINK THAT IF COUPLES ARE IN A
20	POSITION AND THEY ARE COMPLETED WITH THEIR IVF
21	CYCLE, THAT THEY OUGHT TO BE ABLE TO GIVE DONATION
22	OF THE EMBRYOS NO MATTER HOW THEY WERE OBTAINED
23	ORIGINALLY.
24	SO I THINK YOU NEED TO PUT TREMENDOUS
25	EMPHASIS ON THE PROSPECTIVE ASPECT OF THIS BECAUSE I

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1	THINK WHAT YOU WILL END UP DOING HERE, IF YOU LET IT
2	DRAG ON, YOU'RE GOING TO HAVE A VERY BIFURCATED
3	GROUP OF PEOPLE, PEOPLE WHO KNOW THAT THEIR EMBRYOS
4	WERE DONATED, AND THERE WILL BE A FRUSTRATED GROUP
5	THAT WOULD LIKE TO BE DONATING THEM, BUT DON'T
6	UNDERSTAND WHY THEY CAN'T. SO I WOULD ENCOURAGE
7	APPROPRIATE DELIVERY OF THE CASE IN MOVING FORWARD
8	TO FIGURE OUT TO MAKE THIS WORK IN THE FUTURE.
9	CHAIRMAN LO: I THINK, AGAIN, THE
10	PROSPECTIVE IS SOMETHING WE'RE GOING HAVE TO COME
11	BACK TO. WE'RE GOING TO WORK WITH THOSE PEOPLE.
12	JOSE, YOU'VE BEEN VERY PATIENT.
13	DR. CIBELLI: YEAH. I HAPPEN TO HAVE MY
14	COMPUTER WITH 2004 CDC REPORT. AND DID A QUICK
15	SEARCH. I THINK IT'S IMPORTANT JUST THE MAGNITUDE
16	OF THE ISSUE. I'M NOT AN EXPERT, BUT I READ THE
17	NUMBERS TO YOU. SO IN 2004 THEY WERE DOING OVER
18	127,877 CYCLES. AND OF THOSE, 58,175 WERE DONOR
19	EGGS. THAT'S ABOUT 12 PERCENT ON THE WHOLE CYCLES
20	IN THE U.S. I DON'T KNOW IF THAT GIVES SOME
21	PERSPECTIVE OR IT'S RELATED TO THIS OR NOT.
22	CHAIRMAN LO: DOES THAT GIVE STATISTICS
23	FOR THE NUMBER OF CYCLES WITH DONATED SPERM?
24	DR. CIBELLI: I COULDN'T FIND IT.
25	CHAIRMAN LO: COULDN'T FIND IT. THAT'S
	172

1	SOMETHING I'M GOING TO ASK STAFF TO LOOK AT. THANK
2	YOU. IT'S GREAT TO SEE THE INTERNET AT WORK.
3	MS. MICHELSEN: IN HEARING THE CONCERNS AS
4	TO HOW YOU OFFER PROTECTION, PERHAPS ONE OF THE
5	THINGS THE COMMITTEE MIGHT DO IS DRAFT A CONSENT
6	FORM THAT HAS THE PIECES YOU WANT TO MAKE SURE THAT
7	PEOPLE HAVE ADHERED TO AND REQUIRE, FOR EXAMPLE,
8	THAT THIS CONSENT FORM BE SIGNED NO SOONER THAN
9	AFTER THE IVF PROCEDURE. AND THAT WAY IT'S VERY
10	CLEAR THAT THE PROCEDURE TOOK PLACE PRIOR TO THE
11	CONCEPT OF DONATION. AND THEN YOU CAN ADD IN YOUR
12	OTHER PROTECTIONS ON THE CONSENT FORM, AND POSSIBLY
13	THEN YOU CAN MANDATE THIS CONSENT FORM BE SIGNED BY
14	THE VARIOUS IVF CLINICS AND SO FORTH THAT MAY BE
15	DOING THESE PROCEDURES. SO THAT'S AN IDEA.
16	CHAIRMAN LO: GREAT. I THINK, AGAIN, MY
17	SENSE IS WE'RE GOING TO NEED TO THINK MORE ABOUT THE
18	PROSPECTIVE. I'D LIKE TO KIND OF REACH CLOSURE
19	HERE. SO, GEOFF, IF YOU COULD CHANGE THIS, THAT
20	THIS REALLY THIS WHY DON'T YOU PUT BACK ON THE
21	SLIDE.
22	IS IT THE SENSE OF THIS MEETING THAT TO WE
23	GO TO THE ICOC AND SAY THAT WITH REGARD TO BOTH
24	EXISTING STEM CELL LINES AND EMBRYOS ALREADY IN
25	EXISTENCE AS OF THE CUTOFF DATE WE MENTIONED TODAY
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1	OR AT THE ICOC MEETING, THAT THEY BE ALLOWED TO BE
2	USED SUBJECT TO THESE, BUT RATHER THAN THE LAST
3	BULLET, THIS IS REALLY FOR ONES ALREADY IN
4	EXISTENCE, THAT WE'RE GOING TO TODAY JUST PICK UP ON
5	THAT IF WE CAN AND COME BACK AT THE NEXT MEETING TO
6	PROPOSE PROTECTIONS.
7	MR. KLEIN: AND THE SLIDE DOESN'T ACTUALLY
8	SAY EMBRYOS ALREADY IN EXISTENCE AS OF THE DATE OF
9	OUR ADOPTION, BUT WE COULD ADD A BULLET POINT.
10	MS. LANSING: THIS WOULD APPLY TO ANY
11	EMBRYOS
12	CHAIRMAN LO: EMBRYOS AND LINES.
13	MS. LANSING: IN THE PAST UP TO THE
14	DATE OF THE ADOPTION.
15	MR. KLEIN: THAT'S RIGHT.
16	CHAIRMAN LO: GEOFF WILL
17	MS. LANSING: AND WE'RE GOING TO THEN COME
18	BACK. OUR NEXT SUBJECT OF OUR NEXT MEETING IS HOW
19	WE MOVE FORWARD IN THE FUTURE.
20	CHAIRMAN LO: SO, MARCY, YOU HAD A
21	COMMENT? FOR THE RECORD.
22	DR. DARNOVSKEY: FOR THE RECORD, MARCY
23	DARNOVSKEY, CENTER FOR GENETICS AND SOCIETY. I JUST
24	WANT TO CONNECT SOME DOTS HERE. ONE ABOUT THE
25	I'M NOT CONVINCED THERE'S A WAY TO ADEQUATELY

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1	PROTECT WOMEN PROVIDING EGGS DOING IT IN THE FUTURE
2	AT ALL. AND I THINK ONE OF THE THINGS THAT HAS TO
3	BE CONSIDERED IS DO YOU REALLY NEED THIS? YOU KNOW,
4	YOU HAVE A 85, MAYBE 80 PERCENT OF EMBRYOS THAT
5	DON'T HAVE PAID GAMETES IN THEM AT ALL. NOW WE'RE
6	SAYING THE ONES THAT ALREADY EXIST ARE GOING TO BE
7	ALLOWED. THAT'S A WHOLE AS DR. TAYLOR SAID, WE
8	HAVE A WHOLE NOTHER SUPPLY OF MATERIAL.
9	SO I THINK WE'RE IN A DIFFERENT MEETING
10	SITUATION THAN WE WERE FIVE MINUTES AGO BY A LOT.
11	AND THAT REALLY RECOGNIZING THAT NUMBER, THAT IT'S
12	ONLY 12 PERCENT OF THE CYCLES, FOLKS, YOU KNOW,
13	WE'RE NOT TALKING ABOUT THAT MANY, SO I THINK THAT
14	DISCUSSION HAS TO REALLY
15	CHAIRMAN LO: THE WHOLE PROSPECTIVE ISSUE
16	IS WE NEED TO COME BACK TO THAT.
17	MS. LANSING: WE NEED TO REALLY DISCUSS
18	IT, YOU KNOW, AND SEE WHAT
19	CHAIRMAN LO: WHAT I WOULD LIKE TO
20	DENISE. IS THIS ON THE RETROSPECTIVE BECAUSE I
21	WANT
22	MS. BERNSTEIN: THIS IS JUST VERY QUICKLY
23	ON THE COMMENT. I JUST THINK THAT THE EMBRYOS THAT
24	ARE FROZEN, THAT HAVE BEEN FROZEN FROM THE DONOR
25	GAMETES, IT'S NOT JUST A QUANTITY ISSUE. THOSE
	175

1	EMBRYOS ARE PROBABLY SCIENTIFICALLY SOUND.
2	CHAIRMAN LO: WE'RE GOING TO HAVE TO
3	WE'RE UNABLE TO GET THE STANFORD SCIENTISTS, BUT I
4	THINK THAT'S PART OF THE DISCUSSION. WHAT WOULD BE
5	THE GAIN SCIENTIFICALLY IF WE COULD USE THESE
6	EMBRYOS GOING FORWARD? WHAT'S THE MAGNITUDE OF THAT
7	POTENTIAL CASE?
8	MS. LANSING: AND HOW DO WE PROTECT? AND
9	SO I THINK, TO PUT THIS IN PERSPECTIVE, YOU KNOW,
10	AFTER TWO YEARS, YOU KNOW, OF EACH OF US HAVING
11	DIFFERING OPINIONS TO WHAT, I HOPE, I THINK WILL
12	PROBABLY BE A CONSENSUS WITH OUR GROUP AND OUR
13	ADVOCATES IN THE PUBLIC, THIS IS A BIG STEP FOR US.
14	AND NOW WE'RE GOING TO A LOT OF DISCUSSION, A LOT OF
15	INPUT FROM EVERY SIDES TO SEE IF THERE IS A WAY TO
16	MOVE FORWARD IN THE FUTURE, THE BENEFITS, THE
17	DOWNSIDE, AND WE CAN ANALYZE IT.
18	CHAIRMAN LO: WHAT I WOULD PROPOSE WE DO
19	NOW IS TO ACTUALLY TAKE AN ADVISORY ROLL CALL VOTE
20	TO THE ICOC AND SEE IF IT IS THE SENSE OF THIS
21	COMMITTEE TODAY TO RECOMMEND TO THE ICOC THIS
22	GRANDPARENTING IN OF THESE EMBRYOS AND EXISTING STEM
23	CELL LINES USING PAID GAMETES SUBJECT TO THESE
24	CONDITIONS.
25	OKAY. GEOFF, YOU WANT TO READ THE ROLL.
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	DARRISTERS REPORTING SERVICE
1	DR. LOMAX: ARE WE CLEAR DO WE NEED
2	TO
3	MR. KLEIN: YEAH.
4	DR. LOMAX: FURTHER ELUCIDATE THE
5	MOTION? OKAY. SO THE RECORD REFLECTS WHAT WE'RE
6	VOTING ON, AND WE CAN JUST GO FORWARD AND VOTE. AND
7	FOR ANY REASON WELL, LET'S JUST MOVE FORWARD WITH
8	THE VOTE.
9	ROBERT TAYLOR.
10	DR. TAYLOR: YEAH. I'M FOR
11	GRANDMOTHERING.
12	DR. LOMAX: ANN KIESSLING.
13	DR. KIESSLING: I AM A GRANDMOTHER.
14	DR. LOMAX: FRANCISCO PRIETO.
15	DR. PRIETO: I SUPPORT GRANDMOTHERS.
16	DR. LOMAX: ALTA CHARO.
17	MR. KLEIN: FOR THE RECORD, WE REALLY
18	SHOULD WE NEED THE VOTE.
19	DR. KIESSLING: YES.
20	DR. PRIETO: YES.
21	MS. CHARO: YES. AND IF I'M EVER LUCKY
22	ENOUGH TO HAVE CHILDREN, I'M LIKELY TO BE A
23	GRANDMOTHER.
24	CHAIRMAN LO: I'M JUST GOING TO SAY YES.
25	MS. LANSING: I'M GOING TO SAY YES IN
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1	FAVOR. YES. I CAN'T RESIST THIS. I HOPE SOMEDAY
2	TO BE A GRANDMOTHER IN FAVOR OF ALL GRANDMOTHERS.
3	MR. KLEIN: YES.
4	MS. FEIT: YES.
5	MR. SHEEHY: YES.
6	DR. CIBELLI: IN FAVOR OF THIS.
7	CHAIRMAN LO: WELL, THANK YOU VERY MUCH.
8	I THINK THIS IS AN IMPORTANT STEP.
9	(APPLAUSE.)
10	MS. LANSING: JUST LET ME SAY WHAT I LIKE
11	ABOUT THIS IS THAT, YOU KNOW, HAVING WORKED WITH
12	THIS GROUP FOR TWO YEARS, HAVING WORKED WITH THE
13	PUBLIC, IT SHOWS THAT WE REALLY ARE A WORK IN
14	PROGRESS, THAT WE'RE CONSTANTLY LOOKING AT WHAT'S
15	HAPPENING, WE'RE CONSTANTLY EVALUATING,
16	REEVALUATING, AND TRYING TO DO THE BEST FOR THE
17	PATIENT AND FOR THE SCIENCE. I THINK THIS IS REALLY
18	QUITE EXCITING.
19	DR. TROUNSON: BERNIE AND SHERRY AND
20	COMMITTEE, REALLY DO APPRECIATE THE CLARITY OF THE
21	PROPOSAL AND THE ABILITY FOR US TO MOVE ALONG IN
22	THESE STEPS. SMALL AS THEY MIGHT BE, THEY'RE VERY
23	SIGNIFICANT IN US ACHIEVING OUR MISSION. SO THANK
24	YOU VERY, VERY MUCH.
25	MS. LANSING: THANK YOU.
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1	CHAIRMAN LO: AND NOW I'D LIKE TO ACTUALLY
2	MOVE US FORWARD TO THE NEXT AGENDA ITEM. IT'S
3	ACTUALLY A REPORT FROM THE CALIFORNIA DEPARTMENT OF
4	PUBLIC HEALTH, WHICH, AS YOU KNOW, IS RESPONSIBLE
5	FOR THE OVERSIGHT OF ALL STEM CELL RESEARCH IN
6	CALIFORNIA NOT FUNDED BY CIRM, AND THEY'VE ACTUALLY
7	BEEN WORKING VERY HARD ON REPORTING REQUIREMENTS FOR
8	OOCYTE DONATION. SO WE ARE VERY THANKFUL TO SHABBIR
9	COMING FROM SACRAMENTO TODAY.
10	MR. AHMAD: FIRST OF ALL, I WANT TO THANK
11	YOU AND THE WORK GROUP WILLING TO GIVE THE
12	DEPARTMENT THE OPPORTUNITY TO SHARE THE REQUIREMENTS
13	OF REPORTING FOR THE HUMAN EMBRYONIC STEM CELL
14	RESEARCH AS WELL AS ASSISTED OOCYTE PRODUCTION FOR
15	RESEARCH FROM THIS COMMITTEE.
16	AND I ALSO WANT TO ENCOURAGE THAT THERE
17	SHOULD BE MORE AND MORE COLLABORATION BETWEEN CIRM
18	AND THE DEPARTMENT OF THE PUBLIC HEALTH IN TERMS OF
19	THE STEM CELL RESEARCH BECAUSE I WAS IN FRONT OF ONE
20	SENATE BUDGET SUBCOMMITTEE, AND THE QUESTION WAS
21	ASKED HOW YOU INTERACT WITH EACH OTHER ON STEM CELL
22	RESEARCH. AND I THANK DR. GEOFF LOMAX TO INITIATE
23	THAT PROCESS AND ATTENDING THE ADVISORY COMMITTEE
24	MEETINGS FROM DEPARTMENT OF PUBLIC HEALTH. AND THIS
25	IS ANOTHER EXAMPLE THAT WE ARE COLLABORATING ON

1	THESE ISSUES.
2	FROM THE OUTSET I WANT TO THANK THE
3	ADVISORY COMMITTEE, ESPECIALLY THE CHAIR, PROFESSOR
4	GREELEY, DR. RUBEN, THE CO-CHAIR OF THE ADVISORY
5	COMMITTEE, DR. MAGNUS, DR. LO, THE OTHER COMMITTEE
6	MEMBERS WHO PROVIDED GREAT INPUT, ADVICE, GUIDANCE,
7	RECOMMENDATIONS, AND THEIR VOLUNTARY TIME TO DEVELOP
8	THE GUIDELINES AS WELL AS THESE REPORTING FORMS,
9	WHICH I WANT TO DISCUSS WITH YOU.
10	ALSO WANT TO THANK THE PUBLIC
11	PARTICIPATION IN THIS PROCESS. WE RECEIVED VERY
12	EXCELLENT SUGGESTIONS, VERY CONSTRUCTIVE CRITIQUE
13	AND COMMENTS AND CONCERN WHILE WE WERE GOING THROUGH
14	THE DEVELOPMENT OF THESE REPORTING FORMS. AND, OF
15	COURSE, THE STAFF OF THE DEPARTMENT OF PUBLIC
16	HEALTH, AS WELL AS DEPARTMENT OF PUBLIC HEALTH LEGAL
17	AND PRIVACY OFFICERS WHO PARTICIPATED IN THE
18	PROCESS.
19	SO WHAT I'M GOING TO DO IS JUST REFRESH
20	OUR MEMORIES, GIVING YOU SOME OF THE STATUTORY
21	MANDATES BY WHICH THESE REPORTING REQUIREMENTS ARE
22	THERE, AND THEN GO OVER THAT JUST BRIEFLY WHAT
23	PROCESS WE FOLLOWED TO DEVELOP THESE REPORTING
24	FORMS, AND THEN GIVE A BRIEF DESCRIPTION OF THE
25	FORMS AND THE NEXT STEPS.

THESE HEALTH AND SAFETY CODES, THEY WERE
ENACTED THROUGH BILL SB 1260. ALL OF YOU KNOW
SENATOR ORTIZ INTRODUCED THE BILL, AND IT WAS SIGNED
INTO POLICY BY THE GOVERNOR. AND THERE ARE SOME
REQUIREMENTS FROM SCRO COMMITTEES, FROM IRB, FROM
DEPARTMENT OF PUBLIC HEALTH, IN DEVELOPING THE
REVIEW REPORT FOR THE LEGISLATURE.
THE INFORMATION THAT IS RECEIVED WE
RECEIVED THROUGH THESE FORMS FROM SCRO'S, IRB'S, AND
RESEARCHERS. THE HEALTH AND SAFETY CODE
125119(A)(1), ALL RESEARCH PROJECTS INVOLVING THE
DERIVATION OF USE OF HUMAN EMBRYONIC STEM CELLS
SHALL BE REVIEWED AND APPROVED BY A STEM CELL
RESEARCH OVERSIGHT COMMITTEE PRIOR TO BEING
UNDERTAKEN. AND (B), NOT LESS THAN ONCE PER YEAR A
STEM CELL RESEARCH OVERSIGHT COMMITTEE SHALL CONDUCT
CONTINUING REVIEW OF HUMAN EMBRYONIC STEM CELL
RESEARCH PROJECTS REVIEWED AND APPROVED UNDER THIS
SECTION.
AND THEN THE COMMITTEE IS REQUIRED TO
REPORT TO THE DEPARTMENT ANNUALLY ON THE NUMBER OF
HUMAN STEM CELL RESEARCH PROJECTS AND THE STATUS AND
DISPOSITION OF EACH. AND I HIGHLIGHTED THE WORD
"EACH" IN THIS CODE BECAUSE THERE WAS A LOT OF
DISCUSSION ON WHETHER THERE SHOULD BE A REQUIREMENT
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1	FOR REPORTING ON AN INDIVIDUAL PROJECT OR THERE
2	SHOULD BE (UNINTELLIGIBLE) COMING FROM SCRO
3	COMMITTEES OR FROM IRB'S OR RESEARCHERS. BUT WE
4	SAID IN THE SPIRIT OF THE LAW, THAT WE NEED THE
5	INFORMATION ON EACH OF THESE PROJECTS.
6	125119.3(B), EACH STEM CELL RESEARCH
7	OVERSIGHT COMMITTEE SHALL ALSO REPORT TO THE
8	DEPARTMENT REGARDING UNANTICIPATED PROBLEMS,
9	UNFORESEEN ISSUES, OR SERIOUS CONTINUING
10	INVESTIGATOR NONCOMPLIANCE. SO IT'S NOT ONLY THE
11	WRITTEN STATUS DISPOSITION OF THE PROJECT, BUT ANY
12	ISSUES RELATED TO THOSE PROJECTS NEEDS TO BE
13	FORWARDED TO THE DEPARTMENT.
	THE DEDARTMENT CHAIL AT LEACT NOW THE
14	THE DEPARTMENT SHALL AT LEAST NOW, THIS
14 15	IS THE RESPONSIBILITY OF THE DEPARTMENT SHALL AT
15	IS THE RESPONSIBILITY OF THE DEPARTMENT SHALL AT
15 16	IS THE RESPONSIBILITY OF THE DEPARTMENT SHALL AT LEAST ANNUALLY REVIEW THESE REPORTS AND WHAT HAS
15 16 17	IS THE RESPONSIBILITY OF THE DEPARTMENT SHALL AT LEAST ANNUALLY REVIEW THESE REPORTS AND WHAT HAS BEEN LEARNED OF DATA AND MAY USE THE INFORMATION
15 16 17 18	IS THE RESPONSIBILITY OF THE DEPARTMENT SHALL AT LEAST ANNUALLY REVIEW THESE REPORTS AND WHAT HAS BEEN LEARNED OF DATA AND MAY USE THE INFORMATION COMING OUT OF THESE FORMS AND REPORTS MAY REVISE THE
15 16 17 18 19	IS THE RESPONSIBILITY OF THE DEPARTMENT SHALL AT LEAST ANNUALLY REVIEW THESE REPORTS AND WHAT HAS BEEN LEARNED OF DATA AND MAY USE THE INFORMATION COMING OUT OF THESE FORMS AND REPORTS MAY REVISE THE GUIDELINES DEVELOPED PURSUANT TO THE SECTION 125118
15 16 17 18 19	IS THE RESPONSIBILITY OF THE DEPARTMENT SHALL AT LEAST ANNUALLY REVIEW THESE REPORTS AND WHAT HAS BEEN LEARNED OF DATA AND MAY USE THE INFORMATION COMING OUT OF THESE FORMS AND REPORTS MAY REVISE THE GUIDELINES DEVELOPED PURSUANT TO THE SECTION 125118 AS IT DEEMS NECESSARY TO THE ADVISORY COMMITTEE AND
15 16 17 18 19 20	IS THE RESPONSIBILITY OF THE DEPARTMENT SHALL AT LEAST ANNUALLY REVIEW THESE REPORTS AND WHAT HAS BEEN LEARNED OF DATA AND MAY USE THE INFORMATION COMING OUT OF THESE FORMS AND REPORTS MAY REVISE THE GUIDELINES DEVELOPED PURSUANT TO THE SECTION 125118 AS IT DEEMS NECESSARY TO THE ADVISORY COMMITTEE AND THE PUBLIC PARTICIPATION.
15 16 17 18 19 20 21	IS THE RESPONSIBILITY OF THE DEPARTMENT SHALL AT LEAST ANNUALLY REVIEW THESE REPORTS AND WHAT HAS BEEN LEARNED OF DATA AND MAY USE THE INFORMATION COMING OUT OF THESE FORMS AND REPORTS MAY REVISE THE GUIDELINES DEVELOPED PURSUANT TO THE SECTION 125118 AS IT DEEMS NECESSARY TO THE ADVISORY COMMITTEE AND THE PUBLIC PARTICIPATION.  THE B PART, THE DEPARTMENT SHALL PROVIDE A
15 16 17 18 19 20 21 22	IS THE RESPONSIBILITY OF THE DEPARTMENT SHALL AT LEAST ANNUALLY REVIEW THESE REPORTS AND WHAT HAS BEEN LEARNED OF DATA AND MAY USE THE INFORMATION COMING OUT OF THESE FORMS AND REPORTS MAY REVISE THE GUIDELINES DEVELOPED PURSUANT TO THE SECTION 125118 AS IT DEEMS NECESSARY TO THE ADVISORY COMMITTEE AND THE PUBLIC PARTICIPATION.  THE B PART, THE DEPARTMENT SHALL PROVIDE A BIENNIAL REVIEW. WE ARE REQUIRED TO DEVELOP A

1	WHICH IS NOT FULLY FUNDED BY CIRM. SO THIS IS THE
2	RESEARCH THAT IS BEING DONE WITH THE FUNDS FROM
3	NON-CIRM RESOURCES.
4	MR. KLEIN: COULD I ASK A QUESTION ON
5	THAT?
6	MR. AHMAD: SURE.
7	MR. KLEIN: WHEN YOU SAY NOT FULLY FUNDED
8	BY CIRM, IF IT'S FUNDED IN PART BY ANOTHER STATE
9	SOURCE, BUT IF THE BALANCE OF THE FUNDING IS FROM
10	PRIVATE OR NIH, IF IT'S A CIRM-SPONSORED GRANT, THEY
11	WOULD BE UNDER CIRM REGULATIONS.
12	MR. AHMAD: IF THE FUNDING, AT LEAST WHAT
13	OUR LEGAL COUNSEL HAS INTERPRETED, THAT IF THERE ARE
14	ANY DOLLARS TO THE RESEARCH THAT ARE COMING FROM
15	NON-CIRM RESOURCE, THEN WHETHER IT'S NIH, WHETHER IT
16	IS A STATE FUNDING, WHETHER THERE IS A FOUNDATION,
17	PRIVATE DONATION, PRIVATE FUNDING, THEN THESE
18	REPORTING REQUIREMENTS WOULD APPLY.
19	MR. KLEIN: OKAY. BUT WHAT'S VERY
20	IMPORTANT HERE IS THAT WE HAVE OUR COUNSEL TALK
21	TOGETHER BECAUSE ON A CONSTITUTIONAL AND A STATUTORY
22	BASIS, OUR LEGAL POSITION IS THAT IF IT'S A
23	CIRM-SPONSORED GRANT, IF THERE'S NIH DOLLARS, IF
24	THERE'S ANY OTHER SOURCE'S FUNDING PART OF IT, IT'S
25	A CIRM-SPONSORED GRANT, COMES UNDER CIRM
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1	JURISDICTION. SO IT IS VERY HELPFUL TO HAVE YOU
2	HERE SO WE GET THIS COORDINATED BECAUSE THIS IS A
3	VERY IMPORTANT LEGAL DECISION FOR US. WE CAN'T HAVE
4	TWO DIFFERENT STANDARDS APPLYING TO THE SAME
5	RESEARCH. AND IF IT'S A CIRM GRANT, IT'S OUR LEGAL
6	POSITION THAT IT IS EXCLUSIVELY THE JURISDICTION OF
7	CIRM'S REGULATORY REGIME.
8	MR. AHMAD: I THINK WE NEED TO WORK ON
9	THAT. THIS IS BEYOND MY OPINION AT THIS MOMENT, AND
10	THE ISSUE SHOULD BE DISCUSSED WITH THE DEPARTMENT
11	LEGAL ADVICE AND OPINION.
12	MR. KLEIN: SO WE REALLY APPRECIATE YOU
13	GETTING THERE SO WE CAN SOLVE THESE PROBLEMS EARLY
14	AND HAVE GREAT COORDINATION, SO THIS IS VERY
15	HELPFUL.
16	MR. AHMAD: OKAY GREAT. I WILL FOLLOW UP
17	WITH DR. LOMAX, WHO WILL CONTINUE ON THAT ISSUE.
18	SO THE IRB REQUIREMENTS, THIS IS JUST
19	REFRESHING YOU ALL FOR REMEMBERING, WRITTEN SUMMARY
20	OF HEALTH RISKS, INFORMED CONSENT REQUIREMENTS,
21	POSTPROCEDURE MEDICAL EXAMINATION, AND COVERAGE OF
22	MEDICAL EXPENSES, THOSE THINGS TO BE APPROVED AND
23	COVERED BY THE IRB ON ASSISTED OOCYTE PRODUCTION.
24	NOW, THE COMPONENTS OF THE WRITTEN RECORD
25	OF SUBJECTS AND OOCYTES, A RESEARCH PROGRAM OR

1	PROJECT, THERE HAS BEEN A LOT OF DISCUSSION WHO
2	SHOULD REPORT THIS FOR ASSISTED OOCYTE PRODUCTION.
3	THE LAW SAYS THAT IT IS THE RESEARCH PROJECT OR THE
4	PROGRAM. WE HAVE GOTTEN THE OPINION THAT IT SHOULD
5	BE OKAY BECAUSE IF SCRO HAS GONE THROUGH THE
6	RESEARCH PROJECT, THE SCRO COMMITTEES CAN REPORT ON
7	THE ASSISTED OOCYTE PRODUCTION.
8	AND WHAT IS NEEDED IN THAT REPORT IS THE
9	DEMOGRAPHICS OF THE SUBJECT, WHICH SAYS INCLUDING,
10	BUT NOT LIMITED TO, THEIR AGE, RACE, PRIMARY
11	LANGUAGE, ETHNICITY, INCOME BRACKET, EDUCATION
12	LEVEL, AND THE FIRST THREE DIGITS OF THE ZIP CODE OF
13	THE CURRENT RESIDENCE. SO THESE ARE SOME OF THE
14	VARIABLES WHICH WE INCLUDED IN THE REPORTING FORMS.
15	SECOND, INFORMATION REGARDING EVERY
16	OOCYTE, AGAIN, HERE THE WORD "EVERY" IS VERY
17	IMPORTANT, THAT HAS BEEN DONATED OR USED. THIS
18	RECORD SHOULD BE SUFFICIENT TO DETERMINE THE
19	PROVENANCE AND THE DISPOSITION OF THOSE MATERIALS.
20	NUMBER THIRD, A RECORD OF ALL ADVERSE
21	HEALTH OUTCOMES, INCLUDING, BUT NOT LIMITED TO,
22	INCIDENCES AND DEGREES OF SEVERITY RESULTING FROM
23	THE ASSISTED OOCYTE PRODUCTION OR ANY ALTERNATIVE
24	METHOD OF OOCYTE RETRIEVAL.
25	SUBJECT PRIVACY PROVISIONS, THE HEALTH AND
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1	SAFETY CODE $125342(B)(1)$ , THE INFORMATION INCLUDED
2	IN THE WRITTEN RECORD PURSUANT TO SUBDIVISION A
3	SHALL NOT DISCLOSE PERSONALLY IDENTIFIABLE
4	INFORMATION ABOUT SUBJECTS, AND SHALL BE
5	CONFIDENTIAL, AND IS DEEMED PROTECTED BY SUBJECT
6	PRIVACY PROVISIONS OF LAW.
7	THIS INFORMATION SHALL BE REPORTED TO THE
8	STATE DEPARTMENT OF HEALTH SERVICES, NOW STATE
9	DEPENDENT OF PUBLIC HEALTH, WHICH SHALL AGGREGATE
10	THE DATA, SHALL AGGREGATE THE DATA AND MAKE IT
11	PUBLICLY AVAILABLE, AND THE DEPARTMENT SHALL PROVIDE
12	PUBLIC ACCESS TO THIS INFORMATION THROUGH THE
13	CALIFORNIA PUBLIC RECORDS ACT. AND THIS IS SECTION
14	8 OF WHAT 1260 SAYS, THAT THIS ACT SHALL NOT BE
15	CONSTRUED TO AMEND PROPOSITION 71 APPROVED BY THE
16	VOTERS AT THE NOVEMBER 2, 2004, GENERAL ELECTION.
17	THIS IS JUST A SUMMARY, BUT I HAVE SAID
18	THERE ARE SOME REQUIREMENTS FROM DEPARTMENT OF
19	PUBLIC HEALTH, SOME FROM IRB, SOME FROM SCRO
20	COMMITTEES, AND SOME FROM THE RESEARCHERS OF THE
21	RESEARCH PROGRAMS.
22	THE PROCESS WE WENT THROUGH TO DEVELOP
23	THESE TWO REPORTING FORMS WAS QUITE EXTENSIVE. THE
24	FORMS WERE DRAFTED BASED ON INTERPRETATION OF THE
25	STATUTES, AND THE DEPARTMENT OF PUBLIC HEALTH HUMAN
	100

1	STEM CELL RESEARCH ADVISORY COMMITTEE MEETING WENT
2	TO WORK ON THAT DRAFT, AND THERE WAS DISCUSSION OF
3	THE REVISION OF THE FORMS. THERE WAS A SECOND
4	COMMITTEE MEETING ON DECEMBER 2007 THAT ALSO
5	INCLUDED THE PUBLIC COMMENTS, AND THE FORMS ARE
6	FURTHER REVISED.
7	THE PUBLIC COMMENT PERIOD FROM DECEMBER TO
8	JANUARY, WE RECEIVED MANY COMMENTS FROM UC, FROM
9	STANFORD, FROM OTHER STAKEHOLDERS, AND WE HAD A
10	GREAT DISCUSSION BACK AND FORTH WITH THOSE WHO
11	PROVIDED US THE COMMENTS. AND THOSE COMMENTS WERE
12	VERY SERIOUSLY CONSIDERED BY THE DEPARTMENT IN
13	DEVELOPING THE FINAL FORM PROVIDED BY THE COMMITTEE.
14	THE FINAL REVIEW WAS GIVEN BY THE LEGAL
15	SERVICES FROM THE DEPARTMENT, AND THE FORMS WERE
16	BETA TESTED AT LEAST FROM TWO SITES. AND I WANT TO
17	ACKNOWLEDGE DR. MARTINEZ-MASA FROM UCLA AS WELL AS
18	DR. DAVID MAGNUS, WHO AT LEAST GAVE US SOME INPUT
19	LIKE HOW FRIENDLY THESE FORMS ARE IN FILLING, WHAT
20	ARE THE ISSUES, AND THEN MINOR REVISIONS WERE MADE
21	BASED ON THEIR COMMENTS. AND FORMS WERE FINALIZED
22	AND POSTED TWO OR THREE MONTHS AGO ON OUR WEBSITE.
23	SO THERE ARE TWO FORMS THAT HAVE BEEN
24	DEVELOPED. ONE IS FROM THE THAT WOULD BE
25	REPORTED BY THE SCRO COMMITTEE TO THE DEPARTMENT,
	107

1	AND THE SECOND FORM AND THE FIRST FORM IS
2	BASICALLY FOR HUMAN EMBRYONIC STEM CELL RESEARCH.
3	AND THE SECOND FORM THAT IS RESEARCH INVOLVING
4	OOCYTE RETRIEVAL. AND THAT HAS TO BE THE
5	REPORT THE FORM NEED TO BE FILLED BY THE RESEARCH
6	PROGRAM, RESEARCHER, OR THE SCRO COMMITTEE.
7	THE FORMS, WE HAVE THE HANDOUTS. I DON'T
8	KNOW IF YOU HAVE WITH YOU AT THIS MOMENT. WE PUT
9	SOME FORMS THAT WERE HERE. WE PROVIDED QUITE
LO	DETAILED INSTRUCTIONS LIKE WHAT IS THE STATUTORY
L1	AUTHORITY, REPORTING PERIOD BECAUSE THESE PROVISIONS
L2	WERE ENACTED FROM JANUARY 2007, AND THAT'S THE
L3	STARTING TIME FOR THE REPORTING ON STEM CELL
L4	RESEARCH PROJECTS, AS WELL AS ASSISTED OOCYTE
L5	PRODUCTION.
L6	THE FIRST CYCLE OF REPORTING IS 18 MONTHS,
L7	AND THEN IT WOULD BE ON THE YEARLY BASIS FROM JULY
L8	1ST TO JUNE 30TH EVERY YEAR. DUE DATE FOR THE FIRST
L9	REPORTING CYCLE IS AUGUST 1ST, AND WE HAVE RECEIVED
20	AT LEAST FIVE OR SIX FORMS FILLED BY VARIOUS SCRO
21	COMMITTEES AND INSTITUTIONS. THE FORMS HAVE SPECIAL
22	EXCEL FEATURES. THEY'RE VERY USER FRIENDLY, AND
23	THEY HAVE DROP MENUS, AND THERE ARE COMMENTS
24	INCLUDED FOR THE DETAILS PROVIDED TO THE RESEARCHERS
25	AND THE SCRO COMMITTEE MEMBERS SO THAT THERE ARE
	100

1	DETAILS AVAILABLE. AND THE COMPLETE FORMS ARE
2	SUBMITTED THROUGH THE STEM CELL@CDPH.CA.GOV
3	ELECTRONICALLY.
4	THIS IS JUST ONE SNAPSHOT ON THE FORM 1.
5	AND IT'S JUST RESEARCH PROTOCOL, I.D.; AND THEN IF
6	YOU SEE NO. 3, THIS RESEARCH PROJECT INVOLVES, LIKE,
7	RESEARCH OF HUMAN EMBRYONIC STEM CELL RESEARCH IN
8	VITRO, IN VIVO, CREATION/DERIVATION OF HUMAN
9	EMBRYONIC STEM CELLS OR CELL LINES, USE OF HUMAN
10	OOCYTES FOR HESC RESEARCH, USE OF HUMAN EMBRYOS FOR
11	HESC RESEARCH. SO THIS IS JUST A DESCRIPTION WHAT
12	INVOLVES IN THE RESEARCH PROJECT.
13	AND EACH NOT EACH WHEREVER THERE IS
14	A FORMAL DESCRIPTION NEEDED OR INSTRUCTIONS OR
15	INFORMATION NEEDED, WE EMBEDDED COMMENTS FOR THAT
16	PARTICULAR CELL.
17	SO THIS IS THE SECOND PAGE OF FORM
18	2 FORM 1.
19	THIS IS THE FORM 2, WHICH IS RESEARCH
20	INVOLVING OOCYTE RETRIEVAL. AND THIS IS ON THE
21	HORMONE TREATMENT (OOCYTE PRODUCTION/OVARIAN
22	STIMULATION). AND WHAT IS
23	MS. CHARO: SHOULD WE ASK A QUESTION WHILE
24	YOU'RE GOING FORWARD? SO WHO'S FILLING OUT THIS
25	FORM? IS IT THE STEM CELL PI, OR IS IT THE IVF DOC?
	180

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1	MR. AHMAD: THESE WOULD BE THE FORM FIRST
2	WOULD BE FILLED BY THE SCRO COMMITTEE.
3	MS. CHARO: OKAY.
4	MR. AHMAD: THAT'S THE REQUIREMENT. THE
5	STATUTE SAYING FOR FORM 2, WHICH IS FOR AOP, THAT
6	SHOULD BE FILLED BY THE RESEARCH PROGRAM OR
7	RESEARCHER.
8	MS. CHARO: BUT THE RESEARCHER WOULDN'T
9	NECESSARILY BE ABLE TO ANSWER THESE QUESTIONS. SO
10	NOW THE RESEARCHER HAS TO GO BACK TO THE ORIGINAL
11	CLINIC, RIGHT?
12	MR. AHMAD: RIGHT. SO THERE HAS BEEN A
13	LOT OF DISCUSSION ON THAT, AND THE ADVISORY
14	COMMITTEE HAD A RECOMMENDATION THAT MAYBE THIS
15	INFORMATION IS COMING, THE SCRO MAY AND SCRO
16	MAYBE CAN'T FILL THESE FORMS, SO THAT'S A
17	RECOMMENDATION WE ARE GOING WITH THE ADVISORY
18	COMMITTEE.
19	AND AS THE STATUTE SAYS, THAT WHAT ARE THE
20	UNTOWARD EFFECTS OF AOP, WHETHER THEY'RE MODERATE OR
21	SEVERE, AND IF THERE ARE SOME SURGICAL OR CLINICAL
22	INDICATIONS FOR OOCYTE RETRIEVAL LIKE VAGINAL
23	BLEEDING, INTRA-ABDOMINAL BLEEDING, INTESTINAL
24	INJURIES, INFLAMMATION, ALL THOSE.
25	SO JUST TO GIVE YOU SUMMARIZE, WE
	190

1	STARTED WITH VERY ELABORATE REQUIREMENTS BASED ON
2	JUST INITIAL EFFORT; BUT AFTER MULTIPLE REVISIONS
3	AND REVIEWS AND PUBLIC COMMENTS, WE TRIED TO HAVE A
4	BALANCE BY WHICH THERE IS IMPLEMENTATION OF THESE
5	STATUTES, BUT AT THE SAME TIME IT DOES NOT IMPEDE
6	ANY RESEARCH. WE WERE VERY MUCH CAREFUL ABOUT THAT
7	ISSUE, THAT WE DO NOT OVERBURDEN.
8	AGAIN AND AGAIN IN THE PUBLIC COMMENTS,
9	THE ISSUE CAME OF THE BURDEN OF IT, THAT WE DO NOT
10	IMPOSE THROUGH THESE STATUTES ON THE SCRO COMMITTEES
11	OR ON THE RESEARCHERS BECAUSE OF MULTIPLE LAYERS OF
12	REPORTING BY THESE CLINICIANS OR THESE COMMITTEES OR
13	MEMBERS. SO WE KEPT IT TO THE MINIMUM WHAT IS
14	REQUIRED BY LAW THAT WAS INCLUDED.
15	SO I WOULD END WITH THAT. THESE FORMS,
16	THIS IS THE FIRST YEAR. AND WE WOULD LEARN FROM THE
17	PROCESS. IF THERE ARE SOME DIFFICULTIES OR THERE
18	ARE FURTHER COMMENTS OF CONCERN FROM THE
19	RESEARCHERS, SCRO COMMITTEES, I THINK THAT WE WILL
20	COLLECT THOSE, WE WILL PUT FORWARD IN FRONT OF THE
21	ADVISORY COMMITTEE. AND IF THERE IS A NEED TO
22	REVISE THESE FORMS FURTHER, WE WILL WE ARE OPEN
23	TO THAT. AND WE ARE ALSO STARTING THE PROCESS BY
24	WHICH THESE FORMS WOULD BE PROMULGATED THROUGH
25	REGULATIONS.
	101

1	MS. CHARO: MR. CHAIR, ANOTHER QUESTION
2	ABOUT THE REPORTING. SO I'M GOING TO PRESUME THAT
3	ALL OF THE WOMEN WHO ARE BEING RECRUITED TO DONATE
4	OOCYTES UNDER THIS SYSTEM ARE CONSENTING TO HAVE ALL
5	OF THIS MEDICAL INFORMATION FORWARDED ONTO
6	INVESTIGATORS, TO STATE COMMITTEES, AND OTHER BODIES
7	RIGHT. SO I GUESS THE FIRST QUESTION IS HOW IS THE
8	MEDICAL CONFIDENTIALITY MANAGED?
9	AND SECOND, IS THIS INFORMATION ACTUALLY
10	PUT INTO HER MEDICAL RECORD, WHICH WOULD RAISE
11	QUESTIONS ABOUT PREEXISTING CONDITION REPORTING TO
12	INSURANCE COMPANIES AND SUCH? I KNOW WE'RE
13	CONCERNED ABOUT THE MEDICAL RISKS OF OOCYTE
14	DONATION, BUT IN SOME WAYS THE FINANCIAL RISKS MIGHT
15	ACTUALLY EXCEED THE MEDICAL RISKS.
16	MR. KLEIN: I THINK THIS IS A VERY
17	IMPORTANT ISSUE THAT DR. CHARO IS RAISING. WE'VE
18	BEEN TRYING TO BE VERY CAREFUL ABOUT HIPAA. WE'VE
19	BEEN TRYING TO BE VERY CAREFUL ABOUT NOT PREJUDICING
20	THE MEDICAL RECORD OF THE WOMAN THAT'S INVOLVED.
21	AND HAVING THIS LEVEL OF DETAIL DISTRIBUTED TO
22	ANOTHER INSTITUTIONAL LEVEL IS A REAL RISK ISSUE FOR
23	THE WOMEN INVOLVED. SO THIS RAISES A CONCERN.
24	MR. AHMAD: WE WENT TO OUR LEGAL AS WELL
25	AS OUR PRIVACY OFFICIALS, AND THEY ARE THEY'RE
	192

1	COMFORTABLE THAT THIS INFORMATION COMING TO THE
2	DEPARTMENT. BUT THROUGH THE STATUTE, DEPARTMENT IS
3	REQUIRED TO MAKE EVERY EFFORT TO NOT RELEASE ANY
4	IDENTIFIABLE INFORMATION. RATHER, THE FORWARDING OF
5	THE (UNINTELLIGIBLE) THAT WOULD BE PROVIDED TO THE
6	LEGISLATURE OR TO THE PUBLIC, THAT WOULD BE
7	AGGREGATE DATA, AND THE DEPARTMENT WILL TAKE
8	EVERY MAKE EVERY EFFORT TO NOT INCLUDE ANY
9	IDENTIFIABLE INFORMATION REGARDING THE INSTITUTION
10	OR RESEARCHER OR THE SUBJECT WHO IS DONATING EGG FOR
11	RESEARCH PURPOSES.
12	AND I SEE THAT THERE IS ALWAYS A
13	POSSIBILITY, BUT THE WAY WE ARE PROVIDING THIS
14	INFORMATION, LIKE, THROUGH ELECTRONIC SUBMISSION
15	DIRECTLY TO THE DEPARTMENT WAS ONE WAY OF
16	SAFEGUARDING INFORMATION COMING FROM SCRO COMMITTEES
17	TO THE DEPARTMENT, YES.
18	MR. KLEIN: SO DOES THE PUBLIC INFORMATION
19	ACT GIVE ACCESS TO INFORMATION IN THE ESCRO
20	COMMITTEE IN CALIFORNIA THROUGH THE PUBLIC RECORDS
21	ACT?
22	MR. AHMAD: I CANNOT SPEAK TO THAT, BUT I
23	CAN
24	MR. KLEIN: THE REASON I'M RAISING THAT
25	QUESTION IS AT THE ESCRO ON SPECIFIC GRANTS, IF YOU
	193
	1

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1	HAVE THAT DETAILED INFORMATION, YOU COULD
2	POTENTIALLY THEN RELATE IT BACK TO THE PERSON.
3	MR. AHMAD: I SEE YOUR POINT. I THINK
4	THAT'S WHAT'S CONCERNING TO LEGAL COUNSEL, THIS
5	ISSUE.
6	MR. KLEIN: AND, MR. CHAIRMAN, MAYBE THE
7	RESEARCH INSTITUTIONS THAT ARE HERE COULD COMMENT ON
8	THIS.
9	CHAIRMAN LO: OKAY. ALTHOUGH THESE ARE
10	REALLY STATE REGULATIONS, I'D RATHER THEY BE RAISED
11	AT A STATE MEETING.
12	MR. KLEIN: WELL, THEY'RE GOING TAKING THE
13	POSITION CURRENTLY THAT THEY APPLY TO ANY GRANT THAT
14	WE DON'T FUND FULLY, WHICH, WHILE WE CLEARLY
15	DISAGREE WITH THAT POSITION, I'D LIKE TO UNDERSTAND
16	WHAT THE RESEARCH INSTITUTIONS FEEL ABOUT THE ISSUES
17	RAISED BY DR. CHARO WITH THE PRIVACY ISSUES AND
18	PROTECT HER CONDITIONS, MEDICAL RECORDS AND OTHER
19	COMPLICATIONS DISPLAYED FROM THE DATA. I THINK WE
20	HAVE SOME RESEARCH INSTITUTIONS HERE.
21	CHAIRMAN LO: UCLA, UCSF, UCSD.
22	DR. PECKMAN: ON BEHALF OF UCLA, WE'D SAY
23	THAT CALIFORNIA DEPARTMENT OF PUBLIC HEALTH HAS COME
24	A LONG WAY IN THIS PROCESS AND CAREFULLY CONSIDERED
25	COMMENTS FROM US AND UC SAN DIEGO AND STANFORD

1	UNIVERSITY. ALL THREE ACADEMIC CENTERS VOICED GREAT
2	CONCERNS ABOUT THE CONFIDENTIALITY OF PATIENTS IN
3	THIS REPORTING PROCESS. SO THE FORMS ARE WHAT WE'VE
4	BEEN ASKED TO COMPLETE BY STATE LAW BY THE DATE
5	PROVIDED, AND WE'LL COMPLY WITH THE LAW.
6	I'LL SAY THIS ABOUT PUBLIC RECORDS ACT,
7	WHICH IS, AS IT RELATES TO IRB'S, IT DOES NOT COMPEL
8	THE IRB'S TO PROVIDE IDENTIFIABLE INFORMATION ABOUT
9	SUBJECTS. SO I WOULD ASSUME THAT THAT COULD BE
10	EXTRAPOLATED TO SCRO'S AS WELL. BUT WE HAVE BEEN
11	VERY CONCERNED ABOUT THE IDENTIFIERS REQUESTED IN
12	THAT REPORTING, SO THE PORTION OF ZIP CODE, OTHER
13	ELEMENTS, ALL COMBINED WITH CERTAIN AREAS WITHIN THE
14	STATE COULD CERTAINLY LEAD TO IDENTIFYING POTENTIAL
15	PATIENTS OR PATIENTS WHO HAVE PARTICIPATED IN OOCYTE
16	PRODUCTION FOR RESEARCH. AND WE ASKED FOR AN
17	INDEPENDENT ASSESSMENT OF THOSE IDENTIFIERS AND
18	WHETHER THEY COULD BE ATTACHED TO SPECIFIC
19	INDIVIDUALS, AND WE HAVEN'T RECEIVED RESPONSE ON
20	THAT COMMENT.
21	MR. KLEIN: THANK YOU.
22	CHAIRMAN LO: THERE IS A WAY, BY THE WAY,
23	OF ASKING YOU KNOW, UNDER HIPAA THERE'S A WAY OF
24	GETTING A BIOSTATISTICAL CONSULTATION ON THE
25	LIKELIHOOD OF REIDENTIFYING FROM IDENTIFIERS. AND
	105

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1	IT SEEMS TO ME GIVEN THE IMPORTANCE OF
2	CONFIDENTIALITY, THIS IS AN EXTREMELY PERSONAL,
3	PRIVATE SENSITIVE ISSUE, THAT I THINK THE COMMENTS
4	THAT PROFESSOR CHARO, PRESIDENT KLEIN, AND OTHERS
5	HAVE RAISED IS REALLY IMPORTANT. IT'S PSYCHOSOCIAL.
6	IT'S REALLY A RISK TO SOMEONE.
7	DR. KIESSLING: THIS IS AN EXTRAORDINARY
8	AMOUNT OF INFORMATION TO BE REPORTING TO A STATE
9	AGENCY ABOUT A RESEARCH PROJECT. AND I'M WONDERING
10	IF AND I'M NOT FAMILIAR WITH THE CALIFORNIA
11	SYSTEM. DOES CALIFORNIA AS A STATE GRANT RESEARCH
12	GRANTS IN ANY OTHER AREA OF RESEARCH? DOES
13	CALIFORNIA HAVE A BREAST CANCER FUNDING PROGRAM?
14	DOES IT HAVE A PROSTATE CANCER FUNDING PROGRAM?
15	DR. PECKMAN: UNIVERSITY OF CALIFORNIA
16	DOES.
17	DR. KIESSLING: WHAT OTHER STATE
18	MS. CHARO: I THINK THE STATE ACTUALLY
19	DOES HAVE A BREAST CANCER RESEARCH PROJECT.
20	MR. AHMAD: THERE ARE STATE PROGRAMS WHO
21	FUND RESEARCH, BUT ON THE STEM CELL
22	DR. KIESSLING: NO. NO. THE STATE
23	PROGRAMS THAT FUND RESEARCH ON
24	MR. AHMAD: LIKE OFFICE OF AIDS PROBABLY
25	THROUGH THE UC COLLABORATION PERFORMED RESEARCH.

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1	DR. KIESSLING: WHAT KINDS OF REPORTING
2	REQUIREMENTS DOES THE DEPARTMENT OF PUBLIC HEALTH
3	ASK OF THOSE PROGRAMS? DOES IT EVEN APPROACH THIS
4	LEVEL OF DETAIL?
5	MR. AHMAD: IN THIS SPECIAL CASE, THIS IS,
6	OF COURSE, THE ACTIONS, WHAT IS IN THE STATUTE, WE
7	HAVE TO FOLLOW. THEY MAY NOT BE STATUTE FOR THE
8	RESEARCH, LET'S SAY, FOR STATE-FUNDED CANCER
9	RESEARCH OR STATE-FUNDED AIDS RESEARCH, BUT IN THIS
10	SPECIFIC CASE, WE ARE GIVEN THE RESPONSIBILITY BY
11	LAW TO HAVE THAT INFORMATION. AND THOSE VARIABLES
12	WHICH WE ARE ASKING, THEY ARE ACTUALLY SPECIFIED IN
13	THE LAW.
14	DR. KIESSLING: BUT, NOW, IS THIS STATUTE?
15	IS THIS PROPOSITION 71? IS THAT THE STATUTE YOU'RE
16	REFERRING TO?
17	MR. AHMAD: THIS IS STATE HEALTH AND
18	SAFETY CODE, YES.
19	DR. KIESSLING: AND SO THAT STATUTE
20	APPLIES SPECIFICALLY TO STEM CELL RESEARCH?
21	MR. AHMAD: YES. YES.
22	DR. KIESSLING: SO THIS IS A NEW LEVEL PF
23	REPORTING REQUIRED OF STEM CELL RESEARCH THAT'S
24	DIFFERENT FROM ALL OTHER STATE-FUNDED RESEARCH
25	ACTIVITIES. YOU HAVE AN EXPLANATION FOR THAT?
	197

1	MR. KLEIN: DR. KIESSLING, THIS IS THAT
2	ACT SAYS SPECIFICALLY NOT TO AMEND, MODIFY, OR
3	CHANGE ANY PORTION OF PROP 71. SO IT IS NOT
4	INTENDED TO CHANGE WHAT WE THINK IS EXCLUSIVE
5	JURISDICTION WHERE ANY OF OUR RESEARCH FUNDS ARE
6	CONTROLLED. BUT I'M JUST NOW LEARNING THAT THERE IS
7	A DIFFERENT LEGAL OPINION OUT THERE WHICH WOULD BE
8	REALLY PROBLEMATIC BECAUSE IT WOULD MEAN OUR
9	GRANTEES WOULD HAVE TO RESPOND TO MULTIPLE
10	STANDARDS, WHICH, OF COURSE, DOESN'T WORK. SO WE'RE
11	GOING TO HAVE TO RESOLVE THIS ON AN EXPEDITED BASIS.
12	DR. KIESSLING: THIS IS JUST AN
13	EXTRAORDINARY AMOUNT OF INFORMATION THAT NEEDS TO BE
14	REPORTED. I'M UNFAMILIAR WITH THE STATUTE THAT
15	YOU'RE TALKING ABOUT. I WOULD BE VERY INTERESTED IN
16	THE MOTIVATION BEHIND IT.
17	CHAIRMAN LO: THE PUBLIC MOTIVATION FOR
18	THAT WAS TO PROTECT WOMEN WHO ARE DONATING OOCYTES
19	FOR RESEARCH, STEM CELL RESEARCH.
20	DR. TAYLOR: BERNIE AND SHERRY AND BOB, I
21	WOULD SUSPECT THAT THERE MAY BE SOME INTELLECTUAL
22	PROPERTY ISSUES ASSOCIATED WITH THIS AS WELL. YOU
23	KNOW, THE PRIVACY ISSUES ARE PARAMOUNT, BUT I THINK
24	THIS COULD ALSO SORT OF HAVE A CHILLING EFFECT
25	AROUND SOME OTHER ASPECTS OF WHAT WE'RE TRYING TO
	100

1	ACCOMPLISH.
2	CHAIRMAN LO: I WANT TO THANK DR. AHMAD
3	FOR COMING AND UPDATING US ON THE REPORTING
4	REQUIREMENTS. PUBLIC COMMENTS. AND IF THERE ARE
5	COMMENTS I WANT TO KEEP THE COMMENTS FOCUSED ON
6	THE CIRM ASPECT BECAUSE THERE'S OBVIOUSLY A LOT OF
7	DISCUSSION WITH DEPENDENT OF PUBLIC HEALTH. THANK
8	YOU VERY MUCH.
9	MR. KALICHMAN: MIKE KALICHMAN, UC SAN
10	DIEGO. JUST A BRIEF COMMENT. I AGREE WITH
11	EVERYTHING STEVE PECKMAN SAID, AS I ALMOST ALWAYS
12	DO. BUT RELATIVE TO CIRM, PARTICULARLY BECAUSE THIS
13	PARTICULAR REQUIREMENT OVERLAPS CIRM FUNDING, I WANT
14	TO PERHAPS ENCOURAGE CIRM TO THINK ABOUT SUGGESTING
15	OTHER WAYS THAT STATE REQUIREMENT CAN BE MET. WHAT
16	WE SEE IN THIS KIND OF INVASIVE QUESTIONING IS AN
17	ATTEMPT TO GET INFORMATION THAT MIGHT BE USEFUL, BUT
18	IT LOOKS MORE LIKE A RESEARCH PROJECT. THIS IS PART
19	OF THE COMMENTS I SENT INTO THE STATE. LOOKS MORE
20	LIKE A RESEARCH PROJECT THAT NEEDS TO BE DESIGNED
21	PROPERLY THAN A PROJECT THAT WILL BE USEFUL FOR
22	HELPING THE STATE UNDERSTAND WHAT'S HAPPENING. AND
23	THERE MIGHT BE OTHER WAYS TO GET THIS INFORMATION
24	INSTEAD OF ASKING INSTITUTIONS TO REVEAL WHAT IS
25	CLEARLY PRETTY INVASIVE INFORMATION.

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1	I HAVE ALMOST NO DOUBT AT ALL THAT WHAT WE
2	HAVE HERE IS IDENTIFIABLE INFORMATION IN MANY CASES
3	THAT YOU COULD TRACK BACK TO AN INDIVIDUAL. THIS IS
4	A PERSONAL COMMENT CONCERNING UC SAN DIEGO BECAUSE
5	WE ARE NOT YET DEALING WITH OOCYTE DONATION IN OUR
6	RESEARCH PROJECTS.
7	CHAIRMAN LO: THANKS.
8	MR. AHMAD: I JUST WANT TO ADD ONE
9	COMMENT. DR. LO INDICATED THAT WE NEED TO CONSULT
10	SOME BIOSTATISTICIAN. IT'S OUR INTENT AT THIS
11	MOMENT, IF THERE IS A NUMBER OF ESPECIALLY ON THE
12	IRB, IF THERE ARE REPORTS LESS THAN FIVE, FIVE OR
13	LESS THAN FIVE, WE WOULD NOT AGGREGATE THE DATA, AND
14	THAT WE WILL NOT REPORT IT BECAUSE OF THE
15	POSSIBILITY OF IDENTIFYING THE INDIVIDUAL. IF IT IS
16	BEYOND THAT NUMBER, NOW, FIVE IS THE ONE USED BY
17	BIOSTATISTICIANS. IF A CELL HAS, LET'S SAY, AN
18	INDIVIDUAL OF FOUR, THREE, TWO, THAT CELL IS MASKED
19	AND THAT INFORMATION IS NOT PROVIDED. THAT'S THE
20	PRACTICE.
21	SO WE ARE LOOKING INTO WHAT SHOULD BE THE
22	MINIMUM NUMBER UNDER WHICH THAT AGGREGATION OF THE
23	DATA WOULD NOT BE DONE AND WOULD NOT BE REPORTED.
24	SO WE DID NOT DETERMINE THAT NUMBER YET, BUT THAT IS
25	SUBJECT TO DISCUSSION AT THE ADVISORY COMMITTEE.

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1	CHAIRMAN LO: ALTA.
2	MS. CHARO: WELL, FOCUSING ON CIRM FOR
3	WHICH THE INFORMATION IS BEING DEVELOPED SO THAT,
4	NOT THAT YOUR PROGRAM IS CONCERNED, BUT CIRM ITSELF
5	IS VERY INTERESTED IN UNDERSTANDING AT ALL TIMES THE
6	MOST UP-TO-DATE INFORMATION ABOUT RISKS ASSOCIATED
7	WITH HYPERSTIMULATION.
8	ONE THING THAT I WORRY ABOUT IS THAT IT'S
9	STILL SUCH AN INFREQUENT ACTIVITY IN THE CONTEXT OF
10	RESEARCH, THAT EVEN WITH ALL OF THIS INFORMATION,
11	THERE WILL NOT BE A DATA COLLECTION LARGE ENOUGH
12	FROM WHICH ONE COULD DRAW STATISTICALLY SIGNIFICANT
13	CONCLUSIONS. AND ALTHOUGH I HAVE NO CONTROL OVER
14	HOW THE STATE PROCEEDS, IT DOES STRIKE ME THAT IN
15	THE FUTURE, IF PEOPLE WERE RETHINKING THIS, AN
16	ALTERNATIVE WAY OF GENERATING VALUABLE INFORMATION
17	IS TO WORK THROUGH THE FDA'S ADVERSE EVENT REPORTING
18	SYSTEM, WHICH ALREADY EXISTS AND WHERE THE FDA IS
19	NOW FINALLY FRESHLY FOCUSED ON POSTMARKETING
20	SURVEILLANCE, TO WORK WITH THE PHYSICIANS WHO ARE
21	LEADERS OF THE IVF CLINICS THROUGHOUT THE STATE TO
22	MORE COMPLETELY TRACK AND REPORT ADVERSE EVENTS
23	ASSOCIATED WITH THE DRUGS THAT THEY'RE USING.
24	THAT DATA COULD INCLUDE CLINICAL
25	STIMULATIONS AS WELL AS RESEARCH-ORIENTED ONES MIGHT

GENERATE ENOUGH DATA THAT IT WOULD BE USEFUL FOR
CIRM AS WELL AS BEING, INCIDENTALLY, USEFUL FOR THE
DRUG MANUFACTURERS, THE FDA, AND THE INFERTILITY
COMMUNITY IN GENERAL.
SO I UNDERSTAND THAT THIS IS A SEPARATE
EFFORT, BUT I DO FIND MYSELF WONDERING IF IT WOULD
BE CAPABLE OF GENERATING ENOUGH INFORMATION THAT'S
USABLE TO ACCOMPLISH ALL THE PURPOSES TO WHICH CIRM
WOULD LIKE TO PUT IT.
DR. TAYLOR: YOU'RE RIGHT. YOU'D HAVE A
DENOMINATOR AS WELL AS A NUMERATOR WITH THAT
APPROACH.
MR. KLEIN: AND, BERNIE, I'D JUST LIKE TO
INDICATE MY COMMENTS WERE IN THE CONTEXT OF, A,
CLEARLY A HUGE AMOUNT OF EFFORT HAS BEEN PUT INTO
THIS, VERY THOUGHTFUL EFFORT, VERY SENSITIVE EFFORT.
THE ISSUE IS THAT THERE MAY BE A LEVEL WHERE THE
GOALS OF THIS REPORTING FLY IN THE FACE OF OTHER
POLICIES THAT YOU HAVE NOT BEEN DIRECTED TO
NECESSARILY WEIGH. WE ARE WEIGHING THOSE POLICIES,
AND WE NEED TO SIT DOWN WITH YOU BECAUSE YOU'RE
TRYING TO DO A FABULOUS JOB FOR THE STATE. WE'RE
TRYING TO DO A FABULOUS JOB FOR THE STATE. AND WE
HAVE THE SAME GOALS, SO WE REALLY NEED TO SIT DOWN
TOGETHER.
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1	MR. AHMAD: I THINK THAT THAT'S A VERY
2	GOOD SUGGESTION THAT WE CAN HAVE BOTH THE STANDARDS
3	SUBGROUP OR FROM HERE SOME MEMBERS AND WORKING WITH
4	THE DEPARTMENT OF PUBLIC HEALTH ADVISORY COMMITTEE
5	MEMBERS AND SORT OUT SOME OF THE ISSUES WHICH ARE
6	MUTUALLY IMPEDING RESEARCH OR THEY ARE PROBLEMATIC
7	OR THEY NEED TO BE ADDRESSED FOR THE PURPOSE OF
8	LEGAL REASONS OR SOME OTHER REASON, PRIVACY REASONS.
9	AND, OF COURSE, ANY RECOMMENDATIONS COMING FROM A
10	JOINT EFFORT WOULD BE SUBJECT TO PUBLIC COMMENTS,
11	PUBLIC PARTICIPATION, AND PUBLIC INPUT. I THINK
12	THAT'S A GOOD IDEA.
13	DR. CSETE: I'D JUST LIKE TO SAY SOMETHING
14	THAT IN OUR INTEREST IN FACILITATING RESEARCH, YOU
15	DON'T WANT TO OVERBURDEN THE SCRO COMMITTEES WHO ARE
16	UNPAID VOLUNTEERS WITH INFORMATION THAT'S NOT GOING
17	TO HAVE A LOT OF UTILITY. SO I THINK IN THE THOUGHT
18	PROCESSES THAT GO INTO THIS, SIMPLIFICATION SHOULD
19	BE A BIG PART OF THE FOCUS.
20	DR. PECKMAN: I KNOW YOU WANT TO WRAP THIS
21	UP, BUT WITH THE SUGGESTION OF GROUPING TOGETHER
22	CIRM AND CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
23	ADVISORY COMMITTEES TO LOOK AT THIS EFFORT MORE
24	IN-DEPTH, I WOULD STRONGLY SUGGEST, I THINK I CAN
25	SPEAK ON BEHALF OF SAN DIEGO AND STANFORD, THAT YOU

1	INCLUDE MEMBERS ON THOSE ON THAT COMMITTEE WHO
2	ACTUALLY DO THE WORK AND ARE INVOLVED ON THE GROUND
3	LEVEL WHO CAN PROVIDE SOME INSIGHT INTO THE PLANNING
4	PROCESS.
5	MR. KLEIN: AND FOR THE RECORD, IF YOU
6	COULD JUST REPEAT FOR THE TRANSCRIPTED RECORD YOUR
7	NAME AND YOUR ASSOCIATION.
8	DR. PECKMAN: STEVE PECKMAN, UCLA.
9	CHAIRMAN LO: WE CAN SEE YOU, BUT THE
10	DR. PECKMAN: I UNDERSTAND.
11	CHAIRMAN LO: WITH THAT, THANK YOU AGAIN
12	TO THE CALIFORNIA DEPARTMENT OF HEALTH.
13	I ACTUALLY WANT TO CONGRATULATE THE SWG ON
14	WHAT I THOUGHT WAS A VERY STIMULATING AND, I THINK,
15	PRODUCTIVE MEETING. I THINK WE GOT THROUGH SOME
16	DIFFICULT ISSUES AND SORT OF MADE SOME VERY
17	THOUGHTFUL DECISIONS AND ALSO HAVE THINGS FOR THE
18	FUTURE. I THINK WE GAVE OURSELVES CHALLENGES WHICH
19	GEOFF AND STAFF WILL HELP US TO ADDRESS IN THE
20	FUTURE. I WANTED TO THANK YOU ALL FOR YOUR
21	THOUGHTFULNESS.
22	AND I WILL BE GLAD TO ENTERTAIN A MOTION
23	TO ADJOURN.
24	MS. LANSING: WELL, I MOVE WE ADJOURN.
25	AND I ALSO WANT TO THANK BERNIE. YOUR LEADERSHIP IS
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1	ALWAYS EXTRAORDINARY, AND THE THOUGHTFUL AND
2	COLLABORATIVE WAY YOU BUILD CONSENSUS IS JUST
3	REMARKABLE AND FUN TO PARTICIPATE IN.
4	I ALSO WANT TO THANK ALL THE MEMBERS OF
5	COMMITTEE FOR THE COUNTLESS HOURS THAT THEY SPENT
6	HERE AND THE THOUGHTFUL AND COLLEGIAL WAY WE ALL
7	WORK TOGETHER. AND THE MEMBERS OF THE PUBLIC, WHO
8	ONCE AGAIN, PROVE THAT YOUR INPUT WAS TERRIFIC IN
9	GETTING US TO ADDRESS AN ISSUE THAT WE HAD QUITE
10	HONESTLY NOT TAKEN SUFFICIENT THOUGHT.
11	MR. KLEIN: AND, SHERRY, I THINK THAT THIS
12	WHOLE WORKING GROUP WAS DRAWN TOGETHER WITH PAT
13	BECKER DOING ALL THE LOGISTICS, COORDINATION
14	BRINGING THIS EXTRAORDINARY GROUP TOGETHER, AND THE
15	PATIENT INTERFACE, WHICH I THINK MELISSA HAS BEEN
16	SUPPORTING MATERIALS TO GET ALL OF US AS PATIENT
17	ADVOCATES UP TO SPEED AS WE WENT FORWARD. SO WE
18	REALLY OWE A GREAT DEAL OF THANKS TO THE STAFF ALONG
19	WITH TAMAR PACHTER, MARIE CSETE, ALAN TROUNSON. BUT
20	WE ALSO, I DON'T THINK, HAVE GIVEN A HAND OF
21	APPLAUSE TO OUR SPECIAL GUESTS WHO PROVIDED THEIR
22	TESTIMONY THROUGH TODAY AND THAT MIGHT BE
23	APPROPRIATE.
24	(APPLAUSE.)
25	CHAIRMAN LO: BEFORE WE DO THAT, I ALSO
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1	WANTED TO THANK GEOFF LOMAX FOR HIS VERY THOUGHTFUL
2	ANALYSIS. AND ACTUALLY SHERRY IS FAR TOO MODEST. I
3	MEAN SHE'S REALLY BEEN THE ONE TO SORT OF GET THE
4	ISSUES SHE HAS THAT WONDERFUL WAY TO SORT OF
5	DRILL DOWN TO THE CORE ISSUES AND REALLY GET PEOPLE
6	TO ARTICULATE THEIR CONCERNS AND THEN ADDRESS THEM
7	IN A WAY. I JUST THINK IT'S MARVELOUS TO WORK WITH
8	YOU, SHERRY. SO WITH THAT DO I HAVE A SECOND?
9	MS. FEIT: SECOND.
10	CHAIRMAN LO: SECOND. THANK YOU,
11	EVERYONE. SAFE TRAVELS HOME.
12	(THE MEETING WAS THEN ADJOURNED AT
13	3:09 P.M.)
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### REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE PROCEEDINGS BEFORE THE SCIENTIFIC AND MEDICAL ACCOUNTABILITY STANDARDS WORKING GROUP OF THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD AT THE LOCATION INDICATED BELOW

LUXE HOTEL
11461 W. SUNSET BOULEVARD
LOS ANGELES, CALIFORNIA
ON
FRIDAY, JULY 25, 2008

WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE DIGITALLY RECORDED AND THEN TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CSR 7152 BARRISTER'S REPORTING SERVICE 1072 BRISTOL STREET SUITE 100 COSTA MESA, CALIFORNIA (714) 444-4100