

BEFORE THE  
SCIENTIFIC AND MEDICAL ACCOUNTABILITY  
STANDARDS WORKING GROUP  
OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE  
ORGANIZED PURSUANT TO THE  
CALIFORNIA STEM CELL RESEARCH AND CURES ACT  
REGULAR MEETING

LOCATION: MOSCONE CENTER SOUTH  
747 HOWARD STREET, ROOM 250-260  
SAN FRANCISCO, CALIFORNIA

DATE: THURSDAY, DECEMBER 1, 2005  
10 A. M.

REPORTER: BETH C. DRAIN, CSR  
CSR. NO. 7152

BRS FILE NO. : 73897

I N D E X

ITEM	DESCRIPTION	PAGE NO.
	CALL TO ORDER	003
	ROLL CALL	006
	APPROVAL OF MINUTES FROM OCTOBER 24, 2005	009
	CIRM STAFF UPDATE IP TASK FORCE PROGRESS REPORT CIRM GRANTS ADMINISTRATION POLICY	
	REVIEW OF CIRM DRAFT REGULATIONS LANGUAGE	
	CONSIDERATION OF INFORMED CONSENT REQUIREMENTS CONSIDERATION OF ETHICALLY DERIVED	
	CONSIDERATION OF WORK PLAN TO DEVELOP FINAL DRAFT REGULATIONS	
	ADJOURNMENT	



1 SAN FRANCISCO, CALIFORNIA; THURSDAY, DECEMBER 1, 2005

2

3 VICE CHAIR LO: GOOD MORNING, EVERYONE. IF  
4 WE COULD GRAB YOUR COFFEE AND PLEASE COME TO THE TABLE.  
5 I WANT TO WELCOME YOU ALL TO TODAY'S MEETING OF THE  
6 STANDARDS WORKING GROUP OF THE CALIFORNIA INSTITUTE FOR  
7 REGENERATIVE MEDICINE. I'LL START BY APOLOGIZING FOR  
8 THE WET WEATHER. WE WERE HOPING TO HAVE BLUE SKIES FOR  
9 YOU. I ASKED STAFF TO ARRANGE IT. AND ONLY THING THEY  
10 DIDN'T DO WAS TO GET THE BLUE SKIES TODAY.

11 WE HAVE A NUMBER OF PEOPLE WHO WILL BE  
12 PHONING IN DURING THE COURSE OF THE DAY AND PEOPLE SORT  
13 OF COMING IN AND OUT BECAUSE TODAY, FOR EXAMPLE, IS  
14 WORLD'S AIDS DAY, AND JEFF SHEEHY HAS A PRIOR IMPORTANT  
15 COMMITMENT TO THE WORLD'S AIDS DAY ACTIVITIES.

16 SO I WANT TO FORMALLY CALL THE MEETING TO  
17 ORDER. AND I GUESS WE WILL GO AROUND AND DO A FORMAL  
18 ROLL CALL.

19 MS. SHREVE: I CAN DO THE ROLL CALL.

20 VICE CHAIR LO: KATE CAN DO IT. EVEN BETTER.  
21 THANK YOU.

22 MS. SHREVE: SHERRY LANSING. BERNARD LO.

23 VICE CHAIR LO: HERE.

24 MS. SHREVE: ALTA CHARO. JOSE CIBELLI.

25 DR. CIBELLI: HERE.

1 MS. SHREVE: KEVIN EGGAN.  
2 DR. EGGAN: HERE.  
3 MS. SHREVE: MARCY FEIT. ANN KIESSLING.  
4 DR. KIESSLING: HERE.  
5 MS. SHREVE: PATRICIA KING. ROBERT KLEIN.  
6 JEFFREY KORDOWER. KENNETH OLDEN. TED PETERS.  
7 DR. PETERS: HERE.  
8 MS. SHREVE: FRANCISCO PRIETO. JANET ROWLEY.  
9 DR. ROWLEY: HERE.  
10 MS. SHREVE: JEFF SHEEHY.  
11 MR. SHEEHY: HERE.  
12 MS. SHREVE: JON SHESTACK. ROBERT TAYLOR.  
13 DR. TAYLOR: HERE.  
14 MS. SHREVE: JOHN WAGNER. JAMES WILLERSON.  
15 DR. HALL: DO WE HAVE A QUORUM? DO WE HAVE  
16 PEOPLE JOINING US BY PHONE?  
17 MS. SHREVE: WE DO, BUT WE EXPECT STARTING AT  
18 11:30.  
19 DR. HALL: OKAY. HOW MANY SHORT OF A QUORUM  
20 ARE WE?  
21 MS. SHREVE: WE NEED 13 FOR A QUORUM, SO THIS  
22 WILL BE LARGELY --  
23 DR. HALL: I COUNT. HOW MANY DO WE HAVE  
24 PRESENT?  
25 MS. SHREVE: NINE.

1 DR. HALL: SO WE'RE SHORT FOUR.

2 VICE CHAIR LO: KATE, CAN YOU JUST FILL US  
3 IN? WHAT ARE THE IMPLICATIONS OF THAT IN TERMS OF WHAT  
4 WE'RE ALLOWED TO DO?

5 MS. SHREVE: I DON'T EXPECT ACTUALLY FORMAL  
6 VOTES TO BE TAKEN TODAY. WE NEED A QUORUM FOR FORMAL  
7 VOTES.

8 VICE CHAIR LO: FOR FORMAL VOTES. WE'RE  
9 STILL PERMITTED TO HAVE DISCUSSIONS?

10 MS. SHREVE: ABSOLUTELY.

11 VICE CHAIR LO: SO THE FIRST ORDER OF  
12 BUSINESS IS TO GO OVER THE MINUTES FROM OUR LAST  
13 MEETING IN LOS ANGELES ON OCTOBER 24TH, WHICH ARE IN  
14 YOUR BINDER UNDER AGENDA ITEM NO. 4, THE YELLOW TAB.  
15 SO ANY CORRECTIONS OR ADDITIONS TO THE MINUTES? IF NO  
16 CORRECTIONS, MAY I HEAR A MOTION TO APPROVE THEM?

17 MR. HARRISON: BECAUSE YOU DON'T HAVE A  
18 QUORUM --

19 VICE CHAIR LO: WE CAN'T.

20 MR. HARRISON: WE CAN JUST TAKE THEM UNDER  
21 ADVISEMENT.

22 VICE CHAIR LO: WE'LL TAKE THAT UNDER  
23 ADVISEMENT, AND WE'LL COME BACK TO THAT WHEN WE GET A  
24 QUORUM. THANKS, JAMES. FORGOT ABOUT THAT.

25 SO THE FIRST ITEM OF BUSINESS, THEN, FROM

1 TIME TO TIME THIS COMMITTEE DISCUSSED ISSUES OF  
2 INTELLECTUAL PROPERTY. AND THE CIRM IP TASK FORCE ON  
3 INTELLECTUAL PROPERTY IS CHAIRED BY ED PENHOET, WHO IS  
4 THE VICE CHAIR OF THE ICOC, AND HE IS HERE TODAY TO  
5 GIVE US A PROGRESS REPORT ON WHAT THAT TASK FORCE IS  
6 DOING AND THEIR THINKING IN THIS VERY IMPORTANT AND  
7 ALSO VERY COMPLICATED ISSUE.

8 OUR GOAL IS TO PROVIDE INPUT, BECAUSE WE  
9 DON'T HAVE A QUORUM, WE'RE NOT GOING TO BE ABLE TO DO  
10 ANYTHING FORMALLY, BUT I THINK IT'S A CHANCE FOR US TO  
11 HEAR ABOUT THE DELIBERATIONS OF THE IP TASK FORCE. AND  
12 THEN IF WE HAVE STRONG IDEAS, ALSO IT'S A WAY OF OUR  
13 PROVIDING INPUT.

14 ED, THANKS VERY MUCH FOR COMING TO SHARING  
15 WITH US WHAT YOUR COMMITTEE HAS BEEN DOING WITH GREAT  
16 INTEREST TO US.

17 DR. PENHOET: THANK YOU. GOOD MORNING.  
18 THANKS FOR THE OPPORTUNITY TO SHARE A WORK IN PROGRESS  
19 AT THE IP TASK FORCE WITH YOU. I'M GOING TO GIVE A  
20 LITTLE OVERVIEW OF THE INTELLECTUAL PROPERTY SPACE, SO  
21 TO SPEAK, AND THEN JEFF SHEEHY, WHO'S A MEMBER OF BOTH  
22 THE INTELLECTUAL PROPERTY TASK FORCE AND OF YOUR GROUP,  
23 IS GOING TO PRESENT WHERE WE ARE IN OUR DELIBERATIONS  
24 ABOUT HOW WE SHOULD HANDLE IP.

25 WE HAVE TWO GOALS, ONE SHORT-TERM GOAL AND

1 ONE LONG-TERM GOAL. OUR SHORT-TERM GOAL IS TO MAKE A  
2 RECOMMENDATION TO THE ICOC AT ITS DECEMBER 6TH MEETING  
3 ABOUT AN INTERIM POLICY, WHICH WOULD BE APPLICABLE FOR  
4 TRAINING GRANTS ONLY, AND THEN TO CONTINUE OUR WORK  
5 WITH A FINAL GOAL OF HAVING IN PLACE BY THE SPRING OF  
6 2006 AN INTELLECTUAL PROPERTY POLICY FOR THE CIRM AS WE  
7 GO FORWARD.

8 SO WE ARE IN THE EARLY PHASES OF THIS  
9 PROJECT, AND WE'VE, I THINK, MADE GOOD PROGRESS AND  
10 WE'RE HAPPY TO HAVE THE OPPORTUNITY TO SHARE THAT  
11 PROGRESS WITH YOU.

12 IF YOU LOOK AT WHAT'S GOING TO BE REQUIRED  
13 FOR THE TRAINING GRANTS AND, IN FACT, FOR THE GRANTS IN  
14 GENERAL, ONCE WE GET TO THAT POINT, THERE ARE BASICALLY  
15 THREE SETS OF INPUTS WHICH WILL ALL BE INCORPORATED AT  
16 THE END OF THE DAY IN A GRANTS ADMINISTRATION POLICY.

17 SO THE IP POLICY GROUP IS DEVELOPING -- THE  
18 IP TASK FORCE IS DEVELOPING AN INTERIM IP POLICY WHICH  
19 WILL BE FED INTO THIS. YOUR GROUP IS CONFRONTING THE  
20 ISSUES OF INTERIM ETHICAL STANDARDS WHICH HAVE TO BE IN  
21 PLACE IN ORDER FOR US TO MAKE ANY GRANTS FOR THE  
22 TRAINING PROGRAM. THOSE WILL COME TOGETHER WITH A  
23 VARIETY OF OTHER ADMINISTRATIVE GUIDELINES IN A  
24 DOCUMENT WHICH WILL FORM THE INTERIM GRANTS  
25 ADMINISTRATION POLICY FOR CIRM, TO WHICH ALL GRANTEEES



1 WILL HAVE TO AGREE AS PART OF THEIR RECEIVING A GRANT.

2 AND SO IF AND WHEN THEY AGREE THAT THEY WILL  
3 ESSENTIALLY CONDUCT THEMSELVES ACCORDING TO THE  
4 PRINCIPLES ARTICULATED IN THAT DOCUMENT, THEN THEY' LL  
5 PRESUMABLY SIGN THAT DOCUMENT AND AGREE TO DO SO GOING  
6 FORWARD.

7 SO AS I SAID, WE'VE BEEN WORKING ON THE  
8 LEFT-HAND SIDE THERE. JUST TO REMIND YOU ABOUT SOME OF  
9 THE BACKGROUND OF THE INTELLECTUAL PROPERTY, BECAUSE I  
10 KNOW NOT ALL OF YOU ARE INTELLECTUAL PROPERTY EXPERTS,  
11 TO BE SURE, FIRST OF ALL, WHAT KINDS OF THINGS  
12 CONSTITUTE INTELLECTUAL PROPERTY? AND THE FIRST AND  
13 THE ONE THAT RECEIVES THE MOST ATTENTION IS SUBJECT  
14 MATTER WHICH IS PATENTABLE. PATENTABLE SUBJECT MATTER  
15 CAN INCLUDE COMPOSITIONS OF MATTER. IF YOU INVENT A  
16 SUBSTANCE OR YOU INVENT A MACHINE, YOU CAN PATENT THAT  
17 THING, AND FREQUENTLY THOSE, FOR EXAMPLE, IN THE FIELD  
18 OF THERAPEUTICS, WHAT IS GENERALLY PATENTED IS THE  
19 SUBSTANCE ITSELF. THAT'S THE DRUG OR THERAPY OF ONE  
20 SORT OR ANOTHER, BUT ALSO DIAGNOSTICS. AND AS WE KNOW,  
21 STEM CELL LINES CAN BE PATENTED. THERE ARE A NUMBER  
22 THAT HAVE ALREADY BEEN PATENTED BY VARIOUS DIFFERENT  
23 GROUPS, ESPECIALLY BY THE UNIVERSITY OF WISCONSIN, AND  
24 OWNERSHIP OF THOSE CELL LINES NOW RESIDES IN THE  
25 RESEARCH FOUNDATION OF THE UNIVERSITY OF WISCONSIN.

1                    PROCESSES ARE ALSO PATENTABLE.    METHODS OF  
2    DOING SOMETHING, ASSAYS OF DOING SOMETHING; AND WHETHER  
3    OR NOT YOU GET A PATENT DEPENDS ON THE NUANCES OF THE  
4    PATENT LAW, BUT FUNDAMENTALLY PATENTS ARE ALLOWED IF  
5    PEOPLE INVENT SOMETHING THAT'S USEFUL; THAT IS, IT HAS  
6    TO HAVE UTILITY AND IT'S NOVEL.    SO THOSE ARE THE TWO  
7    SORT OF BROAD CRITERIA THAT DEFINE PATENTABLE SUBJECT  
8    MATTER.

9                    THERE ARE ALSO OTHER FORMS OF INTELLECTUAL  
10    PROPERTY.    ONE OF THOSE IS KNOW-HOW; THAT IS, JUST THE  
11    ACCUMULATED KNOWLEDGE IN AN ORGANIZATION THAT IS  
12    CONDUCTING A RESEARCH PROGRAM OF ANY KIND.    THAT  
13    KNOW-HOW GENERALLY, WHETHER IT'S PATENTED OR NOT  
14    PATENTED, IS A FORM OF INTELLECTUAL PROPERTY.    IT'S NOT  
15    A FORMAL FORM OF INTELLECTUAL PROPERTY, BUT IT'S A VERY  
16    IMPORTANT FORM BECAUSE, IN FACT, A LOT OF THE NEW  
17    KNOWLEDGE WHICH IS GAINED AND THE NEW THINGS WHICH ARE  
18    DISCOVERED, PROBABLY THERE'S MORE IN THE CATEGORY OF  
19    KNOW-HOW THAN THERE IS ACTUALLY IN PATENTABLE SUBJECT  
20    MATTER OR PATENTED SUBJECT MATTER.

21                    AND THEN FINALLY THE OTHER FORM OF  
22    INTELLECTUAL PROPERTY IS COPYRIGHTS.    THIS HISTORICALLY  
23    HAD REFERRED TO WRITTEN DOCUMENTS, BUT NOW ALSO COVERS  
24    SOFTWARE AND DATABASES WHICH HAVE BEEN COPYRIGHTED.  
25    AND THEIR USE IS, THEREFORE, PROTECTED.

1           THERE' S JUST A GENERAL ISSUE. WHY DO PEOPLE  
2 FILE PATENTS? WHAT IS THE PURPOSE OF PATENTS? AS YOU  
3 CAN READ HERE, THE CONSTITUTIONAL CONVENTION ACTUALLY  
4 ANTICIPATED THE FILING OF PATENTS TO PROMOTE THE  
5 PROGRESS OF SCIENCE AND USEFUL ARTS BY SECURING FOR  
6 LIMITED TIMES TO AUTHORS AND INVENTORS THE EXCLUSIVE  
7 RIGHT TO THEIR RESPECTIVE WRITINGS AND DISCOVERIES.

8           THIS HAS TWO VERY IMPORTANT RAMIFICATIONS.  
9 THE FIRST IS TO FORCE THE INVENTOR TO DISCLOSE THE  
10 INVENTION TO ENABLE THE WORK OF OTHERS. AND OFTENTIMES  
11 THE REALITY OF PEOPLE WHO ARE GENERATING INTELLECTUAL  
12 PROPERTY GENERALLY IS THEY HAVE TWO WAYS OF GETTING  
13 SOME PRIVATE USE, IF YOU WILL, OF THEIR TECHNOLOGY THAT  
14 THEY INVENT. ONE IS TO FILE A PATENT, AND THEN THEY  
15 CREATE PROPERTY, REAL PROPERTY. IF THEY ARE GRANTED A  
16 PATENT, THE PATENT ITSELF IS REAL PROPERTY.

17           THE OTHER WAY IS TO KEEP IT A SECRET,  
18 SO-CALLED TRADE SECRET, WHERE THEY DON' T SHARE THEIR  
19 KNOW-HOW AND, THEREFORE, THAT IS NOT AVAILABLE TO THE  
20 COMMUNITY AT LARGE BECAUSE THEY HAVE, IN ESSENCE,  
21 DECIDED TO PROTECT THEIR INVENTIONS BY NOT TELLING  
22 ANYBODY ABOUT WHAT THEY' VE INVENTED. SO THE PATENT  
23 SYSTEM, ONE OF THE IMPORTANT PARTS OF THE PATENT  
24 SYSTEM, IN ADDITION TO ALLOWING INVENTORS TO GAIN SOME  
25 BENEFITS FROM HAVING MADE THE INVENTION, IS ACTUALLY TO

1 FACILITATE THE DISPERSION OF THE INFORMATION CONTAINED  
2 IN THE PATENT.

3           AND FORTUNATELY, I THINK, FOR SCIENCE IN THIS  
4 COUNTRY, A PATENT HAS TO BE, AS WRITTEN, HAS TO BE  
5 ENABLING. ENABLING MEANS IF SOMEBODY READS THAT  
6 PATENT, THAT THEY CAN REPRODUCE THE WORK. AND IN  
7 ADDITION TO BEING ENABLING, IT HAS TO DISCLOSE THE BEST  
8 MODE OF DOING IT. SO YOU CAN'T WRITE A QUARTER OF A  
9 PATENT ON YOUR INVENTION AND KEEP OUT KEY ISSUES  
10 ASSOCIATED WITH ALLOWING SOMEBODY ELSE TO REPEAT THE  
11 WORK. IF YOU DO, YOUR PATENT WILL BE INVALIDATED. SO  
12 YOU MUST DISCLOSE THE BEST MODE, AND YOU MUST DISCLOSE  
13 THE ENTIRETY OF THE METHODS THAT LED TO THE PATENT.

14           AND THEN, FINALLY, OF COURSE, THE PATENTS DO  
15 ALLOW THE INVENTOR TO ENJOY FINANCIAL BENEFITS OF THE  
16 INVENTION AFTER DISCLOSURE. OUR CURRENT PATENT LAW IS  
17 THAT A PATENT IS VALID FOR 17 YEARS AFTER THE DATE OF  
18 FILING.

19           SO TECHNOLOGY TRANSFER, WHICH IS WHAT WE ARE  
20 DEALING WITH PRIMARILY IN THE IP POLICIES, HAS REALLY  
21 TWO ROUTES. ONE IS LICENSING. THIS IS THE PROCESS BY  
22 WHICH AN OWNER OF AN INVENTION, ACTUALLY THE OWNER OF A  
23 PATENTED INVENTION GENERALLY, PERMITS A SECOND PARTY TO  
24 USE THE INVENTION. PATENTS PER SE DO NOT PROSCRIBE ANY  
25 PARTICULAR USE OF THE PATENT. IF YOU OWN A PATENT, YOU

1 CAN ALLOW PEOPLE TO FREELY USE YOUR PATENT. YOU CAN  
2 CHARGE THEM A LOT OF MONEY. YOU CAN SELECTIVELY  
3 LICENSE A FEW PEOPLE. IT'S LIKE ANY OTHER PROPERTY.  
4 IF YOU'RE THE OWNER OF THAT PROPERTY, YOU HAVE THE  
5 RIGHT TO CHOOSE HOW THAT PROPERTY IS ACTUALLY UTILIZED  
6 BY YOURSELF OR BY OTHERS. SO THERE IS NO -- THERE'S  
7 NOTHING IN THE OWNERSHIP OF A PATENT PER SE THAT  
8 DEFINES WHAT'S USED.

9 WE'LL GET BACK TO THAT A LITTLE BIT LATER ON  
10 BECAUSE SOME OF THE -- IN JEFF'S PRESENTATION, YOU WILL  
11 SEE THAT A NUMBER OF THINGS RELATED TO PATENTS AND NOT  
12 RELATED TO PATENTS WITH RESPECT TO INTELLECTUAL  
13 PROPERTY ARE DETERMINED BY SOME IMPORTANT PRINCIPLES  
14 WHICH HAVE BEEN IN PLACE FOR SOME TIME NOW IN THE U.S.  
15 SCIENTIFIC COMMUNITY, AND OFTENTIMES THERE'S CONFUSION  
16 ABOUT THE WAY IN WHICH THESE ARE APPLIED VERSUS THE  
17 PRINCIPLES THEMSELVES. AND ESPECIALLY AROUND THE LAWS  
18 THAT AROSE FROM THE BAYH-DOLE ACT IN 1980, FOR EXAMPLE.  
19 THERE'S GENERALLY BOTH CONTROVERSY AND CONFUSION ABOUT  
20 BAYH-DOLE, BUT IN GENERAL I THINK IT'S IMPORTANT FOR US  
21 TO SEGREGATE WHAT BAYH-DOLE SAYS AND HOW IT'S APPLIED,  
22 WHICH ARE FREQUENTLY QUITE DIFFERENT ISSUES.

23 THEN THE INFORMAL SHARING OF KNOW-HOW IS IN  
24 AGGREGATE PROBABLY MUCH LARGER THAN LICENSING; THAT IS,  
25 THE PUBLICATION OF RESEARCH RESULTS, THE MOVEMENT OF

1 PEOPLE, FRANKLY, IS A VERY SUBSTANTIAL -- EVERY TIME A  
2 PERSON MOVES FROM ONE ORGANIZATION TO ANOTHER, THEY  
3 CARRY THE KNOWLEDGE THAT THEY'VE ACCUMULATED IN THE  
4 FIRST ORGANIZATION TO THE SECOND ORGANIZATION. SO THIS  
5 INFORMAL SHARING OF KNOW-HOW, WHICH HAS NOTHING TO DO  
6 WITH LICENSING BECAUSE IT'S NOT BASED ON ANY FORMAL  
7 PATENTS, IS ACTUALLY QUANTITATIVELY PROBABLY, MY OWN  
8 GUESS, IT WOULD BE TEN TIMES AS LARGE AS TECHNOLOGY  
9 WHICH IS SUBJECT TO PATENTS. AND, THEREFORE, WE SPENT  
10 A FAIR AMOUNT OF TIME IN OUR TASK FORCE ON THIS ISSUE  
11 OF, IN ADDITION TO THE INTELLECTUAL PROPERTY ASSOCIATED  
12 WITH PATENTS, WE SPENT A FAIR AMOUNT OF TIME ON  
13 DISCUSSING AND THINKING HARD ABOUT THE ISSUES OF HOW  
14 UNPATENTED KNOW-HOW WILL BE SHARED WITHIN THE CIRM  
15 GRANTEES.

16 WITH THAT, LET ME STOP HERE AND TAKE SOME  
17 QUESTIONS FROM YOU, IF YOU HAVE ANY, ABOUT THIS SORT OF  
18 BRIEF INTRODUCTION TO THE PATENT SYSTEM AND THE ISSUES  
19 THAT WE'RE DEALING AS A RESULT. DO ANY OF YOU --

20 DR. CIBELLI: WE HAD A QUESTION. ACTUALLY  
21 LAST MEETING WE WERE DISCUSSING HOW WE CAN MAKE SURE  
22 THAT THE GRANTEE WILL SHARE REAGENTS, FOR EXAMPLE, WITH  
23 OTHER GRANTEES OR MEMBERS OF THE SCIENTIFIC COMMUNITY.  
24 IT'S UNDERSTOOD THAT WHEN YOU PUBLISH AN ARTICLE, THEN  
25 YOU HAVE TO SHARE THE REAGENTS WITH THE COMMUNITY. BUT

1 IF THE GRANTEE IS A COMPANY AND THEY MAY NOT WANT TO  
2 PUBLISH AN ARTICLE, YOU MAY WANT TO FILE A PATENT. SO  
3 WE WENT BACK AND FORTH AND TRIED TO RECONCILE THE TWO  
4 THINGS, TRYING TO MAINTAIN THE CONFIDENTIALITY OR  
5 WHATEVER THE COMPANY IS TRYING TO CREATE VALUE ON, BUT  
6 AT THE SAME TIME THE MONEY WAS GIVEN FROM THE  
7 INSTITUTE. THEY SHOULD BE ABLE TO SHARE WHATEVER THEY  
8 GENERATE. HAVE YOU THOUGHT ABOUT HOW TO FIX THAT?

9 DR. PENHOET: WE HAVE A PRINCIPLE THAT WE'VE  
10 ARTICULATED, AND I THINK IT WILL COME OUT IN JEFF'S  
11 PRESENTATION. WE THINK THERE ARE SOME WAYS TO HANDLE  
12 THAT ISSUE. AND AS YOU WILL SEE, ONE OF THE  
13 PRINCIPLES -- AND WHAT JEFF WILL SHOW YOU TODAY, WE  
14 HAVE NOT FORMULATED A POLICY. IT'S MUCH TOO SOON FOR  
15 US TO FORMULATE A POLICY. WE HAVE FORMULATED A SET OF  
16 PRINCIPLES UPON WHICH OUR POLICY WILL BE BASED. ONE OF  
17 THOSE PRINCIPLES IS MUCH EXPANDED SHARING OF REAGENTS  
18 AND KNOW-HOW ABOUT WHAT'S GENERALLY PRACTICED TODAY IN  
19 THE BIOMEDICAL COMMUNITY. SO THAT IS PART OF OUR  
20 PRESENTATION, AND JEFF WILL TALK ABOUT THAT. BUT IT'S  
21 AN EXTREMELY IMPORTANT POINT.

22 DR. PETERS: I HAVE TWO LARGE QUESTIONS. I'M  
23 WONDERING, MR. CHAIR, IF I SHOULD DO THAT NOW OR WAIT  
24 UNTIL THE ENTIRE PRESENTATION IS OVER. DISCUSSION  
25 QUESTIONS.

1                   VICE CHAIR LO: AT THIS POINT WHY DON'T WE  
2 JUST HAVE QUESTIONS RELATED TO WHAT ED HAS PRESENTED,  
3 THE BACKGROUND, AND THERE WILL BE TIME AFTER ED  
4 FINISHES AND JEFF PRESENTS AND WE SEE WHAT THEIR IDEAS  
5 ARE TO HAVE BROADER COMMENTS.

6                   DR. PENHOET: PROBABLY BE MORE CLEAR AFTER  
7 JEFF'S PRESENTATION, SO AT THIS POINT I'LL TURN IT OVER  
8 TO JEFF.

9                   VICE CHAIR LO: THANKS VERY MUCH. THAT WAS  
10 VERY CLEAR AND HELPFUL.

11                  MR. SHEEHY: AND THE FIRST THING I WANT TO DO  
12 WHILE WE HAVE THE ACTUAL STATUTE UP IS, WHILE YOU GUYS  
13 ARE READING THAT, IS TO TRY TO NARROW OUR DISCUSSION TO  
14 WHAT IT REALLY IS TODAY. AND I THINK JOSE HAS BROUGHT  
15 UP THE ISSUE OF COMPANIES, AND I THINK TED IS GOING TO  
16 BRING UP SOME LARGER ISSUES, BUT THE REALITY OF WHAT  
17 WE'RE LOOKING AT TODAY IS INTELLECTUAL PROPERTY  
18 GUIDELINES FOR TRAINING GRANTS, EXCLUSIVELY FOR THAT.

19                  AND WHEN WE TALK ABOUT INTELLECTUAL PROPERTY  
20 GUIDELINES, LET'S TRY TO SEPARATE IN OUR MINDS BETWEEN  
21 THE GUIDELINES THAT ARE GOING TO APPLY MOSTLY TO  
22 UPSTREAM RESEARCH THAT'S DONE AT NONPROFIT ACADEMIC  
23 RESEARCH INSTITUTIONS AND THEN SOMETHING THAT'S MORE  
24 WHAT IAVI CALLS DEVELOPMENT WHERE YOU ACTUALLY MAKE A  
25 GRANT DIRECTLY TO A COMPANY, AND THAT COMPANY DEVELOPS



1 A PRODUCT. THOSE TWO ACTUALLY, I THINK, WILL NEED  
2 SEPARATE RULES. AND SO WHAT WE'RE TALKING ABOUT TODAY  
3 FOR TRAINING GRANTS ARE ONLY GOING TO GO TO NONPROFIT  
4 ACADEMIC INSTITUTIONS. I DO THINK THAT THIS MAY IN  
5 SOME WAYS SERVE AS A TEMPLATE FOR THE LONG-TERM POLICY  
6 FOR GRANTS THAT ARE MADE TO ACADEMIC RESEARCH  
7 INSTITUTIONS, BUT LET'S NOT CONFUSE THAT WITH WHAT WE  
8 MAY END UP DOING IN TERMS OF DEVELOPMENT IP POLICY THAT  
9 IS GOING TO GO TO A FOR-PROFIT ENTITY THAT IS GOING TO  
10 COMMERCIALIZE A PRODUCT. WE MAY END UP WITH A SOMEWHAT  
11 DIFFERENT SET OF INTELLECTUAL PROPERTY GUIDELINES FOR  
12 THAT, AND IT MAY BRING IN SOME OF THOSE LARGER ISSUES  
13 THAT I THINK FOLKS MAY WANT TO TALK ABOUT IN TERMS OF  
14 PUBLIC BENEFIT.

15 AND I REALLY THINK WE NEED TO LOOK AT THE LAW  
16 HERE FOR A SECOND BECAUSE THE LAW IS SOMEWHAT  
17 CONSTRICTING IN THAT IT GIVES US A VERY NARROW BALANCE  
18 BETWEEN PATENTS, ROYALTIES. AND WE HAVE REALLY HAVE A  
19 TEST TO BALANCE SOME SORT OF -- I TEND TO READ THIS AS  
20 A FINANCIAL RETURN. PATENTS, ROYALTIES, AND LICENSES  
21 TEND TO MEAN TO ME THAT WE'RE GOING TO DERIVE SOME SORT  
22 OF THE INCOME STREAM VERSUS PATENTING AND LICENSING  
23 THAT MIGHT INTERFERE WITH THE ABILITY OF THE SCIENCE TO  
24 MOVE FORWARD. SO AS I UNDERSTAND THIS, AND WE MAY WANT  
25 TO TALK ABOUT THIS LATER, THIS SEEMS TO BE OUR CORE

1 INTELLECTUAL PROPERTY KIND OF, IF YOU THINK ABOUT THE  
2 SCALE, IF WE PUT TOO MUCH ON LICENSING WITH THAT OR IF  
3 WE GET PEOPLE TO OVERPATENT, WILL THAT SLOW OR LIMIT  
4 THE ABILITY TO MOVE FORWARD WITH THE SCIENCE THAT A  
5 MORE OPEN IP POLICY MIGHT PRODUCE.

6 SO THIS JUST KIND OF SHOWS YOU WHERE WE ARE  
7 IN THE PROCESS AND THE DIFFERENT DATES. I THINK WE CAN  
8 JUST KIND OF FLY THROUGH THIS. THIS TAKES US TO WHERE  
9 WE ARE TODAY, DECEMBER 1ST. THE NEXT ICOC MEETING,  
10 WE'RE GOING TO TRY TO PUT IN PLACE A WHOLE SET OF  
11 INTERIM POLICIES THAT WILL ALLOW THE TRAINING GRANTS TO  
12 GO OUT.

13 DR. PENHOET: IT'S WORTH NOTING WE'VE HAD TWO  
14 MEETINGS OF THE IP TASK FORCE.

15 DR. HALL: COULD I ASK YOU, JEFF, TO GIVE US  
16 SOME SENSE OF THE WORK THAT THE TASK FORCE HAS DONE AT  
17 THOSE TWO MEETINGS?

18 MR. SHEEHY: I THINK THE NEXT COUPLE SLIDES.  
19 SO WE'VE LOOKED, AND AS YOU CAN TELL, THIS IS FAIRLY  
20 LONG LIST OF REPORTS THAT HAVE BEEN DISCUSSED. WE HAVE  
21 HAD TWO EXTENSIVE MEETINGS. WE HAVE HAD -- WE ALSO HAD  
22 THE BENEFIT OF AN EXTRAORDINARILY INFORMATIVE MEETING  
23 CONDUCTED BY THE LEGISLATURE LED BY SENATOR DEBORAH  
24 ORTIZ THAT I FOUND TO BE VERY INFORMATIVE. IF YOU  
25 LOOK, A WHOLE SET OF DIFFERENT MODELS THAT HAVE BEEN

1 BROUGHT FORWARD AND DISCUSSED, AND I THINK WHAT I'D  
2 LIKE TO DO NEXT IS MAYBE TALK ABOUT -- WE ACTUALLY HAVE  
3 A LIST OF THE PRESENTATIONS THAT WE'VE SEEN.

4 SO THE FIRST IP TASK FORCE MEETING, WE GOT  
5 THE PRESENTATION ON THE CCST REPORT, WHICH IS THE  
6 CALIFORNIA COUNCIL ON SCIENCE AND TECHNOLOGY REPORT.  
7 WE HAD THE OCTOBER 31ST LEGISLATIVE HEARING, WHICH, AS  
8 YOU CAN SEE, WE HEARD FROM REBECCA EISENBERG, WHO'S A  
9 WELL-KNOWN EXPERT AND INNOVATOR IN IP POLICY; MERRILL  
10 GOOZNER HAD SOME GREAT IDEAS; WE HEARD FROM BOND  
11 COUNSEL ABOUT ISSUES RELATED TO TAX-EXEMPT BONDS. YOU  
12 FOLLOW TO OUR LAST TASK FORCE, WE HEARD FROM REBECCA  
13 EISENBERG AGAIN; RICHARD KLAUSNER FORMERLY WITH THE  
14 GATES FOUNDATION, WHO DISCUSSED WITH US HOW GATES DOES  
15 INTELLECTUAL PROPERTY FOR THEIR GRANTS, AND THEY'RE  
16 ACTUALLY INCREDIBLY INNOVATIVE, THEIR POLICY.

17 SO AS YOU CAN SEE, THERE'S A LITTLE BIT OF  
18 HOMEWORK THAT WE'VE DONE IN GETTING TO THIS POINT.

19 NOW, I'D LIKE TO JUST START WITH THE FIRST  
20 MODEL. I WANT TO SAY SOMETHING ABOUT THE CCST INTERIM  
21 REPORT BECAUSE THIS REPORT WAS COMMISSIONED BY THE  
22 LEGISLATURE BECAUSE THERE IS NO INTELLECTUAL PROPERTY  
23 POLICY FOR STATE-FUNDED RESEARCH. SO IN A WAY WHAT  
24 WE'RE DOING WITH CIRM IS WE'VE KIND OF GOT THE  
25 BULL'S-EYE DRAWN ON US, BUT THE LEGISLATURE IS ACTUALLY

1 SUPPOSED TO BE ADDRESSING THIS ISSUE FOR ALL  
2 INSTITUTIONS FOR ALL STATE-FUNDED RESEARCH AND  
3 PRESUMABLY WHEN THEY FINISH THEIR PROCESS, THAT WOULD  
4 BE SOMETHING THAT WE WOULD WANT TO TAKE PART IN.

5 WHAT WE GOT FROM THE CCST WAS AN INTERIM  
6 REPORT THAT THEY'RE PREPARING FOR THE LEGISLATURE IN  
7 THE HOPE THAT THE LEGISLATURE WILL ADOPT IT AS AN IP  
8 POLICY FOR ALL STATE-FUNDED RESEARCH. AND THEY  
9 BASICALLY DEFAULTED TO A BAYH-DOLE MODEL FOR, I THINK,  
10 ALL THE REASONS THAT BAYH-DOLE HAS -- IN THE WAYS IN  
11 WHICH BAYH-DOLE HAS WORKED UP TO THIS POINT. THERE WAS  
12 SOME CONCERN EXPRESSED AT THE UPSTREAM LEVEL ON THE  
13 SHARING OF MATERIALS AND KNOWLEDGE. I THINK THAT THAT  
14 IS THE THEME THAT COMES OUT IN ALMOST EVERY MODEL THAT  
15 WE LOOKED AT.

16 SO THIS WAS THE FIRST THING THAT WE GOT. I  
17 THINK ALSO WHAT THEY'RE LOOKING AT IS SOMETHING THAT IS  
18 MORE ORIENTED TOWARDS NONPROFIT ACADEMIC RESEARCH  
19 INSTITUTIONS AND NOT SOMETHING THAT NECESSARILY IS THAT  
20 INFORMATIVE IF YOU ARE GOING TO BE TALKING ABOUT MAKING  
21 GRANTS TO COMPANIES TO DEVELOP PRODUCTS OR TO CARRY OUT  
22 CLINICAL TRIALS.

23 THE NEXT MODEL WE'RE LOOKING AT IS IAVI,  
24 WHICH IS THE INTERNATIONAL AIDS VACCINE INITIATIVE.  
25 WHAT I LIKE ABOUT THEIR MODEL IS THAT THEY ACTUALLY

1 HAVE BROKEN IT DOWN INTO TWO PIECES THAT KIND OF  
2 CAPTURES THIS DICHOTOMY. SO FOR BASIC UPSTREAM  
3 RESEARCH, THEY ARE CREATED A CONSORTIUM WITH HALF A  
4 DOZEN RESEARCH INSTITUTIONS, ACADEMIC RESEARCH  
5 INSTITUTIONS, AND THAT CONSORTIUM RETAINS EXCLUSIVE IP  
6 RIGHTS WITHIN IT. SO IN A WAY THAT IS A PATENT POOL.

7 NOW, THEY DO HAVE VERY INNOVATIVE POLICY THAT  
8 THEY DO WHEN THEY GO TO DEVELOPMENT. THIS IS WHEN THEY  
9 GO TO A COMPANY OR A COMPANY COMES TO THEM. THEY HAVE  
10 A PRODUCT THEY WANT TO TRY. THEY ALLOW THE GRANTEES TO  
11 OWN THE IP, BUT THEY THEN GO INTO ALL OF THIS VERY  
12 IMPORTANT ACCESS ISSUE KIND OF AGREEMENTS. SO THEY  
13 REQUIRE, FOR INSTANCE, VACCINES BE PROVIDED AT  
14 REASONABLE COST TO DEVELOPING COUNTRIES. AND IF THEY  
15 DON'T, THEY RETAIN A MARCH-IN RIGHT THAT ALLOWS THEM TO  
16 LICENSE THAT VACCINE PRODUCT TO AN IN-COUNTRY  
17 MANUFACTURER SO THAT THAT VACCINE WILL BE AVAILABLE IN  
18 THAT COUNTRY.

19 THEY ENCOURAGE THE COMMERCIALIZATION OF  
20 DISCOVERIES. THIS IS NOT, BY THE WAY, THAT DIFFERENT  
21 FROM WHAT GATES DOES, EXCEPT THAT GATES NEGOTIATES A  
22 SEPARATE ACCESS POLICY FOR DEVELOPING COUNTRIES WITH  
23 EACH GRANTEE BEFORE THE GRANT IS MADE. SO AS A PART OF  
24 YOUR GRANT PROPOSAL, YOU HAVE TO SUBMIT YOUR PLAN FOR  
25 MAKING YOUR PRODUCT AVAILABLE TO PEOPLE IN THE

1 DEVELOPING WORLD OR IN LOW INCOME COUNTRIES.

2 AND THEN THE LAST WE HAVE IS REBECCA  
3 EISENBERG'S RECOMMENDATIONS. AND SHE RECOMMENDS THAT  
4 WE ALLOW OUR GRANTEES TO OWN IP RIGHTS. THIS IS AN  
5 IMPORTANT PART THAT'S COME UP. RESERVE THE RIGHT FOR  
6 CIRM RESEARCHERS TO USE CIRM-FUNDED IP. WE SHOULDN'T  
7 HAVE TO PAY FOR IP TWICE. IF SOMEONE AT AN INSTITUTION  
8 PATENTS SOMETHING, ONE OF OUR GRANTEES SHOULDN'T HAVE  
9 TO PAY A FEE TO THAT INSTITUTION IN ORDER TO GET ACCESS  
10 TO USE THE STEM CELL LINE, THAT REAGENT, OR WHATEVER IT  
11 MAY BE THAT WAS DEVELOPED IF IT WAS DEVELOPED WITH CIRM  
12 MONEY.

13 EVALUATE THE EXCEPTIONAL CIRCUMSTANCES ASPECT  
14 OF FEDERAL LAW FOR NONPROPRIETARY APPROACH TO  
15 FURTHERING CIRM TECHNOLOGY TRANSFER GOALS. I THINK  
16 WE'RE GOING TO BRING ED BACK AT SOME POINT TO TALK MORE  
17 SPECIFICALLY ABOUT THIS REALLY COMPLEX AREA OF LAW THAT  
18 I'M NOT SURE I UNDERSTAND YET, BUT IT REALLY IS ONE  
19 MORE ELEMENT AT THIS UPSTREAM LEVEL OF RESEARCH TOWARDS  
20 FURTHERING GREATER SHARING, WHICH IS THE ONE NEGATIVE  
21 ASPECT THAT'S BEEN BROUGHT UP AGAIN AND AGAIN ABOUT  
22 BAYH-DOLE IS THAT THERE'S THIS TENDENCY TO LICENSE, TO  
23 PATENT, AND TO IN SOME WAY IMPEDE THE SHARING OF THESE  
24 TOOLS AND THESE UPSTREAM PRODUCTS THAT EVERYONE NEEDS  
25 TO HAVE ACCESS TO IN ORDER FOR THE RESEARCH TO MOVE

1 FORWARD.

2 ENCOURAGE THE DISSEMINATION OF DATA AND  
3 BIOMEDICAL MATERIALS, SO THERE'S A REAL BIAS THERE  
4 TOWARDS OPEN-SOURCE PUBLICATION, SAY, PUBLIC LIBRARY OF  
5 SCIENCE.

6 AVOID A TAX ON ANY REVENUES GENERATED BY  
7 CIRM-FUNDED INVENTIONS. AND THIS WAS SOMETHING, AND IT  
8 WILL BE INTERESTING TO SEE HOW WE HANDLE THIS, BUT  
9 SHE'S BASICALLY SAYING DON'T TAKE A ROYALTY.

10 AND THEN THE LAST IS AVOID A PATENT POOLING  
11 APPROACH AS A FOUNDATIONAL PRINCIPLE, BUT RESERVE THE  
12 RIGHT TO ENABLE ONE IF A NEED ARISES.

13 MERRILL GOOZNER PUT FORWARD A VERY  
14 INTERESTING PATENT POOLING PROPOSAL, AND IT'S A VERY  
15 INTERESTING CONCEPT. MAYBE ONCE WE GET GOING, IT'S  
16 SOMETHING THAT WE MIGHT WANT TO LOOK AT. AND THAT WAS  
17 KIND OF REBECCA EISENBERG'S APPROACH IS THAT IT'S A  
18 VERY INTERESTING IDEA. THERE'S SOME MODELS. UC DAVIS  
19 IS PART OF A PATENT POOL FOR IP THAT'S BEEN DEVELOPED  
20 FOR AGRICULTURAL PRODUCTS. IF WE GET A GOOD MODEL THAT  
21 WORKS WITH OUR INSTITUTIONS THAT WE'RE WORKING WITH,  
22 THEN PERHAPS THAT'S SOMETHING WE MIGHT WANT TO LOOK AT  
23 DOWN THE ROAD.

24 DR. CIBELLI: WHAT DO YOU MEAN BY PATENT  
25 POOLING?

1           MR. SHEEHY: THAT IS A GOOD QUESTION. IF YOU  
2 LOOK, IF YOU TAKE THE IAVI MODEL, BASICALLY THE RIGHTS  
3 ARE ALL HELD COLLECTIVELY WITHIN THIS CONSORTIUM, SO  
4 THEY HAVE A NARROW GROUP OF RESEARCH INSTITUTIONS THAT  
5 THEY'RE FUNDING. ANYTHING THAT'S DEVELOPED BY ANY OF  
6 THOSE INSTITUTIONS IS HELD COLLECTIVELY IN THIS POOL,  
7 AND PRESUMABLY ANY BENEFIT FINANCIALLY THAT COMES FROM  
8 THAT WOULD BE SHARED OUT IN SOME WAY AMONGST THOSE  
9 DIFFERENT PARTICIPANTS. THIS IS NOT CLEAR YET HOW MANY  
10 PARTICIPANTS THERE ARE GOING TO BE. WHAT ARE WE? I  
11 THINK THE FIRST ROUND OF GRANTS WAS 16 DIFFERENT  
12 INSTITUTIONS GOT GRANTED. WE HAD 28 APPLICATIONS. WE  
13 REALLY DON'T KNOW WHAT OUR POOL IS -- AT LEAST FOR THE  
14 NONPROFIT ACADEMIC WORLD, WE DON'T REALLY KNOW WHAT  
15 THAT POOL WOULD BE, BUT THE IDEA IS THAT RATHER THAN  
16 EACH INSTITUTION LICENSING, PATENTING AND LICENSING FOR  
17 THEMSELVES, THAT PATENT WOULD BE HELD AS PART OF A  
18 LARGER SET THAT ANYONE WITHIN THAT POOL COULD USE  
19 FREELY. DOES THAT ENOUGH?

20           DR. CIBELLI: IT'S JUST THAT IF YOU ARE GOING  
21 TO ALLOW THEM TO OWN THEIR IP, YOU ARE SAYING FIRST  
22 THAT YOU ARE GOING TO ALLOW GRANTEES TO OWN THE IP  
23 RIGHTS.

24           MR. SHEEHY: THE POOL, OR LIKE THE IAVI  
25 EXAMPLE, A CONSORTIUM WOULD OWN THE IP RIGHTS.



1 DR. CIBELLI: I CAN SEE THAT AS A NIGHTMARE  
2 FOR THE TECHNOLOGY TRANSFER OFFICES OF ALL THE  
3 INSTITUTIONS TO COME UP WITH THE SAME POLICY.

4 DR. HALL: IT'S BEING RECOMMENDED THAT WE  
5 AVOID AND LEAVE OPEN THE POSSIBILITY OF LATER. I THINK  
6 THE ADVANTAGE IS, AND ED OR OTHERS ON THE GROUP MAY  
7 WANT, ADVANTAGE IS THAT YOU'RE ABLE -- ANY PARTICULAR  
8 THERAPEUTIC DEVELOPMENT MAY REQUIRE A NUMBER OF PATENTS  
9 THAT YOU HAVE TO NEGOTIATE SEPARATELY WITH A WHOLE LOT  
10 OF PEOPLE. SO THE IDEA IS IF YOU POOL THESE, IT'S BOTH  
11 EASIER AND IT'S A MORE POWERFUL POSITION; THAT IS, YOU  
12 CAN OFFER BUNDLED PATENTS, AS IT WERE, AROUND A  
13 PARTICULAR TECHNOLOGY THAT HAS EVERYTHING YOU NEED IN  
14 ORDER TO DO THIS. I THINK ONE OF REBECCA EISENBERG'S  
15 POINTS THAT SHE MADE IN HER PRESENTATION WAS THAT WE  
16 NEED VERY MUCH TO BE AWARE THAT WE ARE A SMALL PART OF  
17 A LARGER ENTERPRISE THAT EXTENDS NATIONWIDE AND  
18 WORLDWIDE AND ONE THAT'S WELL UNDERWAY. AND SHE  
19 RECOMMENDED ON THAT BASIS, FOR EXAMPLE, THAT WE BE SURE  
20 THAT WE ARE COMPATIBLE WITH BAYH-DOLE WHATEVER WE DO,  
21 BUT THE OTHER POINT THAT SHE MADE WAS THAT IT WASN'T  
22 CLEAR THAT OUR POSITION WAS GOING TO BE STRONG ENOUGH  
23 TO MAKE THIS WORTH THE TROUBLE AT THIS STAGE. AND SHE  
24 THOUGHT, FOR THE REASONS YOU SAY, AND LATER ON, IF WE  
25 HAVE IMPORTANT PIECES, I THINK THAT SHE URGED THAT WE

1 MIGHT CONSIDER THAT. IS THAT A FAIR SUMMARY? YEAH.

2 DR. CIBELLI: BEFORE WE MOVE ON, DO YOU MIND  
3 IF I ASK. SO RESERVING THE RIGHT OF THE CIRM  
4 RESEARCHERS TO USE CIRM FUNDED IP, YOU ARE GOING TO  
5 HAVE TO DEFINE CIRM RESEARCHER BETTER JUST BECAUSE I  
6 DON'T KNOW HOW YOU ARE GOING TO ENFORCE THAT. A PERSON  
7 MAY HAVE SOME MONEY OR PART OF A SALARY COMING FROM A  
8 GRANT FROM CIRM AND HAS THE RIGHT TO USE ANY IP FROM  
9 CIRM? I JUST DON'T KNOW HOW YOU ARE GOING TO -- YOU'RE  
10 GOING TO HAVE TO BE VERY --

11 DR. HALL: THEY HAVE SALARY COMING, IT'S  
12 PRESUMABLY ON A RESEARCH GRANT. AND IF SOMETHING IS  
13 DISCOVERED ON THAT RESEARCH GRANT, EVEN IF THEY DON'T  
14 HAVE SALARY, IT'S FUNDED BY CIRM, THEN WOULD BE  
15 IDENTIFIED AS CIRM IP, AND THEY WOULD BE A CIRM  
16 RESEARCHER.

17 DR. CIBELLI: THAT PERSON, LET'S SAY,  
18 STANFORD, WANTS TO USE A TECHNOLOGY THAT IS BEING  
19 DEVELOPED SOMEWHERE IN SAN DIEGO BY ANOTHER RESEARCHER  
20 THAT IS FUNDED BY CIRM, HE CAN DO IT WITHOUT VIOLATING  
21 THE IP?

22 DR. HALL: ONE OF THEM -- IF IT'S DEVELOPED  
23 BY CIRM AND IT'S DEFINED AS CIRM IP, THEN ANYBODY ELSE  
24 THAT'S FUNDED BY CIRM WOULD HAVE ACCESS TO THAT FOR  
25 RESEARCH PURPOSES WITHOUT PAYING A FEE.

1 DR. TAYLOR: I GUESS WHAT I FIND INTERESTING,  
2 AND THIS IS REALLY A WONDERFUL SUMMARY, BUT, JEFF, YOU  
3 INTRODUCED THIS AS POLICY FOR THE TRAINING GRANTS  
4 INITIALLY. AND THESE POLICIES ACTUALLY DON'T MAKE A  
5 LOT OF SENSE TO ME FROM A TRAINING GRANT POINT OF VIEW.  
6 THEY SOUND MORE LIKE THE POLICIES FOR THE RESEARCH  
7 GRANTS. NOW THAT WE'RE GETTING TO THE POINT THAT JOSE  
8 BROUGHT UP, I THINK THAT ANYONE WHO COMES UNDER THE  
9 TRAINING RUBRIC, WHICH COULD BE GRADUATE COURSES, IT  
10 SEEMS TO ME -- I DON'T KNOW HOW THE TRAINING GRANTS  
11 HAVE BEEN PROPOSED AND WHAT THE VARIOUS STRATEGIES ARE  
12 WITHIN THOSE TRAINING GRANTS, BUT IT'S GOING TO BE AN  
13 AWFULLY BROAD UMBRELLA TO DUMP ALL OF THE IP INTO, IT  
14 SEEMS TO ME.

15 DR. HALL: FOR THOSE PURPOSES, IT WOULD BE  
16 THE PEOPLE WHO ARE SUPPORTED BY STIPENDS, CIRM  
17 STIPENDS. IF IN A LAB THEY MAKE A DISCOVERY, WHICH IS  
18 THE WHOLE POINT OF THIS EXERCISE, THEN WE WOULD HAVE  
19 A CLAIM TO THAT DISCOVERY UNDER THIS RUBRIC. SO IT'S  
20 NOT ANYBODY WHO TAKES A CIRM-FUNDED COURSE. IT IS  
21 THOSE PEOPLE WHO ARE DIRECTLY SUPPORTED THROUGH  
22 STIPENDS THAT WOULD THEN -- IT MIGHT BE PART OF AN  
23 IMPORTANT DISCOVERY OR EVEN ALONE MAKE AN IMPORTANT  
24 DISCOVERY. AND SO IT IS TO COVER THOSE INSTANCES THAT  
25 WE HAVE THIS. SO THEY ARE TRAINEES, BUT IT IS THEIR

1 RESEARCH ACTIVITIES THAT WE ARE CONCERNED WITH. DOES  
2 THAT MAKE SENSE?

3 DR. TAYLOR: (NODS.)

4 MR. SHEEHY: AND TO ELABORATE, NO ONE  
5 ANTICIPATES A LOT OF THE IP COMING OUT OF TRAINING  
6 GRANTS, TO BEGIN WITH, BUT SO MAYBE I SHOULD CONTINUE.

7 SO THESE ARE THE QUESTIONS THAT WE'VE BEEN  
8 USING TO GUIDE OUR POLICY DISCUSSIONS WHICH HAVE LED US  
9 TO COME UP WITH THIS SET OF BROAD PRINCIPLES.

10 WHO SHOULD OWN ANY INVENTIONS THAT ARISE FROM  
11 CIRM FUNDING? HOW SHOULD CIRM REQUIRE THE SHARING OF  
12 DATA, TOOLS, TECHNOLOGY, AND INTELLECTUAL PROPERTY?  
13 SHOULD CIRM CREATE A RESEARCH EXEMPTION FOR THE USE OF  
14 INTELLECTUAL PROPERTY FOR BASIC RESEARCH PURPOSES?  
15 WHAT LICENSING REQUIREMENTS SHOULD BE ADOPTED BY CIRM  
16 GRANTEES? AND, LASTLY, SHOULD CIRM RETAIN MARCH-IN  
17 RIGHTS?

18 AND, AGAIN, THIS IS FOR TRAINING GRANT IP  
19 POLICY FOR NONPROFIT ACADEMIC INSTITUTIONS.

20 SO SHARING POLICY, THIS IS THE TYPES OF  
21 SUBJECT MATTER CATEGORIES THAT ARE UNDER DISCUSSION.  
22 SO WE HAVE DATA, WE HAVE TECHNOLOGY AND PROCESSES,  
23 BIOLOGICAL MATERIALS AS DEFINED BY THE NIH, TO INCLUDE  
24 CELL LINES, MONOCLONAL ANTIBODIES, REAGENTS, ANIMAL  
25 MODELS, COMBINATIONAL CHEMISTRY LIBRARIES, CLONES AND

1 CLONING TOOLS, DATABASES AND SOFTWARE. THIS IS THE  
2 STUFF WE'RE TALKING ABOUT WHEN WE SAY SHOULD WE REQUIRE  
3 THE SHARING, WHICH I THINK IS RELATED TO THE ISSUE THAT  
4 WE WERE TALKING ABOUT IN TERMS OF THE STEM CELL BANK.

5 AND SO THE INTERIM POLICY CONCEPTS FOR  
6 TRAINING GRANTS IS, TO ANSWER THE FIRST QUESTION, WHO  
7 SHOULD OWN THE INVENTIONS, THE GRANTEES SHOULD OWN THE  
8 TECHNOLOGY. THAT MEANS THAT THOSE NONPROFIT -- THOSE  
9 16 NONPROFIT ACADEMIC RESEARCH INSTITUTIONS WHO ARE  
10 GETTING THE TRAINING GRANTS WOULD RETAIN THE RIGHT TO  
11 THEIR INVENTIONS.

12 DATA SHARING, WE WANT, AND THIS IS OUR  
13 PRINCIPLE, WE WANT TO PUSH THE ENVELOPE OF CURRENT  
14 PRACTICE TOWARDS MORE OPEN SHARING. SO WE SUPPORT THE  
15 WIDEST POSSIBLE SHARING. AND AN ISSUE THAT WE DIDN'T  
16 REALLY -- THAT BELONGS IN HERE, BUT DIDN'T REALLY GET  
17 INTRODUCED WELL, WAS A BIAS AGAINST NONEXCLUSIVE  
18 LICENSING. SO WHILE WE WANT THE GRANTEES TO OWN THEIR  
19 TECHNOLOGY, AS PART OF ENCOURAGING DATA SHARING, WE  
20 WANT TO ENCOURAGE OUR GRANTEES TO NOT OBTAIN EXCLUSIVE  
21 LICENSES. WE BELIEVE WE SHOULD CREATE A RESEARCH  
22 EXEMPTION. SO IF SOMEONE WANTS TO USE THE IP FOR  
23 RESEARCH, THEY SHOULD BE ABLE TO USE IT.

24 LICENSING, WE DISCUSSED A ROYALTY RETURN.  
25 AND IT WAS INTERESTING. WE HAD SOMEONE FROM THE

1 UNIVERSITY OF CALIFORNIA AND SOMEONE FROM STANFORD FROM  
2 THEIR OFFICE OF TECHNOLOGY TRANSFER. AND SO THE  
3 GENERAL FEELING WAS THAT THERE WASN'T A LOT OF  
4 ENTHUSIASM FOR A SO-CALLED TAX OR SOME FINANCIAL RETURN  
5 BACK TO CIRM, BUT IT WAS SOMETHING THAT SEEMED  
6 FEASIBLE. THEY SUGGESTED THAT WE SET A THRESHOLD  
7 BECAUSE A LOT OF PATENTS NEVER PRODUCE ANY MEASURABLE  
8 RETURN, AND IT'S COSTLY TO OBTAIN A PATENT. SO THE  
9 NUMBER THAT WAS THROWN OUT WAS \$500,000. SO IF THEY  
10 RECEIVED A RETURN OF OVER 500,000, THEN SOME PORTION OF  
11 THAT IN THE WAY OF ROYALTY WOULD COME BACK TO CIRM.

12 AND AS THE PERSON FROM STANFORD SAID, I  
13 BELIEVE, OUT OF 400 PATENTS, THEY ONLY HAD TWO THAT  
14 REACHED THAT THRESHOLD. AND ONE CAN IMAGINE FOR  
15 TRAINING GRANTS, IT'S FAIRLY NARROW. BUT THAT SEEMS TO  
16 AT LEAST -- DIDN'T SEEM TO INDICATE THAT THAT WOULD  
17 IMPEDE THE PROGRESS OF THE SCIENCE, THAT IT WOULD FIT  
18 WITHIN THE EXISTING MODELS THAT ARE USED BY ACADEMIC  
19 RESEARCH INSTITUTIONS. IT SEEMED TO BE SOMETHING THAT  
20 COULD BE IMPLEMENTED BY THEIR OFFICES OF TECHNOLOGY  
21 TRANSFER AS LONG AS WE DON'T GET GREEDY.

22 DR. EGGAN: CAN I ASK OUT OF WHAT HAT THEY  
23 PULLED THAT NUMBER OF \$500,000 AND HOW IT WAS JUSTIFIED  
24 BECAUSE ALTHOUGH IT'S EXPENSIVE TO PROCESS A PATENT, I  
25 THINK IT'S CERTAINLY MUCH LESS EXPENSIVE THAN THAT, AND

1 CERTAINLY IT'S A MUCH LOWER THRESHOLD THE UNIVERSITY IS  
2 MAKING SOME SUBSTANTIAL SUM OF MONEY WHICH COULD BE  
3 DISBURSED BACK TO OTHER RESEARCHERS AND CIRM.

4 MR. SHEEHY: ACTUALLY THE RETURN BACK DID NOT  
5 COME TO CIRM. THE RETURN BACK, I BELIEVE, AND THIS IS  
6 A LARGER POLICY ISSUE, BUT I BELIEVE THE RETURN BACK  
7 GOES TO THE GENERAL FUND OF THE STATE OF CALIFORNIA.  
8 IT'S NOT CLEAR THAT WE HAVE THE RIGHT TO COLLECT MONEY  
9 AND AGAIN REDISBURSE IT. WE HAVE OUR FUNDING STREAM.

10 DR. PENHOET: WE LISTENED TO THE NUMBER AND  
11 NOTED THAT THAT'S WHAT THEY SAID. IT'S NOT PART OF OUR  
12 PROPOSAL.

13 DR. HALL: AS A FORMER VICE CHANCELLOR FOR  
14 RESEARCH, MAY I ANSWER THAT QUESTION? I THINK THE  
15 ARGUMENT WAS MADE THAT THE POINT IS NOT TO PAY THE  
16 EXPENSES FOR THAT PARTICULAR PATENT, BUT THAT IN ACTUAL  
17 FACT TO PAY FOR THE LOSERS AS WELL. THAT WHEN YOU  
18 PATENT A LARGE NUMBER OF DISCOVERIES, YOU ARE MAKING AN  
19 INVESTMENT, AND YOU KNOW THAT ONLY ONE OF THOSE IS  
20 LIKELY TO PAY OFF. SO WHAT YOU NEED TO DO IS TO COVER  
21 THE EXPENSES FOR THE ENTIRE INVESTMENT BASED ON THAT.  
22 AND SO I THINK IT WASN'T A ONE-TO-ONE THING. WHETHER  
23 THE NUMBER IS CORRECT OR NOT, I DON'T KNOW, BUT I THINK  
24 THAT WAS THE GENERAL PRINCIPLE THAT WAS BEING ESPOUSED.

25 AND I THINK THE POINT THAT WAS MADE WAS

1 UNIVERSITIES MAKE AN INVESTMENT AND TAKE A RISK WHEN  
2 THEY DO THIS. AND IF WE'RE GOING TO SHARE THE  
3 BENEFITS, WE NEED TO EITHER SHARE THE RISK OR WE NEED  
4 TO ALLOW THEM TO RECOUP THEIR COSTS BEFORE WE CASH IN.

5 DR. CIBELLI: THIS IS A DEPARTURE FROM THE  
6 BAYH-DOLE ACT. I DON'T KNOW WHY YOU ARE GETTING SO  
7 GREEDY. YOU WANT TO SHOW THE STATE OF CALIFORNIA THAT  
8 YOU ARE GETTING SOMETHING BACK. IS THAT WHY YOU ARE  
9 DOING THIS, AS A POLITICAL MOVE?

10 MR. SHEEHY: I THINK IT ACTUALLY IS -- I MEAN  
11 I PERSONALLY AM AMBIVALENT ABOUT THIS TAX CONCEPT. I  
12 DO THINK, THOUGH, IT MEETS THE TEST THAT WE HAVE TO  
13 MEET IN PROP 71. SO IT'S LESS A POLITICAL QUESTION  
14 THAN REALLY A STATUTORY QUESTION. AND IT'S NOT CLEAR  
15 TO ME THAT WE CAN KIND OF BLITHELY IGNORE ASKING FOR A  
16 RETURN IF A RETURN CAN BE OBTAINED, ESPECIALLY ONE THAT  
17 DOESN'T SEEM TO UNDULY BURDEN THE INSTITUTION, IT  
18 DOESN'T INTERFERE WITH THEIR ABILITY TO DO RESEARCH.  
19 AND IT'S AT A POINT WHERE THEY'RE MAKING A LOT OF  
20 MONEY, A SIGNIFICANT AMOUNT OF MONEY, \$500,000. HALF A  
21 MILLION DOLLARS, THEY'RE MAKING MONEY.

22 PERSONALLY, MY GOAL WAS, WHEN WE HAD THIS  
23 DISCUSSION, I ACTUALLY TRIED TO DO BAYH-DOLE ON A  
24 LITTLE BIT OF -- TRIED TO NARROW BAYH-DOLE, WHICH SAYS  
25 THEY'RE SUPPOSED TAKE THEIR RETURNS OFF THESE PATENTED



1 INVENTIONS AND REINVEST THEM IN RESEARCH AND EDUCATION  
2 AND DIRECT THAT BACK INTO STEM CELL RESEARCH. SO  
3 RATHER THAN LET THE INSTITUTIONS -- THERE SEEMED TO BE  
4 SOME WILLINGNESS FROM THE INSTITUTIONAL FOLKS ON THE IP  
5 TASK FORCE TO DIRECT IT, SAY, BACK FOR STEM CELL  
6 RESEARCH. I ALMOST FEEL LIKE THAT THAT WOULD BE MY  
7 BIAS, TO REINVEST IT WITHIN THE INSTITUTION BACK IN  
8 WHAT IS OUR PRIMARY MISSION AS -- CIRM'S PRIMARY  
9 MISSION, WHICH IS TO FURTHER RESEARCH AND STEM CELL  
10 THERAPIES. BUT IT REALLY IS ALMOST MORE AT THIS POINT  
11 A LEGAL QUESTION THAN ANYTHING ELSE.

12 DR. CIBELLI: CAN I ASK YOU THE BACKGROUND OF  
13 WHERE THIS CAME FROM? ARE THERE OTHER, LIKE THE GATES  
14 FOUNDATION HAS SOMETHING LIKE THIS. WHERE DID YOU GET  
15 THIS IDEA?

16 DR. PENHOET: PROP 71 SAYS THAT THE STATE  
17 WILL BENEFIT. IF YOU GO BACK TO THE FIRST SLIDE WE  
18 SHOWED YOU --

19 DR. CIBELLI: THE BENEFIT COULD BE ACTUALLY  
20 SEEN AS, I DON'T KNOW, MORE BUSINESS IN CALIFORNIA,  
21 MORE PEOPLE COMING TO CALIFORNIA.

22 DR. PENHOET: THOSE THINGS ARE TRUE, BUT  
23 THERE WAS AN EXPECTATION OF A DIRECT FINANCIAL RETURN  
24 IN PROP 71. WE'RE TRYING TO UNDERSTAND THE LAW WITH  
25 RESPECT TO THAT. THAT'S WHERE IT CAME FROM, PROP 71

1 ITSELF.

2 MR. SHEEHY: THE ACTUAL LANGUAGE -- I CAN  
3 THROW IT BACK UP. SEE, TO BENEFIT FROM THE PATENTS,  
4 ROYALTIES, AND LICENSES, THAT SEEMS TO ME -- I'M NO  
5 LAWYER, BUT IT SEEMS TO SAY GET THE CASH, TO JUST PUT  
6 REALLY NARROWLY.

7 DR. HALL: THE EXPECTATION THAT WE WILL DO  
8 THAT ON BEHALF OF MANY LEGISLATORS AND OTHERS, THAT  
9 THERE SOME FINANCIAL RETURN TO THE STATE FROM OUR IP.

10 DR. CIBELLI: IT'S A SHORTSIGHTED POLICY THAT  
11 YOU'RE DOING BECAUSE I THINK THAT THE MONEY WILL COME  
12 WHEN THE INSTITUTION GETS STRONGER OR WHEN THE COMPANY  
13 GETS A STRONG FOOTING. THEY'RE GOING TO HAVE TO PAY  
14 TAXES, OF COURSE, AND THAT'S THE WAY THE MONEY IS GOING  
15 TO COME BACK.

16 MR. SHEEHY: AGAIN, I'D LIKE TO SEPARATE THIS  
17 FROM COMPANIES. IT DOESN'T SEEM TO ME THAT THERE'S  
18 ANYTHING WRONG WITH ASKING FOR A RETURN. WE MAKE A  
19 DIRECT GRANT TO A COMPANY. THE COMPANIES, IT SEEMS TO  
20 ME, ARE IN THE HABIT OF PAYING FOR CAPITAL IN SOME  
21 FASHION, WHETHER STOCK OR ROYALTIES. IT JUST SEEMS  
22 KIND OF -- I'M NOT AN ARDENT CAPITALIST, BUT IT SEEMS  
23 LIKE PEOPLE IN BUSINESS --

24 DR. CIBELLI: I THINK COMPANIES SHOULD GET A  
25 LOAN, NOT A GRANT.

1                   MR. SHEEHY:  WHATEVER WE DO WITH COMPANIES, I  
2   THINK THAT THAT BECOMES A SEPARATE SUBJECT.  THAT'S WHY  
3   I TRIED TO KEEP THIS FOCUSED ON NONPROFIT RESEARCH  
4   INSTITUTIONS.  AND THE ONLY THING THAT MIGHT HAVE  
5   BIASED THIS IS THE OVERLY HONEST TECHNOLOGY TRANSFER  
6   PERSON FROM STANFORD, WHO DID ADMIT THAT THERE ARE  
7   CIRCUMSTANCES WHERE THEY DO CARVE OFF A PIECE.  FOR  
8   INSTANCE, FOR THE HOWARD HUGHES INVESTIGATOR, THAT  
9   ACTUALLY THEY DO CARVE OFF A PIECE OF THE ROYALTY AND  
10  GIVE IT THE HOWARD HUGHES.  IF THAT HAPPENS ALREADY,  
11  THAT THEY'RE NIBBLING FOR SOMEBODY ELSE, IT'S KIND OF  
12  HARD TO SAY, WELL, WHY CAN'T WE GET A NIBBLE WHEN WE  
13  HAVE THIS LIST STARING US STRAIGHT IN THE FACE.

14                  DR. EGGAN:  AGAIN, THIS IS A SUBTLY DIFFERENT  
15  SITUATION BECAUSE THOSE INVESTIGATORS FOR THE HOWARD  
16  HUGHES ARE EMPLOYEES OF THE MEDICAL INSTITUTE, AND, IN  
17  FACT, THERE ARE COUPLE QUESTIONS OVER OWNERSHIP OVER  
18  THAT IP IN THAT SITUATION.  AND THESE PEOPLE AREN'T  
19  GOING TO BE EMPLOYEES PER SE OF CIRM.  SO I THINK IT IS  
20  A DIFFERENT -- I THINK IT'S A DIFFERENT PRECEDENT IN  
21  THAT CASE.  MAYBE OTHER EXAMPLES OF THAT'S TRUE, AND I  
22  THINK WE SHOULD PAY ATTENTION TO THAT, BUT THAT MAY NOT  
23  THE INFORMATIVE EXAMPLE.

24                  MR. SHEEHY:  TO MY MIND, WHAT THAT WAS  
25  RELEVANT TO WAS THE FEASIBILITY FOR A TECHNOLOGY

1 TRANSFER OFFICE AT AN ACADEMIC INSTITUTION TO TAKE A --  
2 IN OTHER WORDS, THEY HAVE AN EXISTING MODEL THAT  
3 THEY'RE USING FOR THEIR RESEARCH RIGHT NOW.

4 DR. ROWLEY: I THINK WE'RE JUST ARGUING OVER  
5 SOMETHING THAT'S VERY TRIVIAL BECAUSE IF THE STANFORD  
6 DATA ARE ACCURATE, YOU SAID TWO OUT OF 400, SO 398  
7 GRANTS ARE NOT SUBJECT TO TAX. AND I THINK WE SHOULD  
8 LOOK AT THE LARGER PICTURE RATHER THAN THE OUTLIERS, AT  
9 LEAST AS WE'RE GOING THROUGH THIS.

10 VICE CHAIR LO: JEFF, LET ME -- I WANT TO  
11 SORT OF MAKE SURE WE'RE CLEAR ON SORT OF WHAT OUR GOALS  
12 HERE TODAY ARE, THAT WE DON'T WANT TO TRY AND REDO THE  
13 IP TASK FORCE. AS ONE OF THE SLIDES SHOWED, THEY  
14 LOOKED AT A TREMENDOUS AMOUNT OF INFORMATION, HEARD  
15 FROM A LOT OF DIFFERENT PEOPLE, AND I THINK OUR ROLE  
16 SHOULDN'T BE TO TRY AND REWRITE THEIR BROAD PRINCIPLES.  
17 I THINK WHAT WE SHOULD DO IS AFTER JEFF HAS A CHANCE TO  
18 FINISH, IF THERE ARE BIG PICTURE ITEMS IN TERMS OF  
19 LARGE PRINCIPLES THAT WE THINK THEY'VE MISSED OR IF  
20 THERE'S STRONG DISAGREEMENT WITH THE WAY THEY FRAMED  
21 IT, I THINK THAT WOULD BE IMPORTANT, BUT LET'S NOT TRY  
22 AND GET TO THE DETAILS OF HOW THESE PRINCIPLES WILL BE  
23 IMPLEMENTED. AS ED AND JEFF HAVE SAID, THIS IS JUST  
24 SORT OF THEIR FIRST STEP, AND THERE WILL BE MANY  
25 OPPORTUNITIES LATER TO WORK OUT THE DETAILS. AND I

1 THINK WE WOULD BE ABLE, EITHER AS INDIVIDUALS OR A  
2 GROUP, TO FEED INTO THAT PROCESS. THIS, I THINK, IS  
3 MEANT TO BE A BIG PICTURE.

4 JEFF, CAN I ASK YOU FINISH.

5 MR. SHEEHY: THE OTHER PARTS OF LICENSING IS  
6 THAT WE DID ASK THAT OUR RECIPIENT INSTITUTIONS, IN THE  
7 EVENT THAT THEY DO LICENSE THEIR PATENTED INVENTIONS,  
8 SHOW A PREFERENCE FOR COMPANIES WITH A PLAN FOR PATIENT  
9 THERAPY ACCESS. SO IT'S ALMOST KIND OF A REACH-THROUGH  
10 PROVISION.

11 AND THEN WE MAINTAIN MARCH-IN RIGHTS, BUT  
12 MARCH-IN RIGHTS IDENTICAL TO BAYH-DOLE. WE WANTED TO  
13 MIRROR BAYH-DOLE AT THIS POINT.

14 SO THAT'S IT. WE TRIED -- IF YOU NOTICE, WE  
15 REALLY ARE KIND OF HEWING TO BAYH-DOLE. AND THE  
16 THOUGHT IS, AT LEAST FOR NONPROFIT ACADEMIC  
17 INSTITUTIONS, WE SHOULD NOT GET TOO FAR AWAY.  
18 AS I SAID, WHEN CCST DELIVERS THEIR FULL REPORT ON ALL  
19 STATE-FUNDED RESEARCH TO THE LEGISLATURE, PRESUMABLY  
20 THE LEGISLATURE WILL TAKE ACTION AND SET POLICY FOR ALL  
21 STATE-FUNDED RESEARCH, WE MIGHT THEN REVISIT THIS AND  
22 DO SOMETHING THAT -- IT WOULD MAKE SENSE TO DO  
23 SOMETHING THAT'S CONSISTENT WITH THAT. WE WOULD HATE  
24 TO PUT IN SOMETHING THAT IS BROADLY DIFFERENT FROM  
25 BAYH-DOLE AND THEN POTENTIALLY COMPLETELY DIFFER FROM

1 WHAT THE STATE DOES SOMETIME, I WOULD HOPE, IN THE NEXT  
2 YEAR WHEN THEY GET THEIR CCST REPORT AND ADDRESS  
3 INTELLECTUAL PROPERTY FOR ALL STATE-FUNDED RESEARCH.

4 VICE CHAIR LO: JEFF AND ED, AS I READ YOUR  
5 PRINCIPLES, IT STRIKES ME YOU ARE TRYING TO BE  
6 CONSISTENT WITH BAYH-DOLE AND PLAN TO BE CONSISTENT  
7 WITH THE STATE RECOMMENDATIONS. BUT IN A SENSE, I LIKE  
8 YOUR TERM OF PUSHING THE ENVELOPE OF CURRENT PRACTICE  
9 TO TRY AND DO MORE TO ENCOURAGE MORE OPEN SHARING THAN  
10 IS CURRENTLY THE PRACTICE OR IS CURRENTLY REQUIRED, BUT  
11 NOT WANTING TO MAKE A RADICAL CHANGE THAT IS UNTESTED  
12 AND REALLY DRAMATICALLY DIFFERENT THAN BAYH-DOLE.

13 DR. PENHOET: WE WERE ADVISED BY MANY OF OUR  
14 ADVISORS THAT WE COULD DO A NUMBER OF THINGS WITHIN THE  
15 BAYH-DOLE FRAMEWORK, BUT THAT IT WOULD BE UNWISE FOR US  
16 TO DO SOMETHING THAT'S INCOMPATIBLE WITH BAYH-DOLE  
17 BECAUSE IT WOULD REQUIRE, FIRST OF ALL, THE FEDERAL LAW  
18 SAYS IF THERE'S \$1 OF FEDERAL MONEY INVESTED IN THE  
19 PROGRAM, YOU HAVE TO FOLLOW THE FEDERAL LAW. AND ONE  
20 OF THE THINGS WE'RE TRYING TO AVOID IS THAT  
21 CIRM-RELATED RESEARCHERS ARE ISOLATED FROM THEIR  
22 COLLEAGUES, AND YOU CAN'T COMMINGLE FUNDS AND PEOPLE  
23 BECAUSE OF AN IP POLICY WHICH IS FUNDAMENTALLY  
24 DIFFERENT THAN FEDERAL POLICY.

25 SO WE'RE TRYING TO COME UP WITH A SYSTEM

1 WHICH IS COMPATIBLE, BUT NOT IDENTICAL WITH BAYH-DOLE.

2 VICE CHAIR LO: TED, YOU HAD SOME COMMENTS  
3 EARLIER YOU WANTED TO RESERVE. I'LL LET YOU STEP IN.

4 DR. PETERS: JEFF KNOWS HOW I THINK, BUT I  
5 WOULD LIKE TO JUST INQUIRE TO SEE HOW THE IP TASK FORCE  
6 MIGHT RESPOND TO A SCENARIO THAT HAS ONE EXEMPTION TO  
7 THESE PRINCIPLES AND THAT'S STEM CELL LINES. LET ME  
8 RUN THIS SCENARIO BY YOU AS A POSSIBILITY.

9 SUPPOSE WE DECIDE THAT FOR SCIENTIFIC REASONS  
10 WE WANT A LARGE NUMBER OF STEM CELL LINES TO BE  
11 AVAILABLE. SUPPOSE IT'S 10,000 THAT WE WANT. AND WE  
12 COULD FORECAST THAT A PATENT ON EVERY SINGLE STEM CELL  
13 LINE WOULD BECOME OBSTRUCTIONIST IN ITS IMPACT. AND  
14 SUPPOSE WE SAY THAT ANYONE WHO TAKES CIRM MONEY TO  
15 ESTABLISH A STEM CELL LINE WOULD BE PROHIBITED FROM  
16 FILING FOR A PATENT ON IT. AND, IN FACT, CIRM WOULD  
17 ENCOURAGE A LARGE NUMBER OF STEM CELL LINES TO BE  
18 ESTABLISHED VERY EARLY IN THE PROGRAM. AND THEN WE  
19 COULD LEAVE ALL OF THESE PRINCIPLES OBTAIN FOR  
20 EVERYTHING THAT WOULD BE DOWNSTREAM PRODUCT  
21 DEVELOPMENT, ETC., BUT HAVE THAT SINGLE EXEMPTION FOR  
22 THE NO. 1 UNIT AT THE RESEARCH LEVEL, THE STEM CELL  
23 LINE.

24 HOW WOULD THE IP TASK FORCE RESPOND TO A  
25 SUGGESTION OF THAT NATURE?

1           MR. SHEEHY: I GUESS I COULD TELL YOU HOW I  
2 WOULD RESPOND. WE TALKED AT ONE POINT ABOUT FORCING OR  
3 REQUIRING RESEARCHERS AT THIS UPSTREAM LEVEL TO SHARE  
4 AS WIDELY AS POSSIBLE, WE HAD SOME DISCUSSION.  
5 EVERYBODY IN CALIFORNIA, EVERYBODY ACROSS THE COUNTRY,  
6 EVERYBODY AROUND THE WORLD. AND I THINK THAT THE IP  
7 COMMITTEE WAS BIASED TOWARDS AS WIDELY AS POSSIBLE.  
8 BUT, YOU KNOW, SHARING AND PATENTING ARE REALLY TWO  
9 DIFFERENT THINGS. IF YOU PATENT AND YOU SHARE, THAT  
10 GETS YOU WHERE YOU WANT TO GO.

11           AND ONE OF THE THINGS THAT I BROUGHT UP,  
12 WHICH I THINK I WAS A LITTLE SHOT DOWN ON, BUT I SAID  
13 THAT IF OUR RESEARCHERS ARE GOING TO SHARE, THEY HAD  
14 THE RIGHT TO NOT SHARE IF THE PEOPLE THEY WERE SHARING  
15 WITH WOULDN'T SHARE BACK. SO A RECIPROCITY CLAUSE  
16 BECAUSE WHY SHOULD WE GIVE EVERYTHING TO EVERYBODY AND  
17 THEN THEY, OH, NO, WE'RE NOT GOING TO SHARE WITH YOU?

18           BUT THAT KIND OF CAPTURES MY PROBLEM WITH  
19 JUST LETTING EVERYTHING GO. WHAT HAPPENS IF OTHER  
20 FOLKS HAVE MATERIALS OR STEM CELL LINES OR SOMETHING?  
21 WHERE IS OUR BARGAINING POWER? I HAVE A FEELING THAT  
22 WHATEVER COMES OUT IN TERMS OF THERAPY IS GOING TO BE  
23 WHOLE COLLECTIONS OF PATENTABLE MATERIAL FROM SEVERAL  
24 DIFFERENT ENTITIES AND PLACES AND INSTITUTIONS AND  
25 RESEARCHERS, AND I THINK PULLING THAT PRODUCT TOGETHER



1 IS GOING TO REQUIRE SOME LEVERAGING, BUT I COULD BE  
2 WRONG.

3 VICE CHAIR LO: ED, DO YOU WANT TO COMMENT ON  
4 THAT IN TERMS OF PATENTING VERSUS SHARING? DO YOU WANT  
5 TO COMMENT ON THIS ISSUE OF PATENTING AND NOT  
6 NECESSARILY PRECLUDING WIDE SHARING?

7 DR. PENHOET: THE RESEARCH EXEMPTION THAT WE  
8 WOULD HAVE IN MIND IF ALL 10,000 WERE PATENTED, FOR THE  
9 SAKE OF THE DISCUSSION, OUR RESEARCH EXEMPTION WOULD  
10 SAY THAT ANY OTHER CIRM-FUNDED RESEARCHER COULD USE  
11 THOSE ROYALTY FREE WITHOUT HAVING TO PAY ANYTHING FOR  
12 THE USE OF THOSE CELL LINES. SO THEY WOULD BE INCLUDED  
13 IN OUR LIST OF MATERIALS.

14 IF IT CAME TO SOMEBODY WANTING TO DEVELOP ONE  
15 OF THOSE CELL LINES INTO A THERAPY, THAT'S SOMETHING WE  
16 HAVE NOT YET DISCUSSED IN TERMS OF THAT PATENT. WOULD  
17 WE WANT TO MAKE -- IF THEY WERE ALL PATENTED, WOULD WE  
18 WANT TO MAKE NONEXCLUSIVE LICENSES ON ALL 10,000  
19 AVAILABLE TO EVERYONE, OR WOULD WE PREPARED TO LICENSE  
20 EXCLUSIVELY TO AN ENTITY ONE OF THOSE CELL LINES WHICH  
21 HAPPENED TO BE THE KEY TO DIABETES OR SOME OTHER  
22 DISEASE. WE HAVEN'T REALLY GOTTEN INTO THAT LEVEL, AND  
23 I THINK THAT -- BUT HOW FAR THIS RESEARCH EXEMPTION  
24 REALLY GETS PUSHED AND HOW FAR YOU DEFINE RESEARCH.

25 ONE THING WE DO HAVE TO KEEP IN MIND, AND

1 THAT DOES WEIGH ON OUR DISCUSSION, IS THAT AS WE SPEAK  
2 THERE IS VERY LITTLE PRIVATE CAPITAL GOING INTO STEM  
3 CELL THERAPIES. AND WE DON'T WANT TO SET UP A SYSTEM  
4 WHICH DISCOURAGES COMPANIES FROM INVESTING IN THIS DEAL  
5 AND DEVELOPING THERAPIES BECAUSE NONE OF THE NONPROFIT  
6 GRANTEES WILL AT THE END OF THE DAY DEVELOP THERAPIES  
7 WHICH WILL BE BROADLY AVAILABLE. SO IT'S A BALANCE  
8 REALLY BETWEEN OUR DESIRE FOR SIGNIFICANTLY EXPANDED  
9 SHARING OF DATA, INFORMATION, TOOLS, CELL LINES AT THE  
10 SAME TIME NOT DESTROYING THE COMMERCIAL OPPORTUNITY  
11 WHICH WOULD BE A DISINCENTIVE FOR INVESTMENT BY THE  
12 PRIVATE SECTOR IN THIS WHOLE ENTERPRISE. IT'S THAT  
13 BALANCE THAT WE'RE TRYING TO ACHIEVE. WE'RE NOT THERE  
14 YET, SO LARGER DISCUSSION.

15 DR. KIESSLING: JEFF, IT WILL BE HELPFUL TO  
16 ME IF WE CAN DO LIKE A CONCRETE EXAMPLE OF HOW THIS IS  
17 GOING TO WORK BECAUSE ONE OF THE THINGS THAT I CAN SEE  
18 THE TRAINING GRANT DOING IS A POST-DOC IS GOING TO  
19 DEVELOP A VERY USEFUL CELL LINE, EITHER A MODIFICATION  
20 OF AN EXISTING LINE OR A BRAND NEW LINE. THAT'S WHAT  
21 THOSE KINDS OF PEOPLE ARE GOING TO BE DOING IN THE LAB.

22 NOW, THIS PERSON HAS LINE Q. HOW DO YOU SEE  
23 THAT LINE BEING SHARED LIKE INSTANTLY AND STILL PROTECT  
24 THE PATENT RIGHTS OF THE INSTITUTION OR THAT PERSON?

25 DR. PENHOET: I THINK IN THAT PARTICULAR

1        I N S T A N C E , F O L L O W I N G U P O N T H I S , T H E R E S E A R C H E X E M P T I O N  
2        T H A T W E W O U L D S E E K I S T H E O W N E R O F T H E T E C H N O L O G Y , T H E  
3        U N I V E R S I T Y I N T H I S C A S E , W O U L D B E A L L O W E D T O F I L E A  
4        P A T E N T O N T H A T C E L L L I N E , B U T T H E Y W O U L D B E O B L I G A T E D  
5        T O P R O V I D E T H E M A T E R I A L A N D T H E C E L L L I N E A N D A R O Y A L T Y  
6        F R E E L I C E N S E T O U S E I T T O A L L O T H E R C I R M I N V E S T I G A T O R S  
7        F O R R E S E A R C H P U R P O S E S O N L Y .

8                D R . K I E S S L I N G :    W H A T W O U L D T H E T I M E F R A M E O F  
9        T H A T B E ?

10               D R . P E N H O E T :    T H E S T A N D A R D N O W I S S U B S E Q U E N T  
11        T O P U B L I C A T I O N .    T H E R E ' S A L O T O F C O N C E R N A B O U T P E O P L E  
12        G E T T I N G C E L L L I N E S W H I C H A R E N O T V E R Y W E L L  
13        C H A R A C T E R I Z E D Y E T .    T H E R E ' S A R E L U C T A N C E F O R P E O P L E T O  
14        G I V E T H E M A W A Y T H E N E X T D A Y A F T E R T H E Y ' R E G E N E R A T E D  
15        W I T H O U T K N O W I N G M U C H A B O U T T H E M , W I T H O U T S T U D Y I N G T H E M  
16        F O R A W H I L E T O M A K E S U R E T H A T T H E Y H A V E A G O O D  
17        U N D E R S T A N D I N G O F W H A T T H A T C E L L L I N E I S .    S O T H E  
18        T R A D I T I O N A L R O L E I S A T T H E T I M E O F P U B L I C A T I O N T H E N Y O U  
19        R E Q U I R E S H A R I N G .

20               D R . K I E S S L I N G :    S O T H I S D O E S N ' T S E E M T O B E  
21        D I F F E R E N T F R O M T H E W A Y T H I N G S A C T U A L L Y W O R K N O W .

22               D R . P E N H O E T :    I T I S .    T H A T ' S W H Y W E ' R E S A Y I N G  
23        W E ' R E T R Y I N G T O P U S H T H E E N V E L O P E .    T H E P R I M A R Y  
24        C R I T I C I S M O F B A Y H - D O L E I S N O T O F T H E A C T I T S E L F .    I T ' S  
25        H O W I T ' S P R A C T I C E D B Y T H E U N I V E R S I T I E S I N T H I S C O U N T R Y .

1 SO WE DO WANT TO PUSH THEM FURTHER TOWARDS SHARING  
2 REAGENTS AND KNOW-HOW AND PATENTED TECHNOLOGY FOR  
3 RESEARCH PURPOSES.

4 VICE CHAIR LO: IF I JUST REMIND US THAT THIS  
5 TIES IN VERY CLOSELY WITH WHAT WE DISCUSSED LAST TIME  
6 WITH SHARING OF MATERIALS, AND WE TALKED ABOUT HAVING A  
7 REQUIREMENT FOR IN THAT SCENARIO, ANN, HAVING A DEPOSIT  
8 IN THE STEM CELL BANK THAT WAS APPROVED BY CIRM -- WE  
9 HAVE TO WORK THAT OUT -- TO MAKE IT WIDELY AVAILABLE SO  
10 THAT THE IP POLICY AND SORT OF A GRANTS REQUIREMENT TO  
11 SHARE REMEMBER, AND WE TALKED ABOUT SORT OF TIME LIMITS  
12 AND CHARACTERIZING THE LINES AND THINGS LIKE THAT, SO  
13 DIFFERENT PIECES THAT NEED TO BE PUT TOGETHER, BUT I  
14 THINK IT'S ALL CONSISTENT WITH WHAT ED AND JEFF  
15 PRESENTED AS USING THIS BASIC FRAMEWORK OF ALLOWING  
16 PATENTING, BUT TRYING TO PUSH IT TOWARDS MUCH BROADER  
17 SHARING THAN IS CURRENTLY THE PRACTICE AND USING A  
18 NUMBER OF TOOLS TO TRY TO ENCOURAGE THAT, AT LEAST IN  
19 THE UPSTREAM BASIC RESEARCH END OF THINGS, WHICH IS  
20 WHERE WE WOULD, I THINK, WANT TO SEE THE WIDEST USE OF  
21 THESE STEM CELL LINES.

22 MR. SHEEHY: ANY IDEAS THAT COULD BE PUT --  
23 WE NEED REAL POLICY THAT GO INTO ADMINISTRATIVE LAW  
24 CODE THAT WE THEN PRESUMABLY WILL ENFORCE. I ACTUALLY  
25 THINK SOME OF THIS STUFF WE TALKED ABOUT HERE IN TERMS

1 OF BANKING SEEMS TO HAVE THAT DEGREE OF SPECIFICITY.  
2 AND BECAUSE THEY'RE REGISTERED WITH THE BANK, THERE  
3 SEEMS A BETTER OPPORTUNITY TO ENFORCE THAT TOO.

4 DR. PENHOET: WE'D BE HAPPY TO PROVIDE TO YOU  
5 ANY OF THOSE DOCUMENTS THAT WE LISTED ON THAT SHEET. I  
6 HOPE WE'RE GOING TO LEAVE YOU ALL WITH A COPY OF THIS  
7 PRESENTATION SO YOU HAVE IT. BUT I WOULD THINK A STUDY  
8 JUST RELEASED BY THE NATIONAL ACADEMIES, THE NATIONAL  
9 RESEARCH COUNCIL ON THIS WHOLE ISSUE OF PATENTING GENES  
10 AND PROTEINS, AND IT'S PERFECTLY APPLICABLE TO STEM  
11 CELLS AS WELL. IT'S A LOVELY DOCUMENT IN MANY  
12 DIFFERENT WAYS. IT HAS A GOOD REVIEW OF THE HISTORY OF  
13 ALL OF THIS, AND ABOUT A DOZEN SPECIFIC RECOMMENDATIONS  
14 ALONG THESE LINES. SO I THINK WE'D BE HAPPY TO MAKE  
15 COPIES FOR YOU BEFORE YOU LEAVE HERE TODAY AND MAKE  
16 SURE YOU GET A COPY OF THAT.

17 VICE CHAIR LO: THAT WOULD BE GREAT. WE CAN  
18 GET THAT ELECTRONICALLY.

19 DR. MAXON: NO, IT'S NOT AVAILABLE  
20 ELECTRONICALLY YET. IT'S A PREPUBLICATION COPY.

21 VICE CHAIR LO: AGAIN, THIS IS VERY MUCH A  
22 WORK IN PROGRESS. AND WHAT WE HEARD TODAY WAS SORT OF  
23 THE BIG PRINCIPLES WHICH WILL ANIMATE THE IP WORKING  
24 GROUP'S SUBSEQUENT DELIBERATIONS AS WE GET MORE  
25 SPECIFIC. I GUESS ONE THING WOULD BE VERY IMPORTANT IN

1 THE NEXT COUPLE OF MINUTES, ARE THERE OVERRIDING POINTS  
2 THAT WE WOULD WANT TO TRY AND CONVEY THROUGH ZACH BACK  
3 TO THE ICOC WITH THIS REPORT, NOT TO REWRITE OR UNDO  
4 THE REPORT, BUT IF THERE ARE ANY IDEAS.

5 DR. HALL: ED WILL MAKE A PRESENTATION TO THE  
6 ICOC NEXT TUESDAY THAT I PRESUME IS SIMILAR TO WHAT'S  
7 DONE HERE. IT WILL BE MY JOB, THEN, TO CONVEY WHATEVER  
8 POINTS THAT YOU WISH TO MAKE IN ADDITION ABOUT IT. I  
9 TAKE AS ONE TED PETERS' SUGGESTION THAT CONSIDERATION  
10 BE GIVEN TO THE IDEA OF EXEMPTING STEM CELL LINES FROM  
11 THE PATENT PROVISIONS. AND I DON'T KNOW IF YOU HAVE  
12 OTHER SPECIFIC POINTS THAT YOU WOULD LIKE ME TO CONVEY  
13 TO THE ICOC. NOW IS THE TIME TO RAISE THEM.

14 DR. PETERS: THANK YOU FOR THAT, ZACH. AND  
15 MY NEXT THOUGHT IS AT A VERY HIGH LEVEL OF ABSTRACTION,  
16 SO IT MAY OR MAY NOT CONTRIBUTE. THERE ARE ACTUALLY  
17 TWO DIFFERENT PRINCIPLES IN PROP 71 FOR US TO CONSIDER  
18 AT THIS PARTICULAR POINT. AND ONE OF THEM IS THE ONE  
19 ALREADY CITED; NAMELY, THAT THE STATE OF CALIFORNIA  
20 SHOULD GET SOME DIRECT FINANCIAL RETURN. ANOTHER ONE  
21 IS THAT AT THE END OF THE DAY, WE WANT LOW COST  
22 THERAPEUTIC PRODUCTS AVAILABLE TO THE LARGEST NUMBER OF  
23 CITIZENS OF CALIFORNIA IN THOSE IN THE WORLD ON THE  
24 OTHER END.

25 TO WHAT EXTENT, AND THIS IS A PHILOSOPHICAL

1 QUESTION, DID THIS CONCERN FOR LOW COST DELIVERY INFORM  
2 THE KIND OF DELIBERATIONS THAT THE TASK FORCE HAS WITH  
3 REGARD TO THE IP POLICIES?

4 MR. SHEEHY: I THINK IT WAS WHY WE WANTED TO  
5 LOOK AT IAVI, WHY WE HAD RICHARD KLAUSNER FROM THE  
6 GATES FOUNDATION ADDRESS US. BUT I THINK  
7 PHILOSOPHICALLY WE HAVE TO ASK OURSELVES WHAT IS OUR  
8 MISSION. WE ARE NOT A HEALTHCARE DELIVERY AGENCY. WE  
9 ARE A RESEARCH FUNDING AGENCY. AND AT LEAST AT THIS  
10 POINT IN TERMS OF THE SCIENCE WHAT WE'RE FUNDING IS  
11 VERY UPSTREAM. SO IT'S VERY DIFFICULT TO TALK ABOUT  
12 MOVING ACCESS WHEN THERE'S NOT A PRODUCT. WE DON'T  
13 KNOW WHAT THE PRODUCT LOOKS LIKE. WE DON'T KNOW HOW  
14 IT'S GOING TO BE DELIVERED. WE DON'T KNOW HOW MUCH  
15 IT'S GOING TO COST.

16 AND THAT'S WHERE I ALWAYS PREFERRED  
17 PERSONALLY TO SEPARATE HOW I LOOK AT THIS BETWEEN, AS  
18 IAVI DOES, BETWEEN RESEARCH AND BETWEEN DEVELOPMENT. I  
19 BELIEVE THAT IF WE ARE AT A POSITION -- IN A POSITION  
20 WHERE WE'RE ACTUALLY GOING TO MAKE A GRANT OR A LOAN OR  
21 WHAT HAVE YOU DIRECTLY TO A COMPANY, THAT IF A COMPANY  
22 IS DOING SOMETHING, THERE'S A PRODUCT. AND AT THAT  
23 POINT WE LOOK AT THE PRODUCT, AND WE SAY THEN WE HAVE  
24 MORE LEVERAGE. IF YOU LOOK AT GATES OR IAVI, THAT'S  
25 THE POINT THAT THEY TEND TO EXERT THEIR LEVERAGE IS

1 WHEN PEOPLE ARE TALKING SPECIFICALLY ABOUT A PRODUCT.  
2 GATES ASKS THEM TO COME IN WITH A PLAN. IAVI  
3 HAS SPECIFIC STIPULATIONS WITH THE MARCH-IN RIGHT TO  
4 ALLOW THE MANUFACTURER IN COUNTRY OF THE VACCINE  
5 PRODUCT IF IT'S NOT PROVIDED AT APPROPRIATE COST. BUT  
6 THERE'S SOMETHING TANGIBLE THERE. AND HERE IT'S HARD  
7 FOR -- IT DOESN'T SEEM LIKE THAT IT WOULD DO ANYTHING  
8 BUT IMPEDE THE DEVELOPMENT OF THE SCIENCE TO ATTACH ALL  
9 OF THESE VERY NOBLE IDEAS AT THIS LEVEL OF RESEARCH AT  
10 THE RESEARCH INSTITUTION FUNDING LEVEL.

11 DR. PETERS: THANKS.

12 DR. PRIETO: IF I COULD JUST MAKE A COMMENT  
13 AS ANOTHER MEMBER OF THE TASK FORCE, THAT I THINK A  
14 NUMBER OF US ARE VERY CONCERNED ABOUT THIS ISSUE OF  
15 ACCESS, BUT REALLY DON'T KNOW SEE WE, AS THE CIRM, CAN  
16 SOLVE THAT ISSUE FOR THERAPIES THAT DON'T YET EXIST  
17 WHEN WE HAVE A HEALTHCARE SYSTEM THAT DOESN'T EVEN  
18 PROVIDE ACCESS TO CHEAP THERAPIES THAT EXIST WIDELY.  
19 SO IT'S SORT OF BEYOND ANYTHING WE'RE CAPABLE OF. WE  
20 HAVE TO KEEP THIS IN MIND, BUT IT'S NOT A PROBLEM WE  
21 CAN SOLVE.

22 DR. EGGAN: I KNOW IT'S NORMALLY THE ROLE OF  
23 THE RESEARCH INSTITUTION ITSELF TO SECURE LICENSE  
24 RIGHTS FOR DIFFERENT TYPES OF TECHNOLOGY FOR THEIR  
25 RESEARCHERS, BUT I WONDER IF THERE'S EVER BEEN A



1 PRECEDENT FOR THERE BEING A ROLE OF ORGANIZATIONS LIKE  
2 CIRM TO SECURE COLLECTIVE LICENSING RIGHTS FOR VARIOUS  
3 TECHNOLOGIES FOR THEIR GRANTEES. HAS THAT EVER BEEN  
4 DONE? I THINK IT'S IMPORTANT THAT WE NOT LOOK AT THESE  
5 ISSUES IN A VACUUM, BUT RECOGNIZE SORT OF THE IP  
6 LANDSCAPE THAT EXISTS TODAY WITH RESPECT TO STEM CELL  
7 SCIENCE AND RECOGNIZE THAT WARF AND UNIVERSITY OF  
8 WISCONSIN HAVE A VERY POWERFUL POSITION THAT ALL OF  
9 THESE INSTITUTIONS ARE GOING TO HAVE TO DEAL WITH  
10 INDIVIDUALLY. IT'S, IN FACT, IN A WAY ONE REASON WHY  
11 THE SPECIFIC OF PATENTING INDIVIDUAL CELL LINES  
12 PROBABLY ISN'T A VERY GOOD EXAMPLE BECAUSE THERE ISN'T  
13 A LOT OF ROOM TO MANEUVER ON NEW IP THERE PROBABLY.

14 IS IT POSSIBLE TO DO THINGS LIKE THAT?

15 DR. PENHOET: IT'S THEORETICALLY POSSIBLE,  
16 BUT CIRM WORKS UNDER A VERY, VERY STRONG FINANCIAL  
17 CONSTRAINT. THE AMOUNT OF MONEY AVAILABLE TO CIRM TO  
18 DO ALL OF HIS ACTIVITIES IS 6 PERCENT OF THE GRANT  
19 BUDGET. AND IT'S ONE OF THE REASONS WHY, FOR EXAMPLE,  
20 CIRM OWNING THE TECHNOLOGY FROM ITS GRANTEES' WORK  
21 WOULD NOT BE POSSIBLE. THE CIRM COULDN'T AFFORD TO  
22 PURSUE IT. IT SIMPLY DOESN'T HAVE ENOUGH MONEY.

23 FOR A COMPARISON SAKE, FOR EXAMPLE, I'M  
24 PRESIDENT OF GORDON AND BETTY MOORE FOUNDATION. OUR  
25 OVERHEAD ON GRANTS RUNS ABOUT 10 OR 11 PERCENT OF THE

1 GRANT-MAKING BUDGET, AND WE TRY TO RUN A PRETTY TIGHT  
2 SHIP. IT'S SIMILAR FOR THE GATES FOUNDATION, FOR THE  
3 HEWLETT FOUNDATION, FOR THE PACKARD FOUNDATION. SO WE  
4 HAVE ONLY ABOUT HALF THAT MONEY, CIRM, SO WE DON'T  
5 REALLY HAVE ANY MONEY TO INVEST IN OBTAINING LICENSES  
6 FOR OUR GRANTEES UNFORTUNATELY.

7 IF IT WAS POSSIBLE FOR US TO NEGOTIATE A  
8 ROYALTY FREE LICENSE WITHOUT ANY PAYMENTS, WE WOULD BE  
9 HAPPY TO TRY TO ENTERTAIN THAT, BUT THE COLD REALITY IS  
10 6 PERCENT IS A VERY SMALL NUMBER TO ACTUALLY GET ALL OF  
11 THE WORK DONE THAT CIRM HAS TO DO JUST IN ADMINISTERING  
12 A GRANT PROGRAM. SO IT'S ONE OF OUR BIGGEST  
13 CONSTRAINTS.

14 DR. EGGAN: SO WHAT I'M SAYING IS THAT IN  
15 PRINCIPLE WARF SHOULD BE LICENSING THESE THINGS WITHOUT  
16 DIRECT ROYALTIES TO THESE ACADEMIC INSTITUTIONS, BUT I  
17 CAN TELL YOU, BEING FROM AN ACADEMIC INSTITUTION THAT'S  
18 DEALING WITH WARF, THEY ARE NOT EASY TO DEAL WITH  
19 INDIVIDUAL INSTITUTION TO INSTITUTION. THEY'RE TAKING  
20 A MUCH MORE DIFFICULT POSITION THAN MANY PEOPLE WHO  
21 SHARE ACADEMIC IP FROM UNIVERSITY TO UNIVERSITY. SO.

22 I'M WONDERING IF THE SORT OF COLLECTIVE  
23 POSITION MIGHT NOT BE A BAD ONE TO TAKE.

24 DR. PENHOET: IF IT'S POSSIBLE FOR US TO  
25 BROKER SUCH AN ARRANGEMENT, THAT WOULD -- I ACTUALLY

1 THINK ONE OF THE REASONS, NOT THE MOST IMPORTANT BY ANY  
2 MEANS, BUT FOR US TO CREATE A RESEARCH EXEMPTION AND TO  
3 SET A STANDARD FOR GOOD BEHAVIOR TO ENCOURAGE THEM TO  
4 DO THE SAME THING FRANKLY. WE HAVE HAD CONVERSATIONS  
5 WITH THEM ABOUT GLOBAL LICENSES FOR ALL OF OUR  
6 GRANTEES. THEY -- HOW TO SAY THIS IN A --

7 VICE CHAIR LO: DECLINED TO AGREE.

8 DR. HALL: I'M WATCHING WITH INTEREST HOW  
9 YOU'RE GOING TO DESCRIBE THIS.

10 DR. PENHOET: LET ME SAY NOT FORTHCOMING AT  
11 LEAST IN OUR INITIAL DISCUSSIONS.

12 DR. TAYLOR: I THINK THE OTHER SIDE OF THIS  
13 THOUGH DOES EXIST. I KNOW WHEN I WAS UCSF, I WAS GIVEN  
14 THE OPPORTUNITY TO PERSONALLY PURSUE A PATENT  
15 APPLICATION OUTSIDE OF THE UNIVERSITY MECHANISM ONCE  
16 THEY HAD KIND OF LOST INTEREST OR FELT THAT THE  
17 INVESTMENT WAS TOO GREAT. SO IF YOU COULD FIND SOMEONE  
18 TO BROKER THIS, AND SOUNDS LIKE CIRM ISN'T IT  
19 PRESENTLY, I DON'T BELIEVE THAT AT LEAST THE UC SYSTEM  
20 WOULD PREVENT THAT FROM OCCURRING TO DO IT OUTSIDE OF  
21 THE UNIVERSITY.

22 DR. PRIETO: QUESTION. IF WE DECIDE AS OUR  
23 BANKING MECHANISM TO CONTRACT OUT THE BANK RATHER THAN  
24 ADMINISTER IT OURSELVES, COULD THE BANK SERVE THAT  
25 PURPOSE?

1 MR. SHEEHY: THAT'S KIND OF MY QUESTION.  
2 BUT, AGAIN, YOU KNOW, THIS BECOMES A RESOURCE ISSUE  
3 BECAUSE NOT ONLY IS IT THE 6 PERCENT, BUT WE'RE LIMITED  
4 TO 50 EMPLOYEES. SO WE WOULD HAVE TO DO AN RFA FOR  
5 SOMEONE TO MANAGE IP FOR US. IS THAT A BETTER USE OF  
6 CIRM MONEY THAN GRANTING FOR RESEARCH? THAT'S --

7 DR. EGGAN: NO. BECAUSE IT WILL INHIBIT THE  
8 RESEARCH DIRECTLY.

9 MR. SHEEHY: THAT'S AN IMPORTANT -- THAT'S  
10 IMPORTANT INFORMATION THAT WE NEED TO KIND OF GRAPPLE  
11 WITH BECAUSE MY BIAS WOULD BE TOWARDS DOING WHAT WILL  
12 HELP THE RESEARCH. AS FRANCISCO SUGGESTED, WE'RE  
13 PROBABLY GOING TO HAVE TO SET UP AN ESCRO, WE'RE  
14 PROBABLY GOING TO HAVE TO SET UP A STEM CELL BANK. WE  
15 COULD LICENSE -- WE COULD EASILY WITH UC OR STANFORD OR  
16 ANY OFFICE OF TECHNOLOGY TRANSFER ASK FOR APPLICATIONS  
17 FOR INSTITUTIONS UP AND DOWN STATE AND ASK THEM TO  
18 MANAGE IP FOR US. IF THERE'S A CLEAR SENSE AND IF  
19 THAT'S FEEDBACK THAT WE NEED TO TAKE TO THE ICOC, THEN  
20 PLEASE I THINK WE NEED TO KNOW THAT BECAUSE WE DON'T  
21 WANT THE SCIENCE IMPEDED BECAUSE ALL THE PATENTS ARE  
22 HELD AT AN INDIVIDUAL INSTITUTE LEVEL.

23 VICE CHAIR LO: LET ME TRY AND SUM THIS UP  
24 BECAUSE I DON'T WANT TO TRY AND DO ALL THE FUTURE THINGS  
25 THE IP TASK FORCE IS DOING. BUT I'M HEARING STRONG

1 SUPPORT FOR THE IP TASK FORCE'S GOAL OF ENHANCING  
2 ACCESS TO BASIC RESEARCHERS TO THE MATERIALS THAT ARE  
3 DISCOVERED UNDER CIRM FUNDING AND PATENTED. AND THAT  
4 WE WOULD ALSO ENCOURAGE THE CIRM TO TRY AND FIND  
5 INNOVATIVE WAYS OF MAKING THAT HAPPEN IN PRACTICE,  
6 INCLUDING LOOKING AT SETTING UP A STEM CELL BANK, WHICH  
7 WE FAVOR FOR OTHER REASONS, THAT WOULD ALSO TRY AND  
8 CLEAR AWAY SOME ACCESS PROBLEMS THAT CURRENTLY NOW  
9 EXIST UNDER BAYH-DOLE WITH THE CURRENT PATENTS ON STEM  
10 CELL LINES. BUT I THINK -- LET'S TRY AND KEEP IT AT  
11 THAT LEVEL OF GENERALITY, AND I THINK THE SPECIFIC  
12 SUGGESTION OF TRYING TO NEGOTIATE WITH WARF IS  
13 SOMETHING I THINK WILL NEED TO BE WORKED OUT IN MUCH  
14 MORE DETAIL, BUT I'M NOT SURE THAT'S SOMETHING WE  
15 SHOULD BE TRYING TO DO TODAY.

16 SO IF THERE ARE ANY OTHER BIG, BURNING ISSUES  
17 THAT WE WANT TO SORT COMMUNICATE BACK TO THE ICOC,  
18 OTHERWISE I'D LIKE TO SORT OF MOVE ON.

19 DR. HALL: CAN WE ASK FOR, EVEN THOUGH WE  
20 DON'T HAVE A QUORUM AND CAN'T GET APPROVAL, COULD WE  
21 ASK FOR A MOTION THAT WOULD INDICATE SUPPORT FOR THE  
22 BROAD OUTLINES OF WHAT THE IP TASK FORCE DOES? YOU  
23 DON'T WANT TO DO THAT. YOU CAN'T DO THAT.

24 MR. HARRISON: WHAT YOU CAN DO IS ASK FOR A  
25 SENSE OF THE WORKING GROUP WITH RESPECT TO THE

1 PRINCIPLES THAT JEFF AND ED HAVE OUTLINED THIS MORNING.

2 DR. HALL: THAT'S EXACTLY WHAT. THANK YOU.

3 VICE CHAIR LO: PROCEDURALLY HOW WE ACTUALLY  
4 DO THAT? DO I ASK FOR SOMEONE TO SUGGEST THAT AS THE  
5 SENSE OF THE MEETING THAT WE SUPPORT --

6 MR. HARRISON: BERNIE, IF WE COULD CHECK FOR  
7 A MOMENT. I THINK A COUPLE OF PEOPLE MAY HAVE JOINED  
8 ON THE PHONE. SO IT'S POSSIBLE WE HAVE A QUORUM NOW.

9 VICE CHAIR LO: GREAT SUGGESTION. DO WE HAVE  
10 PEOPLE ON THE PHONE NOW?

11 MS. CHARO: HI, THIS IS ALTA. CAN BARELY  
12 MAKE YOU OUT, SO I'LL BE CALLING BACK AND FORTH LOT  
13 TRYING TO GET A BETTER CONNECTION.

14 VICE CHAIR LO: WELCOME, ALTA. ANYONE ELSE  
15 ON THE LINE?

16 DR. WAGNER: THIS IS JOHN WAGNER AT THE  
17 UNIVERSITY OF MINNESOTA. I ALSO AM HAVING A DIFFICULT  
18 TIME, BUT WE'LL KEEP ON TRYING.

19 VICE CHAIR LO: WE CERTAINLY WELCOME  
20 DR. WAGNER, AND WE WELCOME YOU TO THE GROUP. DO YOU  
21 WANT TO -- MAYBE WHAT CAN DO IS JUST GO AROUND THE ROOM  
22 AND INTRODUCE OURSELVES. WE ALSO HAVE ANOTHER NEW  
23 MEMBER. SO LET'S INTRODUCE OURSELVES AND ASK OUR TWO  
24 MEMBERS TO SAY A WORD.

25 I'M BERNIE LO FROM UCSF, CO-CHAIRING THE

1 MEETING TODAY.

2 DR. HALL: ZACH HALL, PRESIDENT OF CIRM.

3 MS. FEIT: MARCY FEIT, I'M A PATIENT

4 ADVOCATE.

5 VICE CHAIR LO: AND A NEW MEMBER. WELCOME TO

6 MARCY.

7 DR. CIBELLI: I'M JOSE CIBELLI FROM MICHIGAN

8 STATE.

9 DR. KIESSLING: I'M ANN KIESSLING FROM

10 HARVARD.

11 DR. PRIETO: I'M FRANCISCO PRIETO, DIABETES

12 PATIENT ADVOCATE ON THE ICOC.

13 DR. PETERS: TED PETERS FROM THE CENTER FOR

14 THEOLOGY IN THE NATURAL SCIENCES IN BERKELEY.

15 DR. ROWLEY: JANET ROWLEY FROM THE UNIVERSITY

16 OF CHICAGO.

17 DR. EGGAN: KEVIN EGGAN FROM HARVARD

18 UNIVERSITY AND THE \*STOWERS MEDICAL INSTITUTE.

19 DR. TAYLOR: ROBERT TAYLOR FROM EMORY

20 UNIVERSITY IN ATLANTA.

21 VICE CHAIR LO: MARCY, DO YOU WANT TO JUST

22 SAY A FEW WORDS. JEFF, I'M SORRY.

23 MR. SHEEHY: JEFF SHEEHY, PATIENT ADVOCATE

24 FOR HIV AND AIDS FROM THE ICOC.

25 VICE CHAIR LO: MARCY, WOULD YOU LIKE TO JUST

1 TELL US A LITTLE BIT ABOUT YOURSELF SO WE GET TO KNOW  
2 YOU BETTER.

3 MS. FEIT: I'M MARCY FEIT, AND I'M PRESIDENT  
4 AND CEO FOR VALLEY CARE HEALTH SYSTEM. IT'S A HEALTH  
5 SYSTEM IN THE EAST BAY. I'M A REGISTERED NURSE. I'VE  
6 BEEN IN HEALTHCARE FOR 35 YEARS, AND I'M A PATIENT  
7 ADVOCATE FOR DIABETES TYPE 2.

8 VICE CHAIR LO: JOHN, WOULD YOU LIKE TO JUST  
9 SAY A FEW WORDS ABOUT YOURSELF?

10 DR. WAGNER: OH, SURE. WELL, MY BACKGROUND,  
11 AS SOME OF YOU MAY OR MAY NOT KNOW, IS ORIGINALLY IN  
12 BONE MARROW TRANSPLANTATION, AND THERE I'M THE CLINICAL  
13 DIRECTOR OF OUR STEM CELL INSTITUTE HERE AT THE  
14 UNIVERSITY OF MINNESOTA. AND OUR DIRECTOR IS CURRENTLY  
15 KATHERINE \*. OUR WORK HAS BEEN PRINCIPALLY IN ADULT  
16 STEM CELLS; HOWEVER, WE ALSO WORK ON EMBRYONIC STEM  
17 CELLS HERE. MY SPECIFIC ROLE IS REALLY IN DEVELOPING  
18 STRATEGIES FOR THE TRANSLATIONAL DEVELOPMENT AND MOVING  
19 TOWARDS CLINICAL TRIALS, AND HOPEFULLY WILL BE SOME  
20 BACKGROUND THAT MAY BE HELPFUL TO THIS COMMITTEE.

21 VICE CHAIR LO: GREAT. WELCOME TO THE BOTH  
22 JOHN AND MARCY. AND I HOPE JOHN AND ALTA WILL GET THE  
23 PHONES WORKING. WE'RE AT MOSCONE CENTER. IT'S KIND OF  
24 A CAVERNOUS ROOM.

25 WE DON'T HAVE A QUORUM, AND GIVEN SORT OF



1 THE --

2 DR. ROWLEY: WE DO WITH THE TWO ON THE PHONE,  
3 DON' T WE?

4 VICE CHAIR LO: NO, WE ACTUALLY DON' T, SO  
5 WE' RE TOLD. I WOULD SUGGEST THAT RATHER THAN TRYING TO  
6 TAKE A SENSE OF THE MEETING, THAT WE JUST ASK ZACH TO  
7 CONVEY BACK THE SENTIMENTS HERE. THIS IS AN ONGOING  
8 PROCESS, AND WE CERTAINLY WILL HAVE THE ABILITY TO SORT  
9 OF HAVE INPUT TO THE IP WORKING GROUP, AND WE' LL LOOK  
10 FORWARD TO FUTURE UPDATES FROM THEM.

11 AND JUST TO REMIND EVERYONE, THAT WE, OF  
12 COURSE, ARE ALWAYS WELCOME TO ATTEND THE IP MEETINGS AS  
13 MEMBERS OF THE PUBLIC. AND I THINK ALSO THEY' D BE  
14 WILLING TO SHARE WITH US DOCUMENTS THAT THEY RECEIVE TO  
15 HELP US IN OUR DELIBERATIONS. I WANT TO THANK ED AND  
16 JEFF FOR COMING AND MAKING SUCH A VERY LUCID AND CLEAR  
17 PRESENTATION.

18 SO WITH THAT, WHAT I' D LIKE TO DO IS TURN TO  
19 THE NEXT TOPIC ON OUR AGENDA, WHICH IS INFORMED  
20 CONSENT, AND I JUST WANT TO SORT OF TRY AND PUT A FRAME  
21 AROUND IT. THIS IS OBVIOUSLY A VERY IMPORTANT TOPIC  
22 THAT WE ARE GOING TO NEED TO ADDRESS IN THE STANDARDS  
23 THAT --

24 DR. CIBELLI: DID YOU ASK THE PUBLIC FOR  
25 COMMENTS ON THE IP POLICY?

1                   VICE CHAIR LO: I'M NOT ACTUALLY NOT GOING TO  
2 DO THAT BECAUSE WE'VE HAD A SERIES OF PUBLIC MEETINGS,  
3 AND THEY'VE HAD OPPORTUNITY TO HAVE THAT INPUT. AND I  
4 THINK FOR THE SAKE OF -- I THINK THAT THAT WOULD BE THE  
5 BETTER WAY TO DO THAT. THIS IS REALLY MORE OF AN  
6 INFORMATIONAL UPDATE FOR US. I'LL MAKE SURE THE PUBLIC  
7 HAS INPUT ON THE SUBSTANTIVE ISSUES WE'RE GOING TO TALK  
8 ABOUT WHERE WE'RE REALLY MOVING TOWARDS OUR  
9 RECOMMENDATIONS.

10                   SO I DON'T THINK THERE'S ANY NEED TO SORT OF  
11 REMIND OURSELVES THAT INFORMED CONSENT FOR DONATION OF  
12 MATERIALS TO BE USED IN STEM CELL RESEARCH,  
13 PARTICULARLY GENERATION OF NEW CELL LINES, IS A CRUCIAL  
14 ISSUE. CERTAINLY THE PUBLICITY OVER THE SOUTH KOREAN  
15 STEM CELL LINES SORT OF UNDERSCORES THE IMPORTANCE THE  
16 PUBLIC PLACES ON THE CONSENT ISSUES. AND WE HAVE A  
17 NUMBER OF CHALLENGES, I THINK, TO SORT THROUGH. AND  
18 HOPEFULLY I'D LIKE TO TRY AND MAKE THIS THE MAIN FOCUS  
19 OF THE MEETING TODAY.

20                   I THINK OUR GOAL TODAY IS REALLY TO REACH  
21 AGREEMENT ON A CONCEPTUAL LEVEL, NOT NECESSARILY TO TRY  
22 AND GET THE LANGUAGE EXACTLY RIGHT, BUT TO SORT OF  
23 LEAVE CONSIDERABLE DISCRETION TO STAFF AND LEGAL  
24 COUNSEL TO HELP US CRAFT IN REGULATORY LANGUAGE THE  
25 IDEAS THAT WE CAN AGREE ON. SO IT'S SOMEWHAT SIMILAR

1 TO WHAT WE TRIED TO DO AT OUR LAST MEETING FOR THE  
2 BANKING AND THE ESCRO DEFINITIONS.

3 I JUST WANTED TO SAY A LITTLE BIT TO TRY AND  
4 PUT ALL THIS IN CONTEXT. ALREADY THERE'S A LOT OF  
5 EXISTING LAW, REGULATION, GUIDELINES THAT ALL  
6 RESEARCHERS AND I WOULD SAY EXCLUDING STEM CELL  
7 RESEARCHERS IN CALIFORNIA HAVE TO DEAL WITH. SO THE  
8 ONE ISSUE WE NEED TO THINK ABOUT AND I THINK TRY AND  
9 REACH AGREEMENT ON TODAY IS DO WE WISH TO INCORPORATE  
10 INTO THE RECOMMENDATIONS WE MAKE FOR REGULATIONS FOR  
11 CIRM-FUNDED RESEARCH, DO WE WANT TO INCORPORATE THE  
12 EXISTING REGULATIONS, LAWS, AND RECOMMENDATIONS ON  
13 INFORMED CONSENT? THESE WOULD INCLUDE, FOR EXAMPLE,  
14 THE COMMON RULE REGULATIONS THAT GOVERN ALL HUMAN  
15 SUBJECTS RESEARCH IN FEDERALLY FUNDED INSTITUTIONS,  
16 SUCH AS OUR UNIVERSITY.

17 THERE ARE STATE LAWS IN CALIFORNIA DEALING  
18 WITH INFORMED CONSENT FOR RESEARCH IN PARTICULAR. AND,  
19 OF COURSE, THE NATIONAL ACADEMY OF SCIENCE  
20 RECOMMENDATIONS FROM THEIR MAY 2005 REPORT, SOME OF  
21 WHICH DEAL WITH INFORMED CONSENT. ONE QUESTION IS DO  
22 WE WANT TO SAY OUR CIRM RESEARCHERS NEED TO COMPLY WITH  
23 THESE THREE DIFFERENT KINDS OF REGULATIONS? AND THEN  
24 IF WE DECIDE TO DO THAT, DO WE DO IT BY JUST CITING THE  
25 COMMON RULE OF CALIFORNIA LAW SUCH AND SUCH AND THE NAS

1 REPORT, OR DO WE ACTUALLY CUT AND PASTE THOSE SECTIONS  
2 AND PUT THEM INTO OUR REGULATIONS? IF WE DO, IT WILL  
3 MAKE OUR REGULATIONS A LOT LONGER, BUT A LOT MORE  
4 EXPLICIT. I THINK THAT'S ONE QUESTION OF SEVERAL I'D  
5 LIKE US TO TRY AND THINK ABOUT TODAY.

6 SECONDLY, WHEN WE LOOK AT ALL THAT, THERE ARE  
7 A NUMBER OF ISSUES THAT ARE PECULIAR TO DONATION OF  
8 BIOLOGICAL MATERIALS FOR STEM CELL RESEARCH THAT DON'T  
9 QUITE GET AS MUCH EMPHASIS AS PERHAPS WE MIGHT WANT  
10 THEM TO HAVE IN THOSE EXISTING REGULATIONS, LAWS, AND  
11 NAS RECOMMENDATIONS. I JUST LISTED SEVERAL THAT WE  
12 MIGHT WANT TO CONSIDER ADDING AS ADDITIONS AND  
13 REFINEMENTS.

14 ONE IS THE NOTION THAT CONSENT NEEDS TO BE  
15 FREE OR VOLUNTARY AS WELL AS INFORMED. IF YOU LOOK AT  
16 THE COMMON RULE IN CALIFORNIA LAW, MOST OF IT REALLY  
17 HAS TO DO WITH INFORMING WHAT DO RESEARCHERS NEED TO  
18 DISCLOSE TO RESEARCH PARTICIPANTS IN ORDER TO MAKE SURE  
19 THEIR CONSENT IS INFORMED?

20 CERTAINLY THE CONCERNS ABOUT UNDUE INFLUENCE  
21 WITH OOCYTE DONORS REMINDS US THAT CONSENT NEEDS TO  
22 VOLUNTARY AS WELL AS INFORMED.

23 SECOND ISSUE IS RECONTACT OF DONORS OF  
24 MATERIALS FOR NEW STEM CELL LINES. THE NAS GUIDELINES  
25 DEAL WITH THAT QUITE EXPLICITLY AS DO SOME OF THE

1 CALIFORNIA LAWS, BUT IN THE CONTEXT OF PROVIDING  
2 INFORMATION ON RESEARCH TESTS BACK TO THE PARTICIPANTS  
3 IN RESEARCH AS SORT OF THE REASON FOR RECONTACT. DO WE  
4 WANT ALSO TO MAKE CLEAR TO DONORS OF MATERIALS THAT  
5 THEY MAY WISH -- THAT THE RESEARCHERS MAY WISH TO  
6 RECONTACT THEM, NOT FOR THEIR BENEFIT, BUT TO BENEFIT  
7 POTENTIAL RECIPIENTS IN TRANSPLANTATION FROM CELL LINES  
8 DERIVED FROM THEIR MATERIAL; IN OTHER WORDS, THE  
9 RECONTACT WOULD BE TO GET MORE INFORMATION FROM THEM  
10 ABOUT THEIR HEALTH STATUS IN THE FUTURE.

11 DR. EGGAN: OR MORE MATERIAL.

12 VICE CHAIR LO: ALSO MORE MATERIAL. BUT THE  
13 RECONTACT WOULD BE NOT FOR THE BENEFIT OF PROVIDING  
14 POTENTIALLY BENEFICIAL INFORMATION BACK, BUT TO SORT OF  
15 ASK THEM TO SORT OF HELP RESEARCHERS OUT.

16 AND FINALLY, SPECIFIC CONCERNS ABOUT OOCYTE  
17 DONATION. AS YOU KNOW, THERE WAS A BILL INTRODUCED IN  
18 THE LEGISLATURE, PASSED BY BOTH HOUSES, VETOED BY THE  
19 GOVERNOR, SETTING FORTH ADDITIONAL REQUIREMENTS FOR  
20 CONSENT IN THE OOCYTE RETRIEVAL SITUATION.

21 MR. HARRISON: I THINK WE HAVE BOB KLEIN,  
22 WHO'S JUST JOINED.

23 VICE CHAIR LO: HI, BOB.

24 MR. KLEIN: HI. MY UNDERSTANDING IS YOU NEED  
25 ME FOR A QUORUM?

1 DR. HALL: NO. THE MOMENT IS PASSED. THANK  
2 YOU.

3 VICE CHAIR LO: WE NEED YOU IN SPIRIT, BUT WE  
4 DON'T NEED YOU FOR A QUORUM AT THIS POINT.

5 MR. KLEIN: OKAY. IF I COULD FINISH A FEW  
6 CRITICAL CALLS, THEN I'LL COME OVER.

7 VICE CHAIR LO: GREAT. WE'LL LOOK FORWARD TO  
8 SEEING YOU WHEN YOU GET HERE. THANKS, BOB.

9 SO THAT IN THIS CONTEXT OF PARTICULAR  
10 CONCERNS ABOUT OOCYTE DONATION, WE WANT TO PUT IN  
11 HEIGHTENED REQUIREMENTS FOR INFORMED CONSENT IN THAT  
12 CONTEXT. NEXT SLIDE. THERE HAVE BEEN SEVERAL  
13 SUGGESTIONS THAT ONE MIGHT MAKE ABOUT ENHANCING THE  
14 CONSENT PROCESS -- LET ME JUST BACK UP.

15 ONE PROBLEM, IF YOU LOOK AT, AND IN YOUR  
16 FOLDER UNDER BINDER TAB 7 YOU CAN SEE WHAT SPELLING OUT  
17 ALL THE DIFFERENT REQUIREMENTS FOR CONSENT LOOKS LIKE.  
18 AS ALL OF US WHO ARE EITHER RESEARCHERS, PATIENTS, OR  
19 RESEARCH PARTICIPANTS KNOW, WHAT HAPPENS IS THAT MEANS  
20 THE CONSENT FORM GETS LONGER AND LONGER AND LONGER. SO  
21 EVERY TIME SOMEONE ADDS MORE REQUIREMENTS, IT JUST  
22 LENGTHENS THE CONSENT FORM.

23 THE PROBLEM WITH THAT IS THAT ALL THE  
24 EMPIRICAL RESEARCH WE HAVE ABOUT HOW DOES CONSENT WORK  
25 IN EITHER CLINICAL OR A RESEARCH SETTING IS THAT

1 LENGTHENING THE CONSENT FORM DOESN'T HELP, AND THAT IN  
2 SPIITE TERRIFIC CONSENT FORMS, MANY IF, IN FACT, LIKELY  
3 THE MAJORITY OF RESEARCH PARTICIPANTS, ARE SERIOUSLY  
4 MISINFORMED ABOUT THE PROJECT THEY'RE GETTING INVOLVED  
5 WITH AND THE NATURE OF RESEARCH. SO I THINK ONE OF THE  
6 BACKGROUND ISSUES IS WHILE IT'S IMPORTANT TO MAKE SURE  
7 PEOPLE HAVE ALL THE INFORMATION THEY NEED TO MAKE A  
8 CONSENT WHETHER OR NOT TO DONATE MATERIALS FOR  
9 RESEARCH, LENGTHENING THE CONSENT FORM IN AND OF ITSELF  
10 MAY NOT BE AN EFFECTIVE WAY TO ACHIEVE THAT GOAL.

11 WHAT ARE SOME OTHER OPTIONS FOR TRYING TO  
12 ENHANCE CONSENT RATHER THAN JUST HAVING MORE DETAILED  
13 CONSENT FORMS? ONE MIGHT BE TO ACTUALLY ASSESS  
14 COMPREHENSION RATHER THAN SIMPLY ADD TO THE FORM. SO  
15 IT'S ASKING QUESTIONS TO SEE WHETHER OR NOT THE  
16 RESEARCH PARTICIPANT ACTUALLY UNDERSTANDS KEY FEATURES,  
17 ESSENTIAL FEATURES, ABOUT THE RESEARCH. THE IDEA BEING  
18 IF THEY DON'T, THEY NEED MORE DISCUSSION BEFORE THEY'RE  
19 ALLOWED TO AGREE TO PARTICIPATE.

20 SECOND OPTION IS TO HAVE AN INDEPENDENT  
21 PERSON, SOMEONE WHO'S NOT PART OF THE RESEARCH TEAM,  
22 OBSERVE DISCUSSIONS BETWEEN THE RESEARCHERS AND THE  
23 POTENTIAL SUBJECT. THIS TENDS TO HAVE A LOT OF  
24 \*SALUTORY EFFECT IN TERMS OF MAKING THAT DISCUSSION  
25 CLEARER, HELPING THE PERSON ASK QUESTIONS, CLARIFYING

1 THINGS, AND SO FORTH.

2 FINALLY, REPEATING DISCUSSIONS OVER TIME  
3 SEEMS TO HAVE SOME BENEFIT ON ENHANCING UNDERSTANDING.  
4 IF YOU REMEMBER ANN KIESSLING'S PRESENTATION AT OUR  
5 FIRST MEETING, WHERE SHE TALKED ABOUT THE PROCESS HER  
6 GROUP HAS DEVELOPED, I THINK ACTUALLY, ANN, I THINK,  
7 CORRECT ME IF I'M WRONG, I THINK YOU ACTUALLY USE ALL  
8 OF THESE APPROACHES. YOU ACTUALLY ASK QUESTIONS TO SEE  
9 WHAT PEOPLE UNDERSTAND. YOU HAVE SOMEONE WHO'S NOT  
10 PART OF THE RESEARCH TEAM BE PRESENT DURING THOSE  
11 DISCUSSIONS, AND YOU HAVE THOSE DISCUSSIONS REPEATED  
12 OVER TIME WITH OPPORTUNITIES TO ASK QUESTIONS, TO  
13 CLARIFY, AND SO FORTH.

14 SO THESE ARE THREE BROAD APPROACHES THAT WE  
15 MIGHT WANT TO THINK ABOUT, AND I WOULD SAY PERHAPS  
16 SPECIFICALLY IN THE CONTEXT OF OOCYTE DONATION BECAUSE  
17 THAT SEEMS TO HAVE RAISED THE MOST CONCERNS AMONG THE  
18 PUBLIC.

19 IF WE WANT TO THINK ABOUT HOW TO IMPLEMENT IN  
20 REGULATIONS SOME SORT OF ASSESSMENT OF WHAT PEOPLE  
21 ACTUALLY UNDERSTAND, THERE'S DRAFT LANGUAGE THAT ALTA  
22 AND I AND A FEW OTHERS HAVE WORKED ON, WHICH WE CAN  
23 SHOW IF WE GET TO THAT. IF WE GO BACK, I SORT OF  
24 PROPOSED AS A WAY OF JUST ORGANIZING OUR DISCUSSION, A  
25 SERIES OF NESTED QUESTIONS. GO BACK TO THE VERY FIRST



1 SLIDE, GEOFF. JUST BECAUSE IT'S SUCH A BIG TOPIC, I  
2 THINK WE REALLY WANT TO TRY AND WORK EFFICIENTLY. I  
3 WOULD SUGGEST, NOT THAT THIS IS NECESSARILY THE BEST  
4 MODEL OR THE ONLY MODEL, BUT ONE THAT WE THINK ABOUT  
5 USING JUST TO SORT OF GO THROUGH A SET OF ISSUES.

6 LET, WITH THAT, TOSS IT OPEN TO THE COMMITTEE  
7 FOR YOUR THOUGHTS.

8 LET ME JUST SAY, HAVING TRIED TO LEARN FROM  
9 THE LAST MEETING, WHAT I'LL TRY AND DO IS KEEP A LIST  
10 OF PEOPLE WHO WANT TO TALK, AND MAKE SURE WE GET TO  
11 EVERYBODY. JOSE AND KEVIN AND THEN MARCY.

12 DR. CIBELLI: I KNOW WE'RE NOT VOTING, BUT I  
13 SUPPORT THE IDEA OF HAVING PEOPLE THIS COOL-OFF PERIOD,  
14 I THINK YOU CALL IT, AFTER THEY HAVE BEEN ENGAGED IN  
15 WILLINGNESS TO DONATE. BUT ALSO I THINK WE SHOULD  
16 THINK ABOUT TRAINING, SOME SORT OF TRAINING FOR THE  
17 PERSON THAT IS GOING TO EXPLAIN THE INFORMED CONSENT TO  
18 THE DONOR. SO MAYBE THAT WOULD BE SOMETHING THAT THE  
19 ESCRO'S CAN DO, HAVE SOME SORT OF ONLINE TRAINING OR  
20 REFRESHMENT EVERY YEAR, THAT PEOPLE HAVE TO GO BACK AND  
21 RETRAIN THEMSELVES. SO HAVE A DESIGNATED PERSON TO DO  
22 THE INFORMED CONSENT. I THINK IT'S IMPORTANT TO HAVE  
23 SOMEONE QUALIFIED.

24 DR. EGGAN: JUST TO SPEAK TO THIS BROAD ISSUE  
25 OF HOW SPECIFIC YOU WANT TO BE, I WOULD AS A SCIENTIST

1 ARGUE FOR BEING AS SPECIFIC AS POSSIBLE. AND I THINK  
2 THERE ARE TWO REASONS TO DO THAT. ONE IS THAT IT WILL  
3 LEVEL THE PLAYING FIELD AMONG CALIFORNIA INSTITUTIONS.  
4 IT WILL BE CLEAR TO EVERYONE HOW THEY'RE SUPPOSED TO  
5 BEHAVE AND SO EVERYONE WILL BEHAVE MORE SIMILARLY  
6 INSTEAD OF ALLOWING THEM INTUIT WHAT THEY'RE SUPPOSED  
7 TO DO IN A VACUUM.

8 SECONDLY, IT WILL HELP THINGS GO FASTER. I  
9 CAN TELL FOR SOMEONE WHO'S BEEN WORKING THROUGH THESE  
10 ISSUES WITH A RELATIVELY NAIVE IRB OVER THE LAST COUPLE  
11 OF YEARS, THEY KEEP REALIZING THAT THERE ARE NEW THINGS  
12 THAT THEY HAVEN'T DEALT WITH AS THEY'VE GONE ALONG. SO  
13 IF A LARGER GROUP CONSIDERS THOSE ISSUES, CERTAINLY THE  
14 NATIONAL ACADEMY OF SCIENCE CONSIDERING ISSUES AND  
15 MAKING POLICY STATEMENTS HELPED IMMEASURABLY, AND TO  
16 HAVE THESE BE ENDORSED BY ANOTHER BODY WILL HELP GET  
17 CLEAR HOW DIFFERENT INSTITUTIONS ARE TO PROCEED AND  
18 WHAT THE BEST WAY AS AN INVESTIGATOR IT IS TO DO THESE  
19 TYPES OF EXPERIMENTS. IT WILL MAKE THINGS GO FASTER.

20 MS. FEIT: HAVING WORKED EXTENSIVELY WITH  
21 CONSENT FORM OVER 35 YEARS WITH THOUSANDS OF PATIENTS,  
22 I THINK -- I APOLOGIZE IF THIS WAS DISCUSSED EARLIER.  
23 I'M NEW TO THE COMMITTEE. I THINK A DEFINED TIME-OUT  
24 FOR THE INDIVIDUAL, A TIME WHERE THERE IS NO CONTACT  
25 FROM THE RESEARCH TEAM, BUT SOMEONE ELSE OFFERED A

1 NUMBER TO CALL, BUT IT GIVES THE INDIVIDUAL TIME TO  
2 LOOK UP WORD DEFINITIONS, TO UNDERSTAND THE MATERIAL  
3 THAT YOU ARE GIVING THEM SO THAT THEY FULLY UNDERSTAND  
4 WHAT THEY'RE DOING. AND THEN SOMEONE ELSE TO CALL  
5 OTHER THAN THE RESEARCH TEAM THAT THEY CAN ASK  
6 QUESTIONS ABOUT, THAT THEY FEEL COMFORTABLE, AND THEN  
7 COME BACK AFTER THAT AND THEN RESIGN SAYING THEY HAD  
8 THE TIME-OUT AND THEY HAD THE OPPORTUNITY TO REALLY  
9 THINK THIS THROUGH.

10 I MEAN THE SIMPLEST THINGS LIKE I'VE HAD  
11 PATIENTS SAY, I LOOKED UP DEFINITIONS OF WORDS THAT I  
12 DIDN'T UNDERSTAND AND WE TAKE FOR GRANTED A LOT IN  
13 SCIENCE WORDS AND MEANINGS OF WORDS AND NOT CLEARLY  
14 UNDERSTANDING THAT THE PATIENTS DON'T HAVE ANY IDEA  
15 WHAT WE'RE TALKING ABOUT. SO I WOULD JUST ADVOCATE FOR  
16 THAT TO BE SPELLED OUT. IF IT'S THREE DAYS, IF IT'S A  
17 FIVE-DAY TIME-OUT, WHATEVER IT IS, THAT IT'S SPELLED  
18 OUT, AND THAT THE RESEARCH TEAM SHOULD LET, THEN, THE  
19 DONOR ALONE AND LET THEM ABSORB THE MATERIAL AND HAVE  
20 SOMEBODY ELSE THEY CAN CONTACT TO GO THROUGH IT WITH  
21 THEM, THAT WOULD BE -- JUST BECAUSE THIS IS A VERY  
22 SENSITIVE AND HIGH PROFILE ISSUE. AND I THINK THAT  
23 WOULD HELP SUPPORT A CLEAR UNDERSTANDING THAT THE  
24 DONORS HAD TIME TO UNDERSTAND.

25 DR. ROWLEY: I THINK IT'S IMPORTANT TO

1 EMPHASIZE.

2 VICE CHAIR LO: ALTA.

3 MS. CHARO: IN THAT OF THAT PREVIOUS COMMENT,  
4 I'D LIKE TO JUST ASK FOR CLARIFICATION. ARE WE TALKING  
5 ABOUT WHAT WE'RE GOING TO RECOMMEND AS BEST PRACTICES  
6 WITHIN THE WORLD OF CIRM-FUNDED RESEARCH, PERIOD? OR  
7 ARE WE ALSO TALKING ABOUT PRACTICES THAT WE WOULD  
8 REQUIRE TO HAVE BEEN FOLLOWED BY OTHERS BEFORE A  
9 CIRM-FUNDED RESEARCHER COULD USE SOMEBODY ELSE'S LINES?  
10 IN OTHER WORDS, I'M TRYING TO FIGURE OUT IF WE'RE  
11 TALKING ABOUT WHAT WE'RE GOING TO DO WHEN IT'S OUR  
12 MONEY BEING SPENT TO ACTUALLY RECRUIT AN EGG DONOR, OR  
13 IF WE'RE ALSO TALKING ABOUT WHAT CONSTITUTES THE  
14 MINIMUM STANDARD FOR AN ETHICALLY DERIVED LINE.

15 VICE CHAIR LO: GREAT DISTINCTION. LET'S  
16 RIGHT NOW TALK ABOUT WHAT WE'RE REQUIRING OF OUR  
17 RESEARCHERS. IF WE CAN AGREE ON THAT, THEN LET'S LATER  
18 ON COME BACK TO HOW MUCH OF THAT DO WE WANT TO APPLY TO  
19 OTHER RESEARCHERS DERIVING LINES WITH OTHER FUNDS.

20 MS. CHARO: THANKS. SORRY TO INTERRUPT.

21 VICE CHAIR LO: BY THE WAY, ALTA AND JOHN, IF  
22 YOU WANT TO SPEAK, JUST SORT OF SHOUT THAT YOU WANT TO  
23 SPEAK AND I'LL PUT YOU IN THE QUEUE.

24 DR. ROWLEY: I JUST WANT FOR A POINT OF  
25 CLARIFICATION AND ASKING YOU HOW YOU DEFINE RESEARCHERS

1 BECAUSE IT'S CLEAR HERE THAT THE GUIDELINES STATE THAT  
2 THE INDIVIDUAL DONOR IS CONTACTED BY A PHYSICIAN OR  
3 SOME INDIVIDUAL NOT DIRECTLY INVOLVED IN THE RESEARCH.  
4 SO IT ISN'T THE RESEARCHER WHO'S GOING TO DEVELOP THE  
5 CELL LINES WHO'S ASKING YOU FOR EITHER OOCYTES OR  
6 PERMISSION. IT'S ANOTHER INDIVIDUAL WHO'S DOING THAT.

7 VICE CHAIR LO: ROB AND THEN FRANCISCO.

8 DR. TAYLOR: MY POINT WAS REALLY QUITE  
9 SIMILAR. I ABSOLUTELY SUPPORT WHAT YOU ARE SUGGESTING  
10 HERE, AND I THINK IT IS IMPORTANT THAT THAT WAITING  
11 PERIOD, AS WELL AS THE COUNSELING AND ASCERTAINMENT OF  
12 UNDERSTANDING BY THE DONOR COMES FROM SOMEBODY OTHER  
13 THAN THE CLINICIAN WHO'S CARING FOR THAT PATIENT  
14 CLINICALLY BECAUSE MANY OF THESE MAY COME FROM THAT  
15 SOURCE AND ALSO THE RESEARCHERS. SO I THINK TRAINED  
16 INDIVIDUALS, SEPARATION OF CHURCH AND STATE, AND SORT  
17 OF WAITING PERIOD. COOLING OFF PERIOD REMINDS ME TOO  
18 MUCH OF HANDGUNS, BUT SOME KIND OF A WAITING PERIOD, I  
19 THINK, IS IMPORTANT.

20 DR. PRIETO: COMMENT BRIEFLY THAT I THINK IT  
21 IS IMPORTANT TO HAVE A TIME-OUT, BUT ALSO THAT I THINK  
22 THE DISTINCTION THAT JANET BROUGHT UP IS SOMETHING THAT  
23 DONORS MIGHT NOT REALLY SEE BETWEEN -- I THINK THEY  
24 WOULD PERCEIVE THE PERSON ASKING THEM TO DONATE AS A  
25 MEMBER OF THE RESEARCH TEAM. SO WE NEED TO LOOK AT A

1 COMPLETELY NEUTRAL OR MORE FURTHER REMOVED PERSON AS A  
2 SOURCE FOR THEM TO GO BACK TO ANSWER QUESTIONS.

3 DR. KIESSLING: TWO COMMENTS. ONE, THE  
4 PROGRAM THAT WE SET UP ESTABLISHED OR SOLVED THE  
5 COOLING OFF PERIOD BY INFORMING THE DONORS THAT NOBODY  
6 WOULD CONTACT THEM. THAT EARLY IN THE RECRUITMENT,  
7 WHEN THEY WERE GOING THROUGH THE INITIAL SCREENING  
8 PROCESS, THEY WERE RESPONSIBLE FOR CONTACTING THE  
9 OFFICE TO MAKE THEIR NEXT APPOINTMENT. NO ONE WOULD  
10 CALL THEM.

11 SECONDLY, THE CONFUSION OR THE INTEREST  
12 AROUND MAKING SURE THAT EGG DONORS ARE CONSENTED MAY --  
13 THIS IS SOMETHING THAT'S OPEN FOR DISCUSSION BECAUSE  
14 WE'VE NOT DONE THIS, ALTHOUGH I'VE THOUGHT ABOUT IT.  
15 IT'S POSSIBLE THE TWO BIG ASPECTS FOR ASKING SOMEONE TO  
16 DONATE EGGS IS DO THEY UNDERSTAND WHAT MIGHT BECOME OF  
17 THE CELLS DERIVED FROM THEIR EGGS. THAT'S A BIG PIECE.  
18 DO THEY UNDERSTAND THE BIOLOGY. DO THEY UNDERSTAND  
19 EXACTLY WHAT'S GOING TO HAPPEN WITH WHAT THEY'VE  
20 DONATED? THAT'S ONE CONSIDERATION.

21 AND, TWO, DO THEY UNDERSTAND THE RISKS TO  
22 THEMSELVES? SO IT'S POSSIBLE THAT THE WAY TO REALLY  
23 ESTABLISH THIS KIND OF A CONSENT PROCESS IN THIS  
24 PARTICULAR CASE IS TO ACTUALLY HAVE TWO DIFFERENT  
25 CONSENT FORMS SO THAT THIS GETS SEPARATED IN THE

1 DONOR'S MIND. ON THE ONE HAND, SHE NEEDS TO JUST  
2 SIMPLY CONSIDER THE RISKS TO HERSELF, THE TIME  
3 COMMITMENT, WHAT THIS IS GOING TO MEAN TO HER AND HER  
4 FAMILY TO DO THIS. AND SECONDLY, AS A SECOND  
5 CONSIDERATION, DOES SHE FULLY UNDERSTAND THE LONG-TERM  
6 OUTCOME OF WHAT SHE'S DOING? AND THIS IS BASICALLY TWO  
7 PROCESSES THAT WHEN YOU TALK TO THESE WOMEN, YOU REALLY  
8 UNDERSTAND THEY'RE MIXING THEM TOGETHER, AND IT MIGHT  
9 BE CLEARER IF THEY WERE SEPARATE.

10 DR. EGGAN: COUPLE THINGS. I WOULD AGREE  
11 WITH ANN, THAT MAYBE A SOLUTION FOR THE COOLING OFF  
12 PERIOD IS THIS LEAVING THE RECONTACT IN THE HANDS OF  
13 THE POTENTIAL DONOR. THIS SEEMS LIKE A REASONABLE  
14 APPROACH.

15 I GUESS IT IS IMPORTANT THAT WE MOVE FORWARD  
16 IN SUCH A WAY THAT THINGS CAN BE AS, I GUESS, AS  
17 REMOVED FROM CRITICISM AS POSSIBLE, BUT ALSO THERE  
18 NEEDS TO BE A RECOGNITION THAT THESE MECHANISMS MUST  
19 WORK. AND SO I THINK IT'S DIFFICULT TO IMAGINE WHO THE  
20 PERSON WOULD BE THAT WOULD BE FULLY REMOVED FROM THE  
21 RESEARCH TEAM, WHO WOULD BE INVOLVED IN DONATION AND  
22 WHAT THAT MECHANISM WOULD BE IF THAT'S THE GOAL. SO  
23 CERTAINLY ONE APPROACH WOULD BE FOR THE RESEARCH TEAM  
24 TO HIRE A DEDICATED RESEARCH ADMINISTRATOR WHO WOULD  
25 TAKE CHARGE OF THESE THINGS AND WOULD BE A REGISTERED

1 NURSE AND WOULD BE AN INDEPENDENT PERSON. THAT WOULD  
2 BE ONE THING THAT COULD BE DONE AND HAS BEEN DONE BY  
3 PEOPLE.

4 THIS MAY NOT ALWAYS BE POSSIBLE DEPENDING ON  
5 WHAT THE PROJECT IS. AND SO I THINK TO EXPECT ALWAYS  
6 THIS SORT OF INFORMED CONSENT PROCESS TO BE FARMED OUT  
7 TO SOME SORT OF INDEPENDENT AGENT IS HARD TO IMAGINE AS  
8 BEING A FUNCTIONAL APPROACH FOR MOST RESEARCH STUDIES.  
9 SO I THINK BEFORE WE SAY ABSOLUTELY THAT'S THE WAY IT  
10 SHOULD BE DONE, I THINK THERE SHOULD BE A BROADER  
11 DISCUSSION ABOUT THAT.

12 AND THEN I THINK IT'S ALSO IMPORTANT TO  
13 RECOGNIZE THAT MANY OF THESE PROCESSES SUCH AS EGG  
14 DONATION ARE MULTISTEP, COMPLICATED PROCESSES. AND ONE  
15 WAY TO HANDLE THOSE IS TO HAVE MULTISTEP INFORMED  
16 CONSENT. THAT IS, OF COURSE, THAT'S GOING TO HAPPEN  
17 ANYWAY FOR A PROCESS LIKE EGG DONATION IN THE UNITED  
18 STATES. IT'S GOING TO BE NEED INFORMED CONSENT RIGHT  
19 BEFORE THE PERSON, FOR INSTANCE, UNDERGOES GENERAL  
20 ANESTHESIA FOR THE EGG RETRIEVAL. THAT'S ANOTHER WAY  
21 TO SORT OVERCOME THE COMPLICATED NATURE OF THE PROCESS.  
22 I THINK THAT SHOULD BE ENCOURAGED.

23 VICE CHAIR LO: ROB.

24 DR. TAYLOR: JUST A QUICK POINT ABOUT IN  
25 WOMEN OR COUPLES WHO ARE UNDERGOING CONVENTIONAL IVF



1 AND MAY COMPLY AND WANT TO PARTICIPATE IN A PROGRAM  
2 LIKE THIS, THAT TIME-OUT PERIOD MAY BE A LITTLE BIT  
3 MORE DIFFICULT TO ACCOMPLISH IN THAT THE IVF PROCESS IS  
4 AN INTENSIVE AND RELATIVELY SHORT PERIOD OF TIME IN  
5 WHICH THERE'S LOTS OF CONTACT BETWEEN THE CLINICAL  
6 OFFICE AND THE PATIENT. AND IF PART OF THAT PROCESS  
7 REQUIRES SOME -- I'M JUST CONCERNED THAT IT MAY EXCLUDE  
8 COUPLES UNDERGOING IVF FOR THEIR OWN CLINICAL FERTILITY  
9 REASONS WHO MAY WANT TO PARTICIPATE. WE MIGHT HAVE  
10 LANGUAGE THAT WOULD ACTUALLY PREVENT THEM, BECAUSE OF A  
11 PERIOD OF TIME OF WAITING OR THIS REQUIREMENT THAT THEY  
12 CAN'T REALLY BE CONTACTED BY THE OFFICE, DEPENDING, AND  
13 I SEE THAT AS STILL PROBABLY BEING THE MOST PREVALENT  
14 MECHANISM FOR OBTAINING THESE MATERIALS. I WOULDN'T  
15 WANT TO WRITE THAT OFF RIGHT UP FRONT.

16 DR. KIESSLING: I ACTUALLY THINK IT'S MORE  
17 IMPORTANT FOR THE PATIENTS GOING THROUGH INFERTILITY  
18 TREATMENT TO HAVE A TIME-OUT.

19 VICE CHAIR LO: DO YOU WANT TO SAY A LITTLE  
20 MORE ABOUT THAT?

21 DR. KIESSLING: I ACTUALLY THINK IT'S MORE  
22 CRUCIAL THAT THE PEOPLE WHO ARE GOING THROUGH  
23 INFERTILITY TREATMENT BE ALLOWED THE OPPORTUNITY FOR A  
24 TIME-OUT. I THINK THERE'S A LOT OF THE PRESSURES ON  
25 THOSE COUPLE, AND I THINK FOR THEM TO PARTICIPATE IN

1 RESEARCH, IT'S EVEN MORE CRITICAL THAT THEY HAVE A  
2 LITTLE TIME TO REFLECT ON WHETHER THEY WANT TO DO IT IN  
3 ADDITION TO THEIR INFERTILITY NEEDS. SO I SORT OF  
4 THINK IT'S MORE CRITICAL FOR THAT GROUP THAN IT IS FOR  
5 THE WOMEN COMING FORTH BECAUSE THEY'VE GOT TYPE 1  
6 DIABETES IN THEIR FAMILIES.

7 DR. ROWLEY: BUT, AGAIN, THIS WAS DEALT WITH  
8 IN THE NATIONAL ACADEMY REPORTS, THAT ANYONE WHO IS  
9 GIVING EMBRYOS NO LONGER NEEDED FOR THEIR OWN FAMILY  
10 HAVE TO BE RECONSENTED IN ORDER FOR THOSE EMBRYOS TO BE  
11 THEN USED FOR RESEARCH. SO THEY HAVE UP TO YEARS AS A  
12 TIME-OUT, IF YOU WILL.

13 VICE CHAIR LO: JUST TO CLARIFY, I THINK WE  
14 NEED TO BE VERY CAREFUL TO DISTINGUISH THE DONATION OF  
15 FROZEN EMBRYOS REMAINING AFTER INFERTILITY TREATMENT IS  
16 COMPLETED FROM DONATION OF FRESH OOCYTES FROM THE SAME  
17 HORMONAL MANIPULATION AND OOCYTE RETRIEVAL CYCLE AS  
18 WELL AS TO BE USED TO GENERATE OOCYTES FOR INFERTILITY  
19 TREATMENT. SO I THINK, AS I UNDERSTOOD YOU, ROB, YOUR  
20 COMMENTS HAD TO DO WITH IF YOU ARE GOING TO ASK THEM TO  
21 DONATE FRESH OOCYTES FROM A CYCLE WHERE THEY'RE ALSO  
22 DONATING FOR INFERTILITY TREATMENT, THERE ARE TIME  
23 CONSTRAINTS IN TERMS OF TIMING OF MANIPULATIONS.

24 DR. TAYLOR: I WAS THINKING OF THE FROZEN  
25 OOCYTE DONATION MODEL BECAUSE MOST COUPLES DON'T REALLY

1 KNOW WHAT THE OUTCOME IS OF THEIR PREGNANCY CYCLE UNTIL  
2 AFTER THE FACT. BUT I DO THINK THAT IF YOU SORT OF  
3 PROSCRIBED OR REQUIRED A WAITING PERIOD THAT COUPLES  
4 UNDERGOING IVF COULDN'T REALLY ACCOMMODATE IN THEIR  
5 INTENSE SCHEDULE, IT WOULD BE NICE FOR THEM TO STILL  
6 HAVE THE OPPORTUNITY, AND I AGREE WITH JANET, THAT THEY  
7 REQUIRED TO ACTUALLY RECONSENT. YOU COULD, I GUESS,  
8 MAYBE CALL THAT YOUR TIME-OUT.

9 VICE CHAIR LO: AGAIN, FOR MY UNDERSTANDING  
10 WAS THAT THE NAS REPORT SORT OF BUILT THAT TIMING AFTER  
11 THE OOCYTES ARE IN THE FREEZER. THERE'S LOTS OF MONTHS  
12 OR YEARS TO DECIDE WHAT TO DO WHAT TO DO. THAT IS A  
13 COOLING OFF -- LITERALLY A COOLING OFF PERIOD WHEN  
14 THEY'RE IN THE FREEZER, BUT A TIME-OUT WHICH WOULD  
15 SATISFY WHAT WE'RE TALKING ABOUT BEFORE, I THINK.

16 DR. EGGAN: WE SHOULD BE CAREFUL OUR  
17 TERMINOLOGY, EMBRYO, OOCYTE. I THINK THERE ARE  
18 CIRCUMSTANCES WHICH ARE NOT DIRECTLY SPOKEN TO BY THE  
19 NAS GUIDELINES. THERE MAY BE CIRCUMSTANCES WHERE A  
20 COUPLE IS UNDERGOING IVF WHERE THERE WILL BE DISCARDED  
21 MATERIAL THAT WE'LL BE USING. I THINK IT'S STILL AN  
22 ONGOING DISCUSSION ABOUT WHETHER OR NOT WE SHOULD  
23 SUPPORT THE SORT OF DIVERSION OF MATERIAL GENERATED FOR  
24 AN ACTIVE ATTEMPT AT PREGNANCY TOWARDS RESEARCH, BUT  
25 THERE MAY BE CIRCUMSTANCES WHERE IT IS USEFUL AND,

1 INDEED, WHERE IS NO QUESTION. SO, FOR INSTANCE, NAS  
2 DIRECTLY ENCOURAGES FREEZING OF EMBRYOS DONATED, BUT  
3 THERE MAY BE OTHER EMBRYOS, SUCH AS THOSE THAT ARE  
4 AFFECTED BY A VARIETY OF DISEASES WHICH HAVE BEEN  
5 DIAGNOSED BY PGD WHICH WOULD BE DE FACTO DISCARDED  
6 WHICH COULD BE USED FOR RESEARCH. THERE WOULD BE NO  
7 PROBLEM FOR THAT. THAT WOULD BE A SORT OF CIRCUMSTANCE  
8 THAT'S BEING DISCUSSED HERE WHERE THERE IS AN  
9 OPPORTUNITY TO USE THAT MATERIAL. IT WILL BE THROWN  
10 AWAY OTHERWISE, SO IT REALLY ISN'T THAT DIFFICULT OF A  
11 DISCUSSION. SO TO MANDATE A COOLING OFF PERIOD COULD  
12 BE DIFFICULT IN THAT SITUATION.

13 VICE CHAIR LO: KEVIN, WOULD YOU INCLUDE  
14 OOCYTES THAT FAIL TO FERTILIZE?

15 DR. EGGAN: I THINK THAT'S SOMETHING THAT WE  
16 SHOULD HAVE AS A BROAD CONVERSATION. I THINK ANN AND I  
17 AGREE THAT THAT'S A TROUBLED SOURCE OF MATERIAL FOR A  
18 VARIETY OF REASONS, PARTICULARLY WHAT I SAID BEFORE.  
19 OTHER PEOPLE DISAGREE WITH THAT. AND CERTAINLY \*HEFA  
20 HAS SAID THAT THEY ENDORSE THAT, SO I THINK THAT'S AN  
21 OPEN --

22 VICE CHAIR LO: LET'S TRY AND FOCUS ON SORT  
23 OF THE NORMAL SITUATION, NOT THE UNUSUAL ONES. WE'LL  
24 PUT OFF FOR LATER.

25 MS. FEIT: I JUST WANT TO AGAIN GO BACK AND

1 SAY THIS. IF I'M DONATING ANY PART OF MY BODY AND YOU  
2 SAY I'M GOING TO FREEZE IT FOR FIVE YEARS OR TEN YEARS,  
3 I'VE CHECKED OUT. IT'S THERE. I DON'T HAVE TO WORRY  
4 ABOUT IT. THEN IF YOU COME BACK TO ME AND SAY, WELL,  
5 MARCY, WE'RE GOING TO DO THIS WITH IT. YOU'VE SET ME  
6 ON WHOLE ANOTHER PATH AND I DESERVE TIME TO THINK ABOUT  
7 WHAT YOU'RE GIVING ME, THE INFORMATION YOU'RE GIVING  
8 ME, AND WHAT YOU PLAN TO DO. I JUST WANT TO STATE  
9 THAT. THAT IS HOW PATIENTS AND DONORS THINK. SO DON'T  
10 UNDERESTIMATE THAT, BECAUSE THEY HAVE FIVE YEARS, THAT  
11 THEY CLEARLY UNDERSTAND WHAT YOU PLAN TO DO. THAT'S MY  
12 ONLY COMMENT.

13 DR. EGGAN: I THINK I AGREE WITH THAT FULLY.

14 VICE CHAIR LO: SO JUST TO CLARIFY, IT  
15 STRIKES ME THAT ONCE YOU THEN SAY NOW WOULD YOU LIKE  
16 TO -- THESE EMBRYOS ARE IN THE FREEZER. NOW WOULD YOU  
17 LIKE TO CONSIDER DONATING FOR RESEARCH, THE CLOCK  
18 STARTS AGAIN. AFTER THAT INITIAL CONVERSATION, YOU CAN  
19 THEN SAY WE'RE NOT GOING TO RECONTACT YOU FOR X,  
20 WHATEVER, AND THINK ABOUT IT, TALK TO SO AND SO.

21 MS. FEIT: IF YOU HAND ME A STACK OF  
22 INFORMATION AND GIVE ME A LOT OF TERMINOLOGY THAT I'VE  
23 NEVER SEEN BEFORE AND YOU GIVE ME A CONCEPT THAT I'VE  
24 NEVER HEARD OF BEFORE, I HAVE A LOT OF THINK OF, TWO,  
25 THREE DAYS, SOMETHING SO THAT I CAN SIT DOWN, I CAN ASK

1 SOME QUESTIONS WHETHER IT'S WITH A CASE MANAGER, A  
2 REGISTERED NURSE, A COUNSELOR, ANYBODY THAT I CAN JUST  
3 SORT OF DIGEST THE INFORMATION. YOU KNOW, IT'S A  
4 CRITICAL DECISION. I NO LONGER WANT THIS. I'M GOING  
5 TO GIVE IT TO YOU. I'M GOING TO LET YOU DO. I HAVE TO  
6 HAVE MORE INFORMATION AND SOME TIME TO THINK ABOUT IT.  
7 THAT'S ALL. I'M NOT SAYING IT HAS TO BE FOREVER. I'M  
8 JUST SAYING THEY CAN'T GO FROM ONE ROOM AND THEN SIGN A  
9 DOCUMENT AND ASSUME THAT THEY UNDERSTAND.

10 YOU POINTED OUT IN THE BEGINNING THEIR  
11 COMPREHENSION, THEIR APPREHENSION, AND THEN THE MORAL,  
12 ETHICAL DUTY WE HAVE TO MAKE SURE AS MUCH AS WE COULD  
13 THAT THEY UNDERSTOOD WHAT WE WERE GOING TO DO. THAT  
14 WAS ALL.

15 VICE CHAIR LO: THERE'S NO TIME CONSTRAINT AT  
16 THAT POINT BECAUSE THEY'RE FROZEN. YOU CAN TAKE DAYS,  
17 WEEKS, MONTHS EVEN.

18 LET ME JUST SAY THAT THIS WOULD BE A  
19 DEPARTURE FROM THE WAY CONSENT TO DONATE FROZEN EMBRYOS  
20 FOR RESEARCH PURPOSES IS CURRENTLY DONE. I THINK A LOT  
21 OF TIME THAT WAS ACTUALLY COUPLED WITH THE BILL GET FOR  
22 THE STORAGE FEES IN THE FREEZER. AND IT'S LITERALLY IF  
23 YOU DON'T WANT TO PAY AND YOU DON'T WANT TO KEEP THEM  
24 FROZEN, ONE OPTION IS DONATE TO RESEARCH, AND YOU DON'T  
25 HAVE ANY OF THIS KIND OF DISCUSSION NECESSARILY.

1 DR. EGGAN: WELL, BUT IN A SENSE MAYBE THAT'S  
2 A SIMILAR SITUATION. IF IT'S SENT OUT WITHOUT DIRECT  
3 PATIENT INTERACTION WITH THE BILL, AND THEY RECEIVE THE  
4 BILL AND THIS DOCUMENT IN THE MAIL, THEY CAN DECIDE TO  
5 WAIT AS LONG AS THEY WANT TO WAIT BEFORE THEY RECONTACT  
6 THE IVF CLINICIAN. SO THERE REALLY ALREADY IS BY THAT  
7 SORT OF APPROACH A DE FACTO TIME-OUT OR COOLING OFF  
8 PERIOD. THERE IS NO DIRECT COERCION OR ENCOURAGEMENT  
9 TO DONATE EMBRYOS. IT'S ON THOSE PEOPLE TO DECIDE WHAT  
10 TO DO. THEY COULD JUST AS EASILY NOT PAY THE BILL AND  
11 DECIDE TO DISCARD THE EMBRYOS, WHICH IS THE OTHER  
12 OPTION.

13 DR. TAYLOR: BUT I THINK -- SO WE ARE TALKING  
14 ABOUT A STAGED CONSENT PROCESS, AND I DON'T WANT US TO  
15 MISS THE FIRST STAGE BECAUSE REALLY ANYBODY FOR WHOM  
16 EMBRYOS ARE GOING TO BE FROZEN AND STORED POTENTIALLY  
17 FOR RESEARCH ARE GOING TO HAVE TO GO THROUGH THE  
18 INITIAL CONSENTING PROCESS. AND I JUST WANT TO MAKE  
19 SURE THAT THERE'S GOING TO BE ENOUGH TIME BUILT IN FOR  
20 THAT TO OCCUR WITH ALL OF THEIR CLINICAL CONSENTING AS  
21 WELL AND A GOOD MECHANISMS FOR THAT. I DON'T THINK --  
22 WE DON'T WANT TO HAVE THE ONLY EMBRYOS THAT WE WOULD  
23 ULTIMATELY HAVE ACCESS TO WOULD BE CLINICALLY FROZEN  
24 EMBRYOS THAT THE COUPLE HAS NOW DECIDED NOT TO USE.  
25 THAT WOULD BE REALLY GOING BACK AFTER THE BARN DOOR IS

1 KIND OF CLOSED.

2 I THINK WE WANT TO HAVE CONSENT RIGHT UP  
3 FRONT AT SOME LEVEL, NOT THE FINAL CONSENT, BUT SOME  
4 LEVEL OF INFORMED, FREE, AND KIND OF UNDERSTOOD  
5 COMPREHENDED CONSENT. SO THAT NEEDS TO BE BUILT INTO  
6 THAT COUPLE OF WEEKS PERIOD THAT WE'VE BEFORE THE CASE  
7 IS EXECUTED.

8 DR. PRIETO: I WOULD AGREE THAT I THINK IN  
9 ANY INSTITUTION THAT'S CONSIDERING THAT SORT OF USE OF  
10 EMBRYOS DOWNSTREAM, THAT SOME INITIAL CONSENT SHOULD  
11 INVOLVE AT LEAST THE BASIC STATEMENTS, THAT ONE  
12 CONSIDERATION DOWN THE ROAD MAY BE THE USE OF EMBRYOS  
13 FOR RESEARCH, AND WE WANT YOU TO BE AWARE OF THAT AND  
14 THINK ABOUT IT WITHOUT THAT BEING THE FINAL STEP.

15 DR. EGGAN: OR, IN FACT, MORE EXPLICITLY  
16 THERE COULD BE A CHECK BOX OR SOMETHING LIKE THAT WHICH  
17 SAYS WOULD YOU -- DO YOU HAVE A RESEARCH DISPOSITION,  
18 AND WOULD YOU BE, IN PRINCIPLE, INTERESTED IN DONATING  
19 YOUR DISCARDED EMBRYOS OR OTHER MATERIALS FOR RESEARCH.  
20 AND IMMEDIATELY THAT PERSON COULD BE PROVIDED WITH THE  
21 PERTINENT INFORMATION.

22 DR. TAYLOR: THAT'S HOW I THINK A LOT OF  
23 PLACES ARE DOING IT.

24 VICE CHAIR LO: GIVE THEM THE OPTION TO  
25 RECEIVE MORE INFORMATION ABOUT THAT DURING THE INITIAL



1 EVALUATION. OTHER THOUGHTS?

2 DR. ROWLEY: I WANT TO MAKE TWO OR BRING UP  
3 TWO OTHER ISSUES. ONE, AND KEVIN COULD SPEAK TO THIS  
4 FAR MORE KNOWLEDGEABLY THAN I, BUT THERE NOW ARE  
5 REPORTS OF USING MATERIALS OTHER THAN OOCYTES FOR  
6 SOMATIC CELL NUCLEAR TRANSFER. THAT'S NOT DEALT WITH IN  
7 THE GUIDELINES RIGHT NOW AT ALL. AND IF, IN FACT, SOME  
8 OF THESE OTHER TECHNIQUES REALLY BECOME MORE WIDELY  
9 USED, THEN YOU CAN SAY OOCYTE DONATION IS ALMOST A MOOT  
10 POINT.

11 THE OTHER THING IN SOME OF THESE GUIDELINES  
12 THAT WE WERE SENT, YOU ARE GOING TO EXPLAIN TO THE  
13 PATIENT EXACTLY WHAT'S GOING TO BE DONE WITH THESE  
14 EMBRYOS AND THE RESULTANT CELL LINE. THAT'S ABSOLUTELY  
15 IMPOSSIBLE BECAUSE NO ONE KNOWS NOW WHAT SOME  
16 INVESTIGATOR IS GOING TO DO A YEAR OR TWO YEARS DOWN  
17 THE LINE WITH THOSE CELL LINES. SO I THINK THAT TO  
18 IMPLY THAT YOU CAN, A, TELL A PATIENT WHAT'S GOING TO  
19 HAPPEN IN TERMS OF RESEARCH OR ALLOW THE PATIENT TO SAY  
20 I DON'T WANT IT TO BE USED FOR THIS OR THAT KIND OF  
21 STUDY, WHICH IS, AGAIN, IN THESE GUIDELINES RIGHT NOW,  
22 THAT THE PATIENT CAN OPT OUT OF CERTAIN KINDS OF  
23 RESEARCH, I THINK THAT'S NOT GOING TO BE A PRACTICAL  
24 APPROACH. AND I WOULD URGE THAT WE NOT INCLUDE THAT IN  
25 THE GUIDELINES.

1                   VICE CHAIR LO: JANET RAISED SEVERAL POINTS  
2 THAT WE NEED TO TRY AND KEEP TRACK OF.

3                   DR. EGGAN: THERE IS JUST A BRIEF STATEMENT  
4 IN THE NAS GUIDELINES ENCOURAGING SCIENTISTS TO PURSUE  
5 ALTERNATIVES TO THE USE OF OOCYTES IN CREATING  
6 PATIENT-SPECIFIC OR GENETICALLY TAILORED STEM CELL  
7 LINES, AND I THINK IT'S IMPORTANT FOR US TO TRANSPOSE  
8 THAT TYPE OF MATERIAL INTO OUR GUIDELINES AND  
9 SUGGESTIONS, BUT I THINK IT'S ALSO IMPORTANT TO POINT  
10 THAT OUT THESE TECHNOLOGIES FOR THE TIME BEING ARE FAR  
11 FROM REPLACING THE TECHNIQUES THAT WE KNOW CAN WORK AND  
12 THAT HAVE BEEN DEVELOPED IN SOUTH KOREA AND THAT WERE  
13 USED TO CLONE DOLLY.

14                   SO FOR THE TIME BEING, THE ONLY FUNCTIONAL  
15 MEANS THAT WE HAVE OF MAKING TAILORED CELL LINES IS  
16 THROUGH SOMATIC CELL NUCLEAR TRANSPLANTATION AND  
17 DONATED OOCYTES. AND, AGAIN, THE ONLY METHODOLOGY  
18 WHICH HAS WORKED IS SOMATIC CELL NUCLEAR  
19 TRANSPLANTATION INTO OOCYTES DIRECTLY AND SPECIFICALLY  
20 DONATED FOR RESEARCH. AND ATTEMPTS THUS FAR TO DO THAT  
21 WITH FAILED TO FERTILIZE OOCYTES HAVE NOT YET BEEN  
22 SUCCESSFUL.

23                   SO I THINK FOR THE TIME BEING, IF THIS IS AN  
24 IMPORTANT PRIORITY, THEN WE HAVE TO PUT THE ETHICAL  
25 SAFEGUARDS IN PLACE TO MAKE SURE THE RESEARCH CAN GO

1 FORWARD AS WE KNOW IT CAN WORK.

2 AS FAR AS OPTING OUT, I THINK I TEND TO AGREE  
3 WITH JANET. AND IT'S GOING TO MAKE DOWNSTREAM USE OF  
4 ANY INDIVIDUAL CELL LINE EXTREMELY DIFFICULT, AND I  
5 THINK WE WOULD HOPE THAT ENOUGH PEOPLE WILL STEP  
6 FORWARD TO DONATE WITH A BROAD CONSENT THAT IT MIGHT BE  
7 SIMPLEST TO ONLY USE RESOURCES FROM THOSE DONORS TO  
8 MOVE FORWARD.

9 DR. KIESSLING: IT SEEMS LIKE FROM THIS  
10 DISCUSSION THAT IT'S GOING TO BE MORE FRUITFUL IF WE  
11 FOCUS ON THE TYPES OF THINGS BEING DONATED IN TERMS OF  
12 THE CONSENT. FOR INSTANCE, WHY DON'T WE JUST DISCUSS  
13 INFORMED CONSENT FOR WOMEN DONATING EGGS? AND THEN  
14 DISCUSS INFORMED CONSENT FOR COUPLES DECIDING TO DONATE  
15 LEFT-OVER EMBRYOS BECAUSE THE CIRCUMSTANCES, THEY'RE  
16 REALLY TWO VERY DIFFERENT PROCESSES.

17 DR. PRIETO: I JUST WANTED TO COMMENT ON WHAT  
18 KEVIN SAID. I THINK IT WOULD CERTAINLY BE PRACTICALLY  
19 DIFFICULT TO TRY TO PARSE OUT EVERY POTENTIAL AND  
20 IMPOSSIBLE REALLY POTENTIAL DOWNSTREAM USE OF  
21 MATERIALS. AND I THINK A BROAD GENERAL CONSENT IS WHAT  
22 WE WANT TO ASK PEOPLE FOR, POINTING OUT, AS THE  
23 NATIONAL ACADEMIES GUIDELINES OUTLINE SOME OF THIS,  
24 SOME OF THE POTENTIAL USES AND ALLOWING PEOPLE JUST TO  
25 OPT IN OR OUT AT THAT POINT.

1                   VICE CHAIR LO:   OKAY.   I'M A LITTLE CONFUSED  
2   NOW.

3                   DR. PRIETO:   THE CONSENT SHOULD BE FAIRLY  
4   GENERAL AT THE BEGINNING AND INCLUDE THESE POTENTIAL  
5   USES, BUT NOT LIMITED TO, AND NOT GIVING PEOPLE  
6   MULTIPLE OPTIONS OF I'LL AGREE TO THIS, BUT NOT THAT,  
7   AND FAILING TO ADDRESS TECHNIQUES THAT DON'T EVEN EXIST  
8   YET, BUT THAT MIGHT TWO YEARS FROM NOW.

9                   VICE CHAIR LO:   AM I HEARING THAT WHAT YOU  
10   WOULD LIKE TO SEE IN TERMS OF FUTURE USES IS A CONSENT  
11   SAYING BASICALLY I'M GOING TO DONATE THESE.   I  
12   UNDERSTAND THEY'RE GOING TO BE USED FOR STEM CELL  
13   LINES.   AND IN THE FUTURE PEOPLE MAY WANT TO DO  
14   RESEARCH THAT WE CAN'T EVEN THINK ABOUT, CAN'T CONCEIVE  
15   OF TODAY, BUT AS LONG AS IT'S APPROVED BY THE IRB OR  
16   ESCRO OR WHATEVER, I GIVE MY CONSENT TO THAT RESEARCH  
17   AND NOT ALLOW THEM TO SAY, WELL, I DON'T WANT YOU TO  
18   USE IT -- DON'T USE CELLS DERIVED FROM ME TO BE  
19   INJECTED INTO NONHUMAN BLASTOCYSTS, FOR EXAMPLE, BUT I  
20   WILL ALLOW IT TO BE USED -- ARE YOU SAYING THAT WE  
21   WOULD LIKE TO HAVE DONATION OF OOCYTES FOR SORT OF ANY  
22   PURPOSE IN THE FUTURE THAT'S APPROVED BY AN ESCRO AND  
23   HAS SCIENTIFIC VALIDITY.

24                  DR. EGGAN:   THE OOCYTES ARE GOING TO BE  
25   DONATED FOR THE USE OF DERIVING STEM CELL LINES, AND

1 THOSE STEM CELL LINES, I THINK, SHOULD BE ABLE TO BE  
2 USED FOR MOLECULAR, CELLULAR, AND DEVELOPMENTAL BIOLOGY  
3 IN THE BROADEST SENSE.

4 DR. HALL: AS WELL AS FOR THERAPEUTIC.

5 DR. EGGAN: AND THE POTENTIAL FOR DEVELOPMENT  
6 OF THERAPEUTICS.

7 DR. TAYLOR: AGAIN, I GUESS IF WE HAD A  
8 TWO-STAGED CONSENT PROCESS, THE FIRST BEING FAIRLY  
9 GENERAL AND NOT ASKING FOR THESE SPECIFICS, BUT A  
10 SECOND STAGE IN WHICH YOU ARE ADDRESSING MORE SPECIFIC  
11 USES OF THE CELLS, I DO BELIEVE, AND THIS IS SOMETHING  
12 THAT WE DISCUSSED IN SAN FRANCISCO A COUPLE OF YEARS  
13 BACK, THAT THERE ARE GOING TO BE DONORS WHO ARE VERY  
14 INTERESTED IN DONATING MATERIALS TO UNDERSTAND EARLY  
15 HUMAN EMBRYOLOGY, BUT DON'T WANT TO SEE A PROPAGATED  
16 CELL LINE WITH THEIR GENETIC MATERIAL. SO I THINK THE  
17 OPPORTUNITY TO OPT OUT OF SPECIFIC THINGS SHOULD BE ONE  
18 OF THE RIGHTS THAT A DONOR HAS. AND THAT MAYBE IF WE  
19 HAD A MORE GENERAL CONSENTING PROCESS UP FRONT THAT WAS  
20 THEN LOOKED AT MORE SPECIFICALLY IN THE SECOND STAGE,  
21 WE COULD ACTUALLY SORT OUT WHERE THE CELLS GO FOR WHAT  
22 PURPOSES.

23 DR. EGGAN: BUT FOR THAT MIGHT NOT -- THAT  
24 SPECIFIC EXAMPLE, IT SEEMS LIKE THOSE ARE SEPARATE  
25 STUDIES WHICH MIGHT INVOLVE DIFFERENT TYPES OF CONSENT.

1 SO YOU'RE SAYING FOR THE DERIVATION, WOULD THERE BE  
2 CELL LINES DERIVED UNDER CERTAIN CIRCUMSTANCES WHICH  
3 WILL ONLY BE USED FOR CERTAIN PURPOSES. I SUPPOSE  
4 THAT'S POSSIBLE, BUT THEN THERE NEEDS TO BE SOME SORT  
5 OF ASTERISK PLACED BY THOSE CELL LINES. HOW WE DO THAT  
6 IN THE FUTURE. THAT CERTAINLY MAY BE SOMETHING WHICH  
7 FALLS ON THE INVESTIGATOR THEMSELVES AS FAR AS  
8 DISTRIBUTION OF THOSE CELL LINES INTO ANY PARTICULAR  
9 BANK.

10 DR. TAYLOR: I AGREE IT MAKES IT MORE  
11 COMPLICATED, BUT I THINK --

12 DR. EGGAN: MY GUESS I WOULD SAY THAT ONE  
13 MIGHT WANT AN ENTIRELY -- INSTEAD OF HAVING IT BE THAT  
14 IN A PARTICULAR CONSENT PROCESS, PEOPLE OPT FOR  
15 DIFFERENT COURSES, THAT SHOULD BE AN ENTIRELY DIFFERENT  
16 CONSENT STREAM IF THAT'S THE INTENTION. IF YOU WANT TO  
17 DO A PARTICULAR STUDY OR DERIVE CELL LINES FOR A  
18 PARTICULAR PURPOSE, THAT'S A TOTALLY DIFFERENT CONSENT  
19 PROCESS THAN IN GENERAL THE DERIVATION OF LINES FOR  
20 WHICH THE INTENTION IS BROAD DISTRIBUTION.

21 MS. FEIT: HOW ARE YOU GOING TO TRACK THAT?  
22 I MEAN HOW WOULD TRACK -- IF I'M THE DONOR, HOW ARE YOU  
23 GOING TO TRACK MY DONATION THROUGH ALL THAT? I THINK  
24 THAT WOULD BE VERY DIFFICULT. I THINK YOUR FIRST  
25 STATEMENT ABOUT KEEPING IT BROAD, BUT SAYING THAT IT

1 WILL BE USED FOR SCIENCE IN THESE MANNERS, AND THAT ANY  
2 TIME THAT MY DONATION WILL BE USED IN APPROVED RESEARCH  
3 VALIDATED BY THESE ORGANIZATIONS, AND ONLY THAT TYPE OF  
4 RESEARCH, I THINK I HAVE A COMFORT LEVEL THAT I'VE DONE  
5 THE RIGHT THING. BUT I THINK YOU HAVE TO ASK YOURSELF  
6 HOW ARE WE GOING TO TRACK AN INDIVIDUAL PERSON'S  
7 REQUEST THROUGH ALL OF THE DIFFERENT OPPORTUNITIES THAT  
8 MIGHT OCCUR AS A RESULT OF THE DONATION. THAT'S THE  
9 ONLY QUESTION I HAVE.

10 DR. EGGAN: I GUESS I CAN THINK OF ONE  
11 SPECIFIC EXAMPLE TO SORT OF ACTUALLY DRAW A BROADER  
12 LINE BETWEEN TWO DIFFERENT CONSENT PROCESSES. ONE  
13 PERSON MIGHT BE COMFORTABLE WITH DONATING THEIR EMBRYOS  
14 FOR THE DERIVATION OF STEM CELL LINES WHICH WILL BE  
15 PROPAGATED OVER A VERY LONG PERIOD OF TIME AND COULD  
16 HELP MANY DIFFERENT SCIENTISTS. ANOTHER STUDY OF  
17 INTEREST WOULD BE TO SAY TAKE HUMAN PREIMPLANTATION  
18 EMBRYOS AND DO SOME EXPERIMENTAL STUDY ON THOSE EMBRYOS  
19 THEMSELVES TO BETTER UNDERSTAND THE EMBRYO, WHICH COULD  
20 HELP ONE LATER IN DERIVING STEM CELL LINES, THAT  
21 EXPERIMENT ITSELF DOES NOT -- IT'S AN EMBRYOLOGICAL  
22 EXPERIMENT. IT DOESN'T RESULT IN THE GENERATION OF A  
23 STEM CELL LINE ITSELF; AND IN THE PROCESS OF THE  
24 EXPERIMENT, THE EMBRYO IS DESTROYED. THIS WOULD BE AN  
25 ENTIRELY TYPE OF CONSENT PROCESS. AND PEOPLE WHO WOULD

1 CONSENT TO A MAY NOT CONSENT TO B. AND I THINK THAT'S  
2 THE SORT OF THING THAT YOU ARE POINTING TOWARDS.

3 SO I THINK THOSE ARE SEPARATE --

4 DR. TAYLOR: YOU CAPTURE BOTH GROUPS.

5 DR. EGGAN: BUT I THINK -- I DON'T KNOW IF  
6 ONE CAN CAPTURE BOTH GROUPS UP FRONT.

7 VICE CHAIR LO: IT SOUNDS, IF I CAN TRY AND  
8 PURSUE THIS, I THINK IT'S AN IMPORTANT POINT. ON THE  
9 ONE HAND, YOU ARE SAYING IF YOU'RE GOING TO ASK FOR  
10 DONATION TO DERIVE A NEW EMBRYONIC STEM CELL LINE, WE  
11 ARE GOING TO SAY YOU HAVE -- THE DONOR MUST UNDERSTAND  
12 THAT THOSE STEM CELL LINES COULD BE USED FOR A LOT OF  
13 THE DIFFERENT PURPOSES, SOME OF WHICH WE MAY NOT BE  
14 ABLE TO PREDICT, BUT THEY WILL BE OVERSEEN BY THIS  
15 ESCRO MECHANISM. IF YOU ARE NOT COMFORTABLE WITH THAT,  
16 THERE'S STILL ANOTHER OPTION TO DONATE EMBRYOS FOR ALLY  
17 SCIENTIFIC PROJECTS THAT DO NOT INVOLVE CREATION OF  
18 STEM CELL LINES, BUT MAY INVOLVE GENETIC RESEARCH,  
19 DEVELOPMENTAL RESEARCH. BECAUSE WE DON'T EXPECT THOSE  
20 CELLS TO BE PROPAGATED IN THE LAB, WE SHOULD BE ABLE TO  
21 SAY WHAT THEY WILL BE USED FOR IN A MUCH MORE  
22 CLOSED-ENDED WAY, BUT THAT WOULD BE DIFFERENT TYPES OF  
23 RESEARCH.

24 DOES THAT CAPTURE, ROB, WHAT YOU WERE  
25 CONCERNED WITH?



1 DR. TAYLOR: THAT SOUNDS GOOD TO ME. JUST  
2 FOR MARCY, I THINK THAT THE TRACKING MECHANISM OF HOW  
3 THESE LEAST STEM CELL LINES ARE GOING TO BE USED, I SEE  
4 THAT FALLING TO THE ESCRO. I THINK IT'S GOING TO BE  
5 ACTUALLY ONE OF THE IMPORTANT RESPONSIBILITIES OF THE  
6 ESCRO, NOT ONLY TO MAINTAIN A RUNNING LIST OF THE KINDS  
7 OF CELLS THAT YOU HAVE IN YOUR SYSTEM, BUT ALSO TO BE  
8 SURE THAT THE THINGS THAT THEY'RE CONSENTED FOR ARE  
9 WHERE THEY'RE ACTUALLY GOING.

10 DR. EGGAN: I WOULD SAY THAT THE REAL  
11 RESPONSIBILITY LIES WITH THE INVESTIGATOR, AND THAT  
12 THERE SHOULD BE OVERSIGHT BY THE ESCRO.

13 VICE CHAIR LO: AGAIN, THE OTHER THING, WE  
14 NEED THIS TO TIE EVENTUALLY TO BANKING ISSUE. IF WE'RE  
15 DEPOSITING MATERIALS, INCLUDING STEM CELL LINES, IN  
16 BANKS, THEN PRESUMABLY I'M HEARING THAT WE DON'T WANT  
17 THE BANK TO HAVE TO TRY AND KEEP TRACK OF YOU CAN USE  
18 THIS LINE FOR PURPOSE ONE AND SEVEN, BUT NOT FOR TWO,  
19 SIX, AND 18. WE PREFER THAT ALL THOSE BE USED FOR  
20 ANYTHING AS LONG IT'S APPROVED BY THE ESCRO AND HAS  
21 SCIENTIFIC MERIT.

22 DR. ROWLEY: IT IS POSSIBLE FOR BANKS TO  
23 ACTUALLY SAY THAT THEY WILL ONLY ACCEPT CELL LINES THAT  
24 HAVE A BROAD CONSENT FORM FOR USE IN MANY DIFFERENT  
25 EXPERIMENTS, INCLUDING THOSE THAT WE DON'T ENVISION AT

1 THE PRESENT TIME. AND I THINK WE'RE GOING TO GET  
2 OURSELVES IN SO MANY KNOTS, THAT IT'S GOING TO BE JUST  
3 AN UNUSABLE, UNENFORCEABLE PROCESS. I THINK WE'VE GOT  
4 TO AVOID THAT BECAUSE WE DON'T FLOW WHAT THE FUTURE IS  
5 GOING TO BE. AND TO HAVE TO GO BACK AND REVISE THIS  
6 EVERY TIME SOME NEW NUANCE COMES FORWARD IS, I THINK, A  
7 MISTAKE.

8 VICE CHAIR LO: SO THEN IT STRIKES ME THIS  
9 SOUNDS TO ME LIKE SORT OF A KEY ELEMENT, YOU REALLY  
10 WANT TO MAKE SURE PEOPLE UNDERSTAND WHEN THEY DONATE  
11 THAT THERE'S LOT OF PURPOSES THAT WE CAN'T ANTICIPATE,  
12 AND YOU HAVE TO FEEL COMFORTABLE THAT THE SCIENTISTS  
13 AND THE OVERSIGHT BODIES WILL BE RESPONSIBLE IN ONLY  
14 ALLOWING RESEARCH THAT'S SCIENTIFICALLY MERITORIOUS AND  
15 ETHICALLY ACCEPTABLE.

16 DR. TAYLOR: AT THE RISK OF THROWING IN  
17 ANOTHER KNOT, I THINK THAT THE RECONTACT ISSUE IN THIS  
18 PARTICULAR FIELD IS ABSOLUTELY CRITICAL. WE REALLY  
19 DON'T KNOW WHAT THE FUTURE IS. WE REALLY DO NEED TO  
20 HAVE MECHANISMS TO GET BACK TO INDIVIDUALS AND FIND OUT  
21 BOTH HEALTH INFORMATION ABOUT THE DONORS AS WELL AS  
22 CONSENTING KINDS OF ISSUES, PARTICULARLY AS WE GO  
23 FORWARD. SO I CAN ENVISION THAT THERE WOULD BE PEOPLE  
24 WHO DON'T WANT TO BE RECONTACTED AND DO WANT TO DONATE,  
25 AND THERE CAN BE SOME SPECIFIED END POINTS THERE, BUT I

1 WOULD HOPE THAT THOSE DONORS THAT ARE WILLING TO BE  
2 RECONTACTED WILL FORM A SUBSET OF SAMPLES THAT CAN THEN  
3 BE USED IN MORE INNOVATIVE WAYS.

4 VICE CHAIR LO: CAN SOMEONE HELP ME  
5 UNDERSTAND THE PSYCHOLOGY OF DONORS, I SUPPOSE. HOW  
6 LIKELY IS IT THAT SOMEONE WHO DECIDES TO DONATE FOR  
7 THIS FUTURE RESEARCH WOULD SAY BUT I DON'T WANT TO BE  
8 RECONTACTED TO GIVE FURTHER INFORMATION THAT YOU TELL  
9 ME MIGHT BE USEFUL TO ASSURE THE SAFETY IN  
10 TRANSPLANTATION EXPERIMENTS. I'M TRYING TO GET --  
11 BECAUSE IT STRIKES ME THAT IF WE FOLLOW THE PRINCIPLE,  
12 THAT WE'D REALLY LIKE TO HAVE CELL LINES THAT ARE  
13 UNRESTRICTED IN TERMS OF DONOR PREFERENCES BECAUSE IT  
14 WOULD GIVE YOU THE MOST FLEXIBILITY TO CARRY OUT  
15 DIFFERENT TYPES OF RESEARCH. ARE WE LOSING A LOT OF  
16 CELL LINES BECAUSE DONORS SAY, WELL, THAT GOES A LITTLE  
17 BIT TOO FAR. I WILL LET YOU DO ANY TYPE OF RESEARCH,  
18 BUT I DON'T WANT TO BE RECONTACTED. DO YOU HAVE ANY  
19 SENSE OF THAT?

20 MS. FEIT: HAVING WORKED WITH ORGAN DONORS A  
21 LOT, I CAN TELL YOU THAT IT'S VERY GRATIFYING, IT'S A  
22 VERY STRESSFUL DECISION, AND IT'S USUALLY TRAGIC TO  
23 MAKE A DONATION. BUT ONCE IT'S DONE MANY TIMES THEY  
24 GET A WONDERFUL LETTER OR CALL FROM THE NETWORK TELLING  
25 THEM WHAT HAPPENED. AND IT'S VERY REWARDING TO KNOW

1 THAT SOMETHING VERY POSITIVE CAME OUT OF A SITUATION.

2 I THINK IN TERMS OF THE GENERAL THINKING OF  
3 PEOPLE WHO MAKE THESE DECISIONS IS THAT WE CAN MAKE AN  
4 ASSUMPTION HERE THAT THE RESEARCH WE'RE LOOKING FORWARD  
5 TO IS GOING TO HAVE SOME VERY POSITIVE THINGS HAPPEN,  
6 THERAPIES, CURES, CHANGES IN HOW WE APPROACH DISEASE.  
7 SO HAVING A RECONTACT IS A VERY SUPPORTIVE THING TO  
8 ENCOURAGE DONATION.

9 IT'S BEEN MY IMPRESSION IF THEY AGREE TO BE  
10 CONTACTED, THAT THAT'S A VERY POSITIVE THING.

11 DR. EGGAN: I ALWAYS HATE TO BE CONTRARY, BUT  
12 I THINK CERTAINLY IN THE CASE OF ORGAN DONATION, THAT  
13 MAKES A LOT SENSE BECAUSE IN MANY CASES IT'S THIS  
14 INDEPENDENT DECISION TO DO SOMETHING PHILANTHROPIC.  
15 WITH AT LEAST DONATION OF DISCARDED EMBRYOS AFTER IVF,  
16 I THINK IT'S IMPORTANT TO NOTE THAT, ALTHOUGH  
17 DISSOCIATED FROM THE ORIGINAL PROCESS OF IVF, FOR MANY  
18 COUPLES IT'S, I THINK, REASONABLE TO SAY THAT IT MAY BE  
19 THE MOST DIFFICULT TIME IN THEIR LIVES, THE PROCESS OF  
20 UNDERGOING ASSISTED REPRODUCTION. AND AT LEAST SOME  
21 IVF CLINICIANS THAT I'VE TALKED TO FEEL VERY  
22 UNCOMFORTABLE ABOUT RECONTACTING PATIENTS AND CLIENTS  
23 WHO HAVE UNDERGONE THAT PROCESS, WHICH HAS NOW DISTANCE  
24 IN THEIR LIFE. SO CERTAINLY SOME TYPES OF DONORS, IT  
25 WOULD BE VERY APPROPRIATE TO RECONTACT. AND FOR OTHERS

1 I THINK WE SHOULD BE MORE CAREFUL AS TO WHAT THAT'S  
2 GOING TO MEAN TO THEM TO SORT OF DREDGE THAT PERIOD OF  
3 THEIR LIFE UP AGAIN. I'D LOVE TO HEAR ANN'S OPINION ON  
4 THAT.

5 DR. KIESSLING: AT THE RISK OF SOUNDING  
6 REDUNDANT, THIS IS GOING TO BE MUCH MORE CONSTRUCTIVE  
7 IF WE SEPARATE OUT WHAT WE'RE TALKING ABOUT. I THINK  
8 RECONTACTING A WOMAN WHO COMES FORWARD TO DONATE HER  
9 EGGS FOR STEM CELL RESEARCH IS A VERY DIFFERENT PROCESS  
10 FROM RECONTACTING COUPLES THAT HAVE GONE THROUGH IVF.  
11 I THINK TO GET THIS DISCUSSION REALLY WRAPPED UP, I  
12 THINK WE WANT TO SEPARATE OUT WHAT IT IS WE'RE  
13 CONSENTING TO OR WHO'S CONSENTING TO WHAT. WE KEEP  
14 LUMPING THESE TWO THINGS TOGETHER.

15 VICE CHAIR LO: LET'S KEEP FOCUSED NOW ON THE  
16 OOCYTE DONORS, WHICH I THINK ARE THE MOST COMPLEX AND  
17 SORT OF CONTROVERSIAL IN SOME WAY.

18 DR. CIBELLI: I THINK ANN READ MY MIND. I  
19 WANTED TO SAY THAT. THAT WE'RE JUST MIXING EVERYTHING.  
20 YOU'RE MIXING DONATION OF FROZEN EMBRYOS WITH EGGS OR  
21 WITH GAMETES, AND YOU THROW ANOTHER ONE, SOMATIC CELLS  
22 FROM PATIENT TO HAVE SOME SORT OF DISEASE. SO JUST  
23 PICK ONE. AND I THINK WE ARE GOING TO HAVE A SEPARATE  
24 CONSENT FORM FOR DIFFERENT THINGS.

25 DR. TAYLOR: BERNIE, I WOULD SAY IF WE'RE

1 GOING TO PICK OOCYTE DONATION AS THE ONE TO START WITH,  
2 I THINK IT SHOULD BE FURTHER SEPARATED FROM DONORS WHO  
3 ARE CONTRIBUTING OOCYTES TO AN IVF CYCLE VERSUS THOSE  
4 WHOA RE STRICTLY DONATING TO A SCIENTIFIC PROTOCOL.  
5 BECAUSE THOSE OOCYTES, I THINK, ARE SIMILAR TO THE  
6 EMBRYOS THAT ANN THINKS ARE BEING CONFUSED INTO THIS.

7 VICE CHAIR LO: RIGHT. WHY DON'T WE START  
8 WITH DONATION SOLELY EXPRESSLY FOR THE PURPOSE OF  
9 RESEARCH. SO I GUESS THAT'S SORT OF SIMILAR TO WHAT,  
10 ANN, YOUR GROUP IS SET UP TO DO. IT STRIKES ME THAT  
11 MAYBE IF WE SORT OF GO THROUGH SOME OF THE THINGS WE'VE  
12 BEEN TALKING ABOUT, WE WOULD WANT THERE TO BE A  
13 TIME-OUT PERIOD. WE WOULD WANT THERE TO BE SOME SORT  
14 OF ASSESSMENT THAT THEY UNDERSTAND CRUCIAL FEATURES.  
15 IT SEEMS LIKE ONE OF THE CRUCIAL FEATURES IS THAT A LOT  
16 RESEARCHERS ARE GOING TO HAVE ACCESS TO MATERIALS  
17 DERIVED FROM YOUR DONATION, THAT WE CAN'T REALLY EVEN  
18 PREDICT, AND WE DON'T WANT THERE TO BE ANY RESTRICTIONS  
19 ON THAT, AND THAT THERE ALSO THE POSSIBILITY OF  
20 RECONTACT.

21 AND SO IN THAT CONTEXT, MAYBE WE SHOULD JUST  
22 STOP THERE. DO WE WANT TO HAVE A COOLING OFF PERIOD  
23 FOR THAT TYPE OF OOCYTE DONATION -- NOT COOLING OFF  
24 PERIOD. MARCY, YOUR TERM WAS TIME-OUT PERIOD, WHICH  
25 SEEMS TO BE FAIRLY EASY TO BUILD IN BECAUSE IT'S AN

1 ELECTIVE CYCLE. AND THAT COULD EITHER BE A TIME-OUT  
2 PERIOD OR YOU A HAVE TO -- WE'RE NOT GOING TO CONTACT  
3 YOU. YOU HAVE TO CONTACT US. WHY DON'T WE START WITH  
4 THAT, AND WE'LL JUST TRY AND CHIP AWAY AT THESE ISSUES  
5 ONE BY ONE.

6 DR. TAYLOR: I WAS JUST GOING TO SAY THAT  
7 WHAT'S NICE ABOUT THIS IS IT REMOVES THE COERCION  
8 FACTOR FROM THE CLINICAL CARE. IT'S NOT LIKE A WOMAN  
9 IS GOING TO BE UNDERGOING IVF FOR HER CLINICAL CARE,  
10 AND SHOULD SHE DO HER -- IT DOESN'T REMOVE THE  
11 INVESTIGATOR'S POTENTIAL COERCION AS WE'VE KIND OF  
12 RECENTLY HEARD IN THE LITERATURE RECENTLY. SO I THINK  
13 THAT'S JUST -- THERE IS STILL COERCIVE ELEMENT. IT  
14 SEEMS TO ME THAT A TIME-OUT PERIOD WOULD BE A  
15 APPROPRIATE.

16 VICE CHAIR LO: ANY OBJECTIONS TO A TIME-OUT  
17 PERIOD?

18 SECOND QUESTION, I GUESS, WOULD BE DO WE WANT  
19 THE PERSON OBTAINING CONSENT, WOULD YOU WANT THERE TO  
20 BE SOME ASSESSMENT OF WHAT THE DONOR ACTUALLY  
21 UNDERSTANDS AS OPPOSED TO WHAT WAS DISCLOSED? IS THAT  
22 WHAT SOMETHING WE WANT TO BUILD IN?

23 DR. EGGAN: IT'S HARD TO DO THAT. WHAT WOULD  
24 BE THE MECHANISM FOR DOING THAT TO REALLY TRY TO  
25 UNDERSTAND WHAT SOMEONE ELSE UNDERSTANDS, AND THE

1 PROCESS OF INFORMED CONSENT IS TRICKY.

2 DR. KIESSLING: I ACTUALLY THINK THAT'S  
3 REALLY IMPORTANT. AND I THINK THAT, AS I MENTIONED  
4 EARLIER, I THINK IT'S GOT TO BE BROKEN INTO TWO PIECES.  
5 SHE HAS TO UNDERSTAND WHAT THE RISKS ARE TO HER, AND I  
6 THINK THAT'S THE MOST CRITICALLY IMPORTANT, THAT SHE'S  
7 BEEN READ WHAT THESE RISKS ARE, BUT THAT SHE REALLY  
8 UNDERSTANDS THAT THIS IS NOT WITHOUT RISK, AND THAT  
9 SHE'S ASSUMING THOSE RISKS OF HER OWN FREE WILL.

10 AND THEN I THINK SHE NEEDS TO UNDERSTAND THE  
11 SCIENCE OF WHAT MIGHT HAPPEN. I THINK THOSE ARE TWO  
12 PIECES, AND I ACTUALLY THEY CAN BE PRETTY EASILY  
13 ASSESSED.

14 VICE CHAIR LO: ONE NOTION, KEVIN, MIGHT BE  
15 JUST TO ASK THE QUESTION AND TO SAY YOU'VE GOT TO GET  
16 THE RIGHT ANSWERS. IF WE COULD FLIP UP TO ONE OF THE  
17 LAST SLIDES WHERE I HAD SUGGESTED SOME LANGUAGE.

18 SO THIS IS SORT OF AN ATTEMPT TO SAY THIS IN  
19 REGULATORY TERMS. RESEARCHERS OBTAINING INFORMED  
20 CONSENT FOR THE DONATION OF OOCYTES -- WE NEED TO AMEND  
21 IT -- SOLELY FOR RESEARCH, NOT ALSO SIMULTANEOUSLY FOR  
22 CLINICAL IVF. SO ASCERTAIN THAT THE DONORS UNDERSTOOD  
23 THE ESSENTIAL FEATURES OF RESEARCH. RESEARCHERS MAY  
24 MEET THIS REQUIREMENT BY FOLLOWING A PROCESS THAT IS  
25 APPROVED BY THE RELEVANT IRB OR ESCRO. THE ESSENTIAL



1 FEATURES THAT MUST BE UNDERSTOOD SHALL INCLUDE AT  
2 LEAST, AND THEN THE LIST IS ON THE NEXT SLIDE, AND IT  
3 GIVES THE IRB, ESCRO OF THE INSTITUTION TO REQUIRE  
4 DONORS TO UNDERSTAND THE ADDITIONAL ISSUES.

5 AND THE NEXT SLIDE, KATE, THESE NUMBER OF  
6 THINGS ARE ALL SUGGESTIONS, AND THEY' RE ONLY  
7 SUGGESTIONS. ONE, EMBRYOS WILL BE CREATED FOR  
8 RESEARCH, WHICH WILL NOT BE USED FOR REPRODUCTIVE  
9 PURPOSES. THERE ARE MEDICAL RISKS IN OOCYTE DONATION.  
10 AND WE NEED TO THINK THROUGH HOW SPECIFIC, BUT ONE  
11 THING TO SAY, THAT THEY' RE GOING TO GET DETAILED  
12 INFORMATION ON THESE RISKS. I DON' T KNOW WHETHER YOU  
13 ACTUALLY WANT TO SAY YOU HAVE TO UNDERSTAND THERE' S  
14 RISK OF HYPEROVULATION SYNDROME. THE RESEARCH WILL NOT  
15 BENEFIT DONORS OR ANY OTHER INDIVIDUALS DIRECTLY AT  
16 THIS TIME. AND, FOUR, STEM CELL LINES DEVELOPED FROM  
17 THEIR OOCYTES WILL BE GROWN IN THE LAB AND SHARED WITH  
18 OTHER RESEARCHERS. AND I THINK THERE WE NEED TO SAY  
19 SOME MORE ABOUT THE WHOLE RANGE OF PURPOSES, SOME WHICH  
20 WE CAN' T PREDICT.

21 THE STEM CELL LINES MAY BE PATENTED, BUT  
22 DONORS WILL NOT SHARE IN ANY REVENUE. DONORS RECEIVE  
23 NO PAYMENT EXCEPT FOR REIMBURSEMENT FOR OUT-OF-POCKET  
24 EXPENSES.

25 IF STEM CELLS ARE TRANSPLANTED INTO PATIENTS,

1 RESEARCHERS MAY WANT TO CONTACT YOU TO GET MORE  
2 INFORMATION ABOUT YOUR HEALTH. AND POTENTIAL DONORS  
3 ARE FREE TO DECLINE TO DONATE OOCYTES FOR RESEARCH  
4 WITHOUT ANY NEGATIVE IMPACT ON THEIR CLINICAL CARE.

5 AGAIN, SOME OF YOU MAY SAY, WELL, NO, SIX IS  
6 NO GOOD OR THREE IS NO GOOD, BUT THESE ARE THE KINDS OF  
7 THINGS THAT ONE MIGHT THINK ABOUT.

8 DR. EGGAN: I'M NOT WORRIED ABOUT WHAT'S GOOD  
9 OR NOT GOOD, BUT HOW DO YOU ADMINISTER THIS TEST.  
10 THAT'S I'M WORRIED ABOUT IS HOW DO YOU -- IS IT YOU  
11 GIVE THEM A WRITTEN TEST, AND THEY HAVE TO GET A  
12 HUNDRED PERCENT RIGHT, AND IF THEY DON'T, YOU HAVE TO  
13 RETEST THEM. WHAT'S THE MECHANISM?

14 MS. FEIT: WE DO IT ALL THE TIME. WE ASSESS  
15 THE INDIVIDUAL'S KNOWLEDGE OF UNDERSTANDING A  
16 PROCEDURE. WE DO MAJOR SURGERIES, AND WE PUT THEM  
17 THROUGH A WHOLE BUNCH OF INFORMATION ABOUT THE RISKS,  
18 ANESTHESIA RISKS, RISKS AFTER. SO I THINK THERE ARE  
19 WAYS TO DO THAT.

20 DR. EGGAN: BUT I GUESS AS A RESEARCHER, WHAT  
21 IS THE MECHANISM? I REALLY WANT TO KNOW. WHEN I'M  
22 BUILDING MY RESEARCH STUDY AND THIS IS AN IMPORTANT  
23 COMPONENT OF THE STUDY, WHAT IS THE MECHANISM? IS IT A  
24 BACK-AND-FORTH CONVERSATION WITH THEM? IS IT SOME KIND  
25 OF TEST THAT I CAN SCORE, WHICH I CAN HAND TO MY IRB,

1 WHICH SAYS ABSOLUTELY OBJECTIVELY THIS PERSON  
2 UNDERSTANDS. I'M REALLY INTERESTED IN GETTING DOWN --  
3 I CAN RECOGNIZE THAT IT'S IMPORTANT, AND I AGREE IT'S  
4 IMPORTANT. I WANT TO GET DOWN TO KNITTY GRITTY OF HOW  
5 WE DO IT.

6 MS. FEIT: IF IT WERE ME, I WOULD HAVE ONE OF  
7 MY RESEARCH NURSES DEVELOP AN INTERACTIVE MODULE, WHO  
8 PUTS THE DONOR PRIVATELY THROUGH AND ASSESS WHETHER THE  
9 DONOR REALLY UNDERSTANDS THE INFORMATION WE GAVE THEM.  
10 AND THAT'S REALLY HOW I WOULD APPROACH IT,  
11 SIMPLISTICALLY. I THINK THAT, AGAIN, DEFINITIONS,  
12 MAKING SURE THE DONOR UNDERSTANDS SOME OF THE  
13 DEFINITIONS, AND THEN JUST PUTTING THEM BACK THROUGH  
14 THE QUESTIONS, AND IT CAN BE DONE IN AN INTERACTIVE  
15 MODULE THAT THE DONOR SAYS YES, NO, I UNDERSTAND, YES.  
16 AND THEN YOU DO ASCERTAIN. THEY CAN SAY, NO, I DON'T  
17 UNDERSTAND THIS QUESTION. I DON'T UNDERSTAND THIS  
18 CONCEPT.

19 DR. EGGAN: IS IT ENOUGH TO SAY -- IF THEY  
20 SAY THEY UNDERSTAND IT -- WHAT I'M DRIVING AT IS  
21 BECAUSE THEY SAY THEY UNDERSTAND IT DOESN'T MEAN THEY  
22 DO. THIS IS THE COMPLICATION. THAT'S WHAT TRYING TO  
23 GET AT THE BOTTOM OF.

24 VICE CHAIR LO: THESE ARE VERY IMPORTANT  
25 PRACTICAL QUESTIONS.

1 DR. EGGAN: SIGNING AT THE BOTTOM OF THE  
2 CONSENT FORM SAYS THEY UNDERSTAND, RIGHT, SO IT'S NOT  
3 REALLY ANY DIFFERENT.

4 DR. KIESSLING: KEVIN, THE PERSON THAT WE  
5 FOUND TO DO THIS FOR US IS AN ATTORNEY WHO IS ALSO A  
6 NURSE, WHO ALSO WENT THROUGH INFERTILITY TREATMENT.  
7 AND SHE TALKS TO THE DONORS ONE ON ONE AND SIMPLY ASKS  
8 THEM. SHE'S A TRAINED QUESTION ASKER, SO SHE SIMPLY  
9 ASKS THEM QUESTIONS. DO YOU UNDERSTAND THE RISKS?  
10 WHAT ARE THE TOP THREE RISKS? DO YOU UNDERSTAND  
11 WHATEVER? AND THEN THAT PERSON PROVIDES A REPORT.

12 I THINK IT'S ALSO POSSIBLE TO DRAW UP A PAPER  
13 TEST THAT WOULD ALSO SATISFY THAT. THIS IS VERY  
14 COMPLICATED. WE HAVEN'T DRAWN UP A PAPER TEST BECAUSE  
15 WE'VE BEEN VERY SATISFIED THAT THIS INDEPENDENT PERSON  
16 WHO GETS TO TALK TO THE DONOR IN PRIVATE KIND OF IS  
17 TRAINED TO UNDERSTAND IF THIS PERSON IS REALLY  
18 COMFORTABLE WITH WHAT THEY'RE DOING.

19 A BIG SIDELINE CONCERN ABOUT THIS IS THAT  
20 THIS DONOR IS DOING THIS FREE OF COERCION FROM ANYONE  
21 IN HER FAMILY. SO THIS INDEPENDENT MONITOR IS ABLE TO  
22 FIGURE OUT DOES SHE UNDERSTAND WHAT SHE'S BEEN TOLD?  
23 AND THIS IS FREQUENTLY TWO OR THREE MONTHS AFTER SHE  
24 INITIALLY READ THE CONSENT FORM. THIS IS NOT TWO OR  
25 THREE DAYS. IT TAKES MONTHS TO GET THROUGH THE

1 SCREENING PROCESS. SO IF SHE STILL UNDERSTANDS IT, IF  
2 SHE REMEMBERS IT, IF SHE STILL UNDERSTANDS IT, IF SHE  
3 KNOWS THE RISKS, THE MONITOR CAN FIGURE THAT OUT PRETTY  
4 COMFORTABLY.

5 YOU COULD ALSO DEFINE A SET OF QUESTIONS THAT  
6 YOU WOULD LIKE ASKED AND THE ANSWERS THAT YOU EXPECT,  
7 BUT THIS IS REALLY NOT HARD TO DO.

8 VICE CHAIR LO: THE OTHER THING, I GUESS, WE  
9 SHOULD TRY AND DISTINGUISH BETWEEN REGULATIONS AND BEST  
10 PRACTICES. MY SENSE IS, KEVIN, YOU'RE GOING TO WANT TO  
11 DO THIS REALLY WELL AND PUT A FAIR AMOUNT OF EFFORT,  
12 GET SOME COLLABORATORS WHO ARE PSYCHOLOGISTS. THAT'S  
13 GREAT. I THINK YOU AND ANN AND GROUPS LIKE YOU SHOULD  
14 PUBLISH HOW YOU DO IT AS A MODEL, AS A TEMPLATE.

15 IN REGULATION, I'M NOT SURE WE WANT TO BE TOO  
16 PRESCRIPTIVE AT THIS POINT. THAT'S WHY ONE SUGGESTION  
17 WAS TO SAY THESE ARE THE TOPICS. ULTIMATELY IT IS UP  
18 TO YOUR IRB OR ESCRO TO SAY WE APPROVE OF YOUR PLAN.  
19 BUT TO GIVE A LOT OF FLEXIBILITY AT THIS POINT TO ALLOW  
20 DIFFERENT INVESTIGATIVE TEAMS TO FIGURE OUT HOW TO BEST  
21 DO THIS. I THINK THERE ARE CLEARLY MODELS FROM THE  
22 TRANSPLANT SETTING WHERE, FOR EXAMPLE, PEOPLE WHO DO  
23 LIVE DONORS OF LIVER SEGMENTS AND KIDNEYS GO THROUGH  
24 THIS VERY, VERY COMPLICATED PROCESS WHERE ALL THESE  
25 ISSUES GET TALKED ABOUT IN DETAIL.

1 THE OTHER EXTREME IN AIDS CLINICAL TRIALS IN  
2 DEVELOPING COUNTRIES WHERE THERE'S A LOT OF CONCERN  
3 THAT PEOPLE DON'T UNDERSTAND THAT IT'S RESEARCH AND NOT  
4 CLINICAL CARE, AND THEY CAN STILL GET AIDS EVEN THOUGH  
5 THEY'RE GETTING A VACCINE. IT'S A PAPER AND PENCIL  
6 QUESTIONNAIRE. IT'S A YES/NO. SO IT'S REALLY BASIC,  
7 AND THAT MAY BE TOO BASIC FOR HERE.

8 SO THERE'S A WHOLE GAMUT, THAT WE MAY NOT  
9 WANT TO BE TOO PRESCRIPTIVE.

10 DR. ROWLEY: IF I CAN JUST COMMENT ON THAT  
11 FOR A MINUTE. IN THE MATERIAL WE WERE SENT, THERE WAS  
12 A PLEA, THAT AT LEAST IN CALIFORNIA, THAT IT BE  
13 UNIFORMLY DONE AND THAT ONE INSTITUTION DOESN'T HAVE A  
14 SINGLE QUESTION -- THAT WAS THE EXAMPLE GIVEN IN THE  
15 MATERIALS DISTRIBUTED -- AND SOME OTHER INSTITUTION  
16 HAVE A 20-QUESTION QUESTIONNAIRE. SO YOUR IDEA IN ONE  
17 SENSE IS APPEALING, BERNIE, BUT AT LEAST, AS I SAY, THE  
18 MATERIAL WE WERE SENT, THERE WAS THE IDEA EXPRESSED  
19 THAT THERE SHOULD BE UNIFORMITY WITHIN THE STATE OF  
20 CALIFORNIA.

21 VICE CHAIR LO: ABSOLUTELY. THANK YOU.

22 DR. CIBELLI: GOING BACK TO THE CONSENT FORM.  
23 WE'RE TALKING ABOUT DONATING EGGS EXCLUSIVELY. ARE YOU  
24 GOING TO TELL THEM IN THE CONSENT FORM WHAT ARE YOU  
25 GOING TO DO WITH THE EGGS, OR WHAT YOU'RE NOT GOING TO

1 DO WITH THE EGGS? SO HOW MUCH DETAIL ARE YOU GOING TO  
2 PROVIDE ON THAT CONSENT FORM ABOUT THE USE OF THE EGGS?  
3 YOU CAN DO MANY THINGS. YOU CAN JUST DESTROY THEM  
4 RIGHT AWAY AND DO SOME PROTEOMIC ANALYSIS, OR YOU CAN  
5 JUST DO NUCLEAR TRANSFER, PRODUCE A CELL LINE, AND IT  
6 WILL BE USED FOR MANY, MANY YEARS. SO WHAT ARE THE  
7 THINGS YOU ARE GOING TO TELL THEM?

8 VICE CHAIR LO: AGAIN, I THOUGHT WE WERE  
9 TALKING PRIMARILY IN THE CONTEXT OF DERIVING A STEM  
10 CELL LINE FROM THEIR EGGS, BUT YOU'RE RIGHT. OTHER  
11 RESEARCHERS MAY WANT TO DO SOMETHING THAT DOES NOT  
12 INVOLVE A STEM CELL LINE CREATION.

13 DR. CIBELLI: WE CAN CREATE A LINE BY  
14 FERTILIZATION, NUCLEAR TRANSFER, YOU CAN DO IT BY  
15 PARTHENOGENESIS, SO HOW MUCH INFORMATION --

16 VICE CHAIR LO: THOSE ARE ISSUES THAT  
17 CERTAINLY THE IRB NEEDS TO DEAL WITH. I GUESS THE  
18 QUESTION IS DO WE WANT TO BE THAT SPECIFIC IN THE  
19 REGULATIONS? THAT'S A CHOICE POLICY I THINK WE NEED TO  
20 MAKE.

21 DR. CIBELLI: WHAT ARE THE RIGHTS OF THE  
22 DONOR? ISN'T SHE ENTITLED TO KNOW, OR IT'S JUST TRUST  
23 TO THE ESCRO THAT THEY ARE GOING TO DO THE RIGHT THING?

24 DR. EGGAN: I WOULD THINK THAT IT'S NOT  
25 ENOUGH TO ASK A WOMAN TO DONATE HER EGGS FOR STEM CELL

1 RESEARCH IN GENERAL. AND THE PROXIMAL EVENT SHOULD BE  
2 WELL PRESCRIBED IN THE CONSENT. SO WE'RE ASKING YOU TO  
3 DONATE YOUR EGGS FOR A SOMATIC CELL TRANSPLANTATION TO  
4 MAKE A CELL LINE WHICH WILL BE BROADLY USED, OR WE'RE  
5 ASKING YOU TO DONATE YOUR EGGS FOR PARTHENOGENESIS, OR  
6 MAYBE PERHAPS IN THE SAME CONSENT FORM, ONE OR THE  
7 OTHER IF YOUR INTENT WITH THAT.

8 BOTH OF THOSE HAVE A RELATIVE -- THE GOAL IS  
9 THE SAME, TO DERIVE THE CELL LINE WHICH WILL BE USED  
10 BROADLY, BUT THEN IT SEEMS LIKE IT'S SORT OF A  
11 DIFFERENT THING TO DONATE YOUR EGG, WHICH THEN MAY BE  
12 DESTROYED FOR AN EXPERIMENT AND A NEW STEM CELL LINE  
13 WILL BE MADE. I DON'T KNOW.

14 DR. HALL: DNA CONTRIBUTION IS DIFFERENT FOR  
15 ONE THING.

16 VICE CHAIR LO: CERTAINLY I GUESS IF YOU ARE  
17 DEALING WITH FRESH OOCYTES, YOU KNOW WHAT YOU ARE GOING  
18 TO BE DOING WITH IT, RIGHT. IT'S NOT AN OPEN-ENDED  
19 THING. THERE'S ONLY SEVERAL EXPERIMENTS YOU'RE LIKELY  
20 TO DO AT THAT POINT BECAUSE YOU HAVE TO BE SET UP TO  
21 USE THE OOCYTES RIGHT AWAY.

22 DR. TAYLOR: I WAS JUST GOING TO SAY THAT  
23 IRB'S REQUIRE A CERTAIN LEVEL OF EXPLANATION ABOUT THE  
24 PROTOCOL. I DON'T THINK THIS PROCESS IS GOING TO MOVE  
25 BEYOND AN EXISTING EXPECTATION THAT DONORS ARE GOING TO



1 HAVE A PRETTY CLEAR IDEA ABOUT WHAT THE EXPERIMENTAL  
2 PROTOCOL INVOLVING THEIR MATERIALS IS GOING TO INCLUDE.

3 DR. CIBELLI: SO WHAT ARE YOU SAYING, THAT WE  
4 DON'T HAVE TO WORRY ABOUT?

5 DR. TAYLOR: I THINK THAT YOUR IRB IS GOING  
6 TO MAKE YOU WORRY ABOUT THAT, SO YOU'RE NOT GOING TO  
7 HAVE THE OPPORTUNITY JUST TO TAKE SOMEBODY'S EGGS AND  
8 DO WHATEVER YOU WANT WITH THEM.

9 DR. CIBELLI: NO. WHAT I'M SAYING WE DON'T  
10 HAVE TO WORRY ABOUT TALKING RIGHT NOW ABOUT THAT.

11 DR. TAYLOR: I DON'T THINK SO.

12 VICE CHAIR LO: THAT'S A CHOICE WE NEED TO  
13 MAKE, OR WE MAY WANT TO SAY THAT YOU NEED TO, FOR  
14 EXAMPLE, SAY WHETHER OR NOT IT'S GOING TO BE USING  
15 SOMATIC CELL NUCLEAR TRANSFER RATHER THAN FERTILIZATION  
16 RATHER THAN PARTHENOGENESIS. PEOPLE MAY HAVE VERY --  
17 IT'S CONCEIVABLE SOMEONE SAY, WELL, THAT'S PERFECTLY  
18 OKAY. I'M NOT SO SURE ABOUT THAT. AND I DON'T WANT IT  
19 FOR THAT.

20 DR. CIBELLI: CAN I ASK YOU QUESTION ABOUT  
21 THE LAW, THE CALIFORNIA LAW. ARE THERE ANY STATEMENTS  
22 ABOUT DONATION OF GAMETES, LIKE YOU CAN'T DO THIS WITH  
23 THE GAMETES YOU GET, THINGS THAT YOU CANNOT DO?

24 DR. LOMAX: THE EXISTING LAW TALKS ABOUT  
25 STATEMENTS THAT WHAT THEY WILL BE USED FOR, BUT IT

1 DOESN'T -- IT'S ACTIVE STATEMENTS ABOUT THE INTENDED  
2 USE, BUT THERE'S NO STATEMENTS ABOUT PROHIBITION IN THE  
3 LAW, THAT ACTUALLY WE'RE CURRENTLY EXEMPTED OUT OF IN  
4 PROPOSITION 71. BUT THE INTENT OF THAT LAW IS TO  
5 PROVIDE KNOWLEDGE ABOUT THE INTENDED USE OF THE  
6 MATERIAL THAT'S BEING DONATED.

7 DR. CIBELLI: WHAT IF WE WANT TO MAKE STEM  
8 CELLS FROM A DAY 21 EMBRYO THAT HAS TO BE PUT INTO THE  
9 UTERUS AND SOMEHOW FLUSH IT OUT TO GET A CELLS FROM  
10 THAT?

11 VICE CHAIR LO: THERE'S A PROHIBITION BEYOND  
12 14 DAYS.

13 DR. ROWLEY: TWELVE.

14 VICE CHAIR LO: TWELVE DAYS. SORRY. YOU'RE  
15 ABSOLUTELY RIGHT.

16 DR. CIBELLI: THAT TAKES CARE OF THAT.  
17 THAT'S NOT A PROBLEM. AND ANN ACTUALLY ASKED THE  
18 QUESTION TO ME. CAN YOU FERTILIZE GAMETE AND PRODUCE  
19 EMBRYONIC STEM CELLS FROM IT, OR DO YOU HAVE TO USE  
20 JUST EMBRYOS THAT HAVE -- TO GET A CELL LINE THAT IS  
21 PRODUCT OF FERTILIZATION, CAN YOU GET IT FROM AN EGG  
22 THAT SOMEONE DONATED?

23 DR. LOMAX: YES.

24 VICE CHAIR LO: AND FERTILIZE THE EGG.

25 DR. EGGAN: ONLY IN THE STATE OF

1 MASSACHUSETTS IS THAT EXPRESSLY FORBIDDEN. AND OTHER  
2 STATES -- ONLY IN MASSACHUSETTS IS THAT SPECIFICALLY  
3 PROHIBITED. THERE ARE OTHER STATES WHERE EVERYTHING IS  
4 OFF THE BOOKS. AS FAR AS I KNOW, MASSACHUSETTS IS THE  
5 ONLY STATE WHICH WOULD ALLOW YOU TO DERIVE FROM  
6 DISCARDED IVF EMBRYOS OR OTHER IVF EMBRYOS, BUT NOT  
7 SPECIFICALLY ALLOW YOU TO MIX OOCYTE AND SPERM IN A  
8 DISH FOR THE PURPOSE OF STEM CELL RESEARCH.

9 VICE CHAIR LO: AGAIN, JUST SO WE'RE CLEAR,  
10 WE WERE TALKING ABOUT INCORPORATING EXISTING CALIFORNIA  
11 LAW, EVEN THOUGH WE'RE NOT REQUIRED TO UNDER PROP 71,  
12 INTO OUR GUIDELINES. AND ON THE FOURTH PAGE BEHIND TAB  
13 7 ON THIS SIDE, WE'VE REPRODUCED THE RELEVANT LAW THAT  
14 HAS TO DO WITH DONATION OF GAMETES, EMBRYOS, AND  
15 SOMATIC CELLS FOR CELL LINES. SO, AGAIN, TO ANSWER  
16 YOUR QUESTION, THE EXISTING LAW FOR THAT DOES NOT  
17 EXCLUDE CERTAIN TYPES OF THINGS, BUT IT SPECIFIES  
18 CERTAIN THINGS THAT MUST BE TOLD TO PROSPECTIVE DONORS.  
19 BY INCORPORATING THAT INTO OUR REGULATIONS, THIS WILL  
20 NEED TO BE DISCLOSED DONORS DONATING OOCYTES SOLELY FOR  
21 RESEARCH.

22 DR. KIESSLING: THIS IS SAFETY CODE SECTION  
23 24175?

24 VICE CHAIR LO: NO. THIS IS SAFETY CODE  
25 SECTION 125315, ACTUALLY PAGE 4 BEHIND TAB 7.

1 DR. LOMAX: YES, THAT'S CORRECT.

2 DR. ROWLEY: SECTION B.

3 DR. LOMAX: SECTION B STARTS ON THE PREVIOUS  
4 PAGE, AND THE LIST OF REQUIREMENTS FOLLOWS.

5 VICE CHAIR LO: NEXT PAGE.

6 DR. PRIETO: I THOUGHT I WAS HEARING FROM  
7 KEVIN EARLIER THAT HE FEELS MOST SCIENTISTS WOULD  
8 PREFER THAT THIS BE PRETTY CLEARLY LAID OUT SO THAT THE  
9 EXPECTATIONS WERE CLEAR FROM THE BEGINNING. I THINK  
10 THE ADVANTAGE OF REFERENCING THESE IS THAT IT IS  
11 ALREADY LAID OUT THERE, BUT I DON'T THINK THAT IT  
12 ADDRESSES SOME OF THE SPECIFIC ISSUES WITH REGARDS TO  
13 STEM CELL RESEARCH THAT ARE ADDRESSED. I THINK WE  
14 WOULD WANT TO ADD THAT BECAUSE THERE ARE CERTAINLY  
15 UNIQUE FEATURES OF THIS RESEARCH THAT ARE ADDRESSED IN  
16 THE NATIONAL ACADEMIES' GUIDELINES, BUT ARE NOT IN  
17 CALIFORNIA LAW NOW.

18 VICE CHAIR LO: SO, AGAIN, ONE PROPOSAL FOR  
19 US TO DO IS TO INCORPORATE, NOT JUST THESE CALIFORNIA  
20 LAWS, BUT ALSO THE NAS RECOMMENDATIONS FROM THEIR  
21 REPORT. WE HAVE TO THINK ABOUT HOW TO ACTUALLY DO THAT  
22 TECHNICALLY, BUT THAT WOULD THEN ALSO BE INCORPORATED  
23 AS REQUIREMENTS THAT RESEARCHERS MUST DISCLOSE IN THE  
24 PROCESS OF OBTAINING CONSENT. SO THAT'S --

25 DR. PRIETO: IT'S SOMETHING I WOULD FAVOR,

1 AND I THINK IT WOULD GIVE US THE ADVANTAGE OF BEING  
2 CONSISTENT WITH THE ELEMENTS OF EXISTING CALIFORNIA  
3 LAW.

4 VICE CHAIR LO: RIGHT. THESE ARE ALL THINGS  
5 THAT CURRENTLY STEM CELL RESEARCHERS IN CALIFORNIA  
6 WOULD BE SUBJECT TO -- REQUIRED TO DO ANYWAY UNDER  
7 THEIR EXISTING OBLIGATIONS.

8 FIRST, I WANT TO MAKE SURE. I DON'T KNOW IF  
9 WE'VE LOST JOHN AND ALTA.

10 MS. CHARO: NO, I'M HERE.

11 VICE CHAIR LO: DO YOU HAVE ANY COMMENTS OR  
12 THOUGHTS AT THIS POINT?

13 MS. CHARO: WELL, TO BE HONEST, I'M HERE, BUT  
14 I REALLY CAN'T HEAR.

15 VICE CHAIR LO: WE CAN HEAR YOU.

16 MS. CHARO: I'M GLAD YOU CAN, BUT YOU GUYS  
17 ARE BASICALLY JUST A LOT OF FUZZ.

18 DR. WAGNER: I THINK I'M ON THE SAME LINE AS  
19 ALTA, BUT I MADE -- I'VE WRITTEN A LOT OF COMMENTS  
20 ALONG THE WAY. UNFORTUNATELY, YOU'VE CHANGED DIRECTION  
21 A NUMBER OF TIMES FOR A NUMBER OF GOOD REASONS. BUT  
22 FROM A PRACTICAL POINT OF VIEW, I ACTUALLY DO SOME OF  
23 THIS WORK. I CAN TELL YOU THAT, FIRST OFF, WHEN I'M  
24 WORKING IN AN IVF CENTER, I'M NOT INVOLVED WITH THE  
25 OOCYTE DONATIONS. THERE WILL BE PREIMPLANTATION

1 GENETIC DIAGNOSIS IN AN IVF. THERE'S A CLEAR-CUT --  
2 THERE'S SOME PRACTICAL ISSUES, AND THERE'S THINGS TO  
3 OVERCOME SOME OF THOSE ISSUES. BUT TYPICALLY FAMILIES  
4 OR COUPLES WILL COME IN, AND THEY WILL -- IF THEY'RE  
5 GOING THROUGH IN VITRO FERTILIZATION FOR THE PURPOSE OF  
6 INFERTILITY, THOSE COUPLES WILL COME IN. AND THOSE  
7 EXCESS EMBRYOS, IF THAT'S WHAT YOU WANT TO CALL THEM,  
8 ARE THEN STORED, AND THEN THEY'RE RECONNECTED WITH  
9 ANYBODY FOR YEARS. AND SOMEWHERE DOWN THE LINE,  
10 SOMEONE CONTACTS US FROM THE IVF CENTER AND SAYS HERE'S  
11 A COUPLE THAT MAY BE INTERESTED.

12 BUT IN ANY EVENT, THERE'S WAYS THAT WE CAN DO  
13 THAT BETTER PERHAPS. FROM A PRACTICAL POINT OF VIEW,  
14 IF IT WAS DISCUSSED, AND MAYBE YOU'RE GOING TO DO THAT  
15 NOW BECAUSE IT'S COME AROUND, BUT THE ISSUE OF  
16 RECONTACT IS REALLY A DIFFICULT ISSUE, AS WAS STATED BY  
17 A FEW PEOPLE.

18 THE IVF CENTERS, REMEMBER THE IVF CENTERS ARE  
19 NOT REALLY PART OF THE RESEARCH TEAM IN AT LEAST IN THE  
20 ONES I'VE DEALT WITH. THEY PLAY A ROLE, BUT ON THE  
21 OTHER HAND, THEY ALSO ARE NOT THAT INVOLVED. AND SO WE  
22 CAN ONLY ASK SO MUCH OF THEM. I THINK I CAN COME UP  
23 WITH SOME IDEAS ON HOW WE MIGHT BE ABLE TO GET A MORE  
24 BALANCED OR BETTER CONSENT PROCESS, BUT WE CAN ONLY  
25 EXPECT SO MUCH FROM THEM, OR ELSE WE'RE GOING TO HAVE

1 TO PROVIDE THE CONSENTER BECAUSE THEY DON'T UNDERSTAND  
2 NECESSARILY ALL THE DETAILS OF WHAT MIGHT BE DONE WITH  
3 IT.

4 ON THE OTHER HAND, THEY MAY KNOW A CURSORY  
5 AMOUNT ABOUT OF ES CELL LINES AND WHAT THEY MIGHT BE  
6 USED FOR, BUT OPTIMAL PEOPLE TO PROVIDE THAT CONSENT.  
7 AS A RESEARCHER, I MAY BE 2,000 MILES AWAY. IT'S A BIT  
8 DIFFERENT IN CALIFORNIA PERHAPS, BUT I'M WORKING WITH  
9 THE IVF CENTER IN ATLANTA, I CAN'T JUST POP DOWN THERE  
10 OR ANYONE ON MY TEAM OR EVEN TO HIRE SOMEONE TO GET  
11 THAT, BUT WE COULD COME UP MAYBE WITH STRATEGIES ON HOW  
12 YOU MIGHT BE ABLE TO HELP THAT ALONG. BUT LET ME TELL  
13 YOU THE IDEA OF RECONTACT, IVF CENTERS WHO ARE PRIMARY  
14 POINT PEOPLE, DON'T WANT TO DO THAT A LOT OF THE TIME,  
15 AT LEAST IN MY OWN EXPERIENCE.

16 THE OTHER THING IS THAT GIVEN THE IDEA OF  
17 RECONTACT FOR THE PURPOSE OF HEALTH SCREENING, REMEMBER  
18 THAT WE'RE DEALING WITH ADULT COUPLES ALREADY. AND SO  
19 HEALTH SCREENING SHOULD BE DONE REALLY PART OF THE  
20 ENTIRE PROCEDURE UP FRONT RATHER THAN HAVING TO GO BACK  
21 AND DECIDE THAT BECAUSE DO I WANT TO ES CELL LINE,  
22 WHICH BY THE WAY WE ARE CREATING ES CELL LINES, IF YOU  
23 GO BACK AND PLANT IT AFTER THE FACT, AFTER YOU'VE SPENT  
24 ALL THE MONEY AND TIME CREATING THE CELL LINE, WHICH IS  
25 STILL A VERY INEFFICIENT PROCESS. THEN YOU GO BACK AND

1 FIND OUT, OH, THERE'S SOME PROBLEM THAT WOULD HAVE  
2 PREVENTED ME FROM USING IT. I WANT TO KNOW THAT UP  
3 FRONT. I DON'T WANT TO HAVE TO GO BACK AND DO THAT  
4 ANYWAY.

5 YOU WANT TO HAVE A CLEAR WAY OF CONNECTING IF  
6 YOU REALLY HAD TO. THINK ALSO ABOUT THE CORD BLOOD  
7 BANKING PROCESS THAT'S BEEN PUBLICIZED IN THE RECENT  
8 PAST. WE DON'T GO BACK FOR THEM IN THE MAJORITY OF  
9 CASES, IF EVER. EVEN THOUGH WE DON'T HAVE A CHILD --  
10 REMEMBER, A BABY IS BORN, WE DON'T HAVE ANY GENETIC  
11 HISTORY ON THAT BABY, AND WE DON'T GO BACK THERE EITHER  
12 BECAUSE OF THE FACT THAT WE LIVE IN A MOBILE  
13 POPULATION, AND IT'S JUST NOT EASY IF WE SAY THAT WE  
14 LOCK OURSELVES INTO DOING THAT. THAT'S A REALLY  
15 DIFFICULT THING TO HAVE TO GO BACK AND DO. IF YOU'RE  
16 REALLY PLANNING UP FRONT TO DO IT, WELL, GREAT, BUT  
17 JUST KNOW THAT WHAT ARE YOU GOING TO DO IF YOU CAN'T GO  
18 BACK? IF YOU CAN'T CONNECT WITH THEM, DO YOU NOT USE  
19 THAT CELL LINE? DO I REALLY WANT TO INVEST IN  
20 SOMETHING OR MAKING A CELL LINE, WHICH, AGAIN, DON'T  
21 FORGET THE EFFICIENCY IS POOR; THEREFORE, YOU GOT TO GO  
22 THROUGH A LOT OF POTENTIAL EMBRYOS TO CREATE A CELL  
23 LINE TO THEN FIND OUT AT THE END WE CAN'T USE IT FOR  
24 SOME REASON BECAUSE THEY CAN'T GO BACK AND REDISCUSS  
25 THIS WITH THE FAMILY OR EVEN WITH CONSENT BECAUSE OF



1 THE FACT THAT I HAVE A NEW IDEA, A NEW PROTOCOL THAT I  
2 WANT TO USE IN TERMS OF STUDYING SOME NEW AREA WITH THE  
3 ES CELLS.

4 SO YOU GOT TO KEEP THAT IN MIND THAT IT'S  
5 JUST NOT VERY PRACTICAL TO DO. I'M NOT SURE THAT WE  
6 REALLY NEED TO DO IT ALTHOUGH MAYBE IN THE ARGUMENT  
7 TODAY, WE MIGHT HAVE GIVEN RESPONSES WHY WE SHOULD AND  
8 I JUST COULDN'T HEAR THEM. IN ANY EVENT, FROM A  
9 PRACTICAL POINT OF VIEW, IT IS REALLY TOUGH.

10 I AGREE WITH YOU THAT IVF SHOULD BE SEPARATED  
11 FROM THE EGG DONATION, BUT IVF -- AND I THINK THIS WAS  
12 BROUGHT UP. IVF IS NOT ALWAYS THE SAME. INFERTILITY  
13 AND PGD ARE VERY DIFFERENT, AND THERE IS REASONS WHY  
14 WITH PGD YOU MIGHT WANT TO USE FRESH EMBRYOS AND,  
15 THEREFORE, YOU'RE GOING TO HAVE TO CONSIDER THE CONSENT  
16 EARLY ON. BUT REMEMBER, THIS IS A DECISION THAT CAN BE  
17 DISCUSSED WELL IN ADVANCE OF THE ACTUAL IVF PROCEDURE  
18 IF YOU REALLY WANTED TO BECAUSE THESE ARE PEOPLE THAT  
19 ARE GOING INTO THIS, NOT FOR INFERTILITY, BUT GOING  
20 INTO IT FOR OTHER REASONS. THEREFORE, THE CONSENT  
21 PROCESS -- I AGREE WITH THE WHOLE CONCEPT OF HAVING  
22 PLENTY OF TIME TO GET THE CONSENT AND HAVING TIME TO  
23 THINK ABOUT IT AND TIME TO ASK QUESTIONS. AND I GET  
24 CONSENTS EVERY DAY FOR A LIFE THREATENING PROCEDURE  
25 CALLED BONE MARROW TRANSPLANT, AND WE CERTAINLY KNOW

1 HOW TO GET CONSENTS FOR SUCH TRICKY THINGS AS  
2 TRANSPLANTS. I THINK WE CAN COME UP WITH WAYS, FOR  
3 EXAMPLE, HOW DO YOU THIS SO THAT THE INVESTIGATOR WHO  
4 REALLY IS THE EXPERT IN ES CELLS, NOT THE IVF TEAM,  
5 CERTAINLY CAN DO THAT BY CREATING A VIDEO. THERE' S  
6 THINGS THAT YOU CAN DO THAT YOU CAN MAKE IT A LESS  
7 COERCIVE AND MOST OBJECTIVE AS POSSIBLE, EVEN ENDING  
8 THAT WITH THE WAY WE DO IT IN TERMS OF TRYING TO FIND  
9 OUT HOW WELL THEY UNDERSTAND THE PROCESS IS THAT, AS  
10 SOME OF YOU HAVE ALREADY STATED, IS SIMPLY TO ASK A  
11 NUMBER OF KEY QUESTIONS.

12 I THINK IN THIS PARTICULAR CASE, YOU ARE ALSO  
13 GOING TO HAVE TO FIGURE A WAY THAT YOU CAN HAVE A WAY  
14 OF ADDRESSING QUESTIONS THAT THE IVF TEAM MIGHT NOT  
15 NECESSARILY KNOW HOW TO ADDRESS. BUT THINK ABOUT THAT  
16 SOME MORE.

17 SO THE ELEMENTS THAT YOU'VE ALL DISCUSSED ARE  
18 IMPORTANT, BUT SOMETIMES WHAT I'M HEARING IS SOMETHING  
19 THAT ISN'T GOING TO BE EASY TO PUT INTO PRACTICE. I'M  
20 NOT REALLY SURE WHAT YOU GAIN FROM SOME OF THIS IN THE  
21 END.

22 MS. CHARO: SINCE OF MY MANY OTHER  
23 COLLEAGUES, ONE OF THE FEW PEOPLE I CAN HEAR CLEARLY, I  
24 JUST WANTED TO ADD A WORD, WHICH IS THAT I WOULD LIKE  
25 TO ENDORSE THE NOTION OF PRACTICALITY. BERNIE MAY

1 REMEMBER, WE WENT AROUND ON THIS QUESTION ABOUT DONOR  
2 CONTROL OF TISSUE USES IN THE CONTEXT OF THE CLINTON  
3 BIOETHICS COMMISSION. WE FOUND THAT THERE WAS A  
4 GENUINE DISAGREEMENT ABOUT WHETHER IT WAS REALISTIC FOR  
5 PEOPLE TO CONSENT PROSPECTIVELY TO AN UNKNOWN RANGE OF  
6 RESEARCH FACILITIES, SOME OF WHICH WEREN'T EVEN  
7 CONCEIVABLE AT THE TIME OF DONATION. THE MAJORITY OF  
8 US FELT THAT THIS IS A CHOICE PEOPLE OUGHT TO BE ABLE  
9 TO MAKE ESPECIALLY WHEN WE HAVE ASKED FOR PROTECTION  
10 FOR THEIR OWN CONFIDENTIALITY DOWN THE LINE BECAUSE THE  
11 PROBLEM WITH TRACING EACH LINE BACK TO ITS ORIGINAL SET  
12 OF CONDITIONS IS TREMENDOUS AND MAKES IT SO MUCH HARDER  
13 FOR THE LINES TO BE SHARED AROUND.

14 I WOULD JUST LIKE TO URGE THAT WE KEEP OUR  
15 EYE ON FACILITATING THE RESEARCH AS MUCH AS ON MAKING  
16 SURE THAT AS A SUBSTANTIVE AND POLITICAL MATTER WE  
17 PROTECT THE ETHICS OF THE DONATIONS.

18 VICE CHAIR LO: OKAY. THANKS TO BOTH. WE  
19 ARE REQUIRED, AS A MATTER OF UNION REGULATIONS, TO  
20 BREAK FOR LUNCH AT 12:45. I'M NOT SURE WHETHER IT'S  
21 THE UNIONS PROTECTING US OR IT'S REALLY A WORK RULE FOR  
22 THE EMPLOYEES, BUT WE PROBABLY SHOULD ADHERE TO THAT.

23 DR. TAYLOR: IS THAT THE PLUMBING UNION?

24 VICE CHAIR LO: I'M JUST BEING TOLD WHAT --  
25 REPORTING WHAT I WAS TOLD. WHY DON'T WE BREAK NOW FOR

1 LUNCH, AND OUR LUNCH PERIOD IS HOW LONG, 45 MINUTES,  
2 WHICH MEANS WE' LL COME BACK HERE AT 1:30. THANKS VERY  
3 MUCH.

4 (A RECESS WAS TAKEN.)

5 VICE CHAIR LO: WHY DON' T WE RECONVENE FROM  
6 OUR LUNCH, WHICH I DON' T THINK REPRESENTS THE FINEST IN  
7 SAN FRANCISCO CUISINE. WHY DON' T WE RECONVENE, AND I  
8 THOUGHT WE WOULD START BY WE' VE NOT HAD AN OPPORTUNITY  
9 FOR PUBLIC COMMENT YET, AND I WANTED TO START BY  
10 INVITING MEMBERS OF THE PUBLIC TO MAKE COMMENTS IF  
11 THERE' S ANYONE WHO WOULD LIKE TO COMMENT. AND FOR THE  
12 RECORD, COULD YOU JUST STATE YOUR NAME AND AFFILIATION,  
13 PLEASE.

14 MR. REED: YES, DON REED. GOING BACK TO THIS  
15 MORNING -- BY THE WAY, WE APPRECIATE THE OPPORTUNITY  
16 FOR PUBLIC COMMENT. YOU MIGHT HAVE NOTICED THAT ONE  
17 PARTICULAR ATTACK THAT THE OPPOSITION HAS NOT MADE  
18 AGAINST PROP 71 FOR A LONG TIME IS THAT THE PUBLIC HAS  
19 NOT BEEN INCLUDED. THEY HAVE NOT SAID THAT BECAUSE YOU  
20 GUYS HAVE MADE A SPECIFIC COMMITMENT TO GET PUBLIC  
21 INVOLVEMENT ALL THE WAY, 51 PUBLIC MEETINGS, FANTASTIC,  
22 AND WITH PUBLIC COMMENT AT EACH ONE.

23 GOING BACK TO THIS MORNING, WE DON' T WANT --  
24 AS A PERSON WHO WANTS EVERY DOLLAR TO BE SPENT ON  
25 RESEARCH AND EVERY POSSIBLE AVENUE MADE EASY FOR THE

1 SCIENTISTS, WE DON'T WANT ONE MORE RESTRICTION ON THE  
2 SCIENTISTS OR INSTITUTION THAN WE ABSOLUTELY HAVE TO  
3 HAVE. LAST I HEARD, THERE WAS A COMMITTEE, CIRM  
4 COMMITTEE, WHICH WAS A LIAISON COMMITTEE BETWEEN THE  
5 CIRM AND SACRAMENTO. IF WE ONLY HAVE FIVE DAYS BETWEEN  
6 NOW AND THE DECEMBER 6TH WHEN YOUR RECOMMENDATIONS ARE  
7 MADE, I WONDER IF THERE ISN'T SOME WAY TO AT LEAST  
8 SPEAK TO THAT COMMITTEE AND MAKE SURE THAT WE'RE NOT  
9 OFFERING SOMETHING NOT NEEDED.

10 FOR INSTANCE, WE'VE TALKED ABOUT THE REVENUE  
11 STREAM AND THE TAX. THE LAST I HEARD, THE SCA 13  
12 THREAT, WHICH SENATOR ORTIZ AUTHORED, DID NOT -- SHE  
13 WAS NO LONGER TRYING FOR REVENUE STREAM. SO I DON'T  
14 THINK WE SHOULD OFFER SOMETHING THAT'S NOT BEING  
15 DEMANDED. WE NEED EVERY PRECIOUS DOLLAR. WE DON'T  
16 WANT TO GIVE ANYTHING AWAY. ALL FOR RESEARCH.

17 SECONDLY, ON THE EGG SITUATION, ENGLAND  
18 TEACHES A COURSE IN EGG DONATION. THEY TEACH A COURSE,  
19 AND EVERY EGG DONOR HAS TO PASS A TEST. NOW, JUST LIKE  
20 CALIFORNIA DRIVING TEST, IF YOU DON'T PASS IT, YOU TAKE  
21 IT AGAIN. AND THEN ONCE YOU ARE FULLY UNDERSTANDING  
22 IT, THERE'S MY OPINION COMES IN, ONCE THE RESEARCH HAS  
23 BEEN MADE CLEAR, ONCE YOU HAVE EXPLAINED ALL THE  
24 POSSIBLE USES, THEN I THINK THERE SHOULD BE ONE  
25 QUESTION. WOULD YOU LIKE TO HELP POSSIBLY SAVE LIVES

1 AND ALLEVIATE SUFFERING WITH THE PRECIOUS GIFT OF  
2 OOCYTES? IF THEY SAY YES, THEN THAT'S IT. WE DON'T GO  
3 BACK AND ASK THEM A YEAR LATER CAN WE DO IT FOR  
4 SOMETHING DIFFERENT. WE MAKE CLEAR THAT THERE'S A  
5 VARIETY OF POSSIBILITIES, AND THEN ONE QUESTION AND THE  
6 ANSWER AND THAT'S IT.

7 ALSO, THEY MAY NOT EVEN WANT TO BE REASKED  
8 AGAIN. THEY'D SAY, NOW WE'VE GOT TO GO THROUGH THIS  
9 BIG DECISION AGAIN? MAYBE NOT. LET'S EDUCATE THEM  
10 THOROUGHLY, MAKE SURE THEY UNDERSTAND, MAKE SURE THEY  
11 SEE THE PROMISE AND THE POSSIBILITY OF THE RESEARCH,  
12 AND ASK THEM A QUESTION. THEY SIGN, HAVING PASSED THE  
13 TEST, SO THEY CAN NEVER SAY THEY DIDN'T UNDERSTAND, AND  
14 THEN WE LET IT HAPPEN. THANK YOU.

15 VICE CHAIR LO: THANK YOU. ANY OTHER PUBLIC  
16 PERSONS WANT TO COMMENT? OKAY. THANKS.

17 I WANTED TO TRY AND GO BACK TO SOME OF THE  
18 ISSUES -- FOR THOSE MEMBERS OF THE PUBLIC WHO JUST CAME  
19 IN, WE WERE ASKING FOR PUBLIC COMMENTS. SO IF YOU  
20 WANTED TO MAKE A COMMENT, THIS WOULD BE A TERRIFIC  
21 TIME.

22 GOING BACK TO THIS MORNING, I WANTED TO TRY  
23 AND SUMMARIZE OUR DISCUSSION AND SEE IF WE HAVE  
24 AGREEMENT ON AT LEAST SOME OF THE BROAD ISSUES. AND,  
25 AGAIN, LIMITING OUR DISCUSSION FOR THE MOMENT TO OOCYTE

1 DONATION SOLELY FOR THE PURPOSE OF RESEARCH, AND THESE  
2 ARE WOMEN DONATING JUST FOR RESEARCH, NOT  
3 SIMULTANEOUSLY FOR INFERTILITY TREATMENTS.

4 SOME OF THE THINGS WE DISCUSSED THIS MORNING  
5 I'D LIKE TO GET A SENSE, EVEN THOUGH WE CAN'T DO A  
6 QUORUM, WAS WHETHER WE HAVE BROAD AGREEMENT ON THIS.  
7 ONE IS THERE'D BE A, QUOTE, TIME-OUT. I DON'T THINK  
8 THAT'S THE MOST ELEGANT LANGUAGE, BUT IT'S WHAT WE WERE  
9 USING. SOME TIME FOR REFLECTION, QUESTION/ANSWER  
10 BEFORE ORIGINALLY BEING ASKED TO MAKE A DECISION.

11 SECOND WAS THAT WE HAVE SOME ASSESSMENT TO  
12 ENSURE THAT THE OOCYTES DONORS UNDERSTAND CRUCIAL  
13 FEATURES, INCLUDING, ONE, THE SCIENCE OF HOW MATERIALS  
14 WILL BE USED; AND, TWO, THE MEDICAL RISKS OF OOCYTE  
15 RETRIEVAL.

16 AND I GUESS THE NEXT IS SORT OF A SUB-BULLET.  
17 OVER LUNCH ANN MENTIONED THAT ONE OF THE THINGS HER  
18 DONORS ARE VERY INTERESTED IN IS WHAT'S ACTUALLY GOING  
19 TO HAPPEN TO THE OOCYTES IN THE LAB. AND SHE MENTIONED  
20 THAT MANY WOMEN ARE WILLING TO HAVE -- IN FACT, THEIR  
21 DONORS ARE WILLING TO HAVE THEIR OOCYTES USED FOR SCNT  
22 OR EVEN FOR PARTHENOGENESIS, BUT NOT TO FERTILIZATION  
23 IN ORDER TO PRODUCE AN EMBRYONIC STEM CELL LINE. SO  
24 THAT BE SORT OF A SUB-BULLET UNDER THE SCIENCE OF HOW  
25 MATERIALS WILL BE USED.

1 I THOUGHT I HEARD AGREEMENT, BUT I WANT TO  
2 CHECK, THAT WE DIDN'T WANT DONORS TO IMPOSE RESTRICTION  
3 ON SPECIFIC SUBSEQUENT DOWNSTREAM RESEARCH USES OF  
4 OOCYTES. AND THIS WOULD BE WITH THE UNDERSTANDING THAT  
5 IT WOULD PASS ESCRO APPROVAL. AND SOMEONE REMINDED ME  
6 OVER LUNCH OBVIOUSLY THERE ARE THINGS THAT ARE NOT  
7 PERMISSIBLE UNDER CIRM-FUNDED, KEEPING THE 12- TO  
8 14-DAY RESTRICTION, NO BREEDING OF HUMAN ANIMAL  
9 CHIMERAS, AND SO FORTH. SO WE NEED TO PUT LAWFUL  
10 DOWNSTREAM USES.

11 IS THERE ANOTHER SLIDE? BACK UP. THAT'S OUR  
12 NEXT TOPIC. SO I JUST WANTED TO SEE IF WE CAN  
13 SUMMARIZE THIS MORNING'S DISCUSSION AND MAYBE JUST GO  
14 THROUGH EACH OF THESE POINTS AND SEE WHETHER THERE'S  
15 BROAD AGREEMENT AS TO TRYING TO PUT INTO REGULATORY  
16 LANGUAGE THIS NOTION OF, FIRST, A TIME-OUT PERIOD. ANY  
17 CONCERNS ABOUT THAT OR OBJECTIONS TO TRY TO MAKE THAT  
18 ONE OF THE REGULATIONS?

19 NOD YOUR HEADS. I CAN'T TAKE A VOTE. NOD  
20 YOUR HEADS IF YOU AGREE.

21 AND THEN SOME ASSESSMENT OF THE CRUCIAL  
22 FEATURES OF THE SCIENCE AND THE RISKS, INCLUDING THE  
23 IMMEDIATE USE TO WHICH THE OOCYTES ARE BEING USED.

24 DR. TAYLOR: I WAS GOING TO SAY THAT IT SEEMS  
25 TO ME THAT WE SHOULD PROBABLY HAVE A BULLET POINT FOR



1 THE DONOR'S OWN PERSONAL HEALTH RISKS.

2 DR. PRIETO: ISN'T THAT UNDER THE RISKS OF  
3 PARTICIPATION.

4 VICE CHAIR LO: SECOND BULLET NO. 2.

5 DR. PRIETO: TALKING ABOUT THE MEDICAL RISKS,  
6 SPECIFIC RISKS THAT THE DONOR.

7 VICE CHAIR LO: WE WANT TO TRY AND HAVE  
8 SOME -- NOW, THERE'S ONE THING THAT WAS LEFT -- I  
9 WASN'T QUITE CLEAR ON HOW WE LEFT IT. THE NOTION OF  
10 HOW UNIFORM OR PROSCRIPTIVE SHOULD WE BE ABOUT HOW THAT  
11 ASSESSMENT IS DONE. ON THE ONE HAND, THERE WAS SOME  
12 SENTIMENT THAT EVERYBODY IN CALIFORNIA OUGHT TO DO THE  
13 SAME THING SO THAT PEOPLE DON'T SAY, WELL, GEE, THAT  
14 PLACE IS REALLY HAVING A PRETTY EASY TEST.

15 ON THE OTHER HAND, THERE'S THE IDEA THAT WE  
16 MAY WANT TO ALLOW FLEXIBILITY FOR DIFFERENT  
17 INVESTIGATIVE INSTITUTIONS TO DEVELOP WAYS OF DOING  
18 THIS THAT WORK WELL AND SORT OF TEST DIFFERENT MODELS.  
19 A QUESTION FOR US IS DO WE WANT TO -- HOW PRESCRIPTIVE  
20 DO WE WANT TO BE IN TERMS OF NOT JUST THE ISSUES THAT  
21 NEED TO BE ADDRESSED, BUT HOW THEY'RE ACTUALLY GOING TO  
22 BE EVALUATED.

23 DR. CIBELLI: I DO HAVE A COMMENT, MORE LIKE  
24 A QUESTION TO MARCY HERE. DO YOU THINK THAT THE PERSON  
25 THAT ACTUALLY WILL ASK THE DONOR TO SIGN THE CONSENT

1 FORM IN THIS CASE A RESEARCH NURSE? DO THEY HAVE TO GO  
2 THROUGH SOME TRAINING JUST FOR THIS PARTICULAR  
3 EXERCISE, OR IS IT SOMETHING THAT WE CAN GIVE THEM THE  
4 FORM AND READ IT, AND THEY WILL BE QUALIFIED ENOUGH TO  
5 SAY I CAN INFORM THE PERSON AND GET A STRAIGHT ANSWER?

6 MS. FEIT: I KNOW THE RESEARCH NURSES I'VE  
7 WORKED WITH ARE EXTENSIVELY TRAINED IN WHAT THEY'RE  
8 DOING. THEY HAVE TO UNDERSTAND WHAT THEY'RE ASKING.  
9 THEY HAVE TO FULLY UNDERSTAND EVERYTHING.

10 DR. CIBELLI: DO THEY GO THROUGH A TRAINING  
11 PERIOD?

12 MS. FEIT: YES.

13 DR. CIBELLI: THERE IS A TRAINING PERIOD.

14 VICE CHAIR LO: TO FOLD IT BACK, DO YOU WANT  
15 THERE TO BE IN THE REGULATIONS THE PERSON OBTAINING  
16 CONSENT HAS TO HAVE ADEQUATE TRAINING, AND WE SAY LEAVE  
17 IT UP TO THE IRB TO ENSURE.

18 DR. CIBELLI: IT DOESN'T HAVE TO BE A BURDEN  
19 THAT IS GOING TO LIMIT THE RESEARCH AND MAKE THINGS  
20 MORE BUREAUCRATIC. IN MY INSTITUTION, FOR EXAMPLE,  
21 MICHIGAN STATE, IF I WANT TO USE -- IF I'M WORKING  
22 BIOSAFETY LEVEL TWO, I HAVE TO BE TRAINED EVERY YEAR.  
23 MAYBE THE FIRST TIME IT TAKES THREE OR FOUR HOURS, AND  
24 THEN EVERY YEAR ON THE WEB I HAVE TO DO A REFRESHMENT  
25 COURSE, AND IT TAKES 15 MINUTES, SOMETHING LIKE THAT.

1                   VICE CHAIR LO: DO YOU WANT TO SORT OF MAKE A  
2 RECOMMENDATION?

3                   DR. CIBELLI: MY RECOMMENDATION WOULD BE THAT  
4 THE PERSON THAT IS GOING TO INTERVIEW THE DONOR HAS TO  
5 BE TRAINED IN HOW TO DO IT BECAUSE AT THE END, LIKE  
6 KEVIN WAS SAYING, WHEN YOU SIGN THE INFORMED CONSENT,  
7 YOU'RE SAYING THAT YOU UNDERSTOOD EVERYTHING. WELL, DO  
8 YOU REALLY UNDERSTAND IT OR NOT?

9                   DR. TAYLOR: I WAS JUST GOING TO SAY THAT  
10 IRB'S SORT OF ALLOW THIS TO HAPPEN IN A LOT OF  
11 DIFFERENT WAYS. I THINK THAT THIS MIGHT BE AN ESCRO  
12 REQUIREMENT OR AN ESCRO RESPONSIBILITY BECAUSE,  
13 PARTICULARLY IF WE'RE TALKING FOR A RELATIVELY UNIFORM  
14 PROCEDURE ACROSS THE VARIOUS CENTERS, I THINK THE  
15 ESCRO'S SHOULD PROBABLY APPROVE OR FOLLOW THE  
16 QUALIFICATIONS OF THIS CONSENT OBTAINING INDIVIDUAL.

17                   THE WAY THE IRB'S DO IT NOW IN MOST  
18 INSTITUTIONS ARE THE PI OF THE PROJECT SORT OF VERIFIES  
19 THAT THERE'S AN APPROPRIATE PERSON TO DO IT, BUT WE  
20 COULD ADD ANOTHER LAYER OF SUPERVISION. AND I THINK IT  
21 PROBABLY ISN'T REALLY THE IRB'S RESPONSIBILITY TO DO  
22 THAT. THEY DON'T HAVE THAT RESPONSIBILITY FOR OTHER  
23 PROTOCOLS, SO IT SEEMS TO ME THAT IT WOULD BE MORE OF  
24 AN ESCRO THING.

25                   MS. FEIT: WOULDN'T IT BE BETTER FOR US TO

1 HAVE A MORE GLOBAL POSITION AND SAY THAT WE WILL  
2 REQUIRE THAT A THOROUGH ASSESSMENT BE MADE OF THE  
3 PATIENT'S UNDERSTANDING OF THE CONDITIONS AND THE  
4 EXPECTATIONS OF THE DONATION. AND THEN HAVE AVAILABLE  
5 A BEST PRACTICE PROGRAM FOR PEOPLE TO LOOK AT. THIS IS  
6 WHAT WE EXPECT. YOU DON'T HAVE TO ADOPT IT  
7 IDENTICALLY. EACH INSTITUTION HAS ITS NUANCES, BUT  
8 CERTAINLY WE COULD PUT OUT WHAT WE BELIEVE IS THE BEST  
9 PRACTICE IN THIS BEHAVIOR.

10 DR. EGGAN: I'D AGREE WITH MARCY IN THAT  
11 REGARD. ANOTHER WAY THAT ONE CAN HELP SAFEGUARD  
12 AGAINST COERCION AND LACK OF CLARITY AND UNDERSTANDING  
13 IN THE DONOR IS TO HAVE A SAFEGUARD WHERE ANY  
14 PARTICULAR MEMBER OF THE RESEARCH TEAM, BE IT THE  
15 RESEARCH NURSE WHO'S CONSENTING OR A CLINICIAN WHO'S  
16 DIRECTLY INVOLVED IN THE RETRIEVAL PROCEDURE CAN  
17 ESSENTIALLY VETO THE PARTICIPATION OF THAT PERSON IF  
18 SOME REASON THEY BELIEVE THEY ARE AN INAPPROPRIATE  
19 DONOR, THE WORD OF A SINGLE ONE OF THE MEMBERS OF THE  
20 TEAM TO REMOVE THEM SHOULD BE ENOUGH TO DISQUALIFY THEM  
21 FROM PARTICIPATION. THIS WOULD BE A REASONABLE  
22 SAFEGUARD WHICH COULD HELP TOO.

23 DR. PRIETO: THAT'S SETTING A PRETTY HIGH  
24 BAR.

25 DR. KIESSLING: THAT'S ACTUALLY HOW WE DO IT.

1 ANYBODY ON THE TEAM HAS QUESTIONS, THE DOCUMENT DOESN'T  
2 COME THROUGH. I DON'T KNOW THAT YOU WANT TO PUT THAT  
3 IN THE REGULATION.

4 DR. HALL: THE OTHER WAY AROUND, THAT IT  
5 REQUIRES THE APPROVAL OF ALL THE PEOPLE WHO HAVE HAD  
6 CONTACT.

7 DR. EGGAN: THAT'S CERTAINLY A MORE POSITIVE  
8 WAY TO SPIN IT.

9 MS. FEIT: BUT THAT COULD BE PUT IN BEST  
10 PRACTICE. I THINK IF WE HAVE IN OUR REGULATIONS THAT  
11 WE SAY DEFINITELY AN ASSESSMENT, THERE HAS TO BE PROOF  
12 OF A THOROUGH ASSESSMENT OF THE PATIENT'S UNDERSTANDING  
13 AND WILLINGNESS TO MOVE FORWARD WITH DONATION, AND THEN  
14 WE HAVE AVAILABLE A BEST PRACTICE MODEL THAT  
15 INCORPORATES THE STANDARDS THAT YOU'VE TALKED ABOUT.  
16 AND SAY THIS IS WHAT THE INSTITUTE RECOMMENDS AS A BEST  
17 PRACTICE UNDER THIS GUIDELINE.

18 VICE CHAIR LO: LET ME JUST SORT OF INSERT  
19 THE REGULATORY ISSUE, THAT IN PUTTING BEST PRACTICES  
20 INTO THESE REGULATIONS IS GOING TO CAUSE PROBLEMS WITH  
21 THE ADMINISTRATIVE LAW OFFICE. SO WE'LL NEED TO  
22 CONSULT WITH LEGAL COUNSEL AND STAFF AS TO WHETHER IT'S  
23 POSSIBLE. WHAT YOU CAN DO IS SAY THIS MAY BE  
24 FULFILLED, FOR EXAMPLE, IN THE FOLLOWING WAY, NOT  
25 EXCLUSIVELY, BUT, FOR EXAMPLE, SOMETHING. SO WE'LL

1 HAVE TO FIGURE OUT HOW TO COUCH THAT, AND THAT MAY BE A  
2 PROBLEM THAT WE NEED TO SORT THROUGH.

3 DR. EGGAN: I DON'T KNOW IF MARCY IS WILLING,  
4 BUT THAT'S SOMETHING OFFLINE THAT MAYBE I'M HAPPY TO  
5 WORK WITH HER ON.

6 VICE CHAIR LO: MARCY, ANN, AND KEVIN COULD  
7 SORT OF COME UP WITH SOME OF THAT, THAT WOULD BE  
8 USEFUL. I THINK THIS DOES GIVE A CHANCE TO SORT OF  
9 FORGE NEW TERRITORY.

10 DR. CIBELLI: I DO WANT TO ADDRESS THE  
11 COMMENT THAT THE MEMBER OF THE PUBLIC MADE ON THE FACT  
12 THAT ENGLAND HAS THIS COURSE FOR DONORS. AND I THINK  
13 IT'S A GREAT IDEA, BUT THE PROBLEM WOULD BE TO BE ABLE  
14 TO MAINTAIN CONFIDENTIALITY OF WHO ACTUALLY IS  
15 ATTENDING TO THIS CLASS ON HOW TO LEARN ABOUT RISKS AND  
16 BENEFITS OF DONATING EGGS. SO THAT'S THE DRAWBACK OF  
17 HAVING SOMETHING OPEN LIKE THAT.

18 DR. KIESSLING: ONE OF THE THINGS THAT WE  
19 MIGHT HAVE TO CONSIDER IS THAT WE SPEND SOME TIME WITH  
20 THE DONORS ACTUALLY FOR THEM TO UNDERSTAND WHY IT'S  
21 DECIDED THAT THEY CAN'T PARTICIPATE BECAUSE THIS CAN  
22 GET TO BE A PRETTY PERSONAL THING. AND SO WE ACTUALLY  
23 SPEND SOME TIME EXPLAINING TO THEM THAT THERE'S A WHOLE  
24 VARIETY OF REASONS THAT THEY MAY NOT BE ALLOWED TO GO  
25 FORWARD.

1 I DON'T KNOW HOW YOU WANT TO SAY THAT. IT'S  
2 PART OF THEM UNDERSTANDING THERE ARE RISKS OF  
3 PARTICIPATION, THAT THEY MAY BE -- IT MAY BE DECIDED  
4 THAT THEY CAN'T PARTICIPATE, AND THEY NEED TO BE  
5 PREPARED FOR THAT.

6 VICE CHAIR LO: OKAY. FINE. ANY OTHER  
7 COMMENTS ON THIS? ANY PUBLIC COMMENTS ON THESE?

8 LET'S MOVE ON THEN. KATE, ON THE NEXT SLIDE  
9 THERE IS AN ISSUE -- REMEMBER WE VERY RIGHTLY, I THINK,  
10 SAID WE'RE GOING TO LIMIT THE FIRST PART OF THE  
11 DISCUSSION TO DONATION OF OOCYTES SPECIFICALLY FOR  
12 RESEARCH. THERE'S OBVIOUSLY A COMPLEMENTARY ISSUE OF  
13 WOMEN WHO ARE ALSO DONATING OOCYTES FOR A WOMAN IN AN  
14 INFERTILITY PRACTICE OTHER THAN THEMSELVES OR ANOTHER  
15 WOMAN. WHAT ABOUT THE ISSUE OF THEY'RE ALSO DONATING  
16 SOME OOCYTES FOR RESEARCH PURPOSES?

17 SO I GUESS THERE ARE TWO ISSUES. ONE, IT'S  
18 NOT JUST A CONSENT ISSUE. SOME OF IT IS HOW DO WE  
19 CHANGE THE CONSENT. THE OTHER ISSUE IS IS SOMETHING  
20 THAT WE WOULD APPROVE OF OR ENCOURAGE OR DISCOURAGE?  
21 AND IT'S A COMPLICATED ISSUE. I KNOW SEVERAL OF YOU  
22 HAVE THOUGHT ABOUT THIS IN SOME DETAIL, BUT IT MIGHT BE  
23 WORTH PAYING ATTENTION TO THAT BECAUSE THAT'S ANOTHER  
24 POTENTIAL SORT OF SOURCE OF OOCYTES FOR RESEARCH  
25 PURPOSES. WHY DON'T WE ADDRESS THIS TOPIC NEXT.

1 DR. TAYLOR: WELL, I GUESS A COUPLE OF THE  
2 ISSUES THAT I THINK ARE OF INTEREST HERE ARE THAT WOMEN  
3 WHO ARE RECRUITED FOR OOCYTE DONATION FOR IVF PROGRAMS  
4 TEND TO BE YOUNG WOMEN FROM WHOM WE CAN GET LOTS AND  
5 LOTS OF EGGS ACTUALLY, OFTENTIMES MANY MORE THAN WHAT  
6 ARE NEEDED FOR THE IVF PROCEDURE ITSELF BECAUSE THEY  
7 ARE EGGS FROM YOUNG, TYPICALLY FERTILE WOMEN. THEIR  
8 SUCCESS OF IMPLANTATION AND PROGRESSION TO PREGNANCY IS  
9 ALSO VERY HIGH, SO THE YIELD IS ACTUALLY TYPICALLY VERY  
10 GOOD. SO BECAUSE OF THE COMBINATION OF THEIR AGE, PLUS  
11 THE REQUIREMENT TO TRANSFER FEWER OF THE EMBRYOS THAT  
12 ARE DERIVED FROM THOSE WOMEN, THEY DO HAVE EXTRA EXCESS  
13 EMBRYOS THAT OBVIOUSLY PREDOMINANTLY ARE USED FOR THAT  
14 COUPLE'S FUTURE FAMILY BUILDING, BUT CERTAINLY WOULD  
15 HAVE MATERIALS THAT COULD BE USED FOR RESEARCH.

16 ONE OF THE COMPLICATING FEATURES IS THAT  
17 THERE IS COMPENSATION FOR THESE INDIVIDUALS THAT IS  
18 PROSCRIBED IN PROP 71. AND WHETHER -- I'M HAVING  
19 DIFFICULTY CONCEPTUALLY THINKING OF HOW ONE MIGHT BE  
20 ABLE TO SEPARATE COMPENSATION FOR A CERTAIN NUMBER OF  
21 OOCYTES FOR PURPOSES OF IVF AND NONCOMPENSATION FOR  
22 ONES THAT WOULD GO TOWARDS RESEARCH PURPOSES, BUT THAT  
23 WOULD BE AN ISSUE THAT I THINK SHOULD BE DISCUSSED.  
24 AND, AGAIN, AS ANN HAS POINTED OUT, THESE WOMEN ARE  
25 PROBABLY MOTIVATED SOMEWHAT DIFFERENTLY THAN THE WOMEN



1 WHO WOULD PRESENT FOR OOCYTE DONATION FOR PURE  
2 SCIENTIFIC PURPOSES.

3 SO I GUESS THOSE WOULD BE THE COMMENTS THAT I  
4 HAVE TO MAKE.

5 DR. EGGAN: IT SEEMS TO ME THAT THERE'S EVEN  
6 A BROADER ISSUE AT STAKE IN THIS SITUATION, AND THAT IS  
7 THAT BECAUSE OF THE INFERTILITY OF THE COUPLE THAT'S  
8 BEING DONATED FOR AND THE FACT, AS I UNDERSTAND IT,  
9 THAT AT LEAST THROUGH THE STRUCTURE OF THE PAYMENT FOR  
10 IVF, ESSENTIALLY THE INFERTILE COUPLE BEARS THE COST OF  
11 THE OOCYTE DONATION OF THE WOMAN. IN A SENSE THOSE  
12 OOCYTES IN A DE FACTO SENSE BECOME THAT WOMAN'S EGGS.  
13 AND THEY ARE RELYING ON THOSE EGGS TO TREAT THEIR  
14 INFERTILITY. AND SO IN A SENSE IN MY MIND, WITH  
15 COMPELLING EVIDENCE I COULD BE CONVINCED OTHERWISE  
16 PERHAPS, BUT IT SEEMS THAT THAT IS IN A SENSE DE FACTO  
17 THE SAME AS DIVERTING THE WOMAN'S OWN EGGS FROM HER OWN  
18 REPRODUCTIVE EFFORTS. AND I CAN SEE HOW THAT'S A  
19 CHALLENGING THING TO WANT TO CONSIDER.

20 I THINK THE PRIMARY THING TO BE CONCERNED  
21 ABOUT HERE IS THE POTENTIAL OF CONFLICT OF INTEREST  
22 BETWEEN THE CLINICIAN AND THE PATIENT AND THE CLINICIAN  
23 AND THE RESEARCH SCIENTIST WITH WHICH HE'S  
24 COLLABORATING. AND I GUESS THIS IS CERTAINLY SOMETHING  
25 THAT ANN HAS MENTIONED TO ME AS PROBLEM BEFORE, AND I

1 GUESS THERE NEEDS TO BE SOME SORT OF SYSTEMATIC  
2 DISCUSSION ABOUT HOW AND/OR IF THAT CONFLICT OF  
3 INTEREST CAN BE RESOLVED BECAUSE IT SEEMS TO ME THAT'S  
4 THE CENTRAL CONCERN.

5 DR. CIBELLI: I WANT TO ASK WHAT IS THE  
6 LIKELIHOOD OF THE SCENARIO OF THIS TO HAPPEN, ACTUALLY  
7 THAT A COUPLE IS COMING TO YOUR CLINIC AND SAY, OKAY.  
8 TAKE HALF OF WHAT I'M GIVING YOU CAN COLLECT.  
9 FERTILIZE THOSE FOR ME AND THEN DONATE THE OTHER ONES.  
10 IS THAT -- IS IT WORTH TALKING ABOUT THIS OR THIS WILL  
11 NEVER HAPPEN?

12 DR. TAYLOR: I'M NOT AWARE OF THAT SITUATION  
13 COMING UP BEFORE, BUT IT'S NOT COMPLETELY UNUSUAL TO  
14 HAVE A SINGLE DONOR HAVE TWO SETS OF COUPLES APPROACH A  
15 SINGLE DONOR AND SAY WE'D LIKE HALF OF YOUR EGGS FOR  
16 OUR CYCLE AND HALF OF YOUR EGGS. SO FOR COST SHARING  
17 PURPOSES, THERE HAVE BEEN SHARED DONORS. THERE'S BEEN  
18 SOME DISCUSSION ABOUT THIS WITHIN THE IVF PRACTICES AS  
19 TO WHETHER YOU CREATE CONFLICTS AND ISSUES WHEN ONE  
20 COUPLE GETS PREGNANT AND THE OTHER ONE DOESN'T. BUT  
21 THAT PRACTICE HAS BEEN USED IN THE PAST. SO I DON'T  
22 SEE IT BEING NECESSARILY INTRINSICALLY DIFFERENT THAN A  
23 SPLIT BETWEEN A SCIENTIFIC PROJECT AND A FERTILITY  
24 SEEKING COUPLE, BUT ADMITTEDLY THERE ARE CONCERNS. I  
25 THINK MAYBE SOME OF THE CONCERNS THAT COME FORWARD IF

1     SOMEBODY FAILS AT GETTING PREGNANT, THEN DO THEY SAY,  
2     WELL, IF WE HAD ACCESS TO ALL OF THE EGGS THAT THE  
3     DONOR GAVE US, WE MIGHT HAVE HAD A DIFFERENT PREGNANCY  
4     OUTCOME.

5             DR. EGGAN: IT SEEMS LIKE IF THAT'S  
6     PREPRESCRIBED BEFORE THE PROCEDURE ACTUALLY OCCURS,  
7     THAT THAT'S GOING TO BE THE SITUATION, THAT IT COULD BE  
8     THAT NEITHER COUPLE GOT PREGNANT FROM THE DONATION TOO.  
9     ONE THING I WOULD BE CONCERNED ABOUT WOULD BE IS THERE  
10    SOME SORT OF OBJECTIVE CRITERION THAT CAN BE USED FOR  
11    SPLITTING THOSE DONATED EGGS INTO TWO POOLS BECAUSE  
12    THAT WOULD BE THE PROBLEMATIC THING. SO IF YOU'RE  
13    SPLITTING THE MATERIAL, IS IT AN UNBIASED SPLIT OF THE  
14    MATERIAL AND IS THERE A CHANCE FOR THE COUPLE WHO'S  
15    TRYING TO GET PREGNANT TO WORRY ABOUT THAT SORT OF  
16    THING?

17            DR. TAYLOR: I THINK TYPICALLY YOU WOULD WANT  
18    TO IDENTIFY WHAT LOOKED TO BE THE HEALTHIEST LARGEST  
19    TYPICALLY FOLLICLES FOR FERTILITY PURPOSES; AND IF  
20    THERE WERE SMALLER FOLLICLES THAT COULD BE OOCYTES THAT  
21    COULD BE RECOVERED, YOU MIGHT SORT OF CALL THEM AS SORT  
22    OF SECOND RATE. BUT THE TRUTH IS THE CORRELATION NOW  
23    BETWEEN FOLLICLE SIZE AND OOCYTE QUALITY ISN'T REALLY  
24    LINEAR, AND THERE'S SOME QUESTION NOW ABOUT SOME OF THE  
25    CRITERIA THAT WE USE FOR IDENTIFYING WHAT'S A GOOD

1     LOOKING FOLLICLE LIKELY TO HAVE A GOOD EGG VERSUS A NOT  
2     SO GOOD LOOKING FOLLICLE.  SO I THINK IT'S A BIT OF A  
3     GRAY AREA, BUT IT MIGHT BE DIFFICULT, PLUS YOU CAN SEE  
4     HOW MANY FOLLICLES ON ULTRASOUND THERE ARE, BUT  
5     TYPICALLY YOU GET 80 PERCENT OF THAT NUMBER IN TERMS OF  
6     OOCYTES RECOVERED, BUT THERE ARE EXCEPTIONS TO THAT  
7     RULE.  IT MAY BE YOU'RE GOING IN AND YOU THINK YOU ARE  
8     GOING TO GET 30 EGGS AND YOU ONLY GET SEVEN, AND THAT  
9     WOULD KIND OF CHANGE YOUR MANAGEMENT IN MIDSTREAM.

10           DR. CIBELLI:  COULD I ASK YOU ANOTHER  
11     QUESTION?  DID YOU EVER GET A DONOR THAT DID IT FOR  
12     FREE?

13           DR. TAYLOR:  WE'VE NOT HAD THAT EXPERIENCE IN  
14     SAN FRANCISCO.

15           DR. CIBELLI:  IF YOU'RE TALKING OF A SCENARIO  
16     WHERE YOU HAVE TO PAY, WE CAN'T BECAUSE IT'S PROHIBITED  
17     BY LAW.  THAT'S A MOOT POINT.

18           DR. TAYLOR:  ANN'S CERTAINLY HAD EXPERIENCE  
19     GETTING DONORS THAT ARE JUST COMPENSATED FOR THEIR TIME  
20     AWAY FROM -- TRAVEL TIME OR WHATEVER, RIGHT.  I THINK  
21     IT'S JUST A MATTER OF WE'VE NEVER REALLY TRIED TO  
22     ESTABLISH THAT TYPE OF A PROGRAM HERE.

23           VICE CHAIR LO:  MAYBE I CAN ASK JAMES A POINT  
24     OF CLARIFICATION.  MY UNDERSTANDING WAS THAT PROP 71  
25     DOES NOT ALLOW US TO COMPENSATE FOR TIME, ONLY FOR

1 OUT-OF-POCKET EXPENSES FOR DONATION.

2 DR. KIESSLING: ACTUALLY IT DOESN'T SAY OUT  
3 OF POCKET.

4 VICE CHAIR LO: IT SAYS EXPENSES.

5 DR. KIESSLING: BUT THE TERM "OUT OF POCKET,"  
6 THAT WAS HOTLY DEBATED IN MASSACHUSETTS ACTUALLY, AND  
7 WE GOT INVOLVED IN THAT DEBATE. THEY SPECIFICALLY DID  
8 NOT USE THE TERM "OUT OF POCKET."

9 VICE CHAIR LO: BUT FOR CALIFORNIA, WHAT'S  
10 OUR UNDERSTANDING?

11 MR. HARRISON: THE SPECIFIC LANGUAGE READS,  
12 "STANDARDS PROHIBITING COMPENSATION TO RESEARCH DONORS  
13 OR PARTICIPANTS WHILE PERMITTING REIMBURSEMENT OF  
14 EXPENSES."

15 DR. KIESSLING: SO IT BECOMES THE DEFINITION  
16 OF EXPENSES.

17 VICE CHAIR LO: JAMES, DOES THAT INCLUDE  
18 COMPENSATION FOR TIME?

19 MR. HARRISON: I THINK BOB KLEIN, WHO WAS  
20 RESPONSIBLE FOR THIS PROVISION, HAS STATED IN THE PAST  
21 THAT IT WAS MEANT TO EXCLUDE COMPENSATION FOR TIME.

22 DR. PRIETO: HOW ABOUT LOST INCOME?

23 MR. HARRISON: INCLUDING LOST INCOME.

24 DR. TAYLOR: I MISPOKE. DELETE THAT FROM  
25 THE RECORD.

1 DR. EGGAN: IT SEEMS IN THIS SAME VEIN  
2 ANOTHER EVEN PERHAPS MORE IMPORTANT THING TO DISCUSS IS  
3 THE SOURCE, WHICH FALLS INTO THIS RUBRIC, IS THE SOURCE  
4 OF MATERIAL WHICH IS CURRENTLY BEING USED IN GREAT  
5 BRITAIN FOR NUCLEAR TRANSPLANTATION EXPERIMENTS, WHICH  
6 ARE SO-CALLED FAILED TO FERTILIZE OOCYTES. AND I THINK  
7 IT'S PROBABLY IMPORTANT FOR THIS PANEL TO MAKE SOME  
8 SORT OF STATEMENT TO AT LEAST HAVE A DISCOURSE ON THE  
9 TOPIC OF THE USE OF THESE OOCYTES AND WHAT WE THINK THE  
10 CONCERNS THERE OR THE BENEFITS ARE.

11 VICE CHAIR LO: STRIKES ME WE SHOULD SEPARATE  
12 THAT AND MAKE THAT OUR NEXT TOPIC.

13 DR. KIESSLING: I THINK ONE OF THE WAYS THAT  
14 THIS MIGHT WORK IS TO HAVE A CLINIC, AS THERE IS ONE IN  
15 ENGLAND, AT LEAST ONE, IN WHICH THE ENTIRE POLICY OF  
16 THAT CLINIC IS THAT SOME EGGS GO FOR RESEARCH. IF THAT  
17 WERE A CLINICWIDE POLICY SO THAT EVERYONE WHO  
18 APPROACHED THAT CLINIC WHO WENT THERE SO THAT IT WAS  
19 NOT AN INDIVIDUAL PATIENT-BY-PATIENT CONSENT PROCESS,  
20 BUT IT WAS A KNOWN PRACTICE IN THAT CLINIC, THEN I  
21 THINK YOU MIGHT BE ABLE TO USE SOME OF THE EGGS THAT  
22 YOU RECOVERED. AND I DON'T KNOW HOW YOU ARE GOING TO  
23 WORK AROUND THE EXPENSES ISSUE, BUT I THINK YOU MIGHT  
24 BE ABLE TO USE SOME OF THE EGGS FOR RESEARCH UNDER  
25 THOSE CIRCUMSTANCES.

1 OTHER THAN THAT, I CAN'T THINK OF A  
2 PATIENT-BY-PATIENT SCENARIO IN WHICH YOU ARE GOING HAVE  
3 PEOPLE BEING ABLE TO DONATE EGGS, EITHER SHARED EGGS  
4 FROM THEIR DONORS OR DONATE EGGS THEMSELVES FOR  
5 RESEARCH.

6 DR. EGGAN: THAT WHOLE CLINIC WOULD HAVE TO  
7 FUNCTION, AS I WOULD INTERPRET THE LEGISLATION, AS  
8 SAYING THAT WHOLE POOL OF DONORS COULDN'T BE  
9 COMPENSATED.

10 DR. KIESSLING: IT STILL MIGHT WORK.

11 DR. CIBELLI: ANOTHER QUESTION FOR ROBERT.  
12 DO YOU EVER HAVE COUPLES THAT COME AND ACTUALLY SHE'S  
13 FERTILE, SO SHE CAN PRODUCE HER OWN EGGS, AND THEY SAID  
14 WE ARE GOING TO USE HALF OF EGGS AND FERTILIZE THEM,  
15 AND THE REST YOU CAN GIVE IT TO SOMEONE ELSE THAT NEEDS  
16 EGGS OR JUST FREEZE THEM FOR LATER USE? DID YOU EVER  
17 HAVE THAT? SO THEY DON'T WANT TO FERTILIZE MORE THAN  
18 THEY ACTUALLY NEED.

19 DR. TAYLOR: OUR BUILT TO ACTUALLY FREEZE  
20 EGGS SUCCESSFULLY IS STILL NOT VERY GOOD. IT'S  
21 IMPROVING AND THERE ARE SOME PROGRAMS THAT HAVE HAD  
22 SOME SUCCESS DOING THAT, BUT THERE ARE NOT VERY MANY  
23 PROGRAMS AROUND THE COUNTRY. AND THOSE THAT DO HAVE  
24 EGG FREEZING PROTOCOLS, THOSE ARE EXPERIMENTAL  
25 PROTOCOLS AT THIS STATE. SO IN GENERAL WHAT COUPLES

1 WILL DO IS THEY WILL FERTILIZED THE NUMBER OF OOCYTES  
2 THAT THEY GENERATE EVEN WITH THE EXPECTATION THAT THEY  
3 MAY ONLY TRANSFER SOME OF THEM. AND THEN THE REMAINING  
4 EMBRYOS THAT ARE MADE CAN EITHER BE DESTROYED, THEY CAN  
5 BE FROZEN FOR FUTURE USE, OR DONATED TO OTHER COUPLES,  
6 THAT ESSENTIALLY ARE ADOPTED OUT BECAUSE THAT'S REALLY  
7 AN EMBRYO ADOPTION. THERE ARE EXTRA EMBRYOS. THEY'VE  
8 ALREADY SORT OF MISSED THE OPPORTUNITY TO BE FERTILIZED  
9 MAYBE WITH THE SPERM OF ANOTHER PARTNER FOR ANOTHER  
10 COUPLE, SO IT'S A LITTLE DIFFERENT FROM EGG DONATION.

11 DR. CIBELLI: SO WE DON'T HAVE TO WORRY ABOUT  
12 THAT THEN? WE'RE NOT GOING TO GET SPARE EGGS FROM A  
13 COUPLE.

14 DR. TAYLOR: CERTAINLY IT'S GOING TO BE  
15 FEASIBLE TO DO THAT, TO GET SPARE EGGS. THERE REALLY  
16 HASN'T BEEN A PRACTICE OPPORTUNITY THAT'S BEEN --

17 DR. CIBELLI: IF CALIFORNIA DECIDES TO GO  
18 FORWARD WITH THIS RESEARCH AND THINGS ARE GOING WELL  
19 AND WE SEE A LOT OF PROGRESS, MAYBE PEOPLE WILL START  
20 COMING FORWARD AND SAY, WELL, IF I GIVE YOU MORE THAN  
21 TEN, YOU CAN GIVE FIVE FOR RESEARCH.

22 DR. EGGAN: THAT'S ALSO PERHAPS TROUBLING  
23 BECAUSE WHAT DOES IT MEAN TO BE A SPARE OOCYTE? IF THE  
24 COUPLE IS INFERTILE, THEY NEED EVERY EGG THEY'VE GOT IN  
25 ORDER TO GET PREGNANT, WHICH IS WHY THEY WALKED IN THE



1 DOOR. AGAIN, I WOULD LIKE TO THINK, AS A SCIENTIST, I  
2 WOULD LIKE TO THINK THIS IS A VERY WORTHWHILE AND  
3 REASONABLE SOURCE OF MATERIAL. I THINK WHEN AN  
4 INFERTILE COUPLE COMES TO A DOCTOR AND THEY'RE  
5 UNDERGOING MEDICAL TREATMENT TO TREAT THEIR FERTILITY,  
6 IT SEEMS LIKE IT'S THE DOCTOR'S RESPONSIBILITY TO DO  
7 EVERYTHING IN THEIR POWER TO GIVE THAT COUPLE A BABY.  
8 THAT'S WHY THEY ARE THERE FIRST AND FOREMOST.

9 AND SO EVEN IF THE WOMAN IS INFERTILE, THE  
10 MAN'S INFERTILE AND IT MAY NOT BE CLEAR WHY, SO YOU MAY  
11 NEED TO FERTILIZE EVERY SINGLE ONE OF THOSE EGGS OR  
12 ATTEMPT TO DO SO IN ORDER TO GIVE THAT COUPLE THE BEST  
13 CHANCE OF HAVING A CHILD. AND SO IT MAY BE A DIFFICULT  
14 THING TO DO MAY BE, IT MAY BE A DIFFICULT EQUATION TO  
15 COMPUTE TO KNOW HOW MANY OF THOSE EGGS IT'S SAFE TO  
16 GIVE AWAY TO RESEARCH AND STILL BE ABLE TO PROTECT THE  
17 OPPORTUNITY OF THAT COUPLE TO HAVE A BABY.

18 DR. CIBELLI: I'M JUST THINKING ON THE  
19 CONSENT FORM SCENARIO, THAT'S WHAT WE'RE TALKING TODAY.  
20 I'M NOT TALKING ABOUT THE ETHICS OF COERCING COUPLES TO  
21 START DONATING EGGS BECAUSE THEY HAVE BIGGER PROBLEMS  
22 IN THEIR MIND. BUT IF THEY WANT TO DO IT FOR X REASON,  
23 MAYBE ONE OF THE PARENTS WILL SAY, OH, THEY THINK THIS  
24 IS GOING TO HELP RESEARCH, DO WE HAVE MEDICAL CONSENT  
25 FORMS THAT WE'RE TALKING ABOUT? ARE WE GOING TO HAVE

1 THE COOLING OFF PERIOD THAT WE NEED ON THAT DONOR TO  
2 THINK THINGS THROUGH OR THINGS LIKE THAT?

3 DR. TAYLOR: I DON'T KNOW IF THIS IS WHERE  
4 YOU WANT THE DISCUSSION TO GO, BUT JOSE RAISES AN  
5 INTERESTING SCENARIO WHERE IN A KNOWN CASE OF MALE  
6 FACTOR WHERE THERE'S A VERY WELL LOW SPERM COUNT AND  
7 YOU'RE PLANNING TO DO ICSI, DIRECTLY INJECT SPERM INTO  
8 EGGS, AND IF YOU WERE TO COLLECT LOTS OF EGGS FROM AN  
9 OTHERWISE PROBABLY FERTILE WOMAN WHO JUST HASN'T BEEN  
10 SUCCESSFUL BECAUSE OF HER HUSBAND'S PROBLEM, PARTNER'S  
11 PROBLEM, YOU COULD EASILY GET TEN EGGS AND IT'S  
12 TECHNICALLY KIND OF DIFFICULT TO DO ICSI IN THAT MANY  
13 CASES IN A GIVEN PERIOD OF TIME. SO YOU COULD FIVE  
14 EGGS LEFT OVER THAT POTENTIALLY COULD BE USED FOR  
15 RESEARCH PURPOSES IF THAT COUPLE WERE APPROPRIATELY  
16 CONSENTED UP FRONT. SO I CAN SAY SOME SCENARIOS WHERE  
17 THAT COULD OCCUR.

18 VICE CHAIR LO: I HAVE A COUPLE OF PEOPLE.  
19 LET ME JUST CLARIFY. JOSE RAISED A POINT THAT I THINK  
20 WE NEED TO KEEP IN MIND. ALTHOUGH WE TALK ABOUT THE  
21 CONTEXT OF CONSENT, THIS IS REALLY A MUCH BIGGER ISSUE.  
22 I DON'T THINK WE CAN SEPARATE CONSENT FROM THE WHOLE  
23 ISSUE OF THE ETHICS OF DONATING OOCYTES SIMULTANEOUSLY  
24 FOR RESEARCH AND CLINICAL CARE. SORT OF AT THE RISK OF  
25 CONFUSING, WE NEED TO SORT OF COMBINE THOSE TWO ISSUES

1 JUST FOR THIS ONE TOPIC.

2 DR. HALL: JUST TO SAY THAT IT SEEMS TO ME  
3 THAT THE PROBLEM IS YOU DON'T WANT TO TAKE THE EGGS FOR  
4 RESEARCH PURPOSES UNTIL YOU KNOW THAT YOU'VE EXHAUSTED  
5 ALL POSSIBLE REMEDIES FOR FERTILITY PURPOSES. AND BY  
6 THE TIME YOU KNOW THAT, THAT IS, BY THE TIME YOU KNOW  
7 THAT YOU HAVE A SUCCESSFUL PREGNANCY, THE EGGS ARE NO  
8 LONGER USEFUL. SO I SEE THAT AS A REAL COMPLICATION IN  
9 TERMS OF THAT SCENARIO. THERE MAY BE SPECIFIC  
10 SITUATIONS SUCH AS THE ONE YOU MENTIONED, WHICH IS  
11 PROBABLY RELATIVELY RARE WHERE THERE MIGHT BE CASES IN  
12 WHICH THEY WOULD, BUT I THINK AS A GENERAL RULE, IT  
13 POSES A REAL ETHICAL DILEMMA TO GIVE UP. AND WE WERE  
14 JUST SAYING AT LUNCH TODAY FOR A WOMAN WHO MAY HAVE  
15 DONATED SOME EGGS FOR RESEARCH AND THEN DOES NOT GET  
16 PREGNANT, SHE MAY ALWAYS SAY HAD I NOT DONATED THOSE  
17 EGGS, I MIGHT HAVE A CHILD. SO I THINK IT'S A VERY  
18 TRICKY GROUND WE'RE ON HERE.

19 VICE CHAIR LO: I'M GOING TO PUSH A BIT. IS  
20 IT SO TRICKY THAT WE SHOULD NOT ALLOW CIRM FUNDS TO BE  
21 USED WITH THESE KINDS OF OOCYTES?

22 MS. FEIT: WELL, ZACH JUST SAID WHAT I WAS  
23 GOING TO SAY. I THINK UNLESS WE ENSURE THAT THERE'S  
24 SUCCESS WITH THE COUPLE AND THE PREGNANCY, THEN I DON'T  
25 THINK THAT WE CAN BECAUSE YOU WILL ALWAYS WONDER IF THE

1 TWO EGGS I GAVE AWAY WAS THE PREGNANCY. SO I REALLY  
2 THINK WE CAN'T. I DON'T SEE HOW WE CAN GO DOWN THAT  
3 PATH.

4 DR. PRIETO: BEFORE WE COMPLETELY PRECLUDE  
5 IT, I THINK WE SHOULD CONSIDER THAT WHAT WE'RE LOOKING  
6 AT RIGHT NOW IS THE CURRENT STATE OF THE ART AND THAT  
7 COULD CHANGE AND ALMOST CERTAINLY WILL CHANGE IN TERMS  
8 OF THE DIFFICULTY OF OBTAINING THE OOCYTES, THE RATES  
9 OF SUCCESS, YOU KNOW, THE PROBABILITY OF SUCCESS THAT  
10 YOU CAN OFFER TO A COUPLE COMING INTO THIS PROCESS, AND  
11 THAT MAY BE VERY DIFFERENT THREE OR FOUR YEARS FROM NOW  
12 FROM WHAT IT IS NOW. IF WE ANTICIPATE THAT SITUATION  
13 AND AT LEAST PUT APPROPRIATE SAFEGUARDS IN PLACE, EVEN  
14 THOUGH WE MAY NOT HAVE ANYONE COMING FORWARD NOW, FIVE  
15 YEARS FROM NOW CONCEIVABLY WE COULD.

16 VICE CHAIR LO: ANOTHER OPTION WOULD BE TO  
17 SAY AT THIS TIME WE DON'T PERMIT IT, BUT LEAVE IT OPEN  
18 TO CHANGE.

19 DR. EGGAN: THAT'S PRECISELY WHAT I WOULD  
20 ENCOURAGE BECAUSE I THINK IF WE DO SEE THAT OOCYTE  
21 FREEZING BECOMES A VIABLE OPTION, THAT'S GOING TO  
22 CHANGE THE ENTIRE LANDSCAPE IMMEDIATELY. AND THERE ARE  
23 SITUATIONS, ALTHOUGH IT MAY BE RARE IN ONE PARTICULAR  
24 PRACTICE, TO HAVE A SITUATION WHERE THERE'S AN  
25 INFERTILE MAN WHO IS HAVING HIS TESTES BIOPSIED TO FIND

1 A VERY RARE SPERM WHICH IS BEING USED TO INJECT INTO  
2 EGGS WHERE THERE ARE LEFT-OVER EGGS. THERE ARE CERTAIN  
3 CLINICS THAT SPECIALIZE IN MALE INFERTILITY AND  
4 PROBABLY HAVE THIS PROBLEM MORE. I KNOW SHERMAN SILBER  
5 IN ST. LOUIS WOULD PROBABLY BE A GOOD EXAMPLE OF THIS.  
6 HE'S SOMEONE WHO'S A REAL EXPERT IN TREATING MALE  
7 FERTILITY. INFERTILE MEN GO THERE AND ALMOST CERTAINLY  
8 THERE'S PROBABLY ON A REGULAR BASIS SURPLUS EGGS AT A  
9 CLINIC LIKE THAT.

10 I THINK, AGAIN, TO REALLY PRECLUDE IT  
11 ABSOLUTELY IS -- I HESITATE TO DO THAT. I DON'T KNOW  
12 HOW TO BALANCE THESE TWO CONCERNS OUT BESIDES WALKING  
13 THROUGH THE VARIOUS POSSIBILITIES VERY EXPLICITLY.

14 DR. HALL: I THINK IT'S SIMPLE; THAT IS, YOU  
15 HAVE A PHRASE "UNTIL FERTILITY IS ASSURED." AND THEN  
16 IF YOU FREEZE THE EGGS, THEN PRESUMABLY YOU WAIT UNTIL  
17 AFTER THE TREATED, OR YOU CAN DO IT ANOTHER WAY,  
18 FERTILITY METHODS ARE EXHAUSTED, WHICH WOULD BE MORE  
19 ADEQUATE. I THINK YOU COULD FIND LANGUAGE THAT  
20 WOULD -- I THINK WHAT WE'RE SAYING IS THAT IN THOSE  
21 SITUATIONS, THE PRIORITY HAS TO BE FERTILITY FIRST AND  
22 RESEARCH SECOND. AND THAT ONLY AFTER ONE HAS EXHAUSTED  
23 ALL POSSIBILITIES FOR FERTILITY CAN THEN RESEARCH BE  
24 CONSIDERED.

25 I THINK WE COULD LEAVE IT TO OUR VERY ABLE

1 STAFF TO FIND LANGUAGE THAT MIGHT EXPRESS THAT. I  
2 THINK IT SEEMS TO ME THAT'S THE IMPORTANT, IF WE WERE  
3 TO PULL ANYTHING OUT OF THIS DISCUSSION, THAT THAT'S  
4 WHAT IT WOULD BE.

5 DR. EGGAN: THAT SEEMS GREAT TO ME. I MIGHT  
6 SAY THAT THIS IS SUCH AN IMPORTANT POINT, THAT YOU  
7 MIGHT GIVE PEOPLE AN OPPORTUNITY FOR PUBLIC COMMENT ON  
8 JUST THIS.

9 VICE CHAIR LO: WE'RE NOT GOING TO VOTE, BUT  
10 THIS IS CERTAINLY AN ISSUE WHERE PUBLIC COMMENT WILL BE  
11 EXTREMELY HELPFUL. AND YOU THOUGHT THROUGH THIS AS YOU  
12 WERE SETTING UP YOUR PROGRAM AND CHOSE, AS I UNDERSTAND  
13 IT, TO NOT TO TRY AND RECRUIT OOCYTE DONORS FOR  
14 RESEARCH THROUGH IVF PRACTICES.

15 DR. KIESSLING: RIGHT.

16 VICE CHAIR LO: DO YOU WANT TO JUST SORT OF  
17 FILL US IN ON THE BACKGROUND OF THAT?

18 DR. KIESSLING: THE PRACTICE OF IVF AND  
19 ATTEMPTING FERTILITY FOR COUPLES IS REALLY DIFFERENT  
20 FROM WHAT YOU WOULD DO FOR SOMEBODY COMING THROUGH FOR  
21 RESEARCH PURPOSES. AND PART OF THE DIFFERENCE IS THE  
22 RISK OF OVARIAN HYPERSTIMULATION SYNDROME. SO PEOPLE  
23 WHO ARE GOING THROUGH AN INFERTILITY CYCLE ARE WILLING  
24 TO RISK THAT TO JUST GET THREE OR FOUR MORE EGGS.  
25 THAT'S NOT SOMETHING YOU CAN DO FOR PEOPLE WHO ARE

1 SIMPLY INVOLVED IN THE RESEARCH PROTOCOL.

2 SO YOU END UP ON THE VERY FAR SIDE OF BEING  
3 VERY, VERY CONSERVATIVE IN TERMS OF HOW MUCH  
4 STIMULATION THE DONORS FOR RESEARCH PURPOSES ARE GIVEN.  
5 THE EGG COLLECTION NUMBERS ARE MUCH, MUCH LOWER, BUT  
6 SIMULTANEOUSLY HER RISK OF ANY KIND OF OVARIAN  
7 COMPLICATION ARE ALSO EITHER ZERO OR MUCH, MUCH LOWER.

8 THE WHOLE -- PLUS THE FACT THAT DONOR  
9 SCREENING FOR RESEARCH PURPOSES IS DIFFERENT FROM DONOR  
10 SCREENING FOR INFERTILITY IN THAT INFERTILITY, ALL THE  
11 PRACTICE OF RECRUITING DONORS FOR INFERTILITY MORE HAS  
12 SORT OF DEFAULTED TO SPECIALISTS IN THAT AREA. THEY  
13 ALSO SCREEN PEOPLE FOR LOTS OF GENETIC DISEASES FOR  
14 DIFFERENT KINDS OF EVEN HISTORIES OF ALCOHOLISM AND  
15 THAT SORT OF THING, WHICH IS NOT SOMETHING THAT YOU  
16 NECESSARILY NEED TO SCREEN PEOPLE FOR IF THEY'RE  
17 DONATING EGGS FOR STEM CELL DERIVATION. SO THOUGH THE  
18 HISTORY TAKING IS DIFFERENT, THE ACCEPTANCE CRITERIA  
19 ARE ALSO DIFFERENT.

20 SO WE STARTED USING ALL THE CRITERIA FROM AN  
21 INFERTILITY PRACTICE, AND SORT OF SYSTEMATICALLY  
22 DELETED OR CHANGED A LOT OF THOSE GUIDELINES WHEN WE  
23 REALIZED THAT WHAT WE WERE DOING WAS SO VERY DIFFERENT  
24 FROM FAMILY PLANNING.

25 DR. TAYLOR: I THINK THAT'S EXACTLY RIGHT,

1     ALTHOUGH I MIGHT ARGUE THAT SCREENING BY HISTORY FOR  
2     DONORS THAT MAY BE USED TO DERIVE THERAPEUTIC STEM CELL  
3     LINES MIGHT, IN FACT, NEED TO BE MORE RIGOROUS THAN IT  
4     IS FOR INFERTILE COUPLES IF WE'RE TALKING ABOUT  
5     THERAPY. SO I'M ACTUALLY A PROPONENT FOR THE ABILITY  
6     TO RECONTACT INDIVIDUALS FOR DISEASES THAT DEVELOP  
7     LATER ON IN THEIR LIVES. AND I THINK THAT NOT ONLY IS  
8     THAT IMPORTANT, IT'S ALSO GOING TO BE EXTREMELY  
9     IMPORTANT UP FRONT, IF WE'RE TALKING ABOUT USING THESE  
10    CELLS AS THERAPEUTIC AGENTS, TO MAKE SURE THAT WE'RE  
11    BEING AS RIGOROUS ABOUT THE QUALITY OF THEIR GENETIC  
12    BACKGROUND, ETC., ETC., AS WE POSSIBLY CAN BE.

13             DR. KIESSLING: I THINK THAT THE DONORS FOR  
14    RESEARCH ARE ACTUALLY MORE OPEN TO BEING RECONTACTED  
15    THAN THE DONORS WHO DONATE EGGS FOR FERTILITY. I THINK  
16    PEOPLE WHO HAVE DONATED EGGS FOR FERTILITY WANT TO  
17    REMAIN ANONYMOUS BY AND LARGE, AND I THINK THE WOMEN  
18    WHO ARE WILLING TO DO THIS FOR RESEARCH PURPOSES, THEY  
19    WANT THEIR CONFIDENTIALITY PROTECTED, BUT I THINK  
20    THEY'RE TO BE RECONTACTED SHOULD THE SCIENCE NEED IT.

21             VICE CHAIR LO: SO WHAT I'M HEARING IS  
22    ETHICAL CONCERNS ABOUT ALLOWING WOMEN TO SIMULTANEOUSLY  
23    DONATE OOCYTES FOR RESEARCH AND FOR IVF, THAT AT THE  
24    CURRENT TIME FREEZING NOT BEING AN OPTION, IF WE ALLOW  
25    IT TO HAPPEN AT ALL, IT WOULD HAVE TO BE IN PRETTY



1 EXCEPTIONAL CIRCUMSTANCES, LIKE MALE INFERTILITY OR A  
2 CLINIC THAT REQUIRES IT. SO LET US TRY AND CRAFT  
3 LANGUAGE THAT AT LEAST DISCOURAGES THIS AND PERHAPS  
4 PROHIBITS IT EXCEPT FOR CERTAIN EXCEPTIONS.

5 THIS IS SUCH AN IMPORTANT TOPIC, SO I JUST  
6 WANT TO STOP FOR A MINUTE HERE AND JUST ASK IF THERE  
7 ARE ANY MEMBERS OF THE PUBLIC WHO WANT TO COMMENT ON  
8 THIS PARTICULAR ISSUE OF SIMULTANEOUSLY DONATING  
9 OOCYTES FOR BOTH RESEARCH AND IVF.

10 MR. REED: I JUST HATE THE THOUGHT THAT A  
11 WOMAN WHO IS WILLING TO GO THROUGH THE INCONVENIENCE  
12 AND HASSLE AND DISCOMFORT AND TIME LOST FROM WORK COULD  
13 NOT IN SOME WAY HAVE HER LOSSES MADE UP. I HOPE THAT  
14 THE TIME IN A WAY SEPARATE FROM US THAT SOME CHARITY  
15 CAN EVEN BE SET UP TO HELP THEM RECOVER FROM THE LOSSES  
16 THAT THEY ARE GOING TO BE ASKED TO GO THROUGH TO HELP  
17 FOR THIS ALTRUISTIC PURPOSE. THEY'RE TRYING TO HELP  
18 SAVE LIVES AND STOP SUFFERING. IT DOESN'T SEEM RIGHT  
19 THAT THEY SHOULD NOT AT LEAST HAVE THE TIME LOST FROM  
20 WORK MADE UP. I DON'T KNOW IF IT'S POSSIBLE NOW, BUT I  
21 JUST FROM MY HEART I THINK THAT IT'S RIGHT. DOWN IN  
22 TIME WE WILL HAVE TO FIND A WAY FOR THAT.

23 MR. REYNOLDS: MY NAME IS JESSE REYNOLDS.  
24 I'M WITH THE CENTER FOR GENETICS IN SOCIETY. FIRST, I  
25 THINK WE'VE SEEN FROM THE NEWS REPORTS THE LAST COUPLE

1 WEEKS HOW SERIOUS THE ISSUES ARE AROUND PROPERLY  
2 SOURCING EGGS FOR RESEARCH. AND I'M GLAD TO SEE THE  
3 SENSE OF THE BOARD IS THAT IN THE CASE OF FERTILITY  
4 DONATIONS, THAT THE FERTILITY COMES FIRST AND THEN THE  
5 RESEARCH SECOND. I THINK YOU'D AGREE THAT THE HEALTH  
6 OF THE WOMAN COMES BEFORE EITHER OF THOSE.

7 AND A COUPLE OF VERY IMPORTANT POINTS HAVE  
8 BEEN BROUGHT UP. I THINK DR. EGGAN BROUGHT UP THE  
9 IDEA, THE CONCERN THAT THE DOCTOR RESPONSIBLE FOR THE  
10 EGG EXTRACTION MIGHT FIND HIM OR HERSELF IN A SITUATION  
11 OF A CONFLICT BETWEEN SERVING THE INTERESTS OF THE  
12 PATIENT AND THE INTERESTS OF THE RESEARCHERS. AND DR.  
13 KIESSLING BROUGHT UP HOW THIS GETS MORE COMPLICATED  
14 WHEN YOU CAN GET MY MORE EGGS BY ADMINISTERING MORE  
15 HORMONES, WHICH RAISES THE RISK OF MEDICAL  
16 COMPLICATIONS. IT'S FOR THIS REASON THAT OUR CENTER  
17 HAS ADVOCATED HAVING A PHYSICIAN WHO IS FULLY  
18 INDEPENDENT OF THE RESEARCH BE RESPONSIBLE FOR THE  
19 ENTIRE EGG EXTRACTION PROCESS, BOTH MEDICALLY AND  
20 PROBABLY ALSO FOR THE INFORMED CONSENT, A PHYSICIAN WHO  
21 IS NOT AFFILIATED WITH THE RESEARCH OR RECEIVING ANY  
22 TYPE OF COMPENSATION FOR THE EGGS. THAT WOULD HELP  
23 BUILD IN A FIREWALL BETWEEN THE INTERESTS OF THE  
24 RESEARCH AND THOSE OF THE PATIENT.

25 VICE CHAIR LO: AS I UNDERSTAND IT, THIS IS

1 SIMILAR TO, FOR EXAMPLE, THE REQUIREMENTS WE HAVE IN  
2 TRANSPLANTATION, THAT THE PERSON WHO RETRIEVES THE  
3 ORGAN NOT BE RESPONSIBLE FOR THE CLINICAL CARE OF THE  
4 PATIENT WHO'S THE DONOR IN THE CADAVERIC CASE, OF THE  
5 LIVE DONOR IN A LIVING DONOR CASE.

6 DR. TAYLOR: YOUR FINAL RECOMMENDATION WENT  
7 BEYOND THAT, AND THAT WOULD BE SUGGESTING THAT A  
8 THIRD-PARTY SURGEON DO THE NEPHRECTOMY FOR THE RENAL  
9 TRANSPLANTATION. AND I GUESS AS A CLINICIAN WHO'S  
10 SPENT A LOT OF TIME IN CLINICAL TRAINING, I WOULD WANT  
11 TO KNOW THAT THAT PROCEDURE WAS BEING DONE UNDER THE  
12 BEST POSSIBLE CIRCUMSTANCES, I GUESS. IT'S AN  
13 INTERESTING MODEL. IT WOULD MEAN THAT THERE WOULD BE A  
14 STEM CELL RETRIEVAL CENTER, CLINIC WHERE EVERYBODY WAS  
15 CLINICALLY TRAINED AND HAD ALL THE EXPERIENCE THAT AN  
16 EXPERIENCED IVF PHYSICIAN WOULD HAVE, YET WAS NOT BEING  
17 REMUNERATED FOR THAT. AND IT'S KIND OF A CURIOUS  
18 MODEL, BUT UNDER THE RIGHT CIRCUMSTANCES, I WOULD BE  
19 ABLE TO ACCEPT THAT.

20 DR. CIBELLI: ARE YOU READY TO OFFER THIS,  
21 THIS PARTICULAR ONE.

22 VICE CHAIR LO: I THINK SO.

23 DR. EGGAN: JUST TO EXPAND ON THIS ISSUE OF  
24 COMPENSATION FOR EGG DONATION, I THINK IT IS AN  
25 IMPORTANT ONE. AND I THINK IT'S IMPORTANT TO MAKE THE

1 STATEMENT THERE ARE MANY PEOPLE THAT BELIEVE THAT THIS  
2 COURSE THAT WE'RE TAKING, WHICH IS PRESCRIBED BY  
3 CALIFORNIA LAW, IS THE WRONG ONE. I THINK WE SHOULD  
4 ACKNOWLEDGE THAT. THERE ARE LAW IN THE UNITED STATES  
5 WHICH ALSO STATE WHICH PEOPLE SHOULD HAVE EQUAL ACCESS  
6 TO THE ABILITY TO PARTICIPATE IN HUMAN SUBJECTS  
7 RESEARCH. AND THERE ARE THOSE THAT BELIEVE THAT BY NOT  
8 COMPENSATING, YOU RESTRICT CERTAIN PEOPLE FROM BEING  
9 ABLE TO PARTICIPATE. INDEED, AS YOU SAY, THERE ARE  
10 MANY PEOPLE WHO HAVE RELATIVES SUFFERING FROM  
11 DEBILITATING DISEASE WHO BELIEVE, TRUE OR NOT, THAT  
12 THIS RESEARCH MIGHT HELP THEIR LOVED ONES AND ARE  
13 INTERESTED IN PARTICIPATING. AND I THINK IT'S FAIR TO  
14 SAY THAT MANY OF THOSE PEOPLE WILL NOT BE ABLE TO  
15 PARTICIPATE BECAUSE WE WILL NOT BE ABLE TO COMPENSATE.  
16 NONETHELESS, THE LAW IS SPECIFIC TO THIS ISSUE, AND I  
17 THINK THAT'S WHERE WE HAVE TO LOOK TO THAT.

18 DR. KIESSLING: THE STATUTE, JUST TO KIND OF  
19 ELABORATE, THE STATUTE IS INTERESTING IN THAT IT ALLOWS  
20 COMPENSATION FOR EVERYONE INVOLVED EXCEPT THE DONOR.  
21 THE DOCTORS ARE TO BE COMPENSATED, THE CLINICS WILL BE  
22 COMPENSATED, CERTAINLY THE DRUGS WILL BE PURCHASED. SO  
23 THE ONLY INDIVIDUAL WHO'S PART OF THIS VERY EXPENSIVE  
24 PROCESS AND IT COSTS ABOUT 20 OR \$25,000 FOR AN OOCYTE  
25 COLLECTION WHO WILL NOT BE COMPENSATED FOR THEIR TIME

1 IS THE DONOR. AND I THINK IT'S SIMPLY A MATTER OF HOW  
2 YOU INTERPRET EXPENSES. I DON'T THINK THAT THIS IS AN  
3 INSURMOUNTABLE PROBLEM WITH THE CALIFORNIA STATUTE.

4 DR. ROWLEY: ISN'T THAT TRUE FOR ALL ORGAN  
5 DONATION? THE ONLY PERSON NOT COMPENSATED FOR THE  
6 KIDNEY IS THE DONOR?

7 DR. EGGAN: THIS IS TRUE, BUT THEN IT'S A  
8 QUESTION OF WHETHER OR NOT OOCYTES ARE LIKE KIDNEY OR  
9 WHETHER OR NOT THEY'RE LIKE SPERM. IT'S TRUE -- OR  
10 BLOOD. IT'S TRUE THAT THE RISKS OF DONATING OOCYTES  
11 ARE GREATER THAN RISKS OF DONATING BLOOD, BUT THEY MAY  
12 NOT BE AS SEVERE AS THE RISKS OF DONATING A KIDNEY.  
13 AND SO THIS HAS BEEN ONE OF THE PROBLEMS WITH OOCYTE  
14 DONATION AND COMPENSATION IS THAT IT'S HARD FOR US TO  
15 DECIDE WHICH ONE OF THOSE THINGS IT'S LIKE.

16 VICE CHAIR LO: WHY DON'T WE MOVE ON BECAUSE  
17 I THINK THE LAW IS WRITTEN AND CANNOT AT THIS POINT BE  
18 AMENDED. SINCE THE AUTHOR OF THE PROPOSITION IS ON  
19 RECORD AS SAYING HE INTERPRETS IT TO MEAN WE CAN'T PAY  
20 PEOPLE FOR THEIR TIME, I THINK AT THIS POINT IT'S A  
21 MATTER OF HAVING TO CHANGE THE LAW.

22 DR. CIBELLI: THERE ARE CASES THAT I DON'T  
23 THINK WE EVER TALK ABOUT WHERE, FOR EXAMPLE, SOME  
24 WOMEN, YOUNG WOMEN MAY HAVE BEEN DIAGNOSED WITH CANCER  
25 AND HAVE TO UNDERGO CHEMOTHERAPY OR RADIOTHERAPY AND SO

1     THERE IS GOING TO BE A WIPE-OUT OF ALL THE GERM CELLS.  
2     AND NOW THERE ARE PROTOCOLS WHERE THEY CAN FREEZE THEIR  
3     PIECES OF OVARY AND BE LATER USED FOR MAKING BABIES IF  
4     THEY NEED TO.

5             I WONDER WHAT WE'RE GOING TO SAY ABOUT  
6     DONATING MATERIALS THAT CAN BE LATER USED AS A SOURCE  
7     OF EGGS.  EVEN IN THE CASES OF OVARIAN CANCER, YOU MAY  
8     STILL HAVE PIECES OF THE OVARY THAT CAN BE -- YOU CAN  
9     IN VITRO MATURE EGGS EVEN THOUGH THAT TECHNOLOGY IS NOT  
10    QUITE READY.

11            VICE CHAIR LO:  I THINK THAT IN THE FUTURE WE  
12    NEED TO BE OPEN TO, IF THAT BECOMES WIDESPREAD AND  
13    AVAILABLE AND SORT OF AN ACCEPTED PRACTICE, TO ALLOW  
14    THAT TO BE ANOTHER PATHWAY.

15            DR. EGGAN:  I WOULD GO FURTHER THAN THAT.  I  
16    WOULD SUGGEST THAT THIS A PARTICULAR TYPE OF RESEARCH  
17    THAT CIRM SHOULD DECIDE TO FUND, THAT IT SHOULD  
18    ENCOURAGE RESEARCH IN OOCYTE FREEZING, THAT IT MIGHT  
19    CONSIDER RFA'S FOR ALTERNATIVE SOURCES OF OOCYTES.  IT  
20    MIGHT ENCOURAGE RESEARCH ON IN VITRO MATURATION OF  
21    EGGS, OVEROPTIMIZED MATERIAL FROM CANCER PATIENTS  
22    BECAUSE THESE ARE THE SORTS OF ENABLING ADVANCES THAT  
23    WE NEED IN STEM CELL SCIENCE TO TAKE OOCYTE DONATION  
24    OFF THE TABLE.  AND THEY'RE WITHIN REACH.  THEY'RE JUST  
25    NOT BEING DONE BECAUSE THERE'S NOT AN INTEREST.  SORT

1 OF THE IN VITRO FERTILIZATION APPARATUS IS FUNCTIONAL  
2 AS IS FOR THE MOST PART.

3 VICE CHAIR LO: OKAY.

4 MS. COONEY: IS IT POSSIBLE -- MARY ANN  
5 COONEY. I'M A STUDENT AT THE GTU. IS IT POSSIBLE THAT  
6 IF THE PROCEDURES FOR FREEZING OOCYTES IMPROVED IN THE  
7 FUTURE, THAT A YOUNG WOMAN WHO IS DONATING EGGS COULD  
8 BE COMPENSATED BY HAVING SOME OF HER EGGS FROZEN IN  
9 CASE SHE COULD NOT, IN FACT, BECOME PREGNANT IN THE  
10 FUTURE?

11 VICE CHAIR LO: THANK YOU. I'M WANTING TO  
12 SWITCH TO ANOTHER TOPIC. AS WE GO THROUGH OUR LIST,  
13 WHAT I HAVE ON MY LIST ARE FAILED TO FERTILIZE OOCYTES,  
14 DONATION OF EMBRYOS AS OPPOSED TO OOCYTES, AND THEN  
15 CRITERIA FOR USE OF HUMAN EMBRYONIC STEM CELL LINES  
16 WHICH ARE NOT DERIVED WITH CIRM FUNDING, BUT WHICH  
17 CIRM-FUNDED RESEARCHERS WISH TO USE. DO WE SORT OF  
18 WANT TO SORT OF CHARACTERIZE THE KEY FEATURES OF  
19 CONSENT THAT NEED TO BE PRESENT IN THOSE LINES?

20 DO YOU WANT TO TALK ABOUT FAILED TO FERTILIZE  
21 OOCYTES AS A POTENTIAL SOURCE OF MATERIALS FOR  
22 DERIVATION OF NEW STEM CELLS? LET ME JUST SAY SORT OF  
23 AS BACKGROUND, WHEN ROB WAS AT UCSF, WE THOUGHT ABOUT  
24 THIS A LOT, ACTUALLY HAD APPROVED A PROTOCOL FOR THAT.  
25 AND WE THOUGHT THE KEY ISSUE WAS HOW IS THAT

1 DETERMINATION OF FAILED TO FERTILIZE MADE? AND WE SAID  
2 THAT IF THE EMBRYOLOGIST MAKING THAT DETERMINATION WAS  
3 TOTALLY INDEPENDENT OF THE RESEARCH TEAM AND DID NOT  
4 KNOW WHEN HE OR SHE WAS MAKING THE DECISION TO DISCARD  
5 OR NOT WHETHER IT COULD BE USED FOR RESEARCH, THAT THAT  
6 WOULD ENSURE SORT OF AN ABSOLUTELY OBJECTIVE  
7 ASSESSMENT. AND ONLY AFTER YOU DECIDED IT WAS GOING TO  
8 BE THROWN OUT, COULD YOU THEN SORT OF OPEN THE ENVELOPE  
9 AND SAY, OH, BUT THIS WOMAN OR THE DONOR AGREED TO  
10 ALLOW IT TO BE USED FOR RESEARCH, BUT TO MAKE SURE  
11 THERE WAS NO KIND OF SHADING OF THE DETERMINATION OF  
12 FAILED TO FERTILIZE BECAUSE THE PERSON MAKING THAT  
13 DETERMINATION KNEW IT MIGHT BE USED FOR RESEARCH.

14           ROB, YOU WERE INVOLVED VERY MUCH IN THIS  
15 DISCUSSIONS.

16           DR. TAYLOR: THAT KIND OF BLINDING WAS  
17 ACTUALLY QUITE EASY FOR US IN OUR OWN IVF PROGRAM JUST  
18 BECAUSE THE EMBRYOLOGY LABORATORY IS KIND OF ISOLATED  
19 AND IT'S A FAIRLY HIGH THROUGHPUT PLACE AND ALL THE  
20 MATERIALS GET HANDLED THE SAME WAY, AND IT'S NOT CLEAR  
21 TO THE EMBRYOLOGIST WHETHER PATIENTS HAD CONSENTED TO  
22 RESEARCH PROTOCOL OR NOT.

23           THE PRACTICE, AND IT'S EVOLVED A LITTLE BIT  
24 OVER THE YEARS, AND IT'S BEEN A WHILE SINCE I'VE BEEN  
25 INVOLVED IN IT DIRECTLY, BUT TYPICALLY WE WOULD DO AN



1 INSEMINATION OF THE FRESH OOCYTES, AND IF THEY FAILED  
2 TO FERTILIZE, THERE WAS A PERIOD OF TIME WHERE WE WERE  
3 DOING WHAT WE CALL A SECOND DAY INSEMINATION OR WE'D  
4 ASK THE PARTNER TO COME BACK IN WITH A FRESH SPERM  
5 SAMPLE AND TRY TO INSEMINATE THE SECOND DAY. TYPICALLY  
6 IT WAS EXTREMELY RARE, QUITE HONESTLY, FOR THOSE SECOND  
7 DAY INSEMINATIONS TO EVER BE SUCCESSFUL.

8 SO I THINK IN THINKING ABOUT UNFERTILIZED  
9 OOCYTES AS A POSSIBLE SOURCE, I THINK THAT MOST IVF  
10 PRACTICES WOULD FEEL THAT IF THERE'S A FAILURE TO  
11 FERTILIZE IN THE FIRST DAY, THAT THOSE OOCYTES ARE VERY  
12 UNLIKELY TO FERTILIZE NATURALLY OR WITH ICSI DIRECT  
13 SPERM INJECTION AND THAT THOSE POTENTIALLY COULD BE SET  
14 SIDE FOR THIS TYPE OF RESEARCH.

15 I THINK IF THEIR CLINICAL PRACTICE IS TO GO  
16 TWO DAYS, THOSE OOCYTES BECOME -- THEY'VE BEEN IN  
17 CULTURE FOR AN EXTENDED PERIOD OF TIME, AND WHETHER  
18 THEY WOULD REALLY BE PARTICULARLY USEFUL EVEN FOR THE  
19 RESEARCH PROTOCOLS I THINK BECOMES A LITTLE BIT  
20 QUESTIONABLE. THAT WAS ONE OF THE CONCERNS THAT WE HAD  
21 IN SAN FRANCISCO USING THIS FAILED TO FERTILIZE OOCYTE  
22 MODEL WAS THAT WE KNEW WE'D BE KIND OF WORKING WITH  
23 MATERIALS THAT PROBABLY WERE LESS LIKELY TO SUCCEED,  
24 AND THAT BECOMES EVEN MORE PROBLEMATIC IF YOU EXTEND  
25 THE LENGTH OF TIME IN CULTURE. SO THAT WAS THE

1 THINKING, AND THAT WAS KIND OF THE PRACTICE AT THE  
2 TIME.

3 IF ONE WERE TO DECIDE AT THE END OF THE FIRST  
4 DAY THAT FAILED TO FERTILIZE OOCYTES MIGHT BE ELIGIBLE  
5 THEN FOR EXPERIMENTATION, AND THAT WOULD HAVE TO DE  
6 FACTO MEAN THAT NOBODY WANTED TO DO ANYTHING MORE WITH  
7 THEM IN THE CLINICAL LABORATORY, IT WOULD BE A SOURCE  
8 OF MATERIAL THAT, BUT I WOULD SUSPECT, GIVEN THE  
9 RELATIVELY LOW RATES OF SUCCESS WITH NUCLEAR TRANSFER,  
10 ETC., NOW, I THINK IT WOULD BE EVEN WORSE PROBABLY IN  
11 THIS SETTING, BUT IT'S SOMETHING TO BE CONSIDERED. IT  
12 GETS AROUND A LOT OF THE ETHICAL ISSUES.

13 DR. EGGAN: AS I SEE IT, THAT IS THE ONE  
14 PRIMARY ETHICAL ISSUE WITH FAILED TO FERTILIZE OOCYTES  
15 IS THE DIFFICULT POSITION IT PUTS THE IVF CLINICIAN IN  
16 IF THERE'S A CONFLICT OF INTEREST. SO IF THERE IS SOME  
17 REASONABLY PRESCRIBED MECHANISM WHICH CAN TAKE THAT OUT  
18 OF EQUATION, AS YOU JUST SAID, YOU ONLY KNOW AFTER THE  
19 DISPOSAL WHETHER OR NOT THEY'RE GOING TO GO FOR  
20 RESEARCH, THEN IN MY OPINION THAT'S DISCARDED MEDICAL  
21 WASTE, AND IT'S SOMETHING THAT OBVIOUSLY CAN BE USED  
22 FOR RESEARCH.

23 SO I GUESS IT WOULD BE INTERESTING TO KNOW  
24 MORE ABOUT WHAT THAT MECHANISM WOULD BE LIKE  
25 SPECIFICALLY. BUT THEN, OF COURSE, I ALSO ECHO THESE

1 CONCERNS, THAT THAT MAY BE A SCIENTIFICALLY -- SO IT  
2 COULD A SITUATION WHERE DO THE SCIENTIFIC BENEFITS  
3 OUTWEIGH THE ETHICAL CHALLENGES TO THE MATERIAL? BUT I  
4 THINK IF YOU CAN TAKE CARE OF THAT ONE CENTRAL ISSUE,  
5 AND IF YOU'RE REALLY CERTAIN ABOUT THE TIMING IN YOUR  
6 CLINIC WHEN YOU'RE GOING TO MAKE THAT DECISION ABOUT  
7 FAILED TO FERTILIZE IN THE ABSOLUTE SENSE, THEN TO ME  
8 THAT SEEMS REASONABLE.

9 DR. KIESSLING: I SORT OF AGREE WITH ROB. I  
10 DON'T THINK THIS POSES A PROBLEM FOR THE CLINICAL LAB.  
11 I THINK IVF LABS HAVE PRETTY CUT AND DRIED ROUTINES  
12 ABOUT WHEN THEY DECIDE SOMETHING IS GOING TO GO  
13 FORWARD.

14 I THINK THE SINGLE PROBLEM WITH FAILED TO  
15 FERTILIZE EGGS IS WHERE DID THE SPERM GO? AND IF THE  
16 EGG WAS FERTILIZED NATURALLY, IF IT WAS FERTILIZED,  
17 INSEMINATED IN A DISH, THAT EGG IS ABSOLUTELY COVERED  
18 WITH SPERM PROBABLY. THEY DIDN'T GET IN AND SOMETHING  
19 DIDN'T HAPPEN, BUT THEY'RE STILL THERE. IF THAT FAILED  
20 TO FERTILIZE EGG HAD UNDERGONE THIS INTROCYTOPLASMIC  
21 SPERM INJECTION AND IT DIDN'T FERTILIZE, WHERE IS THE  
22 SPERM? SO IF YOU ACTIVATE THAT EGG, WHAT'S HAPPENED?  
23 HAVE YOU, IN FACT -- YOU ACTIVATED IT AND IT REALLY IS  
24 FERTILIZED AND IT JUST DIDN'T LOOK FERTILIZED IN THE  
25 IVF SETTING, OR DOES THAT MATTER? IN CALIFORNIA IT

1 OBVIOUSLY DOESN'T MATTER BECAUSE YOU CAN FERTILIZE EGGS  
2 IN CALIFORNIA TO DERIVE STEM CELLS. IN MASSACHUSETTS  
3 YOU CANNOT.

4 SO WE SPECIFICALLY ARE BLOCKED FROM USING ANY  
5 KIND OF FERTILIZATION PROCEDURES. SO MASSACHUSETTS,  
6 SOMEHOW YOU WOULD HAVE TO ASCERTAIN WHERE THE SPERM ARE  
7 AND WHAT HAPPENED TO THE SPERM THAT FAILED TO FERTILIZE  
8 EGG SO YOU WOULD NOT RUN THE RISK OF ACTUALLY  
9 ACTIVATING A QUIESCENT SPERM AND, IN FACT, FERTILIZING  
10 IT BY MISTAKE. MAYBE ROB HAS GOT A FEW MORE THINGS TO  
11 SAY ABOUT THAT, BESIDES THE FACT THAT THE BIOLOGY MAY  
12 BE WEAK, BUT THAT MIGHT VERY INTERESTING TO WORK OUT.  
13 I THINK THE SINGLE BIGGEST ISSUE FROM THE BIOLOGY  
14 STANDPOINT IS WHAT HAPPENED TO THE SPERM.

15 DR. TAYLOR: THERE'S SOME VERY INTERESTING  
16 SCIENTIFIC QUESTIONS THAT COME UP. IT MIGHT BE THAT  
17 INTRODUCING ANOTHER NUCLEUS, YOU COULD REACTIVATE AND  
18 END UP WITH TRIPLOID CELLS, AND IT COULD GET REALLY  
19 KIND OF CURIOUS AND COMPLICATED AS YOU THINK ABOUT IT.  
20 BUT I DO THINK THAT ONE OF THE KIND OF UNDERLYING  
21 PRINCIPLES IS THAT A FAILED TO FERTILIZE EGG PRESUMABLY  
22 HAS SOME INTRINSIC OR THE SPERM, BUT THE EGG MAY WELL  
23 HAVE SOME INTRINSIC ABNORMALITIES WITHIN IT THAT MIGHT  
24 NOT MAKE IT THE WORLD'S GREATEST CANDIDATE THERAPEUTIC  
25 STEM CELL RESEARCH.

1 I DON'T THINK WE SHOULD DISCOUNT THE  
2 IMPORTANCE OF KARYOTYPICALLY, CHROMOSOMALLY ABNORMAL  
3 EGGS AND EMBRYOS THAT COULD BE REALLY WONDERFUL  
4 RESEARCH TOOLS TO UNDERSTAND BETTER DOWN SYNDROME AND  
5 TURNER'S SYNDROME AND OTHER DISEASES THAT WE WOULD WANT  
6 TO STUDY AND UNDERSTAND BETTER IN THE LABORATORY, AND I  
7 THINK THOSE ARE THINGS THAT SHOULD COME FROM CIRRM, SO  
8 WE MAY REALLY WANT TO HAVE -- BE ABLE TO PROPAGATE  
9 CELLS FROM ABNORMAL EGGS AND ABNORMAL SPERM AND  
10 ABNORMAL EMBRYOS, BUT FOR THE THERAPEUTIC PURPOSE OF  
11 GENERATING STEM CELLS FOR TREATING PATIENTS, I THINK  
12 THAT WE MIGHT NOT WANT TO START WITH KIND OF A LOW  
13 COMMON DENOMINATOR THAT YOU MIGHT GET WITH AN  
14 UNFERTILIZED EGG.

15 VICE CHAIR LO: SO I GUESS WHAT I'M HEARING  
16 IS THAT IF THE VARIOUS CONCERNS THAT HAVE BEEN RAISED,  
17 PARTICULARLY THE CONFLICT OF INTEREST CONCERN, COULD BE  
18 WORKED OUT, THIS COULD BE ANOTHER ACCEPTABLE APPROACH,  
19 BUT WE WANT TO SPECIFY PRETTY CAREFULLY HOW WE MAKE  
20 THAT DETERMINATION OF FAILED TO FERTILIZE IN AN  
21 OBJECTIVE AND UNBIASED MANNER, AND WE NEED TO TRY TO  
22 DRAFT SOME LANGUAGE.

23 DR. TAYLOR: WHAT SOME OF THE POTENTIAL  
24 CONSEQUENCES MIGHT BE IN TERMS OF OUTCOME.

25 VICE CHAIR LO: RIGHT. RIGHT. OKAY. HOW

1 ABOUT A HARD TASK BEFORE A BREAK? EMBRYONIC STEM CELL  
2 LINES THAT CIRM DOESN'T FUND, WHAT SHOULD BE THE  
3 RESTRICTIONS WE PLACE ON HOW THOSE LINES ARE DERIVED  
4 AND THE CONSENT FOR THEM?

5 DR. EGGAN: DO WE, BEFORE WE EVEN DO THAT,  
6 WANT TO TALK ABOUT DONATED EMBRYOS?

7 VICE CHAIR LO: WE COULD. I FIGURED WE COULD  
8 DO THAT WHEN WE'RE A LITTLE MORE TIRED BECAUSE THAT MAY  
9 BE A LITTLE SIMPLER.

10 DR. EGGAN: WE COULD SAY THAT -- WE MAY  
11 IMAGINE HAVING MORE SPECIFIC REQUIREMENTS FOR WHAT CAN  
12 BE DERIVED UNDER CIRM FUNDING THAN WHAT WE ALLOW IN,  
13 AND SO I'M WONDERING IF WE CAST THE LARGER NET. THAT'S  
14 JUST A SUGGESTION.

15 VICE CHAIR LO: LET'S TALK ABOUT PRIMARILY  
16 DONATION OF FROZEN OOCYTES THAT HAVE BEEN --

17 DR. EGGAN: FROZEN EMBRYOS.

18 VICE CHAIR LO: -- FROZEN EMBRYOS THAT WERE  
19 ORIGINALLY INTENDED FOR IVF, AND NOW THE COUPLE IN IVF  
20 HAS MADE THE DECISION RATHER THAN DISCARD OR GIVE TO  
21 ANOTHER COUPLE FOR THEIR FERTILITY TREATMENT, TO DONATE  
22 THEM FOR RESEARCH.

23 DR. EGGAN: I CAN TAKE A CRACK AT IT. THE  
24 NAS GUIDELINES SPEAK VERY CLEARLY TO THIS ISSUE, AND  
25 THEY SAY THAT THESE EMBRYOS SHOULD BE FROZEN TO

1 DISSOCIATE THE DECISION TO DONATE FROM THE REPRODUCTIVE  
2 EFFORT. THIS SEEMS, IN THE CASE OF THESE EMBRYOS, A  
3 VERY REASONABLE THING TO DO. HOWEVER, I THINK THERE  
4 ARE CERTAIN EXCEPTIONS TO THIS RULE THAT SHOULD BE  
5 ALLOWED. IN FACT, THAT I THINK ARE EXPLICIT IN THE WAY  
6 THE GUIDELINES ARE STATED. AND THERE ARE CERTAIN TYPES  
7 OF EMBRYOS, SUCH AS PGD EMBRYOS, WHICH SHOULD BE  
8 ALLOWED TO BE DONATED IN AN UNFROZEN STATE.

9 I THINK REALLY WHAT'S HAPPENING IS, AGAIN,  
10 THERE ARE CERTAIN TYPES OF EMBRYOS WHICH WILL ALWAYS BE  
11 DISCARDED AND WILL NEVER BE USED FOR REPRODUCTION OF  
12 THAT WOMAN. IN THE CASE OF THE COUPLE UNDERGOING  
13 PREIMPLANTATION GENETIC DIAGNOSIS, THOSE ARE THE  
14 EMBRYOS WHICH ARE AFFECTED BY THE DISEASE AS DETERMINED  
15 BY GENOTYPE. THOSE ARE ALWAYS GOING TO BE THROWN AWAY  
16 AND NEVER TRANSFERRED INTO THE WOMAN'S UTERUS.

17 THEREFORE, IT SEEMS TO ME THERE SHOULD BE NO  
18 REQUIREMENT TO FREEZE SOME EMBRYOS BEFORE THEY'RE  
19 DONATED FOR RESEARCH. IN FACT, THESE, FOR SCIENTISTS,  
20 A VERY IMPORTANT SOURCE OF MATERIAL BECAUSE THEY WOULD  
21 ALLOW RESEARCHERS TO DERIVE EMBRYONIC STEM CELL LINES  
22 WHICH CARRY DISEASE GENES. SO I THINK THAT SHOULD  
23 CERTAINLY BE ONE EXCEPTION TO THIS RULE. IN NO  
24 CIRCUMSTANCES WOULD BE THAT BE A DIVERSION OF MATERIAL  
25 AWAY FROM THE WOMAN'S REPRODUCTIVE EFFORTS. LIKEWISE,

1 THERE MAY BE OTHER TYPES OF EMBRYOS THAT BY ABSOLUTELY  
2 OBJECTIVE CRITERION WOULD BE OKAY. FOR INSTANCE, I  
3 KNOW IN SOME -- I'VE HEARD IN SOME PRACTICES THAT  
4 MULTINUCLEATE CELLULAR EMBRYOS ARE NEVER TRANSFERRED.  
5 AGAIN, I THINK THIS IS WHERE YOU HAVE -- IT IS TRUE  
6 THAT AFFECTED EMBRYOS AFTER PGD ARE NEVER TRANSFERRED,  
7 BUT IT MAY BE THAT IN SOME CIRCUMSTANCES THESE OTHER  
8 TYPES OF EMBRYOS THAT ONE MIGHT CONSIDER AS NEVER  
9 TRANSFERRED AND OTHER CLINICS ARE TRANSFERRED.

10 I THINK CERTAINLY THERE ARE CERTAIN TYPES OF  
11 EMBRYOS WHICH WE COULD ABSOLUTELY NEVER NEED TO BE  
12 FROZEN, OTHERS THERE'S ROOM FOR EXPANSION, I THINK YOU  
13 CAN MOVE INTO A GRAY AREA. THAT'S CERTAINLY ONE THING  
14 THAT I, AS A SCIENTIST, WOULD LIKE TO MAKE SURE IS  
15 CLEARLY STATED.

16 DR. CIBELLI: IS YOUR QUESTION RELATED TO THE  
17 CONSENT FORM RIGHT NOW? HOW THE CONSENT FORM SHOULD BE  
18 CRAFTED FOR THE EMBRYOS?

19 VICE CHAIR LO: I THINK THAT'S WHERE WE  
20 PRIMARILY SHOULD BE TALK ABOUT. AS WITH THE FRESH  
21 OOCYTES, IT'S ALSO AN ISSUE SHOULD WE ALLOW IT AT ALL.  
22 WE DON'T ALLOW IF -- WE DON'T ALLOW CERTAIN THINGS,  
23 THEN WE DON'T HAVE TO WORRY ABOUT IT.

24 DR. EGGAN: THIS IS IMPORTANT WITH RESPECT TO  
25 CONSENT BECAUSE ALLOWING DONATION OF THESE TYPES OF



1 EMBRYOS REQUIRES A TOTALLY DIFFERENT CONSENT STRUCTURE.

2 DR. CIBELLI: I AGREE WITH EVERYTHING YOU  
3 SAY, BUT I JUST WANT TO KNOW HOW WE MOVE FROM HERE NOW  
4 UNLESS SOMEONE DOESN'T WANT TO DO THAT. I AGREE WITH  
5 KEVIN, THAT WE SHOULD DO THE FROZEN AND THE FRESH THAT  
6 HAVE SOME MUTATIONS. THEY'RE GOING TO BE THROWN AWAY  
7 ANYWAY.

8 DR. TAYLOR: THE TIMING OF THE CONSENTING  
9 PROCESS, THOUGH, MIGHT BE DIFFERENT, I THINK, ON THESE  
10 TWO. YOU CAN SEE CERTAINLY HAVE A LONG TIME-OUT PERIOD  
11 WHEN YOUR EXCESS EMBRYOS HAVE BEEN FROZEN. YOU'VE GOT  
12 QUITE A SHORT TIME-OUT PERIOD IF THERE ARE FRESH  
13 EMBRYOS IN THE LABORATORY THAT HAVE SELECTED NEITHER TO  
14 FREEZE THEM NOR TO TRANSFER THEM BACK INTO THE UTERUS.  
15 THOSE EMBRYOS HAVE A SHORT PERIOD OF TIME IN WHICH SOME  
16 DISPOSITION WOULD NEED TO BE MADE.

17 DR. KIESSLING: IT'S TRUE. SOMETHING LIKE 10  
18 PERCENT OF EGGS ARE TRIPLOID WITHIN THE FIRST 24 HOURS,  
19 8 TO 10 PERCENT, AND THAT SEEMS TO BE UNIVERSAL. THE  
20 PROBLEM IS EXACTLY WHAT ROB SAYS. YOU'D HAVE EVERY IVF  
21 CLINIC, IN ORDER TO MAKE THOSE AVAILABLE FRESH FOR  
22 PURPOSES, EVERY IVF CLINIC WOULD HAVE TO HAVE THAT  
23 CAVEAT IN THEIR CONSENT FORM. IT WOULD HAVE TO BE  
24 AHEAD OF TIME. YOU HAVE A 10 PERCENT -- 8 TO 10  
25 PERCENT CHANCE OF HAVING THIS. THIS MIGHT HAPPEN, AND

1 WE'D LIKE TO GIVE THAT FOR RESEARCH, THAT JUST SEEMS --  
2 KEVIN IS TALKING ABOUT THE TRIPLOID.

3 DR. EGGAN: PRIMARILY, ANN, I'M TALKING ABOUT  
4 PGD.

5 DR. KIESSLING: THE PGD EMBRYOS IS A VERY,  
6 VERY LONG TIME-OUT. AND I CAN SEE WORKING OUT A  
7 CONSENT FORM FOR THAT REALLY EASILY.

8 DR. EGGAN: FOR PGD THE TIME-OUT WOULD BE AT  
9 THE TIME THE COUPLE PRESENTS TO UNDERGO PGD AND SAYS  
10 THAT WE'RE GOING TO SIGN A CLINICAL CONSENT TO UNDERGO  
11 PGD, THERE MIGHT ALSO BE A CHECK BOX IN THAT CONSENT  
12 FOR WHICH WOULD SAY IF WE HAVE AFFECTED EMBRYOS, NOT  
13 CARRIERS, NOT NORMAL EMBRYOS THAT MIGHT BE USED FOR OUR  
14 OWN REPRODUCTION, BUT IF WE HAVE AFFECTED EMBRYOS THAT  
15 WOULD BE DISCARDED, THEN WE WILL GIVE THEM UP. SO THEN  
16 THEY ESSENTIALLY HAVE -- THEY WOULD HAVE TO PRESUMABLY  
17 RECONSENT AT THE EXACT TIME WHEN THOSE EMBRYOS ARE  
18 DONATED. SO THEY ESSENTIALLY THE ENTIRE COURSE OF  
19 THEIR CARE AS A TIME-OUT.

20 DR. KIESSLING: RIGHT.

21 DR. EGGAN: I SUPPOSE ONE COULD DO THE SAME  
22 SORT OF THING WITH TRIPLOID EMBRYOS, BUT THAT SEEMS A  
23 LITTLE BIT RISKIER BECAUSE I UNDERSTAND SOMETIMES NOT  
24 ALL THE CELLS MIGHT BE TRIPLOID, AND SOMETIMES THEY'RE  
25 TRANSFERRED JUST AS A LAST RESORT.

1 DR. TAYLOR: AND THEY TEND TO BE SORT OF LATE  
2 OBSERVATIONS. SWITZERLAND, WHICH ISN'T MAYBE A VERY  
3 RELEVANT EXAMPLE FOR US, BUT THERE I THINK YOU CAN ONLY  
4 TRANSFER TWO EMBRYOS. SO WHAT THEIR PRACTICE THERE IS  
5 TO MAYBE HAVE FOUR EMBRYOS GROWING IN THE DISH, YOU  
6 SELECT THE TWO VERY BEST EMBRYOS THAT TRANSFER BACK TO  
7 THE RECIPIENT, AND THEY'RE FORCED TO DESTROY THE OTHER  
8 TWO EMBRYOS. IF WE WERE IN A SETTING LIKE THAT, THAT  
9 WOULD BE ANOTHER SITUATION, BUT I DON'T KNOW IF WE'RE  
10 GOING TO BE GETTING CLINIC-APPROVED EMBRYOS FROM  
11 SWITZERLAND, BUT I CAN'T THINK OF TOO MANY OTHER  
12 SCENARIOS.

13 DR. CIBELLI: THEY USE THE FRESH.

14 DR. TAYLOR: THEY USE THE FRESH.

15 MS. FEIT: AREN'T WE GETTING BACK TO YOUR  
16 IDEA OF RIGHT FROM THE BEGINNING IN THESE CASES IT'S  
17 WELL-KNOWN THAT THAT'S GOING TO HAPPEN SO THAT THE  
18 COUPLE GOES INTO IT REALLY UNDERSTANDING WHAT'S GOING  
19 TO HAPPEN.

20 DR. KIESSLING: I CAN SEE THE ENTIRE  
21 INFERTILITY COMMUNITY BEING WILLING TO PUT OUT SOME  
22 KIND OF BLANKET POLICY THAT AFFECTED EMBRYOS ARE  
23 AVAILABLE FOR RESEARCH. I DON'T THINK ANYBODY WOULD  
24 OBJECT TO THAT. I THINK THAT COULD BE SOMETHING THAT'S  
25 ROUTINE.

1 DR. TAYLOR: AFFECTED SOMETIMES, ALTHOUGH  
2 DEGRANULATING OR DEGENERATING CELLS WITHIN AN EMBRYO,  
3 WE'VE CERTAINLY SEEN GOOD PREGNANCY OUTCOMES.

4 DR. KIESSLING: NO. NO. I MEAN THE ONES  
5 THAT ARE GOING TO GO THROUGH PGD.

6 DR. TAYLOR: I GO THAT. BUT I THINK IF YOU  
7 GET A LITTLE BIT SOFTER THAN A REAL GENETIC DIAGNOSIS,  
8 DETERMINING JUST ON VISUAL CRITERIA ALONE, IT MAY BE  
9 HARD FOR EVERYONE WAY OF ASSESSING GOOD VERSUS BAD  
10 EMBRYO.

11 DR. EGGAN: AS ANOTHER, I THINK, IMPORTANT  
12 CRITERION, IF A COUPLE UNDERGOES PGD AND THEY HAVE  
13 THREE EMBRYOS FROM THE PROCEDURE, AND ALL THREE OF  
14 THOSE EMBRYOS ARE AFFECTED BY THE DISEASE, THEY  
15 TRANSFER ZERO EMBRYOS. I THINK THAT SHOULD BE THE  
16 CUTOFF. BECAUSE IF A COUPLE UNDERGOES IVF AND THEY  
17 HAVE THREE EMBRYOS AND ALL THREE EMBRYOS ARE  
18 POTENTIALLY TRIPLOID OR HAVE ABNORMAL MORPHOLOGY, IT  
19 PROBABLY IS TRUE THAT ALL THREE OF THOSE EMBRYOS ARE  
20 TRANSFERRED ROUTINELY. I THINK THAT'S A VERY IMPORTANT  
21 DISTINCTION THAT WE NEED TO TAKE INTO ACCOUNT BECAUSE,  
22 AGAIN, THAT SPEAKS TO DIVERSION OF THE MATERIAL FROM  
23 ONE PURPOSE TO ANOTHER.

24 DR. PRIETO: EVEN WITH PGD, THIS NEEDS TO BE  
25 A PART OF THE CONSENT PROCESS UP FRONT, THAT THOSE

1 WOMEN ARE AWARE OF THIS POSSIBILITY. I CAN'T IMAGINE  
2 THERE BEING MANY DISAGREEMENTS.

3 VICE CHAIR LO: I THINK THAT'S UNDERSTOOD,  
4 BUT NEEDS TO BE EXPLICIT. DO WE NEED TO SAY ANYTHING  
5 ABOUT EMBRYO DONATION WHEN THE EMBRYOS ARE FROZEN AND  
6 THE COUPLE COMPLETES THEIR REPRODUCTIVE GOALS IN TERMS  
7 OF THE KINDS OF PROTECTIONS.

8 DR. EGGAN: I THINK THERE ARE SOME  
9 INTERESTING ISSUES TO CONSIDER WITH RESPECT TO  
10 RECONTACTING PEOPLE AFTER PGD TOO. I CAN TELL YOU, AS  
11 A SCIENTIST, WHEN YOU HAVE A COUPLE THAT UNDERGOES PGD  
12 AND YOU WISH TO OBTAIN THE AFFECTED EMBRYOS WHICH WOULD  
13 MANIFEST THE PHENOTYPE OF THE DISEASE, PRESUMABLY IN  
14 TISSUE CULTURE AFTER DERIVATION OF STEM CELL LINES, AS  
15 A CONTROL, IT WOULD BE VERY USEFUL AND INTERESTING TO  
16 HAVE ES CELLS DERIVED FROM THE CARRIER EMBRYOS AS WELL  
17 AS THE UNAFFECTED EMBRYOS FROM THAT SAME COUPLE. IT  
18 MAY BE THAT IF THEY'RE VERY SUCCESSFUL IN THEIR  
19 ATTEMPTS, THAT THEY'LL HAVE OTHER LEFT-OVER EMBRYOS  
20 WITH THE SAME SORTS OF GENOTYPES IN THE FREEZER ONCE  
21 THEY'VE COMPLETED THEIR FAMILY. IT WOULD BE VERY  
22 USEFUL TO BE ABLE TO RECONTACT THOSE FAMILIES AND HAVE  
23 THEM DONATE THOSE EMBRYOS JUST AS OTHER COUPLES WHO  
24 HAVE FINISHED THEIR FAMILY DONATE EMBRYOS. SO I THINK  
25 THAT'S SOMETHING THAT WE SHOULD ENCOURAGE OR FIGURE OUT

1 HOW TO WORK INTO THIS PGD CONSENT, WHICH IS A DIFFERENT  
2 TYPE OF THING. SO THIS MIGHT BE ONE RARE EXAMPLE WHERE  
3 IT MAY BE WORTHWHILE TO RECONTACT THE FAMILY.

4 ALSO, THE FAMILY MAY NOT -- THERE MAY NOT BE  
5 THE SAME STIGMA TO RECONTACTING THESE PEOPLE BECAUSE  
6 THEY'RE PRESUMABLY UNDERGOING IVF, NOT BECAUSE THEY'RE  
7 INFERTILE, BUT BECAUSE THEY HAVE THESE OTHER CONCERNS  
8 OF OVERT DISEASE IN THEIR FAMILY. SO THE NEED TO  
9 CONTACT THEM TO STUDY THEIR DISEASE THAT RUNS IN THEIR  
10 FAMILY MAY FAR OUTWEIGH THE NEGATIVE CONNOTATION OF  
11 RECONTACT.

12 DR. CIBELLI: THAT'S DIFFERENT FROM WHAT  
13 KEVIN WAS SAYING. IS THERE ANY NEED TO TELL A TIME,  
14 NOT A COOLING OFF PERIOD, BUT CERTAIN PERIOD OF TIME  
15 THAT HAS TO PASS TO MAKE SURE THE COUPLE IS REALLY DONE  
16 WITH FAMILY PLANNING TO SAY, OKAY, NOW YOU CAN'T  
17 DONATE. LET'S SAY THEY'RE IN THEIR TWENTIES. THEY'RE  
18 DONE, THEY THINK THEY'RE DONE, AND THEY WANT TO DONATE  
19 EVERYTHING, AND THEN LATER ON SOMETHING HAPPENS, YOU  
20 CAN'T HAVE ANY MORE CHILDREN?

21 DR. TAYLOR: THAT'S A CHALLENGE. WE'RE  
22 GETTING EMBARRASSINGLY GOOD AT GETTING 50-YEAR-OLD  
23 WOMEN PREGNANT WITH DONATED EMBRYOS. SO IT CAN BE A  
24 LITTLE BIT HARD TO KNOW WHEN TO DRAW THE LINE. I THINK  
25 THERE ARE SOME SORT OF OTHER EVOLVING ISSUES IN

1 SOCIETY, AND ONE IS LATER PREGNANCIES AS A RESULT OF  
2 POSTPONING PREGNANCY AND DEVELOPING CAREERS AND THEN  
3 COMING BACK LATER. SO KNOWING EXACTLY WHEN, BUT I  
4 THINK THE COUPLES THAT HAVE DONATED AND FROZEN EMBRYOS  
5 WILL ALWAYS HAVE THE RIGHT TO MAINTAIN THOSE EMBRYOS IN  
6 A FROZEN STATE AND BE ABLE TO USE THEM AND RELEASE THEM  
7 AT A TIME THAT THEY MAKE THAT DECISION.

8 SO I DON'T THINK THAT'S SOMETHING THAT WE'RE  
9 GOING TO USURP FROM THEM, BUT TRYING TO DECIDE WHEN IS  
10 AN APPROPRIATE TIME TO CONTACT THEM OR HOW LONG IS TOO  
11 LONG, I DON'T KNOW THAT WE'RE GOING TO BE ABLE TO  
12 RESOLVE THAT QUESTION VERY EASILY.

13 THE OTHER IS THAT THERE'S KIND OF A RECENT  
14 DEVELOPMENT OF EMBRYO ADOPTION PROGRAMS THAT HAVE COME  
15 UP AS A REALLY RESPONSE TO THE LARGE NUMBER OF FROZEN  
16 AND UNUSED EMBRYOS THAT CURRENTLY EXIST AROUND THE  
17 COUNTRY NOW IN IVF PROGRAM FREEZERS. MANY INFERTILE  
18 COUPLES NOW ARE BEGINNING TO GO TO SOME OF THESE  
19 PROGRAMS TO ACTUALLY ADOPT THESE HEALTHY -- THEY'RE  
20 TYPICALLY HEALTHY EMBRYOS BECAUSE THE REASONS THAT  
21 NOBODY TOOK THEM OUT OF THE FREEZER IS BECAUSE THEY GOT  
22 PREGNANT WITH THEIR FIRST TWO EMBRYO TRANSFERS AND HAVE  
23 THE FAMILY THAT THEY WANT, AND THESE ARE REALLY INDEED  
24 EXCESS EMBRYOS. SO THOSE SHOULD BE HEALTHY, VIABLE  
25 EMBRYOS. NOW THEY'RE BEING DONATED TO OTHER COUPLES

1 FOR FERTILITY PURPOSES.

2 DR. CIBELLI: THIS IS WAY I SEE IT RIGHT NOW.  
3 SO WE HAVE ALL THESE TRAINING GRANTS GOING OUT, SO  
4 THERE WILL BE A LOT OF PEOPLE REQUESTING FROZEN EMBRYOS  
5 TO START PRODUCING MORE CELL LINES AND SO FORTH. AND  
6 SO HERE WE ARE VERY HUNGRY FOR EMBRYOS. AND IT'S TRUE  
7 THERE ARE MANY THAT ARE FROZEN, BUT ARE WE JUST BEING  
8 TOO AGGRESSIVE ON THAT ON END? HOW ABOUT THE COUPLE  
9 THAT HAVE DIFFERENT PLANS? THEY DIDN'T THINK IT  
10 THROUGH VERY WELL. DO WE HAVE TO GIVE THEM SIX MONTHS  
11 TO THINK ABOUT IT? WHAT WOULD BE THE APPROACH? HOW  
12 WOULD YOU DO THIS?

13 DR. KIESSLING: FREQUENTLY THE PRESSURE IS  
14 PUT ON THESE COUPLES BY THE CLINIC. THE CLINICS HAVE A  
15 TIMELINE THAT THEY WANT TO STORE THESE EMBRYOS. AND  
16 THE COUPLE HAS TO MAKE A DECISION, OR THEY HAVE TO  
17 START PAYING IN SOME CIRCUMSTANCES SUBSTANTIAL AMOUNTS  
18 OF MONEY TO MAINTAIN THEIR EMBRYOS THERE. SO THE  
19 PRESSURE IS NOT BEING PUT BY THE RESEARCH COMMUNITY.  
20 THE PRESSURE IS PUT ON THESE COUPLES BY THE CLINICS.

21 DR. CIBELLI: WE DON'T KNOW.

22 DR. KIESSLING: I KNOW. THE CLINICS  
23 THEMSELVES ALL HAVE GUIDELINES IN TERMS OF HOW LONG  
24 THEY WANT TO STORE CRYO PRESERVED EMBRYOS. AND THOSE  
25 GUIDELINES ARE PROBABLY MOSTLY DRIVEN BY A NEED TO KEEP



1 CONTACT WITH THESE PEOPLE BECAUSE IF THEY WANDER OFF  
2 AND YOU'VE LOST CONTACT WITH THEM AND YOU DON'T HAVE A  
3 DEFAULT MECHANISM FOR DOING SOMETHING WITH THEIR  
4 EMBRYOS, YOU'RE STUCK WITH A HUGE POPULATION. AND  
5 THERE'S A LOT OF CLINICS WITH THAT PROBLEM NOW. THE  
6 COUPLES HAVE JUST WANDERED OFF, AND WE CAN'T FIND THEM  
7 ANYMORE, SO THEY'RE LEFT WITH THESE EMBRYOS. THAT'S  
8 NOT A TRIVIAL PROBLEM. SO CLINICS HAVE GOTTEN A LOT  
9 MORE AGGRESSIVE ABOUT FORCING PEOPLE TO MAKE DECISIONS  
10 ABOUT WHAT THEY HAVE IN THE CRYO BANK.

11 VICE CHAIR LO: MY UNDERSTANDING IS THAT  
12 TYPICALLY WHAT HAPPENS IS IF YOU HAVE EMBRYOS FROZEN IN  
13 AN IVF CLINIC, EVERY YEAR THEY SEND YOU -- THEY CONTACT  
14 YOU AND YOU'VE AGREED TO THIS UP FRONT, AND YOU'RE  
15 ASKED WOULD YOU LIKE TO PAY YOUR NEXT MONTH'S FREEZER  
16 STORAGE TO KEEP THEM IN THE FREEZER? OPTION B IS WOULD  
17 YOU LIKE TO DONATE TO ANOTHER COUPLE FOR REPRODUCTIVE  
18 PURPOSES. THIRD OPTION IS WOULD YOU LIKE TO JUST  
19 DESTROY THEM? AND FOURTH OPTION WOULD YOU LIKE TO,  
20 INSTEAD OF DESTROYING THEM, DONATE THEM TO A RESEARCHER  
21 FOR RESEARCH PURPOSES?

22 SO IT REALLY COMES AS SORT OF AN ANNUAL TIME  
23 TO RENEW YOUR SORT OF LITTLE PARKING PERMIT AT THE  
24 STORAGE FREEZER.

25 DR. TAYLOR: UNFORTUNATELY A LOT OF PEOPLE

1 CHOOSE THE FIFTH OPTION. WHEN YOU'RE RUNNING AN IVF  
2 PROGRAM, THERE ARE A LOT OF PEOPLE WHO ACTUALLY DON'T  
3 GET BACK TO YOU. AND WE'RE VERY RELUCTANT TO DO  
4 ANYTHING OTHER THAN JUST KEEP THE EMBRYOS IN STORAGE,  
5 BUT IT DOES BECOME AN ECONOMICS ISSUE AT SOME LEVEL  
6 TOO.

7 VICE CHAIR LO: CONTACT IS NEVER, AS I  
8 UNDERSTAND IT, INITIATED BY A RESEARCHER. THE COUPLE  
9 NEEDS TO MAKE, THE WOMAN OR COUPLE NEEDS TO MAKE SOME  
10 INDICATION THAT THEY'RE WILLING TO CONSIDER RESEARCH,  
11 AND THEN THEY'RE PUT IN CONTACT WITH THE RESEARCHER.

12 DR. CIBELLI: WHAT YOU'RE SAYING IS THAT  
13 WE'RE GOING TO HAVE TO WORRY THAT THERE ARE SO MANY  
14 EMBRYOS STORED, AND WE'RE NOT GOING TO DRAIN THE BANKS,  
15 AND WE'RE NOT GOING TO BE COMPETING WITH COUPLES THAT  
16 MAY CHANGE THEIR MIND IN THE FUTURE.

17 VICE CHAIR LO: THERE'S SO MANY IN THE BANK.  
18 YOU RAISE THE IMPORTANT POINT, JOSE, THAT THERE'S  
19 ALWAYS SOMEONE WHO CAN DONATE AND A COUPLE YEARS LATER  
20 SOME TRAGEDY OCCURS AND THEIR KIDS ARE IN A CAR  
21 ACCIDENT, AND SAY, WELL, MY GOSH, NOW I WISH WE HAD  
22 THOSE FROZEN EMBRYOS AND HADN'T GIVEN THEM FOR  
23 RESEARCH. THERE'S ALWAYS THAT KIND OF UNFORESEEN  
24 CALAMITY. OTHERWISE, I THINK MOST COUPLES, IF THEY CAN  
25 AFFORD IT, JUST KEEP STORING THESE FROZEN EMBRYOS FOR

1 LONG PERIODS OF TIME IF THEY'RE NOT REALLY SURE THEY  
2 WANT TO GIVE THEM UP FOR RESEARCH PURPOSES.

3 DR. HALL: PERHAPS KNOWS MORE ABOUT THIS AND  
4 CAN GIVE A MORE AUTHORITATIVE ANSWER THAN I CAN. BUT I  
5 UNDERSTAND THERE'S A MAN IN FLORIDA WHO HAS MADE AN  
6 ESTIMATE OF THE NUMBER OF EMBRYOS IN STORAGE AND HOW  
7 MANY OF THOSE HAVE ALREADY BEEN CONSENTED FOR RESEARCH  
8 PURPOSES. AND THE CLAIM IS THAT SOMETHING ON THE ORDER  
9 OF 10,000 EMBRYOS COULD BE USED FOR RESEARCH IF THERE  
10 WERE FUNDS AVAILABLE TO STUDY THEM.

11 SO IF THAT IS CORRECT, AND AS I SAY, SOMEBODY  
12 ELSE HAS BETTER KNOWLEDGE OF THAT OR BETTER FIGURES, I  
13 ADVANCE THAT VERY TENTATIVELY, BUT THAT'S MY  
14 UNDERSTANDING THAT THERE'S QUITE A LARGE NUMBER OF  
15 THESE EMBRYOS THAT ALREADY HAVE BEEN CONSENTED FOR  
16 RESEARCH, BUT THERE IS NO OUTLET FOR THEIR USE RIGHT  
17 NOW, NO RESEARCH OUTLET. IS THAT CONSISTENT WITH WHAT  
18 YOU KNOW, ROB?

19 DR. TAYLOR: IT SOUNDS VERY REASONABLE. I  
20 DON'T KNOW THE STATISTICS ANY BETTER THAN THAT, BUT  
21 THERE ARE A LOT OF EMBRYOS THAT HAVE BEEN COMPLETED  
22 FAMILIES, EMBRYOS HAVE BEEN ASSIGNED OVER FOR RESEARCH  
23 PROTOCOLS, AND KIND OF ARE WAITING TO BE USED.

24 DR. HALL: THE ESTIMATE IS ABOUT 5 PERCENT OF  
25 THOSE -- 4 TO 5 PERCENT OF THOSE THAT HAD BEEN STORED

1 HAD BEEN CONSENTED FOR RESEARCH PURPOSES.

2 DR. ROWLEY: IT'S MY IMPRESSION, AND KEVIN  
3 CAN CERTAINLY CORRECT ME, BUT, IN FACT, FOR  
4 INDIVIDUALS, FOR SCIENTISTS WHO ARE REALLY SERIOUSLY  
5 INTO THE DEVELOPING STEM CELL LINES, AND I THINK I  
6 HEARD THIS FROM THE PRACTICE OF DOUG MELTON'S  
7 LABORATORY. HE WORKS WITH ONE IVF CLINIC THAT HE KNOWS  
8 HAS VERY GOOD PRACTICES OF BOTH FERTILIZATION AND  
9 CULTURING, MAINTAINING THE EMBRYOS SUCH THAT EMBRYOS  
10 OBTAINED FROM THAT PARTICULAR PRACTICE HAVE A HIGHER  
11 LIKELIHOOD OF SUCCESS THAN JUST GOING OFF TO CLINIC A  
12 THAT YOU'VE NEVER HAD EXPERIENCE WITH AND GETTING THESE  
13 EMBRYOS.

14 I REALIZE THAT'S A PRACTICAL PROBLEM, NOT AN  
15 ETHICAL ISSUE, BUT I THINK ONE HAS TO SORT OUT WHAT ARE  
16 REALLY ACCEPTABLE FROZEN EMBRYOS AS COMPARED WITH  
17 600,000 IN PEOPLE'S FREEZERS THAT INDIVIDUALS WOULDN'T  
18 REALLY GO TO BECAUSE YOU ARE GOING TO GET ONE OR TWO  
19 FROM THIS CLINIC AND TWO OR THREE FROM THAT CLINIC.

20 DR. EGGAN: I CAN SPEAK TO THAT, BEING  
21 CLOSELY RELATED IN THE SAME COLLABORATION. THE REAL  
22 DIFFICULTY IS THAT THESE EXPERIMENTS HAVE SO MANY  
23 MOVING PARTS AND THEY'RE REGULATED AT SUCH A HIGH  
24 LEVEL, THAT YOU WANT TO HAVE A HIGH LEVEL OF CONFIDENCE  
25 AND TRUST WITH THE IVF COLLABORATOR, AND YOU WANT TO

1 UNDERSTAND VERY CAREFULLY WHAT THEY'RE DOING AT EVERY  
2 LEVEL. I THINK THAT THE INCONSISTENCIES AND THE  
3 REPORTS COMING OUT OF KOREA AND WHAT IS APPARENTLY A  
4 LACK OF COMMUNICATION BETWEEN THE TWO HANDS AND THE  
5 SAME EXPERIMENT THERE LEAD US TO NOTE HOW IMPORTANT IT  
6 IS TO HAVE A CLOSE RELATIONSHIP, A SPECIFIC  
7 RELATIONSHIP, A COLLABORATIVE OPEN RELATIONSHIP WITH  
8 THE GROUP WHICH IS DOING THIS CLINICAL PRACTICE.

9 I THINK IT'S CRITICAL. I THINK NOT JUST FOR  
10 SCIENTIFIC REASONS, BUT TO ASSURE THE ETHICAL STANDARDS  
11 OF THE EXPERIMENTS WHICH ARE BEING DONE.

12 DR. TAYLOR: I THINK THOSE ARE ALL EXTREMELY  
13 IMPORTANT POINTS, AND IN PARTICULAR THE ETHICAL ASPECTS  
14 OF IT. IT'S PUBLISHED ACTUALLY. IVF PROGRAMS AROUND  
15 THE U.S. ARE MANDATED TO REPORT THEIR STATISTICS TO THE  
16 CDC, AND THOSE STATISTICS ARE ACTUALLY AUDITED. SO ONE  
17 CAN GO THROUGH AND FIND OUT WHAT THE SUCCESS RATE IS OF  
18 ONE PROGRAM VERSUS ANOTHER. THEY'RE QUITE VARIABLE  
19 ACROSS THE COUNTRY. BUT I SAY THAT THE PRACTICE OF  
20 EMBRYO FREEZING IS A FAIRLY SELECTIVE PRACTICE.  
21 BECAUSE OF THE COSTS INVOLVED WITH EMBRYO FREEZING, YOU  
22 DON'T JUST FREEZE EVERY EMBRYO THAT YOU'VE CREATED. SO  
23 BY THE TIME THE DECISION IS MADE IN THE EMBRYOLOGY  
24 LABORATORY, THAT AN EMBRYO THAT HASN'T BEEN TRANSFERRED  
25 BACK INTO THE PATIENT IS GOING TO BE FROZEN, THOSE

1 EMBRYOS, AT LEAST MORPHOLOGICALLY, HAVE THE APPEARANCE  
2 THAT THEY'RE GOING TO BE VIABLE, HEALTHY EMBRYOS.

3 SO I WOULD ARGUE THAT THE EMBRYOS THAT ARE  
4 FROZEN ARE KIND OF THE BEST, WE'VE SORT OF CULLED OUT,  
5 AT LEAST THAT WE CAN GROSSLY APPRECIATE, THE EMBRYOS  
6 WITH THE GREATEST LIKELIHOOD OF SUCCESS OF DEVELOPING  
7 INTO BABIES OR INTO STEM CELL LINES AS FAR AS WE  
8 UNDERSTAND IT. SO I THINK THAT WE DO HAVE SOME  
9 REASONABLY GOOD MATERIAL TO WORK WITH IF WE CAN GET TO  
10 IT.

11 DR. KIESSLING: THIS IS SORT OF A COROLLARY  
12 QUESTION, AND I DON'T KNOW IF WE WANT TO DISCUSS IT OR  
13 NOT. BUT THERE ARE A COUPLE OF RECENT REPORTS THAT YOU  
14 CAN DERIVE STEM CELL LINES FROM BIOPSIED EMBRYOS, FRESH  
15 EMBRYOS WITH ONE CELL. IS THAT ANYTHING THAT WE NEED  
16 TO DISCUSS?

17 DR. EGGAN: I THINK WE PROBABLY SHOULD SPEAK.  
18 THIS IS SOMETHING THAT WE PROBABLY SHOULD SPEAK TO.  
19 THIS IS THE PAPER FROM ACT ABOUT BOB LANSAN'S REPORT  
20 ABOUT DERIVATION, AT LEAST WORK CARRIED OUT IN MOUSE  
21 WHICH REPORTED ESSENTIALLY THAT COULD YOU TAKE A SINGLE  
22 BLASTOMERE FROM A PREIMPLANTATION MOUSE EMBRYO AT THE  
23 EIGHT-CELL STAGE, CO-CULTURE THAT WITH AN EXISTING  
24 EMBRYONIC STEM CELL LINE, AND DERIVE A NEW EMBRYONIC  
25 STEM CELL LINE FROM THAT BLASTOMERE. ESSENTIALLY THIS

1 WAS BASED ON THE PREMISE THAT YOU COULDN' T DESTROY THE  
2 EMBRYO IN THE COURSE OF DERIVING THE STEM CELL LINE IN  
3 THAT WAY.

4           THERE' S TWO PRIMARY THINGS TO SAY ABOUT THAT,  
5 IN MY OPINION. ONE IS THAT' S NOT AN ISSUE FOR US TO  
6 REALLY CONSIDER AS A GROUP BECAUSE THE CALIFORNIA  
7 LEGISLATION HAS ALREADY SAID THAT DESTROYING AN EMBRYO  
8 IS OKAY. ESSENTIALLY THERE' S NO NEED, IN MY OPINION,  
9 TO DO THAT TYPE OF EXPERIMENT BECAUSE ESSENTIALLY  
10 CALIFORNIA LEGISLATION SAYS IT' S OKAY TO DESTROY THE  
11 BLASTOCYST TO DERIVE EMBRYONIC STEM CELL LINES. THAT  
12 WAS THE PURPOSE OF THE EXPERIMENT.

13           AND THEN I WOULD FURTHER GO TO SAY THAT IF  
14 YOU ARE SOMEONE WHO FEELS THAT THESE EMBRYOS MUST BE  
15 PROTECTED AND YOU TAKE THAT POSITION, THEN I THINK THE  
16 EXPERIMENT IS TROUBLING IN THAT SENSE BECAUSE I THINK  
17 YOU WOULD NEVER EXPOSE A PERSON TO SUCH A POTENTIALLY  
18 DANGEROUS PROCEDURE FOR NO PARTICULAR GAIN OF THEIR  
19 OWN. AND SO BASED -- ALTHOUGH I THINK THIS IS  
20 SCIENTIFICALLY A VERY INTERESTING EXPERIMENT AND IT' S  
21 INTERESTING THAT IT DEMONSTRATES THAT ONE CAN DERIVE  
22 THESE TYPES OF CELL LINES, AND I THINK THAT THESE TYPES  
23 OF EXPERIMENTS ARE INTERESTING FROM A HUMAN  
24 EMBRYOLOGICAL AND PEOPLE IN CALIFORNIA MIGHT WANT TO DO  
25 THEM AND WE SHOULD ENCOURAGE THEM TO DO THEM FROM THAT

1 PERSPECTIVE. WE CERTAINLY SHOULDN'T ENCOURAGE THEM TO  
2 DO THAT TYPE OF EXPERIMENT BECAUSE IT PROTECTS THE  
3 STAGE OF HUMAN EMBRYO.

4 DR. CIBELLI: I KIND OF DISAGREE WITH THAT.  
5 I THINK THERE ARE SO MANY OTHER BETTER EXPERIMENTS TO  
6 DO AND BETTER WAYS TO SPEND THE MONEY. BUT IF YOU GET  
7 AN IDEA AND YOU SEND A PROPOSAL TO SEE -- YOU ARE GOING  
8 TO SOME PROPOSALS FROM PEOPLE MAYBE PERHAPS FROM ACT  
9 SENDING IN A PROPOSAL AND TELL YOU I WANT TO DO IT IN  
10 HUMAN. WOULD CIRM PAY FOR IT OR NOT? THEY'VE DONE IT  
11 IN THE MOUSE. SOONER OR LATER IN HUMAN. THE  
12 EFFICIENCY WAS VERY LOW. IT WAS ABOUT 10 PERCENT. SO  
13 FOR EVERY TEN BLASTOMERES, ONE PRODUCED A CELL LINE.  
14 BUT IF YOU ARE GOING TO HAVE A CHILD AND IF YOU ARE  
15 WILLING TO DO PGD, YOU ARE REALLY RISKING THE EMBRYO TO  
16 TAKE ONE BLASTOMERE OUT, I WOULD ARGUE THAT, GEE, JUST  
17 HAVING YOUR CUSTOM MADE EMBRYONIC STEM CELLS MAYBE  
18 CHEAPER THAN SOMATIC CELL NUCLEAR TRANSFER. YOU DON'T  
19 HAVE TO WAIT FOR THE DONATION YOU EGGS. WHY NOT?

20 DR. EGGAN: THIS IS A VERY SPECIFIC AND  
21 DIFFERENT CASE THOUGH, RIGHT. SO IT CERTAINLY -- SO  
22 PGD IS OKAY PRESUMABLY BECAUSE YOU'RE ENSURING THE  
23 HEALTH OF A FUTURE CHILD AND THE TREATMENT. SO, AGAIN,  
24 I DO NOT HOLD THIS PERSPECTIVE, SO I AM MERELY ARGUING  
25 FROM THE PERSPECTIVE OF ONE THAT WOULD SAY THAT WE



1 SHOULD NOT AS A SOCIETY DESTROY THESE EMBRYOS. THAT'S  
2 A POINT OF VIEW I DO NOT HOLD.

3 I THINK ONE FIRST HAS TO BE AT THAT  
4 PARTICULAR POINT OF VIEW TO SAY THAT. SO THEN I AGREE.  
5 THIS IS A DIFFERENT SITUATION. NOW IF AS A COURSE OF  
6 TREATMENT YOU THOUGHT IT WOULD BE WORTH -- IF ONE WAS  
7 UNDERGOING IVF AND ONE WANTED TO MAKE A GENETICALLY  
8 TAILORED STEM CELL LINE FOR THEIR OWN CHILD, AND ONE  
9 THOUGHT THAT THIS -- I THINK ONE WOULD HAVE TO ASK WE  
10 UNDERSTAND THAT THERE'S A SUBSTANTIAL RISK TO THE  
11 FUTURE CHILD, WHICH IS ESSENTIALLY OUTWEIGHED BY THE  
12 FEAR THAT THEY WILL HAVE THIS GENETIC DISORDER, RIGHT,  
13 SO IS THE BENEFIT THAT ONE WOULD HAVE BY DERIVING THAT  
14 PATIENT-SPECIFIC STEM CELL LINE OUTWEIGH THE RISK TO  
15 THAT FUTURE CHILD TOO. WHEN YOU'RE TALKING, IF THAT'S  
16 THE CLINICAL EQUATION, THEN I THINK THAT'S THE ONE WE  
17 HAVE TO MEET. I THINK THAT'S A GOOD IDEA. IF ONE  
18 WEIGH THAT EQUATION AND FIND THE ANSWER IS YES, THEN I  
19 THINK ABSOLUTELY.

20 AGAIN, TO SAY VERY CLEARLY, FROM THE  
21 SCIENTIFIC POINT OF VIEW, I THINK THESE TYPES OF  
22 EXPERIMENTS ARE VERY INTERESTING. SINCE WE HOLD THAT  
23 THESE THINGS ARE HUMAN EMBRYOS, BUT ARE NOT PEOPLE, IT  
24 IS PERFECTLY UNDERSTANDABLE THAT WE WOULD SUBJECT THEM  
25 TO THESE TYPES OF EXPERIMENTS. IT'S PERFECTLY

1 REASONABLE.

2 DR. CIBELLI: CIRM AS AN ENTITY WILL GET  
3 PROPOSALS. WHAT HAPPENS IF YOU GET A VERY GOOD  
4 PROPOSAL THAT WANTS TO DO THIS, THAT WANTS TO DERIVE  
5 HUMAN ES CELLS FOR EIGHT-CELL EMBRYOS?

6 DR. EGGAN: WHAT I'M SAYING IS THAT I THINK  
7 THAT'S SOMETHING WE SHOULD FUND BECAUSE IT'S A TYPE OF  
8 EMBRYOLOGY THAT WE SHOULD UNDERSTAND, BUT I THINK  
9 THAT --

10 DR. HALL: I THINK THE QUESTION THAT WE'RE  
11 CONCERNED WITH HERE IS WHAT ARE THE ISSUES FOR THE  
12 DONOR AND THE CONSENT FOR THAT; ISN'T THAT CORRECT?  
13 OUR ISSUE IS NOT SHOULD WE FUND THAT RESEARCH HERE. I  
14 THINK, UNLESS YOU WANT TO CONSIDER THAT IT SHOULD BE  
15 PROHIBITED, BUT I THINK THE ISSUE HERE IS THAT A DONOR  
16 CLASS WE WANT TO ADDRESS AS WE WORK OUR WAY THROUGH  
17 THESE ISSUES. ISN'T THAT RIGHT?

18 DR. EGGAN: I GUESS THAT'S RIGHT.

19 DR. KIESSLING: I JUST ASKED IF WE NEEDED TO  
20 TALK ABOUT THIS AS A NEW REPORT.

21 DR. TAYLOR: I ACTUALLY THINK IT FALLS INTO  
22 WHAT WE'RE ALREADY DISCUSSING. I DON'T SEE IT AS AN  
23 OUTLIER PARTICULARLY. AS FAR AS I KNOW, BLASTOMERE  
24 BIOPSY FROM HUMAN EMBRYOS, I DON'T KNOW HOW  
25 SUCCESSFULLY IT'S BEEN FROM THAWED EMBRYOS. SO IT

1 MA -- TYPICALLY IT'S DONE IN A FRESH EMBRYO SETTING, SO  
2 IT MAY BE ONE OF THESE SITUATIONS. AND WE DON'T HAVE  
3 TOO MANY FRESH HUMAN EMBRYOS THAT ARE GOING TO BE  
4 DONATED TO SCIENCE, BUT THIS MIGHT BE ONE OF THE  
5 INTERESTING WAYS TO GO. I COMPLETELY AGREE WITH JOSE  
6 THAT THESE ARE EXTREMELY IMPORTANT EXPERIMENTS TO DO  
7 BECAUSE ULTIMATELY YOU WANT TO HAVE -- EVERY EMBRYO,  
8 EVERY FETUS, EVERY BABY WOULD HAVE ITS OWN EMBRYONIC  
9 STEM CELL LINE POTENTIALLY. IT WOULD A LOT BETTER THAN  
10 CORD BLOOD STUFF THAT WE'RE DOING IN SOME SETTINGS.

11 IF THAT'S REALLY THE END POINT THAT YOU WANT  
12 TO GET TO, THE TIME TO DO IT WOULD BE IF YOU COULD  
13 DEMONSTRATE THAT IT'S SAFE TO BIOPSY A SINGLE CELL  
14 BLASTOMERE FROM AN EMBRYO AT THE EIGHT-CELL STAGE AND  
15 GO ON, WHICH I EXPECT WE'RE GOING TO BE TECHNOLOGICALLY  
16 ABLE TO DO THAT PRETTY WELL. SO I THINK THAT IT WOULD  
17 BE AN APPROPRIATE THING TO FUND.

18 DR. CIBELLI: THIS WOULD BE A CASE WHERE WE  
19 HAD TO OBTAIN A CONSENT FORM OF HEALTHY, OTHERWISE  
20 HEALTHY FRESH HUMAN EMBRYO.

21 DR. TAYLOR: I THINK YOU WOULDN'T KNOW THE  
22 HEALTH NECESSARILY.

23 DR. EGGAN: CORRECT ME IF I'M WRONG, BUT  
24 EMBRYOS ARE OFTEN FROZEN AT THE FOUR OR THE EIGHT-CELL  
25 STAGE; ISN'T THAT CORRECT? SO SINCE THIS IS AN

1 EXPERIMENTAL TECHNIQUE, THIS WOULD HAVE NOT TO BE ANY  
2 DIFFERENT FROM THE NORMAL -- IN PRINCIPLE THE NORMAL  
3 CONSENT THAT WE DO FOR STEM CELL DERIVATION. IT'S JUST  
4 THAT THE CONSENT WOULD BE SPECIFIC TO THIS EXPERIMENT.  
5 IT WOULD BE A SITUATION WHERE, OF COURSE, PEOPLE WHO  
6 HAVE SOME BLASTOCYSTS CAN'T CONTRIBUTE OR CAN'T  
7 PARTICIPATE, BUT THOSE WHO HAVE FROZEN FOUR-CELL OR  
8 EIGHT-CELL EMBRYOS, THEY COULD DONATE THEIR EMBRYOS,  
9 WHICH WOULD THEN BE THAWED AND EACH OF THE BLASTOMERES  
10 OR ONE INDIVIDUAL BLASTOMERE WOULD BE BIOPSIED OUT AND  
11 USED FOR THIS EXPERIMENTAL APPROACH TO SEE IF THE SAME  
12 THING THAT WAS TRUE IN MOUSE WAS POSSIBLE IN HUMAN.  
13 THIS SEEMS LIKE A VERY REASONABLE THING.

14 DR. TAYLOR: I'VE SEEN FROZEN THAWED GROWN  
15 EMBRYOS BIOPSIED.

16 DR. EGGAN: THAT MIGHT BE A WORTHWHILE  
17 RESEARCH GOAL.

18 VICE CHAIR LO: LET ME SUGGEST THAT WE SORT  
19 OF SEPARATE OUT WHERE THE STANDS ON THE LIST OF  
20 RESEARCH PRIORITIES FROM OTHER DISTINCT CONSENT ISSUES.  
21 AFTER WE WRITE UP WHAT WE'VE DISCUSSED TODAY, THERE'S A  
22 LOT OF GROUND WE COVERED ON SORT OF ALL THE OTHER  
23 CATEGORIES, TO THEN ASK ANN, JOSE, AND KEVIN TO COME  
24 BACK TO THIS AS A SPECIAL CASE AND SEE IF THERE ARE  
25 SPECIAL CONSENT ISSUES IN THIS SITUATION THAT WOULD

1 NEED SOME ADDITIONAL GUIDELINES, BUT NOT TO TRY DO IT  
2 TILL WE'VE ACTUALLY SEEN HOW WE'RE GOING TO HANDLE OUR  
3 SORT OF MORE COMMON PARADIGMATIC CASES.

4 I ACTUALLY THINK WE'VE DONE A LOT SO FAR, AND  
5 I WANT TO KEEP US FRESH, SO I WAS GOING TO SUGGEST THAT  
6 WE ACTUALLY TAKE A BREAK NOW IF THAT'S OKAY WITH PEOPLE  
7 UNLESS YOU WANT TO KEEP WORKING. WE WILL REWARD  
8 OURSELVES WITH A 15-MINUTE BREAK, AND THEN COME BACK  
9 AND BOTH HEAR ABOUT THE GRANTS ADMINISTRATION GROUP AND  
10 THEN SOME OTHER ISSUES WE NEED TO ADDRESS. SO LET'S  
11 TAKE A 15-MINUTE BREAK AND COME BACK.

12 (A RECESS WAS TAKEN.)

13 VICE CHAIR LO: WE'RE GOING TO START WITH A  
14 REPORT FROM THE GRANTS ADMINISTRATION WORKING GROUP,  
15 AND ARLENE CHIU FROM CIRM, WHO IS DIRECTING THE GRANTS  
16 ADMINISTRATION EFFORT, HAS VERY KINDLY AGREED TO COME  
17 AND GIVE US AN UPDATE ON THE GRANTS ADMINISTRATION  
18 POLICY WHICH, AGAIN, I WOULD REMIND US ALL IS A WORK IN  
19 PROGRESS, BUT WE CERTAINLY ARE INTERESTED IN HEARING  
20 WHAT THAT GROUP IS THINKING. AND THERE'S PARTICULAR  
21 QUESTIONS, ARLENE, THAT I THINK WE'LL PROBABLY WANT TO  
22 DISCUSS WITH YOU WHERE THERE'S A LOT OF OVERLAP.  
23 THANKS VERY MUCH AND WELCOME.

24 DR. CHIU: GOOD AFTERNOON. LET ME MAKE A  
25 CORRECTION. I'M THE STAFF MEMBER, CIRM STAFF MEMBER

1 ASSIGNED TO THE GRANTS WORKING GROUP. I'M CERTAINLY  
2 NOT ANYWHERE IN THE LEADERSHIP OF THAT GROUP, AND I  
3 WANT TO REPORT TO YOU WHAT HAS BEEN TAKING PLACE.

4 SO CIRM STAFF HAS BEEN WORKING ON A GUIDANCE  
5 STATEMENT FOR GRANTEES, AND THAT MEANS INDIVIDUALS AND  
6 INSTITUTIONS THAT WILL BE RECEIVING CIRM AWARDS. AND  
7 THE GOAL IS TO HAVE A COMPREHENSIVE CIRM GRANTS  
8 ADMINISTRATION POLICY FOR THIS PURPOSE. SO TODAY WHAT  
9 I'D LIKE TO PROVIDE THIS WORKING GROUP WITH IS AN  
10 UPDATE ON OUR PROGRESS IN CRAFTING SUCH A DOCUMENT.

11 AND WHAT I PLAN TO DO IS TO REVIEW BRIEFLY  
12 THE BACKGROUND AND THE PURPOSE FOR SUCH A POLICY  
13 STATEMENT, PRESENT FOR YOU A BRIEF SYNOPSIS ON ITS  
14 CONTENTS, AND THEN END WITH A CURRENT STATUS OF  
15 DIFFERENT DRAFTS OF THIS DOCUMENT.

16 FIRST A BRIEF BACKGROUND. IN MAY OF THIS  
17 YEAR, THE CIRM ISSUED A REQUEST FOR APPLICATIONS TO  
18 SUPPORT TRAINING GRANTS THAT WILL TRAIN AT RESEARCH AND  
19 ACADEMIC INSTITUTIONS IN CALIFORNIA THE NEXT GENERATION  
20 OF STEM CELL SCIENTISTS AND CLINICIANS.

21 TWENTY-SIX APPLICATIONS WERE RECEIVED AND  
22 SUBSEQUENTLY REVIEWED BY OUR SCIENTIFIC AND MEDICAL  
23 RESEARCH FUNDING WORKING GROUP. THEIR EVALUATIONS AND  
24 RECOMMENDATIONS WERE THEN PRESENTED TO THE ICOC AT  
25 THEIR SEPTEMBER MEETING, AND THE BOARD APPROVED 16 OF

1 THESE TRAINING GRANTS FOR -- THESE TRAINING  
2 APPLICATIONS FOR FUNDING.

3 SO NOW IN ORDER TO FOR CIRM TO IMPLEMENT  
4 THESE AWARDS ONCE BRIDGE FUNDING BECOMES AVAILABLE, WE  
5 HAVE TO SET UP THE NECESSARY INFRASTRUCTURE TO DO SO.  
6 AND THAT MEANS THAT BEFORE FUNDING CAN TAKE PLACE, WE  
7 HAVE TO COMPLETE THREE TASKS. THE FIRST, IF YOU CAN  
8 SEE IT AGAINST THE PALE BACKGROUND, IS THAT WE HAVE TO  
9 REVIEW THE BUDGETS OF EACH APPROVED APPLICATION FOR ANY  
10 CHANGES THAT WERE APPROVED, FOR ARITHMETIC ERRORS, AND  
11 TO SCREEN UNALLOWABLE CHARGES AS DEFINED IN THE  
12 ORIGINAL RFA. WE NOW HAVE COMPLETED THIS TASK AND HAVE  
13 PRECISE FINAL BUDGETS FOR EACH APPROVED APPLICATION.

14 THE SECOND TASK, WE NEED TO FIND A WAY TO  
15 MAKE THE APPROVED PAYMENTS. AND AT PRESENT WE'RE  
16 DEVELOPING A PROCEDURE WITH THE STATE CONTROLLER'S  
17 OFFICE SO THAT THE STATE CAN TRANSFER THE APPROPRIATE  
18 FUNDS TO EACH GRANTEE IN A RESPONSIBLE AND IN A  
19 TRACEABLE AND TRACKABLE MANNER.

20 AND THIRD, WE HAVE TO MAKE SURE THAT EACH  
21 GRANTEE OR RECIPIENT UNDERSTANDS OUR, THE CIRM, THE  
22 PRINCIPLES OF OPERATION AS WELL AS THEIR ROLES AND  
23 RESPONSIBILITIES WHEN THEY CHOOSE TO ACCEPT AN AWARD  
24 FROM THE CIRM.

25 AND THAT LEADS US TO THE PURPOSE OF A GRANTS

1 ADMINISTRATION POLICY OR A GAP, G-A-P IN SHORT. THE  
2 POLICY STATEMENT WILL SET OUT TERMS AND CONDITIONS OF  
3 GRANT AWARDS FROM THE CIRM. IT WILL TELL RECIPIENTS  
4 WHAT ARE THEIR RESPONSIBILITIES AS GRANTEES. AND THIS  
5 INFORMATION WILL BE DIRECTED AT RECIPIENT INSTITUTIONS;  
6 THAT IS, OFFICIALS AUTHORIZED TO REPRESENT THE  
7 INSTITUTIONS AS WELL AS THE PRINCIPAL INVESTIGATORS OR  
8 PI'S.

9 AND FINALLY, RECIPIENT INSTITUTIONS AND PI'S  
10 MUST THEN AGREE TO COMPLY WITH THESE CONDITIONS AND  
11 PROCEDURES BEFORE THEY CAN RECEIVE FUNDS FROM CIRM.

12 SO WHAT'S COVERED IN SUCH A POLICY STATEMENT?  
13 THE CONTENTS WILL INCLUDE INFORMATION THAT WILL BE  
14 USEFUL TO GRANTEES AND APPLICATIONS, SUCH AS WHO ARE  
15 THE CIRM STAFF MEMBERS THAT THE GRANTEES ARE LIKELY TO  
16 INTERACT WITH AND WHAT ARE THEIR FUNCTIONS? WHAT ARE  
17 THE ELIGIBILITY REQUIREMENTS FOR INSTITUTIONS AND PI'S?  
18 I WILL PROVIDE GENERAL INFORMATION ON SUBMITTING AN  
19 APPLICATION, HOW APPLICATIONS ARE REVIEWED, AND HOW ARE  
20 THEY APPROVED FOR FUNDING.

21 THE GRANTS ADMINISTRATION POLICY WILL SPELL  
22 OUT TERMS AND CONDITIONS OF THE AWARD, INCLUDING HOW  
23 PAYMENT IS MADE, WHAT COSTS ARE ALLOWED, AND WHAT ARE  
24 NOT. WHAT TO DO IF CHANGES NEED TO BE MADE ONCE A  
25 GRANT HAS BEEN AWARDED, ISSUES OF REBUDGETING. WHAT IF



1 THE PI MOVES TO ANOTHER INSTITUTION OR EVEN OUT OF  
2 STATE? THE CIRM POLICY ON INTELLECTUAL PROPERTY THAT  
3 YOU HEARD THAT'S CURRENTLY BEING DEVELOPED BY THE IP  
4 TASK FORCE WILL BE INCLUDED. POLICIES ON SHARING  
5 RESEARCH DATA, TECHNOLOGIES, AND MATERIALS POLICIES  
6 THAT WOULD BE APPROVED EVENTUALLY BY THE ICOC WILL ALSO  
7 BE INCLUDED. PROCEDURES FOR ANNUAL REPORTS ON  
8 SCIENTIFIC PROGRESS AND BUDGETS SO THAT WE CAN FOLLOW  
9 WHAT'S GOING ON, HOW THE GRANTEES SPENT THE MONEY.

10 THE POLICY STATEMENT WILL INCLUDE CIRM  
11 REQUIREMENTS -- I HAVE TO GO BACK -- WILL INCLUDE CIRM  
12 REQUIREMENTS AND STANDARDS ON MATTERS SUCH AS USE OF  
13 HUMAN STEM CELLS, USE OF VERTEBRATE ANIMALS, USE OF  
14 BIOHAZARDOUS MATERIALS AND HUMAN SUBJECTS.

15 DR. HALL: ARLENE, COULD YOU JUST BACK UP  
16 SLIDE BEFORE. THIS WENT BY VERY QUICKLY JUST SO WE ALL  
17 SEE.

18 DR. CHIU: THIS IS THE INTELLECTUAL PROPERTY  
19 SHARING REQUIREMENTS AND REPORTING REQUIREMENTS. AND  
20 THEN WE WILL BE STATING IN THE POLICY STATEMENT CIRM  
21 REQUIREMENTS AND STANDARDS THAT YOU PROVIDE FOR US AND  
22 THAT WILL EVENTUALLY BE APPROVED BY THE ICOC. THESE  
23 INCLUDE USE OF HUMAN STEM CELLS, VERTEBRATE ANIMALS,  
24 BIOHAZARDOUS MATERIALS, AND HUMAN SUBJECTS.

25 OKAY. SO HOW DID WE DEVELOP SUCH A POLICY?

1 WHAT'S GOING ON? EARLIER IN THE YEAR CIRM CONTRACTED  
2 THE FIRM LMI TO IDENTIFY AND COMPARE POLICIES USED BY A  
3 NUMBER OF PUBLIC AND PRIVATE GRANT-MAKING AGENCIES,  
4 INCLUDING THE AMERICAN CANCER SOCIETY, JUVENILE  
5 DIABETES RESEARCH FOUNDATION, THE CALIFORNIA SPECIAL  
6 RESEARCH PROGRAMS FOR BREAST CANCER, TOBACCO, AND AIDS,  
7 AMERICAN HEART ASSOCIATION, AND THE NIH.

8 LMI'S COMPREHENSIVE REPORT COVERED A VERY  
9 LONG LIST OF TOPICS INCLUDING TYPES OF SUPPORT, ROLES  
10 AND RESPONSIBILITIES OF ORGANIZATIONAL STAFF, PUBLIC  
11 POLICY REQUIREMENTS, AND INTELLECTUAL PROPERTY. THEY  
12 ALSO PROVIDED US WITH INFORMATION ON PROCEDURES SUCH AS  
13 HOW DIFFERENT AGENCIES NOTIFIED THE SUCCESSFUL  
14 APPLICANTS AND THEIR PARTICULAR REPORTING REQUIREMENTS.

15 WE THEN HAD A CIRM TEAM THAT HAS BEEN MEETING  
16 REGULARLY TO DEVELOP A FIRST DRAFT OF AN INTERIM GRANTS  
17 ADMINISTRATION POLICY STATEMENT. NOW, OUR TEAM  
18 CONSISTS OF ZACH HALL, MARY MAXON, WALTER BARNES, GIL  
19 SAMBRANO, AND MYSELF, AND MORE RECENTLY WE WERE JOINED  
20 BY DAN BEDFORD, WHO'S HERE TODAY, A LAWYER FROM ORRICK,  
21 HERRINGTON & SUTCLIFFE, WHO IS PROVIDING HIS LEGAL EYE  
22 AND HIS SERVICES PRO BONO.

23 SO AS A RESULT OF THIS GROUP ACTIVITY, WE  
24 DEVELOPED A DRAFT OF THE INTERIM CIRM GRANTS  
25 ADMINISTRATION POLICY FOR TRAINING GRANTS. NOW, THE

1 TRAINING GRANTS WAS A PRIORITY BECAUSE WITH THE BOARD'S  
2 APPROVAL, WE NEEDED TO BE TO READY TO AWARD THESE  
3 APPLICATIONS AS SOON AS POSSIBLE.

4 THIS FIRST DRAFT OF THE TRAINING GRANTS  
5 ADMINISTRATION POLICY WAS POSTED ON THE CIRM WEBSITE,  
6 PRESENTED TO THE ICOC ON NOVEMBER 20 SO THAT THE BOARD  
7 IS AWARE OF THE PROGRESS OF THIS DOCUMENT. THE  
8 SCIENTIFIC AND MEDICAL RESEARCH FUNDING WORKING GROUP,  
9 WHO REVIEWED GRANTS, ALSO MET BY TELECONFERENCE ON  
10 NOVEMBER 28TH TO REVIEW THIS DRAFT. THEY RECOMMENDED  
11 APPROVAL OF THIS DOCUMENT WITH TWO AMENDMENTS, AND THE  
12 VOTE WAS UNANIMOUS IN FAVOR OF IT. SO WE HAD A QUORUM  
13 AND A VOTE. AND THE TWO AMENDMENTS ARE THE LENGTH OF  
14 TIME THAT MEDICAL STUDENTS COULD SPEND IN ORDER TO  
15 FULFILL CLINICAL DUTIES THAT ARE OUTSIDE OF THE SCOPE  
16 OF RESEARCH. THEY ARE ARGUED FOR A 25-PERCENT CAP, AND  
17 THAT'S BEEN ADDED TO THE AMENDED DOCUMENT. AND ALSO  
18 STANDARDS FOR REPORTING IRB, ESCRO, ETC., THAT'S  
19 NEEDED, AND THAT'S THE LAST SECTION IN THE REPORT.

20 SO THIS AMENDED DRAFT OF THE INTERIM CIRM  
21 GRANT ADMINISTRATION POLICY FOR TRAINING GRANTS IS NOW  
22 PROVIDED FOR YOUR INFORMATION IN TAB 5 IN YOUR BINDERS.  
23 AND WE INTEND TO PRESENT THIS AMENDED DOCUMENT TO THE  
24 ICOC ON DECEMBER 6TH FOR THEIR DISCUSSION AND APPROVAL  
25 SO THAT THE TRAINING GRANTS CAN BE AWARDED IN A TIMELY

1 FASHI ON WHEN FUNDS BECOME AVAI LABLE.

2 COMING BACK TO A SLIDE THAT YOU HAVE SEEN  
3 EARLIER TODAY WITH THE IP PRESENTATION, YOU CAN SEE  
4 THAT THERE ARE MULTIPLE INPUTS THAT COME TOGETHER IN  
5 ORDER TO FORM A POLICY TO ENABLE US TO FUND THE  
6 TRAINING GRANTS. THE MULTIPLE INPUTS ARE THE INTERIM  
7 IP POLICY FOR TRAINING GRANTS, THIS PARTICULAR TRAINING  
8 GRANT ADMINI STRATION POLICY, AS WELL AS THE INTERIM  
9 ETHICAL STANDARDS THAT THIS WORKING GROUP HAS COME UP  
10 WITH. SO YOU CAN SEE THAT IT'S IMPORTANT TO HAVE GOOD  
11 COMMUNICATIONS BETWEEN THE WORKING GROUPS AND THE TASK  
12 FORCE OVER ISSUES OF SHARED INTEREST.

13 THIS PROCESS IS JUST THE FIRST IN A SERIES OF  
14 STEPS IN ORDER TO GET A FINAL PRODUCT WHICH IS A  
15 COMPREHENSIVE GRANTS ADMINI STRATION POLICY AND  
16 REGULATIONS FOR ALL RESEARCH AWARDS IN GENERAL. AND SO  
17 IN THAT PIECE THAT YOU SEE BELOW, THE GENERAL IP  
18 POLICY, WHICH IS GOING TO BE HAMMERED OUT, LOOKS LIKE  
19 IN THE SPRING, PLUS THE ETHICAL STANDARDS COMING FROM  
20 THIS WORKING GROUP WILL ALL COME TOGETHER FOR THE FINAL  
21 COMPREHENSIVE POLI CY.

22 SO IN SUMMARY, I'D LIKE TO JUST POINT OUT THE  
23 DEVELOPMENT THUS FAR. YOU HAVE SEEN THE DRAFT. YOU  
24 HAVE IN YOUR BINDERS A DRAFT OF THE INTERIM GRANTS  
25 ADMINI STRATION POLICY FOR TRAINING GRANTS. YOU' VE

1 HEARD THAT WE'RE IN THE PROCESS OF DEVELOPING A DRAFT  
2 OF AN INTERIM GRANTS ADMINISTRATION POLICY FOR ALL  
3 AWARDS IN GENERAL. AND FROM THIS WE WILL CRAFT AN  
4 INTERIM GRANTS ADMINISTRATION REGULATION PURSUANT TO  
5 THE CALIFORNIA ADMINISTRATIVE PROCEDURES ACT.

6 THANK YOU AND I'D BE HAPPY TO TAKE QUESTIONS.

7 VICE CHAIR LO: ARLENE, THANKS VERY MUCH.

8 COULD I START BY ASKING YOU TO COMMENT ON TWO ISSUES  
9 THAT WE HAVE THOUGHT ABOUT AND WHICH WE THINK THERE'S A  
10 CLEAR OVERLAP WITH THE GRANTS ADMINISTRATION WORKING  
11 GROUP. THE FIRST IS THE TIMING OF ESCRO REVIEW BY THE  
12 INSTITUTION THAT'S APPLYING FOR FUNDING AND THE TIMING  
13 OF GRANT REVIEW BY CIRM? WE'VE SORT OF THOUGHT ABOUT  
14 BOTH OPTIONS, FIRST REQUIRING THAT THE ESCRO APPROVE A  
15 PROPOSAL BEFORE IT'S SUBMITTED TO CIRM VERSUS THE  
16 OBVERSE, WHICH IS THE NIH SYSTEM OF ONCE YOU GET  
17 FUNDING, THEN YOU NEED TO HAVE IRB -- ONLY THEN ARE YOU  
18 REQUIRED TO GO GET IRB APPROVAL. SO THAT'S THE FIRST  
19 ISSUE OF TIMING OF IN-HOUSE ESCRO REVIEWS VERSUS CIRM  
20 GRANT REVIEW.

21 SECOND IS THE ISSUE IS OF ENFORCEMENT THAT  
22 WE'VE SORT --

23 DR. CHIU: SO LET ME ADDRESS THE FIRST ONE  
24 FIRST BEFORE I FORGET THE QUESTION. I'M SURE YOU'VE  
25 GONE THROUGH BOTH ARGUMENTS IN FAVOR OF PRE AND POST.

1 THE ARGUMENT FOR PRE IS THAT YOU WEED OUT GRANTS THAT  
2 ESCRO HAS DEEMED UNETHICAL OR NOT APPROPRIATE  
3 STANDARDS. AND THEN THERE WILL BE LESS GRANTS FOR THE  
4 GRANT REVIEW GROUP TO HAVE TO GO THROUGH. THE GRANT  
5 REVIEW GROUP'S TASK IS TO ASSESS BOTH SCIENTIFIC AND  
6 PROGRAMMATIC EXCELLENCE, AND THEY DEPEND ON LOCAL IRB,  
7 ESCRO, ETC., TO DETERMINE WHETHER ETHICAL STANDARDS AND  
8 LOCAL STANDARDS HAVE BEEN ADHERED TO.

9 THE ARGUMENT FOR HAVING IT DONE AFTERWARD IS  
10 THAT IT DOESN'T STOP RESEARCHERS FROM SUBMITTING A VERY  
11 EXCITING APPLICATION. AND IF THE RFA DOESN'T GIVE THEM  
12 AMPLE TIME TO NOT ONLY CRAFT THE APPLICATION, BUT ALSO  
13 TO GET ALL THEIR DUCKS IN ORDER IN TERMS OF ALL  
14 APPROVALS, THEY CANNOT SUBMIT AN APPLICATION IN TIME BY  
15 THE DUE DATE, RIGHT. SO THERE ARE ON THE TWO TENSIONS.  
16 IF YOU WANT TO THE RFA'S TO MOVE IN AN EXPEDITIOUS  
17 MANNER AND GET EVERYTHING REVIEWED AND FUNDED, THEN TO  
18 KNOW THAT YOU'RE GOING TO GET FUNDED, YOU WOULD WANT TO  
19 HAVE A FAST TRACK AFTER THE FACT. ONLY APPROVED  
20 APPLICATIONS WILL TO BE ASKED TO HAVE WHAT'S KNOWN AS  
21 CLOSING PACKAGE, WHICH IS TO HAVE ALL YOUR DUCKS LINED  
22 UP BEFORE YOU ACTUALLY TRIGGER THE FUNDING, THE AWARD  
23 PROCESS.

24 THE PREPROCESS, RESEARCHERS WOULD ARGUE THAT  
25 IT TAKES THEM A LONG TIME, IT MIGHT EVEN PREVENT THEM

1 FROM REVIEWING. SO WE HAVE NOT GOING TO THE WORKING  
2 GROUP TO IRON OUT THIS PARTICULAR ISSUE. WE WILL BE  
3 PRESENTING IT TO THEM AS TWO OPTIONS. THE THOUGHT IS  
4 THAT IF WE OFFER THE CLOSING PACKAGE OPTION, IT WOULD  
5 BE A BURDEN ON THE REVIEWING GROUP TO REVIEW ALL GRANTS  
6 WHETHER THEY HAVE ESCRO APPROVAL OR NOT. ON THE OTHER  
7 HAND, IT WILL ALLOW RESEARCHERS TO BE ABLE TO SUBMIT  
8 GRANTS QUICKLY AND WOULD NOT HOLD UP THE WHOLE BATCH.  
9 AND NOT EVERY APPLICATION MAY HAVE SUCH ONEROUS -- SUCH  
10 EXTENSIVE ESCRO REVIEW. ALSO, IT HOLDS THE  
11 APPLICATIONS HOSTAGE BY THE ESCRO AND THE IRB REVIEWS.  
12 MONEY WILL NOT GO OUT UNLESS THOSE ARE APPROVED, AND  
13 THAT WOULD DELAY FUNDING. AT LEAST ONLY THOSE  
14 APPLICATIONS THAT ARE DEEMED SCIENTIFICALLY AND  
15 PROGRAMMATICALLY MERITORIOUS WILL HAVE TO GO THROUGH  
16 THEIR INTERNAL REVIEW.

17 A FINAL THOUGHT WAS THAT SOMETIMES DURING  
18 REVIEW, THE REVIEWERS PUT IN COMMENTS AND  
19 RECOMMENDATIONS SUCH AS WE WOULD LIKE TO SEE THIS  
20 ELIMINATED AND THAT ELEMENT ADDED. THAT MIGHT CHANGE  
21 THE ESCRO REVIEW PROCESS OR CONSIDERATIONS FOR ESCRO.  
22 AND THAT COULD BE INCLUDED IF IT'S A POST ACTIVITY. SO  
23 TO CUT A LONG STORY SHORT, IT MAY BE THAT WE WOULD ASK  
24 IN GENERAL FOR THIS INFORMATION, THE APPROVALS TO BE  
25 PROVIDED, AFTER AN APPLICATION HAS BEEN APPROVED FOR --

1 DEEMED APPROPRIATE FOR FUNDING, BUT THAT UNDER CERTAIN  
2 SPECIAL CIRCUMSTANCES PARTICULAR RFA'S WE MAY REQUEST  
3 IT BEFOREHAND AS SPECIAL CONDITIONS. DOES THAT --

4 VICE CHAIR LO: I THINK THAT'S VERY HELPFUL.  
5 IT'S IMPORTANT FOR US TO KNOW HOW THE GRANTS WORKING  
6 GROUP IS THINKING ON THIS ISSUE. WE CERTAINLY DON'T  
7 WANT TO DO ANYTHING THAT RUNS COUNTER TO WHAT YOU'RE  
8 THINKING.

9 SECOND QUESTION FOR YOU HAD TO DO WITH  
10 VIOLATIONS OF CIRM POLICIES AND ENFORCEMENT MECHANISMS.  
11 AS WE WERE THINKING ABOUT WHAT MIGHT HAPPEN OR WHAT  
12 OUGHT TO HAPPEN IF A CIRM-FUNDED INSTITUTION OR  
13 RESEARCHER DOESN'T COMPLY WITH CERTAIN THINGS. HAS THE  
14 GRANTS ADMINISTRATION WORKING GROUP THOUGHT ABOUT THIS?  
15 AND DO YOU HAVE THOUGHTS AS TO WHETHER PENALTIES MIGHT  
16 GO BEYOND JUST SUSPENDING OR WITHHOLDING THE REMAINDER  
17 OF THE GRANT TO DISQUALIFICATION FROM APPLYING FOR  
18 FUTURE FUNDING, FOR EXAMPLE?

19 DR. CHIU: SO THIS ELEMENT OF IMPLEMENTATION  
20 AND CHECKING FOR VIOLATIONS AND CONSEQUENCES WE HAVE  
21 NOT BROUGHT IN FRONT OF THE WORKING GROUP. BUT ALL I  
22 CAN DO IS ADDRESS SOME WAYS OF DEALING WITH IT THAT  
23 I'VE SEEN FROM OTHER AGENCIES. AND AS YOU SAID,  
24 WITHHOLDING OF FUNDS IS THE EASIEST AND THE MOST  
25 DIRECTLY FELT WAY AND MOST TARGETED TO THE INDIVIDUAL



1 THAT VIOLATED THE PROGRAM, BUT THAT'S AFTER THE FACT.  
2 USUALLY AT ABOUT THE TIME OF THE PROGRESS REPORT WHEN  
3 YOU REVIEW AND FOR PROGRAM DIRECTORS TO GO IN AND CALL  
4 ABOUT SPECIFIC ACTIVITIES OR IF YOU HEAR ABOUT SPECIFIC  
5 VIOLATIONS FROM PEOPLE REPORTING ON IT, A BROADER  
6 CONSEQUENCE MAY BE, AND I'M JUST SAYING MAY BE, HAS NOT  
7 BEEN DISCUSSED -- IT'S JUST BRINGING IT TO YOUR  
8 ATTENTION -- MIGHT BE SOME PERIOD OF PROHIBITION FOR  
9 THAT INDIVIDUAL TO APPLY FOR CIRM APPLICATIONS. AND A  
10 MUCH MORE SEVERE ONE THAT THE NIH THREATENS AND WITH  
11 GREAT EFFECT IS TO WITHHOLD ALL FUNDING FROM A  
12 PARTICULAR INSTITUTION UNTIL A CERTAIN VIOLATION HAS  
13 BEEN CORRECTED. THIS WILL HAPPEN, SAY, IF THE ANIMAL  
14 QUARTERS ARE FOUND TO BE IN COMPLETE VIOLATION SO THAT  
15 ALL GRANTS ARE AFFECTED, FOR EXAMPLE.

16 BUT WE HAVE NOT DISCUSSED THIS PARTICULAR  
17 ISSUE OF IMPLEMENTATION AND SEVERE CONSEQUENCES YET.

18 VICE CHAIR LO: ANY OTHER QUESTIONS,  
19 COMMENTS?

20 DR. CIBELLI: I HAVE A QUESTION. ARLENE IS  
21 GOING TO GIVE US AN UPDATE OR MAYBE ZACH. I AM VERY  
22 CURIOUS ABOUT THE FUNDING SITUATION AT THE INSTITUTE.  
23 WE HAVEN'T -- I HAVEN'T RECEIVED ANY UPDATE. I WOULD  
24 LIKE TO AN UPDATE FROM ZACH OR ARLENE AS TO WHEN THE  
25 FUNDS WILL BE AVAILABLE FOR RELEASE. WHAT'S THE LEGAL

1 SITUATION AT THE MOMENT?

2 DR. HALL: I LOOKED AT JAMES TO OFFER ANY  
3 COMMENT OR CORRECTION ON THE LEGAL SITUATION. LET ME  
4 GIVE YOU THE LAYMAN'S TAKE-HOME MESSAGE, WHICH IS WHAT  
5 I'M INTERESTED IN. I PRESUME YOU ARE AS WELL. THERE  
6 WAS A HEARING ON THE 17TH OF NOVEMBER OF THE TWO SUITS  
7 THAT HAVE NOW BEEN COMBINED, WHICH CHALLENGE OUR  
8 ABILITY TO -- OUR CONSTITUTIONALITY. BASICALLY THEY  
9 SAY WE ARE GIVING OUT THE STATE'S MONEY, BUT WE'RE NOT  
10 A STATE AGENCY. AND SO THAT PREVENTS US FROM RAISING  
11 MONEY IN THE BOND MARKET.

12 AND WE JUST HEARD YESTERDAY THAT ALL EXCEPT A  
13 SMALL PORTION OF THOSE SUITS HAVE BEEN DISMISSED.  
14 THERE WILL BE A MEETING NEXT WEEK TO DISCUSS THE  
15 SCHEDULE AND THEN A TRIAL, WE SUSPECT, SOMETIME IN THE  
16 SPRING TO DISCUSS THOSE ISSUES. JAMES, MAYBE YOU WANT  
17 TO COMMENT ON THAT LITTLE MORE EXPERTLY THAN I JUST  
18 DID.

19 MR. HARRISON: THAT'S A PRETTY GOOD LAY  
20 SUMMARY. IN ESSENCE, THOUGH THE COURT FOUND IN THE  
21 CIRM'S FAVOR ON SEVERAL OF THE DIFFERENT LEGAL THEORIES  
22 THE PLAINTIFFS HAVE ADVANCED IN SUPPORT OF THEIR  
23 ARGUMENT, THAT PROPOSITION 71 IS UNCONSTITUTIONAL, SHE  
24 CONCLUDED THAT SHE COULDN'T GRANT JUDGMENT IN OUR FAVOR  
25 AT THIS TIME BECAUSE, IN HER VIEW, SEVERAL OF THE

1 CLAIMS, THREE OF THEM, REQUIRE FURTHER DEVELOPMENT  
2 BEFORE WE SHE CAN REACH A CONCLUSION AS TO THOSE  
3 CLAIMS. AND WHAT THAT MEANS AS A PRACTICAL MATTER IS  
4 AT THE CASE MANAGEMENT CONFERENCE THAT SHE SCHEDULED  
5 FOR NEXT TUESDAY, WE' LL HAVE AN OPPORTUNITY TO TALK  
6 ABOUT THE SCOPE OF THE ISSUES THAT REMAINS, WHAT  
7 DISCOVERY, IF ANY, IS NECESSARY IN ORDER TO RESOLVE  
8 THOSE ISSUES, AND WHEN WE CAN SET A HEARING DATE TO  
9 BRING IT TO CLOSURE.

10 THE ONE ADDITIONAL POSITIVE ASPECT ABOUT THE  
11 COURT'S RULING IS THAT SHE RECOGNIZED THAT THIS ACTION  
12 IS ENTITLED TO PREFERENCE ON THE COURT'S CALENDAR, AND  
13 SHE EXPRESSED A DESIRE TO BRING IT TO THAT HEARING AND  
14 TO A CONCLUSION PROMPTLY. SO WE'RE HOPEFUL THAT WE CAN  
15 CONTINUE TO PUSH THIS FORWARD AS QUICKLY AS POSSIBLE TO  
16 GET TO A RESOLUTION IN THE TRIAL COURT.

17 DR. CIBELLI: IF IT WERE THE CASE -- I'M  
18 ASSUMING THIS IS GOING TO GO BACK AND FORTH SEVERAL  
19 TIMES. SO THAT MEANS THAT THE FUNDS WILL BE STRANDED  
20 UNTIL WHEN? WHEN ARE YOU GOING TO BE --

21 MR. HARRISON: WELL, YOU'RE CORRECT, THAT  
22 THERE ARE DIFFERENT STAGES IN THE LITIGATION. WE'RE  
23 HOPEFUL TO GET THROUGH THIS FIRST STAGE IN THE TRIAL  
24 COURT SOMETIME IN THE SPRING, AND THE EARLIER, THE  
25 BETTER; BUT OBVIOUSLY IF WE'RE SUCCESSFUL, THE

1 PLAINTIFFS WILL HAVE AN OPPORTUNITY TO APPEAL. AND  
2 THAT WILL CONTINUE TO HAVE AN EFFECT ON THE STATE'S  
3 ABILITY TO MARKET THE BONDS. A POSITIVE RULING AND, IN  
4 FACT, EVEN THE RULING THAT THE COURT ISSUED THIS WEEK,  
5 WHICH DOES INDICATE THAT THE COURT FEELS THAT SEVERAL  
6 OF THE PLAINTIFF'S CLAIMS LACK MERIT, DOES HELP US IN  
7 TERMS OF CONVINCING POTENTIAL PURCHASERS OF BOND  
8 ANTICIPATION NOTES THAT THEIR OF RISK NOT BEING REPAID  
9 IS MINIMAL.

10 SO I THINK WE HAVE MADE SOME PROGRESS.  
11 UNFORTUNATELY WE STILL HAVE A WAYS TO GO UNTIL WE CAN  
12 ULTIMATELY REACH THE END OF THE ROAD, WHICH IS A FINAL  
13 JUDGMENT WITH ALL APPEALS EXHAUSTED.

14 DR. HALL: WE ARE TRYING RAISE BRIDGE  
15 FUNDING; AND WHILE I THINK WE HAVE POSITIVE RESULTS IN  
16 THAT AREA, WE HAVE NOT REACHED CONCLUSION, AND WE ARE  
17 HOPEFUL THAT SHORTLY AFTER THE FIRST OF THE YEAR, WE  
18 WILL HAVE SOME MONEY THAT WILL ALLOW US TO AT LEAST TO  
19 FUND THE TRAINING GRANTS.

20 DR. ROWLEY: HOW MUCH IS THE TOTAL FOR THE 16  
21 TRAINING GRANTS APPROVED?

22 DR. CHIU: \$12.1 MILLION FOR THE FIRST YEAR  
23 OF TRAINING, AND A TOTAL OF ALMOST \$38 MILLION TO FULLY  
24 FUND THE THREE YEARS.

25 DR. TAYLOR: I THINK I'M IN AGREEMENT, BUT

1 I'M JUST SORT OF CURIOUS AS TO A PRIORI, THE TRAINING  
2 GRANT, WAS THAT COMPONENT SET OUT AS THE MOST IMPORTANT  
3 FIRST STEP WITH OBVIOUSLY THE FIRST 12 MILLION THAT YOU  
4 CAN RAISE, NOT THAT I -- I WAS JUST SORT OF CURIOUS AS  
5 TO WHAT THE THINKING WAS.

6 DR. HALL: THERE ARE TWO REASONS FOR THAT.  
7 WE DECIDED TO ISSUE THAT RFA EARLY ON. ONE WAS THAT WE  
8 SAW THE TRAINING OF STEM CELL RESEARCHERS AS A CLEAR  
9 AND URGENT NEED FOR THE ENTIRE PROJECT AND ONE THAT WAS  
10 A SORT OF LONG-TERM INVESTMENT. THERE WILL BE AN  
11 ENORMOUS EXPANSION OF STEM CELL RESEARCH IN THE STATE  
12 AS A RESULT OF THIS. THAT WILL TAKE A LARGE INCREASE  
13 IN MANPOWER. AND SO ALSO OUR SENSE HAD BEEN THAT  
14 BECAUSE OF FEDERAL POLICY, A LOT OF YOUNG PEOPLE WERE  
15 AVOIDING THIS AREA BECAUSE OF THE UNCERTAINTY IN  
16 FUNDING DOWN THE LINE, SO WE WANTED TO SEND A LOUD AND  
17 CLEAR SIGNAL.

18 AND THE OTHER IS A MORE PRACTICAL MATTER, AND  
19 THAT IS THAT WE WANTED TO GET OUR GRANT-MAKING ACTIVITY  
20 STARTED AS QUICKLY AS POSSIBLE. IT WAS AT A TIME WHEN  
21 OUR STAFF WAS VERY LIMITED. WE WERE JUST PUTTING  
22 TOGETHER OUR GRANTS WORKING GROUP, OUR PROCEDURES WERE  
23 UNCLEAR, WE'RE STILL WORKING THESE THINGS OUT, AND WE  
24 THOUGHT THAT IF WE PUT OUT A CALL FOR RESEARCH GRANTS,  
25 WE WOULD GET PROBABLY HUNDREDS OF APPLICATIONS AND

1 WOULD BE OVERWHELMED. BUT WE RECEIVED, I THINK, IN THE  
2 END 26 APPLICATIONS, IF I'M NOT MISTAKEN. THIS IS A  
3 MANAGEABLE NUMBER. ACTUALLY IT WORKED OUT VERY WELL,  
4 SO WE WERE ABLE TO WALK THROUGH THE PROCEDURES, AND WE  
5 WERE VERY PLEASED WITH THE WAY THAT CAME OUT. WE HAVE,  
6 WE THINK, AN EXCELLENT TRAINING PROGRAM ONCE WE HAVE  
7 THE FUNDS.

8 AND I WILL SAY THAT THE PROCEDURES ALSO  
9 PRESENT SOME CHALLENGES FOR US. THE FINAL DECISION IS  
10 MADE IN A PUBLIC MEETING, FOR EXAMPLE, BY OUR BOARD,  
11 WHICH IS UNUSUAL FOR THE KINDS OF PROCESS THAT WE'RE  
12 USED TO RATHER THAN WITH THE NIH. AND SO TO MANAGE THE  
13 DIFFERENT STEPS OF THE PROCESS AND TO DO IT IN  
14 ACCORDANCE WITH BOTH STATE LAW AND TO HAVE A MAXIMUM  
15 POSSIBLE TRANSPARENCY WHILE MAINTAINING CONFIDENTIALITY  
16 WAS A BIT OF A CHALLENGE FOR US. WE WERE ABLE TO WORK  
17 THROUGH HOW WE DID THAT ON A RELATIVELY SMALL SCALE, AS  
18 I SAY, WITHOUT HAVING TO HANDLE EXTREMELY LARGE NUMBERS  
19 OF GRANTS. SO IT WAS A VERY GOOD WAY FOR US TO GET  
20 GOING. WE HAVE THE TRAINING PROGRAM IN PLACE.

21 ALSO, I THINK IT'S, IN RETROSPECT, A MODEST  
22 AMOUNT OF MONEY GIVEN OUR DIFFICULTIES. IF WE HAD TO  
23 RAISE 200 MILLION, LET'S SAY, TO FUND A BROAD RESEARCH  
24 PROGRAM, I THINK THAT'S MUCH MORE DIFFICULT THAN THIS.  
25 SO IT WAS BOTH A SUBSTANTIVE AND SCIENTIFIC RATIONALE

1 AND A PRACTICAL RATIONALE FOR DOING IT IN THAT WAY.

2 DR. TAYLOR: IT'S HARD TO KNOW WHETHER YOU  
3 SHOULD BUILD AUTOMOBILES FIRST OR PETROLEUM PROCESSING  
4 PLANT, BUT I THINK IT WAS A GOOD DECISION.

5 DR. HALL: MODERN VERSION OF THE CHICKEN OR  
6 THE EGG.

7 VICE CHAIR LO: ANY OTHER QUESTIONS FOR  
8 ARLENE? THANKS VERY MUCH. WE'LL LOOK FORWARD TO  
9 HEARING FROM YOU AGAIN IN THE FUTURE.

10 I WANT TO SORT OF SHIFT GEARS A LITTLE BIT  
11 AND MOVE ON TO SOME ISSUES THAT ARE DIFFERENT THAN THE  
12 CONSENT ISSUES WE'VE BEEN DISCUSSING, OR SOMEWHAT  
13 DIFFERENT AT LEAST. I THINK WE'VE HAD A VERY RICH AND  
14 VERY PRODUCTIVE AND VERY USEFUL DISCUSSION. GIVEN WE  
15 HAVE A LOT OF THINGS FOR STAFF TO KIND OF TRANSLATE  
16 INTO REGULATORY LANGUAGE, WHICH I THINK WE'LL TRY AND  
17 DO BEFORE OUR NEXT MEETING, THERE'S ANOTHER SET OF  
18 ISSUES THAT REALLY HAVE TO DO WITH THREE DIFFERENT  
19 CATEGORIES OF RESEARCH YOU MIGHT FUND.

20 HERE, LET ME JUST DIRECT YOUR ATTENTION TO  
21 TAB 6, PAGE 4 OF THE DRAFT CIRM REGULATIONS. IT'S A  
22 PAGE THAT LOOKS LIKE THIS. IT'S GOT A RED LINE TOWARDS  
23 THE BOTTOM. AND WHAT WE'VE DONE -- LET ME JUST GIVE  
24 YOU A SECOND. IT'S SECTION 100006.

25 WE SET OUT HERE THREE DIFFERENT BROAD

1 CATEGORIES OF RESEARCH. ONE IS STEM CELLS DERIVED WITH  
2 CIRM FUNDING AFTER THIS POLICY GOES INTO EFFECT. B IS  
3 STEM CELLS DERIVED WITHOUT CIRM FUNDING, BUT AFTER THE  
4 EFFECTIVE DAY OF THIS POLICY. AND THE CONTEXT IS A  
5 CIRM-FUNDED RESEARCHER WANTS TO WORK WITH A STEM CELL  
6 LINE DERIVED WITHOUT CIRM FUNDING. SO YOU MIGHT THINK  
7 OF SOMEONE WANTING TO USE LINES THAT DOUG MELTON MIGHT  
8 DERIVE AFTER THESE GUIDELINES GO INTO EFFECT OR  
9 DR. HWANG'S GROUP MIGHT HAVE DERIVED. AND A THIRD  
10 CATEGORY IS STEM CELL LINES DERIVED BEFORE THE  
11 EFFECTIVE DATE OF THE FUNDING. SO THINK OF SOMETHING  
12 SITTING IN KEVIN'S LAB OR DOUG MELTON'S LAB OR DR.  
13 HWANG'S LAB.

14 OBVIOUSLY FOR THE FIRST CATEGORY, IT'S DONE  
15 WITH CIRM FUNDING AFTER THE IMPACT OF THE POLICY. ALL  
16 THE OTHER THINGS THAT WE'RE TALKING ABOUT HAVE TO --  
17 ALL THESE CRITERIA HAVE TO BE MET. AND THERE'S A  
18 COUPLE OF EXTRAS THAT ARE LISTED UNDER 1, 2, 3, 4.

19 B RAISES THE QUESTION OF IF WE'RE NOT FUNDING  
20 THE RESEARCH, BUT OUR SCIENTISTS ARE GETTING FUNDS TO  
21 WORK WITH A CELL LINE, WHAT ARE THE MINIMAL  
22 REQUIREMENTS THAT WE WANT TO HAVE FOR THOSE CELL LINES,  
23 TAKING INTO ACCOUNT ALL THE PRACTICAL DIFFICULTIES OF  
24 FINDING OUT A LOT OF THE DETAILS IF THEY'RE DERIVED  
25 UNDER SOMEBODY ELSE'S AUSPICES.



1           SO THE CHALLENGE HERE IS TO FIND WHAT ARE THE  
2 THINGS THAT WE WOULD WANT AS SORT OF MINIMAL  
3 REQUIREMENTS SO THAT IF THEY WEREN'T -- IF THERE WAS  
4 NONCOMPLIANCE, WE WOULD NOT ALLOW CIRM FUNDS TO BE USED  
5 FOR RESEARCH WITH THOSE LINES.

6           AND THE THIRD CATEGORY IS GOING BACKWARDS  
7 EVEN MORE IN TIME, SORT OF THE GRANDPARENTING ISSUE.  
8 THIS WOULD INVOLVE NIH STEM CELL LINES, FOR EXAMPLE,  
9 WHERE THEY MAY NOT MEET THE CRITERIA THAT ARE SET OUT  
10 IN A OR B. THEY WERE DERIVED SOME TIME AGO, BUT  
11 THEY'RE SCIENTIFICALLY IMPORTANT. AND SINCE THEY'RE  
12 ALREADY IN EXISTENCE, SHOULD WE ALLOW CIRM FUNDS TO BE  
13 USED FOR RESEARCH WITH THEM?

14           JEFF AND STAFF HAVE FORMATTED THIS AS SORT OF  
15 ONE WAY OF LOOKING AT IT IS THE EQUIVALENT PROTECTION  
16 STANDARDS. INCLUDED IN OUR BRIEFING WERE SOME  
17 MATERIALS FROM THE DEPARTMENT OF HEALTH AND HUMAN  
18 SERVICES, WHICH ARE THE FEDERAL KIND OF GUIDELINES FOR  
19 IF SOMETHING IS DERIVED WITHOUT FEDERAL FUNDING AND  
20 DOESN'T NEED TO FALL UNDER FEDERAL REGULATIONS, WHAT  
21 ARE THE SORT OF EQUIVALENT PROTECTIONS YOU WOULD WANT  
22 TO HAVE IN PLACE TO DEEM THEM ACCEPTABLE FOR FUNDING?

23           SO WITH THAT FRAMEWORK IN MIND, I WAS GOING  
24 TO ASK US TO TURN OUR ATTENTION TO -- MAYBE WE COULD  
25 START WITH B FOR STEM CELL LINES DERIVED WITHOUT OUR

1 FUNDING, WHAT ARE THE MINIMAL STANDARDS WE WOULD WANT  
2 TO SEE APPLIED TO THOSE STEM CELL LINES?

3 AND SOME OF THE THINGS THAT HAVE BEEN  
4 SUGGESTED WERE THAT IT HAVE SOME SORT OF IRB AND/OR  
5 ESCRO APPROVAL. IT STRIKES ME SOMETHING ABOUT CONSENT,  
6 WHICH ACTUALLY ISN'T UNDER B(1) HERE, BUT FREE AND  
7 VOLUNTARY CONSENT, I THINK WE'D WANT THIS PERHAPS.  
8 WITHOUT PAYMENT BEYOND REIMBURSEMENT, AGAIN TO BE  
9 CONSISTENT WITH PROP 71, AND I GUESS GIVEN OUR  
10 DISCUSSION TODAY, WOULD WE WANT TO SAY WITHOUT ANY  
11 RESTRICTIONS PLACED ON FUTURE DOWNSTREAM SCIENTIFIC  
12 USES?

13 BUT I THINK THIS IS A CHANCE FOR US TO THINK  
14 ABOUT WHAT WE WOULD WANT TO SEE IN THIS CONTEXT.

15 DR. EGGAN: WHAT YOU JUST SAID, CAN WE SEE  
16 THAT LANGUAGE FROM THE CIRM LEGISLATION AGAIN, OR CAN  
17 THAT BE READ AGAIN BECAUSE DOES THE CIRM LEGISLATION  
18 SPEAK ABOUT -- IT CERTAINLY SAYS THAT CIRM RESEARCH  
19 DOLLARS CAN'T BE USED FOR RESEARCH INVOLVING  
20 DERIVATION, WHICH INCLUDES COMPENSATION, BUT DOES IT  
21 SPEAK TO OUTSIDE CELL LINES SPECIFICALLY?

22 MR. HARRISON: IT DOES NOT SPECIFICALLY SPEAK  
23 TO THAT. THE LANGUAGE, AS I READ IT, IT SIMPLY SAYS  
24 STANDARDS PROHIBITING COMPENSATION TO RESEARCH DONORS  
25 OR PARTICIPANTS WHILE PERMITTING REIMBURSEMENT OF

1 EXPENSES. IT'S NOT SPECIFICALLY ADDRESSED. I THINK  
2 THERE IS A QUESTION REGARDING THE INTENT THAT WE WOULD  
3 HAVE TO EVALUATE.

4 DR. EGGAN: I THINK THIS IS A BIG DEAL. I  
5 THINK THERE MAY BE OTHER GROUPS WHICH DECIDE IT'S  
6 REASONABLE TO, SAY, COMPENSATE FOR LOST TIME AND MAY  
7 MAKE VERY VALUABLE REAGENTS THAT CIRM RESEARCHERS MAY  
8 WANT TO USE. AND THIS IS A SITUATION -- I DON'T SEE  
9 THIS AS A LOOPHOLE. I SEE THIS AS A DIFFERENCE IN  
10 OPINION. AND CERTAINLY I DON'T THINK THAT WE SHOULD --  
11 I DON'T THINK -- I'M NOT SURE THAT WE THIS AS WRITTEN  
12 HERE AT THIS TIME.

13 DR. HALL: I'D JUST LIKE TO ECHO WHAT KEVIN  
14 SAID. I THINK IT WAS STATED BEFORE THAT THIS IS AN  
15 ISSUE IN WHICH A VERY THOUGHTFUL AND CONSIDERED CASE  
16 CAN BE MADE ON BOTH SIDES OF THIS ISSUE. IT'S NOT SO  
17 SIMPLE. AND ALTHOUGH WE MAY AGREE THAT OUR OWN  
18 STANDARD IS FOR DERIVING CELL LINES, WE CHOOSE ONE, I  
19 WOULD LIKE TO ASK THE WORKING GROUP TO AT LEAST  
20 CONSIDER THE POSSIBILITY OF WHETHER IT MIGHT NOT  
21 ACKNOWLEDGE THAT THERE MAY BE AN HONEST DIFFERENCE OF  
22 OPINION BY OTHER GROUPS ON THIS ISSUE, AND THAT TO  
23 CATEGORICALLY RULE OUT THE USE OF THOSE CELL LINES BY  
24 CALIFORNIA RESEARCHERS MIGHT NOT BE A MISTAKE. SO JUST  
25 TO CONSIDERATION AND DISCUSSION OF THAT ISSUE, I JUST

1 ECHO KEVIN, I THINK WOULD BE VERY USEFUL AND HELPFUL TO  
2 US.

3 DR. KIESSLING: AGAIN, I WOULD LIKE TO HAVE  
4 WHETHER OR NOT THE DONORS ARE COMPENSATED BE NOT THE  
5 MOST IMPORTANT CONSIDERATION. THE MOST IMPORTANT  
6 CONSIDERATION IS WHETHER THEY HAD FULLY INFORMED  
7 CONSENT AND THAT THEY KNEW EXACTLY WHAT THEY WERE  
8 DOING. I THINK THE ISSUE OF COMPENSATION SHOULD BE --

9 DR. HALL: INFORMED AND VOLUNTARY.

10 DR. KIESSLING: RIGHT. I THINK HOW THE  
11 DONORS WERE RECRUITED AND HOW THEY WERE TREATED DURING  
12 AND AFTER, I THINK THAT IS A FAR BIGGER ISSUE AND FAR  
13 MORE IMPORTANT THAN WHETHER OR NOT THEY WERE  
14 COMPENSATED.

15 SECONDLY, I THINK IT'S REALLY IMPORTANT TO  
16 NOT SUBSTITUTE THE TERM "OUT OF POCKET." I THINK THAT  
17 SHOULD NOT APPEAR BECAUSE THAT'S NOT WHAT THE STATUTE  
18 SAYS.

19 VICE CHAIR LO: COMMENTS, THOUGHTS?

20 DR. PRIETO: I AGREE THAT THAT SEEMS TO  
21 RESTRICT US UNNECESSARILY AND RATHER JUST GO BACK TO  
22 THE ORIGINAL LANGUAGE OF REIMBURSEMENT OF EXPENSES.

23 DR. EGGAN: AGAIN, THIS IS MAYBE EVEN MORE  
24 LIMITING THAN WE NEED TO BE BECAUSE THE LEGISLATION MAY  
25 SAY THAT WE CANNOT DERIVE CELL LINES EXCEPT UNDER THESE

1 CONDITIONS, BUT IT DOESN'T SPEAK TO CELL LINES DERIVED  
2 OUTSIDE. AGAIN, IS THAT THE LANGUAGE THAT WE WANT TO  
3 HAVE IN PART B?

4 DR. PRIETO: JAMES, DOES THE INITIATIVE  
5 ACTUALLY SPECIFICALLY REFER TO DERIVATION?

6 MR. HARRISON: NO. WHAT THE ACT PROHIBITS IS  
7 CIRM COMPENSATION OF DONORS FOR ANYTHING OTHER THAN  
8 REIMBURSEMENT OF EXPENSES. SO WE'RE REALLY TALKING  
9 ABOUT CIRM FUNDING TO THE DONORS AS THE LIMITATION.

10 DR. EGGAN: ACTUALLY THIS IS EVEN A MUCH  
11 BROADER ISSUE BECAUSE ONE CAN CONSIDER A SITUATION  
12 WHERE CIRM FUNDS DERIVATION, BUT FROM OTHER FUNDS FROM  
13 THAT RESEARCH GROUP COME THE FUNDS FOR COMPENSATION.

14 DR. HALL: LET'S LEAVE THAT TECHNICALITY  
15 ASIDE FOR THE MOMENT AND JUST CONSIDER THE ISSUE OF THE  
16 USE OF LINES DERIVED ELSEWHERE WHERE COMPENSATION IS  
17 PERMITTED. I THINK THAT'S THE FIRST ISSUE TO REALLY  
18 HAVE A CLEAR, WHATEVER IT IS, CLEAR POLICY ON WHETHER  
19 TO SAY WE WANT TO APPLY THIS STANDARD TO ALL OR TO SAY  
20 THAT WE RECOGNIZE THERE MAY BE A DIFFERENCE.

21 DR. EGGAN: I THINK THE FIRST IS A LOOPHOLE  
22 WE WANT TO CLOSE, AND THE SECOND ONE IS A LOOPHOLE THAT  
23 WE PROBABLY WANT TO LEAVE OPEN, AT LEAST IN MY OPINION.

24 DR. HALL: IT'S FINE. JUST TAKE THEM IN ONE  
25 ORDER OR THE OTHER.

1 DR. TAYLOR: FOR THIS ONE IT SEEMS THAT THE  
2 VOLUNTARY INFORMED CONSENT SHOULD BE ENOUGH. AND  
3 WITHOUT A DISCUSSION, I AGREE WITH ANN, WITHOUT A  
4 DISCUSSION, NOT ONLY MAKE IT A LOWER PRIORITY. IT  
5 DOESN'T SEEM TO ME IT NEEDS TO BE A PRIORITY LISTED IN  
6 OUR CRITERIA FOR ACCEPTANCE. I THINK THAT PREVIOUS  
7 CELL LINES, IF THEY WERE DERIVED UNDER APPROPRIATE  
8 INFORMED CONSENT, COULD BE ELIGIBLE AND WITH NO  
9 DISCUSSION OF COMPENSATION.

10 DR. ROWLEY: I WOULD SUPPORT ROB'S POINT OF  
11 VIEW.

12 DR. HALL: TECHNICALLY CONSIDERING ONES THAT  
13 ARE DERIVED AFTER THIS AND AS IT'S WRITTEN HERE.

14 VICE CHAIR LO: WE'VE SEPARATED OUT BEFORE  
15 AND AFTER.

16 DR. HALL: IN THE FUTURE WILL WE TAKE CELL  
17 LINES, AND THEN WE'LL DEAL WITH THE OTHERS LATER.

18 VICE CHAIR LO: THAT'S A SEPARATE ISSUE.

19 MS. FEIT: FOR THOSE OF YOU HAVE -- ARE WITH  
20 WORKING STEM CELL LINES, OBVIOUSLY YOU WORKED WITH THEM  
21 BEFORE THIS POINT IN TIME THAT PROP 71 CAME ALONG. SO  
22 I'M ASSUMING, OR MAYBE THAT'S A WRONG ASSUMPTION, THAT  
23 YOU APPLIED MAYBE THE ACADEMY GUIDELINES TO YOUR CELL  
24 LINES, OR IS THAT A WRONG ASSUMPTION, OR YOU HAD  
25 STANDARDS THAT YOU USED?

1 DR. EGGAN: I THINK THE DIFFICULT ISSUE HERE  
2 IS THAT THIS SITUATION IS DYNAMIC. AND I CAN CERTAINLY  
3 TELL YOU THAT IN MY CLOSE COLLEAGUE'S LABORATORY, DOUG  
4 MELTON'S LABORATORY, THERE HAVE BEEN ISSUES, JUST HOW  
5 BROAD IS BROAD ENOUGH WITH RESPECT TO INFORMED CONSENT?  
6 THIS IS VERY MUCH A MOVING TARGET, AND SCIENTISTS ARE  
7 DOING THE BEST THAT THEY CAN, BUT THEY'RE STILL  
8 LEARNING A LOT ABOUT WHAT'S BEST. AND SO CERTAINLY,  
9 YOU KNOW, FOR INSTANCE, FOR SOME OF THE ORIGINAL LINES  
10 DERIVED IN THE MELTON LABORATORY, THE CONSENT WAS NOT  
11 AS BROAD AS ONE MIGHT HAVE LIKED TO HAVE SEEN, BUT  
12 THERE ARE CERTAINLY DECISIONS BY GROUPS LIKE THE  
13 CANADIAN GOVERNMENT THAT THE INTENT DONORS WAS BROAD  
14 EVEN THOUGH THE LANGUAGE MAY NOT HAVE BEEN THE LANGUAGE  
15 YOU MIGHT HAVE LIKED TO HAVE SEEN IN THE MOST SPECIFIC  
16 CASE.

17 THIS IS A LONG WAY OF SAYING THAT THERE -- I  
18 THINK THERE NEEDS TO BE SOME SORT OF UNDERSTANDING,  
19 THAT THERE ARE DIFFERENCES OF OPINIONS. AS LONG AS  
20 THERE WAS FREE AND INFORMED CONSENT, THEN I THINK THAT  
21 WE MAY WANT TO LET SOME THINGS GO BY IN ORDER TO ENABLE  
22 THE SCIENCE. I'M NOT SURE.

23 VICE CHAIR LO: LET'S DISTINGUISH LINES THAT  
24 ARE GOING TO BE DERIVED AFTER OUR REGULATIONS GO IN  
25 EFFECT, WHICH IS WHAT I'D LIKE TO TALK ABOUT FIRST.

1 THEN THE HARDER SITUATION IS THESE GRANTS --

2 DR. EGGAN: THAT'S WHAT I'M SAYING. I'M  
3 SAYING THE THINGS MAY CONTINUE -- IT'S GOING TO  
4 CONTINUE TO BE A MOVING TARGET EVEN AFTER. WE'RE GOING  
5 TO SAY WHAT IT'S GOING TO BE, BUT THEN THINGS ARE GOING  
6 TO CONTINUE TO CHANGE.

7 DR. KIESSLING: I THINK THE ANSWER TO MARCY'S  
8 QUESTION IS THAT THE TECHNOLOGY FOR DERIVING STEM CELLS  
9 FROM EGG DONORS IS NEW. WHAT KEVIN IS TALKING ABOUT  
10 ARE CELLS THAT ARE DERIVED FROM FROZEN EMBRYOS. SO THE  
11 EGG DONOR ISSUES ARE BRAND NEW.

12 DR. HALL: LET ME JUST ADD TO THAT. IN  
13 ACTUALLY HISTORICAL FACT, PROPOSITION 71 INCLUDED THE  
14 NO COMPENSATION. THE NATIONAL ACADEMY GUIDELINES  
15 APPEARED ONLY LAST APRIL, AND THEY ADOPTED A STANDARD  
16 THAT WAS IN PROPOSITION 71. THEY MADE CONSCIOUS  
17 REFERENCE TO THE FACT THAT IT HAD BEEN FIRST IN  
18 PROPOSITION 71. AND SO JUST TO UNDERSTAND THE HISTORY  
19 OF THAT.

20 SECONDLY, THE NATIONAL ACADEMY GUIDELINES  
21 HAVE ONLY BEEN IN EFFECT SINCE APRIL. SO AS KEVIN  
22 SAYS, IT'S VERY MUCH A CHANGING STANDARD AND A MOVING  
23 TARGET. BUT I THINK RIGHT NOW, JUST TO EMPHASIZE THE  
24 POINT, WE'RE TALKING ABOUT ONES THAT MIGHT BE DERIVED  
25 IN THE FUTURE. THAT'S THE REAL ISSUE.



1 DR. CIBELLI: I WONDER IF -- SO THERE ARE TWO  
2 THINGS HERE. ONE IS ASK THE QUESTION WHETHER THIS  
3 RESEARCH -- THIS CELL LINES WERE DERIVED AFTER IRB  
4 APPROVAL, INDEPENDENT IRB APPROVAL. I THINK WE ALL  
5 AGREE WITH THAT.

6 THE THING THAT IS A LITTLE BIT MORE DIFFICULT  
7 IS TO JUDGE HOW WAS THE CONSENT FORM MADE. AND I  
8 WONDER FOR US IT WOULD BE TOO HARD TO JUDGE THAT  
9 BECAUSE THERE ARE NOT TOO MANY CELL LINES DERIVED BY IN  
10 THIS CASE SOMATIC CELL NUCLEAR TRANSFER THAT WILL COME  
11 TO CALIFORNIA. SO IT WOULDN'T BE TOO HARD FOR THIS  
12 COMMITTEE TO SAY, OKAY, IF WE JUDGE THE CONSENT FORMS  
13 ARE ETHICALLY -- THE WORD HERE IS ETHICALLY DERIVED  
14 MATERIALS. SO IF WE CAN LOOK AT THE CONSENT FORM AND  
15 DECIDE THAT IT'S NOT A CONSENT FORM, IT'S JUST A JOKE,  
16 WE SHOULDN'T ALLOW THOSE CELL LINES TO BE SPONSORED BY  
17 CIRM. AND IF WE THINK THAT THOSE CONSENT FORMS ARE  
18 APPROPRIATE, WE SHOULD GO FORWARD.

19 I DON'T THINK IT'S AN ENORMOUS TASK BECAUSE I  
20 DON'T THINK THERE ARE TOO MANY CELL LINES. HONESTLY, I  
21 DON'T THINK THERE ARE TOO MANY.

22 DR. HALL: IT'S NOT JUST EGG DONORS AS WE'RE  
23 TALKING HERE. THAT'S CERTAINLY THE ONE ISSUE, BUT ALSO  
24 EMBRYO DONORS.

25 DR. CIBELLI: SO YOU HAVE A HANDFUL OF

1 CLINICS AROUND THE WORLD. WE HAVE A COUPLE IN ISRAEL,  
2 WE HAVE SPAIN, AUSTRALIA, YOU MAY HAVE SINGAPORE, THE  
3 UK, SO THERE ARE NOT TOO MANY. AND WE COULD GO -- I  
4 THINK THIS IS GOING TO BE OUR ROLE JUST TO MAKE SURE  
5 THAT IF YOU ARE GOING TO APPROVE THAT, IF YOU ARE  
6 GOING -- THIS WILL BE A NICE PLACE WHERE WE CAN BE  
7 VERY, VERY VULNERABLE. IF WE JUST LET THEM -- IF WE  
8 ALLOW FUNDS TO BE USED AND THE CELL LINES WERE DERIVED  
9 IN A WAY THAT WE NEVER APPROVED, BUT, OOPS, WE FORGOT  
10 TO LOOK AT THE CONSENT FORM, WE NEVER ASKED FOR IT.  
11 THIS SHOULD BE OUR ROLE. WE SHOULD BE THE ONES LOOKING  
12 FOR THE CONSENT FORM.

13 DR. HALL: THERE IS A PROBLEM, HOWEVER, LET  
14 ME JUST POINT OUT. THAT IS, THAT WHATEVER WE PUT HERE  
15 WILL BECOME A CALIFORNIA REGULATION, AND IT WILL BE  
16 VERY, VERY DIFFICULT TO CHANGE. SO WHAT WE WANT TO DO  
17 IS SET OUT PROCEDURES THAT WILL, I THINK, GUIDE  
18 WHATEVER DECISIONS ARE MADE. THAT IS, I'M NOT SURE  
19 WHAT YOU ARE SAYING HERE, BUT I THINK WHAT WE DON'T  
20 WANT TO DO IS TO HAVE SPECIFIC APPROVALS HERE.

21 DR. CIBELLI: WHAT I'M SAYING IS LET'S SAY  
22 THERE ARE 30 DIFFERENT LABORATORIES AROUND THE WORLD  
23 AND THEY HAVE CELL LINES ALREADY CIRCULATING AROUND,  
24 AND PEOPLE FROM CALIFORNIA WANTS TO USE THOSE CELL  
25 LINES. ALL WE HAVE TO DO IS SEND US THE CONSENT FORMS.

1 IF THEY ARE OKAY --

2 DR. HALL: I DON'T THINK WE WANT TO DO THAT.  
3 WHAT WE WANT TO DO IS TO SAY TO THE ESCRO'S THAT THEY  
4 MUST BE ASSURED THAT THE FOLLOWING PRINCIPLES HAVE BEEN  
5 FOLLOWED. THAT'S WHAT I THINK THIS -- TO PUT INTO THIS  
6 REGULATION, THAT'S WHAT WE NEED TO DO.

7 DR. CIBELLI: YOU REALIZE THAT EVERY SINGLE  
8 COUNTRY WILL HAVE A DIFFERENT WAY OF DOING THINGS.

9 DR. HALL: I KNOW, BUT WE CAN'T EXAMINE THOSE  
10 AND PUT IT IN THE REGULATION TO SAY -- SO THAT'S MY  
11 ONLY POINT, THAT WE NEED TO ESTABLISH THE PRINCIPLES  
12 AND TO SAY WHAT IT IS WE'LL ACCEPT, AND THEN THE  
13 ESCRO'S WILL HAVE TO ENFORCE THAT.

14 DR. EGGAN: UNLESS WE TOOK AN ENTIRELY  
15 DIFFERENT TACT, AND THAT ENTIRELY DIFFERENT TACT COULD  
16 BE TO SAY THAT CIRM-FUNDED RESEARCH CAN ONLY BE  
17 CONDUCTED ON EMBRYONIC STEM CELL LINES WHICH ARE  
18 DEPOSITED IN THE CIRM STEM CELL BANK. AND ONLY CIRM  
19 BANK LINES WILL HAVE BEEN APPROVED BY THIS OR SOME  
20 OTHER GROUP THAT WE APPROVE OF, RIGHT, SO THAT WOULD BE  
21 ANOTHER -- THAT WOULD CERTAINLY LIVE UP TO THE MODEL  
22 THAT JOSE WAS JUST SAYING. SO IT WOULD BE A TOTALLY  
23 DIFFERENT TACK -- I'M NOT SAYING THAT'S ONE WE SHOULD  
24 TAKE, BUT THAT COULD BE DONE.

25 DR. HALL: YES. THAT NEEDS TO BE BROUGHT

1 INTO, AND THE PROBLEM IS THAT'S ALSO A MOVING TARGET.  
2 WE WILL HAVE TO HAVE PLANS FOR THE BANK, SET IT UP, AND  
3 BE SURE THAT IT'S IN EXISTENCE. OTHERWISE, YOU MAY  
4 RESTRICT -- NOBODY CAN USE THESE THINGS UNTIL WE SET  
5 THE BANK UP. THAT'S NOT WHAT WE WANT. THAT MAY TAKE  
6 AWHILE, PARTICULARLY GIVEN OUR FUNDING SITUATION. SO I  
7 THINK WE NEED TO HAVE SOMETHING, IN MY VIEW --

8 DR. EGGAN: IN THE MEANTIME.

9 DR. KIESSLING: ARE WE DISCUSSING SECTION 6  
10 AS THIS IS A DRAFT THAT YOU WANT TO US TO DISCUSS,  
11 SECTION 6, IS THAT WHAT WE'RE DOING? COULD I SUGGEST,  
12 BERNIE, THAT YOU JUST TAKE US THROUGH THAT POINT BY  
13 POINT AND WE CAN TALK ABOUT EACH POINT AND WE CAN GET  
14 THROUGH THIS FOR YOU PRETTY QUICKLY?

15 DR. TAYLOR: THE FACT THAT WE HAVEN'T BEEN  
16 ABLE TO GET THROUGH ONE POINT.

17 DR. KIESSLING: SOME OF THESE THINGS WE'RE  
18 GOING TO REALLY AGREE WITH, AND OTHERS ARE GOING TO  
19 CHANGE BECAUSE OF OUR DISCUSSION TODAY. I THINK IF YOU  
20 TOOK US THROUGH SECTION 6(A)(1), (2), (3), (4).

21 DR. EGGAN: MAYBE SOME OF THESE THINGS AREN'T  
22 A PROBLEM.

23 VICE CHAIR LO: SECTION A, I THINK THAT'S NOT  
24 GOING TO BE AS CONTROVERSIAL BECAUSE WE GET TO CALL THE  
25 SHOTS WITH THINGS WE FUND.

1 DR. KIESSLING: NO. 4 HAS CHANGED NOW,  
2 (A) (4).

3 VICE CHAIR LO: LET'S GO THROUGH GO. OKAY.  
4 SO (A) IS STEM CELLS DERIVED WITH CIRM FUNDING AFTER  
5 THE EFFECTIVE DAY OF THIS POLICY.

6 DR. HALL: LET ME JUST ASK ISN'T (A) WHAT  
7 WE'VE BEEN TALKING ABOUT MOST OF THE DAY? AND THAT  
8 WILL BE REDONE IN ACCORDANCE WITH -- THAT WILL BE  
9 REDONE IN ACCORDANCE WITH ALL THE DISCUSSION WE'VE HAD  
10 UP TO NOW, SO WE DON'T NEED TO DO THAT.

11 VICE CHAIR LO: (B) AND (C) WE HAVEN'T TALKED  
12 ABOUT TODAY, AND I THINK I'D LIKE TO HAVE THAT  
13 DISCUSSION.

14 DR. LOMAX: JUST SO FOLKS ARE CLEAR ON THE  
15 ORIGINS OF WHAT WE ARE WORKING OFF OF, (A) IS  
16 ESSENTIALLY TAKING WHAT WAS IN THE NATIONAL ACADEMIES  
17 GUIDELINES, AND THOSE SETS OF CONDITIONS THAT WERE  
18 APPROPRIATE FOR THE REVISED FRAMEWORK WERE DROPPED IN.  
19 SO (2), (3), AND (4) ARE ESSENTIALLY THE RAW MATERIAL  
20 FROM THE NATIONAL ACADEMIES' GUIDELINES. AND CORRECT,  
21 WE NOW NEED TO UPDATE THIS SECTION BASED ON TODAY'S  
22 DELIBERATIONS.

23 DR. KIESSLING: SO NOW WE'RE JUST TALKING  
24 ABOUT (B).

25 VICE CHAIR LO: LET'S TALK ABOUT (B) FOR A

1 MINUTE. FIRST WOULD BE IRB OVERSIGHT OR FROM AN  
2 EQUIVALENT BODY TO AN IRB. ANY DISAGREEMENT ON THAT?

3 DR. KIESSLING: I WOULD REALLY LIKE TO JUST  
4 DISREGARD THE WHOLE PAYMENT ISSUE. I THINK THAT JUST  
5 REALLY CLOUDS THIS DISCUSSION.

6 VICE CHAIR LO: LET'S GO THROUGH EVERYTHING  
7 BUT PAYMENT, BUT LET'S SEE IF WE CAN AT LEAST AGREE ON  
8 THE OTHER ONES. SO IRB OVERSIGHT, ANY CONCERNS  
9 ABOUT -- ANYONE NOT WANT TO HAVE THAT AS ONE OF OUR  
10 CORE CRITERIA? I THINK WE HAVE TO.

11 SECOND, WHICH ISN'T IN HERE, AND I THINK  
12 PROBABLY SHOULD BE IS FREE AND VOLUNTARY CONSENT FROM  
13 THE DONORS.

14 DR. PRIETO: AND THE WORDING THAT ANN  
15 MENTIONED, FULLY INFORMED, FREE, VOLUNTARY, AND FULLY  
16 INFORMED CONSENT.

17 DR. EGGAN: THAT'S RIGHT.

18 DR. CIBELLI: YOU CONSIDER THAT THE CONSENT  
19 FORM SHOULD BE -- YOU CONSIDER THE CONSENT FIRM SHOULD  
20 BE MADE AVAILABLE UPON CIRM REQUEST OR SOMETHING OF  
21 THAT NATURE.

22 DR. HALL: I THINK ANN'S POINT WAS THAT IT'S  
23 NOT JUST THE FORM. IT'S THE WHOLE PROCESS THAT NEEDS  
24 TO BE ACCEPTABLE. AND SO WE NEED TO WRITE IT TO  
25 REFLECT THAT, THAT THE FORM AND THE PROCESS SHOULD BE

1       SOMEHOW --

2                   VICE CHAIR LO:  IF WE GET THE CONCEPT THAT  
3       INFORMED AND FREE OR VOLUNTARY CONSENT ARE ESSENTIAL,  
4       AND THEN CRAFT THE LANGUAGE, LET US HAVE STAFF WORK ON  
5       THAT AND COME BACK TO US.  JOSE'S POINT IS WE HAVE TO  
6       HAVE ACCESS TO INFORMATION.

7                   DR. CIBELLI:  YOU DON'T WANT TO FIND OUT A  
8       YEAR LATER YOU WERE PAYING FOR SOMETHING THAT WAS -- I  
9       DON'T KNOW -- TAKEN UNETHICALLY.

10                  VICE CHAIR LO:  DIDN'T REALLY HAVE CONSENT.  
11       I THINK YOU'RE RIGHT.  OKAY.

12                  AND THEN LET'S SKIP OVER THE PAYMENT ISSUE  
13       FOR A MINUTE.  AND SHOULD WE REQUIRE THAT IF CIRM  
14       RESEARCHERS ARE GOING TO BE FUNDED TO WORK WITH, THERE  
15       SHOULD BE NO RESTRICTIONS ON THE DOWNSTREAM USE OF THE  
16       CELLS?  NO.

17                  DR. EGGAN:  NO, I DON'T THINK SO.  I DON'T  
18       THINK SO.  AND ALSO I THINK THE POINT WAS MADE THAT,  
19       SORT OF I THINK THE LANGUAGE EXPLICITLY WAS USED TO TRY  
20       TO PRECLUDE FUTURE ANONYMOUS GAMETE DONORS, WHICH IS  
21       ONE OF THE PROBLEMS IN THE PAST.  ALMOST CERTAINLY  
22       WE'RE ENDING UP GRANDFATHERING IN CELL LINES THAT WERE  
23       PROBABLY DERIVED USING SOME ANONYMOUS GAMETE DONORS.  
24       IN MY OPINION I THINK WE WANT TO MOVE TO PREVENTING THE  
25       USE OF THOSE TYPES OF CELL LINES IN THE FUTURE.  SO

1 THAT SHOULD BE -- I THINK, MY OPINION IS THAT SHOULD BE  
2 EXPLICITLY STATED.

3 DR. KIESSLING: SO COMES UNDER THE FULLY  
4 INFORMED CONSENT.

5 VICE CHAIR LO: ALL GAMETE DONORS.

6 DR. EGGAN: I JUST WOULD BE MORE COMFORTABLE  
7 IF IT ABSOLUTELY SAID THAT.

8 VICE CHAIR LO: I THINK THAT'S A GOOD  
9 SUGGESTION.

10 DR. CIBELLI: I FORGOT. WHAT WAS YOUR POINT?

11 VICE CHAIR LO: I GUESS THE CONCERN IS -  
12 REMEMBER, WE TALKED EARLIER THIS MORNING, I THINK IT  
13 WAS, ABOUT HOW IF WE'RE DERIVING UNDER CIRM FUNDING,  
14 WE'D LIKE THE LINES TO BE AVAILABLE FOR ALL KINDS OF  
15 USES THAT WE MAY NOT ANTICIPATE. SO WE WOULD NOT WANT  
16 CIRM FUNDING TO BE USED TO DERIVE LINES OR THE DONOR  
17 PUT RESTRICTIONS ON FUTURE USES THAT YOU CAN'T USE THEM  
18 FOR ANIMAL TRANSFER EXPERIMENTS OR --

19 DR. EGGAN: I THINK THERE MIGHT HAVE BEEN A  
20 MISUNDERSTANDING. I THINK WHAT WE WANT TO AVOID IS IN  
21 A SINGLE STUDY TO HAVE CERTAIN DONORS LINE ITEM VETOING  
22 CERTAIN THINGS THAT COULD BE DONE. I THINK THAT'S VERY  
23 IMPORTANT SO THAT WITHIN A PARTICULAR STUDY WHICH WAS  
24 PRESCRIBED FOR A PARTICULAR PURPOSE, THAT YOU HAVE  
25 DIFFERENT CLASSES OF EMBRYOS WITHIN THAT ONE PARTICULAR



1     STUDY.  I THINK THAT MAKES FOR AN IMPOSSIBLE SITUATION.  
2                    BUT THERE MAY BE CASES WHERE ONE DERIVES A  
3     LINE OR ONE HAS EMBRYOS DONATED FOR SPECIFIC THINGS  
4     WHICH ARE PRESCRIBED.  THERE MAY BE A DIFFERENCE OF  
5     OPINION ON THAT, BUT THAT'S WHAT I WAS -- I THINK THERE  
6     WAS LANGUAGE WHICH SAID THAT THE DONOR SHOULD HAVE THE  
7     ABILITY TO BE ABLE TO RULE OUT ANY PARTICULAR USE OF A  
8     PARTICULAR CELL LINE THAT'S DERIVED WITHIN A STUDY.  I  
9     GUESS I'M A LITTLE MORE -- THAT GETS TO BE MORE --  
10    BECAUSE THEN WITHIN ONE RUBRIC OF A STUDY WHERE YOU  
11    HAVE ALL OF THESE -- BECAUSE THEN YOU DON'T HAVE TO  
12    TRACK THE PARTICULAR DOCUMENTS THAT WERE USED IN THAT  
13    STUDY.  YOU HAVE TO TRACK EVERY SINGLE DOCUMENT THAT  
14    WAS USED FOR THAT STUDY, AND THAT'S WHERE THINGS BECOME  
15    IMPOSSIBLE.

16                   DR. HALL:  THAT'S AN NOT ISSUE, IS IT, FOR  
17    LINES DERIVED ELSEWHERE?  THAT IS, IF SOMEBODY SAYS  
18    THEY WANT TO DO SOME EXPERIMENTS ON A LINE THAT  
19    SOMEBODY HAS DERIVED AND THAT LINE HAS RESTRICTIONS ON  
20    IT, THEN DO WE -- WE'RE NOT GOING TO SAY YOU CAN'T USE  
21    THAT.

22                   DR. EGGAN:  NO.  NO.  NO.  BUT THE LANGUAGE,  
23    AS STATED, SAID THAT BEFORE.  THAT'S WHERE I WAS  
24    RAISING THE OBJECTION.

25                   DR. HALL:  IN THIS PART WE DON'T NEED TO DEAL

1 WITH THAT.

2 DR. EGGAN: I WAS SPECIFICALLY SPEAKING TO  
3 THIS.

4 VICE CHAIR LO: SO I HEAR THAT WE WANT NOT  
5 HAVE -- WE WANT TO REMOVE THAT SUGGESTION.

6 DR. KIESSLING: I'M NOT SURE EVERYBODY  
7 UNDERSTANDS. I THINK THAT CIRM FUNDING SHOULD NOT BE  
8 USED FOR LINES THAT HAVE RESTRICTIONS. I THINK THAT'S  
9 TOO COMPLICATED. I DON'T KNOW HOW YOU'RE GOING TO  
10 TRACK IT, AND I THINK IT'S A HUGE PROBLEM --

11 DR. HALL: WAIT. WAIT. LINES THAT WE DERIVE  
12 OR SOMEBODY ELSE DERIVES?

13 DR. KIESSLING: SOMEBODY ELSE DERIVES. I  
14 DON'T KNOW THAT YOU WANT TO SPEND MONEY ON A LINE THAT  
15 CAN ONLY BE USED FOR TYPE 1 DIABETES RESEARCH.

16 DR. HALL: SUPPOSING AN INVESTIGATOR COMES UP  
17 AND THEY HAVE SOME VERY SPECIFIC QUESTION THEY WANT TO  
18 ANSWER? THAT'S A SCIENTIFIC QUESTION AND IT'S WITHIN  
19 THE -- IT'S NOT DEALING WITH A PARTICULAR RESTRICTED  
20 USE. SHOULD WE SAY YOU CAN'T DO THAT BECAUSE THEY ARE  
21 USES THAT ARE RESTRICTED?

22 DR. KIESSLING: I SEE WHAT YOU ARE SAYING.

23 DR. TAYLOR: I GUESS I WOULD SAY THAT, AND  
24 THIS MAY BE TOO ONEROUS, BUT IT ALMOST SEEMS TO ME, I  
25 KNOW YOU DON'T WANT TO GET INTO THE CIRM BANK RIGHT

1 NOW, BUT I THINK THAT ALL THE LINES SHOULD BE IN CIRM  
2 BANK. I THINK THAT LINES THAT CIRM INVESTIGATORS HAVE  
3 ACCESS TO WITHIN CIRM FUNDING SHOULD BE DONE UNDER SORT  
4 OF THE CIRM UMBRELLA. AND I ACTUALLY THINK THAT IT'S A  
5 NICE IDEA TO HAVE THOSE BE CARTE BLANCHE LINES WHERE  
6 THERE'S NOT A LOT OF CRAP THAT YOU'VE GOT TO TRACK.  
7 NOW, THAT'S GOING TO LIMIT THE NUMBER, BUT I STILL  
8 THINK THAT PRAGMATICALLY IT'S GOING TO BE EASIER GOING  
9 FORWARD WITH THAT.

10 I THINK THAT IF YOU FUND ONE CIRM  
11 INVESTIGATOR TO DO ONE SET OF EXPERIMENTS IN A LINE  
12 THAT CAN'T BE USED IN OTHER WAYS, IT DOESN'T MAKE MUCH  
13 SENSE TO HAVE THAT LINE IN THE CIRM BANK BECAUSE IT'S  
14 GOT --

15 DR. HALL: I'M JUST RELUCTANT TO PUT THAT  
16 RESTRICTION ON NOT KNOWING. I THINK IF AT THE TIME IT  
17 COMES UP AND IS REVIEWED, IF SOMEBODY HAS A GRANT, I  
18 THINK YOU NEED TO LOOK AT IT ON ITS OWN MERITS. I  
19 WOULD BE VERY RELUCTANT TO PUT A BLANKET RESTRICTION ON  
20 THAT.

21 I THINK THE OTHER POINT IS STEM CELL BANK, IF  
22 WE HAVE TO HAVE ALL LINES THAT ARE USED BY CIRM  
23 INVESTIGATORS FOR WHATEVER PURPOSES BE IN OUR BANK,  
24 THIS IS GOING TO BE A BIG REQUIREMENT. IT'S GOING TO  
25 TAKE TIME TO GET THAT BANK GOING. I THINK IT'S GOING

1 TO BE A BIG ISSUE HOW WE DO IT, AND I THINK THAT,  
2 AGAIN, IS UNNECESSARILY RESTRICTIVE. I WOULD LIKE TO  
3 LEAVE THAT OPEN. OTHER CRITERIA FOR WHAT WE USE.

4 DR. PRIETO: WHEN YOU HAVE VERY WELL  
5 CHARACTERIZED ETHICALLY DERIVED LINES FROM THE UK STEM  
6 CELL BANK, FOR EXAMPLE, AND I THINK WE WOULD WANT TO  
7 FUND RESEARCH ON THOSE LINES, AND THEY MAY NOT WANT TO  
8 PUT TO CELL LINES --

9 DR. HALL: WE PROBABLY WOULD END UP WITH A  
10 RECIPROCAL RELATIONSHIP WITH THEM IN SOME WAYS THAT WE  
11 WOULD SHARE BETWEEN OUR BANKS, BUT WE WOULDN'T  
12 NECESSARILY BANK AND CHARACTERIZE EVERY LINE.  
13 SOMETHING LIKE THAT.

14 MS. FEIT: DIDN'T YOU SAY EARLIER THAT THE  
15 ESCRO WOULD BE RESPONSIBLE FOR COMPLYING WITH ANY  
16 RESTRICTIONS ON THE STEM CELL LINE? IS THAT WHAT I  
17 HEARD EARLIER?

18 DR. HALL: YES. I THINK IF SOMEBODY WERE TO  
19 APPLY FOR A GRANT, THEN IT WOULD BE TO USE A STEM CELL  
20 LINE IN A CERTAIN WAY, THEN IT WOULD BE UP TO THEIR  
21 ESCRO COMMITTEE TO BE SURE THAT THEY WEREN'T VIOLATING  
22 A RESTRICTION ON THAT LINE. WE COULD NOT BE  
23 RESPONSIBLE FOR THAT.

24 MS. FEIT: ISN'T THAT WHAT WE, IN FACT,  
25 SHOULD PUT IN THERE, SO THAT LEAVES IT BROAD, THAT WE

1 LEAVE UP TO THAT BODY OF PEOPLE TO FOLLOW ANY  
2 RESTRICTION THAT MAY BE ATTACHED TO A STEM CELL LINE?

3 DR. HALL: YES. THAT GOES WITHOUT SAYING.  
4 WHAT I'M OBJECTING TO IS TO SAY THAT IF A LINE HAS ANY  
5 RESTRICTIONS ON IT ALL, IT CAN'T USED FOR ANYTHING,  
6 WHICH IS WHAT -- WE'RE LOOKING AT THE LINES, IT'S  
7 MINIMUM REQUIREMENTS TO HAVE LINES USED OR APPROVED.

8 VICE CHAIR LO: AS I UNDERSTAND IT, THE POINT  
9 IS THAT YOU DON'T WANT TO PUT THAT AS A BLANK  
10 PROHIBITION BECAUSE SOMEONE MAY SUBMIT A VERY  
11 MERITORIOUS GRANT THAT USES A VERY RESTRICTED LINE TO  
12 ANSWER AN IMPORTANT QUESTION. YOU DON'T WANT THAT  
13 PRECLUDED AUTOMATICALLY BY THIS RESTRICTION, BUT  
14 THERE'S NOTHING TO PREVENT A GRANTS REVIEW TEAM FROM  
15 SAYING, GIVEN EVERYTHING ELSE, WHY AREN'T THEY USING A  
16 STEM CELL LINE THAT DOESN'T HAVE RESTRICTIONS.

17 DR. PRIETO: I THINK THAT THINGS WILL COME TO  
18 THE GRANTS WORKING GROUP, GRANT PROPOSALS WITH LINES  
19 THAT HAVE LOTS OF RESTRICTIONS, AND THEY MAY GET TURNED  
20 DOWN FOR THAT REASON.

21 DR. EGGAN: I THINK IT'S A VERY DIFFERENT  
22 THING ALTOGETHER TO ACTIVELY ENCOURAGE OR TO FORCE  
23 PEOPLE WITH CIRM FUNDING WHEN THEY DERIVE NEW LINES,  
24 EXCEPT FOR SOME EXTENUATING CIRCUMSTANCES, TO REQUIRE  
25 THAT THEY DO SO UNDER INFORMED CONSENT THAT WOULD ALLOW

1 GENERAL USE OF THOSE LINES.

2 VICE CHAIR LO: WHICH IS WHAT WE TALKED ABOUT  
3 THIS MORNING.

4 SO LET ME NOW RAISE THE -- WE'LL COME BACK  
5 AGAIN TO THIS DOLLARS ISSUE. I HEARD BEFORE A LOT OF  
6 PEOPLE SAYING THAT THEY DON'T WANT TO APPLY TO LINES  
7 DERIVED WITH OTHER FUNDING TO CIRM RESTRICTIONS ON  
8 PAYMENT FOR TIME BEYOND OUT-OF-POCKET EXPENSES. IT'S  
9 VERY HARD TO KNOW SORT OF WHAT YOU'RE PAYING FOR WHEN  
10 YOU SORT OF WRITE A CHECK TO SOMEONE WHO DONATES  
11 OOCYTES. I MEAN PAYING FOR TIME SOMEHOW SEEMS  
12 DIFFERENT FROM SAYING WE'RE BUYING THE OOCYTES.

13 LET ME JUST PUT THIS IN CONTEXT. THE FIRST  
14 ORTIZ BILL, WHICH IS SEVERAL YEARS OLD, HAD A  
15 PROHIBITION ON PURCHASING OR SELLING EMBRYONIC  
16 CADAVERIC OR FETAL TISSUE FOR RESEARCH PURPOSES. NOW,  
17 WE'RE TECHNICALLY EXEMPT FROM THAT BECAUSE OF PROP 71.  
18 I THINK THERE'S A LOT OF SENTIMENT TO SORT OF BUYING  
19 AND SELLING OOCYTES, WHICH IT'S HARD SOMETIMES TO DRAW  
20 THE LINE BETWEEN PAYING FOR PEOPLE FOR THEIR TIME IT  
21 TAKES TO GO THROUGH AN EXTENSIVE COUNSELING, EDUCATION,  
22 AND MANIPULATION PROCESS. BUT DO WE WANT TO SAY IF  
23 WE'RE NOT -- AND I DIDN'T HEAR A LOT OF SUPPORT FOR  
24 PROHIBITING PAYMENT FOR TIME. DO WE WANT TO SAY THAT  
25 PAYING FOR TIME MAY BE PERMISSIBLE, BUT PAYING FOR

1 OOCYTES OUTRIGHT IS NOT, TO THE EXTENT THAT THAT LINE  
2 CAN BE DRAWN? SO WE DRAW THE LINE ELSEWHERE IN  
3 RESEARCH OR AT LEAST TRY TO.

4 DR. CIBELLI: I ALWAYS THINK -- I ALWAYS SAID  
5 THIS IS SOMETHING THAT WE ARE GOING TO HAVE TO LIVE  
6 WITH. UNFORTUNATELY PROPOSITION 71 HAD THAT CLAUSE IN,  
7 BUT I THOUGHT ACTUALLY THAT WHEN THE KOREANS ANNOUNCED  
8 THAT THEY HAVE DONE ALL THIS NUCLEAR TRANSFER  
9 EXPERIMENT WITH DONATED EGGS, I THOUGHT THAT MAYBE WE  
10 COULD LEARN SOMETHING FROM KOREAN WOMEN. BUT THE TRUTH  
11 IS THAT THOSE WERE COMPENSATED.

12 DR. HALL: ONLY IN THE FIRST PAPER, AS I  
13 UNDERSTAND IT. THERE'S ACTUALLY --

14 DR. CIBELLI: NOBODY REALLY KNOWS WHAT'S  
15 GOING ON RIGHT NOW.

16 DR. HALL: THERE WAS A RECENT PAPER IN THE  
17 AMERICAN BIOETHICS JOURNAL.

18 VICE CHAIR LO: AMERICAN JOURNAL OF  
19 BIOETHICS, BUT THAT WAS BEFORE -- THAT WAS ACCEPTED  
20 BEFORE THE REVELATIONS DURING THE PAST WEEK AND A HALF.

21 DR. HALL: I THOUGHT THAT HAD A SERIES OF  
22 PROCEDURES THAT HAD BEEN PUT IN PLACE AFTER THE FIRST  
23 PAPER AND BEFORE THE SECOND, AND THEY HAD QUITE AN  
24 EXTENSIVE PROCEDURE, WHICH, AS I RECALL, HAD SEVERAL  
25 LAYERS OF COUNSELING. IT WAS, I THOUGHT, IN MANY WAYS

1 AN ADMIRABLE PROCEDURE. I CAN'T SAY THAT THAT'S WHAT  
2 THEY FOLLOWED, BUT MY UNDERSTANDING IS ALL THE  
3 CONTROVERSY HAS BEEN ABOUT PROCEDURES THAT WERE DONE  
4 FOR THE 2004 PAPER THAT INVOLVES ONE CELL LINE. AS FAR  
5 AS I KNOW, THERE'S BEEN NO CONTROVERSY OVER THE 2005  
6 PAPER. THAT'S NOT TO SAY THERE MAY NOT BE, BUT I JUST  
7 WANT TO MAKE THAT RECORD, MAKE THAT POINT CLEARLY.

8 AND, KEVIN, YOU MAY HAVE MORE UP-TO-DATE  
9 INFORMATION THAN I DO, BUT THAT'S -- AT THE PRESENT  
10 THAT'S MY UNDERSTANDING OF THE MATTER.

11 DR. EGGAN: AGAIN, I WOULD SAY, YES, THAT'S  
12 MY UNDERSTANDING AS WELL, BUT WOULD ECHO WHAT JOSE  
13 SAID. AND WE'LL WONDER AND SEE. AND I THINK THAT THIS  
14 IS PROBABLY SOMETHING THAT WE SHOULD MAKE A STATEMENT  
15 ON.

16 DR. CIBELLI: I WOULD ARGUE THAT WE HAVE TO  
17 COMPENSATE, WE HAVE TO FIND A WAY TO COMPENSATE, AND  
18 YOU CAN VERY EASILY PUT A CAP ON IT AND JUST SAY THIS  
19 IS THE AMOUNT OF EXPENSES THAT GOING TO BE REIMBURSED,  
20 PERIOD. OTHERWISE, YOU ARE GOING TO HAVE A VERY HARD  
21 TIME FINDING WOMEN WILLING TO HELP OUT.

22 DR. PRIETO: WE CAN'T CALL IT COMPENSATION.  
23 WE MAY HAVE A LITTLE BIT OF LATITUDE IN TERMS OF HOW  
24 DEFINE EXPENSES, BUT THAT'S ALL THE LATITUDE WE HAVE.  
25 BUT THIS IS TALKING ABOUT OUTSIDE LINES, AND THE



1 QUESTION IS DO WE ACCEPT OTHER PEOPLE'S COMPENSATION,  
2 MONEY THAT WE DID NOT PROVIDE?

3 DR. HALL: IT'S AN INTERESTING QUESTION. ANN  
4 RAISED THE POINT OF THE VERY WELL-ESTABLISHED CLINIC IN  
5 BRITAIN THAT REQUIRES THAT ANYBODY WHO GOES THROUGH  
6 FERTILITY TREATMENT THERE DONATE A CERTAIN NUMBER OF  
7 EGGS. IS THAT PAYMENT OR WOULD WE REFUSE LINES?

8 DR. PRIETO: ARE ANY CELL LINES DERIVED FROM  
9 THAT IN THE UK BANK?

10 DR. HALL: I DON'T KNOW.

11 DR. KIESSLING: I WOULD GUESS YES.

12 DR. HALL: WE DON'T KNOW.

13 DR. PRIETO: DO WE CONSIDER THOSE TO BE  
14 ETHICALLY DERIVED AND CELLS THAT WE WOULD FUND RESEARCH  
15 ON?

16 DR. HALL: SO THE ISSUE -- I GUESS WHAT I  
17 WOULD ARGUE FOR IS TO SOMEHOW HAVE A MORE NUANCED  
18 CONSIDERATION OF THE CONDITIONS UNDER WHICH A CONSENT  
19 WAS GIVEN THAN SIMPLY -- THIS IS WHAT ANN WAS SAYING  
20 BEFORE -- THAN SIMPLY TO HAVE SORT OF FIXED -- TRY TO  
21 GET TO THE CORE ISSUES HERE. WHAT DO WE REALLY CARE  
22 ABOUT, AND MAYBE COMPENSATION ISN'T THE MOST IMPORTANT  
23 ISSUE, BUT IT'S A NUMBER OF OTHER ISSUES THAT WE  
24 SPECIFY.

25 DR. KIESSLING: I THINK IT WOULD BE VALUABLE

1 TO THIS CONVERSATION TO GO THROUGH A LIKE A BRIEFING I  
2 DID TO THE MASSACHUSETTS LEGISLATURE WHEN THEY WERE  
3 LOOKING AT THEIR DERIVING THEIR STEM CELL LAW. AND THE  
4 WOMEN LEGISLATORS HAD A CAUCUS, AND THIS CAUCUS HAD  
5 RECEIVED INFORMATION FROM SOME WOMEN'S GROUPS THAT WERE  
6 VERY CONCERNED ABOUT THE EXPLOITATION OF WOMEN WITH  
7 RESPECT TO THIS DONOR EGG ISSUE. AND I UNDERSTAND  
8 THOSE CONCERNS. I ALSO HAVE A VERY STRONG FEELING THAT  
9 WOMEN REALLY HAVE THE ABILITY TO MAKE DECISIONS.

10 BUT THE WOMEN'S CAUCUS IN THIS GROUP, THEIR  
11 CONCERNS ABOUT COMPENSATION WERE TWOFOLD. AND I THINK  
12 THAT'S WHY THERE'S INFORMATION IN PROPOSITION 71 ABOUT  
13 THIS. YOU DON'T WANT TO EXPLOIT ANYONE. THE IDEA IS  
14 THAT SOMEHOW YOU MUST PROTECT WOMEN FROM PUTTING  
15 THEMSELVES AT RISK TO MAKE MONEY.

16 NOW, THERE'S LOTS OF WAYS TO DO THAT BESIDES  
17 TALKING ABOUT SIMPLY NOT PAYING THEM AT ALL. AND AS I  
18 EXPLAINED TO THIS GROUP OF WOMEN LEGISLATORS, THEIR  
19 CONCERNS WERE SEVERALFOLD. THEY WERE MOSTLY BLACK.  
20 AND THEIR CONCERNS WERE SEVERALFOLD, THAT WOMEN FROM  
21 THEIR COMMUNITIES WOULD BE RECRUITED TO DONATE EGGS FOR  
22 LARGE SUMS OF MONEY, AND THAT THE STEM CELLS DERIVED  
23 FROM THOSE EGGS WOULD NOT GO BACK INTO THEIR  
24 COMMUNITIES. SO THEY COULD SEE THEMSELVES BEING  
25 EXPLOITED TO THE EXPENSE OF WEALTHY PEOPLE.

1                   WHEN I SORT WENT THROUGH WHAT THE CONSENTING  
2   PROCESS IS ABOUT, WHAT YOU DO TO EDUCATE SOMEBODY ABOUT  
3   WHAT THE EGGS ARE GOING TO BE USED FOR, HOW THIS IS  
4   GOING TO WORK, WITHIN ABOUT AN HOUR THAT SAME GROUP OF  
5   WOMEN FROM THE BLACK COMMUNITY DECIDED WHY SHOULD WE  
6   LIMIT THE ABILITY OF WOMEN WHO WANT TO BE EGG DONORS TO  
7   MAKE SOME MONEY. SO THEY WENT FROM NOT BEING WORRIED  
8   ABOUT COMPENSATING WOMEN TO BE WORRIED ABOUT  
9   RESTRICTING THE RIGHTS OF WOMEN TO ACTUALLY RECEIVE  
10  COMPENSATION FOR THIS EFFORT.

11                   SO I REALLY THINK THE IDEA BEHIND  
12  COMPENSATING EGG DONORS FOR THIS RESEARCH NEEDS TO BE  
13  LEFT ALONE FOR A WHILE BECAUSE I THINK THE MORE PEOPLE  
14  THINK ABOUT IT, THE MORE THEY REALIZE THAT'S NOT THE  
15  IMPORTANT POINT. THE IMPORTANT POINT IS WHETHER SHE'S  
16  COMPENSATED OR NOT. THE IMPORTANT POINT IS THAT SHE  
17  REALLY UNDERSTANDS WHAT SHE'S DOING, THAT SHE FULLY  
18  UNDERSTANDS THE RISKS TO HER, HOW LONG IT'S GOING TO  
19  TAKE HER, THE SHORT-TERM RISKS, THE LONG-TERM RISKS,  
20  AND WHAT'S GOING TO HAPPEN TO THE CELL LINES. AND  
21  WHETHER SHE IS COMPENSATED FOR THE TIME IT TAKES HER TO  
22  DO THAT OR NOT IS IRRELEVANT.

23                   SO I THINK THAT IN THE CONSENTING PROCESS  
24  ITSELF, YOU CANNOT ESTABLISH GUIDELINES FOR PEOPLE IN  
25  SINGAPORE OR OTHER PARTS OF THE WORLD WHO MAY ACTUALLY

1 VIEW THIS AS A WAY FOR WOMEN TO GET TOGETHER AND  
2 ACTUALLY CREATE A SMALL BUSINESS TO DONATE EGGS. I  
3 DON'T THINK THAT SHOULD BE ABSOLUTELY PREVENTED. WHAT  
4 YOU WANT TO PREVENT IS HAVING SOMEBODY GO THROUGH THIS  
5 PROCEDURE WHO WAS NOT FULLY INFORMED AND NOT DOING IT  
6 OF THEIR OWN FREE WILL.

7 DR. PETERS: WHAT IS -- I'M TRYING TO RESPOND  
8 TO THE QUESTION ABOUT WHAT'S THE CORE MATTER. SO WHAT  
9 IS THE PHILOSOPHICAL PRINCIPLE THAT WE'RE TRYING TO  
10 HONOR HERE AS WE FORMULATE OUR ETHICAL MANDATE? IS  
11 THAT IT THAT WE SHOULDN'T TREAT SOMETHING THAT IS  
12 DISTINCTIVELY HUMAN AS MERCHANDISE THAT CAN BE BOUGHT  
13 OR SOLD? IS THAT WHAT IT IS? IF SO, THEN WE COULD  
14 MINIMALLY SAY THAT YOU CAN'T PURCHASE OOCYTES AND THEY  
15 CANNOT BE SOLD.

16 IS IT TO AVOID THE EXPLOITATION OF WOMEN?  
17 THEN GIVEN THE COMPLEXITIES THAT ANN JUST ANNOUNCED,  
18 THEN WE WOULD GET IN THE BUSINESS OF DECIDING WHAT A  
19 FAIR PRICE IS. I'M NOT SURE WE WANT TO DO THAT.

20 OR IS IT A THIRD CORE ISSUE? SO WHAT IT IS  
21 THAT WE'RE TRYING TO RESPOND TO THAT THIS POLICY SHOULD  
22 BE FORMULATED TO HONOR AND RESPECT?

23 DR. HALL: I THINK ANN BROUGHT UP AN  
24 INTERESTING POINT, BUT I JUST WANT TO UNDERLINE. AND  
25 THAT IS, THAT BY TAKING THE COMPENSATION STAND THAT'S

1 IN HERE, ONE COULD ARGUE THAT IT MAKES IT MUCH MORE  
2 DIFFICULT FOR POOR WOMEN TO BE INVOLVED IN THESE  
3 ACTIVITIES THAN WOULD OTHERWISE BE THE CASE. I THINK  
4 THAT'S SOMETHING THAT DESERVES REAL CONSIDERATION. AND  
5 I THINK AS WE DO THIS, WE NEED TO BEAR THAT IN MIND.  
6 THAT'S ALL.

7 DR. CIBELLI: I THINK WE HAVE TO REMEMBER --  
8 I THINK OUR MANDATE IS TO MOVE THIS RESEARCH AS FAST AS  
9 POSSIBLE WITHOUT PUTTING ANYBODY AT RISK.

10 DR. TAYLOR: I GUESS I FEEL -- MAYBE I FEEL  
11 THAT THE LAW AS IT'S WRITTEN IN PROP 71 AT THIS POINT  
12 IS RELATIVELY IMMUTABLE, WHICH MAKES ME BELIEVE, AND  
13 THIS ISN'T TO CAST ANY ASPERSION, BUT I THINK WHEN  
14 KEVIN SAID THIS ISN'T A LOOPHOLE, I THINK IT'S AN  
15 ABSOLUTE LOOPHOLE. I THINK THAT WHAT WE'RE DISCUSSING  
16 NOW COULD EASILY BE INTERPRETED AS A COMPLETE LOOPHOLE  
17 TO MOVE STEM CELL DERIVATION OUT OF CIRM INTO AN  
18 ORGANIZATION NEXT DOOR THAT WOULD THEN JUST FEED STEM  
19 CELLS INTO CIRM. IF THAT'S WHAT WE WANT TO DO, THEN  
20 THIS SEEMS TO BE THE WAY TO GO TO DO THAT. THAT'S SORT  
21 OF A DARK INTERPRETATION, BUT WHAT'S TO SAY, THEN, IF  
22 WE SAY THAT WE WILL ACCEPT STEM CELLS DERIVED AFTER THE  
23 PROP 71, INDEPENDENT OF COMPENSATION, COMING INTO CIRM,  
24 THEN WHAT IT MEANS IS THAT INVESTIGATORS WITHIN CIRM  
25 WON'T BE ABLE TO COMPENSATE DONORS FOR STEM CELL

1 DERIVATION.

2 YOU CAN END UP IN THE SAME PLACE. IT'S JUST  
3 THAT YOU WILL HAVE CREATED ANOTHER SERVICE OUTSIDE OF  
4 CIRM THAT WILL COMPENSATE THEIR DONORS, WHICH I THINK  
5 MOST OF US BELIEVE SHOULD OCCUR, AND THEN THE STEM  
6 CELLS WOULD END UP BACK IN CIRM THROUGH THE BACK DOOR.  
7 IS THAT --

8 DR. HALL: WELL, I DON'T THINK WE WOULD -- WE  
9 CERTAINLY WOULD NOT DO. THAT COULD BE ARGUABLY AN  
10 INDIRECT CONSEQUENCE OF THIS, BUT I DON'T THINK PEOPLE  
11 ARE GOING TO SET UP TO SUPPLY CIRM WITH CELL LINES  
12 THROUGH SOME CIRCUITOUS THING. WE ALMOST CERTAINLY  
13 WILL PUT MONEY IN CALIFORNIA INTO THE DERIVATION OF  
14 CELL LINES, WITHOUT QUESTION, AND WE'LL PUT -- MY GUESS  
15 IS WE'LL PUT SUBSTANTIAL SUM INTO THAT. AND --

16 DR. TAYLOR: IF THERE'S NOT MONEY FOR THE  
17 DONORS, AND I THINK MOST OF US BELIEVE THAT THEY'RE NOT  
18 GOING TO BE --

19 DR. HALL: YOU THINK THERE WON'T BE DONORS  
20 WITHOUT MONEY? I THINK PEOPLE ARE GOING TO DO THIS  
21 ACCORDING TO A VARIETY OF WAYS. ALREADY WE'VE HEARD A  
22 NUMBER OF DIFFERENT WAYS PEOPLE ARE GOING TO BE DOING  
23 IT ANYHOW, AND THEY'RE NOT GOING TO BE DOING IT WITH AN  
24 EYE TO THE CALIFORNIA MARKET. I THINK THEY'RE JUST  
25 GOING TO BE DOING IT. IF IT TURNS OUT TO BE REALLY

1 DIFFICULT TO GET PEOPLE TO DO THIS, OR MAYBE PEOPLE  
2 WILL HAVE OVERRIDING CONCERNS ABOUT WHO CAN AFFORD TO  
3 DO THIS, THIS DEMOGRAPHICS OF THE DONORS UNDER THESE  
4 CONDITIONS, AND THEY MAY COME TO THE CONCLUSION THAT  
5 THEY WANT TO DO IT A DIFFERENT WAY. I THINK THAT'S  
6 WHAT'S GOING TO HAPPEN. I JUST -- SO THE QUESTION IS  
7 DO WE WANT TO EXCLUDE CELL LINES THAT ARE MADE BY  
8 WELL-MEANING, THOUGHTFUL, RESPONSIBLE PEOPLE WHO HAPPEN  
9 TO COME TO A DIFFERENT CONCLUSION FOR WHATEVER REASONS  
10 THAN WE DO ON THIS PARTICULAR ISSUE? THAT'S WHY I WAS  
11 PUSHING FOR THE CORE ISSUE. AND I THINK TED OUTLINED A  
12 NUMBER OF WAYS THAT ONE CAN DEFINE THAT, BUT THAT  
13 WAS --

14 DR. KIESSLING: I DON'T THINK THERE'S GOING  
15 TO BE -- WHETHER OR NOT YOU PAY WOMEN TO DO THIS IS  
16 GOING TO BE IRRELEVANT TO HOW MANY VOLUNTEER. YOU'RE  
17 NOT GOING TO HAVE TO COMPENSATE WOMEN IN CALIFORNIA OR  
18 THEY WON'T COME FORWARD. THAT'S NOT TRUE. LOTS AND  
19 LOTS OF WOMEN ARE GOING TO BE WILLING TO DO THIS  
20 BECAUSE THEY'RE GOING TO BE WILLING TO DO IT. IT'S  
21 GOING TO BE A SELECT GROUP. YOU ARE NOT GOING TO  
22 RECRUIT PEOPLE WHO CAN'T AFFORD TO TAKE OFF TWO WEEKS  
23 TO DO IT. SO ALL YOU ARE DOING IS SHIFTING THE  
24 POPULATION OF WOMEN WHO ARE GOING TO BE ABLE TO  
25 PARTICIPATE. YOU'RE NOT GOING TO RESTRICT IT. THERE'S

1 GOING TO BE PLENTY OF WOMEN WHO ARE GOING TO VOLUNTEER  
2 TO DONATE EGGS BECAUSE WOMEN DO THINGS LIKE THAT.  
3 THAT'S NOT THE ISSUE.

4 THE PROBLEM IS WHETHER YOU OUGHT TO ACCEPT  
5 LINES FROM OTHER PARTS OF THE WORLD OR OTHER PARTS OF  
6 THE COUNTRY THAT HAVE DIFFERENT GUIDELINES. SO THIS IS  
7 NOT GOING TO BE A RESTRICTION IN CALIFORNIA. AND I  
8 DON'T SEE YOU SETTING UP AN OUTSIDE MACHINE IN ARIZONA  
9 TO DO THIS EITHER. I DON'T THINK THAT'S GOING TO BE  
10 THE ISSUE.

11 MS. FEIT: I THINK MY CONCERN WOULD BE YOU  
12 SAID THERE'S A CELL BANK IN SINGAPORE. WHAT ASSURANCES  
13 DO WE HAVE THAT EVEN IF WE GET PAPERWORK THAT SAYS  
14 INFORMED CONSENT WAS GIVEN, HOW DO WE VALIDATE THE  
15 PROCESS OF INFORMED CONSENT? MANY TIMES CULTURES WORK  
16 UNDER DIFFERENT UNDERSTANDINGS OF PROCESSES THAN WE DO.  
17 AND SO I THINK WE HAVE TO GIVE REALLY CAREFUL  
18 CONSIDERATION TO LINES THAT WERE DERIVED BEFORE OUR  
19 STANDARDS WERE SET IN. AND I'M NOT SAYING I HAVE THE  
20 ANSWER OF HOW WE'RE GOING TO GO ABOUT THAT BECAUSE I  
21 HEAR THE PLEA FROM THE SCIENTISTS THAT YOU REALLY WANT  
22 TO INCLUDE AS MANY LINES AS POSSIBLE THAT ARE USABLE  
23 FOR RESEARCH. BUT GIVEN THAT, THE ATTACK ON CIRM WOULD  
24 BE VICIOUS INTERNATIONALLY IF WE ACCEPTED ONE CELL LINE  
25 THAT WASN'T PROPERLY HANDLED IN ANOTHER COUNTRY.



1                   SO TO VALIDATE THAT PROCESS, TO REALLY  
2 UNDERSTAND, AS MUCH DISCUSSION AS WE HAD THIS MORNING  
3 REGARDING PROTECTING WOMEN, AND WE KNOW WHAT WE WANT,  
4 HOW DO WE VALIDATE THAT WITH CELL LINES THAT WERE  
5 CREATED PRIOR TO THIS UNDERSTANDING THIS MORNING?

6                   VICE CHAIR LO: LET ME JUST DISTINGUISH.  
7 WE'RE RIGHT NOW TALKING ABOUT CELL LINES CREATED  
8 AFTERWARDS, THE GRANDFATHERING, THE SECTION WE HAVEN'T  
9 GONE TO YET.

10                  DR. HALL: I THINK WE SHOULD ALL UNDERSTAND  
11 THERE'S A TREMENDOUS INTERNATIONAL EFFORT TO MAKE SURE  
12 THAT ALL THIS IS DONE ETHICALLY, AND THERE ARE GROUPS  
13 COOPERATING IN BRITAIN, IN SWEDEN AND ISRAEL. THERE'S  
14 AN INTERNATIONAL STEM CELL FORUM. I THINK THE EXAMPLE  
15 OF THE KOREANS IS GOING TO BE A VERY SALUTORY ONE FOR  
16 ANYBODY IN THIS AREA. SO I THINK THERE WILL BE INTENSE  
17 PRESSURE WITHIN THE COMMUNITY TO HAVE STEM CELL LINES  
18 DERIVED ACCORDING TO A HIGH ETHICAL STANDARD AND TO  
19 COOPERATE SO THAT WE WILL END UP KNOWING QUITE A BIT  
20 ACTUALLY ABOUT WHAT GOES ON IN OTHER COUNTRIES, AND  
21 THERE MAY BE ODD PLACES THAT SPRING UP HERE AND THERE.  
22 I THINK WE WILL NEED TO TAKE THE KIND OF CARE THAT YOU  
23 DESCRIBED, MARCY.

24                  I THINK THE REAL ISSUE, AND I THINK THIS IS  
25 IN A WAY THAT ISSUE WITH THE KOREANS, I THINK YOU

1 CAN'T -- IT'S NOT OUR BUSINESS IN A WAY TO GO IN AND  
2 EXAMINE SPECIFIC CASES. IF A CELL LINE COMES UP, WHO  
3 GAVE THE OOCYTES AND WHO THEY WERE, ALL OF THAT WE DO  
4 NOT WANT TO GET INTO. WHAT WE WANT TO BE SURE IS THAT  
5 THERE IS A GOOD REGULATORY PROCESS COMPARABLE TO OUR  
6 OWN, AT LEAST IN BROAD OUTLINE, THAT OVERSAW THAT  
7 PROCESS AND THAT CHECKED IT OUT. IF WE CAN'T VALIDATE  
8 THAT, THEN I THINK WE CAN'T ACCEPT LINES FROM THAT  
9 SYSTEM. I THINK THAT'S THE WAY WE HAVE TO OPERATE AND  
10 TO FIGURE OUT A WAY TO INCORPORATE INTO WHAT WE DO.

11 DR. PRIETO: I THINK ZACH IS RIGHT, THAT  
12 THERE IS A LOT OF OVERSIGHT AND SCRUTINY OF THIS, AND  
13 IT IS AROUND THE WORLD, NOT JUST IN CALIFORNIA. AND  
14 THE EXAMPLE OF KOREA IS A GOOD ONE. NO ONE WILL BE  
15 ABLE TO KEEP SECRETS. IF PEOPLE ARE DOING THINGS IN A  
16 WAY THAT WOULD NOT PASS MUSTER, THAT'S GOING TO COME  
17 OUT.

18 VICE CHAIR LO: LET ME COME BACK TO A POINT  
19 FROM THE DISCUSSION THAT ANN RAISED AND TED PICKED UP A  
20 LITTLE BIT. I WANT TO SORT OF HAVE US THINK THROUGH A  
21 LITTLE BIT SORT OF WHAT THE CONCERNS ARE ABOUT PAYMENT.  
22 ANN VERY ELOQUENTLY, I THOUGHT, SORT OF EXPLAINED ONE  
23 CONCERN, WHICH IS THAT IF YOU HAVE PAYMENT THAT'S AN  
24 UNDUE INDUCEMENT AND WOMEN REALLY HAVEN'T GONE THROUGH  
25 A FULL INFORMED AND VOLUNTARY CONSENT PROCESS, THERE'S

1 THE RISK OF EXPLOITATION, AND PEOPLE ARE DOING THINGS  
2 AND NOT REALIZING WHAT THE RISKS AND CONSEQUENCES ARE.

3 THERE ARE OTHER CONCERNS ABOUT PAYMENT IN  
4 RESEARCH, AND TED ALLUDED TO ONE WHICH I THINK IS  
5 REALLY QUITE SALIENT IN THE MINDS OF SOME PEOPLE ON  
6 THIS TOPIC. THAT'S THE ISSUE OF SORT OF PUTTING A  
7 DOLLAR SIGN ON THINGS THAT SOME PEOPLE BELIEVE  
8 SHOULDN'T HAVE A DOLLAR SIGN, SHOULD BE BOUGHT AND  
9 SOLD. JUST AS WE DO NOT ALLOW SOLID ORGANS TO BE  
10 BOUGHT AND SOLD OVERTLY, THERE ARE SOME PEOPLE WHO  
11 THINK THAT CERTAIN THINGS SHOULD BE BEYOND PURCHASE.

12 NOW, HOW DO WE DRAW THE LINE BETWEEN PAYING  
13 FOR THE OOCYTES AS OPPOSED TO PAYING THE WOMAN FOR THE  
14 TIME SHE PUT IN? AND PAYING HER FOR OUT-OF-POCKET  
15 EXPENSES IS AN IFFY LINE. BUT AS AN EXAMPLE, WHEN ANN  
16 CALCULATES OUT THE TOTAL AMOUNT OF DOLLARS THAT AN  
17 OOCYTE DONOR GETS IN HER PROGRAM FOR GOING THROUGH THIS  
18 VERY DETAILED PROCESS, IT'S 10, \$20,000 PROBABLY, BUT  
19 THE GOING RATE FOR OOCYTES ON THE OPEN MARKET IS A LOT  
20 DIFFERENT.

21 SUPPOSE A RESEARCHER IS SAYING I'M GOING TO  
22 PAY \$50,000 BECAUSE I KNOW I WILL GET OOCYTES AND A LOT  
23 OF PEOPLE STEP FORWARD. IS THERE SOME CONCERN THAT  
24 THAT'S BEYOND PAYING FOR TIME, AND IT'S REALLY SOMEHOW  
25 PAYING FOR THE OOCYTES? AND IS THAT A CONCERN THAT

1       SOMEHOW PUTTING THAT AMOUNT OF DOLLAR ON THE OOCYTE  
2       SOMEHOW VIOLATES PEOPLE'S CONCERNS ABOUT SOME THINGS  
3       OUGHT TO BE NONCOMMODIFIABLE?

4               DR. HALL:   POINT OF INFORMATION.   WAS THE 20,  
5       \$25,000 FIGURE THAT YOU USED, WHAT WAS THAT?

6               DR. CIBELLI:   TOTAL CYCLE.

7               DR. KIESSLING:   AN EGG DONOR CYCLES IS LIKE  
8       AN IVF CYCLE, ALTHOUGH IT'S A LITTLE MORE EXPENSIVE.  
9       ABOUT \$20,000 A CYCLE.

10              DR. HALL:   THAT'S NOT WHAT THE DONOR GETS.

11              DR. KIESSLING:   NO, THE COMPENSATION TO THE  
12       DONOR IS VERY SMALL.

13              VICE CHAIR LO:   THE COMPENSATION TO THE  
14       DONOR --

15              DR. KIESSLING:   IS TINY.   IT DEPENDS ON HOW  
16       MUCH THEY DO.

17              IF THEY GO THROUGH A FULL CYCLE, THEY SPEND  
18       ABOUT A HUNDRED HOURS AND WE COVER CHILD CARE TOO, SO  
19       IT COMES OUT TO ABOUT \$4,000.

20              VICE CHAIR LO:   THAT'S CALCULATED ON THE  
21       BASIS OF EXPENSES.   BUT THERE ARE OTHER PEOPLE WHO  
22       MIGHT SAY WHY STOP AT FOUR.   YOU CAN GET MORE DONORS  
23       FOR 10 OR 20.   AT THAT POINT ARE YOU REALLY PAYING FOR  
24       THE OOCYTE?

25              DR. CIBELLI:   I KNOW WE WOULD LIKE TO DEBATE

1 THIS FOR HOURS.

2 VICE CHAIR LO: I DON'T WANT TO DEBATE FOR  
3 HOURS. I JUST WANT TO MAKE SURE WE DON'T --

4 DR. CIBELLI: I THINK OUR MANDATE IS TO MOVE  
5 THE RESEARCH FORWARD FAST WITHOUT PUTTING ANYBODY AT  
6 RISK. SO IF THE CONSENT FORM EXPLAINED THE RISKS AND  
7 THE WOMEN ARE FREE WILL OF WHAT THEY'RE GETTING INTO,  
8 DOESN'T MATTER HOW MUCH YOU PAY THEM.

9 DR. PETERS: BERNIE, I THINK THAT WHAT YOU'RE  
10 FORMULATING RIGHT NOW IS THE CENTER OF THE ISSUE. AND  
11 IT APPLIES BOTH TO WHAT WE'RE GOING TO FUND AND WHAT  
12 WE'RE GOING TO ACCEPT. AND I JUST ONE MORE NUANCE TO  
13 IT. IS THAT THE PUBLIC IS OUTRAGED AT THESE ADS IN  
14 COLLEGE NEWSPAPERS FOR WOMEN TO DONATE THESE EGGS AND  
15 TO GET LOTS OF MONEY. AND PART OF BEING ETHICAL,  
16 WHETHER WE LIKE IT OR NOT, IS REALLY TO BE RESPONSIVE  
17 TO THE CULTURE AROUND US. AND I THINK PEOPLE WOULD  
18 EXPECT FROM PROP 71 TO REDUCE THE OUTRAGE SO THAT  
19 SOMEHOW OR OTHER THE STANDARDS THAT WE SET SHOULD NOT  
20 ENCOURAGE THIS KIND OF USE OF MONEY FOR THE BUYING OF  
21 PARTS OF HUMAN BODIES AND STUFF LIKE THAT.

22 I CALL IT YUCK. OR LEON KASS CALLS IT THE  
23 WISDOM OF REPUGNANCE. THERE IS SOMETHING HERE TO THIS.  
24 NOW, ONE OF THE THINGS WE CAN'T DO FROM OUR VANTAGE  
25 POINT IN PROPOSITION 71 IS REGULATE ALL THIS. WE CAN'T

1 DO THAT.

2 COULD WE MAYBE DO A MINIMALIST KIND OF THING,  
3 SIMPLY ARTICULATE A PRINCIPLE THAT SAYS YOU DO NOT BUY  
4 OOCYTES OR EMBRYOS OR SOMETHING LIKE THAT, AND THEN  
5 JUST LEAVE IT AT THAT? THE WAY THAT'S GOING TO GET  
6 INTERPRETED WILL BE IN MULTIPLE WAYS, BUT I THINK THAT  
7 AT LEAST WE WILL HAVE SPOKEN TO THE QUESTION OF YUCK OR  
8 THE WISDOM OF REPUGNANCE OR THE PROTECTION OF HUMAN  
9 DIGNITY, WHICH IS REALLY WHAT'S AT STAKE.

10 DR. EGGAN: WE NEED TO PROTECT HUMAN DIGNITY.  
11 I COULDN'T AGREE MORE. BUT I FIND THE WISDOM OF  
12 REPUGNANCE NOT TERRIBLY WISE BECAUSE THERE ARE MANY  
13 THINGS WHICH WE AS A SOCIETY ONCE FOUND REPUGNANT, BUT  
14 NOW WIDELY ACCEPT. THIS IS ONE AREA WHERE, AT LEAST  
15 PERSONALLY, I HAVE A GREAT DEPARTURE FROM THAT POINT OF  
16 VIEW. SOCIETY IS DYNAMIC AND IS EVER CHANGING, SO I  
17 DON'T THINK THAT -- I THINK THAT WE SHOULD TRY TO  
18 INTUIT OUR WAY THROUGH THE YUCK FACTOR AND FIGURE OUT  
19 WHAT IT IS ABOUT THESE THINGS THAT MAKE US  
20 UNCOMFORTABLE AND IS OR IS NOT RIGHT.

21 SO BUT THEN AGAIN, I ALSO THINK THAT BERNIE'S  
22 STATEMENT IS TAKEN IN GOOD SPIRIT. THERE ARE CERTAIN  
23 EXPECTATIONS IN SOCIETY THAT WE COULDN'T COMMODIFY  
24 CERTAIN PARTS OF OUR BODY. THE PROBLEM HERE IS THAT,  
25 AGAIN, AS A I SAID EARLIER, THAT EGGS SOMEHOW LIE

1       SOMEWHERE BETWEEN BLOOD AND SPERM AND A KIDNEY.  AND SO  
2       I THINK THIS IS A DIFFICULT THING.  THERE'S NOT -- I  
3       THINK IT'S FAIRLY CLEAR THAT WE SHOULD NOT IN ANY WAY  
4       ENCOURAGE PEOPLE TO BE PAID FOR SOMETHING WHICH THEY  
5       CAN NEVER GET BACK, LIKE A KIDNEY.  SO TO DISSOCIATE  
6       THAT SORT OF DONATION FROM MONETARY REIMBURSEMENT IS  
7       IMPORTANT.  I THINK THE RISKS ARE LESS CLEAR HERE THAN  
8       THEY ARE IN THAT SORT OF SITUATION.

9                 DR. CIBELLI:  ARE WE GOING TO VOTE ON THIS?

10                VICE CHAIR LO:  I'M NOT SURE.  AGAIN, WE  
11       CAN'T VOTE BECAUSE WE DON'T HAVE A QUORUM, BUT I'M  
12       HEARING A LOT OF DIFFERENT VIEWS.  I'VE BEEN IGNORING  
13       JEFF BECAUSE I'VE BEEN LOOKING THAT WAY, BUT I WANT TO  
14       MAKE SURE I GET HIM.

15                MR. SHEEHY:  JUST A COUPLE OF POINTS.  FIRST  
16       OF ALL, PEOPLE ARE SELLING EGGS INTO IVF CLINICS.  AND  
17       I HAVEN'T HEARD THE OUTRAGE.  I THINK IF YOU TALK TO A  
18       PARENT WHO HAS A CHILD FROM THAT, I THINK THAT YOU HAVE  
19       A COMPLETELY OPPOSITE REACTION FROM OUTRAGE.  I THINK  
20       THAT'S ONE WHERE -- I DON'T SEE THAT THAT PRACTICE WILL  
21       STOP AS LONG AS PEOPLE ARE ABLE TO HAVE KIDS THROUGH  
22       THAT METHOD.  AND I THINK THAT'S WHERE A CERTAIN  
23       BALANCE HAS BEEN ACHIEVED WHERE PEOPLE SAY LOOK AT THIS  
24       KID.  I DON'T OBJECT TO THE FACT THAT SOMEONE PAID A  
25       WOMAN TO MAKE A DONATION SO THAT THIS KID COULD EXIST.

1 THE OTHER POINT IS I'D BE VERY CAREFUL ABOUT  
2 TED'S POINT ABOUT NOT BUYING EMBRYOS. IT'S ONE THING  
3 TO BE TALKING ABOUT WHETHER OR NOT YOU'RE COMPENSATING  
4 A DONOR, BUT ACTUALLY THERE IS GOING TO BE A MARKET IN  
5 THIS, BUT IT'S GOING TO BE THIRD PARTY. A FERTILITY  
6 CLINIC IS NOT GIVE THIS AWAY.

7 THERE ARE COSTS ASSOCIATED WITH STORING,  
8 MOVING, DISTRIBUTING. WE WANT TO PRETEND LIKE THAT  
9 THERE'S NOT ALREADY A MARKET IN THESE THINGS. ONLY  
10 THING IS WHAT WE'RE ARGUING ABOUT IS WHETHER OR NOT THE  
11 PERSON WHO ACTUALLY GIVES THE VERY FIRST PRODUCT GETS  
12 ANYTHING. BUT EVERYBODY ELSE UP AND DOWN THE LINE IS  
13 GETTING SOMETHING. SO YOU CAN SAY THAT EMBRYOS WON'T  
14 BE FOR SALE; BUT WHEN SOMEONE GETS AN LEFT-OVER EMBRYO,  
15 THEY'RE NOT GIVEN AWAY BY THE FERTILITY CLINIC. THEY  
16 DON'T SAY, OH, HERE TAKE IT. THERE'S SOME COST, AND  
17 THAT COST INCLUDES SOMETHING THAT -- I DON'T THINK IT'S  
18 STRICT -- EVEN WITHIN A STRICT COST WHEN THEY MAKE A  
19 STRICT COST. THERE'S SOME ELEMENT OF THAT THAT'S  
20 PROFIT FOR SOMEBODY, SO I THINK WE HAVE TO BE VERY  
21 CAREFUL ABOUT THIS.

22 DR. PETERS: TWO POINTS. I THINK YOU'RE  
23 RIGHT, THAT THIS PROLIFERATION OF ACTIVITY AND PEOPLE  
24 GETTING A CUT OF THE PROFIT, THAT'S GOING TO GO ON. I  
25 DON'T THINK WE COULD CONTROL THAT. WE PROBABLY CAN'T



1 EVEN GUIDE IT. SO THAT'S WHY I'M FLOATING THIS IDEA OF  
2 JUST A MINIMALIST STATEMENT THAT THESE PARTS OF THE  
3 HUMAN BODY CANNOT BE BOUGHT OR SOLD.

4 AND I THINK KEVIN IS RIGHT IN RAISING THE  
5 QUESTION: WHAT IS THIS -- WHERE IS THE CLOSEST ANALOG?  
6 IS IT LIKE A LIVER, OR IS IT LIKE HAIR AND FINGERNAILS  
7 OR SOMETHING LIKE THAT? I THINK IT'S LIKE -- IT'S LIKE  
8 A HUMAN ORGAN. WHY? WELL, BECAUSE OF THE RISKS TO THE  
9 HEALTH OF THE WOMAN IN THE PROCESS. SO THAT WAS WHAT  
10 TIPS ME ON THE SIDE OF WANTING TO TREAT IT MORE LIKE AN  
11 ORGAN RATHER THAN TREATING IT AS SOMETHING THAT IS  
12 EASILY EXPENDABLE. I THINK KEVIN IS RIGHT IN THE SENSE  
13 OF LAYING DOWN THE CHALLENGE. WE OUGHT TO DECIDE WHAT  
14 ARE THESE OOCYTES LIKE? ARE THEY LIKE ORGANS OR  
15 THEY'RE REALLY LIKE GETTING A HAIRCUT?

16 MR. SHEEHY: WHY DO YOU MAKE A DISTINCTION  
17 BETWEEN AN EGG AND SPERM?

18 DR. PETERS: BECAUSE I THINK THERE'S A LARGE  
19 RISK TO EGG DONATION THAT ISN'T THERE FOR A SPERM.

20 MR. SHEEHY: NOT IF IT'S A BY-PRODUCT OF IVF,  
21 THAT THE RISK WAS TAKEN -- IF YOU ARE TALKING ABOUT,  
22 WHICH WE TALKED ABOUT EARLIER, THAT SOMEONE IS GOING IN  
23 FOR IVF AND THEY'RE GOING TO GIVE AWAY A COUPLE OF EGGS  
24 TO BE USED FOR RESEARCH WHILE THEY'RE HAVING A CHILD,  
25 THEY'RE NOT TAKING THAT RISK FOR THE PURPOSE OF

1 RESEARCH. THEY'RE TAKING THAT RISK FOR THE PURPOSE OF  
2 HAVING A CHILD, SO THAT RISK IS NOT THERE FOR THE  
3 RESEARCH PURPOSE.

4 DR. EGGAN: THAT'S NOT CORRECT BECAUSE IF  
5 THEY'RE TAKING THAT RISK FOR THEIR OWN FERTILITY SAKE,  
6 THEN THEY SHOULDN'T BE TAKING IT FOR RESEARCH. THOSE  
7 TWO THINGS WE'VE ALREADY ARGUED AND DISCUSSED TO BE  
8 DISSOCIATED FROM ONE ANOTHER. THAT'S ONE OF THE --

9 DR. TAYLOR: IN TERMS OF THESE ANALOGIES,  
10 RISK IS INVERSELY PROPORTIONAL TO COST. SO I'M HAVING  
11 TROUBLE FOLLOWING THIS ARGUMENT. SO THE LIVER DONOR  
12 GETS NOTHING. THE KIDNEY DONOR GETS NOTHING. THE  
13 SPERM DONOR GET \$75 OR SOMETHING LIKE THAT. THE BLOOD  
14 DONOR WHO HAS PROBABLY A SLIGHTLY HIGHER RISK OF INJURY  
15 THAN THE SPERM DONOR, WHICH I WOULD SAY IS PROBABLY  
16 RELATIVELY MINIMAL RISK LAST TIME I THOUGHT ABOUT IT,  
17 GETS COMPENSATED TO THE TUNE OF \$30. I'M JUST -- I'M  
18 STARTING TO -- SO COST AND RISK CLEARLY ARE EITHER  
19 DISSOCIATED OR INVERSELY RELATED. I CAN'T FIGURE THIS.

20 VICE CHAIR LO: LET ME LET MARCY GET IN, THEN  
21 LET ME OFFER A PROCEDURE HERE.

22 MS. FEIT: I AGREE WITH ANN. I JUST DON'T  
23 THINK WE SHOULD MAKE THIS THE ISSUE. I THINK PROP 71  
24 IS WRITTEN AND EXPLAINS WHAT CIRM IS GOING TO PAY.  
25 IT'S GOING TO PAY EXPENSES, AND WE CAN DEFINE WHAT

1 THOSE ARE. THEY WON'T BE UNUSUAL OR INCREDIBLE, LIKE I  
2 WILL TO GO THROUGH PARIS TO GET HERE OR WHATEVER THAT  
3 WAS. I THINK IF WE JUST STAY WITH THAT. I DON'T THINK  
4 WE'RE GOING TO SOLVE IT. I THINK IF YOU GO AROUND THE  
5 ROOM, EACH OF US HAVE A MORAL, ETHICAL ATTITUDE TOWARD  
6 WHAT WE'RE TALKING ABOUT. I DON'T THINK YOU'RE REALLY  
7 GOING TO FIND A GENERAL CONSENSUS ON THIS.

8 BUT I THINK OUR CHARGE IS WRITTEN OUT ALREADY  
9 IN PROP 71 IN TERMS OF THE REIMBURSEMENT. AND I DON'T  
10 THINK WE CAN CHANGE THAT. I THINK THAT BY JUST  
11 STICKING TO THAT, WE ARE MAKING A STATEMENT THAT WE'RE  
12 NOT GOING TO BE BUYING THESE THINGS ON THE MARKET.  
13 WE'RE NOT GOING TO PUT OUT AN RFA TO BUY AS MANY IN THE  
14 WORLD MARKET AS WE CAN.

15 SO I THINK MOVING FORWARD, THERE ARE PLENTY  
16 OF STEPS THAT ARE BEING PUT IN PLACE, BOTH IN THE  
17 GRANTS PROCEDURES THAT WE'RE SETTING FORWARD, BOTH IN  
18 THE REGULATIONS THAT WE'RE SETTING FORWARD AND OTHER  
19 WORKING GROUPS TO PROTECT THE PROCESS OF WHAT WE'RE  
20 TRYING TO DO. AND I THINK WE'VE SPOKEN FOR HOURS ABOUT  
21 PROTECTING THE DONORS, AND WE KNOW WHAT WE WANT TO DO  
22 IS WE WANT TO PROTECT THE INDIVIDUALS AND MOVE THE  
23 RESEARCH AHEAD.

24 VICE CHAIR LO: ABSOLUTELY LAST COMMENT, AND  
25 THEN I WANT TO TRY AND TIE THIS TOGETHER AND OPEN TO

1 PUBLIC COMMENTS.

2 DR. PETERS: LET ME JUST FOLLOW THAT UP BY  
3 SAYING I THINK WE CAN OFFER A DISTINCTION. I'M  
4 SYMPATHETIC TO KEVIN'S CASE EARLIER. WHAT HAPPENS IF  
5 SOMEONE OFF-SITE HAS A STEM CELL LINE AVAILABLE AND  
6 THOSE PEOPLE COMPENSATED THE WOMEN AND THAT WE CAN  
7 CONSIDER THAT TO BE A CREDIBLE, ETHICAL ARGUMENT THAT  
8 THEY EMPLOYED, AND WE COULD PERMIT THAT TO BE USED BY  
9 CIRM RESEARCHERS.

10 HOW CAN WE MAKE THAT, THEN, CONSISTENT WITH  
11 WHAT WE'RE REQUIRING OF OUR OWN RESEARCHERS? MY  
12 SUGGESTION IS TO SAY THAT WE CANNOT USE STEM CELL LINES  
13 IN WHICH EGGS OR EMBRYOS WERE PURCHASED, PERIOD. THAT  
14 WOULD PERMIT, THEN, COMPENSATION FOR THE WOMEN DONOR.  
15 THOSE STEM CELL LINES WOULD BE PERMITTED. IT'S REALLY  
16 A LINGUISTIC KIND OF THING, BUT I THINK IT PRESERVES  
17 WHAT I THINK IS THE UNDERLYING PHILOSOPHICAL CONCERN  
18 THAT LED PROP 71 TO WHAT IT IS. I HAVEN'T TALKED WITH  
19 BOB KLEIN ABOUT THIS, BUT THAT'S THE WAY I READ IT.

20 MR. SHEEHY: IF A FERTILITY CLINIC SUPPLIES  
21 AN EMBRYO A RESEARCHER, WHAT IS THAT TRANSACTION?

22 DR. TAYLOR: IT THE COSTS THE IVF CLINIC  
23 WHATEVER THE SHIPPING CHARGE IS.

24 MR. SHEEHY: SO THERE'S NEVER AN EXCHANGE ON  
25 ANY OF THESE.

1                   VICE CHAIR LO: ONLY FOR EXPENSES. THEY CAN  
2 ASK THEM TO COMPENSATE FOR THE FED EX CHARGE OR  
3 WHATEVER, BUT THEY CAN'T SAY BEYOND THAT WE WON'T,  
4 \$500.

5                   MR. SHEEHY: I'M JUST CURIOUS.

6                   DR. TAYLOR: I THINK THAT'S TRUE, JEFF. IT'S  
7 NOT REALLY BUILT INTO THE PAYMENT SCHEDULE EITHER.  
8 WHEN THESE EMBRYOS WERE COLLECTED, NOBODY REALLY WAS  
9 USING THEM FOR THIS PURPOSE. GOING INTO THE FUTURE,  
10 MAYBE THAT WILL BE CALCULATED INTO THE COST OF THE  
11 CYCLE.

12                  DR. CIBELLI: YOU'RE MAKING THEM A FAVOR OF  
13 JUST GETTING RID OF THOSE EMBRYOS.

14                  VICE CHAIR LO: YOU SHOULD PAY US IN  
15 ADDITION.

16                  LET ME SUGGEST THAT WE, FIRST OF ALL, THERE  
17 ARE A MEMBERS OF THE COMMITTEE THAT NEED TO BE PART OF  
18 THIS DISCUSSION. MAYBE WHAT WE CAN DO IS TRY AND HAVE  
19 A BRIEFING THAT SORT OF WITH LAYS OUT THE DISCUSSION WE  
20 HAVE AND SUGGEST SOME OPTIONS FOR WHAT WE MIGHT WANT TO  
21 SAY IN REGULATIONS.

22                  WHAT I'M HEARING CLEARLY IS THAT WE THINK  
23 CONSENT IS THE KEY ISSUE, AND THAT THAT PROBABLY SHOULD  
24 COME FOREMOST, THAT THERE'S A LOT OF SENTIMENT HERE FOR  
25 ALLOWING PAYMENT FOR EXPENSES OF THE WOMAN OR GAMETE

1 DONOR, AND THAT WE THINK THAT SHOULD BE PERMISSIBLE FOR  
2 NON-CIRM FUNDED DERIVATIONS, BUT THAT THERE'S SOME  
3 DISEASE ABOUT HAVING IT TOTALLY OPEN-ENDED PAYMENT.  
4 AND TED HAS SUGGESTED LANGUAGE SAYING NO BUYING OR  
5 SELLING OR PAYMENT, BUT EXPENSES ARE ALLOWED.  
6 SOMETIMES IT'S PUT IN AS REASONABLE EXPENSES. I THINK  
7 IF THAT IS SOMETHING THAT SEEMS TO WORK, WE MIGHT TRY  
8 THAT.

9 I WANT TO ASK FOR PUBLIC COMMENTS BECAUSE  
10 THIS STRIKES ME AS A VERY IMPORTANT AND VERY  
11 CONTROVERSIAL ISSUE. AND, AGAIN, I KNOW THERE ARE  
12 OTHER PUBLIC PERSPECTIVES THAT ARE OBVIOUSLY HERE IN  
13 THE ROOM THAT WE NEED TO HEAR FROM AS WELL.

14 MR. REED: TWO THINGS COME TO MIND. NO. 1,  
15 THERE ARE ISSUES OF SOVEREIGN NATIONS. I DON'T THINK  
16 WE CAN IMPOSE OUR STANDARDS ON ANOTHER COUNTRY WHICH  
17 HAS DIFFERENT ETHICAL AND RELIGIOUS BACKGROUNDS. I'M  
18 TRYING TO LEARN CHINESE RIGHT NOW, WHICH VERY HARD,  
19 TAKES ABOUT AN HOUR A DAY, AND IT WILL PROBABLY TAKE  
20 THREE OR FOUR YEARS, BUT I WANT TO BE ABLE TO TALK TO  
21 THE CHINESE SCIENTISTS. I FEEL THEY'RE GOING TO MAKE  
22 HUGE BREAKTHROUGHS, AND PART OF THE REASON IS THAT  
23 THEY'RE NOT BOUND UP BY A LOT OF THINGS WE'RE HAVING  
24 TREMENDOUS BATTLES WITH.

25 I THINK ONE OF THE REASONS THAT WE PUT THE NO

1 COMPENSATION IN PROP 71 WAS IN A HOPEFUL ATTEMPT TO  
2 EASE OFF SOME OF THE ENEMIES OF THE RESEARCH. DIDN'T  
3 WORK. IT WILL NOT WORK. THEY'RE AGAINST IT, THEY'RE  
4 GOING TO STAY AGAINST IT UNTIL SOMEONE IN THEIR FAMILY  
5 GETS SICK AND THEY GET BETTER BECAUSE OF THE RESEARCH  
6 AFTER WHICH THEY WILL BECOME OUR BIGGEST SUPPORTERS.

7 THE SECOND THING IS THERE IS A SECOND KIND OF  
8 EXPLOITATION OF WOMEN. MY SISTER HAS BREAST CANCER.  
9 SHE'S GONE THROUGH THE MASS MASTECTOMIES, SHE'S GONE  
10 THROUGH THE CHEMO. NOW SHE'S OUT OF REMISSION. SHE'S  
11 GOING INTO ARSENIC, THEN SHE'S GOING TO GO INTO CHEMO  
12 AGAIN. I GAVE BLOOD DAY BEFORE YESTERDAY TO TRY AND  
13 SEE IF I CAN A BONE MARROW TRANSFER. I DON'T KNOW  
14 WHAT'S GOING TO HAPPEN, BUT I DO KNOW THAT THERE ARE  
15 CHARITABLE ORGANIZATIONS WHICH HAVE BACKED OFF FROM  
16 SUPPORTING STEM CELL RESEARCH BECAUSE OF RELIGIOUS  
17 PRESSURES. SO THAT'S ANOTHER KIND OF EXPLOITATION.

18 I DON'T WANT TO SEE US CUT OFF FROM THE REST  
19 OF THE WORLD BECAUSE OF THE FEAR OF SOMEONE ELSE'S BAD  
20 OPINION OF US. THOSE WHO DO NOT SUPPORT US DO NOT  
21 SUPPORT US, AND THE ONLY THING THAT'S GOING TO CHANGE  
22 THEIR MINDS IS CURE IN THEIR FAMILY. I REALLY WANT US  
23 TO BE A PART OF THE WORLD COMMUNITY AND NOT LET  
24 ANYTHING BLOCK THAT. THANK YOU.

25 MR. REYNOLDS: THANKS FOR THE OPPORTUNITY TO

1 SPEAK. TWO REGULATORY REGIMES, I CALL THEM, ARE ON MY  
2 MIND. AND THE FIRST ONE IS, OF COURSE, PROPOSITION 71,  
3 AND IT'S ALWAYS A LITTLE TRICKY TO TRY TO INTERPRET THE  
4 WILL OF THE VOTERS. BUT NOT ONLY IS THE LANGUAGE  
5 PROHIBITING COMPENSATION BEYOND REIMBURSEMENT WRITTEN  
6 INTO PROPOSITION 71 IN A FAIRLY CLEAR WAY, ALTHOUGH NOT  
7 ENTIRELY CLEAR. THAT WAS AMONG THE ETHICAL LIMITATIONS  
8 WRITTEN INTO PROPOSITION 71 THAT WERE PART OF THE  
9 ADVERTISING CAMPAIGN. AND THAT'S CERTAINLY CONTRIBUTED  
10 TO THE VOTERS, WHO I WOULD CONSIDER THAT PART OF YOUR  
11 MANDATE HERE. THAT'S NOT SOMETHING TO BE REVISITED.

12 I WOULD TEND TO AGREE WITH DR. TAYLOR, THAT  
13 THIS WOULD BE SEEN BY THE PUBLIC, INCLUDING YOUR  
14 SUPPORTERS, AS A LOOPHOLE THAT YOU'RE CAPITALIZING ON.  
15 A SIMILAR THING CAME UP A LITTLE BIT IN TERMS OF  
16 RETURNS TO THE STATE. IT'S IN THE LAW. IT WAS PART OF  
17 THE ADVERTISING THAT HELPED IT PASS, AND I DON'T THINK  
18 THAT THAT'S NECESSARILY ON THE TABLE.

19 THE OTHER REGIME THAT'S ON MY MIND IS THE  
20 NATIONAL ACADEMIES' RECOMMENDATIONS. AND I SUPPOSE I'M  
21 A LITTLE BIT CONCERNED THAT IN A COUPLE OF WAYS YOU'RE  
22 OPENING THE DOOR FOR LOWERING THE FLOOR A LITTLE BIT  
23 BELOW THE NATIONAL ACADEMIES' RECOMMENDATIONS. ONE WAY  
24 IS THE COMPENSATION ISSUE. BUT GOING BACK EARLIER  
25 TODAY, MY INTERPRETATION OF WHAT'S IN THE NATIONAL



1 ACADEMIES IS THIS THING ABOUT NO LIMITATIONS ON  
2 DOWNSTREAM USES OF THE CELLS DERIVED FROM THE DONORS,  
3 THAT THE NATIONAL ACADEMIES RECOMMENDED GUIDELINES  
4 EXPLICITLY RECOMMEND THAT THAT OPTION BE GIVEN TO  
5 GAMETE DONORS, SO I'D BE A LITTLE CONCERNED ABOUT  
6 CREATING MULTIPLE REGULATORY REGIMES THAT OVERLAP IN  
7 SOME WAYS, BUT NOT IN ALL WAYS.

8 VICE CHAIR LO: THANKS VERY MUCH FOR YOUR TWO  
9 IMPORTANT POINTS.

10 DR. EGGAN: I'D LIKE TO RESPOND TO BOTH THOSE  
11 POINTS. THOSE ARE, FIRST OF ALL, THAT THE NATIONAL  
12 ACADEMY OF SCIENCE GUIDELINES ARE JUST THAT, AND THAT  
13 THEY'RE WORKING GUIDELINES. I THINK THERE NEEDS TO BE  
14 A RECOGNITION THAT THEY'RE WORKS IN PROGRESS, AND THAT  
15 THIS IS A RAPIDLY EMERGING FIELD. AND THAT I THINK  
16 IT'S -- ESPECIALLY WITH THIS POINT HAVING TO DO WITH  
17 INFORMED CONSENT AND DOWNSTREAM USE, JUST AS IS  
18 REASONABLE FOR -- I THINK IT'S VERY IMPORTANT THAT A  
19 GAMETE DONOR BE ABLE TO SAY I'M NOT COMFORTABLE WITH  
20 THIS DOWNSTREAM USE OF THE CELL LINE, AND I THINK IT'S  
21 ALSO IMPORTANT TO SAY THAT IT'S JUST AS REASONABLE FOR  
22 THE SCIENTISTS TO TURN AROUND AND SAY THEN I'M NOT  
23 COMFORTABLE WITH YOU PARTICIPATING IN THIS RESEARCH  
24 STUDY.

25 BUT I THINK THERE NEEDS THAT SORT OF FRANK

1 AND OPEN CONVERSATION BETWEEN BOTH THE SCIENTISTS AND  
2 THE DONOR, AND THAT'S WHAT'S GOING TO PREVENT  
3 MISUNDERSTANDING, AND THAT'S CRITICAL.

4 I HAVE TO SAY, AS I READ THE NATIONAL ACADEMY  
5 OF SCIENCE GUIDELINES WITH RESPECT TO COMPENSATION, I  
6 BELIEVE THAT IT'S WORDED JUST THAT. AND I THINK IT'S  
7 ACTUALLY, IF ANYTHING, PROBABLY LEFT RATHER AMBIGUOUS  
8 WITH RESPECT TO WHAT COMPENSATION MEANS. I CAN'T  
9 REMEMBER WHAT THE EXACT WORDS ARE, BUT MY UNDERSTANDING  
10 IS THAT IT'S ACTUALLY LESS RESTRICTIVE IN ITS CHOICE OF  
11 WORDS THAN PROP 71 IS.

12 VICE CHAIR LO: ONE OF THE THINGS WE'LL ASK  
13 STAFF TO DO IN THE INTERIM BEFORE NEXT MEETING IS TO  
14 LOOK VERY CLOSELY AT THE LANGUAGE OF PROP 71, THE NAS  
15 GUIDELINES, AND OTHER COMPARABLE STATEMENTS ABOUT  
16 PAYMENT FOR RESEARCH AND PROVIDE SOME BACKGROUND.

17 I WANT TO SORT SWITCH GEARS AND START  
18 THINKING TOWARDS THE FUTURE. I THINK THIS WAS A VERY  
19 USEFUL MEETING. A LOT OF THE GOOD IDEAS. I THINK WE  
20 REACHED SOME IMPORTANT IDEAS ABOUT CONSENT.

21 IF I COULD ASK YOU TO TURN TO TAB 8, WHICH IS  
22 FUTURE PLANS. FIRST, THERE'S THIS COLOR-CODED CALENDAR  
23 ON THE SECOND PAGE. JEFF, MAYBE YOU COULD HELP US IF I  
24 DON'T GET THIS RIGHT JUST TO SORT OF KEEP OUR MINDS ON  
25 SORT OF THE BIG PICTURE. WE JUST HAD OUR 12/1 MEETING.

1 THERE' S A MEETING WE HAVE SCHEDULED, IT' S ACTUALLY  
2 GOING TO BE A TWO-DAY MEETING AT THE END OF JANUARY  
3 WHERE OUR GOAL IS TO ACTUALLY COME UP WITH  
4 RECOMMENDATIONS THAT GO BACK TO THE ICOC FOR FINAL  
5 REGULATIONS. SO THAT' S THE PRODUCT THAT WE WOULD LIKE  
6 TO PROPOSE TO THE ICOC.

7 THAT THEN GOES TO THE ICOC MEETING ON  
8 FEBRUARY 10TH, ABOUT TEN DAYS, ELEVEN DAYS LATER. AND  
9 IF THEY APPROVE, THEN THAT TRIGGERS THE APA PROCESS,  
10 THE 45-DAY PUBLIC COMMENT PERIOD, OUR REQUIREMENT TO  
11 RESPOND TO COMMENTS. AND THEN AFTER THAT, IF THERE ARE  
12 CHANGES, THOSE NEED TO BE MADE WITH AN ADDITIONAL  
13 COMMENT PERIOD, AND THEN IT GOES TO THE OFFICE OF  
14 ADMINISTRATIVE LAW REVIEW. AND THAT' S THE TIMETABLE  
15 THAT WILL ALLOW US TO HAVE REGULATIONS, FINAL  
16 REGULATIONS, IN EFFECT BY THE JULY 30TH, 2006,  
17 GUIDELINE, WHICH IS WHEN THE EXPIRATION OF THE INTERIM  
18 GUIDELINES THAT WERE APPROVED 11/2/05.

19 SO I JUST WANT TO SAY THAT THE NEXT MEETING  
20 OUR GOAL IS REALLY TO APPROVE LANGUAGE ON THESE  
21 PROPOSED GUIDELINES, FINAL GUIDELINES. AND SO BEFORE  
22 THEN, STAFF IS GOING TO HAVE A LOT OF WORK TO DO  
23 ACTUALLY WRITING THIS OUT, TRANSLATING IT INTO  
24 REGULATORY LANGUAGE. I WOULD SUSPECT I WOULD LIKE TO  
25 SORT OF BE ABLE TO CALL ON YOU EITHER ELECTRONICALLY OR

1 BY TELEPHONE TO TRY AND PUSH AHEAD ON SOME OF THE  
2 ISSUES THAT WE HAVEN'T QUITE RESOLVED, EITHER TO CHECK  
3 AND MAKE SURE THE LANGUAGE SEEMS RIGHT, BUT ALSO  
4 THERE'S SOME OUTSTANDING ISSUES THAT, IF WE THOUGHT A  
5 LITTLE BIT ABOUT AHEAD OF TIME, IT MAY FACILITATE OUR  
6 DELIBERATIONS NEXT MEETING.

7 I KNOW THAT THE HOLIDAY SEASON IS COMING UP,  
8 AND WE'RE ACTUALLY GOING TO NEED TO RESPECT THAT, BUT  
9 BETWEEN NOW AND JANUARY, WE'D LIKE TO CONTACT YOU  
10 EITHER ELECTRONICALLY AND MAYBE BY PHONE AND TO TRY AND  
11 GET SOME FEEDBACK FROM YOU AS WE SORT OF GO ABOUT  
12 PUTTING THE IDEAS FROM THE DAY INTO REGULATORY  
13 LANGUAGE.

14 ON THE FIRST PAGE UNDER THAT BINDER, WHICH IS  
15 THIS BIG BLACK CHART, SORT OF THE ISSUES THAT WE HAVE  
16 TO DEAL WITH, I THINK IF WE CAN GET THE INFORMED  
17 CONSENT SECTION WRITTEN UP IN REGULATORY LANGUAGE, THE  
18 THINGS THAT WE NEED TO REVISIT IN JANUARY, THE ESCRO  
19 REVIEW, CHARACTERIZATION OF ACTIVITIES NOT ELIGIBLE FOR  
20 FUNDING, ASSURANCES OF COMPLIANCE, I THINK ARE LESS  
21 FRAUGHT WITH KIND OF ETHICAL CONTROVERSY. IT'S MORE A  
22 MATTER OF GETTING THE LANGUAGE RIGHT AND MAKING SURE WE  
23 HAVEN'T LEFT OUT ANY KEY CONSIDERATIONS.

24 SO I THINK WE'RE IN PRETTY GOOD SHAPE, BUT  
25 STILL A LOT OF WORK LEFT TO DO. I'M GOING TO CALL ON

1 STAFF TO DO A LOT OF WORK AS THEY HAVE BEEN DOING,  
2 THANKS TO JEFF. AND THEN TO ACTUALLY GIVE YOU NOTICE  
3 THAT WE'LL BE SORT OF CALLING ON YOU IN THE INTERIM TO  
4 TRY AND CONTINUE TO GET YOUR IDEAS.

5 DR. EGGAN: MAYBE IT'S TOO LATE TO CHANGE IT,  
6 BUT IS TEN DAYS A REALISTIC AMOUNT OF TIME FOR THE  
7 STAFF TO TURN AROUND EVERYTHING WE DO IN OUR MEETING AT  
8 THE END OF THE MONTH AND GET IT TO THE HANDS OF THE  
9 ICOC FOR A REASONABLE REVIEW? WE HAVE A BIG JOB FOR  
10 THOSE TWO DAYS, AND IN TURN, IT WILL BE A VERY BIG JOB  
11 TO PUT THE FINAL REGULATIONS IN THE HANDS OF THE ICOC  
12 AND FOR THEM TO ACTUALLY READ IT BEFORE THEY DECIDE  
13 WHETHER OR NOT TO APPROVE IT. I'M SORT OF SITTING HERE  
14 WONDERING IF THAT PASSES THE RED FACE TEST  
15 ADMINISTRATIVELY.

16 DR. HALL: THE HOPE IS THAT YOU WOULD, IN  
17 FACT, ARE CONVERGING ON THESE ISSUES TOWARDS SOLUTION.  
18 THAT IS, THAT I THINK WHAT HAPPENED TODAY IS  
19 ILLUSTRATIVE; THAT IS, WE TALKED ABOUT A LOT OF  
20 PRINCIPLES, YOU DID, AND THEN THE STAFF WILL TRY TO  
21 REDUCE THOSE TO LANGUAGE. AND THE QUESTION IS WHETHER  
22 WE ARE GOING TO MAKE WHOLESALE CHANGES AFTER THAT OR  
23 NOT. MY GUESS IS THERE WILL BE INTENSE DISCUSSIONS  
24 OVER A FEW WORDS AND A FEW PHRASE. BUT IF YOU ACTUALLY  
25 LOOK AT THE GUIDELINES, WHICH ARE UNDER -- DRAFT

1 GUIDELINES UNDER TAB 6, THEN STARTING IN, THEN I THINK  
2 THERE ARE MANY AREAS IN HERE, THE HIGHLIGHTED AREAS  
3 INDICATE SOME OF THE RECENT CHANGES. YOU CAN LOOK  
4 THROUGH. THESE ARE ISSUES THAT WE'VE TALKED ABOUT A  
5 LOT BEFORE. MY GUESS IS THAT THE CHANGES WILL BE  
6 RELATIVELY SMALL. I COULD BE WRONG. IF WE'RE REQUIRED  
7 TO GO BACK AND COMPLETELY REWRITE SOMETHING, AND THEN  
8 BRING IT TO YOU YET AGAIN, I THINK THAT'S A DIFFICULTY.  
9 BUT MY HOPE IS THAT, YOU KNOW, WE GO FROM WHOLE  
10 SECTIONS TO PARAGRAPHS TO SENTENCES TO WORDS TO COMMAS,  
11 AND THAT EACH ITERATION WILL GET US CLOSER AND CLOSER  
12 TO WHERE WE ARE.

13 DR. KIESSLING: IS THERE A REASON IT'S NOT  
14 BEING HELD A WEEK BEFORE?

15 DR. LOMAX: UNFORTUNATELY THAT WAS SIMPLY  
16 SCHEDULING DIFFICULTY. I KNOW JENNIFER REALLY TRIED TO  
17 SHOOT FOR MUCH EARLIER IN JANUARY, BUT IT WAS JUST VERY  
18 DIFFICULT TO GET EVERYONE TOGETHER OTHER THAN THAT  
19 WEEK.

20 VICE CHAIR LO: WE CAN TRY AGAIN, BUT THIS IS  
21 A VERY GOOD GROUP, BUT IT'S A VERY BUSY GROUP, AND IT'S  
22 REALLY HARD TO GET A QUORUM TOGETHER, ESPECIALLY FOR A  
23 TWO-DAY MEETING. WE THOUGHT IT WAS IMPORTANT TO HAVE  
24 THE OPTION OF THAT SECOND DAY IF WE REALLY NEEDED IT.

25 DR. EGGAN: MAYBE I WOULD JUST SAY TO

1 ENCOURAGE STAFF TO POINT OUT THIS TIME LIMITATION THAT  
2 WE HAVE AND TO ENCOURAGE PEOPLE TO COME FORWARD WITH  
3 LARGER PROBLEMS THAT THEY HAVE IN THE INTERIM TIME TO  
4 MAKE SURE THAT WE CAN DO OUR BEST TO DEAL WITH THEM  
5 BEFOREHAND, SO THERE AREN'T ANY ENORMOUS SURPRISES.  
6 MEETING WILL BE WHAT THE MEETING IS AND I DON'T WANT TO  
7 STIFLE THAT IN ANY WAY, BUT IF PEOPLE HAVE SUBSTANTIVE  
8 DISAGREEMENTS WITH HOW THINGS ARE SHAPING UP, THEN WE'D  
9 HOPE THEY'D COME FORWARD BEFORE THAT DATE.

10 DR. HALL: ALSO ENCOURAGE A SENSE OF  
11 CONTINUITY, THAT WE REALLY DO BUILD EACH TIME ON WHAT  
12 WE'VE DONE BEFORE AND DON'T HAVE TO GO BACK AND HAVE  
13 THE SAME DISCUSSIONS OVER AGAIN. PART OF IT -- THAT'S  
14 DIFFICULT BECAUSE WE DON'T ALWAYS HAVE THE SAME PEOPLE.  
15 SO ONE NEW PERSON COMES IN AND SAYS WAIT A MINUTE. I  
16 DON'T AGREE WITH ANY OF THIS, AND THEN IT'S DIFFICULT.  
17 I THINK WE JUST HAVE TO DO THE BEST WE CAN.

18 WE DID TRY TO SCHEDULE IT DIFFERENTLY, BUT IT  
19 IS A VERY HARD GROUP TO GET TOGETHER.

20 VICE CHAIR LO: LET ME JUST UNDERLINE KEVIN'S  
21 POINT. I THINK AS WE SEND THINGS OUT, WE WILL TRY AND  
22 BE VERY SELECTIVE WITH WHAT WE SEND OUT. BUT IF WE  
23 SEND SOMETHING OUT AND YOU LOOK AT IT AND SAY, GOSH, I  
24 CAN'T LIVE WITH THIS, THEY'VE TOTALLY MISSED THE BOAT,  
25 PLEASE LET US KNOW AS QUICKLY AS POSSIBLE SO WE CAN

1 TAKE INTO ACCOUNT YOUR CONCERNS, OBJECTIONS, AND TRY  
2 AND FIGURE OUT HOW TO --

3 DR. HALL: FIRST OF ALL, WE URGE PEOPLE TO  
4 READ THEM BEFORE THEY GET ON THE PLANE TO COME OUT  
5 HERE.

6 DR. LOMAX: IF I COULD ADD ONE OTHER COMMENT  
7 THERE AS WELL. I THINK WE ARE, AT LEAST IN TERMS OF  
8 THE PROCESS, WE'VE REALLY HIT A CRITICAL STAGE WHERE  
9 WE'VE BEEN TRYING TO DO TWO THINGS AT ONCE, WHICH IS  
10 PROVIDE SYNTHESIZED BACKGROUND MATERIAL AND PUT A LOT  
11 EFFORT INTO GETTING MATERIAL AND THE SUPPORTING  
12 RESEARCH IN REALLY LEADING UP TO THIS MEETING. I WOULD  
13 SUGGEST THAT THE SECTIONS WE DEALT WITH TODAY ARE  
14 REALLY THE CORE OF THE ETHICAL HEART OF THIS DOCUMENT,  
15 AND A LOT OF THE ISSUES, PARTICULARLY IN JANUARY, ARE  
16 MORE TECHNICAL IN NATURE, AND WE WON'T NEED TO SPEND  
17 LOTS OF TIME ON THEM. SO THE FUTURE MATERIALS YOU'LL  
18 BE GETTING FROM US WOULD BE STRICTLY FOCUSED ON THIS  
19 CORE PART OF THE REGULATIONS AND DIRECT YOU INTO SORT  
20 OF REVIEWING LANGUAGE INSTEAD OF HAVING HAVE TO REVIEW  
21 BACKGROUND MATERIAL AND REVIEW DOCUMENTS.

22 SO WE'LL HOPEFULLY USE THAT TIME TO REALLY  
23 WORK THROUGH THE LANGUAGE OF THE REGULATIONS WITH YOU  
24 AND NOT ALL THE RELATED MATERIAL THAT GOES INTO THAT.

25 DR. EGGAN: PRESUMABLY THAT MEANS THAT ALL



1 THE SUGGESTIONS THAT WE MADE AS A NONQUORUM GROUP TODAY  
2 CAN BE ENTERED INTO THE SUGGESTED INTERIM GUIDELINES.  
3 THERE WILL BE NO NEED -- IS IT TRUE THAT THERE WILL BE  
4 NO NEED TO VOTE ON THOSE CHANGES INDIVIDUALLY, BUT THAT  
5 THERE CAN BE SORT OF A VOTE BY PRESUMABLY WHAT WOULD BE  
6 THE QUORUM GROUP ON THE ENTIRE GUIDELINES AT THE END OF  
7 THE DAY; IS THAT TRUE, OR WILL WE NEED TO REVISIT THESE  
8 ISSUES WITH THEM?

9 VICE CHAIR LO: AGAIN, WE DIDN'T APPROVE  
10 ANYTHING TODAY BECAUSE WE DIDN'T HAVE A QUORUM, BUT WE  
11 NEED TO HAVE YOUR APPROVAL OF FINAL LANGUAGE AT THE  
12 JANUARY MEETING. SO WE NEED SORT OF HAVE YOU APPROVE  
13 BEFORE WE LEAVE IF WE'RE GOING TO PRESENT IT TO THE  
14 ICOC IN FEBRUARY.

15 DR. PRIETO: I JUST WANT TO REMIND PEOPLE  
16 THAT THESE WILL STILL BE INTERIM REGULATIONS, AND  
17 THERE'S A LONG PUBLIC COMMENT PERIOD BEFORE THESE ARE  
18 CAST IN STONE.

19 DR. HALL: JUST TO KEEP OUR TERMINOLOGY  
20 STRAIGHT, WE NOW HAVE INTERIM REGULATIONS IN PLACE.  
21 THESE ARE DRAFT REGULATIONS WHICH WE WILL, IF APPROVED  
22 BY THE ICOC, WILL THEN BE SUBMITTED TO OR NOTICED WITH  
23 OAL AND THEN GO OUT FOR PUBLIC COMMENT.

24 DR. PRIETO: BUT WILL NOT BE FINAL UNTIL --

25 DR. HALL: AND THEN WE WILL GIVE WRITTEN

1       RESPONSES TO THE PUBLIC COMMENT.   BUT IT'S NOT THAT WE  
2       WILL ABLE TO CHANGE IT MIDSTREAM AS IT GOES ALONG.

3               DR. PRIETO:   FOLLOWING PUBLIC COMMENT,  
4       HOWEVER, IT CAN BE CHANGED AT THIS LEVEL OR THE ICOC  
5       LEVEL.

6               DR. HALL:   CORRECT ME IF I'M WRONG HERE, BUT  
7       FOLLOWING PUBLIC COMMENT AND OUR WRITTEN RESPONSE, THEN  
8       OAL DECIDES WHETHER WE'VE MADE A MAJOR MODIFICATION OR  
9       A MINOR MODIFICATION.   IF WE MADE MINOR MODIFICATIONS,  
10      THEN THEY ASK FOR 15 DAYS OF PUBLIC RESPONSE TO  
11      REITERATE.   IF THEY BELIEVE THAT WE MADE A MAJOR  
12      CHANGE, THEN WE HAVE TO GO THROUGH ONCE AGAIN THE  
13      45-DAY PROCESS OF HAVING PUBLIC COMMENT, WRITTEN  
14      RESPONSES, AND THEN WE KEEP ON THAT CYCLE TILL WE GET  
15      HOME.   BUT IF WE WERE TO MAKE A MAJOR MODIFICATION  
16      DURING THAT PERIOD, THEN WE WOULD BE THRUST BACK INTO  
17      STARTING OVER AGAIN.   IT IS NOT THE CASE THAT THIS WILL  
18      BE A LIVING DOCUMENT THAT WE CAN CONTINUE TO WORK ON  
19      THROUGH THIS PROCESS.   ONCE WE SUBMIT IT IN FEBRUARY  
20      AND IT GOES TO OAL, THEN THAT'S WHAT -- THAT'S OUR WORD  
21      ON IT.

22              DR. KIESSLING:   BECAUSE THERE WERE SOME  
23      PROBLEMS WITH ELECTRONIC INFORMATION THIS TIME AROUND,  
24      IS IT POSSIBLE THAT WHEN YOU SEND SOMETHING TO US, THAT  
25      YOU ASK US TO REPLY AND MAKE SURE WE GOT IT BECAUSE IT

1 DIDN'T HAPPEN FOR A NUMBER OF THINGS THIS TIME. IF YOU  
2 DON'T HEAR BACK FROM US, I THINK YOU SHOULD TRIGGER IT  
3 AGAIN.

4 VICE CHAIR LO: THAT'S A GOOD SUGGESTION.

5 DR. LOMAX: ABSOLUTELY. AS A RESULT, THE  
6 PAST FEW WEEKS, WE'VE HAD SOME CONCERNS WITH E-MAIL,  
7 AND WE'LL BUILD A CONTINGENCY IN TO MAKE SURE THAT  
8 ISN'T DISRUPTIVE TO THE PROCESS.

9 DR. HALL: WE'LL SEND IT EVERY DAY UNTIL YOU  
10 SAY STOP.

11 DR. KIESSLING: DO THAT. SOMETHING LIKE THAT  
12 WORKS.

13 VICE CHAIR LO: AND THEN ANY COMMENTS,  
14 QUESTIONS ABOUT THE PROCEDURES? I JUST WANT A POINT OF  
15 INFORMATION. A WEEK FROM TOMORROW THE UNIVERSITY OF  
16 CALIFORNIA OFFICE OF THE PRESIDENT AND CIRM ARE  
17 COHOSTING A MEETING FOR REPRESENTATIVES OF THE  
18 INSTITUTIONS THAT APPLIED FOR CIRM TRAINING GRANTS TO  
19 SEND SEVERAL REPRESENTATIVES SO WE CAN GIVE THEM SORT  
20 OF OUR THINKING ON OUR GUIDELINES AND SO OBTAIN THEIR  
21 FEEDBACK, COMMENTS, AND THOUGHTS. AND AMONG THE TYPES  
22 OF PEOPLE WHO WILL BE THERE WILL BE MEMBERS AND CHAIRS  
23 OF ESCRO'S OR IRB'S, PEOPLE RESPONSIBLE FOR  
24 INSTITUTIONAL COMPLIANCE, RESEARCHERS. SO WE HOPE TO  
25 GET SORT OF A REPRESENTATIVE SAMPLE OF PEOPLE WHO WILL

1 BE LIVING WITH AND REGULATED BY THESE REGULATIONS.  
2 AND, AGAIN, THE POINT OF THIS IS TO MAKE SURE WE'RE NOT  
3 PROPOSING SOMETHING THAT'S GOING TO TRIGGER A VERY  
4 STRONG RESPONSE THAT'S GOING TO REQUIRE US TO TOTALLY  
5 REWORK THINGS. WE WANT TO FIND THAT OUT BEFORE WE  
6 ISSUE OUR RECOMMENDATIONS TO ICOC.

7 I WANT TO THANK ARLENE AND UCOP FOR TAKING  
8 THE LEAD ON THIS. I THINK IT'S GOING TO BE A VERY  
9 USEFUL MEETING. ALREADY SOME OF THE FEEDBACK WE'VE  
10 GOTTEN IS THAT A LOT OF THESE INSTITUTIONS REALLY ARE  
11 EAGER TO SORT OF HEAR WHAT WE'RE THINKING. A LOT OF  
12 WHAT WE'RE GOING TO SAY IS REASSURING AND THAT WE'RE  
13 NOT GOING TO BE MINUTELY PRESCRIBING WHAT WE'RE GOING  
14 TO DO.

15 DR. HALL: IT'S OUR USER GROUP BASICALLY.  
16 WE'RE CHECKING WITH OUR USER GROUP.

17 DR. PETERS: BERNIE, DID YOU WANT TO  
18 ENCOURAGE MEMBERS OF OUR WORKING GROUP TO SHOW UP, OR  
19 IS THAT ALREADY A SET?

20 VICE CHAIR LO: WELL, I THINK WE'RE ALWAYS  
21 EAGER. IT'S ACTUALLY IN THIS SIDE OF THE BAY.  
22 GLADSTONE. IT'S DOWN IN MISSION BAY. YES, I THINK  
23 ANYONE ON THE COMMITTEE IS CERTAINLY WELCOME TO COME.  
24 AND I THINK IT SHOULD BE INTERESTING AND EDUCATIONAL  
25 BECAUSE IT IS GOING TO GIVE US A WAY OF UNDERSTANDING

1 HOW THE PEOPLE WHO ARE SUBJECT TO OUR REGULATIONS ARE  
2 REACTING TO IT. ABSOLUTELY, I THINK WE'RE CERTAINLY  
3 WELCOME. WE'LL GET THE SAME LUNCH AS EVERYONE ELSE  
4 GETS.

5 WITH THAT, IF THERE IF THERE IS NO ADDITIONAL  
6 BUSINESS -- WE'RE NOT ALLOWED TO HAVE MOVEMENTS TO  
7 ADJOURN, SO I CAN JUST UNILATERALLY SAY I HOPE IT'S NOT  
8 RAINING. AND FOR THOSE WHO ARE TRAVELING, GOD SPEED  
9 AND SAFE TRAVELS AND HOPE THAT THE PLANES ARE FLYING ON  
10 TIME. FOR THOSE OF YOU ON DELTA, MY COMMISERATIONS.  
11 THANKS VERY MUCH. I THOUGHT THIS WAS A VERY USEFUL  
12 MEETING.

13 (THE MEETING WAS THEN ADJOURNED AT 05:34  
14 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 \*\* WORKING GROUP OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD AT THE LOCATION INDICATED BELOW

{LOCATION}  
{ADDRESS LINE 2}  
\*\*\*, CALIFORNIA  
ON  
THURSDAY, DECEMBER 1, 2005

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

BETH C. DRAIN, CSR 7152  
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1072 S.E. BRISTOL STREET  
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