

CURRICULUM VITAE / EXECUTIVE BIOGRAPHICAL SUMMARY

JOHN A. SCARLETT, MD

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FAMILY:

Married: Susan E. Scarlett (m. June 17, 1972)
Children: Jessica (b. 1977), Lauren (b. 1985)

EDUCATION:

	Dates <u>Attended</u>	<u>Degree</u>
Earlham College, Richmond, Indiana	1969-73	B.A. w/ honors
University of Chicago, Pritzker School of Medicine	1973-77	M.D. w/ honors

POSTGRADUATE TRAINING:

1977-1980	Resident, Department of Medicine, Hospital of the University of Pennsylvania
1980-1982	Clinical Research Fellow, Division of Endocrinology, University of Colorado Health Sciences Center Associate Investigator, U.S. Veterans Administration Denver VA Hospital
1982	Appointed Clinical Instructor, Division of Endocrinology University of Colorado Health Sciences Center

BOARD CERTIFICATION:

American Board of Internal Medicine

PROFESSIONAL SOCIETIES:

American Diabetes Association
The Pituitary Society
The Endocrine Society

MEDICAL LICENSURE (all inactive):

Colorado:	23137
Pennsylvania:	MD-021364-E
Connecticut:	27150

AWARDS AND HONORS:

Edward H. Cox Scholarship Award in Chemistry,
Earlham College, 1972
American Chemical Society, Undergraduate Award
in Analytical Chemistry, 1973
Chemistry Departmental and College Honors,
Earlham College, 1973
Phi Beta Kappa, 1973

Upjohn Award for Outstanding Accomplishments
as a Medical Student, 1977
Graduation with Honors, University of Chicago
Pritzker School of Medicine, 1977
Solomon A. Berson Research and Development
Award of the American Diabetes Association, 1982-3

Fellow, American College of Physicians (FACP), 1985

Member, Drug Information Guidelines Committee
United States Pharmacopeial Convention
(USP), 1990-1992

Distinguished Service Award, Drug Information
Association, 1991
Chairman, North American Steering Committee
Drug Information Association, 1991 - 1993

BOARD MEMBERSHIPS:

1989 – 1991	Member, Board of Directors Drug Information Association (DIA)
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2007 - 2016	Member, Board of Trustees Earlham College Richmond, IN
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2011 – 2018	Member, Board of Directors
2018 – 2025	Chairman, Board of Directors Geron Corporation (GERN)

2015 - 2021

Member, Board of Directors
Chiasma, Inc (CHSM)
Chair, Compensation Committee
Member, Audit Committee

2016 - 2022

Member, Board of Directors
Cytomx, Inc (CTMX)
Member, Audit Committee
Chairman, Compensation Committee

PROFESSIONAL AND WORK EXPERIENCE:

2Q 2026 -

Editor, Sculpting Fog Media

The content provided under the Sculpting Fog Media umbrella includes short and long-form written commentary published via Substack that is focused on the intersection of science, strategy and policy, with a particular emphasis on how drug development, regulatory and commercial strategy married to effective organizational dynamics can result in promising science becoming effective medicines.

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4Q 2011-
1Q 2025

**Chairman, President and Chief Executive Officer
Geron Corporation (NASDAQ: GERN)
Foster City, CA**

As President and CEO, orchestrated a strategic realignment that resulted in divestiture of the Company's embryonic stem cell assets, emphasizing development of its first-in-class telomerase inhibitor, imetelstat. Pivoted development of imetelstat from solid tumors to high unmet need hematological malignancies, and negotiated a non-dilutive, innovative imetelstat world-wide license and collaboration with Janssen Pharmaceuticals (JNJ). When Janssen returned the product rights to Geron in 2018, re-oriented and refinanced the company, ultimately growing from 18 employees to over 240 employees, driving a positive Phase 3 trial in lower-risk myelodysplastic syndromes (LR-MDS), a strong 12-to-2 ODAC endorsement in 2024, favorable placement in the NCCN guidelines, and subsequent FDA and EU approvals of RYTELO.

1Q 2009 -
4Q 2009

**President and Chief Executive Officer
Proteolix, Inc.
South San Francisco, CA**

President, Chief Executive Officer and a member of the board of directors of Proteolix, Inc., a privately held biopharmaceutical company, from February 2009 until its acquisition by Onyx Pharmaceuticals, Inc. in November 2009. Proteolix discovered and developed carfilzomib, a second-generation proteasome inhibitor now marketed as KYPROLIS® by Amgen (which acquired Onyx in 2013) for the treatment of relapsed or refractory multiple myeloma, with w/w sales of \$2.7B in 2024 and estimated 2025 sales of \$3.0B.

2001-
2008

**Chief Executive Officer
Tercica (NASDAQ: TRCA)
Brisbane, CA**

From 2001 until its acquisition by Ipsen, S.A. in October 2008, as a Co-Founder, Chief Executive Officer and a member of the board of directors of Tercica, Inc. (NASDAQ: TRCA), led the clinical development, approval and commercial launch of INCRELEX® (mecasermin) for the treatment of growth failure in pediatric patients with severe primary insulin-like growth factor-1 (IGF-1) deficiency.

1993-
2001

**Chief Executive Officer
Sensus Drug Development Corporation
Austin, TX**

From 1993 until its acquisition by Pharmacia in May 2001, served as Founder, President and Chief Executive Officer of Sensus Drug Development Corporation, a privately held biopharmaceutical company that developed SOMAVERT® (pegvisomant for injection), which was approved for the treatment of acromegaly in 2003, and for which it remains a mainstay of medical treatment.

1995-
2001

**Founder and Director
Covance Biotechnology Services, Inc.
Research Triangle Park, NC**

Co-founded Covance Biotechnology Services, Inc., a contract biopharmaceutical GMP/commercial manufacturing organization, developed the business plan and negotiated a joint venture with Corning, Inc., directed site selection and construction of a state-of-the-art process development and recombinant protein cGMP manufacturing facility in Research Triangle Park in North Carolina, and served as a Director for this 450 employee business with multiple large pharmaceutical company clients prior to its sale to Akzo Nobel's Diosynth Division in June 2021 (now Fujifilm Diosynth Biotechnologies).

1991-
1993

**Head, North American Clinical Development Center
Senior Vice President, Medical and Scientific Affairs
Novo Nordisk Pharmaceuticals Inc., Princeton, NJ**

Head of the North American Clinical Development Center while also serving as Senior Vice President of Medical and Scientific Affairs for Novo Nordisk Pharmaceuticals, Inc., a wholly owned subsidiary of Novo Nordisk A/S. In that position, contributed to world-wide clinical and regulatory planning for Novo Nordisk development candidates, managerial responsibility for clinical trials and development activities for Novo Nordisk in both the U.S. and Canada, and represented the Company in interactions with FDA personnel regulating both investigational and marketed insulin products and delivery devices.

1985-
1990

**Vice President, Clinical Development
Greenwich Pharmaceuticals Inc.
Greenwich, CT**

Led phase 1-3 clinical development for a potential disease-modifying anti-rheumatic drug, THERAFECTIN®.

1982-
1985

**Director
Department of Medical Research and Services,
McNeil Pharmaceuticals (Johnson & Johnson)
Spring House, PA**

Director of Medical Research and Services at McNeil Pharmaceuticals, a Johnson & Johnson company, responsible for Phase 3b and Phase 4 clinical programs, medical writing, pharmacovigilance, and medical affairs for McNeil's marketed products in pain, rheumatology, psychiatry and pancreatic enzyme replacement therapy. While at McNeil, withdrew ZOMAX®, the Company's leading NSAID pain product, from the worldwide market due to serious adverse experiences, and negotiated DESI approval for PARAFON FORTE® with FDA.

1982

**Assistant Director
Department of Medical Research and Services,
McNeil Pharmaceutical
Spring House, PA**

Medical Product Director for TOLECTIN® and TYLENOL® with Codeine, providing Phase 4 medical support.

1982-
1986

**Adjunct Assistant Professor of Medicine
Department of Medicine, Hospital of the University
of Pennsylvania and University of Pennsylvania
School of Medicine
Philadelphia, PA**

From 1982-1986, appointed as an Adjunct Assistant Professor of Medicine at Hospital of the University of Pennsylvania; attended one half-day per week in the Internal Medicine Clinic.

1980-
1982

**Associate Investigator
Research Division, Veterans Administration
Fellow, Diabetes and Metabolism, University of Colorado
Denver, CO**

Studied insulin action, the pathophysiology of obesity and type II diabetes, and *in vitro*, *in vivo* and clinical effects of pharmacologic therapies in these disorders: author or co-author of 12 peer-reviewed publications from laboratory of Jerrold Olefsky (now Professor of Medicine at UC San Diego).

1973-
1977

**Medical Student; Laboratory of Arthur H. Rubenstein
University of Chicago Pritzker School of Medicine
Chicago, IL**

Studied insulin, proinsulin and c-peptide secretion, the effect of ascorbic acid on carbohydrate metabolism and the use of c-peptide assays to detect factitious hypoglycemia; authored peer-reviewed papers in *Am J Clin Nutr* and *N Engl J Med* from the laboratory of Arthur H. Rubenstein (now Professor of Medicine and Dean of Medicine (*emeritus*), University of Pennsylvania).

AVOCATIONS:

Certified SCUBA diver since 1960 (~3200 dives); Certified Freediver since 2010; award-winning underwater still photographer and author (*Loving Sharks*, Asian Geographic Magazines Pte Ltd, Singapore, 2010)

Sportscar Racing: 2010-2015 Porsche-sponsored Pirelli GT3 Cup Trophy race series; Class Champion 2015.

Aspiring writer of speculative fiction: "Talon – A Novel" is currently in development.

RESIDENCES: Dr. Scarlett and his wife Susan's principal residence is in Austin, Texas.

BIBLIOGRAPHY

ORIGINAL ACADEMIC PAPERS

1. Scarlett, J.A. Undergraduate attitudes towards birth control: new perspectives. *J. Marriage Family* 34:312-314, 1972.
2. Scarlett, J.A., A. Zeidler, H. Rochma, and A.H. Rubenstein. Acute effect of intravenous ascorbic acid on carbohydrate tolerance. *Am. J. Clin. Nutr.* 29:1339-1334, 1976.
3. Scarlett, J.A., M.E. Mako, A.H. Rubenstein, P.M. Blix, J. Goldman, D.L. Horwitz, H. Tager, J.B. Jaspán, M.R. Stjernholm, and J.M. Olefsky. Factitious hypoglycemia. Diagnosis by measurement of serum C-peptide immunoreactivity and insulin-binding antibodies. *N. Engl. J. Med.* 297:1029-1032, 1977.
4. Scarlett, J.A., Kistner, and L.D. Yang. Behcet's Syndrome. Report of a case associated with pericardial effusion and cryoglobulinemia treated with indomethacin. *Am. J. Med.* 66:146-148, 1979.
5. Fretwell, M.D., S.R. Mitchell, W.F. Leebaw, and J.A. Scarlett. The perspective of medical students and house staff IN *University/Regional Partnerships for Medical Education and Health Care: An Internal Medicine Perspective.* (ED.) Tarlov, A.R. and J.A. Rice. pp. 85-98. Ovid Bell Press, Fulton, Missouri, 1979.
6. Scarlett, J.A. The surgical patient with diabetes. IN *The Medical Care of the Surgical Patient.* (EDs.) D.R. Goldman, F. Brown, E.J. Sussman, W. Levy, and G. Slap. pp. 144-152. J.B. Lippincott, New York, 1982.
7. Kolterman OG, Gray RS, Griffin J, Burstein P, Insel J, Scarlett JA, and J.M. Olefsky. Receptor and postreceptor defects contribute to the insulin resistance in noninsulin-dependent diabetes mellitus. *J Clin Invest* 68: 957-69, 1981
8. Kolterman OG, Scarlett JA, Olefsky JM. Insulin resistance in non-insulin-dependent, type II diabetes mellitus. *Clin Endocrinol Metab* 11: 363-88, 1982.
9. Gray, R.S., J.A. Scarlett, J Griffin, J.M. Olefsky and O.G. Kolterman. In vivo deactivation of insulin action. *Diabetes* 31:929-936, 1982.
10. Scarlett, J.A., O.G. Kolterman, P. Moore, J.R. Insel, J.M. Olefsky, M. Mako, and A.H. Rubenstein. Insulin resistance and diabetes due to a genetic defect in insulin receptors. *J. Clin. Endocrinol. Metabol.* 55:123-132, 1982.
11. Scarlett, J.A., R.S. Gray, J. Griffin, J.M. Olefsky and O.G. Kolterman. Insulin treatment reverses the insulin resistance of Type II diabetes mellitus. *Diabetes Care* 5:353-363, 1982.
12. Crapo, P.A., J.A. Scarlett, O.B. Kolterman, L.R. Sanders, F.D. Hofeldt, and J.M. Olefsky. The effects of fructose on reactive hypoglycemia. *Diabetes Care* 5:512-517, 1982.

13. Olefsky, J.M., O.G. Kolterman, and J.A. Scarlett. Insulin action and resistance in obesity and non insulin-dependent, Type II diabetes mellitus. *Am. J. Physiol.* 243:E15-E30, 1982.
14. Kolterman, O.G., J.A. Scarlett, and J.M. Olefsky. Insulin resistance in non-insulin dependent, Type II diabetes mellitus. *IN Clinics in Endocrinology and Meolism.* (Ed.) K.G.M.M. Alberti. pp. 363-388. W.B. Saunders Company Ltd., London, 1982.
15. Crapo, P.R., J.A. Scarlett, O.G. Kolterman, and J.M. Olefsky. Comparison of the metabolic responses to fructose and sucrose sweetened foods. *Amer. J. Clin. Nutr.* 36:256-261, 1982.
16. Ciaraldi, T.P., O.G. Kolterman, J.A. Scarlett, M. Kao, and J.M. Olefsky. Role of the glucose transport system in the post-receptor defect of human non-insulin dependent diabetes mellitus. *Diabetes* 31:1016-1022, 1982.
17. Scarlett, J.A., O.G. Kolterman, T.P. Ciaraldi, M. Kao and J.M. Olefsky. Insulin treatment reverses the post-receptor defect in adipocyte 3-O- methyl glucose transport in type II diabetes mellitus. *J. Clin. Endocr. Metabol.* 56:1195-1201, 1983.
18. Olefsky, J.M., T.P. Ciaraldi, J.A. Scarlett, and O.G. Kolterman. Role of the glucose transport system in the post-receptor defect of non-insulin dependent diabetes mellitus and reversibility of the abnormality with insulin treatment. *IN The Adipocyte and Obesity: Cellular and Molecular Mechanisms.* (ED.) Angel, A., Hollenberg, C.H. and D.A.K. Roncari. pp. 85-104. Raven Press, New York, 1983.
19. Revers, R.R., O.G. Kolterman, J.A. Scarlett, R.S. Gray and J.M. Olefsky. Lack of *in vivo* insulin resistance in controlled insulin dependent, Type I, diabetic patients. *J. Clin. Endocr. Me.* 58:353-358, 1984.
20. Kolterman, O.G., R.S. Gray, G. Shapiro, J.A. Scarlett, J. Griffin, and J.M. Olefsky. The acute and chronic effects of sulfonylurea therapy in Type II diabetics. *Diabetes* 33:346-354, 1984.
21. Scarlett, J.A. The selection of switch candidates - industry, FDA and scientific perspectives. *Drug Information Journal* 19:131, 1985.
22. Scarlett, J.A., and J.M. Olefsky. Polypeptide hormone receptor-associated disease states in man. *IN Polypeptide Hormone Receptors.* (Ed.) B.I. Posner. pp. 553-587. Marcel Dekker, New York, 1985.
23. Olefsky JM, Revers RR, Prince M, Henry RR, Garvey WT, Scarlett JA, Kolterman OG. Insulin resistance in non-insulin dependent (type II) and insulin dependent (type I) diabetes mellitus. *Adv Exp Med Biol* 189: 176-205, 1985.
24. Riskin, W.G., Gillings, D.A., Scarlett, J.A. Amiprilose hydrochloride for rheumatoid arthritis. *Annals Int. Med.* 111: 455-465, 1989.
25. Scarlett, J.A. Outsourcing process-development and manufacturing of rdna-derived products. *Trends in Biotechnology*, 14: 239-244, July, 1996.

26. Flyvbjerg, A., W.F. Bennett, R. Rasch, J.J. Kopchick and J.A. Scarlett. Inhibitory effect of a growth hormone receptor antagonist (G120K-PEG) on renal enlargement, glomerular hypertrophy and urinary albumin excretion in experimental diabetes in mice. *Diabetes*, 48(2):377-382, 1999.
27. Scarlett, J.A. Biotechnology's emerging opportunities: Lessons from the Bauhaus. *Nature Biotechnology* Vol. 17 Supplement: BE13-15, 1999.
28. Flyvbjerg, A., W.F. Bennett, R. Rasch, J.W. van Neck, C.A. Groffen, J.J. Kopchick, and J.A. Scarlett. Compensatory renal growth in uninephrectomized adult mice is growth hormone dependent. *Kidney Int*, 56(6):2048-2054, Dec., 1999.
29. Thorner, M.O., C.J. Strasburger, Z. Wu, M. Straume, M. Bidlingmaier, S.S. Pezzoli, K. Zib, J.A. Scarlett and W.F. Bennett. Growth hormone receptor blockade with a peg-modified GH (B2036-PEG) lowers serum IGF-I but does not acutely stimulate serum growth hormone. *J. Clin. Endocr. Metab.*, 84(6):2098-2103, 1999.
30. Trainer, P.J., W.M. Drake, L. Katznelson, P.U. Freda, V. Herman-Bonert, A.J. van der Lely, E.V. Dimaraki, P.M. Stewart, K.E. Friend, M.L. Vance, G. M. Besser, J.A. Scarlett, M.O. Thorner, C. Parkinson, A. Klibanski, J.S. Powell, A.L. Barkan, M.C. Sheppard, M. Maldonado, D.R. Rose, D.R. Clemmons, G. Johannsson, B.A. Bengtsson, S. Stavrou, D.L. Kleinberg, D.M. Cook, L.S. Phillips, M. Bidlingmaier, C.J. Strasburger, S. Hackett, K. Zib, W.F. Bennett, and R.J. Davis. Treatment of acromegaly with the growth hormone-receptor antagonist pegvisomant. *N. Engl. J. Med.*, 342(16):1171-1177, 2000.
31. Herman-Bonert, V.S., K. Zib, J.A. Scarlett and S. Melmed. Growth hormone receptor antagonist therapy in acromegalic patients resistant to somatostatin analogs. *J Clin Endocrinol Metab*, 85(8):2958-2961, 2000.
32. McCutcheon, I.E., A. Flyvbjerg, H. Hill, J. Li, W.F. Bennett, J.A. Scarlett, and K.E. Friend. Anti-tumor activity of the growth hormone receptor antagonist pegvisomant against human meningiomas in nude mice. *J Neurosurgery* 94: 487-92, 2001.
33. Growth Hormone Antagonist for Proliferative Diabetic Retinopathy Study Group. The effect of a growth hormone receptor antagonist drug on proliferative diabetic retinopathy. *Ophthalmology* 108: 2266-72, 2001.
34. Thirone, A.C.P., J.A. Scarlett, A.L. Gasparetti, E.P. Araujo, M.H.L. Lima, C.R.O. Carvalho, and M.J.A. Saad. Modulation of growth hormone signal transduction in kidneys of streptozotocin-induced diabetic animals: effect of a growth hormone receptor antagonist. *Diabetes* 51: 2270-81, 2002.
35. van der Lely, A.J., A.F. Muller, J.A. Janssen, R.J. Davis, K.A. Zib, J.A. Scarlett, and S.W. Lamberts. Control of tumor size and disease activity during cotreatment with octreotide and the growth hormone receptor antagonist pegvisomant in an acromegalic patient. *J. Clin. Endocr. Metab.*, 86(2):478-481, 2001.

36. van der Lely AJ, Hutson RK, Trainer PJ, Besser GM, Barkan AL, Katznelson L, Klibanski A, Herman-Bonert V, Melmed S, Vance ML, Freda PU, Stewart PM, Friend KE, Clemmons DR, Johannsson G, Stavrou S, Cook DM, Phillips LS, Strasburger CJ, Hackett S, Zib KA, Davis RJ, Scarlett JA, Thorner MO. Long-term treatment of acromegaly with pegvisomant, a growth hormone receptor antagonist. *Lancet*. 35 (9295): 1754-9, 2001.
37. Parkinson C, Scarlett JA, Trainer PJ. Pegvisomant in the treatment of acromegaly. *Adv Drug Deliv Rev* 55: 1303-14, 2003.

ACADEMIC ABSTRACTS

1. Scarlett, J.A., O. Kolterman, R.S. Gray, J. Griffin, and J.M. Olefsky. Insulin treatment reverses the insulin resistance in Type II diabetes mellitus. *Clin. Res.* 29:97A, 1981.
2. Gray, R.S., J.A. Scarlett, O.G. Kolterman, J. Griffin, and J.M. Olefsky. In vivo deactivation of insulin action in man. *Clin. Res.* 29:540A, 1981.
3. Scarlett, J.A., O.G. Kolterman, R.S. Gray, J. Griffin and J.M. Olefsky. Insulin treatment reverses the post-defect in Type II diabetes Mellitus. *Diabetes* 30 (Suppl. 1):110, 1981.
4. Kolterman, O.G., J.A. Scarlett, M. Kao, and T.P. Ciaraldi. Demonstration of a post-receptor defect in cellular insulin action in isolated adipocytes from patients with non-insulin dependent diabetes mellitus. *Diabetes* 30 (Suppl. 1):435, 1981.
5. Scarlett, J.A., R.S. Gray, G. Shapiro, J. Griffin, J.M. Olefsky and O.G. Kolterman. The effect of glyburide treatment on insulin binding, insulin responsiveness, and insulin secretion in Type II diabetes mellitus (NIDDM). *Clin. Res.* 30:064A, 1982.
6. Kolterman, O.G., J.A. Scarlett, R.S. Gray, G. Shapiro, J. Griffin, and J.M. Olefsky. The effect of glyburide treatment on insulin binding, insulin responsiveness, and insulin secretion in Type II diabetes mellitus. *Clin. Res.* 30: 397A, 1982.
7. van der Lely, A.J., S.W.J. Lamberts, A. Barkan, N. Pandya, G.M. Besser, P.J. Trainer, V. Bonert, S. Melmed, D.R. Clemmons, R. Rose, M.L. Vance, M.O. Thorner, K.A. Zib, R.J. Davis, W.F. Bennett and J.A. Scarlett. A six week, double blind, placebo controlled study of a growth hormone antagonist, B2036-PEG (Trovert™), in acromegalic patients. In: Program & Abstracts of the 80th Annual Meeting of The Endocrine Society; June 24-27, 1998; New Orleans, LA, USA, 1998. Poster OR4-1, page 57.
8. Thorner, M.O., J.A. Scarlett, K.A. Zib, M. Straume and W.F. Bennett. GH receptor blockade in man lowers serum IGF-I but does not stimulate serum GH. In: Program & Abstracts of the 80th Annual Meeting of The Endocrine Society; June 24-27, 1998; New Orleans, LA, USA, 1998. Poster OR4-2, page 57.
9. Schwartz, S.L., J.E. Pitts, R.J. Davis, K.A. Rodvold and J.A. Scarlett. Insulin requirements decrease after two weeks of subcutaneous administration of B2036-PEG (Trovert™), a growth hormone antagonist, to type 1 diabetics. *Growth Hormone & IGF Research* 8:352 (P-88), 1998.

10. Flyvbjerg, A., W. Bennett, R. Rasch, J.J. Kopchick and J.A. Scarlett. Effect of a long-acting growth hormone receptor antagonist on renal enlargement, glomerular hypertrophy and urinary albumin excretion (UAE) in experimental diabetes. *Growth Hormone & IGF Research* 8:326 (O-53), 1998.
11. Roshan, S.Y., I.E. McCutcheon, W. Bennett, H.L. Hill, J.A. Scarlett, A. Flyvbjerg, K.E. Friend. The growth hormone receptor antagonist B2036PEG (Trovert) inhibits the growth of breast cancer xenografts in nude mice. 81st Annual Meeting of The Endocrine Society; June 12-15, 1999; San Diego, CA, USA, 1999. Poster P2-122, page 306.

ACADEMIC LECTURES/PRESENTATIONS:

1. Insulin treatment reverses the insulin resistance in Type II diabetes mellitus. American Federation for Clinical Research Western Meeting, Carmel, February 1981.
2. In vivo deactivation of insulin action in man. American Federation for Clinical Research National Meeting, San Francisco, May 1981.
3. Insulin treatment reverses the post-receptor defect in Type II diabetes mellitus. American Diabetes Association National Meeting, Cincinnati, June 1981.
4. Pathophysiology and new treatment modalities for type II diabetes, American Diabetes Association (Colorado Affiliate) Continuing Medical Education Meeting, Denver, January 1982.
5. Insulin pump therapy and oral anti-diabetic agents. Family Practice Medical Review, University of Colorado Continuing Medical Education Series, Denver, March 1982.
6. The effect of glyburide treatment on insulin binding, insulin responsiveness, and insulin secretion in Type II diabetes mellitus (NIDDM). American Federation for Clinical Research Western Meeting, Carmel, February 1982.
7. The promises and perils of using large data bases for surveillance for drug safety. PMA Fall Meeting (Medical Section), Washington, September 1983.
8. Role of the medical reviewer in copy review committee. Johnson and Johnson Regulatory Affairs Seminar, New Brunswick, April 1984.
9. Integration of post-marketing surveillance and marketing research data bases. Annual Meeting, International Epidemiology Association, Vancouver, August 1984.
10. The selection of Rx to OTC switch candidates (industry, FDA and scientific perspectives) - an overview (Session Chairman) Drug Information Association Workshop, Washington, September 1984.
11. An overview of cost containment in the health care industry. PMA Winter meeting (R&D Section), Marco Island, March 1985.
12. Monitoring adverse experiences in early clinical trials. Annual Meeting, Society for Clinical Trials, New Orleans, May 1985.

13. Cost containment measures and their effects on the pharmaceutical industry - an introduction (Session Chairman). Annual Meeting, Drug Information Association, Atlanta, June 1985.
14. The use of Medicaid data for clinical research in the pharmaceutical industry. Minnesota Medicaid Symposium, Minneapolis, September, 1985. (with A.C. Santopolo, M.D.)
15. Chairman, drug discovery and development track, 24th Annual Meeting, Drug Information Association, Toronto, July 1988.
16. Chairman, workshop on unlabeled uses of marketed prescription drugs, Drug Information Association, Washington, DC, October 1990.
17. Chairman, workshop on the role of imaging in document management and publishing, Drug Information Association, Philadelphia, PA, February, 1991.
18. CANDAs - The new generation. Regulatory Affairs Professionals Society Annual Meeting, Washington, DC, October 1991.
19. The drug development process (Keynote Speaker). Level II, Clinical Research Coordinator Symposium, Associates of Clinical Pharmacology, Tampa, May, 1994.
20. Contract cGMP manufacturing of recombinant proteins and peptides - an idea whose time has come? Eight International Biotechnology Meeting & Exhibition, Ontario, Canada, May 1994.
21. Contract cGMP manufacturing - an idea whose time has come (again). BioPharm Annual Conference, San Francisco, June 1994.
22. Contract manufacturing. Financing Biotech R&D and Manufacturing Facilities Conference, Boston, July, 1994. (with Robert Amundsen, Jr., Ian Nicholson, Jack Rubin)

EXECUTIVE BIOGRAPHICAL SUMMARY

JOHN A. SCARLETT, MD

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Dr. John A. (“Chip”) Scarlett is a seasoned biopharmaceutical executive with over four decades of leadership experience spanning drug development, clinical strategy, regulatory success, and commercial execution. In his most recent executive position, he served almost 14 years as Chief Executive Officer and Chairman of the Board of Geron Corporation (NASDAQ: GERN), guiding the company from early clinical development through its transformation into a commercial-stage company.

Since retiring from Geron in 2025, Dr. Scarlett has served as Editor of Sculpting Fog Media LLC. Content developed under this umbrella includes short and long-form written commentary published via Substack that is focused on the intersection of science, strategy and policy, with a particular emphasis on how drug development, regulatory and commercial strategy married to effective organizational dynamics can result in promising science becoming effective medicines.

Joining Geron in 2011, Dr. Scarlett led a rapid pivotal strategic realignment, divesting non-core stem cell programs to concentrate the company’s resources on advancing imetelstat, a first-in-class telomerase inhibitor. Under his leadership, Geron pivoted development of imetelstat from development for solid tumors to high unmet need hematological malignancies, and negotiated a non-dilutive, innovative imetelstat world-wide license and collaboration with Janssen Pharmaceuticals (JNJ). When Janssen returned the product rights to Geron in 2018, Dr. Scarlett re-oriented and re-financed the company, ultimately growing from 18 employees to over 240 employees who drove a positive Phase 3 trial in lower-risk myelodysplastic syndromes (LR-MDS), a strong 12-to-2 ODAC endorsement in 2024, favorable placement in the NCCN guidelines, and subsequent FDA and EU approvals of RYTELO. Also under his leadership, a successful phase 2 program in relapsed/refractory myelofibrosis (R/R MF) led to a large, ongoing Phase 3 overall survival trial in R/R MF. These milestones have marked Geron's evolution into a fully integrated commercial biopharmaceutical company under Dr. Scarlett’s guidance.

Dr. Scarlett’s leadership portfolio also includes the successful development and commercialization of multiple novel therapeutics at prior companies. As President and CEO of Proteolix, he steered the company through its acquisition by Onyx Pharmaceuticals in 2009. Proteolix’s lead asset, carfilzomib, a next-generation proteasome inhibitor, is now a blockbuster drug (est. 2025 w/w sales \$3.0B) marketed globally as KYPROLIS® by Amgen for relapsed/refractory multiple myeloma.

As co-founder and CEO of Tercica (NASDAQ: TRCA), Dr. Scarlett led the clinical development, approval and commercial launch of INCRELEX® (mecasermin) in pediatric growth failure prior to the Company’s acquisition by Ipsen. Prior to Tercica, he founded and was CEO of Sensus Drug Development Corporation, where he oversaw development of SOMAVERT® (pegvisomant)—a breakthrough therapy for acromegaly, and now a mainstay in endocrine practice following its approval and commercial success after Sensus was acquired by Pharmacia.

Throughout his career as a CEO, Dr. Scarlett has driven correlation of R&D success with strong assessments of commercial opportunity, and subsequent tailoring of phase 2 and phase 3 programs

designed to capture maximal market opportunity. This type of leverage also allowed him to organize and drive highly creative partnering for many of his companies with larger pharmaceutical organizations. These partnerships brought not only substantial non-dilutive financing, but also assured highly productive collaborations that took advantage of partners' expertise in critical strategic decision-making and execution for non-clinical pharm/tox, manufacturing, clinical development, regulatory and commercial.

Similarly, Dr. Scarlett has been instrumental in developing productive, professional relationships on behalf of his companies with well-respected investment bankers and deeply knowledgeable investors, resulting in a wide range of financings utilizing multiple vehicles, including start-up venture rounds, mezzanine financings, IPOs, follow-on public offerings, and including large synthetic royalty and debt financings – resulting in strong balance sheets, even at times when markets were not at their best. In addition, Dr. Scarlett has also led highly successful M&A processes that resulted in the acquisition of Sensus, Tercica, and Proteolix while he was CEO of those companies.

Dr. Scarlett's operational range spans large-cap pharma as well as emerging biotechnology companies. Earlier in his career, he held senior roles at Novo Nordisk, where he headed the North American Clinical Development Center and was SVP of Medical and Scientific Affairs. At McNeil Pharmaceuticals (a Johnson & Johnson company), he was responsible for Phase 3b and Phase 4 clinical programs, medical writing, pharmacovigilance, and medical affairs for McNeil's marketed products.

He was also a founder of Covance Biotechnology Services, establishing a 250+ person state-of-the-art cGMP commercial manufacturing and process development business in Research Triangle Park prior to the company's acquisition by Fujifilm Diosynth Biotechnologies.

In addition, Dr. Scarlett has served as an independent board member on public and private biopharma boards, including Chiasma and CytomX Therapeutics, contributing strategic and scientific oversight through IPOs, partnerships, and M&A activity.

Board-certified in Internal Medicine and a Fellow of the American College of Physicians, Dr. Scarlett received his B.A. in Chemistry with Honors from Earlham College, his M.D. with Honors from the University of Chicago Pritzker School of Medicine and completed his Fellowship in Diabetes and Metabolism at the University of Colorado where he was appointed to the Faculty prior to his departure to Johnson & Johnson in 1982.

Dr. Scarlett's principal residence for the past 30 years has been in Austin, although his business life has been focused in the Bay Area and Northern NJ/NYC during most of those years. Outside of biotech, he has been an award-winning underwater photographer for two decades and is a former champion Porsche GT3 Cup car racer.

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