



**Developing Novel Solutions for  
Women's Health and Cancer**

## **Corporate Presentation**

**January, 2012**

**NASDAQ: BNVI**

# Safe Harbor Statement

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This presentation contains forward-looking statements that are based on management's current expectations and beliefs and are subject to a number of risks, uncertainties, and assumptions that could cause actual results to differ materially from those described. All statements, other than statements of historical fact, are statements that could be deemed forward-looking statements, including estimates of revenues, operating margins, capital expenditures, cash, other financial metrics, expected legal, arbitration, political, regulatory, or clinical results, and other such estimates and results. Forward-looking statements involve significant risks and uncertainties, including those discussed below and more fully described in the documents filed by Bionovo with the Securities and Exchange Commission (SEC) including the registration statement (and the prospectus included therein) for the offering to which this presentation relates, along with Bionovo's most recent annual report on Form 10-K and most recent periodic reports on Form 10-Q and Form 8-K. Please refer to these filings for additional information on the uncertainties and risk factors related to our business. Unless otherwise noted, Bionovo is providing this information as of this date and expressly disclaims any duty to update information contained in this presentation.

No forward-looking statement can be guaranteed and actual results may differ materially from those we project. The Company's results may be affected by our ability to successfully develop, partner and market our products domestically and internationally, difficulties or delays in manufacturing our products, and regulatory developments (domestic or foreign) involving current and future products and manufacturing facilities. Discovery or identification of new product candidates cannot be guaranteed and movement from concept to product is uncertain; consequently, there can be no guarantee that any particular product candidate will be successful and become a commercial product. In addition, while we routinely obtain patents for our products and technology, the protection offered by our patents and patent applications may be challenged, invalidated, or circumvented by our competitors. Our business may be impacted by government investigations, litigation, and products liability claims.







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# Bionovo's Discovery and Development History

**Late stage fully integrated biopharmaceutical company developing novel, botanically derived therapeutics that address large, unmet needs in women's health.**

# Bionovo's Pipeline

- Lead product candidate, Menerba, indicated for menopausal hot flashes in Phase 3
- Secondary drug candidate, Bezielle, Phase 2 ready for the treatment of advanced breast cancer
  - Induces cell death selectively in tumor cells through oxidative stress by inhibiting glycolysis
  - Excellent safety profile with early signs of clinical efficacy
- Diverse pipeline of additional botanically derived drug candidates with large market potential in both women's health and cancer

Clinical and Preclinical Pipeline							
Product	Preclinical Development	Phase 1	Phase 2	Phase 3	Marketed	Indication	Mechanism of Action
Menerba						Menopausal Hot Flashes	Selective Estrogen Receptor Beta Agonist
Bezielle						Advanced Breast Cancer	Cancer Cell Selective Glycolysis Inhibitor
Seala						Vaginal Atrophy	Selective Estrogen Receptor Beta Agonist
Bezielle						Pancreatic Cancer	Cancer Cell Selective Glycolysis Inhibitor
BN107						Advanced Breast Cancer	Dual mTORC1 and mTORC2 Inhibitor
BN108						Advanced Breast Cancer	Cancer Cell Selective mTORC1 Inhibitor and Induction of ER Stress

# Bionovo's Menerba: Phase 3A Initiated

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## ■ Efficacy of Menerba

- Phase 2 clinical trial identifies efficacious dose for postmenopausal vasomotor symptoms
- Efficacious dose is within target range for FDA approval and equivalent to low dose estrogens.
- Higher dose (2X) shows greater reduction in moderate to severe hot flashes similar to high dose estrogens.
- Clear dose response curves seen in all clinical trials among 4 doses tested.

## ■ Safety and Tolerability of Menerba

- Predictive animal toxicology models with doses 3.25- 4X of the Phase 3 highest dose demonstrate Menerba is safe on all tissues and organs including the uterus.
- No toxicity noted up to and including maximum feasible doses in animal studies.
- In human studies, the only side effect seen to date was a slight laxative effect.
- Uterine safety was observed in all clinical trials with no cases of uterine hyperplasia or uterine cancer.
- Clinically significant evidence of beneficial effect on weight and body mass index.
- Pre-clinical evidence of breast cancer and osteoporosis prevention.

## ■ Manufacturing Accomplishments for Menerba

- The company obtained FDA approval for its CMC plan for a complex botanical mixture and controls demonstrated from mechanism to manufacturing.
- Manufacturing facility built by company to control process and to meet needs for rapid expansion for commercial supply.
- FDA reviewed and approved 12 batch records of the Drug Product
- First botanical drug approved, Veregen, Polyphenon E, Medi-Gene, by the same FDA- DRUP

# Bionovo's Menerba: Regulatory Path

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## ■ Guidance for Industry

- The FDA published a guidance for industry in 2004, defining the requirements for the approval of a drug for the treatment of menopausal hot flashes.
- The Guidance defines the inclusion and exclusion criteria, the duration of treatment, the efficacy endpoints and the required safety data.
  - From a safety standpoint, the clinical trial must demonstrate uterine safety at 1 year. In addition, there are additional safety "signals" which must be monitored, and which may trigger additional studies if safety signals are detected.
- The EOP2 meeting with the Agency noted that our design for Phase 3 complies with the guidance and includes a satisfactory number of exposures to prove the necessary safety elements.

## ■ Botanical Drug Product Guidance

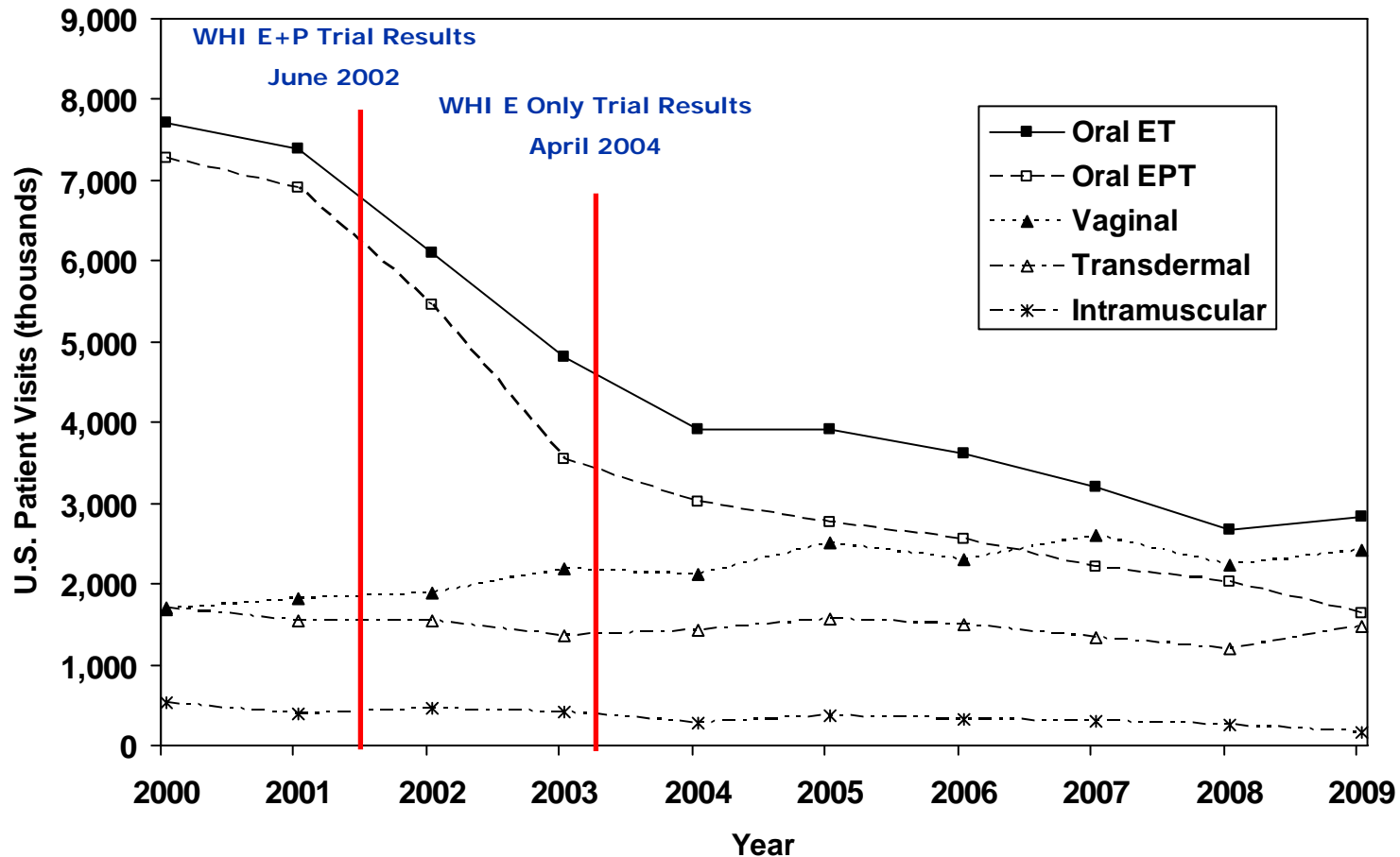
- The FDA also published a guidance document for the development of drugs from botanical sources.
- The Guidance outlines the required elements from a CMC point of view, which are then elucidated through direct discussion with the Agency.
- The EOP2 meeting with the Agency included an explicit approval of Bionovo's CMC plan for Menerba.
- FDA reviewed and approved 12 batch records of the drug product, 2 batches used in animal toxicology studies and 10 batches manufactured for the Phase 3 clinical trials.

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# Competitive Landscape and Market Potential

# Post WHI: Change in Landscape of Menopausal Treatment

- From 2001 to 2009, total reported menopausal hormone therapy (MHT) use decreased by 52%, from 17.5 million reported use to 8.3 million



Tsai. Menopause 2011 18 (4)

# Comparison of Menerba to Other Drugs for Hot Flashes

Comparison of Menerba to Other Drugs for Hot Flashes				
	Hormone Therapy	Pristiq	Serada / gabapentin	Menerba
<b>Efficacy</b>	60-80%	64%	67%	62% <sup>(a)</sup>
<b>Side Effects</b>	Uterine cancer, breast cancer, stroke, cardiovascular disease, deep vein thrombosis, pulmonary embolism, dementia	Asthenia, constipation, dry mouth, nausea, dizziness, insomnia, somnolence, myocardial infarctions, coronary artery occlusions requiring revascularization	Dizziness, somnolence, weight gain	Loose stools
<b>FDA Approved for Treatment of Hot Flashes</b>	Yes	No	No	TBD
<b>Cost per Month</b>	\$30 / month	\$150 / month	\$100 / month	\$150 / month

**3 Phase 3 trials failed to show significance over placebo**

In an independent survey of prescribing physicians, 76% stated that Menerba would be their first line therapy for menopausal hot flashes.<sup>(b)</sup>

(a) At 10.0 g/day dose which is the lowest efficacious dose in the planned Phase 3 trial.  
 (b) Conducted by Panel Intelligence and paid for by Bionovo in Q1 2008.

# Menerba's Commercial Potential

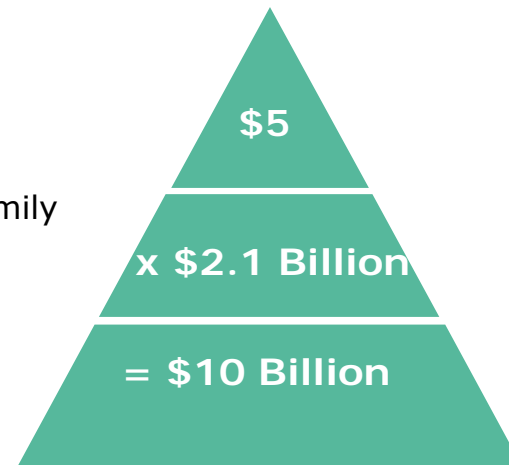
## Calculation of market potential for Menerba:

- Total addressable market opportunity of \$10.0 billion<sup>(a)</sup>
  - Additional market opportunity from approximately 80% of menopausal women who use some form of over-the-counter (OTC) herbal supplement to abate the symptoms of menopause<sup>(b)</sup>

Branded products in this indication typically cost \$4-6 / day:

Total sales of Wyeth's Premarin family of products at generic prices of \$1 / day in 2001 (pre-WHI):

Potential Market:



(a) Based on 2001 sales of Wyeth's Premarin family of products of 2.1 billion prescriptions. Assumes branded product cost of \$5 / day

(b) Mahady G.B., Parrot J, Lee C, et al. Botanical dietary supplement use in peri- and postmenopausal women. Menopause, 2003, 10: 66-72.

# Overview of MF101 (Menerba™)

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## Menerba: A new class of receptor sub-type Selective Estrogen Receptor Modulator (SERM)

- Novel oral selective estrogen receptor beta (ER $\beta$ ) modulator<sup>(a)</sup>
  - Phase 2 clinical trials showed a statistically significant reduction in all hot flashes and a 62% reduction in moderate to severe hot flashes with Menerba 10g/day
  - Unlike estrogen, Menerba does not activate oncogenes related to estrogen mediated cancer proliferation
- Menerba has demonstrated increased safety and tolerability, and has the potential to replace hormone therapy and become first-line therapy for menopausal hot flashes
- Total addressable market opportunity of \$10.0 billion<sup>(b)</sup>
  - Additional market opportunity from approximately 80% of menopausal women who use some form of over-the-counter (OTC) herbal supplement to abate the symptoms of menopause<sup>(c)</sup>

(a) Selective Activation of Estrogen Receptor  $\beta$  Transcriptional Pathways by an Herbal Extract. *Endocrinology*, November 9, 2006.

(b) Based on 2001 sales of Wyeth's Premarin family of products of 2.1 billion prescriptions. Assumes branded product cost of \$5 / day.

(c) Mahady G.B., Parrot J, Lee C, et al. Botanical dietary supplement use in peri- and postmenopausal women. *Menopause*, 2003, 10: 66-72.

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# Manufacturing and Pre-Clinical Studies

# FDA EOP2 Requests: Recent Milestones for Menerba

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- Based on EOP2 CMC agreement Bionovo completed the construction, qualification and validation of a new manufacturing facility
- FDA completed review of 10 batch records and approved the drug for use in Phase 3 clinical testing
- Completed non-clinical animal toxicology requirements for Phase 3 initiation
- Completed tolerability studies with higher doses to be used in Phase 3 clinical trial



# Animal Toxicology

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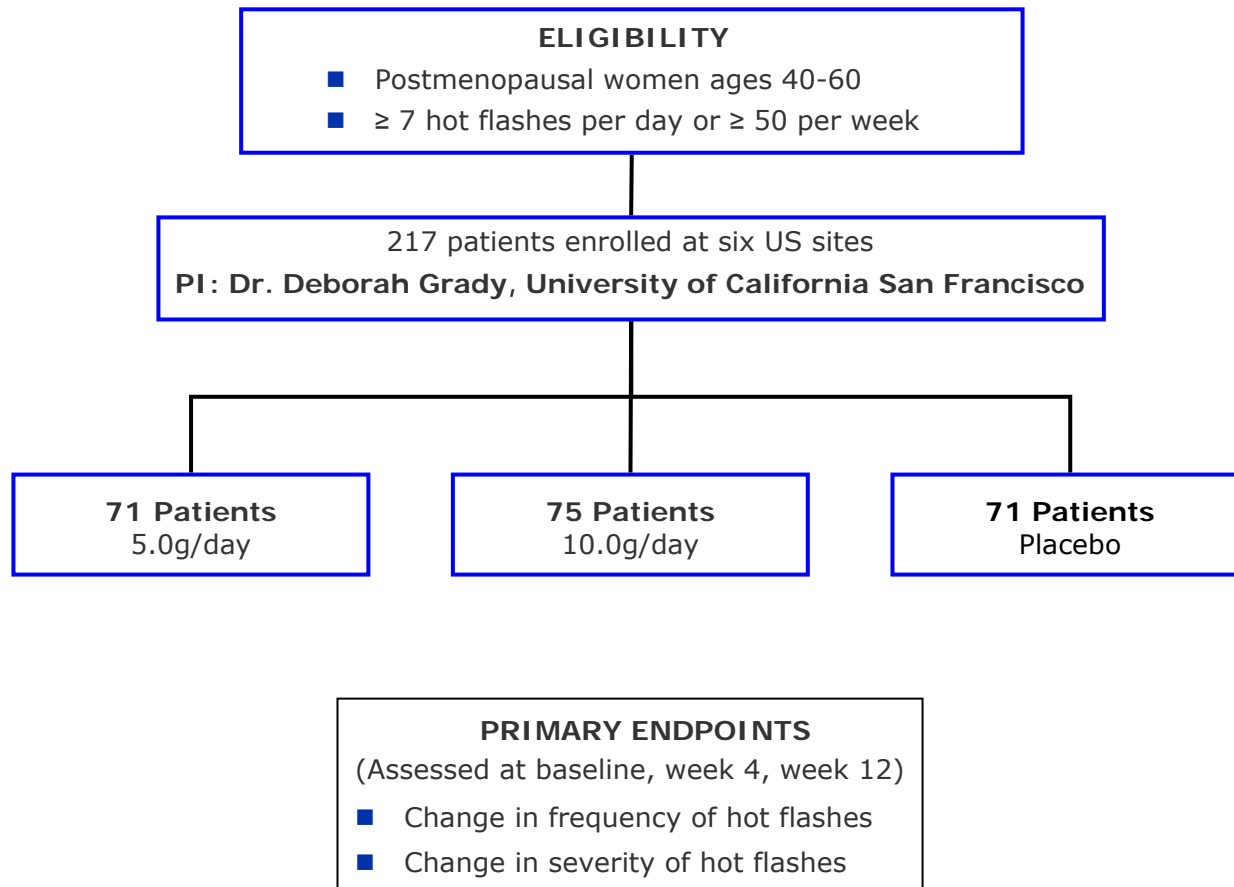
- NOAEL for the 13 weeks dog repeat dose in males and females was 1000 mg/kg/day, which was the highest dose tested (3.25 X BSA)
- NOAEL for the 13/26 weeks rat repeat dose in males and females was 4000 mg/kg/day, which was the highest dose tested (3.9 x BSA)
- No significant clinical adverse effects were observed at all doses studied in both studies
- No significant hematologic, chemistry and urinalysis findings were observed in both studies
- No macroscopic or microscopic adverse findings were observed in the rats
- No macroscopic adverse findings were observed in the dogs (microscopic findings are pending)

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## Phase 2 Clinical Trial Data (MF101-002)

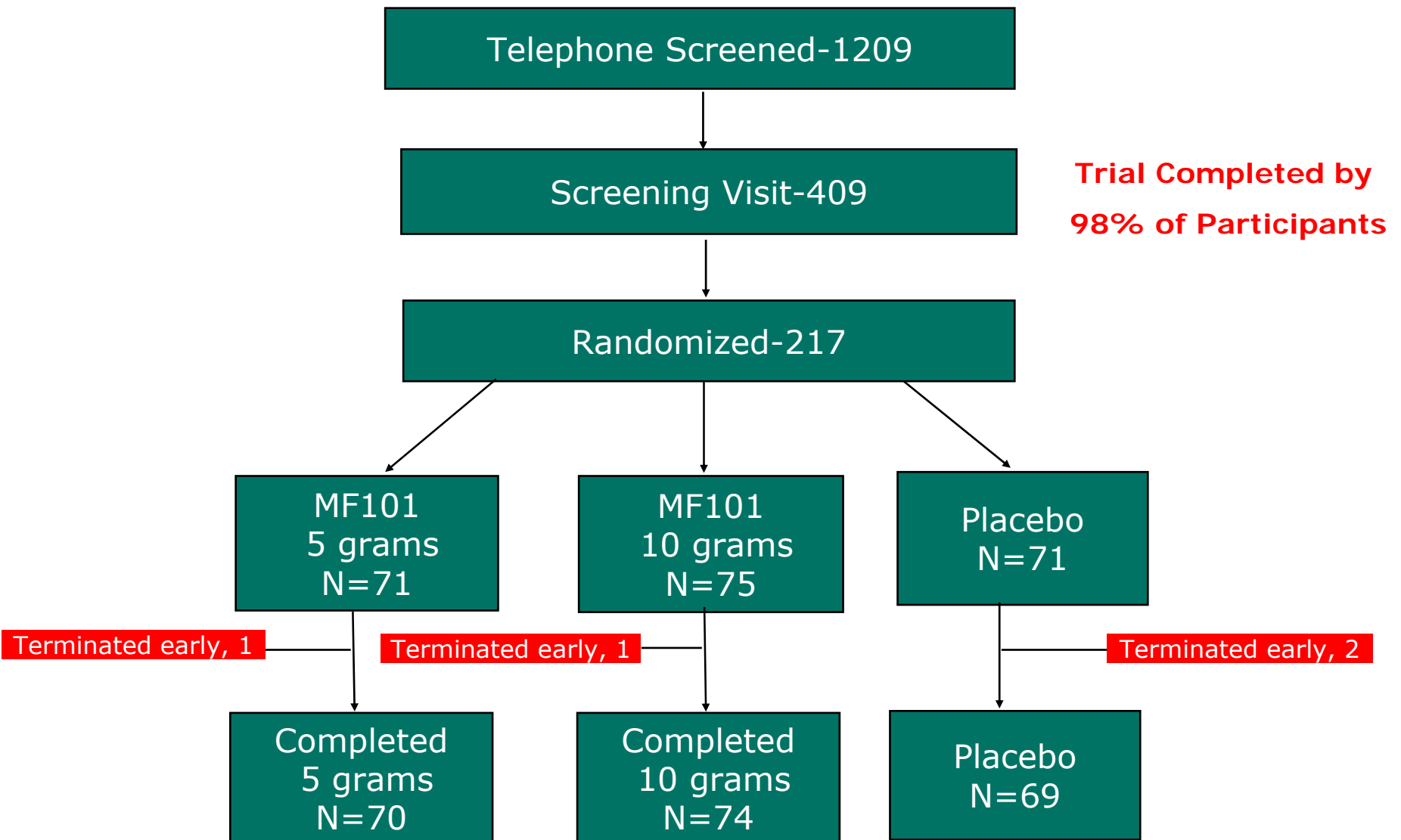
# Completed Phase 2 Clinical Trial Design

## Positive Safety, Efficacy and Tolerability Data from Completed Phase 2 Trial Per FDA Guidance of 217 Postmenopausal Women



Note: Dose defined by total amount, not active ingredient.

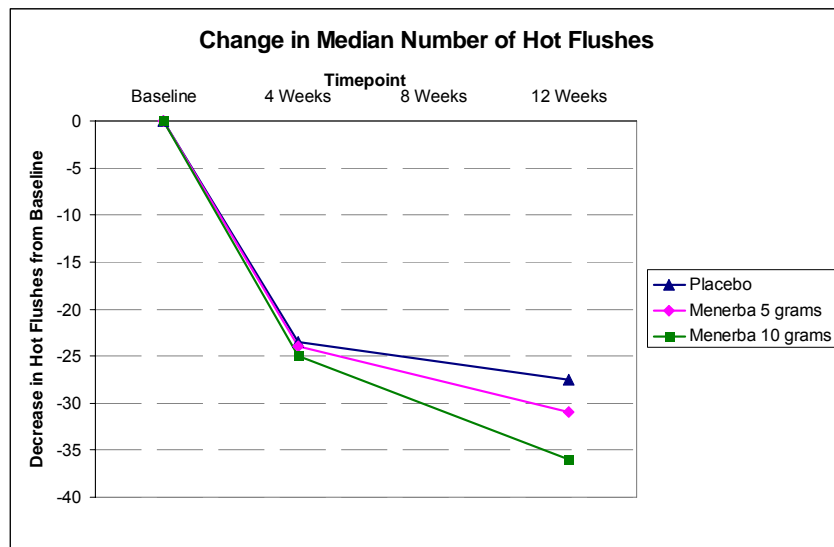
## Phase 2 Recruitment and Retention (MF101-002)



# Phase 2 Clinical Trial Results

## Efficacy

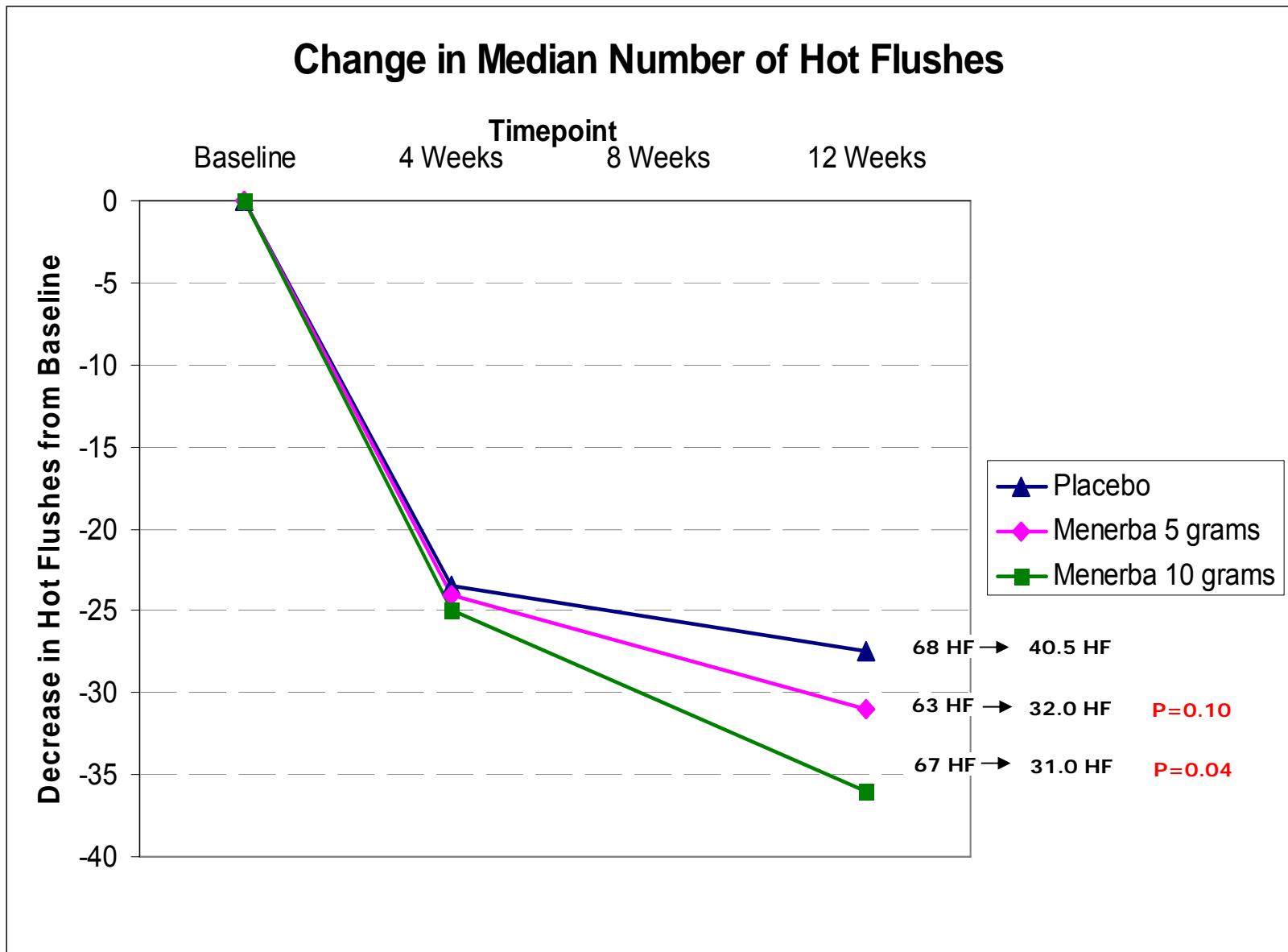
- Menerba demonstrated statistically significant ( $p=0.04$ ) results in the high dose group
- 62% reduction in moderate to severe hot flashes
- Odds ratio of 60% reduction on Menerba vs. placebo was 2.4 ( $p=0.02$ )
- Menerba exhibits a clear dose response curve
- Higher dose (2x) to be included in Phase 3 trial



## Safety

- No difference in the number of uterine bleeding episodes between treatment and placebo
- No cases of endometrial hyperplasia
- “Transient loose stools” was the only side effect (12.0% vs. 3.0% for placebo)
  - Benefit from reduced constipation on Menerba vs. placebo (1.3% vs. 4.0%)
- Statistically significant reduction in weight ( $p=0.04$ ) and BMI ( $p=0.05$ ) on Menerba versus placebo
- 91.0% of participants used greater than 75.0% of study medication during the 12 week period
  - Low drop out rate (2.0%)

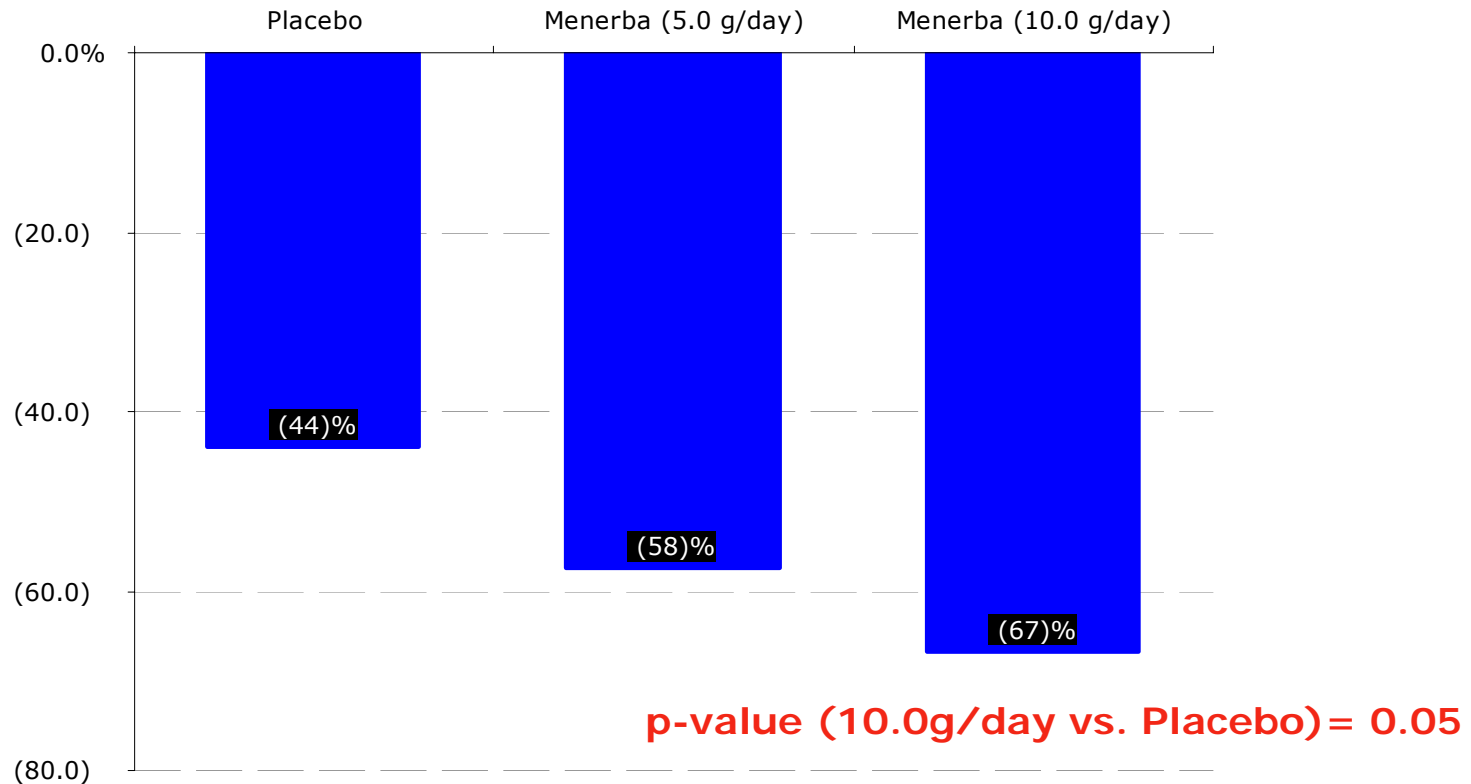
# Phase 2 Efficacy Data



# Phase 2 Reduction in Nighttime Awakenings

Menerba demonstrated a significant reduction in nighttime awakenings, a common issue with hot flashes compared to placebo group

(Median % Reduction at 12 Weeks)

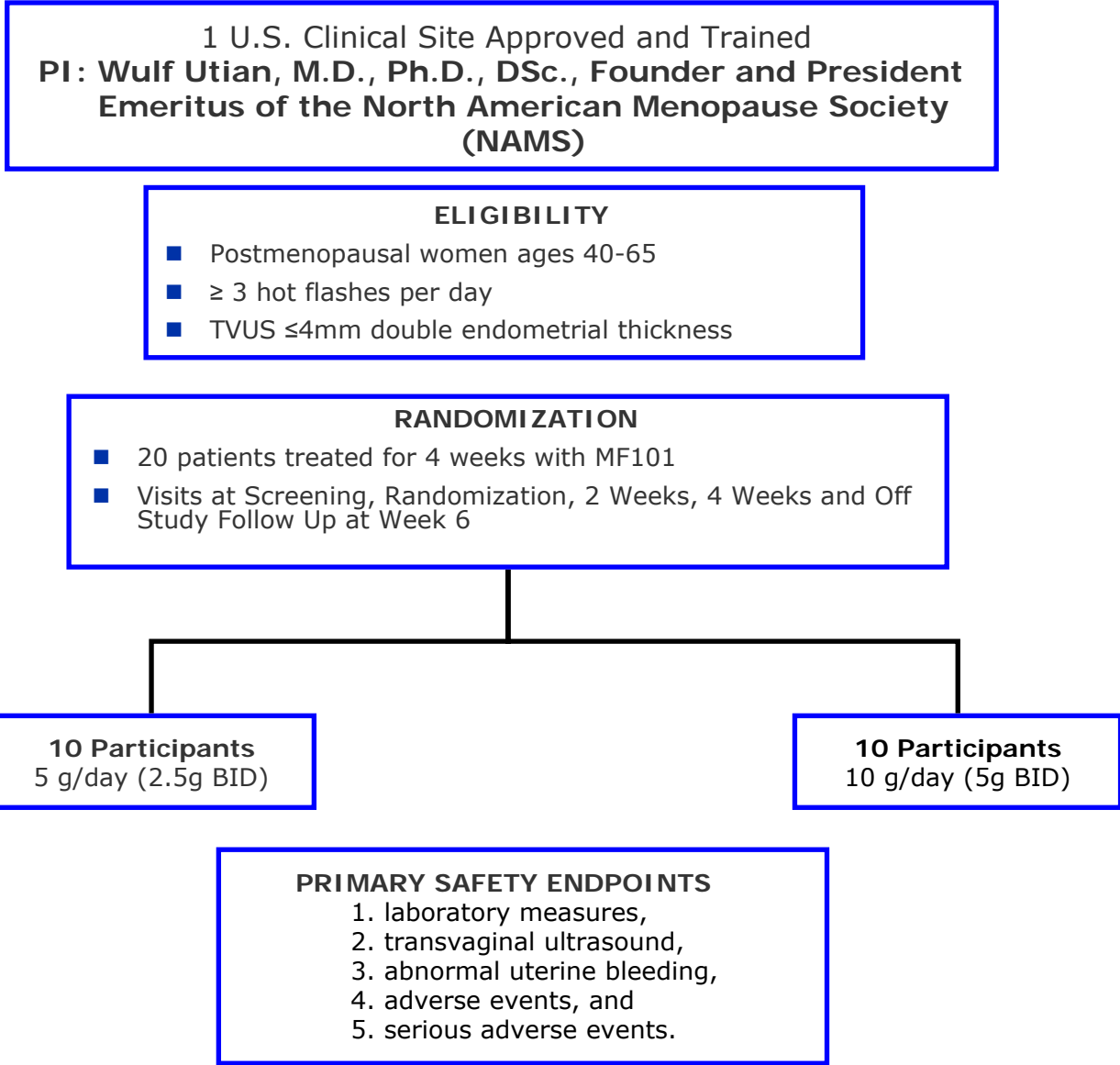


Source: Data from Phase 2 clinical trial of Menerba.

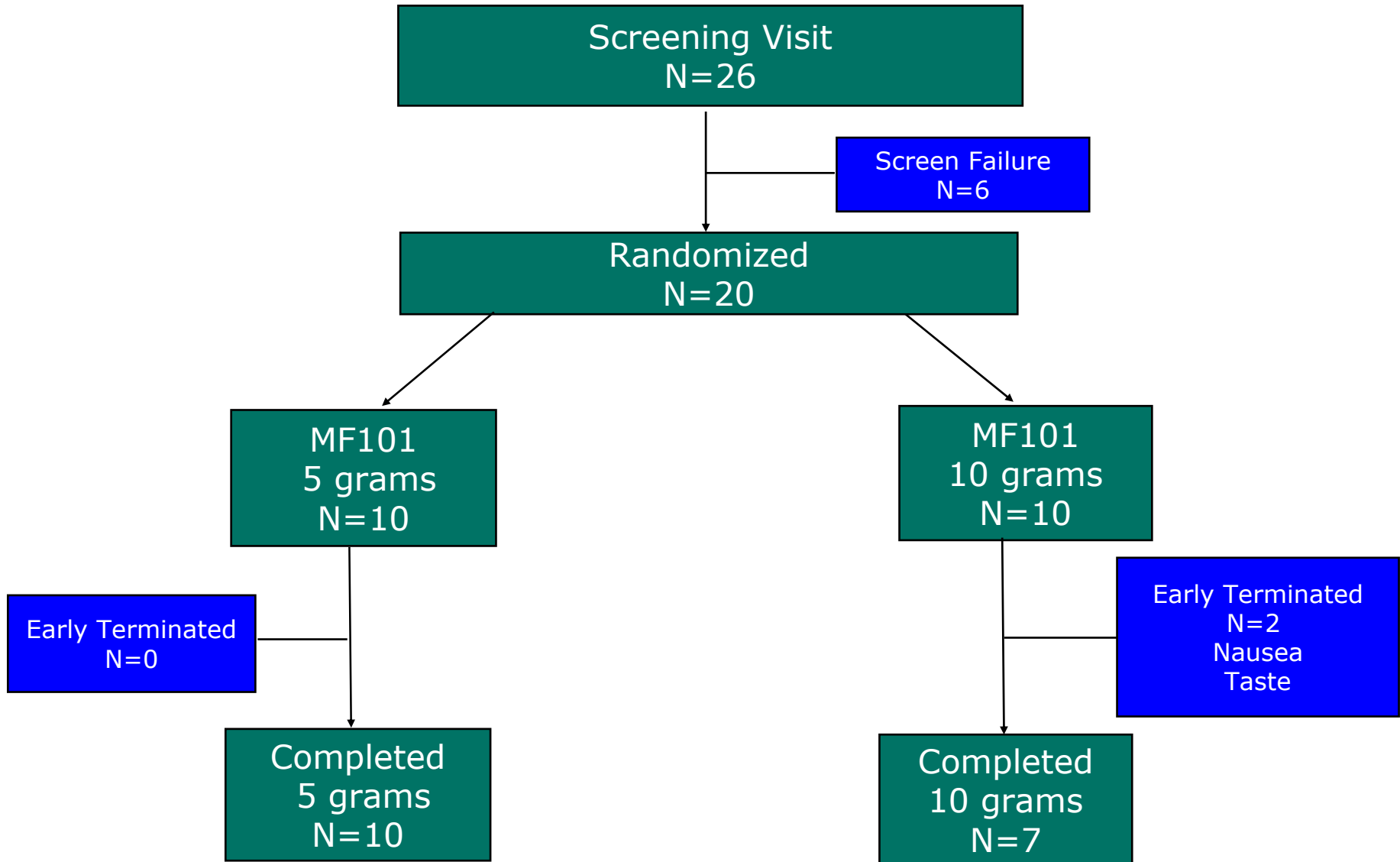
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# Phase 1 Tolerability Clinical Trial Data (MF101-009)

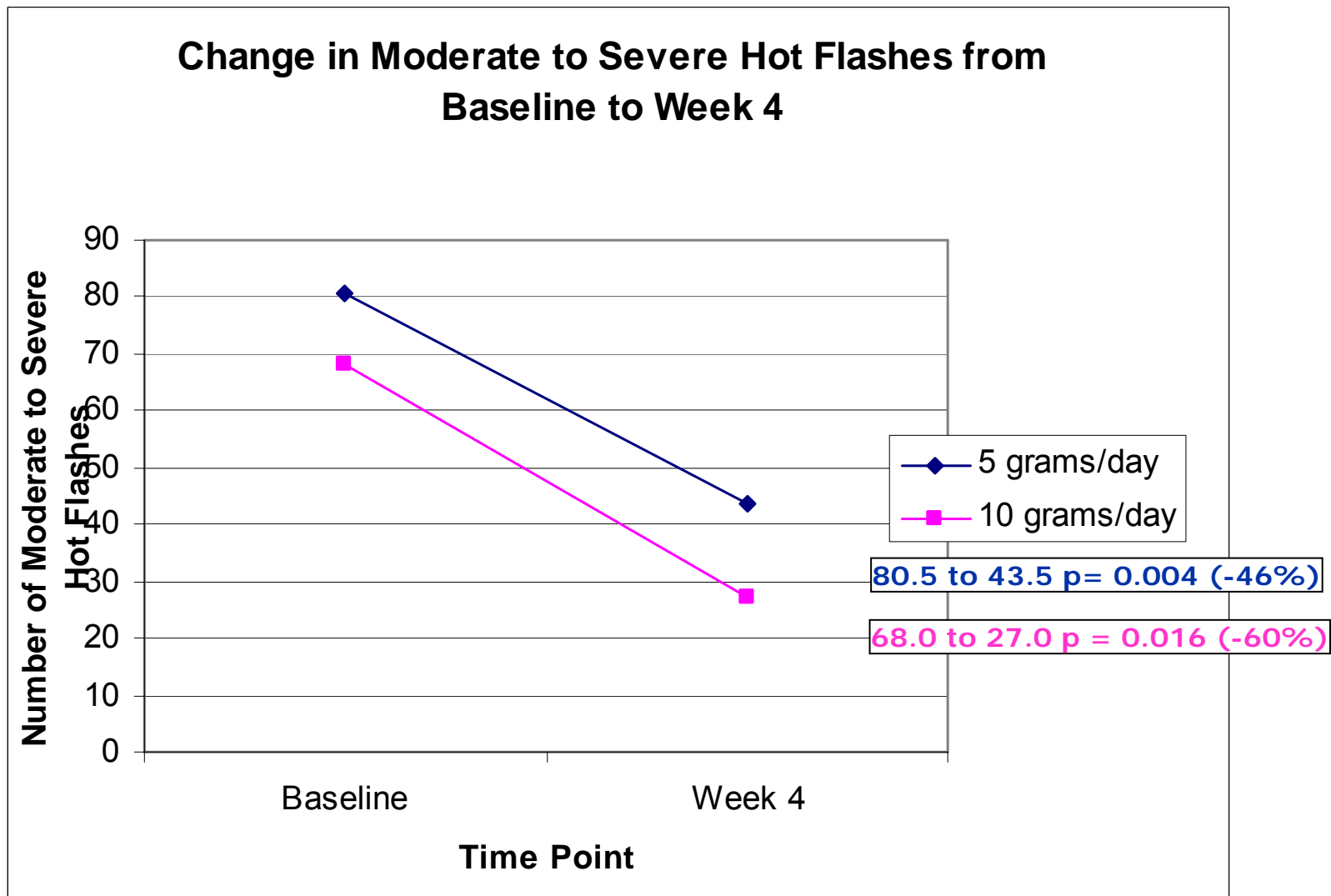
# Phase 1 Open Label Randomized Clinical Trial Design (MF101-009)



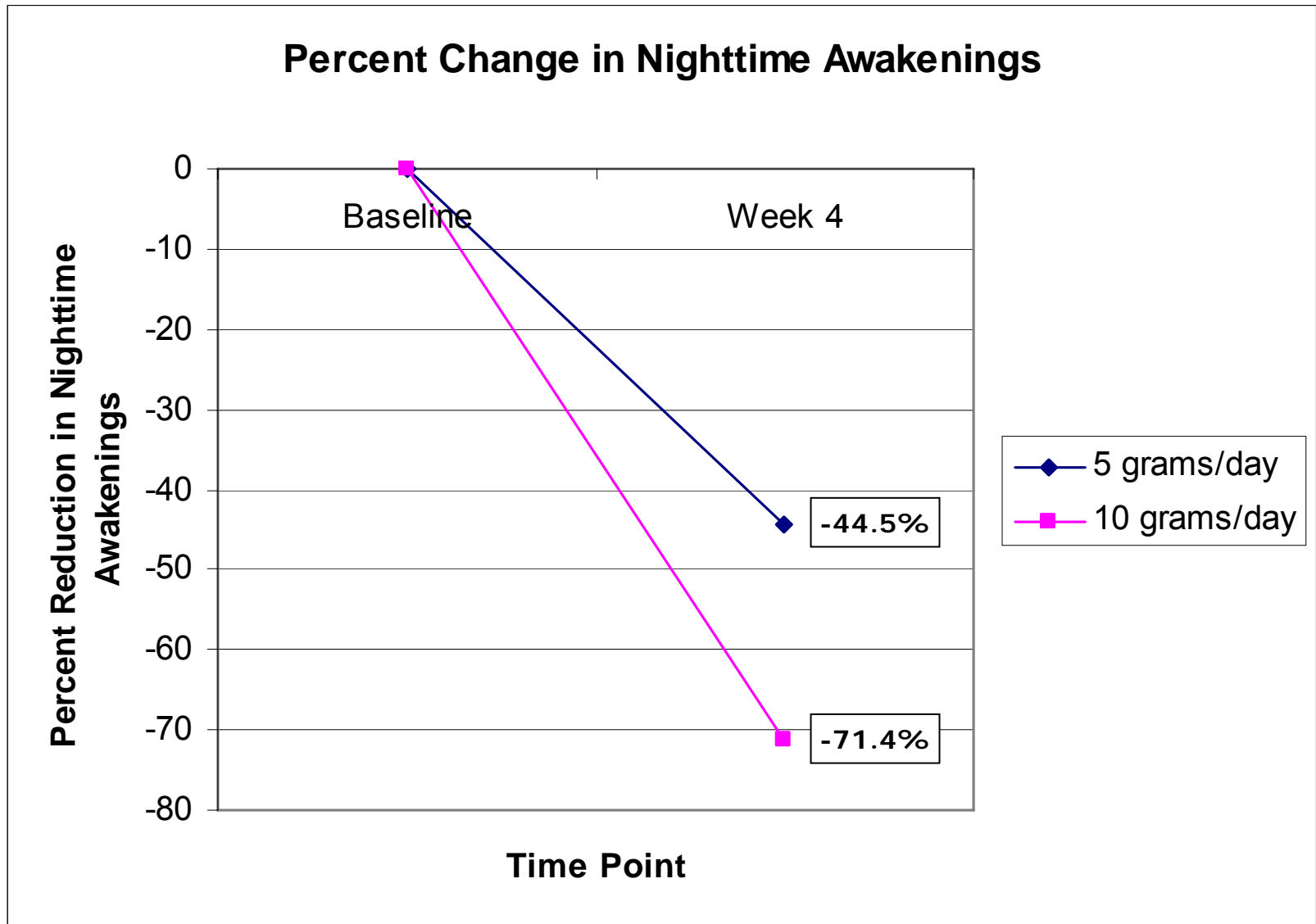
# MF101-009 Phase 1 Recruitment and Retention



# MF101-009 Reduction in Moderate to Severe Hot Flashes



# MF101-009 Percent Change in Nighttime Awakenings



# Clinical Evidence To Date

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## ■ Menerba is safe

- There were no reported cases of serious adverse events, no abnormal findings on endometrial biopsies, no abnormal lab results, no changes to blood pressure, heart rate or weight and no concerning side effects from the treatments.

## ■ Higher doses yield higher efficacy

- In the two tolerability trials, there was a statistically significant decrease in the number of moderate to severe hot flashes in the 10 grams/day group at week 4 compared to baseline.
- The clinical studies to date continue to demonstrate a clear dose response curve.

## ■ Efficacy is similar to or superior to estrogens

- In the Phase 2 trial, after 12 weeks, there was 62% reduction in moderate to severe hot flashes, and a 67% decrease in nighttime awakenings. This is equivalent to “low dose” hormonal drugs that have recently been approved, and equivalent to the non-hormonal drug candidates currently in testing.
- In the first Tolerability trial, after 4 weeks, there was a 69% decrease in moderate to severe hot flashes and a 68% decrease in nighttime awakenings in the 10 grams/day group. In the second Tolerability trial, after 4 weeks there was a 60% decrease in moderate to severe and a 74% decrease in nighttime awakenings in the 10 grams/day group.
- These data for efficacy are equivalent to or superior to approved hormonal drugs.

## ■ Taste tolerability has been improved

- Only 1 participant (5%) discontinued the second tolerability trial due to taste.

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# Phase 3 Clinical Program

# Phase 3A Clinical Trial Design

First of 2 Pivotal Phase 3 Trials for NDA; cost estimated to be \$25M; start date October 2011; Data Q1 2013

Phase 3A trial endpoints:

1. Change in frequency of moderate to severe hot flashes after 12 weeks of treatment

PI: Wulf Utian, M.D., Ph.D., Founder and President Emeritus of the North American Menopause Society (NAMS)

50 Clinical Sites in the US

## ELIGIBILITY

- Postmenopausal women ages 40-65
- $\geq 7$  moderate-to-severe hot flashes per day or  $\geq 50$  moderate-to-severe hot flashes per week

## RANDOMIZATION

- 1,200 patients
- 3 months of treatment

1X Dose Menerba  
N=400  
5g/day

2X Dose Menerba  
N=400  
10g/day

Placebo  
N=400

# Power Assumptions and Clinical Risk Management for the Phase 3A

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## ■ Power Assumptions

- With cohorts of 300 patients per arm (no dropouts) the trial would provide 80% power to detect a difference of 1.0 hot flash per day between groups compared to the placebo group with P value = 0.025.
- The trial will include 400 patients per group to withstand drop outs.

## ■ Control of Placebo Effect

- Administration of two baseline 7-day hot flash diaries to reduce placebo effect through regression to the mean.
- Intermittent administration of 7-day diary after 4 weeks, 8 weeks and 12 weeks of treatment.
- Paper diary not electronic diary.

## ■ Early Drop Out due to Tolerability

- Prior to randomization women will taste a dose of placebo. The placebo taste was matched to the active drug flavor.
- The Executive Committee reserves the right to increase sample size if dropout rate is >10%.

## ■ Missing Data

- Power assumptions based on BOCF or LOCF methods for handling missing data.

## ■ Uterine Safety

- Endometrial biopsies at baseline and 12 weeks for definitive uterine safety.

## ■ Primary and Secondary Aims

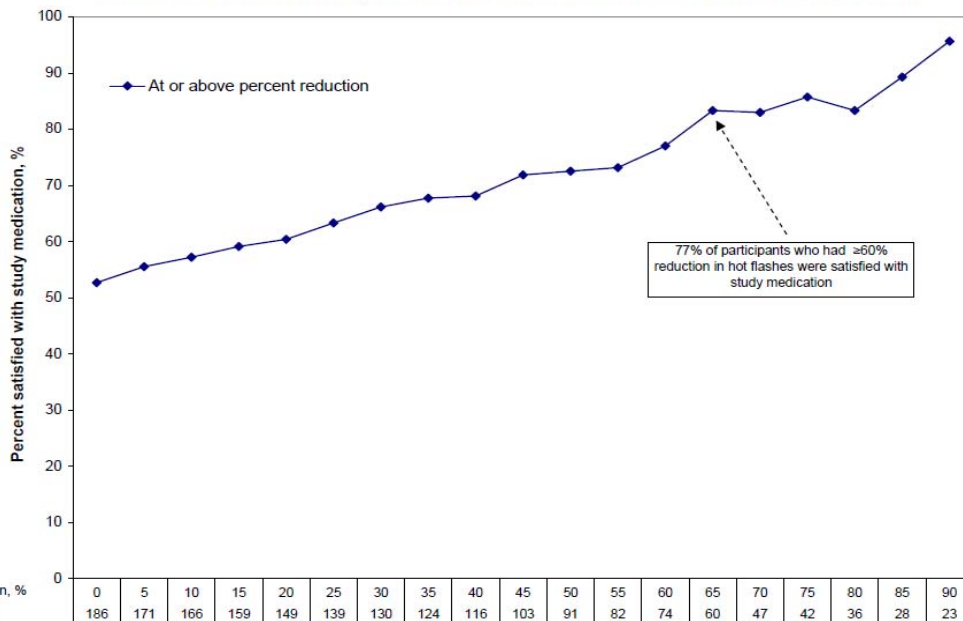
- Primary: Change in frequency of moderate to severe hot flashes after 12 weeks of treatment.
- Secondary: Responder analysis based on anchoring question.
- Secondary: Change in frequency and severity of moderate to severe hot flashes after 4 and 12 weeks of treatment.
- Secondary: Change in severity of moderate to severe hot flashes after 12 weeks of treatment.

# FDA Recommended Additional Efficacy Analysis-Anchoring Data

Intent to treat responder analysis linked to anchoring question regarding subject satisfaction to determine clinically meaningful efficacy

Phase II Efficacy Menerba 10g/d versus Placebo	Odds Ratio (95% CI)	P value
50% Reduction in HF at 12 weeks	2.3 (1.1 - 4.7)	0.03
60% Reduction in HF at 12 weeks	2.4 (1.1 - 5.3)	0.02

Percent Satisfied with Study Medication At or Above Percent Reduction in Hot Flashes



Question at 12 Weeks:

Were you satisfied enough with the study medication that you would like to continue taking it for hot flashes?

# Phase 3 Controlling the Placebo Effect with Paper Diaries



Electronic Diaries

Placebo effects up To 62%



Subject ID# \_\_\_\_\_ Day 1  Worked night shift  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time: 12:01 AM  
Month Day Year

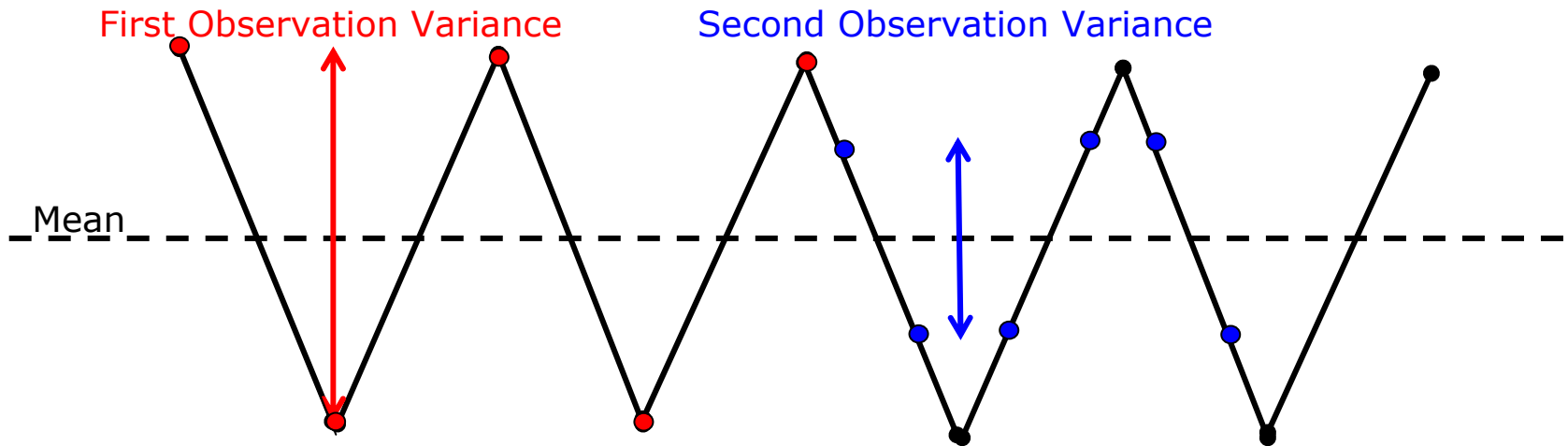
How often did you record your hot flashes today?  
 All of the time  Most of the time  Some of the time  None of the time

Time	How intense was your hot flash or night sweat?			Woke you up:
	Mild	Moderate	Severe	
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
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Paper Diaries  
 Placebo effect no greater than 50%

# Placebo Control: Regression to the Mean

Menopausal hot flashes are a highly variable symptom with significant differences in the daily number of hot flashes women experience



Baseline variance will be detected during recruitment phase of the trial

# Phase 3B Clinical Trial Design

20 U.S. Clinical Sites Approved and Trained  
PI: Wulf Utian, M.D., Ph.D., Founder and President Emeritus of the North American Menopause Society (NAMS)

**ELIGIBILITY**

- Postmenopausal women ages 40-65
- $\geq 7$  moderate to severe hot flashes per day or  $\geq 50$  per week

**Cost \$35 M**

**RANDOMIZATION**

- 680 patients
- 52 weeks of treatment

**340 Participants**  
MF101 Xg/day for 12 weeks

**340 Participants**  
Placebo for 12 weeks

**680 Participants**  
MF101 Xg/day for the remaining 40 weeks

**PRIMARY ENDPOINTS**

- Change in frequency of moderate-to-severe hot flashes after 12 weeks of treatment
- Endometrial safety after 52 weeks of treatment

# FDA Requirements for Safety

## General Safety

- ICH guidelines, *The Extent of Population Exposure to Assess Clinical Safety for Drugs Intended for Long-Term Treatments of Non-Life-Threatening Conditions*, state that 300-600 patients exposed over 6 months is sufficient for clinical evaluation. Exposing 100 patients to the drug product for one year is recommended to assess adverse drug reactions.
- After completion of the Phase 3 clinical trials, approximately 1,350 women will be exposed to Menerba; 680 will be exposed for 40 weeks and 340 will be exposed for 1 year.

## Uterine Safety

- Per FDA, the reported 1-year background incidence rate for endometrial hyperplasia in postmenopausal women is approximately 0-1%.
  - The annual incidence rate of endometrial hyperplasia (4/1833) and endometrial cancer (1/1833) in healthy postmenopausal women is 0.27%. Archer DF. Am J Obstet Gynecol, 1991
  - With unopposed estrogen therapy the rate of uterine cancer after 1 year is ~1/100.
- Per FDA, acceptable rate of endometrial hyperplasia is  $\leq 1$  percent with an upper bound of the one-sided 95 percent confidence interval for that rate that does not exceed 4 percent.
- Menerba will meet FDA guidelines if no more than 5 cases of endometrial hyperplasia are observed (assuming that an estimated 544/680 have end-of-study Phase3B biopsies), corresponding to a cumulative incidence rate of 0.92%, with 95% 1-sided upper confidence limit of 1.92%.

**FDA agrees, in writing, with overall clinical development plan and with the number of planned exposures at 52 weeks**

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# IP and Financials

# Intellectual Property Review

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## **Bionovo relies on patents, trade secrets, technical know-how and continuing innovation to develop and maintain its competitive position**

- Bionovo has internally discovered and developed all drug candidates using proprietary biological and chemical techniques
- Bionovo has 126 approved and pending patents and owns 100% of its IP for its entire product portfolio
- 38 patent applications to protect Menerba
  - One patent issued by the US Patent and Trademark Office covering Menerba mixture
  - Issued patent covers IP through 2026
  - Other patent applications cover composition of matter, structure-function and methods of treatment
- Six patent applications filed related to various aspects of Bezielle, including composition of matter, chemical components combination and methods of therapeutic use
  - One patent issued by the US Patent and Trademark Office which covers Bionovo's method and use of Bezielle(R) formulation as a monotherapy for the treatment of breast cancer
  - Other patent applications cover composition of matter, structure-function and additional methods of treatment
- Seven filed patent applications related to various aspects of Seala (a product under development for the treatment of vaginal atrophy), including composition of matter and therapeutic use
- 15 patents are filed on other drugs and technologies in the pipeline
- All patent applications have also been filed in key international jurisdictions

# Capitalization Table

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## Bionovo Capitalization Table

Capitalization	Shares Outstanding (M)	% Outstanding
Common Stock	54.6	67.7%
Total Warrants (weighted average exercise price \$2.92)	26.3	28.7%
Total Options (average exercise price \$1.65)	<u>7.7</u>	<u>3.6%</u>
Fully-diluted Shares Outstanding	88.6	100.0%
Cash and cash equivalents (as of 10/31/11)	\$8.1 million	
February 2011 Company raised	\$27.2 million	

# Milestones and Costs for Menerba

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## Upcoming Milestones

- Initiate Phase 3A Q4, 2011
- Complete Phase 3A Q1, 2013
  - Interim safety analysis Q1, 2012

## Current Capital Needs

- Cost of Phase 3A Clinical Trial \$25M
- Cost of Non-Clinical Studies, Manufacturing and Overhead \$25M
- **Total Cost to Complete Phase 3A Study \$50M**

## Future Capital Needs

- Phase 3B Trial \$35M

## Phase 3A Data in 1.5 Years from Funding

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# Leadership

# Bionovo Leadership Team

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## Management Team / Board of Directors

**Isaac Cohen, O.M.D., L.Ac.**  
Chairman & Chief Executive Officer

- Guest Scientist; University of California, San Francisco  
Cancer Research Center and Center for Reproductive Endocrinology

**Mary Tagliaferri, M.D., L.Ac.**  
President & Chief Medical Officer

- Former Program Director; University of California,  
San Francisco Breast Care Center

**David Boyle**  
Senior Vice President & Chief Financial  
Officer

- Former Senior Vice President and Chief Financial Officer, AVI BioPharma, Inc.
- Former Vice President, Finance and Chief Financial Officer, XOMA, Ltd.

**George Butler, Ph.D.**  
Director

- Former Global Chief Regulatory Officer;  
AstraZeneca and Novartis Pharmaceuticals

**Louis Drapeau, CPA**  
Director

- Current Chief Financial Officer; InSite Vision
- Former Chief Financial Officer; Nektar, Inc.
- Former Chief Executive Officer; BioMarin

**Robert Farrell, J.D.**  
Director

- Former President and CEO; Titan Pharmaceuticals, Inc.
- Former Corporate Group Vice President and CFO; Fresenius USA

# Leadership — Scientific Advisory Board

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## Scientific Advisory Board

<b>Len F. Bjeldanes, Ph.D</b>	<ul style="list-style-type: none"><li>Department Chair &amp; Professor of Nutritional Sciences and Toxicology — University of California, Berkeley</li></ul>
<b>Paul Pui-Hay But, Ph.D</b>	<ul style="list-style-type: none"><li>Chief Scientist — Food and Drug Authentication Laboratory Ltd., Hong Kong, China</li></ul>
<b>Uwe Christians, M.D., Ph.D.</b>	<ul style="list-style-type: none"><li>Professor of Pharmacological Sciences &amp; Director of Research, Department of Anesthesiology — University of Colorado Health Science Center</li></ul>
<b>Isaac Cohen, O.M.D., L.Ac.</b>	<ul style="list-style-type: none"><li>Co-founder, Bionovo, Inc.; Guest Scientist, Cancer Research Center and UCSF Center for Reproductive Endocrinology — University of California, San Francisco</li></ul>
<b>Gary Firestone, Ph.D.</b>	<ul style="list-style-type: none"><li>Professor of Cell and Developmental Biology — University of California, Berkeley</li></ul>
<b>Richard Gless, Ph.D.</b>	<ul style="list-style-type: none"><li>Vice President &amp; Chief of Chemistry, Arete Therapeutics (South San Francisco, CA)</li></ul>
<b>Bert O'Malley, M.D.</b>	<ul style="list-style-type: none"><li>Professor of Medicine, Division of Molecular Biology — Baylor University (Houston, TX); Winner of the National Medal for Science (2008); Member of the National Academy of Sciences</li></ul>

# Leadership — Scientific Advisory Board (Cont.)

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## Scientific Advisory Board

**Moshe Rosenberg, D.Sc**

- Professor of Physical Chemistry & Food Technology, Department of Food & Dairy Technology — University of California, Davis

**Terry Speed, Ph.D.**

- Professor, Department of Statistics — University of California, Berkeley; Senior Principal Research Scientist & Head, Bioinformatics Division, Walter and Eliza Hall Institute of Medical Research (Melbourne, Australia)

**Zung Tran, Ph.D.**

- Professor of Biostatistics, Chair of the Department of Biostatistics — University of Pennsylvania

**Richard Weiner, Ph.D.**

- Emeritus Professor, Department of Obstetrics, Gynecology and Reproductive Sciences, School of Medicine — University of California, San Francisco

**Ethan Weiss, M.D.**

- Assistant Professor of Medicine, Division of Cardiology — University of California, San Francisco

# Leadership — Medical Advisory Board

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## Medical Advisory Board

**Mary Cushman, MD, PhD**

- Associate Professor Hematology/Oncology and Director of the Thrombosis and Hemostasis Program at the University of Vermont

**Marco Gambacciani, M.D.**

- Professor of Obstetrics and Gynecology and Director of Menopause Research Clinic, University of Pisa, Italy

**Stephen Goldstein, M.D.**

- Director of Gynecology Ultrasound at New York Medical Center

**Deborah Grady, M.D., M.P.H.**

- Professor of Medicine & Director of the Center for Women's Health — University of California, San Francisco, Member of the National Academy of Sciences

**James Pickar, M.D.**

- Assistant Vice President of Clinical Research and Development at Wyeth for 15 years

**Mary Tagliaferri, M.D., L.Ac.**

- Chief Medical Officer, Bionovo, Inc.

**Debu Tripathy, M.D.**

- Professor of Medicine & Director, Komen Alliance Breast Cancer Research Center — University of Texas Southwestern Medical Center

**Wulf Utian, M.D., Ph.D.**

- Professor Emeritus, Case Western University. President Emeritus, North American Menopause Society

**Ethan Weiss, M.D.**

- Assistant Professor of Medicine, Division of Cardiology — University of California, San Francisco

**Janet Wittes, PhD**

- Founder Statistics Collaborative, Washington D.C.