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## Conference Call Transcript

**GTCB - Q1 2005 GTC Biotherapeutics, Inc. Earnings Conference Call**

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Apr. 28. 2005 / 10:00AM, GTCB - Q1 2005 GTC Biotherapeutics, Inc. Earnings Conference Call

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Good morning, ladies and gentlemen, and welcome to the GTC Biotherapeutics first quarter 2005 earnings conference call. My name is Steven, and I will be your coordinator for today. At this time, all participants are in a listen-only mode. We will facilitate a question-and-answer session toward the end of this conference. If at any time during the call you require assistance please press star followed by zero, and a coordinator will be happy to assist you. As a reminder, this conference is being recorded for replay purposes. I would now like to turn the presentation over to your host for today's call, Dr. Geoffrey Cox, chairman and chief executive of GTC. Please proceed, sir.

**Geoffrey Cox - GTC Biotherapeutics - Chairman and CEO**

Thank you very much, and good morning, everyone, and welcome to the conference call and webcast to discuss the first quarter 2005 financial and operating results for GTC Biotherapeutics, Inc., NASDAQ ticker symbol, GTCB.

I am Geoffrey Cox, chairman and chief executive of GTC Biotherapeutics and with me today are Jack Green, our chief financial officer, and Tom Newberry, our VP of corporate communications.

Our results for the first quarter 2005 were released earlier this morning, and I hope you've had the opportunity to review this release prior to our call. Just some introductory comments on our Atryn program -- I'll ask Jack Green to provide a summary of our financial results, and I will then provide an overview of our progress in our other programs, and I will then open the meeting to questions.

First let me remind you of our Safe Harbor statement for this call. Under the SEC Safe Harbor provisions, please note that certain comments today are forward-looking statements based on management's current expectations. We urge you to read the Safe Harbor statement noted in our most recent Form 10-K filed with the SEC, particularly Exhibit 99 entitled "Important factors regarding forward-looking statements." As you know, due to the risks inherent in our business, which are described in detail in the Form 10-K and Exhibit 99, our actual results may differ materially from our current expectations.

So let me start by making some comments about the company's progress with Atryn, our recombinant form of human antithrombin. As you may have seen from our press release on Monday of this week, we are making encouraging progress in our European filing, so let me provide you with some further background. Just to recap, we filed a market authorization application, or MAA to the EMEA, that's the European regulatory agency, in the first quarter of last year and received what is called a "consolidated list of questions" at the end of June. This is a normal part of the process, and we responded to the questions in December of last year.

At the end of March, we had further meetings with EMEA, which was followed by a list of outstanding issues, to which we need to respond in order to achieve approval. At that time, we advised our investors that our timetable for approval was likely to be delayed from our previous plans and in a subsequent press release we indicated the discussions on the list of issues was likely to last through the end of June based on our understanding of the meeting schedule of the CHMP, which is the Committee for Human Medicinal Products.

Recently, we had further meetings with representatives of our rapporteurs, the member countries taking the lead in the review of our filing, and I am pleased to tell you that these were very constructive and positive meetings, and I believe we made significant progress during the course of those discussions. It was our belief coming out of those meetings that we can satisfactorily respond to the list of outstanding issues, and that we have the opportunity to bring our submission to a positive outcome.

What was also clear was that in order to respond appropriately to some of the additional data requested in the list of outstanding issues, we would need some more time to make the responses. I am pleased to tell you that we have received formal notification from the EMEA of their agreement to an extension to July the 8th in order for us to complete our response to the list of outstanding issues. We believe this is adequate time in which to complete the work, the data analysis, produce the reports, and to respond to the agency.

Our expectation is that our responses will be reviewed by the EMEA with an opinion determined by the end of October, and this includes allowance for the vacation period in Europe that occurred in August when there are no formal meetings scheduled.

In this we hope to receive a positive opinion from the agency, there is official confirmation of the EMEA by the European Union, which takes a further two to three months, positioning us for marketing approval at around the end of the year.

Before I leave the subject of our EMEA submission, I'd like to make one or two further comments. Investors often ask for more detailed information regarding the nature or specifics of the questions being asked by the agency. Those requests from investors are entirely reasonable but are difficult to respond to because of the ongoing negotiations and dialog with the agency. However, some general comments may be helpful.

Firstly, it must be remembered this is the first transgenically derived therapeutic protein submitted to any regulatory agency. This is a matter of some pride to us, but it's also a challenge, since there is no established roadmap for us or the agency. Many of the questions are focused on the establishment of the robustness and consistency of our purification process and the ability to define specifications for the release of the product. These questions are typical for the review of any biological production process not specifically related to transgenic technology.

Also remember that we are starting from a unique source material for which we are establishing approval standards starting from first principals. It is understandable, therefore, that this process is iterative, but we believe that we can adequately respond to these issues.

In summary, we believe we've made significant progress over the last few weeks towards a positive outcome for our MAA application. I believe that the July the 8th schedule agreed to by the agency is encouraging, and we will continue to work diligently over the coming weeks to maximize this opportunity and to ensure a successful outcome.

I'd like to turn to our recently announced U.S. protocol for the study for Atryn. And, as you remember, it's very important for us to access the U.S. market in order to continue the progress towards creating the large market opportunity which we believe Atryn presents. The U.S. market remains significantly under-served with only a single supplier of plasma-derived antithrombin.

As disclosed in our press release from earlier this month, the FDA has agreed to a protocol for a pivotal controlled study of Atryn in the U.S. for the hereditary deficiency indication that builds upon the data we submitted to the EMEA. We have begun the preparation for opening clinical sites so that we can enroll patients into the study. As you may remember, the active arm of this study requires a minimum of 17 hereditary deficient patients to receive Atryn as a prophylactic treatment to prevent thromboembolisms during high-risk procedures such as surgery or childbirth.

The end point of the study will be the prevention of clinical symptoms of deep vein thrombosis or other thromboembolisms. This new data will be combined with the data from the patients that were treated in the safety and efficacy study that was part of our MAA submission. The control arm will be an analysis of historical clinical cases, which plasma-derived antithrombin has been used in similar clinical situations. The control arm will also require a similar balance of men and women, and a minimum of 35 cases will be required in the control sample.

The active and control arms of the study are likely to include both U.S. and European sites, and we're working to enable the first clinical sites to open before the end of the second quarter and, based on our European experience, anticipate that enrollment will take approximately a year to

complete. There are likely to be a total of 15 to 20 sites established by the time we complete enrollment. Our best judgment at this stage is for submission in late 2006 with an approval in late 2007.

I trust the display from my comments at this point that the focus of the company at every level is on securing approvals for ATryn in the HD indication first in Europe and then in the USA. These are the important stepping stones for establishing the larger market opportunity for ATryn through expanded clinical development programs. The larger markets for Atryn are all based on acquired antithrombin deficiencies and include areas of particular interest such as burns and coronary artery bypass surgery.

Assuming a successful outcome in Europe and based on our financial resources, the next steps will be to conduct some pilot studies in one or more of these areas in order to define the clinical design and end points for further expanded studies leading to applications to expand ATryn's label. The strategic plan is to build on a growing interest in antithrombin as a therapeutic with anti-inflammatory as well as anticoagulant characteristics and select larger markets in acquired deficiencies for acute care applications.

This strategy is linked to our commercialization plans. In Europe, partnering discussions have continued throughout the first quarter with both pan-European marketing partners and more local or geographically centered partners. Our interest in establishing a partner or partners in Europe is not only to utilize their commercial capabilities, but also to build on their support for expanded clinical development and at least one of the larger market acquired deficiency indications, including financial support.

These discussions have made progress including the emergence of one or more potential partners, and we clearly have a little more time in which to work now, which we believe is to our advantage. We are also continuing to assess the option of developing our own sales force to support the launch of ATryn, which we believe is a realistic alternative to partnering if we should choose to do so.

We continue to expect to define the European partnering and commercialization strategy prior to regulatory approval.

Finally, as a lead-in to Jack's comments, I would like to make a few broader observations. It's clear that at this time we must continue to adopt a financially prudent approach to the operations of the company. We will continue with a broad strategic positioning in the area of recombinant plasma proteins, but our short-term objectives will be focused on the approval process for ATryn in Europe and the U.S. We will also continue to support our existing external programs. We have deferred our next Atryn manufacturing campaign to 2005, which will be in preparation for the launch of ATryn in 2006.

As a result, we are now expecting to use approximately \$20 million of net cash this year, exclusive of our financing activities. We will continue to monitor our cash position carefully, but I believe that we have a number of value-creating events over the next 12 months including obtaining a positive opinion for ATryn from the EMEA followed by market approval from the European Union, establishing partnering and commercialization arrangements for ATryn, and beginning commercial sales in Europe, and initiating patient recruitment into our pivotal study in the U.S. for our eventual BLA filing at the end of 2006.

I am confident that the timing of our transition to a products company over the next few months, we have the basis of building a strong and sustainable enterprise.

Now I'd like to hand over to Jack.

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**Jack Green - GTC Biotherapeutics - CFO**

Thank you, Geoff. For the first quarter, our revenues were approximately \$1.3 million compared with approximately \$1.1 million in the first quarter of 2004, an increase of 24%. The 2005 revenues were primarily derived from our external programs with Merrimack and Elan as well as from the funding of our malaria vaccine program by the National Institute of Allergy and Infectious Disease. Revenues in the first quarter 2004 were primarily derived from our external programs with Centocor and with Merrimack as well as from the malaria vaccine program.

Reported revenues are expected to vary on a quarter-to-quarter basis due to the nature and timing of milestone-based research and development revenues. Cost of revenues and operating expenses totaled \$9.2 million in the current quarter, approximately 5% lower than the \$9.7 million total in the first quarter 2004. The decrease was driven primarily by a decrease of \$700,000 in selling, general and administrative expenses as a result of the corporate restructuring completed in the first quarter 2004. Additionally, due to the anomaly of having 14 weeks in our first fiscal quarter of 2004, there was an extra week of expenses compared to 2005 resulting in a \$600,000 decrease in expenses year-to-year.

These reductions were partially offset, primarily, by a non-cash charge to research and development expenses in the first quarter of 2005 of \$470,000 for current ATryn inventory pending disposition of the European submission for market approval. Excluding the effects of the calendar anomaly and the non-cash charge, expenses totaled \$8.7 million in the first quarter of 2005, 4% lower than the \$9.1 million in the first quarter of 2004.

External program expenses increased to \$1.4 million in the first quarter of 2005 from \$1.1 million in the same quarter a year earlier, an increase of approximately \$300,000, or 28%. This increase was in line with the increase in external program revenues. Our cash and marketable securities at the end of the first quarter of 2005 totaled approximately \$27.8 million and as compared with \$22.3 million at the end of 2004. Our cash and marketable securities increased by approximately \$5.5 million in the first quarter 2005, primarily due to the registered direct placement upon the stock completed in January of 2005. This placement raised the total of approximately \$9.7 million after expenses.

We also obtained \$2.4 million of proceeds from the extension of our senior credit facility with GE Capital that was used to refinance the \$2.4 million principal payment due to Genzyme Corporation on April 4. Exclusive of the effects of the January 2005 registered direct placement and the proceeds of the extended credit facility, we used about \$6.6 million of cash in the first quarter of 2005, which included a net reduction of accounts payable of about \$600,000.

Since we plan to defer the ATryn manufacturing campaign until late 2005, to match our expected approval timing, we expect much of the cash impact to occur in early 2006. We continue to project net cash use for 2005 exclusive of the impact of the January 2005 registered direct placement to be about \$20 million. The annual cash use projection of 2005 also assumes cash collections of approximately \$11.5 million for the year from external proprietary development programs as well as from potential ATryn partnering arrangements. First quarter 2005 collections were approximately \$2.5 million.

In summary, our total net loss on the income statement for the quarter was \$8 million, or \$0.18 per share compared with \$8.6 million, or \$0.26 in the first quarter 2004. The first-year results were affected by an increase in weighted average number of shares outstanding from 33.5 million shares for the first quarter of 2004 to 44.8 million shares in the first quarter 2005. The increases in the weighted average shares outstanding reflected the issuance of approximately 7.7 million shares of common stock in the registered direct placement in January 2005. We had approximately 46.7 million shares outstanding as of April 3, 2005. Geoff.

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**Geoffrey Cox - GTC Biotherapeutics - Chairman and CEO**

Thank you, Jack. I opened our presentation on this conference call discussing the progress of ATryn, and ATryn is more than the first transgenically produced protein to be submitted for regulatory approval. It's also a product which we believe has the potential to establish large markets that expand beyond the current market for plasma-derived antithrombin. We estimate that we can build a \$500 million to \$700 million market for ATryn by opening up the U.S. market to a robust supply, expanding the clinical uses of the product into acquired deficiency indications that would challenge the supply capabilities of plasma-derived products, and penetrating the current sales of plasma-derived products with our secure source of recombinant material.

One of our marketing advantages in Europe will also be a uniform, consistent product approved throughout the European Union compared to a country-by-country status to each of the current plasma products with none of them available in every country.

This business model of developing recombinant proteins that expand upon the market, established by the plasma-derived products has already been demonstrated. A recent research report from Goldman Sachs JB Were in Australia illustrates the expansion of the market that has occurred when recombinant technology can be applied to a therapeutic blood protein. This report provides sales figures for recombinant clotting factors to treat hemophilia that can and have been produced in cell culture technology. Recombinant forms of factors VIIa, VIII, and IX have now dominated and expanded the plasma product markets. These recombinant forms now account for \$3 billion of sales compared to \$1 billion of plasma-derived clotting factor sales using strategies very similar to those that we have discussed for ATryn.

We believe that we can repeat this experience for blood protein such as antithrombin that do not express at economic levels in cell culture.

I would now like to spend a few moments discussing development of our recombinant human alpha-1 antitrypsin program, another recombinant form of a plasma protein. In the broader development strategy for the recombinant AAT program, we are in the process of establishing clinical plans for therapeutic applications. This includes considering both traditional intravenous as well as pulmonary delivery applications -- hereditary alpha-1 antitrypsin deficiency can lead to emphysema, particularly if the patient smokes, and the plasma-derived products are used as a chronic treatment for this disease.

AAT deficiency is one of the most common serious hereditary disorders for approximately with 3.4 million people affected worldwide. Clinical research work suggests that recombinant AAT therapy may also be beneficial to cystic fibrosis patients. In addition, we believe that AAT is a potential treatment for a number of other pulmonary conditions including chronic obstructive pulmonary diseases, acute respiratory distress syndrome, and severe asthma.

The current plasma market for AAT is about the same size as that for antithrombin, and we believe that we can build a \$700 million or larger market for our recombinant form using the same strategic advances discussed for ATryn.

We began commercial development in the recombinant AAT program this quarter through a licensing arrangement with Dr. Eric Bernstein. Dr. Bernstein is a distinguished practitioner, researcher, and innovator in the fields of dermatology and later surgery. His research on skin photoaging led to the development of his own firm DakDak LLC, which performs in vitro toxicology testing for large pharmaceutical companies and pursues discovery of novel anti-aging and pharmaceutical compounds. Dr. Bernstein is developing the dermatological application of alpha-1 antitrypsin to address the effects of photoaging, and we are pleased to collaborate with Dr. Bernstein and supply recombinant material for his work.

Our malaria vaccine and CD137 programs continue in their development. There are two goats that are sexually mature and transgenic for the MSP1 malaria antigen. We have begun a process of evaluating lactation that will take several months. In the CD137 program, preclinical animal model studies have demonstrated the antibody's ability to stimulate the immune system.

Our focus in the external portfolio of programs is on servicing clinical and eventually commercial production opportunities. We have provided clinical material to Merrimack Pharmaceuticals for their clinical program with their MM-093 product, a recombinant human alpha-fetoprotein. AFP is also a difficult-to-express blood protein, one that is not derived from the fractionated human blood supply since it's normally only present in significant quantities during pregnancy. Merrimack is in Phase II studies of MM-093 for rheumatoid arthritis. Merrimack also recently raised \$37 million in a series D equity and loan financing.

As you may recall, we have two programs from Centocor, the second of these is for an undisclosed protein, and in 2004, on behalf of Centocor, we produced material for extended preclinical studies, and we anticipate these preclinical studies beginning in the second half of 2005, which we hope will lead to herd expansion.

In summary, we have much to look forward to. Our progress with ATryn, both in Europe and the USA, is the focus of our attention. We are working towards a positive opinion from the EMEA before the end of October; approval from the EU around the end of the year; opening our first clinical sites for the U.S. pivotal study before the end of the second quarter and beginning enrollment. We are also making progress on partnering discussions for ATryn with the objective of finalizing our commercialization plans before EU approval.

We continue to believe that we will become the first company to bring a transgenically derived therapeutic protein to market and that we are well positioned to build this first product into a significant market opportunity. Let me also say not only will the approval be an important key in unlocking the potential value of ATryn, it will also validate our technology and unlock the value of broader application for both internal proprietary programs and external partnerships.

Now, may I hand over to questions, please.

## QUESTION AND ANSWER

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### Operator

[OPERATOR INSTRUCTIONS] Phil Nadeau of SG Cowen.

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### Phil Nadeau - SG Cowen - Analyst

Geoff, in your prepared remarks, you touched on the questions you got from the EMEA. I'm wondering if you could go into those in a bit more detail. What transgenic issues are being discussed, what manufacturing issues, and, lastly, what gives you confidence that you won't need a new clinical trial?

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**Geoffrey Cox - GTC Biotherapeutics - Chairman and CEO**

Well, we certainly are not planning to do further clinical work prior to our submission on July the 8th. So I think from our discussions with EMEA, we feel comfortable with the data that we produced from our current study. I think with the manufacturing issues, I think I've given you some color on those particular issues. I think many of the questions, most of the questions, have been the types of questions that you would expect and go through if you were developing any recombinant protein, whether or not from transgenic technology or from CHO cell. Clearly, there are certain aspects of that which relate specifically to the source of the product, and I think that we feel that we are in good shape for being able to respond to those particular issues and to ensure that the EMEA has a comfort level in that respect.

Of course, we are setting the bar in that particular situation, because there are no specific guidelines, which have been established from previous submissions, so that's obviously been an interesting part of the discussion together. I think the other area which I talked about previously is in the area of ensuring that we're not producing antibodies to our product; that this has been a matter of significant interest to agencies not only in Europe but also in the U.S. following on from their whole EPO situation. I think it's a very appropriate focus of attention. We feel very comfortable with the data that we have and not seen any antibodies form to our products over the course of more than 200 patients that we've treated over a number of different clinical studies. So I think we're in very good shape as far as that's concerned. But that certainly has been another area which the agency has focused on.

So I think, all in all, we feel pretty happy with where we're at this moment. I've said before that I don't feel that there are any outstanding issues, which -- specifically issues which are problematic with the transgenic technology, per se, and so I think that we feel now, from the discussions we had last month, that we can follow through and satisfactory answer the list of outstanding issues, and we feel pretty good in the way we're shaping up at this point.

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**Phil Nadeau - SG Cowen - Analyst**

Thanks, that's very helpful, and my second question is actually on your commercial organization. I understand from your prepared remarks, again, that you are looking at partnerships for Europe. Is there any specific date by which you would need to sign a partnership, otherwise you would start to build your commercial organization yourself?

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**Geoffrey Cox - GTC Biotherapeutics - Chairman and CEO**

No, I actually would like to keep that fairly flexible. Clearly, we have a little bit more time on our side, which resulting from the delay on the response to the list of outstanding issues, and I think that's to our advantage in the partner negotiations. I certainly would like to see something completed over the next few months. I think we're progressing very well with a number of different dialogues with partners. Clearly, as you approach the approval of the product, you need to do preparation work in terms of being able to launch the product, including the starting reimbursement negotiations, making sure that you understand what pricing proposals you're going to use. And so there is preparation work, and so I would prefer not to leave it right to the last in that respect.

But I do want to make sure that we take the appropriate time to make sure that we have the appropriate deal, and I think also we're going to leave open the option of being able to launch this product ourselves. I think that's a reasonable option. But I still feel that if we can get a really strong, good partner who can help us, both from a resource perspective and also from a financial perspective in terms of moving this program forward -- not in launching the product in the initial indication but very much in terms of unlocking these indications in acquired deficiency -- that would be a very important help to us, and so we -- I think we have some very good discussions going on and, hopefully, we can bring those to a conclusion over the next few months.

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**Operator**

[OPERATOR INSTRUCTIONS] Jerry Warling, please go ahead.

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**Jerry Warling**

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Could you clarify the relationship with Elan. Your press release today says that you've completed programs with Elan. I would assume one might have been Tysabri, and the other one is probably not disclosed but are both programs now finished, and was that a planned event? Thank you.

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**Geoffrey Cox - GTC Biotherapeutics - Chairman and CEO**

We have had two programs with Elan, which we've talked about, actually, for quite some length of time. One is, you're quite right, it was an undisclosed program, which I think that we announced some time ago as having been completed, but, certainly, have brought that to a close, as well, with Elan. The other program was Antegren, which became Tysabri. Elan made the decision prior to the launch that they were going to principally focus on their -- remain in cell culture relationship with Biogen, and so over the last few weeks we have been negotiating the completion of that program and putting that into maintenance mode, which is where we're at now. And, of course, unfortunately, in the intervening time, Tysabri has taken a different course indication from a different perspective. We had an excellent relationship with Elan, these were very successful programs, and we met all our commitments as far as those programs are concerned but, at the moment, those are in maintenance mode.

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**Operator**

[OPERATOR INSTRUCTIONS] Jim Kennedy of Marathon Capital.

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**Jim Kennedy - Marathon Capital - Analyst**

A question for you on Merrimack -- to the extent that you can, and realizing that Merrimack is a strategic private partner -- or private company -- what are the milestones you're looking for there over the next, say, 12 months. You mentioned that they just raised some more funds. They're in, I guess what we'd call, Phase II. Can you elaborate a little bit about what the impact would be for you if they -- and forgive me if they've already gone to Phase III -- but if they go to a Phase III what you might anticipate in terms of volume or -- what does that relationship look like in terms of a timing standpoint, in your mind, over the next year?

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**Geoffrey Cox - GTC Biotherapeutics - Chairman and CEO**

Jim, it's a fine question, but as you rightly say, Merrimack is an independent company, and it's not appropriate for me to speculate on what their future requirements or the way in which they may develop the alpha-fetoprotein.

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**Jim Kennedy - Marathon Capital - Analyst**

They're in a Phase II now?

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**Geoffrey Cox - GTC Biotherapeutics - Chairman and CEO**

They're in a Phase II at this juncture. We have both produced and purified the product for that study. We obviously have valued the relationship with Merrimack and look forward, very much, to being a partner and support them, going forward. But I think that's probably all I can say at this point.

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**Jim Kennedy - Marathon Capital - Analyst**

Do you know, Geoff, if they are trying to run concurrent with some sort of bioreactor type of manufacturing capability?

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**Geoffrey Cox - GTC Biotherapeutics - Chairman and CEO**

We are aware that they have developed -- or they have done some work on developing alternative -- the mammalian cell culture. I personally think that that's entirely logical and reasonable thing for them to do, but I can't comment any further on that. We continue to produce and supply product for their clinical studies at this point.

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**Jim Kennedy - Marathon Capital - Analyst**

Do you know, Geoff, if your production is the only production they are using in these Phase IIs?

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**Geoffrey Cox - GTC Biotherapeutics - Chairman and CEO**

Yes, I do know that.

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**Jim Kennedy - Marathon Capital - Analyst**

Okay, and I guess, again, without revealing anything about a private company, did they indicate to you at all how long the Phase II, they would anticipate it lasting?

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**Geoffrey Cox - GTC Biotherapeutics - Chairman and CEO**

No, I don't know the answer to that one. I do know, and I think they have announced publicly, that this is in rheumatoid arthritis, but I don't know anything more about the details of that, and I think it will be perfectly fine for you to speak to Merrimack yourself and ask them those questions. I think if you're interested, I think that's the appropriate source for that information.

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**Operator**

Roy Friedman [ph].

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**Roy Friedman Analyst**

Good morning, first a follow-up to Jerry's question regarding maintenance mode. Can you tell us exactly what that means with respect to the Elan project, for example, and are there any ongoing costs to GTC to continue to keep any animals in maintenance mode? And, secondly, do you have any update on the albumin program that you can talk about. Thank you.

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**Geoffrey Cox - GTC Biotherapeutics - Chairman and CEO**

Let me answer the first questions -- maintenance mode can be a couple of different levels, one of which is taking semen from transgenic males and putting them into deep freeze so that there is -- you have the ability to be able to restart a herd at some point in the future, if you choose to do so. I think, from what I remember on the Antegren program, we also are keeping a few animals for Elan, and they pay for those animals to be cared for. So we're not keeping them at our cost. But we're not actively breeding those animals or whatever. We're just keeping the genetic pool in place for them, and so I think the arrangement with them is entirely appropriate, but we're not doing anything at our cost on their behalf.

Now, we've got the albumin program -- we're continuing to have a number of discussions with various parties, both with the use of the product as an excipient and exploring other opportunities such as in cell culture. I think at this point in time, it's also appropriate to say that we are trying to keep rather tightly focused on the activities of the company. I've pointed out that we're trying to run the company in a rather prudent fashion, and the focus of our attention is very much on the ATryn program, and so we're certainly -- I think it's appropriate to say we're not in fast-track mode as far as the albumin program at this juncture. We're trying to make sure that we do execute and execute effectively with positive outcomes, both for our European program and for the U.S. study, and that has to be priorities numbers 1, 2, and 3, I think, on our list at this moment.

So we will continue to move the albumin program forward, as appropriate, but not at the expense of our ATryn program.

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**Operator**

[OPERATOR INSTRUCTIONS] It appears there are no further questions, sir.

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**Geoffrey Cox - GTC Biotherapeutics - Chairman and CEO**

Thank you very much, indeed. I appreciate all your questions. We are looking forward to the next few months. We think we certainly have some wind in our sails at this moment, and we're very much looking forward to updating you on our progress at our next quarterly review, which I think will be in August. I very much hope that we will have the opportunity to be able to update you on progress during that period as well. So thank you very much today for your questions, everyone, and have a good day. Thank you.

**Operator**

Thank you for your participation in today's conference. This concludes the presentation. You may now disconnect. Have a good day.

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