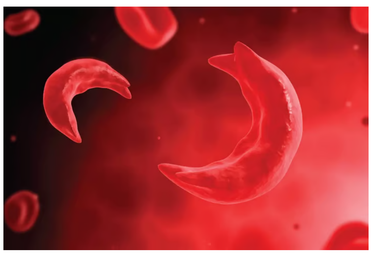
From Bench to Bedside: Why the University of Tennessee–San Rocco Story Reframes the Gene Therapy Debate



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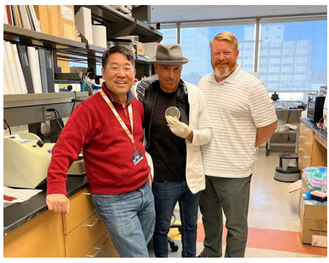
TrialSite News has spent years documenting a quieter but consequential counter-narrative in gene therapy—one that shifts attention away from prestige approvals and toward who actually gets cured. At the center of that story is San Rocco Therapeutics, whose work with academic partners reflects an access-first philosophy rarely foregrounded in mainstream coverage.

That theme came into sharp focus with *the University of Tennessee Health Science Center's* recent reporting on Frank Park, PhD, and the scientific effort to develop a more accessible gene therapy. Park's lentiviral gene-addition therapy—nicknamed *MiNiRoLu (named for 4 patients)*—and sponsored by San Rocco Therapeutics, targets hemoglobin disorders such as sickle cell disease and beta thalassemia, conditions for which curative science already exists. The problem, as *TrialSite* has repeatedly argued, is not biology. It is process.

From left, Frank Park, Ph.D., associate professor in UT Health Sciences' College of Pharmacy; his investor, Patrick Girondi, president and founder of San Rocco Therapeutics; and colleague Andrew Wilber, PhD, associate professor at the Southern Illinois University School of Medicine.



Today's approved gene therapies are technically remarkable but operationally punishing: months of centralized manufacturing, repeated blood draws, intensive conditioning regimens, prolonged hospital stays, and prices that routinely exceed $2 million per patient. For Medicaid patients, rural families, and under-resourced health systems, those hurdles are often insurmountable. In that context, Park's work is radical not because it invents a new cure, but because it rethinks *how* cures are delivered. His approach emphasizes higher vector efficiency, simplified workflows, and point-of-care processing—design choices aimed at shortening timelines, lowering costs, and bringing treatment closer to where patients actually live.

TrialSite's coverage makes clear why this matters. In *"The Cure Is Real. The Bottleneck Isn't Scientific,"* our outlet argued that public debate has become trapped inside the assumptions of first-generation incumbents. Media narratives often portray multimillion-dollar prices and scarce treatment centers as unavoidable facts of life, rather than as design outcomes. It's an "investor first" as opposed to patient first paradigm, cites Daniel O'Connor, founder/Publisher of *TrialSite News*.

San Rocco's relative absence from mainstream reporting is telling: challengers that frame affordability and scalability as core objectives rarely fit the preferred storyline of heroic innovation followed by heinous price gouging and pyramid schemes needed to support nonsensical and absurd executive compensation.

At one time, Bluebird Bio was San Rocco's only competitor in the gene replacement arena to cure Sickle Cell Disease. Bluebird's Lyfgenia was recently approved at $3.1 million per patient. The company, a Wall Street darling, recently traded at an almost $12 billion dollar market cap. The funds and executives behind Bluebird cashed out.

Many investors were bludgeoned as Bluebird, wrought with $500 million in debt, was recently brought out of bankruptcy by Carlisle for pennies on the dollar. The big institutions have blood on their hands. They supported selling billions of stock to unsuspecting investors at raises from $185 down to $1.50. And, of course, everything was swept under the rug; no insider trading investigation and absolutely no criticism from so-called 'analysts'.

The traditional media stands in line to put greed-driven executives on their shows and emulates them in articles. Instead, executives like Megan Euker, Vice President of San Rocco Therapeutics toils away with little or no fanfare. Megan says, "My main compensation is curing patients."

From the TrialSite Human Consequence Index (HCI) perspective, the implications are profound. Sickle cell disease disproportionately affects Black Americans and patients who rely on Medicaid. A cure that exists but remains functionally inaccessible is not a clean victory at all—it is a moral contradiction. San Rocco's partnership with Park represents a different ethical wager: that gene therapy should be engineered from the outset to work within real hospitals, real budgets, and real patient lives.

Use of the TrialSite Pluralism Index (PI) sharpens the critique further. True pluralism in biomedical innovation means allowing multiple technical paths to compete on outcomes that matter to society, not just investors. Yet the ecosystem—spanning capital markets, media attention, and institutional validation—often narrows the field to those who arrive first or spend most, biasing the narrative. Access-oriented challengers can be treated as peripheral until regulatory milestones force recognition, even when their core claims directly address the access crisis policymakers say they want to solve.

What makes the University of Tennessee–San Rocco collaboration compelling is that it refuses this framing. Park's motivation, openly stated, is not financial upside but technical sufficiency—can a vector be made more efficient, safer, and cheaper at the same time? San Rocco's founder, Patrick Girondi, brings a patient-driven urgency shaped by lived experience with beta thalassemia. Together, they represent a development model that predates today's headlines about affordability yet aligns precisely with where the public conversation has finally arrived.

Bottom line

TrialSite's reporting on San Rocco and the University of Tennessee underscores a simple but disruptive truth. The future of gene therapy will not be decided solely by whether cures are possible—they already are—but by whether institutions are willing to take seriously those trying to make cures usable by many more patients. If access-first innovators remain sidelined until after approval, the system risks mistaking exclusivity for excellence and confusing high price with high value.

The proof of this is undeniable. Bluebird no longer exists, and the San Rocco Therapeutics is positioned to treat patinets with a significantly more efficient product, at a fraction of the cost.

Gene Therapy | Investors | Thalassemia | Sickle Cell

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