

Gil Sambrano, PhD Vice President, Portfolio Development and Review Grants Working Group Recommendations CLIN January 26, 2023







OUR MISSION Accelerating world class science to deliver transformative regenerative medicine treatments in an equitable manner to a diverse California and world







Annual Allocation: \$169 million

Amount Requested TodayApproved AwardsUnused Balance

Amounts are shown in millions







Score of "1"

Exceptional merit and warrants funding.

May have minor recommendations and adjustments that do not require further review by the GWG

Score of "2"

Needs improvement and does not warrant funding at this time but could be resubmitted to address areas for improvement.

GWG should provide recommendations that are achievable (i.e., "fixable changes") <u>or</u> request clarification/information on key concerns.

Score of "3"

Sufficiently flawed that it does not warrant funding and the same project should not be resubmitted **for at least 6 months**.

Applications are scored by all scientific members of the GWG with no conflict.





- 1. Does the project hold the necessary significance and potential for impact? (i.e., what value does it offer; is it worth doing?)
- 2. Is the rationale sound? (i.e., does it make sense?)
- **3**. Is the project well planned and designed?
- 4. Is the project feasible? (i.e., can they do it?)
- 5. Does the project uphold the principles of diversity, equity, and inclusion (DEI)?

CIRM GWG Composition and Roles









Title	Development of cryopreserved interferon-gamma primed allogeneic MSCs, for treatment of steroid refractory acute graft versus host disease
Therapy	Cryopreserved, interferon-gamma-primed bone marrow mesenchymal stem cells
Indication	Acute graft versus host disease (aGVHD)
Goal	Completion of studies to remove clinical hold on IND
Funds Requested	\$3,457,858 (co-funding: \$865,000 – 20% required)

Maximum funds allowable for this category: \$4,000,000

CIRM CLIN1-14070: Background Information



Clinical Background: Allogeneic stem cell transplants can be life-saving and curative treatments for blood cancers, blood disorders, and other conditions. However, there are significant risks including acute graft versus host disease, which is a life-threatening condition where donor cells attack the host tissues. Furthermore, many patients with aGVHD can become refractory to immune suppressing steroids used to manage this serious complication.

Value Proposition of Proposed Therapy: The proposed MSC therapy, that provides immunomodulatory effects, has the potential to eliminate or reduce the severity of aGVHD and improve overall survival.

Why a stem cell or gene therapy project: The therapeutic candidate is composed of mesenchymal stem cells.





Application/ Award	Project Stage	Project End Date	Indication	Candidate	Mechanism of Action
CLIN2	Phase 1 clinical trial	Dec 2023	GVHD related to B cell cancers, leukemia, AML	T cell immunotherapy	Administration of donor T cells following HSCT transplant





Applicant has not previously received a CIRM award.





GWG Recommendation: Exceptional merit and warrants funding

Scientific Score	GWG Votes
1	13
2	0
3	0

DEI Score: 8.0 (scale 1-10)

CIRM Team Recommendation: Fund (concur with GWG recommendation)

CIRM Award Amount: \$ 3,457,858*

*Final award shall not exceed this amount and may be reduced contingent on CIRM's final assessment of allowable costs and activities.





Title	Allogeneic iPSC derived Dopaminergic Drug Product for Parkinson's disease
Therapy	Allogeneic iPSC-derived dopamine progenitor cells
Indication	Idiopathic Parkinson's disease
Goal	Completion of IND-enabling studies and filing of IND
Funds Requested	\$4,000,000 (co-funding: \$3,000,000 – 20% required)

Maximum funds allowable for this category: \$4,000,000

CIRM CLIN1-14300: Background Information



Clinical Background: Parkinson's disease (PD) is the second-most common neurodegenerative disease after Alzheimer's disease affecting approximately one million people in the U.S.. PD is characterized by a loss of dopaminergic neurons that result in motor symptoms, such as dyskinesias, and non-motor effects such as dementia, depression and sleep disorders.

Value Proposition of Proposed Therapy: PD at its early stages can be treated with medication such as levodopa to treat symptoms but these become less effective as the disease progresses. The proposed cell therapy offers the potential to restore dopamine neurons and repair some of the lost brain circuits to greatly improve quality of life.

Why a stem cell or gene therapy project: The therapeutic candidate is manufactured from induced pluripotent stem cells.

CLIN1-14300: Similar CIRM Portfolio Projects



Application/ Award	Project Stage	Project End Date	Indication	Candidate	Mechanism of Action
CLIN1	IND-enabling studies	Feb 2023	Parkinson's disease	Gene-modified neural progenitor cell therapy	Transplantation of GDNF- secreting cells in the brain to protect dopamine neurons and induce repair
CLIN2	Clinical trial	Nov 2023	Parkinson's disease	Gene therapy vector	Delivery of GDNF gene to the putamen to stimulate regeneration of terminals of dopamine producing neurons.





Applicant has not previously received a CIRM award.





GWG Recommendation: Exceptional merit and warrants funding

Scientific Score	GWG Votes
1	11
2	3
3	0

DEI Score: 7.0 (scale 1-10)

CIRM Team Recommendation: Fund (concur with GWG recommendation)

CIRM Award Amount: \$4,000,000*

*Final award shall not exceed this amount and may be reduced contingent on CIRM's final assessment of allowable costs and activities.





Title	A Phase I Open Label Study to Evaluate the Safety and Tolerability of a Candidate in Patients with Mucopolysaccharidosis Type I
Therapy	Gene corrected B cells
Indication	Mucopolysaccharidosis I (MPSI)
Goal	Completion of phase 1 clinical trial
Funds Requested	\$8,000,000 (co-funding: \$3,514,654 - 30% required)

Maximum funds allowable for this category: \$8,000,000

CIRM CLIN2-14416: Background Information



Clinical Background: Mucopolysaccharidosis type I (MPS I) is a lysosomal storage disease caused by the enzymatic deficiency of alpha-L-iduronidase (IDUA). This results in lysosomal accumulation of glycosaminoglycans (GAG) and multi-system disease. The severe form of this disease is diagnosed at infancy and is fatal within the first 10 years of life.

Value Proposition of Proposed Therapy: The current standard of care involves enzyme replacement therapy and allogeneic blood stem cell transplant but is not effective. The proposed autologous therapy holds the potential for a safer and more effective treatment of patients with MPS I.

Why a stem cell or gene therapy project: The therapeutic candidate is manufactured from progenitor cells that differentiate into plasma cells.





Application/ Award	Project Stage	Project End Date	Indication	Candidate	Mechanism of Action
CLIN1	IND-enabling studies	Dec 2024	MPS I	Gene-edited autologous hematopoietic stem cells	Transplantation of gene-corrected stem cells to restore production of alpha-L-iduronidase





Project Stage	Indication	Project Outcome	Project Duration	Award Amount	Milestones/Aims
TRAN	MPS II	Pre-IND meeting	Feb 2022 – Jan 2024	\$3,994,676	M1: Complete two-month dose-ranging study (Completed on time) M2-M5: Process development, pharmacology and pilot safety studies, pre-IND (On Track)





GWG Recommendation: Exceptional merit and warrants funding

Scientific Score	GWG Votes
1	11
2	2
3	0

DEI Score: 6.0 (scale 1-10)

CIRM Team Recommendation: Fund (concur with GWG recommendation)

CIRM Award Amount: \$ 8,000,000*

*Final award shall not exceed this amount and may be reduced contingent on CIRM's final assessment of allowable costs and activities.