

Larry Goldstein, PhD Chair, CIRM Neuro Task Force Neuro Strategy Task Force Update June 29, 2023





- 1. At present, the Task Force does not recommend pre-programming/pre-allocating the bulk of the \$1.5B+ set aside for Neuro
- 2. The Task Force recommends increasing investment in two areas:
 - a. Neuropsychiatric disorders
 - b. Stroke
- 3. The Task Force discussed the size and duration of grant awards and recommends evaluation with a movement towards increasing the size and duration of at least certain types of awards
- 4. The Task Force supports developing multidisciplinary teams to tackle difficult problems in neuropsychiatric disorders, perhaps as a pilot effort
- 5. The Task Force discussed the potential of expanding TRAN and CLIN grants to small molecules that do not involve a stem or progenitor cell as a mechanism of action (for neuropsychiatric diseases only)

CIRM DISC R&D Neuro Portfolio by US Disease Burden (2007-2023)

	CIRM Funding \$M		DALY ¹ per 100,000	
Parkinson Disease		51	156 *	
Neurotrauma (SCI, TBI)	4	2	293	
ALS and Motor Neuron Diseases	36		47	
Eye Disorders	24		334	
Alzheimer's Disease	22		1,166	
Other Neurodevelopmental Disorders	22		86	
Brain Cancer	22		1 57	
Huntington's Disease	19		ND	
Autism Spectrum Disorder	17		90	
Stroke	17		1,056	
Epilepsy	7		112	
Neuropathy	6		ND	
Neuropsych	0			3,918

1. One disability-adjusted life year (DALY) represents the loss of the equivalent of one year of full health.

Sources: (1) CIRM portfolio data as of June 2023. (2) Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Reference Life Table. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2021. (3) GBD 2016 Traumatic Brain Injury and Spinal Cord Injury Collaborators (2019). Global, regional, and national burden of traumatic brain injury and spinal cord injury, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet. Neurology*, 18(1), 56–87.

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