

BEFORE THE  
THE APPLICATION REVIEW SUBCOMMITTEE  
TO THE  
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE  
ORGANIZED PURSUANT TO THE  
CALIFORNIA STEM CELL RESEARCH AND CURES ACT  
TELEPHONIC MEETING

LOCATION: AS INDICATED ON THE AGENDA

DATE: NOVEMBER 19, 2015  
9 A.M.

REPORTER: BETH C. DRAIN, CSR  
CSR. NO. 7152

BRS FILE NO.: 98030

BARRISTERS' REPORTING SERVICE

I N D E X

ITEM DESCRIPTION	PAGE NO.
1. CALL TO ORDER	3
2. ROLL CALL	3
3. CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE TO CLIN 1: PARTNERING OPPORTUNITY FOR LATE STAGE PRECLINICAL PROJECTS (FORMERLY PA 15-01) AND CLIN 2: PARTNERING OPPORTUNITY FOR CLINICAL TRIAL STAGE PROJECTS (FORMERLY PA 15-02). CLIN1-08925	4
4. DISCUSSION OF CONFIDENTIAL INTELLECTUAL PROPERTY OR WORK PRODUCT, PREPUBLICATION DATA, FINANCIAL INFORMATION, CONFIDENTIAL SCIENTIFIC RESEARCH OR DATA, AND OTHER PROPRIETARY INFORMATION RELATING TO APPLICATIONS CLIN 1: PARTNERING OPPORTUNITY FOR LATE STAGE PRECLINICAL PROJECTS (FORMERLY PA 15-01) AND CLIN 2: PARTNERING OPPORTUNITY FOR CLINICAL TRIAL STAGE PROJECTS (FORMERLY PA 15-02). (HEALTH & SAFETY CODE 125290.30(F) (3) (B) AND (C)).	
5. PUBLIC COMMENT	NONE
6. ADJOURNMENT	17

BARRISTERS' REPORTING SERVICE

NOVEMBER 19, 2015; 9 A.M.

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DR. STEWARD: GOOD MORNING, EVERYBODY.  
THANKS FOR JOINING TODAY. SO I ACTUALLY AM NOT ON  
THE COMPUTER RIGHT NOW, SO I'M NOT LOOKING AT THE  
APPLICATION. AND SO I ACTUALLY DON'T KNOW WHO IS  
THE FIRST REVIEWER HERE, BUT WE'LL GET TO THAT. I  
GUESS MARIA WILL NEED TO CALL THE ROLL. SO, MARIA.

MS. BONNEVILLE: THANK YOU. DAVID  
BRENNER. KEN BURTIS. ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MS. BONNEVILLE: MICHAEL FRIEDMAN. JUDY  
GASSON.

DR. GASSON: HERE.

MS. BONNEVILLE: SAM HAWGOOD. DAVID  
HIGGINS.

DR. HIGGINS: HERE.

MS. BONNEVILLE: STEVE JUELSGAARD.

DR. JUELSGAARD: HERE.

MS. BONNEVILLE: SHERRY LANSING. KATHY  
LAPORTE.

MS. LAPORTE: HERE.

MS. BONNEVILLE: BERT LUBIN. LEON FINE.

DR. FINE: YES.

MS. BONNEVILLE: LAUREN MILLER.

BARRISTERS' REPORTING SERVICE

1 MS. MILLER: HERE.

2 MS. BONNEVILLE: LLOYD MINER. ADRIANA  
3 PADILLA.

4 DR. PADILLA: HERE.

5 MS. BONNEVILLE: JOE PANETTA. ROBERT  
6 PRICE. FRANCISCO PRIETO.

7 DR. PRIETO: HERE.

8 MS. BONNEVILLE: CARMEN PULIAFITO. ROBERT  
9 QUINT.

10 DR. QUINT: PRESENT.

11 MS. BONNEVILLE: AL ROWLETT.

12 MR. ROWLETT: PRESENT.

13 MS. BONNEVILLE: JEFF SHEEHY. OS STEWARD.  
14 OS IS HERE. JONATHAN THOMAS.

15 CHAIRMAN THOMAS: HERE.

16 MS. BONNEVILLE: ART TORRES.

17 MR. TORRES: HERE IN SACRAMENTO.

18 MS. BONNEVILLE: KRISTINA VUORI.

19 DR. VUORI: PRESENT.

20 MS. BONNEVILLE: THANK YOU. WE HAVE A  
21 QUORUM, OS.

22 DR. STEWARD: EXCELLENT. THANK YOU. SO  
23 IF WE COULD GO AHEAD WITH THE PRESENTATION, AND I'M  
24 NOT SURE WHO'S GOING TO ACTUALLY BE DOING THAT.

25 DR. SAMBRANO: HI, OS. THIS IS GIL. I'M

BARRISTERS' REPORTING SERVICE

1 GOING TO BE DOING THAT.

2 DR. STEWARD: THANK YOU, GIL.

3 DR. SAMBRANO: THANK YOU. SO FOR THOSE OF  
4 YOU WHO DON'T HAVE SLIDES, I'LL JUST BRIEFLY  
5 DESCRIBE IT. THIS IS SIMILAR TO SOME OF THE SLIDES  
6 WE'VE SEEN BEFORE WHEN PRESENTING APPLICATIONS THAT  
7 HAVE GONE THROUGH THE GRANTS WORKING GROUP, AND WE  
8 ARE BRINGING TO YOU THE RECOMMENDATIONS FROM THAT  
9 GROUP.

10 SO THE FIRST SLIDE IS SIMPLY AN  
11 ILLUSTRATION THAT SHOWS YOU THE SCOPE OF THE  
12 CLINICAL STAGE PROGRAMS THAT RANGES FROM LATE STAGE  
13 PRECLINICAL PROJECTS THROUGH PHASE III CLINICAL  
14 TRIALS AS WELL AS SUPPLEMENTAL ACCELERATING  
15 ACTIVITIES. THE ONLY THING OF NOTE HERE IS THAT  
16 WE'VE CHANGED THE DESIGNATION, SO SOME OF YOU MAY  
17 ALREADY KNOW THIS, BUT WHAT USED TO BE 15-01, 02,  
18 AND 03 ARE NOW DESIGNATED AS CLIN 1, CLIN 2, CLIN 3.  
19 WE THOUGHT THE NOMENCLATURE WAS A LITTLE SIMPLER, SO  
20 HOPEFULLY THAT IS TRUE.

21 THE NEXT SLIDE IS SIMPLY A REMINDER OF THE  
22 SCORING SYSTEM THAT'S USED FOR APPLICATIONS UNDER  
23 THE CLINICAL PROGRAM. AND THE SCORING IS 1, 2, OR  
24 3, WITH A SCORE OF 1 BEING EXCEPTIONAL MERIT AND  
25 WARRANTS FUNDING. A SCORE OF 2 MEANS THAT THE

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1 PROPOSAL NEEDS IMPROVEMENT AND DOES NOT WARRANT  
2 FUNDING AT THIS TIME, BUT COULD BE RESUBMITTED TO  
3 ADDRESS THOSE AREAS FOR IMPROVEMENT. AND A SCORE OF  
4 3, WHICH MEANS IT IS SUFFICIENTLY FLAWED THAT A  
5 FUNDING RECOMMENDATION IS NOT WARRANTED AND THAT THE  
6 PROJECT SHOULD NOT BE RESUBMITTED AS DONE SO IN THIS  
7 ROUND.

8 THE NEXT SLIDE PRESENTS A SUMMARY OF THE  
9 PROJECT THAT WAS CONSIDERED BY THE GWG LAST MONTH.  
10 JUST AN OVERVIEW OF WHAT IT IS, SO THIS IS AN  
11 IND-ENABLING LATE STAGE PRECLINICAL PROPOSAL TO  
12 STUDY A CELL THERAPY FOR PARKINSON'S DISEASE. THE  
13 THERAPY IS A CELL THERAPY THAT UTILIZES DOPAMINERGIC  
14 NEURONS THAT ARE DERIVED FROM HUMAN EMBRYONIC STEM  
15 CELLS IN ORDER TO TREAT PATIENTS WITH PARKINSON'S  
16 DISEASE THAT HAVE NOT BEEN ADEQUATELY TREATED WITH  
17 CONVENTIONAL THERAPY. AND THE GOAL, OF COURSE, IS  
18 TO DO PRE-IND ENABLING ACTIVITIES SO THAT THE TEAM  
19 CAN SUBMIT A WELL-SUPPORTED IND FOR A PHASE I  
20 CLINICAL TRIAL.

21 THE MAJOR PROPOSED ACTIVITIES INCLUDE  
22 MANUFACTURING A CELL PRODUCT, COMPLETING SOME OF THE  
23 PRECLINICAL SAFETY AND EFFICACY STUDIES THAT ARE  
24 NEEDED TO DESIGN THE PHASE I CLINICAL TRIAL, AND  
25 SUBMIT THE IND. AND THE APPLICANTS REQUEST 6.8

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1 MILLION FOR DOING THIS WORK.

2 AND FINALLY, ON THIS LAST SLIDE, IT'S A  
3 SUMMARY OF WHAT THE RECOMMENDATION IS. JUST A  
4 REMINDER THAT WE ALWAYS PERFORM A BUDGET REVIEW  
5 IN-HOUSE AND ALSO UTILIZE CONSULTANTS TO HELP US  
6 ASSESS BUDGETS. THE APPLICATION PASSED THE REVIEW  
7 BUDGET. THERE WERE NO ISSUES THAT WERE PRESENTED.  
8 HOWEVER, THE RECOMMENDATION SCORE FROM THE GRANTS  
9 WORKING GROUP IS A 3, WHICH MEANS THEIR  
10 RECOMMENDATION IS NOT TO FUND AND NOT TO ALLOW  
11 RESUBMISSION OF THIS PARTICULAR APPLICATION.

12 THE VOTES FROM THE INDIVIDUAL MEMBERS SHOW  
13 THAT THERE WERE 12 THAT VOTED THIS A 3 AND THERE  
14 WERE ZERO THAT VOTED IT A 1 OR A 2.

15 THE CIRM TEAM, IN CONSIDERING THE  
16 RECOMMENDATION FROM THE WORKING GROUP AND ASSESSING  
17 OTHER PROGRAMMATIC CONSIDERATIONS, ALSO CONCUR WITH  
18 THE GRANTS WORKING GROUP RECOMMENDATION OF NOT TO  
19 FUND AND NOT TO ALLOW REAPPLICATION.

20 SO THAT'S IT FOR MY PRESENTATION. AND IF  
21 THERE ARE ANY QUESTIONS, HAPPY TO ADDRESS THEM.

22 DR. STEWARD: THANKS, GIL, VERY MUCH. DO  
23 WE HAVE QUESTIONS FROM BOARD MEMBERS? AND IF I  
24 COULD ASK YOU TO IDENTIFY YOURSELVES WHEN YOU SPEAK.  
25 ONE MORE OPPORTUNITY JUST IN CASE ANYBODY WAS ON

BARRISTERS' REPORTING SERVICE

1 MUTE. IF THERE ARE NO --

2 MS. LAPORTE: THIS IS KATHY LAPORTE. JUST  
3 ONE CLARIFICATION. I WAS CONFUSED AS IT RELATED TO  
4 IN GENERAL IN CIRM 2.0 WE'VE BEEN ENCOURAGING  
5 REAPPLICATION IF PROJECTS ARE IMPROVED. SO THIS IS  
6 NOT -- MY QUESTION IS ACTUALLY SORT OF WHAT IS OUR  
7 POLICY QUESTION AS OPPOSED TO THIS SPECIFIC STUDY.

8 SO IN THIS CASE WITH A SCORE OF 3, WE'RE  
9 PROPOSING NOT ONLY TO NOT FUND, BUT ALSO TO NOT  
10 ALLOW REAPPLICATION. COULD YOU JUST CLARIFY THE  
11 POLICY ON THE LATTER PART FOR ME?

12 DR. SAMBRANO: CERTAINLY. SO THE  
13 RECOMMENDATION FROM THE GRANTS WORKING GROUP IN THIS  
14 CASE IS ONE WHERE THEY FELT THAT THE PROPOSAL NEEDS  
15 TO GO BACK TO AN EARLIER STAGE AND DO MORE  
16 PRECLINICAL WORK. IF THEY DO THAT WORK, THEN IT  
17 BECOMES A DIFFERENT APPLICATION WHICH WE WOULD, I  
18 THINK, JUDGE TO BE ELIGIBLE TO THEN COME BACK AND  
19 APPLY FOR THIS STAGE OF WORK.

20 MS. LAPORTE: I SEE. OKAY. THANK YOU.

21 DR. STEWARD: I THINK MAYBE, GIL, IT WOULD  
22 BE USEFUL TO, IF YOU COULD, EXPLAIN THE MEANING OF A  
23 3. MY UNDERSTANDING IS THAT REALLY A 3 MEANS THAT,  
24 AT THE VERY LEAST, THE APPLICANTS ARE NOT ENCOURAGED  
25 TO RESUBMIT AND MAYBE EVEN MORE SO. BUT I FORGET



BARRISTERS' REPORTING SERVICE

1 EXACTLY THE LANGUAGE THAT GOES WITH THE 3, BUT IF  
2 YOU COULD.

3 DR. SAMBRANO: THIS IS PROBABLY SOMETHING  
4 THAT WE NEED TO DEFINE MORE CLEARLY BECAUSE IT IS IN  
5 SOME WAYS STILL A LITTLE BIT VAGUE. BUT IT IS  
6 BASICALLY THE SAME PROJECT, AND THE SAME PROJECT IS  
7 DEFINED IN TERMS OF BEING THE SAME IDENTICAL SCOPE  
8 AND THE SAME THERAPEUTIC CANDIDATE FOR THE SAME  
9 INDICATION. SO TYPICALLY THE GRANTS WORKING GROUP,  
10 IF THEY FEEL THAT THE PROPOSAL AS PRESENTED IS  
11 FLAWED, THEIR MESSAGE IS THAT THIS DOESN'T HAVE  
12 SOMETHING WHERE THE APPLICANT COULD READILY PROVIDE  
13 CLARIFICATION OR WHETHER THERE'S AN EXPERIMENT THAT  
14 THEY COULD DO THAT WOULD ALLOW IT TO COME BACK AT  
15 THIS STAGE.

16 SO I THINK, AS WE GO FORWARD, WE MAY WANT  
17 TO CONSIDER DEFINING THAT MORE CLEARLY. I JUST  
18 DON'T AT THE MOMENT HAVE A DEFINITION OTHER THAN  
19 THAT THAT MIGHT PROVIDE ANY FURTHER CLARIFICATION ON  
20 IT.

21 DR. STEWARD: THANKS, GIL. ANY OTHER  
22 QUESTIONS OR COMMENTS FROM BOARD MEMBERS?

23 DR. DULIEGE: THIS IS ANNE-MARIE. JUST A  
24 QUESTION AND A COMMENT AT THE SAME TIME. THIS IS  
25 ONE OF WHAT I BELIEVE IS A FAIRLY RARE CASE WHERE

BARRISTERS' REPORTING SERVICE

1 THE APPLICATION WAS SO LOW IN EVALUATION THAT THERE  
2 WAS A CONSENSUS. MY UNDERSTANDING IS THAT THE CIRM  
3 TEAM IS TRYING AT TIMES TO HELP APPLICANTS TO  
4 PROVIDE A BETTER QUALITY PROPOSAL SO THAT THOSE  
5 SITUATIONS DO NOT HAPPEN.

6 WAS THERE AN EFFORT TO TRY TO MAKE THE  
7 APPLICANT UNDERSTAND WHAT WAS REQUIRED?

8 DR. SAMBRANO: THERE IS ALWAYS AN EFFORT,  
9 BUT IT DOES DEPEND ON THE DEGREE TO WHICH THE  
10 APPLICANTS SEEK THAT ADVICE. IN MANY CASES WHEN  
11 THEY COME IN FOR THE FIRST TIME, THEY MAY NOT. BUT  
12 IN SUBSEQUENT CONVERSATION WITH THE APPLICANTS, WE  
13 ARE ENCOURAGING ONGOING DISCUSSION OF WHAT MAY MAKE  
14 A MORE COMPETITIVE APPLICATION FOR AN EARLIER STAGE;  
15 OR IF THEY ARE ABLE TO COMPLETE THE WORK THAT'S  
16 REQUIRED, HOW TO MAKE THEM COMPETITIVE TO COME INTO  
17 THIS STAGE AT A LATER TIME.

18 DR. DULIEGE: I APPRECIATE YOU CAN'T FORCE  
19 PEOPLE TO SEEK ADVICE, BUT I DO VALUE THE EFFORT OF  
20 THE CIRM TEAM TO HELP APPLICANTS SO THAT THESE  
21 SITUATIONS DON'T HAPPEN, WHICH IS NOT A BEST USE OF  
22 THE TIME OF ANYBODY. BUT OBVIOUSLY IT'S THE  
23 APPLICANT'S DECISION TO MOVE AHEAD IF THEY WANT TO.

24 DR. STEWARD: THANK YOU. I GUESS MAYBE  
25 I'LL JUST ADD IN HERE I DON'T THINK THAT THIS SHOULD

BARRISTERS' REPORTING SERVICE

1 NECESSARILY BE SEEN AS A HIGHLY UNUSUAL SITUATION  
2 GOING FORWARD. THE NEW SCORING SYSTEM, I THINK, IS  
3 REALLY ONE THAT IS MEANT TO IDENTIFY THE MOST HIGHLY  
4 PROMISING PROJECTS. AND IF THEY'RE READY FOR  
5 FUNDING, THAT'S WONDERFUL AND THAT MEANS A 1; AND IF  
6 THEY'RE REALLY GOOD, BUT REQUIRE SOME MODIFICATION,  
7 THAT'S A 2; BUT I DON'T THINK THAT WE SHOULD  
8 NECESSARILY BE ALL THAT SURPRISED GOING FORWARD IF  
9 WE SEE SOME 3S AS WELL BECAUSE NOT EVERY APPLICATION  
10 THAT COMES IN FOR THE CLINICAL SIDE OF THINGS WILL  
11 NECESSARILY BE READY FOR PRIME TIME. THAT'S AT  
12 LEAST MY PERSONAL OPINION ON THIS, AND PERHAPS  
13 OTHERS COULD COMMENT ON THAT IF DESIRED.

14 DR. JUELSGAARD: OS, THIS IS STEVE  
15 JUELSGAARD. SO LET ME COMMENT. SO SPEAKING,  
16 ANNE-MARIE, FOR THE QUESTION THAT YOU RAISED, IT  
17 SEEMS TO ME THAT IT'S NOT THE ROLE OF THE CIRM  
18 SCIENTIFIC TEAM TO BE A MINI GWG AND GO THROUGH THE  
19 APPLICATION AND SAY, WELL, HERE ARE THE FLAWS THAT  
20 WE SEE THAT WE THINK THE GWG IS GOING TO HAVE  
21 PROBLEMS WITH, SO HERE ARE THE THINGS THAT YOU  
22 SHOULD CORRECT BEFORE YOU GO THERE. THAT'S NOT  
23 REALLY THEIR ROLE. I THINK IT'S TO MAKE THE  
24 APPLICATION PERHAPS MORE UNDERSTANDABLE TO THE GWG,  
25 THINGS OF THAT SORT.

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1 BUT I DON'T -- I PERSONALLY DON'T WANT TO  
2 SEE THE CIRM SCIENTIFIC GROUP GET INVOLVED IN TERMS  
3 OF PUTTING TOGETHER A PLAN THAT THEY BELIEVE MIGHT  
4 MAKE IT THROUGH THE GWG. THAT'S A VERY DIFFICULT  
5 POSITION TO GET INTO.

6 THE SECOND THING, AND I JUST ECHO WHAT YOU  
7 SAY, OS. SO IN INDUSTRY EXPERIENCE, NOT EVERY  
8 PROJECT MERITS MAKING ITS WAY FORWARD THROUGH  
9 CLINICAL DEVELOPMENT. AND YOU CAN JUST SEE AT TIMES  
10 THAT PROJECTS KIND OF HIT THIS POINT WHERE THE ROAD  
11 AHEAD JUST DOESN'T LOOK VERY PROMISING AT ALL GIVEN  
12 WHERE THINGS ARE AND WE SAY WHAT WE CALL KILL THE  
13 PROJECT. BASICALLY JUST SAY THAT ENOUGH IS ENOUGH.  
14 WE'RE NOT GOING TO SPEND ANY MORE MONEY ON THIS.  
15 THERE ARE OTHER THINGS THAT OUR MONEY IS BETTER  
16 SPENT ON. AND I THINK WE'RE GOING TO SEE THOSE --  
17 THIS IS JUST TO REPEAT WHAT YOU SAID, OS. WE'RE  
18 GOING TO SEE THOSE ALONG THE WAY. THESE PROJECTS  
19 JUST DON'T HAVE ENOUGH SCIENTIFIC MERIT THAT IT'S  
20 WORTH TELLING THE PEOPLE, THE APPLICANTS, GO BACK,  
21 DO SOME MORE WORK, HERE ARE THE THINGS THAT WE DON'T  
22 LIKE, AND FEEL FREE TO COME BACK.

23 AT SOME POINT -- WE'RE NOT GUARANTEEING  
24 FUNDING TO EVERYBODY. WE'RE PROVIDING FUNDING WHERE  
25 WE THINK THERE'S MERIT, AND I THINK WE SHOULD STICK

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1 TO THOSE PRINCIPLES. SO THOSE ARE MY OPINIONS.

2 DR. STEWARD: THANKS, STEVE. I THINK THAT  
3 ACTUALLY CAPTURES EXACTLY MY OPINION ON THIS AS  
4 WELL. OTHER COMMENTS FROM BOARD MEMBERS?

5 DR. HIGGINS: YEAH. THIS IS DAVID HIGGINS  
6 IN SAN DIEGO. CAN I MAKE A COMMENT?

7 DR. STEWARD: PLEASE.

8 DR. HIGGINS: NO ONE IS MORE DISAPPOINTED  
9 THAN I AM THAT A MATURE PARKINSON'S PROGRAM DIDN'T  
10 GET TO MOVE FORWARD. I CAN ASSURE YOU THAT. BUT AS  
11 A NONVOTING MEMBER OF THE GWG, AND I WAS PRESENT FOR  
12 THIS REVIEW, I JUST WANT TO REPORT TO THE BOARD WHO  
13 WASN'T THERE THAT THE DILIGENCE OF THE REVIEWERS IS  
14 JUST IMPRESSIVE. THE DEGREE TO WHICH THEY GO TO  
15 FIND MERIT IN A PROPOSAL IS BEYOND THE CALL OF DUTY.  
16 I'VE NEVER SEEN A GROUP OF PEOPLE THAT ARE MORE  
17 DILIGENTLY FOCUSED ON TRYING TO GET A PROJECT TO A 2  
18 OR TO A 1. THEY DON'T START FROM A POSITION OF 3.  
19 THEY START FROM A POSITION OF HOW CAN WE MAKE THIS  
20 WORK.

21 SO I JUST WANT TO GIVE SOME ASSURANCE TO  
22 THE BOARD THAT THE GWG IS OPERATING IN THE HIGHEST  
23 FUNCTION MODE AND THAT WE SHOULD FEEL COMFORTABLE  
24 THAT THEY'RE GIVING THE BEST AND THE MOST SOUND  
25 SCIENTIFIC FEEDBACK. I THINK -- I LIKE TO THINK THE

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1 WORST THAT WE CAN DO IS FUND BAD SCIENCE AND DELIVER  
2 MEDICINE TO PEOPLE THAT IS UNSAFE OR NOT  
3 EFFICACIOUS. WE CAN'T MAKE THAT PREDICTION IN  
4 ADVANCE IN EVERY CASE, BUT WE CERTAINLY CAN DO THE  
5 BEST THAT WE CAN. I JUST WANT TO POINT TO WHAT YOU  
6 NOTE AT THE GWG IS AN OUTSTANDING FILTER FOR THAT  
7 CAUSE.

8 MR. TORRES: OS, THIS IS ART. THERE'S  
9 NO ONE HERE IN SACRAMENTO TO PROVIDE ANY PUBLIC  
10 INPUT, BUT I JUST WANTED TO ASSOCIATE MYSELF WITH  
11 DAVID'S REMARKS. HAVING GONE THROUGH THAT PROCESS  
12 AND A REVIEW PROCESS AS WELL, HAVING A FAMILY MEMBER  
13 WHO HAD PARKINSON'S, IT WAS DISAPPOINTING THAT WE  
14 HAVEN'T DONE MORE. AND HOPEFULLY THE SCIENCE WILL  
15 GET THERE. BUT, AGAIN, I JUST WANTED TO ASSOCIATE  
16 MYSELF IN SUPPORT OF DAVID HIGGINS' REMARKS.

17 DR. STEWARD: THANK YOU.

18 MR. ROWLETT: OS, THIS IS AL ROWLETT. AND  
19 I TOO WANT TO CLOSELY ALIGN MYSELF WITH DAVID'S  
20 REMARKS. I WAS PART OF THAT REVIEW, AND JUST THE  
21 INTEGRITY OF THE REVIEWERS WAS OUTSTANDING. AND,  
22 AGAIN, I'M IN SACRAMENTO AS WELL, ART, AND DITTO  
23 EVERYTHING THAT ART AND DAVID SAID. I THINK THAT  
24 THE REVIEWERS, THEY GO OUT OF THEIR WAY TO DETERMINE  
25 IF THIS WILL BENEFIT THE CITIZENS OF OUR STATE. I

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1 THINK IT CLEARLY EXEMPLIFIES EVERYTHING THAT OUR  
2 MISSION WANTS TO ADVANCE. AND SO I SUPPORT, AGAIN,  
3 THE OUTCOME HERE. AND I WANT TO ASSURE ALL THE  
4 BOARD MEMBERS THAT THE INTEGRITY OF THE REVIEW WAS  
5 NOT COMPROMISED AT ALL.

6 DR. STEWARD: THANK YOU VERY MUCH, AL.

7 CHAIRMAN THOMAS: OS, THIS IS J.T.

8 DR. STEWARD: YES. HELLO.

9 CHAIRMAN THOMAS: I JUST WANT TO ECHO  
10 EVERYTHING EVERYONE JUST SAID, BUT WANT TO AMPLIFY A  
11 BIT ON STEVE'S COMMENTS, WHICH I COMPLETELY AGREE  
12 WITH. I JUST WANT TO LET THE MEMBERS OF THE BOARD  
13 KNOW ON THE SUBJECT OF AFFIRMATIVELY SEEKING THE  
14 BEST PROJECTS TO APPLY FOR CIRM AWARDS, THAT UNDER  
15 RANDY'S GUIDANCE, THERE'S NOW A CONCERTED EFFORT TO  
16 ACTUALLY GO OUT AND AFFIRMATIVELY SEEK PROJECTS THAT  
17 ARE BEST IN CLASS WHETHER THEY ARE IN CALIFORNIA OR  
18 THEY COULD BE OUTSIDE OF CALIFORNIA WITH A POTENTIAL  
19 NEXUS TO CALIFORNIA; FOR EXAMPLE, HAVING SOME  
20 CLINICAL TRIALS RUN IN THE STATE THAT WOULD BE  
21 ELIGIBLE TO APPLY FOR CIRM FUNDING. SO WE'RE  
22 DRAMATICALLY STEPPING UP THE SEARCH FOR THE BEST IN  
23 CLASS PROJECTS, AND I THINK THAT THAT HAS BEEN  
24 REFLECTED TO DATE, AND IT'S GOING TO BE INCREASINGLY  
25 SO GOING FORWARD.

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1 DR. STEWARD: THANK YOU VERY MUCH, J.T.  
2 OTHER COMMENTS FROM BOARD MEMBERS? OKAY. GOING  
3 ONCE. DO WE HAVE COMMENTS FROM PUBLIC? IF THERE  
4 ARE NO COMMENTS FROM THE PUBLIC, THEN I THINK THAT  
5 WE CAN GO AHEAD AND ASK FOR A MOTION.

6 MR. TORRES: MOVE TO ACCEPT THE GWG  
7 REPORT.

8 DR. STEWARD: THANK YOU. I THINK THAT WAS  
9 ART TORRES. DO I HAVE A SECOND?

10 MR. ROWLETT: SECOND.

11 DR. STEWARD: THANK YOU, AL. AND WE WILL  
12 NEED A ROLL CALL VOTE, I BELIEVE, MARIA.

13 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

14 DR. DULIEGE: YES.

15 MS. BONNEVILLE: DAVID HIGGINS.

16 DR. HIGGINS: YES.

17 MS. BONNEVILLE: STEVE JUELSGAARD.

18 DR. JUELSGAARD: YES.

19 MS. BONNEVILLE: SHERRY LANSING. KATHY  
20 LAPORTE.

21 MS. LAPORTE: YES.

22 MS. BONNEVILLE: LAUREN MILLER.

23 MS. MILLER: YES.

24 MS. BONNEVILLE: ADRIANA PADILLA.

25 DR. PADILLA: YES.



BARRISTERS' REPORTING SERVICE

1 MS. BONNEVILLE: JOE PANETTA. FRANCISCO  
2 PRIETO.  
3 DR. PRIETO: AYE.  
4 MS. BONNEVILLE: ROBERT QUINT.  
5 DR. QUINT: YES.  
6 MS. BONNEVILLE: AL ROWLETT.  
7 MR. ROWLETT: YES.  
8 MS. BONNEVILLE: OS STEWARD.  
9 DR. STEWARD: YES.  
10 MS. BONNEVILLE: JONATHAN THOMAS.  
11 CHAIRMAN THOMAS: YES.  
12 MS. BONNEVILLE: ART TORRES.  
13 MR. TORRES: AYE.  
14 MS. BONNEVILLE: DIANE WINOKUR.  
15 THE MOTION CARRIES.  
16 DR. STEWARD: THANK YOU, MARIA. SO WITH  
17 THAT, I BELIEVE WE CONCLUDE THE BUSINESS OF TODAY'S  
18 MEETING. I WILL CALL AGAIN FOR PUBLIC COMMENT, IF  
19 THERE IS ANY, BEFORE WE ADJOURN.  
20 MR. TORRES: HAPPY THANKSGIVING TO  
21 EVERYONE.  
22 DR. STEWARD: YES INDEED.  
23 MR. ROWLETT: YOU ALSO, ART.  
24 CHAIRMAN THOMAS: LIKEWISE.  
25 MS. BONNEVILLE: THANKS SO MUCH, EVERYONE.

REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE TELEPHONIC PROCEEDINGS BEFORE THE APPLICATION REVIEW SUBCOMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON NOVEMBER 19, 2015, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CSR 7152  
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BARRISTERS' REPORTING SERVICE

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