BEFORE THE

INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE TO THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE ORGANIZED PURSUANT TO THE CALIFORNIA STEM CELL RESEARCH AND CURES ACT

REGULAR MEETING

LOCATION: SHERATON SAN DIEGO

1380 HARBOR ISLAND DRIVE

BAY TOWER, BEL AIRE BALLROOM

SAN DIEGO, CALIFORNIA

DATE: TUESDAY, JANUARY 17, 2012

9 A.M.

REPORTER: BETH C. DRAIN, CSR

CSR. NO. 7152

BRS FILE NO.: 91094

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NONE

16. PUBLIC COMMENT.

1	SAN DIEGO, CALIFORNIA; TUESDAY, JANUARY 17, 2012
2	9 A.M.
3	
4	CHAIRMAN THOMAS: GOOD MORNING, EVERYBODY.
5	WELCOME TO BEAUTIFUL SAN DIEGO. DUANE AND KRISTINA
6	AND WHO ELSE LIVES IN SAN DIEGO DID A WONDERFUL,
7	SCRIPTED JOB HERE OF ARRANGING A BEAUTIFUL DAY FOR
8	US TO START THE NEW YEAR. HAPPY NEW YEAR.
9	WE ARE UNDER WAY HERE AND HAVE A VERY
10	INTERESTING SCHEDULE FOR EVERYBODY TODAY. SO WE'RE
11	LOOKING FORWARD TO LOTS OF LIVELY DISCUSSION ON A
12	VARIETY OF TOPICS.
13	STARTING WITH THE CHAIR'S REPORT, I WANT
14	EVERYBODY TO KNOW THAT THIS COMING PERIOD IS A VERY
15	BUSY PERIOD FOR CIRM AND FOR OUR TERRIFIC STAFF.
16	AMONG OTHER THINGS, WE'RE GOING TO BE HAVING REVIEWS
17	OF THE DISEASE TEAM II APPLICATIONS, THE EARLY
18	TRANSLATION III APPLICATIONS, THE BASIC BIO IV.
19	SORRY. YIKES. CALL TO ORDER. SORRY.
20	I'M SO ENTHUSIASTIC ABOUT WHAT WE'VE GOT GOING ON,
21	I'M JUST SKIPPING AHEAD.
22	DR. PIZZO: TRYING TO MAKE UP TIME.
23	CHAIRMAN THOMAS: CALL THIS MEETING TO
24	ORDER. MARIA, PLEASE CALL THE ROLL.
25	MS. BONNEVILLE: ACTUALLY WE'RE GOING TO
	4
	4

	DARRISTERS REPORTING SERVICE
1	DO THE PLEDGE OF ALLEGIANCE FIRST.
2	(THE PLEDGE OF ALLEGIANCE.)
3	CHAIRMAN THOMAS: WELL DONE. THANK YOU,
4	MARIA. PLEASE CALL THE ROLL.
5	MS. BONNEVILLE: ROBERT PRICE.
6	DR. PRICE: HERE.
7	MS. BONNEVILLE: GARY FIRESTEIN.
8	DR. FIRESTEIN: HERE.
9	MS. BONNEVILLE: SUSAN BRYANT.
10	DR. BRYANT: HERE.
11	MS. BONNEVILLE: MARCY FEIT.
12	MS. FEIT: HERE.
13	MS. BONNEVILLE: MICHAEL FRIEDMAN.
14	DR. FRIEDMAN: HERE.
15	MS. BONNEVILLE: LEEZA GIBBONS. MICHAEL
16	GOLDBERG.
17	MR. GOLDBERG: HERE.
18	MS. BONNEVILLE: SAM HAWGOOD.
19	DR. HAWGOOD: HERE.
20	MS. BONNEVILLE: STEVE JUELSGAARD.
21	DR. JUELSGAARD: HERE.
22	MS. BONNEVILLE: SHERRY LANSING. TED
23	LOVE. BERT LUBIN.
24	DR. LUBIN: HERE.
25	MS. BONNEVILLE: SHLOMO MELMED.
	5
	,

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	Briting Ref Orthog Service
1	DR. MELMED: HERE.
2	MS. BONNEVILLE: PHIL PIZZO.
3	DR. PIZZO: HERE.
4	MS. BONNEVILLE: CLAIRE POMEROY.
5	DR. POMEROY: HERE.
6	MS. BONNEVILLE: FRANCISCO PRIETO.
7	DR. PRIETO: HERE.
8	MS. BONNEVILLE: ELIZABETH FINI.
9	DR. FINI: HERE.
10	MS. BONNEVILLE: ROBERT QUINT. DUANE
11	ROTH.
12	MR. ROTH: HERE.
13	MS. BONNEVILLE: JOAN SAMUELSON. DAVID
14	SERRANO-SEWELL. JEFF SHEEHY.
15	MR. SHEEHY: HERE.
16	MS. BONNEVILLE: JONATHAN SHESTACK.
17	OSWALD STEWARD.
18	DR. STEWARD: HERE.
19	MS. BONNEVILLE: JONATHAN THOMAS.
20	CHAIRMAN THOMAS: HERE.
21	MS. BONNEVILLE: ART TORRES.
22	MR. TORRES: HERE.
23	MS. BONNEVILLE: KRISTINA VUORI.
24	DR. VUORI: HERE.
25	MS. BONNEVILLE: JAMES ECONOMOU.
	6
	6

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1	DR. ECONOMOU: HERE.
2	CHAIRMAN THOMAS: THANK YOU. CLAIRE,
3	THANK YOU FOR POINTING THAT OUT. OKAY.
4	NOW, TO ENTHUSIASTICALLY GET BACK TO MY
5	RECITATION OF WHERE WE WERE, SO WE HAVE DISEASE TEAM
6	II, EARLY TRANSLATION III, BASIC BIO IV, ALL OF
7	WHICH ARE GOING TO KEEP THE STAFF AND THE GRANTS
8	WORKING GROUP VERY BUSY. WE CONTINUE TO HAVE
9	RESEARCH LEADERSHIP AWARD EVALUATIONS. WE HAVE THE
10	CONTINUING REVIEW AND PREPARATION OF A REPORT FOR
11	THE BOARD FROM THE CLINICAL DEVELOPMENT ADVISORY
12	PANEL. WE HAVE THE BEGINNING DIALOGUE WITH THE
13	DEPARTMENT OF FINANCE OVER THE ANTICIPATED SPRING
14	BOND ISSUE IN WHICH CIRM WILL PLAY A PART. AND ON
15	TOP OF THAT, WE HAVE, FOR GOOD MEASURE, THE IOM
16	REVIEW, THE LAST STAGES OF THE PERFORMANCE AUDIT,
17	AND PREPARATION FOR THE CFAOC MEETING LATER THIS
18	MONTH WITH THE CONTROLLER AND STAFF.
19	SO AS YOU CAN TELL, THERE IS A LOT GOING
20	ON THAT'S GOING TO BE TAKING THE CONTINUED GOOD WORK
21	OF THE MANY FOLKS HERE WHO WORK AT CIRM. IT'S A
22	VERY EXCITING TIME. WE'RE GREATLY LOOKING FORWARD
23	TO BEING ABLE TO AWARD NEW GRANTS FOR THESE UPCOMING
24	APPLICATIONS AND TRUST AND KNOW THAT THERE WILL BE
25	SOME EXTREMELY EXCITING PROJECTS INCLUDED IN ALL OF
	<u>_</u>

	BARRISTERS' REPORTING SERVICE
1	THOSE.
2	A FEW THOUGHTS. IOM, JUST TO LET YOU
3	KNOW, THE IOM MEETING WILL BE HELD ON TUESDAY,
4	JANUARY 24TH AT THE SAN FRANCISCO CONVENTION CENTER.
5	THIS WILL BE THE FULL IOM COMMITTEE OR AT LEAST MANY
6	OF THEM COMING OUT TO SIT DOWN WITH US TO CONTINUE
7	THE DIALOGUE THAT WE BEGAN LAST YEAR. THAT MEETING
8	DATE WILL BE PRECEDED BY VISITS TO UC DAVIS, UC SAN
9	FRANCISCO, AND STANFORD BY VARIOUS MEMBERS OF THE
10	IOM COMMITTEE.
11	AS YOU MAY RECALL, LAST YEAR WE HAD THE
12	CHAIR AND VICE CHAIR OF THAT COMMITTEE COME OUT ON
13	SORT OF A PREVIEW OF THE WORK THEY WERE GOING TO BE
14	DOING WITH US, AND THEY WENT AND, THANKS TO DEANS
15	HAWGOOD AND PIZZO, WENT TO UCSF AND TO STANFORD, MET
16	WITH A NUMBER OF FOLKS THERE. THEY VIEWED THAT DAY
17	AS SO SUCCESSFUL AND GIVING THEM SUCH INSIGHT INTO
18	OUR PROGRAMS, THAT THEY WANTED TO DUPLICATE THAT FOR
19	OTHER MEMBERS OF THE COMMITTEE. SO THAT'S THE

GENESIS OF THAT, AND WE'RE LOOKING FORWARD TO THE 24TH, WHICH IS THE PUBLIC MEETING THAT WE WILL HAVE.

22 AND THEN IOM WILL MEET IN CLOSED SESSION ON THE

23 25TH.

20

21

24

25

WE'RE GOING TO HAVE A NUMBER OF CIRM STAFF AND BOARD MEMBERS PRESENTING ON THE 24TH. ALAN WILL

8

1	GIVE AN UPDATE ON OUR SCIENCE PROGRAM. DUANE WILL
2	BE TALKING ABOUT OUR IP HISTORY. JEFF SHEEHY WILL
3	BE SPEAKING ON THE ROLE OF THE PATIENT ADVOCATES,
4	AND BERNIE LO WILL BE TALKING ABOUT STANDARDS.
5	SO WANT TO MAKE SURE THAT YOU UNDERSTAND
6	YOU'VE GOT MATERIALS ON THE IOM MEETING IN YOUR
7	BINDERS, SO YOU CAN SEE WHAT WILL BE DISCUSSED IN
8	MORE DETAIL. AND MOST NOTABLY, AS I SUGGESTED, IT
9	IS OPEN TO THE PUBLIC, AND ALL OF YOU ARE WELCOME TO
10	ATTEND IF YOU HAVE THE OPPORTUNITY.
11	SECOND THING I WANTED TO MENTION HERE IS,
12	AS YOU MAY RECALL, SB 1064 MANDATES THAT CIRM
13	PREPARE A TRANSITION PLAN, OBVIOUSLY PRELIMINARY,
14	WHICH IS TO BE COMPLETED BY THE END OF THIS MONTH
15	AND TRANSMITTED TO THE STATE WITHIN 30 DAYS
16	THEREAFTER. WE'RE GOING TO BE HEARING MORE ABOUT
17	THE TRANSITION PLAN AS IT'S CURRENTLY CONTEMPLATED
18	LATER IN THE MEETING HERE. MATT WILL PRESENT THAT
19	AND WILL BE TALKING MORE ABOUT THAT AS IT COMES UP.
20	WANTED TO SAY A FEW COMMENTS ABOUT THE
21	JUST CONCLUDED JP MORGAN HEALTHCARE CONFERENCE,
22	WHICH WAS THE FIRST THAT I'VE ATTENDED. MOST
23	INTERESTING, AS YOU KNOW, IT'S THE LARGEST INDUSTRY
24	INVESTOR CONFERENCE AND IT'S BEEN GOING ON FOR
25	NEARLY 30 YEARS. IT USED TO BE THE HAMBRECHT AND
	9

1	CHRIST HEALTHCARE CONFERENCE, NOW JP MORGAN.
2	OVER 10,000 EXECUTIVES, INVESTORS, AND
3	OTHERS WERE IN TOWN IN SAN FRANCISCO LAST WEEK
4	CREATING QUITE A SCENE AROUND THE FINANCIAL DISTRICT
5	AND THE MIDDLE OF DOWNTOWN. AND THERE WERE ALL
6	SORTS OF INTERESTING AND FRUITFUL MEETINGS THAT TOOK
7	PLACE AMONGST ALL MEMBERS OF THE CONFERENCE. I AND
8	ALAN, ELLEN, MATT, AND ELONA AND OTHERS ATTENDED
9	MEETINGS, PARTICIPATED IN MEETINGS. WE TALKED TO
10	LOTS OF DIFFERENT FOLKS THERE AND GOT SORT OF AN
11	INTERESTING TAKE ON THE CURRENT PSYCHE OF THE
12	INVESTOR COMMUNITY WHICH I THINK WE CAN SAY FROM
13	LAST YEAR, WHERE THINGS WERE CONSIDERED KIND OF
14	UNIFORMLY BLEAK, YOU'RE STARTING TO SEE SOME
15	INTERESTING DEVELOPMENTS PARTICULARLY WITH RESPECT
16	TO BIG PHARMA AND BIOTECH CONTEMPLATING POTENTIAL
17	RELATIONSHIPS WITH SOME OF THE EARLIER STAGE
18	COMPANIES THAT ARE OUT THERE.
19	THIS IS CERTAINLY NOT UNIFORM AND ACROSS
20	THE BOARD, BUT THERE ARE A NUMBER OF POSITIVE
21	DEVELOPMENTS IN THIS REGARD WHICH IS VERY IMPORTANT
22	BECAUSE WE'RE DEALING, AS YOU KNOW, WITH THE ONGOING
23	QUESTION OF HOW TO FUND THE VALLEY OF DEATH. AND
24	THESE BURGEONING RELATIONSHIPS ARE CRITICAL TO
25	GETTING FUNDING FOR THESE EARLY STAGE COMPANIES.

1	AND AS THE MONTHS GO BY, WE'LL BE HEARING MORE AND
2	MORE ON THAT TOPIC.
3	ARM, AS IT DOES, TOOK ADVANTAGE OF THE
4	OPPORTUNITY IN THE MEETING OF SO MANY FOLKS TO HAVE
5	A CO-SPONSORED PARALLEL CONFERENCE WHICH THEY CALL
6	THE BIOTECH SHOWCASE. THIS YEAR THE SHOWCASE
7	FEATURED AN ENTIRE TRACK ON REGENERATIVE MEDICINE.
8	AND INTERESTING TO NOTE, THERE WERE SOME INVESTORS
9	WHO CAME THROUGH THE SPACE THERE, AGAIN, GETTING TO
10	THE POINT THAT YOU'RE STARTING TO SEE SOME
11	INCREASING INTEREST IN THAT FIELD.
12	WE'RE VERY, VERY PLEASED TO NOTE THAT
13	THERE'S CONTINUING AND ESCALATING INTEREST IN A
14	NUMBER OF THE CIRM-FUNDED PROJECTS, WHICH WAS THE
15	SUBJECT MATTER OF A NUMBER OF THE MEETINGS I
16	REFERRED TO BY THE MEMBERS OF THE STAFF. REGULATORY
17	CONCERNS AND PATH TO MARKET CONTINUE TO BE THE TWO
18	REAL ISSUES THAT LOOM OVER THE WHOLE ISSUE OF
19	INVESTOR INVOLVEMENT IN THE SPACE. AND AS WE'VE
20	SAID ON NUMEROUS OCCASIONS, WE HOPE THAT THERE'S
21	CONTINUED AND ONGOING CLARITY IN THOSE TWO ARENAS SO
22	AS TO GET PEOPLE MORE AND MORE COMFORTABLE TO COME
23	IN.
24	LASTLY, I'D NOTE THAT WE MET WITH A NUMBER
25	OF CALIFORNIA STEM CELL COMPANIES WHO WERE EITHER

1	FUNDED BY CIRM OR HAVE TRIED TO BE FUNDED BY CIRM.
2	AND WE LISTENED TO THEIR ONGOING CONCERNS AND
3	SUGGESTIONS IN OUR CONTINUING EFFORT TO FURTHER
4	REFINE THE PROGRAM OF HOW WE DEAL WITH THE COMPANIES
5	IN THE SPACE. SO ALL IN ALL, IT WAS A VERY
6	INTERESTING EXPERIENCE. AND I THINK THERE WAS A LOT
7	OF VALUABLE INTERCHANGE THERE AND LOOK FORWARD TO
8	CONTINUING DIALOGUE WITH MANY OF THE FOLKS THAT WE
9	MET ALONG THE WAY.
10	SO THAT CONCLUDES THE CHAIR'S REPORT. NOW
11	LIKE TO TURN IT OVER TO ALAN FOR THE PRESIDENT'S
12	REPORT. ALAN.
13	DR. TROUNSON: THANK YOU VERY MUCH, CHAIR.
14	SO AS USUAL, I WANT TO START OFF WITH THE SCIENCE,
15	WHICH, AS YOU KNOW, ALWAYS IS UPPERMOST IN MY
16	THOUGHTS. THERE WAS A REPORT OUT IN JANUARY IN THE
17	JOURNAL CELL ON THE PRODUCTION OF CHIMERIC MONKEYS.
18	SO IT WAS FREQUENTLY REPORTED AS STEM CELLS ARE
19	GOING TO CLONE PEOPLE. SO I DON'T KNOW HOW THEY GOT
20	FROM ONE POSITION TO ANOTHER, BUT NEVERTHELESS, I
21	THOUGHT IT WOULD BE WORTH EXPLAINING THIS TO YOU.
22	PARTLY, IN ADDITION, I WAS INVOLVED IN THE PAPER AND
23	MADE A COMMENT OR WROTE AN ARTICLE IN CELL AT THEIR
24	INVITATION ABOUT IT.
25	SO REALLY THIS IS IN THE MONKEY. THOSE

1	BEAUTIFUL LITTLE MONKEYS SHOWN THERE. THE ONE ON
2	THE RIGHT-HAND SIDE AS YOU LOOK AT THE SLIDE IS AN
3	ACTUAL CHIMERA. THAT IS, IT'S MADE UP OF CELLS FROM
4	TWO DIFFERENT INDIVIDUALS. SO ACTUALLY IT'S
5	DIFFERENT TO MOST ANIMALS IN THAT IT'S ACTUALLY
6	COMPOSED OF CELLS FROM TWO DIFFERENT INDIVIDUALS.
7	THE TWO ANIMALS ON THE LEFT-HAND SIDE ARE
8	TWINS. THEY'RE NOT IDENTICAL TWINS, BUT THEY WERE
9	BORN IN THE SAME EMBRYO. SO IT'S ACTUALLY VERY
10	INTERESTING SCIENCE THAT WAS PUBLISHED. THIS IS THE
11	FIGURE AND IT'S A BIT OF A COMPLEX FIGURE. MAYBE
12	YOU NEED TO LOOK AT THE BACK TO SEE IT. WHAT IT
13	REALLY DOES SHOW, THIS PAPER, IS THAT THE MONKEY AND
14	PRESUMABLY THE HUMAN PRIMATE IS DIFFERENT TO THE
15	MOUSE. OF COURSE, MANY OF US KNEW THAT.
16	ON THE TOP LEFT-HAND SIDE, IF YOU
17	INTRODUCED EMBRYONIC STEM CELLS INTO THE MOUSE
18	BLASTOCYST THERE ON THE TOP, YOU WILL FORM A
19	CHIMERA. THAT IS, THE CELLS THAT YOU INTRODUCE WILL
20	COMBINE WITH THE CELLS OF THE EMBRYO AND FORM A
21	MIXED-CELL INDIVIDUAL WITH CELLS FROM BOTH THE
22	NATIVE EMBRYONIC CELLS PLUS THE CELLS THAT YOU ADD
23	BY INJECTION.
24	ON THE RIGHT-HAND SIDE, YOU SEE THE
25	MONKEY. WHEN YOU DO THAT, YOU DON'T GET ANY

1	CHIMERAS FORMED; BUT IF YOU ACTUALLY TAKE THE WHOLE
2	INNER CELL MASS AND PUT IT IN THAT EMBRYO, YOU CAN
3	FORM TWINS AND THEY'LL BE NONIDENTICAL TWINS. AND
4	THAT DOESN'T HAPPEN IN THE MOUSE. SO THERE'S A
5	DISTINCT DIFFERENCE HERE IN THE EARLY EMBRYOLOGY.
6	AND IF YOU THEN LOOK ACROSS THE NEXT
7	LAYER, IN THE MOUSE YOU CAN MAKE UP CHIMERAS MIXING
8	THE YELLOW CELLS. THESE ARE EMBRYOS, EIGHT-CELL
9	EMBRYOS, YOU MIX THEM TOGETHER, YOU WILL FORM A
10	CHIMERA. AND IN THIS STUDY IN THE MONKEY, THEY
11	SHOWED IF YOU MIXED FOUR CELL EMBRYOS TOGETHER, AND
12	THEY MIXED, I THINK, FOUR OR EIGHT EMBRYOS. SO YOU
13	CAN GET MIXED CHIMERA. SO YOU CAN ACTUALLY MAKE
14	THOSE MONKEY CHIMERAS USING FOUR CELL EMBRYOS, BUT
15	YOU CAN'T BY USING EMBRYONIC STEM CELLS.
16	AND EMBRYONIC STEM CELLS, THIS WAS THE WAY
17	IT WAS DEFINED IN THE BEGINNING, THAT THEY WOULD
18	ACTUALLY CHIMERIC INDIVIDUALS. AND, OF COURSE, YOU
19	CAN'T DO THAT EXPERIMENT IN THE HUMAN. THAT'S NOT
20	ETHICAL. BUT IN A MONKEY WHEN THEY TRIED TO DO
21	THAT, IT WOULDN'T WORK. AND IT LOOKS LIKE IN THE
22	MONKEY THAT IN THE PRIMATE THE CELLS OF THE INNER
23	CELL MASS, THAT AREA THAT WE ACTUALLY MAKE THE
24	EMBRYONIC STEM CELLS OF, HAS MOVED ON. IT'S MOVED
25	ON A DEGREE FROM THE MOUSE. SO IT'S THEN COMPOSED,

1	RATHER THAN THE SINGLE SET OF CELLS, IT'S COMPOSED
2	OF TWO SETS OF DIFFERENT KINDS OF CELLS, THE
3	EMBRYONIC CELLS AND THE EPIBLAST CELLS. AND WHEN
4	THAT HAPPENS, YOU CAN'T GET A MIXTURE OF TWO WHEN
5	YOU INJECT IT INTO THE BLASTCYST.
6	SO SOME INTERESTING QUESTIONS ARISE FROM
7	ALL OF THESE STUDIES THAT HAS NOTHING TO DO WITH
8	CLONING ANYTHING, BUT IT GIVES YOU AN IDEA THAT
9	PERHAPS THE INFORMATION THAT YOU'RE DERIVING FROM
10	THE MOUSE WON'T BE EXACTLY THE SAME AS WHAT YOU
11	DERIVE FROM EMBRYONIC STEM CELLS IN THE MONKEY OR
12	THE HUMAN. AND SO IT GIVES ADDED EMPHASIS TO WHAT
13	WE'RE DOING BECAUSE WE'RE WORKING PRIMARILY IN THE
14	HUMAN. AND I THINK IT'S A GOOD LESSON THAT, YOU
15	KNOW, IF YOU IMAGINE THAT THE MOUSE EMBRYONIC STEM
16	CELLS WERE EQUIVALENT TO MONKEY, PRIMATE, HUMAN,
17	THEN I THINK YOU WOULD BE WRONG. THEY ARE
18	DISTINCTLY DIFFERENT, AND THEY HAVE DIFFERENT
19	PROPERTIES, ALTHOUGH THEY MAY BE ABLE TO BE USED
20	GENERALLY IN THE SAME KIND OF WAY. BUT BEWARE OF
21	THE CONCLUSIONS DRAWN FROM THE MOUSE BECAUSE THEY
22	MAY NOT BE ADEQUATELY REPRESENTED BY THE HUMAN.
23	AND I THINK, AGAIN, JUST TO EMPHASIZE, I
24	THINK THAT'S ONE VERY GOOD REASON WHY WE'VE ACTUALLY
25	PURSUED A PRIORITY OF WORKING IN THE HUMAN, AND THIS

1	WORK UNDERPINS THAT.
2	THE SECOND PAPER THAT I WANTED TO DRAW
3	YOUR ATTENTION TO IS ONE PUBLISHED IN NATURE BY THE
4	GROUP IN PITTSBURGH IN PENNSYLVANIA, AND THEY'VE
5	BEEN LOOKING AT AGING. AND A LOT OF STEM CELL WORK
6	WAS PREDICATED ON WE WERE GOING TO ADDRESS AGING
7	REALLY BY THE USE OF EMBRYONIC STEM CELLS. WE KNOW
8	THAT AGING RESULTS IN THE LOSS OF STEM CELL
9	FUNCTION. THAT'S VERY WELL DEFINED. THE FUNCTION
10	OF OUR STEM CELLS DECREASES AS WE GET OLDER.
11	SO THIS GROUP EXAMINED MUSCLE PROGENITOR
12	CELLS IN A MOUSE MODEL, PROGERIA MOUSE MODEL, WHICH
13	IS A MUTANT MOUSE MODEL THAT RESULTS IN VERY RAPID
14	AGING OF THE MICE, VERY RAPID. AND THEY LOOKED AT
15	MUSCLE PROGENITORS FROM OLD AND PROGERIA MICE AND
16	FOUND THEY'RE DEFECTIVE IN BOTH THEIR ABILITY TO
17	PROLIFERATE, MULTIPLY, AND DIFFERENTIATE, PRODUCE
18	DIFFERENT KINDS OF CELLS. IN THE AGED AND IN THE
19	PROGERIA MOUSE, THERE'S A DEFECT THERE WHICH
20	UNDERPINS WHAT WE UNDERSTOOD.
21	BUT IF YOU INJECT INTRAPERITONEALLY THIS
22	INTO THE BODY CAVITY, MUSCLE PROGENITORS FROM YOUNG
23	MICE INTO PROGERIA MICE, IT SIGNIFICANTLY EXTENDS
24	THEIR HEALTH AND LIFE SPAN. SO SUDDENLY THERE'S AN

INFLUENCE OF YOUNG MUSCLE CELLS NOW IN THE AGING AND

25

1	THE HEALTH OF THESE PROGERIA MICE, THESE MICE THAT
2	AGE RAPIDLY. THE TRANSPLANTED CELLS THAT THEY HAD
3	INJECTED IN THERE CONTRIBUTED TO SKELETAL MUSCLE,
4	BUT WERE NOT DETECTED IN ANY OF THE TISSUES THAT HAD
5	REDUCED DEGENERATIVE CHANGES AND INCREASED
6	VASCULARIZATION. SO THOSE TISSUES WHICH LOOK
7	HEALTHIER AND HAPPIER AND MORE ABLE DIDN'T HAVE ANY
8	OF THESE MUSCLE CELLS IN THEM, BUT THEY'RE
9	FUNCTIONALLY SOUNDER. THEY LOOKED YOUNGER, THEY
10	LOOK HEALTHIER.
11	AND IT ALSO RESCUED AGE MUSCLE PROGENITORS
12	IN CULTURE. SO IF YOU MIX THE TWO TOGETHER IN
13	CO-CULTURE, THE YOUNG MUSCLE CELLS RESCUE THE AGING
14	MUSCLE PROGENITORS IN THE LABORATORY. SO IT APPEARS
15	TO US FROM THIS WORK THAT SECRETED FACTORS APPEAR TO
16	BE MEDIATING AGING DEFECTS IN STEM CELLS AND CREATES
17	A THERAPEUTIC POTENTIAL BECAUSE IF THERE ARE
18	SECRETED FACTORS, WE MIGHT BE ABLE TO IDENTIFY WHAT
19	THEY ARE AND, THEREFORE, HELP BY NOT NECESSARILY
20	USING THE CELLS OR MIGHT USE THE CELLS, BUT WE COULD
21	ALSO USE THE SECRETED FACTORS. AND IT'S GOING TO
22	PRODUCE A RUSH TO LOOK INTO WHAT THESE SECRETED
23	FACTORS ARE.
24	AND WHEN I LOOK AT THE LITERATURE AT THE
25	MOMENT, A LOT OF THE WORK ON MSC'S, THE MESENCHYMAL

1	STEM CELLS, THEY'RE ONLY PRESENT VERY BRIEFLY IN THE
2	BODY, BUT THEY HAVE QUITE IMPRESSIVE EFFECTS ON ALL
3	SORTS OF DIFFERENT FUNCTIONS, GRAFT VERSUS HOST
4	DISEASE, ON HEART FUNCTION, AND SO ON. SO THEY'RE
5	LEAVING SOMETHING BEHIND AS THEY DISAPPEAR, SOME
6	SORT OF SECRETED FACTOR OR SOME EFFECT. WE DON'T
7	REALLY KNOW WHAT THAT IS, AND THERE'S A LOSS OF
8	MECHANISM, AND KNOWING WHAT THAT IS IS PUZZLING, BUT
9	WE NEED TO UNDERSTAND THAT.
10	AND IF YOU REMEMBER DR. MARBAN'S TALK TO
11	US JUST A FEW MONTHS AGO, HE AGAIN USED HEART MUSCLE
12	CELLS, BUT WERE ONLY THERE VERY BRIEFLY, TWO WEEKS,
13	AND GONE, YET THE PATIENTS WERE RESPONDING UP TO SIX
14	AND 12 MONTHS. HOW DOES THIS WORK? WHAT'S
15	HAPPENING HERE? SO THERE'S A LOT OF SCIENCE DOWN
16	HERE THAT'S BENEATH US THAT WE NEED TO DRILL INTO.
17	SO I'M DRAWING YOUR ATTENTION TO THIS BECAUSE IF WE
18	DON'T UNDERSTAND THE MECHANISMS OF WHAT WE'RE
19	WORKING WITH, WE WON'T BE ABLE TO PREDICT THE
20	OUTCOMES. I'M SURE OF THAT. SO BETTER WE
21	UNDERSTAND THE MECHANISMS AND THE IMPORTANCE OF THE
22	BASIC BIOLOGY TO UNDERSTAND THESE MECHANISMS BETTER.
23	ANOTHER PAPER, AND I DIDN'T CHOOSE THIS IN
24	ANY PARTICULAR WAY, ONLY BECAUSE I THOUGHT ALL THESE
25	PAPERS WERE TERRIFIC. I LOVE THEM. THIS IS A PAPER

1	FROM DR. HE WHO'S ACTUALLY MOVING TO BERKELEY. AND
2	IT'S A BEAUTIFUL PIECE OF WORK. IT'S, AGAIN,
3	PUBLISHED IN NATURE IN DECEMBER. IT LOOKS AT NEURAL
4	REPAIR IN THE CENTRAL NERVOUS SYSTEM. AND NEURAL
5	REPAIR IS INCREDIBLY HANDICAPPED BY THE DISTANCE THE
6	AXONS HAVE GOT TO GO. SO IF YOU EVEN THINK ABOUT
7	THE SPINAL COLUMN, YOU GOT TO GET A NEURON WITH AN
8	AXON THAT GOES AN ENORMOUS DISTANCE. IT'S GOT TO GO
9	FROM THE BRAIN RIGHT DOWN TO THE BASE OF THE SPINAL
10	COLUMN IN SOME CASES.
11	NOW, EVEN IF YOU ARE TRACKING INTO SMALL
12	DISTANCES INSIDE THE CENTRAL NERVOUS SYSTEM FOR
13	CELL, IT'S AN ENORMOUS DISTANCE TO GO EVEN A FEW
14	MICRONS. BUT IF YOU'RE ASKING IT TO GO CENTIMETERS
15	OR EVEN FURTHER, THAT'S A HUGE HANDICAP FOR
16	REGENERATION. SO THEY KNOW THAT THEY'VE BEEN
17	WORKING ON A RANGE OF DIFFERENT FACTORS, FACTORS
18	LIKE PTEN, MTOR, RAPAMYCIN, SOCS3. AND THESE HAVE
19	BEEN USED TO GET OPTIC NERVE REGENERATION. BUT WE
20	KNOW THAT EVEN IN THAT SITUATION, THESE NERVES ONLY
21	RESPOND WITHIN THE FIRST TWO WEEKS AFTER INJURY.
22	AFTER THAT THERE'S NO RESPONSE.
23	SO WHAT THEY SHOWED IN THIS PAPER WAS THAT
24	IF YOU SIMULTANEOUSLY DELETE TWO OF THOSE, PTEN AND
25	SOCS3, IT RESULTS IN ROBUST, REALLY ROBUST AND

1	SUSTAINED LONG DISTANCE AXON REGENERATION. SO THIS
2	IS A VERY IMPORTANT FINDING, AND IT'S A COMBINATION
3	OF THE TWO. YOU WOULDN'T HAVE PREDICTED IT BECAUSE
4	THESE TWO WORK ON TOTALLY DIFFERENT PATHWAYS. SO
5	WHY SHOULD TWO PATHWAYS INTERACT TO GIVE SUCH A
6	BENEFIT?
7	WELL, I THINK, AGAIN, WE NEED TO
8	UNDERSTAND BETTER THESE PATHWAYS AND HOW THEY
9	INTERACT WITH ONE ANOTHER BECAUSE THEY APPEAR IN
10	MANY PUBLICATIONS TO BE TOTALLY DIFFERENT, THEY'RE
11	NOT INTERACTING, BUT THEY MUST BE IN ORDER TO DO
12	THIS. SO THESE OBSERVATIONS, I THINK, ARE
13	CLINICALLY CRITICAL FOR NEURON REGENERATION AFTER
14	INJURY. AND I THINK IT WILL TRANSLATE QUITE
15	RAPIDLY, I THINK, TO WORK WHICH WILL END UP IN THE
16	CLINIC.
17	SO THERE WERE THREE PAPERS THAT IMPRESSED
18	ME, AND JUST TURNS OUT ONE OF THOSE PEOPLE IS ONE OF
19	OUR LEADERSHIP AWARDEES THAT WE JUST RECENTLY MADE.
20	I WANTED TO UPDATE YOU ON GERON. GERON
21	WAS LOANED 25 MILLION FROM CIRM WITH A ONE-TO-ONE
22	MATCHING FOR A PROJECT FOR PHASE I CLINICAL TRIALS
23	FOR DIFFERENT COHORTS AND RELATED ACTIVITIES FOR THE
24	TREATMENT OF SPINAL CORD INJURY. THEY'VE BEEN A
25	PIONEER IN HUMAN EMBRYONIC STEM CELL SCIENCE, AND

1	ITS ENTERING INTO THE CLINIC REPRESENTED A
2	CONSIDERABLE INVESTMENT IN TERMS OF YEARS IN
3	FUNDING. AND I THINK THE KIND OF QUANTUM OF FUNDING
4	THAT WAS INVESTED IN THIS COMPANY BROADLY IS AROUND
5	800 MILLION, SO IT'S A PRETTY BIG INVESTMENT.
6	WELL, NOVEMBER THE 14TH THEY ANNOUNCED
7	THAT FOR BUSINESS REASONS IT WAS DISCONTINUING
8	FURTHER DEVELOPMENT OF ALL ITS STEM CELL PROGRAMS
9	AND WAS SEEKING PARTNERS. I NOTICED JUST A COUPLE
10	OF DAYS AGO THAT THEY'VE HANDED THIS ON TO ANOTHER
11	COMPANY TO SELL THEIR INTEREST DOWN IN THIS PROJECT.
12	I THINK IT'S UNFORTUNATE, EXTREMELY UNFORTUNATE, AND
13	IT'S A BIT OF A PITY NOW THAT IT'S NOW GOING TO A
14	THIRD PARTY TO SELL OUT THE PRODUCT. I HAD A
15	REASONABLE RELATIONSHIP WITH THE COMPANY, AND I WAS
16	HOPING IT WOULD BE PASSED ON TO ANOTHER ENTITY, AND
17	WE'VE BEEN WORKING TOWARDS THAT END, BUT THEY'VE
18	DECIDED NOW TO DISTANCE THEMSELVES AND GIVE IT TO A
19	THIRD PARTY TO SELL OUT THEIR INTEREST IN THIS.
20	MS. LANSING: THIS HAS BEEN SUCH A
21	TRAGEDY. WE JUST KEEP READING ARTICLES NO MATTER
22	WHERE YOU GO. THERE WAS A VERY MOVING ARTICLE IN
23	THE CHICAGO PAPERS I JUST HAPPENED TO READ ABOUT A
24	PATIENT. I JUST WANT MAYBE I MISSED IT IN YOUR
25	OPENING REMARKS, AND I APOLOGIZE MY PLANE WAS
	21

1	DELAYED, BUT IF I'M ASKING A QUESTION THAT'S
2	REDUNDANT. CAN YOU JUST GIVE ME IDEA? IS THERE ANY
3	OTHER COMPANY THAT MIGHT BE INTERESTED IN DOING
4	THIS? IS THERE ANYTHING THAT WE AS BOARD MEMBERS
5	CAN DO TO HELP IN THIS WAY? CAN WE REACH OUT TO
6	SOMEBODY?
7	I JUST THINK THIS IS ONE OF THE I
8	UNDERSTAND BUSINESS. I UNDERSTAND WHAT GERON DID.
9	THIS IS NOT A REFLECTION ON THEIR BELIEF IN THE
10	IMPORTANCE OF STEM CELLS. IT'S A PURELY ECONOMIC
11	DECISION FROM WHAT I CAN READ. BUT IS THERE
12	ANYTHING THAT WE CAN DO TO HELP YOU IN REACHING OUT,
13	AND WHO SHOULD WE CALL, AND WHAT SHOULD WE DO? I
14	DON'T WANT TO ACCEPT THIS FACT, I GUESS, IS THE
15	BOTTOM LINE.
16	DR. TROUNSON: THERE WERE FOUR ENTITIES
17	INTERESTED IN TAKING OVER THIS PARTICULAR PROJECT.
18	I KNOW THAT THERE'S TWO ENTITIES INTERESTED, AND I
19	WAS VERY HOPEFUL THAT THOSE DISCUSSIONS WOULD
20	ACTUALLY RESULT IN A TRANSFER OF THE PROJECT TO
21	THESE NEW ENTITIES, ONE OF THESE NEW ENTITIES.
22	I'M LESS CERTAIN AFTER I READ WHAT WAS IN
23	THE NEWSPAPER. AND UNFORTUNATELY MY INTERACTIONS
24	WITH THE GROUP HAS KIND OF COOLED DOWN. SO I DON'T
25	HAVE THE KIND OF ACCESS THAT I USED TO. MAYBE

1	SOMEONE ELSE DOES. MAYBE SOMEONE ON THE BOARD DOES.
2	IT'S KIND OF A NEW MANAGEMENT GROUP THERE. SO IT
3	MIGHT BE MORE DIFFICULT TO DO THAT, BUT IT SEEMS
4	LIKE WE WERE VERY HOPEFUL IN THE FIRST PLACE, AND
5	I THOUGHT THE MESSAGING THAT I WAS GETTING WAS VERY
6	STRONGLY POSITIVE. AND MAYBE IT WILL BE
7	TRANSFERRED. MAYBE THAT'S STILL GOING TO HAPPEN AND
8	I HOPE SO.
9	AND I ASKED THE GENERAL COUNSEL TO PREPARE
10	A DOCUMENT SAYING WHAT WERE THE MINIMUM REQUIREMENTS
11	FOR US TO CONTINUE THE LOAN AND SO FORTH SO THAT
12	WHOEVER WAS INTERESTED IN THAT AREA WOULD BE ABLE TO
13	KNOW EXACTLY FOR THEIR INVESTORS AND THEIR BACKERS
14	WHAT THE CONDITIONS WERE FOR THE LOAN.
15	SO WE PREPARED THE ENVIRONMENT, I THOUGHT,
16	PRETTY WELL. I HAVE TO SAY RIGHT AT THE MOMENT I
17	SUDDENLY FEEL RATHER DISTANCED FROM IT.
18	MS. LANDING: MY QUESTIONS ARE REALLY
19	SPECIFIC. I DON'T THINK THERE'S ANYTHING QUITE AT
20	THE MOMENT THAT'S MORE PRESSING OR MORE IMPORTANT TO
21	US THAN THIS BECAUSE THIS WAS OUR CLINICAL TRIALS.
22	THIS WAS REALLY SO MUCH ABOUT OUR MISSION AND
23	PROVING THAT IT WORKS. SO I GUESS WHAT I WOULD LIKE
24	TO ASK, AND YOU DON'T HAVE TO ANSWER IT NOW, AND
25	MAYBE WE CAN HAVE A PRESENTATION OR SOMETHING, HOW

1	MUCH DOLLARS ARE INVOLVED, DO YOU KNOW, IN WHAT THEY
2	NEED? MAYBE THERE'S SOMETHING THAT WE CAN DO TO
3	HELP? WHAT ARE THE OTHER COMPANIES? BECAUSE THIS
4	IS SOMETHING WHERE PATIENT ADVOCATES CAN MOBILIZE
5	AND REALLY DRAW ATTENTION TO THIS.
6	AND WHAT CAN WE DO? I REALLY THINK AS
7	ADVOCATES, I SPEAK TO THE ADVOCATES, BUT REALLY I
8	SPEAK TO ALL OF US BECAUSE WE'RE ALL ADVOCATES.
9	WHAT DO TO GET THIS TRIAL BACK ON TRACK WITH GERON
10	OR WITHOUT GERON?
11	DR. TROUNSON: MAYBE WE SHOULD TAKE THIS
12	OFFLINE AND HAVE SOME MORE DISCUSSIONS OFFLINE
13	BECAUSE MAYBE GIVEN THIS JUST A FEW DAYS AGO, WE
14	SEEM SUDDENLY DISTANCED FROM IT. SEE IF WE CAN GET
15	BACK A LITTLE BIT CLOSER TO WHETHER THEY'RE LOOKING
16	FOR MAXIMIZING THEIR RETURN OR WHETHER THEY'RE
17	REALLY TRYING TO REALLY HELP WITH US CONTINUING THE
18	PROJECT. I THINK THOSE QUESTIONS WE NEED TO DRILL
19	INTO AND SEE IF WE CAN FIND OUT.
20	MS. LANSING: HOW MANY PEOPLE WERE IN THE
21	TRIALS?
22	DR. TROUNSON: THERE WERE FIVE PATIENTS
23	THAT WERE TREATED.
24	MR. LANSING: SO HOW MUCH DOES THAT COST?
25	DR. TROUNSON: I THINK THEY HAD A MINIMUM
	24

1	OF NINE PATIENTS FOR THE FIRST PHASE I STUDY. SO IT
2	WAS NOT FAR OFF BEING DONE, AT LEAST HALFWAY ANYWAY.
3	DR. BRYANT: THEY'RE GOING TO KEEP THE
4	FIVE MONITORED. THEY'VE COMMITTED TO FOLLOWING
5	THOSE FIVE FOR WHATEVER IT WAS THEY PROMISED IN THE
6	FIRST PLACE. SO THEY'RE NOT CUTTING OFF THE ONES
7	THAT HAVE BEEN, JUST NO NEW ONES.
8	DR. TROUNSON: THEY ARE REQUIRED TO DO
9	THAT.
10	MS. LANSING: I WOULD PERSONALLY
11	APPRECIATE AN OFFLINE THING, AND THEN WE COULD THINK
12	CREATIVELY ABOUT WHAT WE AS A BOARD CAN DO TO MOVE
13	THIS FORWARD.
14	DR. TROUNSON: SO I GUESS SOME OF THE
15	THESE TO ME ARE NOT SUCH IMPORTANT DETAILS, BUT OUR
16	LOAN WAS PAID BACK WITH INTEREST AND THE WARRANTS
17	DELIVERED TO CIRM AS REQUIRED UNDER THE LOAN
18	AGREEMENT. THAT HAPPENED.
19	SO WHAT WE'RE DOING AT THE MOMENT IS
20	REMAINING OPEN TO THOSE ENTITIES THAT ARE CONTINUING
21	THEIR INTEREST. AND WE'RE TRYING TO HELP THOSE
22	ENTITIES MOVE FORWARD IN THEIR DESIRE TO TAKE UP THE
23	PROJECT. AND THAT'S REALLY THE EXTENT, I THINK,
24	THAT I CAN TALK ABOUT THAT STUDY. BUT I THINK YOU
25	RECOGNIZE, SHERRY, VERY IMPORTANT SUBJECT.

1	AND OVERALL I'D SAY THIS HAS A VERY STRONG
2	NEGATIVE INFLUENCE INTERNATIONALLY ACTUALLY, THE
3	LOSS OF THIS PARTICULAR PROJECT. AND SO IT WOULD BE
4	VERY GOOD TO GET BACK TO THIS PROJECT OR ANOTHER
5	PROJECT WHICH IS MAKING GROUNDS IN THE CLINICAL
6	AREA, AND THAT'S REALLY IMPORTANT FOR US, WHICH WE
7	SHALL BE PURSUING WITH VIGOR.
8	UPCOMING RFA'S, CREATIVITY AWARDS, THE
9	GRANTS WORKING GROUP WILL REVIEW THOSE APPLICATIONS
10	IN FEBRUARY. EARLY TRANSLATIONAL III, THE GRANTS
11	WORKING GROUP WILL REVIEW THOSE APPLICATIONS IN
12	MARCH. DISEASE TEAM THERAPY DEVELOPMENT, PART 2,
13	THE RESEARCH AWARD, GRANTS WORKING GROUP REVIEW OF
14	APPLICATIONS WILL BE IN APRIL. AND THERE HAVE BEEN
15	A COUPLE OF THE TEAMS DROP OUT AS SOMETIMES THEY DO.
16	WE'VE BEEN ADVISED THAT THEY WON'T BE CONTINUING
17	THEIR INTEREST IN GOING FORWARD. BUT THERE STILL
18	REMAINS, I THINK, 23 PROPOSALS OR 25 PROPOSALS
19	COMING FORWARD, AS FAR AS I KNOW.
20	BASIC BIOLOGY IV, GRANTS WORKING GROUP
21	REVIEW OF APPLICATIONS WILL BE IN JUNE. JUST GIVE
22	YOU A BIT OF AN IDEA MOVING FORWARD.
23	NEW FACULTY PHYSICIAN SCIENTIST
24	TRANSLATIONAL RESEARCH AWARD, WE'RE GOING TO POST
25	THAT RFA IN APRIL. SO WE EXPECT A LOT OF INTEREST
	26

1	FROM THESE PH.D. PHYSICIANS WHO WILL BE STRONG, WE
2	HOPE, IN THE TRANSLATIONAL AREA, BUT ALSO HAVE
3	STRONG INTEREST IN THE BASIC SCIENCE. BUT WE'RE
4	LOOKING TO SEE THESE PEOPLE DRAW OUR INTEREST
5	THROUGH THAT CLINICAL PIPELINE OR AREA.
6	THE IPS CELL INITIATIVE WILL BE POSTED IN
7	MAY, THE RFA. AND THE GENOMICS CONCEPT PROPOSAL
8	WILL BE PRESENTED TO YOU AT THIS MEETING.
9	JUST A QUICK WORD ON THE COLLABORATIVE
10	FUNDING PARTNER PROGRAM. WE HAVE 18 PARTICIPANTS.
11	WE RECENTLY ADDED ARGENTINA AND BRAZIL, JUST
12	FIGURING OUT HOW TO DO THEIR PART OF THE SIGNATURE.
13	SO IT'S ABOUT COMPLETE. SO THE TWO SOUTH AMERICAN
14	COUNTRIES, THE STRONGEST IN SOUTH AMERICA, HAVE
15	JOINED WITH US AS COLLABORATIVE FUNDING PARTNERS.
16	AND THERE'S NOW SOME ADDITIONAL INTEREST
17	WHICH HAS REALLY BEEN HELPED BY MATT PLUNKETT GOING
18	BACK TO SOME OF THE FOUNDATIONS AND EXPLORING THEIR
19	INTEREST IN WORKING WITH US. THESE ARE THE DISEASE
20	FOUNDATIONS. I THINK THAT'S A GOOD STRONG MOVE. WE
21	HAD DISCUSSED WITH THEM IN THE PAST. THERE HADN'T
22	BEEN A STRONG INTEREST EXCEPT FROM THE JUNIOR
23	DIABETES RESEARCH FOUNDATION, BUT I THINK THERE'S
24	MORE INTEREST, IT WOULD BE FAIR TO SAY, MATT, FROM
25	THE FOUNDATIONS AT THE MOMENT.

1	SO IT WOULD BE HELPFUL TO HAVE THEM WORK
2	WITH US FROM TIME TO TIME ON THE PROJECTS, AND SO WE
3	WILL CONTINUE TO ENCOURAGE THAT.
4	DR. LUBIN: AT THAT ALLIANCE FOR STEM CELL
5	MEETING THAT WAS HERE IN SAN DIEGO, A COMMENT WAS
6	MADE THAT THERE ARE MORE STEM CELL COMPANIES IN
7	ISRAEL THAN ANYWHERE ELSE IN THE WORLD. WAS THAT
8	TRUE?
9	DR. TROUNSON: WELL, I DON'T KNOW ABOUT
10	THE ACTUAL NUMBER, BERT, BUT THERE'S CERTAINLY
11	STRONG INTEREST IN ISRAEL FROM COMPANIES AND FROM
12	THE ACADEMIC SECTOR. THE PRIMARY PROBLEM WE HAVE
13	WITH ISRAEL IS THE ONLY AGREEMENT WE CAN GET AT THE
14	PRESENT TIME IS DIRECTLY WITH THE COMMERCIAL SECTOR.
15	SO THIS IS THE FUNDING FROM THE COMMERCIAL SECTOR.
16	THE PROBLEM FOR US, AND YOU WILL RECOGNIZE THAT, IS
17	THAT IF WE'RE ONLY GOING TO DO IT WITH COMPANIES IN
18	ISRAEL CONNECTED TO ACADEMICS IN CALIFORNIA, THIS IS
19	NOT THE BEST FIT.
20	SO AT THE MOMENT J.T. AND COLLEAGUES ARE
21	LOOKING AT WHETHER THERE'S ANOTHER WAY OF RAISING A
22	FUND THAT COULD INCLUDE THE ACADEMICS. I THINK IF
23	WE CAN SAY THAT IT'S INCLUSIVE, THEN IT'S FINE. I
24	THINK IF IT'S EXCLUSIVE OR VIA COMPANIES, THERE'S A
25	BIT OF A PR PROBLEM AT THE VERY LEAST, THAT THE IP

1	TRANSITION TO ISRAEL INSTEAD OF TO CALIFORNIA. SO
2	WE'RE WORKING ON THAT, IT WOULD BE FAIR TO SAY.
3	CHAIRMAN THOMAS: YES. WE HAVE SOME
4	DIFFERENT THOUGHTS ON HOW TO PUT TOGETHER SOME SORT
5	OF CONSTRUCT THAT WOULD ALLOW US TO FUND EXACTLY
6	WHAT WE NEED. IT'S GOING TO TAKE A LITTLE BIT OF
7	TIME, BUT IT'S A VERY HIGH PRIORITY.
8	WE SAT AT THE TERRIFIC CONFERENCE AT CITY
9	OF HOPE AT WHICH A NUMBER OF THE ISRAELI STEM CELL
10	SCIENTISTS PRESENTED. THERE'S A GREAT DEAL OF WORK
11	BEING DONE OVER THERE, AND IT BEHOOVES US TO FIGURE
12	OUT SOME WAY TO GET A MORE FORMALIZED RELATIONSHIP.
13	SO WE ARE DEFINITELY WORKING ON THAT. IT'S A
14	FRONT-BURNER ISSUE. THANK YOU FOR BRINGING THAT UP.
15	DR. TROUNSON: THE OTHER, OF COURSE,
16	STAND-OUT IS IN CANADA. WE HAVE ARRANGEMENTS WITH
17	CANADA IN THE AREA OF CANCER STEM CELLS, BUT NOT THE
18	REST. SO THIS ALSO HAS BEEN A BIT OF A STONE IN MY
19	SHOE, THAT WE CAN'T GET AGREEMENT TO INCLUDE THE
20	REST, BUT WE'RE WORKING ON IT AND WE CONTINUE TO
21	WORK ON IT AT THIS STAGE, BUT WE HAVEN'T GOT
22	THERE'S NO PROPOSAL IN PLACE, BUT WE CONTINUE TO DO
23	THAT.
24	SWEDEN OFFERS US ALSO SOME REAL INTEREST
25	IN THE AREA OF NEURODEGENERATION AND DIABETES, BUT
	20

1	FOR SOME REASON I CAN'T CONSUMMATE THAT
2	RELATIONSHIP, BUT I KEEP TRYING. I'VE BEEN THERE
3	SEVERAL TIMES. I HAVE EXTREMELY STRONG POSITIVE
4	RESPONSES WHEN I'M THERE AND VERY LITTLE SINCE I'VE
5	LEFT DESPITE MANY, MANY ATTEMPTS TO DO THAT.
6	BUT NEVERTHELESS THIS IS ONE OF THE
7	STRONGEST NETWORKS ACROSS MEDICINE IN THE WORLD.
8	AND IT'S VERY FUNCTIONAL. IT'S WORKING REALLY WELL.
9	AND IT WOULD BE NICE TO ADD SOME OF THESE OTHER
10	COMPONENTS TO IT. IT DOES INCLUDE CONNECTICUT, YOU
11	WILL NOTICE THERE. THEY'RE SO KEEN, THEY'RE WILLING
12	TO CHANGE TO ADD SOME LEGISLATION TO ENABLE US TO
13	WORK TOGETHER, AND WE EXPECT THAT TO HAPPEN
14	ACTUALLY. AND SO I FEEL THIS WOULD ENABLE US TO,
15	FOR EXAMPLE, CONNECT WITH THE YALE UNIVERSITY WHERE
16	WE'VE GOT SOME VERY STRONG COLLABORATIVE INTEREST.
17	SO THERE'S SOME VERY POSITIVE AND SOME A
18	LITTLE DIFFICULT, SO WE'VE WORKED THIS SPACE PRETTY
19	WELL, AND THAT'S WHERE WE ARE AT THE PRESENT TIME.
20	REALLY I THINK IT'S A GOOD VALUE
21	PROPOSITION FOR US. THE JOINT FUNDING NOW IS BEYOND
22	60 MILLION AND GROWING, AND THERE'S SOME UNIQUE
23	CONNECTIONS AND VERY STRONG POLITICAL REASONS THERE.
24	YOU WILL NOTICE IN SOME OF THESE COUNTRIES THAT WE
25	NETWORK WITH A CHANGE IN THE MEDICAL TOURISM ISSUES

1	IN GERMANY AND IN CHINA PARTICULARLY HAVE CHANGED
2	AND MAY HAVE SOMETHING TO DO WITH OUR RELATIONSHIP
3	IN THE POINTS THAT WE'VE MADE FAIRLY FIRMLY AT THE
4	NEGOTIATING TABLE WITH THOSE COUNTRIES. I'LL
5	CONTINUE TO PUT THAT CASE, FOR EXAMPLE, WITH
6	COLLEAGUES, MEMBERS OF GOVERNMENT IN SOUTH AMERICA
7	AND OTHER PLACES, TO ENSURE THAT THAT IS MINIMIZED.
8	AND IT MIGHT BE OF INTEREST TO YOU THAT CALIFORNIA
9	STATE ATTORNEY GENERAL IS INTERESTED IN DOING
10	SOMETHING ABOUT MEDICAL TOURISM THAT IS EVOLVING OUT
11	OF CALIFORNIA, WHICH I THINK IS PARTICULARLY
12	INTERESTING TO THIS GROUP.
13	SO WE HAD A PARKINSON'S DISEASE
14	ROUNDTABLE. WHY? IN SEPTEMBER WE CREATED AN MOU
15	WITH THE NATIONAL INSTITUTE OF HEALTH AND IDENTIFIED
16	PARKINSON'S DISEASE AS THE AREA MOST WELL-SUITED FOR
17	IMMEDIATE CO-DEVELOPMENT. SO WE HAD GRANTEES FROM
18	CIRM AND FROM NIH RESEARCHERS, PROGRAM DIRECTORS OF
19	NIH, CORE RESOURCES ALL MET. THE NIH WERE ON THE
20	TELEPHONE AND THE CIRM PEOPLE GATHERED TOGETHER AT
21	HEADQUARTERS IN SAN FRANCISCO AS A KICKOFF
22	DISCUSSION TO EXPLORE COLLABORATIVE OPPORTUNITIES.
23	LOOKED AT IDENTIFYING OVERLAPPING INTEREST, TAKING
24	ADVANTAGE OF AVAILABLE RESOURCES IN BOTH PLACES, AND
25	HARMONIZING MATERIAL TRANSFER AGREEMENTS AND IC'S

1	WERE ALL ON THE AGENDA. AND THERE ARE THINGS
2	EVOLVING OUT OF THAT DISCUSSION WHERE THE
3	PARTNERSHIPS WILL BE IN PLACE.
4	SO THERE ARE PRELIMINARY IDENTIFICATIONS
5	OF AREAS OF JOINT WORK. THERE'S MECHANISMS TO REACH
6	OUT AND FUND THIS RESEARCH THAT IS SET INTO PLACE
7	FROM BOTH SIDES NOW WITH OUR OPPORTUNITY FUND, BUT
8	ALSO THE NIH HAS IDENTIFIED WAYS TO DO THAT,
9	IDENTIFYING AREAS WHERE RESEARCHERS ARE INTERESTED
10	IN COLLABORATING, AND THAT'S CRITICAL. SOME OF
11	THESE PEOPLE HAVE ACTUALLY COLLABORATED IN THE PAST
12	OR CURRENTLY COLLABORATING AND THIS WILL ENHANCE
13	THAT. AND WE'VE SET UP THE FOLLOWING MEETINGS.
14	DR. MAHENDRA RAO, WHO'S THE NEW DIRECTOR
15	FOR NIH'S HIV INTRAMURAL CENTER FOR REGENERATIVE
16	MEDICINE, IS MEETING WITH US ON JANUARY 25TH, AND A
17	CIRM-NIH SESSION IS GOING TO HAPPEN AT THE STEM CELL
18	RESEARCH AND AGING MEETING AT THE BUCK INSTITUTE IN
19	MARCH, MARCH THE 1ST OR THE 11TH.
20	WE JUST HAD A TISSUE ENGINEERING WORKSHOP
21	LAST WEEK, TWO DAYS, LOOKING AT ENGINEERING
22	STRATEGY, OPPORTUNITIES, AND CHALLENGES FOR TISSUE
23	REPAIR AND REGENERATION. IT WAS REALLY THERE MEANT
24	TO UNCOVER OPPORTUNITIES FOR CIRM IN TISSUE
25	ENGINEERING THROUGH A SERIES OF SCIENTIFIC TALKS
	22

1	FROM OUR COLLEAGUES HERE IN CALIFORNIA, BUT FROM ALL
2	AROUND THE WORLD. SO WE HAD INTERNATIONALLY RENOWN
3	LEADERS OF THE FIELD THERE. WE HAD MOST OF THE
4	MAJOR LEADERS IN TISSUE ENGINEERING THERE. I THINK
5	EVERYONE EXCEPT ONE PERSON RESPONDED TO OUR
6	INVITATION TO ATTEND.
7	THE MEETING ISOLATED KEY TECHNOLOGY TRENDS
8	IN THE FIELD, LOOKED AT THE REAL TRANSLATIONAL
9	BOTTLENECKS FOR TISSUE ENGINEERING PRODUCTS, AND
10	THEY ARE SUBSTANTIAL. THEY WERE CONSIDERED AND
11	THERE WERE SOME RECOMMENDATIONS ABOUT HOW WE SHOULD
12	PROCEED THERE. AND I THOUGHT IT WAS AN EXTREMELY
13	PRODUCTIVE AND LIVELY DISCUSSION OF ALL MATTERS. SO
14	I'M ACTUALLY QUITE IMPRESSED WITH WHAT CALIFORNIA IS
15	DOING, BUT WE THINK IDENTIFIED WAYS IN WHICH WE
16	COULD ENHANCE THAT CONSIDERABLY. SO I THINK IT WAS
17	AN EXCELLENT WORKSHOP. IT'S BEING WRITTEN UP, AND
18	IT WILL BE AVAILABLE TO EVERYBODY IN THE NEXT MONTH
19	OR TWO.
20	THE JP MORGAN MEETING, AS THE CHAIR SPOKE
21	ABOUT, THERE WAS CLEAR INTEREST FROM LARGE BIOTECH
22	AND PHARMA IN REGENERATIVE MEDICINE GENERALLY AND IN
23	PARTICULAR ON OUR STRATEGIC PARTNERING INITIATIVE.
24	AND I THINK WE'RE GOING TO BE OVERWHELMED WITH SOME
25	VERY INTERESTING PROPOSALS. OVERWHELMED, I THINK

1	we're going to overwhelm the 30 million that we had
2	HAD IN PLACE THERE BECAUSE IT WAS VERY CLEAR TO ME
3	THAT THERE WAS A SUBSTANTIAL INTEREST AND PERHAPS
4	EVEN MORE INTEREST THAN WE MIGHT HAVE PREDICTED.
5	THE REGULATORY CONCERNS AND PATH TO
6	MARKET, THAT'S THE TOP OF THE LIST FOR INVESTORS.
7	INVESTORS ARE REALLY NOT IN THIS FIELD YET, NOT IN
8	ANY REALLY SIGNIFICANT WAY. SO IT IS VERY IMPORTANT
9	THAT WE REMAIN IN THIS SO-CALLED VALLEY OF DEATH TO
10	HELP THESE COMPANIES. BUT WE HEARD LOTS OF REASONS
11	WHY THESE COMPANIES ARE HAVING PROBLEMS. IN THIS
12	FIELD SOME OF THESE COMPANIES HAVE LOST UP TO 95
13	PERCENT OF THEIR VALUE IN THE LAST 12 MONTHS.
14	COMPANIES HAVE LOST 95 PERCENT OF THEIR VALUE AND
15	STILL JUST STRUGGLE ALONG. MICHAEL GOLDBERG HAS TO
16	EXPLAIN HOW THIS WORKS FOR ME. EVEN THE BEST
17	COMPANIES HAVE LOST 30 PERCENT. I WOULD HAVE
18	THOUGHT 30 PERCENT IS A HUGE SLUG.
19	NOW, THESE ARE THE COMPANIES WE'RE DEALING
20	WITH. THEY REALLY ARE STRUGGLING. AND I THINK IT'S
21	MUCH BIGGER THAN WHAT WE CAN SINGLY ADDRESS, THAT'S
22	FOR CERTAIN. THESE ARE COMPANIES, THERE ARE GOING
23	TO BE MORE DECISIONS LIKE THE GERON DECISION
24	UNFORTUNATELY RIGHT ACROSS THIS SPACE. I CAN'T SEE
25	ANY OTHER WAY OUT OF IT. THEY HAVE TO FOCUS, THEY
	2.4

1	HAVE TO FIND WAYS OF GETTING FINANCE, AND THEY HAVE
2	TO GET PRODUCTS MUCH CLOSER TO THE MARKETPLACE.
3	IT'S REALLY A TOUGH PLACE TO BE IN AT THE MOMENT.
4	IT WAS KIND OF SCARY AT TIMES JUST TO LISTEN TO SOME
5	OF THE STORIES. YET THERE'S SOME VERY STRONG
6	POSITIVES OUT THERE.
7	COMPANIES LIKE MESOBLAST WITH \$2.4 BILLION
8	MARKET CAP, STILL NOT A PRODUCT, BUT THEY'VE GOT A
9	MARKET CAP OF \$2.4 BILLION. IT'S INCREDIBLE. SO
10	THERE ARE SUCCESSES IN THE SPACE, BUT THERE'S ALSO
11	SOME REALLY LEAN AND DIFFICULT TIMES.
12	MR. GOLDBERG: AS MUCH AS VENTURE
13	CAPITALISTS DON'T LIKE TO ACKNOWLEDGE IT, THEY ARE
14	DEALING WITH CAPITAL. AND CAPITAL DESPISES
15	UNCERTAINTY. AND THE LEVEL OF UNCERTAINTY IN THE
16	U.S. HEALTHCARE SYSTEM TODAY IS AT THE HIGHEST
17	LEVELS IT'S BEEN IN RECENT MEMORY.
18	UNTIL THAT BEGINS TO RECEDE, I DON'T THINK
19	INVESTORS ARE PARTICULARLY INTERESTED IN TAKING ON
20	THE LEVELS OF BOTH REGULATORY AND HEALTH POLICY RISK
21	WHICH ENCOMPASSES REGENERATIVE MEDICINE.
22	DR. TROUNSON: SO IT'S SALUTARY, BUT I
23	THINK I SHOULD REPORT THOSE THINGS. IF YOU'RE NOT
24	WALKING AROUND IN THOSE CORRIDORS, YOU NEED TO SORT
25	OF UNDERSTAND THE FEELINGS WE GET WHEN WE DO. AND

1	SO IT'S SALUTARY, BUT NEVERTHELESS THERE IS SOME
2	INCREDIBLY INTERESTING STORIES OF SUCCESS. SO WE
3	OUGHT TO LOOK TO WHERE THEY ARE AND SEE WHERE WE CAN
4	MODIFY THAT.
5	SO I THINK WE MADE PRESENTATIONS. WE HAD
6	TREMENDOUS INTERACTIONS. SOME INTERESTING
7	INTERACTION WITH THE NEW YORK STEM CELL FOUNDATION.
8	SO WE LOOK FORWARD TO A RATHER DIFFERENT
9	RELATIONSHIP MAYBE COMING UP IN THE FUTURE WITH THAT
10	ORGANIZATION. BUT I'D HAVE TO SAY I THOUGHT IT WAS
11	A WONDERFUL MEETING FOR US. I THINK WE GOT A LOT OF
12	POSITIVES FROM IT, IN PARTICULAR SOME OF THESE BIG
13	COMPANIES WANTING TO JOIN IN WITH US, REALLY BIG
14	COMPANIES. THEY'VE GOT A GOOD FINANCIAL STABLE
15	BASE, THESE PARTICULAR COMPANIES. SO THAT LOOKS
16	VERY HEALTHY FOR US. AND I THINK I'D LIKE TO TALK
17	TO OTHERS WHO ARE INTERESTED MORE ABOUT THAT AS WE
18	PROGRESS.
19	SO NOW I'M GOING TO, IF I MAY, TURN IT
20	OVER TO MY COLLEAGUE MATT ON THE FINANCIAL
21	HIGHLIGHTS. AND THEN MAYBE FOLLOWING THAT, THERE'S
22	THE TRANSITION PROGRAM. CHAIR, IF YOU WANT TO DEAL
23	WITH THAT, YOU SHOULD IDENTIFY TO MATT BECAUSE HE
24	CAN FOLLOW ON FROM THIS, IF YOU WISH.
25	CHAIRMAN THOMAS: I THINK WE'RE GOING TO
	26

1	FOLLOW ON THE STRATEGIC PLAN DISCUSSION, ALAN.
2	DR. PLUNKETT: GOOD MORNING, EVERYONE.
3	THIS IS, I GUESS, MY FIRST TIME HERE PRESENTING THE
4	FINANCIALS TO THE BOARD. SO I HAVE GOTTEN FEEDBACK
5	FROM A NUMBER OF THE BOARD MEMBERS AS TO THE KINDS
6	OF INFORMATION THAT YOU'D LIKE TO RECEIVE TO HELP
7	YOU DO YOUR JOB BETTER. SO ALWAYS EARS FOR MORE
8	FEEDBACK AFTER THE PRESENTATION THIS MORNING.
9	SO THE OPERATING EXPENSES FOR THE FIRST
10	FIVE MONTHS OF THE FISCAL YEAR WERE \$4.85 MILLION.
11	THIS COMPARES TO THE PRIOR PERIOD YEAR OF \$4.34
12	MILLION. THE GRANTS DISBURSEMENT YEAR TO DATE HAS
13	BEEN \$88.8 MILLION. THIS IS NET OF THE REPAYMENT
14	FROM GERON OF THEIR AWARD. THE PRIOR YEAR PERIOD
15	WAS \$84.8 MILLION FOR THE FIRST FIVE MONTHS OF THE
16	YEAR. THE AVAILABLE BOND CASH AT END OF NOVEMBER
17	WAS \$203 MILLION; AND, AGAIN, THIS IS ALSO NET OF
18	THE GERON REPAYMENT.
19	TO GO INTO SOME MORE DETAIL ON THE
20	OPERATING EXPENSE, WHAT I'M SHOWING YOU HERE IS THE
21	PRIOR YEAR PERIOD. FOR THOSE OF YOU THAT AREN'T
22	FAMILIAR WITH GOVERNMENT ACCOUNTING AND ARE REALLY
23	MORE FAMILIAR WITH THE PRIVATE SECTOR WAY OF DOING
24	THINGS, THE CONCEPT OF THE ACCRUAL DOESN'T REALLY
25	EXIST UNTIL FISCAL YEAR-END. SO IT'S REALLY HARD TO

1	LOOK AT FIVE-TWELFTHS OF A BUDGET NUMBER, FOR
2	EXAMPLE, AND REALLY GET A GOOD IDEA OF WHERE WE ARE
3	VERSUS BUDGET JUST BASED ON THOSE NUMBERS.
4	WHAT I HAVE BEEN ABLE TO DO, THOUGH, AND I
5	HAVEN'T SHOWN YOU ALL THE DETAIL HERE, IS REALLY
6	LOOK THROUGH THE EXPENSES YEAR TO DATE, COMPARE THAT
7	TO OUR BUDGETED ITEMS ON A LINE-BY-LINE BASIS. AND
8	WHAT I CAN SHARE WITH YOU NOW IS WE DON'T HAVE ANY
9	REASON TO BE CONCERNED THAT WE'RE GOING TO BE OVER
10	BUDGET ON EXPENSES FOR THIS FISCAL YEAR.
11	SO JUST FLAG A COUPLE OF THE LARGER
12	VARIANCES FOR YOU AND THE REASONS FOR THEM. THE
13	EMPLOYEE EXPENSES WERE \$3.63 MILLION FOR THE FIRST
14	FIVE MONTHS OF THE YEAR. THIS IS 14 PERCENT HIGHER
15	THAN THE PRIOR YEAR PERIOD. THIS IS REALLY DUE TO
16	AN INCREASE IN FTE'S FROM 46 TO 50 AS WELL AS MERIT
17	ADJUSTMENTS.
18	THE CONTRACTING IS REALLY A LITTLE BIT
19	LOWER THAN THE PRIOR YEAR PERIOD. THIS APPEARS TO
20	BE DUE TO TIMING ISSUES AS MUCH AS ANYTHING. AND
21	THEN ON THE OPPOSITE SIDE OF THE LEDGER, YOU CAN SEE
22	THAT THE EXPENSES FOR SCIENTIFIC MEETINGS FOR THE
23	CURRENT PERIOD WERE SIGNIFICANTLY HIGHER. THIS IS
24	DUE TO THE GRANTEE MEETING WHICH WE HELD IN
25	SEPTEMBER OF 2011 AS WELL AS THE WORLD STEM CELL

1	CONFERENCE IN PASADENA IN OCTOBER OF THIS PAST YEAR.
2	I'LL JUST PAUSE AND SEE IF THERE'S ANY
3	QUESTIONS.
4	DR. JUELSGAARD: MATT, WITH RESPECT TO THE
5	MERIT INCREASES, WHAT IS THE AVERAGE PERCENTAGE OF
6	INCREASE PER EMPLOYEE?
7	DR. PLUNKETT: IT WAS 3 PERCENT FOR THE
8	PRIOR FISCAL YEAR.
9	DR. JUELSGAARD: THANKS.
10	DR. POMEROY: COMMENTS ON THE TRAVEL.
11	DR. PLUNKETT: SO TRAVEL, I BELIEVE THERE
12	WAS ANOTHER SCIENTIFIC MEETING THAT WE DID ATTEND;
13	THAT IS, THE WORLD STEM CELL CONFERENCE. SO THERE'S
14	A PORTION IN THERE. I DON'T SEE ANY REASON TO THINK
15	THAT WE'RE GOING TO BE OVER BUDGET FOR THE YEAR, AND
16	WE SHOULD BE SIGNIFICANTLY UNDER BUDGET ON THE
17	CALENDAR YEAR BASIS BASED ON THE INFO THAT I HAVE
18	NOW.
19	OKAY. AND THEN THE LAST SLIDE ON THE
20	FINANCIAL PRESENTATION, I THINK EVERYBODY IS AWARE
21	THAT ACCORDING TO THE TERMS OF PROPOSITION 71, THE
22	INSTITUTE DOES HAVE A CAP ON EXPENSES. IT'S 3
23	PERCENT ON GRANTS ADMINISTRATION AS WELL AS 3
24	PERCENT ON GENERAL AND ADMINISTRATIVE, SO \$90
25	MILLION EACH OF THOSE TWO COST ITEMS. ONE CAN PUT
	20

1	TOGETHER A VIRTUALLY INFINITE SET OF PERMUTATIONS
2	THAT WILL SHOW OVER THE 15-YEAR LIFE OF THE
3	INSTITUTE BUDGET NUMBERS THAT ARE BELOW 90 MILLION
4	OR BUDGET NUMBERS THAT ARE ABOVE 90 MILLION. WHAT
5	I'M SHOWING YOU HERE IS ONE OF THAT VIRTUALLY
6	INFINITE SET OF PERMUTATIONS THAT SOLVES FOR BEING
7	UNDER \$90 MILLION.
8	LET ME JUST TELL YOU WHAT THE ASSUMPTIONS
9	THAT I MADE HERE ARE. THERE'S, AGAIN, ANY NUMBER OF
10	WAYS ONE CAN DO THIS. FOR FISCAL YEAR '11-'12, THE
11	ASSUMPTION IS THAT WE'RE \$1 MILLION UNDER BUDGET.
12	OVER THE PAST THREE YEARS, WE'VE BEEN ANYWHERE FROM
13	\$600,000 TO \$1.2 MILLION UNDER BUDGET. AND IN
14	ADDITION, IN FISCAL YEAR '12-'13, THE ACTUAL
15	EXPENSES ARE ONE MILLION LOWER THAN FISCAL YEAR
16	'11-'12. I THEN MODELED IN AN EXPENSE GROWTH OF 3
17	PERCENT PER ANNUM THROUGH THE SUMMER OF 2018 AND
18	THEN A GRADUAL DECLINE TO THE SUMMER OF CALENDAR
19	2021, FISCAL YEAR '20-'21.
20	COUPLE OF CONSIDERATIONS AND CAVEATS WITH
21	THESE PROJECTIONS. ONE IS THAT SMALL SAVINGS OR
22	EXPENSES COMPOUND TENFOLD OVER THE NEXT DECADE. SO
23	SAVING \$100,000 OR SPENDING \$100,000 ACTUALLY HAS A
24	MILLION-DOLLAR IMPACT OVER A TEN-YEAR SET OF
25	PROJECTIONS.

1	THE SECOND CAVEAT IS THAT OUR HISTORICAL
2	EXPENSE GROWTH HAS BEEN GREATER THAN 3 PERCENT. AND
3	REALLY THE CONCLUSION THAT I MAKE HERE IS THAT AS WE
4	ENTER THE BUDGETING PROCESS FOR THE COMING FISCAL
5	YEAR, WE REALLY NEED TO FOCUS ON MUST-HAVE EXPENSES
6	FOR ACHIEVING OUR PRIMARY GOAL OF STEM CELL PROOF OF
7	CONCEPT IN THE NEXT HALF DECADE.
8	AS FAR AS PROCESS, THE PLAN IS THAT IN THE
9	NEXT FEW WEEKS WE'LL BE PROVIDING SOME BUDGET
10	INFORMATION AND PLANNING TEMPLATES TO THE DIRECTOR
11	AND SENIOR LEVEL FOLKS WITHIN THE INSTITUTE. WE'LL
12	THEN DO A FIRST PASS WITH SORT OF LOOKING AT THE BIG
13	PICTURE WITH ALAN AND J.T. AND MYSELF. WE'LL THEN
14	BRING THAT TO OUR FINANCE COMMITTEE CO-CHAIRS,
15	MICHAEL AND MARCY, AND TO THE BROADER FINANCE
16	COMMITTEE AND THEN TO THE ICOC IN KIND OF THE MARCH
17	AND MAY BOARD MEETING TIME FRAME.
18	ANY QUESTIONS? THANK YOU VERY MUCH.
19	MS. BONNEVILLE: I WANTED TO CONFIRM THAT
20	JOAN WAS ON THE LINE NOW, JOAN SAMUELSON. OKAY.
21	MS. SAMUELSON: I AM. LET ME JUST TELL
22	YOU IT'S VERY HARD TO HEAR MOST OF THE TIME. J.T.
23	IS LOUD AND CLEAR, BUT NO ONE ELSE IS. SO THE MORE
24	PEOPLE COULD SPEAK UP AND SPEAK CLOSE TO THE MIC,
25	THAT WOULD HELP A LOT. THANKS.
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1	CHAIRMAN THOMAS: THANK YOU, JOAN. AND,
2	MATT, THANK YOU FOR YOUR INITIAL PRESENTATION. I'D
3	LIKE TO INFORM THE BOARD HOW DELIGHTED WE ARE TO
4	HAVE MATT ON BOARD AND WHAT A TERRIFIC ADD HE IS TO
5	CIRM IN ALL SORTS OF WAYS. AND WE ARE VERY, VERY
6	HAPPY TO HAVE HIM, AS YOU WILL CONTINUE TO SEE, WITH
7	MULTIPLE PRESENTATIONS DOWN THE ROAD TODAY AND IN
8	THE FUTURE. SO THANK YOU, MATT.
9	SO THAT CONCLUDES THE PRESIDENT'S AND
10	FINANCIAL PRESENTATION. WE'RE NOW GOING TO GO ON TO
11	ACTION ITEM, FIRST ITEM, WHICH IS CONSIDERATION OF
12	THE STRATEGIC PLAN, WHICH WILL BE PRESENTED BY DR.
13	FEIGAL.
14	DR. FEIGAL: GOOD MORNING. SO THIS IS A
15	WORK IN PROGRESS. I'VE BEEN TO YOU BACK IN AUGUST,
16	IN OCTOBER, LAST MONTH, AND NOW THIS MONTH, AND YOU
17	WILL BE ABLE TO SEE THE PROGRESSION.
18	WHAT I THOUGHT I'D DO IS GO OVER A BRIEF
19	OVERVIEW OF THE CURRENT SITUATION, TALK ABOUT THE
20	STRATEGIC PLAN ELEMENTS THAT WERE BROUGHT TO THE
21	STAKEHOLDERS, BRIEFLY REVIEW THE STAKEHOLDER INPUT,
22	AND THEN MOST OF OUR TIME TALKING ABOUT THE DRAFT
23	STRATEGIC PLAN, PARTICULARLY FOCUSING ON THE
24	STRATEGIES AND THE SINGLE MOST IMPORTANT KEY
25	OUTCOMES.
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1	YOUR PREREAD DOCUMENT THAT WAS PROVIDED,
2	AND I HOPE YOU HAD A CHANCE TO READ, WENT INTO MORE
3	OF THE FRAMEWORK FOR THE STRATEGIC PLAN, WENT
4	THROUGH THE STRATEGIC OBJECTIVES, OUR STRATEGIES IN
5	ADDITION TO THE TACTICS, BUT WHAT I'D LIKE US REALLY
6	TO PRIMARILY FOCUS ON ARE MORE OF THE HIGH LEVEL
7	ISSUES WITH THE STRATEGIES TO MEET OUR KEY OUTCOMES
8	AND STRATEGIC OBJECTIVES.
9	WITH THAT IN MIND, I THINK WE ALL KNOW
10	THIS STRATEGIC PLAN WAS INITIATED BACK IN 2006 WITH
11	THE GENESIS OF CIRM. IT WAS UPDATED IN '09-'10, AND
12	WE'RE NOW GETTING READY FOR THE UPDATE IN 2012.
13	WE'RE TAKING INTO ACCOUNT CHANGES IN THE FIELD AND
14	ALSO THE RECOMMENDATIONS FROM THE EXTERNAL REVIEW
15	PANEL WHICH WERE PROVIDED TO CIRM BACK IN OCTOBER OF
16	2010.
17	THE DISCUSSIONS TO DATE HAVE INCLUDED
18	TALKING WITH ALL OF YOU IN AUGUST, OCTOBER, AND THEN
19	MOST RECENTLY DECEMBER 8TH, HAVING THE INTERNAL
20	DISCUSSIONS THAT ARE ONGOING THAT BEGAN IN AUGUST,
21	MEETING WITH THE STEM CELL RESEARCH LEADERS IN
22	SEPTEMBER, AND THEN A SERIES OF STAKEHOLDER MEETINGS
23	AND TELECONS BETWEEN SEPTEMBER AND EARLY DECEMBER
24	WITH THE PUBLIC, INDUSTRY, PATIENT ADVOCATES,
25	COLLABORATIVE FUNDING PARTNERS, CLINICAL DEVELOPMENT

1	ADVISORS, PROFESSIONAL SOCIETIES, AND THE ALLIANCE
2	FOR REGENERATIVE MEDICINE. IN ADDITION, WE HAVE
3	SHARED THE PREREAD THAT WAS PROVIDED TO YOU AT OUR
4	PREVIOUS MEETINGS WITH THE INSTITUTE OF MEDICINE
5	REVIEW COMMITTEE.
6	SO AS IN PRIOR YEARS, WE'RE REALLY SEEKING
7	YOUR PERSPECTIVES, SEEKING STAKEHOLDER INPUT INTO
8	THIS PLAN THAT WE'RE UPDATING.
9	OUR APPROACH REMAINS AS DEFINED BACK IN
10	DECEMBER. WE'RE DEFINING THE STRATEGIC PLAN. WE'RE
11	SEEKING INPUT FROM YOU AND FROM OUR EXTERNAL
12	STAKEHOLDERS, AND NOW WE'RE AT STEP 3(A) WHERE WE
13	HAVE PROVIDED YOU A DRAFT OF THE STRATEGIC PLAN FOR
14	CONSIDERATION AND THEN WILL UTILIZE THIS OVER THE
15	SUBSEQUENT FOUR TO EIGHT WEEKS TO BRING BACK A MORE
16	FINALIZED STRATEGIC PLAN FOR YOUR CONSIDERATION AT
17	THE MARCH BOARD MEETING.
18	OUR MISSION AND VISION REMAINS CONSTANT
19	BETWEEN 2009 AND 10 AND NOW. WE'RE HERE, REALLY WE
20	ASPIRE TO SUPPORT AND ADVANCE STEM CELL RESEARCH AND
21	REGENERATIVE MEDICINE UNDER THE HIGHEST ETHICAL AND
22	MEDICAL STANDARDS FOR THE DISCOVERY AND DEVELOPMENT
23	OF CURES, THERAPIES, DIAGNOSTICS, AND TECHNOLOGIES
24	TO RELIEVE HUMAN SUFFERING FROM CHRONIC DISEASE AND
25	INJURY.

1	OUR VISION FOR THIS ENTIRE PERIOD OF THE
2	AGENCY HAS BEEN THE FIRST FIVE YEARS FOCUSED ON
3	EXPLORATION. IT'S PIONEERING. WE WERE TRYING TO
4	BRING IN THE SAFE HAVENS, THE STATE-OF-THE-ART
5	FACILITIES, THE SHARED LAB, THE RESEARCH
6	INTELLECTUAL CAPITAL, AND SEEDING THE FIELD WITH
7	DISCOVERY-TYPE RESEARCH ALL IN THE INTENT OF
8	ESTABLISHING A FOUNDATION FOR LEADERSHIP IN STEM
9	CELL RESEARCH WITHIN CALIFORNIA.
10	OUR NEXT FIVE YEARS ARE REALLY GOING TO
11	EMPHASIZE THE PRIORITIZATION OF PROJECTS AND
12	INVESTMENTS TO HELP DRIVE CLINICAL TRIALS FOR
13	PATIENTS TO GENERATE THAT PRELIMINARY EVIDENCE OF
14	THERAPEUTIC BENEFIT. IT'S ALSO GOING TO BE A TIME
15	OF DEVELOPING AND ENHANCING FURTHER PARTNERSHIPS
16	WITH PATIENTS, WITH ADVOCATE ORGANIZATIONS, WITH THE
17	COMMUNITY AT LARGE, WITH INDUSTRY TO ALLOW FOR
18	FOLLOW-ON FINANCING AND CONTINUED INVESTMENT SO THAT
19	THESE THERAPIES CAN ACTUALLY BE COMMERCIALIZED AND
20	WITH COLLABORATING PARTNERS, NOT JUST IN CALIFORNIA,
21	BUT ALSO INTERNATIONALLY. SO THAT BY THE TIME WE
22	GET TO 2016, WE WANT TO BE ABLE TO FACILITATE
23	COMMERCIALIZATION OF THERAPIES, TO ADVANCE THESE
24	INITIAL THERAPIES, AND MOVE THEM FORWARD INTO
25	PATIENTS IN THE CLINIC, AND TO STRENGTHEN AND ENABLE
	4.5

1	A BUSINESS MODEL SO THAT THESE STEM CELL-BASED
2	THERAPIES CAN THRIVE.
3	THESE ARE THE STRATEGIC OBJECTIVES THAT
4	WERE BROUGHT TO YOU AND THAT WERE BROUGHT TO THE
5	STAKEHOLDERS. JUST SO YOU KNOW, THESE ARE SLIDES
6	THAT YOU ACTUALLY HAVE SEEN BACK AT THE DECEMBER 8TH
7	ICOC BOARD MEETING, AND YOU'VE ACTUALLY RECEIVED A
8	DOCUMENT OF THIS BACK THEN. I'M JUST GOING TO
9	BRIEFLY REMIND, REVIEW WHAT ARE SOME OF THE THINGS
10	THAT WE'VE DISCUSSED.
11	SO THE OBJECTIVES THAT WE BROUGHT FORWARD
12	TO YOU AND TO OUR STAKEHOLDERS WERE FOUR: TO
13	ACCELERATE THE UNDERSTANDING OF STEM CELL SCIENCE
14	AND APPLICATIONS TOWARDS HUMAN DISEASE AND INJURY.
15	THE MEDICAL OBJECTIVE WAS TO ADVANCE SCIENCE INTO
16	CLINICAL TRIALS TO ACHIEVE PRELIMINARY EVIDENCE OF
17	THERAPEUTIC BENEFIT TO PATIENTS. THE ECONOMIC
18	OBJECTIVE, TO DRIVE ECONOMIC DEVELOPMENT FOR
19	CALIFORNIA FROM STEM CELL SCIENCE. AND THE SOCIAL
20	OBJECTIVE OR WHAT WE CALLED SOCIAL WAS TO INCREASE
21	AWARENESS OF CALIFORNIA AS THE LEADER IN STEM CELL
22	RESEARCH AND IN THERAPIES.
23	SO THAT'S WHAT WE BROUGHT TO THE
24	STAKEHOLDER MEETINGS WITH THE INTENT OF OBTAINING
25	PERSPECTIVES ON HEARING HOW WELL CIRM IS DOING OR

1	NOT DOING IN ACHIEVING ITS GOALS AND DETERMINING
2	WHETHER THE PROPOSED REVISIONS TO CIRM'S STRATEGIC
3	OBJECTIVES AND STRATEGIES ARE APPROPRIATE AND TO
4	IDENTIFY ADDITIONAL AREAS OR ACTIVITIES FOR CIRM TO
5	CONSIDER OR FOCUS ON MOVING FORWARD.
6	JUST TO REMIND YOU, THESE WERE THE
7	STRATEGIC OBJECTIVES FROM '09-'10, AND UNDERNEATH IT
8	ARE THE PROPOSED STRATEGIC OBJECTIVES. WE BASICALLY
9	MORPHED THE ACCELERATION OF THERAPEUTIC DISCOVERY
10	OBJECTIVE INTO BOTH SCIENCE AND MEDICAL BENEFIT. WE
11	THOUGHT THAT THE OPERATIONAL EXCELLENCE STRATEGIC
12	OBJECTIVE REALLY UNDERPINNED ALL THE OBJECTIVES AND
13	SHOULDN'T BE BROUGHT OUT AS ITS OWN SEPARATE ENTITY.
14	WE THOUGHT TRYING TO OBTAIN MORE REGULATORY
15	CERTAINTY WAS A TACTIC, NOT A STRATEGIC OBJECTIVE.
16	WE MOVED PUBLIC EDUCATION INTO WHAT WE'RE
17	NOW CALLING SOCIAL BENEFIT, AND THE ECONOMIC BENEFIT
18	TO CALIFORNIA STRATEGIC OBJECTIVE REMAINS. WE THEN
19	HAD A SERIES OF PUBLIC MEETINGS, ICOC DISCUSSIONS TO
20	SEEK INPUT ON THESE STRATEGIC OBJECTIVES AND ON OUR
21	ACTIVITIES.
22	WHAT WE FOUND FROM THAT STAKEHOLDER
23	DISCUSSION AND INPUT WAS THAT THERE WERE ABOUT FIVE
24	COMMON THEMES THAT CAME ACROSS ACROSS ALL THE
25	MEETINGS. AND THOSE ARE AS FOLLOWS: ONE, THAT CIRM

1	HAS ESTABLISHED A MOMENTUM. THAT CIRM HAS MADE
2	GREAT INITIAL PROGRESS IN ESTABLISHING AN EXTENSIVE
3	PROGRAM IN SUPPORT OF STEM CELL RESEARCH AND IN THE
4	ADVANCEMENT OF SCIENCE.
5	SUSTAINABILITY WAS THE THEME THAT WAS
6	PARTICULARLY BROUGHT OUT BY THE BOARD MEETING, THAT
7	CIRM NEEDS TO BE MORE AGGRESSIVE IN FINDING
8	ALTERNATIVE FUNDING RESOURCES AND TO IMPLEMENT
9	GREATER CREATIVITY IN IDENTIFYING THE TYPES OF
10	ORGANIZATIONS THAT MAY BE ABLE TO CONTRIBUTE TO THE
11	SUSTAINABILITY OF CIRM'S WORK. YOU WILL HEAR A
12	LITTLE BIT ABOUT THIS PART OF THE DISCUSSION FROM
13	OUR CHAIRMAN, J.T., AND FROM MATT LATER ON AFTER WE
14	HAVE A FULLER DISCUSSION OF THE STRATEGIC PLAN.
15	THE THIRD THEME WAS REALLY ABOUT
16	COMMUNICATION AND PUBLIC AWARENESS, THAT WE NEED TO
17	HAVE A MORE ROBUST PUBLIC AFFAIR TACTIC AND THAT WE
18	NEED TO BETTER COMMUNICATE THE ORGANIZATIONAL
19	INITIATIVES AS WELL AS EDUCATE THE PUBLIC MORE
20	BROADLY.
21	GLOBAL NETWORKING WAS THE FOURTH MAJOR
22	THEME, THAT WE NEED TO PROVIDE GREATER OPPORTUNITIES
23	FOR NETWORKING, TO BREED COLLABORATIVE PROJECTS THAT
24	UNITE ACADEMIA AND INDUSTRY AS WELL AS RESEARCHERS
25	ACROSS GEOGRAPHIC REGIONS.

1	AND THE FIFTH THEME THAT WAS COMMON WAS
2	PROCESS OPTIMIZATION. CIRM NEEDS TO HAVE GREATER
3	TRANSPARENCY IN THE FUNDING PROCESS, AND THERE'S A
4	GREAT NEED FOR THE PROCESS TO BE LESS BUREAUCRATIC
5	AND EASIER TO NAVIGATE. WE PARTICULARLY HEARD THIS
6	FROM INDUSTRY.
7	THIS IS JUST A MATRIX SHOWING THE
8	DIFFERENT INPUTS FROM THE PUBLIC, FROM INDUSTRY, AND
9	FROM ICOC ON OUR DIFFERENT STRATEGIC OBJECTIVES. I
10	THINK WHAT YOU WILL FIND HERE ARE THE KEY THEMES AS
11	MENTIONED ABOVE, BUT ALSO THE KEY THEME OF SHARING
12	LESSONS LEARNED, DON'T REINVENT THE WHEEL, LEVERAGE
13	AS MUCH AS WE CAN, AND REALLY CREATE THOSE
14	COLLABORATIVE RESEARCH COMMUNITY OPPORTUNITIES SO
15	THAT WE CAN MOVE THE SCIENCE FORWARD. IN ADDITION,
16	REALLY FOCUS ON THE FOLLOW-ON TO OUR INVESTMENT, THE
17	FOLLOW-ON COLLABORATIONS AND INVESTMENT AND
18	FINANCING SO THAT THESE TREATMENTS CAN MOVE BEYOND
19	JUST BEING CLINICAL TRIALS, BUT MOVE INTO THE
20	COMMERCIAL SECTOR.
21	THIS IS JUST THE BACKDROP TO EACH OF THOSE
22	DIFFERENT MEETINGS THAT I SUMMARIZED IN THE TABLE
23	THAT YOU JUST SAW. SO I'M NOT GOING TO GO OVER THIS
24	IN ANY DETAIL, BUT AS MENTIONED, YOU HAVE THIS FROM
25	YOUR DECEMBER 8TH ICOC MEETING.
	10

1	WE ALSO HAD INPUT FROM A PANEL OF INDUSTRY
2	ADVISORS, ONCE AGAIN, FOCUSING ON THEIR THEME OF
3	GETTING THE BEST PROJECTS THROUGH EARLY CLINICAL
4	TRIALS, FOCUS ON PORTFOLIO MANAGEMENT TO ENSURE THAT
5	WE'RE INVESTING IN THE BEST PROGRAMS, AND THAT WE'RE
6	ENSURING THERE'S SOME KIND OF FOLLOW-ON FINANCING
7	THROUGH EARLY CLINICAL PROOF OF CONCEPT AND BEYOND.
8	THEY ALSO HIGHLY ENCOURAGED US TO CUT PROGRAMS THAT
9	ARE NOT PERFORMING, TO SIMPLIFY THE LOAN PROGRAM AND
LO	MAKE IT FLEXIBLE, AND TO WORK ON DERISKING FOR CIRM
L1	AND DERISKING FOR INDUSTRY TO CO-FUND AT EARLIER
L2	STAGES OF DEVELOPMENT. AND IN ADDITION, THERE WAS
L3	SUPPORT FOR CIRM HELPING TO HOST A PHARMA SUMMIT
L4	WHERE WE TAKE MORE TIME TO LISTEN TO INPUT FROM A
L5	VARIETY OF BIOTECH AND LARGE PHARMA.
L6	WE HEARD FROM OUR COLLABORATIVE FUNDING
L7	PARTNERS ABOUT THE NEED TO DEVELOP A CAPABILITY MAP
L8	TO SHOW STRENGTHS, EXPERTISE ACROSS THE DIFFERENT
L9	COLLABORATIVE FUNDING PARTNERS. THERE WAS A DESIRE
20	FOR MORE MULTICOLLABORATIVE FUNDING PARTNER
21	COLLABORATIONS WITH CIRM AS OPPOSED TO ONE-ON-ONE
22	COLLABORATIONS. THEY WANTED MORE INPUT INTO THE
23	DEVELOPMENT OF CONCEPTS. THEY WERE VERY INTERESTED
24	IN OUR HARMONIZATION AND MATERIAL TRANSFER
25	AGREEMENT, INFORMED CONSENTS WHERE POSSIBLE SO THAT

IT WOULD LOWER THE ACTIVATION ENERGY TO WORK
TOGETHER. AND IN ADDITION, THEY WERE VERY
INTERESTED IN FORMING PARTNERSHIPS FOR INTERNATIONAL
CLINICAL TRIALS.
WE HEARD FROM PATIENT ADVOCATES ABOUT
DEVELOPING COMMUNICATIONS FOR THE LAY PUBLIC
PROVIDED IN UNDERSTANDABLE FORMAT AND IN A VENUE
WHERE QUESTIONS CAN BE ASKED. THEY WERE REALLY
ASKING FOR AN INTERACTIVE DIALOGUE THAT WAS
SUSTAINABLE AND THAT WAS MORE LONG TERM. THEY
REALLY ASKED US TO BUILD A COALITION OR COMMUNITY OF
PATIENT ADVOCATES AND TO SET UP A CORE GROUP OF
ADVOCATES TO MEET REGULARLY WITH CIRM WITH GOALS AND
OBJECTIVES THAT THEY COULD HELP PURSUE AS A GROUP.
AND THEY REALLY WANTED TO BE PART OF THE PROCESS TO
HELP PEOPLE UNDERSTAND ABOUT CLINICAL TRIALS AND
THEIR IMPORTANCE IN DEVELOPING THERAPIES.
WE HEARD FROM OUR CLINICAL DEVELOPMENT
ADVISORS, THE PANEL OF EXPERTS WHO ARE PROVIDING
ADVICE TO CIRM, AS WE MANAGE OUR DIFFERENT
CLINICALLY RELEVANT DISEASE PROJECTS THAT ARE
ALREADY FUNDED. HERE, ONCE AGAIN, THEY WERE
FOCUSING ON CIRM EMPHASIS ON PROGRAMS THAT COULD GO
INTO CLINICAL DEVELOPMENT, PARTICULARLY TO GENERATE
CLINICAL PROOF OF CONCEPT, TO STRIKE PARTNERSHIPS SO
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1	TEAMS COULD MOVE FORWARDS TOWARDS COMMERCIALIZATION,
2	FOR CIRM TO PROVIDE ACTIVE OVERSIGHT AND ACCESS TO
3	EXPERTISE IN TERMS OF BIOPROCESSING, ENGINEERING,
4	PRECLINICAL, CLINICAL, AND DEVELOPMENT, AND TO HELP
5	THE TEAMS EXECUTE.
6	THE WHOLE POINT IS THAT ONCE WE INVEST, WE
7	HAVE A REAL ROLE TO PLAY IN POSITIONING OUR TEAMS SO
8	THEY HAVE A HIGHER LIKELIHOOD OF BEING SUCCESSFUL.
9	WE HEARD FROM THE INTERNATIONAL SOCIETY
10	FOR CELLULAR THERAPY. THEIR BIG COMMENT TO US WAS
11	REALLY TO MANAGE EXPECTATIONS FOR THE FIELD,
12	PARTICULARLY FOR THE LAY PUBLIC AND FOR LEGISLATORS.
13	THEY DEFINE SUCCESS AS BEING A MAJOR BREAKTHROUGH IN
14	OUR UNDERSTANDING OF THE SCIENCE, FOR MEDICAL
15	SUCCESS IN PUTTING PRODUCTS INTO WELL-DESIGNED
16	CLINICAL TRIALS THAT ARE WELL EXECUTED, AND IN
17	MAKING CALIFORNIA A STEM CELL HUB. THEY THOUGHT IT
18	WAS ALSO IMPORTANT THAT WE CONTINUE TO SUPPORT THE
19	BASIC RESEARCH, THE ENGINE OF DISCOVERY. AND ON THE
20	CLINICAL SIDE, TO BE VERY CRITICAL ABOUT WHAT IT
21	TAKES TO GET INTO THESE EARLY PHASE TRIALS, NOT TO
22	BE AFRAID TO KILL PROJECTS, AND TO TRY AND FOCUS AS
23	MUCH AS POSSIBLE ON THOSE PROGRAMS THAT HAVE A
24	HIGHER PROBABILITY OF SUCCESS, AND ALSO TO SHARE
25	LESSONS LEARNED FROM OUR WORK WITH DISEASE TEAM I.

	DARRISTERS REPORTING SERVICE
1	FOR PRIVATE INDUSTRY, THEY REALLY WANTED
2	TO SEE CIRM INCREASE THEIR ENGAGEMENT WITH INDUSTRY,
3	TO SELECT REVIEWERS WITH INDUSTRY EXPERTISE TO HELP
4	US IDENTIFY THOSE PROGRAMS THAT COULD BE RECOMMENDED
5	TO MOVE FORWARD, TO HELP START-UPS, PARTICULARLY IN
6	TRYING TO CONNECT WITH VENTURE CAPITALISTS AND OTHER
7	SOURCES OF FUNDING.
8	AND FROM THE ALLIANCE FOR REGENERATIVE
9	MEDICINE WE REALLY HEARD FROM THEM THAT CIRM COULD
10	FOCUS ON A BROADER MESSAGE, SUCH AS THE VALUE OF
11	CIRM, THE VALUE OF REGENERATIVE MEDICINE, THE VALUE
12	OF THE REGENERATIVE MEDICINE THAT WE FUND, AND WORK
13	TOWARDS A NATIONAL STRATEGY, BE MORE EXPLICIT ABOUT
14	CIRM'S INTENT TO ENGAGE REGULATORS, PAYERS, AND
15	CONGRESS TO ADVANCE SCIENCE INTO THE CLINIC. ALSO
16	SUGGESTED ADDING FOLLOW-ON INVESTMENT AND FINANCIAL
17	SUPPORT FOR THE MOST PROMISING OF CIRM PROJECTS.
18	THEY ALSO SUGGESTED WE CHANGE OUR MEDICAL OBJECTIVE
19	TO A CLINICAL OBJECTIVE SO IT WOULD BE MORE EXPLICIT
20	THAT WE'RE MOVING INTO THE CLINIC.
21	WHAT I'D NOW LIKE TO DO IS MOVE INTO THE
22	DOCUMENT THAT YOU RECEIVED ON OUR DRAFT STRATEGIC

WHAT I'D NOW LIKE TO DO IS MOVE INTO THE DOCUMENT THAT YOU RECEIVED ON OUR DRAFT STRATEGIC PLAN. AND PARTICULARLY WHAT WE'RE INTERESTED AND WHAT WE THINK WOULD BE HELPFUL IS TO FOCUS ON THE STRATEGIES AND THE KEY OUTCOMES. THERE'S MUCH MORE

23

24

25

1	IN THE DOCUMENT, BUT WHAT I THINK WOULD BE A HELPFUL
2	APPROACH IS TO LOOK AT THE HIGH LEVEL STRATEGIES AND
3	OUTCOMES TO SEE IF WE'RE ON THE SAME PAGE REGARDING
4	THAT. AND THEN PERHAPS WE CAN GET INTO SOME OF THE
5	TACTICS THAT MIGHT HAVE BEEN THAT WERE OUTLINED.
6	THIS IS THE DRAFT TABLE OF CONTENTS FOR
7	THE STRATEGIC PLAN THAT WOULD PROVIDE AN
8	INTRODUCTION, PLACING THE CONTEXT OF HOW WE ARRIVED
9	AT THIS PLAN, PROVIDING AN EXECUTIVE SUMMARY WITH
10	THE REAL POINTS AND HIGHLIGHTS OF WHAT WE'RE TRYING
11	TO ACHIEVE, THEN PROCEED INTO THE MISSION AND
12	VISION, THE FOUR STRATEGIC OBJECTIVES AND KEY
13	OUTCOMES AS OUTLINED HERE, THE STRATEGIES AND
14	TACTICS TOWARDS SUCCESS, TO ACCELERATE STEM CELL
15	SCIENCE, TO ADVANCE THE SCIENCE INTO CLINICAL
16	TRIALS, TO DRIVE ECONOMIC DEVELOPMENT IN CALIFORNIA,
17	AND TO MAINTAIN SUPPORT FOR CALIFORNIA'S LEADERSHIP
18	IN THE FIELD.
19	WE WOULD THEN HAVE THE TARGET GOALS AND
20	METRICS, THE FINANCIAL PROJECTIONS. AND AFTER MY
21	PRESENTATION HERE, PAT OLSON IS GOING TO PROVIDE YOU
22	SOME STRATEGIES FOR RESEARCH FUNDING FOR YOUR
23	CONSIDERATION BECAUSE AT THE END OF THE DAY AS WE
24	LOOK AT THE MISSION, THE VISION, THE OBJECTIVES, THE
25	STRATEGIES, AND THE OUTCOMES, WE NEED TO HAVE THE
	F.4

1	RESOURCES, THE MONEY, THE PERSONNEL, THE INVESTMENT
2	SO THAT WE HAVE THE CAPABILITY TO MOVE FORWARD. SO
3	AFTER THIS PRESENTATION, SHE'S GOING TO COME TALK TO
4	YOU ABOUT THE FINANCIAL PROJECTIONS.
5	AND THE APPENDICES, WE'RE GOING TO HAVE A
6	SUMMARY OF THE EXTERNAL ADVISORY PANEL REPORT AND
7	LEADERSHIP RESPONSE, THE PROCESS FOR AND SUMMARY OF
8	STAKEHOLDER INPUTS, AND THE PROGRESS ON CIRM'S 2006
9	FIVE-YEAR AND TEN-YEAR GOALS.
10	SO THAT'S THE FRAMEWORK THAT WE'RE
11	THINKING OF RIGHT NOW FOR THE 2012 STRATEGIC PLAN.
12	THESE ARE HOW THE STRATEGIC OBJECTIVES FOR THE NEXT
13	FIVE YEARS HAVE EVOLVED LISTING TO STAKEHOLDER
14	INPUT. WE MADE SOME CHANGES BASED ON THE INPUT, BUT
15	I THINK THE SUBSTANCE OF IT REMAINS THE SAME. WE'VE
16	CHANGED A FEW OF THE TITLES.
17	SO UNDER SCIENTIFIC WE REMAIN A FOCUS ON
18	ACCELERATING UNDERSTANDING OF STEM CELL SCIENCE AND
19	ITS APPLICATIONS TOWARD HUMAN DISEASES AND INJURIES,
20	WITH A SINGLE MOST KEY IMPORTANT OUTCOME FROM THAT
21	SCIENTIFIC OBJECTIVE BEING TO ACHIEVE TRANSFORMATIVE
22	RESEARCH DISCOVERIES.
23	FOR THE CLINICAL STRATEGIC OBJECTIVE, WE
24	CHANGED IT TO CLINICAL FROM MEDICAL TO MAKE IT MORE
25	EXPLICIT THAT WE'RE GOING INTO THE CLINIC, IS TO

1	ADVANCE THE SCIENCE INTO CLINICAL TRIALS TO ACHIEVE
2	EVIDENCE OF THERAPEUTIC BENEFIT TO PATIENTS WITH THE
3	SINGLE MOST IMPORTANT KEY OUTCOME BEING THAT OF
4	ACHIEVING CLINICAL PROOF OF CONCEPT FOR STEM CELL
5	THERAPIES.
6	FOR ECONOMIC IT'S TO DRIVE ECONOMIC
7	DEVELOPMENT FOR CALIFORNIA FROM STEM CELL SCIENCE
8	AND ITS THERAPIES WITH THE KEY OUTCOME BEING THAT OF
9	LEVERAGING CIRM'S INVESTMENT IN CALIFORNIA. WHETHER
10	IT BE WITHIN CALIFORNIA OR THOSE OUTSIDE COMING TO
11	CALIFORNIA, REALLY LEVERAGING THE INVESTMENT THAT
12	WE'VE MADE SO THAT WE REALLY ESTABLISH SOME
13	PLATFORMS FOR SUSTAINABILITY.
14	AND WE CHANGED SOCIAL TO COMMUNITY IS TO
15	MAINTAIN CALIFORNIA AS THE WORLD STEM CELL LEADER
16	WITH THE SINGLE MOST IMPORTANT KEY OUTCOME BEING
17	THAT CALIFORNIA WILL BE GLOBALLY RECOGNIZED AS THE
18	STEM CELL STATE.
19	WITH THOSE OBJECTIVES IN MIND, TAKING INTO
20	ACCOUNT YOUR INPUT, THE STAKEHOLDER INPUT, WE
21	DEVELOPED THESE KEY STRATEGIES. THERE'S THREE TO
22	SIX PER EACH OF THE FOUR STRATEGIC OBJECTIVES. AND
23	LET ME JUST GO THROUGH ONE BY ONE. AND THEN WHAT WE
24	COULD DO, I WOULD SUGGEST, IS OPEN IT UP FOR
25	QUESTIONS, DISCUSSION.

1	THE STRATEGIES UNDER SCIENTIFIC, TO
2	ACCELERATE THAT UNDERSTANDING OF STEM CELL SCIENCE
3	AND ITS APPLICATIONS IS REALLY TO FOSTER AN ENGINE
4	OF THE DISCOVERY AND TRANSFORMATIVE RESEARCH.
5	THE SECOND STRATEGY IS TO CREATE A
6	COLLABORATIVE COMMUNITY THAT ENHANCES CALIFORNIA'S
7	LEADERSHIP AND ITS ABILITY TO BE COMPETITIVE.
8	AND THIRD, TO REALIGN FUNDING PROGRAMS,
9	REVIEW, AND DECISION-MAKING WITH THE CURRENT
10	STRATEGIC OBJECTIVES. SO IT'S VERY IMPORTANT THAT
11	WE THINK ABOUT REALIGNMENT AS WE'RE MOVING TOWARDS
12	THESE EVOLVING STRATEGIC OBJECTIVES.
13	UNDER CLINICAL WE HAVE SIX STRATEGIES.
14	THE FIRST IS TO FOSTER DISEASE-SPECIFIC RESEARCH
15	TOWARD CLINICAL PROOFS OF CONCEPT.
16	THE SECOND IS TO EXPAND MULTIDISCIPLINARY
17	COLLABORATIVE EFFORTS TO ENHANCE CLINICAL OUTCOME.
18	THE THIRD IS TO FOSTER DEVELOPING A
19	REGULATORY PATH AND IMPROVE ITS CERTAINTY AND
20	PREDICTABILITY FOR STEM CELL THERAPIES. WE KNOW
21	THIS IS PARTICULARLY IMPORTANT IF WE ARE GOING TO BE
22	ABLE TO ATTRACT INDUSTRY TO THIS FIELD AND STAY IN
23	THIS FIELD.
24	THE FOURTH IS TO ENABLE OPPORTUNITIES FOR
25	COMMERCIALIZATION.

1	THE FIFTH IS TO FOCUS, PRIORITIZE, AND
2	EVALUATE PROJECTS TO MOVE THE MOST PROMISING
3	FORWARD.
4	AND THE SIXTH IS TO ENHANCE OUR
5	INTERACTIONS WITH PATIENTS AND ADVOCATES SO THAT
6	THEY PLAY A MORE CRITICAL ROLE IN THE CLINICAL
7	STRATEGIC OBJECTIVE.
8	UNDER ECONOMIC WE HAVE THREE STRATEGIES
9	WE'D LIKE YOU TO CONSIDER. THE FIRST IS TO ATTRACT
10	CO-FUNDING AND FOLLOW-ON FINANCING OF CIRM PROJECTS.
11	THE SECOND IS TO FOSTER GROWTH OF
12	CALIFORNIA STEM CELL INDUSTRY AND THE CREATION OF
13	STEM CELL CLUSTERS THAT ACCELERATE INVESTMENT.
14	AND THE THIRD, WHICH YOU WILL HEAR ABOUT
15	MORE FROM OUR CHAIRMAN AND FROM MATT, IS TO
16	ESTABLISH A PLATFORM TO ENABLE GRANTEES, DISEASE
17	FOUNDATIONS, VENTURE CAPITALISTS, AND OTHERS TO
18	PURSUE CIRM'S MISSION UPON EXPIRATION OF CIRM'S BOND
19	FUNDING.
20	UNDER COMMUNITY OUR THREE STRATEGIES ARE
21	TO COMMUNICATE THE VALUE PROPOSITION OF CIRM AND THE
22	STEM CELL FIELD.
23	THE SECOND IS TO ENGAGE WITH STAKEHOLDERS
24	ON WHY STEM CELL SCIENCE MATTERS TO THEM. IT'S A
25	TWO-WAY DISCUSSION, NOT A ONE-WAY.
	F.0

1	AND THE THIRD IS TO CREATE AN AWARENESS
2	AMONG STAKEHOLDERS OF CIRM'S ROLE IN MAKING
3	CALIFORNIA THE LEADER IN THE FIELD.
4	SO I THINK WHAT I'D LIKE TO DO IS REALLY
5	USE THAT SLIDE AS THE MAJOR PLATFORM FOR OUR
6	DISCUSSION, BUT ALSO LET YOU KNOW OUR NEXT STEPS ARE
7	TO COME BACK TO YOU IN MARCH WITH A FINALIZED
8	VERSION FOR ICOC BOARD CONSIDERATION. SO WITHIN THE
9	NEXT FOUR TO EIGHT WEEKS, WE'LL HAVE THE OPPORTUNITY
10	TO GET YOUR PERSPECTIVES, HEAR MORE OF YOUR INPUTS
11	SO THAT WE CAN TRY AND EMBED THOSE INTO THE
12	FINALIZED PLAN.
13	SO THANK YOU VERY MUCH. AND I THINK RIGHT
14	NOW WE'RE OPEN TO QUESTIONS AND DISCUSSION.
15	MR. ROTH: SO FIRST, THANK YOU, ELLEN, FOR
16	THE LEADERSHIP AND THE WHOLE TEAM THAT WORKED ON
17	PULLING THIS TOGETHER. I KNOW IT'S NOT EASY TO GET
18	SO MUCH INPUT AND THEN DRILL IT DOWN TO A FEW BULLET
19	POINTS, BUT I THINK YOU DID AN INCREDIBLE JOB OF
20	REACHING OUT, TOUCHING AS MANY PEOPLE AS POSSIBLE.
21	ONE THING THAT HIT ME, AND I'VE LOOKED AT
22	THIS MULTIPLE TIMES, THAT I THINK WE DROPPED OFF
23	UNINTENTIONALLY IS UNDER THE ECONOMIC HEADER. THERE
24	IS NOTHING MORE EXPENSIVE THAN DISEASE FOR THE
25	COUNTRY, AND WE NEED TO GET THAT CONCEPT IN THERE,
	50

1	THAT THE WHOLE GOAL HERE IS TO GET THERAPIES THAT
2	ACTUALLY CURE PATIENTS AS OPPOSED TO CHRONIC
3	TREATMENT, LIFETIME COSTS THAT ARE ASSOCIATED WITH
4	THAT.
5	IT HAS ANOTHER ECONOMIC IMPACT WHEN YOU
6	DISCOVER, DEVELOP, AND MARKET PRODUCTS DEVELOPED IN
7	CALIFORNIA BY CALIFORNIA COMPANIES THAT'S EXPORTED
8	ACROSS THE GLOBE AND THE MONEY RETURNS TO CALIFORNIA
9	AND EMPLOYS CALIFORNIANS. SO IT'S BOTH AN EXPENSE,
10	LOWER COST, BETTER QUALITY OF LIFE, BUT ALSO THE
11	REVENUE THAT COMES FROM EXPORTING PRODUCTS THAT WERE
12	DEVELOPED HERE. SO I THINK WE NEED TO GET A BULLET
13	BACK IN THERE, MAYBE THE FIRST ONE UNDER ECONOMIC
14	IMPACT.
15	CHAIRMAN THOMAS: SHERRY.
16	MS. LANSING: I AGREE TOTALLY WITH WHAT
17	DUANE SAID. I JUST WANT TO COMPLIMENT YOU. I THINK
18	YOU DID AN EXCELLENT JOB. AND I GUESS IT'S THERE
19	UNDER COMMUNITY, BUT I WOULD LIKE TO EMPHASIZE WHAT
20	WE WERE TALKING ABOUT A LITTLE EARLIER, THAT I THINK
21	THAT THESE ARE REALLY CRUCIAL TIMES, AND WE'RE GOING
22	TO BE GOING OUT AGAIN. AND I THINK IT'S ALMOST
23	LIKE NOT LIKE WE'RE STARTING OVER AGAIN. I DON'T
24	WANT TO SAY THAT. IN ORDER TO CONTINUE THE
25	MOMENTUM, AND I DO SEE IT UNDER COMMUNITY AND IT'S
	60

1	THERE, BUT I JUST WANT LIKE A LITTLE STAR OR
2	SOMETHING TO ENGAGE THE BOARD AS ACTIVISTS. AND I
3	THINK THIS IS REALLY SOMETHING THAT WE'RE GOING TO
4	NEED TO DO. DO YOU KNOW? WE REPRESENT THE
5	PATIENTS. IT'S HOW THIS INITIATIVE GOT THROUGH.
6	AND I THINK WE'RE GOING TO HAVE TO ENGAGE
7	AND WE ARE GOING TO HAVE TO BE THE ACTIVISTS THAT DO
8	THAT TO OUR OWN. WE REPRESENT ALL THE CITIZENS OF
9	CALIFORNIA. THE PATIENT ADVOCATES HERE HAVE GREAT
10	ACCESS AS DO THE DOCTORS, AS DO THE SCIENTISTS TO
11	THE COMMUNITY OF PEOPLE THAT HELPED TO PASS THIS
12	BILL. I THINK WE HAVE TO MAKE CLEAR THAT OUR JOB IS
13	JUST BEGINNING IN A SENSE.
14	CHAIRMAN THOMAS: BEFORE WE TAKE OTHER
15	COMMENTS IN THE ROOM, ARE THERE ANY COMMENTS BY
16	MEMBERS OF THE BOARD ON THE PHONE? DEAN PIZZO.
17	DR. PIZZO: I WANT TO ALSO ADD THE
18	CONGRATULATORY COMMENTS THAT YOU'VE HEARD FROM DUANE
19	AND SHERRY. I THINK THIS IS REALLY QUITE AN
20	ADVANCE, AND I AGREE WITH THE COMMENTS THAT HAVE
21	BEEN MADE ALREADY.
22	I DO THINK THAT FOR VISIBILITY, WE SHOULD
23	RECOMMEND CHANGING THE STATE FLAG AND GET RID OF THE
24	BEAR AND PUT A STEM CELL ON IT SO THAT WE CAN WAVE
25	THE BANNER MORE HIGHLY.

1	BUT I ALSO WANT TO FOLLOW SHERRY'S COMMENT
2	IN A MORE PROACTIVE WAY, WHICH IS IN ANTICIPATION OF
3	WHERE WE'RE GOING TO BE, AND I'M REALLY FOCUSING ON
4	THE FINAL BULLET UNDER ECONOMIC WHERE WE TALK ABOUT
5	WHAT WE'RE GOING TO DO WHEN BOND FINANCING IS GONE.
6	WE HAVE THE HOPEFUL GOAL THAT IT WON'T BE GONE, BUT
7	WE HAVE A REALISTIC EXPECTATION AND SHOULD THAT IT
8	WILL BE.
9	AND THE QUESTION IS HOW TO BE PROACTIVELY
10	ENGAGED IN THAT SO THAT WE CAN BRING TOGETHER SOME
11	OF THESE CONSTITUENCIES. AND THIS MAY MEAN A SERIES
12	OF WORK GROUPS, TASK FORCES, MEETINGS TO BRING THE
13	COMMUNITY TOGETHER IN ANTICIPATION OF WHAT WE'RE
14	GOING TO DO WELL BEFORE IT BECOMES A REAL ISSUE.
15	THERE ARE TWO REASONS FOR THAT. ONE OF
16	THEM IS THAT DIALOGUE MAY REVEAL THINGS WE HAVEN'T
17	THOUGHT ABOUT IN ITS OWN RIGHT; BUT, SECONDLY, IT
18	WILL CREATE THAT BROADER COMMUNITY THAT SHERRY IS
19	TALKING ABOUT, WHICH WILL ENHANCE THE ADVOCACY ON
20	DUAL FRONTS, BOTH THE ECONOMIC AS WELL AS THE
21	POLITICAL OR GOVERNMENTAL ONES.
22	CHAIRMAN THOMAS: MR. JUELSGAARD.
23	DR. JUELSGAARD: SO, ELLEN, WITH RESPECT
24	TO BOTH THE SCIENTIFIC OBJECTIVE AND THE CLINICAL
25	OBJECTIVE, WE INTEND TO PRIORITIZE PROJECTS AND
	63

1	FOCUS, AS I UNDERSTAND THE LANGUAGE. SO HOW DO WE
2	INTEND TO GO ABOUT THAT? WHAT SORT OF FRAMEWORK DO
3	WE INTEND TO ESTABLISH TO MAKE THAT HAPPEN BECAUSE I
4	THINK IT'S ESSENTIAL THAT WE HAVE A FRAMEWORK FOR
5	PEOPLE TO OPERATE UNDER. SO THERE'S NOT REALLY
6	ANYTHING THAT ADDRESSES HOW WE INTEND TO GO ABOUT
7	IT, AND I'D LIKE TO HEAR A LITTLE BIT MORE ABOUT IT
8	BECAUSE I THINK THAT'S A VERY IMPORTANT PART OF ALL
9	OF THIS.
10	DR. FEIGAL: I THINK IT'S A VERY GOOD
11	QUESTION. AND I THINK THE FIRST THING I'D LIKE TO
12	SAY IS THIS STRATEGIC PLAN IS NOT SOMETHING TO PUT
13	ON THE SHELF. IT SHOULD BE GUIDING US. IT'S A PLAN
14	FOR THE FUTURE. AND SO WE NEED TO BE ON THE SAME
15	PAGE ABOUT WHERE WE ARE NOW, WHERE WE WANT TO GO,
16	AND HOW WE'RE GOING TO GET THERE.
17	SO I THINK THE FIRST STEP IS TO GET THIS
18	ENGAGEMENT ON WHERE IT IS WE WANT TO GO AND HOW
19	WE'RE GOING TO GET THERE. AND SO PART OF WHAT WE'RE
20	DOING TO HELP ESTABLISH THAT PROCESS IS TO BE VERY
21	TRANSPARENT ABOUT WHERE WE ARE AND WHERE OUR
22	POTENTIAL FUNDING OPPORTUNITIES MIGHT LIE. AND
23	GIVEN THE MYRIAD OF OPPORTUNITIES, WHERE DO WE
24	REALLY NEED TO FOCUS THAT REALLY TIES IN TO THE
25	MISSION AND VISION OF THIS AGENCY.

Т	SO RIGHT NOW I'M GIVING YOU A HIGH-LEVEL
2	ANSWER BECAUSE I THINK IT REQUIRES US TO BE ON THE
3	SAME PAGE ABOUT WHERE THIS AGENCY IS TRYING TO GO IN
4	TERMS OF ITS STRATEGIC OBJECTIVES AND ITS KEY
5	OUTCOMES.
6	SO I THINK THAT WHAT WE'D LIKE TO DO IS
7	SEE THIS PLAN GUIDE WHAT INITIATIVES WE PUT FORWARD,
8	TO GUIDE HOW RESEARCHERS SUBMIT PROPOSALS, TO GUIDE
9	REVIEWERS IN IDENTIFYING PROPOSALS AND RECOMMENDING
LO	THEM TO THE BOARD, AND TO GUIDE THE BOARD IN TERMS
L1	OF MAKING THAT ULTIMATE DECISION ABOUT WHAT TO FUND.
L2	SO I THINK IT REALLY REQUIRES WHAT WE CALLED AN
L3	ALIGNMENT ON OUR STRATEGIC OBJECTIVES TO TRY AND GET
L4	THERE. IT'S GOING TO TAKE ALL PARTIES TO BE ON THE
L5	PAGE TO MOVE US FORWARD.
L6	DR. JUELSGAARD: JUST TO FOLLOW UP ON
L7	THAT. SO AS YOU SAID, THAT'S A FAIRLY HIGH-LEVEL
L8	ANSWER. I THINK WHAT WOULD BEHOOVE US IS TO HAVE A
L9	TIMELINE TO FOLLOW AND PARTICULAR STEPS THAT ARE
20	GOING TO COME WITH THAT TIMELINE TO GET TO THIS
21	OBJECTIVE OF ESTABLISHING A PRIORITY OR FOCUS
22	FRAMEWORK. AND SO I WOULD SUGGEST THAT WE DEVELOP
23	SUCH A THING AND SHARE IT WITH THIS GROUP SO THAT WE
24	KNOW WE'RE GOING TO TRY AND DO THAT. AND I THINK
25	THE SOONER THE BETTER.

1	DR. FEIGAL: TO THAT POINT, THAT'S WHY
2	WE'RE HAVING A DISCUSSION TODAY ABOUT FINANCIAL
3	PROJECTIONS GIVEN IN THE CONTEXT OF OUR STRATEGIC
4	PLAN BECAUSE THE DECISIONS THAT ARE MADE TODAY ARE
5	GOING TO IMPACT HOW WE'RE ABLE TO MOVE FORWARD. SO
6	WHAT YOU'D LIKE TO SEE IS A TIMELINE AND SOME
7	OBJECTIVES AND GOALS PUT INTO THE STRATEGIC PLAN; IS
8	THAT CORRECT?
9	DR. JUELSGAARD: YES, THAT IS CORRECT. AS
10	I SAID, SORT OF THE VARIOUS STEPS THAT YOU SEE
11	GETTING TO THE END POINT. SO BY WHEN ARE WE GOING
12	TO DO WHAT? BY THE NEXT PERIOD OF TIME, WHAT'S THE
13	NEXT STEP, ETC.? SO ALL OF THOSE GETTING TO THE END
14	POINT OF HAVING A PRIORITIZATION FRAMEWORK THAT CAN
15	BE IMPLEMENTED BY WHOEVER WE WANT TO IMPLEMENT IT.
16	DR. TROUNSON: STEVE, WHAT YOU'RE
17	DESCRIBING, I THINK, IS THE OPERATIONS PLAN ABOUT
18	HOW WE'RE GOING TO ACHIEVE THESE THINGS. FIRST OF
19	ALL, WE NEEDED TO BE IN AGREEMENT THAT THIS IS WHAT
20	WE WANT TO DO, AND THEN WE NEED TO GET IN AGREEMENT
21	ABOUT HOW THAT OPERATION ENABLES THAT, AND IT
22	INCLUDES THE TIME FRAME.
23	SO FIRST, IF WE AGREE TO THIS, THEN I
24	THINK THERE'S FURTHER WORK TO BE DONE ON HOW TO GO
25	ABOUT THAT. AND THAT REALLY BECOMES AN OPERATIONAL

N THAT SORT OF UNDERPINS THE STRATEGIC PLAN.
ERWISE YOU CAN GET REALLY LOST IN A LOT OF
AIL. BUT IF YOU GET THE OPERATION PLAN SPEAKING
THE STRATEGIC PLAN, I THINK YOU GET AN
EGRATION OF HOW TO DO IT ONCE YOU'VE GOT AGREED
T'S WHAT WE SHOULD BE DOING.
DR. JUELSGAARD: I AGREE WITH YOU, ALAN.
UST WANT TO EMPHASIZE I THINK WE REALLY NEED TO
'E FORWARD IN THAT DIRECTION, AND SO THAT'S WHY
PUSHING A LITTLE BIT.
DR. POMEROY: I TOO WOULD LIKE TO THANK
FOR ALL YOUR WORK ON MOVING THIS FORWARD. TWO
CK COMMENTS. ONE, I THINK IF YOU ASK THE PUBLIC
T THEY WOULD DEFINE AS SUCCESS, THEY WOULD SAY A
TIENT BENEFITED IN SOME WAY. I HOPE THAT WE
TURE SOMEWHERE IN THIS DOCUMENT A PATIENT
EFITING. AND WE WANT TO GUARD AGAINST THIS
PEARING TO BE A DOCUMENT THAT PERPETUATES
SELVES EITHER AS ACADEMIC UNIVERSITIES OR AS AN
ANIZATION AND HIGHLIGHT THE FOCUS ON BENEFITING
PLE.
TO THAT END IS MY SECOND COMMENT, WHICH IS
NOW YOU'RE GOING TO GET TO METRICS. I WOULD
ONGLY URGE THAT WE HAVE A VERY SIMPLE TO
ERSTAND DASHBOARD THAT HAS A LIMITED NUMBER OF

1	MEASURABLE METRICS IN IT THAT WE CAN REVIEW AT EVERY
2	ONE OF OUR BOARD MEETINGS AND THAT WE CAN SHARE WITH
3	THE PUBLIC.
4	CHAIRMAN THOMAS: THANK YOU. DR. LUBIN.
5	DR. LUBIN: SO I'M VERY PLEASED TO HEAR
6	THE COMMENTS, AND I AGREE WITH THE COMMENTS OF OTHER
7	BOARD MEMBERS. ONE OF THE THINGS TO EMPHASIZE IS
8	HEALTHCARE REFORM'S MANTRA OF BETTER CARE FOR LESS
9	MONEY. AND I THINK WHAT DUANE POINTED OUT IN TERMS
10	OF THE COST OF THESE ILLNESSES AND WHAT WE'RE TRYING
11	TO DO, A STATEMENT RELATED TO THAT OF ONE OF OUR
12	OBJECTIVES TO PROVIDE BETTER CARE AT REDUCED COST BY
13	CURING THESE DISEASES IS SOMETHING TO KEEP IN MIND.
14	I ALSO WOULD BE VERY INTERESTED IN SEEING
15	A PIE CHART OF WHERE WE ARE AND THE MONEY WE SPENT
16	RELATED TO TRANSLATIONAL RESEARCH VERSUS NOW WHERE
17	WE WANT TO GO. IS IT A SMALL SLOT OF THE PIE?
18	DR. TROUNSON: THAT'S COMING.
19	DR. LUBIN: AND THE OTHER IS I THINK THAT
20	IN TERMS OF TRANSLATION, IT'S IMPORTANT TO REALLY
21	SPECIFICALLY FOCUS ON THE OPPORTUNITIES THAT WE HAVE
22	IN THE STATE OF CALIFORNIA WITH ALL THESE
23	TRANSLATION INSTITUTES WITHIN VARIOUS UNIVERSITIES
24	AND HOW MANY OF THEM ARE INVOLVED RIGHT NOW AND WHAT
25	THE CHALLENGES ARE IN TERMS OF RELATIONSHIP BETWEEN
	67

1	THE BASIC SCIENTISTS AND TRYING TO GET A CLINICIAN
2	TO WORK WITH THEM TO BRING THESE ADVANCES FORWARD.
3	I KNOW THERE HAVE BEEN CHALLENGES HERE, AND I THINK
4	THAT'S WORTH TAKING A CAREFUL LOOK AT IN OUR
5	STRATEGIC PLAN IF WE WANT TO OVERCOME THAT.
6	AND PERHAPS, ALTHOUGH I'M NOT SAYING THAT
7	I AGREE WITH THE NIH'S NEW TRANSLATIONAL RESEARCH
8	INSTITUTE, LOOKING AT HOW THAT'S FORMED AND WHERE
9	WE'RE TRYING TO GO IN THE STATE OF CALIFORNIA.
10	THERE'S SOME LESSONS TO BE LEARNED THERE.
11	AND FINALLY, I THINK THE STRATEGIES FOR
12	PUBLIC AWARENESS DON'T HIT THE TARGET. AND I
13	THINK I HATE TO USE THIS TERM, BUT THIS IS A
14	MARKETING THING. WE'RE NOT GETTING OUT TO THE
15	COMMUNITY. WE'RE GETTING TO THE ACADEMIC CENTERS,
16	BUT NOT TO THE REST OF THE PEOPLE THAT VOTE IN THIS
17	STATE OR TO THE POLITICAL FIGURES. I THINK IT WOULD
18	BEHOOVE US TO THINK ABOUT TALKING TO SOME MARKETING
19	GURUS WHO CAN SAY WHAT DO YOU WANT TO DO? YOU WANT
20	TO GET OUT WHAT YOU'VE DONE AND WHERE YOU'RE HEADED
21	AND WHAT THE BENEFIT IS, AS CLAIRE SAID, TO
22	PATIENTS. I DON'T THINK WE DO THE BEST JOB ON THAT,
23	AND THAT'S A WHOLE SEPARATE APPROACH THAT I THINK IS
24	WORTH OUR CONSIDERING IN THE STRATEGIC PLAN.
25	DR. FEIGAL: THIS IS GOOD. AND IT'S ALSO,
	60

1	I THINK, IT CAN IMPACT AS YOU KNOW, RIGHT NOW
2	WE'RE LOOKING FOR A DIRECTOR OF PUBLIC COMMUNICATION
3	AND PATIENT ADVOCATE OUTREACH. SO I THINK THESE
4	TYPE OF COMMENTS ALSO HELP US THINK OF THE
5	ATTRIBUTES AND QUALIFICATIONS OF WHAT WE WANT.
6	DR. FIRESTEIN: I THINK YOU MADE A GREAT
7	POINT ABOUT LINKING UP WITH VARIOUS CTSA'S IN
8	CALIFORNIA IN ORDER TO LEVERAGE ESSENTIALLY NIH
9	RESOURCES TO TRANSLATE THESE INTO THE CLINIC. AND,
10	IN FACT, THERE'S A CTSA CONSORTIUM FOR THE
11	UNIVERSITY OF CALIFORNIA THAT WAS FORMED ABOUT A
12	YEAR OR TWO AGO AND IS NOW REALLY IN FULL STRIDE AND
13	HAS ALREADY BEGUN TO HAVE DISCUSSIONS WITH CIRM IN
14	ORDER TO DEVELOP IRB PROCESSES AND OUTLINE THE
15	CAPACITY THAT'S NEEDED IN ORDER TO MANAGE THE NEXT
16	PHASE OF THESE INTERACTIONS. SO THOSE DISCUSSIONS
17	DON'T MAKE IT IN THIS HIGH A LEVEL OF DOCUMENT, BUT
18	ARE DEFINITELY ONGOING.
19	DR. FEIGAL: I JUST WANT TO CLARIFY TOO.
20	SOME OF THE THINGS THAT PEOPLE HAVE MENTIONED ARE
21	ACTUALLY WHAT WE'VE PUT INTO TACTICS RATHER THAN
22	STRATEGIES.
23	MS. FEIT: I JUST WANT TO JUMP ON THE
24	BANDWAGON WITH DUANE'S COMMENT. RECENTLY WE HAD A
25	PRESENTATION AT CEDARS ON SOME PRETTY PROFOUND

1	CARDIAC WORK THAT'S BEING DONE, AND THE
2	TRANSFORMATION OF THOSE PATIENTS' LIVES IS
3	TREMENDOUS. WHILE WE'RE NOT CURING CARDIAC DISEASE,
4	WE'RE RESTORING THESE PATIENTS BACK TO A VERY NORMAL
5	STATE WHERE THEY'RE FUNCTIONAL AND THEY'RE NOT GOING
6	TO BE UTILIZING THOSE HIGH RESOURCES FOR THE REST OF
7	THEIR LIVES BECAUSE THEY HAD HEART ATTACKS. I THINK
8	THE EMPHASIS ON THE ECONOMIC AND THEN THE
9	COMMUNICATING OF WHAT WE'VE ALREADY ACCOMPLISHED
10	BECAUSE CIRM HAS FUNDED THAT PROJECT.
11	IT WAS ONE OF THE BEST PRESENTATIONS SO
12	FAR THAT REALLY SHOWS THE PROGRESSION OF WHERE THE
13	STATE OF STEM CELL RESEARCH IS GOING, AND THESE
14	PATIENTS WERE JUST PROFOUNDLY AFFECTED, AND THE
15	PUBLIC CAN RELATE TO THAT.
16	THE LEGISLATORS CAN RELATE TO THE ECONOMIC
17	CHANGE IN HEALTHCARE, AND THAT'S THEY ALL WANT.
18	THEY WANT THE COST REDUCED. THAT'S THE MANTRA FOR
19	HEALTHCARE REFORM. I CAN'T THINK OF ANYTHING BETTER
20	THAN WHAT WE HEARD A MONTH AGO AT CEDARS.
21	MR. SHESTACK: CAN I MAKE A COMMENT ON THE
22	PHONE? I JUST WANTED TO ALSO CHIME IN PARTICULARLY
23	WITH WHAT CLAIRE SAID AND URGE THAT THE METRICS WE
24	USE BE TRULY SIMPLE. HAVE THEM REALLY BE FOR THE
25	LAY PUBLIC AND THE EDUCATED PRESS AND NOT FOR

1	OURSELVES.
2	AND THE OTHER THING I URGE IS SPECIFICITY
3	AND DISEASE SPECIFICITY, TALKING ABOUT SPECIFIC
4	GOALS THAT YOU THINK MIGHT BE ACCOMPLISHED IN A
5	CERTAIN PERIOD OF TIME IN A SPECIFIC DISEASE. IF
6	THEY END UP NOT BEING ACCOMPLISHED, YOU CAN DEAL
7	WITH THAT THEN, BUT A SPECIFIC STORY THAT A PATIENT
8	CAN TELL TO ANOTHER PATIENT IS SO CRITICAL. AND WE
9	RARELY PRESENT IT THAT WAY. I AGREE WITH MARCY THAT
10	THE PRESENTATION AT CEDARS WAS EXCELLENT BECAUSE IT
11	REALLY ALLOWED MANY OF US TO GO HOME AND TALK ABOUT
12	THE POTENTIAL OF STEM CELLS IN A CONCRETE WAY THAT
13	WE OFTEN DON'T GET TO DO, AND IT MAKES A HUGE
14	DIFFERENCE.
15	CHAIRMAN THOMAS: THANK YOU, JON.
16	MR. SHEEHY: WELL, I AGREE WITH JON AND I
17	THINK ALSO WITH STEVE JUELSGAARD, AND I THINK THE
18	TWO ARE LINKED, THIS ISSUE OF PRIORITIZATION AND
19	GETTING SOME GRANULARITY IN WHAT WE'RE
20	ACCOMPLISHING. AND I ACCEPT, AND I THINK DR. FEIGAL
21	HAS DONE A GREAT JOB ON GIVING US A FRAMEWORK ON
22	WHICH TO START THE ANALYSIS, BUT THIS IS REALLY JUST
23	THE VERY FIRST STEP.
24	AND I THINK TO GO BACK TO WHAT SHERRY
25	WAS SAYING, IF WE'RE GOING TO ACTUALLY ENGAGE THE

1	ADVOCACY COMMUNITY THAT PUT THIS ON THE BALLOT, THIS
2	PROCESS OF PRIORITIZATION AND GRANULARITY IN WHAT
3	WE'RE GOING TO ACCOMPLISH IS CRITICAL IN ORDER TO DO
4	THAT. AND THIS IS REALLY KIND OF STARK TO ME WHEN
5	WE LOOK AT OUR RESEARCH LEADERSHIP AWARD TODAY, I
6	DON'T KNOW HOW MANY PEOPLE HAVE LOOKED AT THAT, THAT
7	BRINGS IT SHARPLY INTO FOCUS. AND WE CAN'T START
8	THIS PROCESS OF WHERE WE SHOULD BE PUTTING OUR MONEY
9	AND WHAT WE SHOULD BE TRYING TO ACCOMPLISH, WHO
10	WE'RE TRYING TO DO IT FOR, WE CAN'T DO THIS TOO
11	SOON.
12	AND I FEEL LIKE WE'RE GOING TO BE VOTING
13	ON SOMETHING THIS AFTERNOON OR LATER THIS MORNING
14	THAT WE HAVEN'T REALLY GOT THE ANALYTIC FRAMEWORK IN
15	WHICH TO APPROACH, BUT WE'RE GOING TO KIND OF THROW
16	A DART AT IT. I KNOW THAT WE STRUGGLED WITH THAT AT
17	THE WORKING GROUP. BUT WHILE THIS IS A GREAT
18	FRAMEWORK TO START US DOWN THE ROAD, WE REALLY NEED
19	TO GET TO THAT GRANULARITY, THAT PROCESS FOR
20	PRIORITIZATION, AND THAT ENGAGEMENT OF THE COMMUNITY
21	IN ORDER TO REALLY HAVE SOMETHING THAT WILL RESONATE
22	WITH THE PEOPLE WHO PUT THIS ON THE BALLOT.
23	CHAIRMAN THOMAS: DUANE.
24	MR. ROTH: SO ONE OTHER IMPORTANT CONCEPT
25	HERE IS ON SUSTAINABILITY, AND THERE ARE TWO WAYS TO

1	VIEW SUSTAINABILITY. ONE IS THE SUSTAINABILITY OF
2	THE SCIENCE TO GO ON WITHOUT US. THE 3 BILLION WAS
3	NEVER INTENDED TO ACCOMPLISH EVERYTHING. IT WAS
4	INTENDED, I THINK, TO GET THE FRAMEWORK, THE
5	FOUNDATION, AND SOME OF THE PILLARS IN PLACE SO THAT
6	IT COULD CONTINUE ON AFTER US REGARDLESS OF WHEN
7	THAT IS. IF WE GET MORE MONEY, WE CONTINUE TO DO
8	WHAT THE MISSION SAID. BUT IF WE DON'T, I AM
9	LOOKING BACKWARDS AT THIS STRATEGIC PLAN SAYING, MY
10	GOODNESS, LOOK WHAT WE'VE PUT IN PLACE, WHAT WE'VE
11	ENABLED. AND IT'S QUITE AN ACCOMPLISHMENT. WE'VE
12	GOT CENTERS, WE'VE GOT PEOPLE, WE'VE GOT SOME
13	INTEREST FROM THE COMMERCIAL SIDE. IT'S NOT WHERE
14	WE WANT IT TO BE, BUT LOOKING AT THOSE REMAINING
15	FUNDAMENTALS MIGHT HELP US GUIDE HOW WE APPROACH
16	WHERE TO SPEND THE REST OF OUR MONEY.
17	SO TO ME WE HAVE TO BE A LITTLE CAREFUL
18	THAT THIS DOESN'T COME ACROSS AS SUSTAINABILITY OF
19	THE AGENCY, BUT SUSTAINABILITY OF WHAT WE SET OUT TO
20	DO HERE AND WHAT WE WERE PROMPTED BY THE VOTERS TO
21	DO.
22	CHAIRMAN THOMAS: WELL SAID.
23	DR. PIZZO: I THINK THAT WAS WELL SAID,
24	BUT I JUST WANT TO, DUANE, JUST FOLLOW THE LOGIC OF
25	THAT ARGUMENT FOR A MOMENT BECAUSE THERE IS NO

1	QUESTION THAT THE STATE OF CALIFORNIA AND ALL OF ITS
2	COMPONENTS HAVE BEEN BENEFITED FROM WHAT'S BEEN
3	ACCOMPLISHED. I THINK YOU SAID THAT VERY WELL. BUT
4	WITHOUT THERE BEING SUSTAINABILITY, EITHER FROM THE
5	PUBLIC AND/OR PRIVATE OR SOME CONVERGENCE OF THOSE
6	TOGETHER, THERE'S A HUGE LOST INVESTMENT. JUST AS
7	YOU BEGAN YOUR COMMENT BY SAYING THAT IT REALLY IS
8	ABOUT HOW ONE ALTERS DISEASE BECAUSE DISEASE IS SO
9	EXPENSIVE. THE SAD REALITY WOULD BE AN INVESTMENT
10	OF \$3 BILLION THAT ISN'T ABLE TO SUSTAIN ITSELF OVER
11	TIME THROUGH THESE VARIOUS ORGANIZATIONS WOULD BE A
12	HUGE LOST INVESTMENT FOR THE STATE AS WELL.
13	SO WE NEED TO JUST BE SURE THAT THAT
14	MESSAGE DOESN'T GET LOST.
15	MR. ROTH: I'M ABSOLUTELY IN AGREEMENT.
16	WHERE THAT SUSTAINABILITY FOLLOW-ON FINANCING COMES,
17	HOWEVER, MAY BE FROM MULTIPLE SOURCES. AND SO
18	PUTTING IN PLACE AND ATTRACTING THAT SEED THAT WILL
19	ALLOW SOMETHING TO GROW IS VERY IMPORTANT. WE'RE
20	TRYING TO DO THAT WITH OUR INDUSTRY PARTNERS. AND I
21	THINK FOR US THAT'S MONEY EXTREMELY WELL SPENT.
22	DR. PIZZO: TRUE. BUT I'M ALSO KEYING
23	INTO BOTH ALAN AND MICHAEL'S COMMENTS EARLIER. WE
24	ARE AT A TIME IN HISTORY WHEN THESE SHARED
25	INVESTMENTS ARE VERY, VERY DIFFICULT. AND I THINK

1	WE OUGHT TO BE REMINDING IN PUBLIC RELATIONS WAYS
2	THAT OTHERS HAVE ARTICULATED WHY THIS IS SO
3	IMPORTANT. AND THAT DOES MEAN BRINGING THE PARTIES
4	TOGETHER EARLY ON FOR THESE DIALOGUES BECAUSE I
5	THINK IF WE WERE TO, AND I KNOW THIS IS WHAT OTHERS
6	ARE SAYING, IF OUR ONLY ARGUMENT IS THERE NEEDS TO
7	BE MORE PUBLIC FUNDING, IF THAT'S THE SOLE ARGUMENT,
8	I THINK WE LOSE OUR CREDIBILITY TO A SIGNIFICANT
9	DEGREE.
10	IF WE ARGUE FOR SHARED PUBLIC FUNDING WITH
11	PRIVATE FUNDING, I THINK WE GAIN; BUT WE NEED TO
12	BRING THE PRIVATE SOURCES TO THE TABLE TO BE
13	CREATIVE ABOUT HOW THAT'S GOING TO BE ACCOMPLISHED
14	IN THIS ECONOMIC REALITY.
15	MR. ROTH: JUST A QUICK FOLLOW-UP, IF I
16	COULD. I THINK WE NEED TO KEEP OUR HAND ON THE
17	THROTTLE AND KEEP MOVING FORWARD. THAT I DON'T
18	ARGUE WITH AT ALL.
19	I THINK I WANT TO REMIND YOU FROM SOME OF
20	THE COMMENTS MADE EARLIER THIS MORNING. I'VE BEEN
21	AROUND LONG ENOUGH TO LIVE THROUGH WHEN MONOCLONAL
22	ANTIBODIES WERE DISCARDED. THERE WOULD NEVER BE ANY
23	THERAPEUTIC BENEFIT FROM MONOCLONAL ANTIBODIES. IT
24	WAS ALL A BUNCH OF HYPE AND IDEAS. AND THAT TURNED
25	NOT TO BE THE CASE. SAME THING WITH GENE THERAPY.

1	WE'VE GONE FROM, YOU KNOW, THE HIGHEST HIGH, THAT
2	IT'S GOING TO CURE EVERY DISEASE KNOWN TO MAN TO RAT
3	POISON I WOULDN'T FEED TO MY DOG. AND THEN SUDDENLY
4	IT STARTS TO REGENERATE AGAIN, AND YOU FIGURE OUT
5	HOW TO DO IT AND IT MOVES FORWARD.
6	SO IT'S IN TIMES LIKE THIS THAT WE'VE GOT
7	TO KEEP THE HAND ON THE THROTTLE. AS LONG AS THE
8	SCIENTISTS TELL US THE POTENTIAL IS THERE, AND I
9	BELIEVE THAT FROM EVERYTHING I'VE SEEN, DON'T GIVE
10	UP HOPE JUST BECAUSE PHARMA AND VENTURE CAPITAL
11	HASN'T YET JOINED ON. THEY JOIN LATE, AND THEY'RE
12	FEROCIOUS WHEN THEY GET GOING.
13	DR. LUBIN: I JUST WANTED TO ADD, AND THIS
14	MIGHT BE IN OPERATIONS, BUT IT WOULD BE VERY
15	INTERESTING TO KNOW HOW MANY JOBS HAVE BEEN CREATED
16	BY THE FUNDING WE HAVE THAT INVOLVED CONSTRUCTION,
17	INVOLVED EVERYTHING ELSE
18	MR. TORRES: 25,000.
19	DR. LUBIN: IS THAT RIGHT? 25,000. DID
20	WE MAKE THAT KNOWN? DOES EVERYBODY KNOW THAT?
21	CHAIRMAN THOMAS: YES. WE MADE THAT
22	KNOWN. WE'VE REPORTED ON THAT DIRECTLY TO THE
23	STATE. WE'VE HAD THAT NUMBER IN A NUMBER OF
24	REFERENCES THAT WE'VE MADE. IT'S A VERY IMPORTANT
25	POINT BECAUSE THE JOBS ARE OBVIOUSLY A CRITICAL
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1	CONCERN FOR THE GOVERNOR AND THE LEGISLATURE, ETC.,
2	AND WE'RE KEENLY FOCUSED ON TRANSMITTING THAT
3	MESSAGE. THANK YOU.
4	OTHER COMMENTS?
5	DR. MELMED: I WOULD JOIN THE REST OF US
6	IN CONGRATULATING YOU ON A TERRIFIC PRESENTATION AND
7	A GREAT SYNTHESIS OF MANY COMPLEX IDEAS. I JUST
8	WANTED TO ADD ONE SMALL COMMENT, TECHNICAL COMMENT.
9	ALL GOOD STRATEGIC PLANS ARE REALLY
10	DYNAMIC, AND THEY'RE NOT STATIC DOCUMENTS. AND SO I
11	THINK THAT I WOULD LIKE TO SUGGEST TO THE BOARD IN
12	ADDITION TO ANNUALLY OR SEMIANNUALLY LOOKING AT THE
13	PLAN AND SEEING THAT WE'RE ON TARGET, ACTUALLY
14	RECONSIDER CHANGING THE PLAN. AND THAT PART OF OUR
15	ROLE SHOULD BE ON AN ANNUAL BASIS THAT WE REVISIT
16	THE PLAN AND CHANGE IT AND CHANGE COURSE BECAUSE
17	THIS IS NOT A DOGMATIC DOCUMENT.
18	CHAIRMAN THOMAS: THANK YOU. ANY OTHER
19	COMMENTS FOR DR. FEIGAL?
20	DR. TROUNSON: WELL, I THINK SOME OF THE
21	IMPORTANT ISSUES ARE REALLY HAVE WE GOT THE RIGHT
22	MAJOR KEYNOTE MESSAGE UNDER THOSE FOUR HEADINGS
23	BECAUSE WE WENT THROUGH A LOT OF THIS THROUGH ALL
24	THE STAKEHOLDERS. AND I THINK WHAT WE'RE HEARING IS
25	SOME OF THAT FROM YOU, THAT WE'VE ACTUALLY GOT TO

1	GET PROOF OF CONCEPT IN SOME DISEASES. WE'VE GOT TO
2	GET IT THROUGH TO PHASE II IN SOME DISEASES WHERE WE
3	CAN SHOW THAT THERE'S A BENEFIT. THE PATIENTS
4	IT'S NOT ONLY SAFE, BUT IT'S BENEFICIAL TO PATIENTS.
5	IF WE DO THAT, THAT'S A HUGE CHALLENGE,
6	IT'S STILL A HUGE CHALLENGE. WE'VE SORT OF LOST AT
7	THE MOMENT THE FRONT-RUNNING STUDY, SO WE'VE GOT IN
8	WHAT WE'RE CONCENTRATING ON TRYING TO BUILD OUR
9	ACTIVITIES THROUGH TO GET AT LEAST A NUMBER OF
10	STUDIES THAT ARE FOCUSING DOWN ON PHASE II BECAUSE
11	THEY WON'T ALL BE SUCCESSFUL.
12	IF THAT'S THE CASE, THAT'S REALLY, REALLY
13	IMPORTANT, AND IT'S GOING TO TAKE A LOT OF OUR
14	ENERGY TO GET THERE. IF THAT'S NOT RIGHT, THEN WE
15	NEED TO BE THOUGHTFUL ABOUT WHAT IS THE SUBSIDIARY
16	ISSUE. BECAUSE THAT, I THINK, WILL BE RECOGNIZED
17	MORE THAN ANYTHING AS A BENEFIT BY THE COMMUNITY,
18	AND BUILDING THE ECONOMICS WILL COME ALONG WITH
19	THAT, I'D SUGGEST, ANYWAY.
20	BUT THE OTHER THING IS IN THE SCIENCE
21	SIDE, TO SORT OF KEEP PRESSING ON MAKING
22	TRANSFORMATIONS BECAUSE THERE'S SOME THINGS HERE
23	THAT ARE HAPPENING WITH THE BASIC RESEARCH WHICH,
24	AGAIN, I THINK ARE GOING TO CHANGE THE WHOLE FIELD
25	IN THE NEXT DECADE OR TWO. SO IF WE PRESS ON WITH

1	THOSE INITIATIVES AND WE PRESS ON GETTING THEM INTO
2	THE CLINIC BEING REALLY CRITICAL COMPONENTS OF WHAT
3	WE'RE ABOUT BECAUSE A LOT OF THE OTHER THINGS FLOW
4	FROM THAT IN MY MIND.
5	DR. FEIGAL: I JUST WANT TO SAY THIS IS AN
6	OPPORTUNITY TO ACTUALLY GIVE US YOUR THOUGHTS AND
7	YOUR INPUT BECAUSE WE ARE GOING TO GO AND START
8	EMBEDDING THIS MORE INTO A FINALIZED PLAN FOR YOUR
9	CONSIDERATION. AND I SAY FINALIZED IN A
10	SEMITANGIBLE SENSE IN THAT ALL THESE DOCUMENTS ARE
11	GOING TO BE DYNAMIC BASED UPON CHANGES IN THE FIELD
12	AND HOW THE DATA EMERGES. BUT THIS REALLY IS AN
13	OPPORTUNITY NOW TO TELL US WHAT YOU THINK SO THAT
14	WHEN WE DO COME BACK IN MARCH, THERE REALLY HAS
15	BEEN YOU CAN SEE THAT YOU CAN BE REALLY ENGAGED
16	IN THE PLAN THAT WE PUT TOGETHER, THAT THIS IS
17	SOMETHING THIS IS OUR AGENCY. AND SO WE WANT TO
18	MAKE SURE WE REALLY ARE ON THE SAGE PAGE ABOUT HOW
19	WE WANT TO MOVE FORWARD.
20	CHAIRMAN THOMAS: DR. POMEROY.
21	DR. POMEROY: SO THIS DISCUSSION OF WE
22	HAVEN'T HAD A SINGLE PROOF OF CONCEPT, ARE WE SAYING
23	THAT OUR SUCCESS IS DEFINED ONLY BY EMBRYONIC OR IPS
24	CELL STUDIES BECAUSE OF THE WORK THAT WE'VE
25	SUPPORTED HAS BEEN WITH MESENCHYMAL STEM CELLS OR
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1	ADULT STEM CELLS. AND AS MARCY HAS ALREADY POINTED
2	OUT, WE HAVE MADE PROGRESS ON THAT BECAUSE OF THIS
3	INVESTMENT. SO I THINK AS WE FIGURE OUT HOW WE WANT
4	TO ASSESS WHAT WE DEFINE AS SUCCESS, I WANT TO
5	CAUTION US. MY PERSONAL APPROACH WOULD BE TO TALK
6	ABOUT EVERYTHING THAT HAS BEEN FUNDED BY CIRM AND
7	NOT LIMIT OUR METRICS OR OUR DEFINITION OF OUTCOMES
8	TO EMBRYONIC OR IPS.
9	DR. FEIGAL: WE'VE ACTUALLY HEARD THAT
10	VERY STRONGLY FROM EXTERNAL STAKEHOLDERS, BUT WOULD
11	BE VERY INTERESTED IN GETTING THE BOARD PERSPECTIVE
12	ON WHAT YOU THINK ABOUT THAT.
13	DR. PIZZO: IPS IS A SUCCESS BECAUSE IT
14	DIDN'T EVEN EXIST WHEN THIS AGENCY STARTED.
15	MR. ROTH: I WANT TO JUMP ON HERE AND JUST
16	SAY THAT WHAT WE'RE TALKING ABOUT IS DON'T DEFINE
17	SUCCESS SO NARROW TO CALIFORNIA PROOF OF CONCEPT.
18	WHAT WE DID, WHAT THE VOTERS DID, WHAT THIS AGENCY,
19	BOB KLEIN, ALL THE PEOPLE THAT LED THIS IS CREATE A
20	WORLDWIDE FOCUS ON THIS TECHNOLOGY. WHEN I GO
21	PLACES AND TALK, THEY SAY, "BUT FOR CALIFORNIA, WE
22	WOULDN'T HAVE FUNDING IN OUR STATE." SO IT DOESN'T
23	HAVE TO HAPPEN BECAUSE WE FUNDED A SPECIFIC PROJECT.
24	IT HAS TO HAPPEN. AND IF IT HAPPENS IN CONNECTICUT
25	AND A PRODUCT COMES FORWARD, THE VENTURE CAPITAL

1	COMMUNITY OPENS UP, HEY, CONNECTICUT WOULDN'T HAVE
2	HAD FUNDING IF WE HADN'T SET THE BAR VERY HIGH.
3	DR. FEIGAL: I THINK WE'RE HEARING ALSO
4	ANOTHER ISSUE, WHICH IS IN TERMS OF THE STEM
5	CELL-BASED PLATFORMS AND NOT NARROW IT THERE. WHAT
6	ARE PEOPLE'S THOUGHTS ON THAT?
7	CHAIRMAN THOMAS: I COMPLETELY AGREE WITH
8	THAT. THE FACT OF THE MATTER IS CIRM IS FUNDING
9	ACROSS THE PLATFORM. SO THE PLATFORM AS A WHOLE
10	SHOULD BE THE STANDARD THAT WE'RE LOOKING TO
11	EVALUATE BOTH HERE AND, AS DUANE CORRECTLY POINTS
12	OUT, GLOBALLY. SO WE DO NOT WANT TO RESTRICT THIS.
13	THERE ARE LOTS OF VERY INTERESTING THINGS HAPPENING
14	ACROSS THE CONTINUUM THAT WE WANT TO MAKE SURE THAT
15	WE FOCUS ON.
16	DR. BRYANT: I WAS JUST GOING TO SAY THE
17	SAME THING. I THINK IT'S IMPORTANT TO RECOGNIZE
18	THAT BY HAVING THE HIGH ASPIRATION FOR EMBRYONIC
19	STEM CELLS INITIALLY, IT ALSO FOLDED IN ALL THESE
20	OTHER THINGS. SO THE WHOLE FIELD HAS MOVED FORWARD
21	AS A RESULT, NOT JUST THROUGH CIRM FUNDING, BUT
22	BECAUSE OF CIRM.
23	DR. PIZZO: IF I CAN MAKE ONE MORE
24	COMMENT. I'M REFLECTING BECAUSE I'VE OFTEN HAD THE
25	SAME MODELS IN MIND THAT DUANE MENTIONED IN TERMS OF
	01

1	PAST HISTORY. AND, YOU KNOW, AS PART OF THE
2	ARGUMENT, I THINK WE SHOULD CONTINUE TO REFLECT THAT
3	OFTENTIMES IN SCIENCE THESE DISCOVERIES TAKE, IN
4	REALITY, DECADES BEFORE THEY ACTUALLY MAKE IT. AND
5	WE'VE ALL LIVED THROUGH THE VERY POINTS THAT YOU
6	JUST MADE. THE SCIENCE WAVE OF DEVELOPMENT IS VERY
7	SIGNIFICANT FROM OVEREXUBERANCE TO UNDER EXPECTATION
8	TO REALITY. AND AS WE CRAFT THAT MESSAGE WITHOUT
9	LOOKING LIKE WE'RE DUCKING THE ISSUE BY PRETENDING
10	THAT IT'S GOING TO BE BEYOND THE HORIZON, WE OUGHT
11	TO GIVE THESE PAST EXAMPLES OF INVESTMENTS THAT LEAD
12	TO SUCCESS.
13	CHAIRMAN THOMAS: OTHER COMMENTS? THANK
14	YOU VERY MUCH, DR. FEIGAL, FOR AN EXCELLENT
15	PRESENTATION. I GUESS WE'RE NOW GOING TO ANYBODY
16	ON THE PHONE HAVE CONCLUDING COMMENTS THEY'D LIKE TO
17	MAKE?
18	DR. TROUNSON: JON, WHAT WE REALLY WANTED
19	TO DO IS GET PAT OLSON.
20	CHAIRMAN THOMAS: YES, I WAS ABOUT TO.
21	TURNING IT OVER TO PAT NOW FOR THE SECOND PART OF
22	THIS PRESENTATION.
23	THERE'S BEEN A REQUEST TO DO A QUICK
24	FIVE-MINUTE BREAK. SO WE'LL RESUME IN FIVE MINUTES.
25	THANK YOU.

1	(A RECESS WAS TAKEN.)
2	CHAIRMAN THOMAS: WE'RE ABOUT TO RESUME
3	HERE. OKAY. THE WEATHER CONDITIONS IN THE ROOM
4	SEEM TO ALTERNATE BETWEEN COLD AND HOT. OKAY.
5	SO ON TO PART 2 OF THE STRATEGIC PLAN
6	DISCUSSION, THE FINANCIAL PROJECTIONS. DR. OLSON.
7	DR. OLSON: THANK YOU. SO WE'VE ALL HEARD
8	NOW, WE'VE HAD A VERY GOOD DISCUSSION ON THE
9	ELEMENTS OF THE STRATEGIC PLAN. AND NOW I'D LIKE TO
10	BRING FORWARD FOR YOUR CONSIDERATION A DISCUSSION ON
11	STRATEGIC RESEARCH FUNDING. BECAUSE BASICALLY, YOU
12	KNOW, THE KINDS OF FUNDING DECISIONS WE MAKE ARE AN
13	IMPORTANT PART AS TO HOW WE IMPLEMENT OUR
14	STRATEGIES.
15	FIRST, I WOULD REALLY LIKE TO REMIND ALL
16	OF US, IN FACT, HOW WE HAVE ALLOCATED OUR MONEY TO
17	DATE WHICH HAS BROUGHT US THE SUCCESSES IT HAS. SO
18	THIS BOARD HAS MADE FUNDING DECISIONS AND AWARDED
19	\$1.3 BILLION TO DATE. AND FOR THE PURPOSES OF THIS
20	DISCUSSION, I'D JUST LIKE TO GO OVER THE
21	CLASSIFICATION. ROUGHLY 333 MILLION HAS GONE TO
22	PHYSICAL INFRASTRUCTURE. THESE ARE OUR MAJOR NEW
23	FACILITIES; THESE ARE THE SHARED LABS. ROUGHLY 290
24	MILLION HAS GONE TO WHAT I'LL DEFINE AS INTELLECTUAL
25	INFRASTRUCTURE. THIS IS OUR TRAINING PROGRAMS, THIS
	0.3

1	IS OUR BRIDGES PROGRAM, THIS IS OUR NEW FACULTY, AND
2	INCLUDES THE RESEARCH LEADERSHIP AWARDS THAT HAVE
3	BEEN MADE TO DATE.
4	ANOTHER 250 MILLION HAS GONE TO WHAT I'LL
5	CALL FUNDAMENTAL RESEARCH. THESE ARE OUR BASIC
6	BIOLOGY PROGRAMS. THIS WAS THE COMPREHENSIVE
7	RESEARCH AWARD. THIS IS NEW CELL LINES. SO IF YOU
8	LOOK ROUGHLY, BECAUSE SINCE A LOT OF THE
9	INTELLECTUAL INFRASTRUCTURE IS SORT OF BASIC
10	RESEARCH AS WELL, ROUGHLY A HALF A BILLION DOLLARS
11	HAS GONE INTO THAT.
12	THEN THERE'S WHAT I'LL CALL TRANSLATIONAL
13	RESEARCH. FOR THE PURPOSES OF THIS DISCUSSION, THIS
14	IS THE EARLY TRANSLATIONAL PROGRAMS AS WELL AS THE
15	RECENT TOOLS AND TECHNOLOGIES FOR TRANSLATIONAL
16	RESEARCH. THAT'S AT 174 MILLION. AND THEN THERE'S
17	FINALLY WHAT I'M GOING TO CALL CLINICAL DEVELOPMENT
18	OFTEN SHORTENED TO DEVELOPMENT IN ENSUING
19	DISCUSSIONS. AND BY DEVELOPMENT I MEAN THOSE
20	PROGRAMS THAT WILL BE WITHIN THE REGULATED SPACE.
21	THEY'RE ON A PATH OR IN THE CLINIC. SO THIS
22	INCLUDES OUR DISEASE TEAM AWARD, OUR FIRST DISEASE
23	TEAM AWARD AND THE ASSOCIATED DISEASE TEAM PLANNING
24	AWARDS, AND THEN IT ALSO INCLUDED THE TARGETED
25	CLINICAL DEVELOPMENT PROGRAM. THE MONEY WHICH IS

1	STILL IN THERE PENDING WE KNOW FOR SURE WHETHER IT'S
2	GOING TO BE PICKED UP, BUT SO THOSE ARE IN THERE.
3	AGAIN, WE HAVE TO DATE ROUGHLY 400 AND
4	SOME MILLION IN WHAT I'LL CALL BROADLY TRANSLATIONAL
5	RESEARCH. BUT AS YOU WILL RECALL FROM PREVIOUS
6	PRESENTATIONS THAT WE'VE MADE, WE REALLY DID JUST
7	START FUNDING OUR TRANSLATIONAL RESEARCH PROGRAM IN
8	2009.
9	SO THIS IS HOW OUR MONEY HAS GONE TO DATE.
10	THIS IS WHERE A LOT OF OUR ACHIEVEMENTS COME FROM TO
11	DATE, AND NOW WE NEED TO THINK ABOUT GOING FORWARD.
12	SO WE HAVE ROUGHLY 1.5 BILLION OF THE
13	CURRENT BOND ALLOCATION REMAINING TO ACHIEVE KEY
14	STRATEGIC OUTCOMES. AND OF THAT 1.5 BILLION, WE
15	HAVE ACTUALLY ALLOCATED THROUGH CONCEPT PLAN
16	APPROVALS, SO WE HAVEN'T AWARDED, THE BOARD HASN'T
17	MADE ANY FUNDING DECISIONS, BUT ROUGHLY 578 MILLION
18	OF THAT 1.5 BILLION HAS ACTUALLY BEEN ALLOCATED
19	THROUGH CONCEPT PROPOSALS. SO THAT LEAVES A LITTLE
20	UNDER OR ABOUT 900 MILLION IN SO-CALLED NEW FUNDING.
21	SO WHAT ARE WE TRYING TO DO WITH THAT?
22	YOU'VE JUST HEARD FROM ELLEN THE KEY OUTCOMES THAT
23	WE'RE TRYING TO ACHIEVE. ACHIEVE CLINICAL PROOF OF
24	CONCEPT FOR STEM CELL THERAPIES. TYPICALLY THAT
25	MEANS COMPLETE A SUCCESSFUL COMPLETION OF A PHASE II

1	TRIAL, TYPICALLY. WE'VE TALKED ABOUT ACHIEVING
2	TRANSFORMATIVE RESEARCH DISCOVERIES. MULTIPLY
3	CIRM'S INVESTMENT IN CALIFORNIA AND ENSURE THAT
4	CALIFORNIA CONTINUES TO BE UNIVERSALLY RECOGNIZED AS
5	THE STEM CELL STATE.
6	I THINK I HEARD FROM THE DISCUSSION BEFORE
7	THAT IN POINT OF FACT SUCCESS IN ONE AND TWO
8	OBVIOUSLY HAS EFFECTS ON THREE AND FOUR, MULTIPLY
9	OUR INVESTMENT. THE ONE'S MADE EASIER BY THE OTHER.
10	WE HAVE MORE TO TALK ABOUT. ALL OF THOSE ARE
11	INTERPLAYING.
12	SO SOME KEY POINTS I'D LIKE TO MAKE ABOUT
13	A FUNDING SCENARIO I'D LIKE TO BRING TO YOUR
14	ATTENTION IS THAT, IN FACT, WE ARE ASSUMING A
15	DEVELOPMENT RESEARCH FUNDING FOCUS, SO DISEASE TEAM,
16	STRATEGIC PARTNERSHIPS, ALPHA CLINICS. WHY DO WE
17	NEED TO DO THAT? DEVELOPMENT PROJECTS ARE
18	EXPENSIVE, MORE SO THAN ANY BASIC RESEARCH FUNDING,
19	MORE SO THAN ANY SINGLE AWARD FOR TRAINING, MORE SO
20	THAN ANY EARLY TRANSLATIONAL. SO DEVELOPMENT
21	FUNDING DRIVES PLANNING.
22	SUBSTANTIAL INVESTMENT IS REQUIRED
23	ESPECIALLY IN MERITORIOUS PROJECTS IN THE CLINIC TO
24	ACHIEVE CLINICAL PROOF OF CONCEPT FOR STEM CELL
25	THERAPIES. ANY OF YOU I THINK ALL OF US REALIZE

1	THAT PROJECTS THAT LOOK GOOD, THAT HAVE GOOD
2	UNDERPINNING SCIENCE, THAT ARE WELL-DESIGNED, THAT
3	ARE CARRIED OUT DON'T ALWAYS ACHIEVE THE RESULTS ONE
4	LIKES OR ONE WOULD HOPE. IT'S JUST A FACT OF LIFE.
5	PROBABILITY OF TECHNICAL SUCCESS FOR ANY ONE GIVEN
6	AREA IN THE CLINIC IS NOT A HUNDRED PERCENT. AND SO
7	WE NEED TO EXPECT FAILURES; THEREFORE, WE NEED TO
8	FUND IN ORDER TO ACHIEVE SUCCESS.
9	THE SCENARIO WE WOULD PROPOSE, THOUGH,
10	CONTINUES TO INCLUDE FUNDAMENTAL RESEARCH. I THINK
11	WE ALL RECOGNIZE THAT TRANSFORMATIVE RESEARCH
12	DISCOVERIES CAN COME NOT JUST IN THE CLINIC OR FROM
13	TRANSLATIONAL RESEARCH, BUT FROM FUNDAMENTAL
14	RESEARCH PROGRAMS. I'D SAY I WOULD ARGUE THAT THE
15	IPSC WORK OF SHINYA YAMANAKA, THE WORK OF HELEN BLAU
16	SHOWING THAT A TRANSCRIPTION FACTOR CAN ACTUALLY
17	TURN SOMETHING TURN BACK A REGENERATIVE PROGRAM,
18	TURN IT ON, THESE KINDS OF THINGS ARE VERY
19	TRANSFORMATIVE RESEARCH DISCOVERIES.
20	ALSO THE EXTERNAL REVIEW HAS ENCOURAGED US
21	THAT WE HAVE TO KEEP DOING THE FUNDAMENTAL RESEARCH
22	THAT LEADS TO THE DISCOVERIES. SO THESE ARE THINGS
23	LIKE BASIC BIOLOGY AWARDS, GENOMICS PROGRAM, AND A
24	REPEAT OF THE SHARED LAB BECAUSE AT THIS POINT THE
25	SHARED LABS IS NOT REALLY FACILITIES. IT'S FUNDING

1	OF IPS DERIVATIONS, SAY IT'S FUNDING OF
2	ACTIVITIES. IT'S A CORE RESOURCE. WE HAVE INCLUDED
3	TRANSLATIONAL RESEARCH. WE WILL CONTINUE TO FUND
4	EARLY TRANSLATIONAL RESEARCH AND THINGS LIKE TOOLS
5	AND TECHNOLOGIES FOR TRANSLATION.
6	PEOPLE. WE ARE ASSUMING ANOTHER REPEAT OF
7	THE TRAINING AND BRIDGES PROGRAM. WE ARE NOT
8	CONTEMPLATING ANY FURTHER INVESTMENT ON FACILITIES.
9	SO THESE ARE THE ASSUMPTIONS THAT WE'RE WORKING ON.
10	IF YOU LOOK AT THIS SLIDE, WHAT IT SHOWS
11	YOU IS THE DOLLARS THAT HAVE ALREADY BEEN AWARDED IN
12	THESE DIFFERENT CATEGORIES PLUS THE DOLLARS WE WOULD
13	SUGGEST OR PROPOSE IN THE APPROVED AND NEW COLUMN.
14	SO APPROVED MEANS THOSE ARE THAT CONCEPT APPROVED,
15	AND NEW MEANS AWARDS NOT YET BROUGHT BEFORE THE
16	BOARD, BUT JUST TO GIVE YOU A SENSE OF CATEGORY.
17	AND THEN THE FINAL COLUMN HIGHLIGHTS HOW MUCH AT THE
18	END OF THIS CURRENT BOND FUNDING ALLOCATION WE WOULD
19	HAVE ALLOCATED INTO THE DIFFERENT AREAS.
20	SO I WOULD JUST LIKE TO MAKE THE POINT
21	THAT WE WOULD CONTINUE TO FUND IN PEOPLE. SO I
22	TALKED ABOUT, IN ADDITION TO THE PHYSICIAN SCIENTIST
23	AWARD, THE CONCEPT YOU'VE ALREADY APPROVED, WE WOULD
24	TALK ABOUT FUNDING A TRAINING AND A BRIDGES PROGRAM
25	AGAIN.

1	IN THE FUNDAMENTAL RESEARCH, WE WOULD
2	CONTINUE TO FUND BASIC BIOLOGY. AND WE ARE BRINGING
3	FOR YOUR ATTENTION THE GENOMICS PROGRAM THIS
4	AFTERNOON, SO THAT WOULD BE ONE OF THE ONES
5	CONTEMPLATED. IN TRANSLATIONAL, IN ADDITION TO THE
6	EARLY TRANSLATIONAL III, WHICH IS ALREADY CONCEPT
7	APPROVED, BUT NOT AWARDED, AND WHICH WILL COME FOR
8	YOUR REVIEW LATER THIS YEAR, WE WOULD DO MORE OF
9	THOSE PLUS A COUPLE OF TOOLS AND TECHNOLOGIES-TYPE
10	AWARDS.
11	AND THEN IN DEVELOPMENT, WE WOULD HAVE AN
12	ADDITIONAL \$750 MILLION PREDOMINANTLY FOR ACTUALLY
13	DEVELOPMENT-TYPE PROJECTS FUNDED THROUGH DISEASE
14	TEAM, SHARED LAB, OR NOT SHARED LAB, SORRY,
15	STRATEGIC PARTNERSHIP PROGRAMS, SUCH THAT IF YOU
16	LOOK BY THE END OF THIS ROUGHLY \$3 BILLION
17	FUNDING RECALL THAT THIS DOESN'T INCLUDE
18	OPERATIONS EXPENSE FOR CIRM AND GRANTS MANAGEMENT
19	STAFF WE WOULD HAVE INVESTED ROUGHLY A BILLION
20	DOLLARS SORT OF IN PEOPLE FUNDAMENTAL RESEARCH.
21	YOU KNOW, I HEARD YOU TALK ABOUT WHAT HAVE
22	WE DONE TO MAKE AN IMPACT? WELL, WHEN YOU TRAIN 160
23	PEOPLE EVERY YEAR, YOU CREATE A COMMUNITY THAT HAS
24	AN IMPACT NOT JUST IN CALIFORNIA, EVEN THOUGH WE
25	HOPE A LOT OF THEM WILL STAY IN CALIFORNIA, BUT HAS

1	AN IMPACT AROUND THE WORLD. WE CONTINUE THE
2	FUNDAMENTAL RESEARCH THAT PROVIDES THE BASIS FOR
3	CONTINUED NEW POSSIBLY CLINICAL DEVELOPMENTS AND AN
4	UNDERSTANDING OF WHY SOMETHING MIGHT WORK IN THE
5	CLINIC OR MIGHT NOT.
6	THE TRANSLATIONAL PROGRAMS THAT PROVIDE
7	INNOVATIVE APPROACHES FOR GOING FORWARD. BUT WE
8	REALLY NEED TO INVEST A LOT IN THE CLINICAL IN
9	THE RESEARCH IN THE CLINICAL DEVELOPMENT-TYPE END OF
10	THINGS. SO WE HAVE ROUGHLY A BILLION DOLLARS IN
11	WHAT I'LL CALL FUNDAMENTAL PEOPLE-TYPE RESEARCH.
12	WE'LL HAVE ROUGHLY \$1.4 BILLION IN OVERALL
13	TRANSLATIONAL RESEARCH WITH THE BULK OF THAT IN
14	ESSENTIALLY DEVELOPMENT ON THE WAY TO THE CLINIC.
15	DR. STEWARD: WHILE YOU HAVE THAT SLIDE UP
16	THERE, IS IT POSSIBLE TO BREAK OUT WHAT HAS BEEN
17	ALREADY APPROVED VERSUS WHAT IS THE
18	DR. OLSON: I DID ANTICIPATE THIS
19	QUESTION. OKAY. SO IN THE ALREADY APPROVED, IN THE
20	APPROVED AND NEW, SO UNDER PEOPLE, 116 HAS ALREADY
21	BEEN APPROVED. SO MAYBE YOU CAN SUBTRACT FASTER
22	THAN I CAN WHILE I'M SITTING UP HERE. SO THAT
23	LEAVES ABOUT 85 MILLION IN ADDITIONAL. IN THE
24	CATEGORY FUNDAMENTAL RESEARCH, 70 MILLION HAS
25	ALREADY BEEN APPROVED. IN THE CATEGORY
	90

1	TRANSLATIONAL RESEARCH, A HUNDRED MILLION HAS
2	ALREADY BEEN APPROVED. IN THE CATEGORY DEVELOPMENT,
3	292 HAS ALREADY BEEN APPROVED.
4	AND LET ME TELL YOU WHAT THAT IS. THAT'S
5	240 MILLION FOR THE UPCOMING DISEASE TEAM THERAPY
6	DEVELOPMENT PROGRAM. THAT'S 30 MILLION FOR THE
7	CURRENTLY APPROVED STRATEGIC PARTNERSHIP PROGRAM.
8	THAT'S 12 MILLION IN THE BRIDGES FUNDING PROGRAM
9	BECAUSE THAT WOULD BE PARTICULARLY APPLIED TO THOSE
10	TYPES OF PROGRAMS, BRIDGE FUNDING WOULD. AND
11	ROUGHLY TEN OF THE 15 MILLION OF THE EXTERNAL
12	INNOVATION PROGRAM, I WOULD ANTICIPATE, WOULD GO TO
13	THAT. SO I HOPE THAT GIVES YOU A SENSE OF THAT.
14	I WANTED TO TALK A LITTLE BIT ABOUT THE
15	TIMING. THE SCENARIO AND THIS ADDRESSES ALSO THE
16	QUESTION THAT DR. STEWARD JUST RAISED. THE SCENARIO
17	FOR DEVELOPMENT FUNDING INCLUDES ROUGHLY 670 OUT OF
18	THAT 750 MILLION THAT IS SPECIFICALLY FOR NEW
19	DEVELOPMENT PROJECTS. I PICKED THAT NUMBER JUST BY
20	ASSUMING 20 MILLION EACH, RECOGNIZING THAT SOME OF
21	THE PROJECTS WILL BE LESS THAN THAT. THE STRATEGIC
22	PARTNERSHIP TALKS ABOUT THE 10 MILLION FUNDING PER
23	PROGRAM UNLESS IT COMES BACK TO THE IP SUBCOMMITTEE.
24	SO I'M JUST SAYING THERE WERE ROUGHLY 33
25	AT LEAST NEW PROJECTS THAT WE WOULD BE TALKING ABOUT

1	ARE POSSIBLE UNDER THIS, AND THESE CAN BE THEY'RE
2	NOT NECESSARILY TOTALLY NEW. THEY MIGHT BE A
3	CONTINUATION OF A PROJECT THAT FILED AN IND AND WE
4	TAKE IT INTO PHASE I, BUT PROGRAMS THAT CONTINUE TO
5	MOVE IT FORWARD.
6	I WANT TO REMIND YOU THAT THE UPCOMING
7	DISEASE TEAM THERAPY DEVELOPMENT AWARDS, WE HAVE
8	ALLOCATED 240 MILLION FOR THAT. AND I WOULD JUST
9	PUT FORTH FOR THE CONSIDERATION OF EVERYBODY IS THE
10	FULL FUNDING OF THIS DESIRABLE? IT DOES REPRESENT
11	ABOUT A THIRD OF OUR TOTAL PROPOSED DEVELOPMENT
12	BUDGET. AND WE DO HAVE A PRIORITY FOR PHASE I AND
13	II CLINICAL PROGRAMS WITHIN THE NEXT TWO TO THREE
14	YEARS BECAUSE WE HAVE PUT UP THIS KEY STRATEGIC
15	OUTCOME OF CLINICAL PROOF OF CONCEPT.
16	NOW, I JUST WANT TO MAKE THE POINT THAT,
17	AT LEAST BASED UPON THE AWARDED DISEASE TEAM
18	PLANNING AWARDS, THE PREPONDERANCE OF THOSE AWARDS,
19	SO THESE ARE THE ONES THAT ARE IN CONJUNCTION WITH
20	THE ONES THAT CAME THROUGH THE EXCEPTION PATHWAY,
21	THE PREPONDERANCE OF THESE AWARDS ARE IN THE
22	IND-ENABLING STAGE. I THINK THIS REPRESENTS JUST TO
23	SOME EXTENT WHAT WE KNOW ABOUT THE FIELD, THAT IT IS
24	MATURING. SO I JUST WANT TO PUT THAT FORTH FOR YOUR
25	CONSIDERATION.

1	SO I HAVE TWO SCENARIOS SHOWN HERE, AND
2	LET ME BE VERY CLEAR WHAT THIS GRAPH REPRESENTS. IN
3	EACH CASE IT IS WHEN WE START FUNDING. SO, FOR
4	EXAMPLE, IF EARLY TRANSLATION STARTS FUNDING IN
5	SEPTEMBER OF THIS YEAR, IT WILL SHOW UP THE WHOLE
6	AMOUNT IN FISCAL YEAR '12-'13. SO THIS IS HOW
7	AWARDS IT'S ESSENTIALLY AFTER THE BOARD HAS
8	APPROVED AND ROUGHLY WHEN WE START FUNDING. AND,
9	AGAIN, THE COLOR CODING IS AS YOU CAN SEE.
10	SO THE SCENARIO ON THE LEFT ASSUMES FULL
11	FUNDING OF THE 240 MILLION FOR THE DISEASE TEAM
12	THERAPY DEVELOPMENT AWARD, AND THE SCENARIO ON THE
13	RIGHT ASSUMES I JUST PICKED A NUMBER ROUGHLY
14	140 MILLION FOR DISEASE TEAM THERAPY DEVELOPMENT.
15	AND AS YOU CAN SEE, WHICH I THINK I ALREADY
16	MENTIONED, IS THAT A THIRD OF OUR DEVELOPMENT
17	FUNDING DOLLARS COULD END UP GOING TO THAT PROGRAM
18	IF WE FUNDED THE FULL 240 MILLION.
19	SO I THINK IT MAKES SENSE ON WHAT THE
20	PROJECTS ARE, WHAT THEY LOOK LIKE, WHAT THE BOARD
21	THINKS, WHAT THE REVIEWERS THINK. BUT I JUST WANTED
22	TO AT LEAST LAY OUT FOR YOU HOW IT PLAYED OUT IN
23	TERMS OF INVESTMENT.
24	AND THEN I JUST WANT TO END WITH THAT A
25	SUMMARY IS, I THINK, ONE OF THE THINGS THAT WE'RE

FUNDING PROGRAMS, OUR REVIEW, OUR GRANTS WORKING
GROUP REVIEW, AND OUR FUNDING DECISIONS TO ACHIEVE
OUR KEY STRATEGIC OUTCOMES. SO I'M HAPPY TO TAKE
ANY QUESTIONS AT THIS POINT.
MR. SHEEHY: I'LL ADMIT A BIAS BECAUSE I
ARGUED STRONGLY FOR A BIG DISEASE TEAM II ROUND.
BUT I JUST I GUESS MAYBE COULD WE ROLL THESE BACK
A COUPLE. THERE SEEMS TO BE A LOT OF ASSUMPTIONS
BUILT IN THIS SEEMS LIKE A GOOD START
ASSUMPTIONS BUILT INTO THIS. I JUST WANT TO KIND OF
DECONSTRUCT SOME OF THE ASSUMPTIONS.
if we've only allocated 70 in fundamental
BIOLOGY, ARE YOU TALKING ABOUT, WHAT, ANOTHER HOW
MANY MORE BASIC BIOLOGY ROUNDS ARE WE TALKING ABOUT
DOING?
DR. OLSON: SO WHAT THERE WOULD BE WOULD
BE WE'RE CURRENTLY ON BASIC BIOLOGY IV. THE MODEL
ASSUMES BASIC BIOLOGY THROUGH TO A BASIC BIOLOGY
VII. SO THREE MORE BASIC BIOLOGY ROUNDS. IT
ASSUMES I MEAN IT ASSUMES A GENOMICS PROGRAM.
THOSE ARE, I THINK, THE KEY DRIVERS.
MR. SHEEHY: I GUESS, THEN, I'D TRY TO
HAVE THAT
DR. OLSON: AND THE SHARED LABS.

1	MR. SHEEHY: HAVE THAT KIND OF SQUARE
2	WITH WHAT WE WERE JUST TALKING ABOUT IN TERMS OF OUR
3	STRATEGIC PLAN WHERE WE'RE ACTUALLY TALKING ABOUT
4	TRYING TO SHIFT INTO A MORE CLINICAL FOCUS. IT
5	SEEMS LIKE WE'RE TALKING ABOUT CUTTING BACK ON OUR
6	DISEASE TEAM DEVELOPMENT, WHICH I THINK A LOT OF
7	FOLKS HAVE IDENTIFIED AS BEING ONE PARTICULAR NICHE
8	THAT WE AS A FUNDING AGENCY HAS ACHIEVED PARTICULAR
9	EXCELLENCE, BOTH IN DEVELOPMENT OF THE CONCEPT AND
10	THE EXECUTION.
11	SO I GUESS THIS IS LIKE THE STRATEGIC
12	PLAN. AND IT HAS EMBEDDED IN IT A WHOLE HOST OF
13	ASSUMPTIONS THAT WE HAVEN'T REALLY DISCUSSED OR
14	DECIDED. AND IT SEEMS LIKE WE'RE STARTING TO ROLL
15	BACK OUR CLINICAL DEVELOPMENT PROGRAM IN ORDER TO
16	ENSURE, WHICH, YOU KNOW, IF THAT'S WHAT PEOPLE WANT
17	TO DO, BUT I JUST WANT TO BE CLEAR WE KNOW WHAT
18	WE'RE DOING IN ORDER TO DO MORE BASIC DISCOVERY
19	RESEARCH. WE'RE ONLY GOING TO REPEAT THIS WILL
20	BE THE LAST EARLY TRANSLATION ROUND WE DO.
21	DR. OLSON: NO. THERE WOULD BE TWO MORE
22	REDUCED FUNDING EARLY TRANSLATION ROUNDS.
23	MR. SHEEHY: HOW MUCH DO WE HAVE LEFT IN
24	TRANSLATIONAL?
25	DR. OLSON: HOW MUCH IS LEFT IN EARLY
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1	TRANSLATIONAL?
2	MR. SHEEHY: YEAH. APPROVED AND NEW.
3	DR. OLSON: SO THERE'S ROUGHLY A HUNDRED
4	APPROVED, AND THEN WHAT'S BEEN ADDED IS TWO MORE
5	ROUNDS AT 65 MILLION EACH AS WELL AS A PROGRAM LIKE
6	ANOTHER TOOLS AND TRANSLATION. IN FACT, WE'VE
7	ALREADY TOLD OUR COLLABORATIVE FUNDING PARTNERS THAT
8	WE ANTICIPATE AN UPCOMING EARLY TOOLS AND
9	TECHNOLOGIES FOR EARLY TRANSLATION AND THEN MAYBE
10	ONE MORE LIKE THAT.
11	MR. SHEEHY: I GUESS IT SEEMS LIKE THERE
12	ARE A LOT OF I'M NOT DISAGREEING NECESSARILY WITH
13	THE DECISIONS, BUT THE DECISIONS ON THE RFA'S ARE
14	DRIVING THE STRATEGY. SO WE CAN THINK ABOUT THIS
15	STRATEGY, BUT WITHOUT HAVING WITH THE RFA'S
16	ALREADY KIND OF IN PLACE, THE STRATEGY JUST BECOMES
17	RHETORIC.
18	DR. OLSON: AS I SAID, YOU'VE ALREADY
19	ALLOCATED ROUGHLY 580 MILLION THROUGH A CONCEPT,
20	BUT
21	MR. SHEEHY: IF I CAN FINISH. THERE SEEMS
22	TO BE PROJECTED OUT OF A CERTAIN NUMBER OF RFA'S AND
23	CERTAIN CATEGORIES THAT ARE GOING TO GO OUT, AND
24	THAT'S WHAT I WOULD LIKE TO SEE AND HAVE SOME
25	DECISION POINTS ON AS OPPOSED WHICH I THINK THIS
	0.6

1	IS A GREAT STRATEGIC OUTLINE HERE FOR WHAT WE WANT
2	TO ACCOMPLISH, BUT I DON'T NECESSARILY SEE IN THE
3	STRATEGIC OUTLINE WHICH WE JUST HAD DESCRIBED TO US
4	MESHING WITH THIS RFA SCHEDULE, WHICH SEEMS TO BE
5	NOT A TRAIN THAT'S LEFT THE STATION, CERTAINLY ONE
6	THAT'S GOT THE COAL ON AND THE STEAM RISING OUT THE
7	BACK.
8	SO I'D LIKE TO SEE SOME SORT OF I'D
9	LIKE TO HAVE SOME INFLUENCE ON IT IN THE FIRST
10	PLACE. I'VE BEEN VERY BLUNT ON THIS ALL ALONG.
11	WE'LL HEAR ABOUT THIS WHEN WE TALK ABOUT OUR
12	TRANSITION OR OUR FUTURE FUNDING. I WAS ALWAYS WITH
13	BOB. WE'VE GOT TO MOVE. WE'VE GOT TO GO FAST.
14	WE'VE GOT TO WORK IN THIS CLINICAL SPACE VERY
15	AGGRESSIVELY.
16	THE OTHER ASSUMPTION THAT I DON'T SEE
17	BUILT IN IS ANY RETURN ON THE DISEASE TEAMS. IT'S
18	NOT CLEAR TO ME THAT THE DISEASE TEAMS THAT WE'VE
19	DONE ALREADY ARE ALL GOING TO GO TO COMPLETE
20	FRUITION. SO SOME OF THAT IS GOING TO YOU KNOW,
21	THAT WAS THE ASSUMPTION THAT WAS BUILT INTO THE
22	DISEASE TEAM PROCESS. SO THAT'S JUST SOME COMMENTS.
23	DR. OLSON: THERE IS IN THE ACTUAL CASH
24	FLOW MODEL AN ATTRITION RATE BUILT IN FOR THE
25	DISEASE TEAMS. NO, WE HAVEN'T MADE ASSUMPTIONS ON

1	EVEN I THINK WE'VE SAID THAT NOT ALL OF THEM WILL
2	MOVE TO THE NEXT STAGE, AND THAT'S WHY I THINK THAT
3	WE'RE PUTTING A LOT OF INVESTMENT IN THE DEVELOPMENT
4	END OF THINGS. I WOULD SUGGEST THAT THIS IS YOUR
5	OPPORTUNITY TO HAVE SOME INPUT ON THIS. I THINK THE
6	INVESTMENT INTO FUNDAMENTAL RESEARCH AND INTO
7	PEOPLE, INTO TRAINING, ALL OF THESE CAN BE SUBJECT
8	TO DISCUSSION.
9	WE WERE TRYING TO TAKE COMMENTS THAT WE'VE
10	HEARD FROM MULTIPLE STAKEHOLDERS, KEEP THE BASIC
11	RESEARCH GOING FROM THE EXTERNAL REVIEW, KEEP THE
12	BASIC RESEARCH GOING FROM PEOPLE ABOUT HOW IMPORTANT
13	TRAINING AND BRIDGES PROGRAMS ARE. SO THIS IS WHAT
14	WAS SOME OF THE DRIVER IN SUGGESTING TO US THAT WE
15	SHOULD DO ANOTHER ROUND OF TRAINING, ANOTHER ROUND
16	OF BRIDGES, THAT WE SHOULD FUND FUNDAMENTAL RESEARCH
17	FOR ANOTHER SEVERAL YEARS.
18	DR. PIZZO: WELL, I CERTAINLY RECOGNIZE,
19	AS JEFF WELL ARTICULATED, THE IMPORTANCE OF
20	FOLLOWING THROUGH ON THE UNIQUENESS OF THE DISEASE
21	TEAMS AND THE IMPACT THEY MIGHT HAVE, BUT IT WON'T
22	SURPRISE ANYONE IN THIS ROOM FOR ME TO ALSO SAY THAT
23	I THINK THE CONTINUED INVESTMENT IN BASIC RESEARCH
24	IS ESSENTIAL. WE NEED TO BE SURE THAT WE DON'T
25	SHIFT SO FAR TO ONE SIDE, AS THE NIH IS POTENTIALLY

1	STARTING TO DO, THAT WE LOSE THE FUTURE FOR
2	POTENTIALLY SHORT-TERM GAINS.
3	NOW, BECAUSE THOSE GAINS MAY NOT BE
4	REALIZED, AND HERE'S THE ONE CAVEAT THAT I WOULD
5	OFFER, I'M GOING TO MAKE THE ASSUMPTION, BASED UPON
6	PAST EXPERIENCES AS AN INVESTIGATOR AND JUST AS
7	SOMEONE WHO'S BEEN PART OF SCIENCE AND MEDICINE FOR
8	A WHILE, THAT EVEN THE BEST IDEAS ARE NOT LIKELY TO
9	BE ACHIEVED. AND TO ME ONE OF THE THINGS THAT'S
10	MOST IMPORTANT IS TO UNDERSTAND WHY THINGS DON'T
11	WORK. WE TEND TO THINK, AND WE'VE HAD THE
12	DISCUSSION HERE ABOUT DISEASE TEAMS AS A VECTOR THAT
13	MOVES FROM THE LABORATORY TO THE CLINIC, BUT THE
14	REALITY IS THE MOST IMPORTANT RESEARCH IS TO ALSO GO
15	BACK AND TRY AND REFINE WHY THINGS DIDN'T WORK. AND
16	I HOPE THAT AS WE LOOK THROUGH THE WORK OF THE
17	DISEASE TEAMS AND DECIDE WHETHER OR NOT THEY'RE
18	MERITORIOUS, THAT WE'LL BUILD IN WAYS OF TRYING TO
19	UNDERSTAND WHERE THINGS MIGHT HAVE GONE AWRY OR
20	WHERE THEY MIGHT BE IMPROVED, WHICH MAY MEAN A
21	REINVESTMENT IN THE FUNDAMENTAL UNDERPINNINGS WHERE
22	APPROPRIATE TO TRY AND MOVE THAT PROCESS FORWARD.
23	AND IT'S THAT INTERACTIVE PROCESS THAT I
24	THINK IS SO IMPORTANT AND SO EASY TO MISS
25	PARTICULARLY WHEN WE GET TO POINTS LIKE THIS WHERE

THE EMPHASIS IS EASILY SHIFTED ON WHAT'S THE
CLINICAL OUTCOME, AND YET LONG-TERM IMPACT MAY BE ON
REALLY REFINING WHY SOMETHING DIDN'T WORK AND NEEDS
THAT EXTRA STIMULUS TO WORK OVER TIME.
DR. BRYANT: YES. I'D JUST LIKE TO
SUPPORT THAT. I ALSO THINK THAT ONE OF THE REASONS
CALIFORNIA HAS BEEN SO SUCCESSFUL IN THIS AREA WITH
CIRM FUNDING IS THE BALANCED APPROACH. SO PEOPLE
COME HERE BECAUSE THEY CAN GET FACULTY JOBS IN BASIC
RESEARCH, BUT ALSO PARTICIPATE IN SOME OF THESE
OTHER VENTURES GOING FORWARD. IT'S AN EXCITING WAY
TO DO SCIENCE THAT'S NOT AVAILABLE IN MANY OTHER
PLACES. AND I THINK THAT TO SKEW IT TOO MUCH TO THE
TRANSLATIONAL SIDE COULD END UP LOSING US SOME OF
THE PEOPLE THAT HAVE COME TO CALIFORNIA BECAUSE OF
THAT ENVIRONMENT.
CHAIRMAN THOMAS: DR. OLSON.
DR. OLSON: I WAS JUST REMINDED TO MAKE
THE POINT THAT A BASIC BIOLOGY ROUND OF 35 MILLION
DOESN'T EVEN FUND TWO DISEASE TEAM PROJECTS
TYPICALLY. SO YOU FUND 20 INVESTIGATORS WHO ARE
LOOKING AT MECHANISM AND LOOKING AT TRYING TO
UNDERSTAND, AND SO YOU SPREAD THE OPPORTUNITY AND
YOU SPREAD THAT. AND I THINK THAT'S SOMETHING THAT
AT LEAST MANY PEOPLE CONSIDER AN IMPORTANT THING,
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1	WHICH IS NOT TO DISCOUNT THE IMPORTANCE OF THE
2	DISEASE TEAM.
3	AND ANOTHER POINT I JUST WANTED TO MAKE
4	ABOUT THE DISEASE TEAM. AND, AGAIN, THIS IS FOR
5	YOUR CONSIDERATION. IT'S TO INITIATE THE
6	DISCUSSION. IT REALLY IS THE FACT THAT IND-ENABLING
7	WORK IS VERY IMPORTANT. OBVIOUSLY YOU HAVE TO DO IT
8	TO GET INTO THE CLINIC. THE POINT IS THAT IT
9	TAKES AS YOU KNOW, OUR FIRST DISEASE TEAMS WERE
10	ROUGHLY FOUR YEARS DEPENDING ON THE PROJECT AND
11	WHERE THEY ARE IN THAT. IT TAKES THREE YEARS, THREE
12	TO FOUR YEARS TO ACTUALLY GET INTO THE CLINIC, UNDER
13	THE BEST CIRCUMSTANCES ONE YEAR IN A PHASE I. I
14	THINK FOR OUR PROJECTS OR MANY OF OUR PROJECTS IT'S
15	MORE LIKELY TO BE TWO YEARS, AND THEN YOU HAVE TO
16	GET INTO A PHASE II TRIAL OR YOU'RE DOING A PHASE
17	I-II.
18	I THINK WE'VE ALL HEARD ABOUT THE LONG
19	HAUL. IT'S JUST A MATTER OF CONSIDERING INVESTMENT
20	WHEN AND HOW MUCH. THAT'S ALL.
21	MR. SHEEHY: I THINK THIS IS I REALLY
22	WASN'T TRYING TO OPEN UP A DISCUSSION OF A CONFLICT
23	BETWEEN BASIC BIOLOGY AND CLINICAL RESEARCH. WHAT I
24	WAS SAYING IS THERE'S A DECISION POINT HERE. AND WE
25	HAVEN'T GOT THE INFORMATION IN FRONT US TO MAKE THE
	101

DECISION ADEQUATELY. I WOULD NOTE THAT THIS
PARTICULAR SLIDE PRESENTATION WAS NOT IN OUR BOOK,
WAS NOT PROVIDED TO US BEFORE THE MEETING. AND THIS
IS A CRITICAL DECISION THAT WE HAD ALREADY TAKEN IN
THE PAST, I WOULD NOTE. WE VOTED ORIGINALLY TO GO
TO \$240 MILLION FOR THE DISEASE TEAM ROUND. AND SO
WE'VE ISSUED THE RFA. WE DID PLANNING GRANTS.
PEOPLE ARE DOING THEIR FULL APPLICATIONS FOR A ROUND
THAT'S GOING TO BE JUDGED IN THE SPRING, AND NOW
WE'RE TALKING ABOUT CUTTING IT IN HALF.
IN TERMS OF PROCESS AND IN TERMS OF
STRATEGIC PLANNING, I DON'T THINK THIS IS HOW WE
SHOULD DO IT. WE SHOULD BE TALKING ABOUT THE RFA'S
WE'RE GOING TO BE DOING GOING FORWARD, THINK ABOUT
WHAT THE RIGHT MIX IS BETWEEN CLINICAL,
TRANSLATIONAL, AND BASIC. I'M NOT TRYING TO SAY
DON'T DO BASIC SCIENCE, AND I DON'T WANT TO HAVE US
ARGUING THE MERITS HERE WHEN THAT'S REALLY NOT THE
ISSUE.
THE ISSUE IS WHERE WE'RE GOING TO INVEST
OUR MONEY AND BEING DELIBERATE, THOUGHTFUL, HAVING A
DISCUSSION, AND LETTING PEOPLE TAKE POSITIONS AND
HAVE VOTES.
CHAIRMAN THOMAS: I HAVE A QUESTION FOR
DR. OLSON. POINT OF CLARIFICATION HERE. WHEN
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1	YOU'RE TALKING ABOUT 240 VERSUS 140, 140 IS NOT A
2	FIXED NUMBER. I THINK WE STILL HAVE UP TO 240, AND
3	WHAT WE'RE TALKING ABOUT IS PUTTING MONEY OUT TO
4	THOSE PROJECTS IN THIS PARTICULAR ROUND THAT WE
5	THINK ARE MOST PROMISING, WHICH COULD BE UP TO 240,
6	BUT IT MAY NOT BE. AND WE DON'T WANT TO GO UP TO
7	240 IF WE DON'T HAVE THE PROJECTS TO SUPPORT IT.
8	DR. OLSON: THAT IS CORRECT. IF WE ARE
9	WOWED BY THE PROJECTS THAT WE HAVE IN FRONT OF US
10	FOR DISEASE TEAM, PLEASE, LET'S FUND THE FULL 240.
11	CHAIRMAN THOMAS: SO I THINK, JEFF, THAT
12	GETS TO YOUR POINT, THAT WE'RE NOT TALKING ABOUT
13	CUTTING IT BACK.
14	MR. SHEEHY: YOU WEREN'T HERE FOR THE
15	FIRST DISCUSSION. WE DID HAVE THIS VERY SAME
16	DISCUSSION WHEN WE AUTHORIZED THIS ROUND, AND WE
17	FOUGHT VERY STRONGLY TO HAVE A LARGE ROUND. IT'S
18	JUST TAKEN US TWO YEARS TO GET TO THE ROUND. THERE
19	WAS A DISCUSSION OF DOING IT AT THE 140, 120 TO 140
20	RANGE. THE BOARD VOTED TO DO IT AT THE 240 RANGE.
21	I'M JUST VERY UNCOMFORTABLE WITH REVISITING THAT
22	DESCRIPTION THE MANNER AT THE TIME AND A THE LANGE
	DECISION IN THIS MANNER AT THIS TIME WHEN WE HAVE
23	MADE COMMITMENTS TO PEOPLE WITH THE EXPECTATION THAT
23 24	
	MADE COMMITMENTS TO PEOPLE WITH THE EXPECTATION THAT

1	I WILL ALSO I DO ALSO WANT TO NOTE THAT
2	WE HAVE OPENED UP A WINDOW FOR INDUSTRY TO COME INTO
3	THIS ROUND, THAT THEY HAVE A SEPARATE APPLICATION
4	PROCESS THAT THE PRESIDENT CAN APPROVE THEIR
5	PARTICIPATION. AND SO WE HAVE APPARENTLY A NUMBER
6	OF ENTRANTS INTO THIS ROUND, AND I'M JUST KIND OF
7	SURPRISED THAT WE'RE TALKING ABOUT CUTTING BACK THE
8	AMOUNT OF MONEY THAT WE WANT TO ALLOCATE FOR IT. I
9	DON'T HAVE ANY IDEA WHO THE INDUSTRY PARTICIPANTS
LO	ARE. I HAVE SEEN THE DISEASE PLANNING GRANT AWARDS
L1	THAT WE DID, AND THEY SEEM TO BE FAIRLY STRONG IN MY
L2	OPINION, AND OFFERED A LOT OF PROMISE TO A LOT OF
L3	PEOPLE, A LOT OF ADVOCATES ACROSS A WHOLE RANGE OF
L4	DISEASES THAT AREN'T NECESSARILY REPRESENTED IN OUR
L5	DISEASE TEAM GRANTS RIGHT NOW. LIKE I SAID, I'M NOT
L6	SURE WHAT WE'RE DOING HERE.
L7	DR. TROUNSON: IT'S NONE OF MY INTENTIONS
L8	TO SORT OF TRACK DOWN THIS DIRECTION. WHAT WE'RE
L9	TRYING TO DO IS SORT OF SAY, OKAY, IF THE STRATEGIC
20	PLAN IS FOCUSED TOWARDS GETTING SOME CLINICAL
21	BENEFITS SHOWN IN PHASE II STUDIES, SHOULDN'T WE
22	SORT OF START TO THINK ABOUT HOW WE CAN POSE RFA'S,
23	FOR EXAMPLE, TO DO THAT. THE DRIVER TO GET TO THAT
24	END POINT WOULD BE THAT. IT'S MORE ABOUT IT WAS
25	TRYING TO BE MORE ABOUT NOW WE'VE GOT A STRATEGIC

1	PLAN, AND I THINK THE ORIGINAL SUGGESTION BY MEMBERS
2	OF THE BOARD, THAT WE SORT OF TRY AND LOOK AT A
3	COMPOSITE OF OUR FUNDS MOVING FORWARD, A MATRIX, I
4	THINK, WAS THE SUGGESTION ABOUT HOW WE WOULD MOVE
5	FORWARD IN THE STRATEGIC PLAN. SO NOT ABOUT TRYING
6	TO MAKE DECISIONS ABOUT ANY ALLOCATED OR WHATEVER.
7	THAT'S NOT WHAT IT IS. IT'S ABOUT WE WANT TO DO THE
8	TRANSFORMATIVE RESEARCH, SO WE HAVE TO HAVE THE
9	BASIC SCIENCE. THAT'S A GIVEN. YOU CAN'T DO THE
10	TRANSFORMATIVE RESEARCH WITHOUT THE BASIC SCIENCE.
11	AND IF IT'S ABOUT THE CLINICAL WORK,
12	WHAT'S THE MOST IMPORTANT THING FOR US, I THINK, IS
13	TO TRY AND DEMONSTRATE SOME OF THE PROOF OF CONCEPT
14	IN PHASE II STUDIES, AND SHOULDN'T THAT BE ONE OF
15	OUR PRIORITIES. SO WHEN WE'RE LOOKING AT DISEASE
16	TEAMS AND TRANSLATION, SHOULD WE SORT OF TRY AND
17	FOCUS IT MORE TOWARDS GETTING SOME OF THEM TO OCCUR
18	BECAUSE THAT'S IN OUR STRATEGIC PLAN. HOWEVER YOU
19	DO IT, HOWEVER YOU WANT TO DO IT, THAT'S A DECISION
20	OF THE BOARD.
21	WHAT WE'RE TRYING TO DO IS SAY HOW DOES
22	THIS SORT OF MATRIX HELP FIT WITH THIS BECAUSE IF
23	YOU WANT TO MAKE SURE WE'VE GOT X NUMBER THAT GET TO
24	PHASE II THAT CAN SHOW BENEFIT, WE'RE PROBABLY
25	TALKING ABOUT TRYING TO GET SIX OR SEVEN OR

1	SOMETHING TO PHASE II, TO GET SEVERAL TO SHOW SOME
2	BENEFIT BECAUSE IT'S ABOUT 30 PERCENT 30 OR 40
3	PERCENT WOULD BE THE UPPER SCALE OF THOSE PHASE
4	I-PHASE II STUDIES BEING SUCCESSFUL.
5	SO THIS IS REALLY MORE ABOUT WHAT I HOPED
6	THE DISCUSSION WOULD BE, NOT ABOUT WHETHER WE
7	REVISIT ANY DECISIONS THAT HAVE BEEN MADE OR EVEN
8	DEFINE WHAT THE FUNDING SHOULD BE, BUT MORE HOW DO
9	YOU GET THERE. HOW DO YOU MAKE SURE WE GET WHERE WE
10	WANTED TO GO REALLY AND MORE ABOUT WHAT MATRIX.
11	JEFF, DO WE MORE TRANSLATION TO GET THERE BECAUSE
12	THAT'S GOING TO TAKE US LONGER AND ALL THAT SORT OF
13	THING REALLY.
14	MR. SHEEHY: IN TERMS OF THE MATRIX, I WAS
15	LIKE THINKING MORE ABOUT OUR DIFFERENT DISEASE
16	APPROACHES AND CELL TYPES. FOR INSTANCE, I'M NOT
17	CONVINCED THAT IF WE GET A SMALL MOLECULE THAT
18	TARGETS A CANCER STEM CELL AND THAT HAS SUCCESS IN
19	
	PHASE I, THAT WE NEED TO HAVE ANY FURTHER
20	PHASE I, THAT WE NEED TO HAVE ANY FURTHER INVOLVEMENT WITH THAT PROJECT. I WOULD SUSPECT BIG
20 21	
	INVOLVEMENT WITH THAT PROJECT. I WOULD SUSPECT BIG
21	INVOLVEMENT WITH THAT PROJECT. I WOULD SUSPECT BIG PHARMA WOULD GRAB THAT AND RUN. SO IT ALL DEPENDS.
21 22	INVOLVEMENT WITH THAT PROJECT. I WOULD SUSPECT BIG PHARMA WOULD GRAB THAT AND RUN. SO IT ALL DEPENDS. HOWEVER, I THINK AN EMBRYONIC OR A PLURIPOTENT IPS
21 22 23	INVOLVEMENT WITH THAT PROJECT. I WOULD SUSPECT BIG PHARMA WOULD GRAB THAT AND RUN. SO IT ALL DEPENDS. HOWEVER, I THINK AN EMBRYONIC OR A PLURIPOTENT IPS CELL APPROACH, WE PROBABLY WILL HAVE TO TAKE THAT

1	AND SO LOOKING AT THE PROGRAMS WE FUNDED
2	AND LOOKING AT HOW WELL THEY'RE PROGRESSING WITHIN
3	OUR DISEASE TEAM AND OUR EARLY TRANSLATIONAL, THE
4	PORTFOLIO THAT DR. THOMAS HAS BEEN SHOWING, LOOKING
5	AT THOSE PROJECTS AND SEEING WHICH ONES OF THEM ARE
6	VERY PROMISING, HOW FAR WE'RE GOING TO HAVE TO
7	FOLLOW THOSE PROJECTS BEFORE WE CAN POSSIBLY HAND
8	THEM OFF, BUT IT'S GOING TO BE DIFFERENT DEPENDING
9	ON WHAT THE APPROACH IS, HOW WELL THE SCIENCE IS
LO	PROGRESSING, AND WHAT THE CELL TYPE IS, WHAT WE'RE
L1	TRYING TO DO WITH THE CELLS. THAT WAS KIND OF WHERE
L2	I WAS GOING WITH THAT.
L3	DR. VUORI: SO ALAN TOUCHED ON THIS
L4	PIPELINE FROM BASIC SCIENCE THROUGH TRANSLATION TO
L5	THE CLINIC. AND I WAS WONDERING IF YOU COULD
L6	COMMENT ON THREE COMMENTS OR QUESTIONS THAT I HAVE.
L7	ONE IS HAVE YOU LOOKED AT YOUR PIPELINE AS IT IS
L8	WITHIN THE CIRM AND UNDERSTANDING, FOR EXAMPLE, HOW
L9	FREQUENTLY EARLY TRANSLATION AWARDS MOVED TOWARDS
20	THE CLINIC? DO WE HAVE ENOUGH ESSENTIALLY PROJECTS
21	MOVING IN THAT VERY CRITICAL JUNCTURE RIGHT NOW? SO
22	THAT'S ONE QUESTION. WHAT DOES THE PIPELINE LOOK
23	LIKE?
24	SECOND IS ASSUMING THAT SOMETIMES THE
25	TRANSLATIONAL PIECE IS THE BOTTLENECK IN MOVING TO
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1	THE CLINIC, IT STRIKES ME THAT THE TRANSLATIONAL
2	FUNDING PIECE IN THIS MODEL LACKS A LITTLE BIT.
3	THERE IS A PAUCITY COMPARED TO THE OTHER FUNDING
4	MECHANISMS. IS THAT DELIBERATE, OR DO YOU THINK
5	THAT THERE IS REALLY ENOUGH THINGS GOING TO THE
6	CLINIC WITHOUT ENHANCING THE TRANSLATIONAL PIECE?
7	AND THE THIRD COMMENT IS COULD THERE BE
8	OPPORTUNITY TO LOOK AT SORT OF CREATIVELY HOW TO
9	MOVE THINGS REALLY FROM ALL THE WAY FROM BASIC TO
10	TRANSLATIONAL TO THE CLINIC? COUPLE OF MEMBERS
11	ALREADY SPOKE TO THE IMPORTANCE OF THE BASIC
12	SCIENCE. WOULD THERE BE A MERIT OF LOOKING AT
13	MECHANISMS WHERE WE COULD MIMIC, FOR EXAMPLE, WHAT
14	THE NIH IS DOING, SPORE FUNDING WHERE YOU BRING
15	BASIC SCIENTISTS, TRANSLATIONAL RESEARCH, CLINICAL
16	INDIVIDUALS TOGETHER TRULY IN A DISEASE TEAM, BUT
17	COVERING THE WHOLE SPECTRUM OF THE SCIENCE?
18	DR. OLSON: PERHAPS I COULD COMMENT. THE
19	FIRST EARLY TRANSLATIONAL AWARD PROGRAM THAT WE'RE
20	DOING IS IN ITS LAST YEAR. WE ACTUALLY HAVE REASON
21	TO BELIEVE THAT SOME OF THOSE MAY MOVE FORWARD. SO
22	THAT IS ONE THING INTO A DISEASE TEAM-TYPE PROJECT.
23	SO HOPEFULLY WE'LL HAVE SOME SUCCESSES THERE.
24	I WILL NOTE THAT THE TWO OR \$3 BILLION
25	THAT PEOPLE CITE WHAT IT TAKES TO GET AN APPROVED

1	PRODUCT BASICALLY RECOGNIZES ALL THE FAILURES THAT
2	OCCUR ESPECIALLY IN THE RESEARCH EARLY TRANSLATIONAL
3	STAGE. SO IT WOULD BE GREAT TO BE ABLE TO MOVE SOME
4	OF THOSE FORWARD.
5	I BELIEVE YOUR SECOND COMMENT HAD TO DO
6	WITH IS TRANSLATIONAL A LITTLE UNDERFUNDED HERE
7	GOING FORWARD? I THINK THAT REPRESENTED, TO SOME
8	EXTENT I MEAN WE ARE ON OUR THIRD EARLY
9	TRANSLATIONAL AWARD NOW. WE ARE TALKING ABOUT
10	ANOTHER TWO. AND THEN I THINK IT RECOGNIZED THAT
11	THERE IS FOR SUCCESSFUL PROJECTS TO MOVE FORWARD,
12	IT'S A TIME ELEMENT. WHERE CAN THEY GET TO? THAT
13	DOESN'T MEAN THAT WE CAN'T GET SOMETHING TO A POINT
14	WHERE ANOTHER FUNDER MIGHT PICK IT UP, BUT IT DOES
15	PRETTY MUCH GET THROUGH AT THE SAME TIME FRAME. AT
16	SOME POINT BECAUSE, AT LEAST WITH THE CURRENT BOND
17	FUNDING, A PROJECT STARTED IN 2017 IN 2020 WILL HAVE
18	JUST ACHIEVED ITS DEVELOPMENT CANDIDATE, AND CIRM'S
19	FUNDING WOULD NOT BE AVAILABLE THEN TO TAKE IT
20	FORWARD.
21	DR. FEIGAL: IF I COULD ALSO JUST EXPAND
22	ON THAT. YOU ASKED ABOUT IN OUR OWN ENDOGENOUS
23	PIPELINE WHAT'S THE LIKELIHOOD OF MOVING
24	SEQUENTIALLY ALL THE WAY FROM IDENTIFYING PROOF OF
25	CONCEPT, THROUGH A CANDIDATE, THROUGH IND-ENABLING
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1	RESEARCH. THAT'S A VERY LONG PROCESS. SO IF WE
2	WERE ONLY DEPENDING ON A COMPLETELY ENDOGENOUS
3	PIPELINE THAT STARTED AT THE BEGINNING, THAT'S
4	PROBABLY NOT A GOOD STRATEGY. THERE MAY BE SOME
5	THAT GET THROUGH, BUT WE KNOW FROM OUR EXTERNAL
6	REVIEW PANEL WE NEED TO EMBRACE POROUS OPPORTUNITIES
7	AND BRING THINGS IN AND OUT JUST LIKE A COMPANY
8	WOULD. YOU IN-LICENSE, YOU MOVE THINGS AROUND, YOU
9	SORT OF BALANCE YOUR RISK.
10	SO I THINK IN TERMS OF WHAT PAT EXPLAINED
11	WITH THE EARLY TRANSLATION, RIGHT NOW WE HAVE AN
12	EXPERIMENT WITH 14 DISEASE TEAMS THAT WERE JUST
13	FUNDED IN THE SPRING OF 2010. SO THEY'RE ABOUT 18
14	MONTHS INTO THEIR FOUR-YEAR PROGRESSION THROUGH THE
15	REGULATORY PATHWAY. WE ARE ACTIVELY EVALUATING
16	THEM, NOT JUST INTERNALLY, BUT BRINGING IN PANELS OF
17	EXPERTS IN PRODUCT DEVELOPMENT, IN MANUFACTURING, IN
18	PRECLINICAL, IN CLINICAL, IN COMMERCIAL VIABILITY,
19	AND TAKING A VERY HARD LOOK AT THESE DISEASE TEAMS
20	TO TRY AND GIVE THEM ADVICE.
21	WHAT WE WERE TOLD BY OUR EXTERNAL
22	STAKEHOLDERS IS YOU MADE AN INITIAL INVESTMENT.
23	REALLY TEND TO IT AND SEE WHAT YOU CAN DO TO BETTER
24	POSITION THEM FOR SUCCESS.
25	SO WE ARE LOOKING AS WE'VE EVALUATED ALL

1	14, AND I'LL COME TO YOU, I THINK, AT THE MARCH
2	BOARD TO TALK ABOUT WHERE WE ARE WITH THINGS. BUT
3	THE POINT IS THERE ARE SCIENTIFIC, THERE ARE
4	TECHNICAL, THERE ARE REGULATORY ISSUES THAT NEED TO
5	BE ADDRESSED, AND THERE ARE COMMON THEMES THAT ARE
6	ARISING ACROSS THESE DIFFERENT DISEASE TEAMS. WE'RE
7	LOOKING AT WAYS TO TRY AND PROVIDE THEM WITH MORE
8	EXPERTISE AND ADVICE TO MOVE THINGS FORWARD.
9	IN ADDITION, SOME OF THEM MAY SEGUE BACK
10	TO EARLY TRANSLATION. SOME OF THEM MAY NOT MAKE IT
11	BECAUSE THAT'S THE WAY SCIENCE IS. THEY DEFINED A
12	MILESTONE, THEY GOT THEIR ANSWER, IT'S NOT WHAT THEY
13	WANT, BUT IT'S AN ANSWER, AND SO IT MAY LEAD TO
14	TERMINATION.
15	SO ALL THOSE THINGS ARE OPEN TO THE REALM
16	OF POSSIBILITIES. SOME MAY PROGRESS, SOME MAY MORPH
17	BACK. WE NEED TO GO BACK TO THE TRANSLATION AND THE
18	BASIC SCIENCE TO HAVE A BETTER UNDERSTANDING OF HOW
19	TO DO THIS. AND SOME OF THEM MAY BE ABLE TO GO
20	FORWARD. SO I DO THINK WE NEED TO ADDRESS SOME OF
21	OUR FUNDING ON THE BOTTLENECKS TO MOVE THINGS
22	FORWARD AS WELL AS ON THE EXPERTISE TO HELP POSITION
23	THESE TEAMS TO BE MORE LIKELY TO BE SUCCESSFUL.
24	IN ADDITION, YOU TALKED ABOUT THE
25	OPPORTUNITY TO MOVE FROM THE BASIC TO THE CLINICAL

1	PERHAPS IN A MORE COLLABORATIVE, INTEGRATIVE WAY.
2	YOU BRING UP THE SPORE'S, THE SPECIALIZED PROGRAMS
3	OF RESEARCH EXCELLENCE, THAT NIH SUPPORTS. IN OUR
4	EXTERNAL STAKEHOLDER DISCUSSIONS, WE HEARD ABOUT
5	SOMEHOW TRYING TO FUND SOME SORT OF TRANSLATIONAL
6	CENTER OF EXCELLENCE, SOME SORT OF PLATFORM TO GET
7	THESE GROUPS TO WORK TOGETHER. WE THINK WE'VE
8	CREATED THESE STATE-OF-THE-ART FACILITIES AND
9	RESEARCH LEADERS WHERE WE'RE HOPING THAT COULD BE
10	THE BASIS FOR SOME OF THIS COLLABORATIVE RESEARCH,
11	BUT DO WE NEED TO MAYBE REFINE OR RETHINK HOW SOME
12	OF THOSE PROJECTS ARE ABLE TO MOVE FORWARD WITH MORE
13	OF A DISEASE ORIENTATION?
14	SO I THINK ALL THESE GOOD POINTS, BUT
15	GETTING BACK TO, I THINK, THE INITIAL POINT, WE'RE
16	SHOWING YOU THIS BECAUSE WE'RE TRYING WE WANT TO
17	BE TRANSPARENT ABOUT WHAT THE THOUGHTS ARE RIGHT NOW
18	ABOUT THE PROPORTION OF FUNDING WITHOUT GIVING YOU A
19	LOT OF DETAILS OF WHAT THE FUTURE MAY LOOK LIKE. I
20	THINK IT IS IMPORTANT FOR YOU TO HAVE INPUT BECAUSE
21	AS WE TRY AND MEET THESE FOUR STRATEGIC OBJECTIVES,
22	THE DECISIONS YOU DO MAKE TODAY ARE GOING TO IMPACT
23	WHAT WE'RE ABLE TO DO.
24	I'M VERY EMPATHETIC TO THE THOUGHT THAT
25	WE'VE PUBLICIZED AMOUNTS OF DOLLARS FOR PARTICULAR

1	INITIATIVES. BUT AT THE SAME TIME I GUESS WE ALWAYS
2	THINK OF IT, WHETHER IT'S DEVELOPMENTAL,
3	TRANSLATIONAL, FUNDAMENTAL, PEOPLE, OR FACILITIES,
4	THAT'S A CEILING. AND SO IT ALWAYS HAS THE CAVEAT
5	IF THERE'S MERITORIOUS PROPOSALS IN THERE. IF THERE
6	ARE, BY ALL MEANS REACH THE CEILING. BUT IF THERE
7	ARE NOT, I DON'T THINK ANYBODY THINKS WE SHOULD BE
8	COMPELLED TO UTILIZE ALL OF THE SET ASIDE BECAUSE
9	THAT WAS THE CEILING. IT SHOULD ALWAYS BE BASED, NO
10	MATTER WHAT WE'RE LOOKING AT, ON WHETHER OR NOT
11	THERE'S MERITORIOUS PROPOSALS TO MOVE FORWARD.
12	DR. STEWARD: JUST A COMMENT. I THINK
13	THIS KIND OF A VERY SIMPLE SUMMARY IS ACTUALLY VERY
14	USEFUL BECAUSE IT EMPHASIZES THAT WE REALLY DON'T
15	HAVE LIMITLESS FUNDS AND THAT WHEN WE MAKE DECISIONS
16	IN ONE AREA, IT DOES IMPACT OUR ABILITY TO FUND
17	OTHER AREAS. IN FACT, WHAT I'D REALLY RECOMMEND IS
18	THAT ALMOST EVERY BOARD MEETING WE TAKE A RUNNING
19	LOOK AT THIS AND SEE WHERE WE ARE. IT'S THE KIND OF
20	THING THAT THE PUBLIC CAN UNDERSTAND VERY EASILY AND
21	THAT WE SHOULD JUST BE KEEPING TRACK OF.
22	I HAVE A QUESTION, AND THAT IS WHAT ISN'T
23	LISTED HERE IS THE NEEDED FUNDING FOR THE AGENCY
24	ITSELF. TO CARRY THESE PROGRAMS FORWARD, YOU'RE
25	GOING TO HAVE TO CONTINUE REGULATORY THINGS LONG

1	AFTER WE'VE STOPPED ACTUALLY SENDING DOLLARS OUT THE
2	DOOR. I WOULD ASK THAT THAT NUMBER BE PUT IN THERE
3	AND JUST ASK YOU HOW THAT FIGURES INTO THE
4	CALCULATIONS. WHAT IS THE PROJECTED, IF YOU WANT,
5	SET ASIDE FOR THAT?
6	DR. PLUNKETT: SO THE SHORT ANSWER IS THAT
7	IT NEEDS TO BE LESS THAN \$180 MILLION, AND WE'LL
8	MAKE THAT FIT. THE SCENARIO WHICH I SHOWED YOU A
9	LITTLE BIT EARLIER THIS MORNING HAD SIGNIFICANT
10	SPENDING OCCURRING THROUGH THE SUMMER OF 2021 WHEN
11	THE LAST ACTIVITY UNDER GRANT ACTIVITIES WOULD BE
12	COMPLETE, ACTUALLY A FEW MONTHS AFTER THAT. THERE
13	IS SOME TRAILING OBLIGATIONS IN TERMS OF MONITORING
14	THINGS LIKE INTELLECTUAL PROPERTY AND SO FORTH.
15	AND I'D ASK JAMES TO COMMENT ON THIS AS
16	WELL, BUT MY UNDERSTANDING IS THAT THE THINKING IS
17	THAT THOSE OBLIGATIONS WOULD BE TRANSFERRED TO
18	ANOTHER STATE AUTHORITY AND WOULD NOT BE UNDERTAKEN
19	BY CIRM PROPER AT THAT POINT.
20	DR. STEWARD: I WOULD JUST ACTUALLY ASK
21	THAT YOU ADD ANOTHER LINE TO THAT GRAPH AND SHOW
22	WHAT HAS BEEN SPENT, WHAT REMAINS TO BE SPENT. I
23	THINK IT'S REALLY VERY USEFUL TO SORT OF GIVE THESE
24	SNAPSHOTS IN TIME AND SEE WHERE WE ARE.
25	DR. PLUNKETT: JUST ONE COMMENT ON THE
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1	NUMBERS. YOU CAN SEE THAT THE TOTAL THERE IS 2.795
2	BILLION. THAT PLUS 180 MILLION IS A LITTLE LESS
3	THAN 3 BILLION. ACTUALLY THE REASON FOR THAT IS
4	THAT FOR THE FIRST FIVE YEARS OF THE INSTITUTE'S
5	EXISTENCE, WE WERE RESPONSIBLE FOR PAYING INTEREST
6	ON THE BONDS USED TO FUND CIRM. SO THAT NETS OUT
7	ABOUT \$50 MILLION RIGHT THERE. IF ANYBODY WAS
8	FOLLOWING THAT CLOSELY.
9	DR. PRICE: I'D LIKE TO I THINK IT'S A
10	VERY GOOD DISCUSSION. WITHOUT GETTING INTO THE
11	SPECIFIC POINTS JEFF IS MAKING, I THINK THE CRUCIAL
12	POINT, THE META POINT IS THAT A STRATEGIC PLAN
13	WITHOUT A FINANCIAL UNDERPINNING IS NO STRATEGIC
14	PLAN AT ALL. IT'S JUST A LOT OF VERBIAGE FOR PUBLIC
15	CONSUMPTION. IF A STRATEGIC PLAN IS REAL, IT'S
16	GOING TO REQUIRE TRADE-OFFS AND IT CANNOT, IT CANNOT
17	SATISFY ALL STAKEHOLDERS. A STRATEGIC PLAN, A REAL
18	ONE, MEANS THAT THERE ARE GOING TO BE UNHAPPY PEOPLE
19	AT THE END OF THE DAY.
20	AND WHEN I HEAR SAYING, WELL, WE BUILT
21	THIS IN HERE BECAUSE THIS IS WHAT WE HEARD FROM OUR
22	STAKEHOLDERS, I WORRY ABOUT THAT. SOME STAKEHOLDERS
23	ARE GOING TO BE UNHAPPY. SO HERE'S MY I WANT TO
24	INTRODUCE ANOTHER SORT OF QUESTION ABOUT THESE
25	ALLOCATIONS. AND IT'S THE ONE NOBODY HAS BEEN

1	TALKING ABOUT, AND THAT'S THE SECOND LINE, PEOPLE.
2	IT SEEMS TO ME, AND HERE'S I JUST WANT
3	TO THROW SOME CONTROVERSIAL IDEA OUT HERE. WE'VE
4	BEEN FUNDING THE UNIVERSITY OF CALIFORNIA AND THE
5	COMMUNITY COLLEGES AND THE CSU SYSTEM IN THESE
6	VARIOUS TRAINING PROGRAMS, TRAINING PROGRAMS AND
7	BRIDGES, FOR HOW MANY YEARS NOW, FIVE YEARS OR
8	WHATEVER. AND WE HAVE BEEN SAYING SIX YEARS
9	AND WE'VE BEEN SAYING THAT IT HAS DEVELOPED AN
10	ECOSYSTEM FOR STEM CELL WORK.
11	GIVEN BOTH OF THOSE THINGS, IS IT
12	UNREASONABLE TO THINK THAT THE UNIVERSITIES AND THE
13	STATE COLLEGES AND THE CSU'S SHOULD BE ADJUSTING
14	THEIR OWN CURRICULUM TO PICK UP THESE PROGRAMS?
15	SHOULD CIRM OR SOMEBODY BE FUNDING THESE PROGRAMS
16	FOREVER?
17	I THINK IT IS TIME TO SAY, OKAY, IT'S TIME
18	NOW FOR THOSE INSTITUTIONS TO ADJUST THEIR OWN
19	CURRICULUM, IF THIS IS REALLY AN IMPORTANT AREA, TO
20	RECOGNIZE ITS IMPORTANCE BY BUILDING IT INTO THEIR
21	CURRICULUM. AND THAT GIVES US \$200 MILLION ROUGHLY
22	TO REALLOCATE TO SCIENCE, WHICH IS ACTUALLY WHAT
23	WE'RE ALL ABOUT HERE.
24	DR. PIZZO: I MOVE THAT THAT START AT
25	BERKELEY.

1	DR. PRICE: LISTEN, I HAVE NO PROBLEM WITH
2	THAT IF STANFORD WILL COME IN AS THE SECOND
3	INSTITUTION.
4	DR. PIZZO: WE'RE NOT A STATE INSTITUTION.
5	DR. OLSON: POINT IS WELL TAKEN. IT IS A
6	SERIES OF TRADE-OFFS.
7	DR. POMEROY: SO I THINK THAT THESE ISSUES
8	ARE EXACTLY THE ONES THAT WE SHOULD BE TALKING ABOUT
9	GOING FORWARD. WE IN RETROSPECT SHOULD HAVE BEEN
10	TALKING ABOUT THEM ALL ALONG. BUT I WANT TO ECHO
11	JEFF'S CONCERNS ABOUT THE MESSAGE THAT WE SEND WHEN
12	WE CUT IN HALF THE FUNDING FOR OR EVEN TALK ABOUT
13	CUTTING IN HALF THE AMOUNT OF FUNDING FOR A PROGRAM
14	THAT WE HAD AN EXTENSIVE DISCUSSION ABOUT AT THIS
15	BOARD. WE MADE A DECISION, AND WE CONVINCED PEOPLE
16	TO PUT IN PLANNING GRANTS AND SPEND THE LAST SIX
17	MONTHS OF THEIR LIVES ON THE BASIS OF THOSE PLANNING
18	GRANTS PREPARING THE FULL-BLOWN GRANTS THINKING THAT
19	THERE WAS A CERTAIN FUND OF MONEY AVAILABLE.
20	I THINK THAT CHANGING THAT AT THIS LATE
21	DATE RISKS A DISRUPTION OF THE TRUST THAT WE HAVE
22	WITH THE SCIENTISTS. AND SO I'M VERY MUCH IN FAVOR
23	OF THESE DISCUSSIONS GOING FORWARD, BUT I HAVE GRAVE
24	CONCERNS ABOUT BACKTRACKING ON SOMETHING THAT WE HAD
25	EXTENSIVE DISCUSSIONS ON.

1	MR. SHEEHY: CAN I JUST ADD ONE LITTLE
2	POINT TO YOUR POINT, DR. POMEROY? IT'S NOT JUST THE
3	SCIENTISTS. IT'S THE COMMUNITY. DIFFERENT
4	COMMUNITIES OF PATIENT ADVOCATES ARE FOLLOWING THIS
5	SCIENCE. AND REALLY, AS DISAPPOINTING AS IT WOULD
6	BE TO BREAK THE TRUST WITH THE SCIENTISTS, WE JUST
7	HAD THIS WITH GERON. THE TRUST WITH THE PATIENTS
8	AND THEIR ADVOCATES WHO ARE REALLY LOOKING FOR THE
9	SCIENCE AS A SOURCE OF HOPE IS A BIGGER BREACH OF
10	TRUST IN MY MIND.
11	DR. POMEROY: WELL SAID.
12	MS. GIBBONS: COULD YOU NOT ARGUE IT,
13	THOUGH, THE OTHER WAY TOO, THAT RECIPROCALLY THAT
14	WE'RE HONORING THE TRUST THAT WE HAD WITH THE VOTERS
15	BY SAYING THAT THE STRATEGIC PLAN IS FLUID, IT IS
16	DYNAMIC, THE ONUS IS ON US TO ADJUST OURSELVES, AND
17	MAKE OUR DECISIONS BASED ON ALL THE INPUT THAT WE
18	GET FROM EXTERNAL REVIEW AND THE OTHER THINGS THAT
19	ARE PRESENTED OVER THE COURSE OF TIME? AND THIS IS
20	A PROPOSED FUNDING SCENARIO. MAYBE I'M MISSING
21	SOMETHING, BUT I DON'T FEEL THIS HEAVY BURDEN THAT
22	WE'RE BEING ASKED TO RETRACT ANYTHING.
23	WHAT I SEE IS A PROPOSITION THAT WE
24	CONSIDER TAKING INTO ACCOUNT THE INPUT THAT WE'VE
25	SEEN FROM THE STRATEGIC PLAN AND MAKE SURE THAT OUR

1	FUNDING DECISIONS GOING FORWARD ARE REFLECTIVE OF
2	WHERE WE'VE DECIDED THAT WE WANT TO GO.
3	I THINK THAT IS BEING RESPONSIBLE. AND I
4	KNOW I DON'T HAVE THE NUANCE TO LOOK AT WHAT THE
5	SCIENTIFIC COMMUNITY IS DOING AND HAS DONE TO
6	PREPARE FOR THE RFA'S, BUT WE WOULD STILL HAVE TO
7	JUDGE THOSE BASED ON THEIR MERIT ANYWAY. SO THAT'S
8	KIND OF A THAT'S SOMETHING THAT HASN'T PRESENTED
9	ITSELF, SO AREN'T WE REALLY DOING THE RIGHT THING BY
10	HONORING TRUST ALL AROUND IN HAVING THIS DISCUSSION
11	RIGHT NOW?
12	MR. SHEEHY: I JUST, HAVING SAT THROUGH
13	THE REVIEW OF THE PLANNING GRANTS, I JUST FELT THAT
14	THERE WAS SOME STRENGTH THERE AND THERE WERE
15	DISEASES THAT WE HADN'T TACKLED WITH DISEASE TEAMS
16	OR WITH CLINICAL PROGRAMS. I THINK TO A LARGE
17	DEGREE, AND I THINK IT'S REFLECTED IN THE SIZE OF
18	OUR ACTUAL CLINICAL PROGRAM, THAT A LOT OF THE
19	SCIENCE IS IN THAT EARLY TRANSLATION DISEASE TEAM
20	SPACE. AND WHEN WE SET UP THE DISEASE TEAM
21	STRUCTURE, PART OF THE REASON WE DID THAT WAS
22	BECAUSE THE SCIENCE WASN'T REALLY THERE WEREN'T
23	VERY MANY PROJECTS THAT WERE REALLY READY FOR THE
24	CLINIC.
25	AND BY BRINGING TOGETHER INDUSTRY AND
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1	ACADEMIC RESEARCHERS AND PUTTING THEM TOGETHER AND
2	REGULATORY SPECIALISTS INTO A TEAM, WHICH WAS A BIG
3	INNOVATION FOR US TO KIND OF PULL TOGETHER THIS TEAM
4	CONCEPT, FAIRLY NOVEL CREATION BY CIRM, THAT WE CAN
5	MOVE THE SCIENCE FASTER THROUGH THIS SPACE. AND I
6	THINK AGAIN, I'M NOT CONVINCED THAT THE SCIENCE
7	DOESN'T JUSTIFY THE FULL FUNDING FOR THE ROUND. AND
8	MY SUSPICION IS IS THIS WILL LIKELY BE THE LAST
9	DISEASE TEAM ROUND WE DO.
10	YOU THINK ABOUT IT. IT TAKES A COUPLE OF
11	YEARS TO GET ONE OF THESE OFF THE GROUND. WE'LL DO
12	THIS THIS YEAR, 2012, AND THE PROGRAMS PROBABLY
13	WON'T START TILL 2013. WE WON'T START TALKING ABOUT
14	ANOTHER DISEASE TEAM ROUND TILL LATE 2013, 2014.
15	WE'RE NOT GOING TO START A DISEASE TEAM ROUND IN
16	2016 UNLESS WE HAVE ADDITIONAL FUNDING. SO THIS
17	WILL BE OUR LAST DISEASE TEAM ROUND.
18	AND SO WHAT WE'RE TALKING ABOUT IS TAKING
19	A SIGNIFICANT CHUNK OF MONEY OUT OF WHAT HAS BEEN
20	OUR FLAGSHIP INNOVATION. REMEMBER, WE ARE A FUNDING
21	AGENCY, AND THE MECHANISMS BY WHICH WE USE TO MOVE
22	SCIENCE FORWARD IS AS MUCH A BURDEN ON US AND OUR
23	MISSION AS ACTUALLY FUNDING SCIENCE. WHEN WE HAVE
24	MANAGED TO INNOVATE IN THE FUNDING ARENA, I THINK WE
25	SHOULD CONTINUE TO DO SO. AND THE IDEA HAS ALWAYS

1	BEEN IN THE DISEASE TEAM ROUND THAT IF PEOPLE DON'T
2	HIT THEIR MILESTONES, THE FUNDING RETURNS TO CIRM.
3	SO IT WAS SUPPOSED TO BE A REPLENISHABLE POOL IN
4	WHICH WE DID TAKE SOME RISK AND WE DID TAKE SOME
5	CHANCES AND TRY TO MOVE THE SCIENCE FORWARD.
6	SO I ACTUALLY STILL BELIEVE IT WOULD BE A
7	HUGE BREACH OF FAITH. AND I DO THINK, AGREEING WITH
8	DR. PRICE, WE HAVEN'T GONE THROUGH LINE BY LINE AND
9	LOOKED AT THESE VARIOUS ALLOCATIONS AND COME AS A
LO	BOARD STRATEGICALLY TO A DECISION ON HOW MUCH WE
L1	WANT TO ALLOCATE EACH OF THESE CATEGORIES. SO WE
L2	DID MAKE THE DECISION TO SPEND 240 MILLION ON THIS
L3	ROUND. WE DID NOT MAKE A DECISION ABOUT THESE
L4	ALLOCATIONS. SO I WOULD BE MORE COMFORTABLE LOOKING
L5	AT THE ALLOCATIONS AND SEEING IF THOSE ARE RIGHT.
L6	IF WE HAD GONE THROUGH THAT PROCESS AND THEN CAME
L7	BACK AND SAID WE ONLY WANT TO SPEND 140 MILLION, I
L8	MIGHT FEEL COMFORTABLE. BUT THESE A PRIORI KIND OF
L9	ASSUMPTIONS THAT ARE BUILT INTO THIS SCHEME ARE NOT
20	ONES THAT WE'VE HAD ANY INPUT ON. THAT'S WHERE I
21	HAVE A PROBLEM.
22	MS. GIBBONS: I THINK THIS SPEAKS TO WHAT
23	WE'VE BEEN SAYING ALL ALONG, THOUGH, ABOUT OUR
24	ABILITY TO TELL A BETTER STORY BECAUSE YOU'RE BEING
25	ABLE TO COMMUNICATE WHERE THE VALUE OF THE DISEASE

1	TEAM IS VIS-A-VIS GETTING TO THE CLINIC TO SHOW
2	BENEFIT TO PATIENTS, WHICH IS WHERE THIS WHOLE THING
3	STARTED, IT MAKES SO MUCH SENSE. I THINK THAT MAYBE
4	IT'S A LABELING ISSUE FOR THE LAY PUBLIC. LIKE IN
5	THIS ROOM EVERYBODY UNDERSTANDS WHAT IT MEANS WHEN
6	YOU GET TO TRANSLATIONAL AND CLINICAL, BUT I THINK
7	THE LAY PUBLIC JUST WANTS TO KNOW, AS YOU SAID,
8	CLAIRE, EARLIER ON SO SIMPLY, WHAT IS THE BENEFIT TO
9	PATIENTS. YOU CAN ARTICULATE THAT BY HEAVILY
10	INVESTING IN THE DISEASE TEAMS.
11	SO I THINK WE'RE ALL MAKING THE SAME
12	POINT, AND IT GETS DOWN TO WE HAVE TO TELL A BETTER
13	STORY TO DEMONSTRATE WHAT WE'RE DOING.
14	DR. PIZZO: I AGREE WITH THAT, BUT I THINK
15	AT THE END OF THE DAY IT'S GOING TO DEPEND ON
16	WHETHER OR NOT THOSE DISEASE TEAMS REACH THE
17	FRUITION THAT THEY HOPED FOR. AND I THINK WE HOPE
18	THAT THAT WILL BE VERY POSITIVE. WE NEED TO BE
19	PREPARED FOR THE FACT THAT IT MAY NOT BE. TO ME
20	AMONG THE SCENARIOS THAT WE NEED TO CONTINUE TO PLAY
21	OUT IS IF THE DISEASE TEAMS I THROUGH V OR V THROUGH
22	X DON'T REACH THE FRUITION WE HAVE HOPED FOR, IS
23	THERE A WAY OF RECOUPING SOME OF THAT THROUGH BETTER
24	UNDERSTANDING WHAT WENT AWRY. AND I WOULD HATE TO
25	SEE US MISS THAT OPPORTUNITY AS WELL.

1	SO TO ME, JEFF, THE ISSUE IS, AS YOU BEGAN
2	THE DISCUSSION, IT'S AN ISSUE OF BALANCE AND
3	UNDERSTANDING PRIORITIES AND FUNDING EXCELLENCE
4	ABOVE ALL. MY WORRY IS IF WE SET THE THRESHOLD TOO
5	HIGH, WE MISS OPPORTUNITIES. IF WE SET THE
6	THRESHOLD TOO LOW, WE OVERFUND THINGS THAT ARE
7	UNLIKELY TO BE AS SUCCESSFUL AS WE'D LIKE. AND THAT
8	BECOMES MORE SO WHEN WE'RE BEGINNING TO REACH THE
9	END OF THE GAME, WHICH IS WHERE WE ARE. I'D LIKE TO
10	SEE EVERYTHING BE OPTIMIZED IN THAT SITUATION.
11	MS. BAUM: I JUST QUICKLY WANTED TO MAKE
12	SURE THAT WE DIDN'T LEAVE THE IMPRESSION THAT THE
13	WHOLE STRATEGIC PLANNING PROCESS WASN'T BASED ON A
14	FINANCIAL ANALYSIS. THERE WAS A FEW SESSIONS
15	INTERNALLY WHERE WE WORKED BACKWARDS FROM THE 2006
16	GOALS FIGURING WHAT NEEDED TO BE FUNDED THROUGH
17	PROOF OF CONCEPT, WORKED BACKWARDS TO FIGURE OUT HOW
18	MUCH FUNDING WE NEEDED TO ACCOMPLISH THAT BASED ON
19	LIKELIHOODS OF SUCCESSES AND DIFFERENT RATIOS, WHICH
20	I'M SURE PAT OR ELLEN COULD PROVIDE TO YOU, BUT IT
21	WASN'T DONE IN A VACUUM BASED ON WHAT WE HEARD
22	PEOPLE WANTED, MORE PEOPLE FUNDING IN THE PEOPLE
23	CATEGORY. IT WAS LOOKING AT THE GOALS, WORKING
24	BACKWARDS FROM A FINANCIAL BASIS.
25	THAT SAID, THE QUESTION REMAINS IS THAT
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1	THERE WILL BE A LOT OF PROJECTS THAT ARE SORT OF
2	LEFT IN MIDSTAGE. AND YOU CAN DIRECT ADDITIONAL
3	FUNDING TO MOVE THOSE FURTHER ALONG AND THEN FUND
4	LESS IN, FOR INSTANCE, THE FUNDAMENTAL OR THE PEOPLE
5	CATEGORY. AND I JUST WANTED TO LEAVE THAT
6	CLARIFICATION IN THE RECORD.
7	CHAIRMAN THOMAS: ARE THERE ANY OTHER
8	COMMENTS AT THIS STAGE?
9	DR. PLUNKETT: I'D JUST LIKE TO ADD ONE
10	MORE COMMENT ON HOW I'VE BEEN LOOKING AT THE BALANCE
11	OF FUNDING HERE, AND HOPEFULLY THIS MIGHT BE HELPFUL
12	FOR SOME OF THE BOARD MEMBERS. I'M REALLY
13	EYEBALLING WHAT'S BEEN AWARDED IN THE FIRST HALF
14	DOZEN YEARS OF THIS AGENCY'S EXISTENCE WITH WHAT
15	WE'RE PROPOSING THE BALANCE TO BE IN THE FUTURE.
16	SO SIMPLY PUT, IN TERMS OF SPENDING ON
17	PEOPLE, A LITTLE BIT LESS THAN WE HAVE HISTORICALLY.
18	ON FUNDAMENTAL RESEARCH FOR THE NEXT HALF DOZEN
19	YEARS, APPROXIMATELY THE SAME PACE AS IN OUR FIRST
20	HALF DOZEN YEARS. FOR TRANSLATIONAL RESEARCH, AN
21	INCREASE OF 60 PERCENT; AND FOR CLINICAL DEVELOPMENT
22	WORK, TRIPLE THE FUNDING THAT WE SPENT FOR THE LAST
23	HALF VERSUS THE FIRST HALF OF THE AGENCY'S
24	EXISTENCE.
25	JEFF, YOUR CONCERN ABOUT NO MORE DISEASE
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1	TEAM ROUNDS, I BELIEVE, PAT, WE ACTUALLY EXPLICITLY
2	HAVE IN THIS MODEL, AND I KNOW WE DIDN'T GET TOO FAR
3	DOWN INTO THE WEEDS ON THIS, BUT WE EXPLICITLY HAVE
4	A DISEASE TEAM III IN THE 2014 TIME FRAME AND A
5	DISEASE TEAM IV IN THE 2016 TIME FRAME, ALL OF
6	WHICH, THE III AND THE IV, PAT, I BELIEVE ARE THE
7	150 TO \$200 MILLION SIZE RANGE.
8	DR. OLSON: I THINK IT'S MORE LIKE A
9	HUNDRED OR 120. I MEAN WE ARE BUILDING INTO THE
10	PLAN WAYS TO BRING DEVELOPMENT PROJECTS FORWARD.
11	DR. FEIGAL: THE OTHER POINT I'D JUST LIKE
12	TO SAY IS DEVELOPMENT AS A CATEGORY IN THE DISEASE
13	TEAM THERAPY DEVELOPMENT AWARDS, ETC., WE'RE TALKING
14	ABOUT INITIATIVE. SO WE DO HAVE SOME NEW STRATEGIC
15	PARTNERSHIP FUNDING WHICH PRESUMABLY WILL HELP
16	ATTRACT DEVELOPMENT-TYPE RESEARCH MOVING FORWARD.
17	SO WE'RE JUST REALLY PUTTING THIS OUT, AS YOU SAID,
18	WHERE YOU WANT TO PLACE YOUR BETS. AND IT'S A
19	JUDGMENT. THERE'S NO RIGHT OR WRONG HERE. AND SO
20	WE JUST NEED TO FEEL ABOUT HOW MANY BETS DO YOU WANT
21	TO PLACE ON REALLY HIGH RISK POTENTIALLY
22	TRANSFORMATIVE VERSUS HOW MANY BETS DO YOU WANT TO
23	PLACE ON SOMETHING THAT HOPEFULLY IS MORE NEAR TERM.
24	SO IT IS ABOUT BALANCE AND HOW TO MAKE
25	THAT KIND OF JUDGMENT. SO THIS IS A JUDGMENT CALL,

1	AND WE DO WANT YOUR INPUT, BUT IT'S JUST TO LAY IT
2	OUT ON THE TABLE TO BE TRANSPARENT. I THINK NONE OF
3	US WANT TO RENEGE ON THE PUBLIC TRUST IN TERMS OF WE
4	SENT OUT A SOLICITATION, WE PUT A CEILING AMOUNT OUT
5	THERE, PEOPLE HAVE SPENT A LOT OF TIME; BUT AT THE
6	END OF THE DAY, I THINK WHAT WE STILL WANT TO GET
7	CLEAR, AS I SAID BEFORE, WHETHER IT'S DEVELOPMENT,
8	TRANSLATIONAL, FUNDAMENTAL, PEOPLE, IT'S A CEILING.
9	AND SO IT HAS TO BE EVIDENCED BY GOOD PROPOSALS
10	COMING IN AND BEING REVIEWED AND RECOMMENDED AND THE
11	BOARD DECIDING TO FUND IT, BUT IT'S NOT AN
12	ENTITLEMENT.
13	I GUESS THAT'S TRUE FOR ANY INITIATIVE IS
14	TO THINK OF IT MORE AS IT'S AN OPPORTUNITY, BUT IT'S
15	NOT A PROMISE. AND SO AT LEAST THAT'S THE WAY WE
16	USED TO THINK ABOUT IT AT NIH IS WE DIDN'T HAVE TO
17	GO TO THE CEILING IF THERE WEREN'T ENOUGH PROPOSALS
18	THERE. WE HAVE EVERY REASON TO THINK THERE COULD
19	BE, BUT IT'S JUST TO KEEP THAT IN MIND WITH ANY
20	INITIATIVE WE PUT OUT THERE.
21	MR. SHEEHY: JUST TO RESPOND, NO ONE HAS
22	PROPOSED I ALMOST FEEL LIKE THIS IS THE BAD
23	SCIENCE ARGUMENT THAT WE ADVOCATES ALWAYS GET TAGGED
24	WITH. NO ONE IS PROPOSING NOT FUNDING MERITORIOUS
25	SCIENCE. BUT THE THING WAS IS THAT WE HAVE PUT OUT

1	A NUMBER, AND I'M NOT SURE THAT I'M COMFORTABLE
2	ROLLING BACK THAT NUMBER. I'M NOT I'M KIND OF
3	SURPRISED THAT WE'RE TALKING ABOUT, FRANKLY, ROLLING
4	BACK THAT NUMBER. I REALLY WOULD LOVE TO HAVE THIS
5	DISCUSSION IN A MORE REALLY HAVE SOME KEY
6	DECISION POINTS ABOUT WHERE WE WANT TO ALLOCATE OUR
7	funding over the last 900 million we have available
8	TO US AND ACTUALLY MAKING SOME DECISIONS.
9	LIKE I SAID, WE'VE GOT A GOOD BASIC
10	BIOLOGY CANDIDATE COMING UP IN RESEARCH LEADERSHIP.
11	AND THIS IS PRECISELY THE TYPE OF FRAME THAT WE
12	SHOULD HAVE BEEN LOOKING AT IN THE WORKING GROUP
13	WHEN WE'RE TRYING TO DECIDE WHETHER WE THINK
14	THERE'S A MINORITY REPORT BECAUSE PEOPLE AREN'T SURE
15	WHETHER THIS IS SOMETHING THAT'S REALLY VALUABLE FOR
16	OUR PROGRAM. SO WE DON'T HAVE A LIMITLESS AMOUNT OF
17	MONEY, BUT WE DO NEED TO COME TO TERMS WITH OUR
18	PROGRAM.
19	BUT I WOULD SAY THIS TOO. YOU CANNOT
20	UNDERESTIMATE THE POWER OF THE ADVOCACY COMMUNITY.
21	AND WE HAVE TO GIVE THEM HOPE. I WANT HOPE. AND
22	THERE ARE PROJECTS IN HIV, AND I THINK THAT THEY
23	HAVE PAID OFF HUGE DIVIDENDS EVEN THOUGH THEY
24	HAVEN'T GOTTEN ANY CLINICAL SUCCESS AND JUST
25	CHANGING THE WHOLE DISCUSSION ABOUT WHETHER OR NOT A

1	CURE IS POSSIBLE FOR HIV. WE'RE IN THE FOREFRONT OF
2	THAT DIALOGUE. THAT WOULDN'T BE THERE IF WE DIDN'T
3	STEP OUT ON A LIMB IN 2009 AND FUND A COUPLE OF
4	DISEASE TEAM PROJECTS THAT A LOT OF PEOPLE DIDN'T
5	THINK WERE EVEN NEEDED. AND YET PEOPLE ARE TALKING
6	ABOUT CIRM IN THE HIV COMMUNITY AS CUTTING A FRESH
7	PATH. AND WE'RE PUSHING NIH. AND NIH IS INCREASING
8	THE AMOUNT OF FUNDING THAT THEY'RE DOING FOR A CURE.
9	SO THIS IS DYNAMIC PROCESS THAT INVOLVES PATIENTS,
10	OTHER FUNDERS, A WHOLE COMMUNITY.
11	SO WHEN WE TALK ABOUT IMPACTING SCIENCE IN
12	THIS PARTICULAR AREA OF THE PIPELINE, WE'RE TALKING
13	ABOUT IT'S NOT JUST ABOUT AN INDIVIDUAL PROJECT
14	GETTING TO FRUITION. IT'S ABOUT A WHOLE CULTURE
15	THAT IS DEVELOPED IN CALIFORNIA BASED ON HOPE AND
16	BASED ON EXPECTATIONS FOR CIRM. AND I THINK WE NEED
17	TO BE VERY CAREFUL ABOUT HOW WE MANAGE THOSE
18	EXPECTATIONS AND HOW WE HANDLE THAT TRUST THAT'S
19	BEEN PLACED IN US.
20	CHAIRMAN THOMAS: DEAN HAWGOOD.
21	DR. HAWGOOD: I THINK THERE'S BEEN A VERY
22	RICH DISCUSSION, AND I WOULD SUGGEST MAYBE FOR THE
23	NEXT MEETING IF YOU COULD TAKE THIS TABLE AND LAY
24	OUT A TIMELINE SO THAT WE UNDERSTAND WHAT'S COMING.
25	IT SEEMS LIKE THAT'S THE INFORMATION THAT WE'RE

1	MISSING HERE THAT YOU RIGHTLY HAVE AND CAN SEE, AND
2	WE'RE TENDING TO MAKE EACH RFA DECISION IN
3	ISOLATION. AND I THINK IT WOULD BE VERY HELPFUL TO
4	SEE IT LAID OUT ACROSS TIME TO UNDERSTAND WHERE THIS
5	FUNDING COMES AND GOES.
6	DR. PRICE: I'D JUST LIKE TO MAKE A VERY
7	SMALL SUGGESTION, THAT YOU SWAP OUT THE TERM
8	"PEOPLE" WITH TRAINING BECAUSE UNFORTUNATELY IT
9	SUGGESTS THAT NONE OF THESE OTHER THINGS HAVE ANY
10	IMPACT ON PEOPLE. SO LET'S LABEL THINGS ACCURATELY
11	FOR WHAT WE'RE TALKING ABOUT, AND WE ARE TALKING
12	ABOUT TRAINING PROGRAMS.
13	DR. OLSON: IT'S NOT JUST TRAINING. IT'S
14	ALSO CAREER DEVELOPMENT. IT'S RESEARCH LEADERS. SO
15	I'D PROBABLY CALL IT INTELLECTUAL INFRASTRUCTURE.
16	CHAIRMAN THOMAS: YOU CAN COME UP WITH A
17	SNAZZY ACRONYM THAT TAKES INTO ACCOUNT EVERYTHING.
18	DR. OLSON: YOU DON'T LIKE INTELLECTUAL
19	INFRASTRUCTURE?
20	CHAIRMAN THOMAS: OKAY.
21	DR. FRIEDMAN: COULD I MAKE JUST ONE
22	COMMENT, PLEASE? I DON'T MEAN TO PROLONG THE
23	DISCUSSION. I VERY MUCH VALUE THE THOUGHTFUL
24	APPROACH THAT EVERYBODY HAS TAKEN IN TERMS OF LAYING
25	OUT ON THE ONE HAND, ON THE OTHER HAND THE PROS AND
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1	CONS. EARLIER WE TALKED ABOUT THE VALUE THE
2	ESSENTIAL NEED FOR PRIORITIZING, AND THAT'S EASY TO
3	SAY, BUT I THINK IT'S GOING TO BE PAINFULLY
4	DIFFICULT BECAUSE THE OPTIONS THAT WE'RE LOOKING AT
5	ARE VERY ATTRACTIVE, AND THEY EACH COMPETE
6	POWERFULLY FOR OUR ATTENTION AND OUR SUPPORT.
7	I THINK WHEN WE DO HAVE THAT NEXT
8	DISCUSSION, AND I LIKE THE WAY PEOPLE ARE TALKING
9	ABOUT ORGANIZING IT, AND IT SOUNDS LIKE IT WILL BE A
10	VERY GOOD DISCUSSION, I THINK THE KEY THING FOR US
11	AS A BODY IS TO SAY WHAT OUR PRIORITIES ARE. AND
12	THE REALITY IS THAT WE CAN DO A LITTLE BIT OF
13	EVERYTHING, OR WE CAN DO A LOT OF SOMETHING. AND
14	I'M NOT ARGUING FOR BASIC SCIENCE OR CLINICAL
15	RESEARCH OR TRAINING. BUT EACH ARE IMPORTANT
16	TOPICS, AND IT'S A SHAME THAT WE CAN'T DO ALL OF
17	THEM TO THE EXTENT THAT THE COMMUNITY WOULD LIKE AND
18	THAT WOULD BE VERY SUPPORTABLE AND JUSTIFIABLE, BUT
19	WE REALLY ARE, IF WE ARE GOING TO DO OUR JOBS
20	PROPERLY, WE'RE GOING TO HAVE TO MAKE SOME REALLY
21	PAINFUL AND DIFFICULT DECISIONS THAT WILL BE, I
22	THINK, A STARK TENSION BETWEEN DIFFERENT PEOPLE,
23	EACH OF WHOM BELIEVES HIS OR HER OWN PERSPECTIVE IS
24	THE BEST WAY TO GET RESULTS. WE'LL BE BALANCING
25	SHORT-TERM GOALS WITH LONGER TERM GOALS.
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	130

1	AGAIN, I'M NOT TALKING ABOUT WHAT MY
2	PARTICULAR POSITION IS. I'M JUST SAYING THAT THE
3	NEXT DISCUSSION ON THIS, IF IT ISN'T A WRENCHINGLY
4	DIFFICULT ONE, THEN WE'RE NOT DOING OUR JOB. I
5	THINK IT'S EXACTLY THE THING WE SHOULD DO AS WE
6	REACH THIS POINT IN THE FUNDING HISTORY OF THE
7	ORGANIZATION TO MEET OUR EXPECTATIONS AND THE
8	PATIENT EXPECTATIONS AND THE ADVOCACY EXPECTATIONS.
9	THANK YOU.
10	CHAIRMAN THOMAS: OKAY. THANK YOU, DR.
11	FRIEDMAN. I THINK THAT WAS VERY WELL STATED. SO
12	LOGISTICALLY I THROW THIS OUT TO STAFF BECAUSE THERE
13	OBVIOUSLY IS GOING TO BE FURTHER DISCUSSION ON
14	PRIORITIES AT THE NEXT MEETING. WE ALSO TYPICALLY
15	HAVE SET FORTH WE'RE GOING TO APPROVE THE STRATEGIC
16	PLAN AT THE NEXT MEETING. IS THAT AN ABSOLUTE MUST
17	OR NOT?
18	DR. FEIGAL: I MEAN THAT WAS THE TIME
19	FRAME IS THE CONSIDERATION OF THE FINAL PLAN.
20	CHAIRMAN THOMAS: SO THE QUESTION IS CAN
21	WE HAVE THIS DISCUSSION AND BE ABLE TO GET TO A
22	CONSIDERATION OF THE FINAL PLAN AT THE SAME MEETING?
23	DR. TROUNSON: CHAIR, I DON'T THINK
24	THERE'S ANY PARTICULAR REASON WHY WE HAVE TO DO IT
25	AT THAT MEETING. I THINK IT WAS PARTLY WE WANTED TO
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1	COMPLETE THE PROCESS FOR THE INSTITUTE OF MEDICINE.
2	SO IT WAS DRIVEN BY THAT, BUT THAT OUGHT NOT BE THE
3	DRIVER. IF IT TAKES US ANOTHER MEETING OR TWO
4	MEETINGS TO GET THE BOARD'S COMFORT AND ALL OUR
5	COMFORT AND WE'RE ALL SIGNED ONTO IT, THEN I'D
6	PROPOSE WE DO THAT.
7	THAT WILL MAYBE HAVE A YOU KNOW, THE
8	INSTITUTE OF MEDICINE WILL PROBABLY HAVE TO HAVE A
9	LOOK AT A DRAFT RATHER THAN THE COMPLETED DOCUMENT.
10	SO I THINK IT'S MORE ABOUT US BEING, THE
11	BOARD, THAT IS, BEING SATISFIED THAT WE'VE GOT THE
12	DOCUMENT THAT WE WANT RATHER THAN ANYTHING ELSE. I
13	THINK THAT SHOULD BE THE PRIORITY.
14	CHAIRMAN THOMAS: YES. I WOULD AGREE WITH
15	THAT, AS I'M SURE WOULD THE INSTITUTE OF MEDICINE.
16	SO I THINK WE WOULD ASK STAFF TO FACTOR IN THE
17	COMMENTS YOU'VE HEARD HERE TODAY AND TO COME BACK
18	PREPARED FOR SORT OF THE FINAL DISCUSSION ON
19	PRIORITIES BASED ON THE VARIOUS COMMENTS.
20	ANYBODY DISAGREE WITH THAT? WE'D BRING IT
21	BACK FOR FINAL APPROVAL AT THE FOLLOWING BOARD
22	MEETING? MR. JUELSGAARD.
23	DR. JUELSGAARD: MR. THOMAS, I WOULD JUST
24	MAKE ONE COMMENT. AND THAT IS WHILE I THINK THERE
25	HAVE BEEN A NUMBER OF USEFUL COMMENTS MADE, THEY'RE

1	NOT ALL ALIGNED WITH EACH OTHER. THERE ARE SOME
2	DIFFERENCES. AND SO I THINK STAFF NEEDS TO USE
3	THEIR OWN DISCRETION IN COMING FORWARD WITH
4	RECOMMENDATIONS. SOMETIMES YOU JUST NEED TO MAKE
5	REALLY DIFFICULT DECISIONS IN SPITE OF WHAT YOU
6	MIGHT HAVE SAID IN THE PAST OR PROMISED IN THE PAST.
7	SOMETIMES CHANGES NEED TO BE MADE. AND PEOPLE WILL
8	BE DISAPPOINTED IN THAT, BUT THAT'S THE WAY IT GOES.
9	OUR RESPONSIBILITY IS TO SPEND THE CALIFORNIA
10	TAXPAYERS' MONEY IN THE BEST WAY THAT WE
11	COLLECTIVELY AS A GROUP THINK IT SHOULD BE SPENT.
12	AND IF THAT CHANGES FROM SOME DECISION WE MADE
13	PREVIOUSLY, THEN IT CHANGES, BUT THAT'S OUR JOB, AND
14	I THINK WE SHOULD APPROACH IT THAT WAY.
15	DR. POMEROY: I ENDORSE YOUR PROPOSAL,
16	J.T., BUT WITH ONE REQUEST. AND THAT IS IT WOULD BE
17	VERY HELPFUL IF WE GOT THIS INFORMATION IN ADVANCE,
18	FAR ENOUGH IN ADVANCE THAT WE COULD EXPECT ALL OF
19	THE BOARD MEMBERS TO READ IT OURSELVES SO THAT WE
20	DON'T HAVE TO SPEND OUR TIME HAVING IT READ TO US.
21	I THINK THEN WE COULD ACTUALLY HAVE A MORE FRUITFUL
22	DISCUSSION.
23	CHAIRMAN THOMAS: I'M SURE THAT CAN BE
24	ACCOMMODATED. ANY OTHER COMMENTS? OKAY. THANK YOU
25	VERY MUCH, DR. OLSON.

1	MR. HARRISON, HOW SHALL WE PROCEED HERE?
2	MR. HARRISON: WE HAVE A CLOSED SESSION
3	EXCUSE ME A SPOTLIGHT SCHEDULED FOR THIS TIME.
4	SO WHAT WE WOULD ASK IS THAT BOARD MEMBERS GO TO THE
5	ROOM WHERE BREAKFAST WAS AVAILABLE TO PICK UP YOUR
6	LUNCH AND RETURN TO YOUR SEATS AS QUICKLY AS
7	POSSIBLE SO WE CAN BEGIN THE SPOTLIGHT; AND THEN
8	FOLLOWING THE SPOTLIGHT, WE WILL CONTINUE WITH
9	REGULAR BOARD BUSINESS.
10	CHAIRMAN THOMAS: SO WE WILL ADDRESS THE
11	TRANSITION PLAN FIRST THING AFTER LUNCH?
12	MR. HARRISON: CORRECT.
13	CHAIRMAN THOMAS: OKAY. THANK YOU.
14	(A RECESS WAS TAKEN.)
15	CHAIRMAN THOMAS: OKAY. WE'VE GOT TO GET
16	GOING HERE, FOLKS. OKAY. ACTUALLY WE HAVE INSTEAD
17	OF IMMEDIATELY TAKING UP THE TRANSITION PLAN, WHICH
18	IS NOT SOMETHING THAT REQUIRES A VOTE, WE HAVE THREE
19	ITEMS ON THE AGENDA WE WANT TO MAKE A HUNDRED
20	PERCENT SURE WE GET THROUGH AND GET VOTES WHILE WE
21	HAVE FOLKS AMASSED. SO WE'RE GOING TO DEVIATE A BIT
22	FROM THE AGENDA, AND WE'RE GOING TO PROCEED FIRST TO
23	THE RESEARCH LEADERSHIP AWARD, WHICH IS, AS YOU SEE
24	ON YOUR AGENDA, ITEM NO. 11. SO WE'LL TURN TO DR.
25	YAFFE FOR THE PRESENTATION ON THIS POINT. THANK
	13/

1	YOU.
2	DR. YAFFE: THANK YOU. MR. CHAIR, MEMBERS
3	OF THE BOARD, AND THE PUBLIC, I BRING FOR YOUR
4	CONSIDERATION RECOMMENDATIONS FROM THE GRANTS
5	WORKING GROUP ON THE MOST RECENT ROUND OF RESEARCH
6	LEADERSHIP AWARDS. THIS IS AGENDA ITEM NO. 11.
7	AS WE'VE GONE THROUGH A NUMBER OF THESE
8	ROUNDS, I THINK YOU'RE ALL FAMILIAR WITH THE
9	PROGRAM. I'M GOING TO GO THROUGH THIS MATERIAL VERY
10	RAPIDLY JUST AS A BRIEF INTRODUCTION, AND PLEASE ASK
11	IF THERE ARE DETAILS THAT YOU WOULD LIKE ME TO
12	SUPPLY ABOUT THE PROGRAM THAT I'M OMITTING AT THIS
13	TIME.
14	THE GOALS ARE TO FACILITATE THE
15	RECRUITMENT TO CALIFORNIA OF THE MOST PRODUCTIVE AND
16	PROMISING EARLY TO MIDCAREER SCIENTISTS IN STEM CELL
17	BIOLOGY AND REGENERATIVE MEDICINE, AND TO SUPPORT
18	ROBUST AND INNOVATIVE RESEARCH PROGRAMS BY THESE
19	INDIVIDUALS ONCE THEY'RE RECRUITED TO CALIFORNIA,
20	PROGRAMS THAT ARE FOCUSED ON FUNDAMENTAL STUDIES OF
21	PLURIPOTENT AND PROGENITOR STEM CELL BIOLOGY AND/OR
22	TRANSLATIONAL STUDIES LEADING TO INNOVATIVE STEM
23	CELL-BASED THERAPIES FOR DISEASE AND INJURY.
24	THIS PROGRAM IS OPEN TO NONPROFIT
25	CALIFORNIA INSTITUTIONS. THE CANDIDATE OR PI MUST
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1	HOLD A POSITION OUTSIDE CALIFORNIA AT THE TIME OF
2	APPLICATION AND HAVE BEEN INDEPENDENT FOR AT LEAST
3	THREE YEARS. CANDIDATES MUST BE UNDER CONSIDERATION
4	FOR RECRUITMENT TO A FULL-TIME POSITION AT AN
5	ELIGIBLE CALIFORNIA INSTITUTION.
6	INDIVIDUAL INSTITUTIONS MAY RECEIVE ONLY
7	ONE AWARD. ORIGINALLY YOU AUTHORIZED EIGHT AWARDS.
8	THREE HAVE BEEN AWARDED TO DATE, ONE TO ROBERT
9	WECHSLER REYA AT SANFORD BURNHAM INSTITUTE, ONE
10	RECRUITED PETER COFFEY TO UC SANTA BARBARA, AND THE
11	THIRD, WHICH YOU AWARDED TO ZHIGANG HE TO UC
12	BERKELEY. AND PRESIDENT TROUNSON SPOKE THIS MORNING
13	IN HIS REPORT ABOUT A VERY EXCITING RESEARCH PAPER
14	THAT DR. HE AUTHORED. SO THIS IS CLEARLY A TERRIFIC
15	ADDITION TO CALIFORNIA SCIENTISTS.
16	THE AWARDS FEATURE RESEARCH SUPPORTED FOR
17	UP TO SIX YEARS WITH AWARDEES EXPECTED TO COMMIT AT
18	LEAST 75 PERCENT OF THEIR TIME TO STEM CELL OR
19	REGENERATIVE MEDICINE RESEARCH. ELIGIBLE COSTS
20	COVERED BY THESE AWARDS INCLUDE PI SALARY, LAB
21	OPERATIONS, LAB RELOCATION COSTS, EQUIPMENT, WHICH
22	NEEDS TO BE MATCHED BY THE INSTITUTION, AND
23	APPROPRIATE FACILITIES, AND INDIRECT COSTS.
24	THE RESEARCH LEADERSHIP AWARDS ARE THE
25	APPLICATIONS ARE JUDGED BY THE GRANTS WORKING GROUP

1	IN A STANDARD REVIEW PROCESS. THE KEY REVIEW
2	CRITERIA ARE RESEARCH VISION AND PLANS, PARTICULARLY
3	SIGNIFICANCE OF THE PROPOSED PROJECT, AND THE
4	INNOVATION INHERENT, THE PI'S ACCOMPLISHMENTS AND
5	POTENTIAL, RESEARCH ACHIEVEMENTS, THE IMPACT THAT
6	THE CANDIDATE HAS ALREADY HAD, AND ALSO THE
7	POTENTIAL IMPACT, THE LEADERSHIP DISPLAYED BY THE
8	CANDIDATE, AND THE POTENTIAL FOR LEADERSHIP, AND
9	PARTICULARLY UNDER CONSIDERATIONS AN ASSESSMENT BY
10	ACCOMPLISHMENTS AND POTENTIAL BY LEADERS IN THE
11	FIELD. HERE LETTERS OF RECOMMENDATION ARE EXAMINED.
12	THE THIRD KEY AREA OF REVIEW CRITERIA IS
13	THE INSTITUTIONAL COMMITMENT AND THE ENVIRONMENT.
14	WHAT WILL THE CANDIDATE BRING TO THE INSTITUTION
15	AND, OF COURSE, TO CALIFORNIA? WHAT KIND OF
16	ENVIRONMENT WILL THE INSTITUTION PROVIDE TO EXPAND
17	THE CANDIDATE'S RESEARCH?
18	SO THIS MOST RECENT CYCLE, AS YOU KNOW, WE
19	HAVE DEADLINES APPROXIMATELY EVERY THREE MONTHS FOR
20	THIS AWARD. THE LAST REVIEW CYCLE, THE APPLICATION
21	DEADLINE WAS THE 30TH OF NOVEMBER. A GRANTS WORKING
22	GROUP REVIEW MEETING WAS HELD TELEPHONICALLY ON
23	JANUARY 4TH. THIS CONSIDERED ONE APPLICATION. THE
24	TITLE OF THAT APPLICATION IS "MECHANISMS AND
25	CONSEQUENCES OF STEM CELL AGING."

1	TOTAL FUNDS REQUESTED ARE \$6,347,138. THE
2	GRANTS WORKING GROUP VOTED A SCIENTIFIC SCORE OF 76
3	WITH A RECOMMENDATION FOR FUNDING. SHOULD NOTE
4	THERE WAS A MINORITY REPORT. IF THERE ARE MORE THAN
5	35 MEMBERS OF THE GRANTS WORKING GROUP WHO DISAGREE
6	WITH A RECOMMENDATION, THEN OUR GUIDELINES PROVIDE
7	FOR THE PROVISION OF A MINORITY REPORT. IN THIS
8	CASE THERE WERE MORE THAN 35 MEMBERS WHO HAD VOTED
9	NOT TO RECOMMEND.
10	CHAIRMAN THOMAS: I THINK YOU MEAN 35
11	PERCENT.
12	DR. YAFFE: 35 PERCENT. I'M SORRY.
13	ABSOLUTELY. THE BOARD IS BIG ENOUGH WITH 29. I'M
14	NOT SURE WE NEED 35 MEMBERS. IN THIS CASE THERE'S A
15	MINORITY REPORT. THAT MINORITY REPORT IS INCLUDED
16	IN THE MATERIALS THAT YOU'VE BEEN PROVIDED.
17	AT THIS POINT I WOULD WELCOME ANY
18	QUESTIONS, OR PERHAPS JEFF SHEEHY HAS SOME COMMENTS
19	AS ONE OF THE CO-CHAIRS.
20	MR. SHEEHY: I COULD. I HAVE TO ADMIT
21	THAT I WAS IN THE MINORITY, SO IT WOULD LEAD INTO A
22	DISCUSSION OF WHY. WELL, I THINK A COUPLE THE
23	MAIN POINT IS THAT THIS INDIVIDUAL WOULD NOT BE
24	ELIGIBLE FOR A CIRM GRANT BEYOND THIS ONE. SO WE
25	DON'T DO VERY MUCH MODEL SYSTEM WORK AT THIS POINT,
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1	AND WE ONLY REALLY FUND WORK THAT'S DONE IN HUMANS.
2	AND THE CHALLENGES FOR THIS INDIVIDUAL, WHO IS DOING
3	VERY GOOD WORK IN DROSOPHILA, IN FRUIT FLY, IS NOT
4	ONLY TO TRANSLATE THIS WORK INTO A MAMMALIAN SYSTEM,
5	BUT THEN TO TAKE IT FROM A MAMMALIAN SYSTEM INTO THE
6	HUMAN SYSTEM AND THEN EVENTUALLY TO SOME THERAPY.
7	SO I'M NOT SURE THAT COULD BE ACCOMPLISHED
8	WITHIN THE LIFETIME OF THIS AGENCY. BUT CERTAINLY
9	THEY WOULD NOT HE WOULD NOT BE ELIGIBLE FOR
10	FUNDING FOR THE TRANSLATION INTO THE MAMMALIAN
11	SYSTEM, AND HE WOULD BECAUSE WE HAVEN'T BEEN AT
12	CIRM FUNDING, IN MOST OF OUR ROUNDS, IN BASIC
13	BIOLOGY, ETC., ANYTHING BUT HUMAN WORK.
14	SO THIS WOULD LIKELY BE THE SOLE CIRM
15	GRANT THIS INDIVIDUAL WOULD GET. AND FROM MY
16	PERSPECTIVE, AS WE WERE TALKING ABOUT RESOURCE
17	ALLOCATION, I'D RATHER FUND DISEASE TEAMS. NOT TO
18	SAY I'M NOT FOR BASIC SCIENCE, BUT I'D LIKE IT TO BE
19	MORE TIGHTLY CONNECTED TO SOME SORT OF BARRIER OR
20	
	ROADBLOCK OR SOME DISCOVERY WE'VE MADE IN OUR
21	ROADBLOCK OR SOME DISCOVERY WE'VE MADE IN OUR CLINICAL OR TRANSLATIONAL WORK THAT MIGHT MAKE A
21 22	
	CLINICAL OR TRANSLATIONAL WORK THAT MIGHT MAKE A
22	CLINICAL OR TRANSLATIONAL WORK THAT MIGHT MAKE A DIFFERENCE AS OPPOSED TO JUST PURE DISCOVERY
22 23	CLINICAL OR TRANSLATIONAL WORK THAT MIGHT MAKE A DIFFERENCE AS OPPOSED TO JUST PURE DISCOVERY RESEARCH THAT'S FUNDABLE BY NIH EASILY AND IS

1	GOING ON THAT HE'S DOING. IT'S JUST NOT GOING TO
2	HAPPEN IN CALIFORNIA IF WE DON'T FUND IT.
3	ACTUALLY, I HATE TO RAISE THIS, BUT I
4	DON'T THINK TECHNICALLY HE IS RECOMMENDED FOR
5	FUNDING BECAUSE THIS IS VERY MUCH AN NIH FUNDABLE
6	GRANT. DOESN'T IT REQUIRE A TWO-THIRDS MAJORITY OF
7	THE WORKING GROUP PER PROP 71, MR. HARRISON, IN
8	ORDER TO RECOMMENDED FOR FUNDING? AND IF IT'S GOT A
9	MINORITY REPORT, THAT AUTOMATICALLY SAYS IT DIDN'T
10	GET TWO-THIRDS. SORRY.
11	MR. HARRISON: I'LL TAKE A LOOK AT THAT
12	WHILE YOU CONTINUE YOUR DISCUSSION.
13	DR. JUELSGAARD: SO WHAT WAS THE
14	PERCENTAGE OF THE GRANTS WORKING GROUP THAT OPPOSED
15	MAKING THIS GRANT? I KNOW IT'S GREATER THAN 35, BUT
16	WHAT WAS THAT PERCENTAGE?
17	CHAIRMAN THOMAS: IT WAS AN 11 TO 6 VOTE.
18	DR. YAFFE: 37 PERCENT. 11 TO 6 WAS THE
19	VOTE.
20	MR. SHEEHY: TO BE CLEAR, THIS IS A FINE
21	SCIENTIST. THIS IS KIND OF THE DILEMMA. DOES IT
22	FIT IN OUR PORTFOLIO? IS THIS SOMETHING THAT WILL
23	MAKE AN IMPACT ON THE WORK WE'RE DOING? AND NOT TO
24	BE CRITICAL OF THE INDIVIDUAL AS A SCIENTIST, GREAT
25	SCIENTIST.
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1	DR. BRYANT: SO I'M A GREAT PROPONENT OF
2	BASIC SCIENCE, BUT I THINK THAT WITH OUR LIMITED
3	RESOURCES AND SO FORTH, BASIC SCIENCE THAT'S A
4	LITTLE BIT CLOSER TO WHAT WE'RE TRYING TO DO HERE
5	WOULD BE MORE APPROPRIATE. I ASSUME THAT'S WHY IT
6	GOT A MINORITY VOTE. I DON'T KNOW THAT, OF COURSE.
7	BUT I MEAN IT'S THE SAME KIND OF ISSUE THAT COMES UP
8	WHEN WE'RE HIRING STEM CELL BIOLOGISTS BECAUSE RIGHT
9	NOW THERE ARE MANY, MANY PEOPLE WORKING IN REALLY
LO	GREAT MODEL SYSTEMS, BUT THEY ARE SO FAR FROM
L1	APPLICATION. WE TEND TO HAVE A FEW OF THOSE, BUT WE
L2	WANT TO EXPAND THIS MIDDLE GROUND THAT'S BEEN
L3	NEGLECTED OVER THE YEARS, WHICH IS MORE MAMMALIAN
L4	ORIENTED. THAT WOULD BE MY OPINION OF THIS. AND
L5	I'M NOT SURE I DON'T KNOW HOW WE'RE GOING TO
L6	DISCUSS IT, BUT THAT'S MY THOUGHT ABOUT IT.
L7	DR. PRIETO: SO I WAS ON THIS GRANTS
L8	WORKING GROUP AND VOTED WITH THE MAJORITY, BUT I'VE
L9	THOUGHT ABOUT IT QUITE A BIT SINCE WE HAD OUR
20	MEETING. THIS IS CLEARLY AN OUTSTANDING SCIENTIST
21	DOING VERY GOOD WORK WITH THIS MODEL SYSTEM WHICH HE
22	SAYS HE NOW WANTS TO MOVE INTO A MAMMALIAN SYSTEM,
23	MICE. BUT I THINK I'M COMING DOWN NOW MORE ON THE
24	SIDE OF THE ARGUMENTS THAT JEFF HAS MADE, THAT THIS
25	IS SOMEBODY WHO REALLY DOES NOT FIT VERY WELL INTO

OUR PORTFOLIO. HE'S AN OUTSTANDING SCIENTIST WHO'S
GOING TO DO TREMENDOUS WORK, BUT I'VE ASKED MYSELF
DOES THIS REALLY FIT WITH OUR MISSION AND OUR PLAN,
AND I THINK PROBABLY NOT.
MR. ROTH: SO I GUESS I'M A LITTLE
CONFUSED ABOUT THE PURPOSE OF WHY WE DID THIS IN THE
FIRST PLACE. I THINK IT WAS ABOUT GETTING REALLY
EXCEPTIONAL TALENT TO CALIFORNIA, PEOPLE WORKING IN
THE STEM CELL. SO I THINK THE GRANT ITSELF, WHICH
IS TITLED "RESEARCH LEADERSHIP," AT THE TIME WE DID
THAT, WE GAVE INSTRUCTIONS TO THE INSTITUTES TO TRY
TO FIND THE BEST AND BRIGHTEST, GET THEM HERE
BECAUSE THEY'LL STAY HERE FOR DECADES IN THIS CASE
PROBABLY PERFORMING RESEARCH.
SO WHILE I UNDERSTAND SOME OF THE
DISCUSSION GOING ON, IT FEELS A LITTLE TO ME LIKE WE
DECIDED TO DO THIS AND WE TOLD THEM TO GET OUT AND
RECRUIT, AND THEY BRING ONE IN AND THEN, YOU KNOW,
IT SOUNDS LIKE WE'RE SECOND-GUESSING OUR WHOLE
PREMISE.
MS. SAMUELSON: AND I'D LIKE TO MAKE A
COMMENT ALSO IN TURN.
CHAIRMAN THOMAS: DR. LUBIN, THEN DR.
STEWARD, THEN JOAN.
DR. LUBIN: SO I JUST WANTED SOME
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CLARIFICATION. YOU SAID THERE WILL BE EIGHT OF
THESE, AND THIS WOULD BE THE FIFTH OR FOURTH OR
FIFTH OR SOMETHING LIKE THAT.
DR. YAFFE: THE BOARD AUTHORIZED EIGHT.
THIS WOULD BE THE FOURTH.
DR. LUBIN: SO IT'S A SUBSTANTIAL PACKAGE
OF RECRUITMENT. AND I THINK IF WE'RE NOT REALLY
FEELING COMFORTABLE THAT WE HAVE SOMEBODY THAT'S A
LEADER IN THIS FIELD, AND THIS IS A FIELD THAT A LOT
OF PEOPLE ARE GETTING INTO, I'M FOR LET'S SEE
ANOTHER CANDIDATE THAT'S ACTUALLY DOING THE WORK
RIGHT NOW THAT WE WANT TO HAVE DONE IN EXPANDING
THAT WORK AND BEING A LEADER IN THAT. THAT'S WHAT
IT SOUNDS LIKE TO ME.
I DON'T LIKE TO SECOND-GUESS THE COMMITTEE
THAT SPENT A LOT OF WORK AND TIME ON THIS, SO I FEEL
UNCOMFORTABLE DOING THAT WITHOUT SEEING THE WHOLE
APPLICATION AND ALL THE REST OF THAT WHICH I GUESS
WE'RE NOT GOING TO SEE. BUT I THINK THAT THERE
ARE WE ONLY HAVE FIVE MORE. WITH THAT PACKAGE,
WE OUGHT TO BE ABLE TO GET SOMEBODY WHO'S RIGHT IN
LINE WITH WHAT WE WANT TO HAVE IN THIS STATE IN MY
VIEW.
CHAIRMAN THOMAS: I THINK, DR. LUBIN, THIS
IS A LEADER IN HIS FIELD. NO QUESTION. THE
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1	QUESTION IS SORT OF APPLICATION OF THE FIELD TO WHAT
2	WE'RE DOING.
3	DR. STEWARD: THANK YOU. I WAS ALSO
4	INVOLVED IN THE REVIEW, AND I ACTUALLY ABSTAINED ON
5	THE VOTE. AND THE REASON WAS THAT I FELT
6	UNCOMFORTABLE VOTING POSITIVELY, BUT I REALLY HADN'T
7	QUITE FORMULATED BY OPINIONS SUFFICIENTLY. THERE
8	WERE SEVERAL THINGS ABOUT THIS APPLICATION, I THINK,
9	THAT WERE ON THE NEGATIVE SIDE. I'D JUST LIKE TO
10	MENTION ONE IN ADDITION TO WHAT JEFF HAS ALREADY
11	TALKED ABOUT. I GUESS REALLY TWO.
12	SO THIS WAS AN APPLICATION BY A VERY, VERY
13	TALENTED YOUNG SCIENTIST WHO IS PROPOSING TO MOVE
14	INTO STEM CELLS, BUT HAS NOT YET. AND THE COMMITTEE
15	REALLY STRUGGLED WITH WHETHER THIS WAS A REAL
16	PROPOSITION TO MOVE INTO STEM CELLS OR A PROMISE
17	THAT WAS REALLY UNLIKELY TO BE REALIZED. AND I
18	THINK THERE WAS A DIFFERENTIAL WEIGHT ASSIGNED TO
19	THAT.
20	THE OTHER THING IS THAT THIS IS A PERSON
21	WHO HAS JUST FINISHED THEIR ASSISTANT PROFESSORSHIP,
22	IF YOU WANT. THE ISSUE WAS DISCUSSED QUITE A LOT.
23	WHAT DO WE MEAN BY A LEADER? AND WE DID DISCUSS
24	THAT. AND BY THAT WE DO MEAN THAT IT CAN BE AN UP
25	AND COMING SUPERSTAR OR IT CAN BE SOMEBODY WHO IS AN
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1	ESTABLISHED LEADER. BUT I CAME TO THE CONCLUSION
2	THAT THIS PERSON WAS JUST A LITTLE BIT ON THE YOUNG
3	SIDE TO BE IDENTIFIED AS A RESEARCH LEADER IN THE
4	WAY THAT WE HAD CONCEIVED OF IT. SO I ACTUALLY ALSO
5	VOTE WITH THE MINORITY IN THIS CASE.
6	DR. YAFFE: IF I MAY JUST CLARIFY, DR.
7	STEWARD. THE INDIVIDUAL IS WORKING IN STEM CELLS,
8	BUT THEY'RE DROSOPHILA STEM CELLS.
9	DR. STEWARD: THANK YOU.
10	DR. TROUNSON: JUST A COUPLE OF
11	MS. SAMUELSON: I HAD A COMMENT.
12	CHAIRMAN THOMAS: LET JOAN GO FIRST. SHE
13	WAS NEXT AND THEN YOU, AND THEN JAMES WHEN HE HAS AN
14	ANSWER FOR US.
15	MS. SAMUELSON: THERE WERE A COUPLE
16	REASONS THAT I FELT WE SHOULD FUND THE GRANT. ONE
17	IS THAT THERE WAS SO MUCH SUPPORT FOR HIM AS AN
18	OUTSTANDING SCIENTIST. I HAVE A THEORY THAT I HAVE
19	TO ADMIT IS SOMEWHAT SPECULATION, BUT I THINK THAT
20	THEY EMPHASIZED HIS TERRIFIC RECORD IN BASIC SCIENCE
21	BECAUSE THE GRANTS WORKING GROUP OVER AND OVER HAS
22	REVIEWED GRANTS AND FOUND OUTSTANDING IDEAS; BUT
23	THEN WHEN THERE WAS ANY TRANSLATIONAL COMPONENT,
24	KICKED IT TO DEATH BECAUSE THERE WAS SO MUCH RISK
25	INVOLVED.
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1	NOW I THINK WE'RE TURNING THE CORNER ON
2	THAT AND GETTING MORE TRANSLATIONAL, BUT AT THE TIME
3	YOU COULDN'T GET ONE OF THOSE FUNDED. AND I THINK
4	BUCK SUFFERED WITH MANY OF THE OTHERS IN THAT
5	REGARD. AND SO I THINK THEY DECIDED TO EMPHASIZE
6	WHAT HE HAD A GREAT RECORD IN, THE BASIC SCIENCE.
7	BUT TO ME IT DIDN'T MEAN THAT HE DIDN'T HAVE AN
8	INTENTION TO MOVE TOWARDS THE TARGET DISEASES THAT
9	THEY'RE TRYING TO ATTACK; THAT IS, DISEASES OF AGING
10	AND NEURODEGENERATIVE. DISEASES OF THE BRAIN ARE
11	THE PRIMARY TARGETS, PARKINSON'S, ALZHEIMER'S, ETC.
12	I THINK IT'S AWFULLY IMPORTANT THAT BECAUSE BUCK
13	CHOSE THE SCIENTIST THAT IN THEIR JUDGMENT IN THAT
14	REGARD SHOULD BE GIVEN SOME MERIT. SO THAT'S THE
15	SECOND REASON. PUTTING THOSE TOGETHER, I FELT THAT
16	IT SHOULD BE FUNDED.
17	MAYBE AND I GUESS THE REMAINING
18	QUESTION IS WE'RE TOLD THAT THERE'S NO MECHANISM FOR
19	REDUCING THE FUNDING. THAT SEEMS TO BE THE CONCERN,
20	THAT THE BUDGET IS JUST TOO RICH WITH SOME OF THOSE
21	QUESTIONS. IF THAT'S THE CONCERN, I THINK WE SHOULD
22	NOT TURN DOWN THE CANDIDATE, BUT REDUCE THE BUDGET.
23	THAT'S IT.
24	CHAIRMAN THOMAS: JAMES, DO YOU HAVE A
25	READ ON THE QUESTION YET?

MR. HARRISON: I THINK SO. JEFF'S
QUESTION WAS WHETHER IT REQUIRED A TWO-THIRDS VOTE.
UNDER PROP 71 WHAT WE DENOMINATE VITAL RESEARCH
OPPORTUNITIES REQUIRE TWO-THIRDS VOTE OF THE GRANTS
WORKING GROUP FOR FUNDING PURPOSES. SO THE QUESTION
IS WHETHER THIS IS A VITAL RESEARCH OPPORTUNITY.
PROP 71 PLACES A PRIORITY ON FUNDING
PLURIPOTENT AND PROGENITOR CELL RESEARCH THAT DOES
NOT RECEIVE TIMELY OR SUFFICIENT FEDERAL FUNDING.
AS I UNDERSTAND IT, THIS IS PROGENITOR STEM CELL
RESEARCH, SO IT FALLS INTO THAT CATEGORY RATHER THAN
INTO THE VITAL RESEARCH OPPORTUNITY CATEGORY. IN
OTHER WORDS, IT WOULD NOT REQUIRE A TWO-THIRDS VOTE
OF THE GRANTS WORKING GROUP.
CHAIRMAN THOMAS: OKAY. THANK YOU. I
THINK SHERRY HAD A COMMENT, THEN ALAN.
MS. LANSING: I ACTUALLY MY QUESTION
HAS BEEN ANSWERED. I WANTED TO KNOW WHETHER WE
COULD VOTE ON IT. WE KEPT DISCUSSING IT.
DR. TROUNSON: JUST A COUPLE OF OTHER
PIECES OF INFORMATION THAT MIGHT HELP THE BOARD. I
THINK HE'S VERY STRONGLY SUPPORTED BY THE LEADERSHIP
OF THE BUCK INSTITUTE. SO THEY DO THINK THIS IS A
KEY PERSON FOR THEM ON ONE HAND.
ON THE OTHER HAND, THE REVIEWERS THOUGHT
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1	THAT THERE WAS NOT THERE'S NOT A LOT OF MAMMALIAN
2	STEM CELL, HUMAN STEM CELL PEOPLE AT THE BUCK AT THE
3	MOMENT. SO THE CHANCES OF HIM PERCOLATING AMONGST A
4	GROUP OF PEOPLE WHO WOULD REALLY DRAW THE BEST OUT
5	OF HIM IN TERMS OF COMING INTO MAMMALIAN OR HUMAN
6	STEM CELL BIOLOGY WASN'T AS HIGH AS MAYBE GOING TO
7	SOME OTHER INSTITUTIONS. AND THAT WAS ONE OF THE
8	VIEWS WHERE THEY HAD SOME CONCERNS. I JUST WANTED
9	TO MAKE SURE THAT YOU UNDERSTOOD BOTH THE POSITIVE
10	FROM THE LEADERSHIP OF THE BUCK, WHO'S REALLY VERY
11	SUPPORTIVE OF HIM.
12	ON THE OTHER HAND, SOME CONCERNS ABOUT
13	WHETHER THE ENVIRONMENT WAS REALLY THE BEST PLACE
14	FOR HIM TO EVOLVE INTO A HUMAN STEM CELL OR A STEM
15	CELL PERSON THAT WOULD ACTUALLY HAVE A BIG IMPACT IN
16	THE FIELD.
17	MS. SAMUELSON: I DON'T KNOW THAT IT'S
18	BEEN MENTIONED. I THINK THE VOTE ON SCIENTIFIC
19	MERIT WAS 12 TO 5. TWELVE IN FAVOR OF FUNDING.
20	DR. JUELSGAARD: SO, JAMES, YOU RECITED A
21	TWO-PART TEST AS TO WHETHER THIS WOULD BE ELIGIBLE.
22	THE SECOND PART OF THE TEST HAD TO DO WITH NIH
23	FUNDING. COULD YOU REPEAT THAT PART OF IT, PLEASE?
24	MR. HARRISON: YES. SO PROP 71 PLACES A
25	HIGH PRIORITY ON FUNDING FOR PROGENITOR AND

1	PLURIPOTENT CELL RESEARCH THAT IS NOT RECEIVING
2	TIMELY OR ADEQUATE FEDERAL FUNDING.
3	DR. JUELSGAARD: HOW DO WE KNOW ABOUT THE
4	SECOND TIMELY AND ADEQUATE FEDERAL FUNDING HERE?
5	MR. HARRISON: I DON'T BELIEVE WE HAVE
6	THAT INFORMATION BEFORE US.
7	DR. JUELSGAARD: DO WE NEED THAT
8	INFORMATION TO MAKE A DECISION? DO WE KNOW THAT THE
9	NIH WE HAVE TO KNOW THAT THE NIH WON'T FUND THIS?
10	DR. YAFFE: WE COULD DISCUSS THE
11	CANDIDATE'S FUNDING IN CLOSED SESSION. THAT'S
12	PROPRIETARY INFORMATION.
13	DR. JUELSGAARD: OKAY.
14	MR. ROTH: JAMES, CAN YOU CLARIFY? I
15	THINK THAT'S THE TEST FOR GRANTS AS OPPOSED TO A
16	TEST FOR SOMETHING IN TERMS OF HIRING A SCIENTIST TO
17	DO THIS PARTICULAR
18	MR. HARRISON: THIS IS A RESEARCH THIS
19	IS RESEARCH FUNDING EVEN IF IT IS A LEADERSHIP
20	AWARD. SO IT FALLS INTO THE SAME CATEGORY.
21	MR. ROTH: SO ALL THE TRAINING GRANTS AND
22	THE OTHER PEOPLE'S STUFF WE FUND ALL MEETS THE
23	CRITERIA THAT THIS WHAT IS IT?
24	MR. HARRISON: HIGH PRIORITY FOR
25	PLURIPOTENT AND PROGENITOR STEM CELL RESEARCH THAT
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1	DOES NOT RECEIVE TIMELY OR ADEQUATE FEDERAL FUNDING.
2	MR. SHEEHY: JUST TO BE CLEAR, THIS ONLY
3	RELATES TO THE RECOMMENDATION, WHETHER THE
4	RECOMMENDATION SHOULD BE CHANGED TO NO
5	RECOMMENDATION. THIS PERSON IS ELIGIBLE TO BE
6	FUNDED BY US. BUT IT JUST AND THAT'S THE ONLY
7	QUESTION IS WHETHER THE SUPER MAJORITY RULE IN PROP
8	71 FOR THE GRANTS WORKING GROUP IS INVOKED BECAUSE
9	THIS IS NOT WITHIN THE CONSTRUCT PROP 71 WAS
10	PRIMARILY FOCUSED TO FUND. HE'S STILL ELIGIBLE.
11	IT'S JUST WHETHER THE RECOMMENDATION CHANGES.
12	DR. JUELSGAARD: THAT'S WHAT I REALLY
13	WONDER ABOUT, WHETHER HE IS ELIGIBLE OR NOT BECAUSE
14	AS JAMES RECITED, THERE IS A SECOND PART TO THIS
15	TEST WHICH TALKS ABOUT RECEIVING FEDERAL FUNDING.
16	AND I'M JUST WONDERING ABOUT THE INTERPLAY OF THAT
17	AND THIS PARTICULAR SITUATION. SO I THINK THAT IS
18	AN ELIGIBILITY ISSUE.
19	DR. STEWARD: MAYBE JUST TO CLARIFY. I
20	THINK IN THE SENSE THIS GOES BACK TO THE TIME WHEN
21	NIH ACTUALLY EXPLICITLY COULD NOT FUND CERTAIN TYPES
22	OF RESEARCH AND MUCH OF THAT HAS GONE AWAY. SO AT
23	LEAST THEORETICALLY THIS COULD CERTAINLY BE FUNDED
24	BY NIH. THE QUESTION WE CAN'T ANSWER, OF COURSE, IS
25	WHETHER IT WOULD BE.

1	DR. YAFFE: WITH REGARD TO ADEQUATE
2	FUNDING, I KNOW VERY FEW SCIENTISTS WHO WOULD SAY
3	THEIR FUNDING IS ADEQUATE.
4	DR. STEWARD: THANK YOU.
5	CHAIRMAN THOMAS: IS THERE ANYBODY WHO
6	WOULD LIKE TO PRESS THE PRO PART OF THE ARGUMENT
7	MORE VIGOROUSLY SINCE WE'VE HAD A NUMBER OF COMMENTS
8	ON THE NEGATIVE?
9	DR. MELMED: I JUST HAVE A POINT OF A
10	QUESTION OF CONTENT. IS THIS A THREE-YEAR OR A
11	FIVE-YEAR GRANT?
12	DR. YAFFE: THIS IS SIX YEARS OF FUNDING.
13	DR. MELMED: SIX YEARS. WE EXPECT THIS
14	INDIVIDUAL TO SPEND A MILLION DOLLARS A YEAR?
15	DR. YAFFE: THERE'S EQUIPMENT WHICH IS UP
16	TO A MILLION DOLLARS WHICH IS MATCHED BY NEEDS TO
17	BE MATCHED BY THE INSTITUTION. THERE'S SIGNIFICANT
18	OVERHEAD IN THAT TOTAL AMOUNT AND FACILITIES COSTS.
19	DR. MELMED: CAN YOU GIVE US MORE DETAIL
20	BECAUSE I FIND IT DIFFICULT TO IMAGINE HOW ONE
21	PERSON CAN SPEND A MILLION DOLLARS?
22	DR. YAFFE: THE OPERATING COST ON THESE
23	AWARDS ARE \$300,000 PER YEAR FOR THE LABORATORY.
24	DR. MELMED: SO THE DIRECT COSTS ARE 300.
25	DR. YAFFE: IN ADDITION TO THAT, THE
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1	CANDIDATE'S SALARY, 90 PERCENT OF THE CANDIDATE'S
2	SALARY. IN ADDITION TO THAT, UP TO ONE MILLION OVER
3	THE COURSE OF THE LIFE OF THE AWARD FOR EQUIPMENT
4	THAT NEEDS TO BE MATCHED ONE TO ONE BY THE
5	INSTITUTION.
6	DR. MELMED: THANK YOU.
7	MS. SAMUELSON: IF I'M NOT MISTAKEN, A LOT
8	OF IT IS BUILDING THE LAB, IS IT NOT, INCLUDING
9	STAFF? SO TO BRING IN SOMEBODY WHO'S HAD MORE
10	EXPERIENCE WITH THE MAMMALIAN END AND HAS BEEN
11	COLLABORATOR FOR THIS CANDIDATE, THAT HAS TO GET
12	PAID FOR, AND I THINK THAT WAS CONTEMPLATED IN THIS.
13	DR. YAFFE: 300,000 IN OPERATING COSTS
14	COULD BE SPENT IN A VARIETY OF WAYS, ON PERSONNEL,
15	ON SUPPLIES, ON SERVICES. AND PRESUMABLY THERE
16	WOULD BE SIGNIFICANT EXPENDITURE ON PERSONNEL.
17	MS. SAMUELSON: I THINK TO ANSWER YOUR
18	QUESTION, J.T., I THINK PART OF THIS IS A QUESTION
19	OF WHETHER WE AS A BOARD ARE IN SUPPORT OF THIS RFA,
20	THIS KIND OF RFA, BECAUSE AT THIS POINT WE ARE VERY
21	SELDOM AWARDING ANY OF THE CANDIDATES WHO HAVE BEEN
22	CHOSEN BY THE INSTITUTIONS THAT WE'RE FUNDING. SO
23	THEY'RE SAYING THIS IS A PIECE OF THEIR SCIENTIFIC
24	PORTFOLIO, FUNDING PORTFOLIO, TO GET A RESEARCH
25	LEADERSHIP AWARD AT EACH OF THE INSTITUTIONS. AND

THE TIME IS NOW. IF THEY'RE EVER GOING TO BUILD A
BASE OF EXPERTISE, IT'S WITH THESE LEADERS. AND
PRESUMABLY THIS CANDIDATE WILL NOT COME TO
CALIFORNIA BUT FOR THIS AWARD. THAT'S IN THE NATURE
OF IT. AND WE SUPPORT THIS RFA AND THE RESULTS FROM
IT. ARE WE GOING TO SECOND-GUESS I THINK IT'S
SECOND-GUESSING BOTH THE RFA AND THE APPLICANT.
AND THAT IS NOT TO SAY THIS IS NECESSARILY
MY PERSONAL TOP CANDIDATE OF ALL THE CANDIDATES
WE'VE SEEN. THERE HAVE BEEN SOME THAT I THINK WE
HAVE DENIED OR, WELL, NEVER MIND. I'M NOT GOING TO
TALK ABOUT THAT ONE. BUT WE HAVE VERY FEW
CANDIDATES THAT WE HAVE AWARDED. AND I ALWAYS
THOUGHT OF THIS AS ONE OF THE SHINING STARS OF THE
RESEARCH PORTFOLIO, THE RESEARCH LEADERSHIP AWARD,
BECAUSE IT WOULD ACCOMPLISH SO MUCH IN BUILDING THE
EXPERTISE IN THE STATE. AND I THINK WE SHOULD GIVE
THE BENEFIT OF THE DOUBT AT TIMES TO ENABLE US TO DO
THAT.
CHAIRMAN THOMAS: THANK YOU, JOAN.
MS. SAMUELSON: ONE FINAL THING. AND THAT
IS I'M COMFORTABLE DOING THAT BECAUSE THERE WAS SO
MUCH PRAISE FOR THIS CANDIDATE AND HIS SCIENTIFIC
EXPERTISE. THAT'S IT. THANKS.
CHAIRMAN THOMAS: THANK YOU. DEAN PIZZO.
153

1	DR. PIZZO: JUST I'M LOOKING FOR SOME
2	CLARITY ABOUT WHAT WE'RE BEING ASKED TO DO AT THIS
3	POINT. THIS HAS BEEN AN INTERESTING AND IMPORTANT
4	DISCUSSION. I APPRECIATE THE DIALOGUE. BUT I FEEL
5	SOMEWHAT VOYEURISTIC IN THAT I HAVEN'T SEEN THIS
6	PERSON'S CV. I DON'T KNOW WHO IT IS OR WHAT THE
7	QUALITY OF THE WORK IS. THIS IS A USUALLY IMPORTANT
8	AWARD THAT HAS AN INCREDIBLE AMOUNT OF MONEY AND AN
9	INCREDIBLE AMOUNT OF PROMISE. AND TALKING ABOUT IT
10	IN WHAT FEELS LIKE AN ABSTRACTION AT THIS JUNCTURE
11	TO ME IS A LITTLE CONCERNING.
12	SO I JUST THINK WE OUGHT YOU OUGHT TO
13	GIVE US SOME GUIDANCE ABOUT WHAT THE POINT IS.
14	CHAIRMAN THOMAS: I THINK WE'RE SORT OF
15	INEXORABLY BEING LED HERE TO A CLOSED SESSION ON
16	THIS SUBJECT WHERE WE CAN DISCUSS THIS TO ADDRESS
17	YOUR POINT, DEAN PIZZO. THERE ARE CERTAIN THINGS WE
18	JUST CAN'T DISCUSS IN OPEN SESSION. MR. HARRISON,
19	COULD YOU SPEAK TO THIS, PLEASE?
20	MR. HARRISON: THAT'S CORRECT. UNLESS,
21	CHAIR, THERE ARE ANY OTHER ADDITIONAL COMMENTS BY
22	THE BOARD, THAT CAN BE ADDRESSED IN CLOSED SESSION.
23	WE CAN DISCUSS PROPRIETARY AND CONFIDENTIAL
24	INFORMATION RELATING TO THE APPLICATION IN CLOSED
25	SESSION.
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1	CHAIRMAN THOMAS: THE QUESTION WE HAVE
2	WE'VE GOT A COUPLE OTHER ITEMS WE'VE GOT TO VOTE ON.
3	SHOULD WE GO TO CLOSED SESSION NOW, OR SHOULD WE PUT
4	THIS MAKE IT NO. 3 AND DO THE OTHER?
5	MR. HARRISON: I WOULD RECOMMEND WE TRY TO
6	RESOLVE THIS NOW QUICKLY.
7	CHAIRMAN THOMAS: OKAY.
8	DR. PRICE: WE'RE JUST REFERRING TO HIS
9	CV. THAT'S NOT PROPRIETARY. IT'S PROBABLY ON THE
10	GUY'S WEBSITE. IF SOMEBODY WOULD LOOK IT UP, WE
11	MIGHT BE ABLE TO PROJECT IT RIGHT UP HERE. SOMEBODY
12	HERE KNOWS WHO IT IS.
13	DR. PIZZO: WE WANT TO PROTECT THE
14	IDENTITY.
15	DR. PRICE: I SEE. I'M SORRY. I STAND
16	CORRECTED.
17	CHAIRMAN THOMAS: OKAY. SO WE'RE GOING TO
18	START LOSING SOME PEOPLE HERE FAIRLY SHORTLY.
19	QUERY, LET ME ASK JAMES. IS THIS AN ITEM THAT
20	ABSOLUTELY HAS TO BE VOTED ON TODAY?
21	MS. FEIT: IS THERE ANY REASON WE CAN'T
22	JUST CALL THE QUESTION? IS THERE REAL OPPOSITION TO
23	NEEDING MORE INFORMATION, OR IS EVERYBODY READY TO
24	CALL THE QUESTION?
25	DR. PIZZO: WHAT IS THE QUESTION?
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1	CHAIRMAN THOMAS: TO APPROVE OR NOT
2	APPROVE OF THE AWARD.
3	MS. LANSING: WHY DON'T YOU SEE WHAT
4	HAPPENS?
5	MR. TORRES: FOR THE PURPOSES OF
6	EXPEDIENCY I MOVE.
7	CHAIRMAN THOMAS: IS THERE A SECOND?
8	MS. FEIT: SECOND.
9	MS. SAMUELSON: I'LL SECOND IT. IS THAT A
10	MOTION FOR APPROVAL? I CAN'T HEAR VERY WELL. I'M
11	BACK TO THE STONE AGE IN COMMUNICATIONS.
12	CHAIRMAN THOMAS: THIS DEFINITELY REQUIRES
13	A VOTE. THE QUESTION IS DO WE FEEL WE HAVE ENOUGH
14	INFORMATION TO VOTE? I'M HEARING FROM SOME THAT WE
15	DON'T.
16	MS. SAMUELSON: IT'S FINE WITH ME TO DEFER
17	IT. I ALSO THOUGHT I HEARD A MOTION TO APPROVE, AND
18	I'M HAPPY TO SECOND IT.
19	CHAIRMAN THOMAS: IT SEEMS TO ME THAT
20	BECAUSE WE HAVE ENOUGH PEOPLE HERE WHO DON'T FEEL
21	THEY HAVE ENOUGH INFORMATION, WE SHOULD TABLE THIS.
22	WE SHOULD GO TO THE NEXT TWO ITEMS, SEE IF WE CAN
23	GET THROUGH THOSE QUICKLY, AND THEN COME BACK TO
24	THIS. HOPEFULLY WE STILL HAVE A QUORUM AT THAT
25	POINT, WHICH I BELIEVE WE WILL.
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T20

,	DD THE COLARD T MOVE TO TABLE THE
1	DR. JUELSGAARD: I MOVE TO TABLE THE
2	MOTION.
3	MS. SAMUELSON: SECOND.
4	MS. FEIT: WE ALREADY HAVE A QUESTION ON
5	THE TABLE.
6	(OVERLAPPING DISCUSSION BY THE
7	BOARD.)
8	CHAIRMAN THOMAS: ALL RIGHT.
9	MS. LANSING: SEE WHERE YOU ARE. TAKE THE
10	VOTE. YOU'RE GOING TO GET A LOT OF ABSTAINS.
11	CHAIRMAN THOMAS: JAMES.
12	MR. HARRISON: SO I BELIEVE IF MR.
13	JUELSGAARD'S MOTION WAS SECONDED, WHICH I THINK IT
14	WAS, THAT THAT MOTION, THE MOTION TO TABLE, TAKES
15	PRECEDENCE OVER THE MAIN MOTION WHICH IS THE MOTION
16	TO FUND.
17	(INAUDIBLE OVERLAPPING DISCUSSION BY
18	THE BOARD.)
19	CHAIRMAN THOMAS: SO WE CAN VOTE. IF
20	THERE'S NOT ADEQUATE INTEREST IN TABLING, YOU CAN SO
21	VOTE.
22	MR. HARRISON: THAT'S RIGHT. CHAIR, THE
23	MOTION THAT'S PENDING BEFORE THE BOARD IS WHETHER TO
24	APPROVE THE MOTION TO TABLE THE MAIN MOTION, WHICH
25	IS TO APPROVE THE FUNDING OF THE RESEARCH LEADERSHIP
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1	AWARD APPLICATION.
2	CHAIRMAN THOMAS: DOES THAT REQUIRE ROLL
3	CALL OR JUST A RAISE OF HANDS?
4	MR. HARRISON: IT REQUIRES A ROLL CALL AS
5	TO THOSE MEMBERS PARTICIPATING BY TELEPHONE. YOU
6	CAN TRY A VOICE VOTE. IF IT APPEARS TO BE TOO
7	CLOSE, YOU MAY HAVE TO DO A ROLL CALL.
8	MS. FEIT: DO WE HAVE CONFLICTS?
9	(INAUDIBLE OVERLAPPING DISCUSSION BY
10	THE BOARD.)
11	MR. HARRISON: SO TO CLARIFY, THE MOTION
12	THAT YOU WILL BE ASKED TO VOTE ON CURRENTLY IS
13	WHETHER TO TABLE, THAT IS, NOT TO CONSIDER AT THIS
14	POINT IN TIME THE MAIN MOTION. THE MAIN MOTION WAS
15	A RECOMMENDATION TO APPROVE THE RESEARCH LEADERSHIP
16	AWARD. SO WHAT YOU ARE BEING ASKED TO CONSIDER IS
17	WHETHER YOU WANT TO CONSIDER THAT MOTION AT THIS
18	POINT IN TIME OR WHETHER YOU WANT TO TABLE IT. A
19	YES VOTE MEANS YOU WANT TO TABLE IT SO THAT IT WILL
20	BE CONSIDERED AT A LATER TIME.
21	DR. PIZZO: ARE WE IN WASHINGTON OR IN
22	CALIFORNIA?
23	CHAIRMAN THOMAS: WOULD LIKE TO DRIVE THIS
24	TOWARDS A VOTE ON THE MERITS AS SOON AS POSSIBLE.
25	SO LET'S HAVE, FIRST OF ALL, A SHOW OF HANDS ON
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1	WHETHER YOU WOULD LIKE TO TABLE THIS MOTION OR NOT.
2	MS. SAMUELSON: I'M HOLDING UP MY HAND.
3	CHAIRMAN THOMAS: OKAY. THAT LOOKS
4	LIKE THOSE OPPOSED TO TABLING THE MOTION PLEASE
5	HOLD UP YOUR HANDS.
6	CHAIRMAN THOMAS: OKAY. SO WE ARE TABLING
7	THIS MOTION. AND HOPEFULLY WE'LL BE ABLE TO GET
8	BACK TO THIS IN A VERY SHORT PERIOD AT THIS MEETING.
9	MR. ROTH: I'D LIKE TO MAKE A
10	RECOMMENDATION THAT IF THE TIMING IS CRITICAL AND
11	YOU DETERMINE THAT, THAT WE CONSIDER A BOARD CALL,
12	IF THAT'S POSSIBLE, A BOARD MEETING BY TELEPHONE TO
13	CONSIDER THIS ONE ITEM.
14	CHAIRMAN THOMAS: OKAY. THE MOTION IS
15	TABLED. LET'S QUICKLY MOVE ON TO THE NEXT.
16	HOPEFULLY WE'LL BE ABLE TO GET BACK TO THIS BEFORE
17	WE LOSE A QUORUM.
18	NEXT ITEM, THE GENOMICS INITIATIVE.
19	NATALIE AND MICHAEL, ARE YOU DOING THIS AS WELL?
20	DR. YAFFE: MR. CHAIRMAN, MEMBERS OF THE
21	BOARD, I BRING FOR YOUR CONSIDERATION CONCEPT
22	PROPOSAL CALLED CENTERS OF EXCELLENCE FOR STEM CELL
23	GENOMICS. THIS IS ITEM NO. 13. AND THERE WAS A
24	REVISED VERSION WHICH WAS DISTRIBUTED TO ALL OF YOU
25	OF THE CONCEPT PROPOSAL.
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1	I THINK YOU'VE ALREADY HEARD VERY
2	ELOQUENTLY AND IN GREAT DETAIL ABOUT THE AWESOME
3	POWER OF GENOMICS. AND DNA IS THE BLUEPRINT FOR RNA
4	IN PROTEINS WHICH CARRY OUT MOLECULAR PROCESSES
5	OCCURRING IN ALL CELLS, AND GENOMICS IS THE SCIENCE
6	OF STUDYING DNA SEQUENCE, DNA MODIFICATIONS IMPARTED
7	BY THE ENVIRONMENT, AND ASSOCIATED RNA MOLECULES AND
8	THEIR CHANGES. AND THESE COMPONENTS WORK TOGETHER
9	TO CONTROL CELL STATE, HUMAN TRAITS, AND DISEASE.
10	ADVANCES IN GENOMICS SHOULD LEAD TO
11	TRANSFORMATIVE INSIGHTS INTO CAUSES OF DISEASE,
12	IMPROVED DIAGNOSTICS, AND BIOMARKERS, NEW AND MORE
13	PERSONALIZED THERAPEUTICS WE HEARD A BEAUTIFUL
14	EXAMPLE AND HAVE INCREDIBLE POWER FOR MOVING BOTH
15	BASIC SCIENCE AND TRANSLATIONAL RESEARCH FORWARD.
16	WE ALSO HEARD ABOUT THE INCREDIBLE RATE OF
17	DECREASE IN THE COST OF GENOMICS TO THE POINT WHERE
18	THE ADVERTISEMENT LAST WEEK FOR A \$1,000 GENOME
19	COMMERCIALLY AVAILABLE DONE IN A DAY IS READILY
20	AVAILABLE AND MAKES THIS TECHNOLOGY, THIS PROCESS
21	READILY AVAILABLE AND WITHIN REACH OF STEM CELL
22	RESEARCHERS AND SCIENTISTS WORKING IN A VARIETY OF
23	DIFFERENT SYSTEMS AND CELL TYPES.
24	GENOMICS CAN PROVIDE TECHNOLOGICAL
25	INFRASTRUCTURE TO ADVANCE A NUMBER OF IMPORTANT
	160

1	FUNDAMENTAL QUESTIONS IN BASIC RESEARCH THAT WILL
2	DRIVE THERAPEUTIC DEVELOPMENT. HERE ARE JUST A FEW
3	EXAMPLES, SUCH AS COMPREHENSIVE ANALYSIS OF DNA
4	MODIFICATIONS IN CELLS WHICH WILL UNDERLIE AN
5	UNDERSTANDING OF STEM CELL DIFFERENTIATION AND LEAD
6	TO IMPORTANT INFORMATION FOR TISSUE ENGINEERING, OR
7	GENOMIC INSTABILITY, THE STUDY OF GENOMIC
8	INSTABILITY AND UNDERSTANDING OF THE EXTENT AND
9	MECHANISMS INVOLVED IN THIS INSTABILITY WHICH COULD
LO	LEAD TO NEW DESIGN OF CELL CULTURE CONDITIONS AND
L1	INFORM STEM CELL MANUFACTURING PROCEDURES.
L2	AND BECAUSE YOU'VE ALREADY HEARD QUITE A
L3	BIT ABOUT GENOMICS IN THE HOUR, I WON'T GO THROUGH
L4	ALL OF THESE, BUT THERE ARE NUMEROUS EXAMPLES WHERE
L5	THE APPLICATION OF GENOMICS TECHNOLOGY AND THE
L6	AVAILABILITY OF THAT TECHNOLOGY TO STEM CELL
L7	RESEARCHERS WILL RAPIDLY ACCELERATE THEIR RESEARCH
L8	AND LEAD TO PRACTICAL THERAPEUTIC ADVANCES.
L9	WE ARE PROPOSING A PROGRAM TO ESTABLISH
20	ONE OR TWO CENTERS OF EXCELLENCE IN STEM CELL
21	GENOMICS. THE KEY GOALS OF THESE CENTERS WILL BE TO
22	PROVIDE ADVANCED GENOMICS AND BIOINFORMATICS
23	RESOURCES FOR CALIFORNIA STEM CELL RESEARCHERS TO
24	SUPPORT RESOURCE INTENSIVE GENOMICS PROJECTS THAT
25	WILL SUBSTANTIALLY ADVANCE STEM CELL BIOLOGY AND

1	THERAPEUTICS AND TO FACILITATE THE STANDARDIZATION,
2	COORDINATION, HANDLING, AND ANALYSIS OF GENOMIC DATA
3	AND THE ADVANCE OF GENOMICS TECHNOLOGY APPLIED TO
4	STEM CELL RESEARCH.
5	THESE CENTERS WILL BE EXPECTED TO BE
6	ENGAGED IN A VARIETY OF ACTIVITIES WHICH WILL
7	SUPPORT, CONTRIBUTE, DRIVE, AND LEAD TO THE USE OF
8	GENOMIC APPROACHES FOR A VARIETY OF BENEFITS FOR THE
9	STEM CELL AND REGENERATIVE MEDICINE COMMUNITY.
10	BECAUSE OF THE RAPIDLY ADVANCING TECHNOLOGY, WHEN I
11	SAY TECHNOLOGY, I INCLUDE AND PERHAPS EVEN MORE
12	EMPHASIZE THE INFORMATION TECHNOLOGY AND THE DATA
13	INTENSIVE NATURE OF GENOMICS RESEARCH, CENTERS OF
14	EXCELLENCE CAN PROVIDE A COST-EFFECTIVE WAY TO
15	MAXIMIZE THE IMPACT OF STEM CELL GENOMICS.
16	THE DIAGRAM HERE REPRESENTS A PROCESS, A
17	PIPELINE, BY WHICH IDEAS AND QUESTIONS ARE ADDRESSED
18	THROUGH EXPERIMENTATION, THE GENERATION OF SAMPLES
19	SUBJECTED TO THE ANALYSIS AND THE CHARACTERIZATION
20	BY NEXT GENOME SEQUENCING, AND THEN THE DATA FROM
21	THAT INVOLVED BY INFORMATIC ANALYSIS TO PROVIDE NEW
22	INSIGHTS, IDENTIFY BIOMARKERS, PROVIDE A BASIS FOR
23	DRUG SCREENING, PROVIDE INFORMATION ABOUT
24	THERAPEUTIC CELL LINES, AND A HOST OF OTHER USES.
25	SO THE PROGRAM ACTIVITIES THAT WE WOULD
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1	EXPECT THESE CENTERS TO ENGAGE IN INCLUDE CORE
2	ACTIVITIES: STANDARDIZATION, DATA COORDINATION,
3	WHICH IS REALLY ABOUT MOVING, STORING, AND MANAGING
4	LARGE AMOUNTS OF DATA; DATA ANALYSIS, WHICH IS
5	LARGELY BIOINFORMATICS, THE USE OF THIS DATA TO
6	YIELD INFORMATION ABOUT THE BIOLOGICAL SYSTEMS.
7	THESE ARE CORE ACTIVITIES.
8	THE BULK OF MONEY IN THIS INITIATIVE WOULD
9	BE USED FOR RESEARCH ACTIVITIES PRIMARILY IN TWO
10	FORMS. ONE, COLLABORATIVE PROJECTS WHERE STEM CELL
11	RESEARCHERS FROM THROUGHOUT CALIFORNIA CAN
12	COLLABORATE WITH THESE CENTERS, OBTAIN EXPERTISE,
13	ASSISTANCE, DIRECTION, RECOMMENDATIONS ABOUT SAMPLE
14	PREPARATION, ASSISTANCE WITH DATA HANDLING AND DATA
15	ANALYSIS, AND WORK TOGETHER ON CRITICAL STEM CELL
16	PROJECTS.
17	FURTHER, THERE WOULD BE CENTER-INITIATED
18	PROJECTS. THESE WOULD BE DATA INTENSIVE ACTIVITIES
19	THAT COULD BE UNDERTAKEN BY THE CENTER STAFF, MIGHT
20	INVOLVE, FOR EXAMPLE, A CHARACTERIZATION OF GENETIC
21	AND GENOMIC CHANGES DURING THE DIFFERENTIATION OF
22	CELLS ALONG A PARTICULAR LINEAGE.
23	AND FINALLY, THE CENTERS WILL BE EXPECTED
24	TO ENGAGE IN PIPELINE IMPROVEMENT THROUGH TECHNOLOGY
25	DEVELOPMENT, PARTICULARLY, WE THINK, INFORMATION

1	TECHNOLOGY, BIOINFORMATIC DEVELOPMENT, AND THE
2	DEVELOPMENT OF SPECIALIZED TECHNIQUES; FOR EXAMPLE,
3	THE ADVANCEMENT OF SINGLE CELL GENOMIC ANALYSIS.
4	WE PROPOSE THAT THIS PROGRAM WILL BE OPEN
5	TO BOTH FOR-PROFIT AND NONPROFIT ORGANIZATIONS. WE
6	WOULD ENCOURAGE MULTI-INSTITUTIONAL PROPOSALS. THE
7	PROPOSED CENTERS SHOULD AUGMENT AND INTERFACE WITH
8	EXISTING GENOMICS AND BIOINFORMATIC RESOURCES, TAKE
9	ADVANTAGE OF SIGNIFICANT INVESTMENT THAT MANY
10	INSTITUTIONS HAVE ALREADY MADE IN GENOMICS, AND WE
11	WOULD EXPECT SIGNIFICANT INSTITUTIONAL COMMITMENTS.
12	THIS PROPOSAL DOES NOT HAVE A FACILITIES
13	COMPONENT; THAT IS, WE'RE NOT GOING TO PAY FOR
14	BUILDINGS OR RENOVATION. WE EXPECT THOSE FACILITIES
15	TO BE PROVIDED BY THE APPLICANT INSTITUTIONS.
16	THESE AWARDS WILL SUPPORT OPERATING COSTS
17	FOR THESE CENTERS FOR UP TO FIVE YEARS. WE PROPOSE
18	ONE OR TWO AWARDS WITH TOTAL PROGRAM COSTS FOR THE
19	ENTIRE PROGRAM OF UP TO \$40 MILLION.
20	OUR PROVISIONAL TIMETABLE IS, SHOULD YOU
21	DECIDE TO APPROVE THIS PROGRAM, WE WOULD RELEASE THE
22	RFA IN MAY WITH LETTERS OF INTENT DUE IN JUNE,
23	APPLICATIONS DUE IN AUGUST, GRANTS WORKING GROUP
24	REVIEW OF APPLICATIONS IN THE FALL, AND WE WOULD
25	BRING THE RESULTS OF THAT REVIEW TO YOU IN WINTER OF
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1	2013, ABOUT A YEAR FROM NOW.
2	IN SUMMARY, WE REQUEST APPROVAL FOR
3	FUNDING OF ONE OR TWO CIRM GENOMICS CENTERS OF
4	EXCELLENCE WITH A TOTAL PROGRAM COST OF UP TO \$40
5	MILLION. AND I'D BE HAPPY TO TAKE ANY QUESTIONS,
6	AND NATALIE WILL ASSIST ME IF THERE'S INFORMATION
7	YOU WOULD LIKE TO HAVE.
8	CHAIRMAN THOMAS: THANK YOU, DR. YAFFE.
9	MR. SHEEHY, AS CHAIR OF THE SCIENCE SUBCOMMITTEE,
10	COULD YOU COMMENT, PLEASE?
11	MR. SHEEHY: YES. I THINK WE HAD A GOOD
12	DISCUSSION, AND I THINK I DON'T SEE DR. MELMED,
13	BUT I KNOW DR. PIZZO HAD SOME VERY SPECIFIC INPUT.
14	THE MAIN QUESTION IS IS THAT REFLECTED. IN GENERAL,
15	THE SCIENCE SUBCOMMITTEE WAS VERY POSITIVE ABOUT
16	THIS, BUT SOME OF US I CAN'T CLAIM THAT THIS IS A
17	SCIENCE THAT I NECESSARILY HAVE ANY GRASP OF. DR.
18	PIZZO AND DR. MELMED DID HAVE SOME CONSIDERATIONS
19	THAT THEY ASKED STAFF TO INCLUDE IN THE FINAL
20	PROPOSAL. THAT'S THE ONLY REAL QUESTION.
21	DR. PIZZO: WE HAD THE OPPORTUNITY TO HEAR
22	FROM CRAIG VENTER TODAY, SO I THINK THAT REALLY
23	UNDERSCORES THE IMPORTANCE AND THE ISSUES. I THINK
24	THE POINTS THAT I RAISED WERE TO FOCUS ON WHERE
25	GIVEN THE FACT THAT THIS IS SUCH AN IMPORTANT AREA,
	4.05

1	WHAT'S THE RIGHT BALANCE OF THE INVESTMENT OF
2	TECHNOLOGY VERSUS POWER OF INFORMATICS IN COMPUTING?
3	AND I THINK THAT THE TECHNOLOGY IS CHANGING SO
4	DRAMATICALLY AND SO RAPIDLY, THAT IT PUTS AN
5	UNDERPINNING ON SOMETHING THAT I THINK UNIVERSITIES
6	AS WELL AS INDUSTRY CAN COLLABORATE ON IN VERY
7	SIGNIFICANT WAYS, WHICH IS THE POWER OF COMPUTING
8	AND DEVELOPING THE ALGORITHMS TO REALLY MOVE THIS
9	FIELD FORWARD.
10	I THINK THE SECOND PART OF THAT IS IF WE
11	THINK ABOUT THINGS THAT WILL ENGAGE COLLABORATIONS
12	WITHIN CALIFORNIA AND WITH PARTNERS AROUND THE
13	COUNTRY, THAT IS ANOTHER VERY POWERFUL WAY OF DOING
14	IT AND DISTINGUISHING. SO I THINK MANY IN THIS
15	FIELD WOULD BE QUICK TO ARGUE THAT THE HALF-LIFE OF
16	MUCH OF THIS HARDWARE IS MEASURED LITERALLY IN YEARS
17	OR LESS. IT'S SHORTENING. IT'S ALMOST IN CONCORD
18	WITH THE FALL OF COST OF SEQUENCING ONE'S GENOME,
19	BUT THE RATE-LIMITING STEP IS REALLY IN THE
20	INFORMATICS. SO THAT'S WHERE I WOULD FOCUS THE
21	ATTENTION.
22	DR. YAFFE: WE TRIED TO MAKE SOME
23	MODIFICATION TO THE CONCEPT PROPOSAL, WHICH WAS
24	SO THE UPDATED VERSION THAT WAS DISTRIBUTED, TAKING
25	YOUR SUGGESTIONS VERY SERIOUSLY. AND I JUST WANT TO

1	POINT OUT THAT THIS IS NOT ABOUT BUYING SEQUENCING
2	EQUIPMENT. WE ACTUALLY WOULD ENVISION THAT MUCH OF
3	THAT SEQUENCING IS PROBABLY GOING TO BE DONE AT
4	COMPANIES BY CONTRACT IN A FEE-FOR-SERVICE KIND OF
5	WAY. THIS IS REALLY ABOUT STEM CELL RESEARCHERS
6	HAVING THE EXPERTISE PROVIDED BY THESE CENTERS AND
7	THE ASSISTANCE IN THE ANALYSIS OF DATA.
8	MR. GOLDBERG: MOTION TO APPROVE.
9	CHAIRMAN THOMAS: IS THERE A SECOND?
10	MR. ROTH: SECOND.
11	CHAIRMAN THOMAS: MOVED AND SECONDED. I
12	WILL SAY THAT THE MR. JUELSGAARD.
13	DR. JUELSGAARD: JUST ONE QUICK QUESTION.
14	SO IN IMPLEMENTING THESE, HOW HAVE YOU THOUGHT ABOUT
15	THE AVAILABILITY OF THE INFORMATION THAT'S
16	GENERATED? SO I ASSUME SOME WILL BE PUBLIC AND
17	PERHAPS SOME WILL BE CONFIDENTIAL, AND HAVE WE
18	ESTABLISHED ANY THOUGHT OR GUIDELINE AROUND THAT
19	SORT OF THING?
20	DR. DEWITT: I DID A LOT OF THE RESEARCH
21	THAT THIS PROPOSAL WAS BASED ON. THE STANDARD FOR
22	GENOMIC INFORMATION IS TO MAKE THE INFORMATION
23	PUBLICLY AVAILABLE AS SOON AS POSSIBLE. AND THE
24	REASON FOR THAT IS TO GET THE MAXIMUM NUMBER OF EYES
25	ON THE DATA SO THAT IT CAN BE BIOLOGICAL RESEARCH
	- C-

1	CAN PROGRESS THROUGH THAT DATA.
2	SO HAVING SAID THAT, IT IS POSSIBLE THAT
3	DATA PRODUCED BY SUCH AN INITIATIVE WOULD BE OF
4	INTEREST TO PHARMACEUTICAL COMPANIES AND COULD
5	LICENSED AND THERE COULD BE BUSINESS MODELS BUILT
6	AROUND IT. SO THE ACADEMIC WELL, THE ACADEMIC
7	STANDARD IS PUBLIC RELEASE. I THINK IT WOULD HAVE
8	TO BE BASED ON WHAT THE PARTICULAR MODELS WERE THAT
9	THE DIFFERENT ENTITIES THAT APPLIED WOULD PUT
10	FORWARD.
11	MS. SAMUELSON: ONE MORE QUESTION. I'M
12	WONDERING, GIVEN SOME OF THE CONCERNS THAT SOME OF
13	US WERE CONCERNED WITH, AND I MENTIONED PARKINSON'S
14	DURING THE SPOTLIGHT, THAT THERE IS A REAL EMPHASIS
15	ON THE COMBINATION OF GENETIC AND ENVIRONMENTAL
16	CAUSES. I WOULD THINK THAT THOSE KINDS OF
17	COLLABORATIONS WITH PEOPLE STUDYING THAT GENE
18	ENVIRONMENT INTERACTIONS COULD BE IMPORTANT
19	COLLABORATIONS. IS THAT THE KIND OF THING THAT'S
20	ANTICIPATED, OR IS THAT OUTSIDE THIS RFA? AND IF
21	SO, IS THERE MONEY FOR THAT KIND OF THING ELSEWHERE?
22	I'M WONDERING IF WE HAVE COMPETITION FOR THE SAME
23	DOLLARS BECAUSE THIS IS A VERY IMPORTANT FIELD.
24	DR. YAFFE: PROJECTS THAT CONSIDER THOSE
25	KINDS OF ENVIRONMENTAL GENETIC INTERACTION WOULD
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1	CERTAINLY BE AMONG THE TYPES OF PROJECTS THAT COULD
2	BE DONE COLLABORATIVELY WITH THESE CENTERS.
3	MS. SAMUELSON: GREAT. AT ONE POINT IN
4	THE LANGUAGE, I SAW REFERENCES TO STEM CELL
5	SCIENTISTS. SOME OF THESE ARE NEUROSCIENTISTS, FOR
6	EXAMPLE, WHO WOULD HAVE IMPORTANT EXPERTISE TO BRING
7	TO IT. WOULD THEY BE EXCLUDED, OR WOULD THEY BE
8	INCLUDED BECAUSE THEY WOULDN'T NECESSARILY ALSO
9	BRING A BIG HISTORY OF STEM CELL WORK?
10	DR. YAFFE: I DON'T THINK THERE'S ANY
11	ANTICIPATION TO SPECIFICALLY EXCLUDE SCIENTISTS,
12	ALTHOUGH THE ACTIVITIES OF THESE CENTERS WOULD BE
13	FOCUSED ON STEM CELL RESEARCH. THERE ARE OTHER
14	GENOMICS RESOURCES AVAILABLE NATIONALLY. AND WE
15	CERTAINLY WANT TO USE THIS INITIATIVE TO BRING
16	CUTTING-EDGE GENOMICS TECHNOLOGY TO STEM CELL. BUT,
17	REMEMBER, WE ALSO CONSIDER ANYTHING IN REGENERATIVE
18	MEDICINE TO BE SOMETHING IN THE PURVIEW OF THE
19	INSTITUTE.
20	MS. SAMUELSON: I WOULD THINK A LOT OF
21	THIS WORK WOULD APPLY TO THAT, WOULD BE WITHIN THAT
22	AREA. OKAY. THANK YOU.
23	CHAIRMAN THOMAS: NATALIE, THEN DR. LUBIN.
24	DR. DEWITT: I JUST WANTED TO COMMENT THAT
25	THIS INITIATIVE ALSO BUILDS ON THE IPS CELL BANKING

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1	INITIATIVE, WHICH IS A VERY IMPORTANT CONNECTION TO
2	MAKE. AND SO CLINICIANS WHO ARE GENERATING IPS CELL
3	LINES, WHETHER THEY'RE WITH NEURODEGENERATIVE
4	DISEASES OR ANY OF THE OTHER DISEASES THAT WE'RE
5	INTERESTED IN, WOULD POTENTIALLY HAVE ACCESS TO
6	HAVING GENOMIC INFORMATION ABOUT THESE CELL LINES
7	AND ALSO HOW THE GENOMES INTERACT WITH ENVIRONMENTAL
8	CONDITIONS.
9	SO THIS IS A VERY POWERFUL COMBINATION OF
10	TECHNOLOGIES RIGHT NOW THAT WE HOPE WE'LL BE ABLE TO
11	ENGAGE IN AS A STATE.
12	DR. LUBIN: SO MY QUESTION AT THE
13	SCIENTIFIC SUBCOMMITTEE MEETING WAS IS THIS A CORE
14	FACILITY FOR ALL CIRM INVESTIGATORS, AND WILL THERE
15	BE A RECHARGE, AND HOW WILL THEY GET ACCESS? HOW
16	WILL PRIORITIZATION TAKE PLACE? THAT WAS ONE.
17	AND, TWO, INFORMATICS IS NOT IN THERE. SO
18	YOU CAN GET RESULTS BACK, BUT YOU CAN'T INTERPRET
19	THEM UNLESS THAT'S PART OF IT. IS THAT PART OF THE
20	FUNDING?
21	DR. YAFFE: SO THE SECOND PART OF THE
22	QUESTION, ABSOLUTELY THAT'S PART OF THE FUNDING.
23	WHEN WE SAY GENOMICS, WE DON'T JUST MEAN SEQUENCING
24	OF DNA, BUT, IN FACT, WE MEAN THE ENTIRE PROCESS
25	INVOLVING DATA HANDLING AND INFORMATICS AND

1	CHARACTERIZATION AND LOOKING BACKWARDS, DESIGN OF
2	EXPERIMENTS.
3	DR. LUBIN: THEY HAVE TO HAVE THAT
4	CAPABILITY TO APPLY FOR THIS. THAT CAPABILITY HAS
5	TO EXIST IN THE APPLICATION?
6	DR. YAFFE: THAT'S RIGHT. AND THAT IS ONE
7	OF THE REASONS WE'RE SUGGESTING OR ENCOURAGING
8	MULTI-INSTITUTIONAL PROPOSALS BECAUSE NOT ALL OF
9	THOSE TALENTS AND EXPERTISE MAY RESIDE IN ONE PLACE.
10	THE FIRST PART OF THE QUESTION WAS HOW
11	PEOPLE WILL ACCESS THIS?
12	DR. LUBIN: IS IT A CORE FACILITY FOR ALL
13	CIRM INVESTIGATORS?
14	DR. YAFFE: IT IS A CORE FACILITY. AND AS
15	WITH OUR OTHER CORE FACILITIES, WE WOULD ASK THEM TO
16	SUBMIT WITH THEIR APPLICATION A PLAN TO BECOME
17	FINANCIALLY INDEPENDENT AT THE END OF CIRM FUNDING.
18	SO AS WITH MANY OF OUR OTHER CORE LABS, OUR SHARED
19	LABS, THEY START OUT WITH A HEAVY DOSE OF SUPPORTED
20	FUNDING AND THEN THEY MOVE IN THE DIRECTION OF
21	RECHARGE.
22	DR. PRICE: CALL THE QUESTION.
23	CHAIRMAN THOMAS: I BELIEVE WE HAVE
24	COMMENTS FROM A MEMBER OR MEMBERS OF THE PUBLIC.
25	DR. LORING.

1	DR. LORING: THANK YOU. SO I WAS GOING TO
2	SAY SEVERAL THINGS, BUT NOW THAT I'VE HEARD YOU
3	TALK, I'LL TRY TO KEEP IT REALLY BRIEF.
4	AS YOU KNOW, CALIFORNIA IS WHERE GENOMICS
5	HAS REALLY THE TECHNOLOGY OF GENOMICS WAS REALLY
6	BORN. THERE'S A COMPANY CALLED ILLUMINA WHO IS
7	RIGHT HERE IN SAN DIEGO AND IS THE COMPANY THAT'S
8	PROVIDED THE SEQUENCERS THAT BOTH CRAIG VENTER USES
9	AND ALSO THE GROUP THAT WE TALKED ABOUT, THE BEIJING
10	RESEARCH INSTITUTE, WHO DOES MORE SEQUENCING THAN
11	ANYONE ELSE ON EARTH.
12	SO I AGREE THAT I THINK TO BE
13	COST-EFFECTIVE, IT MAKES A LOT OF SENSE TO LEVERAGE
14	THE STRENGTHS OF THE COMMERCIAL SECTOR. I KNOW THAT
15	CIRM WANTS TO DO THIS. I THINK IN THIS PARTICULAR
16	CASE THERE'S A HUGE OPPORTUNITY TO PARTNER WITH
17	COMPANIES WHO HAVE THIS EXPERTISE AND WHO CAN DO A
18	LOT OF THIS WORK AND HAVE ALREADY INVESTED THEIR OWN
19	VENTURE CAPITAL OR THEIR OWN INVESTORS' MONEY IN
20	SOME OF THE MOST CUTTING-EDGE APPROACHES IN
21	GENOMICS.
22	I WANTED TO INTRODUCE SOMEBODY THAT I HAVE
23	WORKED WITH, A COLLEAGUE, A COLLABORATOR, WHO IS
24	FROM A COMPANY CALLED NEXTBIO, WHICH DOES
25	BIOINFORMATICS. SHE CAN TELL YOU A LITTLE BIT ABOUT
	4-0

1	WHAT THEY DO.
2	DR. VERMA-ALAG: GOOD AFTERNOON. THANK
3	YOU FOR THE OPPORTUNITY TO SPEAK HERE TODAY. JUST
4	WANT TO TAKE A FEW MINUTES AND TELL YOU ABOUT
5	NEXTBIO. WE'RE A SILICON VALLEY, SEVEN-YEAR-OLD
6	START-UP COMPANY WHO IS WELL ESTABLISHED IN THE
7	FIELD OF BIOINFORMATICS. WE HAVE A NUMBER OF
8	CLIENTS ACROSS THE WORLD. WE ARE ABLE TO AGGREGATE,
9	ANALYZE, AND INTERPRET GENOMIC DATA IN ALL FORM OR
10	FASHION.
11	ACTUALLY CONNECTED WITH CRAIG RIGHT AFTER
12	HIS TALK AND SHARED WITH HIM THAT WE CAN DO WHAT HE
13	SAID CANNOT BE DONE OR HASN'T BEEN DONE YET.
14	SO THIS IS A GREAT OPPORTUNITY FOR US TO
15	LOOK AT GENOMIC DATA IN THE STEM CELL CONTEXT, AND
16	NOT ONLY BE ABLE TO INTERPRET THAT DATA, BUT ALSO TO
17	BE ABLE TO MAKE IT AVAILABLE WHETHER PUBLICLY OR IN
18	A PRIVATE WAY TO PEOPLE WHO COULD BENEFIT FROM IT
19	MOST.
20	NEXTBIO IS USED ACROSS 200 COUNTRIES BY AT
21	LEAST 30,000 PEOPLE. THIS IS JUST THE PUBLICLY
22	AVAILABLE FREE APPLICATION. SO ANY AMOUNTS ANY
23	KIND OF DATA THAT WOULD GO IN WOULD NOT ONLY BE
24	INTERPRETED TO A FORM OR FASHION THAT WOULD BE
25	USEFUL FOR RESEARCHERS AND CLINICIANS WORLDWIDE, BUT

1	ALSO WOULD BE AVAILABLE EASILY TO PEOPLE WORLDWIDE,
2	AND THAT WOULD BE A REALLY POWERFUL THING. SO JUST
3	WANTED TO STAND UP HERE AND VOICE MY SUPPORT FOR
4	THIS INITIATIVE AND HOPE IT'S VERY SUCCESSFUL.
5	MY NAME IS ALPANA VERMA-ALAG. I AM A
6	PHYSICIAN IN INTERNAL MEDICINE. AND THE NAME OF MY
7	COMPANY IS NEXTBIO, N-E-X-T-B-I-O, AND THE WEBSITE
8	IS NEXTBIO.COM. I DO HAVE QUITE A FEW CARDS WITH
9	ME, SO I'M HAPPY TO PASS THEM OUT.
10	CHAIRMAN THOMAS: THANK YOU. ANY OTHER
11	COMMENTS BY MEMBERS OF THE PUBLIC? HEARING NONE,
12	WE'VE HEARD MOTION HAS BEEN CALLED. DO WE NEED A
13	ROLL CALL VOTE ON THIS, MR. HARRISON?
14	MR. HARRISON: JUST THE MEMBERS
15	PARTICIPATING BY TELEPHONE.
16	CHAIRMAN THOMAS: MEMBERS PARTICIPATING BY
17	TELEPHONE, WHAT IS YOUR VOTE ON THIS MATTER?
18	MS. SAMUELSON: YES.
19	DR. FRIEDMAN: YES.
20	CHAIRMAN THOMAS: IS MR. SHESTACK STILL ON
21	THE LINE?
22	IN THE ROOM, ALL THOSE IN FAVOR PLEASE
23	RAISE YOUR HAND. OPPOSED? MOTION CARRIES. THANK
24	YOU VERY MUCH, DR. YAFFE. THANK YOU, DR. DEWITT,
25	FOR ALL YOUR HELP IN PUTTING THIS TOGETHER.

1	WE ARE NEXT GOING TO ITEM NO. 14,
2	CONSIDERATION OF THE AMENDMENTS TO CIRM'S IP
3	REGULATIONS TO IMPLEMENT SB 1064. SCOTT TOCHER WILL
4	BE DOING THE PRESENTATION.
5	MR. TOCHER: THANK YOU. GOOD AFTERNOON,
6	CHAIRMAN AND MEMBERS. IN LIGHT OF YOUR OTHER ISSUES
7	ON THE AGENDA, I'LL TRY TO MAKE THIS AS QUICK AS I
8	CAN.
9	THE PURPOSE HERE WITH THIS ITEM TODAY IS
10	JUST TO CONCLUDE OUR PROCESS THAT WAS INITIATED BY
11	THE BOARD A YEAR AGO TO AMEND OUR IP REGULATIONS TO
12	CONFORM WITH CERTAIN CLARIFICATIONS AND
13	CODIFICATIONS MADE IN THE LEGISLATION IN 2010, SB
14	1064, THAT TOOK EFFECT IN 2011.
15	IT ADDRESSED MANY DIFFERENT AREAS OF
16	CIRM'S OPERATIONS, BUT WITH RESPECT TO OUR IP
17	REGULATIONS REALLY CODIFIED IN ONE FORM OR ANOTHER
18	FOUR PARTICULAR AREAS OF OUR IP REGULATIONS. ABOUT
19	A YEAR AGO THE ICOC REVIEWED PROPOSED LANGUAGE AND
20	AUTHORIZED THAT LANGUAGE TO INITIATE THE OAL PROCESS
21	TO CONFORM OUR REGULATIONS.
22	SO IN TWO OF THE FOUR AREAS, THE ICOC HAS
23	ALREADY REVIEWED AND APPROVED THE LANGUAGE. WE HAVE
24	CIRCULATED THAT FOR PUBLIC COMMENT ACCORDING TO THE
25	APA, THE ADMINISTRATIVE PROCEDURE ACT. WE HAVE
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1	RECEIVED NO ADDITIONAL INPUT, AND WE ARE NOT
2	PROPOSING ANY LANGUAGE TO CHANGE FROM THAT WHICH THE
3	ICOC HAS ALREADY APPROVED. SO I WILL NOT GO INTO
4	THOSE AMENDMENTS TODAY.
5	HOWEVER, THEY ADDRESS THE TIMELINE FOR
6	SUBMISSION OF OUR ACCESS PLANS AND, SECONDLY, A
7	RECALIBRATION OF OUR REVENUE SHARING CALCULATIONS.
8	THOSE ARE ISSUES, I BELIEVE 2 AND 4, IN THE MEMO;
9	BUT, AGAIN, UNLESS THERE ARE SPECIFIC QUESTIONS, I
10	WON'T GO BACK INTO THEM.
11	THE OTHER TWO AREAS FOR YOUR CONSIDERATION
12	THAT YOU HAVEN'T SEEN BEFORE, BUT WERE REVIEWED BY
13	THE INTELLECTUAL PROPERTY AND INDUSTRY SUBCOMMITTEE,
14	AND IT WAS A CONSENSUS OF THAT COMMITTEE THAT YOU
15	APPROVE THE LANGUAGE AS WELL, CONCERNED OUR ACCESS
16	PLANS AND CONCERN THE TIMELINE AND PROCESS FOR
17	WAIVER OF THE ACCESS PLANS.
18	SO VERY QUICKLY, THE FIRST SET OF
19	AMENDMENTS THERE CONCERN THE AGENCY'S REQUIREMENT
20	THAT PRIOR TO COMMERCIALIZATION IN CALIFORNIA OF A
21	DRUG RESULTING FROM CIRM FUNDING, THAT THE COMPANY
22	PROVIDE AN ACCESS PLAN TO ADDRESS A CERTAIN
23	POPULATION. IN OUR PRIOR VERSION OF OUR IP REGS,
24	THAT POPULATION WAS DEFINED AS UNINSURED
25	CALIFORNIANS. SB 1064 MODIFIED THAT SLIGHTLY AND
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1	DELETED THE REQUIREMENT OF UNINSURED AND CHANGED IT
2	TO CALIFORNIANS WITH NO OTHER MEANS TO PURCHASE THE
3	DRUG.
4	SO WHAT WE'VE HAD TO DO IS RECALIBRATE OUR
5	REGULATIONS. AND WHAT WE HAVE DONE IS TO DEFINE
6	THAT TERM "CALIFORNIANS WITH NO OTHER MEANS" TO
7	INCLUDE A TWO-PART TEST. CALIFORNIANS, FIRST, WHO
8	DO NOT HAVE PRESCRIPTION DRUG COVERAGE THAT COVERS
9	THEIR PARTICULAR DRUG AND, TWO, WHOSE FAMILY INCOMES
10	FALL BELOW 300 PERCENT OF THE FEDERAL POVERTY LEVEL.
11	THE POINT OF THAT STANDARD IS TO, FIRST OF ALL,
12	HARMONIZE WITH THE REFERENCE TO THE POVERTY LEVEL
13	OUR REGULATION WITH THE EXISTING STATE QUALIFICATION
14	FOR ITS CALRX PROGRAM, WHICH IS THE STATE'S DISCOUNT
15	PRESCRIPTION DRUG PROGRAM; AND, SECONDLY, TO ENSURE
16	THAT THOSE CALIFORNIANS WHO ARE WEALTHY ENOUGH TO
17	AFFORD COVERAGE, BUT WHO ELECT NOT TO PURCHASE
18	COVERAGE, ARE NOT COVERED BY THE ACCESS PLANS.
19	THAT LANGUAGE WAS CIRCULATED FOR PUBLIC
20	COMMENT. THAT PERIOD HAS CONCLUDED, AND THERE WAS
21	NO PUBLIC COMMENT RECEIVED.
22	THE SECOND ISSUE THAT IS ADDRESSED IN THE
23	MOST RECENT SET OF AMENDMENTS CONCERNS THE PROCESS
24	FOR WAIVER OF THE ACCESS PLAN, THAT CONSIDERATION BY
25	THE ICOC. THE REGULATIONS AND NOW THE STATUTE

1	REQUIRE COMPANIES TO SUBMIT AN ACCESS PLAN, BUT THE
2	LEGISLATION ALLOWED THE ICOC TO CONSIDER
3	CIRCUMSTANCES WHERE A COMPANY WOULD BE RELIEVED OF
4	THAT OBLIGATION. AND IT SET THE STANDARD TO DO SO
5	BASED UPON A SHOWING THAT THE DEVELOPMENT OR BROAD
6	DELIVERY OF THE DRUG WOULD BE UNREASONABLY HINDERED
7	BY THE REQUIREMENT OF THE ACCESS PLAN; OR, SECONDLY,
8	THAT WAIVER OF THE ACCESS PLAN WOULD LEAD TO
9	SIGNIFICANT BENEFITS THAT EQUAL OR EXCEED THE
10	BENEFITS THAT OTHERWISE WOULD FLOW BY PROVISION OF
11	THE ACCESS PLAN.
12	SO THAT'S THE STANDARD. AND OUR
13	REGULATION INCORPORATES THAT STANDARD AND JUST
14	BRIEFLY DESCRIBES THE PROCESS BY WHICH A COMPANY
15	WILL COME TO THE ICOC IF IT SEEKS TO TAKE ADVANTAGE
16	OF THIS WAIVER PROVISION, INDICATES THAT THE REQUEST
17	WOULD BE A PUBLIC REQUEST THAT WOULD BE AGENDIZED ON
18	AN ICOC AGENDA, THAT THE REQUEST WOULD BE PUBLIC AND
19	POSTED ON THE WEBSITE, THAT THE APPLICANT FOR THE
20	WAIVER WOULD BE OBLIGED TO PROVIDE DOCUMENTATION
21	ESTABLISHING HOW THE STANDARD WOULD BE MET, AND,
22	FINALLY, THE REGULATION JUST PRESERVES THE ABILITY
23	OF THE ICOC AND THE APPLICANT TO KEEP CONFIDENTIAL
24	THAT MATERIAL WHICH PROPOSITION 71 ALREADY PROVIDES
25	FOR CONFIDENTIALITY PURPOSES.

1	SO THOSE ARE THE TWO ADDITIONAL AMENDMENTS
2	THAT THE ICOC DID NOT SEE LAST YEAR WHEN IT
3	INITIATED THE PROCESS; BUT, AGAIN, THESE AMENDMENTS
4	HAVE ALL BEEN REVIEWED BY THE INTELLECTUAL PROPERTY
5	AND INDUSTRY SUBCOMMITTEE. THEY'VE ALL BEEN
6	CIRCULATED FOR PUBLIC COMMENT. THERE IS NO
7	ADDITIONAL PUBLIC COMMENT THAT WAS RECEIVED. AND
8	I'M HAPPY TO TAKE YOUR QUESTIONS OR ENTERTAIN A
9	MOTION.
10	CHAIRMAN THOMAS: MR. JUELSGAARD, DO YOU
11	HAVE ANY COMMENT?
12	DR. JUELSGAARD: NO. I VIEW THIS LARGELY
13	AS MINISTERIAL IN NATURE; IN OTHER WORDS, JUST
14	FOLLOWING ON FROM WHAT THE LEGISLATURE INDICATED
15	THAT WE NEEDED TO DO. I THINK THERE ARE SOME
16	AMBIGUITIES, AS I'VE DISCUSSED WITH SCOTT AND JAMES,
17	IN THIS REGARD. FOR EXAMPLE, WHO'S A CALIFORNIAN
18	AND WHO ISN'T. BUT WE CAN GET TO THAT SUBSEQUENTLY.
19	THAT'S NOT ANYTHING WE NEED TO WORRY ABOUT RIGHT
20	NOW.
21	MR. ROTH: MOTION TO APPROVE THE AMENDMENT
22	AS SUBMITTED.
23	CHAIRMAN THOMAS: IS THERE A SECOND?
24	DR. STEWARD: SECOND.
25	CHAIRMAN THOMAS: SECONDED BY DR. STEWARD.
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1	ANY FURTHER DISCUSSION?
2	DR. STEWARD: QUESTION HERE. SO THAT
3	GIVEN THAT WE'RE SEEING SOME MODIFICATIONS IN THE
4	VARIOUS STATE REGULATIONS, I JUST WAS CURIOUS. IS
5	THERE A WAY TO SORT OF ANTICIPATE BY SAYING THAT WE
6	WILL BE CONSISTENT WITH THE CALIFORNIA RX, FOR
7	EXAMPLE, MOVING FORWARD? I'M ACTUALLY ASKING THIS,
8	AGAIN, LOOKING FORWARD TO THE TIME WHEN MAYBE THE
9	ICOC WON'T BE MEETING REGULARLY, FOR EXAMPLE, AND
10	THERE WOULD NOT BE A WAY TO MODIFY REGULATIONS THAT
11	BECAME OUT OF DATE DURING THE TIME THAT THEY
12	ACTUALLY WOULD BECOME IMPORTANT FOR A COMPANY. SO
13	IS THERE A WAY TO DO THAT, OR DO WE HAVE TO ACTUALLY
14	CONTINUE TO AMEND THE REGULATIONS GOING FORWARD?
15	MR. TOCHER: THAT'S INTERESTING. I THINK
16	THAT THERE ARE CERTAIN COMPONENTS. BROADLY
17	SPEAKING, THE ACCESS PLAN, IN GENERAL, HAS A
18	STANDARD WHICH IS AT THE TIME OF COMMERCIALIZATION,
19	WHICH IN A WAY SORT OF PRESERVES THAT ABILITY TO
20	MAKE THAT FINAL DETERMINATION DOWN THE ROAD.
21	WITH RESPECT TO THE ADOPTION OF THE
22	SPECIFIC STANDARDS IN CALRX, AGAIN, I THINK THAT
23	BECAUSE OUR REGULATIONS SORT OF REQUIRE SIMPLY THAT
24	THEY FOLLOW CALRX, TO THE EXTENT CALRX IS CHANGED OR
25	AMENDED OR MODIFIED, I THINK THAT THOSE CHANGES ARE
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1	INHERENTLY INCORPORATED.
2	CHAIRMAN THOMAS: ANY FURTHER BOARD
3	COMMENT OR QUESTION? ANY COMMENT BY MEMBERS OF THE
4	PUBLIC? ANY COMMENT BY MEMBERS ON THE PHONE?
5	HEARING NONE, ALL THOSE IN FAVOR OF THIS
6	MOTION PLEASE, FIRST, THE BOARD HERE AT THE HOTEL,
7	RAISE YOUR HAND. ANY OPPOSED? MEMBERS ON THE
8	PHONE?
9	MS. SAMUELSON: YES.
10	DR. FRIEDMAN: YES.
11	CHAIRMAN THOMAS: MOTION APPROVED. THANK
12	YOU. THANK YOU, MR. TOCHER.
13	OKAY. WE ARE GOING TO ADJOURN FOR
14	WE'RE GOING TO ADJOURN MOMENTARILY FOR WHAT WE HOPE
15	WILL BE A BRIEF CLOSED SESSION TO RESOLVE ANY
16	OUTSTANDING MATTERS ON THE RESEARCH LEADERSHIP
17	AWARD. BEFORE WE GO, I KNOW WE HAVE A COUPLE OF
18	QUICK RESOLUTIONS. AND, SHERRY, WHY DON'T YOU BEGIN
19	BY ONE TO JANET ROWLEY. THESE ARE IN CONNECTION
20	WITH SERVICE PROVIDED ON THE STANDARDS WORKING
21	GROUP.
22	MS. LANSING: IT'S REALLY THIS WILL BE
23	JUST A SECOND, BUT I REALLY WANT TO TAKE THE TIME TO
24	ACKNOWLEDGE HOW GRATEFUL WE ARE TO JANET ROWLEY FOR
25	SERVING ON THE STANDARDS WORKING GROUP.

1	I'VE ALWAYS HAD A PERSONAL HISTORY WITH
2	JANET BECAUSE WHEN I WAS A HIGH SCHOOL STUDENT AT
3	THE UNIVERSITY OF CHICAGO, JANET WAS SOMEBODY THAT I
4	ALWAYS HEARD ABOUT BECAUSE SHE HAD A RESEARCH LAB
5	THERE. SHE HAD WON THE LASKER AWARD. EQUALLY AS
6	AMAZING TO ME OR, YES, EQUALLY AMAZING, WAS THAT SHE
7	HAD DONE THIS WHEN SHE WORKED PART TIME AND WAS
8	RAISING FOUR CHILDREN.
9	AND THE STORY THAT I HEARD, WHICH SO
10	INSPIRED ME, WAS THAT WHILE JANET WAS HOLDING ONE OF
11	HER CHILDREN, SHE WAS ARRANGING BLOCKS THAT WERE
12	LITERALLY CHROMOSOMES ON HER KITCHEN TABLE. AND
13	THIS IS A TRUE STORY. AND THIS ARRANGEMENT OF THE
14	CHROMOSOMES LED HER TO THE DISCOVERY THAT SPECIFIC
15	TYPES OF CANCER ARE CAUSED BY THESE ALTERATIONS IN
16	THE CHROMOSOMES.
17	THAT IS MULTITASKING IN A WAY THAT I CAN
18	ONLY IMAGINE. AND THIS REALLY, AND IT'S FITTING TO
19	SAY TODAY, OPENED UP THE WHOLE FIELD OF CANCER
20	GENETICS. WHEN JANET SERVED ON THE BOARD OF THE
21	STANDARDS GROUP, AND I THINK JEFF CAN ATTEST TO THAT
22	AND ALL OF US WHO ARE ON THE STANDARDS GROUP CAN
23	ATTEST TO IT, SHE BROUGHT THIS SAME KIND OF
24	INSPIRATION TO EVERY SINGLE MEETING SHE ATTENDED.
25	AND SHE ALSO BROUGHT AN INCREDIBLY PRAGMATIC AND
	100

1	OPEN AND HUMBLE APPROACH.
2	SHE'S WARM AND SHE'S BEYOND HIGHLY
3	INTELLIGENT. AND SO FOR ALL OF US WHO WORKED WITH
4	HER, I JUST WANT TO SAY IT WAS A PRIVILEGE AND AN
5	HONOR TO GET TO KNOW HER AND THAT WE WILL MISS HER,
6	BUT WE ARE EXTREMELY GRATEFUL FOR HER SERVICE ON
7	THIS BOARD. SO THANK YOU, JANET.
8	(APPLAUSE.)
9	MR. TORRES: SO MOVED.
10	DR. STEWARD: SECOND.
11	CHAIRMAN THOMAS: ANY FURTHER DISCUSSION?
12	COMMENTS BY MEMBERS OF THE PUBLIC? OKAY. IN THE
13	ROOM, ALL THOSE IN FAVOR PLEASE RAISE YOUR HAND.
14	THOSE OPPOSED? ON THE PHONE, PLEASE VOICE YOUR
15	VOTES.
16	DR. FRIEDMAN: AYE.
17	CHAIRMAN THOMAS: UNANIMOUSLY APPROVED.
18	THANK YOU VERY MUCH.
19	WHILE ON THE SUBJECT THANK YOU,
20	SHERRY JEFF SHEEHY HAS A FEW COMMENTS ABOUT KEVIN
21	EGGAN AND HIS SERVICE ON THE STANDARDS WORKING
22	GROUP.
23	MR. SHEEHY: I WOULD LIKE TO ECHO SHERRY'S
24	WORDS ABOUT JANET ROWLEY. IT WAS AN INCREDIBLE
25	EXPERIENCE BEING ABLE TO SERVE WITH HER. VERY
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1	GRATEFUL FOR HER SHARING HER TIME WITH US. IT WAS
2	VERY HELPFUL FOR US.
3	I THINK KEVIN I THINK.
4	MS. SAMUELSON: AYE.
5	MR. SHEEHY: KEVIN EGGAN IS STILL WITH US,
6	IS STILL A SPECIALIST, AND MAYBE WE STILL HAVE HIM
7	IN THE GRANTS WORKING GROUP FROM TIME TO TIME, WAS
8	ONE OF THE MORE OUTSTANDING YOUNG, JUNIOR WELL,
9	ONE OF THE MORE OUTSTANDING SCIENTISTS WORKING IN
10	THE FIELD TODAY AND HIS CONTRIBUTION TO THE
11	STANDARDS WORKING GROUP. HE WAS A MACARTHUR
12	FELLOWSHIP WINNER, ONE OF THE KEY PEOPLE DERIVING
13	STEM CELLS, WORKING ON SCNT. AND THE EXPERTISE HE
14	BROUGHT TO BEAR IN WHAT WAS PRIMARILY AN ETHICAL AND
15	STANDARD EXERCISE, THE PERSPECTIVE OF A WORKING
16	SCIENTIST AT THE VERY CUTTING-EDGE OF THE SCIENCE
17	WAS SO INFORMATIVE FOR US AND SO HELPFUL AS WE'RE
18	DOING AS SHERRY SAID AT THE TIME, WE WEREN'T
19	TRYING TO MAKE STANDARDS THAT WERE CREATED IN STONE,
20	BUT VERY FLEXIBLE STANDARDS THAT WOULD ADAPT AS THE
21	SCIENCE WAS MOVING. AND WE HAVE THE PERSON WHO'S
22	SITTING THERE MOVING THE SCIENCE HELPING TO ADVISE
23	US AS WE GO ALONG. WE WERE VERY FORTUNATE TO HAVE
24	HIS CONTRIBUTIONS.
25	AND JUST A LOT OF PEOPLE IN SCIENCE, AND I
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1	DON'T WANT TO BE CRITICAL OF SCIENTISTS, BUT THIS
2	REALLY WASN'T CONNECTED TO BEING IN THE LAB. THIS
3	WAS REAL ALTRUISM, I THINK, TO OUR EFFORT TO COME
4	AND WORK WITH US ON OUR MEDICAL AND ETHICAL
5	STANDARDS, WHICH WHEN THEY COME IN THERE ON THE
6	WORKING GROUP, THEY'RE KIND OF PICKING UP WHAT OTHER
7	SCIENTISTS ARE GETTING OR THERE'S A LITTLE
8	INTELLECTUAL STIMULATION THAT'S A LITTLE BIT
9	DIFFERENT FROM BEING ON THE STANDARDS WORKING GROUP.
10	AND I WAS SO IMPRESSED WITH BEING ABLE TO WORK WITH
11	HIM. IT WAS SO HELPFUL FOR US TO HAVE HIS
12	CONTRIBUTION. I DON'T THINK OUR STANDARDS WOULD
13	HAVE BEEN NEAR AS WORKABLE, AS WORKABLE AND FEASIBLE
14	FOR THE SCIENTISTS WHO HAVE HAD TO WORK WITHIN THAT
15	SCHEME.
16	SO VERY GRATEFUL FOR KEVIN FOR HELPING US
17	OUT AND LOOK FORWARD TO CONTINUED CONTRIBUTIONS ON
18	THE GRANTS WORKING GROUP. BUT WE SHOULD ALL BE VERY
19	THANKFUL TO HIM FOR THE STANDARDS WORKING GROUP.
20	MS. LANSING: I SECOND THAT WITH GREAT
21	ENTHUSIASM.
22	CHAIRMAN THOMAS: MOVED AND SECONDED WITH
23	GREAT ENTHUSIASM. ANY FURTHER COMMENT BY MEMBERS OF
24	THE BOARD? COMMENTS BY MEMBERS OF THE PUBLIC?
25	ALL THOSE BOARD MEMBERS IN THE ROOM WHO

1	APPROVE, PLEASE RAISE YOUR HANDS. OPPOSED? MEMBERS
2	ON THE PHONE?
3	MS. SAMUELSON: YES.
4	DR. FRIEDMAN: YES.
5	CHAIRMAN THOMAS: UNANIMOUSLY AND
6	ENTHUSIASTICALLY APPROVED FOR BOTH.
7	WE HAVE ONE MORE RESOLUTION THAT WE WOULD
8	LIKE TO VOTE ON HERE, ALSO VERY IMPORTANT, FOR DR.
9	FLOYD BLOOM. I'VE ASKED DUANE TO SAY A FEW WORDS.
10	MR. ROTH: YES. I REMEMBER THE DAY I
11	CALLED FLOYD AND ENCOURAGED HIM TO PUT HIS NAME IN
12	CONSIDERATION TO SERVE ON THIS BOARD FOR THE SCRIPPS
13	RESEARCH INSTITUTE, AND HOW PLEASED I WAS WHEN HE
14	IMMEDIATELY SAID HE WOULD INDEED CONSIDER IT AN
15	HONOR TO SERVE.
16	FOR THOSE OF YOU THAT HAVE HAD THE
17	PLEASURE OF KNOWING AND WORKING WITH FLOYD, HE'S NOT
18	ONLY A VERY ACHIEVED SCIENTIST, BUT A PERSON THAT'S
19	DEDICATED SO MUCH OF HIS LIFE TO OTHER CAUSES OF
20	SCIENCE, INCLUDING AS AN EDITOR, INCLUDING IN SO
21	MANY, MANY, MANY DIFFERENT WAYS. HE IS, IN MY
22	OPINION, A LEADER AMONG HIS PEERS.
23	WE'VE WORKED WITH SOME WONDERFUL PEOPLE ON
24	THIS BOARD. WE'VE GOTTEN TO KNOW EACH OTHER. MANY
25	FINE HUMAN BEINGS, MOST OF YOU ANYWAY. LET ME JUST
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1	SAY THAT I DON'T THINK WE'VE WORKED WITH A FINER
2	INDIVIDUAL THAN FLOYD BLOOM. HE WILL BE MISSED.
3	CHAIRMAN THOMAS: SO MOTION TO APPROVE THE
4	RESOLUTION, WHICH, BY THE WAY, IS IN YOUR BOOK. IS
5	THERE A SECOND?
6	DR. PRIETO: SO MOVED.
7	MR. TORRES: SECOND.
8	CHAIRMAN THOMAS: MOVED BY DR. PRIETO,
9	SECONDED BY SENATOR TORRES. ANY FURTHER DISCUSSION?
10	ANY COMMENTS BY MEMBERS OF THE PUBLIC?
11	DR. TROUNSON: JUST LIKE TO RECOGNIZE THAT
12	FLOYD BLOOM WAS REALLY FANTASTIC HELP TO ME AND TO
13	MEMBERS OF STAFF. WHENEVER WE NEEDED SOME ADVICE,
14	SOME GUIDANCE, HE WAS ALWAYS WILLING TO STOP
15	WHATEVER HE WAS DOING AND GIVE US THE TIME. HE'S
16	JUST AN EXTRAORDINARY INDIVIDUAL. AND I THINK IT
17	WAS A REAL PRIVILEGE FOR ME AND MY COLLEAGUES IN
18	MANAGEMENT TO HAVE BEEN ABLE TO WORK WITH FLOYD FOR
19	THE TIME HE WAS ON THE BOARD. AND I'LL ALWAYS
20	CONSIDER HIM A VERY SPECIAL MEMBER AND VERY DEAR
21	FRIEND BECAUSE HE GAVE ME SOME PRETTY IMPORTANT
22	ADVICE FROM TIME TO TIME AND SHOWED THE WAY, WHICH
23	WAS REALLY VERY, VERY HELPFUL.
24	CHAIRMAN THOMAS: THANK YOU, DR. TROUNSON.
25	DR. LORING.
	107

1	DR. LORING: YES. THIS IS JEAN LORING
2	FROM SCRIPPS. I WISH I HAD A VOTE TOO BECAUSE I
3	WOULD LOVE TO VOTE TO THANK FLOYD FOR WHAT HE'S
4	DONE. HE'S MY COLLEAGUE AT THE SCRIPPS RESEARCH
5	INSTITUTE, AND HE HAS SERVED AS A MENTOR TO ME SINCE
6	I ARRIVED THERE FIVE YEARS AGO. AND I SECOND
7	EVERYTHING THAT ALAN JUST SAID ABOUT WHAT AN AMAZING
8	INDIVIDUAL HE IS AND HOW HELPFUL. AND REALLY HE HAS
9	A REALLY GOOD WORLD VIEW OF SCIENCE THAT I THINK YOU
10	MAY MISS AFTER HE LEAVES. THANK YOU.
11	CHAIRMAN THOMAS: THANK YOU. IT'S BEEN
12	MOVED AND SECONDED TO APPROVE THIS RESOLUTION. ALL
13	THOSE IN THE ROOM WHO APPROVE, PLEASE RAISE YOUR
14	HANDS. OPPOSED? ON THE PHONE?
15	DR. FRIEDMAN: YES.
16	MS. SAMUELSON: YES.
17	CHAIRMAN THOMAS: ANOTHER UNANIMOUS AND
18	HIGHLY ENTHUSIASTIC RESOLUTION APPROVAL. SO THANK
19	YOU, EVERYBODY.
20	BEFORE WE NOW GO, WE HAVE THE VERY
21	COMPLICATED AND DEBATE INSPIRING ITEM NO. 15,
22	APPROVAL OF THE DECEMBER MINUTES. DO I HEAR A
23	MOTION TO APPROVE?
24	MS. LANSING: MOVE APPROVAL.
25	CHAIRMAN THOMAS: SECOND.
	188

1	ALL THOSE IN FAVOR RAISE YOUR HAND.
2	OPPOSED? PHONE, PLEASE.
3	DR. FRIEDMAN: I WANT TO ABSTAIN ON THIS
4	ONE.
5	CHAIRMAN THOMAS: THANK YOU, MICHAEL. WE
6	APPRECIATE THAT.
7	MR. HARRISON: CHAIR, COULD WE ASK FOR THE
8	SECOND ON THAT MOTION FOR THE RECORD?
9	CHAIRMAN THOMAS: THERE WERE LOTS OF
10	SECONDS. WHO WOULD LIKE TO BE A SECOND? SHERRY.
11	MR. HARRISON: SHE'S THE MAKER.
12	MS. FEIT: SECOND.
13	CHAIRMAN THOMAS: WE'VE ALWAYS KNOWN
14	SHERRY CAN DO IT ALL. MOVED BY SHERRY. SECONDED BY
15	MARCY. OKAY. I THINK EVERYBODY HAS APPROVED. THAT
16	MOTION IS APPROVED AS WELL.
17	SO WE ARE GOING TO PROCEED OVER TO THE
18	FOOD ROOM, FOR LACK OF A BETTER LABEL. MR.
19	HARRISON, DO YOU HAVE A COMMENT TO MAKE BEFORE WE
20	GO?
21	MR. HARRISON: FOR THE RECORD, THE BOARD
22	WILL BE CONVENING IN CLOSED SESSION TO DISCUSS
23	CONFIDENTIAL AND PROPRIETARY INFORMATION RELATING TO
24	THE RESEARCH LEADERSHIP AWARD APPLICATION PURSUANT
25	TO HEALTH AND SAFETY CODE SECTION 125290.30(F)(3)(B)
	180

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	Diministra in the service
1	AND (C).
2	DR. STEWARD: IN THE INTEREST OF TIME, CAN
3	WE STAY HERE AND ASK THE PUBLIC TO LEAVE?
4	CHAIRMAN THOMAS: WE CAN, YES. WE CAN DO
5	THAT.
6	DR. STEWARD: SORRY, PUBLIC. I APOLOGIZE.
7	CHAIRMAN THOMAS: THAT'S A GOOD IDEA
8	BECAUSE OTHERWISE WE'LL END UP WITH BREAKS AND
9	EVERYTHING ELSE. IN THE INTEREST OF MOVING THIS
10	ALONG.
11	DR. PARSONS: IS THERE PUBLIC COMMENTS
12	AFTER YOUR CLOSED SESSION?
13	CHAIRMAN THOMAS: THERE IS A PUBLIC
14	COMMENT, YES.
15	DR. PARSONS: I CAN WAIT.
16	CHAIRMAN THOMAS: IN THE INTEREST OF YOU
17	NOT HAVING TO WAIT AROUND, IF YOU'D LIKE TO MAKE A
18	PUBLIC COMMENT RIGHT NOW.
19	DR. PARSONS: THAT WOULD BE GREAT.
20	CHAIRMAN THOMAS: YOU HAVE THREE MINUTES,
21	BY THE WAY.
22	DR. PARSONS: I CAME HERE TRY TO BRING
23	BOARD'S ATTENTION TO FUND HUMAN EMBRYONIC STEM CELL
24	RESEARCH AND LEADERS IN CALIFORNIA. CIRM WAS
25	CREATED BY PROPOSITION 71, WHICH IS SUPPOSED TO FUND
	190

1	HUMAN EMBRYONIC STEM CELL RESEARCH, AND HUMAN ES
2	CELL IS THE MOST POTENTIAL CELLS. NOBODY CAN BE
3	CURED BY DROSOPHILA OR MESENCHYMAL STEM CELLS, BUT
4	THE TOTAL FUNDING STATISTICS FOR HUMAN ES CELL FROM
5	CIRM FUNDING IS VERY, VERY LOW, ESPECIALLY DISEASE
6	TEAM. YOU UNDERSTAND THERE WAS VERY, VERY FEW
7	DISEASE TEAM ACTUALLY TRY TO BRING HUMAN ES CELL
8	THERAPY TO CLINICS.
9	WE ACTUALLY HAVE DEVELOPED GROUNDBREAKING
10	TECHNIQUES TO TURN HUMAN ES CELLS INTO NEURONS AND
11	HEART MUSCLES FOR CELL THERAPY DEVELOPMENT, CRITICAL
12	TO BRING CURE TO MANY INCURABLE DISEASE. ACTUALLY
13	WE ARE THE LEADERS IN HUMAN ES CELL RESEARCH, DOING
14	EXACTLY WHAT CALIFORNIA'S STEM CELL RESEARCH AND
15	CURE BOND ACT SUPPOSED TO DO. SUPPOSED TO BE
16	PRIORITIZED BY CIRM, BUT SO FAR WE HAVE NOT BEEN
17	ABLE TO GET ANY SUPPORT FUNDING FROM CIRM.
18	SO WE HAVE QUESTIONS AND SUGGESTIONS I
19	HOPE THE BOARD WILL CONSIDER. FIRST, I HAVE SOME
20	QUESTIONS REGARDING CIRM'S STEM CELL RESEARCH AND
21	LEADERSHIP AWARDS.
22	THE QUESTION NO. 1 IS WHY IS THE REASON
23	CIRM ACTUALLY EXCLUDE STEM CELL SCIENTISTS IN
24	CALIFORNIA FROM THE LEADERSHIP AWARDS? ONLY
25	SCIENTISTS OUTSIDE OF STATE IS ELIGIBLE. THIS BOND
	191

1	IS IN CALIFORNIA.
2	SECOND IS PROPOSITION 71 ACTUALLY REQUIRES
3	THE PI HAVE A DEMONSTRATED RECORD OF ACHIEVEMENT IN
4	THE AREA OF PLURIPOTENT STEM, PROGENITOR CELL
5	BIOLOGY AND MEDICINE. WHY CIRM GAVE THE LEADERSHIP
6	AWARD TO A SCIENTIST THAT DON'T HAVE ANY STEM CELL
7	RESEARCH EXPERIENCE? IT WOULD BE MUCH HELPFUL IF
8	CIRM LIST THEIR ACHIEVEMENTS OF THOSE LEADERS IN
9	STEM CELL RESEARCH AND WHAT KIND OF THERAPY THEY
10	DERIVE, WHAT KIND OF GROUNDBREAKING RESEARCH THEY
11	DID AND CONTRIBUTE TO THE STEM CELL RESEARCH SO WE
12	CAN UNDERSTAND MORE WHY THEY DESERVE THE LEADERSHIP
13	AWARD.
14	THE SECOND QUESTION IS REGARDING CIRM
15	PREAPPLICATION. WE THINK MIGHT BE NEED MORE
16	TRANSPARENCY REGARDING TO WHY OUR GRANT FOR A
17	CUTTING-EDGE TECHNIQUE TO TURN HUMAN ES CELL INTO
18	HEART MUSCLES. SO FAR THERE'S NOT THERAPY FOR HEART
19	DISEASE. WE UNDERSTAND THERE'S NO STILL IN OUR
20	COUNTRY BECOME HEART MUSCLE CELLS. ENDOGENOUS CELL
21	ACTUALLY CAN HELP HEART MUSCLE THROUGH THEM DYING,
22	BUT THEY CANNOT TURN INTO MUSCLE CELLS. SO THE
23	TECHNOLOGY IS VERY, VERY NEW. WE ARE INTERESTED AND
24	THE POTENTIAL IS GREAT, BUT OUR PREAPPLICATION WAS
25	TURNED DOWN BY CIRM FOR THE REASON WHICH I THOUGHT

1	WAS KIND OF VERY, VERY RIDICULOUS.
2	ONE REASON SAYS THE PI HAS NO DRUG
3	DEVELOPMENT EXPERIENCE. WE UNDERSTAND CIRM IS FOR
4	STEM CELL THERAPY, NOT FOR DRUG DEVELOPMENT COMPANY.
5	AND I HAVE VERY, VERY GOOD STEM CELL EXPERIENCE, NOT
6	SO THE THERAPY PRODUCTS. AND ALSO SAY WE HAVE NOT
7	ADDRESSED IMMUNOGENICITY. WE ALSO UNDERSTAND HUMAN
8	ES CELL IS MUCH IMMUNOGENIC AS ANY ADULT CELL OR
9	STEM CELLS. SO IT'S NOT A MAJOR ISSUE FOR US TO
10	ADDRESS, BESIDES THE APPLICATION HAS NO DID NOT
11	SPECIFY HOW TO ADDRESS THAT.
12	CHAIRMAN THOMAS: COULD YOU PLEASE WRAP
13	THIS UP, PLEASE?
14	DR. PARSONS: SO IT'S OUR UNDERSTANDING
15	THAT IT'S CIRM JOB TO ENSURE CALIFORNIA'S POTENTIAL
16	STEM CELL RESEARCH AND THERAPY DEVELOPMENT TO BE
17	FUNDED TO BE ABLE TO PROVIDE A CURE TO THOSE
18	PATIENTS CIRM REALLY CARED. SO WE HOPE CIRM CAN
19	MAKE THE PREAPPLICATION PROCESS IS MORE TRANSPARENT
20	AND PROCEDURES SUCH LIKE NEED APPLICANT TO HAVE A
21	FORMAL APPEAL OR PETITION FOR THE PREAPPLICATION FOR
22	THOSE PROPOSAL WHICH IS VERY, VERY CRITICAL TO
23	CIRM'S MISSION.
24	THE THIRD IS WE ACTUALLY ALSO DEVELOP
25	GROUNDBREAKING TECHNIQUE TO TURN HUMAN ES INTO
	102

1	NEURONS FOR SPINAL CORD INJURE. OUR PROPOSAL IS
2	MUCH BETTER THAN GERON'S PROPOSAL. I'M SURE WE
3	ACTUALLY ARE CURED AND THE CHRONIC PATIENT WHICH IS
4	MUCH BROADER POPULATION, THE MECHANISMS IS FOR NERVE
5	REGENERATION, NOT JUST HELP GROW. BUT OUR PROPOSAL
6	WHICH FOR SOME REASON HAVE NOT BEEN CONSIDERED
7	NORMALLY BY NORMAL PROCEDURE, BUT BY THE CIRM, AND
8	ALSO REQUIRES THE PRESIDENTIAL EXCEPTION TWICE.
9	SO I HOPE CIRM ACTUALLY I HAVE MAKE
10	THIS SHORT CONSIDER OUR EXCEPTION, CONSIDER HOW
11	CRITICAL THIS PROPOSAL TO CIRM'S MISSION AND TO ALL
12	THOSE PATIENTS FOR SPINAL CORD INJURED. THEY NEED
13	THOSE KIND OF THERAPY.
14	FOR MORE QUESTIONS YOU CAN GO TO
15	WWW.SDRMI.ORG TO FIND MORE INFORMATION. WE HAVE
16	STARTED A STEM CELL FORUM, STEM CELL RESEARCH BLOGS,
17	SO THERE IS DISCUSSIONS, AND YOU CAN PUT YOUR
18	OPINION THERE. THANK YOU FOR YOUR PATIENCE.
19	MR. TORRES: CAN WE GET A COPY OF HER
20	REMARKS?
21	CHAIRMAN THOMAS: THANK YOU VERY MUCH FOR
22	YOUR COMMENTS. I WOULD DIRECT YOU TO TALK TO DR.
23	FEIGAL OFFLINE HERE IF YOU WOULD LIKE AT THE
24	CONCLUCTON OF THE MEETING OF COME POINT DOWN THE
	CONCLUSION OF THIS MEETING OR SOME POINT DOWN THE
25	LINE. THANK YOU.

OKAY. WE WILL NOW ADJOURN INTO CLOSED
SESSION. WE'RE GOING TO STAY HERE. SO FOR THOSE
THAT SHOULD NOT BE IN CLOSED SESSION, IF YOU COULD
STEP OUT FOR A FEW MOMENTS. THANK YOU.
(THE BOARD THEN MET IN CLOSED
SESSION, NOT REPORTED NOR HEREIN TRANSCRIBED. AT
THE CONCLUSION OF THE CLOSED SESSION, THE BOARD WAS
THEN HEARD AS FOLLOWS:)
MR. TORRES: MR. CHAIRMAN, I MOVE TO
REMOVE THE ITEM FROM THE TABLE.
CHAIRMAN THOMAS: IT'S BEEN MOVED AND
SECONDED WE REMOVE THE ITEM FROM THE TABLE. ALL
THOSE IN FAVOR PLEASE RAISE YOUR HANDS. THOSE ON
ALL THOSE OPPOSED? NO OPPOSED. ON THE PHONE,
PLEASE.
WE LOSE OUR
CHAIRMAN THOMAS: JOAN AND MICHAEL, ARE
YOU STILL ON?
MR. HARRISON: DR. PIZZO CAN BE INVITED
BACK INTO THE ROOM, BUT HE'S ELECTED TO ABSTAIN FROM
PARTICIPATION IN THIS MOTION. HE DOES NOT HAVE A
CONFLICT. HE'S ELECTED TO ABSTAIN.
CHAIRMAN THOMAS: OKAY. SO THE MOTION IS
BACK ON THE TABLE. SO DO WE HEAR A MOTION TO
APPROVE THE AWARD?
105

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1	MR. HARRISON: THERE IS SUCH A MOTION ON
2	THE TABLE.
3	CHAIRMAN THOMAS: THANK YOU FOR
4	CLARIFYING. IS THERE ANY FURTHER DISCUSSION ON THE
5	MOTION? WE MAY NEED A ROLL CALL VOTE ON THIS,
6	MARIA, SINCE WE'VE GOT SOME DIFFERENCE OF OPINION
7	HERE. MR. HARRISON, CAN YOU RESTATE THE MOTION,
8	PLEASE?
9	MR. HARRISON: YES. THE MOTION WAS TO
10	APPROVE THE RESEARCH LEADERSHIP AWARD APPLICATION
11	THAT'S PENDING BEFORE THE BOARD.
12	CHAIRMAN THOMAS: MARIA, CAN YOU CALL THE
13	ROLL ON THIS, PLEASE?
14	MS. BONNEVILLE: ROBERT PRICE.
15	DR. PRICE: NO.
16	MS. BONNEVILLE: GARY FIRESTEIN. SUE
17	BRYANT.
18	DR. BRYANT: NO.
19	MS. BONNEVILLE: MARCY FEIT.
20	MS. FEIT: NO.
21	MS. BONNEVILLE: MICHAEL FRIEDMAN. LEEZA
22	GIBBONS.
23	MS. GIBBONS: NO.
24	MS. BONNEVILLE: MICHAEL GOLDBERG.
25	MR. GOLDBERG: NO.
	100
	196

	Diministration and the second
1	MS. BONNEVILLE: SAM HAWGOOD.
2	DR. HAWGOOD: NO.
3	MS. BONNEVILLE: STEVE JUELSGAARD.
4	MR. JUELSGAARD: NO.
5	MS. BONNEVILLE: SHERRY LANSING.
6	MS. LANSING: ABSTAIN.
7	MS. BONNEVILLE: TED LOVE. BERT LUBIN.
8	SHLOMO MELMED.
9	DR. MELMED: NO.
10	MS. BONNEVILLE: PHIL PIZZO. CLAIRE
11	POMEROY.
12	DR. POMEROY: NO.
13	MS. BONNEVILLE: FRANCISCO PRIETO.
14	DR. PRIETO: NO.
15	MS. BONNEVILLE: ELIZABETH FINI.
16	DR. FINI: NO.
17	MS. BONNEVILLE: ROBERT QUINT. DUANE
18	ROTH.
19	MR. ROTH: YES.
20	MS. BONNEVILLE: JOAN SAMUELSON. DAVID
21	SERRANO-SEWELL. JEFF SHEEHY.
22	MR. SHEEHY: NO.
23	MS. BONNEVILLE: JONATHAN SHESTACK. OS
24	STEWARD.
25	DR. STEWARD: NO.
	107
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1	MS. BONNEVILLE: JONATHAN THOMAS.
2	CHAIRMAN THOMAS: NO.
3	MS. BONNEVILLE: ART TORRES.
4	MR. TORRES: NO.
5	MS. BONNEVILLE: KRISTINA VUORI.
6	DR. VUORI: YES.
7	MS. BONNEVILLE: JAMES ECONOMOU.
8	DR. ECONOMOU: NO.
9	CHAIRMAN THOMAS: THE MOTION IS DEFEATED.
10	DO WE HAVE ANY FURTHER PUBLIC COMMENT ON
11	ANY OTHER MATTERS? HEARING NONE, I BELIEVE WE ARE
12	THROUGH OUR AGENDA. DO I HEAR A MOTION TO ADJOURN?
13	MS. LANSING: I MOVE THE MOTION TO
14	ADJOURN.
15	DR. JUELSGAARD: SECOND.
16	CHAIRMAN THOMAS: ALL THOSE IN FAVOR
17	NO. NO. NO. SORRY. JUST KIDDING. FORGOT.
18	SORRY. THOSE WHO HAVE TO GO ARE FREE TO GO NOW. WE
19	HAVE ONE OTHER ITEM WHICH WE SKIPPED OVER WE DO NEED
20	TO ADDRESS CLAIRE, I THINK YOU'RE STILL LOOKING
21	GOOD WHICH IS THE TRANSITION PLAN.
22	SO LET ME JUST SET THE TABLE ON THIS. AS
23	YOU RECALL, SB 1064 MANDATED THAT WE DEVELOP A
24	TRANSITION PLAN CONTEMPLATING WHAT WE WOULD DO WITH
25	THE EXPIRATION OF FUNDING. THAT PLAN NEEDS TO BE
	198
	130

1	FINALIZED BY THE END OF THIS MONTH AND TRANSMITTED
2	TO THE LEGISLATURE NO LATER THAN 30 DAYS FOLLOWING
3	THAT PERIOD.
4	TELEPHONE OPERATOR: THIS IS THE OPERATOR.
5	I'M LETTING YOU KNOW THAT JOAN SAMUELSON IS
6	REJOINING.
7	CHAIRMAN THOMAS: THANK YOU, OPERATOR.
8	AS YOU HEARD FROM EARLIER PRESENTATIONS
9	WITH RESPECT TO OUR CURRENT FUNDING STATUS OF THE \$3
10	BILLION THAT WAS AUTHORIZED BY PROP 71, WE HAVE SO
11	FAR COMMITTED ABOUT A BILLION THREE. WITH THE RFA'S
12	THAT ARE OUTSTANDING AND THE AMOUNTS THAT WILL BE
13	AWARDED, WE BELIEVE WITH RESPECT TO ALL OF THOSE
14	WE'LL BE ABOUT A BILLION EIGHT, PAT; IS THAT
15	CORRECT?
16	DR. OLSON: OUTSTANDING, ABOUT A BILLION
17	FIVE.
18	CHAIRMAN THOMAS: AFTER THE UPCOMING
19	AWARDS, WE'LL BE ABOUT A BILLION EIGHT APPROXIMATELY
20	COMMITTED AND/OR APPROVED. SO WE HAVE ROUGHLY A
21	BILLION OR SO, 900 MILLION OR A BILLION OR SO STILL
22	TO BE AWARDED, AND THAT IS THE CENTRAL FOCUS OF THE
23	TRANSITION PLAN.
24	DUANE, I THINK, ELOQUENTLY NOTED THAT WE
25	WANT TO BE IN A POSITION WHERE THE PROJECTS WE HAVE
	199

1	FUNDED ARE FAR ENOUGH ALONG THAT WE HAVE ENTICED
2	INDUSTRY, WHETHER PHARMA OR BIOTECH OR VENTURE
3	CAPITAL, TO STEP INTO THE BREACH TO FUND PROJECTS
4	GOING FORWARD AT SUCH TIME AS CIRM MAY BE FINISHED
5	WITH ITS WORK. AND WE BELIEVE THAT IF WE ARE ABLE
6	TO DO THAT, AT AN ABSOLUTE MINIMUM, THAT WILL HAVE
7	BEEN A HUGE SUCCESS FOR THE INSTITUTE TO HAVE BEEN
8	ABLE TO HAVE TEED UP MANY VERY PROMISING PROJECTS TO
9	BE CARRIED ON BY OTHERS.
10	AT THIS TIME, AS WE'VE SAID, WE ARE
11	CONSIDERING FUNDING OPTIONS ON THE ISSUE OF
12	SUSTAINABILITY OF THE INSTITUTE. THOSE ARE BEING
13	CONTEMPLATED AT THIS POINT. WE'VE MADE NO DECISION
14	ON THE QUESTION OF WHETHER OR NOT TO GO FORWARD WITH
15	A SUBSEQUENT BOND MEASURE. WE SAY THAT NOW BECAUSE
16	THE TIMING IS PREMATURE. THAT'S AN ISSUE THAT IS
17	LEFT FOR DECISION FURTHER DOWN THE ROAD.
18	SO I WOULD ASK THAT WE NOT GET INTO ANY
19	DISCUSSION ON THAT PARTICULAR TOPIC AT THIS MEETING.
20	TELEPHONE OPERATOR: EXCUSE THE
21	INTERRUPTION. MICHAEL FRIEDMAN REJOINING THE
22	CONFERENCE.
23	CHAIRMAN THOMAS: THANK YOU.
24	WE'RE THINKING OF A NUMBER OF OTHER
25	OPTIONS THAT ARE IN THE MIDST OF DEVELOPMENT AT THIS
	200

200

POINT WHICH WE PLAN TO COME BACK TO THE BOARD ON
DOWN THE ROAD WHEN THOSE NOTIONS ARE FULLY BAKED AND
READY FOR PRESENTATION.
SO THE OBJECT OF THIS PARTICULAR
DISCUSSION IS TO TAKE A LOOK AT WHERE WE ARE,
UNDERSTAND WE DO HAVE A LOT OF BOND FUNDS TO GO.
THOSE BOND FUNDS WILL BE THE OBJECT WITH THE GOOD
GRACES OF THE DEPARTMENT OF FINANCE AND THE STATE
TREASURER'S OFFICE OF FUTURE BOND ISSUES THAT WILL
PROVIDE US WITH OUR FUNDING. AND OUR TASK AT THE
MOMENT IS TO ASSUME FOR THE SAKE OF ARGUMENT THAT
THAT IS THE SUM TOTAL OF FUNDING WE'LL HAVE
AVAILABLE AND, GIVEN THAT, WHAT WE WILL DO TO
TRANSITION DOWN THE ROAD.
I'LL JUST NOTE ONE LAST PRELIMINARY
STATEMENT IS OBVIOUSLY THIS IS JANUARY 2012. WE
ANTICIPATE HAVING FUNDS TO COMMIT FOR ANOTHER FOUR
TO FIVE YEARS, MANY OF WHICH WILL BE MULTIYEAR
AWARDS TO TAKE US TO ROUGHLY 2020 BEFORE THE FUNDING
WE HAVE ACTUALLY EXPIRES. SO IT IS A LITTLE
DIFFICULT GIVEN THAT TO ARTICULATE ANY SORT OF
DEFINITIVE TRANSITION PLAN AS WE SIT HERE TODAY.
BUT WE'RE CHARGED TO DEVELOP WHAT WE COULD AT THIS
POINT PRUDENTLY, AND WE BELIEVE WE HAVE DONE SO.
SO WITH THAT, LET ME TURN IT OVER THIS
201

1	IS NOT SOMETHING THAT REQUIRES ANY VOTE. THIS IS
2	SORT OF FOR POINT OF INFORMATION. LET ME TURN IT
3	OVER NOW TO MATT WHO WILL DO A BRIEF PRESENTATION ON
4	THIS TOPIC.
5	DR. PLUNKETT: GOOD AFTERNOON. SO I'VE
6	BROKEN THIS PRESENTATION INTO THREE PARTS. THIS IS
7	THE SAME AS WHAT WAS IN THE BOARD BINDERS, BOARD
8	MATERIALS WHICH YOU HAVE PREVIOUSLY RECEIVED. THE
9	THREE PARTS ARE JUST TO REMIND EVERYBODY OF THE
10	RELEVANT TEXT OF SB 1064, TO TALK ABOUT THE
11	OVERARCHING GOAL OF PUTTING TOGETHER A TRANSITION
12	PLAN, AND TO FOCUS THEREAFTER ON SEVEN
13	TRANSITION-DIRECTED ACTIVITIES AT THE INSTITUTE.
14	I HOPE AND EXPECT THAT THERE WILL BE SOME
15	FULSOME DISCUSSION AFTER EACH OF THOSE POINTS, AND I
16	WILL PAUSE AFTER EACH SECTION TO GET SOME INPUT FROM
17	THE ICOC.
18	ONE COMMON THREAD, THOUGH, THAT I DO WANT
19	TO EMPHASIZE HERE IS THAT I REALLY DO HOPE THAT ALL
20	OF US ARE GOING TO BE FOCUSED ON THIS CONCEPT OF
21	CLINICAL PROOF OF CONCEPT. AS DR. POMEROY POINTED
22	OUT SO CORRECTLY EARLIER THIS MORNING, SHOULD WE
23	ACHIEVE SOMETHING THAT IS MEANINGFUL TO PATIENTS, I
24	STRONGLY BELIEVE PERSONALLY, THIS ISN'T A BELIEF OF
25	THE AGENCY, BUT I PERSONALLY BELIEVE THAT OUR
	202

1	FUNDING QUESTION WILL TAKE CARE OF ITSELF THROUGH A
2	VARIETY OF DIFFERENT SOURCES. HOWEVER, HOPE IS NOT
3	A STRATEGY. AND, THEREFORE, WE PUT TOGETHER THIS
4	TRANSITION PLAN HERE.
5	SO THE RELEVANT TEXT OF SB 1064 IS ON THIS
6	PAGE. UNDER THE GUIDANCE OF THE ICOC, THE INSTITUTE
7	SHALL CREATE A TRANSITION PLAN ADDRESSING THE
8	EXPIRATION OF CURRENT BOND FUNDING. AND REALLY, AS
9	I UNDERSTAND IT, THE DRIVER FOR THIS IN THE TEXT OF
10	THE LAW IS WE'RE FUNDING SEVERAL HUNDRED MILLION
11	DOLLARS A YEAR OF BASIC AND CLINICAL RESEARCH IN THE
12	STATE OF CALIFORNIA. THE GOAL IS TO HAVE, WHEN THAT
13	FUNDING ENDS, THE GOAL IS NOT TO HAVE ALL OF THE
14	SCIENTISTS AND RESEARCH INSTITUTES AND UNIVERSITIES
15	AND COMPANIES ALL OF A SUDDEN BE HIGH AND DRY ON THE
16	BEACH. IT'S TO REALLY PLAN AHEAD FOR A POTENTIAL
17	HIATUS OF THAT FUNDING AND THEREBY HAVE THE
18	OPPORTUNITY FOR THE GOOD WORK THAT WE'RE DOING HERE
19	TO BE CONTINUED IN THE FUTURE.
20	SO AS A GOAL FOR THE TRANSITION PLAN, WHAT
21	WE PUT TOGETHER IS TO ESTABLISH A PLATFORM TO ENABLE
22	GRANTEES, INDUSTRY, OTHER GOVERNMENT AGENCIES,
23	DISEASE FOUNDATIONS, VENTURE CAPITAL, AND OTHERS TO
24	CONTINUE TO PURSUE CIRM'S MISSION UPON THE
25	EXPIRATION OF CIRM'S BOND FUNDING. AS J.T.
	203

1	MENTIONED, THAT'S NOT UNTIL THE 2020 OR 2021 TIME
2	FRAME.
3	SO THERE'S SOME MORE TEXT DOWN HERE BELOW
4	THAT GOES INTO MORE DETAIL. I WON'T READ THROUGH
5	THAT, BUT I'LL JUST TAKE THE OPPORTUNITY RIGHT NOW
6	TO JUST PAUSE AND ASK FOR DISCUSSION OR INPUT FROM
7	THE BOARD ON THE OVERARCHING GOAL OF OUR TRANSITION
8	PLAN HERE.
9	MS. GIBBONS: YOU WERE WRONG ABOUT THAT
10	ROBUST DISCUSSION.
11	CHAIRMAN THOMAS: I THINK THE ISSUE IS
12	DUANE WAS SO EXCEPTIONALLY ARTICULATE ON THIS POINT,
13	THAT IT DOESN'T MERIT ANY FURTHER DISCUSSION.
14	DR. PLUNKETT: I'M SURPRISED. AND THEN
15	THERE ARE SEVEN POINTS JUST BROKEN ACROSS TWO
16	DIFFERENT PAGES. THERE'S REALLY NO ORDERING
17	WHATSOEVER HERE, SO PLEASE DON'T TAKE THE ORDER OF
18	THESE POINTS IN ANY WAY AS TO THEIR SIGNIFICANCE OR
19	NOT. BUT THE FIRST POINT IS TO FACILITATE THE
20	CREATION OF ALPHA STEM CELL CLINICS. THIS IS
21	SOMETHING WHICH ALAN HAS TALKED ABOUT A NUMBER OF
22	POINTS IN THE PAST. THIS IS SOMETHING WHICH WOULD
23	ALLOW THE DELIVERY OF STEM CELL-BASED THERAPIES TO
24	PATIENTS. AND IT'S A MODEL THAT WE COULD
25	POTENTIALLY SPREAD BOTH ACROSS THE COUNTRY AND
	204

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1	INTERNATIONALLY.
2	THE SECOND POINT IS TO CONTINUE TO PURSUE
3	AND STRENGTHEN JOINT FUNDING EFFORTS WITH THE \$100
4	MILLION IN COMMITTED CAPITAL FROM STATE AND
5	INTERNATIONAL PARTNERS SO FAR, TREMENDOUS POTENTIAL
6	FROM THE RECENTLY SIGNED COLLABORATIVE AGREEMENT
7	WITH THE NIH. ONE OF THE THINGS WE'LL BE FOCUSING
8	ON IN 2012 IS TO GET GREATER INVOLVEMENT WITH
9	DISEASE FOUNDATIONS, INDUSTRY, AND VENTURE
10	CAPITALISTS IN CIRM-FUNDED STEM CELL RESEARCH IN
11	CALIFORNIA AND, THEREBY, PROVIDE AN OPPORTUNITY FOR
12	FOLLOW-ON FUNDING SUCH THAT I THINK JEFF HAD THE
13	POINT WHERE IF WE HAVE SOME VERY PROMISING CANCER
14	STEM CELL THERAPIES, THEY'LL GET PICKED UP EARLIER
15	INSTEAD OF LATER. AND OUR HOPE AND GOAL IS TO
16	REALLY GET THE WHOLE PORTFOLIO PROGRAMS TO SUCH A
17	POINT THAT ADDITIONAL FUNDING CAN COME EARLIER AND
18	EARLIER IN THE PROCESS.
19	THIRD POINT ON THE TRANSITION PLAN IS TO
20	WORK TO BRING NEW BIOTECHNOLOGY COMPANIES TO
21	CALIFORNIA, CONTINUE TO FOCUS ON STEM CELL CLUSTERS
22	TO CREATE COLLABORATIONS WITH CALIFORNIA
23	RESEARCHERS, AND TO PROVIDE A VEHICLE TO TRANSLATE
24	THESE STEM CELL DISCOVERIES INTO CLINICAL
25	APPLICATIONS.
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I'LL JUST MOVE ON TO THE SECOND PAGE OF
FOUR AND THEN OPEN IT UP AGAIN FOR DISCUSSION.
ANOTHER THING THAT WE'LL BE FOCUSING ON THIS YEAR IS
SOME PRELIMINARY EXPLORATION AROUND THE CREATION OF
A NONPROFIT VENTURE PHILANTHROPY FUND TO PROVIDE
FUNDING FOR STEM CELL RESEARCH PROJECTS FROM
IND-ENABLING STUDIES THROUGH PHASE II CLINICAL
TRIALS.
WE'VE ALREADY TALKED ABOUT THE CREATION OF
AN IPSC BANK, AND THAT'S BEEN APPROVED IN CONCEPT
RFA FORM BY THE BOARD. THIS IS A RESOURCE WHICH
WILL BE AVAILABLE TO RESEARCHERS THROUGHOUT THE
STATE FOR MANY YEARS TO COME.
WE WILL LOOK TO PROVIDE REGULATORY AND
PRODUCT DEVELOPMENT GUIDANCE TO OUR GRANTEES. THIS
IS ONE THING THAT I THINK WHERE WE CAN ACTUALLY HAVE
ONE OF THE BROADER IMPACTS THAT'S NOT TIED TO A
SPECIFIC PROGRAM, BUT THE WHOLE REGULATORY QUESTION
IS SOMETHING THAT WE ALL KNOW. TO MICHAEL'S POINT
EARLIER IN THE DAY, UNCERTAINTY IS BAD WHEN YOU'RE
INVESTING. SO TO TRY AND GET SOME MORE GUIDANCE
HERE AND HARMONY WILL BE OF GREAT BENEFIT.
AND THEN FINALLY, TO SUPPORT EFFORTS BY
GRANTEES TO PROTECT THE CIRM-FUNDED IP IN ORDER TO
PROTECT THE INVESTMENT OF THE STATE OF CALIFORNIA AS
206

1	WELL AS PROVIDE THE OPPORTUNITY FOR
2	COMMERCIALIZATION OF CIRM-FUNDED THERAPIES.
3	SO I GUESS I'LL END THIS WITH A QUESTION.
4	IT'S ALWAYS HARDEST WHEN COMING UP WITH LISTS LIKE
5	THIS TO ASK WHAT'S MISSING AS OPPOSED TO TALKING
6	ABOUT WHAT'S THERE. I'LL FIRST ASK IF THERE'S
7	ANYTHING MISSING, AND THEN WE CAN MAYBE GO ON AND
8	TALK ABOUT THE THINGS WHICH ARE ALREADY ON THE PAGE
9	AS WELL.
10	DR. STEWARD: IT'S NOT ABOUT WHAT'S
11	MISSING. IT SEEMS TO ME THAT THERE'S SORT OF TWO
12	SETS OF ACTIVITIES HERE. I GUESS I WOULD ENCOURAGE
13	YOU TO THINK ABOUT THE DIFFERENCE BETWEEN THE TWO.
14	IN THINKING ABOUT THIS TRANSITION PLAN,
15	YOU SAID IT VERY WELL, YOU DON'T WANT TO LEAVE
16	INSTITUTIONS AND INVESTIGATORS IN THIS WHOLE
17	ENTERPRISE HIGH AND DRY. THAT'S ONE SET OF THINGS,
18	MAKING SURE THAT THINGS GO FORWARD AND FINISH AND SO
19	FORTH AND THERE BE PROPER REGULATORY CONTINUATION
20	AND SO FORTH.
21	BUT THERE'S ANOTHER SET OF THINGS IN HERE,
22	AND ACTUALLY THE FIRST BULLET HERE IS AN EXAMPLE OF
23	THAT, WHICH IS SOMETHING NEW. SOMETHING THAT GOES
24	IN A SENSE BEYOND THE THINGS THAT WE'VE ALREADY
25	TALKED ABOUT AS IN THE STRATEGIC PLAN. AND IT'S NOT
	207

1	THAT I AM OPPOSED TO THAT, BUT IT'S A DIFFERENT TYPE
2	OF THING THAN THE REALLY CONTINUATION AND PROTECTION
3	THINGS.
4	THE OTHER ONE LIKE THAT IS THE SECOND
5	I'M JUST SORT OF SCORING THESE, THE SECOND BULLET ON
6	THE SECOND PAGE. SO THAT'S CREATING SOMETHING, AN
7	IPSC CELL BANK. THAT MAY BE VERY LAUDABLE. I'M NOT
8	ARGUING THE MERIT OF THAT, BUT, AGAIN, IT'S
9	SOMETHING THAT IT'S DIFFERENT THAN THIS SORT OF
10	LET'S PROTECT THE ENTERPRISE KIND OF THING GOING
11	FORWARD. SO I WOULD JUST ENCOURAGE SOME SEPARATION
12	THERE IN THOSE TWO KINDS OF ACTIVITIES.
13	DR. PLUNKETT: THANK YOU.
14	CHAIRMAN THOMAS: OTHER COMMENTS?
15	MS. SAMUELSON: THIS, I GUESS, IS
16	SOMETHING NEW. I THINK WE NEED TO, AS A FIRST ORDER
17	OF BUSINESS, RENAME THIS ENDEAVOR. TRANSITION
18	SOUNDS LIKE WINDING DOWN. AND WE CERTAINLY WOULDN'T
19	WANT TO CONVEY THAT IMPRESSION TO THE PEOPLE OF
20	CALIFORNIA WHO SAID WE COULD HAVE THIS MONEY IF WE
21	DRIVE UNCEASINGLY FOR CURES. OF COURSE, THAT'S WHAT
22	WE'RE DOING, AND WE WOULD WANT THIS PIECE TO CONVEY
23	THAT AS WELL. I'M NOT SURE WHAT THAT NAME IS, BUT I
24	THINK IT NEEDS TO BE DIFFERENT.
25	DR. PLUNKETT: JOAN, I THINK WE SIMPLY
	208

1	TOOK THE NAME OF THIS FROM THE LANGUAGE OF 1064.
2	MS. SAMUELSON: I KNOW. I KNOW. IT'S
3	TAKING ON A LIFE OF ITS OWN IS MY SENSE, AND WE
4	CERTAINLY WOULDN'T WANT IT TO BE MISINTERPRETED.
5	DR. PLUNKETT: LET ME SEE IF I CAN COME UP
6	WITH SOMETHING.
7	MS. SAMUELSON: AT LEAST AT OUR END OF IT.
8	WE CAN'T DO ANYTHING ABOUT THE LEGISLATURE. THANK
9	YOU.
LO	DR. STEWARD: ACTUALLY JUST IN RESPONSE TO
L1	THAT, JOAN, I THINK WE ALMOST HAVE TO KEEP THE NAME
L2	TO BE RESPONSIVE TO THE BILL. WE CAN THINK ABOUT IT
L3	IN WHATEVER WAY, BUT WE'RE GOING TO NEED TO PRODUCE
L4	SOMETHING THAT WILL MEET THIS REQUIREMENT.
L5	MS. SAMUELSON: ENTIRELY I AGREE. WE NEED
L6	TO BE RESPONSIVE TO THEM, BUT I THINK WE NEED TO
L7	LOOK AT LANGUAGE BECAUSE IT ALWAYS MATTERS.
L8	MR. ROTH: VERY QUICKLY. MY RECOLLECTION,
L9	AND, ART CORRECT ME OR, JAMES, IF I'M WRONG. IN
20	THESE DISCUSSIONS ON 1064 WITH THE LEGISLATORS, I
21	THINK WHAT THEY'RE ASKING US TO DO IS TO THINK AHEAD
22	THAT THE MONEY IS GOING TO RUN OUT. YOU HAVE TO
23	WHEN THE BOND FUNDING IS THROUGH, WE DON'T WANT TO
24	BE LEFT WITH A BIG PROBLEM DUMPED IN OUR LAP, THAT
25	YOU SPENT ALL THE MONEY AND WE DON'T HAVE ANY WAY TO
	209

1	DISCONTINUE THE AGENCY OR TO TRANSITION TO THE END.
2	SO THAT'S WHAT WE'RE BEING ASKED TO DO.
3	IT DOESN'T MEAN THAT'S GOING TO HAPPEN, BUT THAT'S
4	WHAT THEY WANT US TO DO, NOT LEAVE THEM WITH A MESS
5	AND HAND IT TO THEM AND SAY HERE YOU GO. TAKE IT.
6	CHAIRMAN THOMAS: MR. JUELSGAARD.
7	DR. JUELSGAARD: SO JUST A COUPLE OF
8	POINTS FOLLOWING UP ON THAT. SO WE'VE TALKED A
9	LITTLE BIT ABOUT THIS TODAY, TOUCHED ON IT, BUT WHAT
10	BECOMES OF THIS SPECIFIC AGENCY? WHAT'S THE
11	TRANSITION PLAN? DOES IT REMAIN IN PLACE? DOES IT
12	NOT REMAIN IN PLACE? IF IT DOESN'T REMAIN IN PLACE,
13	THEN WHERE DO THE RESPONSIBILITIES THAT CONTINUE
14	WITH THIS, WHERE SHOULD THEY GO TO? THINGS LIKE
15	THAT, WHICH I'M NOT SURE ARE IDENTIFIED IN WHAT'S
16	BEEN PRESENTED TODAY. I THINK WE OUGHT TO BE
17	THINKING ABOUT THAT STUFF. HOW'S THE HANDOFF GOING
18	TO WORK DOWN THE ROAD?
19	AND THEN JUST ONE MORE POINT. WITH
20	RESPECT TO RUNNING OUT OF MONEY, ASSUMING THAT
21	HAPPENS, THERE WILL BE A LOT OF THINGS THAT ARE
22	OUTSIDE OF OUR CONTROL. AND THE THINGS THAT ARE
23	IN SOME OF THE THINGS THAT ARE IN PROCESS TODAY
24	SIMPLY WON'T CONTINUE BECAUSE THERE WON'T BE ANYBODY
25	AROUND TO PICK THE BALL UP WITH RESPECT TO THOSE
	210

1	THINGS. PEOPLE MAKE DIFFERENT DECISIONS IN SOME
2	CASE THAN WE MIGHT MAKE. IT'S JUST THE NATURE OF
3	HOW THESE THINGS WORK.
4	I THINK IT'S IMPORTANT FOR THE PEOPLE THAT
5	ARE APPLYING FOR FUNDING AND CARRYING FORWARD THESE
6	PROJECTS TO UNDERSTAND THAT, AS WE GO FORWARD, THERE
7	WILL COME A POINT IN TIME WHEN WE WILL NOT HAVE
8	FUNDING ANYMORE, AND THAT MAY AFFECT HOW THEY THINK
9	ABOUT APPLYING FOR FUNDING IF THERE'S UNCERTAINTY
10	ABOUT HOW FAR THIS CAN BE CARRIED OUT IN THE NEXT
11	STEP AFTER THE ONE THEY ARE CURRENTLY ON. SO
12	PERHAPS PART OF THIS IS JUST MAKING SURE THAT THE
13	PEOPLE THAT WE PROVIDE FUNDING TO WHO MAY HAVE
14	EXPECTATIONS OF COMING BACK YEARS DOWN THE ROAD ARE
15	AWARE THAT THAT MAY NOT BE POSSIBLE.
16	MS. SAMUELSON: IF I COULD RESPOND, J.T.
17	IF WE ARE AN EFFECTIVE GLOBAL LEADER AND WE ARE
18	DRIVING ACTUAL THERAPEUTIC BREAKTHROUGHS THAT ARE
19	MOVING TOWARD OR INCLUDING TRULY LIFESAVING
20	THERAPIES, WE WILL NOT NEED TO SHUT DOWN OUR DOORS
21	BECAUSE CHECKS WILL BE COMING TO US FROM AROUND THE
22	WORLD. I DON'T THINK I'M JUST BEING CRAZY IN SAYING
23	THAT. I THINK THAT IS THE PERSPECTIVE WE SHOULD
24	CARRY. I DON'T THINK IT'S IRRESPONSIBLE. I THINK
25	IT WOULD BE IRRESPONSIBLE TO NOT TAKE THAT POINT OF
	211

1	VIEW.
2	CHAIRMAN THOMAS: I HEAR WHAT YOU'RE
3	SAYING, JOAN, AND THAT WOULD BE A GREAT PROBLEM TO
4	HAVE. I THINK WE JUST THE POINT IS AT THE MOMENT
5	THAT WE NEED TO TAKE THE MOST CONSERVATIVE VIEW HERE
6	FOR THE PURPOSES OF THIS REPORT. AND, AGAIN,
7	REMEMBER THIS IS EIGHT YEARS IN ADVANCE OF WHAT
8	ACTUALLY HAPPENS. AND ALL SORTS OF THINGS ARE GOING
9	TO BE HAPPENING IN THAT PERIOD. SO WHERE THINGS
10	ACTUALLY END UP DOWN THE ROAD IS VERY DIFFICULT TO
11	PREDICT, BUT WE JUST NEED TO HAVE A CONSERVATIVE
12	POSITION AS OF THIS MOMENT.
13	MS. SAMUELSON: AS LONG AS THAT ISN'T
14	DETERMINATIVE, AND I FEAR IT COULD BE.
15	CHAIRMAN THOMAS: I DON'T THINK IT WILL
16	BE. AS I SAY, THERE'S A LOT OF WATER LEFT TO GO
17	UNDER THE BRIDGE BEFORE WE KNOW WHERE WE ARE YEARS
18	DOWN THE ROAD. BUT WE'RE JUST TAKING OUR BEST
19	CONSERVATIVE SHOT AT THIS POINT.
20	DR. BRYANT: I DON'T KNOW IF THIS IS THE
21	RIGHT WAY TO RIGHT TIME OR PLACE TO EVEN BRING
22	THIS UP, BUT I WOULD THINK THAT AT SOME POINT WE
23	NEED A STATEMENT TO GO ON ALL RFA'S THAT SAYS TO THE
24	BEST OF OUR KNOWLEDGE AS OF X DATE, WHATEVER IS
25	GOING TO HAPPEN IS GOING TO HAPPEN SO THAT PEOPLE

1	CAN'T COME BACK AFTERWARDS AND SAY, WELL, I DIDN'T
2	KNOW THERE WASN'T GOING TO BE CIRM, SOMETHING LIKE
3	THAT.
4	CHAIRMAN THOMAS: ABSOLUTELY. WE WANT TO
5	MAKE SURE WE WON'T HAVE ANY RFA'S THAT GO OUT
6	THERE THAT OUTLIVE THE LIFE OF THE FUNDING IN ANY
7	EVENT. I THINK THAT'S DEFINITELY A GOOD SUGGESTION.
8	DR. POMEROY: SO THIS LOOKS LIKE A VERY
9	APPROPRIATE SCIENTIFIC TRANSITION PLAN, BUT I DON'T
10	SEE THE ADMINISTRATIVE TRANSITION PLAN. WHAT
11	HAPPENS TO THE PEOPLE? WHAT HAPPENS TO THE
12	RESOURCES? MAYBE I'M ECHOING WHAT'S ALREADY BEEN
13	SAID, BUT I THINK IF WE PARSE IT OUT THAT WAY, IT
14	WILL WORK BETTER.
15	CHAIRMAN THOMAS: THANK YOU. THAT ECHOES
16	MR. JUELSGAARD'S VERY GOOD SUGGESTION.
17	MR. ROTH: I JUST THAT'S WHAT I WAS
18	GETTING AT. THIS IS A LEGAL EXERCISE WE'RE REQUIRED
19	TO DO. IT DOESN'T MEAN ANYTHING MORE THAN THAT, AND
20	IT GETS TO OS' QUESTIONS. WE HAVE TO DEAL WITH ALL
21	THIS. THEY'RE ASKING US TO PRESENT A PLAN AS IF AT
22	THE END OF THE FUNDING CYCLE, HOW DO YOU WIND IT
23	DOWN? AND SO I WOULDN'T CONTAMINATE THE NEW. I'D
24	MAKE THIS A PRETTY STRAIGHTFORWARD LEGAL EXERCISE.
25	THIS IS WHERE IT WOULD BE TRANSFERRED, THIS IS HOW
	212

1	THE INTELLECTUAL PROPERTY THAT REMAINS WOULD BE
2	COLLECTED, WHAT AGENCIES WOULD BE INVOLVED. THAT'S
3	WHAT WE'LL HAVE TO DO. I THINK IT'S MUCH MORE A
4	REQUIREMENT FOR THE LEGALISTIC PART OF IT, NOT FOR
5	WHAT WE HOPE WE MIGHT BE ABLE TO DO. THAT'S A
6	DIFFERENT PLAN, BUT I WOULDN'T CONFUSE THE TWO.
7	AND I THINK THAT'S WHERE YOU'RE GETTING A
8	LITTLE FEEDBACK, MATT. THERE'S THINGS IN THERE THAT
9	DON'T DEAL WITH THE LEGALISTIC SHUTDOWN OF THE
10	AGENCY, BUT DEAL WITH HOW WE MIGHT CONTINUE.
11	DR. POMEROY: FOR EXAMPLE, PEOPLE WILL BE
12	NOTIFIED X NUMBER OF DAYS BEFORE THEIR JOBS WILL BE
13	TERMINATED, THE BOARD WILL BE DISBANDED.
14	MR. ROTH: THE LEASES WILL BE TAKEN CARE
15	OF, JUST ALL THE PAPERWORK.
16	DR. PIZZO: IF I COULD SEPARATE MY
17	COMMENTS FROM THE ISSUE THAT WE'RE DISCUSSING,
18	UNDERSTANDING THE COMPLEXITY OF THE ISSUE, BUT JUST
19	TO GIVE AN EXAMPLE OF HOW THIS COULD BE CONVEYED.
20	AT ANOTHER UNIVERSITY IN BOSTON, HARVARD, IF YOU GET
21	APPOINTED PROFESSOR, YOU GET ONE OF TWO KINDS OF
22	LETTERS. YOU CAN HAVE A LETTER THAT SAYS YOU'VE
23	BEEN APPOINTED, DR. BRYANT, AS PROFESSOR WITHOUT
24	LIMIT OF LIME OR OF INDEFINITE DURATION. AND, OF
25	COURSE, WE COULD TAKE ON THAT MANTRA AS WELL IN A

1	PUBLIC WAY. WE CAN USE ONE OF THE TWO.
2	WITHOUT LIMIT OF TIME MEANS THAT YOU GO ON
3	FOREVER. OF INDEFINITE DURATION MEANS UNTIL YOUR
4	FUNDS ARE OUT. SO WE COULD PUT SOMETHING ON HERE
5	THAT SAYS ALL OF YOUR FUNDING IS OF INDEFINITE
6	DURATION, AND IT WOULD BE CONSISTENT WITH AN OLD
7	UNIVERSITY RULE. SORRY. JUST A JOKE.
8	MS. FEIT: I'VE HAD THE OPPORTUNITY, I
9	GUESS YOU COULD CALL IT, TO CLOSE AN ORGANIZATION.
10	AND ONE OF THE THINGS YOU WANT TO DO IS ENSURE THAT
11	YOU CAN MEET THE COMMITMENT. IF YOU SAY BY THIS
12	DATE, REGARDING RESOURCES, AND THAT INCLUDES HUMAN
13	RESOURCES, YOU HAVE TO ENSURE THAT THEY REMAIN IN
14	PLACE. SO THERE HAS TO BE A PLAN TO KEEP THEM IN
15	PLACE, ACTUALLY THE REVERSE, UNTIL THE AGENCY IS
16	LEGALLY ALLOWED TO CLOSE. SO I JUST WANT TO BRING
17	THAT UP, THAT THAT PLAN HAS TO ADDRESS IT THAT WAY
18	INSTEAD OF EVERYBODY JUST GOES. YOU HAVE TO ENSURE
19	THAT THERE'S RESOURCES THERE UNTIL IT'S LEGALLY
20	CLOSED.
21	CHAIRMAN THOMAS: THANK YOU. THAT'S A
22	VERY IMPORTANT POINT.
23	MR. TORRES: I'VE BEEN QUIET ALL DAY, BUT
24	I HAVE TO MAKE A POINT HERE. LET'S BE PREPARED THAT
25	A LEGISLATIVE COMMITTEE WILL WANT TO HEAR THIS
	24-

1	TRANSITION PLAN AND GET INTO THE DETAILS. THAT'S
2	ALL. THAT WOULD NOT BE INAPPROPRIATE FOR THE HEALTH
3	COMMITTEE IN THE SENATE OR THE HEALTH COMMITTEE IN
4	THE ASSEMBLY OR JOINT COMMITTEES TO HOLD A HEARING
5	ON THIS TRANSITION PLAN ONCE IT'S PRESENTED BECAUSE
6	IT'S THEIR DUTY. THERE'S FIDUCIARY DUTY ON THE PART
7	OF THE LEGISLATURE AS WELL.
8	CHAIRMAN THOMAS: ABSOLUTELY. THANK YOU.
9	ANY OTHER COMMENTS?
10	DR. POMEROY: ARE WE GOING TO SEE THIS
11	AGAIN?
12	CHAIRMAN THOMAS: YES. LET'S SEE. SO THE
13	ISSUE IS THIS HAS TO BE DONE BY THE END OF THE
14	MONTH.
15	MR. HARRISON: IT HAS TO BE SUBMITTED TO
16	THE LEGISLATURE BY MARCH 1ST.
17	CHAIRMAN THOMAS: ISN'T THERE LANGUAGE,
18	WHICH I'VE NEVER UNDERSTOOD, WHICH SAYS IT HAS TO BE
19	COMPLETE BY JANUARY 31ST, BUT YOU HAVE A MONTH TO
20	SUBMIT IT?
21	MR. HARRISON: CORRECT.
22	DR. PARSONS: CAN I MAKE SOME MORE
23	COMMENTS?
24	CHAIRMAN THOMAS: YES.
25	DR. PARSONS: I'M JUST WONDERING. THERE'S
	216
	440

1	NO STUDY SHOW IPS CELL IS BETTER THAN HUMAN ES CELL.
2	SO WHY IS CIRM ONLY MAKE A IPS BANK AND NOT A HUMAN
3	ES CELL BANK?
4	CHAIRMAN THOMAS: I'M SORRY. WE CAN'T
5	ENTERTAIN THAT QUESTION AT THIS TIME. THANK YOU.
6	OKAY. SO, JAMES, THE QUESTION IS WHEN DO
7	WE NEED TO HAVE THIS, AND WILL THE BOARD SEE THIS
8	AGAIN? MATT'S GOT A LITTLE WORK TO DO HERE TO FLESH
9	OUT PER THE COMMENTS.
10	MR. HARRISON: WE CURRENTLY DO NOT HAVE
11	ANOTHER BOARD MEETING SCHEDULED BEFORE IT'S DUE. SO
12	WE COULD SCHEDULE A TELEPHONIC MEETING IF MEMBERS
13	ARE INTERESTED IN PERUSING THE DRAFT BEFORE WE
14	SUBMIT IT.
15	CHAIRMAN THOMAS: WHEN DOES THAT CALL HAVE
16	TO BE DONE BY?
17	MR. HARRISON: I THINK WE CAN LOOK AT THAT
18	A LITTLE BIT MORE CLOSELY.
19	CHAIRMAN THOMAS: OKAY. BUT IT MAY BE,
20	MEMBERS, THAT WE NEED TO HAVE THIS CALL BEFORE
21	JANUARY 31ST, WHICH GIVES US TWO WEEKS. AND SO
22	WE'LL
23	DR. POMEROY: BECAUSE YOU HAVE TO POST IT
24	TEN DAYS IN ADVANCE.
25	CHAIRMAN THOMAS: OH, YES. THAT'S
	217
	$L \perp I$

1	CORRECT. THANK YOU, DR. POMEROY.
2	DR. PRIETO: IS IT A REQUIREMENT THAT WE
3	ACTUALLY VOTE ON THE SPECIFICS OF THIS TRANSITION
4	PLAN RATHER THAN EXPRESS OUR FEELINGS TO THE
5	PRESIDENT AND ASK HIM AND STAFF TO FINALIZE THIS AND
6	SUBMIT IT?
7	MR. HARRISON: NO. THE BOARD IS NOT
8	REQUIRED TO APPROVE IT. THE LAW REQUIRES US TO
9	CONSULT WITH THE BOARD AND GET YOUR INPUT REGARDING
10	THE TRANSITION PLAN.
11	DR. PRIETO: AS WE'RE DOING NOW.
12	MR. HARRISON: CORRECT.
13	MR. ROTH: WELL, I WAS GOING TO ASK WHAT
14	ARE THE CONSEQUENCES OF BEING LATE?
15	CHAIRMAN THOMAS: WE DON'T WANT TO BE
16	LATE.
17	MR. ROTH: THIS
18	DR. PRIETO: UNHAPPY LEGISLATORS.
19	DR. FRIEDMAN: MAY I ASK A QUESTION? I'M
20	SORRY IF I MISSED IT IN THE EARLIER DESCRIPTION. IS
21	THIS TO BE A DEFINITIVE FINAL PLAN, OR IS THIS AN
22	INTERIM PLAN?
23	CHAIRMAN THOMAS: NO. IT'S BY
24	DEFINITION BECAUSE OF THE TIMING OF THIS, IT HAS
25	TO BE AN INTERIM PLAN, BUT IT'S OUR BEST ESTIMATE
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1	AND FEELING, BEING CONSERVATIVE, ABOUT AVAILABLE
2	FUNDS AS TO
3	DR. FRIEDMAN: I GUESS, THEN, MY
4	RECOMMENDATION WOULD BE TO GIVE THE STAFF BROAD
5	LEEWAY TO DRAFT A RESPONSIBILE, THOUGHTFUL DOCUMENT
6	BASED UPON THE CONVERSATION THAT WE'VE HAD TODAY,
7	BUT TO BRING IT BACK AT SOME FUTURE POINT TO LOOK AT
8	IT AGAIN. THINGS WILL CHANGE, IDEAS WILL MORPH, AND
9	WE DON'T NEED TO WRITE THE DEFINITIVE PLAN NOW. SO
10	WHILE I KNOW WE ALL LOVE MEETINGS, I'M NOT SURE THAT
11	WE NEED ANOTHER MEETING ON THIS GIVEN THE WAY IT'S
12	RESPONSIBLY THOUGHT ABOUT HERE.
13	CHAIRMAN THOMAS: I SEE A LOT OF HEADS
14	NODDING IN APPROVAL IN THE ROOM ON THAT SUGGESTION.
15	DOES ANYBODY WANT TO FURTHER COMMENT ON THAT?
16	MR. ROTH: JUST A SUGGESTION, THAT IN THIS
17	KIND OF A PLAN, I DON'T THINK YOU HAVE TO BE SO
18	DEFINITIVE OTHER THAN SAY THE AGENCY WILL DEVELOP A
19	PLAN FOR THE, AND THEN LIST ALL THE ITEMS THAT OS
20	MENTIONED. LIST ALL THE ITEMS FOR WHICH A PLAN WILL
21	BE DEVELOPED ALONG THE LINES OF, AND THAT WAY I
22	DON'T THINK THIS HAS TO BE OVERLY COMPLETE. IT
23	WOULD BE REALLY PREMATURE EIGHT YEARS OUT TO DO
24	SOMETHING THAT THAT'S DEFINITIVE, BUT TO SAY HOW
25	INTELLECTUAL PROPERTY WILL BE HANDLED, HOW GRANTS
	219

1	WILL BE WOUND DOWN, HOW YOU WILL TRANSFER THE
2	INFORMATION SYSTEM, ALL OF THOSE THINGS. I THINK
3	YOU JUST NEED TO MAKE SURE YOU CATCH ALL OF THOSE
4	AND SAY THAT BY SUCH AND SUCH A DATE A PLAN WOULD
5	BE.
6	CHAIRMAN THOMAS: SO MICHAEL HAS
7	SUGGESTED, WHICH I DO THINK IS A VERY GOOD
8	SUGGESTION, THAT BASED ON THE COMMENTS HERE, STAFF
9	BE PERMITTED TO PUT TOGETHER SORT OF THE FINAL OF
10	THIS WITHOUT NEED TO COME BACK TO THE BOARD FOR
11	FURTHER DISCUSSION. IS THERE ANYBODY WHO DISAGREES
12	WITH THAT? HEARING NO DISAGREEMENT, I THINK THAT
13	CONCLUDES THE DISCUSSION ON THIS TOPIC. THANK YOU.
14	AND THIS, I ASSURE YOU, WILL BE ONE, THAT AS DUANE
15	SUGGESTS, WILL BE REVISITED ON NUMEROUS OCCASIONS AS
16	THINGS PLAY OUT.
17	OKAY. NOW, WHERE WERE WE? DO I HEAR A
18	MOTION TO ADJOURN?
19	MR. ROTH: SO MOVED.
20	MR. TORRES: SECOND.
21	CHAIRMAN THOMAS: MOVED BY MR. ROTH,
22	SECOND BY MR. SENATOR. ALL THOSE IN FAVOR.
23	OPPOSED? WE ARE ADJOURNED. WE WILL SEE YOU IN
24	MARCH. THANK YOU, EVERYBODY.
25	(THE MEETING WAS THEN CONCLUDED AT 03:45 P.M.)
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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 PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD AT THE LOCATION INDICATED BELOW

SHERATON SAN DIEGO
1380 HARBOR ISLAND DRIVE
BAY TOWER, BEL AIRE BALLROOM
SAN DIEGO, CALIFORNIA
ON
JANUARY 17, 2012

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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