

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: CLAREMONT HOTEL
41 TUNNEL ROAD
BERKELEY, CALIFORNIA

DATE: JANUARY 24, 2013
9 A.M.

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

BRS FILE NO.: 92750

BARRISTERS' REPORTING SERVICE

I N D E X

ITEM DESCRIPTION	PAGE NO.
REPORTS & DISCUSSION ITEMS	
1. CALL TO ORDER.	3
2. PLEDGE OF ALLEGIANCE.	3
3. ROLL CALL.	3
4. CHAIRMAN'S REPORT.	5
5. PRESIDENT'S REPORT.	9
ACTION ITEMS	
7. CONSIDERATION OF REAPPOINTMENT OF SCIENTIFIC MEMBERS OF THE GRANTS WORKING GROUP.	53
8. CONSIDERATION OF MINUTES FROM THE OCTOBER 2012 AND DECEMBER 2012 BOARD MEETINGS.	55
9. CONSIDERATION OF A RESOLUTION HONORING JAMES ECONOMOU.	56
DISCUSSION ITEMS	
11. SPOTLIGHT ON DISEASE.	NOT REPORTED
12. COMMUNICATIONS UPDATE.	59
13. PUBLIC COMMENT.	NONE
14. PROPOSED ADDITIONAL ITEM:	38
CONSIDERATION OF AMENDMENT TO THE DISEASE TEAM III CONCEPT PLAN.	

BARRISTERS' REPORTING SERVICE

1 BERKELEY, CALIFORNIA; THURSDAY, JANUARY 24, 2013

2 9 A.M.

3

4 CHAIRMAN THOMAS: I'D LIKE TO WELCOME
5 EVERYBODY TO THE REGULARLY SCHEDULED MEETING OF THE
6 ICOC FOR JANUARY 24TH, 2013. WE HAVE A FAIRLY BRIEF
7 AGENDA TODAY, WHICH IS PROBABLY A GOOD THING IN
8 LIGHT OF THE EXTENSIVE DISCUSSION AND PRESENTATIONS
9 OF YESTERDAY. SO LET'S PROCEED WITHOUT FURTHER ADO
10 AND BEGIN WITH THE PLEDGE OF ALLEGIANCE.

11 (THE PLEDGE OF ALLEGIANCE.)

12 CHAIRMAN THOMAS: MARIA, PLEASE CALL THE
13 ROLL.

14 MS. BONNEVILLE: DAVID BRENNER.

15 DR. BRENNER: HERE.

16 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

17 MARCY FEIT. MICHAEL FRIEDMAN.

18 DR. FRIEDMAN: HERE.

19 MS. BONNEVILLE: LEEZA GIBBONS. MICHAEL
20 GOLDBERG.

21 MR. GOLDBERG: HERE.

22 MS. BONNEVILLE: SAM HAWGOOD.

23 DR. HAWGOOD: HERE.

24 MS. BONNEVILLE: STEPHEN JUELSGAARD.

25 DR. JUELSGAARD: HERE.

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1 MS. BONNEVILLE: SHERRY LANSING. JACOB
2 LEVIN.
3 DR. LEVIN: HERE.
4 MS. BONNEVILLE: BERT LUBIN.
5 DR. LUBIN: HERE.
6 MS. BONNEVILLE: MICHAEL MARLETTA.
7 DR. MARLETTA: HERE.
8 MS. BONNEVILLE: SHLOMO MELMED.
9 DR. MELMED: HERE.
10 MS. BONNEVILLE: CLAIRE POMEROY.
11 DR. POMEROY: HERE.
12 MS. BONNEVILLE: ROBERT PRICE. FRANCISCO
13 PRIETO. CARMEN PULIAFITO. ROBERT QUINT.
14 DR. QUINT: HERE.
15 MS. BONNEVILLE: DUANE ROTH.
16 MR. ROTH: HERE.
17 MS. BONNEVILLE: JOAN SAMUELSON. JEFF
18 SHEEHY. JONATHAN SHESTACK.
19 MR. SHESTACK: HERE.
20 MS. BONNEVILLE: OSWALD STEWARD. JONATHAN
21 THOMAS.
22 CHAIRMAN THOMAS: HERE.
23 MS. BONNEVILLE: ART TORRES.
24 MR. TORRES: HERE.
25 MS. BONNEVILLE: KRISTINA VUORI.

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1 DR. VUORI: HERE.

2 MS. BONNEVILLE: EUGENE WASHINGTON. DIANE
3 WINOKUR.

4 MS. WINOKUR: HERE.

5 MS. LANSING: CAN I ASK A QUESTION? CAN
6 YOU HEAR ME?

7 CHAIRMAN THOMAS: WE CAN NOW, SHERRY.
8 THANK YOU.

9 MS. LANSING: OKAY. SO I'M HERE. SO YOU
10 CAN HEAR ME BECAUSE I HEAR YOU PERFECTLY.

11 CHAIRMAN THOMAS: WE WILL START WITH THE
12 CHAIRMAN'S REPORT. MAY COME AS NO SURPRISE THAT
13 THERE WAS ONE PARTICULAR TOPIC THAT DOMINATED THE
14 LAST MONTH. AND I THINK THAT WE VETTED THAT VERY
15 THOROUGHLY YESTERDAY AND WE COLLECTIVELY DID THE
16 RIGHT THING. AND I WANT TO THANK EVERYBODY FOR THE
17 ROBUST DISCUSSION, ALL THE INPUT, ALL THE HEARTFELT
18 THOUGHTS OF ALL KINDS, AND MOST OF ALL FOR BEING
19 WILLING TO STEP UP TO DRIVE A COMPROMISE SOLUTION
20 WHICH IS SOMETHING THAT WE NEEDED TO DO.

21 AND I THINK THAT HISTORY WILL REFLECT THAT
22 YESTERDAY WAS A WATERSHED DAY FOR THIS ORGANIZATION
23 IN THE FACE OF WHAT HAD BEEN YEARS OF CRITIQUE ON
24 VARIOUS FRONTS, ALL OF WHICH WE DEALT WITH IN A
25 COMPREHENSIVE FASHION YESTERDAY AND ACHIEVED WHAT I

BARRISTERS' REPORTING SERVICE

1 BELIEVE TO BE A VERY GOOD RESULT THAT WILL ALLOW US
2 TO MOVE FORWARD NOW AND HAVE THE FOCUS, AS I SAID,
3 WHERE IT SHOULD BE, WHICH IS ON THE WONDERFUL
4 SCIENCE THAT DRS. FEIGAL AND OLSON OUTLINED IN GREAT
5 DETAIL YESTERDAY.

6 SO I PERSONALLY WANT TO THANK EVERYBODY
7 FOR THE WILLINGNESS TO DRIVE THIS SOLUTION THAT WE
8 REACHED YESTERDAY AND TO CONGRATULATE OURSELVES, NOT
9 SO MUCH ON THAT DECISION, BUT ON THE INCREDIBLE WORK
10 THAT OUR SCIENCE TEAM HAS DONE AND THE PORTFOLIO WE
11 HAVE AND THE CONTRIBUTION WE ARE MAKING AND WILL
12 CONTINUE TO MAKE TO THE DEVELOPMENT OF THERAPIES AND
13 CURES IN THE CELLULAR SPACE GOING FORWARD. SO THANK
14 YOU TO EVERYBODY.

15 IN ADDITION TO THAT, I WOULD LIKE TO JUST
16 MENTION ONE THING, WHICH IS THE JP MORGAN
17 CONFERENCE, WHICH WAS VERY INTERESTING AS IT ALWAYS
18 IS, TOOK PLACE THE FIRST FULL WEEK OF JANUARY IN SAN
19 FRANCISCO. AND THERE WERE LOTS OF VERY INTERESTING
20 MEETINGS.

21 I'D LIKE TO SINGLE OUT THE GREAT WORK THAT
22 ELLEN AND ELONA DID AND THEIR COLLEAGUES IN MEETING
23 WITH THE COMPANIES THAT ARE LOOKING AT DEVELOPING
24 FURTHER RELATIONSHIPS WITH A NUMBER OF OUR GRANTEES.
25 I ACTUALLY HOPE THAT WE CAN GET A NICE ELABORATION

BARRISTERS' REPORTING SERVICE

1 ON THAT FROM ELLEN WHEN WE GET TO THE PRESIDENT'S
2 REPORT, BUT I DO THINK FROM THAT, MY VANTAGE POINT
3 ANYWAY, THERE IS INCREASING INTEREST EXPRESSED IN
4 FORMING STRATEGIC RELATIONSHIPS WITH OUR VARIOUS
5 GRANTEES, WHICH IS, OF COURSE, ONE OF THE LONG-TERM
6 GOALS THAT WE HAVE AS AN AGENCY. AND SO I LOOK
7 FORWARD TO THAT REPORT, ELLEN.

8 I'D LIKE TO NOTE ALSO THAT THE WEEK WAS AN
9 ACTIVE ONE FOR THE ALLIANCE FOR REGENERATIVE
10 MEDICINE. I'M SURE ELLEN WILL HAVE MORE TO SAY ON
11 THAT, BUT I DID NOTE THAT THEY ANNUALLY HOLD A SORT
12 OF STATE-OF-THE-UNION MEETING WHERE THEY TALK ABOUT
13 WHERE THINGS ARE IN THE FIELD OF REGENERATIVE
14 MEDICINE. AND THIS YEAR'S MEETING WAS AN OVERFLOW
15 CROWD WHICH EVIDENCED INCREASING INTEREST WITHOUT
16 QUESTION IN THE FIELD.

17 AND THE THING I THOUGHT WAS AN INTERESTING
18 TAKEAWAY WAS THAT THE GUYS WITH POTENTIAL FINANCIAL
19 BACKING DOWN THE ROAD, WHICH, WHETHER IT'S THE
20 PHARMA OR BIG BIOTECH OR WHATEVER, LESSER SO THE VC
21 STILL -- LITTLE TOUGHER TO CONVINCING MICHAEL -- BUT
22 WHAT YOU'RE SEEING IS WHAT GIL VAN BOKKELEN, WHO
23 JUST STEPPED DOWN AS THE HEAD OF THE ALLIANCE FOR
24 REGENERATIVE MEDICINE, NOTED IS A DEFINITE TANGIBLE
25 UPSWING IN INTEREST BY THOSE THAT CAN PROVIDE

BARRISTERS' REPORTING SERVICE

1 FUNDING FOR THE PROJECTS. AND IT, OF COURSE, ISN'T
2 WHERE IT ULTIMATELY WILL BE AS THINGS PROCEED IN THE
3 FIELD, BUT NONETHELESS IS REALLY STARTING TO HEAD IN
4 THE RIGHT DIRECTION, WHICH IS A VERY GOOD
5 DEVELOPMENT FOR THE FIELD.

6 SO I HAVE AN, I THINK, VERY INTERESTING
7 OUTLINE HERE THAT THE ALLIANCE PUT OUT WHICH TALKS
8 ABOUT THE INCREASING COSTS IN HEALTHCARE AND THE
9 POTENTIAL TO ADDRESS THAT ISSUE PROVIDED BY THE
10 FIELD OF REGENERATIVE MEDICINE. AND I'M GOING TO
11 GIVE THAT TO MARIA AND ASK HER TO DISTRIBUTE TO THE
12 BOARD ELECTRONICALLY. I THINK YOU'LL FIND THIS
13 OUTLINE TO BE QUITE INTERESTING, AND IT HAS A NUMBER
14 OF STATS THAT ARE VERY GOOD TO QUOTE AS YOU'RE OUT
15 THERE ON THE TRAIL TALKING ABOUT THE VALUE OF
16 REGENERATIVE MEDICINE IN THE FACE OF SPIRALING
17 HEALTHCARE COSTS DOWN THE ROAD.

18 SO WITH THAT, THAT CONCLUDES THE CHAIR'S
19 REPORT. I'D LIKE TO TURN IT OVER NOW TO ELLEN FOR
20 THE PRESIDENT'S REPORT.

21 MS. BONNEVILLE: FOR THE RECORD, I JUST
22 WANTED TO NOTE THAT OS STEWARD AND FRANCISCO PRIETO
23 HAVE JOINED US, AND I BELIEVE ANNE-MARIE IS ON THE
24 LINE.

25 DR. DULIEGE: YES, INDEED, I AM.

BARRISTERS' REPORTING SERVICE

1 MS. BONNEVILLE: THANK YOU.

2 DR. FEIGAL: THANK YOU VERY MUCH. AFTER A
3 PRETTY AMAZING DAY YESTERDAY, I DON'T KNOW IF WE'LL
4 HAVE QUITE AS MANY EXCITING THINGS TO TALK ABOUT
5 TODAY, BUT WE'LL DO OUR BEST.

6 WHAT I'D LIKE TO DO DURING THE PRESIDENT'S
7 REPORT IS REALLY GIVE YOU AN UPDATE ON SEVERAL
8 THINGS. ONE IS ON SOME INTERESTING INDUCED
9 PLURIPOTENT STEM CELL TECHNOLOGY AND ITS APPLICATION
10 AS A TOOL FOR DRUG DISCOVERY AND DISEASE MODELING AS
11 WELL AS A POTENTIAL FOR INTERVENTION FOR ACTUAL CELL
12 THERAPY.

13 THE OTHER IS AN UPDATE ON WHAT WE'RE DOING
14 WITH OUR RFA'S IN THE COMING YEAR. AS YOU HEARD
15 YESTERDAY, WE'VE ALREADY AWARDED \$1.7 BILLION. THAT
16 LEAVES \$1.3 BILLION THAT HAS NOT YET BEEN AWARDED.
17 AND OF THAT, ABOUT HALF HAS ALREADY BEEN COMMITTED.
18 SO YOU WILL BE SEEING SOME OF THOSE INITIATIVES
19 DURING THAT UPDATE TODAY.

20 IN ADDITION, I'LL GIVE YOU A LITTLE BIT OF
21 AN UPDATE ON SOME OF THE WORKSHOPS THAT WE THINK
22 WOULD BE HELPFUL FOR YOU TO BE AWARE OF.

23 AND THEN ACTUALLY I'LL HAVE CHILA
24 SILVA-MARTIN, OUR DIRECTOR OF FINANCES, GIVE YOU AN
25 UPDATE ON SOME OF OUR OPERATIONAL AND FINANCIAL

BARRISTERS' REPORTING SERVICE

1 ISSUES. SO THOSE ARE THE AREAS I'LL COVER IN THE
2 UPDATE.

3 THE FIRST ARTICLE THAT I'D LIKE TO TELL
4 YOU ABOUT -- AND I'M GOING TO BE TELLING YOU ABOUT
5 FOUR TO FIVE PAPERS. AND THE KEY THEME HERE IS ALL
6 ABOUT INDUCED PLURIPOTENT STEM CELL TECHNOLOGY. AND
7 JUST AS A REFRESHER, THOSE ARE THE ADULT STEM CELLS
8 THAT GET REPROGRAMMED BACK TO A PLURIPOTENTIAL
9 STATE, AND THEN WE CAN DIFFERENTIATE THEM INTO THE
10 CELLS OF INTEREST.

11 THIS IS AN ARTICLE THAT WAS PARTLY FUNDED
12 BY CIRM DOLLARS WITH JOSEPH WU, THE SENIOR AUTHOR AT
13 STANFORD. AND THIS DEALS WITH IPS CELLS FROM A
14 FAMILY WHO HAD A FAMILIAL FORM OF CARDIOMYOPATHY
15 THAT'S LINKED TO A GENETIC DEFECT IN HANDLING
16 CALCIUM. AND CALCIUM IS A VERY IMPORTANT ION, A
17 VERY IMPORTANT CHEMICAL, IN HELPING TO REGULATE THE
18 HEART RHYTHMS. AND THIS WAS A MOTHER WHO HAD
19 FAMILIAL WHAT'S CALLED HYPERTROPHIC, AND ALL THAT
20 MEANS IS IT WAS THICKENED HEART MUSCLE IN
21 CARDIOMYOPATHY. AND SHE HAS A SINGLE GENETIC
22 MUTATION THAT WAS THE CAUSE OF THIS DISEASE.

23 SO THIS WAS LOOKING AT A FAMILIAL DISEASE
24 THAT HAD A SINGLE GENETIC DEFECT AS ITS CAUSE. WHAT
25 THEY DO IS THEY TEST THE MOTHER, THE FATHER, AND ALL

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1 THE CHILDREN FOR THIS PARTICULAR GENETIC DEFECT.
2 AND THEY FOUND THAT FOUR OF THE EIGHT CHILDREN
3 ACTUALLY ALSO HAD THIS GENETIC MUTATION.

4 THEY TOOK ADULT CELLS FROM ALL OF THESE
5 FAMILY MEMBERS, MADE IPS CELLS FROM ALL OF THEM, AND
6 THEN TURNED THE CELLS INTO HEART MUSCLES. SO THIS
7 IS BASICALLY A DISEASE IN A DISH MODEL. AND THEN
8 ALL CELLS BEHAVED THE SAME AT FIRST INITIALLY, BUT
9 THEN AFTER 30 DAYS, THE CELLS WITH THE MUTATION
10 SHOWED EVIDENCE OF THAT CALCIUM BUILDUP. AND THESE
11 LITTLE DIAGRAMS I'M SHOWING YOU ARE JUST THOSE FROM
12 THE CONTROLS WHO DID NOT HAVE THE DEFECT AND THOSE
13 WHO ACTUALLY WERE AT RISK FOR THE FAMILIAL FORM OF
14 CARDIOMYOPATHY.

15 AND THEN UNDERNEATH THAT YOU SEE EVIDENCE
16 OF SOME OF THE ELECTRICAL ACTIVITY. THE FIRST SLIDE
17 IS JUST SHOWING THE BUILDUP OF CALCIUM IN THOSE THAT
18 ACTUALLY HAVE THE DEFECT. AND THE DIAGRAM RIGHT
19 UNDER IT IS SHOWING YOU THE DIFFERENCE IN THE
20 ELECTRICAL CONDUCTION OF THE HEARTBEAT IN THOSE
21 CELLS THAT ARE ABNORMAL VERSUS THOSE THAT ARE
22 OBTAINED FROM CELLS WHERE THE PEOPLE DO NOT HAVE THE
23 GENETIC DEFECT.

24 AND THE WHOLE POINT IS THAT THIS IS JUST
25 AN EXAMPLE OF HOW THIS KIND OF TECHNOLOGY USING IPS

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1 CELLS ENABLES NEW INSIGHTS INTO DISEASE MECHANISMS.
2 MOUSE MODELS HAVE BEEN USEFUL IN THIS DISEASE, BUT
3 THEY HAVE MANY LIMITATIONS BECAUSE THEY CAN'T REALLY
4 MIMIC THE HUMAN CONDITION, AND THE TYPES OF THINGS
5 YOU SEE IN THE MOUSE REALLY DON'T OCCUR IN THE
6 HUMAN. SO BY USING THIS DISEASE IN A DISH WITH
7 REALLY HUMAN CELLS, IT ADDRESSES THE DEFICIENCIES IN
8 THE MOUSE MODELS.

9 THIS DATA ALSO SUGGESTS THAT THESE IPS
10 CELLS MAY BE USEFUL TO DEVELOP AN ASSAY FOR DRUG
11 DISCOVERY. SO THIS IS REALLY SHOWING ITS USE IN
12 HELPING TO BETTER UNDERSTAND THE DISEASE STATE AND
13 ALSO AS A POTENTIAL TOOL FOR DRUG DISCOVERY AND FOR
14 DEVELOPMENT.

15 THE SECOND ARTICLE IS FROM ANOTHER TYPE OF
16 CARDIAC DISEASE. THESE ARE USING IPS CELLS FROM A
17 PATIENT WHO HAS WHAT'S CALLED THE LONG QT SYNDROME.
18 AND BASICALLY THIS IS A DISEASE -- WHAT I SHOW YOU
19 IS WHAT'S CALLED AN ELECTROCARDIOGRAM IN THAT MIDDLE
20 DIAGRAM. AND UP IN THE CORNER IT SAYS QT 590
21 MILLISECONDS. SO WHAT THIS STRIP SHOWS IS THE
22 ELECTRICAL ACTIVITY OF THE HEART, ITS
23 DEPOLARIZATION, IT'S REPOLARIZATION. SO THE HEART
24 HAS TO CONTRACT AND IT HAS TO HAVE ELECTRICAL
25 SIGNALS TO TELL IT WHAT TO DO. AND SO WE GIVE

BARRISTERS' REPORTING SERVICE

1 LETTERS OF THE ALPHABET TO DIFFERENT CURVES ON THIS
2 ELECTROCARDIOGRAM. THERE'S A P WAVE, THERE'S A Q
3 WAVE, THERE'S AN R, AN S, AND A T WAVE.

4 WHAT THEY'RE DOING IS LOOKING AT WHAT'S
5 CALLED THAT INTERVAL BETWEEN THE Q WAVE AND THE T
6 WAVE. AND IF IT'S LONG, THAT'S A PREDICTOR OF WHO'S
7 GOING TO HAVE AN ABNORMAL HEART RHYTHM. AND THE
8 HEART GOES HAYWIRE AND IT CAN DEVELOP VENTRICULAR
9 TACHYCARDIA WHERE THE HEART BEATS REALLY FAST AND IT
10 DOESN'T ADEQUATELY PERFUSE THE ORGANS OF THE BODY,
11 AND BASICALLY PEOPLE CAN DROP DEAD IF THEY HAVE THIS
12 KIND OF ABNORMAL HEART RHYTHM. IT'S A DISEASE WHERE
13 WE'D ACTUALLY LIKE TO DO SOMETHING ABOUT IT.

14 SO WHAT WAS DONE IS ROBERT KASS FROM
15 COLUMBIA, AND THIS WAS ALSO -- THEY TOOK IPS CELLS
16 FROM A FOUR-YEAR-OLD PATIENT WHO HAD THIS LONG QT
17 SYNDROME. HERE, AS OPPOSED TO THE EXAMPLE I GAVE
18 YOU, THERE WERE MORE COMPLEX GENETICS. THERE ARE
19 DIFFERENT TYPES OF MUTATIONS THAT CAN CAUSE THE LONG
20 QT SYNDROME, AND THEY ALSO TOOK IPS CELLS FROM THE
21 PARENTS. AND WHAT THEY WERE TRYING TO FIGURE OUT IS
22 OF ALL THE DIFFERENT MUTATIONS THAT OCCURRED IN THIS
23 PATIENT, WHICH ONE MIGHT BE THE REAL DRIVER FOR THE
24 ABNORMAL HEART RHYTHMS.

25 AND SO IN THIS PATIENT THEY FOUND TWO

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1 WHERE THERE WERE GENETIC DEFECTS IN SOME KEY
2 CHEMICAL CHANNELS THAT ARE IMPORTANT IN CONDUCTING
3 HEART RHYTHMS, AND THEY STUDIED THIS WITH DIFFERENT
4 KINDS OF TECHNOLOGY USING BIOPHYSICS AND MOLECULAR
5 PHARMACOLOGY. AND THEY SHOWED THAT ONE OF THESE
6 MUTATIONS WAS REALLY THE CULPRIT. AND THIS WAS THE
7 TARGET FOR HELPING INFORM WHAT KIND OF THERAPY TO
8 GIVE TO THIS PATIENT.

9 AND THEY ACTUALLY TRIED THAT APPROACH. SO
10 THIS IS REALLY AN ANECDOTE, BUT IT'S SHOWING THE
11 POTENTIAL VALUE OF USING THIS KIND OF TECHNOLOGY IN
12 A REAL CLINICAL SITUATION.

13 THE THIRD PAPER WAS ACTUALLY DEALING WITH
14 IPS CELLS. AND ONE OF THE POTENTIAL ADVANTAGES OF
15 USING AUTOLOGOUS IPS CELLS FROM THE OWN PERSON IS
16 THAT IT MIGHT BE A WAY OF CIRCUMVENTING THE HOST
17 IMMUNE RESPONSE. SO THIS IS A PAPER FROM MASUMI
18 ABE. AND ALL OF THESE ARTICLES ARE PUBLISHED
19 DECEMBER 31ST OR EARLIER THIS MONTH. SO THESE ARE
20 HOT OFF THE PRESS, SO TO SPEAK.

21 WHAT THIS INDIVIDUAL AND HIS TEAM WAS
22 DOING WAS THINKING ABOUT A WAY THAT THESE CELLS CAN
23 CIRCUMVENT THE HOST IMMUNE RESPONSE. LAST YEAR
24 THERE WAS A PAPER PUBLISHED BY ZHAO, WHO'S THE
25 SENIOR AUTHOR, WHO QUESTIONED THIS POTENTIAL. WHAT

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1 HE SAW WAS THAT THE IPS CELLS DID ACTUALLY INDUCE AN
2 IMMUNE RESPONSE AND THEY ACTUALLY PERFORMED WORSE
3 THAN THE EMBRYONIC STEM CELLS.

4 AND IN THIS LATEST STUDY USING DIFFERENT
5 METHODS, THEY FOUND THAT ACTUALLY, NO, IT DID NOT
6 INDUCE AN IMMUNE RESPONSE, THAT THERE WAS ACTUALLY
7 VERY LITTLE IMMUNE RESPONSE IN THAT THERE WERE NO
8 DIFFERENCES, THAT THEY WEREN'T WORSE THAN THE
9 EMBRYONIC STEM CELL DERIVED.

10 SO THIS IS INTERESTING AND IT'S
11 ENCOURAGING, BUT THE CAVEAT IS THAT IN THIS LATEST
12 STUDY, THEY USED SKIN AND BONE MARROW CELLS THAT
13 WERE DERIVED FROM ANIMAL STUDIES, IN VIVO
14 CONDITIONS, AND THEY WERE ACTUALLY NOT THE TYPE OF
15 CELLS THAT WERE USED IN THE PREVIOUS STUDIES WHERE
16 THE IPS CELLS WERE DIFFERENTIATED IN CULTURE IN A
17 LABORATORY, WHICH IS ACTUALLY THE WAY YOU WOULD DO
18 IT BEFORE YOU WOULD GIVE IT TO A PATIENT IN A
19 CLINICAL TRIAL.

20 SO THIS IS INTERESTING, BUT I THINK THE
21 QUESTION IS STILL OUT THERE ABOUT THE HOST IMMUNE
22 RESPONSE WITH THESE TYPES OF CELLS.

23 THE NEXT TWO GROUPING OF PAPERS IS
24 ACTUALLY THINKING ABOUT WAYS TO USE IPS TECHNOLOGY
25 TO HELP REJUVENATE IMMUNITY SO THAT WE COULD USE

BARRISTERS' REPORTING SERVICE

1 WHAT'S CALLED ADOPTIVE IMMUNOTHERAPY TO TREAT A
2 VARIETY OF DIFFERENT TYPES OF CANCERS AND PERHAPS
3 VIRAL INFECTIONS.

4 ONE OF THE LIMITATIONS OF USING THIS
5 TECHNIQUE OF IMMUNOTHERAPY IS THAT THE T-CELLS THAT
6 ARE SPECIFIC FOR THE DISEASE CELLS, THEY DIE. THEY
7 GET EXHAUSTED. THERE'S NOT AN UNLIMITED SUPPLY OF
8 THEM. AND SO WHAT THESE TWO GROUPS OF PAPERS WERE
9 TRYING TO DO IS THEY CREATED IPS CELLS FROM T-CELLS,
10 ONE FROM A MELANOMA PATIENT, ONE FROM AN HIV
11 PATIENT, AND THEY TURNED THEM BACK INTO T-CELLS THAT
12 HAD MORE YOUTHFUL TELOMERES. TELOMERES ARE ENTITIES
13 AT THE TIPS OF YOUR CHROMOSOMES, AND THEY DEGRADE AS
14 YOU GET OLDER, AND THE CELLS DIE AT A CERTAIN POINT.
15 AND SO YOUTHFUL TELOMERES ARE LONGER AND THEY ALLOW
16 THE CELLS TO BE ABLE TO PROLIFERATE FOR LONGER
17 PERIOD OF TIME.

18 SO WHAT THEY DID IS THEY TOOK THESE CELLS
19 THAT WERE SPECIFIC FOR SOME UNIQUE MARKER ON THOSE
20 DISEASED CELLS, SOMETHING LIKE AN ANTIGEN OR WHAT WE
21 CALL AN EPITIB ON THE MELANOMA. FROM ONE IT WAS
22 FROM AN HIV INFECTED PATIENT. WHAT THEY SHOWED IS
23 THAT THEY COULD TAKE THESE CELLS AND THEY COULD GET
24 A LESS LIMITED SUPPLY OF THESE T-CELLS THAT WERE
25 SPECIFIC FOR THESE SPECIFIC DISEASE CELLS.

BARRISTERS' REPORTING SERVICE

1 WHAT THIS DOES, THIS TOO IS INTERESTING,
2 IT'S ANECDOTAL AT THIS POINT, BUT IT SHOWS THE
3 POTENTIAL FOR OPENING UP NEW AVENUES IN THE FIELD OF
4 ADOPTIVE IMMUNOTHERAPY.

5 SO THAT WAS JUST GIVING YOU A LITTLE
6 VIGNETTE OF SOME OF THE INTERESTING APPLICATIONS OF
7 TECHNOLOGIES THAT WE SPOKE ABOUT EXTENSIVELY
8 YESTERDAY AND ACTUALLY FOR WHICH WE HAVE A LARGE
9 REPOSITORY THAT WE'RE GOING TO BE ASKING FOR
10 FUNDING. ACTUALLY I BELIEVE IN MARCH WE'LL BE
11 COMING TO YOU WITH THAT. SO THAT WAS JUST TO GIVE
12 YOU A LITTLE BIT OF TASTE OF HOW THESE APPLICATIONS
13 ARE MOVING TOWARDS THE CLINIC.

14 IN THE NEXT UPCOMING FEW MONTHS, WE'RE
15 GOING TO BE COMING BACK TO THE BOARD FOR YOUR
16 DECISIONS ON A VARIETY OF DIFFERENT INITIATIVES.
17 AND I JUST WANTED TO GIVE YOU AN UPDATE ON WHERE WE
18 ARE WITH OUR POSTINGS OF THESE DIFFERENT REQUESTS
19 FOR APPLICATIONS. WE HAVE A REQUEST COMING OUT FOR
20 THE THIRD ITERATION OF DISEASE TEAMS. YOU PRIMARILY
21 HEARD ABOUT THE FIRST ITERATION YESTERDAY. IN MARCH
22 YOU'LL HEAR MORE ABOUT THE SECOND ITERATION OF
23 DISEASE TEAMS. THIS IS ACTUALLY THE THIRD
24 ITERATION, AND THIS HAS ALREADY BEEN APPROVED BY THE
25 BOARD, ALTHOUGH WE HAVE ONE AMENDMENT TO THAT

BARRISTERS' REPORTING SERVICE

1 DISEASE TEAM CONCEPT THAT YOU WILL BE HEARING ABOUT
2 LATER TODAY. THERE WILL BE AN ACTION ITEM ABOUT
3 THAT.

4 AND THEN WE INTEND TO POST THE REQUEST FOR
5 APPLICATION LATER THIS MONTH. AND THEN ON THE 6TH
6 OF FEBRUARY, WE'LL BE HOLDING AN EDUCATIONAL
7 WEBINAR, AND THIS IS REALLY IN OUR ATTEMPT TO HELP
8 BETTER INFORM APPLICANTS ABOUT HOW TO PUT THEIR
9 APPLICATION TOGETHER SO THAT THEY PERHAPS CAN BE
10 MORE COMPETITIVE IN THE REVIEW PROCESS.

11 THIS WEBINAR WILL BE GIVEN AT ONE POINT IN
12 TIME, BUT THEN WE'LL POST OUR WEBINAR SO THAT THOSE
13 WHO COULDN'T JOIN THE WEBINAR WILL BE ABLE TO
14 OBSERVE IT AT A LATER POINT OF TIME. AND THEN WE
15 HAVE CONTACT INFORMATION POSTED ON OUR SLIDE ABOUT
16 WHO TO CONTACT SHOULD YOU HAVE ADDITIONAL QUESTIONS.

17 THE NEXT INITIATIVE IS THE BASIC BIOLOGY
18 V, AND THERE YOU'VE ALREADY APPROVED THE CONCEPT.
19 WE'LL BE POSTING THE RFA SOMETIME LATER THIS MONTH
20 OR IN EARLY FEBRUARY.

21 THE GENOMICS INITIATIVE, WHICH YOU'VE
22 ALREADY APPROVED, WE'VE ALREADY POSTED, WE'VE
23 ALREADY RECEIVED APPLICATION, IS GOING TO BE
24 REVIEWED BY THE GRANT WORKING GROUP THE MIDDLE OF
25 NEXT MONTH. AND AFTER THAT REVIEW, WE'LL BE

BARRISTERS' REPORTING SERVICE

1 BRINGING THE RECOMMENDATIONS FROM THAT ROOM TO THE
2 ICOC FOR YOUR DECISIONS.

3 AND THEN NEXT MONTH, WE'VE ALREADY
4 REVIEWED THE IPS INITIATIVE DEALING WITH TISSUE
5 COLLECTION, CELL DERIVATION, AND A REPOSITORY OF
6 RESEARCH GRADE LINES, AND THEY'VE ALREADY BEEN
7 REVIEWED. WE'RE GOING TO BE COMING TO YOUR BOARD,
8 TO THIS BOARD, NEXT MONTH FOR YOUR FUNDING DECISION.

9 THE RESEARCH LEADERSHIP APPLICATIONS ARE
10 GOING TO BE REVIEWED IN MARCH. AND SO WE'LL BE
11 COMING TO YOU WITH RECOMMENDATIONS FOR THAT REVIEW
12 SOON AFTER.

13 IN ADDITION, WE HAVE THE INITIATIVE THAT I
14 SPOKE BRIEFLY ABOUT YESTERDAY, THE STRATEGIC
15 PARTNERSHIP. WE'VE ALREADY GIVEN ONE ROUND OF
16 AWARDS BACK IN OCTOBER OF THIS PAST YEAR. WE'VE
17 ALREADY POSTED THE SECOND ROUND OF STRATEGIC
18 PARTNERSHIPS. WE WILL BE RECEIVING APPLICATIONS BY
19 THE END OF THIS MONTH, JANUARY 30TH ACTUALLY, AND
20 THEN WE'LL BE REVIEWING THOSE APPLICATIONS IN APRIL,
21 AND THEN BRINGING THIS BOARD THE RECOMMENDATIONS.

22 AND THEN THE LAST NEAR-TERM INITIATIVE IS
23 THE EARLY TRANSLATION IV. YOU HEARD A LOT OF
24 DETAILS FROM DR. OLSON YESTERDAY ABOUT SOME OF THE
25 PROGRESS TO DATE IN THESE DIFFERENT AWARDS, AND

BARRISTERS' REPORTING SERVICE

1 WE'RE GOING TO BE REVIEWING THOSE APPLICATIONS IN
2 JUNE OF THIS YEAR.

3 I WANTED TO GIVE YOU A LITTLE BIT OF A
4 TASTE OF SOME OF THE MEETINGS THAT ARE COMING UP
5 THAT WE THINK YOU'D BE INTERESTED IN. WE HAVE THE
6 CIRM GRANTEE MEETING THAT WE HOLD ABOUT EVERY 18
7 MONTHS. WE HAVE ANYWHERE FROM 400 TO 500 PEOPLE WHO
8 ARE OUR GRANTEES ATTEND THIS MEETING AS WELL AS OUR
9 COLLABORATIVE FUNDING PARTNERS. THIS MEETING WILL
10 BE MARCH 6TH THROUGH 8TH IN SAN FRANCISCO. THERE
11 WILL BE A SCIENTIFIC SESSION, TWO WORKSHOPS, AND
12 THEN FOR THE VERY FIRST TIME, WE'RE PUTTING TOGETHER
13 A PUBLIC SESSION. AND THIS IS REALLY GEARED FOR A
14 MORE LAY AUDIENCE. AND I WANT TO GIVE CREDIT TO THE
15 PEOPLE WHO ARE ORGANIZING THIS CONFERENCE. IT'S
16 DR. UTA GRIESHAMMER, BECKY JORGENSEN, GIL SAMBRANO.
17 ALSO HELPING EXTENSIVELY WITH THE PUBLIC PART OF THE
18 SESSIONS WILL BE DON GIBBONS AND GEOFF LOMAX.

19 AND I ALSO WANTED TO SHOW YOU THE
20 REGISTRATION SLIDE FOR THIS BECAUSE I BELIEVE THE
21 ARTWORK WAS DONE BY OUR OWN GIL SAMBRANO. INGRID
22 CARAS. SO IN ADDITION TO THEIR GREAT SCIENTIFIC
23 TALENTS, WE HAVE AN ENORMOUS AMOUNT OF HIDDEN
24 TALENTS. AND I JUST WANTED TO SHOW YOU A LITTLE BIT
25 OF THOSE ON THIS SLIDE. THEY'RE REALLY FANTASTIC

BARRISTERS' REPORTING SERVICE

1 ARTISTS.

2 THE NEXT WORKSHOP THAT I WANTED YOU TO BE
3 AWARE OF IS THE WORKSHOP THAT CIRM IS PUTTING
4 TOGETHER WITH THE NATIONAL INSTITUTES OF HEALTH.
5 AND IT'S GOING TO BE FOCUSED ON PARKINSON'S DISEASE.
6 IT'S GOING TO BE MARCH 21ST THROUGH 22D IN SAN
7 FRANCISCO. AND THE OBJECTIVE OF THIS WORKSHOP IS
8 REALLY MORE COLLABORATIONS OF CALIFORNIA RESEARCHERS
9 WITH KEY SCIENTISTS WITHIN NIH, BUT ALSO OUTSIDE OF
10 NIH, TO ACCELERATE THERAPY DEVELOPMENT FOR
11 PARKINSON'S DISEASE.

12 THERE ARE A LOT OF OBSTACLES AND
13 CHALLENGES ON THE PATHWAY TO TRANSLATION FOR
14 PARKINSON'S, AND THIS MEETING IS GOING TO HAVE A
15 SPECIALIZED FOCUS ON DRUG DISCOVERY AND THERAPEUTIC
16 APPROACHES. AND THE ORGANIZERS FOR THIS WORKSHOP,
17 AND THEY'VE BEEN WORKING VERY EXTENSIVELY, ARE ONE
18 OF OUR OFFICERS, DR. ROSA CANET-AVILES. ONCE AGAIN,
19 OUR SCIENCE OFFICERS ARE BUSILY WORKING BACK AT THE
20 RANCH IN THE CIRM OFFICES, SO I CAN'T HAVE HER STAND
21 UP. BUT SHE'S BEEN WORKING QUITE HEAVILY WITH THE
22 NATIONAL INSTITUTES OF HEALTH, PARTICULARLY MAHENDRA
23 RAO, WHO'S OUR MAIN CONTACT AT NIH FOR REGENERATIVE
24 MEDICINE, AND HE RUNS THE CENTER FOR REGENERATIVE
25 MEDICINE AT NIH.

BARRISTERS' REPORTING SERVICE

1 IN ADDITION, SHE'S WORKING EXTENSIVELY
2 WITH INPUT FROM CIRM INVESTIGATORS. AND ALSO I
3 SHOULD ADD WITH PATIENT ADVOCATES, INCLUDING JOAN
4 SAMUELSON, IN PUTTING TOGETHER THIS CONFERENCE.

5 ANOTHER UPDATE THAT I WANTED YOU TO BE
6 AWARE OF IS WHAT WE'RE DOING WITH OUR COLLABORATIVE
7 FUNDING PARTNERS. AND I ALSO JUST WANTED YOU TO BE
8 AWARE THAT IAN SWEEDLER IS OUR SENIOR COUNSEL FOR
9 INTERNATIONAL COLLABORATION. HE'S BEEN WORKING
10 EXTENSIVELY ON THIS.

11 FOR OUR UPCOMING DISEASE TEAM III, WE HAVE
12 THREE COLLABORATIVE FUNDING PARTNERS, THE UK, CHINA,
13 AND NIH. AND THEN WE HAVE HAD A RECENT MEETING WITH
14 THE UK MINISTER FOR UNIVERSITIES IN SCIENCE
15 PRIMARILY MEETING WITH IAN SWEEDLER TO TALK ABOUT
16 SOME OF OUR TAKE-HOMES FROM OUR MEETING WITH THE
17 HOUSE OF LORDS WHO ARE WORKING ON A SCIENCE AND
18 INNOVATION COMMITTEE TO TRY AND FIGURE OUT HOW TO
19 MAKE THEIR COUNTRY MORE RECEPTIVE TO REGENERATIVE
20 MEDICINE. AND THEY ACTUALLY CAME OUT TO SEE WHAT
21 LEARNINGS THEY CAN GLEAN FROM US FROM OUR EXPERIMENT
22 HERE IN CALIFORNIA. SO I THINK THAT WAS A VERY
23 CONSTRUCTIVE AND PRODUCTIVE COLLABORATION.

24 DISCUSSIONS ARE ALSO UNDER WAY FOR
25 EXPANDED COLLABORATING FUNDING OPPORTUNITIES WITH

BARRISTERS' REPORTING SERVICE

1 CANADA AND WITH BRAZIL, AND THOSE ARE WORKS IN
2 PROGRESS.

3 IN TERMS OF INDUSTRY ENGAGEMENT, OUR
4 CHAIRMAN ALLUDED TO SOME OF THE RECENT WORKSHOPS AND
5 MEETINGS THAT HAVE RECENTLY BEEN HELD. THERE WAS A
6 MEETING WITH THE ALLIANCE FOR REGENERATIVE MEDICINE
7 STRATEGIC PLANNING SESSION. THESE WERE ACTUALLY
8 HELD IN CIRM'S OFFICES ON SUNDAY, JANUARY 6TH. I
9 FELT LIKE I WAS IN THE MIDDLE OF THE MOST CROWDED
10 ECONOMY CLASS ON AN AIRPLANE. THERE WERE 50 PEOPLE
11 CROWDED INTO ONE OF OUR CONFERENCE ROOMS. THESE ARE
12 REPRESENTATIVES FROM OVER 125 DIFFERENT
13 ORGANIZATIONS ACROSS THE WORLD. IT'S AN
14 INTERNATIONAL GROUP, AND CIRM WORKS QUITE
15 EFFECTIVELY WITH THEM.

16 HERE THEY WERE ACTUALLY TRYING TO THINK
17 ABOUT THEIR IMPACTFUL STRATEGIES FOR 2013. SO IT
18 WAS A VERY HIGH LEVEL DISCUSSION ABOUT WHAT ARE THE
19 STRATEGIES THEY COULD TAKE THAT WOULD ACTUALLY HAVE
20 AN IMPACT IN THE COMING YEARS. WE HAD A VARIETY OF
21 COMMITTEES FROM GOVERNMENT RELATIONS, REGULATORY,
22 REIMBURSEMENT, CAPITAL FORMATION, SCIENCE AND
23 TECHNOLOGY, COMMUNICATIONS, OPERATIONS AND
24 GOVERNMENT, AND TISSUE ENGINEERING AND BIOMATERIALS.

25 I PROVIDED THE UPDATE ON WHAT WE'RE DOING

BARRISTERS' REPORTING SERVICE

1 WITH THE REGULATORY GROUP WHERE OUR OVERALL
2 OBJECTIVE IS TO PROVIDE A CLEAR, MORE PREDICTABLE
3 REGULATORY PATHWAY FOR THE APPROVAL OF SAFE AND
4 EFFECTIVE REGENERATIVE MEDICINE PRODUCTS.

5 I ALSO SPOKE A LITTLE BIT ABOUT THE FDA
6 SAFETY AND INNOVATION ACT, THAT'S PART OF PDUFA, AND
7 THE IMPLEMENTATION OF POTENTIALLY MORE ACCELERATED
8 PATHWAYS FOR BREAKTHROUGH THERAPIES AND ACCELERATED
9 APPROACHES FOR INNOVATIVE TECHNOLOGIES. THIS IS
10 ALREADY IN EFFECT, AND ACTUALLY THERE'S A PRODUCT IN
11 CYSTIC FIBROSIS THAT IS UTILIZING THIS NEW
12 BREAKTHROUGH THERAPY PATHWAY. SO IT IS SOMETHING
13 THAT'S TANGIBLE AND IS IN EFFECT.

14 WE ALSO TALKED ABOUT SOME OF THE
15 REGULATIONS OF CELL THERAPY PRODUCTS. WE'LL BE
16 PUTTING TOGETHER A WHITE PAPER. AND WE'RE ALSO
17 WORKING ON AN INTERNATIONAL WORKSHOP BETWEEN THE
18 U.S. FDA AND EUROPE ON HARMONIZING SOME OF THE
19 ISSUES IN REGENERATIVE MEDICINE. SO WE'RE WORKING
20 ACTIVELY WITH THE FDA AND ALSO WITH THE EUROPEAN
21 MEDICINES AGENCY TO PUT THIS WORKSHOP TOGETHER WHERE
22 IT'S PRIMARILY GOING TO BE FOCUSED ON PRECLINICAL
23 REQUIREMENTS IN ANIMAL MODELS.

24 THE CHAIRMAN MENTIONED THE JP MORGAN
25 MEETING OF JANUARY 7TH. I HAVE A COUPLE OF SLIDES

BARRISTERS' REPORTING SERVICE

1 ON THAT. THAT WAS REALLY ENGINEERED VERY
2 EFFECTIVELY BY OUR VP OF BUSINESS DEVELOPMENT, ELONA
3 BAUM, AND OUR NEW BUSINESS DEVELOPMENT STAFF MEMBER,
4 NEIL LITMAN. THE CHAIRMAN AND I ATTENDED SEVERAL
5 MEETINGS, BUT THESE PEOPLE ATTENDED A LOT OF
6 MEETINGS. AND I'LL GO OVER THE TYPES OF MEETINGS IN
7 THE NEXT SLIDE.

8 IN ADDITION, ELONA IS GOING TO PRESENT ON
9 TWO PANELS AT PHACILITATE CELL AND GENE THERAPY
10 LATER THIS MONTH. PHACILITATE IS ACTUALLY AN
11 INDUSTRY LED MEETING VENUE TO TALK ABOUT WAYS TO
12 ACCELERATE THE MATURATION OF REGULATORY,
13 MANUFACTURING, RESEARCH AND DEVELOPMENT, AND
14 COMMERCIAL STRATEGIES. AND IT INCLUDES
15 PARTICIPATION BY BIG PHARMA AND BIOTECH IN ADDITION
16 TO INVESTIGATORS AND OTHER TYPES OF INDUSTRY.

17 THIS IS A SLIDE THAT GOES OVER SOME OF THE
18 DIFFERENT TYPES OF MEETINGS THAT WERE HELD AT THE JP
19 MORGAN CONFERENCE. THE MAJORITY OF THE MEETINGS
20 REALLY FOCUSED ON HIGHLIGHTING WHAT WE'RE DOING
21 WITHIN THE CIRM-FUNDED PORTFOLIO. AND WHAT WE TRIED
22 TO DO IS PUT IN FRONT OF INVESTORS AND INDUSTRY WHAT
23 WE THOUGHT WERE THE MOST PROMISING AREAS THAT THEY
24 MIGHT BE INTERESTED IN. SO WE'RE TRYING TO ENTICE
25 THEM IN AREAS OF POTENTIALLY MUTUAL INTEREST TO

BARRISTERS' REPORTING SERVICE

1 HOPEFULLY FACILITATE SOME INITIAL ENDEAVORS IN
2 TRYING TO BUILD SOME CONTINUING RELATIONSHIPS WITH
3 LARGE PHARMA, WITH BIOTECH, WITH INVESTORS, WITH
4 OTHER TYPES OF SERVICE PROVIDERS AND COLLABORATORS.

5 THIS PIE CHART JUST SHOWS THE PROPORTION
6 OF THE DIFFERENT TYPES OF MEETINGS THAT WERE HELD.
7 ABOUT 20 PERCENT WERE WITH COLLABORATORS, 20 PERCENT
8 WITH LARGE PHARMA, 20 PERCENT WITH BIOTECH, ABOUT 12
9 PERCENT WITH SERVICE PROVIDERS, AND ABOUT 28 PERCENT
10 WITH INVESTORS.

11 I'LL JUST SAY JP MORGAN IS THE MEETING TO
12 GO TO. THERE'S THOUSANDS OF PEOPLE THAT SWARM TO
13 SAN FRANCISCO DURING THIS MEETING. SO IT'S ACTUALLY
14 A VERY OPPORTUNE TIME TO TRY AND HAVE THESE SIDEBAR
15 MEETINGS TO TALK ABOUT THE CIRM PORTFOLIO AND TRY
16 AND GAIN SOME INTEREST THERE. SO THANKS TO ELONA
17 AND NEIL FOR COORDINATING A LARGE EFFORT OF THAT.

18 I WANTED NOW TO GIVE YOU, TURN TO SOME OF
19 OUR OPERATIONAL ISSUES. AND ONE OF THE THINGS
20 THAT'S HAPPENED SINCE THE LAST BOARD MEETING ARE
21 SOME CHANGES WITH THE GRANTS MANAGEMENT SYSTEM. WE
22 HAVE BEEN ABLE TO REDUCE COSTS IN SOME DEVELOPER
23 RESOURCES. WE ENDED TWO CONTRACTS TWO MONTHS
24 EARLIER THAN PLANNED IN OUR FY 12-13 BUDGET PLAN,
25 AND THIS ENABLED US TO DECREASE OUR COSTS AND HAVE

BARRISTERS' REPORTING SERVICE

1 SOME INCREASED BUDGET FLEXIBILITY. IT ALSO LED TO
2 UPDATING OUR DEVELOPMENT PLANS THAT REFLECTED THE
3 REDUCED NUMBER OF DEVELOPERS THAT WERE NOW NEEDED.
4 WE WERE ABLE TO FACILITATE REMOVING SOME OPERATIONAL
5 DEVELOPMENT DEPENDENCIES. WE WERE ABLE TO PUSH
6 FORWARD MORE SELF-SUFFICIENCY WITHIN THE REVIEW
7 PROCESSES PREVIOUS TO SOME OTHER SUCCESSES WE'VE HAD
8 WITH THE GRANTS MANAGEMENT OFFICE AND THE APPLICANT
9 PRINCIPAL INVESTIGATOR INTERFACE.

10 IN ADDITION, WE'VE REDUCED COST, AT THE
11 SAME TIME IMPROVING BAND WIDTH IN INTERNET
12 CONNECTIVITY. WE CHANGED TO A LESS EXPENSIVE
13 INTERNET CONNECTIVITY FOR ACCESS OUTSIDE CIRM. THIS
14 DID NOT REQUIRE A CHANGE IN VENDORS. IT DID ALLOW
15 FOR A DOUBLING OF OUR BAND WIDTH. THIS NEW SERVICE
16 IS ABLE TO BE DELIVERED OVER EXISTING FIBER LINES
17 WITHOUT ANY CHANGE IN QUALITY EXPECTED.

18 DR. BAUM IS ALSO SEEKING AN IP ATTORNEY
19 FOR THE AGENCY TO HELP IN HELPING FULFILL OUR
20 MISSION IN TERMS OF RETURN ON INVESTMENT TO
21 CALIFORNIA. THIS IS A POSITION THAT HAD PREVIOUSLY
22 BEEN DISCUSSED WITH THE IP AND ALSO FINANCIAL
23 COMMITTEE. THE NEW POSITION WILL BE BUDGET NEUTRAL.
24 THE RESPONSIBILITIES OF THIS POSITION WILL INCLUDE A
25 HIGH LEVEL EVALUATION OF FREEDOM TO OPERATE AND IP

BARRISTERS' REPORTING SERVICE

1 ASSETS OF APPLICANTS. IT WILL ALSO INVOLVE
2 MONITORING THE GRANTEES PATENTING OF CIRM-FUNDED
3 INVENTIONS, WHICH IS ONE OF OUR METRICS THAT WE'RE
4 TRYING TO CAPTURE WITH OUR FUNDED RESEARCH.

5 WHAT I'D NOW LIKE TO DO IS TURN IT OVER TO
6 OUR DIRECTOR OF FINANCE TO GO OVER THE FINANCE
7 REPORT.

8 CHAIRMAN THOMAS: WE HAVE A QUESTION FROM
9 DR. LUBIN.

10 DR. LUBIN: IT'S MORE OF A COMMENT ON THE
11 PARKINSON'S MEETING. I WOULD STRONGLY SUGGEST THAT
12 YOU ASK, AND YOU PROBABLY HAVE ALREADY DONE THIS, 23
13 AND ME. BECAUSE OF A MEETING THAT ART PUT TOGETHER
14 THAT I WAS INVITED TO, WE HEARD PRESENTATIONS FROM
15 THEM ABOUT THEIR MAJOR COLLABORATION WITH
16 PARKINSON'S WITH 15,000 PEOPLE WITH PARKINSON'S THAT
17 THEY HAVE SAMPLES ON THAT THEY'RE SHARING WITH
18 INVESTIGATORS. AND I THINK IT WOULD BE A GOOD --
19 YOU MIGHT NOT HAVE THOUGHT ABOUT THAT, BUT I THINK
20 IN YOUR WORKSHOP IT WOULD BE GOOD TO CONSIDER HAVING
21 23 AND ME BE PART OF THAT.

22 DR. FEIGAL: THANK YOU FOR THAT
23 SUGGESTION. I'LL CONVEY THAT.

24 MR. TORRES: I'LL FOLLOW UP.

25 DR. JUELSGAARD: IN TALKING ABOUT THE

BARRISTERS' REPORTING SERVICE

1 COLLABORATIVE PARTNERS, I'VE ALWAYS BEEN CURIOUS,
2 AND THIS PROMPTED ME TO ASK THE QUESTION. DO WE
3 HAVE ANY COLLABORATIONS WITH SOUTH KOREAN
4 RESEARCHERS? THERE ARE THREE APPROVED STEM CELL
5 THERAPIES IN SOUTH KOREA RIGHT NOW. AND I DON'T
6 KNOW IF THEY'RE EFFECTIVE OR NOT, BUT THERE SEEMS TO
7 BE A LOT OF EFFORT IN SOUTH KOREAN IN TERMS OF STEM
8 CELL WORK. I'VE NEVER HEARD ANYTHING ABOUT TALKING
9 ABOUT THEM AS A POTENTIAL COLLABORATIVE PARTNER.

10 DR. FEIGAL: LET ME HAVE IAN ADDRESS THAT
11 QUESTION TO YOU.

12 MR. SWEEDLER: WE'VE HAD A NUMBER OF
13 MEETINGS, ACTUALLY MET WITH TWO DIFFERENT SOUTH
14 KOREAN FUNDING AGENCIES IN THE LAST MONTH. THE
15 CHALLENGE THERE IS THAT THERE'S NOT A LOT OF
16 GOVERNMENT RESEARCH FUNDING SUPPORT FOR STEM CELL
17 RESEARCH IN SOUTH KOREA. AND FOR OUR COLLABORATIVE
18 FUNDING RELATIONSHIPS, THAT'S PRIMARILY WHAT WE'RE
19 LOOKING FOR.

20 THERE'S ANOTHER PROGRAM THAT THE BOARD HAS
21 APPROVED IN CONCEPT THAT WE HOPE TO BE INITIATING
22 SOON CALLED EXTERNAL INNOVATION THAT WOULD ALLOW
23 CALIFORNIA RESEARCHERS TO COLLABORATE WITH EXISTING
24 INNOVATIVE PROJECTS OUTSIDE OF CALIFORNIA WITHOUT
25 HAVING A DIRECT RELATIONSHIP WITH THE FUNDING

BARRISTERS' REPORTING SERVICE

1 ORGANIZATION OUTSIDE OF CALIFORNIA. AND I DON'T
2 KNOW WHETHER THE PARTICULAR RESEARCH AVENUES YOU'RE
3 TALKING ABOUT WOULD NECESSARILY BE RELEVANT TO THAT,
4 BUT THAT IS A MECHANISM THAT WOULD ALLOW CALIFORNIA
5 INVESTIGATORS TO COLLABORATE WITH PEOPLE ANYWHERE IN
6 THE WORLD. DID THAT ANSWER YOUR QUESTION?

7 DR. JUELSGAARD: I THINK THE REASON FOR
8 ASKING THE QUESTION IS, AT LEAST FROM SOME EXTERNAL
9 APPEARANCE, IT APPEARS THAT SOUTH KOREA IS
10 RELATIVELY WELL ALONG THE WAY IN THE STEM CELL AREA.
11 AS I SAID, THERE ARE THREE APPROVED THERAPIES THAT
12 ARE BEING SOLD AT LEAST IN SOUTH KOREA. THEY'VE
13 BEEN APPROVED BY THE SOUTH KOREAN REGULATORY
14 AUTHORITIES. AND SO I DON'T KNOW IF IT'S JUST
15 THAT -- THEY CERTAINLY HAVE -- WHETHER THEY JUST
16 HAVE LOWER STANDARDS THAN WE HAVE OR WHETHER WE ARE
17 NOT ACTIVE ENOUGH IN TRYING TO COLLABORATE WITH THEM
18 OR WHETHER IT'S JUST TOO DIFFICULT, I DON'T KNOW,
19 BUT I'VE JUST BEEN CURIOUS IN THAT REGARD.

20 DR. FEIGAL: I THINK WHAT WE'RE TRYING TO
21 DO, I THINK WHAT HE MENTIONED IS THERE'S TWO WAYS
22 THAT WE CAN GET AT THINGS THAT ARE HAPPENING OUTSIDE
23 OF CALIFORNIA. ONE IS OUR ACTIVE ENGAGEMENT THROUGH
24 THESE MORE FORMAL MEMORANDUMS OF AGREEMENT. THE
25 OTHER THING WHAT WE TALKED ABOUT WHEN WE TALKED

BARRISTERS' REPORTING SERVICE

1 ABOUT EXTERNAL INNOVATION IS SCANNING THE LANDSCAPE.
2 THERE'S A LOT OF VERY INTERESTING WORK GOING ON IN
3 OTHER COUNTRIES, INCLUDING SOUTH KOREA.

4 WE DO HAVE THE ABILITY TO REACH OUT AND
5 TRY AND GRAB ONTO SOME OF THESE AREAS. SO WE DO
6 HAVE THE ABILITY TO DO THAT, BUT SO FAR THAT'S WHERE
7 WE ARE RIGHT NOW.

8 ARE THERE ANY OTHER QUESTIONS OR COMMENTS
9 OR ISSUES YOU WANT TO RAISE BEFORE I TURN IT OVER TO
10 CHILA? IF NOT, I'M GOING GO AHEAD AND TURN IT OVER
11 TO HER SO SHE CAN WALK YOU THROUGH THE FINANCIAL
12 REPORT.

13 MS. SILVA-MARTIN: THANK YOU, DR. FEIGAL.
14 GOOD MORNING, MR. CHAIR, MEMBERS OF THE BOARD. I
15 WILL BE, FIRST OF ALL, PROVIDING YOU WITH A HIGH
16 LEVEL OVERVIEW OF CIRM'S FINANCES THROUGH DECEMBER
17 2012.

18 SO OUR GRANT DISBURSEMENTS FOR THE FIRST
19 SIX MONTHS OF THE FISCAL YEAR, WE'RE AT \$79 MILLION,
20 BELOW THAT, OVER THE SAME PERIOD IN THE PRIOR FISCAL
21 YEAR, WHICH WAS \$109.8 MILLION.

22 OUR AVAILABLE CASH AS OF DECEMBER IS \$70.5
23 MILLION, WHICH IS AN OVERALL INCREASE OF \$9 MILLION
24 FROM NOVEMBER. THIS INCREASE IS NET OF \$24 MILLION
25 THAT WE RECEIVED IN COMMERCIAL PAPER, AND THEN OUR

BARRISTERS' REPORTING SERVICE

1 DISBURSEMENTS FOR GRANT AND LOAN PAYMENTS AS WELL AS
2 OPERATIONAL PAYMENTS. ALL OF THIS TO SAY THAT CIRM
3 IS IN GOOD SHAPE TO FUND CONTINUING OPERATIONS.

4 NOW I'M GOING TO GO OVER OUR OPERATIONAL
5 EXPENDITURE DETAILS. BUT BEFORE DOING SO, I WANT TO
6 REMIND YOU THAT WE CHANGED OUR FINANCIAL STRUCTURE
7 FOR THE 2012-13 FISCAL YEAR. AS YOU MAY RECALL, WE
8 ADDED FOUR NEW COST CENTERS TO ALLOW US TO CAPTURE
9 OUR EXPENDITURES BY FUNCTIONAL AREAS. AS A RESULT
10 OF THAT, WE HAD SOME REALIGNMENTS IN OUR EXPENDITURE
11 CATEGORIES.

12 SO THIS CHART DOES A COMPARISON OF OUR
13 EXPENDITURES FROM JULY THROUGH DECEMBER AS COMPARED
14 TO THE PRIOR PERIOD. AND SO BECAUSE THERE WAS A
15 REALIGNMENT, WE TRIED TO CAPTURE THE EXPENDITURES AS
16 BEST WE CAN BY THE CATEGORIES.

17 SO OVERALL FROM LAST YEAR TO THIS YEAR,
18 WE'VE HAD AN INCREASE OF ABOUT 14 PERCENT. AND SO
19 I'M GOING TO HIGHLIGHT SOME OF THE VARIANCES. OUR
20 EMPLOYEE EXPENSES HAVE GONE UP ABOUT 15 PERCENT THIS
21 YEAR, AND THAT'S REALLY DUE TO EIGHT MORE POSITIONS
22 BEING FILLED AS OF DECEMBER 2012 AS COMPARED TO
23 DECEMBER 2011.

24 WE'VE ALSO EXPERIENCED INCREASES TO OUR
25 REVIEWS MEETING AND WORKSHOPS, AND THAT'S BECAUSE

BARRISTERS' REPORTING SERVICE

1 THE SCIENCE OFFICE HAS BEEN WORKING REALLY HARD WITH
2 MEETINGS AND WORKSHOPS. WE'VE ACTUALLY HAD THREE
3 FULL GRANT WORK GROUP REVIEW MEETINGS THIS YEAR, ONE
4 PREAPP REVIEW, AND THEN WE HAD A DISEASE TEAM
5 REEVALUATION AS COMPARED TO LAST YEAR WHERE WE HAD A
6 PREAPP REVIEW AND A RESEARCH LEADERSHIP REVIEW AND
7 THE GRANTEE MEETING.

8 THE OTHER AREA WHERE WE'VE EXPERIENCED
9 SOME INCREASED COST IS IN OUR EQUIPMENT AND SUPPLIES
10 CATEGORY, AND THAT'S BECAUSE WE MADE SOME COMPUTER
11 PURCHASES. GENERALLY WE WAIT TO MAKE OUR COMPUTER
12 PURCHASES TILL THE END OF THE FISCAL YEAR, BUT THIS
13 YEAR, BECAUSE WE HAD SOME NEW POSITIONS, WE BOUGHT
14 SOME EQUIPMENT EARLY.

15 MOVING ON TO THE NEXT CHART, MR.
16 JUELSGAARD HAD REQUESTED THAT WE PROVIDE INFORMATION
17 BY COST CENTER. SO, MR. JUELSGAARD, WE ACTUALLY
18 WENT IN AND DID A COMPLETE EXPENDITURE AND BUDGET
19 ANALYSIS. SO THIS INFORMATION THAT'S IN THIS CHART
20 INCLUDES NOT JUST ON A CASH BASIS, BUT ON AN ACCRUAL
21 BASIS. WE LOOKED AT ALL EXPENDITURES THROUGH
22 DECEMBER.

23 BEFORE I ACTUALLY JUST GO BRIEFLY OVER THE
24 NUMBERS, I WANT TO REMIND YOU THAT WE WENT FROM FOUR
25 COST CENTERS TO EIGHT COST CENTERS. SO PREVIOUSLY

BARRISTERS' REPORTING SERVICE

1 WE HAD A SCIENCE OFFICE COST CENTER THAT INCLUDED
2 ALL THE COST FOR THE SCIENCE OFFICE AS WELL AS THE
3 CONSULTING COSTS, THE PROGRAMMER COST FOR I.T. THE
4 OTHER COMPONENT OF I.T., THE HELP DESK AND COMPUTERS
5 AND THAT TYPE OF COST, WERE CAPTURED IN A UNIT
6 CALLED ADMINISTRATIVE SERVICES. SO WE TOOK THE
7 BUDGET OUT OF THE SCIENCE OFFICE AND OUT OF ADMIN
8 FOR I.T. AND CREATED ITS OWN COST CENTER.

9 SIMILARLY, PREVIOUSLY OUR LEGAL COSTS WERE
10 CAPTURED IN EITHER THE OFFICE OF THE PRESIDENT OR
11 OFFICE OF THE CHAIR BUDGET. SO FOR THIS FISCAL
12 YEAR, WE REMOVED THAT AND CREATED ITS OWN COST
13 CENTER.

14 AND FINALLY, FOR THE PUBLIC COMMUNICATIONS
15 OFFICE, WE PREVIOUSLY CAPTURED THEIR COST IN
16 ADMINISTRATIVE SERVICES. AND NOW IT'S CAPTURED
17 UNDER ITS OWN COST CENTER. AND THEN WE CHANGED OUR
18 ADMINISTRATIVE SUPPORT FROM ADMIN TO FINANCE AND
19 OPERATIONS. AND OUR SCIENCE OFFICE NOW HAS TWO COST
20 CENTERS, ONE THAT'S CALLED SCIENCE OFFICE RESEARCH,
21 WHICH IS COSTS UNDER DR. OLSON, AND THEN SCIENCE
22 OFFICE DEVELOPMENT, WHICH ARE COSTS FOR DR. FEIGAL.

23 SO OVERALL, AS YOU CAN SEE, WE'VE SPENT
24 7.4 MILLION OF THE \$8 MILLION THAT WAS ALLOCATED FOR
25 THE FIRST SIX MONTHS, WHICH REPRESENTS ABOUT A

BARRISTERS' REPORTING SERVICE

1 92-PERCENT SPENDING WITH AN OVERALL SAVINGS OF ABOUT
2 8 PERCENT.

3 AND THEN WE'VE TAKEN THIS INFORMATION AND
4 PREPARED A FORECAST THROUGH THE END OF THE FISCAL
5 YEAR BY THE COST CENTERS. SO IN THE SECOND HALF OF
6 THE FISCAL YEAR, WE WILL HAVE SOME ONETIME COSTS;
7 FOR EXAMPLE, THE GRANTEE MEETING THAT DR. FEIGAL
8 MENTIONED. WE'LL BE MAKING PAYMENTS FOR THE ONLINE
9 JOURNAL AND THEN THE ISSCR MEETING. SO BASED ON
10 THESE ONETIME COSTS AND OUR ONGOING PROGRAM COSTS,
11 WE PROJECT THAT WE'RE GOING TO HAVE A SLIGHT SAVINGS
12 OF ABOUT 5 PERCENT. SO WE ANTICIPATE OUR OVERALL
13 EXPENDITURES WILL BE ABOUT 7.2 MILLION AS COMPARED
14 TO OUR OVERALL BUDGET OF \$7.9 MILLION.

15 AND SO BASED ON THIS PROJECTION, WE THEN
16 REVISED OUR 6-PERCENT ADMIN EXPENDITURE CAP. SO IT
17 WAS JUST A SLIGHT DIFFERENCE FROM WHAT I REPORTED
18 LAST TIME. EXPENDITURES FOR THE FIRST SEVEN YEARS
19 WERE \$61.4 MILLION. WE NOW PROJECT EXPENDITURES FOR
20 THE 12-13 FISCAL YEAR TO ABOUT \$14.3 MILLION,
21 LEAVING US A BALANCE OF 104.3 FOR THE 13-14 YEAR AND
22 BEYOND.

23 AND THIS CHART JUST BASICALLY REFLECTS OUR
24 6-PERCENT FORECAST. THIS IS BASED ON OUR CURRENT
25 STRATEGIC PLAN AND OUR FUNDING. SO AS DECISIONS ARE

BARRISTERS' REPORTING SERVICE

1 MADE ON AWARDS AND FUNDING, WE'LL REVISE THIS TO
2 REFLECT THESE CHANGES.

3 AND SO REALLY TO WRAP UP MY PRESENTATION,
4 WE HAVE BEGUN THE 2013-14 BUDGET DEVELOPMENT. IN
5 JANUARY WE DISTRIBUTED INFORMATION TO OUR COST
6 CENTERS SO THAT THEY CAN PREPARE THEIR BUDGETS.
7 DURING THE MONTH OF FEBRUARY, WE WILL ANTICIPATE
8 INTERNAL REVIEW OF THESE BUDGETS. AND THEN IN MARCH
9 WE WILL PRESENT TO THE FINANCE SUBCOMMITTEE AND THEN
10 PROVIDE YOU WITH A HIGH LEVEL PRESENTATION. WE'LL
11 GO BACK AND WRAP THESE BUDGETS UP AND THEN BRING
12 THEM TO YOU FOR FINAL REVIEW AND APPROVAL AT THE MAY
13 ICOC BOARD MEETING.

14 AND THAT CONCLUDES MY PRESENTATION. ARE
15 THERE ANY QUESTIONS?

16 DR. POMEROY: THANK YOU FOR REMINDING US
17 ABOUT THE ONLINE JOURNAL. COULD WE GET A QUICK
18 UPDATE ON THE STATUS OF THAT?

19 DR. FEIGAL: I MEAN IT'S BEEN LAUNCHED AND
20 IT'S QUITE SUCCESSFUL. AND YOU'RE TALKING ABOUT A
21 FINANCIAL UPDATE ON IT?

22 DR. POMEROY: WHAT IS THE BUDGET FOR THE
23 ONLINE JOURNAL?

24 DR. FEIGAL: THIS IS ACTUALLY THE LAST
25 YEAR WE'RE PAYING. THEY'RE ON THEIR OWN AFTER THIS.

BARRISTERS' REPORTING SERVICE

1 DR. POMEROY: AND THIS YEAR?

2 DR. FEIGAL: 200,000.

3 MR. GIBBONS: WE'LL BRING A REPORT FROM
4 THE PUBLISHER AT THE NEXT MEETING. WE'VE ALREADY
5 REQUESTED IT FROM THEM, AND IT WILL BE AT THE NEXT
6 MEETING.

7 DR. FEIGAL: FOR THE RECORD, DON GIBBONS
8 SAID WE'LL BE BRINGING THAT TO THE MARCH ICOC FOR AN
9 UPDATE.

10 CHAIRMAN THOMAS: CHILA, THANK YOU VERY
11 MUCH. I JUST WANTED TO NOTE THAT ALL THE
12 INFORMATION ON THE COMMERCIAL PAPER PROGRAM AND OUR
13 ONGOING FUNDING IS A PRODUCT OF FAIRLY EXTENSIVE
14 ONGOING COORDINATION AND COMMUNICATION WITH BOTH THE
15 DEPARTMENT OF FINANCE AND THE GOVERNOR'S OFFICE AND
16 WITH THE TREASURER'S OFFICE. I JUST WANTED TO
17 SINGLE OUT LYNN HARWELL, WHO HAS BEEN THE PERSON
18 WHO'S ON THE FRONT LINE DEALING WITH BOTH OF THOSE
19 OFFICES TO KEEP THEM FULLY INFORMED AND TO HELP
20 ENSURE THAT WE GET OUR FUNDING IN THE AMOUNT WE NEED
21 ON A TIMELY BASIS. SO I JUST WANTED TO, LYNN, THANK
22 YOU VERY MUCH.

23 DR. FEIGAL: I ALSO JUST WANTED TO ADD ONE
24 COMMENT THAT I NEGLECTED TO SAY DURING MY PREVIOUS
25 COMMENTS IS THAT LATER THIS MORNING WE'RE GOING TO

BARRISTERS' REPORTING SERVICE

1 BE HEARING FROM DR. DEEPAK SRIVASTAVA FROM THE
2 GLADSTONE INSTITUTE TO TALK A LITTLE BIT MORE ABOUT
3 SOME OF THESE INHERITED PEDIATRIC CARDIOMYOPATHIES.
4 SO I MEANT TO REFER TO THAT, AND HOPEFULLY SOME OF
5 MY COMMENTS EARLIER WILL GIVE YOU A LITTLE BIT OF
6 BACKGROUND AS HE PROVIDES THAT SPOTLIGHT ON DISEASE.

7 WOULD YOU LIKE ME TO GO ON TO -- THANK YOU
8 VERY MUCH. ARE THERE ANY OTHER QUESTIONS?

9 CHAIRMAN THOMAS: WE ARE GOING TO -- THANK
10 YOU VERY MUCH, DR. FEIGAL. VERY INTERESTING REPORT.
11 THANK YOU.

12 NOW GOING TO ACTUALLY TAKE AN ITEM THAT
13 WAS ADDED TO THE AGENDA NEXT, WHICH IS THE
14 CONSIDERATION OF AN AMENDMENT TO THE DISEASE TEAM
15 III CONCEPT PLAN. I WOULD ASK MR. HARRISON FOR THE
16 MECHANICS OF HOW WE GO ABOUT CONSIDERING THIS ITEM.

17 MR. HARRISON: BECAUSE THIS ITEM WAS ADDED
18 TO THE AGENDA AFTER THE AGENDA WAS POSTED, THE BOARD
19 NEEDS TO FIRST CONSIDER A MOTION TO ADD IT TO THE
20 AGENDA. AND THAT MOTION IS BASED ON THE BOARD'S
21 FINDING THAT THE NEED FOR ACTION ON THIS ITEM CAME
22 TO THE BOARD'S ATTENTION AFTER THE AGENDA WAS POSTED
23 AND THAT IT IS NECESSARY TO TAKE ACTION IMMEDIATELY.

24 IN THIS PARTICULAR CASE, STAFF IDENTIFIED
25 A NEED TO AMEND THE CONCEPT PROPOSAL FOR DISEASE

BARRISTERS' REPORTING SERVICE

1 TEAM III, WHICH THE BOARD APPROVED AT ITS OCTOBER
2 MEETING, AFTER THE AGENDA WAS POSTED. AND IT'S
3 IMPORTANT THAT THE BOARD TAKE ACTION IMMEDIATELY IN
4 ORDER TO MAINTAIN THE TIMELINE WHICH ENVISIONS
5 ACTUALLY POSTING THE RFA THIS WEEK AS SET FORTH IN
6 THE CONCEPT PLAN ITSELF.

7 SO IF A MEMBER WOULD LIKE TO MAKE A MOTION
8 TO ADD THIS ITEM TO THE AGENDA BASED ON THOSE
9 FINDINGS, THAT WOULD BE THE APPROPRIATE WAY TO
10 PROCEED.

11 DR. FRIEDMAN: SO MOVED.

12 CHAIRMAN THOMAS: MOVED BY DR. FRIEDMAN.

13 DR. JUELSGAARD: SECOND.

14 CHAIRMAN THOMAS: SECONDED BY MR.
15 JUELSGAARD. ALL THOSE IN FAVOR PLEASE AYE.

16 OPPOSED? ABSTENTIONS? SHERRY AND ANNE-MARIE? WE
17 HEAR AYES ON THE PHONE?

18 MOTION PASSES. IF WE COULD PROCEED NOW TO
19 THIS ITEM, DR. FEIGAL.

20 DR. FEIGAL: THANK YOU VERY MUCH. THIS IS
21 A TIMELY ISSUE, SO WE APPRECIATE THE OPPORTUNITY TO
22 BRING IT TO YOUR ATTENTION SO THAT WE CAN KEEP THE
23 TRAINS RUNNING ON TIME.

24 THIS IS AN AMENDMENT TAKING INTO
25 CONSIDERATION, WE ALWAYS INTENDED TO DO THIS, BUT WE

BARRISTERS' REPORTING SERVICE

1 REALIZE IT WASN'T EXPLICIT IN THE CONCEPT. THIS IS
2 AN INITIATIVE, JUST TO REFRESH YOUR MEMORY, WHERE
3 WE'RE TRYING TO ATTRACT APPLICATIONS TO COMPLETE
4 EARLY STAGE CLINICAL TRIALS. SO THE FIELD HAS
5 EVOLVED TO THE STAGE WHERE THINGS ARE MOVING
6 FORWARD, THEY'RE READY TO GO IN THE CLINIC. THE
7 APPLICATIONS CAN INCLUDE AN IND-ENABLING COMPONENT,
8 BUT PRIMARILY IT'S FOCUSED ON COMPLETING THAT
9 CLINICAL TRIAL.

10 WE HAVE A GROUP OF EARLY TRANSLATION
11 GRANTEES WHOM YOU'VE HEARD A LITTLE BIT ABOUT
12 YESTERDAY. WE'VE NOW HAD FOUR DIFFERENT ITERATIONS
13 OF EARLY TRANSLATION GOING FORWARD. WE HAVE A
14 SUBSET OF THEM THAT ARE READY TO MOVE TO THE NEXT
15 STEP. IN CIRM'S MISSION, IN TRYING TO HAVE A
16 SEAMLESS PATHWAY, THEY'RE CAUGHT IN BETWEEN. SO
17 ACTUALLY WHAT WE'RE TRYING TO DO IS PUT IN WHAT'S
18 CALLED AN ALLOWANCE PATHWAY FOR CIRM-FUNDED
19 GRANTEES, THOSE GRANTEES THAT HAVE ALREADY BEEN
20 REVIEWED, ALREADY FUNDED, THEY'RE ACTUALLY MEETING
21 THEIR MILESTONES, THEY'RE ACHIEVING THEIR
22 ACTIVITIES, AND WE DON'T WANT THEM TO HAVE A GAP IN
23 THEIR ACTIVITY.

24 THE SCOPE OF THE DISEASE TEAM PRIMARILY IS
25 FOR THE MORE MATURE PROJECTS THAT CAN COMPLETE A

BARRISTERS' REPORTING SERVICE

1 CLINICAL TRIAL. WE WANT TO ALLOW AN ALLOWANCE
2 PATHWAY FOR THOSE ET GRANTEES THAT HAVE DONE
3 EVERYTHING THEY SAID THEY WERE GOING TO DO AND THE
4 DATA PANS OUT WHERE THEIR OBJECTIVE IS GOING TO BE
5 FILING THE IND, NOT COMPLETING A CLINICAL TRIAL.

6 SO WHAT I'M ASKING FOR AND WHAT WE THINK
7 WOULD BE REALLY SERVING THE MISSION OF THE AGENCY IS
8 FOR THOSE CIRM-FUNDED EARLY TRANSLATION GRANTEES WHO
9 ARE ACHIEVING THEIR -- DOING THEIR ACTIVITIES,
10 ACHIEVING THEIR MILESTONES, THAT IF THEY'RE AT THAT
11 STAGE, THEY HAVE THE OPPORTUNITY TO APPLY THROUGH
12 THE ALLOWANCE PATHWAY WHERE WE HAVE A SEPARATE
13 REVIEW CRITERIA BECAUSE IT'S AN EARLIER STAGE TO
14 FILE THAT IND. SO I'M NOT ASKING FOR MORE MONEY.
15 I'M JUST ASKING FOR OUR CIRM GRANTEES THAT HAVE
16 ALREADY BEEN VETTED BEFORE AND ARE GOING THROUGH
17 THEIR WORK AND ACHIEVING MILESTONES TO HAVE THE
18 OPPORTUNITY TO GET CONTINUED FUNDING TO GO TO THAT
19 NEXT STEP.

20 MR. SHESTACK: WHAT IS THE REVIEW PROCESS?

21 DR. FEIGAL: THE REVIEW PROCESS WILL BE
22 THROUGH THE GRANT REVIEW GROUP. SO THEY HAVE TO
23 MEET ELIGIBILITY REQUIREMENTS, THEY HAVE TO GO
24 THROUGH THE SAME RIGOROUS GRANT REVIEW PROCESS. IT
25 WILL BE DONE AT THE SAME GRANT REVIEW MEETING.

BARRISTERS' REPORTING SERVICE

1 MR. SHESTACK: AS A DISEASE TEAM?

2 DR. FEIGAL: THAT'S RIGHT. THERE WILL BE
3 ONE GRANT REVIEW GROUP THAT WILL COVER THE SPECTRUM
4 OF EXPERTISE THAT WE NEED. SO WE DON'T THINK THERE
5 WILL BE A LOT, BUT WE THINK THAT THERE MIGHT BE A
6 FEW. SO WE JUST WANT TO LEAVE IT OPEN. WE DON'T
7 THINK A PRESIDENTIAL EXCEPTION IS THE RIGHT WAY TO
8 GO. WE'D RATHER FORMALIZE IT IN A MORE RIGOROUS WAY
9 AND HAVE THEM BE MORE CAREFULLY ASSESSED.

10 MR. SHESTACK: WHAT'S THE POTENTIAL RANGE
11 OF AWARD?

12 DR. FEIGAL: IT'S UP TO THE SAME RANGE AS
13 FOR DISEASE TEAM III. DOING PRECLINICAL
14 IND-ENABLING WORK IS VERY EXPENSIVE.

15 MR. SHESTACK: AN ALTERNATE PATHWAY. TO
16 UNDERSTAND, IT'S AN ALTERNATE PATHWAY TO DE FACTO
17 DISEASE TEAM III AWARD?

18 DR. FEIGAL: IT IS ONE DISEASE TEAM III
19 INITIATIVE WHERE THE MAJOR COMPONENT HASN'T CHANGED
20 AT ALL. YOU'VE ALREADY SEEN THAT, YOU'VE REVIEWED
21 IT, YOU APPROVED IT. WHAT I'M ASKING IS FOR AN
22 AMENDMENT FOR THAT SMALL NUMBER OF EARLY TRANSLATION
23 GRANTEES WHO MAY HAVE SUCCESSFULLY COMPLETED THEIR
24 ACTIVITIES AND THEIR MILESTONES AND ARE READY TO GO
25 TO THE IND-ENABLING STEPS WITH AN OBJECTIVE OF

BARRISTERS' REPORTING SERVICE

1 FILING AN IND. THEY'RE NOT READY TO GO INTO A
2 CLINICAL TRIAL. THERE'S A GAP. AND SO WE WANT TO
3 BE ABLE TO CLOSE THAT GAP BY ALLOWING THIS ALLOWANCE
4 PATHWAY FOR THEM TO COME INTO THE INITIATIVE.

5 WE THINK THIS IS A CAREFULLY THOUGHT
6 THROUGH WAY TO ALLOW CONTINUATION OF THEIR WORK.

7 MR. SHEEHY: JUST ONE QUESTION. BY THE
8 WAY, I THINK THIS IS A GREAT IDEA. I GIVE YOU GUYS
9 A LOT OF CREDIT FOR CATCHING THAT GAP AND
10 AGGRESSIVELY ADDRESSING IT.

11 WILL THE SMALL MOLECULE CO-FUNDING
12 REQUIREMENT APPLY FOR THESE GRANTEES?

13 DR. FEIGAL: THE CO-FUNDING ONLY APPLIES
14 TO THE CLINICAL COMPONENT. IT DOES NOT APPLY TO THE
15 PRECLINICAL.

16 MR. SHEEHY: THAT WAS JUST A POINT OF
17 CLARIFICATION. THANK YOU.

18 DR. JUELSGAARD: ELLEN, WHAT'S THE AMOUNT
19 THAT'S BEEN BUDGETED FOR THE DISEASE TEAM III
20 GRANTS?

21 DR. FEIGAL: THE AMOUNT THAT'S BEEN
22 BUDGETED AND APPROVED BY YOU, BOARD, IS A HUNDRED
23 MILLION.

24 DR. JUELSGAARD: AND SO BY EXPANDING THE
25 NUMBER OF APPLICANTS IN THAT MANNER, WE DECREASE

BARRISTERS' REPORTING SERVICE

1 THEN POTENTIALLY THE CHANCES THAT SOME OTHERS MIGHT
2 RECEIVE APPROVAL? THEY WOULD BE DISPLACED BY THE
3 EARLIER STAGE OF GRANTS?

4 DR. FEIGAL: AS YOU KNOW, OR MAYBE YOU
5 DON'T, BUT THE GRANT REVIEW GROUP RANKS THESE ON
6 SCIENTIFIC MERIT, NOT ON HOW MUCH MONEY IS IN THE
7 POOL. SO YOU WILL SEE THE RECOMMENDATIONS AND THEN
8 A FUNDING LINE CAN BE SET. IF YOU THINK THEY'RE
9 MORE MERITORIOUS ABOVE AND BEYOND A HUNDRED MILLION,
10 YOU DO HAVE THE FLEXIBILITY TO GO BEYOND THAT LIMIT.
11 THAT'S A BOARD DELIBERATION AND DISCUSSION THAT YOU
12 CAN DECIDE YOU WANT TO DO.

13 AT THIS POINT IN TIME, I DON'T THINK IT'S
14 NECESSARY TO ASK FOR THAT INCREASE, BUT I THINK,
15 BECAUSE THAT WOULD BE A MUCH LONGER DISCUSSION, BUT
16 I THINK WHY DON'T WE LET THINGS WORK THEIR WAY
17 THROUGH THE SYSTEM, SEE IF THERE'S MERITORIOUS ONES
18 THAT COME TO YOU, AND THEN YOU CAN MAKE THAT
19 DELIBERATION AND DECISION AT THAT TIME.

20 DR. PRICE: AREN'T YOU MIXING AND APPLES
21 AND ORANGES HERE? SO YOU'VE GOT THE DISEASE TEAMS
22 READY TO GO TO A CLINICAL TRIAL OR PRECLINICAL
23 TRIAL, WHATEVER, AND THEN YOU'VE GOT THESE PEOPLE IN
24 THIS VALLEY OF DEATH OR WHATEVER, AND WE'RE MIXING
25 THEM UP.

BARRISTERS' REPORTING SERVICE

1 DR. FEIGAL: CAN I CLARIFY? JUST SO YOU
2 REMEMBER, IN DISEASE TEAM I AND II -- ACTUALLY IN
3 DISEASE TEAM I, THE MAIN GOAL WAS FILING THE IND.
4 IN DISEASE TEAM II WE MIXED IT UP. THEY COULD
5 EITHER FILE AN IND OR THEY COULD COMPLETE A CLINICAL
6 TRIAL. SO THESE REVIEWERS ARE SAVVY ENOUGH TO BE
7 ABLE TO REVIEW A MIXTURE OF PROPOSALS THAT COME IN
8 FRONT OF THEM.

9 DR. PRICE: ISN'T THAT GOING TO CREATE --
10 BESIDES FROM SCIENTIFIC MERIT, WE'RE GOING TO GET
11 INTO A SITUATION CALLED PORTFOLIO MANAGEMENT OR
12 PROGRAMMATIC. SO YOU'VE GOT TWO GRANTEEES THAT
13 BROUGHT EXCELLENT SCIENCE, ONE OF THEM IS READY TO
14 GO TO CLINICAL TRIAL AND THE OTHER IS AT THE EARLIER
15 STAGE. WE'VE GOT TO MAKE A STRATEGIC CHOICE OF
16 WHERE WE PUT OUR MONEY IF YOU PUT THEM BOTH IN THE
17 SAME POT.

18 DR. FEIGAL: IT'S A GOOD QUESTION, AND WE
19 ACTUALLY WENT THROUGH THAT WITH DISEASE TEAM II
20 BECAUSE YESTERDAY I SHOWED YOU A SLIDE OF DISEASE
21 TEAM II THAT SHOWED YOU THE NUMBER THAT WERE
22 ACTUALLY ONLY ABLE TO GO FOR THE IND VERSUS THE
23 NUMBER THAT HAD BEEN APPROVED TO GO FOR THE CLINICAL
24 TRIAL. YOU CAN SEE THAT QUITE A FEW WERE
25 MERITORIOUSLY REVIEWED AT THE EARLIER STAGE. SO

BARRISTERS' REPORTING SERVICE

1 THERE WASN'T DE FACTO A PRIORITY FOR THE MORE MATURE
2 PROJECT.

3 THEY LOOKED AT IT, THEY WEIGHED IT ON ITS
4 MERITS. WE CAN MAKE THAT CLEAR. BUT YOU DO ALSO
5 HAVE TO REMEMBER THAT ONE OF OUR GOALS FOR THE NEXT
6 FIVE YEARS IS TO HAVE SOME CLINICAL PROOF OF
7 CONCEPT. SO I THINK THEY'RE GOING TO WEIGH ALL
8 THESE ISSUES AS THEY LOOK AT THINGS, BUT WE WILL
9 BRING YOU ALL THE ONES THAT ARE SCIENTIFICALLY
10 SCORED AND ARE RECOMMENDED FOR FUNDING. AND THEN I
11 GUESS THE HARD QUESTION WILL BE AT THE PROGRAMMATIC
12 PART, WHICH WILL NOW OCCUR AT THE BOARD AS OPPOSED
13 TO THE GRANT REVIEW GROUP --

14 DR. PRICE: SOME OF US WON'T BE ABLE TO
15 VOTE ON THAT.

16 DR. FEIGAL: BUT YOU'LL BE ABLE TO TALK,
17 WHICH IS AN IMPORTANT ELEMENT, AND PROVIDE YOUR
18 PERSPECTIVES. AND IF YOU'RE PERSUASIVE, MAYBE THAT
19 WILL INFLUENCE THE VOTE.

20 DR. BRENNER: YOU CAN BUY VOTES.

21 DR. FRIEDMAN: THAT WOULD BE WRONG.

22 CHAIRMAN THOMAS: THANK YOU, DR. FRIEDMAN.

23 DR. VUORI: I THINK THIS IS A GREAT IDEA
24 AND A VERY IMPORTANT TIMELY PATHWAY AS WELL AS
25 CONSISTENT WITH THE APPROVED DISEASE TEAM CONCEPT

BARRISTERS' REPORTING SERVICE

1 ALREADY.

2 I'D LIKE TO FOLLOW JUST QUICKLY ON STEVE'S
3 QUESTION, AND THAT IS THAT YOU HAVE, OF COURSE, PAID
4 A LOT OF ATTENTION ALREADY ON THIS EARLY
5 TRANSLATIONAL AWARDS, HOW THEY ARE PROGRESSING SO
6 FAR. HOW SIGNIFICANT PORTION OF THIS APPROVED
7 BUDGET WOULD YOU GUESS OR ANTICIPATE THIS PATHWAY TO
8 CONSUME?

9 DR. FEIGAL: WE DON'T THINK THERE WILL BE
10 VERY MANY THAT ARE AT THIS STAGE. SO THAT'S WHY
11 WE'RE THINKING LET'S LET IT -- WE JUST DIDN'T WANT
12 TO MISS ANY OPPORTUNITY. SO EVEN IF THERE'S ONE, WE
13 THOUGHT IT WAS IMPORTANT THAT THEY HAVE A WAY
14 FORWARD RATHER THAN HAVING TO WAIT A YEAR.

15 DR. VUORI: GREAT. THANKS.

16 CHAIRMAN THOMAS: DUANE.

17 MR. ROTH: IF I UNDERSTAND CORRECTLY,
18 ELIGIBILITY IS REALLY IN TWO PARTS. IT'S NOT ALL
19 COMERS. IT'S ONLY THE PEOPLE THAT HAVE A CIRM EARLY
20 TRANSLATIONAL.

21 DR. FEIGAL: THAT'S RIGHT. IT'S NOT ALL
22 COMERS. WHAT WE DID, BECAUSE WE WERE TRYING TO BE
23 THOUGHTFUL ABOUT THE BUDGET, IS THINK ABOUT, LOOK,
24 WE'VE ALREADY INVESTED, THESE HAVE ALREADY BEEN
25 REVIEWED, THEY'RE ALREADY INVESTED, WE'VE ALREADY

BARRISTERS' REPORTING SERVICE

1 WORKED WITH THEM ON THEIR MILESTONES. IF THEY'RE
2 MAKING PROGRESS, WE WANT TO HAVE A PATHWAY FORWARD
3 FOR THEM.

4 SO IT DOESN'T COVER EVERYBODY, BUT IT
5 CERTAINLY IS TRYING TO HONE IN. AND WE DID SAY ONE
6 OF THE THINGS WE'RE TRYING TO DO IS PRIORITIZE AND
7 FOCUS FOR THE NEXT FIVE YEARS. SO I THINK THIS IS A
8 WAY TO TRY AND DO THAT.

9 MR. ROTH: SO IT'S REALLY -- I WAS LOOKING
10 AT IT AND SAYING WHAT YOU'RE REALLY DOING IS SAYING
11 IF YOU CAN GET TO AN IND IN FOUR YEARS OR YOU CAN
12 GET TO A PHASE I, PHASE II CLINICAL TRIAL COMPLETED
13 IN FOUR YEARS, YOU CAN APPLY, BUT THAT'S NOT TRUE.
14 IT'S SAYING YOU CAN ONLY APPLY FOR PHASE I, PHASE II
15 IF YOU ARE COMING FOR THE FIRST TIME; BUT IF YOU'RE
16 COMING FOR THE SECOND TIME, YOU CAN GO FOR AN IND.

17 DR. FEIGAL: NO, NOT QUITE ACCURATE. WE
18 DO ALLOW PRECLINICAL WORK TO BE DONE, BUT THEY HAVE
19 TO BE WITHIN 12 TO 8 MONTHS OF FILING AN APPROVABLE
20 IND SO THAT THEY HAVE A GHOST OF A CHANCE OF
21 FINISHING AN EARLY PHASE CLINICAL TRIAL.

22 SO THEY DON'T HAVE TO COME. IF THEY'RE
23 ASKING TO JUST START WITH A CLINICAL TRIAL, YES,
24 THEY HAVE TO HAVE THEIR IND FILED AND READY TO GO.
25 BUT THEY CAN COME IN AND ASK FOR A PRECLINICAL

BARRISTERS' REPORTING SERVICE

1 IND-ENABLING WORK. AND THEN PENDING ON HOW FAR AWAY
2 THEY ARE FROM THAT, THEY'LL HAVE THE ABILITY TO
3 COMPLETE AN EARLY PHASE CLINICAL TRIAL.

4 SO, ANYWAY, JUST TO BE PRECISE, WE'VE
5 DISCUSSED THE CONCEPT OF THE DT III PREVIOUSLY AND
6 YOU APPROVED THAT. WHAT WE'RE ASKING FOR IS THIS
7 ADDITIONAL ALLOWANCE PATHWAY.

8 MR. SHEEHY: I'D LIKE TO MOVE TO ADOPT
9 THIS. I THINK THIS IS A GREAT IDEA. WE'RE
10 REWARDING SUCCESS, WHICH WE SHOULD DO. IF OUR
11 GRANTEES ARE MOVING FORWARD, THIS IS A GREAT WAY TO
12 GET THEIR PROJECTS REVIEWED AND KEEP THEM GOING ON
13 AN APPROPRIATE PATHWAY.

14 DR. JUELSGAARD: SECOND ON BEHALF OF DR.
15 STEWARD.

16 CHAIRMAN THOMAS: MR. JUELSGAARD SECONDS
17 ON BEHALF OF DR. STEWARD. JAMES, THIS IS A VOICE
18 VOTE?

19 MR. HARRISON: EXCEPT FOR SHERRY LANSING
20 ON THE PHONE.

21 CHAIRMAN THOMAS: SHE HAS A VOICE TOO.
22 ALL THOSE IN FAVOR PLEASE SAY AYE. SHERRY? SHERRY,
23 ARE YOU ON MUTE? OKAY. SO MOTION PASSES. THANK
24 YOU VERY MUCH, DR. FEIGAL.

25 MARIA, DO WE WANT TO TAKE A BREAK WHILE

BARRISTERS' REPORTING SERVICE

1 DEEPAK SETS UP AND ALL THAT SORT OF THING FOR A FEW
2 MINUTES AT THIS POINT?

3 MS. BONNEVILLE: FIVE MINUTES.

4 CHAIRMAN THOMAS: LET'S TAKE A FIVE-MINUTE
5 BREAK. THANK YOU. WE'LL PROCEED NEXT TO THE
6 SPOTLIGHT ON DISEASE PRESENTATION.

7 (A RECESS WAS TAKEN.)

8 CHAIRMAN THOMAS: SHERRY WANTED TO RECORD
9 HER VOTE ON THE PREVIOUS MOTION AMENDING THE DISEASE
10 TEAM III CONCEPT PLAN. SHERRY, HOW DO YOU CAST YOUR
11 VOTE? WE HAVE MUSIC ON THERE, AND SHERRY DIDN'T
12 HEAR WHAT I JUST SAID. SHERRY, ARE YOU THERE?
13 WE'RE GOING TO HOLD ON ONE SECOND WHILE WE GET
14 SHERRY BACK ON THE LINE.

15 SHERRY, ARE YOU THERE?

16 MS. LANSING: I APOLOGIZE. I MUST HAVE
17 THE OLDEST AND MOST ANTIQUATED PHONE SYSTEM IN THE
18 WORLD. BUT I WAS LISTENING AND I WANTED TO GO ON
19 RECORD AS SUPPORTING THE AMENDMENT.

20 CHAIRMAN THOMAS: THANK YOU. THANK YOU
21 VERY MUCH. THAT MAKES FOR A UNANIMOUS VOTE. GLAD
22 TO HAVE YOU BACK ON.

23 MS. LANSING: THANK YOU, ELLEN, FOR BEING
24 SO THOUGHTFUL.

25 CHAIRMAN THOMAS: LET'S PROCEED NOW TO

BARRISTERS' REPORTING SERVICE

1 TODAY'S SPOTLIGHT ON DISEASE.

2 (THE SPOTLIGHT WAS THEN HEARD, NOT
3 REPORTED NOR HEREIN TRANSCRIBED. THE FOLLOWING WAS
4 THEN HEARD IN OPEN SESSION AS FOLLOWS:)

5 CHAIRMAN THOMAS: THANK YOU VERY MUCH,
6 BOTH OF YOU, FOR SHARING THE STORY OF THE WORK AND
7 OF YOUR SON JOSHUA. AND AS A FATHER OF THREE LITTLE
8 LEAGUE SONS, I CAN READILY APPRECIATE HOW PRECIOUS
9 THAT EXPERIENCE IS. AND ASSURE YOU WITH LEADERSHIP
10 SUCH AS DEEPAK IS ABLE TO PROVIDE IN THE COURSE OF
11 THIS GROUNDBREAKING WORK THAT HE CONTINUES TO
12 PERFORM, WE WILL SUCCEED IN FIGURING OUT A WAY TO
13 HELP YOUR SON AND OTHERS WITH SIMILAR CONDITIONS.
14 SO THANK YOU VERY MUCH FOR SHARING YOUR STORY.

15 OKAY. GOING TO MOVE ON NOW BACK TO THE
16 AGENDA. FIRST ACTION ITEM WAS TO BE CONSIDERATION
17 OF IOM COMMITTEE REPORT ON CIRM AND PROPOSED
18 RECOMMENDATIONS -- SORRY.

19 MS. BONNEVILLE: J.T., I THINK JEFF HAS A
20 QUESTION.

21 MR. SHEEHY: I DON'T HAVE A QUESTION. YOU
22 GUYS ARE GOING TO GET SICK OF THIS BY THE END OF IT.
23 I JUST WANT TO NOTE THAT THE EARLY TRANSLATION
24 GRANT, THIS AMAZING SCIENCE THAT DEEPAK IS DOING,
25 WAS MOVED UP IN PROGRAMMATIC REVIEW. SO BOTH

BARRISTERS' REPORTING SERVICE

1 PROGRAMMATIC REVIEW AND EXTRAORDINARY PETITIONS,
2 THESE THINGS DO ACTUALLY HAVE AN IMPACT. BUT THAT
3 UNBELIEVABLE ALMOST SCIENCE -- NO WONDER THE
4 RODDENBERRY FITS. IT'S JUST ASTONISHING SCIENCE,
5 AND WE'RE MOVING THIS FORWARD. AND IT'S THE
6 WILLINGNESS TO TAKE CHANCES AND TO TAKE RISK THAT
7 CHARACTERIZES THIS AGENCY AND OUR DECISION-MAKING
8 PROCESS THAT ALLOW THIS KIND OF SCIENCE. IT REALLY
9 PUT US AT THE CUTTING-EDGE OF ALL OF THIS. I THINK
10 THAT WE NEED TO NOTE THIS NOW AND THEN.

11 MS. LANSING: I'D LIKE TO SECOND THAT,
12 J.T.

13 CHAIRMAN THOMAS: YES, SHERRY.

14 MS. LANSING: I WAS JUST KNOCKED OUT BY
15 THE SCIENCE. AND EVEN HEARING IT ON THE PHONE, NOT
16 BEING ABLE TO SEE IT IN PERSON, IT WAS AN
17 EXTRAORDINARY REPORT.

18 CHAIRMAN THOMAS: THANK YOU. THAT IT WAS.

19 SO BACK -- THANK YOU, MR. SHEEHY. BACK TO
20 ACTION ITEMS. THE FIRST WAS GOING TO BE
21 CONSIDERATION OF THE IOM REPORT. WE CAN HAPPILY SAY
22 WE'VE NOW OFFICIALLY BEEN THERE, DONE THAT. THAT
23 CONCLUDES THAT AGENDA ITEM IN WORLD RECORD SPEED.

24 PROCEED NOW TO CONSIDERATION OF
25 REAPPOINTMENT OF SCIENTIFIC MEMBERS OF THE GRANTS

BARRISTERS' REPORTING SERVICE

1 WORKING GROUP. AND, DR. FEIGAL, IS THIS YOUR -- DR.
2 SAMBRANO.

3 DR. SAMBRANO: MR. CHAIRMAN, MEMBERS OF
4 THE BOARD, MEMBERS OF THE PUBLIC, WHAT WE'RE ASKING
5 HERE IS FOR A REAPPOINTMENT OF SCIENTIFIC MEMBERS TO
6 THE GRANTS WORKING GROUP WHOSE TERMS ACTUALLY
7 ORIGINALLY BEGAN IN LATE 2006 AND EARLY 2007. SO
8 THEY'VE COMPLETED OR ABOUT TO COMPLETE THEIR INITIAL
9 SIX-YEAR TERMS.

10 SO WE'RE SEEKING APPOINTMENTS FOR THE 22
11 INDIVIDUALS THAT I PROVIDED A TABLE FOR AND THE
12 BIOGRAPHIES THAT FOLLOW.

13 NOW, I WANTED TO HIGHLIGHT THE FACT THAT,
14 IN ACCORDANCE WITH PROPOSITION 71, THE
15 REAPPOINTMENTS ARE REQUIRED TO BE STAGGERED. THAT
16 IS, ONE-THIRD OF REAPPOINTMENTS SHOULD BE FOR TWO
17 YEARS, ANOTHER THIRD FOR FOUR YEARS, AND THE FINAL
18 THIRD FOR SIX YEARS.

19 THE FIRST SET OF REAPPOINTMENTS THAT WE
20 DID HAPPENED A LITTLE BIT OVER A YEAR AGO. AND SO
21 THE BOARD MADE THOSE APPROVALS FOR 13 MEMBERS, AND
22 THEY WERE ALL FOR SIX-YEAR TERMS. NOW, WHAT WE'RE
23 PROPOSING TO DO NOW IS, AS SHOWN IN THE TABLE, TO
24 BASICALLY MAKE REAPPOINTMENTS OF THESE INDIVIDUALS
25 FOR TWO AND FOUR YEARS AS INDICATED ON THAT TABLE SO

BARRISTERS' REPORTING SERVICE

1 THAT WE CAN REALIGN WITH THE REQUIRED STAGGERED
2 APPROACH OF PROP 71.

3 CHAIRMAN THOMAS: SO WE NEED A MOTION.

4 MR. TORRES: SO MOVED.

5 MR. ROTH: SECOND.

6 CHAIRMAN THOMAS: MOVED BY SENATOR TORRES,
7 SECONDED BY MR. ROTH. ANY DISCUSSION BY MEMBERS OF
8 THE BOARD? MR. SHEEHY.

9 MR. SHEEHY: I JUST WANT TO SAY A QUICK
10 NOTE. I'M LOOKING AT SOME OF THESE NAMES. THESE
11 FOLKS HAVE BEEN CORE MEMBERS OF OUR WORKING GROUP.
12 AND WE OWE THEM A REAL DEBT OF GRATITUDE FOR THE
13 WORK THAT THEY'VE GIVEN US -- THAT THEY PROVIDED FOR
14 THE STATE OF CALIFORNIA OVER THE LAST FEW YEARS.
15 AND THESE ARE SUPERSTARS. THESE ARE REALLY GREAT
16 SCIENTISTS, AND THEIR REVIEWS HAVE BEEN PHENOMENAL
17 IN THE WORK THAT THEY'VE DONE. I'M VERY GRATEFUL
18 AND DELIGHTED THAT THEY'RE WILLING TO HELP US INTO
19 THE FUTURE.

20 SO CONGRATULATIONS TO STAFF FOR KEEPING
21 THEM INTERESTED AND MOTIVATED TO WORK WITH US, AND
22 THANKS TO THEM FOR DOING IT.

23 CHAIRMAN THOMAS: THANK YOU, MR. SHEEHY.
24 ANY OTHER COMMENTS BY MEMBERS OF THE BOARD? DEAN
25 HAWGOOD.

BARRISTERS' REPORTING SERVICE

1 DR. HAWGOOD: I WOULD JUST ECHO WHAT JEFF
2 SAID. LOOKING AT THESE NAMES, IT'S REALLY QUITE
3 REMARKABLE THE CALIBER OF THE PEOPLE. I KNOW THE
4 NIH IS REALLY STRUGGLING TO POPULATE ITS STUDY
5 SECTIONS WITH THE KIND OF CALIBER THAT'S HERE. SO I
6 THINK WE OWE THE STAFF AND THESE FOLKS JUST A
7 TREMENDOUS DEBT OF GRATITUDE FOR WHAT THEY DO.

8 CHAIRMAN THOMAS: THANK YOU. JOAN.

9 MS. SAMUELSON: AS THE WORKING GROUP
10 CHAIR, CO-CHAIR, DITTO.

11 CHAIRMAN THOMAS: THANK YOU. OTHER
12 COMMENTS, QUESTIONS? MOVE TO THE VOTE. ALL THOSE
13 IN FAVOR PLEASE SAY AYE. OPPOSED? THANK YOU.

14 MS. LANSING: AYE.

15 CHAIRMAN THOMAS: WE HEARD SHERRY. THANK
16 YOU. THAT MOTION IS PASSED UNANIMOUSLY.

17 WE NOW COME TO THE PORTION OF THE MEETING
18 THAT WE HAVE EVERY MEETING, WHICH IS HIGHLY
19 CONTENTIOUS AND CONTROVERSIAL, WHICH IS
20 CONSIDERATION OF THE MINUTES.

21 MS. LANSING: I MOVE THE MINUTES.

22 CHAIRMAN THOMAS: THANK YOU. FROM THE
23 OCTOBER AND DECEMBER 2012 BOARD MEETINGS. IS THERE
24 A SECOND?

25 MR. TORRES: SECOND.

BARRISTERS' REPORTING SERVICE

1 CHAIRMAN THOMAS: SECONDED BY -- SHERRY
2 SECONDED HERSELF, WHICH IS VERY EFFICIENT. BUT JUST
3 IN CASE THAT DOESN'T WORK, WE HAVE SENATOR TORRES AS
4 THE SECOND ON THIS.

5 ALL THOSE IN FAVOR PLEASE SAY AYE.
6 OPPOSED? ABSTENTIONS? MOTION PASSES.

7 WE NOW MOVE TO ITEM NO. 9. IT WAS
8 BITTERSWEET TO RECEIVE A LETTER FROM DR. ECONOMOU IN
9 DECEMBER SAYING THAT HE WOULD BE STEPPING DOWN AS
10 THE DELEGATED REPRESENTATIVE OF UCLA ON BEHALF OF
11 DEAN WASHINGTON ON THE CIRM BOARD. SO WE WANTED TO
12 MAKE SURE THAT WE GAVE HIM THE DUE THANK YOU THAT HE
13 SO RICHLY DESERVES.

14 WE HAVE A RESOLUTION. IT'S IN YOUR
15 PACKET. I'LL HIGHLIGHT A COUPLE THINGS HERE ABOUT
16 JIM. HE'S VICE CHANCELLOR FOR RESEARCH AT UCLA, A
17 POSITION TO WHICH HE WAS APPOINTED JULY 1, 2010.
18 SERVED AS DEPUTY DIRECTOR OF UCLA'S JOHNSON
19 COMPREHENSIVE CANCER CENTER FROM 2002 THROUGH 2010.
20 HOLDS JOINT APPOINTMENTS IN THE UCLA DEPARTMENTS OF
21 MICROBIOLOGY, IMMUNOLOGY, AND MOLECULAR GENETICS,
22 AND MOLECULAR AND MEDICAL PHARMACOLOGY, AND IS THE
23 BEAUMONT PROFESSOR OF SURGERY AND CHIEF OF THE
24 DIVISION OF SURGICAL ONCOLOGY.

25 WHEN I READ THESE THINGS, IT JUST, BY THE

BARRISTERS' REPORTING SERVICE

1 WAY, REMINDS ME OF THE INCREDIBLE CALIBER OF ALL OF
2 YOU ON OUR BOARD. IT'S STRIKING HOW ACCOMPLISHED
3 EVERYBODY IS AND FURTHER DRIVES HOME WHAT A
4 PRIVILEGE IT IS FOR ME AND I THINK FOR ALL OF US TO
5 SERVE WITH EACH OTHER ON THIS BOARD.

6 DR. ECONOMOU EARNED HIS UNDERGRADUATE
7 MEDICAL AND DOCTORAL DEGREES FROM JOHNS HOPKINS AND
8 COMPLETED HIS GENERAL SURGICAL TRAINING AT UCSF,
9 JOINED THE UCLA FACULTY 1986, IS A RESPECTED
10 CLINICIAN WHO PERFORMS APPROXIMATELY 400 SURGERIES A
11 YEAR SPECIALIZING IN MELANOMA, PRIMARY AND
12 METASTATIC LIVER CANCER AND SARCOMAS, AND WHO LEADS
13 A LABORATORY THAT IS DEVELOPING GENE THERAPY
14 TREATMENTS FOR MELANOMA AND LIVER CANCER.

15 I JUST WANT TO SAY ON A PERSONAL NOTE, AND
16 THEN THERE ARE A VARIETY OF OTHER THINGS YOU CAN
17 READ ON HIS RESOLUTION, BUT ON A PERSONAL NOTE, I,
18 LIVING IN LOS ANGELES, HAVE HAD A NUMBER OF
19 OPPORTUNITIES TO HAVE LUNCHESES WITH JIM TO TALK ABOUT
20 VARIOUS MATTERS PERTAINING TO CIRM AND TO THE FIELD
21 OF REGENERATIVE MEDICINE IN GENERAL AND HAVE ALWAYS
22 FOUND HIM TO BE EXTREMELY THOUGHTFUL AND VERY
23 HELPFUL IN THE ADVICE AND FEEDBACK THAT HE'S GIVEN
24 IN CONNECTION WITH ALL THAT WE'VE DISCUSSED.

25 AND WHILE I APPRECIATE THAT HE'S NOW

BARRISTERS' REPORTING SERVICE

1 FOCUSING ON OTHER THINGS, I DIDN'T WANT THE MOMENT
2 TO PASS WITHOUT SAYING HOW GREAT IT WAS TO HAVE JIM
3 AN ACTIVE MEMBER OF OUR BOARD AND THAT WE WISH HIM
4 CONTINUED WELL IN HIS CONSIDERABLE UNDERTAKINGS AT
5 UCLA. AND AT THIS POINT WOULD LIKE TO HAVE ANYBODY
6 MOVE THE RESOLUTION HONORING JIM.

7 MS. LANSING: I'LL MOVE IT.

8 DR. FRIEDMAN: SECOND.

9 CHAIRMAN THOMAS: THANK YOU, SHERRY.

10 SECONDED BY DR. FRIEDMAN. ANY COMMENTS BY MEMBERS
11 OF THE BOARD?

12 MR. TORRES: I JUST WANTED TO ADD MY VOICE
13 TO YOUR RELATIONSHIP WITH JIM. A TERRIFIC, TERRIFIC
14 BOARD MEMBER. AND ALSO I'M GRATEFUL FOR THE ADVICE
15 THAT WAS ALWAYS THERE AND WILLINGLY ON SO MANY
16 ISSUES. SO WE'RE GOING TO MISS YOU, JIM.

17 MR. ROTH: SAME FOR ME, AND HE FIXED A
18 PARKING TICKET ON TOP OF IT.

19 CHAIRMAN THOMAS: NOW WE GET TO HIS
20 HIGHEST AND BEST USE. THANK YOU, MR. ROTH.

21 MS. LANSING: I WOULD LIKE TO ADD TO THE
22 CHORUS OF APPRECIATION FOR JIM. HE'S BEEN WONDERFUL
23 TO WORK WITH, ALWAYS THOUGHTFUL, AND ALWAYS
24 EXTRAORDINARY.

25 CHAIRMAN THOMAS: THANK YOU.

BARRISTERS' REPORTING SERVICE

1 MS. SAMUELSON: I'VE REALLY BENEFITED FROM
2 HIS WISDOM. AND I'M REAL SORRY HE'S LEAVING. SAD
3 TO LOSE HIM.

4 CHAIRMAN THOMAS: THANK YOU. OKAY. WITH
5 THAT, WE'LL TAKE A VOTE ON THE RESOLUTION HONORING
6 DR. ECONOMOU. ALL IN FAVOR PLEASE SAY AYE.
7 OPPOSED? ABSTENTIONS? UNANIMOUS, AS WELL IT SHOULD
8 BE.

9 OKAY. WE HAD SCHEDULED THE -- WE HAD
10 SCHEDULED TODAY TO HAVE A RESOLUTION ALSO HONORING
11 DEAN PIZZO, BUT HE COULD NOT JOIN US. I'M INFORMED
12 THAT HAPPILY HE WILL BE THERE TO RECEIVE ACCOLADES
13 IN PERSON AT OUR MARCH BOARD MEETING. SO WE'RE
14 GOING TO TABLE THAT RESOLUTION FOR THAT MEETING.

15 SO THAT CONCLUDES THE ACTION ITEMS ON
16 TODAY'S AGENDA. I WOULD LIKE TO PROCEED NOW TO OUR
17 COMMUNICATIONS UPDATE. KEVIN.

18 MR. MC CORMACK: I WAS GOING TO SAY THANK
19 YOU, CHAIRMAN THOMAS, MEMBERS OF THE BOARD, LADIES
20 AND GENTLEMEN OF THE PUBLIC. I WANT TO BEGIN BY
21 ACTUALLY THANKING STAFF AND THE BOARD FOR THE WORK
22 THEY DID YESTERDAY. FOR THE COMMUNICATIONS TEAM,
23 YOU GAVE US TWO GREAT TOOLS THAT ARE GOING TO BE
24 REALLY VALUABLE TO US MOVING FORWARD. FIRST OF ALL,
25 DRS. FEIGAL AND OLSON, THE PRESENTATION THEY MADE

BARRISTERS' REPORTING SERVICE

1 YESTERDAY WAS WONDERFUL. AND IT'S GIVING US A LOT
2 OF INFORMATION, A LOT OF DATA THAT WE CAN THEN SHARE
3 WITH THE MEDIA AND HOPEFULLY KIND OF HELP DIRECT
4 THEM TO THE WONDERFUL WORK THAT WE'RE DOING AND THE
5 IMPACT THAT OUR FUNDING IS HAVING ON THE FIELD OF
6 REGENERATIVE MEDICINE.

7 IN THE EIGHT MONTHS OR SO SINCE I'VE BEEN
8 AT THE AGENCY, ONE OF THE MOST PERSISTENT QUESTIONS
9 I'VE HAD FROM MEMBERS OF THE MEDIA IS ABOUT
10 CONFLICTS OF INTEREST REGARDLESS OF THE FACT THAT NO
11 ONE HAS EVER BEEN ABLE TO ACTUALLY CITE ONE EXAMPLE.
12 BUT IT'S SOMETHING THAT'S COME UP TIME AND TIME
13 AGAIN. AND OBVIOUSLY SINCE THE IOM REPORT, IT'S
14 BEEN EVEN MORE PERSISTENT.

15 AND THE BOARD BY YOUR ACTIONS YESTERDAY
16 WILL HELP MOVE US PAST THAT, WILL HELP MOVE US INTO
17 A POINT WHERE WE CAN BEGIN TO GET THE MEDIA TO FOCUS
18 ON WHAT'S REALLY IMPORTANT, WHICH IS THE WORK THAT
19 WE'RE DOING FOR ALL OUR PATIENTS AND PATIENT
20 ADVOCATES. AND SO THANK YOU FOR THAT. THAT'S GOING
21 TO BE A VALUABLE TOOL FOR US MOVING FORWARD.

22 I'D NOW LIKE TO INTRODUCE YOU TO TWO OF MY
23 COLLEAGUES WHO WILL GIVE YOU AN UPDATE ON TWO
24 PROJECTS THEY'VE BEEN WORKING ON FOR QUITE SOME TIME
25 AND WHICH ARE NOW READY FOR PRIME TIME. DR. TODD

BARRISTERS' REPORTING SERVICE

1 DUBNICOFF AND AMY ADAMS. WE THINK WE'LL START WITH
2 TODD.

3 DR. DUBNICOFF: THANK YOU, MR. MCCORMACK.
4 THANK YOU, CHAIRMAN THOMAS AND THE REST OF THE BOARD
5 MEMBERS. I'M EXCITED TO LET THE BOARD KNOW THAT AS
6 OF LAST WEEK WE BEGAN INCLUDING SUBTITLES IN OUR
7 CIRM VIDEOS. IN FACT, I JUST BLOGGED ABOUT IT A FEW
8 HOURS AGO THIS MORNING. AND WE HOPE THAT THIS NEW
9 FEATURE WILL INVITE THE HEARING IMPAIRED AND
10 NON-ENGLISH SPEAKERS TO ACCESS OUR VIDEOS AND TO
11 LEARN ABOUT CIRM'S MISSION BY WATCHING VIDEO
12 INTERVIEWS AND PRESENTATIONS LIKE THE AMAZING ONE WE
13 SAW JUST NOW IN THE SPOTLIGHT ON DISEASE.

14 I'LL JUST DO A VERY QUICK DEMO OF THE
15 CAPTIONS. WE'LL WATCH THE FIRST 30 SECONDS. SO THE
16 FIRST VIDEO THAT WE'RE ROLLING THIS FEATURE OUT WITH
17 IS OUR MOST RECENT VIDEO. IT'S ENTITLED
18 "PARKINSON'S: ASK THE STEM CELL EXPERT." AND IT
19 FEATURES AN INTERVIEW WITH XIANMIN ZENG, A CIRM
20 GRANTEE FROM THE BUCK INSTITUTE FOR RESEARCH ON
21 AGING. AND IT ALSO FEATURES OUR VERY OWN AMY ADAMS,
22 WHO DID A TERRIFIC JOB AS THE ON-CAMERA INTERVIEWER.

23 SO WE'LL WATCH THE 30 SECONDS AND YOU CAN
24 SEE. BY DEFAULT WE GET ENGLISH SUBTITLES. WE GET
25 CHINESE SUBTITLES. AND IS THERE ANY VOLUME? LET'S

BARRISTERS' REPORTING SERVICE

1 START OVER. CUT. ACTUALLY WE DON'T NEED AUDIO
2 BECAUSE WE HAVE SUBTITLES. IT WORKED IN REHEARSAL.
3 ANYHOW, WE WORKED WITH A TRANSLATION
4 SERVICES TEAM TO INTRODUCE BOTH SPANISH AND CHINESE
5 SUBTITLES TO THE VIDEOS. AND THE OTHER ADDED
6 BENEFIT OF THIS IS THAT THE TRANSCRIPT THAT IS
7 GENERATED BY THE CAPTIONS IS NOW INDEXED BY GOOGLE.
8 SO YOU CAN ACTUALLY SEARCH ON THAT TEXT. PREVIOUSLY
9 THE ONLY THING THAT THE INTERNET KNEW ABOUT OUR
10 VIDEOS WAS THE TITLE AND ANY DESCRIPTION WE WROTE
11 ABOUT IT, BUT NOW YOU WILL BE ABLE TO SEARCH ON THAT
12 TEXT, AND THAT WILL CAUSE THE RANKING OF THOSE
13 VIDEOS TO RISE IN THE GOOGLE SEARCHES.

14 AND THAT'S IT.

15 MR. MC CORMACK: WE'RE GOING TO BE DOING
16 THIS WITH MOST OF OUR MAJOR VIDEOS AS WE MOVE
17 FORWARD. WE'RE GOING TO BE TRANSLATING THEM
18 CERTAINLY INTO SPANISH AND MAYBE OTHER LANGUAGES AS
19 WE FEEL APPROPRIATE, DEPENDING, OBVIOUSLY, ON THE
20 COMMUNITIES THAT ARE MOST AFFECTED BY THEM. WE'RE
21 ALSO GOING TO GO BACK INTO OUR CATALOG. WE HAVE 180
22 VIDEOS, MORE THAN 180 VIDEOS ON OUR YOUTUBE CHANNEL.
23 SO WHAT WE'RE GOING TO DO IS GO BACK AND IDENTIFY
24 THE ONES THAT WE THINK ARE THE MOST IMPORTANT, THAT
25 GET THE MOST VIEWS, AND THEN TRANSLATE SOME OF THOSE

BARRISTERS' REPORTING SERVICE

1 AS WELL. SO THIS IS GOING TO BE A REGULAR FEATURE
2 OF WHAT WE DO.

3 WE WANT TO MAKE EVERYTHING THAT WE DO AT
4 THE AGENCY MUCH MORE ACCESSIBLE TO AS WIDE AN
5 AUDIENCE AS POSSIBLE.

6 AND NOW SPEAKING OF UPDATING THINGS,
7 HERE'S AMY, WHO IS THE STAR OF THE VIDEO ACTUALLY IF
8 YOU EVER GET TO SEE IT.

9 MS. ADAMS: I'M JUST GOING TO DO MY
10 PRESENTATION IN ENGLISH DESPITE MY EXCELLENT CHINESE
11 IN THAT VIDEO.

12 I WANT, AS I TRY TO FIND THE PAGE I WANT
13 TO SHOW YOU, I WANT TO BRAG ABOUT TODD A LITTLE BIT.
14 JUST TO SAY THAT THE 180 SOME ODD VIDEOS WE HAVE ON
15 YOUTUBE, IN 24 HOURS WE GET ABOUT 15 HOURS OF
16 VIEWERSHIP OF OUR COLLECTIVE VIDEOS IN A DAY, WHICH
17 I THINK IS PRETTY IMPRESSIVE. A LOT OF PEOPLE ARE
18 HEARING ABOUT CIRM AND CIRM PROGRESS.

19 SO WHAT I'M HERE TO TALK ABOUT IS A WEB
20 SITE. I WAS HOPING THAT I WAS GOING TO TELL YOU
21 THAT WE WENT LIVE WITH THIS SITE, BUT THAT IS NOT
22 THE CASE. WE MIGHT BE GOING LIVE TOMORROW.

23 MY GOAL IS TWOFOLD. FIRST, WHEN THIS GOES
24 LIVE, I WANT YOU TO BE ABLE TO FIND WHAT YOU'RE
25 LOOKING FOR AND NOT THINK YOU'VE GONE TO THE WRONG

BARRISTERS' REPORTING SERVICE

1 PLACE. SECOND, I WANT TO SHOW YOU SOME OF THE COOL
2 NEW FEATURES WE'VE GOT IN THE SITE.

3 I THINK THE BIGGEST THING YOU'LL NOTICE
4 ABOUT THE SITE IS THAT IT IS BEAUTIFUL IN STARK
5 CONTRAST TO OUR OLD SITE. AND IT IS, THEREFORE,
6 EASIER TO FIND THINGS. SO WE HAVE MUCH OF THE SAME
7 CONTENT AS IN THE CURRENT SITE, BUT IT'S FINDABLE
8 NOW.

9 SO LET'S START. HERE'S THE HOME PAGE. A
10 LOT OF THE INFORMATION IS IN THE SAME PLACE. OUR
11 FUNDING SECTION HAS EVERYTHING ABOUT WHAT WE'VE
12 FUNDED. ABOUT STEM CELLS HAS QUITE A BIT OF
13 INFORMATION ABOUT -- BASIC INFORMATION ABOUT STEM
14 CELLS OR VIDEOS. BOARD AND MEETINGS OBVIOUSLY HAS
15 TO DO WITH YOU ALL. AND THEN GENERAL INFORMATION
16 ABOUT CIRM.

17 I WANT TO START WITH OUR FUNDING SECTION.
18 FOR CRYING OUT LOUD. WELL, I'LL TALK FOR A MINUTE.
19 I THINK ONE OF THE BIGGEST CHANGES ON THE NEW SITE
20 IS ACTUALLY NOT ALL THAT VISIBLE, BUT IT IS A HUGE
21 DEAL. THAT IS, IN THE PAST WE HAD A LOT OF
22 INFORMATION ABOUT OUR FUNDING, ABOUT OUR GRANTS, ALL
23 THIS. AND THE WAY THAT GOT IN THE SITE IS THAT I
24 AND A FEW OTHER PEOPLE MANUALLY TYPED INFORMATION
25 ABOUT ALL OF OUR GRANTS AND THE PUBLIC ABSTRACTS AND

BARRISTERS' REPORTING SERVICE

1 EVERYTHING INTO THE SITE, WHICH LIMITED THE AMOUNT
2 OF INFORMATION WE COULD GET IN THERE AND LIMITED THE
3 ACCURACY BECAUSE WE WERE TYPING.

4 AS DR. FEIGAL MENTIONED IN HER
5 PRESENTATION, WE HAVE BEEN BUILDING A NEW GRANTS
6 MANAGEMENT SYSTEM. THAT NEW GRANTS MANAGEMENT
7 SYSTEM HAS INFORMATION ABOUT ALL OF OUR AWARDS IN
8 ONE PLACE. AND BECAUSE OF THAT, WE'RE ABLE TO PULL
9 THAT DATA INTO THE WEB SITE. SO NOW THE WEB SITE
10 HAS A LOT MORE INFORMATION, AND IT'S A LOT MORE
11 ACCURATE, AND I DIDN'T HAVE TO PUT IT THERE, WHICH I
12 APPRECIATE.

13 AND AMY SAYS I HAVE TO KEEP TALKING TO YOU
14 WITHOUT SHOWING YOU STUFF. I SAID I COULD. I SAID
15 I COULD TALK FOREVER ABOUT THE CITE, BUT I THOUGHT
16 I'D HAVE SOMETHING TO SHOW PEOPLE.

17 ONE OF THE FOCUSES, ONE OF THE THINGS I'M
18 GOING TO TRY TO SHOW YOU NOW IS WE'VE TRIED TO MAKE
19 IT MUCH EASIER FOR PEOPLE TO FIND INFORMATION ABOUT
20 THE PROGRESS OF OUR GRANTEES. SO, FOR EXAMPLE, I
21 THINK IT WAS TWO YEARS AGO, I PRESENTED TO THIS
22 BOARD A NEW TABLE WE HAD CREATED THAT SHOWED ALL OF
23 OUR FUNDING. YOU COULD FILTER BY INSTITUTION, BY
24 DISEASE, BY A FEW OTHER THINGS AND PULL UP
25 INFORMATION ABOUT THE GRANT. YOU CAN STILL DO THAT,

BARRISTERS' REPORTING SERVICE

1 BUT NOW YOU CAN ALSO SEE PROGRESS REPORTS.

2 SO EVERY YEAR WHEN OUR GRANTEES SUBMIT
3 PROGRESS REPORTS, THEY SUBMIT A PUBLIC SUMMARY OF
4 THE PROGRESS THEY'VE MADE. AND THAT'S GOING TO BE
5 PUBLICLY AVAILABLE. SO WHEN MEMBERS OF THE PUBLIC
6 ARE LOOKING AT SPECIFIC GRANTS AND CURIOUS WHAT'S
7 COME OUT OF THIS RESEARCH THAT WE FUNDED AND LOOKED
8 LIKE IT WAS GOING TO BE SO PROMISING, THEY CAN SEE
9 WHAT HAS HAPPENED.

10 ALSO PUBLICATIONS. WE TALK A LOT ABOUT
11 THE FACT THAT WE'VE GOT MORE THAN 1200 PUBLICATIONS
12 NOW THAT HAVE COME OUT OF OUR FUNDING. THOSE
13 PUBLICATIONS ARE NOW GOING TO BE VISIBLE ON THE
14 GRANT PAGE. SO ANY PUBLICATION ASSOCIATED WITH THAT
15 GRANT.

16 AND I SEE DON REED, IS HE STILL IN THE
17 AUDIENCE? NO, HE'S NOT. DON WAS VERY EXCITED ABOUT
18 US HAVING PUBLICATIONS ON THE SITE AND VERY EXCITED
19 ABOUT HAVING THE PUBLIC ABSTRACT OF THOSE
20 PUBLICATIONS AS WELL. SO NOW FOR ANY PUBLICATION
21 THAT'S COME OUT OF OUR FUNDING, MEMBERS OF THE
22 PUBLIC LIKE DON CAN GO IN AND LOOK AT THAT
23 PUBLICATION AND SEE WHAT IT REALLY MEANT, NOT IN THE
24 SCIENTIFIC MUMBO JUMBO.

25 NOW I HAVE KILLED ENOUGH TIME SHOUTING,

BARRISTERS' REPORTING SERVICE

1 AND I WANT TO SHOW YOU SOME STUFF. THAT FONT IS
2 INSANELY SMALL, BUT I THINK WE ARE NOT GOING TO MESS
3 WITH THAT.

4 SO THIS IS OUR FUNDING SECTION. ONE OF
5 THE THINGS, AS I SAID, THAT WE'RE REALLY TRYING TO
6 HIGHLIGHT IS PROGRESS. SO AT THE BOTTOM OF THE
7 PAGE, WE HAVE A SECTION CALLED PROGRESS TOWARDS
8 THERAPIES. AND THAT TAKES YOU TO A PAGE THAT'S BEEN
9 UP FOR A WHILE, BUT IS EXPANDED NOW. AND THIS IS
10 SOMETHING, AFTER DRS. FEIGAL AND OLSON PRESENTED TO
11 YOU YESTERDAY ABOUT THE PORTFOLIO, MANY PEOPLE SAID
12 THEY WANT MORE INFORMATION ABOUT THE PORTFOLIO AT
13 THEIR FINGERTIPS. THIS ISN'T NEARLY AS DETAILED AS
14 WHAT THEY GAVE YOU, BUT IT DOES LIST EVERY GRANT
15 THAT IS IN OUR PORTFOLIO BY DISEASE AREA, BY FUNDING
16 LEVEL. YOU CAN SCROLL THROUGH IT, CLICK ON ANY OF
17 THOSE, LEARN MORE ABOUT THE AWARDS.

18 THIS LITTLE EXCEL BUTTON MEANS YOU CAN
19 DOWNLOAD THAT ALL TO EXCEL IF YOU FEEL THE URGE.
20 AND THEN THIS IS THE TOTAL FUNDING IN OUR PORTFOLIO
21 AT ANY TIME.

22 I WANT TO SAY THAT DR. RAHUL THAKAR IN THE
23 SCIENCE OFFICE IS THE ONE WHO REALLY MANAGES THIS IN
24 THE GRANTS MANAGEMENT SIDE AND PULLS IT INTO THE WEB
25 SITE. THANKS TO HIM.

BARRISTERS' REPORTING SERVICE

1 SO THERE'S A PARTICULAR AWARD I WANT TO
2 LOOK FOR HERE BECAUSE IT'S THE AWARD THAT ALLOWS ME
3 TO SHOW YOU A BUNCH OF THINGS WITH ONE CLICK. SO
4 THAT IS BLOOD CANCER. THIS AWARD. SO YOU CAN CLICK
5 ANY OF THE AWARDS. THIS IS INFORMATION WE'VE HAD ON
6 THE SITE BEFORE, THE TYPE OF AWARD, THE GRANTEE.
7 BUT WE'RE NOW SHOWING THE CO-PI AND THE PARTNER PI'S
8 IF THERE'S A COLLABORATIVE FUNDER. THOSE ARE
9 LISTED, WHICH IS NICE. PUBLIC ABSTRACTS. STATEMENT
10 OF BENEFIT YOU'VE SEEN BEFORE. HERE ARE THOSE
11 PROGRESS REPORTS. HE'S GOT TWO OF THEM. AND THEN
12 THE PUBLICATIONS.

13 IF YOU ARE INTERESTED IN MORE ABOUT THE
14 PUBLICATION, IF YOU CLICK ON THIS LINK, IT TAKES YOU
15 TO A PAGE WHERE YOU GET ALL THE *PUBMED* INFORMATION
16 THAT'S AVAILABLE OR A LINK TO *PUBMED* IF YOU WANT
17 THAT. SO I THINK THAT IS A PRETTY EXCITING
18 RESOURCE.

19 IF YOU WERE TO BE INTERESTED IN A
20 PARTICULAR GRANTEE, I'M GOING TO USE CATRIONA
21 BECAUSE I HAPPEN TO KNOW THAT SHE HAS INTERESTING
22 INFORMATION HERE. WE NOW HAVE INFORMATION ABOUT
23 EACH GRANTEE. AT THIS POINT IT'S PRETTY LIMITED,
24 BUT WE'LL HAVE MORE. SO FOR CATRIONA, YOU CAN SEE
25 THAT SHE IS THE PI ON THREE AWARDS WORTH ABOUT \$7

BARRISTERS' REPORTING SERVICE

1 MILLION AND SHE'S THE CO-PI ON ONE AWARD. AND THIS
2 INFORMATION IS AVAILABLE FOR ALL OF OUR GRANTEES.

3 I WISH LEEZA WERE HERE BECAUSE AT A
4 MEETING LIKE TWO YEARS AGO LEEZA SAID SHE WANTED
5 IMAGES OF OUR GRANTEES AS A SORT OF WALL OF HEROES.
6 AND NOW THAT WE'VE GOT ALL THE GRANTEES IN THE SITE,
7 THAT KIND OF THING IS ACTUALLY POSSIBLE AND NOT EVEN
8 VERY DIFFICULT. IF WE GET GRANTEES TO SUBMIT
9 IMAGES, IT'S VERY EASY FOR ME TO START DISPLAYING
10 THOSE. SO THANK YOU, LEEZA, FOR THAT IDEA EVEN
11 THOUGH SHE'S NOT HERE.

12 SO I WANT TO FOCUS ON SOME OF THE PATIENT
13 ADVOCATE MEMBERS OF THE BOARD AND THE INFORMATION
14 THEY HAVE AVAILABLE TO HELP THEM TALK ABOUT CIRM.
15 AND DIANE WINOKUR HAS STEPPED OUT. I'M HOPING TO
16 USE ALS AS MY EXAMPLE THROUGH THIS IN HONOR OF HER
17 JOINING OUR BOARD.

18 SO WE HAVE A SECTION ON FUNDING FOR
19 DIFFERENT DISEASES. WE'VE SO FAR CREATED PAGES FOR
20 23 DIFFERENT DISEASES. LET'S LOOK AT ALS. WHAT'S
21 DIFFERENT, WE'VE HAD THESE BEFORE, WHAT'S DIFFERENT
22 ON THE NEW SITE IS WE HAVE INFORMATION ABOUT THE
23 DISEASE, DESCRIPTIONS OF EACH OF THE MAJOR PORTFOLIO
24 PROJECTS, IF YOU ARE INTERESTED. AND THEN, AGAIN,
25 IT'S A LIST OF ALL OF THE AWARDS TO THE SPECIFIC

BARRISTERS' REPORTING SERVICE

1 DISEASE AREA. SO IF YOU WANT TO TALK TO SOMEONE
2 ABOUT A PARTICULAR DISEASE IN CIRM'S PORTFOLIO,
3 YOU'VE GOT A ONE-STOP SHOP THAT HAS ALL OF THE
4 GRANTS, THE TOTAL FUNDING, AND ALL THE VIDEOS. SO
5 WE HAVE A WHOLE BUNCH OF VIDEOS RELATING TO ALS,
6 WHICH IS EXCITING.

7 AND THEN FINALLY, ON THE TOPIC OF VIDEOS,
8 I HAVE ONE MORE THING I WANT TO SHOW YOU BEFORE
9 LUNCH. THAT'S THE VIDEO PAGE. SO WE HAVE MORE THAN
10 180 VIDEOS, AS YOU HAVE HEARD. AND THEY USED TO BE
11 IN A REALLY UGLY LIST AND THEY WERE REALLY HARD TO
12 FIND. EVEN THOUGH THERE WAS 180 OF THEM, YOU WOULD
13 HAVE A VERY DIFFICULT TIME PULLING OUT THE ONES YOU
14 WANTED. SO WE NOW HAVE THIS FILTERABLE LIST. AND I
15 WANT TO SAY SOON THE SPOTLIGHT WE JUST HEARD WOULD
16 BE UP HERE, AND YOU WOULD GET TO IT BY SIMPLY
17 FILTERING BY DISEASE AREA. AND LET'S JUST FILTER BY
18 ALS BECAUSE THAT'S WHAT I'M USING AS MY EXAMPLE.

19 GO BY YOUR DISEASE AREA, AND YOU'LL SEE
20 ALL THE VIDEOS THAT RELATE TO THAT DISEASE AREA OR
21 YOUR VIDEO TOPIC. SO IF YOU'RE CURIOUS ABOUT OUR
22 WEBINARS, WE HAVE THOSE. INDIVIDUAL EVENTS ALL
23 LISTED.

24 SO I THINK GIVEN HOW POPULAR OUR VIDEOS
25 HAVE BEEN, I THINK THIS IS GOING TO MAKE IT EVEN

BARRISTERS' REPORTING SERVICE

1 EASIER FOR PEOPLE TO FIND THE VIDEOS THAT THEY CARE
2 ABOUT AND THAT THEY REALLY SEEM TO WANT TO WATCH. I
3 THINK THAT'S EXCITING.

4 I COULD SHOW YOU MANY MORE THINGS, BUT I
5 THINK WE'RE ALL HUNGRY AND WOULD LIKE TO GO TO
6 LUNCH. DO PEOPLE HAVE ANY QUESTIONS?

7 DR. LUBIN: ONE THING TO CONSIDER, WHEN
8 YOU LOOK AT NIH, THEY HAVE A CLINICAL TRIALS SECTION
9 IF THE PEOPLE WANT TO PARTICIPATE. THIS IS ACTUALLY
10 PROBABLY LOOKED AT NATIONALLY, THESE VIDEOS. USE IT
11 FOR EDUCATION. I'M WONDERING IF WE COULD HAVE AN
12 OPEN TRIALS AND THINGS THAT PEOPLE MIGHT WANT TO
13 CONTACT ABOUT EXISTING CLINICAL TRIALS THAT ARE
14 BASED ON SCIENCE THAT WAS FUNDED BY CIRM, BUT COULD
15 INVOLVE PEOPLE THAT DON'T NECESSARILY LIVE IN
16 CALIFORNIA THAT WANT TO PARTICIPATE. I THINK THAT'S
17 SOMETHING TO THINK ABOUT.

18 MS. ADAMS: I THINK THE FOX FOUNDATION
19 ALSO DOES AN EXCELLENT JOB OF THAT ON THEIR WEB
20 SITE. IT'S SOMETHING THAT WE'VE LOOKED AT.

21 MR. SHESTACK: I JUST WANTED TO SAY THAT
22 OVER THE YEARS I'VE JUST BEEN LIKE, AS JUST A PUBLIC
23 MEMBER AND A BOARD MEMBER, VERY IMPRESSED WITH THE
24 CONTINUED SORT OF DEPTH AND EASE OF USE OF THE WEB
25 SITE IN TERMS OF ACTUALLY GETTING SORT OF PORTFOLIO.

BARRISTERS' REPORTING SERVICE

1 BUT EVEN IF I QUIBBLE WITH SOME OF THE ALLOCATIONS,
2 IT FEELS TRANSPARENT, IT FEELS LIKE YOU CAN GET THE
3 INFORMATION YOU NEED WITHOUT ROOTING AROUND TOO
4 DEEPLY, AND IT'S FRIENDLY AND SMART AT THE SAME
5 TIME, AND I THINK IT'S JUST GOTTEN BETTER AND
6 BETTER. SO I JUST WANTED TO APPRECIATE IT.

7 MR. SHEEHY: I THINK THIS IS FABULOUS.
8 THIS IS BEAUTIFUL. AND I'M JUST SO IMPRESSED WITH
9 THE WAY YOU GUYS CONTINUE TO KEEP ON THE
10 CUTTING-EDGE OF COMMUNICATING WHAT WE'RE DOING.

11 ACTUALLY I HAD A QUESTION FOR KEVIN. IS
12 THAT INTERRUPTING?

13 MS. ADAMS: OH, NO. GO RIGHT AHEAD.

14 MR. SHEEHY: IT REALLY WAS STIMULATED BY
15 YOUR COMMENTS WHEN YOU OPENED UP. I WONDER IF ANY
16 THOUGHT HAS BEEN GIVEN TO GOING TO THE EDITORIAL
17 BOARDS SINCE WE GOT WHACKED PRETTY HARD. AND WE
18 WANT THEM TO KNOW THAT WE'VE LISTENED TO THEM, WE'VE
19 TAKEN ACTION. AND MAYBE THINKING ABOUT IT AS A
20 ONE-TWO PUNCH. I CAN SEE LETTING THEM KNOW THAT WE
21 HEARD THEIR CONCERNS, WE'VE AGGRESSIVELY, INSTANTLY
22 ALMOST, TAKEN ACTION.

23 BUT ALSO I THINK HEARING ABOUT SOMEBODY
24 LIKE DEEPAK IF YOU'RE AT THE *SAN FRANCISCO CHRONICLE*
25 AND SEEING THAT PATIENT ADVOCATE AND UNDERSTANDING

BARRISTERS' REPORTING SERVICE

1 NOT ONLY WHAT WE'RE DOING, BUT WHAT IT MEANS.

2 I THINK THAT THAT MIGHT BE A VERY POWERFUL
3 WAY TO AT LEAST GET THOSE FOLKS WHO WERE PRETTY
4 HARSH ON US TO START SEEING US IN A SLIGHTLY
5 DIFFERENT LIGHT. OBVIOUSLY THEY WANT TO TALK ABOUT
6 THE POLITICS AND THE ISSUES THAT WERE IDENTIFIED,
7 BUT IT WOULD BE GREAT ALSO TO HAVE WITH THAT SOME OF
8 THE REALLY EXCITING, REALLY STUNNING SCIENCE, AND
9 HEARING FROM PATIENTS LIKE MARY, HER STORY. I MEAN
10 I'M STILL MOVED BY HEARING FROM HER AND HER SON.
11 AND LETTING THEM KNOW WHAT THIS REALLY MEANS.

12 MR. MC CORMACK: ABSOLUTELY. ONE OF THE
13 THINGS THAT I WAS DOING YESTERDAY WAS TRYING NOT TO
14 DROOL AT THE PROSPECTS OF BEING ABLE TO GO TO THE
15 EDITORIAL BOARDS WITH J.T., WITH SENATOR TORRES, AND
16 SOME OF OUR PATIENT ADVOCATES AND BEING ABLE TO
17 SPECIFICALLY ADDRESS A LOT OF THESE ISSUES THAT THEY
18 RAISED IN THEIR EDITORIALS AND SHOW THAT.

19 I REMEMBER WHEN WE ISSUED OUR NEWS
20 RELEASE, AND ONE OF THE OTHER REPORTERS WAS SAYING,
21 "THEY SAID THEY'RE TAKING IT SERIOUSLY, BUT HOW
22 SERIOUSLY ARE THEY GOING TO TAKE IT?" NOW WE CAN GO
23 BACK AND SAY, LOOK, THIS IS HOW SERIOUSLY. SO WE
24 HAVE SOMETHING REALLY SPECIFIC, VERY CONCRETE THAT
25 WE CAN GO BACK TO THE EDITORIAL BOARDS, GO BACK TO

BARRISTERS' REPORTING SERVICE

1 THESE REPORTERS AND SAY HERE'S WHAT WE'RE DOING.
2 HERE'S WHERE WE'RE ADDRESSING IT. AND HERE'S DR.
3 SHAPIRO ENDORSING WHAT WE'RE DOING. SO IT'S A
4 REALLY STRONG TOOL THAT YOU GAVE US YESTERDAY AND I
5 THANK YOU.

6 MR. TORRES: WE WANTED TO MAKE A STRATEGIC
7 DECISION NOT TO GO TO THE EDITORIAL BOARDS UNTIL WE
8 HAD SOMETHING. I THINK THAT'S STILL OUR INTENT.
9 AND I THINK AT THE END OF THE DAY, IF WE WOULD HAVE
10 GONE BEFORE, AS YOU WELL KNOW WITH YOUR MEDIA
11 EXPERIENCE, WE WOULD HAVE BEEN STRADDLED WITH
12 OPERATIONAL ISSUES.

13 I WANT THE BOARD TO KNOW THAT J.T. AND
14 MYSELF, OBVIOUSLY KEVIN, THE COMMUNICATIONS FOLKS,
15 DECIDED THAT WE SHOULD WAIT UNTIL WE HAVE A CONCRETE
16 PROPOSAL TO PRESENT TO THEM AND SAY, OKAY. SO WHAT?
17 HERE'S WHAT THE BOARD HAS APPROVED. HERE'S WHERE WE
18 WANT TO GO. AND THEN WE'LL MOVE IN THAT DIRECTION.

19 LASTLY, I JUST WANT TO SAY I'M THERE DAY
20 TO DAY AT THE INSTITUTE. AND I JUST WANT TO SAY
21 WHAT A TERRIFIC JOB THIS GROUP OF FOLKS, DON
22 GIBBONS, AMY, KEVIN AND -- MOST PEOPLE DON'T KNOW
23 THAT TODD HAS A PH.D. IN BIOLOGY AND HE'S DOING
24 VIDEOS. SO IT'S INCREDIBLE. I THINK THE VIDEOS
25 HAVE BEEN NOMINATED JUST RECENTLY FOR AN AWARD AS

BARRISTERS' REPORTING SERVICE

1 WELL. SO WE SHOULD BE VERY PROUD OF THIS OPERATION
2 AND THE WORK THAT THEY'RE DOING TO GET OUR MESSAGE
3 OUT IN A NUMBER OF LANGUAGES AS WELL AS ACCESSING
4 OTHER COMMUNITIES. THANK YOU.

5 MR. SHESTACK: I JUST WANT TO -- I AGREE
6 WITH WHAT JEFF SAID. I UNDERSTAND THE CAUTION UP
7 UNTIL NOW. BUT I'VE ALWAYS FELT THAT CIRM DID NOT
8 NECESSARILY PUT ITS STRONGEST FOOT FORWARD WITH
9 EDITORIAL BOARDS. NOW THAT YOU HAVE SOMETHING, EVEN
10 FROM A STRATEGIC POINT OF VIEW, I URGE YOU TO SET
11 THESE KINDS OF MEETINGS WITH THREE OR FOUR OF THE
12 MAJOR EDITORIAL BOARDS AS FAST AS POSSIBLE BECAUSE I
13 WOULD LIKE TO -- I THINK WE NEED TO ACTUALLY SEE IF
14 OUR MESSAGE IS GOOD AND DOES THE TRICK. AND IF IT
15 DOESN'T, THEN WE GOT TO RETOOL AGAIN FAST. BUT WE
16 SHOULDN'T SORT OF BE TIMOROUS AND WAIT TO SEE IF WE
17 GET GOOD NEWS FOR THEM UNTIL WE'RE REALLY UP AGAINST
18 IT GIVEN THE LONGER STRATEGIC GOALS.

19 I WOULD SAY IF EVERYONE IN STAFF AGREES,
20 THAT IT WOULD BE GOOD TO REALLY EXPEDITE THAT AND
21 TEST OUT ONE IN *THE BEE* OR *L.A. TIMES* OR SOMETHING
22 AND SEE WHERE WE CAN GO.

23 CHAIRMAN THOMAS: I'D LIKE TO SAY THAT
24 IT'S OUR ABSOLUTE FULL INTENTION TO DO JUST THAT.
25 WE'VE NOW GOT SOME REAL GRIST TO GO BACK WITH. AND

BARRISTERS' REPORTING SERVICE

1 I THINK THAT THE OPPORTUNITY IS RIPE, GOT GREAT
2 MOMENTUM GOING, AND WE DO WANT TO SEIZE THE DAY,
3 WHICH WE WILL.

4 WANT TO ECHO WHAT EVERYBODY HAS BEEN
5 SAYING TO AMY AND TODD AND KEVIN AND DON, THAT AS
6 THE COMMUNICATIONS EFFORT EVOLVES OVER TIME, IT JUST
7 GETS BETTER AND BETTER. AND WE HAVE THE GREAT STORY
8 THAT WE HAD PRESENTED TO US YESTERDAY MORNING AS
9 SOMETHING WE WILL HAVE ONGOING WORK AND CONVEYING TO
10 THE PUBLIC SO THAT THEY FULLY UNDERSTAND JUST THE
11 ENORMITY OF THE EFFORT AND THE PROMISE OF ALL THE
12 RESEARCH.

13 MR. MC CORMACK: JOAN.

14 MS. SAMUELSON: YOU'VE MADE MY DAY. THIS
15 IS EXACTLY WHAT I WAS THINKING OF YESTERDAY WHEN I
16 WAS TALKING ABOUT THE NEED FOR TRANSPARENCY. THIS
17 IS TAKING A BIG STEP FORWARD IN DOING THAT. IT'S
18 ANSWERING THE THING PEOPLE OF MY GENERATION WHEN WE
19 WERE KIDS, THAT IT'S NOT -- IT DOESN'T EXIST IF IT'S
20 NOT ON TV. AND THIS HAS GOTTEN TO THE POINT WHERE
21 IT IS SOMETHING THAT IS ACCESSIBLE AND ENTERTAINING
22 AS WELL AS INFORMATIVE. THAT'S EXACTLY WHAT WE
23 NEED.

24 THE OTHER THING IT WILL DO, I THINK, IS
25 START ADDRESSING THE SUSTAINABILITY ISSUE WITH THESE

BARRISTERS' REPORTING SERVICE

1 TOOLS FOR A VIRTUAL ROAD SHOW. AND IF HE'S UP TO
2 IT, JOSHUA WITH SOME OTHER SIMILARLY AFFECTED
3 PATIENTS AND PATIENT ADVOCATES GOING ON THE ROAD.
4 IF WE CAN SHOW, AS WAS SAID ABOUT, I THINK, THAT
5 WORK, THAT THE FEDS COULD NOT FUND IT AND THAT WE
6 COULD, PEOPLE ARE GOING TO START DROPPING NICKELS IN
7 A CAN AT EVERY CASH REGISTER IN THE WORLD. I
8 BELIEVE THAT. I DON'T BELIEVE THAT'S AN
9 EXAGGERATION. PEOPLE WANT CURES. THAT'S WHY THEY
10 DECIDED TO SPEND 3 BILLION HERE. AND THERE'S MORE
11 MONEY, A LOT MORE MONEY OUT THERE, I THINK. SO
12 THANK YOU SO MUCH.

13 MR. MC CORMACK: THANK YOU. I WOULD LIKE
14 TO COMMEND AMY, BEFORE WE GO ANY FURTHER, FOR THE
15 HARD WORK SHE'S DONE ON THE WEB SITE. SHE'S WORKED
16 ON THIS FOR ABOUT 18 MONTHS. AND IT'S A DEVILISHLY
17 DIFFICULT THING TO DO BECAUSE WE HAVE SO MANY
18 DIFFERENT AUDIENCES. WE HAVE A VERY HEAVILY
19 SCIENTIFIC ACADEMIC AUDIENCE THAT WANT THAT KIND OF
20 IN-DEPTH INFORMATION. WE HAVE REPORTERS AND WE HAVE
21 GENERAL PUBLIC WHO ARE JUST LOOKING FOR BASIC
22 INFORMATION ABOUT STEM CELLS OR ABOUT A PARTICULAR
23 DISEASE. AND TO CREATE A WEB SITE THAT MEETS ALL
24 THOSE NEEDS, THAT'S EASY TO ACCESS, THAT'S EASY TO
25 UNDERSTAND AND FOLLOW AND NAVIGATE IS REALLY A WORK

BARRISTERS' REPORTING SERVICE

1 OF ART. AND SHE'S DONE AN AMAZING JOB.

2 CHAIRMAN THOMAS: HERE. HERE. WELL DONE.

3 (APPLAUSE.)

4 DR. LUBIN: JUST AN ADDITIONAL COMMENT.

5 CLAIRE AND I WERE TALKING ABOUT THIS LAST NIGHT,
6 THAT THERE WERE SOME DISCUSSIONS EARLIER ABOUT ELSI
7 OR ETHICAL, LEGAL, SOCIAL IMPLICATIONS OF STEM
8 CELLS, THAT WE PUT A SMALL PORTION OF OUR BUDGET
9 INTO SOMETHING LIKE THAT. I THINK THAT'S ANOTHER
10 THING THAT GETS THE PUBLIC MORE INVOLVED AND
11 UNDERSTANDS THAT WE APPRECIATE THAT. AND I THINK AT
12 A FUTURE MEETING, WE MIGHT WANT TO THINK A LITTLE
13 BIT ABOUT WHAT WE'RE DOING OR NOT DOING OR SHOULD WE
14 BE DOING SOMETHING AND CONSIDER THAT. I SUGGEST
15 THAT WE PUT ON THAT ON OUR AGENDA FOR A FUTURE
16 MEETING.

17 CHAIRMAN THOMAS: THANK YOU, DR. LUBIN.
18 ANY OTHER COMMENTS?

19 MS. FEIT: I WAS UNABLE TO STAY FOR THE
20 VOTE YESTERDAY, BUT I WANTED TO BE ON THE RECORD
21 THAT I SUPPORT THE ACTIONS TAKEN TO ADDRESS THE IOM
22 REPORT YESTERDAY. THANK YOU.

23 CHAIRMAN THOMAS: THANK YOU. THANK YOU
24 VERY MUCH, KEVIN.

25 I BELIEVE WE'RE NOW AT THE STAGE WHERE WE

BARRISTERS' REPORTING SERVICE

1 HAVE ANY COMMENTS BY MEMBERS OF THE PUBLIC.

2 MR. TORRES: MOVE TO ADJOURN.

3 CHAIRMAN THOMAS: IT'S BEEN MOVED,
4 SECONDED, THIRDED, FOURTHED, ETC. MARIA IS GOING TO
5 MAKE AN ANNOUNCEMENT.

6 MS. BONNEVILLE: THERE IS LUNCH ACTUALLY
7 FOR EVERYONE WHOEVER WOULD LIKE IT, AND THERE'S
8 ACTUALLY TO-GO BOXES AS WELL IF YOU GUYS ARE ON YOUR
9 WAY TO CATCH YOUR FLIGHTS. SAME PLACE AS YESTERDAY.

10 CHAIRMAN THOMAS: SO THANK YOU, EVERYBODY,
11 FOR WHAT, AS I SAID EARLIER, I BELIEVE WILL BE
12 VIEWED AS AN HISTORIC MEETING THE LAST TWO DAYS. WE
13 LOOK FORWARD TO SEEING EVERYBODY FOR THE NEXT
14 REGULARLY SCHEDULED MEETING, WHICH IS MARCH 19TH.
15 WE STAND ADJOURNED.

16 (THE MEETING WAS THEN CONCLUDED AT
17 11:43 A.M.)

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25

BARRISTERS' REPORTING SERVICE

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

CLAREMONT HOTEL
41 TUNNEL ROAD
BERKELEY, CALIFORNIA
ON
JANUARY 24, 2013

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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