

BETH C. DRAIN, CA CSR NO. 7152

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: VIA ZOOM

DATE: JUNE 27, 2022
9 A.M.

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

FILE NO.: 2022-26

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JUNE 27, 2022; 9 A.M.

CHAIRMAN THOMAS: OKAY. THANK YOU, MARIA.
AND WELCOME, EVERYBODY, TO THE JUNE MEETING OF THE
ICOC. GREAT TO SEE EVERYBODY ON THIS BEAUTIFUL
SUMMER MORNING. MARIA, WILL YOU PLEASE CALL THE
ROLL.

MS. BONNEVILLE: YES. HAIFAA ABDULHAQ.

DR. ABDULHAQ: YES.

MS. BONNEVILLE: MOHAMED ABOUSALEM.

DR. ABOUSALEM: YES.

MS. BONNEVILLE: KIM BARRETT.

DR. BARRETT: PRESENT.

MS. BONNEVILLE: DAN BERNAL. GEORGE
BLUMENTHAL.

DR. BLUMENTHAL: HERE.

MS. BONNEVILLE: MICHAEL BOTCHAN.

DR. BOTCHAN: I AM PRESENT.

MS. BONNEVILLE: LINDA BOXER.

DR. BOXER: PRESENT.

MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: PRESENT.

MS. BONNEVILLE: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MS. BONNEVILLE: YSABEL DURON.

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1 MS. DURON: HERE.
2 MS. BONNEVILLE: MARK FISCHER-COLBRIE.
3 DR. FISCHER-COLBRIE: HERE.
4 MS. BONNEVILLE: FRED FISHER.
5 DR. FISHER: HERE.
6 MS. BONNEVILLE: ELENA FLOWERS.
7 DR. FLOWERS: PRESENT.
8 MS. BONNEVILLE: JUDY GASSON.
9 DR. GASSON: HERE.
10 MS. BONNEVILLE: LARRY GOLDSTEIN.
11 DR. GOLDSTEIN: HERE.
12 MS. BONNEVILLE: DAVID HIGGINS.
13 DR. HIGGINS: HERE.
14 MS. BONNEVILLE: STEPHEN JUELSGAARD.
15 MR. JUELSGAARD: PRESENT.
16 MS. BONNEVILLE: RICH LAJARA.
17 MR. LAJARA: HERE.
18 MS. BONNEVILLE: PAT LEVITT.
19 DR. LEVITT: HERE.
20 MS. BONNEVILLE: DAVID LO.
21 DR. LO: HERE.
22 MS. BONNEVILLE: LINDA MALKAS.
23 DR. MALKAS: HERE.
24 MS. BONNEVILLE: SHLOMO MELMED.
25 DR. MELMED: HERE.

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1 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
2 LAUREN MILLER-ROGEN. ADRIANA PADILLA. JOE PANETTA.
3 AL ROWLETT.

4 MR. ROWLETT: PRESENT.

5 MS. BONNEVILLE: MARVIN SOUTHARD.

6 DR. SOUTHARD: PRESENT.

7 MS. BONNEVILLE: MICHAEL STAMOS. JONATHAN
8 THOMAS.

9 CHAIRMAN THOMAS: HERE.

10 MS. BONNEVILLE: ART TORRES.

11 MR. TORRES: HERE.

12 MS. BONNEVILLE: KRISTINA VUORI.

13 DR. VUORI: HERE.

14 MS. BONNEVILLE: KAROL WATSON.

15 DR. WATSON: HERE.

16 MS. BONNEVILLE: KEITH YAMAMOTO.

17 DR. YAMAMOTO: HERE.

18 MS. BONNEVILLE: THANK YOU. J.T., WE HAVE
19 A QUORUM, JUST BARELY, BUT WE HAVE ONE FOR RIGHT
20 NOW.

21 CHAIRMAN THOMAS: YES. THANK YOU, MARIA.

22 SO AS YOU WILL SEE FROM DR. MILLAN'S
23 PRESENTATION, THERE'S BEEN A LOT OF THINGS HAPPENING
24 INVOLVING CIRM AND OUR WONDERFUL CIRM TEAM OVER THE
25 RECENT PERIOD. I WANTED TO HIGHLIGHT ONE OF THOSE,

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1 WHICH IS THE MEETING LAST WEEK OF THE INTERNATIONAL
2 SOCIETY FOR STEM CELL RESEARCH, ISSCR, WHICH WAS
3 HELD IN SAN FRANCISCO AND WAS IN PERSON FOR THE
4 FIRST TIME IN THREE YEARS.

5 THIS IS THE MEETING WHICH BRINGS TOGETHER
6 ALL OF THE WORLD'S STEM CELL SCIENTISTS INTO ONE
7 GROUP, WHICH IS ALWAYS A MOST INTERESTING SESSION
8 WHICH FEATURES MANY DIFFERENT TALKS, BREAK-OUT
9 SESSIONS, PLENARY SESSIONS, AND, VERY IMPORTANTLY,
10 LOTS OF SIDEBAR MEETINGS THAT YOU GET TO CATCH UP
11 WITH PEOPLE AND HEAR WHAT THE LATEST IS. AND I WANT
12 TO JUST RELAY THERE WERE SORT OF THREE PARTICULAR
13 AREAS OF SCIENCE THAT I THOUGHT THE BOARD WOULD FIND
14 INTERESTING OF THE MANY THAT WERE DISCUSSED AT THIS
15 MEETING.

16 THE FIRST IS THE -- AS YOU KNOW, THERE'S
17 BEEN A GREAT DEAL OF WORK USING INDUCED PLURIPOTENT
18 STEM CELLS OR IPSC'S IN THE LAST 15 YEARS. WHEN THE
19 IPSC'S ARE CREATED, WHEN THE PROCESS WAS FIRST
20 DEVELOPED BY DR. YAMANAKA, THE RESULTING CELLS WERE
21 YOUNG CELLS. AND THAT CREATED SOME ISSUES BECAUSE
22 ONE OF THE GREAT BENEFITS OF THE IPSC TECHNIQUE IS
23 TO BE ABLE TO TAKE CELLS, PARTICULARLY FROM PATIENTS
24 WITH NEURODEGENERATIVE DISEASES, AND DO HIGH
25 THROUGHPUT DRUG TESTING TO LOOK FOR CANDIDATE

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1 THERAPEUTICS. AND IF YOU HAVE YOUNG NEURO CELLS IN
2 A DISH, THE DISEASE IN QUESTION REALLY HAS NOT HAD A
3 CHANCE TO TURN INTO A FULL-BLOWN PHENOTYPE THAT YOU
4 CAN TEST AGAINST.

5 AND SO THE LEADER IN WORK IN THAT REGARD
6 FOR A NUMBER OF YEARS ON HOW TO MATURE THE CELLS SO
7 THAT YOU CAN MATCH THE PHENOTYPES WITH THE TESTING
8 IS DR. LORENZ STUDER FROM SLOAN-KETTERING, AND HE'S
9 GIVEN A NUMBER OF TALKS OVER THE YEARS ON THE
10 PROGRESS OF HIS WORK IN TRYING TO DERIVE MATURE
11 CELLS FROM IPSC'S. AND AT THIS SESSION HE REPORTED
12 THAT HIS LAB HAS LARGELY SUCCEEDED NOW IN USING A
13 COCKTAIL, AS IT WERE, OF PROTEINS TO DIFFERENTIATE
14 INTO, I'M NOT SURE IF THEY'RE FULLY MATURE CELLS,
15 BUT VERY MATURE CELLS WHICH REFLECT
16 NEURODEGENERATIVE PHENOTYPES IN A WAY THAT YOU CAN
17 NOW TEST AGAINST THEM AND HAVE A MUCH BETTER CHANCE
18 OF GETTING DRUGS THAT CORRESPOND TO THE PARTICULAR
19 CONDITION IN QUESTION. HE DELIVERED THAT IN ONE OF
20 THE PLENARIES, WHICH WAS A VERY INTERESTING AND A
21 VERY MAJOR DEVELOPMENT IN THE USE OF IPSC'S GOING
22 FORWARD.

23 SECOND THING WAS THERE WERE, AS THERE HAVE
24 BEEN IN RECENT YEARS, EVEN IN OBVIOUSLY THE VIRTUAL
25 MEETINGS LAST COUPLE YEARS, A LOT OF TALKS

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1 SURROUNDING INCREASED USE OF ORGANOID, WHICH YOU
2 KNOW ARE MASSES OF CELLS THAT ESSENTIALLY RESEMBLE
3 ORGANS IN A DISH THAT ARE USED FOR TESTING, BUT NOT
4 JUST THAT, BUT THEY USE SOMETHING CALLED GRASTULOID
5 WHICH ARE SIMILAR 3D MASSES OF PLURIPOTENT STEM
6 CELLS THAT MIRROR POSTIMPLANTATION EMBRYOS IN A DISH
7 TO WHICH YOU CAN DO EXPERIMENTATION ON AND,
8 SIMILARLY, BLASTOIDS, WHICH ARE, AGAIN, 3D MASSES OF
9 PLURIPOTENT STEM CELLS THAT ESSENTIALLY RESEMBLE
10 PREIMPLANTATION EMBRYOS. SO YOU HAVE SORT OF THE
11 FULL SPECTRUM OF THESE SYNTHETICALLY CREATED
12 DIFFERENT TYPES OF TESTING SYSTEMS TO USE FOR YOUR
13 DRUG TESTING GOING FORWARD. AND THAT HAS CREATED AN
14 INCREASINGLY USEFUL SET OF TOOLS THAT CAN BE USED
15 ALONG WITH OTHER THINGS, SUCH AS ANIMAL CELL MODELS,
16 AND, OF COURSE, ULTIMATELY CLINICAL TRIALS.

17 THE THIRD THING I WANTED TO MENTION, WHICH
18 IS SORT OF IN ITS EARLY STAGE BECAUSE IT RELATES TO
19 ONE OF DR. MILLAN AND THE TEAM'S MAIN AREAS OF
20 INTEREST IN THE STRATEGIC PLAN WAS A DISCUSSION ON
21 THE ABILITY TO CONTINUOUSLY MONITOR CELL CULTURES
22 AND TO USE ARTIFICIAL INTELLIGENCE AND MACHINE
23 LEARNING TO ESSENTIALLY PREDICT HOW THE CELL
24 CULTURES WILL MATURE OVER TIME, WHICH IS SORT OF AN
25 INTERSECTION BETWEEN STEM CELL BIOLOGY AND DATA

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1 SCIENCE. AND IT HAS THE OPPORTUNITY TO IMPROVE
2 DIFFERENTIATION OF CELL PRODUCTS AND ALSO TO PREDICT
3 HOW CELLS MIGHT REACT ONCE THEY'RE IN
4 TRANSPLANTATION, ALL OF WHICH WILL BE INCREASINGLY
5 VALUABLE TO PREDICT WHERE THINGS ARE GOING WITH
6 THOSE CELL GROUPS.

7 SO THOSE ARE JUST THREE OF THE MANY THINGS
8 THAT I THOUGHT WERE PARTICULARLY INTERESTING FROM
9 THIS SESSION. AND THESE THINGS ARE ONLINE, AND I
10 WOULD WELCOME FOLKS WHO ARE INTERESTED TO GO BACK
11 AND SEE THE DIFFERENT TALKS THAT WERE GIVEN AND TO
12 HEAR ABOUT WHAT WAS SAID.

13 LAST COMMENT ON ISSCR. I HAD THE
14 PRIVILEGE OF MODERATING A PANEL ON REGENERATIVE
15 MEDICINE AND ANTI-AGING WHICH WAS MOST INTERESTING.
16 AND THAT PANEL COVERED A WIDE RANGE OF TOPICS. THIS
17 WAS THE -- EVERY ISSCR HAS A PUBLIC SESSION WHERE
18 FOLKS WERE WELCOME TO COME. IT WAS A LITTLE TRICKY
19 THIS YEAR BECAUSE OF COVID, AND THE PUBLIC WAS ABLE
20 TO ACCESS ONLINE, BUT WE HAD A VERY SPIRITED
21 DISCUSSION. SCIENTISTS AND ADRIENNE SHAPIRO,
22 REPRESENTING THE PATIENT ADVOCATES, AND I THINK THE
23 SESSION WAS A SUCCESS. AND I WOULD WELCOME YOU TO
24 GO BACK AND TAKE A LOOK AT THAT. THAT WAS ONE OF
25 THE LEAST TECHNICAL OF THE SESSIONS YOU WILL SEE.

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1 ISSCR SORT OF APPROACHES THINGS FROM A BIT OF A
2 DIFFERENT ANGLE.

3 SO THE OTHER THING I WANTED TO MENTION
4 HERE IN ADDITION TO THAT SET OF COMMENTS ON ISSCR,
5 WE HAVE ANOTHER ONE OF THOSE BITTERSWEET MOMENTS
6 WHICH WE'VE BEEN PREVIEWING IN EARLIER SESSIONS
7 WHICH IS DAVID MARTIN MOVED TO NORTH CAROLINA IN MAY
8 AND AS A RESULT IS NO LONGER IN CALIFORNIA AND,
9 THEREFORE, NOT ABLE TO CONTINUE ON THE ICOC.

10 AT THE LAST APPLICATION REVIEW
11 SUBCOMMITTEE THAT HE ATTENDED HE WAS ABLE TO MAKE
12 SOME VERY NICE COMMENTS TO MEMBERS OF THE BOARD. WE
13 TOLD HIM THAT WE WERE GOING TO HAVE AN OFFICIAL
14 RESOLUTION AT THIS MEETING, AND UNFORTUNATELY DAVID
15 WAS NOT ABLE TO ATTEND. MARIA HAS PUT THIS UP, BUT
16 I'D LIKE TO, IF I MAY, JUST READ THIS BECAUSE, AS
17 WITH ALL OF OUR BOARD MEMBERS, DAVID IS MOST
18 IMPRESSIVE. AND I THINK THAT THE MEMBERS OF THE
19 BOARD WOULD ENJOY HEARING ABOUT HIS WONDERFUL
20 CAREER. SO INDULGE ME HERE.

21 WHEREAS, DR. DAVID MARTIN RECEIVED HIS
22 UNDERGRADUATE DEGREE FROM MIT;

23 WHEREAS, DR. MARTIN RECEIVED HIS M.D. AND
24 COMPLETED HIS POSTGRADUATE MEDICAL TRAINING AT DUKE;

25 WHEREAS, DR. MARTIN SERVED AT THE NIH FOR

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1 THREE YEARS;

2 WHEREAS, DR. MARTIN WAS A PROFESSOR IN THE
3 DEPARTMENT OF MEDICINE AND BIOCHEMISTRY AT UCSF FROM
4 1969 TO 1982 AND ALSO SERVED AS AN INVESTIGATOR AT
5 THE HOWARD HUGHES MEDICAL INSTITUTE;

6 WHEREAS, IN 1982 DR. MARTIN JOINED
7 GENENTECH AS THE FIRST VICE PRESIDENT OF RESEARCH
8 AND DEVELOPMENT;

9 WHEREAS, DR. MARTIN BECAME EXECUTIVE VICE
10 PRESIDENT OF RESEARCH AND DEVELOPMENT AT THE NEWLY
11 FORMED JOINT VENTURE BETWEEN DUPONT AND MERCK IN
12 1991;

13 WHEREAS, IN 1994 DR. MARTIN BECAME THE
14 PRESIDENT OF CHIRON THERAPEUTICS;

15 WHEREAS, DR. MARTIN CO-FUNDED EOS
16 BIOTECHNOLOGY IN 1996 AND BECAME CHAIRMAN AND CEO OF
17 GANGAGEN IN 2003;

18 WHEREAS, DR. MARTIN SERVED AS A BOARD
19 DIRECTOR OF CUBIST PHARMACEUTICAL FOR 12 YEARS, OF
20 VARIAN ASSOCIATES AND VARIAN MEDICAL SYSTEMS FOR 17
21 YEARS, THE LAST TEN YEARS AS LEAD DIRECTOR;

22 WHEREAS, DR. MARTIN IS CO-FOUNDER,
23 CHAIRMAN, AND CEO OF AVIDBIOTICS, A PRIVATELY HELD
24 BIOTECHNOLOGY COMPANY IN SOUTH SAN FRANCISCO;

25 WHEREAS, DR. MARTIN WAS APPOINTED TO CIRM

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1 BY THE CALIFORNIA STATE TREASURER JOHN CHIANG IN
2 2017 AND HAS SERVED ON THE APPLICATION REVIEW
3 SUBCOMMITTEE, SCIENCE, AND INDUSTRY AND IP
4 SUBCOMMITTEES;

5 WHEREAS, DR. MARTIN, THROUGH HIS
6 EXPERIENCE, COMMITMENT, KNOWLEDGE, AND LEADERSHIP,
7 CONTRIBUTED GREATLY TO THE MOMENTUM OF DISCOVERY AND
8 THE FUTURE OF THERAPIES WHICH WILL BE THE ULTIMATE
9 OUTCOME OF THE DEDICATED WORK OF THE RESEARCHERS
10 RECEIVING CIRM FUNDING;

11 BE IT RESOLVED THAT THE GOVERNING BOARD OF
12 THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE,
13 ON BEHALF OF THE PEOPLE OF THE STATE OF CALIFORNIA,
14 WISHES TO EXPRESS ITS DEEPEST GRATITUDE TO DR.
15 MARTIN FOR HIS SERVICE ON CIRM'S GOVERNING BOARD AND
16 FOR HIS DEDICATION TO THE ADVANCEMENT OF STEM CELL
17 RESEARCH AND TO THE MISSION OF CIRM TO ACCELERATE
18 STEM CELL TREATMENTS TO PATIENTS WITH UNMET MEDICAL
19 NEEDS.

20 SO ON BEHALF OF THE BOARD, ALTHOUGH,
21 AGAIN, DAVID IS NOT ABLE TO ATTEND, JUST FOR THE
22 RECORD WANT TO EXPRESS OUR SINCERE APPRECIATION TO
23 DAVID FOR HIS FIVE YEARS OF SERVICE AND HIS
24 TREMENDOUS CONTRIBUTIONS AS A COLLEAGUE TO ALL THAT
25 WE HAVE BEEN DOING IN THAT TIME. I KNOW THAT THE

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1 BOARD SHARES THAT SENTIMENT. AND HE WILL RECEIVE A
2 FRAMED COPY OF THAT RESOLUTION THAT HE WILL BE ABLE
3 TO PROUDLY DISPLAY IN HIS NEXT JOB. I'M NOT SURE IF
4 HE'S GOING TO HAVE AN OFFICE, YOU NEVER KNOW THESE
5 DAYS, BUT WHEREVER HE'S GOING TO BE WORKING IN NORTH
6 CAROLINA.

7 SO THAT CONCLUDES MY CHAIR'S REPORT. NEXT
8 UP WE HAVE THE PRESIDENT'S REPORT. WE'LL TURN IT
9 OVER TO DR. MILLAN.

10 DR. MILLAN: THANK YOU VERY MUCH, CHAIRMAN
11 THOMAS. SHYAM PATEL IS GOING TO PROJECT THE SLIDES
12 JUST TO MAKE IT SMOOTHER FOR EVERYBODY. THANK YOU
13 SO MUCH, SHYAM.

14 SO CHAIRMAN THOMAS, MEMBERS OF THE BOARD,
15 MEMBERS OF THE PUBLIC, AND CIRM COLLEAGUES, IN
16 TODAY'S PRESIDENT'S REPORT I'LL GIVE AN UPDATE ON
17 OUR PROGRESS TOWARD OUR FIVE-YEAR STRATEGIC GOALS.
18 SHYAM PATEL WILL GIVE AN INDUSTRY LANDSCAPE AND
19 BUSINESS DEVELOPMENT UPDATE. AND THESE WILL PROVIDE
20 CONTEXT TO THE BUDGET PROPOSAL THAT THE TEAM HAS
21 BEEN DEVELOPING THESE PAST SEVERAL MONTHS THAT WILL
22 BE PRESENTED BY POUNEH SIMPSON LATER AT THIS MEETING
23 FOR THE BOARD'S CONSIDERATION.

24 IN ADDITION, SEAN TURBEVILLE, CIRM'S HEAD
25 OF MEDICAL AFFAIRS AND POLICY, WILL ALSO GIVE A

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1 BRIEF UPDATE ON THE DISCUSSIONS AT THE AAWG, THE
2 ACCESSIBILITY AND AFFORDABILITY WORKING GROUP,
3 REGARDING A CONCEPT PROPOSAL FOR A CIRM PATIENT
4 ASSISTANCE PROGRAM. NEXT SLIDE PLEASE, SHYAM.

5 SO AFTER YOUR APPROVAL OF THE STRATEGIC
6 PLAN IN DECEMBER, WE LAUNCHED THAT PLAN AT THE
7 BEGINNING OF THIS YEAR WITH A MISSION TO ACCELERATE
8 WORLD-CLASS SCIENCE AND TO DELIVER TRANSFORMATIVE
9 REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE
10 MANNER TO A DIVERSE CALIFORNIA AND WORLD. NEXT
11 SLIDE PLEASE, SHYAM.

12 THIS PLAN IS ORGANIZED AROUND THREE MAJOR
13 STRATEGIC THEMES REPRESENTED HERE ON THESE DOMINOES.
14 THE FIRST IS TO ADVANCE WORLD-CLASS CELL AND GENE
15 THERAPY. AND I WILL GO THROUGH EACH OF THESE GOALS
16 ALONG WITH OUR UPDATES TO THAT INDIVIDUALLY.

17 THE SECOND THEME IS TO DELIVER WORLD-CLASS
18 SOLUTIONS THAT TACKLE SCIENTIFIC, REGULATORY,
19 MANUFACTURING, AND HEALTHCARE DELIVERY CHALLENGES OF
20 THESE PROMISING TRIALS AND THERAPIES TO BRING THEM
21 TO PATIENTS IN NEED.

22 AND THE THIRD IS TO PROVIDE OPPORTUNITY
23 FOR ALL BY FOSTERING DIVERSITY IN FUTURE LEADERS AND
24 THE WORKFORCE TO CULTIVATE THIS NEW FIELD. AND
25 ALSO, AS IMPORTANTLY, IS TO DEVELOP A ROAD MAP FOR

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1 ACCESS AND AFFORDABILITY TO THE TRIALS AND
2 TREATMENTS THAT ARE ADVANCED BY CIRM.

3 SO FOR THE FIRST THEME, ADVANCING
4 WORLD-CLASS SCIENCE, WE CONTINUE TO FUND RIGOROUS
5 AND PROMISING CELL AND GENE THERAPY SCIENCE THROUGH
6 OUR FUNDING PILLARS AND ACCELERATION MODEL WHILE AT
7 THE SAME TIME DEVELOPING NEW CONCEPTS AND APPROACHES
8 TO EMPOWER THE SCIENTIFIC DISCOVERIES VIA SHARED
9 RESOURCES AND KNOWLEDGE NETWORKS.

10 THIS PAST QUARTER WE LAUNCHED THE
11 DISCOVERY 0 PROGRAM TO FUEL BASIC MECHANISTIC AND
12 FOUNDATIONAL RESEARCH. AS WE'VE OFTEN SAID, GOOD
13 TREATMENTS, GOOD THERAPIES, STRONG THERAPIES THAT
14 WORK START WITH RIGOROUS SCIENCE. SO WE ARE VERY
15 PROUD THAT, IN ADDITION TO THE DISC2 PROGRAM
16 ANNOUNCEMENT, WHICH IS BASIC DISCOVERY TO IDENTIFY
17 POTENTIAL DEVELOPMENT -- THERAPEUTIC DEVELOPMENT
18 CANDIDATES, THIS DISC-0 IS VERY PURE BASIC SCIENCE
19 TO REALLY ELUCIDATE THE BIOLOGY THAT WE MAY NOT
20 STILL KNOW WELL ENOUGH TO DEVELOP THESE TREATMENTS.

21 IN ADDITION, THE TEAM HAS CONSTRUCTED DATA
22 SHARING AND MANAGEMENT PLAN GUIDELINES. GIL
23 SAMBRANO, ROSA CANET-AVILES, SHYAM PATEL, AND OTHER
24 MEMBERS OF THE TEAM REALLY WORKED HARD TO MAKE SURE
25 THAT WE PROVIDE RESOURCES TO OUR GRANTEES SO WHEN

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1 THEY'RE FULFILLING AND CREATING A PLAN FOR DATA
2 SHARING, IT REALLY IS ABLE TO LEVERAGE IMPORTANT
3 RESOURCES. AND THEN THIS IS SOMETHING WE CAN KIND
4 OF CONTINUE TO BUILD UPON IN OUR QUEST FOR CREATING
5 THE BEST KNOWLEDGE NETWORKS WITH FUTURE PROGRAMS.

6 THE ICOC HAS APPROVED IN JUST THIS PAST
7 QUARTER ALONE 19 DISCOVERY 2 GRANTS, FOUR
8 TRANSLATIONAL, AND THREE CLINICAL AWARDS. I'LL GIVE
9 A LITTLE BIT MORE DETAIL ON THAT IN A SECOND. AND
10 THROUGH OUR CIRM CONFERENCE AWARD, WE'VE BEEN ABLE
11 TO SUPPORT THREE MAJOR CONFERENCES. I'LL ALSO GIVE
12 AN UPDATE ON THAT. IT'S IMPORTANT BECAUSE THESE
13 CONFERENCES PROVIDE THE FORUM FOR KNOWLEDGE NETWORKS
14 FOR THE SCIENTISTS, CIRM TEAM, THE COMMUNITY, AND
15 THE INDUSTRY TO BE TOGETHER AND GET UPDATES ON THE
16 MOST RECENT ADVANCES AND HAVE THE OPPORTUNITIES TO
17 FORM COLLABORATIONS AND DISCUSSIONS, AS ALL OF YOU
18 KNOW FROM ATTENDING THESE CONFERENCES YOURSELF.

19 IN ADDITION, THE CIRM TEAM ALSO ORGANIZES
20 A VARIETY OF LESS FORMAL, BUT STILL EXTREMELY
21 IMPORTANT WORKSHOPS AND MEETINGS. AND MOST RECENTLY
22 THE PLURIPOTENT STEM CELL WEBINAR THAT ALLOWED
23 EXCHANGE OF KNOWLEDGE BETWEEN INDUSTRY AND ACADEMIA
24 REGARDING WHAT TYPES OF CELLS ARE AVAILABLE, THE
25 CHARACTERIZATION OF THESE CELLS, AND HOW THESE COULD

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1 BE USEFUL TO A BROAD RANGE OF STAKEHOLDERS.

2 THESE PAST MONTHS, AS I MENTIONED EARLIER,
3 WE HAVE BEEN LOOKING AT OUR STRATEGIC PLAN, HAVE
4 BEEN PLANNING FOR THE NEXT YEAR, AND HAVE BEEN
5 DEVELOPING A BUDGET ACCORDINGLY. YOU WILL HAVE BOTH
6 THE RESEARCH AND ADMINISTRATIVE BUDGET PRESENTED BY
7 POUNEH SIMPSON, OUR DIRECTOR OF FINANCE, LATER
8 TODAY. THESE ARE ALL BASED ON SOUND RATIONALE AND
9 JUSTIFICATION TO SUPPORT A PLAN TO CONTINUE TO
10 ADVANCE OUR STRATEGIC INITIATIVES. NEXT SLIDE
11 PLEASE.

12 JUST A LITTLE BIT OF DETAIL ON WHAT YOU
13 HAVE AWARDED JUST THIS QUARTER ALONE. WE HAVE
14 FUNDED 19 DISCOVERY AWARDS IN THE AREAS OF
15 NEUROSCIENCE, BLOOD DISEASE, HEART, AND CANCER, AND
16 MORE. FOUR TRANSLATIONAL AWARDS: ADVANCING TWO
17 GENE THERAPY APPROACHES, ONE GENE-MODIFIED CELL
18 THERAPY, AND ONE DEVICE ADDRESSING DISEASES IN THE
19 EYE, HEART, CANCER, AND KIDNEY. AND CIRM HAS NOW
20 DIRECTLY FUNDED A TOTAL OF 80 CLINICAL TRIALS WITH
21 THREE NEW PROGRAMS COMING INTO ITS CLINICAL
22 PORTFOLIO JUST THIS PAST QUARTER IN CANCER,
23 DYSPHAGIA -- DYSPHAGIA IS A DYSFUNCTION IN BEING
24 ABLE TO SWALLOW THAT RESULTS FROM DAMAGED RADIATION
25 AND OTHER TYPES OF DAMAGE -- AND EPILEPSY.

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1 OF NOTE, THE EPILEPSY PROGRAM IS ACTUALLY
2 A RESULT OF FOUR PRIOR CIRM AWARDS THAT FUNDED THE
3 EARLIER WORK BOTH TO THE EARLIER RESEARCH AND THE
4 TRANSLATIONAL ACTIVITIES TO BRING IT TO THIS STAGE.
5 SO ANOTHER EXAMPLE OF HOW OUR FUNDING PROGRAM
6 PROVIDES A CONTINUOUS TRACK TO BE ABLE TO SUPPORT
7 PROGRAMS ALL THE WAY THROUGH. NEXT SLIDE PLEASE.

8 IN ADDITION TO PROMOTING DATA SHARING IN
9 OUR GRANT PROCESS, YOU WILL HEAR A LITTLE BIT MORE
10 OF DETAIL ON THAT IN UPCOMING MEETINGS, BUT WE'RE
11 MAKING GREAT PROGRESS IN THAT. IN ADDITION TO
12 DEVELOPING CONCEPTS, WHICH YOU WILL BE HEARING IN
13 THE UPCOMING YEAR, TO CREATE APPROACHES AND
14 RESOURCES FOR KNOWLEDGE NETWORKS, DATA SHARING, AND
15 RESOURCE SHARING.

16 CIRM SCIENTISTS, PATIENT ADVOCATES, AND
17 CIRM TEAM MEMBERS SHARE KNOWLEDGE AND BUILD
18 COLLABORATIONS AND NETWORKS ON THE GROUND THROUGH
19 ACTIVE PARTICIPATION IN NATIONAL AND INTERNATIONAL
20 CONFERENCES. YOU'VE HEARD A LITTLE BIT ABOUT THIS
21 FROM CHAIRMAN THOMAS ABOUT THE ISSCR, BUT I'LL JUST
22 GO BRIEFLY THROUGH, BUT TOUCH THE PRESENTATIONS THAT
23 CIRM AWARDEES, AS WELL AS CIRM TEAM MEMBERS HAVE
24 BEEN INVOLVED IN.

25 AT THIS YEAR'S AMERICAN SOCIETY OF CELL

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1 AND GENE THERAPY, THERE WERE THREE MAJOR TALKS GIVEN
2 BY CIRM INVESTIGATORS, CIRM GRANTEES: DR. DON KOHN,
3 WHO ALSO RECEIVED THE OUTSTANDING ACHIEVEMENT AWARD
4 AT THAT MEETING; DR. STEPHANIE CHERQUI FROM UCSD,
5 WHOSE CIRM PROGRAM IS GENE THERAPY FOR A METABOLIC
6 DISORDER CALLED CYSTINOSIS; AND DR. MARK TUSZYNSKI,
7 WHO'S ADVANCING A STEM CELL APPROACH FOR SPINAL CORD
8 INJURY.

9 AT THE INTERNATIONAL SOCIETY FOR STEM CELL
10 THERAPY THAT TOOK PLACE IN SAN FRANCISCO JUST WEEKS
11 AGO, SIX PLENARY SESSIONS AND ROUNDTABLES WERE GIVEN
12 BY OUR INVESTIGATORS DR. MORT COWAN; HOWARD FOYT,
13 FORMER CHIEF MEDICAL OFFICER AT VIACYTE, A PROGRAM
14 THAT ADVANCES DIABETES; DR. MARIA RANCAROLO FROM
15 STANFORD WHO PRESENTED HER WORK ON T-REGULATORY
16 CELLS; DAVID MIKLOS; MARK WALTERS; FYODOR URNOV.
17 YOU WILL HEAR MANY MORE ABOUT THESE INVESTIGATORS
18 AND THEIR PROGRAMS AT UPCOMING MEETINGS WHERE OUR
19 TEAM WILL CONTINUE TO UPDATE YOU ON OUR PORTFOLIO.

20 SHYAM PATEL, THE DIRECTOR OF CIRM'S BD AND
21 ALLIANCE MANAGEMENT, WAS ABLE TO UPDATE THE SOCIETY
22 ON CIRM PROGRAMS, FUNDING ANNOUNCEMENTS, OUR
23 PROGRESS, AND OUR STRATEGY. AND DR. ABLA CREASEY
24 LED A REGULATORY ROUNDTABLE AT THE MEETING AND WAS
25 ALSO ASSISTED BY DR. SEAN TURBEVILLE, WHO'S OUR

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1 MEDICAL AFFAIRS AND POLICY.

2 WE ALSO FOR THE FIRST TIME HAD A CIRM
3 BOOTH. I'LL SHOW PICTURES IN A BIT. THANKS TO
4 SHYAM PATEL AND SEAN TURBEVILLE AND MARIA BONNEVILLE
5 AND HER TEAM FOR BEING ABLE TO MAKE THIS POSSIBLE.
6 HAVING A BOOTH AT THESE MEETINGS GIVES US PRESENCE,
7 VISIBILITY, AND AN OPPORTUNITY TO SHARE A LOT OF
8 INFORMATION ON OUR PROGRAMS FROM THINGS SUCH AS OUR
9 FUNDING OPPORTUNITIES TO EVEN POTENTIAL POSITIONS AT
10 CIRM. AND SO ESTABLISHED INVESTIGATORS FROM CIRM AS
11 WELL AS NEW INVESTIGATORS AND NEW STUDENTS AND
12 PEOPLE FROM OTHER AREAS THAT DIDN'T EVEN KNOW ABOUT
13 CIRM WERE ABLE TO COME TO OUR BOOTH AND INTERACT
14 WITH OUR TEAM. IT'S REALLY A HUGE ADD. AND IN
15 PARTICULAR I WANT TO THANK SEAN TURBEVILLE WHO
16 BROUGHT IN A VERY SOPHISTICATED PLATFORM FOR US TO
17 DO THIS.

18 THIS PAST WEEK, AS CHAIRMAN THOMAS HAD
19 MENTIONED, WAS THE INTERNATIONAL SOCIETY FOR STEM
20 CELL RESEARCH, THE FIRST IN-PERSON MEETING IN A
21 WHILE, 3,000 ATTENDEES. THIRTY-TWO TALK AND POSTER
22 PRESENTATIONS WERE GIVEN BY OUR CIRM GRANTEES
23 INCLUDING DR. CLIVE SVENDSEN, KYLE LOH, CORY
24 NICHOLAS, THAT'S AN EPILEPSY PROGRAM, DON KOHN
25 AGAIN. DR. KOHN HAS REALLY FURTHERED A PLATFORM

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1 APPROACH WITH GENE THERAPY, LENTIVIRAL GENE THERAPY
2 FOR A VARIETY OF INDICATIONS AND IMMUNODEFICIENCY
3 SYNDROMES, A VARIETY OF CASES. YANHONG SHI, DEEPAK
4 SRIVASTAVA, THE PRESIDENT OF GLADSTONE, ALSO A CIRM
5 SCIENTIST WHO HAS ADVANCED WORK IN THE CARDIAC AREA,
6 AND APRIL PYLE.

7 AND, IMPORTANTLY, 14 OF CIRM'S VERY OWN
8 BRIDGES INTERNS, THE UNDERGRADUATE AND MASTER'S
9 PROGRAM INTERNS, BRIDGES THE CAL STATE WITH STEM
10 CELL LABS ACROSS CALIFORNIA, HAD PRESENTED POSTER
11 PRESENTATIONS AT THE MEETING. AND THEY INDIVIDUALLY
12 HAVE POSTED THEIR EXPERIENCE. IT'S BEEN VERY
13 INSPIRING AND REALLY EXCITING TO HAVE THAT
14 REPRESENTATION HERE AT THE MEETING AS WELL AS TO BE
15 ABLE TO PROVIDE THE YOUNG PIPELINE OF SCIENTISTS
16 WITH THIS EXPOSURE.

17 KEVIN MCCORMACK, THE DIRECTOR OF PATIENT
18 OUTREACH, AND NANCY RENE, ONE OF CIRM'S CLINICAL
19 ADVISORY PANEL ADVISORS AND PATIENT ADVOCATE, BOTH
20 WERE INVOLVED IN A PANEL AT THE ETHICS SESSION ON
21 PUBLIC ENGAGEMENT AND THE IMPORTANCE OF PUBLIC
22 ENGAGEMENT. AS MENTIONED, J.T., CHAIRMAN THOMAS,
23 ALONG WITH DR. SRIVASTAVA, DR. CARMICHAEL, ADRIENNE
24 SHAPIRO, OUR SICKLE CELL PATIENT ADVOCATE, HOSTED A
25 PUBLIC SYMPOSIUM. AND THE CIRM TEAM PARTICIPATED IN

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1 A CIRM-SPONSORED DIVERSITY, EQUITY, AND INCLUSION
2 WORKSHOP WHICH WAS EXTREMELY WELL RECEIVED, WELL
3 ATTENDED AND, IN FACT, IT'S SOMETHING THAT GAINED SO
4 MUCH VISIBILITY THAT THERE'S INTEREST IN MAKING THIS
5 MORE BROADLY AVAILABLE AT UPCOMING MEETINGS.

6 AND MARIA ALSO WAS INVOLVED IN A
7 DISCUSSION ACROSS A VARIETY OF INSTITUTION LEADERS
8 AND SOCIETY LEADERS ON EQUITY, DIVERSITY, AND
9 INCLUSION. AND THERE WERE DELIVERABLES FROM THAT
10 SESSION. THAT WILL BE SOMETHING THAT CIRM WILL WORK
11 INTO ITS OWN CONSIDERATION OF THIS VERY IMPORTANT
12 TOPIC AS WELL AS OTHERS ON A SOCIETY LEVEL.

13 OUR SENIOR SCIENCE OFFICER, UTA
14 GRIESHAMMER, AND ROSS OKAMURA PARTICIPATED IN A
15 CONVERSATION ON QUALITY STANDARDS THAT WILL RESULT
16 IN WHITE PAPER GUIDELINES THAT THE SOCIETY WILL
17 GENERATE.

18 AND, AGAIN, THE CIRM BOOTH WAS A HUGE
19 SUCCESS, A GREAT PLACE FOR GATHERING OUR
20 STAKEHOLDERS. NEXT SLIDE PLEASE. ONE SLIDE CAN
21 TAKE UP A LOT OF TIME. THERE'S A LOT OF ACTIVITY.

22 SO THE NEXT AREA, THE NEXT PILLAR IN OUR
23 STRATEGIC PLAN IS DELIVERING REAL WORLD SOLUTIONS.
24 AND STATED HERE ARE THE CIRM FIVE-YEAR GOALS IN THIS
25 AREA: TO ADVANCE THERAPIES TO MARKETING APPROVAL,

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1 WHICH HAS BEEN AT THE VERY CORE OF OUR GOALS OVER
2 THE YEARS; CREATE A MANUFACTURING PARTNERSHIP
3 WORKSHOP; EXPAND THE ALPHA CLINICS NETWORK; AND TO
4 CREATE COMMUNITY CARE CENTERS OF EXCELLENCE.

5 IN THIS PAST QUARTER, OUR PROGRESS IN THIS
6 AREA INVOLVES THE ALPHA CLINICS EXPANSION. WE HAVE
7 RECEIVED APPLICATIONS, A VERY ROBUST RESPONSE TO
8 THIS PROGRAM OPPORTUNITY, AND THAT'S IN THE REVIEW
9 PROCESS CURRENTLY. YOU WILL BE SEEING THAT COME TO
10 YOU LATER IN THE SUMMER. AND CIRM HAS JOINED THE
11 BESPOKE GENE THERAPY CONSORTIUM. THIS IS AN
12 IMPORTANT ACTION THAT WE'VE TAKEN TO ADVANCE
13 KNOWLEDGE NETWORKS AND ACCELERATE DEVELOPMENT, AND
14 I'LL EXPLAIN THAT IN THE NEXT SLIDE. NEXT SLIDE
15 PLEASE.

16 SO CIRM JOINED THE ACCELERATING MEDICINES
17 PARTNERSHIP BESPOKE GENE THERAPY CONSORTIUM. THIS
18 WAS JUST ANNOUNCED. THE ANNOUNCEMENT IS SHOWN HERE
19 ANNOUNCED BY THE FOUNDATION FOR NIH. THIS
20 CONSORTIUM IS COMPOSED OF THE NIH, THE FDA, OVER 20
21 PRIVATE SECTOR PARTNERS, AND NOW CIRM, AND IS
22 MANAGED BY THE FOUNDATION FOR THE NIH.

23 THE GOAL OF THIS CONSORTIUM, YOU WILL SEE
24 THE SCHEMATIC ON THE RIGHT PROVIDED BY THE FNIH, IS
25 TO CREATE A STANDARD BLUEPRINT FOR THE ACCELERATED

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1 DEVELOPMENT OF THE ADENO-ASSOCIATED VIRUS GENE
2 THERAPIES FOR RARE GENETIC DISEASE. JUST TO
3 EXPLAIN, THE AAV IS NOT AN INFECTIOUS VIRUS. IT
4 ACTUALLY IS A GUTTED WAY TO PUT THE GENE MATERIAL
5 INTO THE CELLS. AND SO THIS HAS BEEN SOMETHING THAT
6 IS IN DEVELOPMENT IN A VARIETY OF INDICATIONS. BUT
7 THE GOAL OF THIS CONSORTIA IS TO ADDRESS ESPECIALLY
8 THE ULTRA AND RARE INDICATIONS WHERE IT'S REALLY
9 TOUGH TO DEVELOP THAT RIGHT NOW TO GET THAT
10 ATTENTION EXCEPT FOR WITHIN ACADEMIA.

11 CIRM ELIGIBLE PROGRAMS WILL BE PART OF THE
12 CONSORTIUM. SO WE WILL DEPLOY OUR STANDARD FUNDING
13 MECHANISM AND IT WILL GO THROUGH THE STANDARD PEER
14 REVIEW. BUT ONCE THE BOARD APPROVES FOR FUNDING,
15 WHAT WILL HAPPEN IS THESE PROGRAMS WILL BE ABLE TO
16 ENTER AND RECEIVE THE BENEFITS OF BEING IN A
17 CONSORTIUM, INCLUDING SHARED KNOWLEDGE, INTERACTIONS
18 WITH THE FDA, AND A VARIETY OF OTHER BENEFITS TO
19 BEING IN THE CONSORTIUM.

20 CIRM SITS ON THE STEERING COMMITTEE. ABLA
21 CREASEY, WHO IS OUR VP OF THERAPEUTICS DEVELOPMENT,
22 WILL BE A REPRESENTATIVE WITH SHYAM PATEL AS THE
23 ALTERNATE. THEY BOTH WERE INSTRUMENTAL, DR. CREASEY
24 INITIALLY, IN LEADING US TO MAKE SURE THAT WE PURSUE
25 THIS PARTNERSHIP, WHICH WAS EXTREMELY IMPORTANT.

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1 SHE AND I PRESENTED TO PETER MARKS, WHO IS THE HEAD
2 OF FDA'S DEPARTMENT FOR THE REVIEW OF THE GENE
3 THERAPY PROGRAMS. HE SITS ON THE COMMITTEE AS WELL
4 AS LEADERSHIP AT THE NIH AND A VARIETY OF
5 STAKEHOLDERS.

6 THERE WAS A LOT OF EXCITEMENT FOR CIRM TO
7 JOIN THIS NETWORK. SHYAM PATEL WAS INSTRUMENTAL IN
8 REALLY CRAFTING THE AGREEMENT AND SHEPHERDING THAT
9 THROUGH. SO MANY THANKS TO THE BOTH OF THEM.

10 THIS IS AN EXCITING OPPORTUNITY FOR US
11 RELEVANT TO WHAT WE HAD ARTICULATED IN THE STRATEGIC
12 PLAN IN TERMS OF AN EFFICIENT KNOWLEDGE GUIDED,
13 KNOWLEDGE NETWORK TO ADVANCE A PLATFORM APPROACH TO
14 THESE TECHNOLOGIES. SO, WHEREAS, THESE ADDRESS
15 ULTRA RARE AND RARE DISEASES, SO WITH A SINGLE
16 INDICATION, THERE MAY BE FEW PATIENTS, BUT IN
17 AGGREGATE THERE IS THOUSANDS AND THOUSANDS OF
18 PATIENTS WITH THESE RARE AND ULTRA RARE GENETIC
19 DISEASES. SO IF THERE'S A PLATFORM TECHNOLOGY WHICH
20 WILL BE SOMETHING THAT THE FDA CAN BE COMFORTABLE
21 WITH, ONE CAN ENVISION THAT THAT WOULD LEAD TO MORE
22 EFFICIENT DEVELOPMENT AND APPROVAL OF THERAPIES FOR
23 MORE BROAD INDICATIONS THAT COULD BENEFIT FROM CELL
24 AND GENE THERAPY. NEXT SLIDE PLEASE.

25 SO THE THIRD PILLAR IS PROVIDING

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1 OPPORTUNITY FOR ALL. AND THIS REALLY SPEAKS TO THE
2 VERY IMPORTANT GOALS OF CIRM TO BUILD A DIVERSE,
3 HIGHLY SKILLED WORKFORCE -- I'M GETTING SOME
4 FEEDBACK, MARIA -- AND TO DELIVER A ROAD MAP FOR
5 ACCESS AND AFFORDABILITY. SO IN TERMS OF THE
6 PROGRESS THIS QUARTER, YOU WILL BE HEARING FROM DR.
7 SEAN TURBEVILLE IN A LITTLE BIT A SUMMARY OF WHAT'S
8 BEEN GOING ON TO DEVELOP A PATIENT SUPPORT CONCEPT
9 PROPOSAL THAT WILL BE BROUGHT TO THIS BOARD LATER ON
10 THIS YEAR, PROBABLY IN SEPTEMBER. BUT THESE
11 DISCUSSIONS HAVE BEEN INFORMED BY THE DISCUSSIONS AT
12 THE AAWG MEETINGS ON MAY 17TH AND JUNE 21ST. SO
13 LATER ON IN THIS MEETING YOU WILL HEAR FROM DR.
14 TURBEVILLE AN UPDATE ON THAT.

15 IN ADDITION, REGARDING OUR EDUCATION
16 PROGRAM, AS YOU KNOW, WHEN WE FIRST GOT REAUTHORIZED
17 WITH PROP 14, SOME OF THE MAJOR PROGRAMS, IN
18 ADDITION TO RESTARTING THE PILLAR PROGRAMS THAT CIRM
19 HAD FUNDED, WERE EDUCATIONAL PROGRAMS. AND THEN
20 MOST RECENTLY A NEW PROGRAM CALLED THE EDUC 5 OR THE
21 COMPASS, WHICH IS CREATING OPPORTUNITIES FOR
22 MENTORSHIP AND PARTNERSHIP ACROSS STEM CELL SCIENCES
23 PROGRAM, FOSTERS MENTORSHIP AND RESEARCH
24 OPPORTUNITIES FOR A UNIQUE NICHE OF UNDERSERVED AND
25 UNDERREPRESENTED STUDENT COMMUNITIES WITHIN

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1 CALIFORNIA'S COLLEGES AND UNIVERSITIES. WE'RE VERY
2 EXCITED ABOUT THIS, AND THE APPLICATIONS HAVE BEEN
3 RECEIVED AND ARE IN THE REVIEW PROCESS, AND YOU WILL
4 HEAR MORE ABOUT THAT.

5 NEXT SLIDE PLEASE. THIS IS MY LAST SLIDE
6 BEFORE I HAND IT OFF TO THE TEAM.

7 SO THE CIRM TEAM, JUST TO GIVE YOU AN
8 UPDATE OF HOW, ESPECIALLY IN THIS VIRTUAL FORMAT, WE
9 WILL SOON BE RETURNING AND REOPENING THE OFFICES,
10 BUT WE HAVE REALLY HAD A SOFT OPENING IN THAT WE
11 HAVE HAD IN-PERSON MEETINGS. AND THAT'S BEEN REALLY
12 VALUABLE FOR US. BUT THE CIRM TEAM HAS WEEKLY
13 KNOWLEDGE SHARING MEETINGS, JOURNAL CLUBS, SHARING
14 OF THE GOINGS-ON AND PROGRAMS WITHIN THE
15 ORGANIZATION, AS WELL AS QUARTERLY UPDATES WHERE WE
16 SPECIFICALLY ADDRESS THE GOALS OF THE INDIVIDUAL
17 TEAMS RELATED TO THE BROAD ANNUAL GOALS WHICH FEED
18 INTO THE FIVE-YEAR STRATEGIC GOALS. SO I JUST
19 WANTED TO HIGHLIGHT THAT THIS IS SOMETHING WE DO
20 EVERY QUARTER.

21 IN THE MIDDLE YOU WILL SEE THE PICTURE OF
22 THE CIRM TEAM AT OUR Q-ONE ALL HANDS MEETING AT THE
23 CONFERENCE CENTER NEAR OUR NEW HEADQUARTERS IN SOUTH
24 SAN FRANCISCO. AND YOU WILL SEE ON THE LEFT SIDE
25 SOME TEAM MEMBERS. AND ON THE BOTTOM RIGHT, THAT'S

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1 OUR CIRM BOOTH THAT'S REALLY BEEN A SPECTACULAR
2 ASSET FOR US IN BEING A GO-TO PLACE. YOU SEE THERE
3 ARE CHAIRS THERE, SO SCIENTISTS, STUDENTS,
4 INTERESTED COMMUNITY MEMBERS HAVE AN OPPORTUNITY TO
5 REALLY LEARN ABOUT CIRM, DISCUSS WITH OUR TEAM, AND
6 A LOT OF COLLABORATIONS, IDENTIFICATION OF POTENTIAL
7 PROGRAMS THAT COULD COME TO US CAN HAPPEN BECAUSE
8 PEOPLE LOOK FOR WHERE WE ARE AT THE MEETING. SO
9 THAT'S BEEN SPECTACULAR.

10 AT THE VERY TOP OF THE PICTURE, YOU WILL
11 SEE A PICTURE OF A SESSION THAT IS RELATED TO
12 CREATING DIVERSE CELL BANKS IN ORDER TO ADVANCE A
13 MORE COMPLETE SCIENCE. THIS IS SOMETHING THAT CIRM
14 FEELS VERY STRONGLY ABOUT. THERE WAS A PAPER THAT
15 WE CO-PUBLISHED WITH THE ALLEN INSTITUTE AND THE
16 ASAP, ALIGNING SCIENCE ACROSS PARKINSON'S, IN *NATURE*
17 JUST SEVERAL MONTHS AGO WHICH WE SHARED WITH YOU.

18 AND THEN IN RESPONSE TO THAT, THE ISSCR,
19 SO OUR TEAM -- AND I WANT TO THANK MARIA BONNEVILLE
20 AND SHYAM PATEL. WE HAVE REALLY PARTNERED WITH THE
21 ISSCR. SO WHEN WE AWARDED THEM A CONFERENCE AWARD,
22 WE WERE INSTRUMENTAL IN SHAPING SESSIONS SUCH AS
23 THIS. AND SO OUR TEAM MEMBERS, SHYAM PATEL AND ROSS
24 OKAMURA, FOR INSTANCE, RECOMMENDED THE SPEAKERS FOR
25 THIS SESSION ON DIVERSE CELL BANKS. AND THE SESSION

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1 WAS MODERATED BY KEVIN EGAN, FORMERLY AT THE BROAD,
2 WHO ACTUALLY USED THE PLURIPOTENT STEM CELL BANK OF
3 CIRM TO CREATE THESE CELL VILLAGES AND CHARACTERIZE
4 THEM. HE IS A HUGE PROPONENT.

5 THE OTHER PANELISTS WERE MARISSA MEDINA, A
6 CIRM AWARDEE AT UCSF, AND JOSEPH WU AT STANFORD.
7 THEY ALL HIGHLIGHTED THE IMPORTANCE OF THESE
8 RESOURCES TO ADVANCE BASIC AND TRANSLATIONAL
9 RESEARCH.

10 AND THEN ON THE RIGHT SIDE IS A PICTURE OF
11 CHAIRMAN THOMAS ALONG WITH THE PANELISTS THAT I
12 MENTIONED EARLIER AT THE PUBLIC SESSION.

13 ON THE VERY BOTTOM LEFT WAS A PICTURE OF
14 ME WITH CARL JUNE. YOU MAY RECOGNIZE HIM. HE'S AT
15 THE UNIVERSITY OF PENNSYLVANIA, THE FATHER OF CAR-T
16 TECHNOLOGIES; RICHARD MULLIGAN, MIT PROFESSOR,
17 ENTREPRENEUR, RECENTLY CO-FOUNDED SANA THERAPEUTICS;
18 AND YOU CAN'T SEE HIS FACE, BUT THAT'S NORMAN
19 SHARPLESS, HEAD OF NCI. THIS SESSION WAS MODERATED
20 BY RAVI THADHANI AT THE WORLD MEDICAL INNOVATION
21 FORUM. RAVI IS THE CHIEF ACADEMIC OFFICER. YOU MAY
22 RECOGNIZE HIM BECAUSE HE WAS PREVIOUSLY IN
23 CALIFORNIA, HAS A HIGH REGARD FOR OUR PROGRAMS. THE
24 SESSION WAS ON THE CRITICAL ROLE OF ACADEMIA AND
25 ACADEMIC INDUSTRY PARTNERSHIPS IN THE FIELD.

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1 SO THAT'S A GREAT INTRODUCTION OR A GOOD
2 SEGUE TO HAND IT OFF TO SHYAM PATEL BECAUSE, AS PART
3 OF OUR ENGAGEMENT WITH BROAD STAKEHOLDERS, WE REALLY
4 HAVE A VERY STRONG PARTNERSHIP WITH INDUSTRY. AND
5 DR. PATEL WILL BE ABLE TO GIVE US AN UPDATE ON THE
6 STATE OF THE INDUSTRY, CIRM BD UPDATE. AND SO I
7 WILL TAKE SOME QUESTIONS IF, CHAIRMAN THOMAS, YOU
8 THINK I SHOULD, AND THEN I'D LOVE TO BE ABLE TO
9 INTRODUCE DR. PATEL.

10 CHAIRMAN THOMAS: SURE. THAT WOULD BE
11 GREAT, MARIA. I NEED TO -- WE HAVE A POTENTIAL
12 QUORUM ISSUE. SO AFTER YOU FIELD YOUR QUESTIONS, IF
13 WE MAY, I'D LIKE TO SKIP STRAIGHT TO THE BUDGET TO
14 MAKE SURE WE GET THOSE APPROVED. THEN WE'LL COME
15 BACK TO SHYAM FOR HIS PRESENTATION, IF THAT'S ALL
16 RIGHT.

17 DR. MILLAN: ABSOLUTELY.

18 CHAIRMAN THOMAS: QUESTIONS FOR DR.
19 MILLAN? CAN YOU SEE THE --

20 DR. MILLAN: I SEE STEVE JUELSGAARD AND
21 DR. ABOUSALEM BOTH HAVE THEIR HANDS UP.

22 MR. JUELSGAARD: SO, MARIA, REAL QUICKLY.
23 AS YOU KNOW, PROPOSITION 14 ALLOCATED \$1.5 BILLION
24 FOR THE RESEARCH THERAPY DEVELOPMENT AND THERAPY
25 DELIVERY INVOLVING DISEASES AND CONDITIONS OF THE

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1 BRAIN AND CENTRAL NERVOUS SYSTEM. SO ARE WE
2 DEVELOPING PLANS TO REALLY START WORKING IN THAT
3 AREA? THAT'S A LOT OF MONEY TO SPEND. AND WHAT ARE
4 YOU THINKING ABOUT IN TERMS OF REALLY TRYING TO
5 KICK-START THAT AREA?

6 DR. MILLAN: THAT'S A HUGE AREA OF
7 INTEREST FOR US. JUST BY WAY OF BACKGROUND, EVEN
8 THROUGH OUR PILLAR PROGRAMS AND OUR PROGRAMS
9 THEMSELVES, WE WILL REACH THAT EVEN IF THERE WAS A
10 DELIBERATE ACTION EVEN TODAY. HOWEVER, WE ARE
11 TAKING DELIBERATE ACTION. WE ARE FIGURING OUT THE
12 BEST WAY TO OFFICIALLY BRING TOGETHER IN A
13 CONSORTIUM APPROACH, ALTHOUGH WE ARE NOT YET READY
14 TO LAUNCH A CONSORTIUM RFA OR A MOONSHOT OR ANYTHING
15 LIKE THAT, BUT A LOT OF THE WORKSHOPS AND THE
16 CONCEPT DEVELOPMENT THAT'S BEING LED BY DR.
17 CANET-AVILES IS RELATED TO THE STRUCTURE OF HOW
18 THESE TYPES OF RESEARCH CAN BE MORE EFFICIENTLY
19 ORGANIZED AROUND THE DATA PLATFORMS, THE SHARED CORE
20 RESOURCES THAT CAN ADVANCE CHARACTERIZED CELL
21 MODELS, ET CETERA.

22 WE WILL BE GIVING AN UPDATE ON A VARIETY
23 OF OUR PORTFOLIO PROGRAMS AT EACH OF THE UPCOMING
24 MEETINGS BY THEMES. AND ONE OF THEM WILL BE NEURO
25 IN THE COMING FUTURE, PROBABLY NOT UNTIL PROBABLY

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1 EARLY NEXT YEAR. IT WILL GIVE US A CHANCE TO REALLY
2 MATURE WHAT WE'VE DONE AS WELL AS MAKE SOME MORE
3 HEADWAY IN TERMS OF THE ASSOCIATED INFRASTRUCTURE
4 RELATED TO DATA SHARING AND SHARED RESOURCES. YOU
5 WILL SEE THAT. BUT SUFFICE IT TO SAY, WE'RE NOT
6 CONCERNED. WE ARE TRACKING HOW MUCH WE ARE
7 EXPENDING ON THESE PROGRAMS, AND IT LOOKS LIKE IT'S
8 TRACKING WHERE WE WANT IT TO BE IN TERMS OF
9 PROPORTION OF THE PORTFOLIO.

10 MR. JUELSGAARD: SO ONE FOLLOW-UP QUESTION
11 BECAUSE I THINK IT WAS WRITTEN THE WAY IT WAS
12 WRITTEN INTO PROP 14, PROP 14 EXPECTS A CERTAIN
13 LEVEL OF EFFORT TO GO INTO THIS AS SOME FOCUS, ET
14 CETERA. HAVE YOU CONSIDERED HIRING SOMEBODY, A
15 SENIOR PERSON WITHIN YOUR ORGANIZATION, BASICALLY TO
16 OVERSEE THIS WHOLE AREA, KIND OF BRING IT TOGETHER
17 AND HELP US PROCEED BECAUSE I THINK THESE ARE PRETTY
18 IMPORTANT DISEASES TO ADDRESS.

19 DR. MILLAN: ABSOLUTELY. IN FACT, WE DID
20 HIRE DR. ROSA CANET-AVILES, WHO'S IN CHARGE OF
21 PUTTING THIS TOGETHER, NEUROSCIENTIST WHO HELPED
22 CREATE MANY OF THE PROGRAMS AT THE FNIH, THE
23 ACCELERATED MEDICINAL PARTNERSHIP IN PARKINSON'S AND
24 ALZHEIMER'S, ETC. SO SHE'S VERY WELL CONNECTED,
25 VERY KNOWLEDGEABLE IN THIS SPACE. WE HAVE MANY

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1 NEUROSCIENTISTS INTERNALLY WHO HAVE BEEN HELPING
2 ROSA AND ME AND THE OTHER TEAM MEMBERS. AND WE
3 ACTUALLY HAVE MANY, MANY REALLY HIGHLY EXPERT AND
4 HIGH PROFILE EXTERNAL STAKEHOLDERS AND ADVISORS WHO
5 ARE HELPING US THROUGH THIS, INCLUDING THOSE WHO
6 ATTENDED THE PRESIDENT'S JOINT SCIENTIFIC STRATEGY
7 ADVISORY PANEL. SO THERE ARE MANY FOLLOW-ON
8 CONVERSATIONS WITH THESE ADVISORS AS WELL AS OTHER
9 COLLABORATIVE EFFORTS.

10 SO THOSE ARE ALL OCCURRING IN THE
11 BACKGROUND. AND WHEN IT'S READY FOR US TO BE ABLE
12 TO REALLY SHAPE THIS AS SOMETHING THAT CAN BE
13 BROUGHT TO THE BOARD, IT WILL BE A LITTLE BIT MORE
14 APPARENT. BUT I WANTED TO REASSURE YOU THAT, IN
15 FACT, IT'S VERY MUCH A FOCUS. AND IN FACT, WHEN WE
16 ARE THINKING ABOUT BROAD UMBRELLA-TYPE PROGRAMS, OUR
17 DEMONSTRATION CASES ARE FOR NEURO FOR THAT VERY
18 REASON.

19 MR. JUELSGAARD: THANK YOU, MARIA.

20 DR. CANET-AVILES: MARIA, CAN I JUST
21 MENTION AN UPDATE?

22 DR. MILLAN: I'M GOING TO TAKE DR.
23 ABOUSALEM'S COMMENT, ROSA, REAL QUICK. AND THEN
24 MAYBE CAN YOU DO ME A FAVOR. CAN YOU FLOAT THAT
25 UPDATE TO MARIA BONNEVILLE JUST BECAUSE OF THE TIME

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1 CONSTRAINTS BECAUSE IT COULD BE THAT WE CAN ADDRESS
2 IT AT ANOTHER SESSION. THANK YOU, ROSA.

3 DR. ABOUSALEM.

4 DR. ABOUSALEM: THANK YOU, DR. MILLAN,
5 FOR THIS ENCOURAGING PROGRESS ON THESE STRATEGIC
6 GOALS. MY QUESTION IS A SIMPLE ONE. I'M CURIOUS TO
7 KNOW HOW YOU SELECT THE THREE CONFERENCE AWARDEES
8 AND HOW YOU ENSURE DIVERSITY, EQUITY, AND INCLUSION
9 IN THAT PROCESS.

10 DR. MILLAN: THANK YOU SO MUCH, DR.
11 ABOUSALEM. DR. SAMBRANO IS ON THE LINE RIGHT NOW;
12 IS THAT CORRECT?

13 DR. SAMBRANO: I'M HERE.

14 DR. MILLAN: DR. SAMBRANO IS THE LEAD ON
15 THIS PROGRAM. AND I'LL HAVE HIM PRESENT THE PROCESS
16 AND THE CRITERIA. DR. SAMBRANO.

17 DR. SAMBRANO: SURE, JUST VERY BRIEFLY.
18 SO WE REALLY RELY ON THE APPLICANTS THAT COME TO
19 CIRM. SO THESE ARE -- WE HAVE AN OPEN APPLICATION
20 PROCESS BASICALLY THROUGHOUT THE YEAR. WE HAVE FOUR
21 DEADLINES PER YEAR FOR FOLKS WHO ARE INTERESTED IN
22 PUTTING TOGETHER A CONFERENCE COME TO US. AND SO WE
23 HAVE A PROCESS WHERE WE REVIEW THE APPLICATIONS FOR
24 THEIR GOAL TO IN SOME WAY ALIGN WITH CIRM'S MISSION.

25 WE DO HAVE REQUIREMENTS AS PART OF THE

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1 PROPOSAL. IF THEY ARE TO BE FUNDED, THAT THEY MAKE
2 AN EFFORT TO DIVERSIFY AND PROVIDE DEI ELEMENTS
3 WITHIN THE CONFERENCE. SO THAT IS PART OF THE
4 ASSESSMENT THAT GOES INTO IT. SO THAT WAS JUST VERY
5 BRIEF.

6 DR. ABOUSALEM: THANK YOU.

7 DR. MILLAN: THANK YOU FOR THAT QUESTION.
8 CHAIRMAN THOMAS, I DON'T SEE ANY OTHER HANDS UP.

9 CHAIRMAN THOMAS: OKAY. THANK YOU. THANK
10 YOU VERY MUCH, MARIA, FOR AN EXCELLENT PRESENTATION,
11 AND TO MEMBERS OF THE TEAM FOR ALL THE CONTINUED
12 OUTSTANDING WORK ACROSS MANY DIFFERENT FRONTS.

13 WE'RE GOING TO SKIP NOW TO ONE OF OUR
14 ACTION ITEMS, WHICH IS THE CONSIDERATION OF THE CIRM
15 ADMINISTRATIVE BUDGET FOR FISCAL 22/23. WE'LL HAVE
16 A PRESENTATION BY POUNEH SIMPSON.

17 MS. SIMPSON: GOOD MORNING, CHAIR AND
18 MEMBERS. POUNEH SIMPSON, DIRECTOR OF FINANCE. I'LL
19 BE PRESENTING THE 22/23 BUDGET.

20 AND WITH ALL PRESENTATIONS, WE LIKE TO
21 START WITH OUR MISSION STATEMENT, WHICH IS
22 ACCELERATING WORLD CLASS SCIENCE TO DELIVER
23 TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN
24 AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND
25 WORLD.

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1 AND I WILL SHARE THE AGENDA FOR THE
2 ADMINISTRATIVE BUDGET FIRST. I'LL BE GOING OVER THE
3 21/22 ICOC APPROVED BUDGET AND AN UPDATE ON THE
4 MAJOR DRIVERS THAT IMPACTED IT THIS YEAR. AND THEN
5 I'LL MOVE ON TO THE 22/23 PROPOSED BUDGET AND THE
6 MAJOR DRIVERS THAT RESULTED IN THE BUDGET WE ARE
7 PROPOSING.

8 SO STARTING WITH THE 21/22 BUDGET, I WANT
9 TO COVER SOME OF THE MAJOR CONTEXT THAT IMPACTED IT.
10 THIS WAS OUR FIRST FULL YEAR AFTER THE RELAUNCH AND
11 PASSAGE OF PROP 14 DURING WHICH WE LAUNCHED THE
12 FIVE-YEAR STRATEGIC PLAN AND RAMPED UP STAFFING TO
13 ADDRESS THE INCREASED WORKLOAD.

14 THE 21/22 BUDGET INCLUDED 55 TOTAL
15 POSITIONS. WE HAD AN AMBITIOUS PLAN TO FILL OUR NEW
16 POSITIONS, AND I'M HAPPY TO REPORT THAT WE FILLED 11
17 POSITIONS AND TWO ARE STILL IN THE RECRUITMENT
18 STAGE. WE'RE CURRENTLY AT 47 FULL-TIME EMPLOYEES.

19 WE INCREASED OUR REVIEWS THIS YEAR, AND WE
20 CLOSED THE OAKLAND OFFICE AND ARE IN THE PROCESS OF
21 MOVING TO OUR NEW HEADQUARTERS.

22 FINALLY, COVID DID AFFECT OUR ACTIVITIES
23 BOTH IN TERMS OF PERSONNEL RECRUITMENT, TRAVEL, AND
24 THE PROGRESS OF OUR FUNDED PROGRAMS AND RELATED
25 ACTIVITIES. AND THIS RESULTED IN SOME SAVINGS THAT

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1 I WILL BE TALKING ABOUT IN THE NEXT FEW SLIDES.

2 SO FIRST I JUST WANTED TO SHOW YOU A
3 PICTURE OF WHAT WAS APPROVED BY THE BOARD, WHAT THE
4 ESTIMATED TO FINISH IS, AND WHAT THAT VARIANCE IS.
5 SO THE SECOND COLUMN IN THIS CHART REPRESENTS WHAT
6 WAS APPROVED BY THE BOARD, \$22.9 MILLION. THE
7 AGENCY ESTIMATES THAT IT WILL FINISH AT 18.2
8 MILLION, WHICH IS SHOWN IN THE THIRD COLUMN. AND
9 THE VARIANCE BETWEEN THOSE TWO, 4.8 MILLION, IS
10 SHOWN IN THE FOURTH COLUMN.

11 THESE SAVINGS RESULTED FROM THE TEAM'S
12 MANAGEMENT OF EXPENDITURES AND KEEPING COSTS DOWN
13 WHILE STILL GROWING AND INCREASING OUR INITIATIVES.
14 THE THREE CATEGORIES THAT I WANT TO FOCUS ON ARE THE
15 ONES THAT HAVE THE GREATEST SAVINGS THAT YOU CAN SEE
16 IN THIS CHART. THEY WERE EMPLOYEE EXPENSE, EXTERNAL
17 SERVICES, AND RENT. THESE THREE CATEGORIES COMBINED
18 REPRESENT 84 PERCENT OF THE SAVINGS THAT YOU SEE ON
19 THIS CHART. SO 4 MILLION OF THE 4.8 MILLION IN
20 SAVINGS ARE ATTRIBUTED TO THESE THREE CATEGORIES.

21 SO I WANT TO FOCUS ON THESE THREE IN A
22 LITTLE BIT MORE DETAIL TO EXPLAIN WHY THERE WERE
23 SAVINGS.

24 SOME OF THE EXPENDITURES IN THESE
25 CATEGORIES DIDN'T MATERIALIZE. SO, FOR EXAMPLE,

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1 WITH REGARDS TO EMPLOYEE EXPENSE, WE DID HAVE AN
2 AMBITIOUS PLAN TO FILL POSITIONS. AND THROUGH THE
3 HARD WORK OF HR AND THE LEADERSHIP TEAM, WE DID FILL
4 11 POSITIONS, BUT WE STILL HAD SOME VACANCIES THAT
5 WE WERE NOT ABLE TO FILL OR ARE STILL RECRUITING
6 FOR. SO EVEN THOUGH WE ANTICIPATED FILLING THE 13
7 POSITIONS BY THE END OF THE FISCAL YEAR, THE
8 PROJECTED TIMELINE TOOK LONGER THAN ANTICIPATED.

9 WE ALSO MADE A DECISION NOT TO FILL THREE
10 POSITIONS THAT RESULTED IN SOME SAVINGS, MORE OF A
11 STRATEGIC DECISION IN TERMS OF WHERE THE NEED IS.
12 AND TOGETHER THOSE FACTORS CONTRIBUTED TO THE \$3
13 MILLION IN EMPLOYEE EXPENSES.

14 WITH REGARDS TO EXTERNAL SERVICES, WE
15 BUILT A BUDGET WITH FUNDS FOR CONTINGENT RECRUITMENT
16 AND EXTERNAL LEGAL SERVICES CONTRACTS IN
17 ANTICIPATION OF SOME OF THE NEED THAT WE MIGHT HAVE
18 THIS YEAR. BUT WE'VE BEEN ABLE TO CAPTURE SAVINGS
19 IN THESE CATEGORIES AS THOSE SERVICES WERE NOT
20 REQUIRED AS ANTICIPATED. THAT RESULTED IN A SAVINGS
21 OF \$563,000.

22 AND, FINALLY, WITH REGARDS TO THE MOVE
23 COSTS, THROUGH THE DILIGENCE OF THE STAFF AND
24 SHOPPING AROUND FOR THE BEST PRICES, THE ACTUAL
25 CONTRACTS FOR THE MOVE CAME IN BELOW WHAT WE HAD

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1 ANTICIPATED. SO, AGAIN, WE BUILT THE BUDGET
2 ESTIMATING WE NEEDED MORE, BUT WE HAD SAVINGS IN
3 THIS CATEGORY, AND WE WERE ABLE TO CAPTURE SAVINGS
4 OF \$417,000.

5 SO WITH THAT, I WANT TO MOVE ON TO THE
6 FISCAL YEAR 22/23 PROPOSED BUDGET AND HOW IT RELATES
7 TO WHAT I JUST SHARED.

8 WITH REGARDS TO THE 22/23 BUDGET, I WANTED
9 TO SHARE A CHART THAT HAS WHAT WE HAVE THIS YEAR,
10 WHAT OUR ESTIMATED TO FINISH IS, AND WHAT WE ARE
11 REQUESTING. SO WE ARE REQUESTING A TOTAL OF \$26.2
12 MILLION, WHICH IS IN THE FOURTH COLUMN OF THIS
13 CHART. BUT I, AGAIN, WANT TO PUT IT IN THE CONTEXT
14 OF WHAT WE HAD AND WHAT WE SPENT. SO THE SECOND
15 COLUMN REPRESENTS THE 21/22 BUDGET OF 22.9 MILLION.
16 THE THIRD COLUMN IS THE ESTIMATED TO FINISH, WHICH
17 WE JUST DISCUSSED, AND THEN WHAT WE ARE REQUESTING
18 \$26.2 MILLION, WHICH RESULTS IN A VARIANCE OF 7.9 OR
19 8 MILLION, IF WE ROUND IT, BETWEEN WHAT WE ARE
20 ASKING AND WHAT WE ARE ESTIMATING TO SPEND THIS
21 FISCAL YEAR.

22 THERE'S THREE MAJOR CATEGORIES THAT
23 CONTRIBUTE TO THE VARIANCE, TO THAT LARGE VARIANCE
24 BETWEEN WHAT WE SPENT AND WHAT WE'RE ASKING FOR.
25 AGAIN, I'LL BE FOCUSING ON THOSE THREE LARGE DOLLAR

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1 AMOUNTS. THEY'RE IN THE CATEGORIES OF EMPLOYEE
2 EXPENSE, EXTERNAL SERVICES, AND REVIEWS, MEETINGS,
3 AND WORKSHOPS.

4 BEFORE I GO ON, I WANT TO POINT OUT THAT
5 DUE TO COVID OUR TRAVEL WAS VERY RESTRICTED AND WE
6 WERE NOT TRAVELING, BUT NOW THAT THE WORLD HAS
7 OPENED UP AND WE DO PLAN ON TRAVELING, WE'RE
8 PROPOSING A TRAVEL BUDGET IN 22/23. SO YOU SEE A
9 VERY LARGE PERCENTAGE IN THE TRAVEL CATEGORY, BUT
10 IT'S A VERY SMALL AMOUNT OF MONEY WITH REGARDS TO
11 OUR OVERALL BUDGET. SO I WON'T BE COVERING TRAVEL
12 BECAUSE IT'S NOT A VERY LARGE AMOUNT EVEN THOUGH IT
13 LOOKS LIKE IT'S A LARGE PERCENTAGE BECAUSE WE'RE
14 GOING FROM NO TRAVEL TO SOME TRAVEL. SO I'LL FOCUS
15 ON THE THREE BIG DOLLAR AMOUNTS.

16 SO WITH REGARDS TO EMPLOYEE EXPENSES, THE
17 FIRST KEY DRIVER IS THE HIRING OF ADDITIONAL
18 PROPOSED STAFF OF TEN POSITIONS. WE ALSO HAVE SOME
19 FUNDS INCLUDED HERE FOR THE FULL YEAR COST OF THE
20 HALF-YEAR POSITIONS THAT WERE APPROVED AS PART OF
21 THE MID-YEAR BUDGET. WE ALSO HAVE THE FULL YEAR
22 COST OF THE PATIENT ADVOCATE PER DIEM WHICH WE HAD
23 BUDGETED FOR HALF YEAR LAST YEAR. AND, FINALLY, WE
24 HAVE SOME INCREASES WITH REGARDS TO BENEFITS THAT
25 ARE MANDATED BY THE STATE THAT WE HAVE NO CONTROL

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1 OVER. THE OVERALL IMPACT OF THE SALARY AND EMPLOYEE
2 EXPENSES IS \$5.7 MILLION.

3 THE SECOND AREA OF EXPENSES THAT INCREASED
4 IS IN EXTERNAL SERVICES. THIS PRIMARILY IS RELATED
5 TO CONSULTANTS FOR PROGRAM DEVELOPMENT AND
6 CONTINGENCY, LEGAL, AND MOVE CONTRACTS. AGAIN, SOME
7 OF THOSE EXPENSES WE ANTICIPATED THIS YEAR MIGHT
8 HAPPEN NEXT YEAR, SO WE'RE BUILDING IN THE
9 CONTINGENCIES FOR THEM. AND LIKE ALWAYS, SHOULD WE
10 NOT NEED THOSE FUNDS, WE WILL BE RETURNING THEM AT
11 THE END OF THE YEAR.

12 FINALLY, THE INCREASE IN REVIEWS,
13 MEETINGS, AND WORKSHOPS. THIS, AGAIN, IS A RESULT
14 OF THE WORLD OPENING AGAIN AND WE CAN HAVE IN-PERSON
15 MEETINGS. WE ARE HAVING A LITTLE BIT HIGHER COST
16 BECAUSE OF THE IN-PERSON MEETING, AND WE ARE HAVING
17 MORE ADVISORY WORKSHOPS. SO THAT'S INCREASING OUR
18 COSTS ESTIMATED AT 850,000.

19 FINALLY, WITH REGARDS TO THE RISK FACTORS
20 WE'RE FACING THIS YEAR, WE CONTINUE TO ACTIVELY
21 MANAGE COSTS. HOWEVER, THERE ARE STILL SOME THINGS
22 OUT OF OUR CONTROL, INCLUDING THE OFFICE MOVE, THE
23 RECRUITMENT AND PERSONNEL GROWTH, AND COVID. SO WE
24 DO RECOGNIZE THAT THERE MAY BE FACTORS LIKE THAT
25 THAT MAY IMPACT OUR BUDGET.

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1 SO, FINALLY, AND IN CONCLUSION, I AM
2 REQUESTING THAT THE ICOC APPROVE THE 22/23 FISCAL
3 YEAR BUDGET OF \$26.2 MILLION. I'M HAPPY TO TAKE
4 QUESTIONS, AND I'M HAPPY TO GO BACK TO ANY SLIDES IF
5 YOU HAVE ANY QUESTIONS.

6 CHAIRMAN THOMAS: THANK YOU, POUNEH. DO
7 WE HAVE A MOTION TO APPROVE THIS BUDGET FROM MEMBERS
8 OF THE BOARD?

9 DR. BARRETT: SO MOVED.

10 DR. SOUTHARD: SECOND.

11 CHAIRMAN THOMAS: MARIA, DID YOU --

12 MS. BONNEVILLE: I BELIEVE THAT WAS KIM
13 AND MARVIN. THANK YOU.

14 CHAIRMAN THOMAS: QUESTIONS OR DISCUSSION
15 FROM MEMBERS OF THE BOARD. I'LL NOTE OFF THE TOP,
16 OF COURSE, THAT THIS WAS FULLY VETTED BY THE FINANCE
17 SUBCOMMITTEE CHAIRED BY MR. ROWLETT. SO DO WE HAVE
18 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?

19 MS. BONNEVILLE: I SEE GEORGE HAS HIS HAND
20 RAISED.

21 CHAIRMAN THOMAS: GEORGE.

22 DR. BLUMENTHAL: JUST A QUICK QUESTION.
23 DO YOU HAVE AN ESTIMATE OF WHEN YOU EXPECT THE MOVE
24 INTO THE NEW FACILITIES TO BE COMPLETED?

25 MS. SIMPSON: I WILL DEFER TO KEVIN ON

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1 THAT QUESTION.

2 DR. MARKS: WE ARE IN CONVERSATIONS WITH
3 THE PROPERTY MANAGEMENT FIRM AT THIS POINT IN TIME.
4 WE WERE ANTICIPATING ORIGINALLY A JULY, LATE JULY
5 PARTIAL MOVE-IN WHERE WE COULD SHARE THE FACILITY
6 WHILE WE ARE DOING CONSTRUCTION. WE ARE STILL IN
7 CONVERSATIONS AROUND THAT. SO RIGHT NOW I JUST
8 ESTIMATE THAT BY THE END OF THE SUMMER WE WILL BE
9 ABLE TO BE IN THE NEW FACILITY.

10 CHAIRMAN THOMAS: THANK YOU, KEVIN.

11 OTHER QUESTIONS OR COMMENTS FROM MEMBERS
12 OF THE BOARD? ANY COMMENTS FROM MEMBERS OF THE
13 PUBLIC?

14 MS. BONNEVILLE: I DON'T SEE ANY.

15 CHAIRMAN THOMAS: THANK YOU. MARIA, WILL
16 YOU PLEASE CALL THE ROLL.

17 MS. BONNEVILLE: HAIFAA ABDULHAQ.

18 DR. ABDULHAQ: YES.

19 MS. BONNEVILLE: MOHAMED ABOUSALEM.

20 DR. ABOUSALEM: YES.

21 MS. BONNEVILLE: KIM BARRETT.

22 DR. BARRETT: YES.

23 MS. BONNEVILLE: DAN BERNAL.

24 MR. BERNAL: YES.

25 MS. BONNEVILLE: GEORGE BLUMENTHAL.

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1 DR. BLUMENTHAL: YES.
2 MS. BONNEVILLE: MICHAEL BOTCHAN.
3 DR. BOTCHAN: YES.
4 MS. BONNEVILLE: LINDA BOXER.
5 DR. BOXER: YES.
6 MS. BONNEVILLE: LEONDR A CLARK-HARVEY.
7 DR. CLARK-HARVEY: YES.
8 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
9 YSABEL DURON. MARK FISCHER-COLBRIE.
10 DR. FISCHER-COLBRIE: YES.
11 MS. BONNEVILLE: FRED FISHER.
12 DR. FISHER: YES.
13 MS. BONNEVILLE: ELENA FLOWERS.
14 DR. FLOWERS: YES.
15 MS. BONNEVILLE: JUDY GASSON.
16 DR. GASSON: YES.
17 MS. BONNEVILLE: LARRY GOLDSTEIN.
18 DR. GOLDSTEIN: YES.
19 MS. BONNEVILLE: DAVID HIGGINS.
20 DR. HIGGINS: YES.
21 MS. BONNEVILLE: STEPHEN JUELSGAARD.
22 MR. JUELSGAARD: YES.
23 MS. BONNEVILLE: RICH LAJARA.
24 MR. LAJARA: YES.
25 MS. BONNEVILLE: PAT LEVITT.

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1 DR. LEVITT: YES.
2 MS. BONNEVILLE: DAVID LO.
3 DR. LO: YES.
4 MS. BONNEVILLE: LINDA MALKAS.
5 DR. MALKAS: YES.
6 MS. BONNEVILLE: SHLOMO MELMED.
7 DR. MELMED: YES.
8 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
9 LAUREN MILLER-ROGEN.
10 MS. MILLER-ROGEN: YES.
11 MS. BONNEVILLE: ADRIANA PADILLA. JOE
12 PANETTA. AL ROWLETT.
13 MR. ROWLETT: YES.
14 MS. BONNEVILLE: MARVIN SOUTHARD.
15 DR. SOUTHARD: YES.
16 MS. BONNEVILLE: MICHAEL STAMOS.
17 DR. STAMOS: YES.
18 MS. BONNEVILLE: JONATHAN THOMAS.
19 CHAIRMAN THOMAS: YES.
20 MS. BONNEVILLE: ART TORRES.
21 MR. TORRES: AYE.
22 MS. BONNEVILLE: KRISTINA VUORI.
23 DR. VUORI: YES.
24 MS. BONNEVILLE: KAROL WATSON. KEITH
25 YAMAMOTO.

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1 DR. YAMAMOTO: YES.

2 MS. BONNEVILLE: THE MOTION CARRIES.

3 MR. TORRES: YOU HEARD ME, MARIA, RIGHT?

4 MS. BONNEVILLE: I DID HEAR YOU. THANK
5 YOU, ART.

6 CHAIRMAN THOMAS: THANK YOU, MARIA.

7 WE'RE GOING TO GO RIGHT NOW -- BETH, IF
8 YOU CAN BEAR WITH US HERE A LITTLE LONGER -- GO
9 STRAIGHT TO THE CONSIDERATION OF THE SCIENCE BUDGET
10 FOR FISCAL 22/23. POUNEH, ONCE AGAIN, WILL PRESENT.
11 POUNEH.

12 MS. SIMPSON: SO I'LL JUST SKIP THE
13 INTRODUCTION AND THE MISSION AND GO STRAIGHT INTO
14 THE AGENDA. WE'RE GOING TO GO OVER THE 21/22
15 APPROVED RESEARCH BUDGET AND THEN GO OVER THE
16 REQUESTED 22/23 PROPOSED BUDGET AND THE MAJOR
17 DRIVERS FOR IT.

18 FIRST OFF, WITH REGARDS TO THE 21/22
19 APPROVED BUDGET, I HAVE A CHART THAT IN THE SECOND
20 COLUMN SHOWS WHAT THE BOARD APPROVED IN TERMS OF
21 RESEARCH BUDGET. AND SO WE STARTED WITH A BUDGET OF
22 \$474.3 MILLION, AND IT'S BROKEN OUT BY THE PILLARS
23 THAT WE HAVE.

24 SO WE BROKE OUT THE COMMITMENTS IN TWO
25 COLUMNS TO SHOW THE ACTIVITY THAT HAS TAKEN PLACE

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1 AND THE PENDING AWARDS RELATED TO THE 21/22 FISCAL
2 YEAR THAT HAVE NOT TAKEN PLACE. SO WE'RE DISPLAYING
3 THIS A LITTLE BIT DIFFERENT THIS YEAR SO YOU CAN SEE
4 WHAT ALREADY HAPPENED AND WHAT IS ABOUT TO HAPPEN.

5 SO THE THIRD COLUMN REPRESENTS THE
6 COMMITMENTS THAT HAVE TAKEN PLACE TO DATE, \$206
7 MILLION. I JUST WANTED TO NOTE THAT THESE DOLLARS
8 INCLUDE THE DECISION THAT WAS MADE ON THURSDAY WITH
9 REGARDS TO THE DISC AWARDEES.

10 THE FOURTH COLUMN IS PENDING DECISIONS
11 RELATED TO THE 21/22. BECAUSE THE PROCESS STARTS
12 WITH THE RFA'S AND THE GWG AND THE ARS, THERE ARE
13 SOME THAT SADDLE TWO FISCAL YEARS. BUT WE WANT TO
14 RECOGNIZE THAT THESE RELATE TO THE BUDGET THAT WAS
15 APPROVED IN 21/22. SO \$152.2 MILLION WILL BE
16 REVIEWED AND DECIDED ON IN AUGUST, SEPTEMBER, AND
17 OCTOBER OF THIS UPCOMING FISCAL YEAR.

18 AND THE TOTAL BETWEEN WHAT HAS ALREADY
19 BEEN DECIDED AND WHAT IS PENDING IS IN COLUMN 5. SO
20 A TOTAL OF \$368.5 MILLION IS ANTICIPATED IN TERMS OF
21 RESEARCH EXPENDITURES FOR 21/22.

22 THE VARIANCE IS THE LAST COLUMN, 106.8
23 MILLION. AND THAT REPRESENTS THE AMOUNT OF MONEY
24 THAT WILL BE RETURNED THAT WAS NOT COMMITTED, WAS
25 LEFT, AND WILL BE RETURNED TO THE RESEARCH FUNDS FOR

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1 FUTURE ALLOCATION.

2 I WILL CONTINUE HERE ON WHAT THE 22/23
3 PROPOSED BUDGET LOOKS LIKE. I'LL INCLUDE SOME OF
4 THE NUMBERS WE JUST SAW IN THE CHARTS FOR THOSE.
5 FIRST, I WANTED TO TALK ABOUT THE MAJOR DRIVERS FOR
6 THE 22/23. WE ANTICIPATE HAVING 19 GWG REVIEWS IN A
7 12-MONTH PERIOD NOT COUNTING THE THREE THAT ARE FROM
8 THE 21/22 FISCAL YEAR THAT BLED OVER. WE WILL
9 CONTINUE FUNDING OUR CORE PROGRAMS, DISC, TRAN, AND
10 CLIN PILLARS, AND THE SHARED LABS AND MANUFACTURING
11 CONCEPTS WILL BE PRESENTED IN 22/23.

12 SO WE DO ANTICIPATE FLUCTUATIONS ALWAYS IN
13 THE NUMBER OF GRANTEES THAT WE GET, BUT WE HAVE A
14 FORMULA WE USE FOR BUDGETING FOR THE RESEARCH
15 PROGRAMS.

16 SO WITH REGARDS TO THE CLINICAL BUDGET, WE
17 BUDGETED THE MAXIMUM NUMBER OF AWARDS FUNDED PER
18 YEAR. THE REASON WE DO THAT IS BECAUSE OF THE
19 NATURE OF THOSE GRANTS AND TIME SENSITIVITY OF THOSE
20 GRANTS. SO FOR 22/23 WE ARE PROPOSING \$169 MILLION.
21 AND YOU WILL SEE FOR TRAN IT'S A LITTLE BIT
22 DIFFERENT. OUR METHODOLOGY THERE IS TO BUDGET
23 ACCORDING TO THE AVERAGE NUMBER OF GRANTS. THIS IS
24 BASED ON THE DATA PROVIDED BY OUR TEAM ON
25 PERFORMANCE TO DATE.

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1 FOR DISCOVERY WE ARE PROPOSING \$106
2 MILLION. WE NOTE THAT DISC-0 IS A NEW PROGRAM THAT
3 WE'RE ADDING IN 22/23. AND, AGAIN, THIS CATEGORY WE
4 BUDGET ACCORDING TO THE AVERAGE NUMBER OF AWARDS
5 FUNDED.

6 FOR EDUCATION WE HAD A LARGE AMOUNT
7 BUDGETED IN 21/22. SO IN 22/23 WE ARE CONTINUING
8 THE CONFERENCE GRANT FUNDING. EDUCATION CATEGORY IS
9 ALSO ONE THAT WE BUDGETED MAX AWARD FUNDED
10 HISTORICALLY.

11 FINALLY, IN THE LAST CATEGORY OF
12 INFRASTRUCTURE, WE ARE PROPOSING \$80 MILLION. AND
13 THE CONCEPTS FOR THE SHARED LABS AND MANUFACTURING
14 NETWORKS WILL BE PRESENTED IN 22/23.

15 SO JUST TO SUMMARIZE THOSE CATEGORIES IN A
16 CHART, HERE WE SHOW WHAT THE BOARD HAD APPROVED IN
17 21/22, WHAT WE ANTICIPATE SPENDING IN TERMS OF
18 ESTIMATED TO FINISH, WHICH IS \$370 MILLION FROM THE
19 PRIOR CHART THAT I HAD ALREADY GONE OVER, AND THEN
20 THE PROPOSED BUDGET OF 426.7 MILLION FOR 22/23. THE
21 DIFFERENCE BETWEEN WHAT WE ARE PROPOSING AND THE
22 ESTIMATED TO FINISH IS \$56.7 MILLION. AND THIS DOES
23 INCLUDE -- I DO WANT TO POINT OUT FOR INFRASTRUCTURE
24 IN THE CURRENT YEAR IT WAS ALPHA CLINICS. IN THE
25 BUDGET YEAR THAT WE ARE PROPOSING IT'S SHARED LABS

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1 AND THE MANUFACTURING NETWORKS. THEY'RE THE SAME
2 DOLLAR AMOUNT, BUT WE WANTED TO MAKE SURE THAT WE
3 DIFFERENTIATED BETWEEN THE TWO.

4 SO, IN SUMMARY, WE ARE REQUESTING 426.7
5 MILLION IN RESEARCH. THAT DOES CONCLUDE MY
6 PRESENTATION WITH REGARDS TO THE RESEARCH GRANTS.
7 I'M HAPPY TO TAKE ANY QUESTIONS IF YOU HAVE ANY OR
8 GO BACK TO ANY SLIDES.

9 CHAIRMAN THOMAS: THANK YOU, POUNEH. AS
10 BEFORE WITH THE ADMINISTRATIVE BUDGET, THIS BUDGET
11 WAS THOROUGHLY VETTED BY THE SCIENCE SUBCOMMITTEE
12 CHAIRED BY DR. GOLDSTEIN. DO I HEAR A MOTION TO
13 APPROVE?

14 DR. DULIEGE: MOTION TO APPROVE.

15 CHAIRMAN THOMAS: IS THERE A SECOND?
16 MARIA, DID YOU GET THAT?

17 MS. BONNEVILLE: HAIFAA AND KIM, CORRECT?
18 IT WAS HAIFAA AND KIM.

19 DR. BARRETT: NOT ME.

20 MS. BONNEVILLE: I'M SORRY. WHO WAS THE
21 SECOND?

22 DR. ABDULHAQ: HAIFAA.

23 MS. BONNEVILLE: IT WAS GEORGE AND HAIFAA.
24 SO GEORGE WAS THE FIRST, HAIFAA WAS THE SECOND.
25 THANK YOU.

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1 CHAIRMAN THOMAS: OKAY. QUESTIONS OR
2 COMMENTS FROM MEMBERS OF THE BOARD? STEVE.

3 MR. JUELSGAARD: SO THIS IS ALA COMMENTS
4 THAT I MADE PREVIOUSLY, A QUESTION I ASKED MARIA
5 MILLAN, AND IT GOES TO \$1.5 BILLION THAT'S DEDICATED
6 TO DEALING WITH THE CNS AND BRAIN ISSUES.

7 SO WHAT I WOULD LIKE TO SEE, BUT I DON'T
8 KNOW IF OTHER MEMBERS SUPPORT THIS OR NOT, BUT ON AN
9 ONGOING BASIS A BREAKOUT OF THE ACTUAL AMOUNT OF
10 FUNDS THAT WE'RE SPENDING, AT LEAST ON AN ANNUAL
11 BASIS, AGAINST THIS ONE AND A HALF BILLION SO THAT
12 WE KNOW HOW WE'RE TRACKING WITH REGARD TO THAT
13 PARTICULAR AREA.

14 I'M SURE THAT'S NOT SOMETHING THAT'S THAT
15 DIFFICULT TO DO, BUT I THINK IT WOULD BE HELPFUL FOR
16 THIS BOARD TO UNDERSTAND HOW WE ARE DOING WITH
17 REGARD TO WHAT I THINK IS A PRETTY IMPORTANT AND
18 VITAL AREA THAT WE'VE BEEN PUT TO SUPPORTING WITH
19 THIS LARGE AMOUNT OF MONEY.

20 DR. MILLAN: THANK YOU, STEVE. WE DO
21 TRACK THAT, AND WE HAVE THE NUMBERS. I DON'T KNOW
22 IF THEY'VE BEEN -- WE DIDN'T PUT IT IN ANY OF THE
23 PRESENTATIONS TODAY. SO WE USUALLY GO THROUGH AN
24 INTERNAL QC AND DOUBLE-CHECKS. WE DO HAVE THAT
25 INFORMATION AND WE'LL BRING IT TO AN UPCOMING

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1 MEETING.

2 DR. CANET-AVILES MAY ALREADY HAVE KIND OF
3 A SENSE OF WHERE THAT IS TODAY. WHAT WE'VE BEEN
4 DOING INTERNALLY IS CHECKING ON THAT, AND IT REALLY
5 DOES LOOK LIKE WE'RE ON TRACK IN TERMS OF PROPORTION
6 OF THE AMOUNT. BUT AS YOU SAID, WE ALSO WANT TO
7 IDENTIFY WITH THE SPECIFIC PROGRAMS GEARED TOWARD
8 THAT. SO ANY NUMBERS WE HAVE IS THE AGGREGATE
9 INVESTMENT INTO THIS FROM PROP 14 DOLLARS INTO CNS
10 PROGRAMS THAT COME THROUGH, INDIVIDUALLY THROUGH THE
11 PROGRAM ANNOUNCEMENTS. WE HAVE THAT. WE DO HAVE
12 THAT INFORMATION THAT WE WILL BE ABLE TO SHARE. IN
13 FACT, IN JULY WE'LL BE ABLE TO GIVE JUST KIND OF A
14 MORE -- I'LL BE ABLE TO IN THE PRESIDENT'S REPORT
15 GIVE A LITTLE BIT MORE OF AN UPDATE, AND I WILL
16 BRING WHAT NUMBERS WE HAVE AT THAT TIME.

17 MR. JUELSGAARD: MARIA, I'M NOT
18 SUGGESTING -- I DON'T WANT TO MAKE A BIG EXERCISE OF
19 THIS. BUT AT LEAST ON AN ANNUAL BASIS PERHAPS LIKE
20 IN A PRESENTATION LIKE THIS WHEN WE'RE REVIEWING THE
21 PAST YEAR'S BUDGET AND WHAT GOT SPENT. MAYBE
22 THERE'S ANOTHER LINE ITEM AMONGST ALL THAT FOR THIS
23 \$1.5 BILLION BUCKET THAT'S PLUGGED IN AT THAT POINT.
24 IT'S JUST -- I THINK WE HAVE SOME RESPONSIBILITY TO
25 KIND OF KEEP TRACK OF HOW MONEY GETS SPENT WHEN THE

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1 PROPOSITION DICTATES THAT MONEY IS DEDICATED IN A
2 PARTICULAR AREA.

3 DR. MILLAN: ABSOLUTELY. YES. AND OUR
4 FINANCE TEAM WITH POUNEH DOES HAVE THAT ON HER
5 BUDGET TRACKING. SHE HAS IT BY CATEGORIES OF THE
6 PROP 14 INDICATED ALLOCATIONS. SO WE HAVE THAT ALL
7 IN OUR INTERNAL ACCOUNTING SYSTEM. WE'LL MAKE SURE
8 THAT THAT'S SOMETHING THAT CAN BE PROVIDED AS A
9 REFERENCE FOR THESE PRESENTATIONS AS WELL.

10 MR. JUELSGAARD: THANK YOU.

11 DR. MILLAN: THANK YOU.

12 CHAIRMAN THOMAS: KRISTINA.

13 DR. VUORI: THANKS, J.T. THANKS FOR ALL
14 THE PRESENTATIONS. SO I WOULD LIKE TO ECHO WHAT
15 STEVE WAS JUST SAYING. I WOULD ALSO LIKE THE
16 BREAKDOWN AS IT COMES TO CNS PROGRAMS IN THE VARIOUS
17 PILLARS SO THAT WE KNOW WHETHER THERE IS, FOR
18 EXAMPLE, A HEALTHY PIPELINE HEADING TOWARDS THE
19 CLINIC OR WHETHER THERE'S A NEED FOR RFA'S OR
20 SIMILAR THINGS SPECIFICALLY TARGETED TO CNS AS
21 SUGGESTED BY THE PROP 14. I THINK IT'S IMPORTANT
22 FOR THE BOARD TO BE MINDFUL, AS STEVE NOTED, OF THIS
23 COMMITMENT THAT WE DID MAKE TO THE VOTERS AND MAKE
24 SURE THAT WE ARE ACTUALLY ON TOP OF IT AND HAVE
25 REALLY A ROBUST AND WORLD CLASS CNS PORTFOLIO. SO I

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1 SUSPECT WE DO, BUT FORMALLY TO SHOW THAT THAT'S
2 INDEED THE CASE.

3 DR. MILLAN: THANK YOU, DR. VUORI. WE
4 WILL AS A TEAM GET SOMETHING TOGETHER, AND YOU WILL
5 HAVE A CHANCE TO SEE THAT AT AN UPCOMING MEETING.

6 I WANTED TO JUST REMIND EVERYBODY. WE
7 LITERALLY JUST LAUNCHED THE STRATEGIC PLAN IN
8 JANUARY; BUT, AS YOU KNOW, THE PROPOSITION WAS
9 PASSED IN DECEMBER. SO WE DO HAVE A YEAR AND A HALF
10 WORTH OF DATA IN TERMS OF WHAT'S COME IN SINCE PROP
11 14 HAS BEEN PASSED. SO I THINK WE'LL HAVE A CHANCE
12 TO HAVE AN UPDATE.

13 WE HAVE AN ANNUAL REPORT THAT'S BEING DONE
14 RIGHT NOW FINALIZED BY THE TEAM, AND WE WILL HAVE
15 REPORTS IN THAT ANNUAL REPORT AS WELL. THANK YOU.

16 CHAIRMAN THOMAS: THANK YOU, MARIA.

17 OTHER QUESTIONS OR COMMENTS FROM MEMBERS
18 OF THE BOARD? ANY COMMENTS FROM MEMBERS OF THE
19 PUBLIC? SEEING, HEARING NONE, MARIA, WILL YOU
20 PLEASE CALL THE ROLL.

21 MS. BONNEVILLE: HAIFAA ABDULHAQ.

22 DR. ABDULHAQ: YES.

23 MS. BONNEVILLE: MOHAMED ABOUSALEM.

24 DR. ABOUSALEM: YES.

25 MS. BONNEVILLE: KIM BARRETT.

BETH C. DRAIN, CA CSR NO. 7152

1 DR. BARRETT: YES.
2 MS. BONNEVILLE: DAN BERNAL.
3 MR. BERNAL: YES.
4 MS. BONNEVILLE: GEORGE BLUMENTHAL.
5 DR. BLUMENTHAL: YES.
6 MS. BONNEVILLE: MICHAEL BOTCHAN.
7 DR. BOTCHAN: YES.
8 MS. BONNEVILLE: LINDA BOXER.
9 DR. BOXER: YES.
10 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.
11 DR. CLARK-HARVEY: YES.
12 MS. BONNEVILLE: YSABEL DURON. MARK
13 FISCHER-COLBRIE.
14 DR. FISCHER-COLBRIE: YES.
15 MS. BONNEVILLE: FRED FISHER.
16 DR. FISHER: YES.
17 MS. BONNEVILLE: ELENA FLOWERS.
18 DR. FLOWERS: YES.
19 MS. BONNEVILLE: JUDY GASSON.
20 DR. GASSON: YES.
21 MS. BONNEVILLE: LARRY GOLDSTEIN.
22 DR. GOLDSTEIN: YES.
23 MS. BONNEVILLE: DAVID HIGGINS.
24 DR. HIGGINS: YES.
25 MS. BONNEVILLE: STEPHEN JUELSGAARD.

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1 MR. JUELSGAARD: YES.
2 MS. BONNEVILLE: RICH LAJARA.
3 MR. LAJARA: YES.
4 MS. BONNEVILLE: PAT LEVITT.
5 DR. LEVITT: YES.
6 MS. BONNEVILLE: DAVID LO.
7 DR. LO: YES.
8 MS. BONNEVILLE: LINDA MALKAS.
9 DR. MALKAS: YES.
10 MS. BONNEVILLE: SHLOMO MELMED.
11 DR. MELMED: YES.
12 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
13 LAUREN MILLER-ROGEN.
14 MS. MILLER-ROGEN: YES.
15 MS. BONNEVILLE: ADRIANA PADILLA. JOE
16 PANETTA. AL ROWLETT.
17 MR. ROWLETT: YES.
18 MS. BONNEVILLE: MARVIN SOUTHARD.
19 DR. SOUTHARD: YES.
20 MS. BONNEVILLE: MICHAEL STAMOS.
21 DR. STAMOS: YES.
22 MS. BONNEVILLE: JONATHAN THOMAS.
23 CHAIRMAN THOMAS: YES.
24 MS. BONNEVILLE: ART TORRES.
25 MR. TORRES: AYE.

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1 MS. BONNEVILLE: KRISTINA VUORI.

2 DR. VUORI: YES.

3 MS. BONNEVILLE: THE MOTION CARRIES.

4 CHAIRMAN THOMAS: THANK YOU, MARIA. WE'RE
5 GOING TO GO NEXT TO ACTION ITEM NO. 8 -- ARE YOU
6 MISSING A VOTE THERE?

7 MS. BONNEVILLE: WE DIDN'T CALL KEITH.
8 SORRY ABOUT THAT.

9 DR. YAMAMOTO: YES.

10 MS. BONNEVILLE: THANK YOU.

11 CHAIRMAN THOMAS: THANK YOU. ACTION ITEM
12 NO. 8, CONSIDERATION OF GOVERNANCE SUBCOMMITTEE
13 ITEMS. THIS DISCUSSION IS GOING TO BE LED BY JUDY
14 GASSON, AND DR. GASSON AND DR. VUORI HAVE BEEN THE
15 VERY BUSY CHAIRPEOPLE FOR THIS SUBCOMMITTEE. SO THE
16 FIRST ITEM FOR DISCUSSION AND VOTE HERE IS CHAIR AND
17 VICE CHAIR ROLE, QUALIFICATIONS, AND PERCENT EFFORT.
18 JUDY.

19 DR. GASSON: THANK YOU, CHAIRMAN THOMAS.
20 AND WE HAVE A POWERPOINT PRESENTATION THAT WAS
21 PREPARED BY JAMES. THANKS TO ALL OF THE BOARD
22 MEMBERS WHO ANSWERED THE SURVEY AND GAVE US
23 RESPONSES TO THESE QUESTIONS. IF I COULD HAVE THE
24 NEXT SLIDE PLEASE.

25 THERE ARE A NUMBER OF STATUTORY DUTIES OF

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1 THE CHAIR THAT ARE LAID OUT IN PROP 14, AND THEY
2 INCLUDE MANAGING THE BOARD'S AGENDA, SUPERVISING THE
3 PUBLIC ACCOUNTABILITY REQUIREMENTS, BOND FINANCING
4 AND CASH FLOW PLANS, INTERFACING WITH THE
5 LEGISLATURE, THE CONGRESS, HEALTHCARE, AND THE
6 PUBLIC, LEVERAGING FINANCIAL OPPORTUNITIES, AND
7 LEADING NEGOTIATIONS FOR INTELLECTUAL PROPERTY
8 POLICIES AND CONTRACT TERMS. MAY I HAVE THE NEXT
9 SLIDE PLEASE.

10 IN ADDITION, THE CHAIR SERVES AS A MEMBER
11 OF THE GRANTS WORKING GROUP, THE STANDARDS WORKING
12 GROUP, FACILITIES WORKING GROUP, AFFORDABILITY AND
13 ACCESSIBILITY WORKING GROUP, AND THE CALIFORNIA STEM
14 CELL RESEARCH AND CURES FINANCE COMMITTEE. SO THIS
15 IS, AGAIN, THE RESPONSIBILITIES THAT ARE LAID OUT IN
16 PROP 14. MAY I HAVE THE NEXT SLIDE.

17 THE STATUTORY DUTIES OF THE VICE CHAIR ARE
18 A BIT LESS SPECIFIC. THEY ARE TO ASSIST THE CHAIR
19 IN CARRYING OUT THE CHAIR'S DUTIES. THE VICE CHAIR,
20 ALONG WITH THE CHAIR, IS RESPONSIBLE FOR NOMINATING
21 MEMBERS OF THE ACCESSIBILITY AND AFFORDABILITY
22 WORKING GROUP TO THE BOARD, AND THE VICE CHAIR
23 SERVES AS A MEMBER OF THE AAWG. NEXT SLIDE.

24 SO THESE ARE THE RECOMMENDATIONS FOR THE
25 ROLE, THE PERCENT EFFORT, AND THE DESIRED ATTRIBUTES

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1 FOR THE CHAIR THAT CAME FROM THE SURVEY OF THE BOARD
2 THAT WAS CONDUCTED, I THINK, BACK IN MAY. THE
3 CONSENSUS WAS AS FOLLOWS: RECOMMEND THE PARTNERSHIP
4 MODEL TO PERFORM THE STATUTORY DUTIES OF THE CHAIR
5 WITH CLEARLY DELINEATED ROLES AND RESPONSIBILITIES
6 FOR THE CHAIR, VICE CHAIR, AND PRESIDENT. THIS
7 MODEL IS CURRENTLY IN EFFECT AND APPEARS TO BE
8 WORKING WELL.

9 WE RECOMMENDED APPROXIMATELY 80 PERCENT
10 TIME COMMITMENT FOR THE CHAIR AND RECOMMENDED THE
11 FOLLOWING ATTRIBUTES AND SKILLS BE CONSIDERED IN
12 EVALUATING POTENTIAL CANDIDATES FOR THE CHAIR:
13 INTEGRITY, PASSION AND ENTHUSIASM FOR THE MISSION,
14 LEADERSHIP AND DECISIVENESS, EFFECTIVE COMMUNICATOR,
15 COLLABORATIVE AND INCLUSIVE, AND RESPECT FOR
16 LEADERSHIP AND STAFF, AND INTELLECT AND EXPERIENCE.
17 MAY I HAVE THE NEXT SLIDE PLEASE.

18 THE RECOMMENDED ROLE, PERCENT EFFORT, AND
19 DESIRED ATTRIBUTES FOR THE VICE CHAIR ARE LISTED ON
20 THIS SLIDE. THE CONSENSUS OF THE SUBCOMMITTEE,
21 WHICH WAS UNANIMOUS, REGARDING THE DISCUSSION OF THE
22 VICE CHAIR WAS AS FOLLOWS: WE RECOMMENDED A
23 COMMITMENT OF 50 TO 80 PERCENT TIME, AND IT WILL
24 BECOME CLEAR, I THINK, IN A MOMENT WHY THAT'S KIND
25 OF A WIDE RANGE. IN ADDITION TO SUPPORTING THE

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1 CHAIR IN CARRYING OUT THE CHAIR'S STATUTORY DUTIES,
2 THE SUBCOMMITTEE ALSO RECOMMENDED THAT THE VICE
3 CHAIR ASSUME RESPONSIBILITY FOR SERVING AS THE CHAIR
4 OF THE AFFORDABILITY AND ACCESSIBILITY WORKING GROUP
5 IF THE VICE CHAIR HAS RELEVANT EXPERIENCE. AND TO
6 ALSO ASSUME THE RESPONSIBILITY FOR OVERSIGHT OF
7 GOVERNMENT RELATIONS OR, IF THE VICE CHAIR HAS
8 RELEVANT EXPERIENCE, ASSUME PRIMARY RESPONSIBILITY
9 FOR GOVERNMENT RELATIONS.

10 WE RECOMMEND THE FOLLOWING ATTRIBUTES AND
11 SKILLS, WHICH ARE VERY SIMILAR TO THE CHAIR:
12 INTEGRITY, PASSION AND ENTHUSIASM FOR THE MISSION,
13 COLLABORATIVE AND INCLUSIVE, RESPECT FOR LEADERSHIP
14 AND STAFF, STRONG AND EFFECTIVE PATIENT ADVOCATE.
15 MAY I HAVE THE NEXT SLIDE PLEASE.

16 ADDITIONAL ITEMS THAT CAME UP IN THE
17 DISCUSSION OF THE GOVERNANCE SUBCOMMITTEE WERE
18 THERE'S A GENERAL CONSENSUS AMONG THE SUBCOMMITTEE
19 MEMBERS THAT THINGS ARE WORKING WELL WITH THE
20 CURRENT STRUCTURE AND, THEREFORE, THERE IS NO
21 MANDATE FOR CHANGE. THERE IS ALSO BROAD AGREEMENT
22 THAT THE FUTURE SUSTAINABILITY OF THE CIRM,
23 INCLUDING BEYOND THE FUNDING PERIOD PROVIDED BY PROP
24 14, IS A HIGH PRIORITY FOR THE CHAIR, THE VICE
25 CHAIR, AND THE PRESIDENT. AND, FINALLY, THE CHAIR

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1 AND THE VICE CHAIR, ALONG WITH ALL THE BOARD
2 MEMBERS, CONTINUE TO LEAD A ROBUST OVERSIGHT ROLE.
3 I THINK THAT'S THE LAST SLIDE, WHETHER THERE ARE ANY
4 QUESTIONS FROM MEMBERS OF THE BOARD?

5 CHAIRMAN THOMAS: THANK YOU, JUDY. AND,
6 AGAIN, THIS PRESENTATION IS THE WORK PRODUCT OF A
7 LOT OF WORK BY THE SUBCOMMITTEE. SO GREAT THANKS TO
8 EVERYBODY ON IT, AND PARTICULARLY THE CO-CHAIRS,
9 JUDY AND KRISTINA.

10 SO I'M GOING TO ASK FOR A MOTION HERE IN A
11 SECOND; BUT BECAUSE THERE ARE SO MANY OF US ON THE
12 CALL AND IT'S NOT ALWAYS EASY TO IDENTIFY, WHEN YOU
13 SAY I MOVE OR WHATEVER, IF YOU COULD JUST STATE
14 WHO'S SAYING THAT SO WE CAN PICK IT UP. DO WE HEAR
15 A MOTION TO APPROVE THIS SET OF GUIDELINES WITH
16 RESPECT TO THE CHAIR AND VICE CHAIR?

17 DR. ABOUSALEM: SO MOVED.

18 CHAIRMAN THOMAS: THANK YOU, MOHAMED. IS
19 THERE IS SECOND?

20 DR. STAMOS: SECOND IT.

21 CHAIRMAN THOMAS: THANK YOU, MICHAEL.

22 QUESTIONS OR COMMENTS FROM MEMBERS OF THE
23 BOARD ON THIS MOTION? QUESTION FOR JUDY.

24 DR. MELMED: A QUESTION FOR JUDY. DID A
25 DISCUSSION OCCUR ABOUT THE DEGREE QUALIFICATIONS?

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1 DR. GASSON: IT DID NOT. AND WE WENT BY
2 THE SURVEY RESULTS. AND MY RECOLLECTION IS THAT IF
3 THERE WAS A DEGREE REQUIREMENT, IT WAS DOWN TOWARD
4 THE BOTTOM. SO, NO, IT DID NOT COME UP, SHLOMO.
5 THANK YOU.

6 DR. MELMED: THANK YOU.

7 CHAIRMAN THOMAS: OTHER QUESTIONS OR
8 COMMENTS FROM MEMBERS OF THE BOARD? SEEING OR
9 HEARING NONE, COMMENTS FROM MEMBERS OF THE PUBLIC?
10 SEEING OR HEARING NONE THERE AS WELL, MARIA, PLEASE
11 CALL THE ROLL.

12 MS. BONNEVILLE: YES. HAIFAA ABDULHAQ.

13 DR. ABDULHAQ: YES.

14 MS. BONNEVILLE: MOHAMED ABOUSALEM.

15 DR. ABOUSALEM: YES.

16 MS. BONNEVILLE: KIM BARRETT.

17 DR. BARRETT: YES.

18 MS. BONNEVILLE: DAN BERNAL. GEORGE
19 BLUMENTHAL.

20 DR. BLUMENTHAL: YES.

21 MS. BONNEVILLE: MICHAEL BOTCHAN.

22 DR. BOTCHAN: YES.

23 MS. BONNEVILLE: LINDA BOXER.

24 DR. BOXER: YES.

25 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

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1 DR. CLARK-HARVEY: YES.
2 MS. BONNEVILLE: MARK FISCHER-COLBRIE.
3 DR. FISCHER-COLBRIE: YES.
4 MS. BONNEVILLE: FRED FISHER. ELENA
5 FLOWERS.
6 DR. FLOWERS: YES.
7 MS. BONNEVILLE: JUDY GASSON.
8 DR. GASSON: YES.
9 MS. BONNEVILLE: DAVID HIGGINS.
10 DR. HIGGINS: YES.
11 MS. BONNEVILLE: STEPHEN JUELSGAARD.
12 MR. JUELSGAARD: YES.
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14 MR. LAJARA: YES.
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16 DR. LEVITT: YES.
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18 DR. LO: YES.
19 MS. BONNEVILLE: LINDA MALKAS.
20 DR. MALKAS: YES.
21 MS. BONNEVILLE: SHLOMO MELMED.
22 DR. MELMED: YES.
23 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
24 MS. MILLER-ROGEN: YES.
25 MS. BONNEVILLE: ADRIANA PADILLA. MICHAEL

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1 STAMOS.
2 DR. STAMOS: YES.
3 MS. BONNEVILLE: MARVIN SOUTHARD.
4 DR. SOUTHARD: YES.
5 MS. BONNEVILLE: JONATHAN THOMAS.
6 CHAIRMAN THOMAS: YES.
7 MS. BONNEVILLE: ART TORRES.
8 MR. TORRES: AYE.
9 MS. BONNEVILLE: KRISTINA VUORI.
10 DR. VUORI: YES.
11 MS. BONNEVILLE: KEITH YAMAMOTO.
12 DR. YAMAMOTO: YES.
13 MS. BONNEVILLE: THE MOTION CARRIES.
14 CHAIRMAN THOMAS: THANK YOU, MARIA.
15 ONE OTHER ITEM ON THE GOVERNANCE
16 SUBCOMMITTEE LIST, WHICH IS PERFORMANCE MANAGEMENT
17 REVIEW FORMS FOR THE PRESIDENT AND CEO. DR. GASSON.
18 DR. GASSON: SO WE WORKED WITH TAMMI
19 BUETTNER ON THIS AS A CONSULTANT. AND I THINK WE'RE
20 GOING TO PUT THE FORMS UP ON THE SCREEN HERE IN A
21 MOMENT. BASICALLY WHAT THE GOVERNANCE COMMITTEE
22 APPROVED WAS A VERY SIMILAR SET OF CRITERIA FOR
23 EVALUATION AS HAD EXISTED PREVIOUSLY; BUT AS WE
24 SCROLL DOWN, YOU WILL SEE THAT WE WERE ABLE TO
25 STREAMLINE THE SURVEY SO THAT IT WASN'T QUITE AS

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1 REPETITIVE.

2 SO THIS IS THE -- THESE ARE THE POTENTIAL
3 RESPONSES. AND IF WE KEEP SCROLLING DOWN, IN EACH
4 CASE YOU CAN SEE THAT WE'VE SORT OF COLLAPSED
5 ATTRIBUTES THAT WERE IN DIFFERENT SECTIONS BUT THAT
6 WE FELT WERE SOMEWHAT REDUNDANT INTO MORE CONCISE
7 CATEGORIES. IN EACH CASE, A NUMERICAL SCORE CAN BE
8 ATTRIBUTED ALONG WITH ANY ADDITIONAL COMMENTS.

9 THE PERFORMANCE EVALUATIONS WILL BE GIVEN
10 OUT TO THE MEMBERS OF THE BOARD AS WELL AS THE
11 DIRECT REPORTS. THE RESULTS WILL BE KEPT
12 CONFIDENTIAL, AND THEY WILL BE SUMMARIZED, AND THEN
13 A SUMMARY WILL BE PROVIDED TO THE GOVERNANCE
14 COMMITTEE AND TO THE BOARD, AND A CONVERSATION WILL
15 BE HAD WITH THE INDIVIDUALS WHOSE PERFORMANCE IS
16 BEING EVALUATED, IN THIS CASE THE PRESIDENT AND CEO.

17 SO YOU'VE HAD A CHANCE TO LOOK AT THIS.
18 TAMMI, DO YOU WANT TO ADD ANYTHING TO WHAT I JUST
19 SAID?

20 MS. BUETTNER: NO, I THINK YOU DID GREAT.
21 WE DID ADD THAT ONE LITTLE SECTION AT THE BEGINNING
22 JUST TO IDENTIFY HOW OFTEN THE INTERACTION IS WITH
23 THE PRESIDENT, AND WE THOUGHT THAT WAS IMPORTANT
24 SINCE SOME OF YOU HAVE MORE, SOME OF YOU HAVE LESS.
25 OTHER THAN THAT, I THINK YOU COVERED IT WELL.

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DR. GASSON: THANK YOU, TAMMI.
I THINK THAT PRETTY MUCH COVERS IT,
CHAIRMAN THOMAS. I DON'T SEE ANY HANDS RAISED.
CHAIRMAN THOMAS: THANK YOU, JUDY.
SO DO WE HAVE A MOTION TO APPROVE THIS
FORM?
DR. BLUMENTHAL: I SO MOVE.
CHAIRMAN THOMAS: THANK YOU, GEORGE.
SECOND?
DR. SOUTHARD: SECOND.
CHAIRMAN THOMAS: THANK YOU, MARV.
QUESTIONS OR COMMENTS FROM MEMBERS OF THE
BOARD? COMMENTS FROM MEMBERS OF THE PUBLIC?
HEARING AND SEEING NONE, JUST LIKE TO THANK TAMMI
FOR YOUR HELP AND, AGAIN, JUDY AND KRISTINA AND
MEMBERS OF THE SUBCOMMITTEE. I THINK THIS IS
EXCELLENT AS REVISED AND WILL SERVE AS THE MODEL
GOING FORWARD.
WITH THAT, MARIA, WILL YOU PLEASE CALL THE
ROLL.
MS. BONNEVILLE: HAIFAA ABDULHAQ.
DR. ABDULHAQ: YES.
MS. BONNEVILLE: MOHAMED ABOUSALEM.
DR. ABOUSALEM: YES.
MS. BONNEVILLE: KIM BARRETT.

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1 DR. BARRETT: YES.
2 MS. BONNEVILLE: DAN BERNAL.
3 MR. BERNAL: YES.
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5 DR. BLUMENTHAL: YES.
6 MS. BONNEVILLE: MICHAEL BOTCHAN.
7 DR. BOTCHAN: YES.
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9 DR. BOXER: YES.
10 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.
11 DR. CLARK-HARVEY: YES.
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13 DR. FISCHER-COLBRIE: YES.
14 MS. BONNEVILLE: FRED FISHER.
15 DR. FISHER: YES.
16 MS. BONNEVILLE: ELENA FLOWERS.
17 DR. FLOWERS: YES.
18 MS. BONNEVILLE: JUDY GASSON.
19 DR. GASSON: YES.
20 MS. BONNEVILLE: LARRY GOLDSTEIN.
21 DR. GOLDSTEIN: YES.
22 MS. BONNEVILLE: DAVID HIGGINS.
23 DR. HIGGINS: YES.
24 MS. BONNEVILLE: STEPHEN JUELSGAARD.
25 MR. JUELSGAARD: YES.

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1 MS. BONNEVILLE: RICH LAJARA.
2 MR. LAJARA: YES.
3 MS. BONNEVILLE: PAT LEVITT.
4 DR. LEVITT: YES.
5 MS. BONNEVILLE: DAVID LO.
6 DR. LO: YES.
7 MS. BONNEVILLE: LINDA MALKAS.
8 DR. MALKAS: YES.
9 MS. BONNEVILLE: SHLOMO MELMED.
10 DR. MELMED: YES.
11 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
12 MS. MILLER-ROGEN: YES.
13 MS. BONNEVILLE: ADRIANA PADILLA. JOE
14 PANETTA. AL ROWLETT. MARVIN SOUTHARD.
15 DR. SOUTHARD: YES.
16 MS. BONNEVILLE: MICHAEL STAMOS. JONATHAN
17 THOMAS.
18 CHAIRMAN THOMAS: YES.
19 MS. BONNEVILLE: ART TORRES.
20 MR. TORRES: AYE.
21 MS. BONNEVILLE: KRISTINA VUORI.
22 DR. VUORI: YES.
23 MS. BONNEVILLE: KEITH YAMAMOTO.
24 DR. YAMAMOTO: YES.
25 MS. BONNEVILLE: I'M GOING TO GO BACK AND

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1 SEE IF AL IS BACK. AL, ARE YOU BACK ON THE LINE?

2 OKAY. THE MOTION CARRIES.

3 CHAIRMAN THOMAS: THANK YOU, MARIA.

4 BETH, ARE YOU HOLDING UP OKAY?

5 THE REPORTER: I'M FINE, MR. CHAIRMAN.

6 THANK YOU.

7 CHAIRMAN THOMAS: OKAY. THANK YOU.

8 SO WE'RE GOING TO GO, CONTINUING TO GET
9 SOME OF THOSE VOTING ITEMS OUT OF THE WAY HERE,
10 QUICKLY GO TO THE CONSENT CALENDAR. ITEM NO. 5,
11 CONSIDERATION OF THE MINUTES FOR THE MARCH, APRIL,
12 AND MAY MEETINGS. DO I HEAR A MOTION TO APPROVE?

13 MR. BERNAL: SO MOVED.

14 DR. SOUTHARD: SECOND.

15 CHAIRMAN THOMAS: MOVED BY DAN, SECONDED
16 BY MARV. ANY QUESTIONS OR COMMENTS FROM MEMBERS OF
17 THE BOARD ON THIS ITEM? ANY COMMENTS FROM MEMBERS
18 OF THE PUBLIC? OKAY. THIS IS A CONSENT ITEM, SO WE
19 STILL NEED TO HAVE A VOTE, MARIA?

20 MS. BONNEVILLE: SO CONSENT, THE ORDER BY
21 WHICH THAT WOULD HAPPEN IS YOU WOULD ASK IF ANYBODY
22 WANTED TO REMOVE ANYTHING FROM THE CONSENT CALENDAR.
23 AND IF NOT, YOU WOULD VOTE FOR ALL THREE AS PART OF
24 THE CONSENT.

25 CHAIRMAN THOMAS: THANK YOU. EXACTLY WHAT

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1 I WAS THINKING. SO ANYBODY WANT TO REMOVE THIS
2 ITEM? HEARING NONE, WE WILL GO THROUGH THE OTHER
3 TWO.

4 MS. BONNEVILLE: J.T., I'M GOING TO LET
5 KEVIN WEIGH IN HERE NOW WITH THE PROCESS.

6 DR. MARKS: MR. CHAIRMAN, BEING THE
7 ROBERTS' RULES POLICE, WE NEED TO OFFICIALLY
8 WITHDRAW THE MOTION FROM THE MOVER AND PERMISSION
9 FROM THE SECOND BEFORE WE PROCEED WITH THE REST OF
10 THE CONSENT CALENDAR.

11 CHAIRMAN THOMAS: SO WE NEED A MOTION ON
12 ALL THREE IS WHAT YOU ARE SAYING AT THE END?

13 DR. MARKS: YES. IF YOU PLAN ON TAKING
14 THEM ALTOGETHER, WE JUST NEED TO WITHDRAW THE
15 PENDING MOTION MADE BY DAN BERNAL.

16 CHAIRMAN THOMAS: THANK YOU. IS THAT
17 ACCEPTABLE TO DAN AND MARV?

18 MR. BERNAL: I WITHDRAW MY PREVIOUS MOTION
19 AND MOVE THE CONSENT CALENDAR.

20 DR. SOUTHARD: (INAUDIBLE.)

21 CHAIRMAN THOMAS: THANK YOU, GENTLEMEN.
22 ON TO ITEM NO. 9, OR 6, RATHER, CONSIDERATION OF
23 COMMUNICATION SUBCOMMITTEE MISSION STATEMENT. AND
24 MS. DURON IS GOING TO HAVE A PRESENTATION. YSABEL.

25 MS. BONNEVILLE: J.T., THAT'S FOR LATER.

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1 THAT'S UNDER THE DISCUSSION. RIGHT NOW WE'RE STILL
2 JUST GOING OVER THE CONSENT CALENDAR. SO THE MOTION
3 WOULD JUST BE TO APPROVE EVERYTHING ON THE CONSENT
4 CALENDAR, NOT EACH ONE INDIVIDUALLY.

5 CHAIRMAN THOMAS: OKAY. ALL RIGHT. SO
6 THERE ARE THREE ITEMS TO THE CONSENT CALENDAR.
7 THAT'S NO. 2.

8 NO. 3 IS CONSIDERATION OF NEW APPOINTMENTS
9 TO THE GWG, WHICH GIL HAS -- THERE'S MATERIALS IN
10 YOUR PACKET ON THAT. OKAY. NOW, DO I HEAR A MOTION
11 TO --

12 MR. TORRES: SO MOVED.

13 CHAIRMAN THOMAS: THANK YOU, MR. SENATOR.
14 IS THERE A SECOND?

15 DR. SOUTHARD: SECOND.

16 MR. ROWLETT: SECOND.

17 CHAIRMAN THOMAS: I THINK MARV BEAT AL TO
18 THE PUNCH THERE. THANK BOTH OF YOU.

19 IS THERE ANY DISCUSSION OR QUESTIONS BY
20 MEMBERS OF THE BOARD ON THIS MOTION? ANY COMMENTS
21 FROM THE PUBLIC? MARIA, WILL YOU PLEASE CALL THE
22 ROLL.

23 MS. BONNEVILLE: HAIFAA ABDULHAQ.

24 DR. ABDULHAQ: YES.

25 MS. BONNEVILLE: MOHAMED ABOUSALEM.

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1 DR. ABOUSALEM: YES.
2 MS. BONNEVILLE: KIM BARRETT.
3 DR. BARRETT: YES.
4 MS. BONNEVILLE: DAN BERNAL.
5 MR. BERNAL: AYE.
6 MS. BONNEVILLE: GEORGE BLUMENTHAL.
7 DR. BLUMENTHAL: YES.
8 MS. BONNEVILLE: MICHAEL BOTCHAN.
9 DR. BOTCHAN: YES.
10 MS. BONNEVILLE: LINDA BOXER.
11 DR. BOXER: YES.
12 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.
13 DR. CLARK-HARVEY: YES.
14 MS. BONNEVILLE: FRED FISHER.
15 DR. FISHER: YES.
16 MS. BONNEVILLE: ELENA FLOWERS.
17 DR. FLOWERS: YES.
18 MS. BONNEVILLE: MARK FISCHER-COLBRIE.
19 DR. FISCHER-COLBRIE: YES.
20 MS. BONNEVILLE: JUDY GASSON.
21 DR. GASSON: YES.
22 MS. BONNEVILLE: LARRY GOLDSTEIN.
23 DR. GOLDSTEIN: YES.
24 MS. BONNEVILLE: DAVID HIGGINS.
25 DR. HIGGINS: YES.

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1 MS. BONNEVILLE: STEPHEN JUELSGAARD.
2 MR. JUELSGAARD: YES.
3 MS. BONNEVILLE: RICH LAJARA.
4 MR. LAJARA: YES.
5 MS. BONNEVILLE: PAT LEVITT.
6 DR. LEVITT: YES.
7 MS. BONNEVILLE: DAVID LO.
8 DR. LO: YES.
9 MS. BONNEVILLE: LINDA MALKAS.
10 DR. MALKAS: YES.
11 MS. BONNEVILLE: SHLOMO MELMED.
12 DR. MELMED: YES.
13 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
14 MS. MILLER-ROGEN: YES.
15 MS. BONNEVILLE: AL ROWLETT.
16 MR. ROWLETT: YES.
17 MS. BONNEVILLE: MARVIN SOUTHARD.
18 DR. SOUTHARD: YES.
19 MS. BONNEVILLE: MICHAEL STAMOS.
20 DR. STAMOS: YES.
21 MS. BONNEVILLE: JONATHAN THOMAS.
22 CHAIRMAN THOMAS: YES.
23 MS. BONNEVILLE: ART TORRES.
24 MR. TORRES: AYE.
25 MS. BONNEVILLE: KRISTINA VUORI.

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DR. VUORI: YES.

MS. BONNEVILLE: KEITH YAMAMOTO.

DR. YAMAMOTO: YES.

MS. BONNEVILLE: THE MOTION CARRIES.

CHAIRMAN THOMAS: THANK YOU, MARIA.

WE'RE GOING TO JUMP NOW TO ITEM 11,
CONSIDERATION OF CIRM CONFLICT OF INTEREST CODE
SECTION 100000. PRESENTATION FROM BEN.

MR. HUANG: GOOD MORNING, BOARD MEMBERS.
FOR YOUR CONSIDERATION TODAY IS CIRM'S CONFLICT OF
INTEREST POLICY SECTION 100000. THIS DRAFT, WHICH
COVERS DISCLOSURE CATEGORIES FOR CIRM EMPLOYEES, WAS
UNANIMOUSLY APPROVED BY THE CIRM BOARD PRIOR TO A
PUBLIC COMMENT PERIOD AT THE END OF LAST YEAR. THE
CALIFORNIA OFFICE OF ADMINISTRATIVE LAW PUBLISHED A
NOTICE ON THE REGISTER, AND CIRM DID NOT RECEIVE ANY
PUBLIC COMMENTS DURING THE 45-DAY COMMENT PERIOD.
CIRM IS THEREFORE ASKING THE BOARD FOR FINAL
APPROVAL FOR SUBMISSION TO THE FPPC. AND THAT'S IT.

CHAIRMAN THOMAS: THANK YOU, BEN.

MR. HUANG: I'LL TAKE ANY QUESTIONS.

CHAIRMAN THOMAS: THANK YOU FOR YOUR
EXCEPTIONALLY SUCCINCT PRESENTATION.

IS THERE A MOTION TO APPROVE?

DR. CLARK-HARVEY: SO MOVED.

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1 CHAIRMAN THOMAS: THANK YOU, LEONDRA.

2 SECOND?

3 DR. FLOWERS: SECOND.

4 CHAIRMAN THOMAS: THANK YOU, ELENA.

5 QUESTIONS OR COMMENTS FROM MEMBERS OF THE

6 BOARD? QUESTIONS OR COMMENTS FROM MEMBERS OF THE

7 PUBLIC? HEARING NONE, MARIA, WILL YOU PLEASE --

8 SOMEBODY HAVE A QUESTION? NO.

9 MS. BONNEVILLE: I DON'T THINK SO.

10 CHAIRMAN THOMAS: MARIA, WILL YOU PLEASE

11 CALL THE ROLL.

12 MS. BONNEVILLE: HAIFAA ABDULHAQ.

13 DR. ABDULHAQ: YES.

14 MS. BONNEVILLE: MOHAMED ABOUSALEM.

15 DR. ABOUSALEM: YES.

16 MS. BONNEVILLE: KIM BARRETT.

17 DR. BARRETT: YES.

18 MS. BONNEVILLE: GEORGE BLUMENTHAL.

19 DR. BLUMENTHAL: YES.

20 MS. BONNEVILLE: DAN BERNAL.

21 MR. BERNAL: YES.

22 MS. BONNEVILLE: MICHAEL BOTCHAN.

23 DR. BOTCHAN: YES.

24 MS. BONNEVILLE: LINDA BOXER.

25 DR. BOXER: YES.

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2 DR. CLARK-HARVEY: YES.
3 MS. BONNEVILLE: MARK FISCHER-COLBRIE.
4 DR. FISCHER-COLBRIE: YES.
5 MS. BONNEVILLE: FRED FISHER.
6 DR. FISHER: YES.
7 MS. BONNEVILLE: ELENA FLOWERS.
8 DR. FLOWERS: YES.
9 MS. BONNEVILLE: JUDY GASSON.
10 DR. GASSON: YES.
11 MS. BONNEVILLE: LARRY GOLDSTEIN.
12 DR. GOLDSTEIN: YES.
13 MS. BONNEVILLE: DAVID HIGGINS.
14 DR. HIGGINS: YES.
15 MS. BONNEVILLE: STEPHEN JUELSGAARD.
16 MR. JUELSGAARD: YES.
17 MS. BONNEVILLE: RICH LAJARA.
18 MR. LAJARA: YES.
19 MS. BONNEVILLE: PAT LEVITT.
20 DR. LEVITT: YES.
21 MS. BONNEVILLE: DAVID LO.
22 DR. LO: YES.
23 MS. BONNEVILLE: LINDA MALKAS.
24 DR. MALKAS: YES.
25 MS. BONNEVILLE: SHLOMO MELMED.

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1 DR. MELMED: YES.
2 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
3 MS. MILLER-ROGEN: YES.
4 MS. BONNEVILLE: AL ROWLETT.
5 MR. ROWLETT: YES.
6 MS. BONNEVILLE: MARVIN SOUTHARD.
7 DR. SOUTHARD: YES.
8 MS. BONNEVILLE: MICHAEL STAMOS.
9 DR. STAMOS: YES.
10 MS. BONNEVILLE: JONATHAN THOMAS.
11 CHAIRMAN THOMAS: YES.
12 MS. BONNEVILLE: ART TORRES.
13 MR. TORRES: AYE.
14 MS. BONNEVILLE: KRISTINA VUORI.
15 DR. VUORI: YES.
16 MS. BONNEVILLE: KEITH YAMAMOTO.
17 DR. YAMAMOTO: YES.
18 MS. BONNEVILLE: THE MOTION CARRIES.
19 CHAIRMAN THOMAS: THANK YOU, MARIA.
20 ONE MORE ACTION ITEM TO GO. ITEM 12,
21 CONSIDERATION OF CHANGE TO THE APPLICATION REVIEW
22 SUBCOMMITTEE BYLAWS TO EXPAND APPROVAL
23 AUTHORIZATION. KEVIN MARKS WILL PRESENT. KEVIN.
24 DR. MARKS: THANK YOU, MR. CHAIRMAN.
25 AS THE BOARD IS AWARE AND AS EXPLAINED IN

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1 THE MEMORANDUM THAT WAS ATTACHED TO THE AGENDA, THE
2 ICOC HAS THE ULTIMATE AUTHORITY TO PERFORM THE
3 FUNCTIONS OF MAKING FINAL DECISIONS ON ANY GRANTS.
4 THROUGH ARTICLE V OF THE BOARD BYLAWS, THE BOARD HAS
5 DELEGATED THAT DECISION-MAKING AUTHORITY FOR
6 RESEARCH AWARD RECOMMENDATIONS ARISING FROM THE
7 GRANTS WORKING GROUP TO THE APPLICATION REVIEW
8 SUBCOMMITTEE. HOWEVER, THERE'S NO CURRENT
9 DELEGATION THAT EXISTS WITH RESPECT TO THE
10 FACILITIES WORKING GROUP AND THE NEWLY CREATED
11 AFFORDABILITY AND ACCESSIBILITY WORKING GROUP, THE
12 AAWG.

13 TO ACHIEVE CONSISTENCY ACROSS THE
14 ORGANIZATION, WE ARE RECOMMENDING THAT WE MODIFY
15 ARTICLE V, SECTION 5 OF THE BYLAWS TO EXPAND THE
16 GRANT AWARD APPROVAL PROCESS AND GIVE THE AUTHORITY
17 TO THE ARS TO HAVE GRANT APPROVAL AUTHORITY OVER
18 RECOMMENDATIONS COMING OUT OF THE FACILITIES WORKING
19 GROUP AND THE AAWG.

20 CHAIRMAN THOMAS: THANK YOU, KEVIN. DO WE
21 HEAR A MOTION TO APPROVE?

22 MR. TORRES: SO MOVED.

23 CHAIRMAN THOMAS: MOVED BY SENATOR TORRES.
24 IS THERE A SECOND?

25 DR. SOUTHARD: SECOND.

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1 CHAIRMAN THOMAS: I THINK THAT WAS MARV
2 AGAIN ON THE SECOND. THANK YOU.

3 QUESTIONS OR COMMENTS FROM MEMBERS OF THE
4 BOARD? QUESTIONS OR COMMENTS FROM MEMBERS OF THE
5 PUBLIC?

6 LARRY, YOU'VE GOT YOUR HAND UP. LARRY.

7 DR. GOLDSTEIN: I'M JUST CURIOUS AS TO WHY
8 THE AAWG IS INCLUDED FOR APPROVAL BY THE ARS RATHER
9 THAN BY THE ENTIRE BOARD. I GUESS MY ANTICIPATION
10 WOULD BE THAT THERE ARE MANY FEWER CONFLICTS OF
11 INTEREST COMING THROUGH THE AAWG GIVEN THE VERY
12 DIFFERENT NATURE OF THE KINDS OF GRANTS IT'S GOING
13 TO SUPPORT.

14 SO I GUESS WHAT'S THE LOGIC TO LIMIT IT TO
15 THE ARS AS OPPOSED TO THE ENTIRE BOARD?

16 DR. MARKS: MR. CHAIRMAN, I DON'T KNOW IF
17 YOU'D LIKE ME TO ADDRESS IT.

18 CHAIRMAN THOMAS: YES, PLEASE.

19 DR. MARKS: SO THE IDEA BEHIND THE
20 RECOMMENDATION IS IT'S THE AWARD OF FUNDS. IN
21 CONSIDERING AND CREATING THE APPLICATION REVIEW
22 SUBCOMMITTEE, THE BOARD WANTED THAT FUND APPROVAL
23 AUTHORITY TO REST WITH THE ARS AS A SMALLER
24 SUBCOMMITTEE. SO BASED ON THAT SAME PHILOSOPHY, WE
25 ARE RELYING UPON THAT FOR THIS RECOMMENDATION.

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1 CHAIRMAN THOMAS: THANK YOU, KEVIN.

2 OTHER QUESTIONS OR COMMENTS? STEVE.

3 MR. JUELSGAARD: KEVIN, I'M KIND OF LEFT
4 HANGING HERE. SO WHAT -- CAN YOU GIVE ME AN EXAMPLE
5 OF FUNDING, THE KIND OF FUNDING YOU'RE TALKING ABOUT
6 THAT WOULD CREATE THIS CONFLICT ISSUE?

7 DR. MARKS: SORRY, STEVE. I'M A LITTLE
8 CONFUSED ON THE CONFLICT ISSUE.

9 MR. JUELSGAARD: THAT WOULD BE A CONFLICT
10 FOR ANYBODY OTHER THAN THE ARS. SO WHAT KIND OF
11 FUNDING ARE YOU TALKING ABOUT THAT SUGGESTS THAT WE
12 SHOULDN'T INVOLVE THE WHOLE ICOC, BUT ONLY THE ARS?
13 CAN YOU PROVIDE ME AN EXAMPLE THAT THE AAWG WOULD
14 SOMEHOW BE INVOLVED WITH REGARD TO FUNDING THAT
15 WOULD RECUSE EVERYBODY BUT THE ARS?

16 DR. MARKS: SORRY FOR THE DUMBFUNDED
17 LOOK. AND I WILL RELY UPON OTHERS WITH PROBABLY A
18 LONGER HISTORY IN THE ORGANIZATION THAT MAY BE ABLE
19 TO COMMENT A BIT MORE. I DO FORESEE, FOR EXAMPLE,
20 IF YOU LOOK AT THE FACILITIES WORKING GROUP AND
21 STARTING THERE, ANY FUNDING REQUESTS FOR FACILITY
22 MODIFICATIONS THAT MAY REST WITH EITHER THE ALPHA
23 CLINICS OR THE COMMUNITY CARE CENTERS OF INTEREST
24 WHICH MAY BE AFFILIATED WITH SOME OF OUR MEMBER
25 INSTITUTIONS FROM BOARD MEMBERS, THAT'S A POTENTIAL

1 SITUATION.

2 LIKewise, WITH THE AAWG, WHEN WE ARE
3 LOOKING AT PATIENT ASSISTANCE PROGRAMS FOR APPROVAL
4 OF FUNDS THAT WOULD ALLOW PATIENTS IN
5 INSTITUTION-FUNDED CLINICAL TRIALS TO BE ABLE TO
6 MORE EASILY ACCESS CLINICAL TRIALS, THERE'S A
7 POTENTIAL FOR CONFLICTS. AS YOU KNOW, MANY OF OUR
8 CLINICAL TRIALS ARE DONE IN ACADEMIC INSTITUTIONS
9 FOR WHICH WE HAVE BOARD MEMBER REPRESENTATION.

10 MR. JUELSGAARD: I'M JUST TRYING TO THINK
11 THROUGH THE PROCESS BY WHICH THIS GETS HANDLED. LET
12 ME THINK ABOUT THAT FOR A MOMENT. I SEE THAT LARRY
13 HAS A QUESTION.

14 DR. GOLDSTEIN: SO I COMPLETELY AGREE
15 THAT, FOR THE FACILITIES WORKING GROUP, THE CONFLICT
16 OF INTERESTS ARE SUBSTANTIAL AND OBVIOUS FOR THOSE
17 OF US WHO HAVE TIES TO POTENTIAL GRANT RECIPIENT
18 ORGANIZATIONS FROM THE FACILITIES STANDPOINT.

19 I'M LESS PERSUADED ABOUT THAT FOR THE
20 AAWG. FOR EXAMPLE, THE PATIENT ASSISTANCE FUND, I
21 THINK IT'S RATHER UNLIKELY THAT THOSE FUNDS WOULD BE
22 ADMINISTERED BY OUR MEDICAL CENTERS. I THINK THEY
23 WOULD BE MANAGED IN SOME WAY BY INDEPENDENT
24 ORGANIZATIONS OR BY COMMUNITY CARE CENTERS, FOR
25 EXAMPLE.

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1 I JUST WONDER WHETHER WE WANT TO GET A
2 LITTLE BIT OF EXPERIENCE WITH THE AAWG FUNDING
3 PROPOSALS BEFORE WE DISQUALIFY A LARGE SEGMENT OF
4 THE BOARD FROM PROVIDING INPUT AND THOUGHT ABOUT
5 THESE.

6 CHAIRMAN THOMAS: WE'RE GOING GO TO --
7 FRED WAS NEXT AND BACK TO STEVE.

8 DR. FISHER: JUST TO RESPOND TO WHAT LARRY
9 SAID. IF THERE WERE A PATIENT ASSISTANCE FUND FOR
10 PEOPLE WITH ALS TO PARTICIPATE IN CLINICAL TRIALS OR
11 WHATEVER ULTIMATELY IS COVERED BY THAT, IT COULD BE
12 VERY LIKELY THAT THE ORGANIZATION THAT I'M A CEO OF,
13 WHICH IS THE LARGEST ALS SERVING ORGANIZATION IN THE
14 COUNTRY, COULD OR SHOULD END UP ADMINISTERING THAT.
15 SO I CAN SEE A CONFLICT THERE IN THAT REGARD, NOT
16 NECESSARILY WITH THE PATIENTS WHO RECEIVE THOSE
17 FUNDS, BUT AS A POTENTIAL ORGANIZATION THAT WOULD BE
18 AN APPROPRIATE ENTITY TO DISTRIBUTE THEM ON BEHALF
19 OF CIRM. UNLESS I MISS THE POINT OF YOUR COMMENT,
20 LARRY, THAT JUST OCCURRED TO ME.

21 DR. GOLDSTEIN: FRED, AREN'T YOU A MEMBER
22 OF THE ARS? SO THE CONFLICT IS BACKWARDS FROM OUR
23 STANDARD CONFLICT PROBLEMS.

24 DR. FISHER: YES. I DON'T KNOW THAT I'M
25 ON -- I'M ON A BUNCH OF DIFFERENT GROUPS, BUT, YEAH

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1 I AM. I AM.

2 CHAIRMAN THOMAS: THAT'S A FAIR POINT,
3 LARRY.

4 STEVE.

5 MR. JUELSGAARD: LARRY IS ABSOLUTELY
6 RIGHT. SO THIS IS A VERY DIFFERENT ANIMAL. FRED,
7 YOU ARE A MEMBER OF THE ARS, BUT YOU WOULD HAVE A
8 CONFLICT OF INTEREST FOR OTHER REASONS. YOU'D HAVE
9 TO RECUSE YOURSELF FROM VOTING IN A SITUATION THAT
10 YOU JUST MENTIONED, BUT YOU WOULD BE THE ONLY PERSON
11 IN THAT CIRCUMSTANCE TO RECUSE YOURSELF.

12 THE PROBLEM WE'VE GOT IS THAT WE'VE GOT SO
13 MANY ACADEMIC AND RESEARCH CENTER REPRESENTATIVES ON
14 THE ICOC. THE OLD HISTORICAL NOTION WAS THAT
15 EVERYBODY WOULD PAT EVERYBODY ELSE ON THE BACK IN
16 TERMS OF APPROVING THINGS, AND THAT'S HOW WE KIND OF
17 GOT TO THE ARS.

18 I'M WITH LARRY. I DON'T AT THIS POINT
19 EXACTLY SEE THE NATURE OF THE CONFLICT. AND I DON'T
20 LIKE TO EXCLUDE PEOPLE FROM BEING INVOLVED IN
21 DECISIONS UNLESS IT'S REALLY NECESSARY TO DO SO. I
22 LIKE LARRY'S RECOMMENDATION OF LET'S GET SOME
23 ON-THE-GROUND EXPERIENCE WITH THIS WITH REGARD TO
24 THE AAWG. AND IF WE FIND THAT WE HAVE CONFLICTS OF
25 INTEREST, THEN WE CAN ADDRESS IT AT THAT POINT. BUT

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1 TO JUST DO IT PRO TANTO IS FOR ME, I THINK, A LITTLE
2 EXTREME.

3 MR. TORRES: AS CHAIR OF THE WORKING
4 GROUP, I WOULD AGREE WITH LARRY AND WITH STEVE. I
5 THINK THAT WE NEED TO GET A LITTLE MORE CLARITY AND
6 EXPERIENCE UNDER OUR BELT BEFORE WE PROCEED ALONG
7 THESE LINES.

8 CHAIRMAN THOMAS: JUDY, YOU HAVE YOUR HAND
9 RAISED.

10 DR. GASSON: THIS HAS BEEN A GOOD
11 DISCUSSION, AND I JUST WANT TO SUPPORT THE POSITION
12 OF LARRY AND STEVE AND ART.

13 CHAIRMAN THOMAS: OKAY. THANK YOU.

14 OTHER QUESTIONS OR COMMENTS FROM MEMBERS
15 OF THE BOARD?

16 DR. MALKAS: I ALSO AGREE. I THOUGHT THIS
17 WAS A VERY, VERY GOOD DISCUSSION. AND I THINK LET'S
18 SEE HOW THIS GOES BEFORE WE MAKE ANY BIG DECISIONS.

19 CHAIRMAN THOMAS: OKAY. SO IT SOUNDS LIKE
20 WHAT WE HAVE HERE IS A CONSENSUS, HAVING NOT VOTED
21 ON THE MOTION, BUT A CONSENSUS THAT THE MOTION AS
22 STATED IS NOT THE GENERAL WILL OF THE BOARD. AND,
23 KEVIN, GIVEN THAT, COULD YOU DESCRIBE HOW WE SHOULD
24 PROCEED ON THIS? I THINK THAT THE FACILITIES
25 WORKING GROUP, THE APPLICABILITY OF THIS MOTION IS

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1 EVIDENCE, BUT HOW SHALL WE PROCEED FROM HERE IF WE
2 WANT TO CHANGE THE MOTION AS STATED?

3 DR. MARKS: I HONESTLY THINK IT'S SIMPLER,
4 SINCE SENATOR TORRES WAS THE MOVING PARTY ON THE
5 MOTION, HAVE HIM WITHDRAW THE MOTION WITH PERMISSION
6 OF THE SECOND AND REINTRODUCE A MOTION SIMPLY TO
7 HAVE ANY DECISIONS OR RECOMMENDATIONS COMING OUT OF
8 THE FACILITIES WORKING GROUP TO GO TO THE ARS FOR
9 THE TIME BEING.

10 MR. TORRES: FINE BY ME.

11 CHAIRMAN THOMAS: I BELIEVE, MARV, YOU
12 WERE THE SECOND.

13 DR. SOUTHARD: CONSENT GRANTED.

14 CHAIRMAN THOMAS: THANK YOU. OKAY.

15 SO WE HAVE A NEW MOTION HERE WHICH IS TO
16 JUST HAVE THIS APPLY STRICTLY TO THE FACILITIES
17 WORKING GROUP AND HAVE DECISIONS FOR FUNDING MADE BY
18 IT GOING TO THE ARS. QUESTIONS OR COMMENTS FROM
19 MEMBERS OF THE BOARD? QUESTIONS OR COMMENTS FROM
20 MEMBERS OF THE PUBLIC? HEARING NONE, MARIA, WILL
21 YOU PLEASE CALL THE ROLL.

22 DR. MARKS: MR. CHAIRMAN, WE HAVE A STATED
23 MOTION BY YOU, BUT WE DID NOT HAVE A MOVEMENT AND A
24 SECOND.

25 CHAIRMAN THOMAS: OKAY.

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1 MR. TORRES: I REMOVE THE MOTION. AND NOW
2 I SUBSTITUTE IT WITH A MORE RELEVANT MOTION AND ASK
3 FOR A SECOND.

4 CHAIRMAN THOMAS: THANK YOU.

5 MOVED AND SECONDED. ANY FURTHER QUESTIONS
6 OR COMMENTS?

7 THE REPORTER: MR. CHAIRMAN, I DIDN'T HEAR
8 WHO THE SECOND WAS.

9 CHAIRMAN THOMAS: MARV SOUTHARD.

10 DR. STAMOS: IT WAS MICHAEL STAMOS.

11 CHAIRMAN THOMAS: OH, IT WAS MICHAEL.
12 IT'S TOUGH TO SEE IT. AGAIN, IF YOU MOVE OR SECOND,
13 JUST IDENTIFY YOURSELF. THANK YOU.

14 OKAY. MARIA, WILL YOU PLEASE CALL THE
15 ROLL.

16 MS. BONNEVILLE: SURE. HAIFAA ABDULHAQ.

17 DR. ABDULHAQ: YES.

18 MR. TORRES: PUBLIC INPUT?

19 CHAIRMAN THOMAS: OKAY. IS THERE ANY
20 PUBLIC INPUT ON THE RESTATED MOTION? HEARING NONE,
21 MARIA, WILL YOU PLEASE CALL THE ROLL.

22 MS. BONNEVILLE: HAIFAA ABDULHAQ.

23 DR. ABDULHAQ: YES.

24 MS. BONNEVILLE: MOHAMED ABOUSALEM.

25 DR. ABOUSALEM: YES.

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1 MS. BONNEVILLE: KIM BARRETT.
2 DR. BARRETT: YES.
3 MS. BONNEVILLE: DAN BERNAL.
4 MR. BERNAL: AYE.
5 MS. BONNEVILLE: GEORGE BLUMENTHAL.
6 DR. BLUMENTHAL: YES.
7 MS. BONNEVILLE: MICHAEL BOTCHAN.
8 DR. BOTCHAN: AYE.
9 MS. BONNEVILLE: LINDA BOXER.
10 DR. BOXER: YES.
11 MS. BONNEVILLE: LEONDR A CLARK-HARVEY.
12 DR. CLARK-HARVEY: YES.
13 MS. BONNEVILLE: YSABEL DURON. MARK
14 FISCHER-COLBRIE.
15 DR. FISCHER-COLBRIE: YES.
16 MS. BONNEVILLE: FRED FISHER.
17 DR. FISHER: YES.
18 MS. BONNEVILLE: ELENA FLOWERS.
19 DR. FLOWERS: YES.
20 MS. BONNEVILLE: JUDY GASSON.
21 DR. GASSON: YES.
22 MS. BONNEVILLE: LARRY GOLDSTEIN.
23 DR. GOLDSTEIN: YES.
24 MS. BONNEVILLE: DAVID HIGGINS.
25 DR. HIGGINS: YES.

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2 MR. JUELSGAARD: YES.
3 MS. BONNEVILLE: RICH LAJARA.
4 MR. LAJARA: YES.
5 MS. BONNEVILLE: PAT LEVITT.
6 DR. LEVITT: YES.
7 MS. BONNEVILLE: DAVID LO.
8 DR. LO: YES.
9 MS. BONNEVILLE: LINDA MALKAS.
10 DR. MALKAS: YES.
11 MS. BONNEVILLE: SHLOMO MELMED.
12 DR. MELMED: YES.
13 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
14 MS. MILLER-ROGEN: YES.
15 MS. BONNEVILLE: AL ROWLETT.
16 MR. ROWLETT: AYE.
17 MS. BONNEVILLE: MARVIN SOUTHARD.
18 DR. SOUTHARD: YES.
19 MS. BONNEVILLE: MICHAEL STAMOS.
20 DR. STAMOS: YES.
21 MS. BONNEVILLE: JONATHAN THOMAS.
22 CHAIRMAN THOMAS: YES.
23 MS. BONNEVILLE: ART TORRES.
24 MR. TORRES: AYE.
25 MS. BONNEVILLE: KRISTINA VUORI.

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1 DR. VUORI: YES.

2 MS. BONNEVILLE: KEITH YAMAMOTO.

3 DR. YAMAMOTO: YES.

4 MS. BONNEVILLE: THE MOTION CARRIES.

5 CHAIRMAN THOMAS: OKAY. THANK YOU. WE
6 GOT THROUGH ALL OF THE ACTION ITEMS. SO THANK YOU,
7 EVERYBODY, UNDERSCORING THE IMPORTANCE OF DOING
8 EVERYTHING WE CAN TO MAINTAIN QUORUM AS WE JUST DID
9 THROUGH THAT. SO WE'RE GOING TO TAKE A SHORT
10 FIVE-MINUTE BREAK TO GIVE BETH A BREATHER, AND THEN
11 WE'LL RESUME BACK WITH SHYAM ON HIS PRESENTATION AND
12 CONTINUATION OF THE PRESIDENT'S REPORT. FIVE-MINUTE
13 BREAK PLEASE.

14 (A RECESS WAS TAKEN.)

15 CHAIRMAN THOMAS: OKAY. IF WE COULD
16 RESUME HERE, EVERYBODY. CAN WE GET OUR SCREEN BACK
17 HERE PLEASE? THANK YOU. LET'S RETURN TO THE
18 PRESIDENT'S REPORT AND GO TO SHYAM.

19 DR. PATEL: THANK YOU, CHAIRMAN THOMAS.
20 IT'S MY PLEASURE TO UPDATE THE BOARD TODAY ON SOME
21 BUSINESS DEVELOPMENT ITEMS. SO AS PART OF THIS
22 PRESENTATION, I'LL BE UPDATING A FEW OF THE NUMBERS
23 THAT WE TRACK AND ALSO PROVIDING OUR EXPANDED VISION
24 ON THE INDUSTRY ALLIANCE PROGRAM. LET ME JUST PUT
25 THE PRESENTATION UP REAL QUICK. HOPE EVERYBODY CAN

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1 SEE THIS.

2 SO AS DR. MILLAN INDICATED, OUR FUNDING
3 OPPORTUNITY IS DESIGNED TO BE PROGRESSIVE IN NATURE
4 TO FUND FROM ONE STAGE TO THE NEXT THE DEVELOPMENT
5 OF THERAPIES. SO WHAT THEY FUNDAMENTALLY DO IS THAT
6 THEY BRIDGE THE TRANSLATIONAL VALLEY OF DEATH, WHICH
7 EXTENDS GENERALLY FROM THE EARLY DISCOVERY OF A
8 SINGLE PRODUCT CANDIDATE THROUGH CLINICAL PROOF OF
9 CONCEPT AND A PHASE 1 OR PHASE 2 CLINICAL TRIAL. SO
10 OUR FUNDING OPPORTUNITIES ALLOW PROJECTS TO PROGRESS
11 FROM ONE STAGE TO THE NEXT, SO FROM DISCOVERY TO
12 TRANSLATION TO CLINICAL.

13 DR. MILLAN GAVE AN EXAMPLE OF THE NEURONA
14 THERAPEUTICS -- I HAVE A COUPLE MORE HERE -- TO
15 DEMONSTRATE HOW BOTH ACADEMIC INSTITUTIONS AS WELL
16 AS THE COMBINATION OF ACADEMIC INSTITUTIONS AND
17 COMPANIES HAVE LEVERAGED OUR FUNDING IN PROGRESSIVE
18 AWARDS TO EXTEND THEIR -- ACCELERATE THE PROGRESSION
19 OF THEIR THERAPIES.

20 SO, FOR EXAMPLE, AT UC DAVIS, DR. FARMER
21 AND THE TEAM HAVE PROGRESSED THEIR IN UTERO STEM
22 CELL THERAPY FOR SPINA BIFIDA FROM TRANSLATIONAL
23 STAGE OF THE PC1 AWARD THROUGH AN IND-ENABLING
24 ACTIVITY TO CLIN1 INTO PHASE 1 CLINICAL TRIAL THAT
25 WAS RECENTLY APPROVED BY THE BOARD FOR A CLIN2.

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1 SIMILARLY, DR. HENRY CLASSEN AND THE UC
2 IRVINE TEAM HAVE LEVERAGED SEVERAL AWARDS OVER THE
3 COURSE OF MANY YEARS TO PROGRESS THEIR CELL THERAPY
4 OF RETINITIS PIGMENTOSA. SO INITIALLY THIS WAS A
5 BASIC DISCOVERY AWARD, AND THAT WENT INTO A CLINICAL
6 TRIAL AWARD UPON WHICH TIME A COMPANY WAS LAUNCHED
7 CALLED JCYTE. AND JCYTE CAME BACK AND ACTUALLY
8 SECURED A COUPLE OF CLIN2 GRANTS TO PROGRESS THE
9 THERAPY INTO LATE STAGE CLINICAL TRIALS, AND HAD A
10 PARTNERSHIP WITH SANTEN PHARMACEUTICALS TO GET TO
11 COMMERCIALIZATION FOR THIS THERAPY.

12 SO AS CIRM HELPS PROGRAMS PROGRESS THROUGH
13 THE DIFFERENT STAGES OF DEVELOPMENT, THIS ALLOWS
14 THOSE PROGRAMS TO SECURE INDUSTRY PARTNERSHIPS. SO
15 I'LL UPDATE SOME OF THOSE NUMBERS. FOR A FEW YEARS
16 NOW WE'VE BEEN TRACKING THE AMOUNT OF INDUSTRY
17 INVESTMENTS GOING INTO CIRM-FUNDED PROJECTS. THIS
18 INCLUDES THINGS SUCH AS LICENSING, ACQUISITIONS,
19 MERGERS, VENTURE CAPITAL INVESTMENTS, COMPANIES
20 GOING PUBLIC. ALL THAT GENERALLY IS CAPTURED
21 WHENEVER CIRM MONEY HAS FLOWED INTO A PROGRAM.

22 WE ONLY TRACK THESE NUMBERS AFTER THE
23 FIRST CIRM DOLLARS HAVE BEEN COMMITTED. SO IT'S
24 EVERYTHING AFTER CIRM FUNDING. AND SO TO DATE WE'VE
25 TRACKED AT LEAST \$23.4 BILLION OF INVESTMENTS FROM

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1 INDUSTRY INTO CIRM-FUNDED PROJECTS.

2 WE ALSO TRACK THE NUMBER OF COMPANIES THAT
3 HAVE SPUN OUT FROM CIRM FUNDING OF ACADEMIC
4 PROJECTS. SO HERE CIRM FUNDING CONTRIBUTED TO SOME
5 SORT OF DISCOVERY WHICH THEN HELPED ENABLE THE
6 SPIN-OUT OF THAT COMPANY. AND WE'VE TRACKED ABOUT
7 50 COMPANIES THAT HAVE BEEN SPUN OUT THANKS TO CIRM
8 FUNDING OF ACADEMIC PROJECTS. MANY OF THESE
9 COMPANIES HAVE BEEN BASED IN CALIFORNIA.

10 SO TO GIVE YOU AN IDEA OF THE TYPES OF
11 PARTNERING EVENTS THAT WE TRACK, I HAVE A FEW
12 EXAMPLES HERE FROM RECENT EVENTS. AS YOU MAY
13 RECALL, DR. MATT PORTEUS AND THE STANFORD TEAM HAVE
14 USED CIRM FUNDING TO ADVANCE THEIR CRISPER GENE
15 THERAPY FOR SICKLE CELL DISEASE THROUGH IND-ENABLING
16 ACTIVITIES AND THE FILING OF THE IND. UPON THE
17 FILING OF THAT IND, THE COMPANY LAUNCHED A COMPANY
18 CALLED GRAPHITE BIO. AND THAT COMPANY RAISED \$195.7
19 MILLION IN VENTURE FUNDING OVER THE LAST COUPLE
20 YEARS AND IN 2121 ONE OF THE LARGEST IPO'S IN THE
21 CIRM UNIVERSE OF \$273.7 MILLION. AND ALL THAT MONEY
22 HAS GONE TOWARD LAUNCHING THAT CLINICAL TRIAL IN
23 MULTIPLE SITES.

24 SIMILARLY, CIRM FUNDING TO DR. JEANNE
25 LORING AT THE SCRIPPS INSTITUTE LED TO DISCOVERY OF

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1 AN AUTOLOGOUS IPSC-DERIVED CELL THERAPY FOR
2 PARKINSON'S DISEASE. THIS PARTICULAR TECHNOLOGY WAS
3 THEN LICENSED TO A COMPANY CALLED ASPEN
4 NEUROSCIENCE, WHICH DR. LORING HELPED CO-FOUND AND
5 LAUNCH. AND THAT COMPANY RECENTLY RAISED A LARGE
6 VENTURE ROUND, BRINGING ITS TOTAL VENTURE FUNDING TO
7 \$220 MILLION AS IT ADVANCES THAT CANDIDATE TO
8 CLINICAL TRIALS.

9 NOW, WE'VE ALL SEEN THE NEWS OVER THE LAST
10 FEW MONTHS THAT THE BIOTECH INDUSTRY IS SUFFERING
11 FROM REDUCING INVESTOR INTEREST. I'M GIVING YOU A
12 BACKGROUND ON THAT, AND THEN HOW WE BELIEVE THAT
13 CIRM'S FUNDING OPPORTUNITIES CAN SUPPORT THE
14 INDUSTRY GOING FORWARD.

15 SO THE ALLIANCE FOR REGENERATIVE MEDICINE
16 PUTS OUT SECTOR REPORTS EVERY YEAR THAT TRACK
17 REGENERATIVE MEDICINE FINANCING. IN THE LAST COUPLE
18 YEARS, IT'S BEEN SETTING RECORDS IN TERMS OF THE
19 AMOUNT OF VENTURE CAPITAL AS WELL AS INITIAL PUBLIC
20 OFFERINGS FOR REGENERATIVE MEDICINE COMPANIES. IN
21 PARTICULAR, 2021 WAS A GOOD YEAR FOR BOTH OF THOSE.
22 THE AMOUNT OF VENTURE FUNDING WAS AT RECORD LEVELS
23 AND SO WAS THE IPO'S. HOWEVER, THERE WAS ALREADY
24 SOME DECLINING PUBLIC MARKET SUPPORT IN THAT YEAR
25 FOR REGENERATIVE MEDICINE COMPANIES.

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1 IF YOU LOOK AT THE FOLLOW-ONS, THESE ARE
2 PUBLIC COMPANIES WHO ARE NOW RAISING ADDITIONAL
3 FUNDS BY FLOATING MORE SHARES IN THE MARKET, AND
4 THAT ACTUALLY WAS TRENDING DOWNWARD IN 2021 COMPARED
5 TO 2020. THIS PUBLIC MARKET SENTIMENT TOWARD
6 REGENERATIVE MEDICINE COMPANIES AND BIOTECHS IS MORE
7 ACCURATELY AND MORE COMPLETELY DEMONSTRATED BY
8 LOOKING AT A FEW CHARTS HERE.

9 SO UP ON THE LEFT HERE IS TRACKING A
10 COUPLE OF THE MAJOR BIOTECH INDICES, IBB AND XBI,
11 THROUGH THE S&P 500. AS YOU CAN SEE FROM THAT
12 CHART, WHICH IS A LITTLE BIT HARD TO SEE ON THE
13 SCREEN, FROM JANUARY 2021 TO TODAY, BOTH OF THESE
14 MAJOR BIOTECH INDUSTRIES HAVE BEEN UNDERPERFORMING
15 ON THE S&P 500, AND THAT UNDERPERFORMANCE ACTUALLY
16 ACCELERATED IN 2022 IN THE LAST FEW MONTHS OR SO.
17 AND THAT HAS ACTUALLY HAD MAJOR IMPACTS THAT ARE
18 KIND OF FLOWING DOWN THROUGH THE DIFFERENT LEVELS OF
19 FINANCING.

20 FIRST AND FOREMOST, THE PUBLIC MARKET IS
21 AN IMPORTANT MECHANISM FOR RAISING FUNDS FOR
22 COMPANIES THAT ARE EITHER AT THE LATE STAGE OF
23 PRECLINICAL DEVELOPMENT OR CLINICAL DEVELOPMENT
24 ITSELF BY ISSUING A PUBLIC IPO AND THEN HAVING
25 FOLLOW-ON FUNDINGS.

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1 SO IF YOU LOOK AT THE CHART ON THE LEFT
2 HERE, THE TOTAL BIOTECH IPO'S IN 2121 WERE 104 GIVEN
3 THAT THAT WAS A REALLY STRONG YEAR FOR BIOTECH
4 FINANCING. AND 19 OF THOSE COMPANIES WERE CELL AND
5 GENE THERAPY COMPANIES, INCLUDING WHAT I MENTIONED
6 PREVIOUSLY, GRAPHITE BIO AND OTHERS LIKE TENAYA. IN
7 2022 IN THE FIRST SIX MONTHS, ONLY 14 BIOTECH
8 COMPANIES HAVE GONE PUBLIC, AND ONLY TWO OF THOSE
9 HAVE BEEN CELL AND GENE THERAPY COMPANIES. SO
10 THAT'S MUCH LOWER THAN WHAT YOU WOULD ANTICIPATE IF
11 YOU WERE COMPARING THE 2021 NUMBERS.

12 SO THIS HAS TAKEN AWAY A REALLY CRITICAL
13 FUNDING MECHANISM FOR THESE COMPANIES THAT ARE
14 ENTERING INTO CLINICAL TRIALS. AT THE SAME TIME
15 IT'S ALSO TAKING AWAY THE EXIT MECHANISM FOR PRIVATE
16 EQUITY INVESTORS WHO CAN THEN TAKE THEIR EARNINGS
17 AND REINVEST IN THE NEXT STAGE OF EMERGING
18 COMPANIES. WE SOMEWHAT SEE THAT IN THE TRENDS ON
19 THE BIOTECH VENTURE CAPITAL FINANCING SIDE.

20 SO SINCE 2121, THE FIRST QUARTER OF 2021,
21 BIOTECH VENTURE CAPITAL FINANCING HAS BEEN TRENDING
22 SLIGHTLY DOWNWARD. AND POTENTIALLY THIS COULD
23 INCREASE OVER THIS YEAR IN TERMS OF THE DOWNWARD
24 TREND IN THE INTEREST FROM VENTURE CAPITAL
25 INVESTMENTS INTO BIOTECH.

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1 SO CIRM HAS ALWAYS SUPPORTED FOR-PROFIT
2 COMPANIES IN ITS FUNDING MECHANISMS. SO CIRM'S
3 FOR-PROFIT AWARDEES RANGE FROM VIRTUAL SEED-STAGE
4 START-UPS PREREVENUE, SMALL CAP PUBLIC COMPANIES.
5 WHAT I WAS TRYING TO DO HERE WAS MAP OUT SOME TRENDS
6 IN TERMS OF OUR CORE PIPELINE FUNDING OPPORTUNITIES
7 FROM DISCOVERY THROUGH TRANSLATION THROUGH CLINICAL,
8 LOOKING AT BOTH PRE-2021 AND POST-2021. AND THE WAY
9 I STRATIFIED THAT WAS LOOKING AT OUR PROP 71 AND
10 PROP 14 FUNDING MECHANISMS.

11 SO BY WAY OF BACKGROUND, OUR DISCOVERY,
12 TRANSLATION, AND CLINICAL FUNDING OPPORTUNITIES WERE
13 LAUNCHED IN 2015, 2016 WITH THE TAIL END OF PROP 71
14 FUNDS, AND ALL THREE OF THOSE PROGRAMS WERE RENEWED
15 AND RELAUNCHED AFTER PROP 14 PASSED.

16 SO IF WE LOOK AT PROP 71 FUNDED CLINICAL
17 PROGRAMS, OVER 40 PERCENT OF THE AWARDEES FOR PROP
18 71 CLINICAL PROGRAMS WAS FOR-PROFIT AWARDEES. THESE
19 ARE COMPANIES OF ALL SHAPES AND SIZES I MENTIONED.
20 AND UNDER THE -- OVER THE LAST YEAR AND A HALF, THE
21 NUMBER OF COMPANIES THAT HAVE RECEIVED CLINICAL
22 PROGRAM FUNDING HAS BEEN LOWER, BUT WE EXPECT TO SEE
23 AN INCREASE BECAUSE OF THE AMOUNT OF INTEREST WE'RE
24 SEEING FROM COMPANIES, ESPECIALLY RENEWED INTEREST,
25 IN CIRM FUNDING OPPORTUNITIES BECAUSE OF THE FUNDING

1 ENVIRONMENT.

2 AND THERE ARE A COUPLE OF THINGS THAT ARE
3 FACTORING IN HERE. ONE OF THOSE IS THE TIMING OF
4 THOSE COMPANIES' FINANCING ROUNDS AND THEIR NEXT
5 STAGE OF IND FILING OR CLINICAL TRIAL. SO WE ARE
6 EXPECTING THAT VOLUME TO INCREASE OVER THE NEXT FEW
7 MONTHS.

8 BUT ANOTHER FACTOR THAT'S PLAYING INTO
9 THIS IS THE ABILITY FOR THOSE COMPANIES TO SECURE
10 INVESTMENTS FOR THE CO-FUNDING REQUIREMENT FOR CIRM
11 AWARDS. SO WE ARE LOOKING INTO THAT MORE CLOSELY AS
12 WELL AND HOW WE CAN HELP THESE COMPANIES ACHIEVE
13 CIRM FUNDING TO ACCELERATE THEIR PORTFOLIO.

14 ANOTHER ENCOURAGING TREND HAS BEEN THAT ON
15 THE PRECLINICAL SIDE, THE DISCOVERY AND
16 TRANSLATIONAL OPPORTUNITIES, THERE'S BEEN A
17 SIGNIFICANT TREND TOWARD HIGHER PROPORTION OF
18 FOR-PROFIT AWARDEES IN BOTH OF THOSE MECHANISMS,
19 PARTICULARLY IN TRANSLATIONAL. AND THIS HAS BEEN
20 SUSTAINED THROUGH MULTIPLE ROUNDS. SO, FOR EXAMPLE,
21 THE DISC2 ROUND THAT WAS APPROVED LAST WEEK, THAT'S
22 NOT CAPTURED IN THESE NUMBERS. THE PROPORTION OF
23 FOR-PROFIT AWARDEES IS ROUGHLY 15 PERCENT, WHICH
24 KIND OF MATCHES WHAT YOU SEE IN THAT CHART HERE.
25 OVERALL WHAT WE'RE SEEING IS COMPANIES ARE

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1 CONTINUING TO LEVERAGE CIRM FUNDING OPPORTUNITIES.
2 THIS MAY INCREASE GIVEN THE CURRENT FUNDING
3 ENVIRONMENT, AND WE'RE LOOKING AT HOW WE CAN ADDRESS
4 SOME OF THE CHALLENGES OF OUR CO-FUNDING THESE
5 PROGRAMS.

6 SO ANOTHER WAY THAT CIRM ALSO BRINGS THE
7 INDUSTRY INTO THE FOLD, AS DR. MILLAN MENTIONED, IS
8 THROUGH THE WAYS THAT WE WORK WITH THE INDUSTRY
9 ALLIANCE PROGRAM. SO THIS IS A PROGRAM THAT WAS
10 LAUNCHED A FEW YEARS AGO, AND THE INTENT HERE IS TO
11 WORK COLLABORATIVELY WITH DIFFERENT INDUSTRY
12 STAKEHOLDERS RANGING FROM INVESTORS THROUGH LARGE
13 BIOPHARMA AND SUPPORTING THE ACCELERATION OF OUR
14 PORTFOLIO OF CELL AND GENE THERAPIES IN REGENERATIVE
15 MEDICINE TO MARKET.

16 SO AFTER PASSAGE OF PROPOSITION 14, WE'VE
17 EXPANDED THIS PROGRAM BY BRINGING IN MORE PARTNERS.
18 WE'VE ALSO EXPANDED THE SCOPE OF THIS PROGRAM, AND
19 I'M GOING TO WALK THROUGH SOME OF THOSE WITH YOU
20 JUST NOW.

21 SO AS PART OF THE INDUSTRY ALLIANCE
22 PROGRAM, INITIALLY THIS STARTED OUT WITH US
23 FACILITATING PARTNERING OPPORTUNITIES BETWEEN THE
24 INDUSTRY AND CIRM AWARDEES. WITH THE PASSAGE OF
25 PROP 14 AND THE APPROVAL OF OUR NEW STRATEGIC PLAN,

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1 WE'RE EXPANDING THIS PROGRAM TO OTHER AREAS THAT WE
2 THINK CAN BENEFIT OUR AWARDEES AS WELL AS THE
3 COMMUNITY AS A WHOLE.

4 SO FIRST AND FOREMOST, WE WANT TO CREATE
5 KNOWLEDGE SHARING OPPORTUNITIES BETWEEN THE IAP
6 PARTNERS AND INDUSTRY AND CIRM AWARDEES. I'LL GIVE
7 YOU A COUPLE EXAMPLES OF THAT IN THE NEXT COUPLE
8 SLIDES. WE ALSO WANT TO PROVIDE UNIQUE, WORLD-CLASS
9 INDUSTRY RESOURCES AND TECHNOLOGIES TO OUR GRANTEES.
10 SO HERE WE'RE MOVING AWAY FROM JUST CAPITAL DRIVEN
11 SORT OF INTERACTIONS BETWEEN OUR AWARDEES AND THE
12 INDUSTRY PARTNERS TO HAVING THE INDUSTRY PARTNERS
13 MAKING THEIR UNIQUE PROPRIETARY RESOURCES MORE
14 ACCESSIBLE FOR CIRM GRANTEES TO USE FOR THE
15 DISCOVERY, TRANSLATION, AND CLINICAL STAGE. AND
16 I'LL DESCRIBE THAT AS WELL AS TO HOW WE'RE LAUNCHING
17 THAT PROGRAM.

18 LASTLY, WE WANT TO INCORPORATE THE
19 INDUSTRY PARTNERS INTO THE CIRM CALIFORNIA
20 MANUFACTURING NETWORK. OF COURSE, THIS IS PENDING
21 CONCEPT PLAN APPROVAL FROM THE BOARD LATER THIS
22 YEAR.

23 SO I'M GOING TO START WITH THE KNOWLEDGE
24 SHARING. SO PART OF THIS IS GOING FORWARD. WE'RE
25 GOING TO HAVE REGULARLY SCHEDULED EVENTS THAT BRING

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1 INTERACTIONS BETWEEN OUR GRANTEES AND INDUSTRY AS A
2 WHOLE AROUND CERTAIN THINGS LIKE INVESTOR DAYS,
3 WEBINARS, AND TOPICS OF INTEREST, AND ALSO WORKING
4 WITH OTHER PARTNERS IN THE STATE TO HAVE EVENTS. SO
5 ONE EXAMPLE OF THIS WAS A COUPLE WEEK AGO WHERE DR.
6 ROSS OKAMURA LED A PANEL TALKING ABOUT THE SELECTION
7 OF AN OPTIMAL CELL LINE FOR PLURIPOTENT STEM
8 CELL-BASED THERAPIES AND ALL THE WORK THAT NEEDS TO
9 GO INTO THAT TO PICK THE RIGHT LINE. AND THIS
10 INCLUDED PARTICIPATION FROM OUR INDUSTRY ALLIANCE
11 PROGRAM MEMBERS, IT INCLUDED OTHER EXPERTS IN THE
12 FIELD, AS WELL AS OUR CIRM AWARDEES. THIS WEBINAR
13 IS NOW HOSTED ON OUR YOUTUBE CHANNEL, AND IT'S GOING
14 TO BE AN IMPORTANT REFERENCE FOR OUR APPLICANTS AND
15 AWARDEES GOING FORWARD.

16 WE ARE ALSO, AS I MENTIONED, LAUNCHING OUR
17 INDUSTRY RESOURCE PARTNER PROGRAM, AND TODAY I'LL
18 WALK YOU THROUGH SOME EXAMPLES OF WHAT THIS ENTAILS
19 FOR US. SO HERE WE WORK WITH THE BIOPHARMA INDUSTRY
20 TO ENABLE ACCESS FOR CIRM AWARDEES TO UNIQUE
21 INDUSTRY RESOURCES. THESE ARE MEANT TO BE THINGS
22 THAT CAN ACCELERATE THE DEVELOPMENT OF THE
23 REGENERATIVE MEDICINE TREATMENT PROGRAMS. AND
24 EXAMPLES OF THESE COULD INCLUDE STARTING MATERIALS,
25 MANUFACTURING, EXPERT CONSULTATION, AND CRO

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1 SERVICES. IN ALL OF THESE INSTANCES, THE INDUSTRY
2 PARTNER IS EITHER MAKING ITS UNIQUE PROPRIETARY
3 RESOURCES AVAILABLE TO CIRM GRANTEES TO USE OR IT'S
4 TAILORING ITS OFFERING TO MEET THE REQUIREMENTS OF
5 THE CIRM AWARDEES, THE LEVEL OF FUNDING THAT CIRM
6 PROVIDES, AS WELL AS OUR AWARD REQUIREMENTS.

7 WE ARE LAUNCHING THIS PROGRAM INITIALLY
8 WITH OUR IAP PARTNERS, FOUR IN PARTICULAR. THEY'RE
9 LISTED ON THIS SLIDE HERE. SO NOVO NORDISK AND
10 ELEVATEBIO WILL PROVIDE ACCESS TO THEIR PROPRIETARY
11 CELLS LINES AND BAYER AND RESILIENCE WILL PROVIDE
12 ACCESS TO THEIR MANUFACTURING CAPABILITIES AND
13 SERVICES FOR OUR DISCOVERY, TRAN, CLIN1, AND CLIN2
14 STAGE PROGRAMS.

15 SO THIS IS EXPANDING EVERYTHING FROM
16 DISCOVERY STAGE RESEARCH TO PHASE 3 CLINICAL TRIALS.
17 AND IN ALL FOUR OF THESE INSTANCES, THESE PARTNERS
18 LOOK AT THIS AS AN OPPORTUNITY TO ALSO INTERACT WITH
19 SUPPORT FOR FURTHER PARTNERING OPPORTUNITIES WHICH
20 COULD INCLUDE STRATEGIC PARTNERSHIPS, INCLUDE
21 INVESTMENTS, AND LICENSING OPPORTUNITIES.

22 AND SO WE ARE EXCITED TO CONTINUE TO
23 EXPAND THIS RESOURCE PARTNER PROGRAM BY BRINGING
24 MORE COLLABORATORS INTO THE FOLD TO MAKE THEM
25 ACCESSIBLE TO OUR GRANTEES. I SHOULD NOTE THAT IN

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1 ALL INSTANCES WE ARE NOT ENDORSING OR REQUIRING OUR
2 AWARDEES OR APPLICANTS TO USE ANY OF THOSE
3 RESOURCES. IT'S UP TO THEM TO DECIDE WHAT IS
4 APPROPRIATE FOR THEIR PROGRAM.

5 SO THAT WAS MY PRESENTATION, AND I'M HAPPY
6 TO TAKE ANY QUESTIONS IF CHAIRMAN THOMAS THINKS
7 THAT'S APPROPRIATE.

8 CHAIRMAN THOMAS: YES, PLEASE. THANK YOU,
9 SHYAM. THERE'S A LOT GOING ON IN THIS AREA. THANK
10 YOU FOR YOUR LEADERSHIP IN THIS.

11 ARE THERE QUESTIONS OR COMMENTS FOR SHYAM
12 FOLLOWING THAT PRESENTATION? I SEE MOHAMED FIRST
13 AND THEN LARRY.

14 DR. ABOUSALEM: THANK YOU, MR. CHAIRMAN,
15 AND THANK YOU, SHYAM.

16 JUST ON THE LINES OF YOUR LAST COMMENT
17 ABOUT NOT ENDORSING THESE PARTNERS, MAYBE YOU CAN
18 COMMENT ABOUT HOW YOU CONNECT THOSE INDUSTRY
19 PARTNERS WITH AWARDEES, OR BETTER LET ME MAKE A
20 RECOMMENDATION AND TELL ME IF THIS IS SOMETHING
21 ALONG THE LINES OF WHAT YOU'RE DOING, WHICH IS, AT
22 LEAST AS A FIRST INSTANCE, YOU'RE MAKING ALL THESE
23 PARTNERS AVAILABLE AND KNOWN TO ALL THE AWARDEES.
24 SO AT THE END OF THE DAY, IF A PARTNER PICKS AN
25 AWARDEE TO WORK WITH THEM, YOU DON'T HAVE OTHER

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1 AWARDEES DISADVANTAGED OR FEEL DISADVANTAGED THAT
2 THEY DID NOT HAVE THAT CONNECTION. SO ARE YOU
3 MAKING AN OPPORTUNITY, AT LEAST AT THE BEGINNING, SO
4 EVERYBODY SEES OR MEETS EVERYBODY AND THEN THE
5 MATCHMAKING HAPPENS ORGANICALLY?

6 DR. PATEL: THAT'S A GREAT QUESTION.
7 THANK YOU.

8 FIRST AND FOREMOST, WITH RESPECT TO
9 RAISING AWARENESS AROUND THESE, OUR GOAL IS TO
10 EXPAND ON OUR INFORMATION FOR APPLICANTS PAGE ON OUR
11 WEBSITE. SO WE WILL HAVE THE RESOURCE PARTNERS
12 LISTED THERE.

13 ANOTHER IMPORTANT ELEMENT FOR US THAT IN
14 TERMS OF THE KIND OF AGREEMENTS AND INTERACTIONS
15 BETWEEN THOSE RESOURCE PARTNERS AND APPLICANTS AND
16 AWARDEES NEEDS TO BE CONSISTENT ACROSS ALL THOSE.
17 SO THERE'S AN EASY MECHANISM FOR EVERYONE TO ACCESS
18 THAT, TO GET THAT INFORMATION THAT THEY NEED.

19 IN SOME INSTANCES, IF IT'S APPROPRIATE,
20 THERE WILL BE A LIST OF THOSE RESOURCE PARTNERS THAT
21 OUR SCIENCE OFFICERS CAN PROVIDE IF THEY'RE PROMPTED
22 BY AN APPLICANT OR AWARDEE. SO THAT'S THE WAY WE
23 IMAGINE THIS WORKING OUT, AND ALL OF THAT IS GOING
24 TO BE LAUNCHED IN THE NEXT COUPLE WEEKS.

25 DR. ABOUSALEM: JUST A QUICK FOLLOW-UP.

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1 SHYAM, ALONG THOSE LINES, AGAIN, IF THAT LIST OF
2 INDUSTRY PARTNERS IS ACTUALLY MADE AVAILABLE TO
3 AWARDEES EVEN WITHOUT THEM ASKING BECAUSE YOU DON'T
4 WANT THE SITUATION WHERE AN AWARDEE IS NOT AWARE OF
5 THE PROGRAM AND THEN THEY DON'T ASK FOR IT AND THEN
6 REALIZE THAT OTHER AWARDEE ARE TAKING ADVANTAGE OF
7 THE PROGRAM. SO IF WE CAN JUST BE MORE DELIBERATE
8 IN MAKING THE LIST AVAILABLE TO THEM EVEN IF THEY
9 DON'T ASK.

10 DR. PATEL: THAT'S A GREAT SUGGESTION.
11 THANK YOU. WE'LL DEFINITELY DO THAT IN ADDITION TO
12 PASSIVELY LISTING IT IN THE DIFFERENT RESOURCES.

13 DR. ABOUSALEM: THANK YOU.

14 CHAIRMAN THOMAS: WE'VE GOT LARRY, THEN
15 HAIFAA, THEN YSABEL. LARRY.

16 DR. GOLDSTEIN: SO I KNOW THAT WHAT I'M
17 ABOUT TO ASK IS A FAIRLY COMPLICATED QUESTION, SO I
18 APOLOGIZE IN ADVANCE. SO I'M VERY DISAPPOINTED BY
19 THE SITUATION WITH ORCHARD WHERE WE ARE DEVELOPING
20 WHAT LOOKS LIKE A VERY EFFECTIVE THERAPY FOR KIDS
21 WITH NO IMMUNE SYSTEM, BUT WHERE THE INDUSTRY
22 PARTNER BAILED FOR FINANCIAL REASONS NOT FOR LACK OF
23 EFFECTIVENESS OF THE THERAPY. AND THAT THERAPY IS
24 KIND OF IN LIMBO HERE AT THE MOMENT AS CIRM AND UCLA
25 AND EVERYBODY ELSE WORK TO GET THAT SOLVED.

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1 SO I'M NOT ASKING ABOUT THE ORCHARD
2 SITUATION. BUT THE ISSUE I'M RAISING IS SHOULD WE
3 DEVELOP A POLICY OR A PLAN FOR HOW TO DEAL WITH
4 SITUATIONS WHERE THE INDUSTRY PARTNER DROPS WHAT
5 LOOKS LIKE AN EFFECTIVE THERAPY FOR FINANCIAL
6 REASONS? BECAUSE I DO ANTICIPATE MORE SITUATIONS
7 LIKE THAT IN THE FUTURE, PARTICULARLY AS INVESTMENT
8 STARTS TO DRY UP. SO THE QUESTION IS CAN CIRM
9 DEVELOP SOME STANDARD WAY OF DEALING WITH THOSE
10 SITUATIONS?

11 AND SECOND, A RELATED QUESTION. HAVE WE
12 ELIMINATED FOREVER THE POSSIBILITY OF AN ACADEMIC
13 INSTITUTION DEVELOPING A THERAPY ON ITS OWN WITHOUT
14 INDUSTRY PARTICIPATION; THAT IS, MUST INDUSTRY
15 ALWAYS PARTICIPATE IN THERAPY DEVELOPMENT THAT WE
16 DEVELOP?

17 DR. PATEL: THANK YOU, DR. GOLDSTEIN.
18 GIVEN THE COMPLEXITY OF THAT QUESTION, WITH RESPECT
19 TO THE ORCHARD ARRANGEMENT AND HOW THAT PLAYS INTO
20 THIS AND THE BROADER QUESTION OF INDUSTRY PARTNER
21 DROPPING SUPPORT FOR A PARTICULAR PROGRAM, ONE OF
22 THE THINGS THAT IS GOOD TO NOTE HERE IS THAT OUR
23 FUNDING OPPORTUNITIES DO ALLOW FOR ACADEMIC
24 INSTITUTIONS TO CONTINUE PROGRESSION OF THEIR
25 CANDIDATES PRETTY LATE INTO CLINICAL DEVELOPMENT.

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1 SO THERE WAS THE ABILITY FOR CIRM TO DEPLOY ITS
2 FUNDING MECHANISM TO SUPPORT THAT, TO GIVE THERAPIES
3 BACK TO UCLA, AND THAT SAME UCLA PROGRAM WOULD HAVE
4 THE ABILITY TO REQUEST ADDITIONAL FUNDING BY
5 APPLYING TO CIRM. THAT'S ONE WAY THAT AT LEAST OUR
6 FUNDING MECHANISMS THEMSELVES CAN SUPPORT THAT, BUT
7 YOUR BROADER QUESTION, I THINK, IS VERY RELEVANT.

8 AND I'M GOING TO EXERCISE THE OPPORTUNITY
9 TO PUNT THAT QUESTION TO MY SUPERVISOR DR. MILLAN.

10 DR. MILLAN: I THINK IT'S A VERY GOOD
11 QUESTION, AND IT'S A VERY IMPORTANT TOPIC THAT WE DO
12 WANT TO ADDRESS WITH THE BOARD AS WE CONTINUE TO
13 DEVELOP OUR PROGRAMS. I KNOW THIS IS FRONT AND
14 FOREMOST IN THE MIND OF OUR THERAPEUTICS TEAM. AND
15 OUR LEAD ON THAT TEAM, DR. ABLA CREASEY, AND I TALK
16 ABOUT THIS ALL THE TIME AS WELL AS OUR BROADER
17 STAKEHOLDER GROUP REGARDING THE COMPLEX TYPE OF
18 TECHNOLOGIES THAT MAY HAVE TO STAY IN ACADEMIA
19 LONGER. WHAT IS THE MODEL DEVELOPMENT FOR PRODUCING
20 TREATMENTS AND CURES THAT CAN BE READILY AVAILABLE
21 TO PATIENTS THAT DON'T SQUARELY FIT INTO THE
22 COMMERCIAL MODEL OR RISKIER FOR THE STANDARD MODEL
23 TO BRING IT OUT TO COMMERCIALIZATION?

24 THIS IS A TOPIC THAT IS BEING ADDRESSED BY
25 THE BESPOKE GENE THERAPY NETWORK THAT I MENTIONED IN

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1 MY PRESENTATION. FOR THAT VERY REASON, THAT THESE
2 TYPES OF EFFORTS ARE BEING TAKEN UP BY BROAD
3 STAKEHOLDER GROUPS, INCLUDING THE FDA, BECAUSE THERE
4 IS -- AND VERY VISIBLE TO CIRM. THERE IS IN
5 PROGRESS KIND OF DIFFERENT WAYS THAT WE ARE TRYING
6 TO TACKLE THAT PROBLEM SET IN THE CONTEXT OF THIS
7 FIELD BEING SO YOUNG.

8 SO WE ARE DOING AN ADAPTIVE DESIGN PATH.
9 WE'RE TRYING TO BRING THESE PROGRAMS FORWARD,
10 REALIZING THAT IT'S NOT GOING TO BE IN MANY CASES
11 EASILY TECH TRANSFERABLE TO A STANDARD
12 COMMERCIALIZATION PATH.

13 SO I DON'T HAVE AN ANSWER EXCEPT TO SAY
14 THAT IS A PROBLEM STATEMENT THAT'S WELL-KNOWN, AND
15 IT'S SOMETHING THAT'S ANTICIPATED IN OUR STRATEGIC
16 PLAN. IT'S SOMETHING THAT IS THE REASON THAT WE
17 HAVE JOINED PARTNERSHIPS SUCH AS THE CURE SICKLE
18 CELL PARTNERSHIP WITH NHLBI AND THE BESPOKE GENE
19 THERAPY CONSORTIUM WITH THE FDA, FNIH, AND NIH, AND
20 OTHER STAKEHOLDERS AND INDUSTRY. AND IT IS A TOPIC
21 THAT WE WILL CONTINUE TO BRING TO THE BOARD IN THE
22 CONTEXT OF A VARIETY OF CONCEPTS AND PROGRAMS THAT
23 WILL BE ROLLED OUT IN THE UPCOMING FIVE YEARS
24 BECAUSE IT IS A VERY IMPORTANT TOPIC.

25 DR. GOLDSTEIN: THANK YOU.

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1 CHAIRMAN THOMAS: THANK YOU. HAIFAA, YOU
2 WERE NEXT.

3 DR. ABDULHAQ: I THINK MAYBE PART OF MY
4 QUESTION WAS ANSWERED, BUT MY QUESTION WAS MAINLY
5 ARE THERE CERTAIN RULES THAT GOVERN THIS TYPE OF
6 COLLABORATION WITH THESE BIOTECH COMPANIES, MEANING
7 IF THEY ARE PROVIDING THIS SUPPORT FOR AWARDEES, IS
8 THERE AN EXPECTATION? LIKE WHAT ARE THE
9 EXPECTATIONS IN TERMS OF SUPPORT TO THEM? LIKE IS
10 THERE ANY FINANCIAL COMPENSATION? IS THERE AN
11 EXPECTATION THAT, IF THEY PROVIDE THIS SUPPORT, THEN
12 THEY CARRY ON LATER AS FAR AS THE DEVELOPMENT OF THE
13 PRODUCT OF THE RESEARCH?

14 DR. PATEL: IT'S A GREAT QUESTION. SO IT
15 COULD VARY DEPENDING ON THE TYPE OF RESOURCE BEING
16 PROVIDED. ONE OF THE THINGS THAT WE ARE TRYING TO
17 DO WITH EACH OF THE RESOURCE PARTNERS IS TO MAKE
18 THAT ENTIRELY TRANSPARENT TO THE AWARDEES UP FRONT.
19 SO PART OF THAT IS WHAT'S THE INITIAL LICENSE TO DO
20 THE RESEARCH AND WHAT MIGHT BE NEEDED TO GET TO THE
21 CLINIC AND COMMERCIALIZATION FROM THAT PARTNER?
22 WHAT IS THE COST STRUCTURE? HOW IS THAT COST
23 STRUCTURE BEING TAILORED TO MEETING THE NEEDS OF THE
24 CIRM GRANTEES WITH THE AMOUNT OF FUNDING WE PROVIDE
25 AND THE AMOUNT OF FUNDING THEY MIGHT BE GETTING FROM

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1 OTHER RESOURCES? SO ALL OF THAT IS BEING ACCOUNTED
2 FOR WITHIN THE SORT OF AGREEMENT AND THE INTERACTION
3 BETWEEN THE APPLICANT AND AWARDEE WITH THE INDUSTRY
4 PARTNER SO THAT THEY HAVE AN IDEA AS TO WHAT THEY
5 MIGHT BE GETTING INTO IF THEY WERE TO USE THOSE
6 SERVICES.

7 DR. ABDULHAQ: OKAY. THANK YOU.

8 CHAIRMAN THOMAS: THANK YOU. KRISTINA,
9 YOU'RE NEXT.

10 DR. VUORI: THANKS, J.T. JUST A QUICK
11 FOLLOW-ON ON THE CONVERSATION THAT LARRY STARTED.
12 AND THANKS, SHYAM AND MARIA, FOR YOUR RESPONSES.

13 MAYBE A COMMENT. I THINK THAT'S SORT OF
14 TWO POSSIBLE SITUATIONS WHERE WE RUN INTO ISSUES
15 WHERE SOMEBODY DROPS THE BALL AT SOME POINT IN TIME
16 FOR WHATEVER REASON. TYPICALLY, I GUESS, IN A
17 COMPANY SETTING, IT COULD BE FINANCIAL OR STRATEGIC
18 MARKET SHARE, WHAT HAVE YOU REASONS. I THINK WHAT
19 IS A GOOD THING HERE IS THAT WITH THE ORCHARD
20 SITUATION IS THAT THE TECHNOLOGY WAS ORIGINALLY
21 LICENSED, I GATHER, FROM UCLA. SO THERE ARE SOME
22 DUE DILIGENCE REQUIREMENTS, I ASSUME, IN THAT
23 CONTRACT AS WELL AS THEN AN OPPORTUNITY TO RETURN
24 THE PROGRAM BACK TO UCLA.

25 BUT IT SEEMS THERE COULD BE ALSO SCENARIOS

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1 WHERE A COMPANY HOLDS THE IP FROM THE VERY
2 BEGINNING, ESPECIALLY GIVEN THE INTEREST THAT
3 COMPANIES NOW HAVE IN THE EARLIER STAGE CIRM GRANTS
4 AS WELL. SO IT MIGHT BE VERY HELPFUL FOR THE IP
5 SUBCOMMITTEE OF THE ICOC TO THINK ABOUT THESE
6 VARIOUS SCENARIOS AS TO HOW TO ENSURE REALLY THE
7 PATIENT PERSPECTIVE WHEN THERE'S A THERAPY THAT WE
8 KNOW MAY BENEFIT PATIENTS. IT'S A TOO SMALL NUMBER
9 FOR COMPANIES TO REALLY CARRY THROUGH AT THE END OF
10 THE DAY.

11 IS THERE A WAY HOW WE CAN, WORKING WITH
12 NIH, THE RARE DISEASE PROGRAMS, OR OTHERS, FIND A
13 HOME FOR PROGRAMS THAT CANNOT BE NATURALLY RETURNED,
14 FOR EXAMPLE, TO AN ACADEMIC ORGANIZATION IF THEY
15 WERE NOT PARTY TO THE ACTUAL TRANSACTION IN THE
16 FIRST PLACE?

17 STEVE, I'M SURE, HAS THOUGHT THIS THROUGH
18 AS WELL. SO GLAD TO SEE HIS HAND RAISED NOW.

19 CHAIRMAN THOMAS: THANK YOU, KRISTINA.
20 STEVE.

21 DR. JUELSGAARD: SO, KRISTINA, YOU'VE HIT
22 UPON, DURING THE COURSE OF YOUR SOLILOQUY THERE, THE
23 NUT OF THE MATTER, WHICH IS THAT THESE ARRANGEMENTS
24 IN THE CASE OF UCLA, AS YOU SAID, IS BETWEEN UCLA
25 AND ORCHARD. CIRM IS NOT INVOLVED. IT IS NOT

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1 CIRM'S PROGRAM. IT IS UCLA'S PROGRAM. THEREFORE,
2 IT'S INCUMBENT UPON UCLA TO PUT INTO THAT AGREEMENT
3 THEY HAVE WITH ORCHARD WHATEVER OBLIGATIONS THEY CAN
4 PUT INTO THE AGREEMENT THEY COULD GET ORCHARD TO
5 AGREE TO, ET CETERA. I THINK IT'S VERY DIFFICULT
6 FOR CIRM TO GET INTO THE MIDDLE OF THAT. I CAN'T
7 IMAGINE THE PEOPLE AT UCLA, PEOPLE AT STANFORD, ET
8 CETERA, WHO WOULD WANT TO MAKE THIS A THREE-PARTY
9 NEGOTIATION AND INVITE CIRM INTO TO SEE WHAT ISSUES
10 CIRM MIGHT HAVE WITH THE AGREEMENT.

11 SO THESE THINGS HAPPEN. I MEAN THEY
12 HAPPEN BETWEEN PEOPLE IN INDUSTRY, BETWEEN ONE
13 COMPANY AND ANOTHER. AT SOME POINT SOMETHING
14 HAPPENS, AND THE PARTY THAT'S THE LICENSEE DOESN'T
15 WISH TO PROCEED. AND THAT CAN HAPPEN FOR A VARIETY
16 OF REASONS. AND IN ALMOST EVERY AGREEMENT I'M AWARE
17 OF BETWEEN INDUSTRY PARTICIPANTS, THERE'S AN ESCAPE
18 CLAUSE. IT MAY COST MONEY TO ESCAPE, OR IT MAY NOT
19 OR WHATEVER, BUT THERE'S AN ABILITY TO GET OUT. YOU
20 CAN'T FORCE PEOPLE TO SPEND MONEY THAT THEY DON'T
21 BELIEVE WAS BEING SPENT IN THE BEST INTEREST OF THE
22 COMPANY. THAT'S A PRETTY SIMPLE NOTION THAT GOES
23 INTO THESE.

24 SO THAT'S JUST MY VIEW AND OBSERVATION ON
25 THIS. I'M NOT SURE REALLY THERE'S A LOT WE CAN DO

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1 EXCEPT -- I DO THINK, AND YOU RAISED -- YOU MADE A
2 REALLY GOOD POINT, KRISTINA. I THINK IT'S REALLY
3 DIFFICULT IN A CASE LIKE THE SCID SYNDROME WHERE
4 YOU'VE GOT SO FEW PATIENTS AND SUCH AN EXPENSIVE
5 THERAPY. FOR ME I WAS ACTUALLY SURPRISED THAT
6 ORCHARD DECIDED TO GET INVOLVED IN THAT BECAUSE
7 THERE ARE SO MANY ISSUES TO BE SOLVED. IT'S PRICING
8 THE PRODUCT AND GETTING REIMBURSEMENT FOR IT. IT'S
9 MANUFACTURING THE PRODUCT, WHICH IS DONE, I BELIEVE
10 THIS IS AN AUTOLOGOUS PRODUCT, ET CETERA. I'M NOT
11 EVEN SURE HOW THIS HAPPENS, THAT DON KOHN'S
12 METHODOLOGY GETS TRANSFERRED TO OTHER INSTITUTIONS
13 SO THAT THEY CAN DO THE SAME THING AND HOW THE FDA
14 APPROVES THAT, ASSUMING THAT THAT CAN HAPPEN.

15 SO I THINK THERE ARE JUST A LOT OF
16 UNKNOWNNS IN THIS THAT WE'RE GOING TO HAVE TO HELP
17 WORK THROUGH TO REALLY UNDERSTAND THESE THERAPIES
18 THAT ARE INVOLVING SMALL NUMBERS OF PATIENTS, WILL
19 BE VERY EXPENSIVE, AND PARTICULARLY THAT ARE
20 AUTOLOGOUS IN NATURE. HOW IS ALL THIS GOING TO WIND
21 UP WORKING OUT? AND THIS PARTICULAR SITUATION IS
22 KIND OF A CASE IN POINT. I THINK IT WILL HELP US
23 ALL FIGURE OUT HOW THIS IS GOING TO HAPPEN
24 SUCCESSFULLY.

25 CHAIRMAN THOMAS: THANK YOU, STEVE.

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1 ANY OTHER QUESTIONS OR COMMENTS FOR SHYAM?
2 THANK YOU AGAIN, SHYAM, FOR YOUR PRESENTATION.
3 MARIA, IS THERE A SUBSEQUENT PART OF THE PRESIDENT'S
4 REPORT? I KNOW SEAN IS GOING TO REPORT ON THE AAWG
5 WITH SENATOR TORRES, BUT THAT IS LATER IN THE
6 AGENDA. IS THERE ANYTHING ELSE THAT REMAINS IN THE
7 PRESIDENT'S REPORT AT THIS POINT?

8 DR. MILLAN: NO, THAT'S IT, CHAIRMAN
9 THOMAS. THE AAWG REPORT, WHENEVER IT COMES IN, IS
10 THE FINAL REPORT FROM THE LEADERSHIP TEAM.

11 CHAIRMAN THOMAS: OKAY. THANKS VERY MUCH.
12 AND THANK YOU TO ALL WHO PARTICIPATED. AGAIN, THE
13 BOARD CAN SEE THERE ARE MANY EXCELLENT DEVELOPMENTS
14 AS ALWAYS IN THE PAST THREE MONTHS. AND SO WE
15 GREATLY APPRECIATE ALL THE HARD WORK BY ALL MEMBERS
16 OF THE TEAM AND BOARD.

17 SO WE'RE GOING TO GO NOW TO THE DISCUSSION
18 ITEMS. AND THE FIRST ONE IS AN UPDATE ON THE AAWG,
19 WHICH IS ART AND SEAN. ART, DO YOU WANT TO KICK
20 THAT OFF?

21 MR. TORRES: I JUST WANT TO GIVE A QUICK
22 OVERVIEW AND THEN HAND IT OVER TO SEAN. FIRST OF
23 ALL, I WANT TO THANK SEAN, DR. MILLAN, MARIA
24 BONNEVILLE, POUNEH SIMPSON, AND, OF COURSE, GEOFF
25 LOMAX. WHEN I FIRST REALIZED THAT THE PATIENT

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1 ASSISTANCE FUND AND THE MONEY THAT HAD BEEN RECEIVED
2 FROM THE ROYALTIES COULD NOT BE UTILIZED UNTIL A
3 TRAILER BILL TO THE BUDGET WAS PASSED AND SIGNED BY
4 THE GOVERNOR FOR JANUARY 1, 2023, I REALIZED WE HAD
5 TO GO INTO ACTION. AND THERE'S SOME PEOPLE SAYING
6 WHY HAS IT BEEN DELAYED? WELL, QUITE FRANKLY, WE
7 ARE AHEAD BY SIX MONTHS SIMPLY BECAUSE WE TOOK THE
8 EFFORT WITH STAFF TO WORK WITH THE DEPARTMENT OF
9 FINANCE, WHICH IS THE GOVERNOR'S FISCAL ARM, AND THE
10 LEGISLATURE AND DEVELOP A PLAN THAT WOULD HELP US
11 ACCELERATE THE PROCESS FOR RFP'S AND ALSO THE WORK
12 OF THE WORKING GROUP.

13 WE'VE ALSO SOLICITED THE ADVICE AND
14 COUNSEL AND INPUT OF ALL 17 MEMBERS OF THE WORKING
15 GROUP. AND I WANT TO THANK SEAN AND MARIA AND
16 OTHERS WHO LISTENED TO THAT INPUT BECAUSE IT
17 PROVIDED A GOOD STRATEGIC PLAN INITIALLY AS TO HOW
18 WE'RE GOING TO MOVE FORWARD.

19 SO THE NEXT STEPS ARE THAT WE'RE GOING TO
20 CONTINUE TO LOOK AT WHAT AN RFP SHOULD LOOK LIKE AND
21 THEN BRING IT BACK TO THE FULL WORKING GROUP FOR
22 APPROVAL AND THEN HAVE THAT RECOMMENDATION GO BEFORE
23 THE FULL BOARD BEFORE WE ISSUE ANY RFP'S AND GET THE
24 PROCESS ROLLING. SO, SEAN, I'LL LEAVE IT UP TO YOU
25 AND YOU CAN TAKE IT FROM THERE.

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1 DR. TURBEVILLE: THANK YOU, SENATOR. GO
2 AHEAD AND SHARE MY SCREEN HERE. WONDERFUL.

3 WELL, MR. CHAIRMAN, VICE CHAIRMAN, MEMBERS
4 OF THE BOARD, THANK YOU FOR THE OPPORTUNITY TO GIVE
5 YOU A QUICK UPDATE ON THE PATIENT ASSISTANCE
6 PROGRAM. THIS PROGRAM KICKED OFF, AS SENATOR
7 MENTIONED, BACK IN MARCH, APRIL. SO WE ARE MOVING
8 QUITE QUICKLY THROUGH THIS INITIATIVE. THIS IS IN
9 THE CONCEPT PHASE. I ALSO HAVE TO MENTION THAT THIS
10 IS ONE COMPONENT OF THE FIVE-YEAR STRATEGY WHEN WE
11 ARE ADDRESSING ACCESSIBILITY AND AFFORDABILITY.

12 SO TO SET THE STAGE, THERE ARE A NUMBER OF
13 BARRIERS THAT MUST BE OVERCOME TO ACHIEVE BROAD,
14 EQUITABLE ACCESS TO REGENERATIVE MEDICINES. AND I
15 PROVIDED THIS SLIDE IN OUR PREVIOUS SLIDE DECKS AND
16 PRESENTATIONS TO THE AAWG, BUT YOU CAN BUCKET THESE
17 PRETTY MUCH INTO FIVE MAIN BUCKETS. MANY OF YOU
18 GUYS ON THIS CALL ARE THOUGHT LEADERS IN THIS SPACE.
19 I THINK YOU WOULD AGREE THAT THESE ARE THE BUCKETS
20 THAT SUMMARIZE THE LITERATURE.

21 BUT THOSE BUCKETS INCLUDE CULTURAL AND
22 SOCIAL DETERMINANTS. THEY INCLUDE INFORMATIONAL TO
23 THE PATIENT, TO THE PATIENT'S CAREGIVER WITH RESPECT
24 TO THE TYPES OF TRIALS THAT ARE BEING RUN. THERE
25 ARE LOGISTICAL CHALLENGES NOT ONLY FOR THE INDUSTRY

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1 ON THE CLINICAL OPERATIONS SIDE, BUT ALSO FOR THE
2 PATIENTS THEMSELVES IN TERMS OF PARTICIPATING IN
3 THESE TRIALS.

4 THERE ARE FINANCIAL CONSIDERATIONS,
5 PARTICULARLY FOR THE PATIENTS, THAT HAS NOW COME UP
6 TO THE FOREFRONT, IF YOU WILL, WITH RESPECT TO
7 ANCILLARY CARE, ANCILLARY PAYMENTS, IF YOU WILL.
8 AND THEN THERE'S ALSO ABILITY-BASED CONCEPTS WITH
9 RESPECT TO PARTICIPATION, WHO PARTICIPATES, WHO
10 DOESN'T, ET CETERA.

11 SO ONE OF THE THINGS THAT WE WANTED TO DO
12 RIGHT OUT OF THE GATE IS TO, WITH RESPECT TO THE
13 PATIENT ASSISTANCE PROGRAM, IS TO FOCUS ON THESE
14 THREE: THE INFORMATIONAL, THE LOGISTICAL, AS WELL
15 AS THE FINANCIAL BARRIERS WITH RESPECT TO
16 PARTICIPATING IN REGENERATIVE MEDICINE.

17 SO WE PRESENTED A NUMBER OF CONCEPTS TO
18 THE AAWG. THEY PROVIDED, AS SENATOR TORRES
19 MENTIONED, SOME REALLY GOOD FEEDBACK, SUGGESTIONS,
20 RECOMMENDATIONS. THE CONVERSATIONS WERE REALLY
21 ROBUST.

22 HERE'S WHERE WE ARE AT. AS SENATOR TORRES
23 MENTIONED, WE ARE STARTING TO MOVE FORWARD WITH AN
24 RFP CONCEPT PLAN. HERE ARE SOME OF THE COMPONENTS
25 OF THAT RFP. WE WILL PRESENT THIS TO THE AAWG ON

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1 AUGUST 2D. SOME OF THE CONCEPTS INCLUDE A HIGH
2 TOUCH SINGLE POINT OF CONTACT WITH CENTRALLY MANAGED
3 CONTENTS AND INFORMATION. WE'RE GOING TO FOCUS ON
4 FINANCIAL SERVICES, RECOMMENDATIONS FOR FINANCIAL
5 CATEGORIES AND LIMITS. WE WILL NOT DUPLICATE COSTS
6 WITH RESPECT TO OTHER PROGRAMS THAT ARE OUT THERE.
7 THAT'S ONE OF THE MAIN ADVANTAGES TO THIS PROGRAM IS
8 WE WILL CENTRALIZE THIS SERVICE.

9 OBVIOUSLY WE'RE GOING TO TAILOR THAT
10 TOWARDS PATIENT EXPERIENCE, PATIENT NAVIGATORS WHO
11 KNOW THE SPACE, NOT ONLY RARE DISEASES, BUT ALSO
12 UNDERSTAND WHAT IT'S LIKE FOR A PATIENT TO GO
13 THROUGH THAT ENTIRE CLINICAL TRIAL JOURNEY. THE
14 RECOMMENDATION WAS EXPERTISE IN RARE DISEASES.
15 OBVIOUSLY, HAVING A CENTRALIZED SERVICE ALLOWS US TO
16 ENABLE FOR DATA ANALYTICS FEEDBACK, HOW WE WANT TO
17 MODIFY THE PROGRAM, WHAT WE'RE DOING WELL, WHAT WE
18 CAN IMPROVE ON.

19 CERTAINLY SENSITIVE TO THE CULTURAL
20 ADAPTATION AND TRANSLATION. SO WE'LL HAVE MULTIPLE
21 TRANSLATION SERVICES. AND THEN A UNIQUE COMPONENT,
22 AS I MENTIONED EARLIER, WE WILL PROBABLY TIE THIS
23 INTO THE ALPHA CLINICS AND STRATEGY WITH THE
24 COMMUNITY CARE CENTERS OF EXCELLENCE, WHICH HAS NOT
25 BEEN PRESENTED YET. WE HAVE A CONCEPT PLAN FOR THAT

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1 THAT WILL BE PRESENTED TO THE AAWG AND THE BOARD.

2 SO IN TERMS OF TIMELINE, AS SENATOR TORRES
3 MENTIONED, WE ARE AHEAD OF TIMELINE. THIS IS THE
4 FIVE-YEAR THAT WE PRESENTED WITH THE INITIAL 15.6
5 MILLION INVESTMENT. RIGHT NOW WE ARE AT THE EARLY
6 STAGE. WE'RE STILL HERE AT YEAR ONE WITH RESPECT TO
7 DETERMINING THE MODEL AND THE GAP ANALYSIS. ONCE WE
8 DO INITIATE THE PROGRAM, WE'RE LOOKING AT SCALING TO
9 A NUMBER OF DIFFERENT METHODOLOGIES THAT HELP
10 PATIENTS TO YEAR FOUR, AND, OF COURSE, YEAR FIVE
11 WILL BE A FINAL ASSESSMENT.

12 BUT THROUGH THIS WHOLE PROCESS, AGAIN, WE
13 WILL HAVE REAL-TIME METRICS THAT ALLOW US TO ASSESS
14 THE PROGRAM AND MAKE ANY PIVOTS THAT WE SEE
15 NECESSARY.

16 SO MOVING FORWARD, NEXT PLAN IS TO PRESENT
17 A PROPOSED CONCEPT TO AAWG ON AUGUST 2D. BASED ON
18 THEIR GUIDELINES AND RECOMMENDATIONS, WE WILL THEN
19 PROCEED TO PLAN TO PRESENT TO THE ICOC ON SEPTEMBER
20 29TH FOR A FINAL VOTE OF THE CONCEPT PLAN.

21 SO WITH THAT, THAT'S PRETTY MUCH A QUICK
22 SUMMARY OF THE PATIENT SUPPORT SERVICES. AND THANK
23 YOU FOR THE OPPORTUNITY, AND I'LL OPEN IT UP TO ANY
24 QUESTIONS.

25 CHAIRMAN THOMAS: THANK YOU, SEAN. ARE

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1 THERE ANY QUESTIONS OR COMMENTS OF SENATOR TORRES OR
2 SEAN ON THESE TWO SETS OF REMARKS? LARRY.

3 DR. GOLDSTEIN: I'M JUST WONDERING A
4 LITTLE BIT TO WHAT EXTENT IS ASSISTANCE FOR THE
5 PATIENTS, WHICH IS OBVIOUSLY A GREAT THING TO DO,
6 HOW IS THAT GOING TO OR WILL THAT COLLIDE WITH THE
7 PROBLEM OF COMPANIES WANTING TO CHARGE MORE FOR A
8 THERAPY THAN CAN BE AFFORDED BY THIS FUND? IS THERE
9 A DEVELOPMENT OF A FIVE-YEAR FINANCIAL PLAN THAT'S
10 GOING TO COME WITH THIS OR SOMETHING RELATED?

11 MR. TORRES: OF COURSE, THERE HAS TO BE.
12 AND THAT WILL CONTINUE TO BE THE CHALLENGE AS WE
13 MOVE FORWARD. BECAUSE ON THOSE FRONTS, I HAVE BEEN
14 DEALING WITH THIRD-PARTY PAYORS FOR THE LAST 13
15 YEARS PREPARING THEM FOR THE FUTURE WHEN THESE
16 TREATMENTS WILL BECOME AVAILABLE, BUT AT A VERY HIGH
17 COST, BUT ALSO TO RECOGNIZE THE IMPACT THAT THESE
18 TREATMENTS WILL HAVE ON FUTURE COSTS TO INSURANCE
19 COMPANIES AND THE HEALTHCARE SYSTEM BY REDUCING THE
20 NEED FOR A LOT OF OTHER PROCEDURES THAT RIGHT NOW WE
21 HAVE TO HAVE TO KEEP THE PATIENT WELL AND TO MOVE
22 FORWARD.

23 I THINK YOU'RE RIGHT, LARRY. THAT'S
24 ALWAYS BEEN MY INTENT WAS TO DEVELOP A FINANCIAL
25 PLAN THAT CAN WORK AND ALSO THAT COULD BE REALISTIC

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1 IN TERMS OF WHAT WE NEED TO DO. AND, OF COURSE, THE
2 CHALLENGE OF MAKING SURE THAT WE EDUCATE THE
3 THIRD-PARTY PAYORS, AND THAT'S GOING TO BE THE
4 CHALLENGE.

5 CHAIRMAN THOMAS: THANK YOU. YSABEL, YOU
6 WERE SECOND AND THEN KIM IS NEXT AFTER THAT.

7 MS. DURON: THANK YOU, MR. CHAIR.

8 SEAN, A COUPLE OF THE THINGS I LIKE ABOUT
9 THE PLAN IS THE INCLUSION ON THE RFP'S OF
10 COMMUNITY-BASED ORGANIZATIONS BECAUSE THEY'RE GOING
11 TO BE REALLY PRINCIPAL WITH BRIDGING THOSE GAPS
12 BETWEEN THOSE COMMUNITIES AND MOVING THEM AND
13 SUPPORTING THEM THROUGH IN CLINICAL TRIALS, ET
14 CETERA.

15 SECONDLY, THE IDEA OF UTILIZING THE
16 PATIENT NAVIGATOR AS WELL, BUT I'M HOPING THAT THAT
17 INCLUDES THE COMMUNITY HEALTH WORKER, AKA,
18 PROMOTORA, WHO GO ALONG WITH THEIR CBO'S AND,
19 THEREFORE, BECOME THOSE NAVIGATORS FROM COMMUNITY
20 INTO SYSTEMS AND TO HELP KEEP THEM THERE.

21 SO AS YOU INTERPRET THOSE GUIDELINES, I
22 HOPE THAT YOU'RE ALSO UTILIZING THAT VERBIAGE
23 BECAUSE PATIENT NAVIGATION HAS BEEN SO INTERPRETED
24 IN 30 MILLION WAYS BY DIFFERENT GROUPS, THAT WE WANT
25 TO MAKE SURE THAT SOME OF THE ESSENTIAL GROUPS WE'RE

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1 TRYING TO INCLUDE ARE INCLUDED IN THOSE GUIDELINES,
2 THEIR TITLE, THE NAME, HOWEVER YOU WANT TO DO IT.
3 BUT THANK YOU FOR THAT. THAT'S VERY CRUCIAL.

4 WE ARE SEEING A LOT OF THAT EVEN ON THE
5 FEDERAL GOVERNMENT, UTILIZING THE TERM OF CHW, AKA,
6 PROMOTORA, AS WELL AS CALIFORNIA. SO THANK YOU FOR
7 INCLUDING THAT. THEY'RE VERY CRITICAL.

8 MR. TORRES: I JUST MIGHT ADD THAT I'M
9 HAPPY THAT HARLAN LEVINE TOOK MY INVITATION TO BE
10 PART OF THIS GROUP. HE NOW HEADS UP, AS YOU WELL
11 KNOW, THE CITY OF HOPE. AND THEIR NAVIGATION SYSTEM
12 IS PRETTY GOOD, BUT HE ADMITS HE COULD DO BETTER AS
13 WELL. SO HE'S BEEN PART AND PARCEL OF THE INPUT ON
14 THIS ISSUE AS WELL AS OTHER PATIENT ADVOCATES WITHIN
15 THE GROUP.

16 MS. DURON: GREAT.

17 CHAIRMAN THOMAS: THANK YOU. KIM.

18 DR. BARRETT: I WANT TO DEFINITELY SECOND
19 WHAT YSABEL SAID ABOUT THE INVOLVEMENT OF COMMUNITY
20 ORGANIZATIONS. BUT MOSTLY I JUST WANTED TO
21 CONGRATULATE SENATOR TORRES AND SEAN FOR MOVING THIS
22 FORWARD SO EXPEDITIOUSLY BECAUSE ALL OF THE RESEARCH
23 THAT CIRM IS SUPPORTING WILL BE OF LITTLE BENEFIT IF
24 PEOPLE CAN'T ACCESS IT. AND THIS IS SUCH A CRUCIAL
25 AND IMPORTANT PART OF THE MISSION. SO KUDOS TO BOTH

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1 OF YOU.

2 MR. TORRES: AND KUDOS, KIM, TO OUR GREAT
3 GOVERNOR. GAVIN NEWSOM HAS BEEN COMMITTED TO
4 AFFORDABILITY AND ACCESSIBILITY FOR THE LAST THREE
5 YEARS. IN FACT, PART OF HIS BUDGET INCLUDES
6 CREATING AN OFFICE OF AFFORDABILITY, WHICH GOES BACK
7 TO LARRY'S QUESTION AS WELL. SO WE ARE LUCKY WE HAD
8 A GREAT ALLY WHICH HELPED FACILITATE THE
9 IMPLEMENTATION THROUGH THE DEPARTMENT OF FINANCE.

10 CHAIRMAN THOMAS: THANK YOU. OTHER
11 COMMENTS, QUESTIONS FROM MEMBERS OF THE BOARD OF
12 SENATOR TORRES OR SEAN? YES. HAIFAA.

13 DR. ABDULHAQ: I JUST WANTED TO MAKE A
14 QUICK COMMENT. I THINK THIS IS REALLY GREAT, TO
15 INCREASE ACCESSIBILITY TO PATIENTS. AND I WAS JUST
16 WONDERING IF PART OF THIS WILL THERE BE A
17 COLLABORATION WITH OTHER ORGANIZATIONS IN DIFFERENT
18 AREAS OF DISEASES; FOR EXAMPLE, LIKE LEUKEMIA
19 LYMPHOMA SOCIETY AND OTHER ESTABLISHED ORGANIZATIONS
20 IN DIFFERENT AREAS, IN ORDER TO INCREASE AWARENESS
21 THROUGH THESE ORGANIZATIONS FOR THIS PROGRAM?

22 MR. TORRES: ABSOLUTELY. ABSOLUTELY. AND
23 IT'S ONE THING THAT I DID AND I CONTINUE TO DO AS
24 VICE CHAIR OF OUR ONE LEGACY ORGAN TRANSPLANT
25 FOUNDATION WHERE THIS KIND OF PROGRAM HAS BEEN SO

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1 EFFECTIVE BY UTILIZING LIVE DONORS AND DONOR
2 FAMILIES TO BE OUR AMBASSADORS OUT THERE IN THE
3 FIELD TO EDUCATE COMMUNITIES. SOMETIMES COMMUNITIES
4 HAVE BEEN RELUCTANT TO PARTICIPATE, FOR EXAMPLE, IN
5 ORGAN TRANSPLANTATION. SO THE ANSWER IS ABSOLUTELY
6 YES. GREAT QUESTION.

7 DR. ABDULHAQ: THANK YOU VERY MUCH.

8 CHAIRMAN THOMAS: MICHAEL.

9 DR. STAMOS: SORRY IF I MISSED THIS, BUT I
10 WANT TO MAKE SURE I CALL OUT THE VALUE AND THE
11 IMPORTANCE OF THE OVER 1,000 FQAC'S IN CALIFORNIA TO
12 MAKE SURE WE GET PATIENTS ACCESS.

13 MR. TORRES: HERE. HERE.

14 CHAIRMAN THOMAS: ANY OTHER QUESTIONS OR
15 COMMENTS? THANK YOU, GENTLEMEN. THANK YOU FOR ALL
16 YOUR HARD WORK. THANK YOU TO THE FIVE BOARD MEMBERS
17 WHO ARE ALSO MEMBERS OF THE AAWG AND TO THE TEN
18 EXPERTS WHO ROUND OUT THE WORKING GROUP ITSELF.

19 MR. TORRES: AND TO OUR INCREDIBLE STAFF
20 THAT WAS PART OF THIS PROCESS AS WELL.

21 CHAIRMAN THOMAS: NO QUESTION. THANK YOU
22 VERY MUCH.

23 OKAY. ON TO THE NEXT ITEM, WHICH IS AN
24 UPDATE ON THE COMMUNICATIONS SUBCOMMITTEE. YSABEL.

25 MS. DURON: THANK YOU VERY MUCH, MR.

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1 CHAIR. I'M TURNING TO KATIE SHARIFY OF OUR
2 COMMUNICATIONS TEAM WHO IS GOING TO HELP ME WITH THE
3 SLIDES. THANK YOU, KATIE. COULD YOU GO ON TO NO.
4 1. KEEPING ON TOP OF MYSELF.

5 SO I WANT TO THANK YOU FOR GIVING US THE
6 OPPORTUNITY TO SHARE SOME OF THE THINKING ON THE
7 COMMUNICATIONS SUBCOMMITTEE AS WELL AS THE WORK OF
8 THE COMMS TEAM, ALSO KNOWN AS THE PUBLIC OUTREACH
9 TEAM.

10 KATIE SHARIFY, OF COURSE, HELPING ME TODAY
11 AND HELPED ME PULL THIS LITTLE SLIDE SHOW TOGETHER,
12 SO THANK YOU VERY MUCH, KATIE.

13 I THINK IT'S CRITICALLY IMPORTANT FOR THE
14 BOARD AS A WHOLE TO STAY INFORMED ABOUT WHAT WE ARE
15 DOING, BUT CIRM HAS TO BE SURE THAT ALL OF OUR
16 EXTERNAL INVESTORS AND STAKEHOLDERS ARE AWARE OF THE
17 WORK THAT WE ARE DOING AND HOW IT'S IMPACTING THE
18 STATE OF CALIFORNIA AND THE PEOPLE IN IT. INVESTORS
19 BEING, IN MY ESTIMATION, THE TAXPAYERS OF
20 CALIFORNIA, AND THEY ARE ALSO OUR STAKEHOLDERS ALONG
21 WITH THE RESEARCHERS WHO ARE FUNDED TO ADVANCE THE
22 SCIENCE AND THE DISCOVERY, INDUSTRY WHICH PARTNERS
23 IN THOSE DISCOVERIES, OUR PATIENT ADVOCATES WHO
24 REPRESENT THE HOPES AND DREAMS OF THOSE WAITING ON
25 THE ANSWERS, AND, OF COURSE, THE STUDENTS TO

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1 HOPEFULLY BOTH EMBRACE SCIENCE AND JOIN THE PIPELINE
2 OF OUR FUTURE STEM CELL RESEARCHERS.

3 SO YOU'RE LOOKING AT THE COMMITTEE, VERY
4 CRITICAL TO THE WORK THAT WE ARE DOING. SOME OF YOU
5 ARE NEW TO THE BOARD, AND WE WANTED YOU TO SEE WHO
6 IS SITTING ON THE SUBCOMMITTEE, WHICH WAS
7 RECONSTITUTED THIS YEAR VERY ROBUSTLY. SO YOU WILL
8 SEE NOT ONLY THE SUBCOMMITTEE GROUP, BUT YOU WILL
9 GET TO HEAR MORE FROM THE PUBLIC OUTREACH TEAM MORE
10 FREQUENTLY, I HOPE, AS THEY SCALE UP THE OUTREACH
11 AND THEY BRING BACK SOME SUCCESS STORIES. AND SO WE
12 WANT TO THANK ALL THE BOARD MEMBERS WHO JOINED THIS
13 COMMITTEE. IT'S VERY CRITICAL TO HAVE THAT
14 REPRESENTATION AND INPUT.

15 NEXT SLIDE PLEASE. SO JUST A REMINDER OF
16 THE MISSION STATEMENT THAT WE APPROVED IN FEBRUARY,
17 MORE SPECIFICALLY A COUPLE OF LINES. TAKE
18 RESPONSIBILITY SERIOUSLY TO EDUCATE THE PEOPLE OF
19 CALIFORNIA ABOUT THE PROGRAMS THAT IMPACT THEM AND
20 TO ENGAGE AND INFORM THEM ABOUT PARTICIPATING IN
21 CLINICAL TRIALS AND OTHER SCIENTIFIC ENDEAVORS THAT
22 CIRM SUPPORTS. SO GO BACK TO WHAT HAIFAA WAS SAYING
23 ABOUT HOW DO WE GET THIS INFORMATION OUT? WHO DO WE
24 INCLUDE? IT'S VERY CRITICAL THAT WE ARE VERY OPENLY
25 COMMUNICATING VERY BROADLY SO THAT PEOPLE CAN JOIN

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1 IN THOSE CONVERSATIONS AND IN THAT ENGAGEMENT, BUT
2 IT IS ALSO CRUCIAL TO ENSURE EFFECTIVE,
3 LINGUISTICALLY, AND CULTURALLY APPROPRIATE DELIVERY
4 OF THIS INFORMATION TO CALIFORNIA'S DIVERSE
5 AUDIENCES IN AN INCLUSIVE AND EQUITABLE MANNER.
6 NEXT PLEASE.

7 SO THE COMMUNICATIONS PLAN, LOOKING AT IT
8 FROM OUR PUBLIC OUTREACH TEAM, IS CONSIDERING THE
9 PLAN TO BE A LIVING DOCUMENT. WE HAVE TO BE
10 RESPONSIVE IN RESPONDING TO SHORT- AND LONG-TERM
11 ISSUES TO ACHIEVE THIS MISSION, MAKING OURSELVES
12 COMMITTED TO THE GOALS WE HAVE SET OUT TO
13 ACCOMPLISH. SO WE'RE ENGAGING ON MULTIPLE
14 COMMUNICATIONS FRONTS. VERY CRITICAL TO NOTE TO
15 WHOM WE ARE SPEAKING TO AND WHAT WE'RE TRYING TO
16 TELL THEM VERY SPECIFICALLY. SO NOT JUST
17 MAINSTREAM, BUT SOCIAL MEDIA CHANNELS, WHICH ARE
18 EVEN NOW BEING MONITORED FOR THE EFFECTIVENESS FOR
19 THE POPULAR USAGE BY WHOM AND ABOUT WHAT. THESE
20 MULTIPLE APPROACHES INCLUDE THE NEW EMPHASIS ON
21 PATIENT ADVOCACY AND COMMUNITY OUTREACH STRATEGIES.

22 IT'S AMONG THESE LATTER TWO WHERE I HOPE
23 WE CAN BOTH IMPROVE AND INCREASE OUR EFFECTIVENESS,
24 IDENTIFYING THOSE NEW AUDIENCES, BEING SURE THAT
25 THEY ARE DIVERSE AND REPRESENT NOT JUST PATIENTS,

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1 BUT THE MULTIPLE RESIDENTS OF CALIFORNIA. WE NEED
2 TO INCREASE THEIR KNOWLEDGE ABOUT WHAT CIRM DOES,
3 WHAT IT REPRESENTS, WHY AND HOW IT MIGHT ULTIMATELY
4 IMPACT THEM, A LOVED ONE, AN ACQUAINTANCE, THE
5 COMMUNITY IN WHICH THEY LIVE AND WANT TO SUPPORT.
6 SO WE NEED TO MAKE FRIENDS WITH NEW COMMUNITIES
7 OUTSIDE OUR NORM.

8 WE HAVE A CONSULTANT ON BOARD WHO IS
9 WORKING TO BROADEN OUR OUTREACH WITH THOSE DIVERSE
10 GROUPS. NEXT PLEASE.

11 SO I'VE SEEN AN UPTICK ON MESSAGING
12 THROUGH OUR LINKED-IN PAGE, WHICH IS WHERE I LIVE
13 MORE BROADLY IN TERMS OF SOCIAL MEDIA. HERE'S AN
14 EXAMPLE OF THE TAILORED MESSAGING POSTED ON
15 INSTAGRAM WHERE YOU MIGHT FIND THE YOUNGER CIRM
16 CROWD. THIS IS ABOUT A CIRM BRIDGE'S STUDENT,
17 YASMINE, WHO IS SHARING A POST OF HER JOURNEY MOVING
18 TO A NEW COUNTRY, EARNING HER MASTER'S THROUGH THE
19 COVID-19 PANDEMIC. IT'S POSTS LIKE THESE THAT
20 HIGHLIGHT THE DIVERSITY IN SCIENCE THAT REACH MORE
21 WOMEN PERHAPS IN THIS CASE AND THOSE DIVERSE
22 AUDIENCES, THOSE YOUNGER AUDIENCES. IT MIGHT
23 RESONATE WITH STUDENTS WHO CAN SEE THAT THEY ALSO
24 MIGHT CONSIDER PURSUING A CAREER IN REGENERATIVE
25 MEDICINE.

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1 SO THIS IS MORE TARGETED AND MORE
2 PERSONAL, AND THE COMMS TEAM IS UPPING THE GAME WITH
3 THIS KIND OF MESSAGING. NEXT PLEASE.

4 SO FROM WHAT I KNOW OF MY YEARS IN MEDIA,
5 IT IS STORIES THAT CAPTURE PEOPLE'S ATTENTION AND
6 IMAGINATION. AND THE PLAN IS TO BE MORE MICROSCOPIC
7 IN THAT MESSAGING TO REACH SPECIFIC COMMUNITIES,
8 LEVERAGING EXISTING RELATIONSHIPS, AND, OF COURSE,
9 EXPANDING AND EXPLORING THOSE NEW PARTNERSHIPS
10 THROUGH CBO'S, PARTICULARLY THOSE FROM VULNERABLE,
11 UNREACHED COMMUNITIES.

12 WE CONTINUE THE CONVERSATIONS WITH OUR
13 EXISTING CONTACTS AROUND REGENERATIVE MEDICINE
14 RESEARCH TO UNDERSTAND AND BRING RELEVANT
15 INFORMATION TO COMMUNITIES BASED ON WHAT THEY NEED
16 TO KNOW FROM US. WE ARE EXPLORING, FOR INSTANCE, A
17 PILOT PROGRAM IN EITHER FRESNO OR RIVERSIDE WHERE WE
18 PARTNER WITH CBO'S IN THE AREA WITH STRONG TIES TO
19 THOSE UNDERSERVED POPULATIONS TO LAUNCH A WHAT IS
20 CALLED A REGENERATIVE MEDICINE CAMPAIGN, VERY BASIC,
21 BUT OFTENTIMES WHERE YOU EXACTLY NEED TO START.

22 JUST YESTERDAY AN EXAMPLE OF IMMEDIATE
23 EFFORTS, THE COMMS TEAM HAD A PRESENCE AT THE PRIDE
24 PARADE YESTERDAY. I KNOW MARIA WAS TALKING EARLIER
25 ABOUT BEING AT THE VARIOUS SCIENTIFIC MEETINGS WHERE

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1 OUR BOOTH IS A HIT. I'M GOING TO ASK OUR TEAM TO
2 SEE IF THEY CAN GIVE US A FEW WORDS, ESTEBAN OR
3 KATIE, ABOUT HOW THAT WENT AT THE PRIDE PARADE
4 YESTERDAY.

5 MS. BONNEVILLE: I'M NOT SURE ESTEBAN IS
6 ON, AND I'M NOT SURE KATIE JOINED. KEVIN IS ON, AND
7 HE WAS THERE YESTERDAY. HE SORT OF GOT US INTO THE
8 PARADE. SO I'M SURE HE CAN GIVE YOU SOME UPDATES ON
9 THAT.

10 MS. DURON: ABSOLUTELY. KEVIN.

11 DR. MARKS: THANKS. I THINK IT WAS A HUGE
12 HIT, HAVING THE RECONSTITUTION NOW OF THIS SAN
13 FRANCISCO PRIDE PARADE AND CIRM HAVING AN OUTWARD
14 PRESENCE THERE. I THINK IT WAS A GOOD, MOTIVATING
15 EVENT FOR EVERYONE INVOLVED, HAVING THAT FEELING AND
16 FREEDOM OF EXPRESSION BY THE PARTICIPANTS IN THE
17 PARADE AND BY THE AUDIENCE PARTICIPANTS, AND IT GAVE
18 US THE OPPORTUNITY TO REACH AND SEND OUR MESSAGE OF
19 HOW WE IMPACT HEALTHCARE AND POTENTIALLY HEALTHCARE
20 DELIVERY IN THE LGBTQ PLUS COMMUNITY.

21 SO IT WAS A REALLY GOOD EFFORT TO GET OUR
22 EMPLOYEES OUT THERE TO EXPAND COMMUNITY OUTREACH
23 JUST BEYOND THOSE THAT ARE DESIGNATED WITH THOSE
24 TITLES AND RECOGNIZE THAT EMPLOYEES THROUGHOUT THE
25 ORGANIZATION HAVE THIS OPPORTUNITY TO REALLY SPREAD

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1 THE GOOD MESSAGE OF THE GREAT WORK THAT WE DO AS AN
2 ORGANIZATION. SO AS A WHOLE IT WAS A TREMENDOUS
3 PLUS TO BE INVOLVED WITH THAT.

4 MS. DURON: AND THAT'S EXCELLENT TO HEAR,
5 KEVIN. I THINK THAT PERHAPS YOU MIGHT EVEN EXTEND
6 THE INVITATION TO SOME OF THESE MEETINGS, AS WE SAW
7 IN THE SCIENTIFIC MEETINGS, TO SOME OF THE BOARD
8 MEMBERS WHO MIGHT LIVE IN THOSE GEOGRAPHIC AREAS TO
9 SEE WHO MIGHT WANT TO ATTEND AND MIGHT WANT TO TAKE
10 PART IN WHAT'S GOING ON, BUT ALSO BE ABLE TO
11 REPRESENT THE BOARD, OF COURSE, AND CIRM. SO KEEP
12 US IN MIND WHEN YOU DO THESE KINDS OF THINGS BECAUSE
13 I SAID, "OH, I WOULD LIKE TO DO THAT. I'D LIKE TO
14 GO THERE."

15 SO, ANYWAY, THANK YOU VERY MUCH FOR THAT.
16 I APPRECIATE THAT. SORRY. I ASKED FOR FOLKS WHO
17 WEREN'T IN THE ROOM. I CAN'T SEE THE HOLLYWOOD
18 SQUARES.

19 ALSO, WE'RE PLANNING AN EDUCATION-SPECIFIC
20 EVENT WITH AFRICAN-AMERICAN CHURCHES IN THE L.A.
21 AREA THAT SUPPORTED CIRM DURING THE CAMPAIGN. SO
22 THERE AGAIN, IF ANY OF THE BOARD MEMBERS WISH TO
23 PARTICIPATE IN SOME OF THAT ONGOING SPECIFIC EVENT
24 KIND OF WORK, I THINK IT'S REALLY CRITICAL TO HAVE
25 US THERE AT THOSE TABLES AS WELL.

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1 I ALSO RECOMMEND, FOR INSTANCE, THAT IN
2 SEPTEMBER WE CONNECT WITH THE MEXICAN INDEPENDENCE
3 EVENTS AROUND THE STATE. THIS IS A VERY HUGE
4 OPPORTUNITY FOR US TO PUT A FACE IN FRONT OF THIS
5 COMMUNITY AS WELL.

6 AND, FINALLY, TO CLOSE, I'D LIKE THE BOARD
7 TO SEND US THE NAMES OF CBO'S THAT YOU WORK WITH OR
8 YOU KNOW OF AS WELL AS COMMUNITIES AND GROUPS YOU
9 THINK WE SHOULD REACH OUT TO SIMPLY, AS HAIFAA
10 MENTIONED, THE LYMPHOMA SOCIETY -- LEUKEMIA LYMPHOMA
11 SOCIETY, AND OTHERS. WE EACH INDIVIDUALLY KNOW A
12 LOT MORE FOLK THAT WE THINK NEED TO BE AT THESE
13 TABLES. AND SO WE'D APPRECIATE YOUR INPUT.

14 ALSO, WE HOPE TO HAVE MORE FREQUENT
15 UPDATES TO YOU, THE BOARD. I'VE BEEN PUSHING FOR A
16 BOARD-DIRECTED E-NEWSLETTER TO KEEP YOU MORE
17 ENGAGED; BUT, OF COURSE, THAT PUTS A LITTLE MORE
18 WORK ON THE TABLE OF OUR COMMS TEAM, BUT I'M
19 ENCOURAGING, I'M NUDGING TO SEE WHAT WE CAN GET, AND
20 WE'LL KEEP YOU UPDATED, OF COURSE, AT A COUPLE OF
21 THE BOARD MEETINGS AS WELL.

22 SO THANKS, KATIE, FOR YOUR HELP. AND CAN
23 I GET SOME QUESTIONS? HOPEFULLY, SINCE I'M NOT SURE
24 WHO IS ELSE IS HERE, KEVIN, ESTEBAN, OR KATIE MIGHT
25 BE ABLE TO ANSWER IF I CAN'T, OR MARIA, WHO'S ALWAYS

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1 THERE, MARIA BONNEVILLE. ANY QUESTIONS ANYBODY?
2 COMMENTS? CONCERNS? ADDITIONS?

3 DR. GOLDSTEIN: YSABEL, THAT'S GREAT
4 PROGRESS, AND I'M REALLY HAPPY TO SEE IT. ONE THING
5 I HAVE WORRIED ABOUT OVER THE YEARS IS WHETHER OUR
6 INFORMED CONSENT PROCESS DOES A GOOD ENOUGH JOB OF
7 INFORMING SOME OF THESE UNDERSERVED COMMUNITIES. OR
8 PUT A DIFFERENT WAY, AS WE MOVE MORE OF OUR CLINICAL
9 TRIALS INTO UNDERSERVED COMMUNITIES, ARE WE AT RISK
10 FOR THOSE COMMUNITIES TELLING US IN TEN YEARS THAT
11 WE DIDN'T DO AN ADEQUATE JOB OF EXPLAINING THE RISKS
12 AND REWARDS OF THESE THERAPIES?

13 SO I WONDER -- I GUESS I WORRY THAT THAT
14 PROBLEM MAY FALL BETWEEN THE CRACKS OF THE NORMAL
15 INFORMED CONSENT PROCESS IN AN ACADEMIC OR CORPORATE
16 SETTING AND THE NEED TO REALLY EDUCATE SUCH
17 COMMUNITIES ABOUT WHAT'S INVOLVED IN THESE
18 THERAPEUTIC EXPERIMENTS.

19 MS. DURON: LARRY, ABSOLUTELY AGREE WITH
20 YOU ON THAT. I'VE BEEN SITTING ON A NUMBER OF OTHER
21 TABLES WHERE WE'RE ACTUALLY EXPLORING WHAT DOES
22 CONSENT LOOK LIKE TO WHICH GROUP AND HOW COMPLEX DO
23 YOU MAKE IT, AND WHAT IS THE VERBIAGE THAT YOU USE
24 IN ORDER FOR THEM TO UNDERSTAND IT. AND HOW DO YOU
25 PORTRAY THAT CONSENT IN? MAYBE IT'S A VIDEO. MAYBE

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1 IT'S SOMETHING MUCH MORE DIFFERENT. EVEN THE
2 PROCESS OF CONSENTING IN IS SUPPOSED TO BE PRIVATE,
3 AND YET SOME PEOPLE PERHAPS IN THE DISABLED
4 COMMUNITY AND OTHERS WHERE THEY MIGHT WANT -- THEY
5 NEED A LITTLE BIT OF ASSISTANCE. DO YOU, THEREFORE,
6 ASSIST IN HELPING SOMEBODY ELSE CONSENT IN? A LOT
7 OF GOOD, IMPORTANT QUESTIONS THAT NEED TO BE RAISED.
8 NOT SURE WHERE WE SHOULD ADDRESS THAT. IT MIGHT
9 EVEN BE POLICY ISSUES, OR WE MAY LOOK AT BEST
10 PRACTICES. I KNOW THAT UCLA AND THE PRECISION
11 MEDICINE TEAM THERE ARE WORKING ON SOME OF THOSE
12 VIDEO CONSENT-INS THAT HAVE PROVEN TO BE VERY USEFUL
13 IN ADDRESSING THE CONCERNS FOR THE DISPARATE
14 COMMUNITIES AND, OF COURSE, THE UNDERSERVED, AND
15 THOSE THAT ARE MUCH MORE -- WHERE THEY BECOME MUCH
16 MORE CULTURALLY RELEVANT TO THOSE AUDIENCES.

17 SO, YES, IT'S A VERY IMPORTANT QUESTION.
18 AND I AGREE WITH YOU, JUST AS I SAID, JUST TO START
19 FROM THE IDEA OF WHAT IS REGENERATIVE MEDICINE, SOME
20 OF THE BASICS. AND I THINK CONSENT-IN, REALLY WE
21 NEED TO GET BACK TO THE BASIC ON WHAT THAT LOOKS
22 LIKE AND WORKING OBVIOUSLY WITH, MAYBE EVEN, ART,
23 WORKING WITH YOUR TEAMS AND IN YOUR OUTREACH AND
24 WITH THOSE COMMUNITY CLINICS, HOW DO THEY BEGIN TO
25 SPEAK TO THE PUBLIC AND GET THEM ENGAGED AROUND

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1 THOSE CLINICAL TRIALS AND CONSENT. ACTUALLY VERY
2 BIG QUESTION, LARRY. I DO KNOW IT'S BEING ASKED AND
3 SOME ANSWERS BEING ATTEMPTED. WE MIGHT LOOK AT
4 WHAT'S OUT THERE.

5 DR. GOLDSTEIN: JUST A SUGGESTION.
6 SCIENTIFIC ORGANIZATIONS THAT I'VE WORKED WITH OVER
7 THE YEARS SOMETIMES WILL DRAFT MODEL CONSENT FORMS.
8 AND I WONDER WHETHER THAT MIGHT BE A WAY FOR THE
9 COMMUNICATIONS SUBCOMMITTEE, PERHAPS WITH THE AAWG,
10 TO TRY TO ADDRESS THIS SORT OF PROBLEM MOVING
11 FORWARD.

12 MS. DURON: I THOUGHT SOMEBODY ELSE WAS
13 TRYING TO FOLLOW UP WITH A COMMENT. LARRY, I AGREE.
14 LIKE I SAID, I THINK WE COULD LOOK AT TEMPLATES. OF
15 COURSE, WE'LL ASK THE COMMITTEE, MARIA BONNEVILLE
16 CAN TELL US, WE'LL ASK THE COMMS TEAM TO MAYBE TAKE
17 A LOOK AT THIS AND WHERE WE COME IN AND WHERE OUR
18 INTERSECTION IS WITH THIS WHOLE PROCESS, LARRY. BUT
19 I THINK THAT WE CAN LOOK AT DIFFERENT MODELS TO SEE
20 IF WE CAN AT LEAST SAY HERE ARE SOME THINGS THAT WE
21 THINK ARE MOVING IN THE RIGHT DIRECTION AND
22 RECOMMEND THEM.

23 MS. BONNEVILLE: YSABEL, YES, I'LL WORK
24 INTERNALLY TO FIGURE OUT EXACTLY HOW WE WOULD WORK
25 ACROSS THE ORGANIZATION. THIS IS SOMETHING THAT THE

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1 STANDARDS WORKING GROUP LOOKED AT YEARS AGO WHEN THE
2 ORGANIZATION WAS FIRST STARTED. SO I'LL CHECK IN
3 WITH GEOFF LOMAX AS WELL AS MARIA AND J.T. AND START
4 THAT PROCESS.

5 MS. DURON: SOUNDS LIKE A TIME TO DUST OFF
6 THE COBWEBS. TIME TO GET BACK TO IT. ANYTHING
7 ELSE? ANY OTHER QUESTIONS?

8 DR. SOUTHARD: I HAVE A QUESTION, MORE OF
9 A COMMENT. AS YOU CONSIDER THE OUTREACH AND
10 COMMUNICATION, ONE OF THE AREAS THAT YOU MIGHT TRY
11 TO FOCUS ON IS ON OUR INTENTION TO INCREASE OUR
12 ACTIVITY IN THE AREA OF MENTAL ILLNESS AND ADDICTION
13 TREATMENT BECAUSE THAT IS REALLY IMPORTANT TO
14 UNDERSERVED COMMUNITIES, PARTICULARLY RIGHT NOW IN
15 THIS TIME OF THE PANDEMIC WHEN THOSE ISSUES ARE JUST
16 BLOSSOMING EVERYWHERE. THERE'S NOT CURRENTLY ANY
17 GOOD SOLUTIONS TO THAT. IT'S AN AREA WHERE THERE IS
18 A LOT OF PEOPLE AVAILABLE, BUT PERSONNEL. SO I
19 THINK A FOCUS ON THAT MIGHT REALLY HELP ENGAGE
20 COMMUNITIES.

21 MS. DURON: YOU'RE ABSOLUTELY RIGHT,
22 MARVIN. THAT ISSUE HAS JUST BLOSSOMED, SORRY TO
23 SAY. AS A RESULT OF COVID, IT REALLY -- THE
24 OPPRESSION OF COVID, IF YOU WILL, STARTED PUTTING
25 THE ISSUE OF MENTAL HEALTH ALL THE WAY FROM ADULTS

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1 TO CHILDREN FRONT AND CENTER. AND YOU'RE RIGHT.
2 IT'S HAVING ACCESS, KNOWLEDGE, AND THE RIGHT
3 LANGUAGE-SPEAKING PERSONNEL TO PROVIDE THE SUPPORT
4 SERVICES. AND I'VE SEEN THAT. I'VE SEEN A LOT OF
5 GRANTS COMING FORWARD FROM BOTH THE NIH AND STATE TO
6 START TO ADDRESS SOME OF THOSE ISSUES. SO YOU'RE
7 RIGHT. AND SO WE'LL PUT THAT ONE ALSO IN THE
8 HOPPER. THANK YOU.

9 DR. SOUTHARD: AND THEN THE SECOND THING
10 IS A WAY TO START DOING THAT EFFECTIVELY MIGHT BE TO
11 ENGAGE SPECIFICALLY WITH THE CALIFORNIA INSTITUTE OF
12 BEHAVIORAL HEALTH SOLUTIONS, AN ORGANIZATION THAT AL
13 IS VERY FAMILIAR WITH. AND THEY MAY GIVE US ACCESS
14 TO COMMUNITIES TO DO THAT IN WAYS THAT MAKE IT EASY.

15 MS. DURON: WELL, I THINK LEONDRA AS WELL.
16 WHERE IS SHE? BECAUSE THAT'S RIGHT UP YOUR ALLEY,
17 IS IT NOT?

18 DR. CLARK-HARVEY: YES, IT IS. I HAD MY
19 HAND RAISED TO CONCUR WITH WHAT MARVIN HAS RAISED.
20 I THINK THE TIME COULDN'T BE BETTER TO RAISE THESE
21 ISSUES, NOT ONLY AT THE FEDERAL LEVELS THERE IS A
22 LOT OF ATTENTION, BUT OUR STATE AND OUR GOVERNOR IS
23 COMMITTED TO BEHAVIORAL HEALTH. AND SO IT WOULD BE
24 A TRAVESTY TO NOT REACT IN THIS TIME AND NOT TO
25 PRIORITIZE WHEN WE HAVE THIS OPPORTUNITY.

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1 MR. TORRES: LET'S GIVE A LITTLE CREDIT TO
2 JUDY GASSON BECAUSE SHE'S MOVING AHEAD WITH A MENTAL
3 HEALTH DISCUSSION, I THINK, NEXT WEEK. RIGHT, JUDY?

4 DR. GASSON: STARTING A DISCUSSION.

5 MR. TORRES: GREAT. GREAT. THANK YOU FOR
6 DOING THAT.

7 CHAIRMAN THOMAS: THANK YOU. WE HAVE PAT
8 NEXT AND THEN HAIFAA.

9 DR. LEVITT: THANKS. SO YSABEL NEEDS TO
10 BE CONGRATULATED BY SOMEBODY ELSE ON THE COMMITTEE
11 FOR BEING JUST -- IT'S JUST BEEN A FABULOUS
12 EXPERIENCE. AND THE TEAM IS REALLY DEDICATED AND, I
13 THINK, HAVE A LOT OF GREAT IDEAS. I JUST WANT TO --
14 THIS SUBCOMMITTEE REACHES SO MANY OTHER ACTIVITIES
15 THAT ARE GOING ON THAT WE HEARD ABOUT TODAY.
16 ACCESSIBILITY STARTS WITH AN INDIVIDUAL EVEN BEING
17 WILLING TO LISTEN TO AN OPPORTUNITY. AND I THINK
18 SOMETIMES WE UNDERESTIMATE THE CHALLENGES OF
19 COMMUNICATION.

20 YSABEL HAS GOT THE RIGHT PEOPLE THINKING
21 IN STORIES. IT'S A VERY SOCIALLY DYNAMIC PROCESS.
22 AND THIS IS MORE CHALLENGING THAN ANYTHING ELSE THAT
23 WE'VE TALKED ABOUT TODAY, PARTICULARLY IN TODAY'S
24 STATE OF MIND WHERE SCIENCE AND MEDICINE ARE
25 DISTRUSTED AT SUCH A HIGH LEVEL, HIGHER THAN AT ANY

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1 OTHER TIME IN AT LEAST MODERN HISTORY.

2 THE OTHER THING I WOULD SAY IS I THINK WE
3 NEED TO BE REALLY CAREFUL ABOUT TALKING ABOUT STEM
4 CELLS AND REGENERATIVE MEDICINE ACROSS THE BOARD AS
5 THE PANACEA FOR ALL HUMAN ILLNESS BECAUSE WE HAVE TO
6 COMMUNICATE BASED ON WHAT THE SCIENCE TELLS US. AND
7 WHILE I DON'T DISAGREE THERE ARE COMPONENTS OF
8 BEHAVIORAL HEALTH THAT RELATE TO WHAT WE'RE TALKING
9 ABOUT, PARTICULARLY IN THE CONTEXT OF BEHAVIORAL
10 HEALTH RELATED TO PHYSICAL AND BRAIN-BASED DISEASES,
11 TO TALK ABOUT STEM CELLS AND REGENERATIVE MEDICINE
12 IN THE CONTEXT OF THERAPIES FOR ISSUES AROUND
13 BEHAVIORAL HEALTH IS ANOTHER ISSUE. WE JUST HAVE TO
14 BE CAUTIOUS ABOUT HOW TO DO THIS BECAUSE SCIENCE,
15 PARTICULARLY MODERN SCIENCE, HAS A HISTORY AND
16 SCIENTISTS HAVE A HISTORY OF OVERPROMISING AND
17 UNDERDELIVERING, AND THAT DOES MORE DAMAGE THAN
18 ANYTHING ELSE.

19 BUT I'M VERY EXCITED ABOUT THE COMMITTEE
20 AND ABOUT THE TEAM'S DEDICATION, THE STAFF, TO THIS
21 PROCESS.

22 MS. DURON: AND NOW MORE THAN EVER, PAT,
23 WE NEED AUTHENTICITY AND OPENNESS AND BUILDING ONCE
24 AGAIN, SORT OF REBUILDING TRUSTWORTHINESS BETWEEN
25 THESE SKEPTICAL COMMUNITIES AND THE WORK OF

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1 SCIENTISTS.

2 WAS THERE SOMEBODY ELSE ON THE HIT PARADE,
3 J.T.?

4 CHAIRMAN THOMAS: YES. HAIFAA IS NEXT.

5 DR. ABDULHAQ: YSABEL, I JUST WANTED TO
6 SAY THIS IS GREAT WORK. AND FOR ME WORKING IN THE
7 VALLEY ACCESSIBILITY TO UNDERSERVED PATIENTS IS
8 DEFINITELY A PRIORITY. SO IF YOU NEED ANY HELP WITH
9 PATIENT EDUCATION, HAPPY TO DO IT.

10 MS. DURON: GREAT. THANK YOU. OUR TEAM
11 WILL CONSIDER WHEN WE NEED TO GO OUT THERE, WHAT WE
12 NEED TO DO AND HOW WE NEED TO DO IT. YOU WILL BE
13 THE FIRST ONE WE CALL. THANK YOU.

14 DR. MILLAN: I PROJECTED A PICTURE OF THE
15 TEAM.

16 MS. DURON: I LOVE IT.

17 DR. MILLAN: I WANTED TO THANK KEVIN
18 MARKS, WHO GOT THIS INITIATED FOR OUR TEAM TO GET US
19 SIGNED UP AND WORKED WITH MARIA AND OTHERS TO GET
20 THAT STARTED. AND WE'RE REALLY EXCITED ABOUT ALL
21 OTHER UPCOMING EVENTS THAT YOU MENTIONED, YSABEL, SO
22 WE CAN HAVE A SERIES OF THESE. AND AS YOU SEE,
23 REALLY EVEN IN THE BANNER THE TEAM IS CARRYING AND
24 THE T-SHIRTS, IT REALLY KIND OF GETS CIRM INTO THE
25 COMMUNITY. SO I WANT TO THANK THE TEAM VERY MUCH

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1 FOR THEIR PARTICIPATION. YOU CAN SEE THEIR SMILING
2 FACES IN THE HOT SUN HERE. THANKS, EVERYBODY.

3 MS. DURON: THANK THEM VERY MUCH. THIS
4 KIND OF MADE MY HEART SING, BUT IT ALSO KIND OF
5 BROKE MY HEART THAT WE ARE STILL HERE WORKING ON
6 HIV/AIDS ALTHOUGH THAT IS ONE THING WE DO HAVE OUR
7 ARMS AROUND, BUT THRILLED TO SEE THIS HAPPENING AND
8 FOR US TO BE OUT THERE WITH FOLK. AND I HOPE THAT
9 THEY SAW THE MESSAGE AND ALSO EMBRACED THE TEAM.
10 WE'LL SEE. THIS IS GREAT. THANKS, MARIA. ANYTHING
11 ELSE?

12 CHAIRMAN THOMAS: YES. FRED.

13 DR. FISHER: GREAT WORK, YSABEL, TO YOU
14 AND YOUR COMMITTEE. IT OCCURS TO ME THAT SINCE WE
15 DO HAVE PATIENT ADVOCATES ON THIS BOARD, CIRM IS
16 MAKING A STATEMENT IN THAT REGARD, THAT SPECIFIC
17 PATIENT POPULATIONS, IN PARTICULAR, I GUESS, ARE
18 REPRESENTED. AND IT OCCURS TO ME THAT THINKING
19 ABOUT A COMMUNICATIONS STRATEGY VIA THE PATIENT
20 ADVOCATES TO THE PATIENT GROUPS THAT THEY REPRESENT
21 IS SOMETHING TO THINK ABOUT. AT LEAST IT'S GOT ME
22 THINKING ABOUT. SO THERE'S THAT.

23 AND THEN THAT PICTURE REMINDED ME THAT
24 THOSE SAME PATIENT GROUPS HAVE EVENTS, VERY LARGE
25 PUBLIC EVENTS. WE HAVE THE WALK TO DEFEAT ALS THAT

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1 GOES ON ALL OVER THE STATE. AND HAVING CIRM
2 REPRESENTED EITHER IN A BOOTH AT THOSE WALKS OR
3 PEOPLE WALKING TO DEFEAT ALS AS PART OF A
4 CIRM-REPRESENTED TEAM. I'M TALKING ABOUT ALS, AND
5 MS HAS THEIR ACTIVITIES. THERE'S CYCLING EVENTS.
6 THERE ARE PLACES WHERE CIRM CAN BE REPRESENTED WHERE
7 VENDOR BOOTHS ARE COMMON. SO IT'S REALLY JUST TWO
8 COMMENTS.

9 ONE IS WHAT AM I DOING AS A PATIENT
10 ADVOCATE TO FORMALLY COMMUNICATE, OR HOW IS YOUR
11 SUBCOMMITTEE SUPPORTING MY ABILITY TO DO THAT?

12 AND THEN SECOND, IF THERE'S A STRATEGY FOR
13 CIRM TO HAVE A BIGGER PRESENCE AT A NUMBER OF
14 DIFFERENT COMMUNITY EVENTS, PARTICULARLY THOSE THAT
15 ARE ATTRACTING SPECIFIC PATIENT POPULATIONS.
16 ANYWAY.

17 MS. DURON: TWO GOOD QUESTIONS, FRED, TWO
18 VERY EXCELLENT QUESTIONS. AND THIS IS WHERE WE
19 WOULD ASK THE BOARD TO AT LEAST WRITE A LIST OF,
20 ONE, THE AGENCIES THAT ARE OUT THERE IN THEIR
21 GEOGRAPHIC AREA THAT WE MAY NOT KNOW, AND ALSO FOR
22 THE PATIENT ADVOCATES OBVIOUSLY, BUT ALSO SOME OF
23 THE EVENTS YOU KNOW ARE COMING UP SO THAT PERHAPS
24 THEY CAN START TO CREATE A CALENDAR. OUR BIGGER
25 PROBLEM, OBVIOUSLY, IS MAN/WOMAN POWER AND WHETHER

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1 AND WHERE WE CAN BE AND HOW FAR CAN WE GO.

2 ONE OF THE THINGS THAT THE TEAM IS LOOKING
3 AT IS TRYING TO GATHER THE ANALYTICS TO HELP THEM
4 UNDERSTAND AT LEAST WHERE SOCIAL MEDIA IS WORKING,
5 HOW IT'S WORKING, WITH WHOM IT'S WORKING, AND WHERE
6 WE MIGHT WANT TO FOCUS MORE OF OUR TIME AND
7 ATTENTION IF IT'S BEEN FORMALLY UNDERSERVED.

8 SO MAYBE EVEN WHEN YOU TALK ABOUT ALL OF
9 THOSE DIFFERENT OCCASIONS AROUND THE STATE FOR YOUR
10 ORGANIZATION, YOU MIGHT THINK ABOUT PLACES LIKE THE
11 CENTRAL VALLEY. WHO'S THAT? WHAT ARE THEY HAVING?
12 BECAUSE MAYBE THAT'S AN AUDIENCE THERE THAT WE NEED
13 TO REACH WHO'S BEEN NOT REACHED BEFORE. SO THAT'S
14 WHERE WE WANT TO PUT OUR MANPOWER, DEDICATE OUR
15 TIME.

16 AND THAT'S WHY WE NEED THE BOARD'S INPUT
17 FOR WHO'S WHERE AND WHAT SO WE CAN BEGIN TO SEE
18 VISUALLY WHERE THESE OPPORTUNITIES ARE, BUT WHERE WE
19 HAVE -- WHERE WE CAN -- IF IT ALIGNS WITH THE WORK
20 WE ARE TRYING TO DO WITH THE COMMUNITY CENTERS IN
21 THE GEOGRAPHIC AREAS WHERE THERE ISN'T AS MUCH
22 REPRESENTATION, WHERE WE WANT TO PULL THAT UP, THAT
23 WOULD BE VERY HELPFUL. SO I INVITE ALL OF THE BOARD
24 MEMBERS TO KEEP THAT IN MIND AND SEND US A ONE-PAGER
25 OF SOME IDEAS, THOUGHTS, AND PLACES WHERE WE MAYBE

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1 SHOULD BE AND CAN LIFT MORE BOATS, IF YOU WILL,
2 FRED.

3 DR. FISHER: WOULD IT MAKE SENSE, RATHER
4 THAN SORT OF GETTING RANDOM E-MAILS HERE AND THERE
5 THAT ARE STRUCTURED DIFFERENTLY, IF THERE WERE SOME
6 KIND OF SURVEY, USING SURVEY MONKEY OR SOME TOOL
7 THAT WILL NOT ONLY COLLECT THE DATA IN A UNIFORM
8 WAY, BUT AGGREGATED, AND YOU CAN SEE IT IN A WAY
9 THAT MIGHT BE EASIER TO MANAGE THAN JUST A BUNCH OF
10 E-MAILS COMING TO AN INBOX SOMEWHERE.

11 MS. DURON: THAT'S A GOOD IDEA. I'LL
12 CHECK WITH MARIA B TO SEE WHAT WE CAN DO AND HOW WE
13 CAN DO IT. DOESN'T HAVE TO BE A HUGE SURVEY. MAYBE
14 IT'S THREE OR FOUR QUESTIONS AND JUST GET SOME
15 INPUTS. BUT THANK YOU. THAT'S A GOOD IDEA TOO. I
16 LOVE SURVEYS.

17 CHAIRMAN THOMAS: MARIA.

18 MS. BONNEVILLE: I WAS ACTUALLY GOING TO
19 SUGGEST SOMETHING SIMILAR, THAT WE COULD REACH OUT
20 WITH A SURVEY OR AN E-MAIL ASKING FOR THAT INPUT.
21 IN ADDITION, WE HAVE PARTICIPATED IN THE PAST IN
22 THINGS LIKE THE HUNTINGTON'S GROUP HAS A WALK. THEY
23 OBVIOUSLY AREN'T REPRESENTED ON THE BOARD, BUT WE
24 HAVE BEEN HEAVILY INVOLVED WITH THEIR ORGANIZATION,
25 PARTICIPATED IN THE WALKS. WE'VE DONE THE SAME FOR

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1 VARIOUS PARKINSON'S ORGANIZATIONS. SO THIS IS
2 SOMETHING THAT WE WOULD LOVE TO INCREASE AND GET
3 INTO A BROADER SCALE. IT'S JUST, MUCH TO WHAT
4 YSABEL OFFERED, WOMAN POWER. WE JUST HAVE TO SORT
5 OF FIGURE OUT WHERE WE CAN GEOGRAPHICALLY AND WE CAN
6 GET THAT GOING IN A BIGGER WAY.

7 MS. DURON: I THINK CRITICALLY, MARIA,
8 THAT IT ALIGNS WITH OUR NEED TO REACH THOSE WHO ARE
9 MOST -- HAVE BEEN UNDERREACHED, THOSE AUDIENCES THAT
10 WE ARE REALLY TRYING TO RAISE THEIR AWARENESS OF WHO
11 WE ARE, WHAT WE ARE DOING, AND BRING THEM INTO
12 AWARENESS OF CLINICAL TRIALS AND THE SUPPORT FOR
13 THAT. SO THAT'S ALL VERY CRITICAL.

14 THANK YOU VERY MUCH FOR ALL OF YOUR INPUT.
15 I REALLY APPRECIATE IT. AND FEEL FREE TO REACH BACK
16 TO THE COMMS TEAM. AND THANK YOU VERY MUCH, MARIA
17 B AND KATIE AND KEVIN -- KEVIN AND KEVIN AND ESTEBAN
18 FOR ALL OF YOUR WORK. THANK YOU. BACK TO YOU, J.T.

19 CHAIRMAN THOMAS: THANK YOU VERY MUCH,
20 YSABEL AND EVERYBODY. THAT WAS A GREAT DISCUSSION,
21 TREMENDOUS WORK PRODUCT IN PROGRESS HERE. SO LOOK
22 FORWARD TO HEARING MORE AS THINGS PROGRESS DOWN THE
23 ROAD.

24 WE'VE REACHED NOW THE PUBLIC COMMENT PART
25 OF THE AGENDA WHERE THE PUBLIC CAN SPEAK ON ANY

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1 TOPIC OF INTEREST. MARIA, DO YOU SEE ANY PUBLIC
2 COMMENT OUT THERE?

3 MS. BONNEVILLE: NO.

4 CHAIRMAN THOMAS: OKAY. HEARING NONE, I
5 WOULD BE REMISS IF I DID NOT BEGRUDGINGLY
6 CONGRATULATE THE WARRIORS ON THEIR CHAMPIONSHIP. I
7 WOULD LIKE TO POINT OUT THAT FOR A TWO-WEEK PERIOD
8 ALL OF LOS ANGELES WAS SUPPORTING YOU BECAUSE
9 EVERYBODY HERE HATES THE CELTICS SO MUCH. SO WE
10 WERE VERY MUCH ALIGNED AND WE'RE VERY HAPPY THAT YOU
11 WON. SO CONGRATULATIONS TO THE WARRIORS AND ALL OF
12 YOU WARRIOR FANS OUT THERE.

13 OUR NEXT MEETING, MARIA, IF I'M NOT
14 MISTAKEN, THE FULL BOARD, WE HAVE A JULY 28TH, IS
15 THAT CORRECT, WHICH IS A LITTLE UNUSUAL TO HAVE ONE
16 SO CLOSE TO THIS, BUT WE HAVE A LOT OF THINGS WE'RE
17 TRYING TO GET ACCOMPLISHED THROUGH THE BOARD. WE
18 HAVE INDEED A NUMBER OF SUBCOMMITTEE MEETINGS IN
19 BETWEEN NOW AND THEN. THIS JUST HAPPENS TO BE A
20 VERY BUSY STRETCH AS WE ATTEND TO ALL THE DIFFERENT
21 MATTERS THAT NEED ATTENTION HERE.

22 SO WITH THAT, I WANT TO, MARIA, THANK YOU
23 FOR ALL YOUR HELP AS ALWAYS IN ORGANIZING AND
24 RUNNING THE MEETING HERE. TO EVERYBODY ON THE TEAM,
25 CONTINUED CONGRATULATIONS ON ALL THE GREAT

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1 ACCOMPLISHMENTS. AND TO THE BOARD FOR YOUR
2 TREMENDOUS SUPPORT OF ALL OF THAT. SO WITH THAT, I
3 THINK THAT CONCLUDES TODAY'S BUSY AGENDA AND WE
4 STAND ADJOURNED.

5 (THE MEETING WAS THEN CONCLUDED AT 12:16
6 P.M.)

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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE VIRTUAL PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON JUNE 27, 2022, 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.

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