

BETH C. DRAIN, CA CSR NO. 7152

BEFORE THE
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE AND THE
APPLICATION REVIEW SUBCOMMITTEE
TO THE
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE
ORGANIZED PURSUANT TO THE
CALIFORNIA STEM CELL RESEARCH AND CURES ACT
REGULAR MEETING

LOCATION: 685 GATEWAY BOULEVARD

DATE: JANUARY 26, 2023
9 A.M.

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

FILE NO.: 2023-04

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CLOSED SESSION NONE

14. DISCUSSION OF CONFIDENTIAL INTELLECTUAL
PROPERTY OR WORK PRODUCT, PREPUBLICATION DATA,
FINANCIAL INFORMATION, CONFIDENTIAL SCIENTIFIC
RESEARCH OR DATA, AND OTHER PROPRIETARY INFORMATION
RELATING TO APPLICATIONS SUBMITTED IN RESPONSE TO
AGENDA ITEM 10 AND 11 ABOVE. (HEALTH & SAFETY CODE
125290.30(F) (3) (B) AND (C)).

DISCUSSION ITEMS

15. PRESIDENT'S REPORT	DEFERRED
16. UPDATES FROM THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP - DEFERRED	DEFERRED
17. GENERAL COMMENTS ON ARS PROCESS	NONE
18. PUBLIC COMMENT	NONE
19. SWEARING IN OF THE NEW VICE CHAIR OF THE GOVERNING BOARD/ICOC	109
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JANUARY 26, 2023; 9 A.M.

CHAIRMAN THOMAS: GOOD MORNING, EVERYBODY.
AND WELCOME EVERYBODY TO THE JANUARY 2023 ICOC AND
APPLICATION REVIEW SUBCOMMITTEE MEETING. AS WE
WALKED OUT OF 1999 HARRISON FOLLOWING OUR BOARD
MEETING IN JANUARY OF 2020, I THINK FEW WOULD HAVE
PREDICTED THAT IT WOULD TAKE THREE FULL YEARS TO
RECONVENE, BUT THAT'S WHERE WE ARE. AND WE ARE
DELIGHTED TO HAVE EVERYBODY HERE AND ONLINE FOR THIS
MOST IMPORTANT MEETING WHERE WE WILL SELECT A NEW
CHAIR.

MARIA, WILL YOU PLEASE CALL THE ROLL.
MARIANNE CALL THE ROLL.

MS. BONNEVILLE: PLEDGE OF ALLEGIANCE.

(THE PLEDGE OF ALLEGIANCE.)

CHAIRMAN THOMAS: THANK YOU, MARIA.
PLEASE NOW, MARIANNE OR YOU, PLEASE CALL THE ROLL.
THANK YOU.

MS. BONNEVILLE: HAIFAA ABDULHAQ.

DR. ABDULHAQ: YES.

MS. BONNEVILLE: MOHAMMED ABOUSALEM.

DR. ABOUSALEM: PRESENT.

MS. BONNEVILLE: DAN BERNAL. GEORGE
BLUMENTHAL. MICHAEL BOTCHAN.

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

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

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1 MS. BONNEVILLE: JONATHAN THOMAS.

2 CHAIRMAN THOMAS: HERE.

3 MS. BONNEVILLE: ART TORRES.

4 MR. TORRES: PRESENT.

5 MS. BONNEVILLE: KAROL WATSON. KEITH
6 YAMAMOTO.

7 THANK YOU. WE HAVE A QUORUM.

8 CHAIRMAN THOMAS: THANK YOU, MARIA.

9 GOING TO GO RIGHT INTO THE CHAIR'S REPORT,
10 WHICH IS SHORT AND SWEET. THE MAIN OCCASION HERE,
11 AS I MENTIONED, IS TO ELECT A NEW CHAIR FOR CIRM.
12 BEFORE WE GET INTO THAT, I WANT TO GIVE PROFUSE
13 THANKS TO JUDY FOR CHAIRING THE GOVERNANCE
14 SUBCOMMITTEE, KRISTINA IN ABSENTIA FOR CO-CHAIRING
15 THE GOVERNANCE SUBCOMMITTEE, AND ALL MEMBERS OF THE
16 GOVERNANCE SUBCOMMITTEE WHO SPENT ALMOST THIS ENTIRE
17 YEAR LEADING UP TO THIS MOMENT. IT'S BEEN A HUGE
18 AMOUNT OF WORK, PARTICULARLY FOR JUDY. AND IT, I
19 THINK, HAS PROVEN TO BE VERY EXTREMELY WELL DONE,
20 VERY PROFESSIONAL, HAS LED US TO TWO EXCEPTIONAL
21 CANDIDATES WHOM WE SHALL HEAR FROM TODAY. AND WE
22 WILL THEN MAKE OUR DECISION ON WHO SHALL BE THE NEXT
23 CHAIR.

24 SO WITHOUT FURTHER ADO, WE'RE GOING TO
25 BEGIN TODAY'S PROCESS. KAREN GETMAN, WHO'S JAMES

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1 HARRISON'S PARTNER, IS STUCK IN TRAFFIC AND
2 ORDINARILY WOULD LEAD US INTO CLOSED SESSION BY
3 RECITING THE 15 DECIMAL CODE NUMBER THAT EVERYBODY
4 NEEDS TO REMEMBER AS YOU WILL BE QUIZZED.

5 MS. BONNEVILLE: WE NEED TO DO THE PUBLIC
6 COMMENT OR PUBLIC STATEMENTS FIRST AND THEN GO TO
7 CLOSED SESSION.

8 CHAIRMAN THOMAS: YES. I KNOW THAT. I WAS
9 EXPLAINING WHERE KAREN IS. SHE'S NOT HERE. SO
10 SHE'S GOING TO BE LEADING THAT, WHEN SHE GETS HERE,
11 IF SHE GETS HERE, TO TAKE US INTO CLOSED SESSION.
12 THE FIRST ORDER OF BUSINESS, HOWEVER, WE'LL HEAR
13 FROM BOTH CANDIDATES IN PUBLIC WHO WILL GIVE US AN
14 OPENING STATEMENT AS TO THEIR DESIRE TO BE THE NEXT
15 CHAIR AND THE REASONS THAT THEY FEEL THEY ARE THE
16 BEST CHOICE. AFTER WE FINISH THAT, WE WILL THEN GO
17 INTO CLOSED SESSION AND MEET SEQUENTIALLY WITH EACH
18 OF THE CANDIDATES. AND AFTER THAT TIME, WE WILL
19 COME OUT OF CLOSED SESSION AND VOTE -- THERE'S
20 KAREN -- VOTE ON THE CANDIDATE THROUGH A ROLL CALL
21 VOTE. AND AT THE END OF THAT, WE WILL TALLY UP THE
22 VOTES AND WE WILL, BASED ON THAT VOTE, HAVE A NEW
23 CHAIRPERSON.

24 SO THE FIRST ORDER OF BUSINESS, AGAIN, IS
25 FOR THE OPENING STATEMENTS. WE HAD A COIN TOSS AS

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1 TO WHO GOES FIRST. AS BETWEEN OUR TWO CANDIDATES,
2 DR. VITO IMBASCIANI AND DR. EMILIE MARCUS. DR.
3 IMBASCIANI GOT THE COIN TOSS IN HIS FAVOR. SO HE
4 WILL GIVE HIS OPENING STATEMENT FIRST FOLLOWED BY
5 DR. MARCUS, AND THEN WE WILL GO INTO CLOSED SESSION.

6 SO, DR. IMBASCIANI, WELCOME. PLEASE COME
7 TO THE MICROPHONE AND ADDRESS THE BOARD.

8 DR. IMBASCIANI: GOOD MORNING, MEMBERS OF
9 THE BOARD. I SENSE A FRISSON OF EXCITEMENT IN THE
10 AIR, BUT I THINK IT'S NOTHING TO DO WITH ME. THE
11 FACT THAT YOU'RE ALL MEETING ONE ANOTHER FOR THE
12 FIRST TIME. I SAW A LOT OF HANDSHAKES AND SAY, OH,
13 SO YOU ARE. CONGRATULATIONS. IT'S HARD TO BELIEVE
14 WE'RE STARTING OUR FOURTH YEAR IN THE COVID WORLD
15 NEXT MONTH.

16 SO I'M PLEASED TO ADDRESS YOU TODAY, MY
17 FORMAL REMARKS NOW, ON THE OCCASION OF THIS MEETING
18 OF THE BOARD OF DIRECTORS OF THE INDEPENDENT
19 CITIZENS OVERSIGHT COMMITTEE AS IT FORMALIZES THE
20 PROCESS OF SELECTING A NEW CHAIRMAN OR CHAIRWOMAN
21 FOR THE BOARD. THIS IS THE SECOND HEARING FOR THE
22 MEMBERS OF THE GOVERNANCE SUBCOMMITTEE, BUT I
23 PROMISE YOU I'VE ADDED SOME NEW REMARKS IN AN
24 ATTEMPT TO STAVE OFF ANY SENSE YOU MIGHT HAVE OF
25 DEJA ECOUTE.

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1 IN THE SEVEN WEEKS SINCE THE GOVERNOR AND
2 LIEUTENANT GOVERNOR NOMINATED ME FOR THIS POSITION,
3 I HAVE HAD THE REAL PLEASURE OF MEETING WITH ALMOST
4 EVERY SINGLE MEMBER OF THE BOARD AND WITH SOME
5 MEMBERS' DESIGNATED REPRESENTATIVES. I WAS PLEASSED
6 TO MEET MANY OF YOU IN YOUR OFFICE, YOUR LAB, OR ON
7 YOUR CAMPUS. I'VE ALSO REACHED OUT TO MARIA MILLAN
8 AND A NUMBER OF SENIOR MEMBERS TO THE LEADERSHIP
9 TEAM. I LISTENED ON SOME WORKING GROUPS, AND I'VE
10 SPOKEN ABOUT CIRM WITH PEOPLE OUTSIDE OF CALIFORNIA.
11 THESE CONVERSATIONS HAVE LEFT ME WITH A NUMBER OF
12 VERY STRONG CONVICTIONS REGARDING CIRM, ITS
13 ACCOMPLISHMENTS, AS WELL AS THIS CONTINUING PROMISE.

14 ONE, THAT THE COMBINED BOARD, YOU ALL,
15 REPRESENT AND REFLECT THE PEOPLE OF CALIFORNIA IN
16 ITS INHERENT DIVERSITY; THAT IT REPRESENTS AN
17 IMPRESSIVE ARRAY OF TALENT AND REAL-WORLD
18 EXPERIENCE; AND THAT IT EXHIBITS A VERY REAL SENSE
19 OF MISSION; THAT COMPARED TO OTHER SIMILAR
20 ENTERPRISES, CIRM IS NONPAREIL IN ITS REPERTORY OF
21 SCIENTIFIC AND CLINICAL INVESTIGATIONS AND ITS
22 ABILITY TO FUND BOTH; THAT IT HAS ASSEMBLED A HIGHLY
23 TALENTED EXECUTIVE MANAGEMENT TEAM; THAT ITS
24 FINANCES ARE WELL MANAGED; AND THAT IT IS ACTIVELY
25 SATISFYING THE MANDATE GIVEN BY THE CITIZENS OF

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1 CALIFORNIA WHO CREATED IT.

2 THROUGH ITS RESEARCH PROJECTS AND CLINICAL
3 TRIALS, I BELIEVE CIRM IS NOW POSITIONED TO ADVANCE
4 THE PROMISE OF THE AMELIORATION OF DISEASE MORE
5 CONSISTENTLY ACROSS THE DIVERSE POPULATIONS OF OUR
6 STATE.

7 WITH THE CONTEMPORANEOUS SELECTION OF A
8 NEW CHAIR AND VICE CHAIR, IT IS BY ALMOST ANY
9 DEFINITION AT AN INFLECTION POINT, CIRM IS, IN ITS
10 HISTORY THAT IN SOME WAYS, IF YOU WILL FORGIVE THE
11 ROUGH ANALOGY, PARALLELS THE THREE PHASES OF
12 DEVELOPMENT AND TESTING OF A NOVEL THERAPEUTIC.
13 DURING PHASE 1, ENCOMPASSING ITS EARLY YEARS, CIRM
14 HAD TO FEND OFF LAWSUITS THAT THREATENED ITS VERY
15 EXISTENCE. PHASE 2 SAW THE DEVELOPMENT OF PROOF OF
16 CONCEPT EMERGE FROM THE BASIC SCIENCE PROJECTS IT
17 SUPPORTED. AND NOW CIRM IS AT THE THRESHOLD OF
18 PHASE 3 WHERE IT IS SCRUTINIZING SOME OF THE NOVEL
19 THERAPEUTICS IT HAS HELPED TO DEVELOP BY SUBJECTING
20 THEM TO THE RIGORS OF ADVANCED CLINICAL TESTING.

21 FOR EXAMPLE, LAST WEEK AT THE MEETING OF
22 THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP,
23 WE WERE GIVEN AN INSPIRING PROGRESS REPORT ON SEVEN
24 TRIALS THAT HAD SECURED RMAT DESIGNATION. WE HEARD,
25 AMONG OTHER, OF THE MOTHER WITH RETINITIS PIGMENTOSA

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1 NOW ABLE FOR THE FIRST TIME TO SEE HER CHILD AFTER A
2 SINGLE INJECTION OF HUMAN RETINAL PROGENITOR CELLS,
3 AND OF THE BABY DIAGNOSED WITH SPINA BIFIDA WHO HAD
4 DURAL STEM CELLS TRANSPLANTED DURING IN UTERO
5 SURGERY ABLE TO MOVE HER LEGS AT BIRTH.

6 I THINK IT WAS VICE CHAIR TORRES WHO
7 REMARKED THAT HE WAS BROUGHT TO TEARS BY THE SIGHT
8 OF ONE CHILD WHO NOW HAD THE PROMISE OF A NORMAL
9 LIFE AHEAD OF HER. AND THAT REMARK, ART, BROUGHT ME
10 BACK TO WHAT WAS FOR ME THE SADDEST DAY IN MEDICAL
11 SCHOOL, AN AFTERNOON SPENT IN THE CYSTIC FIBROSIS
12 CLINIC, WHICH LEFT ME TEARY EYED WITH A PROFOUND
13 SENSE OF HELPLESSNESS. BUT NOW, LISTENING TO
14 MEMBERS OF THE BOARD AND THE WORKING GROUPS DESCRIBE
15 THE WORK BEING SUPPORTED BY CIRM GRANTS, I CAN
16 IMAGINE FUTURE CLINICS WHERE JUST POSSIBLY THOSE
17 TEARS WILL BE THOSE OF JOY.

18 THESE ARE JUST TWO EXAMPLES, BUT THEY
19 SUFFICE TO DEMONSTRATE THE PROMISE OF BASIC
20 REGENERATIVE SCIENCE AND TO INSPIRE THE LAY PUBLIC
21 TO SEE, EVEN IN THESE EARLY CLINICAL TRIALS, THE
22 BURGEONING PROMISE OF REGENERATIVE THERAPY.

23 I'M NOT GOING TO REHEARSE HERE THE DETAILS
24 OF MY CV. YOU CAN SEE, YOU CAN READ IT. YOU SEE
25 THAT I HAVE LIVED A LIFE OF SERVICE, NOT OSTENSIBLY

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1 ONE OF DISCOVERY, BUT LIFE IS FULL OF SURPRISES.
2 AND I HAVE MANAGED TO MAKE A FEW DISCOVERIES ALONG
3 THE WAY. MY CAREER IN MEDICINE, WHICH STARTED IN
4 THE CLINIC AND THE OPERATING ROOM, AS IT DOES FOR
5 MANY, THEN RANGED FROM CIVILIAN HOSPITALS IN LOS
6 ANGELES TO MILITARY HOSPITALS IN THE MIDDLE EAST AND
7 GERMANY, ALWAYS TREATING ONE PATIENT AT A TIME.

8 EARLY ON I BECAME INTERESTED IN WORKING TO
9 IMPROVE THE HEALTH AND INCREASE THE ACCESS TO
10 HEALTHCARE OF THE EVER LARGER COMMUNITIES IN WHICH I
11 LIVE AND SERVE, WHICH LED ME TO SEEK LEADERSHIP
12 POSITIONS WITHIN MY MEDICAL GROUP AND IN THE HOUSE
13 OF MEDICINE. THOSE POSITIONS OF RESPONSIBILITY
14 WITHIN ORGANIZED MEDICINE, MILITARY MEDICINE, AND
15 STATE GOVERNMENT HAVE GIVEN ME A MORE SOPHISTICATED
16 UNDERSTANDING OF THE METHODS BY WHICH POSITIVE AND
17 LASTING CHANGE, WHETHER IN INDIVIDUAL LIVES OR IN
18 THE LARGER SOCIETY, CAN BE EFFECTIVE. IT'S ALSO
19 ALLOWED ME TO OBSERVE THE CHARACTERISTICS OF HIGHLY
20 FUNCTIONING BOARDS AS WELL AS THOSE THAT FLOUNDER.
21 AND I WOULD BRING THIS EXPERIENCE TO THE POSITION OF
22 CHAIRMAN OF THE CIRM BOARD.

23 I SEE THE BOARD CHAIR SHOULD PLAY SEVERAL
24 ROLES. THE CHAIR SHOULD ACTIVELY MODEL THE
25 ATTRIBUTES OF AN IDEAL BOARD MEMBER, ESPECIALLY

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1 THOSE OF DILIGENCE AND LOYALTY TO THE BOARD; SHOULD
2 REINFORCE GOOD GOVERNANCE BY INSISTING ON
3 COLLEGIALITY, INCLUSION, AND TRANSPARENCY; SHOULD
4 ENCOURAGE EVERY MEMBER OF THE BOARD, REGARDLESS OF
5 THE CONSTITUENCY THEY REPRESENT, TO FEEL THAT THEIR
6 VOICE IS NECESSARY; SHOULD PARTICIPATE ACTIVELY WITH
7 THE STAFF AND WORKING GROUPS THE BETTER TO REALIZE
8 OUR STRATEGIC PLAN; SHOULD PROMOTE POLICY
9 DISCUSSIONS AS THEY ARISE AND WORK TO STRENGTHEN THE
10 FINANCIAL STABILITY OF CIRM; SHOULD SEE THAT
11 QUESTIONS RAISED AT ONE BOARD MEETING ARE ANSWERED
12 AT THE NEXT; AND, LASTLY, THE CHAIR SHOULD LEAD THE
13 BOARD IN IMAGINING TOGETHER WHERE CIRM WILL AND
14 SHOULD BE TEN YEARS FROM NOW.

15 I THINK IT'S PRESUMPTUOUS FOR ME TO
16 REHEARSE HERE A LIST OF THINGS THAT I WOULD DO
17 DIFFERENTLY. IT WILL TAKE SOME TIME TO LEARN THE
18 WORKING CULTURE OF THE LEADERSHIP TEAM AND THE BOARD
19 AND ITS MANY COMMITTEES AND WORKING GROUPS.

20 ONE AREA THAT SHOULD EARLY ON OCCUPY THE
21 NEW CHAIR'S ATTENTION IS THAT OF OUR FUNDING SYSTEM
22 AND OUR FUNDING STREAM. CIRM SUPPORTS BASIC STEM
23 CELL RESEARCH AND CLINICAL TRIALS WITH MONEY RAISED
24 BY THE SALE OF BONDS. SO THE RECENT DEVELOPMENTS IN
25 SACRAMENTO AND WASHINGTON, D.C., MUST BE UNDERSTOOD

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1 BY THE BOARD. YOU ARE AWARE, NO DOUBT, THAT THE
2 GOVERNOR'S, MY BOSS, THE GOVERNOR'S 2023/24 BUDGET
3 PROJECTS A DEFICIT OF WELL OVER \$20 BILLION DUE
4 PRIMARILY TO FALLING INCOME TAX AND CAPITAL GAINS
5 RECEIPTS AND THAT, AT LEAST PRESENTLY, CALIFORNIA
6 HAS NO INTENTION OF MAKING UP THAT SHORTFALL BY
7 TAPPING INTO THE STATE'S RAINY DAY FUND, PREFERRING,
8 RATHER, TO HOLD OFF ON THAT IN CASE THINGS TURN OUT
9 LATER THIS YEAR TO BE EVEN WORSE THAN CURRENT
10 PROJECTIONS.

11 AN INTERIM FIX WOULD BE TO MAKE UP THAT
12 SHORTFALL BY THE SALE OF STATE BONDS TO MAKE SURE
13 THAT THE GENERAL FUND IS ADEQUATE TO PAY ALL ITS
14 BILLS. AT THE SAME TIME ACROSS THE COUNTRY AND
15 WASHINGTON, D.C., WORRY IS ALREADY GROWING ABOUT HOW
16 CONGRESS WILL HANDLE THE DEBT CEILING. INSTABILITY
17 AT THE FEDERAL LEVEL COULD NEGATIVELY IMPACT
18 CALIFORNIA BY INCREASING THE FEDERAL BURDEN ON THE
19 STATE. THE DECREASE IN BOND RATINGS FROM AAA DOWN
20 TO AA, FOR EXAMPLE, WHICH IS EXACTLY THE SITUATION
21 THIS BOARD FOUND ITSELF IN ELEVEN YEARS AGO WHEN YOU
22 SELECTED YOUR PRESENT CHAIR AND VICE CHAIR, PUTS
23 ADDITIONAL PRESSURE ON THE STATE BY INCREASING THE
24 INTEREST THE STATE PAY ON THOSE BONDS, THEREBY
25 REDUCING AVAILABLE DOLLARS FOR OTHER NEEDS. ADD TO

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1 THAT THE UNDERSTANDING THAT THE STATE IS LIMITED BY
2 HOW MUCH IT CAN BORROW BY FEDERAL TAX LAW. THIS ALL
3 TRANSLATES INTO A POTENTIALLY DIFFICULT SITUATION
4 FOR CIRM IN THE SHORT TERM.

5 CIRM IS NOT IMMUNE FROM THE ADVERSE
6 EFFECTS OF THESE DOWNWARD PRESSURES. CIRM SUPPORTS
7 RESEARCH THROUGH THE RELEASE OF TAXABLE BONDS. I
8 UNDERSTAND THAT YOUR INFRASTRUCTURE BONDS ARE
9 NONTAXABLE, BUT BY AND LARGE TAXABLE BONDS, WHILE
10 STATE BONDS ARE TYPICALLY NONTAXABLE AND ARE BUNDLED
11 TOGETHER BY THE TREASURER'S OFFICE FOR SALE ABOUT
12 TWICE A YEAR.

13 IN SHORT, WHAT I'M SAYING IS THAT CIRM'S
14 SLICE OF THE BOND PIE, IF YOU WILL, MUST BE SECURED.
15 A RELIABLE AND PREDICTABLE FUNDING STREAM IS CRUCIAL
16 TO CIRM'S SUSTAINABILITY. THE RECESSION OF 2009
17 CAUSED SUCH CONSTRAINT ON THE STATE'S BOND CAPACITY,
18 IT LED DIRECTLY TO CUTBACKS WITHIN CIRM OF BASIC
19 SCIENCE PROJECT FUNDING. EVERYONE ON THIS BOARD
20 DOUBTLESS REALIZES THE DAMAGE THAT INTERRUPTED
21 FUNDING CAN DO TO MAINTAINING THE NECESSARY
22 CONTINUITY OF BOTH OUR RESEARCH TEAM AND OUR
23 CLINICAL TRIALS.

24 SO IT'S WITH AN EYE ON THE TIME
25 SENSITIVITY OF OUR BOND FUNDING THAT I MAKE THIS

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1 SUGGESTION: THAT THE NEW BOARD ELECT SHOULD, EVEN
2 BEFORE BEING SWORN IN, WITH THE PERMISSION OF THE
3 BOARD, BEGIN CONVERSATIONS WITH THE DEPARTMENT OF
4 FINANCE, THE TREASURER'S OFFICE, AND THE STATE'S
5 BOND LAWYERS WITH AN AIM OF GETTING A HEAD START ON
6 THE JUNE BOND SALE BY AN EARLIER OFFERING OF OUR
7 TAXABLE BONDS.

8 MOVING ON TO MORE GENERAL ITEMS, I ASK
9 MYSELF SOME QUESTIONS, ISSUES THAT I WOULD LIKE TO
10 LEARN MORE ABOUT FROM YOU BEYOND WANTING TO REVIEW
11 WHAT HAS ALREADY BEEN ACCOMPLISHED WITH THE RESEARCH
12 FUNDS ALREADY EXPENDED TO DATE.

13 FOR EXAMPLE, ONE, WHAT IS THE IDEAL NUMBER
14 OF CLINICAL TRIALS FOR CIRM TO SUPPORT? IN OTHER
15 WORDS, WHAT IS TOO MANY OR WHAT IS TOO FEW?

16 HOW DO WE APPROACH THE CHALLENGE OF
17 FUNDING EXPENSIVE TREATMENTS FOR RARE DISEASES?

18 WHAT SHOULD BE THE BALANCE IN TERMS OF
19 NUMBER OF PROJECTS AND IN DOLLARS BETWEEN BASIC
20 DISCOVERY WORK AND CLINICAL TRIALS?

21 HOW DO WE BRIDGE THE FUNDING GAP IN THE
22 THREE CLINICAL PHASES?

23 SHOULD WE HAVE A BOARD RETREAT TO DISCUSS
24 THE STRATEGIC PLAN?

25 SHOULD WE CREATE A TASK FORCE TO CONSIDER

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1 THE NEURODEGENERATIVE DISEASES MANDATE OF PROP 14?
2 WHEN I SAY NEURODEGENERATIVE, I'M USING SHORTHAND
3 FOR NEUROPSYCHIATRIC, NEURODEVELOPMENTAL, INCLUDING
4 PEDIATRIC POPULATION, AND EVEN NEUROMUSCULAR
5 DISEASES.

6 DO WE NEED TO LOOK AT THE DISTRIBUTION OF
7 BOARD MEMBERS' WORK, ESPECIALLY THE PATIENT
8 ADVOCATES ON THE REVIEW COMMITTEES?

9 SHOULD WE OPEN A SATELLITE OFFICE IN
10 SOUTHERN CALIFORNIA THAT WOULD STRENGTHEN OUR
11 CLINICAL TRIALS BY HELPING WITH LOCAL RECRUITMENT
12 AND RETENTION OF PATIENTS AND WOULD AUGMENT OUR
13 DIVERSITY AND OUTREACH EFFORTS AT A MORE LOCAL
14 LEVEL?

15 WHAT IS THE IDEAL SIZE OF CIRM'S
16 WORKFORCE?

17 DOES CIRM NEED TO CREATE MORE
18 OPPORTUNITIES FOR SCIENCE GRADUATES TO DIRECTLY
19 ENTER CIRM PROJECTS?

20 HOW IMPORTANT IS PROFITABLE REIMBURSEMENT
21 FOR THE CAR T INPATIENT AND OUTPATIENT SITES?

22 HOW CAN MORE CALIFORNIANS LEARN ABOUT OUR
23 ACCOMPLISHMENTS TO DATE SO THAT THE PROMISE OF HOPE
24 THAT IS IMPLICIT IN CIRM'S WORK CAN BE IMAGINED BY
25 ALL COMMUNITIES ACROSS OUR STATE?

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1 THAT WAS 12 QUESTIONS. I'M GOING TO ROUND
2 IT OUT WITH A PERFECT BAKER'S DOZEN. NO. 13, REALLY
3 IMPORTANT, SHOULD PRINCIPAL INVESTIGATORS COMMIT 5
4 PERCENT OF THEIR TIME OR 10 PERCENT OF THEIR TIME?
5 OH, WAIT. SCRATCH IT. THAT'S BEEN ANSWERED. I
6 LISTENED.

7 SUMMING UP, I SEE MYSELF NOT AS AN
8 ACTIVIST, BUT AS SOMEBODY WHO'S GOING TO BE ACTIVELY
9 INVOLVED IN ALL ASPECTS OF CIRM'S WORK FROM POLICY
10 DEVELOPMENT TO ACTIVE PARTICIPATION IN THE WORK OF
11 THE WORKING GROUPS, FROM BRINGING POLICY INITIATIVES
12 TO THE BOARD, TO COMMUNICATING COGENTLY WITH THE
13 PUBLIC. I'M COMING DIRECTLY FROM AN ENVIRONMENT
14 THAT EMPHASIZES INCLUSION AND EQUITY, ACCESS AND
15 DIVERSITY IN EVERY PROGRAM I ADMINISTER FROM HIRING
16 TO THE DISTRIBUTION OF GOVERNMENT SERVICES TO THE
17 CITIZENS OF OUR STATE. AND I WOULD CERTAINLY
18 CONTINUE THAT EMPHASIS AND LOOK FOR WAYS TO EXPAND
19 IT.

20 I WANT TO THANK DR. GASSON FOR THE
21 WONDERFUL HOSPITALITY AND FOR THE CARE SHE TOOK IN
22 GUIDING THIS PROCESS THAT LED TO THIS DAY AND HER
23 COMMITTEE MEMBERS. I WANT TO THANK GOVERNOR NEWSOM
24 AND LIEUTENANT GOVERNOR KOUNALAKIS FOR THEIR TRUST
25 IN ME. I ALSO WANT TO THANK TREASURER MA AND

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1 CONTROLLER YEE FOR BRINGING FORWARD AS THEIR NOMINEE
2 A MOST DISTINGUISHED SCIENTIST, WRITER, AND
3 EDUCATOR, DR. MARCUS, WHO HAS DEDICATED HER LIFE TO
4 ADVANCING SCIENCE AND PREPARING THE NEXT GENERATION
5 OF PRACTITIONERS AND RESEARCHERS.

6 AND SO WITH THAT, THANK YOU FOR YOUR
7 ATTENTION TODAY AND FOR THE VERY WARM RECEPTION YOU
8 HAVE ALL GIVEN ME AS I MADE MY ROUNDS UP AND DOWN
9 THE STATE TO MEET WITH YOU. YOU HAVE MY RESPECT AND
10 MY GRATITUDE FOR THE SEMINAL WORK THAT YOU DO IN
11 BRINGING THE PROMISE OF PROP 71 AND 14 AND THE HOPES
12 OF OUR FELLOW CITIZENS CLOSER TO REALITY. THANK YOU
13 VERY MUCH.

14 CHAIRMAN THOMAS: THANK YOU, DR.
15 IMBASCIANI. WE WILL NEXT HEAR FROM OUR SECOND
16 CANDIDATE, DR. EMILIE MARCUS.

17 DR. MARCUS: SO THANK YOU ALL FOR GIVING
18 ME THIS OPPORTUNITY TO TELL YOU ABOUT MY INTEREST IN
19 AND QUALIFICATIONS FOR THIS IMPORTANT ROLE. THANK
20 YOU TO THE BOARD MEMBERS HERE IN THE ROOM AND THOSE
21 JOINING US BY ZOOM AND ALSO TO MEMBERS OF THE
22 PUBLIC, WHO ARE JOINING US REMOTELY, FOR THEIR
23 INTEREST IN CIRM AND WHAT ITS GOALS ARE.

24 I HAVE ENJOYED MEETING WITH YOU
25 INDIVIDUALLY OVER THE LAST THREE MONTHS AND GETTING

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1 TO KNOW EACH OF YOU A LITTLE BIT AND LEARNING ABOUT
2 CIRM. SO I WILL START WITH THE FIRST QUESTION THAT
3 EVERYONE HAS ASKED ME. WHY AM I INTERESTED IN THIS
4 ROLE?

5 THERE ARE THREE MAIN REASONS. THE FIRST
6 IS THE MISSION OF CIRM. MY ENTIRE PROFESSIONAL LIFE
7 HAS BEEN DEDICATED TO BIOMEDICAL RESEARCH AND THE
8 CAPACITY TO BRING POSITIVE IMPACT FOR SOCIETY. AND
9 THAT INCLUDES DIVERSITY IN RESEARCH AND EQUITABLE
10 ACCESS TO EDUCATION AND HEALTHCARE. COVID AND CAR T
11 THERAPIES ARE TWO SHINING EXAMPLES OF HOW IT WILL BE
12 SCIENCE THAT SAVES THE WORLD, AND ALL OF THE
13 CHALLENGES THAT WE HAVE SEEN ASSOCIATED WITH THAT,
14 INCLUDING EQUITY OF ACCESS.

15 I MADE THE TRANSITION TO UCLA AS AN
16 ACADEMIC MEDICAL CENTER TO BE CLOSER TO HEALTHCARE
17 AND A PATIENT POPULATION AND TO REALLY BE ABLE TO
18 DRIVE THE CONNECTION BETWEEN RESEARCH AND SOCIETY.

19 THE SECOND IS THAT I BELIEVE WE HAVE AN
20 ETHICAL AND FISCAL RESPONSIBILITY TO ENSURE THE
21 MONEY IS WELL SPENT AND DELIVERS REAL VALUE TO
22 CALIFORNIANS. AND THIS HIGHLIGHTS THE IMPORTANCE OF
23 THINKING STRATEGICALLY.

24 AND THE THIRD IS THE HONOR AND PRIVILEGE
25 OF SUPPORTING THE WORK OF SUCH AN ACCOMPLISHED,

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1 DISTINGUISHED, AND DIVERSE BOARD AND THE LEADERSHIP
2 AND STAFF OF CIRM.

3 SO LET ME TELL YOU BRIEFLY ABOUT MY
4 PROFESSIONAL BACKGROUND. I RECEIVED MY PH.D. IN
5 NEUROSCIENCE FROM YALE WORKING ON MECHANISMS OF
6 LEARNING AND MEMORY IN THE BRAIN. FOLLOWING THAT, I
7 DID RESEARCH FOR A NUMBER OF YEARS AT THE SALK
8 INSTITUTE AND UCSD AND HAVE PUBLISHED SEVERAL PEER
9 REVIEW ARTICLES. I THEN HAD 20 YEARS IN PUBLISHING
10 WITH THE LAST 15 AS EDITOR IN CHIEF OF THE PREMIERE
11 JOURNAL ON BIOMEDICAL RESEARCH *CELL* WHERE I BUILT
12 RELATIONSHIPS WITH LEADING SCIENTISTS GLOBALLY AND
13 MADE DECISIONS ON WHAT RESEARCH *CELL* WOULD PUBLISH,
14 INCLUDING DR. YAMANAKA'S FIRST TWO MANUSCRIPTS ON
15 INDUCED PLURIPOTENT STEM CELLS IN MICE AND HUMANS.

16 JUST TO GIVE YOU A SENSE OF THAT ROLE,
17 *CELL* RECEIVES ABOUT 250 MANUSCRIPTS PER MONTH FROM
18 AUTHORS HIGHLY MOTIVATED TO PUBLISH THEIR WORK IN
19 THE JOURNAL. AND AS EDITOR IN CHIEF, I HAD
20 RESPONSIBILITY TO SELECT THE 20 TO 25 OF THOSE THAT
21 WOULD HAVE THE BIGGEST IMPACT, INCLUDING THOSE WHO
22 IDENTIFIED NEW THERAPEUTIC TARGETS FOR A BROAD
23 SPECTRUM OF DISEASES.

24 I ALSO WAS DEEPLY INVOLVED IN THE
25 PARTNERSHIP WITH ISSCR TO LAUNCH *CELL STEM CELL*.

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1 FOR THE LAST SEVEN YEARS OF MY TIME AT *CELL PRESS*, I
2 WAS BOTH EDITOR IN CHIEF AND CEO. TO PREPARE FOR
3 THE ROLE OF CEO, THE COMPANY SPONSORED ME FOR AN
4 EXECUTIVE MBA PROGRAM AT HARVARD BUSINESS SCHOOL.
5 LEADING A GLOBAL TEAM OF 140 PEOPLE AND A
6 MULTIMILLION DOLLAR TOP LINE SUCCESSFULLY THROUGH
7 WHAT WAS INARGUABLY THE BIGGEST PERIOD OF CHANGE IN
8 SCIENTIFIC PUBLISHING REQUIRED, THAT I HAVE A
9 SHARPLY HONED AND EXECUTED STRATEGIC PLAN. I'M
10 PROUD TO SAY THAT FOR THOSE SEVEN YEARS *CELL PRESS*
11 GREW BOTH IN QUALITY AND IN REVENUE YEAR ON YEAR AND
12 EXPANDED BEYOND BIOMEDICINE TO PUBLISH ITS PHYSICAL
13 SCIENCES JOURNAL *CHEM*.

14 IN 2018 I WAS RECRUITED TO UCLA BY THE
15 DEAN OF THE MEDICAL SCHOOL AS EXECUTIVE STRATEGY
16 OFFICER AND THEN WAS PROMOTED TO SENIOR ASSOCIATE
17 DEAN OF STRATEGY.

18 IN MY CURRENT ROLE, I'M RESPONSIBLE FOR
19 THE DEVELOPMENT AND IMPLEMENTATION OF THE DAVID
20 GEFFEN SCHOOL OF MEDICINE'S STRATEGIC PLAN AND HAVE
21 PARTNERED WITH THE CHAIRS OF THE DEPARTMENT OF
22 MEDICINE, NEUROLOGY, AND PEDIATRICS, THE DIRECTOR OF
23 THE JOHNSON COMPREHENSIVE CANCER CENTER, THE
24 DIRECTOR OF THE CTSI, AND THE LEADER OF THE
25 NEUROSCIENCE TEAM ON THE DEVELOPMENT OF THEIR

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1 STRATEGIC PLANS.

2 I HAVE WORKED CLOSELY WITH THE VICE DEAN
3 OF JEDI, JUSTICE, EQUITY, DIVERSITY, AND INCLUSION,
4 ON THE ANTI-RACISM ROAD MAP AND JEDI STRATEGIC PLANS
5 TO ADDRESS DIVERSITY IN EDUCATION, RESEARCH, AND
6 PATIENT CARE AND HEALTH INEQUITIES, AND WAS A MAJOR
7 CONTRIBUTOR TO THE CREATION OF THE CULTURAL NORTH
8 STAR GOALS FOR ORGANIZATIONAL CULTURE.

9 I WAS ALSO ON THE LEADERSHIP TEAM FOR THE
10 PIVOT TO COVID FUNDING AND RESEARCH. I HAVE CHAIRED
11 A NUMBER OF LEADERSHIP SEARCHES AND SERVE ON MANY
12 LEADERSHIP COMMITTEES. I AM AN EVALUATOR FOR
13 INTERNAL SEED GRANTS APPLICATION FOR THE TECHNOLOGY
14 DEVELOPMENT GROUPS, COMMERCIAL PITCHES, AND HAVE LED
15 SEVERAL INTERDEPARTMENTAL COLLABORATION PROJECTS.

16 SO WHAT DO I BRING TO THIS ROLE? I
17 BELIEVE I HAVE A UNIQUE TRIUMVIRATE OF SKILLS.
18 FIRST OFF, I BRING A VERY BROAD VIEW OF THE
19 BIOMEDICAL RESEARCH LANDSCAPE, INCLUDING STEM CELLS
20 AND REGENERATIVE MEDICINE, BUT ALSO ALL THE AREAS
21 THAT FEED INTO AND INFORM OUR UNDERSTANDING OF STEM
22 CELLS. THIS IS COUPLED WITH STRONG ORGANIZATIONAL
23 LEADERSHIP SKILLS, INCLUDING THE ABILITY TO BUILD
24 RELATIONSHIPS WITH PEOPLE WITH VERY DIFFERENT
25 BACKGROUNDS AND INTERESTS, TO INSPIRE AND EMPOWER

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1 PEOPLE, TO COMMUNICATE POWERFULLY AND CLEARLY, AND
2 THE FINANCIAL ACUMEN TO MANAGE A BUDGET.

3 THE THIRD CORNER OF THE TRIUMVIRATE IS THE
4 STRATEGIC MIND-SET, ALWAYS KEEPING MY EYE ON THE
5 HORIZON TO MAKE SURE THE ORGANIZATION IS POSITIONED
6 TO BE SUCCESSFUL IN A CONSTANTLY EVOLVING ECOSYSTEM.
7 I ALSO HAVE A DEEP COMMITMENT TO EQUITY, DIVERSITY,
8 AND INCLUSION. AS A CAREER LONG ADVOCATE FOR GENDER
9 EQUITY, A CONTRIBUTOR TO THE DAVID GEFFEN SCHOOL OF
10 MEDICINE ANTI-RACISM ROAD MAP AND THE JEDI STRATEGIC
11 PLAN, AND WORKING WITH COLLEAGUES AT UCLA ON
12 COMMUNITY ENGAGEMENT AND HEALTH OUTCOMES RESEARCH.

13 I HAVE BOARD EXPERIENCE LEADING THE
14 EDITORIAL BOARD OF 85 SCIENTISTS AND AS A MEMBER OF
15 THE ELSIVIER FOUNDATION BOARD. AND I HAVE SKILLS IN
16 CHAIRING MEETINGS OF DIVERSE PERSPECTIVES, ENSURING
17 THAT EVERYONE HAS A CHANCE TO PARTICIPATE AND BE
18 HEARD.

19 WITH MY GLOBAL NETWORK OF LEADING
20 SCIENTISTS AND MY REPUTATION AND RESPECT IN THE
21 COMMUNITY, APPOINTING ME AS A BOARD CHAIR WOULD
22 BRING A LOT OF VISIBILITY AND EXCITEMENT TO THE
23 PERCEPTION OF CIRM.

24 FINALLY AND PERHAPS MOST IMPORTANTLY, I
25 HAVE THE SKILLS I WILL NEED TO LISTEN AND LEARN IN

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1 THIS ROLE. I HAVE MOVED INTO NEW CONTEXTS IN MANY
2 CAREER TRANSITIONS AND HAVE REPEATEDLY GARNERED
3 RESPECT AND BUILT SUCCESSFUL RELATIONSHIPS WITH NEW
4 CONSTITUENTS.

5 SO WHAT WOULD BE MY IMMEDIATE AND
6 LONG-TERM GOALS AS BOARD CHAIR? FIRST OFF, I WANT
7 TO TAKE SOME TIME GETTING TO KNOW ALL OF YOU AND THE
8 ORGANIZATION, INCLUDING MARIA MILLAN AND THE STAFF,
9 AND LEARNING WHAT IS IMPORTANT TO EACH OF YOU. THEN
10 I THINK IT WILL BE IMPORTANT FOR ME TO BUILD STRONG
11 RELATIONSHIPS WITH GOVERNOR NEWSOM AND HIS OFFICE
12 AND THE STATE LEGISLATURES AS SOON AS POSSIBLE AND
13 IN PARTNERSHIP WITH MARIA BONNEVILLE. I WANT TO DIG
14 IN TO UNDERSTAND THE WORK OF THE AFFORDABILITY AND
15 ACCESS WORKING GROUP, THE ALPHA CLINICS, THE
16 COMMUNITY CENTERS OF EXCELLENCE, AND THE SPARK AND
17 BRIDGES PROGRAMS AND HOW CIRM CAN BEST APPROACH THE
18 CRITICAL IMPERATIVE OF EDUCATION AND HEALTH EQUITY.

19 I WILL SPEND SOME TIME TRAVELING AROUND
20 THE STATE TO UNIVERSITIES, COMMUNITY COLLEGES, AND
21 PATIENT ADVOCACY GROUPS TO LISTEN AND ENSURE THAT
22 CIRM ENGAGES WITH AND REPRESENTS THE FULL BREADTH OF
23 INTEREST RELATED TO STEM CELL RESEARCH AND THE
24 POTENTIAL OF REGENERATIVE MEDICINE.

25 IT ALSO LEADS INTO ANOTHER PRIORITY FOR

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1 ME, COMMUNICATION ABOUT THE GREAT WORK THAT CIRM IS
2 SUPPORTING. FROM MY DAYS IN PUBLISHING, I HAVE
3 DEVELOPED SKILLS TO ENGAGE NONSCIENTISTS IN SCIENCE
4 AND TO EXPLAIN COMPLEX SCIENCE IN AN ACCESSIBLE WAY.
5 MY ASPIRATIONAL GOAL IS THAT CIRM BECOMES A
6 HOUSEHOLD NAME THROUGHOUT CALIFORNIA. TO MAP OUT A
7 STRATEGY FOR BOARD DISCUSSIONS FOR THE YEAR, I WILL
8 REQUEST AGENDA ITEMS THAT EACH OF YOU WOULD LIKE TO
9 SEE ADDRESSED. I WOULD ALSO LOOK TO COLLABORATE
10 WITH MARIA MILLAN AND THE BOARD IN DEVELOPING A PLAN
11 FOR MAXIMAL IMPACT OF THE FUNDS THAT HAVE BEEN
12 EARMARKED FOR NEUROSCIENCE AND ADDRESSING THE
13 OVERWHELMING BURDEN OF MENTAL HEALTH THROUGHOUT THE
14 STATE.

15 TO WRAP UP, I'M CONFIDENT THAT I BRING THE
16 COMMITMENT, THE PASSION, PEOPLE SKILLS, LEADERSHIP
17 ABILITY, AND SCIENTIFIC INSIGHT TO BE A STRONG
18 STEWARD AND AMBASSADOR FOR THE TAXPAYERS' INVESTMENT
19 IN THE MISSION OF CIRM. THANK YOU.

20 CHAIRMAN THOMAS: THANK YOU, DR. MARCUS.

21 SO OUR NEXT STEP, AS I DESCRIBED, IS WE'RE
22 GOING TO RETIRE INTO CLOSED SESSION TO INTERVIEW
23 EACH OF THE CANDIDATES IN SEQUENCE. AND TO LEAD US
24 INTO THERE, WELCOME KAREN GETMAN, WHO IS OUR OUTSIDE
25 COUNSEL, WHO'S SO SKILLFULLY GUIDED THE GOVERNANCE

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1 SUBCOMMITTEE THROUGH MONTHS OF WORK, IF YOU COULD
2 TELL US ON WHAT BASIS WE ARE GOING INTO CLOSED
3 SESSION, AND WE'LL PROCEED FROM THERE.

4 MS. GETMAN: THANK YOU, CHAIR THOMAS. WE
5 ARE GOING INTO CLOSED SESSION PURSUANT TO GOVERNMENT
6 CODE 11126(A) AND HEALTH AND SAFETY CODE SECTION
7 125290.30(F)(3)(D) FOR A DISCUSSION OF PERSONNEL
8 AND, IN PARTICULAR, INTERVIEWS AND CONSIDERATION OF
9 THE NOMINEES FOR CHAIR AND THE RECOMMENDATION
10 REGARDING THE START DATE FOR THE CHAIR.

11 CHAIRMAN THOMAS: THANK YOU. SO WE NEED
12 TO HAVE ALL FOLKS WHO ARE NOT GOING TO BE IN THIS
13 CLOSED SESSION IF YOU SO KINDLY PLEASE LEAVE THE
14 ROOM AT THIS POINT.

15 (THE BOARD THEN WENT INTO CLOSED
16 SESSION, NOT REPORTED NOR HEREIN TRANSCRIBED. AT
17 THE CONCLUSION OF THE CLOSED SESSION, THE FOLLOWING
18 WAS THEN HEARD IN OPEN SESSION.)

19 CHAIRMAN THOMAS: OKAY. COULD WE GET
20 EVERYBODY BACK PLEASE. MARIA, DO WE HAVE EVERYBODY
21 BACK ON AS FAR AS WE CAN TELL?

22 MS. BONNEVILLE: IF THOSE OF YOU ON ZOOM
23 COULD TURN YOUR CAMERAS ON SO WE CAN SEE IF EVERYONE
24 IS BACK. I THINK WE ARE GOOD.

25 CHAIRMAN THOMAS: GOOD TO GO. OKAY.

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1 THANK YOU ALL OF YOU WHO HAVE A WAITED PATIENTLY
2 OUTSIDE. WE HAD TO A VERY SUBSTANTIVE AND
3 COMPREHENSIVE DISCUSSION ABOUT THE TWO BOARD
4 CANDIDATES, AND WE ARE AT THAT POINT IN THE MEETING
5 WHERE WE ARE NOW READY TO CALL A ROLL CALL VOTE AS
6 TO WHO WILL BE OUR NEXT CHAIR.

7 DO I HAVE A MOTION -- KAREN, YOU'RE ABOUT
8 TO TELL ME I SAID SOMETHING WRONG ALREADY.

9 MS. GETMAN: NO.

10 DR. GASSON: SO MOVED. I'D LIKE TO MOVE
11 THAT WE HAVE A ROLL CALL TO SELECT THE NEXT CHAIR.

12 MR. TORRES: SECOND.

13 CHAIRMAN THOMAS: MOVED BY ESTEEMED
14 CHAIRPERSON GASSON, SECONDED BY SENATOR TORRES.
15 OKAY. WE DON'T NEED TO HAVE A ROLL CALL VOTE AS TO
16 WHETHER WE'RE GOING TO HAVE A ROLL CALL VOTE, DO WE?

17 MS. GETMAN: PUBLIC COMMENT.

18 CHAIRMAN THOMAS: SO BEFORE WE HAVE THAT
19 VOTE, DO WE HAVE ANY COMMENT FROM MEMBERS OF THE
20 PUBLIC EITHER HERE OR ONLINE? ANY HANDS RAISED
21 ONLINE?

22 MS. BONNEVILLE: NO.

23 CHAIRMAN THOMAS: OKAY. SO THAT HAVING
24 BEEN SAID, THE MOMENT HAS ARRIVED. MARIA, WILL YOU
25 PLEASE CALL THE ROLL.

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1 BY THE WAY, WHEN YOUR NAME IS CALLED,
2 YOU'RE GOING TO SAY EITHER DR. IMBASCIANI OR DR.
3 MARCUS.

4 MS. BONNEVILLE: HAIFAA ABDULHAQ.

5 DR. ABDULHAQ: DR. MARCUS.

6 MS. BONNEVILLE: MOHAMMED ABOUSALEM.

7 DR. ABOUSALEM: DR. MARCUS.

8 MS. BONNEVILLE: DAN BERNAL.

9 MR. BERNAL: DR. IMBASCIANI.

10 MS. BONNEVILLE: GEORGE BLUMENTHAL.

11 DR. BLUMENTHAL: DR. IMBASCIANI.

12 MS. BONNEVILLE: MICHAEL BOTCHAN.

13 DR. BOTCHAN: ABSTAIN.

14 MS. BONNEVILLE: LINDA BOXER.

15 DR. BOXER: DR. MARCUS.

16 MS. BONNEVILLE: JUDY CHOU.

17 DR. CHOU: DR. MARCUS.

18 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

19 DR. CLARK-HARVEY: DR. MARCUS.

20 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

21 SORRY. DEBORAH DEAS.

22 DR. DEAS: DR. MARCUS.

23 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

24 DR. DULIEGE: DR. IMBASCIANI.

25 MS. BONNEVILLE: YSABEL DURON.

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

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1 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
2 DR. MIASKOWSKI: DR. IMBASCIANI.
3 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
4 MS. MILLER-ROGEN: DR. MARCUS.
5 MS. BONNEVILLE: ADRIANA PADILLA.
6 DR. PADILLA: DR. IMBASCIANI.
7 MS. BONNEVILLE: JOE PANETTA.
8 MR. PANETTA: DR. IMBASCIANI.
9 MS. BONNEVILLE: AL ROWLETT.
10 MR. ROWLETT: DR. IMBASCIANI.
11 MS. BONNEVILLE: MARVIN SOUTHARD.
12 DR. SOUTHARD: DR. IMBASCIANI.
13 MS. BONNEVILLE: MICHAEL STAMOS.
14 DR. STAMOS: DR. IMBASCIANI.
15 MS. BONNEVILLE: JONATHAN THOMAS.
16 CHAIRMAN THOMAS: DR. IMBASCIANI.
17 MS. BONNEVILLE: ART TORRES.
18 MR. TORRES: DR. IMBASCIANI.
19 MS. BONNEVILLE: KAROL WATSON. KEITH
20 YAMAMOTO.
21 DR. YAMAMOTO: I ABSTAIN.
22 MS. BONNEVILLE: THE VOTE IS 19 FOR DR.
23 IMBASCIANI AND 12 VOTES FOR DR. MARCUS.
24 CHAIRMAN THOMAS: THANK YOU, KAREN.
25 HAVING HEARD THAT, WOULD LIKE TO ASK FOR A FRIENDLY

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1 AMENDMENT TO BE MADE, WITH THE BOARD HAVING REACHED
2 A MAJORITY CONSENSUS HERE, THAT WE MAKE THIS VOTE
3 UNANIMOUS. DO I HEAR SUCH A MOTION?

4 MR. TORRES: SO MOVED.

5 MR. JUELSGAARD: SECOND.

6 CHAIRMAN THOMAS: IT'S BEEN MOVED AND
7 SECONDED THAT WE MAKE THIS CHOICE UNANIMOUS. KAREN,
8 DO WE NEED TO TAKE A ROLL CALL VOTE ON THAT AS WELL?

9 MS. GETMAN: YES.

10 MS. BONNEVILLE: HAIFAA ABDULHAQ.

11 DR. ABDULHAQ: YES.

12 MS. BONNEVILLE: MOHAMMED ABOUSALEM.

13 DR. ABOUSALEM: YES.

14 MS. BONNEVILLE: DAN BERNAL.

15 MR. BERNAL: AYE.

16 MS. BONNEVILLE: GEORGE BLUMENTHAL.

17 DR. BLUMENTHAL: YES.

18 MS. BONNEVILLE: MICHAEL BOTCHAN.

19 DR. BOTCHAN: YES.

20 MS. BONNEVILLE: LINDA BOXER.

21 DR. BOXER: YES.

22 MS. BONNEVILLE: JUDY CHOU.

23 DR. CHOW: YES.

24 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

25 DR. CLARK-HARVEY: YES.

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1 MS. BONNEVILLE: DEBORAH DEAS.
2 DR. DEAS: YES.
3 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
4 DR. DULIEGE: YES.
5 MS. BONNEVILLE: YSABEL DURON.
6 MS. DURON: YES.
7 MS. BONNEVILLE: MARK FISCHER-COLBRIE.
8 DR. FISCHER-COLBRIE: YES.
9 MS. BONNEVILLE: FRED FISHER.
10 DR. FISHER: YES.
11 MS. BONNEVILLE: ELENA FLOWERS.
12 DR. FLOWERS: YES.
13 MS. BONNEVILLE: JUDY GASSON.
14 DR. GASSON: YES.
15 MS. BONNEVILLE: LARRY GOLDSTEIN.
16 DR. GOLDSTEIN: YES.
17 MS. BONNEVILLE: DAVID HIGGINS.
18 DR. HIGGINS: YES.
19 MS. BONNEVILLE: STEPHEN JUELSGAARD.
20 MR. JUELSGAARD: YES.
21 MS. BONNEVILLE: JIM KOVACH.
22 DR. KOVACH: 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: LINDA MALKAS.
3 DR. MALKAS: YES.
4 MS. BONNEVILLE: SHLOMO MELMED.
5 DR. MELMED: YES.
6 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
7 DR. MIASKOWSKI: YES.
8 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
9 MS. MILLER-ROGEN: YES.
10 MS. BONNEVILLE: ADRIANA PADILLA.
11 DR. PADILLA: YES.
12 MS. BONNEVILLE: JOE PANETTA.
13 MR. PANETTA: YES.
14 MS. BONNEVILLE: AL ROWLETT.
15 MR. ROWLETT: YES.
16 MS. BONNEVILLE: MARVIN SOUTHARD.
17 DR. SOUTHARD: YES.
18 MS. BONNEVILLE: MICHAEL STAMOS.
19 DR. STAMOS: YES.
20 MS. BONNEVILLE: JONATHAN THOMAS.
21 CHAIRMAN THOMAS: YES.
22 MS. BONNEVILLE: ART TORRES.
23 MR. TORRES: AYE.
24 MS. BONNEVILLE: KEITH YAMAMOTO.
25 DR. YAMAMOTO: YES.

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1 MS. BONNEVILLE: THE MOTION IS UNANIMOUS
2 AND CARRIES.

3 CHAIRMAN THOMAS: THANK YOU VERY MUCH. WE
4 HAVE ONE MORE ITEM ON THIS. AND FOR THAT, I'M
5 TURNING THE GAVEL OVER TO CHAIRPERSON GASSON.

6 DR. GASSON: THE GOVERNANCE SUBCOMMITTEE
7 HAS RECOMMENDED -- I'D LIKE TO INVITE A MOTION TO
8 ESTABLISH THE START DATE ACCORDING TO THE GOVERNANCE
9 SUBCOMMITTEE OF MARCH 28TH, 2023, WHICH IS OUR NEXT
10 IN-PERSON ICOC BOARD MEETING.

11 MR. TORORES: SO MOVED.

12 DR. SOUTHARD: SECOND.

13 DR. GASSON: ANY COMMENTS?

14 MS. GETMAN: PUBLIC COMMENT.

15 DR. GASSON: PUBLIC COMMENTS?

16 DR. ABOUSALEM: YOU MAY WANT TO COMPLETE
17 THE MOTION. DID YOU FINISH WHAT THE DATE IS FOR?

18 DR. GASSON: THE STARTING DATE FOR THE NEW
19 CHAIR.

20 MS. GETMAN: TO CLARIFY, THERE'S A MOTION
21 ON THE TABLE TO HAVE THE STARTING DATE FOR THE NEW
22 CHAIR OF MARCH 28TH. THERE'S BEEN A SECOND. ANY
23 QUESTIONS? ARE THERE ANY OBJECTIONS TO THAT FROM
24 MEMBERS OF THE BOARD? NONE HEARD, THE MOTION
25 PASSES.

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1 CHAIRMAN THOMAS: OKAY. THANK YOU. THAT
2 IS ALL WE HAVE WHICH IS A GREAT DEAL. I WANT TO
3 JUST AGAIN REITERATE HOW PERSONALLY PROUD I WAS OF
4 THE BOARD FOR THE SERIOUSNESS WITH WHICH IT
5 APPROACHED THIS TOPIC. THE TWO CANDIDATES WILL BE
6 APPRISED OF THE RESULT, AND THE NEW CHAIR WILL BE
7 SWORN IN AT THE END OF THE MEETING ON MARCH 28TH.
8 SO THANK YOU, MEMBERS OF THE BOARD, VERY MUCH
9 FOR -- THIS IS JUST ON THIS TOPIC. WE HAVEN'T HIT
10 THE OTHER TOPICS. SO THANK YOU AGAIN. OKAY.

11 SO WITH THAT, WE'RE GOING TO MOVE ON. IN
12 THE FINEST TRADITION, START BY SKIPPING OVER TO
13 ACTION ITEM NO. 12, TAKING THAT OUT OF ORDER. WE
14 WANT TO MAKE SURE WE GET CERTAIN THINGS IN HERE. SO
15 ITEM NO. 12 IS CONSIDERATION OF NEURO STRATEGY TASK
16 FORCE OF THE BOARD.

17 SO AS WE'VE TALKED ABOUT AT SOME LENGTH
18 EARLIER AND IN MANY PREVIOUS DISCUSSIONS, PROP 14
19 SET ASIDE A BILLION FIVE FOR DISEASES OF THE BRAIN,
20 ENUMERATING MANY IN ITS LISTING. AND BECAUSE OF THE
21 FACT THAT THAT WAS AN AREA THAT WAS SINGLED OUT
22 BECAUSE OF THE FACT THAT NEURO HAS BEEN A VERY
23 DIFFICULT FOE IN RESEARCH AND REQUIRES A GREAT DEAL
24 OF EXTRA SPECIAL STRATEGIC VISION, WE HAVE MADE THE
25 DECISION THAT WE'RE GOING TO ESTABLISH A TASK FORCE

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1 OF THE BOARD TO CONSIDER OUR NEURO STRATEGY IN
2 CONJUNCTION WITH DR. MILLAN AND THE TEAM WHO ARE
3 PRIORITIZING THE STRATEGY ALL ALONG THE RESEARCH
4 CONTINUUM FROM BASIC RESEARCH UP THROUGH CLINICAL
5 TRIALS. WE WILL HAVE THIS TASK FORCE CHAIRED, AT MY
6 SUGGESTION, BY DR. GOLDSTEIN, WHO HAS TAKEN ON THIS
7 TASK WHICH WILL BE A MAJOR UNDERTAKING GOING
8 FORWARD.

9 SO, LARRY, THANK YOU VERY MUCH FOR
10 AGREEING TO DO THAT.

11 THERE WILL BE A NUMBER OF MEMBERS OF THE
12 BOARD WHO WILL BE MEMBERS OF THIS TASK FORCE.
13 MARIA, DO YOU HAVE A LIST OF WHO IS ON THE TASK
14 FORCE?

15 MS. BONNEVILLE: THAT'S A TRICK QUESTION.
16 I DO. HANG ON PLEASE.

17 CHAIRMAN THOMAS: NOT SURE IT WAS THAT
18 TRICKY. PRETTY STRAIGHTFORWARD.

19 MS. BONNEVILLE: I WAS NOT EXPECTING IT.
20 I DON'T KNOW, LARRY, IF YOU WANT TO HAVE LARRY TALK
21 ABOUT THIS AT ALL.

22 CHAIRMAN THOMAS: I JUST WANTED YOU TO
23 NAME THAT, AND THEN I CAN ASK LARRY TO SPEAK TO HIS
24 VISION HERE.

25 MS. BONNEVILLE: WHY DON'T WE SPEAK TO HIS

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1 VISION.

2 CHAIRMAN THOMAS: EXCELLENT IDEA. LARRY,
3 PLEASE SPEAK TO YOUR VISION HERE.

4 MR. TORRES: HE'S FINDING HIS GROOVE,
5 MARIA.

6 DR. GOLDSTEIN: THANK YOU. I WAS LOOKING
7 FOR THE LIST FOR MARIA. OKAY.

8 THIS IS CLEARLY SOMETHING VERY IMPORTANT
9 FOR US TO DO, PARTIALLY BECAUSE THERE'S A SET-ASIDE
10 IN PROP 14, BUT ALSO BECAUSE IT'S ONE OF THE MOST
11 RECALCITRANT AREAS WE'VE DEALT WITH. AND SO THE
12 VISION IS, ON THE ONE HAND, TO WORK WITH THE
13 EXISTING PROCESS THAT MARIA MILLAN AND HER STAFF
14 HAVE SET UP TO BEND IT MORE IN THE DIRECTION OF
15 NEURO; BUT, SECOND, TO UNDERTAKE A SERIOUS JOB OF
16 INTERVIEWING SOME OF THE BEST NEUROSCIENTISTS WE
17 HAVE IN CALIFORNIA AND ELSEWHERE AS APPROPRIATE.
18 BUT REMEMBERING THE INCREDIBLE DEPTH WE HAVE IN
19 CALIFORNIA AND RECRUITING THEM TO GIVE US ADVICE ON
20 WHETHER THERE ARE AREAS WHERE, IF WE PUT IN
21 ADDITIONAL RESOURCES, WE CAN MAKE ADDITIONAL SHOTS
22 ON GOAL AND MOVE PROGRAMS FORWARD MORE RAPIDLY THAN
23 WE COULD THROUGH THE CONVENTIONAL MECHANISMS.

24 IT WILL TAKE TIME ON ALL THE TASK FORCE
25 MEMBERS TO DO THAT. WE'LL NEED TO DO A LITTLE BIT

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1 OF REVIEW OF EXISTING CIRM ASSETS ALREADY IN
2 NEUROSCIENCE, BUT I THINK WE MAY BE ABLE TO IDENTIFY
3 TWO OR THREE AREAS THAT ARE RIPE FOR ADDITIONAL
4 INVESTMENT. AND WHEN I SAY NEURO, I INCLUDE
5 NEURODEGENERATIVE, NEUROPSYCHIATRIC,
6 NEURODEVELOPMENTAL.

7 AND I JUST WANT TO REMIND PEOPLE THAT WE
8 SHOULDN'T NECESSARILY THINK OF THESE DIFFERENT AREAS
9 AS BEING COMPLETELY SEPARATE BECAUSE MANY OF THEM
10 SHARE THE SAME BIOCHEMISTRY. SO A KEY MOLECULE, FOR
11 EXAMPLE, IN BIPOLAR DISORDER HAS ALSO BEEN
12 IMPLICATED IN ALZHEIMER'S DISEASE. SO I'M GOING TO
13 ASK PEOPLE TO SET ASIDE THEIR ALLEGIANCES TO
14 PARTICULAR INTEREST GROUPS AND TRY TO MAKE
15 RECOMMENDATIONS AND THINK ABOUT WHERE ARE THE BEST
16 SCIENTIFIC AND MEDICAL OPPORTUNITIES MOVING FORWARD?
17 AND CAN WE INCREASE THE RATE AT WHICH SOME OF THOSE
18 MOVE BECAUSE THEY'RE READY TO BE FOCUSED ON? SO
19 THAT'S ALL I WANTED TO SAY AT THIS POINT.

20 MS. BONNEVILLE: LARRY, I'VE GOT THE NAMES
21 OF THE MEMBERS OF THE COMMITTEE. LARRY, JUDY, J.T.,
22 AND THEN THE NEW CHAIR, STEVE, KEITH, PAT LEVITT,
23 LEONDRA, AL, DAVID HIGGINS, LAUREN, FRED, MARV, AND
24 THEN I WILL ALSO BE ON THE COMMITTEE ONCE I'M SWORN
25 IN.

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1 MR. TORRES: SO THIS WILL BE PART OF THE
2 RECORD THEN?

3 MS. BONNEVILLE: YES.

4 MR. TORRES: IS THERE ANYTHING ELSE TO
5 ADD?

6 MS. BONNEVILLE: WE JUST NEED A MOTION.

7 MR. TORRES: ALL RIGHT. SOMEBODY MOVE IT.

8 DR. SOUTHARD: SO MOVE.

9 MR. TORRES: SECOND?

10 MR. JUELSGAARD: SECOND.

11 MR. TORRES: IT'S BEEN MOVED AND SECONDED.

12 ANY DISCUSSION? ANY PUBLIC COMMENT ON THE MOTION?

13 THERE BEING NONE, PLEASE CALL THE ROLL, MARIA.

14 MS. BONNEVILLE: HAIFAA ABDULHAQ.
15 MOHAMMED ABOUSALEM.

16 DR. ABOUSALEM: YES.

17 MS. BONNEVILLE: DAN BERNAL.

18 MR. BERNAL: AYE.

19 MS. BONNEVILLE: GEORGE BLUMENTHAL.
20 MICHAEL BOTCHAN.

21 DR. BOTCHAN: YES.

22 MS. BONNEVILLE: LINDA BOXER.

23 DR. BOXER: YES.

24 MS. BONNEVILLE: JUDY CHOU.

25 DR. CHOW: AYE.

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1 MS. BONNEVILLE: LEONDR A CLARK-HARVEY.
2 DR. CLARK-HARVEY: AYE.
3 MS. BONNEVILLE: DEBORAH DEAS.
4 DR. DEAS: YES.
5 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
6 DR. DULIEGE: YES.
7 MS. BONNEVILLE: YSABEL DURON.
8 MS. DURON: YES.
9 MS. BONNEVILLE: 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: JIM KOVACH.
24 DR. KOVACH: YES.
25 MS. BONNEVILLE: RICH LAJARA.

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1 MR. LAJARA: YES.
2 MS. BONNEVILLE: PAT LEVITT.
3 DR. LEVITT: 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 DR. MIASKOWSKI: YES.
10 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
11 MS. MILLER-ROGEN: YES.
12 MS. BONNEVILLE: ADRIANA PADILLA.
13 DR. PADILLA: YES.
14 MS. BONNEVILLE: JOE PANETTA.
15 MR. PANETTA: YES.
16 MS. BONNEVILLE: 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: ART TORRES.
23 MR. TORRES: AYE.
24 MS. BONNEVILLE: KEITH YAMAMOTO.
25 DR. YAMAMOTO: YES.

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1 MS. BONNEVILLE: THE MOTION CARRIES.

2 MR. TORRES: WE'LL STAND IN SHORT RECESS.

3 HE'S BACK. OKAY. GREAT. PERFECT TIMING.

4 CHAIRMAN THOMAS: THANK YOU. I APOLOGIZE.

5 I JUST MET WITH DRS. IMBASCIANI AND MARCUS TO GIVE

6 THEM THE NEWS OF THE VOTE. THAT'S WHY I HAD TO STEP

7 OUT THERE FOR A MOMENT.

8 SO MOTION PASSED.

9 MR. TORRES: YES.

10 CHAIRMAN THOMAS: WE HAVE THE NEURO TASK

11 FORCE. THIS IS A VERY, VERY IMPORTANT UNDERTAKING

12 AS IS EVERYTHING WE DO, BUT WE WANTED TO MAKE SURE

13 WE GAVE PARTICULAR EMPHASIS TO THIS AREA. OKAY.

14 GO NEXT TO ITEM 13. IS IT TIME?

15 MS. BONNEVILLE: WE'LL JUST DO THE ITEM,

16 AND THEN WE CAN DO THE SWEARING IN AFTER SO THAT WE

17 GET TO ALL OF OUR ITEMS.

18 CHAIRMAN THOMAS: ITEM 13, CONSIDERATION

19 OF APPOINTMENT OF NEW VICE CHAIR AS CHAIR OF THE

20 AAWG. DO I HEAR A MOTION TO APPROVE?

21 MR. BERNAL: SO MOVED.

22 MS. DURON: SECOND.

23 CHAIRMAN THOMAS: THAT WAS DAN AND THEN

24 YSABEL ON THE SECOND. AS WE KNOW, SENATOR TORRES

25 HAS ACTED AS THE ESTEEMED CHAIRPERSON OF THE AAWG

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1 SINCE INCEPTION. AND THIS MOTION IS TO HAVE THE NEW
2 VICE CHAIR ASSUME THOSE RESPONSIBILITIES AT SUCH
3 TIME AS SHE IS SWORN IN, WHICH IS LATER ON IN THE
4 PROCEEDINGS. SO IS THERE ANY DISCUSSION BY MEMBERS
5 OF THE BOARD? ANY PUBLIC COMMENT? HEARING NONE,
6 MARIA, CAN YOU CALL THE ROLL ON THIS? SCOTT, YES.
7 MARIA IS CONFLICTED.

8 MR. TOSHER: WE'LL DO A VOICE VOTE. ALL
9 IN FAVOR? OPPOSED? AND THEN I'LL NEED TO CALL THE
10 ROLL ON THE PHONE.

11 GEORGE BLUMENTHAL. MICHAEL BOTCHAN.

12 DR. BOTCHAN: YES.

13 MR. TOSHER: LINDA BOXER.

14 DR. BOXER: YES.

15 MR. TOSHER: LEONDRA CLARK-HARVEY.

16 MS. CLARK-HARVEY: YES.

17 MR. TOSHER: DEBORAH DEAS. FRED FISHER.

18 DR. FISHER: YES.

19 MR. TOSHER: RICH LAJARA.

20 MR. LAJARA: YES.

21 MR. TOSHER: LAUREN MILLER-ROGEN.

22 MS. MILLER-ROGEN: YES.

23 MR. TOSHER: ADRIANA PADILLA.

24 DR. PADILLA: YES.

25 MR. TOSHER: AL ROWLETT.

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MR. ROWLETT: YES.

MR. TOSHER: MICHAEL STAMOS.

DR. STAMOS: YES.

MR. TOSHER: AND KEITH YAMAMOTO.

DR. YAMAMOTO: YES.

MR. TOSHER: AND LARRY GOLDSTEIN.

DR. GOLDSTEIN: YES.

MR. TOSHER: GREAT. THANK YOU. MOTION
CARRIES.

CHAIRMAN THOMAS: THANK YOU, MR.
SUBSTITUTE ROLL CALL PERSON.

OKAY. WE'RE GOING TO GO BACK UP NOW UP TO
ITEM NUMBER -- ACTUALLY LET'S GET RID OF THE CONSENT
ITEMS FIRST. ANYBODY WANT TO TAKE EITHER ITEMS 8 OR
9 OFF THE CONSENT CALENDAR?

MR. TORRES: MOVE IT.

CHAIRMAN THOMAS: IT'S MOVED BY SENATOR
TORRES TO APPROVE THE CONSENT CALENDAR. IS THERE A
SECOND?

DR. ABOUSALEM: SECOND.

CHAIRMAN THOMAS: SECONDED BY MOHAMMAD.
PUBLIC COMMENT? HEARING NONE, MARIA, WILL YOU
PLEASE CALL THE ROLL.

MS. BONNEVILLE: IT'S GOING TO BE A VOICE
VOTE.

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1 CHAIRMAN THOMAS: EXCELLENT. IN THE ROOM,
2 ALL IN FAVOR PLEASE SAY AYE. OPPOSED? MARIA, WILL
3 YOU POLL THOSE ON ZOOM PLEASE.

4 MS. BONNEVILLE: SURE. MICHAEL BOTCHAN.

5 DR. BOTCHAN: YES.

6 MS. BONNEVILLE: LINDA BOXER.

7 DR. BOXER: YES.

8 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

9 MS. CLARK-HARVEY: YES.

10 MS. BONNEVILLE: DEBORAH DEAS. FRED
11 FISHER.

12 DR. FISHER: YES.

13 MS. BONNEVILLE: LARRY GOLDSTEIN.

14 DR. GOLDSTEIN: YES.

15 MS. BONNEVILLE: RICH LAJARA.

16 MR. LAJARA: YES.

17 MS. BONNEVILLE: LAUREN MILLER-ROGEN.

18 MS. MILLER-ROGEN: YES.

19 MS. BONNEVILLE: ADRIANA PADILLA.

20 DR. PADILLA: YES.

21 MS. BONNEVILLE: AL ROWLETT.

22 MR. ROWLETT: YES.

23 MS. BONNEVILLE: MICHAEL STAMOS.

24 DR. STAMOS: YES.

25 MS. BONNEVILLE: KEITH YAMAMOTO.

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1 DR. YAMAMOTO: YES.

2 MS. BONNEVILLE: MOTION CARRIES.

3 CHAIRMAN THOMAS: OKAY. THANK YOU.

4 ON TO ITEM 10. ITEM 10 BEGINS THE
5 APPLICATION REVIEW SUBCOMMITTEE. CONSIDERATION OF
6 APPLICATIONS SUBMITTED IN RESPONSE TO CLINICAL TRIAL
7 STAGE PROJECTS PROGRAM ANNOUNCEMENTS. CLIN1 OR 2.
8 PRESENTATION BY DR. SAMBRANO. GIL.

9 DR. SAMBRANO: THANK YOU, MR. CHAIRMAN.
10 VERY NICE TO SEE ALL OF YOU IN PERSON. IT REALLY
11 IS. SO THANK YOU VERY MUCH FOR BEING HERE.

12 I'M PRIVILEGED TO PRESENT TO YOU THE
13 RECOMMENDATIONS FROM THE GRANTS WORKING GROUP. WE
14 HAVE TWO DIFFERENT REVIEWS THAT I'LL BE DOING THIS
15 FOR. AND THE FIRST ONE IS GOING TO BE FOR THE
16 CLINICAL PROGRAM.

17 AND AS ALWAYS, WE START WITH OUR MISSION.
18 WE WANT TO ACCELERATE WORLD-CLASS SCIENCE TO DELIVER
19 TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN
20 AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND
21 WORLD. AS I'VE STATED BEFORE, THIS IS SOMETHING
22 THAT WE BEGIN ALL OUR GRANTS WORKING GROUP REVIEWS
23 AS WELL SO THAT WE'RE ALL ON THE SAME PAGE AS TO
24 WHAT WE ARE TRYING TO ACCOMPLISH THROUGH THESE
25 REVIEWS AND THROUGH IDENTIFYING THE BEST SCIENCE

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1 THAT WE CAN.

2 THIS SLIDE IS A STATUS FOR THE CLINICAL
3 BUDGET. AS YOU MAY RECALL, WE HAVE AN ANNUAL
4 ALLOCATION OF 169 MILLION FOR THE YEAR 2022/23.
5 THAT'S THROUGH JUNE. AND WE HAVE ALLOCATED THUS FAR
6 BETWEEN 84 AND 85 MILLION. THE AMOUNT REQUESTED
7 TODAY FROM DIFFERENT APPLICATIONS TOTALS 15.5
8 MILLION, WHICH, IF APPROVED, WOULD LEAVE US WITH
9 JUST UNDER 70 MILLION FOR THAT BUDGET.

10 THE SCIENTIFIC SCORING SYSTEM THAT WE USE
11 FOR CLINICAL APPLICATIONS IS BASED ON A SYSTEM OF 1,
12 2, OR 3. A SCORE OF 1 MEANS IT HAS EXCEPTIONAL
13 MERIT AND WARRANTS FUNDING. SCORE OF 2 MEANS IT
14 NEEDS IMPROVEMENT, DOESN'T WARRANT FUNDING YET, BUT
15 CAN BE RESUBMITTED FOR IMPROVEMENTS. AND A SCORE OF
16 3, FOR THOSE THAT ARE SUFFICIENTLY FLAWED THAT THEY
17 DON'T WARRANT FUNDING, AND THOSE ARE APPLICATIONS
18 THAT WE WOULD NOT ACCEPT FOR AT LEAST SIX MONTHS.
19 SO BASICALLY WE ARE ASKING THEM TO GO BACK TO THE
20 DRAWING BOARD.

21 ALL RIGHT. THE REVIEW CRITERIA, THEN,
22 THAT THE GRANTS WORKING GROUP USES TO COME UP WITH
23 THAT SCORE IS BASED ON THESE FIVE QUESTIONS: DOES
24 THE PROJECT HOLD THE NECESSARY SIGNIFICANCE AND
25 POTENTIAL FOR IMPACT? DOES IT HAVE A GOOD

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1 RATIONALE? IS IT WELL PLANNED AND DESIGNED? IS IT
2 FEASIBLE, INCLUDING WHETHER THEY HAVE THE
3 APPROPRIATE RESOURCES, THE APPROPRIATE TEAM TO CARRY
4 OUT THE WORK? AND FINALLY, DOES THE PROJECT UPHOLD
5 THE PRINCIPLES OF DIVERSITY, EQUITY, AND INCLUSION?

6 THE COMPOSITION OF THE GRANTS WORKING
7 GROUP INCLUDES SCIENTIFIC MEMBERS THAT PROVIDE US
8 WITH THE EXPERTISE THAT'S NEEDED FOR THE DIVERSE
9 AREAS OR FIELDS AND DISEASE AREA, REGULATORY, CMC
10 PRODUCT DEVELOPMENT, AND SUCH. THEY PROVIDE THE
11 SCIENTIFIC SCORE THAT I WILL SHARE WITH YOU FOR EACH
12 OF THE APPLICATIONS.

13 BUT PART OF THE GRANTS WORKING GROUP ALSO
14 INCLUDES OUR PATIENT ADVOCATE AND NURSE MEMBERS FROM
15 THIS BOARD. THEY HAVE AN IMPORTANT ROLE IN
16 PROVIDING THE DEI EVALUATION, PROVIDING US WITH A
17 PATIENT PERSPECTIVE ON THE SIGNIFICANCE AND
18 POTENTIAL FOR IMPACT OF THESE PROJECTS AND, ALSO
19 IMPORTANTLY, OVERSIGHT ON THE REVIEW PROCESS ITSELF.

20 THEY GAVE A DEI SCORE ON ALL THE
21 APPLICATIONS FOR THE CLINICAL PROGRAM, WHICH I WILL
22 ALSO POINT OUT TO YOU. AND THEY PROVIDE A SUGGESTED
23 SCIENTIFIC SCORE AS WE GO THROUGH THE REVIEW.

24 IN ADDITION TO THESE MEMBERS, WE ALSO HAVE
25 SCIENTIFIC SPECIALISTS THAT PARTICIPATE ON AN AD HOC

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1 BASIS ON SOME OF OUR APPLICATIONS TO PROVIDE
2 SPECIALIZED AREAS OF EXPERTISE WHEN THAT IS
3 REQUIRED.

4 SO THE FIRST APPLICATION THAT WE ARE
5 CONSIDERING TODAY IS CLIN1-14070. AND SO THIS IS
6 ENTITLED "DEVELOPMENT OF CRYOPRESERVED
7 INTERFERON-GAMMA PRIMED ALLOGENEIC MSC'S FOR
8 TREATMENT OF STEROID REFRACTORY ACUTE GRAFT VERSUS
9 HOST DISEASE." AND SO THE THERAPY ARE BONE
10 MARROW-DERIVED STEM CELLS, MESENCHYMAL STEM CELLS.
11 AND IT IS FOR ACUTE GRAFT VERSUS HOST DISEASE, WHICH
12 IS A CONDITION THAT HAPPENS POST HEMATOPOIETIC STEM
13 CELL TRANSPLANTATION IN SOME PATIENTS, WHICH CAN BE
14 VERY SEVERE AND LIFE THREATENING.

15 THE GOAL TO COMPLETE STUDIES TO REMOVE A
16 CLINICAL HOLD ON AN IND AND BE ABLE TO CONTINUE WITH
17 A CLINICAL TRIAL FOLLOWING THAT. THE FUNDS
18 REQUESTED ARE ABOUT 3.5 MILLION. THE APPLICANTS
19 PROVIDE CO-FUNDING OF 20 PERCENT WHICH IS REQUIRED
20 FOR THIS PARTICULAR STAGE AND APPLICANT TYPE.

21 A LITTLE BIT OF BACKGROUND ON THIS
22 PARTICULAR INDICATION AND APPROACH. SO ALLOGENEIC
23 STEM CELL TRANSPLANTS CAN BE, AS YOU KNOW,
24 LIFESAVING AND CURATIVE TREATMENTS FOR MANY BLOOD
25 CANCERS AND OTHER CONDITIONS. HOWEVER, THERE ARE

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1 SIGNIFICANT RISKS, INCLUDING ACUTE GRAFT VERSUS HOST
2 DISEASE, AND IT'S LIFE-THREATENING. AND THIS IS
3 WHERE DONOR CELLS FROM THE DONOR GRAFT WILL ATTACK
4 HOST TISSUES. IN MANY CASES PATIENTS WITH ACUTE
5 GRAFT VERSUS HOST DISEASE CAN BECOME REFRACTORY TO
6 THE FIRST LINE OF TREATMENT WHICH IS IMMUNE
7 SUPPRESSING STEROIDS. AND SO THAT CAN BECOME A
8 SERIOUS COMPLICATION.

9 SO THE VALUE THAT THIS THERAPY CAN BRING
10 IS THAT IT PROVIDES IMMUNOMODULATORY EFFECTS AND HAS
11 THE POTENTIAL TO ELIMINATE OR REDUCE THE SEVERITY OF
12 ACUTE GRAFT VERSUS HOST DISEASE AND IMPROVE OVER ALL
13 SURVIVAL FOR PATIENTS. THIS IS A STEM CELL PROJECT
14 BECAUSE IT INCLUDES MESENCHYMAL STEM CELLS AS A
15 COMPONENT OF THE THERAPY.

16 THERE ARE SOME OTHER PROJECTS IN OUR
17 PORTFOLIO THAT ADDRESS GRAFT VERSUS HOST DISEASE
18 ALTHOUGH QUITE DIFFERENT. WE HAVE ONE THAT'S A
19 CLINICAL TRIAL. IT'S A PHASE 1 THAT IS FOCUSED ON
20 ADMINISTERING DONOR T-CELLS FOLLOWING HEMATOPOIETIC
21 STEM CELL TRANSPLANTATION IN ORDER TO HELP MODULATE
22 THE IMMUNE SYSTEM AND DAMPEN IT IN TERMS OF ITS
23 EFFECTS ON THE HOST.

24 THERE ARE NO PREVIOUS APPLICATIONS FROM
25 THIS APPLICANT. SO THIS IS A FIRST AWARD FOR THIS

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1 APPLICANT TEAM.

2 AND THIS IS A SUMMARY OF THE
3 RECOMMENDATIONS FROM THE GRANTS WORKING GROUP. THE
4 SCIENTIFIC SCORE IS A 1 GIVEN BY 13 MEMBERS OF THE
5 GRANTS WORKING GROUP, THERE WERE NO VOTES FOR A
6 SCORE OF 2, AND NO VOTES FOR A SCORE OF 3. THE DEI
7 SCORE GIVEN BY THE PATIENT ADVOCATE AND NURSE
8 MEMBERS IS AN 8 ON A SCALE OF 1 TO 10. AND OUR CIRM
9 TEAM RECOMMENDATION IS TO FUND THIS APPLICATION FOR
10 THE AWARD AMOUNT OF 3,457,858. MR. CHAIRMAN.

11 CHAIRMAN THOMAS: THANK YOU, GIL. DO I
12 HEAR A MOTION TO APPROVE?

13 MR. TORRES: MOVE IT.

14 CHAIRMAN THOMAS: MOVED BY SENATOR TORRES.
15 SECONDED BY --

16 DR. MALKAS: SECOND.

17 CHAIRMAN THOMAS: -- LINDA MALKAS, DR.
18 MALKAS. IS THERE QUESTIONS OR DISCUSSION?

19 MS. BONNEVILLE: LINDA CANNOT SECOND THIS
20 MOTION.

21 DR. SOUTHARD: I'LL SECOND.

22 DR. MALKAS: WHAT'S WRONG WITH ME?

23 MS. BONNEVILLE: NOTHING PERSONAL, I
24 PROMISE.

25 CHAIRMAN THOMAS: SECONDED BY MARV.

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1 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?
2 ANY PUBLIC COMMENT? HEARING NONE, MARIA, WILL YOU
3 PLEASE CALL THE ROLL.

4 MS. BONNEVILLE: DAN BERNAL.

5 MR. BERNAL: AYE.

6 MS. BONNEVILLE: JUDY CHOU.

7 DR. CHOU: AYE.

8 MS. BONNEVILLE: LEONDRAL CLARK-HARVEY.

9 MS. CLARK-HARVEY: AYE.

10 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

11 DR. DULIEGE: AYE.

12 MS. BONNEVILLE: YSABEL DURON.

13 MS. DURON: YES.

14 MS. BONNEVILLE: MARK 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: DAVID HIGGINS.

21 DR. HIGGINS: YES.

22 MS. BONNEVILLE: STEVE JUELGAARD.

23 MR. JUELGAARD: YES.

24 MS. BONNEVILLE: RICH LAJARA.

25 MR. LAJARA: YES.

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1 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
2 DR. MIASKOWSKI: YES.
3 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
4 MS. MILLER-ROGEN: YES.
5 MS. BONNEVILLE: ADRIANA PADILLA.
6 DR. PADILLA: YES.
7 MS. BONNEVILLE: JOE PANETTA.
8 MR. PANETTA: YES.
9 MS. BONNEVILLE: AL ROWLETT.
10 MR. ROWLETT: YES.
11 MS. BONNEVILLE: MARVIN SOUTHARD.
12 DR. SOUTHARD: YES.
13 MS. BONNEVILLE: JONATHAN THOMAS.
14 CHAIRMAN THOMAS: YES.
15 MS. BONNEVILLE: ART TORRES.
16 MR. TORRES: AYE.
17 MS. BONNEVILLE: KAROL WATSON.
18 MOTION CARRIES.
19 CHAIRMAN THOMAS: THANK YOU VERY MUCH.
20 SECOND CLIN, DR. SAMBRANO.
21 DR. SAMBRANO: THANK YOU, MR. CHAIRMAN.
22 THE NEXT APPLICATION IS CLIN1-14300. THIS
23 ONE IS ENTITLED "ALLOGENEIC IPSC-DERIVED
24 DOPAMINERGIC DRUG PRODUCT FOR PARKINSON'S DISEASE."
25 THE THERAPY ARE PROGENITOR CELLS THAT HAVE BEEN

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1 DERIVED FROM IPSC OR INDUCED PLURIPOTENT STEM CELLS
2 TO RELEASE DOPAMINE FOR TRANSPLANTING IN REGIONS OF
3 THE BRAIN THAT ARE AFFECTED.

4 THE INDICATION IS IDIOPATHIC PARKINSON'S
5 DISEASE. THE GOAL IS TO COMPLETE IND-ENABLING
6 STUDIES AND FILE AN IND AT THE END OF THIS AWARD.
7 THE FUNDS REQUESTED ARE \$4 MILLION. CO-FUNDING
8 PROVIDED BY THE APPLICANT IS 3 MILLION. THERE IS 20
9 PERCENT THAT'S REQUIRED.

10 SO CLINICAL BACKGROUND INFORMATION.
11 PARKINSON'S DISEASE, AS MANY OF YOU KNOW, PROBABLY
12 ALL OF YOU KNOW, IS THE SECOND MOST COMMON
13 NEURODEGENERATIVE DISEASE AFTER ALZHEIMER'S DISEASE
14 THAT AFFECTS ABOUT A MILLION PEOPLE IN THE U.S. AND
15 PARKINSON'S DISEASE IS CHARACTERIZED BY A LOSS OF
16 DOPAMINERGIC NEURONS THAT RESULT IN MOTOR SYMPTOMS
17 SUCH AS DYSKINESIAS AND ALSO NONMOTOR SYMPTOMS WHICH
18 CAN INCLUDE DEMENTIA, DEPRESSION, AND SLEEP
19 DISORDERS.

20 THE VALUE PROPOSITION OF THIS PROPOSED
21 THERAPY IS AS FOLLOWS: PD AT ITS EARLY STAGES CAN
22 BE TREATED WITH MEDICATION, SUCH AS LEVODOPA, TO
23 TREAT THE SYMPTOMS, BUT THESE BECOME PROGRESSIVELY
24 LESS EFFECTIVE. THE PROPOSED CELL THERAPY OFFERS
25 THE POTENTIAL TO RESTORE DOPAMINE NEURONS AND REPAIR

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1 SOME OF THE LOST BRAIN CIRCUITS TO GREATLY IMPROVE
2 QUALITY OF LIFE AND MIGHT BE APPROPRIATE FOR THOSE
3 THAT HAVE BECOME REFRACTORY TO SOME OF THIS
4 MEDICATION OR WHO MAY NOT QUALIFY FOR SOME OTHER
5 FIRST-IN-LINE THERAPIES FOR PARKINSON'S DISEASE.

6 THIS IS A STEM CELL PROJECT BECAUSE IT
7 INCLUDES OR THE THERAPY IS MANUFACTURED FROM INDUCED
8 PLURIPOTENT STEM CELLS TO CREATE THE NEUROPROGENITOR
9 CELLS.

10 OTHER PROJECTS IN OUR ACTIVE AWARDS
11 PORTFOLIO THAT ARE SIMILAR, WE HAVE A CLIN1 AWARD
12 FOCUSED ON PARKINSON'S DISEASE THAT IS A
13 GENE-MODIFIED NEUROPROGENITOR CELL THERAPY, WHICH
14 UPON TRANSPLANTATION THESE CELLS RELEASE GDNF WITH
15 THE HOPE OF PROTECTING DOPAMINE NEURONS IN THE
16 BRAIN.

17 WE ALSO HAVE A CLIN2, A CLINICAL TRIAL,
18 FOCUSED ON PARKINSON'S DISEASE. IN THIS CASE THIS
19 IS A GENE THERAPY APPROACH THAT ALSO DELIVERIES GDNF
20 TO THE PUTAMEN OF THE BRAIN IN ORDER TO STIMULATE
21 REGENERATION OF TERMINALS OF DOPAMINE PRODUCING
22 NEURONS. SO THOSE ARE TWO EXISTING PROJECTS. AND
23 THE OVERALL APPROACH IS A LITTLE BIT DIFFERENT SINCE
24 THESE FOCUS ON GDNF. THE CURRENT PROJECT IS FOCUSED
25 ON REPLACING DOPAMINE NEURONS IN THE BRAIN.

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1 THE APPLICANT TEAM HAS NOT PREVIOUSLY
2 RECEIVED A CIRM AWARD. AND THIS IS A SUMMARY OF THE
3 GRANTS WORKING GROUP REVIEW. THE RECOMMENDATION
4 WITH A SCORE OF 1 WAS GIVEN BY 11 VOTES OR 11
5 MEMBERS WHO GAVE A SCORE OF 1, THREE MEMBERS WHO
6 GAVE A SCORE OF 2, NONE WHO GAVE A SCORE OF 3. THE
7 DEI SCORE IS A 7, AND THE CIRM TEAM RECOMMENDS
8 FUNDING FOR THE AWARD AMOUNT OF FOUR MILLION.

9 MR. CHAIRMAN.

10 CHAIRMAN THOMAS: THANK YOU, GIL. DO I
11 HEAR A MOTION TO APPROVE?

12 MR. TORRES: MOVE IT.

13 DR. DULIEGE: SECOND.

14 CHAIRMAN THOMAS: MOVED BY SENATOR TORRES,
15 SECONDED BY ANNE-MARIE. QUESTIONS OR COMMENTS FROM
16 MEMBERS OF THE BOARD? PUBLIC COMMENT? HEARING
17 NONE, MARIA, PLEASE CALL THE ROLL.

18 MS. BONNEVILLE: DAN BERNAL.

19 MR. BERNAL: AYE.

20 MS. BONNEVILLE: JUDY CHOU.

21 DR. CHOU: AYE.

22 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

23 MS. CLARK-HARVEY: AYE.

24 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

25 DR. DULIEGE: AYE.

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1 MS. BONNEVILLE: YSABEL DURON.
2 MS. DURON: AYE.
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: DAVID HIGGINS.
10 DR. HIGGINS: YES.
11 MS. BONNEVILLE: STEVE JUELSGAARD.
12 MR. JUELSGAARD: YES.
13 MS. BONNEVILLE: RICH LAJARA.
14 MR. LAJARA: YES.
15 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
16 DR. MIASKOWSKI: YES.
17 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
18 MS. MILLER-ROGEN: YES.
19 MS. BONNEVILLE: ADRIANA PADILLA.
20 DR. PADILLA: YES.
21 MS. BONNEVILLE: JOE PANETTA.
22 MR. PANETTA: YES.
23 MS. BONNEVILLE: AL ROWLETT.
24 MR. ROWLETT: YES.
25 MS. BONNEVILLE: MARVIN SOUTHARD.

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1 DR. SOUTHARD: YES.

2 MS. BONNEVILLE: JONATHAN THOMAS.

3 CHAIRMAN THOMAS: YES.

4 MS. BONNEVILLE: ART TORRES.

5 MR. TORRES: AYE.

6 MS. BONNEVILLE: MOTION CARRIES.

7 CHAIRMAN THOMAS: MOTION CARRIES. THANK
8 YOU. WOULD JUST LIKE TO POINT OUT, FOR THOSE WHO
9 ARE NOSTALGIC, THAT WILL BE THE LAST ROLL CALL THAT
10 MARIA EVER CALLS.

11 MS. BONNEVILLE: THERE'S MORE. WHAT ARE
12 YOU TALKING ABOUT? THERE'S ANOTHER APPLICATION AND
13 A WHOLE ROUND OF DISCOVERY.

14 CHAIRMAN THOMAS: OH, THERE'S THE
15 DISCOVERY. I'M JUST KIDDING. I WANT TO SEE IF
16 ANYBODY IS PAYING ATTENTION.

17 MS. BONNEVILLE: YOU RETIRED ME TOO SOON.

18 CHAIRMAN THOMAS: YOU CAN PREPARE TO BE
19 NOSTALGIC. ON TO DISCOVERY, DR. SAMBRANO.

20 MS. BONNEVILLE: WE HAVE ONE MORE CLIN
21 APPLICATION.

22 CHAIRMAN THOMAS: I THOUGHT WE HAD TWO.
23 SORRY. I'M LOSING IT. OKAY. GIL.

24 DR. SAMBRANO: SO THE LAST APPLICATION IS
25 CLIN2-14416. THIS ONE IS ENTITLED "A PHASE 1 OPEN

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1 LABEL STUDY TO EVALUATE THE SAFETY AND TOLERABILITY
2 OF A CANDIDATE IN PATIENTS WITH
3 MUCOPOLYSACCHARIDOSIS TYPE 1 OR MPS 1." THE THERAPY
4 ITSELF ARE GENE-CORRECTED B-CELLS THAT TURN INTO
5 PLASMA CELLS THAT THEN ARE ABLE TO DELIVER THE
6 MISSING ENZYME IN THIS MPS1 CONDITION.

7 SO THIS IS FOR PATIENTS WHO SUFFER FROM
8 MPS1. THE GOAL IS TO COMPLETE A PHASE 1 CLINICAL
9 TRIAL. THE FUNDS REQUESTED ARE 8 MILLION. THE
10 CO-FUNDING IS THREE AND A HALF MILLION, 30 PERCENT,
11 WHICH IS REQUIRED.

12 SO BACKGROUND INFORMATION ON THE CONDITION
13 MPS1 IS A LYSOSOMAL STORAGE DISEASE THAT'S CAUSED BY
14 THE ENZYMATIC DEFICIENCY OF ALPHA-L-IDURONIDASE OR
15 IDUA. AND SO THIS RESULTS IN LYSOSOMAL ACCUMULATION
16 OF GLYCOSAMINOGLYCANS AND MULTISYSTEM DISEASE. THE
17 SEVERE FORM OF THE DISEASE IS DIAGNOSED AT INFANCY,
18 AND IT'S FATAL WITHIN THE FIRST TEN YEARS OF LIFE.

19 THE CURRENT STANDARD OF CARE FOR THIS
20 CONDITION INVOLVES AN ENZYME REPLACEMENT THERAPY OR
21 ALLOGENEIC BLOOD STEM CELL TRANSPLANT, IF
22 APPROPRIATE; BUT THESE ARE OFTEN EITHER NOT
23 EFFECTIVE OR MANY PATIENTS MAY NOT QUALIFY. THE
24 PROPOSED AUTOLOGOUS THERAPY DOES HOLD THE POTENTIAL
25 FOR A SAFER AND MORE EFFECTIVE TREATMENT OF PATIENTS

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1 WITH MPS1.

2 THE QUALIFICATION IS A STEM CELL OR GENE
3 THERAPY PROJECT. THE THERAPEUTIC CANDIDATE IS
4 MANUFACTURED FROM PROGENITOR CELLS THAT
5 DIFFERENTIATE INTO B-PLASMA CELLS.

6 OTHER PROJECTS IN OUR PORTFOLIO, OUR
7 ACTIVE PORTFOLIO, THAT ADDRESS THIS INDICATION,
8 MPS1, WE HAVE ONE PROJECT THAT'S AN IND-ENABLING
9 STAGE PROJECT, CLIN1. THE CANDIDATE IN THAT CASE IS
10 A GENE-EDITED AUTOLOGOUS HEMATOPOIETIC STEM CELL.
11 SO THESE HAVE THE GENE ENZYME CORRECTED IN
12 HEMATOPOIETIC STEM CELLS THAT ARE THEN TRANSPLANTED
13 IN ORDER TO RESTORE PRODUCTION OF THE ENZYME IN
14 PATIENTS.

15 THIS APPLICANT HAS RECEIVED PREVIOUS
16 FUNDING FROM CIRM AT THE TRAN STAGE. SO THEY
17 RECEIVED A TRAN AWARD FOR A DIFFERENT INDICATION,
18 ALTHOUGH SIMILAR, ALSO LYSOSOMAL STORAGE DISORDER
19 MPS2. THAT PROJECT, THE GOAL OF THAT PROJECT IS TO
20 ACHIEVE A PRE-IND MEETING WITH THE FDA. THAT
21 PROJECT IS NOT YET COMPLETE. THE AWARD AMOUNT FOR
22 THAT PROJECT WAS UNDER 4 MILLION, AND THAT ONE HAS
23 GOTTEN OFF THE GROUND. THEY'VE COMPLETED THE FIRST
24 MILESTONE AND ARE ON TRACK FOR THE REMAINING
25 MILESTONES ON THAT PROJECT.

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1 THIS IS A SUMMARY OF THE RECOMMENDATION
2 FROM THE GRANTS WORKING GROUP. THE RECOMMENDATION
3 IS A SCORE OF 1 WITH A 11 MEMBERS GIVING IT A SCORE
4 OF 1, TWO MEMBERS GIVING IT A SCORE OF 2, NONE
5 GIVING IT A SCORE OF 3. THE DEI SCORE IS A 6, AND
6 CIRM TEAM RECOMMENDATION IS TO FUND THIS PROJECT FOR
7 THE AWARD AMOUNT OF 8 MILLION. MR. CHAIRMAN.

8 CHAIRMAN THOMAS: THANK YOU, GIL. IS
9 THERE A MOTION TO APPROVE?

10 DR. FISCHER-COLBRIE: SO MOVED.

11 CHAIRMAN THOMAS: MOVED BY MARK. SECOND?

12 DR. SOUTHARD: SECOND.

13 CHAIRMAN THOMAS: QUESTIONS OR COMMENTS
14 FROM MEMBERS OF THE BOARD?

15 MS. DURON: I READ THE PROPOSAL, GIL, BUT
16 I'M STILL CONCERNED ABOUT THE DEI SCORE. I KNOW
17 THEY SAY THEY'RE WORKING WITH VERY FEW PATIENTS.
18 CANNOT SOME OF THOSE PATIENTS BE FROM COMMUNITIES OF
19 COLOR?

20 DR. SAMBRANO: YES. SO THE NUMBER OF
21 PATIENTS IS SMALL. IT IS LITERALLY TWO PATIENTS
22 THAT THEY'RE PLANNING TO TREAT. AND THE REASON IS
23 THAT THIS IS, FIRST, ADULT TREATMENT SO THAT THEY
24 CAN THEN EXPAND AND DO A TRIAL IN CHILDREN,
25 PEDIATRIC TRIAL, BECAUSE ULTIMATELY THAT'S WHERE

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1 THEY WOULD LIKE THE THERAPY TO BE USED. AND SO THIS
2 INITIAL TRIAL IS TO DO TWO ADULT PATIENTS SO THAT,
3 AS REQUIRED BY THE FDA OR REQUESTED BY THE FDA, SO
4 THEY CAN MOVE ON TO THAT LATER STAGE.

5 SO IN TERMS OF DIVERSITY, EQUITY, AND
6 INCLUSION, WE CERTAINLY WOULD EXPECT THAT THEY WOULD
7 DO WHAT THEY CAN TO MAKE IT AN INCLUSIVE TRIAL,
8 ALTHOUGH WITH TWO PATIENTS. IT'S NOT GOING TO BE A
9 DIVERSE TRIAL NECESSARILY, BUT ABSOLUTELY THEY DO
10 HAVE ACTIVITIES PROPOSED TO BE INCLUSIVE.

11 MS. DURON: YOU WOULD THINK THEY'D JUST
12 START THAT WAY IN THE FIRST PLACE. I'M QUITE
13 FRUSTRATED BECAUSE WE KEEP TALKING ABOUT DEI. IT'S
14 THE FLAVOR OF THE MONTH. AND WHY THEY'RE NOT
15 ACTUALLY WORKING HARD TO MAKE SURE THAT, WHATEVER
16 THEY DO, ONE PATIENT OR TEN PATIENTS, THAT THEY'RE
17 NOW REACHING INTO THOSE POOLS OF UNDERSERVED AND
18 FOLKS WHO ARE UNDERREPRESENTED IN THESE TRIALS. SO
19 IT BOTHERS ME TO SEE A DEI SCORE OF 6 AND WITH THE
20 PROMISE OF THINGS TO COME. I MEAN SOME OF US ARE
21 TIRED OF THE PROMISE OF THINGS TO COME THAT NEVER
22 REALIZE THEMSELVES.

23 I'M EXCITED THAT THIS IS GOING TO
24 PEDIATRIC INTENTION. THAT'S GREAT. \$8 MILLION FOR
25 TWO PATIENTS IS A LITTLE LAME. I THINK THAT'S WHAT

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1 WE'RE GIVING IT. IS THAT THE AWARD AMOUNT?

2 DR. SAMBRANO: YES, THAT'S CORRECT.

3 MS. DURON: TWO PATIENTS. OKAY. I JUST
4 NEED TO EXPRESS THAT BECAUSE THAT CONSTANTLY
5 FRUSTRATES ME.

6 CHAIRMAN THOMAS: THANK YOU AND
7 WELL-PHRASED, YSABEL. OTHER COMMENTS OR QUESTIONS,
8 MEMBERS OF THE BOARD? ANNE-MARIE.

9 DR. DULIEGE: I REALLY APPRECIATE AND
10 UNDERSTAND YOUR FRUSTRATION, YSABEL, PARTICULARLY
11 BECAUSE, YES, IT MIGHT BE TIRING TO HEAR ABOUT
12 PROMISES AND NOT SEEING TRULY FACT AGAIN. IN THIS
13 CASE THE FACT THAT IT IS SUCH A RARE DISEASE AND THE
14 TRIAL WILL ENROLL ONLY TWO PATIENTS, IT'S HARD TO
15 ARGUE WITH THAT. ON THE OTHER HAND, IF YOU HADN'T
16 READ YOUR COMMENTS, YOU WOULD NOT HAVE REALIZED THAT
17 THIS WAS A TRIAL OF TWO PATIENTS. AND THE REQUEST
18 IS FOR \$8 MILLION FOR TWO PATIENTS. WHOA. I'M
19 PRETTY AWARE OF CLINICAL TRIALS COST, BUT THIS ONE
20 IS TO BE JUSTIFIED. IT MAY BE BEYOND THE SCOPE OF
21 OUR VOTING, BUT WOULD WELCOME YOUR COMMENTS ON THAT
22 COST.

23 DR. SAMBRANO: CERTAINLY. SO THIS IS A
24 THERAPY THAT'S AN AUTOLOGOUS THERAPY, WHICH, IN
25 GENERAL, TEND TO BE MORE EXPENSIVE BASICALLY. THE

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1 THERAPY IS BEING GENERATED FOR EACH PATIENT
2 UNIQUELY. IT IS A NONVIRAL APPROACH WHERE THEY
3 BASICALLY DO THE GENE THERAPY APPROACH ON THEIR OWN
4 B-CELLS, DO THAT PROCESS, AND THEN REINTRODUCE THOSE
5 BACK TO THE PATIENT. SO THERE ARE MANUFACTURING
6 COSTS THAT ARE ASSOCIATED WITH THIS THAT END UP
7 BEING QUITE EXPENSIVE. AND SO THAT GENERALLY IS
8 TRUE. WE'RE GOING TO FIND THAT MOSTLY AUTOLOGOUS
9 THERAPIES ARE GOING TO BE MUCH MORE EXPENSIVE THAN
10 ALLOGENEIC ONES.

11 THAT SAID, THE COST FOR THIS, LIKE WITH
12 ANY OTHER PROJECT THAT COMES TO US, GOES THROUGH OUR
13 INTERNAL PROCESS OF CHECKING IT AGAINST THE COSTS OF
14 OTHER SIMILAR PROJECTS. AND SO THIS WAS NOT
15 HIGHLIGHTED AS BEING PARTICULARLY OUT OF SCOPE
16 COMPARED TO OTHER PROJECTS THAT ARE ATTEMPTING TO DO
17 THE SAME THING.

18 DR. DULIEGE: THANK YOU.

19 CHAIRMAN THOMAS: ART.

20 MR. TORRES: GIL, YOU MENTIONED THAT THIS
21 WOULD GO TO CHILDREN LATER?

22 DR. SAMBRANO: THAT'S THE GOAL. SO UPON
23 COMPLETING --

24 MR. TORRES: SO IS PART OF THAT 8 MILLION
25 WORKING TOWARDS THAT?

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1 DR. SAMBRANO: IT WOULD NOT BE SPENT ON
2 THAT. SO THAT WOULD BE A FUTURE AWARD.

3 CHAIRMAN THOMAS: IT SOUNDS LIKE IT'S NOT
4 BEING SPENT ON THAT, BUT IT IS WORKING TOWARDS THAT.

5 DR. SAMBRANO: CORRECT.

6 CHAIRMAN THOMAS: OKAY. ONE WAY TO THINK
7 ABOUT IT. OTHER QUESTIONS OR COMMENTS FROM MEMBERS
8 OF THE BOARD? JUDY.

9 DR. CHOU: I HAVE LESS CONCERN ABOUT THE
10 COST TO GET TO THE COMMERCIAL, BUT I'M MORE
11 CONCERNED ABOUT LATER ON THE COST OF THE THERAPY
12 ITSELF. AND THAT JUST WON'T BECOME AVAILABLE FOR
13 THE PATIENTS SIMPLY BECAUSE OF COST. I THINK WE
14 PROBABLY DO NEED TO CONSIDER THAT FACT.

15 CHAIRMAN THOMAS: THAT'S A STATEMENT THAT
16 COULD PROBABLY BE MADE ABOUT A NUMBER OF THINGS THAT
17 WE FUND. THAT'S SORT OF THE WAY THE FIELD IS THESE
18 DAYS, BUT POINT VERY WELL TAKEN. WE DO NEED TO KEEP
19 AN EYE ON THAT FOR SURE.

20 ANY COMMENTS ANYBODY ON ZOOM? ANY PUBLIC
21 COMMENT? MARIA, WILL YOU PLEASE CALL THE ROLL.

22 MS. BONNEVILLE: I WOULD LOVE TO.

23 DAN BERNAL.

24 MR. BERNAL: AYE.

25 MS. BONNEVILLE: JUDY CHOU.

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1 DR. CHOU: AYE.
2 MS. BONNEVILLE: LEONDR A CLARK-HARVEY.
3 MS. CLARK-HARVEY: AYE.
4 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
5 DR. DULIEGE: AYE.
6 MS. BONNEVILLE: YSABEL DURON.
7 MS. DURON: YES.
8 MS. BONNEVILLE: MARK FISCHER-COLBRIE.
9 DR. FISCHER-COLBRIE: YES.
10 MS. BONNEVILLE: FRED FISHER.
11 DR. FISHER: YES.
12 MS. BONNEVILLE: ELENA FLOWERS.
13 DR. FLOWERS: YES.
14 MS. BONNEVILLE: DAVID HIGGINS.
15 DR. HIGGINS: YES.
16 MS. BONNEVILLE: STEVE JUELSGAARD.
17 MR. JUELSGAARD: YES.
18 MS. BONNEVILLE: RICH LAJARA.
19 MR. LAJARA: YES.
20 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
21 DR. MIASKOWSKI: YES.
22 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
23 ADRIANA PADILLA. JOE PANETTA.
24 MR. PANETTA: YES.
25 MS. BONNEVILLE: AL ROWLETT.

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MR. ROWLETT: YES.

MS. BONNEVILLE: MARVIN SOUTHARD.

DR. SOUTHARD: YES.

MS. BONNEVILLE: JONATHAN THOMAS.

CHAIRMAN THOMAS: YES.

MS. BONNEVILLE: ART TORRES.

MR. TORRES: ABSTAIN.

MS. BONNEVILLE: MOTION CARRIES.

CHAIRMAN THOMAS: THANK YOU. DR. MILLAN,
WE HAVE HAD SEVERAL BOARD MEMBERS RECENTLY HAVE
ASKED ABOUT SORT OF THE PROCESS OF SOURCING CLIN
APPLICATIONS. AND SO I WOULD LIKE, IF YOU WOULD, TO
PERHAPS YOU AND DR. CREASEY COULD COME BACK AT THE
MARCH MEETING AND TALK TO THE BOARD ABOUT THAT AND
THE HUNTING PROCESS AND EVERYTHING ELSE,
PARTICULARLY SINCE A NUMBER OF THE NEW BOARD MEMBERS
HAVEN'T HEARD THAT. I THINK THEY'D FIND IT VERY
INTERESTING.

DR. MILLAN: WE'LL BE GLAD TO. THANK YOU.

CHAIRMAN THOMAS: THANK YOU.

ON TO NO. 11, CONSIDERATION OF
APPLICATIONS SUBMITTED IN RESPONSE TO THE DISCOVERY
STAGE RESEARCH PROJECTS, PROGRAM ANNOUNCEMENT DISC2.
GIL.

DR. SAMBRANO: THANK YOU, MR. CHAIRMAN.

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1 SO AS YOU KNOW, WE HAVE RECURRING FUNDING
2 OPPORTUNITIES THAT SPAN FROM DISCOVERY TO THE
3 CLINIC. AND WE JUST WENT THROUGH THE CLINICAL
4 APPLICATIONS THAT CAME IN THE LAST CYCLE, BUT NOW WE
5 WILL CONSIDER APPLICATIONS THAT COME IN AT THE VERY
6 EARLY PHASES OF THIS DEVELOPMENTAL PATH IN THE
7 DISCOVERY AND SPECIFICALLY THE DISC2 OR QUEST
8 PROGRAM.

9 IN THE QUEST PROGRAM THE GOAL OR OBJECTIVE
10 OF THIS IS TO PROMOTE DISCOVERY OF PROMISING NEW
11 STEM CELL-BASED AND GENE THERAPY TECHNOLOGIES THAT
12 COULD BE TRANSLATED TO ENABLE BROAD USE AND
13 ULTIMATELY IMPROVE PATIENT CARE.

14 PROJECTS THAT COME INTO THE QUEST
15 OPPORTUNITY ARE THOSE THAT PROPOSE TECHNOLOGY THAT
16 IS UNIQUELY ENABLED BY HUMAN STEM PROGENITOR CELLS
17 OR ARE UNIQUELY ENABLING FOR THE ADVANCEMENT OF STEM
18 CELL THERAPIES OR AIMED AT DEVELOPING A GENE THERAPY
19 APPROACH.

20 WE ARE LOOKING FOR PROJECTS THAT
21 ULTIMATELY WILL DEVELOP A CANDIDATE AT THE END OF
22 THE TWO- OR THREE-YEAR PERIOD. SO YOU MAY RECALL
23 THAT THIS USED TO BE A TWO-YEAR AWARD. THE MAXIMUM
24 AMOUNT OF FUNDING WAS FOR TWO YEARS. WE'VE EXTENDED
25 IT NOW TO THREE YEARS. AND SO THIS IS THE FIRST

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1 CYCLE IN WHICH WE NOW ALLOW UP TO THREE YEARS. AND
2 THE GOAL OVER THAT TWO- OR THREE-YEAR PERIOD IS FOR
3 THEM TO DEVELOP A THERAPEUTIC CANDIDATE, SUCH AS
4 CELL THERAPY, A SMALL MOLECULE DRUG, THAT IS FOR A
5 GIVEN INDICATION. BUT WE ALSO SUPPORT PRODUCT
6 TYPES, SUCH AS A DIAGNOSTIC, A MEDICAL DEVICE, OR A
7 TOOL, THAT MIGHT BE USED WITH STEM CELLS OR GENE
8 THERAPIES OR BECOME A COMBINATION WITH A
9 THERAPEUTIC.

10 THE GOALS OF THE PROJECT IS TO DEVELOP
11 EITHER A SINGLE CANDIDATE, IDENTIFY ONE; IF IT'S A
12 THERAPEUTIC, DEVELOP A TARGET PRODUCT PROFILE AND
13 SHOW US THE PROOF OF CONCEPT. IN THE CASE OF A
14 THERAPEUTIC, IT'S THAT THEIR THERAPEUTIC CANDIDATE
15 HAS DISEASE MODIFYING ACTIVITY IN EXPERIMENTAL
16 CONDITIONS. OR IF IT'S A DIAGNOSTIC DEVICE OR TOOL,
17 THAT THEIR PROTOTYPE CAN SHOW A PROOF OF CONCEPT OF
18 THE INTENDED FUNCTION OF THAT DEVICE OR TOOL.

19 IN THIS SLIDE I'M JUST SHOWING YOU KIND OF
20 WHERE IT SITS IN RELATIONSHIP TO OTHER FUNDING
21 OPPORTUNITIES THAT WE HAVE. SO THE DISC2 CANDIDATE
22 DISCOVERY IS AT THE INITIAL PHASES OF CONDUCTING
23 STUDIES THAT WILL HELP CHARACTERIZE THIS CANDIDATE
24 AND ALLOW THEM TO THEN BEGIN TRANSLATION THROUGH
25 EITHER A TRAN1 AWARD OR OTHER TRAN AWARD, DEPENDING

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1 ON THE PRODUCT TYPE, FOLLOWED BY THEN IND-ENABLING
2 STUDIES BEFORE IT GETS TO THE CLINIC. AND THE POINT
3 BEING HERE THAT THIS IS AT THE VERY EARLY PHASE AND
4 CERTAINLY STILL FAR AWAY FROM THE CLINIC.

5 THIS SLIDE IS JUST A REMINDER OF THE
6 CONFLICTS. I KNOW I'VE BEEN SHOWING THIS LATELY.
7 IT COMES AS A SURPRISE. SO HAS ANYBODY ON THIS LIST
8 DECLARED A CONFLICT WITH ONE OF THE APPLICATIONS?
9 SO PLEASE BE AWARE AND KEEP THAT IN MIND.

10 ALL RIGHT. SO HERE WE GO WITH THE PROCESS
11 ITSELF FOR THE REVIEW. FOR DISCOVERY CYCLES WE GO
12 THROUGH A POSITIVE SELECTION REVIEW PROCESS OR A
13 TWO-STAGE REVIEW PROCESS. AND WE DO THIS WHEN WE
14 HAVE A LARGE DEMAND OR A LARGE NUMBER OF
15 APPLICATIONS THAT TYPICALLY EXCEEDS THE CAPACITY OF
16 THE GRANTS WORKING GROUP PANEL TO REVIEW IN A SINGLE
17 SESSION.

18 AND SO WHAT HAPPENS IS IN THE FIRST STAGE
19 THE GRANTS WORKING GROUP PANEL, INCLUDING THE
20 PATIENT ADVOCATE AND NURSE MEMBERS, CONDUCT A
21 PREREVIEW OF THE APPLICATIONS. AND THEY DO THIS
22 ONLINE. THEY LOOK THROUGH ALL THE APPLICATIONS. WE
23 GIVE THEM A MINIMUM NUMBER TO LOOK AT AND ASSESS AND
24 SELECT WHICH ONES THEY WOULD LIKE TO ADVANCE TO FULL
25 REVIEW. SO THOSE THAT ARE SELECTED ADVANCE, BUT

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1 THEN THE CIRM PRESIDENT AND THE CIRM STAFF, THE
2 SCIENTIFIC PROGRAMS TEAM IN THIS CASE, EXAMINE ALL
3 THE NONSELECTED APPLICATIONS TO DETERMINE IF THERE
4 ARE ANY THAT MERIT A FULL REVIEW. AND THOSE ARE
5 INCLUDED AS WELL, AND THEN THE REMAINDER ARE NOT
6 CONSIDERED FURTHER.

7 SO IN THIS CASE WE HAD A TOTAL OF 54
8 ELIGIBLE APPLICATIONS SUBMITTED, EIGHT THAT BYPASSED
9 THE PROCESS BECAUSE THEY HAD A SCORE OF 80 TO 84,
10 WHICH I WILL EXPLAIN IN A SECOND. AND THERE WERE A
11 TOTAL OF 46 THAT ULTIMATELY ADVANCED TO THE FULL
12 DISCUSSION STAGE BY THE GRANTS WORKING GROUP.

13 THE SCORING SYSTEM THAT'S USED BY THE
14 GRANTS WORKING GROUP TO SCORE DISC2 APPLICATIONS IS
15 BASED ON A SCALE OF 1 TO A 100. ANYTHING THAT
16 SCORES 85 TO A 100 IS RECOMMENDED FOR FUNDING.
17 ANYTHING THAT'S SCORES BELOW THAT IS NOT
18 RECOMMENDED; HOWEVER, THERE IS THE RANGE OF 80 TO 84
19 OF NOT RECOMMENDED WHERE THE GRANTS WORKING GROUP
20 KNOWS THAT, IF GIVEN THIS SCORE, THOSE ARE DEEMED
21 SUFFICIENTLY MERITORIOUS TO BYPASS THE POSITIVE
22 SELECTION PROCESS THAT I JUST DESCRIBED AND ADVANCE
23 TO FULL REVIEW FOR THEIR RESUBMISSION AT THE NEXT
24 REVIEW CYCLE. SO IT ALLOWS THEM TO SORT OF SKIP A
25 STEP THE NEXT TIME THEY COME THROUGH.

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1 ALL RIGHT. THE REVIEW CRITERIA ARE PRETTY
2 MUCH THE SAME AS WHAT I SHOWED YOU WITH CLINICAL,
3 BUT, OF COURSE, THEY WOULD APPLY THE PRINCIPLES TO
4 THE EARLY DISCOVERY STAGE, BUT THESE ARE ALL STILL
5 IMPORTANT: SIGNIFICANCE AND POTENTIAL FOR IMPACT OF
6 THE PROJECT; THE RATIONALE BEHIND IT; THE PLAN AND
7 DESIGN; THE FEASIBILITY, INCLUDING THE TEAM AND
8 RESOURCES; AND WHETHER IT ADDRESSES THE NEEDS OF
9 UNDERSERVED COMMUNITIES.

10 THIS IS A SUMMARY TABLE OF THE
11 RECOMMENDATIONS FOR THESE APPLICATIONS. WE HAD 14
12 APPLICATIONS THAT SCORED 85 OR GREATER AND, THUS,
13 ARE RECOMMENDED FOR FUNDING BY THE GRANTS WORKING
14 GROUP. THE TOTAL APPLICANT REQUEST IS 28.7 MILLION.
15 SO THAT'S THE TOTAL OF THOSE 14 APPLICATIONS. THE
16 FUNDS AVAILABLE ARE 106 MILLION. SO THAT'S THE
17 ALLOCATION FOR THE FISCAL YEAR THAT WE HAVE. SO WE
18 HAVE PLENTY OF FUNDS TO COVER THE NUMBER OF
19 APPLICATIONS THAT SCORED 85 OR ABOVE.

20 IN ADDITION, WE HAVE SOME MINORITY
21 REPORTS. SO JUST TO EXPLAIN WHAT A MINORITY REPORT
22 IS, UNDER PROP 14, ANY APPLICATION THAT IS NOT
23 RECOMMENDED FOR FUNDING, MEANING IT GETS A SCORE
24 BELOW 85, BUT IN WHICH 35 PERCENT OR MORE OF THE
25 MEMBERS SCORE TO FUND THE APPLICATION MUST INCLUDE A

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1 MINORITY REPORT. AND SO THERE ARE THREE
2 APPLICATIONS THAT QUALIFIED FOR A MINORITY REPORT
3 BASED ON THE NUMBER OF INDIVIDUALS THAT GAVE THE
4 SCORE. AND WE'VE INCLUDED THAT MINORITY REPORT
5 SUMMARY IN THE REVIEW SUMMARY OF THE APPLICATION.

6 AND SO I'M GOING TO GO OVER EACH OF THESE
7 JUST SO YOU KNOW WHAT THOSE ARE. THESE ARE THE
8 THREE, AND THEY SIT RIGHT BELOW THE LINE. SO IF YOU
9 LOOK AT THE SHEET THAT HAS THE RANK ORDER OF THE
10 APPLICATIONS, THESE ARE BASICALLY THE NEXT THREE IN
11 LINE THAT HAVE A SCORE OF 84, 83, AND 83.

12 AND THE FIRST ONE IS DISC2-14047. AND
13 THIS ONE IS ENTITLED "A NOVEL THERAPY FOR SANFILIPPO
14 B," AND THAT IS THE NAME OF A DISEASE. IT IS A
15 RARE -- I BELIEVE IT'S ALSO A LYSOSOMAL STORAGE
16 DISEASE, PEDIATRIC DISEASE. AND THIS IS A CELL AND
17 GENE THERAPY APPROACH WHERE THEY USE HUMAN EMBRYONIC
18 STEM CELL-DERIVED NEUROPROGENITOR CELLS ENGINEERED
19 TO OVEREXPRESS A MISSING ENZYME AND CORRECT THE
20 NEUROPATHOLOGY THAT'S ASSOCIATED WITH THIS DISEASE.

21 THE MINORITY REPORT STATES THE FOLLOWING:
22 REVIEWERS THAT SUPPORTED THE FUNDING OF THIS
23 RESUBMISSION APPLICATION, MEANING THIS IS THE SECOND
24 TIME THAT THE GRANTS WORKING GROUP HAS LOOKED AT
25 THIS APPLICATION, THOUGHT THAT THE APPLICANT

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1 PROVIDED GOOD PRELIMINARY DATA FOR DEVELOPING A STEM
2 CELL-BASED THERAPY FOR SANFILIPPO B. THEY THOUGHT
3 THAT THE APPLICANTS ADDRESSED MOST OF THE PRIOR
4 CONCERNS FROM THE PRIOR REVIEW, INCLUDING ADDING
5 ADDITIONAL PROOF OF CONCEPT DATA AND BRINGING ON A
6 COLLABORATOR TO ASSESS FUNCTION. OVERALL THE
7 MINORITY REVIEWERS THOUGHT THE OVERALL APPROACH HAD
8 RISKS, BUT WAS WORTH TRYING AND HAD REASONABLE
9 CHANCE OF SUCCESS IN A DIFFICULT AND RARE PEDIATRIC
10 DISEASE.

11 AS YOU CAN SEE, THE SCORING WAS SPLIT SIX
12 TO EIGHT WITH SIX SCORING 85 OR ABOVE, EIGHT SCORING
13 BELOW 85. FROM THE CIRM PERSPECTIVE, WE DON'T HAVE
14 A SPECIFIC RECOMMENDATION FOR THIS APPLICATION ONE
15 WAY OR THE OTHER. WE DIDN'T FIND A COMPELLING
16 REASON TO RECOMMEND IT OR TO NOT RECOMMEND IT.

17 THE NEXT APPLICATION IS DISC2-14097. AND
18 THIS ONE IS ENTITLED "IN UTERO TREATMENT OF DUCHENNE
19 MUSCULAR DYSTROPHY WITH NONVIRAL GENE EDITING." AND
20 SO THIS IS A GENETIC THERAPY THAT IS COMPOSED OF A
21 LIPID NANOPARTICLE THAT CONTAINS AN MRNA COMPLEX
22 THAT CAN EDIT CELL DNA, THE GENOME OF MUSCLE STEM
23 CELLS IN UTERO.

24 SO THE GOAL OF THIS IS TO DO THIS VERY
25 EARLY ON TO BASICALLY TRY TO RESTORE THE DEFECTIVE

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1 GENE MUTATION IN UTERO, IF POSSIBLE.

2 AND SO THE DEVELOPMENT OF THIS PROJECT
3 WOULD INCLUDE ACTIVITIES TO TRY TO DEMONSTRATE THAT
4 THEY CAN DO THIS. THE MINORITY REPORT READS AS
5 FOLLOWS: MINORITY REVIEWERS THOUGHT THAT THIS
6 PROPOSAL FOR A TREATMENT FOR DMD WAS WORTH FUNDING
7 BECAUSE THE SIGNIFICANCE OF CORRECTING THE GENE AS
8 EARLY AS POSSIBLE HOLDS A LOT OF POTENTIAL BEFORE
9 THE DISEASE HAS A CHANCE TO AFFECT PATIENTS.

10 REVIEWERS THOUGHT THE MODEL PHENOTYPE IN
11 ANIMALS WAS GOOD AND THAT THE RESULTS WERE DIRECTLY
12 EQUIVALENT TO WHAT IS LIKELY TO BE SEEN IN PATIENTS.

13 MINORITY REVIEWERS APPRECIATED THE DEI
14 COMPONENT OF THE APPLICATION WHICH WAS CONSIDERED
15 VERY CAREFULLY AND IS A STRENGTH OF THE APPLICATION.
16 MINORITY REVIEWERS DID INDICATE THE APPLICATION HAD
17 SOME WEAKNESSES. ONE MINORITY REVIEWER WAS UNSURE
18 WHETHER THE PROPOSED ROUTE OF DELIVERY IS THE BEST
19 ROUTE IN TERMS OF TRANSLATION, BUT SOMETHING THAT
20 COULD BE CONSIDERED LATER ON.

21 ANOTHER MINORITY REVIEWER DIDN'T MIND THE
22 DELIVERY ROUTE AND THOUGHT THAT THE IN VIVO DELIVERY
23 DATA WAS CONVINCING.

24 OTHER CONCERNS EXPRESSED BY THE MINORITY
25 REVIEWERS INCLUDED THE POTENTIAL SMALL TARGET

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1 POPULATION IF THE ANIMAL MODEL DOESN'T WORK, AND
2 THEY WOULD LIKE MORE THOUGHT GIVEN TO THE LONG-TERM
3 SAFETY OF THE PRODUCT. OVERALL THE MINORITY
4 REVIEWERS THOUGHT THIS RESUBMISSION REASONABLY
5 ADDRESSED PRIOR CONCERNS AND HAD STRONG TECHNICAL
6 AND PRELIMINARY DATA AND RECOMMENDED THE APPLICATION
7 FOR FUNDING.

8 CHAIRMAN THOMAS: GIL, WHAT WAS THE
9 REASONING FOR THOSE WHO VOTED AGAINST IT? WAS IT
10 DELIVERY RELATED, MOST OF IT?

11 DR. SAMBRANO: SO THE CONCERNS IN THIS
12 ONE, YES. I THINK PART OF IT WAS THE POTENTIAL
13 STUDIES ON EFFICACY AND SAFETY, THAT SHOULD BE KIND
14 OF IRONED OUT.

15 A LOT OF IT WAS ON THE PLAN AND DESIGN.
16 SOME COMMENTS IN THAT ARENA ARE THE REPORTER MODEL
17 AND SAFETY ASPECTS OF THE WORK NEED TO BE
18 STRENGTHENED. THERE WAS AT LEAST ONE REVIEWER THAT
19 THOUGHT THAT THEY ARE WAITING A LITTLE BIT TOO LONG
20 TO ACTUALLY TEST THIS ON THE DMD MODEL BECAUSE FOR
21 THE FIRST 12 MONTHS, THEY'RE DOING WORK IN
22 PREPARATION FOR THAT, BUT YET NOT HAVING YET
23 ANYTHING TO DO WITH DMD. I THINK THAT IS MOSTLY IT
24 IN TERMS OF THE CONCERNS.

25 CHAIRMAN THOMAS: WHAT IS THE TEAM'S

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1 RECOMMENDATION ON THIS ONE?

2 DR. SAMBRANO: SO ON THIS ONE WE ALSO DID
3 NOT HAVE A SPECIFIC RECOMMENDATION BASED ON ANYTHING
4 COMPELLING THAT WE SAW. THIS ALSO IS A SECOND
5 SUBMISSION. AND I THINK FOR THESE FIRST TWO, I
6 THINK ONE OF THE THINGS THAT I CAN TELL YOU IS THAT
7 THEY HAD ISSUES THAT ARE, AT LEAST FROM OUR
8 PERSPECTIVE, NOT A FATAL FLAW IN EITHER CASE. AND
9 THE ISSUES THAT THEY DO HAVE ARE THINGS THAT COULD
10 BE ADDRESSED WITH MILESTONES. AND SO THAT, I THINK,
11 APPLIES TO THIS ONE AND THE PREVIOUS ONE.

12 CHAIRMAN THOMAS: ANNE-MARIE.

13 DR. DULIEGE: IT'S THE FIRST TIME, I
14 BELIEVE, THAT WE'RE IN A SITUATION WHERE THE CIRM
15 CANNOT HELP US IN MAKING A RECOMMENDATION ONE WAY OR
16 ANOTHER. IT SOUNDS TO ME VERY UNUSUAL, AND IT MAKES
17 OUR WORK DIFFICULT TO DO, OBVIOUSLY, IF WE DON'T
18 HAVE THE GUIDANCE THAT WE CAN REACT IN FAVOR OF OR
19 AGAINST.

20 CHAIRMAN THOMAS: GIL OR -- DO YOU HAVE
21 FURTHER ON THAT POINT, STEVE?

22 MR. JUELSGAARD: I'D JUST LIKE TO ASK GIL
23 WHY, WHY THE CIRM STAFF WASN'T ABLE TO COME TO A
24 RECOMMENDATION.

25 DR. SAMBRANO: I THINK OUR INITIAL

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1 APPROACH TO THIS WAS DO WE HAVE A COMPELLING REASON
2 WHY THIS SHOULD BE RECOMMENDED OR SHOULD BE
3 DIFFERENT FROM WHAT THE GRANTS WORKING GROUP HAS
4 DONE. AND SO WE DIDN'T HAVE ONE. BUT WE DID LOOK
5 AT IT FROM THE PERSPECTIVE OF, IF YOU CHOOSE TO FUND
6 IT, WOULD WE HAVE ANY ISSUE WITH IT? AND FOR THESE
7 FIRST TWO, WE DON'T BECAUSE WE THINK THAT THE ISSUES
8 THAT WERE BROUGHT UP ARE CORRECTABLE THROUGH
9 MILESTONES. AND SO THAT CAN BE DONE. AND IF YOU'RE
10 COMFORTABLE WITH IT FROM LOOKING AT IT FROM A
11 PROGRAMMATIC PERSPECTIVE, AT LEAST FROM THE
12 SCIENTIFIC PERSPECTIVE AND ADMINISTERING IT, WE
13 DON'T SEE A PROBLEM.

14 MR. JUELSGAARD: THAT'S VERY HELPFUL TO
15 KNOW, THAT YOU CAN CORRECT IT ON THE FLY. WE DON'T
16 HAVE TO GO THROUGH THE REVIEW PROCESS AGAIN.

17 DR. DULIEGE: SO, IN FACT, INDIRECTLY IS
18 IT -- SHOULD WE RESPOND TO THAT BY SAYING THAT WE
19 SHOULDN'T VOTE ON IT RIGHT NOW, BUT IT SHOULD GO
20 THROUGH A THIRD REVIEW WITH A RECOMMENDATION FOR THE
21 TEAM ASKING FOR THIS MONEY TO TRY TO CORRECT, AND
22 THEN IT CAN COME BACK TO US WITH A CLEAR CORRECTION
23 ONE WAY OR ANOTHER? IS IT READY FOR US?

24 DR. SAMBRANO: YES. IT IS READY FOR YOU.
25 SO THERE'S DIFFERENT MECHANISMS THAT WE HAVE FOR

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1 CORRECTING ISSUES. ONE OF THEM IS FOR THE APPLICANT
2 TO RESUBMIT. AND SO THOSE USUALLY STEM FROM
3 RECOMMENDATIONS THAT COME FROM THE GRANTS WORKING
4 GROUP THAT SAY YOU REALLY NEED TO WORK ON THIS
5 ELEMENT OR YOU NEED TO RESTRUCTURE YOUR PLAN IN SOME
6 WAY. AND SO THERE, WHEN WE SEE THAT, I THINK
7 THERE'S A CLEARER DIRECTIVE.

8 IN OTHER CASES WE WILL WORK WITH AN
9 APPLICANT ON A MILESTONE, WHICH IS THESE ARE NOT
10 SIGNIFICANT CHANGES. THESE ARE THINGS WHERE MAYBE
11 THERE'S A STUDY THEY CAN TWEAK OR SOMETHING THAT
12 MAYBE THEY ARE PROPOSING A LITTLE TOO MUCH. WE CAN
13 TAKE THAT OUT AND THROUGH THE MILESTONES PROPOSE
14 SOMETHING THAT'S MORE FEASIBLE.

15 AND SO FOR THESE FIRST TWO THAT I'M
16 TALKING ABOUT, WHEN WE LOOKED AT IT, WE FELT THESE
17 COULD EASILY BE ADDRESSED THROUGH THOSE MILESTONES
18 WITHOUT NEEDING ANYTHING ELSE. THESE APPLICANTS, IF
19 YOU CHOOSE NOT TO FUND THEM, THEY HAVE THE
20 OPPORTUNITY TO RESUBMIT. SO THEY WOULD STILL HAVE
21 THAT OPPORTUNITY TO COME BACK, ADDRESS THE CONCERNS,
22 AND THE GRANTS WORKING GROUP COULD GIVE THEM A SCORE
23 THAT WOULD PUT THEM ABOVE 85.

24 CHAIRMAN THOMAS: ONE SECOND ON THAT,
25 MOHAMMAD. GIL, INFORM THE BOARD HOW FAR DOWN THE

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1 ROAD RESUBMISSION IS.

2 DR. SAMBRANO: I BELIEVE IT'S MAY 1ST OR
3 2D IS THE NEXT DEADLINE.

4 CHAIRMAN THOMAS: SO IT'S A WHILE. SO,
5 YES, MOHAMMAD.

6 DR. ABOUSALEM: JUST A PROCESS QUESTION.
7 I'M NOT CLEAR ABOUT WHAT THE VOTING WOULD BE ON.
8 I'M NOT GOING TO BE VOTING. I'M NOT PART OF THE
9 GWG, BUT JUST PROCESS. DID THE MAJORITY OF THE GWG
10 SAY DO NOT FUND, AND THE CIRM TEAM DON'T HAVE A
11 POSITION ON IT. WHY IS IT COMING TO THE BOARD? THE
12 MAJORITY LOOKS LIKE --

13 CHAIRMAN THOMAS: I'LL JUST STEP IN HERE.
14 I DO AGREE, GIL, THAT IT'S NOT PARTICULARLY HELPFUL
15 TO NOT HAVE A RECOMMENDATION. BUT IT SOUNDS LIKE
16 YOU SORT OF DO HAVE A RECOMMENDATION EVEN THOUGH
17 YOU'RE RECOMMENDING. SO TOO MUCH TALKING.

18 SO THE PROCESS IS ANY TIME SOMETHING COMES
19 TO THE BOARD OR IN THIS CASE THE APPLICATION REVIEW
20 SUBCOMMITTEE, IT'S THE PREROGATIVE OF THAT
21 SUBCOMMITTEE TO ELEVATE PROJECTS THAT MAY NOT HAVE
22 BEEN RECOMMENDED BY THE GWG IF THAT GROUP ON A
23 MAJORITY BASIS FINDS A COMPELLING REASON TO DO SO.
24 SO THAT'S WHAT WE'RE TALKING ABOUT HERE. THIS ISN'T
25 THE VOTE. THIS IS JUST THE DISCUSSION OF THIS.

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1 I DO WANT TO JUST MAKE A COMMENT THAT,
2 GIVEN WHAT GIL HAS SAID -- I'M NOT TRYING TO
3 PREJUDICE ANYBODY'S VIEW OF THIS, BUT I'M GIVING YOU
4 MY OPINION. GIVEN WHAT GIL HAS JUST SAID, GIVEN THE
5 FACT THAT BOTH OF THESE ARE PEDIATRIC CONDITIONS,
6 WHICH IS SOMETHING WE NEED MORE OF AND ARE VERY
7 IMPORTANT AS IS EVERYTHING, BUT WE NEED TO BUILD UP
8 OUR PEDIATRIC RATIO HERE. AND IN PARTICULAR ON THIS
9 ONE, WE DON'T HAVE A LOT OF IN UTERO GENE EDITING
10 PROJECTS WHICH ARE EXTREMELY CUTTING EDGE. AND IF
11 THEY WORK, AS WE'VE SEEN WITH THE WORK OF DR.
12 MCKENZIE AT UCSF, CAN HAVE PROFOUND RESULTS. SO I
13 PERSONALLY, WHEN WE GET AROUND TO DISCUSSING WHETHER
14 OR NOT TO ELEVATE THESE OR NOT WOULD BE IN FAVOR OF
15 BOTH IN CASE ANYBODY IS WONDERING.

16 ANY OTHER COMMENTS FROM MEMBERS OF THE
17 BOARD? PUBLIC COMMENT? SCRATCH THAT. I DIDN'T SAY
18 THAT. MARIA, DON'T GIVE ME THAT LOOK. GIL, GO ON
19 TO THE THIRD ONE PLEASE. THIRD MINORITY REPORT.

20 DR. FISHER: J.T., CAN EVERYBODY HEAR ME?
21 I'VE GOT MY HAND UP.

22 CHAIRMAN THOMAS: I CAN'T SEE YOUR HAND.
23 I CAN HEAR YOU, BUT GO AHEAD PLEASE.

24 DR. FISHER: OH, I SEE. THEN I'LL JUST
25 CHIME IN. SO CAN YOU GO BACK TO THE PREVIOUS SLIDE

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1 PLEASE SINCE THAT'S WHAT WE ARE DISCUSSING. AND I
2 GUESS WE'RE DISCUSSING IT BECAUSE THERE'S A MINORITY
3 REPORT. AND WHILE I CAN APPRECIATE, J.T., WHAT YOU
4 SAID NEEDING MORE BANDWIDTH IN THE PEDIATRIC AREA,
5 THE SCORES RANGE FROM 80 TO 87 WHICH, AS A
6 NONSCIENTIST, NONPHYSICIAN, TELLS ME THAT THE
7 SCIENTISTS AREN'T PARTICULARLY ENTHUSIASTIC ABOUT
8 THIS PROPOSAL BECAUSE THE HIGHEST SCORE IS AN 87.
9 AND SO WHY THE SCIENTISTS ARE NOT MORE ENTHUSIASTIC
10 I CAN'T REMEMBER. I'M ON THIS COMMITTEE. BUT I
11 WOULD BE CAUTIOUS ABOUT FUNDING THINGS THAT THE
12 PEOPLE THAT WE DELEGATE THE RESPONSIBILITY TO REVIEW
13 THIS, WE HAVE TO LISTEN TO THEM AS WELL.

14 AND THE WAY THE STAFF IS APPROACHING THIS
15 DOESN'T ADD THAT MUCH CONFIDENCE. AND WHEN I LOOK
16 AT THE RANGE OF SCORES, THAT DOESN'T ADD A LOT OF
17 CONFIDENCE FOR ME EITHER.

18 SO IN RESPONSE TO WHAT ANNE-MARIE SAID,
19 WITHOUT BOARD DIRECTION, I LOOK AT THE SCORE RANGE.
20 AND GIVEN THAT NOBODY SCORED IT MORE THAN 87, TWO
21 POINTS BEFORE THE FUNDABLE RANGE, I'M NOT
22 PARTICULARLY ENTHUSIASTIC ABOUT THIS EVEN THOUGH I'D
23 LOVE TO SEE GOOD WORK GO FORWARD IN THIS AREA.

24 CHAIRMAN THOMAS: APPRECIATE THOSE
25 COMMENTS. THANK YOU, FRED. IT DOES HAVE THE 80, 87

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1 RANGE, HAS A MEDIAN OF 83, WHICH IS TWO BELOW. I'M
2 GUESSING, GIL, THAT GIVEN THE MILESTONE APPROACH,
3 THAT THAT COULD ALLEVIATE THAT FACT THAT IT'S JUST
4 BELOW THE FUNDING LINE? I KNOW YOU DON'T WANT TO
5 COMMIT TO ANYTHING.

6 DR. SAMBRANO: WELL, THE SCORE AND THE
7 MILESTONES ARE NECESSARILY RELATED. SO IT GOT A
8 SCORE WHERE CLEARLY THE GRANTS WORKING GROUP WAS
9 SPLIT IN TERMS OF OPINION ON WHETHER IT SHOULD BE
10 FUNDED OR NOT. FROM THE PERSPECTIVE OF THE
11 MILESTONES, WE LOOK AT ARE THE CONCERNS ONES THAT
12 ARE FIXABLE OR NOT. AND THEY'RE FIXABLE, WE THINK,
13 THROUGH MILESTONES SUCH THAT IT ALLOWS IT TO GO
14 FORWARD WITH, I THINK, NOT A LOT OF CONCERN.

15 CHAIRMAN THOMAS: FAIR ENOUGH.
16 ANNE-MARIE.

17 DR. DULIEGE: WITH ALL WHAT HAS BEEN SAID
18 SO FAR, FOR ME IT'S REALLY, FIRST OF ALL,
19 ADMITTEDLY, IT'S AN UNUSUAL SITUATION. IN FACT, AS
20 FAR AS I CAN TELL, FOR YEARS WE HAVEN'T HAD TO
21 DISCUSS THOSE SITUATIONS WHERE THERE'S NOT A FORMAL
22 RECOMMENDATION FROM THE CIRM. IT WOULD BE VERY
23 DIFFICULT TO GO AGAINST A RECOMMENDATION IN THESE
24 TWO CASES NOT TO FUND BY THE GRANT WORKING GROUP IN
25 THE ABSENCE OF A CLEAR GUIDANCE TO THE CONTRARY FROM

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1 THE CIRM.

2 SECOND, WE ARE NOT TALKING ABOUT A SMALL
3 AMOUNT OF MONEY. WE TEND TO THINK ABOUT MILLIONS OR
4 HERE RIGHT IN THERE, BUT IT'S STILL A LOT OF MONEY.

5 BUT, THIRD, RESUBMITTING IN MAY IS NOT
6 SUCH A LONG TIME IN THE FUTURE. IT'S NOT THAT WE
7 HAVE ONE YEARLY AND A SINGLE YEARLY PROCESS OF
8 REVIEW. SO IN MY CASE I WILL VOTE NOT TO CHANGE THE
9 RECOMMENDATION OF THE WORKING GROUP FOR THIS REASON.

10 CHAIRMAN THOMAS: FAIR ENOUGH. OTHER
11 COMMENTS, QUESTIONS BY MEMBERS OF THE BOARD? SORRY.
12 SORRY AGAIN. GIL, THIRD MINORITY REPORT. LONG
13 DAY.

14 DR. SAMBRANO: HERE IS THE THIRD ONE. SO
15 THE THIRD MINORITY REPORT IS FOR APPLICATION
16 DISC2-14089. SO THIS ONE IS ENTITLED "CHEMICALLY
17 ENGINEERED PHOTORECEPTORS FOR VISION RESTORATION IN
18 RETINAL DEGENERATION ASSOCIATED BLINDNESS." AND SO
19 THIS IS A UNIQUE APPROACH TO RETINAL DEGENERATION
20 AND TO GENERATING CELLS THROUGH A CHEMICAL APPROACH
21 AS OPPOSED TO THE TRADITIONAL VIRAL VECTOR OR OTHER
22 APPROACHES THAT ARE USED TO REPROGRAM CELLS. AND SO
23 THIS APPROACH IS A BIT UNIQUE. LET ME READ TO YOU
24 THE MINORITY REPORT ON THIS ONE.

25 REVIEWERS WHO VOTED IN FAVOR OF FUNDING

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1 THIS PROPOSAL FOR MANUFACTURING PHOTORECEPTORS
2 AGREED THERE WAS AN OVERALL POTENTIAL RISK FOR THE
3 PROJECT NOT SUCCEEDING, BUT ON BALANCE THOUGHT THAT
4 CIRM SHOULD INVEST IN THIS HIGH RISK, HIGH REWARD
5 PROJECT. MINORITY REVIEWERS THOUGHT THAT APPLICANTS
6 HAVE PRELIMINARY DATA THAT ARE POINTING TO SUCCESS.
7 AND ALTHOUGH PROOF OF CONCEPT DATA IN VIVO WOULD
8 GIVE MORE CONFIDENCE IN THE PROJECT, THE PROPOSED
9 STUDIES ARE LOGICAL. MINORITY REVIEWERS THOUGHT THE
10 APPROACH COULD MAKE SIGNIFICANT IMPACT ON A SAFER
11 PRODUCT FOR PATIENTS IF SUCCESSFUL. THOUGH THE
12 PROJECT PROPOSES A LARGE AMOUNT OF WORK, EVEN IF
13 PROGRESS IS MADE ON ONLY PART OF THE PROPOSED
14 MILESTONES, YOU WOULD ADD VALUE TO THE FIELD.

15 IN TERMS OF OUR ASSESSMENT OF THIS, ONE OF
16 THE CONCERNS WAS THE AMOUNT OF WORK THAT'S PROPOSED
17 AND BEING ABLE TO DO IT. SO THIS IS ONE WHERE WE
18 THOUGHT A LOT OF THE CONCERNS AREN'T NECESSARILY
19 EASILY FIXABLE THROUGH MILESTONES AND MAY REQUIRE
20 MORE RESTRUCTURING OF THIS PROJECT THAN THE
21 MILESTONES WOULD ALLOW US TO DO. AND SO OUR
22 SUGGESTION ON THIS ONE WAS A RESUBMISSION.

23 ALTHOUGH YOU WILL NOTE THAT THE NUMBER OF
24 MEMBERS THAT VOTED IN FAVOR WITH AN 85 WERE SEVEN
25 VERSUS SEVEN. SO IT'S ESSENTIALLY A TIE BETWEEN THE

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1 MEMBERS OF THE WORKING GROUP. SO THEY WERE QUITE
2 SPLIT. SO THAT'S THE THIRD.

3 CHAIRMAN THOMAS: OKAY. SO COULD YOU NOW
4 GO TO SHOW THE SCORES? IS THAT THE NEXT STEP HERE?

5 DR. SAMBRANO: YES. ALTHOUGH I DON'T KNOW
6 THAT I HAVE -- DO YOU HAVE THE SPREADSHEET TO SHOW?
7 OTHERWISE I THINK THOSE WERE PROVIDED IN YOUR
8 MATERIALS.

9 CHAIRMAN THOMAS: OKAY. SO HOPEFULLY
10 EVERYBODY HAS THE SCORE SPREADSHEET HANDY. IT
11 TRACKS THE NUMBER OF APPLICATIONS THAT WERE
12 RECOMMENDED FOR APPROVAL AT THE BEGINNING OF GIL'S
13 PRESENTATION AS WELL AS THOSE THAT ARE BELOW THE
14 FUNDING LINE. THE THREE RIGHT AFTER THE FUNDING
15 LINE WERE THE SUBJECT OF THE MINORITY REPORTS THAT
16 WE JUST DISCUSSED. SO THE PROCESS HERE IS FOURFOLD.

17 FIRST, I WILL ASK IF ANYBODY WANTS TO
18 ELEVATE ANY OF THE APPLICATIONS OF THE NOT
19 RECOMMENDED TO THE RECOMMENDED RANGE. THEN I WILL
20 ASK IF ANYBODY WANTS TO MOVE ANY IN THE RECOMMENDED
21 RANGE DOWN TO THE NOT FOR RECOMMENDED RANGE. THEN
22 WE WILL VOTE ON NOT APPROVING THOSE IN THE NOT
23 RECOMMENDED RANGE. AND FINALLY, WE WILL VOTE FOR
24 THOSE THAT ARE IN THE FOR RECOMMENDED RANGE AND WILL
25 DO SO IN BOTH LATTER TWO CASES IN OMNIBUS FASHION.

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1 SO I HOPE THAT WAS CLEAR. NOT BAD FOR NINE HOURS IN
2 A MEETING.

3 YES, SCOTT.

4 MS. BONNEVILLE: WE'VE HAVING A ZOOM
5 PROBLEM BECAUSE I JUST GOT A COUPLE OF TEXTS FROM
6 MEMBERS WHO ARE SUPPOSED TO BE ON ZOOM. AND MY ZOOM
7 WENT OUT TOO. SO I DON'T KNOW IF SOMETHING IS GOING
8 ON OVER THERE. SO WE WILL CHECK. JUST ONE SECOND.

9 (PAUSE IN PROCEEDINGS.)

10 CHAIRMAN THOMAS: OKAY. SO THE FIRST
11 QUESTION IS IS THERE ANY -- IS THERE A MOTION TO
12 MOVE ANY OF THOSE NOT RECOMMENDED FOR FUNDING UP TO
13 THE FUNDING RANGE? AND I WILL RECOMMEND -- YES,
14 WHAT, MARIA?

15 MS. BONNEVILLE: I JUST WANT TO MAKE SURE
16 WE JUST HAVE OUR LIST TOGETHER OF WHO CAN AND CANNOT
17 SO I CAN STOP PEOPLE FROM DOING IT.

18 CHAIRMAN THOMAS: THANK YOU VERY MUCH.

19 MS. BONNEVILLE: YOU'RE WELCOME.

20 CHAIRMAN THOMAS: I WOULD LIKE TO MOVE THE
21 TWO THAT WE DISCUSSED, WHOSE NUMBERS I DON'T RECALL,
22 UP TO THE FUNDING RANGE. IS THERE A SECOND FOR
23 PURPOSES OF DISCUSSION?

24 MR. TORRES: SECOND.

25 MR. TOSHER: WAIT A MINUTE. YOU MEAN THE

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1 FIRST TWO?

2 MS. BONNEVILLE: FIRST TWO.

3 CHAIRMAN THOMAS: THE FIRST TWO THAT GIL
4 GAVE FOR THE MINORITY REPORTS.

5 MS. BONNEVILLE: 14047 AND 14097.

6 CHAIRMAN THOMAS: THE TWO PEDIATRIC
7 APPLICATIONS. SECONDED BY ART. ARE THERE
8 QUESTIONS -- WE SORT OF HAVE ANNE-MARIE'S VIEW, I
9 THINK, AND OTHERS. FURTHER QUESTIONS OR COMMENTS
10 ABOUT THIS MOTION TO MOVE THOSE TWO APPLICATIONS UP
11 TO THE FUNDING RANGE? STEVE.

12 MR. JUELSGAARD: SO I THINK ANNE-MARIE
13 REALLY RAISED A SALIENT POINT HERE. WE IN THE PAST
14 HAVE OVERRIDDEN GWG'S NEGATIVE RECOMMENDATIONS, BUT
15 WE'VE ALWAYS DONE IT ON THE BASIS OF THE CIRM TEAM
16 SAYING THEY THOUGHT IT WAS STILL A GOOD PROPOSAL.
17 NOW WE HAVE THE CIRM TEAM BEING NEUTRAL BASICALLY
18 ABOUT MAKING A RECOMMENDATION ONE WAY OR THE OTHER.
19 THE QUESTION IS ARE WE WILLING TO GO FORWARD, IN THE
20 ABSENCE OF THEIR RECOMMENDATION, WITH AN APPROVAL?
21 I THINK THAT'S WHAT WE HAVE TO DECIDE. IT'S A
22 PRETTY NOVEL THING TO HAVE HAPPEN. WE HAVEN'T DONE
23 THAT BEFORE.

24 CHAIRMAN THOMAS: IT IS. YES, THAT'S
25 CORRECT. OTHER QUESTIONS OR COMMENTS? JOE.

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1 MR. PANETTA: I JUST KIND OF WANT TO
2 FOLLOW ON TO STEVE'S QUESTION. SO AS I UNDERSTOOD,
3 GIL, WHAT YOU ARE SAYING IS THAT IF WE MOVE THIS UP
4 AND APPROVE IT, WHILE YOU ARE NOT RECOMMENDING, THAT
5 YOU WOULD ESTABLISH MILESTONES THAT WOULD ALLOW THE
6 APPLICANT TO CORRECT THE ISSUES THAT YOU HAVE SO
7 THAT IT COULD GO FORWARD.

8 DR. SAMBRANO: CORRECT.

9 CHAIRMAN THOMAS: I WOULD LIKE TO AMEND,
10 FRIENDLY AMEND MYSELF. MR. TOSHER, IS THAT
11 ALLOWABLE?

12 MR. TOSHER: WITH THE ACQUIESCENCE OF YOUR
13 SECOND.

14 MR. TORRES: ONLY IF YOUR SECOND AGREES.

15 CHAIRMAN THOMAS: YES, EXACTLY. THAT WE
16 MOVE THOSE TWO UP SUBJECT TO A REQUIREMENT THAT THEY
17 MEET MILESTONES IMPOSED BY THE TEAM. DO WE HAVE A
18 FRIENDLY --

19 MR. TORRES: SECOND, YES.

20 CHAIRMAN THOMAS: FRIENDLY SECOND. YES.

21 MR. TORRES: LAST ONE YOU'RE GOING TO GET.

22 CHAIRMAN THOMAS: THANK YOU. FURTHER
23 THOUGHTS, COMMENTS?

24 DR. DULIEGE: J.T., OF COURSE, IT'S
25 TOTALLY FAIR. BUT WE JUST HEARD FROM GIL THAT, YES,

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1 IT COULD BE MADE, BUT THE CIRM TEAM WAS NOT READY TO
2 MAKE THIS RECOMMENDATION OF MILESTONES. SO THERE
3 ARE REASONS FOR WHY THERE IS A PROCESS HERE, AND WE
4 ARE DEVIATING FROM THIS PROCESS BECAUSE OF THE
5 UNDERSTANDABLE SENSITIVITY OF THESE ARE PEDIATRIC
6 APPLICATIONS, I THINK MAINLY. PERSONALLY I WONDER
7 THE JUSTIFICATION. BELIEVE ME, AS A PEDIATRICIAN,
8 I'M VERY SENSITIVE TO PEDIATRIC APPLICATIONS. THE
9 RESUBMISSION IS ONLY IN A FEW MONTH. I THINK
10 THERE'S SUCH A VALUE TO APPROVAL PROCESS. I'LL
11 CONTINUE TO VOTE NO FOR THAT.

12 CHAIRMAN THOMAS: TOTALLY FAIR.

13 GIL, ONE QUESTION FOR YOU. IS IT THAT
14 YOU'RE NOT READY TO MAKE RECOMMENDATIONS FOR
15 MILESTONES? OR IF WE APPROVE THIS, DO YOU HAVE THE
16 MILESTONES READY TO RECOMMEND?

17 DR. SAMBRANO: WE DON'T HAVE THE
18 MILESTONES READY. WE WOULD WORK WITH THEM TO
19 DETERMINE WHAT THE APPROPRIATE MILESTONES WOULD BE.

20 CHAIRMAN THOMAS: THAT'S AN IMPORTANT
21 DISTINCTION. THAT'S AN IMPORTANT DISTINCTION. SO
22 OTHER COMMENTS HERE? PUBLIC COMMENT? WHO'S
23 COMMENTING UP THERE?

24 MR. TORRES: THERE'S ROSA WAVING.

25 CHAIRMAN THOMAS: ROSA, ARE YOU WAVING?

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1 DR. CANET-AVILES: I HAD RAISED MY HAND AS
2 THE SCIENTIFIC PROGRAMS LEAD. WE COULD BE FOLLOWING
3 THE NORMAL PROCESS, WHICH IS DURING THE PREFUNDING
4 REVIEW, WE WORK WITH OUR GRANTEES TO SET UP
5 MILESTONES. SO IT'S NOT THAT WE ARE NOT READY. WE
6 ARE ALWAYS READY, AND THIS IS PART OF PFAR. WE
7 THINK THAT THESE TWO FIRST ONES COULD BE -- WOULD BE
8 SUCCESSFUL, COULD HAVE A LIKELIHOOD OF SUCCESS IF WE
9 WORK WITH THEM AND IT'S FEASIBLE.

10 THE OTHER ONE, WE RECOMMEND THAT THEY COME
11 BACK WITH A MORE CLEAR AND MORE SUCCINCT APPLICATION
12 AS THE REVIEWERS HAVE RECOMMENDED. THAT COULD BE
13 WHERE WE WOULD BEGIN.

14 CHAIRMAN THOMAS: THAT FURTHER COMPLICATES
15 MATTERS. THANK YOU, THOUGH, ROSA.

16 YES. WE HAVE PUBLIC COMMENT. WOULD YOU
17 PLEASE IDENTIFY YOURSELF FOR THE AUDIENCE ON ZOOM
18 PLEASE.

19 BIRAJ, IF I'M SEEING THAT CORRECTLY.
20 GLASSES AREN'T TOO GOOD.

21 DR. MAHATO: GO.

22 CHAIRMAN THOMAS: YES, PLEASE PROCEED.
23 YOU HAVE THREE MINUTES BY THE WAY.

24 DR. MAHATO: I'M THE PI FOR THE THIRD
25 GRANT THAT HAS BEEN JUST HAVING A MINORITY REPORT.

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1 SO I HAVE SOMETHING TO SAY TO THIS COMMITTEE ABOUT
2 MY APPLICATION. AND I WOULD LIKE TO SHARE ONE OF
3 MY --

4 MS. BONNEVILLE: THIS IS NOT THE
5 APPLICATION. IT'S NOT FOR EITHER OF THESE TWO
6 APPLICATIONS. IT'S FOR A DIFFERENT APPLICATION.

7 DR. MAHATO: IN MY REVIEW, I FOUND THREE
8 MOST IMPORTANT COMMENTS --

9 CHAIRMAN THOMAS: COULD I JUST INTERRUPT.
10 I'M SORRY. ONE SECOND. WHICH APPLICATION ARE WE
11 TALKING ABOUT HERE?

12 DR. MAHATO: THE APPLICATION FOR THE THIRD
13 ONE FOR HAVING A MINORITY REPORT.

14 CHAIRMAN THOMAS: FOR THE PHOTORECEPTOR
15 APPLICATION?

16 DR. MAHATO: YES. YES. AND I'M THE PI ON
17 THAT.

18 CHAIRMAN THOMAS: WE HAVEN'T GOTTEN TO --
19 MR. TOSHER, WE SHOULD NOT BE DISCUSSING THAT AT THIS
20 POINT. WE'RE RIGHT NOW TALKING ABOUT THE TWO THAT I
21 IDENTIFIED. SO IF YOU COULD HOLD YOUR COMMENTS
22 PLEASE, WE'LL GET BACK TO YOU. THANK YOU.

23 OTHER QUESTIONS OR COMMENTS FROM MEMBERS
24 OF THE BOARD?

25 DR. FISHER: COULD HE STOP SHARING HIS

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1 SCREEN PLEASE?

2 JUST ONE COMMENT FOR THE BOARD. IN
3 ALIGNMENT WITH ANNE-MARIE, MAY IS RIGHT AROUND THE
4 CORNER. THIS IS NOT A CLINICAL TRIAL. THIS IS
5 EARLY STAGE WORK THAT I DON'T SEE THE FOUR-MONTH
6 WAIT PERIOD TO BE A HUGE BURDEN ON THE CHILDREN WHO
7 SUFFER FROM THIS DISEASE GIVEN THE EARLY STAGE
8 NATURE OF THIS WORK. AND I PREFER WE NOT DEVIATE
9 FROM OUR PROCESS IN THAT WAY.

10 CHAIRMAN THOMAS: PERFECTLY FINE OPINION
11 ON THE SUBJECT. YES. OTHER COMMENTS? HEARING
12 NONE, MARIA, WILL YOU PLEASE CALL THE ROLL. THIS IS
13 TO MOVE THOSE TWO ITEMS UP TO THE FUNDING RANGE.

14 MS. BONNEVILLE: YES. APPLICATIONS 14047
15 AND 14049.

16 MR. JUELGAARD: NO. 97. 14097.

17 MS. BONNEVILLE: SORRY. 14097.

18 DAN BERNAL.

19 MR. BERNAL: AYE.

20 MS. BONNEVILLE: JUDY CHOU.

21 DR. CHOU: AYE.

22 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

23 ANNE-MARIE DULIEGE.

24 DR. DULIEGE: NO.

25 MS. BONNEVILLE: YSABEL DURON.

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1 MS. DURON: AYE.
2 MS. BONNEVILLE: MARK FISCHER-COLBRIE.
3 DR. FISCHER-COLBRIE: AYE, EXCEPT FOR
4 THOSE THAT I HAVE A CONFLICT.
5 MS. BONNEVILLE: FRED FISHER.
6 DR. FISHER: NO.
7 MS. BONNEVILLE: ELENA FLOWERS.
8 DR. FLOWERS: NO.
9 MS. BONNEVILLE: DAVID HIGGINS.
10 DR. HIGGINS: YES.
11 MS. BONNEVILLE: STEVE JUELSGAARD.
12 MR. JUELSGAARD: NO.
13 MS. BONNEVILLE: RICH LAJARA.
14 MR. LAJARA: YES.
15 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
16 DR. MIASKOWSKI: NO.
17 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
18 MS. MILLER-ROGEN: ABSTAIN. I MISSED THE
19 FIRST PART OF THE DISCUSSION.
20 MS. BONNEVILLE: THANK YOU. ADRIANA
21 PADILLA. JOE PANETTA.
22 MR. PANETTA: YES.
23 MS. BONNEVILLE: AL ROWLETT.
24 MR. ROWLETT: NO.
25 MS. BONNEVILLE: MARVIN SOUTHARD.

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1 DR. SOUTHARD: YES.

2 MS. BONNEVILLE: JONATHAN THOMAS.

3 CHAIRMAN THOMAS: YES.

4 MS. BONNEVILLE: ART TORRES.

5 MR. TORRES: AYE.

6 MS. BONNEVILLE: MOTION CARRIES.

7 CHAIRMAN THOMAS: THANK YOU. OKAY.

8 ARE THERE ANY OTHER GRANTS IN THE NOT
9 RECOMMENDED RANGE ANYBODY WANTS TO MOVE UP TO THE
10 RECOMMENDED? OKAY.

11 FOR THE PUBLIC COMMENT, WE WILL GET BACK
12 TO YOU WHEN WE GET TO THE THIRD OF THE FOUR PARTS OF
13 THIS PROCESS. OKAY.

14 ARE THERE ANY GRANTS IN THE RECOMMENDED
15 RANGE THAT ANYBODY WANTS TO MOVE DOWN TO THE NOT
16 RECOMMENDED RANGE?

17 HEARING NONE, WE ARE NOW GOING TO VOTE TO
18 NOT APPROVE THOSE PROJECTS IN THE NOT RECOMMENDED
19 FOR FUNDING RANGE AS AN OMNIBUS MOTION. DO I HEAR
20 SUCH A MOTION?

21 DR. HIGGINS: SO MOVED.

22 CHAIRMAN THOMAS: MOVED BY DAVID HIGGINS.
23 SECONDED BY DAN, I THINK. YSABEL. THANK YOU.

24 MS. BONNEVILLE: YSABEL CANNOT.

25 CHAIRMAN THOMAS: DAN TAKES IT.

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1 MS. BONNEVILLE: WHO WAS THE FIRST?

2 CHAIRMAN THOMAS: DAVID. OKAY. SO

3 DISCUSSION BY MEMBERS OF THE BOARD ON THIS? OKAY.

4 PUBLIC COMMENT. THIS IS WHERE WE WILL GET
5 TO THE PREVIOUS SPEAKER WHO WOULD LIKE TO SPEAK TO
6 ONE OF THE APPLICATIONS THAT IS CURRENTLY IN THE NOT
7 FOR FUNDING RANGE. PLEASE, AGAIN, IDENTIFY YOURSELF
8 AND YOUR PROJECT, AND YOU HAVE THREE MINUTES.

9 WE SEE HIS PICTURE, BUT WE ARE NOT HEARING
10 A LOT.

11 MS. BONNEVILLE: IS THERE ANY PUBLIC
12 COMMENT?

13 MR. TOSHER: WE HAVE ANOTHER PUBLIC
14 COMMENT IF YOU WANT TO TAKE IT.

15 CHAIRMAN THOMAS: THANK YOU. YES. PLEASE
16 IDENTIFY YOURSELF AND YOUR APPLICATION, AND YOU HAVE
17 THREE MINUTES. THANK YOU.

18 DR. MUCKOM: GOOD AFTERNOON. MY NAME IS
19 RIYA MUCKOM WITH APPLICATION DISC2-14175. I'M A
20 CO-PI ON THIS DISCOVERY STAGE GRANT APPLICATION FROM
21 AXENT BIOSCIENCES, A CELL THERAPY COMPANY SPUN OUT
22 OF PROFESSOR DAVID SCHAFFER'S LAB AT UC BERKELEY.
23 AXENT BIOSCIENCES IS ENTHUSIASTIC ABOUT CONTRIBUTING
24 TO THE CIRM ECOSYSTEM AND WORKING TOWARD THE MISSION
25 OF DELIVERING TRANSFORMATIVE TREATMENTS IN AN

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1 EQUITABLE MANNER IN A DIVERSE CALIFORNIA AND WORLD.
2 OUR SHARED SENSE OF URGENCY TO TRANSLATE
3 EFFECTIVE THERAPEUTICS FROM THE BENCH TO THE CLINIC
4 MOTIVATES US TO SHARE A FEW COMMENTS FOR
5 CONSIDERATION TODAY.

6 LAST MONTH, AS MANY OF YOU ARE PROBABLY
7 AWARE, A NEW STUDY FROM THE PARKINSON'S AND MICHAEL
8 J. FOX FOUNDATIONS REVEALED THE INCIDENCE OF
9 PARKINSON'S DISEASE IN THE U.S. IS 50 PERCENT MORE
10 THAN ORIGINALLY THOUGHT, MOUNTING TO NEARLY 90,000
11 NEW DIAGNOSED PD CASES PER YEAR. THE STUDY
12 FURTHERMORE REVEALED THAT SOUTHERN CALIFORNIA IS A
13 REGIONAL HOTSPOT FOR PD CASES IN THE U.S.,
14 SPECIFICALLY IMPACTING THE CALIFORNIA HEALTHCARE
15 BURDEN.

16 FORTUNATELY, THE DEVELOPMENT OF CELL
17 REPLACEMENT THERAPIES FOR PARKINSON'S DISEASE HAS
18 PROGRESSED TO MULTIPLE ONGOING CLINICAL TRIALS OF
19 DOPAMINERGIC CELL THERAPIES ACROSS THE WORLD.
20 HOWEVER, CURRENT CELL THERAPY APPROACHES SUFFER FROM
21 SEVERELY LOW CELL SURVIVAL. IN FACT, THE MOST
22 RECENT EUROPEAN STEM-PD TRIAL, INITIATED LAST MONTH,
23 DESIGNED THEIR DOSE ESCALATION STUDY WITH AN
24 EXPECTATION OF ONLY 3 PERCENT SURVIVING CELLS POST
25 TRANSPLANTATION. WITH SUCH LOW ENGRAFTMENT

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1 EFFICIENCY, NOT ONLY IS THERE A TREMENDOUS BURDEN
2 FOR EXCESS CELL MANUFACTURING, BUT ALSO THE IMPACT
3 OF SUCH LARGE PROPORTION OF DEAD CELLS ON THE GRAFT
4 QUALITY AND PATIENT HEALTH IS TO BE DETERMINED.

5 TO ADDRESS THIS SIGNIFICANT PROBLEM, A
6 NOVEL CELL IMPLANTATION STRATEGY INVOLVING A
7 BIOMATERIAL-BASED DELIVERY VEHICLE WAS DEVELOPED IN
8 PROFESSOR DAVID SCHAFFER'S LAB AT U.C. BERKELEY.
9 AND HIS WORK WAS SUPPORTED BY A CIRM TOOLS AND
10 TECHNOLOGY GRANT AWARD. AND THAT CIRM FUNDING
11 ENABLED PROOF OF CONCEPT STUDIES TO DEMONSTRATE THAT
12 THIS BIOMATERIAL-BASED DELIVERY VEHICLE COULD
13 SIGNIFICANTLY IMPROVE DOPAMINERGIC CELL GRAFT
14 SURVIVAL AND FUNCTIONALITY IN ANIMAL MODELS OF
15 PARKINSON'S DISEASE.

16 AXENT BIOSCIENCES AIMS TO FURTHER DEVELOP
17 THIS BIOMATERIAL PLUS CELL THERAPEUTIC CANDIDATE FOR
18 PARKINSON'S DISEASE BY IMPROVING THE BIOMATERIALS
19 INJECTABILITY USING OUR NOVEL THERMORESPONSIVE
20 POLYMER TECHNOLOGY AND EVALUATE THE SAFETY AND
21 DISEASE MODIFYING ACTIVITY OF THIS NEW BIOMATERIAL
22 WITH CELLS IN ANIMAL MODELS OF PD AS OUTLINED IN OUR
23 REVISED DISC2-14175 GRANT. NOTABLY, THIS UNIQUE
24 BIOMATERIAL PLUS CELL COMBINATION WOULD STAND OUT
25 FROM OTHER CELL, GENE, OR SMALL MOLECULE-BASED

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1 THERAPEUTICS IN THE CIRM PARKINSON'S DISEASE
2 PORTFOLIO.

3 WE THANK THE GWG FOR THE POSITIVE REVIEW
4 OF OUR RESUBMITTED PROPOSAL THAT SCORED HIGH ENOUGH
5 TO BYPASS THE NEXT CYCLE'S POSITIVE SELECTION PHASE.
6 WE AGREE THAT THE PROPOSAL COULD BE STRENGTHENED BY
7 ADDING A NEUROBIOLOGY EXPERT TO OUR TEAM, AND WE ARE
8 FORTUNATE TO ADD PROFESSOR TOM NOWAKOWSKI, ASSOCIATE
9 PROFESSOR OF NEUROLOGICAL SURGERY AT UCSF SCHOOL OF
10 MEDICINE. WITH TOM'S EXPERTISE, WE HAVE REVISED
11 MILESTONE FOUR AS DESCRIBED IN THE WRITTEN COMMENTS
12 SUBMITTED TO THE BOARD EARLIER THIS WEEK. AND
13 ADDITIONAL -- OVERALL WE PROVIDED -- WE FOUND THE
14 GWG'S CONSTRUCTIVE COMMENTS ADDRESSABLE IN A
15 RELATIVELY SHORT TIME FRAME SUCH THAT ANOTHER
16 RESUBMISSION IN THE MAY CYCLE MAY DELAY IMPACTFUL
17 PROGRESS ON THIS THERAPEUTIC CANDIDATE. WE HOPE YOU
18 SHARE OUR SENSE OF URGENCY AND WANT TO THANK YOU FOR
19 YOUR TIME. THANK YOU.

20 CHAIRMAN THOMAS: THANK YOU. OTHER PUBLIC
21 COMMENTS? WONDER IF HE'S HAVING ZOOM DIFFICULTIES.

22 MR. TOSHER: HE'S MUTED.

23 CHAIRMAN THOMAS: CAN HE UNMUTE HIMSELF
24 PERHAPS?

25 MS. BONNEVILLE: THAT'S ONLY A QUESTION HE

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1 CAN ANSWER.

2 CHAIRMAN THOMAS: IT WAS ACTUALLY
3 RHETORICAL.

4 MS. BONNEVILLE: THANK YOU FOR THAT. YOU
5 LOOKED AT ME WHEN YOU SAID IT. SO THAT'S WHY I
6 THOUGHT I WAS COMPELLED TO ANSWER.

7 CHAIRMAN THOMAS: SO UNFORTUNATELY WE ARE
8 NOT GOING TO BE ABLE TO SIT HERE INDEFINITELY
9 WAITING FOR HIM TO GET BACK ON. SO OKAY. SO,
10 AGAIN, THE QUESTION WAS IS THERE A MOTION TO MOVE
11 ANY OTHER APPLICATION -- NO. MOTION IS TO NOT
12 APPROVE THOSE NOT RECOMMENDED FOR FUNDING.

13 DR. FISHER: SO MOVED.

14 CHAIRMAN THOMAS: WE ALREADY HAVE -- WE
15 HAVE A MOTION AND A SECOND ON THAT. REALIZE IT'S
16 BEEN A LONG DAY FOR EVERYBODY. SO HEARING NO
17 FURTHER DISCUSSION -- YES, JUDY.

18 DR. CHOU: PLEASE BEAR WITH MY IGNORANCE.
19 SO THEN WITH THE COMMENT, ARE WE GOING TO HEAR SOME
20 FEEDBACK ABOUT WHY THE WORKING GROUP DECIDE TO
21 REJECT?

22 CHAIRMAN THOMAS: NO. IT'S ONLY IF WE GET
23 INTO -- SOMEBODY DECIDES TO NOT APPROVE THIS MOTION
24 BECAUSE SOMEBODY ELSE WANTS TO MOVE A PREVIOUS
25 MOTION, WHICH YOU'VE ALREADY DONE, BACK UP TO

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1 RECOMMENDED FOR FUNDING RANGE. SO NO, WE DO NOT
2 HAVE A GIVE-AND-TAKE ON THIS. WE TAKE PUBLIC
3 COMMENT.

4 DR. CHOU: THANK YOU.

5 CHAIRMAN THOMAS: OKAY. MARIA, WILL YOU
6 PLEASE CALL THE ROLL.

7 MS. BONNEVILLE: YES. IF MEMBERS COULD
8 ANSWER YES OR NO, EXCEPT FOR THOSE WITH WHICH THEY
9 HAVE A CONFLICT IF THEY HAVE A CONFLICT.

10 DAN BERNAL.

11 MR. BERNAL: YES.

12 MS. BONNEVILLE: JUDY CHOU.

13 DR. CHOU: YES.

14 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.
15 ANNE-MARIE DULIEGE.

16 DR. DULIEGE: YES.

17 MS. BONNEVILLE: YSABEL DURON.

18 MS. DURON: YES, EXCEPT FOR THOSE WITH
19 WHICH I HAVE A CONFLICT.

20 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

21 DR. FISCHER-COLBRIE: YES, EXCEPT FOR
22 THOSE WITH WHICH I HAVE A CONFLICT.

23 MS. BONNEVILLE: FRED FISHER.

24 DR. FISHER: YES.

25 MS. BONNEVILLE: ELENA FLOWERS.

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1 DR. FLOWERS: YES, EXCEPT FOR THOSE WITH
2 WHICH I HAVE A CONFLICT.

3 MS. BONNEVILLE: DAVID HIGGINS.

4 DR. HIGGINS: YES.

5 MS. BONNEVILLE: STEVE JUELSGAARD.

6 MR. JUELSGAARD: YES.

7 MS. BONNEVILLE: RICH LAJARA.

8 MR. LAJARA: YES.

9 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.

10 DR. MIASKOWSKI: YES, EXCEPT FOR THOSE
11 WITH WHICH I HAVE A CONFLICT.

12 MS. BONNEVILLE: LAUREN MILLER-ROGEN.

13 MS. MILLER-ROGEN: ABSTAIN.

14 MS. BONNEVILLE: ADRIANA PADILLA. JOE
15 PANETTA.

16 MR. PANETTA: YES.

17 MS. BONNEVILLE: AL ROWLETT.

18 MR. ROWLETT: YES.

19 MS. BONNEVILLE: MARVIN SOUTHARD.

20 DR. SOUTHARD: YES.

21 MS. BONNEVILLE: JONATHAN THOMAS.

22 CHAIRMAN THOMAS: YES.

23 MS. BONNEVILLE: ART TORRES.

24 MR. TORRES: AYE, EXCEPT FOR THOSE WITH
25 WHICH I HAVE A CONFLICT.

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1 MS. BONNEVILLE: MOTION CARRIES.

2 CHAIRMAN THOMAS: OKAY. SO THAT'S PHASE 3
3 OF FOUR. LAST PHASE IS DO WE HAVE A MOTION TO
4 APPROVE THOSE PROJECTS IN THE RECOMMENDED FOR
5 FUNDING RANGE?

6 MR. TORRES: SO MOVED.

7 CHAIRMAN THOMAS: MOVED BY SENATOR TORRES.

8 DR. DULIEGE: SECOND.

9 CHAIRMAN THOMAS: SECONDED BY ANNE-MARIE.
10 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?
11 PUBLIC COMMENT? HEARING NONE, MARIA, WILL YOU
12 PLEASE CALL THE ROLL.

13 MS. BONNEVILLE: AGAIN, YES OR NO, EXCEPT
14 FOR THOSE WITH WHICH YOU HAVE A CONFLICT IF YOU HAVE
15 A CONFLICT.

16 DAN BERNAL.

17 MR. BERNAL: AYE.

18 MS. BONNEVILLE: JUDY CHOU.

19 DR. CHOU: AYE.

20 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

21 ANNE-MARIE DULIEGE.

22 DR. DULIEGE: AYE.

23 MS. BONNEVILLE: YSABEL DURON.

24 MS. DURON: YES, EXCEPT FOR THOSE WITH
25 WHICH I HAVE A CONFLICT.

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1 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

2 DR. FISCHER-COLBRIE: YES, EXCEPT FOR
3 THOSE WITH WHICH I HAVE A CONFLICT.

4 MS. BONNEVILLE: FRED FISHER.

5 DR. FISHER: YES.

6 MS. BONNEVILLE: ELENA FLOWERS.

7 DR. FLOWERS: YES, EXCEPT FOR THOSE WITH
8 WHICH I HAVE A CONFLICT.

9 MS. BONNEVILLE: DAVID HIGGINS.

10 DR. HIGGINS: YES.

11 MS. BONNEVILLE: STEVE JUELSGAARD.

12 MR. JUELSGAARD: YES.

13 MS. BONNEVILLE: RICH LAJARA.

14 MR. LAJARA: YES.

15 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.

16 DR. MIASKOWSKI: YES, EXCEPT FOR THOSE
17 WITH WHICH I HAVE A CONFLICT.

18 MS. BONNEVILLE: LAUREN MILLER-ROGEN.

19 MS. MILLER-ROGEN: ABSTAIN.

20 MS. BONNEVILLE: ADRIANA PADILLA. JOE
21 PANETTA.

22 MR. PANETTA: YES.

23 MS. BONNEVILLE: AL ROWLETT.

24 MR. ROWLETT: YES.

25 MS. BONNEVILLE: MARVIN SOUTHARD.

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1 DR. SOUTHARD: YES.

2 MS. BONNEVILLE: JONATHAN THOMAS.

3 CHAIRMAN THOMAS: YES.

4 MS. BONNEVILLE: ART TORRES.

5 MR. TORRES: AYE, EXCEPT FOR THOSE WITH
6 WHICH I HAVE A CONFLICT.

7 MS. BONNEVILLE: THANK YOU. THE MOTION
8 CARRIES.

9 CHAIRMAN THOMAS: OKAY. NOW, I GOT A BIT
10 AHEAD OF MYSELF. FOR THOSE OF YOU FEELING
11 NOSTALGIC, THAT WAS THE LAST ONE.

12 DR. DULIEGE: I KNOW IT'S A LONG DAY. I
13 JUST WANT TO EXPRESS MY APPRECIATION TO YOU, GIL,
14 AND TO YOUR TEAM FOR ALWAYS BEING SO CLEAR EVEN WITH
15 THE CONVERSATION WE HAD TODAY IN GENERAL ABOUT ALL
16 THESE APPLICATIONS. THEY'RE COMPLEX. YOU HAVE A
17 REMARKABLE ABILITY TO SIMPLIFY COMPLEX NOTIONS EVEN
18 TO US AS PHYSICIANS AND SAY, LET ALONE FOR THOSE OF
19 US WHO ARE NOT PHYSICIANS, AN INCREDIBLE KNOWLEDGE
20 AND MEMORY OF ALL OF THAT. SO REALLY EXTREME
21 APPRECIATION FOR THIS.

22 I'M JUST SUGGESTING ONE THING FOR AN
23 UPCOMING MEETING FOR YOUR CONSIDERATION TOGETHER
24 WITH MARIA MILLAN. WOULD IT BE WORTH EDUCATING US A
25 LITTLE BIT MORE ON ALL THE COST OF THIS DEVELOPMENT?

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1 I'M STILL REFLECTING ON THE 4 MILLION PER PATIENT
2 AND THE FACT THAT YOU HAVE TOLD US, WHICH I
3 ABSOLUTELY TRUST, THAT YOU'RE DOING THE BENCHMARKING
4 TO MAKE SURE THAT IT'S NOT TOTALLY OUT OF THE RANGE.
5 HOW LONG ARE WE GOING TO BE ABLE TO LIVE WITH THOSE
6 VERY LARGE COSTS? AND IN ORDER TO HELP US DO A
7 BETTER JOB AS BOARD MEMBERS, IS THERE SOME FORM OF
8 EDUCATION AT A VERY HIGH LEVEL, NOT GETTING INTO
9 NITTY-GRITTY DETAILS, THAT YOU MIGHT PROVIDE TO US
10 IN A FUTURE MEETING? LEAVE IT TO YOUR
11 CONSIDERATION.

12 DR. SAMBRANO: ABSOLUTELY. THANK YOU FOR
13 THE SUGGESTION.

14 CHAIRMAN THOMAS: THANK YOU, ANNE-MARIE.
15 VERY HELPFUL. AND I DO WANT TO SECOND WHAT SHE
16 SAID. YOU DO AND HAVE ALWAYS DONE A GREAT JOB OF
17 EXPLAINING, AND YOUR ABILITY TO SUM IT UP IN GREAT
18 DEAL INSTANTANEOUSLY WITHOUT FAIL IS A REAL SKILL.

19 (APPLAUSE.)

20 MS. DURON: AS A PATIENT ADVOCATE, I SAY
21 HE GETS FOUR GOLD STARS JUST FOR PRONOUNCING SOME OF
22 THE NAMES.

23 CHAIRMAN THOMAS: OKAY. SO WE ARE RUNNING
24 UP AGAINST FIVE. DR. MILLAN HAS GRACIOUSLY AGREED
25 TO MOVE HER PRESIDENT'S REPORT TO THE NEXT BOARD

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1 MEETING BECAUSE IT'S A FAIRLY MEATY REPORT. WE
2 HAVE -- THE AAWG REPORT WILL ALSO BE PUT OFF TO THE
3 NEXT MEETING.

4 GENERAL COMMENTS TO THE APPLICATION REVIEW
5 SUBCOMMITTEE PROCESS, ANYBODY CARE TO SAY ANYTHING
6 ABOUT THAT?

7 MS. BONNEVILLE: I THINK WE JUST DID.

8 CHAIRMAN THOMAS: WE JUST DID. THAT'S
9 DONE.

10 PUBLIC COMMENT ON ANYTHING IN GENERAL BY
11 ANYBODY HERE OR ON ZOOM, PHONE, ANY OTHER MEANS OF
12 COMMUNICATION? HEARING NONE, OKAY.

13 NOW, THE BIG EVENT OF THE DAY NO. 2 IS WE
14 ARE NOW GOING TO SWEAR IN OUR NEW VICE CHAIR. AND I
15 JUST WANT TO SAY, AS I SAID BEFORE WHEN WE VOTED TO
16 ELECT HER TO THIS POSITION, THAT OF THE MANY VOTES I
17 HAVE HAD OVER THE COURSE OF 12 YEARS, I CAN'T THINK
18 OF ANY I FELT BETTER ABOUT MAKING THAN VOTING FOR
19 MARIA AS OUR NEW VICE CHAIR. SHE HAS ENORMOUS SHOES
20 TO FILL. AND WE WILL ALL HAVE OUR OPPORTUNITY TO
21 DISCUSS THOSE ENORMOUS SHOES AT THE MARCH 28TH BOARD
22 MEETING, WHICH I HOPE AS MANY OF YOU AS POSSIBLE CAN
23 MAKE IN PERSON.

24 MR. TORRES: SO THAT WAS MY LAST VOTE JUST
25 NOW.

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1 MS. BONNEVILLE: IT WAS.

2 CHAIRMAN THOMAS: SO JUST A IN ADVANCE
3 ENORMOUS THANK YOU, ART, BUT WE'LL GET INTO THAT IN
4 GREAT DETAIL ON MARCH 28TH.

5 MR. TORRES: I HOPE TO BE HERE, YES.

6 CHAIRMAN THOMAS: SO, MARIA, IF YOU WOULD
7 LIKE TO COME TO THE PODIUM.

8 MS. BONNEVILLE: ARE WE GOING TO DO IT IN
9 FRONT OF THE FLAGS?

10 CHAIRMAN THOMAS: YES, ABSOLUTELY. SO
11 PLEASE RAISE YOUR RIGHT HAND.

12 (MS. BONNEVILLE WAS THEN DULY SWORN
13 IN AS VICE CHAIRMAN OF THE ICOC.)

14 (APPLAUSE.)

15 CHAIRMAN THOMAS: CONGRATULATIONS.

16 MS. BONNEVILLE: THANKS, EVERYONE.

17 MR. TORRES: WE ACTUALLY WON.

18 (APPLAUSE.)

19 MR. TORRES: THAT WAS MY LAST PUBLIC ACT.

20 CHAIRMAN THOMAS: OKAY. WELL, SO THANK
21 YOU, EVERYBODY, FOR A VERY LONG, A VERY PRODUCTIVE,
22 A VERY IMPORTANT DAY. THIS HAS BEEN SOME VERY MAJOR
23 DEVELOPMENTS HERE FOR THE FUTURE OF THE
24 ORGANIZATION. AGAIN, THANK YOU FOR YOUR TAKING
25 THINGS SO SERIOUSLY, COMPREHENSIVELY. IT'S BEEN A

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1 MAJOR, MAJOR DAY FOR CIRM.

2 I, OF COURSE, CAN'T ADJOURN THE MEETING
3 WITHOUT A SPORTS REFERENCE. SO UNLIKE MY NORMAL,
4 WHICH IS TO TOUT A LOS ANGELES TEAM, OF WHICH NONE
5 ARE DOING WELL AT THE MOMENT, I WILL, FOR THOSE
6 MEMBERS OF THE BOARD WHO ARE NOT AWARE OF THIS,
7 WHICH PROBABLY INCLUDES MOST OF THE NEW PEOPLE, JIM
8 KOVACH, AMONG OTHER THINGS, IN AN ILLUSTRIOUS
9 MEDICAL CAREER ALSO PLAYED FOR THE 49ERS.

10 MR. TORRES: HERE. HERE.

11 CHAIRMAN THOMAS: SO AS MUCH AS IT PAINS
12 ME TO SAY SOMETHING LIKE THIS, AND I WILL DISPUTE
13 THE FACT I DID IF ANYBODY QUOTES ME, LET'S ALL ROOT
14 FOR THE 49ERS THIS WEEKEND. WITH THAT, WE STAND
15 ADJOURNED.

16 (APPLAUSE.)

17 (THE MEETING WAS THEN CONCLUDED AT 5 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 IN-PERSON PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON JANUARY 26, 2023, 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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