	BEFORE THE
APPL CALIFORNIA	CITIZENS' OVERSIGHT COMMITTEE AND THE ICATION REVIEW SUBCOMMITTEE TO THE INSTITUTE FOR REGENERATIVE MEDICINE ORGANIZED PURSUANT TO THE A STEM CELL RESEARCH AND CURES ACT
	REGULAR MEETING
LOCATION:	THE EMBASSY SUITES 250 GATEWAY BLVD., PAULING ROOM SOUTH SAN FRANCISCO, CALIFORNIA
DATE:	SEPTEMBER 28, 2023 9 A.M.
REPORTER:	BETH C. DRAIN, CA CSR CSR. NO. 7152
FILE NO.:	2023-30
	1

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ITEM DESCRIPTION

PAGE NO.

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OPEN SESSION

1. CALL TO ORDER

2. ROLL CALL

CONSENT CALENDAR

3. CONSIDERATION OF MINUTES FROM NOVEMBER 29, 2022; JUNE 29, 2023 ICOC & APPLICATION REVIEW SUBCOMMITTEE MEETING; AND JULY 27, 2023 APPLICATION REVIEW SUBCOMMITTEE MEETING

4. CONSIDERATION OF APPOINTMENT OF FACILITIES WORKING GROUP MEMBERS AND APPOINTMENT OF FACILITIES WORKING GROUP CHAIR

5. CONSIDERATION OF APPOINTMENT OF MEMBERS TO THE ACCESS AND AFFORDABILITY WORKING GROUP

6. CONSIDERATION OF APPOINTMENT OF MEMBERS TO THE GRANTS WORKING GROUP

7. CONSIDERATION OF APPOINTMENT OF CHAIR OF THE FINANCE SUBCOMMITTEE OF THE ICOC

8. CONSIDERATION OF AMENDMENTS TO THE GRANTS WORKING GROUP BYLAWS

CLOSED SESSION

13

9. DISCUSSION OF PERSONNEL [EVALUATION OF CIRM PRESIDENT/CEO] (GOVERNMENT CODE SECTION 11126, SUBDIVISION (A); HEALTH & SAFETY CODE SECTION 125290.30(F) (3) (D))

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10. DISCUSSION OF CONFIDENTIAL INTELLECTUAL PROPERTY OR WORK PRODUCT, PREPUBLICATION DAT FINANCIAL INFORMATION, CONFIDENTIAL SCIENTIF RESEARCH OR DATA, AND OTHER PROPRIETARY INFO RELATING TO APPLICATIONS SUBMITTED IN RESPON AGENDA ITEMS 11, 12 AND 13 (HEALTH & SAFETY 125290.30(F) (3) (B) AND (C))	A, IC RMATION SE TO
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11. CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE TO CLINICAL TRIAL STAG PROJECTS PROGRAM ANNOUNCEMENT (CLIN 1 OR 2)	14 E
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18. GENERAL COMMENTS ON ARS PROCESS	NONE
19. PUBLIC COMMENT	NONE
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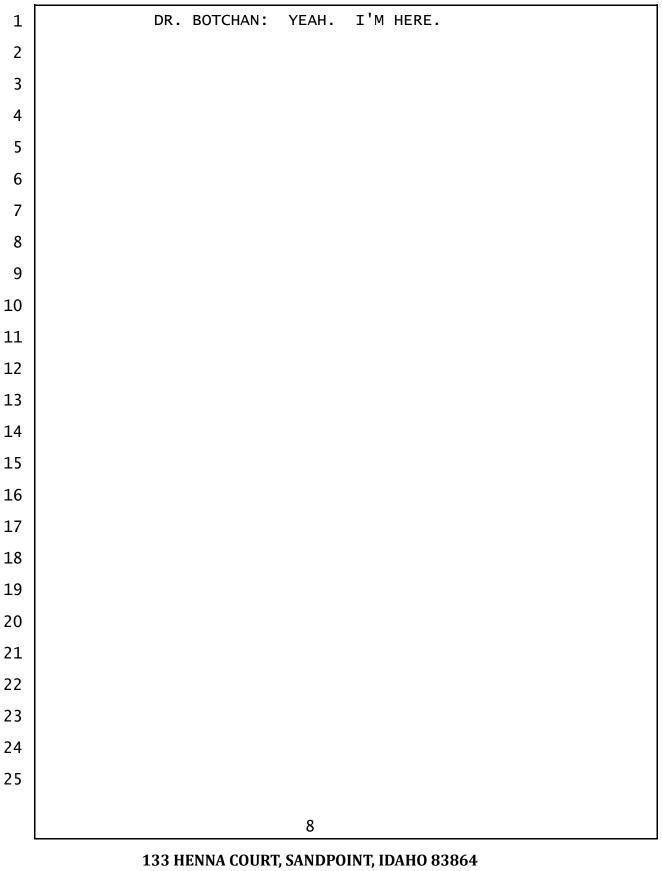
1	THURSDAY, SEPTEMBER 28, 2023; 9 A.M.
2	
3	CHAIRMAN IMBASCIANI: GOOD MORNING,
4	EVERYONE. THIS IS DR. IMBASCIANI, THE CHAIR OF THE
5	BOARD, CONVENING THE SEPTEMBER 28TH MEETING OF THE
6	INDEPENDENT CITIZENS OVERSIGHT COMMITTEE OF CIRM.
7	ON THIS 28TH DAY OF SEPTEMBER, WE INTO SPRING, WE
8	ARE TWO DAYS AWAY FROM A GOVERNMENT SHUTDOWN, AND WE
9	HAVE TO GET ALL OUR BUSINESS DONE EXPEDITIOUSLY. SO
10	I WELCOME ALL OF THE PARTICIPANTS WHO ARE HERE IN
11	PERSON IN THE ROOM AND THOSE WHO ARE ATTENDING ON
12	THE ZOOM. AS WE DO, I'M GOING TO ASK OUR SCOTT
13	TOCHER IF YOU WOULD LEAD THE BOARD IN THE PLEDGE OF
14	ALLEGIANCE.
15	(THE PLEDGE OF ALLEGIANCE.)
16	CHAIRMAN IMBASCIANI: I THANK YOU. SCOTT,
17	WOULD YOU PLEASE TAKE THE ROLL.
18	MR. TOCHER: HAIFAA ABDULHAQ.
19	DR. ABDULHAQ: PRESENT.
20	MR. TOCHER: MOHAMMED ABOUSALEM.
21	DR. ABOUSALEM: PRESENT.
22	MR. TOCHER: DAN BERNAL. GEORGE
23	BLUMENTHAL.
24	DR. BLUMENTHAL: HERE.
25	MR. TOCHER: MARIA BONNEVILLE.
	4

1	VICE CHAIR BONNEVILLE: PRESENT.
2	MR. TOCHER: MICHAEL BOTCHAN. MICHAEL, I
3	THINK YOU MIGHT BE MUTED. I'LL COME BACK. I SEE
4	HIM ON THE ZOOM.
5	LINDA BOXER.
6	DR. BOXER: PRESENT.
7	MR. TOCHER: JUDY CHOU.
8	DR. CHOU: PRESENT.
9	MR. TOCHER: LEONDRA CLARK-HARVEY.
10	DR. CLARK-HARVEY: PRESENT.
11	MR. TOCHER: HAL COLLARD.
12	DR. COLLARD: PRESENT.
13	MR. TOCHER: ANNE-MARIE DULIEGE.
14	DR. DULIEGE: PRESENT.
15	MR. TOCHER: DEBORAH DEAS. YSABEL DURON.
16	MS. DURON: PRESENT.
17	MR. TOCHER: MARK FISCHER-COLBRIE. MARK,
18	ARE YOU MUTED PERHAPS? I BELIEVE HE MAY HAVE
19	DROPPED OFF FOR A MOMENT.
20	FRED FISHER.
21	DR. FISHER: PRESENT.
22	MR. TOCHER: ELENA FLOWERS.
23	DR. FLOWERS: PRESENT.
24	MR. TOCHER: JUDY GASSON.
25	DR. GASSON: PRESENT.
	5
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1MR. TOCHER:LARRY GOLDSTEIN.2DR. GOLDSTEIN:PRESENT.3MR. TOCHER:DAVID HIGGINS.4DR. HIGGINS:PRESENT.
3 MR. TOCHER: DAVID HIGGINS.
4 DR. HIGGINS: PRESENT.
5 MR. TOCHER: VITO IMBASCIANI.
6 CHAIRMAN IMBASCIANI: PRESENT.
7 MR. TOCHER: STEPHEN JUELSGAARD. JIM
8 KOVACH.
9 DR. KOVACH: PRESENT.
10 MR. TOCHER: RICH LAJARA.
11 MR. LAJARA: PRESENT.
12 MR. TOCHER: PAT LEVITT.
13 DR. LEVITT: PRESENT.
14 MR. TOCHER: LINDA MALKAS.
DR. MALKAS: HERE.
16 MR. TOCHER: SHLOMO MELMED. CHRISTINE
17 MIASKOWSKI.
18 DR. MIASKOWSKI: PRESENT.
19 MR. TOCHER: LAUREN MILLER-ROGEN. ADRIANA
20 PADILLA.
21 DR. PADILLA: HERE.
22 MR. TOCHER: JOE PANETTA.
23 MR. PANETTA: HERE.
24 MR. TOCHER: MARVIN SOUTHARD.
25 DR. SOUTHARD: HERE.
6

1	MR. TOCHER: MICHAEL STAMOS.
2	DR. STAMOS: PRESENT.
3	MR. TOCHER: KAROL WATSON. KEVIN XU.
4	DR. XU: HERE.
5	MR. TOCHER: THANK YOU. AND LET ME COME
6	BACK. MICHAEL BOTCHAN, HAVE YOU
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1	
1	MR. TOCHER: SUPER. THANKS. AND ONE MORE
2	CALL FOR MARK FISCHER-COLBRIE. I SEE YOU ON, MARK.
3	PERHAPS YOU'RE MUTED.
4	MR. FISCHER-COLBRIE: YEAH. DOUBLE MUTED.
5	THANK YOU. I'M HERE.
6	MR. TOCHER: SUPER. GREAT. THANK YOU.
7	WE HAVE A QUORUM.
8	CHAIRMAN IMBASCIANI: THANK YOU.
9	I'D LIKE TO DIRECT THE ATTENTION OF THE
10	BOARD MEMBERS TO THE CONSENT CALENDAR, OUR FIRST
11	ORDER OF BUSINESS. THERE ARE SIX ITEMS IN THE
12	CONSENT CALENDAR. MOST OF YOU ARE FAMILIAR WITH HOW
13	THIS WORKS. FOR THOSE OF YOU THAT ARE NOT, YOU HAVE
14	THE OPTION OF REMOVING ANY OF THESE ITEMS FROM THE
15	CONSENT CALENDAR. WHAT WILL HAPPEN THEN IS WE WILL
16	PASS THE REMAINING OF THE ONES THAT ARE FOUND NOT TO
17	BE CONTROVERSIAL, AND THEN WE WILL RETURN TO THE
18	ONES THAT HAVE BEEN ABSTRACTED FOR DISCUSSION,
19	MOTION, AND VOTE.
20	SO LOOKING AT THE CONSENT CALENDAR, ITEM 3
21	IS A CONSIDERATION OF MINUTES FROM PAST MEETINGS OF
22	VARIOUS COMMITTEES.
23	NO. 4, CONSIDERATION OF APPOINTMENT TO THE
24	FACILITIES WORKING GROUP MEMBERS AND THE CHAIR.
25	5, APPOINTMENT OF MEMBERS TO THE ACCESS
	9

AND AFFORDABILITY WORKING GROUP. 1 2 6. APPOINTMENT OF MEMBERS TO THE GRANTS 3 WORKING GROUP. 7, CONSIDERATION OF APPOINTMENT OF CHAIR 4 5 OF THE FINANCE SUBCOMMITTEE OF THIS BOARD. AND, 8, CONSIDERATION OF AMENDMENTS TO THE 6 GRANTS WORKING GROUP BYLAWS. 7 DO I HAVE ANY ABSTRACTIONS TO THE CONSENT 8 9 CALENDAR? ARE THERE ANY OBJECTIONS OR ABSTRACTIONS FROM PEOPLE ON ZOOM? THERE ARE NO ABSTRACTIONS. 10 OKAY. MAY I ASK FOR A MOTION FROM A MEMBER OF THE 11 BOARD AND A SECOND TO APPROVE ALL ITEMS ON THE 12 13 CONSENT CALENDAR? 14 DR. DULIEGE: HAPPY TO MOVE. 15 DR. MALKAS: SECOND. CHAIRMAN IMBASCIANI: IS THERE ANY PUBLIC 16 17 COMMENT ON THE CONSENT CALENDAR ITEMS? ANY PUBLIC COMMENT? 18 19 MR. TOCHER: NO, DOESN'T APPEAR TO BE. CHAIRMAN IMBASCIANI: THERE'S NO PUBLIC 20 COMMENT. THEN I'M GOING TO ASK FOR A VOICE VOTE. 21 22 THIS IS FOR THE MEMBERS IN THE ROOM. MEMBERS ON 23 ZOOM WILL BE POLLED SUBSEQUENTLY. ALL THOSE IN FAVOR OF ACCEPTING THE CONSENT CALENDAR AS WRITTEN 24 25 SAY AYE. THOSE OPPOSED SAY NAY.

1	(VOICE VOTE, ALL MEMBERS PRESENT IN
2	THE MEETING ROOM VOTING AYE.)
3	CHAIRMAN IMBASCIANI: SCOTT, WOULD YOU
4	PLEASE TAKE A ROLL OF THE MEMBERS ON ZOOM.
5	MR. TOCHER: YES. HAIFAA ABDULHAQ.
6	DR. ABDULHAQ: YES.
7	MR. TOCHER: MICHAEL BOTCHAN.
8	DR. BOTCHAN: AYE.
9	MR. TOCHER: LINDA BOXER.
10	DR. BOXER: YES.
11	MR. TOCHER: HAL COLLARD.
12	DR. COLLARD: YES.
13	MR. TOCHER: MARK FISCHER-COLBRIE.
14	MR. FISCHER-COLBRIE: YES.
15	MR. TOCHER: FRED FISHER.
16	DR. FISHER: AYE.
17	MR. TOCHER: ELENA FLOWERS.
18	DR. FLOWERS: YES.
19	MR. TOCHER: LARRY GOLDSTEIN.
20	DR. GOLDSTEIN: YES.
21	MR. TOCHER: RICH LAJARA.
22	MR. LAJARA: YES.
23	MR. TOCHER: PAT LEVITT.
24	DR. LEVITT: YES.
25	MR. TOCHER: DO WE HAVE SHLOMO MELMED?
	11

BETH C. DRAIN, CA CSR NO. 7152

-	
1	CHRISTINE MIASKOWSKI.
2	DR. MIASKOWSKI: YES.
3	MR. TOCHER: JOE PANETTA.
4	MR. PANETTA: YES.
5	MR. TOCHER: MICHAEL STAMOS.
6	DR. STAMOS: AYE.
7	MR. TOCHER: KEVIN XU.
8	DR. XU: AYE.
9	MR. TOCHER: THANK YOU. ARE THERE ANY
10	BOARD MEMBERS ON THE LINE THAT I DID NOT CALL?
11	THANK YOU. THAT MOTION CARRIES.
12	CHAIRMAN IMBASCIANI: THANK YOU. SO NOW
13	WE ARE GOING TO ADJOURN INTO A CLOSED SESSION FOR
14	THE DISCUSSION OF THE ANNUAL REVIEW OF OUR PRESIDENT
15	AND CEO. SCOTT, I THINK YOU NEED TO QUOTE TO US THE
16	STATUTORY BASIS FOR THE REASON FOR THE CLOSED
17	SESSION.
18	MR. TOCHER: THAT'S RIGHT. WE'LL BE
19	ENTERING INTO CLOSED SESSION FOR DISCUSSION OF
20	PERSONNEL PURSUANT TO GOVERNMENT CODE SECTION
21	11126(A) AND HEALTH AND SAFETY CODE SECTION
22	125290.30(F)(3)(D). THAT'S IT. I WOULDN'T LIE TO
23	YOU.
24	CHAIRMAN IMBASCIANI: YOU'RE SURE ABOUT
25	THAT? THAT SOUNDS LIKE AN EYE TEST. THANK YOU.
	12

1	SO WE ARE NOW IN CLOSED SESSION, AND I AM
2	GOING TO HAND THE GAVEL TO THE
3	MR. TOCHER: YES. WE'LL JUST INVITE
4	EVERYONE IN THE ROOM TO PLEASE LEAVE EXCEPT THE
5	BOARD MEMBERS, OF COURSE. THOSE ON ZOOM WILL SEE A
6	LINK TO JOIN THE BREAKOUT ROOM. SO PLEASE CLICK ON
7	JOIN.
8	(THE BOARD THEN WENT INTO CLOSED
9	SESSION, NOT REPORTED NOR HEREIN TRANSCRIBED. AT
10	THE CONCLUSION OF THE CLOSED SESSION, THE FOLLOWING
11	WAS HEARD IN OPEN SESSION.)
12	CHAIRMAN IMBASCIANI: THE BOARD IS BACK IN
13	OPEN SESSION, AND I CAN ANNOUNCE THAT NO ACTION WAS
14	TAKEN BY THE BOARD. THANK YOU. WE'LL RESUME AFTER
15	OUR LUNCH BREAK, 12:25 P.M.
16	(A LUNCH RECESS WAS THEN TAKEN.)
17	MR. TOCHER: ALL RIGHT. MEMBERS IN THE
18	ROOM AND ON THE PHONE, WE'LL BE COMING BACK INTO
19	SESSION HERE IN A MOMENT. VITO WILL BRING US INTO
20	SESSION. BUT JUST BEFORE THE CHAIR DOES THAT, I
21	WOULD LIKE TO CALL ROLL OF THE ARS MEMBERS WHO ARE
22	APPEARING REMOTELY.
23	FRED FISHER.
24	DR. FISHER: PRESENT.
25	MR. TOCHER: ELENA FLOWERS.
	13

	- ,
1	DR. FLOWERS: PRESENT.
2	MR. TOCHER: RICH LAJARA.
3	MR. LAJARA: PRESENT.
4	MR. TOCHER: CHRISTINE MIASKOWSKI.
5	DR. MIASKOWSKI: PRESENT.
6	MR. TOCHER: JOE PANETTA.
7	MR. PANETTA: HERE.
8	MR. TOCHER: AND KEVIN XU.
9	DR. XU: HERE.
10	MR. TOCHER: SUPER. THANK YOU, KEVIN.
11	CHAIRMAN IMBASCIANI: THANK YOU, SCOTT. I
12	HOPE YOU ALL ENJOYED YOUR LUNCH. WE WILL NOW
13	CONVENE AS THE APPLICATION REVIEW SUBCOMMITTEE TO
14	CONSIDER APPLICATIONS THAT HAVE BEEN SUBMITTED IN
15	RESPONSE TO SEVERAL RECENT PROGRAM ANNOUNCEMENTS.
16	WE'RE GOING TO TAKE THE CLINICAL PROGRAM
17	FIRST. I WOULD LIKE TO ASK GIL SAMBRANO, WHO IS
18	CIRM'S VICE PRESIDENT FOR PORTFOLIO DEVELOPMENT AND
19	REVIEW, TO MAKE THE PRESENTATION.
20	DR. SAMBRANO: THANK YOU, MR. CHAIRMAN.
21	THANK YOU, BOARD, MEMBERS OF THE PUBLIC. AS
22	MENTIONED, WE'RE GOING TO PRESENT TO YOU A SERIES OF
23	RECOMMENDATIONS FROM THE GRANTS WORKING GROUP
24	RELATED TO CLINICAL. YOU WILL ALSO HEAR ABOUT OUR
25	MANUFACTURING PROGRAM AND THEN FINALLY OUR DISCOVERY
	14

14

1	PROGRAM.
2	BEFORE I DIVE INTO IT, I WANT TO THANK
3	PARTICULARLY OUR STAFF MEMBERS WHO HELPED US PUT
4	THESE PROGRAMS TOGETHER AND OUR PATIENT ADVOCATE
5	MEMBERS FROM THE BOARD WHO SERVE ON THESE MEETINGS.
6	WE HAD A STRETCH THERE THAT SPANNED TWO WEEKS WHERE
7	WE HAD THREE REVIEWS. AND THE TIME, EFFORT,
8	COMMITMENT THAT GOES INTO DOING THAT IS CRITICALLY
9	IMPORTANT. AND SO WE CAN'T THANK YOU ENOUGH FOR
10	DOING THAT. SO WE REALLY APPRECIATE THAT.
11	ALL RIGHT. SO LET ME JUST START WITH THE
12	CLINICAL PROGRAM, AND THESE ARE THE RECOMMENDATIONS
13	FROM THE LATEST ROUND OF CLIN. WE HAVE ONE
14	APPLICATION THAT WE'RE GOING TO CONSIDER.
15	AS ALWAYS, WE BEGIN A OUR MISSION
16	STATEMENT JUST TO REMIND ALL OF US, LIKE WE DO WITH
17	THE GRANTS WORKING GROUP AND OTHERS THAT WE BRING
18	INTO THIS ENDEAVOR, THAT OUR PURPOSE IS TO
19	ACCELERATE WORLD-CLASS SCIENCE TO DELIVER
20	TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN
21	AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND
22	WORLD.
23	THIS IS A SNAPSHOT OF OUR CLINICAL BUDGET
24	FOR THE FISCAL YEAR 23/24. THERE WAS AN ALLOCATION
25	OF 252 MILLION FOR THE CLINICAL PROGRAM. THE AMOUNT
	15

1	REQUESTED TODAY FOR THE ONE CLINICAL TRIAL GRANT IS
2	JUST UNDER 12 MILLION. THE AMOUNT IN APPROVED
3	AWARDS THUS FAR IS 50 MILLION. AND, IF APPROVED,
4	THIS WOULD LEAVE US AN UNUSED BALANCE OF ABOUT 190
5	MILLION.
6	THE SCIENTIFIC SCORING SYSTEM THAT'S
7	UTILIZED BY THE GRANTS WORKING GROUP TO ASSIGN MERIT
8	TO THESE APPLICATIONS IS A SYSTEM OF 1, 2, OR 3. A
9	SCORE OF 1 MEANS THAT THE APPLICATION HAS
10	EXCEPTIONAL MERIT AND WARRANTS FUNDING. AND THESE
11	APPLICATIONS MIGHT HAVE SOME MINOR RECOMMENDATIONS
12	OR ADJUSTMENTS, BUT THE WORKING GROUP DOES NOT FEEL
13	THAT THOSE REQUIRE FURTHER REVIEW BY THEM.
14	A SCORE OF 2 MEANS IT NEEDS IMPROVEMENT.
15	AND FOR THOSE APPLICATIONS, WE TYPICALLY PROVIDE A
16	SET OF COMMENTS AND CRITIQUES TO THE APPLICANT.
17	THEY REVISE THEIR APPLICATIONS AND RESUBMIT THEM AS
18	SOON AS THEY ARE ABLE.
19	THOSE THAT RECEIVE A SCORE OF 3 ARE DEEMED
20	TO BE SUFFICIENTLY FLAWED THAT THEY CANNOT RESUBMIT
21	FOR SIX MONTHS.
22	THE SCIENTIFIC REVIEW CRITERIA THAT ARE
23	UTILIZED IN ASSIGNING A SCORE ARE BASED ON THE
24	FOLLOWING FIVE QUESTIONS. DOES THE PROJECT HOLD THE
25	NECESSARY SIGNIFICANCE AND POTENTIAL FOR IMPACT?
	10
	16

1	MEANING IS IT SOMETHING THAT HOLDS VALUE AND IS
2	WORTH DOING? DOES IT HAVE A GOOD RATIONALE? IS IT
3	WELL PLANNED AND DESIGNED? AND IS IT FEASIBLE,
4	INCLUDING HAVING THE RIGHT INDIVIDUALS AND
5	APPROPRIATE RESOURCES TO CARRY OUT THE WORK? AND
6	THEN, LASTLY, DOES THE PROJECT UPHOLD THE PRINCIPLES
7	OF DIVERSITY, EQUITY, AND INCLUSION? MEANING DOES
8	IT CONSIDER APPROPRIATELY, PARTICULARLY IN CLINICAL
9	TRIALS, THE PATIENT DIVERSITY, ENROLLMENT, AND OTHER
10	FACTORS?
11	IN ADDITION TO THE SCIENTIFIC SCORE, WHICH
12	INCLUDES, AS YOU SAW, THE FIFTH REVIEW CRITERION, WE
13	ALSO ASSIGN A DEI SCORE. SO THIS IS AN EVALUATION
14	THAT'S CONDUCTED BY OUR PATIENT ADVOCATE MEMBERS OF
15	THE BOARD AND, BASED ON A SCALE OF 1 TO 10,
16	DETERMINE WHETHER THEY FEEL THE APPLICATION MET THE
17	CRITERIA SHOWN HERE, WHICH YOU DON'T HAVE TO READ.
18	IT IS JUST THE RUBRIC THAT GUIDES THE REVIEW FOR THE
19	PATIENT ADVOCATE MEMBERS ON HOW WELL THEY RESPONDED
20	TO THE DEI ELEMENTS. SO YOU WILL SEE BOTH SCORES,
21	AND I WILL POINT THOSE OUT FOR THE APPLICATION.
22	THE COMPOSITION OF THE WORKING GROUP
23	ITSELF FOR THE CLINICAL REVIEWS INCLUDES SCIENTIFIC
24	MEMBERS OF WHICH WE HAVE 15 WHO CONDUCT THE
25	SCIENTIFIC EVALUATION, AND THEY BRING BROAD

17

EXPERTISE TO THE TABLE. WE HAVE THE GRANTS WORKING
GROUP BOARD MEMBERS WHO ARE PATIENT ADVOCATE
MEMBERS. THEY PROVIDE THE DEI EVALUATION, PROVIDE
PATIENT PERSPECTIVE ON THE SIGNIFICANCE AND
POTENTIAL IMPACT OF THE PROJECTS, AS WELL AS
OVERSIGHT ON THE PROCESS BY THEIR ROLE AS BOARD
MEMBERS. WE ALSO BRING, WHEN WE NEED TO, SCIENTIFIC
SPECIALISTS ON BOARD TO BRING ADDITIONAL EXPERTISE
AS NEEDED FOR PARTICULAR APPLICATIONS.
SO THIS APPLICATION THAT WE ARE
CONSIDERING TODAY IS CLIN2-15094. IT'S ENTITLED
"PHASE 1 TRIAL OF LOCOREGIONALLY DELIVERED
AUTOLOGOUS B7-H3 CAR-T CELLS IN ADULTS WITH
RECURRENT GLIOBLASTOMA MULTIFORME."
THE THERAPY IS AN AUTOLOGOUS ONE IN WHICH
A CAR-T CELL THERAPY IS CREATED AND DELIVERED
LOCALLY TO THE TUMOR IN THE BRAIN. THE INDICATION
IS FOR PATIENTS WITH GLIOBLASTOMA. AND THEIR GOAL
IS TO COMPLETE A PHASE 1, FIRST-IN-HUMAN CLINICAL
TRIAL. THE FUNDS REQUESTED IS JUST UNDER 12
MILLION.
SO A LITTLE BACKGROUND ON THE DISEASE
INDICATION. AS MANY OF YOU MAY KNOW, GLIOBLASTOMA
IS A VERY CRITICAL, UNMET NEED AS IT'S ONE OF THE
MOST COMMON MALIGNANT PRIMARY BRAIN TUMORS IN
18

1	ADULTS. AND SO ABOUT EACH YEAR 12,000 AMERICANS ARE
2	DIAGNOSED. AND ALSO THE NATURE OF THIS CANCER IS
3	VERY DIFFUSE IN NATURE. SO IT IS VERY DIFFICULT AND
4	CHALLENGING TO TREAT. AND THE FIVE-YEAR SURVIVAL
5	RATE IS TYPICALLY LESS THAN 10 PERCENT OF THOSE WHO
6	ARE DIAGNOSED.
7	THE VALUE PROPOSITION THAT THIS
8	APPLICATION AND PROPOSAL OFFERS RELATES TO THE
9	CURRENT STANDARD OF CARE, WHICH INVOLVES RESECTION
10	OF THE TUMOR WHERE APPROPRIATE, RADIATION,
11	CHEMOTHERAPY, ALTERNATING ELECTRIC FIELD THERAPY.
12	BUT EVEN WITH THESE STEPS, THE SURVIVAL REMAINS VERY
13	LOW. SO THE PROPOSED THERAPY WOULD OFFER ANOTHER
14	OPTION WITH THE POTENTIAL TO IMPROVE SURVIVAL AND
15	QUALITY OF LIFE FOR THOSE PATIENTS WITH
16	GLIOBLASTOMA.
17	WHY THIS IS A STEM CELL OR GENE THERAPY
18	PROJECT? THIS INVOLVES T-CELL PROGENITORS AS WELL
19	AS GENETIC MANIPULATION OF THE CELLS, WHICH ALSO
20	MAKE IT A GENE THERAPY PROJECT.
21	THIS IS A SNAPSHOT OF OTHER PROJECTS IN
22	OUR PORTFOLIO THAT WE ARE CURRENTLY FUNDING.
23	THERE'S ONE THAT IS A CLIN1, MEANING IT'S
24	IND-ENABLING STUDIES, AND WE HAVE FOUR THAT ARE AT
25	THE CLINICAL TRIAL STAGE. THEY'RE ALL EARLY PHASE 1
	19

1	PROJECTS. ALL OF THESE ARE TAKING SLIGHTLY
2	DIFFERENT APPROACHES TO BRAIN CANCER. THEY'RE NOT
3	ALL GLIOBLASTOMA. SO, FOR EXAMPLE, THE PHASE 1, THE
4	SECOND ONE LISTED, IS FOR BRAIN METASTASIS DUE TO
5	BREAST CANCER. THEY ARE USING AN AUTOLOGOUS CAR-T
6	APPROACH FOR THAT THAT TARGETS HER2. THERE IS ALSO
7	ONE FOR PEDIATRIC PATIENTS THAT ALSO USES A CAR-T
8	APPROACH THAT TARGETS A SPECIFIC ANTIGEN, IL-13R
9	ALPHA2. AND THEN WE HAVE A THIRD THAT ALSO USES
10	CAR-T AND TARGETS GD2.
11	AND SO THE PROJECT THAT WE ARE CONSIDERING
12	TODAY IS A BIT DIFFERENT FROM THESE AS IT TARGETS A
13	NOVEL ANTIGEN, WHICH IS THE B7-H3 ANTIGEN, AND IT
14	ALSO DELIVERS THIS CAR-T THERAPY LOCALLY.
15	THE APPLICANT TEAM, SO THE PI HAS NOT
16	PREVIOUSLY RECEIVED FUNDING FROM CIRM, BUT THERE IS
17	A KEY MEMBER OF THE TEAM THAT HAS AND IS THE PI ON A
18	CLIN2 PROJECT FOR GLIOMAS, AND THAT'S ONE OF THE
19	PROJECTS LISTED, A PHASE 1 CLINICAL TRIAL. AND THEY
20	HAVE PREVIOUSLY RECEIVED AN AWARD FOR 12 MILLION.
21	THEY HAVE SEVEN MILESTONES THAT WERE PROPOSED, AND
22	THEY ARE ON TRACK TO COMPLETE THOSE.
23	THIS IS A SUMMARY OF THE GRANTS WORKING
24	GROUP RECOMMENDATION FOR THE APPLICATION. SO THIS
25	RECEIVED, AS MENTIONED, A SCORE OF 1 WITH 14 MEMBERS
	20

1	VOTING FOR A SCORE OF 1. THERE WAS ONE MEMBER WHO
2	GAVE A SCORE OF 2. NO ONE GAVE A SCORE OF 3. THE
3	DEI SCORE WAS THE HIGHEST WE'VE SEEN AMONG PROJECTS
4	OR THAT ONE CAN RECEIVE WITH A SCORE OF 10. AND
5	CIRM'S TEAM RECOMMENDATION IS TO FUND THIS PROJECT
6	FOR THE AMOUNT SHOWN OF JUST UNDER 12 MILLION. MR.
7	CHAIRMAN.
8	CHAIRMAN IMBASCIANI: THANK YOU, GIL, FOR
9	THE PRESENTATION. I ASK THE MEMBERS OF THE
10	APPLICATION REVIEW SUBCOMMITTEE IF ANYONE HAS A
11	MOTION TO FUND THE RECOMMENDED APPLICATION?
12	DR. HIGGINS: SO MOVED.
13	CHAIRMAN IMBASCIANI: DAVID. I NEED A
14	SECOND.
15	MR. TOCHER: I THINK WE HAVE A SECOND FROM
16	FRED.
17	DR. FISHER: SECOND.
18	CHAIRMAN IMBASCIANI: THE FLOOR IS OPEN
19	FOR DISCUSSION BY THE BOARD.
20	MS. DURON: GIL
21	MR. TOCHER: EXCUSE ME, YSABEL. YOU'RE IN
22	CONFLICT WITH THIS ITEM. SO SORRY.
23	CHAIRMAN IMBASCIANI: THANK YOU. HAVE A
24	COOKIE. HEARING NO ANNE-MARIE.
25	DR. DULIEGE: VERY QUICKLY. IT'S A VERY
	21

1	CLEAR PROJECT. THANK YOU FOR THAT PRESENTATION.
2	HOW MANY PATIENTS ARE EXPECTED TO BE ENROLLED?
3	DR. SAMBRANO: SO IN THIS PHASE 1 ABOUT
4	26.
5	CHAIRMAN IMBASCIANI: ANY OTHER COMMENT
6	FROM THE BOARD MEMBERS? IF NOT, ANY COMMENT FROM
7	THE PUBLIC ON THIS APPLICATION? NO COMMENT BEING
8	SEEN FROM THE PUBLIC, SCOTT, WOULD YOU PLEASE TAKE
9	THE ROLL.
10	MR. TOCHER: DAN BERNAL.
11	MR. BERNAL: AYE.
12	MR. TOCHER: THANK YOU. DAN BERNAL VOTES
13	AYE. MARIA BONNEVILLE.
14	VICE CHAIR BONNEVILLE: YES.
15	MR. TOCHER: JUDY CHOU.
16	DR. CHOU: YES.
17	MR. TOCHER: LEONDRA CLARK-HARVEY.
18	MS. CLARK-HARVEY: AYE.
19	MR. TOCHER: ANNE-MARIE DULIEGE.
20	DR. DULIEGE: YES.
21	MR. TOCHER: MARK FISCHER-COLBRIE.
22	DR. FISCHER-COLBRIE: YES.
23	MR. TOCHER: FRED FISHER.
24	DR. FISHER: YES.
25	MR. TOCHER: ELENA FLOWERS.
	22

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1	DR. FLOWERS: YES.
2	MR. TOCHER: DAVID HIGGINS.
3	DR. HIGGINS: YES.
4	MR. TOCHER: VITO IMBASCIANI.
5	CHAIRMAN IMBASCIANI: YES.
6	MR. TOCHER: STEVE JUELSGAARD. RICH
7	LAJARA.
8	MR. LAJARA: YES.
9	MR. TOCHER: CHRISTINE MIASKOWSKI.
10	DR. MIASKOWSKI: YES.
11	MR. TOCHER: ADRIANA PADILLA.
12	DR. PADILLA: YES.
13	MR. TOCHER: JOE PANETTA.
14	MR. PANETTA: YES.
15	MR. TOCHER: MARV SOUTHARD.
16	DR. SOUTHARD: YES.
17	MR. TOCHER: KAROL WATSON. KEVIN XU.
18	DR. XU: YES.
19	MR. TOCHER: THANK YOU VERY MUCH. AND
20	THAT MOTION CARRIES.
21	
22	
23	
24	
25	
	23
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1	CHAIRMAN IMBASCIANI: THANK YOU. GIL,
2	WOULD YOU LIKE TO INTRODUCE THE NEXT GROUP OF
3	APPLICATIONS ON MANUFACTURING?
4	DR. SAMBRANO: YES. THANK YOU, MR.
5	CHAIRMAN.
6	SO FOR THE NEXT ONE, WE HAVE
7	RECOMMENDATIONS FROM WHAT WERE RESUBMISSIONS AND
8	REVISED APPLICATIONS FOR THE MANUFACTURING NETWORK
9	PROGRAM. SO I WANT TO REMIND YOU A LITTLE BIT ABOUT
10	WHAT THAT IS AND WHAT IT INVOLVES.
11	UNDER OUR STRATEGIC PLAN, AS YOU MAY
12	REMEMBER, THERE ARE THREE MAIN THEMES: TO ADVANCE
13	WORLD-CLASS SCIENCE, DELIVER REAL-WORLD SOLUTIONS,
14	AND TO PROVIDE OPPORTUNITY FOR ALL. UNDER THAT
15	CENTER ONE OF DELIVERING REAL-WORLD SOLUTIONS, THERE
16	ARE A LOT OF DIFFERENT RESOURCES THAT WE HOPE TO
17	BUILD AND DEVELOP. AND AMONG THEM IS TO CREATE A
18	MANUFACTURING PARTNERSHIP NETWORK.
19	AND THE VISION OF THAT IS ILLUSTRATED
20	HERE. OUR HOPE IS TO BRING TOGETHER ACADEMIC GMP
21	FACILITIES OF WHICH THERE ARE A VARIETY, SOME THAT
22	ARE WELL ESTABLISHED, SOME THAT ARE JUST EMERGING
23	AND DEVELOPING WITH VARIED AREAS OF EXPERTISE AND
24	SPECIALTY. AND BY NETWORKING THESE AND BRINGING
25	THEM TOGETHER, WE HOPE TO CREATE A GREATER WHOLE

1	THAN THE SUM OF ITS INDIVIDUAL PARTS. AND OVER TIME
2	WE HOPE THAT THIS NETWORK WILL ALSO PARTNER WITH
3	INDUSTRY AND OTHER NATIONAL ORGANIZATIONS IN THE
4	EFFORT TO DEVELOP STANDARDS AND BEST PRACTICES AS
5	WELL AS WITH OTHER CIRM PROGRAMS THAT INCLUDE THE
6	ALPHA CLINICS NETWORK AND OUR EDUCATION PROGRAMS TO
7	BRING FORWARD A WORKFORCE DEVELOPMENT ELEMENT TO
8	THIS AS WELL.
9	AND THE THREE CENTRAL ITEMS THERE IN THIS
10	VISION IS THAT TOGETHER WE HOPE THAT THIS NETWORK IS
11	GOING TO ACCELERATE, DERISK THE PATH TO
12	COMMERCIALIZATION FOR CELL AND GENE THERAPIES, TO
13	ADVANCE STANDARDS AND QUALITY BY DESIGN IN DOING SO,
14	AND BUILD MANUFACTURING LEADERSHIP AND WORKFORCE
15	CAPABILITIES.
16	THE PROGRAM IS DIVIDED INTO TWO PHASES.
17	SO WE ARE IN THE PHASE 1 OR LAUNCHING THE PHASE 1
18	WHICH IS WHAT THE FOCUS OF THIS REVIEW HAS BEEN.
19	THE FIRST PHASE IS TWO YEARS OF FUNDING TO SUPPORT
20	THE INITIAL ACTIVITIES FOR THESE GMP FACILITIES TO
21	MAKE INITIAL PROGRESS TOWARDS THE NETWORK GOALS.
22	THERE WILL BE A PHASE 2 PROGRAM THAT WILL COME IN
23	ABOUT TWO YEARS. THAT WILL FUND FIVE YEARS OF
24	SUPPORT FOR THE PROGRAMS TO THEN EXPAND AND SCALE
25	THOSE EFFORTS.

1	DURING BOTH PHASES AND AS WE DEVELOP THE
2	PROGRAM, THERE IS A STEERING COMMITTEE THAT IS BEING
3	CREATED THAT WOULD BE COMPOSED OF THE PROGRAM
4	DIRECTORS FROM THESE GMP FACILITIES ALONG WITH
5	INDUSTRY PARTNERS AND CIRM IN ORDER TO HELP DRIVE
6	COLLABORATION, KNOWLEDGE SHARING, AND STANDARD
7	SETTING.
8	SOME OF THE CORE ACTIVITIES THAT WE ARE
9	ASKING THESE APPLICANTS TO PARTAKE IN AND TO PROPOSE
10	TO US WITHIN THEIR APPLICATIONS INCLUDE THESE THREE
11	MAIN ACTIVITIES. FIRST IS THE IMPLEMENTATION OF
12	QUALITY-DRIVEN ENHANCEMENTS TO DERISK AND ACCELERATE
13	EARLY AND LATE STAGE PROCESS DEVELOPMENT AND GMP
14	MANUFACTURING OF CELL AND GENE THERAPIES. WE ASK
15	THEM TO IDENTIFY AN AREA OF SPECIALIZATION IN WHICH
16	THEY CAN USE THEIR UNIQUE STRENGTHS TO BRING TO THE
17	TABLE AND ADDRESS BOTTLENECKS THAT MAY EXIST IN THE
18	DEVELOPMENT AND DELIVERY OF CELL AND GENE THERAPIES.
19	AND THEN ALSO TO PUT TOGETHER A PROGRAM FOR
20	WORKFORCE DEVELOPMENT THAT MAY TIE IN WITH SOME OF
21	OUR EXISTING EDUCATIONAL PROGRAMS, SUCH AS BRIDGES
22	OR COMPASS, TO ALLOW THE TRAINING AND DEVELOPMENT OF
23	BOTH LEADERS AND TECHNICAL EXPERTISE IN THE AREA OF
24	MANUFACTURING.
25	SOME ADDITIONAL CONSIDERATIONS THAT WE
	26

1	ASKED APPLICANTS TO INCLUDE WITHIN THEIR
2	APPLICATIONS IS KNOWLEDGE SHARING. SINCE WE WANT
3	THIS TO BE A NETWORK, WE CLEARLY WANT THEM TO
4	DEVELOP MECHANISMS BY WHICH THEY CAN SHARE
5	INFORMATION AND BEST PRACTICES WITH ONE ANOTHER.
6	SOME OF THAT WILL BE DEVELOPED IN CONJUNCTION WITH
7	CIRM, BUT WE WANT THEM TO PROPOSE HOW AND WHAT THEY
8	WILL SHARE. ALSO AN ORGANIZATIONAL BUSINESS PLAN
9	WITH THE GOAL OF HAVING THESE EXIST BEYOND CIRM'S
10	ABILITY TO SUPPORT THEM FINANCIALLY SO THAT, AS WE
11	DEVELOP THIS NETWORK, IT'S ONE THAT CAN CONTINUE TO
12	EXIST.
13	AND THEN LASTLY AND IMPORTANTLY, TO
14	ADDRESS DIVERSITY, EQUITY, AND INCLUSION. SO WE ASK
15	THEM ALL TO PROPOSE A PLAN FOR HOW THEIR
16	MANUFACTURING FACILITY AND THE ACTIVITIES THAT THEY
17	ARE TAKING ON ARE GOING TO ADDRESS UNDERSERVED
18	COMMUNITIES, INCLUDING HOW THE PROJECT ACTIVITIES
19	IMPROVE ACCESS TO CELL AND GENE THERAPIES BY
20	UNDERSERVED AND DISPROPORTIONATELY AFFECTED
21	POPULATIONS, HOW THE TEAM ITSELF WILL BRING DIVERSE
22	AND INCLUSIVE PERSPECTIVES INTO IMPLEMENTING THOSE
23	ACTIVITIES, WHAT THE TRACK RECORD FOR THE TEAM IS IN
24	PROMOTING DEI, AND HOW ANY PROPOSED WORKFORCE
25	DEVELOPMENT PROGRAMS ARE GOING TO BRING IN A DIVERSE

1	COHORT OF STUDENTS AND PARTICIPATION BY UNDERSERVED
2	GROUPS.
3	SO THIS IS A SUMMARY OF WHERE WE ARE IN
4	THE REVIEW AND APPLICATION PHASE FOR THIS PROGRAM.
5	CIRM ALLOCATED, WITH THE BOARD'S APPROVAL, 20
6	MILLION FOR THE PHASE 1 AWARDS AT 2 MILLION PER
7	AWARD. THERE WERE NINE APPLICATIONS THAT WERE
8	SUBMITTED AND THAT WERE ACCEPTED FOR REVIEW. SO WE
9	HAVE A BUDGET THAT CAN COVER FUNDING ALL NINE
10	APPLICATIONS.
11	DURING THE FIRST GRANTS WORKING GROUP
12	REVIEW MEETING, THERE WERE FIVE APPLICATIONS THAT
13	RECEIVE A SCORE OF 1. AND THOSE HAVE NOW BEEN
14	APPROVED FOR FUNDING AND ARE IN THE PROCESS OF BEING
15	LAUNCHED.
16	THERE WERE FOUR APPLICATIONS THAT RECEIVED
17	A SCORE OF 2 AND HAVE NOW REVISED AND RESUBMITTED
18	THOSE APPLICATIONS. AND THAT WAS THE FOCUS AND
19	SUBJECT OF THE GRANTS WORKING GROUP REVIEW FOR WHICH
20	WE ARE BRINGING RECOMMENDATIONS FOR ON THOSE FOUR
21	APPLICATIONS.
22	THEY USED THE SAME SCORING SYSTEM AS
23	PREVIOUSLY, A SCORE OF 1, 2, OR 3 AS WAS USED IN THE
24	INITIAL REVIEW. AND THE CRITERIA ARE ALSO THE SAME.
25	THE FOCUS HERE IS ON THE VALUE PROPOSITION THAT
	28

1	THESE GMP FACILITIES CAN OFFER: WHETHER THEY HAVE A
2	GOOD PLAN AND DESIGN, A FEASIBLE PROPOSAL, AND
3	WHETHER THEY EFFECTIVELY SERVE THE NEEDS OF
4	UNDERSERVED AND DISPROPORTIONATELY AFFECTED
5	COMMUNITIES.
6	THIS IS A SUMMARY OF THE RECOMMENDATIONS
7	FROM THE GRANTS WORKING GROUP FOR THESE REVISED
8	APPLICATIONS. ALL OF THEM RECEIVED A SCORE OF 1.
9	AND THE TOTAL APPLICANT REQUEST FOR THOSE FOUR
10	APPLICATIONS IS 7.7 MILLION. THERE ARE 10 MILLION
11	IN FUNDS AVAILABLE TO SUPPORT THESE FOUR
12	APPLICATIONS.
13	THIS IS A LIST OF THOSE APPLICATIONS THAT
14	SHOW THE SCORE OF 1 AS WELL AS THE BREAKOUT OF WHAT
15	THE VOTES BY THE GRANTS WORKING GROUP MEMBERS WERE
16	IN THOSE DESIGNATED SCORES.
17	SO WITH THAT, THE CIRM TEAM IS IN
18	AGREEMENT WITH THE GRANTS WORKING GROUP
19	RECOMMENDATIONS TO FUND ALL APPLICATIONS WITH A
20	SCORE OF 1.
21	MR. CHAIRMAN.
22	CHAIRMAN IMBASCIANI: THANK YOU, GIL. THE
23	SCORING I'M SORRY. THE VOTING ON THESE
24	APPLICATIONS IS DIFFERENT FROM THIS GROUP FOR THE
25	BOARD MEMBERS. THIS IS CONSIDERED LIKE A CONSENT
	29

1	AGENDA. SO I'M GOING TO ASK YOU FIRST, BOARD
2	MEMBERS, ARE THERE ANY ONE OF THESE FOUR
3	APPLICATIONS THAT YOU WOULD LIKE TO RECOMMEND NOT
4	FUNDING? HEARING NONE, I'M GOING TO ASK, THEN, THAT
5	A MOTION BE MADE TO FUND THE PACKAGE OF FOUR.
6	DR. HIGGINS: SO MOVED.
7	DR. SOUTHARD: SECOND.
8	MR. TOCHER: DAVID HIGGINS WAS THE FIRST
9	AND MARV SOUTHARD WAS THE SECOND.
10	CHAIRMAN IMBASCIANI: SO DISCUSSION IS NOW
11	OPEN TO BOARD MEMBERS ON THESE APPLICATIONS.
12	MS. DURON: MR. CHAIR.
13	CHAIRMAN IMBASCIANI: YES.
14	MS. DURON: SCOTT. I KNOW THAT THIS IS
15	PERHAPS A DIFFERENT PERSPECTIVE ON LOOKING AT DEI,
16	AND YOU DIDN'T GIVE ANY SCORES ON THAT. ARE THEY
17	SCORING SIMILARLY, OR IS THERE A DIFFERENT WAY IN
18	WHICH YOU'RE LOOKING AT THE DEI REFLECTED IN THE
19	PROPOSALS, ET CETERA?
20	DR. SAMBRANO: THANK YOU FOR THE QUESTION.
21	SO WE DID THIS A LITTLE DIFFERENTLY. THERE IS NO
22	DEI SCORE IN THIS PARTICULAR PROCESS FOR THE
23	MANUFACTURING APPLICATIONS. THE CRITERION IS
24	INCORPORATED INTO THE SCIENTIFIC SCORE. SO THE
25	WORKING GROUP DOES LOOK AT THAT AS AN ELEMENT.
	30

1	THE DEI IS, IN PARTICULAR, FOCUSED ON THE
2	EDUCATIONAL ASPECT, THE WORKFORCE DEVELOPMENT, AND
3	THAT IS THE PRIMARY AREA, AS WELL AS THE ACTIVITIES
4	THAT EACH OF THESE GROUPS IS GOING TO UNDERTAKE IN
5	ORDER TO TRAIN THEIR STAFF AND THE PEOPLE THAT ARE
6	INVOLVED IN THE PROJECT.
7	THE PATIENT ADVOCATE MEMBERS WHO ARE USED
8	TO DOING THE DEI EVALUATIONS ALSO PARTICIPATED IN
9	THE REVIEW. SO EACH OF THEM WAS ASSIGNED AN
10	APPLICATION TO LOOK AT. SO THEY LOOKED AT IT ALSO
11	FROM THAT PERSPECTIVE, BUT THERE WAS NO SPECIFIC
12	SCORE THAT WAS ASSIGNED TO THESE.
13	MS. DURON: I'M WONDERING IF YOU CAN
14	REQUIRE OR ASK FOR THEM TO SHARE THEIR OWN INTERNAL
15	DEI PLAN. SO ARE THEY WALKING THE TALK?
16	DR. SAMBRANO: SO THEY SHARE THEIR PLANS
17	WITH US IN TERMS OF THE REVIEW SO THAT WE CAN
18	PROPERLY ASSESS
19	MS. DURON: BUT I'M NOT TALKING ABOUT THE
20	PLAN THAT THEY'RE PUTTING FORTH. I'M TALKING ABOUT
21	INTERNALLY HOW THEY'RE RUNNING THEIR OWN OPERATIONS.
22	DOES IT REFLECT THE APPROPRIATE DIVERSITY, YOU KNOW,
23	EVERYBODY IS DOING THEIR INTERNAL FIXES? I'M JUST
24	WONDERING BECAUSE I ASKED A COMPANY, I ASKED A
25	BIOTECH COMPANY TO SHOW ME, WHEN YOU'RE TALKING
	31

1	ABOUT DIVERSITY, SHOW ME WHO YOU'RE HIRING, SHOW ME
2	YOUR PLAN. AND THEN THEY CAME BACK TO ME AND SAID,
3	"WE CAN'T SHOW YOU THAT." WHERE IS THE TRANSPARENCY
4	AND SHOWING ME YOU'RE WALKING YOUR TALK? SO I JUST
5	THOUGHT CAN WE ASK? EVERYBODY CAN SAY, OH, WE'RE
6	GOING TO DO IT, BUT ARE THEY DOING IT INTERNALLY
7	THEMSELVES AND SHOWING PROGRESS IN DEI?
8	DR. SAMBRANO: SO AS PART OF THE QUESTION
9	THAT WE ASKED THEM IN THE PROPOSAL, THIS IS
10	SOMETHING THAT THEY'RE WELCOME TO INCLUDE. SO WE
11	FOCUS THEM ON ONE ASPECT OF THEM, BUT WE ALSO ASK
12	THEM WHAT THEIR TRACK RECORD IS AND WHAT THEY DO
13	MORE HOLISTICALLY TO ADDRESS DEI. SO THIS IS
14	SOMEWHERE WHERE IF THE INSTITUTION HAS EFFORTS THAT
15	ARE FOCUSED ON DEI, THOSE CAN BE HIGHLIGHTED AS WELL
16	WITHIN THE APPLICATION.
17	MS. DURON: SO REFLECTIVE OF THAT, IT
18	MEANS THAT MOST OF THE REVIEWERS FELT THAT THEY
19	SHOWED PROGRESS WITHIN THEIR COMPANIES OF DEI?
20	DR. SAMBRANO: THESE ARE ALL ACADEMIC
21	INSTITUTIONS.
22	MS. DURON: MMM. MMM. OKAY.
23	CHAIRMAN IMBASCIANI: IS THERE ANY OTHER
24	COMMENT FROM BOARD MEMBERS? IF NOT, IS THERE ANY
25	COMMENT FROM THE PUBLIC? NO COMMENT BEING HEARD,
	32

1	SCOTT, WOULD YOU TAKE THE ROLL CALL. THIS IS, BY
2	THE WAY, AGENDA ITEM 13.
3	MR. TOCHER: MARIA BONNEVILLE.
4	VICE CHAIR BONNEVILLE: YES.
5	MR. TOCHER: I WOULD ASK THE MEMBERS IN
6	THE ROOM TO USE THEIR MICROPHONES AS WELL WHEN THEY
7	STATE THEIR VOTE.
8	JUDY CHOU.
9	DR. CHOU: YES.
10	MR. TOCHER: LEONDRA CLARK-HARVEY.
11	MS. CLARK-HARVEY: YES.
12	MR. TOCHER: ANNE-MARIE DULIEGE.
13	DR. DULIEGE: YES.
14	MR. TOCHER: YSABEL DURON.
15	MS. DURON: YES.
16	MR. TOCHER: MARK FISCHER-COLBRIE.
17	MR. FISCHER-COLBRIE: YES.
18	MR. TOCHER: FRED FISHER.
19	DR. FISHER: YES.
20	MR. TOCHER: ELENA FLOWERS.
21	DR. FLOWERS: YES.
22	MR. TOCHER: DAVID HIGGINS.
23	DR. HIGGINS: YES.
24	MR. TOCHER: VITO IMBASCIANI.
25	CHAIRMAN IMBASCIANI: YES.
	33

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1	MR. TOCHER: RICH LAJARA.
2	MR. LAJARA: YES.
3	MR. TOCHER: CHRISTINE MIASKOWSKI.
4	DR. MIASKOWSKI: YES.
5	MR. TOCHER: ADRIANA PADILLA.
6	DR. PADILLA: YES.
7	MR. TOCHER: JOE PANETTA.
8	MR. PANETTA: YES.
9	MR. TOCHER: MARV SOUTHARD.
10	DR. SOUTHARD: YES.
11	MR. TOCHER: KAROL WATSON. KEVIN XU.
12	DR. XU: YES.
13	MR. TOCHER: THANK YOU. THE MOTION
14	CARRIES.
15	CHAIRMAN IMBASCIANI: THANK YOU, SCOTT.
16	WE ARE NOW MOVING TO AGENDA ITEM NO. 12,
17	THE CONSIDERATION OF APPLICATIONS SUBMITTED IN
18	RESPONSE TO THE DISCOVERY 2 QUEST PROGRAM
19	ANNOUNCEMENT. I WOULD LIKE TO INVITE HAYLEY LAM,
20	OUR ASSOCIATE DIRECTOR OF PORTFOLIO DEVELOPMENT AND
21	REVIEW, TO MAKE THE PRESENTATION. THANK YOU,
22	HAYLEY.
23	DR. LAM: THANK YOU, MR. CHAIRMAN. IT'S A
24	PLEASURE TO BE IN FRONT OF YOU TODAY. SO AS ALWAYS,
25	WE START WITH OUR MISSION STATEMENT, ACCELERATING
	24
	34

1	WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE
2	REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE
3	MANNER TO A DIVERSE CALIFORNIA AND WORLD.
4	GIL TALKED TO YOU EARLIER ON THE CLINICAL
5	AWARDS FOR OUR PIPELINE PROGRAM. SO TODAY I'LL BE
6	DISCUSSING THE DISCOVERY STAGE PROGRAMS. THE ONES
7	UP FOR DISCUSSION TODAY ARE OUR DISCOVERY 2 QUEST
8	PROGRAM. AND THE GOAL OF THIS PROGRAM IS TO PROVIDE
9	AND PROMOTE THE DISCOVERY OF NEW STEM CELL-BASED
10	TREATMENTS AND TECHNOLOGIES THAT CAN ENABLE BROAD
11	USE. AND THE TYPES OF PROGRAMS THAT ARE ELIGIBLE IN
12	THIS QUEST DISCOVERY PROGRAM ARE ONES THAT ARE
13	UNIQUELY ENABLING ENABLED BY HUMAN STEM AND
14	PROGENITOR CELLS OR THAT USE THE STEM CELL-BASED
15	THERAPIES OR ARE DEVELOPING A GENE THERAPY APPROACH.
16	SO A LITTLE BIT ABOUT WHAT WE ARE LOOKING
17	FOR IN THESE PROGRAMS. AT THE END OF THE TWO- OR
18	THREE-YEAR AWARDS, WHAT WE ARE LOOKING FOR FROM THE
19	THERAPEUTIC TYPES OF APPLICATIONS IS A SINGLE
20	CANDIDATE THAT'S IDENTIFIED BY THE TEAM AND FOR THAT
21	GROUP TO SORT OF HAVE A DRAFT OF THEIR TARGET
22	PRODUCT PROFILE AS WELL AS PRELIMINARY DATA THAT
23	DEMONSTRATES THAT THERE IS SOME DISEASE EFFECT USING
24	THEIR PRODUCT.
25	FOR THE DEVICE, DIAGNOSTIC, AND TOOL TYPES
	35

1	OF APPLICATIONS, WE'D LIKE THE APPLICANTS AT THE END
2	OF THE AWARD, AGAIN, TO HAVE A CANDIDATE PROTOTYPE,
3	TO HAVE DONE PRELIMINARY PROOF-OF-CONCEPT TESTING
4	WITH THAT, AND ALSO TO HAVE A DRAFT, AGAIN, OF THEIR
5	TARGET PRODUCT PROFILE.
6	HOW THIS FITS IN, AGAIN, WITH OUR PIPELINE
7	PROGRAMS, THE DISCOVERY 2 IS THE FIRST IN OUR
8	PROGRESSIVE PRODUCT DEVELOPMENT SCIENTIFIC PROGRAM.
9	SO AT THE CLOSE OF THE TWO- TO THREE-YEAR AWARDS FOR
10	THESE QUEST AWARDS, IDEALLY THEY IDENTIFY THAT
11	SINGLE PRODUCT TO MOVE FORWARD AND IDEALLY WILL BE
12	ELIGIBLE FOR OUR TRANSLATIONAL AND CLINICAL PROGRAMS
13	IF SUCCESSFUL.
14	SWITCHING OVER A LITTLE BIT TO PROCESS.
15	SO THE DISCOVERY STAGE AWARDS RECEIVE A LARGE NUMBER
16	OF APPLICATIONS. IN THIS PAST ROUND WE HAD 89
17	SUBMITTED APPLICATIONS. AND SO WHEN THE NUMBER OF
18	APPLICATIONS EXCEEDS THE CAPACITY FOR OUR REVIEW
19	PANELS TO FULLY REVIEW IN A SINGLE SESSION, WE GO
20	THROUGH A PROCESS CALLED POSITIVE SELECTION. SO IN
21	THIS PROCESS, THE 15 SCIENTIFIC MEMBERS OF THE PANEL
22	AS WELL AS UP TO SEVEN MEMBERS OF THE BOARD WILL
23	TAKE A LOOK AT THE COHORT OF, IN THIS CASE, 89
24	APPLICATIONS AND SELECT A FEW TO MOVE FORWARD TO THE
25	FULL SCIENTIFIC REVIEW.

36

1	AFTER THAT HAPPENS, THE CIRM TEAM ALSO
2	TAKES A LOOK AT ALL OF THE APPLICATIONS THAT WERE
3	NOT SELECTED TO DECIDE WHETHER THEY WOULD LIKE TO
4	PUT FORTH A FEW APPLICATIONS AS WELL. SO AS A
5	RESULT OF THAT PROCESS, IN THIS PAST ROUND 46
6	APPLICATIONS WENT FORWARD OUT OF THE 89 FOR THE FULL
7	SCIENTIFIC REVIEW. AND THAT DID INCLUDE A COUPLE OF
8	APPLICATIONS THAT BYPASSED THIS POSITIVE SELECTION
9	PROCESS. AND THE ONES THAT BYPASS THAT PROCESS WAS
10	THAT THEY RECEIVED A SCORE OF OH, I SEE A TYPO
11	HERE THAT I THOUGHT WE CORRECTED, BUT WE DIDN'T
12	FOR THE APPLICATIONS THAT SCORED 85 AND A HUNDRED IS
13	A RECOMMENDATION FOR FUNDING FROM THE SCIENTIFIC
14	PANEL. AND THE APPLICATIONS HERE THE TYPO OF
15	A SCORE OF 80 TO 84, SO THE APPLICATIONS THAT SCORE
16	AN 80 TO 84 ARE NOT RECOMMENDED FOR FUNDING. BUT IF
17	THE APPLICANT RESUBMITS THE NEXT ROUND, IT WILL
18	BYPASS THAT POSITIVE SELECTION STEP THAT I DESCRIBED
19	PREVIOUSLY. THEN APPLICATIONS THAT SCORE 79 AND
20	BELOW ARE NOT RECOMMENDED FOR FUNDING.
21	SO A LITTLE BIT ABOUT HOW THE REVIEWERS
22	SORT OF EVALUATE ALL OF THESE APPLICATIONS AND LAND
23	ON THEIR FINAL SCORES. THEY HAVE FIVE REVIEW
24	CRITERIA, WHICH SHOULD SOUND A LITTLE BIT FAMILIAR,
25	I THINK, FROM THE CLINICAL PROGRAM. THE QUESTIONS

1	
1	ARE ESSENTIALLY THE SAME, BUT THE DIFFERENT STAGE OF
2	PROJECT. SO DOES THE PROJECT HAVE OVERALL NECESSARY
3	SIGNIFICANCE AND POTENTIAL FOR IMPACT? SO DOES IT
4	HAVE VALUE FOR CIRM? IS IT RATIONAL, SOUND? SO
5	DOES THE PRELIMINARY DATA SUPPORT MOVING FORWARD?
6	IS THE PROJECT WELL PLANNED AND DESIGNED? SO IS
7	WHAT THEY'RE PROPOSING TO DO GOING TO MAKE SENSE?
8	IS THE PROJECT FEASIBLE? DO THEY HAVE THE TEAM,
9	RESOURCES TO EXECUTE ON THAT PROJECT? AND THEN
10	FINALLY, DOES THE PROJECT ADDRESS THE NEEDS OF
11	UNDERSERVED COMMUNITIES?
12	SO THE SUMMARY OF THE GWG RECOMMENDATIONS
13	OUT OF THE 46 APPLICATIONS THAT WENT TO FULL
14	SCIENTIFIC REVIEW, THEY RECOMMENDED TEN APPLICATIONS
15	FOR FUNDING. THE TOTAL APPLICANT REQUEST IS JUST
16	UNDER 20 MILLION, AND THE FUNDS AVAILABLE ARE A
17	LITTLE BIT OVER 47 MILLION.
18	IN ADDITION TO THESE TEN APPLICATIONS, I
19	WANTED TO BRING YOUR ATTENTION TO THE MINORITY
20	REPORT. THIS IS SOMETHING THAT CAME OUT OF PROP 14
21	WHERE ANY APPLICATION THAT IS NOT RECOMMENDED FOR
22	FUNDING, HOWEVER RECEIVES AT LEAST 35 PERCENT OF THE
23	SCIENTIFIC PANEL IN FAVOR OF FUNDING RECEIVES WHAT
24	WE CALL THE MINORITY REPORT.
25	SO THE REPORT IS PART OF THE REVIEW
	38

1	SUMMARIES THAT YOU RECEIVED IN YOUR PACKAGE OF ALL
2	THE APPLICATIONS. SO THE CIRM TEAM RECOMMENDATION
3	IS A RECOMMENDATION TO FUND THE TEN APPLICATIONS
4	THAT WERE RECOMMENDED BY THE GRANTS WORKING GROUP AS
5	WELL AS THE SUPPORT OF THE MINORITY POSITION ON THE
6	TWO APPLICATIONS THAT RECEIVED A MINORITY REPORT.
7	SO THESE ARE APPLICATIONS DISC2-14900 AND
8	DISC2-15114.
9	SO I'LL TALK ABOUT EACH OF THESE
10	APPLICATIONS IN A LITTLE BIT MORE DETAIL JUST TO
11	GIVE A LITTLE BIT OF CONTEXT. SO FOR THE
12	DISC2-14900, THIS APPLICATION WAS ONE OF THE
13	MINORITY REPORTS, AS I MENTIONED. THIS IS A DRUG
14	THAT IS TARGETED FOR BREAST CANCER AND SPECIFICALLY
15	FOR TRIPLE NEGATIVE BREAST CANCER AND IS A SMALL
16	MOLECULE THAT IS INTENDED TO TARGET BREAST CANCER
17	STEM CELLS. AND THAT'S HOW IT FOCUSES IN THE CIRM
18	REALM.
19	AND THE CIRM TEAM RECOMMENDATION FOR
20	SUPPORTING THE MINORITY FOR THIS APPLICATION IS
21	FOCUSED AROUND THE ALIGNMENT OF THIS APPLICATION
22	WITH AN UNMET NEED THAT ALSO ALIGNS WITH THE CIRM
23	COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION. SO
24	THE PATIENT POPULATION THAT IS THIS IS AN
25	AGGRESSIVE FORM OF BREAST CANCER, THIS TRIPLE

1	NEGATIVE BREAST CANCER, AND IT DISPROPORTIONATELY
2	AFFECTS WOMEN THAT ARE AFRICAN-AMERICAN DESCENT AND
3	INDIGENOUS AMERICANS AS WELL. SO IT ALIGNS WITH
4	THAT. AS WELL, THE CIRM TEAM RECOMMENDATION IS ALSO
5	THAT THE OVERALL CONCERNS FROM THE GRANTS WORKING
6	GROUP ARE THINGS THAT CAN BE ADDRESSED BY THE CIRM
7	TEAM IN THE COURSE OF ADMINISTRATION OF THIS AWARD.
8	THE SECOND MINORITY REPORT APPLICATION IS
9	DISC2-15114. THIS IS THE DEVELOPMENT OF AN
10	ANTISENSE OLIGONUCLEOTIDE FOR ALS. THE TITLE IS
11	SOMEWHAT SELF-EXPLANATORY. IT'S A GENE THERAPY
12	APPROACH THAT WILL IDEALLY IMPROVE THE SURVIVAL OF
13	NEURONS AND PREVENT THEM FROM DEGRADING IN ALS,
14	WHICH IS A NEURODEGENERATIVE DISEASE.
15	THE CIRM TEAM RECOMMENDATION IN SUPPORT OF
16	THE MINORITY IN THIS APPLICATION IS FOCUSED AROUND
17	THE PROP 14 GOALS OF SUPPORTING PARTICULAR DISEASES
18	OF THE BRAIN. SO THAT IS THE MAIN CIRM APPROACH
19	HERE. AND THEN ALSO, AGAIN, SIMILARLY TO THE PRIOR
20	APPLICATION, THE CONCERNS OF THE WORKING GROUP, WE
21	BELIEVE, CAN BE MANAGED THROUGH THE AWARD PROCESS.
22	SO I THINK THAT FORMALLY ENDS MY
23	PRESENTATION. AND A COUPLE OF NOTES ON THE MEMBERS
24	WITH CONFLICTS OF INTEREST. AND THEN I WILL TURN IT
25	OVER TO OUR COVER PAGE WHICH SHOULD DISPLAY THE
	10

40

1	APPLICATIONS IN TOTAL AS A COVER. GIVE US A MOMENT
2	TO PULL THAT UP. AND I WILL TURN IT BACK TO YOU,
3	MR. CHAIRMAN.
4	CHAIRMAN IMBASCIANI: FOR THIS ITEM YOU
5	WILL NOTICE THAT YOU'VE GOT THIS IN FRONT OF YOU TO
6	MAKE THINGS SIMPLE, SIMPLER. ALL THE ONES ON THE
7	FIRST PAGE THAT ARE IN DARK GREEN ARE GOING TO BE
8	REFERRED TO AS TIER I, AND ALL THE ONES ON THE
9	SUBSEQUENT PAGES, THE 24 APPLICATIONS, THREE PAGES,
10	I'M SORRY, IN WHITE, THAT'S TIER II.
11	SO THE VOTING ON THIS IS DIFFERENT FROM
12	THE PRECEDING TWO ROUNDS. I'M GOING TO ASK THE
13	BOARD FIRST, LISTEN CAREFULLY, ARE THERE ANY MEMBERS
14	WHO WOULD LIKE TO MOVE ANY APPLICATION FROM TIER II
15	TO TIER I?
16	MR. TOCHER: CAN I JUST INTERJECT FOR A
17	MOMENT?
18	CHAIRMAN IMBASCIANI: FROM THE UNFUNDED TO
19	THE FUNDED CATEGORY.
20	MR. TOCHER: YES. SORRY. JUST FROM A
21	CONFLICTS MANAGEMENT STANDPOINT, FOR MEMBERS OF THE
22	APPLICATION REVIEW SUBCOMMITTEE, THE FOLLOWING
23	MEMBERS, I'M AFRAID, WE'RE GOING TO RECUSE YOU FROM
24	MAKING A MOTION OR PARTICIPATING IN THE DISCUSSION
25	UNTIL THE FINAL VOTE, OMNIBUS VOTE ON THE WHOLE. SO
	41

1	THOSE MEMBERS ARE DURON, FLOWERS, FISCHER-COLBRIE,
2	MIASKOWSKI, AND WATSON. IT'S A UNIQUE SITUATION
3	WITH THIS PARTICULAR GRANT REVIEW BECAUSE THERE'S
4	MORE APPLICATIONS THAN THERE IS BUDGET TO FUND ALL.
5	SO AS WE PROCEED, I WILL NOT CALL THOSE
6	MEMBERS FOR THE VOTE ON AN INDIVIDUAL APPLICATION.
7	AND PLEASE REFRAIN FROM PARTICIPATING IN THE
8	DISCUSSION OF THOSE INDIVIDUAL APPLICATIONS.
9	CHAIRMAN IMBASCIANI: I'LL RESTATE. WE'RE
10	GOING TO START THIS BY ASKING THE BOARD MEMBERS ARE
11	THERE ANY APPLICATIONS IN TIER II, NOT RECOMMENDED
12	FOR FUNDING, WOULD LIKE TO MOVE THEM UP TO TIER I?
13	DR. FISHER: YES.
14	MR. TOCHER: FRED FISHER HAS HIS HAND UP.
15	CHAIRMAN IMBASCIANI: FRED. I'M SORRY. I
16	COULDN'T SEE A HAND. THANK YOU. FRED.
17	DR. FISHER: THANK YOU. YES. MR.
18	CHAIRMAN, I WOULD LIKE TO MOVE THAT DISC2-15114 AND
19	DISC2-14900 BE MOVED UP TO THE FUNDED CATEGORY. I
20	CAN SAY MORE ABOUT THAT, BUT THAT'S THE MOTION.
21	CHAIRMAN IMBASCIANI: THERE'S A MOTION.
22	DO I HAVE A SECOND?
23	DR. CLARK-HARVEY: SECOND.
24	CHAIRMAN IMBASCIANI: I HAVE A SECOND FROM
25	LEONDRA HARVEY. OKAY. WE'RE GOING TO TAKE THIS UP
	42

1	INDIVIDUALLY. SO THE FLOOR IS OPEN FOR DISCUSSION.
2	EITHER FRED OR LEONDRA, DO YOU WANT TO SPEAK TO
3	THAT?
4	DR. FISHER: GO AHEAD, LEONDRA.
5	DR. CLARK-HARVEY: IT WAS YOUR MOTION. GO
6	AHEAD.
7	DR. FISHER: I'LL SPEAK DIRECTLY TO
8	CHAIRMAN IMBASCIANI: FRED, HOLD ON ONE
9	SECOND.
10	DR. DULIEGE: IT HAS NOTHING TO DO WITH
11	THE DISCUSSION, BUT IF SOMEONE CAN CONNECT WITH
12	SOMEONE AT THE HILTON, HERE THERE'S A CONSTANT
13	VENTILATION NOISE. IT'S NOT SUPER DISRUPTIVE, BUT
14	IT IS DISTRACTING.
15	(DISCUSSION OFF THE RECORD.)
16	DR. CLARK-HARVEY: MIGHT I SUGGEST
17	NEGOTIATING A REDUCTION OF WHAT YOU PAID FOR THIS
18	ROOM.
19	CHAIRMAN IMBASCIANI: THAT WAS A POINT OF
20	PERSONAL ACCOMODATION. BACK TO FRED. ONCE AGAIN,
21	FRED HAS MADE A MOTION THAT WE MOVE THE FIRST TWO IN
22	THE TIER II, DISC2-14900 AND 15114, FROM THE DO NOT
23	FUND UP INTO TIER I. FRED.
24	DR. FISHER: SO I APPRECIATE THAT THE
25	STAFF ARE RECOMMENDING IN ALIGNMENT THE MINORITY
	43

1	REPORT. I'LL JUST SAY ONE OF THE THINGS THAT YOU
2	MAY NOT PICK UP FROM READING THE SUMMARY IS THAT
3	THIS WOULD BE THE FIRST TIME THAT AN ASO THERAPY
4	WOULD BE USED TO TREAT AN ESTIMATED 90 PERCENT OF
5	THE ALS POPULATION.
6	AND WITH THE SUCCESS OF BIOGEN'S RECENT
7	APPROVAL OR THE FDA APPROVAL OF BIOGEN'S ASO FOR A
8	SPECIFIC GENETIC FORM OF ALS, THIS PROVIDES AN
9	ENORMOUS OPPORTUNITY FOR THE ALS COMMUNITY. AND THE
10	STRENGTH OF THE PROPOSAL, NOTWITHSTANDING THE WAY
11	THE VOTING ACTUALLY WENT FOR THIS, SUGGESTS THAT
12	THIS IS A PROPOSAL WORTHY OF MOVING FORWARD BECAUSE
13	THE REVIEWERS ALL BELIEVED THAT THE PROPOSAL WAS
14	SOUND, THE METHODOLOGY WAS SOUND, THAT THE TEAM
15	MAKING THE REQUEST ARE EXCELLENT, AND, AS THE STAFF
16	SAID, WHATEVER MINOR CONCERNS THERE WERE CAN BE
17	ADDRESSED BY THE STAFF IN THE IMPLEMENTATION OF
18	THIS. AND THE ALS COMMUNITY, WHO STILL HAVE NO
19	MEANINGFUL EFFECTIVE TREATMENT FOR ALS, THIS
20	PARTICULAR APPROACH HAS TREMENDOUS OPPORTUNITY TO
21	TREAT THE VAST MAJORITY OF PEOPLE WHO HAVE ALS. AND
22	I ASK FOR THE BOARD'S SUPPORT IN MOVING THIS
23	PROPOSAL FORWARD.
24	CHAIRMAN IMBASCIANI: THANK YOU. DAVID.
25	DR. HIGGINS: CAN I JUST MAKE A COMMENT TO
	44

1	FOLLOW UP ON THAT? THE PATIENT ADVOCATES ON THE
2	BOARD, ON THE GWG, PLAYED A VERY IMPORTANT ROLE, AND
3	THAT'S SORT OF TO MAKE SURE THAT WE ARE IN GOOD
4	STANDING WHERE OUR FEET ARE IN THE DIRT, IN THE
5	CEMENT. I PERSONALLY THINK IT'S VERY IMPORTANT TO
6	TAKE SOMEBODY LIKE THE ENDORSEMENT YOU JUST HEARD.
7	YOU CAN SAY, WELL, WE'RE NOT GOING TO DO THIS. IT'S
8	BEEN THROUGH THIS PROCESS AND THE PROCESS SAYS IT'S
9	NOT FUNDABLE. BUT WE'VE GOT AN ADVOCATE IN THE ROOM
10	HERE TALKING ABOUT THIS AND WHAT IT MEANS TO HIS
11	COMMUNITY AND WHAT A CHANCE OF THIS HAVING TO BE
12	SUCCESSFUL.
13	SO DOES THAT MEAN WE SHOULD JUDGE IT AT A
14	LOWER STANDARD? NO, NOT A LOWER STANDARD. BUT IF
15	IT'S AT AN EQUIVALENT OR A NEARLY EQUIVALENT
16	STANDARD, I THINK WE NEED TO TAKE HIS RECOMMENDATION
17	VERY SERIOUSLY. AND THAT'S WHAT THE PATIENT
18	ADVOCATES ARE HERE FOR, AND THAT'S WHAT WE WILL
19	ALWAYS PROVIDE YOU WITH. AND SOMETIMES IT BECOMES
20	SORT OF EMOTIONAL AS OPPOSED TO SCIENTIFIC, BUT I
21	JUST WANT TO GIVE A PLUG FOR THAT.
22	CHAIRMAN IMBASCIANI: THANK YOU, DAVID.
23	NEXT TO LEONDRA.
24	DR. CLARK-HARVEY: I CONCUR AS WELL, WHICH
25	IS WHY I SECONDED THE MOTION. I THINK CONSIDERING
	45

1	CIRM'S CONTINUED COMMITMENT AND RECOMMITMENT TO
2	DIVERSITY, DIVERSITY OF DISEASES AND DIVERSITY OF
3	POPULATION IMPACTED, THESE TWO THAT ARE ON THE
4	BORDER, SO TO SPEAK, WITH A SCORE OF 84 BOTH CLEARLY
5	SPEAK TO THAT. AND WHEN I LOOK AT THE LIST IN
6	GREEN, I DO BELIEVE THAT WHAT MAY BE MISSING FROM
7	THAT, THAT THERE IS A STUDY ON ALS THAT IS BEING
8	CONSIDERED AND IS THE ADDITIONAL REPRESENTATION
9	THERE.
10	SO ALS ALSO BEING A BRAIN DISORDER, I
11	THINK THAT ALSO SPEAKS TO OUR FOCUS ON NEURO
12	DISORDERS AND A BIG AREA THAT WE ARE TRYING TO BUILD
13	OUT. AND THEN, AS WAS MENTIONED, THE BREAST CANCER,
14	THE TYPE OF CANCER AS IT IMPACTS WOMEN, SO I JUST
15	THINK THAT SPEAKS OUR MISSION WHERE WE ARE TRYING TO
16	GO, AND THESE ARE VERY MUCH ON THE VERGE OF MAKING
17	IT. SO IF THERE IS A WAY TO ACCOMMODATE THAT, I
18	WOULD SUPPORT THAT.
19	CHAIRMAN IMBASCIANI: THANK YOU, LEONDRA.
20	ARE THERE ANY OTHER COMMENTS FROM THE BOARD? ARE
21	THERE ANY MEMBERS OF THE PUBLIC THAT WANT TO COMMENT
22	ON THESE TWO MINORITY REPORT APPLICATIONS? NO.
23	OKAY. HEARING NO FURTHER COMMENTS, SCOTT, COULD YOU
24	TAKE THE ROLL CALL VOTE.
25	MR. TOCHER: THIS IS TO FUND BOTH
	46

1	APPLICATIONS 15114 AND 14900.
2	MARIA BONNEVILLE.
3	VICE CHAIR BONNEVILLE: YES.
4	MR. TOCHER: JUDY CHOU.
5	DR. CHOU: YES.
6	MR. TOCHER: LEONDRA CLARK-HARVEY.
7	MS. CLARK-HARVEY: YES.
8	MR. TOCHER: ANNE-MARIE DULIEGE.
9	DR. DULIEGE: YES.
10	MR. TOCHER: FRED FISHER.
11	DR. FISHER: YES.
12	MR. TOCHER: DAVID HIGGINS.
13	DR. HIGGINS: YES.
14	MR. TOCHER: VITO IMBASCIANI.
15	CHAIRMAN IMBASCIANI: YES.
16	MR. TOCHER: STEVE JUELSGAARD.
17	MR. JUELSGAARD: YES.
18	MR. TOCHER: RICH LAJARA.
19	MR. LAJARA: YES.
20	MR. TOCHER: ADRIANA PADILLA.
21	DR. PADILLA: YES.
22	MR. TOCHER: JOE PANETTA.
23	MR. PANETTA: YES.
24	MR. TOCHER: MARV SOUTHARD.
25	DR. SOUTHARD: YES.
	47

1	MR. TOCHER: KEVIN XU.
2	DR. XU: YES.
3	MR. TOCHER: GREAT. THANK YOU VERY MUCH.
4	AND THE MOTION CARRIES.
5	CHAIRMAN IMBASCIANI: THANK YOU, SCOTT.
6	NOW WE'LL DO THE OBVERSE OF THAT. WE'RE
7	GOING TO ASK THE BOARD MEMBERS ARE THERE ANY
8	APPLICATIONS IN TIER I THAT YOU WOULD LIKE TO
9	ABSTRACT AND MOVE DOWN INTO TIER II; THAT IS, A
10	RECOMMENDATION NOT TO FUND? I NEED A MOTION. I'M
11	SORRY. I SAID MOTION. THERE ARE NO ABSTRACTIONS
12	FROM THAT. OKAY. GOOD.
13	I THINK WE CAN MOVE TO A MOTION TO FUND
14	ALL APPLICATIONS IN TIER I.
15	MR. TOCHER: CORRECT. THE MOTION WOULD BE
16	TO FUND ALL THOSE APPLICATIONS IN TIER I AND NOT
17	FUND THE REMAINING. THAT MOTION TO BE MADE AND
18	SECONDED BY ANY OF THE ARS MEMBERS EXCEPT FOR THE
19	FIVE THAT I NAMED EARLIER.
20	DR. FISHER: SO MOVED.
21	VICE CHAIR BONNEVILLE: SECOND.
22	CHAIRMAN IMBASCIANI: WE HAVE A MOTION ON
23	THE FLOOR TO FUND ALL APPLICATIONS IN TIER I, NOT TO
24	FUND THE REMAINING ONES. YES. SO COMMENTS FROM THE
25	BOARD?
	40
	48

1DR. HIGGINS: JUST TO BE CLEAR, WE MOVED2THE ALS3CHAIRMAN IMBASCIANI: INCLUDING TWO4MINORITY REPORTS ARE NOW IN TIER I, YES. THANK YOU5NO COMMENTS FROM THE BOARD. ANY COMMENTS6FROM THE PUBLIC? NO COMMENTS FROM THE PUBLIC.7PLEASE PROCEED TO A VOTE THEN, SCOTT.8MR. TOCHER: THANK YOU. AND FOR MEMBERS9DURON, FISCHER-COLBRIE, FLOWERS, AND MIASKOWSKI,10YOUR RESPONSE WILL BE EITHER AYE OR NAY EXCEPT FOR	
 3 CHAIRMAN IMBASCIANI: INCLUDING TWO 4 MINORITY REPORTS ARE NOW IN TIER I, YES. THANK YOU 5 NO COMMENTS FROM THE BOARD. ANY COMMENTS 6 FROM THE PUBLIC? NO COMMENTS FROM THE PUBLIC. 7 PLEASE PROCEED TO A VOTE THEN, SCOTT. 8 MR. TOCHER: THANK YOU. AND FOR MEMBERS 9 DURON, FISCHER-COLBRIE, FLOWERS, AND MIASKOWSKI, 	
 MINORITY REPORTS ARE NOW IN TIER I, YES. THANK YOU NO COMMENTS FROM THE BOARD. ANY COMMENTS FROM THE PUBLIC? NO COMMENTS FROM THE PUBLIC. PLEASE PROCEED TO A VOTE THEN, SCOTT. MR. TOCHER: THANK YOU. AND FOR MEMBERS DURON, FISCHER-COLBRIE, FLOWERS, AND MIASKOWSKI, 	
 NO COMMENTS FROM THE BOARD. ANY COMMENTS FROM THE PUBLIC? NO COMMENTS FROM THE PUBLIC. PLEASE PROCEED TO A VOTE THEN, SCOTT. MR. TOCHER: THANK YOU. AND FOR MEMBERS DURON, FISCHER-COLBRIE, FLOWERS, AND MIASKOWSKI, 	
 6 FROM THE PUBLIC? NO COMMENTS FROM THE PUBLIC. 7 PLEASE PROCEED TO A VOTE THEN, SCOTT. 8 MR. TOCHER: THANK YOU. AND FOR MEMBERS 9 DURON, FISCHER-COLBRIE, FLOWERS, AND MIASKOWSKI, 	
 PLEASE PROCEED TO A VOTE THEN, SCOTT. MR. TOCHER: THANK YOU. AND FOR MEMBERS DURON, FISCHER-COLBRIE, FLOWERS, AND MIASKOWSKI, 	
8 MR. TOCHER: THANK YOU. AND FOR MEMBERS 9 DURON, FISCHER-COLBRIE, FLOWERS, AND MIASKOWSKI,	
9 DURON, FISCHER-COLBRIE, FLOWERS, AND MIASKOWSKI,	
10 TOOK RESPONSE WILL BE EITHER ATE OK NAT EXCEPT FOR	
11 THOSE APPLICATIONS WITH WHICH I HAVE A CONFLICT.	
12 MARIA BONNEVILLE.	
13 VICE CHAIR BONNEVILLE: YES.	
14 MR. TOCHER: JUDY CHOU.	
DR. CHOU: YES.	
16 MR. TOCHER: LEONDRA CLARK-HARVEY.	
DR. CLARK-HARVEY: YES.	
18 MR. TOCHER: ANNE-MARIE DULIEGE.	
DR. DULIEGE: YES.	
20 MR. TOCHER: YSABEL DURON.	
21 MS. DURON: YES, EXCEPT FOR THOSE WITH	
22 WHICH I HAVE A CONFLICT.	
23 MR. TOCHER: MARK FISCHER-COLBRIE.	
24 MR. FISCHER-COLBRIE: YES, EXCEPT FOR	
25 THOSE WITH WHICH I HAVE A CONFLICT.	
49	

1		MR.	TOCHER:	FRED FISHER.
2		DR.	FISHER:	YES.
3		MR.	TOCHER:	ELENA FLOWERS.
4		DR.	FLOWERS:	YES, EXCEPT FOR THOSE
5	PROPOSALS	WITH	HWHICH I	HAVE A CONFLICT.
6		MR.	TOCHER:	DAVID HIGGINS.
7		DR.	HIGGINS:	YES.
8		MR.	TOCHER:	VITO IMBASCIANI.
9		CHAI	ERMAN IMBA	ASCIANI: YES.
10		MR.	TOCHER:	STEVE JUELSGAARD.
11		MR.	JUELSGAAF	RD: YES.
12		MR.	TOCHER:	RICH LAJARA.
13		MR.	LAJARA:	YES.
14		MR.	TOCHER:	CHRISTINE MIASKOWSKI.
15		DR.	MIASKOWSH	(I: YES, EXCEPT FOR THOSE
16	PROPOSALS	WITH	H WHICH I	HAVE A CONFLICT.
17		MR.	TOCHER:	ADRIANA PADILLA.
18		DR.	PADILLA:	YES.
19		MR.	TOCHER:	JOE PANETTA.
20		MR.	PANETTA:	YES.
21		MR.	TOCHER:	MARVIN SOUTHARD.
22		DR.	SOUTHARD	: YES.
23		MR.	TOCHER:	AND KEVIN XU.
24		DR.	XU: YES	
25		MR.	TOCHER:	GREAT. THANKS VERY MUCH.
				50

AND THE MOTION CARRIES. 1 CHAIRMAN IMBASCIANI: THANK YOU VEY MUCH. 2 3 I KNOW THAT PART OF THE AGENDA IS ALWAYS A LITTLE COMPLICATED. 4 SO WE ARE NOW MOVING ON TO AGENDA NO. 14, 5 6 CONSIDERATION OF THE PROPOSED REMIND CONCEPT PLAN 7 FOR NEUROPSYCHIATRIC DISEASE. I'M INVITING ROSA CANET-AVILES, VICE PRESIDENT OF SCIENTIFIC PROGRAMS, 8 9 TO PRESENT THE CONCEPT PLAN. DR. CANET-AVILES: THANK YOU, MR. 10 11 CHAIRMAN. 12 DR. GOLDSTEIN: MR. CHAIRMAN, ROSA, MAY I GIVE YOU A BRIEF INTRODUCTION? 13 14 CHAIRMAN IMBASCIANI: YES. DR. CANET-AVILES: YES, DR. GOLDSTEIN. 15 DR. GOLDSTEIN: YES. SO I'M SPEAKING AS 16 17 CHAIR OF THE TASK FORCE FROM WHICH THIS CONCEPT PLAN ORIGINATES AS WELL AS THE SCIENTIFIC SUBCOMMITTEE. 18 19 AND WHAT I WANT TO DO IS JUST GIVE YOU SOME VERY 20 BRIEF BACKGROUND FOR THE NOVEL CONCEPT PLAN THAT VICE PRESIDENT ROSA CANET-AVILES WILL BE PRESENTING. 21 22 THIS COMES TO YOU WITH THE UNANIMOUS 23 RECOMMENDATION OF THE NEURO TASK FORCE AND THE 24 SCIENCE SUBCOMMITTEE. 25 NOW, AS BACKGROUND, IF YOU GO BACK TO THE 51

1	CHARGE TO THE NEURO TASK FORCE, THERE ARE TWO MAJOR
2	PLANNING/ACTION ELEMENTS. ONE IS TO DEVELOP A
3	GENERAL PLAN FOR THE \$1.5 BILLION SET-SIDE FOR
4	NEUROSCIENCE AND NEUROMEDICINE. AND I'LL JUST
5	REMIND US ALL THAT PLANNING HAS TO BEGIN WITH AN
6	EVALUATION OF OUR EXISTING PORTFOLIO, WHICH IS IN
7	PROGRESS.
8	SECOND, THE CHARGE ASKS US TO IDENTIFY
9	SIGNIFICANT RESEARCH OPPORTUNITIES THAT CAN MAKE AN
10	UNUSUAL IMPACT. AND THIS CONCEPT PLAN THAT YOU WILL
11	SEE ADDRESSES THAT SECOND PART OF THE CHARGE.
12	IT TURNS OUT THAT A VERY STRAIGHTFORWARD
13	EVALUATION OF OUR EXISTING PORTFOLIO IDENTIFIED
14	NEUROPSYCHIATRIC DISEASE AS AN AREA WITH POTENTIALLY
15	HIGH IMPACT, PARTICULARLY IN UNDERSERVED COMMUNITIES
16	AND WHERE WE HAD NO FUNDING PRESENCE.
17	AND SO THE SECOND THING WE DID WAS TO
18	ENSURE THAT THE RESEARCH TECHNOLOGY FOR
19	NEUROPSYCHIATRIC DISEASE IS UP TO THE TASK OF
20	SIGNIFICANT PROGRESS WITH STEM CELL AND RELATED
21	TECHNOLOGIES. WE HAD A SERIES OF SCIENTIFIC
22	PRESENTATIONS THAT CONVINCINGLY DEMONSTRATED AND
23	DOCUMENTED THAT RECENT TECHNOLOGY DEVELOPMENTS MADE
24	NEUROPSYCHIATRIC DISEASE AN ATTRACTIVE TARGET OF
25	OPPORTUNITY AND ONE THAT WAS TRACTABLE.

1	IN FACT, TOM SUDOFF, A RECENT NOBEL
2	LAUREATE, IN A REAL TOUR DE FORCE DEMONSTRATED THAT
3	IT WAS STRAIGHTFORWARD NOW TO GO FROM GENETIC
4	VARIANT TO A PROTEIN THAT'S INVOLVED IN NEURONS
5	TALKING TO EACH OTHER, SYNAPTIC TRANSMISSION.
6	SO THERE WAS A SUBSTANTIAL DISCUSSION AND
7	REVISION WORK IN THE NEURO TASK FORCE WITH VICE
8	PRESIDENT CANET-AVILES. A CONCEPT PLAN WAS
9	DEVELOPED THAT'S NOVEL. AND VICE PRESIDENT
10	CANET-AVILES WILL NOW DO THE PRESENTATION. SO THANK
11	YOU FOR YOUR ATTENTION AND TIME.
12	DR. CANET-AVILES: THANK YOU FOR THE
13	INTRODUCTION, DR. GOLDSTEIN. AND THAT WAS VERY
14	HELPFUL.
15	MR. CHAIRMAN, MADAM VICE CHAIR, MEMBERS OF
16	THE BOARD, AND THE PUBLIC, I FIRST WOULD LIKE TO
17	THANK ALSO THE STAFF THAT HAS BEEN INVOLVED IN
18	DEVELOPMENT OF THIS CONCEPT. THERE'S A LOT OF
19	PEOPLE TO MAKE THIS HAPPEN. AND I WANT ESPECIALLY
20	THANK DR. CHAN LEK TAN, WHO'S BEEN VERY INVOLVED IN
21	THE DEVELOPMENT OF THIS VERY EXCITING OPPORTUNITY.
22	SO I AM VERY HAPPY TO BE HERE TODAY TO
23	PRESENT THIS CONCEPT BECAUSE THIS IS THE FIRST
24	NEURO-FOCUSED DISCOVERY PROGRAM ALSO KNOWN AS
25	REMIND, WHICH STANDS FOR RESEARCH USING
	53

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1	MULTIDISCIPLINARY, INNOVATIVE APPROACHES IN NEURO
2	DISEASES.
3	AS DR. GOLDSTEIN WAS MENTIONING, THIS IS
4	PARTLY DERIVED OUT OF THE TASK FORCE EFFORTS TO
5	IDENTIFY UNUSUAL OPPORTUNITIES FOR HIGH IMPACT IN
6	NEUROSCIENCE AREAS FOR ENHANCED INVESTMENT. AND FOR
7	FURTHER BACKGROUND AND HISTORY, PLEASE REFER TO THE
8	MEMO THAT WE ATTACHED WITH THE MATERIALS. IT HAS A
9	LOT OF DETAILS THAT ARE VERY HELPFUL.
10	COMPLEMENTING THIS PRESENTATION, THERE IS
11	ALSO A CONCEPT DOCUMENT THAT WAS POSTED UNDER ITEM
12	14.
13	SO TO PUT IT IN CONTEXT, THE REMIND
14	INITIATIVES CORRESPONDS TO THE DISCOVERY PHASE OF
15	CIRM'S NEURO STRATEGY. THE TRANSLATION AND CLINICAL
16	WILL BE ADDRESSED SEPARATELY.
17	AGAIN, WE'VE HEARD SEVERAL TIMES TODAY OUR
18	MISSION STATEMENT. AND CIRM'S NEUROSCIENCE STRATEGY
19	HAS BEEN DEVELOPED IN THE CONTEXT OF OUR MISSION
20	STATEMENT AND MAPS OUT AND INTEGRATES WITHIN OUR
21	FIRST THEME, WHICH IS ADVANCING WORLD-CLASS SCIENCE.
22	NOW, THE GOAL OF THIS CONCEPT, AS CONVEYED
23	IN THE MEMO, THE VISION HAS BEEN INFORMED THROUGH
24	MULTIPLE STAKEHOLDER MEETINGS THAT OCCURRED OVER THE
25	LAST THREE YEARS ACTUALLY AND CULMINATED WITH THE

1	TASK FORCE EFFORTS. AND THE GOAL REFLECTS THE
2	INCORPORATION OF MAJOR TAKEAWAYS FROM ALL THESE
3	YEARS OF DISCUSSIONS.
4	HERE YOU CAN SEE THE GOAL IS TO ACCELERATE
5	THE DISCOVERY OF MECHANISMS UNDERLYING
6	NEUROPSYCHIATRIC DISORDERS LEADING TO THE
7	IDENTIFICATION AND VALIDATION OF NOVEL TARGETS AND
8	BIOMARKERS WITH THE ULTIMATE GOAL TO PROVIDE NEW
9	AVENUES AND RIGOROUS FOUNDATIONS FOR FUTURE
10	TRANSLATIONAL AND CLINICAL INVESTIGATION. THIS ALL
11	LINKS OUR PILLARS FROM BEGINNING TO END REALLY.
12	AND THE SPECIFIC OBJECTIVES TO ACHIEVE
13	THIS GOAL ARE TO ACCELERATE FOUNDATIONAL SCIENTIFIC
14	UNDERSTANDING OF NEUROPSYCHIATRIC DISEASE MECHANISMS
15	OR AS WELL DEVELOP RELEVANT TRANSFORMATIVE TOOLS OR
16	TECHNOLOGIES THAT WILL HELP US ADVANCE THE
17	UNDERSTANDING OF THESE DISEASES.
18	THE SECOND OBJECTIVE IS CATALYZE
19	MULTIDISCIPLINARY INNOVATION. WE WANT TO ATTRACT
20	NEW TALENT. WE WANT TO ATTRACT NEW IDEAS TO THE
21	FIELD OF NEUROPSYCHIATRIC DISEASE AND SEED NEW
22	PARTNERSHIPS AS WELL.
23	AND THE FINAL OBJECTIVE IS TO DRIVE AN
24	OPEN AND COLLABORATIVE SCIENCE BY LEVERAGING THE NEW
25	WAYS THAT WE WILL DO THESE AND BY LEVERAGING ALSO
	55

-	
1	EXTERNALLY FUNDED INFRASTRUCTURE AS WELL AS INTERNAL
2	INFRASTRUCTURE FOR DATA.
3	IN ORDER TO ACHIEVE THOSE OBJECTIVES AND
4	THESE GOALS, WE HAVE DEVELOPED THE FOLLOWING
5	STRUCTURED PROGRAM WHICH ANSWERS TO THESE MAIN THREE
6	OBJECTIVES THAT I JUST MENTIONED.
7	THE PROGRAM INCLUDES TWO SEPARATE,
8	INDEPENDENT RFA'S THAT YOU CAN SEE HERE. THE FIRST
9	ONE OF THE RFA'S, THE REMIND-L, L STANDING FOR LARGE
10	COLLABORATIVE PROGRAM, IS TO SUPPORT THE GOAL IS
11	TO SUPPORT MULTIDISCIPLINARY STUDIES LED BY LARGE
12	COLLABORATIVE TEAMS THAT WILL APPLY A RANGE OF
13	TECHNOLOGIES AND APPROACHES THAT ARE COMPLEMENTARY.
14	AND THE GOAL WOULD BE THAT THESE COLLABORATIVE
15	PROJECTS WILL LEAD TO NOVEL BIOLOGICAL INSIGHTS THAT
16	WILL FURTHER CURRENT UNDERSTANDING OF THE DISEASE
17	MECHANISMS IN NEUROPSYCHIATRIC DISORDERS.
18	THE SECUND GOAL HERE COULD BE TO EXPAND
19	THE RESEARCH TO INCLUDE THE STUDY OF DIVERSE HUMAN
20	POPULATIONS. WE'VE BEEN HEARING A LOT ABOUT
21	DIVERSITY, AND THIS IS ONE OF THE MAIN GOALS THAT WE
22	HAVE IN THIS RFA.
23	THE SECOND PROGRAM IS THE REMIND-X. X
24	STANDS FOR EXPLORATORY. THESE WILL BE SMALLER TEAMS
25	AND WILL BE LED BY SMALL MULTIDISCIPLINARY TEAMS.
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1	AND THE EXPECTATION IS THAT THIS PROGRAM, THESE
2	TEAMS WILL LEAD TO INITIAL VALIDATION OR PROOF OF
3	CONCEPT OF NOVEL MODEL TOOLS, TECHNOLOGIES, OR
4	HYPOTHESES THAT WILL HELP US ADVANCE THE STUDY OF
5	NEUROPSYCHIATRIC DISEASES.
6	NOW, IN TERMS OF FUNDING, FOR THE
7	REMIND-L, WE HAVE I DIDN'T MENTION THAT THE
8	REMIND-L WILL BE UP TO FOUR YEARS AND REMIND-X UP TO
9	TWO YEARS. AND FOR THE FUNDING, THE DIRECT COST PER
10	AWARD FOR REMIND-L WOULD BE UP TO \$2 MILLION PER
11	YEAR WITH A TOTAL OF \$8 MILLION IN TOTAL. AND FOR
12	REMIND-X COULD BE HALF MILLION DOLLARS PER YEAR WITH
13	A TOTAL OF \$1 MILLION OVER THE TWO YEARS. WE EXPECT
14	ABOUT UP TO SIX REMIND-L AWARDS, COLLABORATIVE LARGE
15	COLLABORATIVE AWARDS, AND 12 REMIND-X AWARDS.
16	NOW, FOR THE REMIND-L, WE HAVE ADDED AN
17	ADDITIONAL OPTION OF SUPPLEMENTAL FUNDING.
18	ADDITIONAL FUNDING OF UP TO HALF A MILLION PER AWARD
19	PER YEAR MAY BE REQUESTED IF AN EQUIVALENT OR LARGER
20	AMOUNT OF MATCHING FUNDS IS PROVIDED BY EITHER A
21	CALIFORNIA OR NON-CALIFORNIA ORGANIZATION.
22	FOR THE REMIND-X, WE HAVE NOT ADDED THIS.
23	SO WITH THIS OPTION, THE REMIND-L LEADS UP TO \$10
24	MILLION IN TOTAL PER AWARD THAT LEADS US TO \$88.2
25	MILLION FOR THIS SPECIFIC PROGRAM. AND FOR THE
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1	REMIND-X, IT COULD BE 12 AWARDS, IT COULD BE \$22.5
2	MILLION.
3	NOW, IN THE NEXT SLIDES I'M GOING TO
4	TALK ACTUALLY THE TIMELINE. SO THIS IS THE
5	TIMELINE FOR HOW WE SEE THAT THESE PROGRAMS WOULD
6	COME. YOU CAN THINK ESSENTIALLY OF 2024 AS THE
7	FIRST YEAR IN WHICH WE WOULD LAUNCH THE FIRST SET OF
8	REMIND-L AWARDS WITH REMIND-X THAT COULD LAUNCH IN
9	2025.
10	NOW, IN THE NEXT THREE SLIDES, I AM GOING
11	TO SPEAK TO SOME OF THE SPECIFICS OF THE PROGRAM
12	STARTING WITH THE ELIGIBILITY REQUIREMENTS. FOR THE
13	TEAM ELIGIBILITY, BOTH NONPROFIT AND FOR-PROFIT
14	RESEARCH ORGANIZATIONS ARE ELIGIBLE TO APPLY. AND
15	IN TERMS OF THE COMPOSITION, ALL TEAMS WILL NOMINATE
16	A SINGLE PRINCIPAL INVESTIGATOR WHO WILL MANAGE THE
17	PROJECT AND SERVE AS THE PRIMARY CIRM ADMINISTRATIVE
18	CONTACT AS WELL. AND IN ADDITION, THE TEAM MUST
19	INCLUDE AT LEAST FOUR CO-INVESTIGATORS FOR REMIND-L
20	AND AT LEAST ONE CO-INVESTIGATOR FOR REMIND-X.
21	IN TERMS OF EFFORT, PI'S FOR REMIND-L MUST
22	DEVOTE AT LEAST 15-PERCENT EFFORT, AND
23	CO-INVESTIGATORS HAVE TO DEVOTE AT LEAST 10 PERCENT.
24	AND FOR REMIND-X, BOTH PI AND CO-INVESTIGATORS HAVE
25	A 5-PERCENT MINIMUM EFFORT REQUIREMENT.

1	FINALLY, IN TERMS OF COMPOSITION, WE ASK
2	THAT FOR REMIND-L, AT LEAST ONE MEMBER OF THE
3	OVERALL PROJECT HAS RELEVANT CLINICAL EXPERTISE AND
4	ONE MEMBER HAS RELEVANT COMPUTATIONAL OR RELATED
5	EXPERTISE. AND THIS HAS TO DO WITH THE WHOLE
6	ECOSYSTEM OF DATA SHARING AND MANAGEMENT AND
7	COLLABORATION.
8	FOR REMIND-X, WE WILL ENCOURAGE
9	APPLICATIONS FROM INVESTIGATORS WHO CAN BRING NEW
10	TECHNOLOGIES, RESOURCES, OR FRAMEWORKS TO THE STUDY
11	OF NEUROPSYCHIATRIC DISORDERS OF IN VITRO MODELS OF
12	THE HUMAN CNS.
13	NOW, IN TERMS OF PROJECT ELIGIBILITY AND
14	IN ALIGNMENT WITH THE CONCEPT DOCUMENT, PROJECTS
15	MUST ADDRESS A KNOWLEDGE GAP OR RESEARCH BOTTLENECK
16	IN THE STUDY OF NEUROPSYCHIATRIC DISORDERS.
17	PROJECTS MUST EMPLOY STEM CELLS OR GENETIC RESEARCH
18	AS PART OF THE CENTRAL APPROACH. AS PART OF THIS
19	MULTIDISCIPLINARY PROGRAM, WE ARE ENCOURAGING A
20	MULTITUDE OF APPROACHES. HOWEVER, APPLICANTS WILL
21	NEED TO JUSTIFY SEGMENTS OF THE OVERALL PROJECT THAT
22	DO NOT DIRECTLY INVOLVE STEM CELLS OR GENETIC
23	APPROACHES AND HOW DOES THE STUDY MAY COMPLEMENT OR
24	IMPROVE THE VALIDITY OF THE CENTRAL STEM CELL
25	GENETIC APPROACH.

1	FINALLY, THE REMIND PROGRAM PRIORITIZES
2	THE STUDIES BASED ON HUMAN DATA. SO HUMAN MODELS
3	AND HUMAN TISSUE SAMPLES ALTHOUGH STUDIES USING
4	NONHUMAN MODELS WILL BE PERMITTED. WE DO ASK TEAMS
5	TO VALIDATE THE FINDINGS DERIVED FROM THESE
6	APPROACHES USING HUMAN CELL TISSUES DURING THE
7	COURSE OF THE AWARD. AND IN THE RFA, AS A
8	CLARIFICATION, WE WILL REFLECT THE EMPHASIS ON HUMAN
9	MODELS AND HUMAN DATA AS SUGGESTED BY THE TASK
10	FORCE.
11	NOW, DATA SHARING IS VERY IMPORTANT TO US.
12	AND DATA SHARING AND KNOWLEDGE SHARING HAS BEEN KEY
13	TO ADVANCING RESEARCH, ADVANCING WORLD-CLASS
14	SCIENCE, AND REGENERATIVE MEDICINE IS ONE OF THOSE.
15	SO ONE OF THE THINGS THAT OUR TEAM HAS BEEN
16	IMPLEMENTING IS DATA SHARING AND MANAGEMENT PLANS
17	FOR ALL OUR AWARDS. AND THIS IS TO SUPPORT BROADER
18	COLLABORATION. AND THE REMIND PROGRAM WILL BE, IF
19	APPROVED, ONE OF THOSE THAT WILL HAVE THE DATA
20	SHARING AND MANAGEMENT PLAN ELEMENTS IN THEIR RFA AS
21	WELL AS IN THE APPLICATION.
22	AS SUCH, WE ARE GOING TO REQUIRE THAT DATA
23	SHARING AND MANAGEMENT PLANS BASED ON OUR GUIDELINES
24	WILL FACILITATE COLLABORATION BETWEEN AWARDEES AND
25	CIRM DATA INITIATIVES.

1	THEN FOR DATA FOR DIVERSITY, EQUITY,
2	AND INCLUSION, THE REMIND PROGRAM WILL ALSO UPHOLD
3	THE PRINCIPLES OF DEI, AND THE APPLICANTS WILL BE
4	REQUIRED TO INCLUDE PLANS TO ADDRESS DEI CONSISTENT
5	WITH ALL THE OTHER PROGRAMS WITHIN CIRM'S OFFERINGS.
6	NOW, THE OVERALL VISION OF HOW THIS
7	PROGRAM WILL LEAD TO ACCELERATING WORLD-CLASS
8	SCIENCE IS PART OF A COLLABORATIVE OPEN SCIENCE
9	COMMUNITY. TO FURTHER ACCELERATE THE DISCOVERY OF
10	NOVEL INSIGHTS INTO MECHANISMS OF NEUROPSYCHIATRIC
11	DISEASES, THE REMIND PROGRAM AIMS TO ESTABLISH
12	COLLABORATIVE NETWORKS OF MULTIDISCIPLINARY RESEARCH
13	TEAMS THROUGH NEW FUNDING STRUCTURES. YOU CAN SEE
14	THE REMIND-L AND REMIND-X STATED THERE. THAT WILL
15	BE COMPLEMENTARY TO CURRENT DISCOVERY STAGE AWARDS
16	LIKE THE DISC-0 AND DISC2 QUEST AWARDS THAT YOU JUST
17	HEARD A PRESENTATION FROM THEM.
18	FURTHERMORE, LEVERAGING CIRM-FUNDED
19	INFRASTRUCTURE ELEMENTS, SUCH AS THE SHARED RESOURCE
20	LABS OR EVENTUALLY A DATA COORDINATING AND
21	MANAGEMENT CENTER, OR OTHERS, AND EXTERNAL
22	CONSORTIA, RESOURCE NETWORKS, AND DATA PLATFORMS AS
23	WELL. THESE COULD LEAD TO ULTIMATELY DRIVE THE
24	CONNECTION OF ALL THE PILLARS LEADING TO DISCOVERY
25	OF NOVEL TARGETS AND BIOMARKERS AND INCREASING THE

1	EFFICIENCY AND SUCCESS OF CLINICAL TRIALS.
2	THIS IS A SUMMARY OF THE PROGRAM BUDGET
3	REFLECTING THE CHANGES THAT WERE MADE BASED UPON THE
4	TASK FORCE AND THE SCIENCE SUBCOMMITTEE FEEDBACK.
5	IN JUNE, AS YOU RECALL, THE AGENCY'S RESEARCH BUDGET
6	HAD A PLACEHOLDER OF \$62.2 MILLION FOR THE REMIND
7	CONCEPT PLAN, A NUMBER THAT WAS UNDERSTOOD TO BE
8	SUBJECT TO REVISION AS THE CONCEPT PLAN WAS FURTHER
9	REFINED. WITH THE BENEFIT OF FURTHER WORK WITH
10	MEMBERS OF THE TASK FORCE AND THE SCIENCE
11	SUBCOMMITTEE, THE ACTUAL PROGRAM BUDGET BECAME CLEAR
12	AND WILL REQUIRE 26 MORE MILLION DOLLARS FOR THE
13	REMIND-L FOR THE FISCAL YEAR 23/24 RESEARCH BUDGET.
14	THE ADDITIONAL ALLOCATION IS BEING ALSO SOUGHT
15	TODAY. THE REMIND-X BUDGET REQUEST WILL BE MADE
16	NEXT YEAR AS PART OF THE FISCAL YEAR 24/25 RESEARCH
17	BUDGET.
18	JUST AS A REMINDER, AT THE MOST RECENT
19	MEETING OF SEPTEMBER 1ST WHERE THIS CONCEPT PLAN AND
20	BUDGET WERE REVIEWED, THE SCIENCE SUBCOMMITTEE
21	UNANIMOUSLY VOTED TO RECOMMEND THE APPROVAL TO THE
22	BOARD. AND TODAY'S REQUEST IS DERIVED FROM THAT
23	RECOMMENDATION. AND WE REQUEST THE ACTIONS TO THE
24	BOARD FOR THE APPROVAL TO THE REMIND PROGRAM CONCEPT
25	PLAN THAT INCLUDES TWO FUNDING OPPORTUNITIES WITH

1	DISTINCT AWARD STRUCTURES THAT WILL BE OFFERED
2	THROUGH INDEPENDENT REQUESTS FOR APPLICATIONS. AND
3	THE SECOND REQUESTED ACTION IS TO FULLY FUND THE
4	REMIND-L PROGRAM. AND THE BOARD IS ALSO REQUESTED
5	TO SUPPLEMENT THE ORIGINAL PLACEHOLDER BUDGET FOR
6	THIS PROGRAM IN THE AMOUNT OF \$26 MILLION.
7	THANK YOU VERY MUCH FOR YOUR ATTENTION,
8	AND I LEAVE BACK TO YOU.
9	CHAIRMAN IMBASCIANI: THANK YOU VERY MUCH,
10	ROSA, FOR YOUR PRESENTATION.
11	MAY I NOW HAVE A MOTION AND A SECOND TO
12	APPROVE THE CONCEPT PLAN WITH THE AUGMENTED BUDGET
13	AS PROPOSED?
14	DR. CLARK-HARVEY: SO MOVED.
15	DR. SOUTHARD: SECOND.
16	CHAIRMAN IMBASCIANI: IS THERE ANY BOARD
17	COMMENT?
18	MS. DURON: MR. CHAIR.
19	CHAIRMAN IMBASCIANI: YSABEL.
20	MS. DURON: I NOTED, ROSA, THAT THERE WAS
21	A REQUIREMENT OF A COMPUTATIONAL SCIENTIST AND A
22	SECOND SCIENTIST ON THE TEAM. I WOULD LIKE TO
23	RECOMMEND THAT AMONGST THAT SCIENTIFIC TEAM SHOULD
24	BE A MEMBER OF A PATIENT ADVOCACY GROUP OF INTEREST
25	ON THE SUBJECT BECAUSE I THINK THAT THEY REALLY
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1	SERVE TO BRING A DIFFERENT LIVED EXPERIENCE AND
2	PERSPECTIVE TO THE SCIENTISTS.
3	AND I, HAVING SERVED IN THOSE CAPACITIES
4	WITH A LOT OF ACADEMIC RESEARCH INSTITUTIONS, I
5	REALLY DO THINK THAT THAT SHOULD BE AUTOMATICALLY
6	PART OF THE TEAM, THE MEMBER OF THE PUBLIC AND
7	PARTICULARLY THOSE PATIENTS AFFECTED BY THIS. AND
8	AS WELL WOULD LIKE TO SEE AND MAKE SURE THAT THERE'S
9	A REPRESENTATION OF UNDERREPRESENTED COMMUNITIES WHO
10	ARE DISPROPORTIONATELY IMPACTED BY THESE DISEASES.
11	SO I DON'T KNOW IF YOU CAN ADD THAT,
12	REQUIRE IT, MANDATE IT, BUT I THINK THAT'S ANOTHER
13	WAY OF ENSURING A BIT OF A DEI INSIDE THE PLAN FROM
14	THE GET-GO.
15	DR. CANET-AVILES: THAT'S A FANTASTIC
16	SUGGESTION, YSABEL. AND WE ACTUALLY HAD A SIMILAR
17	FEEDBACK FROM, I BELIEVE IT WAS, ONE OF THE TASK
18	FORCE MEETINGS. WE ARE IN THE CONCEPT AND IN THE
19	WELL, THE RFA IS BUILT NOT YET, BUT IN THE CONCEPT
20	AND THE PLANNED RFA, WE ARE PROPOSING A DISCOVERY
21	ADVISORY PANEL THAT COULD ACTUALLY INCLUDE IT
22	WASN'T EXACTLY A PATIENT ADVOCATE, BUT IT WAS GOING
23	TO BE A PATIENT. I'M TRYING TO FIND THE LANGUAGE,
24	THE EXACT LANGUAGE HERE. BUT IT WAS WE WILL TAKE
25	THAT INTO ACCOUNT FOR THE DISCOVERY ADVISORY PANEL

1	PATIENT ADVOCATE.
2	MS. DURON: WELL, I'D REALLY LIKE FOR THEM
3	TO SIT AT THE SCIENTIFIC TEAM TABLE FROM THE
4	BEGINNING.
5	DR. CANET-AVILES: YOU MEAN AT THE
6	SCIENTIFIC TEAM TABLE.
7	MS. DURON: EXACTLY. AND IT DOESN'T HAVE
8	TO BE A PATIENT ADVOCATE PER SE. IT COULD BE
9	REPRESENTATIVE OF AN ORGANIZATION WHO THIS IS THEIR
10	AREA OF INTEREST, AND THEY BRING THEIR OWN LEVEL OF
11	EXPERTISE AND KNOWLEDGE OF THE IMPACT ON THIS
12	COMMUNITY, THESE COMMUNITIES. I JUST THINK IT'S
13	REALLY CRUCIAL FOR SCIENCE TO BEGIN TO DEVELOP THAT
14	COLLABORATION AT A VERY EARLY STAGE BECAUSE I THINK
15	IT ALSO STARTS TO BUILD WHAT WE TALK ABOUT AS THAT
16	TRUSTWORTHINESS TOWARDS TRUST IN CERTAIN COMMUNITIES
17	WHERE THEY'RE NOT BEING ENGAGED. AND I THINK THIS
18	IS A GOOD WAY TO SHOW THAT THAT IS BEING DONE. AND,
19	CONVERSELY, YOU DID SAY THAT NON-PROFITS COULD APPLY
20	FOR THIS?
21	DR. CANET-AVILES: YES.
22	MS. DURON: SO SAME THING. OBVIOUSLY ANY
23	SMART NONPROFIT IS GOING TO BRING A SCIENTIST ABOARD
24	TO DO THIS WORK. BUT I WOULD MAKE SURE THAT THEY
25	TOO SHOW DIVERSITY WITHIN THEIR TEAMS.

1	DR. CANET-AVILES: YEAH. IT'S A VERY GOOD
2	POINT, AND I THINK IT'S SOMETHING THAT WE CAN
3	IMPLEMENT IN THE RFA AS THE COMPOSITION OF THE TEAM
4	TO ASK FOR SOME KIND OF PATIENT ADVOCACY
5	REPRESENTATION. IN FACT, WE'VE ALREADY HAD SEVERAL
6	ORGANIZATIONS THAT WE'VE REACHED OUT TO LET THEM
7	KNOW, AND MAYBE THEY ARE LISTENING TODAY ON THE
8	PHONE, THAT ARE REPRESENTATIVE OF NEUROPSYCHIATRIC
9	PATIENT ADVOCACY IN NEURODEVELOPMENTAL. SO THANK
10	YOU. VERY GOOD.
11	DR. HIGGINS: SEVERAL MONTHS AGO WE WERE
12	PRESENTED WITH A SEMINAR AT THE NEURO MEETING FROM
13	FOLKS THAT DO RESEARCH AT UCSD. AND ONE OF THE
14	THINGS THEY TOLD US, IT WAS A PROFOUND, UNBELIEVABLE
15	TALK, GREAT TALK, BUT ONE OF THE THINGS WE LEARNED
16	FROM THEM WAS THAT THEY STOPPED APPLYING FOR GRANTS
17	FROM CIRM BECAUSE THEY SAID CIRM WAS TOO SLOW. AND
18	THAT JUST WAS AN UNACCEPTABLE ENVIRONMENT.
19	ANY RESPONSE TO THAT? ANY WAY WE CAN
20	ADDRESS THAT? I DON'T EVEN KNOW IF IT'S TRUE.
21	DR. CANET-AVILES: WE LOOKED INTO THIS.
22	THOSE CLAIMS OR SUGGESTIONS WERE MADE BY RESEARCHERS
23	THAT HAD APPLIED AT THE BASIC BIOLOGY TIMES AND SEED
24	AWARD TIMES. SO RIGHT NOW WE HAVE I MEAN THE
25	REMIND WOULD BE HAPPENING IF THE TIMELINE IS
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1	CORRECT, WE WOULD HAVE AN RFA HAPPENING IN OCTOBER,
2	SO AVAILABLE WITH APPLICATIONS. SO IT WOULD NOT BE
3	SLOW, AND THE REVIEW COULD BE HAPPENING DON'T GET
4	ME APPLICATIONS COULD BE DUE IN MARCH AND REVIEW
5	COULD BE HAPPENING BY JUNE, I BELIEVE.
6	SO THIS COULD BE PRETTY QUICK. SO I
7	THINK I UNDERSTAND EVERYBODY HAS THEIR OWN
8	INTEREST AND PRESSURES. BUT WE LOOKED VERY
9	SERIOUSLY INTO THIS BECAUSE THOSE ARE SERIOUS
10	ALLEGATIONS, AND I THINK WE MANAGE OUR PORTFOLIO
11	PRETTY QUICKLY.
12	DR. HIGGINS: IS THERE ANY INCENTIVE TO
13	HAVE A FAST TRACK, SAY, FOR EXAMPLE? IF THERE IS,
14	WHAT WOULD THE CRITERIA BE? WHAT WOULD MAKE
15	SOMEBODY ELIGIBLE FOR A FAST TRACK VERSUS THE
16	REGULAR? IS THERE ANY WAY THAT CIRM CAN DEMONSTRATE
17	TO THE RESEARCH COMMUNITY THAT WE ARE RESPONDING TO
18	THEIR NEEDS? THEY'RE THE ONES THAT ARE JUSTIFYING
19	THE SPENDING OF THE MONEY. AND MAYBE IT'S A MOOT
20	POINT JUST BECAUSE IT'S NOT A PROBLEM.
21	DR. CANET-AVILES: I THINK FAST TRACK
22	COULD BE PERHAPS AT THE LEVEL OF MORE LIKE THE
23	DISCOVERY 0. THIS IS A MULTIDISCIPLINARY, YOU DON'T
24	DO A FAST TRACK ON A MULTIDISCIPLINARY. THERE HAS
25	TO BE TIME TO TALK TO POTENTIAL APPLICANTS, MAKE THE
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1	WHOLE COOKING HAPPEN. BUT FOR DISC-0, WE HAVE
2	OUR BOTTLENECK IS FTE. OUR BOTTLENECK IS FULL
3	TIME FTE'S. SO OUR TEAM THAT MANAGES THE
4	DISCOVERY AS WELL AS THE EDUCATIONAL, THE REMIND,
5	THE SHARED LABS, AND THE DATA SHARING AND CMC, WE
6	ARE RIGHT NOW SIX PEOPLE, BUT WE WERE THREE.
7	DR. HIGGINS: YOU NEED MORE MONEY FROM US?
8	DR. CANET-AVILES: DO WE NEED THE FAST
9	TRACK? IT'S NOT ONLY OUR TEAM. IT'S ALSO REVIEW.
10	REVIEW WOULD NEED TO PROCESS THAT FAST TRACK, AND WE
11	HAVE A TRANSLATIONAL AND A CLINICAL TEAM AND
12	MANUFACTURING. SO IT'S ABOUT CAPACITY.
13	DR. HIGGINS: IS THAT A MONEY ISSUE THAT
14	THE BOARD COULD
15	DR. CANET-AVILES: I THINK I SHOULD DEFER
16	TO OUR PRESIDENT IF THAT WAS. I THINK IT'S A LARGER
17	QUESTION. IT'S NOT ABOUT BECAUSE ALSO WE HAVE A
18	CAPACITY OF FULL-TIME EMPLOYEES, AND THERE'S OTHER
19	SECTIONS OF OUR ORGANIZATION THAT REQUIRE THAT.
20	DR. HIGGINS: LAST QUESTION JUST SO THAT I
21	WOULD LIKE FOR THE BOARD TO HEAR THIS. IS THERE
22	ANYTHING THAT WE CAN DO TO HAVE A FASTER PROCESS, OR
23	IS THAT JUST GOING TO REDUCE THE QUALITY, AND SPEED
24	IS NOT NECESSARILY AN EASY THING TO COME BY. BUT
25	SOMETIMES YOU THROW MONEY AT SOMETHING, AND
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SOMETIMES IF IT'S DONE RIGHT
DR. CANET-AVILES: I'LL DEFER TO OUR
PRESIDENT ON THIS, I THINK. MARIA, WOULD YOU LIKE
TO COMMENT IF THERE IS SOMETHING THAT WE CAN DO?
DR. MILLAN: THANK YOU SO MUCH. DR.
HIGGINS, I THINK THOSE ARE VERY GOOD QUESTIONS. AND
THE SCIENCE SUBCOMMITTEE AND THE BOARD WILL BE
HAVING DISCUSSIONS, PROGRAMMATIC DISCUSSIONS, ABOUT
LOOKING AT OUR FUNDING PROGRAMS AND PLANNING. AND
INTERNALLY WE ARE ALSO GEARING UP TO LOOK AT
DIFFERENT WAYS THAT WE CAN PROVIDE INFORMATION ABOUT
OUR OPERATIONAL CAPACITY PROCESS ISSUES. THEY'RE
ALL INTEGRATED ALSO WITH BOARD SCHEDULES AND
EVERYTHING ELSE.
SO IT REALLY IS A MATTER OF IDENTIFYING
WHAT IT IS THAT WE SEEK TO DO, DETERMINING, THEN,
HOW WE CAN PLAN TO DO THAT BASED ON IT. SO I THINK
THOSE ARE REALLY GOOD QUESTIONS, BUT I BELIEVE WE'LL
HAVE OPPORTUNITIES TO DISCUSS THOSE BECAUSE THOSE
ARE IN THE HOW-TOS ONCE WE REALLY REEVALUATE
DIFFERENT, VARIOUS PROGRAMS AND POTENTIAL LEVERAGE
AND AREAS OF INTEREST.
DR. HIGGINS: FAIR ENOUGH. I JUST WOULD
HATE FOR US TO BE THE REASON THAT PROGRESS IS BEING
SLOWED. WE CAN CONTROL US. AND IF US MEANS MORE
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1	IF YOU NEED MORE MONEY THROWN AT IT, I DON'T MEAN
2	HAPHAZARDLY. AND IT REQUIRES MORE FUNDING, CAN WE
3	DO THAT?
4	DR. MILLAN: SO I WOULD SAY THAT, JUST TO
5	SPEAK TO WHAT OUR HISTORICAL PERFORMANCE HAS BEEN,
6	THE BOARD HAS BEEN VERY GOOD ABOUT BRINGING ABOUT
7	APPROVING A BUDGET EVERY YEAR FOR A RESEARCH BUDGET.
8	AND BASED ON THE EXPENDITURES OF THAT BUDGET, IT'S
9	VERY RARE THAT WE EXPEND THE ENTIRE BUDGET BECAUSE
10	IT DEPENDS ON THE TYPE OF APPLICATIONS THAT COME IN
11	AND WHAT GETS RECOMMENDED. SO THAT'S NO. 1.
12	THE OTHER ONE IS, COMPARED TO OTHER
13	FUNDING AGENCIES, INCLUDING TO INVESTORS, OUR MONEY
14	OUT THE DOOR IS VERY FAST. AND THAT IS SOMETHING
15	THAT WAS BUILT INTO THE PRIOR ADMINISTRATION WITH
16	RANDY MILLS WHEN HE, ALONG WITH THE TEAM, REVAMPED
17	OUR FUNDING MODELS TO BRING THE PROCESSES FORWARD TO
18	GET THE FASTEST POSSIBLE PROCESSING OF GRANTS AND
19	THEN CONTRACTING OF GRANTS.
20	SO I THINK CAN WE DO BETTER? WE CAN
21	ALWAYS LOOK AT OUR SYSTEMS TO SEE WHAT WE CAN DO,
22	BUT OUR PERFORMANCE, I THINK, HAS A REPUTATION OF
23	BEING A VERY FAST, QUICK TURNAROUND COMPARED TO
24	STANDARD FUNDING AGENCIES, FOR SURE, AND EVEN
25	COMPARED TO WHEN WE DISCUSS THIS WITH INVESTORS.
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1	THEY THINK THAT'S VERY QUICK TURNAROUND.
2	DR. HIGGINS: THAT'S A GOOD ENDORSEMENT.
3	DR. CANET-AVILES: IT IS. AND IF WE LOOK
4	AT FROM APPLICATION SUBMISSION TO ICOC APPROVAL, WE
5	ARE ONE OF THE FASTEST THAT I'VE ENCOUNTERED IN MY
6	LIFE, AND I'VE BEEN IN MANY DIFFERENT WELL, NOT
7	MANY, BUT SEVERAL, THE NIH, THE FOUNDATION FOR THE
8	NIH AND OTHERS, AND I'VE SEEN OTHERS PROCESS LIKE
9	ALZHEIMER'S ASSOCIATION, MICHAEL J. FOX, AND WE ARE
10	VERY QUICK. SO I DON'T THINK THAT'S THE KEY.
11	THERE'S ALWAYS I THINK APPLICANTS ARE
12	ALWAYS GOING TO WANT TO HAVE THINGS FASTER, RIGHT.
13	THAT'S THE NATURE.
14	CHAIRMAN IMBASCIANI: THANK YOU. WE HAVE
15	COMMENTS COMING NOW FROM FRED AND THEN PAT.
16	DR. FISHER: SO I APPRECIATE THE ISSUE
17	HAVING BEEN RAISED. AND THIS IS JUST THE FIRST OF A
18	NUMBER, I SUSPECT, OF CONCEPT PLANS THAT WILL BE
19	ROLLED OUT BY THE NEURO TASK FORCE. THE ISSUE THAT
20	DAVID RAISES, WHETHER IT'S RESPONDING TO APPLICANTS
21	WHO WANT THEIR PROCESS OR DECISION OR MONEY QUICKER,
22	IT WILL CERTAINLY RAISE THE BANDWIDTH QUESTION IN
23	TERMS OF DO WE HAVE THE BANDWIDTH ON THE PART OF THE
24	STAFF TO EXECUTE ALL OF THESE FUNDING PROCESSES.
25	SO I WOULD PUT THE COMMENT THAT DAVID MADE
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1	AND THAT HE'S REFLECTING SORT OF IN THE BASKET OF WE
2	SHOULD BE PAYING ATTENTION TO AS WE ROLL OUT NEW
3	FUNDING INITIATIVES AND HOW THAT IMPACTS OUR
4	BANDWIDTH TO MANAGE ALL THOSE FUNDING INITIATIVES.
5	THE OTHER THING THAT I WANTED TO NOTE WAS
6	THAT THIS CONCEPT PLAN, THE OTHER CRITICISM THAT WE
7	HEARD AS TO ONE OF THE REASONS WHY CIRM ISN'T
8	FUNDING ANY NEUROPSYCH PROGRAMS FROM THE PEOPLE WHO
9	WOULD BE APPLYING FOR THAT MONEY WAS IN THE AREA OF
10	THE ALLOCATION OR EXPECTATION OF PI TIME. AND SO
11	WHERE YOU SAW PRESENTED IN THIS PLAN RELATIVELY LOW
12	PERCENTAGES OF PI TIME I THINK WAS IN DIRECT
13	RESPONSE TO THE CRITICISM THAT WE HEARD AS WERE
14	EXPLORING THE OPPORTUNITY TO INVEST IN NEUROPSYCH
15	AND LISTENING TO THOSE WHO WOULD EITHER HAVE APPLIED
16	OR WOULD BE APPLYING IN TERMS OF HOW OUR PROCESS
17	EITHER ENABLES THEM TO PARTICIPATE OR ACTS AS A
18	BARRIER TO PARTICIPATION.
19	AND SO I'M GRATEFUL THAT, IN LISTENING TO
20	THOSE POTENTIAL APPLICANTS, THAT WE ACCOMMODATED
21	THAT CONCERN SO THAT MORE PEOPLE COULD APPLY.
22	CHAIRMAN IMBASCIANI: THANK YOU. PAT,
23	YOU'RE NEXT.
24	DR. LEVITT: THANKS. FIRST I JUST WANT TO
25	CONGRATULATE ROSA AND THE STAFF DOING A LOT OF HARD
	72
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1	WORK ON THIS. WE MET A NUMBER OF TIMES AS A TASK
2	FORCE. OF COURSE, AND ALSO COMMEND LARRY GOLDSTEIN
3	FOR HERDING THE SHEEP, SO TO SPEAK. THERE WAS A LOT
4	OF ROBUST CONVERSATIONS AND A LOT OF LARRY WAS
5	ABLE TO SECURE AN UNBELIEVABLE LINEUP OF THE BEST OF
6	THE BEST IN THIS AREA OF RESEARCH. SO THAT'S WHY I
7	THINK IN THE END THE CONCEPT CAME OUT AS WELL IT
8	HAS.
9	I WOULD POINT OUT THERE WERE ISSUES THAT
10	WERE RAISED. ONE WAS ABOUT TURNAROUND TIME, WHICH I
11	THINK, WHEN YOU LOOK AT IT OBJECTIVELY, CIRM IS LIKE
12	THE CONCORD COMPARED TO A PIPER CUB IN TERMS OF WHAT
13	MANY OF US ARE USED TO IN TERMS OF TURNAROUND TIME
14	FOR APPLICATIONS TO NON-PROFITS OR TO THE FEDS.
15	THE ISSUE THAT FRED NOTED ABOUT PERCENT
16	EFFORT WAS BROUGHT UP, AND THAT HAS BEEN ADDRESSED,
17	I THINK, REALLY WELL.
18	AND THE THIRD ISSUE WAS THE SIZE OF THE
19	AWARDS FOR THE KIND OF WORK THAT NEEDS TO GET DONE.
20	THESE ARE VERY LABOR INTENSIVE, TIME-CONSUMING AREAS
21	OF DISCOVERY, WHICH INCLUDES A LOT OF ORGANOID WORK
22	AND OTHER MODEL SYSTEMS THAT TAKE AN ENORMOUS AMOUNT
23	OF EFFORT. AND EFFORT MEANS TIME. I THINK THE
24	CONCEPT THAT ENDED UP BEING PUT IN FRONT OF US AS A
25	BOARD TAKES ALL THAT INTO ACCOUNT. THE L-TYPE AWARD
	73

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1	IS SIZABLE. AND SO THE EXPECTATIONS NEED TO BE HIGH
2	AND SIZABLE AS WELL, WHICH I'M SURE THEY WILL BE.
3	SO THAT'S ALL I HAVE TO SAY. BUT I THINK
4	THE PROCESS WAS GREAT. AND WE'RE GOING TO CONTINUE
5	TO MEET, AS FRED SAID, AND THERE WILL BE OTHER
6	EMERGING CONCEPTS THAT WILL COME OUT OF THIS GROUP.
7	CHAIRMAN IMBASCIANI: THANK YOU, PAT. I
8	CAN'T SEE THE SCREEN FOR HANDS. IS THERE ANY OTHER
9	BOARD NO BOARD COMMENT. ANY COMMENT FROM THE
10	PUBLIC.
11	DR. SOUTHARD: I WAS JUST GOING TO ALSO
12	ADD MY CONGRATULATIONS. I THINK IT WAS A VERY
13	COMPLICATED PLAN TO PUT TOGETHER WITH THE VARIETY OF
14	INPUT THAT YOU RECEIVED. AND GREAT JOB.
15	DR. CANET-AVILES: THANK YOU.
16	CHAIRMAN IMBASCIANI: GREAT. PUBLIC
17	COMMENT? NONE IS SEEN? OKAY. THEN I'M GOING TO
18	ASK THE PEOPLE IN THE BOARDROOM TO VOTE BY VOICE.
19	ALL THOSE IN FAVOR OF THE PROPOSAL SAY AYE. THOSE
20	OPPOSED SAY NAY.
21	(A VOICE VOTE WAS TAKEN OF THOSE
22	MEMBERS PRESENT IN THE ROOM WITH NO ONE OPPOSED.)
23	CHAIRMAN IMBASCIANI: THANK YOU. SCOTT,
24	PLEASE TAKE A ROLL OF THE MEMBERS ON ZOOM.
25	MR. TOCHER: HAIFAA ABDULHAQ.
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1	DR. ABDULHAQ: YES.
2	MR. TOCHER: MICHAEL BOTCHAN. LINDA
3	BOXER.
4	DR. BOXER: YES.
5	MR. TOCHER: FRED FISHER.
6	DR. FISHER: AYE.
7	MR. TOCHER: ELENA FLOWERS.
8	DR. FLOWERS: YES.
9	MR. TOCHER: LARRY GOLDSTEIN.
10	DR. GOLDSTEIN: YES.
11	MR. TOCHER: RICH LAJARA.
12	MR. LAJARA: YES.
13	MR. TOCHER: PAT LEVITT.
14	DR. LEVITT: YES.
15	MR. TOCHER: CHRISTINE MIASKOWSKI.
16	DR. MIASKOWSKI: YES.
17	MR. TOCHER: JOE PANETTA.
18	MR. PANETTA: YES.
19	MR. TOCHER: KEVIN XU.
20	DR. XU: YES.
21	DR. BOTCHAN: I'M HERE. IT TOOK ME A
22	WHILE TO FIND MY VOICE TURN-ON ON MUTE. THIS IS
23	MIKE BOTCHAN. AYE.
24	MR. TOCHER: SUPER. THANK YOU. THE
25	MOTION CARRIES.
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1	MR. FISCHER-COLBRIE: MARK FISCHER-COLBRIE
2	HERE ALSO. YES.
3	MR. TOCHER: THANK YOU, MARK.
4	CHAIRMAN IMBASCIANI: THANK YOU VERY MUCH.
5	AND, ROSA, I'D LIKE TO EXTEND THE CHAIR'S GRATITUDE
6	FOR YOUR WORK ON THIS. THANKS.
7	(APPLAUSE.)
8	CHAIRMAN IMBASCIANI: WE ARE MOVING NOW TO
9	AGENDA ITEM 15, WHICH IS THE CONSIDERATION OF OUR
10	EDUCATION 4 RESEARCH TRAINING AWARD BUDGET
11	SUPPLEMENT. I'M INVITING JENNIFER LEWIS, OUR SENIOR
12	DIRECTOR OF GRANTS MANAGEMENT AND I.T. TO MAKE THIS
13	PRESENTATION.
14	MS. LEWIS: THANK YOU, CHAIR IMBASCIANI
15	AND MEMBERS OF THE BOARD AND PUBLIC. I'LL BE
16	PRESENTING TO YOU TODAY A PROPOSAL FOR A SUPPLEMENT
17	FOR OUR EDUC4 PROGRAM, CIRM SCHOLARS. THANK YOU FOR
18	INVITING ME TODAY. I'LL BE PRESENTING TO YOU A
19	PROPOSAL FOR A SUPPLEMENT TO OUR EDUC4 CIRM SCHOLARS
20	PROGRAM.
21	SO AS MY COLLEAGUES HAVE SHARED, HAVE TOLD
22	YOU TODAY, OUR MISSION AT CIRM IS TO ACCELERATE
23	WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE
24	REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE
25	MANNER TO A DIVERSE CALIFORNIA AND WORLD. AND A
	70

1	PILLAR EXAMPLE OF THAT IS WITHIN OUR EDUCATION
2	PROGRAMS WHERE THIS BOARD HAS INVESTED IN TRAINING
3	PROGRAMS TO SUPPORT THE WORKFORCE AND BUILD A
4	DIVERSE AND HIGHLY SKILLED WORKFORCE TO SUPPORT THIS
5	MISSION.
6	AND BEFORE I GET INTO THE PROPOSAL, I WANT
7	TO ACKNOWLEDGE THE COLLABORATIVE EFFORT OF BRINGING
8	THIS RECOMMENDATION TO YOU TODAY. THIS WAS AN
9	EFFORT THAT WAS BROUGHT ALONG WITH THE SCIENTIFIC
10	PROGRAMS AND EDUCATION TEAM LED BY DR. CANET-AVILES
11	AS WELL AS DR. KELLY SHEPARD, WHO'S ASSOCIATE
12	DIRECTOR AND LEADS OUR STRATEGY AND EDUCATION
13	PROGRAM, AS WELL AS DR. SARA TAYLOR, WHO IS A
14	PROJECT MANAGER AND SPENT CONSIDERABLE TIME HELPING
15	TO RESEARCH AND ANALYZE THIS EFFORT. SO THANK YOU
16	FOR LETTING ME PRESENT THIS ON BEHALF OF ALL OF US
17	TODAY.
18	SO AS WAY OF BACKGROUND, CIRM EDUCATION
19	PROGRAM AWARD BUDGETS HAVE HISTORICALLY USED THE NIH
20	AS A COMPARATIVE MODEL AS IT COMES TO THE VARIOUS
21	BUDGET CATEGORIES IN THE BUDGET, SUCH AS STIPENDS OR
22	HEALTH INSURANCE OR TUITION AND FEES. AND CIRM
23	STAFF HAVE DETERMINED THAT THE CIRM EDUCATION AWARD
24	BUDGETS SHOULD BE MODELED AFTER THE UNIVERSITY OF
25	CALIFORNIA OFFICE OF THE PRESIDENT.

1	THIS IS AS A RESULT OF RESEARCH AND
2	EVIDENCE THAT THE HISTORICAL PREDOCTORAL, GRADUATE
3	STUDENT RESEARCHER, AND POSTDOCTORAL RESEARCHER
4	STIPENDS ARE NOT COMPETITIVE, NOR SUPPORTIVE OF THE
5	COST OF LIVING IN CALIFORNIA. AND A RECENT EVENT IN
6	DECEMBER OF 2022, SO IN DECEMBER OF LAST YEAR, UCOP
7	ENTERED INTO NEW BARGAINING AGREEMENTS FOR BOTH
8	PREDOCTORAL GRADUATE STUDENTS AND POSTDOCTORAL
9	RESEARCHERS.
10	THIS RESULTED IN AN INCREASE IN STIPENDS
11	THAT WENT INTO EFFECT THIS PAST APRIL IN 2023 AND
12	FURTHER ANNUAL INCREASES BEGINNING IN OCTOBER OF
13	THIS YEAR THAT WILL RESULT IN THE BARGAINING
14	AGREEMENTS END IN OCTOBER OF 2025 FOR GRADUATE
15	STUDENT RESEARCHERS AND 2026 FOR POSTDOCTORAL
16	STUDENTS.
17	SO BASED ON THAT, THE CIRM TEAM WENT TO
18	LOOK AT THE EDUCATION PORTFOLIO. AS YOU KNOW, OUR
19	PORTFOLIO SERVES HIGH SCHOOL STUDENTS ALL THE WAY
20	THROUGH CLINICAL FELLOWS. AND IN REVIEWING THAT
21	PORTFOLIO, WE DETERMINED THAT THIS CHANGE WOULD
22	IMPACT THE CIRM SCHOLARS PROGRAM THAT SERVES OUR
23	PREDOCTORAL AND POSTDOCTORAL STUDENTS.
24	CURRENTLY CIRM HAS INVESTED 86.4 MILLION
25	IN THIS PROGRAM FOR 18 AWARDS, AND TO DATE WE HAVE
	78

1	SERVED 163 TRAINEES.
2	SO AFTER DETERMINING THAT IN OUR
3	PORTFOLIO, WE REALIZED A CHALLENGE PARTICULARLY FOR
4	OUR CIRM SCHOLARS AS DUE TO THE INCREASE IN THE UCOP
5	SALARY SCALES. THIS PROGRAM AWARD AMOUNT THAT
6	CURRENTLY IS 5 MILLION INADEQUATELY PROVIDES FUNDS
7	FOR THE REMAINING THREE YEARS IN THESE AWARDS. AND
8	SO THE PROPOSAL TODAY IS TO PROVIDE A SUPPLEMENT OF
9	ABOUT \$373,000 PER AWARD TO SUPPORT THE NEXT THREE
10	YEARS OF THE TRAINEE STIPEND BUDGET CATEGORY FOR
11	BOTH PREDOCTORAL AND POSTDOCTORAL TRAINEES FOR THE
12	18 EDUC4 AWARDS CURRENTLY IN THE PORTFOLIO. AND
13	THIS RESULTS IN A TOTAL SUPPLEMENT OF 6.7 MILLION.
14	AND ON THE NEXT FEW SLIDES I'LL WALK YOU
15	THROUGH HOW WE CAME UP WITH THAT NUMBER AND WHAT
16	THAT INCREASE IS PER STUDENT PER TRAINEE.
17	SO WHAT THIS SLIDES SHOWS YOU IS THE
18	STIPEND INCREASE FOR PREDOCTORAL STUDENTS. THE
19	FIRST ROW IS DISPLAYING THE REMAINING YEARS IN THE
20	EDUC PROGRAM. SO IT'S SHOWING EACH BUDGET YEAR FOR
21	THE FIVE-YEAR PROGRAM. THE SECOND ROW IS DISPLAYING
22	THE UCOP NEW SALARY SCALE DATES THAT GO INTO
23	IMPLEMENTATION ALONGSIDE THOSE BUDGET PERIODS.
24	AND THEN FOLLOWING THAT ARE THE MINIMUM
25	AND MAXIMUM RANGES THAT ARE BEING PROPOSED BY UCOP
	79

1	AS THE STIPEND INCREASES FOR PREDOCTORAL STUDENTS.
2	THE FINAL ROW IS DISPLAYING THE CURRENT
3	CIRM STIPEND AND THE FUTURE PROPOSED CIRM STIPEND.
4	SO THE CURRENT FUNDING AVERAGE OF OUR CURRENT
5	STIPEND THAT WE CURRENTLY PROVIDE OUR PREDOCTORAL
6	STUDENTS IS \$36,000. AND IN THE FUTURE YEARS, WE
7	ARE PROPOSING A FUNDING AVERAGE OF AROUND \$45,000 TO
8	ALLEVIATE THE IMPACT OF THESE INCREASES.
9	THIS IS AN AVERAGE INCREASE PER GRADUATE
10	STUDENT RESEARCHER TRAINEE OF \$9,167 PER TRAINEE,
11	AGAIN, PER YEAR. AND WE'LL GO INTO DETAIL MORE OF
12	WHAT THAT LOOKS LIKE FULLY.
13	ON THE NEXT SLIDE, SIMILARLY, THIS IS A
14	GRAPH OR CHART SHOWING THE POSTDOCTORAL STIPEND
15	INCREASE. AGAIN, THIS IS SHOWING THE EDUC PROGRAM
16	BUDGET, THE PROGRAM YEARS FOR THIS AWARD.
17	UNDERNEATH IS SHOWING THE UCOP SALARY SCALE DATES
18	AND WHEN THEY GO INTO IMPLEMENTATION OF THESE NEW
19	SALARY SCALES. AND THEN, AGAIN, THE MINIMUM AND
20	MAXIMUM THAT IS BEING PROPOSED BY UCOP AND, AGAIN,
21	THAT CIRM IS RECOMMENDING THAT WE ADOPT GOING
22	FORWARD.
23	THE LAST ROW, AGAIN, IS SHOWING THE
24	CURRENT AMOUNT THAT IS BEING PROVIDED IN THE CIRM
25	AWARD FOR POSTDOCTORAL STUDENTS AND THEN THE THREE
	80

1	YEARS PROPOSAL FOR FUTURE THAT WE'RE BRINGING TO YOU
2	TODAY.
3	THE CURRENT FUNDING AVERAGE THAT CIRM HAS
4	PROVIDED IS 62,500 AND THE PROPOSED FUNDING AVERAGE
5	THAT WE'RE RECOMMENDING TODAY IS 75,984. AND,
6	AGAIN, THIS IS AN AVERAGE INCREASE PER POSTDOCTORAL
7	TRAINEE OF 13,484.
8	ON THE NEXT SLIDE I'LL SHOW YOU A LITTLE
9	BIT MORE HOW WE DETERMINE BASED ON THESE STIPEND
10	INCREASES WHAT THE FULL BUDGET AMOUNT WOULD NEED TO
11	BE TO PROVIDE A SUPPLEMENT RECOMMENDATION TODAY.
12	SO AS MENTIONED, THE AVERAGE INCREASE PER
13	TRAINEE PER YEAR IS ROUGHLY \$9,000 FOR GRADUATE
14	STUDENT RESEARCHERS AND \$13,000 FOR POSTDOCTORAL
15	TRAINEES. CIRM ALSO APPLIES INDIRECT COSTS PER
16	TRAINEE PER YEAR TO THOSE STIPENDS CATEGORIES, WHICH
17	BRINGS IT TO A SUBTOTAL PER TRAINEE PER YEAR OF
18	\$10,000 FOR GRADUATE STUDENT RESEARCHERS AND 14,000
19	FOR POSTDOCTORAL TRAINEES.
20	WE ESTIMATE THAT THERE WILL BE FIVE
21	TRAINEES PER AWARD PER YEAR IN THE GRADUATE STUDENT
22	AND FIVE TRAINEES PER AWARD PER YEAR IN THE
23	POSTDOCTORAL TRAINEES, WHICH BRINGS US TO AN AVERAGE
24	INCREASE PER AWARD PER YEAR OF \$50,000 FOR GRADUATE
25	STUDENT RESEARCHERS AND \$74,000 FOR POSTDOCTORAL
	01

1	TRAINEES FOR A TOTAL OF ABOUT \$124,000 PER AWARD PER
2	YEAR.
3	AND THEN, AGAIN, WE ARE BRINGING THIS TO
4	YOU THAT THERE ARE THREE YEARS REMAINING IN THIS
5	AWARD. SO THE INCREASE PER AWARD WOULD BE \$151,000
6	FOR GRADUATE STUDENT RESEARCHERS AND \$220,000 FOR
7	POSTDOCTORAL TRAINEES FOR A TOTAL OF ABOUT \$373,000
8	PER AWARD.
9	WE CURRENTLY HAVE 18 ACTIVE AWARDS. SO
10	THE TOTAL INCREASE WOULD BE 2.7 MILLION FOR GRADUATE
11	STUDENT RESEARCHERS AS A SUPPLEMENT FOR THE WHOLE
12	PROGRAM AND 4 MILLION FOR POSTDOCTORAL TRAINEES FOR
13	A TOTAL OF 6.7 MILLION FOR THE EDUC4 PORTFOLIO.
14	SO THE REQUEST FOR BOARD ACTION TODAY IS
15	APPROVAL OF A 6.7 MILLION INCREASE TO THE EDUC4
16	PROGRAM TO SUPPORT 18 AWARDS FOR THE NEXT THREE
17	YEARS. THIS WOULD INCREASE THE EDUC4 INVESTMENT
18	FROM 86.4 MILLION TO 93.1 MILLION. AND A NOTE JUST
19	ON AWARD MANAGEMENT AND HOW WE MANAGE THESE AWARDS,
20	THAT ANY REMAINING FUNDS IN THESE AWARDS THAT ARE
21	UNSPENT WILL RETURN BACK TO THE FULL RESEARCH
22	BUDGET.
23	AND THEN JUST A REMINDER. OH, THAT DIDN'T
24	GET INCLUDED IN THERE. WE HAD A SLIDE FOR
25	CONFLICTS, I THINK. I'LL TURN IT OVER TO SCOTT TO
	82

1	GIVE THE REMINDER ON CONFLICTS.
2	MR. TOCHER: SURE. BECAUSE THESE ARE
3	EXISTING AWARDS, EXISTING FUNDED PROGRAMS, THOSE OF
4	YOU WITH FINANCIAL INTERESTS IN ANY OF THE MULTIPLE
5	INSTITUTIONS THAT ARE CURRENTLY RECIPIENTS UNDER
6	THIS AWARD PROGRAM ARE INELIGIBLE TO TALK AND VOTE
7	ON THIS MATTER. SO I SENT AN EMAIL OUT YESTERDAY.
8	HOPEFULLY YOU GOT IT. BUT NEVERTHELESS, WE'LL
9	MONITOR THE CONVERSATION TODAY AS WELL. JUST WANTED
10	TO REMIND YOU OF THAT.
11	CHAIRMAN IMBASCIANI: OKAY. THANK YOU,
12	SCOTT. AND THANK YOU, JENN, FOR THAT VERY CLEAR
13	PRESENTATION.
14	SO I NEED A MOTION TO APPROVE BUDGET
15	AUGMENTATION AS PROPOSED.
16	DR. SOUTHARD: SO MOVED.
17	DR. HIGGINS: SECOND.
18	MR. TOCHER: I HAVE MARV SOUTHARD AS THE
19	MAKER AND DAVID HIGGINS AS THE SECOND.
20	DR. BOTCHAN: CAN WE GO BACK TO NOT SCREEN
21	SHARING AND JUST THE WHOLE ROOM?
22	DR. ABOUSALEM: THANK YOU, JENN, FOR THE
23	PRESENTATION. QUESTION. I UNDERSTAND THAT THIS IS
24	TO SUPPLEMENT EXISTING AWARDS. IF YOU ADOPT THIS
25	NEW SALARY SCALE OR PAY SCALE, HOW WILL THAT AFFECT
	83

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1	EDUC4 PROGRAM IF YOU INTEND TO OPEN A CALL IN THIS
2	FISCAL YEAR, OR ARE YOU NOT INTENDING?
3	MS. LEWIS: NO. SO CURRENTLY WE HAVE THE
4	CURRENT ACTIVE PROGRAM OF 18 AWARDS. IT'S A
5	FIVE-YEAR PROGRAM THAT STARTED IN 2021, I THINK, IS
6	WHEN THE BOARD APPROVED IT. SO THERE'S BEEN TWO
7	COHORTS ALREADY. SO THIS WOULD IMPACT THE NEXT
8	THREE YEARS OF THAT PROJECT PERIOD. ANY FUTURE
9	CALLS, WE WOULD THEN HAVE TO EVALUATE, AS WE DO
10	EVERY TIME WE BRING A NEW CONCEPT TO THE BOARD. SO
11	NO CALL IS PLANNED RIGHT NOW OR BEEN APPROVED BY
12	THIS BOARD. IT WAS A ONE-TIME RFA.
13	MR. TOCHER: FRED FISHER HAS A QUESTION.
14	CHAIRMAN IMBASCIANI: FRED IS NEXT.
15	DR. FISHER: WHILE IT WAS CLEAR FROM THE
16	PRESENTATION THAT THE PURPOSE OF THIS AUGMENTATION
17	IS TO INCREASE THE STIPEND AMOUNT, IT ISN'T CLEAR IN
18	THE MOTION THAT THE INCREASED BUDGET ALLOCATION IS
19	FOR THE PURPOSE OF INCREASING THE STIPEND AMOUNT AS
20	OPPOSED TO INCREASING THE NUMBER OF SITES OR
21	INCREASING SOME OTHER THING. SO I'M WONDERING IF
22	THE MOTION NEEDS TO BE AMENDED TO BE SPECIFIC AROUND
23	THE USE OF THE FUNDS.
24	CHAIRMAN IMBASCIANI: THE MOTION, CAN YOU
25	READ IT, SCOTT? DO WE HAVE IT IN WRITING? I ASKED
	84

1	FOR A MOTION TO APPROVE THE BUDGET AUGMENTATION AS
2	PROPOSED.
3	MR. TOCHER: RIGHT. GIVEN THE
4	PRESENTATION THAT WE HAD, THAT THE PROPOSAL IS FOR
5	THE PURPOSES DESCRIBED IN THE PROPOSAL. I
6	APPRECIATE FRED'S POINT OF CLARIFICATION, BUT I
7	THINK IT WOULD BE COVERED THERE.
8	DR. FISHER: THE LANGUAGE IN WHAT THE
9	STAFF ARE ASKING THE BOARD TO APPROVE WAS MORE
10	GENERIC. SO I JUST WANT TO MAKE SURE ALL THE BASES
11	ARE COVERED. THANK YOU.
12	CHAIRMAN IMBASCIANI: WE COULD AMEND BY
13	ADDITION JUST THE ONE PHRASE TO MAKE THAT CLEARER.
14	DR. SOUTHARD: I'M OKAY WITH THAT.
15	DR. HIGGINS: YES.
16	MR. TOCHER: OKAY.
17	CHAIRMAN IMBASCIANI: OKAY. GOOD.
18	ADDITIONAL COMMENT FROM BOARD MEMBERS? AND THEN
19	FROM THE PUBLIC?
20	DR. HIGGINS: BACK UP. JUST CURIOUS. DO
21	THESE NEW NUMBERS WHEN FUNDED MAKE US MORE
22	COMPETITIVE IN THE MARKET SO TO SPEAK OR THE SAME OR
23	LESS?
24	DR. LEVITT: CAN'T HEAR ON THE ZOOM.
25	CANNOT HEAR HIM.
	85
<u> </u>	05 122 HENNA COUDT SANDDOINT IDAHO 92964

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1	DR. HIGGINS: SORRY. DO THESE NEW
2	NUMBERS, THESE NEW TOTALS FOR FUNDING STUDENTS AND
3	POST DOCS, DO THEY PUT US IN A MORE COMPETITIVE
4	POSITION TO ATTRACT STUDENTS TO COME AND WORK UNDER
5	OUR AUSPICES THAN OTHERWISE?
6	MS. LEWIS: YES. SO THESE STIPENDS
7	INCREASES IN LINE WITH UCOP ARE GREATLY OVER WHAT
8	THE NIH PROVIDES AS WELL AS WE LOOKED AT THE
9	NATIONAL SCIENCE FOUNDATION. SO, LIKE OTHER THINGS,
10	UCOP IS MAKING A CHANGE THAT HOPEFULLY WE'LL SEE IN
11	OTHER PLACES AS WELL.
12	CHAIRMAN IMBASCIANI: OKAY. NO FURTHER
13	COMMENT PENDING, I THINK WE CAN PROCEED TO A VOTE OF
14	THE BOARD.
15	MR. TOCHER: THAT'S RIGHT. A ROLL CALL
16	VOTE.
17	MOHAMMED ABOUSALEM.
18	DR. ABOUSALEM: YES.
19	MR. TOCHER: GEORGE BLUMENTHAL.
20	DR. BLUMENTHAL: I BELIEVE I'M CONFLICTED,
21	AREN'T I?
22	MR. TOCHER: SORRY.
23	MARIA BONNEVILLE.
24	VICE CHAIR BONNEVILLE: YES.
25	MR. TOCHER: JUDY CHOU.
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1	DR. CHOU: YES.
2	MR. TOCHER: LEONDRA CLARK-HARVEY.
3	DR. CLARK-HARVEY: YES.
4	MR. TOCHER: ANNE-MARIE DULIEGE.
5	DR. DULIEGE: YES.
6	MR. TOCHER: FRED FISHER.
7	DR. FISHER: YES.
8	MR. TOCHER: DAVID HIGGINS.
9	DR. HIGGINS: YES.
10	MR. TOCHER: VITO IMBASCIANI.
11	CHAIRMAN IMBASCIANI: YES.
12	MR. TOCHER: STEPHEN JUELSGAARD.
13	MR. JUELSGAARD: YES.
14	MR. TOCHER: RICH LAJARA.
15	MR. LAJARA: YES.
16	MR. TOCHER: ADRIANA PADILLA.
17	DR. PADILLA: YES.
18	MR. TOCHER: JOE PANETTA.
19	MR. PANETTA: YES.
20	MR. TOCHER: MARVIN SOUTHARD.
21	DR. SOUTHARD: YES.
22	MR. TOCHER: AND KEVIN XU.
23	DR. XU: YES.
24	MR. FISCHER-COLBRIE: AND MARK
25	FISCHER-COLBRIE IS A YES ALSO.
	87

1	MR. TOCHER: MARK, I HAVE YOU AS A
2	CONFLICT ON THIS. THAT'S WHY I DIDN'T CALL YOUR
3	NAME.
4	MR. FISCHER-COLBRIE: I DIDN'T SEE IT.
5	IT'S NOT LISTED AS A CONFLICT ON THE POWERPOINT.
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1	MR. TOCHER: IT'S POSSIBLE THAT YOU WERE
2	WITH ONE OF THE ORIGINAL APPLICATIONS WHEN IT CAME
3	THROUGH WHEN IT WAS ORIGINALLY FUNDED.
4	DR. FISCHER-COLBRIE: NO WORRIES.
5	CHAIRMAN IMBASCIANI: CAN WE ACCEPT HIS
6	YES VOTE?
7	MR. TOCHER: NO. THE MOTION CARRIES.
8	CHAIRMAN IMBASCIANI: I LOVE CLARITY.
9	THANK YOU. THANK YOU, SCOTT. THANK YOU, JENN, ONCE
10	AGAIN.
11	WE ARE AT AGENDA ITEM 16, THE REPORT OF
12	THE CHAIR. IT'S GOING TO BE SHORT AND SWEET. I
13	WANT TO APPRISE YOU THAT SINCE THE LAST BOARD
14	MEETING, I HAVE VISITED THE ALPHA CLINICS WHERE THE
15	HOST CAMPUSES PUT ON QUITE A PRESENTATION. THEY
16	ROLL OUT THEIR RED CARPET IN MANY DIFFERENT WAYS.
17	FIRST AT CEDARS-SINAI AND THEN YESTERDAY AT STANFORD
18	UNIVERSITY. THOSE ARE THE SEVENTH AND EIGHTH OF THE
19	ALPHA CLINICS THAT I VISITED, LEAVING ONLY, AND I'M
20	NOT SAYING WE'RE SAVING BEST FOR LAST. I CAN'T DO
21	THAT, BUT USC AND CHILDREN'S HOSPITAL OF L.A. WILL
22	BE COMING UP IN NOVEMBER.
23	I'VE ALSO ATTENDED SEVERAL MEETINGS, THE
24	ANNUAL ALPHA CLINICS SYMPOSIUM, APROPOS, IN IRVINE A
25	FEW WEEKS BACK. AND A VERY, VERY HAPPY EVENT AT THE
	89

1	LOS ANGELES AIRPORT HILTON, THE ANNUAL SPARKS DINNER
2	AND COLLOQUIUM WHERE 115 EXTRAORDINARY HIGH SCHOOL
3	STUDENTS MADE THEIR PRESENTATIONS AND DELIVERED
4	THEIR POSTER SESSIONS AND WERE QUIZZED BY CIRM STAFF
5	AND OTHER PEOPLE. IT WAS QUITE A HAPPY EVENT.
6	TO TIE THOSE TWO EVENTS OF MINE TOGETHER,
7	YESTERDAY AT STANFORD'S ALPHA CLINIC, WE WERE GIVEN
8	A TOUR OF THE ALPHA CLINIC BY TWO PEOPLE, ONE OF
9	WHOM, HER NAME IS EMILY EGELER. SHE RECEIVED HER
10	SHE'S ONE OF THE CO-DIRECTORS OF THE ALPHA CLINIC
11	AND THE GMP MANUFACTURING FACILITY. SHE OBTAINED
12	HER PH.D. FROM STANFORD UNIVERSITY. IF I WERE TO
13	REWIND HER BIOGRAPHY EVEN FURTHER, SHE WAS A SPARKS
14	PROGRAM PARTICIPANT. SO THIS IS CLEARLY A VERY
15	PRODUCTIVE AND VALUABLE PROGRAM AND WAS HAPPY TO SEE
16	THAT.
17	I ENCOURAGE ALL BOARD MEMBERS WHEN THAT
18	COMES UP ONCE A YEAR TO GO TO THAT SPARKS EVENT.
19	SECONDLY, AN UPDATE ON GOVERNMENT
20	RELATIONS. AND FOR THIS I THINK, BECAUSE MARIA
21	BONNEVILLE, THE VICE CHAIR, HAD SOME PERSONAL
22	INTERACTIONS DURING A RECENT TRIP BACK TO
23	WASHINGTON, D.C., I'LL LET HER UPDATE YOU.
24	VICE CHAIR BONNEVILLE: WE'VE BEEN WORKING
25	WITH OUR LOBBYIST IN SACRAMENTO TO ARRANGE MEETINGS
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1	WITH KEY MEMBERS OF THE CALIFORNIA STATE
2	LEGISLATURE, INCLUDING HEALTH MAY CHAIRS, NEW
3	SPEAKER OF THE ASSEMBLY AND THE SENATE PRO TEM.
4	VITO AND I HAVE MET WITH OUR COMMS TEAM
5	WHO'S DEVELOPING MESSAGING THAT REFLECTS THE WORK WE
6	ARE DOING IN A WAY THAT THE PUBLIC UNDERSTANDS AND
7	RELATES TO. AND WE HAVE AN OPPORTUNITY TO UPDATE
8	SACRAMENTO ABOUT WHO WE ARE AND THE WORK WE DO IN
9	ANTICIPATION OF ANY ASKS WE MIGHT HAVE OF THEM DOWN
10	THE ROAD.
11	WE'VE ALSO STARTED EXPLORING A D.C.
12	PRESENCE. GEOFF LOMAX AND I RECENTLY ATTENDED THE
13	AMERICAN SOCIETY OF GENE AND CELL THERAPY POLICY
14	CONFERENCE IN WASHINGTON. PARTNERING WITH
15	ORGANIZATIONS LIKE ASGCT IS IMPORTANT. THEY HAVE A
16	DEEP UNDERSTANDING OF SOME OF THE MORE PRESSING
17	QUESTIONS, LIKE ACCESS TO CELL AND GENE THERAPY BOTH
18	LOGISTICALLY AND FINANCIALLY. AND THEY HAVE THE
19	ABILITY TO BRING PEOPLE TOGETHER IN A ROOM AND TALK
20	ABOUT POSSIBLE SOLUTIONS.
21	I MET WITH A LOBBYING FIRM THERE. THEY
22	HAVE EXPERTISE IN THIS AREA. AND I JUST WANTED TO
23	GET A GENERAL UNDERSTANDING OF WHAT THE LANDSCAPE IS
24	IN D.C. BEFORE WE MAKE ANY DECISIONS.
25	SO VITO AND I ARE GOING TO CONTINUE TO
	91

1	WORK WITH OUR INTERNAL TEAM MEMBERS TO DEVELOP A
2	STRATEGY AND THEN DETERMINE WHAT OUR NEEDS MIGHT BE
3	MOVING FORWARD. AND WE LOOK FORWARD TO DISCUSSING
4	THIS WITH THE BOARD IN THE NEAR TERM.
5	CHAIRMAN IMBASCIANI: AND ARE HAPPY TO
6	RECEIVE INPUT FROM ANY AND ALL BOARD MEMBERS ON THIS
7	TOPIC.
8	MENTIONING SACRAMENTO, THAT SEGUES VERY
9	NICELY INTO THE NEXT WHAT I WOULD CONSIDER A GENTLE
10	REMINDER TO THOSE BOARD MEMBERS WHO WERE APPOINTED
11	BY CONSTITUTIONAL OFFICERS OF THE STATE OF
12	CALIFORNIA THAT IT MIGHT BE A GOOD IDEA TO APPRISE
13	YOUR NOMINATOR, COULD BE EVERY SIX MONTHS, EVERY 12
14	MONTHS, SOMETHING LIKE THAT, OF WHAT CIRM IS DOING.
15	YOU DON'T HAVE TO GIVE A THREE-PAGE, SINGLE
16	SPACED-REPORT, BUT JUST CHECK IN AND LET THEM KNOW
17	THAT YOU ARE STILL SERVING ON THE BOARD AND WHAT THE
18	BOARD IS DOING.
19	AND FINALLY, THE LAST ISSUE, WHEN A NEW
20	CHAIR COMES IN, I HAVE THE PRIVILEGE OR MAYBE THE
21	OBLIGATION TO STICK MY NOSE INTO ALL DIFFERENT
22	THINGS AND SHINE LIGHT IN DARK CORNERS. I'VE
23	NOTICED THAT CIRM'S COMPENSATION POLICY, WHICH IS A
24	WRITTEN DOCUMENT THAT HAD BEEN APPROVED BY THIS
25	BOARD, BUT IT'S EIGHT YEARS OLD. AND I THINK THAT

1	WE'RE GOING TAKE ANOTHER LOOK AT IT. IT WILL SEGUE
2	THROUGH ME THROUGH TO THE SCIENCE SUBCOMMITTEE AND
3	MAYBE FIND ITS WAY ONTO THE DOCKET FOR THE DECEMBER
4	BOARD MEETING. POSSIBLE REVISION, POSSIBLE
5	AMENDMENTS TO CIRM'S INTERNAL COMPENSATION PROGRAM.
6	OKAY. THAT'S IT FROM ME. SOMEONE HAS A
7	QUESTION? GOOD. NOW I'M FOLLOWED BY MARIA MILLAN
8	FOR THE PRESIDENT'S REPORT.
9	DR. MILLAN: THANK YOU VERY MUCH. AND
10	THIS WILL BE A VERY SHORT PRESIDENT'S REPORT AS
11	WELL.
12	WE HAD A VERY FULL DAY TODAY, LOTS OF VERY
13	IMPORTANT TOPICS AND CONCEPTS AND AWARDS THAT YOU'VE
14	APPROVED. AND TODAY I'D JUST LIKE TO GIVE KIND OF A
15	REMINDER OF THE CONTEXT OF WHAT YOU'RE DOING AT THIS
16	BOARD MEETING AND HOW IT RELATES TO THE STRATEGIC
17	PLAN.
18	SO JUST A REMINDER OF OUR MISSION. IN
19	SERVICE OF THIS MISSION, YOU APPROVED THE STRATEGIC
20	PLAN IN DECEMBER OF 2021. THAT REALLY CENTERS ON
21	THREE STRATEGIC THEMES. AND GIL DID A GREAT JOB
22	DESCRIBING THOSE THREE THEMES. ALL THE PROGRAMS
23	THAT YOU'VE APPROVED TODAY AND THE CLINICAL AND
24	DISCOVERY PROGRAMS AS WELL AS THE INFRASTRUCTURE ARE
25	TO ADVANCE WORLD-CLASS SCIENCE. THE PROGRAM THAT

1	YOU JUST FUNDED, THE EXCITING NEW PROGRAM CALLED THE
2	REMIND PROGRAM THAT ROSA JUST PRESENTED, IS ALSO IN
3	SERVICE OF ADVANCING WORLD-CLASS SCIENCE. SO IT'S
4	COMPATIBLE WITH THE STRATEGIC PLAN, WHICH STATES
5	THAT WE WOULD LEVERAGE THE, WHAT'S CALLED, THE
6	RECURRING PILLAR, THE CONCORD OF FUNDING PROGRAMS,
7	TO REALLY ACCELERATE THE RESEARCH, BUT ALSO, WHERE
8	NEEDED, THE BOARD WOULD SUPPLEMENT THIS WITH SPECIAL
9	PROGRAMS, INCLUDING THE REMIND AND OTHER PROGRAMS
10	THAT MIGHT EMANATE FROM THE DISCUSSIONS THAT HAPPEN
11	AT THE SCIENCE SUBCOMMITTEE AND AT THE BOARD.
12	BUT I'D LIKE TO TODAY REALLY TAKE US TO
13	JUST A HIGH LEVEL OF HOW WE ARE IMPACTING OR HOW
14	IMPLEMENTING THE STRATEGIC PLAN IN THE REAL WORLD IN
15	ADDITION TO THE SPARK PROGRAM, WHICH IS A VERY
16	EXCITING PROGRAM EACH TIME WHICH, BY THE WAY,
17	COMPETED WITH THE TAYLOR SWIFT CONCERT. I BELIEVE
18	WE GOT BUMPED BY ONE OF THE EVENTS, BUT I WOULD HAVE
19	TO SAY THAT THE STUDENTS AND THE MEETING ORGANIZERS
20	AND THE CIRM TEAM WHO WERE THERE CERTAINLY COMPETED
21	IN TERMS OF ENTHUSIASM AND PRESENCE IN L.A. DURING
22	THAT MEETING.
23	BUT I WANTED TO IN FRONT OF YOU IS OUR
24	ANNUAL REPORT. AND I'D LIKE FOR THE MEMBERS OF THE
25	COMMUNICATIONS TEAM TO STAND UP. YOU MAY HAVE MET
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1	THEM LAST NIGHT. KOREN TEMPLE-PERRY IS THE DIRECTOR
2	OF THE COMMUNICATION'S TEAM, ESTEBAN CORTEZ AND
3	KATIE SHARIFY, AND A NEW MEMBER, TEAM MEMBER ADITI
4	IS HERE, OUR OUTREACH COORDINATOR FOR PATIENT
5	OUTREACH, IS ALSO ON THAT TEAM.
6	AND THE STRATEGIC PLAN REALLY HIGHLIGHTS
7	KIND OF THE SOUL OF THE APPROACH OF CIRM, WHICH IS
8	TRULY EMPOWERING THROUGH PARTNERSHIP. YOU'VE HEARD
9	IN PAST PRESENTATIONS HOW OUR INDUSTRY PARTNERSHIPS,
10	HOW CIRM DERISKS PROGRAMS SO THAT THEY GAIN LEVERAGE
11	AND INDUSTRY PARTNERSHIP, BUT IT REALLY IS
12	PARTNERSHIP ACROSS WITH PATIENTS, COMMUNITIES,
13	ACADEMIA, AND INDUSTRY.
14	AND THEN THIS HAS REALLY EMPOWERED US.
15	THE ALPHA CLINICS SYMPOSIUM, THIS IS A PICTURE FROM
16	THAT SYMPOSIUM AT UC IRVINE THAT VITO HAD MENTIONED
17	REALLY HIGHLIGHTS HOW THESE PARTNERSHIPS CAN REALLY
18	GIVE MULTIPLIER EFFECTS. THIS PROGRAM, THIS ALPHA
19	CLINICS, AND GEOFF LOMAX IS THERE. HE CAN STAND.
20	YOU ALL KNOW GEOFF FROM THE VERY BEGINNING WAS
21	INVOLVED AND IS CURRENTLY RUNNING THIS PROGRAM. AND
22	EMILY REYES MAY BE IN THE AUDIENCE ARE CONTINUING TO
23	DO THIS. BUT THE ALPHA CLINICS, WHICH WAS FIRST SET
24	UP WITHIN THE PROP 71 ERA, WAS RECENTLY EXPANDED BY
25	FUNDING FROM THIS BOARD AND NOW NINE ACADEMIC

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1	CENTERS ACROSS CALIFORNIA ARE FUNDED.
2	AND IT'S NOT JUST MORE OF THE SAME BECAUSE
3	WHEN WE FIRST SET IT UP, WE DIDN'T EVEN KNOW IF
4	THEY'D HAVE CLINICAL TRIALS TO SUPPORT. AND AS YOU
5	CAN SEE, OVER 200 CLINICAL TRIALS ARE BEING
6	SUPPORTED. SO NOW THE EXPANDED CLINICS, THEY GOT
7	TOGETHER JUST LAST WEEK, TWO WEEKS AGO AND REALLY,
8	NOT ONLY HAVE THEY LAUNCHED, BUT ARE BRINGING THINGS
9	FORWARD, INCLUDING TRYING TO FIGURE OUT HOW TO
10	HARMONIZE COVERAGE ANALYSIS, WHICH IS A BIG, BIG
11	DEAL IN TERMS OF ACCESS AND EFFICIENCIES AND
12	BRINGING THE CLINICAL TRIALS TO PATIENTS.
13	AND ALSO, IMPLEMENTING THE TRAINING OF THE
14	DIVERSE WORKFORCE THROUGH IMPLEMENTATION OF
15	EDUCATION PROGRAMS. AND SO FELLOWSHIPS HAVE BEEN
16	LAUNCHED, COURSEWORK HAS BEEN STARTED. SO WE ARE
17	SEEING THIS IN REAL TIME. AND BY THE WAY, I'M JUST
18	GIVING YOU KIND OF A SAMPLING OF WHAT YOU WILL BE
19	SEEING AS MORE UPDATES IN UPCOMING MEETINGS TO KIND
20	OF REPORT ON THE PROGRESS OF THESE PROGRAMS. AND
21	ALSO IMPLEMENTING NOVEL TECHNOLOGIES IN CLINICAL
22	RESEARCH.
23	YOU'VE HEARD ABOUT THE COMMUNITY CARE
24	CENTERS OF EXCELLENCE, THE LISTENING SESSION, AND
25	YOU WILL RECOGNIZE THE MEMBERS REPRESENTED HERE.
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1	YSABEL DURON, WHO YOU RECOGNIZE HERE AT THE FRONT OF
2	THE ROOM, ALONG WITH OTHER BOARD MEMBERS HAVE BEEN
3	PART OF THIS DISCUSSION OUT IN THE COMMUNITY.
4	PATIENT ADVOCATES AND PATIENTS WHO HAVE BEEN REALLY
5	AT THE FOREFRONT OF MAKING SURE CIRM IS EVEN HERE
6	HAVE BEEN INVOLVED IN THIS CONVERSATION. BUT WHAT'S
7	HAPPENED IN THE COURSE OF THIS PAST SEVERAL MONTHS
8	IS WE'VE REALLY GAINED AN UNDERSTANDING FOR THE
9	NEEDS OF THE COMMUNITY AND HOW STRONG THE
10	COMMUNITY-BASED ORGANIZATIONS AND COMMUNITY PRESENCE
11	ARE. SO THAT'S BEING EMBEDDED IN THE COMMUNITY CARE
12	CENTERS OF EXCELLENCE CONCEPT PROPOSAL, WHICH IS
13	CURRENTLY BEING DEVELOPED UNDER THE LEADERSHIP OF
14	GEOFF LOMAX. AND THAT'S SOMETHING YOU WILL SEE
15	EITHER IN SUBCOMMITTEES, BUT AT THIS BOARD MEETING
16	SOMETIME BY LATE YEAR OR LATEST EARLY NEXT YEAR.
17	AND FINALLY, YOU APPROVED FOUR ADDITIONAL
18	PROGRAMS FOR THE MANUFACTURING NETWORK. YOU HEARD
19	THE BASIS FOR THIS NETWORK. AND THIS IS, AGAIN, A
20	DEMONSTRATION OF HOW PARTNERSHIPS ARE BUILT UPON
21	PARTNERSHIPS. SHYAM PATEL IS THERE YOU CAN STAND
22	IF YOU WANT, SHYAM, SENIOR DIRECTOR OF BUSINESS
23	DEVELOPMENT HAD BUILT THIS INDUSTRY ALLIANCE
24	PROGRAM. BUT THIS INDUSTRY ALLIANCE PROGRAM HAD
25	GIVEN RISE TO INDUSTRY RESOURCE PARTNERSHIPS WHERE

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1	THESE INDUSTRY PARTNERS ARE MAKING AVAILABLE AT
2	DISCOUNTS OR THROUGH EARLY PARTNERSHIP TO OUR CIRM
3	PROGRAMS ASSETS THAT MAY ACCELERATE DEVELOPMENT AND
4	MANUFACTURING.
5	SO BUILDING ON THAT, THIS MANUFACTURING
6	NETWORK PARTNERSHIP WILL LEVERAGE THOSE ASSETS AND
7	CREATING AND ACCOMPLISHING THE GOALS AS ARTICULATED
8	BY GIL. SO NOW THERE WILL BE NINE PROGRAMS ACROSS
9	THE STATE.
10	AND WITH ALL OF THESE PARTNERSHIPS AND ALL
11	THIS INFRASTRUCTURE AND ECOSYSTEM, WHAT'S HAPPENED
12	IS THAT CIRM IS DERISKING, WHICH WE TALK ABOUT ALL
13	THE TIME, AND THEN LEVERAGING THE RESOURCES OF THE
14	THERAPY DEVELOPMENT PROGRAMS, THE INFRASTRUCTURE,
15	THE PARTNERSHIPS THAT ARE BEING BUILT IN ORDER TO
16	CREATE VALUE AND DELIVER ON THE MISSION.
17	SO WITH THAT, I JUST WANTED TO SAY THAT IN
18	THE UPCOMING MEETINGS, YOU'LL BE GETTING DEEPER
19	DIVES ON THESE VARIOUS PROGRAMS. BUT I WANTED TO
20	JUST GIVE AN INTERIM BECAUSE IN JUNE I DID GIVE A
21	MORE FULL ACCOUNT OF WHAT'S HAPPENED IN THE PAST
22	YEAR WITH OUR PROGRAM INVESTMENTS AND WHAT TO EXPECT
23	IN THE UPCOMING YEAR. BUT I JUST WANTED TO REALLY
24	JUST BRING CONTEXT BACK TO EVERYTHING YOU DID TODAY,
25	WHAT THAT LOOKED LIKE.

1	I WANT TO THANK THE BOARD AND THANK MARIA
2	AND VITO, BY THE WAY, FOR CO-HOSTING YESTERDAY'S
3	DINNER WHERE THE BOARD VISITED OUR WORKSPACE AND YOU
4	GOT TO SEE WHERE THE MAGIC HAPPENS WITH THIS
5	AMAZING, TALENTED TEAM DOES THE WORK AND INTERACTS.
6	YOU CAN SEE HOW COLLABORATIVE AND INTERACTIVE WE'RE
7	ABLE TO BE IN THAT SPACE. SO IT REALLY IS GREAT TO
8	HAVE THOSE INTERACTIONS AND SEE TANGIBLY HOW THIS
9	HAPPENS. AND BUT ANY TIME YOU HAVE ANY QUESTIONS
10	ABOUT ANYTHING ABOUT OUR PROGRAMS OR HOW THINGS ARE
11	HAPPENING, PLEASE FEEL FREE TO REACH OUT. AND WE
12	ALSO HAVE AN INTERNAL NEWSLETTER THAT OUR
13	COMMUNICATIONS TEAM CIRCULATES INTERNALLY THAT MIGHT
14	BE OF INTEREST TO YOU. IF YOU'RE EVER INTERESTED IN
15	THAT, YOU CAN HEAR ABOUT PROMOTIONS OR SPECIAL
16	THINGS THAT ARE GOING ON IN THE ORGANIZATION.
17	SO THAT'S ALL I HAVE. I'M HAPPY TO TAKE
18	ANY QUESTIONS. AND THANK YOU SO MUCH FOR AN AMAZING
19	DAY.
20	CHAIRMAN IMBASCIANI: THANK YOU, MADAM
21	PRESIDENT, FOR YOUR REPORT.
22	MS. DURON: I JUST REALLY THANK YOU FOR
23	OPENING THE SUBJECT, MARIA. JUST WANTED TO SAY
24	THANK YOU VERY MUCH FOR THE DINNER LAST NIGHT AND
25	FOR ALLOWING US TO MEET. IN FACT, THE WONDERFUL
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25	WE'RE ALSO HOPING TO HAVE A LONGER REPORT FROM OUR
24	MS. DURON: BUT I WILL REMIND YOU THAT
23	REGARD.
22	CONSULTANT IN TERMS OF HOW WE ARE DOING IN THAT
21	MEETING, WE HOPE TO BE ABLE BRING AN UPDATE FROM OUR
20	DIDN'T MENTION DEI, AT THE UPCOMING DECEMBER
19	AND ALSO, BY THE WAY, YSABEL, BECAUSE YOU
18	HOPE WE GET TO DO THAT MORE.
17	THE OPPORTUNITY TO GET TO KNOW ALL OF YOU. SO I DO
16	MEMBERS WERE THERE, AND THEY'RE VERY EXCITED TO HAVE
15	ALSO REALLY EXCITED ABOUT THE FACT THAT SO MANY TEAM
14	BROUGHT US TOGETHER. BUT WE WERE VERY HAPPY. I AM
13	VICE CHAIR. AND LANA MORALEZ, IF YOU WOULD PLEASE,
12	REALLY WAS ORGANIZED BY THE OFFICE OF THE CHAIR,
11	DR. MILLAN: THANK YOU SO MUCH. THIS
10	SOME POINT IN TIME GET TO MEET THEM.
9	LITTLE MORE OFTEN AND THAT ALL THE BOARD MEMBERS AT
8	TO SPEND SOME TIME WITH THEM. SO I HOPE YOU DO IT A
7	WONDERFUL PEOPLE, AND I'M GLAD THAT YOU ALLOWED US
6	WHO THEY ARE AND WHAT THEY'RE DOING. THEY'RE
5	WITH THE STAFF AND CHAT WITH THEM AND GET TO KNOW
4	DINNER, I ENJOYED HAVING THE OPPORTUNITY TO MEET
3	MUCH BECAUSE I REALLY ENJOYED, EVEN MORE THAN THE
2	EVEN IN THE BOX OR IN PERSON. SO THANK YOU VERY
1	TEAM AND STAFF THAT WE OFTENTIMES DON'T GET TO SEE
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1	COMMS TEAM.
2	DR. MILLAN: SO LET ME SAY THIS. I'M
3	GOING TO GO AHEAD. HEADLINES, HERE ARE SOME
4	UPCOMING EVENTS. IN NOVEMBER, ABLA CREASEY, PLEASE
5	RAISE YOUR HAND, STAND UP, AND HER TEAM ARE
6	ORGANIZING A RARE DISEASE WORKSHOP. SO YOU'LL BE
7	HEARING ABOUT THAT IN NOVEMBER. AT THE DECEMBER
8	BOARD MEETING, WE'LL BE GIVING A DEI UPDATE ALONG
9	WITH OUR CONSULTANT. OUR COMMUNICATIONS TEAM WILL
10	BE, IN ADDITION TO THIS, AMAZING PLEASE, THE ANNUAL
11	REPORT REALLY IS JUST LIKE A LIVING THING IN YOUR
12	HANDS. IN ADDITION TO HIGHLIGHTING ASPECTS OF THE
13	ANNUAL REPORT IS REALLY KOREN WILL GIVE AN UPDATE ON
14	THE COMMUNICATION STRATEGY AND THE PROGRESS.
15	AND OUR EDUCATION TEAM, YOU HEARD ABOUT
16	THE EDUCATION SUPPLEMENT TODAY, AND IT'S SOMETHING
17	EVERYBODY IS VERY EXCITED ABOUT. EDUCATION TEAM
18	WILL BE SHARING SOME UPDATES ABOUT STRATEGY AND
19	PROGRESS.
20	SO STAY TUNED FOR A VERY FULL DECEMBER
21	MEETING AS WELL. THANK YOU VERY MUCH.
22	CHAIRMAN IMBASCIANI: THANK YOU AGAIN.
23	BEFORE WE ADJOURN, WE JUST OPENED THE
24	MICROPHONES TO ANY MEMBERS OF THE PUBLIC WHO WANT TO
25	MAKE SOME COMMENT, ANY COMMENT ON ITEMS NOT
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1	AGENDIZED. YOU SEE NOTHING? OKAY.
2	WE WILL RECONVENE ON THURSDAY, DECEMBER
3	14, A LITTLE EARLIER IN THE MONTH TO ACCOMMODATE
4	VARIOUS HOLIDAYS. WE ARE IN ADJOURNMENT. THANK
5	YOU.
6	(THE MEETING WAS THEN CONCLUDED AT 2:36 P.M.)
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