

**BETH C. DRAIN, CA CSR NO. 7152**

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

LOCATION: 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

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**I N D E X**

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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	
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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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**I N D E X (CONT'D.)**

10. DISCUSSION OF CONFIDENTIAL INTELLECTUAL PROPERTY OR WORK PRODUCT, PREPUBLICATION DATA, FINANCIAL INFORMATION, CONFIDENTIAL SCIENTIFIC RESEARCH OR DATA, AND OTHER PROPRIETARY INFORMATION RELATING TO APPLICATIONS SUBMITTED IN RESPONSE TO AGENDA ITEMS 11, 12 AND 13 (HEALTH & SAFETY CODE 125290.30(F) (3) (B) AND (C))

**OPEN SESSION**

11. CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE TO CLINICAL TRIAL STAGE PROJECTS PROGRAM ANNOUNCEMENT (CLIN 1 OR 2)	14
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18. GENERAL COMMENTS ON ARS PROCESS	NONE
19. PUBLIC COMMENT	NONE
20. ADJOURNMENT	102

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THURSDAY, SEPTEMBER 28, 2023; 9 A.M.

CHAIRMAN IMBASCIANI: GOOD MORNING,  
EVERYONE. THIS IS DR. IMBASCIANI, THE CHAIR OF THE  
BOARD, CONVENING THE SEPTEMBER 28TH MEETING OF THE  
INDEPENDENT CITIZENS OVERSIGHT COMMITTEE OF CIRM.  
ON THIS 28TH DAY OF SEPTEMBER, WE INTO SPRING, WE  
ARE TWO DAYS AWAY FROM A GOVERNMENT SHUTDOWN, AND WE  
HAVE TO GET ALL OUR BUSINESS DONE EXPEDITIOUSLY. SO  
I WELCOME ALL OF THE PARTICIPANTS WHO ARE HERE IN  
PERSON IN THE ROOM AND THOSE WHO ARE ATTENDING ON  
THE ZOOM. AS WE DO, I'M GOING TO ASK OUR SCOTT  
TOCHER IF YOU WOULD LEAD THE BOARD IN THE PLEDGE OF  
ALLEGIANCE.

(THE PLEDGE OF ALLEGIANCE.)

CHAIRMAN IMBASCIANI: I THANK YOU. SCOTT,  
WOULD YOU PLEASE TAKE THE ROLL.

MR. TOCHER: HAIFAA ABDULHAQ.

DR. ABDULHAQ: PRESENT.

MR. TOCHER: MOHAMMED ABOUSALEM.

DR. ABOUSALEM: PRESENT.

MR. TOCHER: DAN BERNAL. GEORGE  
BLUMENTHAL.

DR. BLUMENTHAL: HERE.

MR. TOCHER: MARIA BONNEVILLE.

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VICE CHAIR BONNEVILLE: PRESENT.

MR. TOCHER: MICHAEL BOTCHAN. MICHAEL, I  
THINK YOU MIGHT BE MUTED. I'LL COME BACK. I SEE  
HIM ON THE ZOOM.

LINDA BOXER.

DR. BOXER: PRESENT.

MR. TOCHER: JUDY CHOU.

DR. CHOU: PRESENT.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: PRESENT.

MR. TOCHER: HAL COLLARD.

DR. COLLARD: PRESENT.

MR. TOCHER: ANNE-MARIE DULIEGE.

DR. DULIEGE: PRESENT.

MR. TOCHER: DEBORAH DEAS. YSABEL DURON.

MS. DURON: PRESENT.

MR. TOCHER: MARK FISCHER-COLBRIE. MARK,  
ARE YOU MUTED PERHAPS? I BELIEVE HE MAY HAVE  
DROPPED OFF FOR A MOMENT.

FRED FISHER.

DR. FISHER: PRESENT.

MR. TOCHER: ELENA FLOWERS.

DR. FLOWERS: PRESENT.

MR. TOCHER: JUDY GASSON.

DR. GASSON: PRESENT.

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1 MR. TOCHER: LARRY GOLDSTEIN.  
2 DR. GOLDSTEIN: 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.  
15 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.

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MR. TOCHER: MICHAEL STAMOS.

DR. STAMOS: PRESENT.

MR. TOCHER: KAROL WATSON. KEVIN XU.

DR. XU: HERE.

MR. TOCHER: THANK YOU. AND LET ME COME  
BACK. MICHAEL BOTCHAN, HAVE YOU --

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DR. BOTCHAN: YEAH. I'M HERE.



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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

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1 AND AFFORDABILITY WORKING GROUP.

2 6, APPOINTMENT OF MEMBERS TO THE GRANTS  
3 WORKING GROUP.

4 7, CONSIDERATION OF APPOINTMENT OF CHAIR  
5 OF THE FINANCE SUBCOMMITTEE OF THIS BOARD.

6 AND, 8, CONSIDERATION OF AMENDMENTS TO THE  
7 GRANTS WORKING GROUP BYLAWS.

8 DO I HAVE ANY ABSTRACTIONS TO THE CONSENT  
9 CALENDAR? ARE THERE ANY OBJECTIONS OR ABSTRACTIONS  
10 FROM PEOPLE ON ZOOM? THERE ARE NO ABSTRACTIONS.  
11 OKAY. MAY I ASK FOR A MOTION FROM A MEMBER OF THE  
12 BOARD AND A SECOND TO APPROVE ALL ITEMS ON THE  
13 CONSENT CALENDAR?

14 DR. DULIEGE: HAPPY TO MOVE.

15 DR. MALKAS: SECOND.

16 CHAIRMAN IMBASCIANI: IS THERE ANY PUBLIC  
17 COMMENT ON THE CONSENT CALENDAR ITEMS? ANY PUBLIC  
18 COMMENT?

19 MR. TOCHER: NO, DOESN'T APPEAR TO BE.

20 CHAIRMAN IMBASCIANI: THERE'S NO PUBLIC  
21 COMMENT. THEN I'M GOING TO ASK FOR A VOICE VOTE.  
22 THIS IS FOR THE MEMBERS IN THE ROOM. MEMBERS ON  
23 ZOOM WILL BE POLLED SUBSEQUENTLY. ALL THOSE IN  
24 FAVOR OF ACCEPTING THE CONSENT CALENDAR AS WRITTEN  
25 SAY AYE. THOSE OPPOSED SAY NAY.

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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?

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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.

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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.

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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

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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

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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?



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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

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1 EXPERTISE TO THE TABLE. WE HAVE THE GRANTS WORKING  
2 GROUP BOARD MEMBERS WHO ARE PATIENT ADVOCATE  
3 MEMBERS. THEY PROVIDE THE DEI EVALUATION, PROVIDE  
4 PATIENT PERSPECTIVE ON THE SIGNIFICANCE AND  
5 POTENTIAL IMPACT OF THE PROJECTS, AS WELL AS  
6 OVERSIGHT ON THE PROCESS BY THEIR ROLE AS BOARD  
7 MEMBERS. WE ALSO BRING, WHEN WE NEED TO, SCIENTIFIC  
8 SPECIALISTS ON BOARD TO BRING ADDITIONAL EXPERTISE  
9 AS NEEDED FOR PARTICULAR APPLICATIONS.

10 SO THIS APPLICATION THAT WE ARE  
11 CONSIDERING TODAY IS CLIN2-15094. IT'S ENTITLED  
12 "PHASE 1 TRIAL OF LOCOREGIONALLY DELIVERED  
13 AUTOLOGOUS B7-H3 CAR-T CELLS IN ADULTS WITH  
14 RECURRENT GLIOBLASTOMA MULTIFORME."

15 THE THERAPY IS AN AUTOLOGOUS ONE IN WHICH  
16 A CAR-T CELL THERAPY IS CREATED AND DELIVERED  
17 LOCALLY TO THE TUMOR IN THE BRAIN. THE INDICATION  
18 IS FOR PATIENTS WITH GLIOBLASTOMA. AND THEIR GOAL  
19 IS TO COMPLETE A PHASE 1, FIRST-IN-HUMAN CLINICAL  
20 TRIAL. THE FUNDS REQUESTED IS JUST UNDER 12  
21 MILLION.

22 SO A LITTLE BACKGROUND ON THE DISEASE  
23 INDICATION. AS MANY OF YOU MAY KNOW, GLIOBLASTOMA  
24 IS A VERY CRITICAL, UNMET NEED AS IT'S ONE OF THE  
25 MOST COMMON MALIGNANT PRIMARY BRAIN TUMORS IN

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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

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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

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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

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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.

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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

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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



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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.

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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

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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

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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

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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

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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.

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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

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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,



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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.

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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

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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

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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.

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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

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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

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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

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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



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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

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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

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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

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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

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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

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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

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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.

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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?



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1 DR. HIGGINS: JUST TO BE CLEAR, WE MOVED  
2 THE ALS --

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,  
10 YOUR RESPONSE WILL BE EITHER AYE OR NAY EXCEPT FOR  
11 THOSE APPLICATIONS WITH WHICH I HAVE A CONFLICT.

12 MARIA BONNEVILLE.

13 VICE CHAIR BONNEVILLE: YES.

14 MR. TOCHER: JUDY CHOU.

15 DR. CHOU: YES.

16 MR. TOCHER: LEONDRA CLARK-HARVEY.

17 DR. CLARK-HARVEY: YES.

18 MR. TOCHER: ANNE-MARIE DULIEGE.

19 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.

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MR. TOCHER: FRED FISHER.  
DR. FISHER: YES.  
MR. TOCHER: ELENA FLOWERS.  
DR. FLOWERS: YES, EXCEPT FOR THOSE  
PROPOSALS WITH WHICH I HAVE A CONFLICT.  
MR. TOCHER: DAVID HIGGINS.  
DR. HIGGINS: YES.  
MR. TOCHER: VITO IMBASCIANI.  
CHAIRMAN IMBASCIANI: YES.  
MR. TOCHER: STEVE JUELSGAARD.  
MR. JUELSGAARD: YES.  
MR. TOCHER: RICH LAJARA.  
MR. LAJARA: YES.  
MR. TOCHER: CHRISTINE MIASKOWSKI.  
DR. MIASKOWSKI: YES, EXCEPT FOR THOSE  
PROPOSALS WITH WHICH I HAVE A CONFLICT.  
MR. TOCHER: ADRIANA PADILLA.  
DR. PADILLA: YES.  
MR. TOCHER: JOE PANETTA.  
MR. PANETTA: YES.  
MR. TOCHER: MARVIN SOUTHARD.  
DR. SOUTHARD: YES.  
MR. TOCHER: AND KEVIN XU.  
DR. XU: YES.  
MR. TOCHER: GREAT. THANKS VERY MUCH.

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1 AND THE MOTION CARRIES.

2 CHAIRMAN IMBASCIANI: THANK YOU VEY MUCH.  
3 I KNOW THAT PART OF THE AGENDA IS ALWAYS A LITTLE  
4 COMPLICATED.

5 SO WE ARE NOW MOVING ON TO AGENDA NO. 14,  
6 CONSIDERATION OF THE PROPOSED REMIND CONCEPT PLAN  
7 FOR NEUROPSYCHIATRIC DISEASE. I'M INVITING ROSA  
8 CANET-AVILES, VICE PRESIDENT OF SCIENTIFIC PROGRAMS,  
9 TO PRESENT THE CONCEPT PLAN.

10 DR. CANET-AVILES: THANK YOU, MR.  
11 CHAIRMAN.

12 DR. GOLDSTEIN: MR. CHAIRMAN, ROSA, MAY I  
13 GIVE YOU A BRIEF INTRODUCTION?

14 CHAIRMAN IMBASCIANI: YES.

15 DR. CANET-AVILES: YES, DR. GOLDSTEIN.

16 DR. GOLDSTEIN: YES. SO I'M SPEAKING AS  
17 CHAIR OF THE TASK FORCE FROM WHICH THIS CONCEPT PLAN  
18 ORIGINATES AS WELL AS THE SCIENTIFIC SUBCOMMITTEE.  
19 AND WHAT I WANT TO DO IS JUST GIVE YOU SOME VERY  
20 BRIEF BACKGROUND FOR THE NOVEL CONCEPT PLAN THAT  
21 VICE PRESIDENT ROSA CANET-AVILES WILL BE PRESENTING.

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

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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.

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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

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

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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

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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.

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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.

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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.

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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

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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

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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



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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.

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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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1       SOMETIMES IF IT'S DONE RIGHT --

2                   DR. CANET-AVILES:  I'LL DEFER TO OUR  
3       PRESIDENT ON THIS, I THINK.  MARIA, WOULD YOU LIKE  
4       TO COMMENT IF THERE IS SOMETHING THAT WE CAN DO?

5                   DR. MILLAN:  THANK YOU SO MUCH.  DR.  
6       HIGGINS, I THINK THOSE ARE VERY GOOD QUESTIONS.  AND  
7       THE SCIENCE SUBCOMMITTEE AND THE BOARD WILL BE  
8       HAVING DISCUSSIONS, PROGRAMMATIC DISCUSSIONS, ABOUT  
9       LOOKING AT OUR FUNDING PROGRAMS AND PLANNING.  AND  
10      INTERNALLY WE ARE ALSO GEARING UP TO LOOK AT  
11      DIFFERENT WAYS THAT WE CAN PROVIDE INFORMATION ABOUT  
12      OUR OPERATIONAL CAPACITY PROCESS ISSUES.  THEY'RE  
13      ALL INTEGRATED ALSO WITH BOARD SCHEDULES AND  
14      EVERYTHING ELSE.

15                  SO IT REALLY IS A MATTER OF IDENTIFYING  
16      WHAT IT IS THAT WE SEEK TO DO, DETERMINING, THEN,  
17      HOW WE CAN PLAN TO DO THAT BASED ON IT.  SO I THINK  
18      THOSE ARE REALLY GOOD QUESTIONS, BUT I BELIEVE WE'LL  
19      HAVE OPPORTUNITIES TO DISCUSS THOSE BECAUSE THOSE  
20      ARE IN THE HOW-TOS ONCE WE REALLY REEVALUATE  
21      DIFFERENT, VARIOUS PROGRAMS AND POTENTIAL LEVERAGE  
22      AND AREAS OF INTEREST.

23                  DR. HIGGINS:  FAIR ENOUGH.  I JUST WOULD  
24      HATE FOR US TO BE THE REASON THAT PROGRESS IS BEING  
25      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



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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

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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

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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.

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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

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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

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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



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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

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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

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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

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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

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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.

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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.

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MR. TOCHER: MARK, I HAVE YOU AS A  
CONFLICT ON THIS. THAT'S WHY I DIDN'T CALL YOUR  
NAME.

MR. FISCHER-COLBRIE: I DIDN'T SEE IT.  
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

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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

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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

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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

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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.

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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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1 TEAM AND STAFF THAT WE OFTENTIMES DON'T GET TO SEE  
2 EVEN IN THE BOX OR IN PERSON. SO THANK YOU VERY  
3 MUCH BECAUSE I REALLY ENJOYED, EVEN MORE THAN THE  
4 DINNER, I ENJOYED HAVING THE OPPORTUNITY TO MEET  
5 WITH THE STAFF AND CHAT WITH THEM AND GET TO KNOW  
6 WHO THEY ARE AND WHAT THEY'RE DOING. THEY'RE  
7 WONDERFUL PEOPLE, AND I'M GLAD THAT YOU ALLOWED US  
8 TO SPEND SOME TIME WITH THEM. SO I HOPE YOU DO IT A  
9 LITTLE MORE OFTEN AND THAT ALL THE BOARD MEMBERS AT  
10 SOME POINT IN TIME GET TO MEET THEM.

11 DR. MILLAN: THANK YOU SO MUCH. THIS  
12 REALLY WAS ORGANIZED BY THE OFFICE OF THE CHAIR,  
13 VICE CHAIR. AND LANA MORALEZ, IF YOU WOULD PLEASE,  
14 BROUGHT US TOGETHER. BUT WE WERE VERY HAPPY. I AM  
15 ALSO REALLY EXCITED ABOUT THE FACT THAT SO MANY TEAM  
16 MEMBERS WERE THERE, AND THEY'RE VERY EXCITED TO HAVE  
17 THE OPPORTUNITY TO GET TO KNOW ALL OF YOU. SO I DO  
18 HOPE WE GET TO DO THAT MORE.

19 AND ALSO, BY THE WAY, YSABEL, BECAUSE YOU  
20 DIDN'T MENTION DEI, AT THE UPCOMING DECEMBER  
21 MEETING, WE HOPE TO BE ABLE BRING AN UPDATE FROM OUR  
22 CONSULTANT IN TERMS OF HOW WE ARE DOING IN THAT  
23 REGARD.

24 MS. DURON: BUT I WILL REMIND YOU THAT  
25 WE'RE ALSO HOPING TO HAVE A LONGER REPORT FROM OUR

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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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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE IN-PERSON PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE AND THE APPLICATION REVIEW SUBCOMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON SEPTEMBER 28, 2023, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CA CSR 7152  
133 HENNA COURT  
SANDPOINT, IDAHO  
(208) 920-3543