	BEFORE THE
INDEPENDENT	CITIZENS' OVERSIGHT COMMITTEE TO THE
ORG	ANIZED FOR REGENERATIVE MEDICINE ANIZED PURSUANT TO THE TEM CELL RESEARCH AND CURES ACT
	REGULAR MEETING
LOCATION:	HYATT REGENCY SAN FRANCISCO AIRPORT
DATE:	DECEMBER 14, 2023 9 A.M.
REPORTER:	BETH C. DRAIN, CA CSR CSR. NO. 7152
FILE NO.:	2023-40

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DECEMBER 14, 2023; 9 A.M.

1

2 3 CHAIRMAN IMBASCIANI: THANK YOU, MR. TOCHER. GOOD MORNING, EVERYONE. THIS IS DR. VITO 4 IMBASCIANI. I'M THE CHAIR OF THE ICOC, CIRM'S 5 GOVERNING BOARD. I WANT TO WELCOME YOU ALL TO THIS 6 LAST BOARD MEETING OF 2023 AS WE DRAW THE YEAR TO AN 7 END AND START THE CELEBRATION OF THE VARIOUS 8 9 HOLIDAYS. AND I WANT TO MAKE A MENTION THAT THIS. I GUESS, IS THE FIRST MEETING OF CIRM'S 20TH YEAR 10 BEING IN BUSINESS AND WE START TO ROUND OUT THE END 11 OF OUR SECOND DECADE AS AN ORGAN OF STATE GOVERNMENT 12 13 AND AS A GRANTING INSTITUTION FOR THE ADVANCEMENT OF SCIENCE AND REGENERATIVE MEDICINE. 14 WE HAVE A PACKED AGENDA THIS MORNING. 15 I DO WANT TO MAKE A COUPLE OF REMARKS FIRST. AND THE 16 17 FIRST REMARK IS RELATED TO THE CONDUCT OF TODAY'S MEETING. SHORTLY AFTER MY REMARKS, WE'RE GOING TO 18 19 ENGAGE IN A DISCUSSION OF THE RESPONSIBILITIES AND 20 THE DUTIES OF AN INTERIM CEO DURING THE PERIOD THAT WE CONDUCT THE SEARCH FOR A PERMANENT CEO AND 21 22 PRESIDENT. THAT WILL BE CONDUCTED DEVOID OF 23 SPECIFIC NAMES AND OTHER IDENTIFIERS IN OPEN SESSION. THEN WE'LL RECONVENE IN CLOSED SESSION TO 24 25 DISCUSS SPECIFIC CANDIDATES AND OTHER RELATED

4

1	MATTERS THAT RELATE TO PERCENT EFFORT AND SALARY AND
2	THINGS LIKE THAT. THEN WE WILL COME BACK INTO OPEN
3	SESSION AND VOTE ON THE SELECTION OF A CANDIDATE AND
4	THOSE OTHER MATTERS I JUST REFERRED TO.
5	WHEN THAT MATTER IS CONCLUDED, WE WILL
6	CONSIDER THE CRITERIA, HAVE A DISCUSSION ON WHAT
7	FEATURES, WHAT CHARACTERISTICS ARE WE LOOKING FOR IN
8	A NEW CEO.
9	ABSENT A PRESIDENT/CEO AT THIS MEETING, I
10	THOUGHT I WOULD FOLLOW THOSE REMARKS WITH A SORT OF,
11	AS IS TYPICAL OF MEETINGS AT THE END OF THE YEAR, A
12	RETROSPECTIVE TO LOOK BACK ON WHAT'S BEEN
13	ACCOMPLISHED OVER THE LAST MONTHS. BEFORE I DO
14	THAT, I'M REMINDED THAT WE PROBABLY, NOW THAT WE'VE
15	GOT A QUORUM, WE SHOULD TAKE THE ROLL CALL. SCOTT.
16	MR. TOCHER: THANK YOU. HAIFAA ABDULHAQ.
17	DR. ABDULHAQ: PRESENT.
18	MR. TOCHER: MOHAMED ABOUSALEM.
19	DR. ABOUSALEM: PRESENT.
20	MR. TOCHER: KIM BARRETT.
21	DR. BARRETT: PRESENT.
22	MR. TOCHER: DAN BERNAL. GEORGE
23	BLUMENTHAL.
24	DR. BLUMENTHAL: HERE.
25	MR. TOCHER: MARIA BONNEVILLE.
	5
	5

1		VICE CHAIR BONNEVILLE: PRESENT.
2	r	MR. TOCHER: JOYCE SACKEY FOR LINDA BOXER.
3	1	DR. SACKEY: PRESENT.
4	, i	MR. TOCHER: JUDY CHOU. MICHAEL BOTCHAN
5	FOR CAROL	CHRIST. LEONDRA CLARK-HARVEY.
6	1	DR. CLARK-HARVEY: PRESENT.
7	r	MR. TOCHER: MONICA CARSON.
8		DR. CARSON: PRESENT.
9	1	MR. TOCHER: ANNE-MARIE DULIEGE. YSABEL
10	DURON.	
11	r	MS. DURON: HERE.
12	r i	MR. TOCHER: MARK FISCHER-COLBRIE. FRED
13	FISHER.	
14	1	DR. FISHER: HERE.
15	r i	MR. TOCHER: ELENA FLOWERS.
16	1	DR. FLOWERS: PRESENT.
17	r i	MR. TOCHER: JUDY GASSON.
18		DR. GASSON: HERE.
19	1	MR. TOCHER: LARRY GOLDSTEIN.
20		DR. GOLDSTEIN: HERE.
21	l i	MR. TOCHER: DAVID HIGGINS.
22		DR. HIGGINS: HERE.
23	l i	MR. TOCHER: VITO IMBASCIANI.
24		CHAIRMAN IMBASCIANI: PRESENT.
25	I	MR. TOCHER: STEPHEN JUELSGAARD.
		6
		0

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1	MR. JUELSGAARD: PRESENT.
2	MR. TOCHER: RICH LAJARA.
3	MR. LAJARA: PRESENT.
4	MR. TOCHER: PAT LEVITT.
5	DR. LEVITT: HERE.
6	MR. TOCHER: LINDA MALKAS.
7	DR. MALKAS: HERE.
8	MR. TOCHER: SHLOMO MELMED. CHRISTINE
9	MIASKOWSKI.
10	DR. MIASKOWSKI: PRESENT.
11	MR. TOCHER: LAUREN MILLER-ROGEN.
12	MS. MILLER-ROGEN: HERE.
13	MR. TOCHER: ADRIANA PADILLA. JOE
14	PANETTA.
15	MR. PANETTA: HERE.
16	MR. TOCHER: MARVIN SOUTHARD.
17	DR. SOUTHARD: PRESENT.
18	MR. TOCHER: MICHAEL STAMOS.
19	DR. STAMOS: HERE.
20	MR. TOCHER: KAROL WATSON. KEVIN XU.
21	DR. XU: HERE.
22	MR. TOCHER: GREAT. THANK YOU. VITO, WE
23	HAVE A QUORUM. OH, I'M SORRY. I DIDN'T SEE YOU
24	THERE. THANK YOU, MOHAMED.
25	
	7
<u>.</u>	
	122 μενιλά σουρτ ελνισροιντ ισλύο 02064

1	CHAIRMAN IMBASCIANI: THANK YOU, SCOTT,
2	FOR THE ROLL CALL. AND WELCOME, EVERYONE.
3	SO I'LL PROCEED WITH JUST A RECITATION, IF
4	YOU WILL, OF HIGHLIGHTS FROM THE 23/24 YEAR. AS FAR
5	AS CIRM TEAM DEVELOPMENT GOES, CIRM HAS HIRED 13 NEW
6	PEOPLE INTO OUR ORGANIZATION, 11 FULL TIME AND TWO
7	CONTRACTED PEOPLE. THEY'VE BEEN RECRUITED AND
8	ONBOARDED AS NEW CIRM TEAM MEMBERS.
9	AS FAR AS STRATEGIC PROGRAM IMPLEMENTATION
10	GOES, CIRM LAUNCHED THE CALIFORNIA MANUFACTURING
11	NETWORK WITH OUR INFRASTRUCTURE 5 AWARDEES AND OUR
12	INDUSTRY RESOURCE PARTNERS. THE BOARD APPROVED THE
13	REMIND PROGRAM, ALIGNING US WITH PROP 14'S FOCUS ON
14	NEUROLOGICAL RESEARCH AND RELEASED AN RFA FOR THE
15	FIRST PHASE, THE REMIND-L PROGRAM.
16	ADDITIONALLY, CIRM FINALIZED THE FIRST
17	PHASE OF DATA INFRASTRUCTURE IMPLEMENTATION FOR
18	DISCOVERY PROGRAMS, THE DSMP. WE ISSUED AN RFA FOR
19	THE PATIENT SUPPORT PROGRAM. WE ESTABLISHED AN
20	EDUCATION NETWORK. CONDUCTED A VERY-WELL ATTENDED
21	RARE DISEASES WORKSHOP LAST MONTH WITH INPUT FOR OUR
22	DEVELOPING CIRM RARE DISEASES STRATEGY. AND
23	SUCCESSFULLY GUIDED ONE AWARDEE TO ACHIEVING A
24	BIOLOGIC LICENSE APPLICATION FILING, BLA, AND WITH
25	THE EXPECTATION OR ANTICIPATION OF ADVANCING TWO

8

1	ADDITIONAL TWO OR THREE GRANTEES THROUGH TO LATE
2	STAGE CLINICAL DEVELOPMENT IN FISCAL YEAR 24/25.
3	OTHER RELEVANT INFORMATION AS TO THE
4	ACTIVITIES OF THE ORGANIZATION. WE NOW HAVE 352
5	AWARDS UNDER ACTIVE MANAGEMENT; 44 R&D AWARDS ARE
6	UNDER CONTRACT. WE IMPLEMENTED, THANKS TO THE
7	BOARD'S APPROVAL, INCREASES IN THE STIPEND FOR OUR
8	CIRM SCHOLARS PROGRAM. AND WE PUT IN PLACE NEW
9	WORKING GROUPS FOR ACCESS AND AFFORDABILITY AND THE
10	FACILITIES WORKING GROUP.
11	SUCCESSFULLY CONDUCTED THE SPARK 2023
12	CONFERENCE AT LAX HILTON WITH OVER 100 HIGH SCHOOL
13	STUDENTS PRESENT AND AWARDED A NEW CONFERENCE GRANT
14	FOR THE 2024 PAN TRAINEE NETWORKING CONFERENCE.
15	QUITE A YEAR AND I EXPECT NO LESS A LIST
16	OF ACCOMPLISHMENTS FOR THE YEAR COMING.
17	A LITTLE NOTE ON ADVANCEMENT IN THE AREA
18	OF GOVERNMENT RELATIONS. MARIA AND I, THE VICE
19	CHAIR AND I, HAVE MADE SOME INITIAL CONTACT WITH
20	MEMBERS OF THE THIRD HOUSE IN SACRAMENTO WITH AN AIM
21	TOWARD, IN THE NEW YEAR, BOLSTERING CIRM'S MISSION
22	AND ITS PRESENCE IN THE MINDS AMONG OUR LEGISLATORS,
23	MANY OF WHOM ARE NEW. THE LEGISLATURE IS OUT OF
24	SESSION RIGHT NOW. AND WHEN THEY RECONVENE IN
25	JANUARY, WE'LL START A GRADUAL PROCESS OF GETTING TO

9

1	KNOW NEW MEMBERS OF THE SENATE AND THE ASSEMBLY
2	INFORMING THEM OF CIRM'S EXISTENCE IF THEY'RE
3	UNAWARE OF IT, OF OUR MISSION, OF OUR
4	ACCOMPLISHMENTS, AND TO SOME EXTENT, AND WITH BOARD
5	SUPPORT, OF THE DIFFICULT ISSUES WE MAY FACE, SUCH
6	AS AFFORDABILITY, ACCESS, AND MAYBE EVEN MORE
7	SPECIFIC SUBJECT MATTERS LIKE NEWBORN SCREENING,
8	JUST AS AN EXAMPLE.
9	ONE THING I THINK I SHOULD APPRISE THE
10	BOARD OF IS THE ANNUAL AUDIT BY THE STATE
11	CONTROLLER'S OFFICE WHICH IS MANAGED BY A GROUP
12	CALLED THE CITIZENS FINANCE ACCOUNTING OVERSIGHT
13	COMMITTEE, CFAOC. THAT MEETING IS SET FOR LATE
14	DECEMBER. AND IF ANYTHING COMES UP OF IMPORT, I'LL
15	CERTAINLY INFORM THE BOARD. BUT THERE IS SIX PEOPLE
16	ON THAT BOARD, AND THERE WAS A VACANCY RECENTLY
17	CREATED PRECIPITOUSLY. AND WE'VE TAKEN THE LIBERTY,
18	SINCE IT'S A BOARD APPOINTEE, TO ASK A FORMER BOARD
19	MEMBER, AL ROWLETT, IF HE WOULD BE THE BOARD'S
20	NOMINEE TO THE CFAOC. AND WE TALKED TO HIM, AND HE
21	SAID HE'D LOVE TO DO IT. AND SO WE ARE SENDING THE
22	LETTER OFF AS WE SPEAK TO THE CONTROLLER FOR
23	APPROVAL.
24	I THINK I JUST WANT TO MAKE SURE THAT
25	YOU'RE AWARE AT THE NEXT MEETING OF THE BOARD IN
	10

1	LATE JANUARY 2024 ONE OF THE ITEMS UP FOR
2	CONSIDERATION WILL BE THE CONCEPT PLAN FOR THE
3	COMMUNITY CARE CENTERS OF EXCELLENCE. SO GIVE YOU A
4	HEADS UP TO READ ALL THE MATERIALS THAT COME WITH
5	THAT.
6	WITH THAT, THAT IS MY SORT OF TRUNCATED
7	CHAIRMAN'S REPORT. I'M KEEPING IT SHORT BECAUSE WE
8	HAVE A LOT OF BUSINESS TO TRANSACT. THANK YOU.
9	SO MOVING ON TO ITEM 4, THE CONSENT
10	CALENDAR. SCOTT, IF YOU WOULD TAKE THIS PART.
11	MR. TOCHER: SURE. I THINK WE'LL JUST ASK
12	FOR A MOTION TO APPROVE IF THERE ARE NO ITEMS THAT
13	ANY MEMBER WISHES TO PULL OFF THE CONSENT CALENDAR
14	TO DISCUSS.
15	DR. BLUMENTHAL: MOVE TO APPROVE.
16	DR. SOUTHARD: SECOND.
17	MR. TOCHER: ALL THOSE IN THE ROOM IN
18	FAVOR SAY AYE. THOSE OPPOSED IN THE ROOM. ANY
19	ABSTENTIONS? I'LL TAKE A ROLL CALL OF THE MEMBERS
20	ON THE PHONE.
21	HAIFAA ABDULHAQ.
22	DR. ABDULHAQ: YES.
23	MR. TOCHER: KIM BARRETT.
24	DR. BARRETT: AYE.
25	MR. TOCHER: JUDY CHOU. GOOD MORNING,
	11

1	JUDY.	
2		MICHAEL BOTCHAN. LEONDRA CLARK-HARVEY.
3		DR. CLARK-HARVEY: YES.
4		MR. TOCHER: MONICA CARSON.
5		DR. CARSON: YES.
6		MR. TOCHER: ANNE-MARIE DULIEGE. YSABEL
7	DURON.	
8		MS. DURON: YES.
9		MR. TOCHER: MARK FISCHER-COLBRIE.
10		MR. FISCHER-COLBRIE: YES.
11		MR. TOCHER: JUDY GASSON.
12		DR. GASSON: YES.
13		MR. TOCHER: LARRY GOLDSTEIN.
14		DR. GOLDSTEIN: YES.
15		MR. TOCHER: STEVE JUELSGAARD.
16		MR. JUELSGAARD: YES.
17		MR. TOCHER: RICH LAJARA.
18		MR. LAJARA: YES.
19		MR. TOCHER: LINDA MALKAS.
20		DR. MALKAS: YES.
21		MR. TOCHER: CHRIS MIASKOWSKI.
22		DR. MIASKOWSKI: YES.
23		MR. TOCHER: LAUREN MILLER-ROGEN.
24		MS. MILLER-ROGEN: YES.
25		MR. TOCHER: JOE PANETTA.
		12

1	MR. PANETTA: YES.
2	MR. TOCHER: JOYCE SACKEY.
3	DR. SACKEY: YES.
4	MR. TOCHER: MICHAEL STAMOS.
5	DR. STAMOS: YES.
6	MR. TOCHER: KEVIN XU.
7	DR. XU: YES.
8	MR. TOCHER: THANK YOU. ARE THERE ANY
9	MEMBERS ON THE PHONE WHO MAY HAVE JOINED THAT I HAVE
10	NOT CALLED? GREAT. THANK YOU VERY MUCH. THAT
11	MOTION CARRIES, MR. CHAIR.
12	CHAIRMAN IMBASCIANI: THAT WAS THE
13	ENTIRETY OF THE CONSENT CALENDAR?
14	MR. TOCHER: IT WAS.
15	CHAIRMAN IMBASCIANI: OKAY. SO NOW WE ARE
16	MOVING ON TO AGENDA ITEM 6. I HAVE SOME PRELIMINARY
17	REMARKS. THE AGENDA ITEM IS TITLED "THE
18	CONSIDERATION OF APPOINTMENT OF THE INTERIM
19	PRESIDENT AND CEO, INCLUDING PERCENT EFFORT, SALARY,
20	AND START DATE."
21	IF YOU WILL REMEMBER, MEMBERS, AT OUR LAST
22	MEETING, THERE WAS A WIDE VARIETY OF OPINIONS
23	EXPRESSED BY MEMBERS OF THE BOARD. AND ULTIMATELY
24	THE BOARD CHARGED MARIA AND I WITH CREATING A LIST
25	OF DUTIES AND QUALIFICATIONS FOR THE INTERIM
	13
	L

1	POSITION. AND YOU RECEIVED AN EMAIL EARLY
2	YESTERDAY, AND IT WAS POSTED YESTERDAY THAT WAS
3	CREATED AS A RESULT OF THE CHARGE YOU GAVE US,
4	LISTING THE RESPONSIBILITIES AS WE IMAGINED THEM.
5	THERE'S A LIST OF SOME THINGS YOU'VE ALL READ
6	THIS DOCUMENT. SOME OF THESE, I'M SURE, WILL
7	ENGENDER VERY LITTLE COMMENT, BUT SOME DEFINITELY ON
8	THE SECOND PAGE THAT NEED TO BE CLARIFIED.
9	IF THERE ARE NO COMMENTS ON THE
10	RESPONSIBILITY, I'D LIKE TO DIRECT YOU SPECIFICALLY
11	TO THE REMAINING ITEMS TO BE CLARIFIED, MEANING
12	SALARY, DUTIES, PERCENT EFFORT, START DATE, THINGS
13	LIKE THAT. THAT DOES NOT MEAN THAT YOU MAY NOT
14	ABSTRACT ANY BULLET POINT THAT WE'VE DEVISED. SO
15	CONVERSATION IS OPEN ON THE ENTIRE DOCUMENT. AND
16	THIS IS OPEN SESSION. SO I ASK YOU PLEASE DON'T
17	MAKE REFERENCE TO ANY SPECIFIC CANDIDATE. WE WILL
18	RESERVE THOSE KINDS OF DISCUSSIONS AND SPECIFIC
19	NUMBERS FOR THE CLOSED SESSION TO FOLLOW. THANK
20	YOU. THE FLOOR IS OPEN FOR DISCUSSION.
21	WE'LL JUST HOLD A SECOND BECAUSE I'M SURE
22	PEOPLE ARE PERUSING THE DOCUMENT AGAIN. ALL RIGHT.
23	THEN ONCE AGAIN, WE CAN ALWAYS COME BACK TO ANY OF
24	THE MORE GENERAL POINTS, BUT I WOULD LIKE TO DIRECT
25	YOUR ATTENTION TO THE SECTION CALLED "ITEMS TO BE
	14

14

1	CLARIFIED," WHETHER AND HOW THE INTERIM CEO WILL
2	SUPPORT ONGOING BOARD COMMITTEE AND WORKING GROUP
3	EFFORTS. AND THE KEY AREAS THAT CAME TO OUR MIND IN
4	PREPARING THIS DOCUMENT ARE SPECIFICALLY ADVANCES IN
5	THE NEURO TASK FORCE, IN THE SCIENCE COMMITTEE'S
6	WORK ON LEVERAGE ON THE RARE DISEASES STRATEGY, AND
7	THE PATIENT SUPPORT PROGRAM.
8	MOHAMED, I SEE YOUR HAND.
9	DR. ABOUSALEM: THANK YOU, MR. CHAIR. ON
10	THESE TWO POINTS UNDER TO BE CLARIFIED, CAN WE JUST
11	HAVE A CONVERSATION ABOUT THE FACT THAT A COUPLE OF
12	DETERMINANTS WILL BE THE BACKGROUND OF THE INTERIM
13	CEO BECAUSE IT MAY NOT BE THE FULL SPECTRUM OF THE
14	PERMANENT CEO OR MAY NOT BE NEEDED IN THESE AREAS OR
15	EVEN BE QUALIFIED IN SOME OF THE SPECIFIC AREAS AND
16	ALSO THE TERM OF THE INTERIM CEO. IF IT'S TWO
17	MONTHS OR THREE MONTHS, IT'S DIFFERENT THAN ONE YEAR
18	OR TWO YEARS. SO I JUST WANT TO USE THOSE
19	DETERMINANTS IN THE CONVERSATION.
20	CHAIRMAN IMBASCIANI: THANK YOU. GREAT
21	QUESTION. SO WE HAVE A CANDIDATE IN MIND THAT I'D
22	LIKE TO PROPOSE IN CLOSED SESSION. I'VE HAD
23	PRELIMINARY DISCUSSIONS WITH THIS PERSON, AND THEY
24	HAVE AGREED TO SERVE AT A THERE ARE CERTAIN
25	CONSTRAINTS ON THE AMOUNT OF HOURS THE PERSON CAN
	15

15

1	CONTRIBUTE, BUT CERTAINLY BE ABLE TO PERFORM THE JOB
2	HOWEVER MUCH EFFORT IT TAKES. IT WOULD CERTAINLY BE
3	AVAILABLE FOR AT LEAST SIX MONTHS BECAUSE WE
4	ANTICIPATE I THINK MR. TOCHER HAS PREPARED A VERY
5	NICE TIMELINE FOR REFERENCE ANTICIPATE THAT
6	IDEALLY THIS COULD TAKE SIX MONTHS SINCE, QUITE
7	LIKELY, WE ARE NOT GOING TO START ON THIS REALLY
8	UNTIL JANUARY.
9	DR. ABOUSALEM: THANK YOU.
10	CHAIRMAN IMBASCIANI: THANK YOU FOR THAT.
11	MS. MANDAC: STEVE HAS HIS HAND RAISED.
12	CHAIRMAN IMBASCIANI: MR. JUELSGAARD,
13	PLEASE.
14	MR. JUELSGAARD: YES. I'M GOING TO
15	REITERATE SOMETHING I SAID AT THE LAST MEETING,
16	WHICH IS THAT I THINK THE ROLE OF THE INTERIM
17	PRESIDENT IS THAT TO BE A CARETAKER LARGELY AND NOT
18	TO GET INVOLVED WITH NEW EFFORTS UNLESS IT'S
19	ABSOLUTELY NECESSARY. SO MY VIEW IS, UNLESS WE HAVE
20	SOMETHING THAT ABSOLUTELY NEEDS TO BE DONE BETWEEN
21	NOW AND THE TIME WE HAVE A NEW PRESIDENT ON BOARD, I
22	WOULD NOT ASSIGN ANY OF THESE NEW TASKS TO AN
23	INTERIM PRESIDENT.
24	REMEMBER, THE NEW PRESIDENT IS GOING TO
25	INHERIT A STAFF WHO'S GOING TO HAVE RESPONSIBILITY
	16

1	FOR UNDERTAKING ANYTHING THAT THE BOARD APPROVES.
2	AND THAT INDIVIDUAL NEEDS TO UNDERSTAND WHAT THE
3	IMPACT IS GOING TO BE ON THE STAFF FOR DOING THESE
4	THINGS AND HOW BEST TO INTEGRATE THEM. SO I'M NOT A
5	BIG FAN OF SIMPLY HANDING A NEW PRESIDENT A NUMBER
6	OF THINGS THAT HAVE BEEN ADOPTED THAT HAVE AN IMPACT
7	ON THE PEOPLE THAT HE'S GOING TO MANAGE OR SHE IS
8	GOING TO MANAGE WITHOUT HER OR HIM HAVING HAD A HAND
9	IN FASHIONING THESE AND UNDERSTANDING THE IMPACT OF
10	EACH AND EVERY ONE OF THESE ON THE ORGANIZATION AS
11	THEY GET MANAGED. SO I'LL JUST LEAVE THERE. BUT I
12	WOULD PUT OFF ALL OF THESE THINGS UNLESS ONE OF THEM
13	GETS TO THE POINT WHERE WE JUST SIMPLY NEED TO
14	ADDRESS IT AND THEN BRING IT FORWARD AT THAT TIME.
15	CHAIRMAN IMBASCIANI: THANK YOU, STEVE.
16	MONICA IS NEXT.
17	DR. CARSON: THANK YOU VERY MUCH. I
18	APPRECIATE THIS DOCUMENT. IT'S VERY WELL CONSIDERED
19	AND THE COMMENTS AND THE VARIOUS PERSPECTIVES THAT
20	PEOPLE WILL BRING FORTH AND I UNDERSTAND THIS. I DO
21	THINK THAT THE MISSION OF THIS ORGANIZATION IS QUITE
22	DYNAMIC, IT'S URGENT, AND THERE IS QUITE A RANGE IN
23	WHAT CAN BE CONSIDERED CARETAKER VERSUS WHAT IS
24	SOMEBODY COMING IN AND REALLY SUBSTANTIALLY CHANGING
25	THINGS. I THINK THE ITEMS LISTED IMMEDIATELY ABOVE

17

1	TO BE CLARIFIED REALLY PUTS EFFICIENT OVERSIGHT AND
2	REGULATORY CONTROLS OVER ANY CONCERNS THAT AN
3	INTERIM MIGHT BE ACTING, NOT INAPPROPRIATELY, BUT IN
4	A WAY THAT IS GOING TO SUBSTANTIALLY CONSTRAIN THE
5	SUBSEQUENT OR PERMANENT INDIVIDUAL.
6	AND I DO THINK THERE'S QUITE A BIT OF HARM
7	TO THE INITIATIVES OF CIRM IF WE JUST SAY WE HAVE
8	SIX MONTHS TO LONGER FOR A VERY STRICT CARETAKER
9	RATHER THAN SOMEBODY WHO IS CONSULTING WITH THIS
10	BOARD, WITH OTHERS. AND THE CONTROLS THAT ARE
11	LISTED ABOVE TO BE CLARIFIED I DO THINK PUT IN
12	SUBSTANTIAL CONTROL. SO I THINK WE NEED TO HAVE A
13	MUCH MORE ACTIVE INTERIM. AND I'VE BEEN PART OF A
14	VERY LARGE ORGANIZATIONS, INCLUDING UNIVERSITY OF
15	CALIFORNIA, WHERE WE'VE HAD VERY MAJOR INDIVIDUALS
16	AS INTERIM TO MOVE THINGS ALONG THAT HAD VERY ACTIVE
17	ROLES. THANK YOU.
18	CHAIRMAN IMBASCIANI: THANK YOU VERY MUCH,
19	MONICA. YSABEL FOLLOWED BY MARIA
20	GONZALEZ-BONNEVILLE.
21	MS. DURON: THANK YOU, MR. CHAIR. I DO
22	APPRECIATE WHAT STEVE IS CONCERNED ABOUT, BUT I
23	ACTUALLY AGREE WITH MONICA. I'M JUST WONDERING IF
24	WE KIND OF TIE THAT PERSON'S HANDS SOMEWHAT ABOUT
25	IMMEDIATELY RESPONDING TO CERTAIN NEEDS OR THAT'S
	18

1	THE IMPRESSION THEY GET WITH CONSTRAINTS. I THINK
2	THAT IT BELIES NEED TO BE DONE, WHICH IS TO KIND OF
3	STABILIZE AND MAKE EVERYBODY FEEL THINGS ARE MOVING
4	SMOOTHLY, THAT IN FACT WE ARE RESPONDING IN A MANNER
5	NIMBLE AND NECESSARY.
6	AND, FOR INSTANCE, I HAD A QUESTION THE
7	OTHER DAY WHEN I WAS GUIDING THE COMMUNICATIONS
8	SUBCOMMITTEE, AND YOU WILL SEE LATER, I BELIEVE,
9	FROM OUR COMMUNICATIONS TEAM WHAT THEY DEVELOPED,
10	AND MY QUESTION WAS WHO ACTUALLY APPROVES THIS?
11	WHAT IS OUR PROCESS? IS IT UP TO IS IT THE
12	SUBCOMMITTEE THAT THEN SENDS IT TO YOU ALL FOR
13	APPROVAL? DOES IT NEED TO BE APPROVED? DOES THE
14	COMMS TEAM ACT AUTONOMOUSLY, OR IS THIS FOR THE
15	EXECUTIVE TO DECIDE WHETHER OR NOT IT'S AN
16	ACCEPTABLE PLAN?
17	SO I THINK WE DO NEED SOME GUIDANCE AT THE
18	TOP, AND THAT PERSON NEEDS TO BE A BIT NIMBLE. AND
19	SO I WOULD AGREE WITH MONICA, THAT WE NEED THAT
20	THE PLAN WORKS WELL IN GIVING THAT PERSON SOME
21	LEVERAGE AND SOME SPACE WITHOUT GIVING THEM THE
22	STORE.
23	CHAIRMAN IMBASCIANI: THANK YOU, YSABEL.
24	MARIA.
25	VICE CHAIR BONNEVILLE: GENERALLY I WOULD
	19

1	AGREE WITH STEVE JUELSGAARD'S COMMENTS AND
2	SENTIMENT. I THINK, THOUGH, WE'RE AT SORT OF A
3	CRITICAL PART IN OUR ORGANIZATION AND A POINT WHERE
4	WE DO NEED TO CONTINUE TO GATHER DATA AND MAKE PLANS
5	FOR SOME OF THE INITIATIVES AND SOME OF THE
6	DISCUSSIONS THAT HAVE ALREADY STARTED, LIKE LEVERAGE
7	PRIORITIZATION, LIKE THE RARE DISEASE STRATEGY, EVEN
8	THE PATIENT SUPPORT PROGRAM. THAT'S WHAT WE HAVE
9	APPLICATIONS THAT HAVE COME IN. THEY'RE GOING TO
10	GET REVIEWED IN FEBRUARY. THERE'S GOING TO BE A
11	RECOMMENDATION THAT'S MADE TO THIS BOARD. WE'VE
12	ALREADY REALLY DISCUSSED THAT PROGRAM. I WOULD HATE
13	TO HAVE TO DELAY THAT PROGRAM AND CHOOSING AN
14	AWARDEE JUST BASED ON WHERE WE ARE.
15	SO I THINK THAT THERE'S A DIFFERENCE
16	BETWEEN BRINGING CONCEPT PLANS TO THE BOARD AND
17	MAKING RADICAL CHANGES VERSUS THE INTERNAL TEAM
18	WORKING WITH THE INTERIM TO GATHER DATA AND BRING
19	FORTH JUST INFORMATION TO THE BOARD SO THAT WHEN THE
20	CEO ARRIVES, THEY HAVE SOME INFORMATION, THEY CAN
21	MAKE CRITICAL DECISIONS. THEY COULD ALSO LOOK AT IT
22	AND SUGGEST I HAVE MY OWN INPUTS AND I WANT TO STEER
23	IT IN THIS DIRECTION. SO I THINK CONTINUING SOME OF
24	THE INTERNAL WORK DOESN'T POSE A PROBLEM.
25	I WOULD AGREE THAT PERHAPS NOT BRINGING
	20
	20

1	CONCEPT PLANS TO THE BOARD, THAT'S PROBABLY THAT
2	WOULD PROBABLY BE SOMETHING WE WOULD WANT TO WAIT
3	ON.
4	CHAIRMAN IMBASCIANI: THANK YOU, MARIA.
5	FRED FISHER.
6	DR. FISHER: I JUST WANT TO CHIME IN IN
7	SUPPORT OF WHAT MARIA IS SAYING. I THINK THE
8	INTERIM CEO NEEDS TO BASICALLY BE THE CARETAKER TO
9	CONTINUE NORMAL OPERATIONS OF THE ORGANIZATION. I
10	DON'T THINK WE WANT KEY PROGRAMS TO GO INTO SOME
11	KIND OF SUSPENDED ANIMATION WAITING FOR A NEW CEO
12	WHEN SO MUCH EFFORT HAS GONE INTO EXECUTING THESE
13	PROGRAMS. SO I THINK THERE IS A DIFFERENCE BETWEEN
14	MANAGING DAY-TO-DAY OPERATIONS, KEEPING NORMAL
15	FUNCTIONS RUNNING SMOOTHLY, AND NORMAL ACTIVITIES
16	RUNNING SMOOTHLY; BUT, YES, HOLDING OFF ANY
17	SUBSTANTIVE DRAMATIC CHANGES IN DIRECTION OR NEW
18	INITIATIVES MAY BE BEST HELD OFF, BUT WE DON'T WANT
19	TO SLOW DOWN THE WORK OF THE ORGANIZATION DURING
20	THIS TRANSITION.
21	CHAIRMAN IMBASCIANI: THANK YOU, FRED.
22	BACK TO STEVE JUELSGAARD.
23	MR. JUELSGAARD: NO, I CAN AGREE WITH WHAT
24	FRED WAS JUST SAYING. I'M GOING TO TAKE ONE EXAMPLE
25	JUST TO MAKE CLEAR MY CONCERNS. IT'S CALLED
	21

1	"SCIENCE SUBCOMMITTEE ON LEVERAGE (PRIORITIZATION)."
2	THAT FOR ME, IF WE WERE TO DECIDE TO EMBARK ON THAT,
3	IS A SEA CHANGE IN THIS ORGANIZATION. RIGHT NOW
4	WHAT WE HAVE IS WHAT I CHARACTERIZE AS AN ALL-COMERS
5	APPROACH; THAT IS, WE JUST RELY ON GOOD SCIENCE AND
6	DON'T WORRY SO MUCH ABOUT WHAT THERAPEUTIC AREA
7	THAT'S BEING ADDRESSED IS. AND WE'VE BEEN USING
8	THAT SINCE THE VERY BEGINNING OF THIS ORGANIZATION.
9	AND, IN FACT, I WOULD ARGUE THAT THAT'S ACTUALLY
10	WHAT THE PROPOSITIONS ARE BASED ON, THE REASON WE
11	HAVE ALL THE PATIENT ADVOCATES WHO REPRESENT A BROAD
12	VARIETY OF THERAPEUTIC AREAS.
13	IF WE WERE TO DECIDE THAT WE WERE GOING TO
14	START PRIORITIZING CERTAIN THERAPEUTIC AREAS OVER
15	OTHERS, THAT'S A MAJOR CHANGE FOR THE ORGANIZATION
16	AND NEEDS TO BE REALLY THOUGHT THROUGH AND NEEDS TO
17	HAVE, I THINK, THE NEW PRESIDENT OF THE ORGANIZATION
18	ON BOARD WITH THAT. I'D HATE TO SPEND A LOT OF TIME
19	WORKING ON THAT ONLY TO FIND OUT THAT THAT'S
20	SOMETHING THAT THERE'S A LOT OF RESISTANCE AT THAT
21	LEVEL TO IMPLEMENT FOR A VARIETY OF REASONS WE
22	WOULDN'T NECESSARILY APPRECIATE BECAUSE WE AREN'T
23	INVOLVED IN THE DAY-TO-DAY OPERATION OF THE
24	ORGANIZATION.
25	SO I THINK THERE'S MAYBE A BIT OF PICKING
	22

1	AND CHOOSING. WE HAVE SEVERAL THINGS THAT ARE
2	LISTED HERE. AND MAYBE THERE ARE SOME THAT IT'S
3	FINE TO PROCEED WITH, BUT THERE ARE OTHERS THAT I
4	THINK SIMPLY NEED TO BE LAID OFF TO THE SIDE FOR THE
5	TIME BEING.
6	CHAIRMAN IMBASCIANI: THANK YOU AGAIN.
7	I'M NOT SEEING ANY OTHER HANDS.
8	DR. LEVITT: WHEN I LOOKED AT THE LIST,
9	THERE WERE OBVIOUS AREAS, PARTICULARLY WORKING
10	GROUPS AND SUBCOMMITTEES, WHERE THE CHARGE IS NOT TO
11	CREATE SEA CHANGES FOR THE ORGANIZATION, BUT TO MOVE
12	FORWARD WITH GATHERING INFORMATION ABOUT WHAT MIGHT
13	END UP BEING BEST STRATEGIES FOR THE ORGANIZATION
14	AND MOVING THAT FORWARD TO PREPARE THE BOARD. AND
15	TO PREPARE THE NEW PRESIDENT FOR BEING ABLE TO
16	UTILIZE THAT INFORMATION, I THINK, IS REALLY
17	IMPORTANT TO MOVE FORWARD. MY GUESS IS THAT STEVE
18	WOULD PROBABLY AGREE WITH THAT.
19	BUT I THINK IN ALL CASES ANYTHING THAT
20	WOULD REQUIRE MAJOR CHANGE IS GOING TO COME TO THE
21	BOARD, AND THE BOARD WOULD LIKELY SAY WE WOULD
22	PREFER TO WAIT. SO I THINK THERE'S THIS BALANCE
23	BETWEEN NOTHING AND EVERYTHING. AND I THINK LOOKING
24	AT THE SUBCOMMITTEES AND WORKING GROUPS IN
25	PARTICULAR IS PRETTY STRAIGHTFORWARD TO IDENTIFY

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1	THOSE THAT REALLY NEED TO CONTINUE TO WORK BRINGING
2	IN INFORMATION, UNDERSTANDING WHAT POTENTIAL
3	STRATEGIES ARE, HERE ARE THE PLUSES AND MINUSES.
4	AND THAT ACTUALLY WILL SAVE TIME FOR ONBOARDING OF
5	THE NEW LEADERSHIP.
6	CHAIRMAN IMBASCIANI: THANK YOU, PAT.
7	ANYONE ELSE WANT TO SPEAK BEFORE WE GO INTO CLOSED
8	SESSION? I DON'T SEE ANY. SCOTT, I THINK THEN YOU
9	NEED TO TRANSITION US.
10	MR. TOCHER: THANK YOU. VITO, WE'LL THEN
11	ADJOURN TO CLOSED SESSION UNDER ITEM NO. 8 ON YOUR
12	AGENDA, WHICH IS THE DISCUSSION OF PERSONNEL,
13	CONSIDERATION OF INTERIM PRESIDENT/CEO CANDIDATES,
14	INCLUDING PERCENT EFFORT, SALARY, AND START DATE.
15	AND WE ARE ADJOURNING PURSUANT TO GOVERNMENT CODE
16	SECTION 11126(A) AND HEALTH AND SAFETY CODE SECTION
17	125290.30(F)(3)(D).
18	SO FOR THE MEMBERS ON THE PHONE, ON THE
19	ZOOM, EXCUSE ME, THERE WILL BE A BREAKOUT ROOM. SO
20	IF YOU CLICK ON THE JOIN ICON, YOU WILL ENTER THE
21	BREAKOUT ROOM. WE'LL TAKE A MOMENT TO CLEAR OUT THE
22	ROOM HERE IN SOUTH SAN FRANCISCO OR BURLINGAME. SO
23	WE'LL JUST TAKE A MOMENT FOR THOSE OF YOU ON THE
24	ZOOM AND THEN WE'LL PROCEED.
25	(THE BOARD THEN WENT INTO CLOSED
	24

1	SESSION, NOT REPORTED NOR HEREIN TRANSCRIBED. THE
2	FOLLOWING WAS THEN HEARD IN OPEN SESSION.)
3	CHAIRMAN IMBASCIANI: THANK YOU, EVERYONE,
4	FOR COMING BACK INTO OPEN SESSION TO CONTINUE OUR
5	DISCUSSION OF CANDIDATES FOR THE INTERIM POSITION OF
6	CEO AND PRESIDENT AND THE CRITERIA SURROUNDING THAT
7	POSITION TO INCLUDE START DATE, SALARY, PERCENT
8	EFFORT, AND RESPONSIBILITIES.
9	THE FLOOR IS OPEN TO ENTERTAIN A MOTION.
10	MR. JUELSGAARD: YES. I WOULD LIKE TO
11	MOVE THE APPOINTMENT OF JONATHAN THOMAS TO BE
12	INTERIM PRESIDENT OF CIRM TO SERVE UNTIL HIS
13	SUCCESSOR IS ELECTED AT A SALARY OF \$500,000 A YEAR,
14	BUT PAID IN THE FORM OF A PER-HOUR AMOUNT AS A
15	RETIRED ANNUITANT WITH THE TIME COMMITMENT BEING
16	THAT THAT'S NEEDED ON AN ONGOING BASIS AND WITH THE
17	RESPONSIBILITIES THAT WERE DESCRIBED EARLIER IN OPEN
18	SESSION.
19	VICE CHAIR BONNEVILLE: SECOND.
20	DR. MALKAS: I SECOND THAT.
21	CHAIRMAN IMBASCIANI: STEVE, I PRESUME
22	WITH THE START DATE TO BE AS SOON AS
23	ADMINISTRATIVELY AVAILABLE.
24	MR. JUELSGAARD: YES. I APOLOGIZE. I
25	MEANT TO INCLUDE THAT IN THE MOTION. LET'S ADD THAT
	25

1	PLEASE. LINDA, ARE YOU OKAY WITH ADDING THAT?
2	DR. MALKAS: YES, I'M FINE WITH THAT.
3	THANK YOU.
4	CHAIRMAN IMBASCIANI: OKAY. WE HAVE A
5	MOTION AND A SECOND. LET'S SEE IF THERE'S ANY
6	DISCUSSION HERE. I DON'T SEE ANY COMMENTS FROM THE
7	BOARD. CAN I ASK, SCOTT, IF YOU WOULD SEE IF THE
8	PUBLIC HAS ANY COMMENT.
9	MR. TOCHER: YES. WE'LL LOOK RIGHT NOW.
10	CHAIRMAN IMBASCIANI: WE WELCOME MEMBERS
11	OF THE GENERAL PUBLIC TO MAKE ANY COMMENT ON THE
12	MOTION.
13	MR. TOCHER: IT DOESN'T APPEAR THERE'S ANY
14	HANDS RAISED. SO WE ARE READY TO PROCEED TO A VOTE.
15	CHAIRMAN IMBASCIANI: IF YOU WOULD PROCEED
16	TO THE VOTE. THANK YOU.
17	MR. TOCHER: SURE. FOR ALL BOARD MEMBERS
18	IN THE ROOM INDICATE YOUR ASSENT BY SAYING AYE. ANY
19	DISSENTERS NAY. ANY ABSTENTIONS? I'LL GIVE A ROLL
20	CALL VOTE FOR THOSE ON THE ZOOM.
21	HAIFAA ABDULHAQ.
22	DR. ABDULHAQ: AYE.
23	MR. TOCHER: KIM BARRETT.
24	DR. BARRETT: AYE.
25	MR. TOCHER: JUDY CHOU.
	26

1	DR	CHOU: AYE.
2	MR	. TOCHER: LEONDRA CLARK-HARVEY.
3	DR	. CLARK-HARVEY: AYE.
4	MR	. TOCHER: DEBORAH DEAS.
5	DR	. DEAS: YES.
6	MR	. TOCHER: ANNE-MARIE DULIEGE. YSABEL
7	DURON.	
8	MS	DURON: YES.
9	MR	. TOCHER: MARK FISCHER-COLBRIE. FRED
10	FISHER.	
11	DR	. FISHER: YES.
12	MR	. TOCHER: JUDY GASSON.
13	DR	. GASSON: AYE.
14	MR	. TOCHER: LARRY GOLDSTEIN.
15	DR	. GOLDSTEIN: AYE.
16	MR	. TOCHER: STEVE JUELSGAARD.
17	MR	. JUELSGAARD: AYE.
18	MR	. TOCHER: RICH LAJARA.
19	MR	. LAJARA: YES.
20	MR	. TOCHER: LINDA MALKAS.
21	DR	R. MALKAS: YES.
22	MR	. TOCHER: CHRIS MIASKOWSKI.
23	DR	R. MIASKOWSKI: YES.
24	MR	. TOCHER: LAUREN MILLER-ROGEN. YOU MAY
25	BE MUTED. I	'LL CHECK BACK.
		27
		L 1

1	JOE PANETTA.
2	MR. PANETTA: YES.
3	MR. TOCHER: JOYCE SACKEY.
4	DR. SACKEY: AYE.
5	MR. TOCHER: MICHAEL STAMOS.
6	DR. STAMOS: YES.
7	MR. TOCHER: KEVIN XU.
8	DR. XU: AYE.
9	MR. TOCHER: AND ONE MORE CHANCE FOR
10	LAUREN MILLER-ROGEN. I SEE YOU ON MUTE, LAUREN.
11	WE CAN STILL PROCEED. THANK YOU, MR.
12	CHAIR. THAT MOTION CARRIES.
13	CHAIRMAN IMBASCIANI: WE WILL SEND THE
14	APPROPRIATE CONGRATULATIONS AND AN EXTENDED MEMO TO
15	JONATHAN THOMAS FORTHWITH. THANK YOU. THANK YOU,
16	EVERYONE.
17	WE ARE MOVING ON TO NOW IN YOUR ORIGINAL
18	AGENDA ITEM 7, WHICH IS NOW A CONSIDERATION FOR THE
19	CRITERIA, THE KEY CRITERIA, FOR THE SELECTION OF A
20	PERMANENT PRESIDENT AND CEO. AND FOR THAT
21	CONVERSATION, I'M GOING TO PASS THE MICROPHONE TO
22	ONE OF THE CO-CHAIRS. GEORGE, IF YOU WOULD TAKE IT
23	FROM HERE.
24	DR. BLUMENTHAL: THANK YOU. SO WE NOW, AS
25	YOU KNOW, HAVE A SEARCH COMMITTEE ACTIVELY ENGAGED
	28
	20

1	IN THE PROCESS OF CHOOSING THE NEXT PRESIDENT FOR
2	CIRM. THAT COMMITTEE IS CHAIRED BY KIM BARRETT AND
3	MYSELF. AND WE HAD OUR FIRST MEETING THIS WEEK.
4	JUST A COUPLE OF THINGS ABOUT IT. FIRST,
5	I THINK ALL OF US ARE HOPING TO PURSUE A SOMEWHAT
6	AGGRESSIVE SCHEDULE TOWARD MAKING THAT APPOINTMENT,
7	NOT SO AGGRESSIVE THAT WE DON'T DO A GOOD JOB, OF
8	COURSE, BUT WE WANT TO GET THIS DONE AS QUICKLY AS
9	WE CAN IN ORDER TO FIND AND OUTSTANDING NEW
10	PRESIDENT.
11	THE COMMITTEE HAS AGREED TO DO CERTAIN
12	THINGS, SUCH AS WE WILL ALL TAKE IMPLICIT BIAS
13	TRAINING BEFORE PROCEEDING TO EVALUATE FILES. AND
14	WE WILL ALSO BE USING A SEARCH FIRM. AND ONE OF THE
15	NEXT AGENDA ITEMS FOR THE COMMITTEE WILL BE CHOOSING
16	THE NEW SEARCH FIRM, WHICH IS A PROCESS THAT IS NOW
17	UNDER WAY AND I HOPE WILL BE COMPLETED SOMETIME IN
18	JANUARY. SO THOSE ARE THE NEXT STEPS.
19	BUT FOR TODAY, WE NEED TO DISCUSS AND
20	APPROVE A DOCUMENT, WHICH IS IN YOUR AGENDA, CALLED
21	THE "UPDATED KEY SELECTION CRITERIA FOR PRESIDENT
22	2023/24." AND THAT DOCUMENT IS CREATED BY US AS
23	KIND OF A JOB DESCRIPTION FOR THE NEW PRESIDENT. IT
24	IS INTENDED TO BE SOMETHING THAT WE WILL PASS ALONG
25	TO THE SEARCH FIRM ONCE WE'VE CHOSEN A SEARCH FIRM

29

1	FOR THEM TO USE IN A SENSE IN THEIR ADVISEMENTS AND
2	IN THEIR OUTREACH TO POTENTIAL CANDIDATES. SO IT'S
3	A DOCUMENT THAT REFLECTS OUR VIEW OF WHAT WE ARE
4	LOOKING FOR IN THE NEXT PRESIDENT OF THE
5	ORGANIZATION.
6	TO CREATE THE DOCUMENT THAT YOU SEE BEFORE
7	YOU, WE STARTED WITH THE 2013 DOCUMENT THAT WE
8	CREATED WHEN WE SEARCHED FOR THE PRESIDENT IN 2013.
9	IN LOOKING THROUGH THAT DOCUMENT, WE FOUND THERE
10	WERE A NUMBER OF THINGS THAT HAD TO BE CHANGED. IT
11	WAS INTERESTING HISTORICALLY TO LOOK AT THAT
12	DOCUMENT BECAUSE, FOR EXAMPLE, THERE WAS NOTHING IN
13	THERE ABOUT DEI OR ACCESSIBILITY ISSUES. THOSE WERE
14	NOT MENTIONED. AND, OF COURSE, WE ENDEAVORED TO
15	CHANGE THAT. AND WE WENT THROUGH THE DOCUMENT IN
16	SOME DETAIL.
17	FIRST KIM, SCOTT, AND I WENT TO THE
18	DOCUMENT, AND THEN THIS WEEK IT WAS DISCUSSED AND
19	EDITED IN SOME DETAIL BY THE FULL COMMITTEE.
20	SO WHAT YOU SEE BEFORE YOU IS THE DOCUMENT
21	THAT EMERGED FROM THE FULL COMMITTEE. AND THAT'S
22	THE DOCUMENT THAT'S ON THE AGENDA TODAY TO BE
23	APPROVED. IT CAN BE CHANGED. IN OTHER WORDS, IT IS
24	NOT YET CHISELED IN STONE. SO IF THERE ARE CHANGES
25	THAT YOU WANT TO SUGGEST, WE CERTAINLY CAN

30

1	ACCOMMODATE THAT. BUT I THINK THE HOPE IS TODAY
2	THAT WE WILL GET TO A POINT OF APPROVING A NEW
3	DOCUMENT.
4	SO WITH THAT, I WANT TO OPEN IT UP FOR
5	DISCUSSION.
6	DR. LEVITT: SO IT'S A REALLY COMPLETE AND
7	GREAT DOCUMENT. I HAVE ONE SMALL RECOMMENDATION TO
8	MAKE. ARE YOU READY, GEORGE? SO BULLET NO. 2 SAYS
9	EXPERIENCE LEADING AS A SOLE HEAD OR CHIEF EXECUTIVE
10	A MEDICAL OR SCIENTIFIC UNIT OR ORGANIZATION WITH
11	ADMINISTRATIVE AND PROGRAMMATIC BUDGETS, ETC. WHAT
12	I'D LIKE TO ASK TO BE INSERTED IS A MEDICAL OR
13	SCIENTIFIC UNIT OR ORGANIZATION WITH MAJOR
14	MULTIDISCIPLINARY RESEARCH AND WITH ADMINISTRATIVE
15	AND PROGRAMMATIC BUDGETS.
16	I JUST THINK THAT RUNNING A MEDICAL UNIT,
17	WHICH IS INCLUDED, WHICH I'M FINE, IF THERE'S NOT A
18	COMPONENT OF THAT UNIT THAT HAS MAJOR RESEARCH, IT'S
19	NOT THE RIGHT PERSON FOR THE POSITION, IN MY
20	OPINION. THEY HAVE TO HAVE MAJOR RESPONSIBILITIES
21	FOR MANAGING A RESEARCH PROGRAM. SO THAT WOULD
22	AND THIS IS A RESEARCH ORGANIZATION. SO THAT'S MY
23	RECOMMENDATION.
24	MR. TOCHER: DOES THAT CAPTURE IT UP
25	THERE, PAT? I'M SORRY. I WAS TRYING TO TYPE AND
	31

1	EDIT.
2	DR. LEVITT: WITH MAJOR AFTER THE WORD
3	"ORGANIZATION," WITH MAJOR MULTIDISCIPLINARY
4	RESEARCH AND WITH ADMINISTRATIVE AND PROGRAMMATIC
5	BUDGETS. SO NOTHING ELSE CHANGES EXCEPT THAT
6	INSERTION OF A MEDICAL OR SCIENTIFIC UNIT OR
7	ORGANIZATION WITH MAJOR MULTIDISCIPLINARY RESEARCH
8	AND WITH ADMINISTRATIVE, ET CETERA. GREAT.
9	MR. TOCHER: WE'RE LIVE EDITING HERE. SO
10	IT'S UP ON THE SCREEN. AS YOU SAY IT, IT COMES OUT.
11	DR. BLUMENTHAL: PAT, THAT LOOKS VERY
12	REASONABLE TO ME.
13	DR. LEVITT: THAT'S IT. THAT'S ALL MY
14	COMMENTS.
15	DR. BLUMENTHAL: WE HAVE A COMMENT FROM
16	PAT SORRY FROM KIM.
17	DR. BARRETT: SORRY I CAN'T BE THERE IN
18	PERSON. MY HUSBAND HAD SURGERY YESTERDAY. AND I
19	JUST WANTED TO COMMENT THAT, FIRST OF ALL, WE HAVE A
20	WONDERFUL COMMITTEE THAT WAS EXTREMELY ENGAGED. AND
21	I THINK WE WILL, BECAUSE OF THAT, DO A GREAT JOB BY
22	CIRM IN FINDING A NEW PRESIDENT AND CEO.
23	BUT IN RESPONSE TO PAT'S COMMENT, WHICH IS
24	VERY WELL TAKEN, I THINK IT'S IMPORTANT TO RECOGNIZE
25	THAT NONE OF THESE CRITERIA IS AN ABSOLUTE. IF YOU
	32

1	SEE, THE PREAMBLE IS THE SUCCESSFUL CANDIDATE WILL
2	HAVE SOME COMBINATION OF THE FOLLOWING. AND I THINK
3	IT'S VERY IMPORTANT THAT THE SEARCH COMMITTEE
4	RETAINS A LEVEL OF FLEXIBILITY BECAUSE NO CANDIDATE
5	IS LIKELY TO FULFILL EVERY SINGLE ONE OF THESE
6	CRITERIA. AND WHILE IT WOULD BE WONDERFUL IF WE
7	COULD FIND SOMEBODY WITH ALL OF THESE, IT'S HIGHLY
8	UNLIKELY.
9	SO WHILE PAT'S COMMENT IS WELL TAKEN,
10	WE'LL DEFINITELY HAVE TO EXPLORE, I THINK, A VARIETY
11	OF CANDIDATES, BUT THIS CERTAINLY GIVES THE SEARCH
12	FIRM A FLAVOR OF WHAT WE ARE LOOKING FOR.
13	DR. BLUMENTHAL: THANK YOU, KIM. I THINK
14	YOU'RE ABSOLUTELY RIGHT. AND WE DID NOT INCLUDE, I
15	MIGHT ADD, WALKING ON WATER AS ONE OF THE CRITERIA.
16	ARE THERE ANY OTHER COMMENTS?
17	MR. TOCHER: CHRIS MIASKOWSKI HAS HER HAND
18	UP.
19	DR. MIASKOWSKI: HI, GEORGE. I REALLY
20	APPRECIATE THE COMMITTEE'S WORK ON THIS DESCRIPTION.
21	I DO HAVE ONE QUESTION. IN MANY JOB DESCRIPTIONS
22	THAT I'VE REVIEWED FOR LEADERS OF ORGANIZATIONS,
23	THERE'S A MINIMUM NUMBER OF YEARS OF EXPERIENCE IN A
24	LEADERSHIP POSITION. AND I WAS WONDERING IF THE
25	COMMITTEE DISCUSSED THAT. DO WE WANT SOMEBODY WITH
	33

33

1	A MINIMUM OF X TO X YEARS EXPERIENCE?
2	DR. BLUMENTHAL: THAT'S CERTAINLY A FAIR
3	QUESTION. WE DIDN'T DISCUSS YEARS OF EXPERIENCE
4	EXPLICITLY. SINCE WE DID PUT IN THERE EXPERIENCE IN
5	A NUMBER OF THOSE BULLET POINTS, IT WOULD BE ALMOST
6	IMPOSSIBLE TO ACHIEVE THAT KIND OF EXPERIENCE
7	WITHOUT SOME NUMBERS OF YEARS OF DOING IT. SO THERE
8	IS AN EXPECTATION OF SIGNIFICANT EXPERIENCE, BUT WE
9	DIDN'T QUANTIFY IT.
10	DR. BARRETT: I'LL ADD IN RESPONSE TO
11	CHRIS' COMMENTS, WE DID HAVE A DISCUSSION ABOUT
12	QUANTIFYING THE SCOPE OF AN ORGANIZATION IN TERMS OF
13	SIZE OR NUMBER OF EMPLOYEES AND IN THE END DECIDED
14	NOT TO BE EXPLICIT ABOUT THAT. SO I THINK IT'S A
15	VERY SIMILAR THING, BUT I HESITATE TO LEAN BACK ON
16	THE SUPREME COURT ANALOGY OF PORNOGRAPHY. NOBODY
17	CAN DEFINE IT, BUT WE KNOW WHAT IT IS WHEN WE SEE
18	IT. WE'LL KNOW WHAT THE CEO
19	DR. BLUMENTHAL: OKAY. OTHER COMMENTS?
20	SEEING NO OTHER COMMENTS, I WOULD ASK IS THERE ANY
21	PUBLIC COMMENT?
22	MR. TOCHER: JUST NEED A MOTION.
23	DR. BLUMENTHAL: YOU WANT THE MOTION
24	FIRST. SO LET ME INVITE A MOTION TO APPROVE THESE
25	UPDATED SELECTION CRITERIA WITH THE MODIFICATION
	34

1	THAT PAT HAD SUGGESTED. IS THERE SUCH A MOTION?
2	DR. FISHER: SO MOVED.
3	DR. ABOUSALEM: I'LL SECOND.
4	DR. BLUMENTHAL: MOHAMED SECONDING THE
5	MOTION. AT THIS POINT I WILL INVITE ANY PUBLIC
6	COMMENT. HEARING NONE, I THINK WE ARE READY FOR A
7	VOTE.
8	MR. TOCHER: ALL MEMBERS IN THE ROOM IN
9	FAVOR SAY AYE. THOSE OPPOSED? ANY ABSTENTIONS?
10	AND I'LL POLL THOSE ON THE PHONE.
11	HAIFAA ABDULHAQ.
12	DR. ABDULHAQ: YES.
13	MR. TOCHER: KIM BARRETT.
14	DR. BARRETT: AYE.
15	MR. TOCHER: JUDY CHOU.
16	DR. CHOU: YES.
17	MR. TOCHER: LEONDRA CLARK-HARVEY.
18	DR. CLARK-HARVEY: AYE.
19	MR. TOCHER: DEBORAH DEAS.
20	DR. DEAS: YES.
21	MR. TOCHER: ANNE-MARIE DULIEGE. YSABEL
22	DURON. WE MAY HAVE LOST YSABEL. FRED FISHER.
23	DR. FISHER: YES.
24	MR. TOCHER: JUDY GASSON.
25	DR. GASSON: AYE.
	35

MR. TOCHER: LARRY GOLDSTEIN.
DR. GOLDSTEIN: YES.
MR. TOCHER: STEVE JUELSGAARD.
MR. JUELSGAARD: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: LINDA MALKAS.
DR. MALKAS: YES.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: LAUREN MILLER-ROGEN.
MS. MILLER-ROGEN: YES.
MR. TOCHER: JOE PANETTA.
MR. PANETTA: YES.
MR. TOCHER: JOYCE SACKEY.
DR. SACKEY: YES.
MR. TOCHER: MICHAEL STAMOS.
DR. STAMOS: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
MR. TOCHER: THANK YOU. ARE THERE ANY
MEMBERS ON THE ZOOM THAT I DID NOT CALL? GREAT.
THANKS VERY MUCH, MR. CHAIRMAN. THE MOTION CARRIES.
CHAIRMAN IMBASCIANI: GREAT. THANK YOU,
EVERYONE, FOR THAT.
36

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1	AT THIS POINT, SINCE WE ARE DOING WELL	
2	WITH OUR CALENDAR, I'M GOING TO CALL FOR A	
3	FIVE-MINUTE BREAK.	
4	(A RECESS WAS TAKEN.)	
5	CHAIRMAN IMBASCIANI: HI, EVERYONE. SHE'S	
6	SO READY. WELCOME BACK FROM OUR SHORT LITTLE BREAK.	
7	WE ARE NOW THE ICOC BOARD IS NOW GOING TO	
8	CONSIDER AGENDA ITEM 9, CONSIDERATION OF AMENDMENTS	
9	TO VARIOUS OF OUR PROGRAMS. IT'S A CONCEPT PLAN,	
10	INCLUDING RECOMMENDATIONS FROM IP AND INDUSTRY	
11	SUBCOMMITTEE, REGARDING CHANGES TO THE CO-FUNDING	
12	REQUIREMENTS.	
13	SO WE'RE GOING TO START WITH A	
14	PRESENTATION BY OUR LEADERSHIP TEAM. ROSA	
15	CANET-AVILES IS GOING MAKE THE PRESENTATION ON THE	
16	DISC AND CLIN, YES.	
17	DR. CANET-AVILES: THANK YOU, MR.	
18	CHAIRMAN, MEMBERS OF THE BOARD, MEMBERS OF THE	
19	PUBLIC. DR. ABLA CREASEY AND I WILL BE PRESENTING	
20	ON BEHALF OF OUR TEAMS THE RECOMMENDATIONS FROM THE	
21	SCIENCE SUBCOMMITTEE FOR THE AMENDMENTS TO THE R&D	
22	PILLARS IN THE DISC AND THE CLIN ACTUALLY. THESE	
23	AMENDMENTS HAVE BEEN DEVELOPED BY OUR TEAMS TO ADAPT	
24	TO THE CURRENT NEEDS AND OPTIMIZE THE DELIVERY OF	
25	OUR MISSION.	

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1THIS PRESENTATION IS STRUCTURED IN TW2MAIN PARTS. INITIALLY WE WILL EXPLORE THE PROP3AMENDMENTS FOR THE DISCOVERY PILLAR THAT I WILL		
	OSED	
3 AMENDMENTS FOR THE DISCOVERY PILLAR THAT I WILL		
4 PRESENT. AND FOLLOWING THAT, DR. CREASEY WILL	GUIDE	
5 US THROUGH THE DEVELOPMENT IN THE CLIN PILLAR.		
6 FOR CONTEXT, THE DISCOVERY PILLAR, AS	YOU	
7 SEE IT HERE, IS COMPOSED OF THREE TYPES OF AWAR	DS.	
8 WE WILL PRESENT AMENDMENTS ONLY FOR THE DISC-0	AND	
9 DISC2. AS A REMINDER, THE DISC-0 FOUNDATION AW	ARDS	
10 REPRESENT THE BEDROCK OF OUR DISCOVERY PILLAR,	WHICH	
11 EMPHASIZES THE GENERATION OF FOUNDATIONAL KNOWL	EMPHASIZES THE GENERATION OF FOUNDATIONAL KNOWLEDGE.	
12 AND THIS PROGRAM FOSTERS INITIAL DISCOVERY RESE	ARCH,	
13 AND IT AIMS TO EXPLORE CONCEPTS THAT ARE NOVEL	AND	
14 INNOVATIVE IDEAS THAT HAVE THE POTENTIAL TO		
15 REVOLUTIONIZE OUR UNDERSTANDING AND TREATMENT O	F	
16 DISEASES.		
17 DIFFERENTLY, THE DISC2 IS OUR FIRST P	ILLAR	
18 PROGRAM THAT GOES INTO THE RESEARCH AND DEVELOP	MENT	
19 PIPELINE. AND IT SIGNIFIES, THIS PILLAR SIGNIF	IES	
20 THE CRITICAL TRANSITION FROM FOUNDATIONAL KNOWL	EDGE	
21 TO A TARGETED INQUIRY WHERE SPECIFIC HYPOTHESES	ARE	
22 TESTED. THE RESULTS OF THE DISC2 QUEST AWARDS	ARE	
23 USUALLY A SINGLE PRODUCT CANDIDATE FOR THERAPEU	TIC	
24 DEVELOPMENT THAT COULD MOVE INTO OUR PIPELINE.		
25 SO FOR THE DISC2, SO THE QUEST AWARDS	,	
38		

1	SECOND ONE I MENTIONED, WE HAVE TWO PROPOSED		
2	CHANGES. ONE IS AWARD TRACKS AND THE OTHER ONE IS		
3	AWARD BUDGETS.		
4	IN TERMS OF THE AWARD TRACKS, THE CHANGES		
5	THAT WE ARE PROPOSING ARE HERE. AND I'M GOING TO		
6	SUMMARIZE CURRENTLY OUR PROGRAM IS STRUCTURED AROUND		
7	TWO TRACKS. THE FIRST ONE, AS YOU CAN SEE IN THE		
8	GRAY, IS THE THERAPEUTIC CANDIDATE WHICH IS		
9	DEDICATED TO ADVANCING PROJECTS TOWARDS THE		
10	DEVELOPMENT CANDIDATE READY FOR PROGRESSION THROUGH		
11	THE DIFFERENT STAGES OF THERAPEUTIC DEVELOPMENT THAT		
12	WE HAVE IN OUR PIPELINE OF R&D PROGRAMS.		
13	THE SECOND THAT WE HAD UP UNTIL NOW IS THE		
14	TECHNOLOGY CANDIDATE TRACK THAT HAS TRADITIONALLY		
15	BEEN ALIGNED WITH DIAGNOSTICS, DEVICES, OR TOOLS.		
16	WE ARE PROPOSING A SHIFT BY TRANSFORMING THIS SECOND		
17	TRACK, THE TECHNOLOGY CANDIDATE TRACK, TO A		
18	BIOMARKER CANDIDATE TRACK. AND WHY ARE WE PROPOSING		
19	THIS?		
20	THE RATIONALE FOR THIS IS BECAUSE THE		
21	TOOL/DEVICE DEVELOPMENT TRACK IS ALREADY SUPPORTED		
22	BY THE DISC-0 FOUNDATIONAL AWARDS PROGRAM. THE		
23	DISC-0 FOUNDATIONAL TRACK PROGRAM DID NOT EXIST WHEN		
24	WE FIRST LAUNCHED THESE TWO THAT HAD THE TECHNOLOGY		
25	CANDIDATES. GIVEN THAT WE HAVE THESE ALREADY IN		
	30		

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1	DISC-0, WE ARE ELIMINATING AND TAKING THE
2	OPPORTUNITY NOW TO REALLOCATE TO THE DISC-0 AND
3	MAKING A SPACE FOR THE CRITICALLY NEEDED BIOMARKER
4	PATH.
5	THE INCLUSION OF A BIOMARKER TRACK
6	UNDERSCORES THE WIDESPREAD DEMAND FOR BIOMARKERS
7	WHICH IS CRUCIAL FOR GENERAL THERAPEUTIC
8	DEVELOPMENT, BUT PARTICULARLY VITAL IN THE REALMS OF
9	REGENERATIVE MEDICINE AND CNS DISEASES. SO THAT IS
10	THE RATIONALE FOR WHICH WE ARE DOING THAT.
11	NOW, IN ORDER TO ADAPT THIS SHIFT, AMONGST
12	OTHER THINGS, WE ARE ALSO REQUESTING AN AMENDMENT TO
13	THE BUDGET. CURRENTLY THE BUDGET FOR THERAPEUTIC
14	DEVELOPMENT CANDIDATE IS \$1.5 MILLION. WE ARE
15	MOVING TO A THERAPEUTIC CANDIDATE BUDGET OF \$1.75
16	MILLION IN THREE YEARS. THAT IS FOR DIRECT PROJECT
17	COSTS FOR THE ENTIRE AWARD. AND THE MAIN REASON WE
18	ARE DRIVING TO A HIGHER BUDGET IS TO ALLOW FOR
19	HIGHER COSTS OF TRAINEES AND RESEARCH.
20	NOW, THE DISC AWARDS CURRENTLY HAVE A
21	\$200,000 SUPPLEMENT FOR SPECIFIC PROJECT TYPES, AND
22	WE HAVE NOW EXPANDED THIS TO PROVIDE AN INCREASED
23	AWARD BUDGET FOR ALL THE APPLICATIONS. AND IN THIS
24	PROPOSED SCENARIO, THE SUPPLEMENT WILL BE ELIMINATED
25	AS IT'S ALREADY INCLUDED. AND JUST AS A REMINDER,

40

1	EVERYBODY NEEDS TO JUSTIFY THEIR BUDGET. SO IF IT'S		
2	NOT JUSTIFIED, WE WILL NOT PROVIDE UP TO \$1.75		
3	MILLION.		
4	IN TERMS OF THE BUDGET AND DURATION FOR		
5	THE BIOMARKER TRACK, AFTER DISCUSSIONS WITH THE		
6	SCIENCE SUBCOMMITTEE AND GATHERING FEEDBACK, WE HAVE		
7	STAGED THESE AT \$1.5 MILLION FOR 3 YEARS BECAUSE		
8	THIS IS WHAT COULD ALLOW FOR ENOUGH MONEY AND		
9	DURATION FOR, NOT ONLY IDENTIFICATION, BUT ALSO		
10	EARLY VALIDATION OF CANDIDATE BIOMARKERS.		
11	NOW MOVING ON TO THE DISC-0 CHANGES, WE		
12	ARE PROPOSING THREE CHANGES, THE AWARD TRACKS, THE		
13	BUDGETS, AND THE PI PERCENT EFFORT.		
14	FOR THE DISC-0, CURRENTLY WE HAVE ONLY ONE		
15	TRACK. BEYOND THE UNIQUE CONTRIBUTIONS OF		
16	INDIVIDUAL INNOVATORS, WHICH IS WHAT THE CURRENT		
17	TRACK HAS, WE ARE STARTING TO RECOGNIZE, AS YOU KNOW		
18	FROM THE REMIND-L PROGRAM, THAT THERE IS VALUE IN		
19	TEAM SCIENCE. AND THIS IS WHAT HELPS IN MAKING		
20	SCIENTIFIC BREAKTHROUGHS THAT COULD NOT BE		
21	ACHIEVABLE BY INDIVIDUAL INVESTIGATORS WITHIN AN		
22	AWARD PERIOD. THEREFORE, WE ARE NOW CAPITALIZING ON		
23	BOTH APPROACHES, AND WE WOULD LIKE TO ADD A SECOND		
24	TRACK WHICH COULD ENABLE A TEAM OF BETWEEN TWO TO		
25	THREE PI'S FOR DISC-0 FOUNDATIONAL AWARDS.		

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1	SO THE TEAM TRACK WILL SUPPORT		
2	SYNERGISTIC, MULTIDISCIPLINARY COLLABORATIONS WITH		
3	LARGE SCOPE AND DRIVE TO INNOVATION, CREATIVITY, AND		
4	RISK TAKING.		
5	NOW, IN ORDER TO ENABLE THIS, WE ALSO NEED		
6	TO ENABLE THE BUDGET. SO THE BUDGET CURRENTLY FOR		
7	DISC-0 FOUNDATIONAL AWARDS IS \$1 MILLION OR \$333,000		
8	DIRECT COST PER YEAR. AND WE ARE PROPOSING TO		
9	INCREASE THIS FOR THE SINGLE PI TRACK TO \$1.5		
10	MILLION OVER THREE YEARS. THIS CORRESPONDS TO HALF		
11	A MILLION DOLLARS PER YEAR. AND FOR THE TEAM TRACK		
12	IT COULD BE \$3 MILLION OVER THREE YEARS OR \$1		
13	MILLION PER YEAR. AND THIS IS IN CONSIDERATION		
14	THERE'S A MINIMUM OF TWO TO THREE PI'S.		
15	NOW, THIS BUDGET INCREASE IS TO ACCOUNT		
16	FOR THE HIGHER COST OF TRAINEES AND RESEARCH AND		
17	ALSO THE FEEDBACK THAT WE'VE HEARD ALL ALONG AS WE		
18	WERE DEVELOPING OTHER CONCEPTS LIKE THE REMIND. AND		
19	THE BUDGET AND DURATION FOR THE TEAM TRACK IS IN		
20	LINE WITH SIMILAR AWARDS FOR TEAM TRACK. WE		
21	BENCHMARKED THIS TO OTHER AWARD FUNDING AGENCIES		
22	LIKE THE NIH AND OTHERS.		
23	IN TERMS OF THE CHANGES FOR THE TRACK, THE		
24	BOARD PROVIDED A LOT OF FEEDBACK ABOUT PERCENT		
25	EFFORT FOR THE PI. SO WE HAVE REDUCED THE PI EFFORT		
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	rL		

1	IN THE SINGLE PI TRACK FROM 20 PERCENT TO 15 PERCENT	
2	AND FOR THE TEAM TRACK, SAME FOR THE MAIN PI, AND	
3	THE CO-INVESTIGATORS WE ARE ALLOCATING AT 10	
4	PERCENT, PROPOSING 10 PERCENT. AND THIS IS IN	
5	ALIGNMENT WITH OTHER FUNDING BODIES WITH REGARDS TO	
6	THE FEEDBACK WE RECEIVED.	
7	SO MY PRESENTATION IS ENDING HERE.	
8	REQUESTING THE ICOC TO APPROVE THE PROPOSED	
9	AMENDMENTS TO THE DISC-0 AND DISC2 CONCEPT PLAN	
10	AMENDMENTS THAT WERE RECOMMENDED BY THE SCIENCE	
11	SUBCOMMITTEE. AND I'M OPEN FOR ANY QUESTIONS THAT	
12	YOU MIGHT HAVE. THANK YOU, MR. CHAIRMAN.	
13	CHAIRMAN IMBASCIANI: THANK YOU, DR.	
14	AVILES. THAT WAS A VERY CLEAR PRESENTATION. I'D	
15	ENTERTAIN ADVICE FROM COUNSEL. I THINK WE PROBABLY	
16	SHOULD SEGREGATE THESE INDIVIDUALLY, MEANING VOTE	
17	JUST ON THE DISCOVERY AMENDMENTS, THEN THE CLIN.	
18	MR. TOCHER: THAT'S RIGHT. WE'LL BE	
19	PACING THIS OUT JUST TO MAKE THE CONVERSATION A	
20	LITTLE EASIER.	
21	CHAIRMAN IMBASCIANI: SO THEN LET'S PAUSE	
22	HERE FOR COMMENTS OR QUESTIONS FOR ROSA.	
23	DR. SOUTHARD: IS IT APPROPRIATE TO MOVE	
24	APPROVAL?	
25	CHAIRMAN IMBASCIANI: YES.	
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1	DR. SOUTHARD: SO MOVED.		
2	DR. BLUMENTHAL: SECOND.		
3	CHAIRMAN IMBASCIANI: OKAY. THE CONCEPT		
4	HAS BEEN MOVED AND SECONDED.		
5	DR. ABOUSALEM: I HAVE A QUESTION. THANK		
6	YOU FOR THE PRESENTATION. JUST TO CLARIFY, I DON'T		
7	THINK ANY I'M ASSUMING THAT ANY AWARDS IN THESE		
8	PROGRAMS WITH THESE CHANGES MAY NOT MATERIALIZE		
9	DURING THIS FISCAL YEAR. I JUST WANT TO BE KNOW		
10	WHAT'S THE IMPACT OF THESE RAISES ON THE BUDGET		
11	THAT'S BEEN ALREADY APPROVED BY THE BOARD FOR THIS		
12	FISCAL YEAR.		
13	DR. CANET-AVILES: THANK YOU. THAT'S A		
14	VERY RELEVANT QUESTION, DR. ABOUSALEM. SO WE LOOKED		
15	INTO THIS. THE ONLY ONE THAT COULD BE IMPACTED, IF		
16	APPROVED, COULD BE THE DISC2 QUEST AWARDS. AND		
17	GIVEN THAT WE WERE ALREADY TAKING INTO ACCOUNT THE		
18	\$200,000 SUPPLEMENT, WE HAD ALREADY THOUGHT OF THIS		
19	WHEN WE APPROVED THE BUDGET OR PRESENTED THE BUDGET		
20	BACK IN JUNE. SO THIS SHOULD NOT HAVE ANY		
21	SIGNIFICANT CHANGES.		
22	DR. ABOUSALEM: THANK YOU.		
23	CHAIRMAN IMBASCIANI: DR. GOLDSTEIN.		
24	DR. GOLDSTEIN: YES, THANK YOU, VITO.		
25	I'LL JUST NOTE THAT THIS CAME THROUGH THE SCIENCE		
	44		

1	SUBCOMMITTEE. THERE WAS VERY STRONG SUPPORT FOR
2	THESE CHANGES. IN TERMS OF INCREASING BUDGETS, I'LL
3	JUST REMIND EVERYBODY THAT IN THE UNIVERSITY OF
4	CALIFORNIA, AT LEAST, BECAUSE OF UNIONIZATION AND
5	NEGOTIATIONS, THE PRESSURE ON RESEARCH BUDGETS IS
6	VERY STRONG BECAUSE OF MANDATED INCREASES IN THE
7	SALARIES OF GRADUATE STUDENTS AND PROBABLY SOON TO
8	BE POST DOCS.
9	CHAIRMAN IMBASCIANI: STEVE JUELSGAARD.
10	MR. JUELSGAARD: JUST ONE QUESTION FOR
11	CLARIFICATION. SO UNDER DISC2 IT APPEARS, ROSA,
12	WE'VE REMOVED DIAGNOSTICS/TOOLS/DEVICE CANDIDATES,
13	AND YOU'VE SAID THAT THEY ARE SUPPORTED BY THE
14	DISC-0 MECHANISM. I JUST WANT TO BE SURE THAT
15	THEY'RE COVERED IN THE SAME WAY THAT THEY HAVE BEEN
16	COVERED UNDER DISC2. I'M PARTICULARLY INTERESTED IN
17	THE AREA OF ORGANOID DEVELOPMENT AS A TOOL,
18	PARTICULARLY ON THE REGULATORY SIDE, TO REPLACE
19	ANIMAL EXPERIMENTATION IN PRECLINICAL WORK. AND, OF
20	COURSE, ORGANOIDS ARE DERIVED LARGELY FROM STEM
21	CELLS, AT LEAST IN MY UNDERSTANDING AND EXPERIENCE.
22	SO IF SOMEBODY CAME TO US WITH AN ORGANOID
23	TOOL DEVELOPMENT FOR REGULATORY PURPOSES OR TESTING
24	EITHER FOR SAFETY OR TESTING FOR EFFICACY, WOULD
25	THAT BE SOMETHING THAT WE WOULD BE ABLE TO PROVIDE
	45

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SUFFICIENT GRANT MONEY FOR? 1 DR. CANET-AVILES: YES. UNDER DISC-0, 2 3 MR. JUELSGAARD. MR. JUELSGAARD: OKAY. THANK YOU. 4 DR. CANET-AVILES: JUST A CLARIFICATION. 5 TOOLS AND TECHNOLOGIES, THE DIAGNOSTIC IS GOING TO 6 BE PART OF THE DISC2 UNDER THE BIOMARKERS. 7 8 MR. JUELSGAARD: OKAY. 9 CHAIRMAN IMBASCIANI: THANK YOU, ROSA AND STEVE. ANNE-MARIE. 10 DR. DULIEGE: YES. GOOD MORNING, 11 EVERYBODY. APOLOGIES FOR BEING LATE. MY FLIGHT 12 13 LANDED LATE AT SFO, NOT TOO SURPRISING. DID EVERYTHING I COULD. 14 SO A VERY MINOR QUESTION. IT'S ABOUT YOUR 15 LAST SLIDE. I DON'T KNOW IF YOU CAN PUT IT BACK. 16 17 VERY MINOR POINT. THE ONE BEFORE. THE PERCENTAGE OF TIME ALLOCATED FOR THE PI AND THE CO-PI, WHICH I 18 19 THINK IS -- THIS ONE EXACTLY. A VERY MINOR POINT. DID YOU INTEND TO SAY UP TO 20 PERCENT, UP TO 15 20 21 PERCENT? 22 DR. CANET-AVILES: MINIMUM. DR. DULIEGE: IT'S A MINIMUM. 23 I SEE. WHAT YOU'RE SAYING IS YOU DON'T EXPECT ANYONE TO 24 25 SPEND LESS TIME ON THE RESPONSIBILITIES. 46

1	DR. CANET-AVILES: BEFORE WE USED TO HAVE
2	20 PERCENT. THERE ARE SOME AGENCIES LIKE THE NIH
3	THAT DON'T HAVE A MINIMUM REQUIREMENT. WE
4	CONSIDERED THAT FOR THIS, KIND OF GIVEN THE INCREASE
5	AMOUNT IN FUNDING AS WELL THAT WE ARE PROVIDING AND
6	THIS KIND OF FOUNDATIONAL RESEARCH, WE WANT TO HAVE
7	A MINIMUM COMMITMENT FROM THE PRINCIPAL
8	INVESTIGATOR. SO THAT'S WHAT WE ARE PROPOSING.
9	DR. DULIEGE: THAT MAKES COMPLETE SENSE.
10	I WILL JUST PUT IT CLEAR THAT IT'S A MINIMUM. AND
11	THE REASON WE ARE REACTING ON THE FACT WE IMPOSE A
12	CERTAIN PERCENTAGE, AND OF COURSE NOT. YOU DON'T
13	WANT TO IMPOSE. PEOPLE HAVE THE RIGHT TO CHOOSE
14	REALLY HOW MUCH THEY CAN AND WILL DEVOTE. THANK YOU
15	FOR THIS CLARIFICATION.
16	DR. CANET-AVILES: THANK YOU, DR. DULIEGE.
17	CHAIRMAN IMBASCIANI: THANK YOU.
18	JUDY CHOU.
19	DR. CHOU: I JUST HAVE A QUESTION JUST TO
20	GET BETTER UNDERSTANDING OVERALL. IN A SENSE I FEEL
21	LIKE WE ARE UPGRADING THE WHOLE BIOMARKER, WHICH IS
22	RIGHT. THE PRECISION MEDICINE NEED TO COME ALONG
23	WITH THE ADVANCED THERAPY. REALLY GOING INTO
24	CLINICAL, NOT EVEN MENTION ABOUT COMMERCIAL, THE
25	WHOLE BIOMARKER PROGRAM IN GENERAL FOR INDUSTRY IS

1	SUPER EXTRA EXPENSIVE THING. AS WE ARE IMPLEMENTING
2	THIS, WE ALSO ALONG THE WAY THINKING ABOUT IN THE
3	CLINICAL, THE COST TO COME ALONG WITH THE BIOMARKER
4	INTRODUCTION TO BE MUCH MORE FORMALIZED. MAYBE IT'S
5	THERE ALREADY. I JUST WANT TO CLARIFY.
6	DR. CANET-AVILES: THANK YOU, DR. CHOU.
7	MY COLLEAGUE DR. CREASEY AND I HAVE BEEN DISCUSSING
8	HOW THE DEVELOPMENT OF CANDIDATE BIOMARKERS THAT
9	COULD BE SUCCESSFUL UNDER THE DISC2 PROGRAM COULD
10	THEN EVOLVE INTO OUR PIPELINE. SO DEFINITELY
11	POTENTIAL QUALIFICATION UNDER A CLINICAL PROGRAM OR
12	COULD BE TAKEN INTO ACCOUNT IN THE CLINICAL TRIAL OR
13	THE TRAN PATHWAY UNDER DR. CREASEY'S LEADERSHIP.
14	DR. CHOU: THANK YOU.
15	CHAIRMAN IMBASCIANI: ANY OTHER COMMENT
16	FROM BOARD MEMBERS? ANY MEMBERS OF THE PUBLIC WANT
17	TO COMMENT ON THIS CONCEPT? THERE ARE NO MEMBERS OF
18	THE PUBLIC LINED UP TO SPEAK. SO, SCOTT, WE CAN
19	PROCEED TO A VOTE ON THIS CONCEPT AMENDMENT.
20	MR. TOCHER: ALL THOSE IN FAVOR IN THE
21	ROOM SAY AYE. THOSE OPPOSED SAY NAY. ANY
22	ABSTENTIONS? AND I'LL DO A ROLL CALL FOR THOSE ON
23	THE ZOOM.
24	HAIFAA ABDULHAQ.
25	DR. ABDULHAQ: YES.
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1	MR. TOCHER:	JIM KOVACH.	
2	DR. KOVACH:	YES.	
3	MR. TOCHER:	JUDY CHOU.	
4	DR. CHOU: YE	ES.	
5	MR. TOCHER:	LEONDRA CLARK-HARVEY.	
6	DR. CLARK-HAF	RVEY: YES.	
7	MR. TOCHER:	MONICA CARSON.	
8	DR. CARSON:	YES.	
9	MR. TOCHER:	YSABEL DURON. FRED FISHER.	
10	DR. FISHER:	YES.	
11	MR. TOCHER:	JUDY GASSON.	
12	DR. GASSON:	YES.	
13	MR. TOCHER:	LARRY GOLDSTEIN. I'LL COME	
14	BACK. STEVE JUELSGAARD).	
15	MR. JUELSGAAF	RD: YES.	
16	MR. TOCHER:	RICH LAJARA.	
17	MR. LAJARA:	YES.	
18	MR. TOCHER:	LINDA MALKAS.	
19	DR. MALKAS:	YES.	
20	MR. TOCHER:	CHRIS MIASKOWSKI.	
21	DR. MIASKOWSK	<pre>XI: YES.</pre>	
22	MR. TOCHER:	LAUREN MILLER-ROGEN.	
23	MS. MILLER-RO	DGEN: YES.	
24	MR. TOCHER:	JOE PANETTA.	
25	MR. PANETTA:	YES.	
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1	MR. TOCHER: JOYCE SACKEY.
2	DR. SACKEY: YES.
3	MR. TOCHER: MICHAEL STAMOS.
4	DR. STAMOS: YES.
5	MR. TOCHER: I BELIEVE KEVIN MAY HAVE
6	DEPARTED. KEVIN XU.
7	AND I'LL COME BACK TO LARRY GOLDSTEIN.
8	THANKS VERY MUCH. MR. CHAIRMAN, THE
9	MOTION CARRIES.
10	CHAIRMAN IMBASCIANI: THANK YOU VERY MUCH.
11	AND THANK YOU, ROSA, FOR A WONDERFUL PRESENTATION.
12	I'M GOING TO PASS THE GAVEL AND THE PODIUM TO DR.
13	CREASEY TO PROCEED WITH THE PRESENTATION ON THE CLIN
14	CONCEPT CHANGE AMENDMENTS.
15	DR. CREASEY: THANK YOU, MR. CHAIRMAN.
16	THANK YOU, MR. CHAIRMAN, DEAR BOARD MEMBERS, CIRM
17	COLLEAGUES, AND MEMBERS OF THE PUBLIC. THIS IS
18	PROBABLY THE THIRD TIME I GIVE THIS PRESENTATION, SO
19	I HOPE I DON'T SCREW IT UP.
20	SO WHAT IS CIRM RECOMMENDING TODAY WHEN IT
21	COMES TO CLINICAL? THE SLIDES ARE NOT SHOWING. WE
22	ARE REMOVING THE CLINICAL TRACK FOR MEDICAL DEVICES.
23	THAT'S NO. 1. INCREASING MAXIMUM AWARD AMOUNTS FOR
24	CLIN1. UPDATING CLIN2 PA TO HIGHLIGHT SPECIFIC
25	ALLOWABLE ACTIVITIES FOR PRODUCT DEVELOPMENT.
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1	INTRODUCE A NEW CLIN4, WHICH IS A NEW PROGRAM
2	ANNOUNCEMENT TO FUND LATE-STAGE DEVELOPMENT
3	ACTIVITIES NECESSARY FOR BLA FILING AND READINESS
4	FOR PRODUCT DEVELOPMENT SORRY PRODUCT LAUNCH.
5	SO THE IDEA HERE, REMOVAL OF THE CLINICAL
6	TRACK FOR MEDICAL DEVICES DEVELOPMENT, IS BECAUSE WE
7	HAVE HAD VERY FEW, IF ANY, APPLICATIONS FOR THAT.
8	SO IT WAS A WAY FOR US TO KIND OF FOCUS AND ALLOW US
9	TO WORK MAINLY ON THERAPEUTICS.
10	SO THE CLINICAL DEVELOPMENT PROGRAM HAS
11	CURRENTLY TWO CLIN'S IN IT. CLIN1 WHICH IS
12	ELIGIBILITY FOR THE CLIN1 LIES IN GETTING A PRE-IND
13	MEETING WITH THE FDA, AND THEN ALSO FOR THEM TO WORK
14	WITH US FOR LENGTH OF TIME THAT'S NEEDED IN ORDER TO
15	ACCOMPLISH THE STUDIES TO CONDUCT WHATEVER IS NEEDED
16	TO FILE AN IND.
17	THE CLIN2 PROGRAM IS ALSO FOR CONDUCTING
18	CLINICAL TRIALS, AND IT IS ALSO, AGAIN, FOR THE IND
19	HAD TO BE SUBMITTED AND THE CLINICAL PROTOCOL
20	APPROVED BY THE FDA OR CLEARED BY THE FDA.
21	TODAY WE ARE INTRODUCING CLIN4, WHICH IS,
22	AGAIN, TO EMPHASIZE FOR BIOLOGIC LICENSE APPLICATION
23	ENABLING MAINLY BECAUSE OUR PROGRAMS ARE STARTING TO
24	MATURE AND WE HAVE A NUMBER OF THEM THAT ARE IN THE
25	QUEUE. AND THE LENGTH OF TIME FOR ALL OF THESE
	F1

1GRANTS IS 48 MONTHS, CLINICAL TRIALS AND CLIN4.2WE EMPHASIZE FOR ALL THE APPLICANTS THAT	
2 WE EMPHASIZE FOR ALL THE APPLICANTS THAT	
3 THEY HAVE TO START THEIR PROGRAMS WITH US AFTER	
4 NOTICE OF ALLOWANCE IS SIGNED WITHIN 45 DAYS TO	
5 START THOSE PROGRAMS.	
6 SO FOR THE CLIN1 CHANGE, WE ACTUALLY HAVE	
7 INCREASED THE BUDGET FOR THE FOR-PROFIT AND FOR	
8 NON-PROFIT ORGANIZATIONS. FOR THE NON-PROFIT, WHEN	
9 WE REVIEWED THESE SLIDES WITH THE SCIENCE	
10 SUBCOMMITTEE, THERE WAS A COMMENT ON MAKING THE TWO	,
11 FOR-PROFIT AND NON-PROFIT, EQUALLY EQUITABLE. SO W	E
12 WENT UP TO 25 PERCENT. SO THE NON-PROFIT WILL GET	
13 7.5 MILLION AND FOR-PROFIT ORGANIZATIONS UP TO 7.5,	
14 AND THE FOR-PROFIT ORGANIZATIONS WILL GET UP TO 5	
15 MILLION.	
16 THOSE CHANGES WERE WARRANTED BECAUSE	
17 THERE'S AN INCREASE IN THE COST OF TOXICOLOGY	
18 STUDIES. MANUFACTURING, THE CDMO'S ARE CHARGING	
19 MUCH MORE. AND HIGHER WAGES, HIGHER WORKERS' WAGES	,
20 AS PREDICTED BASED ON THE COST OF THE INCREASE IN	
21 COST OF LIVING.	
22 SO THE RECOMMENDED CHANGES THAT ARE GOING	
23 TO HAPPEN WITH THE CLIN2 ARE SHOWN ON THIS SLIDE.	
24 AND QUESTION TO ASK: WHY ARE WE MAKING THESE	
25 CHANGES? WHEN CLIN2 WAS IMPLEMENTED, MOST	
52	

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1	CIRM-FUNDED TRIALS WERE IN EARLY STAGE. SO THEY
2	WERE ONLY DOING PHASE 1 AND PHASE 2 CLINICAL TRIALS.
3	BUT NOW, AS THE FIELD HAS MATURED AND MORE OF OUR
4	PROGRAMS ARE MATURING TO LATE-STAGE DEVELOPMENT,
5	ESPECIALLY GOING INTO POTENTIALLY PHASE $1-2$ OR PHASE
6	3 BY THE WAY, ALSO THE FIELD CHANGED IN THE SENSE
7	THAT YOU CAN GO FROM PHASE 1 ALMOST TO
8	(UNINTELLIGIBLE) BASED ON THE WAY THINGS HAVE BEEN
9	GOING WITH THE REGULATORY PARADIGM THESE DAYS. SO
10	WE WANTED OUR GRANTEES TO BE READY FOR THAT.
11	SO THE CURRENT CLIN2 PROGRAM ANNOUNCEMENT
12	IS REALLY NOT THAT CLEAR ABOUT ALL THIS. WE WANTED
13	TO BE MORE EXPLICIT ABOUT THE SUPPORT SPECIFICALLY
14	FOR LATE-STAGE DEVELOPMENT ACTIVITIES AND ALSO TO
15	REALLY ENSURE THE BEST ALIGNMENT WITH THE FDA AND
16	EQUALLY IMPORTANT TO BE IN ALIGNMENT WITH THE AAWG
17	AND TO ESSENTIALLY ALLOW THE TRANSITION OF THE
18	GRANTS THAT GET APPROVED INTO AAWG DOMAIN TO ALLOW
19	AFFORDABILITY AND ACCESS.
20	SO WHAT ARE THOSE CHANGES THAT WE ARE
21	MAKING? SO ONE OF THE KEY THINGS THAT MOST OF OUR
22	GRANTEES ARE FACING IS ARE THERE COMPARATOR DATA
23	THAT THEY COULD USE BECAUSE MOST OF THE STUDIES, IF
24	THEY CAN DO A PLACEBO OR SHAM CONTROL BY THE WAY,
25	THIS KIND OF JARGON, IF IT DOESN'T MAKE SENSE TO

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1	YOU, I'M HAPPY TO EXPLAIN IT. BUT IN GENERAL, WHEN
2	YOU RUN A TRIAL, YOU HAVE TO HAVE THE TEST MATERIAL
3	IN ONE GROUP AND THE FOLKS WHO ARE THE CONTROLS WILL
4	BE EITHER YOU WORK A SHAM PROTOCOL FOR THEM OR
5	YOU ACTUALLY GIVE THEM A PLACEBO. SO WE NEED TO
6	MAKE SURE THAT OUR GRANTS ARE ENDOWED WITH
7	COMPARATOR DATA, AND WE'RE GOING TO GIVE YOU
8	EXAMPLES OF WHAT COMPARATOR DATA MEANS.
9	SO LIKE NATURAL HISTORY STUDIES THAT
10	PEOPLE HAVE ASKED FOR, THE FDA HAS ALLOWED AS
11	COMPARATOR, WOULD MEAN ALLOWED TO BE FUNDED. AND
12	AGAIN, I EMPHASIZE WERE ALLOWED TO BE FUNDED, BUT WE
13	DID NOT HIGHLIGHT THEM IN OUR PROGRAM ANNOUNCEMENT.
14	SO NOW IT'S OUR TURN TO MAKE ALL THAT CLEAR.
15	THE OTHER WOULD BE ALSO WE WANT TO MAKE
16	SURE THAT THEY HAVE HAD AN AGREEMENT WITH THE FDA
17	BEFORE THEY APPLY TO US REGARDING THE COMPARATOR.
18	IS IT THE RIGHT COMPARATOR FOR THAT DISEASE FOR THAT
19	TRIAL? THEN WE ALSO ACCENTUATE IN THE NEW, AGAIN,
20	HIGHLIGHTING PATIENT-REPORTED OUTCOME. AND WHEN I
21	DISCUSSED THIS WITH THE SCIENCE SUBCOMMITTEE, DR.
22	MIASKOWSKI MENTIONED HOW IMPORTANT THAT WAS FOR
23	BEING STANDARDIZED AND FOR THE PATIENTS TO BE AWARE
24	OF IT, SUCH AS QUALITY OF LIFE IS IMPORTANT. AND,
25	FRANKLY, THAT'S ALSO IMPORTANT TO THE REGULATORS AS

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1	WELL. SO WE'RE GOING TO BE ABLE TO MAKE SURE THAT
2	WE WORK WITH OUR GRANTEES TO STANDARDIZE WHAT WE
3	CALL PRO, PATIENT-REPORTED OUTCOME, AND MAKE THAT
4	AVAILABLE TO ALSO THE FOLKS WHO END UP JUDGING
5	REIMBURSEMENT, LIKE THE CMS FOLKS.
6	ALSO, WE ARE ALLOWING COMPILATION OF
7	REAL-WORLD DATA AND REAL-WORLD EVIDENCE; WHEREAS,
8	FDA PUT OUT LIKE AT LEAST FOUR DIFFERENT GUIDANCES
9	REGARDING THEM, AND WE WANT TO MAKE SURE OUR
10	GRANTEES ARE AWARE OF THEM AND HOW TO USE THEM. SO
11	FOR THAT REASON WE ARE ACCENTUATING THAT IN OUR,
12	AGAIN, NEW PROGRAM ANNOUNCEMENT.
13	THE LAST ACTIVITY THAT WE WANTED TO
14	HIGHLIGHT IS THAT WE'RE GOING TO ALLOW ALL
15	EXPENDITURES THAT ARE RELATED TO PUTTING A GOOD DEI
16	PLAN AND ACTIVITIES THAT GOES WITH THESE TRIALS. I
17	THINK IN THE PAST OUR GRANTEES WERE CONFUSED AS TO
18	WHETHER THAT'S ALLOWED OR NOT. SO WE ARE NOW MAKING
19	SURE THAT THEY UNDERSTAND THAT THAT WILL BE AN
20	ALLOWABLE COST.
21	SO NOW WE COME TO THE CLIN4, AND WHY A
22	CLIN4 AT THIS TIME. I THINK I ALREADY MENTIONED
23	THAT MANY OF OUR GRANTEES, ACTUALLY THE ONES HAVE
24	BEEN WITH US FOR SEVERAL YEARS, HAVE REACHED TO A
25	STAGE WHERE THEY CAN APPLY FOR A BLA IF THEY HAVE
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1	THE RIGHT FUNDS AND HAVE THE RIGHT GUIDANCE. I
2	THINK WHAT WAS POINTED OUT TO US YESTERDAY AT THE
3	BAKER LABS IS THAT CIRM DOES NOT JUST PROVIDE
4	FUNDING. WE ACTUALLY PROVIDE GUIDANCE. AND WE ARE
5	VERY HAPPY WITH THE FACT THAT WE HAVE GREAT TEAMS
6	THAT PROVIDE ALL THAT EFFORT INTO MAKING SURE THE
7	RIGHT GUIDANCE REACHES THE RIGHT AUDIENCE.
8	SO THE KEY HERE IS, AGAIN, WHAT WILL WE BE
9	INCLUDING IN THE CLIN4. AGAIN, IT WILL BE THERE
10	ARE TWO REQUIREMENTS THAT WE ARE MAKING IS THAT THE
11	GOAL OF THE CLIN4 IS TO SUPPORT CIRM-FUNDED PROGRAMS
12	TO ACHIEVE BLA FILING AND ADVANCEMENT TOWARDS THE
13	GOAL OF OBTAINING MARKETING APPROVAL. AND IT IS A
14	LOGICAL BRIDGE TO AAWG, AGAIN, DEMONSTRATING CIRM'S
15	COMMITMENT TO ACCESS AND AFFORDABILITY PER THE
16	ROADMAP THAT WAS PRESENTED TO YOU, THE BOARD, IN
17	JUNE. SO IT'S ACTUALLY A VERY CLOSE WAY TO PIVOT
18	FROM CLIN2 TO A CLIN4 TO ACCESS AND AFFORDABILITY.
19	SO THERE ARE TWO I HAD STARTED SAYING
20	TWO KEY REQUIREMENTS. SO THE ELIGIBILITY CRITERIA
21	IS THEY MUST HAVE AN ACTIVE CLIN2 AWARD. AND THE
22	REASON YOU ASK WHY IS THAT THE CASE IS BECAUSE WE DO
23	HAVE CANDIDATES THAT ARE IN THE QUEUE THAT COULD BE
24	ELIGIBLE FOR A CLIN4. AND THE OTHER IS THAT THEY
25	MUST HAVE COMPLETED 50 PERCENT OF MILESTONES OF AN

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1	ACTIVE CLIN2 AWARD. AND, AGAIN, THE REASON THAT IS
2	THE CASE IS BECAUSE WE THINK, IF WE ARE ABLE TO
3	GUIDE THEM AND KNOW HOW MUCH THEY CAN DO, THEN WE
4	CAN INVITE THEM OR RECOMMEND TO THEM TO APPLY FOR A
5	CLIN4 SO WE CAN ACCELERATE THE DEVELOPMENT OF THEIR
6	THERAPY SIDE BY SIDE WITH THEM AND WITH THE
7	REGULATORS.
8	SO WE ARE ALSO REQUIRING THAT THEY MUST
9	HAVE AN END-OF-PHASE-2 MEETING OR EQUIVALENT WITH
10	THE FDA AND HAVE CONCURRENCE ON REQUIREMENTS FOR THE
11	BLA FILING. THERE ARE AT TIMES WHEN FOLKS ARE
12	DISCONNECTED FROM WHAT THE FDA WANTS, THEY BECOME
13	ESSENTIALLY THEY LOSE TIME NEGOTIATING WHAT THEY
14	NEED TO DO OTHER THAN ACTUALLY WHAT WAS REQUIRED
15	EITHER AT A PRE-BLA FILING MEETING OR JUST THEY COME
16	UP WITH WHATEVER THEY THINK IS NECESSARY. AND SO WE
17	WOULD LIKE TO SEE THAT THE FDA AGREED TO THEIR PLANS
18	UP FRONT.
19	SO HOW MUCH IS A CLIN4 GOING TO COST US?
20	IT'S UP TO 12 MILLION. SO THE CLIN2 IS UP TO 15
21	MILLION AND THE CLIN4 IS UP TO 12 MILLION. WE
22	CONSIDERED MAKING A LARGER CLIN GRANT, SUCH AS 25
23	MILLION, BUT IT ACTUALLY DID NOT MAKE SENSE. IT
24	MADE SENSE TO HAVE THEM HAVE A CLIN2 WHERE WE KNOW
25	THAT THEY ARE ABLE TO PERFORM AND THAT THEY HAVE THE

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1	FDA ON TRACK WITH WHAT THEIR NEEDS ARE AND FOR A
2	CLIN4 TO MOVE INTO THE NEXT STAGE WITH ACTIVITIES
3	RELATED TO BLA FILING. SO WHAT ARE THOSE
4	ACTIVITIES?
5	THE ACTIVITIES THAT ARE NECESSARY FOR
6	FILING A BLA ARE CONDUCT OF A PRE-BLA MEETING WITH
7	THE FDA. AND THAT'S REQUIRED ANYWAYS, SO WE JUST
8	WANT TO MAKE SURE THAT THEY KNOW THAT. AND THEN
9	COMPILATION OF AN ELECTRONIC COMMON TECHNICAL
10	DOCUMENT, WHICH, AGAIN, IS KNOWN AS THE ELECTRONIC
11	CTD. THEN PRODUCT MANUFACTURING ACTIVITIES
12	NECESSARY TO SUBMIT A BLA. AND THEN COMMERCIAL
13	DEVELOPMENT SUCH AS PHARMACOECONOMIC ANALYSIS,
14	BUDGET IMPACT MODELS WITH HEALTH PAYER PERSPECTIVE.
15	BOTH PRODUCT MANUFACTURING AND COMMERCIAL
16	DEVELOPMENT, I'VE BEEN TALKING WITH TWO OF OUR
17	GRANTEES THAT ARE VERY CLOSE TO EITHER THEY ALREADY
18	FILED THE BLA OR CLOSE TO IT. THEY WERE TELLING US
19	THAT THOSE ACTIVITIES WERE QUITE COSTLY IN TERMS OF
20	PRODUCT MANUFACTURING CAN BE UP TO 3 TO 5 MILLION ON
21	ITS OWN. AND COMMERCIAL DEVELOPMENT CAN BE UP TO 1
22	TO 2 MILLION.
23	THEN DEVELOPMENT OF SUPPLY CHAIN STRATEGY.
24	AGAIN, SUPPLY CHAIN MEANS HERE THAT THEY HAVE
25	IMPLEMENTED THE PLAN HOW THEY'RE GOING TO DISTRIBUTE
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1 THE DRUG PRODUCT, WHO'S GOING TO GET	IT. A CENTRAL
2 FACILITY? IS IT GOING TO BE IN THE H	HOSPITAL, ET
3 CETERA?	
4 AND THEN INITIATION OF	
5 PRECOMMERCIALIZATION ACTIVITIES, SUCH	CH AS PRODUCTION
6 OF THE PAYERS COST-EFFECTIVENESS ANAL	LYSIS REPORT.
7 THAT'S USUALLY DONE BY VERY PRESTIGIO	OUS
8 INSTITUTIONS, SUCH AS ICER, WHICH IS	5 THE INSTITUTE
9 FOR CLINICAL AND ECONOMIC REVIEW. AN	ND THEY ACTUALLY
10 DO CHARGE FOR GETTING THAT DONE.	
11 AND THEN COMPILATION OF THE	E AMCP DOSSIER.
12 THIS IS ACADEMY MANAGED CARE PRODUCTS	S. THAT DOSSIER
13 IS VERY IMPORTANT FOR MEDICARE, MEDIC	CAID, ET CETERA,
14 FOR THE PAYERS.	
15 WE ALSO INCLUDED IN THE CLI	IN4 THE
16 POSSIBILITY OF A COMPASSIONATE USE.	THAT'S FOR THE
17 INVESTIGATIONAL THERAPY FOR PATIENTS	5 TO FOR AT LEAST
18 THE PERIOD BEFORE AFTER THEY'VE EN	INROLLED AND
19 CLOSED ENROLLMENT AND PRIOR TO MARKET	T APPROVAL OR
20 DURING MARKET APPROVAL PROCESS. THIS	S WAY WITH
21 KNOWLEDGE OF THE FDA BECAUSE THE FDA	A HAS TO APPROVE
22 COMPASSIONATE USE.	
23 SO THOSE ARE IN A NUTSHELL	WHAT IS GOING
24 TO BE MOST IMPORTANT FOR GETTING A CL	CLIN4 MOVING.
25 AND LIKE WE SAID, WE HAVE CANDIDATES	5 THAT ARE
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1	CURRENTLY IN THE QUEUE POTENTIALLY READY FOR THAT.
2	SO IN CONCLUSION, I JUST WANT TO MAKE SURE THAT I
3	MADE IT CLEAR THAT A CLIN1, THERE WILL BE AN
4	INCREASE IN THE BUDGET FOR THEM INCREASE IN THE
5	AWARD. THERE'S NO CHANGE IN OUR BUDGET. LET ME
6	JUST REPEAT THAT AGAIN. THERE'S NO CHANGE IN THE
7	BUDGET WE HAVE FOR FISCAL YEAR 2023/24. WE ARE
8	GOING TO INCORPORATE THE CLIN4 COST INTO THAT. AND
9	THE CHANGE IN THE CLIN1 FUNDING GOING TO UP TO 7.5
10	MILLION FOR THE NON-PROFIT AND UP TO 5 MILLION FOR
11	THE FOR-PROFIT. AND THEN THE CLIN2 REMAINS TO BE UP
12	TO 15 MILLION, AND THE CLIN4 WILL BE UP TO 12
13	MILLION.
14	AND MY LAST SLIDE, WRITTEN BY SCOTT
15	TOCHER, CIRM REQUESTS APPROVAL OF THE PROPOSED CLIN1
16	AND CLIN2 CONCEPT AMENDMENTS AND CLIN4 CONCEPT PLAN.
17	WITH THAT, I'LL STOP AND I'M SORRY FOR THE MESS THAT
18	WAS CREATED WITH THE TECHNICAL.
19	CHAIRMAN IMBASCIANI: THANK YOU, DR.
20	CREASEY. THE ELECTRONICS WERE OUT OF YOUR CONTROL,
21	I'M SURE.
22	SO WE WOULD ENTERTAIN A MOTION TO DEAL
23	WITH THE CONCEPT AMENDMENTS IN THE CLINICAL FIELD.
24	DR. CLARK-HARVEY: SO MOVED.
25	VICE CHAIR BONNEVILLE: SECOND.
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	,
1	CHAIRMAN IMBASCIANI: THANK YOU FOR THE
2	SECOND. THE FLOOR IS OPEN TO DISCUSSION FOR BOARD
3	MEMBERS.
4	DR. CREASEY: IT WAS SO CLEAR.
5	CHAIRMAN IMBASCIANI: MR. JUELSGAARD.
6	THANK YOU, DOCTOR.
7	MR. JUELSGAARD: IF WE COULD GO BACK TO
8	THE SLIDES THAT WERE PRESENTED, PLEASE ABLA, AND TO
9	THE SECOND TO THE LAST SLIDE, THE ONE THAT SORT OF
10	SUMMARIZES THE FINANCING OF THE VARIOUS THREE
11	CLINICAL PHASES IF THAT'S POSSIBLE PLEASE. I JUST
12	NEED A CLARIFICATION ON HOW THIS WORKS. THERE YOU
13	GO. NO, NOT THAT SLIDE. YOU WERE ON THE RIGHT
14	SLIDE, THE NEXT ONE DOWN WITH THE DOLLARS. THE NEXT
15	SLIDE. NO, BACK UP ONE. THERE WE ARE.
16	DR. CREASEY: IT JUST DOES IT BY ITSELF.
17	MR. JUELSGAARD: SO I WANT TO ADDRESS WHAT
18	HAPPENS WITH WHAT I STILL SEE AS THE GOLD STANDARD
19	OF THE WAY THAT CLINICAL TRIALS ARE DONE IN WHICH
20	YOU HAVE, IN ESSENCE, THREE PHASES OF CLINICAL
21	TRIALS, PHASE 1 SAFETY STUDY, PHASE 2 INITIAL
22	EFFICACY AND DOSE RANGING STUDIES, AND THEN PHASE 3,
23	DEVELOPING THE STATISTICAL ABILITY TO DEMONSTRATE
24	THAT THE PRODUCT IS ACTING SAFELY AND DOING WHAT
25	IT'S SUPPOSED TO BE DOING.

1	THAT'S STILL, I WOULD SAY, AT LEAST 90
2	PERCENT OF THE WAY PRODUCTS ARE DEVELOPED THESE DAYS
3	FOR REGULATORY APPROVAL IN THE U.S. SO LET ME JUST
4	ASK YOU THEN. IF YOU'RE INVOLVED IN A PHASE 1
5	STUDY, I TAKE IT THAT THAT'S COVERED BY CLIN2; IS
6	THAT RIGHT, OUR CLIN2 STUDY?
7	DR. CREASEY: YES. YES.
8	MR. JUELSGAARD: AND THEN THAT'S ALSO
9	DESIGNED TO COVER PHASE 2 STUDIES. SO BOTH A PHASE
10	1 AND A PHASE 2 STUDY WOULD BE COVERED BY CLIN2?
11	DR. CREASEY: AND THE PHASE 3, IF THEY
12	NEED IT. OF COURSE, WE FUNDED PHASE 3 STUDIES IN
13	THE CLIN2. WE'VE ALREADY DONE THAT.
14	MR. JUELSGAARD: WELL, CLIN4 IS THE
15	BLA-ENABLING STUDY. SO THAT'S THE PHASE 3 STUDY.
16	THAT'S THE STUDY YOU NEEDED TO DO AND REACH
17	STATISTICAL SIGNIFICANCE IN ORDER TO BE ABLE TO FILE
18	THE BLA. SO I READ THAT AS REALLY BACK TO THE
19	TRADITIONAL MODEL. SO THE CLIN4 WOULD BE FUNDING
20	THE PHASE 3 STUDY, AND CLIN2 WOULD BE FUNDING BOTH
21	PHASE 1 AND PHASE 2.
22	DR. CREASEY: WHAT WE HAVE DONE, MR.
23	JUELSGAARD, IS THE FOLLOWING. WE CHANGED THE PA
24	COUPLE YEARS AGO TO SAY FIRST-IN-HUMAN IS OUR FIRST
25	CLIN2, WHICH IS THAT WILL MATCH WHAT YOU'RE

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1	DESCRIBING AS SAFETY STUDIES. BUT THE FDA, WHEN IT
2	COMES TO REGENERATIVE MEDICINE, WHETHER IT IS CELL
3	THERAPY OR GENE THERAPY AND RELATED, THEY ARE NOW
4	STARTING TO RECOMMEND APPROVAL FROM PHASE $1/2$
5	DEPENDING ON THE SIGNAL AND, AGAIN, THE ROBUSTNESS
6	OF THE TRIAL. AND SO THEY ARE RECOMMENDING THAT WE
7	PREPARE FOR A BLA AS EARLY AS POSSIBLE DEPENDING ON
8	THE DISEASE INDICATION.
9	AND SO WE NO LONGER IN OUR PA'S TALK ABOUT
10	PHASE 1, 2, AND 3 BECAUSE REGENERATIVE MEDICINE HAS
11	BECOME SLIGHTLY MANAGED DIFFERENTLY BY THE
12	REGULATORS. AND SO WHAT WE ARE WE HAVE FUNDED
13	PHASE 3 WITH A CLIN2. WE STILL FUND PHASE 1-2 AS
14	WELL. BUT WHAT WE'RE POINTING OUT IS THAT WHATEVER
15	STAGE YOU'RE IN AND YOU HAVE A CLIN2 AND YOU'VE
16	ALREADY DISCUSSED WITH THE FDA THAT YOU CAN FILE A
17	BIOLOGICS LICENSE APPLICATION, YOU CAN TALK TO US
18	ABOUT WHAT YOU NEED IN ORDER TO BE ABLE TO DO THAT
19	IN, AT LEAST, A TIMELY MANNER AND NOT SUFFER ALSO
20	BECAUSE YOU DO NOT HAVE THE FUNDS. AND SO WE'RE
21	TRYING TO ACCELERATE THOSE WHO ALREADY HAVE ACHIEVED
22	THE STAGE OF BEING READY FOR A BLA EVEN WITHOUT
23	HAVING DONE A PHASE 3. AND THAT'S OCCURRING AS WE
24	SPEAK.
25	ACTUALLY ONE OF OUR GRANTEES DID ONE
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1	STUDY, PHASE 1-2, WAS CONSIDERED A PIVOTAL AND THEY
2	FILED A BLA AND THE BLA WAS ACCEPTED. AND THEY HAVE
3	A PDUFA DATE OF MARCH OF '24.
4	MR. JUELSGAARD: I APPRECIATE THAT THERE'S
5	ONE INDIVIDUAL ORGANIZATION THAT'S BEEN ABLE TO DO
6	THAT, BUT I GO BACK TO WHAT I SAID. SO CERTAINLY WE
7	ENCOMPASS A BROAD NUMBER OF APPROACHES TO THE
8	DEVELOPMENT OF THERAPEUTICS, NOT JUST THE KINDS OF
9	THERAPIES THAT YOU ARE TALKING ABOUT, BUT WE
10	ENCOMPASS TRADITIONAL BIOLOGICS AND TRADITIONAL
11	SMALL MOLECULES AS LONG AS THEY HAVE REGENERATIVE
12	MEDICINE LINKING TO THEM, CAR-T TREATMENTS, ET
13	CETERA. AND THOSE STILL FOLLOW FOR THE MOST PART
14	THE OLD-FASHIONED THREE-STEP PROCESS. SO WE'VE GOT
15	TO BE ABLE TO WORK WITH BOTH OF THOSE, IT SEEMS TO
16	ME.
17	DR. CREASEY: THERE'S NO DOUBT WE CAN DO
18	THAT. THERE'S NO DOUBT THAT THAT'S GOING TO BE
19	POSSIBLE BECAUSE WE ARE NOT CHANGING ANYTHING HERE.
20	ALL WE'RE SAYING IS THAT WE HAVE A CLIN2 THAT WILL
21	ALLOW, WHETHER IT'S A SMALL MOLECULE BY THE WAY,
22	JUST A REMINDER FOR THE AUDIENCE. THE LARGE
23	MOLECULE AND SMALL MOLECULE WILL HAVE TO INVOLVE A
24	STEM CELL FOR IT TO MOVE TO A PHASE 3 IN OUR BOOKS.
25	SO THEY ARE ALLOWED TO APPLY FOR A CLIN2. IF THEY
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1	ALSO NEED A CLIN4, THAT REQUIREMENT WOULD STILL BE
2	THE SAME, THAT THEY HAVE TALKED TO THE FDA, THE FDA
3	AGREES WITH IT, THAT THEY HAVE HAD A PRE-BLA
4	MEETING, AND THAT THEY NEED THE SAME TYPES OF THINGS
5	THAT WE'RE GOING TO OFFER, SUCH AS
6	PRECOMMERCIALIZATION, ET CETERA.
7	I GUESS MY COLLEAGUE GIL WANTS TO ADD MORE
8	TO WHAT I'M SAYING.
9	CHAIRMAN IMBASCIANI: MR. SAMBRANO.
10	DR. SAMBRANO: THANK YOU VERY MUCH. SO
11	THERE'S SOME DETAIL THAT'S MISSING IN THE SLIDE. SO
12	I JUST WANT TO PROVIDE CLARIFICATION FOR THE CLIN2
13	PROGRAM ITSELF. NOTHING IS CHANGING ABOUT HOW WE
14	IMPLEMENT THE CLIN2 PROGRAM. IT STILL ALLOWS FOR
15	FUNDING A SINGLE CLINICAL TRIAL WHETHER IT'S A PHASE
16	1, A PHASE 2, OR A PHASE 3. AND SO WE ASK AN
17	APPLICANT TO COME IN, PROPOSE A SINGLE TRIAL, AND
18	TAKE IT TO COMPLETION. AND SO THAT WOULD BE WITHIN
19	48 MONTHS.
20	A FIRST-IN-HUMAN, AS DR. CREASEY WAS
21	SAYING, IS ONE THAT WE WOULD PUT IN THE CATEGORY OF
22	A PHASE 1 IN TERMS OF WHAT THE MAXIMUM FUNDING IS.
23	SO THEY CAN REQUEST UP TO 12 MILLION. EIGHT MILLION
24	IF THEY ARE A FOR-PROFIT UNDER THE CLIN2 FOR A
25	FIRST-IN-HUMAN. FIFTEEN MILLION WHETHER FOR-PROFIT

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1	OR NON-PROFIT FOR ANY FOLLOW-ON TRIAL. SO CLIN2
2	CONTINUES TO SUPPORT THE SAME WAY WE HAVE BEEN DOING
3	SINCE ITS INCEPTION. WE ARE NOW ADDING A CLIN4
4	WHICH ALLOWS US TO FUND ACTIVITIES THAT GO BEYOND
5	THE PIVOTAL TRIAL IN ORDER TO ALLOW A BLA TO HAPPEN.
6	SO I HOPE THAT PROVIDES SOME CLARITY.
7	MR. JUELSGAARD: THANK YOU. I APPRECIATE
8	THAT, GIL. THAT MAKES IT A LOT CLEARER FROM MY
9	POINT OF VIEW.
10	CHAIRMAN IMBASCIANI: I SEE, I HOPE I HAVE
11	THE RIGHT ORDER HERE, HAIFAA ABDULHAQ.
12	DR. ABDULHAQ: YES. THANK YOU. SO I JUST
13	HAD A COMMENT AND A QUESTION. MY COMMENT ON CLIN2,
14	I'M ACTUALLY REALLY PLEASED TO SEE THAT THE TRIALS
15	THAT INVOLVE REAL-WORLD DATA AND PATIENT-REPORTED
16	OUTCOME ARE INCLUDED IN CLIN2 BECAUSE THESE ARE
17	BECOMING MORE AND MORE IMPORTANT IN UNDERSTANDING
18	HOW THESE DIFFERENT NOVEL THERAPIES AND CELLULAR
19	THERAPIES REALLY WORK IN DIFFERENT PATIENT
20	POPULATIONS, INCLUDING THE UNDERSERVED PATIENT
21	POPULATION WHO MAY NOT ACTUALLY BE INCLUDED OR MIGHT
22	NOT HAVE BEEN INCLUDED IN THE ORIGINAL CLINICAL
23	TRIALS. AND THAT WOULD HELP UNDERSTAND BETTER HOW
24	BETTER TO USE THESE TREATMENTS IN DIFFERENT
25	PATIENTS.

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1	IN TERMS OF MY QUESTION ABOUT CLIN4, SO
2	WHO ARE THE RIGHT CANDIDATES FOR CLIN4? AND EXCUSE
3	ME IF I AM BEING NAIVE ABOUT THIS. BUT MY
4	UNDERSTANDING FROM THE DESCRIPTION YOU SAID THAT
5	IT'S USUALLY DRUG COMPANIES AND FOR-PROFIT
6	ORGANIZATIONS WILL DO THESE TYPES OF ACTIVITIES. SO
7	AM I CORRECT IN THIS UNDERSTANDING, OR ARE THERE
8	OTHER CANDIDATES FOR THIS?
9	DR. CREASEY: THANK YOU, HAIFAA, FOR YOUR
10	QUESTION. WE ACTUALLY HAVE CANDIDATES, GRANTEES
11	THAT HAVE WORKED WITH US FOR THE LAST TEN YEARS THAT
12	ARE IN THE QUEUE CURRENTLY AND ARE READY TO GO
13	THROUGH WHAT IS IN A CLIN4 APPLICATION. IT'S NOT
14	AND THEY ARE MOSTLY ACADEMICS, AND THEY'RE NOT PART
15	OF PHARMA. PHARMA COMPANIES WILL NOT COME TO CIRM.
16	WE TRIED, BUT THEY ESSENTIALLY HAVE ALL THE MONEY
17	THEY NEED TO DO THOSE KINDS OF ACTIVITIES. WE ARE
18	TRYING TO HELP START-UPS AS WELL AS ACADEMIA WITH A
19	CLIN4.
20	CHAIRMAN IMBASCIANI: THANK YOU. I SEE
21	JIM KOVACH.
22	DR. KOVACH: YES, THAT ESSENTIALLY WAS MY
23	QUESTION AS WELL. THE CLIN4 SEEMS LIKE THE CLOSER
24	YOU GET TO BLA, THE MORE INFORMATION RELATES TO
25	MARKETING AND REIMBURSEMENT, THINGS LIKE THAT THAT
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1	TRADITIONALLY COMPANIES ACTUALLY TAKE CARE OF. AND
2	SO THE QUESTION WAS WOULD, IN MY CASE UC DAVIS,
3	WOULD WE BE ELIGIBLE BECAUSE WE'RE KIND OF THINKING
4	ABOUT THAT ISSUE RIGHT NOW AS I'M SURE OTHER SYSTEMS
5	ARE.
6	DR. CREASEY: THANK YOU FOR VALIDATING MY
7	HYPOTHESIS. THANK YOU.
8	SO THE SITUATION HERE IS THAT MANY OF THE
9	ACADEMICS, AGAIN, HAVE GRANTS FROM US OR OTHERWISE
10	STILL NEED THOSE KIND OF ACTIVITIES IN ORDER TO GET
11	A BLA FILED AND TO HAVE THE DRUG PRODUCT REALLY
12	DOVETAIL CLOSELY WITH WHAT THE AAWG NEEDS IN ORDER
13	TO MOVE THE PROGRAMS TO THE ACCESS AND
14	AFFORDABILITY. AND SO THIS IS WHY IT IS TIMELY FOR
15	US TO THINK ABOUT WHETHER IT IS MOSTLY, LIKE I SAID,
16	ACADEMICS, BUT WE HAVE ALSO START-UPS, RELATIVELY
17	SMALL COMPANIES THAT ARE GETTING TO THAT STAGE.
18	WE DISCUSSED AT THE SCIENCE SUBCOMMITTEE
19	ABOUT MAKING THE CLIN4 BY INVITATION; BUT, AGAIN, I
20	THINK IT'S A TOPIC THAT WE CAN DISCUSS WITH ALL OF
21	YOU WHENEVER YOU THINK IS THE RIGHT TIME.
22	DR. KOVACH: ONE THING WE TALK ABOUT
23	INTERNALLY IS, AND YOU LOOK AT A NEW YORK BLOOD
24	CENTER THAT ACTUALLY HOLDS A BLA, IS WOULD A
25	NON-PROFIT EVER DO THAT? IT WOULD BE A VERY KIND OF
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 IN A WAY KIND OF AN INNOVATIVE, ENTREPRENEURIAL THING TO DO, AND IT'S NOT HAPPENED YET, BUT PERHAPS THAT'S SOMETHING DOWN THE LINE THAT ONE COULD ENVISION. DR. CREASEY: DUKE UNIVERSITY DID THAT A FEW YEARS AGO. SO I THINK IT'S REALLY IMPORTANT THAT WE POSITION IT IN A MANNER WHERE WE ARE HERE TO 	
 3 THAT'S SOMETHING DOWN THE LINE THAT ONE COULD 4 ENVISION. 5 DR. CREASEY: DUKE UNIVERSITY DID THAT A 6 FEW YEARS AGO. SO I THINK IT'S REALLY IMPORTANT 	
 4 ENVISION. 5 DR. CREASEY: DUKE UNIVERSITY DID THAT A 6 FEW YEARS AGO. SO I THINK IT'S REALLY IMPORTANT 	
5 DR. CREASEY: DUKE UNIVERSITY DID THAT A 6 FEW YEARS AGO. SO I THINK IT'S REALLY IMPORTANT	
6 FEW YEARS AGO. SO I THINK IT'S REALLY IMPORTANT	
7 THAT WE POSITION IT IN A MANNER WHERE WE ARE HERE TO	
8 ASSIST THOSE WHO ARE READY TO MAKE THE PRODUCTS	
9 POTENTIALLY AVAILABLE TO PATIENTS AND WHAT THE NEEDS	
10 ARE. AND WHAT I PUT ON THE SLIDE IS JUST, I GUESS,	
11 EXAMPLES OF WHAT IS MOSTLY REQUIRED OR NEEDED. BUT	
12 JUST LIKE WE DID WITH THE CLIN2, WE MAY NEED TO	
13 HIGHLIGHT ADDITIONAL THINGS IF YOU GUYS APPROVE	
14 MOVING THE CONCEPT FOR CLIN4 FORWARD.	
15 CHAIRMAN IMBASCIANI: THANK YOU, DR.	
16 CREASEY. ANY OTHER COMMENTS FROM BOARD MEMBERS? IF	
17 NOT, I'LL ASK IF THERE'S ANY MEMBER OF THE PUBLIC	
18 THAT WANTS TO COMMENT ON THESE CLINICAL	
19 PRESENTATIONS. AND THERE ARE NONE. SO, MR. TOCHER,	
20 WE ARE READY TO POLL THE MEMBERS.	
21 MR. TOCHER: THE MOTION IS TO APPROVE THE	
22 CLIN AMENDMENTS AS PROPOSED. ALL THOSE IN THE ROOM	
23 IN FAVOR SAY AYE. THOSE OPPOSED? ABSTAIN?	
AND I'LL POLL THE MEMBERS ON THE ZOOM.	
25 HAIFAA ABDULHAQ.	
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_	DETTIC. DRAIN, CA COR NO. 7 152
1	DR. ABDULHAQ: YES.
2	MR. TOCHER: JIM KOVACH.
3	DR. KOVACH: YES.
4	MR. TOCHER: JUDY CHOU.
5	DR. CHOU: YES.
6	MR. TOCHER: LEONDRA CLARK-HARVEY.
7	DR. CLARK-HARVEY: AYE.
8	MR. TOCHER: DEBORAH DEAS.
9	DR. DEAS: YES.
10	MR. TOCHER: YSABEL DURON.
11	MS. DURON: I WILL ABSTAIN AS I WAS NOT
12	HERE FOR THE TOTAL PRESENTATION.
13	MR. TOCHER: FRED FISHER.
14	DR. FISHER: YES.
15	MR. TOCHER: JUDY GASSON.
16	DR. GASSON: YES.
17	MR. TOCHER: LARRY GOLDSTEIN.
18	DR. GOLDSTEIN: YES.
19	MR. TOCHER: STEVE JUELSGAARD.
20	MR. JUELSGAARD: YES.
21	MR. TOCHER: RICH LAJARA.
22	MR. LAJARA: YES.
23	MR. TOCHER: LINDA MALKAS.
24	DR. MALKAS: YES.
25	MR. TOCHER: CHRIS MIASKOWSKI.
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1	DR. MIASKOWSKI: YES.
2	MR. TOCHER: JOE PANETTA.
3	MR. PANETTA: YES.
4	MR. TOCHER: JOYCE SACKEY.
5	DR. SACKEY: YES.
6	MR. TOCHER: MICHAEL STAMOS. MICHAEL, I'M
7	JUST CHECKING TO SEE IF YOU'RE ON MUTE.
8	ARE THERE ANY OTHER MEMBERS ON THE ZOOM
9	WHOSE NAMES I HAVE NOT CALLED? GREAT. MR. CHAIR,
10	THE MOTION CARRIES.
11	CHAIRMAN IMBASCIANI: WONDERFUL. THANK
12	YOU AGAIN, DR. CREASEY, FOR YOUR PRESENTATION.
13	WE'LL NOW MOVE TO THE THIRD PART OF THIS
14	AGENDA, ITEM NO. 9. THIS IS THE PRESENTATION BY
15	DR. PATEL ON CO-FUNDING AND WARRANTS. SHYAM, IT'S
16	ALL YOURS.
17	DR. PATEL: THANK YOU, CHAIRMAN IMBASCIANI
18	AND VICE CHAIR GONZALEZ-BONNEVILLE AND TO THE BOARD,
19	FOR THIS OPPORTUNITY TODAY TO PRESENT TO YOU. I'M
20	JUST WAITING FOR MY SLIDES TO COME UP.
21	I THINK THIS IS THE NEXT PRESENTATION, SO
22	I HAVE TO SWITCH IT UP TO THE CO-FUNDING ONE. SO
23	WHILE THE SLIDES ARE COMING UP, I JUST WANT TO GIVE
24	YOU A LITTLE BIT OF BACKGROUND AS TO WHAT YOU'RE
25	GOING TO BE HEARING TODAY. SO THIS IS GOING TO BE
	71

1	CONCEPT PLAN CHANGES FOR THE CO-FUNDING REQUIREMENT
2	IN THE TRANSLATION AND CLINICAL PROGRAMS. AND THIS
3	STARTED OFF AS AN ACTIVITY FROM THE IP AND INDUSTRY
4	SUBCOMMITTEE THAT RECOMMENDED TO CIRM TO DEVELOP A
5	WARRANT-BASED CO-FUNDING ALTERNATIVE TO SUPPORT
6	COMPANIES WHO ARE APPLYING AND GETTING FUNDED BY
7	CIRM GIVEN THE DIFFICULT ECONOMIC ENVIRONMENT AS
8	WELL AS OUR ROLE AS A DERISKER OF EARLY STAGE
9	TECHNOLOGIES AND PROGRESSING THEM TO THE CLINIC AND
10	ATTRACTING INVESTMENT. SO THAT'S GOING TO BE THE
11	BASIS FOR THIS.
12	AS PART OF THAT EXERCISE, WE WENT AHEAD
13	AND TOOK A LOOK MORE HOLISTICALLY AT THE CO-FUNDING
14	REQUIREMENTS AND HAVE A SET OF CHANGES THAT WE'D
15	LIKE TO RECOMMEND TO THE BOARD TODAY.
16	SO THIS PRESENTATION THE PROPOSAL THAT
17	I'M PRESENTING TO YOU TODAY IS THE THIRD TIME AS
18	WELL. AS ABLA MENTIONED, THE FIRST TIME WAS WITH
19	THE IP INDUSTRY SUBCOMMITTEE WHICH RECOMMENDED IT,
20	AND THEN THE SCIENCE SUBCOMMITTEE, AND LASTLY TO THE
21	BOARD.
22	SO BEFORE I GET INTO THE CHANGES, I'M
23	GOING TO RECAP WHAT THE EXISTING CO-FUNDING
24	REQUIREMENTS ARE. AND SO THESE WERE INTRODUCED AND
25	HAVE STAYED LARGELY SIMILAR TO THE SAME FROM THE
	72

1	FIRST INSTANCE OF THE CLIN CONCEPT, WHICH WAS BACK
2	IN 2014/2015, AND THEN ALSO TRANSLATED OVER TO THE
3	TRANSLATIONAL CONCEPT PLAN.
4	SO WHAT THESE CO-FUNDING REQUIREMENTS ARE
5	IS THAT THEY HAVE TWO DIFFERENT SETS. SO FOR THE
6	NON-PROFIT APPLICANT, THERE IS NO CO-FUNDING
7	REQUIREMENT UP UNTIL THE POINT OF A TRIAL THAT IS
8	AFTER FIRST IN HUMAN WHERE THEY'RE SUBJECT TO A
9	40-PERCENT CO-FUNDING REQUIREMENT ON A CIRM AWARD.
10	AND THAT WAS THE INTENT FOR THAT, WE WENT BACK AND
11	TOOK A LOOK, WAS TO HAVE AN INDUSTRY PARTNER FOR
12	PHASE 2 AND LATER CLINICAL TRIALS WAS TO INCENTIVIZE
13	THAT. AS YOU HEARD FROM ABLA'S PRESENTATION IN THE
14	PREVIOUS ONE, THERE ARE A LOT OF ACADEMIC AND
15	NON-PROFIT TRIALS THAT ARE BEING PROGRESSED TO LATER
16	STAGES.
17	SO WE'LL ADDRESS THAT CONCERN IN THE NEXT
18	COUPLE SLIDES. ON THE FOR-PROFIT SIDE, THE
19	CO-FUNDING REQUIREMENT IS PROGRESSIVE FROM
20	TRANSLATION TO LATER-STAGE CLINICAL TRIALS. AND THE
21	INTENT FOR THIS CO-FUNDING REQUIREMENT WAS TO
22	DEMONSTRATE A COMMITMENT TO THE PROPOSED PROJECT
23	FROM THE COMPANIES. THEY'RE COST SHARING ALONG WITH
24	CIRM ON THE PROJECT TO DEMONSTRATE THEIR COMMITMENT
25	TO THAT PROJECT.

1	SO WITH THAT BACKGROUND, I WANT TO
2	HIGHLIGHT WHY ARE WE PROPOSING CHANGES TO THESE
3	CO-FUNDING REQUIREMENTS. AND SO FIRST AND FOREMOST,
4	THERE ARE THREE REASONS. AS HAS BEEN MENTIONED,
5	CLINICAL PROGRESS OF UNPARTNERED ACADEMIC PROGRAMS.
6	THESE ARE ONES THAT DON'T HAVE A COMMERCIAL PARTNER,
7	AND THIS IS NOT FOR A LACK OF EFFORT OF THE
8	PROGRAMS. IT IS BECAUSE OF THE FUNDING ENVIRONMENT.
9	SO EXAMPLES ARE RARE DISEASE PORTFOLIO AS WELL AS
10	OTHER NON-RARE PORTFOLIO AS WELL. AND SO THESE
11	HAVE THE PROGRESS OF THESE HAVE STALLED AFTER
12	FIRST-IN-HUMAN STUDIES IF THE PROGRAM WAS UNABLE TO
13	RAISE THE 40 PERCENT REQUIRED CO-FUNDING.
14	SO THE SECOND ITEM WE WANT TO ADDRESS IS
15	THAT CURRENTLY IF A NON-PROFIT APPLICANT HAS A
16	FOR-PROFIT PARTNER, THE PARTNER IS NOT REQUIRED TO
17	CO-FUND THE CIRM AWARD BECAUSE THE CO-FUNDING
18	REQUIREMENT ONLY APPLIES TO THE AWARDEE INSTITUTION.
19	LASTLY, FOR-PROFITS ARE OPERATING IN A
20	CHALLENGING ECONOMIC ENVIRONMENT AND ARE AT A
21	RELATIVE DISADVANTAGE TO NON-PROFITS FOR CIRM AWARD
22	LEVELS. SO TO PUT THAT INTO CONTEXT, FOR-PROFIT
23	AWARDEES CANNOT CLAIM INDIRECT COSTS THAT
24	NON-PROFITS CAN AT 20-PERCENT RATE. THEY ALSO HAVE
25	LOWER FUNDING LEVELS FOR SOME OF THE AWARDS AS WAS
	74

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1 ME	ENTIONED IN THE LAST PRESENTATION FOR CLIN1 AS WELL
2 AS	5 FIRST-IN-HUMAN CLIN2 AND WITH THE ORIGINAL
3 MC	DTIVATION OF THE IP SUBCOMMITTEE TO DEVELOP AN
4 AL	TERNATIVE FOR THESE COMPANIES.
5	SO WHAT WE ARE PROPOSING IS A SET OF
6 CH	HANGES AS DESCRIBED IN THIS LOVELY TABLE HERE. AND
7 SC	O I'M GOING TO STRATIFY THE NON-PROFITS INTO TWO
8 CA	ATEGORIES. THE FIRST IS ONE THAT IS NOT PARTNERED
9 WI	ITH A COMMERCIALIZATION PARTNER AT THE TIME OF
10 AF	PPLICATION. FOR THESE APPLICANTS, THERE WILL BE NO
11 CC	D-FUNDING REQUIREMENT UNDER THIS PROPOSAL AT ANY
12 ST	TAGE OF A TRANSLATION OR CLINICAL AWARD.
13	NOW, FOR A FOR-PROFIT APPLICANT OR A
14 FC	DR-PROFIT PARTNER OF A NON-PROFIT APPLICANT, THAT
15 IS	S A MOUTHFUL, FOR THOSE TWO TYPES OF APPLICANTS,
16 T⊦	HE FOR-PROFIT SIDE OF THAT IS GOING TO HAVE A
17 CC	D-FUNDING REQUIREMENT, BUT THEY HAVE OPTIONALITY
18 WI	ITH THEIR CASH-BASED CO-FUNDING REQUIREMENT AS
19 CU	JRRENTLY EXISTS OF TO ISSUE WARRANTS TO CIRM.
20 T⊦	HESE ARE EQUITY WARRANTS WHICH I'LL GET INTO IN
21 EX	CRUCIATING DETAIL IN A FEW SLIDES.
22	SO WHAT I WANT TO FIRST GET TO IS THE
23 NC	ON-PROFIT CO-FUNDING. WE TALKED ABOUT THIS. I'M
24 NC	OT GOING TO DEVOTE TOO MUCH TIME ON IT. BUT THE
25 40)-PERCENT CO-FUNDING REQUIREMENT RIGHT NOW IS NOT
	75

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1	ACTUALLY SERVING AS AN INCENTIVE FOR INDUSTRY
2	PARTNERS. IT BY ITSELF IS NOT ATTRACTING INDUSTRY
3	INVESTMENT INTO THESE LATER STAGE ACADEMIC PROGRAMS.
4	SO IT IS NOT ACTUALLY MEETING ITS INTENT AND IS, IN
5	FACT, SLOWING DOWN CLINICAL PROGRESS BECAUSE THE
6	ACADEMIC AND NON-PROFIT INSTITUTIONS HAVE TO FIGURE
7	OUT HOW THEY'RE GOING TO RAISE THAT 40-PERCENT
8	REQUIREMENT.
9	NOW, ON THE OTHER SIDE, IF IT'S ALREADY
10	PARTNERED, THE CO-FUNDING REQUIREMENT ALREADY
11	APPLIES. SO WE'VE COVERED THAT WITH THE TABLE IN
12	THE PREVIOUS SLIDE.
13	NOW, I DO WANT TO NOTE QUICKLY THAT IF
14	THESE CLIN2 AWARDS ARE AWARDED FOR 15 MILLION TO A
15	NON-PROFIT ENTITY, THEY ARE STILL SUBJECT TO OUR
16	REVENUE SHARING AND LOAN CONVERSION REQUIREMENTS.
17	ON THE REVENUE SHARING SIDE, IF THIS
18	PROJECT IS SUCCESSFUL AND FILES A BLA AND GENERATES
19	REVENUE DOWN THE ROAD, OUR ROYALTY-BASED REVENUE
20	SHARING WOULD APPLY. ON THE OTHER HAND, IF THEY
21	WERE TO CONVERT THE AWARD TO A LOAN AS PER OUR LOAN
22	CONVERSION OPTION AT THE MOMENT, AT A MINIMUM IT
23	WOULD RETURN THE PRINCIPAL TO CIRM.
24	SO WITH THAT DESCRIPTION, I'M GOING TO
25	JUMP NOW TO WARRANT-BASED CO-FUNDING, AND THE REST
	76

1	OF THE FEW SLIDES ARE GOING TO BE FOCUSED ON THAT.
2	SO WE HAD TO DESIGN A WARRANT-BASED CO-FUNDING
3	ALTERNATIVE THAT WOULD FIT WITHIN THE CURRENT DESIGN
4	OF THE TRANSLATION AND CLINICAL PROGRAMS. THERE ARE
5	CERTAIN CONSTRAINTS THAT THIS CREATED WHICH I'LL GET
6	INTO.
7	FIRST IS THAT IF A FOR-PROFIT AWARDEE WERE
8	TO COMMIT WARRANTS INSTEAD OF CAPITAL, THEY
9	THEMSELVES WOULD RETAIN THE CAPITAL FOR THEIR
10	OPERATIONAL NEEDS, BUT THAT WOULD CREATE A FUNDING
11	GAP IN THE PROJECT BECAUSE THEY ARE NOT REQUIRED TO
12	PUT THAT MONEY IN TO FUND THAT PROJECT. AND THAT
13	FUNDING GAP WOULD HAVE TO BE FILLED BY THE CIRM
14	AWARD UP TO THE AWARD CAP AND SO IN ORDER MAINTAIN
15	THE OVERALL FINANCIAL SUPPORT OF THE CIRM-FUNDED
16	PROJECT. AND THAT'S BEST ILLUSTRATED IN THIS TABLE
17	HERE. I'LL WALK THROUGH A COUPLE OF VERY SIMPLIFIED
18	SCENARIOS ON THE TRANSLATIONAL SIDE.
19	SO LET'S ASSUME FOR THE PURPOSE OF THE
20	EXERCISE THAT YOU HAVE A TRANSLATIONAL 1 PROJECT
21	COMING IN WITH A TOTAL COST OF \$4 MILLION. UNDER
22	THE CURRENT REQUIREMENTS, THIS SORT OF AN APPLICANT
23	CAN AT A MAXIMUM REQUEST FROM CIRM \$3.2 MILLION
24	BECAUSE THEY WOULD HAVE TO PUT UP \$800,000 AS THE
25	20-PERCENT CO-FUNDING REQUIREMENT. NOW, IF THEY HAD
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1	THE WARRANT OPTIONALITY, THAT APPLICANT COULD TAKE
2	THE FULL \$4 MILLION FROM CIRM AND WOULD NOT HAVE TO
3	PUT UP THE 800 K CO-FUNDING, BUT INSTEAD WOULD HAVE
4	TO ISSUE TO CIRM WARRANTS THAT PROVIDE COVERAGE FOR
5	THAT EXTRA \$800,000 THAT CIRM PUT INTO THIS PROGRAM.
6	AGAIN, THIS IS UP TO THE AWARD CAP.
7	AND SO BECAUSE OF THE FACT THAT IT'S UP TO
8	THE AWARD CAP, THAT MAKES IT USEFUL FOR A SUBSET OF
9	THE APPLICANTS AND AWARDEES. AND THAT IS
10	ILLUSTRATED BY THE SECOND EXAMPLE HERE WHERE TOTAL
11	PROJECT COST IS \$5 MILLION. IN THAT INSTANCE THEY
12	ALREADY MAX OUT THE CIRM AWARD WHEN THEY COME IN
13	UNDER THE CURRENT PROGRAM. THEY ASK FOR \$4 MILLION,
14	THEY PUT UP \$1 MILLION OF THEIR OWN FUNDING. AND IN
15	THIS INSTANCE, THE WARRANT PROGRAM WOULD NOT BE
16	HELPFUL.
17	I'M GOING TO SKIP THE LAST ROW THERE.
18	IT'S SIMPLY ILLUSTRATING HOW THIS TRANSLATES TO THE
19	CLINICAL PROGRAM.
20	SO WHY WARRANTS? SO WHEN THE IP AND
21	INDUSTRY SUBCOMMITTEE WAS RECOMMENDING TO LOOK INTO
22	THE WARRANT-BASED CO-FUNDING OPTION, THEY KNEW THAT
23	CIRM HAD A PRIOR HISTORY WITH WARRANTS. SO THIS WAS
24	PART OF THE LOAN PROGRAM IN THE PAST. AND SO JUST
25	TO BACK UP A LITTLE BIT, EQUITY WARRANTS GIVE THE
	78

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1	HOLDER THE RIGHT TO PURCHASE SHARES OF THE COMPANY
2	STOCK. SO ESSENTIALLY A WARRANT IS THE RIGHT TO
3	PURCHASE SHARES OF A STOCK IN THAT COMPANY AT A SET
4	EXERCISE PRICE THAT'S PER DOLLAR OF THE SHARE
5	AS WELL AS WITHIN AN AMOUNT OF TIME. THAT COULD BE
6	TWO YEARS, FIVE YEARS, TEN YEARS. AND SO THESE ARE
7	USUALLY USED AS AN ADDITIONAL SWEETENER OR EQUITY
8	KICKER ON LOANS OR INVESTMENTS TO INCENTIVIZE THE
9	LOAN OR INVESTOR INTO A YOUNG COMPANY.
10	SO CIRM PREVIOUSLY WAS ISSUED WARRANTS BY
11	ONE OF THE LOAN PROGRAM PARTICIPANTS. CIRM HELD THE
12	WARRANTS UNTIL IT DECIDED TO EXERCISE THEM. THE
13	DECISION WAS MADE IN COORDINATION WITH THE BUSINESS
14	DEVELOPMENT TEAM, THE LEGAL TEAM, AS WELL AS THE
15	CHAIR AND THE CEO AT THAT TIME. THE WARRANTS WERE
16	EXERCISED AND ASSIGNED, AND THE STOCK SHARES
17	THEMSELVES WERE ASSIGNED TO A CIRM FUND OR AN
18	ACCOUNT HELD AT THE SAN FRANCISCO FOUNDATION.
19	SO THIS ACCOUNT IS ABLE TO ACCEPT EQUITY
20	AND LIQUIDATE IT. THE WAY THAT THE AGREEMENT
21	BETWEEN CIRM AND THE FOUNDATION WAS SET UP, AS SOON
22	AS EQUITY WAS DEPOSITED INTO THE ACCOUNT, THEY WOULD
23	LIQUIDATE AS SOON AS POSSIBLE AND THEN TRANSFER THE
24	PROCEEDS FROM THE SELLING OF THOSE SHARES TO CIRM.
25	SO THIS SLIDE IS GOING TO DEFINE THE
	79

1	WARRANT REQUIREMENTS THAT WE'RE PROPOSING THAT WOULD
2	APPLY TO ANY COMPANY THAT WANTS TO ELECT TO TAKE THE
3	WARRANT-BASED CO-FUNDING OPTION. AND SO BEFORE I
4	JUMP INTO THE DETAILS, I WANT TO DESCRIBE A COUPLE
5	OF THINGS AS TO THE INTENT OF HOW WE DEVELOPED
6	THESE.
7	SO FIRST AND FOREMOST, WE WERE OPERATING
8	UNDER A GUIDING PRINCIPLE OF OUR MISSION, WHICH IS
9	TO ADVANCE GOOD SCIENCE TO ACCELERATE THE
10	DEVELOPMENT OF THERAPIES FOR PATIENTS. AND SO THAT
11	WAS THE GUIDING PRINCIPLE WAS SCIENCE BASED. AND SO
12	WITH THAT IN MIND, WE HAD TO BALANCE THE UTILITY OF
13	THE WARRANT-BASED CO-FUNDING ALTERNATIVE VERSUS THE
14	POTENTIAL FOR RETURN FOR THE ADDITIONAL INVESTMENT
15	BEING MADE BY CIRM IN THOSE PROGRAMS.
16	AND WE WORKED VERY CLOSELY WITH THE IP
17	SUBCOMMITTEE CO-CHAIRS, DR. ABOUSALEM AS WELL AS
18	CO-CHAIR JUELSGAARD, ON DEVELOPING MANY OF THESE
19	PROPOSALS HERE ALONG WITH OUR EXTERNAL COUNSEL AS
20	WELL AS OUR CIRM LEADERSHIP. AND WE ALSO GOT ADVICE
21	FROM INDUSTRY ALLIANCE PARTNERS AS WELL AS SOUGHT
22	FEEDBACK FROM OUR AWARDEES. SO ALL OF THAT KIND OF
23	CULMINATES IN SOME OF THE INFORMATION ON THIS SLIDE.
24	SO FIRST AND FOREMOST, THE APPLICANT WOULD
25	ELECT THE WARRANT-BASED CO-FUNDING OPTION AT THE
	80

1	TIME OF APPLICATION. AND THIS WOULD BE BASED ON
2	INFORMATION THAT THEY HAVE ABOUT THE TERMS. THEY'D
3	HAVE A TERM SHEET OF THE WARRANTS, FAQ'S, AND OTHER
4	REFERENCE MATERIALS. AND THE APPLICANT MAY COMBINE
5	THE WARRANT-BASED AND CASH-BASED CO-FUNDING OPTIONS.
6	THE WARRANT MUST BE ISSUED AT AWARD START. AND SO
7	THIS IS COMMENSURATE WITH THE FACT THAT CIRM COMMITS
8	ITS FUNDING UP FRONT WHEN THE BOARD APPROVES THE
9	AWARD.
10	THERE WILL BE NO MECHANISM FOR BUYING BACK
11	THE WARRANTS. THE COMPANY HAS NO MECHANISM TO BUY
12	BACK THE WARRANTS DURING OR AFTER THE AWARD PERIOD
13	FROM CIRM. THEN WE GET INTO THIS TABLE.
14	SO I'M GOING TO DESCRIBE JUST A PART OF
15	THIS. AND IF THERE ARE QUESTIONS, I'M HAPPY TO
16	ELABORATE ON THE OTHER PARTS. SO THERE ARE THREE
17	TYPES OF COMPANIES THAT APPLY TO CIRM. THERE'S THE
18	PRIVATE COMPANIES THAT ARE DIVIDED INTO TWO
19	CATEGORIES. THERE ARE VERY, VERY EARLY STAGE
20	PRIVATE COMPANIES THAT HAVE NOT ISSUED ANY EQUITY TO
21	INVESTORS. THEN THERE ARE THE PRIVATE COMPANIES
22	THAT HAVE ISSUED EQUITY TO INVESTORS. THESE ARE THE
23	TRADITIONAL VENTURE-BACKED COMPANIES. AND THEN,
24	LASTLY, PUBLIC COMPANIES.
25	AND SO WE HAVE TO CREATE A SET OF TERMS
	81
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1	AND REQUIREMENTS THAT WOULD ALLOW ALL THREE TYPES OF
2	COMPANIES TO ISSUE WARRANTS TO CIRM AT THE AWARD
3	START UNDER TERMS THAT ARE ROUGHLY EQUIVALENT TO
4	WHAT AN INVESTOR WOULD BE GETTING AT THAT TIME FOR
5	PUTTING IN MONEY AND GETTING EQUITY IN RETURN. SO
6	I'M GOING TO DESCRIBE ONLY THE MIDDLE COLUMN, WHICH
7	IS A PRIVATE COMPANY THAT HAS ISSUED PREFERRED
8	SHARES. THE TERMS FOR THE OTHER TWO TYPES OF
9	COMPANIES ARE RELATIVELY SIMILAR BUT ADJUSTED WHERE
10	NEEDED TO ACCOUNT FOR THAT STAGE OF COMPANY.
11	SO IN THE MIDDLE COLUMN, THERE ARE SOME
12	ECONOMIC TERMS THAT ARE DESCRIBED HERE WHICH ARE
13	GOING TO BE CRITICAL FOR DECISION-MAKING FROM THE
14	AWARDEE. FIRST AND FOREMOST IS THE TYPE OF
15	SECURITY. SO HERE FOR THAT PRIVATE COMPANY WOULD BE
16	PREFERRED STOCK, WHICH IS THE SAME TYPE OF EQUITY
17	THAT THEY WOULD BE ISSUING TO INVESTORS AT THAT
18	STAGE.
19	THEN THE NEXT ELEMENT IS NUMBER OF SHARES.
20	AND SO THIS IS BASICALLY HOW MUCH EXTRA MONEY DID
21	CIRM PUT INTO THIS PROJECT IN LIEU OF THAT
22	CO-FUNDING REQUIREMENT DIVIDED BY THE MOST RECENT
23	SHARE PRICE PAID BY INVESTORS. SO ESSENTIALLY WE'RE
24	VALUING HOW MUCH EQUITY WE GET SIMILARLY TO WHAT
25	MOST INVESTORS HAD GOTTEN.

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1	AND THEN THE EXERCISE PRICE FOR THESE
2	WARRANTS. THIS IS HOW MUCH CIRM WOULD HAVE TO PAY
3	TO EXERCISE THE WARRANTS INTO EQUITY IS SET AT THE
4	LOWEST PRICE POSSIBLE, WHICH IS A PENNY. AND SO
5	THERE'S A NOMINAL COST FOR US TO EXERCISE THESE
6	WARRANTS INTO SHARES. AND THEN TO GIVE OURSELVES
7	LONG ENOUGH TIME TO ACTUALLY REALIZE A RETURN, THE
8	WARRANT TERM IS SET AT TEN YEARS. THERE ARE A
9	COUPLE OF OTHER TERMS THAT ARE NOT DESCRIBED HERE
10	THAT ARE IN THE TERM SHEET, INCLUDING ANTIDILUTION,
11	WHICH PROTECTS TO A CERTAIN EXTENT CIRM FROM A DOWN
12	ROUND OR TO CHANGES IN THE CAPITALIZATION STRUCTURE
13	OF THE COMPANY AS WELL AS THE ABILITY TO TRANSFER
14	THE WARRANTS AND SO ON.
15	SO LASTLY, I'M GOING TO HIGHLIGHT A COUPLE
16	OF THE CHANGES TO THE ELIGIBILITY REQUIREMENTS AND
17	AWARD REPORTING REQUIREMENTS THAT ARE ASSOCIATED
18	WITH THIS WARRANT CO-FUNDING OPTION. BEFORE I DO
19	THAT, I JUST WANT TO GIVE THE BOARD A RECAP OF WHAT
20	THE CURRENT ELIGIBILITY REQUIREMENTS ARE FOR
21	COMPANIES THAT APPLY TO CIRM FOR TRANSLATION AND
22	CLINICAL PROGRAMS.
23	SO ALL COMPANIES THAT APPLY TO CIRM FOR
24	THESE PROGRAMS HAVE TO DEMONSTRATE THAT THEY HAVE AT
25	LEAST A HUNDRED DAYS OF SOLVENCY FROM SUBMISSION
	83

1	DATE. SO THEY A SIX-MONTH RUNWAY FROM THE TIME THAT
2	THEY APPLY TO CIRM. THEY MUST ALSO DEMONSTRATE AT
3	THE TIME OF APPLICATION THAT THEY CAN COMMIT THE
4	CO-FUNDING AND CONTINGENCY FUNDING REQUIREMENTS OVER
5	THE COURSE OF THE AWARD.
6	NOW, DURING THE AWARD REPORTING, DURING
7	THE AWARD ITSELF, THEY HAVE TO REPORT HOW MUCH MONEY
8	THEY SPENT AS PART OF THAT CO-FUNDING REQUIREMENT
9	AND THEN ALSO PROVIDE THE EVIDENCE OF THE ABILITY TO
10	CO-FUND THE NEXT MILESTONE AT EACH MILESTONE.
11	SO WE'LL BE INTRODUCING, IF THIS IS
12	APPROVED, A COUPLE OF ADDITIONAL ELIGIBILITY
13	REQUIREMENTS FOR COMPANIES THAT ARE TAKING THE
14	WARRANT-BASED CO-FUNDING OPTION. SO, AGAIN, THIS IS
15	DIVIDED INTO THOSE THREE CATEGORIES. AND I'LL FOCUS
16	ON THE FIRST TWO.
17	SO FOR A PRIVATE COMPANY THAT HAS NOT
18	ISSUED ANY PREFERRED SHARES, THEY'LL HAVE TO
19	DEMONSTRATE TO US THAT THEY HAVE A REASONABLE
20	FUND-RAISING PLAN FOR THE COMPANY GOING FORWARD AS
21	PART OF THE ELIGIBILITY REQUIREMENT. AND THEN FOR
22	THE PRIVATE COMPANIES THAT HAVE ISSUED PREFERRED
23	SHARES, THEY'LL HAVE TO DEMONSTRATE THEIR
24	FUND-RAISING HISTORY AS WELL AS PROVIDE A LETTER OF
25	SUPPORT FROM THEIR LEAD INVESTOR THAT THEY HAVE

84

1	SUPPORT FOR THE CIRM PROJECT. IN OTHER WORDS, THAT
2	THE COMPANY HAS THE BACKING OF ITS INVESTORS TO
3	ADVANCE THIS PARTICULAR PROJECT THEY'RE REQUESTING
4	CIRM FUNDING FROM.
5	AND DURING THE AWARD START PERIOD, THEY'RE
6	ISSUING WARRANTS TO CIRM, ALL THREE OF THOSE TYPES
7	OF COMPANIES. DURING THE AWARD PERIOD, ONLY THE
8	PRIVATE COMPANY THAT HAS NOT ISSUED PREFERRED
9	SHARES, THERE'S A REPORTING REQUIREMENT, WHICH IS
10	JUST TO TELL US WHEN THEY'VE HAD A FINANCING EVENT
11	BECAUSE WE HAVE AN OPTIONALITY TO CONVERT OUR
12	WARRANTS TO PREFERRED SHARE WARRANTS SHOULD THOSE
13	ECONOMICS BE MORE PREFERABLE.
14	AND SINCE THEY'RE VERY EARLY STAGE
15	COMPANIES, THE CIRM BD TEAM WILL, WHERE NEEDED,
16	UTILIZE THE INDUSTRY ALLIANCE PROGRAM TO HELP THAT
17	COMPANY WITH ITS FUND-RAISING EFFORT.
18	SO THIS IS THE LAST SLIDE. AND THIS IS IN
19	BROAD STROKES DESCRIBING THE PORTFOLIO MANAGEMENT
20	PLAN. ONE OF THE THINGS I WANT TO MENTION BEFORE I
21	GET INTO THIS IS THAT AS PART OF THIS, WE'RE ALREADY
22	THINKING ABOUT THE DETAILS AND DECISION THEORIES
23	THAT MAY BE INVOLVED IN EXECUTING ON THIS. AND WE
24	WILL BE FULLY FLESHING OUT THIS PLAN IN COORDINATION
25	WITH OUTSIDE COUNSEL, CIRM LEGAL, AS WELL AS IP

85

1	INDUSTRY SUBCOMMITTEE AND BRING IT BACK TO THE BOARD
2	FOR REVIEW AND APPROVAL AS PART OF THE MANAGEMENT
3	PLAN.
4	IN BROAD STROKES, WE HAVE TO BE ABLE TO
5	MANAGE THE ISSUANCE OF WARRANTS AND THE COMPLIANCE
6	MONITORING. THIS IS GOING TO BE MANAGED BY CIRM
7	TEAM WITH SUPPORT FROM OUR OUTSIDE COUNSEL. THESE
8	ARE LARGELY LEGAL MATTERS.
9	AND THEN IN TERMS OF ACTUALLY REALIZING A
10	RETURN ON THOSE WARRANTS, WHETHER IT'S A SALE OR
11	EXERCISE OF THE WARRANTS, LIQUIDATION OF ANY SHARES
12	AND TRANSFER OF PROCEEDS TO CIRM, THIS WILL BE
13	MANAGED BY CIRM AND FACILITATED BY AN ACCOUNT AGAIN
14	TO BE ABLE TO HOLD THAT EQUITY AND TO LIQUIDATE IT
15	AT A CALIFORNIA COMMUNITY FOUNDATION.
16	SO IN BROAD STROKES, THERE IS A PROCESS
17	FLOW. AND AS I MENTIONED, WE WILL BE FULLY DEFINING
18	THESE STEPS AND BRINGING THAT BACK TO THE BOARD FOR
19	CONSIDERATION.
20	SO FIRST, IT'S THE AWARDEE ISSUES WARRANTS
21	TO CIRM AT AWARD START, AND CIRM HOLDS THE WARRANTS
22	UNTIL THERE'S A DECISION TO EXERCISE, OR IN MANY
23	INSTANCES THERE COULD BE AN AUTOMATIC EXERCISE
24	TRIGGERED. FOR EXAMPLE, IF IT'S A PRIVATE COMPANY,
25	THEY HAVE A CHANGE IN CONTROL OR IT GOES PUBLIC,
	86

1	THAT'S GOING TO AUTOMATICALLY EXERCISE THOSE
2	WARRANTS INTO SHARES.
3	AND THEN UPON EXERCISE, THE WARRANTS ARE
4	CONVERTED INTO COMPANY STOCK SHARES THAT ARE
5	ASSIGNED TO AND HELD BY THE CIRM FUND. AND THEN PER
6	CIRM INSTRUCTIONS, THE COMMUNITY FOUNDATION WOULD
7	LIQUIDATE THE SHARES OF THE COMPANY STOCK AND
8	TRANSFER THOSE PROCEEDS FROM THAT FUND TO CIRM FOR
9	CIRM TO USE.
10	SO I DON'T HAVE A SLIDE FROM SCOTT, BUT AT
11	THIS POINT CIRM OH, I DO. COOL. CIRM REQUESTS
12	THE APPROVAL OF THE CO-FUNDING CHANGES TO THE
13	TRANSLATIONAL AND CLINICAL CONCEPT PLAN.
14	CHAIRMAN IMBASCIANI: THANK YOU, SHYAM.
15	THAT WAS A GREAT PRESENTATION. AND WE HAVE BEFORE
16	US THE CONCEPT FOR CHANGES TO WARRANT-BASED
17	CO-FUNDING REQUIREMENTS FOR CIRM GRANTS. I WOULD
18	ENTERTAIN A MOTION FOR DISCUSSION.
19	DR. ABOUSALEM: I'D LIKE TO MAKE THE
20	MOTION.
21	CHAIRMAN THOMAS: DR. ABOUSALEM MADE THE
22	MOTION. DO I HEAR A SECOND?
23	DR. BLUMENTHAL: SECOND.
24	CHAIRMAN IMBASCIANI: SECOND FROM GEORGE.
25	THANK YOU. FLOOR IS OPEN FOR DISCUSSION. WE COULD
	87

1	HAVE PREFERRED DISCUSSION.
2	DR. KOVACH: I'M CURIOUS IF THERE'S BEEN
3	ANY MODELING DONE TO TRY TO ESTIMATE THE POTENTIAL
4	RETURN ON INVESTMENT. IT SEEMS LIKE DEFINITELY,
5	CERTAINLY THE MARKET IS NOT THE FRIENDLIEST RIGHT
6	NOW. AND IT CAME OUT IN THE NEWS YESTERDAY THE
7	PROJECTED SHORTFALL, SOME OF WHICH RELATES TO
8	COMPANIES NOT DOING IPO'S AS MUCH AS THEY
9	HISTORICALLY HAVE. DOES THE STAFF THINK THAT THIS
10	COULD HAVE AN IMPACT ON IT, OR IS IT MORE TO
11	BASICALLY ENSURE THAT WE ARE GETTING THE BEST
12	GRANTEES WHERE OTHERWISE WE MIGHT NOT?
13	DR. PATEL: GREAT QUESTION. SO IN TERMS
14	OF THE MODELING, YOU'RE ABSOLUTELY RIGHT. IF YOU
15	WERE TO FOCUS ON CELL AND GENE THERAPY COMPANIES AND
16	TAKE A LOOK AT THAT DATA, WHICH WE HAVE DONE, IT'S
17	HEAVILY SKEWED BY THE HEADY TIMES PRIOR TO THE
18	CURRENT DOWNTURN. THERE WAS A PERIOD WHERE BETWEEN
19	2015 AND 2020 THERE WERE A LOT OF GENE THERAPY
20	COMPANIES LAUNCHING AND GOING PUBLIC WITHIN A COUPLE
21	OF YEARS OF LAUNCHING AND RAPIDLY RAISING FUNDS.
22	AND SO THAT HEAVILY SKEWS THAT TIMELINE.
23	I THINK FOR US WITH THE FACT OF HAVING A
24	RELATIVELY LONG WARRANT TERM HELPS US KIND OF RIDE
25	OUT SOME OF THE ECONOMIC CONDITIONS THAT MAY HAPPEN
	88

1	HERE. AGAIN, AS I NOTED, IT'S A BALANCE BETWEEN
2	MAKING SURE THAT WE'RE FUNDING THE BEST SCIENCE
3	GOING FORWARD AND HELPING THESE COMPANIES AS BEST WE
4	CAN WITH THE ABILITY TO GET A RETURN AS THEY
5	PROGRESS AND BECOME SUCCESSFUL.
6	DR. KOVACH: I THOUGHT THE TEN-YEAR TERM
7	WAS GREAT.
8	CHAIRMAN IMBASCIANI: THANK YOU. BOARD
9	MEMBER ELENA FLOWERS.
10	DR. FLOWERS: THANK YOU SO MUCH, DR.
11	PATEL. THAT'S REALLY GREAT, AND I'VE NOW HAD THIS
12	PRESENTATION TWICE AND I THINK I'M GETTING MY HEAD
13	AROUND IT. IT SEEMS LIKE THERE'S A STEP IN HERE
14	THAT IS BEYOND THE SCIENTIFIC MERIT REVIEW THAT IS
15	THE SORT OF FINANCIAL ASPECT OF THIS THAT I THINK
16	YOU DESCRIBED AS THE APPLICANT ELIGIBILITY, THE
17	FUND-RAISING PLAN OR THE FUND-RAISING HISTORY.
18	WHERE WILL THE RESPONSIBILITY FALL FOR EVALUATING
19	THOSE ASPECTS OF THE APPLICATION?
20	DR. PATEL: SO THOSE ARE LARGELY ANALOGOUS
21	TO WHAT WE DO NOW AS PART OF THE CO-FUNDING
22	ELIGIBILITY. SO COMPANIES THAT ARE REQUIRED TO
23	PROVIDE CASH-BASED CO-FUNDING, THEY HAVE TO DESCRIBE
24	HOW THEY'RE GOING TO MEET THAT. AND OFTENTIMES
25	THEY'RE DESCRIBING HOW THEY EITHER HAVE COMMITTED

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1	FUNDING OR ARE HAVING FUND-RAISING COMING IN. AS
2	PART OF THE ELIGIBILITY REVIEW OF THE APPLICATIONS,
3	WE'RE LOOKING AT THE BUDGET, THE SCIENTIFIC
4	ELIGIBILITY. WE ALSO DO THAT ELIGIBILITY
5	REQUIREMENT INTERNALLY AT CIRM.
6	DR. FLOWERS: THANK YOU.
7	CHAIRMAN IMBASCIANI: BOARD MEMBER PAT
8	LEVITT.
9	DR. LEVITT: SO IF CIRM GOES AWAY AND
10	THESE ARE LONG-TERM WARRANTS, WHO HOLDS THE
11	WARRANTS?
12	DR. PATEL: SO I'M GO TO PUNT THAT
13	QUESTION TO OUR LEGAL TEAM.
14	MR. TOCHER: THIS IS A MENTAL EXERCISE WE
15	WENT THROUGH, PAT, WHEN WE WERE NEAR WINDING DOWN
16	UNDER PROP 71. BASICALLY WHAT WE WOULD DO IS THE
17	ATTORNEY GENERAL'S OFFICE SORT OF HAS THE AUTOMATIC
18	ABILITY TO STEP IN AND REPRESENT THE STATE IN ANY OF
19	ITS INTERESTS, AND THIS COULD BE ONE OF THEM.
20	WE WOULD ALSO, IN ANTICIPATION OF A
21	WIND-DOWN, WORK WITH THE LEGISLATURE, IF NECESSARY,
22	TO ALLOCATE ANY PARTICULAR ASPECTS OF CIRM
23	OPERATIONS TO A PARTICULAR DEPARTMENT IF THAT MAKES
24	SENSE.
25	DR. LEVITT: SO THERE'S A MECHANISM.
	90

1	GREAT.
2	DR. PATEL: I WAS WONDERING IF YOU WERE
3	GOING TO ASK WHAT HAPPENS IF THE STATE OF CALIFORNIA
4	GOES AWAY.
5	DR. LEVITT: I'M NOT THAT DRACONIAN.
6	CHAIRMAN IMBASCIANI: THANK YOU. I'M NOT
7	SEEING ANY OTHER HANDS. DOES ANYONE ELSE SEE ANY
8	HANDS? NO. IF NOT, THEN LET'S SURVEY FOR PUBLIC
9	INPUT AT THIS POINT. NO HANDS ARE RAISED. THEN I
10	THINK WE CAN PROCEED TO A POLL OF THE BOARD MEMBERS.
11	THANK YOU.
12	MR. TOCHER: ALL MEMBERS IN THE ROOM SAY
13	AYE. THOSE OPPOSED? ABSTAIN? AND I WILL POLL
14	THOSE ON THE ZOOM.
15	HAIFAA ABDULHAQ.
16	DR. ABDULHAQ: YES.
17	MR. TOCHER: JIM KOVACH.
18	DR. KOVACH: YES.
19	MR. TOCHER: JUDY CHOU.
20	DR. CHOU: YES.
21	MR. TOCHER: LEONDRA CLARK-HARVEY.
22	DR. CLARK-HARVEY: AYE.
23	MR. TOCHER: DEBORAH DEAS.
24	DR. CARSON: THIS IS MONICA CARSON
25	STEPPING IN FOR DEBORAH DEAS. I VOTE YES.
	91

	,,
1	MR. TOCHER: GREAT. THANK YOU VERY MUCH.
2	FRED FISHER.
3	DR. FISHER: YES.
4	DR. GASSON: YSABEL DURON.
5	MS. DURON: I WILL BOW TO THE SMARTS OF
6	ALL OF MY COLLEAGUES HERE SINCE SOME OF THIS WENT
7	OVER MY HEAD, BUT I DO APPRECIATE THE WORK THAT'S
8	BEEN DONE. SO I'LL VOTE YES.
9	MR. TOCHER: JUDY GASSON.
10	DR. GASSON: YES.
11	MR. TOCHER: LARRY GOLDSTEIN.
12	DR. GOLDSTEIN: YES.
13	MR. TOCHER: STEVE JUELSGAARD.
14	MR. JUELSGAARD: YES.
15	MR. TOCHER: RICH LAJARA.
16	MR. LAJARA: YES.
17	MR. TOCHER: LINDA MALKAS.
18	DR. MALKAS: YES.
19	MR. TOCHER: CHRIS MIASKOWSKI.
20	DR. MIASKOWSKI: YES.
21	MR. TOCHER: LAUREN MILLER-ROGEN.
22	MS. MILLER-ROGEN: YES.
23	MR. TOCHER: JOE PANETTA. JOYCE SACKEY.
24	DR. SACKEY: YES.
25	MR. TOCHER: MICHAEL STAMOS.
	92

1	DR. STAMOS: YES.
2	MR. TOCHER: ARE THERE ANY MEMBERS WHOSE
3	NAMES`I HAVE NOT CALLED? GREAT. THANKS VERY MUCH.
4	MR. CHAIR, THAT MOTION CARRIES.
5	CHAIRMAN IMBASCIANI: THANK YOU, SCOTT,
6	FOR THE VOTE. THANK YOU, SHYAM, FOR THAT GREAT
7	PRESENTATION MAKING A VERY DIFFICULT SUBJECT
8	UNDERSTANDABLE.
9	SO GUESS WHAT. WE'VE REACHED THE POINT
10	WHERE WE NOW GO HAVE LUNCH. AND I'M GOING TO ASK
11	EVERYONE TO RECONVENE AT 12:45 P.M.
12	(A RECESS WAS TAKEN.)
13	CHAIRMAN IMBASCIANI: GOOD AFTERNOON,
14	EVERYONE. WELCOME BACK FROM LUNCH FOR PART 2 OF OUR
15	BOARD MEETING. WE'RE GOING TO TAKE UP AGAIN WHERE
16	WE LEFT OFF. SO THIS IS AGENDA ITEM NO. 10. WE'RE
17	GOING TO HAVE A PRESENTATION NOW. IT'S AN UPDATE ON
18	OUR EDUCATION STRATEGY. IT WILL BE DELIVERED BOTH
19	BY VICE PRESIDENT ROSA CANET-AVILES AND ASSISTED BY
20	KELLY SHEPARD.
21	DR. CANET-AVILES: THANK YOU, MR.
22	CHAIRMAN, MADAME VICE CHAIRWOMAN, AND MEMBERS OF
23	THE THAT'S HOW YOU SAY IT, NO? MADAME VICE
24	CHAIR. OKAY MEMBERS OF THE BOARD AND THE PUBLIC.
25	DR. SHEPARD, WHO IS HERE WITH US, IS ASSOCIATE
	93

1 DIRECTOR OF SCIENTIFIC PROGRAMS AND EDUCATION, AND 2 YOU ARE VERY FAMILIAR WITH HER. SO WE ARE BOTH VE 3 EXCITED FOR THE OPPORTUNITY TO PRESENT CIRM'S 4 EDUCATION NETWORK STRATEGY.	ERY
3 EXCITED FOR THE OPPORTUNITY TO PRESENT CIRM'S	
	٤E
4 EDUCATION NETWORK STRATEGY.	٤E
	RE
5 AS A BIT OF BACKGROUND AND CONTEXT, THEF	
6 WAS A MEMO ACCOMPANYING THIS PRESENTATION. THIS	
7 PRESENTATION IS MOSTLY INFORMATIONAL AND IS IN	
8 RESPONSE TO THE BOARD FEEDBACK TO PROVIDE AN UPDAT	ГЕ
9 ON THE RELEVANT ACTIVITIES WITHIN OUR EDUCATION AN	١D
10 TRAINING PROGRAMS AND SPECIFICALLY HOW WE ARE	
11 CONNECTING THEM ALL.	
12 SO THE OBJECTIVES OF THIS NETWORK STRATE	EGY
13 RESPOND DIRECTLY TO THE STRATEGIC PLAN AND THE THE	[RD
14 THEME OF PROVIDING OPPORTUNITIES FOR ALL.	
15 THIS IS AN OVERVIEW OF THE CURRENT	
16 TRAINING PROGRAMS AS OF PROPOSITION 14. AS YOU	
17 KNOW, CIRM FUNDS TRAINING OPPORTUNITIES ACROSS	
18 STAGES OF EDUCATION SPANNING FROM HIGH SCHOOL LEVE	ΞL
19 TO POSTDOCTORAL AND CLINICAL TRAINING, EMPHASIZING	3
20 THE COMPREHENSIVE NATURE OF THESE PROGRAMS IN OUR	
21 EDUCATION INFRASTRUCTURE.	
22 SOME OF THESE PROGRAMS, AS YOU ALL ARE	
23 VERY FAMILIAR, THEY'VE BEEN ONGOING FOR THE PAST 2	L1
24 TO 14 YEARS. AND PROPOSITION 14 HAS ALSO	
25 FACILITATED THE EXPANSION OF MOST OF THEM AS OF 20)20
94	

1	AND ALSO THE CREATION OF NEW ONES. THE COMPASS
2	PROGRAM, FOR EXAMPLE, IS A BRAND NEW PROGRAM THAT'S
3	FOCUSED ON REACHING OUT TO UNDERSERVED AND
4	UNDERREPRESENTED POPULATIONS OF STUDENTS,
5	REINFORCING OUR COMMITMENT TO ADVANCING STEM CELL
6	RESEARCH AND EDUCATION.
7	SO FAR CIRM HAS PROVIDED TRAINING
8	OPPORTUNITIES THROUGH ALL THESE DIFFERENT PROGRAMS
9	FOR UP TO 4,000 TRAINEES. AND THIS IS A SIGNIFICANT
10	NUMBER, AND WE HAVE AN ESTIMATED PLAN GROWTH OF 1500
11	MORE STUDENTS THROUGHOUT THE LIFE OF THESE PROGRAMS,
12	OF THIS FIRST PHASE, WHICH IS FIVE YEARS. SO SOME
13	END IN 2026, AND THE COMPASS PROGRAM WILL BE ENDING
14	BY 2027.
15	NOW, GOING TOWARDS WHY DO WE NEED THIS
16	STRATEGY, I'M GOING TO TRY TO SAY IN THIS NEXT SLIDE
17	CIRM HAS INVESTED IN TERMS OF INVESTMENT \$431
18	MILLION IN EDUCATION AND RESEARCH TRAINING PROGRAMS
19	SO FAR. AND CURRENTLY OUR CIRM EDUCATION PORTFOLIO
20	INCLUDES 60 DIFFERENT PROGRAMS AROUND THE STATE OF
21	CALIFORNIA, PROVIDING COURSEWORK AND RESEARCH
22	INTERNSHIPS TO AROUND 500 TRAINEES PER YEAR. AND
23	MORE RECENTLY, AND THAT'S WHERE WE ARE GOING TOWARDS
24	THE NEED, CIRM HAS INVESTED IN SEVERAL NEW
25	INFRASTRUCTURE PROGRAMS LIKE THE MANUFACTURING, THE

1	SHARED LABS, THE COMMUNITY CARE CENTERS OF
2	EXCELLENCE, AND THE ALPHA STEM CELL CLINICS. AND
3	THESE ALSO HAVE TRAINING OPPORTUNITIES THAT WILL
4	LEVERAGE RESOURCES AND TRAINEES FROM THE EDUC
5	PROGRAMS.
6	THE NUMBER OF STUDENTS THROUGH ALL THESE
7	SUPPORTED PROGRAMS WILL CONTINUE TO INCREASE. AND
8	CONSEQUENTLY THERE IS A PRESSING NEED TO ESTABLISH
9	AN EDUCATION NETWORK THAT CAN EFFECTIVELY COORDINATE
10	THESE EXTENSIVE TRAINING AND EDUCATIONAL
11	INITIATIVES, ENSURING THAT ALL OF THESE TRAINEES ARE
12	WELL INTEGRATED INTO THE SECTOR AND THAT THE
13	PROGRAMS OPERATE SYNERGISTICALLY TO MAXIMIZE
14	WORKFORCE DEVELOPMENT IN REGENERATIVE MEDICINE
15	ACROSS CALIFORNIA.
16	SO IN ORDER TO DEVELOP THIS NETWORK, WE
17	HAVE SET UP FOUR OBJECTIVES. AND WHAT DR. KELLY
18	SHEPARD WILL DO IS GO OVER THE DETAILS OF HOW ARE WE
19	GOING TO REACH THESE OBJECTIVES. THE FIRST
20	OBJECTIVE IS TO CREATE MULTIPLE ONRAMPS FOR
21	WORKFORCE DEVELOPMENT ACROSS CALIFORNIA. THE SECOND
22	ONE IS TO CONNECT ALL THE CIRM EDUCATION AND
23	INFRASTRUCTURE PROGRAMS AS YOU'VE SEEN IN THE
24	PREVIOUS SLIDE. THE THIRD ONE IS TO FOSTER
25	COLLABORATION BETWEEN WORKFORCE DEVELOPERS,

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1 EDUCATORS, AND COMMUNITY STAKEHOLDER	RS. THAT WILL BE
2 DONE THROUGH A PORTAL THAT KELLY WIL	LL BE TALKING
3 ABOUT. AND THE LAST ONE IS TO PROMO	OTE INNOVATION
4 AND BEST PRACTICES ACCOUNTABILITY IN	N DEI AND CROSS
5 COLLABORATION AND MAKE SURE THAT WE	ARE HARMONIZING
6 IN TERMS OF HOW WE IMPLEMENT DEI AND	D HOW WE GET THE
7 OUTCOMES FROM THESE TRAINING PROGRAM	MS. THIS IS
8 SOMETHING THAT BOARD MEMBER YSABEL I	DURON PROVIDED US
9 FEEDBACK.	
10 AND WITH THAT PREAMBLE, I	WILL LEAVE YOU
11 WITH THE QUEEN OF THE SHOW, WHO'S KE	ELLY, WHO IS
12 AMAZING.	
DR. SHEPARD: THANK YOU.	YOU'RE TOO KIND,
14 ROSA.	
15 GOOD AFTERNOON, MEMBERS OF	F THE BOARD, MR.
16 CHAIR, MADAM CHAIRWOMAN, AND EVERYBO	ODY ELSE, MEMBERS
17 OF THE PUBLIC. IT'S GREAT TO BE BEF	FORE YOU HERE
18 TODAY TO TELL YOU A LITTLE BIT ABOUT	T OUR STRATEGY
19 FOR HOW WE'RE GOING TO IMPLEMENT THE	ESE OBJECTIVES
20 THAT DR. ROSA CANET-AVILES SO NICELY	Y EXPLAINED. SHE
21 DID AN EXCELLENT JOB OF EXPLAINING	TO YOU THE WHY,
22 AND NOW I'M GOING TO GIVE YOU A BIRE	DS-EYE VIEW OF
23 THE HOW.	
24 SO LET ME JUST TAKE A LIT	TLE BIT OF A STEP
25 BACK AND PUT INTO CONTEXT EVERYTHING	G DR.
97	

1	CANET-AVILES HAS JUST TOLD YOU. WE'VE BEEN FUNDING
2	A NUMBER OF DIFFERENT EDUCATIONAL PROGRAMS FOR MANY
3	YEARS NOW. THEY SUPPORT TRAINEES FROM VARIOUS
4	DIFFERENT STAGES ALL THE WAY FROM HIGH SCHOOL
5	INTERNSHIP PROGRAMS TO POSTDOCTORAL AND CLINICAL
6	FELLOWS. SOME OF THESE PROGRAMS ARE RATHER MATURE
7	AND HAVE BEEN GOING ON FOR OVER A DECADE WITH SOME
8	IMPROVEMENTS AND UPDATES TO KEEP PACE WITH WHAT WAS
9	INTRODUCED WITH PROPOSITION 14. ANOTHER PROGRAM WE
10	HAVE IS FAIRLY NEW, THE COMPASS AWARD PROGRAM WHICH
11	JUST COMPLETED ITS FIRST BIRTHDAY. BUT ALL OF THE
12	EDUCATION PILLAR PROGRAMS ARE UP AND RUNNING AND
13	HAVE DEVELOPED, AS PART OF THESE PROGRAMS, COURSES
14	AND ACTIVITIES THAT THE STUDENTS PARTICIPATE IN
15	REGARDING PATIENT ENGAGEMENT AND COMMUNITY OUTREACH.
16	THERE ARE MENTORSHIP PRACTICES THAT HAVE BEEN
17	ESTABLISHED. ALL OF THE EDUCATION PILLAR PROGRAMS
18	HAVE DIVERSITY, EQUITY, AND INCLUSION PLANS AND
19	OUTREACH STRATEGIES TO REACH UNDERSERVED COMMUNITIES
20	TO TRY TO RECRUIT THEM INTO THESE PROGRAMS.
21	SO THERE ARE MANY DEVELOPED ASSETS AS WELL
22	AS ASSETS IN DEVELOPMENT THAT ARE AVAILABLE TO BE
23	SHARED MORE BROADLY.
24	NOW, IN ADDITION, AS DR. CANET-AVILES
25	DESCRIBED, WE HAVE FUNDED AND ARE FUNDING IN THE
	98

1	NEAR TERM A NUMBER OF NEW INFRASTRUCTURE PROGRAMS
2	THAT HAVE COMPONENTS THAT ARE DEVELOPING NEW
3	TRAINING MECHANISMS, SOME OF WHICH WILL HAVE DIRECT
4	INTERACTIONS WITH TRAINEES COMING OUT OF OUR PILLAR
5	PROGRAMS, OTHERS THAT ARE ENTIRELY NEW AND WILL BE
6	RECRUITING MEMBERS OF THE PUBLIC AND STUDENTS FROM
7	COMMUNITY COLLEGES, ET CETERA.
8	SO WE NOW FUNDED THIS UNIVERSE THAT IS
9	CONTINUING TO EVOLVE CONSISTING OF COURSES AND
10	ASSETS AND OPPORTUNITIES. AND THEY'RE ALL BEING
11	AND UP TO THIS POINT HAVE BEEN ADMINISTERED
12	SEPARATELY. BUT AS YOU ALL KNOW, OUR STRATEGIC PLAN
13	IS TO CONNECT THESE PROGRAMS AND CREATE A NETWORK SO
14	THAT RESOURCES CAN BE SHARED, SO THAT COLLABORATION
15	CAN BE ENABLED, AND THE VALUE CAN BE EXPANDED BOTH
16	WITHIN AND OUTSIDE OF THIS CIRM NETWORK.
17	SO CONSIDERING ALL OF THESE DIFFERENT
18	ELEMENTS THAT ARE OUT THERE, HOW ARE WE BRINGING
19	THEM TOGETHER? THAT'S WHERE THE STRATEGY COMES IN.
20	THIS IS SOMETHING THAT'S BEING DONE ADMINISTRATIVELY
21	AND REPRESENTS A COLLABORATION BETWEEN MANY, MANY
22	DIFFERENT GROUPS AT CIRM. THE MAJOR ONES WHO LEAD
23	THESE PROGRAMS ARE LISTED ACROSS THE BOTTOM, THE
24	SCIENTIFIC PROGRAMS TEAM WHICH LEADS THE EDUCATIONAL
25	PILLAR PROGRAMS. AND WE HAVE OUR INFRASTRUCTURE

99

1	PROGRAMS THAT ARE THE MANUFACTURING CENTERS,
2	CALIFORNIA MANUFACTURING CENTERS, WHICH IS MANAGED
3	BY DR. PATEL'S GROUP, BUSINESS DEVELOPMENT. AND WE
4	HAVE ALPHA CLINICS EXPANSION AND THE UPCOMING
5	COMMUNITY CARE CENTERS OF EXCELLENCE THAT WILL BE
6	MANAGED BY DR. GEOFF LOMAX THROUGH THE MEDICAL
7	AFFAIRS TEAM. AND THEN WE HAVE THE SHARED RESOURCES
8	LAB THAT WILL BE COMING IN EARLY 2024 LED BY DR. UTA
9	GRISHAMMER IN ROSA'S GROUP, THE SCIENTIFIC PROGRAMS
10	AND EDUCATION TEAM.
11	SO THIS SLIDE IS JUST A BIRDS-EYE VIEW OF
12	THE STRATEGY. YOU DON'T NEED TO READ EVERYTHING ON
13	IT BECAUSE IT'S JUST MEANT TO SHOW YOU HOW THERE'S
14	KIND OF FIVE MAJOR ARMS TO THIS STRATEGY THAT ARE
15	COMING TOGETHER. AND IT'S ALSO TO ILLUSTRATE THE
16	COLLABORATIONS THAT ARE OCCURRING BETWEEN THE TEAMS
17	THAT MANAGE THE AWARDS THEMSELVES, BUT ALSO THE
18	GRANTS MANAGEMENT GROUP AND THE COMMUNICATIONS TEAM
19	BECAUSE COLLABORATION WITH THEM AND TAKING ADVANTAGE
20	OF WHAT THEY HAVE TO OFFER IS HOW WE'RE GOING TO
21	MAKE ALL OF THIS WORK EFFECTIVELY TOGETHER.
22	SO BRIEFLY, THE FIRST ARM OF THIS STRATEGY
23	WE CALL OUTREACH AND ENGAGEMENT. THIS IS REALLY A
24	SET OF ACTIVITIES THAT ARE DESIGNED TO RAISE
25	AWARENESS OF CIRM'S EDUCATION PROGRAMS AND TO BUILD
	100

1	TRUST IN COMMUNITIES WITH CIRM AND WHAT WE DO. SO
2	OUR EDUCATION PILLAR PROGRAMS AND SOME OF THE NEWER
3	PROGRAMS COMING ONLINE HAVE THEIR OWN STRATEGIES FOR
4	RECRUITING STUDENTS AND TRAINEES TO THEIR PROGRAMS.
5	HOWEVER, WE CAN AMPLIFY THAT AND ASSIST WITH THAT BY
6	ENGAGING IN OUTREACH ACTIVITIES OURSELVES,
7	PARTICIPATING IN COMMUNITY EVENTS, INFORMING PEOPLE
8	ABOUT CIRM EDUCATION OPPORTUNITIES. WE ARE DOING A
9	LOT OF THIS IN COLLABORATION WITH COMMUNICATIONS,
10	AND I'M THINKING WE'LL HEAR A LITTLE BIT ABOUT THAT
11	IN THE UPDATE THAT THEY'RE GIVING FOLLOWING THIS
12	PRESENTATION.
13	IT'S NOT JUST CIRM STAFF AND CIRM
14	AFFILIATES PARTICIPATING IN THIS HOWEVER. THE
15	EDUCATION TRAINEES THEMSELVES AS WELL AS THE STAFF
16	WHO ADMINISTER THOSE PROGRAMS AT THE INSTITUTIONS,
17	BUT EVEN THE ALUMNI FROM THESE PROGRAMS ARE PART OF
18	THIS COMMUNITY. WE'VE DEVELOPED A CIRM TRAINEE
19	LINKEDIN GROUP FOR ALUMNI THAT'S CROSS PROGRAMS THAT
20	WE'VE INVITED ALL CURRENT AND ALUMNI TO. NOW, THIS
21	IS AN EXCELLENT TOOL BECAUSE NOT ONLY DOES IT GIVE
22	US AN ABILITY TO DO LONG-TERM TRACKING OF CAREERS
23	FOR SOME OF OUR TRAINEES, EVEN WHEN THEIR GRANTS
24	HAVE CONCLUDED OR THEIR TRAINING APPOINTMENT PERIODS
25	HAVE CONCLUDED LONG AGO, BUT IT ALSO ALLOWS US TO

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1	SURVEY THEM AND MAKE THEM AWARE OF OPPORTUNITIES
2	WHERE THEY TOO CAN PARTICIPATE.
3	AND MANY OF THESE STUDENTS AND TRAINEES
4	WHO HAVE GRADUATED FROM THESE PROGRAMS ARE VERY
5	EAGER TO GIVE BACK TO THEIR COMMUNITIES. AND SO
6	IT'S A WAY TO BRING THEM IN AND USE THEM TO AMPLIFY
7	OUR MESSAGE AND TO PERHAPS REACH COMMUNITIES THAT WE
8	OURSELVES MAY NOT BE ABLE TO REACH AS EFFECTIVELY.
9	THE SECOND PART OF THE STRATEGY INCLUDES
10	COMPILING ALL THE VARIOUS COURSES AND RESOURCES THAT
11	HAVE BEEN DEVELOPED BY THESE PROGRAMS AND
12	DISSEMINATING THEM TO OTHER EDUCATORS AND WORKFORCE
13	DEVELOPERS SO THAT THE BENEFIT CAN SPREAD BEYOND
14	THESE INDIVIDUAL PROGRAMS. BY COURSES AND
15	RESOURCES, I'M TALKING ABOUT CURRICULA THAT HAVE
16	DEVELOPED, AWARENESS OF AND ACCESS TO CERTIFICATE
17	PROGRAMS, INCLUDING, FOR EXAMPLE, IN OUR
18	MANUFACTURING CENTERS THAT ARE COMING ONLINE, WE'LL
19	BE OFFERING CERTIFICATE PROGRAMS AND THINGS LIKE
20	QUALITY AND PROCESS DEVELOPMENT.
21	IT ALLOWS OUR TEAMS THAT HAVE DEVELOPED
22	NEW INNOVATIONS AROUND TEACHING TO SHARE THAT WITH
23	THEIR PEERS AND MORE BROADLY. AND IMPORTANTLY IT
24	ALSO ALLOWS THEM TO SHARE INNOVATIONS THAT THEY'VE
25	DEVELOPED AROUND DIVERSITY, EQUITY, AND INCLUSION
	100

1	AND OUTREACH AND ESPECIALLY MENTORSHIP PRACTICES AND
2	HOW TO IMPLEMENT TRAINING AND MENTORSHIP SO THAT
3	OTHER PROGRAMS WHO DON'T HAVE A CIRM GRANT CAN ALSO
4	BENEFIT FROM THESE RESOURCES.
5	AND FINALLY, MANY OF THESE PROGRAMS
6	COMPILE CAREER DEVELOPMENT INFORMATION, DIFFERENT
7	PATHS THAT STUDENTS MAY TAKE THAT THEY MAY NOT BE
8	AWARE OF IN THEIR LOCAL OPPORTUNITY, BUT IT TEACHES
9	THEM NEW WAYS THAT THEY CAN APPLY THEIR SKILLS INTO
10	NEEDED AREAS OF OUR WORKFORCE.
11	THE THIRD ELEMENT OF THE STRATEGY IS TO
12	PROVIDE IMPROVEMENTS ON THE EXPERIENCE OF THE
13	TRAINEES THEMSELVES THAT ARE BEING SUPPORTED THROUGH
14	OUR PROGRAMS. SO AS DR. CANET-AVILES DESCRIBED, ONE
15	OF THE CORE ELEMENTS OF AN EDUC PILLAR PROGRAM IS A
16	HANDS-ON PAID INTERNSHIP. AND IN MANY CASES THIS IS
17	AT A HOST SITE. FOR EXAMPLE, OUR BRIDGES PROGRAMS
18	ARE BASED AT CALIFORNIA STATE UNIVERSITIES AND
19	COMMUNITY COLLEGES THAT DON'T NECESSARILY HAVE LARGE
20	FEDERALLY FUNDED RESEARCH LABORATORIES DOING
21	REGENERATIVE MEDICINE RESEARCH. HOWEVER, BRIDGES
22	TRAINEES TRAVEL AND THEY CAN SPEND UP TO A YEAR IN A
23	WORLD-CLASS RESEARCH LABORATORY, GAIN THE NETWORKING
24	AND GAIN THE RESEARCH SKILLS THERE.
25	SO WE'VE ALREADY SEEN AN EXPANSION OF
	103

1	DIFFERENT TYPES OF HOST SITES WHERE THESE TRAINEES
2	CAN WORK OVER THE YEARS. IT'S EXPANDED TO INCLUDE A
3	LOT OF BIOTECHNOLOGY COMPANIES AS WELL. AND THIS IS
4	CONTINUING TO EXPAND, INCLUDING THROUGH
5	OPPORTUNITIES THAT ARE BEING CREATED THROUGH THE
6	FUNDING OF THESE NEW INFRASTRUCTURE PROGRAMS SUCH AS
7	MANUFACTURING AND THE ALPHA CLINICS EXPANSION AND
8	COMMUNITY CARE CENTERS OF EXCELLENCE. IN FACT,
9	PROPOSITION 14 DESCRIBES A GOAL OF HAVING CIRM
10	FELLOWS WORK IN ALPHA CLINICS AND COMMUNITY CARE
11	CENTERS OF EXCELLENCE. SO THIS IS ONE OF THE AREAS
12	WHERE WE'RE GOING TO BE FOSTERING THE CONNECTIONS TO
13	MAKE THIS A REALITY.
14	WE WANT TO INCREASE ACCESS OF TRAINEES TO
15	MENTORS FROM ALL WALKS OF LIFE, ALL LIVED
16	EXPERIENCES. WE ARE CREATING ADDITIONAL
17	OPPORTUNITIES FOR THEM TO NETWORK WITH ONE ANOTHER
18	BOTH WITHIN THEIR PROGRAMS, ACROSS DIFFERENT
19	TRAINING PROGRAMS, AND WITH OTHER PROFESSIONALS IN
20	THEIR FIELD OR THEIR CHOSEN FUTURE FIELD.
21	WE ALSO ARE USING THIS STRATEGY TO
22	INCREASE THEIR AWARENESS OF DIVERSE CAREER PATHS,
23	NOT JUST NECESSARILY THE TRADITIONAL PH.D. TO
24	PROFESSOR OR M.D., WHICH IS STILL A VERY VIABLE AND
25	POPULAR AND NEEDED CAREER PATH FOR REGENERATIVE
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1	MEDICINE, BUT ALSO A LOT OF VERY STRONG NEEDS IN THE
2	FIELD, INCLUDING MANUFACTURING ASSOCIATES, QUALITY
3	ASSOCIATES, QUALITY CONTROL, PEOPLE WHO CAN
4	COMMUNICATE SCIENCE, DATA SCIENCE. THERE ARE MANY
5	DIFFERENT WAYS THAT SKILLS THAT ARE OBTAINED DURING
6	RESEARCH TRAINING CAN BE APPLIED, AND PEOPLE NEED TO
7	BE MADE AWARE OF THAT BECAUSE THEY DON'T ALWAYS GET
8	EXPOSURE TO THAT IN THEIR INSTITUTION.
9	AND FINALLY, EFFORTS TO IMPROVE THE
10	ENVIRONMENT WITHIN INSTITUTIONS. SO WE ALL KNOW
11	THAT IN ORDER TO DIVERSIFY OUR WORKFORCE, THERE ARE
12	A COUPLE OF AREAS THAT NEED TO BE ADDRESSED. ONE IS
13	ATTRACTING DIVERSE POPULATIONS INTO THE PIPELINE TO
14	BEGIN WITH, BUT ANOTHER ASPECT IS KEEPING THEM
15	EXCITED, KEEPING THEM WITH A SENSE OF BELONGING,
16	KEEPING THEM IN THAT PIPELINE SO THAT THEY COME OUT
17	THE OTHER END AND WE BASICALLY OVERCOME MANY OF THE
18	GAPS THAT WE ALL KNOW ARE THERE IN OUR STEM
19	PATHWAYS, BOTH IN THE STATE AND NATIONALLY.
20	SO THAT IS A SUMMARY OF WHAT THIS THIRD
21	ELEMENT OF THE STRATEGY IS ADDRESSING.
22	THE FOURTH ELEMENT OF THE STRATEGY IS
23	IMPROVING OPERATIONAL EXCELLENCE. SO THIS IS WHAT
24	CAN WE DO ADMINISTRATIVELY AND OPERATIONALLY INSIDE
25	CIRM TO ALLOW US TO UNDERSTAND OUR PROGRAMS BETTER
	105

1	AND TO IMPROVE THEM AND TO OPERATE THEM MORE
2	EFFECTIVELY. SO THIS INVOLVES A LOT OF
3	COLLABORATION WITH BOTH THE INFRASTRUCTURE TEAMS AS
4	WELL AS OUR GRANTS MANAGEMENT TEAM BECAUSE, AS YOU
5	KNOW, SOME OF THESE PROGRAMS WE'VE BEEN TELLING YOU
6	ABOUT FOR MANY YEARS. AND CIRM'S CAPABILITIES FOR
7	TRACKING THINGS AND THE GRANTS MANAGEMENT SYSTEM ARE
8	MUCH BETTER NOW THAN THEY WERE TEN YEARS AGO, THAN
9	THEY WERE FIVE YEARS AGO, THAN THEY WERE THREE YEARS
10	AGO. SO WE HAVE A PRETTY GOOD CAPABILITY OF
11	IMPROVING OUR ABILITY TO TRACK LONGER TERM OUTCOMES
12	FOR ALUMNI FOR OUR RECENT PROGRAMS, BUT WE HAVE A
13	LITTLE BIT OF WORK TO TRY BRING ALL THE PREVIOUS
14	PROGRAMS IN LINE SO THAT WE HAVE THE SAME SET OF
15	DATA FOR EVERYBODY. BUT THAT'S SOMETHING THAT WE'RE
16	WORKING ON. WE'VE ALREADY IMPLEMENTED A NUMBER OF
17	IMPROVEMENTS. SO THAT IS ONGOING.
18	WE ALSO HAVE IMPLEMENTED AND ARE
19	CONTINUING TO IMPROVE OUR ABILITY TO CAPTURE AND
20	TRACK THE DEMOGRAPHICS OF TRAINEES SO THAT WE CAN
21	BETTER UNDERSTAND WHO'S MISSING, WHO MIGHT BE, WHERE
22	THERE MIGHT BE ATTRITION, WHETHER IT'S INSTITUTION
23	SPECIFIC, WHETHER IT'S PROGRAM SPECIFIC, WHETHER
24	IT'S MORE SYSTEMIC. THIS IS SO THAT WE CAN REALLY
25	MAKE SURE WE ARE HOLDING EVERYONE ACCOUNTABLE TO BE

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1	DOING ABSOLUTELY THE MOST THAT THEY CAN IN ORDER TO
2	INCREASE THE DIVERSITY, THE EQUITY, AND INCLUSION
3	AND THE SENSE OF BELONGING FOR THE PEOPLE WHO ARE
4	COMING IN AND TRAINING IN OUR PROGRAMS.
5	OPERATIONAL IMPROVEMENTS ARE ALSO VERY
6	IMPORTANT FOR ASSURING ALIGNMENT AND
7	INTEROPERABILITY BETWEEN THE PROGRAMS. I'VE ALREADY
8	MENTIONED THE PROGRAMS THAT COMPRISE THE EDUCATIONAL
9	NETWORK INCLUDE PROGRAMS THAT ARE MANAGED BY
10	DIFFERENT GROUPS WITHIN CIRM. HOWEVER, WE HAVE A
11	WORKING GROUP WITH THE LEAD MEMBERS OF EACH TEAM AND
12	PROJECT MANAGERS, AND WE HAVE REGULAR MEETINGS TO
13	ENSURE THAT TRACKING AND NEW SYSTEMS AND
14	IMPROVEMENTS THAT ARE DEVELOPED ARE GOING TO BE
15	ALIGNED AND USE COMMON TERMINOLOGY SO THAT WE CAN
16	ANALYZE OUR PROGRAMS AND OUTCOMES AND COMPARE APPLES
17	TO APPLES RATHER THAN APPLES TO ORANGES. AND THIS
18	WILL ULTIMATELY HELP US DEVELOP BETTER PROCESSES AND
19	METRICS FOR EVALUATING AND QUANTIFYING THE
20	CONNECTIVITY OF THIS NETWORK THAT WE ARE BUILDING.
21	AND LASTLY, THE CONNECTIVITY, HOW ARE WE
22	GOING TO DO THAT. SO WHAT WE ARE DOING IS WE ARE
23	PUTTING TOGETHER A WEB PORTAL THAT IS GOING TO
24	CONNECT ALL OF THESE DIFFERENT ELEMENTS THAT I'VE
25	TALKED ABOUT, INCLUDING ACCESS TO THE TRAINEES
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1	THEMSELVES WHO ARE IN A WAY HUMAN RESOURCES OR HUMAN
2	ASSETS AS WELL AS THE BEST PRACTICES AND THE COURSES
3	THAT HAVE BEEN DEVELOPED BY ANY NUMBER OR MEMBERS OF
4	THESE PROGRAMS OR WILL BE DEVELOPED IN THE FUTURE.
5	SO AS I MENTIONED, WE HAVE A WORKING GROUP
6	THAT'S COME TOGETHER TO DEFINE THE OBJECTIVES OF THE
7	PORTAL AND THE FUNCTIONS THAT WILL BE REQUIRED. AND
8	WE'VE ALREADY BEGUN THE GROUNDWORK ON THIS, AND WE
9	EXPECT TO HAVE THIS PORTAL UP AND RUNNING BY THE
10	BEGINNING OF NEXT FISCAL YEAR.
11	SO, AGAIN, THE OBJECTIVE OF THAT PORTAL IS
12	TO FACILITATE CONNECTIVITY BETWEEN THE PROGRAMS, TO
13	FACILITATE COLLABORATION BETWEEN THE PROGRAMS, AND
14	TO AMPLIFY THE VALUE OF THESE PROGRAMS WITHIN AND
15	WITHOUT OF THE NETWORK.
16	THIS IS JUST A QUICK SNAPSHOT OF THE
17	TIMELINE OF IMPLEMENTING THIS STRATEGY. YOU CAN SEE
18	OVER ON THE LEFT OF THE TIMELINE WAY BACK IN 2021 WE
19	RELAUNCHED THE BRIDGES PROGRAM AND THE CIRM SCHOLARS
20	PROGRAM WITH UPDATES TO MAKE THEM MORE RESPONSIVE TO
21	PROPOSITION 14. THE SPARK PROGRAM, WHICH IS OUR
22	HIGH SCHOOL INTERNSHIP PROGRAM, WAS ALSO LAUNCHED
23	AND REINITIATED BEGINNING WITH THE SUMMER OF 2022.
24	AND TOWARDS THE END OF 2022 IS WHEN WE LAUNCHED THE
25	VERY FIRST NEW FULLY PROPOSITION 14 FOCUSED TRAINING

1	PROGRAM, THE COMPASS AWARDS. AND THAT PROGRAM HAS
2	JUST COMPLETED ITS FIRST ANNIVERSARY. SO HOPEFULLY
3	THE NEXT TIME I COME TO GIVE YOU ALL AN UPDATE I CAN
4	TELL YOU A LITTLE BIT ABOUT HOW THAT PROGRAM IS
5	DOING.
6	THE GETTING TO OUR INFRASTRUCTURE
7	PROGRAMS, THE ALPHA CLINICS EXPANSION WAS RELAUNCHED
8	IN EARLY 2023. AND MORE RECENTLY THE CALIFORNIA
9	MANUFACTURING NETWORK PHASE 1 PROGRAMS HAVE BEEN
10	LAUNCHED THROUGH DR. PATEL'S GROUP. AND SO WE'RE
11	REALLY EXCITED TO SEE THOSE UP AND RUNNING. A
12	NUMBER OF THEM HAVE BUILT IN COLLABORATIONS WITH
13	SOME OF OUR EDUC PILLAR PROGRAMS, AND WE'RE VERY
14	EAGER TO START IMPLEMENTING THE CONNECTIVITY BETWEEN
15	THOSE.
16	COMING SOON IN 2024 BEFORE YOU WILL BE A
17	SLATE OF NEW SHARED RESOURCES LABORATORIES WHICH ARE
18	GOING TO PROVIDE COURSES. SOME OF THEM ARE GOING TO
19	BE PROVIDING COURSES THAT WILL BE MADE AVAILABLE TO
20	NOT JUST CIRM TRAINEES, BUT OTHERS OUTSIDE OF CIRM
21	SUPPORT. AND IN 2025, WHEN THE COMMUNITY CARE
22	CENTERS OF EXCELLENCE ARE IN PLACE, THAT WILL SERVE
23	AS ANOTHER SITE FOR HOSTING OR PROVIDING RESOURCES
24	AND TRAINING OPPORTUNITIES TO CIRM EDUC FELLOWS AND
25	OTHERS SUPPORTED THROUGH OUR INFRASTRUCTURE

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1	PROGRAMS.
2	SO THE EDUC PILLAR PROGRAMS HAVE
3	RELAUNCHED AND ARE UP AND RUNNING. THEY'RE
4	SUPPORTING SEVERAL HUNDRED STUDENTS PER YEAR OR
5	TRAINEES. SO THERE'S A LOT OF OPPORTUNITY THERE TO
6	CONNECT THEM AND PROVIDE NEW OPPORTUNITIES FOR THEM.
7	THE INFRASTRUCTURE PROGRAMS WITH
8	EDUCATIONAL COMPONENTS, SOME OF THEM HAVE BEEN
9	LAUNCHED, AND SOME OF THEM ARE ONGOING AND WILL BE
10	COMING BEFORE YOU SOON.
11	WE HAVE BUILT AND LAUNCHED THE TRAINEE
12	ALUMNI NETWORK, WHICH IS A LINKEDIN GROUP. THIS
13	ALLOWS US TO REACH OUT TO OUR ALUMNI AND TRAINEES EN
14	MASSE IF WE WANT TO SOLICIT THEIR OPINIONS ON THINGS
15	IF WE WANT MAKE THEM AWARE OF JOBS OR OTHER KINDS OF
16	OPPORTUNITIES OR SEARCH TO SEE IF ANY OF THEM WOULD
17	LIKE TO COME BACK AND BE MENTORS, WHICH MANY OF THEM
18	DO. SO THAT GIVES US THAT ABILITY.
19	COMING UP OVER THE NEXT SIX MONTHS WE'LL
20	COMPLETE DEVELOPING AND LAUNCHING THE WEB PORTAL
21	THAT I TALKED ABOUT, WHICH WILL ENABLE THAT ACTUAL
22	PLATFORM FOR CONNECTIVITY TO OCCUR. WE'LL IMPLEMENT
23	SOME OF THOSE OUTCOME TRACKING ENHANCEMENTS THAT I
24	DESCRIBED RELATING TO OUR ABILITY TO TRACK DEI AND
25	HOLD GRANTEES ACCOUNTABLE AND BETTER UNDERSTAND HOW
	110

1	THEY'RE DOING AND WHERE THEY MIGHT BE FALLING SHORT
2	OR WHERE THERE MIGHT BE MORE RESOURCES NEEDED.
3	AND FINALLY, THE ITERATIVE IMPROVEMENTS
4	AND UPDATES. THIS IS NOT SOMETHING THAT I CAN TELL
5	YOU WHEN IT WILL BE FINISHED BECAUSE WE'RE ALWAYS
6	LEARNING AND FINDING WAYS THAT WE CAN DO THINGS
7	BETTER. SO THAT'S GOING TO BE AN ONGOING PROCESS
8	PROBABLY AS LONG AS I'M AROUND TO TALK TO YOU ABOUT
9	IT.
10	SO JUST A QUICK SUMMARY OF THE STRATEGY
11	THAT I'VE PRESENTED AND SHARED WITH YOU TODAY. THE
12	PURPOSE OF THE STRATEGY IS TO LEVERAGE CIRM'S PAST,
13	PRESENT, AND FUTURE INVESTMENTS IN EDUCATION AND
14	INFRASTRUCTURE. IT'S CREATING INTEROPERABILITY
15	WITHIN AND ACROSS THE PROGRAMS. IT PROMOTES THE
16	SHARING OF RESOURCES, CURRICULA, AND KNOWLEDGE BOTH
17	TO INTERNAL AND EXTERNAL COMMUNITIES. IT'S
18	PROMOTING THE BEST PRACTICES IN DEI AND MENTORSHIP,
19	A LOT OF WHICH HAS ACTUALLY BEEN INNOVATED IN THE
20	PROGRAMS THAT ARE SUPPORTED. AND, FINALLY, IT WILL
21	FOSTER COLLABORATION, INNOVATION, AND WORKFORCE
22	DEVELOPMENT AND OUTREACH BROADLY.
23	SO I THANK YOU FOR YOUR ATTENTION, AND I'M
24	HAPPY TO ANSWER ANY QUESTIONS IF ANYONE HAS ANY.
25	CHAIRMAN IMBASCIANI: THANK YOU, KELLY AND
	111

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1	ROSA. THIS WAS A REALLY, REALLY, EXCITING, ALMOST
2	BREATHTAKING PRESENTATION. THIS OVERVIEW WAS
3	INFORMATIONAL, SO WE'LL ENTERTAIN QUESTIONS. BUT I
4	WAS ONCE A COLLEGE PROFESSOR, AND I'M GOING TO WAGER
5	THAT YOU DON'T HAVE TO BE A MEMBER OF THE ACADEMY TO
6	RECOGNIZE WHAT CIRM HAS ACCOMPLISHED HERE. THE
7	BREADTH, THE DEPTH, THE BOLDNESS, THE
8	COMPREHENSIVENESS OF THIS EDUCATIONAL EFFORT IS JUST
9	EXTRAORDINARY. AND I DON'T KNOW WHO ELSE CAN DO IT
10	AND WHO ELSE CAN MODEL THEMSELVES ON US. I KNOW
11	THAT YOU'RE GOING TO MAKE ALL OF OUR MATERIALS
12	AVAILABLE TO MANY, MANY OTHERS, AND I HOPE THEY TAKE
13	ADVANTAGE OF THAT. THANK YOU SO MUCH. THIS WAS
14	REALLY EXCITING.
15	DR. SHEPARD: THANK YOU.
16	CHAIRMAN IMBASCIANI: COMMENTS OR
17	QUESTIONS FOR KELLY OR ROSA? YES.
18	DR. HIGGINS: DO YOU IMAGINE ANY OF THESE
19	PROGRAMS BEING REVENUE GENERATING AT ANY POINT? IT
20	SEEMS LIKE THE CIRM BRAND ON A PROGRAM WOULD CARRY
21	ITS WEIGHT IN GOLD.
22	DR. SHEPARD: WELL, A LOT OF THESE
23	PROGRAMS ARE PROVIDING TRAINING, AND THE GRANTS ARE
24	PROVIDING A STIPEND SO THAT THE STUDENTS ARE ABLE TO
25	GO TO DIFFERENT AREAS TO GAIN RESEARCH SKILLS, AND
	112

1	IT ALSO FACILITATES THE ABILITY OF THE LABS TO HOST
2	THEM WHERE THEY CAN GAIN THESE SKILLS.
3	SO I'M NOT SURE THAT ANY OF THE TRAINING
4	PROGRAMS IN AND THEMSELVES THAT WE SUPPORT WOULD BE
5	REVENUE GENERATING. HOWEVER, SOME OF THESE PROGRAMS
6	THAT ARE BEING OFFERED AND MAYBE WHERE EXTERNAL
7	TRAINEES CAN COME AND APPLY AND WOULD BE PAYING
8	TUITION OR COURSE FEES COULD POTENTIALLY BE REVENUE
9	GENERATING FOR THE PROVIDERS OF THE PROGRAMS.
10	CHAIRMAN IMBASCIANI: THANK YOU, KELLY.
11	DR. SACKEY IS NEXT AND THEN
12	DR. SACKEY: THANK YOU SO MUCH, VITO. I
13	WANT TO ECHO YOUR COMMENTS EARLIER IN SAYING THIS IS
14	PHENOMENAL. THIS IS INCREDIBLE WORK. AND I WANT TO
15	CONGRATULATE CIRM FOR REALLY PLAYING THIS LONG GAME
16	OF HELPING TO DEVELOP THE WORKFORCE AND USING
17	MULTIPLE PATHWAYS TO DO SO.
18	I AGREE WITH YOU, BY THE WAY, IN YOUR
19	RESPONSE THAT THE GOAL MAY NOT NECESSARILY BE
20	REVENUE GENERATING WHEN IT COMES TO REALLY TRYING TO
21	LEVEL THE PLAYING FIELD FOR FOLKS WHO OTHERWISE
22	DON'T HAVE ACCESS TO EDUCATION OR ACCESS TO EXPOSURE
23	TO STEM-RELATED FIELDS. SO I LOVE THAT'S WHAT OUR
24	MISSION-ORIENTED VISION OF REALLY USING THIS TO
25	ACTUALLY ALSO ADDRESS WEALTH GAP BECAUSE, AS YOU
	110

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1	KNOW, OFTENTIMES IT'S PROPORTIONATELY FOLKS WHO LOOK
2	LIKE ME ARE NOT NECESSARILY ENOUGH TO BE A PHYSICIAN
3	LIKE I AM. SO I REALLY WANT TO APPLAUD YOU.
4	I GUESS MY QUESTION HAS TO DO WITH
5	LONG-TERM TRACKING DATA. YOU MENTIONED THAT YOU
6	HAVE A BETTER CAPACITY TO TRACK THE DATA. I WOULD
7	LOVE TO HEAR AND SEE WHERE THE GRADUATES OF THESE
8	VARIOUS PROGRAMS HAVE LANDED AND WHETHER THEY ARE
9	CHOOSING CIRM-RELATED FIELDS AS IS THE GOAL OF MANY
10	OF THESE PROGRAMS. SO I WONDER HOW I COULD ACCESS
11	SOME OF THAT LONG-TERM DATA.
12	DR. SHEPARD: I'VE IN PAST DONE
13	PRESENTATIONS. I DID ONE THAT OUR TEAM PROVIDED AS
14	PART OF DR. MILLAN'S PRESIDENTIAL REPORT AT THE END
15	OF LAST YEAR. WE HAD TALKED ABOUT SOME OF THE
16	CUMULATIVE OUTCOMES THAT WE WERE ABLE TO SCRAPE FROM
17	THE DATA THAT'S BEEN PROVIDED INTERNALLY. AND WHAT
18	WE FOUND WAS ABOUT A THIRD OF, FOR EXAMPLE, IN THE
19	BRIDGES PROGRAM, WHICH IS THE ONE THAT'S BEEN
20	RUNNING THE LONGEST CONTINUOUSLY, ABOUT A THIRD TO
21	40 PERCENT OF THOSE STUDENTS GO ON INTO PROFESSIONAL
22	GRADUATE DEGREE PROGRAMS, SUCH A PH.D. PROGRAMS OR
23	M.D.S, BUT TWO-THIRDS OF THEM GO AND PRETTY MUCH
24	FIND A JOB AS A TECHNICIAN ALMOST IMMEDIATELY AFTER
25	THEY GRADUATE. SOMETIMES THEY EXTEND THEIR PERIOD

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1	IN THE INTERNSHIP LAB, THEY'RE HIRED RIGHT AWAY, AND
2	THEY STAY THERE FOR A COUPLE YEARS WHILE THEY'RE
3	DECIDING ON THEIR NEXT STEPS, BUT OTHERS HAVE GONE
4	ON AND BECOME TECHNICIANS IMMEDIATELY.
5	SO WE HAVE THAT KIND OF INFORMATION.
6	RIGHT NOW WE ARE DEPENDENT ON OUR GRANTEES REPORTING
7	ON THE LONG-TERM OUTCOME DATA OF THEIR TRAINEES.
8	AND SO EVERY YEAR WHEN THEY SUBMIT A PROGRESS
9	REPORT, THEY TELL US ANYTHING NEW THEY'VE LEARNED
10	ABOUT THE DEGREES THAT THE TRAINEES HAVE RECEIVED
11	SUBSEQUENTLY, THEIR CURRENT POSITION. HOWEVER, IF
12	ANY OF THE ALUMNI DROP OFF THE MAP OR THEIR CONTACT
13	INFORMATION CHANGES, SOMETIMES INFORMATION IS LOST.
14	SO WHAT WE WOULD TRY TO DO BY CREATING
15	THIS TRAINEE LINKEDIN NETWORK IS IDENTIFY TRAINEES
16	THAT WE CAN WHOSE CONTACT INFORMATION WE STILL HAVE,
17	BUT HOPEFULLY THROUGH THE POWER OF THAT NETWORKING
18	IDENTIFY OTHERS AND BRING THEM IN. AND THROUGH
19	LINKEDIN, WE ARE ABLE TO SEE WHAT THEIR CURRENT
20	POSITIONS ARE IF THEY'RE ACTIVELY USING LINKEDIN.
21	SO THAT'S ONE WAY OF BEING ABLE TO KEEP TRACK OF
22	WHERE THEY ARE NOW AND WHERE THEY MIGHT BE IN A FEW
23	YEARS.
24	NOW, THIS ONLY GIVES US A SUBSET OF THE
25	ALUMNI, THE ONES THAT HAVE JOBS AND USE LINKEDIN.
	115

1	AND SO ANOTHER CHALLENGE IS TRY TO IDENTIFY THOSE
2	WHO MAYBE HAVE DROPPED OFF OF CONTACT, FIND OUT
3	WHETHER THEY'RE STILL IN THE FIELD, OR WHETHER
4	THEY'VE GONE INTO OTHER PROFESSIONS. I MEAN THERE
5	ARE MANY, MANY OTHER VALID PROFESSIONS THAT CAN
6	BENEFIT FROM HAVING SKILLS DEVELOPED THROUGH ONE OF
7	THESE PROGRAMS, TEACHING, ALL KINDS OF THINGS,
8	POLITICS. SEVERAL OF THEM HAVE GONE ON TO BECOME
9	POLICY FELLOWS. THE MAJORITY OF STUDENTS THAT COME
10	THROUGH OUR PROGRAMS DO REMAIN IN THE STEM AREA AT
11	LEAST FOR THE FIRST FEW YEARS THAT THEY'RE TRACKED
12	AFTER THEY GRADUATE FROM THE PROGRAM.
13	SO ULTIMATELY WE WANT TO TRY TO CREATE
14	ADDITIONAL CATEGORIES SO WE HAVE MORE GRANULARITY IN
15	HOW WE TRACK THE DIFFERENT CAREER TRAJECTORIES OF
16	STUDENTS, ESPECIALLY NOW THAT WE'RE GOING TO BE
17	HAVING TRAINEES COMING IN WITH SPECIFIC TRAINING IN
18	MANUFACTURING TYPE POSITIONS. THE WORLD OF
19	DIFFERENT TYPES OF TRAINING THAT WE ARE OFFERING
20	THROUGH OUR CIRM PROGRAMS HAS EXPANDED A LITTLE BIT.
21	SO I THINK WE'LL BE ABLE TO GET MORE DETAIL ABOUT
22	THE TYPES OF CAREER PATHS AND HOPEFULLY BRING MORE
23	PEOPLE IN TO PICK UP RETROACTIVELY SOME OF THE DATA
24	WE WEREN'T ABLE TO CAPTURE IN THE EARLIER YEARS OF
25	THE PROGRAM. BUT I THINK WE'LL BE ABLE TO DO BETTER

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1	TRACKING AND ASSESSMENT STARTING NOW AND GOING
2	FORWARD AS WE CONTINUE TO IMPROVE OPERATIONALLY.
3	DR. SACKEY: THANK YOU SO MUCH. THIS IS
4	MY FIRST MEETING. SO NO WONDER I WASN'T I DIDN'T
5	HAVE PURVIEW INTO YOUR PREVIOUS PRESENTATIONS. BUT
6	IF THERE'S A WAY IN WHICH I CAN ACCESS THE PREVIOUS
7	PRESENTATIONS, THAT WILL BE TERRIFIC. THIS OF GREAT
8	INTEREST TO ME.
9	I AGREE WITH YOU, THAT ULTIMATELY IF WE
10	CAN HOLD OUR GRANTEES TO THE RESPONSIBILITY OF
11	ACTUALLY DOING THE LONG-TERM TRACKING, IT WILL BE A
12	LOT BETTER. NIH DOES THAT. NIH GIVES FUNDING AND
13	REQUIRES THAT PEOPLE ACTUALLY TRACK SHORT-TERM AND
14	LONG-TERM OUTCOMES.
15	CHAIRMAN IMBASCIANI: THANK YOU. GREAT
16	QUESTION. GREAT ANSWER. THANK YOU. I HAVE THREE
17	SPEAKERS IN THE FOLLOWING ORDER: ADRIANA FOLLOWED
18	BY JUDY GASSON AND THEN PAT LEVITT.
19	DR. PADILLA: THANK YOU, KELLY. I JUST
20	HAD ONE QUESTION. ON THE ORIGINAL PROGRAMS, ARE THE
21	FIXED NUMBERS, OR IS THERE GOING TO BE ONGOING
22	FUNDING TO ENHANCE THE OUTREACH TO DIFFERENT SITES?
23	DR. SHEPARD: SO FOR THE EDUCATION PILLAR
24	PROGRAMS, THEY WERE RE-FUNDED BY OUR BOARD IN
25	2021/2022. THOSE PROGRAMS ARE ALL FIVE-YEAR GRANTS.
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1	SO THEY WILL NEED TO BE REUPPED AT SOME POINT OR
2	EXTENDED IN A COUPLE OF YEARS. THE BRIDGES PROGRAM,
3	WHICH WAS THE FIRST TO RELAUNCH IN 2021, AND WE DID
4	THAT RIGHT AWAY BECAUSE WE DIDN'T WANT THE PROGRAM
5	TO LOSE CONTINUITY. WE WANTED TO GIVE THOSE
6	PROGRAMS AN OPPORTUNITY TO COMPETE FOR NEW FUNDING
7	UNDER PROPOSITION 14 AS SOON AS POSSIBLE. THOSE
8	PROGRAMS ARE JUST STARTING THEIR THIRD YEAR. SO
9	THEY HAVE THREE YEARS LEFT WITH THE CURRENT GRANTS.
10	THE CIRM SCHOLARS AND THE SPARK AWARDS
11	STARTED A LITTLE BIT BEHIND THAT. SO THEY HAVE
12	THREE TO FOUR YEARS TO GO. AND THEN THE COMPASS
13	AWARDS, WHICH ONLY JUST STARTED AND HAVE COMPLETED
14	THEIR FIRST BIRTHDAY, HAVE ANOTHER FOUR YEARS TO GO.
15	DR. PADILLA: BUT IS THERE ROUNDS FOR NEW
16	APPLICANTS?
17	DR. SHEPARD: OH, I SEE WHAT YOU'RE
18	SWAYING. NO. THOSE WERE RFA'S THAT WERE OFFERED AT
19	THAT TIME, AND SO THEY'RE CLOSED UNTIL AT WHICH TIME
20	CIRM LEADERSHIP AND THE BOARD PERHAPS DECIDES THAT
21	THAT IS SOMETHING TO BE INVESTING IN AGAIN IN THE
22	FUTURE.
23	CHAIRMAN IMBASCIANI: THANK YOU, ADRIANA.
24	JUDY GASSON.
25	DR. GASSON: I JUST WANT TO ADD MY
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CONGRATULATIONS TO THE PREVIOUS SPEAKERS. A NUMBER
OF YEARS AGO WE WERE ABLE TO COUNT HOW MANY DOLLARS
WE WERE SPENDING, BUT WE DIDN'T HAVE ANY WAY TO
MEASURE THE IMPACT. I BELIEVE THAT EVERYTHING THAT
CIRM DOES IS REALLY IMPORTANT, BUT IT MAY BE AMONG
THE MOST IMPORTANT THINGS THAT WE DO TO TRAIN THE
FUTURE OF THE WORKFORCE IN THIS FIELD. SO
CONGRATULATIONS TO KELLY AND ROSA AND THE WHOLE TEAM
FOR WORKING ON THIS. REALLY A SPECTACULAR
PRESENTATION.
CHAIRMAN IMBASCIANI: THANK YOU. PAT AND
THEN MARVIN.
DR. LEVITT: CONGRATULATIONS. IT'S ALMOST
SPEECHLESS IN TERMS OF THE BREADTH. EACH OF THE
PROGRAMS HAS DIFFERENT KINDS OF EXPERIENCES AND,
THEREFORE, I ASSUME, DIFFERENT KINDS OF OUTCOMES.
SO ONE QUESTION IS HOW GRANULAR ARE THE DESCRIPTIONS
FOR THOSE GRANTEES WHO ARE IN A PARTICULAR PROGRAM
TO UNDERSTAND WHAT THE GOALS ARE OF THAT SPECIFIC
PROGRAM? NOT EVERY PROGRAM IS DESIGNED TO HAVE
INDIVIDUALS GO INTO MANUFACTURING OR GO INTO
ACADEMICS OR GO INTO SO I'M WONDERING HOW
GRANULAR THE CIRM'S DESCRIPTIONS ARE FOR THOSE
OUTCOMES.
AND THE SECOND QUESTION RELATES TO WHAT
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ARE THE PROGRAMS RESPONSIBLE FOR IN TERMS OF QUALITY
 OF MENTORSHIP OR TRAINING OF MENTORS. ALL THESE
 PROGRAMS ARE REALLY HIGHLY DEPENDENT UPON THE
 QUALITY OF MENTORSHIP.

DR. SHEPARD: SO TO THE FIRST QUESTION 5 ABOUT THE GRANULARITY. SO EACH OF THE FOUR EDUC 6 7 PILLAR PROGRAMS THAT I DESCRIBED DID HAVE DIFFERENT OBJECTIVES. THE BRIDGES IS PERHAPS THE BROADEST 8 9 BECAUSE THERE ARE 15 DIFFERENT BRIDGES GRANTS, AND THEY'RE BASED AT CALIFORNIA STATE UNIVERSITIES AND 10 COMMUNITY COLLEGES. NOW, SOME OF THESE ARE MASTER'S 11 PROGRAMS, SOME OF THEM ARE OFFERING CERTIFICATES TO 12 13 STUDENTS AT DIFFERENT LEVELS. THEY MIGHT BE AN ASSOCIATE LEVEL, BUT IT COULD BE SOMEBODY WHO HAD A 14 CAREER WITH A BACHELOR'S DEGREE OR OTHER DEGREE IN A 15 DIFFERENT FIELD AND WANTED TO COME BACK AND GET 16 17 TRAINED IN REGENERATIVE MEDICINE.

SO THE BRIDGES PROGRAM WAS DESIGNED TO 18 PROVIDE INTERNSHIP OPPORTUNITIES TO STUDENTS IN THE 19 20 STATE AND COMMUNITY COLLEGES, LET THEM TRY OUT RESEARCH AS A FULL-TIME INTERNSHIP IN A LAB. IT WAS 21 22 TO BRIDGE THEIR ABILITY TO FIND OUT HOW MUCH THEY 23 LIKE RESEARCH, WHETHER THEY WANT TO GO ON AND BECOME A PH.D. OR A PROFESSOR. OR IT WAS ALSO TO CREATE 24 25 TECHNICIANS BECAUSE THERE ARE MANY VALUABLE SKILLS

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	24	SCHOOL INTERNSHIPS, THIS PROGRAM IS REALLY FOR
121	25	YOUNGER HIGH SCHOOL STUDENTS, 16-, 17-YEAR-OLDS WHO
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1	ARE INTERESTED IN SCIENCE. THEY'RE ALSO IN A WAY
2	TRYING OUT WHAT THE FIELD CAN PROVIDE TO THEM. BUT
3	THE GOAL OF THAT PROGRAM ISN'T TO TRACK SOMEBODY AS
4	A 16-YEAR-OLD AND GET A MANUFACTURING ASSOCIATE AT
5	THE END OR A DOCTOR. IT'S TO EXPOSE THEM TO
6	REGENERATIVE MEDICINE, WHAT IT'S LIKE TO WORK IN A
7	LABORATORY, AND MAKE THEM UNDERSTAND AND APPRECIATE
8	THE PERSPECTIVE OF PATIENTS, THE IMPORTANCE OF
9	COMMUNITY OUTREACH, AND HELP THEM BE GOOD
10	AMBASSADORS FOR THE FIELD.
11	MOST OF THE SPARK GRADUATES, I WOULD SAY,
12	DO GO INTO STEM. BUT SOME OF THEM HAVE GONE INTO
13	POLICY, SOME OF THEM HAVE GONE INTO OTHER AREAS; BUT
14	WHAT THEY BRING WITH THEM IS THE APPRECIATION OF THE
15	IMPORTANCE OF REGENERATIVE MEDICINE, HOW SCIENCE CAN
16	HELP THEIR COMMUNITIES, AND THEY SHARE THAT AND
17	BECOME OUR AMBASSADORS. SO THAT'S SORT OF A GENERAL
18	GOAL FOR THE SPARK PROGRAM.
19	DR. LEVITT: YOU DON'T HAVE TO GO THROUGH
20	EACH PROGRAM. SO THERE'S A LOT OF GRANULARITY,
21	WHICH I THINK IS REALLY IMPORTANT. SOMETIMES THERE
22	ARE MISUNDERSTANDINGS BETWEEN WHAT THE ORGANIZATION
23	WANTS AND WHAT THE GRANTEE THINKS THE ORGANIZATION
24	WANTS. WHERE I AM WE HAVE TRAINING PROGRAMS FROM
25	HIGH SCHOOL THROUGH JUNIOR FACULTY AND EVERY STEP IN
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1	BETWEEN, UNDERGRADUATE, ET CETERA. SOMETIMES
2	THERE'S THIS MISALIGNMENT. SOUNDS LIKE THINGS ARE
3	VERY, VERY CLEAR.
4	WHAT ABOUT MENTORSHIP IN TERMS OF HOW
5	THAT'S DONE IF IT'S DONE?
6	DR. SHEPARD: MENTORSHIP IS ALSO VERY
7	IMPORTANT. THERE WERE SECTIONS WHEN THESE
8	PROGRAMS APPLY FOR CIRM FUNDING, THEY ARE REVIEWED
9	BY GRANTS WORKING GROUP MEMBERS WITH EXPERTISE IN
10	EDUCATION AND TRAINING PROGRAMS. THEY DESCRIBED
11	THEIR MENTORING COMPONENTS. THAT WAS PART OF THE
12	EVALUATION. MENTORING HAS ALWAYS BEEN IMPORTANT OF
13	EVEN THE LONG-STANDING PROGRAMS, BUT WE PLACED EVEN
14	INCREASED EMPHASIS ON COMPASS WHEN WE HAD A CHANCE
15	TO COME UP WITH A NEW PROGRAM.
16	COMPASS IS FOCUSED ON STUDENTS THAT ARE
17	EARLIER IN THEIR UNDERGRADUATE TRAINING. IT'S
18	FOCUSED ON STUDENTS WHO MAY NOT KNOW THAT THEY DON'T
19	KNOW. THEY MAY NOT BE AWARE OF ALL THE DIFFERENT
20	TYPES OF OPPORTUNITIES FOR THEM, AND THEY NEED
21	MENTORS TO PROVIDE A GUIDE OR A COMPASS FOR THEM.
22	DR. LEVITT: SO I UNDERSTAND THE
23	MENTORSHIP IS IMPORTANT IN ALL THESE PROGRAMS. I'M
24	WONDERING IF THERE'S A COMPONENT IN WHICH THE
25	MENTORS ARE TRAINED TO ACTUALLY BE MENTORS. LIKE
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1	I'M INVOLVED IN TRAINING AN INDIVIDUAL WHERE I AM
2	WHO'S IN THE COMPASS PROGRAM. AND NOBODY ASKED ME
3	WHAT MY TRAINING BACKGROUND WAS. I'M JUST SAYING.
4	DR. SHEPARD: YOU SHOULD LET ME KNOW
5	BECAUSE A BIG PART OF THE COMPASS PROGRAM IS
6	INVOLVED IN MENTORSHIP. MENTOR TRAINING WAS
7	ACTUALLY REQUIRED. IT'S LIKE A REQUIREMENT OF THAT
8	PROGRAM. AND IN THEIR PROGRESS REPORTS WE ARE GOING
9	TO ASK THEM WHAT DID YOU DO FOR MENTOR TRAINING.
10	NOW, THE MENTOR TRAINING WAS KIND OF A NEW
11	ELEMENT THAT WE ADDED, BUT I AM SEEING IT HAPPEN IN
12	SOME OF OUR CIRM SCHOLAR AWARDS. IN FACT, I JUST
13	REVIEWED A REPORT THE OTHER DAY WHERE THEY TALKED
14	ABOUT HOW ANYBODY WHO INTERACTS WITH THE TRAINEES
15	WHATSOEVER GET THIS MENTORSHIP TRAINING. AND THEY
16	HAVE ESTABLISHED SORT OF A MENTORSHIP ACADEMY. SO
17	PART OF THIS PORTAL THAT WE'RE BUILDING IS SO THAT
18	THOSE WHO HAVE INVESTED AND REALLY THOUGHT ABOUT AND
19	ARTICULATED AND CREATED NEW MENTORSHIP AND BEST
20	PRACTICES CAN SHARE THOSE WITH OTHERS. AND WE CAN
21	SEE WHO THEY'RE GOING TO BE SHARING WITH, AND WE CAN
22	MAKE SURE THAT THESE CONNECTIONS ARE HAPPENING.
23	DR. LEVITT: THANK YOU.
24	DR. SOUTHARD: AGAIN, A WONDERFUL
25	PRESENTATION AND GREAT WORK. I'M WONDERING IF YOU
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1	HAVE OR COULD CREATE SOME KIND OF MECHANISM FOR
2	SHARING WHAT YOU LEARN ABOUT BEST PRACTICES FOR DEI
3	BECAUSE IT SEEMS TO ME THAT THIS COULD BE A REALLY
4	FERTILE GROUND FOR FINDING OUT THE BEST WAYS TO
5	APPROACH DEI, IF THERE WERE A MECHANISM TO SHARE
6	THAT BACK WITH THE GROUP SO WE COULD USE IT.
7	DR. SHEPARD: YEAH, ABSOLUTELY. THE
8	PORTAL, THE WEB PORTAL THAT WE'RE DEVELOPING WILL
9	HAVE A PUBLIC FACING SIDE. AND THOSE KINDS OF
10	RESOURCES ARE GOING TO BE AVAILABLE TO ANYBODY. SO
11	WE CAN SHARE THEM WITH YOU DIRECTLY HERE OR WE CAN
12	CREATE A SITE WE CAN POINT PEOPLE TO WHERE THESE
13	RESOURCE ARE BECAUSE THAT IS THE IDEA. IN FACT, IN
14	COMPASS WE REQUIRED DISSEMINATION OF MENTORSHIP
15	PRACTICES. I THINK MAYBE WHEN WE FIRST WROTE THE
16	PROGRAM, I THOUGHT DISSEMINATION MEANT PUBLISHING OR
17	GOING OUT AND PRESENTING AND MAKING PEOPLE AWARE OF
18	IT, BUT THE PORTAL IS GOING TO BE ANOTHER TOOL WHERE
19	THE AUDIENCE CAN BE EVEN BROADER FOR THAT.
20	DR. SOUTHARD: SO WHO IS GOING TO BE, HOW
21	SHALL I SAY THIS, THE EDITORIAL CONTROL ABOUT WHAT
22	GOES ON THAT BECAUSE PEOPLE HAVE VERY DIFFERENT
23	IDEAS ABOUT WHAT DEI EVEN MEANS. AND SO WHAT WE
24	HERE WANT IS THE VERY BEST PRACTICES SO WE CAN APPLY
25	IT AS WE DO OUR REVIEWS. AND WE HAVE A VERY GOOD
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1	TEMPLATE RIGHT NOW, BUT THAT DOESN'T MEAN IT
2	COULDN'T GET BETTER.
3	DR. SHEPARD: THAT'S A GOOD POINT. SO I
4	DON'T THINK WE HAVE I PERSONALLY WOULDN'T CALL
5	MYSELF AN EXPERT IN EVALUATING THE QUALITY OF THE
6	PROGRAMS. I SEE A LOT OF DIFFERENT ONES, AND A LOT
7	OF THEM ARE STRUCTURED SPECIFIC TO THEIR
8	INSTITUTIONS. WHAT WILL BE CLEAR ON THE PORTAL IS
9	THERE WILL BE INFORMATION ABOUT EACH PROGRAM, WHO
10	THEY TARGET, WHAT THEIR LEVEL OF TRAINING IS, AND
11	WHAT KIND OF PRACTICES THEY'VE DEVELOPED. AND YOUR
12	POINT IS GOOD, AND IT'S SOMETHING I THINK WE'RE
13	GOING TO HAVE TO THINK ABOUT.
14	DR. CANET-AVILES: KELLY. IT'S ALL GOOD.
15	SO, DR. SOUTHARD, JUST WE ARE GOING TO HEAR A
16	PRESENTATION SOON. AND ONE OF THE THINGS THAT CIRM
17	IS DOING IS WE ARE DEVELOPING IN THE COMING YEAR A
18	STRATEGY, AND THE EDUCATION WILL ALIGN WITH THAT
19	STRATEGY. SO THAT WILL BE MORE GRANULARLY EXPANDED
20	AS WE GET THIS STRATEGY SET. THANK YOU.
21	CHAIRMAN IMBASCIANI: THANK YOU. AND
22	ANNE-MARIE NOW.
23	DR. DULIEGE: YES. THE ONLY PURPOSE OF MY
24	INTERVENTION IS TO MAKE SURE THAT MY VOICE IS ON
25	RECORD TO HAVE JOINED THE CHOIR OF EVERYONE WHO
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1	CONGRATULATES YOU. I DON'T WANT TO BE HERE I
2	HAVE A FORUM, WHICH I DON'T ALWAYS HAVE. SO I WANT
3	TO SAY IT'S REALLY OVER THE YEARS REALLY ONE OF THE
4	FIRST TIME, AS I RECALL, THAT THE CIRM TEAM MADE A
5	PRESENTATION THAT IS THAT COMPREHENSIVE. IT FEELS
6	LIKE THIS TIME ALL THE PIECES OF THE PUZZLES THAT WE
7	HAVE HEARD OVER THE PAST FOUR, FIVE, SIX, SEVEN
8	YEARS ALL CLICK TOGETHER. LIKE YOU PUSH ON THE
9	PUZZLE, IT'S ALL THERE. IT CLICKS. IT MAKES SENSE.
10	IT'S COMPREHENSIVE, UNIFORM, AND IT HAS A VISION.
11	SO THANK YOU SO MUCH.
12	DR. SHEPARD: THANK YOU. WE REALLY
13	APPRECIATE THAT. THAT'S VERY KIND.
14	CHAIRMAN IMBASCIANI: WELL, I DON'T KNOW
15	IF WE CAN TAKE ANY MORE COMPLIMENTS. WOW. OKAY.
16	BRAVA.
17	DR. SHEPARD: I JUST WANT TO SAY THAT IT
18	TAKES A VILLAGE. AND I'VE BEEN AT CIRM FOR A LONG
19	TIME, AND I'VE HAD THE PRIVILEGE OF SEEING THESE
20	PROGRAMS EVOLVE, BUT I WANT TO ACKNOWLEDGE THAT DR.
21	SAMBRANO HERE WAS INVOLVED IN THE VERY BEGINNING OF
22	ONE OF THE FIRST BRIDGES PROGRAMS. AND WHILE HE'S
23	MOVED ON TO OTHER ROLES, HIS ADVICE AND COUNSEL ON
24	THE EARLY STAGES OF SETTING THINGS UP REALLY HAVE
25	HELPED US ALL THINK ABOUT HOW TO MAKE THESE PROGRAMS

1	BETTER.
2	CHAIRMAN IMBASCIANI: THAT'S WONDERFUL.
3	DR. DULIEGE: GIL, PART OF EXCELLENCE THAT
4	IS UNAVOIDABLE.
5	CHAIRMAN IMBASCIANI: ARE THERE ANY
6	MEMBERS OF THE PUBLIC THAT WOULD LIKE TO MAKE SOME
7	COMMENTS OR ASK A QUESTION ON OUR EDUCATIONAL
8	ACCOMPLISHMENTS? NO. NO HANDS ARE SEEN. OKAY.
9	WELL, THANK YOU VERY MUCH
10	DR. SHEPARD: THANK YOU, EVERYONE.
11	CHAIRMAN IMBASCIANI: KELLY AND ROSA,
12	FOR THE PRESENTATION.
13	WE'RE NOW GOING TO MOVE ON TO AGENDA NO.
14	11, WHICH IS AN UPDATE OR OUR COMMUNICATIONS.
15	VICE CHAIR BONNEVILLE: NO. 12 FIRST.
16	MR. AGUIRRE-SACASA: THAT'S A PERFECT
17	SEGUE. CAN YOU HEAR ME? SO MY NAME IS RAPHAEL
18	AGUIRRE-SACASA, AND I'M THE GENERAL COUNSEL FOR
19	CIRM. AND I'VE GOT THE DISTINCT PLEASURE OF
20	INTRODUCING A PRESENTATION BY THE DIVERSITY NORTH
21	GROUP WHO HAS BEEN WORKING WITH CIRM OVER THE PAST
22	YEAR TO PERFORM THREE STUDIES ON BEHALF OF CIRM AT
23	THE REQUEST OF CIRM DEALING WITH DEI TOPICS AND
24	INITIATIVES TO GET BEST PRACTICES AND THE LIKE.
25	SPECIFICALLY, DIVERSITY NORTH HAS
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1	CONDUCTED AN INVESTIGATION ON THE BEST PRACTICES IN
2	EQUITY GRANTMAKING IN THE HEALTH SCIENCES. THEN
3	THEY'VE ALSO EXAMINED OUR DEI REVIEWER EVALUATION
4	RUBRIC, WHICH IS USED BY THE REVIEWERS WHEN
5	EVALUATING DEI PLANS AND THE LIKE. AND THEN,
6	FINALLY, THEY PERFORMED A STUDY ON DEI BEST
7	PRACTICES ASSOCIATED WITH THE DESIGN AND
8	IMPLEMENTATION OF CLINICAL TRIALS. AND WE SEE THIS
9	AS JUST THE FIRST STEP IN REFINING OUR DEI STRATEGY
10	AS MENTIONED BY ROSA. AND SO YOU WILL SEE SOME
11	ADDITIONAL RECOMMENDATIONS IN DIVERSITY NORTH'S
12	PRESENTATION.
13	ONCE THESE ARE FURTHER CRYSTALLIZED, WE'LL
14	PRESENT IT TO THE BOARD FOR DISCUSSION AND INPUT, OF
15	COURSE, AND THEN WE'LL MOVE FORWARD. WITHOUT
16	FURTHER ADO, I'D LIKE TO INTRODUCE DR. JOANNE KAMENS
17	AND DR. TERESA NELSON FROM DIVERSITY NORTH. THANK
18	YOU.
19	DR. NELSON: HI, EVERYONE, TERESA NELSON.
20	I WAS SAYING IT'S GREAT TO CATCH THE TAIL END OF
21	THAT PRESENTATION. IT'S PRETTY EXCITING STUFF FOR
22	US TO HEAR AS WELL.
23	SO HERE WE ARE. I'M THE MANAGING
24	PRINCIPAL AND FOUNDER OF DIVERSITY NORTH GROUP.
25	JOANNE IS GOING TO BE PUTTING UP OUR SLIDES. AND
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1	WE'VE REALLY APPRECIATED THE OPPORTUNITY TO WORK
2	WITH CIRM OVER THIS YEAR, 2023, ON A SORT OF LIMITED
3	SET, AS RAPHAEL INTRODUCED, TO REALLY LOOK AT BETTER
4	ARTICULATING MECHANISMS TO LEARN ABOUT, REFINE, AND
5	ADVANCE CIRM'S DIVERSITY, EQUITY, AND INCLUSION
6	COMMITMENT. AND WE'RE GLAD TO BE HERE TODAY TO SORT
7	OF SHARE SOME REALLY HIGH LEVEL HIGHLIGHTS OF THE
8	WORK OF THIS CONTRACT.
9	DR. KAMENS: WE'RE HAVING TECHNICAL
10	ISSUES. ONE SECOND. I'M GOING TO TRY ONE MORE
11	TIME.
12	DR. NELSON: LET ME JUST GO ON TO AGENDA.
13	SO IN THESE BRIEF MINUTES, WE WANT TO GIVE YOU JUST
14	A FLAVOR ABOUT DIVERSITY NORTH GROUP, INTRODUCE
15	OURSELVES, AND GIVE A VERY HIGH LEVEL OVERVIEW OF
16	THE DELIVERABLES OF THIS 2023 CIRM PROJECT. AND
17	THEN WE HAVE, AS SAID, A GROUP OF RECOMMENDATIONS
18	FOR NEXT STEPS ON THE WORK FOR YOUR CONSIDERATION
19	AND DISCUSSION.
20	SO WE CAN GO TO SLIDE 3, JOANNE. GREAT.
21	WE WANTED TO JUST GIVE YOU A LOOK AT YOUR DIVERSITY
22	NORTH PROJECT TEAM. I FOUNDED DIVERSITY NORTH GROUP
23	EIGHT YEARS AGO BECAUSE, AS A PH.D. ACADEMIC
24	PROFESSOR AND RESEARCHER, I WAS REALLY DISMAYED THAT
25	THE FINDINGS OF YEARS OF EXCELLENT MANAGEMENT
	130

1	RESEARCH ON HOW ORGANIZATIONS CAN IMPLEMENT
2	DIVERSITY AND INCLUSION INTO THE RHYTHM OF WHO THEY
3	ARE, IT WAS JUST NOT MAKING IT OVER ON THE BRIDGE TO
4	PRACTICE IN ORGANIZATIONAL LIFE. AND YOU KNOW HOW
5	IT IS WITH ACADEMICS. WE DON'T SHARE OUR LEARNINGS
6	IN THE BEST POSSIBLE WAY FOR THE WORLD TO REALLY
7	GRAB ONTO THEM AND USE THEM. AND THAT'S REALLY WHY
8	DIVERSITY NORTH WAS FOUNDED.
9	WE ANCHOR OURSELVES IN THE FINDINGS OF THE
10	SOCIAL SCIENCES. WE BUILD ALL OUR OWN MODELS,
11	RESEARCH PROJECTS, QUANTITATIVE AND QUALITATIVE
12	ASSESSMENTS, AND LEARNING SESSIONS. AND WE LIKE TO
13	SAY WE PROVIDE A NO COOKIE CUTTER TAILORED APPROACH
14	FOR EACH CLIENT. SO THIS WAS THE TEAM OF PEOPLE
15	THAT I REALLY WANT TO APPLAUD ON OUR SIDE FOR BEING
16	PART OF THIS WORK THIS YEAR.
17	I WANT TO INTRODUCE JOANNE TO SAY HELLO
18	AND TO SHARE HER WORDS.
19	DR. KAMENS: HI, EVERYONE. IT'S GREAT TO
20	SEE THE PEOPLE THAT I'VE SPOKEN WITH AND ALL THE NEW
21	PEOPLE THAT ARE PARTICIPATING IN TODAY'S MEETING.
22	I'M A SENIOR CONSULTANT WITH DIVERSITY NORTH GROUP,
23	BUT I AM BY TRAINING ORIGINALLY A MOLECULAR
24	GENETICIST. SO I BRING THE I GET SCIENCE AND
25	SCIENTIST KIND OF PERSPECTIVE TO THIS PROJECT, WHICH
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1	HAS BEEN VERY ENJOYABLE FOR ME TO GET BACK INTO THE
2	SCIENCE IN THIS DEEP WAY. I'VE BEEN DOING DIVERSITY
3	AND EQUITY WORK FOR DECADES AS THE FOUNDER OF THE
4	ASSOCIATION FOR WOMEN IN SCIENCE HERE IN
5	MASSACHUSETTS, NOW THE BIGGEST CHAPTER OF AWIS IN
6	THE COUNTRY.
7	AND I ALSO SPENT TEN YEARS AT A NON-PROFIT
8	BIOTECH CALLED ADGENE, REALLY DOUBLING DOWN ON
9	MAKING THE ORGANIZATION INCLUSIVE AND DIVERSE, WHICH
10	WE SUCCEEDED AT DOING. SO AFTER I LEFT THAT ROLE AS
11	A CEO, I'VE NOW BEEN TAKING THOSE LEARNINGS TO OTHER
12	ORGANIZATIONS TO OPTIMIZE THEIR A DIVERSITY, EQUITY,
13	AND INCLUSION WORK.
14	DR. NELSON: SO YOU'VE ALL RECEIVED OUR
15	SLIDE DECK BEFORE THE MEETING. SO THERE'S SOME
16	THINGS WE'LL PASS OVER QUICKLY, BUT I DO WANT TO
17	SAY, AS WE ALWAYS DO, THAT WE'RE A OTHER WOMEN,
18	AFRO-LATINA, AND LGBTQ OWNED FIRM THAT WORKS TO LIVE
19	ITS VALUES FOR DIVERSITY AND INCLUSION EVERY DAY.
20	AND SO THAT'S JUST A PART OF WHO WE ARE, AND THAT'S
21	WHAT WE BROUGHT TO YOU THIS YEAR.
22	THE NEXT SLIDE AND THEN THE NEXT. SO WE
23	DON'T HAVE TO TELL YOU ABOUT THE DEI PROJECT
24	MOTIVATION, BUT WE WANT YOU TO KNOW THAT WE TOOK
25	YOUR COMMITMENT, RIGHT, AS THE HEART OF THE MATTER
	132

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1	IN TERMS OF WHAT WE WERE ABLE TO FOCUS ON AND WHY
2	THAT WAS IMPORTANT IN THE WORK THAT WE WERE DOING.
3	WE CAN GO ON.
4	DR. KAMENS: GREAT. SO I JUST WANTED YOU
5	TO GET AN OVERVIEW. I WON'T GO INTO DETAIL ON ALL
6	OF THESE DELIVERABLES, BUT IT WAS AN ALMOST
7	YEAR-LONG PROJECT. I DID A DETAILED ARCHIVAL
8	ANALYSIS WHICH YOU'LL HAVE DETAILS ABOUT ON THE NEXT
9	SLIDE. WE ALSO DELIVERED THAT ANALYSIS AND OUR
10	OUTCOMES FROM THAT AND THE INTERVIEWS. WE DID THE
11	THREE STUDIES THAT WERE MENTIONED, AND WE'LL TALK TO
12	YOU A LITTLE BIT MORE ABOUT THOSE TODAY. WE ALSO
13	DELIVERED A LEXICON AROUND DEI LANGUAGE WHICH HAS
14	ALREADY BEEN USED, I THINK, BY SOME OF THE GROUPS.
15	AND WE'LL HOPEFULLY BE DOING SOME LEARNING AND
16	DIALOGUE WITH THE STAFF AROUND HOW IMPORTANT
17	LANGUAGE IS IN CREATING AN INCLUSIVE CULTURE, MANY
18	ASPECTS OF THAT.
19	AND FINALLY, WE HAD A LOT OF MEETINGS WITH
20	PEOPLE AT CIRM. I MENTION THAT BECAUSE REALLY IN
21	SOME OF THE UPCOMING SLIDES YOU WILL SEE HOW MUCH WE
22	GOT TO KNOW THE ORGANIZATION IN A WAY THAT GREATLY
23	INFLUENCED THE WORK THAT WE DID, WORKED REALLY
24	CLOSELY WITH OTHER PEOPLE. AND ALSO IT'S A
25	COMPLICATED ORGANIZATION, AND IT ALLOWED US TO
	122

1	REALLY MAKE SOME OBSERVATIONS ABOUT WHERE THE LEVERS
2	WERE TO DRAW CHANGE AND WHAT DIFFERENT LEVERS WOULD
3	BE USED FOR DIFFERENT GOALS AROUND DEI. SO
4	HOPEFULLY YOU'LL HEAR SOME OF THAT IN THE SLIDES
5	THAT WILL FOLLOW.
6	SO WE DID AN ARCHIVAL REVIEW. WE READ
7	MANY, MANY, MANY DOCUMENTS. WE SAT IN ON ACTUAL GWG
8	MEETINGS AND WATCHED RECORDED MEETINGS AS WELL. WE
9	HAD STEADILY EVERY WEEK OR TWO WE WERE MEETING
10	WITH SOMEONE FROM THE ORGANIZATION, AND WE
11	INTERVIEWED MULTIPLE PEOPLE. SO THIS IS THE SOURCE
12	OF THE DATA OF THE ORGANIZATION AND THE PEOPLE. AND
13	THEN WE USED THIS TO DESIGN AND IMPLEMENT THE
14	RESEARCH STUDIES AND THE REVIEWS AND ANALYSES THAT
15	WE'LL TELL YOU ABOUT IN THE UPCOMING DELIVERABLES.
16	SO AS WE DID THAT ARCHIVAL REVIEW, ONE OF
17	THE IMPORTANT OUTCOMES WAS LIKE WHERE WERE THE
18	LEVERS AND HOW WAS THE ORGANIZATION ORGANIZED IN
19	SUCH A WAY BECAUSE DIFFERENT APPROACHES TO DEI WILL
20	NEEDED FOR DIFFERENT PARTS OF THIS WORK. AND THE
21	EDUCATION WORK IS NOT EVEN ON THIS BECAUSE THAT IS
22	ITS OWN WHOLE, SEPARATE EFFORT THAT LINKS TO EVERY
23	ONE OF THESE PORTIONS ON THE SPHERES OF ACTION. BUT
24	YOU'LL HEAR THAT, AS WE DESIGN AND RECOMMEND
25	POSSIBLE NEXT STEPS, WE HAD AN EYE TOWARD WHICH OVAL

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1	ARE WE THINKING ABOUT HERE, WHICH OVALS WILL BE
2	AFFECTED BY THAT LEVER, BY THAT ACTION.
3	AND I THINK IT'S REALLY IMPORTANT THAT
4	EVERY ONE OF THE LEVERS AT SOME POINT MAKES PROGRESS
5	IN THIS AREA. WE ARE AN ORGANIZATION THAT FEELS DEI
6	NEEDS TO INFUSE EVERY ASPECT OF AN ORGANIZATION.
7	AND BUT FOR NOW THE ONES THAT ARE IN GRAY ARE THE
8	ONES THAT WE INITIALLY FOCUSED ON FOR THIS VERY
9	FIRST PROJECT.
10	TERESA, DID YOU WANT TO ADD ANYTHING TO
11	THAT?
12	DR. NELSON: NO, THAT SOUNDS GOOD.
13	DR. KAMENS: GREAT. SO QUALITATIVELY WE
14	DO A LOT OF KINDS OF ANALYSIS AT DIVERSITY NORTH
15	GROUP. AND WE WOULD CALL THIS A QUALITATIVE ONE.
16	WE DIDN'T DO A FULL ENGAGEMENT SURVEY OR HAVE
17	QUANTITATIVE DATA FOR YOU, BUT WE DO HAVE QUITE A
18	LOT OF THEMES THAT CAME OUT OF THE QUALITATIVE
19	ASSESSMENT.
20	WE LOVE TO SEE THE COMMITMENT TO THIS
21	WORK. EVERY PERSON WE SPOKE TO HAD IDEAS, THOUGHTS,
22	INFLUENCE, AND A TRUE DEEP COMMITMENT TOWARD DRAWING
23	CHANGE THROUGH THE ORGANIZATION AND TO THE
24	OPPORTUNITIES THAT CIRM BRINGS FOR CHANGE AROUND
25	INCLUSION. AND SO I THINK NOW THE MOVEMENT IS TO
	135

1	HOW CAN WE ACT. WHAT ARE THE ACTIONS TO TAKE TO
2	DRAW THE CHANGE TO GO BEYOND THAT REALLY DEEP
3	COMMITMENT?
4	THE STAFF AT CIRM REALLY ARE INTERESTED IN
5	ALSO BEING INVOLVED IN THAT COMMITMENT. AND
6	INTERNALLY THERE HASN'T BEEN THAT MUCH WORK DONE FOR
7	THE STAFF OF CIRM ITSELF AND THEIR DEI WORK. SO
8	THEY ARE COMMITTED TO MOVING FORWARD AND DOING MORE
9	ON THEMSELVES ON THEIR OWN LEARNING AND THEIR OWN
10	ACTION AROUND DIVERSITY, EQUITY, AND INCLUSION.
11	WE BELIEVE WE LOOKED AT, AND TERESA
12	WILL TALK MORE ABOUT THE RESEARCH ON WHAT THE WORLD
13	IS DOING AROUND EQUITABLE GRANTMAKING. AND WE
14	BELIEVE THAT THE CIRM RUBRIC AND THE APPLICATION
15	PROCESS ARE VERY PROGRESSIVE IN THE FIELD AND ARE
16	READY FOR THE NEXT ITERATION. SO IT WAS CLEAR TO
17	SEE THAT THERE ARE PLACES WHERE THOSE CAN IMPROVE.
18	AND THAT EVALUATORS THAT ARE EVALUATING GRANTS NOW
19	NEED TO BE INVOLVED IN MORE OF THE LEARNING AND
20	TRAINING, AND THAT PROCESS IS ACTUALLY GOING TO
21	START IN JANUARY. BUT THERE IS THIS AMAZING AT
22	THE FOREFRONT, CIRM IS AT THE FOREFRONT OF THIS
23	WORK, AND NOW WE CAN TAKE IT EVEN FURTHER.
24	AND THEN I WOULD JUST SAY THAT THE BOARD
25	WANTS MORE DATA. THAT'S ONE REASON WHY WE'RE HERE
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1	TALKING TO YOU TODAY. AND THAT WAS A GENERAL THEME
2	THROUGH OUR QUALITATIVE INTERVIEWS. THERE ARE SOME
3	LEGAL HURDLES, AS YOU KNOW, AROUND THE GATHERING OF
4	DATA AROUND DIVERSITY, EQUITY, AND INCLUSION. AND
5	SO WE ARE THINKING ALREADY CREATIVELY ON WAYS TO DO
6	THAT EFFECTIVELY THAT IS WITHIN THE LAW AND WITHIN
7	THE COMFORT OF THE FULL STAFF.
8	AND WE ALSO SEE MAJOR COMMUNICATION
9	OPPORTUNITIES AMONGST THE DIFFERENT SPHERES OF
10	ACTION THAT WE MENTIONED, BUT ALSO PLACING CIRM AS A
11	THOUGHT LEADER IN THE WORLD ON THIS TOPIC. AND SO
12	ONE OF THE THINGS WE DID WAS IDENTIFY SOME WAYS FOR
13	CIRM TO CONNECT WITH THE WORLD OF PEOPLE THAT ARE
14	WORKING ON EQUITABLE GRANTMAKING AND TO SHOW THE
15	LEADERSHIP THAT THEY ARE CLEARLY DEMONSTRATING IN
16	THIS AREA.
17	DR. NELSON: SO NOW WE'D LIKE TO TURN TO
18	THREE OF THE MAJOR DELIVERABLES OF THIS CONTRACT.
19	AND YOU KNOW THERE'S A VARIETY OF LENSES THAT YOU
20	CAN LOOK, YOU CAN USE TO LOOK AT AN ORGANIZATION.
21	WHAT IS CIRM? WHAT DOES CIRM DO? WHY IS IT
22	IMPORTANT? AND FROM OUR POSITION, ONE OF THE THINGS
23	WE SEE IS A WORLD WHERE GRANTMAKING, THERE'S A
24	CONVERSATION THAT STARTED AND IS BUILDING A LOT OF
25	MOMENTUM ABOUT HOW GRANTMAKING CAN BECOME EQUITABLE.
	127

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1	SO LOTS OF ORGANIZATIONS GIVE OUT MONEY ALL THE TIME
2	AND HAVE FOR A LONG TIME, BUT TO WHAT DEGREE ARE
3	THEY PAYING ATTENTION TO WHAT HAPPENS? WHAT DOES
4	THAT MONEY DO IN THE WORLD IN TERMS OF CREATING
5	EQUITABLE GROUNDING?
6	SO WE DID A VERY PRELIMINARY START TO THIS
7	DOING A LITERATURE SEARCH AND ANALYSIS. WE
8	IDENTIFIED AND SHARED WITH CIRM 53 BEST PRACTICES
9	FOR EQUITY GRANTMAKING. AND THIS INCLUDED STEM, BUT
10	ALSO WENT BEYOND STEM. AND WE DEVELOPED A
11	CATEGORIZATION SCHEME IN TERMS OF THE PRIORITY AREAS
12	WHERE CIRM IS INVOLVED, INCLUDING APPLICATION
13	REVIEW, TRAINING, STRATEGIES TO ENCOURAGE
14	RESUBMISSION, AND THEN A GENERAL CATEGORY.
15	JOANNE HAS MENTIONED THAT WE DID AN
16	ANALYSIS OF THE RUBRIC THAT'S USED FOR EVALUATION.
17	LOTS THERE, LOTS OF GOOD, LOTS OF RICH, LOTS OF
18	FUTURE. AND THEN WHO'S DOING THIS WORK, AND HOW CAN
19	CIRM BECOME MORE INTEGRATED INTO THIS NATIONAL AND
20	GLOBAL CONVERSATION BECAUSE CERTAINLY IN CANADA,
21	CERTAINLY IN THE UNITED STATES, AND SO IDENTIFYING
22	REFERENCES LIKE THE HEALTH RESOURCE ALLIANCE IS A
23	PLACE FOR CIRM TO SHARE WHAT THEY DO AND ALSO LEARN
24	FROM OTHER ORGANIZATIONS WHAT THEY'RE UP TO. NEXT
25	SLIDE.

1	A SECOND PART WAS A BEST PRACTICES
2	RESEARCH PROJECT. SO TO FIND WHAT ARE THE BEST
3	PRACTICES FOR STEM GRANTMAKING, THAT'S NOT SOMETHING
4	WE CAN GO AND FIND ANYWHERE ELSE, AND CIRM IS A
5	SOURCE. AND, THEREFORE, WE DEFINED A RESEARCH
6	PROJECT TO LOOK AT 48 CIRM CLIN2 GRANT APPLICATIONS
7	FROM 2020 TO 2023 ACROSS A RANGE OF DIFFERENT
8	VARIABLES AND DID A NARRATIVE THEMATIC ANALYSIS TO
9	REALLY IDENTIFY SORT OF, WITH OUR IDEAS AND
10	UNDERSTANDING OF WHAT IS DIVERSITY, WHAT IS
11	INCLUSION, WHAT IS EQUITY, HOW DO WE THINK ABOUT
12	WHAT YOUR APPLICANTS ARE DOING AND HOW COULD THAT
13	POTENTIALLY BE USED BY CIRM AND SHARED BY CIRM SO
14	THAT EVERYBODY RISES AS A RESULT OF THE WORK THAT'S
15	THERE.
16	SO HERE WE ORGANIZED INTO FOUR CATEGORIES,
17	AND JOANNE IS GOING TO TALK JUST A LITTLE BIT ABOUT
18	THOSE.
19	DR. KAMENS: SO THE DATA SOURCE WAS RICH.
20	WE LOOKED AT DOZENS OF GRANT APPLICATIONS, AS TERESA
21	MENTIONED, AND PARSED OUT WITH THE BECAUSE THESE
22	WERE NOT SPECIFICALLY THERE WAS A LOT OF LANGUAGE
23	ANALYSIS INVOLVED HERE. BUT WE WERE ABLE TO REALLY
24	COME UP WITH THESE SORT OF FOUR MAJOR CATEGORIES.
25	AND YOU CAN SEE THE FUNCTION IS DEI ORIENTATION. SO
	120

1	THAT MIGHT BE HOW DOES THE GRANT ADDRESS THE NEED,
2	AND WHAT IS THEIR UNDERSTANDING OF THE REQUIREMENT
3	TO ADDRESS DEI FOR THE POTENTIAL PARTICIPANTS AND
4	FOR THE EVENTUAL THERAPY THAT THEY ARE TESTING?
5	DOING THEIR TRIAL RECRUITMENT WITH A DEI
6	LENS. ARE THEY PREPARED TO DO THE APPROPRIATE
7	OUTREACH FOR THEIR STUDY THAT IS INCLUSIVE AND WILL
8	BE REPRESENTATIVE OF ALL THE PEOPLE WHO SHOULD BE
9	INVOLVED AS MUCH AS POSSIBLE?
10	THEN THERE'S MULTIPLE DEI ISSUES AROUND
11	THE ACTUAL EXECUTION OF THE TRIAL. EVERYTHING
12	RUNNING FROM MULTILINGUAL SUPPORT TO REDUCING COSTS
13	FOR PEOPLE THAT HAVE TO MISS WORK OR OTHER COSTS
14	THAT MIGHT BE INCURRED BY PARTICIPATING TO MAKE SURE
15	THAT EVERYONE POSSIBLE, ESPECIALLY UNDERSERVED
16	POPULATIONS, CAN ACCESS THE POSSIBILITY OF BEING
17	INVOLVED.
18	AND FINALLY, DEI EFFORTS OF THEIR INTERNAL
19	EFFORTS SO THAT THEIR STAFF ARE VERSED IN THIS
20	LANGUAGE AND IN THIS WORK AND OTHER TRIAL PARTNERS.
21	SO WHAT ARE THEY DOING FOR THEMSELVES? ARE THEY
22	WALKING THE WALK THAT THEY ARE TALKING FOR THEIR
23	TRIAL PARTICIPANTS AND FOR THEIR TRIALS?
24	SO AS YOU CAN SEE, THIS IS JUST A SUMMARY.
25	THERE'S MUCH MORE DETAIL IN THE REPORT, BUT THESE
	140

1	ARE A NUMBER OF EXAMPLES OF THE DIFFERENT BEST
2	PRACTICES. AND ONE COULD IMAGINE THAT NOT ONLY
3	COULD THIS BE SHARED WITH APPLICANTS WHO ARE
4	STRUGGLING TO FORM QUALITY APPLICATIONS AND QUALITY
5	PLANS, BUT IT CAN ALSO BE USED TO DO A BETTER
6	EVALUATION OF THE QUALITY OF THE GRANT THAT'S BEING
7	SUBMITTED AS FAR AS ITS COMMITMENT AND EXECUTION OF
8	DIVERSITY, EQUITY, AND INCLUSION-ORIENTED TRIALS.
9	IN ADDITION, I THINK FURTHER WORK WOULD
10	INCLUDE NOT EVERY TRIAL SHOULD USE EVERY ONE OF
11	THESE BEST PRACTICES. AND SO FURTHER WORK MIGHT BE
12	DONE IN SEGMENTING DIFFERENT TYPES OF
13	RECOMMENDATIONS FOR DIFFERENT TYPES OF TRIALS. SO
14	YOU COULD IMAGINE, AS WE'VE TALKED WITH THE CIRM
15	STAFF ABOUT, A THREE-PERSON TRIAL MIGHT NOT HAVE THE
16	SAME OUTREACH REQUIREMENTS AS A 300-PERSON TRIAL OR
17	A 3,000-PERSON TRIAL. AND THERE MAY BE WAYS TO MAKE
18	THAT CLEAR TO THE APPLICANTS SO THAT THEY CAN MAKE
19	THE BEST PLANS POSSIBLE. THAT'S JUST ONE EXAMPLE.
20	TERESA, DID YOU WANT TO ADD ANYTHING HERE.
21	DR. NELSON: YEAH. I JUST WANT TO JUST
22	LET EVERYBODY KNOW THAT WE'VE ALREADY MADE A PLAN
23	THAT JOANNE WILL BE ATTENDING THE GWG MEETING IN
24	JANUARY, AND THIS SHARING OF BEST PRACTICES WITH
25	THAT GROUP THAT ARE GATHERING, AND TO REALLY HAVE A

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1	GOOD CONVERSATION ABOUT WHAT WE FOUND, AND A WIDER
2	DISCUSSION ABOUT WHY THAT MATTERS IS ALREADY IN THE
3	BOOKS. SO THAT'S EXCITING.
4	DR. KAMENS: THANK YOU VERY MUCH.
5	SO JUST TO TALK ABOUT ONE OTHER
6	DELIVERABLE IS WE HAVE A STRONG COMMITMENT TO
7	STARTING AND TALKING ABOUT LANGUAGE WHEN IT COMES TO
8	DIVERSITY, EQUITY, AND INCLUSION BECAUSE WE THINK
9	IT'S IMPORTANT THAT ORGANIZATIONS AND THEIR
10	STAKEHOLDERS AND THEIR PARTNERS BE KIND OF ON ONE
11	PAGE ABOUT WHAT IS DIVERSITY, WHAT IS EQUITY, WHAT
12	IS INCLUSION. AND THERE'S SOME CONCERN BY PEOPLE, A
13	DISCOMFORT WITH THE TOPIC OF DEI BECAUSE THEY'RE
14	AFRAID OF MAKING A MISTAKE. AND SOMETIMES HAVING A
15	LEXICON TO SAY TO THEM, THESE ARE THE WORDS TOGETHER
16	THAT WE USE, AND HERE'S AN IDEA FOR WHY WE USE THESE
17	WORDS TO REFER TO CERTAIN CONCEPTS OR POPULATIONS.
18	AND THERE'S JUST SOME IDEAS HERE FOR SOME WORDS WE
19	CHOSE OUT OF THE LEXICON.
20	SO WE COMPILED APPROPRIATE, AFTER ALL OF
21	OUR QUALITATIVE WORK, A SPECIFIC LEXICON APPROPRIATE
22	FOR CIRM AND ITS STAFF AND PERHAPS OTHER
23	STAKEHOLDERS TO USE SO THAT EVERYONE CAN BE ON ONE
24	PAGE WHEN IT COMES TO CORRECT DEFINITIONS AND
25	LANGUAGE. AND WE CAN LEARN AND GROW TOGETHER FOR
	142

1	THOSE THINGS THAT CHANGE OVER TIME.
2	DR. NELSON: I'D LOVE TO ADD TOO HERE AN
3	IMPORTANT PRINCIPLE TO THE LEXICON THAT WE FIND
4	AGAIN AND AGAIN IN ORGANIZATIONS IS THAT WITHOUT
5	THIS SORT OF ORGANIZATIONAL VISION OF WHAT IT IS THE
6	ORGANIZATION IS WORKING TO ACCOMPLISH, PEOPLE TEND
7	TO USE THEIR OWN REFERENCES FOR WHAT DIVERSITY IS,
8	FOR WHAT EQUITY IS. AND SO YOU HAVE THIS SORT OF
9	BABEL ACROSS EMPLOYEES. I MEAN THAT IN A RESPECTFUL
10	WAY, YOU KNOW, LIKE THE TOWER OF BABEL, WHERE PEOPLE
11	ARE HAVING DIFFERENT MEANINGS AND THEN TRYING TO
12	IMPLEMENT THAT INTO PROGRAMMING AND POLICY.
13	SO THERE IS A CIRM WAY, RIGHT. THERE'S A
14	CIRM WAY OF LANGUAGE, AND THAT CAN BE OR MAY BE
15	DISTINGUISHABLE FROM WHAT INDIVIDUAL EMPLOYEES OR
16	BOARD MEMBERS MIGHT HAVE AS THEIR OWN PERSONAL
17	PHILOSOPHIES.
18	SO AT THE END OF THE DAY, YOU WRAP UP A
19	PROJECT AND YOU SAY WHAT WAS THIS ALL ABOUT? WHAT
20	WERE WE TRYING TO ACCOMPLISH? WE WANTED TO
21	UNDERSTAND WHERE DOES CIRM STAND IN TERMS OF DEI?
22	HOW ARE YOU INVOLVED IN THIS SLIVER, AS JOANNE SAID,
23	IN THE SPHERES OF INFLUENCE? WHAT LEVERS EXIST IN
24	THE SYSTEM? HOW CAN CIRM ADVANCE ITS WORK BY
25	UNDERSTANDING THE TREMENDOUS DATA AND INFORMATION
	1/13

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1	AND KNOWLEDGE THAT YOU HAVE, STRENGTHENING THE GRANT
2	REVIEW PROCESS AROUND DEI, AND ADVANCING THAT
3	COMMITMENT THROUGH LANGUAGE.
4	AND ANOTHER THING THAT IS PART OF OUR DNA
5	IS WORKING WITH ORGANIZATIONS TO DETERMINE THEIR DEI
6	WAY. SO THE GOAL IN ALL OF THIS IS WHAT IS CIRM'S
7	WAY TO EXPRESS ITS DEI COMMITTEE.
8	SO THEN WE WANTED TO JUST SHARE SOME
9	REALLY HIGH LEVEL IDEAS ON RECOMMENDATIONS, WHAT WE
10	SEE FROM OUR VANTAGE POINT, HAVING INVOLVED IN ONLY
11	A SLIVER OF ALL THE THINGS THAT CIRM IS DOING. BUT
12	IN TERMS OF GRANT APPLICATION, GRANT EVALUATION,
13	INFRASTRUCTURE, AND DOMAIN LEADERSHIP, THERE'S A WAY
14	TO INSTILL A DEI LEARNING POINT OF VIEW.
15	I THINK IN EQUITY GRANTMAKING, AND WE SEE
16	THIS AT CIRM IN THE POTENTIAL TO SEND APPLICATIONS
17	BACK AND TO REALLY EXPLORE WHAT'S THE STRONG WAY TO
18	DO THINGS, TO TAKE A LEARNING APPROACH OVER AN
19	EVALUATION APPROACH AND TO HAVE LEARNING AND
20	MODELING OPPORTUNITIES FOR YOUR APPLICANTS OF ALL
21	KINDS AT ALL STAGES AND TO THE GREATEST EXTENT
22	POSSIBLE TAILOR THE BEST WAYS TO THAT PERSPECTIVE.
23	IN EVALUATING THE GRANTS, PROVIDING
24	CONSISTENCY ACROSS YOUR EVALUATORS, AND
25	UNDERSTANDING WHERE ALL THOSE LEVERS ARE, AS WE SAID
	144

1	EARLIER, WITHIN THE INFRASTRUCTURE OF CIRM ITSELF,
2	HAVING A SHARED COMMITMENT, UNDERSTANDING, PROCESS,
3	AND COMMUNICATION. AND THEN WE SEE THIS TREMENDOUS
4	OPPORTUNITY FOR SECTORWIDE LEADERSHIP IN EQUITY
5	GRANTMAKING FOR CIRM, REALLY DOMAIN EXCELLENCE
6	ACROSS THE UNITED STATES AND BEYOND IN TERMS OF WHAT
7	YOU ARE DOING AND ACCOMPLISHING. IT'S VERY
8	IMPRESSIVE.
9	SO WE HAVE A FEW SPECIFIC RECOMMENDATIONS
10	ON THE NEXT SLIDE. WE'VE DIVIDED HERE THE WHO DOWN
11	THE LEFT HAND, LEADERSHIP, BOARD, STAFF, AND GWG.
12	AND ACROSS THE TOP GRANT PROCESS, INFRASTRUCTURE,
13	AND DOMAIN. AND, AGAIN, YOU RECEIVED ALL OF THESE.
14	WE HAVE SOME WE'D LOVE TO TALK ABOUT ALL OF
15	THESE. WE DO THINK THAT, FROM OUR VIEW AS AN
16	ORGANIZATIONAL REFERENCE, THAT BUILDING A CIRM
17	INTERNAL DEI ASSESSMENT AND STRATEGY WITH REALLY
18	DETERMINING THE PRIORITIES AND LOOKING FOR THAT
19	CONSISTENCY ACROSS EVERYTHING YOU DO WOULD BE A
20	GREAT NEXT STEP.
21	SO DR. MAYA ANGELOU IS ONE OF OUR PEOPLE
22	THAT WE TURN TO INSPIRATION. AND THIS DEI WORK, AS
23	YOU ALL KNOW VERY WELL, IS NEVER A DESTINATION.
24	EVERYTHING IS CHANGING EVERY DAY IN TERMS OF HOW WE
25	NEED TO THINK AND IMPLEMENT TO REALLY PROVIDE
	145

1	INCLUSIVE ORGANIZATIONS AND HEALTH EQUITY IN A BROAD
2	WAY. TO US DEI IS A PATH TO HEALTH EQUITY, AND WE
3	DO THE BEST WE CAN UNTIL WE KNOW BETTER. AND THEN
4	WHEN WE KNOW BETTER, WE DO BETTER. AND THAT'S THE
5	JOURNEY WE ARE ON AS WELL.
6	SO THAT'S THE END OF OUR PRESENTATION.
7	OUR CONTACT DETAILS ARE ON THE NEXT SLIDE. AND WE'D
8	LOVE TO TAKE ANY QUESTIONS OR ANY COMMENTS. WE'D
9	LOVE TO KNOW WHAT YOU THINK.
10	CHAIRMAN IMBASCIANI: THANK YOU VERY MUCH
11	FOR THE PRESENTATION, QUITE COMPREHENSIVE. AND I
12	GUESS I TAKE SOME PRIDE IN HEADING AN ORGANIZATION
13	THAT'S DOING WELL. SO COMMENTS FROM BOARD MEMBERS
14	FIRST OF ALL. YSABEL. MEMBER DURON.
15	MS. DURON: THANK YOU VERY MUCH. THANK
16	YOU, TERESA AND JOANNE, FOR THAT WONDERFUL WORK.
17	WHAT I'M ALWAYS LOOKING FOR, AND I DON'T KNOW IF YOU
18	INCLUDE IT IN ONE OF THOSE WONDERFUL DESCRIPTIVES,
19	BUT WHAT I'M ALWAYS LOOKING FOR IS ULTIMATELY
20	ACCOUNTABILITY. WHERE DID YOU PUT IT IN ALL OF THIS
21	AND ACROSS TIME HOW WE ACTUALLY SEE PEOPLE ARE DOING
22	WHAT THEY'RE SUPPOSED TO BE DOING AND IT'S HAVING
23	IMPACT? IT'S MAKING A DIFFERENCE. IT IS TRULY DEI
24	AT THE BEST IT CAN BE.
25	SO I'M LOOKING FOR THAT ACROSS, THROUGH
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1	LEADERSHIP, THROUGH BOARD, AND THROUGH GRANTS, AND
2	OUR EDUCATION. PEOPLE WERE ASKING BEFORE AND WE'RE
3	SEEING LOVELY RESPONSES. AND I ENCOURAGE LET ME
4	JUST SAY I ENCOURAGE EVERY BOARD MEMBER TO TRY TO
5	ENGAGE AT ONE OF THE CONFERENCES OR RESPOND TO THE
6	VARIOUS UNIVERSITIES WHO ARE ASKING US TO COME IN
7	AND EXPLAIN THE WORK AND WORK WITH THE STUDENTS. IT
8	GIVES US AN OPPORTUNITY TO INTERACT WITH THEM, WHICH
9	I THINK IS EQUALLY IMPORTANT, THAT THE BOARD
10	SHOULDN'T BE SHUT OFF. THAT'S PART OF OUR
11	EQUALIZING WHO WE ARE, WHAT WE DO, AND HOW THEY CAN
12	BE IT IN THE FUTURE. A THOUGHT THAT JUST SPRANG
13	INTO MY HEAD.
14	DR. NELSON: ABSOLUTELY. THANK YOU. YES.
15	AS JOANNE SAID, YOU'RE A COMPLICATED ORGANIZATION.
16	WE CAME IN WITH A SINGLE PROJECT WITH SOME VERY
17	LIMITED OBJECTIVES. I WILL SPEAK SORT OF FROM OUR
18	EXPERIENCE WORKING WITH MANY ORGANIZATIONS OVER
19	TIME. THAT'S REALLY WHY I SAY THAT STRATEGY PIECE.
20	IN GENERAL, ON AVERAGE, WHEN WE WORK WITH
21	ORGANIZATIONS WHO HAVEN'T REALLY ARTICULATED THEIR
22	DEI STRATEGY, AND TO US THAT MEANS STRATEGY,
23	TACTICS, MILESTONES, METRICS, WHO'S RESPONSIBLE,
24	WHAT'S THE BUDGET THAT'S NEEDED. WE'RE ALL FAMILIAR
25	WITH THAT SORT OF MODEL. BUT IF YOU DON'T HAVE

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1	
1	THAT, YOU DON'T HAVE ACCOUNTABILITY REALLY. WHAT
2	YOU DO HAVE WITH DEI IS REALLY RELYING ON THE GOOD
3	WILL OF THE EMPLOYEES AND THE BOARD MEMBERS TO DO
4	THE RIGHT THING.
5	SO THAT'S OVER HERE. AND THEN IF YOU WANT
6	TO HAVE THE ACCOUNTABILITY, IT'S GOT TO BE
7	ARTICULATED IN THAT WAY. SO THAT'S A THOUGHTFUL
8	PROCESS FOR US. IN THE LAST NUMBER OF YEARS, WE'VE
9	REALLY MOVED AWAY FROM THE IDEA OF A STRATEGIC PLAN
10	THAT SORT OF GOES WAY OUT AND TRIES TO BE REALLY
11	COMPREHENSIVE. WE DO WHAT'S CALLED OFTEN A STRATEGY
12	PLAYBOOK, WHICH IS TO HAVE A SERIES OF CONVERSATIONS
13	TO REALLY HONE IN ON WHAT ARE YOUR PRIORITIES NOW?
14	LIKE WHERE DO YOU REALLY WANT TO SEE, AND THEN WE
15	TAKE AN ITERATIVE APPROACH AND SORT OF ACCOUNT FOR
16	INNOVATION AND INSPIRATION. YOU START IN CERTAIN
17	PLACES AND START DEVELOPING THOSE METRICS AND
18	MILESTONES, AND THEN YOU SEE HOW YOU WANT TO BROADEN
19	THAT OVER TIME. AND WE SEE THAT AS A GOOD WAY.
20	JOANNE, WHAT WOULD YOU LIKE TO ADD?
21	DR. KAMENS: YSABEL, IT'S A GREAT
22	QUESTION. I WILL TELL YOU THAT THE STAFF ARE VERY
23	EAGER TO BRING IN THAT ACCOUNTABILITY. I THINK THAT
24	DEFINING THE BEST PRACTICES THAT WE WOULD BE LOOKING
25	FOR IS GOING TO MAKE IT EASIER TO CREATE MECHANISMS
	148

1	TO CHECK THE BOXES TO WHO'S ACTUALLY DOING THOSE
2	THINGS. I KNOW THAT WE'VE ALREADY HAD CONVERSATIONS
3	WITH STAFF ABOUT THE QUARTERLY REPORTS FROM THE
4	GRANTEES AND HOW WE MIGHT EVALUATE ARE THEY
5	FOLLOWING UP ON THEIR COMMITMENTS. BUT HAVING THE
6	COMMITMENTS MORE CLEARLY DEFINED IS LIKE A STEP
7	TOWARD BEING ABLE TO MEASURE THAT. SO BEFORE IT'S
8	BEEN LIKE A QUALITATIVE CHOICE, LIKE HOW ARE THEY
9	DOING ON DEI? NOW WE CAN SAY, YOU SAID YOU WERE
10	GOING TO DO BEST PRACTICES 1, 17, 21, AND 3. DID
11	YOU DO 1, 17, 21, AND 3 AS ONE EXAMPLE OF HOW THIS
12	GROUNDWORK THAT WE ARE LAYING CAN LEAD TO MORE
13	ACCOUNTABILITY AND MEASUREMENT. I HOPE THAT'S
14	HELPFUL.
15	MS. DURON: THANK YOU.
16	CHAIRMAN IMBASCIANI: THANK YOU. NEXT
17	SPEAKER IS MARIA BONNEVILLE FOLLOWED BY MARK
18	FISCHER-COLBRIE.
19	VICE CHAIR BONNEVILLE: THANK YOU, TERESA
20	AND JOANNE. I'VE REALLY ENJOYED WORKING WITH YOU
21	OVER THE PAST COUPLE OF YEARS. AS BACKGROUND
22	INFORMATION, THEY PRESENTED, JOANNE PRESENTED AT
23	ISSCR TWO YEARS AGO. SEVERAL OF MY COLLEAGUES AT
24	CIRM WERE ALSO PRESENT FOR HER TALK. AND AFTERWARDS
25	WE APPROACHED HER AND TERESA ABOUT BRINGING THEM ON
	149

1	TO WE LOOKED AT IT IN VERY SMALL WAY OF HOW CAN
2	YOU HELP US WITH OUR RUBRIC. AND IT GREW INTO
3	UNDERSTANDING THAT CIRM ITSELF HAS TO HAVE A DEI
4	STRATEGY, WHICH RIGHT NOW WE DO NOT. THAT'S
5	SOMETHING THAT I WOULD REALLY ENCOURAGE THE TEAM TO
6	MAKE A POINT OF CONTACT IN THE ORGANIZATION THAT
7	WILL TAKE THAT, WILL DEVELOP IT WITH WHOMEVER THE
8	CONSULTANTS MAY BE. IS IT DIVERSITY NORTH? IS IT
9	SOMEONE ELSE? I DON'T KNOW. AND MOVE FORWARD WITH
10	A COMPREHENSIVE STRATEGY THAT ENCOMPASSES WHO WE ARE
11	AS AN ORGANIZATION AND HOW WE APPROACH DEI AND THEN
12	HOW THAT TRICKLES DOWN THEN INTO ALL ASPECTS OF WHAT
13	WE DO.
14	I THINK THAT'S THE MISSING PIECE FOR US
15	RIGHT NOW. I WILL SAY THE WORK THAT THEY'VE DONE
16	WITH THE RUBRIC AND WITH US ON GWG, I SIT ON THE
17	WORKING GROUP AS A PATIENT ADVOCATE ALTERNATE AND
18	REVIEW APPLICATIONS FOR THEIR DEI OUTREACH
19	STRATEGIES, HAS BEEN REALLY HELPFUL. I REALLY LOOK
20	FORWARD TO THE WORK THAT THEY'VE PUT INTO THE REPORT
21	THAT WE RECEIVED TODAY AND THE LEXICON THAT WE CAN
22	ALL USE AND THEN GATHERING US ALL TO GET OUR
23	STRATEGY TOGETHER. THANK YOU.
24	CHAIRMAN IMBASCIANI: THANKS, MARIA.
25	MARK.
	150

1	DR. FISCHER-COLBRIE: THANK YOU. AS A GWG
2	MEMBER, I'M VERY APPRECIATIVE OF THE WORK THAT HAS
3	BEEN ACCOMPLISHED TO DATE AND JUST WANT TO
4	ACKNOWLEDGE THAT. IT'S BEEN VERY WELL DONE AND VERY
5	HELPFUL, AND WE CLEARLY HAVE MANY MORE STEPS TO GO
6	IN THAT. LOOK FORWARD TO CONTINUING TO MAKE GREAT
7	PROGRESS IN THIS AREA AND ALONG THE WAY. THANK YOU
8	FOR YOUR EFFORTS.
9	DR. NELSON: THANK YOU VERY MUCH.
10	DR. KAMENS: THANK YOU.
11	CHAIRMAN IMBASCIANI: GEORGE.
12	DR. BLUMENTHAL: I WANT TO THANK YOU FOR
13	THIS REPORT. AND WHAT'S REALLY IMPRESSIVE ABOUT IT
14	IS HOW COMPREHENSIVE A LOOK IT HAS TAKEN AT DEI
15	WITHIN OUR ORGANIZATION. AND THAT'S SOMETHING WE
16	REALLY NEED TO DO.
17	I WANTED TO ASK YOU A QUESTION, THOUGH,
18	ABOUT SOME OF THE BEST PRACTICES, FOR EXAMPLE, IN
19	THE CLIN2 PROGRAM. YOU SHOWED, I THINK, SOMETHING
20	LIKE 53 BEST PRACTICES WHICH COULD BE USED AS A
21	RUBRIC FOR EVALUATION. BUT WHAT IT DOESN'T SHOW IS
22	THE RELATIVE VALUE OF THOSE 53 BEST PRACTICES.
23	CLEARLY SOME OF THEM ARE GOING TO BE MUCH MORE
24	IMPORTANT THAN OTHERS. HAVE YOU GIVEN THAT THOUGHT
25	ON HOW YOU WOULD ESSENTIALLY WEIGHT THOSE PRACTICES?
	1 - 1

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1	DR. NELSON: WE ACTUALLY DID. WE DIDN'T
2	DO THAT WORK, BUT IN DEVELOPING THE BEST PRACTICES
3	LIST, WE THOUGHT A LOT ABOUT THAT. SO MY BEST
4	EDUCATED GUESS IS THAT IT'S A SET OF THINGS THAT
5	YOU'D LIKE TO SEE IN EVERY APPLICATION. EVERY
6	APPLICANT SHOULD HAVE SOME BASIC ORIENTATION. I'D
7	LOVE TO PUT IN HERE, WHEN WE THINK ABOUT DEI, IT'S
8	REALLY DIVERSITY AND INCLUSION AND EQUITY. THOSE
9	ARE REALLY THREE DIFFERENT THINGS, AND THEY ALL NEED
10	TO BE INTEGRATED. SO I THINK THERE'S A MY GUESS
11	IS THAT THERE WOULD BE AN EVERYONE SHOULD HAVE THIS
12	AND THEN CERTAIN KINDS OF APPLICANTS WOULD MAYBE
13	GRAVITATE TO THESE. I DON'T THINK THAT IT WILL EVER
14	BE A CHECK THE BOX, LIKE YOU HAVE TO DO THIS AND
15	THIS AND THIS, BUT THAT ALSO HOOKS INTO THE COMMENT
16	THAT I MADE ABOUT A LEARNING CULTURE, THAT A LOT OF
17	IT IS CIRM'S POTENTIAL TO SHARE WITH APPLICANTS AND
18	POTENTIAL APPLICANTS HOW TO THINK ABOUT BUILDING A
19	DIVERSITY AND INCLUSION PLATFORM FOR THEIR SCIENCE
20	WORK SO THAT IT'S NOT ONLY IN THIS APPLICATION TO
21	CIRM, BUT IT ALSO INFLUENCES ALL THE WORK THAT THEY
22	DO ALONG THE WAY.
23	SO BY HERE ARE BEST PRACTICES, HERE IS
24	WHEN YOU WOULD USE THEM, HERE IS WHERE THEY MIGHT BE
25	MOST APPLICABLE, HERE IS WHERE OTHER ORGANIZATIONS
	152

1	HAVE FOUND THAT IT'S DIFFICULT TO IMPLEMENT.
2	AND THEN THE LAST THING IS, OF COURSE,
3	THAT CONNECTION. BY TRYING TO DISTINGUISH THE
4	APPLICANT PROCESS FROM THE IMPLEMENTATION PROCESS,
5	WE CAN THINK OF ANY SORT OF DEI GOAL SETTING IN AN
6	ORGANIZATION THAT JUST GETTING PEOPLE IN THE TRIAL
7	ISN'T ENOUGH. YOU WANT THEM TO PERSIST AND TO HAVE
8	AS SUCCESSFUL AN OUTCOME AS THEY CAN. SO THOSE ARE
9	THE COMPLICATING FACTORS THAT WE WOULD START THIS
10	NEXT INVESTIGATION WITH.
11	DR. KAMENS: WE COULD NOT AGREE WITH YOU
12	MORE. AND WE'RE ACTUALLY EAGER TO HAVE THE TIME TO
13	DIG IN CATEGORIZING THEM MORE AND UNDERSTANDING MORE
14	WHAT ARE THOSE BASICS OF HAVE TO, NICE TO HAVE, AND
15	REAL EXCELLENCE IN DIFFERENT CATEGORIES. THERE'S SO
16	MUCH RICH DATA THERE, THAT I THINK THERE'S A GREAT
17	BENEFIT TO FURTHER WORK ON THAT SET.
18	DR. NELSON: IN THE GWG MEETING FOR
19	JANUARY, WE ARE SPECIFICALLY FOCUSING ON THE SMALL
20	TRIAL POPULATIONS VERSUS THE LARGE. THAT'S AN
21	OBVIOUS THING, BUT WE ALSO SAW REAL PATTERNS IN THE
22	APPLICATIONS BETWEEN, FOR EXAMPLE, ACADEMIC AND
23	CORPORATE APPLICANTS. SO THERE'S ALL SORTS OF
24	INTERESTING VARIABLE POPULATIONS TO EXPLORE MORE.
25	CHAIRMAN IMBASCIANI: THANK YOU, JOANNE.
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1	THANK YOU, TERESA. THIS IS AN NOT AN ACTION ITEM,
2	BUT I STILL WOULD LIKE TO INVITE ANY MEMBER OF THE
3	PUBLIC WHO WANTS TO COMMENT ON OUR DEI PRESENTATION.
4	NO. YES, DAVID.
5	DR. HIGGINS: IN YOUR EXPERIENCE WITH US,
6	WHERE DO WE STAND? HOW DO WE RATE TO THE REAL WORLD
7	OUT THERE NOW AND WHAT THEY'RE DOING? DEI, IT'S
8	WRITTEN ON THE WALLS EVERYWHERE.
9	DR. NELSON: IT'S A GREAT QUESTION. IT'S
10	LIKE WHAT WORLD DO YOU WANT TO REFER TO. IT'S WHAT
11	YOUR SPHERE OF REFERENCE IS. IN TERMS OF EQUITY
12	GRANTMAKING, YOU'RE REALLY UP THERE. IN TERMS OF
13	YOUR INTERNAL SORT OF INTEGRATING DIVERSITY, EQUITY,
14	AND INCLUSION INTO YOUR ORGANIZATIONAL PRACTICES, AT
15	LEAST WE DON'T SEE THAT THAT'S REALLY STARTED YET.
16	SO THERE'S LOTS OF ORGANIZATIONS THAT HAVEN'T DONE
17	THAT WORK, BUT THERE'S LOTS OF ORGANIZATIONS WHO
18	HAVE REALLY SET A PRIORITY FOR THAT.
19	SO I THINK IT DEPENDS ON THAT SPHERE OF
20	ACTION. WHICH ONE WE ARE LOOKING AT AND WHAT'S OUR
21	COMPARISON THERE. SO REALLY EXCELLENT, NEED MORE
22	CREDIT FOR ALL THE GREAT WORK YOU DO. I THINK
23	THAT'S A MUST. AND INTERNALLY THERE'S MORE TO DO.
24	AND THE WHOLE APPLICATION AND GRANTMAKING PROCESS,
25	THERE'S CONTINUAL REFINEMENTS THAT CAN BE DONE THERE
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1	TO MAKE THAT BETTER. AND I THINK THAT, AGAIN, NOT
2	TO WELL, LET ME RETURN. I THINK THE PART OF THE
3	STRATEGY MAKING PROCESS THAT WILL BE SO CRITICAL FOR
4	CIRM IS TO SAY THIS IS THE MOST IMPORTANT THING. SO
5	EVEN WHEN YOU THINK ABOUT OUR BEST PRACTICES
6	RESEARCH PROJECT, THAT WAS ONLY ON THE CLIN2
7	APPLICATIONS AND ON A SET OF THOSE IN RECENT YEARS.
8	SO THERE'S SO MANY MORE THINGS THAT CIRM DOES WHERE
9	THAT KIND OF A LENS OF LOOKING AT WHAT YOU'RE DOING
10	IN COMPARISON TO BEST PRACTICES IN THE WORLD WOULD
11	BE REALLY RELEVANT.
12	DR. KAMENS: I COULDN'T AGREE MORE. IT IS
13	IMPOSSIBLE TO DO EVERYTHING AT ONCE. SO THE SECRET
14	IS TO IDENTIFY THE NEXT STEPS AND THEN MAKE PROGRESS
15	SO THAT IT FEELS SUCCESSFUL FOR THE ORGANIZATION.
16	AND THERE'S A DEMONSTRATED, AS YSABEL SAID, A
17	TANGIBLE OUTCOME THAT YOU CAN METRIC THAT THERE WAS
18	A CHANGE. AND SO THE TRICK OF DESIGNING THE
19	STRATEGY AND THE PLAYBOOK IS PICKING THOSE THINGS
20	THAT WILL ACTUALLY ADVANCE THE AGENDA SO YOU CAN GO
21	TO THE NEXT THINGS AND CONTINUE TO ADVANCE.
22	AND I WOULD SAY THE HORSE RACE IS AT
23	DIFFERENT PLACES FOR EACH OF THE SPHERES THAT WE
24	LOOKED AT, AS TERESA SAID.
25	CHAIRMAN IMBASCIANI: OKAY. THANK YOU
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1	AGAIN FOR ALL OF THAT AND FOR OUR REALITY CHECK.
2	APPRECIATE IT.
3	DR. NELSON: THANKS SO MUCH. NICE TO MEET
4	YOU ALL.
5	CHAIRMAN IMBASCIANI: THANK YOU. SO NOW
6	WE CAN RETURN TO THE REMAINING PART OF OUR AGENDA,
7	11. ITEM 11 IS CONSIDERATION OF IT'S AN UPDATE
8	ON OUR COMMUNICATIONS STRATEGY. IT'S GOING TO BE
9	PRESENTED BY KOREN TEMPLE-PERRY. THE MICROPHONE IS
10	YOURS.
11	MS. TEMPLE-PERRY: GOOD AFTERNOON,
12	EVERYONE. HOW WE DOING? LET ME JUST GET MYSELF
13	ORGANIZED UP HERE. THANK YOU FOR THE OPPORTUNITY TO
14	ADDRESS THE BOARD TODAY. MY NAME IS KOREN
15	TEMPLE-PERRY. I AM THE SENIOR DIRECTOR OF MARKETING
16	COMMUNICATIONS HERE AT CIRM. I HAVE THE HONOR OF
17	PRESENTING THE UPDATED COMMUNICATIONS PLAN, WHICH IS
18	A CONTINUATION OF THE 2022 PLAN, AS WELL AS SHARING
19	MANY OF THE HIGHLIGHTS FROM OUR TEAM FROM THE PAST
20	COUPLE OF MONTHS.
21	SO TYPICALLY WHEN WE START THESE
22	PRESENTATIONS, WE LIKE TO REITERATE OUR MISSION
23	STATEMENT BECAUSE IT'S REALLY CRITICAL TO WORK THAT
24	WE DO HERE AT CIRM; HOWEVER, I'M A COMMUNICATIONS
25	PERSON. SO I LIKE STORYTELLING AND VIDEOS. SO I
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1	WANTED TO KIND OF MIX IT UP A LITTLE BIT. SO
2	INSTEAD OF TELLING YOU OUR MISSION STATEMENT, I
3	REALLY WANT TO SHOWCASE OUR MISSION STATEMENT.
4	SO OUR COMMUNICATIONS TEAM CREATED A NICE
5	LITTLE VIDEO COMPILATION FOR YOUR VIEWING PLEASURE.
6	HOPEFULLY IT WORKS.
7	(THE VIDEO WAS THEN PLAYED, NOT
8	REPORTED NOR HEREIN TRANSCRIBED.)
9	MS. TEMPLE-PERRY: ALL RIGHT. DID WE LIKE
10	THE MUSIC? OUR CHAIR, WHO DISAPPEARED, HE PICKED
11	THAT. HE SAID, "KOREN, YOU NEED TO PUMP IT UP A
12	LITTLE BIT. AT THE END OF THE DAY, WE NEED TO MAKE
13	SURE THAT PEOPLE ARE PAYING ATTENTION." SO THE
14	VIDEO IS AN IMPORTANT REMINDER OF THE WORK THAT WE
15	DO AT CIRM AND REALLY HOW WE DELIVER ON OUR MISSION.
16	AND AS IT SAID, THERE'S MUCH MORE WORK TO COME, AND
17	THAT'S TRULY EXCITING.
18	SO TO GET INTO OUR ACTUAL PRESENTATION, I
19	WANT JUST TO PROVIDE A HIGH LEVEL OVERVIEW OF WHAT I
20	WANTED TO COVER TODAY. FIRST, I WANT TO PROVIDE A
21	TEAM INTRODUCTION. THE COMMUNICATIONS TEAM HAS
22	TAKEN UP THE FIRST ENTIRE ROW HERE. MANY OF THEM
23	ARE NEW. SO I WANTED TO GIVE THEM AN OPPORTUNITY TO
24	INTRODUCE THEMSELVES. THEN I WANT TO PROVIDE SOME
25	HIGHLIGHTS OF WHAT WE'VE BEEN UP TO THESE PAST

1	COUPLE OF MONTHS. THEN I WANT TO TELL YOU WHERE
2	WE'RE GOING. WHAT IS THE DIRECTION WE'RE GOING IN
3	BY PROVIDING SOME OF THE KEY HIGHLIGHTS FROM OUR
4	UPDATED COMMUNICATIONS PLAN. AND THEN I WANTED TO
5	SHARE OUR PUBLIC OUTREACH CALENDAR. THERE'S A LOT
6	OF EXCITING EVENTS IN THERE. WE HOPE YOU ARE
7	EXCITED AND YOU'RE INTERESTED IN POSSIBLY ATTENDING
8	THOSE EVENTS. SO WE WANTED TO GIVE A SUMMARY OF
9	THOSE EVENTS SHOULD YOU WANT TO PARTICIPATE.
10	ALL RIGHT. OUR WONDERFUL COMMUNICATIONS
11	TEAM ON THE FRONT ROW. LIKE I SAID, MANY OF THEM
12	ARE NEW. I AM NEW MYSELF. AGAIN, KOREN
13	TEMPLE-PERRY. I'VE HAD THE HONOR OF LEADING OUR
14	TEAM FOR THE PAST SEVEN AND A HALF MONTHS. SOME
15	DAYS IT FEELS A LITTLE BIT LONGER, BUT IT HAS BEEN A
16	WONDERFUL EXPERIENCE HERE AT CIRM.
17	I WANT TO INTRODUCE OUR TEAM, AND YOU GUYS
18	JUST GIVE LIKE A SHOUTOUT WHEN I SAY YOUR NAME. WE
19	HAVE ESTEBAN CORTEZ. MANY OF YOU KNOW HIM. HE'S
20	THE DIRECTOR OF MARKETING COMMUNICATIONS. WE HAVE
21	ADITI DESAI. SHE IS OUR NEW COMMUNITY OUTREACH
22	MANAGER. SHE'S BEEN, IS IT, THREE MONTHS, FOUR?
23	SHE'S A VETERAN. THEN WE HAVE CHRISTINA SMITH,
24	WHO'S ACTUALLY NEW TO OUR TEAM. SHE RECENTLY
25	STARTED. SHE IS OUR FIRST SOCIAL MEDIA CONTENT

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1	SPECIALIST. SO WE ARE VERY EXCITED, AND SHE
2	ACTUALLY CREATED THE VIDEO THAT YOU ALL SAW TODAY.
3	LAST IS KATIE. SHE HAD TO GO TO A DOCTOR'S
4	APPOINTMENT, BUT SHE WAS HERE EARLIER. KATIE IS OUR
5	COMMUNICATIONS TEAM COORDINATOR.
6	SO WHAT HAS OUR NEW TEAM BEEN UP TO? SO I
7	WOULD SAY IN THE LAST COUPLE OF MONTHS QUITE A BIT.
8	SO WE'VE REALLY WORKED TO CONTINUE THE MOMENTUM FROM
9	THIS PAST YEAR. OUR TEAM HAS REALLY WORKED TO
10	ESTABLISH RELATIONSHIPS WITH OUR PARTNER
11	ORGANIZATIONS, WITH COMMUNITY-BASED ORGANIZATIONS AS
12	WELL. WE'VE CONTINUED TO RAISE AWARENESS ABOUT
13	CIRM'S IMPACT AS WELL AS GATHERED VALUABLE INSIGHTS
14	FROM LISTENING SESSIONS AS WELL AS REALLY CONNECTING
15	WITH DIVERSE CALIFORNIA COMMUNITIES.
16	SO THROUGHOUT ALL THAT, WE GREW OUR TEAM
17	IN THE PROCESS AS I HAVE INTRODUCED THEM. WE HAVE
18	PARTICIPATED IN MANY STATEWIDE EVENTS TO SPREAD
19	AWARENESS. WE'VE ACTUALLY ATTENDED A LOT OF EVENTS
20	TO LEARN MORE ABOUT DIVERSITY AND INCLUSION IN
21	SCIENTIFIC SPACES. WE LAUNCHED AN ANNUAL REPORT IN
22	THE PROCESS, WHICH YOU ALL HAVE RECEIVED. AND AT
23	THE SAME TIME, WE REALLY IMPROVED OUR DIGITAL
24	CHANNELS, SHARING RELEVANT CONTENT TO REALLY FUEL
25	MOMENTUM AND BOOST ENGAGEMENT AND GROWTH.

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1	SO I KNOW THERE'S A LOT OF INFORMATION ON
2	THE SLIDE, BUT IT REALLY DOES GO TO SHOW YOU THE
3	BREADTH OF THE TYPES OF EVENTS THAT WE PARTICIPATE
4	IN THROUGHOUT THE YEAR. SO FROM EDUCATION-FOCUSED
5	EVENTS TO STEM-FOCUSED EVENTS TO PATIENT ADVOCACY
6	EVENTS, WE REALLY TAKE THE TIME TO ENGAGE AND
7	CONNECT THROUGHOUT THE STATE. WE HAVE INTERFACED
8	WITH MANY PATIENT ADVOCACY ORGANIZATIONS AS WELL AS
9	PARTICIPATED IN EDUCATION EVENTS FOR HIGH SCHOOLERS
10	AS WELL AS FOR COLLEGE AGE STUDENTS.
11	AND ONE EVENT, BECAUSE THERE'S A LONG LIST
12	OF THEM HERE, THAT I REALLY WANTED TO EMPHASIZE AND
13	HIGHLIGHT IS AN EVENT THAT WE ATTENDED. IT WAS OVER
14	THE SUMMER. AND THAT'S THE KITS CUBED EVENT. AND
15	IT WAS LED BY A WONDERFUL NON-PROFIT HERE IN
16	OAKLAND. AND IT WAS AN EDUCATION STEM-FOCUSED EVENT
17	REALLY FOCUSED TOWARD ELEMENTARY SCHOOL AGE STUDENTS
18	AND THEIR FAMILIES. AND CIRM HAD A BOOTH THERE. IT
19	WAS REALLY ENGAGING AND FUN. WE CREATED SPECIALIZED
20	CONTENT SPECIFICALLY FOR ELEMENTARY AGED YOUTH. WE
21	HAD EDUCATIONAL MATERIALS AND GAMES. AND IT WAS
22	JUST SUCH AN AMAZING EXPERIENCE. AND ON TOP OF THAT
23	WE HAD QUITE THE TURNOUT FROM CIRM. SO IT WAS
24	REALLY AN OPPORTUNITY FOR PEOPLE THROUGHOUT CIRM TO
25	BRING THEIR FAMILIES, TO BRING THEIR LOVED ONES.

160

1	AND SO IT WAS AN AMAZING DAY AND, AGAIN, SHOWS YOU
2	HOW WE CONNECT AND LIVE OUT OUR MISSION.
3	HERE ARE SOME MORE AMAZING PHOTOS FROM
4	SOME OF THE EVENTS THAT WE'VE ATTENDED. AND IF
5	FOLLOW US ON SOCIAL MEDIA, WHICH I HOPE YOU ALL ARE,
6	YOU MAY SEE SOME OF THESE EVENTS. I HOPE YOU'RE
7	LIKING AND RESHARING. SO PARTICIPATING IN SOME OF
8	THESE EVENTS REALLY HELPS OUR OUTREACH TEAM FOSTER
9	AND INCREASE AWARENESS, REALLY ESTABLISH STRENGTH IN
10	OUR PARTNERSHIPS AND REALLY TO UNDERSTAND OUR
11	COMMUNITIES' NEEDS.
12	SO WE'VE REALLY DEVELOPED A LOT OF
13	MOMENTUM IN THIS AREA, AND WE'RE GOING TO CONTINUE A
14	LOT OF THESE ACTIVITIES TO, AGAIN, CONTINUE TO BUILD
15	OUTREACH.
16	SO NOT ONLY HAVE WE BEEN ACTIVE IN
17	PHYSICAL COMMUNITIES, WE'VE ALSO BEEN VERY ACTIVE IN
18	OUR DIGITAL COMMUNITIES. WE'VE BEEN DOING QUITE A
19	BIT IN REALLY DEVELOPING AND BUILDING THOSE
20	COMMUNITIES. TO DATE WE'VE ACTUALLY AMASSED ABOUT
21	35,000 FOLLOWERS. I JUST WANT YOU TO LET THAT SINK
22	IN FOR A MOMENT. 35,000 FOLLOWERS. WE ARE POPULAR.
23	SO WE HAVE HAD QUITE A BIT OF ENGAGEMENT ACROSS ALL
24	OF OUR SOCIAL MEDIA CHANNELS. MOST NOTABLY ON
25	LINKEDIN WE'VE HAD AN 86-PERCENT INCREASE IN

161

1	FOLLOWERS. ON INSTAGRAM, WHENEVER WE ATTEND THESE
2	EDUCATIONAL EVENTS AND REALLY ENGAGE WITH YOUTH, A
3	LOT OF YOUTH ARE ON INSTAGRAM. WE'VE HAD A
4	41-PERCENT INCREASE IN THAT. AND WE'RE GOING TO
5	CONTINUE TO UTILIZE OUR SOCIAL MEDIA CHANNELS TO
6	REALLY SHARE RELEVANT EVENTS, ENGAGING CONTENT, AS
7	WELL AS JUST TO CONNECT WITH OUR COMMUNITIES. AND
8	SO WE ARE ALSO EXPLORING NEW SOCIAL MEDIA CHANNELS
9	FOR THE UPCOMING YEAR.

THESE ARE JUST A COUPLE OF EXAMPLES OF 10 SOME OF THE ENGAGING POSTS THAT WE LIKE TO SHARE ON 11 SOCIAL MEDIA. SO WHEN WE POST THESE, THIS CONTENT, 12 WE REALLY LIKE TO MAKE SURE THAT WE HAVE GRAPHICS 13 THAT POP. WE WANT TO MAKE SURE THAT THE CONTENT IS 14 READABLE TO LAY AUDIENCES. WE TEND TO FEATURE A LOT 15 OF NEWS FROM OUR GRANTEES. SO WE'LL TAKE SOME OF 16 THE HIGH LEVEL DETAILS AND WE'LL INCLUDE THAT IN 17 THESE NICE PACKAGE BITS THAT WE CAN SHARE. WE LIKE 18 19 TO TAG A LOT OF THE ORGANIZATIONS WHOM WE FUND BECAUSE THEY HAVE SOMETIMES THEIR OWN MEDIA TEAMS OR 20 COMMUNICATION TEAMS. IT'S A REALLY GREAT WAY OF 21 22 CONTENT SHARING. AND SOMETIMES WHEN THEY TAG US ON 23 THEIR SOCIAL MEDIA CHANNELS, IT REALLY LEADS TO MUCH 24 GREATER AMPLIFIED IMPACT. 25 HERE ARE SOME MORE EXAMPLES OF THE CONTENT

162

1	THAT WE SHARE. WE LIKE TO PRESENT CONTENT IN NEW
2	WAYS. AND WE'RE GOING TO BE DOING MUCH MORE OF THIS
3	THROUGHOUT THE YEAR. SO, FOR EXAMPLE, HERE IS AN
4	EDUCATION VIDEO THAT WAS SHARED DURING STEM CELL
5	AWARENESS DAY. SORRY IT'S NOT ANOTHER VIDEO WITH
6	WONDERFUL MUSIC, BUT IT IS A SCREENSHOT. AND THIS
7	VIDEO WAS POPULAR. IT REALLY BROKE DOWN WHAT ARE
8	STEM CELLS, REALLY USING SIMPLIFIED GRAPHICS,
9	ANIMATION. IT REALLY HELPED THE LAY AUDIENCE
10	UNDERSTAND WHY THIS WAS IMPORTANT. AND THIS TYPE OF
11	CONTENT IS VERY IMPORTANT. IT'S VERY ENGAGING FOR
12	COMMUNITIES. THIS ALONE HAD 1200 VIEWS JUST ON
13	LINKEDIN.
14	SO WE TALKED A LITTLE BIT ABOUT WHAT WE'VE
15	BEEN UP TO AND SOME OF OUR STRATEGIES AROUND
16	CONTENT. NOW I'D LIKE TO TALK ABOUT WHERE WE'RE
17	GOING AS A COMMUNICATIONS TEAM. SO OUR
18	COMMUNICATIONS PLAN IS REALLY A BLUEPRINT FOR
19	COMMUNICATING HOW WE'RE GOING TO ALIGN TO OUR
20	STRATEGIC PILLARS OF ADVANCING WORLD-CLASS SCIENCE,
21	DELIVERING REAL-WORLD SOLUTIONS, AND PROVIDING
22	OPPORTUNITIES FOR ALL. AND SO IN THE PLAN, WHICH
23	YOU ALL SHOULD HAVE COPIES OF, IT'S 40 PAGES, A LOT
24	OF READING, I KNOW, BUT WE'VE INCLUDED READING KEY
25	
25	PARTS, WHICH IS THE OVERALL COMMUNICATIONS PLAN.

163

1	WE'VE INCLUDED A VERY ROBUST COMMUNITY OUTREACH
2	STRATEGY, AND WE'VE INCLUDED A SOCIAL MEDIA INSIGHTS
3	REPORT. SO I'M NOT COVERING EVERY SINGLE ASPECT OF
4	THAT PLAN TODAY. I'M JUST GIVING YOU SOME HIGH
5	LEVEL DETAILS ABOUT EACH.
6	SO WITH THE PLAN, WE AIM TO ACHIEVE THREE
7	KEY OBJECTIVES. THE FIRST IS TO PROVIDE ROBUST,
8	INTEGRATED COMMUNICATION SUPPORT FOR PROGRAMS AND
9	INITIATIVES. SO WE REALLY WANT TO SUPPORT OUR TEAMS
10	AND THE WONDERFUL WORK WE'RE DOING. WE WANT TO MAKE
11	SURE THAT WE ARE CREATING A COHESIVE AND ENGAGING
12	IMPACTFUL NARRATIVE.
13	SECOND, WE REALLY WANT TO POSITION CIRM AS
14	A TRUSTED AUTHORITY. WE'VE BEEN HERE FOR MORE THAN
15	20 YEARS. WE ARE LEADERS IN THIS AREA. WE WANT TO
16	BE KNOWN AS THE FOREMOST AND RELIABLE SOURCE OF
17	INFORMATION, AND WE NEED TO ENHANCE OUR
18	ORGANIZATION'S CREDIBILITY. SO THIS IS GOING TO BE
19	KEY.
20	THIRD, WE REALLY WANT TO FORGE
21	COLLABORATIVE PARTNERSHIPS FOR AMPLIFIED IMPACT. SO
22	THERE'S A LOT OF OUR PARTNERS AND ORGANIZATIONS.
23	WE'RE ALL TRYING TO DO THE SAME THING. IF WE DO IT
24	ALONE, IT'S CHALLENGING; BUT IF WE WORK TOGETHER
25	WITH COLLABORATIVE PARTNERSHIPS, WE'RE GOING TO HAVE
	164
	471

1	A MUCH MORE AMPLIFIED IMPACT.
2	AND SO I JUST WANT TO TAKE A MOMENT FOR US
3	TO STOP AND THINK. SO FOR US WITH OUR
4	COMMUNICATIONS PLAN, WE REALLY WANTED TO TAKE A MORE
5	INTEGRATED, PROACTIVE APPROACH TO OUR COMMUNICATION.
6	THIS HELPS US BETTER PLAN OUR TIME, OUR RESOURCES.
7	IT HELPS US DEVELOP BETTER CREATIVE SO THAT WE'RE
8	ABLE TO REACH AUDIENCES IN MEANINGFUL WAYS.
9	SO THERE'S A LOT ON THIS SLIDE, BUT IT'S
10	VERY MUCH A HIGH LEVEL SLIDE. AGAIN, WITH ANY PLAN,
11	WE CAN'T DO THIS ALL AT ONCE. SO WE REALLY TOOK A
12	LOOK AT HOW WE CAN BREAK DOWN THIS PLAN IN THREE KEY
13	PHASES. SO THE FIRST PHASE IS ABOUT IMPROVING OUR
14	CHANNELS AND OUR CIRM BRAND. THE SECOND IS ALL
15	ABOUT BUILDING MOMENTUM. AND THE THIRD IS ABOUT
16	EXPANDING OUR REACH. I'LL KIND OF GIVE YOU JUST A
17	QUICK SNAPSHOT OF WHAT THIS MEANS.
18	SO THE FIRST PHASE, YOU SEE IT'S KIND OF
19	BETWEEN Q1 AND Q2. THIS IS ALL ABOUT JUST IMPROVING
20	OUR CURRENT CHANNELS AND OUR BRAND. SO IN ADDITION
21	TO THE HIGHLIGHTS I SHARED A FEW SLIDES AGO, WE'VE
22	BEEN ACTIVELY CLEANING UP OUR CHANNELS. WE'VE BEEN
23	JUST IMPROVING OUR OWN INTERNAL WORKFLOW SO THAT WE
24	CAN WORK BETTER AND BE MORE PRODUCTIVE.
25	WE'VE ALSO DEVELOPED AND REFINED OUR
	165

1	MESSAGING, WHICH YOU ALL SAW IN THE UPDATED ANNUAL
2	REPORT. SOON WE'RE GOING TO ROLL OUT BRAND AND
3	STYLE GUIDES. THESE ARE JUST INTERNAL GUIDES OF HOW
4	TO WRITE CONSISTENTLY AND HOW TO SHARE OUR BRAND
5	CONSISTENTLY.
6	WE'VE UNDERGONE AN EMAIL CLEANUP. WE USE
7	MAILCHIMP. AND WE JUST WANT TO MAKE SURE THAT OUR
8	LISTS ARE CLEAN SO WE'RE REACHING WHO WE INTEND. WE
9	FURTHER SEGMENTED OUR EMAIL LISTS. MOST IMPORTANTLY
10	DURING THIS PHASE, WE ARE DEVELOPING AN ACTIVE
11	NETWORK OF COMMUNICATION PARTNERS. SO THINK ABOUT
12	ALL OF OUR DIFFERENT PARTNERS. THEY HAVE MEDIA
13	TEAMS, THEY HAVE COMMUNICATION TEAMS. AND SO BY
14	REALLY FORGING TOGETHER AND MAKING SURE WE HAVE OPEN
15	COMMUNICATION, WE WILL BE ABLE WORK MORE
16	COLLABORATIVELY ON JOINT MEDIA CAMPAIGNS.
17	SO THE SECOND PHASE IS ALL ABOUT BUILDING
18	MOMENTUM. SO THIS IS GOING TO BE THE NEXT QUARTER
19	AND THE QUARTER AFTER THAT. SO IT'S REALLY ABOUT
20	BUILDING UPON THE IMPORTANT WORK AND DEVELOPING MORE
21	TRACTION AS WE START TO LAUNCH MORE PROACTIVE
22	COMMUNICATION STRATEGIES. SO WE'VE SET THE
23	FOUNDATION, AND NOW WE'RE GOING TO MOVE A LITTLE BIT
24	MORE.
25	SO WE ARE UNDERTAKING A WEBSITE REFRESH,
	166

1	WHICH I WILL TALK ABOUT IN A MINUTE. WE ARE GOING
2	TO DEVELOP MORE CORE EDUCATIONAL MATERIALS TO
3	SUPPORT OUR OUTREACH CAMPAIGNS. AND WE'RE GOING TO
4	PLAN TO LAUNCH SOME KEY STRATEGIES TO SUPPORT OUR
5	LARGER STRATEGIC PLAN, AND I'LL TALK ABOUT THOSE IN
6	A MINUTE AS WELL.
7	AND THEN AS WE GET INTO FISCAL YEAR 2024
8	AND BEYOND, WE'RE REALLY PLANNING TO BUILD UPON
9	THOSE STRATEGIES TO DRIVE INTEGRATED COMMUNICATION
10	CAMPAIGNS, ESPECIALLY AS WE START TO LAUNCH A LOT OF
11	OUR STRATEGIES WITH THE COMMUNITY CARE CENTERS OF
12	EXCELLENCE. WE REALLY WANT TO DEVELOP THOSE
13	OUTREACH CAMPAIGNS IN THOSE COMMUNITIES SO WE CAN
14	START TO DELIVER MESSAGES OF ACCESS.
15	IN 2024, ONCE WE LAUNCH OUR NEW WEBSITE,
16	WE ARE LOOKING AT POTENTIAL FOR GREATER PATIENT
17	CONNECTIVITY. THAT MEANS EXPLORING A CIRM APP, VERY
18	PREMATURE, BUT I THINK IT HAS THE POTENTIAL TO BRING
19	TOGETHER A LOT OF THESE PROGRAMS AND TO CONNECT OUR
20	PATIENT COMMUNITIES IN A MUCH MORE ROBUST WAY.
21	AND THEN AFTER WE CLEAN UP OUR CHANNELS
22	AND BUILD ALL THIS MOMENTUM, WE'RE GOING TO BE
23	LOOKING AT 2024 AND REALLY MAKING GREATER
24	INVESTMENTS IN OUR MEDIA RELATIONS STRATEGY AS WELL
25	AS OUR INTERNAL COMMUNICATIONS.

1	ON TO OUR WEBSITE, THE EXCITING STUFF. SO
2	AS I MENTIONED, WE ARE IN THE PROCESS OF UPDATING
3	OUR WEBSITE. WHY ARE WE DOING THIS? SIMPLY, WE ARE
4	MAKING OUR WEBSITE ADA COMPLIANT. SO I DON'T KNOW
5	IF YOU ALL KNOW THIS, BUT AS A STATE OF CALIFORNIA
6	AGENCY, WE ARE REQUIRED TO MAKE SURE OUR WEBSITE IS
7	ACCESSIBLE. SO WHAT DO I MEAN BY THAT? THAT MEANS
8	WE'RE MOVING BARRIERS FOR PEOPLE TO INTERACT WITH
9	OUR WEBSITE.
10	SO WHEN WEBSITES ARE DONE AND DESIGNED
11	CORRECTLY, ALL USERS HAVE EQUAL ACCESS TO
12	INFORMATION AND FUNCTIONALITY. THIS IS IMPORTANT
13	AND IT'S REQUIRED BY LAW. AND SO FOR STATE OF
14	CALIFORNIA, THERE IS A WEB CONTENT ACCESSIBILITY
15	GUIDELINES THAT HAVE TO FOLLOW. WE ARE TRYING TO
16	REACH LEVEL 2 COMPLIANCE. THIS UPDATE WILL HELP US
17	GET THERE. SO IN ADDITION TO THAT, WE ARE GOING TO
18	FIX OUR NAVIGATION. WE'RE GOING TO FIX A LOT OF OUR
19	ISSUES WITH USABILITY AND FLOW. WE'RE GOING TO
20	CLEAN UP OUR CONTENT AND ADD CONTENT WHERE IT
21	DOESN'T EXIST. THERE'S A LOT OF IMPORTANT PROGRAMS,
22	AND WE NEED TO MAKE SURE THAT THAT CONTENT IS
23	REPRESENTED ON OUR OWN WEBSITE.
24	DR. DULIEGE: I THINK I KNOW WHAT ADA IS.
25	JUST TO MAKE SURE THAT EVERYONE IS ON THE SAME PAGE,
	168

1	CAN YOU CLARIFY THIS ACRONYM?
2	MS. TEMPLE-PERRY: AMERICANS WITH
3	DISABILITIES. THE WEB CONTENT GUIDELINES IS WEB
4	CONTENT ACCESSIBILITY GUIDELINES OR WCAG 2.0.
5	AND SO ALONG THE WAY WE'RE GOING GIVE OUR
6	WEBSITE A NEW LOOK AND FEEL. THIS IS NOT OUR ACTUAL
7	WEBSITE, BUT IT'S SIMPLY A MOCK-UP THAT THE DIGITAL
8	MARKETING AGENCY THAT WE'RE WORKING WITH SUBMITTED
9	TO KIND OF GIVE YOU A PREVIEW OF WHAT THE POTENTIAL
10	COULD BE FOR OUR NEW WEBSITE.
11	AND WE ARE ACTIVELY WORKING ON THIS
12	PROJECT. SO RIGHT NOW WE'RE BASICALLY LOOKING AT
13	THE INFORMATION ARCHITECTURE OF THE WEBSITE, WHICH
14	IS JUST SORT OF THIS REALLY LARGE MAP OF ALL THE
15	DIFFERENT PAGES AND FLOW. AND WE ARE LOOKING TO
16	LAUNCH THE NEW WEBSITE IN THE SPRING.
17	SO ALSO PART OF PHASE 1, WE'RE GOING TO BE
18	MAKING WE'RE TAKING A SECOND LOOK AT OUR CURRENT
19	BRAND TO MAKE SURE THAT THIS TOO IS ALSO ACCESSIBLE.
20	SO BECAUSE WE ARE UPDATING OUR WEBSITE, THERE'S AN
21	OPPORTUNITY TO MAKE SURE OUR CURRENT LOGO IS MORE
22	READABLE AND USABLE. SO WHY DOES THIS MATTER? I'M
23	JUST GOING TO HAVE EVERYBODY TAKE A PAUSE, LOOK
24	AROUND FOR THE CIRM LOGO, AND KIND OF FIXATE ON THAT
25	AS I KIND OF WALK YOU THROUGH THIS PROCESS.

169

1	SO WITH OUR CURRENT LOGO, WE HAVE SOME
2	SPACING ISSUES. SO SOMETIMES PEOPLE HAVE A HARD
3	TIME READING THE "R." ARE YOU ALL LOOKING?
4	SOMETIMES PEOPLE CONFUSE THE "C" AND THE "I" AS AN
5	"A." AND SO THEY KIND OF READ OUR NAME IN A SORT OF
6	DIFFERENT WAY WHICH WE DON'T WANT THEM TO DO. YOU
7	SAID IT. SOMETIMES PEOPLE THINK WE'RE ARM. WE
8	CAN'T BE ARM. WE'RE CIRM. SO WE NEED TO MAKE THAT
9	CLEAR.
10	SO AT A LOT OF THESE COMMUNITY EVENTS,
11	THAT'S ONE OF THE NO. 1 QUESTIONS WE GET IS WHAT
12	DOES CIRM MEAN? I DON'T UNDERSTAND. AND SO WE
13	REALLY NEED TO BE CLEAR ABOUT WHO WE ARE. AND THAT
14	MEANS SPELLING OUT OUR NAME AND CLEARLY ARTICULATING
15	WHAT CIRM STANDS FOR. AND SO THIS IS REALLY
16	IMPORTANT, ESPECIALLY AS WE START TO DO MORE
17	OUTREACH IN COMMUNITIES THAT DON'T SPEAK ENGLISH AS
18	THEIR FIRST LANGUAGE. WE JUST NEED TO MAKE SURE
19	THAT WE'RE VERY CLEAR ABOUT WHO WE ARE, WE HAVE
20	PROPER SPACING IN THE LETTERS OF OUR LOGO, AND WE
21	ACTUALLY SPELL OUT OUR NAME SO THAT IT KIND OF MAKES
22	SENSE.
23	AND SO THESE ARE THIS IS JUST A MOOD
24	BOARD. THESE ARE SOME OF THE PROPOSALS OF MAKING
25	THOSE UPDATES TO MAKE OUR LOGO MORE USABLE AND
	170

1	READABLE. PRETTY MUCH EVERYTHING IS SIMILAR. WE
2	ARE CONTINUING A LOT OF OUR COLOR PALETTES. AND IT
3	JUST SIMPLY SORT OF UPDATES TO OUR CURRENT BRAND,
4	AGAIN, TO MAKE SURE THAT WE ARE HELPING WITH THE ADA
5	ACCESSIBILITY. AND ALL OF THESE UPDATES WILL FEED
6	INTO OUR NEW WEBSITE AS WELL AS ADDITIONAL CORE
7	MATERIALS THAT WE'RE GOING TO BE DEVELOPING OVER
8	THIS NEXT YEAR.
9	ALSO PART OF THIS PHASE 1 IS WE'VE BEEN
10	IMPROVING OUR ENGAGEMENT, LIKE I MENTIONED, WHEN IT
11	COMES TO OUR EMAIL MARKETING STRATEGY. SO I
12	MENTIONED THAT WE STREAMLINED AND WE CLEANED UP A
13	LOT OF OUR EMAIL LISTS. WE'RE REFINING AND REALLY
14	CREATING A LOT OF SEGMENTATION WHERE IT MATTERS. SO
15	JUST BY IMPROVING OUR LISTS, BY IMPROVING OUR
16	SUBJECT LINES, OPTIMIZING OUR DISTRIBUTION TIMES
17	NOBODY WANTS TO RECEIVE AN EMAIL AT 5 A.M WE
18	HAVE ALREADY SEEN GREAT RESULTS.
19	AND SO YOU CAN SEE OVER EVEN THIS LAST
20	YEAR, WE HAVE HAD AN INCREASE IN THE NUMBER OF CLICK
21	RATES. AND JUST TO GIVE YOU SOME PERSPECTIVE, THE
22	INDUSTRY AVERAGE IS ABOUT 2 PERCENT. AND ONE OF OUR
23	HIGHEST CLICK-THROUGH RATES WAS ABOUT 20 PERCENT,
24	WHICH IS VERY HIGH. FOR OUR EMAIL OPEN RATES, WE'VE
25	ALSO SEEN, YOU CAN SEE ON THE GRAPH, IT'S GONE UP

171

1	TREMENDOUSLY OVER THIS LAST YEAR. AND SO OUR
2	HIGHEST EMAIL OPEN RATE WAS ABOUT 40.9 PERCENT, AND
3	THAT WAS ON THE WONDERFUL REMIND PROGRAM EMAIL
4	CAMPAIGN THAT WENT OUT. AS YOU CAN SEE, THE
5	INDUSTRY AVERAGE IS ABOUT 20 PERCENT. SO WE'LL
6	CONTINUE TO MAKE UPDATES THROUGHOUT THE YEAR TO
7	CONTINUE A LOT OF THESE STRATEGIES TO MAKE SURE THAT
8	PEOPLE THAT ARE GETTING OUR EMAIL CONTENT ARE
9	OPENING IT AND IT'S RELEVANT INFORMATION.
10	ON TO THE PHASE 2 AND 3. SO WE'RE LOOKING
11	AT THE NEXT QUARTER OR TWO AND AHEAD. WE REALLY
12	WANTED TO BUILD ON THE WORK FROM THE PAST COUPLE OF
13	MONTHS. AND SO WHAT YOU SEE HERE IS THAT WE
14	ACTUALLY DEVELOPED COMMUNICATION GOALS TO SUPPORT
15	OUR CURRENT STRATEGIC PILLARS.
16	SO FOR OUR FIRST STRATEGIC PILLAR OF
17	ADVANCING WORLD-CLASS SCIENCE, OUR TWO GOALS INCLUDE
18	PROMOTING FUNDING OPPORTUNITIES TO BROADER
19	CALIFORNIA RESEARCH COMMUNITIES. AND THERE'S A
20	COUPLE POTENTIAL TACTICS THAT WE HAVE HERE, AND THAT
21	INCLUDES TAKING A MORE INTEGRATED APPROACH TO
22	PUBLICIZING OUR FUNDING ANNOUNCEMENTS ACROSS OUR
23	CHANNELS. AND THAT ALSO MEANS UPDATING OUR WEBPAGE
24	TO MAKE SURE IT HAS THE MOST RELEVANT INFORMATION.
25	WE WANT TO PACKAGE FAQ TOOLKITS TO MAKE IT EASIER

1	FOR PEOPLE TO UNDERSTAND THE INFORMATION AND REALLY
2	TO ANSWER QUESTIONS THEY MAY HAVE ALONG THE WAY.
3	WE ALSO WANT TO ENHANCE THE VISIBILITY OF
4	CIRM'S REVIEW AND FUNDING CYCLES. OUR NEXT GOAL WAS
5	TO ELEVATE THE PUBLIC VISIBILITY OF CIRM-FUNDED
6	SCIENCE AND CIRM-SUPPORTED GRANTEES. AGAIN, MAKING
7	SURE THAT WE ARE SHOWCASING OURSELVES AS AUTHORITIES
8	IN THE SPACE. SO WE'RE GOING TO WORK CLOSELY WITH
9	TEAMS THROUGHOUT CIRM TO HIGHLIGHT RESEARCH PROJECTS
10	AND OUTCOMES ACROSS OUR CHANNELS. SO WE DO A GREAT
11	JOB OF SENDING OUT PRESS RELEASES, BUT WE REALLY
12	WANT TO MAKE SURE THAT CONTENT IS ACCESSIBLE TO LAY
13	AUDIENCES. AND SO WE MAY PRESENT IT IN AN
14	INFOGRAPHIC OR A CARTOON, REALLY IN DIFFERENT WAYS
15	TO, AGAIN, REALLY COMMUNICATE THE IMPACT OF THE
16	SCIENCE.
17	ANOTHER EXCITING INITIATIVE WE'RE LOOKING
18	TO DEVELOP IS THE DEVELOPMENT OF A SOCIAL MEDIA AND
19	PR PRESS TOOLKIT. THIS IS GOING TO BE PROVIDED TO
20	OUR GRANTEES. AND THIS IS GOING TO BE REALLY,
21	REALLY IMPORTANT. AGAIN, A LOT OF OUR GRANTEES HAVE
22	THEIR OWN MEDIA TEAMS, AND WE WANT THEM TO PROPERLY
23	ATTRIBUTE CIRM. SO WE NEED TO MAKE IT EASIER FOR
24	THEM TO DO THAT. THAT INCLUDES MAKING SURE THAT
25	THEY HAVE OUR LOGOS, OUR MOST UPDATED BOILERPLATES,

173

1	MAKING SURE THEY KNOW WHERE OUR SOCIAL MEDIA
2	CHANNELS ARE. AND SO BY PROVIDING THESE NICE,
3	ROBUST PRESS TOOLKITS, IT'S GOING TO MAKE IT EASIER
4	FOR THEM TO PROPERLY ATTRIBUTE CIRM AND TO MAKE SURE
5	THAT WE ARE GETTING THE PROPER REACH THAT WE
6	DESERVE.
7	SO FOR THE NEXT PILLAR OF DELIVERING
8	REAL-WORLD SOLUTIONS, WE'VE ALSO DEVELOPED TWO
9	COMMUNICATION GOALS AROUND THIS AREA. THE FIRST IS
10	TO PROMOTE CIRM'S MANUFACTURING NETWORK AND INDUSTRY
11	ALLIANCE PROGRAM TO ENCOURAGE MEMBERSHIP AND
12	PARTNERSHIP GROWTH. AND SOME OF THE POTENTIAL
13	TACTICS ALSO INCLUDE DEVELOPMENT OF ADDITIONAL
14	BRANDING, TALKING POINTS, PROGRAMMATIC COLLATERAL.
15	ESPECIALLY AS WE GEAR UP FOR THE MANUFACTURING
16	SYMPOSIUM AND UPCOMING CONFERENCES, WE ALSO WANT TO
17	SUPPORT WITH THOUGHT LEADERSHIP. AGAIN, WE ARE
18	TRUSTED AUTHORITIES. WE WANT TO MAKE SURE THAT WE
19	ARE PUTTING OURSELVES OUT THERE AS SUCH.
20	LATER ON IN THE YEAR, AS A LOT OF THE
21	COMMUNITY CARE CENTERS OF EXCELLENCE PROGRAMS START
22	TO RAMP UP, WE REALLY WANT TO MAKE SURE WE'RE
23	PROMOTING THAT AS WELL AS OUR EXISTING ALPHA CLINICS
24	NETWORK AND OUR PATIENT SUPPORT PROGRAM. AND SO
25	THIS TOO INCLUDES ENHANCEMENTS TO OUR BRANDING, OUR

174

1	MESSAGING, AND EVEN THE POTENTIAL OF A MICROSITE,
2	WHICH IS SIMPLY A TINY WEBSITE FOR WHICH ALL OF OUR
3	ALPHA CLINICS CAN HAVE A PRESENCE ON.
4	AN EXCITING INITIATIVE I REALLY WANT TO
5	BRING TO YOUR ATTENTION INCLUDES THE DEVELOPMENT OF
6	A PATIENT ACCESS NEWSLETTER. SO I SHOWED YOU ALL
7	THE WONDERFUL EVENTS AND PHOTOS FROM THE YEAR. SO
8	WE HAVE A LOT OF QUESTIONS COMING IN. PEOPLE ARE
9	INTERESTED IN WHAT WE ARE DOING. THEY WANT TO
10	CONTINUE TO BE ENGAGED. THEY WANT TO COMMUNICATE
11	WITH US. SO WE NEED TO COMMUNICATE WITH THEM. SO
12	THE IDEA IS TO CREATE AN ACCESS NEWSLETTER. WE'RE
13	NOT SURE YET IF IT'S GOING TO BE PRINT OR EMAIL, BUT
14	BASICALLY TO DISTRIBUTE THROUGHOUT THE YEAR TO
15	CONNECT WITH THE PATIENTS WHO ARE INTERESTED IN OUR
16	WORK TO, AGAIN, DELIVER MESSAGES OF ACCESS AND WHY
17	CIRM MATTERS.
18	LASTLY, THE ALPHA CLINICS SYMPOSIUM IS A
19	WONDERFUL EVENT, AND OUR COMMUNICATIONS TEAM WOULD
20	LIKE TO PROVIDE ADDITIONAL BRANDING SUPPORT. AND
21	IT'S REALLY A UNIQUE EVENT TO BRING RESEARCHERS IN
22	THE COMMUNITIES TOGETHER. AND SO WE'RE GOING TO
23	PROVIDE OUR ADDITIONAL SUPPORT AND EXPERTISE TO MAKE
24	IT EVEN BETTER THAN IT ALREADY IS.
25	AND THEN OUR LAST STRATEGIC PILLAR OF
	175

1	PROVIDING OPPORTUNITIES FOR ALL, OUR GOAL IS TO
2	LAUNCH MULTILINGUAL CAMPAIGNS TO SPREAD AWARENESS
3	AROUND CLINICAL TRIAL ACCESS, PARTICIPATION, AND
4	STEM CELL TREATMENTS. AND THIS IS EXCITING. SO WE
5	ARE LOOKING TO DEVELOP MULTILINGUAL TOOLKITS AND
6	FLYERS, ONE-PAGERS. WE REALLY WANT TO COLLABORATE
7	AND PARTNER WITH COMMUNITY EDUCATORS TO INFORM
8	COMMUNITIES OF THIS IMPORTANT INFORMATION.
9	AND THE IDEA, HOPEFULLY, IN THE FUTURE
10	WOULD BE TO DEVELOP A COMMUNITY CONTENT ADVISORY
11	PANEL, WHICH WE CAN ENGAGE WITH THE COMMUNITIES TO
12	DEVELOP CONTENT TOGETHER.
13	OUR LAST GOAL IS TO SUPPORT PROMOTIONAL
14	EFFORTS TO SHOWCASE CIRM EDUCATIONAL AND TRAINING
15	PROGRAMS. AS YOU SAY, DR. SHEPARD GAVE A WONDERFUL
16	PRESENTATION. AND WE REALLY WANT TO SUPPORT OUR
17	TEAMS AND PARTNER WITH THEM IN DOING THAT.
18	SO SOME OF THE POTENTIAL TACTICS WE'RE
19	GOING TAKE INCLUDE SUPPORT WITH DEVELOPMENT OF
20	MESSAGING, INTEGRATED STORYTELLING APPROACHES. WE
21	ALSO WANT TO PROVIDE THEM WITH BRANDING SUPPORT FOR
22	THE UPCOMING CONFERENCES AS WELL AS SUPPORT FOR
23	THEIR IMPORTANT EDUCATION INFORMATION NETWORK
24	PORTAL.
25	SO THESE ARE REALLY EXCITING INITIATIVES.
	176

1	OUR TEAM IS REALLY EXCITED AND PASSIONATE ABOUT
2	COMING TO WORK EVERY DAY AND WORKING THROUGH THESE
3	INITIATIVES. AND WE REALLY WORK WE'RE REALLY
4	LOOKING FORWARD TO WORKING CLOSELY WITH OTHER
5	MEMBERS THROUGHOUT CIRM TO LAUNCH THESE THINGS.
6	SO AS WE ROLL OUT THESE CAMPAIGNS, IT'S
7	REALLY IMPORTANT TO THINK ABOUT HOW WE'RE GOING TO
8	MEASURE THEM. SO I HAVE SOME FANCY COMMUNICATION
9	SPEAK HERE. THIS IS CALLED KEY PERFORMANCE
10	INDICATORS. YOU'VE HEARD OF KPI'S. AND SO WITH
11	EACH CAMPAIGN, IT'S REALLY GOING TO DEPEND ON THE
12	AUDIENCE WE'RE TRYING TO REACH, THE STAKEHOLDER, AND
13	THE GOAL OF THE CAMPAIGN. BASICALLY, ONCE WE FIGURE
14	OUT THAT INFORMATION, WE'LL BE ABLE TO DETERMINE THE
15	BEST KPI.
16	AND SO SOME OF THE KPI'S THAT WE MAY LOOK
17	AT INCLUDE SOCIAL MEDIA IMPACT. THAT MIGHT BE
18	LIKES, RE-TWEETS LOOKING AT OUR ENGAGEMENT RATE. WE
19	CAN LOOK AT POTENTIALLY MARKETING TOUCHPOINTS, SUCH
20	AS EMAIL OPEN RATES AS WELL AS CLICK-THROUGH RATES.
21	EVEN AT COMMUNITY ENGAGEMENT EVENTS, WE CAN MEASURE
22	IMPACT BASED ON THE NUMBER OF PEOPLE ATTENDING. WE
23	CAN ALSO LOOK AT WEBSITE TRAFFIC AND DIGITAL
24	ENGAGEMENT AS A KPI. THAT MIGHT INCLUDE IMPRESSIONS
25	OR WEB VISITS, BLOG VISITS, ET CETERA. SO DEPENDING

177

1	ON THE TYPE OF CAMPAIGN AND INITIATIVE THAT WE'RE
2	LOOKING TO LAUNCH, WE WILL DETERMINE THE BEST KPI SO
3	WE CAN THEN BEGIN TO MEASURE OUR METRICS AND
4	DETERMINE IF WE ARE SUCCESSFUL.
5	SO FOR THE FUN STUFF TODAY, AS I SHOWED
6	YOU IN OUR PREVIOUS SLIDE, WE SPEND A LOT OF OUR
7	TIME IN THE COMMUNITY. IT'S REALLY WONDERFUL TO GET
8	OUT AND ATTEND THESE EVENTS. IT HELPS US FEEL
9	CLOSER TO OUR MISSION. SO THESE ARE A COUPLE OF
10	EVENTS. THIS IS JUST A SNAPSHOT. THERE'S AN ACTUAL
11	FULL LIKE LIST OF EVENTS COMING UP IN THE COMMUNITY
12	OUTREACH PLAN. AND I WOULD LIKE TO ENCOURAGE EACH
13	AND EVERY BOARD MEMBER TO CONSIDER GETTING INVOLVED.
14	YOU MAY HAVE A CONNECTION OR YOU MAY HAVE AN
15	INTEREST OR A PASSION. CONSIDER GETTING INVOLVED
16	AND CONSIDER ATTENDING SOME OF THESE EVENTS. THE
17	WORK THAT YOU DO IS VERY IMPORTANT, AND IT WOULD BE
18	WONDERFUL TO BRING THAT PERSPECTIVE BACK TO THE
19	COMMUNITY.
20	AND THAT'S THE CONCLUSION OF THIS
21	PRESENTATION. THANK YOU FOR YOUR TIME. WE HOPE TO
22	SHARE MORE OF THESE EXCITING INITIATIVES IN THE
23	COMING YEAR. OPEN FOR QUESTIONS.
24	CHAIRMAN IMBASCIANI: KOREN, THANK YOU
25	VERY MUCH FOR THAT GREAT PRESENTATION. MOHAMED.
	178

1	DR. ABOUSALEM: THANK YOU FOR THE
2	PRESENTATION. WELL DONE. I HAVE A COUPLE OF
3	COMMENTS AND A RECOMMENDATION.
4	MS. TEMPLE-PERRY: OKAY. I'M UP FOR IT.
5	DR. ABOUSALEM: SO I'M NOT AN EXPERT, BUT
6	I'M GOING TO SHARE THIS WITH YOU.
7	THE CURRENT LOGO, THE LETTERS CIRM, TO ME
8	AS AN AVERAGE CITIZEN, LOOK MORE MODERN THAN THE
9	LOGO THAT YOU SHOWED AS A NEW LOGO. AND TO ME BEING
10	MODERN, WE ARE AT THE LEADING EDGE OF SCIENCE, IT'S
11	THE FUTURE. SO YOU MAY WANT TO CONSIDER THAT AS YOU
12	DECIDE ON THE FINAL LOOK. TO ME THE NEW LOOK THAT
13	YOU PUT IN THERE LOOKS TOO TRADITIONAL, TOO OLD
14	ACTUALLY, BUT I'M NOT AN EXPERT. THIS IS JUST A
15	COMMENT.
16	THE SECOND PIECE ABOUT THE LOGO, ALSO THE
17	TAGLINE, THE CURRENT TAGLINE REFERS TO CALIFORNIA
18	STEM CELL AGENCY. THE NEW LOGO, YOU ARE PUTTING THE
19	FULL NAME REGENERATIVE MEDICINE. AGAIN, I THINK
20	THERE'S A STRATEGIC DECISION TO MAKE THERE IN THE
21	SENSE THAT WHICH OF THE TWO IS MORE RELATABLE OR
22	EVEN UNDERSTANDABLE BY THE COMMUNITIES THAT WE'RE
23	REACHING OUT TO. WE MAY WANT TO LET PEOPLE KNOW
24	MEDICINE, THIS IS MEDICINE, SO THEY MAY RELATE TO
25	THAT, BUT THEY MAY NOT UNDERSTAND THE WORD

179

1	"REGENERATIVE," WHETHER STEM CELL IS UNDERSTOOD NOW
2	IN THESE COMMUNITIES OR NOT. SO I WOULD RECOMMEND
3	YOU MAKE A CONSCIOUS DECISION ON THAT.
4	AND THEN THE THIRD ITEM, WHICH IS A
5	RECOMMENDATION, TO CONSIDER USING THE GRANTEES MORE
6	AS CHANNELS TO FEATURE CIRM MORE SIGNIFICANTLY THAN
7	JUST ATTRIBUTION. WE'RE GIVING OUT MILLIONS
8	DOLLARS. SO IT IS NOT TOO MUCH TO ASK TO BE
9	FEATURED IN A VERY SPECIFIC WAY AT A LARGER SCALE,
10	ESPECIALLY WITH EDUCATIONAL INSTITUTIONS AND LARGE
11	CORPORATIONS.
12	MS. TEMPLE-PERRY: AND THIS IS COMPLETELY
13	THE INTENTION. WE REALLY NEED TO LOOK AT OUR
14	CURRENT NETWORK FIRST AND LEVERAGE THAT BECAUSE THAT
15	IS GOING TO YIELD SO MUCH IN TERMS OF REACH AND
16	REALLY CONNECTING WITH DIFFERENT AUDIENCES. AND,
17	AGAIN, A LOT OF OUR GRANTEES HAVE REALLY ROBUST
18	MEDIA TEAMS. AND SO WE REALLY WANT TO SEE HOW MUCH
19	WE CAN LEVERAGE FIRST. AND THEN ESPECIALLY, AS WE
20	GO INTO 2024, AND LOOKING AT SORT OF BUILDING OUT
21	OUR MEDIA STRATEGY, WE WANT TO SEE THEN HOW MUCH WE
22	WANT TO APPROPRIATELY INVEST IN THAT. BUT, YES,
23	COMPLETELY AGREE.
24	CHAIRMAN IMBASCIANI: THANK YOU, MOHAMED.
25	YSABEL IS NEXT AND THEN ANNE-MARIE AND THEN MARK.
	180

1	MS. DURON: THANK YOU VERY MUCH. I
2	APPRECIATE THE PRESENTATION FOR THE SECOND TIME.
3	MS. TEMPLE-PERRY: YOU'RE WELCOME. THIS
4	WEEK.
5	MS. DURON: GOOD WORK, COMMS TEAM. I HAVE
6	A COUPLE OF THINGS, AND I APPRECIATE MOHAMED'S POINT
7	A LOT. BUT WE ARE REALLY LOOKING AT DEI BEST
8	PRACTICES, DEVELOPING THEM, LEADING BY EXAMPLE.
9	CALIFORNIA'S POPULATION IS 39 PERCENT LATINO.
10	THAT'S OVER 15 MILLION PEOPLE WITH AS MUCH AS 28
11	PERCENT OF THOSE SPEAKING SPANISH IN THE HOME.
12	HOW CONSISTENTLY AND QUICKLY AND NIMBLY
13	WILL YOU RESPOND WITH A CULTURALLY AND
14	LINGUISTICALLY APPROPRIATE MESSAGE, NOT JUST FOR
15	MAINSTREAM OBVIOUSLY, BUT FOR THESE VULNERABLE
16	POPULATIONS OR SPECIAL POPULATIONS? I WOULD EVEN GO
17	SO FAR AS TO PUSH CAN YOU DO A SPANISH LANGUAGE
18	WEBSITE? THEY DID IT AT ALL OF US, AND THEY'VE
19	GOTTEN A LOT MORE RESPONSE IN TERMS OF PEOPLE
20	ENGAGING IN THE ALL OF US RESEARCH PROGRAM. IT'S UP
21	TO 16 PERCENT OF LATINOS ACROSS THE COUNTRY WHO HAVE
22	JOINED ALL OF US. BUT THOSE TO ME ARE MOVING
23	TOWARDS DEI.
24	FOR INSTANCE, THE LITTLE VIDEO YOU MADE ON
25	STEM CELLS, MY IMMEDIATE THOUGHT WAS DID YOU DO IT
	181

1	IN SPANISH. 35 SECONDS, WAS IT. I'D LOVE TO SEE IT
2	FOR SCHOOL KIDS AND SO ON AND SO FORTH.
3	AND SO I KNOW SOME OF THIS IS LABOR
4	INTENSIVE AND, OF COURSE, OTHER LANGUAGES IN THE
5	STATE, BUT I KNOW IT'S LABOR INTENSIVE. I KNOW IT
6	REALLY TAKES TIME TO FOCUS; BUT IF WE'RE MOVING
7	TOWARDS THAT EXCELLENCE, WHAT WILL YOU NEED AND WHAT
8	WILL YOU DO? I KNOW YOU TALKED ABOUT MULTILINGUAL
9	INITIATIVES. AT WHAT POINT? AT WHAT TIME? WILL
10	THEY THEY WON'T BE ABLE TO DO YOUR WORK FOR YOU.
11	IT'S GOT TO COME OUT OF CIRM, BUT THEY WILL BE YOUR
12	PARTNERS IN HELPING DRIVE WHAT'S COMING OUT OF CIRM
13	DEEPER INTO THE COMMUNITIES.
14	SO HOW ARE YOU THINKING ABOUT THIS IN
15	TERMS OF MOVING FORWARD AND NIMBLY?
16	MS. TEMPLE-PERRY: YSABEL, GREAT POINT,
17	ESPECIALLY AROUND HAVING OUR WEBSITE BE TRANSLATED
18	IN DIFFERENT LANGUAGES.
19	ONE UPDATE THAT WE MADE RECENTLY OVER THE
20	LAST COUPLE OF WEEKS IS WE ACTUALLY INSTALLED A
21	LANGUAGE WIDGET TO OUR WEBSITE. SO IT IS NOW
22	TRANSLATED INTO MULTIPLE LANGUAGES. I DON'T HAVE
23	THE NUMBER OF LANGUAGES AT THIS POINT. I THINK IT
24	MAY BE ABOUT TEN LANGUAGES OR MORE. BUT WE DO HAVE
25	THAT CURRENT FEATURE ON OUR WEBSITE AS PART OF OUR
	102

1	UPDATE THAT WE MADE RECENTLY. AND THAT IS ACTUALLY
2	GOING TO PULL THROUGH TO OUR CURRENT WEBSITE AS
3	WELL. SO WE WILL MAKE SURE THAT WE HAVE THAT
4	TRANSLATION FEATURE AVAILABLE.
5	IN TERMS OF MAKING SURE THAT WE PROVIDE
6	MULTILINGUAL FLYERS, WE HAVE ACTUALLY ENGAGED WITH A
7	COMMUNITY-BASED MARKETING AGENCY THAT SPECIALIZES IN
8	DOING THIS. SO SOME OF YOU WEREN'T A PART OF OUR
9	COMMUNICATIONS SUBCOMMITTEE, BUT WE ACTUALLY
10	PROPOSED THREE PUBLIC EDUCATION CAMPAIGNS WHICH ARE
11	REALLY AMAZING. AND WE'RE GOING TO BE ENGAGING WITH
12	THE COMMUNITY SOCIAL-BASED MARKETING AGENCY. THEY
13	WORK WITH A LOT OF CITY GOVERNMENTS THROUGHOUT
14	CALIFORNIA, THE CALIFORNIA DEPARTMENT OF PUBLIC
15	HEALTH. THEY DO A LOT OF MULTILINGUAL DEVELOPMENT
16	OF COLLATERAL MATERIALS TO REACH DIVERSE
17	COMMUNITIES. AND SO THE IDEA IS TO CREATE,
18	ESPECIALLY FOR THE STEM CELLS FOR ALL CAMPAIGN,
19	DIFFERENT MATERIALS IN DIFFERENT LANGUAGES THAT WE
20	CAN THEN BEGIN TO UTILIZE AS SORT OF A BASELINE TO
21	ENGAGE WITH VARIOUS COMMUNITIES.
22	AND SO THAT'S AN INITIATIVE THAT WE ARE
23	WORKING THROUGH CURRENTLY.
24	MS. DURON: I TURNED OFF MY RAISED HAND
25	FEATURE, BUT I WANTED TO SAY TWO MORE THINGS. IN
	183

1	FACT, ONE IS A PROPOSAL TO THE BOARD TO CONSIDER.
2	WITH THAT WIDGET, HAS IT BEEN TESTED TO BE
3	CULTURALLY APPROPRIATE? LANGUAGE CHANGES WITH
4	INTERPRETATION. I'M JUST WONDERING IF YOU'LL PAY
5	ATTENTION TO THAT, GET SOME FEEDBACK FROM DIFFERENT
6	COMMUNITIES TO SEE IF THEY'RE FEELING THAT THOSE
7	WIDGETS ARE MEETING THE STANDARD. SO THAT'S
8	QUESTION ONE. YOU GO AHEAD, AND THEN I HAVE MY
9	PROPOSAL TO THE BOARD.
10	MS. TEMPLE-PERRY: YES. AND WE WILL
11	DEFINITELY CONTINUE TO TEST AND MAKE SURE THAT THE
12	CONTENT WE'RE PUTTING OUT THERE IS CULTURALLY
13	RELEVANT AND UPDATED PROPERLY.
14	MS. DURON: YOU KNOW, KOREN, THAT AT THE
15	MEETING I SUGGESTED, WHEN YOU SHOWED US THE NEW CIRM
16	LOGO, I SUGGESTED ADDING ANOTHER TAGLINE. AND I
17	WOULD LOVE FOR THE BOARD TO CONSIDER IT. IS IT
18	APPROPRIATE? IS IT ACCEPTABLE? SHOULD WE DO IT?
19	ARE THERE REGULATIONS FOR OR AGAINST IT? I THINK
20	THERE AREN'T. BUT I WAS SUGGESTING THAT WE ADD
21	UNDERNEATH THAT A TAGLINE THAT SAYS FUNDED CIRM,
22	FUNDED BY CALIFORNIA TAXPAYERS SO THAT WE CAN
23	CONSTANTLY REMIND THEM WE KNOW WHERE THE MONEY IS
24	COMING FROM. THEY'RE VERY MUCH A PART OF WHAT WORK
25	WE ARE DOING, AND THEN THAT WE APPRECIATE THEM BY

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	- ,
1	ACKNOWLEDGING THEM.
2	I DON'T KNOW IF THAT SHOULD BE A MOTION,
3	MR. CHAIR, BUT THAT'S THE SUGGESTION I WOULD MAKE.
4	DON'T EVERYBODY JUMP UP AND DOWN NOW.
5	MR. JUELSGAARD: I REALLY LIKE THAT
6	SUGGESTION, YSABEL. I THINK IT'S VERY IMPORTANT
7	THAT WE REMEMBER WHERE OUR MONEY IS COMING FROM. I
8	DON'T THINK WE TEND TO FOCUS ON THAT VERY MUCH. I
9	LIKE THAT.
10	MS. DURON: THANKS, STEVE.
11	CHAIRMAN IMBASCIANI: WE HAVE AN ORDER
12	HERE. I THINK ANNE-MARIE WAS NEXT, FOLLOWED BY MARV
13	AND THEN PAT AND THEN I SEE LEONDRA.
14	DR. DULIEGE: THANK YOU FOR THIS EXCELLENT
15	PRESENTATION. I COULDN'T HELP BUT THINKING ABOUT
16	OUR LATE FRIEND KEVIN MCCORMACK. AND I THINK HE
17	WOULD HAVE BEEN EXTRAORDINARILY PROUD OF THE
18	INCLUSION AND THE VISION THAT YOU'VE BROUGHT INTO
19	THIS EFFORT. IT REFLECTS SO WELL ON YOU, YOUR TEAM,
20	BUT ON HIM AS WELL.
21	MS. TEMPLE-PERRY: THANK YOU. IT WAS VERY
22	MUCH A TEAM EFFORT.
23	DR. SOUTHARD: SO, AGAIN, A WONDERFUL
24	PRESENTATION. I WAS WONDERING, YOU PROBABLY ALREADY
25	HAVE A MECHANISM FOR DOING THIS, BUT IS THERE A
	185
	103

1 MECHANISM FOR PROVIDING DR. IMBASCIANI WITH THOSE	
2 PIECES OF THE RESEARCH THAT HAS BEEN FUNDED THAT	
3 COULD HAVE A SOCIAL POLICY IMPACT? SO, FOR EXAMP	LE,
4 I'M THINKING WE JUST FUNDED A CLIN2 PROJECT THAT	
5 IMPACTS BIPOLAR 1, BIPOLAR 2. IF THAT WERE TO BE	
6 SUCCESSFUL IN THE BIG TERM, THAT WOULD HAVE A HUG	Е
7 SOCIAL POLICY IMPACT ON HOMELESSNESS AND A VARIET	Ϋ́
8 OF THINGS. AND IT SEEMS TO ME THAT THERE ARE A L	от
9 OF SOCIAL POLICY KINDS OF EFFORTS THAT DR.	
10 IMBASCIANI COULD GET TO THOSE WHO ARE OUR POWER	
11 STRUCTURE SO THAT THEY KNOW THAT WE ARE NOT JUST	
12 DOING SCIENTIFIC RESEARCH. WE ARE AFFECTING THE	
13 SOCIAL POLICY INFRASTRUCTURE OF OUR STATE.	
14 MS. TEMPLE-PERRY: YEAH, DEFINITELY.	
15 WHENEVER WE HAVE RESEARCH AND INFORMATION AROUND	
16 MESSAGING OR THINGS COMING OUT IN THE COMMUNITIES	,
17 WE'RE DEFINITELY WILLING TO WORK WITH DR. IMBASCI	ANI
18 ON TALKING POINTS, ESPECIALLY AS THEY KIND OF GEA	R
19 UP WITH THEIR GOVERNMENT RELATIONS STRATEGY. WE	ARE
20 DEFINITELY GOING TO SUPPORT WHATEVER HIM AND HIS	
21 TEAM, WHATEVER THEY NEED WITH THAT.	
22 CHAIRMAN IMBASCIANI: THIS WILL BE DONE	
23 FOR ANY EFFORT I DO IN THAT DIRECTION WITH BOARD	
24 COGNIZANCE AND SUPPORT.	
25 DR. LEVITT: THANKS VERY MUCH. SO YSAE	EL
186	

1	AND I HAVE TALKED ABOUT THIS. AND CIRM USES A LOT
2	OF EXTERNAL EXPERTS FOR GRANTS PROGRAMS TO FIGURE
3	OUT WHAT WE'RE GOING TO DO WITH GRANTS PROGRAMS,
4	DEI, ET CETERA.
5	COMMUNICATING SCIENCE IS REALLY DIFFICULT,
6	EXTREMELY DIFFICULT, AS YOU KNOW. PEOPLE THINK IN
7	STORIES. THAT'S HOW PEOPLE THINK. ANYBODY WHO'S
8	DONE ANY COMMUNICATION STUDIES KNOWS THAT. HUMANS
9	THINK IN STORIES. I DON'T REALLY HAVE A SENSE THAT
10	CIRM HAS A CORE STORY TO TELL, USING LANGUAGE,
11	METAPHORS, AND OTHER TOOLS THAT MAKE IT
12	UNDERSTANDABLE FOR PEOPLE TO GET. AND SO WE HAVE
13	DIFFERENT AUDIENCES. WE HAVE THE PUBLIC, HUGELY
14	IMPORTANT. I WAS AT A MEETING YESTERDAY WITH A
15	MAJOR FUNDER OF HEALTH AREAS WHO HAD FORGOTTEN WHAT
16	CIRM WAS. I'M GOING TO THIS MEETING AT CIRM. WHAT
17	IS CIRM? THEN I EXPLAINED IT. HE SAID, "WAS THAT A
18	PROPOSITION KIND OF A THING?" IT WAS EXTREMELY
19	DISAPPOINTING.
20	SO I DON'T KNOW WHERE WE ARE IN TERMS OF
21	REACHING THE PUBLIC. WE HAVE STUDENTS AND
22	EDUCATION, INCREDIBLY IMPORTANT. THAT'S WHERE I
23	THINK WE CAN ENGAGE THOSE WHO RECEIVE OUR GRANTS,
24	THEIR RESPONSIBILITY TO REALLY CONNECT THERE. AND
25	THE MESSAGE, THE STORY THAT'S TOLD ABOUT CIRM, IS
	107

1	OVERLAPPING, BUT NOT IDENTICAL TO THE STORY WE TELL
2	TO THE PUBLIC. POLICYMAKERS, REALLY INCREDIBLY
3	IMPORTANT. AND SCIENTISTS ARE NOT EXPERT AT
4	COMMUNICATING SCIENCE. EVEN TO OURSELVES WE ARE NOT
5	VERY GOOD AT IT.
6	MS. TEMPLE-PERRY: YOU'VE GOT TO GIVE
7	YOURSELF MORE CREDIT THAN THAT.
8	DR. LEVITT: NO, I CAN'T. NO. NO. AND
9	SO I JUST THINK WE DON'T KNOW HOW THIS STORY
10	RESONATES. THERE'S SOME OVERWHELMING PERCENTAGE OF
11	THE POPULATION IN THE UNITED STATES THAT DOESN'T
12	HAVE ANY TRUST IN SCIENCE AT ALL, ZERO, NOT EVEN
13	LIKE A LITTLE BIT. I DON'T KNOW WHAT IT'S LIKE IN
14	CALIFORNIA. I HAVEN'T SEEN A SURVEY IN CALIFORNIA,
15	BUT I CAN BET IT'S NOT VERY GOOD.
16	SO I THINK ALL THE TOOLS THAT YOU
17	DESCRIBED ARE GREAT, AND ALL OF THOSE ARE REALLY
18	IMPORTANT. BUT I REALLY THINK THERE HAS TO BE SOME
19	EFFORT TO DEVELOP A CORE STORY THAT IS TESTED AND
20	THAT WE KNOW RESONATES.
21	AND SO I GIVE ONE EXAMPLE. SO I WORK IN
22	EARLY CHILD DEVELOPMENT, CHILD AND BRAIN
23	DEVELOPMENT. WE'RE REALLY STRUGGLING WITH TRYING TO
24	COME UP WITH A WAY OF TELLING THE STORY ABOUT WHY
25	EARLY MATTERS FOR LIFESPAN HEALTH, AND ALL SORTS OF
	188

1	THINGS. AND THAT DOESN'T RESONATE AT ALL WHEN YOU
2	ADD THAT SENTENCE. HAS ANYONE HEARD OF THE TERM
3	"TOXIC STRESS"? RAISE YOUR HAND. EVERYBODY. WE
4	DEVELOPED THAT ON THE COUNCIL WITH A GROUP,
5	NON-PROFIT, THAT ARE EXPERT IN TESTING HOW TO TELL
6	THE STORY OF WHY EARLY MATTERS. AND IT TOOK US
7	THREE YEARS OF FIGHTING WITH EACH OTHER, MEANING THE
8	SCIENTISTS WHO WERE ON THIS COUNCIL, ABOUT WHETHER
9	THAT WAS TOO GRAPHIC, TOXIC STRESS.
10	IF YOU'VE SEEN THE FIRST FIVE COMMERCIAL,
11	IT'S LIKE THIS STUFF GETS MILLIONS OF HITS PER YEAR.
12	SO I'M REALLY IMPLORING THAT WE IT'S NOT GOING TO
13	BREAK THE BANK. THIS IS A NON-PROFIT. THERE MAY BE
14	OTHERS. I CAN ONLY VOUCH FOR ONE THAT I WORKED
15	WITH. IF WE CAN GENERATE A CORE STORY FOR WHO WE
16	ARE, AND THEN THAT GETS MODIFIED IN WAYS, THE
17	BEAUTIFUL WORK THAT YOU'VE DONE, I THINK, IN
18	DESIGNING HOW YOU WANT TO MAKE CONNECTIONS, I JUST
19	THINK THIS IS REALLY IMPORTANT. TO ME THIS IS AS
20	IMPORTANT AS ANYTHING ELSE THAT WE DO BECAUSE
21	ULTIMATELY, AS PEOPLE SAID, IT'S THE TAXPAYERS WHO
22	HAVE PROVIDED ALL THESE RESOURCES. AND THEY NEED TO
23	KNOW AND UNDERSTAND WE ARE NOT DOING THEM JUSTICE BY
24	HAVING THEM IN THE DARK ABOUT WHO WE ARE AND WHAT WE
25	DO.

189

1	MS. TEMPLE-PERRY: I COMPLETELY AGREE.
2	I'VE BEEN DOING THIS FOR 16 YEARS, TRANSLATING
3	COMPLEX SCIENCE. MY BACKGROUND IS JOURNALISM. AND
4	SO STORYTELLING IS REALLY IN ESSENCE WHAT HELPS TO
5	COMMUNICATE THESE COMPLEX IDEAS. IT MAKES IT REAL.
6	IT HELPS TO REALLY RESONATE WITH COMMUNITIES,
7	ESPECIALLY IN COMMUNITIES WHERE THERE'S HISTORICAL
8	MISTRUST. SO REALLY UTILIZING STORYTELLING AND
9	MAKING SURE THAT WE ARE COMMUNICATING IN WAYS THAT'S
10	NOT NECESSARILY PRETENTIOUS OR OVER THE TOP, BUT IN
11	WAYS THAT THE COMMUNITY CAN REALLY UNDERSTAND IS
12	GOING TO BE IMPORTANT.
13	SO THIS IS PART OF THE WORK WE'VE BEEN
14	DOING OVER THE LAST FEW MONTHS IS REALLY HONING IN
15	ON OUR OWN NARRATIVE BECAUSE WHAT WE DO IS COMPLEX.
16	AND THE MOST IMPORTANT THING THAT WE CAN DO AND DO
17	WELL IS TO OWN OUR OWN NARRATIVE AND MAKE SURE THAT
18	IT REALLY RESONATES WELL WITH COMMUNITIES.
19	AND SO WE'VE STARTED TO DO A LOT OF THIS
20	WORK THAT'S IN OUR ANNUAL REPORT, AND THAT'S GOING
21	TO BE PULLED THROUGH IN A LOT OF THE CONTENT THAT WE
22	ARE DEVELOPING AS WELL AS OUR NEW WEBSITE AND ALL
23	THE MATERIALS MOVING FORWARD. SO THAT'S A PRIORITY
24	FOR OUR TEAM. I'M LUCKY TO HAVE A TEAM OF EXCELLENT
25	STORYTELLERS AND CREATIVE VISIONARIES. SO WE'RE

1	REALLY GOING TO START TO PUT THAT THROUGH MORE.
2	CHAIRMAN IMBASCIANI: THANK YOU, KOREN.
3	LEONDRA, IS YOUR HAND STILL UP?
4	DR. CLARK-HARVEY: IT IS. THANK YOU FOR
5	THE REPORT. REALLY GREAT WORK HERE. I REALLY WANT
6	TO PIGGYBACK ON WHAT ONE OF MY COLLEAGUES JUST SAID
7	AROUND WHAT IS CIRM AND WANTING THAT TO BE
8	COMMUNICATED THROUGH OUR LOGO.
9	AND I WOULD SAY TO YSABEL'S CONCERN OR
10	SUGGESTION AROUND THE TAGLINE, I THINK WHAT WAS SO
11	NICE ABOUT THE PRIOR LOGO AND TAGLINE IS THAT IT
12	SAID CALIFORNIA STEM CELL. WHEN YOU LOOK AT CIRM,
13	YOU MAY NOT KNOW WHAT CIRM IS, BUT YOU GOT WHAT THAT
14	TAGLINE WAS. THE CURRENT SPELLING OUT OF CIRM,
15	I DON'T KNOW IF THAT ACHIEVES THAT. IT'S NOT
16	IT'S WORDY, IT'S CLUNKY, AND IT'S BIG.
17	THE OTHER PIECE IS THAT THE LOGO IN
18	GENERAL I DO AGREE WITH MY COLLEAGUE, I THINK IT WAS
19	MOHAMED, DOES SEEM TO TAKE US BACK A STEP. I GET
20	WHAT YOU'RE TRYING TO DO. I DO THINK THAT SOME MORE
21	CONSULTATION IS NEEDED TO MAKE IT MORE SAVVY,
22	ATTRACTIVE IN THAT WAY, MODERN.
23	I'M WONDERING TOO IF IN THIS PROCESS IS
24	THERE A PLAN TO GET COMMUNITY FEEDBACK, HOW FOLKS
25	LITERALLY LOOK AT IT AND SAY I LIKE THIS? I DON'T.
	191

1	BECAUSE IF OUR LOGO, IF WE'RE LOOKING AT APPEALING
2	TO COMMUNITIES, WE SHOULD PROBABLY THINK ABOUT HOW
3	TO GET FEEDBACK FROM THEM ON WHAT DO YOU THINK WHEN
4	YOU SEE THIS LOGO? ALMOST A FOCUS GROUP, A SMALL
5	FOCUS GROUP OF FOLKS THAT CAN GIVE FEEDBACK, I THINK
6	THAT MIGHT BE WORTH LOOKING AT.
7	I HATE TO BE SO PICKY, RIGHT, BUT AT THE
8	SAME TIME THIS IS SO IMPORTANT. I THINK WHEN WE
9	HAVE AN OPPORTUNITY TO REBRAND AND TO CHANGE THINGS,
10	THAT WE REALLY NEED TO MAKE SURE THAT WE DO IT THE
11	WAY WE WANT TO BECAUSE HOPEFULLY THIS IS WHAT STICKS
12	WITH US FOR MANY, MANY YEARS. AND THIS IS NOT THE
13	TYPE OF THING, WE DON'T LIKE IT IN A COUPLE OF
14	YEARS, WE'LL COME BACK. SO I APPRECIATE THE
15	CONVERSATION, THE THOUGHT, AND I THINK THERE'S A
16	LITTLE BIT MORE WORK TO DO.
17	MS. TEMPLE-PERRY: AND TO ANSWER YOUR
18	QUESTION, WE REALLY WANTED TO MAKE SURE THAT WE'RE
19	NOT GOING THROUGH A REBRANDING. WE JUST REALLY
20	WANTED TO MAKE SURE THAT WE WERE DOING SLIGHT
21	UPDATES AND TWEAKS. WE ARE COGNIZANT OF THE CHANGE
22	THROUGHOUT CIRM, AND SO WE DON'T WANT TO VENTURE
23	AWAY FROM WHO ARE. WE JUST WANT TO MAKE UPDATES
24	WHERE IT POTENTIALLY CAN MAKE SENSE.
25	SO SOME OF THE UPDATES TO SPELLING OUT OUR
	192

1	NAME ARE ACTUALLY IN RESPONSE TO SOME OF THE
2	QUESTIONS, THE MANY QUESTIONS THAT WE DO GET AT
3	COMMUNITY EVENTS WHERE THERE HAS BEEN SOME CONFUSION
4	IN TERMS OF THE ACRONYM, IN TERMS OF IT
5	CORRESPONDING WITH CALIFORNIA STEM CELL AGENCY. SO
6	WE MADE SOME OF THOSE UPDATES BASED ON THAT TO KIND
7	OF TAKE AWAY SOME OF THAT CONFUSION. WE ARE OPEN TO
8	DOING MORE TESTING, BUT FROM A QUALITATIVE
9	PERSPECTIVE FROM WHAT WE'VE HEARD, THIS WAS THE NO.
10	1 QUESTION AROUND CONFUSION. AGAIN, ESPECIALLY IN
11	COMMUNITIES WHERE ENGLISH ISN'T THE FIRST LANGUAGE,
12	THERE WASN'T REALLY THAT COMPREHENSION OF HOW THE
13	ACRONYM CONNECTED TO CALIFORNIA STEM CELL AGENCY.
14	DR. CLARK-HARVEY: APPRECIATE THAT. AND I
15	ALSO THINK, AGAIN, TIME AND RESOURCES GOES INTO
16	THIS. SO WE WANT TO MAKE SURE THAT WE'RE DOING THAT
17	IN JUST REALLY A WISE FASHION. IF WE WANT TO WAIT
18	TO DO A BIGGER REBRANDING AND JUST DO IT ALL AND
19	REALLY DO IT THE WAY WE WANTED, MAYBE WE SHOULD WAIT
20	TILL WE HAVE A NEW CEO. JUST WANT TO PUT THAT OUT
21	THERE, BUT DO APPRECIATE THE EXPLANATION AND THE
22	GOOD WORK THAT'S HAPPENED TO THIS POINT.
23	CHAIRMAN IMBASCIANI: THANK YOU, LEONDRA.
24	FRED, I THOUGHT I SAW YOUR HAND UP EARLIER.
25	DR. FISHER: YOU DID. THEN I DECIDED IT'S
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1	JUST WAY TOO MUCH CONTENT HERE.
2	CHAIRMAN IMBASCIANI: I DON'T WANT TO PUT
3	YOU ON THE SPOT. OKAY. THANK YOU. IS THERE ANY
4	OTHER COMMENT FROM BOARD MEMBERS? YSABEL, I DIDN'T
5	SEE YOU. YSABEL, GO AHEAD.
6	MS. DURON: I'M JUST SIMPLY GOING BACK TO
7	THE PHRASE THAT STEVE AND I LIKED A LOT AND WHETHER
8	WE SHOULD CONSIDER IT, WHAT WE SHOULD DO WITH IT,
9	BUT I THINK IT'S REALLY CRITICAL FOR US TO BEGIN TO
10	REALLY LET THE PEOPLE OF CALIFORNIA KNOW THAT WE
11	ACKNOWLEDGE THEIR TAX DOLLARS ARE MAKING THIS WORK
12	POSSIBLE.
13	I THINK THAT CREATES ALSO A BETTER SENSE
14	OF OWNERSHIP. AND MAYBE THEN THEY PAY MORE
15	ATTENTION. SO I'D LIKE TO KNOW MAYBE I SHOULD
16	MOTION. STEVE, SHOULD I MOTION, PROCESS OR PROTOCOL
17	OR WHATEVER. BUT I KNOW IT ALSO GOES WITH THE
18	BRANDING PIECE. SO I'M WILLING TO WORK HERE WITH
19	YOU, BUT I DO THINK WE NEED SOME WAY, SOMEHOW TO
20	ACKNOWLEDGE THAT THIS IS TAXPAYER FUNDED MONEY,
21	CALIFORNIA TAXPAYER FUNDED MONEY.
22	CHAIRMAN IMBASCIANI: YSABEL
23	DR. FISHER: MR. CHAIR, I DON'T WANT TO DO
24	THAT. I DON'T THINK IT HELPS US, FRANKLY, WITH
25	CALIFORNIA TAXPAYERS. THIS PROPOSITION PASSED BY
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1	THE SLIMMEST OF MARGINS, WHICH MEANS HALF OF THE
2	STATE DOESN'T SUPPORT WHAT WE ARE DOING. SO I DON'T
3	THINK RUBBING THEIR NOSES IN WHO'S PAYING FOR IT IS
4	REALLY THE APPROACH THAT I WOULD RECOMMEND TAKING.
5	AND GIVEN THE COMPLICATED NATURE OF THE WAY CIRM IS
6	ACTUALLY FUNDED, IS IT CORRECT TO SAY THAT IT'S
7	FUNDED BY THE TAXPAYERS? BECAUSE I THOUGHT IT WAS
8	FUNDED BY A DIFFERENT FINANCIAL MECHANISM THAT WAS
9	REALLY THE INVESTMENT COMMUNITY FUNDING.
10	CHAIRMAN IMBASCIANI: IF I MAY, FRED, IT
11	IS THE TAXPAYERS THAT WILL REPAY OUR BONDS,
12	ESPECIALLY FUTURE TAXPAYERS, MEANING THE INITIATIVE
13	WAS WRITTEN WITH THE IDEA THAT THE GENERATION THAT
14	BENEFITS FROM THE CURES THAT ARE COMING OUT OF ALL
15	OF OUR RESEARCH DOLLARS WILL BE THE GENERATION TO
16	PAY BACK THOSE BONDS.
17	DR. FISHER: SO MAYBE, CIRM, PAID FOR BY
18	YOUR CHILDREN OR YOUR CHILDREN'S CHILDREN.
19	MS. DURON: WHY NOT?
20	MS. TEMPLE-PERRY: I DON'T KNOW IF I CAN
21	FIT THAT ON ONE LINE.
22	CHAIRMAN IMBASCIANI: YSABEL, WE'LL BRING
23	THIS BACK IN JANUARY, AND WE'LL WORK ON IT BETWEEN
24	NOW AND THEN. IS THAT SATISFACTORY?
25	MS. DURON: IT LOOKS LIKE JOYCE HAS A
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1	COMMENT.
2	DR. SACKEY: THANK YOU, YSABEL, AND THANK
3	YOU, VITO. I JUST WANTED TO MAKE A CONNECTION
4	BETWEEN SEVERAL OF THE COMMENTS THAT HAVE BEEN MADE.
5	AND I THINK WHETHER OR NOT WE DECIDE TO MAKE IT
6	EXPLICIT THAT THE CALIFORNIA TAXPAYERS ARE PAYING
7	FOR THIS OR NOT, I WANTED TO BUILD ON THE COMMENT
8	ABOUT THE NEED TO TELL OUR STORY. IT'S NOT JUST
9	TELLING THE STORY. IT'S GIVING THE CASE FOR WHY
10	BECAUSE I COMPLETELY AGREE WITH MY COLLEAGUES, THAT
11	SOMETIMES WE HAVE NOT BEEN ABLE TO CONVEY SUCCINCTLY
12	TO THE PUBLIC WHY WE DO WHAT WE DO. NOT JUST
13	TELLING THE STORY ABOUT LOOK WHAT HAPPENED TODAY,
14	LOOK AT WHAT WE JUST DID, BUT WHAT IS THE RATIONALE
15	FOR IT SO THAT, ESPECIALLY IN AN UPCOMING ELECTION
16	SEASON, PEOPLE CAN UNDERSTAND AND COME ALONGSIDE US
17	THE REASON WHY IT IS SO IMPORTANT TO CONTINUE TO
18	SUPPORT WHAT WE DO IN SCIENCE.
19	CHAIRMAN IMBASCIANI: THANK YOU, DOCTOR.
20	MS. DURON: SO, VITO, YOU ASKED ME A
21	QUESTION. YES, I'M WILLING TO PUT IT OUT TO A
22	JANUARY CONVERSATION.
23	I DO WANT TO RESPOND TO FRED THAT THIS HAS
24	NOTHING TO DO WITH RUBBING PEOPLE'S FACES IN IT.
25	IT'S MEANT TO ACKNOWLEDGE THAT PEOPLE CARE AND
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1	THEY'VE SUPPORTED THIS. IT'S NOT TO SAY ANYTHING
2	NEGATIVE TO THE 50 PERCENT WHO DIDN'T, HALF OF WHO
3	DON'T KNOW, DON'T KNOW ABOUT IT, ET CETERA, ET
4	CETERA. SO I'M LOOKING FROM THE POSITIVE END OF
5	THINGS, THAT WE'RE SIMPLY ACKNOWLEDGING THE MONEY.
6	WE'RE SIMPLY THANKING THAT THEY CARE AND THEY
7	INVESTED IN THEIR CHILDREN'S FUTURE AND ALL OF OUR
8	HEALTH, BUT ALSO JUST TO RAISE AWARENESS AMONGST
9	THOSE WHO DIDN'T PARTICIPATE. OH, I DIDN'T KNOW
10	THAT. I'D LIKE TO KNOW MORE. AND ISN'T THAT GREAT.
11	WE ARE GETTING BENEFIT OUT OF AN INVESTMENT. I
12	JUST I'M A MEDIA PERSON AND I JUST HAVE A
13	DIFFERENT PERCEPTION ABOUT HOW YOU SEE THIS VERSUS
14	HOW I SEE THIS. ANYWAY.
15	YES, VITO, I'M READY. MAYBE STEPHEN HAS ONE THING
16	TO SAY BEFORE WE GO
17	CHAIRMAN IMBASCIANI: BEFORE STEPHEN,
18	LEONDRA.
19	DR. CLARK-HARVEY: JUST WANT TO GET SOME
20	CLARITY. SO A BOARD MEMBER HAS PUT OUT KIND OF AN
21	AMENDMENT OR A REQUEST FOR A BIT. ARE WE DISCUSSING
22	IN PREPARATION TO VOTE ON WHAT YSABEL HAS PROPOSED,
23	ARE WE JUST
24	CHAIRMAN IMBASCIANI: THERE IS NO MOTION
25	ON THE FLOOR, LEONDRA.
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1	DR. CLARK-HARVEY: WONDERFUL. GOOD. I
2	DON'T THINK THERE SHOULD BE. I THINK THIS NEEDS
3	EXTRA TIME. I THINK BASED ON THE CONVERSATION,
4	PRESENTATION, AND RESULTING COMMENTS, THAT WE NEED
5	TO REALLY, BECAUSE WE'VE TALKED ABOUT TAGLINE, WE'VE
6	TALKED ABOUT WHAT THE LOGO LOOKS LIKE, FONT, THERE'S
7	A LOT GOING ON HERE. I DO HOPE THAT THIS CAN BE
8	SENT BACK TO COMMITTEE TO DO SOME MORE WORK AND THAT
9	SOME OF THE FEEDBACK THAT THE BOARD MEMBERS HAVE
10	GIVEN WILL BE CONSIDERED BY STAFF. I'VE HEARD FOCUS
11	GROUP AND SOME OTHER THINGS TOO. HOPEFULLY WHOEVER
12	IS GOING TO BE LOOKING AT THIS, COMMUNICATIONS OR
13	WHATNOT, WILL REALLY LOOK AT THAT AND MORE DATA AND
14	INFORMATION, AND THE RECOMMENDATIONS REFLECTED BY
15	STAFF IN THAT MEETING.
16	CHAIRMAN IMBASCIANI: THANK YOU, LEONDRA.
17	ANY OTHER BOARD MEMBERS HAVE THEIR HANDS UP? AT
18	THIS POINT I WOULD LIKE TO INVITE ANY MEMBER OF THE
19	PUBLIC TO MAKE A COMMENT ON THIS TOPIC OR ANY OTHER
20	TOPIC THAT WAS NOT IN THE AGENDA. YOU HAVE TO
21	IDENTIFY YOURSELF FOR STARTS. THANK YOU.
22	MR. BEVERIDGE: THIS IS INTERESTING TO ME.
23	MY NAME IS BRIAN BEVERIDGE. I LIVE IN OAKLAND, AND
24	I RUN A NON-PROFIT IN OAKLAND, CALIFORNIA. THIS IS
25	REALLY FASCINATING TO ME BECAUSE ORGANIZATIONS, EVEN
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1	MY OWN, HAS TROUBLE TRYING TO FIGURE OUT HOW WE TALK
2	ABOUT OURSELVES. SOMETIMES IT'S MORE ABOUT
3	OURSELVES THAN IT IS ABOUT WHAT WE ARE TRYING TO SAY
4	WE DO.
5	IN THIS PARTICULAR CASE, THIS WORK IS SO
6	COMPLICATED. I'LL GIVE AN EXAMPLE THAT I THOUGHT
7	WAS SUPER IMPRESSIVE. I THINK I GOT I THINK THIS
8	IS TRUE. I THINK I READ ONLINE RECENTLY THAT WE,
9	THE COLLECTIVE WE, HAD CURED SICKLE CELL DISEASE.
10	THAT WAS ABOUT ALL I NEEDED TO KNOW. I'VE HEARD
11	ABOUT SICKLE CELL DISEASE ALL MY LIFE, ALL MY ADULT
12	LIFE. I KNOW IT'S A SCOURGE OF THE BLACK COMMUNITY
13	AND MANY OTHER PEOPLE, SOME PEOPLE FROM
14	MEDITERRANEAN COUNTRIES, I THINK. IT WAS SORT OF
15	LIKE I KNOW IT COSTS A LOT OF MONEY TO CURE DISEASE.
16	WHAT I WANT TO KNOW IS WHICH ONES ARE YOU CURING.
17	AND I THINK WHEN YOU TALK ABOUT
18	STORYTELLING, I WANT TO KNOW THAT THAT'S HAPPENING
19	FOR PEOPLE. YOU CAN BECOME MARKETING AND
20	MESSAGING CAN BECOME VERY CONFUSING. BUT I THINK IF
21	YOU COULD SAY, WOW, WE CURED DID YOU KNOW THIS
22	ORGANIZATION WITH THIS MONEY CURED THIS SPECIAL
23	BRAIN TUMOR THING. WHAT'S HAPPENED? WHO'S BEEN
24	CURED? TO ME THAT'S THE SUPER MESSAGE.
25	CHAIRMAN IMBASCIANI: THANK YOU FOR YOUR
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1 COMMENT. THAT GETS TO MEMBER PAT LEVITT'S COMME	ENT,
2 THAT WE ALL THINK AND COMMUNICATE BEST THROUGH	
3 STORIES. AND WE HEARD YOUR MESSAGE. THANK YOU.	
4 ANY OTHER MEMBER OF THE PUBLIC WANT TO)
5 MAKE A COMMENT? IF NOT, THEN I WOULD LIKE TO	
6 ADJOURN THIS MEETING AND WELCOME YOU TO RECONVEN	IE ON
7 JANUARY 25TH, THURSDAY, AT 9 A.M. HOLD ON. I'M	1
8 SORRY. I PROMISED THE VICE CHAIR THAT SHE WOULD)
9 HAVE AN OPPORTUNITY TO MAKE A FINAL REMARK.	
10 VICE CHAIR BONNEVILLE: I WANTED TO TH	IANK
11 OUR TEAM FOR ALL THEIR HARD WORK. I WANT TO THA	NK
12 SCOTT AND CLAUDETTE AND LANA AND BEN AND STEVEN	AND
13 DOUG AND PATRICIA. THEY MADE ALL OF THIS HAPPEN	1
14 TODAY AND MADE SURE THAT WHEN THERE WERE TECHNIC	CAL
15 DIFFICULTIES, THEY GOT FIXED, MADE SURE EVERYONE	Ξ
16 COULD SEE EACH OTHER AND HEAR EACH OTHER AND GO	IN
17 AND OUT OF DIFFERENT ROOMS AND A WONDERFUL LUNCH	I. I
18 REALLY APPRECIATE ALL THE WORK YOU DO. AND I AL	.S0
19 APPRECIATE ALL THE WORK YOU'VE DONE FOR ME IN	
20 HELPING ME MOVE FROM WHAT YOU GUYS DO TO WHERE I	AM
21 NOW. IT REALLY MEANS A LOT. SO THANK YOU FOR A	LL
22 OF YOUR HARD WORK.	
23 (APPLAUSE.)	
24 DR. FISHER: HERE. HERE.	
25 VICE CHAIR BONNEVILLE: ONE MORE THING	i.
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1	I'VE HAD A COUPLE OF BOARD MEMBERS ASK IF WE COULD
2	TAKE A BIG GROUP PICTURE IN FRONT OF THE CHRISTMAS
3	TREE OUTSIDE FOR THE HOLIDAYS. I'M GOING TO SAY WE
4	ARE DOING IT.
5	CHAIRMAN IMBASCIANI: I THINK WE ARE
6	ADJOURNED. THANK YOU VERY MUCH FOR A SUCCESSFUL
7	MEETING.
8	(THE MEETING WAS THEN CONCLUDED AT 3:08 P.M.)
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I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE IN-PERSON PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON DECEMBER 14, 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) 920-354

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