BEFORE THE
TASK FORCE ON NEUROSCIENCE AND MEDICINE
OF THE
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE
TO THE
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE
ORGANIZED PURSUANT TO THE
CALIFORNIA STEM CELL RESEARCH AND CURES ACT

REGULAR MEETING

LOCATION: VIA ZOOM

DATE: JANUARY 23, 2024
11:30 A.M.

REPORTER: BETH C. DRAIN, CA CSR
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I N D E X

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JANUARY 23, 2024; 11:30 A.M.

CHAIRMAN GOLDSTEIN: BEFORE I DO ANYTHING ELSE, I KNOW THAT I'M SUPPOSED TO HAVE CLAUDETTE CALL THE ROLL. SO, CLAUDETTE, PLEASE.

MS. MANDAC: LEONDRA CLARK-HARVEY. MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: PRESENT.

MS. MANDAC: MARL FISCHER-COLBRIE. FRED FISHER. JUDY GASSON.

DR. GASSON: HERE.

MS. MANDAC: LARRY GOLDSTEIN.

CHAIRMAN GOLDSTEIN: HERE.

MS. MANDAC: DAVID HIGGINS.

DR. HIGGINS: HERE.

MS. MANDAC: VITO IMBASCIANI.

CHAIRMAN IMBASCIANI: HERE.

MS. MANDAC: STEVE JUELSGAARD.

MR. JUELSGAARD: PRESENT.

MS. MANDAC: PAT LEVITT. LAUREN MILLER-ROGEN.

MS. MILLER-ROGEN: HERE.

MS. MANDAC: MARV SOUTHARD. MARV, YOU ARE ON MUTE.

MR. JUELSGAARD: HE'S HERE IN SPIRIT. I

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SEE IT.

DR. SOUTHARD: I CAN'T HEAR ANYTHING. CAN YOU NOD YOUR HEAD IF YOU HEAR ME?

MR. JUELSGAARD: YES. WE HEAR YOU, YES.

DR. SOUTHARD: I WILL LOG IN AND LOG OUT AND LOG IN AND SEE IF I CAN GET SOME SOUND.

MS. MANDAC: KEITH YAMAMOTO.

DR. YAMAMOTO: HERE.

MS. MANDAC: WE HAVE A QUORUM. BACK TO YOU, LARRY.

CHAIRMAN GOLDSTEIN: OKAY. GREAT. THANK YOU, EVERYBODY.

SO TODAY'S MEETING REALLY IS A PLANNING MEETING FOR HOW WE WANT TO HANDLE SET-ASIDE DOLLARS IN THE NEURODEGENERATION AREA. AND WHAT I'M GOING TO DO IS JUST RUN THROUGH A QUICK, LITTLE MORE SOLID THAN A STRAWMAN, I DON'T KNOW, MAYBE A STRAWMAN WITH GLUE. AND ROSA WILL PERHAPS HAVE SOME REMARKS ABOUT THE STRUCTURE OF THE REMIND PROGRAM SINCE THAT'S THE SORT OF TEMPLATE I'M GOING TO SUGGEST WE USE FOR GRANTS FOR THESE SET-ASIDES.

SO THE PROPOSED PLAN FOR THE NEXT THREE MONTHS THAT I'M GOING TO LAY OUT HAS BEEN BASED ON MY SPEAKING TO A NUMBER OF EXPERTS IN THE ALS AREA, THE ALZHEIMER'S AREA, THE PARKINSON'S AREA, AND THE

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HUNTINGTON'S AREA. THOSE ARE IN A SENSE THE FOUR MOST COMMON SORTS OF NEURODEGENERATIVE DISORDERS THAT, AS I UNDERSTAND IT, MOST OF THE WORK IS HAPPENING.

AND THE PEOPLE THAT I SPOKE TO FOR ALS WAS GENE YEO. THE NEXT PERSON I'M GOING TO TRY TO TRACK DOWN IS MERIT CUDOWICZ AT MASS GENERAL. SHE'S MORE OF A CLINICIAN THAN GENE. GENE'S MORE OF A BASIC SCIENTIST. FOR HUNTINGTON'S I SPOKE TO LESLIE THOMPSON WHO HAS A LONG HISTORY WORKING ON THIS DISORDER. AND ROBERT PACIFICI WHO IS HEAD OF ONE OF THE GRANTMAKING PROGRAMS FOR THE HUNTINGTON AREA. FOR PARKINSON'S I SPOKE TO RANDY SCHEKMAN, LORENZ STUDER, AND TODD SCHERER. I GOT QUITE A LOT OF GOOD ADVICE FROM THOSE INDIVIDUALS, AND IT HAD A PRETTY BIG EFFECT ON WHAT I'M GOING TO LAY OUT FOR YOU. AND FOR ALZHEIMER'S, EVEN THOUGH THAT'S AN AREA THAT I WORKED IN, OBVIOUSLY I HAVEN'T HAD AN ACTIVE LAB FOR A COUPLE OF YEARS, SO I'M GOING TO SPEAK ALISON GOATE NEXT WEEK. AND SHE'S ONE OF THE MOST PROMINENT PEOPLE IN THE AREA AND NOT COMPLETELY SOAKED IN AMYLOID.

SO WHAT I'M PROPOSING WE DO IS SOMETHING SIMILAR TO THE WAY WE PROCEEDED IN NEUROPSYCHIATRIC. AND SO FOR MARCH, APRIL, AND MAY WE'LL HAVE SOME

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SPEAKERS WHO WILL EDUCATE US ABOUT SOME OF THESE AREAS. AND I'M GOING TO GIVE THEM STRICT INSTRUCTIONS THAT THEIR JOB IS NOT TO TALK ABOUT THE RESEARCH IN THEIR OWN LAB. WE'RE LOOKING FOR THEM TO GIVE US A SUMMARY OF WHAT'S GOING ON IN THE FIELD AND WHAT ARE THE MOST CUTTING-EDGE SORTS OF PROJECTS AND WHAT AREAS ARE PRETTY WELL SATURATED.

JUST AS AN EXAMPLE, IN PARKINSON'S, THERE ARE A LARGE NUMBER OF PROJECTS MAKING DOPAMINERGIC NEURONS AND SURGICALLY IMPLANTING THEM IN THE STRIATUM OR IN THE SUBSTANTIA NIGRA. AND SO WE WANT TO GET A HANDLE ON HOW MANY OF THOSE ARE REALLY GOING ON OUT THERE AND WHETHER THAT'S SOMETHING THAT WE WANT TO CONTINUE TO MAKE AN AGGRESSIVE EFFORT IN OR WHETHER THERE ARE OTHER NEARBY AREAS THAT ACTUALLY LORENZ STUDER GAVE ME A NICE TUTORIAL IN. SO WE WILL COME TO THAT.

AND THEN THE HOPE IS THAT BY MAY WE WILL HAVE REACHED SOME SORT OF CONSENSUS ON WHAT TO RECOMMEND FOR THE NEURODEGENERATIVE PART OF THE NEURO SET-ASIDE. AND WE WILL THEN MOVE ON TO WHAT I'M REFERRING TO AS NEURO-INJURY FOR LACK OF A BETTER TERM. THAT INCLUDES STROKE, TBI, TRAUMATIC BRAIN INJURY, AND OTHER SORTS OF PHYSICAL DISORDERS OF THE NERVOUS SYSTEM.

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I'M GOING TO SUGGEST THAT AT LEAST FOR THE BASIC SCIENCE PART OF THESE GRANTS OR THE EARLY SCIENCE FOR PROPOSALS IN THIS AREA THAT WE USE THE REMIND TEMPLATE THAT ROSA DEVELOPED. AND THE PRINCIPAL REASON FOR DOING THAT IS THAT I THINK WE WANT TO ENCOURAGE THE USE OF INTERDISCIPLINARY TEAMS TO DRIVE NONSTANDARD RESEARCH IN THESE AREAS; THAT IS, PROJECTS THAT AREN'T SORT OF THE STANDARD THINGS THAT COME OVER THE TRANSOM AS INVESTIGATOR INITIATED, BUT WE WANT TO STIMULATE THE FIELD TO TRY TO COME UP WITH NEW IDEAS BY PUTTING PEOPLE FROM DIFFERENT DISCIPLINES TOGETHER. FOR EXAMPLE, A BIOENGINEER AND A MOLECULAR BIOLOGIST AS CO-HEADS OF ONE OF THESE PROJECTS. REMIND ASKS POTENTIAL GRANTEES TO DO THAT, AND I THINK WE OUGHT TO MAINTAIN THAT STRUCTURE FOR THE NON-TRANSLATIONAL AND CLINICAL PARTS. WE CAN TALK ABOUT WHAT WE WANT TO DO ABOUT THE TRANSLATIONAL AND CLINICAL PARTS AS WE PROCEED.

AND THEN IN TERMS OF THE DOLLARS, HERE'S WHAT I'M GOING TO SUGGEST AS A TEMPLATE FOR US TO KEEP AS A PROVISIONAL. WE'RE NOT MAKING A COMMITMENT TO DO THIS. SO WE'RE NOT GOING TO VOTE OR HAVE A KNOCK-DOWN-DRAG-OUT FIGHT ABOUT HOW MANY DOLLARS ARE GOING TO COME INTO THIS AREA. BUT SORT

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OF A WAY TO THINK ABOUT IT THAT I THOUGHT WAS SENSIBLE IS IF WE TAKE ONE AND A HALF BILLION SET-ASIDE FOR NEURO-RELATED PROJECTS OVER THE NEXT COMING EIGHT YEARS OR SO, IF WE TAKE A THIRD OF THAT AND DEDICATE THAT TOWARDS SPECIAL PROJECTS, THAT STILL LEAVES A BILLION OR MORE TO FUND INVESTIGATOR-INITIATED PROJECTS; THAT IS, PROJECTS THAT AREN'T NECESSARILY RESPONSIVE TO A SPECIFIC RFA THAT WE WILL PUT OUT.

AND I'M THINKING JUST FOR CONVENIENCE AT THE MOMENT THAT IF WE'RE USING 500 MILLION FOR SPECIAL PROJECT CALLS THAT WE DEVELOP IN THE WAY WE DEVELOPED THE REMIND PROGRAM FOR NEUROPSYCHIATRIC DISORDERS, A SIMPLE WAY TO THINK ABOUT IT IS A THIRD WOULD GO TO NEUROPSYCHIATRIC, A THIRD TO NEURODEGENERATIVE, AND A THIRD TO NEURO-INJURY WHICH IS SOMEWHERE ON THE ORDER OF 150 TO $200 MILLION FOR EACH OF THESE SPECIFIED AREAS.

NOW, I'M ALSO GOING TO SUGGEST THAT WE TAKE A LOOK AT SOME OF THE WORK THAT'S GOING ON IN RARE NEURODEGENERATIVE DISORDERS TO GIVE US SOME THOUGHTS AND APPROACHES THAT WE DON'T NECESSARILY PICK UP FROM WORK ON WHAT I SOMETIMES THINK OF AS THE BIG FOUR, ALZHEIMER'S, PARKINSON, HUNTINGTON, AND ALS. AND THE TWO OR THREE THAT SEEMED

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REASONABLE FOR ME TO SUGGEST WE BRING IN TO EDUCATE US ARE FTD, WHICH IS FRONTAL TEMPORAL DEMENTIA, IT'S A NEUROPATHIC CYSTINOSIS, WHICH IS THE ONE THAT STEPHANIE CHERQUI HAS MADE REAL PROGRESS ON BY USING THE DON KOHN APPROACH OF TAKING HEMATOPOIETIC STEM CELLS, ADDING A WILD TYPE COPY OF THE GENE, AND CYSTINOSIS IS BASICALLY A RECESSIVE DISORDER, AND PUTTING THEM BACK INTO THE PATIENT.

TALKING TO STEPHANIE, I LEARNED THAT THERE MAY BE SOME NEURONAL PROBLEMS IN CYSTINOSIS ARE NOT NECESSARILY CURED BY THE APPROACH OR MAY BE BECAUSE THERE IS A BIT OF A BREAKDOWN IN THE BLOOD BRAIN BARRIER, SHE THINKS. AND SHE'S PUBLISHED AT LEAST ONE PAPER IN THIS AREA THAT'S FAIRLY PROVOCATIVE.

AND THE FINAL ONE THAT I THINK WE CONSIDER DOWN THE LINE TAKING A LOOK AT IS NEIMANN-PICK DISEASE, WHICH IS A DISORDER APPARENTLY OF CHOLESTEROL METABOLISM AND SORTING, BUT DEVELOPS ALZHEIMER'S-LIKE FEATURES AND IS A RECESSIVE DISORDER.

SO THAT'S HOW I'M SUGGESTING WE PROCEED. I'M GOING TO TURN THE FLOOR OVER TO ROSA JUST TO REMIND US WHAT IS THE STRUCTURE CURRENTLY OF THESE REMIND PROGRAMS THAT WE'RE ASKING FOR AND THEN I'LL THROW IT OPEN FOR GENERAL DISCUSSION. I KNOW STEVE,

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AT LEAST, HAD SOMETHING ON HIS MIND THAT HE WANTED TO TALK ABOUT.

DR. CANET-AVILES: THANK YOU, LARRY. JUST GIVE ME A SECOND. I'M GOING TO SHARE THE SCREEN.

CHAIRMAN GOLDSTEIN: SURE. YES, THAT'S FINE.

DR. CANET-AVILES: SO I HAVE FOUR SLIDES. THIS IS JUST TWO INTRODUCTORY SLIDES TO SHOW THE VISION OF THE PROGRAM THAT WAS INFORMED BY LAST YEAR'S NEURO TASK FORCE EFFORTS AND THE GOAL OF THE PROGRAM. AS WE ALL KNOW, IT IS TO ACCELERATE THE DISCOVERY OF MECHANISMS UNDERLYING NEURO DISORDERS LEADING TO THE IDENTIFICATION AND VALIDATION OF NOVEL TARGETS, BIOMARKERS WITH THE GOAL ULTIMATELY TO PROVIDE NEW AVENUES AND RIGOROUS FOUNDATIONS FOR FUTURE TRANSLATIONAL AND CLINICAL INVESTIGATIONS.

AND THE THREE OBJECTIVES ARE HERE. I'M GOING TO GO INTO THE NEXT SLIDE TO SHOW THAT THE OVERALL VISION WAS NOT JUST NARROWED INTO JUST THIS PROGRAM STRUCTURE OF REMIND-L AND REMIND-X, BUT THE WAY WE SAW THIS PROGRAM WAS AS PART OF AN ECOSYSTEM WHERE WE COULD LEAD TO LEVERAGING OTHER PROGRAMS SUCH AS THE DISCOVERY PILLAR PROGRAMS. AND IT COULD BE COMPLEMENTARY TO THAT. SO ANY NEURO RESEARCH THAT COMES INTO DISCOVERY THAT FITS THIS PROGRAM

COULD BE LEVERAGED AS WELL. AND ULTIMATELY WE COULD ALSO LEVERAGE OTHER CIRM INFRASTRUCTURE ELEMENTS LIKE THE SHARED RESOURCE LABS AND THE DATA COORDINATION AND MANAGEMENT WHICH WE HAVE ALREADY SOME ELEMENTS THAT ARE NOT PART OF ANY PROGRAM, BUT THEY ARE ELEMENTS THAT WE HAVE IMPLEMENTED. AND FURTHER, IF WE HAVE A PROGRAM FOR A DATA COORDINATED MANAGEMENT CENTER, THAT COULD ALSO BE UNDER PART OF THIS. AND EXTERNAL CONSORTIA, WHICH WE ARE ALREADY WORKING WITH IN THE PSYCHIATRIC SPACE WE'VE ALREADY BEEN TALKING AND WE ARE DECIDING TO LEVERAGE SOME OF THE DATA THAT WILL COME FROM THOSE CONSORTIA. SO THAT'S JUST THE OVERALL END GOAL OF THE PROGRAM STRUCTURE THAT I'M GOING TO SHOW WILL LEAD TO.

NOW, WHAT IS THE PROGRAM STRUCTURE? AS A REMINDER, THE STRUCTURE INCLUDES TWO FUNDING OPPORTUNITIES WITH DISTINCT AWARD STRUCTURES. AND IT COULD BE OFFERED THROUGH TWO INDEPENDENT RFA'S. THE FIRST STRUCTURE IS THE REMIND-L. L STANDING FOR CROSS-DISCIPLINARY STUDIES LED BY LARGE COLLABORATIVE TEAMS APPLYING A RANGE OF TECHNOLOGIES AND APPROACHES THAT COULD EVENTUALLY LEAD TO NOVEL BIOLOGICAL INSIGHTS AND FURTHER OUR CURRENT UNDERSTANDING OF DISEASE MECHANISMS. ALSO ANOTHER OF THE GOALS OF THIS REMIND-L IS TO EXPAND RESEARCH

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TO INCLUDE THE STUDY OF DIVERSE HUMAN POPULATIONS. DIVERSITY, AS WE KNOW, IS VERY IMPORTANT IN ADVANCING OUR UNDERSTANDING OF SCIENCE.

AND THE THIRD GOAL COULD BE TO IDENTIFY OR VALIDATE NOVEL THERAPEUTIC HYPOTHESIS TARGETS AND/OR BIOMARKERS.

THE BASE COMPONENT, SO THE AWARD STRUCTURE IS FOR FOUR YEARS. THE BASE COMPONENT HAS A DIRECT COST OF $2 MILLION PER YEAR WITH A TOTAL OF $8 MILLION FOR FOUR YEARS. AND WE COULD EXPECT, WITH THE FUNDING FOR THE FIRST REMIND-L, WE BUDGETED FOR UP TO SIX AWARDS.

NOW, THERE WAS, AND I JUST REALIZED THAT THE ANIMATION FOR THIS I DID NOT PUT IN THIS SLIDE, BUT AS YOU SAW IN THE PAST PRESENTATION, WE HAD MATCHING FUNDS FOR THIS PROGRAM. SO WE HAVE UP TO HALF A MILLION DOLLARS PER YEAR THAT COULD BE ADDED TO THE BASE COMPONENT, MAKING IT UP TO $2.5 MILLION PER YEAR IF THE RESEARCHER, IF THE TEAM BRINGS AT LEAST HALF A MILLION DOLLARS OF EXTERNAL FUNDING TO THIS PROGRAM. SO THIS AWARD IS A TOTAL OF $10 MILLION OVER FOUR YEARS THAT THE APPLICANTS CAN BE APPLYING TO.

NOW, THE OTHER PROGRAM OF THIS STRUCTURE IS THE RFA FOR THE REMIND-X. THE REMIND-X RFA IS A

BIT DIFFERENT, AND THIS WAS DESIGNED TO SUPPORT HIGH RISK AND EXPLORATORY STUDIES THAT ARE LED BY SMALL MULTIDISCIPLINARY TEAMS. AND THIS IS EXPECTED -- THE GOAL OF THIS PROGRAM IS EXPECTED TO LEAD TO INITIAL VALIDATION OF PROOF OF CONCEPT OF NOVEL MODELS, TOOLS, TECHNOLOGIES, OR HYPOTHESES THAT COULD BE USED BY THE REMIND-L EVENTUALLY AS WELL.

NOW, IN TERMS OF FUNDING, THE REMIND-X WILL FUND PROJECT COSTS OF UP TO $1 MILLION PER AWARD FOR A TOTAL OF UP TO TWO YEARS OF DURATION. SO THAT'S HALF A MILLION DOLLARS PER YEAR.

NOW, IN THIS SLIDE WE CAN SEE THE ELIGIBILITY. FOR THE REMIND-L -- SORRY -- BOTH NON-PROFIT AND FOR-PROFIT CALIFORNIA RESEARCH ORGANIZATIONS ARE ELIGIBLE TO APPLY IN BOTH CASES, REMIND-L AND REMIND-X. IN TERMS OF THE PRINCIPAL INVESTIGATOR, IN BOTH CASES THE PI WILL MANAGE THE PROJECT AND SERVE AS THE PRIMARY ADMINISTRATIVE CONTACT FOR CIRM AND ANY AWARD PARTNERS. THE MINIMUM PERCENT EFFORT FOR THE PI IN THE REMIND-L IS 15 PERCENT; WHEREAS, FOR THE CO-INVESTIGATORS IT'S 10 PERCENT. AND WE WOULD HAVE A MINIMUM OF FOUR OR MORE CO-INVESTIGATORS. AND IN THE REMIND-X, THE PI AND CO-INVESTIGATORS HAVE THE SAME REQUIREMENT OF A MINIMUM OF 5 PERCENT COMMITMENT. AS WE MENTIONED,

THE TEAM SIZE IS FIVE MINIMUM WITH ONE PI AND FOUR CO-INVESTIGATORS IN THE REMIND-L. AND FOR REMIND-X, TWO MINIMUM WITH ONE PI AND ONE CO-INVESTIGATOR.

FINALLY, IN TERMS OF TEAM COMPOSITION, WE ASK THAT AT LEAST ONE MEMBER OF THE OVERALL REMIND-L HAVE RELEVANT CLINICAL EXPERTISE AND ONE MEMBER HAS RELEVANT COMPUTATIONAL OR RELATED EXPERTISE. AND THE REASON FOR THAT WAS BECAUSE WE WANT TO BE ABLE TO LEVERAGE AND COLLABORATE WITH THE DATA. THE CLINICAL EXPERTISE IS BECAUSE WE WANT TO HAVE A FOOT INTO THE TRANSLATABILITY OF THE FINDINGS. WE DON'T WANT TO BE JUST FOCUSED ON DISCOVERY. WE WANTED TO GIVE RELEVANCE. AND WE WANT TO HAVE THE CONNECTION WITH THE PATIENTS AS WELL.

FOR REMIND-X WE ENCOURAGE THE APPLICATIONS FROM INVESTIGATORS WHO CAN BRING NEW TECHNOLOGIES, RESOURCES, OR FRAMEWORKS TO THE STUDY OF THE NEURO DISORDER OF IN VITRO MODELS OF THE HUMAN CNS.

AND THIS WAS THE OVERALL STRUCTURE. AS YOU KNOW, OUR FIRST REMIND PROGRAM HAS BEEN FOCUSED ON NEUROPSYCHIATRIC DISORDERS. AND WE HAVE THESE MECHANISMS, AND WE HAVE AS THE APPLICATION DEADLINE MAY 24TH. WE POSTED THE APPLICATION. THE RFA AND THE APPLICATIONS ARE ALREADY ON OUR WEBSITE. WE ALSO HAVE A REMIND WEB PAGE, AND WE HOSTED THE

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WEBINAR FOR APPLICANTS SO THAT COULD BE TRANSLATABLE TO ANY OTHER PROGRAMS THAT USE THIS STRUCTURE.

WITH THAT, IF THERE ARE ANY QUESTIONS, I'M HAPPY TO ANSWER.

CHAIRMAN GOLDSTEIN: THANK YOU, ROSA. IF YOU WOULD STOP SCREEN SHARING, THAT WILL BRING PEOPLE'S --

DR. CANET-AVILES: FACES.

CHAIRMAN GOLDSTEIN: SO, YES, DAVID.

DR. HIGGINS: QUICK QUESTION, KIND OF A BROAD QUESTION. ONE OF THE THINGS WE HEARD FROM THE NEUROPSYCH SPEAKERS WHO CAME IN TO TALK TO US WAS THAT WE HAD A REPUTATION OF BEING SLOW, SLOW TO REVIEW AND TO FUND. IS THERE SOMETHING -- FIRST OF ALL, MAYBE YOU DON'T BUY THAT, AND THAT IS PERFECTLY FINE. BUT IF YOU DO, AND WE CAN ALWAYS GO FASTER, THAT'S ALWAYS GOOD, HOW DO THESE SEQUENTIAL PROGRAMS FIT INTO THERE? AND WHAT CHANGES ARE THEY MAKING IN THOSE SEQUENTIAL PROGRAMS IN THE REMIND-X, FOR EXAMPLE, THAT MIGHT ADDRESS THAT CRITICISM?

DR. CANET-AVILES: SO I GUESS THE QUESTION IS FOR ME. I DON'T KNOW -- I DON'T THINK WE ARE SLOW. AND I THINK GIL COULD ANSWER THIS QUESTION. BUT WE HAVE VERY QUICK TURNOVER SINCE WE POST THE RFA. SO THE RFA RIGHT NOW HAS BEEN POSTED, AND WE

GAVE THREE MONTHS TO THE APPLICANTS TO APPLY BECAUSE THESE ARE COMPLEX, LARGE, MULTIDISCIPLINARY TEAMS. WE'VE BEEN HOLDING CONSULTATIONS. WE'VE HAD THE WEBINAR. AND THEN ONCE THE RFA IS REVIEWED -- SORRY -- ONCE THE APPLICATION HAS BEEN -- THE APPLICATIONS ARE RECEIVED, I THINK WE HAVE ABOUT A MONTH FOR THE REVIEW. SO I DON'T THINK WE COULD GO FASTER. AND IF WE COMPARE TO OTHER FUNDING ORGANIZATIONS, I DON'T THINK THAT CAN GO ANY FASTER REALLY. SO THAT WOULD BE MY ANSWER.

IN TERMS OF THE -- OH, SORRY, J.T.

DR. THOMAS: NO.

DR. CANET-AVILES: IN TERMS OF THE PROGRAM, WE HAD STARTED, AND I DON'T HAVE THE SLIDE HERE, BUT WE HAD THE REMIND-L IN THE FIRST QUARTER OF THIS YEAR, AND THEN THE REMIND-X COULD COME THE SECOND HALF OF THE YEAR. AND THEN IF WE HAVE NEURODEGENERATION OR NEURO-INJURY, THE SAME THING COULD HAPPEN NEXT YEAR. WE COULD HAVE NEURODEGENERATION THE FIRST HALF, NEURODEGENERATION, REMIND-X THE SECOND HALF AND SO ON. BUT THAT'S SOMETHING FOR J.T.

DR. THOMAS: DAVID, JUST AS A GENERAL STATEMENT, THIS PARTICULAR REVIEW AND SET OF AWARDS HAS TO BE VIEWED IN THE CONTEXT OF EVERYTHING WE'VE

GOT GOING ON HERE. AND WE HAVE A VOLUMINOUS NUMBER OF DIFFERENT APPLICATIONS, SUBMISSIONS, REVIEWS, AND EVERYTHING ELSE. SO THIS IS NOT IN A VACUUM. AND I THINK I WOULD ECHO WHAT ROSA HAS SAID, WHICH IS THE TIME FRAME THAT WE VIEW GETTING THROUGH THIS WHOLE THING IS AGGRESSIVE IF ANYTHING. AND SO I DON'T FEEL THAT WE'RE REALLY SUBJECT TO THAT CRITICISM AT ALL. I THINK I CAN UNDERSTAND IT IF YOU'RE A STAKEHOLDER WHO WANTS THINGS FASTER, BUT WE'RE MOVING WITH ALL DELIBERATE SPEED AS STEVE WOULD SAY.

DR. HIGGINS: THANK YOU.

CHAIRMAN GOLDSTEIN: I WOULD JUST ADD TO THAT, DAVID. I WAS A GRANTEE FOR MANY YEARS BEFORE I SEMIRETIRED AND BECAME A BOARD MEMBER. I THOUGHT THE TURNAROUND TIMES WERE PRETTY GOOD. DIDN'T ALWAYS AGREE WITH THE DECISIONS, OF COURSE. THAT'S JUST THE GRANT BUSINESS.

DR. HIGGINS: I APPRECIATE THAT. THAT'S A CONSISTENT ANSWER FROM ALL THREE OF YOU.

CHAIRMAN GOLDSTEIN: SO THEN JUST TO SUMMARIZE, THE BASIC PLAN MOVING FORWARD WILL BE TO GET EDUCATED BY SOME EXPERTS, DO A BIT OF A PORTFOLIO REVIEW TO FIGURE OUT WHAT WE'RE CURRENTLY FUNDING AND HAVE BEEN FUNDING SO THAT WE HAVE AN IDEA OF, IF WE'RE GOING TO DO SOMETHING NOVEL AND

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INTERESTING, IT'S NOT SOMETHING WE'VE BEEN DOING THAT WE DON'T KNOW ABOUT OR THAT WE'VE ALREADY SATURATED GRANTS IN THAT AREA. I WANT TO BE SURE THAT WE COME UP WITH SOME NOVEL THINGS TO DO BECAUSE THIS IS KIND OF AN UNPRECEDENTED OPPORTUNITY TO REALLY LEAVE WHERE THE MAINSTREAM OF THE FIELDS ARE, BUT WHERE SORT OF TIGHTLY CLOISTERED THINKING IS LOCATED.

QUESTIONS AND COMMENTS? KEITH.

DR. YAMAMOTO: JUST A QUESTION ABOUT YOUR ADVICE TO THE PEOPLE THAT YOU ARE GOING BE BRINGING IN TO ADVISE US. I'M NOT SURE WHAT YOU DID IN THE NEUROPSYCHIATRIC CASE. BUT ARE YOU SPECIFICALLY GOING TO BE ASKING THEM TO ILLUMINATE THEIR THOUGHTS ABOUT APPROACHES USING STEM CELLS OR THERAPEUTIC CELLS, ENGINEERED CELLS TO GO AFTER THESE PROBLEMS? OR DO YOU REALLY WANT A BROAD SUMMARY OF WHERE THEY KIND OF HIGHLIGHT WHERE THE BIG QUESTIONS ARE AND LET THE REST OF IT FALL WHERE THEY MAY? HOW SPECIFIC IS THE ADVICE THAT WE'RE ASKING OF THEM IN TERMS OF STEM CELL APPROACHES THEMSELVES?

CHAIRMAN GOLDSTEIN: THAT'S A GOOD QUESTION, KEITH. SO I THINK SORT OF GOING THROUGH IT STEP BY STEP, A, THE MOST IMPORTANT IS WE DON'T WANT A HALF-HOUR SEMINAR ABOUT THEIR OWN PROJECTS.

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THAT'S REALLY KEY. B, WE'LL TRY OUR BEST TO GET PEOPLE WHO DO HAVE SOME VISION AND HAVE SOME THOUGHTS ABOUT WHAT'S COMING DOWN THE PIKE, AND ONE OF THE MOST IMPORTANT UNRESOLVED QUESTIONS THAT MAY NOT BE GETTING ATTACKED BY CONVENTIONAL GRANTING MECHANISMS, AND TO TELL US WHERE THEY THINK THERE IS SATURATION IN THE FIELD AND WHERE THERE ARE NEW OPPORTUNITIES WHERE USING STEM CELLS OR GENE THERAPY APPROACHES, WE CAN MAKE A DIFFERENCE IN EITHER UNDERSTANDING OF SOME OF THESE DISORDERS, BECAUSE I THINK FOR PARKINSON'S AND ALZHEIMER'S, THERE ARE STILL A LOT OF MYSTERIES, FOR EXAMPLE, SAME FOR ALS, AND WHERE THEY THINK THERE MIGHT BE SOME OPPORTUNITY BECAUSE THE HERD HASN'T YET MOVED THERE.

AND SO DOES THAT ANSWER YOUR QUESTION, KEITH?

DR. YAMAMOTO: YEAH. I THINK THAT I HEARD YOU SAY THAT YOU WILL ASK THEM TO COMMENT SPECIFICALLY ON ANY APPROACHES THAT THEY THINK WOULD BE PARTICULARLY HELPFUL BY STEM CELLS OR THERAPEUTIC CELLS.

CHAIRMAN GOLDSTEIN: ABSOLUTELY. I THINK WE WANT TO BE GRANTING WAYS THAT ARE UNIQUE, NOT LIKE ALL THE OTHER FOUNDATIONS. ALTHOUGH I'LL JUST POINT OUT THE STRUCTURE OF REMIND IS VERY MUCH LIKE

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THE STRUCTURE OF ASAP FOR THE PARKINSON'S GROUP. AND I THINK THAT'S BEEN A PRETTY GOOD RETURN ON THAT.

DR. YAMAMOTO: GOOD.

MR. JUELSGAARD: YES. SO A COUPLE OF THINGS. ONE ACTUALLY WANT TO PICK UP ON SOMETHING THAT DAVID HIGGINS RAISED AND FOLLOW UP ON IT. I'VE BEEN THINKING ACTUALLY SINCE THE BEGINNING OF ALL THIS. AND THIS SORT OF GETS TO WHAT J.T. WAS SAYING ABOUT BEING OVERWHELMED BY APPLICATIONS.

I WONDER, AND THESE ARE JUST THOUGHTS, THEY'RE NOT NECESSARILY RECOMMENDATIONS, BUT JUST MAYBE THINGS WE CAN DISCUSS IF PEOPLE ARE INTERESTED IN DISCUSSING. THE FIRST IS TO CREATE A SPECIAL GWG, A GRANTS WORKING GROUP, THAT REALLY IS FOCUSED ON NEUROLOGICAL DISORDERS, WHETHER THEY BE NEURODEGENERATIVE, NEURO-INJURY, NEUROPSYCHIATRIC. BUT BASICALLY THEY MEET SEPARATELY FROM ANY OF THE OTHER GWG'S AND THEY MEET TO ADDRESS APPLICATIONS THAT ARE COMING IN THAT ARE IN THE NEUROLOGICAL AREA. THERE WOULD BE, IN MY VIEW, A GROUP OF THEM, A BASE GROUP, THAT WOULD ALWAYS MEET. SO THERE WOULD BE A COMMON THREAD THROUGH ALL THESE MEETINGS OF A GROUP OF PEOPLE THAT CAN JUDGE THESE ONE AFTER ANOTHER, ET CETERA, AND THEN BRINGING IN EXPERTS AS

NECESSARY FOR SPECIFIC AREAS WHERE EXPERTS, CERTAIN DISEASE EXPERTISE OR INJURY EXPERTISE WOULD BE HELPFUL.

AND THEN THEY COULD MEET SEPARATE AND APART FROM THE OVERWHELMING NUMBER OF CLINICAL APPLICATIONS THAT WE HAVE. THEY WOULD MEET SEPARATELY AND WE WOULD CONSIDER THEM SEPARATELY AT THE APPLICATION REVIEW SUBCOMMITTEE. AND THAT WOULD EXPEDITE THE REVIEW OF THESE THINGS BECAUSE THEY GET PULLED OUT OF ALL THE OTHER APPLICATIONS THAT WE HAVE. SO THAT'S ONE THOUGHT, ONE IDEA WHICH, IF ANYBODY WANTS TO DISCUSS IT, I THINK THAT MIGHT BE WORTHWHILE.

THE SECOND --

CHAIRMAN GOLDSTEIN: I'LL JUST INTERJECT, STEVE. I THINK IT'S A TERRIFIC IDEA.

MR. JUELSGAARD: THANK YOU. AT LEAST I GOT ONE AND JUDY SHAKING HER HEAD. SO THERE'S THREE OF US. I'LL TAKE THAT.

AND THEN THE SECOND IS WE HAVE A PORTFOLIO RIGHT NOW. SO I'M THINKING OF THIS AS IF I WERE IN THE INDUSTRY FOR A MOMENT. WE HAVE A PORTFOLIO OF CLINICAL TREATMENT INDICATIONS THAT ARE THERAPEUTIC TREATMENTS THAT ARE BEING -- THEY'RE IN CLINICAL TRIALS. AND SO ANOTHER THOUGHT IS WE TAKE A SERIOUS

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LOOK AT ALL OF THOSE AND SEE HOW THEY'RE PROCEEDING AND SEE WHICH ONES SEEM TO BE MEETING WITH SOME SUCCESS AND PROCEEDING, WHETHER, AGAIN, IT'S NEURODEGENERATIVE, WE'LL LEAVE NEUROPSYCH OUT OF IT BECAUSE THERE'S REALLY NOT MUCH IN THAT AREA, OR LET'S SAY STROKE AND NEURO-INJURY, SOMETHING LIKE THAT, AND WHETHER THERE IS SOMETHING WE COULD DO TO ENCOURAGE MOVING THOSE THINGS ALL ALONG A LITTLE FASTER. WE HAVE THE ECONOMIC WHEREWITHAL TO BE ABLE TO DO THAT, BUT ARE THERE WAYS WE CAN ENCOURAGE SPEEDING UP THE CLINICAL TRIAL PROCESS FOR THOSE THAT SEEM TO BE SHOWING SOME PROMISE?

SO IT'S TALK ABOUT ALL THESE MECHANISMS OF ACTION KIND OF RELATED STUDIES, BUT I'D LIKE TO -- I THINK IT MIGHT BE NICE TO COMPLEMENT THOSE WITH STUDIES THAT ARE REALLY TRYING TO FIND ACTUAL POTENTIAL TREATMENTS FOR DISEASES. AND THE ONLY WAY WE CAN DO THAT IS LOOKING AT WHAT CLINICAL WORK IS GOING ON AND WHERE WE MIGHT BE ABLE TO MOVE THE NEEDLE A LITTLE BIT. SO THAT WAS THE SECOND.

THE THIRD, WHICH CAME UP JUST AS DR. YAMAMOTO WAS TALKING, IS THE PROVENCE OF THIS ORGANIZATION. SO WE STARTED WAY BACK WHEN, WAY BACK IN 2004 IN THE WORLD OF EMBRYONIC STEM CELLS. THAT WAS THE GENESIS OF THIS ORGANIZATION, BUT WE'VE

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MOVED PAST THAT AS TIME HAS GONE ON. AND THAT IS NOTED NOW IN PROPOSITION 14 IN THE AREAS OF VITAL RESEARCH THAT WERE PUT TO LOOKING TOWARDS. AND SO OBVIOUSLY GENE THERAPY HAS BECOME ONE OF THOSE.

I DON'T DISAGREE THAT WE NEED TO SEE WHAT WE CAN DO TO INCREASE OR INVOLVE THE WORK THAT GOES ON IN THE STEM CELL AREA. BUT HAVING SAID THAT, BY THE SAME TOKEN, I DON'T WANT TO IGNORE THE OTHER AREAS WHERE WE HAVE REACH THAT MAY PROVE PROMISING. SO JUST MY THREE QUICK COMMENTS. THANK YOU.

CHAIRMAN GOLDSTEIN: STEVE, WHAT'S AN EXAMPLE OF THE THIRD ISSUE YOU RAISED WHERE YOU THINK WE MIGHT HAVE TOO MUCH DEPTH GOING ON OR HOW WE GO ABOUT PICKING OUR WAY THROUGH THERE?

MR. JUELSGAARD: WELL, I JUST THINK GENE THERAPY, AS AN EXAMPLE. SO LET ME JUST GET TO THIS FOR A MOMENT. SO WE HAD -- WE WERE SUPPORTING A PHASE 1/2 STUDY FOR -- I'M SORRY. THAT'S NOT THE EXAMPLE BECAUSE THAT IS ACTUALLY A STEM CELL EXAMPLE IN CYSTINOSIS. BUT IN THOSE AREAS WHERE WE'RE PUTTING ASIDE STEM CELLS WHERE YOU CAN EITHER INSERT A GENE THAT DOES WHAT YOU WANT IT TO DO OR SILENCE A GENE THAT'S DOING WHAT YOU DON'T WANT IT TO DO, WHICH DOESN'T NECESSARILY INVOLVE STEM CELLS, BUT, RATHER, TRANSFECTION OR GENE REMOVAL AND THOSE SORT

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OF THERAPIES. THAT'S WHAT COMES TO MIND FOR DISEASES WHERE THE GENES ARE AMISS.

CHAIRMAN GOLDSTEIN: GREAT. THANK YOU. KEITH.

DR. YAMAMOTO: I DON'T WANT STEVE TO THINK THAT EVERYBODY AGREES WITH EVERYTHING HE'S SAYING, SO I'LL JUST MAKE A COUPLE COMMENTS.

CHAIRMAN GOLDSTEIN: TAKE A CHUNK OUT OF MY HIDE IF YOU WANT.

DR. YAMAMOTO: SO YEARS AGO A GROUP THAT I HAVE CHAIRED FOR A LONG TIME, THE COALITION FOR LIFE SCIENCES, TOOK ON A PROBLEM THAT HAROLD VARMUS, WHO WAS AT THAT TIME NCI DIRECTOR, BROUGHT TO MY ATTENTION. AND THAT WAS A DISEASE ADVOCACY GROUP, THE PANCAN, PANCREATIC CANCER ACTION NETWORK, HAD CONVINCED A COUPLE OF CONGRESS PEOPLE TO WRITE SOME LEGISLATION THAT WOULD TAKE MONEY OUT OF THE NCI BUDGET AND GIVE IT TO A SERIES OF PANCREATIC CANCER INVESTIGATORS, MOSTLY CLINICIANS, WITH CONTENTION THAT THE NCI AND THE NIH IN GENERAL HAD MADE NO PROGRESS IN CURING PANCREATIC CANCER. AND SO IT WAS TIME TO TAKE THAT MONEY AWAY FROM THEM AND GIVE IT TO PEOPLE WHO REALLY WORK ON THE DISEASE.

AND SO WE WERE ABLE TO FIGHT THAT BACK. IT WAS ACTUALLY QUITE INTERESTING. I WROTE A LETTER

TO THE TWO MEMBERS OF CONGRESS WHO WROTE THIS LEGISLATION AND INTENTIONALLY TRIED TO KEEP IT AWAY FROM PANCAN BECAUSE I THOUGHT THEY WOULD -- THEY WERE A VERY, VERY AGGRESSIVE GROUP. AND I THOUGHT THEY WOULD TRACK ME DOWN AND BURN MY HOUSE DOWN OR SOMETHING. THEY FIRST GOT THE LETTER. AND WHAT MY LETTER SAID WAS THAT LACK OF PROGRESS ON THESE RECALCITRANT MEDICAL PROBLEMS IS NOT DUE TO THE NIH NOT DOING THE RIGHT THING, BUT REALLY DUE TO THE FACT THAT THERE ARE SOME DISEASES WHERE THE RESEARCHERS JUST CAN'T GET A HANDLE ON WAYS TO APPROACH THEM. AND THAT WHAT WAS REALLY NEEDED WAS THAT, INSTEAD OF GIVING MONEY JUST TO SOME PANCREATIC CANCER RESEARCHERS, IT WOULD BE IMPORTANT INSTEAD TO MAKE IT MORE BROADLY AVAILABLE TO THE RESEARCH COMMUNITY WHERE THE BLOCKING POINTS ARE. WHAT NEEDS TO BE FIGURED OUT IN ORDER TO TRY TO GET A GRIP ON WHAT'S GOING ON?

AND THAT REALLY JUST SAYS SUPPORT BASIC SCIENCE AND, IN FACT, TRY TO UNDERSTAND MECHANISMS BECAUSE IT'S MY CONTENTION THAT REAL PROGRESS IS GOING TO BE MADE BY KIND OF AN OPEN CONVERSATION BETWEEN BASIC SCIENTISTS AND THE CLINICS RELEVANT TO WHAT STEVE SAID AT THE END OF HIS COMMENTS.

SO I'M TELLING -- SO WE WERE ACTUALLY ABLE

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TO STOP THIS THING. AND I'M MAKING THE -- TELLING THAT STORY BECAUSE, WHILE I DON'T AT ALL DISAGREE WITH STEVE'S IDEA TO HAVE THIS SPECIALIZED GWG FOR NEUROLOGICAL DISEASES AND SYNDROMES, INJURIES, I THINK WE NEED TO BE JUST CONSCIOUS OF HOW WE POPULATE THAT WORKING GROUP, GRANT REVIEW GROUP. TO NOT SIMPLY HAVE DETAILED CONTENT EXPERTS IN THESE AREAS, BUT TO HAVE GENERALISTS WHO COULD RECOGNIZE AN IDEA THAT IS NOT IN THE MAINSTREAM WITHIN THAT FIELD, BUT CAN REALLY HAVE BIG IMPACT.

AND SO I THINK WE NEED TO BE -- SO WHILE I DON'T DISAGREE WITH THE IDEA AT ALL OF HAVING A SPECIALIZED GROUP, I THINK WE NEED TO BE VERY CAREFUL ABOUT HOW WE POPULATE THE GROUP SO THAT WE ENSURE THAT IT'S NOT -- WE DON'T JUST HAVE A BUNCH OF PEOPLE WHO ARE THINKING NARROWLY IN THE SPECIALIZED AREAS IN WHICH THEY WORK AND WILL NOT RECOGNIZE AN OFF-BRAND IDEA THAT COULD ACTUALLY HAVE BIG IMPACT.

CHAIRMAN GOLDSTEIN: GREAT POINTS, KEITH. I THINK I AGREE WITH EVERYTHING YOU SAID ACTUALLY.

SO I SEE A HAND UP FROM THE GROUP IN THE CONFERENCE ROOM, BUT DON'T KNOW WHICH PERSON IT IS.

VICE CHAIR BONNEVILLE: MARIA. I JUST WANTED TO ASK HOW DO YOU SEE THE WORK THAT'S BEING

DONE HERE AND THE AREAS OF FOCUS INTERTWINED WITH THE PRIORITIZATION WORK THAT WE WILL UNDERGO BECAUSE I THINK THEY OBVIOUSLY HAVE A NEXUS WITH EACH OTHER. AND I'M NOT SURE -- I THINK THERE'S JUST SOME COORDINATING WE'LL NEED TO DO BASED ON THE WORK THAT COMES OUT OF THIS GROUP AND THEN HOW WE INTEGRATE THAT INTO THE PRIORITIZATION WORK THAT THE SCIENCE COMMITTEE AND THE INTERNAL TEAM WILL TAKE UP.

CHAIRMAN GOLDSTEIN: YEAH. THAT'S A GREAT POINT, MARIA. SO IT TURNS OUT I'VE ALREADY CALLED MARK FISCHER-COLBRIE AND ASKED HIM IF HE WOULD WORK WITH ME TO THINK ABOUT PRIORITIZATION BOTH WITHIN OUR CURRENT PORTFOLIO AND IN NEW RFA'S TO MAKE SURE THAT -- I DON'T WANT TO KEEP USING PARKINSON'S AS AN EXAMPLE. BUT THERE IS QUITE A BIT OF WORK IN PARKINSON'S ON MAKING DOPAMINERGIC NEURONS AND TRANSFORMING THEM OR PUTTING THEM IN SOMEWHERE, AND WE'RE CURRENTLY MISSING OUT ON SOME OTHER OPPORTUNITIES IN PARKINSON'S THAT I LEARNED ABOUT TALKING TO LORENZ STUDER. FOR EXAMPLE, THERE'S SOME THOUGHT THAT CHOLINERGIC NEURO POPULATIONS ARE ACTUALLY IMPORTANT IN THE DEMENTIA WHICH IS FREQUENTLY SEEN IN PARKINSON'S AND IN SOME WAYS IS A LOT MORE SERIOUS CLINICAL PROBLEM FOR PATIENTS WHO HAVE THAT AS OPPOSED TO MOVEMENT DISORDERS, IF I

MIGHT SPECULATE A LITTLE BIT ON THAT.

SO MARK AND I WILL WORK ON THAT TOGETHER. HAVEN'T EXACTLY FIGURED OUT EXACTLY HOW WE'LL GO ABOUT DOING IT, BUT IT MIGHT ALSO GIVE HIM ENOUGH EXPERIENCE THAT HE CAN THEN TURN TO THE LARGER PROBLEM OF THE BROAD PRIORITIES WITHIN CIRM, NOT JUST NEURO. SO WE'LL SEE. MAYBE WE'RE A DEMO PROJECT.

SORRY, MARIA. PLEASE.

VICE CHAIR BONNEVILLE: THIS IS DIFFERENT, BUT I DO WANT TO CREATE AN AVENUE FOR PATIENT ADVOCATE ORGANIZATIONS TO COME TO US AND TALK TO US AND AS A MEANS OF JUST EXPRESSING INTEREST OR ADVOCATING FOR SORT OF THEIR OWN WHAT THEY SEE AND HOW TO MOVE FORWARD WITH THAT. SO I KNOW THAT THEY CAN COME TO ANY OF THESE MEETINGS. I JUST WANT TO MAKE SURE THAT THERE IS SORT OF THAT AVENUE FOR THEM. AND THAT'S JUST AN ASIDE.

CHAIRMAN GOLDSTEIN: DO YOU HAVE ANY THOUGHTS ON HOW WE WOULD ACHIEVE THAT?

VICE CHAIR BONNEVILLE: I THINK INTERNALLY WE DO HAVE SOME OF OUR COMMUNICATIONS TEAM WHO WORK WITH PATIENT ADVOCATE ORGANIZATIONS. SO PERHAPS WE CAN JUST MAKE SURE THAT THEY ALERT THEM TO WHEN THESE MEETINGS ARE OCCURRING AND WHAT THE AGENDA

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TOPICS ARE AND IF THEY HAVE INPUT, THAT THEY CAN JOIN AND SHARE THEIR INPUT.

CHAIRMAN GOLDSTEIN: OKAY. SOUNDS REASONABLE. WE'LL PUT IT ON THE DOCKET TO THINK ABOUT IT.

DR. THOMAS: LARRY, WHILE WE'RE IN THE CONFERENCE GROUP, COUPLE THOUGHTS. ONE IS I TOTALLY AGREE WITH WHAT MARIA SAID. I DO THINK THAT NEURO IS A LITTLE BIT UNUSUAL IN THE FOCUSED DISCUSSION BECAUSE IT'S THE ONLY THING THAT HAS A DESIGNATED AMOUNT CARVED OUT TO GO TO IT. AND WITHIN THE LARGER CONTEXT OF FOCUS, IT'S REALLY THIS GROUP, AS ADVISED BY THE KOL'S, ET CETERA, THAT IS GOING TO BE ABLE TO BEST, IN MY OPINION, ADVISE MARK ON THE LARGER EFFORT OF WHERE THE NEURO PROJECTS SHOULD BE ALLOCATED. SO, YES, ABSOLUTELY IT NEEDS TO BE INTEGRATED BY THIS GROUP BECAUSE OF THAT 1.5 SITTING THERE AS SORT OF A KEY RESPONSIBILITY TO DELINEATE.

WITH RESPECT TO A COUPLE OF STEVE'S COMMENTS, I DO THINK YOUR IDEA OF A SPECIAL GWG MAKES A LOT OF SENSE AS SUPPLEMENTED BY WHAT KEITH SAID. I THINK THIS IS, AGAIN, SORT OF A SUI GENERIS GROUP HERE THAT WE WANT TO HAVE A PARTICULAR FOCUSED PROTOCOL ON.

ON YOUR COMMENT, STEVE, ABOUT WHICH

TREATMENTS ARE GETTING CLOSEST TO THE CLINIC THAT WE'RE FUNDING, ET CETERA, I'VE ALREADY ASKED ABLA TO PUT TOGETHER A PRESENTATION FOR THE BOARD WHICH IS GOING TO SHOW THE CONTINUUM OF OUR 40 SOME ODD ONGOING CLINICAL TRIALS IN TERMS OF WHICH IS CLOSEST TO THE CLINIC ALL THE WAY TO WHICH IS FURTHEST. SO WE WILL GET AN IDEA OF WHERE THINGS ARE PROGRESSING. AND WITHIN THAT, YOU'LL BE ABLE TO CARVE OUT THE NEURO PROJECTS TO ADDRESS THE SPECIFIC QUESTION YOU ANSWERED. I THINK THAT THAT WILL BE A VERY INFORMATIVE THING TO HAVE. SO THAT'S COMING AT A FUTURE BOARD MEETING.

ON THE SUBJECT OF WHAT CAN WE DO TO INCREASE, TO ACCELERATE THE PACE OF OUR FUNDED PROJECTS, I'VE SORT OF CAST THAT SLIGHTLY DIFFERENTLY AS WE'RE GOING TO DEVOTE AN LT SESSION TO THE TOPIC OF WHAT ISSUES ARE COMING UP THAT ARE SLOWING DOWN THE TRIALS, WHETHER IT'S MANUFACTURING OR SOMETHING ELSE, AND TO GET ALL THOSE ISSUES ACROSS OUR PORTFOLIO ON THE TABLE FOR DISCUSSION TO DEVELOP SOLUTIONS WHERE THERE ARE THINGS THAT WE CAN ACTUALLY IMPACT. SOME THINGS WE WILL NOT BE ABLE TO IMPACT, BUT WHERE WE CAN, I THINK WE WANT TO DO THAT. AND THAT WILL ACHIEVE THE SORT OF THING THAT YOU'RE TALKING ABOUT, WHICH IS HOW TO ACCELERATE

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BETTER TO GET THESE PROJECTS FURTHER ALONG.

SO I JUST WANTED TO MAKE ALL THOSE COMMENTS. THANK YOU.

CHAIRMAN GOLDSTEIN: OKAY. STEVE, YOUR HAND WAS UP AND NOW IT'S GONE. ARE YOU --

MR. JUELSGAARD: I DON'T WANT TO BELABOR ALL THIS CONVERSATION. SO JUST REAL QUICKLY, I COMPLETELY AGREE WITH WHAT DR. YAMAMOTO SAID. I THINK WE DO NEED TO BE VERY CAREFUL HOW WE POPULATE SUCH A GWG, ASSUMING WE WERE TO GO IN THAT DIRECTION.

MY IDEA ABOUT LOOKING AT OUR NEURO PROJECTS RIGHT NOW WAS NOT ONLY TO IDENTIFY WHICH ARE FURTHEST ALONG, BUT WHICH LOOK THE MOST PROMISING BASED ON THE DATA THAT'S BEING DEVELOPED, AND THEN LOOK AT POTENTIALLY GOING TO THOSE PEOPLE AND SAYING WHAT MORE CAN WE DO TO HELP YOU? DO YOU HAVE BOTTLENECKS OR ROADBLOCKS THAT WE CAN ASSIST YOU IN TO TRY AND EXPEDITE, MOVE THOSE THROUGH USING OUR JUDGMENT AS TO WHAT WE MIGHT BE ABLE TO DO. SO IT'S MORE OF THAT, AND IT'S REALLY FOCUSED JUST ON THE NEURO AREA BECAUSE I WOULD LIKE TO SEE IF WE CAN MAKE CLINICAL PROGRESS, EVEN IF IT'S JUST ON ONE SIGNIFICANT NEUROLOGICAL DISEASE WHERE THERE'S A CHANCE IN THE NEARER TERM, AND BY THAT MAYBE IN THE

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FIVE YEARS THAT WE ACTUALLY COME OUT WITH A THERAPEUTIC THAT REALLY WAS FUNDED BY CIRM THAT MAKES A DIFFERENCE IN THE LIVES OF PEOPLE WITH THAT PARTICULAR NEUROLOGICAL PROBLEM.

CHAIRMAN GOLDSTEIN: WELL SAID. GOOD POINTS. GREAT. ABLA, I THINK THAT'S ACTUALLY A GOOD LEAD-IN TO YOU.

DR. CREASEY: THANK YOU, LARRY. I JUST WANTED TO ASK, IT'S NOT REALLY RELATED TO WHAT STEVE MENTIONED, BUT YOU MENTIONED THREE RARE DISEASES, NEUROLOGICAL DISEASES, THAT YOU ARE CONTEMPLATING BRINGING TO THE DISCUSSION, THE FTD, CYSTINOSIS, AND NIEMANN-PICK DISEASE. WILL YOU PLEASE SHARE WITH US THE CRITERIA FOR SELECTING THOSE BECAUSE, AS YOU KNOW, I'VE BEEN ASKED TO PUT TOGETHER A RARE DISEASE STRATEGY. AND I JUST WANT TO MAKE THAT WE'RE KIND OF SPEAKING THE SAME LANGUAGE AND HARMONIZE IF WE CAN.

CHAIRMAN GOLDSTEIN: YEAH. TO BE HONEST, THOSE WERE JUST THREE EXAMPLES OFF THE TOP OF MY HEAD ABOUT THE SORTS OF DISEASES WE MIGHT WANT TO LOOK AT. THEY'RE NOT COMMITMENTS TO THOSE THREE IN PARTICULAR. I THINK WHAT YOU JUST SAID IS A GOOD REMINDER. WE WANT TO BE SURE THAT WE PICK THESE IN CONSULTATION WITH YOU AS YOU DEVELOP THIS RARE

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DISEASE FRAMEWORK. SO DOES THAT ANSWER YOUR QUESTION, I GUESS, IS THE --

DR. CREASEY: YEAH. I'LL STAY IN DISCUSSION WITH YOU AS WE PROGRESS, BUT I'M AIMING TO GET A RARE DISEASE STRATEGY AT LEAST IN DRAFT IN THE NEXT SIX, SEVEN WEEKS. OKAY.

BUT THE QUESTION THAT STEVEN RAISED FOR DO WE HAVE ANY CLINICAL NEURO GRANTS THAT ARE LIKE IN PHASE 1/2 THAT WE CAN ACCELERATE, I'M GOING TO BE INCLUDING AT LEAST MY IMPRESSION OF ALL OF THOSE IN THE CLOSED SESSION DISCUSSION WE WILL HAVE WHEN THAT IS GOING TO HAPPEN.

CHAIRMAN GOLDSTEIN: OKAY. THANK YOU, ABLA. VERY HELPFUL.

LET'S SEE. ANY OTHER COMMENTS OR CRITICISMS OR REFINEMENTS THAT FOLKS WANT TO BRING UP? I DO WANT TO BE SURE THAT AS WE MOVE FORWARD, THAT THERE'S GENERAL SUPPORT FROM THIS GROUP. SO I THINK IF THERE IS SPECIFIC DISSENSION WITH WHAT WE'RE PROPOSING TO DO HERE, THIS IS THE TIME TO REGISTER IT BECAUSE TWO MONTHS FROM NOW WE'RE GOING TO BE PRETTY DEEP INTO EDUCATING OURSELVES AND THINKING ABOUT WHAT A UNIQUE GWG MIGHT LOOK LIKE, WHAT SORTS OF PROJECTS WE THINK ARE OUT THERE THAT ARE NOVEL AND SORT OF UNDERSTUDIED.

I DO THINK THIS NOTION OF CHOLINERGIC POPULATIONS IN PARKINSON'S IS PARTICULARLY INTRIGUING. WE SHOULD LEARN SOME MORE ABOUT THAT AND SO ON. SO SOMEBODY IN THE CONFERENCE ROOM, PLEASE.

DR. THOMAS: THANK YOU, CLAUDETTE. SO FIRST A QUESTION ON THOSE THREE RARE DISEASES AGAIN THAT YOU CITED. ARE YOU PLANNING ON OR CONTEMPLATING THOSE BEING WITHIN THE 500 MILLION SPECIAL PROJECT CATEGORY OR ARE THEY ON THE OUTSIDE OF THAT?

CHAIRMAN GOLDSTEIN: I THINK THE RARE NEURO DISEASES, IF WE ISSUE SPECIAL CALLS FOR APPLICATIONS THAT WOULD INCLUDE THEM, YEAH, THAT WOULD FALL WITHIN THE $500 MILLION SET-ASIDE FOR MORE TARGETED RESEARCH THAN INVESTIGATOR INITIATED.

DR. THOMAS: OKAY. THANK YOU.

AND THEN A SECOND QUESTION IS I THINK IT MIGHT BE AN IDEA TO SEE, YOU HAVE A GREAT LIST OF KOL'S YOU HAVE PLANNING TO COME IN TO SPEAK. DO OTHER MEMBERS OF THE TASK FORCE HAVE ADDITIONAL SPEAKERS THAT ANY OF YOU THINK WOULD BE GREAT TO ADD TO THAT?

CHAIRMAN GOLDSTEIN: SO THAT'S A GREAT POINT, J.T. I'LL JUST SAY THAT MY EMAIL IS ALWAYS

ON. SO IF PEOPLE HAVE SUGGESTIONS OR STRONG FEELINGS ABOUT PEOPLE WE SHOULD BRING IN, LET ME KNOW ABOUT THEM. SORRY, ROSA.

DR. CANET-AVILES: SOMETHING WHEN WE WERE TALKING ABOUT THE CYSTINOSIS AND FTD, I THINK SOMETHING TO TAKE IN MIND IS ONE OF THIS CROSS-DISEASE ANALYSIS. SO WE COULD HAVE A CALL WITH FOCUS ON NEURODEGENERATIVE DISEASES, BUT WITH A PRIORITIZATION OF CERTAIN RARE DISEASES, AND TRY TO LEVERAGE AND ENCOURAGE DISCUSSIONS ON HOW INSIGHTS FROM ONE NEURODEGENERATIVE EMPHASIS CAN BE APPLIED TO ANOTHER AND BUILDING COMMON PATHWAYS. SO THAT'S ANOTHER THING THAT WE COULD BE THINKING ABOUT.

AND THEN IN TERMS OF THE NEXT ROUND OF DISCUSSIONS AND THINKING OF HOW DO WE BUILD RFA, SO THE STRUCTURE OF THE PROGRAM FOR REMIND IS ALREADY BUILT. AND SOMETHING THAT WE MIGHT WANT TO DO IS THINK ABOUT THE KIND OF QUESTIONS, THAT WE PUT TOGETHER A DRAFT OF QUESTIONS THAT WE COULD FOCUS IN THE BRIEFING THAT WE SHARED ONLINE AS A PREVIEW FOR THIS MEETING, BUT THE ACTIVITIES THAT WE WILL FUND. WE HAVE SOME EXAMPLES, FOR EXAMPLE, IN THE CURRENT RFA FOR REMIND-L. MAYBE WE COULD DEPART FROM THAT AND THINK ABOUT HOW DO WE WANT TO REFINE AS WE HEAR THE NEW INPUT THAT WE WILL GET SPECIFICALLY FOCUSED

ON NEURODEGENERATIVE DISEASES. IT'S JUST AN IDEA.

CHAIRMAN GOLDSTEIN: SO WHAT'S THE ACTION ITEM ASSOCIATED WITH THAT, ROSA?

DR. CANET-AVILES: COULD BE TO DESIGN THE QUESTIONS FOR THE UPCOMING SPEAKERS WITH A FOCUS ON THE TYPE OF ACTIVITIES THAT THE REMIND-L PROGRAM FOR NEURODEGENERATIVE DISEASES COULD BE FOCUSING UNDER THE CALL. THAT WILL HELP US BECAUSE WE WANT TO GET THE OUTCOME OF ALL THESE DISCUSSIONS WILL BE WHAT IS GOING TO BE -- WHAT ARE GOING TO BE THE ACTIVITIES THAT CIRM WILL FUND UNDER THIS CALL, RIGHT, THAT WE WILL HAVE PRIORITIZED THROUGH THESE MEETINGS. SO IT'S JUST A WAY TO LOOK AT IT FROM THIS PERSPECTIVE. I'M HAPPY TO WORK WITH YOU ON THAT.

CHAIRMAN GOLDSTEIN: GREAT. THANK YOU. YES, WE SHOULD DO THAT. PAT.

DR. LEVITT: FOR SOME REASON THE ZOOM IS DROPPING MY HAND SAYING I'M FINISHED TALKING AFTER LIKE SIX SECONDS. SOMEBODY THERE MUST HAVE SET THIS UP.

CHAIRMAN GOLDSTEIN: -- HAS A BETTER MEMORY THAN YOUR COMPUTER APPARENTLY.

DR. LEVITT: SO I'M CURIOUS, LARRY. WHAT IS YOUR SENSE OF THE TIME FRAME FOR START TO FINISH IN TERMS OF THE EXPERTS COMING IN? THAT WAS ONE

QUESTION.

CHAIRMAN GOLDSTEIN: SO THE ANSWER TO THAT IS I'M THINKING IN TERMS OF THREE TO FOUR MONTHS BECAUSE I THINK WE CAN DO IT IN TWO-HOUR MEETINGS, WHICH IS HOW WE DO THE NEUROPSYCH. WE COULD HAVE AT LEAST TWO EXPERTS, POSSIBLY A THIRD, AND THEN STILL HAVE SOME TIME FOR DISCUSSION. YOU KNOW HOW THIS GOES. WE'RE ASKING A LOT OF PEOPLE WHO ARE ALREADY REALLY BUSY. ON THE OTHER HAND, THIS IS A REALLY IMPORTANT THING TO DO. AND SO I'D LIKE TO MOVE IT ALONG PRETTY QUICKLY AS WE DID FOR NEUROPSYCH.

I THINK WE HAVE A CONSENSUS AT THIS TIME ON HOW TO PROCEED THAN WE DID FOR NEUROPSYCH.

DR. LEVITT: I THINK THERE IS CONSENSUS. I DON'T NEED TO REPEAT WHAT EVERYONE SAID. I AGREE WITH THEM ALL. JUST A REMINDER. THIS IS NOT -- THIS IS A CHALLENGE TO DO BECAUSE IT'S NOT JUST THE DISEASES. THEY ARE EXTRAORDINARILY CHALLENGING. BUT ALSO, DEPENDING UPON THE DISEASE AND THE FIELD, AS YOU KNOW, BECAUSE YOU'VE BEEN HIP DEEP IN IT OR FURTHER UP, THERE'S A LOT OF POLARIZATION IN SOME OF THESE FIELDS WHERE THERE ARE VERY STRONG OPINIONS THAT MAKE IT MORE CHALLENGING TO COME TO SOME CONSENSUS. SO YOU WILL HAVE TO WORK YOUR MAGIC ABOUT FIGURING OUT WHO IS NOT GOING TO BE -- WHO

WILL BE LESS -- WILL BE MORE PLASTIC AND LESS RIGID ABOUT A VIEW ON A PARTICULAR NEUROLOGICAL DISEASE. NEURODEGENERATIVE DISEASES IN GENERAL ARE REALLY DIFFICULT FROM THAT PERSPECTIVE, AS YOU KNOW. THAT'S IT.

CHAIRMAN GOLDSTEIN: YES. THERE ARE A COUPLE OF AREAS WHERE WE'RE GOING TO HAVE TO TREAD CAREFULLY. BUT I THINK ALZHEIMER'S SPECIFICALLY, WHERE HIP DEEP WAS AN UNDERSTATEMENT, THERE'S LOTS OF WORK ON AMYLOID. SO IT'S NOT OBVIOUS TO ME THAT WE NEED TO DO A LOT MORE WORK ON AMYLOID. IF SOMEBODY COMES IN WITH A NOVEL IDEA ABOUT IT, WE OUGHT TO TAKE A LOOK AT IT.

DR. LEVITT: SURE. OKAY. THANK YOU.

CHAIRMAN GOLDSTEIN: YEAH, SURE. ABLA.

DR. CREASEY: WOULD YOU CONSIDER BRINGING IN EXPERTS LIKE HEADS OF PHARMA THAT SPENT YEARS TRYING TO DEVELOP DRUGS IN THIS AREA AND MOST OF THEM HAVE FAILED? SO WE CAN LEARN LESSONS FROM THEM AS POTENTIAL ALSO EXPERTS TO TELL US WHAT THEY'VE DONE RIGHT AND WHAT THEY THINK HAD NOT DONE RIGHT? THERE ARE SUCH PEOPLE WHO ARE NOW EXPERTS, AND THEY'RE PROFESSORS AT VARIOUS UNIVERSITIES WHO USED TO BE PART OF THE PHARMA GROUPS THAT SPENT A NUMBER OF BILLIONS ON THIS AREA AND HOW TO -- WHAT DO YOU

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LEARN FROM THEM? WOULD YOU CONSIDER SUCH EXPERTS?

CHAIRMAN GOLDSTEIN: I THINK THAT'S A GREAT POINT. AS WE THINK ABOUT THESE AREAS, WE WANT TO LOOK AT WHERE THERE ARE OPPORTUNITIES, BUT I THINK IT'S ALSO WORTH KNOWING, AT LEAST TO SOME DEGREE, HOW WERE FAILURES OF THE PAST DEALT WITH AND WHAT LED TO THEM. ALTHOUGH I MUST SAY MY OPINION IS THAT AN AWFUL LOT OF IT IS JUST SIMPLY A LACK OF FULL UNDERSTANDING OF HOW THE BRAIN WORKS AND THEN WHICH PATHWAYS WERE ALTERED. BUT IT'S A GOOD POINT. IF YOU'VE GOT THOUGHTS ABOUT WHO WOULD BE GOOD, PLEASE SEND THEM MY WAY.

IN FACT, LET ME OPEN THIS UP. LOOK, GUYS. I THINK IF YOU HAVE SUGGESTIONS FOR PEOPLE WHO YOU THINK MATCH THE CRITERIA I'VE OUTLINED, POSSIBLY PEOPLE WHO ARE GOING TO BREAK WITH PRECEDENT AND GIVE SOME MORE IDEAS THAN JUST THE PARTY LINE IN THESE VARIOUS DISEASES, BECAUSE I THINK THERE IS A PARTY LINE IN MOST OF THEM, AND WE WANT TO GET AWAY FROM THAT A LITTLE BIT UNLESS THERE'S A GOOD REASON. SO PLEASE SEND ME SUGGESTIONS. I HAVE SOME THOUGHTS IN MY MIND OF MY OWN. AND I THINK WE WILL -- I GOT TO GET GOING ON THIS BECAUSE THERE'S GOING TO BE A MARCH MEETING COMING UP PRETTY FAST. OKAY. CONFERENCE ROOM.

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DR. CANET-AVILES: SO IN LINE WITH DR. CREASEY AND MR. JUELSGAARD'S COMMENTS, IN THE BRIEFING DOCUMENT THAT WE POSTED, WE ALSO HAD A COMMENT ABOUT THAT IT MIGHT BE USEFUL TO HEAR FROM INDUSTRY GROUPS THAT ARE CURRENTLY FUNDED, LIKE NEURONA THERAPEUTICS, FOR EXAMPLE, TO HEAR ABOUT THE SAME POINTS THAT THEY HAVE IN THE DEVELOPMENT OF THEIR PROGRAM BECAUSE THAT'S -- WHAT IS IT THAT WE CAN HELP TO ADVANCE THOSE PROGRAMS AND WHETHER THERE ARE ANY INNOVATION TOOLS THAT COULD BE A GAME CHANGER THAT WE SHOULD INVEST IN THE NEXT THREE- TO EIGHT-YEAR HORIZON, FOR EXAMPLE. AND THEN INVITING COMPANIES THAT ARE WORKING ON DIFFERENT CNS TARGETING MODALITIES LIKE ASO'S AND SIRNA'S OR GENE EDITING. THAT MIGHT BE ALSO SOMETHING TO THINK AND MIX THEM. IF WE HAVE TWO, WE CAN MIX. MAYBE HAVE ONE OF THESE COMPANIES COME IN AND HAVE IT IN THE MIX.

CHAIRMAN GOLDSTEIN: I HAVE A QUESTION FOR MARIA, SCOTT, AND VITO, WHICH IS THIS NOTION OF RECRUITING A SPECIAL BRANCH OF THE GWG. IS THERE ANYTHING IN THE RULES THAT MAKE IT IMPOSSIBLE FOR US TO DO THAT OR IS IT AN AVENUE WE CAN ACTUALLY GO DOWN?

MR. TOCHER: IT'S CERTAINLY WITHIN THE

POWER TO CONSTRUCT A FOCUSED GWG IN LIGHT OF THE STRATEGIC GOALS OF THE APPLICATION OR RFA. SO IT'S ABSOLUTELY DOABLE. AND, IN FACT, I MAY BE DOING A LITTLE MIND READING FROM GIL, BUT TO A LESSER DEGREE, IT'S ACTUALLY SORT OF THE FOCUS OF EVERY REVIEW, THAT IT'S RFA SPECIFIC TO TRY TO CONSTRUCT THE EXPERTISE OF A GIVEN REVIEW AND EVEN DOWN TO A GIVEN APPLICATION TO ENSURE THAT THE PROPER EXPERTISE IS AT HAND FOR EACH REVIEW.

SO EVEN SOMETHING MORE FOCUSED, I THINK HOWEVER THAT ENDS UP LOOKING, IS ABSOLUTELY WITHIN OUR ABILITY.

CHAIRMAN GOLDSTEIN: GREAT. THANK YOU.

DR. CANET-AVILES: FOR THE REMIND-L PROGRAM, AS YOU KNOW, IN ORDER TO GET SOMEONE TO THE GRANTS WORKING GROUP, MANY TIMES WE START WITH A SPECIALIST. AND WE TEST THOSE SPECIALISTS IN THE PROGRAMS LIKE, SAY, DISC-0 OR DISC2. SO THE TEAM HAS BEEN WORKING ON A LIST FOR THE REMIND-L WITH SOME GENERALISTS, SOME NEUROPSYCHIATRIC, DIFFERENT TYPE OF COMPETENCIES TO BRING THEM TO THE REMIND-L AND BEING TESTED AS BEST WE CAN IN THE EARLIER PROGRAMS AS A SPECIALIST. I'M SURE THAT GIL CAN SAY, HE'S NOT HERE, BUT HE WOULD SAY IT'S A CHALLENGE, BUT THAT'S WHAT WE ARE DOING.

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CHAIRMAN GOLDSTEIN: OKAY. GREAT. SO I'M CONSCIOUS OF THE TIME. WE SHOULD BE TRYING TO WRAP THIS UP HERE. DO WE HAVE ANY PUBLIC COMMENT? OKAY. WE'RE GOOD ON THAT. ANYBODY WANT TO MAKE ANY LAST-MINUTE SUGGESTIONS THAT THEY AREN'T COMFORTABLE JUST EMAILING TO ME DIRECTLY? OKAY.

SO I'M GOING TO SUGGEST THAT, IN THE INTEREST OF TIME, WE CLOSE THIS UP. THANK YOU ALL FOR YOUR TIME TODAY. I THINK WE'VE GOTTEN SOME USEFUL SUGGESTIONS THAT WILL MODIFY HOW WE PROCEED. AND I'M GOING TO GET TO WORK ON MARCH.

(THE MEETING WAS THEN CONCLUDED.)

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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE VIRTUAL PROCEEDINGS BEFORE THE NEURO TASK FORCE ON NEUROSCIENCE AND MEDICINE OF THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON JANUARY 23, 2024, 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
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