

BETH C. DRAIN, CA CSR NO. 7152

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
CSR. NO. 7152

FILE NO.: 2024-05

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I N D E X

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2. ROLL CALL	3
3. NEXT STEPS FOR THE NEURO TASK FORCE	4
4. PUBLIC COMMENT	NONE
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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: LEONDR A 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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1 SEE IT.

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

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

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

7 MS. MANDAC: KEITH YAMAMOTO.

8 DR. YAMAMOTO: HERE.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 NOW, IN THIS SLIDE WE CAN SEE THE
13 ELIGIBILITY. FOR THE REMIND-L -- SORRY -- BOTH
14 NON-PROFIT AND FOR-PROFIT CALIFORNIA RESEARCH
15 ORGANIZATIONS ARE ELIGIBLE TO APPLY IN BOTH CASES,
16 REMIND-L AND REMIND-X. IN TERMS OF THE PRINCIPAL
17 INVESTIGATOR, IN BOTH CASES THE PI WILL MANAGE THE
18 PROJECT AND SERVE AS THE PRIMARY ADMINISTRATIVE
19 CONTACT FOR CIRM AND ANY AWARD PARTNERS. THE
20 MINIMUM PERCENT EFFORT FOR THE PI IN THE REMIND-L IS
21 15 PERCENT; WHEREAS, FOR THE CO-INVESTIGATORS IT'S
22 10 PERCENT. AND WE WOULD HAVE A MINIMUM OF FOUR OR
23 MORE CO-INVESTIGATORS. AND IN THE REMIND-X, THE PI
24 AND CO-INVESTIGATORS HAVE THE SAME REQUIREMENT OF A
25 MINIMUM OF 5 PERCENT COMMITMENT. AS WE MENTIONED,

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

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

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

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

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

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

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

8 DR. CANET-AVILES: FACES.

9 CHAIRMAN GOLDSTEIN: SO, YES, DAVID.

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

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

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

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

12 DR. THOMAS: NO.

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

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

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

11 DR. HIGGINS: THANK YOU.

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

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

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

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

9 QUESTIONS AND COMMENTS? KEITH.

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

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

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

15 AND SO DOES THAT ANSWER YOUR QUESTION,
16 KEITH?

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

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

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

4 DR. YAMAMOTO: GOOD.

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

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

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

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

14 THE SECOND --

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

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

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

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

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

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

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

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

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

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

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

3 CHAIRMAN GOLDSTEIN: GREAT. THANK YOU.
4 KEITH.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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1 MIGHT SPECULATE A LITTLE BIT ON THAT.

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

9 SORRY, MARIA. PLEASE.

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

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

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

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

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

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

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

25 ON YOUR COMMENT, STEVE, ABOUT WHICH

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

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

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1 BETTER TO GET THESE PROJECTS FURTHER ALONG.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17 DR. THOMAS: OKAY. THANK YOU.

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

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

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

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

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

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1 ON NEURODEGENERATIVE DISEASES. IT'S JUST AN IDEA.

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

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

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

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

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

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

1 QUESTION.

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

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

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

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

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

14 DR. LEVITT: SURE. OKAY. THANK YOU.

15 CHAIRMAN GOLDSTEIN: YEAH, SURE. ABLA.

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

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1 LEARN FROM THEM? WOULD YOU CONSIDER SUCH EXPERTS?

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

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

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

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

25 MR. TOCHER: IT'S CERTAINLY WITHIN THE

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

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

13 CHAIRMAN GOLDSTEIN: GREAT. THANK YOU.

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

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

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

12 (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.

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