

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

BEFORE THE  
SCIENCE SUBCOMMITTEE 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: MARCH 26, 2024  
3 P.M.

REPORTER: BETH C. DRAIN, CA CSR  
CSR. NO. 7152

FILE NO.: 2024-16

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**I N D E X**

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MARCH 27, 2024; 3 P.M.

CHAIRMAN GOLDSTEIN: OKAY. IT'S 3:01. I  
THINK WE SHOULD JUST GO AHEAD AND GET GOING. SO LET  
ME CALL THIS MEETING TO ORDER. THE FIRST OFFICIAL  
ACT WILL BE ASKING CLAUDETTE TO CALL THE ROLL.

MS. MANDAC: THANK YOU, LARRY.

MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: PRESENT.

MS. MANDAC: DEBORAH DEAS. MARK  
FISCHER-COLBRIE.

MR. FISCHER-COLBRIE: HERE.

MS. MANDAC: ELENA FLOWERS.

DR. FLOWERS: HERE.

MS. MANDAC: JUDY GASSON.

DR. GASSON: HERE.

MS. MANDAC: LARRY GOLDSTEIN.

CHAIRMAN GOLDSTEIN: YEAH, HERE.

MS. MANDAC: DAVID HIGGINS.

DR. HIGGINS: HERE.

MS. MANDAC: VITO IMBASCIANI.

CHAIRMAN IMBASCIANI: HERE.

MS. MANDAC: PAT LEVITT.

DR. LEVITT: HERE.

MS. MANDAC: SHLOMO MELMED.

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1 DR. MELMED: HERE.

2 MS. MANDAC: CHRISTINE MIASKOWSKI. KAROL  
3 WATSON. KEITH YAMAMOTO.

4 LARRY, WE HAVE QUORUM. BACK TO YOU.

5 CHAIRMAN GOLDSTEIN: OKAY. I THINK THAT  
6 WE HAVE ONE AND ONLY ONE OBJECTIVE TODAY AS FAR AS I  
7 KNOW. SO NO BUDGET APPROVALS OR OTHER DEEP MATTERS  
8 TO DISCUSS. AND SO I THINK I'M TURNING IT OVER TO  
9 ROSA FOR A PRESENTATION OF THE STRATEGIC ALLOCATION  
10 FRAMEWORK; IS THAT RIGHT?

11 DR. THOMAS: ACTUALLY, LARRY, I'M GOING TO  
12 SAY A FEW WORDS BEFORE INTRODUCING ROSA TO GO  
13 THROUGH THAT FOR THE BENEFIT OF ALL CONCERNED HERE.

14 SO AS YOU ALL WILL RECALL AT OUR JANUARY  
15 MEETING, WE TALKED ABOUT HOW CIRM IS AT AN  
16 INFLECTION POINT DUE TO A VARIETY OF CIRCUMSTANCES  
17 THAT ALL COME TOGETHER AT THE SAME TIME, BE THEY  
18 BUDGETARY, BE THEY A DRAMATIC INCREASE IN  
19 APPLICATIONS OF GRANTS AT ALL LEVELS, BE IT THE  
20 DEVELOPING AND EVER CHANGING TECHNOLOGY FIELD, ET  
21 CETERA, WE FELT, AS YOU VOTED ON EARLIER THIS YEAR,  
22 THAT AMONG OTHER THINGS WE NEEDED TO HAVE A PERIOD  
23 OF WHAT WE CALL FLOW CONTROL, WHICH WAS TO TAKE A  
24 FEW MONTHS OFF IN ACCEPTING CLIN GRANTS FOR  
25 CONSIDERATION TO BE REVISITED AT THE JUNE BOARD

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1 MEETING.

2 PART AND PARCEL OF THAT PLAN WAS THE NEED  
3 THAT WE HAVE IDENTIFIED TO FIGURE OUT WITH THE MONEY  
4 THAT WE HAVE LEFT AT CIRM FOR THE BALANCE OF PROP 14  
5 THAT WE NEED TO FIGURE OUT EXACTLY WHERE WE WANT TO  
6 SPEND THAT MONEY. AND TOWARDS THAT END, WE EMBARKED  
7 UPON, AT THE SCIENCE SUBCOMMITTEE'S REQUEST AND  
8 APPROVAL, THE PROCESS OF REPRIORITIZING HOW WE WILL  
9 ACCOMPLISH THAT GOAL.

10 SO THE IDEA OF THIS REPRIORITIZING, WHICH  
11 IS THE FIRST TIME WE'VE DONE THIS IN 20 YEARS  
12 ESSENTIALLY, WE'VE CERTAINLY HAD MAJOR OPERATIONAL  
13 CHANGES, BUT FROM THE SUBSTANTIVE STANDPOINT ON HOW  
14 WE WANT TO CONDUCT OURSELVES, THIS IS A BIG DEAL FOR  
15 US. SO IT'S A MULTI-MONTH PROCESS THAT WE ARE  
16 UNDERTAKING, WHICH IS BEING LED BY A PRIORITIZATION  
17 WORKING GROUP IN-HOUSE AS OVERSEEN BY THE SCIENCE  
18 SUBCOMMITTEE IN GENERAL AND SPECIFICALLY BY MARK  
19 FISCHER-COLBRIE, WHO IS HEADING UP THE OVERSIGHT OF  
20 REPRIORITIZING FOR THE SCIENCE SUBCOMMITTEE AND THE  
21 BOARD AS THINGS PROCEED ALONG.

22 THIS PROCESS IS SOMETHING THAT'S GOING TO  
23 TAKE US THROUGH ON OUR CURRENT CALENDAR SEPTEMBER,  
24 AT WHICH POINT WE LOOK TO HAVE RECOMMENDATIONS TO  
25 THE BOARD ON HOW WE WOULD GO ABOUT SPENDING OUR

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1 MONEY GOING FORWARD IN A VERY COMPREHENSIVE AND  
2 WELL-THOUGHT OUT PLAN.

3 THE THING TO KEEP IN MIND HERE IS THAT,  
4 BECAUSE WE ARE SHIFTING COURSE A BIT UNDER THE  
5 CONTEXT OF THE STRATEGIC PLAN, THIS NEW WAY OF  
6 ADVANCING THE STRATEGIC PLAN IS GOING TO BE  
7 TARGETING HOW WE SPEND OUR MONEY THROUGH THE REST OF  
8 THE LIFE OF PROP 14.

9 NOW, HAVING SAID THAT, OBVIOUSLY THERE  
10 COULD BE TIMES IN THE INTERIM WHERE WE WILL WANT TO  
11 REVISIT, AS WE ARE DOING HERE, TO FIGURE OUT IF  
12 THERE IS A BETTER WAY AT THAT POINT IN TIME TO  
13 PROCEED. BUT FROM THE STANDPOINT OF WHAT WE'RE  
14 DOING TODAY, THE OBJECT IS TO SET COURSE FOR THE  
15 BALANCE OF THE TIME THAT PROP 14 FUNDS ARE  
16 AVAILABLE.

17 SO AS YOU MAY RECALL HERE INSIDE CIRM AND  
18 INSIDE OUR PRIORITIZATION WORKING GROUP, WHICH, BY  
19 THE WAY, YOU WILL BE INTERESTED TO KNOW HAS HAD A  
20 NUMBER OF TWO- TO FOUR-HOUR MEETINGS THAT WE'VE SET  
21 ASIDE WHERE WE'VE BEEN DISCUSSING THIS PROCESS AND  
22 HOW WE'RE GOING TO GO ABOUT DOING THINGS, ROSA HAS  
23 TAKEN THE LEAD IN-HOUSE TO PROJECT MANAGE THIS WHOLE  
24 THING. AND THE ENTIRE REST OF THE WORKING GROUP HAS  
25 PUT IN MANY, MANY HOURS. AND THE TEAM EFFORT I'D

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1 LIKE TO REPORT TO YOU HAS BEEN EXCEPTIONAL,  
2 COLLABORATIVE, HIGHLY SUPPORTIVE, ALL ON THE SAME  
3 PAGE, AND DRIVING TOWARDS WHAT WE THINK WILL BE A  
4 VERY GOOD RESULT FOR THE BOARD AND CIRM WRIT LARGE  
5 AT THE END OF THE DAY IN SEPTEMBER WHEN YOU ALL  
6 HOPEFULLY WILL VOTE ON WHAT TO DO AT THAT POINT.

7 SO TODAY'S MEETING AND THURSDAY'S BOARD  
8 MEETING WILL BE, TODAY IN ITS ENTIRETY AND PART OF  
9 THURSDAY'S BOARD MEETING WILL BE ABOUT THE PROCESS  
10 THAT WE ARE PUTTING TOGETHER TO DRIVE TOWARDS  
11 ULTIMATE RECOMMENDATIONS. THIS MEETING IS NOT MEANT  
12 IN ANY WAY TO DISCUSS SUBSTANCE, SPECIFIC  
13 PRIORITIES, SPECIFIC RECOMMENDATIONS, ANYTHING  
14 BESIDES PROCESS. AND SO ROSA HAS PUT TOGETHER A  
15 PRESENTATION FOR YOU ALL TO CONSIDER HERE ON  
16 PROCESS. AND I THINK WITH THAT TURN IT OVER TO YOU.

17 DR. CANET-AVILES: THANK YOU, J.T. THANK  
18 YOU FOR THE INTRODUCTION. CAN YOU ALL HEAR ME?

19 CHAIRMAN GOLDSTEIN: YES.

20 DR. CANET-AVILES: GREAT. FANTASTIC. SO  
21 NEXT SLIDE, SARA.

22 SO ULTIMATELY THIS STRATEGIC  
23 PRIORITIZATION FRAMEWORK THAT J.T. HAS SO WELL  
24 INTRODUCED TO US IS A TESTAMENT TO CIRM'S PROFOUND  
25 DEDICATION TO OUR MISSION, WHICH IS HERE, AND THAT

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1 ULTIMATELY LEADS TO TRANSFORMING HEALTHCARE THROUGH  
2 THE POWER OF REGENERATIVE MEDICINE, INCLUDING STEM  
3 CELLS AND GENETIC THERAPIES. NEXT SLIDE.

4 SO THIS IS THE STRATEGIC ALLOCATION  
5 FRAMEWORK THAT WE ARE PRESENTING TODAY IS A  
6 STRUCTURED DATA-DRIVEN APPROACH TO PRIORITIZE  
7 RESOURCE ALLOCATION AND PROVIDE FURTHER GRANULARITY  
8 IN TERMS OF GOALS AND THEIR SUCCESS MEASURES AS  
9 WELL, THAT WILL ULTIMATELY LEAD TO RECOMMENDATIONS  
10 FOR CONTINUED IMPLEMENTATION OF OUR STRATEGIC PLAN.  
11 WHAT WE ARE SAYING HERE IS THAT WE ARE BUILDING ALL  
12 THESE OVER THE BASIS OF A STRATEGIC PLAN, BUT  
13 BASICALLY WE ARE PROVIDING A LOT MORE GRANULARITY  
14 AND SUCCESS MEASURES TO FIGURE OUT HOW TO MOVE  
15 FORWARD. NEXT SLIDE.

16 SO IN TERMS OF BACKGROUND, WHAT'S THE  
17 BACKGROUND OF THIS STRATEGIC ALLOCATION FRAMEWORK?  
18 THE FRAMEWORK HAS BEEN DEVELOPED OVER THE PAST  
19 MONTH, AND IT'S POISED TO GUIDE CIRM IN MAKING  
20 INFORMED DECISIONS REGARDING THE DISTRIBUTION OF OUR  
21 REMAINING FUNDS. AS A PIONEER ENTITY IN THE REALMS  
22 OF STEM CELL RESEARCH AND REGENERATIVE MEDICINE, OUR  
23 LEGACY IS FOUNDED IN THE ADVANCEMENT OF SCIENTIFIC  
24 DISCOVERY TOWARDS TANGIBLE MEDICAL BREAKTHROUGHS AND  
25 ULTIMATELY CURES.



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1           OUR INSTITUTE HAS BEEN INSTRUMENTAL, AS WE  
2 ALL KNOW, IN FUNDING CUTTING EDGE RESEARCH,  
3 DEVELOPING ROBUST INFRASTRUCTURE. WE'VE PIONEERED A  
4 GREAT NETWORK OF EDUCATIONAL PROGRAMS, AND WE ARE  
5 CATALYZING THE PROGRESSION FROM REGENERATIVE  
6 MEDICINE RESEARCH TO CLINICAL PRACTICAL  
7 APPLICATIONS, AND ULTIMATELY, HOPEFULLY, CURES.

8           AS WE WILL SEE IN THE NEXT SLIDE, THE  
9 FIELD OF REGENERATIVE MEDICINE HAS GROWN  
10 EXPONENTIALLY IN THE PAST 17 YEARS. AND WE ALSO  
11 KNOW THAT WE HAVE FINITE RESOURCES. DURING THE  
12 SEPTEMBER 2023 SCIENCE SUBCOMMITTEE, BOARD MEMBER  
13 MARK FISCHER-COLBRIE KICKED OFF A PRIORITIZATION  
14 DISCUSSION IN WHICH THE NEED FOR A STRATEGIC  
15 ALLOCATION PLAN WAS INTRODUCED. WE CALLED IT  
16 PRIORITIZATION, AND WE ARE NOW CALLING IT A  
17 STRATEGIC ALLOCATION FRAMEWORK.

18           DURING THAT MEETING THE BOARD ASKED CIRM  
19 STAFF TO DEVELOP AN APPROACH AND RECOMMENDATIONS FOR  
20 PRIORITIZATION. SO WHAT WE'VE DONE OVER THE PAST  
21 MONTH IS THAT WE HAVE DEVELOPED THIS FRAMEWORK TO  
22 PROVIDE THE STRATEGIC RECOMMENDATIONS FOR FUNDING  
23 ALLOCATION. AND THIS FRAMEWORK PRESENTED REFLECTS A  
24 COMPREHENSIVE STRATEGY THAT WILL DEFINE THE  
25 RATIONALE, THE OBJECTIVES, THE SCOPE, AND TIMELINE

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1 NECESSARY TO ESTABLISH CIRM'S FUTURE COURSE OF  
2 ACTION.

3 THIS STRATEGY SERVES AS A ROADMAP FOR CIRM  
4 TO MAXIMIZE ITS IMPACT AND TO CONTINUE ITS PIVOTAL  
5 ROLE OF TRANSFORMING HEALTHCARE THROUGH THE POWER OF  
6 REGENERATIVE MEDICINE FOR CALIFORNIA AND ULTIMATELY  
7 FOR THE WORLD. NEXT SLIDE.

8 THE STRATEGIC ALLOCATION FRAMEWORK, THIS  
9 IS AN OVERVIEW OF WHAT THE STRATEGIC ALLOCATION  
10 FRAMEWORK CONSISTS IN. IT'S BASICALLY, AS I  
11 MENTIONED, AGAIN, AND I KEEP SAYING IT A FEW TIMES  
12 MORE, IS A STRUCTURE AND BASICALLY AN APPROACH TO  
13 PRIORITIZE OUR RESOURCE ALLOCATION AND PROVIDE  
14 FURTHER GRANULARITY IN TERMS OF OUR IMPACT GOAL. WE  
15 HAVE DEFINED WHAT ARE THE GOALS. WE ARE DEFINING  
16 WHAT THE IMPACT GOALS THAT WE WANT FOR OUR MISSION  
17 TO BE, AND HOW ARE WE GOING TO MEASURE THAT IMPACT.  
18 AND THAT WILL ULTIMATELY LEAD TO THE RECOMMENDATIONS  
19 FOR CONTINUED IMPLEMENTATION OF OUR STRATEGIC PLAN.

20 THE DOCUMENT THAT WE HAVE ATTACHED AS  
21 MATERIALS FOR TODAY'S MEETING IS STRUCTURED AS  
22 FOLLOWS. WE HAVE BACKGROUND AND RATIONALE. IT  
23 TALKS ABOUT WHAT ARE THE REMAINING FUNDS WHICH WE  
24 ARE GOING OVER. AND WHAT'S THE LANDSCAPE OF THE  
25 REGENERATIVE MEDICINE FIELD. AND THEN IT PROVIDES

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1 AN OVERVIEW OF WHAT HAS BEEN CIRM'S IMPACT TO DATE,  
2 AND THEN THE PROCESS OF WHAT THE STRATEGIC  
3 ALLOCATION FRAMEWORK IS, AND THEN A PROPOSED  
4 TIMELINE OF WHEN COULD THESE RECOMMENDATIONS -- WHAT  
5 ARE THE ACTIVITIES THAT ARE INVOLVED IN THE  
6 ALLOCATION FRAMEWORK, AND THEN WHEN THE  
7 RECOMMENDATIONS COULD BE BECOME AVAILABLE. AND THE  
8 OUTPUT OF ALL OF THIS WILL BE RECOMMENDATIONS FOR  
9 STRATEGIC PRIORITIES THAT YOU WILL SEE AT THE END.  
10 AND AS J.T. MENTIONED, WE HOPE TO HAVE READY FOR  
11 SEPTEMBER ICOC MEETING.

12 THE NEXT SLIDE, THIS SLIDE PROVIDES A  
13 SNAPSHOT OF CIRM'S REMAINING FUNDS FOR THE STRATEGIC  
14 ALLOCATION THAT WE ARE TALKING ABOUT. AS YOU CAN  
15 SEE ON THE LEFT, THE TOTAL RESEARCH AUTHORITY FROM  
16 PROP 14 AND PROP 71 TOGETHER IS \$7.64 BILLION. THE  
17 NET OF OPERATIONAL AND COMPLIANCE OVERSIGHT COSTS  
18 FROM THE ORIGINAL 8.5 BILLION INITIALLY ALLOCATED BY  
19 PROPOSITION 71 AND 14 TOGETHER. SO YOU KNOW IT'S 3  
20 BILLION PLUS 5.5 BILLION RESPECTIVELY.

21 IN TERMS OF CURRENT FUND ALLOCATION, CIRM  
22 HAS A REMAINING BALANCE OF \$3.54 BILLION. AND THIS  
23 BALANCE RESULTS FROM ACCOUNTING FOR ALL EXPENDED  
24 SCHEDULED PAYMENTS AND APPROVED ALLOCATIONS TO DATE.  
25 WITHIN THIS REMAINING BALANCE, SPECIFIC EARMARKS, AS

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1 WE KNOW, HAVE BEEN MADE TO ADDRESS CRITICAL AREAS OF  
2 NEED. ONE IS NEURO. WE HAVE \$1.11 BILLION LEFT OF  
3 NEURO. THE ORIGINAL BALANCE WAS 1.38 BILLION  
4 BECAUSE WE HAVE TO ACCOUNT FOR ADMINISTRATIVE COST.  
5 OF THE 1.38, WE HAVE 1.11 THAT ARE ACCOUNTED IN THE  
6 3.64, BY THE WAY. AND ALSO ANOTHER ALLOCATION IS  
7 THE 93.56 MILLION THAT HAS BEEN ALLOCATED TO  
8 INITIATIVES THAT AIM TO IMPROVE ACCESS AND  
9 AFFORDABILITY TO TREATMENTS DEVELOPED FROM OUR  
10 RESEARCH.

11 THIS FINANCIAL SNAPSHOT SETS THE STAGE FOR  
12 CIRM TO DELIBERATE ON STRATEGIC ALLOCATION DECISIONS  
13 THAT WILL SHAPE THE FUTURE OF OUR FIELD, BALANCING  
14 THE DRIVE FOR INNOVATION WITH IMPERATIVE FOR  
15 TREATMENTS TO BE BOTH ACCESSIBLE AND AFFORDABLE.

16 NEXT SLIDE PROVIDES AN OVERVIEW OF THE  
17 REGENERATIVE MEDICINE LANDSCAPE. AS YOU CAN SEE,  
18 THE LANDSCAPE IS MARKED BY AN ACCELERATING PACE OF  
19 SCIENTIFIC BREAKTHROUGHS AND RAPID EXPANSION. THE  
20 DATA SHOWN, WHICH IS TAKEN FROM THE ALLIANCE FOR  
21 REGENERATIVE MEDICINE ANNUAL DATA REPORT OF 2022 AND  
22 THE AMERICAN SOCIETY OF GENE AND CELL THERAPY  
23 QUARTERLY REPORT OF 2021. THIS DATA UNDERSCORES THE  
24 EXPONENTIAL GROWTH WITNESSED IN THE SECTOR SINCE  
25 2005, MARKING A TRAJECTORY OF ACCELERATED

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1       ADVANCEMENT IN STEM CELL AND GENETIC THERAPIES.

2               THIS EXPANSION IS EVIDENT, AS WE CAN SEE,  
3       ACROSS VARIOUS PARAMETERS.  THERE IS AN INCREASE IN  
4       THE NUMBER OF COMPANIES ENGAGED IN THESE THERAPIES,  
5       AND THERE'S AN EXPANSION IN THE PORTFOLIO OF NEW  
6       PRODUCTS.  THERE'S A GROWING NUMBER OF ACADEMIC  
7       FACULTY DEDICATED TO THIS RESEARCH, AND A ROBUST  
8       PIPELINE OF RESEARCH PROJECTS AND CLINICAL TRIALS.

9               THE FIRST CHART ON THE LEFT SHOWS US THE  
10       INCREASE IN PUBLICATIONS RELATED TO STEM CELLS, GENE  
11       THERAPY, AND CELL THERAPY, WHICH IS A TESTAMENT TO  
12       THE GROWING INTEREST AND ADVANCEMENTS IN THE FIELD.  
13       AND THEN THE MIDDLE AND RIGHT GRAPHS SHOWS THE  
14       EXPANSION OF PIPELINES FOR GENE THERAPIES AND  
15       NON-GENETICALLY MODIFIED CELL THERAPIES  
16       CORRESPONDINGLY.

17              EACH BAR IN THESE TWO RIGHT AND MIDDLE  
18       GRAPHS REPRESENT A SNAPSHOT OUR PROGRAMS AND  
19       REFLECTS NOT ONLY THE INITIATION OF CLINICAL AND  
20       PHASE 1 TRIALS, BUT ALSO THE PROGRESSION TO MORE  
21       ADVANCED STAGES OF CLINICAL TESTING.  THE LANDSCAPE  
22       BRINGS TO THE FOREFRONT A COMPELLING NARRATIVE,  
23       WHICH IS THAT THE FIELD OF REGENERATIVE MEDICINE IS  
24       NOT JUST GROWING, IT IS THRIVING AT A PACE THAT  
25       REQUIRES STRATEGIC AND THOUGHTFUL ALLOCATION OF

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1 FUNDS. AND WE SEARCH A FERTILE GROUND FOR DISCOVERY  
2 AND DEVELOPMENT. THE IMPLICATIONS FOR HEALTHCARE  
3 ARE IMMENSE, WHICH UNDERSCORES THE IMPORTANCE OF  
4 CIRM'S ROLE IN STRATEGICALLY FUNDING THE MOST  
5 PROMISING AVENUES OF RESEARCH THAT CAN TRANSLATE  
6 INTO LIFE-ALTERING TREATMENTS FOR PATIENTS.

7 THE NEXT SLIDE SHOWS US THE IMPACT TO  
8 DATE. THIS IS JUST TO PROVIDE A BIT OF CONTEXT OF  
9 WHERE THE RECOMMENDATIONS ARE BEING MADE FROM.  
10 CIRM'S IMPACT TO DATE HAS BEEN REALIZED THROUGH  
11 STRATEGIC INVESTMENTS IN A WIDE ARRAY OF INITIATIVES  
12 THAT INTEROPERATE TOGETHER TO REALIZE OUR MISSION.  
13 UNTIL NOW CIRM HAS BEEN COMMITTED TO A MULTIFACETED  
14 APPROACH THAT INCLUDES A FOCUS ON BOTH RARE AND  
15 PREVALENT DISEASES. AND THERE ARE FOUR KEY AREAS OF  
16 EMPHASIS IN OUR IMPACT.

17 THE FIRST ONE IS DEVELOPMENT OF CELL AND  
18 GENE THERAPIES. CIRM IS CURRENTLY COMMITTED TO  
19 ADVANCING CELL AND GENE THERAPIES FROM RESEARCH TO  
20 MARKET THROUGH CIRM'S CLINICAL FUNDING MODEL AND  
21 CLINICAL INFRASTRUCTURE, EMPHASIZING NOT ONLY  
22 PATIENT ACCESS, BUT ALSO THE SCALING OF  
23 MANUFACTURING PROCESS TO MEET THE CLINICAL DEMAND.

24 WE'RE ALSO EMPHASIZING, AND AS YOU SEE AS  
25 AN EXAMPLE, THE REMIND PROGRAM WAS ONE OF THEM,

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1 COLLABORATIVE NETWORKS FOR DISCOVERY RESEARCH. WE  
2 ARE FOSTERING COLLABORATIVE NETWORKS TO UNITE  
3 MULTIDISCIPLINARY TEAMS AND LEVERAGE EXTERNAL  
4 OPPORTUNITIES AND FUNDING AS WELL, ENHANCING OUR  
5 UNDERSTANDING OF DISEASE MECHANISMS AND LEADING TO  
6 THE DISCOVERY OF NOVEL TARGETS AND BIOMARKERS THAT  
7 WILL PUSH THE BOUNDARIES IN TREATMENT DEVELOPMENT  
8 FOR THESE DISEASES.

9 IN LINE WITH PROPOSITION 14, THE FIRST  
10 CASE THAT WE HAVE PRIORITIZED IS IN THE DEVELOPMENT  
11 OF TREATMENTS FOR NEUROLOGICAL CONDITIONS IN THESE  
12 COLLABORATIVE NETWORKS.

13 WE HAVE ALSO INVESTED AND HAVE AN IMPACT  
14 IN TRAINING AND WORKFORCE DEVELOPMENT. AS WE'VE  
15 HEARD AND AS WE WILL HEAR AT THE ICOC MEETING AN  
16 UPDATE ON THIS, CIRM'S EDUCATIONAL INITIATIVES HAVE  
17 SET A NEW STANDARD FOR WORKFORCE DEVELOPMENT IN  
18 REGENERATIVE MEDICINE, CREATING A COMPREHENSIVE  
19 NETWORK THAT CONNECTS TRAINING WITH REAL-WORLD  
20 APPLICATION, AND WE ARE ALSO INTERCONNECTING WITH  
21 OUR DIFFERENT PROGRAMS.

22 ADVANCEMENTS IN REGENERATIVE MEDICINE  
23 TECHNOLOGIES IS ANOTHER OF THE IMPACTS THAT WE CAN  
24 TALK ABOUT BY SUPPORTING INITIATIVES WHICH ADVANCE  
25 OUR UNDERSTANDING OF COMPLEX DISEASES. CIRM HAS

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1 BEEN TRANSLATING SCIENTIFIC EXCELLENCE INTO  
2 SUBSTANTIAL PATIENT BENEFITS. AND WE HAVE SUPPORTED  
3 RESEARCH TO IMPROVE THE DEVELOPMENT OF TECHNOLOGIES,  
4 SUCH CELL REPROGRAMMING, GENETIC THERAPEUTIC  
5 SYSTEMS, ETC.

6 THIS IS HOW WE SEE OUR IMPACT MOVING  
7 FORWARD. AND PART OF THE RECOMMENDATIONS WILL BE  
8 REEVALUATING THESE AS PART OF THE PROCESS. SO ONE  
9 OF THE THINGS THAT WE'VE DONE AND WE'LL MOVE NOW  
10 INTO WHAT GOES INTO THE NEXT SLIDE IS THAT THE  
11 IMPACT GOALS FOR CIRM ARE BEING REEVALUATED. WHAT  
12 DO WE MEAN BY THAT?

13 THIS SLIDE SHOWS WHAT THE STRATEGIC  
14 ALLOCATION FRAMEWORK PROCESS CONSISTS IN. AND THE  
15 STRATEGIC ALLOCATION FRAMEWORK THAT WE ARE  
16 DISCUSSING TODAY IS A STRUCTURED, FORWARD-THINKING  
17 APPROACH. THE FIRST PART OF IT IS THE IMPACT GOALS.  
18 OUR TEAM IS DEFINING WHAT ARE THE GOALS AND THE  
19 IMPACT AND SUCCESS MEASURES AND METRICS THAT WE WILL  
20 HAVE TO DELINEATE IN ORDER TO HAVE AN IMPACT IN THE  
21 YEARS THAT WE HAVE WITH LEFT OF CIRM.

22 THE NEXT THING THAT WE ARE DEVELOPING IS  
23 THE GUIDING QUESTIONS THAT WILL HELP US FIGURE OUT  
24 HOW ARE WE GOING TO LEAD TO THIS IMPACT. WHAT  
25 RECOMMENDATIONS WE WILL HAVE TO MAKE TO THE BOARD IN



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1 ORDER TO LEAD TO THESE IMPACT GOALS.

2 AND THE THIRD POINT IS THE DATA COLLECTION  
3 AND ANALYSIS. ONCE WE HAVE THESE GUIDING QUESTIONS,  
4 OUR TEAM IS GOING TO DELINEATE WHAT DATA WE NEED TO  
5 COLLECT AND ANALYZE IN ORDER TO ANSWER THE GUIDING  
6 QUESTIONS THAT WILL HELP US MAKE RECOMMENDATIONS TO  
7 LEAD TO THESE IMPACT GOALS.

8 SO THIS IS IN A NUTSHELL A VERY COMPLEX  
9 PROCESS THAT WE HAVE UNDERTAKEN. RIGHT NOW WE ARE  
10 IN THE SECOND STEP. WE'VE DEFINED THE IMPACT GOALS.  
11 WE ARE DELINEATING THE GUIDING QUESTIONS THAT WILL  
12 SHORTLY GO INTO THE DATA COLLECTION AND ANALYSIS,  
13 WHICH IS WHAT WILL PROBABLY TAKE MOST OF THE TIME.

14 NEXT SLIDE SHOWS THE DESIGN QUESTIONS.  
15 THESE ARE THE VERY, VERY HIGH LEVEL QUESTIONS THAT  
16 WE CAME FROM IN TERMS OF THE STRATEGIC ALLOCATION  
17 FRAMEWORK. HOW CAN CIRM MAKE THE GREATEST IMPACT ON  
18 ITS MISSION, AND THAT'S HOW WE LED TO THIS IMPACT  
19 GOAL DEFINITION. FIRST WE NEED TO DEFINE THAT AND  
20 PROVIDE SUCCESS MEASURES TO BE ABLE TO MEASURE THAT  
21 WE GOT THOSE GOALS. AND HOW MIGHT CIRM EFFECTIVELY  
22 ALLOCATE THE REMAINING BUDGET OF THIS \$3.54 BILLION  
23 TO MAKE THAT IMPACT ON OUR MISSION? RIGHT.

24 SO THAT'S KIND OF THE NUTSHELL OF  
25 QUESTIONS THAT THEN WE HAVE DELINEATED THE IMPACT

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1 GOALS AND THE QUESTIONS AND WE WILL DERIVE THE DATA  
2 FROM.

3 LASTLY, I WANT TO PROVIDE A TIMELINE FOR  
4 THIS WHOLE PROCESS. THIS IS A PRETTY ACCELERATED  
5 PROCESS. WE ARE RIGHT NOW AT THE SCIENCE  
6 SUBCOMMITTEE. I DON'T KNOW IF WE CAN SHOW WHERE WE  
7 ARE, SARA. SO WE ARE RIGHT HERE AT THE SCIENCE  
8 SUBCOMMITTEE. THE FORMATION OF THE STRATEGIC  
9 ALLOCATION FRAMEWORK ANALYSIS GROUP IS AT THE  
10 BOTTOM. AND AS YOU CAN SEE, WE DELINEATED THE  
11 IMPACT GOALS. WE ARE DEFINING THE QUESTIONS, THE  
12 VERY GRANULAR QUESTIONS, AND WE WILL START DEFINING  
13 THE DATA THAT WE NEED TO ANALYZE. AND THIS IS GOING  
14 TO BE BETWEEN NOW AND JUNE BY WHICH WE WILL BE  
15 REPORTING TO THE STANDARDS SUBCOMMITTEE BETWEEN NOW  
16 AND THE ICOC OF JUNE. OUR TEAM WILL BE REPORTING TO  
17 THE SCIENCE SUBCOMMITTEE TO PROVIDE AN UPDATE ON  
18 WHERE WE ARE. AND BY JUNE THERE'S GOING TO BE A  
19 REVISION OF THE FLOW CONTROL EVALUATION THAT OUR  
20 TEAM WILL ALSO BE PROVIDING, AND WE WILL PROVIDE A  
21 FORMAL UPDATE TO THE ICOC PASSED BY THE SCIENCE  
22 SUBCOMMITTEE ABOUT WHERE WE ARE IN TERMS OF THE  
23 STRATEGIC ALLOCATION FRAMEWORK.

24 NOW, GIVEN THAT WE ARE DOING THIS VERY  
25 STRATEGIC ALLOCATION FRAMEWORK AND PRIORITIZATION

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1 EXERCISE, IT DOESN'T MAKE MUCH SENSE TO PROVIDE A  
2 FULL BUDGET AT THE JUNE ICOC. SO WHAT WE WOULD BE  
3 PROPOSING IS TO PROVIDE AN INTERIM RESEARCH BUDGET  
4 FOR THE NEXT THREE MONTHS AND A FULL OPERATIONS  
5 BUDGET AT THE ICOC IN JUNE. AND THEN BY SEPTEMBER,  
6 WHEN WE COME WITH A FINALIZED STRATEGIC ALLOCATION  
7 FRAMEWORK RECOMMENDATIONS, WE COULD COME WITH A FULL  
8 RESEARCH BUDGET ALIGNED WITH THESE RECOMMENDATIONS,  
9 NOT ONLY -- THE RECOMMENDATIONS WILL NOT ONLY BE FOR  
10 THIS YEAR OBVIOUSLY. THEY WILL BE FOR THE LIFE OF  
11 CIRM.

12 AND I THINK WITH THIS, I AM ENDING MY  
13 PRESENTATION. I DON'T KNOW IF YOU, J.T., WOULD LIKE  
14 TO ADD ANYTHING IN TERMS OF THIS TIMELINE THAT I  
15 MIGHT HAVE FORGOTTEN.

16 DR. THOMAS: NO, ROSA. I THINK THAT  
17 EXPLAINS IT ALL VERY WELL. AGAIN, THIS MEETING IS  
18 SPECIFICALLY ABOUT PROCESS, WHICH I THINK ROSA HAS  
19 OUTLINED TO YOU. AND SO WE WELCOME ANY COMMENTS,  
20 QUESTIONS, ANYTHING YOU'D LIKE, ANY INPUT ON THIS.

21 CHAIRMAN GOLDSTEIN: LET ME START THE  
22 QUESTIONS WITH SOMETHING THAT PERHAPS IS A LITTLE  
23 UNFAIR, BUT I AM CURIOUS ABOUT. HAVE YOU GUYS  
24 DISCUSSED WHAT THE RECOMMENDATIONS MIGHT LOOK AT?  
25 WILL THEY BE PROCESS ORIENTED, OR DO YOU IMAGINE

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1 THAT YOU'RE GOING TO PICK RESEARCH FIELDS THAT LOOK  
2 MORE RELEVANT OR RIPE FOR CONQUERING OR NUMBER OF  
3 PATIENTS WITH PARTICULAR DISEASES? I GUESS I'M JUST  
4 ASKING WHAT YOU IMAGINE THE END GAME WILL LOOK LIKE.

5 DR. THOMAS: LARRY, I THINK THE ANSWER TO  
6 THAT QUESTION IS TO THIS POINT WE'VE BEEN ALL ABOUT  
7 PROCESS. SO IT WOULD BE PREMATURE FOR US TO GET  
8 INTO ANY DISCUSSION ON THOSE QUESTIONS, ALTHOUGH  
9 THOSE ARE OBVIOUSLY VERY FAIR QUESTIONS FOR LATER  
10 DOWN THE ROAD.

11 CHAIRMAN GOLDSTEIN: SURE. NO PROBLEM.  
12 THANK YOU. MARIA.

13 VICE CHAIR BONNEVILLE: JUST CURIOUS.  
14 WHEN THIS COMES TO THE BOARD IN SEPTEMBER, DOES THAT  
15 COME ALSO WITH CONCEPT PLAN CHANGES THAT MAY BE  
16 NECESSARY GIVEN PRIORITIZATION RECOMMENDATIONS THAT  
17 YOU'RE MAKING? OR DOES THAT THEN MEAN THAT ONCE  
18 PRIORITIZATION IS VOTED ON, THAT THEN THOSE CONCEPT  
19 PLAN AMENDMENTS OR NEW CONCEPT PLANS OR NEW  
20 PROGRAMS, WHATEVER MAY FLOW FROM THIS, THAT THAT'S  
21 WHEN YOU START TO DEVELOP THOSE? AND THAT'S A  
22 NUANCE, BUT INFORMS BUDGETARY SPEND, ETC., BETWEEN  
23 JULY 1ST AND SEPTEMBER.

24 DR. THOMAS: IF I MAY ANSWER THAT ONE AS  
25 WELL, MARIA. SO ANOTHER VERY GOOD QUESTION. I

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1 BELIEVE THAT OUR OBJECT IS TO COME IN SEPTEMBER WITH  
2 THE RECOMMENDATIONS HAVING HAD DISCUSSIONS ALL THE  
3 WAY ALONG THE WAY TO GET TO THAT POINT SUCH THAT, AS  
4 WE REACH THAT MEETING, WE WILL HAVE A PRETTY GOOD  
5 SENSE OF HOW THINGS ARE GOING TO GO WITH THE BOARD.  
6 AND GIVEN THAT, I WOULD PROPOSE THAT WE TO THAT  
7 MEETING ALSO BRING CONCEPT PLANS BECAUSE IF WE  
8 DON'T, THEN WE'RE ANOTHER THREE MONTHS BEFORE WE'RE  
9 ABLE TO INTRODUCE THOSE AND IT PUSHES US THAT  
10 FURTHER DOWN THE ROAD.

11 VICE CHAIR BONNEVILLE: WHICH IS EXACTLY  
12 WHY I WAS ASKING. THANK YOU VERY MUCH.

13 DR. THOMAS: EXACTLY.

14 DR. HORGAN: COMMENT FROM ME IF I CAN  
15 INTERJECT.

16 MS. MANDAC: NOT YET.

17 MR. TOCHER: NOT YET. WE'RE STILL GOING  
18 TO THE BOARD MEMBERS. WE'LL CALL FOR PUBLIC  
19 COMMENT.

20 DR. HORGAN: THANK YOU.

21 CHAIRMAN GOLDSTEIN: I GUESS I WANT TO  
22 ALSO JUST MAKE A COMMENT ABOUT THE ENVIRONMENT AND  
23 THEN WE'LL GET TO PAT.

24 THE PRESIDENT'S BUDGET FOR THE NIH HAS  
25 ONLY A PROPOSED 1-PERCENT INCREASE IN IT, WHICH IS

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1 MAYBE NOT SURPRISING. PRESIDENTIAL BUDGETS TEND TO  
2 LOWBALL THE NIH. BUT WITH THE DYSFUNCTION IN THE  
3 HOUSE AND BARELY BETTER BEHAVIOR IN THE SENATE, THE  
4 RESOURCE PINCH MAY BE PARTICULARLY INTENSE FOR THE  
5 NEXT COUPLE OF YEARS. I'M NOT SAYING THAT YOU GUYS  
6 HAVE AN ANSWER FOR THIS, BUT IT IS SOMETHING FOR US  
7 ALL TO KEEP IN MIND BECAUSE THIS IS THE CONTEXT IN  
8 WHICH WE'RE GOING TO BE OPERATING.

9 PAT.

10 DR. LEVITT: I JUST WANT TO -- ROSA, JUST  
11 WANTED CLARIFY. SO YOU HAVE THE TOTAL AVAILABLE,  
12 BUT YOU HAD TWO BULLET POINTS WITH DOLLARS THAT ARE  
13 SPECIFIED ALREADY. SO THE TOTAL WHICH THE PLAN IS  
14 GOING TO BE ADDRESSING IS SOMETHING LIKE 2.34  
15 BILLION, RIGHT? THE REMAINING BALANCE IS 3.54 MINUS  
16 THESE TWO, WHICH HAVE DIRECTION IN THEM WITH  
17 ALLOCATION WITH GROUPS WORKING ON HOW THESE ARE TO  
18 BE DISTRIBUTED SEPARATE FROM WHAT YOU'RE TALKING  
19 ABOUT. SO THE REMAINING BALANCE IS SOMETHING LIKE  
20 2.34; IS THAT RIGHT?

21 DR. CANET-AVILES: THAT IS CORRECT. THAT  
22 WAS IN THE DOCUMENT. VERY GOOD, PAT. YES.

23 DR. LEVITT: OKAY. I JUST WANTED  
24 TO CHECK. IF YOU GO TO THE SLIDE WHICH HAS THE  
25 LANDSCAPE CHANGING, DID YOUR WORK -- DID YOUR

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1 MEETINGS TALK ABOUT THE DOMAINS IN WHICH THE  
2 LANDSCAPE IS CHANGING MOST RAPIDLY VERSUS THOSE THAT  
3 SEEM TO BE SLOWER? IS THAT PART OF YOUR ANALYSIS  
4 THAT'S GOING TO OCCUR?

5 DR. CANET-AVILES: THAT IS PART OF THE  
6 ANALYSIS, AND THAT COULD BE SOME OF THE  
7 INFORMATION -- THE IDEA THAT THE LEADERSHIP TEAM  
8 PRIORITIZING UNDER J.T. HAS IN TERMS OF INTERACTIONS  
9 WITH THIS SCIENCE SUBCOMMITTEE COULD BE, AS WE ARE  
10 DELINEATING THESE QUESTIONS THAT WILL INFORM THE  
11 RECOMMENDATIONS, WE ARE GOING TO BE DELINEATING  
12 TYPES OF DATA THAT WE ARE GOING TO BE ANALYZING.  
13 AND WE WILL BE COMING TO YOU, NOT TO SHOW THE  
14 ANALYSIS, BUT TO SHOW THE TYPES OF DATA SO THAT WHEN  
15 WE COME WITH RECOMMENDATIONS AND A JUSTIFICATION AT  
16 THE END, YOU CAN SAY, WELL, WHY DIDN'T YOU DO THAT?  
17 BY THAT TIME YOU WILL HAVE ALREADY TOLD US. SO THAT  
18 COULD BE THE KIND OF INTERACTION WE WOULD BE HAVING  
19 WITH THE SCIENCE SUBCOMMITTEE, WHICH WE HOPE THAT  
20 IT'S HELPFUL.

21 DR. LEVITT: OKAY. THAT SOUNDS FINE.  
22 THANK YOU FOR THE CLARIFICATION.

23 CHAIRMAN GOLDSTEIN: LET ME JUST MAKE A  
24 COMMENT ABOUT THIS, AND THEN WE'LL GO TO DAVID  
25 HIGGINS. YOU KNOW, PAT AND OTHER MEMBERS OF THE

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1 NEURO TASK FORCE, I THINK AS WE START TO CLOSE IN ON  
2 FINAL RECOMMENDATIONS OR MAYBE A LITTLE BIT BEFORE  
3 THAT, IT WOULD CERTAINLY BEHOOVE US TO BE IN  
4 CONSULTATION, ACTIVE CONSULTATION WITH THE  
5 PRIORITIZATION WORK GROUP TO TRY TO MAKE SURE THAT  
6 THE RECOMMENDATIONS FROM BOTH ARE HARMONIOUS. SO --

7 DR. CANET-AVILES: THAT WAS WHAT THE  
8 TIMELINE -- THIS TIMELINE, IF YOU LOOK AT THE ICOC  
9 MEETING, ON THE TOP THERE ARE AN ARROW BETWEEN NOW,  
10 TODAY, AND THE ICOC THAT SHOWS APRIL, MAY, JUNE TBD  
11 SCIENCE SUBCOMMITTEE MEETING. SO THAT IS WHAT  
12 CLAUDETTE AND SCOTT WILL HELP US SCHEDULE SO WE CAN  
13 HAVE TOUCH-BASE MEETINGS THREE, FOUR BEFORE THE ICOC  
14 WHERE WE WOULD BE DISCUSSING THE QUESTIONS AND THE  
15 TYPE OF DATA THAT WE WILL BE COLLECTING.

16 CHAIRMAN GOLDSTEIN: GOOD.

17 DR. CANET-AVILES: THAT ALIGNS WITH WHAT  
18 YOU ARE SUGGESTING AND WHAT PAT IS SUGGESTING.  
19 THANK YOU.

20 DR. THOMAS: LARRY, BEFORE YOU TURN TO  
21 DAVID, ROSA, COULD YOU JUST GET BACK TO LARRY'S  
22 PRIOR COMMENT?

23 DR. CANET-AVILES: SO, LARRY, YOU MADE A  
24 COMMENT ABOUT THE FACT THAT THE GOVERNMENT AND  
25 FUNDING WILL PROBABLY BECOME HARDER TO GET. SO



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1     THERE WILL BE LESS FUNDING. BUT RIGHT, NOW EVEN  
2     WITHOUT THAT PREDICAMENT, OUR GATES ARE FLOODED. SO  
3     WE HAVE NO IDENTITY IN SOME WAYS AS CIRM. AND ONE  
4     OF THE THINGS THAT WE ARE TRYING TO DO WITH THIS  
5     IMPACT GOAL DEFINITION AND STRATEGIC ALLOCATION  
6     FRAMEWORK IS TO DEFINE WHO ARE WE AND HOW ARE WE  
7     GOING TO GET THERE AND MAKE SURE THAT WE GET THERE  
8     IN THE YEARS THAT WE HAVE WITH THE FUNDING INSTEAD  
9     OF LIKE JUST KEEP FUNDING AND NOT GETTING TO A CURE  
10    OR TO THESE DEFINED IMPACT GOALS. THAT'S THE  
11    DIFFERENCE.

12             DR. THOMAS: I THINK, LARRY, WITH RESPECT  
13    TO YOUR COMMENT ABOUT THE NIH BUDGET, IT JUST  
14    UNDERScores THE IMPORTANCE OF THIS PROCESS THAT  
15    WE'RE UNDERTAKING RIGHT HERE.

16             CHAIRMAN GOLDSTEIN: ABSOLUTELY, YES.

17             DR. THOMAS: WE'RE VERY AWARE OF THAT AND  
18    ARE PROCEEDING ACCORDINGLY.

19             CHAIRMAN GOLDSTEIN: YES. IT'S GOING TO  
20    BE CHAOS IN WASHINGTON. DAVID HIGGINS.

21             DR. HIGGINS: JUST A SMALL, PROBABLY  
22    TRIVIAL QUESTION, BUT YOU TALKED ABOUT PROCESS AND  
23    HOW THAT MIGHT CHANGE, AND WE TALKED ABOUT THE MONEY  
24    THAT WE HAVE TO SPEND TO EFFECT THAT CHANGE. HOW  
25    FAR DOWN DO YOU SEE THE GROUP PARSING THE CHOICES?

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1 ARE YOU GOING TO CHOOSE BY INDICATION, BY JUST THE  
2 APPLICATIONS THAT COME IN OVER THE TRANSOM, OR IS  
3 THERE SOME OTHER SLICE AND DICE MECHANISM THAT WE  
4 HAVEN'T USED BEFORE THAT WE'RE GOING TO USE THAT  
5 FAVORS A CERTAIN INDICATION OR CERTAIN CLASS?

6 DR. THOMAS: DAVID, THE ANSWER IS, AGAIN,  
7 WE HAVEN'T GOTTEN TO THAT LEVEL OF DISCUSSION YET.  
8 WE'RE STILL ON THE PROCESS, BUT ALL OF THAT WILL BE  
9 A PART OF IT FOR SURE. AND I THINK EVERYTHING IS ON  
10 THE TABLE IS THE ANSWER TO YOUR QUESTION. WE WILL  
11 LOOK AT ALL OPTIONS, WEIGH ALL OPTIONS, AND MAKE  
12 RECOMMENDATIONS ACCORDINGLY.

13 DR. CANET-AVILES: AND THE KEY WILL BE THE  
14 DATA. THE DATA WILL JUSTIFY, AND YOU WILL BE  
15 EMBRACING THE PROCESS AND THE DATA.

16 DR. THOMAS: CORRECT.

17 DR. HIGGINS: I CAN IMAGINE, AND THE  
18 REASON FOR MY QUESTION IS I CAN IMAGINE HAVING A  
19 MIXTURE OF PROJECTS OR PRODUCTS, BUT BASED, NOT ON  
20 SOMEBODY'S FAVORING THAT, BUT MORE WHAT'S THE  
21 EQUILIBRIUM FOR THE MONEY SPENT TO GET A SORT OF  
22 POOL OF PROJECTS THAT MAKE SENSE. THAT WASN'T A  
23 QUESTION. THAT WAS JUST ME RANTING.

24 CHAIRMAN GOLDSTEIN: THERE'S A HAND UP IN  
25 THE CONFERENCE ROOM. I DON'T KNOW WHO IS TRYING TO

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1 SPEAK THERE.

2 DR. MELMED: I AM.

3 MS. MANDAC: VITO.

4 CHAIRMAN IMBASCIANI: I'LL WAIT TILL  
5 AFTER. SHLOMO, GO AHEAD.

6 DR. MELMED: I THINK IT'S VERY WELL  
7 THOUGHT THROUGH. THANK YOU. MY CONCERN IS MORE ON  
8 THE NONSCIENTIFIC SIDE. I'M VERY CONCERNED WITH  
9 MESSAGING. AND WE DON'T WANT THIS TO TURN INTO A  
10 NEGATIVE OPPORTUNITY TO BASH CIRM. AND SO I WOULD  
11 LIKE TO SEE FROM STAFF A PLAN FOR MESSAGING WITH  
12 ACTUAL BULLET POINTS BECAUSE OTHERWISE WE'RE GOING  
13 TO BE SWAMPED WITH NEGATIVE PRESS. I CAN JUST SEE  
14 WHAT THE BLOGGERS ARE GOING TO WRITE. I THINK IT  
15 STARTED ALREADY WHEN WE FIRST RAISED IT A COUPLE OF  
16 MEETINGS AGO. THERE WERE SOME NEGATIVE COMMENTS  
17 ONLINE. AND SO I'M JUST RAISING THAT FOR STAFF TO  
18 CONSIDER FOR US.

19 DR. THOMAS: THANK YOU. WE WILL  
20 DEFINITELY TAKE THAT ADVICE. THANK YOU, SHLOMO.

21 CHAIRMAN GOLDSTEIN: BACK TO THE  
22 CONFERENCE ROOM THEN.

23 CHAIRMAN IMBASCIANI: THANKS, LARRY. THIS  
24 IS VITO.

25 SO THIS IS A QUESTION IN THE FORM OF A

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1 COMMENT OR A COMMENT IN THE FORM OF A QUESTION. THE  
2 FINANCE COMMITTEE I'LL MAKE SURE PRESENTS A BUDGET  
3 TO THE BOARD ON TIME. AND YOU KNOW OUR BUDGETS  
4 WHICH COVER ADMINISTRATIVE AND RESEARCH COSTS ARE  
5 BASED ON CURRENT EXPERIENCE AND A LOOK BACK AT  
6 HISTORY PLUS A LITTLE COLA, IF YOU WILL, FUDGE  
7 FACTOR. AND THAT'S GOING TO BECOME OUR BUDGET, OUR  
8 FUNDING DOCUMENT STARTING JULY 1. BUT AS WE SEE IN  
9 THIS PRESENTATION, THERE'S GOING TO BE AN ASK OF THE  
10 BOARD, WE KNOW IT NOW, IN SEPTEMBER FOR A REVISION.  
11 AND SO I'M ALREADY STARTING TO WONDER, WELL, THIS IS  
12 A DELTA TO OUR BUDGET. IS IT GOING TO BE A PLUS OR  
13 IS IT GOING TO BE A NEGATIVE OR IS IT GOING TO BE IN  
14 THE BALLPARK? THE SIZE OF THE DELTA IS WHAT  
15 CONCERNS ME ALREADY.

16 DR. CANET-AVILES: SO THANK YOU FOR THE  
17 QUESTION, DR. IMBASCIANI. SO AS WE MENTIONED, FOR  
18 THE OPERATIONS, THE BUDGET WILL BE THE SAME. THERE  
19 WILL BE NO CHANGE. BUT AT THE JUNE MEETING, WE WILL  
20 BE PRESENTING AN INTERIM BUDGET. WE ALREADY KNOW  
21 WHICH PROGRAMS ARE SLOTTED. THERE ARE THREE  
22 PROGRAMS THAT ARE SLOTTED BETWEEN JUNE AND  
23 SEPTEMBER, AND WE ARE GOING TO BUDGET FOR THOSE  
24 PROGRAMS. THEY ARE IN TWO OF OUR -- IN DR.  
25 CREASEY'S AND MY TEAM.

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1                   AND THEN AT THE SEPTEMBER MEETING, GIVEN  
2                   WHAT WE WERE JUST DISCUSSING IN TERMS OF  
3                   PRIORITIZATION AND NEW CONCEPTS AND MODIFIED  
4                   CONCEPTS, THAT'S GOING TO BE A DELTA THAT'S GOING TO  
5                   BE POSITIVE IN THE SENSE THAT WE WILL BE ASKING FOR  
6                   MOST OF THE MONEY FOR THAT YEAR'S ALLOCATION. SO  
7                   THE DELTA WILL BE POSITIVE. DOES THAT MAKE SENSE?

8                   CHAIRMAN IMBASCIANI: IT DOES. I GUESS  
9                   IT'S THE SIZE OF THE DELTA.

10                  DR. CANET-AVILES: THE SIZE OF DELTA WILL  
11                  BE AROUND THE NORMAL ALLOCATION MOST LIKELY THAT WE  
12                  MAKE, BUT I CAN'T REALLY MAKE A PREDICTION BECAUSE  
13                  THE RECOMMENDATIONS ARE GOING TO GUIDE THAT. BUT I  
14                  COULD SAY THAT IT'S GOING TO BE ABOUT THE NORMAL  
15                  BUDGET THAT WE HAVE FOR A YEAR, BUT WE CAN'T  
16                  PREDICT. IT WILL BE ALIGNED WITH THE  
17                  RECOMMENDATIONS.

18                  DR. THOMAS: CORRECT.

19                  CHAIRMAN IMBASCIANI: WONDERFUL. THANK  
20                  YOU.

21                  CHAIRMAN GOLDSTEIN: OTHER QUESTIONS OR  
22                  COMMENTS?

23                  SO LET ME JUST REITERATE WHAT SHLOMO SAID.  
24                  I THINK IT'S A VERY GOOD IDEA TO GET THE  
25                  COMMUNICATIONS TEAM AND THE COMMUNICATIONS

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1 SUBCOMMITTEE WORKING ON MESSAGING FOR THE SET OF  
2 ISSUES THAT ARE SURELY COMING. AND MAYBE WE CAN GET  
3 AHEAD OF IT, WHICH WOULD BE TERRIFIC. AND SINCE THE  
4 COMMUNICATIONS SUBCOMMITTEE HAS SOMETIMES BEEN  
5 SEARCHING A LITTLE BIT FOR A MISSION, THIS COULD BE  
6 A VERY GOOD THING TO WORK WITH. AS RECOMMENDATIONS  
7 ARE STARTING TO BE ROLLED OUT, PERHAPS WE CAN BE  
8 AHEAD OF THEM.

9 KEITH, IS THERE ANYTHING FROM YOUR  
10 EXPERIENCE IN WASHINGTON THAT MIGHT INFORM HOW WE GO  
11 ABOUT THIS WITHOUT GETTING IN TROUBLE WITH POWERFUL  
12 INTEREST GROUPS AROUND THE STATE?

13 DR. YAMAMOTO: I DON'T KNOW. I'M NOT SURE  
14 WHAT KIND OF TROUBLE YOU'RE TALKING ABOUT, LARRY.  
15 BUT I THINK THAT THE COMMENT THAT YOU MADE EARLIER  
16 ABOUT THE STATE OF THE BUDGET IS GOING TO MAKE WHAT  
17 CIRM IS DOING MORE VISIBLE THAN EVER AND A BIGGER  
18 TARGET THAN EVER. SO I THINK THAT GETTING THIS  
19 RIGHT NOW, GETTING OUR PROCESS CORRECT NOW, REALLY  
20 FOCUSED ON PROCESS IS GOING TO BE AN ESSENTIAL  
21 ELEMENT OF NOT GETTING IN TROUBLE. BUT I'M NOT  
22 SEEING ANYTHING RIGHT NOW AT THE NATIONAL LEVEL THAT  
23 IS SOMETHING THAT WE HAVE TO PAY PARTICULAR NOTE TO  
24 EXCEPT FOR THE POINT THAT YOU MADE ABOUT THE BUDGET.

25 CHAIRMAN GOLDSTEIN: GREAT. THANKS.

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1 SORRY TO PUT YOU ON THE SPOT, BUT I COULDN'T RESIST.

2 OTHER COMMENTS OR QUESTIONS FROM THE  
3 GROUP? IF NOT, SCOTT REMINDS ME THAT IT'S TIME TO  
4 OPEN IT UP FOR PUBLIC COMMENT THEN.

5 MR. TOCHER: THAT'S RIGHT, LARRY. I  
6 BELIEVE RICHARD HORGAN HAD A COMMENT. RICHARD, ARE  
7 YOU ON THE LINE?

8 DR. HORGAN: YEAH. CAN YOU ALL HEAR ME  
9 OKAY?

10 MR. TOCHER: JUST A REMINDER THAT YOU HAVE  
11 THREE MINUTES FOR PUBLIC COMMENT. SO PLEASE  
12 PROCEED.

13 DR. HORGAN: THREE OR LESS, YOU GOT IT.  
14 SO THANK YOU FOR TAKING THE TIME TO LISTEN TO ME.  
15 MY NAME IS RICHARD HORGAN, AND I'M THE FOUNDER AND  
16 CEO OF A NON-PROFIT BIOTECH CALLED CURE RARE  
17 DISEASE. WE WORK TO DEVELOP ULTRA RARE THERAPEUTICS  
18 FOR NEGLECTED AND OVERLOOKED POPULATIONS ACROSS THE  
19 UNITED STATES PRIMARILY, BUT ALSO CANADA AND WESTERN  
20 EUROPE.

21 WE DO THIS THROUGH A COLLABORATION OF  
22 ACADEMICS, SOME OF WHOM ARE IN THE VERY STATE THAT  
23 CIRM IS LOCATED IN.

24 SO A COUPLE POINTS TO MAKE. SO I COME AT  
25 THIS REPRESENTING THE ULTRA RARE DISEASE COMMUNITY.

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1 ONE OF THE COMMENTS MADE, I THINK, BY GENTLEMAN  
2 SHLOMO'S POINT ABOUT MESSAGING, I STRONGLY AGREE  
3 THAT THIS WILL LOOK VERY POOR FROM AN OPTICS  
4 PERSPECTIVE FROM THE ULTRA RARE DISEASE COMMUNITY,  
5 MANY OF WHOM HAVE ALREADY REACHED OUT VERY  
6 FRUSTRATED THAT ONE OF THE ONLY MECHANISMS AVAILABLE  
7 TO ADVANCE PROMISING SCIENCE INTO THE CLINIC HAS NOW  
8 BEEN PAUSED.

9 FOR CONTEXT, ULTRA RARE DISEASE PATIENTS,  
10 ALTHOUGH THERE'S NO OFFICIAL DEFINITION, IS  
11 INFORMALLY NONCOMMERCIAL DISEASES THAT ARE IMPACTING  
12 POPULATIONS THAT ARE SORELY NEGLECTED AND  
13 OVERLOOKED.

14 SO WHAT I REALLY, REALLY, REALLY ENCOURAGE  
15 YOU ALL TO CONSIDER AS PART OF THIS PROCESS, AND I  
16 UNDERSTAND YOU'RE IN THE PROCESS OF DEVELOPING PART  
17 OF THIS, IS EQUITY AND WHO RECEIVES IT. MANY OF THE  
18 DISEASES THAT WE WORK WITH, THOSE THAT ARE  
19 NONCOMMERCIAL, THOSE THAT WE CALL ULTRA RARE HAVE NO  
20 OTHER OPPORTUNITY TO RECEIVE ANY SORT OF FUNDING TO  
21 ADVANCE PROGRAMS BEYOND THAT PRE-IND STAGE.

22 FAMILIES, MANY OF WHOM I'VE ENCOURAGED TO  
23 CALL TO JOIN THE NEXT CALL LATER THIS WEEK, HAVE  
24 WORKED VERY HARD AND VERY TIRELESSLY TO RAISE MONEY  
25 TO WORK WITH ACADEMIC SCIENTISTS TO A DEVELOP A



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1 THERAPEUTIC TO A CERTAIN STAGE. HOWEVER, ONCE YOU  
2 GET TO THAT PRE-IND STAGE, SCALING UP MANUFACTURING  
3 AND GLP TOXICOLOGY BECOMES A VERY, VERY EXPENSIVE  
4 EFFORT WHICH VERY FEW FAMILIES CAN SUPPORT.

5 AND SO I REALLY STRONGLY CONSIDERED AND  
6 ENCOURAGED THIS GROUP TO CONSIDER THE ULTRA RARE  
7 DISEASE COMMUNITY THAT HAS NO OTHER AVAILABLE ROUTE  
8 TO FINANCING FOR THE DEVELOPMENT. OTHER DISEASES  
9 THAT PARTICIPATE IN THIS PROGRAM SUCH THAT ARE  
10 COMMERCIALIZABLE DO HAVE OTHER OPTIONS TO RAISE  
11 FUNDING, VENTURE FUNDING AND OTHER GRANT FUNDING  
12 THAT HISTORICALLY THESE VEHICLES HAVE SUITED THESE  
13 POPULATIONS BETTER. BUT AGAIN, THE ULTRA RISK  
14 DISEASE COMMUNITY DOES NOT HAVE ACCESS TO THESE  
15 OPTIONS.

16 EXISTING APPLICATIONS FOR CLINICAL  
17 DEVELOPMENT PROGRAMS ONE AND TWO I WOULD NOTE HAVE  
18 BEEN VETTED BY THE FDA. AND WITH THESE PROGRAMS  
19 THAT WE WORK WITH ESPECIALLY FUNDING IS THE MAJOR  
20 ROADBLOCK HERE TO TREATING THESE PATIENTS. AND SO I  
21 CANNOT EMPHASIZE ENOUGH THE DIRE STRAIGHT THAT THIS  
22 PATIENT POPULATION IS IN BEING OVERLOOKED, BEING  
23 NEGLECTED, AND HAVING NO ACCESS TO CAPITAL TO ENGAGE  
24 IN CAPITAL INTENSIVE EXERCISES SUCH AS GMP  
25 MANUFACTURING, SUCH AS GLP TOXICOLOGY STUDIES TO GET

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1 A DRUG INTO THE CLINIC. SO PLEASE CONSIDER THIS  
2 GROUP AS A VERY VULNERABLE, VERY SENSITIVE GROUP  
3 THAT WILL PAY A VERY, VERY, VERY STEEP PRICE FOR NOT  
4 HAVING ACCESS TO FUNDING THAT THIS INCREDIBLE  
5 PROGRAM THAT YOU ALL CHAMPION ALLOWS THEM TO HAVE.

6 THE WRONG DECISION HERE, DON'T GET ME  
7 WRONG, WILL COST LIVES. THESE ARE FAMILIES THAT ARE  
8 DESPERATE TO BE ABLE TO ADVANCE THERAPEUTICS AND  
9 WORK WITH GREAT ACADEMICS, SOME OF WHOM ARE ON THIS  
10 CALL, TO TRY TO TAKE A SHOT AT HELPING THOSE --  
11 HELPING THEIR LOVED ONES NOT DIE FROM THESE  
12 DISEASES.

13 AND SO IN CLOSING, PLEASE CONSIDER THE  
14 ULTRA RARE DISEASE POPULATION. PLEASE CONSIDER THE  
15 EQUITY OF THE PROCESS THAT YOU ARE DEVELOPING IN  
16 RELATION TO THESE NEGLECTED AND OVERLOOKED DISEASES.  
17 PLEASE CONSIDER THAT PROGRAMS HAVING APPLICATIONS  
18 SUBMITTED FOR CLIN1 AND 2 HAVE BEEN VETTED BY THE  
19 FDA VIA A PRE-IND MEETING, AND PLEASE DON'T LEAVE  
20 THESE PATIENTS BEHIND BECAUSE ALMOST EVERY OTHER  
21 OPPORTUNITY HAS LEFT THESE PATIENTS BEHIND FROM  
22 VENTURE CAPITAL TO THE VAST MAJORITY OF NIH  
23 PROGRAMS. CIRM IS ONE OF THE ONLY BEACONS OF HOPE  
24 THAT THESE ULTRA RARE DISEASE PATIENTS HAVE, AND  
25 PLEASE DON'T LET THEM DOWN. THANK YOU VERY MUCH FOR

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1 THE OPPORTUNITY TO MAKE COMMENT. IF THERE'S  
2 ANYTHING ELSE I CAN DO, PLEASE LET ME KNOW.

3 CHAIRMAN GOLDSTEIN: THANK YOU,  
4 DR. HORGAN.

5 MR. TOCHER: I DON'T SEE ANY OTHER HANDS  
6 RAISED. NO. I THINK THAT WILL COVER THE PUBLIC  
7 COMMENT FOR THE MEETING.

8 CHAIRMAN GOLDSTEIN: GREAT. I THINK WE  
9 DON'T HAVE ANY ADDITIONAL AGENDA ITEMS, BUT WHAT  
10 ROSA AND THE OTHERS HAVE -- KOREN TEMPLE-PERRY  
11 PLEASE.

12 MS. TEMPLE-PERRY: HI, ALL. I JUST WANTED  
13 TO DROP IN AND JUST MENTION REGARDING MESSAGING THAT  
14 THE COMMUNICATIONS TEAM WILL START WORKING ON THIS.  
15 I'LL WORK WITH THE COMMUNICATIONS SUBCOMMITTEE TO  
16 START WORKING THROUGH MESSAGING AND ANY SORT OF  
17 OTHER NEEDS TO COMMUNICATE THAT. SO WE DID HEAR  
18 THAT LOUD AND CLEAR. I JUST WANTED TO POP ON AND  
19 JUST LET YOU KNOW THAT THAT'S SOMETHING THAT WE WILL  
20 PRIORITIZE.

21 CHAIRMAN GOLDSTEIN: GREAT. THANK YOU  
22 VERY MUCH, KOREN. APPRECIATE IT. ANYTHING ELSE  
23 ANYBODY WANTS TO ADD? I DON'T SEE ANY HANDS. THANK  
24 YOU, MARIA. THUMB IS UP, NOT A HAND. SHE'S  
25 EXPRESSING APPROVAL ON A SILENT WAY. OKAY. WITH

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1 THAT, I SUGGEST THAT WE ADJOURN. THERE'S A LOT OF  
2 WORK TO BE DONE. THANK YOU ALL.

3 MR. TOCHER: THANK YOU, LARRY.

4 (THE MEETING WAS THEN CONCLUDED AT 3:45 P.M.)  
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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE VIRTUAL PROCEEDINGS BEFORE THE SCIENCE SUBCOMMITTEE OF THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON MARCH 26, 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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