BEFORE THE

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

REGULAR MEETING

LOCATION: HYATT REGENCY SAN FRANCISCO
AIRPORT, SEQUOIA A
1333 OLD BAYSHORE HIGHWAY
BURLINGANE, CA 94010

DATE: JUNE 27, 2024
9 A.M.

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

FILE NO.: 2024-29

I N D E X

I N D E X (CONT'D.)

SOUTH SAN FRANCISCO, CALIFORNIA; 9 A.M.

CHAIRMAN IMBASCIANI: GREAT. GOOD MORNING, EVERYONE. I WOULD LIKE TO CONVENE TO ORDER THIS 160TH MEETING OF THE ICOC AND THE 56TH MEETING OF THE APPLICATION REVIEW SUBCOMMITTEE. I WANT TO THANK ALL THE BOARD MEMBERS WHO ARE ATTENDING IN PERSON AND VIRTUALLY. I WANT TO THANK THE MEMBERS OF THE PUBLIC WHO ARE JOINING US BOTH IN PERSON AND THOSE WHO HAVE SENT WRITTEN MATERIALS AND PETITIONS TO THIS BOARD. WE TAKE ALL SUCH SUBMISSIONS TO THE BOARD SERIOUSLY. WE ENJOY READING YOUR MATERIALS AND THANK YOU FOR PARTICIPATING.

SO I'M GOING TO ASK YOU ALL TO RISE, AND WE'LL FORMALLY CONVENE THE MEETING WITH THE PLEDGE OF ALLEGIANCE.

(THE PLEDGE OF ALLEGIANCE.)

CHAIRMAN IMBASCIANI: THANK YOU. MR. TOCHER, WOULD YOU PLEASE TAKE THE ROLL.

MR. TOCHER: YES. MOHAMED ABOUSALEM.

DR. ABOUSALEM: PRESENT.

MR. TOCHER: EYAD ALMASRI.

DR. ALMASRI: HERE.

MR. TOCHER: KIM BARRETT.

DR. BARRETT: PRESENT.

MR. TOCHER: DAN BERNAL. GEORGE BLUMENTHAL.

DR. BLUMENTHAL: HERE.

MR. TOCHER: MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: PRESENT.

MR. TOCHER: LINDA BOXER. JUDY CHOU.

DR. CHOU: PRESENT.

MR. TOCHER: CAROL CHRIST. DEBORAH DEAS.

DR. DEAS: PRESENT.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: PRESENT.

MR. TOCHER: ANNE-MARIE DULIEGE.

DR. DULIEGE: PRESENT.

MR. TOCHER: YSABEL DURON.

MS. DURON: PRESENT.

MR. TOCHER: SHLOMO MELMED.

DR. MELMED: PRESENT.

MR. TOCHER: MARK FISCHER-COLBRIE.

DR. FISCHER-COLBRIE: PRESENT.

MR. TOCHER: FRED FISHER.

DR. FISHER: PRESENT.

MR. TOCHER: ELENA FLOWERS. JUDY GASSON.

DR. GASSON: HERE.

MR. TOCHER: DAVID HIGGINS.

DR. HIGGINS: PRESENT.

MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: PRESENT.
MR. TOCHER: STEPHEN JUELSGAARD.
MR. JUELSGAARD: PRESENT.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: PRESENT.
MR. TOCHER: PAT LEVITT.
DR. LEVITT: PRESENT.
MR. TOCHER: LINDA MALKAS.
DR. MALKAS: PRESENT.
MR. TOCHER: CAROLYN MELTZER.
DR. MELTZER: PRESENT.
MR. TOCHER: CHRISTINE MIASKOWSKI.
DR. MIASKOWSKI: PRESENT.
MR. TOCHER: LAUREN MILLER-ROGEN. ADRIANA PADILLA.
DR. PADILLA: HERE.
MR. TOCHER: JOE PANETTA.
MR. PANETTA: HERE.
MR. TOCHER: MARVIN SOUTHARD.
DR. SOUTHARD: HERE.
MR. TOCHER: MICHAEL STAMOS.
DR. STAMOS: PRESENT.
MR. TOCHER: KAROL WATSON. KEVIN XU.
MR. XU: HERE.

MR. TOCHER: KEITH YAMAMOTO.

GREAT. THANK YOU. WE HAVE A QUORUM.

CHAIRMAN IMBASCIANI: THANK YOU VERY MUCH. SO I'D LIKE TO ADDRESS THE BOARD -- FIRST OF ALL, I WANT TO WELCOME TO THE BOARD TWO NEW MEMBERS THAT ARE HERE WITH US TODAY IN PERSON: DR. CAROLYN MELTZER AND DR. EYAD ALMASRI.

DR. MELTZER IS THE APPOINTEE OF LIEUTENANT GOVERNOR ELENI KOUNALAKIS. SHE IS THE MAY AND JOHN HOOVAL DEAN'S CHAIR IN MEDICINE AND THE DEAN OF THE KECK SCHOOL OF MEDICINE FOR USC. HER MEDICAL DEGREE WAS TAKEN AT JOHNS HOPKINS HOSPITAL. SHE'S AN EXPERT IN NEURORADIOLOGY AND NUCLEAR MEDICINE AND HAS PERFORMED NIH-FUNDED RESEARCH ON BRAIN STRUCTURE AND FUNCTION IN NORMAL AGING AND IN DISEASE STATES SUCH AS DEMENTIA, ALZHEIMER'S, AND PSYCHIATRIC DISORDERS.

CAROLYN, WOULD YOU LIKE TO SAY WELCOME TO THE BOARD?

DR. MELTZER: DELIGHTED TO BE HERE. THANK YOU SO MUCH. I LOOK FORWARD TO CONTRIBUTING AND LEARNING.

CHAIRMAN IMBASCIANI: THANK YOU. AND WELCOME.

DR. ALMASRI IS APPOINTED BY THE UCSF

CHANCELLOR. HE'S REPLACING HAIFAA ABDULHAQ. DR. ALMASRI IS A PHYSICIAN WITH AN ACTIVE PRACTICE IN PULMONARY AND CRITICAL CARE MEDICINE AND SLEEP MEDICINE AT THE UCSF FRESNO CLINIC. DR. ALMASRI TRAINED AT THE UNIVERSITY OF PITTSBURGH FOR ONE OF HIS SEVERAL FELLOWSHIPS.

DR. ALMASRI: THANK YOU FOR HAVING ME. MY NAME IS EYAD ALMASRI. I ALSO SERVED AS THE ASSISTANT DEAN FOR RESEARCH AT UCSF FRESNO. AND I DO HAVE EXPERIENCE WITH STEM CELL RESEARCH. I DID COUPLE STUDIES WITH ARDS RELATED TO COVID-19, APPLYING STEM CELLS. THANK YOU FOR HAVING ME, AND GLAD TO BE HERE.

CHAIRMAN IMBASCIANI: WELCOME, DR. ALMASRI.

TODAY'S MEETING, SADLY, IS ALSO THE LAST ONE FOR ONE OF OUR DISTINGUISHED MEMBERS. DR. MOHAMED ABOUSALEM, APPOINTED TO THIS BOARD BY GOVERNOR NEWSOM, HAS BEEN NAMED THE THIRD PRESIDENT OF THE KECK GRADUATE INSTITUTE, ONE OF THE SEVEN INDEPENDENT COLLEGES THAT COMPRISES THE CLAREMONT COLLEGES AND ONE OF ITS TWO SCHOOLS THAT OFFER POST BACCALAUREATE DEGREES SPECIFICALLY IN AREAS IN WHICH HE KNOWS AN AWFUL LOT, LIFE SCIENCE, COMMUNITY MEDICINE, AND PHARMACOLOGY, AND HEALTH SCIENCE.

MOHAMED HAS RECENTLY CHAIRED OUR IP AND INDUSTRY SUBCOMMITTEE AND HAS BEEN A MEMBER OF THE PRESIDENTIAL SEARCH COMMITTEE.

WE WISH DR. ABOUSALEM GREAT SUCCESS IN HIS NEW UNDERTAKING.

(APPLAUSE.)

CHAIRMAN IMBASCIANI: I'M GOING TO BEGIN MY REPORT BY RECAPITULATING A LITTLE ON RECENT HISTORY MOSTLY FOR THE BENEFIT OF ALL OF OUR NEW BOARD MEMBERS ON HOW WE GOT TO WHERE WE ARE TODAY, HALFWAY THROUGH A PROCESS THAT IS LOOKING AT HOW CIRM WILL MOVE FORWARD IN A MANNER THAT ENSURES WE WILL UTILIZE OUR ASSETS IN THE MOST EFFICIENT AND PRODUCTIVE MANNER POSSIBLE WHILE CONTINUING TO ADDRESS UNMET MEDICAL NEEDS AND FULFILL OUR STATED MISSION.

EIGHTEEN MONTHS AGO, WHEN I TRAVELED ABOUT THE STATE TO INTRODUCE MYSELF TO THE BOARD, I HEARD AN ALMOST UNANIMOUS CONCERN OVER TWO ISSUES. HOW WOULD CIRM COMMIT ITSELF TO OUR OBLIGATION TO ADDRESS THE WORLD OF NEUROLOGIC DISORDERS? AND HOW WOULD WE SUSTAIN OURSELVES AS WE APPROACH THAT POINT WHERE MORE TREATMENTS AND CURES ARE BECOMING AVAILABLE?

THE NEURO TASK FORCE CAME INTO EXISTENCE

EARLY IN 2023. AND I ASKED THE SCIENCE SUBCOMMITTEE TO STUDY ISSUES AROUND PRIORITIZATION AND REPORT BACK TO THIS BOARD. THE LEADERSHIP TEAM, UNDER THE EXPERT AND INSPIRED LEADERSHIP OF OUR INTERIM CEO AND PRESIDENT, J.T., LAUNCHED A COMPREHENSIVE STUDY OF OUR PORTFOLIO AND THE SCIENTIFIC LANDSCAPE, A STUDY THAT WAS AND CONTINUES TO BE SOPHISTICATED, DEEP, DATA DRIVEN, AND STATISTICALLY GROUNDED.

WE WERE INTRODUCED TO THIS PROCESS AT OUR LAST BOARD MEETING IN MARCH. TODAY WE WILL HEAR A SUBSTANTIAL PROGRESS REPORT ON IT. AND THIS JOURNEY WILL IDEALLY CULMINATE IN A SERIES OF RECOMMENDATIONS FROM THE SCIENCE SUBCOMMITTEE THAT WILL COME BEFORE THIS BOARD AT THE SEPTEMBER MEETING.

THAT SEPTEMBER MEETING WILL MARK A SIGNIFICANT PIVOT POINT IN CIRM'S HISTORY AS IT WILL COME TO BE WRITTEN BECAUSE THE BOARD, ACKNOWLEDGING OUR NOW MORE LIMITED RESOURCES AND THE EVER INCREASING DEMANDS ON THOSE RESOURCES FROM THE SCIENTIFIC COMMUNITY, DEMANDS THAT WE WILL NEVER BE ABLE TO FULLY SATISFY. THE BOARD WILL ENGAGE IN A FUNDAMENTAL DEBATE WHETHER WE CONTINUE OUR OPEN-DOOR POLICY OR BEGIN TO NARROW OUR SUPPORT TO SPECIFIC AREAS OF INVESTIGATION, ESPECIALLY ONES WHERE WE CAN

MAKE MAJOR BREAKTHROUGHS BY OPENING UP BOTTLENECKS OR PUSHING TRIALS THROUGH TO COMMERCIAL LICENSURE.

THIS WILL REQUIRE A LITTLE MORE THAN A USUAL DEGREE OF DILIGENCE. SO AS BOARD MEMBERS REVIEW THE MATERIALS FOR THE SEPTEMBER MEETING, IF ANY QUESTIONS ARISE, I ENCOURAGE YOU TO REACH OUT TO YOUR BOARD LEADERSHIP OR TO MEMBERS OF THE LEADERSHIP TEAM FOR EXPLANATIONS PRIOR TO THE MEETING. AND I THANK YOU FOR THAT IN ADVANCE.

ON SOME OTHER MATTERS, ON MAY 29TH CIRM LEADERSHIP MET WITH CONTROLLER MALIA COHEN AND THE CITIZENS FINANCE AND ACCOUNTABILITY OVERSIGHT COMMITTEE FOR OUR ANNUAL REVIEW. CEO J.T. THOMAS MADE THE FORMAL PRESENTATION ON BEHALF OF CIRM, AND HE WILL DESCRIBE IT IN HIS REPORT.

PERSONALLY I WANT TO THANK TWO MEMBERS OF THIS BOARD FOR ASSISTING THE CHAIR IN A RECENT ENDEAVOR. I WAS INVITED TO GIVE THE KEYNOTE ADDRESS TO THE ANNUAL ALPHA CLINIC NURSE SYMPOSIUM, NURSE EDUCATION SYMPOSIUM, A MEETING HELD AT CITY OF HOPE IN APRIL. IN ATTENDANCE WERE OVER 150 NURSES FROM ALL OVER CALIFORNIA WHO ARE INVOLVED IN RESEARCH, EDUCATION, AND CLINICAL TRIALS INVOLVING REGENERATIVE MEDICINE.

I WANT TO THANK BOARD MEMBER CHRISTINE

MIASKOWSKI AND ELENA FLOWERS FOR THE TREMENDOUS EFFORT THEY PUT IN HELPING ME DEVELOP THE THEMES AND FOR SCOURING OVER MULTIPLE DRAFTS OF MY ADDRESS, THE THEME OF WHICH WAS TO ENCOURAGE THE NURSING PROFESSION TO BEGIN DEVELOPING A COMPREHENSIVE CURRICULUM FOR NURSES WHO ARE INVOLVED IN THE DELIVERY OF GENE AND CELL THERAPIES. THE ADDRESS WAS WELL RECEIVED, BUT I COULD NOT HAVE DONE THAT WITHOUT THEIR HELP.

ON OTHER MATTERS, THE VICE CHAIR MARIA REPORTED AT OUR LAST MEETING, THE MEETINGS THAT WERE HELD WITH VARIOUS MEMBERS OF THE LEGISLATURE IN SACRAMENTO. I'M DELIGHTED TO REPORT THAT OVER THE COURSE OF THIS SPRING, THE VICE CHAIR AND I HAVE HAD PRODUCTIVE MEETINGS WITH MEMBERS OF THE EXECUTIVE BRANCH OF GOVERNMENT, SPECIFICALLY THE DIRECTOR OF THE GOVERNOR'S OFFICE OF BUSINESS AND ECONOMIC DEVELOPMENT, DEE DEE MEYERS; THE SECRETARY OF HEALTH AND HUMAN SERVICES AGENCY, DR. MARK GHALY; THE DIRECTOR OF THE DEPARTMENT OF AGING, SUSAN DEMARIS; THE SURGEON GENERAL OF THE STATE OF CALIFORNIA, DR. DIANA RAMOS. LAST WEEK'S MEETING WITH THE DIRECTOR OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES, NANCY BARGMAN, WAS MOVED TO A FUTURE DATE. AND FINALLY, WITH THE VICE PRESIDENT FOR HEALTH FOR

THE ENTIRE UC SYSTEM, DR. DAVID RUBIN.

THIS CONTINUES OUR OUTREACH TO KEY GOVERNMENT OFFICIALS TO APPRISE THEM OF CIRM'S MISSION AND ACCOMPLISHMENTS AND TO SEEK OUT COMMON AREAS OF INTEREST.

FINALLY, SINCE THIS IS THE CLOSING MEETING OF THE 2023/24 FISCAL YEAR, A FEW NUMBERS OF NOTE. DURING THE FISCAL YEAR ABOUT TO END, CIRM HAS AWARDED 105 INDIVIDUAL GRANTS PLUS SUPPLEMENTS FOR 18 CIRM SCHOLARS PROGRAMS. THESE GRANTS ENCUMBERED $377.5 MILLION. A TOTAL OF 300 MILLION WAS DISBURSED TO EXISTING GRANTEES DURING THIS SAME YEAR PAST. AND FINALLY, A REMINDER, THE TREASURER'S OFFICE APPROVED THIS PAST FEBRUARY A MAXIMUM BOND AUTHORITY FOR $680 MILLION, BRINGING OUR TOTAL BOND AUTHORITY SINCE THE PASSAGE OF PROP 14 TO $1.36 BILLION.

THAT CONCLUDES MY REPORT TO THE BOARD. THANK YOU.

THERE'S NOT GOING TO BE A VICE CHAIR'S REPORT. SO WE'RE GOING TO MOVE ON TO AGENDA ITEM NO. 4, OUR INTERIM PRESIDENT AND CEO JONATHAN THOMAS WILL GIVE HIS PRESIDENT'S REPORT. THANK YOU, J.T.

DR. THOMAS: THANK YOU, MR. CHAIR. MR. CHAIR, MADAM VICE CHAIR, MEMBERS OF THE BOARD, MY

OUTSTANDING TEAM, AND MEMBERS OF THE PUBLIC.

SUCCESS IS A TEAM SPORT. AND NOWHERE IS THAT MORE EVIDENT THAN AT CIRM TODAY, WHICH, AS I'VE REPORTED TO YOU IN THE PAST, HAS EMBARKED ON A VERY AMBITIOUS SERIES OF HEAVY LIFTS TO ADDRESS ISSUES AND DIRECTION IN OUR STRATEGIC PLAN AND TO FIGURE OUT HOW BEST TO BOTH OPERATE AND DEPLOY FUNDS THAT WE HAVE REMAINING UNDER PROPOSITION 14 GOING FORWARD.

YOU WILL HEAR FROM A NUMBER OF MEMBERS OF OUR TEAM IN THIS PRESIDENT'S REPORT AS I THINK THAT IT'S ALWAYS BEST TO HAVE THE PEOPLE WHO ARE DIRECTLY MOST INVOLVED AND INFORMED TALK TO YOU ABOUT A NUMBER OF THE FEATS THAT WE HAVE ACCOMPLISHED SINCE I SPOKE TO YOU LAST MARCH. WE'RE GOING TO START, I WILL DO A FEW QUICK COMMENTS. THAT WILL BE FOLLOWED BY KOREN TEMPLE-PERRY, WHO WILL TALK TO YOU ABOUT ADVANCES WE'VE MADE IN LOGO AND BRANDING. DR. SHYAM PATEL WILL THEN SPEAK BRIEFLY ON THE ADVANCES IN OUR MANUFACTURING NETWORK. DR. CHAN LEK TAN FROM THE SCIENTIFIC PROGRAM AND EDUCATION COMMITTEE WILL SPEAK TO YOU ABOUT THE REMIND PROGRAM, WHICH CULMINATED IN A HIGHLY SUCCESSFUL GWG LAST WEEK. DR. UTA GRIESHAMMER WILL FOLLOW THAT WITH A DESCRIPTION OF THE SECOND PART OF THE EQUALLY

SUCCESSFUL SHARED LABS PROGRAM, GWG AND FWG. THAT STANDS FOR FACILITIES WORKING GROUP. THAT WAS A BIFURCATED EFFORT.

THEN LATER IN THE PROGRAM, AS PART OF THE PRESIDENT'S REPORT, BUT ON ITS OWN, GIVEN THE GRAVITY AND LENGTH OF THE REPORT, DR. ROSA CANET-AVILES WILL REPORT TO YOU ON THE STATUS OF OUR STRATEGIC ALLOCATION FRAMEWORK EFFORT THAT WE ARE TWO-THIRDS OF THE WAY THROUGH EN ROUTE TO A SERIES OF RECOMMENDATIONS ON THE IDEAS TO PUT FORTH TO THE BOARD FOR CONSIDERATION IN THE SEPTEMBER BOARD MEETING AS ALLUDED TO BY VITO.

I WANT TO NOTE, IN CONNECTION WITH THE STRATEGIC ALLOCATION FRAMEWORK, AND ACKNOWLEDGE IN APPRECIATION A LETTER WE RECEIVED FROM A THOUSAND PLUS MEMBERS OF THE RARE DISEASE COMMUNITY WHO EXPRESSED THEIR THOUGHTS ABOUT HOW RARE DISEASE SHOULD FACTOR INTO OUR PROGRAM GOING FORWARD AS IT WILL BE DETERMINED IN SEPTEMBER.

I WANT TO SAY TO THOSE WHO SUBMITTED THIS VERY MATERIAL PIECE OF ADVICE THAT WE APPRECIATE THAT YOU SUBMITTED IT. WE HEAR YOU. AND WE GREATLY APPRECIATE ALL STAKEHOLDER INPUT AS WE CONTINUE TO EMBARK ON THIS PROCESS BECAUSE, AT THE END OF THE DAY, THIS IS ALL ABOUT THE STAKEHOLDERS. SO THANK

YOU VERY MUCH TO THAT LARGE GROUP.

OKAY. AS I SAID, WE'VE HAD A LOT OF WORK GOING ON. ONE OF THE MAJOR EFFORTS WAS FLOW CONTROL, WHICH YOU'VE HEARD ABOUT. THAT'S CULMINATING IN TODAY'S BOARD MEETING BY A PRESENTATION BY DR. GIL SAMBRANO, WHO WILL BE SPEAKING TO YOU ABOUT THE SUGGESTED CHANGES OR AMENDMENTS TO THE REVIEW APPLICATION PROCESS WHICH HAS BEEN THE PRODUCT OF SEVERAL MONTHS WORTH OF HARD WORK AND I THINK WILL MATERIALLY IMPROVE OUR PROCESS GOING FORWARD IN THAT REGARD.

VITO ALLUDED TO THE MEETING WE HAD WITH THE STATE CONTROLLER, MALIA COHEN, AND THE CITIZENS FINANCIAL ACCOUNTABILITY OVERSIGHT COMMITTEE, CFAOC, WHICH WAS A VERY IMPORTANT MEETING. THIS WAS PART 2 OF A MEETING THAT STARTED LAST DECEMBER IN WHICH THE FINANCIAL STATE OF CIRM WAS REVIEWED HERE AT THIS MEETING. THIS WAS AN OPPORTUNITY TO TALK TO THE CONTROLLER AND THE MEMBERS OF HER COMMITTEE WHICH I WOULD LIKE TO POINT OUT IS ALWAYS AN AUGUST GROUP. IT HAD AN ADDITIONAL PERSONAL TOUCH THIS YEAR BY THE INCLUSION OF OUR ESTEEMED FORMER COLLEAGUE AL ROWLETT, WHO NOW FILLED OUT THAT COMMITTEE AND WAS ABLE TO BRING, OBVIOUSLY, MANY YEARS OF INSIGHT INTO THAT DISCUSSION.

I GAVE A PRESENTATION THAT WAS LARGELY PUT TOGETHER BY MEMBERS OF OUR TEAM, SARA -- SARA, ARE YOU HERE? -- SARA AND DOUG WHO WORKED VERY DILIGENTLY COMPILING THIS. I WAS THE BENEFICIARY, GOT TO PRESENT, TALKED ABOUT ALL THE COOL STUFF WE'RE DOING AT CIRM. AND THAT IS ALWAYS SOMETHING THAT IS VERY INTERESTING AND APPRECIATED.

THE SECOND PART OF THE MEETING WAS RAFAEL GAVE A REPORT TO THE CFAOC ON STEPS TAKEN TO ADDRESS POINTS RAISED IN OUR MOST RECENT PERFORMANCE AUDIT. THOSE TOO WERE GREATLY APPRECIATED. RAFAEL DID AN EXCELLENT JOB. AND THE NET RESULT OF THE MEETING WAS, I THINK FROM WHAT WE COULD TELL FROM THE RESPONSE, WAS VERY -- EVERYBODY THOUGHT CIRM WAS IN GOOD HANDS ACROSS THE BOARD, THAT WE'RE PURSUING PROGRAMS OF GREAT NOTE. AND IT WAS, IN MY ESTIMATION, A COMPLETE SUCCESS. SO THANK YOU TO ALL OF YOU WHO CONTRIBUTED THERE.

OKAY. NOW WE'RE GOING TO GET INTO THE FIRST OF THESE BRIEF COMMENTS BY MEMBERS OF THE TEAM WHOM I REALLY WANT TO YOU HEAR FROM BECAUSE, AS I SAY, THEY'RE THE ONES ON THE FRONT LINE ON THESE THINGS. DID I HEAR SHYAM IS FIRST? SHYAM IS FIRST. GOT THAT ORDER A LITTLE BIT WRONG, BUT THAT'S OKAY.

DR. PATEL: THANK YOU, J.T. AND TO THE

BOARD, FOR ALLOWING ME TO GIVE THIS UPDATE TODAY ON THE MANUFACTURING NETWORK. SO TWO YEARS AGO THE BOARD APPROVED A CONCEPT PLAN THAT ENVISIONED THE FORMATION OF A CELL AND GENE THERAPY MANUFACTURING NETWORK IN CALIFORNIA THAT WOULD BE COMPOSED OF ACADEMIC AND INDUSTRY COLLABORATORS. THE CONCEPT PLAN ENVISIONED DOING THIS WITH A SERIES OF TWO RFA'S, THE FIRST OF WHICH WILL BE DIRECTED TOWARD ACADEMIC GMP MANUFACTURING FACILITIES WHICH, BY THE WAY, SUPPORT THE MAJORITY OF CIRM'S CLIN1 AND CLIN2 PORTFOLIO PROGRAMS, INCLUDING THOSE TARGETING RARE DISEASES.

SO PRIOR TO THIS FUNDING OPPORTUNITY BEING IN PLACE, THESE ACADEMIC GMP FACILITIES, SAVE A FEW EXCEPTIONS, WEREN'T USED TO HAVING A LOT OF INTERACTION AND COORDINATION WITH EACH OTHER. SO THE INTENT OF THIS FUNDING OPPORTUNITY WAS TWOFOLD. THE FIRST WAS TO ENABLE THESE FACILITIES TO MAKE OPERATIONAL ENHANCEMENTS AT THEIR INDIVIDUAL FACILITIES FOR MANUFACTURING, QUALITY, AS WELL AS WORKFORCE DEVELOPMENT. AND THE SECOND INTENT WAS TO FACILITATE COMMUNICATION AND COLLABORATION BETWEEN THE NINE FACILITIES.

SO LAST YEAR THE BOARD APPROVED NINE AWARDS. THESE INCLUDED AWARDS TO UC DAVIS, UC SAN

FRANCISCO, STANFORD -- I'M HOPING I'M GOING TO GET THIS RIGHT -- UCLA, CEDARS-SINAI, USC, CITY OF HOPE, AND UC IRVINE, AND UCSD. I APOLOGIZE IF I MISSED ANY OF THEM.

SO TODAY I'M GOING TO GIVE YOU AN UPDATE AS TO THE EXTREME EFFORT THAT THEY'VE MADE. IN ADDITION TO THAT, THE CIRM TEAM HAS BEEN DILIGENTLY WORKING TO BRING ON BOARD INDUSTRY PARTNERS AS WELL. SO I WANT TO ACKNOWLEDGE THAT THESE NINE FACILITIES PUT IN A LOT OF EFFORT OVER THE LAST NINE TO MONTHS TO BUILD COMMUNICATION AND COLLABORATION WITH EACH OTHER.

SO FIRST AND FOREMOST, THE FACILITY DIRECTORS OF ALL NINE FACILITIES HAVE BUILT DIRECT LINES OF COMMUNICATION WITH EACH OTHER. AND THEN THROUGH A CIRM-FACILITATED STEERING COMMITTEE AND WORKING GROUPS, NOT ONLY THE FACILITY DIRECTORS, BUT MANY OF THEIR TEAM MEMBERS HAVE BEEN SHARING EXPERIENCES AND KNOW-HOW ON ANY MANNER OF TOPICS. THIS INCLUDES TECHNICAL AND SCIENTIFIC TOPICS RELATED TO MANUFACTURING AND FACILITY OPERATIONS. IT INCLUDES DEVELOPING BEST PRACTICES FOR WORKFORCE RECRUITMENT AND TRAINING. THEY BUILT A DIGITAL PLATFORM TO HELP SHARE INFORMATION WITH EACH OTHER. AND THEY'VE STARTED THINKING ABOUT HOW THEY CAN WORK

AS A NETWORK.

AND ON THIS LAST PART, ON THE NEXT STEP FOR THIS PROGRAM, IS TO START FORMING THAT NETWORK AND TO REALIZE THE VALUE OF WORKING TOGETHER. SO THEY'VE IDENTIFIED KEY AREAS. THIS INCLUDES CONTINUING TO SHARE KNOWLEDGE AND BEST PRACTICES AND ESTABLISH BEST PRACTICES IN MANUFACTURING AND QUALITY CONTROL TO SUPPORT THE CELL AND GENE THERAPY PROGRAMS. TO USE THEIR NEGOTIATING POWER AS A COLLECTIVE GROUP TO ESTABLISH RELATIONSHIPS WITH VENDORS AS WELL AS SERVICE PROVIDERS TO IMPROVE RELIABILITY AS WELL AS REDUCE COSTS FOR MANUFACTURING. AND LASTLY, THEY WANT TO BUILD STRATEGIC PARTNERSHIPS WITH INDUSTRY MANUFACTURING PARTNERS TO FACILITATE PROGRESSION OF PROJECTS FROM THEIR FACILITIES ON TO LATER STAGE, LARGER MANUFACTURING PARTNERS.

ALL IN ALL, WE HOPE THAT EFFORT FROM THE NETWORK WILL LEAD TO CONTRIBUTING TO THE ADVANCEMENT OF DEVELOPMENT ON DELIVERY OF CELL AND GENE THERAPIES FOR PATIENTS IN NEED. THANK YOU.

DR. THOMAS: THANK YOU, SHYAM. I'D LIKE TO POINT OUT, JUST AS THE ALPHA CLINICS NETWORK WAS THE FIRST OF ITS KIND IN THE COUNTRY, SO TOO IS THIS MANUFACTURING NETWORK THAT SHYAM AND HIS TEAM HAVE

PUT TOGETHER. SO I THINK IT'S SOMETHING WE CAN ADDITIONALLY BE VERY PROUD OF ON TOP OF EVERYTHING ELSE THAT WE ARE DOING. SO THANK YOU, SHYAM AND TEAM.

NEXT UP, KOREN.

MS. TEMPLE-PERRY: HELLO AND GOOD MORNING, EVERYONE. THANK YOU FOR THE OPPORTUNITY TO PROVIDE THIS UPDATE AS PART OF THE PRESIDENT'S REPORT. MY NAME IS KOREN TEMPLE-PERRY, AND I AM THE SENIOR DIRECTOR OF MARKETING COMMUNICATIONS HERE AT CIRM.

ALL RIGHT. SO TO GET STARTED, AS MANY OF YOU KNOW, WE HAVE BEEN UNDERGOING AN EFFORT TO UPDATE OUR BRANDING TO BETTER COMMUNICATE WHO WE ARE. WE RECOGNIZE THE NEED TO COMMUNICATE WHAT WE STAND FOR MUCH MORE VISUALLY IMPACTIVELY.

SO AS PART OF THIS INITIATIVE, WE TOOK A CLOSER LOOK AT OUR LOGO. THIS WAS BACK IN DECEMBER. WE MADE A RECOMMENDATION TO UPDATE IT. THE GOAL OF THE UPDATE WAS TO IMPROVE THE READABILITY AND VISIBILITY OF OUR NAME, TO INCREASE THE CLARITY OF CIRM TO MANY COMMUNITIES UNFAMILIAR WITH US, AND TO STRENGTHEN OUR CURRENT BRAND. AND AFTER MANY, MANY MONTHS OF LOOKING AT TYPEFACES AND LOGOS AND ALL SORTS OF ELEMENTS, WE MADE A DECISION TO MOVE FORWARD. AND SO WITHOUT FURTHER ADO, I'D LIKE TO

INTRODUCE OUR NEW LOGO. HERE WE ARE.

AND SO WE ARE VERY EXCITED ABOUT THIS. THIS IS WHERE WE'VE LANDED WITH J.T.'S SUPPORT AND APPROVAL. THE LOGO IS NOT JUST A VISUAL CHANGE. IT REALLY REFLECTS OUR DEDICATION TO CONTINUOUSLY IMPROVING WHO WE ARE AT CIRM. IT IS LEGIBLE. IT'S APPROACHABLE. IT'S CLEAN. AND I'M GOING TO ACTUALLY SHARE THE NEXT SLIDE WHICH HAS FOUR DIFFERENT VERSIONS OF OUR LOGO.

IT FEATURES A MODERN TYPEFACE AND, MOST IMPORTANTLY, IT SPELLS OUT OUR NAME, AND IT REALLY MAKES CLEAR WHO WE ARE. SO WE ARE THRILLED TO ROLL OUT THIS NEW LOGO AS PART OF OUR BRAND REFRESH INITIATIVE. AND THIS IS GOING TO ROLL OUT JULY 1ST. AND IT'S ACTUALLY PART OF A BIGGER BRAND REFRESH INITIATIVE. SO ALONGSIDE THE LOGO WE'RE INTRODUCING A FRESH DESIGN, UPDATED BRANDING COLORS TO COMPLY WITH ADA STANDARDS.

SO WHAT YOU SEE HERE IS A NEW CIRM BROCHURE AS WELL AS SEVERAL ONE-PAGERS THAT PULL THROUGH A LOT OF THE NEW DESIGN ELEMENTS, THE NEW TYPOGRAPHY, THE NEW UPDATED COLORS, AS WELL AS THE NEW LOGO. WE WILL FEATURE NEW EMAIL SIGNATURES AS WELL AS BRANDED LETTERHEAD AND SOCIAL MEDIA HEADERS TO REALLY ALIGN WITH THIS UPDATED DESIGN.

AND REALLY THIS IS PART OF A MUCH LARGER VISUAL BRANDING DESIGN SYSTEM THAT WE'RE LOOKING TO INTRODUCE. SO WE ARE VERY EXCITED WITH THIS.

IN ADDITION TO THIS, WE HELD A BRANDING WORKSHOP TOO THROUGHOUT THE ORGANIZATION TO INTRODUCE STAFF TO A LOT OF THESE NEW MATERIALS AND HOW TO UTILIZE THEM. IT WAS WELL RECEIVED. IT WAS MET WITH A LOT OF ENTHUSIASM. SO WE ARE VERY EXCITED TO ROLL THIS OUT AND TO KICK OFF IN THE NEW FISCAL YEAR OUR NEW LOOK AND LOGO. SO THANK YOU.

MS. DURON: KOREN, THANK YOU VERY MUCH FOR THE WORK I KNOW YOU PUT IN. THANK YOU TO THE COMMUNICATIONS SUBCOMMITTEE FOR THEIR ENGAGEMENT BECAUSE I THINK IT WAS VERY NECESSARY AND THANK YOU FOR DOING THIS.

ONE OF THE ONLY THINGS I'M GOING TO TELL YOU AT THIS STAGE, AND I'M ALWAYS PERHAPS THE LONE VOICE ON THIS, I WOULD SAY THAT IF YOU POLLED MOST OF CALIFORNIANS AND YOU ASKED THEM WHAT REGENERATIVE MEDICINE IS, THEY WOULDN'T BE ABLE TO TELL YOU. SO WHILE WE THINK WE CLARIFIED OUR LOGO, I STILL THINK THAT IT DOESN'T INFORM AS MUCH AS WE WOULD LIKE IT TO.

SO I THINK WE TALKED SOMEWHAT ABOUT PUTTING LIKE A LITTLE, SMALL EXPLANATORY UNDERNEATH

THAT NAME. AND I WOULD STILL -- I MEAN EVEN IF YOU PUT STEM CELL, YOU WOULD STILL HAVE AN ARGUMENT, WELL, I'M NOT SURE I KNOW WHAT THAT MEANS. SO IF WE CAN ADD SOME SMALL CLARIFYING INFORMATIONAL UNDERNEATH THAT SO THAT PEOPLE REALLY GET IT, EVERYBODY REALLY GETS IT, I WOULD APPRECIATE THAT. I DON'T KNOW IF EVERYBODY ELSE FEELS THE SAME. I KNOW FOR EVERYBODY IN THIS ROOM, OBVIOUSLY THEY KNOW. OH, SURE. REGENERATIVE MEDICINE, NO BIG DEAL. BUT GO OUTSIDE AND ASK THE PEOPLE OUT THERE AND ASK THEM IF THEY KNOW WHAT IT IS.

SO WE'RE MOVING IN THAT PATH, BUT IN THE MEANTIME IF WE COULD ADD SOMETHING, A LITTLE TAGLINE.

MS. TEMPLE-PERRY: DEFINITELY. AND WE WILL DEFINITELY EXPLORE THAT. J.T., IF YOU HAVE ANY OTHER.

MS. MANDAC: LEONDRA HAS HER HAND RAISED.

DR. CLARK-HARVEY: THANK YOU. I JUST WANTED TO SUPPORT THOSE COMMENTS BY YSABEL. I AGREE COMPLETELY. AND SO APPRECIATE ALL THE WORK THAT'S GONE INTO THIS, AND A TAGLINE WOULD BE HELPFUL IF OUR GOAL AND MISSION IS TO REALLY HELP PEOPLE BETTER UNDERSTAND WHO WE ARE AREA WHAT WE DO. THANK YOU.

DR. THOMAS: SO THANK YOU, KOREN, AND TO

YOUR TEAM FOR ALL YOUR HARD WORK. THANK YOU, YSABEL, FOR THE HARD WORK OF THE COMMUNICATIONS SUBCOMMITTEE AND FOR YOUR AND LEONDRA'S COMMENTS.

I WILL NOTE THAT WE SPENT A LOT OF TIME TRYING TO FIGURE OUT A SHORT TAGLINE THAT EMBODIES EVERYTHING WE DO. AND I CAN REPORT TO YOU IT'S VIRTUALLY IMPOSSIBLE BECAUSE, NO MATTER -- UNLESS YOU WANT A TAGLINE THAT'S LIKE THREE LINES LONG, IT'S VERY DIFFICULT TO CONVEY THE MESSAGE. AND SO AS A RESULT, WHAT WE SETTLED ON, WHICH DOES HAVE ITS CONS, IS THE NAME AS THE TAGLINE BECAUSE ANYTHING ELSE THAT ADEQUATELY EXPLAINS WOULD TAKE UP AN ENTIRE BUSINESS CARD. BUT WE WILL TAKE YOUR ADVICE TO HEART AND CONTINUE TO TRY TO COME UP WITH SOMETHING THAT ACCOMPLISHES THAT. BUT I DO WANT TO THANK EVERYBODY WHO SPENT A LOT OF TIME ON THIS.

OKAY. NEXT. UTA, ARE YOU UP NEXT?

DR. GRIESHAMMER: GOOD MORNING. I'M UTA GRIESHAMMER. I'M A MEMBER OF ROSA'S SCIENTIFIC PROGRAMS AND EDUCATION TEAM. AND I'M HERE TO GIVE YOU AN UPDATE ON THE SHARED RESOURCES LABS FOR STEM CELL-BASED MODELING. THIS IS A PROGRAM THAT WAS DEVELOPED BY OUR TEAM IN COLLABORATION WITH BASICALLY EVERY FUNCTION AT CIRM AND ALSO GREAT INPUT FROM THE SCIENCE SUBCOMMITTEE.

SO FOR A LITTLE CONTEXT, I'M GOING TO -- ACTUALLY THIS IS GOING BACK TO SORT OF THE THEME THAT SHYAM WAS TALKING ABOUT AND THAT CIRM IS REALLY COMMITTED TO PROVIDING RESOURCES TO THE CALIFORNIA RESEARCH COMMUNITY TO ENABLE CUTTING-EDGE RESEARCH. SO THIS SHARED RESOURCE LABS PROGRAM IS ROOTED REALLY IN OUR SHARED LABS PROGRAM THAT CIRM FUNDED FROM 2007 TO 2016, WHICH AT THE TIME HAD CREATED SEVERAL CORE RESEARCH LABORATORIES THAT WERE FREE FROM FEDERAL RESTRICTIONS THAT EXISTED AT THE TIME THAT WERE LIMITING HUMAN EMBRYONIC STEM CELL RESEARCH. AND SO CIRM STEPPED IN AND FUNDED THESE CORE LABS THAT REALLY ENABLED A LOT OF CALIFORNIA LABS AND ALSO EDUCATIONAL PROGRAMS TO BECOME FAMILIAR WITH THE THEN NEW HUMAN EMBRYONIC STEM CELL TECHNOLOGY.

DURING THAT TIME A LOT HAS HAPPENED IN THE STEM CELL FIELD. THE HUMAN INDUCED PLURIPOTENT STEM CELLS FIRST ARRIVED AND THE FEDERAL LIMITS ON HUMAN EMBRYONIC STEM CELL RESEARCH WERE LIFTED, DIFFERENTIATION PROTOCOLS WERE DEVELOPED FOR THESE HUMAN PLURIPOTENT STEM CELLS, ENABLING ADVANCED DISEASE MODELING FOR IN VITRO DISEASE RESEARCH AND HUMAN BIOLOGY RESEARCH. AND TO -- I'M MISSING SOMETHING HERE. SOMETHING GOT DROPPED. THE WHOLE

EFFORT WAS ALSO TURBOCHARGED BY THE INVENTION OF THE CRISPR MODELING THAT WAS INVENTED AROUND THE SAME TIME.

SO WHEN PROPOSITION 14 CAME AROUND IN 2020 AND IT ENVISIONED RELAUNCHING THE SHARED LABS, OUR TEAM, WITH THE SUPPORT OF THE REST OF CIRM, DEVELOPED WHAT WE NOW CALL THE SHARED RESOURCES LABS, WHICH WE'RE LAUNCHING NOW. AND IT TAKES THIS KIND OF RESEARCH INTO THE CURRENT TIME WITH ADVANCED DISEASE MODELING, GENOMICS TECHNOLOGIES, ET CETERA THAT WILL BE SUPPORTED.

SO THIS SHARED RESOURCES LABS PROGRAM IS ENVISIONED AS A NETWORK OF CORE RESEARCH LABORATORIES WHOSE GOAL IS TO PROVIDE ACCESS TO STEM CELL-BASED DISEASE MODELS ACROSS CALIFORNIA, TO ADVANCE STANDARDS AND REPRODUCIBILITY OF THIS RESEARCH. ALSO TO PROVIDE ACCESS TO EDUCATIONAL OPPORTUNITIES IN THIS FIELD AND TO DEVELOP THE WHOLE NETWORK AS A SUSTAINABLE STEM CELL CORE INFRASTRUCTURE.

THERE ARE TWO TYPES OF SHARED RESOURCES LABS THAT ARE BEING DEVELOPED. ONE IS CALLED THE ENHANCING EXPANSION SHARED RESOURCE LABS. THEY'RE MEANT TO ENABLE LEADING EXPERTS IN STEM CELL-BASED MODELING TO SHARE THEIR EXPERTISE AND TECHNOLOGY

ACROSS LABS IN CALIFORNIA. AND THE ESTABLISHING SHARED RESOURCE LABS ARE MEANT TO PROVIDE ACCESS TO THESE ADVANCED DISEASE MODELING APPROACHES IN GEOGRAPHIC AREAS OF CALIFORNIA THAT CURRENTLY HAVE LIMITED ACCESS TO SUCH MODELS.

THE SHARED RESOURCE LABS REVIEW HAPPENED, AND IN FEBRUARY THE APPLICATION REVIEW SUBCOMMITTEE APPROVED THE FIRST FIVE PROJECTS, WHICH ARE SHOWN HERE IN RED, LISTED THE INSTITUTIONS THAT WILL BE HOSTING THESE FIRST FIVE SHARED RESOURCE LABS. AND AT THE SAME TIME, WHEN THE APPLICATION REVIEW SUBCOMMITTEE APPROVED THOSE FIVE, IT ALSO APPROVED THE RESUBMISSION OF 11 PROPOSALS THAT HAVE BEEN DISTRIBUTED ACROSS THESE TWO TYPES THIS WAY.

OUR FABULOUS REVIEW TEAM WAS RIGHT ON TOP OF THIS, AND WE ALREADY RECEIVED RESUBMISSIONS. THE FACILITIES WORKING GROUP AND THE GRANTS WORKING GROUP, AS NECESSARY, ALREADY REVIEWED THESE APPLICATIONS, AND THEY'RE COMING TO THE APPLICATION REVIEW SUBCOMMITTEE IN JULY. WE HAVE ROOM FOR SIX MORE OF SHARED RESOURCE LABS IN THE TOTAL PROGRAM BUDGET.

SO I WANT TO END BY SAYING THAT WE'RE DELIGHTED TO HAVE STARTED THIS PROCESS WITH THE FIVE GROUPS, WITH THE FIVE TEAMS THAT ARE LAUNCHED RIGHT

NOW. IT'S A PLEASURE TO BE WORKING WITH THEM. AND WE LOOK FORWARD TO WELCOMING HOPEFULLY SIX MORE OF THESE LABS AFTER THE JULY ARS MEETING. THANK YOU.

MS. MANDAC: ANNE-MARIE HAS HER HAND RAISED.

DR. DULIEGE: ACTUALLY I HAVE -- IS IT OKAY FOR A QUESTION OR A COMMENT? FIRST, WELL, CONGRATS. THIS IS SO MUCH FORWARD LOOKING, FORWARD THINKING. MY QUESTION IS ACTUALLY CAN YOU CLARIFY WHAT SHARING HERE MEANS, SHARING RESOURCES? IS IT SHARING EXPERTISE? AND THE CONVENING POWER OF CIRM IS REMARKABLE. IS IT SHARING STORAGE CAPABILITIES? OR IS IT SHARING RESEARCH IDEAS?

AND MY SECOND PART OF THE QUESTION IS CAN YOU EXPLAIN TO ALL OF US WHAT KIND OF MODELING YOU'RE DOING? MODELING IS A BUZZ WORD THESE DAYS. IS IT ARTIFICIAL INTELLIGENCE? BUT WHAT EXACTLY DO YOU USE AS MODELING? THANK YOU FOR THE CLARIFICATIONS.

DR. GRIESHAMMER: YOU'RE WELCOME. GREAT QUESTIONS.

SO WHAT WE MEAN BY SHARING HERE IS ACTUALLY BROAD, AND IT DEPENDS REALLY ON WHAT THE INDIVIDUAL APPLICANTS AND THEN AWARDEES WERE THINKING OF WHAT THEY WANTED TO OFFER. IT GOES FROM

INVITING RESEARCHERS WHO NEED SPACE TO CONDUCT THESE EXPERIMENTS INTO THEIR CORE LABORATORIES. IT INVOLVES ADVISING THEM HOW TO DO SUCH EXPERIMENTS IF THEY NEED SUCH ADVICE. IT INVOLVES ASSAYING THESE MODELS AND USING THE GENOMIC TECHNOLOGIES, MODERN IMAGING TECHNOLOGIES, MODERN GENOMICS ANALYSES TO GATHER THE DATA ON THESE MODELS. ACTUALLY ALSO INVOLVES DATA SHARING THAT WE'RE GOING TO INSIST ON THAT COMES OUT OF ALL OF THIS.

IT COULD ALSO INVOLVE IN SOME CASES SHIPPING A PREPARED MODEL THAT SOMEBODY IS INTERESTED IN TO ANOTHER INSTITUTION WHERE THEY THEN ANALYZE THE MODEL. SO IT'S VERY BROAD, AND IT MIGHT EVOLVE OVER TIME DEPENDING ON HOW THESE WILL BE USED.

SO NOW WHAT IS MODELING? IN THIS CASE IT'S VERY SPECIFICALLY TAKING HUMAN STEM CELLS, OFTEN HUMAN PLURIPOTENT STEM CELLS, COULD BE ADULT STEM CELLS, AND TURNING THEM INTO THE CELL TYPES THAT ARE AFFECTED IN A DISEASE IN A CULTURE DISH AND THEN ASKING IF THE CELLS THAT WERE, LET'S SAY, DERIVED FROM A PATIENT WITH PARKINSON'S DISEASE DISPLAY CHARACTERISTICS OF PARKINSON'S DISEASE NEURONS IN THE DISH. AND IF SO, YOU CAN THEN USE THAT KIND OF IN VITRO MODEL TO HELP UNDERSTAND THE

MECHANISMS OF DISEASE BETTER, TO FIND NEW TARGETS, FOR INSTANCE, POTENTIALLY TO FIND BIOMARKERS. SOME WILL WANT TO GO AHEAD AND, ONCE THEY HAVE A TARGET IDENTIFIED A CHARACTERISTIC OF A CELL LINE -- OF A DISEASE MODEL LIKE THIS TO, FOR INSTANCE, SCREEN FOR SMALL MOLECULE COMPOUNDS THAT COULD REVERT BACK THE CHARACTERISTIC TO THE NORMAL. SO THAT'S THE MODELING WE'RE DOING.

DR. DULIEGE: WELL, THANK YOU FOR THIS EXPLANATION. THIS IS JUST REMARKABLE WORK, ABSOLUTELY REMARKABLE, AND IT'S A DIFFICULT ONE. SO THANK YOU.

DR. THOMAS: THANK YOU, UTA AND TEAM. IT'S GREAT TO REINVIGORATE ONE OF THE CORE PROGRAMS THAT CIRM HAD BACK IN THE DAY WHEN WE FIRST STARTED. AND THERE'S BEEN A TREMENDOUS AMOUNT OF WORK. THE REVIEW PROCESS AND THE PRESENTATION TO THE BOARD ITSELF WAS VERY COMPLICATED. GIL LED A MEETING THAT LASTED LIKE AN HOUR AND A HALF TRYING TO FIGURE OUT EXACTLY WHAT THE BEST WAY WAS TO PRESENT ALL THIS WHEN IT GOT TO THE ARS, ET CETERA. THIS IS A VERY COMPLICATED PROGRAM, WHICH UTA HAS DISTILLED DOWN HERE TO ITS ESSENCE. AND WE'RE VERY PLEASED TO HAVE THAT BACK AS A MAINSTAY IN THE CIRM PROGRAM.

CHAN UP NEXT TO TALK ABOUT REMIND.

DR. TAN: THANK YOU, J.T., AND THANK YOU TO THE MEMBERS OF THE BOARD. GOOD MORNING. MY NAME IS CHAN LEK TAN. I HAVE THE PLEASURE OF BEING THE SCIENTIFIC LEAD ON THE REMIND PROGRAM. AND I WILL PROVIDE A BRIEF UPDATE ON THE PROGRAM STATUS ON BEHALF OF THE BROADER TEAM TODAY.

AS YOU MAY RECALL, THE REMIND PROGRAM WAS APPROVED BY THE BOARD IN SEPTEMBER 2023. AND THIS WAS PRECEDED BY A LONG PERIOD OF DISCUSSIONS, WHICH THEY CALLED IN EXPERTS STRETCHING BACK TO 2019, AND THEN DEVELOPED IN CLOSE COLLABORATION WITH THE CIRM NEUROSCIENCE TASK FORCE THAT WAS CHAIRED BY DR. LARRY GOLDSTEIN UP TO NOW.

SO I JUST WANTED TO HIGHLIGHT THREE MAIN POINTS THAT EMERGED FROM THOSE DISCUSSIONS AND A KEY TO THE DESIGN OF THE PROGRAM AND I THINK PERTINENT TO THE STRATEGIC DISCUSSIONS THAT ARE CURRENTLY ONGOING.

FIRST, THERE WAS AN APPRECIATION FOR THE LACK OF UNDERSTANDING OF DISEASE MECHANISMS AS A MAJOR OBSTACLE TO THERAPEUTIC DEVELOPMENT. THEY HIGHLIGHTED THE NEED TO INTEGRATE MULTIPLE DISCIPLINES IN ORDER TO TACKLE THE COMPLEXITY OF BRAIN DISEASES. AND LASTLY, THE IMPORTANCE OF PROVIDING DATA, KNOWLEDGE, AND RESOURCE SHARING TO

ACCELERATE BREAKTHROUGHS.

SINCE APPROVAL, THE TEAM HAS EXECUTED ON THE PROGRAM WITH THE RELEASE OF THE RFA OF THE FIRST AWARD AND THEN CULMINATING IN THE GWG REVIEW OF THE FIRST REMIND AWARD LAST WEEK. AND THIS SETS US UP FOR APPROVAL BY THE ARS IN AUGUST AND POTENTIAL LAUNCH OF THE FIRST TRANCHE OF GRANTS IN EARLY 2025.

SO AS A REMINDER, THE REMIND PROGRAM CONSISTS OF TWO UNIQUE FUNDING OPPORTUNITIES THAT TOTAL $110 MILLION WAS APPROVED TO TACKLE COMPLEX NEUROPSYCHIATRIC DISEASES. AND THESE AWARDS ARE MEANT TO COMPLEMENT OUR EXISTING DISCOVERY GRANTS.

THE FIRST ONE THAT WAS RELEASED IS REMIND-L OR DISC4, WHICH IS A COLLABORATIVE PROJECT THAT FUNDS LARGE COLLABORATIVE TEAMS OF FIVE OR MORE INVESTIGATORS. THIS HAS A MAXIMUM OF $10 MILLION PER AWARD FOR A FOUR-YEAR PERIOD. AND WE HAD A TARGET TO FUND SIX AWARDS FOR A TOTAL OF $88.2 MILLION.

THE SECOND FUNDING OPPORTUNITY, REMIND-X OR DISC5, IS FOR EXPLORATORY, HIGH IMPACT PROJECTS THAT BRINGS TOGETHER TWO OR MORE INVESTIGATORS WITH THE AIM OF PROVIDING PROOF OF CONCEPT FOR NEW TOOLS, NEW MODELS, AND NEW TECHNOLOGIES. AND THESE GRANTS ARE SMALLER FOR A MILLION DOLLARS OVER TWO YEARS.

AND OUR EXPECTATION IS TO HAVE THE RFA FOR REMIND-X POSTED LATER THIS YEAR.

AND I WILL CONTINUE TO TELL YOU A LITTLE BIT MORE ABOUT OUR FIRST PROGRAM, REMIND-L. SO WE HAD QUITE SIGNIFICANT INTEREST AND EXCITEMENT ABOUT THIS NEW FUNDING MECHANISM FROM CIRM. WE RECEIVED IN TOTAL 26 COLLABORATIVE APPLICATIONS FROM ACROSS CALIFORNIA. YOU CAN SEE THE DISTRIBUTION OF 26 PRIMARY APPLICANT ORGANIZATIONS THAT WE RECEIVED. IMPORTANTLY, 16 OF 26 APPLICATIONS WERE MULTI-INSTITUTIONAL IN NATURE. SO ALL IN ALL 158 INVESTIGATORS FROM 19 ACADEMIC INSTITUTIONS PARTICIPATED IN THIS CALL.

AND FINALLY, IN LINE OF THE REQUIREMENTS OF THE RFA ITSELF AND THE SPIRIT OF THE AWARD, THE TEAMS INCORPORATED MULTIPLE DISCIPLINES AND TECHNOLOGIES IN THEIR PROPOSED RESEARCH. THIS IS AN ILLUSTRATIVE LIST THAT WAS SHARED WITH BOTH THE APPLICANTS AND REVIEWERS, AND IT REALLY SPEAKS TO THE FLEXIBILITY OF THE PROGRAM DESIGN.

AND SO TO SUM UP, WITH THE SUCCESSFUL GWG REVIEW OF THE DISC4 APPLICATIONS THAT WE JUST CONCLUDED, WE WILL COME BACK TO THE ARS FOR APPROVAL OF THE RECOMMENDATIONS IN AUGUST AND POTENTIALLY LAUNCHING THE AWARDS IN JANUARY 2025.

AND I JUST WANT TO SHOUT OUT BECAUSE IT TAKES A TEAM TO EXECUTE ON THIS AGGRESSIVE TIMELINE, PARTICULARLY THANKS TO ROSA FOR SPEARHEADING THIS EFFORT, AND LINDA, LIZ, JOHN, APRIL, DOUG, SARA, AND JANIE FOR ALL THEIR WORK ON THIS AS WELL. THANK YOU.

MR. JUELSGAARD: JUST REMIND ME AGAIN OF THE NUMBER OF REMIND-L APPLICATIONS THAT ARE GOING TO BE APPROVED. WHAT WAS THE NUMBER WE SET?

DR. TAN: THE TARGET WAS FOR SIX AWARDS.

MR. JUELSGAARD: SIX AWARDS. WE HAVE 26 APPLICANTS?

DR. TAN: WE HAVE 26 APPLICATIONS.

MR. JUELSGAARD: GOOD LUCK WITH THAT. WE'LL GET A LOT OF LETTERS, I'M SURE.

MS. DURON: CAN I ASK AND I DON'T EVEN KNOW IF WE CAN OR SHOULD DO THIS. BUT I THINK IT'S FABULOUS, THE INTEREST AND OBVIOUSLY THE NEED. BUT I'M KIND OF WONDERING WHAT KINDS OF APPLICATIONS DID WE GET. WHAT DO THEY PROMOTE THEY WILL DO? CAN SOMEONE GIVE ME THAT IN VERY SMALL ENGLISH? DON'T GIVE ME THE COMPLEX STUFF. JUST TELL ME, OH, THIS ONE WANTS TO DO THIS AND THIS ONE WANTS. I WOULD REALLY LOVE TO KNOW WHERE THEY'RE SEEING THIS KIND OF RESEARCH COULD GO.

DR. TAN: WITHOUT GOING INTO THE APPLICATIONS THEMSELVES BECAUSE THEY ARE STILL UNDER REVIEW, BUT IN GENERAL THE RFA WAS FOR NEUROPSYCHIATRIC DISEASES. SO WE SAW A RANGE OF APPLICATIONS COMING IN TO TACKLE AUTISM, SCHIZOPHRENIA, BIPOLAR, SOME SUBSTANCE ABUSE DISORDERS. SO THERE WAS A BROAD REMIT, AND SOME APPLICATIONS WENT ACROSS THE BOARD AS WELL, CUTTING ACROSS DISEASE INDICATIONS AS WELL.

DR. CANET-AVILES: I'M JUST TOO TALL FOR THIS, RIGHT. I THINK THIS IS A PILOT. THIS OBVIOUSLY WAS A PILOT. THE FACT THAT WE GOT 26 APPLICATIONS AND THERE WAS VERY HIGH QUALITY APPLICATIONS, ALSO THANKS TO THE TEAM WITH THE CONSULTATIONS, CHAN AND JANIE, THAT PREPARED MANY OF THESE RESEARCHERS TO HAVE VERY COMPETENT APPLICATIONS TO US MEANS THERE IS A LOT OF DEMAND. THAT'S ALSO ALIGNED WITH WHAT WE WILL BE TALKING ABOUT LATER, THE WHOLE NEED FOR FURTHER DISCOVERY OF DISEASE MECHANISMS TO HELP THE TRANSLATION PATHWAY AND HELP THE DEVELOPMENT OF POTENTIAL THERAPEUTICS IN THE CLINIC.

SO ALL OF THIS IS JUST TO SAY THAT THERE IS DEMAND, THAT WE HAD A GOOD PROCESS THAT WAS VERY SUCCESSFUL. AND I THINK THAT'S AS MUCH AS WE CAN

SAY. SO HOPEFULLY THERE WILL BE MORE OPPORTUNITIES NOT ONLY WITHIN -- AND ANOTHER THING IS THAT WE SAW A LOT OF COMPLEMENTARITY. THERE MIGHT HAVE BEEN SCHIZOPHRENIA, FOR EXAMPLE, BUT IN DIFFERENT APPROACHES THAT WERE COMPLEMENTARY. SO THAT'S GOING TO BE PART OF OUR NETWORK.

SOMETHING THAT UTA DIDN'T MENTION WAS THE FACT THAT THERE ARE STEERING COMMITTEES MANAGING ALL THESE NETWORKS AS WELL. SO THEY WILL CONNECT AS WELL SO THAT WE CAN LEVERAGE ALL THESE RESOURCES THAT WE ARE MAKING AVAILABLE. I DON'T WANT STEP ON CHAN'S PRESENTATION.

MR. JUELSGAARD: JUST ONE QUICK RESPONSE, ROSA. SO WHAT'S GOING TO BE IMPORTANT IS THE REMIT TO THE GWG. QUESTION IS IS WHAT ARE THEY GOING TO LOOK AT? SO YOU CAN JUST LOOK AT PURE SCIENTIFIC MERIT, BUT YOU CAN LOOK AT HETEROGENEITY OF DISEASES. YOU CAN LOOK AT THE IMPORTANCE OF THE UNMET MEDICAL NEED. HOW SIGNIFICANT IS IT? THINGS OF THAT SORT. SO I'M NOT SUGGESTING THAT YOU TELL US WHAT YOU ARE GOING TO DO, BUT I THINK IT'S IMPORTANT, IF YOU'VE GOT THAT MANY APPLICATIONS, THAT THEY'RE SPREAD IN A WAY THAT LOOKS LIKE THEIR FAIR AND EVENHANDED AND WILL ADDRESS SOME IMPORTANT ISSUES.

DR. CANET-AVILES: YES. AND WE HAVE VERY CLEAR REVIEW CRITERIA. AND MY COLLEAGUE, DR. GIL SAMBRANO, WILL BE EXPLAINING THIS AT THE ARS, THE TEAM AND THE CHANCE LEADING SCIENTIFIC MIND, WE DEVELOPED REALLY GOOD REVIEW CRITERIA THAT WILL HELP JUSTIFY THE DECISIONS AS WELL. SO THANK YOU.

DR. THOMAS: THANK YOU, CHAN, ROSA, AND YOUR TEAM. WE WOULD BE REMISS HERE IF WE DIDN'T SINGLE OUT THE EXTRAORDINARY EFFORT OF LARRY GOLDSTEIN, WHO CHAIRED THE NEURO TASK FORCE SINCE INCEPTION AND WAS INTEGRALLY INVOLVED AT ALL STEPS WITH HOW THIS PROGRAM THAT WAS JUST DESCRIBED AND ONES THAT WILL FOLLOW WERE PUT TOGETHER. SO, LARRY, IF YOU ARE LISTENING, HIGH FIVE. THANK YOU NOT JUST FOR THAT, BUT FOR YOUR MANY YEARS OF WONDERFUL SERVICE TO THE BOARD IN SO MANY DIFFERENT CAPACITIES, AND A TRUE PRODUCT OF THE CIRM SYSTEM, STARTING OUT AS A GRANTEE WAY BACK WHEN AND HEAD OF THE UCSD STEM CELL PROGRAM, ON AND ON AND ON. PAT.

DR. LEVITT: I JUST WANT TO SAY IF THIS WAS AN EFFORT DEVELOPED AT NIH, IT WOULD HAVE A TAKEN FIVE YEARS TO GET TO WHERE WE ARE NOW OR MORE MAYBE. SOME OF US HAVE SAT ON ADVISORY BOARDS FOR INSTITUTES AND KNOW THAT THAT'S THE TIMELINE. SO IT'S EXTRAORDINARY THAT THE PACE WAS KEPT. THE PACE

IS WHAT IT IS IN TERMS OF GOING FROM TRYING TO GARNER AS MUCH INFORMATION AS POSSIBLE AND WHAT THE BARRIERS ARE FOR BRAIN DISEASES IN TERMS OF RESEARCH AND GETTING TO THIS POINT.

THE OTHER POINT IS THERE WERE 26 APPLICATIONS AND SIX MAY BE RECOMMENDED. THAT'S STILL MUCH BETTER THAN THE FEDERAL RATE OF FUNDING. AND SO ALL OF US WHO DO RESEARCH AND APPLY FOR FEDERAL GRANTS UNDERSTAND WHAT THE RISKS ARE IN TERMS OF PUTTING IN A TON OF WORK AND THEN FOR MANY OF US OR PROBABLY ALL OF US WHO HAVE EXPERIENCED THE UNFORTUNATE OUTCOME IN TERMS OF NOT GETTING FUNDED.

SO YOU WANT LARGE NUMBERS OF APPLICATIONS WHICH INCREASES THE CHANCES OF GETTING REALLY BEYOND OUTSTANDING WORK THAT'S GOING TO BE DONE. SO I'M REALLY EXCITED ABOUT THE OUTCOME OF THIS. AND LARRY DESERVES A TON OF CREDIT FOR LEADING THE TASK FORCE.

(APPLAUSE.)

DR. THOMAS: AS I SAY, THE BALANCE OF THE REPORT ON THINGS WE'VE BEEN DOING WILL COME LATER WITH ROSA'S PRESENTATION ON THE SAF. PART AND PARCEL OF THE SAF IS THE WHOLE DEVELOPMENT OF A NEW RARE DISEASE STRATEGY WHICH WILL BE COMING TO THE JOINT NEURO TASK FORCE/SCIENCE SUBCOMMITTEE STARTING LATER IN THE YEAR. AND THAT EFFORT IS BEING ABLY

RUN BY ABLA, IF I MAY SAY THAT, YES, ABLA AND THE THERAPEUTICS TEAM. SO THANK YOU VERY MUCH TO THEM.

SO I'M GOING TO CLOSE HERE. AS WE KNOW, I CAN'T AVOID SPORTS ILLUSIONS. SO FOR THOSE OF YOU WHO FOLLOWED THE LAST MONTH OR SO, IT'S BEEN A VERY TOUGH STRETCH FOR MAJOR SPORTS ICONS PASSING. WE LOST A LEGENDARY COLLEGE AND NBA HALL OF FAMER BILL WALTON. WE LOST ONE OF MY PERSONAL CHILDHOOD HEROES, LEGENDARY BASKETBALL OLYMPIAN, HALL OF FAMER WITH THE LAKERS, JERRY WEST. AND MOST RECENTLY AND MOST RELEVANT TO THE BAY AREA, OF COURSE, WE LOST THE INCOMPARABLE WILLIE MAYS.

INTERESTINGLY ENOUGH, I HAVE A PERSONAL CONNECTION AND STORY ABOUT EACH OF THEM WHICH I WANT TO SHARE BECAUSE IT ACTUALLY IS, IN ADDITION, HOPEFULLY, TO BEING INTERESTING, IS RELEVANT TO WHAT WE DO. SO BILL WALTON, ONE OF THE GREATEST COLLEGE BASKETBALL PLAYERS OF ALL TIME AT UCLA, WENT ON TO A HALL OF FAME CAREER IN THE NBA AND LATER INTO SPORTS BROADCASTING. AND IN THE YEAR 2004, HE WAS ONE OF THE ANNOUNCERS FOR THE FINAL FOUR IN MARCH MADNESS IN SAN ANTONIO. I TOO HAPPENED TO GET AN INVITATION TO THAT EVENT AND ENDED UP BEING ON A PLANE WITH BILL WALTON WHO WAS SITTING ABOUT THREE SEATS AHEAD OF ME.

OF COURSE, I HAD TO SAY HELLO BECAUSE THAT'S THE WAY I KIND OF AM. AND HE SAYS, "WHERE ARE YOU GOING?" AND I SAID SUCH-AND-SUCH HOTEL. HE SAID, "SO AM I. LET'S TAKE A CAB TOGETHER."

AND SO THE TWO OF US TOOK A CAB. AND AT THAT POINT HE HAD CHILDREN THAT WERE COLLEGE AGE OR HIGHER, ONE OF WHICH, LUKE WALTON, WENT ON TO WIN TWO WORLD CHAMPIONSHIPS WITH THE LAKERS. AND THE WHOLE RIDE WAS NOT ABOUT HIS CAREER OR ANYTHING HAVING TO DO WITH WHAT I WAS DOING. IT WAS ALL ABOUT KIDS. AND WE TALKED ABOUT AND I ASKED HIM, I SAID, "WE HAVE FOUR YOUNG CHILDREN. HOW HAVE YOU MANAGED TO RAISE THESE KIDS THAT ARE SO SUCCESSFUL IN VARIOUS THINGS THAT THEY DO?" HE SAID, "WELL," HE SAID, "IT'S JUST A MATTER OF BEING LOVING TO THEM AND SUPPORTING WHATEVER THEY'RE INTERESTED IN." AND DRAWING ON THE LESSONS IMPARTED TO ME, BILL WALTON, FROM JOHN WOODEN, WHOSE NAME YOU WILL RECOGNIZE, LEGENDARY UCLA BASKETBALL COACH WHO WON EIGHT NCAA TITLES IN A ROW, AND WALTON'S TEAM THAT WON 88 GAMES IN A ROW, NEITHER OF WHICH WILL EVER BE ECLIPSED. AND HE SAID THAT THE WHOLE THING WAS ABOUT TEAMWORK. IT'S NOT ABOUT I. IT'S ABOUT WE. IT'S ALL ABOUT TEAMWORK.

SO WE HAD THIS GREAT CONVERSATION. HE WAS

VERY ENGAGING AS WAS HIS REPUTATION. WE GOT TO THE HOTEL AND PARTED OUR SEPARATE WAYS, BUT I THOUGHT IT WAS A GREAT STORY.

JERRY WEST, SO WHEN I WAS -- IN THE EARLY '90S I CHAIRED A BOARD OF A NON-PROFIT IN LOS ANGELES THAT PROVIDED SERVICES TO DISADVANTAGED CHILDREN. AND WE HAD A FUND-RAISING BREAKFAST. AND TO RAISE MONEY, WE HAD JERRY WEST AS OUR GUEST AS SORT OF THE DRAW TO THIS BREAKFAST. SO I GOT TO SIT NEXT TO HIM AS THE CHAIR, WHICH AS A LAKER FAN, OF COURSE, IS LIKE UNBELIEVABLE.

AMONG OTHER THINGS, THOSE OF YOU WHO FOLLOW THE NBA, BACK IN THOSE DAYS THE LAKERS HAD THAT WONDERFUL TEAM, AND PAT RILEY WAS THEIR COACH. REMEMBER THAT NAME. AT THE TIME OF THIS BREAKFAST, I SAID TO JERRY, I SAID, "YOU KNOW, THERE'S A LOT OF RUMORS ABOUT RILEY GOING DO THE KNICKS. SO THAT WOULD BE AWFUL. WHAT'S THE STORY?" AND HE SAYS, "YOU CAN TAKE IT FROM ME. HE'S NOT GOING ANYWHERE." I SAID, HMM, WELL, THAT'S GREAT INSIDE SCOOP. SO I, OF COURSE, LEFT AND I GO BACK, AND THIS IS BEFORE TEXTING, AND I EMAIL EVERYBODY I KNOW. JUST HAD BREAKFAST WITH JERRY WEST. HE SAYS RILEY IS NOT GOING ANYWHERE.

GET UP THE NEXT MORNING, HUGE HEADLINES IN

THE *L.A. TIMES* ABOVE THE FOLD, HUGE FONT, "RILEY TO KNICKS." AND I, OF COURSE, IMMEDIATELY GOT EMAILS FROM EVERYBODY AND GOT ABUSED ABOUT THIS FOR YEARS. ONE OF THE THINGS THAT JERRY WEST WAS MOST KNOWN FOR WAS HE WAS FROM RURAL WEST VIRGINIA. AND HIS GOAL IN LIFE WAS TO GO PLAY FOR THE UNIVERSITY OF WEST VIRGINIA. BECAUSE HE SAID TO HIM NOTHING WAS MORE IMPORTANT THAN REPRESENTING THE STATE AT THE STATE UNIVERSITY AND PLAY THERE. AND, OF COURSE, HE WENT ON TO AN UNSURPASSED CAREER AND WAS AN ANCHOR FOR THE 1960 U.S. OLYMPIC GOLD MEDAL TEAM AND LAKER CAREER IS WELL DOCUMENTED.

WILLIE MAYS. SO WHEN HE PASSED, A PIECE OF THE NATION'S SOLE REALLY PASSED WITH HIM. HE WAS OBVIOUSLY UNSURPASSED IN PERFORMANCE. HE WAS A VERY IMPORTANT FIGURE IN CIVIL RIGHTS. HE WAS ONE OF THE FEW PLAYERS THAT WAS BELOVED BY FRIENDS AND FOES ALONE -- INCLUDED, RATHER. AND SO IT WAS WITH A GREAT DEAL OF SADNESS THAT THAT ANNOUNCEMENT WAS MADE. AND SO THE TRIBUTES POURED IN.

AND I, AS A FAN, READ LOTS OF TRIBUTES DESCRIBING ALL HIS GREAT FEATS AND HIS ROLE IN VARIOUS WALKS OF LIFE AND WHAT A WONDERFUL PERSON HE WAS. AND ONE OF THE THINGS I READ WAS A LITTLE LETTER WRITTEN BY A YOUNG BOY THAT TALKED ABOUT HOW

MUCH HE LOOKED UP TO HIM AND WHAT A GREAT PLAYER HE WAS AND HOW MUCH IT MEANT TO HIM TO GET TO SEE HIM PLAY.

SO THERE ARE THESE TRIBUTES FROM ALL WALKS. AND YOU SAY, WELL, WAIT A MINUTE. I DIDN'T HEAR ANY CONNECTION TO ME. WHAT'S THE STORY? WELL, THE STORY WAS THE LETTER FROM THE YOUNG BOY WAS FROM ME WHEN I WAS 12. AND EVEN THOUGH I WAS A DODGER FAN, AS I SAY, MAYS' APPEAL REACHED EVERYBODY. AND MY MOTHER DIDN'T KNOW WHERE TO SEND THE LETTER. SO SHE NEVER SENT IT. AND MY WIFE ABOUT A MONTH AGO, I DON'T KNOW HOW SHE CAME ACROSS THIS LETTER, WHICH WAS A PRETTY COOL THING TO BE ABLE TO SEE.

AND SO I WANT TO SAY, GIVEN THAT THIS IS MY FINAL MEETING AS INTERIM PRESIDENT AND CEO, FIRST OF ALL, WANT TO ACKNOWLEDGE WHAT A PRIVILEGE IT'S BEEN, AS WAS THE CASE 15 MONTHS AGO WHEN I ADDRESSED THE BOARD, TO WORK WITH THE BOARD, UNPARALLELED GROUP OF TALENT AND DEDICATION. AND TO MY COLLEAGUES, HAVING HAD THE CHANCE NOW TO WORK WITH YOU OVER THE PAST SIX MONTHS WAS ONE OF THE GREAT JOYS OF MY PROFESSIONAL CAREER. AND I THINK WE'VE DONE SOME PRETTY GREAT STUFF THAT'S GOING TO KEEP US IN WONDERFUL STEAD GOING FORWARD IN THE YEARS AHEAD.

AND I WOULD LIKE TO ADMONISH THE WHOLE

CIRM FAMILY TO, GOING FORWARD, CONTINUE TO EMBRACE AND EMBODY THE TEAM WORK ETHIC OF BILL WALTON AND JOHN WOODEN, TO APPRECIATE THE PRIVILEGE IT IS TO SERVE THE STATE THAT JERRY WEST SO ELOQUENTLY EXPRESSED WHEN HE WAS A YOUNG BOY HEADING UP TO HIS CAREER, AND TO CONTINUE TO ASPIRE TO THE TRANSCENDENT EXCELLENCE OF WILLIE MAYS. AND IF WE ALL DO THAT GOING FORWARD, WE WILL CONTINUE TO PRODUCES A-PLUS WORK PRODUCT AND GLORIOUSLY MEET THE MISSION THAT WAS PUT ON US BY PROPOSITION 71 AND 14. SO THANK YOU VERY MUCH, EVERYBODY. THAT CONCLUDES THE PRESIDENT'S REPORT.

(APPLAUSE.)

CHAIRMAN IMBASCIANI: THANK YOU, J.T. THAT WAS WONDERFUL. I SUGGEST YOU PRINT IT UP AND SUBMIT IT TO THE *L.A. TIMES*. IT WOULD MAKE A WONDERFUL STORY.

I'D LIKE TO DIRECT THE BOARD'S ATTENTION TO THE NEXT FOUR ITEMS, ITEMS 5, 6, 7, AND 8 WHICH CONSTITUTE OUR CONSENT AGENDA. SO THE WAY CONSENT -- THE ITEMS ARE MINUTES FROM THE MARCH 28TH MEETING, SEVEN NEW APPOINTMENTS AND 13 REAPPOINTMENTS TO THE SCIENTIFIC MEMBERS OF THE GRANTS WORKING GROUP, AND THEN A SINGLE APPOINTMENT OF A VERY DISTINGUISHED PERSON TO THE ACCESS AND

AFFORDABILITY WORK GROUP, AND A REQUEST THAT WE SEE AT EVERY MEETING TO ATTEND REMOTELY BY TWO BOARD MEMBERS.

SO DOES ANYONE WANT TO ABSTRACT ANYTHING FROM THIS CONSENT AGENDA? SEEING NO ABSTRACTING, I WOULD ASK SCOTT TO TAKE THE ROLE TO APPROVE THE CONSENT AGENDA.

MR. TOCHER: JUST NEED A MOTION.

DR. BLUMENTHAL: SO MOVE.

DR. BARRETT: SECOND.

MR. TOCHER: THANK YOU. I HEARD MAKER WAS GEORGE. WHO WAS THE SECOND? KIM. THANK YOU.

ANY PUBLIC COMMENT?

MS. MANDAC: THERE ARE NO HANDS RAISED.

MR. TOCHER: ALL THOSE IN THE ROOM IN FAVOR SAY AYE. THOSE OPPOSED. ANY ABSTENTIONS? AND I MUST CALL A ROLL CALL FOR THOSE ON THE PHONE.

MOHAMED ABOUSALEM.

DR. ABOUSALEM: YES.

MR. TOCHER: JUDY CHOU.

DR. CHOU: YES.

MR. TOCHER: DEBORAH DEAS.

DR. DEAS: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: SHLOMO MELMED.
DR. MELMED: YES.
MR. TOCHER: MARK FISCHER-COLBRIE.
MR. FISCHER-COLBRIE: YES.
MR. TOCHER: FRED FISHER.
DR. FISHER: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: LINDA MALKAS.
DR. MALKAS: YES.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: JOE PANETTA.
MR. PANETTA: YES.
MR. TOCHER: MARV SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: MICHAEL STAMOS.
DR. STAMOS: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
MR. TOCHER. GREAT. THANKS VERY MUCH.
MOTION CARRIES.
CHAIRMAN IMBASCIANI: THANK YOU. OUR NEXT

ITEM OF BUSINESS IS WE'RE GOING TO ENTER INTO CLOSED SESSION. AND SINCE I THINK CERTAIN PEOPLE NEED TO LEAVE THE ROOM, THIS WOULD BE A PERFECT TIME TO HAVE A COINCIDENT BIO BREAK, SHORT RECESS.

MR. TOCHER: I'LL READ US INTO THE CLOSED SESSION CITATION. AND FOR THOSE MEMBERS WHO ARE ON THE PHONE, YOU WILL SEE A TAB TO CLICK THAT WILL INVITE YOU INTO THE BREAKROOM. SO FEEL FREE TO SELECT THAT. AND WE WILL BE PROCEEDING TO CLOSED SESSION FOR A DISCUSSION OF PERSONNEL PURSUANT TO GOVERNMENT CODE SECTION 11126(A) AND HEALTH AND SAFETY CODE SECTION 125290.30(F)(3)(D).

(THE BOARD THEN WENT INTO CLOSED SESSION, NOT REPORTED NOR HEREIN TRANSCRIBED. AT THE CONCLUSION OF THE CLOSED SESSION, THE FOLLOWING WAS HEARD IN OPEN SESSION.)

CHAIRMAN IMBASCIANI: THANK YOU. WE'RE COMING BACK FROM OUR BREAK AFTER CLOSED SESSION. WE ARE NOW IN OPEN SESSION, CORRECT, SCOTT? WE ARE.

SO I WOULD LIKE TO DIRECT THE BOARD'S ATTENTION TO AGENDA ITEM NO. 9, WHICH IS A CONSIDERATION OF APPOINTMENT OF TWO MEMBERS OF THE BOARD. WE ESTABLISHED THE TASK FORCE ON NEUROSCIENCE -- TASK FORCE ON NEUROSCIENCE AND MEDICINE, TO BE PRECISE, IN JANUARY OF 2023, AND IT

WAS CHAIRED BY DR. LARRY GOLDSTEIN UNTIL HIS RETIREMENT LAST MONTH FROM THE BOARD.

SO BY OUR BYLAWS, I AM GOING TO ASK THE BOARD TO APPOINT TWO MEMBERS TO CHAIR THIS COMMITTEE. THE MEMBERS I'M GOING TO SUGGEST TO YOU ARE CO-CHAIRS DR. PAT LEVITT AND DR. CAROLYN MELTZER. I'VE ALREADY GIVEN EARLIER IN THIS MEETING DR. MELTZER SOME OF HER PROFESSIONAL ACHIEVEMENTS. I JUST WANT TO REMIND, MAYBE FOR NEW BOARD MEMBER'S SAKE, THAT DR. LEVITT, WHO IS TO MY RIGHT, IS AN ESTEEMED NEUROSCIENTIST. HE HOLDS THE SIMMS MANN CHAIR OF DEVELOPMENTAL NEUROGENICS AT CHILDREN'S HOSPITAL LOS ANGELES AND IS A CHAIRED PROFESSOR IN NEUROGENICS AT THE KECK SCHOOL OF MEDICINE AT USC.

SO I AM ASKING THE BOARD TO ALLOW ME TO APPOINT BOTH OF THESE DISTINGUISHED PHYSICIAN AND RESEARCHERS AS CO-CHAIRS FOR THE TASK FORCE.

DR. GASSON: SO MOVED.

MR. TOCHER: POINT OF ORDER. THE MOTION IS TO APPOINT THOSE TWO INDIVIDUALS.

CHAIRMAN IMBASCIANI: THE BOARD WILL APPOINT. EXACTLY RIGHT. THANK YOU. I HEARD A MOTION.

VICE CHAIR BONNEVILLE: SECOND.

CHAIRMAN IMBASCIANI: THANK YOU.

DISCUSSION FROM BOARD MEMBERS? NO HANDS RAISED.

ANY MEMBER OF THE PUBLIC WANT TO COMMENT BEFORE WE VOTE? SCOTT, YOU MAY PROCEED TO A VOTE.

MR. TOCHER: I'LL VOICE VOTE IN THE ROOM AND I MUST POLL THE MEMBERS INDIVIDUALLY ON THE PHONE. ALL THOSE IN THE ROOM IN FAVOR SAY AYE. THOSE OPPOSED SAY NO. ANY ABSTENTIONS? POLLING THOSE ON THE PHONE:

MOHAMED ABOUSALEM.

DR. ABOUSALEM: YES.

MR. TOCHER: JUDY CHOU.

DR. CHOU: YES.

MR. TOCHER: DEBORAH DEAS.

DR. DEAS: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: SHLOMO MELMED.

DR. MELMED: YES.

MR. TOCHER: MARK FISCHER-COLBRIE.

MR. FISCHER-COLBRIE: YES.

MR. TOCHER: FRED FISHER.

DR. FISHER: YES.

MR. TOCHER: RICH LAJARA.

MR. LAJARA: YES.

MR. TOCHER: LINDA MALKAS.

DR. MALKAS: YES.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: JOE PANETTA.
MR. PANETTA: YES.
MR. TOCHER: MARV SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: MICHAEL STAMOS.
DR. STAMOS: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
MR. TOCHER: CONGRATULATIONS.
(APPLAUSE.)
CHAIRMAN IMBASCIANI: I'D LIKE TO INVITE JENNIFER LEWIS TO THE PODIUM PLEASE TO DISCUSS AGENDA NO. 11, WHICH IS THE CONSIDERATION OF INTERIM RESEARCH BUDGET FOR THE UPCOMING FISCAL YEAR.
MS. LEWIS: THANK YOU, CHAIR IMBASCIANI. CAN YOU HEAR ME? THANK YOU, CHAIR IMBASCIANI AND MEMBERS OF THE BOARD AND PUBLIC. IT'S MY PLEASURE TODAY ON BEHALF OF THE CIRM TEAM TO PRESENT THE FISCAL YEAR 24/25 INTERIM RESEARCH BUDGET.
AND JUST REALLY QUICKLY BEFORE I BEGIN,

REMIND EVERYONE OF OUR MISSION TO ACCELERATE WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND WORLD.

AND BEFORE I DIVE INTO THE AGENDA, I WANTED TO PROVIDE TWO OVERVIEW SLIDES FOR THE BOARD. THIS SLIDE IS DEPICTING THE 8.5 BILLION THAT IS ALLOCATED TO CIRM FROM PROP 71 AND PROP 14. 7.64 BILLION OF THAT IS FOR GRANT FUNDS. AS OF APRIL 30TH OF 2024, WE'RE NEARLY HALFWAY IN ENCUMBRANCES, MEANING PAYING OUT THOSE FUNDS OR COMMITMENTS AND APPROVALS BY THIS BOARD WITH 3.86 BILLION, 51 PERCENT OF THAT MONEY, BEING UNENCUMBERED. MY COLLEAGUE DR. CANET-AVILES, WILL BE SHARING MORE AS WE TALK MORE ABOUT THE STRATEGIC ALLOCATION FRAMEWORK AND HOW THOSE FUNDS WILL BE DEPLOYED LATER TODAY.

THIS SLIDE IS PARTICULARLY SHOWING THE PROP 14 RESEARCH BUDGET ALLOCATION. IN THIS IT'S SHOWING -- AS MANY OF YOU MAY KNOW, PROPOSITION 14 HAS SPECIFIC ALLOCATIONS FOR VARIOUS TYPES OF FUNDING STREAMS. THIS FIRST BAR IS SHOWING FOR RESEARCH, THERAPY DEVELOPMENT, AND THERAPY DELIVERY. 3.4 BILLION IS ALLOCATED WITH TO DATE WE HAVE 764 MILLION COMMITTED UNDER THAT ALLOCATION. JUST FOR

CONTEXT, THIS ALLOCATION ALSO ALLOWS FOR THINGS LIKE EDUCATION PROGRAMS AND ALPHA CLINICS. THAT'S SPECIFICALLY STIPULATED IN THE PROPOSITION. AND THE ARROWS ARE JUST DEMONSTRATING THAT THERE ARE SPECIFIC ALLOCATIONS OF UP TO AMOUNTS THAT ALLOW FOR BUILDING, EQUIPPING SHARED RESOURCES LABS UP TO 26 MILLION AS YOU HEARD DR. GRIESHAMMER'S PRESENTATION EARLIER TODAY. AND THEN ALSO AN UP TO OF 78 MILLION FOR BUILDING, EQUIPPING, AND OPERATING COMMUNITY CARE CENTERS OF EXCELLENCE.

THE SECOND BAR IS FOR DISEASES OF THE BRAIN AND CENTRAL NERVOUS SYSTEM OF ONE 1.38 BILLION. AND TO DATE CIRM HAS EXPENDED 243 MILLION. LASTLY, 96 MILLION FOR ACCESS AND AFFORDABILITY. AND THIS BOARD HAS COMMITTED 2.4 MILLION OF THAT THIS YEAR WITH THE PATIENT SUPPORT PROGRAM.

SO THE AGENDA THAT I'LL BE GOING -- THE TOPICS TODAY WILL BE A REVIEW OF THE FISCAL YEAR 23/24 APPROVED RESEARCH BUDGET AND ACTUALS. AND THE THEN I WILL PRESENT TO YOU THE 24/25 PROPOSED INTERIM RESEARCH BUDGET, THE DRIVERS OF THAT BUDGET, AND WHAT WENT INTO DEVELOPING THAT BUDGET FOR YOUR REVIEW AND APPROVAL TODAY.

SO HERE IS A -- I'LL WALK THROUGH THESE COLUMNS OF WHAT SHOWS. IN THE FIRST COLUMN IS THE

FISCAL YEAR 23/24 APPROVED BUDGET. SO LAST YEAR THE BOARD APPROVED 252 MILLION FOR CLINICAL PROGRAMS, 84.6 MILLION FOR TRANSLATIONAL PROGRAMS, 110.7 MILLION FOR DISCOVERY, 9 MILLION FOR EDUCATION PROGRAMS, AND 62.5 MILLION FOR OUR INFRASTRUCTURE PROGRAMS, FOR A TOTAL OF 519 MILLION.

THE SECOND COLUMN IS DEMONSTRATING THE COMMITMENTS AS OF TODAY, WHICH TOTAL 350.7 MILLION. THE THIRD COLUMN IS SHOWING THE PENDING COMMITMENTS, AND IT SEEMS ODD, I KNOW, THAT WE'RE ALREADY AT JUNE 27TH, BUT TODAY THERE ARE TWO PENDING COMMITMENTS THAT'S STILL FOR THIS FISCAL YEAR OF 26.4 MILLION OF CLINICAL AWARDS THAT MY COLLEAGUE DR. SAMBRANO WILL BE PRESENTING LATER TODAY DURING THE APPLICATION REVIEW SUBCOMMITTEE, AS WELL AS 342,000 OF POTENTIAL CONFERENCE GRANTS THAT ARE IN THE PROCESS RIGHT NOW AND TO BE APPROVED BEFORE THE END OF THE MONTH. SO THAT TOTAL PENDING IS 26.7 MILLION.

THE FOURTH COLUMN IS DEMONSTRATING THE ESTIMATED TO FINISH FOR THE YEAR. AND AS YOU CAN SEE, THAT TOTAL IS 377.5 MILLION IS WHAT WE'RE EXPECTED TO FINISH AT THE END OF THE FISCAL YEAR.

AND THE FIFTH COLUMN IS SHOWING THE VARIANCE. SO THE VARIANCE IS WE TAKE THE FISCAL YEAR 23/24 APPROVED BUDGET AND COMPARE IT TO THE

ESTIMATED TO FINISH IN THE FOURTH COLUMN. WHAT YOU'LL SEE HERE IS 141.5 MILLION. AND I'M GOING TO WALK LINE BY LINE FOR THIS BECAUSE THERE'S SEVERAL REASONS AND DRIVERS OF THAT 141.5 MILLION THAT I THINK WILL BE INFORMATIVE FOR THE BOARD.

SO FOR THE CLINICAL PROGRAM, WE ARE ENDING THE YEAR AT A BALANCE OF $14.7 MILLION. FOR TRANSLATION WE HAVE A BALANCE OF 1 MILLION. FOR DISCOVERY, THERE IS A BALANCE OF 93.9 MILLION. AND THAT IS DUE TO TWO REASONS RELATED TO OUR DISCOVERY PROGRAM.

THE DISC2 QUEST AWARDS AND THE REMIND-L PROGRAM THAT WAS PRESENTED EARLIER TODAY WERE SLATED TO BE APPROVED BY THE BOARD DURING THIS FISCAL YEAR. HOWEVER, DUE TO OUR OPERATIONAL REVIEW SCHEDULE OR EXTENDING APPLICATION DEADLINES FOR GRANTEES, THESE ARE ALL IN PROCESS, BUT THE ACTUAL APPROVAL WILL NOT OCCUR UNTIL FISCAL YEAR 24/25. THEREFORE, WE WILL BE HAVING A BALANCE AT THE END OF THIS YEAR, BUT YOU WILL SEE IN UPCOMING SLIDES THAT WE'LL BE ASKING FOR THIS FUNDING IN 24/25.

FOR THE EDUCATION PROGRAM, WE HAVE A REMAINING BALANCE OF UNDER A MILLION. AND THEN FOR INFRASTRUCTURE, THERE IS A BALANCE OF 30.9 MILLION AT THE END OF THE FISCAL YEAR. THIS IS ALSO DUE TO

POSTPONING A POTENTIAL REVIEW. SO EARLIER THIS YEAR WE CAME TO THE BOARD FOR APPROVAL OF A SHARED RESOURCE LABS PROGRAM. AND THERE WERE SEVERAL TIER II APPLICATIONS THAT WERE RECOMMENDED TO GO BACK TO THE GWG AND THE FWG FOR REVIEW, AND THOSE ARE IN PROCESS AS DISCUSSED EARLIER TODAY. AND THE ACTUAL APPROVAL WILL HAPPEN IN JULY. SO WE WILL BE ASKING FOR THOSE FUNDS, AS YOU WILL SEE, IN THE 24/25 BUDGET.

SO THE TOTAL VARIANCE IS 141.5 MILLION, BUT 86 PERCENT OF THAT VARIANCE IS REALLY BEING REALLOCATED IN THE UPCOMING FISCAL YEAR BUDGET, WHICH YOU WILL SEE IN FUTURE SLIDES.

AND WITH THAT KNOWLEDGE, I WANTED TO ADD A NEW SLIDE THAT WAS RECOMMENDED BY THE SCIENCE SUBCOMMITTEE TO DEMONSTRATE THE HISTORICAL RESEARCH BUDGET PERFORMANCE UNDER PROP 14. WE HAVE FOUR YEARS UNDER OUR BELT SO FAR. AND SO WHAT THIS SLIDE IS SHOWING IS EACH YEAR OF THE PROPOSITION THE TIME PERIOD THAT THAT DURATION WAS AND THEN THE TOTAL BUDGET THAT WAS REQUESTED. SO FOR THE FIRST YEAR FROM JANUARY TO JUNE 2021, THERE WAS A BUDGET OF 352 MILLION AND A COMMITMENT OF 109 MILLION. FOR YEAR TWO, 474 MILLION WITH A COMMITMENT OF 330 MILLION APPROVED BY THIS BOARD. FOR YEAR THREE, 426 MILLION

WITH A COMMITMENT OF 299 MILLION. AND THEN AS JUST EXPLAINED, THE END YEAR COMMITMENTS OF 377 MILLION FROM THIS PAST YEAR FOUR.

AND SO NOW I'LL SHARE WITH YOU OUR PROPOSED FISCAL YEAR 24/25 RESEARCH BUDGET. AS MENTIONED, THIS IS AN INTERIM SIX-MONTH BUDGET. AND THIS BUDGET SUPPORTS THE APPLICATION REVIEW SUBCOMMITTEE APPROVALS THAT WE ANTICIPATE FROM JULY THROUGH DECEMBER OF THIS YEAR, THE FIRST HALF OF THE YEAR. AND THE REASON THAT WE WANTED TO DO THAT IS TO ENSURE THAT, AS THE BOARD IS REVIEWING STRATEGIC ALLOCATION FRAMEWORK ACTIVITIES, THAT AFTER SEPTEMBER WE COULD COME BACK TO THE BOARD WITH ANY ADDITIONAL FUNDING THAT WOULD BE NEEDED FOR THE REMAINDER OF THE YEAR.

THIS BUDGET SUPPORTS REOPENING OF THE MONTHLY CLIN SUBMISSIONS BASED ON THE FLOW CONTROL PROPOSAL THAT DR. GIL SAMBRANO WILL PRESENT LATER THIS AFTERNOON. IT ALSO SUPPORTS APPROVALS ACROSS FIVE PROGRAMS, ACROSS FIVE PILLARS. SO THERE'S SEVERAL ACTIVITIES THAT ARE ONGOING AND IN PLACE. AND IT ALSO SUPPORTS A REMOVAL OF THE CONFERENCE GRANT BUDGET AS THE CIRM TEAM CONSIDERS A REVISION TO THAT REQUEST FOR APPLICATION ANNOUNCEMENT IN ALIGNMENT WITH THE STRATEGIC ALLOCATION FRAMEWORK

AND ALSO ANY TENETS OF DEI. AND THAT'S SOMETHING THAT THE TEAM HAS BEEN WANTING TO DO FOR SOME TIME. AND AS WE'RE GOING THROUGH THE STRATEGY WANT TO PAUSE THAT PROGRAM WHILE THAT PROCESS IS UNDERGOING.

AND THEN THE PLAN IS IN DECEMBER WE RETURN TO THE BOARD WITH A BUDGET FOR JANUARY THROUGH JUNE. AND OUR ESTIMATE IS THAT WE'D ADD ANY FUNDS PENDING THE STRATEGIC ALLOCATION FRAMEWORK RECOMMENDATIONS. AND JUST TO CAVEAT THAT FOR THE BOARD TO KNOW THAT WE DON'T ANTICIPATE ASKING FOR ANY FUNDS ABOVE AND BEYOND WHAT WE'VE ASKED IN PREVIOUS FISCAL YEARS AND PROBABLY IT WILL NOT MATCH THE BUDGET WE'RE REQUESTING FOR TODAY.

SO I WANTED TO PROVIDE A LITTLE BIT OF CONTEXT. I'LL SHOW YOU WHAT THE REQUESTS ARE FOR EACH OF THE PILLAR AREAS AND WHAT WENT INTO THOSE NUMBERS. SO FOR THE NEXT SIX MONTHS, WE'RE ASKING FOR A BUDGET OF 145.5 MILLION FOR THE CLINICAL BUDGET. THIS NUMBER WAS DETERMINED BY THE GOALS SET FORTH BY THE THERAPEUTIC DEVELOPMENT TEAM FOR THE 24/25 PERIOD, FOR THE SIX-MONTH PERIOD. WE USE THE MAXIMUM TOTAL AWARD AMOUNT FOR CLIN1, CLIN2, AND CLIN4 PROGRAMS, AND IT MEETS THE TARGETS OF PREVIOUS FISCAL YEARS.

FOR THE TRANSLATION BUDGET, WE'RE

REQUESTING A BUDGET OF 60 MILLION. AND THIS IS BASED ON THE AVERAGE NUMBER OF MERITORIOUS AWARDS THAT WE SAW IN FISCAL YEAR 23/24 AS WELL AS THE AVERAGE AWARD AMOUNT IN FISCAL YEAR 23/24. AS THIS BOARD KNOWS, WE'VE HAD A RECORD YEAR IN OUR TRANSLATION PROGRAM. AND SO THAT HAS BEEN TAKEN INTO ACCOUNT AS WE HAVE DEVELOPED THE SIX-MONTH BUDGET.

FOR THE DISCOVERY BUDGET, WE'RE REQUESTING 162.2 MILLION. THIS SUPPORTS THE TWO PROGRAMS FROM 23/24 THAT DID NOT OCCUR FOR THE QUEST PROGRAM ANNOUNCEMENT OF 28 MILLION AND THE REMIND-L PROGRAM OF 88.2 MILLION.

AS MENTIONED, THE EDUCATION BUDGET, WE ARE NOT REQUESTING A BUDGET FOR THE SIX-MONTH PERIOD AS WE DO NOT ANTICIPATE ANY SPECIFICALLY DRIVEN RFA'S BY THE CIRM TEAM, AND WE'LL BE CLOSING OUR $50,000 UNSOLICITED RECURRING CALL.

AND THEN FOR THE INFRASTRUCTURE PROGRAM, WE ARE REQUESTING 88.8 MILLION FOR THE SHARED RESEARCH LABS THROUGH TWO APPLICATIONS THAT I MENTIONED PREVIOUSLY AS WELL AS THE COMMUNITY CARE CENTERS APPLICATION THAT IS CURRENTLY OPEN AND WILL BE RECEIVING APPLICATIONS, REVIEW, AND WILL COME TO APPROVAL BEFORE THE END OF DECEMBER.

SO NOW WHAT THIS SLIDE IS SHOWING IS THE PROPOSED RESEARCH BUDGET. THE FIRST COLUMN IS SHOWING 23/24 APPROVED BUDGET, THE SECOND COLUMN IS THE ESTIMATED TO FINISH FROM THIS YEAR. THE THIRD COLUMN IS TOTALING THE FULL BUDGET, WHICH TOTALS 410.5 MILLION FOR THE PERIOD OF JULY THROUGH DECEMBER. AND THE FOURTH COLUMN IS DEMONSTRATING THAT CARRY-OVER FUNDS THAT I HAD MENTIONED OR REALLOCATION OF THOSE FUNDS THAT -- THOSE PROGRAMS THAT WERE IN THE PIPELINE THAT WE ANTICIPATED FROM 23/24, BUT ACTUALLY DUE TO VARIOUS REASONS WILL HAVE APPROVALS IN 24/25. SO I WANTED TO LINE THAT OUT SO YOU COULD SEE THE COMPARISON OF THAT IN THERE.

AND BEFORE I PAUSE, I'D LIKE TO ASK IF THERE'S ANY QUESTIONS OR CLARIFICATIONS I CAN ANSWER.

MR. JUELSGAARD: JUST SO I'M CLEAR. THE REALLOCATION MONIES ARE EMBEDDED IN THE 410 MILLION?

MS. LEWIS: IT IS.

MR. JUELSGAARD: THE NEW MONEY IS WELL SHY 410, WHAT, 360?

MS. LEWIS: YEAH. AND SO IT'S ABOUT -- I DON'T HAVE THE NUMBER HERE, BUT IT'S ABOUT LESS THAN 20 PERCENT OR SOMETHING OF THAT NUMBER.

DR. CHOU: I HAVE A QUESTION.

MR. TOCHER: JUDY CHOU.

DR. CHOU: IT'S NOT COMPLETELY CLEAR TO ME ABOUT THE PROPORTION FOR EACH AREA. I UNDERSTAND, BASED ON THE EXISTING PROGRAM, THAT'S WHY I'M PROBABLY TRYING TO REACT TO THAT. GIVEN WE TRY TO -- ONE HAS TO TRY TO OPERATE WITHIN THE BUDGET. CAN YOU EXPLAIN A LITTLE BIT ABOUT THAT PROPORTION FOR, FOR EXAMPLE, DISCOVERY? WE DON'T DO ANY CUT. IS THERE ANY PHILOSOPHY BEHIND THAT?

MS. LEWIS: I WANT TO MAKE SURE I CLARIFY YOUR QUESTION. SO, DR. CHOU, IS YOUR QUESTION HOW DO WE DETERMINE THE SIZE OF THE BUDGET FOR EACH OF THE PROGRAMMATIC AREAS?

DR. CHOU: THE RELATIONSHIP BETWEEN CLINICAL SIDE AND COMPARED TO DISCOVERY, SEEMS LIKE THE FUNDING IS PRETTY SIMILAR. BUT I THINK TYPICALLY WE WOULD GIVE CLINICAL A LITTLE BIT MORE BECAUSE GIVEN THE NEED.

MS. LEWIS: SURE. AND SO I THINK THE ONE THING TO REMEMBER FOR THIS BUDGET IS THAT IT'S ONLY A SIX-MONTH BUDGET. SO FOR CLINICAL, WE'RE ONLY SHOWING THE SIX MONTHS OF THAT REOCCURRING CYCLE. FOR DISCOVERY, THOSE BUDGETS ARE BASED ON TWO CALLS, ONE OF THEM BEING THE REMIND-L, THE NEW INITIATIVE THAT WE DISCUSSED EARLIER TODAY, THAT THE BOARD HAS

COMMITTED TO MAKE A SIGNIFICANT INVESTMENT IN THE NEURO SPACE. BUT TYPICALLY THE CLINICAL BUDGETS HISTORICALLY HAVE BEEN LARGER. I'D SAY HISTORICALLY. AND THEN DISCOVERY AND TRANSLATION LESS THAN THAT DUE TO THE NATURE OF HOW MUCH THE TOTAL AWARD AMOUNTS ARE AND THE VOLUME OF AWARDS.

ALSO ONE THING TO NOTE IS DISCOVERY, THE NUMBER OF AWARDS WE'RE FUNDING FOR DISCOVERY IS GREATER THAN THE INDIVIDUAL AWARDS BECAUSE JUST THE POPULATION OF APPLICATIONS WE GET IS LARGER.

AND I DON'T KNOW IF THAT ANSWERS YOUR QUESTION, BUT I THINK THAT'S PARTLY ALSO AS WE GO INTO THE STRATEGIC ALLOCATION FRAMEWORK AND COME BACK IN DECEMBER, THE BOARD'S GUIDANCE AND HOW MUCH FUNDING WE WANT TO PUT TO THESE VARIOUS AREAS IS ALSO SOMETHING THAT WE SEEK.

DR. CHOU: I DEFINITELY THINK THE LAST COMMENT YOU MADE, THAT'S PROBABLY WHERE WE SHOULD KIND OF PONDERING ABOUT. THANK YOU FOR THE ANSWER.

MS. LEWIS: THANK YOU.

CHAIRMAN IMBASCIANI: FRED IS NEXT. FRED FISHER.

DR. FISHER: THANK YOU. SINCE YOU'VE GOT ZERO PROPOSED FOR THE EDUCATION BUDGET, I'M WONDERING IF WE SHOULD BE INFERRING THAT AS PART OF

THE STRATEGIC REALLOCATION PROCESS IN THE SECOND HALF OF THE FISCAL YEAR WHETHER OR NOT EDUCATION WILL BE PRIORITIZED SUFFICIENTLY TO REINSTATE THE BUDGET FOR IT. OR SHOULD WE BE TAKING SOME CLUES ABOUT THE DIRECTION THAT THAT STRATEGIC ALLOCATION PROCESS IS GOING GIVEN THAT EDUCATION IS THE ONLY AREA WHERE FUNDING WAS TAKEN DOWN TO ZERO.

MS. LEWIS: THAT'S A GREAT QUESTION, FRED. SO TO GIVE CONTEXT, EARLY ON IN 2021 WITH THE RELAUNCH OF PROP 14, WE REISSUED ALL OUR EDUCATION PROGRAMS. WE HAVE FOUR: BRIDGES, SPARK, COMPASS, AND RESEARCH TRAINING, SOME SCHOLARS. THOSE ARE FIVE-YEAR AWARDS, AND WE'RE MIDWAY THROUGH ALL OF THOSE AWARDS. SO THOSE PROGRAMS ARE FULLY FUNDED.

IF WE REFUNDED OR REVAMPED OR CHANGED ANY OF THOSE THINGS, THOSE WOULD COME TO THE BOARD IN FUTURE YEARS. ANY NEW PROGRAMS WOULD COME OUT OF THE STRATEGIC ALLOCATION FRAMEWORK. AND SO THIS SIX-MONTH BUDGET IS REPRESENTING WHAT WE KNOW TODAY AND HAS NO IMPLICATIONS OF ANY PLANNING THAT'S BEEN GOING ON OR ANYTHING OF THAT. THAT WOULD COME IN DECEMBER.

THE CONFERENCE GRANT BUDGET IS A BUDGET WE'VE BEEN ASKING FOR SEVERAL YEARS, WHICH IS TYPICALLY ABOUT ONE AND A HALF MILLION TO TWO

MILLION. AND THE CIRM TEAM HAS NOTICED OVER THE PAST YEAR THAT THIS IS REALLY REFOCUSING THAT RFA TO MEET THE OBJECTIVES OF THE NEW STRATEGY TO ENSURE WE'RE ENCOMPASSING DIVERSITY, EQUITY, AND INCLUSION ELEMENTS INTO THAT AS NEEDED, AND MAKES SENSE TO REOPEN ONCE THE STRATEGY IS DONE.

CHAIRMAN IMBASCIANI: THANK YOU.

DR. FISHER: I OBSERVE THAT CONFERENCES THAT CIRM HAS VALUED THEIR PARTICIPATION IN MAY BE BEING PLANNED. AND THE TIMING OF REOPENING THE APPLICATION PROCESS AND THOSE CONFERENCES MAY BE OUT OF SYNC.

MS. LEWIS: SURE. SO WHAT THIS -- THERE ARE NO CIRM PLANNED CONFERENCES IN TERMS OF TYPICALLY WE HAVE A CALL FOR OUR ALPHA CLINICS OR EDUCATION PROGRAMS. THOSE HAVE ALL BEEN TAKEN CARE OF, AWARDED ALREADY FOR THE NEXT UPCOMING YEAR. THE PROGRAM THAT WOULD BE PAUSED DURING THOSE TWO QUARTERS WOULD BE THE $50,000 UNSOLICITED CONFERENCE GRANTS WHERE IT'S AN OPEN CALL RELATED TO REGENERATIVE MEDICINE THAT GOES THROUGH A REVIEW. TYPICALLY MANY OF THESE CIRM IS NOT FULLY FUNDING. WE ARE JUST FUNDING A PORTION OF THAT UP TO 50,000, MANY TIMES LESS THAN THAT.

DR. FISHER: I'LL JUST EXPRESS MY

PREFERENCE, THAT GIVEN THE LOW DOLLAR AMOUNT OF THAT ACTIVITY IN PARTICULAR THAT FUNDING BE INCLUDED FOR THOSE CONFERENCE APPLICATIONS.

CHAIRMAN IMBASCIANI: I WOULD LIKE TO ENTERTAIN A MOTION TO CONSIDER TO ACCEPT THE PROPOSED INTERIM BUDGET.

DR. ALMASRI: SO MOVED.

CHAIRMAN IMBASCIANI: EYAD HAS THE MOTION.

MR. JUELSGAARD: SECOND.

CHAIRMAN IMBASCIANI: SECOND. FIRST, FURTHER COMMENT FROM BOARD MEMBERS ON THE PROPOSAL?

MR. JUELSGAARD: JENNIFER, SO I UNDERSTAND YOUR COMMENT. YOU SAID WE'RE A LITTLE THIN ON THE CLINICAL SIDE OF THE BUDGET RELATIVELY SPEAKING. YOU DIDN'T SAY THAT --

MS. LEWIS: NO. SORRY. NO. THIS IS ANTICIPATING THE INCREASES FROM THE CONCEPT APPROVALS FROM LAST YEAR IN BUDGET, THE CLIN4, THAT'S ALL TAKEN INTO ACCOUNT IN THIS. BUT IT'S IN PACE WITH THE GOALS THAT WE HAVE SET FORTH TODAY NOT INCLUDING THE STRATEGIC ALLOCATION FRAMEWORK. JUST TO SAY IT'S COMPARABLE TO BUDGETS IN THE PAST AS WELL AS CONSIDERING THOSE ADJUSTMENTS THAT HAVE BEEN MADE DURING THE YEAR.

MR. JUELSGAARD: WELL, THIS ISSUE IS GOING

TO COME UP WHEN GIL MAKES HIS PRESENTATION -- I'M ASSUMING IT'S GIL -- ABOUT SETTING A CAP, IF WE DO, ON THE NUMBER OF CLINICAL AWARDS THAT WE'RE GOING TO BE REVIEWING AT ANY PARTICULAR TIME ON THE ONE HAND AND OUR STRATEGIC ALLOCATION FRAMEWORK ON THE OTHER WHICH REALLY FOCUSES ON DOING CLINICAL WORK. SO SOMEHOW WE'RE GOING TO HAVE TO HARMONIZE WHAT OUR LONGER TERM GOALS ARE WITH THE PROCESS THAT WE USE TO GET THERE. SO WHEN THE TIME COMES, GIL.

CHAIRMAN IMBASCIANI: THANKS, FRED. FURTHER COMMENT FROM BOARD MEMBERS ON THE PROPOSED INTERIM BUDGET? OKAY. NO HANDS.

MR. TOCHER: NO BOARD HANDS.

CHAIRMAN IMBASCIANI: NO BOARD. SO I WOULD MAKE THE MICROPHONE AVAILABLE TO MEMBERS OF THE PUBLIC. ANYBODY WANT TO COMMENT ON THE INTERIM BUDGET? ANYONE ONLINE THEN?

MR. TOCHER: THERE IS SOMEONE ONLINE.

CHAIRMAN IMBASCIANI: CAN OUR STAFF FACILITATE THAT?

VICE CHAIR BONNEVILLE: PAUL, IF YOU COULD UNMUTE YOURSELF AND START, YOU'LL HAVE THREE MINUTES.

DR. AUGUST: GREAT. THANK YOU VERY MUCH. THANK YOU FOR THE OPPORTUNITY TO ADDRESS YOU TODAY.

I'M HERE TO ADVOCATE FOR THE FUNDING OF A PREVIOUS PROPOSAL THAT WAS SUBMITTED IN THE PREVIOUS FISCAL YEAR FOCUSED ON DEVELOPING A GROUNDBREAKING, GENETIC THERAPY FOR HUNTINGTON'S DISEASE. THIS DEVASTATING NEURODEGENERATIVE DISORDER HAS NO CURRENT DISEASE MODIFYING TREATMENTS, AND IT LEAVES PATIENTS AND THEIR FAMILIES WITH LIMITED OPTIONS.

OUR APPROACH AT REVIR IS TO DIRECTLY TARGET THE ROOT CAUSE OF HUNTINGTON'S DISEASE THROUGH OUR PRECLINICAL CANDIDATE RTX038 WHICH INDUCES THE DEGRADATION OF MUTANT HUNTINGTON MESSENGER RNA. WE BELIEVE THIS OFFERS A TRANSFORMATIVE BREAKTHROUGH FOR HUNTINGTON'S DISEASE PATIENTS.

WE'RE A SMALL CALIFORNIA BIOTECH WITH LIMITED RESOURCES. AND CURRENTLY THIS PROGRAM IS ON HOLD DESPITE ACHIEVING A FUNDABLE SCORE IN THE RECENT REVIEW BY CIRM. OUR PROJECT AS WELL AS MANY OTHERS REMAINS UNFUNDED DUE TO THE BUDGET CONSTRAINTS. IN FACT, OUR PROJECT WAS ACTUALLY ON THE BORDER OF THE FUNDING LINE. SO CLEARLY THE TRAN1 BUDGET WAS INSUFFICIENT TO MEET THE NEED TO SUPPORT THE PRECLINICAL CANDIDATES TO BE ADVANCED TO THE CLINIC THIS ROUND. UNFORTUNATELY THIS SITUATION DELAYS OUR RESEARCH PROGRAM FROM ADVANCING, BUT ALSO

PLACES UNNECESSARY BURDEN FOR EVERYONE TO RESUBMIT OUR ENTIRE APPLICATIONS AGAIN, ONLY TO REAPPLY FOR THE FUNDING THAT YOU ARE APPROVING TODAY.

I THINK THAT YOU WILL AGREE THAT RESUBMITTING PREVIOUSLY VETTED EXCEPTIONAL PROPOSALS WASTES VALUABLE RESOURCES AND TIME, NOT ONLY BY THE APPLICANTS AND CIRM, BUT IMPORTANTLY DELAYS THE POTENTIAL OF THESE TREATMENTS TO REACH THE PATIENTS WHO URGENTLY NEED THEM.

WE PROPOSE FUNDING THE SHORTFALL OF THE $27 MILLION FOR SIX DESERVING GRANTS THAT WERE DEEMED EXCEPTIONAL, BUT WERE NOT FUNDED COULD BE ADDRESSED BY YOU TODAY BY LEVERAGING THE $16 MILLION REMAINING FROM THE CURRENT FISCAL YEAR'S CLIN AND TRAN PROGRAMS AND COMBINING THOSE WITH $10 MILLION, $11 MILLION OF THE NEWLY APPROVED BUDGET YOU CAN FUND THESE APPLICATIONS.

IN ADDITION, YOU COULD EVEN CONSIDER EARMARKING PART OF THE 1.13 BILLION DEDICATED TO NEUROSCIENCE AT CIRM FOR NEURODEGENERATIVE DISORDERS LIKE HUNTINGTON'S DISEASE. AND THIS WOULD BE A PRUDENT AND IMPACTFUL USE OF THESE FUNDS ON ALREADY PREVIOUSLY VETTED AND DEEMED FUNDABLE PROGRAMS.

IN CONCLUSION, BY FUNDING THESE PROGRAMS, YOU WILL ENABLE US TO ADVANCE OUR RTX038 THROUGH

IND-ENABLING STUDIES, BRINGING US CLOSER TO CLINICAL TRIALS AND ULTIMATELY A LIFE-CHANGING THERAPY FOR HUNTINGTON'S DISEASE PATIENTS. WE ASK THAT YOU NOT DELAY THE PROGRAM, BUT SUPPORT US IN MAKING A TANGIBLE DIFFERENCE IN THE LIVES OF THOSE SUFFERING FROM HUNTINGTON'S DISEASE.

MS. MANDAC: APOLOGIES, DOCTOR. WE ARE OUT OF TIME. THANK YOU SO MUCH, DR. AUGUST. WE CAN MOVE ON TO THE NEXT SPEAKER, MARY MCMAHON.

CHAIRMAN IMBASCIANI: YES, GO AHEAD. THANK YOU. IDENTIFY YOURSELF FOR US.

DR. MCMAHON: DEAR COMMITTEE MEMBERS, MY NAME IS MARY MCMAHON. I'M FROM REVIR THERAPEUTICS. THANK YOU FOR YOUR CONTINUED COMMITMENT TO ACCELERATING DISCOVERY AND DELIVERY OF TRANSFORMATIVE TREATMENTS FOR PATIENTS IN CALIFORNIA AND AROUND THE WORLD. I REPRESENT REVIR THERAPEUTICS, A BAY AREA START-UP THAT YOU JUST HEARD FROM DR. PAUL AUGUST, DEVELOPING TREATMENTS FOR RARE NEUROLOGICAL DISEASES.

WHILE OUR TRAN1 APPLICATION WAS RECOMMENDED FOR FUNDING AND MET THE ESTABLISHED CRITERIA, WE WERE PASSED OVER IN THE LAST CYCLE, AND WE ARE ENCOURAGED TO REAPPLY. HOWEVER, THE PROCESS OF RESUBMITTING THE APPLICATION IN THE UPCOMING

CYCLE APPEARS UNFAIR, NOT ONLY TO THE CIRM STAFF AND REVIEWERS WHO HAVE ALREADY SPENT A GREAT DEAL OF TIME AND EFFORT TO RECOMMEND REVIEW AND RECOMMEND THE PROPOSALS FOR FUNDING.

WE UNDERSTAND YOU HAVE SET UP A TASK FORCE ON NEUROSCIENCE AND MEDICINE TO GENERATE A PLAN FOR FUNDING RELATED TO NEUROSCIENCE AND RELATED MEDICINE AS SPECIFIED IN PROPOSITION 14. OUR TRAN1 APPLICATION IS FOCUSED ON THERAPEUTIC DEVELOPMENT FOR HUNTINGTON'S DISEASE, A DEVASTATING NEURODEGENERATIVE DISORDER THAT DEVELOPS OVER 15 TO 20 YEARS WITH NO EFFECTIVE THERAPIES.

WE URGE CIRM TO RECONSIDER PRIORITIZATION APPROVAL OF THE TRAN APPLICANTS RECOMMENDED BUT NOT FUNDED IN THE PREVIOUS CYCLE AND TO UTILIZE FUNDS SPECIFIED IN PROPOSITION 14 TO SUPPORT THE PROPOSALS WITHOUT RESUBMISSION. THANK YOU FOR YOUR TIME AND CONSIDERATION.

CHAIRMAN IMBASCIANI: THANK YOU FOR YOUR COMMENTS. DO WE HAVE ANY MEMBERS OF THE PUBLIC?

MR. TOCHER: ANOTHER MEMBER ON THE PHONE.

CHAIRMAN IMBASCIANI: ANOTHER MEMBER ON THE PHONE. IS THIS ANNE MORENO VEGA?

DR. MORENO-VEGA: THAT'S CORRECT, YES.

CHAIRMAN IMBASCIANI: GO AHEAD. YOU HAVE

THREE MINUTES TO SPEAK. THANK YOU.

DR. MORENO-VEGA: APPRECIATE IT. GOOD AFTERNOON. I'M ANNA MORENO. I'M THE CEO AND CO-FOUNDER OF MEDICA THERAPEUTICS. WE'RE A SAN DIEGO-BASED COMPANY THAT'S DEVELOPING GENE THERAPIES FOR CHRONIC PAIN, OBVIOUSLY A HUGE UNMET MEDICAL NEED.

I'M HERE NOT SPEAKING JUST FOR MYSELF, BUT OTHER APPLICANTS THAT ACTUALLY APPLIED FOR THE TRAN APPLICATIONS THAT WERE RECOMMENDED FOR FUNDING. AND AS YOU CAN SEE, WE ACTUALLY CAME TOGETHER AND SENT A LETTER TOGETHER TO REALLY ADVOCATE FOR OUR APPLICATIONS. I WOULD NOT LIKE TO REPEAT WHAT PAUL AND MARY HAVE MENTIONED RIGHT NOW, BUT IN GENERAL WE JUST FELT THAT IT WAS UNFAIR FOR US, BUT OBVIOUSLY FOR THE CIRM AND THE SCIENTIFIC REVIEW TO GO THROUGH THIS WHOLE 50 APPLICATIONS DOWN TO 16 THAT WERE RECOMMENDED AND SIX OF US WERE LEFT UNFUNDED.

WHAT WAS REALLY INTERESTING WAS THAT ALL OF US ARE IN THE NEURO SPACE. AND AS YOU KNOW, ACTUALLY FOR CHRONIC PAIN, LESS THAN 1.7 PERCENT OF FUNDING GOES TO CHRONIC PAIN AND INVESTMENT. SO IT'S A HUGE UNMET MEDICAL NEED.

SO WE REALLY ASK YOU TO RECONSIDER FUNDING THESE APPLICATIONS WHERE THE NEW BUDGET APPROVED

LESS THAN A MONTH AFTER THE LAST REVIEW AND TO HAVE US GO THROUGH THE WHOLE CYCLE JUST REALLY PUTS US BEHIND. AND ACTUALLY IT'S DIFFICULT. TRAN REALLY IS FOCUSED ON BRIDGING THE VALLEY OF DEATH AND IS REALLY GREAT AT ACTUALLY SECURING FUNDING FOR EARLY STAGE APPLICATIONS. BUT THE TRAN IS REALLY CRUCIAL FOR US FOR THINGS SUCH AS TOXICOLOGY AND MANUFACTURING THAT'S REALLY DIFFICULT TO FUND OTHERWISE.

AS WELL, INVESTORS ALSO LIKE TO FOCUS ON PROGRAMS THAT ARE ALREADY IN CLINICAL STAGE. SO WE REALLY ARE IN THIS VALLEY OF DEATH. AS YOU KNOW, IT'S A REALLY DIFFICULT FUNDING ATMOSPHERE OUT THERE RIGHT NOW. SO WE REALLY ASK YOU TO RECONSIDER APPROVING THESE GRANTS THAT HAVE ALREADY SHOWN TO BE EXCEPTIONAL AND THAT ARE READY TO MOVE FORWARD AND HELP PATIENTS. THANK YOU SO MUCH FOR YOUR TIME.

CHAIRMAN IMBASCIANI: THANK YOU FOR YOUR COMMENT.

CLAUDETTE, ARE THERE ANY OTHER SPEAKERS ON THE LINE OR IN THE AUDIENCE?

MS. MANDAC: NO OTHER HANDS RAISED AND NO ONE ELSE ON THE LIST.

CHAIRMAN IMBASCIANI: NO FURTHER COMMENTS FROM THE BOARD. SO, SCOTT, WE CAN PROCEED TO A

VOTE.

MR. TOCHER: OKAY. AND THE MOTION IS TO APPROVE THE CIRM INTERIM RESEARCH BUDGET FOR FY 24/25 AS PROPOSED. ALL THOSE IN THE ROOM IN FAVOR --

DR. DULIEGE: I DIDN'T KNOW IF WE HAD TIME FOR COMMENTS FROM THE BOARD AFTER THE PUBLIC COMMENT. IS THAT OKAY OR NOT?

CHAIRMAN IMBASCIANI: ABSOLUTELY.

DR. DULIEGE: MAYBE I'M WRONG HERE, AND I WOULD LOVE TO BE WRONG, BUT THERE'S A DISCONNECT FOR ME IN TERMS OF THE FACT THAT WE'RE APPROVING AN OVERALL BUDGET, AN ENVELOPE BUDGET RIGHT NOW, AND THE FACT THAT OUR REPRESENTATIVES OF REALLY IMPORTANT RESEARCH ENDEAVORS ARE COMING TO SPEAK. AND I ABSOLUTELY WELCOME THEM TO SPEAK HERE IN THE ROOM AND ONLINE. AND I THINK IT'S VERY COURAGEOUS, BUT I FAIL TO UNDERSTAND HOW WE COULD CONSIDER THEIR REQUEST, IF WE WANTED TO, WHICH IS FAR FROM BEING A GIVEN, OUT OF A CONTEXT OF THERE'S A TIME FOR THESE PARTICULAR GRANTS TO BE REVIEWED, WHICH HAPPENED IN THE PAST. AND I UNDERSTAND THEY WANT TO COME BACK TO IT.

MY WHOLE POINT IS TRYING TO SAY WHERE I DO APPRECIATE THE PUBLIC COMMENTS WHEN IT'S TIME FOR

THEM, RIGHT NOW IT'S COMPLETELY OUT OF CONTEXT OF SOMETHING I THINK WE COULD VOTE. WE'RE NOT GOING TO LOOK AT OR ONE OR TWO OF THESE APPLICATIONS INDEPENDENTLY OF THE MERIT IN TODAY'S SITUATION. SO I WANTED THAT TO BE A MESSAGE FOR, AGAIN, THE COURAGEOUS SCIENTISTS AND COLLEAGUES OF BIOPHARMA WHO HAVE COME HERE TODAY AND ONLINE. FOR ME THAT'S DISCONNECTED FROM WHAT WE CAN DO COMPLETELY, AND THAT HAS NOTHING TO DO WITH THE MERIT OF THEIR APPLICATION AS WELL AS THEIR GRIEVANCE. SO TELL ME IF I'M WRONG HERE.

CHAIRMAN IMBASCIANI: NO. THANK YOU. IT WAS REALLY -- VERY WONDERFULLY SAID. SO THANK YOU FOR THAT COMMENT. JOE PANETTA.

MR. PANETTA: I'M KIND OF IN A WAY IN THE SAME POSITION AS ANNE-MARIE EXCEPT THAT MY CONCERN IS THAT I DON'T UNDERSTAND WHY WE'RE PLACING THESE TRAN APPLICATIONS IN THE STATE OF LIMBO, ESPECIALLY WHEN WE'RE REQUIRING THEM TO COME BACK AND REAPPLY. I DON'T KNOW HOW WE CAN FIX THE PROBLEM WITH THIS YEAR'S BUDGET, BUT TO MAKE THEM COME BACK AND REAPPLY, UNLESS THERE'S SOME LEGAL REASON TO DO THAT, MAKES ABSOLUTELY NO SENSE TO ME.

CHAIRMAN IMBASCIANI: THANK YOU. THANK YOU, JOE. DOES ANYBODY WANT TO MAKE A COMMENT FROM

AN AGENDIZING POINT OF VIEW?

DR. DULIEGE: WE NEED TO RESPOND TO JOE.

CHAIRMAN IMBASCIANI: RIGHT. THAT'S WHAT I'M ASKING.

DR. DULIEGE: WELL, MY RESPONSE TO JOE IS IT MAKES NO SENSE FOR ANY PERSON TO REAPPLY UNLESS THEY HAVE MODIFIED SOMETHING BASED ON THE COMMENTS THAT WERE PROVIDED IN THE REVIEW. THAT'S SIMPLE AS THAT.

DR. ALMASRI: ALSO THIS IS RAPIDLY CHANGING SCIENCE. SO IF THERE IS A TIME BETWEEN THE TWO APPLICATIONS, I THINK THEY MAY WANT TO CONSIDER THE ADVANTAGE OF UPDATING THEIR APPLICATION TO BE MORE COMPETITIVE.

MR. PANETTA: SO THE APPLICATIONS WEREN'T COMPETITIVE. IS THAT WHAT WE'RE SAYING?

VICE CHAIR BONNEVILLE: JOE, THE SITUATION WAS THERE WAS A REVIEW. THERE WERE RECOMMENDATIONS BY THE GWG. THE RECOMMENDATIONS TO FUND EXCEEDED THE AMOUNT OF MONEY THAT WAS THE BUDGET. THE TEAM MADE AN INTERNAL RECOMMENDATION OF WHICH OF THE -- HOW MANY OF THEM WERE THERE, I'M SORRY, EIGHT WERE THAT FUNDED.

DR. SAMBRANO: THERE WERE 11.

VICE CHAIR BONNEVILLE: ELEVEN THAT WERE

FUNDED. THAT LEFT SOME THAT WERE RECOMMENDED FOR FUNDING, THERE WAS NO BUDGET. SO --

MR. PANETTA: I COMPLETELY UNDERSTAND THAT.

VICE CHAIR BONNEVILLE: SO THAT'S WHY -- GO AHEAD. I'M SORRY.

MR. PANETTA: HAD THERE BEEN MONEY IN THE BUDGET, WOULD WE NOT HAVE FUNDED THESE APPLICATIONS?

VICE CHAIR BONNEVILLE: YES.

MR. PANETTA: SO THEY WEREN'T DEFICIENT.

VICE CHAIR BONNEVILLE: CORRECT.

MR. PANETTA: THAT'S MY -- WELL, WHY ARE WE SAYING THAT THEY NEED TO BE IMPROVED?

DR. FISHER: POINT OF ORDER. WE'RE NOW TALKING ABOUT A GWG PROCESS AS OPPOSED TO A BUDGET PROCESS. AND I THINK WE OUGHT TO MOVE THE GWG PROCESS TO CONVERSATION WHERE THAT'S APPROPRIATE. I'M COMPLETELY SYMPATHETIC, JOE, TO THE ISSUE YOU'RE RAISING AND TO THE ISSUE THAT THE PUBLIC SPEAKERS WERE RAISING. BUT FROM AN AGENDA POINT OF VIEW, WE HAVE A MOTION AND SECOND ON THE TABLE TO APPROVE THIS BUDGET. AND THE GWG ISSUE REALLY NEEDS TO BE TAKEN UP SOMEWHERE ELSE OR AT SOME OTHER TIME.

CHAIRMAN IMBASCIANI: THANK YOU, FRED. THAT'S WHAT I WAS GETTING AT WHEN I ASKED IF THERE

WAS ANY, PERHAPS FROM OUR LEGAL COUNSEL, ANY ISSUE WITH DISCUSSING THIS SINCE IT WAS NOT AN AGENDA ITEM THAT WAS PROPERLY NOTICED TO THE PUBLIC. SO I AGREE WITH YOUR LAST COMMENTS, FRED.

SO I WOULD LIKE TO PROCEED TO A VOTE ON THE MOTION THAT'S STANDING, WHICH IS THE ACCEPTANCE OF THE INTERIM BUDGET, THE INTERIM RESEARCH BUDGET FOR THE NEXT SIX MONTHS.

MR. TOCHER: ALL THOSE IN THE ROOM IN FAVOR SAY AYE. THOSE OPPOSED TO SAY NAY. ANY ABSTENTIONS? I'LL POLL THE MEMBERS ON THE ZOOM.

MOHAMED ABOUSALEM.

DR. ABOUSALEM: YES.

MR. TOCHER: JUDY CHOU.

DR. CHOU: YES.

MR. TOCHER: MONICA CARSON.

DR. CARSON: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: SHLOMO MELMED.

DR. MELMED: YES.

MR. TOCHER: MARK FISCHER-COLBRIE.

MR. FISCHER-COLBRIE: YES.

MR. TOCHER: FRED FISHER.

DR. FISHER: YES.

MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: LINDA MALKAS.
DR. MALKAS: YES.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: JOE PANETTA.
MR. PANETTA: YES.
MR. TOCHER: MARV SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: MICHAEL STAMOS.
DR. STAMOS: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
MR. TOCHER: GREAT. THANK YOU. THE MOTION CARRIES UNANIMOUSLY.
CHAIRMAN IMBASCIANI: THANK YOU, SCOTT. AND THANK YOU, JEN, FOR YOUR PRESENTATION.
YSABEL, YOU HAVE THE FLOOR.
MS. DURON: SO WE'VE GOT A NUMBER OF PEOPLE IN THE PUBLIC WHO PRESENTED, HAD EVEN SOME ALTERNATIVE IDEAS. YOU JUST SAID LET THE GWG HANDLE THIS, AND SHOULD THEY GO BACK TO GWG. WHAT ARE THEY

RECOMMENDING FOR THEM TO KNOW WHAT NEXT STEPS ARE? THEY CAME, THEY MADE A CASE. THEY'RE ASKING FOR DIRECTION. WHAT ARE WE TELLING THEM TO DO NEXT? WHAT DOES MANAGEMENT RECOMMEND? WHAT DOES MANAGEMENT RECOMMEND? THANK YOU AS MY SOLICITOR GENERAL.

CHAIRMAN IMBASCIANI: THIS IS CERTAINLY A TOPIC THAT DESERVES DISCUSSION AND CONSIDERATION. THE BOARD, BEING THE SIZE THAT IT IS AND WITH AN AGENDA THAT'S STATED IN FRONT OF US IS A VERY DIFFICULT PLACE TO CONSIDER AB OVO A CONVERSATION LIKE THIS.

IT WOULD BE MY PREFERENCE TO TAKE IT BACK TO AN APPROPRIATE SUBCOMMITTEE OF THE BOARD FOR CONSIDERATION TO BE BROUGHT FORWARD, THEN, BACK TO US AT THE MOST APPROPRIATE TIME. BUT PEOPLE CAN INFORM ME.

DR. DULIEGE: I DON'T THINK IT'S A MATTER OF A SUBCOMMITTEE OF THE BOARD. I THINK WE HEARD THE RECOMMENDATION THAT IT WOULD GO BACK TO THE CIRM TEAM TO MAKE THAT RECOMMENDATION BACK TO THE BOARD.

DR. THOMAS: IF I CAN SPEAK, MR. CHAIR. THE WAY THIS IS IMAGINED AT THIS POINT IS THESE APPLICANTS, BECAUSE OF THE BUDGETARY SITUATION, ARE WELCOME TO REAPPLY IN JULY. THIS ISN'T A MATTER

WHERE THE REAPPLICATION PERIOD IS MONTHS FROM NOW. IT'S IMMEDIATE. AND SO THAT IS THE PROCESS THAT THE INTERNAL TEAM IS RECOMMENDING AT THIS POINT.

MS. DURON: YES, THAT'S WHAT I DID HEAR. BUT WHAT I ALSO HEARD WAS THAT, FROM OUR PRESENTERS AND THE PUBLIC, THAT THEY'RE FINDING THIS PROCESS OR THE IDEA OF REAPPLYING. SINCE THEY INITIALLY, I GUESS, WERE APPROVED, THEY JUST DIDN'T MAKE THE CUT, THAT THEY SHOULD HAVE TO GO THROUGH THIS RIGOROUS MOVE AGAIN. AND SO I'M SAYING IS THERE -- SHOULD WE THINK ABOUT OTHER SOLUTIONS; THAT IS, IN SUBCOMMITTEE OR GWG, FOR THIS? WE CAN START A REVOLUTION HERE AND WE CAN BE VERY CALM AND WHATEVER. I'M JUST WANTING THEM NOT TO GO AWAY FEELING LIKE THEY HAVEN'T BEEN HEARD OR J.T. IS SAYING THIS IS THE ANSWER. COME BACK. SORRY. IT MIGHT BE SUPER DIFFICULT TO HAVE TO DO THIS ALL OVER AGAIN, BUT I DON'T WANT YOU TO BE DISCOURAGED ABOUT IT.

DR. THOMAS: TURN THE FLOOR OVER TO DR. SAMBRANO.

DR. SAMBRANO: WE VERY MUCH APPRECIATE THE COMMENTS FROM APPLICANTS, AND WE CERTAINLY UNDERSTAND THE DIFFICULTY OF HAVING TO PUT TOGETHER ANOTHER APPLICATION IN ORDER TO RESPOND TO WHAT WAS

ALREADY DECLARED A MERITORIOUS APPLICATION BY THE GWG.

I THINK PART OF THE PROBLEM THAT WE'RE FACING HERE IS ANALOGOUS TO WHAT I'M GOING TO TALK ABOUT IN A LITTLE BIT RELATED TO THE CLINICAL PROGRAM, THAT OVERALL WE HAVE MORE MERITORIOUS APPLICATIONS THAN WE CAN SUPPORT. THAT'S JUST THE BOTTOM LINE. SO WE'RE GOING TO HAVE TO MAKE DECISIONS ABOUT ULTIMATELY HOW MANY WE CAN FUND.

HOWEVER, IN TERMS OF THE PROCESS, WE CAN CONSIDER OPTIONS AS OF TODAY. IF WE TAKE APPLICATIONS AND NOT HAVE THEM GO THROUGH THE APPLICATION PROCESS AGAIN, WE RISK THE ISSUE OF OVER TIME THINGS DO CHANGE. WE WOULD LIKE THE GRANTS WORKING GROUP TO LOOK AT THESE APPLICATIONS AGAIN, KNOWING, YES, THEY WERE RECOMMENDED BEFORE, BUT DO THEY STILL HOLD UP. AND IF THEY STILL DO, THEY WOULD LIKELY BE RECOMMENDED AGAIN, AND WE WOULD BRING THEM FOR BACK FOR CONSIDERATION.

SO THAT'S OUR THINKING ABOUT HOW WE APPROACH IT, THAT THE GRANTS WORKING GROUP NEEDS TO HAVE AN OPINION ABOUT THESE APPLICATIONS IN THE CONTEXT OF THE NEW COHORT OF APPLICATIONS THAT COMES IN THE NEXT CYCLE.

DR. LEVITT: THIS ACTUALLY CAME UP LAST

TIME, MY RECOLLECTION, IN CONVERSATION. IT WAS A -- I MADE THE COMMENT THAT PAYLINES CHANGE. ALL WHO HAVE EXPERIENCED FEDERAL AGENCIES OR STATE AGENCIES, PAYLINES CHANGE BASED ON THE BUDGETS. ALL OF US WHO HAVE APPLIED FOR GRANTS AND HAVE HAD VERY POSITIVE GRANT REVIEWS AND THEY'RE MERITORIOUS DEPEND UPON WHAT THE BUDGET IS WITHIN THAT FISCAL YEAR.

I'VE HAD GRANT APPLICATIONS THAT HAVE BEEN IN THE EIGHTH PERCENTILE AND NOT FUNDED. NIH TYPICAL PAYLINE FOR THAT INSTITUTE WAS 12 PERCENT. I HAD TO REAPPLY. THIS IS STANDARD PRACTICE. THIS IS AN EXCEPTION. THIS IS THE RULE OF THE WAY -- AS FAR AS I KNOW NON-PROFITS DO THE SAME THING. THEY MAY HAVE A YEAR IN WHICH THEY RAISE LESS MONEY TO SUPPORT GRANTS. THE GRANTS ARE REVIEWED DISCONNECTED FROM THAT. BUT THEN DECISIONS HAVE TO BE MADE ABOUT WHERE THE PAYLINE IS GOING TO BE. UNFORTUNATELY, BELIEVE ME, I FEEL THE PAIN. UNFORTUNATELY THOSE THAT MAY HAVE BEEN FUNDED A FEW YEARS AGO WHEN THEY RAISED MORE MONEY FOR THAT NON-PROFIT CAN'T BE DONE IN A PARTICULAR FISCAL YEAR.

SO REAPPLYING IS A ROYAL PAIN. THERE'S NO DOUBT ABOUT IT. BUT IF WE BREAK FROM THAT PROCESS, HOW DO WE DEAL WITH THINGS IN THE FUTURE THAT --

WHERE THIS IS GOING TO -- THESE PAYLINES CHANGE ALL THE TIME AT ALL AGENCIES THAT FUND RESEARCH. THEY JUST DO. AND THAT'S JUST PART OF IT. SO THESE ARE STRONG APPLICATIONS THAT ARE GOING TO GO BACK IN, AND REVIEW BOARDS GENERALLY HAVE MEMORIES ABOUT THOSE GRANTS THAT ARE REALLY POSITIVE. AND SO THEY MAY IMPROVE IN TERMS OF THEIR SCORES THAT THEY GET, AND THEY MOVE TO THE FRONT OF LINE. THIS IS A NORMAL PROCESS.

MR. JUELSGAARD: ONE QUICK POINT TO FOLLOW UP ON PAT. SO WE HAVE AN INSTITUTIONAL MEMORY WITHIN THIS GROUP. THAT INSTITUTIONAL MEMORY INCLUDES WHAT HAPPENS WITH THESE APPLICATIONS THAT WEREN'T FUNDED. AND SO WHEN THESE APPLICANTS COME FORWARD THE NEXT TIME, THAT INSTITUTIONAL MEMORY MIGHT JUST HAPPEN TO KICK IN IN TERMS OF THINKING ABOUT FUNDING THEM.

CHAIRMAN IMBASCIANI: THAT'S A VERY NICE COMMENT. THANK YOU.

DR. FISHER: I THINK IT'S ALSO IMPORTANT TO REALIZE THAT WE DON'T BUDGET ON A MONTHLY BASIS. IT'S AN ANNUAL BUDGET. SO IN JULY THERE WILL BE PLENTY OF MONEY TO FUND ALL THE MERITORIOUS PROJECTS, I WOULD GUESS. SO WHAT HAPPENED THIS YEAR, I THINK, WAS MAYBE A FIRST-TIME SITUATION FOR

CIRM AND REPRESENTS CIRM'S EVOLUTION AS A MATURE SCIENTIFIC GRANTMAKING ORGANIZATION. THAT WAS REALLY WELL DESCRIBED A FEW MINUTES AGO. SO THERE WILL LIKELY BE PLENTY OF MONEY TO FUND ALL OF THE MERITORIOUS PROPOSALS THAT ARE REVIEWED IN JULY OR WHENEVER THE FIRST REVIEW MEETINGS ARE. AND, YES, REVIEW COMMITTEES HAVE GREAT MEMORIES BASED ON MY EXPERIENCE IN PARTICIPATING ON I THINK EVERY GWG WORK GROUP.

CHAIRMAN IMBASCIANI: THANK YOU, FRED. DR. MELTZER.

DR. MELTZER: PRESUMABLY, WHILE NONE OF US LIKE TO RESUBMIT GRANTS, IF THERE WEREN'T MANY CRITICISMS, IT'S A MORE STRAIGHTFORWARD PROCESS AND MAYBE COULD BE JUST SLIGHTLY STRENGTHENED TO BE MORE COMPETITIVE WITHIN THE PAYLINES AT THE NEXT CYCLE.

CHAIRMAN IMBASCIANI: OKAY. THANK YOU FOR THE CONVERSATION. I'M GOING TO MOVE US TO AGENDA ITEM NO. 12, WHICH IS NOW CONSIDERATION OF OUR ADMINISTRATIVE BUDGET FOR THE NEXT YEAR. POUNEH SIMPSON TO THE PODIUM. THANK YOU.

MS. SIMPSON: THANK YOU, MR. CHAIR, MADAM VICE CHAIR, BOARD MEMBERS. I'M POUNEH SIMPSON, THE SENIOR DIRECTOR OF FINANCE. AND I WILL BE PRESENTING THE 24/25 ADMINISTRATIVE BUDGET.

LIKE ALL OF OUR OTHER PRESENTATIONS, WE ALWAYS START WITH OUR MISSION STATEMENT:

ACCELERATING WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND WORLD.

SO WITH TODAY'S PRESENTATION, THERE'S THREE PARTS. I WILL BE DOING AN OVERVIEW OF PROP 14. THIS IS THE SECTION WE STARTED ADDING STARTING LAST YEAR. WE'RE GOING TO REVIEW WHAT HAS HAPPENED THIS FISCAL YEAR, FISCAL YEAR 23/24 WITH THE AMOUNT OF MONEY THAT THE BOARD APPROVED AND SOME OF THE MAJOR DRIVERS THAT IMPACTED WHERE WE ARE TODAY, AND THEN PROPOSED FISCAL YEAR 24/25 BUDGET AND SOME OF DRIVERS THAT HAVE LED US TO BRING THAT TO YOU.

SO WITH REGARDS TO THE PROP 14 OVERVIEW, THIS CHART, LIKE I SAID, WAS ADDED LAST YEAR TO SHOW THE FULL $5.5 BILLION. AS YOU CAN SEE, THE MAJORITY OF THE AMOUNT THAT THE VOTERS APPROVED FOR US IS FOR GRANTS. SO I'M GOING TO FOCUS ON THE OTHER THREE BUBBLES GOING COUNTERCLOCKWISE. THE VOTERS HAVE GIVEN US $300 MILLION FOR GRANT ADMINISTRATION AND COMPLIANCE, 192.5 MILLION FOR ADMINISTRATION, AND 100 MILLION FOR THE STATE TREASURER TO OFFSET THE COST OF ISSUING BONDS, WHICH IS HOW WE ARE FUNDED.

SO A LITTLE BIT MORE SPECIFIC ABOUT WHERE WE ARE TODAY, THESE ARE THOSE DIFFERENT BUCKETS OF SPENDING. AS YOU CAN SEE, THIS IS THE START OF US USING PROP 14. WE'RE IN YEAR FOUR, SO THE GREEN PORTION IS WHAT WE HAVE SPENT SO FAR. THERE'S A CONSIDERABLE AMOUNT IN ALL THE BUCKETS EXCEPT FOR

THE VERY LAST ONE. SO I WANT TO DRAW YOUR ATTENTION TO THAT LAST ONE WHERE WE ARE ABOUT 70 PERCENT SPENT.

THAT LAST COLUMN REPRESENTS THE AMOUNT OF FUNDS SET ASIDE FOR THE TREASURER TO OFFSET THE COST OF SELLING BONDS. SO THE REASON WE'RE 70 PERCENT SPENT IN THAT CATEGORY IS BECAUSE THERE'S A COST FOR THE FIRST FIVE YEARS TO PROP 14. AFTER THE FIFTH YEAR, THE GENERAL FUND WILL START PAYING THE COST OF ISSUING BONDS. SO NEXT DECEMBER, DECEMBER OF 2025, WILL REPRESENT THAT FIFTH YEAR. SO WE HAVE ABOUT A YEAR AND A HALF TO GO, AND WE JUST SOLD A BOND RECENTLY SO WE WON'T NEED TO SELL ANOTHER BOND PROBABLY UNTIL THE FALL. SO THIS IS SUFFICIENT FUNDING TO CARRY US TO DECEMBER OF 2025.

SO LOOKING AT 2023/24'S BUDGET AND THE RESULTS OF IT, WE DID CONTINUE RAMPING UP. THE BUDGET INCLUDED FUNDING FOR 66 POSITIONS. THE TEAM HIRED 15 NEW POSITIONS, AND WE'RE CURRENTLY AT 60 POSITIONS. THERE'S THREE IN THE HIRING PROCESS AND THERE'S THREE ON HOLD PENDING THE HIRE OF THE PRESIDENT. SO WE'VE CONTINUED IMPLEMENTING THE STRATEGIC PLAN WHILE EVALUATING OUR PRIORITIES. AND YOU'VE HEARD A LITTLE BIT ABOUT THAT WITH THE RESEARCH BUDGET.

WE'VE INCREASED OUTREACH AND EDUCATION AND PARTICIPATION IN COMMUNITY EVENTS, AND WE'VE INCREASED INDUSTRY LEADERSHIP WITH THINGS LIKE THE RARE DISEASE WORKSHOP.

SO TO SHOW YOU THE NUMBERS, I HAVE THIS CHART WHICH BREAKS OUT THE ADMINISTRATIVE BUDGET IN SEVEN CATEGORIES: EMPLOYEE EXPENSE, EXTERNAL SERVICES, REVIEWS, MEETINGS, AND WORKSHOPS, MEMBERSHIP AND TRAINING, TRAVEL, OFFICE EXPENSES, AND RENT. SO THE BOARD APPROVED A BUDGET OF $28.9 MILLION FOR US FOR THIS FISCAL YEAR. THAT'S THE SECOND COLUMN.

THE THIRD COLUMN IS OUR ESTIMATED FOR WHERE WE WILL FINISH IN A COUPLE DAYS WHEN JUNE ENDS, WHEN OUR FISCAL YEAR ENDS. WE ESTIMATE ENDING THE YEAR AT $26.2 MILLION. SO I ALWAYS LIKE TO SHOW YOU THE VARIANCE AND TALK ABOUT WHAT CAUSED THAT.

OUR VARIANCE IS $2.6 MILLION THIS YEAR. AND AS YOU CAN SEE, THE MAJOR REASON FOR THAT IS OUR EMPLOYEE EXPENSES. SO CONSISTENT WITH ALL OTHER STATE AGENCIES, OUR EMPLOYEE EXPENSES ARE THE LARGEST PORTION OF OUR BUDGET. AND SO WHEN THERE IS A VACANCY OR WHEN WE'RE RAMPING UP, YOU'RE GOING TO SEE RETURNED FUNDS WHICH GO BACK TO THE PROP 14 AVAILABLE FUNDS UNTIL FUTURE YEARS WHERE THEY'RE

SPENT.

SO IN THE NEXT FEW SLIDES, I'M GOING TO FOCUS ON THE TOP THREE AREAS IN TERMS OF DOLLARS WHERE THERE WERE SAVINGS, WHICH INCLUDED EMPLOYEE EXPENSE, REVIEWS, MEETINGS, AND WORKSHOPS, AND TRAVEL.

SO WITH REGARDS TO EMPLOYEE EXPENSE, IT WAS REALLY DUE TO THE DELAYS IN HIRING, SOME STAFF TURNOVER, SOME SAVINGS RELATED TO TRANSIT, WHICH WE BUDGET FOR, BUT OUR EMPLOYEES MAY NOT CLAIM, AND THEN SOME SAVINGS RELATED TO BOARD MEMBER PER DIEM THAT WE BUDGET FOR FOR OUR BOARD MEMBERS WHICH THE BOARD MEMBERS MIGHT NOT CLAIM.

WE ALSO HAD SOME SAVINGS WITH REGARDS TO REVIEWS, MEETINGS, AND WORKSHOPS, ROUGHLY $712,000. THIS WAS DUE TO MEETINGS AND WORKSHOPS OCCURRING EITHER AT A LOWER COST BECAUSE OF THE DILIGENT WORK OF OUR STAFF THAT NEGOTIATE GOOD PRICES WITH HOTELS WHERE WE HOLD OUR EVENTS OR ITEMS BEING POSTPONED PENDING THE HIRE OF OUR PRESIDENT AND THE VP OF PATIENT ACCESS. SO WE DIDN'T HAVE LESS REVIEWS THIS YEAR. WE ACTUALLY HAD MORE REVIEWS, BUT WE HAD SOME CONTINGENT FUNDS FOR SOME EVENTS THAT DID NOT TAKE PLACE.

LAST CATEGORY WHERE WE HAD LARGE SAVINGS

WAS TRAVEL. THIS WAS DUE TO ACTUAL COST OF TRAVEL BEING LOWER THAN WHAT WE BUDGETED AND ALSO SOME OF THE VACANCIES THAT RESULTED IN TRAVEL NOT TAKING PLACE AND TRAVEL BEING POSTPONED.

SO I WANT TO DELVE A LITTLE BIT DEEPER INTO THE LARGEST DRIVER OF THOSE SAVINGS WHICH IS EMPLOYEE EXPENSE. BASICALLY THE VACANCIES THAT WE HAD AND THE DELAYED START OF THE POSITIONS WE FILLED CONTRIBUTED TO 1.2 MILLION OF THAT VARIANCE. THE PATIENT ADVOCATE BOARD MEMBER PER DIEM WHICH WAS BELOW WHAT WE BUDGETED WAS ROUGHLY A SAVINGS OF 312,000, AND THEN THE TRANSIT WAS ABOUT 34,000, MAKING UP THAT TOTAL OF 1.6 MILLION.

SO I'M GOING TO MOVE ON TO THE NEXT PHASE OF THE PRESENTATION WHICH IS FISCAL YEAR 24/25'S PROPOSED BUDGET. IN THIS PRESENTATION WE SHOW YOU EXACTLY THE SAME CHART, BUT WE ADD OUR PROPOSED BUDGET FOR 24/25. SAME SEVEN CATEGORIES. AND NOW WE'RE ASKING FOR A BUDGET OF $31.6 MILLION. SO I WANTED TO POINT OUT THAT THIS IS AN INCREASE OF ROUGHLY $2 MILLION FROM WHAT WE HAD BEEN APPROVED FOR THIS YEAR, ROUGHLY 2.6 MILLION, BUT WE ADD THIS VARIANCE COLUMN AND COMPARE WHAT WE'RE ASKING FOR IN COMPARISON TO WHAT WE'VE SPENT, NOT WHAT WE ASKED FOR LAST YEAR.

SO THE VARIANCE IS 5.3 MILLION, AND I'M GOING TO TALK ABOUT WHAT'S DRIVING THAT VARIANCE. AGAIN, DRAWING YOUR ATTENTION TO EMPLOYEE EXPENSES WHICH IS USUALLY THE LARGEST CATEGORY. I WILL TOUCH ON A COUPLE OTHER CATEGORIES TOO THAT ARE LARGER.

SO THE EMPLOYEE EXPENSES IS RELATED TO A REQUEST OF A PARTIAL YEAR INCREASE OF 3.75 PERSONNEL YEARS FOR OUR WORKLOAD INCREASES AND SOME OF THE INITIATIVES THAT WE'RE PUTTING INTO PLACE, SOME ADDITIONAL REVIEWS, MEETINGS, AND WORKSHOPS THAT WE'RE PLANNING, RESUMPTION OF TRAVEL TO PRE-PANDEMIC LEVELS, AND THEN SOME INCREASED COSTS AND NEW PURCHASES FOR SOFTWARE THAT WE NEEDED IN THE CATEGORY OF EQUIPMENT AND SUPPLIES.

SO GOING A LITTLE BIT DEEP INTO OUR POSITIONS, AGAIN LARGEST PORTION OF OUR BUDGET, AT THE REQUEST OF MADAM VICE CHAIR, WE ADDED THIS CHART TO TALK ABOUT THE CAPS PLACED ON US IN PROP 14. PROP 14 IS AUTHORIZING US TO HAVE A MAXIMUM OF 70 POSITIONS FOR OUR REGULAR PROGRAMS AND 15 POSITIONS RELATED TO ACCESS AND AFFORDABILITY FOR A TOTAL OF 85 POSITIONS. THIS YEAR'S BUDGET WAS 60 POSITIONS THAT WERE IN THE REGULAR CATEGORY AND SIX WITH REGARDS TO ACCESS AND AFFORDABILITY FOR THAT TOTAL OF 66 POSITIONS THAT I MENTIONED EARLIER.

OUR REQUEST IS TO ADD FOUR POSITIONS IN THE REGULAR CATEGORY; BUT BECAUSE WE'RE PHASING THEM IN AT THE REQUEST OF THE BOARD NOT FULL FUNDING UP FRONT, BUT PHASING THEM IN THROUGHOUT THE YEAR. WE'RE ASKING FOR A PARTIAL YEAR OF 2.75 POSITIONS. AND THEN WITH REGARDS TO THE ACCESS AND AFFORDABILITY, WE'RE ASKING FOR A FULL POSITION TO JULY 1ST FUNDING FOR A TOTAL OF FIVE NEW POSITIONS, BUT PARTIAL FUNDING NEXT YEAR. SO 3.75 POSITIONS OF PARTIAL FUNDING FOR NEXT YEAR.

THAT EQUALS ABOUT A MILLION DOLLARS IN INCREASE FOR OUR NEW POSITIONS. AND INCLUDED IN THE INCREASE WE'RE ASKING IS A MERIT INCREASE OF 3 PERCENT AND A COLA INCREASE OF 3 PERCENT FOR OUR EXISTING STAFF AND SOME ADJUSTMENTS LIKE RETIREMENT RATE ADJUSTMENTS AND PROMOTIONS THAT TOOK PLACE FOR A TOTAL OF $4.7 MILLION FOR OUR PERSONNEL CATEGORY.

THAT 4.7 MILLION IS, AGAIN, DIVIDED INTO TWO PARTS, THE SAVINGS FROM THIS YEAR, WHICH WAS 1.6 MILLION, AND THE INCREASES THAT WE'RE ASKING FOR NEXT YEAR, SO 3.1 MILLION.

SOME OF THE RISK FACTORS THAT WE ENCOUNTER IN ANY FISCAL YEAR, BUT IN THIS NEXT COMING YEAR IS THE CONTINUED RECRUITMENT AND PERSONNEL CHALLENGES WE MIGHT HAVE FILLING OUR POSITIONS AS WE GROW. THE

INCREASED COST OF GOODS AND SERVICES DUE TO INFLATION WHICH IS OUT OF OUR CONTROL. AND THEN ADJUSTMENTS TO MEETINGS, TRAVEL, AND WORK ACTIVITIES DUE TO THINGS LIKE THE STRATEGIC ALLOCATION FRAMEWORK, WHICH YOU'VE HEARD ABOUT TODAY, AND THE HIRING OF OUR PRESIDENT THAT MAY HAVE SOME NEW IDEAS AND AGENDA FOR OUR BUDGET.

SO IN CONCLUSION, I'M REQUESTING THE BOARD TO APPROVE THE FISCAL YEAR 24/25 BUDGET FOR $31.6 MILLION. AND I'M HAPPY TO ANSWER ANY QUESTIONS YOU MIGHT HAVE.

CHAIRMAN IMBASCIANI: THANK YOU, POUNEH, FOR A VERY CLEAR PRESENTATION. I'D LIKE TO HAVE A MOTION FROM THE BOARD TO ACCEPT THE ADMINISTRATIVE BUDGET FOR THE NEXT FISCAL YEAR.

DR. BARRETT: SO MOVED.

DR. MELTZER: SECOND.

CHAIRMAN IMBASCIANI: SOUNDS LIKE WE HAVE A MOVEMENT AND SECOND. VIOLENT AGREEMENT. ANY QUESTIONS, COMMENTS FROM THE BOARD DIRECTED AT POUNEH? FRED, YOU'RE FIRST.

DR. FISHER: HI, POUNEH. IT'S GREAT TO PUT A FACE TO THE NAME AND THANK YOU FOR YOUR WORK.

I'M WONDERING IF THE 3 PERCENT FOR COLA AND THE 3 PERCENT FOR MERIT INCREASES IS SUFFICIENT

TO KEEP PACE WITH SALARIES IN CALIFORNIA. ARE THE POSITIONS THAT YOU'RE SEEKING PART OF A RETENTION STRATEGY FOR EMPLOYEES YOU MAY WANT TO RETAIN IN A COMPETITIVE MARKET?

MS. SIMPSON: THANK YOU FOR THAT QUESTION. I WILL DEFER TO MY COLLEAGUE, MR. AGUIRRE-SACASA.

MR. AGUIRRE-SACASA: IF I HEARD YOUR QUESTION CORRECTLY, FRED, IT'S WHETHER THE 3 FOR COLA AND THE 3 PERCENT MERIT IS SUFFICIENT TO RETAIN OUR EMPLOYEES. WE FEEL THAT THIS IS -- WE DO. THE HR TEAM, LET ME BE CLEAR, DOES AN ANALYSIS OF THE INFLATION FOR THE SAN FRANCISCO BAY AREA. SO WE THINK THAT 3 PERCENT IS ADEQUATE FOR THE COLA PORTION THEREOF, AND THAT 3 PERCENT IS TRADITIONALLY WHAT WE DO FOR MERIT INCREASES. AGAIN, WE LOOK AT THAT REGULARLY, BUT WE ALSO DO THAT THINK COMBINED WITH THE COLA THAT THE 6 PERCENT PROPOSED FOR ALL OUR EMPLOYEES WOULD BE GOOD FOR RETENTION PURPOSES THIS YEAR. AGAIN, I'M SURE THEY WOULD ALL WANT MORE, BUT WE THINK THIS IS APPROPRIATE AS A STEWARD OF CALIFORNIA.

CHAIRMAN IMBASCIANI: THANK YOU, RAFAEL. THAT'S GREAT. ANY OTHER QUESTIONS FOR POUNEH ON THE ADMINISTRATIVE BUDGET FROM MEMBERS OF THE BOARD? IF NOT, I'D BE HAPPY TO OPEN IT UP TO ANY COMMENTS

FROM THE PUBLIC.

MR. TOCHER: DON'T SEE ANY.

CHAIRMAN IMBASCIANI: WE DO NOT SEE ANY. THEN, SCOTT, I THINK YOU'RE FREE TO CALL.

MR. TOCHER: ALL RIGHT. ALL THOSE IN THE ROOM IN FAVOR SAY AYE. THOSE OPPOSED SAY NAY. ANY ABSTENTIONS? AND I'LL ROLL CALL THE MEMBERS ON THE ZOOM.

MOHAMED ABOUSALEM.

DR. ABOUSALEM: YES.

MR. TOCHER: JUDY CHOU.

DR. CHOU: YES.

MR. TOCHER: MONICA CARSON.

DR. CARSON: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: SHLOMO MELMED. IS LEON FINE ON? I'LL COME BACK. MARK FISCHER-COLBRIE.

MR. FISCHER-COLBRIE: YES.

MR. TOCHER: FRED FISHER.

DR. FISHER: YES.

MR. TOCHER: RICH LAJARA.

MR. LAJARA: YES.

MR. TOCHER: LINDA MALKAS.

DR. MALKAS: YES.

MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: JOE PANETTA.
MR. PANETTA: YES.
MR. TOCHER: MARV SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: MICHAEL STAMOS.
DR. STAMOS: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
CHAIRMAN IMBASCIANI: THANK YOU. AND THANK YOU AGAIN, POUNEH, FOR THE GREAT PRESENTATION. THANK YOU, BOARD MEMBERS. WE'RE GOING TO LOOK NOW AT AGENDA NO. 10. AND I'M GOING TO ASK DR. SAMBRANO TO COME BACK TO THE PODIUM. THIS IS GOING TO BE THE APPLICATION REVIEW SUBCOMMITTEE PART OF OUR BOARD MEETING.
DR. SAMBRANO: THANK YOU. GOOD AFTERNOON, EVERYONE. WE CAN GO AHEAD? SO I'M GOING TO PRESENT TO YOU THE RECOMMENDATIONS FROM THE GRANTS WORKING GROUP FOR THE LATEST ROUND OF CLINICAL REVIEWS. AS ALWAYS, WE START OUT WITH OUR MISSION. YOU'VE SEEN IT AGAIN, BUT I ALWAYS EMPHASIZE THAT THIS IS

SOMETHING WE ALSO SHOW THE GRANTS WORKING GROUP TO MAKE SURE THEY ALSO ARE ON THE SAME PAGE IN TERMS OF WHAT WE'RE DOING WITH ALL OF OUR PROGRAMS AND WHAT WE HOPE TO ACHIEVE.

THIS IS A QUICK REMINDER OF THE BUDGET. JEN ACTUALLY JUST SHOWED THIS TO YOU. THE ANNUAL BUDGET ALLOCATION WAS 252 MILLION. WITH THE AMOUNT REQUESTED TODAY OF 26.4, THIS WILL ALMOST EXHAUST THE BUDGET. IT WOULD LEAVE 14.8 REMAINING FOR THE YEAR.

THE SCORING OF THE APPLICATIONS IS ON A SYSTEM OF 1, 2, OR 3. A SCORE OF 1 MEANS THE APPLICATION HAS EXCEPTIONAL MERIT AND WARRANTS FUNDING. A SCORE OF 2 FOR THOSE APPLICATIONS, THEY RECEIVE COMMENTS FROM THE REVIEW AND ARE ALLOWED TO REVISE AND RESUBMIT VERY QUICKLY. A SCORE OF 3 MEANS THAT IT'S SUFFICIENTLY FLAWED THAT IT DOESN'T WARRANT FUNDING. THOSE CANNOT COME BACK FOR SIX MONTHS.

THE REVIEW CRITERIA THAT ARE UTILIZED BY THE GRANTS WORKING GROUP FOR MAKING THESE ASSESSMENTS ARE BASED ON THESE FIVE QUESTIONS. DOES THE PROJECT HOLD THE NECESSARY SIGNIFICANCE AND POTENTIAL FOR IMPACT? IS THE RATIONALE SOUND? IS IT WELL PLANNED AND DESIGNED? IS IT FEASIBLE

INCLUDING WHETHER THEY HAVE AN APPROPRIATE TEAM AND RESOURCES TO CARRY IT OUT? AND LASTLY, DOES THE PROJECT UPHOLD THE PRINCIPLES OF DIVERSITY, EQUITY, AND INCLUSION?

WE ALSO FOR THE CLINICAL PROGRAM HAVE A SECOND SCORE THAT'S ASSIGNED BY THE PATIENT ADVOCATE AND NURSE MEMBERS OF THE BOARD WHO ALSO SERVE ON THE GRANTS WORKING GROUP. THEY PROVIDE A SCORE THAT IS BETWEEN ZERO AND TEN, WITH TEN BEING THE BEST POSSIBLE SCORE, AND THEY UTILIZE A RUBRIC, WHICH IS SHOWN THERE, NOT INTENDED FOR YOU TO READ SPECIFICALLY. IT IS AVAILABLE IF YOU WANT TO SEE IT. BUT THEY UTILIZE A RUBRIC TO GUIDE THEIR SCORING.

THE COMPOSITION OF THE WORKING GROUP INCLUDES SCIENTIFIC MEMBERS WHO PROVIDE THE SCIENTIFIC EVALUATION. THEY HAVE DIVERSE BACKGROUNDS IN TERMS OF DISEASE AREA EXPERTISE, REGULATORY, CMC, PRODUCT DEVELOPMENT, AND SO ON, AS NEEDED FOR EACH APPLICATION. THEY PROVIDE A SCIENTIFIC SCORE ON ALL THE APPLICATIONS.

OUR BOARD MEMBERS PROVIDE THE EVALUATION ON THE DEI, PATIENT PERSPECTIVE ON THE SIGNIFICANCE AND POTENTIAL IMPACT, AS WELL AS OVERSIGHT ON THE PROCESS. SO THEY PROVIDE A DEI SCORE AND MAY

SUGGEST A SCIENTIFIC SCORE TO THE PANEL. WE ALSO HAVE SCIENTIFIC SPECIALISTS WHO ARE NONVOTING MEMBERS WHICH ADD ADDITIONAL EXPERTISE AS NEEDED.

SO FOR THE FIRST APPLICATION, WE'RE GONG TO TAKE THESE ONE AT A TIME. THIS FIRST APPLICATION HAS A FEW CONFLICTS AS SHOWN ON THE SCREEN. JUST IF YOU HAVE A NOTED CONFLICT, JUST PLEASE DON'T PARTICIPATE IN THE DISCUSSION OR VOTING.

THE FIRST APPLICATION, CLIN1-14792, IS ENTITLED "SUPERIOR FORWARD-ORIENTED BETA GLOBIN VECTOR FOR TREATING SICKLE CELL DISEASE." THIS IS A GENE-MODIFIED STEM CELL THERAPY FOR SEVERE SICKLE CELL DISEASE. THEIR GOAL IS TO COMPLETE IND-ENABLING STUDIES AND FILE AN IND. THE AMOUNT THAT THEY REQUEST IS 4.6 MILLION.

LITTLE BACKGROUND ON THIS PROJECT. SICKLE CELL DISEASE, AS MANY OF YOU KNOW, AFFECTS APPROXIMATELY 100,000 AMERICANS. IT IS PRIMARILY COMMON AMONG THOSE WITH SUB-SAHARAN AFRICAN ANCESTRY, AFFECTING ABOUT ONE IN 365 AFRICAN-AMERICANS BIRTHS. GLOBALLY THERE ARE OVER 300,000 CHILDREN BORN WITH SICKLE CELL DISEASE EACH YEAR.

SO THE VALUE PROPOSITION OF THIS PROJECT IS TO BRING A THERAPY TO BEAR. ALTHOUGH THERE ARE

SOME SIMILAR GENE EDITING APPROACHES THAT HAVE ADVANCED TO NOW FDA APPROVAL, THE PROPOSED THERAPY OFFERS TO ADDRESS THE ONGOING CHALLENGE OF AFFORDABILITY AND ACCESSIBILITY TO THESE. SO THEY EXPECT THAT THIS WILL BE A MORE AFFORDABLE THERAPY AS WELL AS A POTENTIALLY MORE EFFECTIVE PRODUCT FOR TREATING PATIENTS.

WHY IS THIS A STEM CELL OR GENE THERAPY PROJECT? THIS THERAPY INVOLVES GENETIC MODIFICATION OF BLOOD STEM CELLS. AND THAT'S WHY IT QUALIFIES FOR CIRM FUNDING.

IN TERMS OF OUR PORTFOLIO OF SIMILAR PROJECTS THAT ARE CURRENTLY ACTIVE, YOU MAY ALL RECALL THAT WE HAVE SUPPORTED SICKLE CELL DISEASE PROJECTS FOR SEVERAL YEARS. THESE TWO THAT ARE LISTED HAPPEN TO BE THE ONES THAT ARE CURRENTLY STILL ACTIVE. THESE ARE TWO CLINICAL TRIAL PROJECTS THAT HAVE DIFFERENT APPROACHES THAT ARE BEING DEVELOPED. ONE IS AN AUTOLOGOUS GENE-MODIFIED CD34 CELLS. THE OTHER IS A CRISPR-EDITED HSC APPROACH. BOTH A LITTLE BIT DIFFERENT FROM THE CURRENT PROPOSAL.

THE APPLICANT HAS HAD SOME HISTORY WITH CIRM FUNDING. SO LISTED ARE THREE DIFFERENT PROJECTS THAT REPRESENT SOME OF THE PROJECTS THAT

THE PI HAS HEADED. ONE IS A CLIN2 CLINICAL TRIAL PROJECT FOR HIV/AIDS, AND THE OTHERS ARE ALPHA CLINICS PROGRAMS THAT THEY HAVE HEADED AND SUPPORTED. FOR ALL THE PROJECTS, THE MILESTONES HAVE ALL BEEN COMPLETED EARLY OR ON TIME.

AND SO THE SUMMARY OF THE RECOMMENDATION FOR THIS PROJECT IS AS SHOWN. THE GRANTS WORKING GROUP HAD 12 VOTES FOR A SCORE OF 1, NO VOTES FOR A SCORE OF 2, THREE VOTES FOR A SCORE OF 3. THE DEI SCORE WAS A 9, AND THE CIRM TEAM RECOMMENDATION IS IN CONCURRENCE WITH THE GWG TO FUND THIS APPLICATION FOR 4.6 MILLION.

CHAIRMAN IMBASCIANI: THANK YOU. I WOULD NEED A MOTION TO APPROVE THE RECOMMENDATION.

DR. FISHER: SO MOVED.

CHAIRMAN IMBASCIANI: WE HAVE FRED FISHER MOTIONING.

DR. MELTZER: SECOND.

MR. TOCHER: NO. NO. IT NEEDS TO BE A MEMBER OF THE ARS.

CHAIRMAN IMBASCIANI: THAT'S RIGHT. THANK YOU.

DR. HIGGINS: SO MOVED.

MR. TOCHER: A SECOND ACTUALLY.

DR. HIGGINS: SECOND.

CHAIRMAN IMBASCIANI: THANK YOU. DISCUSSION, MEMBERS? YES.

DR. DULIEGE: SO THIS IS A REALLY COMPLICATED SITUATION, I THINK. FOR ONE THING, THE SCIENTIFIC MERIT SPEAKS BY ITSELF, AND WE SHOULD ACTUALLY NORMALLY APPROVE AND RESPECT THE PROCESS. I'VE BEEN THE ONE ALWAYS TRYING TO SUPPORT.

THERE ARE TWO THINGS THAT COME TO MIND HOWEVER. ONE IS THAT, AS WE ARE SEEING PER THE DISCUSSION WE HAD EARLIER, WE'RE GOING TO COME MORE AND MORE OFTEN IN THE SITUATION WHERE OUR BUDGET IS AT A CAP AND WE'LL HAVE TO MAKE CHOICES AMONG EXCELLENT GRANTS WITH EXCELLENT SCIENTIFIC MERIT. THE DISCUSSION WILL COME AT SOME POINT ABOUT ULTRA RARE DISEASE WOULD BE ANOTHER EXAMPLE WE'LL HAVE TO MAKE A CHOICE. AND IT'S FAIR TO SAY THAT IN SICKLE CELL WE HAVE INVESTED A LOT AND OTHER GROUPS HAVE INVESTED A LOT, LIKE THE NIH.

AND THE OTHER THING YOU MENTIONED IS THAT THIS THERAPY IS SHOWN TO BE MORE EFFECTIVE THAN OTHERS, EXISTING THERAPY, WHICH IS IMPORTANT IN CONSIDERATION, AND ALSO MORE AFFORDABLE. AND I WOULD LIKE TO HAVE AN IDEA OF WHAT WE MEAN BY MORE AFFORDABLE BECAUSE ALL OF THESE ARE GOING TO BE SUPER EXPENSIVE, COPAYMENTS TO NO END. AND REDUCING

THE AFFORDABILITY BY 20 PERCENT IS STILL NOT GOING TO MAKE IT VERY AFFORDABLE ANYWAY.

SO I'LL STOP MY COMMENTS. ONE IS AS A BOARD DO WE HAVE TO SHAPE A LITTLE BIT HOW WE KEEP MONEY FOR PROJECTS THAT HAVE NOT BEEN FUNDED AS MUCH AS SICKLE CELL? QUESTION NO. 1. NO. 2 IS SHOULD WE BE INFLUENCED BY MORE AFFORDABLE AND MORE EFFECTIVE? I DON'T HAVE A REAL ANSWER TO THAT, BY THE WAY. IT'S COMPLICATED. SO I'D RATHER SHARE MY THOUGHT PROCESS. THANK YOU.

CHAIRMAN IMBASCIANI: COMMENTS FROM BOARD MEMBERS?

MR. TOCHER: JUDY CHOU ON THE PHONE.

CHAIRMAN IMBASCIANI: JUDY.

DR. CHOU: I WANT TO ECHO ANNE-MARIE'S COMMENT. THIS MAY BE ACTUALLY MORE BROADLY APPLICABLE TO ALL THE APPLICATIONS AS WE'RE MOVING FORWARD. SO I DON'T KNOW IS IT FAIR NOW. IF IT'S NOT, STOP. I THINK NOW THE LANDSCAPING WILL BECOME EVEN MORE IMPORTANT AS WE TRY TO BRING THE IMPACT OF CIRM TO THE NEXT LEVEL. MEANING TRULY ADDRESS THE MEDICAL NEED AND NOT JUST BEING ONE OF THE ADDITIONAL CHOICE OR OPTION IN THE CROWDED SPACE.

SO FOR THAT I ALSO STRUGGLE A LITTLE BIT ABOUT TO MOVE FORWARD. DEFINITELY I ECHO ANNE-MARIE

JUST SAY. SCIENTIFICAL THERE'S NO DOUBT. IT LOOK LIKE THAT WILL BE A GOOD EXPLORATION, BUT THE VALUE IT DOES BRING IN, AGAIN, THIS IS NOT SOMETHING TODAY GWG HAS TO TAKE INTO FACTOR. SO I TOTALLY, FOR MYSELF, NOT YET TO PROMOTE TO GET IT APPROVED, BUT WANT TO FURTHER EMPHASIZE THE POINT ABOUT AS WE'RE MOVING FORWARD, WE NEED TO PRIORITIZE FURTHER AND TRULY LOOKING AT THE IMPACT TO PATIENT AND WE NEED TO THINK ABOUT THAT.

CHAIRMAN IMBASCIANI: THANK YOU, JUDY. I DON'T SEE ANY OTHER BOARD MEMBERS RAISING THEIR HAND. ANNE-MARIE, YES, COME BACK.

DR. DULIEGE: SORRY. LET ME JUST ADD THAT IF THE BOARD DECIDES TO OVER TIME SHAPE A LITTLE BIT HOW WE ARE PROVIDING MONEY, IT SHOULD BE DONE PROSPECTIVELY WITH AN INTENT IN MIND, NOT BECAUSE SUDDENLY AT THIS MEETING MYSELF OR SOMEONE ELSE SAID, OH, AND BY THE WAY, WE WANT TO PUT SO MUCH MONEY INTO ONE INDICATION BECAUSE IT WOULD BE VERY UNFAIR TO THE APPLICATION THAT HAVE BEEN REVIEWED AND ASSIGNED TO MOVE OR NOT BY THE GRANT WORKING GROUP. SO I'M NOT ADVOCATING THAT WE EMBARK INTO A DISCUSSION NOW ON SICKLE CELL, BUT MAYBE THAT WE USE THAT EXAMPLE AS A WAY TO BE INTENTIONAL IN WHETHER THE MONEY WE STILL HAVE LEFT AND OUR MISSION REQUIRE

A SLIGHTLY DIFFERENT WAY OF CONSIDERING SOME APPLICATIONS MOVING FORWARD.

I WILL VOTE YES FOR THIS ONE JUST FOR THE SAKE OF SAYING IT'S NOT TIMELY TO BAR AN APPLICATION JUST BECAUSE WE HAVE THOUGHTS ABOUT THE FUTURE.

CHAIRMAN IMBASCIANI: THANK YOU, ANNE-MARIE. KIM BARRETT.

DR. BARRETT: I JUST WANT TO SECOND ANNE-MARIE'S REBUTTAL OF HER OWN QUESTION. WE CAN'T CHANGE THE GOALPOSTS IN THE MIDDLE OF IT. PEOPLE APPLY IN GOOD FAITH WITH AN UNDERSTANDING OF THE PROGRAM AS IT EXISTS AT THE TIME THAT THEY APPLY. AND IT IS A GRAVE DANGER TO OUR CREDIBILITY.

DR. DULIEGE: I'VE ALWAYS BEEN SUPPORTIVE. I WANT TO BE ON RECORD SAYING I'VE ALWAYS SUPPORTED THE PROCESS AND THE GWG RECOMMENDATIONS. I DON'T THINK I'VE GONE ON RECORD OTHERWISE.

CHAIRMAN IMBASCIANI: FRED IS NEXT.

DR. FISHER: IT'S MY UNDERSTANDING THAT THE IMPORTANT QUESTIONS THAT ARE BEING ASKED NOW WILL, AT LEAST TO SOME EXTENT, BE ANSWERED AS PART OF THIS STRATEGIC REALLOCATION PROCESS. IF I GOT THE NAME OF THAT PROCESS WRONG, J.T. WILL CORRECT ME. THESE QUESTIONS ARE EXACTLY THE QUESTIONS THAT THAT PROCESS IS, AGAIN, INTENDED TO ANSWER.

CHAIRMAN IMBASCIANI: THANK YOU.

DR. THOMAS: YES, FRED, THAT'S ENTIRELY CORRECT.

DR. FISHER: COOL.

CHAIRMAN IMBASCIANI: SO PUBLIC COMMENT BEFORE WE PROCEED TO A VOTE? I'M SORRY. I DIDN'T SEE THAT.

MR. JUELSGAARD: ONE MORE. SO, RATHER, APART FROM WHAT YOU JUST SAID, J.T., GIL IS GOING TO PRESENT SORT OF AN INTERIM APPROACH ON HOW TO KIND OF NARROW LOOKING AT PROJECTS BEFORE WE GET TO THAT. AND ONE OF THE THINGS THAT'S IN THERE IS LOOKING AT UNMET MEDICAL NEED, WHICH I THINK IS GOING TO BE IMPORTANT. WHEN YOU LOOK AT SICKLE CELL DISEASE, THERE ARE THREE APPROVED TREATMENTS ALREADY ON THE MARKET. THERE ARE PROBABLY AT LEAST TEN DIFFERENT THERAPEUTIC MODALITIES THAT ARE IN CLINICAL TRIALS RIGHT NOW. THIS IS AN IND-ENABLING PROJECT. SO ITS WAY, WAY, WAY BACK IN THE CONTINUUM. AND WHETHER ULTIMATELY IT WILL EVER SEE THE LIGHT OF DAY IS A BIG, BIG QUESTION.

HOPEFULLY WE'LL START TAKING INTO ACCOUNT THE MILIEU IN WHICH THESE PROJECTS ARE OPERATING WHEN WE MAKE THESE DECISIONS ON MORE LIMITED RESOURCES. JUST A COMMENT.

DR. DULIEGE: I DON'T WANT TO BELABOR THE TOO MUCH. BUT, GIL, IN SOME WAY I THINK WE SHOULD NOT NECESSARILY SAY THIS IS POTENTIALLY MORE PROMISING AND MORE AFFORDABLE. WE DO NOT KNOW. PRE-IND, MORE PROMISING, YOU BET.

BUT TO THAT POINT, J.T., DID I MISS SOMETHING, OR IS THERE A TIME WHERE WE'RE GOING TO LOOK AT RESHAPING THE ALLOCATION OF BUDGET BASED ON STRATEGIC CONSIDERATION? IS THERE A TIMELINE FOR THIS? MAYBE I MISSED THAT.

DR. CANET-AVILES: THERE IS A TIME. IN FACT, WE WILL BE PROVIDING AN UPDATE WITH THE STRATEGIC ALLOCATION FRAMEWORK AND THE SPECIFICS OF WHEN THIS IS GOING TO BE HAPPENING. SO WE WILL BE ANSWERING ALL THESE QUESTIONS. YOU ARE JUST SPEAKING TO WHAT WE'VE BEEN DISCUSSING, THE LANDSCAPE ANALYSIS AND ALL THE DATA THAT WE ARE GOING TO PROVIDE TO THE BOARD FOR DISCUSSION.

DR. DULIEGE: THANK YOU.

DR. BARRETT: I'D LIKE POINT OUT ALSO THAT THE REVIEWERS OF THE PROPOSALS DO TAKE THIS INTO ACCOUNT BECAUSE THEY'RE ASKED TO ASSESS THE PROPOSALS ON THEIR IMPACT. SO THEY ARE LOOKING AT THEM. AND THESE ARE EXPERTS IN THE FIELD. SO IT'S NOT THAT THESE THINGS ARE NOT CONSIDERED IN THE

REVIEW PROCESS.

CHAIRMAN IMBASCIANI: OKAY. ONCE AGAIN, NOT SEEING ANY MORE HANDS HERE IN THIS ROOM OR ONLINE, I THINK WE CAN CALL THE QUESTION.

MR. TOCHER: THE MOTION IS TO FUND CLIN1-14792.

MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: YES.

MR. TOCHER: JUDY CHOU.

DR. CHOU: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MR. TOCHER: MARK FISCHER-COLBRIE.

MR. FISCHER-COLBRIE: YES.

MR. TOCHER: FRED FISHER.

DR. FISHER: YES.

MR. TOCHER: DAVID HIGGINS.

DR. HIGGINS: YES.

MR. TOCHER: VITO IMBASCIANI.

CHAIRMAN IMBASCIANI: YES.

MR. TOCHER: STEVE JUELSGAARD.

MR. JUELSGAARD: YES.

MR. TOCHER: RICH LAJARA.

MR. LAJARA: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: JOE PANETTA.
MR. PANETTA: YES.
MR. TOCHER: MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: AND KEVIN XU.
DR. XU: YES.
MR. TOCHER: GREAT. THAT MOTION CARRIES. THANK YOU.
CHAIRMAN IMBASCIANI: THANK YOU.
DR. SAMBRANO: NEXT ONE. CAN WE SHOW THE SLIDES PLEASE? THANK YOU.
THE NEXT APPLICATION IS ENTITLED "DEVELOPMENT OF GENE THERAPY FOR TREATMENT OF WWOX-RELATED EPILEPTIC ENCEPHALOPATHY OR WOREE." THE THERAPY IS A GENE THERAPY ADENOVIRUS BASED. THE INDICATION IS PATIENTS THAT HAVE THIS EPILEPTIC ENCEPHALOPATHY. THE GOAL IS TO COMPLETE IND-ENABLING STUDIES, SO THIS IS A CLIN1 AGAIN, AND ULTIMATELY FILE AN IND. THE FUNDS REQUESTED IS 4 MILLION, AND THEY HAVE CO-FUNDING OF 1 MILLION. 20 PERCENT IS REQUIRED FOR THIS APPLICANT.
SO THIS WWOX-RELATED EPILEPTIC

ENCEPHALOPATHY OR WOREE SYNDROME IS AN ULTRA RARE DISEASE THAT RESULTS IN SEVERE SEIZURES, SIGNIFICANT DEVELOPMENTAL DELAYS. IT CAUSES FREQUENT RESPIRATORY INFECTIONS AND OTHER COMPLICATIONS. AND IT MANIFESTS VERY EARLY IN LIFE WITH A MEAN ONSET AGE OF 1.6 MONTHS.

THE VALUE PROPOSITION FOR THIS PROJECT IS THAT THE PROPOSED THERAPY HAS THE POTENTIAL TO RESTORE THE PRODUCTION AND FUNCTION OF THIS MISSING GENE IN ORDER TO SIGNIFICANTLY REDUCE THE BURDEN ON THOSE THAT ARE AFFECTED. THIS TREATMENT IS A GENE THERAPY THAT'S ADENOVIRUS BASED, AND IT QUALIFIES AS GENE THERAPY FOR CIRM.

THERE ARE NO SIMILAR PORTFOLIO PROJECTS THAT WE HAVE THAT ADDRESS THIS SPECIFIC DISEASE. WE DO HAVE SEVERAL THAT TAKE THE GENE THERAPY APPROACH IN GENERAL TO OTHER RARE DISEASES, BUT NOT THIS SPECIFIC ONE. THIS PARTICULAR APPLICANT HAS NOT PREVIOUSLY RECEIVED A CIRM AWARD.

AND THIS IS THE SUMMARY OF THE GRANTS WORKING GROUP ASSESSMENT. IN TERMS OF THE SCORE, THERE WERE 12 MEMBERS THAT SCORED THIS A 1. THERE WAS ONE PERSON THAT SCORED IT A 2 AND TWO THAT SCORED IT A 3. THE DEI SCORE IS AN 8, AND THE CIRM TEAM RECOMMENDATION IS TO FUND FOR THE AMOUNT OF 4

MILLION.

CHAIRMAN IMBASCIANI: ONCE AGAIN, I'D LIKE TO HAVE A MOTION FROM A MEMBER OF THE ARS.

DR. FISHER: SO MOVED.

DR. SOUTHARD: SECOND.

CHAIRMAN IMBASCIANI: AND MARV SOUTHARD SECONDED. THANK YOU. SO DISCUSSION FROM BOARD MEMBERS. FRED, YOU'RE FIRST.

DR. FISHER: GIL, SO ON THIS 25 PERCENT OF THE GWG MEMBERS SAYING COME BACK AGAIN OR WE WANT TO SEE YOU AGAIN, CAN YOU GIVE US SOME CONTEXT FOR WHAT THOSE CONCERNS WERE?

DR. SAMBRANO: YES, ABSOLUTELY, FRED. SO FOR THIS PARTICULAR ONE, THERE WERE A COUPLE OF CONCERNS. SO THIS IS A RARE DISEASE. ONE OF THE CONCERNS WAS WHETHER THERE WAS ULTIMATELY GOING TO BE A COMMERCIALIZATION PATH FOR THIS THERAPY. SO ONE THING IS TO SHOW THAT IT IS EFFICACIOUS, BUT THEN ULTIMATELY ARE PATIENTS GOING TO BE ABLE TO HAVE IT. SO I THINK THERE WAS SOME CONCERN FROM SOME OF THE REVIEWERS WHETHER ULTIMATELY THIS WOULD HAVE A COMMERCIAL PATHWAY. THAT IS TRUE FOR MANY RARE DISEASES. SO IT'S NOT JUST ABOUT THIS ONE.

THE OTHER IS THAT THIS HAD A MANUFACTURING PLAN CHANGE. THIS APPLICATION, AS THE OTHERS, THESE

ARE ALL RESUBMISSIONS, SO THEY HAVE BEEN REVISED. IN THEIR REVISION THEY MADE SOME SIGNIFICANT CHANGES TO THEIR MANUFACTURING PROPOSAL. SOME OF THE REVIEWERS WOULD HAVE LIKED TO HAVE SEEN MORE DETAIL ON THAT IN ORDER TO GET A BETTER HANDLE ON WHETHER THEY WERE MOVING IN THE RIGHT DIRECTION. I THINK GENERALLY THEY WERE CONFIDENT THEY WOULD PROBABLY BE ABLE TO DO IT, BUT VOICED THE DESIRE TO SEE IT.

SO THAT'S SOME OF THE REASON FOR THE REVIEWER NEGATIVE VIEWPOINTS.

DR. FISHER: THANK YOU. THAT'S HELPFUL. MY MOTION STANDS.

CHAIRMAN IMBASCIANI: ANY FURTHER BOARD COMMENT? SEEING NONE, OPEN IT TO THE PUBLIC. ANY HANDS? NO HANDS SEEN. SCOTT, YOU MAY PROCEED.

MR. TOCHER: MOTION IS TO FUND CLIN1-14825.

MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: YES.

MR. TOCHER: JUDY CHOU.

DR. CHOU: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MR. TOCHER: YSABEL DURON.
MS. DURON: YES.
MR. TOCHER: MARK FISCHER-COLBRIE.
MR. FISCHER-COLBRIE: YES.
MR. TOCHER: FRED FISHER.
DR. FISHER: YES.
MR. TOCHER: DAVID HIGGINS.
DR. HIGGINS: YES.
MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: YES.
MR. TOCHER: STEVE JUELSGAARD.
MR. JUELSGAARD: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: JOE PANETTA.
MR. PANETTA: YES.
MR. TOCHER: MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
MR. TOCHER: THANK YOU VERY MUCH. THE

MOTION CARRIES.

CHAIRMAN IMBASCIANI: GREAT. THANK YOU VERY MUCH. I THINK, GIL, WE CAN MOVE TO NO. 3.

DR. SAMBRANO: THANK YOU. SO THE NEXT APPLICATION HAS A COUPLE OF CONFLICTS TO BE NOTED.

THIS IS CLIN2-15218. THE TITLE IS "A PHASE 2 STUDY EVALUATING THE EFFICACY AND SAFETY OF I.V. ADMINISTERED AAV GENE THERAPY IN MALE PATIENTS WITH DANON DISEASE." SO THIS IS, AGAIN, AN ADENOVIRUS GENE THERAPY APPROACH FOR PATIENTS WITH DANON'S DISEASE.

THE GOAL IS TO COMPLETE A PHASE 2 CLINICAL TRIAL. THE AMOUNT REQUESTED IS 5.8 MILLION. AND CO-FUNDING IS PROVIDED IN THE LARGE AMOUNT. THIS IS A PHASE 2 TRIAL AND IT'S AN OUT-OF-STATE COMPANY. SO A LOT OF THE EFFORT IS HAPPENING OUTSIDE THE STATE, AND THIS WOULD COVER THE PORTIONS THAT HAPPEN IN STATE.

SO FOR BACKGROUND, DANON DISEASE IS A RARE X-LINKED DISORDER THAT PRIMARILY AFFECTS THE HEART, SKELETAL MUSCLE, AND BRAIN, AND RESULTS IN SOME LIMITED COGNITIVE IMPAIRMENT. THERE ARE NO CURATIVE TREATMENTS THAT ARE CURRENTLY AVAILABLE, WITH THE MOST DEFINITIVE OPTION BEING OPEN HEART TRANSPLANTATION. THE VALUE PROPOSITION IS THAT THIS

PROPOSED GENE THERAPY WOULD RESTORE THE EXPRESSION OF THE MISSING LAMP2B GENE THAT WOULD RELIEVE PATIENTS OF THEIR SYMPTOMS AND THE NEED FOR HEART TRANSPLANTATION. AND THE APPLICANTS HOPE THAT THE APPROACH MAY OFFER THE POSSIBILITY OF A CURE IF IT'S ADEQUATELY EFFECTIVE. THE TREATMENT IS A GENE THERAPY APPROACH AND WHY IT QUALIFIES FOR CIRM FUNDING.

OTHER PROJECTS IN OUR PORTFOLIO THAT ARE SIMILAR, WE HAVE A TRAN1 GRANT HAS BEEN GIVEN FOR THE SAME INDICATION, DANON DISEASE. THIS IS AN APPROACH OF AUTOLOGOUS GENE-MODIFIED BLOOD STEM CELLS, SO IT'S DIFFERENT THAN THIS ONE, BUT STILL WITH THE GOAL OF TRYING TO REPLACE THE MISSING LAMP2B GENE IN PATIENTS.

THE APPLICANT HAS RECEIVED A COUPLE OF OTHER CIRM GRANTS THAT ARE CLIN2S, CLINICAL PHASE 1 CLINICAL TRIAL STAGE WITH MILESTONES THAT HAVE BEEN COMPLETED, SOME WITH DELAYS, BUT GENERALLY PERFORMED AS EXPECTED.

SO THE SUMMARY OF THE REVIEW, THE GRANTS WORKING GROUP HAD 12 MEMBERS THAT SCORED THIS A 1. THERE WAS ONE MEMBER THAT SCORED IT A 2 AND ONE THAT SCORED IT A 3. THE DEI SCORE IS A MEDIAN OF 8, AND THE CIRM TEAM RECOMMENDS THE FUNDING OF THIS

APPLICATION FOR 5.8 MILLION.

CHAIRMAN IMBASCIANI: THANK YOU, GIL. CAN I HAVE A MOTION TO DISCUSS FROM THE MEMBERS OF THE COMMITTEE?

DR. HIGGINS: SO MOVED.

DR. FISHER: SECOND.

CHAIRMAN IMBASCIANI: MOTION TO APPROVE. THANK YOU. LET'S SEE. I DON'T SEE ANY -- THANK YOU. IN THE ROOM.

DR. DULIEGE: GIL, CAN YOU TELL US HOW MANY CHILDREN ARE BORN EVERY YEAR WITH THIS CONDITION, ROUGHLY, JUST ROUGHLY, EITHER IN CALIFORNIA OR IN THE U.S.? BECAUSE IT'S A RARE DISEASE, IT WOULD BE GOOD TO HAVE A ROUGH IDEA.

DR. SAMBRANO: IT'S A RARE DISEASE. I CAN'T TELL HOW MANY ARE BORN, BUT IT'S ABOUT ONE IN A MILLION IS THE ESTIMATE. SO I THINK ONE OF THE ESTIMATES I SAW, OUT OF THE CHILDREN BORN WITH HYPERTROPHIC CARDIOMYOPATHY, THAT ABOUT TWO OR THREE OUT OF A THOUSAND OF THOSE HAVE DANON DISEASE.

DR. DULIEGE: SO IT'S AN ULTRA RARE DISEASE ESSENTIALLY.

DR. SAMBRANO: YES.

DR. LEVITT: SO IN BOTH CASES THERE WERE, OF PREVIOUS FUNDING, THERE WERE NOTED DELAYS. YOU

COMMENTED ON THE FIRST ONE WHERE THERE WERE DELAYS, BUT THEY ESSENTIALLY COMPLETED WHAT THEY WERE EXPECTED TO COMPLETE. I'M NOT SURE WHAT THAT MEANS.

AND THEN IN THE SECOND ONE, THEY HAD FIVE MILESTONES, ONE WAS NOT COMPLETED, WHICH IS 20 PERCENT. NOT A SMALL MISSED TARGET OF THE GOAL THAT THEY HAD. SO WHAT WAS THE THOUGHT OF THE TEAM ABOUT THIS BECAUSE IT'S NOT AS IF THEY'VE HAD NONE. WE DON'T HAVE THE TRACK RECORD OR ONE. MAYBE THERE WERE PROBLEMS WITH ONE, BUT NOW THERE ARE TWO PROBLEMS WITH BOTH. AND SO MAYBE YOU CAN COMMENT ON THAT.

DR. SAMBRANO: YEAH. SO JUST BRIEFLY, IN TERMS OF THE MILESTONES, ONE OF THE THINGS THAT IS HARD TO PRESENT IN THIS FORMAT IS THE REASON WHY THEY MAY HAVE HAD A DELAY IN A MILESTONE OR WHY THEY MAY NOT HAVE ACHIEVED THEM. A LOT OF TIMES IT'S NOT BECAUSE OF THEIR -- THEY WEREN'T CAPABLE OR FAILED TO DO SOMETHING, BUT SOMETIMES IT'S CIRCUMSTANTIAL. COVID, FOR EXAMPLE, WAS A BIG REASON WHY WE OBSERVED MANY DELAYS IN MILESTONES AMONG MANY OF OUR AWARDS. AND IN SOME CASES NOT COMPLETING ONE IS EITHER BECAUSE IT WAS NOT AN AIM THAT THEY NEEDED TO COMPLETE IN ORDER TO ACHIEVE THE GOAL OF THE PROJECT.

IN THIS PARTICULAR CASE, WE DIDN'T SEE ANYTHING THAT WAS SIGNIFICANT, BUT I WOULD LEAVE IT TO MY COLLEAGUES, DR. ABLA CREASEY AND JEN, WHETHER YOU HAVE ANY COMMENTS OR SPECIFIC DETAILS ON THIS ONE.

DR. LEVITT: JUST ONE OTHER FOLLOW-UP RELATED TO THE ONE IN A MILLION. SO I ASSUME THE APPLICATION WAS CONVINCING IN TERMS OF THEM BEING ABLE TO IDENTIFY AND RECRUIT AND CONSENT --

DR. SAMBRANO: YES.

DR. LEVITT: -- THE PATIENT POPULATION.

DR. SAMBRANO: YES.

DR. LEVITT: THIS IS TO FUND THOSE THAT ARE IN THE STATE OF CALIFORNIA.

DR. SAMBRANO: CORRECT. THE FUNDS THAT WOULD COME OUT OF THE CIRM GRANT WOULD BE TO FUND ACTIVITIES THAT ARE IN CALIFORNIA AND PATIENTS THAT ARE RECRUITED IN CALIFORNIA. THERE IS A SIGNIFICANT AMOUNT FOR ALL THE OTHER TRIAL SITES THAT THEY HAVE THAT INCLUDE EUROPE AND OTHER PARTS OF THE UNITED STATES.

DR. LEVITT: SO HOW MANY BIRTHS ARE THERE IN CALIFORNIA A YEAR, NEW BIRTHS, ARE THERE IN CALIFORNIA A YEAR?

DR. SAMBRANO: I DON'T KNOW.

DR. LEVITT: IT'S A FEW HUNDRED THOUSAND MAYBE, NOT EVEN. IT'S NOT A HUGE NUMBER. SO I'M JUST EXPRESSING MY WORRY ABOUT, ONE, THEIR TRACK RECORD AND, TWO, ONE IN A MILLION, AND THIS IS FOCUSED -- THIS HAS TO BE FOCUSED ON SOLELY IN CALIFORNIA. I DIDN'T REVIEW THE GRANT, BUT I'M JUST MAKING SURE THAT THE TEAM FEELS THAT THEY'RE GOING TO BE ABLE TO ACTUALLY SECURE MORE THAN ONE PATIENT IN THIS PERIOD OF TIME. AND IT'S NOT A SMALL AMOUNT OF MONEY. SO THAT'S MY WORRY.

DR. CREASEY: OUR EXPERIENCE WITH THIS GROUP IS THAT THIS SECOND GRANT IS NOT THAT OLD. IT'S A RECENT GRANT, AND THAT'S WHY THEY DIDN'T ACHIEVE THE MILESTONES YET. WHILE THE FIRST GRANT, AGAIN, IT'S DUE TO AVAILABILITY OF THE PATIENTS AND MOVING THEM. SOME OF THEM COME TO CALIFORNIA FOR TREATMENT. BUT THE GROUP HAS A GOOD TRACK RECORD. AND SO FOR THAT REASON, WE AGREE WITH WHAT THE GWG RECOMMENDED.

DR. DULIEGE: PAT, OBVIOUSLY YOU CAN GUESS I SHARE YOUR CONCERNS ABOUT THE ULTRA RARE DISEASE. AND I MENTIONED THIS IN THE PAST, BUT THAT'S FOR ANOTHER TIME WHERE THIS WILL COME AS STRATEGIC RECOMMENDATIONS FROM THE TEAM.

SO I UNDERSTAND THAT ONE OF THE MILESTONES

WAS NOT MET, NOT BECAUSE IT FAILED. IT'S BECAUSE IT WAS NOT YET TIMELY TO MEET IT.

AND THEN, FINALLY, FOR ULTRA RARE DISEASE, AS WE ALL KNOW, IT IS IMPOSSIBLE TO CONDUCT A DEVELOPMENT PROGRAM ON TIME. IT'S JUST TOTALLY IMPOSSIBLE. LET'S NOT EVEN TRY TO GET THROUGH. SO IT REALLY COMES TO THE STRATEGY QUESTION THAT WE WILL REVIEW IN DUE TIME. BUT YET I SHARE YOUR SENSE OF DISCOMFORT ABOUT ALL THIS.

DR. MELTZER: I ASSUME THE WHOLE BOARD CAN COMMENT. I HAD SIMILAR CONCERN. I WAS JUST TRYING TO LOOK UP THIS DISEASE. IT SEEMS LIKE PREVALENCE ISN'T EVEN KNOWN, AND IT'S LESS THAN A MILLION, ONE IN A MILLION. SO I WAS WONDERING HOW YOU ASSESS WHETHER THE RECRUITMENT IS GOING TO BE POSSIBLE IN SOME OF THESE ULTRA RARE DISEASES. JUST ECHOING PAT'S DISCOMFORT.

CHAIRMAN IMBASCIANI: ANNE-MARIE.

DR. DULIEGE: RAISE MY HAND. GIL, I'M SORRY. I SHOULD KNOW. CAN YOU REMIND US? THIS PARTICULAR GRANT IS FOR A PHASE 2 TRIAL.

DR. SAMBRANO: CORRECT.

DR. DULIEGE: HOW MANY PATIENTS TO BE ENROLLED?

DR. SAMBRANO: SO THIS IS ABOUT TEN

PATIENTS.

DR. DULIEGE: TEN PATIENTS.

DR. SAMBRANO: AND THEY'RE DOING ALSO A NATURAL HISTORY STUDY OF 40 PATIENTS.

DR. DULIEGE: AND THE EXPECTED DURATION OF THE TRIAL, MEANING TO ENROLL TEN PATIENTS AND TRY THE GENE THERAPY IS ROUGHLY?

DR. SAMBRANO: WELL, THE GRANT IS FOUR YEARS. SO THEIR TIMELINE WITHIN THIS PROJECT IS FOUR YEARS. I DON'T KNOW IF YOU HAVE ANY ADDITIONAL DETAIL ON THAT.

DR. DULIEGE: THE ONLY WAY THEY COULD ENROLL THIS TRIAL EVEN ROUGHLY ON TIME IS BECAUSE THEY'RE MAKING SOME PATIENTS FLY FROM OUTSIDE CALIFORNIA TO CALIFORNIA.

DR. SAMBRANO: SORRY. SO ALL OF THE PATIENTS ARE NOT NECESSARILY IN CALIFORNIA. SO IT'S ONLY A SUBSET OF THE TEN THAT ARE IN CALIFORNIA.

DR. DULIEGE: THAT WOULD MAKE SENSE. THANK YOU.

DR. CREASEY: IF I CAN JUST COMMENT ON THE FACT THAT WHEN IT COMES TO RARE GENETIC DISEASES, PER THE FDA APPROVAL, YOU CAN CONDUCT A TRIAL WITH ONLY NINE PATIENTS, EIGHT PATIENTS, TEN PATIENTS. IF YOU DO A NATURAL HISTORY STUDY OR A REGISTRY AS

WELL AS GENE THERAPY, IT'S EITHER A CURE OR NOT. AND SO FOR THAT REASON, IT ENDS UP BEING A SUCCESSFUL STUDY.

SO THIS PARTICULAR GROUP IS ACTUALLY GETTING AN APPROVAL EXPECTED AT THE END THIS MONTH FOR THEIR FIRST PRODUCT, AND WE, CIRM, FUNDED THAT PROGRAM. SO AS A RESULT OF THAT, I PERSONALLY FEEL THAT THIS IS -- WHAT THEY'RE DOING IS SOMETHING THAT WE HAVE BEEN KIND OF ALL ALONG PART OF OUR STRATEGIC PLAN TO FUND GRANTS THAT NO ONE ELSE FUNDS WITH UNMET MEDICAL NEED. AND THAT'S WHAT THEY'VE BEEN DOING.

DR. DULIEGE: SO FOR THE FIRST GRANT FOR WHICH THEY WILL GET AN APPROVAL APPARENTLY, THAT'S A TOTALLY DIFFERENT DISEASE?

DR. CREASEY: CORRECT.

DR. DULIEGE: OTHER ULTRA RARE DISEASE.

DR. CREASEY: CORRECT.

DR. DULIEGE: SO YOU'RE MAKING TWO VERY GOOD POINTS. ONE IS IS THAT ALSO THE ROLE OF CIRM TO FUND A GRANT THAT WILL HARDLY EVER BE FUNDED MAYBE OTHER THAN NORD OR SOMETHING LIKE THAT, NO. 1.

AND NO. 2, TO REMIND ALL OF US, WHICH I KNEW, BUT YOU EXPRESSED IT SO WELL, THAT THE APPROVAL PROCESS FOR THIS SITUATION IS TOTALLY

DIFFERENT FROM ANYTHING ELSE.

DR. CREASEY: CORRECT.

DR. DULIEGE: AND IT COULD BE ON FIVE PATIENTS POTENTIALLY. THANK YOU. VERY IMPORTANT.

DR. CREASEY: AS LONG AS THEY HAVE THE RIGHT CONTROLS, THEY HAVE THE MANUFACTURING CONSISTENT AND UNDER CONTROL, AND OBVIOUSLY THAT THERE ARE CURES WITH AN ACCEPTABLE DURATION.

MR. JUELSGAARD: JUST ONE QUICK QUESTION FOR GIL. SO THE 5.8 MILLION IS EXPECTED TO TREAT HOW MANY PATIENTS IN CALIFORNIA?

DR. SAMBRANO: I DON'T KNOW. I CAN LOOK THAT UP FOR YOU, BUT IT'S A SMALL FRAC- -- I THINK WE'RE TALKING TWO OR THREE.

MR. JUELSGAARD: YES. SO THERE'S A DENOMINATOR.

DR. SAMBRANO: YES.

MR. JUELSGAARD: AND SO THE NUMERATOR THEN, LET'S ASSUME IT WAS ONLY ONE PATIENT THAT THEY WERE ABLE TO RECRUIT, WE WOULD THEN LOWER THE AMOUNT PAID TO THEM. SO IT WOULD BE ONE OVER WHATEVER THE DENOMINATOR IS.

DR. SAMBRANO: SO WE'RE NOT GOING TO COVER COSTS THAT AREN'T EXPENDED. SO WE ISSUE -- WE'RE GOING TO ISSUE IT BASED ON MILESTONES. AND OFTEN

THE MILESTONES ARE BASED ON THE PATIENTS THAT ARE ENROLLED INTO THE TRIAL.

MR. JUELSGAARD: OKAY. GOOD.

CHAIRMAN IMBASCIANI: I DON'T SEE ANYONE ELSE IN THE ROOM. SORRY.

DR. ALMASRI: JUST TO ANSWER YOUR QUESTION, ACCORDING TO THE CALIFORNIA DEPARTMENT OF HEALTH, WE HAVE 450 TO 500,000 LIVE BIRTHS A YEAR IN CALIFORNIA. SO WE'RE EXPECTED, ASSUMING THAT THE RATE, THE PREVALENCE, IS ONE IN A MILLION, ONE EVERY TWO YEARS. SO FOUR YEARS YOU'RE EXPECTED TO HAVE TWO PATIENTS WHO WERE BORN IN CALIFORNIA. SO THIS IS -- UNLESS IF WE HAVE HIGHER PREVALENCE IN CALIFORNIA SINCE WE HAVE MORE DIVERSE POPULATION, I DON'T KNOW IF THIS DISEASE HAS HIGHER PREVALENCE IN CERTAIN ETHNIC GROUPS.

DR. SAMBRANO: I THINK THE OTHER POINT IS THAT SOME OF THE SITES, EVEN IF THEY'RE IN CALIFORNIA, RECRUIT FROM BEYOND CALIFORNIA. SO SOME OF THE PATIENTS COULD BE COMING FROM SOMEWHERE ELSE.

DR. CREASEY: AS A MATTER OF FACT, THAT HAPPENS FREQUENTLY. THE PATIENTS ARE FLOWN TO CALIFORNIA FOR TREATMENT IN OUR SELECTED SITES THAT HAVE BEEN PART OF THE ALPHA CLINICS OR SUCH THAT WE WORK WITH.

DR. CHOU: CAN I ASK A QUESTION? THE MORE WE DISCUSS, THE MORE I'M CONFUSED. THE MONEY WE ARE AWARDING, IS THAT BASED ON THE AFTER ENROLLMENT, AFTER THE PATIENT GOT INTO THE TRIAL, THEN WE'RE STARTING TO GIVE THE GRANT, OR WE JUST FUND THIS CALIFORNIA SITE TO START WITH?

DR. SAMBRANO: SO WE FUND THE APPLICANT, WHICH IS THE COMPANY THAT HAS SEVERAL SITES INCLUDING ONE, POSSIBLY TWO IN CALIFORNIA. AND THE FUNDING IS FOR THE ACTIVITIES THAT ARE SPECIFICALLY CONDUCTED IN CALIFORNIA OR DIRECTLY RELATED TO THE RECRUITMENT OF THE CALIFORNIA OR TREATMENT OF THE CALIFORNIA PATIENT.

DR. CHOU: MOST OF THE CLINICAL STUDY, THE SPENDING STARTED AS SOON AS YOU ACTIVATE THE SITE. SO I DON'T SEE THIS WILL BE THEN WE CANNOT FUND THE STUDY WHEN THEY HAVE NO SUCCESS OF ENROLLMENT. SO I THINK IT'S LESS. IT'S LESS ABOUT THE INCIDENCE OF THIS DISEASE. IT'S MORE ABOUT HOW LIKELY THEY WILL HAVE THE SUCCESS OF RECRUITING OR ENROLLING PATIENTS.

SO I FEEL THE DISCUSSION GETTING A LITTLE BIT TOWARDS NOT NECESSARILY HOW THE CLINICAL SPENDING HAS BEEN SPENT. AS SOON AS YOU ACTIVATE THE SITE, THE MONEY KICK IN, COUPLE MILLION JUST

GONE BECAUSE OF THAT NOT -- WHETHER YOU GOT PATIENT OR NOT. JUST WANT TO MAKE SURE WE DON'T DISCUSS THIS OUT OF THE --

DR. SAMBRANO: JUST FOR CLARITY. SO THE PAYMENTS ARE BASED ON MILESTONES. AND WHAT THOSE MILESTONES ARE ARE OFTEN BASED ON THE ENROLLMENT. AND SO WE ISSUE AN INITIAL AMOUNT THAT THEY OBVIOUSLY CAN SPEND IN ORDER TO ACHIEVE ACTIVITIES. SOME OF THE EXPENDITURES MAY BE RELATED TO MANUFACTURING OR OTHERS THAT ARE NOT DIRECTLY RELATED TO PATIENT ACTIVITIES. SO THE AMOUNT OF FUNDS THAT GO OUT THE DOOR AND ULTIMATELY WHEN WE GET TO A DECISION THAT THEY CAN'T SUCCEED AND, THEREFORE, MAY HAVE TO TERMINATE WILL VARY. BUT YOU'RE RIGHT. IT'S NOT AS IF WE WOULD NOT ISSUE ANY OF THE FUNDS THAT ARE SHOWN THERE.

DR. CHOU: THANK YOU FOR THAT CLARIFICATION.

CHAIRMAN IMBASCIANI: OKAY. NO OTHER COMMENTS IN THE ROOM. PERHAPS SOMETHING FROM THE PUBLIC. IF NOT, WE CAN TAKE A VOTE THEN.

MR. TOCHER: THE MOTION IS TO FUND CLIN2-15218.

MR. TOCHER: JUDY CHOU.

DR. CHOU: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.
DR. CLARK-HARVEY: YES.
MR. TOCHER: ANNE-MARIE DULIEGE.
DR. DULIEGE: YES.
MR. TOCHER: YSABEL DURON.
MS. DURON: YES.
MR. TOCHER: MARK FISCHER-COLBRIE.
MR. FISCHER-COLBRIE: YES.
MR. TOCHER: FRED FISHER.
DR. FISHER: YES.
MR. TOCHER: DAVID HIGGINS.
DR. HIGGINS: YES.
MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: YES.
MR. TOCHER: LAJARA.
MR. LAJARA: YES.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: JOE PANETTA.
MR. PANETTA: YES.
MR. TOCHER: MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: KEVIN XU.

DR. XU: YES.

MR. TOCHER: GREAT. THE MOTION CARRIES. THANK YOU.

CHAIRMAN IMBASCIANI: GOOD. WE CAN NOW PROCEED, GIL, TO THE FOURTH APPLICATION.

DR. SAMBRANO: THANK YOU. FOR THIS APPLICATION WE HAVE ONE NOTED CONFLICT.

SO THIS IS CLIN2-16156. THE TITLE IS "SELECTIVE OFF-THE-SHELF LOGIC GATED CAR NK CELL THERAPY TARGETING CD33 AND/OR FLT3 EXPRESSING HEMATOLOGIC MALIGNANCIES." SO THIS IS A CAR THERAPY ON NATURAL KILL CELLS. THE INDICATION IS FOR HEMATOLOGIC MALIGNANCIES THAT INCLUDE ACUTE MYELOID LEUKEMIA AND MYELODYSPLASTIC SYNDROMES. THE GOAL IS TO COMPLETE A PHASE 1 CLINICAL TRIAL. AND THE FUNDS REQUESTED IS 8 MILLION. THE CO-FUNDING IS 4.8 MILLION, 30 PERCENT, AS REQUIRED.

THE BACKGROUND INFORMATION ON THIS, ACUTE MYELOID LEUKEMIA OR AML AND MDS ARE TYPES OF BLOOD CANCER, AND THEY AFFECT ABOUT 20,000 AMERICANS EACH YEAR. THE FIVE-YEAR SURVIVAL RATE IS ABOUT 32 PERCENT WITH CURRENT TREATMENTS. PATIENTS WITH RECURRING OR RELAPSING AML UNDERGO VARIOUS CHEMOTHERAPY APPROACHES OR CLINICAL TRIAL TREATMENTS BECAUSE THEY OFTEN PARTICIPATE IN CLINICAL TRIALS IN

ORDER TO -- AS PART OF THEIR TREATMENT PLAN WITH MEDIAN SURVIVAL OF ONLY THREE TO SIX MONTHS.

SO THE VALUE PROPOSITION OF THIS PROJECT, GIVEN THE LIMITED EFFECTIVE THERAPEUTIC OPTIONS, ADDITIONAL APPROACHES ARE NEEDED. AND SO THIS NK THERAPY USES A TARGETED APPROACH THAT IS POTENTIALLY MORE DURABLE AND EFFECTIVE. IT HAS SOME SPECIFICITY FOR THE CANCER CELLS WHILE ATTEMPTING TO PROTECT THE NONCANCEROUS CELLS. THE THERAPY MAY, IN FACT, DOUBLE THE MEDIAN LIFE EXPECTANCY FOR PATIENTS THAT HAVE RECURRING AND RELAPSING AML.

WHY THIS IS A PROJECT THAT QUALIFIES, THIS IS A GENE MODIFICATION OF NATURAL KILLER CELLS, SO QUALIFIES AS A GENETIC THERAPY.

SIMILAR PROJECTS IN THE CIRM PORTFOLIO, THERE ARE SEVERAL THAT ADDRESS CANCER, MANY THAT ALSO ARE FOCUSED ON LEUKEMIA OR AML. THERE ARE NONE THAT ARE EXACTLY THIS CAR NK APPROACH, BUT WE DO HAVE A CAR-T CELL APPROACH, A VACCINE AND A SMALL MOLECULE, THAT ARE AIMED AT TREATING AML. AND ALL OF THESE AT VARIOUS STAGES OF CLINICAL DEVELOPMENT.

THIS PARTICULAR APPLICANT HAS NOT PREVIOUSLY RECEIVED A CIRM AWARD. AND SO THE RECOMMENDATION FROM THE GRANTS WORKING GROUP HERE IS WE HAD 12 MEMBERS THAT SCORED THIS A 1 AND NO

MEMBERS THAT SCORED IT A 2 OR A 3. THE DEI SCORE IS 9.5, AND THE CIRM TEAM RECOMMENDATION IS TO FUND FOR THE AMOUNT OF 8 MILLION.

CHAIRMAN IMBASCIANI: THANK YOU, GIL. I WOULD LIKE TO HAVE A MOTION TO FUND THIS APPLICATION.

DR. SOUTHARD: SO MOVED.

CHAIRMAN IMBASCIANI: THANK YOU, MARVIN.

DR. DULIEGE: SECOND.

CHAIRMAN IMBASCIANI: ANNE-MARIE SECONDS. THANK YOU. COMMENTS FIRST FROM BOARD MEMBERS. OR FROM THE GENERAL PUBLIC. WE'RE NOT SEEING ANY THEN. SCOTT, PLEASE THEN. THANK YOU.

MR. TOCHER: THE MOTION IS TO FUND CLIN2-16156.

MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: YES.

MR. TOCHER: JUDY CHOU.

DR. CHOU: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MR. TOCHER: YSABEL DURON.

MS. DURON: YES.

MR. TOCHER: MARK FISCHER-COLBRIE.
MR. FISCHER-COLBRIE: YES.
MR. TOCHER: FRED FISHER.
DR. FISHER: YES.
MR. TOCHER: DAVID HIGGINS.
DR. HIGGINS: YES.
MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: YES.
MR. TOCHER: STEVE JUELSGAARD.
MR. JUELSGAARD: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: JOE PANETTA. JOE, I DON'T HEAR YOU. WE'LL COME BACK.
MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
MR. TOCHER: LAST CALL FOR JOE. APPRECIATE YOUR TIME, JOE. HE HAS LEFT THE BUILDING. GREAT. THE MOTION CARRIES.

CHAIRMAN IMBASCIANI: GREAT. THANK YOU. I THINK WE CAN NOW PROCEED, GIL, TO THE FINAL OF THE APPLICATIONS.

DR. SAMBRANO: SO THIS ONE HAS, AGAIN, TWO CONFLICTS AS NOTED. THIS IS CLIN1-16244. THE TITLE IS "NOVEL GENE THERAPY TARGETING MULTIPLE PATHOLOGICAL DRIVERS OF DESMOPLAKIN ASSOCIATED ARRHYTHMOGENIC CARDIOMYOPATHY." THIS ALSO IS AN ADENOVIRUS-BASED GENE THERAPY. THIS INDICATION IS FOR PATIENTS WITH DESMOPLAKIN-RELATED ARRHYTHMOGENIC CARDIOMYOPATHY. THE GOAL IS TO COMPLETE AN IND-ENABLING STUDY AND FILE AN IND.

SO THIS IS A CLIN1, AND THE FUNDS REQUESTED ARE 4 MILLION. CO-FUNDING OFFERED IS 11.3 OR SO. 20 PERCENT IS REQUIRED.

THE DESMOPLAKIN-ASSOIATED ARRHYTHMOGENIC CARDIOMYOPATHY IS A RARE GENETIC HEART CONDITION THAT TYPICALLY MANIFESTS IN YOUNG ADULTS. THIS CONDITION RESULTS IN A HIGH RISK OF LIFE THREATENING VENTRICULAR ARRHYTHMIAS, SUDDEN CARDIAC DEATH, AND PROGRESSION TO HEART FAILURE. THERE ARE NO CURRENT DISEASE-MODIFYING THERAPIES FOR THE CONDITION AND, THEREFORE, THE PROPOSED THERAPY ADDRESSES AN UNMET NEED.

THE IDEA HERE IS THAT THE ADENOVIRUS GENE

THERAPY WOULD INDUCE LIVER EXPRESSION OF FGF21 THAT WOULD CIRCULATE TO THE HEART AND RESTORE FUNCTION IN THE HEART CELLS. SO THIS IS SORT OF A DOWNSTREAM APPROACH RATHER THAN DIRECTLY MODIFYING THE AFFECTED GENE. THE GENE IS VERY LARGE FOR THE DESMOSOMAL PROTEINS, AND SO THIS IS A DIFFERENT STRATEGY TO GET AROUND THAT CHALLENGE. THIS TREATMENT IS AN ADENOVIRUS GENE THERAPY, AND THAT'S WHY IT QUALIFIES FOR CIRM FUNDING.

CIRM DOES NOT CURRENTLY HAVE ANY ACTIVE TRAN OR CLIN AWARDS THAT ADDRESS THIS SPECIFIC DISEASE INDICATION. AND THIS APPLICANT HAS NOT PREVIOUSLY RECEIVED A CIRM AWARD.

THE GRANTS WORKING GROUP SCORING, THERE WERE 14 MEMBERS THAT SCORED THIS A 1. THERE WERE NO MEMBERS THAT SCORED IT A 2 OR A 3. THE DEI SCORE IS A 9, AND THE CIRM RECOMMENDS FUNDING THIS PROJECT FOR THE AMOUNT OF 4 MILLION.

CHAIRMAN IMBASCIANI: EXCELLENT. THANK YOU, GIL. ONE LAST MOTION TO FUND THIS APPLICATION FROM A MEMBER OF THE SUBCOMMITTEE.

DR. SOUTHARD: MARV SOUTHARD MOVES.

DR. CLARK-HARVEY: LEONDRA SECOND.

CHAIRMAN IMBASCIANI: OKAY. DISCUSSION ON THIS APPLICATION FROM BOARD MEMBERS? I DON'T SEE

ANY OR FROM THE PUBLIC. NOTHING. OKAY, SCOTT.

MR. TOCHER: THE MOTION IS TO FUND CLIN1-16244.

JUDY CHOU.

DR. CHOU: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MR. TOCHER: YSABEL DURON.

MS. DURON: YES.

MR. TOCHER: MARK FISCHER-COLBRIE.

MR. FISCHER-COLBRIE: YES.

MR. TOCHER: FRED FISHER.

DR. FISHER: YES.

MR. TOCHER: DAVID HIGGINS.

DR. HIGGINS: YES.

MR. TOCHER: VITO IMBASCIANI.

CHAIRMAN IMBASCIANI: YES.

MR. TOCHER: RICH LAJARA.

MR. LAJARA: YES.

MR. TOCHER: CHRIS MIASKOWSKI.

DR. MIASKOWSKI: YES.

MR. TOCHER: ADRIANA PADILLA. SORRY. ADRIANA, I'M NOT SURE IF YOU'RE ON MUTE. I SEE

YOU'RE STILL ON THE CALL. I'LL COME BACK.

JOE PANETTA, ARE YOU BACK?

MARVIN SOUTHARD.

DR. SOUTHARD: YES.

MR. TOCHER: KEVIN XU.

DR. XU: YES.

MR. TOCHER: HOLD ONE SECOND. GREAT. WE JUST HAVE QUORUM. GREAT. THE MOTION CARRIES. THANK YOU.

TO THAT END, IF I COULD JUST MAKE -- WE HAVE OBVIOUSLY TWO MORE CRITICAL ITEMS THAT REQUIRE BOARD ACTION ON THE AGENDA STILL TO COME. I THINK WE MAY LOSE QUORUM AROUND 4:15. I HAVE THE FOLLOWING MEMBERS LEAVING AT FOUR, KIM BARRETT AND ADRIANA THOUGH I SEE SHE'S STILL CONNECTED. AND, PAT, I BELIEVE YOU'RE LEAVING AT 4:15 IS YOUR STOP.

DR. LEVITT: I'M LEAVING AT FOUR.

MR. TOCHER: IF THERE'S ANYONE ELSE EITHER ON ZOOM OR IN THE ROOM WHO HAS ANOTHER HARD STOP --

DR. ABOUSALEM: AND MOHAMED.

MR. TOCHER: -- WE'LL DEFINITELY NEED TO REACH -- AND MOHAMED. OKAY.

DR. CHOU: APOLOGIZE. I DO HAVE A HARD STOP AT 3:30.

MR. TOCHER: THOSE WHO DO NOT HAVE A HARD

STOP. SO WE'LL JUST NEED TO MAKE SURE THAT WE GET TO THE VOTING ITEMS WELL BEFORE FOUR.

CHAIRMAN IMBASCIANI: DO YOU RECOMMEND THAT WE CHANGE THE ORDER?

MR. TOCHER: DON'T RECOMMEND WE CHANGE THE ORDER, BUT THAT WE DO IT WITH DELIBERATE SPEED.

CHAIRMAN IMBASCIANI: OKAY. MR. GIL SAMBRANO WILL NOW TAKE US INTO AGENDA ITEM 13.

DR. SAMBRANO: OKAY. I WILL DO MY BEST TO BE SPEEDY. NOT TOO SPEEDY. A BALANCE.

THANK YOU. SO I'M GOING TO PRESENT TO YOU THE RECOMMENDATIONS RELATED TO THE FLOW CONTROL. AND I'M GOING TO JUST START OFF WITH THIS CALENDAR VIEW THAT YOU HAVE SEEN AS IT RELATES TO THE STRATEGIC ALLOCATION FRAMEWORK. SO HERE I'M OVERLAYING THE FLOW CONTROL PROCESS.

SO THIS STARTED WITH US STOPPING THE ACCEPTANCE OF NEW APPLICATION SUBMISSIONS FROM THE CLINICAL PROGRAM THAT WAS BACK IN FEBRUARY. WE HAVE ACTUALLY HAD REVIEWS, AS WE JUST WENT THROUGH, ALL THE WAY THROUGH JUNE. THIS IS TO DEAL WITH ALL THE RESUBMISSIONS THAT HAVE FOLLOWED THAT. BUT DURING THAT SAME TIME, WE'VE BEEN FIGURING OUT A PROCESS THAT WILL ALLOW US TO ADDRESS THAT LARGE INFLUX OF APPLICATIONS. BUT WE HAVE A PROPOSAL THAT WOULD

ALLOW US TO RESUME CLIN APPLICATION SUBMISSIONS AT THE END OF JULY 1ST DEADLINE. SO THAT WOULD BE THE FIRST DEADLINE. IF THAT COMES TO BEAR, THEN THE EARLIEST CLINICAL APPLICATION APPROVED WOULD BE AROUND NOVEMBER.

AS YOU'VE HEARD, THERE'S ALSO IN SEPTEMBER A PLANNED MEETING TO BRING TO YOU RECOMMENDATIONS RELATED TO THE STRATEGIC ALLOCATION FRAMEWORK ITSELF. AND THAT MAY LEAD TO CREATING NEW OPPORTUNITIES THAT WILL BE DEVELOPED AND MAY LEAD TO CONCEPT AMENDMENTS. SO THAT MAY AFFECT ULTIMATELY WHAT THE CLINICAL PROGRAM LOOKS LIKE. AND WE ANTICIPATE THOSE KINDS OF CHANGES WOULD BE LAUNCHED IN JANUARY. THAT'S JUST SOMETHING TO KEEP IN MIND AS WE MOVE FORWARD THROUGH THIS.

THE OTHER IMPORTANT ELEMENT IS THAT THESE ARE TWO PARALLEL EFFORTS THAT, EVEN THOUGH I'M SHOWING THEM IN A SINGLE GRAPH, I WANT TO MAKE SURE THAT THESE ARE DISTINGUISHED. SO ON THE ONE HAND WE HAVE CLINICAL FLOW CONTROL PROCESS, WHICH IS THE PROBLEM THAT WE FACED WITH THE CLINICAL APPLICATIONS AND ALLOWABLE BUDGET AND SO ON AND DEVELOPING A SOLUTION FOR THAT. SEPARATELY THERE'S THE STRATEGIC ALLOCATION FRAMEWORK THAT IS STRATEGY RELATED.

SO IMPORTANT TO KNOW, FLOW CONTROL IS ONLY

FOCUSED ON CREATING AN UPDATED CLIN REVIEW PROCESS. THE EFFORT IS NOT GOING TO ADDRESS FUNDING STRATEGIES. WE FOCUSED THIS PROGRAM ON THE WAY THE CLIN PROGRAM EXISTS TODAY AND ALL OF THE PARAMETERS AROUND IT. AND WE WANT TO MAKE SURE THAT IT'S ADAPTABLE. SO ONCE SEPTEMBER COMES ALONG AND IF WE HAVE DIFFERENT PRIORITIES, WE WANT TO MAKE SURE THAT WE CAN STILL UTILIZE THIS SAME PROGRAM WITHOUT HAVING TO HAVE ANOTHER STOP IN THE FLOW.

SO I WANT TO PROVIDE A LITTLE BIT OF HISTORICAL BACKGROUND TO HELP SET THE TABLE FOR THE DIRECTION THAT WE TOOK IN DEVELOPING THIS PROCESS. THE CURRENT CLINICAL REVIEW PROCESS WAS ESTABLISHED IN 2014. THIS WAS WHEN RANDY MILLS WAS HERE AND WE ESTABLISHED THE DISC AND TRAN AND CLIN PROGRAMS THEMSELVES. IN THE TIME BEFORE THAT, WE HAD ONLY FUNDED ABOUT 16 CLINICAL TRIALS. AND THAT WAS A REFLECTION OF THE FACT THAT THE FIELD AT THE TIME REALLY HADN'T YET ADVANCED MANY CANDIDATES TO THE CLINICAL TRIAL STAGE. AND AS A RESULT WE WERE PREPARED TO FUND ANY GOOD CLINICAL TRIAL THAT CAME OUR WAY THAT MET WITH THE PARAMETERS OF REGENERATIVE MEDICINE STEM CELL RESEARCH.

AND AS SUCH WE STILL HAD THIS MONTHLY DEADLINE AND 12 CYCLES PER YEAR. EACH PROJECT WAS

ASSESSED INDEPENDENTLY OF THE OTHERS SINCE WE OFTEN HAD ONLY ONE OR TWO. ESPECIALLY IF WE HAD ONE, THERE WAS NOTHING TO COMPARE THAT PROJECT TO. SO THERE WAS NO RANKING IN HOW WE SCORED THEM OR HOW WE APPROACHED THE REVIEW. IT JUST DIDN'T MAKE SENSE FOR THAT.

I ALSO WANT TO NOTE THAT, AS WE HAVE LEARNED NOW OVER THE YEARS, THE PROCESS ITSELF HAS ALIGNED PRETTY WELL WITH THE TARGETED NUMBER OF AWARDS THAT WE HAVE PER YEAR. SO WITH THE BUDGET THAT WE HAVE TYPICALLY ALLOCATED, THAT HAS BEEN INCREASING. AND IF WE WORK OUR WAY UP TO WHAT LAST YEAR WAS, THAT LOOKS TO BE ABOUT 16 CLINICAL TRIAL AWARDS OR 11 IND-ENABLING AWARDS. WITH THE SUCCESS RATES THAT THE PROCESS ALLOWS, THE TOTAL NUMBER OF APPLICATIONS THAT YOU HAVE TO REVIEW, SAY, FOR A CLINICAL TRIAL IS 28 TO 32 PER YEAR. AND WITH 11 CYCLES PER YEAR, THAT'S THREE APPLICATIONS, NEW APPLICATIONS, THAT NEED TO COME IN IN ORDER TO ACHIEVE THAT GOAL. AS YOU KNOW, WE'VE BEEN RECEIVING WELL MORE THAN THAT.

I WANT TO STRESS THAT THE PROCESS AS IT EXISTS TODAY IS QUITE RIGOROUS. MOST APPLICANTS GO THROUGH ONE APPLICATION REVISION AND SOMETIMES MORE BEFORE GETTING A RECOMMENDATION TO FUND. MEANING

THAT THE GRANTS WORKING GROUP ITSELF HAS LOOKED AT THIS MORE THAN ONCE. AND WITH FEW APPLICATIONS IN ANY GIVEN CYCLE, EACH APPLICATION DOES GET THE FULL ATTENTION OF THE GRANTS WORKING GROUP. MEANING THAT ALL MEMBERS OF THE PANEL CAN FOCUS AND PROVIDE THEIR COMMENTS AND CONTRIBUTE TO THE DISCUSSION ON EVERY APPLICATION. THAT IS NOT NECESSARILY TRUE FOR CYCLES WHERE WE HAVE MANY, MANY APPLICATIONS, SAY, LIKE DISCOVERY, WHERE IT'S TYPICALLY THOSE THAT ARE ASSIGNED TO THE APPLICATION THAT ARE THE ONES THAT CONTRIBUTE THE MOST.

OF COURSE, WE HAVE THE ABILITY WITH THIS SMALL NUMBER OF APPLICATIONS TO REALLY TAILOR THE PANEL TO THE NEEDS OF THOSE APPLICATIONS SO THAT WE BRING ALL OF THE RIGHT EXPERTS TO THE TABLE IN ORDER TO HAVE A ROBUST DISCUSSION.

THAT REPRESENTS SOME OF THE THINGS THAT WE WANT TO KEEP IN THE PROCESS. AND SO IN REFLECTING ON THE PROCESS THAT EXISTS TODAY AND THINGS THAT WE WANT TO KEEP GOING FORWARD, WE WANT TO HAVE THAT MAXIMUM CONTRIBUTION FROM THE FULL GRANTS WORKING GROUP PANEL ON EACH APPLICATION, PARTICULARLY FOR THINGS THAT GET TO THIS STAGE OF A CLINICAL TRIAL.

THE TIER II PROCESS THAT ALLOWS FOR RESUBMISSION AND PROJECT IMPROVEMENT IS ALSO

SOMETHING THAT WE HAVE FOUND WORKS WELL. IT NOT ONLY HELPS IMPROVE THE PROJECT, IT ALSO PREVENTS APPEALS. THE ULTIMATE OUTCOME OF AN APPEAL IS FOR AN APPLICANT TO HAVE THE GRANTS WORKING GROUP LOOK AT IT AGAIN. THAT'S BUILT INTO THIS ALREADY. THE FREQUENCY, PREDICTABILITY, AND RAPID PROCESS IS IMPORTANT, PARTICULARLY THE FREQUENCY AND PREDICTABILITY. WE PREVIOUSLY EXPERIENCED THE ISSUE OF APPLICANTS COMING IN TOO EARLY, MEANING THEY DIDN'T HAVE ENOUGH OF THE DATA THEY NEEDED TO DEMONSTRATE THAT THEY WERE READY FOR THIS STAGE. AND SOMETIMES IT WAS ON THE FLIP SIDE WHERE PEOPLE WERE WAITING IN ORDER TO BE ABLE TO APPLY AND HAD TO WAIT SEVERAL MONTHS. AND SO BY HAVING A FREQUENT SET OF CYCLES, THIS ALLOWS APPLICANTS TO COME IN WHEN THEY'RE READY WITH THE APPROPRIATE DATA. AND IF THEY MISS IT, THEY DON'T MISS IT FOR TOO LONG.

WE HAVE AND OFFER OPPORTUNITIES FOR CLARIFYING THINGS IN THEIR APPLICATION WITH THE GRANTS WORKING GROUP. WE HAVE THE PARTICIPATION OF THE PATIENT ADVOCATE MEMBERS IN THE EVALUATION OF THE PROJECTS AND DEI, WHICH IS IMPORTANT AND HIGHLY VALUED. GENERALLY, AS I SHOWED IN THE TABLE, THEY ALIGN WITH THE NUMBER OF PROPOSALS THAT WE TEND TO TARGET ANNUALLY.

AND SO WITH THESE THINGS, WE CONSIDERED WHETHER AN APPROACH THAT WE COULD TAKE WAS SIMPLY TO FILTER WHAT COMES INTO THAT EXISTING PROCESS AS ONE SOLUTION, WHICH ULTIMATELY IS WHAT WE WENT WITH, BUT IT WASN'T THE ONLY THING WE CONSIDERED. WE THOUGHT, WELL, WE CAN JUST THROW THE WHOLE THING AWAY AND FIGURE OUT CAN WE DO SOMETHING COMPLETELY NEW THAT WOULD WORK OR ADOPT WHAT WE DO FOR THE DISCOVERY AND TRAN REVIEWS.

AND THE ISSUE WITH THOSE IS THAT EVEN THOUGH THOSE WOULD ALLOW FOR A GREATER NUMBER OF APPLICATIONS TO BE REVIEWED, THEY'RE NOT GOING TO BE WITH THE SAME LEVEL OF RIGOR AND ATTENTION BECAUSE, NO MATTER WHAT, THE MORE YOU INCREASE THE NUMBER OF APPLICATIONS, THE LESS ATTENTION YOU HAVE ON THOSE. THE FREQUENCY WOULD NEED TO BE LESS IF WE CHANGED IT IN ORDER TO ACCOMMODATE THAT KIND OF CHANGE. AS YOU KNOW, DISCOVERY AND TRAN REVIEWS, WE DON'T HAVE THAT OFTEN IN PART BECAUSE OF THE HIGH DEMAND, WHICH MAKES IT DIFFICULT TO HAVE THAT MANY APPLICATIONS IN ONE SITTING AND WOULD LIKELY REQUIRE MORE EXTENSIVE POLICY CHANGES AND CHANGES TO THE APPLICATION OR PROGRAMS.

SO WE THOUGHT CERTAINLY THE FILTERING OR QUALIFYING APPROACH MIGHT BE WHAT WE WOULD TRY

FIRST. SO HOW DOES THIS LOOK JUST KIND OF AT A VERY HIGH LEVEL. THIS IS AN ILLUSTRATION OF THE EXISTING OR CURRENT CLINICAL APPLICATION AND REVIEW PROCESS WHICH WE DIVIDE INTO THREE PHASES. THE ELIGIBILITY PHASE WHEN APPLICATIONS COME IN THAT WE ASSESS, THE MERIT REVIEW DONE BY THE GRANTS WORKING GROUP, AND THE LAST PART WHICH IS THE FUNDING DECISION THAT COMES TO THE BOARD. AND SO THAT WHOLE CYCLE, IF AN APPLICANT APPLIES AND EVERYTHING GOES WELL, CAN TAKE THREE MONTHS.

WHAT WE ARE PROPOSING IS TO ADD AT THE FRONT END A QUALIFICATION PROCESS -- AT LEAST THAT'S WHAT WE'RE CALLING IT -- THAT WOULD BE A RANK SCORING APPROACH. THAT WAY YOU ARE COMPARING APPLICATIONS, WHICH IS NOT SOMETHING WE'VE DONE BEFORE WITH THE CLINICAL PROGRAM, IN ORDER TO DETERMINE WHAT THEN WILL ADVANCE INTO THE REGULAR CYCLE. ADDING THAT QUALIFICATION STEP WOULD ADD A MONTH. AND SO NOW YOU WOULD BE LOOKING AT CYCLES THAT WOULD BE FOUR MONTHS FROM THE TIME OF APPLICATION SUBMISSION TO FINAL APPROVAL.

AND SO I'LL GO INTO A LITTLE MORE DETAIL OF WHAT THIS LOOKS LIKE. THIS, IMPORTANTLY, WOULD ONLY APPLY TO APPLICANTS FOR CLIN1 OR CLIN2, NOT THE CLIN4 PROGRAM. THE CLIN4 PROGRAM WE ANTICIPATE

WOULD ONLY BE MAYBE ONE TO POSSIBLY THREE APPLICATIONS PER YEAR. AND THOSE ALREADY HAVE AN EXISTING CLIN2 AS PART OF THE QUALIFICATIONS. SO WE DIDN'T THINK IT WAS NECESSARY TO INCLUDE THOSE WITHIN THIS.

THE QUALIFICATION PROCESS WOULD CREATE A QUALIFYING SCORE THAT IS BASED ON SOME OBJECTIVE AND SUBJECTIVE CRITERIA, WHICH I WILL DESCRIBE TO YOU. AND WE WOULD RANK THE SUBMISSIONS AND ADVANCE THE TOP FIVE INTO THE CYCLE. I CALL IT THE NEXT CYCLE, BUT BASICALLY TO ADVANCE WITHIN THE REVIEW. WE WOULD RETAIN SUBMISSIONS WITHIN A COMPETITIVE POOL FOR TWO ADDITIONAL CYCLES IN ORDER TO ALLOW APPLICATIONS THAT COME IN MULTIPLE OPPORTUNITIES TO ADVANCE. EVEN IF THEY DON'T ADVANCE DURING THE INITIAL CYCLE IN WHICH THEY COME IN, THEY COULD IN ONE OF THE SUBSEQUENT ONES. OF COURSE, IF ANY POOL HAS FIVE APPLICATIONS OR LESS, ALL OF THOSE WOULD ADVANCE.

SO THE QUALIFICATION PROCESS ITSELF, WE DIVIDE INTO TWO STEPS. THE FIRST IS WHERE OBJECTIVE CRITERIA ARE USED TO SCORE THE APPLICATIONS. THIS WOULD BE DONE BY THE CIRM TEAM. POINTS ARE AWARDED FOR EACH OF THE CRITERIA THAT ARE MET. AND THEN APPLICATIONS ARE THEN RANKED BY THE RESPECTIVE

SCORES, AND THE TOP FIVE WOULD THEN QUALIFY AND ADVANCE. IF THERE ARES TIES, MEANING YOU DON'T HAVE A CLEAR, DISCERNIBLE FIVE BASED ON THE SCORES THAT YOU GET, THEN WE MOVE TO STEP 2 WHERE WE UTILIZE THE SUBJECTIVE CRITERIA AND RECRUIT THE ASSISTANCE OF GRANTS WORKING GROUP EXPERTS WHO WILL SCORE THE APPLICATION BASED ON FOUR TO FIVE KEY QUESTIONS, WHICH I WILL SHOW YOU IN JUST A SECOND. THE APPS WOULD THEN BE RANKED BY THEIR SCORE IN ORDER TO DETERMINE WHAT THOSE FIVE ARE.

AGAIN, THEY HAVE A COUPLE OF OPPORTUNITIES TO QUALIFY; BUT IF AFTER THAT TIME THEY DON'T QUALIFY, THEN THEY CANNOT RESUBMIT FOR SIX MONTHS.

SO AN EXAMPLE OF THE OBJECTIVE CRITERIA THAT WOULD BE SCORED BY CIRM, WE'RE THINKING ABOUT THINGS SUCH AS IT BEING A CALIFORNIA ORGANIZATION, FOR EXAMPLE, A PIPELINE PROJECT OR PROGRESSION EVENT. BY THAT WE MEAN THAT THEY HAVE RECEIVED CIRM FUNDING BEFORE AND ARE ADVANCING TO THE NEXT STAGE FROM, SAY, IND-ENABLING STUDIES NOW TO THEIR PHASE 1 OR FROM THEIR PHASE 1 TO THEIR PHASE 2.

THE THERAPEUTIC TYPE, FOR EXAMPLE, FAVORING CELL THERAPY OVER SMALL MOLECULES, AND I'LL GO INTO THAT A LITTLE FURTHER IN JUST A SECOND. EXAMPLES OF SUBJECTIVE CRITERIA, THESE ARE CRITERIA

THAT ARE BASED ON THE ALREADY EXISTING REVIEW CRITERIA THAT THE GRANTS WORKING GROUP USES. THESE ARE SOME OF THE SUBQUESTIONS THAT ARE ACTUALLY PART OF THE SIGNIFICANCE AND IMPACT THAT THEY USE. AND SO HERE WE WOULD ASK THEM TO FOCUS ON THAT HIGH LEVEL. IS THIS SOMETHING THAT ADDRESSES AN UNMET NEED? WOULD IT HAVE IMPACT ON PATIENTS IF THEY WERE TO SUCCEED? AND REPRESENTS AN IMPROVEMENT OVER THE STANDARD OF CARE. WE ALSO THINK THAT HAVING AN ADEQUATE DEI PLAN WOULD BE AN IMPORTANT THING TO ASSESS UP FRONT SUCH THAT, IF THEY DO, IT'S SOMETHING THAT SHOULD BE ADVANTAGED.

SO HERE ARE THE RECOMMENDED OBJECTIVE CRITERIA JUST TO BE MORE SPECIFIC. IN YOUR MATERIALS YOU ALSO HAVE THE MODIFICATIONS THAT ARE REFLECTED IN THE CONCEPT DOCUMENT. SO WE ARE ADDING LANGUAGE TO ALLOW US TO BE ABLE TO MAKE THESE ASSESSMENTS AND TRYING TO BE TRANSPARENT AS BEST WE CAN ABOUT THE CRITERIA THAT ARE USED IN ORDER TO MAKE THESE ASSESSMENTS. AND EVEN THOUGH THE CRITERIA THAT WE'VE CHOSEN ARE GENERALLY SUPPORTED UNDER PROP 14, THE CLINICAL PROGRAM CONCEPT ITSELF, AND I THINK WHAT WE HAVE HEARD FROM MEMBERS OF THE BOARD, THEY DO HAVE A PROGRAMMATIC VALUE. SO WE WANT TO MAKE SURE THAT WE ARE IN AGREEMENT AS TO THE

APPROPRIATENESS OF USING THESE AND THAT YOU ARE IN AGREEMENT WITH THE DIRECTION THAT THESE WOULD TAKE US IN TERMS OF THE APPLICATIONS THAT WE WOULD ADVANTAGE.

SO THESE INCLUDE ADVANTAGING CALIFORNIA-BASED ORGANIZATIONS OVER NON-CALIFORNIA ORGANIZATIONS. GIVING PREFERENCE TO CELL THERAPY AND GENE THERAPY APPROACHES OVER SMALL MOLECULES AND TRADITIONAL BIOLOGICS. AGAIN, PROJECTS ADVANCING THAT HAVE HAD ALREADY PREVIOUS CIRM FUNDING. THAT WE WOULD FAVOR PROJECTS THAT ARE AT A LATER STAGE OF DEVELOPMENT, SUCH AS A PHASE 3 OVER A PHASE 1 OR A CLIN2 OVER A CLIN1. PROJECTS THAT ARE TARGETING A DISEASE OR CONDITION OF THE BRAIN OR THE CENTRAL NERVOUS SYSTEM GIVEN THE PRIORITY OF THE PROPOSITION FOR THAT ELEMENT.

SO THE SUBJECTIVE CRITERIA, AS I MENTIONED, ARE BASED ON THE REVIEW CRITERIA THAT ALREADY EXIST IN THE PROGRAM ANNOUNCEMENT. THIS IS WHAT THE GRANTS WORKING GROUP IS ALREADY USED TO USING, BUT THEY WOULD FOCUS ON THE SIGNIFICANCE AND IMPACT WITH THE QUESTIONS THAT I OUTLINED EARLIER, INCLUDING THE DEI AND ALSO THE COMPLETENESS OF THE PLAN. ONE OF THE REASONS WE ADDED WHETHER IT HAS ALL THE NECESSARY COMPONENTS FOR PROPER EVALUATION

IS SIMPLY BECAUSE SOME APPLICATIONS SUFFER FROM NOT HAVING, SAY, A COMPLETE MANUFACTURING PLAN THAT MAKES IT VERY DIFFICULT FOR REVIEWERS TO ASSESS. SO GETTING THEIR ASSESSMENT OF WHETHER IT'S COMPLETE FROM THEIR PERSPECTIVE WE THOUGHT WAS IMPORTANT.

THERE ARE A COUPLE OF OTHER CHANGES THAT WE WANT TO IMPLEMENT THAT WE THINK WILL HELP STREAMLINE THE PROCESS. ONE IS TO LIMIT THE TIER II RESUBMISSIONS TO ONE TIME. CURRENTLY APPLICANTS CAN RESUBMIT AS MANY TIMES AS THEY WANT. SO IF THE GRANTS WORKING GROUP GIVES THEM A SCORE OF 2, THERE IS NO LIMIT TO HOW MANY TIMES THEY CAN SCORE A 2 AND COME BACK. SO WE FELT THAT LIMITING TO ONE INSTANCE, GIVING THEM ONE OPPORTUNITY TO BRING BACK A STRONG RESUBMISSION, THEREAFTER SCORING IT A 1 OR A 3 WOULD HELP ALLEVIATE SOME OF THE BUILDUP OF APPLICATIONS.

WE WOULD ALSO WANT TO TIGHTEN INTERNAL DEADLINES FOR RESOLVING ELIGIBILITY ISSUES. THERE'S A LOT OF BACK AND FORTH THAT OUR STAFF GOES THROUGH WITH APPLICANTS IN ORDER TO ENSURE COMPLETENESS AND THAT WE HAVE ALL OF THE ELEMENTS THAT ARE NECESSARY. SO WE WANT TO LIMIT THE AMOUNT OF EFFORT THAT GOES INTO THAT AND GIVE THEM ONE OPPORTUNITY TO DO THAT.

AND SO AS A RESULT, THE POLICIES OR

REGULATIONS THAT WOULD NEED TO CHANGE. WE WOULD NEED TO UPDATE THE GRANTS WORKING GROUP BYLAWS TO RESTRICT THE TIER II PROCESS FOR CLIN REVIEWS. AND SO THAT THE LANGUAGE IS PROVIDED IN THE GRANTS WORKING GROUP AMENDMENTS, BYLAW AMENDMENTS, THAT WERE PROVIDED. AND IN THE CONCEPT WE DEFINE THIS QUALIFICATION STEP AND THE SELECTION CRITERIA THAT WOULD ALLOW US TO MOVE FORWARD WITH THIS PROCESS.

AND SO WHAT WE'RE SEEKING IS YOUR APPROVAL FOR THOSE CHANGES IN THE BYLAWS AND THE CONCEPT THAT WOULD ALLOW US TO MOVE THIS FORWARD AND OPEN UP THE OPPORTUNITY WITH THE END OF JULY, LAST BUSINESS DAY OF JULY BEING THE FIRST DEADLINE. BACK TO YOU, MR. CHAIR.

CHAIRMAN IMBASCIANI: GREAT. THANK YOU. THANKS FOR THE PRESENTATION, GIL. I'M GOING TO ASK FOR A MOTION TO DO EXACTLY WHAT THAT SLIDE SAYS, WHICH IS TO UPDATE THE GWG BYLAWS AND THE CONCEPT.

DR. BARRETT: I MOVE APPROVAL.

CHAIRMAN IMBASCIANI: MOVE APPROVAL. KIM MOVES. AND WE HAVE A SECOND?

VICE CHAIR BONNEVILLE: SECOND.

CHAIRMAN IMBASCIANI: SECOND FROM MARIA. STEVE.

MR. JUELSGAARD: JUST FOR CLARIFICATION,

GIL. SO VERY EARLY ON IN THE PRESENTATION YOU INDICATED THAT WE HAVE ON AVERAGE 11 CYCLES PER YEAR, RIGHT?

DR. SAMBRANO: CORRECT.

MR. JUELSGAARD: AND THEN LATER IN THE PRESENTATION YOU WANT TO ADVANCE THE TOP FIVE PER NEXT CYCLE. SO WE'RE TALKING ABOUT 55 PER YEAR. IS THAT HOW THIS IS SUPPOSED TO WORK?

DR. SAMBRANO: NO. SO THE ELEVEN CYCLES REPRESENTS THE DEADLINE FOR APPLICATIONS, WHICH IS USUALLY AT THE END OF EVERY MONTH EXCEPT FOR OCTOBER, AND WE DON'T DO OCTOBER TO AVOID HAVING A GWG IN DECEMBER. THAT USUALLY FALLS RIGHT INTO THE HOLIDAYS. SO WE HAVE ELEVEN CYCLES, AND EACH CYCLE BEGINS WITH A DEADLINE ALL THE WAY THROUGH GETTING THROUGH THE GWG AND TO THE BOARD. AND SO IT'S THE COHORT OF APPLICATIONS THAT COME IN AT A GIVEN DEADLINE THAT COME INTO AND WHAT CONSTITUTES THE CYCLE. SO IT INCLUDES ALL THE APPLICATIONS, NOT EACH ONE.

MR. JUELSGAARD: LET ME ASK THE QUESTION DIFFERENTLY THEN. SO WE COULD HAVE AN ARS MEETING EVERY MONTH. AND WE IN THEORY CAN APPROVE. SO HOW MANY OF THE CLIN1 AND CLIN2 APPLICATIONS ON A PER MONTH ARS MEETING BASIS DO YOU EXPECT THAT WE'LL BE

LOOKING AT USING THIS PROCESS? BECAUSE I CAN'T PUT TOGETHER THE NUMBER OF MEETINGS WE'RE GOING TO HAVE WITH THE LIMITATION OF WHATEVER FIVE PER CYCLE MEANS.

DR. SAMBRANO: SO I GUESS THE EASIEST WAY TO SAY THIS IS THAT WHAT YOU'VE BEEN USED TO IN TERMS OF BASICALLY HAVING AN ARS EVERY MONTH WOULD CONTINUE. THE NUMBER OF APPLICATIONS THAT YOU WOULD SEE WOULD REMAIN ABOUT THE SAME IF THE SUCCESS RATE CONTINUES TO BE THE SAME. AND THE LIMIT IS BASICALLY PREVENTING IT FROM INCREASING BEYOND WHAT WE'RE USED TO.

SO IT'S KIND OF DRAWING A LINE AND SAYING WHAT WE'VE BEEN USED TO UP THROUGH THIS TIME IS SOMETHING THAT WE CAN HANDLE. IF IT GOES BEYOND THAT, WE CAN'T. AND SO FROM YOUR PERSPECTIVE YOU SHOULD EXPECT TO SEE LARGELY THE SAME AS WE HAVE BEEN DOING.

DR. JUELSGAARD: AND THE LIMIT IS WE WOULD DO NO MORE THAN FIVE AT ANY PARTICULAR ARS MEETING?

DR. SAMBRANO: CORRECT.

MR. JUELSGAARD: AND THE ONES THAT WE COULDN'T DO BECAUSE THERE WERE TOO MANY OF THEM, WHAT HAPPENS TO THEM? DO THEY HAVE TO BE RESUBMITTED? DO THEY GET CARRIED FORWARD?

DR. SAMBRANO: IT ULTIMATELY DEPENDS ON THE SCORE. I MEAN IT IS EVEN POSSIBLE THAT A GIVEN ARS MAY SEE MORE THAN FIVE BECAUSE THEY DO GET THE OPPORTUNITY FOR RESUBMISSION. SO THAT ADDS TO THE NUMBER THAT GO INTO A GIVEN REVIEW. SO A GIVEN REVIEW WILL MAYBE HAVE MORE THAN FIVE BECAUSE OF THAT. AND SO THE ONES THAT SCORE A 3 DON'T COME BACK AGAIN. AND THEN THE TWO ARE FLOATING IN THERE, AND WHEN THEY COME BACK IS UP TO THEM.

MR. JUELSGAARD: IT'S THE PROBLEM WE WERE JUST TALKING ABOUT WITH THE TRAN AWARDS OF WHICHEVER ONES THEY WERE, RIGHT?

DR. SAMBRANO: YES.

MR. JUELSGAARD: AND SO WE HAD WHATEVER NUMBER, SIX OF THEM THAT SCORED 85 OR ABOVE, BUT WE SAID WE DON'T ENOUGH MONEY. SO THEN WE SAY YOU'VE GOT TO SUBMIT A WHOLE NEW APPLICATION.

DR. SAMBRANO: OH, I SEE. YES.

MR. JUELSGAARD: SO THE QUESTION IS THE GWG, WE'RE GOING TO SAY TO THEM YOU CAN ONLY SCORE FIVE OF THESE. LET'S SAY THAT WE HAD EIGHT THAT CAME IN. YOU CAN ONLY SCORE FIVE OF THESE AT 85 AND ABOVE OR GIVE THEM A POSITIVE VOTE AND THE OTHER THREE CAN'T, OR YOU COULD GIVE A POSITIVE VOTE TO EVERY ONE OF THEM WHERE WE RANK THEM?

DR. SAMBRANO: NO. SO WHAT WE TELL THE GRANTS WORKING GROUP IS FOR THEM TO RECOMMEND WHATEVER THEY FEEL IS MERITORIOUS BECAUSE FROM THEM WE WANT TO KNOW IS THIS SCIENTIFICALLY MERITORIOUS OR NOT. AND THEN IT'S UP TO THE BOARD TO DECIDE ULTIMATELY WHAT TO FUND. BUT THE WAY THE CLIN PROGRAM WORKS IS A LITTLE FROM TRAN. FOR TRAN WE BRING EVERYTHING TO YOU. FOR CLIN WE DON'T. BECAUSE IF SOMETHING SCORES A 2, THEN IT'S SOMEWHERE ELSE. IF IT'S A 3, THEY TYPICALLY WITHDRAW. SO THERE'S BY DEFAULT A WITHDRAWAL UNLESS THEY DON'T WANT US TO. IN THAT RARE INSTANCE, THEN IT WILL COME TO YOU. BUT YOU'RE ONLY GENERALLY GOING TO SEE THOSE THAT GET A SCORE OF 1.

MR. JUELSGAARD: UNDERSTAND. I'M JUST THINKING IF WE HAD EIGHT SCORES OF 1 AT SOME GWG MEETING, WHAT HAPPENS THEN VIS-A-VIS THE FIVE THAT WE'RE TALKING ABOUT?

DR. SAMBRANO: THERE THEN THE BOARD IS FACED WITH, IF THERE'S A LIMITED BUDGET, WHICH OF THE EIGHT TO FUND.

MR. JUELSGAARD: BUT YOU'LL BRING ALL EIGHT OF THEM.

DR. SAMBRANO: BUT WE WOULD BRING ALL EIGHT, YES.

CHAIRMAN IMBASCIANI: THANK YOU. FRED.

DR. FISHER: THANKS, GIL. AMAZING PRESENTATION. AND I JUST WANT TO CONGRATULATE YOU AND THE TEAM FOR COMING UP WITH SUCH A COMPREHENSIVE REVIEW AND PROPOSAL.

AND I ALSO JUST WANT TO SAY THAT PART OF THIS MAY BE RELIEVING SOME ADDITIONAL BURDENS RELATED TO RECRUITING PANELS OF EXPERTS. I'VE BEEN COMPLETELY IMPRESSED WITH THE LEVEL OF EXPERTISE THAT YOU WERE ABLE TO RECRUIT INTO THESE GWG MEETINGS. AND I'M ON, I THINK, EVERY GWG WORK GROUP. AND THE TOPIC-SPECIFIC AREAS OF THE PEOPLE YOU RECRUIT ARE OUTSTANDING. SO JUST CONGRATULATIONS ON ALL THAT.

I HAVE TWO OTHER COMMENTS. ONE, I THINK YOUR VERY FIRST SLIDE SHOWED THAT YOU'D BE ADDING A STEP. THAT WAS BASICALLY ALL THIS STUFF. AND IT LEAVES ME WONDERING IF YOU'RE DOING ALL THIS STUFF, DO YOU REALLY NEED THE NEXT STEP, WHICH IS WHAT YOU'VE BEEN DOING BECAUSE IT SEEMS LIKE A LOT OF THAT WORK WILL GET DONE IN THE FIRST STEP. SO THAT'S THE FIRST QUESTION.

THE SECOND THING IS REALLY PROBABLY SOMETHING FOR THE STRATEGIC REALIGNMENT PROCESS. FUNDING PHASE 3 CLINICAL TRIALS, THOSE ARE TYPICALLY

SUPER EXPENSIVE AND COULD CONSUME GIANT CHUNKS OF OUR BUDGET. SO I NEED TO UNDERSTAND MORE ABOUT SORT OF HOW WE GO INTO FUNDING A PHASE 3 CLINICAL TRIAL AND IN PARTNERSHIP WITH A BIOTECH THAT HAS GOT A PLAN FOR COMMERCIALIZATION. AND THEN I WOULD HOPE THAT, GIVEN THE MONEY THAT WE'D BE PUTTING INTO THAT TRIAL, THAT WE'D ALSO BE NEGOTIATING SOME KIND OF REVENUE SHARING AGREEMENT BECAUSE WE'RE FUNDING BASICALLY A COMMERCIALIZATION PROCESS. THOSE ARE MY COMMENTS.

DR. SAMBRANO: THANK YOU, FRED. SO FOR YOUR FIRST QUESTION, YES. SOME OF THE ELIGIBILITY ACTIVITIES THAT WE TYPICALLY DO, WE'VE BEEN THINKING ABOUT HOW THAT WOULD OVERLAP WITH THAT QUALIFYING STEP. SOME OF IT MAY, BUT THERE ACTUALLY IS QUITE A BIT THAT WE DO DURING ELIGIBILITY. PARTICULARLY THE GRANTS MANAGEMENT TEAM DOES A LOT IN TERMS OF ASSESSING THE BUDGETS AND DETERMINING HOW THEY COMPARE TO OTHER PROJECTS AND PROVIDING AN ASSESSMENT OF THAT, FIGURING OUT WHAT IS OR ISN'T ALLOWABLE. AND BEFORE WE SPEND TIME ON ALL OF THE APPLICATIONS ON THAT DEGREE OR THAT LEVEL ASSESSMENT, WE WANT TO MAKE SURE THAT IT'S SOMETHING THAT WE'RE GOING TO TAKE THROUGH THE FULL REVIEW.

BUT AT THE SAME TIME, I THINK WE ARE

WANTING TO TEST OUT THIS WORKS. AND IT COULD BE THAT THERE ARE EFFICIENCIES THAT WE MAY COME UP WITH AS WE MOVE ALONG THAT MIGHT ALLOW THOSE TWO STEPS TO MERGE A LITTLE MORE THAN THEY ARE ILLUSTRATED, BUT THAT'S SOMETHING THAT WE WANT TO WAIT AND SEE.

WITH REGARDS TO THE PHASE 3 PROJECTS, I THINK ALL WE'RE SAYING THERE, IF WE GET A PROJECT THAT REPRESENTS SOMETHING THAT'S MUCH MORE ADVANCED RELATIVE TO THE OTHER PROJECTS THAT ARE COMING IN, IT IS WHAT WE WOULD PREFER TO MOVE FORWARD. AND SO IT COULD BE A PHASE 3, IT COULD BE A PHASE 2. I THINK EACH OF THOSE PROJECTS THEN NEED TO BE ASSESSED AS ALL THE OTHERS ARE BASED ON THE CRITERIA AND ULTIMATELY WHETHER THEY HAVE AN IMPACT OR NOT.

DR. FISHER: CONGRATULATIONS TO YOU AND YOUR TEAM FOR, NOT JUST THIS PRESENTATION, BUT FOR EXECUTING REALLY A STELLAR GRANTS REVIEW PROCESS. IT'S SUPER IMPRESSIVE, AND YOU AND YOUR TEAM ARE TO BE CONGRATULATED.

DR. SAMBRANO: THANK YOU. IT'S A GREAT TEAM. I'M VERY PROUD TO LEAD IT.

CHAIRMAN IMBASCIANI: THANK YOU. I HAVE CHRIS MIASKOWSKI AND THEN YSABEL AND THEN PAT AND ANNE-MARIE IN THAT ORDER.

DR. MIASKOWSKI: I WANT TO ECHO FRED'S

PRAISE OF YOUR GROUP. IT'S REALLY A PLEASURE TO SERVE ON THIS COMMITTEE.

I'D LIKE TO DRILL DOWN IN TERMS OF YOUR QUALIFICATION PROCESS RELATED TO STEP TWO. AND I'M WONDERING MAYBE ALONG THE LINES OF FRED, FOR EACH OF THESE APPLICATIONS THAT WE'RE GOING TO QUALIFY, HOW MANY MEMBERS OF THE GWG ARE GOING TO REVIEW THE APPLICATION? IS IT GOING TO BE A -- MAYBE TELL A LITTLE BIT MORE ABOUT THE LEVEL OF DEPTH OF THE REVIEW BECAUSE IT COULD BE ALMOST DOUBLE WORK IN SOME CASES, RIGHT?

DR. SAMBRANO: YES. SO PART OF WHAT WE'RE TRYING TO DO IS MAKE THE PROCESS AS EFFICIENT AND EASY FOR REVIEWERS TO ACCOMPLISH. SO THINKING OF THE QUESTIONS THAT THEY COULD ADDRESS WITHOUT HAVING TO GO IN-DEPTH. AND SO FROM A HIGH LEVEL, THEY CAN CERTAINLY SEE WHETHER THIS PROPOSAL IS SOMETHING THAT IS ADDRESSING AN UNMET NEED, WHETHER IT'S SOMETHING THAT HAS BEEN DONE BEFORE OR NOT, WHERE IT STANDS IN THE FIELD. AND WE DON'T WANT THEM TO TAKE A DEEP DIVE INTO THE REVIEW ONLY TO HAVE TO DO IT AGAIN. SO OUR GOAL WAS TO TAKE THESE QUESTIONS AND HAVE THEM SCORE EACH ONE ON A SCALE OF ONE TO FIVE AND TELL US, RELATIVELY SPEAKING, IS THIS APPLICATION ADDRESSING AN UNMET NEED ONE TO FIVE?

RELATIVE TO THE STANDARD OF CARE, IF THEY SUCCEED WITHOUT LOOKING AT ALL OF THEIR STUDIES. IF THEY SUCCEED, WOULD THIS BE A MEANINGFUL IMPROVEMENT OVER THAT OR NOT?

SO WE WANT THE QUESTIONS TO BE HIGH LEVEL. WE WANT THEM TO BE RELATIVELY EASY FOR THEM TO DO. WE DID SURVEY THE WORKING GROUP MEMBERS OR A SELECT GROUP OF WORKING GROUP MEMBERS TO UNDERSTAND WHETHER THESE WERE QUESTIONS THAT THEY COULD READILY ADDRESS IF WE PRESENTED AN APPLICATION TO THEM. AND WE SAID, HEY, WE NEED YOU TO JUST QUICKLY TELL US AND PICK AND SCORE THESE ON THESE BASES. AND SO WE GOT AGREEMENT THAT THAT WAS COMPLETELY DOABLE FOR THEM. SO WE FELT COMFORTABLE MOVING FORWARD.

DR. MIASKOWSKI: WOULD WE EACH DO A COUPLE OF APPLICATIONS, ARE YOU THINKING?

DR. SAMBRANO: WELL, PATIENT ADVOCATE MEMBERS WOULD NOT BE DOING THAT AT THIS STAGE OF THE PROCESS. WE WOULD BE DOING THE QUALIFICATION BASED ON THAT SIGNIFICANCE, WOULD BE DISEASE AREA EXPERTS, AND WE'VE BEEN TOYING AROUND WITH THE IDEA OF BASICALLY CREATING A GROUP OF ABOUT 20 OR 25 THAT WE WOULD GO TO THAT WOULD ALSO DEVELOP SORT OF A MEMORY OF WHAT HAS COME THROUGH SO THAT THEY UNDERSTAND HOW THEY HAVE RANKED AND THERE'S SOME CONSISTENCY IN HOW

THEY QUALIFY, BUT THAT'S SOMETHING THAT WE ARE STILL DEVELOPING.

DR. MIASKOWSKI: YOU WOULDN'T HAVE THE PATIENT ADVOCATES AND NURSE MEMBERS DO THE DEI PORTION?

DR. SAMBRANO: CORRECT. THIS WOULD BE LOOKING AT THE COMPLETENESS OF THE DEI PLAN, BUT YOU WOULD DO THE DEI ON ALL OF THE APPLICATIONS THAT QUALIFY.

DR. MIASKOWSKI: WOULD THE APPLICANTS GET FEEDBACK ON THIS PART OF THE PROCESS?

DR. SAMBRANO: I'M SORRY. COULD YOU REPEAT THAT?

DR. MIASKOWSKI: WOULD THE APPLICANTS GET FEEDBACK ON THE OUTCOME OF THE PROCESS?

DR. SAMBRANO: WELL, SO WE'VE BEEN THINKING ABOUT THAT TOO IN TERMS OF WHAT FEEDBACK WE COULD PROVIDE. WITH THE OBJECTIVE CRITERIA, I THINK THAT'S PRETTY PLAIN FOR THEM TO KNOW AND UNDERSTAND. WE COULD CERTAINLY GIVE THEM WHAT THEIR SCORE IS. FOR THE SUBJECTIVE, WE'RE TRYING TO THINK OF HOW TO PROVIDE THAT FEEDBACK AND WHAT WOULD BE USEFUL TO THEM.

SO WE CAN CERTAINLY PROVIDE THE SCORES AT LEAST FOR THEM TO KNOW WHAT THINGS THEY SCORED WELL

IN FOR THOSE QUESTIONS AND WHICH ONES THEY DIDN'T. WE THINK THAT WOULD BE HELPFUL; BUT, AGAIN, THOSE QUESTIONS ARE RELATIVE. SO IT MAY DEPEND ON HOW THEY DO COMPARED TO OTHER PROJECTS. SO I THINK WE CAN PROVIDE SOME FEEDBACK, BUT I DON'T KNOW HOW HELPFUL IT WILL BE, BUT WE CERTAINLY WANT TO TEST IT OUT AND SEE WHETHER IT IS USEFUL FOR THEM OR NOT AS WE ENGAGE IN THIS PROCESS.

DR. MIASKOWSKI: THANKS SO MUCH, GIL.

CHAIRMAN IMBASCIANI: THANK YOU, CHRISTINE. YSABEL.

MS. DURON: THANK YOU. THANK YOU, GIL, FOR ALL OF THAT HARD WORK AND THINKING THAT WENT INTO THIS. I AM CONCERNED GIVEN THE UNDERREPRESENTATION OF RACIAL AND ETHNIC MINORITIES, ORGANIZATIONS, GROUPS IN CLINICAL TRIALS, WHICH WE'VE HEARD OVER AND OVER AND OVER AGAIN. I'M VERY CONCERNED WHEN WE SAY PATIENT HAD AN ADEQUATE DEI PLAN. TO ME THEY SHOULD HAVE A TOP LEVEL DEI PLAN TO SHOW THAT THEY'RE TRULY INVESTED IN ENGAGING A BROAD AND DIVERSE COMMUNITY IN THIS RESEARCH. I THINK WE NEED TO USE VERY STRONG LANGUAGE. MAYBE IT ISN'T THAT. I KNOW WE HAVE THAT LOVELY CHART.

SO BUT I'M JUST WORRIED. DEFINE, IF SOMEONE READ IT, WHAT ADEQUATE MEANS.

DR. SAMBRANO: THAT'S A GREAT QUESTION. AND I THINK PART OF WHAT WE'RE TRYING TO DO HERE IS THE FIRST STEP OF WHAT WOULD BECOME A MORE IN DEPTH DEI REVIEW. SO THIS IS NOT TO FUND, BUT RATHER TO PRIORITIZE THOSE THAT ARE AND HAVE SHOWN A LEVEL OF COMMITMENT AND EFFORT BECAUSE THERE ARE SOME APPLICANTS THAT CLEARLY DON'T MAKE MUCH EFFORT IN PUTTING TOGETHER THEIR PLAN. AND SO IF THEY'RE GOING TO QUALIFY, FIRST, THEY HAVE TO SHOW THAT THEY'RE MAKING AN EFFORT.

THEN, SECONDLY, ONCE IT IS ACCEPTED INTO REVIEW, THEN WE ENGAGE IN THE NORMAL DEI EVALUATION THAT OUR PATIENT ADVOCATE AND NURSE MEMBERS PARTICIPATE IN THAT FOLLOW THE CRITERIA THAT ARE IN THE RUBRIC AND SCORE THEM. SO THIS IS SORT OF LAYERING SOMETHING ON TOP OF THAT THAT HELPS US SELECT, HOPEFULLY, WHAT COMES IN ALREADY IS STARTING ON THE RIGHT FOOT WITH DEI.

MS. DURON: SO AND WE'VE BEEN TALKING, WE'VE HAD THIS FOR TWO YEARS AT LEAST, THE DEI RUBRIC IN OUR APPLICATIONS AND IN OUR PROMOTION, I WOULD THINK. SO IT SAYS TO ME THAT SOME OF THESE APPLICANTS DON'T TAKE US SERIOUSLY ABOUT DEI. IF THEY'RE GIVING US THESE PLANS THAT ARE INADEQUATE, IT SAYS TO ME THEY ARE NOT TAKING THE ISSUE AT ALL

SERIOUSLY. AND THEY SHOULD KNOW FROM THE GIT-GO WHAT A VERY STRONG DEI PLAN LOOKS LIKE.

NOW, I KNOW YOU MIGHT SAY THAT THE WORK ITSELF DOESN'T NECESSARILY MEAN YOU'LL HAVE A HIGH NUMBER OF COMMUNITIES OF COLOR IN THIS PARTICULAR DISEASE, WHATEVER. BUT WHEN WE LET THEM OFF WITH AN ADEQUATE DEI PLAN AND THEY DON'T KNOW BY NOW THAT WE MEAN BUSINESS WITH OUR DEI PLANS, THEN I DON'T KNOW THAT THEY'RE EVER GOING TO GET IT. I REALLY WANT THEM TO COME IN WORKING HARD TO SHOW THAT THEY REALLY HAVE INTENTIONALITY AROUND DEI, THAT THEY SHOW THE FOOTPRINT THEY'RE SERVING, THAT THEY SHOW US THE PATIENTS WHO MIGHT -- THE NUMBERS OF DEMOGRAPHICALLY WHO COULD BE SERVED BY THE WORK THAT THEY DO, AND HOW THEY INTEND TO ENGAGE THOSE PEOPLE. I KNOW THE RUBRIC HAS GOT A LOT OF STUFF.

BUT I'M JUST KIND OF DISAPPOINTED THAT WE USE THE WORD "ADEQUATE" AND THAT THEY SEEM NOT TO BE GETTING THE MESSAGE.

CHAIRMAN IMBASCIANI: J.T., DID YOU WANT TO RESPOND DIRECTLY TO HER?

DR. THOMAS: YES. SO, YSABEL, I FIRST OF ALL TOTALLY AGREE WITH YOU, BUT I DO WANT TO NOTE THAT, AS YOU RECALL, AWHILE BACK, I THINK IT WAS SOMETIME IN MID-'22, WE SENT A RECOMMENDED FOR

FUNDING CLIN AWARD BACK NOTWITHSTANDING THAT RECOMMENDATION BECAUSE DEI WASN'T HIGH ENOUGH, WHICH WAS A WATERSHED MOMENT FOR US, WHICH EXACTLY ADDRESSED YOUR POINT OF MAKING SURE THEY UNDERSTOOD HOW SERIOUS AND FUNDAMENTAL DEI IS TO THE WHOLE PROCESS.

I THINK WHAT YOU'VE SEEN THEN IS THE SCORES, AS OF TODAY, FOR EXAMPLE, WERE WATCHING HOW THESE CLIN AWARDS WERE RANKED ON A DEI BASIS ARE A MAGNITUDE HIGHER THAN THEY WERE TWO, THREE YEARS AGO. SO TODAY, FOR EXAMPLE, THERE WERE EIGHTS AND NINES AND NINE AND A HALFS, AND I THINK THEY ARE GETTING THE MESSAGE, I GUESS, IS THE POINT I WANT TO MAKE. THEY CAN ALWAYS GET IT EVEN BETTER, BUT WE'VE MADE MATERIAL IMPROVEMENTS. AND, GIL, IF YOU'D BACK ME UP OR NOT ON THAT, I THINK THAT WE'VE BEEN VERY CLEAR ABOUT HOW IMPORTANT THIS IS.

MS. DURON: JUST AS LONG AS WE DON'T USE THE WORD "ADEQUATE."

CHAIRMAN IMBASCIANI: THANK YOU. PAT, YOU'RE NEXT.

DR. LEVITT: YEAH, TWO THINGS, GIL. FIRST, IF YOU ARE GOING TO HAVE A QUALIFYING SCORE WITH SPECIFIC CRITERIA, OBJECTIVE CRITERIA, YOU ARE GOING TO SPELL THEM OUT, BUT I REALLY FEEL STRONGLY

FROM AN APPLICANT'S PERSPECTIVE, THERE NEEDS TO BE A SECTION OF THE APPLICATION WHERE THEY SPECIFICALLY ADDRESS HOW THEIR APPLICATION MEETS THOSE SPECIFIC OBJECTIVE CRITERIA. OTHERWISE YOU'RE GOING TO BE DIGGING. UNLESS IT ALREADY EXISTS, I NEVER APPLIED FOR A CIRM GRANT AND I NEVER WILL, BUT IT NEEDS TO BE A SECTION WHERE THEY EXPLICITLY ADDRESS THIS SO THAT IT WILL BE MUCH EASIER FOR THE TEAM TO ASSESS, AND IT WILL BE A FAIR, IT WILL BE A LEVEL PLAYING FIELD IN TERMS OF THE APPLICANTS, SOME OF WHOM MAY NOT REALIZE WHAT THEY NEED TO DO, WHAT THEY NEED TO WRITE ABOUT SPECIFICALLY.

AND THEN THE OTHER THING IS THAT THE NIH WENT THROUGH THIS PROCESS WHERE THEY BASICALLY ALLOWED ONE RESUBMISSION AND THEN THEY SAID IT HAS TO BE A COMPLETELY NEW GRANT. AND THEY STARTED WITH IT CAN'T BE ON THE SAME TOPIC, THE SAME SUBJECT. AND THEN, OF COURSE, AS A RESEARCHER, YOU SIT BACK AND SAY, WAIT, I'M GOING TO RETOOL MY ENTIRE LAB? THIS IS WHAT I KNOW HOW TO DO.

SO WHERE ARE THE CRITERIA THAT YOU ARE GOING TO SPELL OUT FOR ONE AND TWO AND DONE? ONE AND ONE AGAIN. AND THEN YOU CAN'T RESUBMIT ON THE SAME TOPIC, NOT CONSIDER REVISION. SO WHAT ARE THE CRITERIA THAT THE TEAM IS GOING TO USE TO SAY THIS

IS REALLY A REVISION OR THIS IS REALLY SOMETHING NEW, WHICH, AGAIN, THE NIH WENT THROUGH THIS AND THEN THEY BACKPEDALED, RIGHT? THEY CREATED THE A-0. THERE'S INITIAL SUBMISSION, THE A1, AND THEN IF YOU DON'T GET EITHER ONE OF THOSE, YOU CAN SUBMIT AN A-0. DON'T ASK ME HOW THEY EXACTLY -- THEY DEFINE IT AS, OKAY, WE CONSIDER A NEW GRANT.

SO THOSE CRITERIA NEED TO BE SPELLED OUT AS WELL FOR THE APPLICANTS. OTHERWISE, I'M ON BOARD WITH THE CHANGES.

DR. SAMBRANO: SO TO ADDRESS YOUR FIRST QUESTION, THE CRITERIA WE CHOSE ARE PRETTY PLAINLY EXISTING ALREADY IN THE APPLICATION. AND WHERE IT ISN'T, WE'RE MAKING SURE THAT IT IS. AND SO THAT IS PART OF BEING TRANSPARENT ABOUT WHAT WE'RE ASKING FOR. WE ARE ALSO DEVELOPING AN FAQ TO MAKE SURE THEY UNDERSTAND WHAT THESE CRITERIA ARE. SO WHEN YOU ARE APPLYING, THESE ARE THINGS YOU NEED TO KNOW AND THIS IS HOW IT'S GOING TO WORK.

IN TERMS OF THE RESUBMISSION, JUST TO BE CLEAR, IF AN APPLICATION GETS A SCORE OF 2, THAT MEANS THAT THEY'RE ALLOWED THEN TO REVISE. SO THEY'RE GOING TO GET EXTENSIVE COMMENTS FROM US ON WHAT THEY NEED TO DO. THE GRANTS WORKING GROUP WILL LOOK AT IT AGAIN. AND SO IT'S AT THAT TIME THAT

THEN THE GRANTS WORKING GROUP NEEDS TO DECIDE DID THEY DO THIS SUCCESSFULLY OR NOT. SO THEY GET A 1 OR A 3 RATHER THAN A 2 AGAIN, MEANING WE STILL NEED YOU TO REVISE MORE. AND SO --

DR. LEVITT: SO IF THEY GET A 2 AGAIN, THEN THEY CAN SUBMIT AGAIN. THERE'S A THIRD?

DR. SAMBRANO: THAT'S WHAT WE CURRENTLY ALLOW.

DR. LEVITT: RIGHT. BUT I'M SAYING YOUR CHANGE IS TO ONLY ALLOW -- NOT ONLY -- TO ALLOW AN INITIAL SUBMISSION AND THEN A REVISION BASED ON THEIR SCORE. AND THEN IF THEY DON'T GET SCORED FOR FUNDING, THEN THEY'RE DONE?

DR. SAMBRANO: THEN IT'S A SCORE OF 3, AND THEY CAN COME BACK IN SIX MONTHS.

DR. LEVITT: SCORE OF 3. BUT THEY -- I GUESS I'M MISSING IT. THEY COULD GET SCORES OF 2, BUT MISS THE PAYLINE, RIGHT?

DR. SAMBRANO: WELL, SO THERE WOULD BE NO SCORE OF 2 AVAILABLE IF THIS IS ALREADY THEIR RESUBMISSION.

DR. LEVITT: I SEE. OKAY. ALL RIGHT. SO IT'S EITHER A YES OR NO?

DR. SAMBRANO: YES.

DR. LEVITT: AND THEN THEY CAN'T RESUBMIT

AGAIN?

DR. SAMBRANO: FOR SIX MONTHS.

DR. LEVITT: YOU'RE STILL GOING TO ALLOW THEM TO RESUBMIT IN SIX MONTHS?

DR. SAMBRANO: YES.

DR. LEVITT: SO HOW IS THIS REDUCING THE NUMBER OF APPLICATIONS?

DR. SAMBRANO: IT REDUCES THE TOTAL NUMBER THAT WE HAVE TO DO. JUST FOR EXAMPLE, THE APPLICATIONS THAT YOU SAW TODAY IN THE LAST FEW MONTHS REPRESENT OFTEN MULTIPLE RESUBMISSIONS. THAT'S WHY WE -- EVEN THOUGH WE STOPPED NEW APPLICATIONS IN FEBRUARY, WE'RE STILL SEEING APPLICATIONS IN JUNE BECAUSE THERE'S ALWAYS SOMETHING YOU CAN TWEAK. BUT WE FEEL YOU MIGHT AS WELL GET IT RIGHT OR NOT. AND IF YOU CAN'T GET IT RIGHT, THEN THINK ABOUT IT FOR SIX MONTHS AND COME BACK THEN.

SO WE'RE NOT COMPLETELY DISALLOWING THEM TO EVER COME BACK. WE'RE JUST GOING TO REMOVE THEM FROM THE BOLUS THAT CONTINUES TO AFFECT US.

CHAIRMAN IMBASCIANI: IT'S GOING TO BE ANNE-MARIE FOLLOWED BY FRED.

DR. DULIEGE: SO, GIL, MY QUESTION IS GOING TO BE NAIVE, BUT I HAVE A SENSE THAT IT WILL

BENEFIT NOT JUST ME. AND IT MAY BE BECAUSE AFTER MORE THAN SIX HOURS OF MEETINGS, I DON'T FUNCTION AS WELL AS I NORMALLY EVEN WITH A LOT OF COFFEE. COULD YOU IN LITERALLY LESS THAN 60 SECONDS SUMMARIZE -- I LISTENED VERY CAREFULLY TO YOUR PRESENTATION -- SUMMARIZE THE BOTTOM LINE, THE KEY TAKE-HOME MESSAGES? WHAT IS GOING TO CHANGE BECAUSE I'M LOST A LITTLE BIT HERE.

DR. SAMBRANO: SO THE MAIN THINGS THAT ARE GOING TO CHANGE ARE THAT WE'RE ADDING A STEP TO WHAT WE NORMALLY DO IN THE REVIEW OF AN APPLICATION, WHICH IS ADDING THIS QUALIFICATION STEP. AND SO THAT'S GOING TO INCREASE THE AMOUNT OF TIME FROM APPLICATION SUBMISSION TO THE EARLIEST POSSIBLE APPROVAL. AND THAT'S CHANGING FROM THREE MONTHS TO FOUR MONTHS.

THE OTHER CHANGES ARE MOSTLY ON OUR PART IN TERMS OF FACILITATING THAT PROCESS. BUT FOR THE APPLICANTS, IT DOESN'T CHANGE MUCH OF WHAT THEY HAVE TO DO OTHER THAN AN ADDITIONAL MONTH AND UNDERSTANDING THAT THERE ARE THESE QUALIFYING CRITERIA THAT THEY HAVE TO BE AWARE OF THAT WE'RE GOING TO USE FOR THEIR APPLICATION TO QUALIFY.

DR. DULIEGE: BUT THE VALUE OF THE ENTIRE OF THAT IS, THE VALUE OF ADDING THIS QUALIFICATION

OF ONE MONTH IS?

DR. SAMBRANO: YES. AND SO ONLY THE TOP FIVE ADVANCE. SO THE PROBLEM THAT WE WERE TRYING TO SOLVE IS HOW TO DEAL WITH THE LARGE NUMBER. SO BY QUALIFYING, IT ALLOWS US TO THEN EACH MONTH BASICALLY CHOOSE THOSE THAT ARE THE TOP FIVE THAT MOVE FORWARD. SO IT MEANS THAT THE STEADY STATE OF APPLICATIONS THAT WE HAVE IS NEVER MORE THAN FIVE NEW APPLICATIONS A MONTH.

DR. DULIEGE: THANK YOU VERY MUCH.

CHAIRMAN IMBASCIANI: THANK YOU. LISTEN, I'M GOING TO -- FRED IS GOING TO HAVE A COMMENT AND NOT A QUESTION, I HOPE. AND THEN I'M GOING TO ASK THE BOARD'S INDULGENCE THAT WE CLOSE DEBATE ON THIS. WE HAVE ANOTHER AGENDA THAT I ABSOLUTELY NEED A QUORUM BEFORE 4 O'CLOCK. FRED.

DR. FISHER: YES, IT IS A QUESTION UNFORTUNATELY AND IT'S FOR SCOTT. I WONDER IF THERE'S ANOTHER MECHANISM OTHER THAN A BYLAWS REVISION FOR WHAT IS ESSENTIALLY AN EXPERIMENTAL PROCESS, THAT THE OUTCOME WILL BE EVALUATED AND COULD CHANGE AGAIN. AND SO RATHER THAN PUT OURSELVES IN A POSITION OF GOING THROUGH MULTIPLE BYLAWS CHANGES AND THE BOARD SIMPLY ALLOW THIS DEPARTURE FROM THE BYLAWS UNDER THESE SPECIFIC

CIRCUMSTANCES ON A TEMPORARY BASIS. THAT'S MY QUESTION FOR SCOTT.

MR. TOCHER: HI, FRED. THANKS FOR YOUR QUESTION. YOU'RE ABSOLUTELY RIGHT. THE REASON WHY IT'S AMENDMENT TO THE BYLAWS IS BECAUSE OF THE DETAIL IN THE EXISTING BYLAWS THAT THESE NEW PROCEDURES WOULD CONTRAVENE. SO THAT'S WHY THEY'RE COMING TO YOU AS AN AMENDMENT.

AND I THINK -- BUT I THINK YOUR POINT IS TAKEN, THAT WE COULD ALWAYS INCLUDE LANGUAGE WITHIN THE AMENDMENT THAT INDICATES OR OTHERWISE PROVIDED FOR SUBSEQUENTLY IN A -- I'M JUST TRYING TO THINK. TYPICALLY WE HAVE TO DO BYLAWS, BUT WE COULD ALSO INDICATE IN THE PROGRAM ANNOUNCEMENT WHICH DOESN'T HAVE TO COME BEFORE THE BOARD. AND THEN WE CAN ALWAYS BRING THAT BACK TO THE BOARD FOR RATIFICATION.

DR. FISHER: IS THAT SIMPLER THAN WHAT WE'RE DOING RIGHT NOW?

MR. TOCHER: WELL, IT PROVIDES A GREATER DEGREE OF FLEXIBILITY, I THINK, IF THERE WERE REVISIONS THAT EXPERIENCE DICTATED WERE NECESSARY.

MR. JUELSGAARD: CAN I MAKE A RECOMMENDATION, WHICH IS THAT WE JUST DO WHAT MOTION IS ON THE TABLE NOW. AND THEN IF WE DECIDE DOWN THE

ROAD WE WANT TO CHANGE IT, WE JUST COME BACK AND CHANGE, BUT NOT TRY TO FORESEE THE FUTURE, JUST DEAL WITH THE ISSUE IN FRONT OF US.

CHAIRMAN IMBASCIANI: SO I WILL ACCEPT THAT AS AN AMENDMENT.

MR. TOCHER: NO, NO.

CHAIRMAN IMBASCIANI: SEEING NO MORE BOARD COMMENT, IS THERE COMMENT FROM THE PUBLIC?

VICE CHAIR BONNEVILLE: CAROLYN OF THE BOARD FIRST.

CHAIRMAN IMBASCIANI: I'M SORRY, CAROLYN.

DR. MELTZER: I JUST WANTED TO EXPRESS THAT I'M WORRIED THAT IT SEEMS LIKE PROGRAMMATIC JUDGMENT BEFORE THE REVIEW PROCESS. THAT'S ALL.

CHAIRMAN IMBASCIANI: OKAY. PUBLIC COMMENT ON THIS ISSUE?

MR. TOCHER: THERE IS NONE.

CHAIRMAN IMBASCIANI: THERE IS NONE. SCOTT, PLEASE PROCEED.

MR. TOCHER: ALL THOSE IN THE ROOM IN FAVOR SAY AYE. THOSE OPPOSED SAY NAY. ABSTENTIONS?

DR. MELTZER: ABSTENTION.

MR. TOCHER: MOHAMED ABOUSALEM.

DR. ABOUSALEM: YES.

MR. TOCHER: DAN BERNAL.

MR. BERNAL: AYE.
MR. TOCHER: MONICA CARSON.
DR. CARSON: YES.
MR. TOCHER: LEONDRA CLARK-HARVEY.
DR. CLARK-HARVEY: YES.
MR. TOCHER: MARK FISCHER-COLBRIE.
MR. FISCHER-COLBRIE: YES.
MR. TOCHER: FRED FISHER.
DR. FISHER: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: LINDA MALKAS.
DR. MALKAS: YES.
MR. TOCHER: CHRISTINE MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: JOE PANETTA. MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: MICHAEL STAMOS.
DR. STAMOS: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
MR. TOCHER: HOLD ON A SECOND. THE MOTION

CARRIES BY ONE.

CHAIRMAN IMBASCIANI: THANK YOU VERY MUCH. THANK YOU, GIL, FOR BOTH OF THOSE PRESENTATIONS.

RAFAEL TO THE PODIUM FOR CONSIDERATION OF AGENDA ITEM NO. 14. THIS IS FROM THE GOVERNANCE SUBCOMMITTEE REGARDING OUR COMPENSATION POLICY AND OUR RELOCATION POLICY.

MR. AGUIRRE-SACASA: THANK YOU. THANK YOU, VITO. DUE TO TIME CONSTRAINTS, WE'RE GOING TO MOVE REAL QUICKLY THROUGH OUR PRESENTATION HERE.

HERE'S OUR MISSION. THE AGENDA IS GOING TO TRY AND DISCUSS THE COMPENSATION POLICY AND THE UPDATED SALARY RANGES, BUT WE'RE GOING TO LOOK AT NO. 3 FIRST, THE PROPOSED 2024 MOVING AND RELOCATION POLICY BECAUSE THAT ONE TAKES A LITTLE BIT MORE PRIORITY TODAY.

WITH YOUR INDULGENCE, LET ME GET DOWN THERE IF YOU DON'T MIND. OKAY. THE POLICY IS IN YOUR MATERIALS; BUT AS AN INTRODUCTION, PROPOSITION 14 PERMITS THE REIMBURSEMENT OF MOVING AND RELOCATION EXPENSES. THE POLICY THAT WE HAVE PRESENTED COMPLIES WITH THE IRS RULES AND REGULATIONS REGARDING THE SAME, MOVING AND RELOCATION EXPENSES.

THE LEGAL TEAM AND THE FINANCE TEAM, AND

I'D LIKE TO THANK POUNEH FOR THIS, CONDUCTED AN ANALYSIS ON THE MOVING AND RELOCATION POLICIES FROM THE UC SYSTEM AS WELL AS OTHER NON-PROFITS WHO ARE QUALIFIED TO APPOINT AN EXECUTIVE OFFICER TO THE ICOC. SO WE DID A SURVEY OF THE VARIOUS RELOCATION AND MOVING POLICIES THERE.

THE POLICY ITSELF ONLY APPLIES TO LEVEL 9 AND 10 EMPLOYEES FOR REIMBURSEMENT AND MOVING RELOCATION EXPENSES. AND THE LAST COMMENT I'D LIKE TO SAY IS THAT WE BELIEVE THAT OFFERING THESE MOVING AND RELOCATION EXPENSES WILL LEAD TO A MORE DIVERSE AND TALENTED CANDIDATE POOL FOR EXECUTIVES WHILE IT ALIGNS WITH MARKET CONDITIONS AND REALITIES.

SO WITH THAT, SCOTT, IF YOU DON'T MIND, I'D LIKE TO PROPOSE A VOTE.

MR. TOCHER: YEAH. I THINK IT'S GREAT.

MR. JUELSGAARD: MOVE APPROVAL OF MOVING AND RELOCATION.

DR. BLUMENTHAL: SECOND.

VICE CHAIR BONNEVILLE: IS THERE ANY BOARD MEMBER COMMENT?

MR. TOCHER: ANY PUBLIC COMMENT? ALL THOSE IN THE ROOM IN FAVOR SAY AYE. THOSE OPPOSED NAY. ANY ABSTENTIONS? POLL THOSE ON THE PHONE.

MOHAMED ABOUSALEM.

DR. ABOUSALEM: YES.
MR. TOCHER: DAN BERNAL.
MR. BERNAL: AYE.
MR. TOCHER: JUDY CHOU. LEONDRA CLARK-HARVEY.
DR. CLARK-HARVEY: AYE.
MR. TOCHER: MARK FISCHER-COLBRIE.
MR. FISCHER-COLBRIE: YES.
MR. TOCHER: FRED FISHER.
DR. FISHER: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: LINDA MALKAS.
DR. MALKAS: YES.
MR. TOCHER: CHRISTINE MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: JOE PANETTA. MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: MICHAEL STAMOS.
DR. STAMOS: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.

MR. TOCHER: MONICA CARSON.

DR. CARSON: YES.

GREAT. THANK YOU. THE MOTION CARRIES.

MR. AGUIRRE-SACASA: THANK YOU, EVERYBODY. NOW WE HAVE CAUGHT UP A LITTLE BIT, SO WE'LL TAKE A LITTLE BIT MORE TIME HERE ON THE COMPENSATION POLICY. I'LL MOVE RELATIVELY QUICKLY.

THE 2024 COMPENSATION POLICY IS CONSISTENT WITH THE TERMS OF THE 2015 COMPENSATION POLICY AND MARKET PRACTICES. ONE OF THE GOALS OF THE 2024 POLICY IS TO CLARIFY CERTAIN COMPENSATION PRACTICES AND ADD RIGOR TO OUR CHECKS AND BALANCES. ONE THING THAT WE'RE CALLING OUT SPECIFICALLY HERE IS THAT WE ARE REQUESTING THAT THE CHAIR, VICE CHAIR, AND PRESIDENT AND CEO BE INCLUDED IN COST OF LIVING INCREASES ALONG WITH THE REST OF STAFF. CURRENTLY THESE POSITIONS ARE NOT INCLUDED FOR SUCH COLA ADJUSTMENTS.

WE'RE ALSO GOING TO LOOK AT SOME UPDATED SALARY CHANGES THAT WERE INCLUDED IN THE MATERIALS. AS A POINT OF REFERENCE, MORGAN HR, WHICH WAS OUR HR CONSULTANT, PERFORMED A MARKET ANALYSIS IN 2022 OF CIRM'S THEN EXISTING POSITION SALARIES AND PROPOSED UPDATES TO THE SAME. THESE UPDATES WERE APPROVED BY THE ICOC IN JUNE OF 2022 FOR LEVELS 1 THROUGH 8 AND

IN SEPTEMBER OF '22 FOR LEVELS 9 AND 10. WHILE THE MORGAN HR REVIEW AND ANALYSIS WAS COMPREHENSIVE, OUR HR TEAM IS CONSTANTLY DOING AN ANALYSIS, AND THEY FELT THAT WE STILL NEEDED TO ADDRESS A COUPLE OF ISSUES DEALING WITH EMPLOYEE DEVELOPMENT OPPORTUNITIES FOR CAREER DEVELOPMENT AND SALARY COMPACTION ISSUES.

BY SALARY COMPACTION, WE MEAN THE COMPRESSION OF SALARY DIFFERENTIALS BETWEEN EMPLOYEES AT DIFFERENT LEVELS OR DIFFERENT DEPARTMENTS.

AND SO WE ARE RECOMMENDING THAT THE SALARY RANGES BE ADJUSTED AS PRESENTED TO AVOID SALARY COMPACTION ISSUES AND FACILITATE UPWARD PROMOTABILITY AND PROFESSIONAL DEVELOPMENT FOR OUR EMPLOYEES, THAT WE ADDED CERTAIN POSITIONS TO PERMIT CAREER ADVANCEMENT FOR THE SAME EMPLOYEES, AND AS I MENTIONED BEFORE, THE INCORPORATION OF COST OF LIVING INCREASES THAT WERE APPROVED BY THE ICOC IN 2023 FOR ALL STAFF AS WELL AS THE COST OF LIVING ADJUSTMENTS BEING CONSIDERED BY THE ICOC IN 2024, WHICH WOULD INCLUDE THE THREE LEADERSHIP POSITIONS.

ONE FOLLOW-UP QUESTION WAS -- THAT WE RECEIVED FROM THE GOVERNANCE SUBCOMMITTEE WAS WITH RESPECT TO SOME SALARY PERCENTILES AND HOW THEY WERE

CURRENTLY SPREAD, DISTRIBUTED THROUGH THE VARIOUS LEVELS. SO AS A FOLLOW-UP, I WOULD LIKE TO THANK CLAUDETTE AND DENISE DANIEL FOR PREPARING THIS SLIDE HERE WHICH EXPLAINS LEVELS 4 THROUGH 9 AND THE SALARY DISTRIBUTION BY PERCENTAGES. THE DARK BLUE IS ANYONE WHO IS IN THE FIRST QUARTILE, ORANGE IS SECOND QUARTILE, GREEN IS THIRD QUARTILE, AND THE LIGHT BLUE OR TURQUOISE IS ANYONE IN THE 76 TO A HUNDREDTH QUARTILE.

MR. JUELSGAARD.

MR. JUELSGAARD: WITH THAT, I WOULD LIKE TO MAKE A MOTION.

MR. TOCHER: IS THERE A MOTION?

MR. JUELSGAARD: MOVE APPROVAL OF THE MOVING AND RELOCATION POLICY. NO, WE'VE DONE THAT. BACK TO THE ONE REGARDING SALARIES. THERE IT IS. I MOVE THE APPROVAL OF THE UPDATED SALARY RANGE CONSIDERATIONS UNDER 3 ON THIS SLIDE.

CHAIRMAN IMBASCIANI: STEVE MOVED. AND THE POLICY.

DR. GASSON: SECOND.

CHAIRMAN IMBASCIANI: DISCUSSION FROM BOARD MEMBERS ON THE COMPENSATION POLICY? OR FROM MEMBERS OF THE PUBLIC? HEARING NONE, SCOTT.

MR. TOCHER: EXCEPT FOR VITO IMBASCIANI

AND MARIA BONNEVILLE, ALL THOSE IN THE ROOM IN FAVOR SAY AYE. THOSE OPPOSED SAY NAY. ANY ABSTENTIONS?

ON THE PHONE: MOHAMED ABOUSALEM.

DR. ABOUSALEM: YES.

MR. TOCHER: DAN BERNAL.

MR. BERNAL: AYE.

MR. TOCHER: MONICA CARSON.

DR. CARSON: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: MARK FISCHER-COLBRIE.

MR. FISCHER-COLBRIE: YES.

MR. TOCHER: FRED FISHER.

DR. FISHER: YES.

MR. TOCHER: RICH LAJARA.

MR. LAJARA: YES.

MR. TOCHER: LINDA MALKAS.

DR. MALKAS: YES.

MR. TOCHER: CHRISTINE MIASKOWSKI.

DR. MIASKOWSKI: YES.

MR. TOCHER: ADRIANA PADILLA.

DR. PADILLA: YES.

MR. TOCHER: MARVIN SOUTHARD.

DR. SOUTHARD: YES.

MR. TOCHER: MICHAEL STAMOS.

DR. STAMOS: YES.

MR. TOCHER: AND KEVIN XU.

DR. XU: YES.

MR. TOCHER: THANKS VERY MUCH.

CHAIRMAN IMBASCIANI: THANK YOU. THAT'S GREAT.

SO WE'RE GOING TO MOVE NOW, ROSA, CAN I INVITE YOU TO COME TO THE PODIUM? THIS IS FOR AGENDA ITEM NO. 18. EVERYTHING IS IMPORTANT ON THE AGENDA. THIS IS VERY IMPORTANT.

DR. CANET-AVILES: EVERYTHING IS IMPORTANT TO ME. I HAVE SO MANY THINGS TO SAY. HOPEFULLY I'LL REMEMBER THEM ALL. A LOT OF THE COMMENTS THAT WERE BEING MADE ARE RELATED TO THE DISCUSSIONS THAT THE TEAM HAS BEEN HAVING WITH THE BOARD AND AMONGST US IN RELATION TO THE STRATEGIC ALLOCATION FRAMEWORK.

SO, MR. CHAIRMAN, MADAM VICE CHAIR, DISTINGUISHED MEMBERS OF THE BOARD, AND MY ESTEEMED COLLEAGUES AND THE PUBLIC, I AM GOING TO PRESENT NOW AN OVERVIEW OF THE STRATEGIC ALLOCATION FRAMEWORK, ESPECIALLY WITH REGARDS TO THE NEW MEMBERS OF THE BOARD AND ALSO TO THE OBJECTIVE OF TODAY IS TO PROVIDE AN UPDATE ON WHAT'S COMING IN THE LAST TRANCHE, THE LAST THIRD OF THE TIMELINE EFFORT.

(PAUSE.)

DR. CANET-AVILES: WE HAD SOME MISBEHAVIOR GOING ON. WITH THAT SAID, LET ME SEE HERE. SO, AGAIN, THE GOAL THAT WE HAVE RIGHT NOW IS TO PROVIDE AN OVERVIEW AND WHAT'S COMING FROM NOW TILL SEPTEMBER AND WHEN THE BOARD WILL BE INTERACTING WITH US. HARES, IF YOU WANT TO MAKE THEM A BIT SMALLER, THAT WOULD BE WONDERFUL. THANK YOU SO MUCH FOR YOUR HELP. THERE'S SO MANY PEOPLE HELPING.

SO THIS SLIDE PROVIDES AN OVERVIEW OF THE STRUCTURE OF TODAY'S PRESENTATION. AND YOU CAN TRACK WHERE WE ARE BY LOOKING AT THE TOP RIGHT SIDE OF THE SCREEN WHERE IT TELLS YOU WHICH SECTION WE ARE ON FOR FACILITY OF FOLLOWING.

IN TERMS OF BACKGROUND AND CONTEXT, THE STRATEGIC ALLOCATION FRAMEWORK IS ORGANIZED, IS PRESENTED IN THE CONTEXT OF OUR FIVE-YEAR STRATEGIC PLAN, WHICH IS ORGANIZED IN THESE THREE THEMES: THE ADVANCE WORLD-CLASS SCIENCE, DELIVERY AND REAL-WORLD SOLUTIONS, AND PROVIDE OPPORTUNITY FOR ALL. SO WE ARE NOT SAYING ANYTHING NEW. WE ARE JUST PROVIDING MORE GRANULARITY IN TERMS OF WHAT'S THE IMPACT THAT WE WANT TO HAVE WITH CIRM, NOT ONLY NOW, BUT IN THE LONG TERM. RIGHT.

OVER THE PAST 17 YEARS, CIRM HAS BEEN AT

THE FOREFRONT OF THE STEM CELL AND REGENERATIVE MEDICINE FIELD. AND THE INSTITUTE HAS BEEN INSTRUMENTAL IN ESTABLISHING OURSELVES AS A LEADER IN STEM CELL REGENERATIVE MEDICINE AND FUNDING BASIC RESEARCH THROUGH OUR DISCOVERY PROGRAMS, ALSO INFRASTRUCTURE. WE'VE HEARD ABOUT THE ALPHA STEM CELL CLINICS, THE MANUFACTURING THIS MORNING, THE SHARED RESOURCE LABS, AND OTHER PROGRAMS, AS WELL AS EDUCATION AND TRAINING PROGRAMS THAT ARE ACTUALLY ONE OF OUR STRONGEST INITIATIVES THAT HAVE HAD A REALLY STRONG IMPACT IN WORKFORCE DEVELOPMENT IN CALIFORNIA. AND THE CLINICAL DEVELOPMENT WITH 106 CLINICAL TRIALS THAT WE HAVE AT THE MOMENT.

SINCE OUR INCEPTION, AND WE HEARD IT TODAY AND WE SAW IT THROUGH THE TRANSLATIONAL COMMENTS, THE FIELD HAS GROWN EXPONENTIALLY. HOWEVER, WE HAVE FINITE RESOURCES. AND WE'VE SEEN IT THROUGH THE CLINICAL FLOW CONTROL THAT WE'VE HAD TO DO. WE'VE HAD AN INPUT OF MANY, MANY APPLICATIONS, AND THERE IS A LOT OF DEMAND ALSO IN TRANSLATIONAL. SO THERE IS OBVIOUSLY A LOT OF DEMAND, AND DEMAND FOR FUNDING EXCEEDS THE AVAILABLE RESOURCES.

THE NEXT COUPLE OF SLIDES ARE BASICALLY A BIT MORE DETAIL ON WHAT THIS SLIDE SAYS IN TERMS OF HOW THE REGENERATIVE MEDICINE LANDSCAPE HAS BEEN

ADVANCING AND THEN WHERE ARE WE WITH FUNDS THAT WE'VE ALREADY SEEN. AND THIS IS ALSO A LOT FOR BENEFIT OF OUR NEW MEMBERS OF THE BOARD.

SO AS WE KNOW, THE LANDSCAPE OF REGENERATIVE MEDICINE IS EXPERIENCING A PROFOUND AND RAPID EXPANSION. THE DATA SHOWN HERE IS FROM THE ALLIANCE FOR REGENERATIVE MEDICINE ANNUAL DATA REPORT OF 2002 AS WELL AS THE AMERICAN SOCIETY FOR GENE AND CELL THERAPIES, ASCGT, QUARTERLY REPORT OF 2021. AND THIS SLIDE UNDERSCORES, IT HAS VERY SMALL GRAPHICS, BUT THE MAIN POINT HERE IS THAT THERE HAS BEEN AN EXPONENTIAL GROWTH THAT WE'VE WITNESSED IN THE SECTOR SINCE 2005.

ON THE LEFT, THE FIRST CHART ILLUSTRATES THE STEEP INCREASE IN PUBLICATION RELATED TO STEM CELLS, GENE THERAPY, AND CELL THERAPY. THE LITTLE BUMP AT THE END WAS DUE TO COVID. THERE'S BEEN AN EXPONENTIAL INCREASE SINCE 2005. AND THEN IN THE MIDDLE AND RIGHT GRAPHS, WHAT WE CAN SEE IS THE EXPANDING PIPELINES FOR GENE AND CELL THERAPIES, NON-GENETICALLY MODIFIED CELL THERAPY PIPELINES CORRESPONDINGLY. AND EACH BAR REPRESENTS A SNAPSHOT OF ACTIVE PROGRAMS AND REFLECT NOT ONLY THE INITIATION OF THE CLINICAL IN PHASE 1, BUT ALSO THE PROGRESSION FOR ADVANCED CLINICAL TESTING.

THIS LANDSCAPE BRINGS US TO THE FOREFRONT OF A COMPELLING NARRATIVE, WHICH IS THAT THE FIELD OF REGENERATIVE MEDICINE IS NOT JUST GROWING, BUT IT'S THRIVING AT A PACE THAT REQUIRES A STRATEGIC AND THOUGHTFUL ALLOCATION OF FUNDS. NOTHING NEW THAT I'M SAYING. WE JUST HEARD IT. THIS IS JUST ANOTHER EXAMPLE.

SO THE SLIDE HERE PROVIDES WHERE WE ARE IN TERMS OF A SNAPSHOT OF THE FUNDS. MY COLLEAGUE, VICE PRESIDENT OF OPERATIONS, JEN LEWIS, PROVIDED US WITH AN UPDATE ON OUR BUDGET. AND CURRENTLY WE HAVE A TOTAL RESEARCH BUDGET FROM PROP 71 AND 14 THAT CORRESPONDS TO $7.64 BILLION. THIS IS THE NET OF OPERATIONAL AND COMPLIANCE OVERSIGHT COSTS FROM THE 8.5 BILLION THAT WERE INITIALLY ALLOCATED BY BOTH PROPOSITION 71 AND 14, RESPECTIVELY.

IN TERMS OF CURRENT FUND ALLOCATION, AS OF APRIL OF 2024, CIRM HAS A REMAINING BALANCE OF 3.86 BILLION OF WHICH, AND I'VE HAD A COUPLE OF QUESTIONS ABOUT THAT, AND THIS IS EXCLUDING THE EXPENDING AND SCHEDULED PAYMENTS AND APPROVED ALLOCATIONS. FOR THIS WE HAVE TWO EARMARKS THAT WE NEED TO ALLOCATE. ONE IS FOR NEURO RESEARCH, $1.14 BILLION, AND THE OTHER IS THE ACCESS AND AFFORDABILITY, WHICH IS 94 MILLION.

WHEN WE ARE TALKING ABOUT THE STRATEGIC ALLOCATION FRAMEWORK, WE ARE TALKING ABOUT THE 3.86 BILLION. HOWEVER, THE NEURO TASK FORCE HAS THE GUIDANCE THAT THE NEURO TASK FORCE IN COLLABORATION WITH THE SCIENCE SUBCOMMITTEE WILL HAVE WILL BE IN THE CONTEXT OF THE $1.14 BILLION. AND THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP ARE INFORMING THE STAFF OF CIRM WITH REGARDS TO THE 94 MILLION. BUT EVERYTHING REALLY INTEROPERATES AND FEEDS FROM EACH OTHER.

NOW, WHERE DOES THE MANDATE FOR THE STRATEGIC ALLOCATION FRAMEWORK COME FROM? THE MANDATE FOR THE STRATEGIC ALLOCATION FRAMEWORK ORIGINATED IN 2023 AT THE SCIENCE SUBCOMMITTEE OF SEPTEMBER. AT THAT TIME BOARD MEMBER MARK FISCHER-COLBRIE PROVIDED KICKOFF DISCUSSION AROUND WHAT WE CALLED AT THE TIME PRIORITIZATION. AND THE OUTCOME OF THAT MEETING WAS THAT THE BOARD ASKED CIRM STAFF TO DEVELOP AN APPROACH AND RECOMMENDATIONS FOR PRIORITIZATION.

NOW, SINCE MARCH OF -- WELL, ACTUALLY BY THEN, AROUND JANUARY/FEBRUARY, WE STARTED TO DEVELOP A PLAN FOR THE STRATEGIC ALLOCATION FRAMEWORK. AND AT THE MARCH 2024 SCIENCE SUBCOMMITTEE AND AT THE ICOC, WE PRESENTED THE FIRST PLAN FOR THE STRATEGIC

ALLOCATION FRAMEWORK. AND WE'VE CONTINUED THE PROCESS WITH SEPTEMBER OF 2024 AS THE TARGET FOR RECOMMENDATIONS.

SO WHEN WE PRESENTED IN MARCH, THE BOARD SAID, YES, WE LIKE THIS AND WE WOULD LIKE FOR YOU TO KEEP GOING AND PRESENT TO US. AT THAT TIME WE TOLD THE BOARD THAT WE WERE COMING AT THE JUNE MEETING, AND WE WERE GOING TO PROVIDE AN UPDATE WHICH IS WHERE WE ARE TODAY.

NOW, WHAT IS THE STRATEGIC ALLOCATION FRAMEWORK? THAT IS A STRUCTURED AND DATA DRIVEN APPROACH TO PRIORITIZE RESOURCE ALLOCATION AND PROVIDE RECOMMENDATIONS TO THE INDEPENDENT CITIZENS OVERSIGHT COMMITTEE FOR CONTINUED IMPLEMENTATION OF OUR STRATEGIC PLAN.

SO WHAT IS THE PROCESS FOR THIS STRATEGIC ALLOCATION FRAMEWORK? THE FIRST THING THAT WE HAD TO DO IS TO ASK OURSELVES WHAT ARE THE HIGHEST LEVEL QUESTIONS. THIS SHOULD HAVE BEEN DONE PROBABLY A LITTLE EARLIER, BUT WE ARE ASKING THIS NOW. WHAT CAN CIRM MAKE -- HOW CAN CIRM MAKE THE GREATEST IMPACT ON ITS MISSION? AND DERIVED FROM THAT HOW MIGHT CIRM EFFECTIVELY ALLOCATE ITS REMAINING BUDGET OF $3.86 BILLION AND WITHIN THAT HOW WE WILL EFFECTIVELY -- HOW MIGHT WE EFFECTIVELY ALLOCATE OUR

REMAINING NEURO BUDGET OF $1.14 BILLION, WHICH IS IN THE REMIT OF THE NEURO TASK FORCE.

SO THIS SLIDE PROVIDES A REMINDER OF THE PROCESS THAT OUR TEAM IS INTEGRALLY INVOLVED IN FOR THE STRATEGIC ALLOCATION FRAMEWORK. AND THE BOARD HAS DONE AND CONTINUES TO DO A LOT OF ITS HEAVY LIFTING FOR THIS STRATEGIC ALLOCATION FRAMEWORK THROUGH THE SCIENCE SUBCOMMITTEE AND THE NEURO TASK FORCE, AS WELL AS THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUPS.

IN THE COMING MONTHS, COMING TO SEPTEMBER ICOC IN WHICH WE WILL BE PRESENTING THE FINAL RECOMMENDATIONS, THE BOARD, THROUGH THESE THREE BODIES, WILL BE ACTIVELY COLLABORATING WITH US AND PROVIDING FEEDBACK ON THIS TILL WE MEET IN SEPTEMBER. AND THIS IS CONSISTENT WITH THE WAY THAT WE HAVE DEVELOPED POLICIES AND OTHER PROCESSES SO FAR.

IT IS A HEAVY LIFT, BUT IS ENTIRELY KEEPING ON WITH THE WAY THAT WE DO THINGS AND WE HAVE DONE THINGS SO FAR. SO WHAT DOES THE PROCESS CONSIST IN? THE FIRST THING THAT WE DID WAS DEFINE THE IMPACT GOALS WHICH ARE MEASURABLE SUCCESS METRICS. THESE GOALS ARTICULATE THE DESIRED OUTCOMES AND MILESTONES THAT WE AIM TO ACHIEVE,

ENSURING THAT EVERY DOLLAR ALLOCATED MOVES US CLOSER TO OUR VISION.

THESE GOALS WERE FRAMED IN THE CONTEXT OF FOUR CATEGORIES. AND FOLLOWING THE MANDATE TO DEVELOP A PRIORITIZATION STRATEGY, THE CIRM TEAM DISTILLED FOUR CATEGORIES THAT WE WILL GO OVER. AND THOSE CATEGORIES ARE ALIGNED WITH THE EXISTING STRATEGIC PLAN AND PROP 14'S AREAS OF FOCUS. IT'S IMPORTANT TO RECOGNIZE THAT SOME OF THE GOALS AS INITIALLY DEFINED ARE EVOLVING THROUGH THE PROCESS, AND THAT'S WHY WE WERE USING CATEGORIES AT THE BEGINNING, BUT WE WERE RECOMMENDED THAT WE ALSO START TALKING ABOUT THE SPECIFIC GOALS. THAT'S WHY WE HAVE A DRAFT AND IT SAYS "UNDER REVISION" IN THE SLIDEDECK THAT YOU WILL HAVE AVAILABLE ON OUR WEBSITE.

SO FROM THE GOALS, WE WENT TO THE GUIDING QUESTIONS. WHAT ARE THE GUIDING QUESTIONS THAT BY ANSWERING WE WILL BE ABLE TO MAKE RECOMMENDATIONS TO ACHIEVE THOSE GOALS? AND THEN WE DERIVED WHAT DATA WE NEEDED TO COLLECT IN ORDER TO ANSWER THOSE QUESTIONS. OBVIOUSLY, THIS IS A VERY VAST EFFORT THAT HAS MANY MEMBERS OF OUR CIRM TEAM INVOLVED, COLLABORATING AS WELL WITH CONSULTANTS OUTSIDE OF CIRM. AND PART OF THIS HAS ALSO INVOLVED, AS YOU

KNOW FROM THE NEURO TASK FORCE AND SCIENCE SUBCOMMITTEE MEETING, A NEURO SURVEY THAT HELPED WITH OUR RECOMMENDATIONS AS WELL.

SO THE PROCESS IS BASICALLY ONCE WE HAVE THIS DATA COLLECTED, WE WILL BE REVISING THE IMPACT GOALS. AND THEN WE GO BACK TO SOMETIMES COLLECT MORE DATA. SO WITH THIS, THIS IS WHAT WE WILL BRING TO THE BOARD, THE SCIENCE SUBCOMMITTEE, AND NEURO TASK FORCE, AND ACCESSIBILITY AND AFFORDABILITY WORKING GROUP FOR DISCUSSION IN THE UPCOMING MEETINGS.

NOW, WE WILL BE VERY DENSE, AND I'M GOING TO TALK ABOUT A LITTLE BIT HOW ARE WE GOING TO DO THAT IN THE NEXT FEW SLIDES.

SO THESE ARE THE CATEGORIES, AS I MENTIONED, FOLLOWING THE MANDATE TO DEVELOP THIS PRIORITIZATION STRATEGY. WE DISTILLED THE FOLLOWING FOUR CATEGORIES THAT ARE COMPLETELY ALIGNED WITH OUR EXISTING STRATEGIC PLAN AND PROP 14'S AREAS OF FOCUS. AND THEN AFTER WE DEVELOPED THIS, WE STARTED THINKING ABOUT WHAT WERE THE IMPACT GOALS IN EACH ONE OF THEM THAT WE NEEDED TO DEFINE IN ORDER TO ACHIEVE OUR MISSION AND HAVE OUR MOST IMPACT.

SO HERE ARE THE IMPACT GOALS. AND, AGAIN, THEY ARE STILL UNDER DRAFT, AND THAT'S WHY WE HAVE

"DRAFT" ON THE REVIEW. SO THE FIRST, AND BASICALLY THIS IS OUR WORKING HYPOTHESIS, THIS SET OF GOALS IS OUR WORKING HYPOTHESIS. AND WE ARE PRESENTING THEM TO YOU TODAY AS PART OF THE DISCUSSION OF THE PROCESS THAT WE ARE UNDERTAKING. AND WE HAVE A SOFTWARE UPDATE. AND JUST TO GIVE AN INDICATIVE IDEA OF WHAT WE ARE THINKING AND WHAT WE'LL BE COMING TO YOU WITH IN THE NEXT FEW MEETINGS.

SO THE FIRST MEETING, WHICH IS SCHEDULED FOR SEPTEMBER -- SORRY -- JULY 11TH, WHICH IS IN A COUPLE OF WEEKS, WE ARE GOING TO FOCUS ON THE FIRST TWO GOALS THAT ARE WITHIN THE REMIT OF THE ACCELERATING DISCOVERY AND TRANSLATION. THE FIRST GOAL, WE'VE HEARD ABOUT THIS BECAUSE IT ALREADY CAME OUT OF THE SURVEY FROM NEURO. AND WE'VE CONFIRMED WITH INDUSTRY MEMBERS THAT THIS IS ONE OF THE MAIN FOCUS, THAT THERE IS A NEED FOR INVESTMENT, IS TO CATALYZE IDENTIFICATION AND VALIDATION OF NOVEL TARGETS AND BIOMARKERS, NEW DISEASE MECHANISMS TO FURTHER DIG DOWN INTO THE DISEASE MECHANISMS NOT ONLY FOR NEURO, BUT ALSO FOR OTHER DISEASES. AND ENSURE INTEGRATION OF THIS INTO PRECLINICAL OR CLINICAL RESEARCH FOR DISEASE IN CALIFORNIA. THAT MEANS COMMON DISEASES AS WELL AS RARE DISEASES.

AND THIS COMES BACK TO A QUESTION THAT

FRED FISHER, BOARD MEMBER FRED FISHER, ASKED THE IMPACT OF CIRM. WE ARE SUPPOSED TO ACCELERATE CURES. OUR MANDATE IS TO PROVIDE CURES TO CALIFORNIA. YES, THAT'S OUR MANDATE, BUT SOME OF THOSE CURES WILL BE THROUGH THE CELL AND GENE THERAPY. SOME OF THEM WILL BE BY LEVERAGING STEM CELLS AND GENETIC RESEARCH THAT HELPS US ACCELERATE THE PATH TO THINGS THAT WE WOULD NEVER GET TO. AND THAT WILL AFFECT COMMON AND PREVALENT DISEASES BECAUSE COMMERCIALIZATION OF PREVALENT DISEASES IS NOT GOING TO BE SOMETHING THAT CIRM CAN DO ON ITS OWN. SO THAT'S WHY WE NEED TO HAVE THIS KIND OF IMPACT GOAL.

THE SECOND ONE IS ACCELERATE THE DEVELOPMENT AND UTILIZATION OF TECHNOLOGIES THAT DEMONSTRATE IMPROVEMENTS IN SAFETY, EFFICACY, AND QUALITY OF CELL AND GENE THERAPIES. THIS IS GOING TO HAVE TO DO WITH THE TRANSLATIONAL BOTTLENECKS, DELIVERY OF CELL THERAPIES, IMMUNE CLOAKING, AND OTHERS THAT WE'VE BEEN HEARING. IN ORDER TO HAVE SUCCESS IN MANY OF THESE THERAPIES, YES, WE DO NEED BIOMARKERS, BUT WE ALSO NEED CERTAIN TECHNOLOGIES TO MAKE SURE THAT WE CAN GET TO COMMERCIALIZE AND ACCESS OF THESE THERAPIES SUCCESSFUL TO THE PATIENTS.

NOW, THE NEXT ONE IS THE GOAL THAT WILL COME IN AUGUST. THE AUGUST NEURO TASK FORCE AND SCIENCE SUBCOMMITTEE WILL BE FOCUSED ON THE GOALS WITHIN THE CATEGORY OF CELL AND GENE THERAPY APPROVALS. THESE TWO GOALS ARE, ONE, IS ADVANCE AT LEAST X RARE DISEASE PROJECTS TO BLA. THE X WILL BE DEFINED TOGETHER WITH THE BOARD. AND THE SECOND, WE HAVE IT AS PROPEL X THERAPIES TARGETING DISTINCT PREVALENT DISEASES IN CALIFORNIA TO LATER STAGE TRIALS, INCLUDING NEUROLOGICAL CONDITION, TO SIGNIFICANTLY REDUCE MORBIDITY AND MORTALITY. WE MIGHT SHORTEN THE GOAL. WE MIGHT JUST REMOVE PREVALENT BECAUSE REALLY THIS HAS TO DO MORE WITH TRANSLATIONAL BOTTLENECKS AS WELL, AND WE MIGHT BE PERTINENT TO BOTH RARE AND PREVALENT. BUT THOSE ARE THE GOALS THAT WE COULD HAVE WITHIN THE CATEGORY OF CELL AND GENE THERAPY APPROVALS.

THE NEXT ONE IS THE ONE THAT HAS BEEN UNDER WORK IN COLLABORATION WITH THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP. OBVIOUSLY, IF WE ARE DEVELOPING THESE THERAPIES, WE WANT TO ENSURE THAT EVERY CIRM-FUNDED PROJECT COMPLETING A LATER STAGE CLINICAL TRIAL HAS A STRATEGY THAT ENABLES ACCESS AND AFFORDABILITY BY ALL CALIFORNIA PATIENTS, PARTICULARLY UNDERSERVED POPULATIONS.

AND THE LAST ONE IS OUR DIVERSE WORKFORCE DEVELOPMENT, PROVIDING OPPORTUNITY FOR ALL. WE HAVE, AS JEN LEWIS MENTIONED THIS MORNING, WE HAVE INVESTED NEARLY HALF A BILLION DOLLARS IN OUR EDUCATION PROGRAMS. IN PROP 14 WE INITIATED THE NEXT ROUND OF ALL THE PROGRAMS FOR FIVE YEARS, BUT OBVIOUSLY THIS WILL BE COMING TO AN END IN THE NEXT COUPLE OF YEARS AT DIFFERENT MOMENTS. AND WE NEED TO MAKE SURE THAT WE ENHANCE THE INTEGRATION AND REAL-WORLD APPLICATION OF THESE TRAINING PROGRAMS THROUGH STRATEGIC PARTNERSHIPS AND REFORMULATE RECOMMENDATIONS THAT WILL ALLOW US TO DO THAT.

NOW, RIGHT NOW WE ARE HERE UNDER THE 6/27/24 ICOC. MY COLLEAGUE, DR. GIL SAMBRANO, HAS PRESENTED ON THE FLOW CONTROL EVALUATION. AND MY COLLEAGUES, JEN LEWIS AND POUNEH SIMPSON, HAVE PROVIDED THE INTERIM RESEARCH BUDGET AND THE FULL OPERATIONS BUDGET AS WE PREDICTED THAT WOULD HAPPEN BACK IN MARCH. AND NOW WE ARE COMING TO YOU TO PROVIDE YOU WITH AN UPDATE OF MORE SPECIFICS OF WHAT OUR GOING TO BE MEETINGS CONTAINING WHICH IS WHAT I JUST TALKED ABOUT BETWEEN NOW AND SEPTEMBER. SO WE'VE BEEN COLLECTING DATA AND ANALYZING.

AND ON THE JULY MEETING, 7/11, WE WILL BE COMING FOR THE FIRST TWO GOALS. I'M ACTUALLY GOING

TO MOVE FORWARD TO THE NEXT SLIDES BECAUSE THE NEXT SLIDES HAVE A BIT BETTER. SO ONCE WE COME IN SEPTEMBER WITH THE RECOMMENDATIONS, BETWEEN SEPTEMBER AND DECEMBER, WE WILL DEVELOP AND AMEND CONCEPTS THAT WILL BE REFLECTING THE RECOMMENDATIONS. IN SOME CASES WE WILL HAVE TO DEVELOP A NEW CONCEPT. IN SOME CASES WE WILL HAVE TO AMEND SOME CONCEPTS.

NOW, WHEN ARE WE GOING TO DO THIS AND HOW WE ARE GOING TO DO IT IS THE NEXT STEPS, THE TIMELINE AND NEXT STEPS SLIDE. RIGHT NOW WE ARE THE JUNE ICOC. GOALS 1 AND 2 WILL BE COMING AT THE JULY 11TH NEURO TASK FORCE/SCIENCE SUBCOMMITTEE. AND WE WILL REVIEW RELEVANT DATA ASSOCIATED WITH THOSE GOALS AND DISCUSS POTENTIAL RECOMMENDATIONS FOR GOAL 1 AND 2.

NOW, WE HAVE A VERY SPECIFIC FRAME FOR THESE DISCUSSIONS. THE WAY WE ARE GOING TO PRESENT IT IS WE WILL PROVIDE A QUICK BACKGROUND, AND THEN WE WILL PROVIDE A SLIDE THAT CONTAINS THE GOAL, THE QUESTIONS THAT WE DEVELOPED, AND THEN A SUMMARY OF THE DATA THAT WE HAVE COLLECTED. AND WITH THAT WE WILL GO INTO THE SPECIFIC RECOMMENDATIONS.

THERE WILL BE FOUR OR FIVE VERY DENSE SLIDES. AND THEN WE WILL HAVE A DISCUSSION. AND WE

WILL HAVE A LOT OF APPENDICES THAT WILL CONTAIN DEEP DIVES SO THAT THE BOARD, WE CAN GO INTO THAT BECAUSE WE THOUGHT, AND IF YOU THINK THAT THAT'S NOT THE WAY YOU WANT TO WORK, WE ARE HAPPY TO CHANGE THAT, BUT WE THOUGHT IT COULD BE BETTER TO FOCUS THIS WAY. A LOT OF THE QUESTIONS CAME TODAY. WE WERE TALKING ABOUT COMMERCIALIZATION VIABILITY AND CREDIBLE PATH TO MARKET FOR CELL AND GENE THERAPIES. ALL THESE KIND OF QUESTIONS AND THE ANALYSIS FOR EACH ONE OF THE DISEASES WILL BE PROVIDED WHEN WE DISCUSS THIS DURING THOSE MEETINGS.

SO THE FIRST ONE WILL BE GOAL 1 AND 2 THAT HAVE TO DO WITH DISCOVERY AND EARLY TRANSLATION. THE SECOND ONE WILL BE IN AUGUST WHERE WE WILL BE TALKING ABOUT GOALS 3 AND 4 AND DISCUSS THE ASSOCIATED DATA, RARE DISEASES, AND PARTICULARLY WE WILL BE DISCUSSING AT A VERY HIGH LEVEL WHAT IS THE PLAN FOR OPTIMIZING THE INVESTMENT OF CIRM WITH RARE DISEASES. DR. CREASEY AND HER TEAM HAVE BEEN WORKING VERY HARD, AS DR. JONATHAN THOMAS WAS MENTIONING THIS MORNING, INTO A RARE DISEASE STRATEGY. WE WILL NOT PRESENT THE STRATEGY. THE STRATEGY COULD BE COMING LATER WITH RECOMMENDATIONS, IF APPROVED, BUT WE WILL BE TALKING ABOUT HIGH LEVEL THE RATIONALE FOR THAT AND WHAT WE ARE PROPOSING.

THEN WE WILL GO INTO GOAL 5, WHICH IS THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP IN AUGUST AS WELL. AND THEN IN SEPTEMBER WE HAVE ALL THE GOALS FROM 1 TO 6 PRESENTED AT THE NEURO TASK FORCE/SCIENCE SUBCOMMITTEE COMBINED MEETING, WHICH I BELIEVE IS SEPTEMBER 13TH, CLAUDETTE. THE SEPTEMBER NEURO TASK FORCE/SCIENCE SUBCOMMITTEE SEPTEMBER 13TH, RIGHT? AND THEN THE SEPTEMBER ICOC, WE WILL BE COMING WITH THE OVERALL PRESENTATION THAT WILL HAVE BEEN PRESSURE TESTED THROUGH ALL THESE MEETINGS AND WILL CONTAIN ALL THE FEEDBACK RECEIVED FROM THE DIFFERENT MEMBERS OF THE BOARD AT THE SEPTEMBER ICOC. AND HOPEFULLY BY THEN WE WILL HAVE QUITE A BIT -- WE WILL HAVE A WELL WORKED OUT SET OF RECOMMENDATIONS AND AN IDEA OF THE TIMELINE AND HOW TO IMPLEMENT THEM MOVING FORWARD.

AND WITH THAT, I WOULD LIKE TO OPEN THIS FOR QUESTIONS. AND I WOULD LIKE TO THANK ALL OF YOU FOR LISTENING SO PATIENTLY.

CHAIRMAN IMBASCIANI: ROSA, THAT WAS A WONDERFUL PRESENTATION. THANK YOU SO MUCH. COMMENTS FROM BOARD MEMBERS? ANNE-MARIE.

DR. DULIEGE: ROSA, I'M VERY SORRY. THANK YOU FOR A REALLY GOOD PRESENTATION. WE'RE NOT DOING JUSTICE TO YOU AND YOUR WORK AND THE WORK OF YOUR

TEAM IN THAT, BEING AT THE END OF THE DAY, I AM QUITE WORN OUT AND IT'S SUPER LATE. SO LET ME JUST SAY QUICKLY TWO THINGS. THANK YOU TO YOU. THANK YOU TO THE ENTIRE CIRM TEAM FOR AN IMMENSE SET OF PRESENTATION, HIGH QUALITY.

JUST BEFORE I RUSH OUT OF THE DOOR, J.T., WE HAVE HAD THE PLEASURE OF HAVING YOU AS THE HEAD OF THE ICOC AND AS INTERIM HEAD OF THE CIRM. MY UNDERSTANDING IS THAT IT'S LIKELY TO BE YOUR LAST BOARD MEETING; IS THAT RIGHT? IS THAT CORRECT?

DR. THOMAS: YES. THIS IS MY LAST BOARD MEETING.

DR. DULIEGE: SO I WOULD NEVER WAN TO LEAVE WITHOUT THANKING YOU AGAIN. I THINK YOU DESERVE A LOT OF APPLAUSE.

(APPLAUSE.)

DR. CANET-AVILES: I WANT TO ADD THAT ALL THIS COULD NOT HAVE BEEN POSSIBLE WITHOUT THE LEADERSHIP OF J.T. SO THANK YOU, J.T. OBVIOUSLY, ALL MY COLLEAGUES, BECAUSE I WAS PRESENTING ON BEHALF OF MY COLLEAGUES, THANK YOU.

DR. THOMAS: ROSA, I THINK IT'S WORTH NOTING THAT THE FACT THAT YOU ARE NOT GETTING A LOT OF COMMENTS IS IN LARGE PART A REFLECTION OF THE FACT THAT THIS HAS BEEN BROUGHT TO THE VARIOUS

SUBCOMMITTEES NUMEROUS TIMES BEFORE THIS MEETING. SO MOST PEOPLE HAVE ALREADY HEARD ALL OF THIS, BUT I WANT TO CONGRATULATE YOU AND SARA. ARE YOU OUT THERE?

DR. CANET-AVILES: AND THOMAS AND SHYAM AS WELL, THEY'VE BEEN VERY INTEGRALLY INVOLVED. I WANT TO THANK THEM. SARA HAS BEEN INSTRUMENTAL, THOMAS ALSO. YOU GUYS SHOULD STAND UP BECAUSE YOU'VE DONE AN AMAZING JOB AND YOU ARE STILL DOING.

(APPLAUSE.)

DR. CANET-AVILES: SHYAM HAS BEEN LEADING ALL THE EXTERNAL DATA COLLECTION. SO I JUST WANT TO MAKE SURE, AND OBVIOUSLY JEN AND GIL AND J.T. AND ABLA, EVERYBODY.

DR. THOMAS: ALL THE MEMBERS OF THE LT INCLUDING GEOFF.

MR. TOCHER: IF THERE IS NO MORE BOARD COMMENT -- SORRY. WE HAVE PUBLIC COMMENT AFTERWARDS.

DR. GASSON: I JUST WANT TO THANK ROSA AND ADD MY COMMENTS TO ANNE-MARIE'S. I DON'T THINK THERE'S ANYTHING WE COULD BE DOING RIGHT NOW THAT COULD BE MORE IMPORTANT THAN THIS PARTICULAR PROCESS. OUR TIME AND OUR RESOURCES ARE LIMITED. I THINK IT'S SO IMPORTANT THAT WE GATHER THE DATA THAT

YOU'RE TALKING ABOUT AND ASK THE HARD QUESTIONS. WHERE CAN CIRM DO SOMETHING THAT NOBODY ELSE CAN DO? I THINK WE'VE DEMONSTRATED LARGELY THROUGH LEADERSHIP, ABLA'S AND SO THROUGH THE NEUROSCIENCE TASK FORCE, THAT WE CAN ASK AND ANSWER THOSE QUESTIONS. AND I'M REALLY EXCITED ABOUT THE FUTURE FOR THIS ORGANIZATION AND THE IMPACT THAT WE CAN HAVE IN UNMET MEDICAL NEEDS. THIS IS JUST A HUGE, HUGE EFFORT, AND I JUST WANT TO THANK ALL OF YOU, J.T., THE STAFF, YOU, ROSA FOR UNDERTAKING THIS. THIS IS JUST SO CRITICALLY IMPORTANT, AND I'M HONORED TO BE A VERY SMALL PART OF IT. SO THANK YOU.

DR. CANET-AVILES: THANK YOU, JUDY. AND THANK YOU TO YOU BECAUSE WITHOUT YOU, WE COULD NOT HAVE STARTED THE NEURO TASK FORCE. AND IT STARTED A LOT OF THIS, SO THANK YOU, JUDY.

CHAIRMAN IMBASCIANI: OKAY. ANY OTHER COMMENT?

DR. CANET-AVILES: SO WE WILL LEAVE THE SEPTEMBER RECOMMENDATIONS FOR THE LAST PART OF THE DAY. LOOKS LIKE AN EFFICIENT TIME. WE'LL DO THAT.

MR. TOCHER: WE'LL HAVE GIL GO BEFORE YOU.

DR. CANET-AVILES: IN THE MIDDLE.

CHAIRMAN IMBASCIANI: SO I CAN PROCEED NOW

TO ASK GEORGE BLUMENTHAL --

MR. TOCHER: WAIT. WAIT ONE SECOND. I UNDERSTAND THAT THERE'S PUBLIC COMMENT ON THE ITEM.

CHAIRMAN IMBASCIANI: DO I NEED IT IF THIS IS NOT A MOTION TO VOTE?

MR. TOCHER: IT DOESN'T MATTER. WE TAKE PUBLIC COMMENT ON THE ITEMS. IS THERE PUBLIC COMMENT? IF NOT, THEN LET'S JUST MOVE ON.

MR. REED: MY NAME IS DON REED.

MR. TOCHER: GO AHEAD, DON. YOU HAVE THREE MINUTES.

MR. REED: TO HONOR CIRM ON ITS 20TH ANNIVERSARY. THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE, CIRM, IS THE EMBODIMENT OF A GREAT DREAM, THAT CURES MAY COME. BOTH FROM THE CITIZENS INITIATIVE, PROPOSITION 71, CIRM EXPRESSES THE WILL OF CALIFORNIA, THAT REGENERATIVE MEDICINE SHOULD FIGHT CHRONIC DISEASE AND DISABILITY.

ONE JOYOUS VICTORY WAS OVER SEVERE COMBINED IMMUNE DEFICIENCY, SCID, AS IN THE JOHN TRAVOLTA, "BOY IN A PLASTIC BUBBLE." TRAGICALLY THE REAL LIFE BOY BEHIND THAT MOVIES DIED. BUT THANKS TO CIRM-FUNDED THERAPY, 50 CHILDREN HAVE NOW SURVIVED THAT DISEASE. THE SAME THERAPY THAT HELPED KIDS WITH SCID MAY ONE DAY DEFEAT THE AGONIZING

BLOOD DISEASE, SICKLE CELL ANEMIA. BUT WE WANT MORE.

WE WANT THE BLIND TO LOOK AT BIRDS AND SEE EACH FEATHER, FOR THOSE WITH HEARING DEFICIENCIES TO FULLY COMPREHEND THE CONVERSATION, FOR MISSING CARTILAGE TO BE REPLACED INSIDE ARTHRITIC JOINTS, FOR DAMAGED HEARTS TO BE REPAIRED LIKE PATCHING A BICYCLE TIRE, THAT CIRM-ENHANCED THERAPIES MAY ONE DAY LET CANCER BE EATEN BY THE BODY'S OWN DEFENSE SYSTEM. NEURO DISORDERS LIKE HUNTINGTON'S DISEASE OR SCHIZOPHRENIA ARE BEING CHALLENGED RIGHT NOW TO FIGHT THAT DEVASTATION. AND PARALYSIS WITH WHICH MY BRAVE SON ROMAN HAS SUFFERED 30 YEARS, THANKS TO STEM CELLS, YOUNG MEN AND WOMEN HAVE REGAINED UPPER BODY STRENGTH AND CONTROL.

CIRM THERAPIES WILL BENEFIT PATIENTS IN THIS LIFETIME AND ON A PERMANENT BASIS. WE TREASURE THE MEMORY OF PROP 71 AND BOB KLEIN, THE MAN WHO BEGAN IT. CIRM IS HIS LEGACY AND OURS, A LIVING LEGACY DEVELOPING NEW THERAPIES AND CURES. WE HONOR CIRM'S STRUGGLE, ITS EMBATTLED PAST, GATHERING HUNDREDS OF THOUSANDS OF SIGNATURES JUST TO GET ON THE BALLOT, EARNING THE VOTES TO PASS AND RENEW FUNDING FOLLOWING, AS WE INHALED BREATH, THAT CLINICAL TRIALS GOING ON RIGHT NOW AND GLORIOUS

TOMORROW WHICH OUR SCIENTISTS ARE BUILDING TODAY.

THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE, CONGRATULATIONS ON YOUR 20TH ANNIVERSARY. MILLIONS MAY NEVER KNOW YOUR NAME, BUT WE DO. ON BEHALF OF ALL WHO SUFFER NOW YET LIVE IN HOPE THAT CURE MAY COME, THANK YOU.

CHAIRMAN IMBASCIANI: THANK YOU SO MUCH FOR THOSE REMARKS. I'M TURNING NOW TO PEOPLE THAT ARE IN THE ROOM. THANK YOU FOR YOUR PRESENCE.

MS. NYE: HELLO AND THANK YOU, CIRM, FOR HAVING US HERE TODAY. MY NAME IS KIM NYE, AND I'M A MOTHER OF FOUR CHILDREN WITH TWO AFFECTED BY RARE AND NEUROLOGICAL DISEASE. MY CHILDREN ARE FIFTH GENERATION CALIFORNIANS, AND MY FAMILY IS DEEPLY CONCERNED ABOUT THE IMPACT OF RARE DISEASES ON FAMILIES AND ON OUR STATE'S HEALTHCARE SYSTEM.

RARE DISEASES AFFECT ONE IN TEN CALIFORNIANS, TOTALING APPROXIMATELY 3 MILLION RESIDENTS. INCLUDING THEIR FAMILIES, THIS REACHES 9 MILLION CALIFORNIANS EMOTIONALLY, PHYSICALLY, AND FINANCIALLY. I ENCOURAGE EVERYONE TO READ THE LETTER RARE DISEASE ADVOCATES SUBMITTED TO CIRM, WHICH WAS SIGNED BY MORE THAN A THOUSAND CALIFORNIANS IN ONLY A FEW DAYS.

WHEN OUR DAUGHTER TESSA WAS BORN, WE

THOUGHT WE WERE HAVING A HEALTHY BABY. BUT TESSA BEGAN HAVING UNEXPLAINED SEIZURES SHORTLY AFTER BIRTH. WE SAW HER DIAGNOSIS SHIFT FROM BENIGN SEIZURES TO CATASTROPHIC EPILEPSY. WE TRIED DOZENS OF MEDICATIONS IN DIFFERENT COMBINATIONS, BUT THEY ALL FAILED TESSA FOR MORE THAN A DECADE. SHE WAS HAVING HUNDREDS OF SEIZURES A DAY, AND WE HAD NO IDEA WHY.

I DROPPED OUT OF GRADUATE SCHOOL TO BE WITH TESSA DURING HER LONG HOSPITAL STAYS, HER NEVER ENDING DOCTOR'S APPOINTMENTS, AND SEEMINGLY DIAGNOSTIC ODYSSEY. TEN YEARS LATER, OUR LIVES WERE FOREVER CHANGED AGAIN WHEN TESSA'S BABY BROTHER COLTON ALSO BEGAN SEIZING SHORTLY AFTER HE WAS BORN.

COLTON'S BIRTH MADE THE MEDICAL PUZZLE CLEARER. AND THE GENETICS RESEARCHER, NOW AT RADY CHILDREN'S HOSPITAL IN SAN DIEGO, IDENTIFIED THE GENETIC MARKER FOR THE DISEASE, SLC13A5. SLC13A5 EPILEPSY AFFECTS CHILDREN WORLDWIDE WITH THOUSANDS OF SEIZURES, DEVELOPMENTAL DELAY, AND AN INABILITY TO SPEAK MORE THAN A FEW WORDS.

TRAPPED IN THEIR BODIES, THEY REQUIRE 24-HOUR LIFELONG CARE, INCLUDING EXTENSIVE MEDICAL AND EDUCATIONAL SUPPORTS. CHILDREN WITH RARE NEUROLOGICAL DISEASES ARE HEAVY USERS OF

CALIFORNIA'S HEALTHCARE SYSTEM, COSTING HUNDREDS OF THOUSANDS OF DOLLARS YEARLY PER PERSON THROUGH MEDI-CAL AND OTHER STATE SERVICES. THIS BURDEN CAN BE ALLEVIATED BY FINDING EFFECTIVE TREATMENTS, ENABLING INDEPENDENCE, AND REDUCING RELIANCE ON SPECIALIZED CARE.

IN 2015 OUR FAMILY FOUNDED TESS RESEARCH FOUNDATION TO ACCELERATE RESEARCH AND THERAPY DEVELOPMENT. COLLABORATING WITH RESEARCHERS, CLINICIANS, AND FAMILIES, WE'VE MADE SUBSTANTIAL PROGRESS DERIVING OVER $2.5 MILLION IN RESEARCH, PARTNERING TO COLLECT, ANALYZE, AND SHARE DATA, AND FUNDING THE DEVELOPMENT OF A PROMISING GENE THERAPY.

THIS THERAPY AIMS TO BENEFIT ALL AFFECTED CHILDREN, NOT JUST MINE. THIS IS NOT AN N OF 1 MEDICATION. AND BY INVESTING IN THE INITIAL DEVELOPMENT AND DERISKING THE PROGRAM, WE WERE ABLE TO PARTNER WITH A DRUG COMPANY TO PRODUCE A CLINICAL TRIAL READY DRUG. BUT WHEN THE BIOTECH MARKETS FALTERED A FEW YEARS AGO, OUR PROGRAM AND PROSPECTIVE CLINICAL TRIALS WERE ABANDONED. TO BE CLEAR, IT WAS ABANDONED BY BIOTECH DUE TO FUNDING, NOT DUE TO THE SCIENCE.

CIRM SUPPORT IS CRUCIAL FOR ADVANCING OUR CLINICAL TRIALS. RARE DISEASES, LIKE SLC13A5

EPILEPSY, ARE LIFELONG, LIFE-LIMITING, AND LIFE ENDING. SO THE RISK BENEFIT PROFILE WEIGHS IN FAVOR OF TRIALING GENETIC THERAPIES TO IMPROVE OUTCOMES AND REDUCE LIFELONG HEALTHCARE COSTS. DOING NOTHING IS DOING HARM. BUT WE PARENTS CANNOT FUND CLINICAL TRIALS WITH BAKE SALES AND LEMONADE STANDS. CALIFORNIA'S INVESTMENT IN RESEARCH MADE OUR THERAPY POSSIBLE. CONTINUING THIS SUPPORT IS ESSENTIAL FOR OUR CHILDREN AND FAMILIES. PLEASE CONTINUE TO SUPPORT FUNDING FOR RARE NEUROLOGICAL DISEASES IN CALIFORNIA. THANK YOU.

MS. SON-RIGBY: HELLO. THANK YOU FOR THE OPPORTUNITY TO SPEAK. I'M CHARLENE SON-RIGBY, THE CEO OF GLOBAL GENES. WE ARE A PATIENT ADVOCACY ORGANIZATION THAT WORKS ACROSS RARE DISEASES, AND WE HAVE A MEMBERSHIP OF OVER 750 PATIENT ADVOCACY GROUPS.

I'M ALSO THE MOM OF A GIRL WHO HAS A VERY RARE, DEBILITATING NEUROGENETIC DISORDER CALLED SXTBP1-RELATED DISORDER. MY DAUGHTER TURNED 11 ON MONDAY. AND SHE WAS DIAGNOSED WHEN SHE WAS THREE YEARS OLD. AT THAT TIME THERE WERE 200 PATIENTS IN THE WORLD AND ONLY A HANDFUL OF RESEARCHERS. SO WE STARTED THE SXTBP1 FOUNDATION WITH FIVE OTHER FAMILIES. AND THREE OF US ARE BASED IN CALIFORNIA.

SO IN SIX YEARS WE'VE GONE FROM ZERO THERAPIES IN PIPELINE TO 15 IN PRECLINICAL DEVELOPMENT. AND WE'VE IDENTIFIED OVER A THOUSAND PATIENTS. AND THIS IS A STORY I HEAR AGAIN AND AGAIN IN MY WORK IN GLOBAL GENES. AND AS YOU JUST HEARD FROM KIM NYE, ADVOCATES ARE THE ONES WHO ARE KICK-STARTING RESEARCH AND DRIVING RESEARCH PROGRESS IN THEIR DISORDERS.

NOW, WHY IS THIS? ONLY 5 PERCENT OF RARE DISEASES, AS YOU KNOW, HAVE AN APPROVED TREATMENT, AND THERE IS A TREMENDOUS UNMET NEED. THERE ARE OVER 10,000 RARE DISEASES, AND MANY OF THESE DISEASES, AS WE GO FROM RARE TO ULTRA RARE TO EXTREMELY RARE, HAVE ONLY 50 PATIENTS OR 2,000 PATIENTS DIAGNOSED. AND IT'S EXTREMELY DIFFICULT TO GET BIOPHARMA OR ANY COMMERCIAL INTEREST IN A DISEASE ESPECIALLY IF THERE'S NO FOUNDATIONAL RESEARCH OR POTENTIAL THERAPIES TO LICENSE WHERE THERE HAS BEEN SOME DERISKING.

PATIENTS, RARE PATIENTS, AND ADVOCACY GROUPS ARE CURRENTLY RAISING MONEY THROUGH BAKE SALES, CAR WASHES, SOCIAL MEDIA TO FUND RESEARCH. AND IN FACT, IN CALIFORNIA, GLOBAL GENES HAS 62 MEMBER PATIENT ADVOCACY ORGANIZATIONS, AND 77 PERCENT OF THEM RANK RESEARCH IN THEIR TOP THREE

PRIORITIES. SO THESE GROUPS ARE FUNDING A LOT OF RESEARCH, AND THEY CANNOT DO THIS ALONE. THEY CANNOT SHOULDER THIS BURDEN ALONE.

CIRM IS A KEY SOLUTION HERE, ENABLING PATIENT ADVOCACY GROUPS AND RESEARCHERS TO ACTUALLY PARTNER TO TACKLE DEVELOPING THESE URGENTLY NEEDED TREATMENTS. AND THIS IS ONE WHERE ADVOCATES AND ADVOCACY GROUPS ARE NOT THEN SHOULDERING ALL OF THE BURDEN. AS A GOVERNMENT FUNDER, CIRM ALSO HAS THE POTENTIAL TO MITIGATE SIGNIFICANT INEQUITIES THAT HAPPEN TODAY BECAUSE PATIENT AND PATIENT ADVOCACY GROUPS WITH THE RESOURCES ARE USUALLY ONES LED BY FAMILIES IN HIGH SOCIOECONOMIC CATEGORIES.

IT'S WORTH NOTING THAT 80 PERCENT OF RARE DISORDERS ARE CAUSED BY SPECIFIC GENETIC CONDITIONS. AND THESE ARE MOST EFFECTIVELY ADDRESSED BY THE TYPES OF MEDICAL INTERVENTIONS THAT CIRM WAS DESIGNED TO FUND. AND WITH ONE IN TEN CALIFORNIANS HAVING A RARE DISEASE, THERE'S SIGNIFICANT POTENTIAL TO IMPROVE THE LIVES ACROSS A LARGE PART OF THE POPULATION.

SO I'M ASKING PLEASE CONTINUE TO FUND RARE AND ORPHAN DISEASE RESEARCH AS OUTLINED IN CIRM'S BYLAWS. CALIFORNIA'S RARE FAMILIES URGENTLY NEED EFFECTIVE THERAPIES. THANK YOU.

MR. GRAGLIA: HELLO. MY NAME IS MIKE GRAGLIA. THANK YOU FOR THE OPPORTUNITY TO SPEAK. I'VE BEEN A CALIFORNIAN MOST OF MY LIFE, AND I LOVE THIS STATE FOR MANY REASONS, INCLUDING THE FACT WE ARE LEADERS IN THIS NATION.

MY SON TONY IS TEN. HE WAS DIAGNOSED WITH SYNGAP1 AT STANFORD AT THE AGE OF FOUR. MY WIFE AND I, REALIZING HOW LITTLE WAS UNDERSTOOD ABOUT THE RARE NEUROLOGICAL DISEASE, CREATED THE SYNGAP RESEARCH FUND TO ACCELERATE RESEARCH. I LEFT THE PAID WORKFORCE TO LEAD THIS EFFORT FOR THE PAST FIVE YEARS.

SRF, A CALIFORNIA BASED 501(C)(3), HAS COMMITTED $6 MILLION TO SCIENCE AND RESEARCH IN AS MANY YEARS. MULTIPLE GRANTEES FROM STANFORD, DAVIS AND USC HAVE APPLIED TO CIRM FOR SUPPORT, BUILDING ON EARLY WORK THAT OUR FAMILY SUPPORTED.

THIS DISEASE IS NOT LIFE-LIMITING, THANK GOD. BUT IT MEANS THAT TONY WILL COST THE STATE TREASURY VIA MEDI-CAL AND HIS REGIONAL CENTER FOR THE REST OF HIS LIFE. THE FINANCIAL, EMOTIONAL, PHYSICAL, AND CAREER BURDEN ON THE FAMILY IS SIMPLY OVERWHELMING.

WHILE WE HAVE ONLY 500 DIAGNOSED PATIENTS STATESIDE, OUR PREDICTED INCIDENCE IS SIX PER

100,000. WE ARE RADICALLY UNDERDIAGNOSED. THE KIDS WITHOUT THE GENETIC DIAGNOSIS THAT HAVE SYNGAP COST THE STATE EVEN MORE THAN MY SON. AS AN ADDITION TO THE EXTENSIVE CARE THEY REQUIRE, THEY ARE ON A DIAGNOSTIC ODYSSEY. THERE ARE NO THERAPIES TODAY FOR SYNGAP1, BUT YOU CAN FIND A PIPELINE ON MY WEBSITE, CURESYNGAP1.ORG, WHERE WE DESCRIBE A DOZEN ASO'S OR CELL AND GENE THERAPIES THAT ARE UNDER DEVELOPMENT.

LIKE MY COLLEAGUES AND HEROES, KIM AND CHARLENE, I URGE YOU TO RE-COMMIT TO RARE DISEASE AND READ CAREFULLY THE LETTER THAT WAS SIGNED BY OVER A THOUSAND PEOPLE. I HAVE THREE SPECIFIC POINTS. AS CIRM SEEMS TO BE MOVING AWAY FROM RARE TOWARDS LARGER INDICATIONS LIKE ALZHEIMER'S TYPE 2, MS, AND ALS, ALREADY INCREDIBLY WELL FUNDED BY NIH AND INDUSTRY, MAYBE THE ASSUMPTION IS THAT OUR PATIENTS ARE TOO UNIQUE, TOO FEW TO MERIT SUCH INVESTMENT.

INDEED, I ARGUE THE OPPOSITE IS TRUE. THEY ARE THE BEST DEAL IN TOWN. DUE TO HIS SYNGAP1 INSUFFICIENCY, MY SON HAS EPILEPSY, AUTISM, INTELLECTUAL DELAY, DISTURBED SLEEP, AND SEVERE BEHAVIORS. THAT'S JUST MY TOP FIVE OF HIS 20 ICD10 CODES.

BY UNDERSTANDING AND TREATING SYNGAP1-RELATED DISORDERS, WE ARE LEARNING ABOUT ALL OF THESE TERRIBLE CONDITIONS. THREE MILLION CALIFORNIANS WITH RARE DISEASE AFFECTING 9 MILLION FAMILIES IS SCARY ENOUGH, BUT HOW MANY CALIFORNIANS HAVE EPILEPSY OR ID, AUTISM? SYNGAP1 IS ONE OF THE MOST HIGHLY ASSOCIATED AUTISM GENES. WE'RE ALSO ASSOCIATED WITH SCHIZOPHRENIA. BY TACKLING THESE SPECIFIC MONOGENIC INDICATIONS, WE GET A WINDOW INTO ALL OF THESE SYMPTOMS THAT THESE CHILDREN HAVE.

ALSO I'VE HEARD A LOT ABOUT DEI TODAY. YOU MUST APPRECIATE THAT RARE NEUROLOGICAL DISEASES ARE OFTEN DE NOVO AND, IN FACT, HAVE ETHNICITIES AND INCOME LEVELS WITHOUT DISCRIMINATION. WITH THAT SAID, THE BURDEN FOR DISEASES THAT DOCTORS HAVEN'T HEARD ABOUT AND ARE NOT ON APPROVED LABELS IS DISPROPORTIONATELY HIGH FOR DIVERSE COMMUNITIES. IF YOU RECOGNIZE THIS TRUTH, THEN IT FOLLOWS THAT INVESTING IN RARE ACTUALLY SUPPORTS YOUR DEI FOCUS BECAUSE THESE FAMILIES WILL BENEFIT DISPROPORTIONATELY WHEN WE HAVE ACTUAL THERAPIES FOR THESE DISEASES.

FINALLY, IN PROPOSITION 14, THE MEMBERSHIP OF THE ICOC IS CLEARLY DEFINED AND TO MY MIND DISAPPOINTINGLY FAILS TO INCLUDE RARE NEUROLOGICAL

DISEASES. THERE ARE TWO SPOTS ON THAT THAT ARE NOT PRESCRIBED AS I READ IT. AND I WOULD URGE YOU TO APPOINT AT LEAST ONE CALIFORNIA-BASED RARE DISEASE LEADER TO THIS BOARD.

IN SUMMARY, I URGE, IF NOT BEG CIRM TO CONTINUE TO LEAD IN THE AREA OF REGENERATIVE MEDICINE BY FOCUSING ON RARE DISEASE. THANK YOU AGAIN.

CHAIRMAN IMBASCIANI: THANK YOU FOR THOSE STATEMENTS. IS THERE ANY OTHER MEMBER OF THE PUBLIC EITHER IN THE ROOM OR ONLINE THAT WANTS TO ADD TO OUR TESTIMONY HERE TODAY? IF NOT -- WE DO HAVE SOMEONE.

MS. MANDAC: WE DO HAVE ONE HAND RAISED, DR. WEISS.

DR. WEISS: THANK YOU. CAN YOU HEAR ME OKAY?

CHAIRMAN IMBASCIANI: YES.

DR. WEISS: GREAT. SO THANK YOU TO THE CIRM ICOC BOARD AND EVERYONE SITTING THROUGH THIS VERY LONG DAY, SO I'LL MAKE IT VERY SHORT. MY NAME IS YAEL WEISS. I'M THE CEO OF A COMPANY CALLED MAHZI THERAPEUTICS. WE'RE A CIRM GRANTEE, AND I'D LIKE TO TELL ABOUT THE GRANT THAT WE RECEIVED AND HOW IT REPRESENTS THE BEST OF CALIFORNIA.

BEFORE THAT, I'D JUST LIKE TO MENTION JULIE SAID WHAT CAN CIRM DO THAT -- I WROTE IT DOWN. WHY CAN CIRM DO SOMETHING NO ONE ELSE CAN? SO I THINK CALIFORNIA, BEING IN THE FOREFRONT OF DIAGNOSTICS, OF GENETIC DIAGNOSTICS, ILLUMINA NOT BEING IN THE STATE, RADY'S CHILDREN'S HOSPITAL LEADING THE FOREFRONT OF NEWBORN GENETIC SCREENING, THERE WILL BE HUNDREDS, IF NOT THOUSANDS, OF PATIENTS WITH GENETIC DIAGNOSIS COMING UP AND NEEDING TREATMENT. AND GENETIC TREATMENTS IS THE TREATMENT FOR THESE DISORDERS. AND THIS IS ALSO, WHEN ROSA SHOWED THE GRAPHS ON GENE THERAPIES, YOU PROBABLY NOTED, AND I DON'T KNOW IF IT WAS ON THE GRAPH, THAT THE GENETIC DISORDERS ARE THE ONES THAT BENEFIT MOST FROM THESE GENE THERAPIES. SO THESE HAVE THE HIGHEST LIKELIHOOD OF SUCCESS.

WE ACTUALLY PARTNERED WITH A CALIFORNIA-BASED ADVOCACY GROUP, THE HOPKINS RESEARCH FOUNDATION, THAT FUNDED WORK, AS CHARLENE AND KIM AND MIKE SAID, THROUGH BAKE SALES AND CAR WASHES. THEY FUNDED WORK IN PROFESSOR ALYSSON MUOTRI'S LAB AT UCSD, WHO IS ALSO A CIRM GRANTEE. AND HE DEVELOPED A GENE THERAPY FOR HOPKINS. THIS THERAPY WAS LICENSED BY MAHZI THERAPEUTICS, AND WE'RE NOW ADVANCING IT INTO THE CLINICAL. SO IT

WILL BE IN THE CLINIC IN 2025. SO IF YOU CONNECT ALL THE DOTS WITH THE GENETIC DISEASE THAT HAS A HIGH LIKELIHOOD OF BENEFITING FROM A GENE THERAPY AND ALL THE WORK BEING CONDUCTED IN CALIFORNIA, THIS COULD BE AN AMAZING CIRM STORY. AND I'M KEEPING MY FINGERS CROSSED THAT THIS WILL INDEED HAPPEN.

AND I'VE BEEN IN INDUSTRY FOR MANY, MANY YEARS, IN BIG PHARMA AND IN BIOTECH, AND STARTED MAHZI TO WORK WITH THE PATIENT ADVOCACY GROUPS. I'VE NEVER HAD SUCH A GRATIFYING TIME IN MY CAREER WORKING AND DEVELOPING THERAPIES AS I DO NOW WORKING WITH PEOPLE LIKE CHARLENE AND MIKE AND KIM AND OTHERS WHO YOU WILL MEET ALONG THE WAY. AND I URGE YOU TO CONTINUE MAKING A DIFFERENCE TO THESE FAMILIES BECAUSE IT'S CRITICAL FOR THEM. SO THANK YOU.

CHAIRMAN IMBASCIANI: THANK YOU, MS. WEISS. APPRECIATE YOUR REMARKS.

I WOULD NOW LIKE TO MOVE ON TO OUR FINAL ITEM ON THE AGENDA. AND THAT WILL BE AN UPDATE ON THE PRESIDENTIAL SEARCH COMMITTEE, AND THAT WILL BE GIVEN BY GEORGE BLUMENTHAL.

DR. BLUMENTHAL: THANK YOU. KNOWING THAT I STAND BETWEEN YOU AND WATCHING A DEBATE, I'LL BE BRIEF.

IN TERMS OF THE PRESIDENTIAL SEARCH, AS I THINK WE'VE REPORTED -- THE PRESIDENT OF CIRM SEARCH, AS WE'VE REPORTED BEFORE, WE HAD MORE THAN 160 APPLICANTS FOR THE POSITION. WE WHITTLED THAT DOWN TO ABOUT 16 AND MOVED TO THE SUBCOMMITTEE FOR CONSIDERATION. A SUBCOMMITTEE OF THE SEARCH COMMITTEE WENT THROUGH THOSE APPLICATIONS AND IDENTIFIED EIGHT APPLICATIONS THAT WE REGARDED AS BEING APPROPRIATE TO DO AN INITIAL INTERVIEW WITH.

ONE OF THOSE EIGHT, UNFORTUNATELY, DROPPED OUT BECAUSE SHE FELT SHE COULD NOT MOVE HER FAMILY ACROSS THE COUNTRY. SO WE ENDED UP INTERVIEWING SEVEN APPLICANTS FOR THE PRESIDENCY. AFTER THOSE INTERVIEWS, THREE OF THE COMMITTEE MET AND SELECTED THREE OF THOSE APPLICANTS TO MOVE FORWARD TO THE BOARD FOR CONSIDERATION.

ORIGINALLY WE HAD HOPED TO BRING THOSE APPLICANTS TO THIS MEETING OF THE BOARD; BUT AS YOU CAN TELL, THERE WASN'T TIME TO DO A SERIOUS EVALUATION OF THE CANDIDATES AT THIS MEETING. WE HAD MANY OTHER THINGS TO DO. SO WE'VE ESTABLISHED A SPECIAL MEETING OF THE ICOC THAT WILL TAKE PLACE ON JULY 9TH TO EVALUATE THE CANDIDATES. AND SO I REALLY WANT TO EMPHASIZE TO YOU THE IMPORTANCE OF BEING ABLE TO ATTEND THAT JULY 9TH MEETING EITHER IN

PERSON OR VIA ZOOM.

BEFORE THE JULY 9TH MEETING, WE WILL SUPPLY TO EACH OF YOU WHO ARE MEMBERS OF THE BOARD, WE'LL SUPPLY YOU WITH THE CV'S OF THE THREE REMAINING CANDIDATES. WE'LL SUPPLY YOU WITH THE COMPLETED QUESTIONNAIRE THAT THEY ALL COMPLETED WITH REGARD TO THEIR EXPERIENCE AND GOALS. AND WE WILL MAKE AVAILABLE TO YOU THE VIDEOS OF THE INTERVIEWS THAT THE SEARCH COMMITTEE HAD WITH EACH OF THOSE CANDIDATES.

AND I WOULD ENCOURAGE YOU PRIOR TO THE JULY 9TH MEETING TO REVIEW THOSE MATERIALS, INCLUDING THE VIDEOS. AT THE JULY 9TH -- ALSO, PRIOR TO THE JULY 9TH MEETING, WE WILL PROVIDE AN OPPORTUNITY FOR ALL BOARD MEMBERS TO HAVE A TRAINING IN IMPLICIT BIAS TRAINING. AND I ENCOURAGE YOU TO TAKE ADVANTAGE OF THAT OPPORTUNITY. AND THAT WILL BE FORTHCOMING TO EACH OF YOU. I WOULD POINT OUT THAT EVERY MEMBER OF THE SEARCH COMMITTEE DID IMPLICIT BIAS TRAINING PRIOR TO ENGAGING IN THE ACTUAL SEARCH.

AT THE END OF THE DAY, WE ENDED UP IN THE SUBCOMMITTEE WITH THREE FINALISTS THAT WE WANT TO BRING FORWARD TO THE BOARD. AT THE MEETING OF THE BOARD, WE WILL MEET IN CLOSED SESSION INITIALLY.

DURING THAT CLOSED SESSION, EACH OF THOSE CANDIDATES WILL COME TO THE BOARD AND WILL BE ASKED TO GIVE A BRIEF, ROUGHLY TEN-MINUTE PRESENTATION BASED ON A PROMPT THAT WE'VE SUPPLIED THEM WITH. AFTER THEIR PRESENTATION, EACH OF THE CANDIDATES WILL BE AVAILABLE FOR QUESTIONS BY THE BOARD FOR ABOUT 45 MINUTES. WE WILL DO THAT WITH EACH OF THE THREE FINALISTS IN THE HOPE THAT WE WILL HAVE A MEANINGFUL DISCUSSION AND BE ABLE TO COME TO A DECISION WITHIN THE BOARD OF WHICH CANDIDATE TO MOVE FORWARD FOR FINAL APPROVAL AS THE NEXT PRESIDENT OF CIRM.

SO I'M HOPING THAT THIS WILL ALL BE COMPLETED BY THE END OF OUR JULY 9TH MEETING. I WANT TO JUST EMPHASIZE ONE MORE THING. WE WILL BE MEETING IN CLOSED SESSION ON JULY 9TH. YOU WILL RECEIVE A LOT OF MATERIAL. ALL OF IT IS STRICTLY CONFIDENTIAL. SO I HOPE EVERYONE WILL TREAT ALL OF THE MATERIAL WE SEND YOU AS WELL AS THE DISCUSSIONS THAT TAKE PLACE BEHIND CLOSED DOORS AS CONFIDENTIAL IF FOR NO OTHER REASON THAN OUT OF RESPECT FOR THE VERY HIGH POWERED INDIVIDUALS WHO HAVE MADE OUR FINAL LIST.

SO WITH THAT, I'M CERTAINLY OPEN TO ANY QUESTIONS. BUT I WANTED TO AGAIN EMPHASIZE THE IMPORTANCE OF THIS JULY 9TH MEETING. LET ME TURN TO

MY CO-CHAIR KIM AND ASK IF YOU HAVE ANYTHING ELSE YOU'D LIKE TO ADD.

DR. BARRETT: I'LL JUST ADD THAT WE VERY MUCH APPRECIATE THE EFFORTS OF THE PRESIDENTIAL SEARCH SUBCOMMITTEE. PEOPLE REALLY ENGAGED VERY THOROUGHLY. I THINK IT'S BEEN A VERY RIGOROUS PROCESS. THOSE OF YOU WHO HAVE AN OPPORTUNITY TO WATCH THE INITIAL INTERVIEWS WILL SEE THAT THEY HAD A VERY STANDARDIZED FORMAT. SO EVERYBODY WAS ASKED THE SAME QUESTIONS. I THINK WE'VE MADE THE PROCESS AS FAIR AND UNBIASED AS IT COULD BE.

I WILL ALSO STATE THAT WE WERE VERY, VERY PLEASED WITH THE SEARCH FIRM THAT WORKED WITH US. THEY BROUGHT US A VERY EXCELLENT AND HIGHLY DIVERSE POOL. YOU WILL SEE FROM THE CANDIDATES THAT THEY HAVE A WIDE RANGE OF DIFFERENT TYPES OF SKILLS THAT IS CONSISTENT WITH THE DISCUSSIONS THAT WE HAD AROUND THE QUALITIES THAT ARE NEEDED FOR THE PRESIDENT, BUT THEY HAVE DIFFERENT BACKGROUNDS. SO IT'S GOING TO BE A VERY INTERESTING ENGAGEMENT WITH THE CANDIDATES. AND I'M VERY PLEASED TO HAVE HAD THE OPPORTUNITY TO WORK ON THIS WITH BOTH THE COMMITTEE AND WITH GEORGE.

AND I JUST WANT TO UNDERSCORE AGAIN THE IMPORTANCE OF CONFIDENTIALITY, NOT ONLY WITH THE

MATERIALS AND THE INTERVIEWS, BUT FOREVER AFTER. ONE PERSON, WE ASSUME, WILL EMERGE FROM THE PROCESS, TWO PEOPLE WILL NOT. AND OUT OF RESPECT TO THEM AND THEIR CURRENT POSITIONS, THERE SHOULD BE NO MENTION OF PEOPLE WHO INTERVIEWED AND DID NOT GET THE JOB. AND I THINK MANY OF US, IF NOT ALL OF US WILL HAVE HAD EXPERIENCES WHERE PEOPLE'S POSITIONS HAVE BEEN COMPROMISED BY A BREACH IN CONFIDENTIALITY. I DON'T THINK WE WANT TO BE THE CAUSE OF THAT. SO I'M LOOKING FORWARD TO THE INTERVIEWS.

MR. TOCHER: COULD I JUST ADD ONE POINT. FOR THOSE WHO MAY NOT HAVE CAUGHT EVERYTHING THAT GEORGE RECITED, YOU'LL BE RECEIVING A COMMUNICATION IN THE NEXT COUPLE OF DAYS THAT WILL HAVE LINKS TO ACCESS ALL THE MATERIALS THAT GEORGE DESCRIBED, ACCESS TO VIDEOS, AND ALSO THAT IMPLICIT BIAS TRAINING. SO STAY TUNED.

CHAIRMAN IMBASCIANI: GREAT. KIM AND GEORGE, ON BEHALF OF ALL THE BOARD MEMBERS, THANK YOU FOR LEADING THAT COMMITTEE AND ITS REALLY IMPORTANT WORK. YOU HAVE THE APPRECIATION OF EVERYONE. THANK YOU.

IS THERE ANY MEMBERS OF THE PUBLIC NOW WHO WOULD LIKE TO MAKE ANY COMMENT ON ANY ITEM THAT WAS ON TODAY'S AGENDA OR ANY ITEM THAT WAS NOT ON

TODAY'S AGENDA? IF NOT, I THANK YOU ALL FOR YOUR PARTICIPATION. THE MEETING IS ADJOURNED.

(THE MEETING WAS THEN CONCLUDED AT 4:43 P.M.)

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 PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE AND THE APPLICATION REVIEW SUBCOMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON JUNE 27, 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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