BEFORE THE

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

REGULAR MEETING

LOCATION:	LAX MARRIOTT PACIFIC ROOM II AND III 5855 W. CENTURY BOULEVARD LOS ANGELES, CALIFORNIA
DATE:	SEPTEMBER 25, 2025 8:30 A.M.
REPORTER:	BETH C. DRAIN, CA CSR CSR. NO. 7152
FILE NO.:	2025-20

I N D E X

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I N D E X (CONT'D.)

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SEPTEMBER 25, 2025; 8:30 A.M.

CHAIRMAN IMBASCIANI: GOOD MORNING, EVERYONE, AND WELCOME TO THIS MEETING OF THE INDEPENDENT CITIZENS OVERSIGHT COMMITTEE AND THE APPLICATION REVIEW SUBCOMMITTEE OF CIRM HERE IN LOS ANGELES, CALIFORNIA. I CALL THE MEETING TO ORDER, AND WE ARE GOING TO START WITH THE PLEDGE OF ALLEGIANCE. IF YOU WOULD ALL STAND, I'M GOING TO ASK SCOTT TO LEAD US. THANK YOU.

(THE PLEDGE OF ALLEGIANCE.)

CHAIRMAN IMBASCIANI: THANK YOU. OUR FIRST ORDER OF BUSINESS IS THE ROLL CALL.

MR. TOCHER: EYAD ALMASRI.

DR. ALMASRI: PRESENT.

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: MARGUERITE CASILLAS.

MS. CASILLAS: PRESENT.

MR. TOCHER: JOHN CARETHERS.

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DR. CARETHERS: PRESENT.
MR. TOCHER: MONICA CARSON.
DR. CARSON: PRESENT.
MR. TOCHER: JUDY CHOU. LEONDRA CLARK-HARVEY.
DR. CLARK-HARVEY: PRESENT.
MR. TOCHER: SHANNON DAHL.
DR. DAHL: PRESENT.
MR. TOCHER: ANNE-MARIE DULIEGE.
DR. DULIEGE: PRESENT.
MR. TOCHER: YSABEL DURON.
MS. DURON: HERE.
MR. TOCHER: MARK FISCHER-COLBRIE.
DR. FISCHER-COLBRIE: HERE.
MR. TOCHER: ELENA FLOWERS.
DR. FLOWERS: PRESENT.
MR. TOCHER: JUDY GASSON.
DR. GASSON: HERE.
MR. TOCHER: DAVID HIGGINS.
DR. HIGGINS: HERE.
MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: PRESENT.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: PRESENT.
MR. TOCHER: PAT LEVITT.

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DR. LEVITT: HERE.

MR. TOCHER: HALA MADANAT. LINDA MALKAS. SHLOMO MELMED.

DR. MELMED: PRESENT.

MR. TOCHER: CAROLYN MELTZER.

DR. MELTZER: PRESENT.

MR. TOCHER: CHRISTINE MIASKOWSKI.

DR. MIASKOWSKI: PRESENT.

MR. TOCHER: ADRIANA PADILLA.

DR. PADILLA: HERE.

MR. TOCHER: JOE PANETTA.

MR. PANETTA: HERE.

MR. TOCHER: JOYCE SACKEY FOR LINDA BOXER.

DR. SACKEY: HERE.

MR. TOCHER: MARVIN SOUTHARD.

DR. SOUTHARD: HERE.

MR. TOCHER: SHAUNA STARK.

DR. STARK: PRESENT.

MR. TOCHER: KAROL WATSON. YAEL WYTE.

MS. WYTE: PRESENT.

MR. TOCHER: KEVIN XU. KEITH YAMAMOTO.

DR. YAMAMOTO: HERE.

MR. TOCHER: THANK YOU VERY MUCH. WE HAVE A QUORUM.

CHAIRMAN IMBASCIANI: THANK YOU, SCOTT.

SCOTT, YOU CAN STAY ON BASE RIGHT NOW AND TAKE US INTO CLOSED SESSION FOR THE NEXT ORDER OF BUSINESS, WHICH IS A DISCUSSION OF PERSONNEL MATTERS.

MR. TOCHER: ALL RIGHT. WE WILL BE ADJOURNING INTO CLOSED SESSION FOR DISCUSSION OF PERSONNEL PURSUANT TO GOVERNMENT CODE SECTIONS 11126(A) AND HEALTH AND SAFETY CODE SECTION 125290.30(F)(3)(D).

AND SO FOR THOSE OF YOU ON THE ZOOM, YOU SHOULD SEE A BREAKOUT ROOM TAB POP UP OPEN. SO PLEASE ENTER THAT TO JOIN THE BREAKOUT ROOM. AND FOR THE MEMBERS OF THE PUBLIC AND TEAM WHO ARE NOT CRITICAL, INVITE YOU TO STEP OUT. WE'RE GOING TO DO A LITTLE VOLUME CHECK HERE.

(THE BOARD THEN WENT INTO CLOSED SESSION, NOT REPORTED NOR HEREIN TRANSCRIBED. AT THE CONCLUSION OF THE CLOSED SESSION, DR. LEVITT REPORTED THAT NO ACTION WAS TAKEN IN THE CLOSED SESSION. A 15-MINUTE BREAK WAS THEN TAKEN FOLLOWED BY THE FOLLOWING IN OPEN SESSION.)

CHAIRMAN IMBASCIANI: WITH THAT, WE ARE BACK IN SESSION. THANK YOU VERY MUCH, SCOTT.

I'M GOING TO START WITH SOME INTRODUCTIONS. I WOULD LIKE TO WELCOME TO HER FIRST BOARD MEETING MARGUERITE CASILLAS WHO IS JOINING US

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AS A PATIENT ADVOCATE APPOINTED BY THE LIEUTENANT GOVERNOR OF CALIFORNIA.

SINCE RETIRING FROM WELLS FARGO IN 2022, MARGUERITE HAS BEEN ACTIVE IN VOLUNTEER ADVOCACY AT THE STATE AND FEDERAL LEVEL FOR THE MULTIPLE SCLEROSIS COMMUNITY, PARTNERING WITH THE NATIONAL MULTIPLE SCLEROSIS SOCIETY AND THE AMERICAN ASSOCIATION OF PEOPLE WITH DISABILITIES.

WHILE AT WELLS FARGO, SHE INVOLVED HERSELF WITH COMMUNICATIONS ISSUES, STRATEGIC PLANNING, TECHNOLOGY PLATFORM MANAGEMENT, OPERATIONS MANAGEMENT, PROJECT MANAGEMENT, RISK MANAGEMENT, AND RESEARCH AND MEASUREMENT. SHE IS A MEMBER OF THE MS SOCIETY'S CALIFORNIA GOVERNMENT RELATIONS ADVISORY COMMITTEE AND OF THE RESEARCH COMMITTEE OF I CONQUER MS, A PATIENT-DRIVEN ADVOCACY GROUP.

HER DEGREE IN COMMUNICATIONS IS FROM STANFORD UNIVERSITY, AND SHE HAS A MASTER'S IN DISABILITY STUDIES FROM CUNY. MARGUERITE IS A RESIDENT OF BERKELEY, CALIFORNIA. AND SHE HAS GRACIOUSLY AGREED TO JOIN THE COMMUNICATIONS SUBCOMMITTEE IN ADDITION TO SERVING ON THE GRANTS WORKING GROUP. WELCOME, MARGUERITE. WOULD YOU LIKE TO SAY --

(APPLAUSE.)

MS. CASILLAS: THANK YOU, VITO, AND THANK YOU ALL SO MUCH FOR THE WARM WELCOME. IT'S BEEN GREAT TO GET TO KNOW SOME OF YOU LAST NIGHT, AND I LOOK FORWARD TO DOING MORE OF THAT. I'M REALLY HONORED TO BE HERE IN THIS SEAT REPRESENTING THE MS AND ALS COMMUNITIES. BUT I KNOW, LIKE PROBABLY MANY OF US HERE, I'M NOT TOUCHED JUST BY THAT EXPERIENCE. SO I'M REALLY -- I REALLY RECOGNIZE THE NEED TO REPRESENT ALL OF CALIFORNIA, ALL CALIFORNIANS HERE.

I'VE BEEN TOUCHED BY TWO BOUTS OF BREAST CANCER PERSONALLY. WE HAVE PARKINSON'S, LUPUS, LUNG DISEASE ON MY MOM'S SIDE OF THE FAMILY. WE HAVE OTHER INTERESTING THINGS ON MY DAD'S SIDE AS WELL. SO I'M REALLY EXCITED ABOUT THE WORK THAT WE ARE DOING HERE AND REALLY LOOK FORWARD TO JUMPING IN AND HELPING OUR COMMUNITIES THRIVE. THANK YOU.

CHAIRMAN IMBASCIANI: THANK YOU, MARGUERITE, AND WELCOME.

WE HAVE ANOTHER NEW BOARD MEMBER WITH US TODAY. SHANNON DAHL JOINS THE BOARD AS THE REPRESENTATIVE OF THE BIOTECHNOLOGY INDUSTRY. SHE ALSO IS AN APPOINTEE OF THE LIEUTENANT GOVERNOR OF CALIFORNIA. HER EARLY STUDIES IN MIT IN MATERIAL SCIENCES AND ENGINEERING WITH A SPECIALIZATION IN REGENERATIVE MEDICINE AND BIOMATERIALS LED HER TO

HER DOCTORAL WORK IN BIOMEDICAL ENGINEERING AT DUKE UNIVERSITY WHERE SHE LATER WORKED AS A FACULTY MEMBER EXPLORING ISSUES RELATED TO END-STAGE RENAL DISEASE.

SHANNON WAS A CO-FOUNDER IN 2004 OF HUMACYTE, A PUBLIC EQUITY COMPANY THAT DEVELOPED THERAPY FOR END-STAGE RENAL, RISING TO ROLE OF VICE PRESIDENT AND SECURING THE FIRST EVER FDA RMAT DESIGNATION TO ACCELERATE THE PATH TO BLA APPROVAL.

IN 2018 SHANNON BECAME THE CHIEF SCIENTIFIC OFFICER FOR CELL CARE THERAPEUTICS LOS ANGELES, WHICH IS DEVELOPING AN IMMUNE MODULATED BIOLOGIC TO TREAT INFLAMMATION BARRIER DISRUPTION AND EDEMA IN BOTH EYE AND LUNG. SINCE 2021, AS FOUNDER AND CEO OF CARVE BIO LLC, SHE ASSISTS COMPANIES IN ADVANCING SCIENCE TO THE IND LEVEL, CONSULTS ON REIMBURSEMENT AND PAYOR STRATEGIES, AND ADVISES ON CLINICAL TRIAL STAGE PROGRESSION. SHE'S ALSO SERVED ON MANY BOARDS AND COMMITTEES ACROSS THE COUNTRY.

SHANNON, I SURE HOPE I GOT THAT PART OF YOUR BIO CORRECT, BUT CORRECT ME IF I MADE MISTAKES. THANK YOU AND WELCOME.

(APPLAUSE.)

DR. DAHL: THANK YOU. I'M REALLY

DELIGHTED TO BE HERE. AND WITH MY BACKGROUND IN CONNECTING THE DOTS FROM DISCOVERY ALL THE WAY TO REIMBURSEMENT, HOPING THAT I CAN BRING THE VOICE TO THE BOARD OF HOW WE CAN ACCELERATE AND CONNECT THE DOTS BETWEEN THOSE STAGES OF THE JOURNEY SO WE CAN ALL ACHIEVE THE GOAL OF IMPROVING HEALTHCARE OUTCOMES FOR PATIENTS IN CALIFORNIA AND BEYOND.

I LOOK FORWARD TO WORKING WITH ALL OF YOU AND REALLY BRINGING TOGETHER THE RICH PERSPECTIVES THAT WE BRING FROM COMPLEMENTARY EXPERIENCES.

CHAIRMAN IMBASCIANI: THANK YOU, SHANNON, AND WELCOME.

I HAVE SOME GOOD NEWS TO PASS ON TO THE BOARD. ON AUGUST 15TH A SMALL DELEGATION OF US MET IN SACRAMENTO WITH REPRESENTATIVES OF THE STATE TREASURER, THE STATE CONTROLLER, AND THE DIRECTOR OF THE DEPARTMENT OF FINANCE. PRESENT WERE CIRM'S CHAIR AND VICE CHAIR, OUR VICE PRESIDENT FOR ADMINISTRATION, JENNIFER LEWIS, OUR ASSOCIATE VICE PRESIDENT FOR BOARD GOVERNANCE, SCOTT TOCHER, AND DIRECTOR OF FINANCE, MICHELLE LEWIS.

WE CONVENED AS THE CALIFORNIA STEM CELL RESEARCH AND CURES FINANCE COMMITTEE AS DIRECTED BY HEALTH AND SAFETY CODE 125291.40 IN ORDER TO REQUEST THE NECESSARY BOND AUTHORITY FOR THE CONTINUED

FINANCIAL SUPPORT OF CIRM'S MISSION AND ACTIVITIES. THE MOTION ON THE TABLE WAS TO APPROVE $500 MILLION IN BOND AUTHORITY FOR THE NEXT SIX MONTHS. THE VOTE HAPPILY WAS UNANIMOUS IN FAVOR OF THE MOTION.

CIRM'S ANNUAL REPORT FALLS UNDER THE CHAIR'S RESPONSIBILITY, BUT YOU KNOW I DO NOT WRITE IT. ALMOST EVERYONE AT CIRM CONTRIBUTES IN SOME WAY, FEATURING STORIES, CONTACTING PATIENTS AND RESEARCHERS, AND HELPS WITH THE EDITING PROCESS. BUT TRUTH BE TOLD, THE VERY LARGE LIFT OF DRAFTING, WRITING, AND EDITING THE ANNUAL REPORT IS PERFORMED BY OUR VERY CAPABLE COMMUNICATIONS TEAM.

I CAN REPORT THAT THIS YEAR'S ANNUAL REPORT IS IN THE FINAL STAGES OF EDITING AND PREPARING THE MANUSCRIPT FOR THE PUBLISHER. IT'S BEING CHECKED FOR ACCURACY IN NUMBERS AND DOLLARS. I THINK YOU ALL WILL BE VERY HAPPY WITH THE CONTENT, INCLUDING THE PROGRAMS AND THE PATIENT STORIES THAT ARE BEING HIGHLIGHTED. I FEEL IT CAPTURES THE IMPRESSIVE RANGE OF WORK THAT WE DO AND THE TREMENDOUS IMPACT WE HAVE ON THE LIVES AND WORK OF SO MANY PEOPLE. IT IS BRILLIANTLY ILLUSTRATED. THE SCOPE AND FORMAT WILL BE SIMILAR TO LAST YEAR'S, BUT THE CONTENT IS VERY MUCH UP TO DATE, UP TO THE MOMENT. ITS ANTICIPATED PUBLISHING DATE COMES IN

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OCTOBER.

SOME OTHER SHORT ITEMS. I HAVE BEEN ABLE TO TRAVEL THIS PAST SUMMER TO MEET WITH RECENTLY INSTALLED BOARD MEMBERS IN SAN DIEGO AND NEWPORT BEACH.

I ESPECIALLY WANT TO CALL OUT AND THANK DR. KIM BARRETT WHO ARRANGED MEETINGS ON THE UC DAVIS CAMPUS WITH SEVERAL OF OUR SUCCESSFUL GRANTEES AND WHO SQUIRED ME AROUND THE NEW RESEARCH FACILITY ON THE MEDICAL CAMPUS, INCLUDING THE NEW LABORATORIES WHERE CIRM-FUNDED RESEARCH IS BEING CONDUCTED.

I HAD THE PLEASURE OF MEETING WITH THE CHAIRWOMAN OF THE SURGERY DEPARTMENT, DR. DIANA FARMER, WHO IS DOING IMPRESSIVE WORK MARRYING FETAL SURGERY WITH ADVANCED STEM CELL TECHNOLOGY TO MAKE DRAMATIC IMPACTS ON CHILDREN BORN WITH SPINA BIFIDA.

I WILL BE VISITING OTHER CAMPUSES IN THE CIRM NETWORK TO MEET WITH RESEARCHERS AND CLINIC ADMINISTRATORS.

FINALLY, I'VE BEEN INVITED TO BE A PANELIST AT THE UPCOMING ANNUAL PACIFIC COUNCIL ON INTERNATIONAL POLICY TO BE HELD AT THE SKIRBALL CENTER IN LOS ANGELES IN NOVEMBER.

THE DAY LONG EVENT BRINGS TOGETHER

INDUSTRIALISTS, POLICYMAKERS, FOREIGN SERVICE AND DIPLOMATIC CORPS PERSONNEL, INCLUDING REPRESENTATIVES OF THE MANY FOREIGN CONSULATES IN LOS ANGELES. THE COUNCIL PROMOTES GLOBAL ENGAGEMENT ACROSS L.A. AND CALIFORNIA. IT HIGHLIGHTS THE IMPACT CALIFORNIA HAS ON GLOBAL ISSUES, FOSTERS LOCAL TO GLOBAL CONNECTIONS, AND ENCOURAGING LOCAL CITIZENS TO BECOME GLOBAL AFFAIRS CHAMPIONS BY EXPORTING LOS ANGELES'S LOCAL CITIZEN TALENT TO THE WORLD.

MY PANEL WILL FOCUS ON CALIFORNIA'S LEADING ROLE IN THE DOMAIN SPECIFICALLY OF SCIENCE, SUCH AS CLIMATE CHANGE AND HUMAN HEALTH, ESPECIALLY REGENERATIVE MEDICINE.

THAT'S MY REPORT. AND I THANK YOU FOR YOUR ATTENTION. I'M GOING TO BE FOLLOWED BY VICE CHAIR BONNEVILLE FOR HER REPORT. THANK YOU, MARIA.

VICE CHAIR BONNEVILLE: THANK YOU, VITO.

I WANTED TO UPDATE EVERYONE ON THE ACCESS AND AFFORDABILITY WORKING GROUP ACTIVITIES. EARLIER THIS MONTH THE AAWG MET TO WEIGH IN ON ACCESS PLAN REQUIREMENTS THAT ARE INCLUDED IN CIRM REGULATIONS. CIRM-FUNDED PROGRAMS THAT REACH BLA ARE REQUIRED TO SUBMIT ACCESS PLANS TO CIRM. OUR GENERAL COUNSEL WORKED WITH BLUE RIDGE CONSULTING WHO HAS ALSO

HELPED THE SCIENCE PROGRAMS TEAM WITH THE STAGE-APPROPRIATE ACCESS AND AFFORDABILITY ACTIVITIES THAT ARE NOW INCLUDED AS PART OF THE PDEV AND CLIN CONCEPT PLANS. RAFAEL WILL TALK ABOUT THE OUTCOME OF THE WORK LATER IN THIS MEETING.

COMING IN NOVEMBER TO THE ACCESS AND AFFORDABILITY WORKING GROUP AND THEN TO THE BOARD, THE PATIENT ACCESS TEAMS ARE PRESENTING AN ACCESS AND AFFORDABILITY STRATEGY FOR INPUT AND RECOMMENDATIONS TO THE BOARD. THE TEAMS HAVE BEEN WORKING TO IDENTIFY KEY PROGRAMS THAT CAN HELP CIRM WITH ITS MANDATE AROUND ACCESS AND AFFORDABILITY.

IN ADDITION TO EXPLORING NEW PROGRAMS, THE TEAM HAS ALSO TAKEN A LOOK AT EXISTING PROGRAMS LIKE THE CLIN CONCEPT PLAN AND THE ALPHA CLINICS TO SEE HOW THOSE PROGRAMS MIGHT BE FURTHER UTILIZED TO ACHIEVE THESE AIMS.

THIS STRATEGY WILL COME TO THE BOARD IN DECEMBER AFTER AAWG INPUT. AND AT THAT SAME MEETING, THE ACCESS TEAM WILL GIVE THE BOARD AN UPDATE ON CIRM'S PATIENT SUPPORT PROGRAM. HAPPY TO ANSWER ANY QUESTIONS. GEORGE.

DR. BLUMENTHAL: THANK YOU, MARIA. THIS IS A QUICK QUESTION THAT'S SORT OF OUT OF WHAT YOU WERE TALKING ABOUT. BUT RECENTLY THERE'S BEEN BILLS

INTRODUCED IN THE STATE LEGISLATURE, IN PARTICULAR BY SCOTT WEINER IN SAN FRANCISCO, TO HAVE CALIFORNIA PASS A BOND TO FUND SCIENTIFIC RESEARCH TO REPLACE SOME OF THE LOST FUNDS THAT HAVE COME FROM THE FEDERAL GOVERNMENT. HAS THERE BEEN ANY OUTREACH TO CIRM WITH REGARD TO COORDINATING ON THIS?

VICE CHAIR BONNEVILLE: ABSOLUTELY. WE SPOKE TO SENATOR WEINER'S OFFICE THIS PAST TUESDAY TO OFFER HELP, SUPPORT, IDEAS, AND ALSO TO GET A GENERAL UNDERSTANDING OF WHERE THE BILL IS IN PROCESS. AND THERE'S STILL A LOT OF OUTSTANDING QUESTIONS, BUT THEY WERE VERY RECEPTIVE AND THANKFUL THAT THEY HAD AN OPPORTUNITY TO TALK TO US. AND WE'RE GOING TO CONTINUE CONVERSATIONS WITH HIS OFFICE AROUND THIS ISSUE. AND I'LL KEEP THE BOARD UPDATED AS THINGS GET MORE SOLIDIFIED.

CHAIRMAN IMBASCIANI: ANY OTHER QUESTIONS FOR THE VICE CHAIR? OKAY. THEN WE'RE GOING TO MOVE -- JONATHAN THOMAS, IF YOU WILL COME TO THE PODIUM FOR THE PRESIDENT'S REPORT. THANK YOU.

DR. THOMAS: MR. CHAIR, MADAM VICE CHAIR, DISTINGUISHED MEMBERS OF THE BOARD, ESTEEMED CIRM COLLEAGUES, AND MEMBERS OF THE PUBLIC, I AM PLEASED TO PRESENT TODAY'S PRESIDENT'S REPORT WITH COMMENTS ON SOME OF THE NOTEWORTHY EVENTS THAT HAVE TAKEN

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PLACE SINCE THE LAST BOARD MEETING IN JUNE.

EVER SINCE INCEPTION CIRM HAS BEEN THE OBJECT OF CURIOSITY AND ENVY BY GOVERNMENT OFFICIALS, ACADEMICS, PATIENT ADVOCACY GROUPS, AND OTHERS IN OTHER STATES. I HAVE BEEN ASKED ON MANY OCCASIONS OVER THE YEARS ABOUT HOW CIRM WORKS, HOW IT CAME TO BE, CAN SOMETHING SIMILARLY BE DONE IN OTHER STATES, HOW CIRM CAN COLLABORATE WITH THOSE OUTSIDE THE STATE, AND MANY OTHER SUCH QUESTIONS.

SINCE THE PASSAGE OF PROP 71, NO OTHER STATE HAS BEEN ABLE TO ESTABLISH A CIRM EQUIVALENT. THERE ARE A FEW STATE STEM CELL PROGRAMS, BUT THOSE ARE MAGNITUDES SMALLER AND RELY ON ANNUAL LEGISLATIVE APPROPRIATIONS, A CHALLENGE FOR RESEARCHERS THAT NEED MULTIYEAR FUNDING CERTAINTY FOR THEIR TEAMS. A NUMBER OF STATES HAVE BALLOT INITIATIVE PROCESSES SIMILAR TO CALIFORNIA, BUT FOR A VARIETY OF REASONS HAVE NOT BEEN ABLE TO GET ONE ON THE BALLOT, LET ALONE GET IT PASSED.

THERE ARE ALSO A NUMBER OF SMALLER INSTITUTES THAT MAKE GRANTS IN THE REGENERATIVE MEDICINE SPACE, BUT THOSE RELY PRINCIPALLY ON PHILANTHROPY, A CHALLENGE IN TODAY'S DIFFICULT FUNDRAISING ENVIRONMENT. THAT HAS LEFT CIRM AS THE LONE MAJOR STATE FUNDER IN THE COUNTRY DOING WHAT WE

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DO IN CALIFORNIA, THE UNDISPUTED LEADER IN STEM CELL AND GENETIC RESEARCH FUNDING.

THIS PAST JULY I HAD ONE SUCH CONVERSATION THAT WAS INDICATIVE OF THOSE CONVERSATIONS ON CIRM REFERENCED ABOVE. THIS ONE WITH MICHAEL YUDELL, DEAN AND PROFESSOR IN THE COLLEGE OF HEALTH SOLUTIONS AT ARIZONA STATE UNIVERSITY. DEAN YUDELL IS A PUBLIC HEALTH SCIENTIST WHO FOCUSES ON ETHICS AND HISTORY OF PUBLIC HEALTH AND MEDICINE WITH AN EYE TOWARDS PUBLIC HEALTH POLICY IN THE AREAS OF AUTISM, HEALTH DISPARITIES, AND GENOMICS. HE IS VERY INTERESTED IN HOW ARIZONA MIGHT ADOPT A CIRM-LIKE MODEL, IF POSSIBLE, AND, MORE SPECIFICALLY, WHETHER THERE WOULD BE OPPORTUNITIES FOR RESEARCH AT ASU TO COLLABORATE WITH RESEARCHERS IN THE CIRM ECOSYSTEM. WE HAD A VERY PRODUCTIVE TALK AND ARE EXPLORING WAYS TO FOLLOW UP AS NEXT STEPS.

AS BEFORE, I HAVE ATTENDED A NUMBER OF EVENTS REPRESENTING CIRM IN A VARIETY OF CAPACITIES. IN JULY I MODERATED A PANEL ON THE ROLE OF RESEARCH INSTITUTIONS AT THE GREATER LOS ANGELES LIFE SCIENCE FORUM. THAT EVENT HAD ABOUT 200 STAKEHOLDERS FROM ACROSS THE REGION TO EXPLORE THE LATEST DEVELOPMENTS SHAPING L.A.'S LIFE SCIENCE LANDSCAPE.

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IN ADDITION TO OUR PANEL, FOR WHICH THERE WAS CONSIDERABLE Q AND A FROM THE AUDIENCE, THE FORUM HIGHLIGHTED THE ECONOMIC GOALS OF REGIONAL LEADERS, SHOWCASED EMERGING BIOTECH COMPANIES FROM LOCAL ACADEMIC INSTITUTIONS, AND EMPHASIZED THE CRITICAL ROLE OF WORKFORCE DEVELOPMENT IN ADVANCING BOTH HEALTH OUTCOMES AND REGIONAL COMPETITIVENESS.

TWO WEEKS AGO I ATTENDED THE ANNUAL MEETING OF THE BAY AREA COUNCIL OF WHICH CIRM IS A MEMBER. THAT ORGANIZATION PULLS TOGETHER CIVIC AND INDUSTRY LEADERS AS WELL AS SENIOR REPRESENTATIVES FROM ACADEMIC AND NONPROFIT ENTITIES IN THE AREA.

THE EVENT, WHICH WAS HELD IN THE ENEMY TERRAIN IN A CONFERENCE ROOM INSIDE ORACLE PARK, HOME OF THE GIANTS, OFFERED THE OPPORTUNITY TO SPEAK TO A NUMBER OF COUNCILMEMBERS PLUS PRESS IN ATTENDANCE ABOUT CIRM, OUR PROGRAMS, AND OUR IMPORTANCE BOTH TO STAKEHOLDERS IN THE BAY AREA AND THE STAKEHOLDERS THROUGHOUT THE STATE AS A WHOLE.

I SHOULD NOTE AS AN ASIDE THAT THE MEETING WAS HELD IN ADVANCE OF A GIANTS GAME WITH PART OF THE MEETING IN A NETTED AREA AT THE BASE OF THE RIGHT FIELD WALL. I'M HAPPY TO REPORT THAT I SCOOPED UP A BATTING PRACTICE BALL THAT ROLLED UNDER THE NETTING WHICH IS PROUDLY ON DISPLAY IN MY OFFICE

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FOR ANY OF YOU WHO MIGHT BE INTERESTED IN SEEING IT.

TWO OF THE MAJOR EVENTS FROM THE PAST COUPLE MONTHS WERE OUR TWO ANNUAL EDUCATION CONFERENCES. FIRST THE TRAINEE NETWORKING CONFERENCE BRINGING TOGETHER PARTICIPANTS IN OUR THREE PROGRAMS FROM THE UNDERGRADUATE LEVEL ON UP AND OUR SPARK PROGRAM FOR HIGH SCHOOL STUDENTS. BOTH EVENTS WERE OUTSTANDING AS ALWAYS, SHOWCASING OUR AMAZING STUDENTS WHO WILL BE KEY PLAYERS IN THE REGENERATIVE MEDICINE WORKFORCE OF TOMORROW.

DRS. KELLY SHEPARD AND DAISY XIN RUN THESE WONDERFUL PROGRAMS. I HAD ASKED KELLY TO GIVE THE BOARD A BRIEF REPORT ON BOTH OF THOSE CONFERENCES. KELLY IS JOINING US ON ZOOM. KELLY, CAN WE HEAR YOUR REPORT PLEASE?

DR. SHEPARD: YES. CAN SOMEONE CONFIRM THAT YOU GUYS CAN HEAR ME?

DR. THOMAS: YES, WE CAN. THANK YOU.

DR. SHEPARD: WONDERFUL. GOOD AFTERNOON, MEMBERS OF THE BOARD, CIRM TEAM, AND ANY MEMBERS OF THE PUBLIC WHO ARE JOINING US EITHER IN PERSON OR VIA ZOOM. AS DR. THOMAS ELABORATED, I'D JUST LIKE TO TAKE A FEW MINUTES TO HIGHLIGHT THE TWO IMPORTANT EVENTS FROM THIS PAST SUMMER THAT REALLY CELEBRATED THE ACHIEVEMENTS OF HUNDREDS OF TRAINEES ACROSS THE

STATE WHO PARTICIPATED IN CIRM'S RESEARCH TRAINING PROGRAMS.

THESE CONFERENCES, OF COURSE, ARE A PART OF CIRM'S EFFORTS TO BUILD A HIGHLY SKILLED REGENERATIVE MEDICINE WORKFORCE WHILE KEEPING THESE TRAINEES CONNECTED TO THE PATIENT COMMUNITIES WHO INSPIRE THEIR WORK.

THE FIRST EVENT I'LL TALK ABOUT IS THE CIRM TRAINING NETWORKING CONFERENCE. THIS TOOK PLACE IN HOLLYWOOD, CALIFORNIA, AT THE END OF JULY. THIS MARKED OUR SECOND TIME BRINGING TOGETHER TRAINEES FROM THREE OF OUR UNDERGRADUATE THROUGH POSTGRADUATE LEVEL PROGRAMS FOR A CHANCE TO NETWORK, SHARE THEIR SCIENTIFIC ACCOMPLISHMENTS, AND ENGAGE WITH ONE ANOTHER IN PROFESSIONAL DEVELOPMENT WORKSHOPS AND OTHER ACTIVITIES OF VALUE.

THIS YEAR'S CONFERENCE WAS TITLED "20 YEARS OF CIRM" IN HONOR OF OUR 20TH YEAR ANNIVERSARY, WHICH WE FELT WAS A FITTING THEME FOR EXPLORING HOW BOTH SCIENTIFIC RESEARCH AND PATIENT ADVOCACY HAVE EVOLVED OVER THE PAST TWO DECADES. WE WERE PARTICULARLY HONORED TO HAVE SEVERAL OF THE ALUMNI FROM THE EARLY YEARS OF THESE SAME TRAINING PROGRAMS, MANY OF WHOM HAVE SINCE BECOME MENTORS AND EDUCATORS THEMSELVES. AND THEY COLLABORATED WITH US

TO PLAN THIS MEETING OR SERVE AS PANELISTS IN THE MEETING.

THROUGHOUT THE TWO AND A HALF DAYS OF THIS CONFERENCE, NEARLY 300 STUDENTS PRESENTED POSTERS AND OVER 40 TRAINEES ACROSS ALL LEVELS DELIVERED ORAL PRESENTATIONS TO THEIR PEERS AND MENTORS. TRAINEES PARTICIPATED IN WORKSHOPS ON TOPICS SUCH AS SCIENTIFIC COMMUNICATION, MENTORSHIP, AND MANAGING PROFESSIONAL INTERACTIONS IN THE WORKPLACE. THEY ALSO WERE ABLE TO EXPLORE DIVERSE CAREER PATHS IN SCIENCE LIKE PROJECT MANAGEMENT, MANUFACTURING PROGRAMS, POLICY, AND OUTREACH. SEVERAL TRAINEES ALSO CHAIRED PLENARY SESSIONS WHERE LEADING SCIENTISTS SHARED CUTTING-EDGE RESEARCH ON SUBJECTS LIKE EPILEPSY, MACULAR DEGENERATION, DIABETES, AND WOMEN'S HEALTH.

WHILE THE SCIENTIFIC PRESENTATIONS WERE IMPRESSIVE, IT WAS REALLY THE VOICE OF PATIENT ADVOCATES THAT REMINDED THE ATTENDEES OF THE HUMAN IMPACT THAT RESULTS FROM THEIR SCIENTIFIC WORK. ATTENDEES TOLD US THEY WERE ESPECIALLY MOVED BY THE PERSONAL STORIES FROM KRISTIN MACDONALD AND AUDREY PAKRAVAN, WHO SPOKE ABOUT LIVING WITH RETINITIS PIGMENTOSA AND SURVIVING CANCER AS A YOUNG WOMAN RESPECTIVELY.

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IN ADDITION, THEY WERE MOVED BY ADRIENNE SHAPIRO AND JEFFERY RANDALL ALLEN WHO SPOKE OF THEIR DEDICATION AND ADVOCACY ON BEHALF OF THEIR FAMILY MEMBERS WITH SICKLE CELL DISEASE AND CREATINE TRANSPORTER DEFICIENCY. MOMENTS LIKE THESE REALLY SHOW AND REMIND US WHY CIRM'S TRAINING PROGRAMS MATTER. THE SCALE OF PARTICIPATION THIS YEAR REFLECTS JUST HOW FAR REACHING THIS IMPACT HAS BECOME WITH OVER 500 ATTENDEES FROM ACROSS OUR GREAT STATE.

ALONG WITH THE TRAINEES WE WELCOMED THEIR PROGRAM DIRECTORS, MENTORS, KEYNOTE SPEAKERS, AND A VARIETY OF PROFESSIONALS AND VOLUNTEERS, INCLUDING SEVERAL MEMBERS OF THE CIRM TEAM AND OUR OWN GOVERNING BOARD.

SO IN ADDITION TO THE TRAINEE NETWORKING CONFERENCE, THE SECOND EVENT I WANTED TO SHARE WITH YOU WAS A CELEBRATION OF ANOTHER GROUP OF REMARKABLE YOUNG SCIENTISTS. THIS TOOK PLACE IN LA JOLLA, CALIFORNIA, ON AUGUST 4TH. CIRM'S SPARK PROGRAM INTRODUCES REGENERATIVE MEDICINE AND STEM CELL BIOLOGY TO HIGH SCHOOL STUDENTS. AND EVERY YEAR THESE STUDENTS COME TOGETHER AND PARTICIPATE, AFTER PARTICIPATING IN SUMMER INTERNSHIPS, THE CULMINATION OF THE ANNUAL SPARK CONFERENCE WHERE THEY SHARE

THEIR RESEARCH WITH PEERS AND MENTORS.

OVER A HUNDRED HIGH SCHOOL STUDENTS FROM ACROSS THE STATE CAME TOGETHER THIS YEAR. AND IN ADDITION TO PRESENTING THEIR RESEARCH POSTERS, THEY GOT TO HEAR FROM LEADING INDUSTRY AND ACADEMIC EXPERTS AS WELL AS PATIENT ADVOCATES. DESPITE A RELATIVELY SHORT SUMMER INTERNSHIP, IT'S ALWAYS AMAZING TO HEAR HOW MUCH STUDENTS HAVE LEARNED DURING THEIR TIME IN THE LAB. THEIR INSIGHTFUL QUESTIONS THAT THEY HAVE ABOUT THE FIELD AND FUTURE CAREERS ARE A REMINDER OF HOW BENEFICIAL IT IS TO EXPOSE STUDENTS TO THESE OPPORTUNITIES EARLY.

WHILE THERE IS A LOT MORE I COULD SHARE, I'LL JUST ACKNOWLEDGE THE GRANTEES WHO HELPED US ORGANIZE THESE CONFERENCES COAST TO COAST IN GENERATION STEAM. AND I'LL STOP HERE AND JUST REMIND YOU THAT IF YOU ARE INTERESTED IN LEARNING MORE ABOUT THESE EVENTS, THERE ARE SEVERAL POSTS FROM THE CIRM TEAM ON OUR BLOG AND LINKEDIN SITES. AND WE WOULD BE MORE THAN HAPPY TO SHARE INFORMATION IF YOU'D LIKE TO FOLLOW UP WITH US IN THE NEAR FUTURE. THANK YOU, J.T.

DR. THOMAS: THANK YOU, KELLY. YSABEL.

MS. DURON: THANK YOU. KELLY, GREAT. I WAS EXCITED TO SPEND SOME TIME AT SAN JOSE STATE

UNIVERSITY WITH SOME OF THE ACTUALLY TEAM LEADERS, THE ADULTS. AND WHAT I WAS EXCITED ABOUT, QUITE FRANKLY, KELLY, WAS THAT THEY WERE WORKING TO DEVELOP A COMMUNICATIONS COURSE TO TEACH OUR YOUNG STEM SCIENTISTS HOW TO SPEAK ENGLISH. AND I MEAN TO SPEAK TO THE PUBLIC ABOUT WHAT THEY'RE DOING AND THE MARVELOUS CURES AND/OR AT LEAST ADVANCES THAT CAN BE MADE AS A RESULT OF STEM CELL.

SO I LOVE THE IDEA OF THE COMBINATION OF PATIENT ADVOCACY, BUT I ALSO THINK YOU NEED TO INTENTIONALLY CREATE A COMMUNICATIONS STRATEGY TO HELP THESE YOUNG PEOPLE TURN OUT WORD AND BE ABLE TO GO INTO THE PUBLIC VERY DELIBERATELY TO DO THE GOSPEL BECAUSE THERE'S STILL SO MANY PEOPLE WHO DON'T REALLY KNOW WHAT THIS STEM CELL STUFF IS, HOW IT MAKES A DIFFERENCE IN THEIR LIVES, OR COULD IN THE FUTURE, AND HOW IT IS PART OF DEVELOPING OUT LONG-TERM ADVANCES OVER TIME THAT WE HOPE WILL MAKE -- ACTUALLY CREATE CURES.

SO ANYTHING THAT YOU ALL ARE PROMOTING FROM YOUR END TO REALLY CREATE A VERY DELIBERATE COMMUNICATIONS PROGRAM FOR ALL OF THE STEM CELL STUDENTS OUT THERE, I THINK IT'S REALLY CRITICAL.

DR. SHEPARD: YEAH. THANK YOU FOR THAT COMMENT. I SPOKE TO YOU A LITTLE BIT AT THAT SAN

JOSE EVENT ABOUT THIS, AND I TOTALLY AGREE WITH YOU. AND I'M HAPPY THAT AMY ADAMS HAS JOINED US. SHE'S QUITE WELL VERSED AT THIS, AND I'M SURE THAT SHE WILL BE ABLE TO HELP US COME UP WITH SOME CREATIVE IDEAS FOR HOW WE CAN INCORPORATE MORE OF THIS IMPORTANT ACTIVITY IN OUR FUTURE ITERATIONS OF THESE PROGRAMS. THANK YOU.

MS. DURON: AND NOW WE HAVE MARGUERITE CASILLAS ALSO WITH EXPERTISE IN COMMUNICATIONS. SO I REALLY DO THINK -- JOINING US ON THE SUBCOMMITTEE.

DR. SHEPARD: WONDERFUL. THAT'S RIGHT. THANK YOU. THANK YOU. I'M LOOKING FORWARD TO WORKING WITH ALL OF YOU.

DR. THOMAS: THANK YOU, YSABEL. THANK YOU, KELLY, FOR THAT INSPIRING PRESENTATION. IT DRIVES HOME, AS IT DOES EVERY YEAR, THE IMPORTANCE OF CIRM'S EDUCATION FOCUS AND THE MAJOR ROLE WE CONTINUE TO PLAY IN MAKING OPPORTUNITIES AVAILABLE THROUGHOUT THE STATE FOR STUDENTS INTERESTED IN THE FIELD.

THAT CONCLUDES MY PRESIDENT'S REPORT OTHER THAN TO SAY NICE TRY AND BETTER LUCK NEXT YEAR TO GIANTS FANS IN ATTENDANCE AND TO DISPEL THE LONG HELD NOTION THAT I'M THE ONLY DODGER FAN IN THE EXTENDED CIRM FAMILY. THOUGH THEY TRY TO KEEP IT

QUIET, THERE ARE, IN FACT, OTHER ARDENT SUPPORTERS IN OUR MIDST. SEE HERE, FOR EXAMPLE.

VICE CHAIR BONNEVILLE: THAT'S ME.

DR. THOMAS: WITH THAT, TURNING IT BACK OVER TO YOU, MR. CHAIR.

CHAIRMAN IMBASCIANI: THANK YOU, J.T. WE'RE GOING TO MOVE ON. I THINK WE HAVE TIME BEFORE OUR LUNCH TO DO THE CONSENT CALENDAR.

MR. TOCHER: ACTUALLY, IF POSSIBLE, WE'D LIKE TO BREAK FOR LUNCH SO THAT WE CAN GET TO DAVID'S RESOLUTION WHEN WE RETURN.

CHAIRMAN IMBASCIANI: OKAY.

MR. TOCHER: SO WE'LL JUST BREAK FOR LUNCH NOW FOR THE NEXT HALF HOUR.

CHAIRMAN IMBASCIANI: AND WE'LL START WITH THE RESOLUTION.

MR. TOCHER: CORRECT. SO FOR THOSE OF YOU ON THE PHONE, WE'LL RETURN AT 12:40. LUNCH IS IN THE NEXT ROOM, RIGHT HERE. AND YOU CAN EAT IN THERE OR BRING IT BACK TO YOUR DESK, WHATEVER YOU WISH.

CHAIRMAN IMBASCIANI: SAY THE RETURN TIME AGAIN.

MR. TOCHER: AT 12:40.

(A RECESS WAS TAKEN.)

CHAIRMAN IMBASCIANI: OKAY. WELCOME,

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EVERYONE, BACK FROM YOUR LUNCH. AND WE'RE GOING TO CONTINUE WITH THE AGENDA AT AGENDA ITEM NO. 7, AND I'M GOING TO INTRODUCE IT.

SO YOU KNOW IT'S A BITTERSWEET TASK WHENEVER WE SAY GOODBYE TO A VALUED BOARD MEMBER AND THANK THEM FOR THEIR SERVICE. AS IS THE CASE TODAY, WE'RE GOING TO RECOGNIZE THE MANY YEARS OF SERVICE OF DAVID HIGGINS.

DAVID, WHO WAS APPOINTED TO THIS BOARD BY CALIFORNIA STATE CONTROLLER JOHN CHIANG IN 2014, BEING RECOMMENDED FOR IT BY THE MICHAEL J. FOX FOUNDATION, AND REAPPOINTED BY CONTROLLER BETTY YEE IN 2021. DAVID'S ROLE IS THAT OF PATIENT ADVOCATE REPRESENTING THE PARKINSON'S DISEASE GROUP. DR. HIGGINS IS A WELL-KNOWN ADVOCATE FOR THOSE WITH PARKINSON'S DISEASE AS WELL AS THEIR CARETAKERS AND CARE PARTNERS, RAISING AWARENESS FOR THE SOCIAL, MEDICAL, AND ECONOMIC BENEFITS OF DEVELOPING NEW TREATMENTS AND A CURE FOR THIS CONDITION.

DAVID REFERS TO PARKINSON'S AS A FAMILY TRADITION, SADLY, BECAUSE OF HOW MANY CLOSE FAMILY MEMBERS AND RELATIVES HAD TO DEAL WITH IT PERSONALLY. IT MAY NOT BE WELL KNOWN THAT HIS GRANDMOTHER PARTICIPATED IN AND BENEFITED SIGNIFICANTLY FROM EARLY CLINICAL TRIALS OF LEVODOPA

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THERAPY IN THE 1960S.

AS I UNDERSTAND IT, DAVID'S UNCLE WAS LIVING IN GAINESVILLE, FLORIDA, HEARD OF A CLINICAL TRIAL USING LEVODOPA IN A DOUBLE-BLINDED TRIAL. AND HIS UNCLE CAUSED HIS GRANDMOTHER TO RELOCATE TEMPORARILY FROM WEST VIRGINIA WHERE SHE WAS LIVING DOWN TO GAINESVILLE. AND THE DISEASE HAD SEVERELY IMPACTED HER ABILITY TO ARTICULATE VERBALLY, BUT THE LEVODOPA TRIAL MADE A PROFOUND AND DRAMATIC IMPROVEMENT IN THAT SO SHE COULD GO BACK HOME.

SO IN A SENSE I TELL YOU THAT STORY BECAUSE YOU COULD LOOK AT IT THAT DAVID IS JUST CONTINUING A LONG FAMILY TRADITION OF SUPPORTING AND PARTICIPATING IN THE ADVANCEMENT OF CLINICAL RESEARCH.

AS SUCH, HE HAS SERVED AS THE CALIFORNIA ASSISTANT STATE DIRECTOR OF THE PARKINSON'S ACTION NETWORK AND THE VICE PRESIDENT OF THE BOARD FOR THE PARKINSON'S ASSOCIATION OF SAN DIEGO. HIS DOCTORAL DISSERTATION IN MOLECULAR BIOLOGY AND GENETICS AT THE UNIVERSITY OF ROCHESTER LED TO A POSTDOCTORAL FELLOWSHIP AT THE NATIONAL CANCER INSTITUTE FOLLOWED BY DRUG DEVELOPMENT WORK AT COMPANIES INCLUDING INVITROGEN, CHIRON, AND EIDEN PHARMACEUTICALS. HE WAS HEAD OF THE UNITED STATES OPERATIONS FOR

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BIOMEDICA WHICH WAS DEVELOPING A GENETIC THERAPY TO TREAT PARKINSON'S DISEASE.

DAVID SERVED AS AN ASSOCIATE PROFESSOR OF BIOLOGY AT SAN DIEGO STATE UNIVERSITY AND AS AN INSTRUCTOR FOR THE BIOTECH TECHNICIAN TRAINING PROGRAM AT SAN DIEGO CITY COLLEGE. CIRM HAS BENEFITED FROM HIS CONTRIBUTIONS TO THE SCIENCE AND COMMUNICATIONS SUBCOMMITTEES, THE APPLICATION REVIEW SUBCOMMITTEE, AND THE TASK FORCE FOR NEUROSCIENCE AND MEDICINE. HE WAS A REGULAR MEMBER OF THE FACILITIES WORKING GROUP, THE GRANTS WORKING GROUP, AND THE ACCESS AND AFFORDABILITY WORKING GROUP.

THIS LEADS ME TO THE RESOLUTION, TO THE RESOLVED PART OF THE RESOLUTION, THAT THIS GOVERNING BOARD OF CIRM, ON BEHALF OF THE PEOPLE OF THE STATE OF CALIFORNIA, WISHES TO EXPRESS ITS DEEPEST GRATITUDE TO DAVID HIGGINS FOR HIS SERVICE ON THIS BOARD AND FOR HIS DEDICATION TO THE ADVANCEMENT OF STEM CELL RESEARCH AND TO THE MISSION OF CIRM.

DAVID, THIS IS A REWARD -- THIS RESOLUTION IS THE LEAST THAT WE CAN DO TO RECOGNIZE YOUR MANY YEARS OF SERVICE TO US. AND I THANK YOU PERSONALLY AS DOES THE BOARD. AND I WILL OPEN THE FLOOR.

(APPLAUSE.)

VICE CHAIR BONNEVILLE: I JUST WANTED TO

ADD A COUPLE OF THINGS. I'VE KNOWN DAVID MY HIGH WHOLE CAREER AT CIRM. HE'S ALWAYS BEEN CIRM'S CHEERLEADER. HE'S THE FIRST TO THANK THE STAFF FOR THEIR HARD WORK FOR A GREAT PRESENTATION AND FOR ALL THEY DO TO KEEP CIRM HUMMING ALONG. HE'S ALWAYS BEEN UPBEAT AND POSITIVE, TRULY EXCITED TO PARTICIPATE AND GIVE BACK TO THE PEOPLE OF CALIFORNIA, AND HE HAS BEEN A HUGE GIFT TO US. AND I'LL MISS YOUR AMAZING CONTRIBUTIONS, DAVID, BUT THANK YOU FOR SPENDING ALL OF THESE YEARS WITH US.

DR. THOMAS: MR. CHAIR, IF I MIGHT.

CHAIRMAN IMBASCIANI: YES, J.T.

DR. THOMAS: DAVID, FIRST OF ALL, I WANT TO SAY A WORD ABOUT YOUR DISTINGUISHED CAREER. WHEN WE DEAL WITH EACH OTHER AS CIRM COLLEAGUES, WE, AS ONE WOULD EXPECT, FOCUS ON PARTICULAR ROLES THAT ONE PLAYS AS PART OF THE AGENCY FAMILY, IN YOUR CASE, PATIENT ADVOCATE FOR PARKINSON'S DISEASE. WHAT WE TEND TO FORGET IS THE INCREDIBLE STRING OF ACCOMPLISHMENTS THAT PRECEDED ONE'S CIRM DAYS THAT FULLY DEFINE WHAT A BOARD MEMBER HAS DONE LEADING UP TO JOINING OUR TEAM.

LOOKING AT YOUR RESOLUTION, I AM REMINDED OF THAT FACT ONCE AGAIN. WHAT YOU'VE DONE OVER THE COURSE OF YOUR CAREER HAS BEEN NOTHING SHORT OF

AMAZING. WHETHER IT WAS YOUR ROLE IN MULTIPLE BIOTECH COMPANIES DEVELOPING A VARIETY OF DRUGS, IN ACADEMIA TEACHING IN MULTIPLE UNIVERSITY SETTINGS, SERVING ON NUMEROUS BOARDS, BRINGING YOUR EXPERTISE TO BEAR, OR AS AN ADVISOR TO MANY IN THE SAN DIEGO AREA, YOU'VE SHARED YOUR SKILLS AND PERSPECTIVES FOR THE BENEFIT OF SO MANY.

SO TOO HAS IT BEEN DURING YOUR LONG TENURE ON THE CIRM BOARD. THERE IS MANY DESCRIPTORS THAT COME TO MIND WHEN I REFLECT BACK ON YOUR YEARS OF SERVICE: PASSIONATE PATIENT ADVOCATE, EXEMPLARY COLLEAGUE, INSIGHTFUL PEER REVIEWER, MODEL AMBASSADOR FOR CIRM, OR EVEN MORE SPECIFICALLY SINGLE WORDS THAT REFLECT WHAT I THINK WHEN I THINK OF YOU: DEDICATION, OPTIMISM, COLLEGIALITY, AND ABOVE ALL GOODNESS.

THROUGHOUT YOUR TIME AT CIRM, YOU'VE EMBODIED THE BEST OF WHAT CIRM IS ABOUT AT ALL TIMES. YOU HAVE BROUGHT A CHEERFUL ZEST TO THE BOARD AND OUR TEAM THAT INSPIRED AND BUOYED US AS WE WENT ABOUT OUR SERIOUS BUSINESS OF ENABLING RESEARCH THAT WE HOPE WILL ONE DAY YIELD THERAPIES AND CURES FOR A HOST OF THE WORLD'S MOST DEBILITATING DISEASES AND CONDITIONS. YOU HAVE ANSWERED THE CALL FOR ALL THAT CIRM ASKS OF BOARD MEMBERS, HAVING SERVED ON

SEEMINGLY EVERY COMMITTEE AND TASK FORCE AT ONE TIME OR ANOTHER OVER THE YEARS, AND HAVE DONE SO WITH UTMOST ENTHUSIASM AND PROFESSIONALISM.

AT ALL TIMES, DAVID, IT HAS BEEN A TRUE PRIVILEGE TO WORK WITH YOU THESE MANY YEARS. THANK YOU FOR ALL THAT YOU HAVE DONE FOR CIRM AND FOR THE PATIENTS OF CALIFORNIA AND THE WORLD. WE WISH YOU NOTHING BUT THE BEST AS YOU CONTINUE ALONG THE NEXT PHASE OF LIFE UNDOUBTEDLY IN CONTINUED SERVICE OF OTHERS WHO WILL BE SO LUCKY TO HAVE YOU CROSS THEIR PATH.

CHAIRMAN IMBASCIANI: THANK YOU, J.T. THAT WAS BEAUTIFUL. MARVIN.

DR. SOUTHARD: SO, DAVID, I JUST WANTED TO SAY WE HAVE SERVED ON NUMEROUS REVIEW PANELS TOGETHER. AND I HAVE REALLY BENEFITED FROM LEARNING HOW TO DO A GOOD REVIEW FROM YOU WATCHING YOU. I CAN'T ADD ANYTHING TO YOUR SCIENTIFIC KNOWLEDGE BECAUSE I DON'T HAVE THAT, BUT THE WAY YOU CAREFULLY LOOK AT EACH PROPOSAL AND ARE ABLE TO PEEL OUT THE STRONG POINTS AND THE WEAK POINTS BOTH FROM A COMMUNITY AND FROM A SCIENTIFIC PERSPECTIVE HAS REALLY BEEN INSPIRING. SO I THANK YOU FOR TEACHING ME.

MS. DURON: FIRST OF ALL, I WANT TO THANK

J.T. FOR THAT VERY POETIC DESCRIPTION. IT WAS QUITE BEAUTIFUL. IT REFLECTED, IN FACT, A LOT OF THINGS I WOULD SAY, BUT HE SAID THEM FOR ME.

WHAT I WANT TO SAY, DAVID, ON A VERY PERSONAL NOTE IS THAT ARRIVING AT THIS DISTINGUISHED BOARD AS A PATIENT ADVOCATE CAN BE VERY DAUNTING AS WE TRY TO LEARN THE SCIENCE ALONG WITH THE RELATIONSHIPS. AND I REALLY APPRECIATED THAT FROM THE GET-GO YOU WERE VERY SUPPORTIVE OF OTHER PATIENT ADVOCATES, BUT PARTICULARLY ME AND MAKING ME FEEL WELCOME SO THAT -- AND WATCHING MY BACK SO THAT I HAD THE CHUTZPAH TO SAY, TO TALK, TO ENGAGE. AND I HOPE -- I TAKE AWAY FROM THAT THAT AS PATIENT ADVOCATES OUR VOICES ARE POWER. WHO WE REPRESENT IS CRITICAL. AND YOU ARE THE PERFECT MODEL FOR HOW THAT SHOULD BE, NOT JUST BY TALKING OUT, BUT SUPPORTING OTHERS, THE WIND AT OUR BACK. SO REALLY APPRECIATE THAT I COULD DEPEND ON DAVID TO HAVE MY BACK. AND SO THANK YOU VERY MUCH FOR BEING THAT WIND. THANK YOU.

DR. FISCHER-COLBRIE: I CAN'T HOPE TO MATCH THE ELOQUENCE OF WHAT MARV AND YSABEL JUST SAID. BUT HAVING SPENT COUNTLESS HOURS TOGETHER ON GRANT WORKING GROUP, FACILITY WORKING GROUP, I MADE SURE TO BE EXTRA CAREFUL LISTENING TO YOUR FEEDBACK

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AND COMMENTS BECAUSE YOUR ABILITY TO PARSE OUT AND DISTIL THE ESSENTIAL REQUIREMENTS OF BOTH THE SCIENCE AND THE COMMUNITY WERE SO COMPELLING THAT IT WAS VERY IMPORTANT TO BE ABLE TO TAKE YOUR INFORMATION AND BE ABLE TO COMPREHEND IT.

SO YOUR DILIGENCE, YOUR THOUGHTFULNESS, YOUR PROACTIVE, POSITIVE INTERACTIONS ALL CONTRIBUTED MIGHTILY TO THOSE DISCUSSIONS. AND SO PERSONALLY I WANT TO VERY MUCH THANK YOU FOR YOUR HARD WORK IN PREPARING FOR ALL THAT BECAUSE YOU HAD A DEFINITE IMPACT ON ME. I KNOW YOU HAD AN IMPACT ON MANY OTHERS. SO THANK YOU.

CHAIRMAN IMBASCIANI: THANK YOU, MARK. WHILE KEEPING THE FLOOR OPEN, THE CHAIR WILL ENTERTAIN A MOTION TO ACCEPT THIS RESOLUTION IN HONOR OF DAVID HIGGINS.

VICE CHAIR BONNEVILLE: SO MOVED.

DR. SOUTHARD: SECOND.

CHAIRMAN IMBASCIANI: DID YOU CAPTURE THAT? THANK YOU. OKAY. IS THERE ANY COMMENT COMING FROM OUTSIDE THE ROOM? OKAY. THAT INCLUDES THE PUBLIC, OF COURSE. SO I GUESS --

MS. MANDAC: NO PUBLIC COMMENT.

CHAIRMAN IMBASCIANI: NO PUBLIC COMMENTS. I THINK WE SHOULD CLOSE THE FORMALITY PART OF THIS.

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MR. TOCHER: I'LL DO A VOICE VOTE IN THE ROOM. AND I MUST POLL THE MEMBERS INDIVIDUALLY WHO ARE PARTICIPATING VIA ZOOM.

SO ALL THOSE IN FAVOR SAY AYE. THOSE OPPOSED? ANY ABSTENTIONS? AND I'LL POLL THE MEMBERS ON THE PHONE.

DAN BERNAL.

MR. BERNAL: ENTHUSIASTIC AYE.

MR. TOCHER: MONICA CARSON.

DR. CARSON: AYE.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: AYE.

MR. TOCHER: ANNE-MARIE DULIEGE.

DR. DULIEGE: AYE.

MR. TOCHER: RICH LAJARA.

MR. LAJARA: AYE.

MR. TOCHER: CHRIS MIASKOWSKI.

DR. MIASKOWSKI: YES.

MR. TOCHER: AND JOE PANETTA.

MR. PANETTA: VERY BIG AYE.

MR. TOCHER: THANK YOU. CONGRATULATIONS, DAVID.

(APPLAUSE.)

DR. HIGGINS: THANK YOU ALL FOR NOT JUST TODAY AND THIS BUT FOR 13 YEARS OF THIS. I FEEL

HUMBLED AND APPRECIATIVE. AND THEY SAY THAT THE FIRST TIME YOU MEET A PERSON WITH PARKINSON'S IS THE SAME AS ANY OTHER TIME YOU'LL EVER MEET THEM. IT'S A CONFOUNDING, VICIOUS DISEASE THAT CIRM IS POISED, I THINK, TO CONTRIBUTE SIGNIFICANTLY TO A CURE. THERE ARE RUMORS OF CLINICAL TRIALS GOING ON IN HUMANS AS WE SPEAK YET TO BE CONFIRMED.

AS YOU HEARD FROM VITO, I HAVE A PARTICULARLY RICH BACKGROUND IN PARKINSON'S. I THINK I WAS -- IT WAS SORT OF FATE FROM THE BEGINNING BECAUSE IT COULD ALWAYS PUT YOU TO WORK DOING SOMETHING. I APPRECIATE BEING INCORPORATED INTO THE CIRM FAMILY, AND I REGRET THAT I AM LEAVING. BUT MEDICALLY MY TIME HAS COME AND IT WILL BE BETTER OFF WITH MY HUSBAND BATTLING THE NUANCES OF THIS DISEASE FROM AFAR. SO WITH THAT, THANK YOU VERY MUCH.

(APPLAUSE.)

CHAIRMAN IMBASCIANI: THANK YOU AGAIN, DAVID, AND WE WISH YOU VERY, VERY WELL.

OKAY. FROM THE SUBLIME TO THE LESS THAN SUBLIME, WE WILL MOVE TO THE CONSENT AGENDA. THERE ARE THREE ITEMS. I CAN TAKE YOU THROUGH THAT VERY QUICKLY. THERE IS A CONSIDERATION OF THE MINUTES FROM THE LAST MEETING, JUNE 26TH. I PERUSED THE

MINUTES. I CAN'T FIND ANYTHING THAT NEEDS CORRECTION. THERE ARE SEVERAL APPOINTMENTS AND REAPPOINTMENTS TO THE GRANTS WORKING GROUP. THE APPOINTMENT IS OF OUR NEWEST BOARD MEMBER, MARGUERITE CASILLAS, THE PATIENT ADVOCATE FOR THE MULTIPLE SCLEROSIS PATIENT GROUP. AND REAPPOINTMENT OF THREE MEMBERS TO THEIR THIRD SIX-YEAR TERM: MARTIN PARA FROM THE UNIVERSITY OF MELBOURNE AUSTRALIA. RAJA RAJIV FROM GLAXOSMITHKLINE, AND STEVEN RUSSELL, BOTH OF BETA BIONICS AND HARVARD MEDICAL SCHOOL.

INCIDENTALLY, OUR VICE PRESIDENT FOR PORTFOLIO DEVELOPMENT AND REVIEW, GIL SAMBRANO, HAS PUT TOGETHER IN YOUR MEETING NOTES A REFERENCE BY URL TO A LIST OF ALL 269 MEMBERS OF THE GRANTS WORKING GROUP. THERE WAS SOME CURIOSITY AT THE LAST MINUTE OF WHO THESE PEOPLE ARE, WHAT THEIR FIELDS OF EXPERTISE ARE. HE'S VERY GENEROUSLY COMPILED THAT INTO A LIST THAT IS ACCESSIBLE TO YOU.

AND THE THIRD ITEM IN THE CONSENT AGENDA IS THE CONSIDERATION OF THE APPOINTMENT TO THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP OF THE GENTLEWOMAN TO MY LEFT, YAEL WYTE.

SO THE WAY CONSENT AGENDAS WORK IS IF YOU WANT TO DISCUSS OR ARGUE OR DEBATE ANY PART OF THAT,

PLEASE EXTRACT IT FROM THE CONSENT AGENDA. OTHERWISE, I'LL ENTERTAIN A MOVEMENT TO ACCEPT IT IN TOTO AND WE WILL VOTE ON IT. ARE THERE ANY EXTRACTIONS? HEARING NONE --

DR. BARRETT: I MOVE ACCEPTANCE OF THE CONSENT AGENDA.

CHAIRMAN IMBASCIANI: THANK YOU. AND A SECOND?

DR. CARETHERS: I SECOND.

JOHN CARETHERS SECONDS. THANK YOU.

ANY DISCUSSION OR COMMENT FROM THE PUBLIC? HEARING NONE, SCOTT, I THINK YOU CAN PROCEED.

MR. TOCHER: ALL THOSE IN FAVOR IN THE ROOM SAY AYE. THOSE OPPOSED OR ABSTAIN? AND I'LL POLL THE MEMBERS ON THE PHONE.

DAN BERNAL.

MR. BERNAL: AYE.

MR. TOCHER: MONICA CARSON.

DR. CARSON: AYE.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: AYE.

MR. TOCHER: ANNE-MARIE DULIEGE.

DR. DULIEGE: AYE.

MR. TOCHER: RICH LAJARA.

MR. LAJARA: AYE.

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MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: AND JOE PANETTA.
MR. PANETTA: YES.
MR. TOCHER: THANK YOU. THE MOTION CARRIES.
CHAIRMAN IMBASCIANI: THANK YOU, SCOTT.
WE'RE GOING TO MOVE NOW TO AGENDA ITEM NO. 11, CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE TO OUR DISCOVERY PROGRAM ANNOUNCEMENT KNOWN AS DISC-0. AND I WILL ASK OUR VICE PRESIDENT FOR PORTFOLIO DEVELOPMENT AND REVIEW TO COME FORWARD, GIL SAMBRANO.
DR. SAMBRANO: GOOD AFTERNOON, MEMBERS OF THE BOARD, MEMBERS OF THE PUBLIC, COLLEAGUES. TODAY I'M GOING TO PRESENT TO YOU THE RECOMMENDATIONS FROM THE GRANTS WORKING GROUP RELATED TO THE DISC-0 FOUNDATION AWARDS.
THE PROGRAM ALWAYS STARTS WITH A STATEMENT OF OUR MISSION. THIS IS SOMETHING WE DO AT THE GRANTS WORKING GROUP. WE DO THIS AT THE BOARD. IT'S AN IMPORTANT REMINDER TO ALL OF US WHY WE ARE HERE WHICH IS TO ACCELERATE WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE MANNER TO A DIVERSE

CALIFORNIA AND WORLD.

THE DISCOVERY PROGRAM ITSELF AT CIRM IS FOCUSED WITH A GOAL OF FUNDING EARLY STAGE REGENERATIVE MEDICINE SCIENCE AND TO ACCELERATE THE DEVELOPMENT OF POTENTIAL THERAPIES AND BIOMARKERS.

THE DISC-0 OPPORTUNITY ITSELF, ITS GOAL IS TO ACHIEVE A DISCOVERY OR TECHNOLOGY THAT ADDRESSES A KNOWLEDGE GAP THAT CAN ADVANCE ANY OF THESE FOUR ITEMS. THAT IS, UNDERSTANDING THE BIOLOGY OF STEM CELLS THAT'S RELEVANT TO HUMAN BIOLOGY AND DISEASE, THE APPLICATION OF GENETIC RESEARCH RELEVANT TO HUMAN BIOLOGY OR DISEASE, AS WELL AS THE DEVELOPMENT OF HUMAN STEM CELLS AS A TOOL FOR BIOMEDICAL INNOVATION AND THE GREATER APPLICABILITY OF REGENERATIVE MEDICINE DISCOVERIES TO ALL AFFECTED POPULATIONS.

THE STRUCTURE OF THE DISC-0 OPPORTUNITY IS IN THIS TABLE. SO FOR THIS PARTICULAR ROUND, THIS HAS NOT ALWAYS BEEN THE CASE FOR DISC-0, BUT FOR THIS ROUND WE HAD TWO TRACKS. WE HAD A SINGLE PI TRACK AND A TEAM TRACK. BOTH OF THEM OFFER AWARDS FOR THREE YEARS, THE BUDGET BEING COMMENSURATE WITH THE FACT THAT THE SINGLE TRACK SUPPORTS A SINGLE PI AND THEIR TEAM TO CONDUCT WORK; WHEREAS, THE TEAM TRACK PROVIDES UP TO 3 MILLION FOR THE PI PLUS UP TO

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TWO ADDITIONAL CO-INVESTIGATORS WHO ARE INTENDED TO BE COMPLEMENTARY TO THE WORK OF THE MAIN PI.

THE ALLOCATION FOR THIS ROUND OF DISC-0 -- AND THIS IS THE LAST ROUND OF DISC-0. SO JUST A NOTE. WE ARE REPLACING THIS WITH WHAT WILL BE COMING, THE DISC5 PROGRAM. FOR THIS ROUND WE HAD 74.2 MILLION ALLOCATED TO SUPPORT UP TO 20 TO 25 AWARDS. NOW, I'LL REMIND YOU THAT THIS ALLOCATION WAS DOUBLED BACK IN JUNE IN ORDER TO ALLOW MORE MERITORIOUS PROJECTS TO BE FUNDED. IT WAS ORIGINALLY AT 37.1 MILLION.

SO A LITTLE BIT ABOUT THE REVIEW PROCESS ITSELF. THERE ARE FOUR STEPS THAT LIE BETWEEN THE SUBMISSION OF AN APPLICATION AND THE FINAL APPROVAL FOR FUNDING. IT BEGINS WITH AN ELIGIBILITY SCREEN AND DETERMINING BY CIRM STAFF WHETHER AN APPLICATION CAN BE REVIEWED, WHETHER IT HAS ALL THE APPROPRIATE ELEMENTS. FOR COMPETITIONS LIKE THIS ONE WHERE THERE IS A VERY HIGH DEMAND OF APPLICATIONS, AND I'LL SHOW YOU THAT IN A MINUTE, WE GO THROUGH A POSITIVE SELECTION PROCESS TO NARROW THE POOL OF APPLICATIONS TO THOSE THAT WILL ADVANCE TO A FULL DISCUSSION BY THE GRANTS WORKING GROUP. AND THE GRANTS WORKING GROUP THEN CONDUCTS A DISCUSSION. AND THE OUTCOME OF THAT IS A SCORING AND

RECOMMENDATION OF THOSE APPLICATIONS, AND WE BRING THOSE TO THE APPLICATION REVIEW SUBCOMMITTEE OF THE BOARD FOR FINAL DECISION-MAKING ON THOSE.

THE GRANTS WORKING GROUP PANEL ITSELF IS COMPOSED OF DIFFERENT MEMBERS AND DIFFERENT ROLES. SO WE HAVE THE SCIENTIFIC GRANTS WORKING GROUP MEMBERS WHO SERVE ON THE PANEL. THEY PARTICIPATE IN THE POSITIVE SELECTION PROCESS. SO THEY ARE THE MAIN DETERMINANTS OF WHAT ADVANCES. THE SCIENTIFIC EVALUATION IS BASED ON THE BROAD SUBJECTIVE AREA OR METHODS AND EXPERTISE THAT THEY BRING TO THE TABLE. AND THEY ALL ENTER A FINAL SCORE. SO THE SCORES YOU SEE ON THE APPLICATIONS HAVE ALL COME FROM THE SCIENTIFIC GRANTS WORKING GROUP MEMBERS.

PART OF THE GROUP ALSO INCLUDES OUR GRANTS WORKING GROUP BOARD MEMBERS, MEANING BOARD MEMBERS FROM THE ICOC, PATIENT ADVOCATE OR NURSE MEMBERS. THEY ALSO PARTICIPATE IN THE POSITIVE SELECTION PROCESS AND BRING THE PATIENT PERSPECTIVE ON THE SIGNIFICANCE AND POTENTIAL IMPACT OF PROJECTS TO THE TABLE AS WELL AS OVERSIGHT ON THE REVIEW ITSELF. THEY DO NOT ENTER SCORES.

AND THEN, LASTLY, WE HAVE VISITING SPECIALISTS. SO THE SPECIALISTS HELP AUGMENT THE EXPERTISE THAT WE HAVE ON THE PANEL. SCIENTIFIC

EVALUATION BASED ON SPECIALIZED AREAS, AND THEY PROVIDE RECOMMENDED SCORES, BUT THEY DO NOT PROVIDE A FINAL SCORE. ONLY THE SCIENTIFIC GWG MEMBERS CAN DO THAT.

ALL RIGHT. SO A LITTLE BIT ABOUT THE NUMBERS AND HOW IT WENT FOR THIS CYCLE. WE STARTED WITH 372 APPLICATIONS THAT WERE SUBMITTED FOR THE CYCLE. THREE HUNDRED TWENTY-FIVE WERE DEEMED ELIGIBLE, AND THOSE WENT THROUGH THE POSITIVE SELECTION PROCESS. WE ACTUALLY RAN TWO CYCLES. SO THE WAY POSITIVE SELECTION WORKS, YOU CAN DO MULTIPLE ITERATIONS. AND WE GOT DOWN TO 51 THAT WERE SELECTED BY THE GRANTS WORKING GROUP.

I WANT TO NOTE HERE THAT FOR THIS PARTICULAR CYCLE WE TRIED A COUPLE OF NEW THINGS. ONE OF THEM WAS THAT WE RECRUITED 31 SCIENTISTS TO PARTICIPATE IN THE POSITIVE SELECTION PROCESS. NORMALLY WE USE SIMPLY THE 15 THAT COMPOSE THE PANEL OF THE DISCUSSION GROUP. BUT THIS TIME WE DECIDED, GIVEN THE LARGE DEMAND AND NUMBER OF APPLICATIONS, TO ENSURE THAT WE HAD AN APPROPRIATE BALANCE AND GOOD REPRESENTATION OF EXPERTISE, WE EXPANDED THE GROUP TO WHAT WE COULD, WHICH WAS 31.

SO FOLLOWING THE SELECTION, WE ENDED UP WITH 51 SELECTED AND THEN TEN THAT BYPASSED

SELECTION. AND THE BYPASS MEANS THAT THE APPLICANTS HAD SCORED BETWEEN 80 AND 85 IN THE PREVIOUS ROUND. SO THAT SCORE ALLOWS THEM TO BYPASS THE POSITIVE SELECTION AND GO DIRECTLY TO THE FULL MERIT REVIEW.

SO IN TOTAL 61 ADVANCED TO DISCUSSION BY THE GRANTS WORKING GROUP. AND THEN 25 WERE RECOMMENDED BY THE GRANTS WORKING GROUP FOR FUNDING. AND I'LL GIVE YOU MORE DETAILS ON THAT.

THE OTHER THING I WANT TO TELL YOU ABOUT IS THE SECOND THING WE TRIED IS THAT WE THOUGHT IT WOULD BE HELPFUL TO EXPAND THE EXPERTISE OF THE GRANTS WORKING GROUP, WHICH IS WHAT WE CALL A TRIPARTITE PANEL. AND SO THIS IS A PILOT AND A NEW APPROACH TO ASSEMBLING A GRANTS WORKING GROUP PANEL.

UNDER PROP 71 AND 14, IT LIMITS US IN TERMS OF THE NUMBER OF SCIENTIFIC MEMBERS THAT CAN BE ON THE SCORING PANEL TO 15. AND SO WE DEVISED A WAY THAT WE CAN HAVE A PANEL THAT STILL RETAINS 15 SCORING MEMBERS FOR EACH APPLICATION, BUT EXPANDS THE OVERALL PANEL TO ALLOW FOR ADDITIONAL EXPERTISE.

SO THE WAY THIS WORKS IS THE FULL PANEL IS 22 INDIVIDUAL SCIENTISTS, 21 REVIEWERS PLUS THE CHAIR. AND WE DIVIDE THE MEETING UP INTO DIFFERENT SESSIONS. AND SO THE CHAIR MODERATES THE ENTIRE MEETING FROM START TO FINISH ACROSS ALL THREE

SESSIONS. AND THE PANELISTS ARE PARSED INTO DIFFERENT GROUPS, A, B, OR C, EACH HAVING ABOUT SEVEN MEMBERS. AND SO EVERY APPLICATION HAS 15 SCORING PANELISTS.

SO THE CHAIR AND THEN, FOR EXAMPLE, IN SESSION ONE THE MEMBERS OF GROUP A AND B. AND THEN FOR SESSION 2 THE CHAIR PLUS GROUPS B AND C AND SO ON. AND SO THIS ALLOWED US TO EXPAND THE GROUP TO 22 INSTEAD OF 15.

AND I'LL TELL YOU LOGISTICALLY IT WAS A LITTLE MORE CHALLENGING TO DO THIS, BUT I THINK OVERALL IT WAS SUCCESSFUL. I THINK IT DID ALLOW US TO EXPAND EXPERTISE, AND I THINK IT IS SOMETHING THAT WE WILL CONTINUE TO MOVE FORWARD AND EVOLVE AS WE MOVE FORWARD WITH OTHER FUNDING OPPORTUNITIES.

SO THE SCORING SCHEME FOR THE REVIEWERS THAT THEY USE TO SCORE THE APPLICATION IS ON A SCALE OF 1 TO 100. THE FINAL SCORE FOR AN APPLICATION IS THE MEDIAN. AND SO SCORES BETWEEN 85 AND 100 MEANS THAT THE APPLICATION HAS EXCEPTIONAL MERIT AND WARRANTS FUNDING. SCORES BELOW 85 MEAN THAT THE APPLICATION DOES NOT WARRANT FUNDING. AND BECAUSE THIS IS THE LAST DISC-0 COMPETITION, ANYTHING THAT SCORES BETWEEN AN 80 AND AN 84 IN THIS CASE WILL NOT BYPASS A FUTURE ROUND OF POSITIVE SELECTION.

ALL RIGHT. THESE ARE THE REVIEW CRITERIA THAT THE PANEL USES TO SCORE ON WHICH THEY APPLY THE SCORES. DOES THE PROJECT HOLD THE NECESSARY SIGNIFICANCE AND POTENTIAL FOR IMPACT? MEANING WHAT VALUE DOES IT OFFER? AND IS IT SOMETHING THAT'S WORTH DOING? IN THIS CASE, SINCE WE HAVE THE TEAM TRACK, WE ALSO WANTED TO ENSURE THAT THERE WAS SYNERGY OR AN ADVANTAGE THAT IS PROVIDED BY THE TEAM COLLABORATION IN THESE PROJECTS SO THAT WAS AN ADDITIONAL ELEMENT THAT WAS ASSESSED. IS THE RATIONALE SOUND? IS THE PROJECT WELL PLANNED AND DESIGNED? IS IT FEASIBLE? IT DOES THE PROJECT INCLUDE CONSIDERATION FOR MAXIMIZING THE IMPACT OF SUCCESSFUL OUTCOMES ACROSS AFFECTED POPULATIONS?

OKAY. SO HERE IS A SUMMARY OF THE RECOMMENDATIONS FROM THE GRANTS WORKING GROUP. OF THE 61 APPLICATIONS, AS MENTIONED EARLIER, THERE WERE 25 TOTAL APPLICATIONS THAT RECEIVED A SCORE OF 85 OR ABOVE, MAKING THEM RECOMMENDED FOR FUNDING. THAT TOTAL APPLICANT REQUEST IS 78.9 OR SO MILLION, WHICH IS ABOVE THE FUNDS AVAILABLE, WHICH ARE 74.2 THAT WERE ALLOCATED FOR THIS ROUND.

SO AS A RESULT, THE CIRM TEAM SPENT SOME TIME LOOKING AT THESE APPLICATIONS. AND I WILL SHOW YOU IN THE SPREADSHEET, WHEN WE GET TO THAT, BUT I

WILL EXPLAIN KIND OF HOW WE FOCUSED IN ON WHICH APPLICATIONS TO CONSIDER TO RECOMMEND AND WHICH ONES NOT TO.

SO LOOKING AT THE RANK ORDER, THE TOP 22 APPLICATIONS HAD AT LEAST A TWO-THIRDS MAJORITY RECOMMENDATION FROM THE GRANTS WORKING GROUP. THERE ARE TWO COLUMNS THERE, ONE THAT HAS A YES OR A NO IN TERMS OF THE NUMBER OF GRANTS WORKING GROUP MEMBERS WHO SCORED 85 OR ABOVE AND THOSE THAT SCORED BEFORE. SO IT GIVES YOU AN INDICATION OF THE RELATIVE NUMBER OF MEMBERS THAT FELT THIS WAS A MERITORIOUS APPLICATION OR NOT.

SO WITH THAT, THE TOP 22 HAD A TWO-THIRDS MAJORITY. AND THE NEXT ONES, APPLICATIONS 23 THROUGH 25, HAD SPLIT RECOMMENDATIONS. SO THE 23D HAD EIGHT RECOMMENDING TO FUND, SEVEN NOT, AND THE OTHER TWO WERE ACTUALLY EVENLY SPLIT WITH SEVEN MEMBERS EACH VOTING TO FUND AS WELL AS NOT TO FUND.

SO THE FOLLOWING ASSESSMENT BY THE PROGRAM TEAMS THAT'S LED BY DR. ROSA CANET-AVILES AND KELLY SHEPARD, THE TEAM LOOKED AT THESE APPLICATIONS. AND THEIR RECOMMENDATION IN TERMS OF WHICH APPLICATION TO FUND WAS DISC-0 17507. AND THERE ARE SEVERAL REASONS FOR THE RATIONALE BEHIND SUPPORTING THIS PARTICULAR APPLICATION.

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THIS REPRESENTS A FIRST-TIME CIRM PI, WHICH BRINGS A NEW INVESTIGATOR INTO THE PORTFOLIO. IT ADDRESSES A DISEASE OF THE CNS, PARTICULARLY ALZHEIMER'S DISEASE, AND FOCUSES ON TAU PATHOLOGY, AND PROVIDES A FEASIBLE BUDGET. OF THE APPLICATIONS WE CONSIDERED, GIVEN THE ASSUMPTION THAT WE WOULD FUND EVERYTHING DOWN TO IN FULL RANK, SO THE TOP 22 APPLICATIONS, THAT LEAVES US WITH 3 MILLION. AND SO THE SUM OF THOSE APPLICATIONS EXCEEDED THAT BUDGET. SO EVEN BY VIRTUE OF THE BUDGET, WE WOULD NOT BE ABLE TO FUND THOSE. THERE WERE TWO THAT WE COULD. AND SO THIS WAS ONE OF THEM. WHEN I SHOW YOU THE SPREADSHEET, I'LL POINT OUT THESE THINGS IN MORE DETAIL.

SO I WANT TO ALSO MENTION MINORITY REPORTS BECAUSE WE HAD ONE APPLICATION THAT QUALIFIED FOR ONE. SO WHAT A MINORITY REPORT IS, UNDER PROP 14, ANY APPLICATION THAT'S NOT RECOMMENDED FOR FUNDING BY THE GRANTS WORKING GROUP, BUT HAS 35 PERCENT OR MORE OF THE MEMBERS SCORE TO FUND THE APPLICATION MUST INCLUDE A MINORITY REPORT. SO THAT MEANS WE PUT TOGETHER A SUMMARY THAT WE ENSURE REVIEWERS FEEL REPRESENTS THEIR PERSPECTIVE ON THAT PARTICULAR APPLICATION. AND SO THAT IS INCLUDED WITHIN THE REVIEW SUMMARY FOR THOSE APPLICATIONS.

SO THE ONE APPLICATION THAT QUALIFIED WAS DISC-0 17822, THE ROLE OF STEM CELL-LIKE T-CELLS IN AUTOIMMUNE DISEASES, AND THAT RECEIVED A SCORE OF 83. AND THE SPLIT BETWEEN THE RECOMMENDED AND NOT RECOMMENDED WAS SEVEN THAT SCORED TO FUND AND EIGHT THAT SCORED NOT TO FUND. AND SO THAT APPLICATION WAS AMONG THE ONES THAT WERE CONSIDERED BY THE PROGRAMS TEAM IN TERMS OF DETERMINING WHICH ONES TO RECOMMEND.

AND SO WE'RE GOING TO TRANSITION OVER TO THE SPREADSHEET. THANK YOU.

MR. TOCHER: JUST TO THE MEMBERS, THIS SHEET IS ALSO AVAILABLE IN YOUR BOARDABLE. SO IF YOU FIND IT AS FUN AS I DO TO TRY TO READ THAT.

DR. SAMBRANO: YEAH. I APOLOGIZE. THERE'S A LOT OF DATA AND INFORMATION HERE. BUT THE REASON TO SHOW IT IS JUST TO SHOW YOU THE RANK ORDER OF THESE APPLICATIONS AND REALLY TO FOCUS IN ON PARTICULARLY THESE LAST THREE. BECAUSE YOU WILL NOTICE HERE IN THE COLUMN I WAS MENTIONING IN TERMS OF THE NUMBER OF GRANTS WORKING GROUP MEMBERS THAT VOTED OR THAT SCORED 85 OR ABOVE VERSUS THOSE THAT DID NOT, THERE WAS A CLEAR TWO-THIRDS MAJORITY ABOVE THESE THREE, BUT YOU HAVE EIGHT VERSUS SEVEN AND THEN EVEN SPLITS HERE, SEVEN AGAINST SEVEN.

ALSO, IF YOU LOOK AT THE BUDGET REQUEST, WITH 3 MILLION LEFT, ASSUMING EVERYTHING IS ACCEPTED DOWN TO THE 22D RANKING APPLICATION, THEN YOU HAVE THESE THREE. THESE TWO, THE 17507 AND 17954, WOULD FIT WITHIN THE BUDGET. 1753 WOULD NOT, NOR WOULD THE ONE WITH THE MINORITY REPORT -- I APOLOGIZE FOR IT GOING BACK AND FORTH A LITTLE BIT -- IS THIS ONE HERE AT 4.6 MILLION. PART OF THE REASON AND DIFFERENCE IN THE AWARD AMOUNTS IS WHETHER THEY ARE A TEAM TRACK OR SINGLE TRACK AWARD. SO THE TEAM TRACK TEND TO BE THE MORE EXPENSIVE AND SEEM TO BE AT THE RANGE OF ABOUT 3 TO 4 MILLION; WHEREAS, THE SINGLE TRACK DO NOT.

SO, MR. CHAIRMAN, I WILL STOP HERE AND TAKE ANY QUESTIONS.

CHAIRMAN IMBASCIANI: GREAT. THANK YOU SO MUCH, GIL, FOR THAT REPORT. APPRECIATE IT. I'M JUST GOING TO, FIRST OF ALL, ASK SCOTT TO MAKE SOME COMMENTS MAYBE ON CONFLICT OF INTEREST. BECAUSE THIS IS A LITTLE BIT CHOREOGRAPHED, I'M GOING TO ASK FOR A SERIES OF MOTIONS IN A PARTICULAR ORDER. SCOTT, WOULD YOU GO FIRST?

MR. TOCHER: SURE. AS MANY OF YOU MAY BE FAMILIAR, WHEN PROGRAMS ARE WHAT WE WOULD CALL OVER SUBSCRIBED, MEANING THERE ARE MORE APPLICATIONS

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 CACSR7152@OUTLOOK.COM

PENDING A REQUEST FOR FUNDING THAN THERE IS A BUDGET TO COVER, WE CONSIDER THAT A MEMBER WITH CONFLICT AS TO ANY SINGLE APPLICATION IS IN CONFLICT AS TO THE ENTIRETY OF THE APPLICATIONS. SO UNTIL SUCH TIME AS THAT THE NUMBER OF APPLICATIONS PENDING IS WHITTLED DOWN TO A NUMBER THAT IS COVERED BY THE AVAILABLE BUDGET, SUCH MEMBERS WITH A CONFLICT SHOULD NOT PARTICIPATE IN ANY DISCUSSION OR ATTEMPT TO MAKE ANY MOTION. AND I WILL NOT CALL ON YOU FOR ANY SUBSEQUENT VOTES.

SO AT THE APPROPRIATE TIME, I WILL LET MEMBERS KNOW WHO HAVE A CONFLICT THAT IT'S OKAY TO PROCEED. SO I WILL JUST READ OFF THE NAMES OF THE VOTING MEMBERS OF THE APPLICATION REVIEW SUBCOMMITTEE WHO ARE SUBJECT TO THIS PROHIBITION RIGHT NOW. SO THOSE ARE MEMBERS MIASKOWSKI, BERNAL, FLOWERS, DURON, AND DAHL. SO THOSE MEMBERS SHOULD REFRAIN AS I INDICATED.

FOR THE NONVOTING MEMBERS WHO WOULD PARTICIPATE IN A DISCUSSION PERHAPS, THOUGH NOT VOTING OR MAKING MOTIONS, I WILL READ OFF THAT LIST. THIS IS NOT IN ALPHABETICAL ORDER. I'M SORRY BECAUSE I WAS GOING OFF THE SPREADSHEET THAT'S UP. SO LISTEN CAREFULLY PLEASE. ALMASRI YAMAMOTO, MELMED, CARETHERS, BARRETT, SACKEY, GASSON, STARK,

MELTZER, BLUMENTHAL, LEVITT, AND CARSON. THERE WAS PROBABLY A SHORTER WAY OF DOING THAT ALTERNATIVELY. SO WITH THAT --

CHAIRMAN IMBASCIANI: WITH THAT, THANK YOU, SCOTT. SO BECAUSE OF THE RUBRIC THAT HE JUST ELUCIDATED, LET ME JUST RECAP IN JUST A COUPLE OF SENTENCES THE COLORIMETRIC SCHEME THAT WE WERE JUST PRESENTED WITH. TWENTY-FIVE APPLICATIONS THAT HAVE SOME COLOR ATTACHED TO THEM ON THAT SPREADSHEET WERE RECOMMENDED FOR FUNDING BY THE GRANTS WORKING GROUP. HOWEVER, THAT TOTAL ASK IS 4 POINT SOME ODD MILLIONS OF DOLLARS ABOVE BUDGET. THIRTY-TWO IN WHITE WERE NOT RECOMMENDED, BUT THEN THE TEAM WENT BACK AND LOOKED, AS GIL VERY EXPERTLY EXPLAINED, USING THE CRITERIA THAT HE STATED, CHOSE TWO MORE OF THE 25 THAT WERE PRESENTED BY THE GRANTS WORKING GROUP TO BE INCLUDED IN THE NOT RECOMMENDED FOR FUNDING, WHICH PUTS US IN BUDGET AND GIVES US THE MAXIMUM NUMBER OF FUNDABLE PROJECTS.

SO THE FIRST MOTION THE CHAIR WOULD VERY MUCH LIKE TO HEAR WOULD BE IS THERE ANYONE WHO WOULD LIKE TO CONSIDER FUNDING ANY APPLICATION THAT WAS NOT RECOMMENDED BY THE TEAM FOR FUNDING? LET ME TRANSLATE THAT. IS THERE ANYTHING IN THE WHITE OR ORANGE SECTION THAT YOU WOULD LIKE TO IN A SENSE

ABSTRACT AND DISCUSS AND CONSIDER FOR FUNDING? PLEASE LOOK AT THE ZOOM.

SO OKAY, NOT HEARING ANY ABSTRACTION FROM THAT, CAN I HAVE A MOTION TO NOT FUND ALL THE -- I WANT TO WORD THIS CORRECTLY -- TO NOT FUND ANY OF THE APPLICATIONS -- LET ME SAY IT AGAIN.

MR. TOCHER: CAN I OFFER A SUGGESTION?

CHAIRMAN IMBASCIANI: PLEASE. THANK YOU.

MR. TOCHER: PERHAPS THE NEXT WOULD BE IS THERE -- ARE THERE ANY APPLICATIONS IN THE FUND TERRITORY, THE GREEN, THAT ANYONE WOULD WISH TO MOVE DOWN BASICALLY INTO THE NOT FUND CATEGORY? RIGHT NOW THE TEAM'S RECOMMENDATION, AS YOU HEARD, IS TO NOT FUND --

CHAIRMAN IMBASCIANI: SO BASICALLY SCOTT'S SUGGESTING DO YOU WANT TO REMOVE SOMETHING FROM THE RECOMMENDED FOR FUNDING CATEGORY TO THE NOT RECOMMENDED FOR FUNDING?

DR. CARETHERS: MAY I ASK A QUESTION?

MR. TOCHER: YOU DO HAVE A CONFLICT. IS IT JUST A PROCESS POINT?

DR. CARETHERS: JUST A GENERAL QUESTION. THAT IS, WILL THERE BE ANOTHER ROUND OF DISCOVERY? THAT'S THE QUESTION I WANT TO ASK, OR IS THIS THE LAST ONE?

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CHAIRMAN IMBASCIANI: IT WAS STATED THIS IS THE LAST DISCOVERY 0.

DR. CANET-AVILES: DISC-0 AS IT WAS, NO. HOWEVER, WE ARE DEVELOPING THE NEW DISC5, WHICH IS GOING TO BE FOUNDATIONAL BIOLOGY, THAT'S GOING TO COVER THE SCOPE OF WHAT THESE AWARDS IN THIS PROGRAM WAS DOING. SO THERE'S GOING TO BE OPPORTUNITIES TO APPLY AT SMALL ONE-PERSON PI TRACK AS WELL AS A COUPLE TRACKS.

DR. CARETHERS: THANK YOU.

CHAIRMAN IMBASCIANI: OKAY. I THINK WE ARE AT A POINT WHERE I THINK THE CHAIR WOULD LIKE TO --

MS. MANDAC: JOE HAS HIS HAND RAISED.

MR. PANETTA: THANK YOU. SO I GUESS THIS IS KIND OF A HYBRID QUESTION IF I CAN ASK IT AT THIS POINT. TELL ME IF I CAN'T. I'M LOOKING AT THE DISC THAT ENDS IN 507 VERSUS 513. AND I'M TRYING TO UNDERSTAND WHY WE HAVE REMOVED ONE THAT RECEIVED MORE GWG VOTES AND ARE KEEPING ONE, AND I KNOW IT'S RELATIVELY SMALL DIFFERENCE, BUT BOTH HAD A SCORE OF 85, AND THE CIRM TEAM RECOMMENDED WE NOT APPROVE 513. I'D JUST LIKE TO UNDERSTAND JUST BRIEFLY WHY THERE'S THAT DISCREPANCY IN THOSE TWO THAT ARE SO CLOSE TOGETHER. IS THAT APPROPRIATE TO ASK?

MR. TOCHER: YES.

CHAIRMAN IMBASCIANI: YES.

MR. PANETTA: THANK YOU.

DR. SAMBRANO: THANK YOU FOR THE QUESTION. SO THE MAIN REASON IS ACTUALLY DUE TO THE BUDGET. SO YOU WILL NOTICE THAT IF WE FUND EVERYTHING DOWN TO 18038, WHICH IS THE ONE ABOVE 17513, THAT LEAVES US WITH 3 MILLION. SO THE NEXT ONE, WHICH IS THE 513, EXCEEDS THE BUDGET. THE NEXT TWO DO NOT. AND SO THOSE, AT LEAST JUST BASED SIMPLY ON THE BUDGET, ALLOWS US TO FUND ONE OR THE OTHER.

THERE WAS ALSO AN ASSESSMENT SCIENTIFICALLY BY THE PROGRAM TEAMS IN TERMS OF LOOKING AT THE DIFFERENCE BENEFITS OF THESE. AND AS I MENTIONED EARLIER, THE 17507 HAS A PI THAT WOULD BE NEW TO THE CIRM PORTFOLIO. AND IT ALSO IS AN APPLICATION THAT ADDRESSES ALZHEIMER'S DISEASE. SO IT IS CENTRAL TO THE PRIORITY OF CNS INDICATIONS. SO THOSE ARE THE REASONS FOR WHY THESE WERE SELECTED.

MR. PANETTA: THANKS.

CHAIRMAN IMBASCIANI: JOE, DID THAT SATISFY?

MR. PANETTA: YES. THANK YOU.

CHAIRMAN IMBASCIANI: THANK YOU. SO I

THINK --

MS. MANDAC: WE ALSO HAVE ANNE-MARIE.

DR. DULIEGE: JUST ONE CLARIFICATION. ROSA, I THINK I HEARD YOU SAYING THAT FOR THOSE APPLICATIONS THAT ARE NOT SELECTED THIS TIME, THEY MAY HAVE AN OPPORTUNITY TO PRESENT AGAIN OR TO APPLY AGAIN FOR DISC5 IN THE NEAR FUTURE; IS THAT CORRECT?

DR. CANET-AVILES: YES. AND IT'S COMING VERY SOON. SO THERE'S THE OPPORTUNITY FOR DISC5 WHICH WILL BE PAIRS OF INVESTIGATORS.

ONLY AS A CLARIFICATION, CAN I ADD THE CLARIFICATION? IS THAT OKAY? DID I ANSWER YOUR QUESTION, ANNE-MARIE?

DR. DULIEGE: I DID. I HAVE ANOTHER QUESTION, BUT PLEASE GO WITH THE CLARIFICATION FIRST.

DR. CANET-AVILES: YOU ARE A BOARD MEMBER. YOU GO FIRST.

DR. DULIEGE: IT DOESN'T MATTER SO MUCH. BACK TO GIL, THE DIFFERENCE BETWEEN THE LAST TWO COLOR, IT'S THE 507 AND 954. ONE WAS ACCEPTED, THE OTHER ONE NOT. THEY STILL, HOWEVER, BOTH FIT INTO THE BUDGET ENVELOPE THAT WE HAVE. THE REASONS WHY ONE WAS ACCEPTED AND THE OTHER ONE NOT WERE NOT SCIENTIFIC IN NATURE. NOT BASED ON THE MERIT OF THE

APPLICATION, BUT RATHER ONE IS IN THE NEUROLOGICAL TYPE OF SCIENTIFIC AREAS.

IT BOTHERS ME A LITTLE BIT THAT THIS IS NOT BASED ON SCIENTIFIC MERIT BETWEEN THESE TWO. DO YOU HAVE COMMENTS?

DR. SAMBRANO: SO IT ISN'T ON SCIENTIFIC MERIT.

DR. CANET-AVILES: IT WAS PORTFOLIO.

DR. SAMBRANO: CORRECT. I THINK ROSA CAN EXPAND ON THE RATIONALE FOR THOSE TWO.

DR. CANET-AVILES: CAN YOU TELL ME? IT WAS 507 AND THE OTHER ONE 954?

DR. DULIEGE: YES.

DR. CANET-AVILES: SO THE DIFFERENCE -- THERE WERE THREE CRITERIA THAT WE LOOKED AT THAT WERE OBJECTIVE CRITERIA. WE WERE NOT REVIEWING ANYTHING. ONE WAS PORTFOLIO. SO THE ALZHEIMER'S, ALSO THE APOE, NEITHER OF THEM ARE IN THE PORTFOLIO, SO THEY COULD HAVE COME IN FOR THAT REASON IF WE HAD THE MONEY FOR BOTH OF THEM.

SECOND CRITERIA WAS AN AMOUNT OF FUNDING. AND THEY BOTH HAD -- THE THIRD CRITERIA WAS WHETHER THIS WAS THE FIRST CHANCE FOR A PI, THAT WAS IT WAS THE FIRST TIME THAT THEY APPLIED TO CIRM, AND THIS WAS A FIRST-TIME PI AT CIRM. THAT'S WHAT

DIFFERENTIATED THEM BOTH.

DR. DULIEGE: THANK YOU. I UNDERSTAND THAT. ONE HAS TO FIND CRITERIAS. BUT THEY BOTH WERE OF EQUAL SCIENTIFIC MERIT OR NEARLY EQUAL SCIENTIFIC MERIT.

DR. SAMBRANO: CORRECT. BASED ON WHAT THE GRANTS WORKING GROUP PROVIDED, YES.

DR. DULIEGE: OKAY. THANK YOU.

CHAIRMAN IMBASCIANI: OKAY. THANK YOU, ROSA AND GIL.

SO I THINK I'D LIKE TO DO TWO MOTIONS. WE COULD MOVE TO NOT FUND THOSE NOT RECOMMENDED, OR WE CAN GO DIRECTLY TO FUND THOSE RECOMMENDED FOR FUNDING BY THE TEAM. CAN WE GO DIRECTLY TO THE LAST OPTION?

MR. TOCHER: I WOULD GO TO ACTUALLY THE CONVERSE. IT WOULD ALLOW ONE MORE MEMBER TO PARTICIPATE. SO NOT FUND THOSE THAT THE TEAM HAS RECOMMENDED FOR NOT FUNDING.

CHAIRMAN IMBASCIANI: GOOD. THAT'S WHAT I WAS PREPARED TO DO.

MR. TOCHER: AND THAT MOTION CAN ONLY BE MADE AND SECONDED BY A MEMBER WHO HAS NO CONFLICT AS TO ANY OF THEM.

CHAIRMAN IMBASCIANI: SO YOU ALL HEARD

THAT. SO I WOULD LOVE TO HEAR A MOTION TO NOT FUND THOSE APPLICATIONS RECOMMENDED BY THE TEAM NOT TO BE FUNDED.

DR. FISCHER-COLBRIE: SO MOVED.

DR. SOUTHARD: SECOND.

MR. TOCHER: I DIDN'T CATCH THE FIRST.

CHAIRMAN IMBASCIANI: I DIDN'T EITHER. MARK FISCHER-COLBRIE.

MR. TOCHER: AND THE SECOND WAS MARV?

CHAIRMAN IMBASCIANI: THAT'S THE MOTION ON THE FLOOR. IS THERE ANY DISCUSSION FROM BOARD MEMBERS? OR FROM MEMBERS OF THE PUBLIC?

MS. MANDAC: THERE ARE NO HANDS RAISED.

CHAIRMAN IMBASCIANI: THERE ARE NOT. SCOTT, YOU MAY PROCEED TO A VOTE.

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: AYE.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: AYE.

MR. TOCHER: ANNE-MARIE DULIEGE.

DR. DULIEGE: AYE.

MR. TOCHER: MARK FISCHER-COLBRIE.

MR. FISCHER-COLBRIE: AYE.

MR. TOCHER: DAVID HIGGINS.

DR. HIGGINS: YES.

133 HENNA COURT, SANDPOINT, IDAHO 83864
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MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: AYE.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: AYE.
MR. TOCHER: ADRIANA PADILLA. JOE PANETTA.
MR. PANETTA: YES.
MR. TOCHER: MARV SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: YAEL WYTE.
MS. WYTE: YES.
MR. TOCHER: THANK YOU VERY MUCH. THAT MOTION CARRIES.
CHAIRMAN IMBASCIANI: OKAY. THANK YOU. NOW THE CHAIR WOULD LIKE TO HEAR A MOTION RECOMMENDING FOR FUNDING ALL THOSE APPLICATIONS RECOMMENDED BY THE TEAM TO BE FUNDED.
DR. SOUTHARD: SO MOVED.
CHAIRMAN IMBASCIANI: THAT WAS MARVIN. AND?
DR. FISCHER-COLBRIE: SECOND.
CHAIRMAN IMBASCIANI: IS THERE ANY DISCUSSION ON THIS ITEM? AND NOTHING FROM THE PUBLIC? WE WOULD LOVE TO HEAR. CLAUDETTE, CAN YOU NAVIGATE THAT?

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MS. MANDAC: YES. SO WE DO HAVE A MEMBER IN PERSON AS WELL AS MEMBERS ON ZOOM WHO WISH TO MAKE PUBLIC COMMENT. WE WILL START WITH THE MEMBER WHO IS ATTENDING IN PERSON, WHO'S AUDREY. YOU CAN MAKE YOUR WAY TO THE MICROPHONE. NEXT UP WILL BE ZOE ON ZOOM. SO ALL OF OUR PUBLIC COMMENTATORS, YOU WILL HAVE THREE MINUTES. WE WILL KEEP TIME. WE WILL MUTE YOU OUT OF FAIRNESS ONCE WE REACH THE THREE MINUTES. AUDREY, YOUR TIME STARTS NOW.

MS. DAVIDAU: THANK YOU SO MUCH FOR HAVING ME. I'M SO GRATEFUL TO BE IN THE ROOM WITH SO MANY INCREDIBLE PEOPLE AND SCIENTISTS DEVOTED TO REALLY MAKING A DIFFERENCE. I'M ALSO GRATEFUL, SO GRATEFUL TO BE FROM THE GREAT STATE OF CALIFORNIA WHERE SOMETHING AS MEANINGFUL AND IMPACTFUL AS CIRM CAN EXIST.

MY NAME IS AUDREY DAVIDAU. I'M THE PRESIDENT OF THE PITT HOPKINS RESEARCH FOUNDATION AND ABOVE ALL THE MOTHER OF A 14-YEAR-OLD SON WITH PITT HOPKINS SYNDROME. THIS RARE NEURODEVELOPMENTAL DISORDER SHAPES EVERY MOMENT OF OUR LIVES. MY SON CANNOT SPEAK OR WALK AND LACKS THE MOTOR CONTROL TO EVEN TURN A PAGE OR USE THE REMOTE CONTROL. EVERYTHING, FEEDING, DRESSING, DIAPER CHANGES, AND FLUSHING HIS STOMACH SO HE CAN HAVE A BOWEL MOVEMENT

MUST BE DONE FOR HIM.

BUT DON'T MISTAKE HIS DEPENDENCE FOR LACK OF AWARENESS. HE IS BRIGHT AND DEEPLY PRESENT, BUT WITHOUT THE MOTOR AND SPEECH ABILITIES TO SHOW IT. THAT MISMATCH CAUSES OVERWHELMING ANXIETY AND FRUSTRATION, AND LATELY HE'S BEEN PUNCHING HIS FACE ALL DAY LONG OUT OF SHEER DISTRESS.

PITT HOPKINS HAS BEEN DESCRIBED AS AUTISM, EPILEPSY, SEVERE GUT AND BREATHING DISORDERS, CEREBRAL PALSY, AND PROFOUND ANXIETY ROLLED INTO A CHILD WHO CANNOT SPEAK. LIKE SO MANY FAMILIES IN OUR COMMUNITY, WE WITH THE DESPERATION OF KNOWING THERE IS NO MEDICINE DESIGNED TO HELP HIM.

THAT'S WHY I'M HERE TODAY TO STRONGLY SUPPORT THE IRIS MEDICINE DISC-0 17998 APPLICATION. THE IRIS TEAM IS PARTNERING WITH DR. GENE YU'S RNA LAB AT UC SAN DIEGO TO APPLY THEIR NOVEL RNA TECHNOLOGY TO GENE ACTIVATION. THEIR PLATFORM, SMALL BINDING RNA, SBRNA, OFFERS A SAFE, EFFECTIVE, AND DURABLE WAY TO BOOST EXPRESSION OF GENES THAT ARE NOT FUNCTIONING PROPERLY. IRIS HAS ALREADY SHOWN PROGRESS TOWARD THE CLINIC FOR REPEAT EXPANSION DISORDERS, AND PITT HOPKINS COULD BE NEXT.

COMPARED TO VIRAL GENE THERAPY, SBRNA OFFERS CLEAR ADVANTAGES. IT DOES NOT USE VIRUSES,

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ALLOWING FOR A LESS INVASIVE ROUTE. INTRATHECAL DOSING TWICE A YEAR INSTEAD OF DIRECT BRAIN INJECTION.

A SECOND ADVANTAGE IS THAT SBRNA DRIVES EXPRESSION FROM THE BODY'S ENDOGENOUS PROMOTER. THIS IS PARTICULARLY IMPORTANT FOR PITT HOPKINS BECAUSE IT MEANS THE THERAPY COULD RESTORE ALL NATURAL TCF ISOFORMS, AND THERE ARE A LOT OF TCF ISOFORMS; WHEREAS, VIRAL GENE THERAPY WOULD GENERALLY PRODUCE ONLY ONE. THAT NUANCE COULD BE CRITICAL FOR FULLY RESTORING TCF DIVERSE BRAIN FUNCTIONS.

FOR RARE CONDITIONS LIKE PITT HOPKINS, CIRM IS REALLY OUR ONLY HOPE. AND IMPORTANTLY, THIS APPROACH HAS BROADER IMPLICATIONS. IT COULD EXTEND TO OTHER HAPLO INSUFFICIENCIES, INCLUDING SEVERE EPILEPSY, SUCH AS SYNGAP, DRAVET, AND OTHER CERTAIN CARDIOMYOPATHIES. FOR MY SON AND THOUSANDS OF OTHERS, EVERY DAY WITHOUT MEDICINE IS A DAY LOST. A THERAPY THAT CAN RESTORE TCF4 EXPRESSION WOULDN'T JUST EASE SYMPTOMS, IT WOULD CHANGE LIVES. I URGE YOU TO SUPPORT THIS APPLICATION AND HELP BRING SBRNA TECHNOLOGY TO FAMILIES LIKE MINE. THANK YOU. AND IF I HAVE A LITTLE EXTRA TIME --

MS. MANDAC: I'M SORRY. PERFECT TIMING,

AUDREY. THANK YOU SO MUCH.

NEXT WE HAVE ZOE BAILEY FROM THE SYNGAP RESEARCH FOUNDATION SPEAKING FOR THE SAME APPLICATION, DISC-0 17998. SO YOU HAVE THE FLOOR.

MS. BAILEY: HI, EVERYBODY. THANK YOU SO MUCH FOR BEING HERE, AND I WANT TO ECHO WHAT THE PREVIOUS PRESENTER SAID. AND IT'S JUST AN HONOR TO BE HERE IN CALIFORNIA DURING THESE TIMES.

SO MY NAME IS ZOE BAILEY. I JUST WANT TO SHOW YOU THE SWEET LITTLE PICTURE OF MY DAUGHTER. THIS IS KAIA BAILEY. SHE'S MY BEAUTIFUL, ADVENTUROUS, FUNNY FIVE-YEAR-OLD DAUGHTER, AND SHE WAS DIAGNOSED WITH SYNGAP1 RELATED DISORDER ON MARCH 23, 2023, A DAY ETCHED IN MY MEMORY FOREVER. LIFE BEFORE THAT DATE FEELS ABSOLUTELY UNRECOGNIZABLE. THAT SINGLE DIAGNOSIS INTRODUCED US TO THE WORLD OF RARE DISEASE, A WORLD I DON'T WISH ON ANYONE. THIS WORLD IS FULL OF HEARTBREAK, GRIEF, AND EXHAUSTED PARENTS. IT ALSO IS A WORLD THAT'S UNDERFUNDED AND UNDERREPRESENTED.

I ALREADY KNEW MY DAUGHTER WOULD FACE BARRIERS THAT HER WHITE PEERS WOULD NOT, BUT NOTHING PREPARED ME FOR THE REALITY THAT KAIA'S OPPORTUNITY WOULD ALSO BE LIMITED BY THE WAY HER BODY AND BRAIN FUNCTION. SYNGAP1 HAS RESHAPED EVERY PART OUR

FAMILY'S LIFE. KAIA EXPERIENCES INTENSE EMOTIONAL OUTBURSTS, SEIZURES, AGGRESSIVE BEHAVIORS, INTELLECTUAL DISABILITY, HYPOTONIA, JUST TO NAME A FEW. SHE'S NOT POTTY TRAINED, CANNOT ADEQUATELY DRESS OR FEED HERSELF, IS MINIMALLY VERBAL, AND DOESN'T UNDERSTAND DANGER.

SHE'S OFTEN EXTREMELY -- HAS AGGRESSIVE OUTBURSTS TOWARDS HER YOUNGER SISTER WHO, DESPITE BEING TWO YEARS YOUNGER, HAS ALREADY SURPASSED HER DEVELOPMENTALLY. SHE WILL ALWAYS BE HER BIG LITTLE SISTER. AND IF KAIA DOES NOT RECEIVE EFFECTIVE THERAPEUTICS, WE WILL ONE DAY DEPEND ON HER TO BE KAIA'S CAREGIVER. THAT IS A WEIGHT THAT NO MOTHER OR CHILD SHOULD EVER HAVE TO CARRY.

AND THE TRUTH IS SYNGAP1 IS NOT JUST A CHILD DISORDER. WITHOUT EFFECTIVE TREATMENT KAIA WILL NEVER LIVE INDEPENDENTLY. HER SEIZURES, WHICH WE KNOW WILL WORSEN OVER TIME AND CREATE RISKS, WILL WORSEN OVER TIME AS WILL THE RISKS. SHE WILL REQUIRE 24-HOUR CARE FOR THE REST OF HER LIFE.

EVERYDAY LIFE ALREADY TAKES EVERYTHING WE HAVE. IN JUST THE LAST TWO WEEKS, KAIA HAS SPENT 24 HOURS IN THE HOSPITAL FOR AN EEG, HAS DRIVEN NEARLY TWO HOURS BACK AND FORTH FOR ORTHOTICS TO SUPPORT HER UNSTEADY GAIT, AND WE LOGGED 20 HOURS OF

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SPECIALIZED THERAPEUTICS ON TOP OF THE DAILY STRUGGLES OF TANTRUMS, TRANSITIONS, AND EMOTIONAL DYSREGULATION.

BALANCING MY MARRIAGE, MY CAREER, AND MY OWN WELL BEING OFTEN FEELS IMPOSSIBLE. YET WE ARE CONSIDERED LUCKY BECAUSE KAIA'S DIAGNOSIS CAME EARLY BECAUSE WE HAD ACCESS TO EXCELLENT MEDICAL CARE AND RESOURCES. AS A LICENSED CLINICAL SOCIAL WORKER MYSELF, I KNEW THE URGENCY OF EARLY INTERVENTION AND WAS RELENTLESS IN SEEKING ANSWERS.

WE ARE SO LUCKY TO ALSO HAVE FOUND AN AMAZINGLY STRONG PATIENT ADVOCACY GROUP, THE SYNGAP RESEARCH FUND, WHICH IS FIGHTING EVERY DAY FOR A BETTER FUTURE. I NOW VOLUNTEER WITH THIS ORGANIZATION BECAUSE THERE IS NOTHING MORE IMPORTANT THAN WORKING TOWARDS GIVING KAIA AND OTHER KIDS LIKE HER THE BEST CHANCE. STILL TOO MANY FAMILIES NEVER GET THIS CHANCE. TOO MANY CHILDREN GO UNDIAGNOSED, AND TOO MANY PARENTS ARE LEFT --

MS. MANDAC: THANK YOU SO MUCH, ZOE, FOR SHARING YOUR STORY ABOUT KAIA.

WE ARE CHECKING JUST BECAUSE ONE PERSON JUST ENTERED THE WAITING ROOM TO SEE IF ANY MORE HANDS ARE RAISED. ALL RIGHT. SEEING NONE, NO MORE PUBLIC COMMENT.

CHAIRMAN IMBASCIANI: THERE IS NONE. THANK YOU SO MUCH, CLAUDETTE, FOR MANAGING THAT. SCOTT, NO FINAL COMMENTS FROM BOARD MEMBERS, WE'RE GOING TO PROCEED TO A VOTE.

MR. TOCHER: ALL RIGHT. SO A LITTLE CHANGE. FOR THOSE VOTING MEMBERS WHO HAD A CONFLICT AND HAD TO REFRAIN FROM PARTICIPATING, WHEN I CALL YOUR NAME FOR THIS FINAL VOTE, YOU CAN INDICATE AYE OR NAY, WHATEVER YOUR VOTE IS, AND THEN JUST ADD EXCEPT FOR THOSE APPLICATIONS WITH WHICH I HAVE A CONFLICT OR SOME VERSION OF THAT. AS A REMINDER, THOSE MEMBERS ARE BERNAL, DURON, DAHL, FLOWERS, AND MIASKOWSKI.

DAN BERNAL.

MR. BERNAL: AYE, EXCEPT FOR THOSE WITH WHICH I HAVE A CONFLICT.

MR. TOCHER: MARIA.

VICE CHAIR BONNEVILLE: YES.

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: AYE.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: AYE.

MR. TOCHER: SHANNON DAHL.

DR. DAHL: AYE, EXCEPT FOR THOSE APPLICATIONS WITH WHICH I HAVE A CONFLICT.

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MR. TOCHER: ANNE-MARIE DULIEGE.
DR. DULIEGE: AYE.
MR. TOCHER: YSABEL DURON.
MS. DURON: AYE, EXCEPT FOR THOSE APPLICATIONS WITH WHICH I HAVE A CONFLICT.
MR. TOCHER: MARK FISCHER-COLBRIE.
MR. FISCHER-COLBRIE: AYE.
MR. TOCHER: ELENA FLOWERS.
DR. FLOWERS: YES, EXCEPT FOR THOSE APPLICATIONS WITH WHICH I HAVE A CONFLICT.
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, EXCEPT FOR THOSE APPLICATIONS WITH WHICH I HAVE A CONFLICT.
MR. TOCHER: JOE PANETTA.
MR. PANETTA: YES.
MR. TOCHER: MARV SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: YAEL WYTE.
MS. WYTE: YES.

MR. TOCHER: GREAT. THANKS VERY MUCH. THE MOTION CARRIES.

CHAIRMAN IMBASCIANI: WELL, THANK YOU. THANK YOU, SCOTT. A LITTLE COMPLICATED, BUT WE GOT THROUGH IT. THANK YOU.

WE CAN NOW MOVE ON TO AGENDA ITEM -- QUESTION FROM DR. BARRETT. YES.

DR. BARRETT: FOR GIL. SO ONE OF THE THINGS THAT STRUCK ME IN YOUR VERY WELL-CRAFTED PRESENTATION WAS THE SIGNIFICANT NUMBER OF APPLICATIONS THAT WERE DEEMED NOT ELIGIBLE FOR REVIEW, ALMOST 50. I WANTED TO KNOW -- I DON'T REMEMBER SEEING THOSE DATA BEFORE FOR OTHER COMPETITIONS. I WANTED TO KNOW IF THAT WAS NORMAL. AND IF IT IS NORMAL, DO WE NEED TO BE DOING SOMETHING MORE TO INFORM POTENTIAL APPLICANTS OF THE PRECISE CRITERIA FOR ELIGIBILITY BECAUSE EACH OF THOSE, I THINK, 47 APPLICATIONS WILL HAVE REPRESENTED A LOT OF WORK ON THE PART OF INVESTIGATORS AND PRESUMABLY PASSED MUSTER WITH A SPONSORED PROJECT'S OFFICE SUBMISSION IN THE FIRST PLACE.

DR. SAMBRANO: THAT'S A GREAT QUESTION. SO IT DEPENDS ON THE COMPETITION. FOR DISCOVERY WE TEND TO GET MORE BECAUSE PART OF THE REQUIREMENT IS

BEING AT THE STAGE OF READINESS THAT'S APPROPRIATE FOR THIS. AND I THINK THAT'S WHERE A LOT OF THE PROJECTS GET HUNG UP.

SO ONE OF THE THINGS THAT WE ENCOURAGE IS FOR THEM TO SET UP A CONSULTATION WITH THE PROGRAM TEAM, SO WITH ROSA AND HER TEAM AND KELLY SHEPARD, TO GO OVER THE PROJECT AND ENSURE THAT IT'S LIKELY TO BE FUNDED.

SO THERE ARE SOME WHO DO THAT, MANY THAT DON'T. BUT I THINK THAT IS PROBABLY THE BIGGEST CULPRIT FOR THAT NUMBER OF APPLICATIONS THAT DID NOT MAKE IT THROUGH ELIGIBILITY.

DR. BARRETT: COULD WE MAKE THAT A REQUIREMENT FOR SUBMISSION?

DR. SAMBRANO: YEAH, WE COULD. IT'S SOMETHING WE'VE CONSIDERED, BUT AT THE SAME TIME WE ALSO DON'T WANT TO PREVENT SOMEBODY WHO HAS THE OPPORTUNITY LAST MINUTE OR IF WE DON'T HAVE THE BANDWIDTH OR SCHEDULE TO DO IT TO STILL BE ABLE TO APPLY. SO I THINK AT THIS POINT WE WOULD JUST HIGHLY ENCOURAGE FOLKS TO REACH OUT AS PROBABLY THE BEST AVENUE.

DR. SACKEY: FOLLOW UP ON THAT. IS IT POSSIBLE TO PERHAPS INSTITUTE A LETTER OF INTENT WHICH ALLOWS YOU THEN TO PREEMPT SOME OF THE ONES

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THAT YOU THINK MIGHT BE OFF THE MARK AND MAYBE OFFER THE CONSULTATION THAT WAY AS OPPOSED TO HAVING PEOPLE DECIDE THE LAST FEW WEEKS BEFORE IT'S DUE TO DECIDE TO REACH OUT?

DR. SAMBRANO: RIGHT. THAT'S A GREAT SUGGESTION. WE CAN CERTAINLY DO THAT HERE IN THIS TYPE OF PROGRAM. IN SOME OF THE OTHER PROGRAMS, WE HAVE INSTITUTED A PRESUBMISSION PROCESS WHICH IS SIMILAR WITH THE IDEA OF CAPTURING INITIALLY WHAT IT IS THAT THEY INTEND TO DO AND INVITE THOSE THAT REALLY MAKE THE CUT AND QUALIFY. SO THANK YOU FOR THAT SUGGESTION.

CHAIRMAN IMBASCIANI: OKAY. GREAT. JONATHAN, OUR PRESIDENT, IS GOING TO GIVE US AN UPDATE ON STRATEGIC ALLOCATION FRAMEWORK, AGENDA ITEM NO. 12.0.

DR. THOMAS: THANK YOU, MR. CHAIR. LAST YEAR, AS YOU WILL RECALL, THIS BOARD APPROVED A STRATEGIC ALLOCATION FRAMEWORK OR SAF WHICH DEFINES HOW CIRM WILL ALLOCATE OUR REMAINING FUNDS TO BEST MEET THE GOAL OF ADVANCING REGENERATIVE MEDICINE THERAPIES TO THE PEOPLE OF CALIFORNIA AND THE WORLD.

TODAY I WANT TO UPDATE YOU ON WHERE WE ARE ON THE SAF. I WILL SHOW YOU OUR BUDGET FORECAST FOR ALL OUR PROGRAMS, AND I WILL HIGHLIGHT STEPS TAKEN

TO DATE ON IMPLEMENTING THE SAF AS WELL AS WHAT'S COMING IN THE NEXT YEAR.

AS PART OF THAT, I WILL DISCUSS OUR SAF GOALS AND PREFERENCES WITHIN OUR PROGRAMS THAT HELP ENSURE OUR LIMITED FUNDS ARE DIRECTED TOWARDS REACHING THOSE GOALS. WHEN I'M DONE, GIL WILL SHOW YOU AN EXAMPLE OF HOW THE TEAM IMPLEMENTED PREFERENCES IN ASSESSING CLIN2 APPLICATIONS.

I WANT TO START BY REMINDING YOU WHY WE DEVELOPED THE SAF. OVER THE PAST FEW YEARS, WE HAVE SEEN A SIGNIFICANT INCREASE IN NUMBERS OF APPLICATIONS THAT WE RECEIVE FOR ALL OUR PROGRAMS. AT THE END OF 2023, SEVERAL OF YOU ON THE BOARD REQUESTED THAT THE TEAM DEVELOP A STRATEGY FOR ENSURING CIRM'S REMAINING PUBLIC FUNDS ARE DEPLOYED WHERE THEY CAN HAVE THE GREATEST NEAR-TERM IMPACT FOR PATIENTS.

THE CIRM TEAM, LED BY DR. ROSA CANET-AVILES, TALKED EXTENSIVELY TO STAKEHOLDERS AND REVIEWED CIRM'S PORTFOLIO TO DATE AS WELL AS THE LANDSCAPE OF REGENERATIVE MEDICINE RESEARCH, THERAPY DEVELOPMENT, PATIENT ACCESS, AND WORKFORCE DEVELOPMENT. THEN THE TEAM DEVELOPED A FUNDING STRATEGY WITH A COORDINATED SET OF FUNDING PROGRAMS.

THE PROGRAMS FOLLOW A DEFINED CADENCE THAT

ALLOWS PROJECTS TO MOVE FROM DISCOVERY TO CLINICAL PHASES IN A COORDINATED WAY TO ENSURE THE PORTFOLIO ADVANCES AS A WHOLE.

AS PART OF THE SAF, THE TEAM DEFINED FOUR CATEGORIES WITH CLEARLY DEFINED GOALS INTENDED TO MAXIMIZE CIRM'S IMPACT. YOU'VE SEEN A VERSION OF THIS SLIDE NUMEROUS TIMES. THE GOALS SHOWN HERE ARE THE HIGH LEVEL RESULT OF A VERY DEEP AND CAREFUL ANALYSIS BY THE CIRM TEAM. ALL THESE GOALS AND THE DERIVED RECOMMENDATIONS HAVE VERY CLEAR MILESTONES FOR MEASURING THEIR SUCCESS. WE INCLUDED PREFERENCES IN OUR NEW PROGRAMS WHICH WE PRESENTED IN MARCH THAT SELECT FOR APPLICATIONS MOST LIKELY TO HELP US ACHIEVE THOSE GOALS.

THE PREFERENCES ARE ANCHORED IN LONG-STANDING CIRM OBJECTIVES AND NEW OBJECTIVES MANDATED BY PROP 14, SUCH AS ADVANCING STEM CELL AND GENETIC THERAPIES, SUPPORTING CALIFORNIA-BASED APPLICANTS, PRIORITIZING PROJECTS THAT BUILD ON PRIOR CIRM FUNDING, EMPHASIZING CNS INDICATIONS, AND ENSURING ACCESS TO THERAPIES FOR PATIENTS ACROSS CALIFORNIA, AND FOCUSING ON PROJECTS CLOSEST TO CLINICAL TRANSLATION.

AS GIL HAS DESCRIBED IN PREVIOUS PRESENTATIONS AND WILL REVIEW AGAIN AFTER I TALK,

THE TEAM HAS STARTED EVALUATING APPLICATIONS ACCORDING TO THESE PREFERENCES AS A WAY OF FILTERING WHICH APPLICATIONS MOVE FORWARD TO FULL GRANTS WORKING GROUP REVIEW. THE INTENDED EFFECT OF THESE PREFERENCES IS TO ENSURE THAT OUR PUBLIC FUNDS ARE TRANSLATED INTO PROJECTS THAT ARE MOST LIKELY TO GENERATE THERAPIES THAT CAN REACH PATIENTS.

I WANT TO REMIND YOU THAT THE SAF AND THE PREFERENCES THAT WILL HELP US ACHIEVE THE IMPACT GOALS ARE NOT INTENDED TO BE STATIC. THEY ARE DESIGNED TO ADAPT BASED ON CIRM'S INTERNAL PORTFOLIO AND DEVELOPMENTS IN THE FIELD. IN JANUARY THE CIRM TEAM WILL PRESENT A PORTFOLIO REVIEW. THE BOARD WILL BE ABLE TO REVIEW OUTCOMES, EXAMINE THE EFFECT OF PREFERENCES, AND GUIDE ANY MODIFICATIONS BEFORE THE NEXT PROGRAM CYCLES LAUNCH.

AS I SAID, THE SAF INCLUDES A COORDINATED SET OF FUNDING PROGRAMS: CLINICAL PROGRAMS, PRECLINICAL, DISCOVERY, EDUCATION, AND INFRASTRUCTURE. THIS BUDGET PROJECTION SHOWN ON THE SCREEN SHOWS FUNDING FOR THE NEXT SIX YEARS ACROSS THESE PROGRAMS. ACCORDING TO THIS, WE'LL SPEND JUST UNDER $3.5 BILLION OVER THE COURSE OF THE NEXT SIX YEARS, WHICH WILL EXPEND OUR RESEARCH BUDGET.

A FEW THINGS TO NOTE. FIRST, THERE'S SOME

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ROUNDING. SO DON'T BREAK OUT YOUR CALCULATORS. SECOND, THIS PLAN ALSO DOES NOT INCLUDE FUNDS SET ASIDE FOR ACCESSIBILITY AND AFFORDABILITY GRANTS AND ANY PLANNED ACCESSIBILITY PROGRAMS, SUCH AS COMMUNITY CARE CENTERS OF EXCELLENCE SUPPORT. THE STRATEGY AND FINANCIAL PLAN OF THESE AWARDS WILL BE BROUGHT TO THE BOARD LATER THIS YEAR.

I'M NOT GOING TO TALK YOU THROUGH THE EXACT FUNDING LEVELS FOR EACH PROGRAM TODAY. INSTEAD, I WANT YOU TO SEE HOW THE BUDGETS FOR EACH OF THESE PROGRAMS ARE INTERRELATED. IF WE MAKE CHANGES TO A PROGRAM'S BUDGET DUE TO CHANGE IN THE SCIENTIFIC OR POLICY LANDSCAPE, WE'LL NEED TO RETHINK THE ENTIRE FRAMEWORK. WE'LL BE SHOWING YOU A VERSION OF THIS SLIDE PERIODICALLY SO YOU UNDERSTAND WHERE WE ARE WITH OUR RESEARCH BUDGET.

HERE YOU CAN SEE THE TIMELINE FOR THE FIRST TWO YEARS OF SAF IMPLEMENTATION. THE BOARD APPROVED THE SAF IN SEPTEMBER OF '24. THE TEAM BROUGHT THE FIRST SET OF FUNDING CONCEPTS TO YOU IN MARCH '25. AND WE BEGAN WELCOMING APPLICATIONS TO THE FIRST SET OF PROGRAMS THROUGHOUT THIS PAST SPRING AND SUMMER. RIGHT NOW WE ARE DEVELOPING THE NEXT SET OF CONCEPTS WHICH WILL BE BROUGHT TO YOU IN DECEMBER AND JANUARY. WE WILL BEGIN ACCEPTING

APPLICATIONS TO THE SECOND SET OF CONCEPTS FOR APPLICATIONS STARTING WINTER AND SPRING OF '26.

THIS SLIDE GIVES A BIT MORE DETAIL INTO WHAT THE REST OF WHAT 2025 AND 2026 WILL LOOK LIKE. AT THE DECEMBER BOARD MEETING, THE TEAM WILL BRING YOU CONCEPTS FOR TWO EDUCATION PROGRAMS AND AN INFRASTRUCTURE CONCEPT. THEN IN JANUARY WE WILL BRING TO YOU A RARE DISEASE PILOT PROGRAM AS WELL AS A DATA INFRASTRUCTURE PROGRAM. YOU CAN ALSO SEE HERE THAT IN JANUARY WE WILL ALSO PRESENT THE AFOREMENTIONED THOROUGH PORTFOLIO REVIEW.

BEFORE I TAKE QUESTIONS, I'D LIKE TO TURN IT OVER TO GIL WHO'S GOING TO SHOW AN EXAMPLE OF HOW PREFERENCES HAVE BEEN USED TO DETERMINE WHICH APPLICATIONS WILL MOVE TO FULL REVIEW FOR THE CLIN2 PROGRAM. WE CAN BOTH TAKE QUESTIONS AFTER GIL'S PRESENTATION. GIL.

DR. SAMBRANO: ALL RIGHT. THANK YOU VERY MUCH, J.T. AS MENTIONED, I WANT TO SHOW YOU AN EXAMPLE. WE JUST STARTED, ALSO AS MENTIONED, WITH A LOT OF THESE NEW PROGRAM REVIEWS AND IMPLEMENTING PREFERENCES. AND I WANT TO SHOW YOU HOW THE QUALIFICATION PROCESS INCORPORATED THESE AND WHAT THE OUTCOMES OF THOSE WERE.

THE REVIEW OF THIS FIRST ROUND ISN'T

ACTUALLY YET DONE, MEANING IT HASN'T GONE THROUGH THE ENTIRE PROCESS TO FUNDING DECISION YET, BUT IT HAS GONE THROUGH THE QUALIFICATION STEP, WHICH MEANS IT GIVES YOU AND GIVES US ENOUGH INFORMATION TO ASSESS HOW THAT HAS WORKED SO FAR.

SO THIS, AGAIN, IS JUST A REMINDER OF THE PROCESS AND HOW IT WORKS. WE GO THROUGH ELIGIBILITY. WE INSERTED THIS QUALIFICATION PROCESS, AND WE INSERTED THIS ACTUALLY OVER A YEAR AGO. AND IT WAS PUT IN PLACE ORIGINALLY TO HELP MANAGE THE LARGE NUMBER OF CLIN APPLICATIONS THAT WERE COMING IN, AND WE REFERRED TO IT AT THE TIME AS A FLOW CONTROL SOLUTION TO THE APPLICATIONS. AND SO SOME OF YOU MAY REMEMBER THAT.

SO FOR THIS QUALIFICATION PROCESS, WHAT HAPPENS IS THE SCIENTIFIC MEMBERS OF THE CIRM INTERNAL REVIEW TEAM APPLY THE PREFERENCES OBJECTIVELY TO IDENTIFY IN ADVANCE THE TOP SEVEN APPLICATIONS. AND SO THE NUMBER ADVANCED IS BASED ON WHAT IT IS THAT WILL ENSURE AN IN-DEPTH REVIEW OF EACH OF THESE CLINICAL TRIAL APPLICATIONS, THE EXPECTED SUCCESS RATE, AS WELL AS ITS ALIGNMENT WITH THE BUDGET THAT'S AVAILABLE IN ORDER TO FUND THE NUMBER OF PROJECTS WE ARE SEEKING. AND JUST FOR REFERENCE, WE HAVE CLIN2 ON A QUARTERLY BASIS NOW,

SO FOUR TIMES PER YEAR. AND OUR INTENT FOR THE NUMBER OF CLINICAL TRIALS WE WOULD HOPE TO FUND IN A YEAR IS BETWEEN NINE AND FIFTEEN.

ALL RIGHT. SO THESE ARE THE PREFERENCES THAT WERE DEVELOPED AND APPROVED AS A MECHANISM TO PRIORITIZE AND DIRECT THE CIRM FUNDS TOWARDS PROJECTS THAT MOST ALIGN WITH OUR SAF GOALS. SO, AGAIN, DR. ROSA CANET-AVILES AND DR. JOE GOLD AND THE CLINICAL TEAM ALL PROPOSED THESE OBJECTIVE PREFERENCES THAT WERE PRESENTED IN MARCH AFTER CAREFUL ANALYSIS AND CONSIDERATION OF THE PRIORITIES THAT ARE SET FORTH IN PROP 14 AND THE SAF. AND YOU WILL SEE JUST A BULLETED RATIONALE NEXT TO EACH OF THOSE CONCEPT PREFERENCES. THOSE WERE DISCUSSED IN MORE DETAIL PREVIOUSLY.

THE PREFERENCES WERE POSTED WITH THE PROGRAM ANNOUNCEMENT AND WERE THEN UTILIZED IN THE QUALIFICATION STEP. LET ME SHOW YOU WHAT HAPPENS IN TERMS OF THIS FIRST ROUND. WE HAD 23 APPLICATIONS THAT WERE SUBMITTED FOR THE FIRST ROUND OF CLIN. AND AS YOU'LL SEE, THIS SHOWS AGAINST EACH CRITERIA HOW MANY APPLICATIONS MET THAT PARTICULAR PREFERENCE. SO, FOR EXAMPLE, ALMOST ALL OF THEM, 21 OUT OF THE 23, WERE CALIFORNIA ORGANIZATIONS. ABOUT HALF OF THEM REPRESENTED A PROGRESSION FROM A

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PREVIOUS CIRM AWARD. SO THAT'S A DIRECT PROGRESSION EVENT. AND THEN JUST OVER A THIRD TARGETED A CNS INDICATION. SO EIGHT OUT OF THE 23.

ALL RIGHT. SO NOW THE NUMBER OF PREFERENCES THAT WERE MET BY EACH PROJECT, SO I SHOWED YOU JUST IN GENERAL HOW MANY MET EACH OF THOSE PREFERENCES, BUT, OF COURSE, EACH INDIVIDUAL PROJECT MAY HAVE MET ONE, TWO, THREE, OR MORE OF THOSE PREFERENCES THEMSELVES. AND SO THAT'S WHAT THIS GRAPH SHOWS. SO WHAT YOU SEE AS THE NUMBER OF CRITERIA FROM 0 TO 4, THOSE ARE HOW MANY THE PROJECTS MET. AND SO IT ALSO SHOWS A COMPARISON OF THE SEVEN PROJECTS THAT ADVANCED VERSUS THOSE THAT DID NOT. SO THOSE THAT ARE IN BLUE ARE THE ONES THAT ADVANCED.

SO WE WILL OBSERVE A FEW THINGS. FIVE PROJECTS MET AS MANY AS FOUR DIFFERENT PREFERENCES. FIVE OTHER PROJECTS MET THREE DIFFERENT PREFERENCES. AND TWO OF THOSE ADVANCED AND THREE DID NOT. AND THE REASON FOR THAT IS THAT THERE IN THE POINT SYSTEM IS A TIE. WHEREVER THERE IS A TIE, WE THEN HAVE THE GRANTS WORKING GROUP DO A MORE SUBJECTIVE ASSESSMENT BASED ON VALUE PROPOSITION AND THEY SELECT WHICH ONES ADVANCE. SO THOSE TWO WERE ADVANCED BY THE GRANTS WORKING GROUP.

ALL RIGHT. HERE'S ANOTHER WAY TO LOOK AT IT. AND THIS IS BECAUSE WE HAD AN INTERESTING OBSERVATION HERE. ALL SEVEN APPLICATIONS THAT ADVANCED IN THIS INITIAL ROUND TARGET DISEASES OF THE CNS. SO THE QUESTION IS WHY DID THAT HAPPEN. DOES THAT MEAN THAT THE CNS PREFERENCE FOR SOME REASON OVERSELECTS OR IS MAKING IT DIFFICULT OR IMPOSSIBLE FOR OTHERS THAT ARE NOT CNS TO COME IN.

SO IF WE EXAMINE ALL OF THE APPLICATIONS, SO THE 23 APPLICATIONS IN THE POOL THAT TARGET THE CNS, AND COMPARE IT TO ALL THE NON-CNS. SO AT THE TOP YOU THE CNS APPLICATIONS AND THEN THE NON-CNS BELOW THAT. IT HAPPENS THAT THE CNS APPLICATIONS ALSO MET OTHER PREFERENCES TO A GREATER EXTENT THAN THE NON-CNS APPLICATIONS.

SO TO PROVIDE A LITTLE MORE DETAIL ON THIS, IF YOU LOOK AT THE TOP SEVEN APPLICATIONS, ALL OF THEM FROM CALIFORNIA, AND ALL HAPPENED TO TARGET CNS, THERE ARE EIGHT CNS APPLICATIONS. AMONG THOSE EIGHT, SIX ALSO HAPPENED TO BE A PLURIPOTENT STEM CELL OR IN VIVO GENE THERAPY. AND HALF OF THEM HAVE AN ADVANCED DESIGNATION WITH THE FDA.

IF YOU LOOK AT THE NON-CNS APPLICATIONS, OF WHICH THERE ARE 15, THERE'S ONLY THREE THAT HAD A PLURIPOTENT STEM CELL OR IN VIVO GENE THERAPY, AND

ONLY THREE HAD AN ADVANCED DESIGNATION.

SO FROM LOOKING AT THIS DATA, ALTHOUGH THE SEVEN TOP APPLICATIONS ALL TARGET THE CNS, THE FACT THAT THESE APPLICATIONS ALSO MET ADDITIONAL CONCOMITANT PREFERENCES CONTRIBUTED TO THEIR SELECTION. IN FACT, IF WE LOOK AT AND REMOVE THE CNS AS A CRITERION AND REASSESS WHICH ONES COME TO THE TOP, YOU END UP WITH EIGHT APPLICATIONS. AND FIVE OF THOSE ARE THE CNS, AND THE SAME ONES THAT WERE SELECTED. SO, IN EFFECT, THERE IS A PREFERENCE FOR CNS. WE ARE DELIBERATELY NOTING THAT AS A PREFERENCE, BUT IT DOESN'T APPEAR, AT LEAST, THAT IT IS OVERSELECTING AS WE POTENTIALLY FEARED.

SO THE OTHER THING I WANT TO NOTE IS THE CRITERIA THAT I SHOWED ARE VERY SIMILAR ALSO TO ONE OF OUR OTHER PROGRAMS, THE PRECLINICAL DEVELOPMENT OR PDEV, BUT IT USES A VERY DIFFERENT PROCESS. IT GOES THROUGH PRESUBMISSIONS. IT DOESN'T USE THIS PARTICULAR QUALIFICATION PROCESS, BUT THE PREFERENCES ARE SIMILAR. AND WE ALSO OBSERVED THERE THAT IN THAT CASE THE PRESUBS ALSO REQUIRED MEETING THREE TO FOUR DIFFERENT CRITERIA IN ORDER TO BE AMONG THOSE THAT GOT INVITED. HOWEVER, IN THAT CASE THE PERCENTAGE OF SELECTED PRESUBMISSIONS THAT ARE TARGETING THE CNS WAS ONLY 25 PERCENT.

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SO IT APPEARS THAT IT PROBABLY REALLY MORE DEPENDS ON THE PARTICULAR BATCH AND THE RELATIVE QUALITIES AND CHARACTERISTICS OF THE PROJECTS THAT COME IN. SO WE DON'T KNOW WHAT WILL COME IN IN THE NEXT ROUND, BUT IT'S SOMETHING THAT WE ALSO HOPE TO ASSESS. AND WE WILL, OF COURSE, SHARE THAT WITH YOU IN TERMS OF WHAT THE NUMBERS ARE LOOKING LIKE IN THESE DIFFERENT PROGRAMS.

SO IN SUMMARY, AS MENTIONED BY J.T., CIRM IS APPLYING THESE PREFERENCES IN THE SELECTION OF PROJECTS TO ENSURE ALIGNMENT WITH THE SAF. GENERALLY THE PROJECTS REQUIRE POSSESSING MULTIPLE PREFERENCES IN ORDER TO BE SELECTED. AND ALTHOUGH A PREFERENCE FOR TARGETING DISEASES OF THE CNS IS APPLIED, PROJECTS ADDRESSING ANY DISEASE AREA CAN ULTIMATELY BE SELECTED. AND AS I MENTIONED ALSO, WE HAVE ONLY COMPLETED ONE ROUND AT THIS POINT FOR CLIN2 AND THE OTHER PROGRAMS. SO ADDITIONAL DATA ON THE USE OF THESE PREFERENCES WILL CONTINUE TO BE COLLECTED AND SHARED WITH THE BOARD. AND THIS WILL CULMINATE ALSO IN JUST PROVIDING YOU MORE INFORMATION ON WHETHER THE PREFERENCES ARE GETTING WHAT WE NEED, WHAT WE WANT, AND WHAT YOU WOULD LIKE US TO SELECT FOR.

AGAIN REPEATING WHAT J.T. SAID, THESE

PREFERENCES ARE NOT STATIC. SO WE WILL BE PRESENTING AN OVERVIEW OF THE PORTFOLIO OF FUNDED PROJECTS EACH YEAR TO INFORM ANY CHANGES TO THOSE PREFERENCES THAT THE BOARD MAY CHOOSE TO ADOPT. SO THANK YOU VERY MUCH.

CHAIRMAN IMBASCIANI: THANK YOU, GIL. J.T., YOU HAVE A COMMENT?

DR. THOMAS: NO. I'M JUST STANDING HERE ANTICIPATING QUESTIONS.

CHAIRMAN IMBASCIANI: MARK.

DR. FISCHER-COLBRIE: GIL, THANKS FOR THE EXCELLENT PRESENTATION AND GREAT EXPLANATION FOR THE PROCESS AND THE DATA.

JUST ONE ITEM FOR REFERENCE GIVEN THE DIFFERENT CRITERIA THAT WERE LISTED. THE INHERENT PRESUMPTION IS THAT THERE'S EQUAL WEIGHTING FOR EACH ONE OF THOSE TO SOME EXTENT.

DR. SAMBRANO: YES.

DR. FISCHER-COLBRIE: OR IT MAY NOT BE OBVIOUS THAT THERE'S AN OVERWEIGHTING FOR A PARTICULAR CRITERION POINT.

DR. SAMBRANO: RIGHT. SO IN TERMS OF THE POINT SYSTEM FOR CLIN2, THEY ALL GET ONE. THE ONLY CRITERION THAT GETS TWO POINTS IS IF IT'S A PIVOTAL TRIAL.

DR. FISCHER-COLBRIE: GREAT. FANTASTIC. AND THEN IN ADDITION TO THE PREFERENCES, I EXPECT THAT WE'LL BE CONTINUING TO EVALUATE THE PROCESS AND SEE IF THERE ARE TWEAKS THAT MIGHT NEED FURTHER CONSIDERATION. BUT THAT'S SOMETHING THAT YOU WILL BE BRINGING TO THE BOARD FOR DISCUSSION AND REVIEW AS PART OF OUR PREFERENCE SETTING PROCESS. IS THAT AN ACCURATE?

DR. SAMBRANO: YES.

DR. FISCHER-COLBRIE: OKAY. GREAT. THANK YOU.

CHAIRMAN IMBASCIANI: PATRICK.

DR. LEVITT: TWO QUESTIONS. ONE FOR YOU, GIL. WHAT WAS THE RATIONALE FOR THE GOAL OF ADVANCING SEVEN APPLICATIONS AND NOT SIX OR NINE APPLICATIONS?

DR. SAMBRANO: SO WE HAD TO PICK A NUMBER, AND IT WAS BASED ON THE NUMBER OF TARGETED CLINICAL TRIALS. SO THE GOAL FOR THE YEAR IS BETWEEN NINE AND SIXTEEN. SO BASED ON THE SUCCESS RATE, AND THE SUCCESS RATE WE HAVE HAD IN THE PAST IS BETWEEN 60 AND 70 PERCENT. I DOUBT IT WILL BE THAT HIGH IN THIS CASE, BUT IT COULD BE. AND THE FACT THAT WE DO THIS FOUR TIMES A YEAR WAS WHERE WE LANDED ON THAT NUMBER. BUT THAT IS ALSO NOT A STATIC NUMBER,

MEANING AS WE GO THROUGH THIS ROUND AND THE NEXT ROUND AND THE NEXT, WE WILL GET A BETTER FEEL FOR WHAT THE TRUE SUCCESS RATE IS THAT WILL GET US THE TARGETED NUMBER OF PROPOSALS.

DR. LEVITT: OKAY. AND THE SECOND QUESTION IS FOR J.T. SO WHEN I READ THE STRATEGIC IMPACT GOALS, I COME AWAY WITH A CERTAIN UNDERSTANDING. AND THEN I LOOK AT THE FINANCIAL PLAN WHERE THERE'S ESSENTIALLY EQUIVALENT DISTRIBUTIONS FOR CLIN, PDEV, AND DISC. I ACTUALLY DON'T INTERPRET THE GOALS AS HAVING THAT KIND OF A DISTRIBUTION WHERE DISCOVERY -- THERE'S A CLEAR EMPHASIS HERE. I'M NOT CRITICIZING THE EMPHASIS AT ALL. I'M JUST TRYING TO UNDERSTAND THE ALMOST EQUIVALENT DISTRIBUTION ACROSS THOSE THREE PROGRAMS GIVEN WHAT THE GOALS ARE, WHICH IS VERY HEAVY ON ACCELERATING DEVELOPMENT FOR TECHNOLOGIES FOR DISTRIBUTION OF TREATMENTS, ADVANCING FOUR TO SEVEN RARE DISEASE PROJECTS TO CLINICAL APPLICATION, ET CETERA.

DR. THOMAS: SO I THINK THE GENERAL ANSWER, PAT, IS THAT THE TEAM GAVE A GREAT DEAL OF THOUGHT TO EXACTLY WHAT WAS GOING TO GO INTO EACH OF THE THREE DIFFERENT PROGRAM LEVELS. AND THE FUNDING AMOUNT IS WHAT WE DEEM OPTIMAL TO REALIZE THE

GREATEST BENEFIT ACROSS THE THREE DIFFERENT PILLARS. THE FACT THAT THEY ARE SIMILAR IN SIZE IS NOT DONE BY DESIGN. IT'S THE CAREFUL RESULT OF A GREAT DEAL OF THOUGHT ON HOW TO ACHIEVE OUR GREATEST BENEFIT.

I'LL ASK ROSA IF SHE HAS ANY COMMENT TO ELABORATE ON THAT.

DR. CANET-AVILES: I'M HAPPY TO ANSWER THAT. SO IF WE LOOK AT THE PRECLINICAL DEVELOPMENT, THE PDEV, THAT INVOLVES SEVERAL PROGRAMS. IT COULD BE THE PRECLINICAL DEVELOPMENT THAT COULD GO FROM PRE-IND UP TO IND-ENABLING, AND IT SHIFTS. THERE ARE SEVERAL PROGRAMS INCLUDED THERE. SO THAT'S ONE OF THEM. THAT ONE, THE PROJECTIONS, THE WAY THAT THEY MADE, THAT WE COULD BE FUNDING MORE PRE-IND, WHETHER WE WOULD BE FUNDING MORE FIRST IN HUMAN TYPE OF STUDIES TOWARDS THE LATER STAGES.

THERE IS THE TECHNOLOGY DEVELOPMENT AS WELL, WHICH WILL BE FOR PLATFORM TYPE OF PROGRAMS FOR DELIVERY AND MANUFACTURING, ET CETERA. THAT'S IN THE MIDDLE. WE WILL BE STARTING IT -- PROPOSING IT NEXT YEAR. SO THAT FILLED INTO THE MIDDLE.

AND THEN THERE WAS ANOTHER PROGRAM, THE RARE DISEASE PILOT PLATFORM, THAT WAS GOING TO COME ALSO IN THE MIDDLE BECAUSE THAT COULD BE INVESTING MORE PRECLINICAL DEVELOPMENT AT EARLY CLINICAL.

133 HENNA COURT, SANDPOINT, IDAHO 83864
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THEN IF WE LOOK AT THE CLINICAL DEVELOPMENT, AND THAT'S ABOUT A BILLION DOLLARS OVERALL, AND IT'S WEIGHTED MORE EARLY AND THEN MORE TOWARDS THE FIRST-IN-HUMAN CLINICAL TRIALS.

FOR THE CLINICAL DEVELOPMENT, THE WAY THAT WE PLANNED IT WAS WE ARE PLANNING CONSISTENTLY, AND THAT ONE, THE DIFFERENCE BETWEEN THE BUDGET NOW AND BEFORE IS THAT NOW IT'S FOCUSED ONLY ON CLINICAL TRIALS. BEFORE IT HAD CLIN1 WAS FOR PRECLINICAL DEVELOPMENT TYPE OF WORK. SO THAT THROUGHOUT OUR LIFE BECAUSE WE WANT TO HIT FOUR TO SEVEN BLA'S AND THE 14, 15 CLINICAL TRIALS. SO THAT'S GOING TO BE CONSTANT UNTIL THE END OF OUR PROJECTION.

AND THEN FOR DISCOVERY, WITH DISCOVERY THE GOAL IS FOUR TO SEVEN TARGETS, BIOMARKERS, THAT WILL GET INTO THE PIPELINE. AND THAT'S GOING TO HAPPEN NOW, BUT ALSO TOWARDS THE END. SO IT'S CONSTANT AS WELL. SO THAT ONE IS NEARLY A BILLION DOLLARS, BUT IT'S GOING TO BE -- THE LEGACY OF CIRM IS NOT ONLY HITTING THE BLA, BUT ALSO PROVIDING THE RESOURCES, TOOLS, BIOMARKERS, AND TARGETS THAT WILL GO INTO THE PIPELINE IN A WAY THAT, IF CIRM HAD NOT EXISTED AND LEVERAGED MULTIDISCIPLINARY TYPE OF WORK THAT YOU PROPOSE DURING SCIENCE SUBCOMMITTEE MEETINGS, THAT WE COULD --

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DR. LEVITT: OF COURSE, MOST OF MY WORK IS IN BASIC SCIENCE. SO I'M NOT CRITICIZING THE FACT THAT WE HAVE A DISC PROGRAM. THAT'S FINE.

DR. CANET-AVILES: FOUR OF THEM. AND WE'VE ALWAYS BEEN --

DR. LEVITT: THE REASON I RAISE THIS IS BECAUSE WHEN WE SAW THE DISTRIBUTION IN TERMS OF WHAT GIL WAS DESCRIBING, AND THERE WERE TWO APPLICATIONS THAT MET THREE CRITERIA THAT WERE NOT ADVANCED. THOSE ARE CLIN. THOSE HAVE VERY DEFINED CLIN GOALS, WHICH FITS REALLY WELL INTO THE GOALS HERE. AND SO WE CAN MAYBE TALK ABOUT THIS IN JANUARY IN TERMS OF WHETHER WE UNDERSTAND THE SPECIFICS OR NOT. BUT I GET A LITTLE QUEASY WHEN WE SEE SOMETHING HAS ACHIEVED -- HIT AT LEAST THREE OF THOSE GOALS, BUT IS NOT GOING TO BE ADVANCED BECAUSE OF POSSIBLY A DISTRIBUTION MODEL OF THE MONEY.

DR. CANET-AVILES: AND IT WAS CRITERIA. ALSO TO THOSE CRITERIA WE ADDED TWO VERY IMPORTANT CRITERIA THAT -- YOU ACTUALLY PROPOSED THEM AS WELL AND JUDY BACK DURING THE SCIENCE SUBCOMMITTEE -- ONE WAS NOVELTY, AND THE OTHER ONE WAS THAT IT DID NOT -- THAT WE DID NOT HAVE IT REPRESENTED IN OUR CURRENT CLIN2 PORTFOLIO. SO ALL THOSE HAVE BEEN TAKEN INTO ACCOUNT WHEN WE MADE THOSE PREFERENCES.

BUT I THINK THAT IF WE HAVE -- IT'S ALL ABOUT DATA AT THE END OF THE DAY. AND WHAT WE ARE TRYING TO DO IS WE'VE HAD THE FIRST ROUND. IT'S BEEN PRESUBMISSIONS. THIS IS THE QUALIFICATION PERIOD. BUT THE OTHER ONE, DISC4 AND PDEV, ARE PRESUBMISSIONS. ONCE WE GET TO JANUARY, WE WILL HAVE THE DISC4, WE WILL HAVE TWO PDEV'S, AND WE WILL HAVE THE TWO CLIN2S IN TERMS OF DATA OF HOW THIS HAS WORKED. AND THEN IT'S TO THE BOARD'S PREROGATIVE TO DECIDE WHETHER THIS IS HITTING WHAT THE BOARD COULD WANT FOR CALIFORNIA OR NOT. RIGHT.

NOW, THERE IS A REALITY, WHICH DR. SACKEY AND DR. BARRETT MENTIONED EARLIER, IN TERMS OF IF WE COULD HAVE CONSULTATIONS FOR ELIGIBILITY AND ALL THAT. THE REALITY IS THAT THE AMOUNT, THE AVALANCHE OF APPLICANTS, THERE'S A LOT OF PAIN OUT THERE AND WE KNOW WHY. SO THE AVALANCHE THAT WE ARE GETTING IS TO SUCH AN EXTENT THAT WE HAVE TO FIGURE OUT WHAT MECHANISMS ARE FAIR AND ALSO THAT WE CAN HANDLE WITH OUR RESOURCES IN TERMS OF PERSONNEL, ET CETERA.

AND THE WAY THAT WE THOUGHT ABOUT IT WAS BY DEVELOPING THE PREFERENCES IN COLLABORATION WITH THE BOARD AND BEING TRANSPARENT, AS TRANSPARENT AS WE COULD. AND WE'VE DONE A PILOT. WE WILL BE EVEN MORE TRANSPARENT NOW. THE PROGRAM ANNOUNCEMENTS

133 HENNA COURT, SANDPOINT, IDAHO 83864
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WILL HAVE THE WEIGHT OF THINGS, ET CETERA.

BUT THE SECOND THING WAS BY ALSO FIGURING OUT HOW TO LESSEN THE BURDEN OF APPLICANTS. AND THAT'S WHY THE PRESUBMISSIONS, RIGHT? THE ONLY ONE THAT HAS FULL APPLICATIONS IS THE CLIN2, BUT FOR PDEV, WHICH ARE VERY BURDENSOME APPLICATIONS. AND FOR DISC4 WE DECIDED THAT PRESUBMISSIONS WERE THE MOST OPTIMAL.

NOW, IF WE REMOVE PREFERENCES, WE'LL HAVE TO DO SOME KIND OF POSITIVE SELECTION, WHICH WILL BE A BURDEN TO THE APPLICANTS BECAUSE THEY WILL HAVE TO COME WITH THE FULL THING, RIGHT, AND THEY WILL STILL HAVE TO BE SELECTED SOMEHOW. SO THAT'S THE KIND OF CONUNDRUM WE ARE IN. HOPEFULLY THAT WAS HELPFUL.

CHAIRMAN IMBASCIANI: J.T. FOLKS, DON'T GO AWAY. WE'RE GOING TO HAVE CAROLYN, AND IT'S GOING TO BE FOLLOWED BY JOYCE AND THEN BY MARIA.

DR. MELTZER: SO I JUST WANTED TO MAKE A BRIEF COMMENT. I THINK THE FACT THAT A MINORITY OF THE GRANTS MATCHED THE PREFERENCE AREA SUGGESTS WE DID IT JUST RIGHT. BECAUSE I REMEMBER A LONG DISCUSSION OF WORRYING THAT WE WOULD MISS HAVING APPLICATIONS THAT WERE TIMELY IN TERMS OF THEIR SCIENCE, BUT DID NOT FIT. SO I THINK IT WAS A GOOD BALANCE.

DR. SACKEY: THANK YOU FOR A REALLY COMPREHENSIVE AND THOROUGH PROCESS. THIS IS REALLY IMPRESSIVE.

I'M LOOKING AT YOUR STRATEGIC IMPACT GOALS. THEY'RE JUST WONDERFUL. AND I'M STRUCK BY THE FACT THAT THERE DIDN'T SEEM TO BE ANY APPLICATIONS AT ALL AROUND YOUR STRATEGIC IMPACT GOAL NO. 4. I THINK IN THIS CASE IT'S ACTUALLY NO. 6 SINCE A COUPLE OF THEM HAVE TWO. SO DIVERSE WORKFORCE DEVELOPMENT, PARTICULARLY IN THIS ENVIRONMENT WHERE PEOPLE ARE LOSING TRAINING GRANTS FROM NIH LEFT AND RIGHT, I'M STRUCK BY THE FACT THAT YOU DIDN'T GET ANYTHING AT ALL AROUND WORKFORCE DEVELOPMENT. AND I WONDERED IF YOU MIGHT COMMENT ON THE VISIBILITY THAT PEOPLE HAVE INTO YOUR STRATEGIC IMPACT GOALS. I KNOW THEY'VE BEEN RECENTLY DEVELOPED, BUT HOW MUCH OPPORTUNITY IS THERE TO MAKE POTENTIAL APPLICANTS MORE AWARE?

DR. CANET-AVILES: THANK YOU, DR. SACKEY. THAT'S A VERY RELEVANT QUESTION. AND I THINK YOU WILL BE HAPPY TO HEAR THAT WE ARE COMING WITH A NEW PROGRAM CONCEPT. SO ALL THE FIVE PROGRAMS -- WELL, FOUR PROGRAMS THAT WE HAVE IN WORKFORCE DEVELOPMENT THAT DR. SHEPARD COULD TALK THROUGH IN HER SLEEP PROBABLY ARE ALL RIGHT NOW IN THE MIDDLE OF THEIR --

THEY ARE FIVE-YEAR PROGRAMS. AND A COUPLE OF THEM ARE ENDING. SO WE ARE REVAMPING SOME OF THE PROGRAMS WITH SOME CHANGES THAT WE'VE LEARNED FROM PROGRAM DIRECTORS FROM THE ACTUAL TEMPERATURE OF OUR WORKFORCE DEVELOPMENT SYSTEM. THERE'S A LOT OF SUFFERING OUT THERE.

SO WE HAVE TAKEN A LOT OF THE INPUT FROM OUR PROGRAM DIRECTORS. IN FACT, WE HAD DURING THE TRAINEE CONFERENCE, THE PAN TRAINEE CONFERENCE, THERE WAS A THREE-HOUR MEETING WITH ALL PROGRAM DIRECTORS OF ALL THE PROGRAMS SO WE COULD FIGURE OUT WHAT ARE THE THINGS. AND WE'VE ALSO SURVEYED. ALL THIS IS COMING IN DECEMBER. KELLY AND HER TEAM WILL BE PRESENTING. I THINK YOU WILL BE VERY HAPPY.

SO THERE'S A WHOLE SERIES OF PROGRAMS THAT RESPOND TO THIS. AND ALSO THOSE PROGRAMS WILL ALSO INTERACT WITH SOME OF THESE. AND THAT'S COMING IN DECEMBER. WE HAD TO COME ONE AT A TIME. WE'VE BEEN VERY FAST, BUT THIS IS NOT PRESENTED TODAY. THANK YOU.

DR. SACKEY: THAT'S FANTASTIC. THANK YOU.

DR. CARETHERS: JUST A VERY QUICK QUESTION. AND I DON'T KNOW IF THIS CAME UP BEFORE, BUT THERE WAS A POINT MADE THAT THE NEURAL DISEASES TARGETED THIS WAY. I WANT TO KNOW IN GENERAL. IN

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THE PORTFOLIO OF DISEASES, I ASSUME WE WERE BEHIND AND THAT'S WHY IT WAS DONE. AND I WAS JUST WONDERING WITH THE CURRENT PROPOSAL HOW DOES THAT EITHER EQUALIZE IT OR SHIFT THINGS?

DR. CANET-AVILES: THANK YOU, DR. CARETHERS. SO THE NEURO EXPENDITURE AT CIRM -- SO PROPOSITION 14 ESTABLISHED EARMARKS, $1.5 BILLION, FOR NEURO, DISEASES OF THE BRAIN, CNS. AND THERE WAS A NEURO TASK FORCE DEVELOPED, AND THAT LED TO A STRATEGY FOR INVESTING SOME OF THAT MONEY AT THE DISCOVERY LEVEL. AT THE TIME WE WERE ALREADY SPENDING ABOUT A THIRD OF OUR FUNDING FOCUSED ON NEURO, BUT THERE WAS NO STRATEGY AROUND THAT.

SO WHAT WE'VE DONE, ESPECIALLY AT THE DISC4 LEVEL, IN ORDER TO GET TO SOME KIND OF MEANINGFUL RESULT, YOU HAVE BEEN ABLE TO LEVERAGE FUNDING THROUGH SOME TYPE OF FOCUS. THAT'S WHY THE FIRST REMIND PROGRAM WAS FOCUSED ON NEUROPSYCHIATRIC, NEURODEVELOPMENTAL PROGRAMS. AND THEN THE NEXT ROUND THE BOARD DECIDED THAT THE PREFERENCES COULD BE ALL NEURO, NOTHING ELSE, YOU COULD COME WITH SOMETHING ELSE, BUT MOST OF WHAT WE GOT WAS NEURO. AND THEN FOR PRECLINICAL AND CLINICAL, THE ONLY THING THAT WE DID IS WE ESTABLISHED A PREFERENCE CRITERIA THAT SAID CIRM IS

INTERESTED IN NEURO. SO THAT'S ONE CRITERIA THAT WE ARE ADDING THERE THAT WILL GIVE SOME ADVANTAGE TO NEURO.

BUT I THINK THE EXPENDITURES ON NEURO WE WILL SEE WHEN WE COME BACK IN JANUARY. IF THE BOARD SAYS WE ARE SPENDING 50 PERCENT AND IT'S TOO MUCH, THEN WE CAN RE-GUIDE A LITTLE BIT THE PREFERENCES AT THE PRECLINICAL AND CLINICAL DEVELOPMENT.

DR. THOMAS: THANK YOU VERY MUCH, ROSA.

JOHN, I'D JUST ADD TO THAT. THE PERCENTAGE MANDATED IN NEURO BY PROP 14 HAPPENS BY HAPPENSTANCE TO BE VERY SIMILAR TO THE PERCENTAGE WE'VE BEEN PUTTING INTO NEURO SINCE INCEPTION. SO IT'S NOT A MATTER OF BEING SHORT. IT IS SOMETHING THAT LED TO THE RESULT WE SEE WITH THE PROJECTS GIL HAS DESCRIBED. SO WE THINK WE ARE RIGHT ON SCHEDULE EXCEPT WE'VE NOW SUPERIMPOSED THE PRIORITY SYSTEM THROUGH THE PREFERENCES TO MAKE SURE THAT WE HAVE A GOOD STRATEGY FOR WHAT EXACTLY GOES INTO THAT. THANK YOU FOR THE QUESTION.

DR. CARETHERS: THANKS FOR THE EXPLANATION.

CHAIRMAN IMBASCIANI: MARIA AND THEN SHLOMO.

VICE CHAIR BONNEVILLE: I WAS HOPING --

YOU PUT UP THE FINANCIAL PLAN. AND I WAS HOPING IN A FUTURE MEETING PERHAPS TO COME BACK TO LET US KNOW WHAT'S INTENDED FOR THOSE YEARS WITH THAT SPEND. I ASSUME THERE ARE SOME PROGRAMS THAT WILL PROBABLY BE GOING AWAY OR SOME PROGRAMS THAT WE'LL JUST SEE RAMPED UP ACTIVITY. I THINK IT'S IMPORTANT FOR THE BOARD TO UNDERSTAND WHAT THAT LOOKS LIKE AND FOR THE FIELD TO UNDERSTAND WHAT WON'T BE THERE FOR THEM PERHAPS. SO THAT'S REALLY IMPORTANT.

DR. THOMAS: OKAY. THANK YOU.

DR. MELMED: FIRSTLY, CONGRATULATIONS. THIS IS AN EXCELLENT ANALYSIS, AND A LOT OF WORK WENT INTO IT, AND IT'S VERY THOUGHTFUL. AND I ALSO RECOGNIZE THE VOTERS' WISH THAT WE DO ALLOCATE A NEURO COMPONENT. HOWEVER, I'M A LITTLE BIT CONCERNED THAT WE ARE DISCOUNTING CANCER. FOR THOSE OF US INVOLVED IN THE CLINICAL CARE AND EPIDEMIOLOGY, CANCER IS GROWING DRAMATICALLY. I'M WONDERING IF WE ARE NOT DOING A DISSERVICE TO OUR CANCER APPLICANTS WHO FEEL THAT MAYBE THEY DON'T HAVE A CHANCE AT CIRM AS MUCH AS THEIR NEURO COLLEAGUES.

AND GIVEN THE EPIDEMIOLOGY, ESPECIALLY IN TERMS OF TREATING CELLULAR MECHANISMS, INCLUDING STEM CELLS, SOLID TUMORS TODAY SO SUCCESSFULLY AND

SOME NEW BREAKTHROUGHS, I'M WONDERING IF CANCER ITSELF DOESN'T DESERVE A SIMILAR TASK FORCE WE DID FOR NEURO BECAUSE OF THE AGING POPULATION, AT LEAST IN L.A. COUNTY THAT I'M AWARE OF, SHOWS THAT WE ARE LOOKING AT 6 TO 8 PERCENT ANNUAL INCREASE, HUGE INCREASES. AND THE BREAKTHROUGHS ARE REALLY TANTALIZING AND EXCITING, AND I WOULD NOT WISH TO COMPROMISE THE PASSION OF ALL THE INVESTIGATORS TO COME TO CIRM FOR HELP IN CANCER RESEARCH. AND THIS MAY, IN FACT, PUT A DAMPER ON THEM. ALREADY PEOPLE ARE APPROPRIATELY, AND IT'S A GOOD THING BELIEVING THAT CIRM IS A GOOD PLACE FOR NEURO RESEARCH TO BE FUNDED, AND IT'S GREAT, BUT LET'S NOT NEGLECT CANCER.

SO I'M PUTTING IN A PLUG FOR PERHAPS BEING MORE FOCUSED ON LOOKING AT A NEXT STEP IN TERMS OF OVERALL DISEASES AND CANCER AS A STRATEGIC PROJECT.

DR. THOMAS: SHLOMO, THANK YOU VERY MUCH FOR THAT COMMENT. I DO WANT TO JUST NOTE FOR THE RECORD THAT THE WAY THAT THE PREFERENCES ARE SET UP ARE NOT MEANT TO MAKE IT SO ANY PARTICULAR DISEASE AREA CAN'T QUALIFY.

DR. MELMED: I GET THAT. BUT I'M JUST GIVING THE PERCEPTION, AND THESE NUMBERS SORT OF ATTEST TO THAT.

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DR. THOMAS: SURE. AND WE UNDERSTAND THAT; BUT AS GIL LAID OUT, THE PROJECTS THAT MADE IT THROUGH IN HIS EXAMPLES WERE THOSE THAT HAPPENED TO HIT MULTIPLE NUMBERS OF PREFERENCES. AND THERE DIDN'T HAPPEN TO BE ONE IN CANCER THAT DID THAT TO THE SAME EFFECT OF THE OTHERS THAT DID MAKE IT THROUGH, WHICH ISN'T TO SAY THAT IN A FUTURE ROUND THAT WOULDN'T BE THE CASE AT ALL, BUT DULY NOTED ON YOUR GENERAL COMMENT. THANK YOU.

VICE CHAIR BONNEVILLE: I ALSO THINK WHEN WE TALKED ABOUT PREFERENCES, PERHAPS THE BOARD HAD A DIFFERENT UNDERSTANDING OF WHAT THE -- HOW IT WOULD TURN OUT OR WHAT PREFERENCES MEANT EXACTLY HOW IT WAS BEING APPLIED. SO THIS IS A WONDERFUL STEP IN EDUCATING ALL OF US AS TO WHERE WE ARE WITH PREFERENCES AND WHAT IT MEANS. AND AS ROSA MENTIONED, THERE WILL BE MORE DATA FOR US IN JANUARY, AND I WOULD -- WE GOT A GLIMPSE OF THE CLIN TODAY, BUT THERE IS THE DISCOVERY AND THERE IS THE PDEV, WHICH IS IMPORTANT. BUT AS ROSA MENTIONED, WE MAY WALK AWAY FROM THE JANUARY MEETING SAYING WE DON'T WANT TO USE PREFERENCES ANYMORE OR PREFERENCES AREN'T WORKING THE WAY WE THOUGHT THEY WERE GOING TO WORK. I THINK THAT'S AN IMPORTANT CONVERSATION TO HAVE, AND I'VE BEEN ENCOURAGING THAT INTERNALLY FOR

ALL OF US TO TALK ABOUT.

DR. CANET-AVILES: YEAH. AND THERE WILL BE A CURRENT ANALYSIS OF WHAT WE'VE DONE, AND THE FORMAL ANALYSIS WITHOUT PREFERENCES AS WELL AS WE DID BEFORE, AND THEN THE BOARD WILL BE ABLE TO MAKE DECISIONS BASED UPON THAT.

WE ALSO NEED TO REMEMBER THAT OUR MANDATE IS ACCESSIBILITY AND AFFORDABILITY, AND A LOT OF THE WAY THAT WE HAVE BEEN ALIGNING THE PREFERENCES IS WITH A VIEW THAT WE WILL GET THESE BLA'S AND WE WILL BE ABLE TO HELP WITH THE NEXT STEPS, WHICH IS SOMETHING WE ARE WORKING ON.

CHAIRMAN IMBASCIANI: THANK YOU, MR. PRESIDENT.

MR. TOCHER: ANNE-MARIE HAS HER HAND RAISED.

CHAIRMAN IMBASCIANI: ANNE-MARIE HAS A QUESTION. I DIDN'T SEE THAT.

DR. DULIEGE: YES. SO, FIRST, ROSA, THANK YOU SO MUCH TO YOU AND YOUR TEAM AT LARGE FOR THIS UPDATE OF THE STRATEGIC GOALS AND FRAMEWORK.

ONE OF THE IMPORTANT PREFERENCES IS MOVING EXPERIMENTAL TREATMENTS TO BLA STAGE. HOW OPTIMISTIC ARE YOU THAT WE WILL GET THERE? CAN YOU UPDATE US ON THE NUMBER -- ROUGHLY THE NUMBER OF

PHASE 2 OR PHASE 3 TRIALS THAT ARE SUPPORTED BY CIRM AND ARE MOVING IN THAT DIRECTION? I WELCOME YOUR PERSPECTIVE ON THIS ONE. THANK YOU.

DR. CANET-AVILES: THANK YOU, ANNE-MARIE. I DON'T KNOW IF I CAN TALK ABOUT THIS. FROM THE TOP OF MY HEAD, YES, WE ACTUALLY HAD A RECENT ANALYSIS BECAUSE WE ARE LOOKING AT TWO THINGS. THIS IS JUST A LITTLE APPETIZER BEFORE WE COME TO THE BOARD. BUT WE OBVIOUSLY NEED TO FIGURE OUT HOW ARE WE GOING TO HELP REACH THE BLA. AND I KNOW THAT THERE ARE A LOT OF GRANTEES OR POTENTIAL APPLICANTS OUT THERE THAT ARE WAITING FOR US TO SAY, OKAY, WE HAVE PIVOTAL TRIAL. HOW ARE WE GOING TO MAKE THE JUMP TO GET TO THE BLA AND WE NEED A LITTLE BIT OF HELP. SO WE ARE WORKING ON THE DEVELOPMENT OF THIS PROGRAM WITH DR. JOE GOLD AND DR. SHYAM PATEL.

AND THEN THERE'S GOING TO BE -- SO FOR THAT, WHAT WE'VE DONE IS AN ANALYSIS OF WHAT'S IN PIPELINE FROM CIRM THAT COULD BE BLA-LIKE OR MORE COMPASSIONATE USE OF AND HOW WE WOULD DIFFERENTIATE THOSE PROGRAMS. ARE THEY GOING TO BE ABLE TO MOVE ON THEIR OWN AFTER THEY GET THE BLA? DO THEY HAVE PARTNERS? ARE THEY GOING TO BE ABLE TO BE COMMERCIALIZED? DO THEY NEED HELP? AND HOW ARE WE GOING TO THINK ABOUT SOME KIND OF INSTRUMENT OR

SOMETHING THAT WE WILL HELP THEM MOVE FORWARD?

SO THERE ARE PROGRAMS. I THINK I CAN COME TO THE BOARD IN THE FUTURE WITH A LIST OF THOSE PROGRAMS SO WE CAN EVALUATE THAT TOGETHER. THAT WILL ALSO BE, I THINK IT WAS, ABOUT 15, 14 OR 15 PROGRAMS. AND THAT WAS BASED ON WHEN WE DID THE FOUR TO SEVEN BLA'S THAT WAS HOPING THAT WE COULD GET FOR SURE THOSE PROGRAMS. SO WHAT ELSE WAS I GOING TO SAY?

YES, THIS IS IN LINE ALSO WITH THE ACCESSIBILITY AND AFFORDABILITY STRATEGY THAT WE ARE DEVELOPING UNDER MARIA BONNEVILLE'S, OUR CO-CHAIR'S, LEADERSHIP AND THE CHAIR OF THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP.

DID I ANSWER YOUR QUESTION? I THINK I WENT A LITTLE LONG WITH IT.

DR. DULIEGE: THANK YOU.

CHAIRMAN IMBASCIANI: THANK YOU, ANNE-MARIE. YES.

DR. DAHL: THANK YOU FOR THIS. VERY NICE. I HAVE A CLARIFYING QUESTION ON GOAL 3 WHERE IT SAYS ADVANCE FOUR TO SEVEN RARE DISEASE PROJECTS TO BLA. ARE THERE ANY THAT AREN'T RARE DISEASE? ARE WE INCLUDING OPPORTUNITIES FOR NON-RARE DISEASE, OR IS THE FOCUS REALLY TO BE ON RARE DISEASE?

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DR. CANET-AVILES: MOST OF OUR PORTFOLIO IS RARE DISEASES. THE ONES THAT ARE -- SOME OF THEM, LIKE SOME OF THE RARE DISEASES, THEY IMPACT LIKE SEVERAL HUNDRED OR THOUSAND OF PATIENTS, BUT MOST OF OUR PORTFOLIO IS RARE. IF WE GET FOR A PREVALENT DISEASE, DEFINITELY WE COULD BE LIKE HELPING WITH THAT. BUT USUALLY THOSE THAT ARE GOING FOR A PREVALENT DISEASE WILL HAVE MORE HELP FROM INDUSTRY. SO THAT -- AND IT WAS BASED ON WHAT WE HAVE IN THE PORTFOLIO, WHICH IS MORE THE PART OF CELL AND GENE THERAPIES.

DR. THOMAS: SHANNON, ROUGHLY 50 PERCENT OF OUR PORTFOLIO IS IN RARE DISEASE RIGHT NOW. SO A MAJOR EMPHASIS.

DR. DAHL: THANK YOU.

CHAIRMAN IMBASCIANI: J.T., THANK YOU. AND GIL, ROSA, THANK YOU FOR THE UPDATE ON THE SAF. I'D LIKE TO INVITE NOW OUR GENERAL COUNSEL TO COME UP FOR A DISCUSSION OF CIRM'S ACCESS STRATEGY PLAN.

MR. AGUIRRE-SACASA: BOARD MEMBERS, MEMBERS OF THE PUBLIC, CIRM COLLEAGUES, GOOD AFTERNOON. MY NAME IS RAFAEL AGUIRRE-SACASA, AND I'M THE GENERAL COUNSEL FOR CIRM. AND IT'S MY PLEASURE TODAY TO WALK YOU THROUGH CIRM'S ACCESS PLAN REQUIREMENTS, AN IMPORTANT COMPONENT OF OUR

BROADER MANDATE, TO ENSURE EQUITABLE AND AFFORDABLE ACCESS TO CELL AND GENE THERAPIES FOR ALL CALIFORNIANS.

BEFORE I BEGIN, I WANT TO TAKE A QUICK PAUSE TO LEVEL-SET AND DRAW A DISTINCTION BETWEEN FOUR RELATED BUT SEPARATE EFFORTS. FIRST ARE THE STATUTORY ACCESS PLAN REQUIREMENTS WHICH WE'LL REVIEW MOMENTARILY. THESE STATUTORY REQUIREMENTS LEGALLY OBLIGATE COMMERCIALIZING ENTITIES TO SUBMIT ACCESS PLANS TO CIRM FOR REVIEW AND APPROVAL ONCE THEIR THERAPIES HAVE BEEN APPROVED.

THESE STATUTORY REQUIREMENTS ARE DIFFERENT FROM THE ACCESS AND AFFORDABILITY EFFORTS LED BY CIRM'S PROGRAM TEAM WHICH REQUIRE APPLICANTS TO DISCLOSE THEIR ACCESS AND AFFORDABILITY STRATEGIES AT THE APPLICATION STAGE, ALLOWING CIRM TO EVALUATE ACCESS PLANNING THROUGHOUT THE AWARD LIFE CYCLE VIA CONTRACTUAL MILESTONES.

THIRD IS THE BLUE RIDGE RESEARCH WHICH WE WILL DISCUSS LATER IN THE PRESENTATION. THIS RESEARCH IDENTIFIES INDUSTRY BENCHMARKS FOR HOW COMPANIES MIGHT STRUCTURE THEIR OWN PATIENT ASSISTANCE PROGRAMS.

AND LAST, SEPARATE FROM THESE COMMERCIALIZING OBLIGATIONS, CIRM'S OWN PATIENT

SUPPORT PROGRAM FUNDED THROUGH A 2023 AWARD TO EVERSANA, WHICH IS DESIGNED TO ASSIST PATIENTS PARTICIPATING IN CIRM-FUNDED CLINICAL TRIALS BY PROVIDING NAVIGATION AND SUPPORT SERVICES.

MR. TOCHER: I BELIEVE THE SLIDES ARE NOT ADVANCING.

MR. AGUIRRE-SACASA: I DIDN'T MEAN TO. LET ME START WITH THE AGENDA, SCOTT, IF THAT'S OKAY.

FIRST, I'LL PROVIDE YOU WITH SOME BACKGROUND ON CIRM'S STATUTORY ACCESS PLAN REQUIREMENTS AND HOW THEY FLOW FROM OUR INTELLECTUAL PROPERTY REGULATIONS. NEXT I'LL EXAMINE SPECIFIC ACCESS PLAN OBLIGATIONS THAT APPLY TO COMMERCIALIZING ENTITIES. I'LL THEN EXPLAIN HOW THESE REQUIREMENTS DOVETAIL WITH THE ACCESSIBILITY AND AFFORDABILITY INITIATIVE DEVELOPED EARLIER THIS YEAR BY THE PROGRAMS TEAM. WE'LL ALSO REVIEW INSIGHTS FROM OUR CONSULTANTS AT BLUE RIDGE LIFE SCIENCES, WHO BENCHMARKED PATIENT ASSISTANCE PROGRAMS NATIONWIDE AND PROVIDED US WITH A FRAMEWORK FOR EVALUATING ACCESS PLANS. FINALLY, WE'LL CLOSE WITH A DISCUSSION OF NEXT STEPS AND OPEN THE FLOOR TO QUESTIONS AND FEEDBACK.

WITH THE ROADMAP IN MIND, LET'S START WITH THE FOUNDATION, CIRM'S STATUTORY ACCESS PLAN

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REQUIREMENTS. CIRM'S ACCESS PLAN REQUIREMENTS STEM DIRECTLY FROM OUR IP REGULATIONS. THESE REGULATIONS REQUIRE THAT ANY COMMERCIALIZING ENTITY SELLING A DRUG DEVELOPED WITH CIRM FUNDS MUST SUBMIT AN ACCESS PLAN TO CIRM THAT AFFORDS ACCESS TO CALIFORNIANS WHO OTHERWISE HAVE NO MEANS TO PURCHASE THE THERAPY. SPECIFICALLY, DRUGS DEVELOPED WITH CIRM FUNDING MUST BE MADE AVAILABLE IN CALIFORNIA AT THE BENCHMARK PRICE ESTABLISHED BY THE CALIFORNIA DISCOUNT PRESCRIPTION DRUG PROGRAM OR ANY SUCCESSOR PROGRAM.

WHEN WE SAY NO OTHER MEANS, WE MEAN PATIENTS WITHOUT PRESCRIPTION DRUG BENEFITS AND WHOSE FAMILY INCOMES FALL BELOW 300 PERCENT OF THE FEDERAL POVERTY LEVEL.

TIMING IS ALSO CRITICAL. ACCESS PLANS MUST BE SUBMITTED TO CIRM WITHIN TEN BUSINESS DAYS OF FDA APPROVAL. EXTENSIONS ARE POSSIBLE, AND I'LL RETURN TO THOSE SHORTLY.

SO ADDITIONALLY, THERE'S ALSO A WAIVER OPTION. A COMMERCIALIZING ENTITY MAY PETITION THE ICOC FOR A WAIVER OF THE ACCESS PLAN REQUIREMENT WHICH CAN ONLY BE GRANTED AFTER A PUBLIC HEARING. SO ONCE THE PLAN IS SUBMITTED, A WAIVER IS SOUGHT, WHAT EXACTLY HAPPENS NEXT? LET'S WALK THROUGH THE CIRM REVIEW PROCESS NOW.

ONCE SUBMITTED, ACCESS PLANS ARE SUBJECT TO CIRM APPROVAL FOLLOWING A PUBLIC HEARING. THAT PROCESS INCLUDES A PUBLIC COMMENT PERIOD WHICH MAY INCLUDE WRITTEN OR ORAL TESTIMONY. HERE'S HOW THE TIMING WORKS. NONCONFIDENTIAL PORTIONS OF A PLAN ARE POSTED ONLINE, A SEVEN-DAY PUBLIC COMMENT PERIOD FOLLOWS, AND THEN CIRM MUST RENDER A DECISION WITHIN FIVE BUSINESS DAYS AFTER THE CLOSE OF THE PUBLIC COMMENT PERIOD. IMPORTANTLY, CIRM'S APPROVAL CANNOT BE UNREASONABLY WITHHELD AND CANNOT REQUIRE THAT ACCESS PLANS EXCEED INDUSTRY STANDARDS AT THE TIME OF COMMERCIALIZATION FOR THE ENTITY. EXTENSIONS OF UP TO 30 BUSINESS DAYS ARE AVAILABLE IF THE ENTITY FOLLOWS THE PROPER PROCESS.

TO SUMMARIZE, AN ACCESS PLAN MUST ALIGN WITH INDUSTRY STANDARDS AT THE TIME OF COMMERCIALIZATION. IT MUST REFLECT THE RESOURCES OF THE ENTITY. LARGE OR WELL-CAPITALIZED COMPANIES WILL BE EXPECTED TO DO MORE THAN SMALLER BIOTECH FIRMS. FINALLY, THE PLAN MUST BE APPROVED BY CIRM FOLLOWING A PUBLIC HEARING.

AS I NOTED EARLIER, COMPANIES CAN PETITION THE ICOC FOR A WAIVER. SUCH PETITIONS MUST ALSO BE SUBMITTED WITHIN TEN BUSINESS DAYS OF FDA APPROVAL UNLESS THE CHAIR GRANTS AN EXTENSION. THE ICOC MAY

GRANT THE WAIVER IF AFTER A PUBLIC HEARING IT DETERMINES THAT THE ABSENCE OF SUCH A WAIVER WOULD UNREASONABLY HINDER DRUG DEVELOPMENT AND DELIVERY OR IF THE WAIVER ITSELF WOULD PROVIDE EQUAL OR GREATER BENEFITS TO THE STATE THAN THE SUBMISSION OF AN ACCESS PLAN.

CONFIDENTIALITY IS ALSO A MAJOR CONSIDERATION. BOTH PROPOSITION 71 AND 14 EXPRESSLY PROTECT FROM DISCLOSURE ANY DOCUMENTS CONTAINING CONFIDENTIAL INTELLECTUAL PROPERTY OR WORK PRODUCT. COMMERCIALIZING ENTITIES MAY DESIGNATE PORTIONS OF THEIR ACCESS PLANS AS CONFIDENTIAL AND MUST EXPLAIN WHY THE INFORMATION SHOULD BE PROTECTED UNDER APPLICABLE LAW.

CIRM'S LEGAL TEAM WILL THEN REVIEW THESE CONFIDENTIALITY REQUESTS TO ENSURE THEY FALL WITHIN STATUTORY PROTECTIONS, INCLUDING THE PUBLIC RECORDS ACT, AND REQUESTS THAT DON'T COMPLY MAY BE WITHDRAWN AND RESUBMITTED. IN ADDITION, THE ICOC MAY REVIEW PROPRIETARY MATERIAL IN CLOSED SESSIONS, AND NOTHING HERE PREEMPTS STRICTER STATE OR MATERIAL CONFIDENTIALITY REQUIREMENTS.

WITH CONFIDENTIALITY ADDRESSED, LET'S STEP BACK AND SEE HOW THESE STATUTORY OBLIGATIONS CONNECT TO THE PROGRAMMATIC WORK ALREADY UNDER WAY. THESE

STATUTORY PLAN OBLIGATIONS JUST REVIEWED ARE DESIGNED TO COMPLEMENT THE PROGRAMMATIC EFFORTS THAT ROSA'S TEAM PRESENTED IN APRIL. THE PROGRAM TEAM'S STRUCTURED REVIEW AND ENGAGEMENT PROCESS, AS OUTLINED IN ITS APRIL 30, 2025, PRESENTATION TO THE AAWG, INTRODUCES ACCESS AND AFFORDABILITY CONSIDERATIONS AT THE EARLIEST STAGES OF CIRM FUNDING. CHECKLIST ITEMS AT BOTH APPLICATION AND MILESTONE PHASES ENSURE -- BUILD PATIENT ACCESS INTO EVERY STAGE OF THE AWARD CYCLE. THIS STAGED APPROACH PROVIDES EARLY VISIBILITY INTO POTENTIAL BARRIERS AND ESTABLISHES MEASURABLE COMMITMENTS THAT CAN BE TRACKED AND REFINED OVER TIME. IN DOING SO, APPLICANTS ARE GUIDED TOWARD DEVELOPING A FEASIBLE, EQUITY-FOCUSED ACCESS STRATEGY WELL BEFORE THEIR THERAPY REACHES COMMERCIALIZATION.

IN SUMMARY, CIRM'S INTEGRATED APPROACH FROM APPLICATION TO COMMERCIALIZATION CREATES ACCOUNTABILITY AND CONSISTENCY, EMBEDDING ACCESS AND AFFORDABILITY AS CORE EXPECTATIONS OF EVERY AWARD RATHER THAN THE LEAVING THEM AS AFTERTHOUGHTS. THOSE STATUTORY AND PROGRAMMATIC EFFORTS GIVE US THE FRAMEWORK.

NOW LET'S LOOK AT HOW REAL-WORLD BENCHMARKS CAN GUIDE THE IMPLEMENTATION. TURNING

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NOW TO THE BENCHMARKING WORK CONDUCTED BY BLUE RIDGE LIFE SCIENCES, THE TEAM CARRIED OUT BOTH PRIMARY AND SECONDARY RESEARCH COMBINING A REVIEW OF PUBLIC DOCUMENTS WITH EXPERT INTERVIEWS IN THE PATIENT ASSISTANCE FIELD. THESE FINDINGS INFORMED THE DISTILLATION OF BEST PRACTICES FOR ACCESS PLANS IN THE CELL AND GENE THERAPY SPACE.

WHAT I WILL SHARE TODAY IS A CONDENSED SUMMARY OF THEIR RESEARCH WITH A FULL ANALYSIS INCLUDED IN THE APPENDIX TO THIS PRESENTATION. THE OBJECTIVE IS TO HIGHLIGHT THE COMMON COMPONENTS AND BEST PRACTICES THAT CAN GUIDE CIRM'S REVIEW OF SUBMITTED ACCESS PLANS. BY REVIEWING THE PATIENT ASSISTANCE PROGRAM WEBSITES OF 14 FDA-APPROVED CELL AND GENE THERAPY PRODUCTS, BLUE RIDGE IDENTIFIED EIGHT CORE ATTRIBUTES THAT CONSISTENTLY APPEAR ACROSS SUCCESSFUL ACCESS PLANS. THEY'RE LISTED RIGHT THERE. TOGETHER THESE ATTRIBUTES PROVIDE A PRACTICAL FRAMEWORK FOR ENSURING THAT PATIENTS CAN ACCESS, NAVIGATE, AND BENEFIT FULLY FROM ADVANCED THERAPIES.

AS A BASELINE, MOST PATIENT ASSISTANCE PROGRAMS ARE A COMMON SET OF ELIGIBILITY REQUIREMENTS. THESE TYPICALLY INCLUDE U.S. CITIZENSHIP OR LEGAL RESIDENCY, A VALID PRESCRIPTION

OFTEN WITH PRIOR AUTHORIZATION, AND A CONFIRMED DIAGNOSIS, AND INCOME THRESHOLDS RANGING FROM 200 TO 600 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY PROGRAMS ALSO EXCLUDE COVERED PATIENTS BY MEDICARE, MEDICAID, VA OR TRICARE SINCE THOSE INDIVIDUALS ALREADY HAVE ACCESS TO GOVERNMENT-SPONSORED BENEFITS. INSTEAD, PAP'S ARE PRIMARILY DESIGNED TO SUPPORT THE COMMERCIALLY INSURED AND UNDERINSURED POPULATIONS WHO MAY FACE SIGNIFICANT GAPS IN COVERAGE.

BEST PRACTICES AND PATIENT SUPPORT PROGRAMS EMPHASIZE THE ROLE OF DEDICATED CASE MANAGERS OR NAVIGATORS WHO PROVIDE WHITE GLOVE END-TO-END GUIDING PATIENTS THROUGH EACH STAGE OF CARE. THESE PRACTICES INCLUDE CONNECTING PATIENTS WITH ACCESS PROFESSIONALS WHO CAN ASSIST WITH BENEFITS INVESTIGATIONS, SUCH AS VERIFYING INSURANCE COVERAGE, RESPONDING TO DENIALS, AND MANAGING APPEALS. THEY ALSO HIGHLIGHT THE VALUE OF ELIGIBILITY TOOLS AND ENABLE PROVIDERS TO QUICKLY DETERMINE WHETHER PATIENTS QUALIFY FOR ASSISTANCE. SUPPORT IS FURTHER REINFORCED BY EXTENDING BEYOND TREATMENT ADMINISTRATION TO INCLUDE ADHERENCE MONITORING, MILESTONE TRACKING AND POST-TREATMENT FOLLOW-UP. COLLECTIVELY THESE APPROACHES ESTABLISH

A ONE-STOP SHOP, ENABLING PATIENTS AND CAREGIVERS TO NAVIGATE WHAT WOULD OTHERWISE BE A HIGHLY COMPLEX AND FRAGMENTED JOURNEY.

FINANCIAL AND LOGISTICAL SUPPORT ARE EQUALLY CRITICAL THOUGH IT IS IMPORTANT TO NOTE THAT NOT ALL PATIENT ASSISTANCE PROGRAMS PROVIDE DIRECT FINANCIAL ASSISTANCE. SOME LIMIT THEIR ROLE TO NAVIGATIONAL SUPPORT ACTIVITIES ONLY. WHERE FINANCIAL COVERAGE IS COVERED, PAP'S TYPICALLY FOCUS ON DRUG COSTS, COPAY ASSISTANCE, AND ADMINISTRATIVE FEES. INDIRECT SUPPORT MAY EXTEND TO TRAVEL, LODGING, MEALS, AND CHILDCARE. MANY PROGRAMS ALSO COVER CAREGIVER EXPENSES AND PROVIDE TAILORED LOGISTICAL SERVICES SUCH AS COORDINATING COLD CHAIN SHIPMENT FOR PRODUCT DELIVERY AND ARRANGING ACCESS FOR SPECIALIZED TREATMENT SITES. TOGETHER THESE MEASURES HELP REMOVE PRACTICAL BARRIERS THAT MIGHT OTHERWISE PREVENT PATIENTS, ESPECIALLY THOSE OF LIMITED MEANS, FROM RECEIVING THE THERAPY.

BEYOND FINANCIAL AND LOGISTICAL SUPPORT, MANY PROGRAMS ALSO EXTEND THE ASSISTANCE DIRECTLY TO PROVIDERS AND PATIENTS AFTER TREATMENT. LET'S TAKE A CLOSER LOOK. BLUE RIDGE'S RESEARCH FOUND THAT SOME PATIENT ASSISTANCE PROGRAMS EXTEND SUPPORT TO HEALTHCARE PROVIDERS, INCLUDING PROGRAM

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ACCESSIBILITY RESOURCES, PROVIDER TRAINING, AND THE DEVELOPMENT OF PRACTICAL TOOLS. IN ADDITION, CERTAIN PATIENT ASSISTANCE PROGRAMS OFFER VARYING LEVELS OF POST-TREATMENT SUPPORT SUCH AS REGULAR CHECK-INS, FINANCIAL ASSISTANCE FOR FOLLOW-UP CARE, ADHERENCE TRACKING, AND MILESTONE MONITORING, AS I MENTIONED EARLIER. COLLECTIVELY, THESE EFFORTS AIM TO REDUCE -- TO REINFORCE CONTINUOUS COMPLIANT PATIENT CARE AND HELP ENSURE SUCCESSFUL THERAPEUTIC OUTCOMES.

IN ADDITION TO PROVIDING POST-TREATMENT SUPPORT, ANOTHER KEY ELEMENT IS ACCESSIBILITY, ENSURING THAT PATIENTS, PARTICULARLY THOSE FROM UNREPRESENTED AND UNDERSERVED COMMUNITIES, CAN READILY FIND AND ENROLL IN THESE PROGRAMS.

THE BENCHMARKING ANALYSIS HIGHLIGHTED THAT PATIENT ASSISTANCE PROGRAMS EMPHASIZE PROGRAM ACCESSIBILITY, OFTEN INCORPORATING EQUITY-ORIENTED ELEMENTS. THESE EFFORTS INCLUDE REDUCING THE TIME TO FIRST PATIENT CONTACT, SIMPLIFYING ENROLLMENT, AND OFFERING MULTIPLE CHANNELS OF INTERACTION, SUCH AS PHONE, EMAIL, OR ONLINE PORTALS, TO MAKE PARTICIPATION AS CONVENIENT AS POSSIBLE. DESPITE THESE MEASURES, OUR RESEARCH INDICATES THAT NEARLY HALF OF PATIENTS REMAIN UNAWARE OF THE EXISTENCE OF

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THESE PATIENT ASSISTANCE PROGRAMS.

TO ADDRESS THIS GAP, ACCESSIBILITY STRATEGIES ALSO EXTEND TO OUTREACH EFFORTS TARGETING UNDERSERVED AND UNDERREPRESENTED COMMUNITIES, INCLUDING MULTILINGUAL SUPPORT AND LOCALIZED RESOURCES FOR REMOTE POPULATIONS.

ACCESSIBILITY IS ONE PIECE, BUT HOW COMPANIES ACTUALLY DELIVER THESE PROGRAMS IS ANOTHER. LET'S TURN TO THE ROLE OF OUTSOURCING.

BLUE RIDGE FOUND THAT ROUGHLY 88 PERCENT OF MANUFACTURERS OUTSOURCE AT LEAST SOME PATIENT ASSISTANCE SERVICES. THE REASONS ARE STRAIGHTFORWARD. PROVIDING 24/7 END-TO-END SUPPORT REQUIRES INFRASTRUCTURE AND EXPERTISE THAT MANY COMPANIES LACK. LARGE PHARMACEUTICAL FIRMS OFTEN ADOPT HYBRID MODELS, RETAINING CRITICAL QUALITY CONTROL FUNCTIONING IN-HOUSE WHILE OUTSOURCING CALL CENTERS OR COMPLIANCE HEAVY SERVICES. SMALLER BIOTECH COMPANIES, BY CONTRAST, TEND TO RELY MORE HEAVILY ON OUTSOURCING, PARTICULARLY FOR REIMBURSEMENT, FINANCIAL ASSISTANCE, AND LOGISTICS. A LIST OF POTENTIAL HUB SERVICE PROVIDERS, I.E., OUTSOURCING ENTITIES, IS INCLUDED IN THE APPENDIX FOR AWARDEES TO CONSIDER.

TAKEN TOGETHER, THESE PATTERNS ILLUSTRATE

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WHY HYBRID MODELS HAVE EMERGED AS A PRACTICAL AND SUSTAINABLE APPROACH ACROSS THE INDUSTRY.

DESPITE THE EMERGENCE OF THESE BEST PRACTICES, IMPORTANT GAPS STILL REMAIN. KEY QUESTIONS INCLUDE WHAT IS THE MOST EFFECTIVE ADMINISTRATIVE MODEL: IN-HOUSE, HYBRID, OR FULLY OUTSOURCED? HOW TRANSPARENT SHOULD ELIGIBILITY CRITERIA BE MADE TO PATIENTS AND PROVIDERS? HOW CAN COMPREHENSIVE SUPPORT BE BALANCED AGAINST COST AND SCALABILITY CONSTRAINTS?

AS NOTED EARLIER, AWARENESS REMAINS A CRITICAL GAP WITH STUDIES SHOWING THAT NEARLY HALF OF ELIGIBLE PATIENTS REMAIN UNINFORMED ABOUT THESE PROGRAMS.

WITH THOSE CHANGES IN MIND, HERE'S HOW CIRM INTENDS TO MOVE FORWARD. LOOKING AHEAD, OUR NEXT STEP WILL FOCUS ON THREE PRIORITIES: DEVELOPING TOOLS AND CHECKLISTS TO SCORE ACCESS PLANS AND SYSTEMATICALLY TRACK THE INFORMATION DISCUSSED TODAY, IDENTIFYING AND ONBOARDING CONSULTANT EXPERTS TO STRENGTHEN THE REVIEW PROCESS, ESTABLISHING AN ENGAGEMENT AND COMMUNICATION PLAN FOR AWARDEES APPROACHING BLA SUBMISSION. TOGETHER THESE ACTIONS WILL HELP ENSURE THAT AWARDEES RECEIVE THE GUIDANCE AND SUPPORT NEEDED TO DELIVER ROBUST,

COMPLIANT ACCESS PLANS.

THAT CONCLUDES MY PREPARED REMARKS. I'D BE HAPPY TO TAKE ANY QUESTIONS OR COMMENTS.

MS. DURON: VITO?

CHAIRMAN IMBASCIANI: YES, PLEASE, YSABEL.

MS. DURON: A COUPLE OF THINGS CAME UP FOR ME. ONE OF THEM WAS PERHAPS LANGUAGE GAPS FOR ACCESSIBILITY THAT AREN'T ON PAPER HERE. REALLY, THAT 50 PERCENT YOU TALK ABOUT IS, IN FACT, THAT HUGE GAP FOR MANY PATIENTS AND THEIR FAMILIES EVEN KNOWING THAT THEY CAN BE PART OF SOMETHING. SO THAT IS ALSO A COMMUNICATION PLAN.

AND I ALSO WONDERED IF IN THE SCHEME OF THINGS SOMETHING NEEDS TO BE NOTED WITHIN THIS THAT ALL ATTEMPTS WILL BE MADE TO PROTECT ALL APPLICANTS WHO MIGHT HAVE SOME CONCERNS ABOUT GOVERNMENT INTERFERENCE? OR HOW DO WE SAY IT IN A WAY IN WHICH THEY LOOK AT US AND SAY YOU'RE GOVERNMENT AND I CAN'T TRUST GOVERNMENT ANYMORE? WE'RE TALKING ABOUT SOME OF THE MOST VULNERABLE WHO ARE BARELY GETTING ACCESS. AND NOW WE'RE TRYING TO PULL THEM INTO THIS OPPORTUNITY. AND I THINK WE NEED TO FIND A WAY TO CLEARLY MAKE THOSE WHO HOLD THESE CONTRACTS ACCOUNTABLE TO ASSISTING THOSE POTENTIAL PATIENTS.

MR. AGUIRRE-SACASA: ABSOLUTELY. AND I

THINK THAT THAT COMBINATION OF THE PROGRAMMATIC EFFORTS ON THE APPLICATION SIDE, WHICH WILL START GETTING PEOPLE TO THINK ON THESE THINGS, WILL GIVE US AN OPPORTUNITY TO HELP INFLUENCE THOSE DECISIONS AS THEY GET THROUGH SO THAT WHEN THEY DO COME TO US WITH THE ACCESS PLAN AT THE END POINT, THEY WILL HAVE TAKEN ALL OF THOSE THINGS INTO CONSIDERATION.

LIKE I SAID, THE BLUE RIDGE RESEARCH IS BEST PRACTICES, AND THAT DOES CONTAIN EQUITY-ORIENTED COMPONENTS WHICH ARE VERY IMPORTANT. OBVIOUSLY THAT IS PART OF OUR CENTRAL MISSION HERE AT CIRM. AND HONESTLY, PEOPLE DON'T TRUST US. WE HAVE TO DO BETTER. WE HAVE TO DO OUTREACH. WE HAVE TO BUILD UP CONFIDENCE WITH THEM, AND WE HAVE TO SHOW THEM THAT WE MEAN WHAT WE SAY. MARK.

DR. FISCHER-COLBRIE: THANKS. I HAVE SEVERAL QUESTIONS. IS THERE ANY COMMERCIAL SIZE LIMITATION IN THE CONTEXT THAT SOME OF THIS IS CELL AND GENE THERAPY THAT MIGHT ONLY BE GOING TO A HANDFUL OF PATIENTS? SO IS THERE A PATIENT ASSISTANCE PROGRAM REQUIRED FOR PROGRAMS WHERE IT'S COMMERCIAL, BUT IT'S NOT --

MR. AGUIRRE-SACASA: IT HAS TO TAKE THE SIZE OF THE COMPANY ITSELF. SO DEPENDING ON THE RESOURCES AND CHARACTERISTICS OF THE COMPANY, AS I

MENTIONED SMALLER BIOTECHS WOULD HAVE A DIFFERENT APPROACH AND WE WOULD BE REQUIRED TO TAKE THAT INTO CONSIDERATION. LARGER BIOTECHS, WE WOULD EXPECT MORE ROBUST PROGRAM AND THINGS LIKE THAT. IS THAT WHAT YOU WERE ASKING ABOUT?

DR. FISCHER-COLBRIE: YEAH. THAT'S PART OF IT.

THE OTHER ONE IS I WOULDN'T BE SURPRISED THAT MOST COMPANIES LOSE SIGHT OF THE FACT WITHIN TEN DAYS OF COMMERCIALIZATION THAT THEY HAVE TO HAVE A FORMAL REVIEW DONE BY CIRM. AND FROM THAT PERSPECTIVE, I WOULD ENCOURAGE US, AS PEOPLE GET TO NEAR THAT TIME HORIZON, THEY'RE GOING TO HAVE TO BE REMINDED BECAUSE THIS WILL JUST DROP OUT OF THEIR RADAR MAP IN ITS ENTIRETY.

MR. AGUIRRE-SACASA: WE DO ACTUALLY PROACTIVELY REACH OUT TO OUR AWARDEES THAT ARE APPROACHING BLA AS SOON AS WE FIND OUT OBVIOUSLY. AND WE HAVE A LETTER THAT WE SEND TO THEM, AND WE ENCOURAGE THEM TO ENGAGE WITH US SOONER RATHER THAN LATER.

OBVIOUSLY THE PROGRAMMATIC EFFORTS WILL FIX THAT MOVING FORWARD BECAUSE THAT IS TO DATE. MOVING FORWARD, THAT WILL ALLOW US TO GET IN THERE SOONER TO INFLUENCE THOSE DECISIONS.

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MR. FISCHER-COLBRIE: AND THEN THERE'S A LOT OF DISCUSSION ABOUT DRUGS HERE, BUT LATER ON CELL AND GENE THERAPY IS INCLUDED. SO I IMAGINE DRUG IS MEANT TO RELATE TO CELL AND GENE THERAPY AS WELL.

MR. AGUIRRE-SACASA: THAT'S CORRECT. THAT'S CORRECT. I USED THE TERM "DRUG" BECAUSE THAT'S WHAT THE IP REGULATIONS FOCUS ON THERE.

MR. FISCHER-COLBRIE: YEAH. I JUST WANTED TO MAKE SURE BECAUSE THAT'S A DISTINCTION THAT MANY PEOPLE MIGHT THINK A DRUG IS SOMETHING DIFFERENT THAN A CELL AND GENE THERAPY APPROACH.

MR. AGUIRRE-SACASA: THANK YOU FOR THE CLARIFICATION. JOYCE.

DR. SACKEY: THANK YOU FOR YOUR PRESENTATION. I'M STRUCK BY THAT 50-PERCENT GAP IN KNOWLEDGE OF PEOPLE WHO COULD BENEFIT FROM THESE RESOURCES NOT BEING AWARE OF IT. I ALSO KNOW THAT THERE'S A SIGNIFICANT NUMBER OF PATIENTS WHO QUALIFY FOR STUDIES, BUT ARE TYPICALLY UNAWARE OF IT. CLINICIANS MAY BE AWARE OF IT, BUT IT TAKES A LOT TO HAVE A 20-MINUTE VISIT AND SEE A PATIENT AND DO EVERYTHING AND SAY, BY THE WAY, THERE ARE THESE TRIALS THAT I THINK YOU QUALIFY FOR IT.

AND I WANT TO OFFER A TOOL, AN ASSISTANCE

THAT WE HAVE NOT TALKED ABOUT TODAY WHICH IS AI. SO AT STANFORD WE ARE ACTUALLY UTILIZING AI TO HELP HAVE THE EPIC ELECTRONIC HEALTH RECORD PRESELECT PATIENTS WHO QUALIFY FOR ALL THE DIFFERENT TRIALS THAT ARE ONGOING. SO THE ASSIGNMENT IS ACTUALLY BEING DONE BY AI, AND THAT ALLOWS THE PROVIDER THEN, RATHER THAN HAVE A CHECKLIST OF ALL THE STUDIES THAT THEY MIGHT QUALIFY FOR, TO BASICALLY HAVE -- YOUR PATIENT QUALIFIES FOR THE FOLLOWING TRIALS AND THEN MAKE THAT CONNECTION WHICH POTENTIALLY CAN TAKE SOME OF THE ADMINISTRATIVE BURDEN DOWN.

MY HOPE IS THAT SOME OF YOUR APPLICANTS ARE DEPLOYING TOOLS LIKE THAT THAT WILL ACCELERATE MEETING THAT 50-PERCENT GAP OF PEOPLE WHO ARE NOT AWARE OF THE STUDIES OR NOT AWARE OF THE FINANCIAL RESOURCES THAT ARE AVAILABLE TO THEM.

MR. AGUIRRE-SACASA: I TOO AM INTERESTED TO SEE HOW AI IS GOING TO COME INTO PLAY. I DON'T KNOW IF ANYONE CAN COMMENT ON WHETHER ANY OF OUR APPLICATIONS.

DR. MELMED: IT'S A GREAT IDEA. WE ALSO HAVE THAT PROGRAM. THERE'S ONE IMPORTANT CONSIDERATION IS THAT THE DOCTOR, THE PRIMARY CARE PHYSICIAN, WHO ACTUALLY TAKES CARE OF THE PATIENT MAY RESENT IT IF BIG BROTHER COMES IN AND SAYS I'M

TAKING YOUR PATIENT FOR A CLINICAL TRIAL. SO IT WILL BE VERY SENSITIVE TO THE DOCTOR OF RECORD. WE'VE LEARNED THAT THE HARD WAY, AND YOU CAN CORRECT THAT. BUT IT'S A GREAT, GREAT SUGGESTION, AND CIRM SHOULD LOOK INTO THAT FOR STEM CELL TRIALS. I THINK IT WOULD BE FANTASTIC. WE'RE DOING IT VERY SUCCESSFULLY FOR INTERNAL TRIALS.

MR. AGUIRRE-SACASA: I BELIEVE IN THE POWER AND THE OPPORTUNITY WITH AI AND HOPE THAT IT HELPS REACH OUR UNDERSERVED AND UNDERREPRESENTED COMMUNITIES. HONESTLY I THINK THAT'S ONE OF THE BEST THINGS ABOUT THE TECHNOLOGY. IT MIGHT BE ABLE TO HELP US. GOING ONCE.

CHAIRMAN IMBASCIANI: ANY COMMENT FROM ANYONE OUTSIDE THE ROOM? NO. OKAY. RAFAEL, THANK YOU VERY, VERY MUCH FOR YOUR PRESENTATION AND THE APPENDICES.

MOVING ON, AMY ADAMS IS GOING TO GIVE US A REPORT, THE HEAD OF OUR COMMUNICATIONS DEPARTMENT, A REPORT FROM THE COMMUNICATION SUBCOMMITTEE.

MS. ADAMS: THANK YOU, MEMBERS OF THE BOARD, MEMBERS OF THE CIRM TEAM, AND MEMBERS OF THE PUBLIC IN PERSON AND ON THE CALL. I'M HERE TO REPORT ON THE RECENT COMMUNICATIONS SUBCOMMITTEE MEETING AND TO DISCUSS A FEW PROJECTS THAT WE HAVE

STARTED BASED ON FEEDBACK FROM THE LAST BOARD MEETING. I'M GOING TO SAY FOR THE FIRST TIME IN MY ENTIRE LIFE I'M LOWERING THE MICROPHONE.

AT THE JUNE BOARD MEETING I TOLD YOU THAT I WANTED TO SAY FOR OUR NEW -- GOING OFF SCRIPT -- FOR OUR NEW BOARD MEMBERS, JUNE WAS MY FIRST BOARD MEETING. I STARTED IN JUNE AND WITHIN DAYS WAS TOLD THAT I WAS PRESENTING TO THE BOARD. SO THAT WAS MY FIRST PRESENTATION, AND THIS IS AN EARLY UPDATE FROM THAT.

AT THE JUNE BOARD MEETING, I TOLD YOU THAT IF CIRM IS GOING TO BE SUCCESSFUL IN TELLING OUR STORY, WE NEED TO KNOW WHAT THAT STORY IS. ESSENTIALLY WE ALL NEED TO BE SINGING THE SAME SONG ABOUT CIRM. AND BY WE, I MEAN ALL THE PEOPLE WHO MIGHT TALK ABOUT CIRM, OFFICIAL CIRM COMMUNICATIONS, MEMBERS OF THE TEAM TALKING WITH FAMILY AND FRIENDS, OUR SCIENCE TEAMS SPEAKING AT CONFERENCES, ALL OF YOU TALKING TO FAMILY, FRIENDS, AND COLLEAGUES, SCIENTISTS TALKING TO THEIR FAMILY AND FRIENDS.

OF COURSE, ANY SONG HAS MANY VERSIONS. THERE'S THE STUDIO RECORDING, THE DANCE REMIX, THE MUZAK VERSION FOR THE ELEVATOR. THE VERSIONS ARE APPROPRIATE FOR DIFFERENT SITUATIONS OR AUDIENCES, BUT ARE RECOGNIZABLY THE SAME. SIMILARLY, WE MIGHT

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ALL USE DIFFERENT LANGUAGE WHEN TELLING CIRM'S STORY TO DIFFERENT AUDIENCES. BUT ALL THE VERSIONS OF CIRM'S STORY SHOULD BE DESCRIBING THE SAME ORGANIZATION.

TWO BIG QUESTIONS FOR MY TEAM BEYOND DEFINING THAT STORY, WHICH I'LL GET TO, IS UNDERSTANDING WHO WE ARE TELLING THE STORY TO AND WHY. I KNOW THERE'S A GENERAL CONSENSUS THAT WE SHOULD BE COMMUNICATING MORE BROADLY. BUT UNLESS WE KNOW WHY AND TO WHOM, WE CAN'T MEASURE OUR SUCCESS.

MY TEAM CAME UP WITH FOUR PRIMARY AUDIENCES, AND THOSE ARE THE CALIFORNIA PUBLIC, PATIENTS AND PATIENT ADVOCATES, SCIENTISTS, AND LEGISLATORS. OBVIOUSLY THE CALIFORNIA PUBLIC IS VERY BROAD AND INCLUDES EACH OF THE OTHER AUDIENCES. REALISTICALLY WE'RE NOT GOING TO REACH ALL 40 MILLION PEOPLE IN THE STATE. WHERE WE CAN BE MORE NARROW WE WILL BECAUSE WE ALL KNOW THAT THE PEOPLE OF CALIFORNIA ARE NOT A MONOLITH. BUT MANY OF THE WAYS WE GET OUR STORIES OUT, INCLUDING SOCIAL MEDIA, NEWSLETTERS, THE WEBSITE, DON'T PROVIDE GEOGRAPHIC OR AUDIENCE RESOLUTION. FOR MANY CHANNELS WE DO HAVE TO CONSIDER THE CALIFORNIA PUBLIC AS A WHOLE.

ALSO THERE ARE MANY AUDIENCES WHO WE THINK ABOUT BUT AREN'T LISTED HERE. STUDENTS ARE A GREAT

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EXAMPLE. WE THINK THOSE NEST WITH THESE FOUR FOR MOST PURPOSES.

MY TEAM ALSO DISCUSSED WHAT WE WANT FROM THESE AUDIENCES BECAUSE WE CAN'T MEASURE THE SUCCESS OF OUR COMMUNICATIONS IF WE DON'T KNOW WHAT WE ARE TRYING TO ACHIEVE. THESE OUTCOMES INCLUDE THINGS LIKE PATIENTS TRUSTING US AND PARTICIPATING IN OUR CLINICAL TRIALS, LEGISLATORS SUPPORTING OUR RECOMMENDATIONS AROUND ACCESS AND AFFORDABILITY, AND THE PUBLIC SUPPORTING GOVERNMENT FUNDING OF RESEARCH. A LIST OF THOSE OUTCOMES REQUIRES STIRRING THE RIGHT EMOTIONS BECAUSE WE ALL KNOW THAT MOST PEOPLE, WITH THE OBVIOUS EXCEPTION OF THE PEOPLE IN THIS ROOM, DON'T NECESSARILY TAKE ACTION BASED ON FACTS. THEY TAKE ACTIONS BASED ON HOW THEY FEEL.

GETTING PEOPLE TO TAKE ACTION ON CLIMATE CHANGE OR GET VACCINES ARE TWO GREAT EXAMPLES OF HOW THE WAY PEOPLE FEEL RATHER THAN FACTS DRIVES HOW PEOPLE BEHAVE.

WE'RE STARTING TO FEATURE PROFILES OF OUR BOARD MEMBERS AND TEAM AS A WAY OF SHOWING THE PEOPLE -- I'M OUT OF SEQUENCE HERE BECAUSE WE ARE DOING THAT. WE ARE DOING THAT, BUT WE ARE NOT DOING THAT YET IN THIS TALK. MAYBE WE ARE.

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WE'RE STARTING TO FEATURE PROFILES OF OUR BOARD MEMBERS AND OUR TEAM AS A WAY OF SHOWING THE PEOPLE AND THE PASSION BEHIND THE INSTITUTION. THESE STORIES ARE ONE WAY OF BUILDING TRUST. HERE WE GO. THOSE ARE EMOTIONS. THAT'S WHAT I WAS SUPPOSED TO CLICK ON. I'M GOING TO DO A LITTLE ASIDE HERE.

AT THE SUBCOMMITTEE MEETING, I SHOWED SOMETHING LIKE THIS, BUT IT LACKED THE WORD "AWE." AND IT WAS YSABEL WHO SUGGESTED THAT, AND I ADDED IT BECAUSE I THOUGHT IT WAS A REALLY NICE ADDITION. THIS ISN'T QUITE THE WORD CLOUD YOU ASKED FOR, YSABEL, BUT IT IS SOMETHING. IT'S GETTING THERE. THANK YOU.

TYING THIS BACK TO THE EMOTIONS WE WANT TO ELICIT, THESE PROFILES ALSO CONVEY EXCITEMENT, PRIDE, AND PERHAPS OTHER EMOTIONS DEPENDING ON THE PERSON BEING PROFILED. IN ADDITION, WE'VE ENGAGED WITH AN AGENCY CALLED VALVE SPRING, WHICH SOME OF YOU MIGHT KNOW FROM PREVIOUS WORK WITH CIRM. THEY'RE HELPING US REFINE HOW WE TALK ABOUT THE AGENCY, OUR MISSION, AND OUR PRIORITIES. THEY'LL PLAY A KEY ROLE IN HELPING US DEFINE OUR SONG AS IT WERE, AND THAT WORK WILL FEED INTO ADDITIONAL STORYTELLING.

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WE'VE ALSO STARTED RESEARCHING VENDORS WHO CAN HELP US LEARN WHAT THE PEOPLE IN CALIFORNIA ARE INTERESTED IN HEARING ABOUT. AND THAT'S SOMETHING THAT MEMBERS OF THIS BOARD HAVE REALLY ENCOURAGED. I'LL BE ABLE TO SAY MORE ABOUT THAT WORK AT A FUTURE BOARD MEETING.

THERE WE GO. FIRST I'M GOING TO TALK ABOUT THE STORYTELLING, WHICH CAN LEAD TO THESE EMOTIONS. WHEN I TALK ABOUT STORIES, I MEAN A RANGE OF DIFFERENT KINDS OF STORIES. WE WRITE PRESS RELEASES, BLOG ENTRIES, WE PRODUCE VIDEOS, HOLD WEBINARS, GIVE PRESENTATIONS. ALL OF THOSE INVOLVE STORYTELLING. WE HAVE SOME PROJECTS IN PROGRESS ALREADY TO HELP US WITH THIS WORK.

FIRST, WE'VE HIRED A PART-TIME WRITING CONTRACTOR TO HELP US WITH WRITTEN STORIES, AND WE'VE STARTED SOME NEW FORMS OF STORYTELLING. OUR CONTRACT WRITER HOLLY MACCORMICK HAS ALREADY STARTED WORKING ON SOME PROFILES OF BOARD MEMBERS -- THIS IS THE BULLET POINT I WAS LOOKING FOR EARLIER -- THE FIRST OF WHICH PUBLISHED RECENTLY BECAUSE I WANTED TO BRAG ABOUT THIS. THE FIRST ONE WAS WITH KIM BARRETT. IT WAS REALLY WELL RECEIVED BOTH ON OUR BLOG AND THROUGH SOCIAL MEDIA. THERE ARE MANY MORE COMING. WE'VE ALREADY DONE A FEW ADDITIONAL

INTERVIEWS, AND WE'RE HOPING TO GET TO ALL BOARD MEMBERS BECAUSE WE THINK THESE PROFILES OF THE BOARD MEMBERS AND OF THE TEAM WILL HELP SHOW THE PEOPLE AND THE PASSION BEHIND WHAT WE'RE TRYING TO ACHIEVE.

AS SOMEONE MENTIONED AT THE JUNE BOARD MEETING, THE STORIES ARE ONLY AS GOOD AS THE DELIVERY MECHANISM. WE'RE MAKING SURE THESE CAREFULLY CRAFTED STORIES MAKE IT INTO THE EMAIL, SOCIAL MEDIA CHANNELS, WEBSITE, PRESENTATIONS, FLIERS, OR ONE-ON-ONE CONVERSATIONS WHERE THEY'RE MOST LIKELY TO REACH THE INTENDED AUDIENCE.

ON THIS FRONT WE'RE WORKING ON HIRING A PR FIRM TO HELP US PLACE STORIES AND OP-EDS IN MEDIA OUTLETS BECAUSE TRADITIONAL MEDIA REMAINS AN EXCELLENT WAY OF REACHING OUR AUDIENCES. AS PART OF EVALUATING PR AGENCIES, WE ARE LOOKING AT WHETHER THOSE AGENCIES CAN HELP US WITH COMMUNITY-BASED, MULTICULTURAL, AND MULTILANGUAGE PUBLICATIONS IN ADDITION TO LARGER OUTLETS. I'LL BE ABLE TO TALK ABOUT THE OUTCOME OF THAT PROCESS AT A FUTURE BOARD MEETING.

ANOTHER GREAT CHANNEL FOR REACHING MANY AUDIENCES IS ALL OF YOU. AS SEVERAL OF YOU BROUGHT UP AT THE LAST MEETING, YOU ARE ALL EMBEDDED IN COMMUNITIES THAT NEED TO KNOW ABOUT CIRM. WE'LL BE

REACHING OUT TO THIS GROUP TO FIND OPPORTUNITIES FOR YOU TO TELL CIRM'S STORY.

I ALSO WELCOME FEEDBACK FROM ANY OF YOU IF YOU KNOW ABOUT EVENTS YOU WANT TO ATTEND. WE CAN HELP ARM YOU WITH PRINTED MATERIALS AND POWERPOINTS TO HELP YOU TALK ABOUT CIRM.

ONE BOARD MEMBER IS ALREADY HELPING TELL OUR STORY, AND THAT'S OUR CHAIR. MR. CHAIRMAN, VITO, JOINED ADITI DESAI ON MY TEAM WHO OVERSEES OUR COMMUNITY OUTREACH EFFORTS AT A ROTARY CLUB PRESENTATION RECENTLY. GOING BACK TO THE EMOTIONS WE'RE HOPING TO ELICIT, HAVING THOSE TWO PRESENT TO THAT AUDIENCE ON TRUST, CONFIDENCE, AND ALSO PRIDE BECAUSE THEY TALKED ABOUT THE WAY CIRM IS BENEFITING CALIFORNIA.

AS PART OF OUR INCREASED FOCUS ON STORYTELLING, I WANT TO SHARE A FEW RECENT STORIES. AS I MENTIONED, WE'RE STARTING TO PROFILE BOARD MEMBERS. THE IMAGE ON THE RIGHT IS TAKEN FROM A PROFILE OF KIM BARRETT. AND I WANT TO SAY THIS PHOTO TIES INTO VITO'S PRESENTATION WHERE HE TALKED ABOUT GOING UP AND GETTING A TOUR WITH DR. BARRETT AND MEETING SOME OF THE RESEARCHERS WORKING ON SPINA BIFIDA. AND THIS PHOTO SHOWS THOSE FOUR PEOPLE. IN THAT PROFILE SHE TELLS A REALLY MOVING STORY ABOUT

THE IMPORTANCE OF THAT RESEARCH.

IN ADDITION, A PATIENT ADVOCATE SPEAKER AT THE RECENT TRAINEE CONFERENCE WAS A BIG HIT ON OUR BLOG AND SOCIAL CHANNELS, AND HE'S FEATURED OVER ON THE LEFT. THAT'S JEFFERY RANDALL ALLEN WHO WON A REALITY SHOW THAT I'M SURE YOU'RE ALL AWARE OF CALLED "THE BEAST GAMES." I WAS NOT AWARE, BUT IT IS A BIG DEAL. HE CONTRIBUTED HIS WINNINGS TO RESEARCH INTO A RARE DISEASE THAT HIS YOUNGER SON HAS. HIS HIGH PROFILE AND EXTREMELY HIGH SOCIAL MEDIA FOLLOWING HELPED AMPLIFY OUR STORY ABOUT THE NEED TO FOCUS ON FINDING CURES FOR RARE DISEASES AND HELPING KIDS.

WE ALSO PRODUCED A WELL-RECEIVED VIDEO FROM THE SAME CONFERENCE. AND THAT'S SORT OF ON THE LOWER CENTER AND FEATURED A PROFILE OF COMPASS SCHOLAR MAYA SINGH WHO HAS SINCE GRADUATED AND IS IN GRADUATE SCHOOL.

AT FUTURE BOARD MEETINGS I LOOK FORWARD TO SHARING OUR PROGRESS AND TO SHARING INFORMATION ABOUT OUR ONGOING STORYTELLING. I AM, OF COURSE, WILLING TO TAKE ANY QUESTIONS, BUT I'M INTERESTED IN HEARING YOUR THOUGHTS ON WHAT WE MIGHT BE MISSING AS WE THINK ABOUT OUR STORY AND OUR AUDIENCES. AND I'LL TAKE QUESTIONS.

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DR. FISCHER-COLBRIE: GREAT. REALLY HAPPY ABOUT THE WORK AND THE PROGRESS. SO KUDOS. AND SUPER CURIOUS WITH THE CONTINUED SHIFT TO INSTAGRAM AND TIKTOK AND TWITTER WHERE ALMOST NOBODY IS READING ANYTHING ANYMORE. WHEN WE TALK ABOUT PRODUCING VIDEOS, ARE WE DISTRIBUTING THROUGH MECHANISMS? I SEE GREAT THINGS ON LINKEDIN AND OTHER AREAS, BUT I'M KIND OF CURIOUS WHAT OUR THOUGHTS ARE AROUND THOSE ELEMENTS BECAUSE THEY'RE SO CRITICAL.

MS. ADAMS: THEY'RE ABSOLUTELY CRITICAL. THEY'RE CRITICAL, THEY'RE FRAGMENTED, AND THEY'RE CHANGING ALL THE TIME. SO IT'S AN EXCITING TIME OUT THERE.

SO PERIODICALLY CHRISTINA SMITH ON MY TEAM, WHO MANAGES OUR DIGITAL CHANNELS, SHE'LL COME AND GIVE PRESENTATIONS. AND SHE CAN GIVE A LOT MORE DETAIL ON THIS. BUT THE SHORT ANSWER IS, YES, WE'RE ON ALL OF THOSE CHANNELS AND CONSTANTLY EVALUATING WHICH OF THOSE CHANNELS, WHICH CONTENT SEEMS TO BE DOING WELL ON WHICH CHANNEL, WHO WE SEEM TO BE REACHING ON WHICH CONTENT. AND TO THE BEST OF OUR ABILITY, AND THIS IS HARD, BUT FIGURING WHO'S READING WHICH CHANNEL AND MAKING SURE THE RIGHT CONTENT IS GOING TO THAT CHANNEL. YEAH, IT'S

CRITICAL.

MS. DURON: AMY, WONDERFUL. I LIKE THE FEEL OF THIS WHICH I THINK IS REALLY CRITICAL. WHAT I WANT TO SEE MORE OF IS THAT YOU'RE ACTUALLY REACHING THROUGH MULTILINGUAL ORGANIZATIONS AND MEDIA TO SHOW THAT, THAT WE ARE FINALLY BREAKING THROUGH THAT LANGUAGE BARRIER AND BEING ABLE TO IDENTIFY FOR OUR -- CALIFORNIA IS A MINORITY/ MAJORITY STATE WHEN YOU ADD UP OUR DIFFERENT DEMOGRAPHICS. AND I'M REALLY EXCITED TO SEE THAT OUR EXCITEMENT, OUR AWE IS BEING CARRIED OVER INTO THOSE COMMUNITIES SO THAT THEY BEGIN TO UNDERSTAND BOTH THE OBJECTIVES OF STEM CELL RESEARCH AND ALSO HOW IT IMPACTS THEIR OWN LIVES, HOW THEY'VE PRESENTED WITH SOMEONE WHOM IT'S IMPACTED, A FAMILY MEMBER, ET CETERA, ET CETERA. SO I LOOK FORWARD TO THAT PROGRESS.

MS. ADAMS: I VERY MUCH LOOK FORWARD TO TALKING WITH YOU ABOUT THE PR AGENCY WHEN WE GET THEM HIRED BECAUSE THAT'S A CRITERIA WE ARE USING. WE'RE THINKING DEFINITELY SOME OF OUR STUDENTS MAKE GREAT STORIES. SOME OF OUR PATIENTS AND PATIENT ADVOCATES MAKE FANTASTIC STORIES IN THOSE COMMUNITIES, AND WE COULD REALLY USE HELP BREAKING THROUGH. SO I LOOK FORWARD TO TALKING WITH YOU MORE

ABOUT THAT.

CHAIRMAN IMBASCIANI: ANY QUESTIONS OR COMMENTS FOR AMY? OR ON ZOOM? NO?

MS. ADAMS: THANK YOU VERY MUCH.

CHAIRMAN IMBASCIANI: AMY, THANK YOU.

OKAY. THE OPPORTUNITY FOR MEMBERS OF THE PUBLIC EITHER IN THE ROOM OR CONNECTED BY THE INTERNET TO MAKE ANY COMMENTS ON THE PROCESS OF OUR APPLICATION REVIEW. IF YOU CAN RAISE YOUR HAND, YOU WILL BE RECOGNIZED. AND, CLAUDETTE, WILL YOU MONITOR ALL OF THIS? THERE IS A DR. TOSCANO, I PRESUME.

MS. MANDAC: YES. WE DO HAVE ONE MEMBER ON ZOOM FOR PUBLIC COMMENT. DR. TOSCANO, YOU WILL HAVE THREE MINUTES. THERE WILL BE A TIMER THAT YOU'LL BE ABLE TO SEE ON THE TOP RIGHT-HAND CORNER OF YOUR ZOOM. WE WILL MUTE YOU AS SOON AS THE THREE MINUTES ARE UP. SO IF YOU COULD WATCH CAREFULLY. THE CLOCK STARTS NOW.

DR. TOSCANO: THANK YOU FOR THE OPPORTUNITY TO SPEAK. I'M A PRINCIPAL INVESTIGATOR ON DISC-0 PROPOSAL 17579 THAT WE SUBMITTED LAST FALL. AND THAT PROPOSAL GOT AN EXCELLENT SCORE TWO POINTS AWAY FROM FUNDING. SOME OF THE REVIEWS SUGGESTED IT WAS POTENTIALLY TRANSFORMATIVE FOR

CELLULAR THERAPY THAT WOULD APPLY TO MANY, MANY DIFFERENT DISEASE STATES. WE'RE VERY EXCITED ABOUT THAT, EXCELLENT REVIEWS. WE INVESTED QUITE BIT OF TIME ADDRESSING ALL OF THE CRITICISMS VERY, VERY THOROUGHLY. WE HAD TO WAIT AN ENTIRE YEAR TO RESUBMIT THE PROPOSAL, RESUBMITTED IT, ENSURED EVERYTHING WAS ADDRESSED. AND THEN REVIEWS THAT WE GOT BACK DID NOT AT ALL ADDRESS THE CRITICISMS, DID NOT COMMENT ON ALL OF THE WORK TO ADDRESS THOSE CRITICISMS. IT, IN FACT, BROUGHT UP THINGS THAT WERE NOT EVEN RELEVANT TO THE PROPOSAL, SUGGESTING THAT THEY DIDN'T EVEN READ THE PROPOSAL.

SO I'M VERY CONCERNED NOT ONLY FOR THIS PROPOSAL, BUT FOR OTHER PROPOSALS THAT REALLY DON'T GET EVEN CLOSE TO ADEQUATE REVIEW. I'M VERY, VERY CONCERNED ABOUT THAT. AND I HEARD SOME COMMENTS REGARDING TRUST IN THE PROGRAM. I DON'T KNOW IF -- HOW YOU CAN ESTABLISH TRUST UNLESS THERE'S EQUITABLE AND FAIR REVIEWS OF THE PROPOSALS, ESPECIALLY PROPOSALS THAT WERE THOUGHT TO BE POTENTIALLY TRANSFORMATIVE.

SO I'M VERY, VERY CONCERNED ABOUT THIS. AND THERE'S NO OPPORTUNITY TO RESUBMIT BECAUSE THE DISC-0 WILL BE ELIMINATED. SO I DON'T KNOW WHAT TO DO FROM HERE, BUT IT'S VERY, VERY DISCOURAGING. AND

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I THINK THAT THE CIRM BOARD AND THE PUBLIC NEEDS TO UNDERSTAND THIS. I'LL STOP THERE.

CHAIRMAN IMBASCIANI: THANK YOU FOR YOUR COMMENTS, DR. TOSCANO.

THIS IS THE OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO MAKE ANY COMMENTS OR RAISE ANY QUESTIONS FOR FUTURE DISCUSSION ON ITEMS THAT WERE NOT ON TODAY'S AGENDA. HEARING NONE, SO WE HAVE COME TO THE END OF THE AGENDA. THE MEETING IS ABOUT TO BE CLOSED. I INVITE YOU ALL TO JOIN US AGAIN FOR THE NEXT MEETING OF THE ICOC WHICH WILL BE BY VIRTUAL MEETING ON THURSDAY, DECEMBER 11, STARTING AT 9 O'CLOCK IN THE MORNING. SO THANK YOU, EVERYONE, FOR YOUR ATTENDANCE.

(THE MEETING WAS THEN ADJOURNED AT 3:09 P.M.)

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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE 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 SEPTEMBER 25, 2025, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CA CSR 7152
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