CIRM
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE

Memorandum

To: Members of the Application Review Subcommittee
From: CIRM Team
Re: CIRM Team Recommendations: **CLIN2**
Date: December 11, 2025

Introduction:

The CIRM Team's role during Application Review Subcommittee (ARS) meetings is to assist the ARS in making well-informed funding decisions. The ARS is provided the funding recommendations of the GWG, which include the final scores, assessment against the review criteria, and summary of specific strengths and weaknesses. Beyond these recommendations, the ARS may consider additional factors such as:

1. Programmatic factors (such as budget, portfolio balance, relevance to CIRM's mission, urgency, and unmet need)
2. Recommendations from the CIRM team
3. Public comment

This memo details the CIRM Team recommendations for applications to CLIN2 which the ARS will consider on December 11, 2025. CIRM assessed all applications with a median GWG score of 80 or above based on pipeline portfolio balance, the external clinical development landscape, and other factors that could impact on the success of projects under consideration.

CIRM Team Recommendations:

The CIRM Team concurs with the GWG recommendations to fund applications CLIN2-19068, CLIN2-18731, and CLIN2-18595. In addition, the CIRM Team recommends also funding application CLIN2-19061.

Budget Considerations:

Available CLIN2 Budget (Annual, 3 cycles)	**$135,000,000**
Budget Utilization – GWG Recommended	**$34,999,933** ($100,000,067 remaining)
Budget Utilization – CIRM Recommended	**$42,999,933** ($92,000,067 remaining)

Rationale for CIRM Recommendation on CLIN2-19061

Application Title: Phase I/II Clinical Trial for CMT4J

GWG Scores:

Median	Mean	Highest	Lowest	Scores to fund	Scores not to fund
80	81	86	70	4	10

Application CLIN2-19061 proposes a gene therapy (AAV expressing FIG4 transgene) to address an ultra-rare disease indication known as Charcot-Marie-Tooth disease type 4J (CMT4J). Individuals affected by this neuropathy experience progressive demyelination and axonal degeneration which leads to distal and proximal muscle weakness, severe motor impairment, respiratory compromise, and significant reduction in quality of life. In many cases, disease progression culminates in life-threatening respiratory failure.

The CIRM Team considered the following factors in making a recommendation to fund this application:

- CIRM's active PDEV and CLIN2 portfolios contain no awards that address CMT4J.
- Assessment of the external competitive landscape (based on Globaldata) indicates:
    - One phase 2 clinical program addressing a different subtype of CMT (CMT2S; AAV gene therapy expressing IGHMBP2)
    - No approved US treatments addressing CMT4J.
- This application represents a **progression** from a previously funded CLIN1 award.
- The applicant has clinical experience with AAV9-based gene therapy in an ongoing clinical trial for a different ultra-rare disease.
- The major concerns of the GWG for this application were gaps in the CMC plan and a lack of a detailed Access & Affordability (A&A) plan. The CIRM Team believes details of the CMC plan can be addressed during the award contracting stage, and any missing activities can be set as milestones during the award. Any deficiencies in the A&A plan can be remedied by working with the same consultants CIRM has used as specialty A&A reviewers to develop the necessary activities during the course of the award.