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

REGULAR MEETING

LOCATION: VIA ZOOM

DATE: DECEMBER 11, 2025
9 A.M.

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

FILE NO.: 2025-26

I N D E X

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I N D E X (CONT'D.)

DECEMBER 11, 2025; 9 A.M.

(THE MEETING HAVING BEEN DULY CALLED TO ORDER BY CHAIRMAN IMBASCIANI, THE PLEDGE OF ALLEGIANCE WAS RECITED, AND THE ROLL CALL WAS HEARD AS FOLLOWS:)

CHAIRMAN IMBASCIANI: THANK YOU. WE'RE GOING TO START WITH, OF COURSE, OUR ROLL CALL. MR. TOCHER, IF YOU WOULD DO THE HONORS.

MR. TOCHER: SURE. 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: JOHN CARETHERS. MONICA CARSON.

DR. CARSON: HERE.

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: HERE.

MR. TOCHER: JUDY CHOU.

DR. CHOU: PRESENT.

MR. TOCHER: 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 WE KNOW IS ON HER WAY. MARK FISCHER-COLBRIE.
MR. FISCHER-COLBRIE: HERE.
MR. TOCHER: ELENA FLOWERS.
DR. FLOWERS: PRESENT.
MR. TOCHER: JUDY GASSON.
DR. GASSON: HERE.
MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: IN THE ROOM.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: PRESENT.
MR. TOCHER: PAT LEVITT.
DR. LEVITT: HERE.
MR. TOCHER: HALA MADANAT.
DR. MADANAT: HERE.
MR. TOCHER: LINDA MALKAS.
DR. MALKAS: HERE.
MR. TOCHER: SHLOMO MELMED.
DR. MELMED: HERE.
MR. TOCHER: CAROLYN MELTZER.

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DR. MELTZER: PRESENT.
MR. TOCHER: CHRISTINE MIASKOWSKI.
DR. MIASKOWSKI: PRESENT.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: HERE.
MR. TOCHER: JOE PANETTA. JOYCE SACKEY. MARVIN SOUTHARD. SHAUNA STARK.
DR. STARK: PRESENT.
MR. TOCHER: KAROL WATSON. YAEL WYTE.
MS. WYTE: PRESENT.
MR. TOCHER: KEVIN XU.
DR. XU: HERE.
MR. TOCHER: KEITH YAMAMOTO.
DR. YAMAMOTO: HERE.
MR. TOCHER: THANK YOU. WE HAVE A QUORUM.
CHAIRMAN IMBASCIANI: THANK YOU, SCOTT. I WANT TO WELCOME YOU ALL AGAIN TO THIS FINAL MEETING OF THE CALENDAR YEAR. MANY ENTITIES, INDIVIDUALS THINK OF THIS TIME OF YEAR AS A WINDING DOWN PERIOD; BUT AS YOU WILL SEE FROM TODAY'S AGENDA, THAT IS NOT THE CASE HERE AT CIRM. OUR AGENDA TODAY IS PACKED LIKE A STOCKING HUNG BY THE CHIMNEY WITH LOTS OF ITEMS, INCLUDING REVISED CONCEPT PLANS ON TWO POPULAR EDUCATION PROGRAMS THAT WILL EXTEND OUR LIFE SPANS AND CREATE A NOVEL HYBRID, AND THE APPLICATION

REVIEW SUBCOMMITTEE WILL CONSIDER FUNDING PROJECTS IN BOTH PRECLINICAL DEVELOPMENT AND THE CLINICAL 2 PORTFOLIOS. AND ROUNDING OUT THE DAY WILL BE UPDATES ON GOVERNING -- POLICY GOVERNING THE MANAGEMENT OF AWARDS AND ON PATIENT SUPPORT PROGRAM.

BUT BEFORE WE GET INTO THE MEAT, I WOULD LIKE TO SHARE SOME GOOD NEWS RELATING TO ONE OF OUR CURRENT BOARD MEMBERS, CHRISTINE MIASKOWSKI, R.N.

THE AMERICAN ACADEMY OF NURSING RECENTLY SINGLED OUT CHRIS TO RECEIVE A LIVING LEGEND AWARD, ONE OF THE HIGHEST PROFESSIONAL ACCOLADES. AND I THINK WE HAVE A PHOTOGRAPH OF THAT, YES, THAT YOU CAN ALL TAKE A LOOK AT, CLAUDETTE.

NURSE MIASKOWSKI WAS APPLAUDED BY THE ACADEMY FOR HER EXTRAORDINARY CONTRIBUTIONS TO THE NURSING PROFESSION FOR PIONEERING WORK IN TEAM MANAGEMENT AND SYMPTOMATOLOGY THAT HAS GREATLY IMPACTED THE FIELD OF ONCOLOGY NURSING, IN PARTICULAR, AND, THUS, IMPROVING SYMPTOM CONTROL AND THE QUALITY OF LIFE FOR PATIENTS. AT THE SAME TIME IT CREATED A CURRICULAR INFRASTRUCTURE FOR GENERATIONS OF NURSES TO COME.

SO, CHRIS, I AND THE ENTIRE BOARD WANT TO CONGRATULATE YOU ON RECEIVING THIS VERY PRESTIGIOUS AWARD. THERE WE GO.

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DR. MIASKOWSKI: THANKS SO MUCH, VITO. I REALLY, REALLY APPRECIATE IT. IT WAS REALLY A HALLMARK OF MY CAREER. SO THANK YOU FOR RECOGNIZING IT.

CHAIRMAN IMBASCIANI: WELL, YOU'RE QUITE WELCOME. I HOPED THAT PHOTOGRAPH WOULD STAY UP LONGER BECAUSE THAT IS A PICTURE OF WHAT LIVING LEGENDS LOOK LIKE. THERE WE GO. THANK YOU, CLAUDETTE.

A FEW WEEKS AGO THE PACIFIC COUNCIL ON INTERNATIONAL POLICY HERE IN LOS ANGELES INVITED ME TO JOIN A PANEL DEDICATED TO BROADENING UNDERSTANDING OF LOS ANGELES AND SOUTHERN CALIFORNIA'S PLACE AS A LEADER IN SCIENCE AND TECHNOLOGY. I KNOW THAT I AND THE REST OF YOU ON THIS BOARD TALK TO SCIENCE AND/OR MEDICAL AUDIENCES ALL THE TIME, BUT THIS WAS A DISTINCTLY UNUSUAL AUDIENCE TO PRESENT CIRM TO: WHO WE ARE, WHAT WE DO, AND WHAT WE'VE ACCOMPLISHED OVER THE LAST 20 YEARS.

FOR EXAMPLE, AMONG THOSE PRESENT AT THE EVENT WERE THE COUNCILS-GENERAL OF MEXICO, FRANCE, FINLAND, AND MANY OTHER COUNTRIES, NINTH CIRCUIT FEDERAL JUDGES, FORMER AMERICAN AMBASSADORS, FELLOWS AT VARIOUS THINK TANKS LIKE THE RAND, AND THE

COUNCIL ON FOREIGN RELATIONS, STATE DEPARTMENT AREA SPECIALISTS, LEADERS IN BUSINESS AND FINANCE, VENTURE CAPITAL, ARTIFICIAL INTELLIGENCE, AND EXPERTS IN NATIONAL AND MILITARY STRATEGY.

I DID NOT MEET A SINGLE PERSON AT THIS EVENT WORKING IN ANY BIOLOGICAL OR CLINICAL FIELD, WHICH MAY EXPLAIN THE HIGH LEVEL OF SPIRITED INTEREST AND ANIMATED QUESTIONING FROM THIS DIVERSE AUDIENCE. AND I MENTION THIS TO YOU ONLY BECAUSE, AS CIRM CONSIDERS ITS OWN FUTURE, OPPORTUNITIES SUCH AS THIS, A BROADENING THE TYPES OF AUDIENCES WE SPEAK TO, CAN SERVE THE DUAL FUNCTIONS OF BOTH EDUCATING THE INDIVIDUAL MEMBERS IN ATTENDANCE AT THESE MEETINGS AS IT BUILDS LARGER, BROADER COMMUNITY SUPPORT WHICH CIRM WILL ULTIMATELY NEED.

I WILL HAVE MORE TO SAY ON THIS AT OUR JANUARY MEETING, WHICH IS ONLY A MONTH AWAY FROM NOW. SO I'M GOING TO BE FOLLOWED NOW BY OUR VICE CHAIR, MARIA BONNEVILLE, FOR HER REPORT. THANK YOU.

VICE CHAIR BONNEVILLE: THANK YOU, VITO. GOOD MORNING. IN OCTOBER ROSA AND I WENT TO D.C. TO MEET WITH CONGRESSIONAL MEMBERS. WE MET WITH HOUSE AND SENATE OFFICES FROM MARYLAND, TEXAS, FLORIDA, ILLINOIS, COLORADO, MINNESOTA, IN ADDITION TO THE SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND

PENSIONS. WE VISITED WITH MEMBERS THAT CHAIRED OR SAT ON COMMITTEES WHERE WE SHARE SIMILAR INTERESTS, PEDIATRIC RARE DISEASE VOUCHER, HEALTH COMMITTEES, SICKLE CELL DISEASE, PARKINSON'S DISEASE, AND CONTINUED NIH FUNDING, TO NAME A FEW.

IT WAS AN OPPORTUNITY TO SHARE OUR STORY AND EDUCATE MEMBERS OUTSIDE OF CALIFORNIA ON HOW OUR GREAT STATE CONTINUES TO FUND SCIENCE. WHILE WE WERE IN D.C., WE ALSO HAD AN OPPORTUNITY TO MEET WITH FASTER CURES, THE EVERY LIFE FOUNDATION, AND OTHER ADVOCACY ORGANIZATIONS IN THE HOPE OF PARTNERING OR COLLABORATING ON STRATEGY.

YESTERDAY I SENT YOU ALL AN UPDATE ON FEDERAL POLICY AND ADMINISTRATIVE CHANGES IN WASHINGTON, D.C. SO I'M GOING TO GO THROUGH THOSE NOW.

NIH MODIFIES PAYLINES. INITIALLY ANNOUNCED IN AUGUST, ON NOVEMBER 21ST THE NIH PROVIDED ADDITIONAL DETAILS ON ITS NEW FUNDING STRATEGY. IN JANUARY THE AGENCY WILL MOVE AWAY FROM THE TRADITIONAL PAYLINE SYSTEM AND ADOPT A SINGLE AGENCYWIDE APPROACH FOR MAKING FUNDING DECISIONS. UNDER THE OLD MODEL MANY INSTITUTES USED A PAYLINE PERCENTILE CUTOFF FROM PEER REVIEW AS A ROUGH GUIDE FOR WHICH APPLICATIONS WOULD BE FUNDED. BUT BECAUSE

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INSTITUTES FREQUENTLY MADE EXCEPTIONS TO ADDRESS SCIENTIFIC PRIORITIES, BUDGET SHIFTS, OR WORKFORCE NEEDS, PAYLINES OFTEN GAVE APPLICANTS A FALSE SENSE OF HOW DECISIONS WERE ACTUALLY BEING MADE.

UNDER THE NEW STRATEGY, PAYLINES WILL NO LONGER BE USED, AND ALL INSTITUTES WILL FOLLOW THE SAME SET OF PRINCIPLES WHEN AWARDING FUNDING. THESE PRINCIPLES INCLUDE CONSIDERING THE FULL PEER REVIEW CRITIQUE, EVALUATING HOW WELL THE PROJECT ALIGNS WITH THE INSTITUTE'S STATED MISSION AND PRIORITIES, TAKING WORKFORCE NEEDS INTO ACCOUNT, AND MANAGING A BALANCED, GEOGRAPHICALLY DIVERSE PORTFOLIO. THIS SHIFT ALIGNS WITH THE LARGER GOLD STANDARD SCIENCE AGENDA ISSUED BY THE TRUMP ADMINISTRATION.

NIH FORWARD FUNDING. THROUGHOUT THE YEAR, NIH HAS BEEN SHIFTING AWAY FROM FUNDING SINGLE-YEAR GRANTS TO PRIORITIZE MULTIYEAR RESEARCH PROJECTS. NIH HAS BEEN FULLY FORWARD FUNDING THAT PROJECT FOR ALL THE YEARS OF THE PROJECT AND PLACING THE FUNDS IN ESCROW TO BE USED IN SUBSEQUENT YEARS.

WHILE ON THE SURFACE IT SEEMS THIS WILL GIVE STABILITY TO MULTIYEAR STUDIES, OVER TIME THIS POLICY SHIFT WILL RESULT IN RESEARCHERS RECEIVING LESS MONEY ON AVERAGE WITH LESS TIME TO SPEND IT. ADDITIONALLY, IT MEANS THAT THERE IS A REDUCED

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AMOUNT OF FUNDING AVAILABLE IN A GIVEN YEAR, LEADING TO FEWER GRANT AWARDS AND STEEPER COMPETITION FOR NIH FUNDING.

THE NIH BUDGET PROPOSAL FROM EARLIER IN THE YEAR ESTIMATED THAT NIH RESEARCH GRANTS WOULD DROP FROM 42,143 IN 2024 TO 38,069 IN 2025, AND 27,477 IN 2026. FIRST TIME AWARDS ARE ESTIMATED TO FALL FROM A LITTLE OVER 10,000 IN 2024 TO 6,000 IN 2025 TO 4300 IN 2026.

THERE WAS A *NEW YORK TIMES* ARTICLE RECENTLY WHICH PROVIDES A GOOD ILLUSTRATION OF THE LONG-TERM CONSEQUENCES OF FORWARD FUNDING.

AND I HESITATE TO EVEN GO INTO HHS LEADERSHIP UPDATES BECAUSE THE STAFF SEEMS TO CHANGE A LOT, BUT I'LL GIVE IT A SHOT. THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ANNOUNCED FIVE NEW AGENCY LEADERS ON NOVEMBER 24TH AS PART OF SECRETARY ROBERT F. KENNEDY, JR.'S EFFORT TO ADVANCE HIS MAKE AMERICA HEALTHY AGAIN AGENDA.

DR. BRIAN CHRISTINE, THE NEW ASSISTANT SECRETARY OF HEALTH, IS A MENTAL HEALTH SPECIALIST WHO PLANS TO FOCUS ON REBUILDING TRUST IN PUBLIC HEALTH AND STRENGTHENING CHRONIC DISEASE PREVENTION.

ALEX J. ADAMS APPOINTED ASSISTANT SECRETARY FOR FAMILY SUPPORT AT THE ADMINISTRATION

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FOR CHILDREN AND FAMILIES PREVIOUSLY HELD SENIOR ROLES IN IDAHO STATE GOVERNMENT AND EMPHASIZED IMPROVING OUTCOMES FOR CHILDREN AND FAMILIES.

GUSTAV CHIARELLO, THE NEW ASSISTANT SECRETARY OF FINANCIAL RESOURCES AND A FORMER SENIOR COUNSEL ON THE HOUSE JUDICIARY COMMITTEE, WILL OVERSEE EFFORTS TO DIRECT FEDERAL SPENDING TOWARDS BETTER HEALTH RESULTS.

MICHAEL STUART, A FORMER U.S. ATTORNEY AND WEST VIRGINIA STATE SENATOR, WILL SERVE AS GENERAL COUNSEL WITH A FOCUS ON COMBATING FRAUD, WASTE, AND ABUSE.

DR. ALICIA JACKSON, A FORMER DARPA OFFICIAL AND BIOTECH ENTREPRENEUR, WILL LEAD ARPA-H, AIMING TO ACCELERATE BIOMEDICAL INNOVATION AND ADVANCE WOMEN'S HEALTH. PAZDUR WILL ALSO LEVY FDA'S ONCOLOGY CENTER OF EXCELLENCE AND WAS WIDELY REGARDED AS A HIGHLY INFLUENTIAL REGULATOR, WAS REPORTED TO HAVE HAD DISAGREEMENTS WITH FDA LEADERSHIP REGARDING PROPOSALS TO ACCELERATE CERTAIN DRUG REVIEWS AND ADJUST REGULATORY STANDARDS. HIS SUDDEN DEPARTURE COMES DURING A PERIOD OF TRANSITION AT CDER AND HAS DRAWN ATTENTION FROM STAKEHOLDERS.

TRACY BETH HOEG, ONE OF MAKARY'S CLOSE ADVISORS, HAS BEEN APPOINTED TO ACTING DIRECTOR OF

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CDER.

THE FDA RARE DISEASE PEDIATRIC REVIEW VOUCHER. ON DECEMBER 1ST THE HOUSE OF REPRESENTATIVES PASSED THE GIVE KIDS A CHANCE ACT BY A VOICE VOTE WHICH REAUTHORIZES THAT PROGRAM. THE SENATE HAS RECEIVED LEGISLATION AND IT REMAINS UNCLEAR WHEN THE SENATE WILL VOTE ON THE HOUSE-PASSED BILL OR ADVANCE ITS OWN VERSION, WHICH CURRENTLY HAS 20 BIPARTISAN COSPONSORS. THIS ACTION IN THE HOUSE IS A REASSURING SIGN THAT THERE'S BIPARTISAN SUPPORT AND THAT THIS BILL WOULD LIKELY BE CONSIDERED FOR INCLUSION IN A BROADER HEALTHCARE LEGISLATIVE VEHICLE TO BE CONSIDERED AT THE END OF THE YEAR.

AND FINALLY, ARPA-H LAUNCHES THE BOSS PROGRAM TO ADDRESS THE CHALLENGES ASSOCIATED WITH COLD CHAIN LOGISTICS. ARPA-H HAS LAUNCHED THE BIOSTABLIZATION SYSTEM PROGRAM WHICH AIMS TO DEVELOP TECHNOLOGIES THAT ENABLE ROOM TEMPERATURE STABILIZATION, STORAGE, AND SHIPPING OF BIOLOGICAL DRUGS. THE INITIATIVE DRAWS ON CONCEPTS FROM STRESS TOLERANT ORGANISMS, MATERIAL SCIENCE, AND BIOENGINEERING TO CREATE STABLE, LONG-LASTING FORMULATIONS OF CELL AND GENE THERAPIES THAT CAN BE MANUFACTURED AND DISTRIBUTED MORE EASILY AND COST

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EFFECTIVELY.

ON CALIFORNIA NEWS, SCOTT TOCHER AND I RECENTLY MET WITH SCOTT WEINER'S OFFICE REGARDING SB607. THEY WILL BE REVISING LANGUAGE AND INTRODUCING A NEW BILL AT THE BEGINNING OF THE YEAR WITH THE INTENTION THAT THE LEGISLATURE WOULD CONSIDER VOTING TO INCLUDE IT ON THE NOVEMBER 2026 BALLOT. WE CONTINUE TO BE A RESOURCE FOR THEM AND AWAIT ANY OTHER UPDATES FROM THEIR OFFICE. AT THIS TIME IT IS UNCLEAR WHAT THE FINAL BILL LANGUAGE WILL CONTAIN.

AND THEN A QUICK UPDATE ON THE CCCE OUTCOME. THE RECOMMENDATIONS FROM THE FACILITIES AND GRANTS WORKING GROUPS WERE PRESENTED TO THE APPLICATION REVIEW SUBCOMMITTEE IN OCTOBER. THREE APPLICATIONS WERE RECOMMENDED AND APPROVED FOR FUNDING, TWO IN SOUTHERN CALIFORNIA, THE LUNDQUIST INSTITUTE IN TORRANCE, AND LOMA LINDA UNIVERSITY IN LOMA LINDA, AND ONE IN FRESNO, COMMUNITY HEALTH SYSTEMS.

IT WAS ACKNOWLEDGED AT THAT MEETING THAT A LOCATION IN THE NORTHERN PART OF THE STATE IS SORELY MISSING. AND J.T. DID COMMIT TO BRINGING A PLAN TO FILL THAT GAP TO THE BOARD. SO WE AWAIT THAT, J.T.

AND THEN I WILL GIVE MORE UPDATES ON THE

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ACCESS STRATEGY WHEN THAT ITEM COMES UP LATER IN THE AGENDA. AND THAT'S ALL I HAVE. ARE THERE ANY QUESTIONS?

DR. YAMAMOTO: YEAH, I HAVE A QUESTION, MARIA. I HAVE TWO QUESTIONS. ONE IS THAT IN YOUR CONVERSATIONS WITH OTHER STATE -- REPRESENTATIVES FROM OTHER STATES --

VICE CHAIR BONNEVILLE: YES.

DR. YAMAMOTO: -- DID YOU HEAR THAT THERE ARE PLANS AFOOT IN THOSE STATES TO PUT TOGETHER SCIENCE FUNDING PROGRAMS OF THE TYPE THAT CIRM REPRESENTS? AND WE JUST HEARD THAT THE STATE OF TEXAS IS PUTTING $3 BILLION INTO NEUROLOGICAL DISEASE AND SO FORTH. ARE THERE OTHER STATES STEPPING UP SIMILARLY?

VICE CHAIR BONNEVILLE: WE DID HEAR AND WERE ASKED SPECIFICALLY ABOUT THE INITIATIVE PROCESS AND SOME OF THE LOGISTICS AROUND THAT, AND OBVIOUSLY IT VARIES FROM STATE TO STATE. BUT CERTAINLY EVERYONE WAS VERY, I THINK, JEALOUS OF THE FACT THAT WE'VE BEEN ABLE TO ACCOMPLISH THIS YEAR. AND CLEARLY CALIFORNIA IS A HUGE STATE WITH RESOURCES THAT ALLOW FOR SOMETHING THIS BIG TO HAPPEN, BUT THERE WAS DEFINITELY QUESTIONS FROM OTHER STATES.

AND SO WE ENCOURAGED THEM TO REACH OUT SO

THAT WE CAN PUT THEM IN CONTACT WITH OTHER MEMBERS TO TALK ABOUT HOW TO MAKE THAT HAPPEN FOR THEM.

DR. YAMAMOTO: GREAT. GREAT. AND, YES, I'M GLAD TO HEAR ABOUT THE UPDATE ON 607. WHAT I'VE HEARD IS THAT THE RETUNING OF IT WILL COME IN AT CONSIDERABLY UNDER 23 BILLION, WHICH WAS THE LAST VERSION. AND JUST AS A POINT OF INFORMATION, SAUL PERLMUTTER HAS PUT TOGETHER A SEPARATE PROPOSAL THAT I'VE BEEN WORKING A LOT ON WITH HIM. AND I THINK IT HAS SOME REALLY INTERESTING FEATURES TO IT, AND WE'RE GOING TO BE TALKING WITH WEINER'S OFFICE ABOUT WAYS TO TRY TO INTEGRATE SOME OF THE ASPECTS OF THAT PROGRAM AS WELL.

VICE CHAIR BONNEVILLE: THAT'S GREAT. I LOVE THAT.

DR. YAMAMOTO: SO THAT WILL CONTINUE.

AND THEN THE FINAL COMMENT IS THAT THE REPORT ON MOVING AWAY FROM PAYLINES. I DON'T REALLY HAVE A BIG PROBLEM WITH THAT. I THINK THAT THAT IN ITSELF IS NOT A PROBLEM, BUT BUILT INTO THAT NEW PROVISION OF MOVING AWAY FROM PAYLINES IS THE KIND OF SCARY NOTION THAT A POLITICAL APPOINTEE WILL ACTUALLY HAVE, IF NOT THE FINAL WORD, CERTAINLY THE ABILITY TO MOVE FUNDING DECISIONS AROUND ON THE BASIS OF WHETHER THERE'S GOOD ALIGNMENT WITH, AS YOU

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SAID, THE POLICIES OF THE TRUMP ADMINISTRATION.

SO MOVING AWAY FROM PROFESSIONAL OPINION, AS IS BEING DONE WITH THE FIRING OF A LOT OF PROGRAM DIRECTORS AND THE FIRING OF LOTS OF IC, I GUESS HALF OF THE IC DIRECTORS, AND THEN INSTALLING INSTEAD KIND OF THE LAST WORD COMING FROM A POLITICAL APPOINTEE IS PARTICULARLY TROUBLESOME.

VICE CHAIR BONNEVILLE: ABSOLUTELY.

DR. YAMAMOTO: SO SOMETHING TO WATCH OUT FOR.

VICE CHAIR BONNEVILLE: THANK YOU. CAROLYN.

DR. MELTZER: YEAH. I CERTAINLY AGREE WITH KEITH'S COMMENTS. I WANTED TO ASK ABOUT THE FORWARD FUNDING. DO WE HAVE AN IDEA WHAT PERCENT OF GRANTS WILL BE FORWARD FUNDED?

VICE CHAIR BONNEVILLE: I DON'T KNOW THE ANSWER TO THAT QUESTION, BUT I AM HAPPY TO ASK OUR CONTACTS IN D.C. AND GET BACK TO YOU FOR THAT.

DR. MELTZER: OKAY. YEAH. OBVIOUSLY, A LOT OF FOLKS ARE WORRIED ABOUT THAT BECAUSE IT TAKES FROM THE NEXT YEAR'S ABILITY FOR NEW GRANTS TO BE FUNDED.

VICE CHAIR BONNEVILLE: ABSOLUTELY.

DR. YAMAMOTO: YEAH. I'VE ASKED THAT

QUESTION AND SIMILARLY HAVE GOTTEN NO ANSWER. AND THE CONCERN, OF COURSE, IS THAT IT'S GOING TO BE ELEVATING YEAR OVER YEAR. AND IF THAT HAPPENS, IT JUST KEEPS CHOPPING DOWN THE NUMBER OF NEW GRANTS AWARDED. REALLY BAD PROBLEM.

VICE CHAIR BONNEVILLE: YES. JOHN.

DR. CARETHERS: I AGREE WITH ALL THAT WAS SAID. I THINK THE -- I HAVE NO IDEA HOW -- WHAT PERCENT THEY'RE MAKING. I MEAN THIS STARTED A LITTLE BIT WITH THE R35S MAYBE TEN YEARS AGO TO TRY TO FOCUS ON THINGS. AND THEN THEY HAVE THESE OTHER MECHANISMS. SO THIS SEEMS TO BE A DIFFERENT THING THAT'S GOING ON NOW. SO I DON'T KNOW THE PERCENT, AND I THINK THE *NEW YORK TIMES* ARTICLE KIND OF OUTLAID THE DRASTIC DROP IN THE NUMBER OF GRANTS.

VICE CHAIR BONNEVILLE: YES. THANK YOU.

CHAIRMAN IMBASCIANI: I DON'T SEE ANY MORE HANDS.

VICE CHAIR BONNEVILLE: KIM.

DR. BARRETT: HI. SO I THINK AT ONE POINT THERE WAS A PROPOSAL THAT AT LEAST 50 PERCENT OF THE GRANTS SHOULD BE FORWARD FUNDED, BUT I THINK THAT WAS EXPLICITLY EXCLUDED IN SOME OF THE BUDGET LANGUAGE.

THE ISSUE IS NOT SO MUCH THAT FORWARD

FUNDING IS AN EVIL THING BECAUSE AT THE END OF THE DAY IT ALL BALANCES OUT. AND THE NATIONAL SCIENCE FOUNDATION HAS DONE MOST OF ITS FUNDING IN THIS WAY FOR MANY YEARS. THE PROBLEM IS A PRECIPITOUS SWITCH TO A FORWARD FUNDING SYSTEM. AND THERE'S BEEN NO PROVISION MADE FOR THE IMMEDIATE EFFECTS OF THAT AND THE FACT THAT WE ARE LIKELY TO LOSE A LOT OF PEOPLE BEFORE THEIR CAREERS EVEN GET STARTED BECAUSE THEY JUST CAN'T GET THEIR FOOT ON THE LADDER.

VICE CHAIR BONNEVILLE: THANK YOU, KIM.

CHAIRMAN IMBASCIANI: I DON'T SEE ANY OTHER COMMENTS. SO WE'LL MOVE TO OUR THIRD REPORT FROM OUR PRESIDENT AND CEO. J.T.

MR. TOCHER: J.T., ACTUALLY FIRST, JUST FOR THE RECORD, I WANT TO RECOGNIZE THE FOLLOWING BOARD MEMBERS WHO HAVE JOINED SINCE THE ROLL CALL. WE WELCOME JOHN CARETHERS, YSABEL DURON, JOYCE SACKEY, MARV SOUTHARD, AND KAROL WATSON.

CHAIRMAN IMBASCIANI: GREAT. THANK YOU, SCOTT.

DR. THOMAS: THANK YOU, SCOTT. MR. CHAIR, MADAM VICE CHAIR, DISTINGUISHED MEMBERS OF THE BOARD, CIRM TEAM, AND MEMBERS OF THE PUBLIC, I'M HAPPY TO REPORT THAT IT HAS BEEN ANOTHER BUSY AND VERY FRUITFUL YEAR AT CIRM WHICH SAW TREMENDOUS

DEDICATION AND COLLABORATIVE CONTRIBUTION BY EVERY MEMBER OF CIRM'S BOARD AND TEAM.

2024 WAS A YEAR OF STRATEGIC PLAN DEVELOPMENT, CULMINATING IN THE ADOPTION BY THE BOARD OF THE STRATEGIC ALLOCATION FRAMEWORK OR SAF, WHICH LAUNCHED 13 NEW OR AMENDED PROGRAMS AIMED AT MAXIMIZING THE BENEFIT OF CIRM'S REMAINING FUNDS FOR THE CITIZENS OF CALIFORNIA. 2025 WAS A YEAR OF IMPLEMENTATION AND ROLL-OUT OF MANY OF THOSE PROGRAMS SPEARHEADED BY DR. ROSA CANET-AVILES AND THE CLINICAL TEAM LED BY DR. JOE GOLD, THE PDEV TEAM LED BY DR. SHYAM PATEL, THE DISCOVERY AND EDUCATION TEAM LED BY DR. KELLY SHEPARD, THE REVIEW TEAM LED BY DR. GIL SAMBRANO, AND SUPPORTED BY OPERATIONS INCLUDING GRANTS MANAGEMENT, I.T., AND FINANCE LED BY JENN LEWIS.

A CENTRAL PLAYER IN ALL OF THIS PROCESS WAS DR. LIZ NOBLIN WHO PROVIDES CROSS-FUNCTIONAL COORDINATION AND ORGANIZATIONAL SUPPORT FOR THE IMPLEMENTATION OF THE SAF PROCESS, HELPING TRANSLATE PROGRAM INPUTS FOR LEADERSHIP AND THE BOARD. I'VE ASKED LIZ TO GIVE THE BOARD A BRIEF SUMMARY OF ALL THE WORK DONE WITH THE SAF THIS YEAR. LIZ.

DR. NOBLIN: THANKS SO MUCH, J.T. IT'S MY PLEASURE ON BEHALF OF THE TEAM TO REPORT ON THE

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PROGRESS THAT WE'VE MADE LAUNCHING NEW PROGRAMS THROUGHOUT 2025. SO LOOKING BACK TO MARCH, THE BOARD AT THAT MEETING APPROVED FIVE NEW FUNDING OPPORTUNITIES ACROSS EACH OF CIRM'S PILLARS. WE HAD COMMUNITY CARE CENTERS OF EXCELLENCE, OUR TWO DISCOVERY PROGRAMS, DISC4 AND DISC5, THE NEW PRECLINICAL DEVELOPMENT OR PDEV PROGRAM, AND SIGNIFICANT UPDATES TO THE CLINICAL DEVELOPMENT OR CLIN2 PROGRAM.

IMMEDIATELY AFTER THAT MARCH MEETING, THE TEAM MOVED QUICKLY TO OPEN THE SET OF FUNDING OPPORTUNITIES IN APRIL AND MAY. BY JUNE WE HAD ALREADY RECEIVED OVER 300 PRESUBMISSIONS OR APPLICATIONS ACROSS THE CLIN2, PDEV, AND DISC4 PROGRAMS. LATER TODAY THE APPLICATION REVIEW SUBCOMMITTEE IS GOING TO CONSIDER FUNDING RECOMMENDATIONS FOR THOSE FIRST CYCLES OF CLIN2 AND PDEV. DISC4 RECOMMENDATIONS WILL BE COMING TO THE ARS IN MARCH OF NEXT YEAR.

AS MARIA HAS ALREADY MENTIONED, APPLICATIONS TO COMMUNITY CARE CENTERS OF EXCELLENCE CAME TO THE TEAM IN JULY, AND THE IC APPROVED AWARDS TO THREE CENTERS IN OCTOBER. AT THIS MOMENT WE'RE HARD AT WORK TO LAUNCH THIS SET OF CRITICAL CENTERS TO PROMOTE ACCESS TO REGENERATIVE MEDICINE IN AREAS

OF THE STATE WITH UNMET NEED.

AND FINALLY, THE DISC5 PROGRAM, WHICH LAUNCHED IN NOVEMBER, IS CURRENTLY OPEN TO INVESTIGATORS PURSUING FOUNDATIONAL REGENERATIVE MEDICINE RESEARCH UNTIL JANUARY OF 2026.

SO I'LL JUST CONCLUDE WITH A PREVIEW OF WHAT WILL CONTINUE NEXT YEAR. THE TEAM IS CONTINUING TO BUILD ON THIS SUITE OF FUNDING OPPORTUNITIES WITH SEVERAL NEW PROGRAMS THAT WILL COME TO THE ICOC FOR CONSIDERATION AT MEETINGS ALL THROUGHOUT 2026. SO IT'S BEEN A TRUE TEAM EFFORT, AND WE'RE LOOKING FORWARD TO CONTINUING NEXT YEAR. THANK YOU, J.T.

DR. THOMAS: THANKS, LIZ.

VICE CHAIR BONNEVILLE: J.T., I HAVE A QUESTION.

DR. THOMAS: YES.

VICE CHAIR BONNEVILLE: AS PART OF THAT, I WOULD LIKE TO SEE WHAT THE PLAN IS FOR THE CCCE IN THE NORTHERN PART OF THE STATE --

DR. THOMAS: YES.

VICE CHAIR BONNEVILLE: -- WHICH I'M NOT SURE HAS BEEN ACCOUNTED FOR IN THE PLANS FOR NEXT YEAR. AND THAT WAS SOMETHING THAT WAS -- IT WAS VERY CLEAR FROM THAT MEETING THAT IT WAS NECESSARY

AND THAT WE NEEDED TO DO SOMETHING ABOUT IT. SO IT WOULD BE GREAT TO GET THAT ON THE CALENDAR.

DR. THOMAS: THANK YOU. THANK YOU FOR THAT ADDITION. THANKS, LIZ.

AS YOU CAN SEE, THE CIRM TEAM WRIT LARGE, BOARD AND TEAM, ACCOMPLISHED A GREAT DEAL THIS YEAR FOR WHICH WE SHOULD ALL BE VERY PROUD. IN OCTOBER A DELEGATION OF ABOUT 20 BELGIANS, REPRESENTING MANY AREAS OF BIOTECHNOLOGY, INDUSTRY, AND ACADEMIA, VISITED CIRM. THEY WERE IN CALIFORNIA FOR SEVERAL DAYS AS PART OF A NEW INTERNATIONAL PARTNERSHIP ANNOUNCED BY GOVERNOR NEWSOM, WHICH IS INTENDED TO GROW ECONOMIC RELATIONS AND ADVANCE RESEARCH IN INNOVATIONS.

AT THE CIRM OFFICES, THEY MET WITH DR. NOBLIN, GENERAL COUNSEL, RAFAEL AGUIRRE-SACASA, AND SENIOR DIRECTOR OF COMMUNICATIONS AMY ADAMS WHO DISCUSSED CIRM'S HISTORY, MISSION, AND ACTIVITIES. THE BELGIANS WERE HIGHLY ENGAGED AND INTERESTED PARTICULARLY IN LEARNING ABOUT CIRM'S IP POLICIES, PARTNERSHIP OPPORTUNITIES, AND APPROACHES TO HANDLING AFFORDABILITY CHALLENGES.

ONE SOFTWARE AND DATA MODELING COMPANY HAS SUBSEQUENTLY CONNECTED WITH DR. JANIE BYRUM, OUR SENIOR SCIENCE OFFICER FOR R & D INFRASTRUCTURE.

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THEIR SOLUTION AND PRODUCT WAS A RELEVANT EXAMPLE TO THE NEW INFR9 OR DATA SCIENCE AND SOFTWARE ENGINEERING CONCEPT AND WAS INFORMATIVE TO LEARN ABOUT.

ON A PERSONAL FRONT, THIS PAST QUARTER I REPRESENTED CIRM AND SPOKE AT A NUMBER OF CONFERENCES BOTH IN CALIFORNIA AND IN WASHINGTON, D.C. IN EARLY OCTOBER I AND A NUMBER OF CIRM COLLEAGUES ATTENDED THE ANNUAL MEETING ON THE MESA IN PHOENIX SPONSORED BY THE ALLIANCE FOR REGENERATIVE MEDICINE OR ARM. THAT CONFERENCE BRINGS TOGETHER INDUSTRY, NON-PROFITS, GOVERNMENT OFFICIALS, PATIENT ADVOCATES, AND OTHERS FOR A THREE-DAY CONFERENCE HIGHLIGHTING THE PROGRESS OF THE REGENERATIVE MEDICINE FIELD.

AT THAT MEETING I SPOKE ON A PANEL ON ALTERNATIVE SOURCES OF FUNDING, UPDATING ATTENDEES ON CIRM'S STORY AND ACCOMPLISHMENTS. THE COMMENTS WERE WELL RECEIVED IN PARTICULAR IN LIGHT OF THE FUNDING UNCERTAINTIES AT THE FEDERAL LEVEL.

THAT PROVED TO BE A BUSY DAY AS LATER THAT AFTERNOON I FLEW TO SAN FRANCISCO AND WAS INTERVIEWED IN A FIRESIDE CHAT ABOUT NON-DILUTIVE FUNDING AT A CONFERENCE SPONSORED BY THE ORRICK LAW FIRM. AMONG OTHER THINGS, ORRICK HAS LONG BEEN THE

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STATE'S BOND COUNSEL, BUT ALSO HAS AN ACCOMPLISHED PRACTICE IN HIGH TECH AND BIOTECHNOLOGY.

THE FOLLOWING WEEK I WENT TO THE ANNUAL UCSD STEM CELL SYMPOSIUM AND SPOKE AT THE WELCOMING DINNER THE NIGHT BEFORE HONORING DENNY SANFORD. THE SYMPOSIUM FEATURED A NUMBER OF TALKS HIGHLIGHTING RESEARCH PROGRESS AT UCSD AMONGST OTHER INSTITUTIONS.

THE SECOND MORNING OF THE CONFERENCE I WAS THE FEATURED GUEST ON A REACH-IN PODCAST CONDUCTED BY THE MARKETING AND COMMUNICATIONS STRATEGIST OF THE UC SAN DIEGO-SANFORD STEM CELL INSTITUTE. THE PODCAST COVERED A WIDE RANGE OF TOPICS IN THE FIELD AND GAVE ME AN OPPORTUNITY TO DISCUSS CIRM AND ITS CONTRIBUTIONS PARTICULARLY IN THE SAN DIEGO AREA.

IN NOVEMBER I ATTENDED THE ANNUAL FASTER CURES CONFERENCE PUT ON BY THE MILKEN INSTITUTE IN WASHINGTON, D.C. THAT CONFERENCE BRINGS TOGETHER SPEAKERS FROM MANY DIFFERENT WALKS TO TALK ABOUT ALL ASPECTS OF HEALTHCARE. SHOUT-OUT HERE TO ROSA WHO DID A GREAT JOB AS A PANELIST ON THE TOPIC OF NEW FRAMEWORKS FOR AGILE INNOVATION OF GENE EDITING THERAPY.

THE CONFERENCE IS ALWAYS A GREAT OPPORTUNITY TO NETWORK WITH EXPERTS IN THE FIELDS OF

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SCIENCE, HEALTHCARE, INDUSTRY, FINANCE, AND MANY OTHER SPECIALTIES.

ONE OF THE KEY EVENTS OF THE PAST QUARTER WAS THE REMIND PROGRAM MEETING IN EARLY NOVEMBER. IT BROUGHT TOGETHER TEAMS CIRM HAS FUNDED IN DISCOVERY RESEARCH IN NEUROPSYCHIATRIC DISORDERS. THE REMIND EFFORT WAS LED AT CIRM BY DR. CHAN LEK TAN ALONG WITH A NUMBER OF CIRM COLLEAGUES. I'VE ASKED CHAN TO GIVE A PRESENTATION TO THE BOARD TO HIGHLIGHT THIS HIGHLY SUCCESSFUL EVENT. CHAN.

DR. TAN: HI. THANKS, J.T. I'M GOING TO SHARE MY SCREEN NOW. AND LET ME KNOW IF THIS LOOKS ALL RIGHT TO YOU. DOES THIS LOOK LIKE THE RIGHT SCREEN?

MR. TOCHER: NOT YET.

DR. TAN: OKAY. I'M GOING TO SWAP. THIS IS BETTER?

MR. TOCHER: WE DON'T SEE --

DR. MELTZER: WE DON'T SEE THE SCREEN.

DR. TAN: OKAY. I'M JUST GOING TO -- I AM GOING TO TRY THIS.

DR. YAMAMOTO: THERE WE GO.

MR. TOCHER: NOW IT'S WORKING. IT'S NOT IN PRESENTER MODE.

DR. CARETHERS: IT'S IN PRESENTER MODE,

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NOT DISPLAY MODE. THERE YOU GO. THERE YOU GO.

DR. TAN: THERE YOU GO. ALL RIGHT. THANK YOU SO MUCH. SORRY ABOUT THAT. AND THANKS, J.T. I'M GOING TO PROVIDE SOME BRIEF UPDATES ON THE REMIND PROGRAM MEETING THAT WE ORGANIZED IN OCTOBER. AND BEFORE I GET INTO THAT, JUST A QUICK REMINDER OF THE BASIC DISCOVERY PROGRAMS AT CIRM WHICH AIM TO IDENTIFY NOVEL TARGETS AND THERAPEUTIC IDEAS THAT WE CAN THEN FEED INTO THE PRECLINICAL AND CLINICAL PIPELINE AT CIRM.

ONE OF THE KEY BOTTLENECKS IN DRUG DEVELOPMENT THAT WE'RE TRYING TO ADDRESS IS QUITE SIMPLY THAT WE DON'T UNDERSTAND DISEASES WELL ENOUGH AND BECAUSE BIOLOGY IS REALLY COMPLICATED AND REQUIRES MULTIPLE LINES OF EVIDENCE AND A MULTIDISCIPLINARY APPROACH BEING KEY. SO ONE OF OUR TWO ACTIVE, RECURRING AWARDS THAT LIZ HAD JUST OUTLINED TO YOU IS THE DISC4 MECHANISM WHICH SUPPORTS THE TYPE OF INTEGRATIVE, MULTIDISCIPLINARY RESEARCH THAT WE THINK IS KEY. AND SO JUST A REMINDER THAT DISC4 AWARDS FUND INVESTIGATOR TEAMS OF FIVE OR MORE WITH DIVERSE EXPERTISE IN DIFFERENT PROPOSALS THAT SEEK TO UNDERSTAND DISEASE BIOLOGY.

JUST AS AN ILLUSTRATIVE EXAMPLE OF THE INTERDISCIPLINARY NATURE OF THESE AWARDS, MANY OF

THESE AMBITIOUS PROJECTS LEVERAGE THE GENETIC AND GENOMIC RESEARCH AND STEM CELL MODELS THAT ARE A KEY PART OF WHAT WE'VE TRADITIONALLY SUPPORTED AT CIRM. THEY ALSO INTEGRATE NOVEL TOOLS AND TECHNOLOGIES TO MAKE USE OF POWERFUL CLINICAL SAMPLES AND DATA AND INCORPORATE EARLY TRANSLATIONAL VALIDATION AND TESTING. AND SO YOU CAN FIND OUT MORE ABOUT THIS PROGRAM ON OUR WEBSITE HERE, AND I'LL HAVE A LITTLE BIT MORE TO SAY ABOUT THIS AT THE END.

AND SO HOW DOES THIS RELATE TO REMIND? SOME OF YOU MAY REMEMBER THAT REMIND WAS A NEW FUNDING MECHANISM THAT WAS LAUNCHED IN 2024 THAT BASICALLY SERVES AS A PILOT PROGRAM FOR THE DISC4 FRAMEWORK THAT I JUST OUTLINED. AND THIS PROGRAM WAS CONCEIVED IN COLLABORATION WITH THE NEUROSCIENCE TASK FORCE AND WAS SPECIFICALLY FOCUSED ON NEUROPSYCHIATRIC AND NEURODEVELOPMENTAL DISEASES AT THE TIME.

AND SO WITH THE REMIND AWARDS, SEVEN AWARDS WERE FUNDED AND LAUNCHED, AND INVESTIGATORS HAILED FROM TEN CALIFORNIA INSTITUTIONS, AND A TOTAL OF OVER 40 CORE INVESTIGATORS ARE FUNDED BY THIS PROGRAM.

AND BASED ON THE SUCCESS AND LEARNINGS THAT WE HAD FROM THIS PILOT, WE APPLIED THIS

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FRAMEWORK INTO THE NOW RECURRING DISC4 AWARDS. AND IT'S EXPANDED TO SUPPORT DISEASE BIOLOGY RESEARCH ACROSS A WIDER RANGE OF INDICATIONS.

AND THIS IS JUST A LIST OF THE PI'S AND THE CORE TEAMS THAT ARE INVOLVED WITH THE LEAD CONTACT/PRINCIPAL INVESTIGATORS IN BOLD, WITH THE REST OF THE CORE TEAMS LISTED. THIS CLEARLY -- THIS SET OF INVESTIGATORS REPRESENTS A RANGE OF DIFFERENT DISCIPLINES WHICH I'LL GET TO LATER AND INCLUDES BOTH ESTABLISHED AND JUNIOR FACULTY.

AND SO THE REMIND PROGRAM MEETING WAS REALLY A CHANCE TO BRING ALL OF THESE EXPERTS TOGETHER FOR THE FIRST TIME IN PERSON. AND SO WE HELD A TWO-DAY, IN-PERSON MEETING IN OCTOBER 2025 IN DOWNTOWN SAN FRANCISCO. AND THE GOAL REALLY WAS TO BRING EVERYONE TOGETHER FOR THE FIRST TIME TO SHARE UPDATES ON THEIR PROJECTS AND DISCUSS AREAS OF COMMON INTEREST.

AND BEFORE I GO ON, JUST A QUICK SHOUT-OUT TO MY CO-ORGANIZERS, RUBY KARIMJEE AND DR. JANIE BYRUM AS WELL AS OUR EVENTS PLANNING PARTNER, COAST TO COAST.

WHEN I START THE PHOTO REEL GOING ON HERE, HOPEFULLY THIS GIVES A SENSE OF THE EVENT ITSELF. THIS WAS A SMALL EVENT WITH 80 ATTENDEES, INCLUDING

28 SPEAKERS AND PANELISTS AND DOZENS OF TRAINEES FROM PARTICIPATING LABS. WE WERE ESPECIALLY HAPPY TO BE JOINED BY BOARD MEMBERS MARK FISCHER-COLBRIE AND DR. KEITH YAMAMOTO AND GRATEFUL TO BOTH ROSA AND J.T. FOR PROVIDING OPENING AND CLOSING REMARKS.

SO A GENERAL SUMMARY OF THE SESSION OVER THE TWO DAYS, WE HAD FIVE SCIENTIFIC SESSIONS COVERING COMMON APPROACHES AND TECHNOLOGIES AND BIOLOGY THEMES OF COMMON INTEREST, INCLUDING GENOMICS, STEM CELL MODELS, NEURODEVELOPMENT, PROTEIN BIOLOGY, AND NEUROPHYSIOLOGY. WE HAD TWO PANEL DISCUSSIONS, INCLUDING ONE ON DRUG DEVELOPMENT IN THE CNS SPACE WITH EXPERTS SPEAKING TO THE CHALLENGES AND ADVANCES IN DIFFERENT MODALITIES, INCLUDING GENE THERAPY AND SMALL MOLECULE DEVELOPMENT. AND WE HAD A COUPLE OF INFORMAL DISCUSSION GROUPS COVERING WORKING GROUP TOPICS AND HELPING CIRM TO UNDERSTAND PARTICULAR BOTTLENECKS IN DATA SCIENCE.

THE FEEDBACK FROM THE EVENTS, I'M GLAD TO SHARE THAT THE RECEPTION TO THE MEETING WAS OVERWHELMINGLY POSITIVE. BESIDES THE SETTING AND THE LOGISTICS HERE, SOME OF THE ASPECTS OF THE PROGRAM THAT PARTICIPANTS HIGHLIGHTED AS PARTICULARLY VALUABLE WERE THE NETWORK BUILDING

CLEARLY FOR TRAINEES AND ALSO TO SEED FUTURE COLLABORATIONS, THE DIVERSITY OF TOPICS ACROSS DIFFERENT THEMATIC SESSIONS, AND THE DEPTH OF EXPERTISE ASSEMBLED. AND I THINK, MOST IMPORTANTLY, A REAL SENSE OF COMMUNITY BASED ON THE SHARED GOALS OF THESE DIFFERENT TEAMS REALLY WAS A FORUM FOR INVESTIGATORS TO SHARE UNPUBLISHED FINDINGS AND SHARE COMMON ANALYTICAL TOOLS AND CELL LINES AND OTHER RESOURCES. AND SO THAT WAS REALLY GREAT TO SEE.

AND SO WHAT ARE WE LOOKING FORWARD TO IN 2026? WE WILL CONTINUE WITH OUR QUARTERLY NETWORKWIDE VIRTUAL MEETINGS. FOR UPCOMING MEETINGS, WE INTEND TO FOCUS ON TOPICS THAT WE WERE NOT ABLE TO GET TO AT THE MEETING ITSELF, INCLUDING PATIENT GROUP OUTREACH. WE WILL CONTINUE WITH WORKING GROUP MEETINGS FOR SELECT TECHNOLOGY TOPICS STARTING WITH NEUROPHYSIOLOGY AND POTENTIALLY EXPANDING TO COMPLEX CELL ORGANOID MODELS. WE WILL CONTINUE TO HELP COORDINATE RESOURCE AND DATA SHARING EFFORTS, INCLUDING MTA'S.

AND FINALLY, WE CURRENTLY PARTNER WITH EXTERNAL CONSORTIA. I WANT TO PARTICULARLY HIGHLIGHT THE SSPSYGENE CONSORTIUM WHICH WAS FUNDED BY THE NIMH. AND I HAD THE OPPORTUNITY TO JOIN THE

PSYGENE CONSORTIUM AT THEIR ANNUAL GET-TOGETHER IN SAN DIEGO LAST MONTH.

JUST TO HIGHLIGHT ONE OF THE SESSIONS, THE PSYGENE CONSORTIUM INVITED ALL SEVEN REMIND TEAMS TO INTRODUCE THEIR PROJECTS AT THIS EVENT, DEMONSTRATING THE CLEAR CROSS-NETWORK INTEREST AND IMPACTS ACROSS THE SCIENTIFIC COMMUNITY. WE HAD GREAT DISCUSSIONS ON A DATA INTEGRATION PLATFORM, COMMON STANDARDS, AND OTHER OPPORTUNITIES WHERE THE REMIND NETWORK CAN BENEFIT FROM SIMILAR EFFORTS THAT HAVE BEEN ONGOING AT OTHER CONSORTIUM.

AND SO FINALLY CIRCLING BACK TO THE CURRENT DISC4 AWARDS, AS LIZ HAS ALREADY MENTIONED, THE APPLICATIONS FOR THIS CYCLE IS CLOSED. WE LOOK FORWARD TO THE GWG REVIEW IN FEBRUARY, AND WE'LL BRING RECOMMENDATIONS TO THE ARS IN MARCH OF 2026.

AND WITH THAT, I'M HAPPY TO ANSWER ANY QUESTIONS. BUT I'LL THROW IT BACK TO J.T. THANKS.

MS. DURON: CHAN, I HAVE QUESTIONS. J.T.

DR. THOMAS: YES, MA'AM.

MS. DURON: YSABEL HERE, CHAN. WHEN I READ THE MEETING MINUTES, I GOT VERY EXCITED AND SAID, "GEE. I WISHED I WAS THERE." SO DO YOU SEND A REMINDER, ONE, OUT TO THE BOARD; TWO, OUT TO PATIENT ADVOCATES? ARE YOU INCLUDING PATIENT

ADVOCATES, COMMUNITY ADVOCATES IN THE INVITATION? THIS MIGHT BE BIG, FANCY, NEW TECHNOLOGY OVER OUR HEADS, BUT IT'S A GOOD WAY TO GET IN ON THE GROUND FLOOR AND START TO UNDERSTAND OR HEAR THE LANGUAGE, THINK ABOUT WHAT WE'RE TALKING ABOUT WITHIN OUR MEDIA EXPLORATION.

AND, THIRDLY, I THINK, GIVEN OUR NEW MEDIA APPROACHES TO GETTING INFORMATION OUT, I WONDERED IF WE HAD OUR COMMUNICATIONS TEAM AT THE TABLE TO HEAR WHAT'S GOING ON.

DR. TAN: YEAH. SEVERAL PIECES THERE. I'LL TAKE THE LAST ONE FIRST. WE WERE HAPPY TO BE JOINED BY AMY ADAMS AT THE MEETING. AND SO SHE HAD SOME GREAT CONVERSATIONS WITH THE INVESTIGATORS.

AND JUST ON THE OUTREACH SIDE OF THINGS, WE WERE REALLY HAPPY TO HEAR A LOT OF INTEREST FROM THE INVESTIGATORS TO WANT TO HELP US TELL CIRM'S STORY, TO TELL THE BROADER STORY ABOUT THE IMPACTS OF A PROGRAM LIKE REMIND AND LIKE DISC4. AND MAYBE AMY COULD JUMP IN AND SAY A LITTLE BIT MORE.

IN TERMS OF THE BOARD MEMBER PARTICIPATION, WE COORDINATED THAT WITH SCOTT'S TEAM. AND SO WE WERE ABLE TO KIND OF GET A GAUGE OF HOW BOARD MEMBERS COULD PARTICIPATE IN MEETINGS LIKE THIS. AND MAYBE YOU COULD REACH OUT TO SCOTT TO

COORDINATE THAT.

IN TERMS OF THE OTHER PARTICIPATION, PATIENT GROUPS, THERE WAS DEFINITELY INTEREST TO INCLUDE THAT. FOR THIS FIRST INAUGURAL MEETING, WE INTENTIONALLY KEPT IT SMALL. IT WAS JUST SORT OF A CLOSED MEETING FOR INVESTIGATORS TO SHARE SCIENTIFIC UPDATES MOSTLY. BUT IN FUTURE CYCLES, DEFINITELY WE WOULD CONSIDER OPENING THIS UP TO A BROADER AUDIENCE. BUT THANKS FOR THE QUESTION, YEAH.

MS. DURON: I THINK PART OF THIS SECTOR IS THE COMMUNITY. AND, THEREFORE, I THINK THAT, WHETHER IT'S NEW AND EXPLORATORY, I BELIEVE THE PATIENT ADVOCATES WHO REPRESENT MULTIPLE COMMUNITIES WANT TO KNOW THAT THIS EXPLORATORY SCIENCE IS ALSO LOOKING AT THEIR COMMUNITIES OR BEING AWARE OF THE DIVERSITY OF INTERESTS AND CONCERNS ABOUT HEALTH. AND SO I THINK IT'S REALLY -- WHETHER IT'S A BRAND-NEW MEETING, I THINK WE SHOULD BE GIVEN AN OPPORTUNITY TO SAY YEA OR NAY, THAT WE WANT TO BE THERE OR DON'T. BECAUSE IT'S THE ONLY WAY WE CAN GROW OUR MENTAL CAPACITY TO UNDERSTAND ALL OF THIS VERY COMPLEX SCIENCE AND THEN BE ABLE TO HAVE A CONVERSATION WITH OUR COMMUNITIES AND SAY, WOW. THERE'S THIS VERY COOL THING THAT THEY'RE GOING TO BE LOOKING AT. WE SHOULD BE PAYING ATTENTION

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BECAUSE IT IMPACTS OUR COMMUNITY.

DR. TAN: YEAH. THAT'S A GREAT POINT. AND BEFORE I HAND IT OFF TO PAT AND ROSA, I THINK MANY OF THE TEAMS ACTUALLY HAVE COMMUNITY OUTREACH AS PART OF THEIR PROJECTS. AND WE'LL DISCUSS THAT MORE AS A NETWORK, BUT YOUR POINT IS WELL TAKEN AND VERY IMPORTANT. MAYBE ROSA OR PAT. PAT FIRST.

DR. LEVITT: CAN YOU RELATE LIKE ONE OR TWO SCIENTIFIC HIGHLIGHTS? THE REPORT IS GREAT, BUT IT'S VERY GENERAL IN TERMS OF A LOT OF INTERACTION, CONVERSATION, ET CETERA. WERE THERE MAYBE ONE OR TWO SPECIFIC SCIENTIFIC HIGHLIGHTS THAT YOU CAN POINT TO THAT GOT YOU OR OTHERS WHO ATTENDED EXCITED?

DR. TAN: YEAH. SO MANY TO PICK FROM. I THINK ONE PARTICULAR PROJECT TEAM THAT IS MAYBE A LITTLE DIFFERENT FROM THE OTHERS IS THE TEAM LED BY APARNA BHADURI AT UCLA. AND THEY WORK WITH MANY COLLABORATORS INCLUDING DR. BETSY CROUCH AT UCSF. AND THEY'RE LOOKING AT THE ROLE OF METABOLISM AND PARTICULARLY THE ROLE OF THE BLOOD-BRAIN BARRIER. AND SO DR. CROUCH HAD REPORTED SOME UNIQUE STEM CELL MODELS THAT TRY TO UNDERSTAND THE SPECIFIC NICHE REPRESENTED BY THE BLOOD-BRAIN BARRIER AND HOW PARTICULAR RISK GENES COULD CHANGE THE FUNCTION

THERE.

ANOTHER ONE THAT I COULD HIGHLIGHT IS THE FOCUS ON PROTEIN BIOLOGY REPRESENTED BY DR. TOM NOWAKOWSKI'S GROUP AT UCSF, AND HE WORKS CLOSELY WITH DR. NEVAN KROGAN AT THE GLADSTONE. AND THEY'VE BEEN LOOKING, NOT JUST AT THE RISK GENES, BUT WHAT THE VARIANTS IN THE RISK GENES REPRESENT TO PROTEIN FUNCTION. AND SO THEY'RE DOING A VERY HIGH THROUGHPUT, VERY SYSTEMATIC WAY OF INTERROGATING THE CHANGES IN PROTEIN FUNCTION THAT THOSE VARIANTS REPRESENT AND HOW THAT COULD LEAD TO CHANGES IN NEURODEVELOPMENT AND NEURONAL FUNCTION, FOR EXAMPLE. AND THAT HAS BEEN PIONEERED BEFORE WITH OTHER OPPORTUNITIES, AND THIS HAS BEEN AN OPPORTUNITY FOR THEM TO SCALE UP THEIR EFFORTS IN A WAY THAT'S REALLY EXCITING.

DR. LEVITT: THAT SOUNDS GREAT. OKAY. THANK YOU.

DR. TAN: THANKS, PAT. AND ROSA.

DR. CANET-AVILES: THANK YOU, CHAN. I JUST WANTED TO THANK YSABEL FOR HER FEEDBACK.

I'D ALSO MENTION THAT THIS WAS, WHEN WE FIRST ENVISIONED THE REMIND, WHICH IS NOW DISC4 IN GENERAL, WE HAD THOUGHT -- WE HAD MODELED THIS NETWORK A LITTLE BIT HOW THE ACCELERATING MEDICINES

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PARTNERSHIPS AT THE NIH HAD BEEN DEVELOPING THIS KIND OF NETWORK, MULTIDISCIPLINARY, COLLABORATIVE TYPE OF WORK.

AND ONE OF THE THINGS THAT -- THE MEETINGS THAT THESE NETWORKS TEND TO HAVE IS USUALLY SCIENTIFIC TO TRY TO GENERATE HOW TO LEVERAGE EACH OTHER'S RESEARCH AND CAN, LIKE, EXPONENTIALLY GROW. AND INITIALLY WE HAD BUDGETED FOR A FAIRLY SMALL MEETING THAT WAS MOSTLY SCIENTIFIC IN FOCUS.

NOW, SEEING WHAT WE HAVE SEEN AND GATHERING THIS INVALUABLE FEEDBACK THAT WE ARE RECEIVING FROM YOU, WE WILL PLAN AND WE WILL PIVOT FROM THERE. WE ALSO NEED TO TAKE INTO ACCOUNT THAT THE DISC4 AWARDS NOW CONTAIN OTHER DISEASES THAT MIGHT NOT BE NEUROPSYCHIATRIC, NEURODEVELOPMENTAL, AND THAT WE MIGHT EXPAND IN DIFFERENT WAYS. SO IT'S ALL VERY IMPORTANT, AND WE WILL DEFINITELY FIGURE OUT HOW TO EXPAND THIS MEETING AND HAVE PATIENTS AT THE TABLE. JUST WANTED TO MENTION THAT. THANK YOU. GREAT JOB, CHAN.

DR. TAN: GREAT. THANK YOU.

DR. THOMAS: OKAY. CHAN, THANK YOU VERY MUCH. AND THANK YOU TO ALL MEMBERS OF THE TEAM THAT WORKED ON NOT JUST THIS PROGRAM, BUT ALL OF THE REMIND PROGRAM AND DISC4 AS IT'S PROVING TO BE A

DEVELOPING, GREAT SUCCESS STORY. SO THANK YOU VERY MUCH.

MS. DURON: J.T., MAY I SAY ONE LAST THING?

DR. THOMAS: CERTAINLY.

MS. DURON: THANK YOU. ROSA, I APPRECIATE WHAT YOU'RE SAYING. I THINK THAT IN THIS DAY AND AGE, IT'S VERY CRITICAL TO HAVE THE PUBLIC -- PUBLIC REPRESENTATION, PUBLIC ADVOCATES AT THE BEGINNING, AT THE TABLE OF THAT SCIENCE BECAUSE WE'RE TALKING, ONCE AGAIN, ABOUT PUBLIC FEAR OF SCIENCE AS A RESULT OF ALL OF THESE MIXED MESSAGES WE'RE GETTING NOW OUT OF WASHINGTON.

SO WE BECOME THE BRIDGE BETWEEN THOSE COMMUNITIES AND THE SCIENCE, WHETHER IT'S NEW, BRAND-NEW, JUST STARTING, OR WHETHER IT'S IN THE MIDDLE, BUT WE BECOME THAT BRIDGE FOR YOU TO TRY TO DISSEMINATE CORRECT INFORMATION, TO TRY TO BE CARRIERS OF THE RIGHT KIND OF INFORMATION THAT THE PUBLIC NEEDS, THAT OUR COMMUNITIES NEED TO HEAR.

SO I'M OF THE BELIEF THAT NOW IS THE TIME WHERE SCIENCE HAS TO OPEN ITS DOORS WIDELY AND LET COMMUNITY IN FROM THE BEGINNING EVEN IF IT'S MESSY. BUT GIVE US THE PRIVILEGE OF BEING THERE SO WE CAN LISTEN AND SAY, "WHOA. HANG ON HERE. HOW IS THIS

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GOING TO IMPACT US? HOW DO WE TALK ABOUT THIS WITH OUR COMMUNITIES?"

NOW IS THE TIME BECAUSE THERE IS SUCH A DISPARITY OF SUPPORT FOR COMMUNITY AND LANGUAGE COMING TOWARDS COMMUNITY ABOUT OUR WORTHINESS. AND I THINK CIRM NEEDS TO DEMONSTRATE SOMETHING DIFFERENTLY, THAT, IN FACT, WE'RE EMBRACING COMMUNITY EVEN CLOSER AND NOT PUSHING YOU AWAY BECAUSE OF YOUR DIVERSITY.

BUT I THINK WE NEED TO BE AT THE TABLE FROM THE BEGINNING. IT IS SOMETHING I ARGUE AT EVERY TABLE WHERE THERE IS SCIENCE. I MAY NOT UNDERSTAND YOU WELL, BUT I WANT TO TRY AND I WANT TO BE ABLE TO BRIDGE TO COMMUNITY ABOUT THE GOODNESS AND THE GREATNESS OF WHAT YOU'RE TRYING TO DO.

DR. CANET-AVILES: HUNDRED PERCENT. NO BETTER SAID. THANK YOU, YSABEL.

DR. THOMAS: ANY OTHER COMMENTS BY MEMBERS OF THE BOARD FROM THIS PRESENTATION?

MR. TOCHER: KEITH HAS HIS HAND RAISED.

DR. THOMAS: KEITH.

DR. YAMAMOTO: YEAH. I JUST WANT TO SUPPORT THAT, OF COURSE. IT'S SO SURPRISING TO HEAR YOU MAKE THAT COMMENT. YOU DO MAKE THAT COMMENT EVERY TIME, AND IT'S ALWAYS IMPORTANT.

BUT I WAS STRUCK ACTUALLY THE KROGAN PRESENTATION THAT CHAN TALKED ABOUT, THAT HE IS COLLABORATING WITH THE CHAIR OF PSYCHIATRY AT UCSF WHO'S A FANTASTIC INVESTIGATOR. AND THEY, IN LOOKING AT THE PROTEIN INTERACTION NETWORKS AND FLAWS IN THEM WITH PEOPLE WITH AUTISM AND RELATED DISEASES, IT'S VERY CLEAR THAT THEY ARE ACTUALLY GETTING TO THE HEART OF THE MECHANISMS THAT CAUSE THESE DISEASES AND THE CONTRAST BETWEEN THE INVESTIGATIONS THAT THEY ARE CARRYING OUT AND WHAT UNDOUBTEDLY IS GOING TO BE REALLY HIGHLY IMPACTFUL.

AND WHEN WE HEAR FROM OUR SECRETARY OF HEALTH AND HUMAN SERVICES ABOUT JUST REINVESTIGATING THIS LINK TO VACCINES THAT HAS BEEN DISPROVEN OVER AND OVER AND OVER AGAIN IN MASSIVE STUDIES IS REALLY STRIKING.

AND TO YOUR POINT FOR THE PUBLIC TO HEAR ABOUT THAT AND SEE THAT THERE'S ACTUAL TANGIBLE PROGRESS GOING ON THAT LOOKS EXTREMELY PROMISING IN BEING ABLE TO MOVE TO A MECHANISM WHICH, AS YOU SAID, CHAN, IS THE PATHWAY TO ACTUALLY MOVE TO TREATMENTS AND CURES, WAS REALLY STRIKING. AND I THINK THAT THE PATHWAY TO BEGINNING TO REBUILD TRUST IN SCIENCE AND ITS IMPACTS ON PEOPLE'S HEALTH IS REALLY NECESSARY TO BE ABLE TO PRESENT STORIES OF

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THIS SORT. AND THAT CONTRAST WAS SO STRIKING TO ME IN HEARING THAT STORY THAT I QUITE AGREE, THAT BEING ABLE TO HAVE THE PUBLIC HEAR THIS, I THINK, WOULD BE REALLY IMPORTANT. AND SO THAT KIND OF OUTREACH IS JUST CONTINUOUSLY IMPORTANT, BUT WAS REALLY STRIKING IN THIS CASE.

CHAIRMAN IMBASCIANI: THANK YOU, KEITH. AND THANK YOU, YSABEL. THOSE REMARKS I WHOLEHEARTEDLY AGREE WITH YOU ON, AND WE'LL CERTAINLY BE WORKING THROUGHOUT THE NEW YEAR TO MAKE THAT EVEN MORE REALISTIC.

J.T., I DIDN'T PRESUME. ARE YOU FINISHED WITH YOUR REPORT?

DR. THOMAS: I'D JUST LIKE, ON BEHALF OF THE CIRM TEAM, TO WISH EVERYBODY HAPPY HOLIDAYS. LOOKING FORWARD TO 2026 AND SPECIFICALLY TO PAT TO A THREE-PEAT. MR. CHAIR, I'LL GIVE IT BACK TO YOU NOW.

CHAIRMAN IMBASCIANI: THANKS, J.T. BOARD MEMBERS, I'D LIKE NOW TO DISPENSE AS EXPEDITIOUSLY AS POSSIBLE THE CONSENT AGENDA, WHICH IS NO. 6 AND 7. IT'S THE CONSIDERATION OF MINUTES FROM OUR SEPTEMBER 25TH ICOC AND ARS MEETING AND THE OCTOBER 30TH ARS MEETING IN ADDITION TO THE APPOINTMENTS AND REAPPOINTMENTS TO THE GRANTS WORKING GROUP. I'VE

READ THESE DOCUMENTS. I DON'T SEE ANYTHING THAT NEEDS TO BE CORRECTED. I WILL ENTERTAIN A MOTION AND A SECOND, UNLESS ANYONE WANTS TO ABSTRACT ANYTHING, TO ACCEPT THE CONSENT AGENDA.

BUT I DO WANT TO REMIND BOARD MEMBERS THAT ITEM 7 INCLUDES THE BIOGRAPHIES EVERY TIME WE MEET OF THE PEOPLE WHO HAVE JOINED OR ARE BEING REAPPOINTED TO OUR WORKING GROUPS. AND IF YOU WANT TO BE IMPRESSED WITH THE BREADTH AND DEPTH OF OUR EXTERNAL EXPERTISE, THAT'S THE PLACE TO GO AND TAKE A LOOK AT WHO HAS AGREED TO WORK WITH US. SO UNLESS THERE ARE ANY ABSTRACTIONS, I'D LIKE A MOTION TO ACCEPT.

VICE CHAIR BONNEVILLE: SO MOVED.

MS. CASILLAS: SECOND.

CHAIRMAN IMBASCIANI: MOVED AND SECONDED. THANK YOU. UNLESS THERE'S DISCUSSION, YOU CAN PROCEED TO THE VOTE.

MR. TOCHER: ALL RIGHT. BECAUSE OF THE NATURE OF REMOTE PARTICIPATION, I WILL HAVE TO INDIVIDUALLY CALL EACH OF YOU THAT IS ON THE ZOOM. BUT FOR ALL THOSE IN THE ROOM IN FAVOR SAY AYE. OPPOSED? AND ANY ABSTENTIONS? AND I'LL POLL THE MEMBERS INDIVIDUALLY ON THE ZOOM.

EYAD ALMASRI.

DR. ALMASRI: AYE.
MR. TOCHER: KIM BARRETT.
DR. BARRETT: AYE.
MR. TOCHER: GEORGE BLUMENTHAL.
DR. BLUMENTHAL: YES.
MR. TOCHER: JOHN CARETHERS.
DR. CARETHERS: AYE.
MR. TOCHER: MONICA CARSON.
DR. CARSON: AYE.
MR. TOCHER: JUDY CHOU.
DR. CHOU: AYE.
MR. TOCHER: LEONDRA CLARK-HARVEY.
SHANNON DAHL.
DR. DAHL: AYE.
MR. TOCHER: ANNE-MARIE DULIEGE.
DR. DULIEGE: AYE.
MR. TOCHER: MARK FISCHER-COLBRIE.
MR. FISCHER-COLBRIE: AYE.
MR. TOCHER: ELENA FLOWERS.
DR. FLOWERS: YES.
MR. TOCHER: JUDY GASSON.
DR. GASSON: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: PAT LEVITT.

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DR. LEVITT: YES.
MR. TOCHER: HALA MADANAT.
DR. MADANAT: ABSTAIN. I WASN'T THERE.
MR. TOCHER: LINDA MALKAS. SHLOMO MELMED.
DR. MELMED: YES.
MR. TOCHER: CAROLYN MELTZER.
DR. MELTZER: AYE.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: JOYCE SACKEY.
DR. SACKEY: YES.
MR. TOCHER: MARV SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: SHAUNA STARK.
MS. STARK: AYE.
MR. TOCHER: KAROL WATSON. YAEL WYTE.
MS. WYTE: AYE.
MR. TOCHER: KEVIN XU.
DR. XU: AYE.
MR. TOCHER: KEITH YAMAMOTO.
DR. YAMAMOTO: YES.
MR. TOCHER: THANK YOU.
DR. MALKAS: LINDA MALKAS COULD NOT GET

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THE UNMUTE BUTTON TO UNMUTE.

MR. TOCHER: GREAT. THANK YOU VERY MUCH, LINDA. AND THE MOTION CARRIES.

CHAIRMAN IMBASCIANI: THANK YOU. OKAY. LET'S MOVE ON TO AGENDA ITEM NO. 8 PLEASE. THIS IS THE CONSIDERATION OF THE APPLICATIONS SUBMITTED IN RESPONSE TO OUR PRECLINICAL DEVELOPMENT PROGRAM AND OUR PDEV ANNOUNCEMENT. AND I'D LIKE TO INTRODUCE FOR HER PRESENTATION DR. HAYLEY LAM WHO IS THE DIRECTOR OF PORTFOLIO DEVELOPMENT AND REVIEW. HAYLEY, IT'S YOURS.

DR. LAM: THANK YOU, CHAIR IMBASCIANI. CAN FOLKS SEE THE SLIDES?

CHAIRMAN IMBASCIANI: YES.

DR. LAM: FANTASTIC. GOOD MORNING, EVERYONE. TODAY I'LL BE PRESENTING GRANTS WORKING GROUP RECOMMENDATIONS FOR THE INAUGURAL PDEV PRECLINICAL AWARDS.

AS ALWAYS, WE BEGIN WITH OUR MISSION, ACCELERATING WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND WORLD.

AS THIS IS THE FIRST BATCH OF THE PDEV AWARDS, THE NEXT COUPLE OF SLIDES KIND OF GIVE AN

OVERVIEW OF THE PROGRAM AND DESIGN. AND AS DR. NOBLIN KINDLY UPDATED US IN THE PRESIDENT'S REPORT, THE CIRM TEAM HAS BEEN ACTIVELY DEVELOPING AND LAUNCHING ALL THE NEW PROGRAMS TO ALIGN WITH THE STRATEGIC GOALS THAT WERE ESTABLISHED LAST YEAR. AND YOU MAY RECALL APPROVING THE CONCEPT FOR THIS PDEV PROGRAM BACK IN MARCH. AND THE PDEV PROGRAM ALIGNS WITH GOAL 4, PROPELLING 15 TO 20 THERAPIES TO LATE STAGE TRIALS.

THE MAJOR DRIVERS FOR THIS PROGRAM ARE TO ACCELERATE PRECLINICAL DEVELOPMENT AND RAPID PROGRESSION TO CLINICAL TRIALS WHILE PRIORITIZING THERAPIES FOR CALIFORNIANS.

SO THE OBJECTIVE OF THE PROGRAM IS HERE, ACCELERATE COMPLETION OF PRECLINICAL DEVELOPMENT AND ACHIEVE THE FDA IND CLEARANCE THAT WILL ALLOW THE START OF CLINICAL TRIALS.

A LITTLE BIT ABOUT THE STRUCTURE OF THE PROGRAM. IT'S OFFERED TWICE A YEAR AND OPEN TO CALIFORNIA-BASED ORGANIZATIONS. THE AWARDS CAN GO UP TO 13 MILLION OVER FIVE YEARS WITH CO-FUNDING REQUIREMENTS DEPENDING ON THE APPLICANT TYPE. AND WE'RE ANTICIPATING SOMEWHERE BETWEEN 12 TO 21 AWARDS ANNUALLY WITH THE CURRENT FISCAL YEAR BUDGET ALLOCATION OF 160 MILLION.

THE PROGRAM HAS TWO ENTRY POINTS. APPLICANTS CAN COME IN AT WHAT WE'RE TERMING THE EARLY OR THE LATE PDEV STAGES. EACH STAGE HAS A MAXIMUM BUDGET AND TIMELINE OF 30 MONTHS AS OUTLINED HERE, BUT ALL PROJECTS FOR THE PDEV PROGRAM ARE EXPECTED TO REACH THE SAME PROJECT OUTCOME, WHICH IS IND CLEARANCE. AT THAT POINT THE FDA WOULD HAVE GIVEN THE GREEN LIGHT TO BEGIN TESTING IN HUMANS, AND THE PROJECTS WOULD BE ELIGIBLE FOR OUR CLIN2 PROGRAM THAT FUNDS CLINICAL TRIALS.

I WANT TO ALSO NOTE THAT FOR THE APPLICANTS THAT ARE REQUESTING FUNDING FOR BOTH THE EARLY AND LATE STAGE ACTIVITIES, WE UNDERSTAND THAT THIS PROGRAM ENCOMPASSES A REALLY WIDE RANGE OF ACTIVITIES OVER A FIVE-YEAR PERIOD. AND WE WANT TO EMPHASIZE THAT THE CIRM TEAM WILL REMAIN ACTIVELY ENGAGED WITH AWARDEES THROUGHOUT THE DURATION OF THE AWARD. AND IN PARTICULAR AT THIS CRITICAL TRANSITION POINT BETWEEN THIS EARLY AND LATE STAGE OF THE AWARD, THE CIRM TEAM WILL BE PARTICIPATING IN THE FDA MEETINGS AND MAY ADJUST OPERATIONAL MILESTONES AND DISBURSEMENTS BASED ON THAT FEEDBACK FROM THE FDA AND OTHER EXPERTS.

TRANSITIONING NOW TO THE REVIEW PROCESS, THE PDEV PROGRAM UTILIZES WHAT WE'RE CALLING OUR

PRESUBMISSION PROCESS WHICH ALLOWS THE PROSPECTIVE APPLICANTS TO SUBMIT A SHORT FORM TO CIRM AND LOWERS THE AMOUNT OF TIME THAT IT WOULD TAKE FOR PROSPECTIVE APPLICANTS TO EXPRESS THEIR INTEREST IN APPLYING FOR THE PROGRAM. AT THE SAME TIME IT ALLOWS THE TEAM TO APPLY OUR PROGRAM PREFERENCES TO ADVANCE THOSE PROJECTS THAT BEST ALIGN WITH THE CURRENT CIRM GOALS.

THE TOP RANKED PROJECTS ARE INVITED TO SUBMIT A FULL APPLICATION AND GO THROUGH THE USUAL ELIGIBILITY SCREENING BY CIRM AND THE MERIT REVIEW BY THE GRANTS WORKING GROUP, THE RESULTS OF WHICH ARE COMING TO THIS COMMITTEE RIGHT NOW FOR FINAL FUNDING DECISIONS.

AND TO PUT SOME NUMBERS ON THIS, FROM THIS FIRST ROUND WE HAD 168 PRESUBMISSIONS. THIRTY-ONE PROJECTS WERE INVITED TO SUBMIT A FULL APPLICATION. OUR ELIGIBILITY SCREENING LED TO 29 THAT WERE ELIGIBLE AND WENT TO THE FULL MERIT REVIEW. AND OUT OF THOSE, 13 PROJECTS WERE RECOMMENDED FOR FUNDING BY THE GRANTS WORKING GROUP.

NOW, A LITTLE BIT ABOUT HOW THOSE RECOMMENDATIONS CAME ABOUT. THE PANEL IS COMPOSED OF THREE DIFFERENT TYPES OF MEMBERS AND INCLUDES SCIENTIFIC AND TECHNICAL EXPERTS AS WELL AS OUR

BOARD MEMBER PATIENT ADVOCATES AND NURSES. THE EXPERTISE SPANS DISEASE AREAS THAT ARE RELEVANT FOR THE SPECIFIC APPLICATIONS, REGULATORY, SCIENCE, MANUFACTURING EXPERTS, PRODUCT DEVELOPMENT, AND, OF COURSE, OUR PATIENT ADVOCATE PERSPECTIVES PROVIDING A COMPREHENSIVE EVALUATION OF EACH APPLICATION.

THE SCORING SYSTEM THAT IS USED FOR THIS PROGRAM IS ALIGNED WITH ALL OF OUR OTHER SCIENTIFIC PROGRAMS USING A ONE TO A HUNDRED SCALE. A SCORE OF 85 AND ABOVE IS A RECOMMENDATION FOR FUNDING AND INDICATES EXCEPTIONAL MERIT. ANY SCORE THAT IS BELOW 85 IS NOT RECOMMENDED FOR FUNDING. AND THE REVIEWERS ARE ENCOURAGED TO USE A FULL RANGE OF SCORES TO REFLECT THEIR ENTHUSIASM FOR A GIVEN PROJECT.

THE SCIENTIFIC SCORE IS A SINGULAR HOLISTIC SCORE THAT REFLECTS THE RECOMMENDATION OF THE GWG BASED ON THE FOLLOWING REVIEW CRITERIA. THERE IS FIVE KEY CRITERIA: VALUE PROPOSITION, RATIONALE, THE PLAN AND DESIGN OF WHAT THEY PROPOSE TO DO, THE TEAM AND RESOURCES, AND THE POPULATION IMPACT.

I WOULD ALSO LIKE TO NOTE THAT ACCESS AND AFFORDABILITY, WHICH ADDRESSES OUR STRATEGIC GOAL 5, IS INCORPORATED INTO THE APPLICATION PROCESS FOR THE

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PDEV PROGRAM. THE APPLICANTS PRESENT FORWARD-LOOKING PLANS FOR ACCESS AND AFFORDABILITY AT THIS STAGE, AND THIS IS ASSESSED BY THE GRANTS WORKING GROUP AND CAN INFORM FUNDING RECOMMENDATIONS. THE ACTIVITIES AT THE PDEV STAGE INCLUDE MARKET LANDSCAPE ANALYSIS AND REIMBURSEMENT STRATEGY DEVELOPMENT.

AND MOVING ON TO THE RECOMMENDATIONS, THIS TABLE SUMMARIZES THE COMBINED FUNDING RECOMMENDATIONS OF THE GRANTS WORKING GROUP AS WELL AS THE CIRM TEAM. THE CIRM TEAM IS RECOMMENDING FUNDING FOR THE FIRST 12 APPLICATIONS THAT ARE RECOMMENDED BY THE GRANTS WORKING GROUP. I WOULD LIKE TO ALSO NOTE AND PLEASE TO KEEP IN MIND THAT THIS WILL USE OVER 117 MILLION OF THE 160 MILLION BUDGET ALLOCATED FOR THIS FISCAL YEAR. SO THAT WOULD LEAVE 42.4 MILLION FOR THE SECOND ROUND, WHICH WILL COME TO YOU IN APRIL OF 2026.

THE BOARD MAY WISH TO DISCUSS AT A FUTURE MEETING PUTTING A CAP ON 80 MILLION FOR EACH ROUND OF FUNDING IN FUTURE CYCLES TO AVOID EXPENDING DISPROPORTIONATE AMOUNT OF THE ALLOCATED BUDGET IN THE FIRST FUNDING ROUND.

A NOTE ABOUT THE MINORITY REPORTS. UNDER PROP 14 WE PROVIDE MINORITY REPORTS FOR ANY

APPLICATIONS WHERE 35 PERCENT OR MORE OF THE GRANTS WORKING GROUP MEMBERS SCORE AN APPLICATION 85 OR ABOVE BUT IS NOT RECOMMENDED FOR FUNDING. NO APPLICATIONS QUALIFIED FOR A MINORITY REPORT IN THIS ROUND.

AND FINALLY, THE CIRM TEAM RECOMMENDATION RATIONALE. THE TEAM CONCURS WITH THE GRANTS WORKING GROUP RECOMMENDATIONS TO FUND THE TOP 12 RANKED APPLICATIONS WITH 85 OR HIGHER; HOWEVER, THE TEAM RECOMMENDS TO NOT FUND PDEV 19139. THIS APPLICATION PROPOSES A STEM-CELL BASED THERAPY FOR CANAVAN DISEASE. AND THE MEMO DESCRIBES ALL OF THE FACTORS THAT WERE CONSIDERED IN THIS DECISION. BUT JUST TO SUMMARIZE BRIEFLY HERE, THE TEAM RECOMMENDATION RESTED ON THE FOLLOWING KEY FACTORS. THERE ARE TWO OFF-THE-SHELF GENE THERAPIES TARGETING THIS DISEASE THAT ARE CURRENTLY IN CLINICAL TRIALS WITH SOME INTERIM RESULTS PUBLISHED. AND THE PROPOSED THERAPY INVOLVES A COMPLEX MANUFACTURING PROCESS AND INVASIVE SURGERY, RAISING SOME CONCERNS ABOUT ACCESS AND AFFORDABILITY. AND FINALLY, DESPITE NIH FUNDING, IND CLEARANCE HAS NOT YET BEEN ACHIEVED.

AND WITH THAT, I WILL DISPLAY HERE THE LIST OF BOARD MEMBERS WITH CONFLICTS OF INTEREST ON ONE OR MORE APPLICATIONS. IF THEY CAN RECUSE

THEMSELVES FROM DISCUSSION AND DECISIONS, IT WILL BE MUCH APPRECIATED. AND THEN I'LL HAND IT BACK TO CHAIR IMBASCIANI.

CHAIRMAN IMBASCIANI: THANK YOU, HAYLEY. THAT WAS A VERY CLEAR PRESENTATION. LET ME MAKE A FEW REMARKS FIRST, AND THEN I'M GOING TO ASK SCOTT TO JUST REFINE THE CONFLICT OF INTEREST. THIS IS A LARGE, POSSIBLY COMPLICATED PRESENTATION.

WITH GENERAL REMARKS, THE VALUE -- FOR YOUR INTEREST, THE VALUE OF ALL THE APPLICATIONS SUBMITTED IS $274 MILLION. OUR BUDGET FOR 25/26 IS $160 MILLION. THE GWG RECOMMENDED 13 GRANTS COMING TO A FEW PENNIES SHY OF 122 MILLION, BUT THE TEAM IS RECOMMENDING 12 OF THOSE 13 FOR A TOTAL OF 117.5 MILLION, LEAVING ONLY $42.41 MILLION FOR APRIL'S ROUND TWO. THAT'S THE FINANCIAL GESTALT, IF YOU WILL, OF WHERE WE ARE.

BEFORE I ASK FOR A MOTION, I'M GOING TO ASK SCOTT TO REFINE THE COI DISCUSSION.

MR. TOCHER: SURE. THANK YOU, MR. CHAIR. SO I THINK MANY OF YOU ARE FAMILIAR WITH THIS DRILL. WHEN WE HAVE A PROGRAM THAT IS WHAT WE CALL OVERSUBSCRIBED, MEANING WE HAVE GREATER DEMAND IN THE APPLICATIONS PENDING, THAN THERE IS BUDGET FOR, WE CAUTIOUSLY ADVISE MEMBERS TO NOT PARTICIPATE IF

THEY HAVE A CONFLICT AS TO ANY APPLICATION UNTIL SUCH TIME AS THEIR APPLICATION IS DISPOSED OF IN ONE FORM OR ANOTHER AND THE BUDGET OF REMAINING APPLICATIONS IS LESS THAN -- YES, THE BUDGETS OF THE REMAINING APPLICATIONS IS LESS THAN WHAT THE OVERALL PROGRAM BUDGET ALLOWS.

SO I WILL HELP US THROUGH THIS AS THE MOTIONS PROGRESS. BUT AT THIS POINT, ANY MEMBER WHO HAS A CONFLICT TO ANY APPLICATION SHOULD REFRAIN FROM EITHER MAKING OR SECONDING A MOTION OR PARTICIPATING IN THE DISCUSSION OF ANY MOTION UNTIL I GIVE YOU THE GREEN LIGHT FURTHER ALONG IN THIS PROCESS.

SO IN TERMS OF THE MEMBERS OF THE ARS WHO ARE PRESENT TODAY, THOSE ARE BONNEVILLE, DAHL, DURON, FLOWERS, MIASKOWSKI, AND WATSON.

MS. DURON: MR. CHAIR.

CHAIRMAN IMBASCIANI: YES.

MS. DURON: COULD I ASK SCOTT FOR CLARIFICATION FOR THE LISTENING PUBLIC OR AT LEAST SO IT'S OUT THERE? A LOT OF TIMES I DON'T THINK THEY UNDERSTAND WHAT CONFLICT OF INTEREST REALLY IS ABOUT BECAUSE THERE'S PERHAPS A GREAT ASSUMPTION THAT WE'RE INVOLVED IN THE RESEARCH THAT'S BEING FUNDED WHEN, IN FACT, WE'RE MILES AWAY FROM WHERE WE

HAPPEN TO BE ALIGNED IN OTHER WORK WITH THE SAME INSTITUTION, WHICH IS WHAT CREATES SOME OF THAT CONFLICT FOR US. SO WHY WE REALLY WANT TO STAY FAR AWAY FROM ANY CONFLICT. CAN YOU EXPLAIN IT MAYBE A LITTLE MORE SMARTLY THAN I HAVE?

MR. TOCHER: I TAKE YOUR POINT AND IT'S A VERY GOOD ONE BECAUSE OUR OWN COI POLICIES PROHIBIT MEMBERS OF THE BOARD FROM BEING ON A GRANT OR RECEIVING ANY FUNDS UNDER A GRANT. AND IF THERE WERE TO BE A RESEARCHER JOIN THE BOARD, THEY WOULD HAVE TO RELINQUISH THEIR CIRM AWARD IF THEY HAD ONE.

SO THE TYPES OF CONFLICTS OF INTEREST THAT THESE ENTAIL ARE VERY SORT OF RUN-OF-THE-MILL COI SITUATIONS THAT APPLY TO PUBLIC OFFICIALS ALL THROUGHOUT THE STATE. SO YOU MAY HAVE SOME FINANCIAL RELATIONSHIP WITH AN INSTITUTION THAT'S ENTIRELY INDEPENDENT OF RESEARCH OR THE WORK THAT WE FUND. AND SO, NEVERTHELESS, THAT CONSTITUTES OR MAY CONSTITUTE A CONFLICT. AND SO THE RULES THAT WE APPLY ARE THE SAME THAT ARE APPLIED THROUGHOUT THE STATE.

MS. DURON: I APPRECIATE THAT BECAUSE SOMETIMES I THINK THE PUBLIC DOESN'T REALLY KNOW EXACTLY WHAT THAT PATHWAY IS. AND SO IT'S ALWAYS GOOD TO CLARIFY ONCE IN A WHILE INCLUDING FOR MYSELF

WHEN YOU KEEP TELLING ME IT'S A CONFLICT AND I SAID, "WHY?"

MR. TOCHER: THESE RULES ARE NOT ALL OURS. SO IT'S A RATHER ARCANE SET OF RULES, BUT I THANK YOU FOR THE OPPORTUNITY TO ADDRESS THAT.

CHAIRMAN IMBASCIANI: JUDY, I SEE YOUR HAND RAISED. IS THERE A PROCESS QUESTION? I'M JUST NOT SEEING THE NAMES PROPERLY. I'M SORRY. THIS ISN'T THE TIME FOR PUBLIC COMMENT YET --

MR. TOCHER: NO. NO.

CHAIRMAN IMBASCIANI: -- BECAUSE WE DON'T HAVE A MOTION ON THE FLOOR. SO THE MEMBERS OF THE PUBLIC WHO WOULD LIKE TO SPEAK, DON'T GO AWAY.

SO IN FURTHERING -- ONCE AGAIN, WE HAVE 29 APPLICATIONS. THE TEAM IS RECOMMENDING THE TOP 12. SEVENTEEN ARE NOT BEING RECOMMENDED FOR FUNDING. IN FURTHERANCE OF EVERYTHING THAT SCOTT, WITH YSABEL'S CLARIFICATIONS, HAS JUST SAID, I WOULD LIKE TO HAVE A MOTION TO SIMPLIFY THIS BY ASKING -- I WOULD LIKE SOMEONE TO MOVE THAT WE NOT FUND THOSE APPLICATIONS THAT WERE NOT RECOMMENDED FOR FUNDING BY THE TEAM.

MR. TOCHER: BY THE FIRST TEAM.

CHAIRMAN IMBASCIANI: YES.

MR. TOCHER: OKAY. SO THAT INCLUDES --

CHAIRMAN IMBASCIANI: 19139.

DR. SOUTHARD: SO MOVED.

CHAIRMAN IMBASCIANI: NO. THAT WAS NOT RECOMMENDED BY THE TEAM. WAS THAT MOVED? MARVIN, YOU MOVED?

MR. TOCHER: YES.

CHAIRMAN IMBASCIANI: THANK YOU. OKAY. MARGUERITE HAS SECONDED. SO THE FLOOR IS OPEN TO DISCUSSION. REMEMBER, THE ISSUE HERE BASICALLY IS DOES ANYONE WANT TO CONSIDER FUNDING ANYTHING IN THIS GROUP OF APPLICATIONS THAT WERE NOT RECOMMENDED? IF NOT, WE'RE GOING TO VOTE AND PUT THEM ASIDE. I ONLY SEE ONE THUMBNAIL UP THERE.

MR. TOCHER: WE'RE JUST LOOKING FOR BOARD MEMBERS AT THE MOMENT.

CHAIRMAN IMBASCIANI: I DON'T SEE ANY REQUESTS TO SPEAK FROM A BOARD MEMBER. IS THERE ANY MEMBER OF THE PUBLIC THAT WANTS TO...

DR. SHI: YES. I WOULD LIKE TO SPEAK.

MR. TOCHER: OKAY. JUST ONE MOMENT.

CHAIRMAN IMBASCIANI: WE'RE WORKING ON THE LOGISTICS. HOLD ON ONE SECOND.

MS. MANDAC: OKAY. SO THIS -- EVERYONE ON THE SLIDE SHOULD BE ABLE TO SEE THE COVER THAT HAYLEY IS DISPLAYING. SO PUBLIC COMMENT APPLIES TO ALL THE APPLICATIONS UNDER THAT PEACH COLOR AND

LOWER. SO PUBLIC COMMENT IS OPEN FOR THE APPLICATIONS 19139 AND BELOW. SO I WILL CALL YOUR NAMES BASED ON HANDS RAISED. EVERYONE WILL HAVE THREE MINUTES. WE DO KEEP TIME. YOU WILL SEE A TIMER ON YOUR ZOOM, AND WE WILL ENFORCE THAT TIME AND MUTE YOU ONCE YOUR TIME IS UP.

SO THE FIRST SPEAKER WILL BE YANHONG SHI FOR APPLICATION 19139 TO BE FOLLOWED BY KIANNA MCBRIDE. DR. SHI, YOU HAVE THE FLOOR.

DR. SHI: DEAR RESPECTED BOARD MEMBERS, THIS IS YANHONG SHI FROM CITY OF HOPE ASKING YOU TO CONSIDER FUNDING MY APPLICATION, PDEV 19139. I THANK GWG FOR ACKNOWLEDGING THE FEASIBILITY AND THE CLINICAL POTENTIAL FOR OUR PROJECT AND THE RECOMMENDATION FOR FUNDING.

OUR PROJECT WOULD BE THE ONLY PROJECT ON CANAVAN DISEASE WITHIN THE CIRM PORTFOLIO, AND IT WILL ADDRESS A CRITICAL UNMET NEED FOR A FATAL NEUROLOGICAL DISORDER THAT HAS NEITHER A STANDARD TREATMENT NOR APPROVED THERAPY.

CURRENTLY ONLY AAV-BASED THERAPY APPROACH IS BEING CLINICALLY EVALUATED FOR THIS DISEASE IN TWO ONGOING TRIALS. BUT ONE HAS SHOWED NO SIGNIFICANT IMPROVEMENT IN GROSS MOTOR FUNCTION IN A RECENT INTERIM REPORT, AND THE LONG-TERM EFFECTS

REMAIN TO BE DETERMINED FOR BOTH. THEREFORE, DEVELOPING ADDITIONAL THERAPEUTIC APPROACH IS ESSENTIAL IF WE ARE TO FIND A CURE FOR THIS DISEASE AND GIVE OPTIONS TO PATIENTS.

OUR COMBINED CELL AND GENE THERAPY APPROACH OFFERS SEVERAL ADVANTAGES OVER THE DIRECT GENE THERAPY APPROACH IN THAT THE TRANSGENE CAN BE MORE STABLY EXPRESSED AND THAT THE CELLS CAN EXTEND THE PRESENCE IN PATIENTS. THEREFORE, ONLY A SINGLE DOSE WILL LIKELY BE NEEDED FOR OUR APPROACH AND AAV-BASED THERAPY WHICH MAY NEED TO BE REPEATED TO HAVE A CONTINUED EFFECT.

(UNINTELLIGIBLE) THE PLANNED SURGICAL PROCEDURE FOR DELIVERY IS A ROUTINE PROCEDURE FOR MANY NEUROSURGEONS, AND IT HAS BEEN USED TO DELIVER STEM CELL THERAPIES TO BRAINS OF PATIENTS WITH OTHER NEUROLOGICAL DISORDERS SAFELY.

TO INCREASE THE ACCESSIBILITY OF OUR PRODUCT TO PATIENTS, WE FOLLOWED THE RECOMMENDATION OF A PATIENT ADVOCATE TO SWITCH THE STARTING MATERIAL FOR IPS MANUFACTURING FROM SKIN TO BLOOD SAMPLES. ALTHOUGH THIS ACTUAL WORK INCREASED OUR TIMELINE FOR IND APPLICATION, IT WILL ENHANCE THE RELEVANCE OF OUR RESEARCH TO CANAVAN PATIENTS AND WILL BENEFIT OUR FUTURE TRIAL. WE WILL OBTAIN THE

FDA APPROVAL TO START MANUFACTURING FOR BLOOD AND FINISH THE FULL QUALIFICATION. THIS PRODUCT MEETS ALL RELEASED CRITERIA. THEREFORE, WE ARE CONFIDENT THAT WE WILL BE ABLE TO USE THE REQUESTED CIRM FUNDS TO ADVANCE THE PRODUCT TO THE IND EFFICIENTLY.

AGAIN, I'D LIKE TO THANK CIRM FOR THE SUPPORT OF THIS WORK, THE POSITIVE REVIEW, AND THE FUNDABLE SCORE. ON BEHALF OF CANAVAN PATIENTS, I HOPE YOU WILL APPROVE OUR PROPOSAL FOR FUNDING. THANK YOU FOR YOUR CONSIDERATION.

MS. MANDAC: THANK YOU SO MUCH, DR. SHI. NEXT WE HAVE FOR PUBLIC COMMENT KIANNA MCBRIDE ALSO ON APPLICATION 19139 TO BE FOLLOWED BY MEAGHAN ROCKWELL. KIANNA, YOU HAVE THE FLOOR. I'M SORRY. YOU'RE STILL ON MUTE.

MS. MCBRIDE: CAN YOU HEAR ME NOW?

CHAIRMAN IMBASCIANI: YES.

MS. MCBRIDE: ALL RIGHT. MY NAME IS KIANNA MCBRIDE. FOR THE LAST WEEK I'VE BEEN TRYING TO FIND THE RIGHT WORDS TO SAY TO CONVINCE YOU ALL THAT MY SON'S LIFE IS WORTH SAVING. I'M SPEAKING IN SUPPORT OF PDEV 19139 BECAUSE MY INCREDIBLE LITTLE BOY HERE, DALLAS, HAS CANAVAN DISEASE WHICH, AS YOU KNOW, IS A RARE AND DEVASTATING NEUROLOGICAL DISORDER.

EVERY DAY I WATCH MY SON FAIL TO DO THE THINGS THAT MOST PARENTS TAKE FOR GRANTED, THE ABILITY TO MOVE, TO SPEAK, TO EAT ON HIS OWN. I'VE NEVER HEARD MY SON SAY, "I LOVE YOU, MOMMY." THERE IS NO CURE FOR CANAVAN DISEASE. AND, YES, THERE ARE TWO ONGOING CLINICAL TRIALS, BUT 12 DAYS AGO DALLAS WAS OFFICIALLY EXCLUDED FROM BEING ELIGIBLE FOR BOTH OF THOSE GENE THERAPY TRIALS SIMPLY BECAUSE HE TURNED FIVE YEARS OLD.

NOW, FOR A WHILE I THOUGHT THAT GENE THERAPY COULD MAYBE HELP HIM, BUT UNFORTUNATELY THOSE RESULTS OF THOSE TRIALS HAVE BEEN MIXED. THE CHILDREN HAVE SHOWN SOME SLIGHT CLINICAL IMPROVEMENT, BUT MANY HAVE SHOWN NONE. AND DUE TO THE LACK OF CONSISTENT AND MEANINGFUL IMPROVEMENT FROM THOSE TRIALS, I NO LONGER FEEL THE RISKS OUTWEIGH THE BENEFITS.

FOR DALLAS AND MANY OTHER FAMILIES WITH CANAVAN DISEASED CHILDREN, FIVE YEARS OR OLDER, THERE IS NO HOPE. AND THAT'S WHY I'M HERE TODAY. DR. YANHONG SHI'S RESEARCH IS OUR LAST HOPE AND OUR ONLY HOPE. HER PROPOSED THERAPY COMBINES BOTH GENE AND CELL THERAPY, AND IT DOESN'T JUST ADD A HEALTHY GENE. IT TREATS A CHILD WITH THEIR OWN HEALTHY CELLS THAT HAVE POWER TO REPAIR THE BRAIN, THAT CAN

RESTORE SOME OF WHAT'S ALREADY BEEN LOST, WHICH IS THE ONLY WAY TO IMPROVE THEIR QUALITY OF LIFE WITHOUT PROLONGING THEIR SUFFERING.

MORE IMPORTANTLY, DALLAS INCLUDES -- HER TRIAL INCLUDES DALLAS AND CHILDREN UP TO 16 YEARS OF AGE. CHILDREN THAT ARE OLDER THAN FIVE ARE STILL DYING BECAUSE THEY'VE BEEN LEFT BEHIND FROM THESE OTHER STUDIES. DR. SHI'S RESEARCH TRULY GIVES MY SON AND OTHERS LIKE HIM A SECOND CHANCE AT LIFE.

THE HARDEST PART OF THIS JOURNEY HAS BEEN WATCHING MY CHILD FADE AWAY WHILE SIMULTANEOUSLY PUTTING ALL OF MY HOPE AND FAITH INTO DR. SHI'S RESEARCH, PRAYING THAT THE ONLY THING THAT WAS WORKING AGAINST US WAS TIME ONLY TO FIND OUT THAT FUNDING WAS DENIED.

DR. SHI'S WORK GIVES ME HOPE THAT DALLAS' LIFE CAN MEAN MORE THAN JUST HIS DISEASE AND THAT HE ISN'T JUST GOING TO DIE, THAT HIS CONTRIBUTION TO THIS RESEARCH MIGHT MAKE A DIFFERENCE IN NOT ONLY HIS LIFE, BUT IN THE LIVES OF OTHERS SO THEY DON'T SUFFER LIKE WE HAVE.

I KNOW THERE ARE QUESTIONS ABOUT COST, BUT TO PUT THAT INTO PERSPECTIVE, IN THE LAST YEAR ALONE, MY SON'S HEALTHCARE SPENDING IS OVER A MILLION DOLLARS. SO A THERAPY LIKE THIS CAN NOT

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ONLY SAVE MONEY, IT COULD SAVE LIVES.

ON BEHALF OF DALLAS, MY FAMILY, AND EVERY CHILD THAT DESERVES A FUTURE, I SUPPORT PDEV 19139. DON'T LET THIS CHANCE SLIP AWAY. SOMEDAY HE MIGHT BE ABLE TO SAY, "MOMMY, I LOVE YOU," BUT WE'LL NEVER KNOW IF WE DON'T GET THE OPPORTUNITY TO TRY. THANK YOU.

MS. MANDAC: THANK YOU SO MUCH, KIANNA, FOR SHARING YOUR STORY AND DALLAS'. THE NEXT SPEAKER WILL BE MEAGHAN ROCKWELL ALSO FOR 19139 TO THEN BE FOLLOWED BY ELLEN WAGNER WHO WILL BE SPEAKING ON ANOTHER APPLICATION. MEAGHAN, YOU HAVE THE FLOOR.

MS. ROCKWELL: HI. I AM SPEAKING ON BEHALF OF APPLICATION PDEV 19139. GOOD AFTERNOON. AND THANK YOU FOR THIS OPPORTUNITY. MY NAME IS MEAGHAN, AND I AM MOTHER OF TWO BEAUTIFUL GIRLS WITH CANAVAN DISEASE. TOBIN IS EIGHT AND ADLEY WILL BE TWO ON THE 16TH.

AS WE KNOW, CANAVAN DISEASE IS A DEVASTATING NEUROLOGICAL DISORDER. IT TAKES THE CHILDREN'S STRENGTH, MOBILITY, AND INDEPENDENCE, AND IT CONTINUES TO PROGRESS EVERY DAY AND HAS CURRENTLY NO CURE.

MY YOUNGER DAUGHTER ADLEY RECEIVED GENE

THERAPY THROUGH THE MRYTELLE TRIAL IN APRIL OF 2023. WE ARE GRATEFUL SHE HAS ACCESS TO IT, BUT I WANT TO BE HONEST. IT WAS NOT A CURE AND SHE'S STILL VERY SYMPTOMATIC, AND WE CONTINUE TO FACE REALITY THAT ONE THERAPEUTIC APPROACH IS NOT ENOUGH FOR THIS DISEASE.

MY OLDER DAUGHTER TOBIN HAS NO TREATMENT OPTIONS AT ALL. AT EIGHT YEARS OLD SHE IS CONSIDERED TOO OLD FOR THE MRYTELLE TRIAL AND THE OTHER TRIAL WITH ASPA THERAPEUTICS WHICH IS ALSO FOR YOUNGER CHILDREN, THEY REQUIRE CHILDREN TO HAVE BOTH GENE MUTATIONS. WHEN MY GIRLS WERE DIAGNOSED, ONE OF THEIR MUTATIONS WAS STILL UNKNOWN, AND WE KNEW FROM THE BEGINNING THIS WAS NOT AN OPTION FOR US. EVEN THOUGH TOBIN IS STILL FIGHTING EVERY SINGLE DAY AND COULD BENEFIT FROM AN APPROACH THAT INCLUDES CHILDREN BEYOND INFANCY, FAMILIES LIKE MINE LIVE IN THE PAINFUL GAP BETWEEN WHAT EXISTS AND WHAT IS URGENTLY NEEDED. WE HAVE BEEN HOLDING ON TO HOPE FOR TOBIN SINCE SHE WAS THREE MONTHS OLD ONLY FOR HER TO GET PASSED OVER BECAUSE OF AGE AND AN UNKNOWN MUTATION.

THIS IS WHY DR. SHI'S RESEARCH IS SO IMPORTANT. HER COMBINED STEM CELL AND GENE THERAPY APPROACH OFFERS SOMETHING DIFFERENT, NOT JUST THE

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DELIVERY OF A FUNCTIONAL GENE, BUT ALSO THE REGENERATIVE POTENTIAL OF STEM CELL. THIS IS THE TYPE OF INNOVATION THAT COULD FINALLY REACH CHILDREN LIKE TOBIN AND STRENGTHEN OUTCOMES FOR CHILDREN LIKE ADLEY WHO STILL STRUGGLE AFTER GENE THERAPY.

YOUR OWN SCIENTIFIC REVIEW COMMITTEE HAS ALREADY RECOGNIZED AN EXPONENTIAL MERIT IN THIS WORK. WHAT FAMILIES LIKE MINE ARE ASKING TODAY IS THAT YOU ALLOW THIS RESEARCH TO CONTINUE SO THAT EVERY CHILD, NOT ONLY THE YOUNGEST ONES, HAVE A CHANCE AT A BETTER OUTCOME. MY DAUGHTERS DESERVE MORE THAN SYMPTOM MANAGEMENT. THEY DESERVE A POSSIBILITY OF A REAL PROGRESS THAT DR. SHI'S WORK OFFERS. DR. SHI'S WORK OFFERS THAT HOPE. THANK YOU FOR CONSIDERING THIS PROJECT, AND THANK YOU FOR LISTENING TO FAMILIES WHO LIVE THIS REALITY EVERY DAY. IF YOU HAVE THE TIME, I REALLY ENCOURAGE YOU TO SEARCH ON FACEBOOK OR INSTAGRAM HASHTAG CANAVAN DISEASE, AND YOU WILL SEE ALL THE CHILDREN THAT STILL NEED HOPE, INCLUDING TOBIN AND ADLEY. THANK YOU SO MUCH FOR YOUR TIME.

MS. MANDAC: THANK YOU SO MUCH, MEAGHAN, FOR SHARING YOUR STORY AND ADLEY'S AND TOBIN'S. OUR NEXT SPEAKER WILL BE ELLEN WAGNER ON APPLICATION 19136 TO BE FOLLOWED BY KYLE FORD ON APPLICATION

19165. ELLEN, YOU HAVE THE FLOOR.

MS. WAGNER: THANK YOU FOR THE OPPORTUNITY TO SPEAK TODAY. MY NAME IS ELLEN WAGNER, AND I'M THE MOTHER OF TIM WHO WAS DIAGNOSED WITH DUCHENNE MUSCULAR DYSTROPHY MORE THAN 20 YEARS AGO. EIGHT YEARS AGO HE PASSED AWAY. WHEN TIM WAS DIAGNOSED, WE WERE TOLD HE WOULD LIKELY LOSE THE ABILITY TO WALK BEFORE HIS TEENAGE YEARS, LOSE THE USE OF HIS ARMS SOON AFTER, AND WOULD PROBABLY NOT LIVE BEYOND HIS EARLY TWENTIES, ALL OF WHICH WAS TRUE.

MOST FAMILIES FACING DUCHENNE STILL HEAR VERSIONS OF THOSE SAME PREDICTIONS TODAY. DESPITE REAL ADVANCES IN CARE AND DISEASE UNDERSTANDING, THIS REMAINS A DEVASTATING, PROGRESSIVE, AND FATAL DISEASE. LIKE SO MANY PARENTS, I BECAME AN ADVOCATE OUT OF NECESSITY. FAMILIES FACE ENORMOUS PHYSICAL, EMOTIONAL, AND FINANCIAL CHALLENGES AS OUR SONS GROW WEAKER WITH TIME. WE SEARCH FOR SPECIALISTS, LEARN THE SCIENCE, AND FIGHT FOR EVERY OPPORTUNITY THAT MIGHT GIVE A BETTER FUTURE.

THAT PATH LED ME TO THE NONPROFIT PARENT PROJECT MUSCULAR DYSTROPHY FIRST AS A BOARD MEMBER AND NOW AS A PART OF THEIR STAFF. OVER THE PAST 20 YEARS, A FEW THERAPIES HAVE BEEN FDA APPROVED, BUT NONE MEANINGFULLY CHANGES THE TRAJECTORY OF THE

DISEASE. MOST INDIVIDUALS WITH DUCHENNE WILL STILL LOSE MUSCLE FUNCTION YEAR AFTER YEAR AND DIE IN YOUNG ADULTHOOD.

WHAT WE'VE LEARNED IS THAT RESTORING DYSTROPHIN, THE MISSING PROTEIN, IS ESSENTIAL IF WE WANT TO SIGNIFICANTLY SLOW OR STOP THIS DECLINE. THIS IS WHY I'M HERE TO SUPPORT MYOGENE'S PROPOSAL IND-ENABLING ACTIVITIES FOR A GENE EDITING THERAPY FOR DUCHENNE MUSCULAR DYSTROPHY, PDEV 19136, THAT IS UNDER CONSIDERATION FOR CIRM FUNDING. THIS IS ONE OF THE MOST PROMISING APPROACHES WE'VE SEEN FOR DUCHENNE.

WHILE OTHER PERSONALIZED THERAPIES SUCH AS ANTISENSE OLIGONUCLEOTIDES CAN RESTORE SOME DYSTROPHIN, THEY REQUIRE WEEKLY INFUSIONS, HAVE LIMITED EFFICIENCY, AND EACH DRUG ONLY TREATS A VERY SMALL SUBSET OF PATIENTS. IN CONTRAST, MYODYS 45-55 IS DESIGNED AS A ONE-TIME TREATMENT THAT COULD BENEFIT UP TO HALF OF ALL INDIVIDUALS WITH DUCHENNE, WHICH IS AN UNPRECEDENTED REACH FOR PERSONALIZED GENETIC THERAPY.

PPND HAS SUPPORTED THIS PLATFORM FROM THE BEGINNING WHEN IT WAS FIRST DEVELOPED AT UCLA WITH DR. COURTNEY YOUNG, WHO CREATED IT IN PART TO HELP HER OWN COUSIN WITH DUCHENNE. AND SHE HAS BUILT

SAFETY CONSIDERATIONS INTO EVERY STAGE OF ITS DESIGN. MYOGENE IS WORKING TO TRANSLATE THIS THERAPY RESPONSIBLY WITH AN EMPHASIS ON MINIMIZING RISK WHILE ADDRESSING THE ROOT CAUSE OF DISEASE.

WE ARE DEEPLY GRATEFUL FOR CIRM'S INVESTMENTS IN DUCHENNE RESEARCH TO DATE. TODAY WE ASK YOU TO CONTINUE THAT LEADERSHIP BY SUPPORTING THIS PROGRAM. IT OFFERS FAMILIES SOMETHING WE HAVE NEVER HAD BEFORE, THE POSSIBILITY OF A SAFE, EFFECTIVE, ONE-TIME GENE EDITING THERAPY THAT CAN REACH A BROAD PORTION OF THE COMMUNITY.

OUR FAMILIES DON'T HAVE THE LUXURY OF TIME. WE NEED OPTIONS THAT TRULY CHANGE THE FUTURE FOR OUR SONS. I URGE YOU TO SUPPORT MYOGENE'S PROPOSAL AND HELP MOVE THIS THERAPY ONE STEP CLOSER TO THE PATIENTS WHO DESPERATELY NEED IT. THANK YOU. AND THANK YOU ON BEHALF OF PAT FURLONG WHO WASN'T HERE TODAY.

MS. MANDAC: THANK YOU SO MUCH, ELLEN, FOR YOUR COMMENTS ON 19136. AND NEXT UP YOU HAVE KYLE FORD ON 19165. KYLE, YOU HAVE THE FLOOR.

DR. FORD: HI. I'M KYLE FORD, AND I'M PART OF THE PROPOSING TEAM FOR PDEV 19165. AND I'D LIKE TO SPEAK A LITTLE BIT ABOUT WHY I FEEL THAT THIS TECHNOLOGY IS REALLY CRITICAL FOR CIRM TO FUND

AND FOR THE DMD COMMUNITY AT LARGE.

AND SO LARGELY THIS IS BASED ON OUR ABILITY TO TARGET MUSCLE FAR BETTER THAN EXISTING AAV AND OTHER GENE DELIVERY APPROACHES.

SO WE'VE DEVELOPED AN AAV CAPSID THAT ENABLES MASSIVE LIVER DETARGETING, ADDRESSING ONE OF THE KEY SAFETY ISSUES WITH EXISTING DMD THERAPIES AS WELL AS ORDERS OF MAGNITUDE IMPROVED MUSCLE TARGETING. SO BOTH IMPROVED SAFETY AND ALSO POTENTIALLY IMPROVED EFFICACY. AND THIS HAS ENABLED US TO DESIGN WHAT WE REALLY FEEL COULD BE A BEST-IN-CLASS, ONE-TIME DMD TREATMENT.

AND THIS IS INCREDIBLY, CRITICALLY IMPORTANT FOR THE DMD COMMUNITY BECAUSE EXISTING TREATMENTS HAVE HAD MANY CLINICAL CHALLENGES IN RECENT YEARS, CAUSING A REDUCED AMOUNT OF PRIVATE CAPITAL IN THE DMD SPACE, MAKING IT EXTREMELY IMPORTANT FOR ORGANIZATIONS LIKE CIRM TO STEP IN AND FILL THAT GAP. AND WE REALLY FEEL THAT BY ADDRESSING THE PRIMARY CHALLENGE WITH DMD THERAPIES GETTING THE GENE, THE GENETIC MATERIAL TO THE MUSCLE AND AVOIDING LIVER TOXICITY, WE REALLY CAN PROVIDE A PATH FORWARD FOR DMD PATIENTS THROUGHOUT THE STATE OF CALIFORNIA AS WELL AS THE UNITED STATES.

AND I ALSO WANT TO HIGHLIGHT THAT CIRM'S

PORTFOLIO HAS VERY FEW LATE STAGE TRANSLATIONAL DMD PROJECTS. AS FAR AS I'M AWARE, THERE'S ONLY ONE OTHER LATE STAGE TRANSLATIONAL DMD PROJECT THAT HAS BEEN FUNDED BY CIRM. AND SO THIS IS IMPORTANT FOR DMD PATIENTS AND REPRESENTS AN OPPORTUNITY TO REALLY STEP IN AND FILL THE GAP THAT PRIVATE CAPITAL HAS LEFT IN TERMS OF DEVELOPING EFFECTIVE DMD THERAPIES.

AND THANK YOU FOR YOUR TIME, AND THANK YOU FOR ALL THE WORK THAT FOLKS AT CIRM DO TO PUSH THERAPIES FORWARD.

MS. MANDAC: THANK YOU SO MUCH, KYLE, FOR THAT COMMENT. VITO, THERE ARE NO ADDITIONAL HANDS RAISED FROM THE PUBLIC.

CHAIRMAN IMBASCIANI: OKAY. THANK YOU, CLAUDETTE, FOR MANAGING THAT.

SO BOARD MEMBERS, THE MOTION ON THE TABLE, ONCE AGAIN, IS NOT TO FUND THE -- ALL THE APPLICATIONS THAT ARE ON THE SCREEN IN FRONT OF YOU. IF ANYONE WANTS TO CONSIDER FUNDING ONE OF THOSE APPLICATIONS, THE BEST, SIMPLEST MECHANISM FOR DOING SO WOULD BE TO AMEND THE MOTION. I'M JUST GOING TO GIVE YOU A MOMENT TO THINK ABOUT THAT. OKAY. GREAT.

WE HAVE HAD DISCUSSION BY THE BOARD, DISCUSSION BY THE PUBLIC, AND WE CAN PROCEED TO A

VOTE THEN, SCOTT.

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: AYE.

MR. TOCHER: JUDY CHOU.

DR. CHOU: 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: VITO IMBASCIANI.

CHAIRMAN IMBASCIANI: AYE.

MR. TOCHER: RICH LAJARA.

MR. LAJARA: AYE.

MR. TOCHER: ADRIANA PADILLA.

DR. PADILLA: YES.

MR. TOCHER: MARV SOUTHARD.

DR. SOUTHARD: YES.

MR. TOCHER: YAEL WYTE.

MS. WYTE: YES.

MR. TOCHER: KEVIN XU.

DR. XU: AYE.

MR. TOCHER: THANK YOU. AND THAT MOTION CARRIES.

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GOING FORWARD NOW IN THE DISCUSSION, ARS MEMBERS FLOWERS, MIASKOWSKI, AND WATSON MAY PARTICIPATE IN THE DISCUSSION AND MAY MAKE OR SECOND ANY MOTIONS.

CHAIRMAN IMBASCIANI: THANK YOU, SCOTT. SO NOW WE'RE LEFT WITH THE APPLICATIONS THAT WERE RECOMMENDED BY THE TEAM. THERE ARE 12 OF THEM. THE CHAIR WOULD LIKE TO ENTERTAIN A MOTION TO ACCEPT THE RECOMMENDATION OF THE TEAM AND TO FUND THESE APPLICATIONS.

DR. SOUTHARD: SO MOVED.

MS. CASILLAS: SECOND.

CHAIRMAN IMBASCIANI: AND MARGUERITE SECONDS. THANK YOU VERY MUCH. THE FLOOR IS OPEN FOR DISCUSSION TO BOARD MEMBERS FIRST. AND DOES ANY MEMBER OF THE PUBLIC WANT TO SPEAK TO THIS MOTION?

MS. MANDAC: THERE ARE NO HANDS RAISED, VITO.

CHAIRMAN IMBASCIANI: OKAY. THANK YOU, CLAUDETTE. SCOTT, WE MAY PROCEED AGAIN TO A VOTE.

MR. TOCHER: ALL RIGHT. SO THE VOTE FOR THESE FOR MEMBERS BONNEVILLE, DAHL, AND DURON, YOU'LL ANSWER AYE OR NAY EXCEPT WITH RESPECT TO THOSE APPLICATIONS WITH WHICH YOU HAVE A CONFLICT.

DR. LAM: THERE IS A HAND RAISED ON THE

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PHONE LINE.

CHAIRMAN IMBASCIANI: WE'RE CHECKING. THANK YOU.

MS. MANDAC: IF YOU HAVE A PHONE NUMBER THAT WE SEE, A 607-215, I WILL UNMUTE YOU TO SEE IF THIS IS A COMMENT FOR THIS PARTICULAR MOTION.

CHAIRMAN IMBASCIANI: OKAY. WOULD THE SPEAKER, WHEN UNMUTED, PLEASE IDENTIFY THEMSELVES?

MS. MANDAC: YOU WILL NEED TO CLICK THE BUTTON TO UNMUTE.

DR. CHEN: I CAN'T FIND THE ICON TO RAISE MY HAND, BUT MAY I SPEAK?

MS. MANDAC: OKAY. FINE.

CHAIRMAN IMBASCIANI: WE HEAR YOU.

MS. MANDAC: BERTHA, YOU ARE WELCOME TO TAKE THE FLOOR FIRST WHILE WE WORK ON UNMUTING ANOTHER MEMBER OF THE PUBLIC. SO, BERTHA, YOU HAVE THREE MINUTES. YOU WILL SEE A TIME. WE WILL ENFORCE THE TIME. THE FLOOR IS YOURS NOW.

DR. CHEN: THANK YOU VERY MUCH. MY NAME IS BERTHA CHEN, AND I AM THE PRINCIPAL INVESTIGATOR FOR PROPOSAL 19131, TITLED "AUTOLOGOUS IPSC-DERIVED PROGENITOR SMOOTH MUSCLE CELLS FOR TREATMENT OF URINARY INCONTINENCE."

I'D LIKE TO THANK THE COMMITTEE FOR TAKING

THE TIME TO BE HERE. I AM A PHYSICIAN/SCIENTIST WITH A CLINICAL PRACTICE IN UROGYNECOLOGY AND PELVIC RECONSTRUCTIVE SURGERY. MY RESEARCH ON THE CAUSES OF URINARY INCONTINENCE HAS LED MY TEAM TO UNDERSTAND THAT A PLURIPOTENT STEM CELL-BASED THERAPY IS NEEDED TO OVERCOME THE LIMITATIONS OF THE CURRENT SURGICAL OR NONSURGICAL TREATMENTS FOR URINARY INCONTINENCE.

A GOAL OF CIRM 2.0 IS TO SUPPORT DEVELOPMENT OF THERAPIES THAT REACH BROAD POPULATIONS. URINARY INCONTINENCE AFFECTS A LARGE AND DIVERSE PATIENT POPULATION WITH GREATER THAN TWO-THIRDS OF THE BURDEN BEING BORNE BY WOMEN. FURTHER, THE INCIDENCE OF URINARY INCONTINENCE IS EXPECTED TO INCREASE WITH INCREASE IN THE AGING POPULATION.

IT IS A DEBILITATING CONDITION ASSOCIATED WITH POOR QUALITY OF LIFE, LOSS OF PRODUCTIVITY, AND SHAME. CURRENT TREATMENTS ARE INADEQUATE AND PRONE TO FAILURE. THEREFORE, AN EFFICACIOUS TREATMENT WOULD HAVE A HUGH IMPACT ON WOMEN'S HEALTH AND WELL-BEING. WE HAVE ALREADY HAD A PRE-IND MEETING. SO FUNDING PROPOSED IN THIS CYCLE WILL ALLOW MY TEAM TO OBTAIN IND CLEARANCE AND BRING THIS TREATMENT TO CLINICAL TRIALS WITHOUT DELAY.

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OUR PROJECT ALSO HAS THE BENEFIT THAT WE HAVE INDUSTRY SUPPORT THAT WILL HELP US PERFORM THE CLINICAL TRIALS AS SOON AS WE COMPLETE THE PRE-IND MEETING. I'D LIKE TO THANK THE COMMITTEE FOR YOUR CONSIDERATION.

MS. MANDAC: THANK YOU SO MUCH, DR. CHEN, FOR YOUR COMMENTS ON 19131. SO IT DOES LOOK LIKE THE PHONE NUMBER IS UNMUTED, SO PHONE NO. 607-215, THE FLOOR IS YOURS. YOU HAVE THREE MINUTES. IF YOU COULD PLEASE IDENTIFY THE APPLICATION NUMBER YOU'RE SPEAKING FOR, THE FLOOR IS NOW YOURS.

MR. HORGAN: GOOD AFTERNOON. THIS IS RICH HORGAN. CAN YOU HEAR ME?

CHAIRMAN IMBASCIANI: YES.

MR. HORGAN: GREAT. THANK YOU FOR TAKING THE TIME TO REVIEW OUR GRANT. THIS IS IN REFERENCE TO PDEV 19152. RESPECT THE TIME GIVEN HERE. JUST WANT TO MAKE A COUPLE OF COMMENTS ON OUR APPLICATION. I'M THE FOUNDER AND CEO OF CURE RARE DISEASE, THE SUBMITTING ORGANIZATION.

ONE COMMENT JUST BROADLY IS IN SPEAKING TO HUNDREDS OF PATIENTS WITH LIMB GIRDLE MUSCULAR DYSTROPHY QI OR R9 AS IT'S MORE RECENTLY CALLED, THIS IS A PATIENT POPULATION THAT REALLY IS IN DIRE NEED FOR AN EFFECTIVE THERAPEUTIC. WHILE THERE IS

ONE, IF NOT -- AT LEAST ONE IN THE UNITED STATES, CLINICAL TRIALS FOR THIS, THE CURRENT PRODUCT IN CLINICAL TRIAL USES A FIRST GENERATION CAPSID. AND ONE OF THE BIGGEST LEARNINGS IN SPEAKING TO THESE DOZENS, HUNDREDS OF PATIENTS IS THAT THERE'S REAL CONCERN OVER THE FIRST GENERATION CLASS OF AAV'S DUE TO SOME OF THE TOXICITIES MENTIONED ON THIS CALL EARLIER.

AND SO A STRONG POINT I WANTED TO GET ACROSS IS THE PATIENT DEMAND FOR SAFER DELIVERY VEHICLES, ONE THAT WE'RE USING WHICH RADICALLY DETARGETS THE LIVER AND, THEREFORE, IS AT LEAST IN LARGE ANIMALS POTENTIALLY TRANSLATABLE AND SAFER FOR HUMAN PATIENTS.

MY SECOND COMMENT IS ONE OF THE FEEDBACK POINTS WAS THAT CMC COSTS WERE BELIEVED TO BE LOW. I WOULD JUST LIKE TO REAFFIRM THAT WE PROVIDED A QUOTE DIRECTLY FROM THE CDMO -- SO THAT'S A REAL QUOTE -- THAT WE'RE READY, PREPARED, AND EXCITED TO BEGIN SCALE-UP AND EXECUTION PENDING AWARD OF THIS GRANT. SO JUST A COUPLE COMMENTS.

BIG NEEDS FOR THIS COMMUNITY. I THINK THERE'S A COUPLE OTHER PATIENT ADVOCATES ON THE CALL RELATED TO THIS AS WELL.

AND MY LAST MESSAGE IS WE'RE TRYING TO

MAKE THIS ACCESSIBLE. THIS ERA OF MULTIMILLION DOLLAR GENE THERAPIES, I PERSONALLY DON'T BELIEVE IT'S SUSTAINABLE. AND SO WE'VE MADE THAT COMMITMENT TO PROVIDE THIS THERAPEUTIC, ASSUMING COMMERCIALIZATION, AT COST-PLUS WHICH SHOULD PUT IT BELOW A MILLION DOLLARS PER PATIENT. THIS IS SOMETHING THAT'S CORE TO OUR VALUES AND OUR PRINCIPLES, THAT CURE RARE DISEASE IS A NONPROFIT BIOTECH. AGAIN, IN THE ESSENCE OF EASING THE REIMBURSEMENT PROCESS FOR PAYERS AND, FRANKLY, JUST MAKING THIS ACCESSIBLE TO MORE PEOPLE DESPITE THEIR SOCIOECONOMIC BACKGROUND OR THEIR HEALTHCARE PLAN. SO REALLY APPRECIATE THE TIME AND LOOK FORWARD TO THE IMPENDING VOTE. THANK YOU VERY MUCH.

MS. MANDAC: THANK YOU SO MUCH, RICH, FOR YOUR COMMENTS ON 19152. VITO, THERE ARE NO ADDITIONAL HANDS RAISED.

CHAIRMAN IMBASCIANI: GREAT. THANK YOU. THEN WE CAN TAKE UP WHERE WE LEFT OFF, SCOTT, RIGHT?

MR. TOCHER: CORRECT. AND THE MOTION ON THE TABLE IS TO FUND THE APPLICATIONS AS RECOMMENDED BY THE TEAM. FOR MEMBERS BONNEVILLE, DAHL, AND DURON, YOU'LL BE ANSWERING AS I INSTRUCTED EARLIER, EXCEPT FOR THOSE APPLICATIONS WITH WHICH YOU HAVE A CONFLICT.

SO, MARIA, LET'S KICK IT OFF.

VICE CHAIR BONNEVILLE: YES, EXCEPT FOR THOSE WHICH I HAVE A CONFLICT.

MR. TOCHER: THANK YOU. MARGUERITE CASILLAS.

MS. CASILLAS: YES.

MR. TOCHER: JUDY CHOU.

DR. CHOU: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: SHANNON DAHL.

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

MR. TOCHER: THANK YOU. ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MR. TOCHER: YSABEL DURON.

MS. DURON: YES, EXCEPT FOR THOSE WITH WHICH I HAVE A CONFLICT.

MR. TOCHER: MARK FISCHER-COLBRIE.

MR. FISCHER-COLBRIE: YES.

MR. TOCHER: ELENA FLOWERS.

DR. FLOWERS: YES.

MR. TOCHER: VITO IMBASCIANI.

CHAIRMAN IMBASCIANI: YES.

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MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: JOE PANETTA. MARV SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: KAROL WATSON.
DR. WATSON: YES.
MR. TOCHER: YAEL WYTE.
MS. WYTE: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
MR. TOCHER: AND THE MOTION CARRIES.
CHAIRMAN IMBASCIANI: THANKS, SCOTT. CONTINUING ON IN THE SAME VEIN OF THE ARS, WE'RE GOING TO CONSIDER APPLICATIONS NOW SUBMITTED IN RESPONSE TO OUR CLIN2 PROGRAM, AND THE PRESENTATION WILL BE MADE BY DR. GIL SAMBRANO, OUR VICE PRESIDENT FOR PORTFOLIO DEVELOPMENT AND REVIEW.
DR. SAMBRANO: OKAY. THANK YOU VERY MUCH. I'M GOING TO PUT THIS IN PRESENTATION MODE. DO I NEED TO SWAP DISPLAYS, OR DOES IT LOOK CORRECT?
MS. MANDAC: THANK YOU.

DR. SAMBRANO: IT LOOKS CORRECT?

MS. MANDAC: YES.

DR. SAMBRANO: OKAY. THANK YOU.

ALL RIGHT. SO GOOD MORNING, EVERYONE, MEMBERS OF THE BOARD, MEMBERS OF THE PUBLIC, CIRM COLLEAGUES. I'M HERE TO PRESENT TO YOU THE RECOMMENDATIONS FROM THE GRANTS WORKING GROUP AS IT RELATES TO THE CLIN2 PROGRAM.

OUR MISSION, AS STATED EARLIER, IS TO ACCELERATE WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND WORLD. AND THIS BEING OUR MISSION, WE HAVE ALSO, AS HAS BEEN DESCRIBED PREVIOUSLY, SET UP A NUMBER OF STRATEGIC GOALS THAT WILL MAXIMIZE OUR IMPACT AND ALLOW US TO ACHIEVE THIS MISSION. AND THE CLIN2 PROGRAM ITSELF SUPPORTS SEVERAL OF THESE GOALS, BUT IN PARTICULAR GOAL 4, WHICH IS TO PROPEL 15 TO 20 THERAPIES TARGETING DISEASES AFFECTING CALIFORNIANS TO LATE STAGE TRIALS. AND ULTIMATELY WHAT WE WANT TO SEE IS THE APPROVAL OF SOME OF THESE THERAPIES SO THAT THEY ARE AVAILABLE FOR PATIENTS.

SO WITH THAT AND ALIGNED WITH THAT, THE OBJECTIVES OF THIS CLIN2 PROGRAM IS TO SUPPORT THE COMPLETION OF AN INTERVENTIONAL PHASE 1, 2 OR 3

TRIAL FOR ANY INNOVATIVE, STEM CELL-BASED GENETIC THERAPY THAT ADDRESSES AN UNMET NEED AND WITH THE POTENTIAL FOR TRANSFORMATIVE BENEFITS TO PATIENTS, FAMILIES, AND THE HEALTHCARE SYSTEM.

I DO WANT TO HIGHLIGHT A FEW THINGS WITH THE CLIN2 PROGRAM. I KNOW THAT YOU'VE BEEN USED TO SEEING US PRESENT A LOT RELATED TO THE CLINICAL TRIALS THAT COME THROUGH THE CLIN2 PROGRAM; BUT I THINK, AS WAS MENTIONED BY LIZ EARLIER, WE DID A REVAMP OF THIS PROGRAM IN ORDER TO ADJUST IT AND ALIGN IT WITH OUR STRATEGIC GOALS. AND SO SOME OF THE THINGS THAT WE DID ARE LISTED HERE. AND JUST VERY BRIEFLY, WE'VE MOVED TO A MORE COMPETITIVE EVALUATION OF APPLICATIONS WITH EACH CYCLE.

IN THE PAST WE WERE ASSESSING EACH APPLICATION THAT CAME TO US INDEPENDENTLY. WE ARE NOW CONSIDERING EACH COHORT TOGETHER AND HAVING A COMPETITION BETWEEN THESE APPLICATIONS TO DETERMINE WHICH ARE THE BEST OF THESE. AND ALIGNED WITH THAT, WE'VE CHANGED THE SCIENTIFIC SCORING TO ADOPT THE 1 TO 100 SCALE TO HELP US RANK THE APPLICATIONS BETTER THAN WE DID IN THE PAST.

WE ARE NOW DOING FOUR CYCLES PER YEAR AS OPPOSED TO THE 11 OR 12 THAT WE DID IN THE PAST. WE HAVE ALSO UPDATED THE SCIENTIFIC REVIEW CRITERIA TO

ALIGN WITH THE STRATEGIC GOALS. WE HAVE ADDED AN ACCESS AND AFFORDABILITY PROPOSAL AND EVALUATION COMPONENT WHICH I WILL SPEAK ABOUT A LITTLE BIT LATER AND ALSO INTRODUCED PROGRAM PREFERENCES FOR THE CLIN2 QUALIFICATION PROCESS STEP, AND THOSE HAVE BEEN ESTABLISHED AND APPLIED FOR THIS PROGRAM. SO THOSE ARE THE KEY DIFFERENCES GOING INTO THIS NEW SET OF CLIN2 CYCLES.

THIS IS JUST AN OVERALL TABLE DESCRIBING THE PROGRAM'S STRUCTURE FOR THE AWARDS AND FOR THE PROGRAM. IT'S EXPECTED, AS MENTIONED, TO HAPPEN FOUR TIMES PER YEAR, FOUR CYCLES PER YEAR. THE AWARD IS A FOUR-YEAR AWARD. IT IS OPEN TO BOTH CALIFORNIA AND NON-CALIFORNIA ORGANIZATIONS. FOR THE NON-CALIFORNIA ORGANIZATIONS, THE ACTIVITIES THAT ARE PAID FOR ARE THOSE THAT ARE CONDUCTED IN CALIFORNIA. THERE ARE CO-FUNDING REQUIREMENTS THAT VARY DEPENDING ON THE STAGE OF THE PROJECT AND WHETHER THE APPLICANT IS FOR PROFIT OR NONPROFIT. AND ALSO THE MAXIMUM AWARD AMOUNT DIFFERS DEPENDING ON THE STAGE AND THE FOR-PROFIT STATUS OF THE ORGANIZATION. THE RANGE OF THE AWARDS ARE FROM 8 MILLION TO 15 MILLION IN TERMS OF A CAP.

WE ANTICIPATE FUNDING 9 TO 16 AWARDS PER YEAR ON A REGULAR BASIS. THE PROJECTION WAS BASED

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ON THE HIGHEST AMOUNT OF 9 TIMES 16 MILLION, WHICH WOULD GIVE US THE ANNUAL BUDGET ALLOCATION WE HAVE FOR THIS FIRST FISCAL YEAR OF 135 MILLION.

SO ON TO THE REVIEW PROCESS ITSELF. SO THIS IS CONDUCTED IN FOUR STAGES.

VICE CHAIR BONNEVILLE: GIL?

DR. SAMBRANO: YES.

VICE CHAIR BONNEVILLE: SORRY ABOUT THAT. I JUST WANTED TO CLARIFY. JUST BASED ON AN EXCHANGE YOU AND I HAD YESTERDAY, THERE ARE ONLY THREE CYCLES THIS YEAR. I JUST DON'T WANT TO MISLEAD ANYONE FOR THIS FISCAL YEAR. IS THAT CORRECT, THAT THERE ARE ONLY THREE CYCLES?

DR. SAMBRANO: YEAH. SINCE WE STARTED A LITTLE BIT LATE THIS FISCAL YEAR, WE'RE GOING TO HAVE THREE CYCLES THAT THE 135 MILLION WILL COVER.

VICE CHAIR BONNEVILLE: THANK YOU.

DR. SAMBRANO: BUT THE FISCAL YEARS ARE FOUR.

VICE CHAIR BONNEVILLE: THANK YOU.

DR. SAMBRANO: UH-HUH. YEAH, YOU BET.

THE REVIEW PROCESS IS ILLUSTRATED HERE. THE PROCESS BEGINS WITH THE SUBMISSION OF THE FULL APPLICATION IN WHICH WE THEN LOOK AT THOSE APPLICATIONS AND GO THROUGH WHAT WE CALL

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QUALIFICATION WHERE WE APPLY THE CLIN2 PREFERENCES AS WELL AS VALUE PROPOSITION. SO THIS IS CONDUCTED BOTH BY CIRM STAFF TO ASSESS THE ALIGNMENT WITH THE PREFERENCES AND, IF NEEDED, THE GRANTS WORKING GROUP HELPS US BREAK TIES WHEREVER THAT MAY BE NECESSARY BY ASSESSING THE VALUE PROPOSITION. THE GOAL IS TO SELECT THE TOP SEVEN APPLICATIONS AND ADVANCE THOSE INTO WHAT IS GENERALLY THE ROUTINE ELIGIBILITY, MERIT REVIEW, AND SO ON. SO THOSE TOP SEVEN GO THROUGH A MORE IN-DEPTH ELIGIBILITY REVIEW. THOSE THAT ARE ACCEPTED, WHICH AT THAT POINT ALL OF THOSE GENERALLY ARE, GO TO THE MERIT REVIEW BY THE GRANTS WORKING GROUP TO DO THE ASSESSMENT.

THE PANEL OF THE GRANTS WORKING GROUP IS COMPOSED OF THE FOLLOWING GROUPS. SO THE SCIENTIFIC GRANTS WORKING GROUP MEMBERS WHICH PROVIDE THE SCIENTIFIC EVALUATION AND ULTIMATELY PROVIDE THE FINAL SCORES THAT YOU SEE AS IT RELATES TO THESE APPLICATIONS. WE ALSO HAVE OUR GRANTS WORKING GROUP BOARD MEMBERS THAT PROVIDE THE PATIENT PERSPECTIVE AND SIGNIFICANCE AND POTENTIAL IMPACT AND OVERSIGHT ON THE PROCESS. WE ALSO INVITE, AS NEEDED, SCIENTIFIC SPECIALISTS TO COVER ANY SPECIALIZED AREAS OF EXPERTISE. AND THEN WE'VE INTRODUCED ACCESS AND AFFORDABILITY EXPERTS THAT PROVIDE THEIR

ASSESSMENT OF THE ACCESS AND AFFORDABILITY. AND I'LL TELL YOU A LITTLE BIT MORE ABOUT THAT IN JUST A SECOND. BUT THIS IS WHAT THE GROUP IS COMPOSED OF, BUT THE SCORES COME FROM THE SCIENTIFIC MEMBERS.

SO THE SCORING SYSTEM USES, AS MENTIONED EARLIER, A 1 TO 100 SCALE. THE SCORES BETWEEN 85 AND 100 MEANS THAT THE APPLICATION IS DEEMED TO HAVE EXCEPTIONAL MERIT AND WARRANTS FUNDING; WHEREAS, APPLICATIONS THAT RECEIVE A SCORE OF 1 TO 84 ARE NOT RECOMMENDED FOR FUNDING. THE SCORING OVERALL IS INTENDED TO BE HOLISTIC BASED UPON ALL OF THE FACETS OF THE EXPERT REVIEW AND THE CRITERIA THAT I WILL SHARE WITH YOU. AND THE GRANTS WORKING GROUP ARE ENCOURAGED TO MAKE FULL USE OF THE SCORING RANGE TO SIGNAL THEIR ENTHUSIASM.

SO THESE ARE THE REVIEW CRITERIA THAT ARE UTILIZED TO DETERMINE THE SCORE: THE OVERALL VALUE PROPOSITION OF THE PROJECT; THE SCIENTIFIC RATIONALE, ENSURING THAT THIS MAKES SENSE AND IS APPROPRIATE AND HAS THE BACKGROUND DATA TO SUPPORT IT; THE PROJECT PLAN AND DESIGN; THE PROJECT TEAM AND RESOURCES; AND THE OVERALL POPULATION IMPACT TO ENSURE THAT THE PROJECT HAS CONSIDERED THE IMPACT OF THE PROPOSED THERAPY ACROSS ALL OF THE AFFECTED POPULATIONS.

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SO THE ACCESS AND AFFORDABILITY ELEMENT, AS MENTIONED, IS NEW. IT SPEAKS TO OUR GOAL TO ENSURE THAT EVERY BLA-READY PROGRAM ONCE THEY GET THERE HAS A STRATEGY FOR ACCESS AND AFFORDABILITY. SO AT THE CLIN2 STAGE, WE ASK THEM TO PROVIDE THEIR PROPOSAL FOR ACTIVITIES THEY INTEND TO CONDUCT DURING THE COURSE OF THE AWARD AND BEYOND, BUT ALSO TO SUMMARIZE WHAT THEY HAVE DONE THUS FAR. AND SO BASED ON THAT INFORMATION, WE HAVE REVIEWERS WITH EXPERTISE IN ACCESS AND AFFORDABILITY WHO EVALUATE THIS ELEMENT OF THE APPLICATION.

THEY ARE THEN INVITED TO THE GRANTS WORKING GROUP MEETING TO PRESENT THEIR EVALUATION AND SHARE THAT WITH THE GRANTS WORKING GROUP SO THAT, IF THERE ARE ELEMENTS THAT COULD IMPACT ON THE GRANTS WORKING GROUP REVIEW CRITERIA, THAT THEY CAN APPLY IT. BUT IN GENERAL THE ACCESS AND AFFORDABILITY EVALUATIONS ARE INTENDED TO BE A GUIDE THAT WE SHARE WITH THE APPLICANT AND ULTIMATELY AWARDEE, IF THEY'RE SUCCESSFUL, WITH THE HOPES THAT THAT GUIDES THE ACTIVITIES THAT THEY DO DURING THE COURSE OF THE AWARD AND AFTERWARDS.

SO FOR A LOT OF THE EARLY STAGE TRIALS AND PROPOSALS THAT WE GET, MOST OF THOSE DEFICIENCIES THAT ARE IDENTIFIED ARE THINGS THAT THEY WILL LIKELY

BE ABLE TO ADDRESS DURING THE AWARD PERIOD.

ALL RIGHT. SO THIS IS A SUMMARY OF THE GRANTS WORKING GROUP RECOMMENDATIONS FOR THE APPLICATIONS THAT WERE REVIEWED BY THE GRANTS WORKING GROUP. THERE WERE SIX OF THE APPLICATIONS THAT FELL OUT DUE TO A LATE ELIGIBILITY ISSUE. THREE OF THE APPLICATIONS WERE RECOMMENDED FOR FUNDING AND THREE WERE NOT BY THE GRANTS WORKING GROUP. AND SO THE FUNDS AVAILABLE FOR THREE CYCLES, AS MENTIONED EARLIER, IS 135 MILLION. THE THREE RECOMMENDATIONS BY THE GRANTS WORKING GROUP WOULD USE UP ABOUT 35 MILLION.

IN TERMS OF MINORITY REPORT, AS MENTIONED BY HAYLEY AS WELL, THAT HAPPENS WHEN AN APPLICATION IS NOT RECOMMENDED FOR FUNDING BUT HAS 35 PERCENT OR MORE OF THE MEMBERS SCORING TO FUND THE APPLICATION. WE HAD NO CLIN2 APPLICATIONS THAT QUALIFIED FOR A MINORITY REPORT FOR THIS CYCLE.

OKAY. SO HERE'S A SUMMARY OF THE FOUR APPLICATIONS, THE TOP FOUR SCORING APPLICATIONS, AND THE TEAM RECOMMENDATIONS. AND SO THE TEAM RECOMMENDATION IS TO FUND THE THREE THAT ARE RECOMMENDED BY THE GRANTS WORKING GROUP, BUT IN ADDITION TO ALSO FUND CLIN2 19061. AND THE TOTAL OF THE FOUR APPLICATIONS WOULD BE ABOUT 43 MILLION IN

TERMS OF THE BUDGET. SO THAT'S ABOUT A THIRD OR JUST UNDER A THIRD OF THE TOTAL ANNUAL ALLOCATION FOR WHICH WE HAVE THREE CYCLES.

SO A LITTLE ON THE RATIONALE FOR WHY IT IS THAT WE ARE RECOMMENDING 19061. THIS IS A PROPOSAL FOR A GENE THERAPY, AN AAV, EXPRESSING FIG4 TRANSGENE TO ADDRESS A DISEASE TERMED CHARCOT-MARIE-TOOTH DISEASE OR CMT4J.

AND SO SOME OF THE CONSIDERATIONS THAT WENT INTO IT ARE DETAILED IN A MEMO THAT WE PROVIDED TO YOU THAT HAS SOME OF THESE ELEMENTS HIGHLIGHTED JUST IN MORE DETAIL.

BUT BRIEFLY, CIRM'S ACTIVE PDEV AND CLIN2 PORTFOLIO CURRENTLY CONTAIN NO AWARDS THAT ADDRESS THIS DISEASE. THE PROPOSED THERAPY REPRESENTS A NOVEL MODALITY IN TERMS OF THE EXTERNAL LANDSCAPE. THERE ARE NO KNOWN -- THERE IS ONE KNOWN PHASE 2 CLINICAL TRIAL THAT ADDRESSES A DIFFERENT TYPE OF CMT, BUT NO APPROVED TREATMENTS EXIST FOR CMT4J AT THIS TIME.

THIS APPLICATION IS ALSO A PROGRESSION FROM A PREVIOUSLY CIRM-FUNDED CLIN1 AWARD. AND WE NOTED THAT MANY OF THE CONCERNS THAT WERE RAISED FROM THE GRANTS WORKING GROUP ARE READILY ADDRESSABLE AND WOULD NOT PREVENT THE PROJECT FROM

ACHIEVING SUCCESS. AND AMONG SOME OF THOSE CONCERNS WERE RELATED TO THE ACCESS AND AFFORDABILITY. AND AS I MENTIONED JUST A MOMENT AGO, OUR GOAL WITH THE ACCESS AND AFFORDABILITY EVALUATION IS REALLY TO GUIDE THE APPLICANTS. IT IS NOT INTENDED TO BE PUNITIVE TO THE EXTENT THAT WE CAN AVOID THAT. WE WANTED THERE TO BE AN OPPORTUNITY FOR APPLICANTS TO LEARN AND SET THEMSELVES UP FOR SUCCESS AS THEY APPROACH AND GET CLOSE TO A BLA IF THEY ARE ABLE TO GET THERE.

ALL RIGHT. SO THOSE ARE THE RECOMMENDATIONS FROM THE CIRM TEAM. THIS IS JUST A SLIDE TO REMIND FOLKS OF THOSE WHO HAVE A CONFLICT OF INTEREST WITH ONE OR MORE OF THE CLIN2 APPLICATIONS THAT ARE BEING CONSIDERED.

SO WITH THAT, I WILL STOP THE PRESENTATION. AND THEN I WILL SHOW YOU THE EXCEL SPREADSHEET AND HAND IT BACK TO CHAIRMAN VITO IMBASCIANI.

CHAIRMAN IMBASCIANI: THANK YOU, GIL, FOR THE PRESENTATION. BEFORE I ASK FOR A MOTION, I'D LIKE TO SEE THE SPREADSHEET AGAIN. WE'RE GOING TO TAKE THESE RECOMMENDATIONS FROM THE TEAM IN ORDER ONE BY ONE. IT WILL REQUIRE FOUR VOTES. HERE WE GO. AND I DON'T SEE ANY REASON WHY WE CAN'T DO

THOSE IN DESCENDING ORDER.

THE FIRST ONE IS CLIN2 19068. ONCE AGAIN, I'D LIKE A MEMBER OF THE BOARD TO MOVE OR TO SECOND ACCEPTING THE RECOMMENDATION TO FUND THIS APPLICATION.

VICE CHAIR BONNEVILLE: SO MOVED.

MS. CASILLAS: SECOND.

CHAIRMAN IMBASCIANI: WE HAVE A MOVEMENT AND SECOND. THANK YOU SO MUCH. DISCUSSION OPEN TO BOARD MEMBERS. AND TO MEMBERS OF THE PUBLIC.

MS. MANDAC: NO HANDS RAISED.

CHAIRMAN IMBASCIANI: WE SEE NO HANDS RAISED FOR EITHER. OKAY. SCOTT, I THINK WE CAN PROCEED.

MR. TOCHER: MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: YES.

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: YES.

MR. TOCHER: JUDY CHOU.

DR. CHOU: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: SHANNON DAHL.

DR. DAHL: YES.

MR. TOCHER: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.
MR. TOCHER: YSABEL DURON.
MS. DURON: YES.
MR. TOCHER: MARK FISCHER-COLBRIE.
MR. FISCHER-COLBRIE: YES.
MR. TOCHER: ELENA FLOWERS.
DR. FLOWERS: YES.
MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: MARV SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: KAROL WATSON.
DR. WATSON: YES.
MR. TOCHER: YAEL WYTE.
MS. WYTE: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
MR. TOCHER: THANK YOU. THE MOTION CARRIES.

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CHAIRMAN IMBASCIANI: THANK YOU, SCOTT. THE SECOND APPLICATION IS CLIN2 18731 RELATED TO DRAVET SYNDROME. ONCE AGAIN --

MR. TOCHER: MAY I JUST NOTE FOR THE RECORD FIRST THAT MEMBERS PRESENT FROM THE ARS WHO ARE IN CONFLICT WITH THIS APPLICATION ARE MEMBERS DURON, FLOWERS, AND MIASKOWSKI.

CHAIRMAN IMBASCIANI: THANK YOU. WE HAVE A MOVEMENT TO ACCEPT THE RECOMMENDATION FROM MARGUERITE. THANK YOU.

VICE CHAIR BONNEVILLE: SECOND.

CHAIRMAN IMBASCIANI: AND A SECOND FROM MARIA. THANK YOU. ANY DISCUSSION FROM MEMBERS OF THE BOARD ON THIS ITEM? OR FROM THE MEMBERS OF THE PUBLIC?

MS. MANDAC: THERE ARE NO HANDS RAISED.

CHAIRMAN IMBASCIANI: THERE ARE NO HANDS RAISED. ONCE AGAIN, SCOTT.

MR. TOCHER: BONNEVILLE.

VICE CHAIR BONNEVILLE: YES.

MR. TOCHER: CASILLAS.

MS. CASILLAS: YES.

MR. TOCHER: CHOU.

DR. CHOU: YES.

MR. TOCHER: CLARK-HARVEY.

DR. CLARK-HARVEY: YES.
MR. TOCHER: DAHL.
DR. DAHL: YES.
MR. TOCHER: DULIEGE.
DR. DULIEGE: YES.
MR. TOCHER: FISCHER-COLBRIE.
MR. FISCHER-COLBRIE: YES.
MR. TOCHER: IMBASCIANI.
CHAIRMAN IMBASCIANI: YES.
MR. TOCHER: LAJARA.
MR. LAJARA: YES.
MR. TOCHER: PADILLA.
DR. PADILLA: YES.
MR. TOCHER: MARV SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: WATSON.
DR. WATSON: YES.
MR. TOCHER: WYTE.
MS. WYTE: YES.
MR. TOCHER: AND XU.
DR. XU: YES.
MR. TOCHER: THANK YOU VERY MUCH. THE MOTION CARRIES.
CHAIRMAN IMBASCIANI: MOTION CARRIES. THANK YOU. THE THIRD APPLICATION IS CLIN2 18595,

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AND IT IS RELATED TO HUNTINGTON'S DISEASE.

MR. TOCHER: AND THE MEMBER IN CONFLICT FROM THE ARS IS MEMBER WATSON.

CHAIRMAN IMBASCIANI: SO I'D LIKE A MOVEMENT TO ACCEPT PLEASE.

MS. CASILLAS: I'LL MOVE.

CHAIRMAN IMBASCIANI: THANK YOU, MARGUERITE.

VICE CHAIR BONNEVILLE: SECOND.

CHAIRMAN IMBASCIANI: AND MARIA HAS SECONDED. ONCE AGAIN, DISCUSSION ON THE APPLICATION FROM BOARD MEMBERS OR FROM THE PUBLIC. CLAUDETTE, ANY HANDS RAISED?

MS. MANDAC: NO HANDS RAISED.

CHAIRMAN IMBASCIANI: NO HANDS ARE RAISED. OKAY. SCOTT'S PEN IS ON FIRE.

MR. TOCHER: MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: YES.

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: YES.

MR. TOCHER: JUDY CHOU.

DR. CHOU: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: SHANNON DAHL.

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DR. DAHL: YES.
MR. TOCHER: ANNE-MARIE DULIEGE.
DR. DULIEGE: YES.
MR. TOCHER: YSABEL DURON.
MS. DURON: YES.
MR. TOCHER: MARK FISCHER-COLBRIE.
MR. FISCHER-COLBRIE: YES.
MR. TOCHER: ELENA FLOWERS.
DR. FLOWERS: YES.
MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: MARV SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: YAEL WYTE.
MS. WYTE: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
MR. TOCHER: THANK YOU. THAT MOTION CARRIES. MR. CHAIR.

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CHAIRMAN IMBASCIANI: OKAY. THANK YOU. AND OUR FOURTH AND FINAL APPLICATION IS CLIN2 19061 RELATED TO CHARCOT-MARIE-TOOTH DISEASE RECOMMENDED BY THE TEAM FOR FUNDING. DO I HAVE A MOTION?

MR. TOCHER: AND THE MEMBERS IN CONFLICT ARE MEMBERS DAHL AND DURON.

MS. CASILLAS: I'LL MOVE.

CHAIRMAN IMBASCIANI: THANK YOU.

VICE CHAIR BONNEVILLE: SECOND.

CHAIRMAN IMBASCIANI: WE HAVE A SECOND. THANK YOU. IS THERE ANY DISCUSSION ON THIS FOURTH AND LAST APPLICATION?

VICE CHAIR BONNEVILLE: ANNE-MARIE.

CHAIRMAN IMBASCIANI: OKAY. WE'LL DO IT ANNE-MARIE FOLLOWED BY PAT AND MARK. SO, ANNE-MARIE, THE FLOOR IS YOURS.

DR. DULIEGE: YES. THANK YOU. IT'S UNUSUAL, AS FAR AS I REMEMBER, FOR THE CIRM TEAM TO RECOMMEND FOR FUNDING AN APPLICATION THAT DIDN'T HAVE SUFFICIENT SCORE AS EVALUATED BY THE GRANTS WORKING GROUP AND HERE THE MEDIAN SCORE IS 80. CAN WE GET SOME EXPLANATION AS TO WHY WE SHOULDN'T ASK THIS TEAM TO RESUBMIT AN APPLICATION LATER WITH TAKING INTO ACCOUNT THE COMMENTS FROM THE GRANTS WORKING GROUP AND PRESENTING A PROPOSAL WITH A

BETTER SCORE RATHER THAN APPROVING THIS ONE HOPING THAT THEY WILL ADDRESS THEIR SCORE, THE QUESTIONS RAISED BY THE GRANTS WORKING GROUP ANYWAY?

CHAIRMAN IMBASCIANI: DR. SAMBRANO, DO YOU WANT TAKE A STAB?

DR. SAMBRANO: YES. THANK YOU, ANNE-MARIE, FOR THE QUESTION. SO WE LOOK AT ALL OF THE APPLICATIONS THAT SCORE AT LEAST AND 80 WITH A LITTLE BIT MORE IN-DEPTH ANALYSIS. AND ONE OF THE THINGS THAT WE IDENTIFIED ABOUT THIS APPLICATION IS THAT OVERALL THE GRANTS WORKING GROUP HAD A VERY POSITIVE REVIEW OF THE APPLICATION. AND THE CONCERNS THAT THEY HAD WERE RELATED TO SOME OF THE GAPS IN THEIR CMC PLAN AND THE LACK OF DETAIL AS IT RELATED TO THE ACCESS AND AFFORDABILITY PLAN.

SO WE FELT THAT THOSE ELEMENTS WERE QUITE READILY ADDRESSABLE. THEY CERTAINLY COULD GO BACK AND REWRITE THE APPLICATION WITH THOSE ELEMENTS IMPROVED. ON THE OTHER HAND, WE ALSO FELT THAT THIS IS JUST SOMETHING THAT WAS NOT ABSOLUTELY NECESSARY. I THINK THE TEAM HAS ALSO, I THINK, IN A LETTER THEY PROVIDED ALREADY ADDRESSED MANY OF THE CMC-RELATED ISSUES. AND AS I MENTIONED THE ACCESS AND AFFORDABILITY ELEMENT, WHICH IS A NEW ELEMENT, IS INTENDED TO BE MORE OF A GUIDANCE TO THE AWARDEE

RATHER THAN IT BEING PUNITIVE.

AND SO FOR THOSE REASONS, ALONG WITH THE FACT THAT THIS APPLICATION DOES REPRESENT A PROGRESSION FROM A CLIN1 AWARD, THAT THIS WOULD BE ADVANCING. SO MEANING WE HAVE EXPERIENCE WITH THIS PARTICULAR APPLICANT AND THEIR EXISTING PROJECT ALREADY AND THE FACT THAT IT IS SOMETHING THAT WOULD FIT WITHIN OUR PORTFOLIO BECAUSE WE DON'T CURRENTLY OTHERWISE HAVE ANYTHING IN THIS WERE FACTORS THAT WENT INTO MAKING THE RECOMMENDATION TO SUPPORT IT.

DR. DULIEGE: THANK YOU. THIS ADDRESSED MY CONCERNS APPROPRIATELY. I APPRECIATE THAT.

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

DR. LEVITT: WELL, GIL, THEY DON'T ADDRESS MY CONCERNS BECAUSE ISSUES AROUND CMC AND AFFORDABILITY AND ACCESSIBILITY ARE NOT TRIVIAL. AND I JUST SORT OF HAVE -- I'M UNCOMFORTABLE WITH -- THE RANGE OF SCORES WAS LOW. THERE'S ONE SCORE ABOVE 85 AS THE HIGH, SCORES IN THE 70S. I DON'T HAVE THE REVIEWS. I CAN'T -- I DON'T HAVE ACCESS TO THE REVIEWS, BUT THERE ARE DECISIONS MADE. WE'VE MADE DECISIONS AS A BOARD WITH INDIVIDUALS WHO HAVE APPLIED WHO HAVE HAD HISTORY WITH CIRM, HAD ISSUES THAT THE GWG POINTS OUT, AND WE'VE BEEN

PRETTY STRAIGHTFORWARD ABOUT ASKING THEM TO COME BACK WITH AN IMPROVED APPLICATION.

AND I THINK THE PRESUMED -- THE CHALLENGES THAT YOU MENTIONED, MANUFACTURING, THAT'S NOT TRIVIAL IN WHAT WE'RE GOING TO BE ASKED TO FUND HERE OR WHAT THE BOARD IS GOING TO BE ASKED TO FUND HERE. SO I'M NOT COMFORTABLE WITH THIS DECISION CONSIDERING THE SCORES AND CONSIDERING THE SPECIFIC AREAS THAT YOU NOTED THE GWG RAISING.

DR. CANET-AVILES: MAY I ADD SOMETHING, GIL OR SCOTT? I DON'T KNOW IF I'M ALLOWED.

DR. SAMBRANO: I THINK VITO IS -- WE SHOULD GO.

DR. CANET-AVILES: SORRY. CAN I?

DR. SAMBRANO: WE'RE NOT HEARING -- I DON'T KNOW IF THEY'RE ON.

MR. TOCHER: MARK. MARK, CAN YOU HEAR US?

MR. FISCHER-COLBRIE: I CAN HEAR YOU.

CHAIRMAN IMBASCIANI: GREAT. THE FLOOR IS YOURS.

MR. FISCHER-COLBRIE: I'M GOING TO LOWER MY HAND BECAUSE THE PRIMARY QUESTION WAS ASKED. AND SO I THINK IT'S IMPORTANT TO GET A FOLLOW-UP RESPONSE. SO THANK YOU.

CHAIRMAN IMBASCIANI: OKAY. KIM BARRETT.

DR. BARRETT: YEAH. THANKS FOR THE OPPORTUNITY. I JUST WANTED TO ADD ONE THING. CERTAINLY I'M ALWAYS QUITE INCLINED TO SUPPORT THE CIRM TEAM IN THEIR DECISION BECAUSE THEY HAVE A VERY BALANCED VIEW OF ALL OF THE FACTORS. BUT IF I UNDERSTOOD THE PROCESS CORRECTLY, THERE WAS THE INTENT TO FORWARD SEVEN APPLICATIONS AFTER THE QUALIFICATION STAGE AND ONE WAS SUBSEQUENTLY REMOVED BECAUSE OF AN ELIGIBILITY CONCERN.

SO FROM AN OVERALL PROCESS STANDPOINT, WHILE I UNDERSTAND THE WORKLOAD IMPLICATIONS, IT'S A BIT PROBLEMATIC TO CHECK ON ELIGIBILITY AFTER THE QUALIFICATION STAGE BECAUSE, AS HAPPENED IN THIS CASE, ONE OF THOSE SEVEN WAS EXCLUDED. BUT THEN IT COULD HAVE BEEN THAT THE NEXT MOST COMPETITIVE APPLICATION FOR THE QUALIFICATION STAGE MIGHT HAVE, IN FACT, BEEN RATED MORE HIGHLY, CERTAINLY THE 19061 AND PERHAPS ANY OF THESE APPLICATIONS.

SO I'M ALSO, WHILE I'M NOT VOTING ON THIS CASE, I'M ALSO CONCERNED ABOUT SUPPORT FOR A PROPOSAL WHERE TEN MEMBERS OF THE GWG VOTED NOT TO SUPPORT THE APPLICATION, A STRONG MAJORITY.

DR. SAMBRANO: MAY I PROVIDE A CLARIFICATION ON THE ELIGIBILITY ISSUE?

CHAIRMAN IMBASCIANI: YES.

DR. SAMBRANO: OKAY. SO THE -- YES, IT'S TRUE THAT WE HAVE, AT LEAST THE WAY I'VE DIAGRAMMED IT, THE ELIGIBILITY OR THE DEEP DIVE INTO ELIGIBILITY AFTERWARDS. THE ISSUE THAT HAPPENED WITH THIS PARTICULAR APPLICATION WAS ONE WHERE IT WAS DEEMED INELIGIBLE VERY, VERY LATE BECAUSE OF AN ACTION THAT THEY TOOK THAT MADE THEM INELIGIBLE. MEANING WHEN THEY STARTED OUT, THEY WERE ACTUALLY ELIGIBLE. AND DURING THE COURSE OF THE PROCESS, AS WE WERE GETTING READY FOR GRANTS WORKING GROUP, THEY ENGAGED IN AN ACTIVITY WHICH ULTIMATELY MADE THEM INELIGIBLE.

SO IT WAS SOMETHING THAT WOULD NOT HAVE REALLY MADE A DIFFERENCE GIVEN HOW THAT ONE OCCURRED. BUT DO UNDERSTAND THAT IN TERMS OF WHAT WE MOVE FORWARD, WE DO WANT TO MAKE SURE THAT OBVIOUSLY IT IS ELIGIBLE. AND SO WE'VE STARTED INCLUDING BACKUP APPLICATIONS SUCH THAT IF SOMETHING DOES DROP OUT AT SOME POINT AND IT'S EARLY ENOUGH, THAT WE HAVE ALWAYS THE SEVENTH APPLICATION AVAILABLE TO MOVE FORWARD.

CHAIRMAN IMBASCIANI: THANKS, GIL.

VICE CHAIR BONNEVILLE: GIL, DO WE HAVE AN OPPORTUNITY TO REVIEW MORE IN A SUBSEQUENT CYCLE IF SOMETHING LIKE THIS HAPPENS? SO IN THE NEXT CYCLE,

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COULD WE TAKE MORE ON AS A CONSEQUENCE OF TAKING FEWER IN THE CYCLE PREVIOUSLY?

DR. SAMBRANO: WELL -- I SEE. SO YOU'RE SAYING IF WE TAKE FEWER FOR SOME REASON IN ONE CYCLE, CAN WE ADD ANOTHER ONE. WE COULD --

VICE CHAIR BONNEVILLE: ANOTHER APPLICATION TO THE NEXT CYCLE. SORRY.

DR. SAMBRANO: RIGHT. IN THE SUBSEQUENT CYCLE, YOU MEAN?

CHAIRMAN IMBASCIANI: YES.

VICE CHAIR BONNEVILLE: YES.

DR. SAMBRANO: RIGHT. SO WE COULD, BUT IT'S NOT NECESSARILY THE SAME COHORT OF APPLICATIONS.

VICE CHAIR BONNEVILLE: I REALIZE THAT. I WASN'T SUGGESTING THAT SAME APPLICATION THE NEXT TIME. I WAS JUST SAYING TO AUGMENT THAT CYCLE GIVEN THERE WERE FEWER THAT WENT THROUGH THE LAST TIME.

DR. SAMBRANO: WE COULD. I WOULD SAY YES IF WE ARE NOT FUNDING ENOUGH. SO THE NUMBER SEVEN IS NOT ANYTHING MAGICAL REALLY. IT'S COMPLETELY BASED ON WHAT WE THINK THE SUCCESS RATE WILL BE. AND SO, AS YOU SEE, IT'S AT LEAST 50 PERCENT OR MORE AND ULTIMATELY WHAT WILL USE UP THE BUDGET. SO WITH THESE FOUR, WE ARE KIND OF ON PAR WITH THE

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UTILIZATION OF THE BUDGET. IF WE FEEL LIKE WE'RE NOT USING ENOUGH BUDGET, THEN THAT'S WHAT WOULD CAUSE US TO INCREASE THE NUMBER FOR SUBSEQUENT CYCLES.

VICE CHAIR BONNEVILLE: I REALIZE THAT. I THINK IT'S MORE A QUESTION OF THERE'S A LOT OF DEMAND AND WE'VE LIMITED AND CHANGED THE PROCESS TO NOT ALLOW AS MANY THROUGH A CYCLE AS WE USED TO IN THE PAST. AND SO, THEREFORE, I THINK, JUST GIVEN THE FACT THAT THERE IS THIS MUCH DEMAND, I'M NOT SURE IT'S THAT BIG OF AN ASK TO CONSIDER IT. SO WE CAN HAVE CONVERSATIONS OFFLINE ABOUT IT AND THEN ADDRESS IT THERE. YES, J.T.?

DR. THOMAS: YES, WE WILL DEFINITELY CONSIDER THAT.

VICE CHAIR BONNEVILLE: THANK YOU.

DR. CANET-AVILES: JUST A REMINDER THAT BEFORE, GIL, WE HAVE CLIN2 AS WELL IN THE PILE, RIGHT. NOW IS ONLY CLIN -- CLIN1 AS WELL IN THE PILE. JUST WANTED TO CLARIFY.

CHAIRMAN IMBASCIANI: ANY OTHER BOARD MEMBERS WANT TO SPEAK TO THIS ITEM? OKAY. MEMBERS OF THE PUBLIC, YES?

MS. MANDAC: YOU HAVE TWO MEMBERS OF THE PUBLIC FOR THIS ITEM. SO I DO SEE BOTH OF YOUR

HANDS RAISED. YOU BOTH HAVE THREE MINUTES. I WILL START WITH TERRY AND THEN MOVE ON TO JOCELYN. TERRY, YOU HAVE THE FLOOR.

MR. PIROVOLAKIS: YEAH. HI. MY NAME IS NAME IS TERRY PIROVALAKIS. MANY OF YOU KNOW ME AS THE CEO OF ELPIDA. AND I JUST WANTED TO THANK EVERYBODY FOR YOUR SUPPORTING US ON OUR CLIN1 AWARD IN TRUSTING US IN ADVANCING THE THERAPY FOR THIS DEVASTATING DISEASE WITH SUCH A SIGNIFICANT UNMET NEED.

DURING OUR CLIN1, WE SUCCESSFULLY COMPLETED ALL THE MILESTONES, COMPLETING TOXICOLOGY, RECEIVING IND APPROVAL, FORMING OR CREATING GMP PLASMID, KICKING OFF THE NATURAL HISTORY, AND INVESTIGATING A SURROGATE FOR MUSCLE FAT FRACTIONING, ALLOWING US TO MOVE THIS PROGRAM FORWARD.

SINCE THEN WE'VE SECURED ADDITIONAL FUNDING BY CURE CMT4J AND CURE CMTRF WHICH ALLOWED US TO MANUFACTURE THE DRUG WHICH HAS BEEN COMPLETED AND WILL BE RELEASED IN FEBRUARY OF THIS YEAR, ALLEVIATING ANY CONCERNS AROUND THE MANUFACTURING OF THE CMC BECAUSE EVERYTHING WAS DONE AT GMP GRADE PRODUCT. IT WAS MADE AT VIROGEN, WHICH IS ONE OF THE TOP MANUFACTURERS IN THE WORLD, AND IT PASSED

ALL OF ITS CRITERIA. SO THERE SHOULD BE NO CONCERNS AROUND THE CMC.

THE CLINICAL TRIAL IS SCHEDULED TO BEGIN IN FEBRUARY AND MARCH, PERFECT TIMING FOR THE RELEASE OF, HOPEFULLY, THIS FUNDING AMOUNT. WE'RE COLLABORATING WITH THE WORLD'S LEADING EXPERTS IN ADVOCACY AND EXPERTS IN THE FIELD. BEING A NONPROFIT, WE HAVE CONVERTED TO A NONPROFIT AND WE INTEND TO PROVIDE THIS DRUG AT COST-PLUS, WHICH SHOULD ALLEVIATE ANY CONCERNS AROUND AFFORDABILITY AND ACCESS. WE HAVE A BLA SUBMITTED FOR SPG50, AND OUR GOAL IS TO PROVIDE THIS DRUG AT THE LOWEST COST POSSIBLE. WE WANT TO MAKE SURE THAT EVERY CHILD IN THE WORLD CAN ACCESS THIS DRUG AT AN AFFORDABLE RATE AND NOT BE DROPPED.

AND FINALLY, I WANT TO APPRECIATE AND THANK THE CIRM BOARD FOR SUPPORTING US AND TRUSTING US IN THIS AMAZING AND INCREDIBLE OPPORTUNITY TO SAVE THESE CHILDREN BECAUSE WE CAN DO SO. THE DRUG IS READY. WE ARE READY TO GO. AND TOGETHER WE CAN AND MAKE AN IMPACTFUL CHANGE IN THESE CHILDREN'S LIVES. SO THANK YOU.

MS. MANDAC: THANK YOU, TERRY. NEXT WE HAVE JOCELYN. JOCELYN, YOU HAVE THE FLOOR.

MS. DUFF: HI THERE. I'M SORRY. I CAN'T

TURN MY VIDEO ON. IT'S BEEN DISABLED BY THE HOST.

MS. MANDAC: THERE SHOULD BE A BUTTON.

MS. DUFF: GOT IT. THANK YOU. BOARD MEMBERS, MEMBERS OF THE PUBLIC, CIRM TEAM, AND STAFF AND MEMBERS OF THE GRANTS WORKING GROUP, MY NAME IS JOCELYN DUFF. I AM FOUNDER AND EXECUTIVE DIRECTOR FOR CURE CMT4J. OUR PRIMARY MISSION IS TO DEVELOP THERAPEUTICS FOR AN ULTRA-RARE DISEASE KNOWN AS CMT4J. MORE IMPORTANTLY, I AM MOM TO OUR YOUNGEST DAUGHTER TALIA WHO WAS DIAGNOSED WITH 4J AFTER A SIX-YEAR MISDIAGNOSIS. I'M HERE TODAY FIGHTING FOR TALIA'S'S LIFE AND FOR THE FAMILIES IN OUR PATIENT COMMUNITY ACROSS THE GLOBE LIVING WITH THIS HORRIFIC DISEASE.

I URGE YOU TO APPROVE OUR CLIN2 APPLICATION, AN AAV GENE THERAPY FOR CMT4J, A FIRST-IN-HUMAN, FIRST-IN-CLASS, AND FIRST EVER TREATMENT FOR CMT4J.

I WANT TO THANK THE CIRM TEAM FOR THEIR FULL SUPPORT OF OUR CLIN2 GRANT PROPOSAL. WE'VE BEEN SO FORTUNATE TO HAVE THE SUPPORT OF A CLIN1 GRANT FOR OUR NATURAL HISTORY STUDY, PROVIDING US WITH INVALUABLE TOOLS FOR OUR CLINICAL TRIAL. CONNECTING THE DOTS FROM CIRM 1 TO CIRM 2, BUILDING A BRIDGE INTO A CLINICAL TRIAL SEEMS AT THE HEART OF

CIRM'S MISSION.

AS A PARENT WHO HAS WITNESSED THE HEARTBREAKING LOSS OF ABILITIES IN HER CHILD WHILE SIMULTANEOUSLY AND DESPERATELY DRIVING THE SCIENCE AND FUNDING FORWARD OVER THE PAST NINE YEARS, I WILL TELL YOU IT IS A PARENT'S WORST NIGHTMARE. I WILL ALSO TELL YOU THAT THE SCIENCE HAS ALWAYS BEEN THERE. THE ONLY MISSING PIECE HAS BEEN THE FUNDING.

I'VE WATCHED THIS MONSTER STEAL TALIA'S ABILITY TO JUMP, DANCE, AND WALK, STEAL HER ABILITY TO USE HER ARMS TO HUG US OR TO FEED HERSELF, STEAL HER ABILITY TO BREATHE ON HER OWN. PLEASE, WE HAVE A TREMENDOUS -- WE HAVE TREMENDOUS POTENTIAL TO STOP THIS DISEASE DEAD IN ITS TRACKS AND POSSIBLY REVERSE SOME OF ITS EFFECTS AS WE SAW IN OUR PRECLINICAL WORK.

WE SHOULD HAVE BEEN IN A CLINICAL TRIAL BACK IN 2020; HOWEVER, A PERFECT STORM OF EVENTS HALTED FORWARD PROGRESS, A GLOBAL PANDEMIC, A COLLAPSED BIOPHARMA ECONOMY, AND THE LOSS OF ANY REMAINING FUNDING FOR ULTRA-RARE DRUG DEVELOPMENT IN THE WAKE OF THE LOSS OF THE PRV. WE HAVE BEEN PICKING UP THE PIECES FOR THE LAST FIVE YEARS, AND OUR MOMENT IS NOW.

TWO OF OUR PATIENTS, GAVAN AND DANNY,

ACTUALLY LIVE WITHIN AN HOUR OF CIRM HEADQUARTERS, ONE SOUTH OF THE BAY AREA, THE OTHER NORTH. IF WE COULD GET A GENE THERAPY TO THEM SOON, WE COULD KEEP THEM OUT OF A WHEELCHAIR AND BREATHING ON THEIR OWN. FAMILIES AROUND THE WORLD COULD BE SPARED FROM THE PROFOUND DISABILITIES OR DEATH (INTERFERENCE). THIS IS NOT ONE DISEASE OR EVEN ONE GENE. WHAT MAKES OUR PROGRAM TRULY EXTRAORDINARY IS ITS REACH. OUR PLATFORM COULD BE USED BY MANY OF THE MORE THAN 100 SUBTYPES OF CMT DISEASES. IT IS ALSO TRANSLATABLE TO OTHER LOSS-OF-FUNCTION DISORDERS CAUSED BY OUR GENE.

MS. MANDAC: JOCELYN, YOUR TIME IS UP. VITO, THAT IS IT FOR MEMBERS OF THE PUBLIC.

CHAIRMAN IMBASCIANI: OKAY. THANK YOU, MS. DUFF, FOR YOUR COMMENTS AND TERRY ALSO. IF THERE ARE NO OTHER COMMENTS FROM BOARD MEMBERS, WE CAN PROCEED TO A VOTE ON THIS FINAL APPLICATION.

MR. TOCHER: AND THE MOTION ON THE TABLE IS TO FUND APPLICATION 19061.

MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: NO.

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: I THINK I'M GOING TO SAY NO.

MR. TOCHER: JUDY CHOU.
DR. CHOU: NO.
MR. TOCHER: LEONDRA CLARK-HARVEY.
DR. CLARK-HARVEY: YES.
MR. TOCHER: ANNE-MARIE DULIEGE.
DR. DULIEGE: NO.
MR. TOCHER: MARK FISCHER-COLBRIE.
MR. FISCHER-COLBRIE: AYE.
MR. TOCHER: ELENA FLOWERS.
DR. FLOWERS: NO.
MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: MARV SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: KAROL WATSON.
DR. WATSON: YES.
MR. TOCHER: YAEL WYTE.
MS. WYTE: YES.
MR. TOCHER: KEVIN XU.

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DR. XU: NO.

MR. TOCHER: AND THAT MOTION CARRIES BY A VOTE OF EIGHT AYES TO SEVEN NOS.

CHAIRMAN IMBASCIANI: OKAY. ALL RIGHT. THANK YOU, SCOTT. I APPRECIATE THAT. THE VOTING TOOK LONGER THAN SOME OF THE DISCUSSIONS THIS TIME.

SO BECAUSE I'M LOOKING AT THE CALENDAR, WE'VE REACHED THE POINT IN THE MEETING WHERE I JUGGLE THINGS AROUND. IT'S ABOUT TO BE REJUGGLED.

MR. TOCHER: WELL, ACTUALLY I THINK FOR PLANNING PURPOSES, BOARD MEMBERS, WE WILL TAKE THE NEXT ITEM IN SEQUENCE WHICH IS AGENDA ITEM 10, AND THEN YOU CAN PLAN TO TAKE UP TO A 30-MINUTE LUNCH BREAK AT THE CONCLUSION OF THIS PRESENTATION.

CHAIRMAN IMBASCIANI: THAT'S GREAT. THANK YOU, SCOTT. AGENDA ITEM NO. 10 IS OUR EDUCATION 8 CONCEPT PLAN. IT WILL BE PRESENTED BY DR. DAISY XIN, WHO IS OUR SCIENCE OFFICER IN THE DISCOVERY AND EDUCATION DEPARTMENT. DAISY, FLOOR IS YOURS.

MS. XIN: THANK YOU, CHAIR IMBASCIANI. HI, EVERYONE. I WILL BE SHARING WITH YOU THE EDUC8 AND EDUC3 CONCEPTS TODAY. JUST AS A QUICK REMINDER, THE SAF GOAL 6 RECOMMENDATION IS THAT WE WILL DEVELOP CIRM'S WORKFORCE DEVELOPMENT PROGRAM TO ADDRESS GAPS AND MEET EVOLVING DEMANDS IN

REGENERATIVE MEDICINE. TO DO THIS, WE'LL BE PROVIDING HIGH DEMAND TECHNICAL TRAINING VIA OUR BRIDGES AND COMPASS PROGRAM UPDATES, DEVELOP PROGRAMMING TO SUPPORT OUTREACH EDUCATION EFFORTS FOR K THROUGH 12, TEACHERS, AND COMMUNITY MEMBERS VIA COLLABORATIONS WITH THE STAKEHOLDERS.

TO START, I WILL BE SHARING THE EDUC8 CONCEPT FIRST. YOU CAN EXPECT A BRIEF BACKGROUND WITH THE OVERVIEW OF OUR MISSION AND EDUC PROGRAMS FOCUSING ON BRIDGES AND COMPASS SPECIFICALLY AND OUR RATIONALE FOR THE REVIEW PROCESS. I WILL SHARE A LITTLE BIT MORE DETAIL ABOUT THE EDUC8 PROGRAM FOLLOWED BY A TIMELINE OF PROGRAM ROLLOUT, A SUMMARY, AND A REQUEST FOR A MOTION.

AS ALWAYS, OUR MISSION IS ACCELERATING WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND WORLD. AND REALLY KEY TO THIS MISSION IS OUR EDUCATION AND WORKFORCE DEVELOPMENT WHERE IT REPRESENTS CIRM'S INVESTMENT INTO CALIFORNIA AND THE TRAINING THAT TRAINEES ARE EXPERIENCING THROUGH THESE PROGRAMS. AND ON TOP OF THIS WORKFORCE DEVELOPMENT ARE OUR INFRASTRUCTURE PROGRAMS THAT ENHANCE DISCOVERY AND RESEARCH AND DEVELOPMENT WHICH REALLY ARE PRODUCING

THE DISCOVERIES THAT BRING THE CURES AND TREATMENTS TO PATIENTS IN CALIFORNIA.

NOW, KEY TO THIS PYRAMID AND FOUNDATION ONTO THIS ARE THE EXPERTS WHO ARE A PART OF THE WORKFORCE, WHO ARE THE ONES MANAGING -- PRODUCING THE EXPERIMENTS, MANAGING THE DATA, AND REALLY TAKING CARE OF THE PATIENTS. AND THIS IS WHERE CIRM'S EDUC PROGRAMS REALLY BRING VALUE WHERE WE ARE TRAINING TRAINEES TO APPLY THEIR EXPERIENCE THROUGH THESE PROGRAMS TO TACKLE FUTURE CHALLENGES, REALLY BRINGING THEIR NEW PERSPECTIVES TO DRIVE SCIENTIFIC INNOVATION AND CONTRIBUTE VALUABLE PERSPECTIVES THAT THEY BROUGHT FROM THEIR COMMUNITIES AND ALSO IN GIVING BACK TO THEIR COMMUNITIES AS WELL.

ONE OF THE HIGHLIGHTS OF OUR EDUCATION PROGRAMS IS THAT WE ENCOURAGE TRAINEES TO PARTICIPATE IN PATIENT ENGAGEMENT, IN HEALTHCARE, AND ALSO IN COMMUNITY OUTREACH ACTIVITIES. IN MANY WAYS THEY'RE GIVING BACK TO THEIR COMMUNITIES THROUGH THIS SET OF TRAINING IN A VERY HOLISTIC WAY.

AND SO ONE OF THE QUOTES THAT WE HAVE FROM ONE OF OUR RECENT BLOG POSTS ON OUR BLOG THE "STEM CELLAR" I THINK REALLY SPEAKS TO THIS IN THAT EDUCATION PROGRAMS ARE BUILDING THE BIOTECHNOLOGY WORKFORCE THAT'S NEEDED TO GENERATE NEW CURES.

NOW, CIRM'S CURRENT PORTFOLIO OF TRAINING PROGRAMS SPAN A RANGE OF TRAINING LEVELS FROM HIGH SCHOOL ALL THE WAY TO GRADUATE LEVEL AND POSTDOCTORAL FELLOWS. AT THE BOTTOM OF THE SLIDE HERE, YOU WILL SEE SPARK, WHICH IS OUR PROGRAM THAT OFFERS SUMMER RESEARCH INTERNSHIP EXPERIENCES TO HIGH SCHOOL STUDENTS. THERE ARE CURRENTLY 11 ACTIVE PROGRAMS, AND WE'VE TRAINED OVER 950 STUDENTS SINCE 2012.

WE ALSO HAVE OUR COMPASS PROGRAM, WHICH IS OUR NEWEST PROGRAM SINCE 2023. WE'VE TRAINED OVER 300 STUDENTS, AND THERE ARE 16 ACTIVE PROGRAMS RIGHT NOW. 54 PERCENT OF COMPASS STUDENTS ARE FIRST-GENERATION COLLEGE STUDENTS. AND COMPASS IN PARTICULAR FOCUSES ON RECRUITING TRAINEES WHO ARE INTERESTED IN CAREERS ABOUT THE BIOLOGY IN THE REGENERATIVE MEDICINE SPACE, BUT POTENTIALLY DID NOT HAVE THE OPPORTUNITIES OR RESOURCES TO REALLY EXPLORE THE CAREERS IN THIS FIELD. AND SO IT'S PROVIDING THEM A GREAT OPPORTUNITY TO GET INTO THE CAREERS HERE.

WE ALSO HAVE OUR BRIDGES PROGRAM, WHICH IS ONE OF OUR LONGEST RUNNING PROGRAMS SINCE 2009. WE'VE TRAINED OVER 2,000 STUDENTS HERE. THESE ARE ACTIVE -- THERE'S ABOUT 15 PROGRAMS SPREAD ACROSS

DIFFERING CAL STATE UNIVERSITIES AND COMMUNITY COLLEGES IN CALIFORNIA. AND ABOUT 47 PERCENT OF THEM ARE FIRST-GENERATION COLLEGE STUDENTS.

THE BRIDGES PROGRAM FOCUSES ON RECRUITING TRAINEES WHO ARE MORE COMMITTED TO THE REGENERATIVE MEDICINE SPACE AND ARE READY TO JUMP STRAIGHT INTO THEIR CAREERS UPON GRADUATION THROUGH GAINING INTERNSHIP EXPERIENCE THROUGH BRIDGES. AND THESE ARE TYPICALLY STUDENTS WHO ARE A PART OF AN ASSOCIATE'S DEGREE PROGRAM OR BACHELOR'S AND MASTER'S PROGRAMS.

FINALLY, WE ALSO HAVE OUR EDUC4 PROGRAM, NICKNAMED SCHOLARS. THERE ARE 18 ACTIVE PROGRAMS HERE, AND WE'VE TRAINED OVER 1300 STUDENTS SINCE 2007. THIS PROGRAM SUPPORTS GRADUATE STUDENTS, POSTDOCTORAL FELLOWS, AND CLINICAL FELLOWS.

NOW, THE GOAL OF ALL OF OUR TRAINING PROGRAMS REALLY IS TO BUILD A SKILLED WORKFORCE AND MEETING EVOLVING DEMANDS IN REGENERATIVE MEDICINE.

SO TODAY I'LL BE FOCUSING ON BRIDGES AND COMPASS IN PARTICULAR. AND THERE ARE QUITE A FEW INSTITUTIONS THAT SUPPORT THESE PROGRAMS ACROSS CALIFORNIA. IN PARTICULAR, THERE ARE SIX INSTITUTIONS THAT SUPPORT BOTH BRIDGES AND COMPASS PROGRAMS. WE SEE THAT THE MAJORITY OF OUR TRAINEES

FROM THESE PROGRAMS REMAIN IN STEM FIELDS. RIGHT HERE I'M SHOWING BRIDGES' SPECIFIC ALUMNI OUTCOMES BECAUSE COMPASS IS STILL A RELATIVELY NEW PROGRAM AND WE'RE STILL GATHERING ALUMNI DATA AS STUDENTS ARE FINISHING UP THEIR PROGRAM.

IN BRIDGES WE SEE THAT 83 PERCENT OF STUDENTS REMAIN IN STEM. ABOUT 37 PERCENT OF THEM GO ON TO ACADEMIC RESEARCH IN SOME CAPACITY, AND 31 PERCENT OF THEM GO INTO THE BIOTECH INDUSTRY. ABOUT 24 PERCENT GO ON TO HIGHER EDUCATION. IN ADDITION, TRAINEES ARE VERY MUCH A PART OF THIS WORKFORCE DEVELOPMENT NETWORK, AND WE'VE SEEN THAT OVER 90 INTERNSHIP HOST SITES AND LABS HAVE BEEN INVOLVED IN MENTORING AND GUIDING OUR TRAINEES THROUGH THEIR INTERNSHIP EXPERIENCES. ABOUT 49 OF THESE ARE BIOTECH INDUSTRY HOSTS. AND ALTOGETHER WE HAVE HAD OVER 800 MENTORS BE A PART OF GUIDING AND SUPPORTING OUR TRAINEES OVER THE YEARS.

IN ADDITION, WE DO SEE THAT TRAINEES, BESIDES DOING THEIR COURSEWORK AND PARTICIPATING IN THE ACTIVITIES OF THESE PROGRAMS, THEY'RE ALSO VERY MUCH INNOVATING AND EXPANDING SCIENTIFIC KNOWLEDGE AS PART OF THEIR INTERNSHIPS AND ALL ALONG THE ENTIRE PIPELINE FROM DISCOVERY TO CLINICAL.

WE OFTEN HEAR REALLY GREAT STORIES FROM

MENTORS ABOUT THEIR EXPERIENCE HOSTING TRAINEES, AND THIS IS JUST A COUPLE OF QUOTES. ONE FROM KATHY IVEY WHO'S A VP AT TENAYA, AND SHE HERSELF IS A CIRM SCHOLAR ALUM, SHARING WITH US THAT A TRAINEE HELPED SEED THEIR HISTOLOGY CORE AND GET IT OFF THE GROUND. WE'VE ALSO HEARD FROM OTHER PI'S LIKE KAREN ABOODY WHO IS A PI AT COH, CITY OF HOPE, THAT TRAINEES HAVE IMPACTED THE DESIGN OF THEIR CLINICAL PROTOCOL IN PROGRESS FOR IND SUBMISSION. SO REALLY TRAINEES ARE VERY MUCH A PART OF THE FIELD DURING THEIR INTERNSHIPS AND HELPING INNOVATE AND EXPAND KNOWLEDGE THROUGHOUT THEIR EXPERIENCE.

NOW, ALTOGETHER WE'VE SEEN FROM BRIDGES AND COMPASS THAT THERE HAVE BEEN OVER ON 500 PUBLICATIONS IN PEER-REVIEWED JOURNALS THAT HAVE BEEN ENABLED THROUGH THESE TRAINING PROGRAMS. AND THIS IS SOMETHING THAT PROGRAM DIRECTORS REPORT TO CIRM THROUGH ANNUAL PROGRESS REPORTS.

ALL RIGHT. SO AS YOU CAN SEE, THE BRIDGES AND COMPASS PROGRAMS HAVE HAD GREAT IMPACTS AND CONTINUING THEM IS ESSENTIAL TO CIRM'S MISSION. THE CURRENT GRANTS ARE EXPIRING SOON FOR BRIDGES IN THE FALL OF 2026 AND COMPASS A YEAR AFTER THAT. WE ARE PROPOSING TO RELAUNCH THESE PROGRAMS WITH SOME UPDATES TO PRESERVE PROGRAM CONTINUITY FOR EXISTING

SUCCESSFUL PROGRAMS TO KEEP TRAINING THESE STUDENTS IN RESPONSE TO ALSO FUNDING CHALLENGES THAT I'M SURE EVERYONE KNOWS ABOUT TODAY. AND ALSO BASED ON OUR EXPERIENCE MANAGING THESE PROGRAMS FOR OVER 15 YEARS, WE'D LIKE TO IMPLEMENT SOME IMPROVEMENTS IN THAT AREA.

SOME OF THE KEY INSIGHTS THAT WE'VE GAINED FROM MANAGING THESE PROGRAMS FOR SO MANY YEARS INCLUDE THAT THERE IS AN EVER EVOLVING DEMAND OF THE FIELD. AND TO THIS END, WE'LL BE EXPANDING THE ARRAY OF INTERNSHIP OPPORTUNITIES THAT ARE AVAILABLE AS WELL AS ENCOURAGING THE DEVELOPMENT OF HYBRID AND MULTIDISCIPLINARY SKILLSETS.

ADDITIONALLY, THERE ARE OPPORTUNITIES TO INCREASE SOME EFFICIENCIES FOR EXISTING PROGRAMS TO INTEGRATE WITH OTHER PROGRAMS SUCH AS CIRM'S INFRASTRUCTURE AND SCIENTIFIC PROGRAMS.

AND FINALLY, WE'VE GOTTEN A LOT OF FEEDBACK FROM AWARDEES OVER THE YEARS WHERE WE HAVE LEARNED THAT THERE ARE MANY WAYS THAT WE CAN MAINTAIN CURRENT PROGRAMS, BUT ALSO LEVERAGE SYNERGIES BETWEEN THEM. THERE ARE WAYS WE CAN IMPLEMENT SOME ADDITIONAL FLEXIBILITIES, AS WELL AS SIMPLIFY ADMINISTRATIVE BURDENS FOR BOTH THE AWARDEE INSTITUTION AND CIRM'S INTERNAL MANAGEMENT OF THESE

PROGRAMS.

AND SO WITH ALL OF THIS, I'D LIKE TO JUST INTRODUCE THE EDUC8 CONCEPT. IT REALLY IS AN UMBRELLA MECHANISM THAT IS MEANT TO SUPPORT, UPDATE, AND IMPROVE ON THE BRIDGES AND COMPASS PROGRAMS. EDUC8 OFFERS THREE DIFFERENT PATHS: COMPASS, BRIDGES, AND A DUAL PATH OPTION WHICH I WILL GO INTO MORE DETAIL IN A COUPLE MORE SLIDES. AND THIS IS MEANT TO BE ABLE TO UPDATE THE EXISTING PROGRAMS AND HELP THOSE WHO ARE INTERESTED IN EXTENDING THEIR PROGRAM AS WELL AS INVITE AN OPPORTUNITY FOR NEW APPLICANTS TO COME IN WITH MORE REPRESENTATION OF DIFFERENT INSTITUTIONS ACROSS CALIFORNIA.

THE EDUC8 OBJECTIVE IS TO PREPARE UNDERGRADUATE THROUGH MASTER'S LEVEL STUDENTS FOR CAREERS IN REGENERATIVE MEDICINE BY IDENTIFYING AND SUPPORTING UNTAPPED TALENT AND DEVELOPING WELL-TRAINED, ADAPTABLE, AND COMMITTED PROFESSIONALS FOR THE REGENERATIVE MEDICINE WORKFORCE.

THE APPROACH THAT EDUC8 IS TAKING IS SIMILAR TO OUR EXISTING PROGRAMS. THERE MUST BE AN INTEGRATION INTO AN INSTITUTION'S SPECIFIC DEGREE OR CERTIFICATE PROGRAM. THROUGH THIS TRAINEES WILL BE GOING THROUGH A STRUCTURED MENTORSHIP, PROFESSIONAL DEVELOPMENT IN THE FORM OF TAKING SPECIFIC

COURSEWORK, GETTING MENTORING AND PROFESSIONAL DEVELOPMENT GUIDANCE, AND, OF COURSE, ON TOP OF THAT GAINING HANDS-ON EXPERIENCE THROUGH PAID INTERNSHIPS, PARTICIPATING IN PATIENT ENGAGEMENT AND COMMUNITY OUTREACH ACTIVITIES, AND ATTENDING A CIRM-RELEVANT CONFERENCE.

NOW, THE HIGH LEVEL GOALS HERE, WE WANT TO CONTINUE TO PROMOTE EXPLORATION AND EXPAND ACCESS TO CAREERS IN REGENERATIVE MEDICINE FOR TRAINEES WHO ARE STILL EXPLORING THE VARIOUS OPPORTUNITIES IN THIS FIELD AS WELL AS TO PROMOTE AN EFFICIENT TRANSITION INTO CAREERS FOR TRAINEES WHO ARE READY TO GAIN SOME EXPERIENCE AND JUMP-START THEIR CAREERS IN REGENERATIVE MEDICINE.

WHAT WE ARE KEEPING WITH EDUC8, THESE ARE SOME REQUIRED ELEMENTS AND ACTIVITIES THAT HAVE WORKED REALLY WELL. UNDER TRAINEE ACTIVITIES, WE WILL CONTINUE TO REQUIRE PATIENT AND HEALTHCARE ENGAGEMENT. WE WILL BE CONTINUING TO DO COMMUNITY OUTREACH AND EDUCATION, AND NOW WE WILL BE INCLUDING A REQUIRED SCIENCE COMMUNICATION TO THE PUBLIC CONTENT COURSEWORK OF SOME KIND, MENTORING, AND PROFESSIONAL DEVELOPMENT, AS WELL AS A REQUIRED ATTENDANCE AT A CIRM TRAINEE CONFERENCE.

ADMINISTRATIVE SIDE, WE WILL STILL BE

REQUIRING INNOVATIVE AND STRATEGIC TRAINEE RECRUITMENT PLANS TARGETED AT SPECIFIC TRAINEE LEVELS, ALUMNI TRACKING AND ENGAGEMENT, MENTOR TRAINING, AND BEST PRACTICES IN THIS AREA, AS WELL AS REQUIRE KNOWLEDGE AND RESOURCE SHARING BETWEEN PROGRAMS AS WELL AS WITH CIRM.

SOME OF THE ELEMENTS THAT WE ARE ADDING. WE WILL BE EXPANDING THE SCOPE OF INTERNSHIP TYPES THAT ARE AVAILABLE. SO SOME EXAMPLES HERE, CERTAINLY NOT COMPREHENSIVE, WILL BE SKILLS IN PROJECT MANAGEMENT, REGULATORY, AND PROCESS DEVELOPMENT, MANUFACTURING, DATA SCIENCE, AND COMPUTATIONAL BIOLOGY.

WE WILL BE INSTALLING KEY SKILLSETS AND COMPETENCIES. SOME EXAMPLES HERE ARE IN TIME MANAGEMENT, RESEARCH ETHICS, DATA SHARING, AND, AS I MENTIONED, PUBLIC SCIENTIFIC COMMUNICATION, ACTUALLY SPEAKING TO THE CONVERSATIONS WE'VE BEEN HAVING TODAY ABOUT REBUILDING TRUST IN THE COMMUNITY, BETWEEN SCIENTIFIC COMMUNITY AND THE PUBLIC. I THINK CONTENT LIKE THIS WILL BE VERY USEFUL FOR TRAINEES AS THEY'RE BECOMING EXPERTS IN THEIR OWN FIELDS.

WE'LL ALSO BE LEVERAGING INTERPROGRAM EFFICIENCIES. THESE ARE SOME EXAMPLES OF HAVING

JOINT ACTIVITIES FOR EARLY AND LATE STAGE TRAINEES WHO REALLY COLLABORATE AND LEARN FROM EACH OTHER AS WELL AS COLLABORATION OPPORTUNITIES WITHIN INFR STRUCTURE PROGRAMS SUCH AS THE ALPHA CLINICS AND COMMUNITY CARE CENTERS OF EXCELLENCE. WE WILL BE BUILDING ADMINISTRATIVE EFFICIENCIES AND FLEXIBILITIES HERE UNDER ONE EDUC8 MECHANISM. THERE WILL BE UNIFIED GUIDANCE, FASTER PROGRAM EXECUTION, AS WELL AS LOWER ADMINISTRATIVE BURDEN FOR BOTH THE AWARDEE AS WELL AS CIRM.

ALL RIGHT. SO THE OVERVIEW OF THE EDUC8 STRUCTURE, IT IS REALLY MEANT TO ENABLE CONTINUED SUPPORT FOR BRIDGES AND COMPASS PROGRAMS BUT WITH AN ADDED OPPORTUNITY TO CREATE A POTENTIALLY FLEXIBLE -- A FLEXIBLE AND POTENTIALLY ACCELERATED PATH FOR TRAINEES FOR INSTITUTIONS. SO AN APPLICANT INSTITUTION MIGHT CONSIDER THINGS LIKE THE TRAINEE TARGET. AND THIS WOULD BE EDUCATION LEVEL AND TRAINING NEEDS OF THE TRAINEES AS WELL AS CONSIDERING THE AVAILABLE RESOURCES AND ASSETS THAT THAT INSTITUTION HAS TO OFFER.

AND SO THERE ARE THREE PATHS THAT ARE SUPPORTED UNDER EDUC8: COMPASS, BRIDGES, AND A DUAL PATH OPTION. AND I WILL SHARE WHAT THAT LOOKS LIKE NOW. SO COMPASS WILL CONTINUE TO SUPPORT EARLY

STAGE, UNTAPPED TALENT. SO THESE REALLY ARE STUDENTS WHO ARE CURIOUS ABOUT THE FIELD, BUT MAYBE DIDN'T HAVE THE RESOURCES OR OPPORTUNITIES TO GET THESE TRAINING EXPERIENCES. THESE ARE TYPICALLY SHORTER, TWO TO THREE MONTHS, SUMMER INTERNSHIPS OVER MULTIPLE YEAR APPOINTMENTS. AND APPLICANT INSTITUTIONS ARE THOSE WITH BACHELOR'S PROGRAMS.

THE BRIDGES PATH WILL CONTINUE TO SUPPORT LATE STAGE CAREER-READY TRAINEES. SO THESE ARE TRAINEES WHO ARE READY TO GAIN SOME EXPERIENCE FROM AN INTERNSHIP AND JUMP STRAIGHT INTO THEIR CAREERS UPON GRADUATION. THESE ARE TYPICALLY 6- TO 12-MONTH INTERNSHIPS, AND APPLICANT INSTITUTIONS WILL BE THOSE WITHOUT A CIRM MAJOR FACILITY OR REGENERATIVE MEDICINE RESEARCH INFRASTRUCTURE.

THE DUAL PATH OPTION WILL SUPPORT BOTH COMPASS AND BRIDGES-TYPE TRAINEES, AND THERE'S SOME POTENTIAL HERE FOR PROGRAMS TO FIND COMMONALITIES BETWEEN THE TWO TRAINEE TYPES AND TRAINING ACTIVITIES FOR AREAS OF SYNERGIES AND EFFICIENCIES. AND THERE'S ALSO A POTENTIAL FOR TRAINEES TO TRANSITION FROM A COMPASS-TYPE TRAINING INTO A BRIDGES-TYPE TRAINING UNDER ONE MECHANISM. AND, OF COURSE, THE SPECIFICS WILL DEPEND ON THE APPLICANT PROPOSAL.

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THE MAXIMUM AWARD BUDGET DIFFERS BY CHOSEN PATH. SO HERE YOU'RE LOOKING AT THE TOTAL AWARD COSTS OF THE GRANT OVER FIVE YEARS. FOR BRIDGES AND COMPASS A MAXIMUM OF TEN TRAINEES PER YEAR, AND DUAL PATH IS BASED ON A MAXIMUM OF 20 TRAINEES PER YEAR, ABOUT TEN OF EACH PATH.

AND SO IN LOOKING AT THE DIRECT COSTS FOR THE BRIDGES PATH, IT'S ABOUT 4.2 MILLION, COMPASS ABOUT JUST UNDER 3 MILLION, AND DUAL PATH ABOUT 6.4 MILLION. WITH OVERHEAD, THE TOTAL AWARD AMOUNT COMES OUT TO 4.6 MILLION FOR BRIDGES, ABOUT 3.2 FOR COMPASS, AND THEN DUAL PATH JUST UNDER 7 MILLION.

THE PER TRAINEE INVESTMENT PER YEAR BASED ON A MAX OF TEN TRAINEES FOR BRIDGES PATH IS 91,000, FOR COMPASS ABOUT 64,000, AND THE DUAL PATH WILL VARY BY THE PROPOSAL DEPENDING ON HOW MANY TRAINEES ARE -- HOW MANY SLOTS ARE BEING PROPOSED, AND THAT WILL FALL SOMEWHERE WITHIN THE RANGE BETWEEN COMPASS AND BRIDGES. AND ALL OF THESE BUDGETARY NUMBERS ARE BASED ON AN ANALYSIS DONE BY OUR GRANTS MANAGEMENT TEAM OF TRUE CATEGORICAL EXPENDITURE GROWTH, A CUMULATIVE CPI PERCENT INCREASE. SINCE 2021 THERE IS THE 20-PERCENT INCREASE FOR THE EDUC8 BUDGET COMPARED TO THE CURRENT AWARDS.

THE INSTITUTION AND TEAM ELIGIBILITY LOOKS

LIKE THIS. FOR THE BRIDGES PATH, ELIGIBLE INSTITUTIONS ARE TYPICALLY CAL STATE UNIVERSITIES AND COMMUNITY COLLEGES THAT HAVE AN ACCREDITED CERTIFICATE, UNDERGRADUATE, OR MASTER'S PROGRAMS IN A BIOLOGY-RELEVANT DISCIPLINE. FOR COMPASS PATH, CALIFORNIA ACADEMIC INSTITUTIONS WITH AN ACCREDITED BACHELOR'S DEGREE PROGRAM IN A BIOLOGY-RELEVANT DISCIPLINE.

WE ARE REQUIRING THAT THE PROGRAM DIRECTOR MUST COMMIT AT LEAST 5 PERCENT EFFORT. THE EXPERTISE REQUIRED IS IN OUTREACH AND RECRUITMENT AS WELL AS MENTORSHIP. FOR DUAL PATH PROGRAMS, WE ARE REQUIRING A CO-DIRECTOR AS WELL WHO WILL COMMIT AT LEAST 5 PERCENT EFFORT IN ORDER TO ENSURE THAT BOTH ELEMENTS OF BOTH PATHS CAN BE CARRIED OUT EFFICIENTLY. IN TERMS OF APPLICATIONS, APPLICANTS CAN APPLY FOR ONE EDUC8 AWARD PER CYCLE.

WE ARE PROPOSING TO OFFER TWO CYCLES OF EDUC8, AND THIS WILL CAPTURE SOME UPDATES AND IMPROVEMENTS FOR EXISTING PROGRAMS, ESPECIALLY AS BRIDGES WILL BE EXPIRING IN 2026 AND COMPASS IN 2027. THIS WILL ALSO PROVIDE A LONG RUNWAY FOR NEW APPLICANT PROGRAM DEVELOPMENT TO COME IN AND THE POSSIBILITY OF RESUBMISSION FOR ANY PROGRAMS THAT MIGHT NEED IMPROVEMENT.

ONE EXAMPLE TIMELINE OF CYCLE ONE IS PENDING ICOC APPROVAL TODAY. APPLICATIONS WILL BE AVAILABLE EARLY MARCH AND DUE IN EARLY APRIL. THEY'LL GO TO THE GWG FOR REVIEW, AND AWARD CONTRACTING WILL BEGIN IN FALL OF 2026.

ALL RIGHT. TO SUMMARIZE, WE ARE PROPOSING THE EDUC8 UMBRELLA MECHANISM WHICH WILL SUPPORT THE COMPASS-TYPE PATH, A BRIDGES-TYPE PATH, OR A DUAL PATH TRAINING PROGRAM. THE RECURRENCE WILL BE ANNUAL FOR TWO CYCLES IN 2026 AND 27. THE MAX DURATION OF THE AWARD IS FIVE YEARS, AND APPLICANTS ARE CALIFORNIA UNDERGRADUATE AND MASTER'S INSTITUTIONS. WE'RE REQUIRING LEADERSHIP AND EXPERTISE IN THE FORM OF A PROGRAM DIRECTOR AND A CO-DIRECTOR FOR DUAL PATHS AND EXPERTISE IN MENTORSHIP AND OUTREACH AS WELL. THE MAX AWARD TOTAL COST FOR BRIDGES PATH IS UP TO 4.6 MILLION, FOR COMPASS UP TO 3.2, AND A DUAL PATH UP TO 6.9 MILLION. THE NUMBER OF AWARDS PER YEAR WILL BE 15 TO 18 AWARDS PER CYCLE. WE'RE ANTICIPATING ABOUT 1500 TO 2500 TRAINEES TO GO THROUGH THESE PROGRAMS, AND OUR MAX PROJECTION IS 99 MILLION PER CYCLE.

SO WITH THAT, CIRM WOULD LIKE TO REQUEST ICOC APPROVAL OF THE PROPOSED EDUC8 TRAINING PROGRAM WITH AN ALLOCATION OF 198 MILLION TO SUPPORT UP TO

36 AWARDS OVER TWO FUNDING CYCLES, 99 MILLION PER CYCLE WHERE UNSPENT FUNDS FROM CYCLE ONE WILL ROLL OVER TO CYCLE TWO, ABOUT 1500 TO 2500 TRAINEES TO GRADUATE FROM THESE PROGRAMS, AND ABOUT 3.2 MILLION TO 6.9 MILLION PER INDIVIDUAL AWARD.

CHAIRMAN IMBASCIANI: THAT'S IT, DAISY?

MS. XIN: THAT IS IT FOR EDUC8.

CHAIRMAN IMBASCIANI: FOR EDUC8. THANK YOU. THANK YOU SO MUCH. THAT WAS A REALLY VERY FINE PRESENTATION, VERY NICELY DONE.

SO WE HAVE BEFORE US THE CONCEPT OF EDUCATION 8. I'D LIKE TO HAVE A MOTION ON THE FLOOR TO HAVE A DISCUSSION ON THIS.

DR. BARRETT: I'D MOVE APPROVAL.

CHAIRMAN IMBASCIANI: HOLD ON. LET'S GET THE MOTION GOING. KIM BARRETT MOVED. THANK YOU. DO I HAVE A SECOND?

DR. SOUTHARD: SOUTHARD SECONDS.

CHAIRMAN IMBASCIANI: THANK YOU, EVERYONE. WE HAVE ONE QUESTION HERE IN THE ROOM TO START WITH. YSABEL.

MS. DURON: DAISY, AND CONGRATS ON YOU ON THESE PROGRAMS BECAUSE YOU KNOW I LOVE THESE. BUT I'VE ASKED THE SAME QUESTION OVER AND OVER AND OVER AGAIN. WHAT IS THE DEMOGRAPHIC BREAKDOWN OF THESE

PARTICIPANT STUDENTS? WE DO HAVE DIVERSE -- WE SHOULD HAVE DIVERSE REPRESENTATION ACROSS THE STATE. SO IF THEY'RE IN CONCENTRATIONS BUT NOT COMING OUT OF OTHER PERHAPS UNDERREPRESENTED COMMUNITIES OR COUNTIES, WE REALLY NEED TO MAKE SURE WE GIVE THOSE OPPORTUNITIES THERE.

THE SECOND THING IS WHEN YOU ADD UP OUR RACIAL AND ETHNIC DIVERSITY, IT IS THE MINORITY MAJORITY IN THIS STATE. SO IT DEFINITELY NEEDS TO GET ITS SHARE OF THE TAXPAYER BENEFITS. RIGHT? SO WITHOUT THE DEMOGRAPHIC DATA, I CAN'T TELL IF, IN FACT, WE'RE REACHING EQUITY OR EQUAL REPRESENTATION OR OPPORTUNITIES FOR OUR CURRENT AND FUTURE SCIENTISTS IN THE SCHOOLS RIGHT NOW BECAUSE THEY'RE NOT JUST WORKING NOW ON FUTURE. THEY'RE WORKING ON CURRENT PROJECTS. LOOKING FOR THE WANNA BE, THE ONE WHO FINDS THAT CURE.

ALSO, I THINK THAT ONE OF THE THINGS THAT I'M CONCERNED ABOUT IS THAT WITHOUT REPRESENTATION, THERE ARE SOMETIMES DISEASES THAT GO UNRESEARCHED OR UNDERRESEARCHED IN SOME OF THESE RACIAL/ETHNIC COMMUNITIES. SOMETIMES IT'S THE STUDENT -- THE STUDENT WHO BECOMES THE SCIENTIST WHO TURNS THE SPOTLIGHT ON THAT, WHICH IS ONE OF THE REASONS WHY I SIT AT THESE TABLES, TO MAKE SURE THAT WE ALL GET

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HEARD.

AND SO I REALLY -- I THINK THE STATE AND OUR COMMUNICATIONS TEAM NEEDS TO SHOW THAT. WHO'S GETTING THE BENEFIT OF THESE INVESTMENTS INTO BUDDING SCIENTISTS? AND SO -- AND I REALLY, REALLY, REALLY, REALLY WANT TO SEE THIS.

CHAIRMAN IMBASCIANI: THANK YOU, YSABEL. DAISY MIGHT WANT TO RESPOND.

MS. XIN: YEAH. IS THERE A CHANCE TO SHOW SOME ADDITIONAL DATA?

MS. DURON: I'M SORRY. THERE WAS ONE OTHER THING BECAUSE WHAT I WOULD LOVE TO SEE, WHEN YOU TALK ABOUT THE OUTREACH COMMUNITY, I WOULD LOVE TO HEAR WHAT THEY'RE DOING. I'D LOVE TO SEE WHO'S DOING WHAT AND IF IT'S WORKING. WHO ARE THEY TALKING TO? SO THAT'S REALLY CRITICAL.

AND I'M GLAD YOU'RE DOING YOU CALLED IT SCIENTIFIC -- PUBLIC SCIENTIFIC COMMUNICATION. I CALL IT MEDIA TRAINING. TALKING BOTH WAYS, REPRESENTING SCIENTIFIC CONCEPT WITH SCIENTISTS, BUT ALSO SPEAKING TO THE COMMUNITY. SO I'M GLAD YOU ADDED THAT.

MS. XIN: YEAH. WE'RE EXCITED ABOUT IT. I MEAN THERE WILL BE A LOT OF GOOD FEEDBACK FOR THAT. AND ACTUALLY FROM ONE OF OUR RECENT TRAINEE

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CONFERENCES, ONE OF THE MOST POPULAR WORKSHOP CONTENT THAT WE HAD WAS PRESENTATION SKILLS FOR THE PUBLIC. AND A LOT OF TRAINEES REALLY ENJOYED THAT.

IF THERE'S TIME, MAYBE I CAN SHARE JUST A COUPLE OF DEMOGRAPHICS. THESE ARE FROM AN ANALYSIS WE DID IN 2024 ON THE RACE AND ETHNICITY OF OUR PROGRAMS. THIS IN PARTICULAR IS COMPASS.

AND WHAT YOU'RE LOOKING AT IN THE LIGHT BLUE ARE COMPASS STUDENTS THAT ARE REPORTING TO US ABOUT THEIR RACE AND ETHNICITY AND COMPARED TO THE DARKER BLUE, WHICH IS THE UC UNDERGRADUATE CENSUS OF 2023. WE'RE COMPARING THE UC'S BECAUSE COMPASS TYPICALLY ARE AT UC'S. SO IN LOOKING AT THE, AT LEAST FOR RACE AND ETHNICITY, DEMOGRAPHIC BREAKDOWN, WE ARE SEEING PRETTY REPRESENTATIVE OF CALIFORNIA POPULATIONS. AND, IN FACT, IN SOME ETHNICITY AND RACE GROUPS WE'RE SEEING LIKE FOR HISPANIC REPRESENTATION QUITE A BIT HIGHER THAN WHAT UC UNDERGRADUATES ARE SEEING.

FOR BRIDGES, THIS IS AN ANALYSIS WE DID IN 2024 OF ALL OF OUR BRIDGES STUDENTS WHO WERE REPORTING UP TO THAT POINT. AND WE ARE CONTINUING TO COLLECT A LOT OF THIS IMPORTANT INFORMATION BEYOND JUST RACE AND ETHNICITY. AND WE HAVE THAT INFORMATION, AND WE'RE WORKING INTERNALLY TO BEST

ORGANIZE AND VISUALIZE THAT TOO TO SHARE BECAUSE YOU'RE RIGHT. IT IS REALLY IMPORTANT THAT WE KNOW THAT WE'RE REPRESENTING CALIFORNIA POPULATIONS THROUGH THESE TRAINEES WHO ARE THEN GOING ON TO BECOME EXPERTS WHO WILL THEN REPRESENT AT A HIGHER LEVEL.

MS. DURON: FIND THAT TUNE.

MS. XIN: YEAH. ABSOLUTELY.

AND IN TERMS OF OUTREACH, MAYBE I'LL LET AMY SPEAK MORE ON THAT, BUT WE DO WORK VERY CLOSELY WITH OUR COMMUNITY OUTREACH MANAGER. AND A LOT OF TIMES SHE ACTUALLY REACHES OUT TO OUR TRAINEES TO ASK FOR VOLUNTEERS TO GET INVOLVED IN THESE CIRM EVENTS THAT WE DO. ADITI IS VERY MUCH INVOLVED IN A LOT OF DIFFERENT FORMS OF PUBLIC OUTREACH BEYOND JUST SCIENTIFIC EVENTS. SHE PARTICIPATES IN ROTARY CLUBS AND THINGS LIKE THAT.

AND SO A LOT OF TIMES AT THESE TYPES OF EVENTS WE DO ASK FOR STUDENT VOLUNTEERS TO JOIN US, AND WE DO GET A LOT OF VOLUNTEERS WHO PARTICIPATE AS WELL. SO WE ARE DEFINITELY WORKING ON THAT. I DON'T KNOW IF AMY WANTS TO SPEAK SOME MORE TO THAT BECAUSE THAT IS THE COMMUNICATIONS ASPECT.

MS. DURON: I DO THINK IT'S GOOD TO HAVE SOME METRICS TO MEASURE WHETHER OR NOT -- AND IT'S

GREAT THAT ANY TRAINEE GOES OUT AND SAYS SOMETHING. BUT HOW CONSISTENT IS THIS? WHAT KINDS OF FEEDBACK DO THEY GET? HOW DOES IT HELP THEM BE BETTER IN THEIR WORK AND IN THEIR COMMUNICATION SKILLS? BUT ALSO ARE YOU REALLY IMPACTING THE PUBLIC KNOWLEDGE AND WHICH PUBLIC?

CHAIRMAN IMBASCIANI: RIGHT. THANKS, YSABEL AND DAISY. KIM IS GOING TO BE THE NEXT SPEAKER FOLLOWED BY PAT AND JOYCE.

DR. BARRETT: YEAH. I JUST WANT TO THANK YOU SO MUCH FOR THIS REALLY INFORMATIVE PRESENTATION. JUST TO GO ON THE RECORD TO TALK ABOUT THE PIVOTAL IMPORTANCE OF THESE PROGRAMS, ESPECIALLY IN LIGHT OF COMMENTS IN THE PUBLIC SPHERE ABOUT THIS BEING A SORT OF EITHER/OR, AND AT THIS PARTICULAR MOMENT IN TIME CIRM SHOULD BE FOCUSING ON SHORING UP OUR RESEARCH GRANTS RATHER THAN EDUCATIONAL PROGRAMS.

ANYBODY WHO DOES RESEARCH KNOWS THAT THE MOST ESSENTIAL COMPONENT AND THE MOST EXPENSIVE COMPONENT OF DOING RESEARCH IS THE PEOPLE THAT ACTUALLY DO THE RESEARCH. AND SO THESE PROGRAMS NOT ONLY ARE WE MAKING SURE THAT WE HAVE A PIPELINE OF TRAINEES MOVING FORWARD WHO ARE INTERESTED IN CAREERS IN REGENERATIVE MEDICINE, BUT THIS ACTUALLY

STRETCHES THE OTHER DEDICATED RESEARCH FUNDING THAT SOME OF THE MENTORS HAVE AVAILABLE TO GET THEIR RESEARCH PROJECTS DONE, OR IF IT'S AN INDUSTRY INTERNSHIP TO GET THINGS DONE THAT THE COMPANY NEEDS TO GET DONE TO MOVE THINGS FORWARD. AND SO IT'S NOT AN EITHER/OR. IT IS A VALUE ADD THAT IS IMPORTANT.

AND IT IS CERTAINLY THE CASE THAT WE ARE AT A VERY CHALLENGING TIME WITH RESPECT TO FEDERAL RESEARCH FUNDING, BUT THAT ALSO EXTENDS TO FEDERAL SUPPORT FOR PRECISELY THESE TYPES OF WORKFORCE TRAINING PROGRAMS AND PARTICULARLY THOSE THAT ADDRESS THE WORKFORCE DEVELOPMENT NEEDS OF STUDENTS FROM UNDERREPRESENTED GROUPS THAT IS ALSO AT THREAT AT THE FEDERAL LEVEL.

SO I JUST WANT TO GO ON THE RECORD AS BEING ABSOLUTELY SUPPORTIVE OF THE IDEA THAT CIRM ABSOLUTELY MUST STAY IN THE BUSINESS OF PROVIDING SUPPORT FOR EDUCATIONAL PROGRAMS. THANKS.

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

DR. LEVITT: YEAH. SO KIM SAID IT WELL, SO I ENDORSE EVERYTHING SHE SAID. I TOO HAVE QUESTIONS. THAT WAS A GREAT PRESENTATION.

ONE IS YOU MENTIONED A NEW INITIATIVE WITH SCIENCE COMMUNICATION. YSABEL TALKS ABOUT THAT, HAS

TALKED ABOUT IT A LOT. IT IS VERY IMPORTANT. BUT YOU MENTION COURSEWORK. AND I WANTED TO UNDERSTAND JUST A LITTLE BIT MORE ABOUT, SINCE IT'S GOING TO BE A COMPONENT OF APPLICATIONS, HOW YOU'RE GOING TO FRAME THIS.

MANY INSTITUTIONS DON'T HAVE QUALITY SCIENCE COMMUNICATION COURSES TO THE PUBLIC. THEY HAVE SCIENCE COMMUNICATION COURSES THAT ARE MEANT TO TRAIN JUNIOR INDIVIDUALS WHO ARE COMMUNICATING THEIR SCIENCE TO THEIR PEERS. THERE ARE ORGANIZATIONS -- THERE ARE WORKSHOPS AND OTHER SORTS OF THINGS THAT WOULD ADD FLEXIBILITY AND PROVIDE OPPORTUNITIES FOR OUR TRAINEES TO GET REALLY HIGH QUALITY TRAINING IN SCIENCE EDUCATION -- SCIENCE COMMUNICATION TO THE PUBLIC.

SO WHAT ARE YOU THINKING ABOUT IN TERMS OF FRAMING THE REQUIREMENT?

MS. XIN: YEAH. SO IN TERMS OF SPECIFIC REQUIREMENTS, I THINK A LOT OF TIMES WE LEAVE THIS UP TO THE INSTITUTION TO PROPOSE THE BEST TYPE OF COURSEWORK OR CONTENT OR WORKSHOP, WHATEVER THAT MAY BE, IN THIS TOPIC. SO IT CAN VARY A LOT DEPENDING ON THE INSTITUTION AND THE PROGRAM.

I THINK ONE IMPORTANT THING THAT THEY CAN USE IS THERE ARE SPECIFIC FUNDS THAT THEY CAN MAKE

USE OF TO CREATE THIS TYPE OF WORKSHOP OR CONTENT. I DO RECOGNIZE, AS YOU SAY, THAT SOME INSTITUTIONS DON'T NECESSARILY ALREADY HAVE THIS TYPE OF COURSEWORK. WITH BRIDGES IN PARTICULAR, WE HAVE FUNDS TO SUPPORT THE DEVELOPMENT OF AN ADVANCED TECHNIQUES COURSE FOR THESE TRAINEES. AND I IMAGINE FOR A LOT OF INSTITUTIONS, THEY MAY DO SOMETHING SIMILAR WHERE THEY EITHER DEVELOP A COURSE OR THEY MIGHT OUTSOURCE IT AND FIND CONTENT THAT IS RELEVANT TO THEIR TRAINEES.

SOMETIMES WE'VE ALSO SEEN FOR THESE TYPES OF ADDITIONAL REQUIRED COURSES WHERE THEY WORK WITH SOME KIND OF ONLINE PROGRAM OR CERTIFICATE PROGRAM WHERE TRAINEES GO THROUGH AND GET THAT EXPERIENCE. BUT, YEAH, IT CAN REALLY VARY A LOT, AND IT REALLY DEPENDS ON THE APPLICANT INSTITUTION'S PROPOSAL OF WHAT THEY CHOOSE TO DO AND HOW THEY CHOOSE TO FULFILL THAT REQUIREMENT.

DR. LEVITT: SO THERE'S SOME REALLY HIGH QUALITY ONES THAT ARE ONLINE. AND IT MAY BE -- I MEAN WE EXPECT THERE TO BE HIGH QUALITY, UNIFORM SCIENCE THAT'S DONE. AND I THINK WE SHOULD EXPECT THE SAME IN TERMS OF SCIENCE COMMUNICATION TRAINING. SO ONE CAN RECOMMEND -- CIRM COULD LOOK AT A NUMBER OF DIFFERENT SITES, NOT TO REINVENT THE WHEEL, BUT

TO PROVIDE OUR TRAINEES WITH REALLY HIGH QUALITY SCIENCE COMMUNICATION TRAINING. ONE, OF COURSE, WHICH IS WELL-KNOWN, THE ALDA SCIENCE COMMUNICATION CENTER AT STONY BROOK. I'M NOT AFFILIATED WITH IT AT ALL, BUT THEY HAVE REALLY HIGH SUCCESS RATES.

THE OTHER QUESTION -- SO THINK ABOUT THAT IN TERMS OF WHERE -- I MEAN IF IT'S HIGHLY VARIABLE, THAT'S NOT A GOOD THING. I THINK WE WANT IT TO BE - VARIOUS TOOLS CAN BE USED, BUT WE WANT THE QUALITY TO BE REALLY HIGH.

THE OTHER THING IS HOW ARE YOU GOING TO DO ALUMNI TRACKING WHICH IS THE BANE OF MOST -- WE HAVE A LOT OF TRAINING PROGRAMS HERE WHERE I AM. IT'S EXTREMELY DIFFICULT TO FIGURE OUT HOW TO TRACK TRAINEES, YET IT'S INCREDIBLY IMPORTANT TO DEMONSTRATE THE SUCCESSES OF THESE TRAINING PROGRAMS. SO DO YOU HAVE A TOOL IN MIND, FLIGHT TRACKER, FOR EXAMPLE, OR SOMETHING ELSE THAT'S GOING TO BE USED TO DO THIS THAT YOU ARE GOING TO EXPECT ALL INSTITUTIONS TO FOLLOW SO THAT YOU DON'T HAVE GAPS?

MS. XIN: ABSOLUTELY. THANK YOU FOR THAT QUESTION. AND JUST A QUICK COMMENT BEFORE I ANSWER THE ALUMNI QUESTION. WE WILL -- WE OFTEN WORK WITH TRAINEES ALSO, WHEN WE HAVE RESOURCES THAT WE THINK

REALLY STAND OUT, TO DISSEMINATE THAT ACROSS PROGRAMS. SO IN TERMS OF PUBLIC SCIENCE COMMUNICATION, I THINK WE CAN DEFINITELY WORK WITH TRAINEES TOGETHER FOR THOSE HIGH QUALITY TYPES.

TO ANSWER THE ALUMNI TRACKING QUESTION, WE ACTUALLY CURRENTLY AND HISTORICALLY HAVE ALWAYS TRACKED ALUMNI THROUGH PROGRESS REPORTING. SO WHENEVER TRAINEES FINISH THEIR PROGRAM, THEY COMPLETE A COMPLETION FORM IN WHICH THE PROGRAM DIRECTOR THEN UPDATES PERIODICALLY THROUGHOUT THE LIFETIME OF THE GRANT AND FOLLOW UP WITH THE TRAINEE. SO WE ARE RIGHT NOW STILL DEPENDING ON PROGRAM DIRECTORS TO REPORT ON THEIR INDIVIDUAL ALUMNI.

WE DO HAVE A LOT OF INFORMATION ON THEM, BUT INTERNALLY OUR MANAGEMENT SYSTEM, WE'RE STILL WORKING ON PULLING OUT THAT CONTENT AND REALLY ANALYZING THAT DATA MORE CLOSELY. SO THE DATA IS THERE. WE JUST NEED TO WORK ON VISUALIZING IT.

ADDITIONALLY, I WILL SAY THAT WE ARE ALSO BRAINSTORMING WAYS ON LONGER TERM TRACKING, PERHAPS FOLLOWING UP WITH SOME INDIVIDUAL TRAINEES OR INDIVIDUAL PROGRAMS BEYOND THE LIFETIME OF THE GRANT AND PROGRESS REPORTING. BUT THAT'S ALL SOMETHING THAT WE ARE THINKING OF. AS YOU SAID, IT IS A

CHALLENGING THING TO FOLLOW UP ON, SO MANY THOUSANDS OF TRAINEES BEYOND WHEN THEY ARE SUPPORTED ON THE GRANT. BUT, YEAH, IT'S DEFINITELY A VERY IMPORTANT THING THAT WE WOULD LOVE TO DO A LONG-TERM TRACK. AND WE HAVE -- WE ARE IN TALKS WITH DIFFERENT PROGRAMS AT THE INSTITUTIONS AND WORKING WITH THEM BECAUSE THEY ALSO HAVE THEIR OWN ALUMNI TRACKING A LOT OF TIMES. SO WORKING WITH THEM ALTOGETHER TO BE ABLE TO GET MORE INFORMATION AND FIND OUT WHAT OUR ALUMNI HAVE ACCOMPLISHED SINCE DOING THESE PROGRAMS.

DR. LEVITT: WE'RE WORKING ON IT. I'LL MAYBE SEND YOU AN EMAIL WITH SOME OF THE THINGS THAT WE'RE REFINING THAT'S BEEN FAR MORE EFFECTIVE THAN TRYING TO REACH OUT INDIVIDUALLY. USING SOCIAL MEDIA AND OTHER THINGS WHERE YOU CAN GET A LOT OF INFORMATION WITHOUT HAVING TO ACTUALLY NEED TO CONTACT THE TRAINEES. THE LONG-TERM TRACKING OR LONGER TERM TRACKING BEYOND THE AGE OF THE GRANT IS, I THINK, REALLY IMPORTANT. BUT THANKS VERY MUCH.

MS. XIN: YEAH. THANK YOU.

CHAIRMAN IMBASCIANI: THANK YOU, PAT. BEFORE WE GO ON TO OUR NEXT THREE SPEAKERS, I'M WONDERING IF KELLY SHEPARD, WHO IS OUR DIRECTOR OF DISCOVERY AND EDUCATION, DO YOU WANT TO ADD ANYTHING TO THAT?

DR. SHEPARD: I DO. I JUST WANT TO ADD A COUPLE OF PIECES OF INFORMATION THAT SPEAK TO YOUR POINTS DIRECTLY, PAT, AND ALSO REINFORCE SOME OF WHAT DAISY WAS SAYING.

SO IN TERMS OF THE QUALITY COMMUNICATIONS COURSE, WE NOW HAVE A TOOL THAT WE DIDN'T HAVE BEFORE, WHICH IS THE CIRM COLLABORATION HUB, WHICH IS AN INTRANET BASICALLY FOR ALL OF OUR EDUCATION PROGRAMS CURRENT AND FUTURE. AND THIS IS A PLACE FOR THEM TO SHARE RESOURCES AND KNOWLEDGE. AND SO USING THIS TOOL, WE'VE ADDED, AS DAISY'S PRESENTATION SHOWED, REQUIREMENT FOR MORE SHARING. AND SO INCLUDING THE RESOURCES THAT YOU SHARE WITH US AND INFORMATION, WE CAN SHARE IT BROADLY IN THE HUB. SO WE ANTICIPATE OUR GRANTEES HELPING EACH OTHER AND BUILDING OFF OF EACH OTHER'S LESSONS. WE ALSO HAVE RESOURCES HERE AT CIRM LED BY AMY ADAMS AND TOOLS THAT WE ARE GOING TO BE DEPLOYING TO ALSO HELP.

AND SO I THINK THE WHOLE MESSAGE WE HEARD TODAY THAT REALLY RESONATED WITH ME AND REINFORCED THIS EVEN MORE IS THE REBUILDING TRUST IN SCIENCE. I THINK THAT'S A GREAT BASIS FOR THESE PUBLIC COMMUNICATION LESSONS.

TO THE SECOND POINT ABOUT THE ALUMNI

TRACKING, AS DAISY MENTIONED, WE DO HAVE REPORTING ON THAT AND WE HAVE CAPTURED ALUMNI DATA FROM ALL OF OUR PROGRAMS, INCLUDING GOING BACK TO THE EARLIEST ONES. AND ANOTHER NICE THING ABOUT THIS KNOWLEDGE SHARING REQUIREMENT AND ALSO PLACING A COUPLE OF THESE PROGRAMS UNDER ONE UMBRELLA IS THAT THEY WILL BE IN A UNIFIED PROGRAM WITH UNIFIED REPORTING. AND THOSE THAT ARE BETTER AT ALUMNI TRACKING AND HAVE MORE SUCCESSFUL EXPERIENCES WITH IT CAN SHARE THEIR KNOWLEDGE WITH US AND WITH EACH OTHER. AND WE MIGHT BE ABLE TO COME TO MAKE SOME IMPROVEMENTS IN THAT WAY AS WELL. SO THANK YOU VERY MUCH FOR THOSE COMMENTS.

DR. LEVITT: THANK YOU.

CHAIRMAN IMBASCIANI: THANKS, KELLY. SO WAITING PATIENTLY, JOYCE FOLLOWED BY MARGUERITE AND YAEL.

DR. SACKEY: THANK YOU, VITO. I JUST WANT TO ADD MY CONGRATULATIONS TO THE PRESENTATION. DAISY, THIS WAS A REALLY BEAUTIFUL PRESENTATION. I'M A HUGE FAN OF THESE EDUCATIONAL TRAINEE PROGRAMS. AND SO GREAT JOB.

AND I THINK EVEN WITH THE CHALLENGES OF TRACKING ALUMNI LONG TERM, IT SEEMS LIKE YOU'VE DONE A FINE JOB OF CAPTURING WHO HAS ACTUALLY MAINTAINED

THE INITIAL CAREER GOALS TO REMAIN IN THE BIOMEDICAL SCIENCE SPHERE, WORKING IN HIGHER ED. AND KUDOS TO YOU FOR THAT. AND I'M SURE IT WILL GET EVEN BETTER AS YOU AND PAT AND OTHERS SORT OF SHARE WAYS OF REALLY TRACKING MORE COMPREHENSIVELY.

I GUESS I WANTED TO MAKE TWO COMMENTS AND A QUESTION. THE FIRST ONE IS THE DATA THAT YOU SHARED AFTER YSABEL HAD REQUESTED THE DEMOGRAPHIC PROFILE. WHILE IT'S INTERESTING AND THE TAKEAWAY IT SEEMS LIKE IS THAT WE ARE SAMPLING THE CALIFORNIA DEMOGRAPHIC POPULATION RELATIVELY CLOSELY, I THINK THAT'S GOOD.

I THINK IF YOU WANT TO BE EVEN BOLDER THAN THAT, I WOULD SUGGEST THAT YOU THINK ABOUT LOOKING AT THE CALIFORNIA SCIENTIFIC WORKFORCE AND SEE WHERE THERE IS UNDERREPRESENTATION. BECAUSE AT THE END OF THE DAY, THIS IS A PATHWAY PROGRAM, A PIPELINE PROGRAM. AND IF YOU REALLY WANT TO BE BOLD, I WOULD LOVE FOR US TO THINK ABOUT HOW WE ADDRESS THE UNDERREPRESENTATION OF THE CURRENT CALIFORNIA WORKFORCE. AND I THINK HAVING THAT DATA AS YOUR NORTH STAR WOULD ALLOW YOU TO START THINKING ABOUT HOW YOU CAN DO TARGETED OUTREACH. YOU CAN DO THINGS THAT ALLOWS YOU TO ACTUALLY NOT JUST SIMPLY SAMPLE THE CALIFORNIA DEMOGRAPHIC GROUPS, BUT ACTUALLY BE

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BOLD ENOUGH TO ACTUALLY ADDRESS THOSE GAPS THAT CURRENTLY EXIST IN THE WORKFORCE.

FOR INSTANCE, ONE OF THE THINGS THAT WE'RE DOING AT STANFORD TO ADDRESS THIS VERY ISSUE IS TO ACTUALLY PARTNER WITH MINORITY SERVING INSTITUTIONS AND OTHER PLACES THAT WE KNOW ALLOWS US TO SORT OF BASICALLY HAVE AN ENRICHED SAMPLING OF THOSE GROUPS THAT ARE UNDERREPRESENTED IN THE CURRENT WORKFORCE. SO THAT WILL BE ONE CHALLENGE THAT I WANT TO PUT THERE.

THE SECOND THING I WANT TO MENTION IS THAT I LOVE THE IDEA OF ENCOURAGING THE DUAL PROGRAMS. I GUESS I'M CURIOUS TO KNOW, MAYBE YOU HAVEN'T THOUGHT ABOUT THIS YET, BUT I'M WONDERING TO WHAT EXTENT YOU ARE GOING TO BALANCE AWARDING THESE DUAL PROGRAMS TO EXISTING GRANTEES. IT SOUNDS LIKE YOU HAVE SIX INSTITUTIONS THAT ALREADY HAVE BOTH PROGRAMS. TO WHAT EXTENT ARE YOU GOING TO PRIORITIZE THEM VERSUS INVITING NEW INSTITUTIONS THAT HAVE NOT PARTICIPATED IN BOTH PROGRAMS TO ACTUALLY SORT OF HAVE SORT OF A FRESH START? OBVIOUSLY I THINK INSTITUTIONS THAT ALREADY HAVE BOTH PROGRAMS, IT PROBABLY WOULDN'T BE AS HUGE A LIFT FOR THEM TO START INTEGRATING THE TWO PROGRAMS. SO I'M WONDERING HOW YOU ARE BALANCING INVITING NEW PLAYERS INTO THE SPACE VERSUS SORT OF

REWARDING EXISTING PROGRAMS THAT ALREADY HAVE THE EXPERIENCE OF RUNNING BOTH.

CHAIRMAN IMBASCIANI: DAISY.

MS. XIN: THANK YOU. THANK YOU FOR THE QUESTION. SO I'LL ANSWER THE SECOND ONE FIRST. SO IN TERMS OF BALANCING THAT, WE ARE -- IT'S NOT SO MUCH A BALANCE AS IT IS AN OPPORTUNITY FOR -- TO INVITE, LIKE YOU SAID, POTENTIALLY NEW PROGRAMS TO COME IN AND TAKE ADVANTAGE OF THAT DUAL PATH OPPORTUNITY. WE'VE HEARD FROM INSTITUTIONS AND PROGRAMS, ESPECIALLY JUST BRIDGES PROGRAMS, WHERE THEY WISH THAT THEY HAD ALSO A COMPASS-TYPE ELEMENT WHERE TRAINEES WERE CURIOUS ABOUT THIS CAN COME IN AND POTENTIALLY TRANSITION INTO A BRIDGES PATH. AND THIS IS ALSO SOMETHING WE'VE HEARD FROM INSTITUTIONS WITH BOTH PROGRAMS.

AND SO THAT'S ONE OF THE REASONS ALSO WE WANTED TO OFFER THE AWARD IN TWO CYCLES BECAUSE THERE IS ALWAYS A VERY SHORT RUNWAY FOR THE FIRST CYCLE. AS YOU CAN SEE, IF A CONCEPT GETS APPROVED, THE PA CAN GET POSTED IMMEDIATELY. BUT THERE'S REALLY ONLY A FEW MONTHS THAT THEY HAVE TO PUT TOGETHER AN APPLICATION. AND SO IT'S NOT THE MOST CONDUCIVE TO INVITING NEW PROGRAMS THAT MIGHT BE PUTTING TOGETHER A COMPETITIVE APPLICATION. AND SO

WE'RE HOPING THAT WITH BOTH CYCLES WE CAN CAPTURE NOT JUST EXISTING PROGRAMS TO COME AND PROPOSE A SYNERGISTIC MERGE OF THEIR EXISTING TRAINING PROGRAMS FOR THE ONES THAT HAVE BOTH, BUT ALSO AN OPPORTUNITY FOR INSTITUTIONS, EVEN NEW INSTITUTIONS, TO COME IN AND TAKE ADVANTAGE OF THAT OPPORTUNITY.

SO WE HOPE THAT WE'LL GET PLENTY OF APPLICATIONS FOR THE DUAL PATH OPTION BECAUSE THEY THINK THERE ARE SO MANY WAYS THAT AN EARLY STAGE TRAINEE AND A LATE STAGE TRAINEE COULD INTERACT AND REALLY BENEFIT OFF OF WORKING TOGETHER, THAT TYPE OF PEER MENTORING AND COLLABORATION. SO, YEAH, I REALLY APPRECIATE THAT QUESTION.

TO JUST COMMENT ON THE FIRST PART OF YOUR QUESTION ABOUT TRACKING OR WORKFORCE GAPS IN TERMS OF ETHNICITY AND RACE DEMOGRAPHICS AND POTENTIALLY OTHER DEMOGRAPHIC BREAKDOWNS AS WELL, DEFINITELY REALLY, REALLY IMPORTANT. REALLY APPRECIATE THAT YOU MADE THAT COMMENT. WE ARE PARTNERING WITH -- AND THIS IS MAYBE A LITTLE BIT OUR TEAM AND COMMUNICATIONS TEAM AS WELL WORKING WITH OTHER EXTERNAL COLLABORATORS AS WELL TO THINK ABOUT THESE TYPES OF GAPS IN THE WORKFORCE.

ONE THING THAT WE THOUGHT ABOUT DOING IS HAVING A BIGGER PRESENCE IN THE K-12 SPACE AS A PART

OF ALSO THE SAF GOALS. AND SO WE'RE WORKING WITH OTHER COLLABORATORS TO DISSEMINATE INFORMATION IN STEM CELL AND REGENERATIVE MEDICINE TO THE LOCAL K-12 LEVELS BECAUSE THERE IS A GAP IN THE PIPELINE EVEN EARLY ON ENTRY INTO HIGHER EDUCATION. AND THEN BEYOND HIGHER EDUCATION, THE RETENTION AS WELL OF CERTAIN POPULATIONS AND CERTAIN DEMOGRAPHICS IN THE HIGHER LEVEL -- IN CAREERS IN THE WORKFORCE LATER ON THAT WE ARE ALSO VERY MUCH AWARE OF THAT AND SOMETHING THAT WE ARE THINKING OF AS WELL AND THINKING OF WAYS TO ADDRESS THOSE TYPES OF GAPS POTENTIALLY THROUGH EXTERNAL COLLABORATIONS AND OTHER TYPES OF EVENTS THAT WE CAN DO.

I DON'T KNOW IF, KELLY OR AMY, YOU WANT TO ADD TO THAT AT ALL.

MS. ADAMS: I'D LIKE TO CALL ON VITO TO ADD TO THAT --

CHAIRMAN IMBASCIANI: SORRY.

MS. ADAMS: -- SINCE HE WAS RECENTLY AT A HIGH SCHOOL DOING OUTREACH.

CHAIRMAN IMBASCIANI: YEAH.

MS. ADAMS: I THINK IT'S INCREDIBLY IMPORTANT AND IT'S A GREAT COMMENT.

CHAIRMAN IMBASCIANI: YEAH. I DON'T WANT TO KEEP US FROM LUNCH, BUT RECENTLY I HAD THE

OPPORTUNITY WITH OUR COMMUNITY OUTREACH PERSON TO ATTEND A HIGH SCHOOL IN THE INLAND EMPIRE AREA SOUTH OF LOS ANGELES, A THOUSAND STUDENTS THERE. I AM CONVINCED THAT 99 PERCENT OF THEM GO HOME AND SPEAK SPANISH TO THEIR PARENTS AND TO THEIR ABUELAS. AND IT WAS A PROFOUND EXPERIENCE. YOU COULD TELL THAT THEY WERE NOT EXPOSED VERY MUCH TO THIS CONCEPT. AND WHEN I ASKED HOW MANY OF THE STUDENTS, THERE WERE 40 OF THEM IN FRONT OF US, HAD INTENTIONS TO PURSUE EITHER A MEDICAL DEGREE, A NURSING DEGREE, OR A RESEARCH DEGREE, IT WAS REALLY VERY IMPRESSIVE HOW MANY HANDS WENT UP. THIS IS A GROUP THAT WE NEED TO AND GROUPS LIKE THIS THAT WE NEED TO MAKE CONTACT WITH. AND I HAD A BALL DOING IT.

MS. ADAMS: THANK YOU.

CHAIRMAN IMBASCIANI: AT BALDWIN PARK, BY THE WAY. SORRY. I GOT WRAPPED UP IN MY OWN REMARKS. OH, YEAH. IT'S MARGUERITE. I'M SORRY.

MS. CASILLAS: GREAT TO BE HERE. THANK YOU SO MUCH, DAISY. REALLY GREAT PRESENTATION. I TOO AM SO PROUD OF THIS WORK. AND BEING SO NEW TO IT, I DIDN'T EVEN REALIZE WE HAVE THIS PART. AND SO PRETTY RECENTLY I WAS LIKE THIS IS GREAT. THEY'VE REALLY THOUGHT ABOUT THIS VERY HOLISTICALLY.

SO I'M GOING TO STAY ON THE DEMOGRAPHICS

ISSUE. AND I AM THINKING ABOUT STUDENTS WITH DISABILITIES. AND IS THAT SOMETHING THAT YOU ALL ARE ABLE TO TRACK?

MS. XIN: YES. THAT IS A PART OF THE DEMOGRAPHICS THAT THEY CAN REPORT ON. OF COURSE, WE CAN'T MANDATE AND FORCE ANYONE TO DO IT. BUT IN THE TRAINEE FORMS THAT THEY FILL OUT, THAT IS SOMETHING THAT THEY CAN REPORT ON. DISABILITIES, WE TYPICALLY ALSO, OTHER CATEGORIES ARE LIKE SOCIALLY DISADVANTAGED STUDENTS BASED ON THE NIH DEFINITION, VETERANS, THINGS LIKE THAT. SO THERE ARE OTHER AREAS OF DEMOGRAPHICS THAT WE CAN COLLECT AS WELL. WE HAVE ALL THOSE DATA. WE JUST NEED TO ORGANIZE IT AND VISUALIZE IT THROUGH OUR INTERNAL SYSTEM. WE'RE WORKING ON IT.

MS. CASILLAS: AND I'M CURIOUS ABOUT LIKE THE OUTREACH TO THOSE POPULATIONS IN PARTICULAR.

MS. XIN: YEAH, ABSOLUTELY. I THINK WE -- IT'S PART OF OUR OVERALL OUTREACH EFFORTS. AND PERHAPS AMY IS A BETTER PERSON TO SPEAK ON THIS. WE DO WORK VERY CLOSELY WITH OUR OUTREACH MANAGER WHO WE HAVE CONSTANTLY BRAINSTORMED ABOUT THESE TYPES OF OUTREACH, MORE SPECIFIC OUTREACH TO THESE GROUPS AS WELL BECAUSE IT IS A BIG PART OF WHAT WE WANT TO DO.

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SO I DON'T KNOW, AMY, IF YOU HAVE MORE COMMENTS ON OUR EFFORTS IN THAT SPACE.

MS. ADAMS: I DON'T. I WOULD SAY I HONESTLY DON'T KNOW. AND THANKS TO YOUR QUESTION, I WANT TO KNOW. SO HOPEFULLY WE CAN REPORT BACK TO YOU ON THAT. I DON'T KNOW.

MS. CASILLAS: AND THE OTHER THING I'M JUST CURIOUS ABOUT, AND I DON'T KNOW HOW ANY OF THIS WORKS, BUT IF STUDENTS NEED ACCOMMODATIONS, DOES OUR GRANT HELP PAY FOR THAT OR DOES THE UNIVERSITY OR THE SCHOOL PAY FOR THAT?

MS. XIN: IT'S A BIT OF BOTH. SO MANY UNIVERSITIES DO OFFER SUPPORT FUNDS FOR ACCOMMODATIONS. WE ALSO DO HAVE A PART OF OUR BUDGET THAT IS DEDICATED TO SUPPORTING TRAINEES WHO MAY NEED ADDITIONAL RELIEF SUPPORT IN SOME WAYS, WHETHER THAT'S SOME KIND OF ACCOMMODATION FOR POTENTIALLY A DISABILITY OR IF IT'S AN EMERGENCY SITUATION THAT THEY FIND THEMSELVES IN AND NEED ADDITIONAL SUPPORT. SO THERE IS A SPECIAL DISCRETIONARY FUND SET ASIDE FOR EVENTS LIKE THAT.

AND JUST TO PIGGYBACK OFF OF WHAT AMY WAS SAYING, IN THE PAST WE'VE HAD DISCUSSIONS WITH OUR OUTREACH MANAGER SPECIFICALLY ABOUT FINDING ADVOCACY GROUPS OR GROUPS THAT ARE WORKING WITH STUDENTS WITH

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DISABILITIES OR GENERAL POPULATIONS WITH DISABILITIES TO COLLABORATE. SO WE DO HAVE SOME -- WE DO HAVE THAT NETWORK THAT WE'RE BUILDING OUT, BUT WE HAVEN'T QUITE REACHED OUT AND SET UP FORMAL COLLABORATIONS, SHALL WE SAY, YET. BUT IT'S ON THE BACK OF OUR MINDS DEFINITELY, NOT THE BACK OF OUR MIND, ON OUR MINDS.

CHAIRMAN IMBASCIANI: THANK YOU, DAISY. YAEL.

MS. WYTE: THANK YOU. JUST QUICKLY I WANT TO, ONE, ECHO WHAT BOTH KIM AND JOYCE SAID ABOUT THE IMPORTANCE OF HAVING THIS CONFERENCE. I WAS LUCKY ENOUGH TO BE ABLE TO ATTEND OVER THE SUMMER AND WAS SO IMPRESSED BY NOT ONLY THE EDUCATION THAT WAS PRESENTED, THE SPEAKERS THAT PRESENTED, THE -- WHAT ARE THEY CALLED? -- THE PRESENTATION --

VICE CHAIR BONNEVILLE: POSTER SESSION.

MS. DURON: POSTER SESSION.

MS. WYTE: POSTERS. THANK YOU. THE POSTERS THAT THEY DELIVERED. BUT THE REPRESENTATION OF GENDER AND ETHNICITY WAS REMARKABLE. SO I THINK IT WAS SUCH AN IMPORTANT CONFERENCE TO HAVE, SUCH A GREAT SPACE TO BE IN, INSPIRATIONAL ON ALL LEVELS. AND I HOPE I'M LUCKY ENOUGH TO GET TO GO AGAIN.

CHAIRMAN IMBASCIANI: THANK YOU, YAEL.

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ADRIANA, YOU'RE NEXT.

DR. PADILLA: YES. THANK YOU. I DIDN'T SEE HERE, BUT THANK YOU SO MUCH FOR THE GREAT PRESENTATION. AND KUDOS TO ALL. I THINK IT WAS A WIN-WIN.

WITH THE EDUCATE 8 NEW PROPOSAL, HOW DOES THAT INTERACT WITH THE NEW COMMUNITY CENTERS OF EXCELLENCES? AND IF I REMEMBER CORRECTLY, THE DISTRIBUTION OF THE COMPASSES AND THE PROGRAMS ARE MOSTLY IN UC-CENTERED AREAS OF THE STATE. AND NOW THAT WE HAVE THE OPPORTUNITY WITH THE COMMUNITY CENTERS OF EXCELLENCE TO BE IN AREAS OF UNMET NEED, HOW DOES THE ORGANIZATION PLAN TO ASSIST THE CENTERS OF EXCELLENCE TO CO-LINK WITH THESE NEW PROGRAMS? AND HOW MANY NEW PROGRAMS ARE AVAILABLE?

MS. XIN: YEAH. THAT'S A GREAT QUESTION. AND MAYBE PART OF IT I WILL ALSO DEFER TO GEOFF. BUT IN TERMS OF COLLABORATIONS WITH OTHER TYPES OF INFRASTRUCTURE RESOURCES THAT CIRM HAS, SUCH AS THE COMMUNITY CENTERS OF EXCELLENCE, WE OFTEN REACH OUT TO ALL THESE PROGRAMS TO PROVIDE THEM OPPORTUNITIES TO EITHER INTERACT WITH THESE INFRASTRUCTURE PROGRAMS OR POTENTIALLY TOURS OF DIFFERENT FACILITIES IN SOME WAYS.

SO IN THE PAST WE'VE WORKED WITH -- SOME

OF THE PROGRAMS HAVE WORKED WITH THE GMP CENTERS TO DO EITHER LIKE A DAY-LONG SHADOWING OR TOURS OF SOME KIND. SO I THINK THERE ARE A LOT OF OPPORTUNITIES THERE FOR THAT TYPE OF COLLABORATION WHERE TRAINEES CAN INTERACT WITH THE COMMUNITY CARE CENTERS IN DIFFERENT WAYS. AND THAT REALLY WILL DEPEND ON SOME OF THE MORE GRANULAR DETAILS OF HOW WE WORK WITH THE COMMUNITY CARE CENTERS AS AN EXAMPLE. ANOTHER EXAMPLE WOULD BE THE ALPHA CLINICS TO FIND OPPORTUNITIES FOR TRAINEES TO INTERACT OR PARTICIPATE OR TOUR FACILITIES IN SOME WAY.

IS GEOFF HERE?

VICE CHAIR BONNEVILLE: HE'S RIGHT THERE.

MS. XIN: I DON'T KNOW IF YOU WANT TO ALSO COMMENT.

DR. LOMAX: SURE. I CAN ADD TO THAT. AM I AUDIBLE?

CHAIRMAN IMBASCIANI: YES. VISIBLE.

DR. LOMAX: THANK YOU FOR THAT QUESTION, BOARD MEMBER PADILLA. SO EACH OF THE APPLICATIONS THAT YOU APPROVE FOR THE COMMUNITY CARE CENTERS OF EXCELLENCE HAVE IN THOSE PROPOSALS DIRECT -- PROPOSE DIRECT COLLABORATIONS WITH BRIDGES, COMPASS, AND OTHER PROGRAMS HIGHLIGHTED IN OUR EDUCATION. AND THE SCOPE OF ACTIVITIES THEY'RE PROPOSING RANGES

FROM SUPPORT AT THE COMMUNITY ENGAGEMENT LEVEL AND WORKING WITH COMMUNITY GROUPS WHICH WE ARE FUNDING DIRECTLY THROUGH THOSE AWARDS TO TRAINING OPPORTUNITIES, BOTH CLINICAL AND MANUFACTURING TRAINING. SO IT'S NOT SIMPLY THAT THE OPPORTUNITY EXISTS. WITHIN THOSE APPROVED AWARDS, THERE ARE CONCRETE COLLABORATIONS AND SPECIFICALLY PLACEMENT OF CIRM TRAINEES AT THOSE SITES.

BECAUSE WE DIDN'T WANT THEM TO RECREATE TRAINING PROGRAMS, IF YOU RECALL. WHAT WE WANTED THEM TO DO IS CREATE LANDING SPOTS FOR TRAINEES THAT WERE IN THESE PROGRAMS. AND LIKE I SAY, EACH OF THOSE -- THOSE TYPES OF COLLABORATIONS ARE REFLECTED IN EACH OF THE AWARDS YOU APPROVED.

CHAIRMAN IMBASCIANI: THANK YOU.

DR. PADILLA: THAT IS GREAT. THANK YOU SO MUCH. BUT MY OTHER QUESTION IS THAT I THINK THE DISTRIBUTION OF THE COMPASSES AND THE BRIDGES, AGAIN, I DON'T KNOW IF SOMEBODY HAS THE STATE MAP, BUT I BELIEVE THEY WERE MOSTLY LOCATED IN HIGH CONCENTRATION OF UC CENTERS, OF WHICH WE ONLY HAVE UC MERCED IN THE CENTRAL VALLEY, WHICH I BELIEVE THEY HAVE A COMPASS PROGRAM. BUT THERE'S MANY OTHER SITES IN THE CENTRAL VALLEY AND OTHER UNDERSERVED AREAS WHERE I'M SURE THERE'S COMMUNITY COLLEGES,

STATE UNIVERSITIES, HIGH SCHOOL PROGRAMS THAT ARE PRE-HEALTH ORIENTED THAT ALSO NEED OUTREACH AND UNDERSTAND THAT THERE'S NEW DOLLARS TO BE APPLIED FOR. AND I JUST WANT TO MAKE SURE THAT THE ORGANIZATION IS GOING TO BE PROACTIVE ABOUT REACHING OUT TO THESE UNMET NEED SITES.

CHAIRMAN IMBASCIANI: OKAY. GOOD. THANK YOU. I DON'T SEE ANY OTHER HANDS RAISED. SO I'M GOING TO OPEN IT UP TO MEMBERS OF THE PUBLIC IF THERE ARE ANY COMMENTS ON THIS AGENDA ITEM.

MS. MANDAC: THERE ARE NO HANDS RAISED.

CHAIRMAN IMBASCIANI: THERE ARE NO HANDS RAISED. SCOTT, WE CAN TAKE A ROLL CALL VOTE AND THEN HAVE OUR LUNCH BREAK.

MR. TOCHER: I'LL TAKE A VOICE VOTE FOR THOSE MEMBERS PRESENT HERE IN SOUTH SAN FRANCISCO AND THEN POLL INDIVIDUAL MEMBERS ON THE ZOOM. SO ALL THOSE IN THE ROOM IN FAVOR SAY AYE. THOSE OPPOSED SAY NAY. ANY ABSTENTIONS?

EYAD ALMASRI.

DR. ALMASRI: AYE.

MR. TOCHER: KIM BARRETT.

DR. BARRETT: AYE.

MR. TOCHER: GEORGE BLUMENTHAL. JOHN CARETHERS.

DR. CARETHERS: AYE.
MR. TOCHER: MONICA CARSON.
DR. CARSON: AYE.
MR. TOCHER: JUDY CHOU.
DR. CHOU: AYE.
MR. TOCHER: LEONDRA CLARK-HARVEY.
DR. CLARK-HARVEY: AYE.
MR. TOCHER: SHANNON DAHL.
DR. DAHL: AYE.
MR. TOCHER: ANNE-MARIE DULIEGE.
DR. DULIEGE: AYE.
MR. TOCHER: YSABEL DURON.
MS. DURON: YES.
MR. TOCHER: MARGUERITE CASILLAS.
MS. CASILLAS: YES.
MR. TOCHER: MARK FISCHER-COLBRIE.
MR. FISCHER-COLBRIE: YES, AYE.
MR. TOCHER: ELENA FLOWERS.
DR. FLOWERS: YES.
MR. TOCHER: JUDY GASSON.
DR. GASSON: YES.
MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.

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MR. TOCHER: PAT LEVITT.
DR. LEVITT: YES.
MR. TOCHER: HALA MADANAT.
DR. MADANAT: YES.
MR. TOCHER: LINDA MALKAS.
DR. MALKAS: YES.
MR. TOCHER: SHLOMO MELMED.
DR. MELMED: YES.
MR. TOCHER: CAROLYN MELTZER.
DR. MELTZER: YES.
MR. TOCHER: CHRISTINE MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: JOYCE SACKEY.
DR. SACKEY: YES.
MR. TOCHER: SHAUNA STARK.
DR. STARK: YES.
MR. TOCHER: KAROL WATSON.
DR. WATSON: YES.
MR. TOCHER: YAEL WYTE.
DR. WYTE: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
MR. TOCHER: AND KEITH YAMAMOTO.

IN ANY EVENT, THE MOTION CARRIES.

CHAIRMAN IMBASCIANI: AND YOU'LL GO BACK AND, I GUESS, GET THOSE OTHER VOTES. OKAY. IT'S TIME FOR US TO TAKE A LUNCH BREAK. AND I THINK WE'LL ASK SCOTT TO MAYBE TELL US WHAT TIME PRECISELY TO BE BACK.

MR. TOCHER: HOW ABOUT 31 MINUTES, AT 12:45.

CHAIRMAN IMBASCIANI: THANK YOU. ENJOY THE LUNCH BREAK.

(A RECESS WAS TAKEN.)

CHAIRMAN IMBASCIANI: GREAT. WELCOME BACK, EVERYONE. AS YOU'RE TURNING ON THE SCREENS, I HOPE YOU ALL HAD A NICE LUNCH BREAK. WE'RE GOING TO TAKE UP AGAIN WITH SCIENCE OFFICER DAISY CONTINUING THIS TIME ON AGENDA ITEM NO. 11, WHICH IS THE EDUC3 CONCEPT PLAN, SPARK. SPARK AWAY.

MS. XIN: ALL RIGHT. JUST SHARE. OKAY. HELLO, EVERYONE, AGAIN. I WILL NOW BE SHARING WITH YOU THE EDUC3 OR SPARK CONCEPT PRESENTATION. SIMILARLY TO EDUC3, YOU CAN EXPECT A BRIEF BACKGROUND OF SPARK FOLLOWED BY THE DETAILS OF THIS CONCEPT AND A TIMELINE OF THE PROGRAM ROLLOUT AND ENDING WITH A SUMMARY AND REQUEST FOR A MOTION.

AS A REMINDER AGAIN, THE SAF GOAL 6,

RECOMMENDATION, PART OF THIS GOAL IS TO DEVELOP PROGRAMMING TO SUPPORT OUTREACH EDUCATION EFFORTS FOR K TO 12. AND PART OF OUR EFFORTS IN THIS GOAL IS TO RELAUNCH THE EDUC3 OR SPARK PROGRAM.

THE SPARK PROGRAM IS A PROGRAM THAT INTEGRATES WITHIN AN EXISTING SUMMER HIGH SCHOOL PROGRAM AT CALIFORNIA INSTITUTIONS. AND IT PROVIDES PAID SUMMER INTERNSHIP OPPORTUNITIES IN THE STEM CELL AND GENE THERAPY REGENERATIVE MEDICINE SPACE. SO STUDENTS PARTICIPATE IN A SIX- TO TEN-WEEK SUMMER INTERNSHIP AT ONE OF THESE INSTITUTIONS.

DURING THIS PROGRAM THEY ALSO PARTICIPATE IN VARIOUS COURSES AND WORKSHOPS, ENGAGE IN PATIENT ADVOCACY AND COMMUNITY OUTREACH ACTIVITIES, AND ALSO PARTICIPATE IN AN ANNUAL CONFERENCE SPECIFICALLY FOR OUR HIGH SCHOOL STUDENTS. AND THIS PICTURE HERE IS FROM OUR MOST RECENT HIGH SCHOOL SPARK CONFERENCE THIS YEAR WHICH TOOK PLACE IN SAN DIEGO. THERE WERE 150 STUDENTS ATTENDING. IT WAS A REALLY GREAT TIME TO HEAR ABOUT ALL OF THEIR RESEARCH ON POSTERS.

AS I MENTIONED, SPARK TRAINS HIGH SCHOOL STUDENTS, AND CURRENTLY WE HAVE 11 ACTIVE AWARDS ACROSS CALIFORNIA. AND THIS IS JUST ONE OF THE MANY STORIES WE HEAR FROM SPARK STUDENTS WHO OFTEN COME IN WITH UNCERTAINTY, BUT ARE REALLY MOTIVATED, MANY

OF THEM, BY FAMILY HEALTH CHALLENGES LIKE SARANYA HERE WHO HAD THAT EXACT SAME STORY. SHE DID AN INTERNSHIP AT SANFORD BURNHAM AND IS NOW PURSUING IMMUNOLOGY AND NEUROSCIENCE.

SO SOME OF THE HIGH LEVEL IMPACT WE'VE SEEN IN SPARK IS THAT WE'VE TRAINED OVER 950 STUDENTS. AND OUT OF THOSE THAT ARE TRACKED, 93 PERCENT REPORTED PURSUING STEM PATHS AFTERWARD.

THE EDUC3 OBJECTIVE IS TO INSPIRE, EDUCATION, AND MOTIVATE HIGH SCHOOL STUDENTS TO BECOME INVOLVED IN CIRM'S MISSION AND ALSO TO PROVIDE SUMMER TRAINING OPPORTUNITIES AND BROADENED PARTICIPATION IN THE STEM CELL AND GENE THERAPY AND RELATED RESEARCH SPACE FOR HIGH SCHOOL STUDENTS, INCLUDING THOSE WHO MIGHT NOT OTHERWISE HAVE HAD THESE OPPORTUNITIES FOR THESE INTERNSHIPS DUE TO SOCIAL, GEOGRAPHIC, OR OTHER TYPES OF CONSTRAINTS.

SO EACH SPARK PROGRAM IS LED BY A QUALIFIED PROGRAM DIRECTOR WHO IS MANAGING/COORDINATING ALL THE ACTIVITIES THAT ARE SUPPORTED BY THE PROGRAM. WE ARE KEEPING THESE COMPONENTS OF THE PROGRAM, MAINLY THE SUMMER INTERNSHIP WHERE TRAINEES GET TO DO THAT HANDS-ON REGENERATIVE MEDICINE-RELATED RESEARCH IN HOST LABS AT THE APPLICANT INSTITUTION OR A PARTNERING

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ORGANIZATION.

THEY ALSO PARTICIPATE IN OTHER TYPES OF EDUCATIONAL ACTIVITIES LIKE ADDITIONAL COURSEWORK THAT ARE RELEVANT, PATIENT AND HEALTHCARE ENGAGEMENT ACTIVITIES, COMMUNITY OUTREACH AND EDUCATION ACTIVITIES. THERE'S AN ALUMNI TRACKING PLAN AS WELL AS A REQUIRED TRAINEE PARTICIPATION AT THE CIRM SPARK CONFERENCE.

SOME OF THE ELEMENTS THAT WE ARE ENHANCING INCLUDE, SIMILARLY, AN EXPANDED SCOPE OF INTERNSHIP POSSIBILITIES. SO BEYOND THE TYPES OF RESEARCH THAT TRAINEES GOT TO PARTICIPATE IN PREVIOUSLY, THERE ARE ALSO OPPORTUNITIES TO LEARN ABOUT MANUFACTURING, QUALITY DATA SCIENCE/BIOINFORMATICS, AND OTHER TYPES OF DISCIPLINES THAT ARE RELEVANT TO ADVANCING CELL AND GENE THERAPIES. WE WILL BE, AGAIN, LEVERAGING PARTNERSHIPS WITH CIRM'S INFRASTRUCTURE PROGRAMS SUCH AS THE ALPHA CLINICS, CCCE'S, AND SHARED RESOURCE LABS, AND REQUIRING RESOURCE AND KNOWLEDGE SHARING AS WELL WITH EACH OTHER AND WITH CIRM.

THE INSTITUTIONAL ELIGIBILITY FOR EDUC3 OR SPARK IS CALIFORNIA PUBLIC UNIVERSITY OR COLLEGE OR PRIVATE NONPROFIT ACADEMIC INSTITUTIONS IN CALIFORNIA THAT'S ACCREDITED BY THE U.S. WESTERN ASSOCIATION OF SCHOOLS AND COLLEGE OR OTHER

CALIFORNIA INSTITUTIONS THAT HAVE A DOCUMENTED TRACK RECORD OF SUCCESSFULLY DELIVERING LAB-BASED RESEARCH TRAINING TO HIGH SCHOOL STUDENTS. AND WE ARE REQUIRING THAT THEY MUST HAVE AN EXISTING HIGH SCHOOL INTERNSHIP PROGRAM OR HAVE HAD ONE WITHIN THE PAST TWO YEARS AT THE TIME OF APPLICATION.

THE PROGRAM DIRECTOR MUST HAVE RELEVANT EXPERIENCE FOR MANAGING PROGRAMS SUCH AS THIS. AND COLLABORATING INSTITUTIONS MUST HAVE A CALIFORNIA SITE OR LOCATION WITH THE APPROPRIATE PERSONNEL AND FACILITIES TO ACCOMMODATE HIGH SCHOOL LEVEL STUDENTS. AN APPLICANT MAY SUBMIT JUST A SINGLE EDUC3 APPLICATION.

THE AWARD BUDGET FOR EDUC3 LOOKS LIKE THIS. SO TRAINEE STIPENDS ARE 5500. THERE WILL BE A TRAVEL ALLOWANCE TO THE ANNUAL CIRM SPARK CONFERENCE AT A $1,000. SO THE DIRECT COST OF TRAINEES ARE 6500. WITH PROGRAM ADMINISTRATION AND INDIRECT COSTS, THE TOTAL COST PER TRAINEE IS ABOUT 11,700, AND THE TOTAL AWARD AMOUNT WILL BE ABOUT 700,000. AND ONCE AGAIN, THESE AWARD CAP ADJUSTMENTS ARE BASED ON OUR GRANTS MANAGEMENT TEAM'S ANALYSIS OF CATEGORICAL EXPENDITURE GROWTH AND CUMULATIVE CPI PERCENT INCREASE. AND THE 2026 AWARDS WILL SUPPORT UP TO 60 TRAINEES EACH.

SO THE EDUC3 TIMELINE WILL LOOK LIKE THIS. PENDING ICOC CONCEPT APPROVAL TODAY, APPLICATIONS WILL BE AVAILABLE IN EARLY MARCH AND DUE IN EARLY MAY. IT WILL GO TO THE GWG FOR REVIEW IN AUGUST, AND AWARD CONTRACTING WILL TAKE PLACE IN NOVEMBER AND DECEMBER OF 2026, WHICH WILL ALIGN WELL WITH THE EXPIRING SPARK PROGRAM.

ALL RIGHT. TO SUMMARIZE, EDUC3 WILL RECUR JUST ONCE, ONE CYCLE IN 2026. THE MAX AWARD DURATION WILL BE FIVE YEARS, AND APPLICANT INSTITUTIONS WILL BE CALIFORNIA-BASED INSTITUTIONS. THE MAX AWARD COST IS 700,000 -- 704,000 AND THE NUMBER OF AWARDS WILL BE 12. WE'RE PROJECTING THAT THERE WILL BE ABOUT 720 STUDENTS TRAINED, AND THE MAX PROJECTION IS 8.5 MILLION.

SO WITH THAT, CIRM IS REQUESTING ICOC APPROVAL OF THE PROPOSED SPARK TRAINING PROGRAM WITH AN ALLOCATION OF 8.5 MILLION TO SUPPORT UP TO 12 SPARK AWARDS EACH WITH A FIVE-YEAR DURATION, ABOUT 720 TRAINEES, AND 704,000 PER AWARD.

CHAIRMAN IMBASCIANI: DAISY, THANKS. PRETTY STRAIGHTFORWARD. YOU GOING TO MAKE A MOTION?

MS. DURON: NO. I HAVE ACTUALLY A PROGRAM SUGGESTION.

CHAIRMAN IMBASCIANI: WAIT. HOLD ON ONE

SECOND. MOTION FIRST, THEN DISCUSSION.

MS. CASILLAS: I'LL MAKE THE MOTION.

CHAIRMAN IMBASCIANI: OKAY. MARGUERITE MOVED AND MARIA SECONDED.

VICE CHAIR BONNEVILLE: I WILL SECOND IT, YES.

MS. DURON: THE M AND M SHOW.

CHAIRMAN IMBASCIANI: YSABEL, YOU CAN BE THE FIRST SPEAKER.

MS. DURON: THANK YOU. I DIDN'T SEE IF IT WAS VERY SPECIFIC IN THERE, SO MAYBE THAT WAS ME MISSING IT. DO YOU HAVE A PUBLIC SPEAKING POD IN THERE? I THINK IT WOULD BE VERY COOL IF, WHEN THEY STARTED OFF THEIR TEN WEEKS, ONE OF THE ASSIGNMENTS IS TO PREPARE FOR THE END OF THE PROGRAM TO GIVE A PRESENTATION BASED ON SOMETHING THEY LEARNED. THE PRESENTATION ACTUALLY IS COMMUNITY FACING. SO SOMETHING OF CONCERN OR INTEREST, A PARTICULAR DISEASE THAT IS IMPACTING THEIR COMMUNITY. AND THEY, AS A YOUNG SCIENTIST, HOW WOULD YOU WORK ON THIS? HOW WOULD YOU TALK TO YOUR FAMILY AND YOUR COMMUNITY? MAKE THEM START TO LEARN HOW TO BE PUBLIC FACING. TAKE SCIENCE OUT AND GIVE THEM THOSE SKILLSETS TO START INSTEAD OF WAITING TILL THEY GET TO COLLEGE OR 12TH YEAR OR 10TH YEAR.

MS. XIN: ABSOLUTELY. THANK YOU FOR THAT. SO ONE OF THE ACTIVITIES THAT THE SPARKS STUDENTS HAVE TO DO AS PART OF REQUIREMENTS FOR THE PROGRAM IS THEY HAVE TO DO SOME KIND OF COMMUNITY OUTREACH ELEMENT THAT IS PUBLIC FACING, LIKE YOU SAY. AND SO THEY ACTUALLY -- A LOT OF THEM DO SOME FORM OF SOCIAL MEDIA CONTENT BECAUSE IT'S MOST RELEVANT TO THIS TRAINING GROUP AND THIS AGE GROUP.

AND SO WE WORK WITH OUR COMMUNICATIONS TEAM ON THAT TO FACILITATE THE PRODUCTION OF THOSE POSTS. SOMETIMES THEY'RE A BLOG POST, SOMETIMES THEY'RE LIKE TIKTOK VIDEOS, LIKE A DAY IN THE LIFE AS A SCIENTIST OR A DAY IN THE LIFE OF AN INTERNSHIP IN A LAB. SO THERE'S A LOT OF THAT TYPE OF CONTENT THAT ACTUALLY IS SHARED THAT THEY ARE REQUIRED TO DO AS PART OF THEIR TRAINING.

MS. DURON: I STILL THINK OLD-FASHIONED PRESENTATIONS.

MS. XIN: I MEAN THEY DO PRESENT A POSTER AT THE TRAINEE CONFERENCE.

MS. DURON: NO. THAT'S NOT WHAT I'M TALKING ABOUT. I'LL TELL YOU WHAT I WANT. WHAT I WOULD LOVE TO DO IS THAT THEN WE'RE GOING TO JUDGE AND THEN YOU ARE GOING TO GET AN AWARD BECAUSE THERE'S TOO MANY KIDS WHO DON'T KNOW HOW TO PRESENT

IN A CLASSROOM. THEY'RE NOT CHALLENGED. THEY'RE NOT OFFERED THOSE CLASSES. AND THEN THEY GET INTO THE PROFESSIONAL REALM AND THEY UH, UH, UH. GET THEM STARTED EARLY AS POSSIBLE. GIVE THEM AN OPPORTUNITY. MAKE THEM STRETCH THEMSELVES, AND DON'T GIVE THEM A TOOL THEY LEAN ON LIKE HIDING BEHIND -- WELL, THEY COULD USE A BOT IF THEY WANT, BUT IT HAS TO BE PART OF THE PRESENTATION. I MEAN I JUST REALLY WANT THESE KIDS TO REALLY START TO LEARN MULTIPLE TALENTS OR DEVELOP MULTIPLE TALENTS. AND ONE IS EVEN THE PROJECT THAT YOU'RE TALKING ABOUT THAT THEY'RE REQUIRED TO DO, BUT MAKE IT THEY HAVE TO PRESENT IT.

MS. XIN: YEAH. ABSOLUTELY.

MS. DURON: I DON'T KNOW HOW MANY DIFFERENT PLACES THEY GO. WHAT ARE THEY, FIVE OR SIX DIFFERENT SCHOOLS THAT GET THIS RIGHT NOW?

MS. XIN: YEAH. SO THEY RECRUIT -- YOU MEAN LIKE WHERE THE STUDENTS ARE COMING FROM?

MS. DURON: RIGHT. RIGHT.

MS. XIN: YEAH. IT'S ACTUALLY QUITE A COMPETITIVE PROGRAM BECAUSE THERE'S SO MUCH INTEREST. THEY GET HUNDREDS AND HUNDREDS OF APPLICATIONS AT EACH INSTITUTION. AND THERE'S REALLY ONLY TEN SLOTS FOR AT LEAST CIRM'S SUPPORT.

SORRY. TEN SPOTS, BUT THERE WILL BE 12. YEAH. THEY DO RECRUIT FROM LOCAL HIGH SCHOOLS, AND A LOT OF TIMES THEY TRY TO RECRUIT FROM HIGH SCHOOLS IN AREAS THAT ARE MAYBE LESS RESOURCED AND LESS REPRESENTED AS WELL, AND SO THAT IS ALL PART OF THE RECRUITMENT PLAN.

MS. DURON: RIGHT. AND THEN YOU CAN TAPE IT, AND THEN YOU CAN PUT IT ON INSTAGRAM OR WHATSAPP OR SOMETHING SO THAT IT CARRIES FORWARD. WE SPREAD THE WORD, THE KIDS HELP SPREAD THE WORD. THEY SHOW THEIR ENGAGEMENT EXCITEMENT, ET CETERA, ET CETERA. SO YOU CAN HAVE MULTIPLE REASONS WHY YOU DO THIS.

MS. XIN: ABSOLUTELY.

MS. DURON: I'LL JUDGE.

MS. XIN: THANK YOU.

CHAIRMAN IMBASCIANI: GOOD SUGGESTION. THANKS. DO WE HAVE ANYONE ELSE LINED UP TO -- ANY OTHER BOARD MEMBERS WANT TO COMMENT ON THIS ASK FOR ENHANCING OUR EDUC3 PROGRAM? AND IF NOT, WE'LL LOOK TO THE PUBLIC.

MS. MANDAC: NO HANDS RAISED.

CHAIRMAN IMBASCIANI: NO HANDS ARE RAISED. OKAY. I THINK WE CAN PROCEED THEN TO A VOTE.

MR. TOCHER: ALL THOSE IN THE ROOM HERE IN SOUTH SAN FRANCISCO IN FAVOR SAY AYE. THOSE

OPPOSED? ABSTENTIONS? AND I'LL POLL THE MEMBERS ON THE PHONE.

EYAD ALMASRI.

DR. ALMASRI: YES.

MR. TOCHER: KIM BARRETT.

DR. BARRETT: AYE.

MR. TOCHER: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: YES.

MR. TOCHER: MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: YES.

MR. TOCHER: JOHN CARETHERS.

DR. CARETHERS: AYE.

MR. TOCHER: MONICA CARSON.

DR. CARSON: YES.

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: YES.

MR. TOCHER: JUDY CHOU.

DR. CHOU: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: SHANNON DAHL.

DR. DAHL: AYE.

MR. TOCHER: YSABEL DURON.

MS. DURON: YES.

MR. TOCHER: MARK FISCHER-COLBRIE.

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MR. FISCHER-COLBRIE: YES.
MR. TOCHER: ELENA FLOWERS.
DR. FLOWERS: YES.
MR. TOCHER: JUDY GASSON.
DR. GASSON: YES.
MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: PAT LEVITT.
DR. LEVITT: YES.
MR. TOCHER: HALA MADANAT.
DR. MADANAT: YES.
MR. TOCHER: LINDA MALKAS.
DR. MALKAS: YES.
MR. TOCHER: SHLOMO MELMED.
DR. MELMED: YES.
MR. TOCHER: CAROLYN MELTZER.
DR. MELTZER: YES.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: JOYCE SACKEY.
DR. SACKEY: YES.

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MR. TOCHER: SHAUNA STARK.
DR. STARK: YES.
MR. TOCHER: KAROL WATSON.
DR. WATSON: YES.
MR. TOCHER: YAEL WYTE.
MS. WYTE: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
MR. TOCHER: AND KEITH YAMAMOTO.
DR. YAMAMOTO: YES.
MR. TOCHER: GREAT. THANKS VERY MUCH. MR. CHAIR, THE MOTION CARRIES.
CHAIRMAN IMBASCIANI: OKAY. THANK YOU. WE'D LIKE NOW TO MOVE ON TO THE NEXT AGENDA ITEM WHICH IS CONSIDERATION OF OUR POLICY THAT MANAGES OUR AWARDS, AND OUR VICE PRESIDENT OF OPERATIONS, JENN LEWIS, WILL MAKE THE PRESENTATION. THANK YOU.
MS. LEWIS: THANK YOU, DR. IMBASCIANI, BOARD MEMBERS, AND PUBLIC. THANK YOU FOR THE OPPORTUNITY TO PRESENT TO YOU TODAY. AS YOU MAY RECALL, IN JUNE OF THIS YEAR, I CAME TO THE ICOC TO INITIATE THE RULEMAKING PROCESS ON OUR GRANTS ADMINISTRATION POLICY. AND WE REVISED AND MADE CHANGES TO A NEW AWARD MANAGEMENT POLICY.
AND SO AFTER THAT WE'VE BEEN -- WE HAVE

INITIATED THAT PROCESS, HAVE OPENED IT FOR PUBLIC COMMENT, MADE SOME REVISIONS, AND NOW I'M HERE TODAY TO GIVE YOU AN UPDATE ON WHERE WE ARE IN THAT PROCESS, AND PRESENT THOSE REVISIONS AS WELL AS, HOPEFULLY, TODAY GET YOUR APPROVAL TO ADOPT THE NEW AWARD MANAGEMENT POLICY AND MOVE TO NEXT STEPS WITH THE OFFICE OF ADMINISTRATIVE LAW.

SO WITH THAT, I'M JUST GOING TO GO THROUGH A COUPLE SLIDES AS BACKGROUND THAT I SHARED WITH YOU IN JUNE. CIRM'S GRANTS ADMINISTRATION, CURRENT GRANTS ADMINISTRATION POLICY IS A SET OF REGULATIONS THAT GOVERN THE MANAGEMENT OF ALL CIRM AWARDS FROM APPLICATION REVIEW THROUGH AWARD CLOSEOUT.

THE FIRST ITERATION OF THESE POLICIES WERE IN 2006 WHEN THE ICOC ADOPTED THE FIRST GRANTS ADMINISTRATION POLICY AND THEN AFTER THAT IN 2008 A PARTICULAR POLICY FOR FACILITIES AND EQUIPMENT GRANTS. AND AFTER THAT TIME, THE NEXT TIME THAT THESE WERE AMENDED WERE IN 2016 WHERE THE BOARD ADOPTED THE CURRENT ACTIVE GRANTS ADMINISTRATION POLICIES THAT WERE SEPARATED BY PROGRAM TYPES. SO OUR CLINICAL TRIAL STAGE PROJECTS HAD ONE POLICY AND OUR DISCOVERY, TRANSLATION, EDUCATION GRANTS HAVE ANOTHER POLICY.

AS MENTIONED, IN JUNE OF THIS YEAR, THE

ICOC DIRECTED CIRM TO INITIATE A FORMAL RULEMAKING PROCESS TO ADOPT A UNIFIED, WHAT WE ARE CALLING NOW, AN AWARD MANAGEMENT POLICY THAT ALIGNS WITH OUR STRATEGIC GOALS AND THE GOALS OF PROPOSITION 14.

AND AS A REMINDER, CIRM MUST FOLLOW THE OFFICE OF ADMINISTRATIVE LAW RULEMAKING PROCESS FOR CREATING ANY NEW REGULATION. AND SO THAT IS WHAT WE HAVE STARTED SINCE THAT TIME IN JUNE.

AND JUST BRIEFLY, I JUST WANTED TO GO THROUGH THE HIGH LEVEL SUMMARY OF THOSE CHANGES THAT I PRESENTED IN JUNE, THE PHILOSOPHY BEHIND THIS NEW AWARD MANAGEMENT POLICY. WE'RE SHIFTING FROM OUR CURRENT USE OF THREE DIFFERENT GRANTS ADMINISTRATION POLICIES TO ONE UNIFIED, ALL ENCOMPASSING POLICY. THIS HIGH LEVEL POLICY REMOVES DISTINCTION BY PROGRAM OR ORGANIZATION TYPE AND OFFERS CONSISTENCY AND ADAPTABILITY FOR FUTURE ITERATIONS OF CIRM AND THE STRATEGIC ALLOCATION FRAMEWORK. IT MAINTAINS THE CHRONOLOGICAL ORGANIZATION OF OUR GRANTMAKING PROCESS. IT REMOVES -- WE DID SOME HOUSEKEEPING. SO IT REMOVES DUPLICATIVE REFERENCES BETWEEN OTHER POLICIES THAT WE HAVE IN PLACE, ADDS IN NEW ELEMENTS FOR PROPOSITION 14 SPECIFICALLY, AND STREAMLINES LANGUAGE CHOICE DEFINITIONS. OUR HOPE IS THIS PROVIDES A MORE CLEAR, USER FRIENDLY, AND TIMELESS

POLICY THAT WE CAN HAVE FOR YEARS TO COME.

AND WITH THAT, WE'VE ALSO RENAMED THAT TO AWARD MANAGEMENT POLICY. AS ONE OF THOSE LANGUAGE CHOICES, WE USED AWARD AND GRANT INTERCHANGEABLY. SO WE UNIFIED THAT.

SO WHERE ARE WE IN THIS PROCESS? THIS IS THE TIMELINE OF WHAT WE HAVE TO DO TO ACCOMPLISH GETTING THIS INTO EFFECT. IN JUNE THIS BOARD AUTHORIZED THE START OF THE RULEMAKING PROCESS. AND SINCE THAT TIME, WE'VE BEEN UNDERGOING AN INITIAL SUBMISSION TO THE OFFICE OF ADMINISTRATIVE LAW, WHICH THEN WE HAD TO POST TO PUBLIC COMMENT. AND WE WENT THROUGH THOSE REVIEWS, RECEIVED COMMENTS, REVIEWED AND MADE A FEW REVISIONS THAT ARE IN THE MEMO ATTACHED TO THE MATERIALS. AND TODAY WE'RE HERE TO -- I'LL BE SHARING WITH YOU THE REVISIONS THAT WE MADE AS WELL AS HOPEFULLY ADOPTING THIS FINAL POLICY SO THAT WE CAN IMPLEMENT IT AND OPERATIONALIZE IT IN EARLY 2026.

SO THE MEMO OUTLINES ALL THE REVISIONS MADE. WHAT I WILL DO IN THE NEXT TWO SLIDES IS JUST HIGHLIGHT THE KEY REVISIONS THAT I WANTED TO SHARE WITH YOU TODAY. ONE REVISION THAT WE MADE IS THAT THE EFFECTIVE DATE OF THIS NEW POLICY WILL GO INTO EFFECT FOR ALL NEW AWARDS AT THE TIME THAT IT IS

APPROVED BY THE OFFICE OF ADMINISTRATIVE LAW. BUT FOR ACTIVE AWARDS, WE WILL GIVE A SIX-MONTH GRACE PERIOD TO ALLOW AWARDEES TO TRANSITION TO ANY NEW POLICIES OR PROVISIONS. AND WE'RE HOPING THAT HELPS OUR AWARDEES GET UP TO SPEED ON ANY NEW CHANGES AND ALSO PREPARE AND GIVING THEM A LITTLE BIT MORE ROOM THAN HAVING IT JUST BE THE DATE EFFECTIVE WITH OAL.

WE MADE SOME CHANGES TO THE LIMITATION OF CIRM LIABILITY. SO WE INSERTED ADDITIONAL LANGUAGE REQUIRING AWARDEES TO ENSURE THAT SUBCONTRACTORS AND RECIPIENTS AGREE TO INDEMNIFY CIRM TO THE SAME EXTENT AS THE AWARDEE. WE ALSO ADDED LANGUAGE TO ALLOW AN INSTITUTION TO PROVIDE EQUIVALENT PROTECTION UNDER A SELF-INSURANCE STRUCTURE IF AN INSTITUTION IS NOT INSURED UNDER A COMMERCIAL POLICY PROVIDED THAT THE INSTITUTION ADD CIRM AS AN ADDITIONAL COVERED PARTY, AND CIRM WILL HAVE AN ANNUAL CERTIFICATION OF THAT PROCESS.

AND THEN THE NEXT TWO POINTS THAT I'M GOING TO COVER ARE REALLY TO ALIGN WITH THE FEDERAL GOVERNMENT AND THE OFFICE OF MANAGEMENT AND BUDGET UNIFORM GUIDANCE. IN REVIEWING OUR POLICIES, OUR ALLOWABLE FACILITIES RATES ARE MIRRORED AGAINST NIH IN MANY FASHIONS. AND ONE OF THOSE IS OUR TOTAL MODIFIED COSTS. SO FACILITIES AND INDIRECT COSTS

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ARE CALCULATED TYPICALLY AROUND $25,000 FOR EACH SERVICE CONTRACT, SUBCONTRACT, AND CONSULTANT. BUT OMB HAS CHANGED THAT TO 50,000. SO WE WOULD LIKE TO ALIGN WITH OMB AS IT'S MORE CONSISTENT FOR OUR AWARDEES BUT ALSO ADVANTAGEOUS FOR AWARDEES IN INCURRING OVERHEAD. SO WE HAVE MADE THAT CHANGE, THAT IT WOULD BE 50,000 IN THAT POLICY.

ADDITIONALLY, OUR EQUIPMENT POLICY WE'VE REVISED TO ALIGN WITH UNIFORM GUIDANCE ON EQUIPMENT FOR CAPITALIZATION OF EQUIPMENT AT $10,000.

AND THE LAST PIECE PERTAINS TO OUR TRAINEE FUNDS. SO WE REMOVED A REQUIREMENT THAT CIRM PRIOR AUTHORIZATION WOULD BE REQUIRED FOR ANY TRAINEE FUNDS THAT ARE UNOBLIGATED AT THE END OF ANY GIVEN PERIOD OF THE YEAR AND REPLACED AN ALLOWANCE FOR CARRY-FORWARD TO ALLOW FOR FLEXIBILITY FOR PROGRAM DIRECTORS TO MAKE THOSE DECISIONS AND MAKE WHOLE COHORTS OF TRAINEES. SO THEY CAN FULLY FUND A WHOLE TRAINEE, THEY CAN DO THAT WITHOUT ANY PRIOR AUTHORIZATION AS OUR INTENT IS TO TRAIN AS MANY STUDENTS AS POSSIBLE. AND WE ALSO FEEL THAT WE HAVE ENOUGH COMPLIANCE MECHANISMS IN PLACE TO MONITOR THAT USE OF FUNDING.

MS. DURON: SO IS THAT LIKE A ROLLOVER?

MS. LEWIS: IT'S ESSENTIALLY A ROLLOVER.

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IT'S GIVING THAT PROVISION WITHOUT HAVING TO GO THROUGH ADMINISTRATIVE STEPS OF FILING A REPORT AND TALKING IT THROUGH WHEN WE'RE ALREADY MONITORING THEIR FUNDS.

SO THAT'S MY PRESENTATION. I'M HAPPY TO ANSWER ANY QUESTIONS THAT ARE IN THE MEMO OR PERTAINING TO THE POLICY, BUT THE REQUEST TODAY IS FOR THE BOARD TO AUTHORIZE THE CIRM TEAM TO ADOPT THIS REVISED AWARD MANAGEMENT POLICY AND TO ENABLE CLOSURE OF THE RULEMAKING PROCESS, WHICH MEANS WE'LL NOW START THE PROCESS WITH OFFICE OF ADMINISTRATIVE LAW TO MAKE THIS A REGULATION.

CHAIRMAN IMBASCIANI: GREAT. GREAT, JENN. THAT WAS REALLY VERY, VERY CLEAR AND LUCID. SINCE THIS IS A REQUEST TO THE BOARD, IT WILL REQUIRE A VOTE. SO I NEED A MOTION FIRST TO START DISCUSSION.

MS. DURON: MOTION.

CHAIRMAN IMBASCIANI: I PRESUME IT'S IN FAVOR.

MS. DURON: IN FAVOR.

CHAIRMAN IMBASCIANI: OKAY.

MS. CASILLAS: SECOND.

CHAIRMAN IMBASCIANI: AND MARGUERITE HAS SECONDED IT. OKAY.

MS. DURON: QUESTION. IT'S ON THE

THIRD -- TWO PAGES BACK, THE NEXT ONE. THERE. THE LIMITATION OF CIRM LIABILITY. I'M WONDERING IF UNDER THIS, AND MAYBE EVEN IN SOME OF OUR NEW PROGRAMS, WHEN AN ORGANIZATION, AN INSTITUTION IS MAYBE SUBCONTRACTING A COMMUNITY-BASED ORGANIZATION TO HELP THEM WITH RECRUITMENT AND NAVIGATION OR HOWEVER, IS THAT CBO REQUIRED TO HAVE ITS OWN POLICY, COMMERCIAL POLICY, PROVIDED, WHICH CAN BE VERY EXPENSIVE FOR SMALL AGENCIES?

MS. LEWIS: I'M GOING TO PASS THAT OVER TO RAFAEL.

MR. AGUIRRE-SACASA: SO WE DON'T EXTEND OUR REQUIREMENT FOR THAT COMMERCIAL LIABILITY TO THE SUBCONTRACTOR. WE LIMIT IT TO THE AWARDEE. WHAT THE AWARDEE CONTRACTS WITH THE CBO WOULD BE UP TO THEM. WE CAN CERTAINLY ENCOURAGE THEM TO BE MORE EASY TO WORK WITH, IF YOU WILL, BECAUSE I THINK THAT'S WHAT YOU'RE TRYING TO GET TO, THAT SOME PEOPLE MAY NOT HAVE THE RESOURCES TO BE ABLE TO PURCHASE.

MS. DURON: BEEN THERE.

MR. AGUIRRE-SACASA: WE DON'T -- THESE ARE ALWAYS MAYS. IN OTHER WORDS, WE CAN ENFORCE THESE THINGS. WE HAVE SOME FLEXIBILITY WITH THINGS, BUT THESE ARE THE DEFAULT PROVISIONS SO THAT WE CAN TAKE

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EVERYTHING IN CONSIDERATION, IF THE NEED ARISES.

MS. DURON: AND SO THAT WILL BE KIND OF A SUGGESTION TO, IF IT'S REQUIRED OF THE CBO OR THAT OTHER EXTERNAL SUBCONTRACT, THAT GIVEN THEIR OWN ECONOMIC CIRCUMSTANCES, YOU MIGHT SUGGEST THAT THE FUNDED INSTITUTION PUT A LINE ITEM IN THERE TO COVER THAT NEED FOR THEIR OWN INSURANCE.

MR. AGUIRRE-SACASA: WE'LL CERTAINLY TAKE A LOOK AT THAT AND SEE HOW WE CAN WORK --

MS. DURON: HOW YOU WORD IT OR SOMETHING.

MR. AGUIRRE-SACASA: YEAH.

MS. DURON: I JUST THINK THAT THAT'S SOMETHING YOU SHOULD CONSIDER WHEN YOU'RE STARTING TO TALK ABOUT GOING INTO COMMUNITIES AND GETTING THEM TO WORK WITH YOU. AND IF SUDDENLY THERE'S THIS REQUIREMENT THAT YOU HAVE TO BE INSURED AS WELL, TO COVER US PARTIALLY, YADA, YADA, YADA, I THINK YOU REALLY NEED TO LOOK AT THAT.

MR. AGUIRRE-SACASA: THAT CERTAINLY CAN FACTOR INTO HOW WE EVALUATE THE SITUATION BECAUSE THAT'S PROBABLY WHERE IT WOULD COME UP MORE OFTEN THAN NOT. WE WOULD BE PRESENTED WITH A SCENARIO LIKE CBO MAY NOT HAVE ALL LIABILITY THAT YOU NEED. ARE YOU OKAY WITH THIS? WE CAN CERTAINLY LOOK -- WE'LL EVALUATE THE FACTS AND CIRCUMSTANCES, BUT

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WE'LL TAKE SORT OF THAT AS A PREFERENCE, IF YOU WILL, TO PROVIDE THAT FOR SURE.

CHAIRMAN IMBASCIANI: FOR THE PUBLIC'S SAKE, IF THEY'RE WONDERING WHO'S BEEN SPEAKING TO BOARD MEMBER DURON, IT'S OUR CHIEF LEGAL COUNSEL, RAFAEL AGUIRRE-SACASA. THANK YOU.

ANY OTHER BOARD MEMBERS WANT TO DISCUSS THIS? I DON'T SEE ANY. DO WE HAVE ANY MEMBERS OF THE PUBLIC WITH THEIR HAND RAISED? WE DO NOT. OKAY. WE CAN PROCEED TO A VOTE ON THE AWARD MANAGEMENT POLICY.

MR. TOCHER: ALL RIGHT. ALL THOSE MEMBERS IN THE ROOM PRESENTLY IN FAVOR SAY AYE. THOSE OPPOSED? ANY ABSTENTIONS? AND I'LL POLL THE MEMBERS ON THE PHONE.

EYAD ALMASRI.

DR. ALMASRI: YES.

MR. TOCHER: KIM BARRETT.

DR. BARRETT: AYE.

MR. TOCHER: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: YES.

MR. TOCHER: JOHN CARETHERS.

DR. CARETHERS: AYE.

MR. TOCHER: DEBORAH DEAS.

DR. DEAS: I DEFER TO MONICA SINCE SHE

LISTENED TO MOST OF THE CONVERSATION.

DR. CARSON: YES.

MR. TOCHER: MONICA CARSON. THANK YOU.

JUDY CHOU.

DR. CHOU: AYE.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: AYE.

MR. TOCHER: SHANNON DAHL.

DR. DAHL: AYE.

MR. TOCHER: ANNE-MARIE DULIEGE. MARK FISCHER-COLBRIE.

MR. FISCHER-COLBRIE: YES.

MR. TOCHER: ELENA FLOWERS.

DR. FLOWERS: YES.

MR. TOCHER: JUDY GASSON.

DR. GASSON: YES.

MR. TOCHER: RICH LAJARA.

MR. LAJARA: YES.

MR. TOCHER: PAT LEVITT.

DR. LEVITT: YES.

MR. TOCHER: HALA MADANAT.

DR. MADANAT: YES.

MR. TOCHER: LINDA MALKAS.

DR. MALKAS: YES.

MR. TOCHER: SHLOMO MELMED. CAROLYN

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MELTZER.

DR. MELTZER: AYE.

MR. TOCHER: CHRIS MIASKOWSKI.

DR. MIASKOWSKI: YES.

MR. TOCHER: ADRIANA PADILLA.

DR. PADILLA: YES.

MR. TOCHER: JOYCE SACKEY.

DR. SACKEY: YES.

MR. TOCHER: SHAUNA STARK.

DR. STARK: YES.

MR. TOCHER: KAROL WATSON.

DR. WATSON: YES.

MR. TOCHER: YAEL WYTE.

MS. WYTE: YES.

MR. TOCHER: KEVIN XU.

DR. XU: YES.

MR. TOCHER: AND KEITH YAMAMOTO.

DR. YAMAMOTO: YES.

MR. TOCHER: GREAT. THANKS VERY MUCH.

CHAIRMAN IMBASCIANI: GREAT. THANK YOU. LET'S MOVE NOW TO --

VICE CHAIR BONNEVILLE: JENN, THANK YOU AND THE TEAM. IT WAS GREAT WORK.

CHAIRMAN IMBASCIANI: ITEM NO. 13 WILL RETURN US TO OUR CHIEF LEGAL COUNSEL FOR HIS

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PRESENTATION WHICH IS A CONSIDERATION OF THE RECOMMENDATION FROM OUR OWN GOVERNANCE SUBCOMMITTEE. AND THIS REGARDS CIRM'S INTERNAL EMPLOYEE CONFLICT OF INTEREST POLICY.

MR. AGUIRRE-SACASA: THANK YOU, CHAIRMAN IMBASCIANI. DOES THE SUBCOMMITTEE -- GOVERNANCE SUBCOMMITTEE WANT TO SAY ANYTHING ABOUT THIS?

CHAIRMAN IMBASCIANI: TO START THIS OR --

MR. AGUIRRE-SACASA: PERFECT. GOOD AFTERNOON, BOARD MEMBERS AND MEMBERS OF THE PUBLIC. MY NAME IS RAFAEL AGUIRRE-SACASA AND I'M THE GENERAL COUNSEL FOR CIRM. IT IS MY PLEASURE TODAY TO WALK YOU THROUGH THE PROPOSED AMENDMENTS TO THE EMPLOYEE CONFLICT OF INTEREST POLICY.

THE EMPLOYEE COI POLICY WAS FIRST ADOPTED IN 2005 AND IS DESIGNED TO ENSURE IMPARTIALITY, TRANSPARENCY, AND PUBLIC TRUST BY PREVENTING CIRM EMPLOYEES FROM PARTICIPATING IN MATTERS WHERE PERSONAL, PROFESSIONAL, OR FINANCIAL INTEREST COULD INFLUENCE OR APPEAR TO INFLUENCE THEIR OFFICIAL DUTIES. THE PROPOSED AMENDMENTS STRENGTHEN THESE SAFEGUARDS BY CLARIFYING DEFINITIONS, EXPANDING PARTICIPATION RESTRICTIONS, AND FORMALIZING THE DISCLOSURE AND RESOLUTION PROCESS.

THE INITIAL SET OF CHANGES FOCUSES ON THE

CLARIFYING DEFINITIONS AND EXPANDING EMPLOYEE PROHIBITIONS TRIGGERING EMPLOYEE RECUSAL. FIRST, WE ALIGNED THE DEFINITION OF IMMEDIATE FAMILY MEMBER WITH THE POLITICAL REFORM ACT TO ENSURE CONSISTENCY WITH STATE LAW. SECOND, WE EXPANDED THE CIRCUMSTANCES UNDER WHICH AN EMPLOYEE MUST REFRAIN FROM PARTICIPATING IN THE REVIEW OF AN APPLICATION OR CONTRACT. SPECIFICALLY, THE UPDATED POLICY EXPANDS THE RECUSAL TRIGGERING RESTRICTIONS ON EMPLOYEE AND FAMILY EMPLOYMENT RELATIONSHIPS AT APPLICANT INSTITUTIONS. IT ALSO CLARIFIES THE TERM "FINANCIAL BENEFIT," AGAIN, TO ALIGN WITH THE PRA, WHICH INCLUDES THE CONCEPT OF BOTH DIRECT AND INDIRECT MONETARY GAINS.

THE POLICY ALSO SPECIFIES THAT A CIRM EMPLOYEE MAY NOT REVIEW AN APPLICATION WITH A PRINCIPAL INVESTIGATOR WHO HAS SERVED AS A RESEARCH COLLABORATOR, MENTOR OF THE EMPLOYEE WITHIN THE PRECEDING THREE YEARS. IT ALSO REAFFIRMS THAT CONFLICTED CIRM EMPLOYEES MAY NOT RESPOND TO APPLICATIONS OR RFA'S WHERE THEY ARE CONFLICTED BEYOND PROVIDING PUBLICLY AVAILABLE GENERAL CIRM INFORMATION.

LASTLY, THE POLICY ADDS NEW INVESTMENT RESTRICTIONS THAT PROHIBIT EMPLOYEES FROM INVESTING

IN OR TRADING COMPANIES THAT, A, HAVE RECEIVED OR APPLIED FOR CIRM FUNDING OR ARE REASONABLY UNDERSTOOD, BASED ON PUBLICLY AVAILABLE INFORMATION, TO DEVOTE 20 PERCENT OR MORE OF THEIR RESEARCH BUDGET TO CELL AND GENE THERAPY RESEARCH. IF A CONFLICT ARISES IN SUCH A SITUATION, THE CIRM EMPLOYEE MUST BEGIN DIVESTITURE WITHIN 90 DAYS OF LEARNING OF THE CONFLICT AND MUST NOT PARTICIPATE IN ANY ASPECT OF THE APPLICATION REVIEW. DIVERSIFIED MUTUAL FUNDS REMAIN EXEMPT, AND ANY INVESTMENTS UNDER $10,000 ARE STILL GOVERNED BY THE PRA.

ANY QUESTIONS SO FAR? THIS SLIDE CONTINUES WITH TWO ADDITIONAL CATEGORIES OF AMENDMENTS. FIRST, REGARDING PROFESSIONAL ACTIVITIES, THE UPDATED POLICY SPECIFIES EMPLOYEES MAY HOLD UNCOMPENSATED, VOLUNTARY CLINICAL FACULTY ROLES SO LONG AS THE ROLE PROVIDES NO FINANCIAL BENEFIT AND IS NOT CONNECTED TO ANY CIRM-FUNDED PROJECT.

SECOND, WE STRENGTHENED AND FORMALIZED OUR DISCLOSURE AND COMPLIANCE FRAMEWORK. EMPLOYEES NOW SUBMIT BOTH AN INITIAL AND AN ANNUAL CONFLICTS DISCLOSURE FORM OF ANY KNOWN CONFLICTS. THEY MUST ALSO REPORT ANY NEW OR CHANGED CONFLICTS WITHIN FIVE DAYS OF KNOWLEDGE. EMPLOYEES WHO IDENTIFY A

CONFLICT MUST IMMEDIATELY RECUSE THEMSELVES FROM ALL APPLICANT-RELATED ACTIVITIES. THE LEGAL DEPARTMENT WILL THEN CONDUCT A FORMAL REVIEW OF THE FACTS AND CIRCUMSTANCES, IT WILL ISSUE A WRITTEN DETERMINATION, AND DOCUMENT THE OUTCOMES.

FINALLY, THE POLICY NOW INCLUDES DISCIPLINARY CONSEQUENCES FOR FAILING TO DISCLOSE OR COMPLY WITH THESE REQUIREMENTS UP TO AND INCLUDING TERMINATION.

IN SUMMARY, THESE ENHANCEMENTS ESTABLISH A CLEAR AND MORE CONSISTENT PROCESS FOR IDENTIFYING AND RESOLVING CONFLICTS OF INTEREST. CIRM REQUESTS THAT THE ICOC APPROVE THE PROPOSED AMENDMENTS TO THE CIRM EMPLOYEE CONFLICT OF INTEREST POLICY.

DR. GASSON: THANK YOU VERY MUCH, RAFAEL. AND THE GOVERNANCE SUBCOMMITTEE REVIEWED THIS IN OUR MEETING IN DECEMBER, AND IT WAS UNANIMOUSLY RECOMMENDED TO THE BOARD TO APPROVE THESE CHANGES TO THE CONFLICT OF INTEREST POLICY.

CHAIRMAN IMBASCIANI: THANK YOU, JUDY, FOR THE COMMENT. WE HAVEN'T MOVED TO ACCEPT THIS YET, RIGHT? I NEED A MOTION TO START DISCUSSION.

DR. BARRETT: SO MOVED.

CHAIRMAN IMBASCIANI: THANK YOU.

DR. GASSON: SECOND.

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CHAIRMAN IMBASCIANI: KIM BARRETT AND JUDY SECONDED. GOOD. OKAY. ANY BOARD MEMBER WANT TO COMMENT ON OUR CONFLICT OF INTEREST POLICY? IT WAS PRETTY STRAIGHTFORWARD. ANY MEMBER OF THE PUBLIC? NO. OKAY. YOU CAN VOTE TO APPROVE.

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

EYAD ALMASRI.

DR. ALMASRI: AYE.

MR. TOCHER: KIM BARRETT.

DR. BARRETT: AYE.

MR. TOCHER: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: AYE, YES.

MR. TOCHER: JOHN CARETHERS.

DR. CARETHERS: AYE.

MR. TOCHER: DEBORAH DEAS.

DR. DEAS: AYE.

MR. TOCHER: JUDY CHOU.

DR. CHOU: AYE.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: AYE.

MR. TOCHER: SHANNON DAHL.

DR. DAHL: AYE.

MR. TOCHER: MARK FISCHER-COLBRIE.

MR. FISCHER-COLBRIE: YES.

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MR. TOCHER: ELENA FLOWERS.
DR. FLOWERS: YES.
MR. TOCHER: JUDY GASSON.
DR. GASSON: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: PAT LEVITT.
DR. LEVITT: YES.
MR. TOCHER: HALA MADANAT.
DR. MADANAT: YES.
MR. TOCHER: LINDA MALKAS.
DR. MALKAS: YES.
MR. TOCHER: CAROLYN MELTZER.
DR. MELTZER: YES.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
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MS. WYTE: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
MR. TOCHER: KEITH YAMAMOTO.
DR. YAMAMOTO: YES.
MR. TOCHER: THANK YOU. THE MOTION CARRIES.
CHAIRMAN IMBASCIANI: OKAY. THANK YOU, SCOTT, VERY MUCH. GREAT. FOLKS, NOW WE CAN MOVE ON TO CONSIDER OUR ACCESSIBILITY AND AFFORDABILITY STRATEGY, OUR AGENDA ITEM NO. 14. AND THE PRESENTATION WILL BE MADE BY OUR CHIEF SCIENCE OFFICER, DR. ROSA CANET-AVILES. ROSA.
DR. CANET-AVILES: THANK YOU, MR. CHAIRMAN. I DON'T KNOW IF MADAM VICE CHAIR WANTED TO SAY A FEW WORDS.
VICE CHAIR BONNEVILLE: I DID. JUST A SECOND PLEASE.
DR. CANET-AVILES: JUST WANTED TO ASK IF THE -- CAN YOU SEE WELL OR ARE YOU SEEING THE REPRESENTERS?
VICE CHAIR BONNEVILLE: THANK YOU, ROSA. THE PATIENT ACCESS TEAM AND THE ACCESS AND AFFORDABILITY WORKING GROUP HAVE SPENT THE LAST SEVERAL MONTHS CRAFTING AND REFINING THE STRATEGY

YOU ARE ABOUT TO HEAR. CONVERSATIONS WITH KEY STAKEHOLDERS, EXPERTS, AND INDIVIDUAL MEMBERS OF THE WORKING GROUP WERE INSTRUMENTAL IN WHAT YOU ARE ABOUT TO HEAR.

I WANT TO THANK THE TEAM FOR ALL THE WORK THEY PUT INTO THIS. THE STRATEGY IS NOT STATIC AND IS MEANT TO EVOLVE AS WE LEARN MORE. AGAIN, THIS ENDEAVOR IS NOT EASY, NOR STRAIGHTFORWARD, BUT IT IS WORTH ALL THE EFFORT. SO THANK YOU, ROSA. AND IF YOU COULD PLEASE CONTINUE WITH THE PRESENTATION.

DR. CANET-AVILES: THANK YOU, MADAM VICE CHAIR. THANK YOU, MEMBERS OF THE BOARD, AS WELL FOR YOUR ATTENTION TO THIS AND THE AFFORDABILITY AND ACCESSIBILITY WORKING GROUP FOR THEIR GREAT FEEDBACK, THE PATIENT ACCESS TEAM FOR THEIR COLLABORATIVE WORK, THE PRECLINICAL DEVELOPMENT LEAD, DR. SHYAM PATEL, AND THE CLINICAL DEVELOPMENT LEAD AS WELL, DR. JOE GOLD. IT'S BEEN A LABOR OF LOVE DEVELOPING THIS STRATEGY. AND OBVIOUSLY DR. GEOFF LOMAX FOR THE PATIENT ACCESS TEAM.

SO AS WE ALL KNOW, WE ARE REACHING A DEFINING MOMENT AT CIRM WHERE FUNDED THERAPIES ARE APPROACHING APPROVAL. AND WE WILL SEE SOME OF THESE IN OUR PORTFOLIO PRESENTATION IN MARCH. BUT SCIENCE ALONE WON'T GET THESE THERAPIES TO CALIFORNIA. SO

OUR JOB IS TO ENSURE ACCESS AND AFFORDABILITY ARE BUILT INTO THE ENTIRE LIFE CYCLE AND WE'VE EXTRACTED SOME OF THESE STEPS. BUT WE NEED TO DO THIS IN THE CONTEXT OF AN OVERALL FRAMEWORK STRATEGY.

SO THIS STRATEGY SHIFTS CIRM FROM FUNDING INNOVATION TO ENABLING THIS REAL-WORLD IMPACT, ENSURING THAT EVERY TAXPAYER FROM THE THERAPY HAS A VIABLE PATH TO REACH ALL ELIGIBLE PATIENTS. TODAY WHAT I'LL DO ON BEHALF OF OUR TEAM AND OUR CO-CHAIR, MARIA BONNEVILLE, AND OUR ACCESSIBILITY AND AFFORDABILITY WORKING GROUP IS TO WALK YOU THROUGH HOW WE CAN MAKE THIS REAL, OUR IMPLEMENTATION ROADMAP FOR ACCESS AND AFFORDABILITY, AND THE CONCRETE STEPS THAT WE ARE TAKING TO ENSURE THAT CIRM-FUNDED THERAPIES CAN REACH PATIENTS ACROSS CALIFORNIA.

THE DETAILED ELEMENTS (UNINTELLIGIBLE) OPERATIONAL ARCHITECTURE AND THE PROGRAM-SPECIFIC PLANS ARE ALL INCLUDED IN THE STRATEGIC DOCUMENT AND THE MEMO PROVIDED IN THE BACKGROUND DOCUMENTS. AND THANK YOU, CLAUDETTE AND SCOTT, FOR MAKING THOSE AVAILABLE. THOSE DETAILS WILL ALSO SURFACE IN THE IMPLEMENTATION PROGRAMS WHEN WE BRING THEM FORWARD IN THE MONTHS AHEAD.

SO WITHOUT LESS FURTHER ADO, THE STRUCTURE

OF THE PRESENTATION IS THE FOLLOWING. I'M JUST GOING TO GO THROUGH VERY QUICKLY OUR GOAL AND THE BACKGROUND AND OBJECTIVES AND THEN AT A HIGH LEVEL WHAT DOES THIS IMPLEMENTATION PLAN CONSIST IN AND THEN WHAT COULD BE THE MILESTONES THAT WE COULD BE EXPECTING AND THEN THE REQUEST FOR THE ICOC. SO THANK YOU FOR YOUR ATTENTION.

SO THE GOAL TODAY IS STRAIGHTFORWARD. IT'S TO PRESENT THE ACCESS AND AFFORDABILITY STRATEGY TO OUR BOARD FOR APPROVAL. IN NOVEMBER THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP REVIEWED THE STRATEGY AND RECOMMENDED IT TO MOVE FORWARD. AND TODAY THE FINAL STEP IN THAT PROCESS, WHICH IS TO BRING IT TO THE FULL BOARD FOR CONSIDERATION AND APPROVAL.

PROPOSITION 14 GAVE US A CLEAR MANDATE, WHICH IS TO ENHANCE PATIENT ACCESS AND PROMOTE AFFORDABILITY. THIS MANDATE IS NOT THEORETICAL. IT IS ACTIONABLE. SO WE HAVE ANALYZED THE BARRIERS THAT OCCUR WITHIN THE SYSTEM AND DEVELOPED A STRATEGY THAT RESPONDS DIRECTLY TO THOSE BARRIERS. AND IT LAYS OUT HOW WE MOVE FROM INDIVIDUAL PROGRAM ELEMENTS TO A COORDINATED SYSTEM THAT ENSURES THAT OUR THERAPIES ARE NOT JUST DEVELOPED, BUT WILL GET DELIVERED TO CALIFORNIANS WHO NEED THEM AND, AS OUR

COLLEAGUE AMY ADAMS COULD SAY, TO GET CURES TO PATIENTS IN CALIFORNIA. RIGHT, AMY?

THE STRATEGY IS BUILT ON THREE INTERCONNECTED OBJECTIVES. THE FIRST ONE IS THE CLINICAL INFRASTRUCTURE INTEGRATION. AND THIS IS AN OBJECTIVE THAT INTEGRATES BASICALLY THE WORK THAT WE ARE DOING THROUGH OUR ALPHA CLINICS AND THAT WE MIGHT BE DOING LATER AS WELL, THE COMMUNITY CARE CENTERS FOR EXCELLENCE THAT JUST GOT THE FIRST PHASE WAS APPROVED FOR FUNDING AND OUR PATIENT SUPPORT PROGRAM SO THAT THEY OPERATE AS A UNIFIED, STATEWIDE NETWORK. SO THAT COULD BE THE MAIN OBJECTIVE OF THIS FIRST -- THE WORK OF THAT OBJECTIVE.

THE SECOND ONE IS POLICY AND PAYER ENGAGEMENT. THIS LEVERAGES OUR PORTFOLIO AND CONVENING POWER TO BUILD PAYER CONFIDENCE, IN SHAPING ALSO REIMBURSEMENT MODELS, AND ADVANCE STATE-LED PILOTS THAT ACCELERATE COVERAGE.

AND FINALLY, THE THIRD OBJECTIVE IS AFFORDABILITY AND FINANCIAL INNOVATION, WHICH EMBEDS PLANNING EARLY TO REDUCE OR ELIMINATE PATIENT OUT-OF-POCKET COSTS AND ENSURE COVERAGE MODELS SO CURATIVE THERAPIES ARE TRULY ACCESSIBLE TO ALL CALIFORNIANS.

SO WHAT I'M GOING TO DO IN THE NEXT SLIDES

IS I'LL GO THROUGH EACH ONE OF THESE ELEMENTS WITH WHAT'S THE GOAL AND WHAT ARE THE ACTIONS AT A HIGH LEVEL, AGAIN, THAT WE INTEND TO TAKE. AND AGAIN, THIS WAS ALL DEVELOPED IN COLLABORATION WITH OUR ACCESSIBILITY AND AFFORDABILITY WORKING GROUP.

SO OUR FIRST IMPLEMENTATION PILLAR IS ABOUT TRANSFORMING OUR EXISTING CLINICAL PROGRAMS INTO A UNIFIED, STATEWIDE ACCESS NETWORK. AND ACTUALLY ONE OF THE THINGS I DIDN'T SAY, IT'S NOT ONLY THE CLINICAL INFRASTRUCTURE. IT'S THE CLINICAL PROGRAMS THAT WE FUND THROUGH CLIN2 AS WELL THAT ARE EMBEDDED WITHIN THAT. RIGHT? SO THE GOAL HERE IS VERY CLEAR. IT'S TO CREATE THE PERFORMANCE DRIVEN NETWORK INFRASTRUCTURE THAT DRIVES GEOGRAPHICALLY DISTRIBUTED ACCESS OF CIRM-FUNDED CLINICAL TRIALS AND THERAPIES, MAKING THE RESULTING TREATMENTS AND CURES BROADLY ACCESSIBLE TO CALIFORNIA PATIENTS, NOT ONLY AT MAJOR ACADEMIC CENTERS, BUT ACROSS CALIFORNIA, INCLUDING REGIONS THAT HAVE HISTORICALLY BEEN LEFT OUT OF ADVANCED CARE. AND THAT'S WITH THE CCCE'S, THE PSP, THE COMMUNITY-BASED ORGANIZATIONS STANDARD PROGRAM THAT WE WILL BE TALKING IN THE FUTURE.

SO THIS REQUIREMENT ALIGNS -- THIS REQUIRES ALIGNMENT AND INTEGRATION ACROSS ALL THESE

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PROGRAMS TO ACCELERATE TRIAL START-UP, TO ELIMINATE GEOGRAPHIC DISPARITIES, AND TO ENSURE CALIFORNIANS STATEWIDE CAN RECEIVE THESE THERAPIES. AND THIS NETWORK IS BUILT THROUGH THESE FOUR INTEGRATED COMPONENTS THAT I'VE MENTIONED NOW AND THAT YOU CAN SEE IN THE SLIDE.

SO THIS SLIDE SHOWS HOW EACH COMPONENT OF THIS INFRASTRUCTURE CONTRIBUTES TO A UNIFIED SYSTEM DESIGNED FOR EQUITABLE ACCESS AND ACCELERATED DELIVERY AND THE ACTIONS THAT WE PROPOSE TO IMPLEMENT THIS. FIRST OF ALL, THE ALPHA CLINICS, WE PROPOSE TO ENHANCE OPERATIONAL PERFORMANCE OF CIRM-FUNDED TRIALS. WE ARE ALREADY DOING THIS. SO THIS IS NOT NEW, BUT IT'S PART OF THE WHOLE STRATEGY. SO THIS IS TO PROMOTE COORDINATION BETWEEN CLIN2 AWARDEES AND OUR ALPHA CLINICS TO REDUCE OPERATIONAL BOTTLENECKS FOR RAPID ENROLLMENT OF CALIFORNIA PATIENTS.

THE SECOND ACTION IS TO DEPLOY THE STANDARDIZED METRICS ACROSS ALPHA CLINICS. AND THIS IS SOMETHING THAT WE'VE ALREADY STARTED. WE ARE GOING TO ALSO IMPLEMENT IT INTO THE COMMUNITY CARE CENTERS FOR EXCELLENCE. SO THIS IS TO EXPAND, IMPLEMENT UNIFORM REPORTING FOR TRIAL VOLUME, ENROLLMENT DIVERSITY, RETENTION, INSURANCE STATUS,

SOCIOECONOMIC GEOGRAPHIC REACH TO EVALUATE THE IMPACT THAT THE ALPHA CLINICS HAVE AND ADAPT OUR PROGRAMS TO BETTER SERVE CALIFORNIANS TO BE ABLE TO INFORM THE BOARD WHAT ARE THE OUTCOMES THAT WE ARE GETTING AND HOW ARE WE KEEPING ALL THOSE MILESTONES.

THE SECOND COMPONENT IS THE COMMUNITY CARE CENTERS FOR EXCELLENCE. AND THE ACTIONS THAT WE WILL BE TAKING HERE IS TO PARTNER WITH THE ALPHA CLINICS. SO IN THIS INTEGRATION, WE COULD BE ESTABLISHING A STRUCTURE OF REFERRAL STANDARDS AND DATA SHARING ACROSS THE COMMUNITY CARE CENTERS FOR EXCELLENCE AND THE ALPHA CLINICS TO CREATE COORDINATED PATIENT PIPELINES.

THE SECOND IS THE GEOGRAPHIC EXPANSION, WHICH COULD BE TO EXPAND GEOGRAPHIC REACH OF THE PROGRAM THROUGH FUTURE FUNDING. SO AS MARIA, OUR CO-CHAIR, MENTIONED EARLIER ON, WE HAVE SOME MONEY THAT WAS LEFT ON THE FIRST DELIVERY -- THE FIRST CCCE FUNDING. AND WE ARE GOING TO BE EVALUATING HOW ARE WE GOING TO BE ABLE TO REACH SOME OF THE AREAS THAT HAVE NOT BEEN REACHED GEOGRAPHICALLY, ESPECIALLY THE NORTH OF CALIFORNIA.

THE THIRD ONE IS EARLY PHASE READINESS. SO WE NEED TO BUILD CAPACITY AT THE COMMUNITY CARE CENTERS FOR EXCELLENCE TO SUPPORT IND-ENABLING AND

FIRST-IN-HUMAN STUDIES. AND WE ARE ALREADY DOING THIS THROUGH THE ALREADY FUNDED CCCE'S AS PART OF THE MILESTONES THAT THEY HAVE. AND SAME AS WITH THE ALPHA CLINICS IS TO DEPLOY STANDARDIZED METRICS TO IMPLEMENT THIS UNIFORM REPORTING THAT I WAS MENTIONING TO BETTER SERVE OUR CALIFORNIA PATIENTS AND TO BE ABLE TO REPORT TO THE BOARD.

THE THIRD ELEMENT, WE ARE GOING TO HEAR A LOT FROM OUR COLLEAGUE NIMIT RUPAREL. SORRY, NIMIT, I CONFUSED YOU SHYAM AND YOU WITH THE NAMES. SO NIMIT WILL BE TALKING ABOUT THIS AFTER MY PRESENTATION. AND THE PATIENT SUPPORT PROGRAM, SOME OF THE ACTIONS THAT WE COULD BE DOING IS TO INTEGRATE AS WELL WITH THE ALPHA CLINICS AND CLIN2S TO ADD ANCILLARY SUPPORT TO EXPAND -- TO COVER ADDITIONAL CLINICAL TRIAL COSTS TO REDUCE BARRIERS FOR UNDERSERVED PATIENTS. AND NIMIT CAN TALK ABOUT THIS A LITTLE BIT MORE IN DETAIL.

AND THEN THE FINAL THING WOULD BE OUTCOME AND EQUITY TRACKING. SO MEASURING AND TRACKING PATIENT REFERRALS AND DEMOGRAPHICS AND THE SERVICES USED TO EVALUATE THE IMPACT THAT THIS PSP PROGRAM HAS AND ADAPT TO HOW BEST PROVIDE PATIENT SUPPORT SERVICES TO CALIFORNIANS.

AND THE LAST ELEMENT, A KEY COMPONENT OF

THIS CLINICAL INFRASTRUCTURE INTEGRATION IS THE EXPANSION OF THE COMMUNITY-BASED ORGANIZATION PROGRAM. WE ALREADY HAVE COMMUNITY-BASED ORGANIZATIONS THAT ARE WORKING WITH OUR COMMUNITY CARE CENTERS FOR EXCELLENCE THROUGH THE FIRST THREE FUNDED PROGRAMS. HOWEVER, THERE IS A NEED TO DO SOME MAPPING AND ANALYSIS TO COMPARE CIRM TRIAL PARTICIPANTS WITH CALIFORNIA'S DEMOGRAPHIC DISTRIBUTION TO IDENTIFY WHICH AREAS MIGHT NOT BE -- WE HAVEN'T REACHED YET.

WE ARE DEVELOPING -- WE ARE DISCUSSING THE DEVELOPMENT OF A PILOT PROGRAM TO LAUNCH A PROGRAM THAT COULD COVER SOME OF THOSE NEEDS. AND THIS COULD BE -- THIS IS SOMETHING IN DEVELOPMENT. SO THE BOARD COULD HEAR MORE ABOUT THIS LATER. AND IT COULD BE PRIORITIZING HIGH NEED REGIONS IDENTIFIED IN THIS GAP ANALYSIS.

AND IN TERMS OF METRICS AND ACCOUNTABILITY, THIS HAS TO DO WITH COLLECTING DATA ON OUTREACH AND REFERRALS AND TRIAL ENROLLMENT AND EQUITY IMPACTS AND BEING ABLE TO COORDINATE. THE CBO COORDINATION IS TO ALIGN COORDINATING FUNDED CBO'S TO STANDARDIZED MATERIALS LIKE EDUCATION AND CULTURAL DEVELOPMENT OUTREACH MATERIALS.

THE GOAL WITH THIS CLINICAL INFRASTRUCTURE

INTEGRATION IS THAT BY IMPLEMENTING ALL THESE ACTIONS FROM INDIVIDUAL SITES AND PROGRAMS TO A COORDINATED STATEWIDE INFRASTRUCTURE BUILT FOR EQUITY, FOR SPEED, AND FOR BASICALLY REAL-WORLD READINESS.

SO HOW ARE WE GOING TO -- WHAT DO WE EXPECT WITH THIS INTEGRATION? HERE ARE THE MEASURABLE OUTCOMES THAT COULD DEMONSTRATE AN IMPACT, NOT ACTIVITY. WE EXPECT TO SEE YEAR-OVER-YEAR INCREASES -- OH, SORRY. SOMETHING HAPPENED. CAN YOU STILL SEE MY PRESENTATION? SOMETHING POPPED UP. YOU CAN STILL SEE IT? THANK YOU.

DR. MELTZER: THERE'S AN OVERLAY.

DR. BARRETT: WE CAN'T SEE IT.

DR. CANET-AVILES: OKAY. LET ME JUST STOP SHARING AND SHARE AGAIN IF THAT'S OKAY. ONE SECOND. SOMETHING HAPPENED. I SAW IT POP UP. I PROMISE I DIDN'T TOUCH ANYTHING. LET'S SEE. CAN YOU SEE MY PRESENTATION?

VICE CHAIR BONNEVILLE: YES.

DR. MELTZER: YES.

DR. CANET-AVILES: SO THESE ARE THE MEASURABLE OUTCOMES THAT COULD DEMONSTRATE IMPACT, NOT ACTIVITY. WE EXPECT TO SEE YEAR-OVER-YEAR

INCREASES IN PARTICIPATION FROM UNDERSERVED POPULATIONS. AND YOU KNOW THE METRICS WILL HELP US MEASURE THAT. SHOWING THAT THIS INFRASTRUCTURE, MEANING THE INTEGRATED INFRASTRUCTURE THAT CIRM IS FUNDING, IS ACTUALLY ACTIVELY CLOSING EQUITY GAPS.

BY 27/28 AT LEAST 90 PERCENT OF THE ALPHA CLINICS AND COMMUNITY CARE CENTERS FOR EXCELLENCE WILL BE REPORTING STANDARDIZED METRICS. AND OUR TEAM, EMILY AND GEOFF LOMAX AND CAMERON HAVE BEEN WORKING A LOT ON THIS -- ON IMPLEMENTING THIS. GIVING US REAL-TIME INSIGHT INTO PERFORMANCE AND ACCESS.

WE'LL HAVE A STATEWIDE MAP IDENTIFYING EXACTLY WHERE CALIFORNIANS CAN ACCESS TRIALS AND THERAPIES, AND WE WILL EXPAND OUR GEOGRAPHIC COVERAGE IN ALIGNMENT WITH POPULATION NEED, NOT JUST HISTORICAL CONVENIENCE.

AND FINALLY, WE WILL ACHIEVE CONSISTENCY IN OUTREACH AND ENGAGEMENT ACROSS THE NETWORK. AND THIS IS SOMETHING THAT'S MORE NASCENT AND WE NEED TO DISCUSS IT FURTHER, AND THEN WE WILL COME TO THE AAWG AND THE BOARD TO PRESENT, ENSURING THAT NO COMMUNITY IS LEFT BEHIND SIMPLY BECAUSE THEY ARE NOT CONNECTED TO A MAJOR MEDICAL CENTER. AND WE WILL OBVIOUSLY DO THIS IN COLLABORATION WITH OUR

COMMUNICATIONS TEAM WHICH IS ESSENTIAL FOR THIS.

NOW I'M GOING TO GO INTO THE SECOND OBJECTIVE. I WENT BACKWARDS AND NOW I'M GOING FORWARD. OUR SECOND STRATEGIC OBJECTIVE ADDRESSES ONE OF THE BIGGEST BARRIERS TO PATIENT ACCESS TO DATE, WHICH IS NOT SCIENCE, BUT IT'S REIMBURSEMENT. PAYERS ARE FACING REAL UNCERTAINTY AROUND THE DURABILITY AND LONG-TERM VALUE OF THESE THERAPIES, WHICH LEADS TO INCONSISTENT COVERAGE DECISIONS AND DELAYS IN PATIENT ACCESS. AND CIRM IS UNIQUELY POSITIONED TO CHANGE THAT AS STEWARD OF CALIFORNIANS' INVESTMENT. AND WITH VISIBILITY ACROSS THE DEVELOPMENT PIPELINE THAT WE ARE FUNDING, WE CAN POTENTIALLY USE OUR PORTFOLIO DATA AND INFRASTRUCTURE TO BUILD PAYER CONFIDENCE. THIS IS EASIER SAID THAN DONE, BUT IT'S SOMETHING THAT WE COULD WORK AROUND. SHAPE REIMBURSEMENT MODELS AND HELP DRIVE POLICY SOLUTIONS. NOT AFTER THERAPIES ARE APPROVED, BUT IN PARALLEL WITH THEIR DEVELOPMENT.

THIS PILLAR HAS THREE CORE COMPONENTS: STRUCTURED PAYER ENGAGEMENT FRAMEWORK TO FACILITATE EARLY DATA-DRIVEN DIALOGUE, A CALIFORNIA CELL AND GENE THERAPY REIMBURSEMENT PILOT TO TEST NEW PAYMENT MODELS IN PARTNERSHIP WITH PUBLIC AND COMMERCIAL

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PAYERS, AND STRATEGIC POLICY ADVOCACY TO ENSURE EQUITY AND COVERAGE ARE BUILT INTO STATEWIDE SYSTEMS. THIS IS HOW WE ENSURE THAT CURATIVE THERAPIES MOVE FROM SCIENTIFIC BREAKTHROUGH TO ACCESS FOR REAL PEOPLE IN CALIFORNIA.

THIS SLIDE OUTLINES THE PROPOSED ACTIONS AND HOW WE COULD OPERATIONALIZE OUR PAYER ENGAGEMENT STRATEGY. WHAT WE ARE PROPOSING UNDER THIS OBJECTIVE IS A PROACTIVE APPROACH TO BUILD PAYER READINESS IN PARALLEL WITH THE DEVELOPMENT OF THE THERAPIES. FIRST, THROUGH A STRUCTURED PAYER ENGAGEMENT FRAMEWORK, WE COULD INITIATE TARGET ENGAGEMENT WITH PUBLIC AND PRIVATE PAYERS TO ADDRESS SHARED CHALLENGES SUCH AS DURABILITY, EVIDENCE, LONG-TERM COST MODELING, AND BUDGET IMPACT USING CIRM'S PORTFOLIO AS THE FOUNDATION FOR DATA-DRIVEN DIALOGUE.

WE PROPOSE TO CONVENE TECHNICAL EVIDENCE EXCHANGE SESSIONS TO REVIEW EMERGING OUTCOMES AND DURABILITY DATA AND TO IDENTIFY EVIDENCE GAPS EARLY. THIS FRAMEWORK COULD LAY THE GROUNDWORK FOR FUTURE REIMBURSEMENT PILOT MODELS TIED TO CIRM-FUNDED THERAPIES.

SECOND, WE PROPOSE SUPPORTING THE LAUNCH OF A CALIFORNIA-BASED CELL AND GENE THERAPY

REIMBURSEMENT PILOT IN PARTNERSHIP WITH A PUBLIC PAYER TO TEST THE SCALABLE PAYMENT APPROACHES THAT LINK US TO OUTCOMES AND DISTRIBUTE FINANCIAL RISKS. THIS IS USING REAL-WORLD EVIDENCE EMERGING FROM OUR CLINICAL PROGRAMS. THE PILOT COULD BE IN A SPECIFIC DISEASE THERAPY.

AND THIRD, THROUGH POLICY ADVOCACY, WE WOULD WORK WITH THE STATE AGENCIES TO ALIGN EARLY LIFE SCREENING PATHWAYS WITH CLINICAL INFRASTRUCTURE, ENSURING EQUITY REMAINS CENTRAL UNDER PROPOSITION 14 AND HELP SHAPE POLICY OPTIONS THAT CAN ENABLE TIMELY COVERAGE ONCE THESE THERAPIES ARE READY FOR PATIENT DELIVERY.

EXPECTED OUTCOMES FOR THIS SECOND OBJECTIVE, IF THE STRATEGY IS APPROVED, COULD BE THAT WE WOULD FIRST ESTABLISH FORMAL ENGAGEMENT CHANNELS WITH A PUBLIC PAYER AND AT LEAST TWO MAJOR COMMERCIAL PAYERS BY FISCAL YEAR 28/29. AS YOU ALL KNOW, WE ARE ALSO HIRING FOR A LEADER FOR THIS PATIENT ACCESS TEAM, AND WE WILL GET MORE EXPERTISE ON THIS. AND CREATING PROACTIVE PATHWAYS FOR COVERAGE RATHER THAN WAITING FOR REIMBURSEMENT DECISIONS AFTER APPROVAL.

SECOND, WE COULD SUPPORT THE LAUNCH OF A CALIFORNIA REIMBURSEMENT PILOT FOR CELL AND GENE

THERAPIES BY 34/35, PROVIDING A REAL-WORLD TESTBED FOR SUSTAINABLE PAYMENT MODELS. WE HAVE HAD SOME QUESTIONS ABOUT WHY FISCAL YEAR 34/35. THIS IS WHEN -- THIS IS THE FINAL -- SO IF WE HAVE COMMERCIAL THERAPIES IN THE NEXT FIVE TO SIX YEARS, HAVING THIS AVAILABLE BY THE END OF CIRM IS WHAT WE ARE -- WHAT WE ARE STRIVING FOR, BUT WE COULD HOPE THAT THIS COULD HAPPEN BEFORE, BUT 34/35 IS WHEN CIRM COULD END IF THERE IS NO MORE FUNDING. RIGHT? SO THAT'S WHERE WE WOULD HAVE ESTABLISHED THAT FOR SURE. WE EXPECT THAT IT COULD HAPPEN BEFORE.

ANOTHER EXPECTED OUTCOME IS THAT OUR POLICY ADVOCACY WORK HELPS LEAD TOWARD INTEGRATING EARLY DIAGNOSIS AND GENETIC SCREENING PATHWAYS INTO TRIAL ENROLLMENT TO ENSURE THAT ELIGIBLE PATIENTS, NOT JUST DIAGNOSED PATIENTS, HAVE ACCESS AT THE EARLIEST POSSIBLE POINT. AND ULTIMATELY THE GOAL IS A MEASURABLE REDUCTION IN ACCESS DISPARITIES TIED TO SOCIOECONOMIC BARRIERS.

AND NOW I'M GOING TO GO -- SO THIS IS VERY, VERY AMBITIOUS, BUT THESE ARE THE OBJECTIVES THAT WE ARE PROPOSING.

AND THE THIRD OBJECTIVE IS IN THE REALM OF AFFORDABILITY AND FINANCIAL INNOVATION. THIS THIRD OBJECTIVE RECOGNIZES THAT THE THERAPY IS ONLY AS

IMPACTFUL AS IT IS ACCESSIBLE. SO EVEN WHEN A TREATMENT IS CURATIVE, IF PATIENTS CANNOT AFFORD IT OR THE PAYERS ARE NOT PREPARED TO COVER IT, THE PROMISE OF THESE THERAPIES ARE LOST. RIGHT? SO OUR PROPOSAL IS TO EMBED AFFORDABILITY PLANNING EARLY WITHIN THE R & D PROCESS ITSELF RATHER THAN WAITING UNTIL COMMERCIALIZATION. AND AS YOU ALL KNOW, WE HAVE PILOTED THIS WITH OUR ACCESSIBILITY AND AFFORDABILITY TOOLKIT THAT HAS BEEN DEVELOPED IN COLLABORATION WITH OUR PRECLINICAL DEVELOPMENT AND OUR CLINICAL DEVELOPMENT. SO SHYAM AND JOE HAVE ALREADY IMPLEMENTED IT IN THEIR PROGRAMS, AND WE'VE ALREADY PILOTED THIS.

UNDER THIS STRATEGY CIRM COULD USE ITS FUNDING AND CONVENING POWER TO REQUIRE STRUCTURED AFFORDABILITY MILESTONES WITHIN AWARDS AND TO TEST INNOVATIVE FINANCIAL MODELS THAT REDUCE PATIENT COST AND THE RISK PAYER ADOPTION. THIS INCLUDES ADDRESSING COST DRIVERS IN MANUFACTURING, INTEGRATING REIMBURSEMENT EXPECTATIONS INTO PORTFOLIO MANAGEMENT, AND DEVELOPING STATEWIDE PILOTS FOR SUSTAINABLE ACCESS. AND THEN THE GOAL IS NOT JUST SCIENTIFIC SUCCESS, BUT ENSURING THAT EVERY CIRM-FUNDED THERAPY IS DELIVERABLE IN THE REAL WORLD AND ALIGNED WITH CALIFORNIA'S COMMITMENT -- IN

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ALIGNMENT WITH OUR COMMITMENT FOR PUBLIC BENEFIT.

THIS PILLAR BUILDS ON WORK THAT WE'VE ALREADY PILOTED, AS I WAS MENTIONING, AND MOVES IT INTO FULL IMPLEMENTATION. FIRST, WE ARE FORMALIZING ACCESS AND AFFORDABILITY PLANNING WITHIN AWARDS. AS YOU ALL KNOW, EVERY CLIN2 AND PDEV PROJECT NOW INCLUDES EMBEDDED MILESTONES TO DEMONSTRATE EARLY PAYER ENGAGEMENT AND COST PLANNING BASED ON THE A&A TOOLKIT.

SECOND, WE PROPOSE ADVANCING FINANCIAL MODELING AND INNOVATION TO ENSURE LONG-TERM SUSTAINABILITY. AND THIS COULD INCLUDE DEVELOPING NOVEL FINANCIAL APPROACHES IN COLLABORATION WITH LEADING EXPERTS. AND IMPORTANTLY, WE HAVE EXPERTISE IN-HOUSE. OUR PRESIDENT BRINGS DEEP EXPERIENCE IN THE DEVELOPMENT OF SUCH MODELS AND WILL PLAY A KEY ROLE IN HELPING DRIVE AND SHAPE THESE PATHWAYS AS THEY ARE REFINED AND BROUGHT FORWARD FOR BOARD CONSIDERATION.

WE COULD ALSO INTEGRATE THESE MODELS INTO FUNDING DECISIONS AND LEVERAGE OUR PROGRAMS TO REDUCE COST THROUGH MANUFACTURING INNOVATION.

AND THIRD, WE ARE PROPOSING A RARE DISEASE COMMERCIALIZATION AND FINANCIAL INNOVATION PROGRAM TO ADDRESS THERAPIES WITH LIMITED COMMERCIAL

INCENTIVES. AND THIS WILL ALLOW US TO TEST NEW MODELS FOR SUSTAINABLE DELIVERY WHERE ADDITIONAL REIMBURSEMENT PATHWAYS FALL SHORT.

TOGETHER THESE ACTIONS ENSURE THAT THERAPIES EMERGING FROM CIRM'S PIPELINE ARE NOT ONLY SCIENTIFICALLY VIABLE BUT ALSO AFFORDABLE, SCALABLE, AND DELIVERABLE TO PATIENTS IN THE REAL WORLD.

AND EXPECTED OUTCOMES FOR THIS THIRD OBJECTIVE IS THAT IF THE STRATEGY IS APPROVED, THE OUTCOMES COULD AIM TO ACHIEVE -- COULD INCLUDE FULL INTEGRATION OF AFFORDABILITY MILESTONES INTO CLIN2 AND PDEV AWARDS BY FISCAL YEAR 26/27, ENSURING THAT EVERY LATE STAGE PROGRAM INCORPORATES CONCRETE PLANS FOR REIMBURSEMENT AND PATIENT COST CONSIDERATIONS. AND AS YOU KNOW, WE WORK WITH CONSULTANTS TO HELP US ADVISE THE GRANTEES AS WELL AS TO REVIEW THOSE PLANS AT THE REVIEW TIME.

THE SECOND EXPECTED OUTCOME IS BY FISCAL YEAR 31/32 WE COULD EXPECT TO IMPLEMENT AT LEAST ONE CALIFORNIA-BASED FINANCIAL PILOT DESIGNED TO TEST NEW AFFORDABILITY MODELS IN PARTNERSHIP WITH PAYERS AND BUILD A BLUEPRINT FOR BROADER ADOPTION. AND LONGER TERM, THE GOAL IS SUSTAINED ADOPTION OF AFFORDABILITY FRAMEWORKS BY PUBLIC PAYERS AND COMMERCIAL PAYERS FOR THERAPIES EMERGING FROM CIRM'S

PIPELINE, SIGNALING THAT THESE MODELS ARE NOT JUST ONE OF EXPERIMENTS, BUT VIABLE PATHWAYS FOR EQUITABLE ACCESS IN CALIFORNIA.

AND I THINK IT DID THE SAME THING AGAIN. SO I'M GOING TO STOP AND I'M GOING TO DO THAT BEFORE WE ALL REALIZE THAT THIS HAPPENED. ONE SECOND. NOT SURE WHAT IS GOING ON, BUT I'LL JUST GO QUICK.

SO NOW I'M JUST GOING TO GO THROUGH THE NEAR TERM MILESTONES THAT WE COULD BE LOOKING AT. THESE NEAR TERM MILESTONES AND THEN I WILL GO THROUGH THE LONG-TERM MILESTONES AND THEN JUST THE ASK TO THE BOARD.

SO THESE NEAR TERM MILESTONES REPRESENT THE FOUNDATIONAL STEPS THAT WE COULD TAKE IF THIS IS APPROVED TO OPERATIONALIZE THE STRATEGY OVER THE NEXT TWO FISCAL YEARS. OPERATIONALLY OUR FIRST PRIORITY COULD BE TO FINALIZE THE INTERNAL GOVERNANCE STRUCTURE TO ENSURE ACCOUNTABILITY, CLARITY OF ROLES, AND COORDINATION ACROSS PROGRAMS. THIS MEANS WE NEED TO HAVE A PERSON IN PLACE TO LEAD THE PATIENT ACCESS TEAM, BUT ALSO THE A&A FUNCTION IS A FUNCTION THAT INCLUDES PRECLINICAL AND CLINICAL, THE PATIENT ACCESS IN COORDINATION WITH OUR ACCESSIBILITY AND AFFORDABILITY WORKING GROUP AND MARIA'S LEADERSHIP.

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SO FOR OBJECTIVE ONE, WE COULD IMPLEMENT STANDARDIZED METRICS ACROSS ALPHA CLINICS, COMMUNITY CARE CENTERS FOR EXCELLENCE, AND EXPAND OUR REACH TO UNDERREPRESENTED POPULATIONS BY ONBOARDING ADDITIONAL COMMUNITY-BASED PARTNERS THAT SUPPORT ENGAGEMENT, REFERRAL, AND ENROLLMENT.

FOR OBJECTIVE TWO, WE COULD INITIATE THE PAYER ENGAGEMENT FRAMEWORK AND LAUNCH THE FIRST KNOWLEDGE EXCHANGE SESSION TO BEGIN BUILDING PAYER READINESS IN PARALLEL WITH CLINICAL DEVELOPMENT.

AND FOR OBJECTIVE THREE, WE COULD BRING IN EXTERNAL FINANCIAL MODELING EXPERTS TO DELIVER RECOMMENDATIONS THAT WILL INFORM FUTURE PILOTS AND ENSURE CIRM-FUNDED THERAPIES ARE POSITIONED FOR SUSTAINABLE ACCESS.

THESE ARE EARLY MILESTONES THAT ARE DESIGNED TO BUILD MOMENTUM QUICKLY AND ESTABLISH ALIGNMENT AND BEGIN GENERATING THE DATA NEEDED TO GUIDE LONG-TERM DECISION-MAKING.

IN TERMS OF THE LOOKING AHEAD INTO THE FUTURE BY FISCAL YEAR 34/35, WHICH IS WHEN CIRM COULD NO LONGER HAVE ANY MORE -- COULD END IF WE ARE NOT REFUNDED, THESE ARE THE LONG-TERM MILESTONES THAT THE STRATEGY IS DESIGNED TO DELIVER IF APPROVED.

UNDER OBJECTIVE ONE, WE AIM TO DEMONSTRATE MEASURABLE INCREASES IN PARTICIPATION FROM UNDERREPRESENTED POPULATIONS ACROSS ALL ALPHA CLINICS AND COMMUNITY CARE CENTERS FOR EXCELLENCE.

THE SECOND OBJECTIVE, WE COULD SUPPORT THE INITIATION OF A CALIFORNIA REIMBURSEMENT PILOT IN PARTNERSHIP WITH A PUBLIC PAYER AND AT LEAST TWO COMMERCIAL PAYERS, CREATING A FUNCTIONING MODEL THAT CAN BE SCALED STATEWIDE. BY THIS STAGE OUR GOAL IS THAT A HUNDRED PERCENT OF BLA-READY THERAPIES EMERGING FROM CIRM'S PORTFOLIO WILL HAVE CONCRETE ACCESS AND REIMBURSEMENT PLANS POSITIONING THEM FOR REAL-WORLD DELIVERY.

FINALLY, UNDER OBJECTIVE THREE, WE AIM TO OPERATIONALIZE A SUSTAINABLE COMMERCIALIZATION MODEL FOR AT LEAST ONE RARE DISEASE THERAPY, DEMONSTRATING THAT CIRM CAN ADDRESS DISEASES WITH LIMITED COMMERCIAL PATHWAYS AND STILL DELIVER IMPACT FOR CALIFORNIA PATIENTS.

THESE MILESTONES REPRESENT A MAJOR SHIFT FROM PROGRAMS THAT GENERATE GROUNDBREAKING SCIENCE TO A COORDINATED SYSTEM THAT ENSURES CALIFORNIA PATIENTS CAN ACCESS THE CURES THAT THEIR PUBLIC INVESTMENT HAS HELPED TO CREATE. SO THAT'S WHAT WE COULD BE TRYING TO GET TO.

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AND FINALLY, AND I'VE GONE VERY FAST, BUT FINALLY, THE CIRM TEAM REQUESTS APPROVAL TO THE -- OF THE ACCESS AND AFFORDABILITY STRATEGY BY THE ICOC. THANK YOU VERY MUCH FOR YOUR ATTENTION.

CHAIRMAN IMBASCIANI: GREAT. THANK YOU, ROSA, FOR THE PRESENTATION. THIS IS A REQUEST TO CHANGE OUR STRATEGY WHICH WOULD REQUIRE A VOTE OF THE BOARD. SO I WILL NEED A MOTION TO ACCEPT ROSA'S RECOMMENDATION.

VICE CHAIR BONNEVILLE: SO MOVED.

CHAIRMAN IMBASCIANI: WE HAVE A MOTION.

DR. CLARK-HARVEY: SECOND.

CHAIRMAN IMBASCIANI: AND LEONDRA SECONDED. THANK YOU. BOARD MEMBERS HAVE QUESTIONS FOR ROSA OR MARIA OR ANYONE?

DR. DAHL: YES. THIS IS SHANNON. A LOT OF GREAT WORK GOING INTO AN IMPORTANT AREA HERE, AND I'M VERY SUPPORTIVE OF THE DIRECTION IT'S GOING IN. I THINK A LOT OF THE DETAILS WILL COME TO PLAY AS YOU CONTINUE TO REFINE THE STRATEGY. SO JUST A COUPLE OF COMMENTS ON AREAS WHERE YOU MAY CONSIDER DETAILS IF YOU HAVEN'T ALREADY.

FIRST, KIND OF CONSIDERING THE ROLE OF WHAT'S CIRM'S ROLE VERSUS THE AWARDEES'S ROLE, ARE YOU TRYING TO BUILD THE BRIDGES WITH PAYERS AND

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THEY'RE SHARING THE EVIDENCE? ARE YOU TRYING TO BUILD THE SYSTEM AND TAKING THEM ALONG WITH YOU, SO CONSIDERING THAT? AND IN THAT, ARE YOU EXPECTING EVERY AWARDEE TO BE REQUIRED TO SHARE THEIR EVIDENCE WITH THE PAYERS THAT YOU'RE SPEAKING WITH? IS THAT PART OF THEIR CONTRACT OF BEING REQUIRED TO SHARE EVIDENCE? SO JUST THINKING THROUGH HOW YOU ARE GOING TO HAVE ACCESS TO ALL OF THIS INFORMATION TO SUPPORT THESE DISCUSSIONS, I THINK, IS PART OF IT AS WELL.

SECONDLY, THERE ARE APPROVED PRODUCTS IN THIS AREA. AND SO HOW DO WE LEVERAGE WHAT'S ALREADY BEEN DONE AND BEEN KNOWN AND BUILD FROM THAT AND NOT INVENT THE WHEEL FROM THE BEGINNING? SO JUST GIVE SOME THOUGHT TO HOW TO USE THAT AS A STARTING POINT.

AND THEN THIRDLY, IT'S A WORK IN PROGRESS AS THE STRATEGY EVOLVES OVER THE NEXT DECADE. AND SO I THINK, AS YOU EVOLVE IT, YOU'LL JUST WANT TO BE REALLY CLEAR ACROSS THE ORGANIZATION ABOUT WHAT'S A RECOMMENDATION VERSUS A REQUIREMENT AT DIFFERENT SYSTEMS AS YOU GO. EVEN AS WE HEARD TODAY, WAS IT A REQUIREMENT OR A RECOMMENDATION TO HAVE THE AFFORDABILITY IN THE CLIN2 PROGRAM? IS IT A REQUIREMENT OR A RECOMMENDATION TO SHARE DATA WITH PAYERS? SO THOSE KINDS OF THINGS, JUST BEING REALLY

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CLEAR AS YOU EVOLVE THE STRATEGY. BUT OVERALL VERY SUPPORTIVE.

DR. CANET-AVILES: THANK YOU. THAT'S EXCELLENT FEEDBACK, AND WE WILL DEFINITELY TAKE IT INTO ACCOUNT AND REPORT AS WE MOVE ALONG. THANK YOU SO MUCH, DR. DAHL.

CHAIRMAN IMBASCIANI: THANKS, SHANNON. I DON'T SEE ANY OTHER HANDS. DO WE HAVE ANYONE FROM THE PUBLIC WANTING TO COMMENT? NO.

MR. TOCHER: KEITH YAMAMOTO.

CHAIRMAN IMBASCIANI: SORRY, KEITH. THERE YOU ARE.

DR. YAMAMOTO: HI. ROSA, THANK YOU VERY MUCH FOR THIS. YOU KNOW FROM PAST CONVERSATIONS THAT WE HAVE HAD AS WELL AS CONVERSATIONS WITHIN THE BOARD HOW VERY IMPORTANT DEVELOPING THESE STRATEGIES AND PATHWAYS IS. AND THAT IT'S LONG BEEN MY FEELING, AND I KNOW YOURS AS WELL, THAT CIRM IS AN ORGANIZATION THAT IS WELL SITUATED TO BE DOING THESE KINDS OF EXPERIMENTS, TO BE ENUNCIATING THESE IMPERATIVES. AND I THINK WHAT YOU'VE LAID OUT IS TERRIFIC.

HAVING SAID THAT, AS YOU WENT THROUGH THE VARIOUS BULLET POINTS AND MOVING TOWARD A&A, IT'S PRETTY EASY TO RECOGNIZE, AND I KNOW YOU RECOGNIZE,

THAT A LOT OF THOSE BULLETS REALLY HAVE TO DO A LOT OF WORK. THAT IS, IT'S GOOD TO SAY ENGAGE PAYERS, BUT ACTUALLY BEING ABLE TO DO THAT EFFECTIVELY IS A LOT OF WORK BECAUSE OF THE WAY THAT THE WHOLE PAYMENT SYSTEM HAS EVOLVED IN THIS COUNTRY AND VERY COMPLICATED, VERY MUCH PROFIT DRIVEN, AND IT'S GOING TO BE COMPLICATED. SO THAT'S JUST A COMMENT. IT'S NOT TO SAY ANYTHING ABOUT WHETHER THIS SHOULD BE PURSUED OR WHETHER IT'S NOT POSSIBLE. I THINK IT'S A HUGE CHALLENGE, BUT IS ONE THAT WE'VE GOT TO TAKE ON.

THE ONE THING THAT I WOULD ADD JUST LIKE TO SEE, WHETHER YOU HAVE THOUGHT ABOUT IT, IS WHETHER THERE SHOULD BE SOMETHING ADDED AT THE FRONT END WHERE YOU -- THE ACCESS, OF COURSE, REQUIRES THAT THE THERAPY OR DRUG OR DEVICE ACTUALLY BE DEVELOPED, THAT SOME PRIVATE SECTOR COMPANY, PRESUMABLY FOR PROFIT, BUT THAT'S FOR DISCUSSION, BUT THAT SOMEBODY HAS TO PUT IN THE INVESTMENT TO DEVELOP THE THERAPY OR DRUG OR DEVICE. AND THAT THEN YOU CAN THINK ABOUT -- YOU CAN THEN STRUGGLE WITH HOW TO MAKE IT ACCESSIBLE AND AFFORDABLE. WE KNOW AS CIRM KNOWS THAT THAT IN ITSELF IS A PROBLEM WITH DEVELOPING THERAPIES FOR ULTRA-RARE DISEASES WHERE THERE'S THREE PATIENTS IN THE COUNTRY PER YEAR

OR SOMETHING LIKE THAT, WHAT COMPANY IS GOING TO TAKE ON THE CHALLENGE EVEN IF THE POSSIBILITIES FOR DEVELOPING SOMETHING SUCCESSFULLY ARE VERY HIGH.

AND I'M JUST WONDERING IF YOU GAVE ANY THOUGHT TO, IN THINKING ABOUT A&A BROADLY, WHETHER YOU GAVE ANY THOUGHT TO THAT VERY FRONT END OF LOOKING FOR PATHWAYS AND POLICIES THAT COULD MOVE THAT BALL FORWARD THAT CAN SAY THIS IS SOMETHING THAT DOESN'T HAVE ANY KIND OF VISION AT THIS FRONT END FOR ACTUALLY ALLOWING A COMPANY TO PROFIT FROM TAKING THE RISK AND DOING THE WORK TO DEVELOP SOMETHING THAT CAN THEN GO THROUGH A STRUGGLE OF MAKING IT AFFORDABLE AND ACCESSIBLE.

DR. CANET-AVILES: THANK YOU, KEITH. AS ALWAYS, EXCELLENT COMMENTS. FIRST OF ALL, YOU'RE ABSOLUTELY RIGHT, THAT MANY OF THE COMPONENTS THAT WE HAVE PRESENTED ARE COMPLEX AND THAT WILL REQUIRE SUSTAINED AND COORDINATED WORK. AND THAT'S PRECISELY WHY WE HAD TO DEVELOP A STRATEGY SO WE HAVE A FRAMEWORK AND A PATH TO GET THERE.

ON YOUR POINT ABOUT WHETHER ACCESS ULTIMATELY DEPENDS ON A THERAPY OR DEVICE BEING DEVELOPED BY A PRIVATE SECTOR PARTNER, I WOULD SAY THAT ACCESS ALWAYS REQUIRES A COMMITTED COMMERCIAL PARTNER I THINK MOST OF THE TIMES. AND OUR CLIN2

AND PDEV REQUIREMENTS ALREADY ENSURE THAT AWARDEES SHOW COMMERCIAL READINESS AND PAYER-ALIGNED PLANNING THROUGH THE ACCESSIBILITY AND AFFORDABILITY TOOLKIT. SO I THINK THAT WE ARE THINKING OF THIS, AND IT WILL BE NECESSARY IN ORDER TO MAKE THIS POSSIBLE. I DON'T KNOW IF I'VE ANSWERED YOUR QUESTION OR IF ANYONE WANTS TO ADD TO THIS, MARIA OR SOMEONE ELSE.

VICE CHAIR BONNEVILLE: I AGREE WITH YOUR COMMENTS, ROSA, REGARDING THE PARTNERSHIPS. SO I ALSO SEE KEITH'S COMMENT THAT THIS IS ALL COMPLICATED AND A LOT OF WORK SET BEFORE US. AND I THINK LUCKILY THE PROPOSITION DOES ALLOW FOR US TO HIRE SPECIFICALLY INTO THIS AREA AND ALSO ENGAGE CONSULTANTS SPECIFICALLY AROUND THIS WORK. SO I THINK IT'S GOING TO BE A COMBINATION OF BOTH EXPANDING THE TEAM AS WELL AS OUTSIDE CONSULTANTS TO HELP US ACHIEVE THESE GOALS.

DR. YAMAMOTO: I'M GLAD TO HEAR THAT. I GUESS MY -- FOR THE FINER POINT ON MY QUESTION IS WHETHER IT'S MERITED, WHETHER THERE'S SOME LOGIC BEHIND ACTUALLY BUILDING IN AT THIS FRONT END ENSURING POLICIES AND PRACTICES AND MAYBE REGULATIONS THAT ENSURE THAT THE THERAPEUTIC OR DEVICE THAT YOU WANT TO STRUGGLE TO MAKE AFFORDABLE AND ACCESSIBLE IS ACTUALLY PRODUCED AND WHETHER THAT

IS SOMETHING THAT YOU CAN ACTUALLY BUILD -- YOU CAN THINK LOGICALLY COULD BE VIEWED AS THE VERY FRONT END OF THIS CHALLENGE OF AFFORDABILITY AND ACCESSIBILITY.

VICE CHAIR BONNEVILLE: I THINK THAT'S SOMETHING -- I MEAN, ROSA, I THINK THAT'S SOMETHING YOU AND THE CLIN TEAM REALLY HAVE TO LOOK AT TO SEE IF THAT'S SOMETHING THAT'S DOABLE AND POSSIBLE. GO AHEAD, SORRY.

DR. CANET-AVILES: I THINK IT'S A VERY IMPORTANT POINT, AND I APPRECIATE DR. YAMAMOTO RAISING IT. I THINK THAT THAT'S REALLY WHAT WE ARE DOING WITH DEVELOPMENT PROGRAMS THROUGH THE TWO PROGRAMS THAT I MENTIONED UNDER SHYAM PATEL'S LEADERSHIP AND JOE GOLD'S LEADERSHIP. WE REQUIRE AWARDEES TO SHOW, LIKE, CREDIBLE COMMERCIALIZATION PATHWAY, MANUFACTURING READINESS, PARTNERSHIP STRATEGY, REIMBURSEMENT AND PAYER ALIGNMENT PLANNING. I THINK THOSE REQUIREMENTS ARE BUILT THERE TO ENSURE THAT THE PROJECTS THAT WE FUND ARE NOT ONLY SCIENTIFICALLY SOUND, BUT POSITIONED TO THIS PRODUCTION THAT YOU ARE MENTIONING.

I DON'T KNOW. ARE YOU TALKING ABOUT SOMETHING MORE SPECIFIC THAT I'M NOT -- WE ARE NOT CATCHING BECAUSE WE ARE HAPPY TO THINK ABOUT IT, IF

THERE IS SOMETHING THAT WE ARE MISSING.

DR. YAMAMOTO: NO, I DON'T THINK SO. I MEAN I THINK THAT -- WELL, IF YOU LOOK AT SOME OF THE ULTRA-RARE DISEASES THAT CIRM HAS TAKEN ON THAT GET TO LICENSURE AND THEN THE COMPANY DOESN'T DO ANYTHING BECAUSE THEY DECIDE THERE'S TOO MUCH RISK AS OPPOSED TO THE PROBABILITY OF PAYOUT. AND I THINK THAT THAT'S A PROBLEM THAT INCREASINGLY IS GOING TO BE PRESENT AS WE BETTER UNDERSTAND THE REAL FINE DISTINCTIONS BETWEEN DISEASES AND THEIR CAUSATION AND PROGRESSION AND THAT EVERY DISEASE BECOMES RARE IN THAT SENSE, THAT IT'S THE DISEASE OF THAT PARTICULAR INDIVIDUAL THAT HAS HAD THOSE EXPERIENCES THAT LIVE IN THAT ENVIRONMENT AND SO FORTH. AND SO THE THERAPIES THAT NEED TO BE DEVELOPED WILL BE DIFFERENT FROM ONE PERSON TO ANOTHER. MAYBE NOT APPROACHING THE SITUATION WITH ULTRA-RARE DISEASES AND THREE CASES IN THE COUNTRY PER YEAR, BUT CERTAINLY MAY BECOME RARE BECAUSE WE UNDERSTAND WHAT THE DISTINCTIONS ARE FROM ONE PATIENT TO ANOTHER.

DR. CANET-AVILES: THANK YOU FOR CLARIFYING, DR. YAMAMOTO. YES, WE WILL DEFINITELY TAKE IT INTO ACCOUNT AND APPRECIATE VERY MUCH YOUR FEEDBACK.

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CHAIRMAN IMBASCIANI: OKAY. NOT SEEING ANY OTHER HANDS OR TELEPHONE CALLS, WE CAN PROCEED TO A VOTE, THEN, TO ACCEPT THE RECOMMENDATIONS.

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

EYAD ALMASRI.

DR. ALMASRI: YES.

MR. TOCHER: KIM BARRETT.

DR. BARRETT: AYE.

MR. TOCHER: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: YES.

MR. TOCHER: JOHN CARETHERS.

DR. CARETHERS: AYE.

MR. TOCHER: DEBORAH DEAS.

DR. DEAS: AYE.

MR. TOCHER: JUDY CHOU.

DR. CHOU: AYE.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: AYE.

MR. TOCHER: SHANNON DAHL.

DR. DAHL: AYE.

MR. TOCHER: MARK FISCHER-COLBRIE.

MR. FISCHER-COLBRIE: YES.

MR. TOCHER: ELENA FLOWERS.

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DR. FLOWERS: YES.
MR. TOCHER: JUDY GASSON.
DR. GASSON: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: PAT LEVITT.
DR. LEVITT: YES.
MR. TOCHER: HALA MADANAT.
DR. MALKAS: DID YOU SAY LINDA YET?
MR. TOCHER: YOU TOOK THE WORDS OUT OF MY MOUTH, LINDA.
DR. MALKAS: OKAY. YES. YES.
MR. TOCHER: CAROLYN MELTZER.
DR. MELTZER: YES.
MR. TOCHER: CHRIS MIASKOWSKI.
DR. MIASKOWSKI: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: SHAUNA STARK.
DR. STARK: YES.
MR. TOCHER: KAROL WATSON.
DR. WATSON: YES.
MR. TOCHER: YAEL WYTE.
MS. WYTE: YES.
MR. TOCHER: KEVIN XU.

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DR. XU: AYE.

MR. TOCHER: AND KEITH YAMAMOTO.

DR. YAMAMOTO: YES.

MR. TOCHER: THANK YOU VERY MUCH. AND THE MOTION CARRIES.

CHAIRMAN IMBASCIANI: THE MOTION CARRIES. THANK YOU, SCOTT, FOR THE VOTE.

GOOD. NEXT AGENDA ITEM IS NO. 15. IT'S AN UPDATE ON OUR PATIENT SUPPORT PROGRAM. IT'S GOING TO BE PRESENTED BY OUR SENIOR PROJECT MANAGER IN PATIENT ACCESS AND SUPPORT PROGRAMS, NIMIT RUPAREL. AND IF I'M NOT MISTAKEN, THIS IS NIMIT'S INAUGURAL PRESENTATION TO THE BOARD. IT'S ALL YOURS. DON'T BE NERVOUS.

MR. RUPAREL: GOOD AFTERNOON. THANK YOU, MR. CHAIR AND MADAM VICE CHAIR AND ICOC BOARD MEMBERS FOR THE OPPORTUNITY TO SHARE THIS UPDATE ON THE PROGRESS OF THE PATIENT SUPPORT PROGRAM.

SO MY NAME IS NIMIT RUPAREL. I'M THE PROGRAM MANAGER FOR THE PSP. WE LAST PROVIDED AN UPDATE TO THIS GROUP ABOUT THIS INITIATIVE BACK IN MARCH OF LAST YEAR. SO I'M EXCITED TO SHARE THESE UPDATES ON THE PROGRESS WE'VE MADE WITH THE PROGRAM. AND BEFORE I BEGIN, I WANT TO ALSO THANK MY CIRM COLLEAGUES IN PATIENT ACCESS, GRANTS MANAGEMENT,

FINANCE, AND LEGAL WHO HAVE BEEN KEY PARTNERS IN INFORMING THE PROGRAM MANAGEMENT AND IMPLEMENTATION OF THE PSP UP TO THIS POINT AND WILL REMAIN KEY PARTNERS AS WE CONTINUE TO EXPAND THE PROGRAM.

SO THE GOAL OF MY PRESENTATION TODAY IS TO PROVIDE AN UPDATE ON THE STATUS OF THE PSP AND WHAT WE'VE LEARNED FROM THE PROGRAM TO DATE AS WELL AS ANSWER ANY QUESTIONS ABOUT THE PROGRAM.

SO WE'RE GOING TO COVER A LITTLE BIT OF BACKGROUND AROUND THE PSP, THEN I'M GOING TO DIVE INTO THE PROGRAM, AND POINT TO THE TIMELINE, REVIEW OUR CURRENT STATUS, AND THE LEARNINGS FROM OUR PILOT, AND THEN TALK ABOUT WHERE WE'RE GOING NEXT WITH THE PROGRAM.

SO AS A QUICK REMINDER, PSP WAS DEVELOPED AS A WAY TO EFFICIENTLY DISTRIBUTE FUNDS FROM THE PATIENT ASSISTANCE FUND PER PROPOSITION 14, WHICH STATES THAT ROYALTIES THAT ACCRUE TO CIRM FROM FUNDED RESEARCH SHOULD BE DEPOSITED INTO A PATIENT ASSISTANCE FUND THAT SHOULD BE USED TO REIMBURSE RESEARCH PATIENT PARTICIPANTS FOR QUALIFIED COSTS. AND IN PROPOSITION 14 THIS IS FURTHER DEFINED TO INCLUDE THINGS LIKE TRAVEL AND ASSOCIATED LODGING, CHILDCARE, MEALS, AND OTHER EXPENSES THAT ARE INCURRED BY PATIENTS AS A RESULT OF PARTICIPATING IN

CIRM-FUNDED TRIALS.

THE PSP IS ALSO TIED INTO CIRM'S STRATEGIC ALLOCATION FRAMEWORK, SAF, GOAL NO. 5 WHICH RELATES TO STRENGTHENING OUR CLINICAL INFRASTRUCTURE, CONNECTIVITY TO ENSURE ENHANCED REFERRALS, ENROLLMENT, AND RETENTION OF CALIFORNIA PATIENTS IN CLINICAL TRIALS.

AS A QUICK REMINDER ON THE FUNDING SOURCES FOR THIS PROGRAM, AS I MENTIONED EARLIER, THE PATIENT ASSISTANCE FUND CREATED BY PROP 14 IS A DEDICATED FUND. IT'S SET ASIDE FOR USE BY ELIGIBLE CALIFORNIA RESIDENTS ENROLLED IN CIRM-FUNDED TRIALS. AND IT CURRENTLY HAS AROUND $15.6 MILLION IN IT.

THE PSP ITSELF IS FUNDED BY A SEPARATE $2.5 MILLION WHICH WAS ISSUED AS AN INFRASTRUCTURE AWARD FOR PROGRAM DESIGN, PLANNING, AND OPERATIONAL EXPENSES SUPPORTED BY CIRM'S ACCESS AND AFFORDABILITY BUDGET. AND THIS GRANT WAS ISSUED TO ENSURE THAT A MECHANISM WAS CREATED TO DISTRIBUTE FUNDS FROM THE PAF TO DIRECTLY ADDRESS PATIENT FINANCIAL AND LOGISTICAL BARRIERS TO BEING ABLE TO STAY ON AND COMPLETE TRIALS.

AND THE KEY POINT HERE IS THAT THERE ARE THESE TWO SEPARATE FUNDING MECHANISMS THAT ARE RELATED TO THE PSP, AND WE ARE MONITORING

UTILIZATION OF BOTH IN ADMINISTRATING THE PROGRAM.

SO THE PSP AWARDEE, WHICH WAS THE RECIPIENT OF THE $2.5 MILLION GRANT, WAS REQUIRED TO PERFORM FOUR PRIMARY OPERATIONAL ACTIVITIES. THE FIRST IS PATIENT INTAKE AND NAVIGATION THROUGH DEVELOPMENT OF A CALL CENTER. THE SECOND IS ASSESSING ELIGIBILITY FOR ACCESS TO PSP SUPPORT. THE THIRD IS DISTRIBUTING PAYMENTS FOR ELIGIBLE EXPENSES. AND THEN THE FOURTH IS COORDINATING WITH CIRM AND TRIAL SITES TO MAINTAIN ACCOUNTING AND ASSURANCE OF THE NONDUPLICATION OF PERMITTED COSTS.

THIS SLIDE PROVIDES AN OVERVIEW OF THE TYPES OF SUPPORT THAT THE PSP OFFERS AS WELL AS THE LIMITS WE'VE APPLIED IN OUR BUSINESS RULES AROUND HOW MUCH WE ALLOW FOR EACH OF THESE DIFFERENT SUPPORT SERVICE TYPES. AND I ALSO WANT TO POINT OUT THAT WE DO PROVIDE SUCH ADDITIONAL SUPPORT FOR CAREGIVERS FOR NUTRITION AND TRAVEL. IN THE RFA OTHER SERVICE TYPES SUCH AS CHILDCARE WERE DISCUSSED AS SUPPORT SERVICES THAT COULD BE PROVIDED BY THIS PROGRAM, AND THIS IS SOMETHING WE'RE WORKING WITH OUR VENDOR TO ASSESS FEASIBILITY FOR IN THE FUTURE. BUT FOR THE PILOT AND FOR THIS UPDATE, THESE ARE THE FOUR SERVICE TYPES THAT WE'LL BE DISCUSSING.

I ALSO WANT TO NOTE THAT WE'VE IMPLEMENTED

A PROCESS TO REVIEW EXCEPTIONS WHERE A PATIENT MAY REQUEST ADDITIONAL FUNDS FOR WHAT'S LISTED HERE ON A CASE BY CASE BASIS SO THAT WE CAN MAKE SURE THAT THE PROGRAM IS FLEXIBLE TO THE NEEDS OF PATIENTS.

IN ORDER TO GIVE A SENSE OF THE PATIENT EXPERIENCE WITHIN THE PSP, I WANTED TO REVIEW THIS SLIDE WHICH ILLUSTRATES THE PATIENT JOURNEY AS THEY MAKE THEIR WAY THROUGH THE PROGRAM.

SO THE FIRST STEP IS THAT THE PATIENT GETS ENROLLED INTO A CIRM-FUNDED CLINICAL TRIAL OR INTO A SCREENING APPOINTMENT AT THEIR CLINICAL CARE SITE. THEN AT ONE OF THEIR EARLY TRIAL-RELATED APPOINTMENTS, A STUDY COORDINATOR WHO'S MADE AWARE OF THE PSP THROUGH THE ALPHA CLINICS OR THROUGH OUR CLIN2 OUTREACH AND ONBOARDING WILL SIT WITH THE PATIENT. AND IF THE PATIENT REQUIRES SUPPORT, THEY'LL COMPLETE THE PSP ENROLLMENT FORM WITH THEM. AND THIS IS A REALLY IMPORTANT STEP BECAUSE IT GIVES THE COORDINATOR A CHANCE TO EXPLAIN THE PROGRAM TO THE PATIENT AND PROVIDES AN OPPORTUNITY TO ANSWER ANY QUESTIONS THAT THEY MIGHT HAVE.

THE PATIENT THEN CALLS INTO THE PSP WHERE OUR AGENTS WILL PROMPTLY ANSWER THE PHONE AND CONNECT THEM TO TRANSLATION SERVICES, IF NEEDED, IN ORDER TO CONFIRM THE PATIENT'S ELIGIBILITY. AND

THEN PROTOCOLS ARE ALSO IN PLACE FOR WHEN A PATIENT CALLS DURING OFF HOURS OR HOLIDAYS TO ENSURE TIMELY CALL-BACK AND FOLLOW-UP.

THE CIRM PSP AGENT THEN ENROLLS THE PATIENT IN THE PROGRAM AND GATHERS INFORMATION ABOUT THEIR UPCOMING STUDY VISITS, INCLUDING TRAVEL DATES. AND THEN THE AGENT WILL REACH BACK OUT TO THE STUDY COORDINATOR AT THE CLINICAL TRIAL SITE TO CONFIRM THE PATIENT'S ENROLLMENT IN THE TRIAL AS WELL AS THEIR STUDY VISIT DATES TO HELP BOOK ANY NECESSARY TRAVEL OR TRANSPORTATION.

THE AGENT WILL COORDINATE ALL TRANSPORTATION, TRAVEL, AND LODGING NEEDS FOR THE PATIENT AND THEN WILL ACTIVATE THEIR VIRTUAL DEBIT CARD, ADDING THE APPROPRIATE LEVEL OF FUNDING NECESSARY FOR THEIR NUTRITION AND TRAVEL NEEDS.

AND THEN BEFORE TREATMENT/THERAPY, THE AGENT WILL CONTACT THE PATIENT TO REVIEW THESE DETAILS AND THEN CHECK IN WITH THEM EITHER 24 OR 48 HOURS PRIOR TO TRAVEL. AND THEN ONCE THE PATIENT IS RECEIVING SUPPORT, THE AGENT CHECKS IN WITH THEM AT LEAST WEEKLY TO MAKE SURE EVERYTHING IS GOING SMOOTHLY. AND THEN THE PATIENT IS ALSO PROMPTED WITH TEXT MESSAGES OR EMAILS AT CRITICAL TOUCHPOINTS THROUGHOUT THE PROCESS AFTER THEY'RE ENROLLED.

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AND SO OVERALL THIS PROVIDES AN OVERVIEW OF OUR KIND OF HANDS-ON, PROACTIVE COMMUNICATION APPROACH THAT ALLOWS US TO SUPPORT THE PATIENT FROM TRIAL ENROLLMENT ALL THE WAY THROUGH THEIR STUDY VISIT WHILE ENSURING COMPLIANCE AND OPERATIONAL EFFICIENCY.

SO THE LAST FEW SLIDES PROVIDE AN OVERVIEW OF HOW THE PROGRAM WORKS. I WANT TO KIND OF ZOOM BACK OUT AND PROVIDE A REMINDER OF HOW WE WORKED TO DEVELOP THIS PROGRAM, WHICH HAS BEEN DISCUSSED FOR SEVERAL YEARS. SO THE AAWG WAS CONVENED BACK IN 2022 TO DETERMINE THE PROGRAM MECHANISM AND SCOPE. THE CIRM BOARD APPROVED THE CONCEPT PLAN, INCLUDING THE $2.5 MILLION ALLOCATION, IN MARCH OF 2023. IN JUNE OF 2023, WE RELEASED THE RFA FOR THE PROGRAM. AND THEN IN MARCH OF 2024, EVERSANA WAS SELECTED AS THE VENDOR FOR THE PROGRAM. LATE LAST YEAR WE LAUNCHED OUR PILOT FOR THE PROGRAM AT THREE OF OUR ALPHA CLINIC SITES WITH THE GOAL OF COMPLETING A FIVE-PATIENT ENROLLMENT PILOT PHASE. AND THEN IN THE SUMMER OF THIS YEAR, WE ENROLLED OUR FIFTH PATIENT AND I WAS HIRED AS THE PROGRAM MANAGER FOR THE PROGRAM TO MANAGE THE DAY-TO-DAY OPERATIONS.

SO I MENTIONED THAT WE LAUNCHED THE INITIAL PILOT, AND I'D LIKE TO REVIEW SOME OF WHAT

WE'VE ACHIEVED SO FAR HERE. BEAR IN MIND THAT THIS PILOT WAS OVER A LIMITED SAMPLE SIZE. LIKE I MENTIONED, THERE WAS ONLY THREE ALPHA CLINIC SITES AND IT WAS A SMALL PATIENT POPULATION OF FIVE.

BUT THE FIRST KEY FINDING WAS THAT THE PROGRAM WAS WELL RECEIVED BY PARTICIPATING ALPHA CLINICS AND PATIENTS IN PARTICULAR BECAUSE OF THE SMOOTH ENROLLMENT PROCESS THROUGH TEXTS AND EMAIL, WHICH I KIND OF WENT THROUGH, WHICH ALLOWS FOR EFFICIENT COMMUNICATION WITH PATIENTS.

PATIENTS IN TRIAL SITES ALSO NOTED THAT THEY APPRECIATED THE USE OF THE PREPAID DEBIT CARDS WHICH INCREASES ACCESSIBILITY AND REDUCES ADMINISTRATIVE BURDEN ON THE PATIENT. AND SO, FOR EXAMPLE, THERE'S BEEN CASES WHERE A PATIENT HAS APPEARED ON-SITE AND THEY WERE ABLE TO GET PERMISSION TO ACCESS THEIR CARD ON THE SPOT TO BEGIN ACCESSING SUPPORT. AND THAT IS SOMETHING THAT MIGHT NOT HAVE BEEN POSSIBLE IF WE WERE USING A REIMBURSEMENT SYSTEM.

AND FINALLY, THE PLATFORM HAS BEEN SHOWN TO BE ADAPTABLE TO EMERGING NEEDS. SO, FOR EXAMPLE, WHEN WE FIRST LAUNCHED, THE PROGRAM DID NOT HAVE THE ABILITY TO PROVIDE SUPPORT FOR GROUND TRANSPORTATION. THIS WAS IDENTIFIED AS A NEED VERY

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QUICKLY, AND THEN WE WERE ABLE TO ADD IT ON AS A SUPPORT SERVICE ON THE FLY. AND SO ALL OF THESE ARE KIND OF NOTABLE SUCCESSES THROUGH THE PILOT.

WE ALSO IDENTIFIED SOME CHALLENGES WITH THE PROGRAM, WHICH I'M GOING TO COVER NEXT.

SO THE PILOT SURFACED A FEW KEY AREAS THAT WE'VE BEEN FOCUSED ON IMPROVING WITHIN THE PROGRAM. THE FIRST IS REPORTING. SO WE'VE IDENTIFIED WAYS TO MAKE OUR REPORTING MORE COMPREHENSIVE AND CLEAR IN TERMS OF TRACKING THE CATEGORIES OF THE SPENDING PATIENTS HAVE UTILIZED. THIS LED TO CHANGES THAT EVERSANA HAS ALREADY IMPLEMENTED, AND THIS IS REALLY IMPORTANT BECAUSE, AS I MENTIONED EARLIER, WE'RE TRACKING TWO DIFFERENT FUNDING SOURCES IN IMPLEMENTING THE PROGRAM. AND SO THIS ENHANCED REPORTING IS REALLY ALLOWING US TO ENSURE COMPLIANT USAGE OF THE PATIENT ASSISTANCE FUND.

SECONDLY, ALTHOUGH USING DEBIT CARDS DOES LEAD TO PROGRAM FLEXIBILITY, IT REQUIRES THAT WE HAVE A VERY STRONG ALLOWABLE MERCHANT CODE SYSTEM IN PLACE TO ENSURE COMPLIANT USE OF FUNDS. AND SO WE WORKED DURING THE PILOT ON REFINING THE ALLOWABLE MERCHANT CODES IN THE SYSTEM TO REVIEW ALL OF THE CATEGORIES THAT ARE COVERED THAT ARE OFFERED BY OUR DEBIT CARD VENDOR, AND THEN ALIGN OUR SYSTEM WITH

CATEGORIES OF ALLOWABLE EXPENSES THAT ARE TYPICALLY SEEN IN CLINICAL TRIALS. WE THEN IMPLEMENTED PROCESSES WHERE BOTH EVERSANA AND MYSELF WILL REGULARLY REVIEW TRANSACTIONS TO ENSURE COMPLIANT USE OF THE PROGRAM.

THIRD, WE'VE IDENTIFIED THAT INCREASING KNOWLEDGE ABOUT THE PROGRAM AMONG CLIN2 AWARDEES WILL HELP WITH SPURRING ENROLLMENT. AND SO I'VE SPENT SOME TIME DOING ONBOARDING CALLS AT THE ALPHA CLINICS SO THAT THEY CAN MARKET THE PSP TO THEIR STUDY TEAMS AT THEIR SITE. I'VE ALSO BEEN MEETING WITH THE STUDY COORDINATORS AT EACH OF THE TRIALS THAT ARE PARTICIPATING IN THE PSP SO THAT I CAN BUILD RELATIONSHIPS WITH THOSE STUDY TEAMS, IDENTIFY AREAS FOR PROGRAM IMPROVEMENT, AND THEN ALSO, REALLY IMPORTANTLY, EVALUATE THE INTERACTION BETWEEN THE STUDY TEAMS AND OUR VENDOR EVERSANA.

THE FOURTH IMPROVEMENT AREA WAS THAT THE PROGRAM IN ITS ENROLLMENT AND USAGE HAS TRIGGERED SOME ADDITIONAL ELIGIBILITY AND COMPLIANCE QUESTIONS THAT REQUIRE ADDRESSING IN OUR BUSINESS RULES. AND SO THESE ARE QUESTIONS LIKE WHEN CAN A PATIENT BE CONSIDERED A CALIFORNIA RESIDENT FOR PURPOSES OF PSP ELIGIBILITY OR WOULD WE SUPPORT A PATIENT WHO INITIALLY RESIDED IN CALIFORNIA BUT MOVED OUTSIDE OF

CALIFORNIA. SO TO ANSWER THESE QUESTIONS, WE'VE ENGAGED CIRM'S LEGAL AND FINANCE TEAMS ON AN ONGOING BASIS AND REVIEWED OUR BUSINESS RULES -- SORRY -- REVISED OUR BUSINESS RULES BASED ON THESE DECISIONS.

AND THEN FINALLY, THERE IS AN OPPORTUNITY TO UTILIZE THE PSP TO DO ENHANCED CLINICAL TRIAL NAVIGATION AND REFERRALS. CURRENTLY EVERSANA IS CAPABLE OF TAKING IN REFERRAL CALLS. THEY HANDLE AROUND 25 TO 30 OF THESE CALLS PER MONTH, BUT THEIR ABILITY TO DIRECT PATIENTS TO POTENTIAL TRIALS HAS BEEN SOMEWHAT LIMITED UP TO DATE. AND SO BY THE END OF THIS YEAR, CIRM STAFF IS WORKING ON ROLLING OUT A NEW CLINICAL TRIAL DASHBOARD. AND WE HOPE TO INTEGRATE THAT DASHBOARD INTO EVERSANA'S CALL CENTER SO THAT WE CAN ENHANCE THIS NAVIGATION FUNCTION IN THE FUTURE.

SO OUR INITIAL PILOT PHASE, THE PSP WAS LAUNCHED IN NOVEMBER OF 2024. IT RAN THROUGH JUNE OF THIS YEAR. AS PART OF THIS PILOT, WE DEVELOPED AN OPERATING MODEL FOR THE PROGRAM, INCLUDING CALL CENTER SCRIPTING, BUSINESS RULES. WE CONTRACTED WITH VENDORS FOR TRAVEL AND DEBIT CARD IMPLEMENTATION, WE SIGNED OUR FISCAL AGREEMENT, WE LAUNCHED AT THE SUBSET OF ALPHA CLINIC SITES, AND THEN EXPANDED THE PROGRAM TO PROVIDE SUPPORT FOR

SCREENING. AND BY THE END OF THE INITIAL PILOT, WE HAD EXPANDED THE PROGRAM TO ALL OF THE ALPHA CLINICS AND ALL OF THE CLIN2 AWARD SITES, AND THEN WE ENROLLED OUR FIFTH PATIENT, LIKE I MENTIONED.

IN COMPLETING THIS INITIAL PILOT PHASE, WE WERE ONLY ABLE TO ENROLL A SMALL VOLUME OF PATIENTS WHICH WE THOUGHT WOULD GIVE US SOME ANSWERS ON HOW TO SHAPE THE PROGRAM MOVING FORWARD. AND EVEN WITH THE SMALL NUMBER OF PATIENTS WE ENROLLED, WE IDENTIFIED SOME ISSUES AND OPEN QUESTIONS THAT NEEDED TO BE ADDRESSED TO STRENGTHEN PROGRAM RULES AND GIVE US A BETTER SENSE OF COST AND UTILIZATION.

AND THIS LED US TO THE CONCLUSION THAT WE NEEDED TO EXTEND THE PILOT TO GATHER MORE OF THIS DATA AND USE THESE CASES TO DEVELOP STRONGER BUSINESS RULES. SO IN JULY WE DECIDED TO RUN THE PILOT FOR AN ADDITIONAL SIX MONTHS TO GIVE US TIME TO DO SOME TARGETED MARKETING TO THE ALPHA CLINICS AND THE CLIN2 AWARDEES, INCREASE ENROLLMENT, ACCRUE MORE USAGE OF THE PROGRAM, STRENGTHEN OUR PROGRAM REPORTING, AND CLINICAL TRIAL NAVIGATION CAPABILITIES, AND HAVE EVERSANA IMPLEMENT OUR REQUESTED REPORTING CHANGES AND THEN IMPLEMENT PROCESS IMPROVEMENTS, SUCH AS IMPLEMENTED AN EMAIL INBOX TO MORE EFFICIENTLY COMMUNICATE WITH TRIAL

SITES AND PATIENTS.

AND SO THE GOAL OF THIS EXPANSION PILOT WAS TO INCREASE OVERALL ENROLLMENT, GATHER MORE DATA ON COST AND UTILIZATION, AND STRENGTHEN OUR OVERALL PROGRAM INTEGRITY AND BUSINESS RULES AND REPORTING. AND SO FAR WE HAVE IMPROVED MORE ENROLLMENT. SO THIS EXTENSION APPEARS TO BE WORKING. AS OF THIS MORNING, WE HAVE 17 PATIENTS ENROLLED IN THE PROGRAM. AND SO THIS INCREASED UTILIZATION OF THE PROGRAM HAS ALLOWED US TO STRENGTHEN OUR BUSINESS RULES IN A WAY THAT ENSURES THAT THE PROGRAM CAN OPERATE IN AN EFFICIENT AND COMPLIANT WAY IN THE FUTURE.

AND SO BEFORE I FINISH, I WANT TO PROVIDE A HIGH LEVEL OVERVIEW OF THE PSP IMPLEMENTATION SCHEDULE FOR THE REMAINDER OF THE AWARD. TODAY I COVERED WHAT WILL BE SEEN BETWEEN NOW AND JUNE OF 2026 IN WHICH WE'LL CONTINUE TO FOCUS ON INTEGRATING PSP INTO OUR CLINICAL INFRASTRUCTURE, INCLUDING COORDINATING REFERRALS TO THE PSP FROM THE ALPHA CLINICS AND DEVELOPING A REFERRAL INTAKE PROCESS WITH THE CCCE'S WHICH WE MENTIONED EARLIER IN MEETING. THEY'LL BE LAUNCHING NEXT YEAR. AND WE EXPECT THAT THE STEADY STATE FOR THE PROGRAM WILL BE REACHED BY THE END OF NEXT YEAR FOR YEARS THREE AND

FOUR OF THE AWARD. AND THEN BY YEAR FIVE, WE'LL EITHER ENGAGE IN WINDING DOWN THE AWARD OR, IF APPLICABLE, RAMPING UP AND EXTENDING FOR A NEW PHASE OF THE PROGRAM.

SO THANK YOU SO MUCH FOR THE OPPORTUNITY TO SHARE THIS UPDATE. BEFORE I GET TO QUESTIONS, I DO WANT TO ACKNOWLEDGE THE FEEDBACK WE RECEIVED FROM THE AAWG WHEN I PRESENTED THIS UPDATE BACK TO THEM IN NOVEMBER AND THEY ASKED SOME REALLY IMPORTANT QUESTIONS REGARDING WHETHER WE PROVIDE TAX EDUCATION TO PATIENTS WE'RE SUPPORTING SINCE RECEIVING THIS ADDITIONAL SUPPORT COULD HAVE RAMIFICATIONS ON THEIR TAXES AND POTENTIAL ELIGIBILITY FOR MEDI-CAL OR OTHER PUBLIC PROGRAMS.

SO WE FOLLOWED UP WITH THE AAWG MEMBERS TO CONNECT US WITH RESOURCES, AND WE'RE FOLLOWING THEIR GUIDANCE, THAT WE SHOULD IDENTIFY A CALIFORNIA-BASED TAX EXPERT SO THAT WE CAN HAVE BETTER ABILITY TO UNDERSTAND AND IDENTIFY EDUCATIONAL RESOURCES FOR OUR PATIENTS, FOR OUR PARTICIPANTS, AND THEY CAN MAKE INFORMED DECISIONS IN REGARD TO PROGRAM PARTICIPATION.

AND SO WITH THAT, I'M HAPPY TO TAKE ANY ADDITIONAL QUESTIONS FROM THE GROUP.

CHAIRMAN IMBASCIANI: GREAT. SINCE THIS

IS AN UPDATE, IT DOESN'T REQUIRE A MOTION OR A VOTE. SO THE FLOOR IS OPEN FOR DISCUSSION.

MS. DURON: THANK YOU. NIMIT, WONDERFUL TO SEE THIS AND ACTUALLY SEE IT LAID OUT. ONE OF THE THINGS THAT'S INTERESTING TO ME IS POSSIBLY THE MORE EXPENSIVE PIECE THAT YOU COULD PROVIDE AS A SERVICE, BUT ULTIMATELY THE ONE THAT WILL ENSURE COMPLIANCE, COMFORTABLENESS WITH THE PROGRAMS, STICK TO IT, IS PSYCHOSOCIAL SUPPORT. SO MENTAL HEALTH SERVICES THAT SUPPORT, NOT JUST THE PATIENT, BUT THE FAMILY BECAUSE SOMETIMES THE FAMILY IS IN A DITHER. AND IF YOU DON'T ADDRESS ALL OF THOSE, IT SOMETIMES PULLS THE PATIENT DOWN OR OUT.

SO ARE YOU CONSIDERING OFFERING THAT, AS YOU TALKED ABOUT, LOOKING FOR OTHER ISSUES YOU MIGHT HAVE TO ADDRESS? I THINK THAT IS ACTUALLY ONE OF THE MOST CRUCIAL.

MR. RUPAREL: OKAY. YEAH. I THINK THIS IS SOMETHING THAT, WHEN WE WERE DOING THE PLANNING FOR THE PROGRAM, WE LOOKED INTO. SO A LITTLE BIT -- IT'S A SIMILAR ISSUE WE'LL GET WITH CHILDCARE AS WELL IS JUST HAVING -- SO WE GET INTO ISSUES OF INDEMNIFICATION IF WE'RE PROVIDING SERVICES WITHIN A PROTOCOL. SO WE'VE BEEN GOING OUT TO FOLKS THAT HAVE BEEN ASKING ABOUT -- THINKING ABOUT THESE SAME

ISSUES. THE CLOSEST WE'VE GOT IN TERMS OF BEING ABLE TO SORT OF DO SOMETHING LIKE THAT IS THAT THE OTHER MODEL IS JUST TO GIVE THE PATIENT A GRANT. AND THAT'S WHAT A LOT OF -- SOME OF THE DISEASE-ORIENTED SUPPORT GROUPS ARE DOING.

SO WE HAVEN'T, I DON'T THINK, UP UNTIL NOW REALLY SORT OF IMAGINED A WAY WE CAN ORIENT OUR CURRENT PLATFORM TO THAT SET OF NEEDS. SO WE JUST NEED TO KEEP SORT OF ENGAGING WITH PEOPLE TO SORT OUT HOW WOULD WE DO THAT. THAT'S ALSO A SET OF SERVICES, BY THE WAY, THAT THE CLINICAL AWARD COULD --

MS. DURON: I WAS THINKING THAT'S WHERE IT SHOULD START, MAYBE AN EVALUATION OF THE PATIENT NEEDS, BECAUSE OFTENTIMES THEY'RE NOT RECOGNIZING THIS IS A NEED. BECAUSE WE USED TO DO PSYCHOSOCIAL SUPPORT FOR OUR PATIENTS ALL THE TIME. SO YOU HAVE TO WORRY ABOUT THE LANGUAGE BECAUSE THAT IS ALSO CRITICAL. WHEN YOU CAN'T COMMUNICATE, YOU FEEL VERY LOST IN A SYSTEM THAT DOESN'T HEAR YOU AND LISTEN AND KNOW WHAT YOU NEED. AND OFTENTIMES YOUR NEEDS, THANK GOD YOU LISTED THEM ALL THERE OR A NUMBER OF THEM, ARE THOSE ONES NOT CONNECTED TO ACTUAL TREATMENT OF THE DISEASE OR THE CLINICAL TRIAL. AND THAT'S WHERE PATIENTS GET KIND OF FRUSTRATED AND

LOST. SO I'M GLAD WE'VE GOT THAT.

THE OTHER THING YOU MIGHT CONSIDER IS A TELEHEALTH COMPONENT. MORE AND MORE PUBLIC HEALTH SYSTEMS ARE TRYING TO FIGURE OUT HOW TO UTILIZE THAT, PARTICULARLY FOR RURAL COMMUNITIES. IT'S A GROWING NEED, AND I THINK YOU CAN ACTUALLY PROVIDE, PARTICULARLY FOR MEN WHO OFTENTIMES ARE NOT WILLING TO GO ON A CAMERA, BUT WILL CALL IN. I MEAN WE'VE SEEN THIS IN THE LATINO COMMUNITY WITH MEN WHERE THEY UTILIZE THE SERVICE, BUT THEY LIKE THE ANONYMITY. I MEAN YOU'LL KNOW WHO THEY ARE OR THE PERSON. I JUST THINK THAT TELEHEALTH IS A REAL CRITICAL WAY TO START TO ADDRESS THIS SO THAT YOU DON'T HAVE TO BE IN A LOCATION NECESSARILY. YOU CAN BE AT HOME SAFELY, ET CETERA, ET CETERA, AND FIND THAT SERVICE AT A TIME THAT SUITS YOU AND NOT THE SYSTEM.

SO I JUST THINK IT'S SOMETHING THAT NEEDS TO BE LOOKED AT. BUT, YES, AT THE CLINICAL LEVEL THEY START THINKING ABOUT THAT.

DR. LOMAX: YOU'VE JOGGED MY MEMORY NOW. SORRY. I WAS A BIT SLOW ON THE UPTAKE. SO THIS DID COME UP. BACK TO THE PSYCHOSOCIAL SUPPORT, AND WE DO NEED TO REALLY -- IF THAT IS DEEMED AN IMPORTANT ELEMENT TO THE CLINICAL JOURNEY, WE DO NEED TO

REALLY LOOK TOWARDS THE CLINICAL PROTOCOL FOR KIND OF A TECHNICAL REASON THAT TRIPS US UP IN THIS PROGRAM. WE CAN ONLY DEPLOY RESOURCES FOR CALIFORNIA PATIENTS. AND THIS ACTUALLY CAME UP WITH AN EXCHANGE WITH ONE OF THE IRB'S. IF THAT LEVEL OF SUPPORT IS DEEMED ESSENTIAL, THEN IT NEEDS TO BE AVAILABLE TO ANY PATIENT ENROLLED IN A CLINICAL TRIAL. THEREFORE, WE NEED TO LOOK TO THE CLINICAL PROTOCOL WHICH CAN SERVE ALL PATIENTS. WE HAVE A LITTLE BIT OF A QUIRK OF POLICY HERE, THAT THESE RESOURCES CAN ONLY GO TO CALIFORNIA RESIDENTS. SO THAT'S THE PROBLEM WE RAN INTO ON THAT ISSUE.

MS. DURON: NOTHING LIKE SYSTEMS GETTING IN THE WAY OF A CURE.

MR. RUPAREL: THE TELEHEALTH POINT IS REALLY IMPORTANT. AND AS WE EXPAND TO THE COMMUNITY CARE CENTERS, I THINK THAT WOULD CERTAINLY BE MORE IMPORTANT IN THE FUTURE.

CHAIRMAN IMBASCIANI: MARGUERITE.

MS. CASILLAS: SO GREAT UPDATE. AND I'M GLAD TO HEAR THAT THE ENROLLMENT HAS EXPANDED, IT SEEMS, GREATLY. SOMEBODY CAN DO THE MATH BETWEEN 5 AND 17. WHAT DID YOU FIND BESIDES -- IS THERE ANY AWARENESS THAT WAS HOLDING PEOPLE BACK FROM ENROLLING?

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MR. RUPAREL: WE HAVE NOT GONE TO THE EXTRA LAYER OF KIND OF ANALYZING THE BARRIERS TO ACCESS. I THINK FOR ME WHAT I'VE OBSERVED IS THAT INCREASING ENROLLMENT -- INCREASING AWARENESS WITH THE CLIN2S AND BUILDING RELATIONSHIPS WITH THE STUDY TEAMS IS WHAT'S REALLY HELPED.

THE OTHER THING THAT WE'VE HEARD IS THAT THE STUDY COORDINATOR WILL OFTEN TALK TO LIKE FIVE PATIENTS, AND ONE PATIENT WILL ENROLL. SO I'M TRYING TO FIGURE OUT, LIKE, HOW CAN WE GET THOSE ADDITIONAL PATIENTS ENROLLED IN THE PROGRAM BECAUSE I THINK WHAT'S HAPPENING IS PATIENTS CAN BE OVERWHELMED WHEN THEY GET SO MUCH INFORMATION AT THEIR PROBIE TRIAL APPOINTMENTS. AND SO THIS MAY BE -- THIS PATIENT SUPPORT PROGRAM MAY BE LIKE PAGE 18 OF A 20-PAGE BOOKLET THAT THEY GET. AND SO I'M TRYING TO FIGURE OUT WAYS THAT WE CAN MAYBE HAVE EVERSANA DO OUTREACH CALLS TO FOLLOW UP WITH THOSE PATIENTS WHO HAVE BEEN IDENTIFIED AS BEING INTERESTED AND BE ABLE TO ENROLL THEM INTO THE PROGRAM.

MS. CASILLAS: I THINK THINKING PEOPLE MIGHT THINK, OH, THAT COULDN'T POSSIBLY MEAN ME FOR SOME REASON.

DR. LOMAX: NIMIT, I ACTUALLY THINK THE

NUMBERS ARE QUITE -- LIKE I SAY, THE INCREASE HAS BEEN REALLY IMPRESSIVE. I THINK ONE OF THE THINGS TO REMEMBER IS THE MOMENT WE STARTED THIS PROGRAM, WE WERE REALLY AT A NADIR IN TERMS OF OUR PATIENT -- OUR PERCENT OF ELIGIBLE PATIENTS IN CIRM-FUNDED TRIALS WHO WERE ON PROTOCOL. AND YOU DID SOME NUMBERS. CAN YOU TELL IT IN TERMS OF --

MR. RUPAREL: WE'VE WORKED WITH OUR --

DR. LOMAX: -- OUR PRESENTATION IN TERMS OF ELIGIBLE PATIENTS?

MR. RUPAREL: YEAH. SO WE'VE WORKED WITH OUR CLINICAL DEVELOPMENT COLLEAGUES TO KIND OF HAVE A ROUGH ESTIMATE FOR WHAT PERCENTAGE OF ENROLLED CALIFORNIA PATIENTS ARE WE SUPPORTING THROUGH THE PSP. AND IT'S AROUND 15 TO 20 PERCENT. SO I THINK IF YOU JUST LOOK AT THE NUMBER OF 17 PATIENTS, IT MAY NOT SEEM LIKE A LOT. BUT WHEN YOU CONTEXTUALIZE IT IN TERMS OF SINCE THIS PROGRAM HAS LAUNCHED, WHICH WAS IN NOVEMBER OF LAST YEAR, RIGHT, WE'VE GOT ABOUT 15 TO 20 PERCENT AND IT IS INCREASING. SO MY HOPE IS THAT, AS WE LAUNCH THE NEW CLIN2S NEXT YEAR, WE'LL BE ABLE TO ENROLL MORE PATIENTS.

CHAIRMAN IMBASCIANI: ARE THERE ANY OTHER QUESTIONS FOR NIMIT?

VICE CHAIR BONNEVILLE: NO, BUT I DO WANT

TO THANK NIMIT SO MUCH FOR YOUR PRESENTATION. REALLY APPRECIATE IT. THIS IS A VERY IMPORTANT PROGRAM, AND I'M TRULY PROUD OF THE WORK WE'VE DONE HERE. AND THAT'S IN LARGE PART THANKS TO YOU. SO THANK YOU.

CHAIRMAN IMBASCIANI: GREAT. OKAY. OUR LAST SUBSTANTIAL ITEM ON THE AGENDA IS A DISCUSSION ABOUT CIRM'S COMMUNICATION STRATEGY. IT'S GOING TO BE LED BY OUR DIRECTOR OF COMMUNICATIONS, AMY ADAMS.

MS. ADAMS: J.T. IS PLAYING A SUPPORT STAFF.

CHAIRMAN IMBASCIANI: ROLE.

MS. ADAMS: TODAY, YEAH.

CHAIRMAN IMBASCIANI: THEY GIVE OSCARS OUT TO BOTH.

MS. ADAMS: OKAY. THANK YOU, MR. CHAIR, MEMBERS OF THE BOARD, MEMBERS OF THE PUBLIC WHO ARE LISTENING IN. I'LL CONTINUE TO SHARE. I'VE LOST MY CURSOR. OKAY. WE'RE GOOD.

I HAVE A BONUS ITEM HERE. BEFORE WE LAUNCH INTO THE PRESENTATION, I WANTED TO TAKE A MOMENT TO ACKNOWLEDGE THE HARD WORK OF ESTEBAN CORTEZ WHO IS THE DIRECTOR OF MARKETING AND COMMUNICATIONS. AND HE IS LEAVING CIRM AT THE END OF NEXT WEEK.

THOSE OF YOU HAVE BEEN ON THE BOARD FOR ESTEBAN'S TENURE HAVE GOTTEN TO KNOW HIS DEDICATION TO CIRM, HIS INCREDIBLE WORK ETHIC, HIS UNBELIEVABLE PROFESSIONALISM. WHEN HE ANNOUNCED HIS DEPARTURE LAST WEEK, PEOPLE FROM ACROSS CIRM EMAILED ME TO APOLOGIZE, TO FEEL SORRY FOR ME THAT I WAS LOSING HIM. AND TO A PERSON THEY CALLED HIM A DELIGHT TO WORK WITH. AND THEY ARE RIGHT. I HOPE YOU CAN JOIN ME IN THANKING ESTEBAN FOR ALL HE'S DONE TO ADVANCE CIRM'S MISSION AND TO WISH HIM ALL THE BEST IN HIS FUTURE.

OKAY. WITH THAT SAID, IT IS MY PLEASURE TO SHARE OUR COMMUNICATIONS AND OUTREACH STRATEGY. YOU CAN FIND THE FULL STRATEGY ATTACHED TO THE AGENDA AND IN BOARDABLE. I'M HAPPY TO TAKE QUESTIONS ON ANY ASPECT OF THAT STRATEGY, BUT SO MUCH IS GOING ON THAT TODAY I WANT TO FOCUS ON THE THINGS WE'RE ACTUALLY DOING INSTEAD OF JUST WHAT WE PLAN TO DO.

SO FIRST, I KNOW WE SHOW THIS SLIDE A LOT, BUT THAT'S BECAUSE WE CARE ABOUT IT. CIRM'S MISSION OF DELIVERING CURES DRIVES EVERY ASPECT OF THIS COMMUNICATIONS STRATEGY. SO THIS IS THE MISSION STATEMENT FOR THE COMMUNICATIONS AND OUTREACH TEAM. WE BELIEVE THAT BUILDING SUPPORT FOR CIRM AMONG

VARIED CALIFORNIA AUDIENCES WILL HELP CIRM ACHIEVE ITS MISSION. CIRM'S SUCCESS REQUIRES THE PEOPLE OF CALIFORNIA TO UNDERSTAND THE VALUE OF FUNDING SCIENTIFIC RESEARCH AND THE BENEFITS THAT FUNDING BRINGS TO THE STATE IN THE MANY WHO HAVE ACCESS TO CLINICAL TRIALS, TRAINING FOR REGENERATIVE MEDICINE CAREERS FOR PEOPLE FROM ALL REGIONS, AND ECONOMIC STRENGTH.

MANY OF YOU MAY REMEMBER THIS SLIDE FROM MY PRESENTATION IN SEPTEMBER. I TOLD YOU THAT I WANT EVERYONE IN CIRM TO BE SINGING THE SAME SONG. AND THAT SONG WILL TRANSLATE INTO STORYTELLING FOR KEY AUDIENCES ACROSS CALIFORNIA. SONGS ARE POWERFUL BECAUSE THEY CONVEY A STORY. THEY'RE ENJOYABLE AND THEY STAY WITH YOU, THEY'RE MEMORABLE, AND WE WANT OUR STORY TO BE MEMORABLE. AND I SAID THAT I WANTED TO CREATE A SONG THAT INSPIRES THESE EMOTIONS WHICH I BELIEVE ARE CRITICAL FOR ACHIEVING THE OBJECTIVES THAT I LAID OUT.

IF WE CAN STIR THESE EMOTIONS, WE CAN INSPIRE THE PUBLIC, PATIENTS, LAWMAKERS, AND SCIENTISTS TO SUPPORT AND ENGAGE WITH CIRM. WELL, THIS SLIDE IS MY STRATEGY, BUT I'M GOING TO SHOW IT LIKE THIS. SO HERE'S THE SAME INFORMATION DISPLAYED DIFFERENTLY. THESE ARE THE FOUR PILLARS OF MY

STRATEGY: CREATE THE STORY, TELL THE STORY, DELIVER THE STORY, AND MEASURE THE IMPACT.

IN THE FULL STRATEGY DOCUMENT, WE CAN SEE TACTICS FOR EACH OF THESE PILLARS ALONG WITH AN IMPLEMENTATION TIMELINE. RATHER THAN DISCUSSING WHAT WE'RE GOING TO DO, TODAY I'M GOING TO TALK ABOUT WHAT WE'VE BEEN DOING IN EACH PILLAR.

SO FIRST, THIS IS THE BIG SHOWCASE ONE FOR TODAY, CREATE THE STORY. OUR STORY NEEDS TO CONNECT EMOTIONALLY TO THE PEOPLE WE'RE TRYING TO REACH. IT NEEDS TO BE FLEXIBLE ENOUGH TO BE TOLD BY ANYONE TO ANY AUDIENCE. I'VE HIRED AN AGENCY CALLED VALVESPRING TO HELP CREATE THIS STORY. AND J.T., MY SUPPORT STAFF TODAY, WILL BE DEBUTING THAT STORY AT THE END OF MY PRESENTATION. SO STAY TUNED.

IN ADDITION TO A PATIENT-FOCUSED, RESULTS-ORIENTED NARRATIVE, THE STORY HAS DYNAMIC, FORWARD LOOKING VISUALS WITH AN EMPHASIS ON PATIENTS. WE'LL ALSO CREATE ALTERNATE VERSIONS OF THE STORY WITH THE ABILITY TO ADD OR CHANGE CONTENT AND PATIENT STORIES THAT'S RELEVANT FOR PARTICULAR AUDIENCES. AND I'LL TALK MORE ABOUT THAT WHEN I BRING J.T. UP.

SO WHO ARE WE TELLING THE STORY? A STORY DOES NOT HELP US IF WE DON'T DO ANYTHING WITH IT.

WE PLAN TO INCORPORATE THE STORY INTO DIVERSE STORYTELLING FORMATS INCLUDING PATIENT STORIES, SCIENTIFIC PROGRESS, AND VIDEOS. HERE YOU CAN SEE SOME EXAMPLES OF HOW WE'VE TOLD THE STORY SINCE OUR LAST BOARD MEETING. IN THE MIDDLE THAT BEAUTIFUL BOY IS CALVIN. HE'S THE SON OF THE MOM WHO SPOKE SO PASSIONATELY AT THE LAST MEETING IN FAVOR OF AN AWARD -- AND HERE I'M STARTING TO TEAR UP -- AN AWARD THAT COULD BENEFIT PEOPLE WITH PITT HOPKINS DISEASE AMONG OTHER GENETIC CONDITIONS. WE REACHED OUT TO THAT MOM, AND WE WROTE A STORY ABOUT HER AND HER SON. AND WE ALSO TALKED TO THE SCIENTIST WHO RECEIVED THE AWARD WHO TALKED PASSIONATELY ABOUT THE VALUE OF INCLUDING PATIENT VOICES EVEN AT EARLY STAGE DISCOVERY WORK --

IF YOU HAVEN'T SEEN THAT STORY, I ENCOURAGE YOU TO READ IT. MAYBE I'LL ENCOURAGE CLAUDETTE TO SEND IT OUT TO YOU.

OKAY. SO IN ADDITION, THE TEAM RAN A SOCIAL MEDIA CAMPAIGN AROUND EPILEPSY AWARENESS MONTH. THAT CAMPAIGN INCLUDED STORIES ABOUT CIRM-FUNDED CELL THERAPY APPROACHES TO TREATING EPILEPSY AND PATIENT STORIES OF PEOPLE WHO HAVE PARTICIPATED IN CIRM-FUNDED CLINICAL TRIALS FOR EPILEPSY. DISEASE AWARENESS MONTHS ARE A GOOD

OPPORTUNITY TO GET OUR STORY IN FRONT OF PATIENTS AND PATIENT ADVOCATES. IN PARALLEL WITH THIS CAMPAIGN, THE OUTREACH TEAM ATTENDED A TWO-DAY EPILEPSY EXPO IN ANAHEIM WHERE THEY WERE ALSO ABLE TO SHARE CIRM'S STORY.

OKAY. FINALLY, HERE ON THE RIGHT, IT'S A NEW BROCHURE THE TEAM DEVELOPED FEATURING PATIENT STORIES. THIS VERSION THAT WE CREATED INITIALLY HAS A RANGE OF RARE AND COMMON DISEASES REPRESENTED AND A MIX OF NEUROLOGICAL DISEASES AND OTHERS. THIS IS THE VERSION OUR VICE CHAIR TOOK TO D.C. TO VISIT LEGISLATORS.

WHAT I WANT TO HIGHLIGHT IS THAT THE DESIGN IS MODULAR AND VERY FLEXIBLE. SO IF ONE OF YOU ON THE BOARD COMES TO ME AND WANTS A BROCHURE FOR A PARTICULAR AUDIENCE OR FOR A PARTICULAR EVENT, WE CAN CREATE ONE THAT FOCUSES ON RARE DISEASES OR FOCUSES ON NEUROLOGICAL DISEASES OR FOCUSES ON DISEASES OF A PARTICULAR ETHNICITY. I THINK IT COULD BE A POWERFUL TOOL AND A USEFUL LEAVE BEHIND. AND I LIKE THE FACT THAT IT'S MODULAR AND, THEREFORE, EASY TO PRINT VERY QUICKLY.

OKAY. SO HOW ARE WE DELIVERING THE STORY? I'M SEPARATING TELLING THE STORY FROM DELIVERING THE STORY. THEY'RE INTERTWINED OBVIOUSLY. BUT I THINK

TELLING THE STORY IS THE STORY WE WRITE, BUT THE STORY DOES NOT DO ANY GOOD UNLESS YOU GET IT IN FRONT OF THE RIGHT AUDIENCE. SO I'M REALLY THINKING A LOT ABOUT CHANNELS, DELIVERY CHANNELS, FOR THESE STORIES. SO TO HELP US DELIVER OUR STORY EFFECTIVELY, I'VE HIRED A PR FIRM CALLED FORS MARSH. THEY HAVE A NATIONAL REPUTATION AS AN AGENCY THAT'S FOCUSED ON PUBLIC GOOD. IN PARTICULAR, THEY'VE WORKED WITH SEVERAL INSTITUTES WITHIN THE NIH AS WELL AS THE CDC AND WITH NATIONAL PATIENT ADVOCACY GROUPS.

IN SELECTING FORS MARSH WE WERE PARTICULARLY IMPRESSED WITH THEIR STRONG EXAMPLES OF PLACING STORIES IN SPANISH LANGUAGE MEDIA AND OTHER MULTICULTURAL OUTLETS. THEY RECENTLY HELPED US PITCH THE ANNOUNCEMENT OF THE COMMUNITY CARE CENTERS OF EXCELLENCE AND GAINED US 1,880 MEDIA PLACEMENTS. AND ACTUALLY I THINK IT'S HIGHER THAN THAT. THAT WAS JUST IN THE FIRST WEEK, AND IT'S 2,000 NOW. THEY ALSO WORKED WITH US TO DEVELOP AND DISTRIBUTE OUR FIRST EVER SPANISH LANGUAGE VERSION OF A PRESS RELEASE.

SOME OF THESE 1,800 AND WHATEVER MEDIA PLACEMENTS INCLUDE OUTLETS THAT DIRECTLY RAN OUR PRESS RELEASE IN SPANISH. AND I WANT TO

PARTICULARLY THANK ROSA CANET-AVILES WHO WAS ABLE TO REPRESENT CIRM IN SPANISH ON KIQI RADIO, WHICH I'M TOLD IS PRONOUNCED KIKI, WHICH REACHES SPANISH SPEAKERS IN SAN FRANCISCO THROUGH SACRAMENTO. I'VE GOT A QUOTE HERE FROM ROSA IN SPANISH, BUT I CAN'T READ THE TRANSCRIPT. SO I CAN'T DO THAT, BUT WE HAVE A QUOTE HERE FROM ROSA IN ENGLISH WHERE SHE WAS INTERVIEWED FOR GENOMEWEB. AND I THINK THE QUOTE REALLY SUMS UP WHAT WE WANT TO BE SAYING. "THIS PROGRAM IS KEY TO CIRM'S LONG-TERM VISION TO ENSURE THAT EVERY CALIFORNIAN, REGARDLESS OF WHERE THEY LIVE OR THEIR SOCIOECONOMIC STATUS, HAS ACCESS TO CUTTING-EDGE CELL AND GENE THERAPY," WHICH IS A TERRIFIC MESSAGE FOR US TO BE GETTING OUT INTO THE WORLD.

ANOTHER VALUABLE WAY OF DELIVERING OUR STORY IS THROUGH IN-PERSON OUTREACH BY MEMBERS OF OUR OUTREACH TEAM, CIRM STAFF, AND BOARD MEMBERS. IN THE PAST FEW MONTHS, MARIA BONNEVILLE SPOKE ABOUT CIRM AT A HADASSAH EVENT IN L.A., ACCOMPANIED BY BOARD MEMBER YAEL WYTE AND JACQUELINE HANTGEN WHO DOES OUTREACH FOR US IN SOUTHERN CALIFORNIA AND WHO ORGANIZED THE EVENT. I BELIEVE MARIA ALSO SPOKE RECENTLY TO A ROTARY CLUB, AND I'M TOLD ALL CAMERAS DIED RIGHT BEFORE THE LINE DANCING STARTED. IT'S

TRUE. IT IS TRUE. SO I DON'T HAVE THE PHOTO HERE. IT'S TRUE. WE CAN GET A DEMO LATER.

AND IN THE BOTTOM YOU SEE ADITI DESAI WHO LEADS OUR OUTREACH EFFORTS ALONG WITH CATHERINE SWEPPE. I DON'T KNOW HOW TO SAY THAT LAST NAME, SWEPPE, ON THE EDUCATION TEAM. RECENTLY THEY ATTENDED A DIVERSITY AND STEM CONFERENCE IN OHIO, AND SEVERAL OF OUR TRAINEES SHOWED UP AT THE BOOTH AND HELPED TALK ABOUT CIRM WHILE THERE. AND IN THE FUTURE, I WOULD LOVE TO WORK WITH THE OUTREACH TEAM AND THINK ABOUT HOW TO BRING THESE STORIES TO YOU BECAUSE THESE STUDENTS DO GO TO A LOT OF EVENTS.

NOT SHOWN, BUT REALLY IMPORTANT IS AN ALZHEIMER'S EVENT IN FRESNO, A PART OF THE STATE WHERE CIRM IS NOT WELL REPRESENTED WHERE ESTEBAN CORTEZ FROM THE COMMUNICATIONS TEAM VOLUNTEERED TO HELP SPREAD THE WORD ABOUT CIRM'S COMMITMENT TO NEUROLOGICAL DISEASES. AND HE WAS ACCOMPANIED BY BOARD MEMBER ADRIANA PADILLA. THIS IS JUST A SMALL SAMPLE OF THE MANY IN-PERSON EVENTS THAT VARIOUS CIRM MEMBERS ATTEND.

OKAY. THE FINAL PART OF THE STRATEGY, YOU CAN'T CHANGE WHAT YOU DON'T MEASURE, WHICH IS WHERE WE MEASURE ABSOLUTELY EVERYTHING, TRAFFIC, SOCIAL MEDIA ENGAGEMENT, MEDIA PLACEMENTS. AND ONCE WE

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STANDARDIZE HOW WE WANT TO COMPILE THESE METRICS, WE'LL BE REPORTING OUT ON THESE REGULARLY.

IN THE MEANTIME I WANTED TO GIVE JUST A SMALL SNEAK PEAK OF SOME METRICS THAT I FOUND INTERESTING IN THE LAST MONTH OR TWO. WE RECENTLY RAN A SERIES OF SOCIAL MEDIA POSTS ABOUT THE LAUNCH OF THE CCCE'S. THE POST BEGAN, "ACCESS TO CLINICAL TRIALS SHOULDN'T DEPEND ON WHERE YOU LIVE." THAT RESONATED WIDELY. THAT WAS OUR MOST VIEWED POST ON SOCIAL MEDIA IN THE LAST MONTH OR TWO. AND RANKING JUST BEHIND THAT POST WAS ANOTHER POST ABOUT RECENT NEWS OUT OF UCLA REGARDING THEIR ADA SCID TRIAL. THERE WAS A PATIENT-FOCUSED STORY ABOUT HOW KIDS HAVE BENEFITED FROM THAT TRIAL. AND THEN ON OUR BLOG, THE MOST READ POST WAS A RECENT STORY ABOUT BOARD MEMBER KIM BARRETT. I LOOK FORWARD TO COMING BACK TO YOU IN THE FUTURE WITH A FULLER EVALUATION OF OUR SOCIAL MEDIA PROGRAM. BUT FOR NOW I TAKE THESE METRICS AS AN INDICATION THAT A HUMAN-FOCUSED APPROACH IS REALLY RESONATING.

THANK YOU. ALL RIGHT. BEFORE I TAKE QUESTIONS, I'M GOING TO INVITE J.T. TO PRESENT THE CIRM STORY AS I MENTIONED EARLIER. AND ONCE HE'S DONE, I'LL BE MORE THAN HAPPY TO TAKE QUESTIONS. AND BEFORE I INTRODUCE J.T., J.T., YOU NEED TO KNOW

THAT A FEW OF US HAVE HATCHED A LITTLE PLAN TO VIDEOTAPE EVERYONE ON THE EXECUTIVE TEAM DOING THIS PRESENTATION BECAUSE I THINK IT'S A POWERFUL PRESENTATION AND EVERYONE SHOULD BE ABLE TO PRESENT. BOARD MEMBERS, I WON'T PUT YOU IN THE COMPETITION BECAUSE THAT'S NOT APPROPRIATE, BUT IF ANYONE WANTS TO JOIN THE COMPETITION, I'D BE HAPPY TO VIDEOTAPE IT.

OKAY. SO J.T. IS GOING TO HELP ME ROLL OUT THE NEW CIRM STORY. THIS IS DEVELOPED IN COLLABORATION WITH OUR VENDOR VALVESPRING. AT PREVIOUS BOARD MEETINGS MANY OF YOU HAVE ENCOURAGED ME TO DEVELOP A NARRATIVE, THE SONG WE ALL SING, THAT HAS HEART, A NARRATIVE THAT DRAWS ON PATIENT STORIES, AND SHOWS CIRM'S IMPACT IN CALIFORNIA. AND I BELIEVE WE'VE DONE THAT.

THE VERSION OF OUR STORY THAT J.T. IS GOING TO REVEAL IS INTENDED TO ELICIT EXCITEMENT ABOUT CIRM, HOPE FOR CURES, AND PRIDE IN CALIFORNIA, WHICH IS ALL TO SAY THAT J.T. IS GOING TO EMOTE FOR US TODAY. ONE SECOND, J.T. WHAT I HOPE YOU WILL SEE IS THAT THE NARRATIVE ALSO LEAVES ROOM FOR ALTERNATIVES. IF YOU'RE SPEAKING TO AN AUDIENCE WHO WANT TO LEARN MORE ABOUT OUR EDUCATION PROGRAMS, THERE'S ROOM TO ADD THOSE SLIDES. IF YOU WANT TO

TALK MORE ABOUT FUNDING STRATEGIES, THERE'S A PLACE FOR THAT TOO. IF YOU'RE SPEAKING TO A LATINO AUDIENCE OR AN AUDIENCE INTERESTED IN RARE DISEASES, I'LL BE PROVIDING A STOCKPILE OF ALTERNATIVE PATIENT IMAGES AND TALKING POINTS YOU CAN USE TO CUSTOMIZE THE STORY FOR THOSE AUDIENCES. THIS DECK AND NARRATIVE WILL BE AVAILABLE TO ALL OF YOU, AS WELL AS ADDITIONAL MATERIALS THAT WE'RE DEVELOPING TO HELP TELL THE STORY, MAKE YOUR POINTS, A REFERENCE FOR PATIENT STORIES, AND AN ELEVATOR PITCH. OF COURSE, YOU'RE WELCOME TO TELL CIRM'S STORY IN A LANGUAGE THAT FEELS APPROPRIATE FOR YOU AND YOUR AUDIENCE.

NOW, WITHOUT FURTHER ADO, J.T. NEEDS TO HANG ON JUST A SECOND BECAUSE NOW I NEED TO SWITCH SLIDES.

MS. DURON: CUT. CUT.

MS. ADAMS: ALL RIGHT. I HAVE TO RESHARE. J.T., YOU CAN CLEAR YOUR THROAT OR SOMETHING. OKAY, J.T.

DR. THOMAS: THANK YOU, AMY, BOARD MEMBERS. I WANT TO BEGIN WITH A STORY THAT BRINGS US TOGETHER, BOARD MEMBERS, SCIENTISTS, LEGISLATORS, PATIENTS, CAREGIVERS, ADVOCATES, AND THE PEOPLE OF CALIFORNIA. A FEW YEARS AGO A BABY BOY IN THE

SACRAMENTO VALLEY WAS BORN WITH A LIFE-THREATENING IMMUNE DISORDER. HIS DIAGNOSIS CAME WITH ONLY ONE MESSAGE FOR HIS PARENTS. HIS FUTURE IS UNCERTAIN BECAUSE NO CURE EXISTED. BUT CALIFORNIANS CHOSE TO INVEST IN REGENERATIVE MEDICINE, AND THAT LITTLE BOY WAS ENROLLED IN A CLINICAL TRIAL FUNDED BY CIRM.

TODAY HE'S FULL OF ENERGY, CURIOSITY, AND FUN. THAT OUTCOME WAS NOT BY CHANCE, BUT THE RESULT OF CHOICES, THE BELIEF THAT WE CAN DO MORE AND FASTER FOR THOSE WHO NEED IT MOST.

CIRM, THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE, IS A STATE AGENCY CREATED BY VOTERS IN 2004 AND RENEWED IN 2020. OVERALL, CALIFORNIANS AUTHORIZED OVER $8 BILLION IN FUNDING TO DEVELOP THERAPIES FOR SERIOUS DISEASES, BOTH RARE AND COMMON.

OUR MISSION IS CLEAR. ACCELERATE WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE TREATMENTS EQUITABLY TO CALIFORNIA AND BEYOND. WE HELP SPEED BREAKTHROUGHS INTO REAL THERAPIES AND WORK TO ENSURE THAT THEY ARE WITHIN REACH OF EVERYONE IN CALIFORNIA WHO CAN BENEFIT FROM THEM.

REGENERATIVE MEDICINE FIXES THE ROOT CAUSE OF DISEASE. CELL THERAPY REPLACES DAMAGED CELLS WITH HEALTHY ONES. GENE THERAPY CORRECTS

INSTRUCTIONS INSIDE CELLS. GENE-MODIFIED CELL THERAPY IS A COMBINATION OF THE TWO.

CLINICAL TRIALS TESTING REGENERATIVE MEDICINE THERAPIES ARE HOW RONNIE, BORN WITH AN IMMUNE DISORDER, CAN NOW CLIMB ABOARD A FARM TRACTOR WITHOUT FEAR OF INFECTION, HOW ANNETTE WHO'S DECADES LONG EPILEPSY IS NOW CONTROLLED AFTER A SINGLE TREATMENT, AND HOW BYRON, A NAVY PILOT, WENT FROM, IN HIS WORDS, "ALIVE BUT NOT LIVING TO FLYING HIGH."

THIS IS HOW CALIFORNIANS ARE BUILDING THE FUTURE OF MEDICINE AND CHANGING LIVES. THERE ARE FOUR WAYS THE WORK CIRM IS DOING CHANGES LIVES. FIRST, CIRM MOVES SCIENTIFIC DISCOVERIES FROM THE LAB TO PATIENTS FASTER. WE'VE FUNDED OVER 1400 PROJECTS AND 115 CLINICAL TRIALS ACROSS 80 DISEASES. MORE THAN 50 CHILDREN HAVE BEEN CURED THROUGH CIRM-SUPPORTED CLINICAL TRIALS. ADULTS WITH CHRONIC DEBILITATING CONDITIONS THAT MADE IT HARD TO MANAGE DAILY ACTIVITIES ARE NOW PURSUING THEIR LIVES AND LIVELIHOODS FULLY. THESE MILESTONES ARE POSSIBLE BECAUSE VOTERS ASKED FOR URGENCY AND PROGRESS.

SECOND, A CURE THAT NO ONE CAN ACCESS IS NOT A CURE. PART OF CIRM'S MISSION IS TO MAKE SURE EVERY CALIFORNIAN WHO CAN BENEFIT FROM CELL AND GENE THERAPIES HAS A PATH TO ACCESS. EVERY CLINICAL

PROGRAM MUST INCLUDE TRANSPARENT PLANS FOR PATIENT ACCESS. OUR ALPHA CLINICS, COMMUNITY CARE CENTERS OF EXCELLENCE, AND PATIENT SUPPORT PROGRAM MAKE TRIALS AND TREATMENTS AVAILABLE STATEWIDE, ESPECIALLY FOR UNDERSERVED COMMUNITIES. A PERSON'S ZIP CODE SHOULD NEVER BLOCK ACCESS TO LIFESAVING TREATMENTS.

THIRD, BEYOND CURES, CIRM IS GROWING CALIFORNIA'S WORKFORCE AND INDUSTRY. OVER 4600 PEOPLE HAVE BEEN TRAINED IN REGENERATIVE MEDICINE, MANY FROM UNDERREPRESENTED COMMUNITIES. OUR MOST RECENT ECONOMIC IMPACT STUDY SHOWED THAT OUR RESEARCH PROGRAMS HAVE ATTRACTED $24 BILLION IN PRIVATE INVESTMENT, HELPED CREATE 56,000 NEW JOBS, AND LAUNCHED MORE THAN 50 NEW COMPANIES. THIS IS WORLD-CLASS SCIENCE DRIVING GROWTH AND OPPORTUNITY FOR THE ENTIRE STATE.

AND FINALLY, WHILE PUBLIC SCIENCE FUNDING DECLINES ELSEWHERE, CALIFORNIA IS CONTINUING TO INVEST IN RESEARCH, CLINICAL TRIALS, STUDENTS, AND PATIENTS. OUR NETWORK COVERS UNIVERSITIES, HOSPITALS, CLINICIANS, INDUSTRY, AND COMMUNITY-BASED ORGANIZATIONS. WHEN YOU HEAR ABOUT MAJOR ADVANCES IN CELL AND GENE THERAPIES, CALIFORNIA OFTEN PLAYED A ROLE.

NOT ONCE, BUT TWICE CALIFORNIA VOTERS CHOSE TO SUPPORT CIRM AND REGENERATIVE MEDICINE. WE TAKE THAT RESPONSIBILITY VERY SERIOUSLY. TO ENSURE WE USE EVERY PUBLIC DOLLAR WISELY AND EFFICIENTLY, WE ADOPTED A STRATEGIC FUNDING FRAMEWORK. THAT MEANS WE HAVE A CLEAR ROADMAP FOR DIRECTING RESOURCES TO THE SCIENCE AND PROGRAMS MOST LIKELY TO REACH PATIENTS. WE CREATE A CLEAR PATHWAY FROM FIRST DISCOVERY TO FDA SUBMISSION WITH PATIENT ACCESS BUILT INTO THE PROCESS. THAT IS HOW WE HONOR THE TRUST CALIFORNIANS HAVE PLACED IN US.

WE ALWAYS REMEMBER THAT BEHIND EVERYTHING WE DO THERE IS A PERSON WHOSE LIFE CAN BE BETTER. AND THAT IS WHY CIRM EXISTS, TO ACCELERATE THERAPIES FOR THOSE WHO NEED THEM MOST AND TO ADVANCE CALIFORNIA TO THE FOREFRONT OF REGENERATIVE MEDICINE WHERE CURES ARE FOUND. TO PATIENTS, FAMILIES, AND ADVOCATES WATCHING, WE HEAR YOU AND YOUR VOICE GUIDES US. TO SCIENTISTS IN CALIFORNIA, YOUR WORK PROVES SCIENCE IS DEEPLY HUMAN. TO LEGISLATORS AND POLICY LEADERS LISTENING IN, YOUR SUPPORT SHOWS THAT THE HEALTH OF CALIFORNIANS MATTERS AND SHOULD NOT DEPEND ON WHERE THEY LIVE OR HOW MUCH IS IN THEIR WALLET. TO OUR TEAM, YOU STEWARD PUBLIC DOLLARS WITH CARE AND PURPOSE. AND TO EVERYONE IN

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CALIFORNIA, THANK YOU FOR BELIEVING IN A FUTURE WHERE CURES ARE NOT JUST POSSIBLE, BUT INEVITABLE. CURES BY CALIFORNIA FOR THE WORLD. CIRM IS HOW CALIFORNIANS TURN PIONEERING SCIENCE INTO A NEW FRONTIER FOR CURES FOR EVERY COMMUNITY AND EVERY REGION OF OUR STATE. THANK YOU.

MS. DURON: WHAT AWARD SHOULD WE GIVE HIM?

MS. ADAMS: EXECUTIVE TEAM. SO NOW I'LL TAKE QUESTIONS BOTH ON MY STRATEGY OR ON THE PRESENTATION, EITHER AND/OR BOTH. GEORGE.

DR. BLUMENTHAL: SO I GUESS I COULD SUMMARIZE MY REACTION IN ONE WORD. WOW. THIS REALLY WAS OUTSTANDING. I'VE LONG FELT THAT WE COULD DO A BETTER JOB COMMUNICATING ALL OF THE WONDERFUL THINGS WE DO. AND THIS IS REALLY MANIFESTED. I'M VERY IMPRESSED WITH THIS. I THINK THAT TELLING PEOPLE STORIES IS A WAY OF CONNECTING WITH THE AUDIENCE. AND EVEN IF WE DON'T MENTION A DISEASE THAT SOMEONE IS INTERESTED IN, MAKING THAT CONNECTION IN THEIR MINDS BETWEEN WHAT THEY'RE SEEING HERE AND WHAT THEY MAY BE INTERESTED IN IS AN EASY CONNECTION TO MAKE.

SO I JUST WANT TO PRAISE YOU FOR HAVING REALLY TAKEN A MAJOR STEP FORWARD, AND I VERY MUCH LOOK FORWARD TO SEEING THIS IN A VARIETY OF

DIFFERENT CONTEXTS. SO THANK YOU.

MS. ADAMS: THANK YOU. LEONDRA.

DR. CLARK-HARVEY: SIMILARLY, I MEAN IT'S A LONG BOARD MEETING, AND THERE'S SO MUCH STUFF AND WE'RE IN IT. RIGHT? WE GET IT. WE'RE NERDS ABOUT THIS, AND YET I SAW THE MOST EMOGIS ENGAGEMENT, SMILES, NODDING HEADS FROM EVEN THE GROUP HERE DURING THAT PRESENTATION. SO I THINK THAT SAYS A LOT. GREAT JOB FOR THE TEAM THAT WORKED ON THIS, AND GREAT DELIVERY, J.T. THIS IS WHAT CATCHES PEOPLE'S ATTENTION, THE PHOTOS, THE STORIES, AND THE CONNECTION THERE. SO LOVELY JOB.

MS. ADAMS: THANK YOU. KIM.

DR. BARRETT: I THOUGHT THAT WAS TRULY AWESOME. SO CONGRATS, AMY, TO YOU AND YOUR TEAM. AND A REALLY NICE DELIVERY, J.T. I THINK YOU HAVE A FUTURE AS A VOICE-OVER ACTOR IF YOU WANT TO CHANGE CAREERS.

IN ADDITION TO REALLY BEING VERY, VERY TOUCHED AND MOVED BY THIS ELOQUENT EXPLANATION OF WHO WE ARE, IT'S LONG. SO TO WHAT EXTENT CAN PIECES OF THIS BE USED AS MORE SOUND BITES IN PLATFORMS WHERE THIS SORT OF LONG FORM WILL NOT BE APPROPRIATE?

MS. ADAMS: KIM, THANK YOU FOR TEEING UP

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MY JANUARY BOARD PRESENTATION. SO THERE IS A MESSAGING -- SET OF MESSAGES DOCUMENT THAT UNDERLIES THIS PRESENTATION. SO A LOT OF THE NUGGETS IN THE PRESENTATION WE HAVE AS INDIVIDUAL SENTENCES OR PHRASES. AND THAT'S SOMETHING I'LL BE BRINGING TO THE NEXT BOARD MEETING. AND I'M THINKING OF ALL OF THIS AS A TOOLKIT. SO WE'LL HAVE THE FULL PRESENTATION AND WE'LL HAVE SOME MESSAGING. I'VE GOT SOME PATIENT STORIES YOU CAN SWAP IN AND OUT. SO I'M TRYING TO MAKE IT EASY FOR EVERYONE TO TELL THE STORY AT WHATEVER LENGTH, IN WHATEVER DEPTH IS APPROPRIATE FOR WHERE YOU ARE SPEAKING. SO THANK YOU FOR TEEING ME UP.

VITO.

CHAIRMAN IMBASCIANI: YEAH. SO, FOLKS, I HAD THE OCCASION AS DID MANY OF US IN THE ROOM OF HEARING THIS TWICE, ONCE WITHOUT THE IMAGES THAT WE JUST SAW. AND WHEN I LISTENED TO J.T. RECITE IT THE FIRST TIME, I SAW THE PROMISE OF WHAT YOU ALL CREATED. BUT TODAY THAT PROMISE HAS REALLY FLOURISHED AND I SEE THE REALITY OF IT. THOSE PHOTOGRAPHS OF THOSE CHILDREN AND PATIENTS AND PARENTS AND THE TEAMS AND OUR EMPLOYEES HERE ARE JUST SO POWERFUL AND VERY TOUCHING. I'M SURE THAT ANYONE WHO SEES THIS AND LISTENS TO THIS WILL

STRUGGLE TO HOLD BACK A TEAR. IT REALLY TOUCHES. BRAVA, BRAVA, BRAVA.

DR. THOMAS: MAY I MAKE A COMMENT, MR. CHAIR?

CHAIRMAN IMBASCIANI: YEAH.

DR. THOMAS: SO I JUST WANT TO CONGRATULATE AMY. SO THIS WAS DISCUSSED AND HER STRATEGY WAS DISCUSSED AT OUR RECENT COMMUNICATIONS SUBCOMMITTEE EXPERTLY LED BY OUR CHAIR, YSABEL, AND THE ENGAGEMENT THAT AMY HAD IN THE COURSE OF THAT SUBCOMMITTEE WAS UNLIKE ANY WE'VE HAD. AND I SAID IMMEDIATELY AFTERWARDS, THIS WAS THE BEST COMMUNICATION SUBCOMMITTEE MEETING WE'D EVER HAD BECAUSE WE'RE REALLY -- WE'RE GETTING INTO A STRATEGIC APPROACH HERE THAT'S JUST GOING TO TREMENDOUSLY BENEFIT CIRM AND REALLY GET THE MESSAGE OUT ACROSS TO ALL RELEVANT STAKEHOLDER GROUPS IN A WAY WE'VE NEVER DONE IT BEFORE. AND I THINK THIS IS A WONDERFUL PIECE OF WRITING WHICH AMY WORKED VERY HARD ON WITH VALVESPRING AND INPUT FROM MARIA AND INPUT FROM SCOTT AND INPUT FROM MANY PEOPLE. AND AMY AND I HAVE TALKED ABOUT IT ON NUMEROUS OCCASIONS. I THINK IT'S A WONDERFUL PIECE, BUT I JUST WANT TO SAY JOB WELL DONE AND ONWARDS AND UPWARDS. SO THANK YOU.

MS. ADAMS: ONWARD AND UPWARDS. IT'S EXCITING.

MS. DURON: I'M GLAD YOU ARE GOING TO ADD DATA.

MS. ADAMS: YEAH.

MS. DURON: BECAUSE AS A JOURNALIST, HEART IS GOOD, BUT YOU GOT TO GIVE SOME SOLID DATA.

MS. ADAMS: GOT IT. SO PART OF MY LITTLE TOOLKIT. I'M TRYING TO PUT TOGETHER -- WE USE A LOT OF NUMBERS VARIOUS PLACES IN VARIOUS WAYS. I'M TRYING TO PUT TOGETHER ONE DOCUMENT THAT SUMS IT ALL UP, ALL THE VARIOUS NUMBERS THAT WE USE, WHERE IT COMES FROM, HOW TO USE THOSE NUMBERS SO THAT WHEN WE GO OUT AND TALK, WE CAN TALK ABOUT PATIENT STORIES, BUT WE CAN ALSO TALK ABOUT SPECIFIC RESULTS.

MS. DURON: I WOULD LIKE A LITTLE MORE OF A LANDSCAPE ANALYSIS. WHO'S IN THE ROOM? IN OTHER WORDS, WHO'S IN CALIFORNIA? HOW ARE THESE POPULATIONS BEING SERVED? HOW ARE WE TRYING TO BRING THOSE WHO ARE UNDERSERVED INTO THE ROOM? THOSE SORTS OF THINGS BECAUSE THAT'S THE KIND OF DATA, IF I WAS DOING THE STORY, THAT'S WHAT I'D BE ASKING.

VICE CHAIR BONNEVILLE: TO THAT, WHEN I GAVE THIS AT THE ROTARY CLUB, QUESTIONS WERE MUCH

MORE GEARED TOWARDS WHERE CAN I ACCESS THESE THERAPIES? DO YOU HAVE A THERAPY FOR X DISEASE? SO IT WAS MUCH -- I THINK WHEN YOU COME TO THOSE, IT DOES BECOME -- PEOPLE START TO THINK OF IT LIKE JUST PEOPLE IN THEIR OWN LIVES OR THEMSELVES, AND THEY APPROACH IT FROM THAT MANNER. SO THOSE QUESTIONS -- AND WE CAN DIRECT THEM. WE CAN SAY HERE'S OUR WEBSITE OR GIVE THEM A BUSINESS CARD OR HOWEVER TO CONTINUE TO ENGAGE THE CONVERSATION. SO IT WAS GREAT.

MS. ADAMS: I'M HANDING IT BACK TO YOU.

CHAIRMAN IMBASCIANI: OH, YOU'RE DONE?

MS. DURON: NEED A MOTION?

CHAIRMAN IMBASCIANI: NO. I THINK WE HAVE HAD EMOTION, DON'T NEED THE MOTION. THANK YOU SO MUCH, AMY AND THE WHOLE TEAM.

SO IS THERE ANY MEMBER OF THE PUBLIC WHO WOULD LIKE TO COMMENT ON EITHER ANY ASPECT OF OUR APPLICATION REVIEW PROCESS OR ANY ITEM THAT HAS NOT BEEN ON TODAY'S AGENDA THAT MAYBE YOU WOULD LIKE THE BOARD TO CONSIDER IN THE FUTURE? THIS WOULD BE A TIME TO THAT MAKE. YOU DON'T SEE ANYTHING. OKAY.

IN THAT CASE, I'M GOING TO ADJOURN THE MEETING SHORTLY, TELLING YOU THAT THE NEXT MEETING OF THE ICOC AND THE ARS WILL BE AT 9 A.M. ON

THURSDAY, JANUARY 26, 2026, AT THE SAN FRANCISCO AIRPORT MARRIOTT IN BURLINGAME, CALIFORNIA.

VICE CHAIR BONNEVILLE: IT'S THE 29TH.

CHAIRMAN IMBASCIANI: IT'S THE 29TH?

VICE CHAIR BONNEVILLE: YES.

CHAIRMAN IMBASCIANI: I STAND CORRECTED. I MUST HAVE BEEN USING LAST YEAR'S CALENDAR. BUT ONE FINAL NOTE, I DO WANT TO, AND I SPEAK FOR EVERYONE HERE AT CIRM, I WANT TO WISH EVERYONE A VERY HAPPY, HEALTHY, AND IN EVERY POSSIBLE MEANING OF THE WORD PROSPEROUS NEW YEAR TO COME FOR ALL OF YOU. HAPPY NEW YEAR.

VICE CHAIR BONNEVILLE: HAPPY HOLIDAYS TO EVERYONE.

(THE MEETING WAS THEN CONCLUDED AT 2:56 P.M.)

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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE VIRTUAL PROCEEDINGS BEFORE THE 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 DECEMBER 11, 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.

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