

# Funding Area Preferences

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CSO, CIRM  
ICOC Meeting  
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# Presentation Overview

1 Context & Objectives

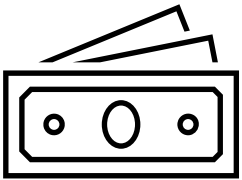
2 Guiding Principles

3 PDEV & CLIN2

4 DISC4

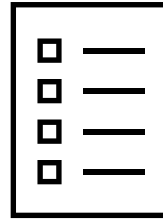
5 Closing

# Proposition 14 & Where We Are Now



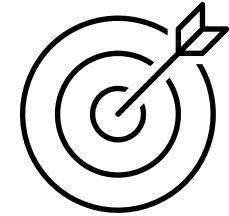
## Finite Funds

- Finite remaining runway
- CIRM cannot fund everything



## Expanded Mandates

- CNS
- Access & affordability

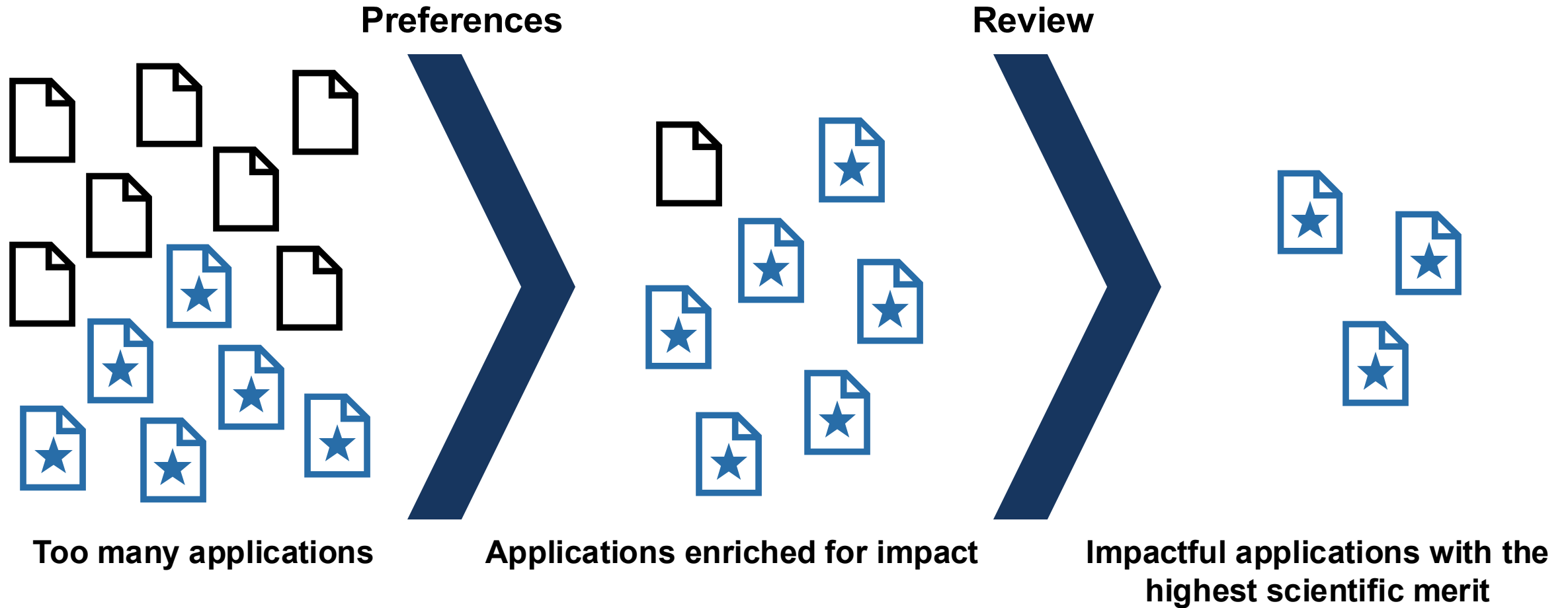


## Goal

- Translate public investment into **therapies reaching patients** within CIRM's lifetime

**Challenge:** CIRM receives **more applications than it can fund**

# Preferences Help Achieve Therapies in CIRM's Lifetime



# What We Have Heard

- Anxiety that proposals were triaged without scientific review
- CIRM is not funding progression events
- Perception of modality bias
- Desire for clarity on qualification scoring, preferences, and intent
- Misunderstanding of what preferences do / don't do
- Need for clearer communication & broader reach

It is critical for CIRM to **clarify how actions taken** so far will lead to **therapies for patients** and achieving its mission

# Today's Objectives

- Review **rationale for preferences**
- **Share learnings** from first funding cycles
- **Identify portfolio analyses needed** to refine preferences

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# Guiding Principles for Preference Setting

## Guiding Principles

1. Offer potential for transformative clinical impact
2. Address bottlenecks to access, affordability, & translational feasibility
3. Fill critical funding gaps & advance CIRM's statutory mandates
4. Can realistically achieve key regulatory and development path within CIRM's finite runway
5. Address diseases affecting Californians
6. Diversify CIRM's active award portfolio

# PDEV Pre-Submission Rubric

Preference	Points
At least one of the following: <ul style="list-style-type: none"> <li>• PSC-derived therapies</li> <li>• In vivo gene therapies</li> <li>• Diseases of the CNS</li> </ul>	3
<ul style="list-style-type: none"> <li>• Non-viral nucleic acid delivery</li> </ul>	1
<ul style="list-style-type: none"> <li>• Pre-IND or INTERACT meeting conducted</li> </ul>	1
<ul style="list-style-type: none"> <li>• Progression from DISC2 or TRAN1</li> </ul>	1
<ul style="list-style-type: none"> <li>• Targeting disease area under-represented in CIRM active awards portfolio</li> </ul>	1
<ul style="list-style-type: none"> <li>• Novelty of therapeutic approach compared to CIRM active awards portfolio</li> </ul>	0-2

# CLIN2 Qualification Rubric

Preference	Points
• PSC-derived therapies	1
• Diseases of the CNS	1
• In vivo genetic therapy	1
• Non-viral genetic therapy	1
• Accelerated regulatory designation (RMAT, Breakthrough, Fast Track)	1
• Progression from earlier stage CIRM award	1
• California Organization	1
• Pivotal trial	2

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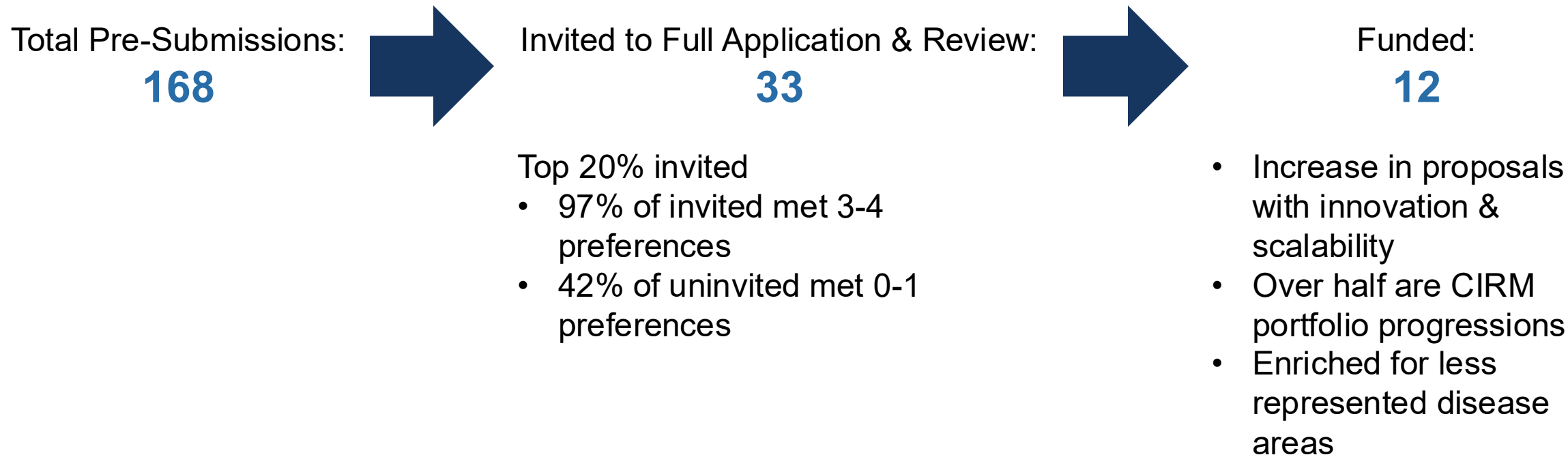
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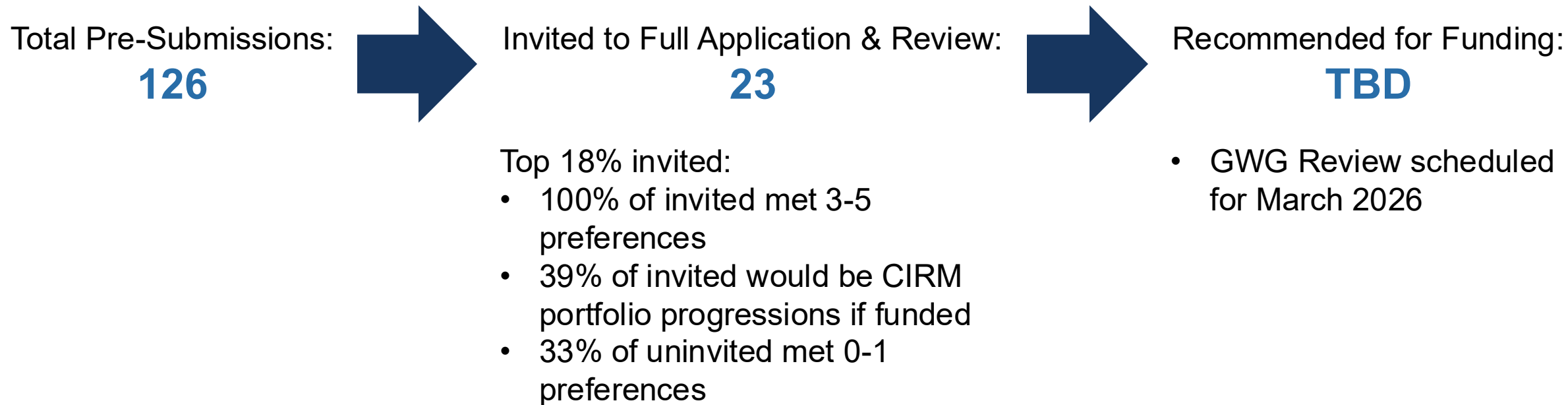
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# PDEV Cycle 1 Results



Awarded programs **reflect preferences** and CIRM's preclinical **portfolio is now better balanced** across modality, disease, & Prop 14 CNS priorities

# PDEV Cycle 2 Results



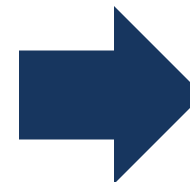
23 invited applications represent broader disease areas and include more cancer & immunology

# CLIN2 Cycle 1 Results

Total Applications:  
**23**



Advanced to Full Review:  
**7**



Funded:  
**4**

- Ranked by preference points

- All 7 had 3-4 preference points
  - All targeted CNS
  - 6 were pluripotent stem cell or in vivo genetic therapy
  - 4 had advanced designations

- All use next-generation or platform modalities
- All have feasible delivery paths consistent with A&A strategy
- 3 are CIRM portfolio progressions

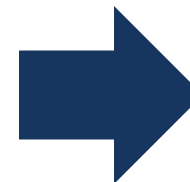
The system worked directionally as intended, but **scoring weights need refinement**

# CLIN2 Cycle 2 Results

Total Applications:  
**21**



Advanced to Full Review:  
**7**



Funded:  
**TBD**

- Ranked by preference points

- All 7 advancing had 3-4 preference points
  - 4 target CNS
  - 5 are CIRM portfolio progressions
  - 5 are in vivo genetic therapies or PSC-derived therapies

- GWG Review scheduled for January 27, 2026

Cycle 2 results are pending GWG Review & ICOC/ARS approval

# PDEV & CLIN2 Cycle 1 | Summary

- Awards in both PDEV and CLIN2 reflect the innovation, readiness, Access & Affordability, and CNS criteria in the Program Announcements
- Applications advancing were largely CIRM progressions that also met multiple preferences
- The resulting portfolio now includes more candidates with feasible, scalable modalities that strengthen Access & Affordability potential

## Caveats

- These are preliminary signals
- Portfolio-level impact cannot be assessed yet

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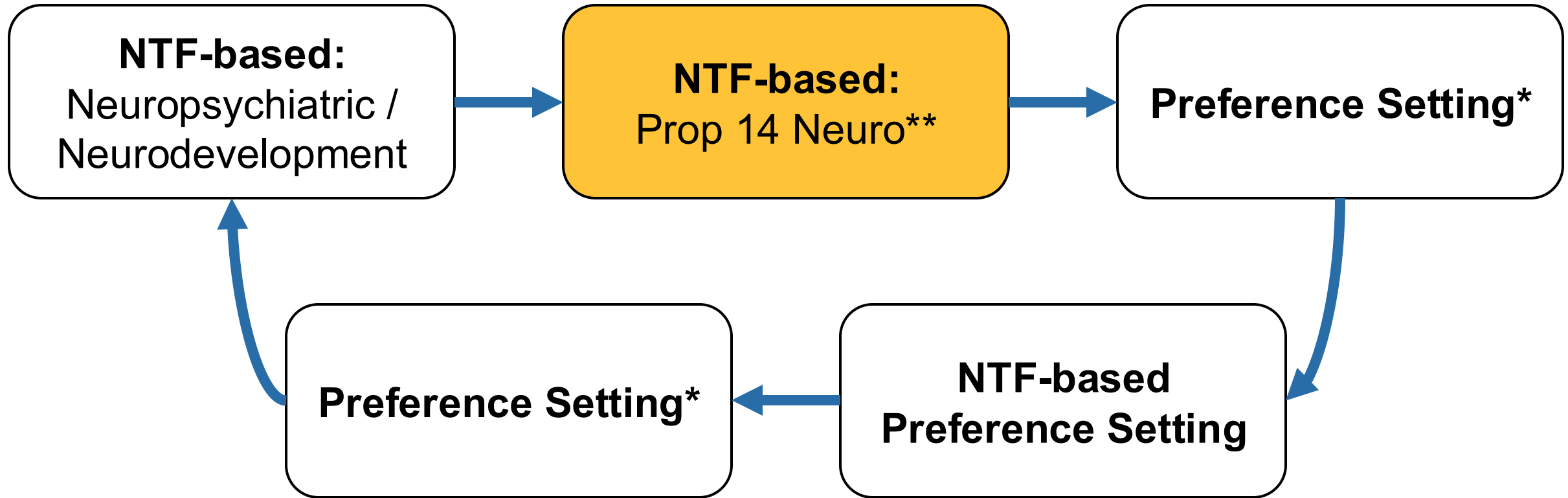
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# What We Set Last Year

- CIRM staff proposed alternating preference cycles for DISC4, with Neuro every other year
- The Board approved Neurological Disease as the preference for the FY25/26 DISC4 cycle; the program was open to all comers

# DISC4 Preferences | Alternating Neuro Cycles

*Enabling NTF Prioritization while allowing other diseases to use this structure*



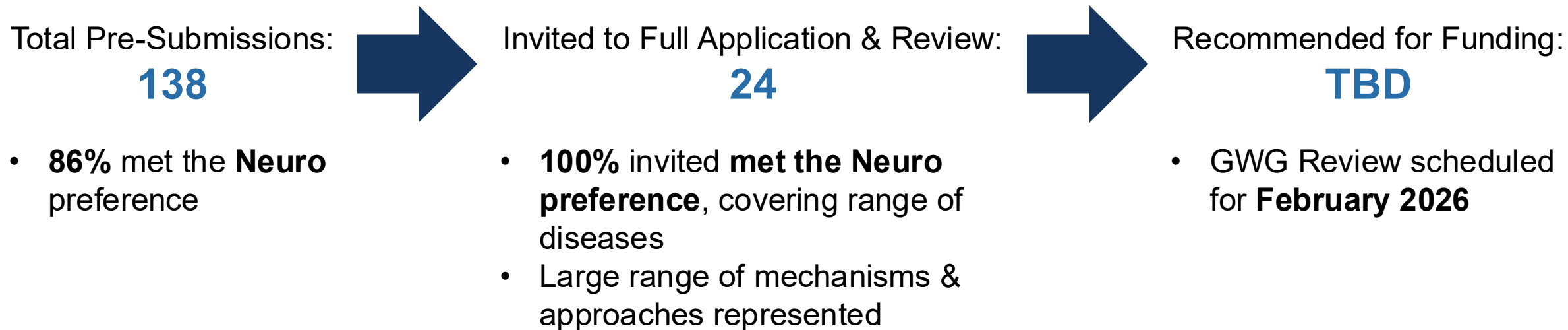
\*All cycles will be open to all-comers with alternating preferences determined by either NTF or by the Board each year based on portfolio analyses

\*\* FY25/26, ICOC selected broad Neuro preference– In first round, Neuro preference had a weight of 36% overall

# DISC4 FY25/26 Preference Scoring

Criteria	Description (listed in program announcement)	Weight (%)
Preference Topic: Neuro	Does the project align with the cycle-specific preference topic?	36%
Relevance to human disease biology	Does the project hold strong relevance for understanding or addressing human diseases?	24%
Cross disciplinary and systems biology	Does the project integrate cross-disciplinary approaches?	24%
Stem cell or genetic research innovations	Does the project incorporate innovative approaches particularly in stem-cell or genetic research?	16%

# DISC4 Cycle 1 | Pre-submission Results



Preferences enriched the pool: all invited applications aligned with the Neuro preference while maintaining scientific diversity

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# What We Learned

- **Initial signals from preference setting**
  - Applications that advanced to GWG review met multiple preferences
  - High percentage of CNS projects funded for CLIN2
  - Wide range of disease areas and modalities funded for PDEV
  - High percentages of funded projects are CIRM progressions (>50% PDEV, 75% CLIN2)

**January** presentation **tees up the questions** for **Board**; **March** brings **portfolio analysis and options** informed by Board guidance

## What Staff Will Bring Back in March

1. Portfolio analyses to support Board decision making, including:
  - Illustrative examples of innovation, pipeline progression, and disease focus in CIRM-funded projects
  - Distribution of CIRM's current portfolio & recent funding cycles
2. Options for where preferences operate in the funding process, with implications for review and Board oversight