

Guiding Principles & Review Process Updates

March 19, 2026
CIRM Team



Access Strategy discussion

Access Strategy

Discussion Goals

- What we heard
- CIRM's philosophy
- Why this matters by stage
- Proposed changes
- Questions
- Details (if needed/appendix)

What we heard from the Science Subcommittee

1. Access and affordability are distinct and should not be conflated
2. Applicants should not be expected to prove that a therapy will be “affordable”
3. Concern that affordability criteria may discourage innovation, especially at early stages
4. Stage-appropriate expectations must be clearer
5. Desire for transparency on where A&A informs review versus post-award planning

Ensuring CIRM-Funded Therapies Can Reach Patients

CIRM's role

- Fund therapies that can **reach patients in California**
- Anticipate **barriers to access**
- Keep **patient access** in view during development

In practice

- Consider **access at the right stage**
- Align development with **real world delivery**
- Support readiness **for patient access**

What this means

- **Not** therapy pricing
- **Not** reimbursement policy
- **Yes** to a viable access path to patients

To improve clarity, CIRM will refer to “Access & Affordability (A&A)” as “Patient Access / Access Strategy,” emphasizing planning for patient access during development rather than drug pricing

Examples of Patient Access Considerations

PDEV

- Manufacturing optimization reduces time/cost for delivery
- Treatment regimen and trial design aligned with patient needs and standard of care
- Early patient engagement planning accelerates enrollment
- Market and Payer landscape research guides later-stage clinical evidence planning

CLIN2

- Potential demand, competition, pricing strategies, and market gaps assessed
- Clinical endpoints relevant to partners and payers
- Potential barriers to adoption identified
- Drug development and patient needs aligned
- Patient registry established to collect long-term, real-world data

Guiding Principles: PDEV & CLIN2

Guiding principles help CIRM shape its portfolio

PDEV	CLIN2
<p>The PDEV portfolio will:</p> <ul style="list-style-type: none"> • Have potential to deliver transformative improvements in patient outcomes by leveraging cutting-edge therapeutic technologies • Advance strategies to improve patient access to stem cell-based and genetic therapies • Broadly address both prevalent and rare diseases affecting Californians 	<p>The CLIN2 portfolio will:</p> <ul style="list-style-type: none"> • Offer transformative impact for patients, meaning therapies that provide significant benefits over existing therapies • Address known barriers to access of stem cell-based and genetic therapies • Broadly address both prevalent and rare diseases affecting Californians

PDEV – Proposed Changes

Goal: Therapy is designed and developed with patient access in mind

Guiding Principle

- Focused on enhancing patient access to CIRM-funded therapies

Application

- Applicant is positioned to provide comprehensive discussion of **patient access barriers** and feasible, **stage-appropriate strategies** for the proposed therapy

GWG Review

- Reviewers assess the applicant's **patient access strategy** for the proposed therapy for the intended patients

CLIN2 – Current Approach & Clarifications

Goal: Therapies entering late-stage clinical development have a viable path to patient access

Guiding Principle

- Focused on ensuring a viable path for patient access to CIRM-funded therapies

Application

- Applicant is positioned to provide comprehensive discussion of **patient access barriers** and feasible, **stage-appropriate strategies** for the proposed therapy

GWG Review

- A&A specialists assess the applicant's **patient access strategy** for the proposed therapy for the intended patients

CLIN2 – Options for Access Specialist Input

Current & Recommended Process

Specialist input informs GWG evaluation

Details

- No numerical score
- GWG takes Access Specialist comments into account during merit review

Pros

- ✓ Allows GWG to factor in access plan readiness, particularly relevant for late-stage trials

Cons

- ✗ GWG impact difficult to quantify

Specialist input provided to ARS but not to GWG

- Summary of Access Specialist comments provided to ARS at time of funding consideration

- ✓ Provides distinct access plan evaluation directly to ultimate deciders

- ✗ No impact on GWG scoring

Request for **Board Discussion**

Summary of Proposed Updates to Access Expectations

PDEV

Guiding Principle	Reframe from “access & affordability” to improving patient access	Change
Selection	Replace with: Assess applicant’s strategy for patient access to proposed therapy	Change
GWG Review	Replace with: Assess applicant’s strategy for patient access to proposed therapy	Change
During Award	Keep checklist / milestone activities for market and reimbursement learning; track like DSMP, not as a gate	No change

CLIN2

Guiding Principle	Reframe from “access & affordability” to improving patient access	Change
Selection	No change (affordability is not a CLIN2 selection criterion)	No change
GWG Review	A&A specialists provide written comments; GWG takes into account	Change?
During Award	Keep checklist / milestone activities for market and reimbursement learning; track like DSMP, not as a gate	No change

Main changes: Remove affordability as a perceived gate; **Keep access planning** as a supported, stage-appropriate responsibility

Questions

Volume Control Process



What We Heard on Volume Control Process

- The proposed selection process is unclear:
 - Difficult to understand how reviewer selections affect outcomes.
 - How composite score is determined is unclear.
 - How cut-off is determined is unclear.
- What is the role of patient advocate members in the selection process?

Process Overview

- Applied to all programs requiring volume control (e.g., DISC4, DISC5, PDEV, CLIN2)
- A target number of applications for full GWG panel discussion is established (number that provides for a full discussion and rigorous review).
- The target number and number of submissions (in a given funding cycle) determine the necessary parameters for setting up the GWG selection.
- In the process, scientific reviewers will select and rank applications based on assessment of scientific value.

Select & Rank Model Parameters

	DISC5	DISC4	PDEV	CLIN2
Application Pool	200	100	75	20
Target for Advancement	50	24	30	10
Reviewers (Total number)	20	20	20	20
Applications/Reviewer	30	20	15	5
Reviews per Application	3	4	4	5
Total Reviews Needed	600	400	300	100

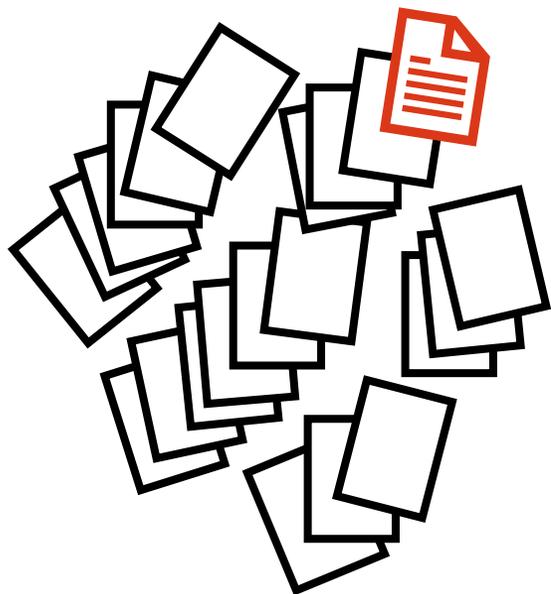
Select & Rank Model Parameters

PROCESS
EXAMPLE

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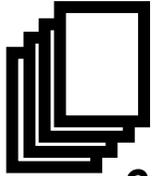
Illustrative GWG Selection Process

Total Application Pool of 75

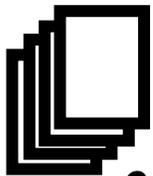


Reviewer 1

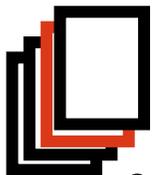
Select and rank 5 of 15 assigned applications

					
1	2	3	4	5	6-15

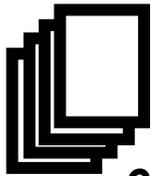
Reviewer 2

					
1	2	3	4	5	6-15

Reviewer 3

					
1	2	3	4	5	6-15

Reviewer 4

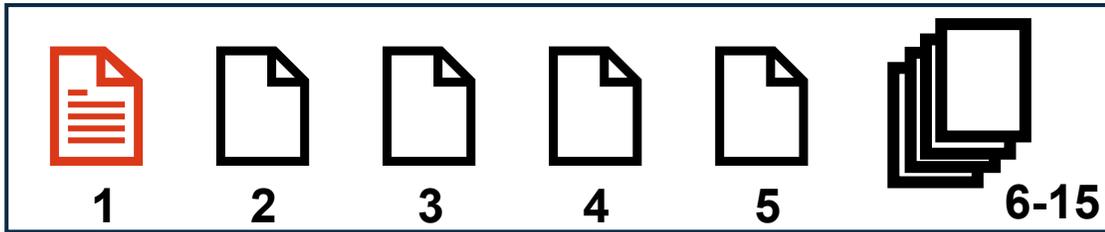
					
1	2	3	4	5	6-15

Pool is split into overlapping batches of 15 and each batch assigned to a reviewer.
(20 reviewers total)

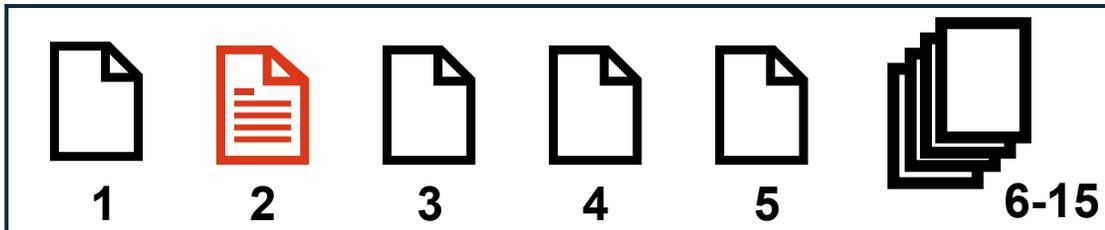
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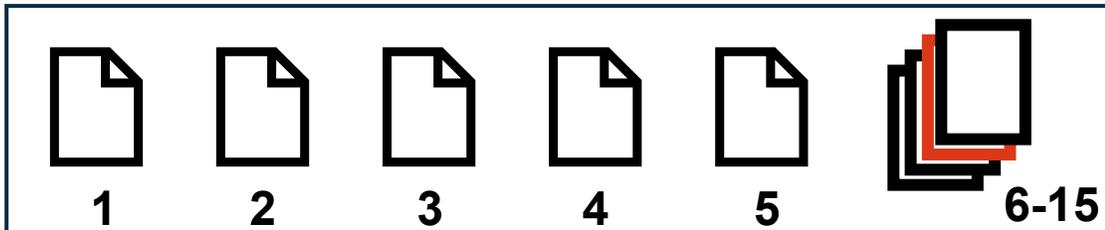
Reviewer 1



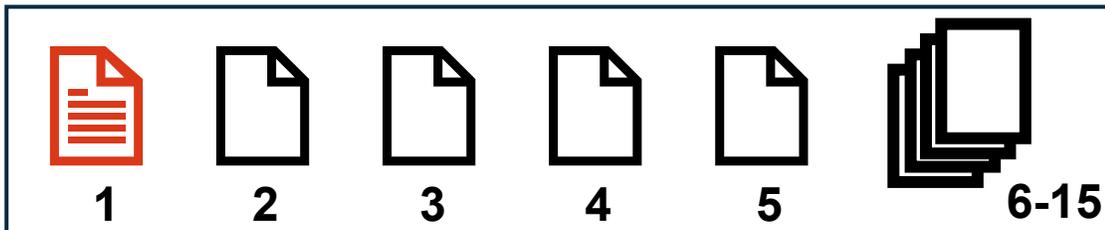
Reviewer 2



Reviewer 3



Reviewer 4



**Composite
Score**

Composite Score

Applications are given a composite score that combines two measurements, selection and rank.

$$60\% \times \text{Selection} + 40\% \times \text{Rank}$$

Selection (60% weight)

What fraction of assigned reviewers picked the application?

Measures consensus: do multiple independent reviewers agree this app deserves full review?

Rank (40% weight)

How highly did reviewers rank this app among their picks?

Measures intensity: how much did they like this app compared to their other selections?

How an Application Gets its Score



Example Application PDEV-XXXXX

Assigned to 4 reviewers that each select 5 out of 15

GWG Reviewer	Selected?	Rank
Reviewer 1	Yes (1 pt)	#1 (5 pts)
Reviewer 2	Yes (1 pt)	#2 (4 pts)
Reviewer 3	No (0 pts)	—
Reviewer 4	Yes (1 pt)	#1 (5 pts)

Calculation

Selection

3 out of 4 reviewers picked = $3/4 = 75\%$

Rank

$(5 + 4 + 0 + 5) / (5 \times 4) = 14/20 = 70\%$

Composite Score

$60\% \times 0.75 + 40\% \times 0.70$

= 0.73

How a Composite Score May Affect Outcomes

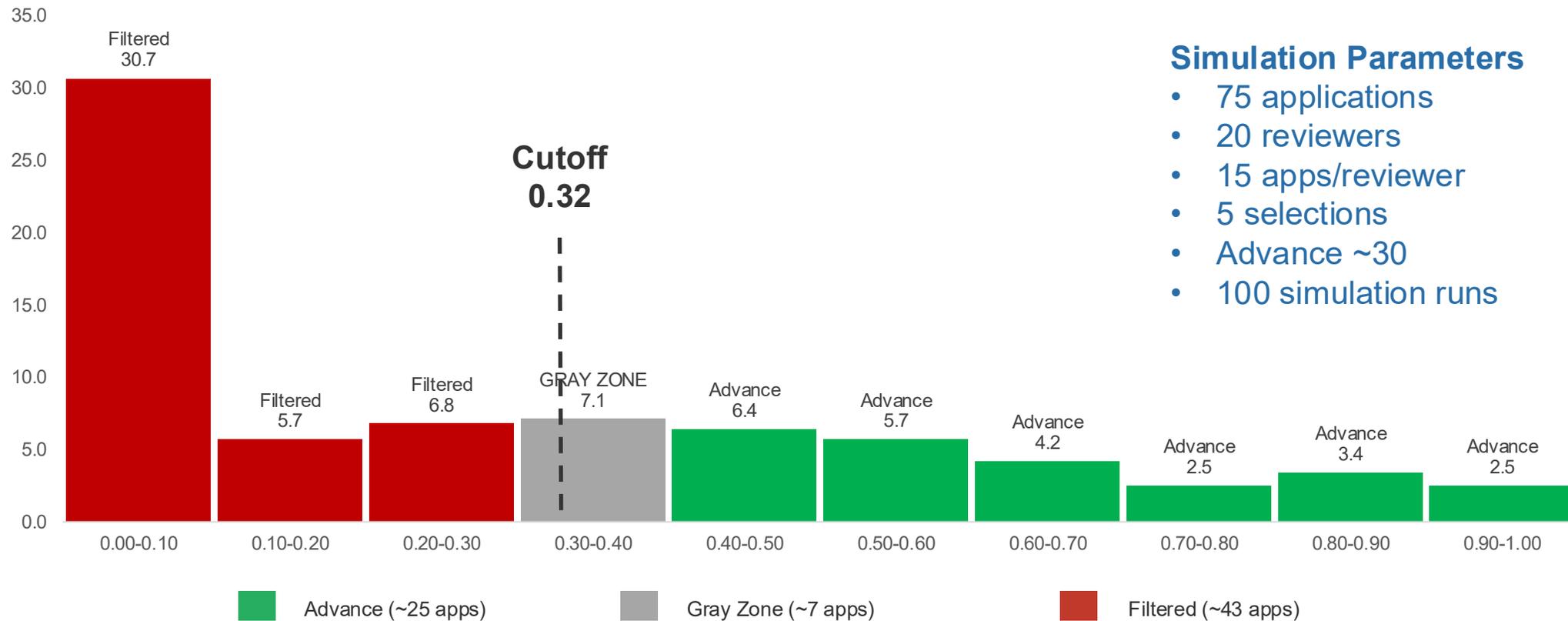
Different reviewer scenarios for an application seen by 4 reviewers

Scenario	Picks	Rankings	Composite	Outcome
All pick, all rank #1	4/4	#1, #1, #1, #1	1.000	Clear Advance
All pick, mixed ranks	4/4	#1, #2, #3, #4	0.880	Clear Advance
3 of 4 pick	3/4	#1, #2, #1	0.730	Advance
2 of 4 pick	2/4	#1, #3	0.460	Advance
1 of 4 picks	1/4	#1	0.250	Filtered
Nobody picks	0/4	—	0.000	Filtered

The cut-off under this set of conditions, is typically at 0.30 to 0.35.

What the Distribution Looks Like

75 PDEV applications scored by composite formula



Based on simulations using historical GWG scores. Actual outcomes will vary depending on application quality, reviewer assignments, and program-specific conditions

Establishing Cut-Off

- Cut-off will be set at the closest numerical break (i.e., no ties) to the target number of applications, not to exceed 10% more or fewer than target.
- If a clear break does not exist in this range, the range of applications will be randomized to select up to the target number and avoid any bias selection.

	Rank	Composite Score	Outcome
	28	0.3400	Advances
	29	0.3200	Tied - Advances
Target →	30	0.3200	Tied - Advances
	31	0.3200	Tied - Advances
Cut-off →	32	0.3067	Does Not Advance

Final Step

- The CIRM President, with recommendation from CIRM scientific staff, will examine applications below the cut-off and may advance a limited number of additional applications.
- Advancement would be based on identifying an application that represents a unique opportunity aligned with the goals of the funding opportunity.
- Reviewers may provide brief comments or categorical assessments, but feedback to applicants is not guaranteed at this stage of review.

Patient Advocate Role in Process

- Soliciting feedback from Patient Advocate members of the GWG.
- Given the goal of focusing volume control selection on scientific value, Patient Advocate members' role will be focused on the subsequent full GWG panel discussion.
- To strengthen the Patient Advocate role at the full GWG panel discussion we are proposing:
 - To define and include a Patient Perspective score
 - Facilitate discussion between patient advocate members and the GWG chair prior to each GWG review

Questions

Patient Access Activity Expectations by Developmental Stage

Activity name	PDEV		CLIN2: Phase 1		CLIN2: Phase 2		CLIN2: Phase 3	
	Must Have at Entry	Award Milestone						
Market landscape assessment/market research		✓	✓		✓		✓	
Reimbursement and market access strategy*		✓		✓	✓		✓	
Early revenue and market forecast				✓	✓		✓	
Brand strategy and positioning						✓	✓	
Market segmentation*						✓	✓	
Establish (clinical and payer) advisory board						✓	✓	
Value message						✓	✓	
Quantitative pricing studies*						✓	✓	
Value communication dossiers						✓	✓	
Establish patient registry/Risk-evaluation strategy (post launch)*						✓	✓	
Patient journey*								✓
Pre-approval information exchange (PIE)								✓

*Activities with strong impact supporting A&A

Patient Access Guidance to Applicants

Appendix B: Access and Affordability Activity Descriptions

Activity	Benefits	Strategy
<p>Market landscape assessment/ market research:</p> <p>Conducting detailed market research to assess the potential demand, competition, pricing strategies, and market gaps.</p>	<p>Understanding the size of the market, potential customers, unmet needs, and potential barriers to entry.</p>	<p>Perform in-house research reaching out to providers/payers/advocacy groups, and other key stakeholders.</p> <p>Utilize free online industry reports to inform market assessment.</p> <p>Consider minimal investment options for acquiring therapeutic area/industry market reports.</p>
<p>Reimbursement and market access strategy:</p> <p>Planning for the product's reimbursement strategy by assessing the healthcare landscape, payer preferences, and pricing models.</p>	<p>Early understanding of the product's economic value to health systems and key stakeholders is important for successful adoption in the market.</p> <p>During clinical stages outline an evidence generation plan for a product to ensure the "right" data will be available for regulators and reimbursement authorities to justify value and pricing.</p>	<p>Ensure market research is executed highlighting where the product fits into the clinical paradigm.</p> <p>Conduct early pricing studies to understand the price corridor that might be acceptable from the perspective of payers and providers given the attributes of the Target Product Profile (TPP).</p> <p>Early engagement with payers to understand access hurdles (e.g., prior authorizations); understand impacts the new product might have on provider practice in order to facilitate adoption.</p> <p>Continue monitoring and refinement of strategy as the product goes through the development process.</p>
<p>Early revenue and market forecast:</p> <p>Develop early market and revenue forecasts using published evidence and qualitative primary research to understand the target population, peak market share, pricing and resulting revenues.</p>	<p>These analyses are refined throughout the development process and useful for negotiating potential licensing agreements.</p>	<p>Document key assumptions for early forecasts that are developed in house - these assumptions can be validated or refined during subsequent market research.</p> <p>Refine forecasts during the clinical development cycle by conducting robust secondary and primary market research using the TPP, understand where the product fits into the clinical paradigm, and gain insights from IDIs regarding how the product will be perceived, potential market share and price range.</p> <p>Work with a market access/strategy consulting firm with expertise in developing forecasts.</p>

In the Patient Access Planning Requirements Resource on the CLIN2 landing page, each A&A activity is further explained, benefits detailed, and strategies to accomplish described