

BETH C. DRAIN, CA CSR NO. 7152

BEFORE THE
JOINT MEETING OF THE
FINANCE AND SCIENCE SUBCOMMITTEES
OF 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: MAY 29, 2026
2:15 P.M.

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

FILE NO.: 2026-12

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MAY 29, 2026; 2:15 P.M.

CHAIRMAN FISCHER-COLBRIE: OKAY, SCOTT.
WE'VE GOT QUITE A FULL AGENDA. MAYBE WE CAN START
TAKING THE ROLL.

MR. TOCHER: SURE. ABSOLUTELY. SO THIS
IS A JOINT MEETING OF THE SCIENCE AND FINANCE
SUBCOMMITTEES OF THE ICOC. SO I WILL CALL ROLL FOR
BOTH.

GEORGE BLUMENTHAL.

DR. BLUMENTHAL: HERE.

MR. TOCHER: MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: PRESENT.

MR. TOCHER: JOYCE SACKY.

DR. SACKY: PRESENT.

MR. TOCHER: DEBORAH DEAS OR MONICA
CARSON. ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MR. TOCHER: MARK FISCHER-COLBRIE.

CHAIRMAN FISCHER-COLBRIE: HERE.

MR. TOCHER: ELENA FLOWERS. JUDY GASSON.
VITO IMBASCIANI.

CHAIRMAN IMBASCIANI: HERE.

MR. TOCHER: PAT LEVITT. SHLOMO MELMED.

DR. MELMED: HERE.

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1 MR. TOCHER: CAROLYN MELTZER. CHRIS
2 MIASKOWSKI.

3 DR. MIASKOWSKI: HERE.

4 MR. TOCHER: JOE PANETTA.

5 MR. PANETTA: HERE.

6 MR. TOCHER: SHAUNA STARK.

7 DR. STARK: HERE.

8 MR. TOCHER: KAROL WATSON.

9 DR. WATSON: HERE.

10 MR. TOCHER: AND KEITH YAMAMOTO.

11 DR. YAMAMOTO: HERE.

12 MR. TOCHER: GREAT. THANKS VERY MUCH.

13 AND WE HAVE A QUORUM OF THE FINANCE AND I BELIEVE
14 SCIENCE. SOMEONE IS JUST COMING IN.

15 CHAIRMAN FISCHER-COLBRIE: OKAY.

16 MR. TOCHER: AND WE'RE GOOD TO GO, MARK.

17 CHAIRMAN FISCHER-COLBRIE: GREAT. THANK
18 YOU, SCOTT.

19 WITH THAT, I'LL TURN IT OVER TO JONATHAN
20 THOMAS FOR AN INTRODUCTORY COMMENT.

21 DR. THOMAS: THANK YOU, MARK. AND GOOD
22 AFTERNOON, EVERYBODY. WE HAVE AN AGENDA PACKED WITH
23 A COMBINATION OF SOMEWHAT DISPARATE TOPICS FROM THE
24 WORLDS OF FINANCE AND SCIENCE. THE ORDER, AS YOU
25 SEE IN YOUR MATERIALS, WE'LL BE STARTING WITH

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1 DISCUSSION OF THE INFR9 CONCEPT PLAN, A DATA AND
2 SOFTWARE ENGINEERING, DATA SHARING AND SOFTWARE
3 ENGINEERING. WE'LL PROCEED TO A BRIEF DISCUSSION OF
4 AMENDMENTS TO THE PDEV AND RAPID CONCEPT PLANS,
5 FOLLOWED BY A DISCUSSION OF -- CONTINUATION OF THE
6 DISCUSSION OF THE MARCH SUBCOMMITTEE -- SORRY --
7 MARCH ICOC MEETING WHEN WE SWITCHED OVER FROM THE
8 PREFERENCES TO THE CURRENT SYSTEM.

9 THIS DISCUSSION IN PARTICULAR FOCUSING ON
10 PATIENT PERSPECTIVE SCORES, WHICH IS AN ADDITIONAL
11 TOPIC IN VOLUME CONTROL. THAT WILL BE SUCCEEDED BY
12 A PRESENTATION ON THE RESEARCH BUDGET AND FINALLY
13 ANOTHER ON THE ADMIN BUDGET. SO IT'S QUITE A FULL
14 AGENDA HERE.

15 SO WITHOUT FURTHER ADO, TO INTRODUCE THE
16 INFR9 CONCEPT ITEM ON THE AGENDA, I WANT TO TURN IT
17 OVER TO ROSA.

18 DR. CANET-AVILES: THANK YOU, J.T. AND
19 MEMBERS OF THE SCIENCE SUBCOMMITTEE OF THE ICOC AND
20 MEMBERS OF THE FINANCE SUBCOMMITTEE. I'M VERY HAPPY
21 TO INTRODUCE DR. JANIE BYRUM, WHO IS A SENIOR
22 OFFICER AT CIRM AND HAS BEEN SPEARHEADING THE
23 DEVELOPMENT OF THIS INFRASTRUCTURE PROGRAMMING. AND
24 WITHOUT LESS FURTHER ADO, JANIE, PLEASE TAKE IT
25 OVER. THERE'S A LOT TO DISCUSS. SO I'M LOOKING

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1 FORWARD TO THE PRESENTATION. THANK YOU.

2 DR. BYRUM: THANK YOU, ROSA. AND THANK
3 YOU TO THE BOARD MEMBERS FOR YOUR TIME TODAY. MY
4 NAME IS JANIE BYRUM, AND IT'S MY PLEASURE TO PROPOSE
5 ON BEHALF OF THE CIRM TEAM THE CONCEPT PLAN FOR DATA
6 SCIENCE AND SOFTWARE ENGINEERING AWARDS, OR
7 INFRACTURE9.

8 SO OUR MISSION DRIVES US, AND CIRM'S
9 MISSION IS TO ACCELERATE WORLD-CLASS SCIENCE TO
10 DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE
11 TREATMENTS IN AN EQUITABLE MANNER TO A DIVERSE
12 CALIFORNIA AND THE WORLD.

13 FOR TODAY'S CONCEPT, WE'LL BEGIN WITH
14 BACKGROUND INFORMATION AND MOVE INTO THE ELEMENTS OF
15 THE CONCEPT SHOWN HERE.

16 SO I WANT TO BEGIN BY EMPHASIZING THAT
17 LIFE SCIENCES, INCLUDING REGENERATIVE MEDICINE, HAS
18 SEEN MASSIVE DATA GROWTH IN THE LAST 20 YEARS. AND
19 WE NEED TRANSFORMATIVE TOOLS TO HELP RESEARCHERS
20 CAPITALIZE ON THAT DATA. AND THIS IS DUE TO SEVERAL
21 FACTORS: TECHNOLOGICAL ADVANCEMENT, INCLUDING IN
22 LIFE SCIENCES AND ADVANCES IN COMPUTATION; INCREASED
23 INVESTMENT IN RESEARCH AND DEVELOPMENT; AND MORE
24 DATA ACCESSIBILITY DUE TO DATA SHARING.

25 SO DATA GENERATION IS DOUBLING EVERY TWO

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1 TO THREE YEARS, AND WE NEED SOFTWARE TOOLS TO
2 CAPITALIZE ON THE VALUE AND VARIETY OF DATA. AND
3 THESE DATA ARE RICH, BUT THEY'RE UNDERUTILIZED, AND
4 THEY MUST BE INTEGRATED TO ALLOW FOR COMPARISONS
5 ACROSS DATASETS, ACROSS MODELS, AND ACROSS
6 DISCIPLINES. SO WE NEED TOOLS TO INTEGRATE DATA AT
7 A LARGE SCALE AND BE ABLE TO INTEGRATE DIFFERENT
8 TYPES OF DATA. AND I'LL ELABORATE ON THAT IN A FEW
9 SLIDES.

10 SO THIS IS A QUOTE BY FRANCIS COLLINS, THE
11 FORMER HEAD OF THE NIH, ADDRESSING AN HHS HOUSE
12 SUBCOMMITTEE ABOUT THE FUTURE OF BIOMEDICAL
13 RESEARCH. AND HE SAYS, "THE CHALLENGE IS HOW TO
14 STORE, RETRIEVE, INTEGRATE, AND ANALYZE THIS
15 MOUNTAIN OF COMPLEX DATA." AND IT UNDERSCORES THAT
16 WE NEED TO BE ABLE TO LEVERAGE ALL THE DATA THAT
17 WE'RE GENERATING SO THAT WE CAN REVEAL MEANINGFUL
18 INSIGHTS.

19 AND CIRM HAS A GOAL OF MAXIMIZING THE
20 VALUE OF THIS DATA FOR TWO REASONS. IF THESE DATA
21 REMAIN SILOED, WE'RE LEAVING INSIGHTS ON THE TABLE
22 AND SCIENCE WILL BE SLOWER, AND IT'S ALSO
23 INEFFICIENT. BEING ABLE TO SQUEEZE THE JUICE OUT OF
24 INDIVIDUAL DATASETS BY SHARING THEM AND COMBINING
25 THEM WITH OTHER DATASETS REDUCES THE AMOUNT OF DATA

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1 GENERATION THAT HAS TO BE FUNDED IN THE FIRST PLACE.
2 SO RECENTLY, IN 2023, CIRM BEGAN TRACKING
3 RESEARCH DATASETS GENERATED BY OUR AWARDEES, AND WE
4 SEE THAT CIRM RESEARCHERS GENERATE VAST AMOUNTS OF
5 DIVERSE DATA. ILLUSTRATED HERE IS THE VARIETY OF
6 DATASETS FROM DIFFERENT TECHNIQUES OR APPROACHES.
7 AND THESE DATASETS WERE TRACKED USING CIRM DATA
8 SHARING AND MANAGEMENT PLANS OR DSMP'S. AND YOU CAN
9 LEARN MORE INFORMATION ABOUT THESE DATASETS IN THE
10 CIRM DATA EXPLORER. THIS IS A PLATFORM TO PROMOTE
11 THE FINDABILITY OF CIRM-FUNDED DATASETS TO OTHER
12 RESEARCHERS.

13 SO SOME OF THESE DATASETS ARE PUBLICLY
14 AVAILABLE, AND SOME OF THESE ARE STILL IN PROGRESS.
15 AND SO THIS IS PRIMARILY DATA FROM OUR DISCOVERY
16 STAGE AWARDS, BUT WE HAVE RECENTLY IMPLEMENTED DATA
17 SHARING AND MANAGEMENT PLANS FOR OUR PRECLINICAL AND
18 CLINICAL AWARDS. AND WE'LL BE TRACKING THOSE AS
19 WELL.

20 AND SO I WANT TO EMPHASIZE THE VARIETY OF
21 DATA TYPES AND THE VOLUME. SO EACH CIRCLE IS
22 PROPORTIONAL TO THE NUMBER OF DATASETS GENERATED
23 USING THAT TECHNIQUE. AND SO YOU CAN SEE WE HAVE A
24 LOT OF TRANSCRIPTOMICS, FOR EXAMPLE, AND SINGLE-CELL
25 TRANSCRIPTOMICS. AND ADDITIONALLY, WITH ANY

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1 TECHNIQUE CATEGORY, THERE ARE SUBAPPROACHES. EACH
2 OF THE SMALLER CIRCLES WITHIN THE LARGER CATEGORIES
3 IS A DIFFERENT FLAVOR OF THE BROADER CATEGORY. AND
4 THEIR SIZES ARE ALSO PROPORTIONAL TO THE NUMBER OF
5 DATASETS. AND THESE DATA ARE GENERATED USING A LOT
6 OF DIFFERENT APPROACHES, AND IT'S A HUGE CHALLENGE
7 TO COMPARE THE DATA ACROSS TECHNIQUES. AND THAT'S
8 LIMITING WHAT WE CAN LEARN FROM THESE DATASETS.

9 SO IN ADDITION TO THE DIVERSITY OF DATA
10 ACROSS TECHNIQUES, DATA IS ALSO GENERATED ACROSS
11 SCALES AND MODELS, INCLUDING ANIMAL MODELS, CELLULAR
12 AND MOLECULAR DATA, ELECTRONIC HEALTH RECORDS, AND
13 PATIENT DATA FROM TRIALS. AND BEING ABLE TO BRING
14 THESE DATA TOGETHER WILL ENABLE RESEARCHERS TO
15 DEVELOP MORE COMPLEX, MORE ACCURATE BIOLOGICAL
16 MODELS, AND THEY CAN ASK FOR NUANCED QUESTIONS.

17 SO MORE CONNECTIONS EQUALS MORE POTENTIAL
18 TO FIND TARGETS OR BIOMARKERS AND BECAUSE THERE'S A
19 FULLER PICTURE THAT IS INTERPRETABLE BY RESEARCHERS.

20 SO HOW CAN WE INTEGRATE AND ANALYZE THE
21 MOUNTAIN OF COMPLEX DATA? WE CAN BUILD SOFTWARE
22 TOOLS TO INTEGRATE DATA, AND THIS WILL ACCELERATE
23 RESEARCH. SO DURING THE STRATEGIC ALLOCATION
24 FRAMEWORK, CIRM DEFINED AN AMBITIOUS GOAL TO
25 CATYLIZE THE IDENTIFICATION AND VALIDATION OF AT

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1 LEAST FOUR NOVEL TARGETS AND BIOMARKERS, ENSURING
2 INTEGRATION INTO PRECLINICAL OR CLINICAL RESEARCH
3 FOR DISEASES IN CALIFORNIA. AND THERE WAS A
4 RECOMMENDATION AT THE TIME TO ENABLE DATA SCIENCE
5 COLLABORATIVE EFFORTS VIA DEDICATED GRANTS.

6 AND TO INCREASE THE PROBABILITY THAT CIRM
7 REALIZES THIS GOAL OF IDENTIFYING AND VALIDATING
8 FOUR NOVEL TARGETS OR BIOMARKERS, WE CAN SUPPORT
9 SOFTWARE PROJECTS THAT HELP RESEARCHERS MAKE
10 CONNECTIONS BETWEEN DIFFERENT TYPES OF DATA,
11 ENABLING MORE IMPACTFUL DATA SCIENCE. AND WE CAN DO
12 THIS BY ADDRESSING RESEARCH BOTTLENECKS BY
13 SUPPORTING SOFTWARE PROJECTS. AND I'LL OUTLINE SOME
14 OF THESE RESEARCH BOTTLENECKS IN THE NEXT SLIDE.

15 SO MULTIMODAL DATA, INCLUDING PATIENT DATA
16 AND DATA ACROSS SCALES, DISEASES, AND BIOLOGICAL
17 SYSTEMS, NEED TO BE INTEGRATED TO BE LEVERAGE FOR
18 BIOLOGICAL INSIGHT. AND THIS REQUIRES SIGNIFICANT
19 INVESTMENT. WE'VE ALREADY DISCUSSED A BIT OF THAT.
20 BUT ADDITIONALLY, SOFTWARE TOOLS ARE NEEDED TO
21 ACCELERATE STEM CELL-BASED AND GENETIC RESEARCH.
22 AND THERE'S A LACK OF DEDICATED FUNDING FOR THE
23 DEVELOPMENT AND MAINTENANCE OF OPEN-SOURCE SOFTWARE
24 THAT'S CRUCIAL FOR THE DISCOVERY OF POTENTIAL
25 THERAPEUTICS.

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1 WE SURVEYED OUR REMIND AWARDEES AT THE
2 REMIND ANNUAL MEETING, AND THE BIGGEST BOTTLENECKS
3 TO EMPLOYING CUTTING-EDGE DATA SCIENCE IN THEIR LABS
4 WERE FUNDING FOR A DATA SCIENTIST AND SOFTWARE TOOLS
5 THAT ARE USER FRIENDLY. AND THESE BOTTLENECKS CAN
6 BE ADDRESSED THROUGH A PROGRAM THAT DEVELOPS AND
7 SUSTAINS OPEN-SOURCE SOFTWARE THAT DRIVES
8 REGENERATIVE MEDICINE RESEARCH AND CAN CATALYZE DATA
9 SCIENCE RESEARCH TO INTEGRATE AND EXPAND THE IMPACT
10 OF CIRM-FUNDED DATASETS AND OTHER DATASETS.

11 SO WHAT IS OPEN-SOURCE SOFTWARE?
12 OPEN-SOURCE SOFTWARE IS SOFTWARE WHOSE CODE IS
13 PUBLICLY AVAILABLE, ALLOWING ANYONE TO VIEW IT,
14 MODIFY IT, ENHANCE IT, AND REDISTRIBUTE IT. AND I
15 WANTED TO GIVE AN EXAMPLE OF AN OPEN-SOURCE SOFTWARE
16 THAT'S BEEN ESSENTIAL IN LIFE SCIENCES.

17 SO THIS IS SCIKIT LEARN, WHICH IS A
18 MACHINE LEARNING LIBRARY FOR A PROGRAMMING LANGUAGE
19 CALLED PYTHON. AND THE NAME COMES FROM A SCIENTIFIC
20 TOOLKIT FOR MACHINE LEARNING. AND THIS TOOLKIT IS
21 THE MOST POPULAR MACHINE LEARNING FRAMEWORK. AND IN
22 A SURVEY OF 24,000 PEOPLE, 80 PERCENT OF RESPONDENTS
23 USE IT. AND ON GITHUB, WHICH IS A CODE REPOSITORY,
24 OVER 65,000 PEOPLE HAVE GIVEN IT STARS, WHICH IS
25 EQUIVALENT TO LIKING IT ON SOCIAL MEDIA. THE

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1 ORIGINAL PAPER INTRODUCING THIS PACKAGE HAS BEEN
2 CITED OVER 130,000 TIMES.

3 AND SO WHAT DOES IT DO? IT'S A SOFTWARE
4 TOOLKIT FOR SCIENTISTS THAT ARE NOT EXPERTS IN
5 CODING OR MACHINE LEARNING. AND IT CAN BE USED TO
6 LEARN FROM A DATASET, AND IT CAN HELP WITH
7 PREDICTIONS SUCH AS -- BASED ON WHAT'S IN THIS
8 DATASET AND WHAT THE MODEL IS TRAINED ON, WHAT'S
9 GOING TO HAPPEN NEXT. IT HELPS TO ASSIST WITH
10 CLASSIFICATION. SO DOES THIS IMAGE BELONG TO
11 DISEASED OR HEALTHY TISSUE? OR CLUSTERING, CAN WE
12 GROUP THE CELLS WITH SIMILAR PHENOTYPES TOGETHER?

13 AND IT STARTED AS A SMALL PROJECT BEING
14 BUILT ONE SUMMER BY A PH.D. STUDENT. BUT SINCE IT
15 WAS OPEN SOURCE AND THERE WAS A NEED FOR IT IN THE
16 FIELD, THE USER COMMUNITY BUILT UPON IT AND
17 DEVELOPED IT OVER TIME INTO WHAT IT IS TODAY. AND
18 IT'S MADE DATA SCIENCE ACCESSIBLE TO RESEARCHERS,
19 AND IT'S NOT AN ESSENTIAL OPEN-SOURCE SOFTWARE
20 PACKAGE FOR SCIENTISTS.

21 SO I JUST TOLD YOU THAT COMPUTATIONAL
22 SOFTWARE AND INFRASTRUCTURE ARE INTEGRAL TO
23 SCIENTIFIC RESEARCH. AND THE RESEARCH ENTERPRISE
24 INCREASINGLY RELIES ON OPEN-SOURCE SOFTWARE. AND
25 TODAY WE ARE PROPOSING A CONCEPT PLAN FOR DATA

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1 SCIENCE AND SOFTWARE ENGINEERING AWARDS TO SUPPORT
2 OPEN-SOURCE SOFTWARE THAT HAS A SPECIFIC SCOPE OF
3 SOLVING DATA INTEGRATION BARRIERS IN REGENERATIVE
4 MEDICINE.

5 SO CIRM CAN SUPPORT REUSABLE, SCALABLE
6 SOFTWARE TOOLS TO LINK DIVERSE DATASETS. AND THIS
7 WILL ACCELERATE RESEARCH IN REGENERATIVE MEDICINE
8 AND ULTIMATELY MAXIMIZE THE POTENTIAL OF CIRM-FUNDED
9 DATA.

10 WE RECEIVED FEEDBACK THAT WE ALREADY
11 SUPPORT DATA SCIENCE PROJECTS IN OUR DISCOVERY
12 AWARDS. AND HERE I WANT TO HIGHLIGHT THAT SOFTWARE
13 TOOLS COMING OUT OF INFRACTURE9 WOULD BE TO
14 DISTINGUISH FROM THOSE RESULTING FROM OUR EXISTING
15 DISCOVERY PROGRAMS. SO TOOLS SUPPORTED BY OUR
16 DISCOVERY PROGRAMS ARE GENERALLY ANCILLARY TO
17 RESEARCH PROJECTS WITH NO REQUIREMENTS FOR SOFTWARE
18 ENGINEERING STANDARDS OR BEST PRACTICES. AND
19 THEY'RE ALSO HIGHLY SPECIALIZED FOR A SPECIFIC
20 RESEARCH QUESTION, AND OFTEN THEY DON'T HAVE A PLAN
21 FOR DEPLOYMENT OF THE TOOL FOR COMMUNITY USE. AND
22 MAINTENANCE OFTEN ENDS WHEN THE PAPER IS PUBLISHED
23 OR THE TRAINEE LEAVES THE LAB.

24 AND SO INFRACTURE9 PROJECTS WOULD
25 FOLLOW OPEN-SOURCE BEST PRACTICES RESULTING IN TOOLS

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1 WITH ENHANCED SCALABILITY, REUSABILITY, AND
2 REPRODUCIBILITY. AND THROUGH A DEDICATED GRANT
3 MECHANISM WITH REQUIREMENTS THAT ARE TAILORED FOR
4 SOFTWARE TOOLS, WE CAN HAVE A COLLECTION OF TOOLS
5 THAT ARE BUILT FOR EXTENSION AND COMMUNITY USE IN
6 MIND AND THAT HAVE A PLAN FOR MAINTENANCE.

7 SO NOW WE'LL MOVE INTO THE SCOPE AND
8 STRUCTURE OF THE CONCEPT FOR THE DATA SCIENCE AND
9 SOFTWARE ENGINEERING AWARDS. AND I'LL START BY
10 PREVIEWING THE PROPOSED GUIDING PRINCIPLES.

11 SO AS A REMINDER, GUIDING PRINCIPLES HELP
12 CIRM SHAPE ITS PORTFOLIO. AND THE INFRASTRUCTURE
13 PORTFOLIO WILL ADDRESS BARRIERS TO INTEGRATING
14 MULTIMODAL DATA IN REGENERATIVE MEDICINE. IT WILL
15 INNOVATE THROUGH OPEN AND COLLABORATIVE SOFTWARE
16 DEVELOPMENT TO ACCELERATE RESEARCH. IT WILL CREATE
17 BROADLY APPLICABLE AND VALIDATED TOOLS THAT MAXIMIZE
18 THE VALUE OF CIRM-FUNDED DATA. AND THESE GUIDING
19 PRINCIPLES WILL INFORM THE SELECTION AND REVIEW
20 CRITERIA AS WELL AS CIRM TEAM RECOMMENDATION POST
21 GRANTS WORKING GROUP REVIEW.

22 SO THE OVERARCHING OBJECTIVE OF THIS
23 PROGRAM IS TO SUPPORT THE DEVELOPMENT, MAINTENANCE,
24 AND/OR EXTENSION OF INNOVATIVE, OPEN-SOURCE SOFTWARE
25 FOR INTEGRATION OF DISPARATE DATA TYPES TO

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1 ACCELERATE RESEARCH IN REGENERATIVE MEDICINE. THE
2 EXPECTED OUTCOME IS THE DEVELOPMENT AND DEPLOYMENT
3 OF AN OPEN-SOURCE SOFTWARE TOOL TO SOLVE A
4 MULTIMODAL DATA INTEGRATION BOTTLENECK IN STEM
5 CELL-BASED AND GENETIC THERAPY RESEARCH THAT HAS
6 WIDE APPLICABILITY AND SCALABLE IMPACT. AND THE
7 APPROACH IS INVESTIGATOR PAIRS LEADING
8 INTERDISCIPLINARY SOFTWARE ENGINEERING PROJECTS.

9 WE PROPOSE THAT THE SCOPE SHOULD FOCUS ON
10 SOFTWARE TOOLS; THAT IS COMPUTATIONAL TOOLS,
11 PIPELINES, OR RESOURCES, TO ADDRESS DATA INTEGRATION
12 BOTTLENECKS TO CATALYZE DATA SCIENCE IN REGENERATIVE
13 MEDICINE RESEARCH. SO THIS SCOPE WOULD BRING ABOUT
14 TOOLS THAT ACCELERATE THE IDENTIFICATION OR
15 VALIDATION OF TARGETS AND BIOMARKERS. AND WE
16 FOCUSED THE SCOPE TO A SPECIFIC BOTTLENECK, AND
17 WE'RE SUPPORTING THE STAGE OF RESEARCH WHERE WE KNOW
18 THERE'S A NEED FOR THIS PROGRAM, WHICH IS AT THE
19 DISCOVERY STAGE.

20 SO EXAMPLES OF TYPES OF APPROACHES ARE AI
21 OR ML APPROACHES FOR IN SILICO SCREENING, PROTEIN
22 DESIGN, MOLECULE GENERATION, CELL AND GENE
23 ENGINEERING, ET CETERA. OR KNOWLEDGE GRAPHS FOR
24 BRIDGING STRUCTURES, BEHAVIOR ASSAYS, FUNCTIONAL
25 GENOMICS DATA, SPATIAL DATA, AND PATHWAY OR NETWORK

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1 DATA. AND A KNOWLEDGE GRAPH IS A FRAMEWORK FOR
2 CONNECTING DIVERSE DATA SOURCES. THEY'RE USED FOR
3 MODELING COMPLEX NETWORKS TO MAP RELATIONSHIPS
4 BETWEEN GENES, PATHWAYS, DISEASES, DRUG TARGETS AND
5 TREATMENTS, ET CETERA.

6 SO HOW COULD THESE APPROACHES BE APPLIED?
7 SPECIFIC EXAMPLES OF APPLICATIONS INCLUDE CELL
8 ANALYTIC SOFTWARE TO READ OUT PRESENT AND FUTURE
9 CELL STATES AND BEHAVIOR WITHOUT DECONSTRUCTING THE
10 CELLS OR A NEW OMICS ANALYSIS TOOL TO INTEGRATE
11 SPATIAL TRANSCRIPTOMICS DATA WITH MULTI-ELECTRODE
12 DATA TO LINK SPATIAL GENE EXPRESSION AND ELECTRICAL
13 SIGNALING TO UNDERSTAND DISEASE MECHANISMS AND
14 IDENTIFY NEW TARGETS.

15 MOVING INTO THE AWARD STRUCTURE AND
16 BUDGET. THIS PROGRAM IS PROPOSED TO HAVE AN ANNUAL
17 CALL WITH AN AWARD DURATION OF UP TO TWO YEARS. THE
18 AWARD AMOUNT IS UP TO \$500,000 TOTAL COSTS, FUNDING
19 15 TO 20 AWARDS PER CALL WITH AN ANNUAL BUDGET OF
20 \$10 MILLION.

21 IN TERMS OF ELIGIBILITY, THE APPLICANT
22 MUST MEET CIRM'S DEFINITION OF A CALIFORNIA
23 ORGANIZATION. WE'LL HAVE TWO CALIFORNIA-BASED
24 INVESTIGATORS, AND THE CO-INVESTIGATOR MUST NOT BE
25 FROM THE SAME LAB AS THE PRINCIPAL INVESTIGATOR.

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1 THERE WILL BE REQUIREMENTS FOR BOTH REGENERATIVE
2 MEDICINE EXPERTISE AS WELL AS COMPUTATIONAL
3 EXPERTISE ON THE APPLICANT TEAM. AND THE EFFORT FOR
4 BOTH INVESTIGATORS IS A 5-PERCENT MINIMUM.

5 THE PROJECT ELIGIBILITY, THE PROJECT MUST
6 BE IN SCOPE AND DEVELOP OPEN-SOURCE SOFTWARE THAT
7 COULD LEAD TO THE EXPECTED OUTCOME THAT'S DEFINED IN
8 THE INFRACTURE9 OBJECTIVE.

9 FOR APPLICATION AND REVIEW PROCESSES,
10 INFRACTURE9 WILL ADOPT A GRANTS WORKING GROUP
11 SELECTION PROCESS TO ALLOW THE GRANTS WORKING GROUP
12 TO SELECT APPLICATIONS THAT ARE MOST RESPONSIVE TO
13 THE FUNDING OPPORTUNITY AND HOLD THE GREATEST
14 POTENTIAL FOR IMPACT AND ALLOW CIRM PREPLANNING FOR
15 IMPROVED SCIENTIFIC AND TECHNICAL REVIEW. AND THE
16 INFRACTURE9 PROGRAM WILL ALSO ADOPT A 1 TO 100
17 NUMERICAL GWG SCORING SYSTEM TO ALIGN ACROSS CIRM
18 PROGRAMS AND IMPROVE GRANULARITY AND VISIBILITY FOR
19 SCORE DRIVING DECISIONS. AND THE SELECTION AND
20 REVIEW CRITERIA AND CIRM TEAM RECOMMENDATIONS POST
21 GWG WOULD BE DEVELOPED IN ALIGNMENT WITH THE GUIDING
22 PRINCIPLES.

23 THE PROPOSED TIMELINE BEGINS WITH THE
24 CONCEPT GOING TO THE JUNE ICOC FOR APPROVAL. AND IN
25 SEPTEMBER THE PA CAN BE POSTED. AND THERE'S A

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1 LONGER WINDOW WHEN THE APPLICATIONS ARE DUE IN
2 JANUARY TO MAY FOR REVIEW TO ALLOW FOR THE GWG
3 SELECTION PROCESS. AND THE GRANTS WORKING GROUP
4 RECOMMENDATIONS WOULD GO TO THE BOARD AT THE ARS
5 MEETING IN JUNE OF 2027 WITH THE AWARD CONTRACTING
6 WINDOW IMMEDIATELY FOLLOWING.

7 I'LL WRAP UP BY SHARING THAT WE HAVE AN
8 OUTREACH PLAN IN DEVELOPMENT TO ENSURE THAT
9 POTENTIAL APPLICANTS ARE MADE AWARE OF THE FUNDING
10 OPPORTUNITY. SO IN ADDITION TO TARGETING OUR
11 EXISTING AWARDEE PORTFOLIO, WE INTEND TARGETING
12 OUTREACH TO NON-UC'S, COMMUNITY COLLEGES, AND CAL
13 STATE UNIVERSITIES. WE THINK THIS PROGRAM HAS THE
14 POTENTIAL TO BE MORE ACCESSIBLE TO THESE
15 INSTITUTIONS RELATIVE TO R & D AWARDS BECAUSE THE
16 PROGRAM REQUIRES LESS CAPITAL EQUIPMENT AND PHYSICAL
17 LAB SPACE, AND THE AWARD CAN BE ACCOMPLISHED WITH
18 COMPUTATIONAL RESOURCES AND PERSONNEL.

19 WE ALSO PLAN TO REACH OUT TO PROFESSIONAL
20 ORGANIZATIONS AND DATA SCIENCE AND INFORMATICS
21 NETWORKS AND ACADEMIC DEPARTMENTS TO SPREAD THE
22 WORD. AND THESE ARE SOME OF THE TOOLS THAT WE CAN
23 USE IN COLLABORATION WITH OUR COMMUNICATIONS
24 DEPARTMENT TO ENSURE THAT WE'RE REACHING OUR TARGET
25 AUDIENCES.

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1 SO WE'RE VERY KEEN TO HEAR YOUR FEEDBACK,
2 AND THANK YOU VERY MUCH FOR YOUR ATTENTION AND
3 CONSIDERATION OF THIS CONCEPT. I'LL STOP HERE FOR
4 DISCUSSION. AND ULTIMATELY THE CIRM TEAM WOULD LIKE
5 TO REQUEST YOUR ENDORSEMENT TO MOVE THE DATA SCIENCE
6 AND SOFTWARE ENGINEERING CONCEPT PLAN TO THE FULL
7 BOARD IN JUNE.

8 CHAIRMAN FISCHER-COLBRIE: GREAT. BEFORE
9 MOVING THE DISCUSSION FORWARD, LET'S GO AHEAD WITH A
10 MOTION AND A SECOND FOR APPROVAL.

11 MR. PANETTA: SO MOVED.

12 DR. LEVITT: SECOND.

13 MR. TOCHER: SORRY. JOE IS NOT A MEMBER
14 OF THE SCIENCE SUBCOMMITTEE. WE NEED THE MAKER OF
15 THE MOTION AND THE SECOND TO COME FROM THE SCIENCE
16 SUBCOMMITTEE.

17 MR. PANETTA: SORRY. I WAS TOO EXCITED
18 ABOUT IT.

19 MR. TOCHER: THAT'S FINE, JOE. WE'LL NEED
20 YOU IN A FEW MINUTES FOR FINANCE.

21 DR. DULIEGE: I SECOND.

22 MR. TOCHER: I APOLOGIZE. WHO WAS THE
23 MAKER OF THE MOTION?

24 DR. YAMAMOTO: I'LL MAKE THE MOTION. I
25 WAS GOING TO SECOND, BUT I'M HAPPY TO MAKE THE

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1 MOTION.

2 MR. TOCHER: GREAT. THANK YOU, KEITH.
3 AND ANNE-MARIE, I'M AFRAID YOU'RE NOT A MEMBER OF
4 THE SCIENCE SUBCOMMITTEE.

5 DR. DULIEGE: I'M A MEMBER OF THE FINANCE
6 SUBCOMMITTEE.

7 DR. LEVITT: I'D SECOND, SCOTT.

8 MR. TOCHER: THANK YOU VERY MUCH. THANK
9 YOU. PAT LEVITT IS THE SECOND.

10 CHAIRMAN FISCHER-COLBRIE: GREAT. WITH
11 THAT, LET'S OPEN UP FOR DISCUSSION BY THE COLLECTIVE
12 COMMITTEE MEMBERS. AND, CLAUDETTE, IF I CAN -- I
13 DON'T NECESSARILY SEE ALL THE HANDS RAISED THAT
14 MIGHT BE THERE. SO IF YOU CAN INFORM ME.

15 MS. MANDAC: WE HAVE MARIA FIRST.

16 VICE CHAIR BONNEVILLE: THANKS. THANKS,
17 JANIE, FOR THIS PRESENTATION.

18 I WANTED TO -- I WANTED TO ASK AGAIN. SO
19 I BELIEVE WHEN WE SPOKE YESTERDAY BECAUSE I HAD SOME
20 QUESTIONS AROUND THE BUDGET, SO THIS IS A
21 BUDGET -- SO I REALIZE THAT EVERY YEAR THE BOARD
22 WOULD APPROVE IT IN ITS BUDGET FOR THAT YEAR, BUT
23 THIS IS SLATED FOR UP TO \$80 MILLION; IS THAT
24 CORRECT?

25 DR. BYRUM: SO THE TOTAL BUDGET IS \$10

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1 MILLION FOR THIS YEAR. AND IN TERMS OF HOW MANY
2 YEARS, THIS IS SOMETHING THE BOARD WILL HAVE TO
3 DECIDE BASED ON PROJECTIONS THAT ARE GOING TO BE
4 PRESENTED AT THE JUNE MEETING. AND I'D LIKE TO
5 DEFER TO ROSA IF SHE HAS ANY FURTHER REMARKS ON THE
6 BUDGET. BUT THERE IS SUBSTANTIAL BUDGET ALLOCATED
7 TOWARD THIS PROGRAM.

8 VICE CHAIR BONNEVILLE: OKAY. SO THAT
9 WOULD BE -- SO WE WOULD ANTICIPATE -- SO IT'S 10
10 MILLION A YEAR, AND I THINK WE HAD TALKED ABOUT
11 EIGHT. SO WE'RE THINKING OF SUPPORTING THIS, THEN,
12 FOR THE NEXT EIGHT YEARS POTENTIALLY. SO I JUST
13 WANTED TO JUST BE CLEAR ON THAT. AND, AGAIN, I
14 REALIZE THAT IT COMES TO THE BOARD EVERY YEAR.

15 DR. BYRUM: YES.

16 VICE CHAIR BONNEVILLE: BUT IT'S A
17 SUBSTANTIAL INVESTMENT IN THIS PROGRAM POTENTIALLY.
18 SO I JUST WANTED TO CALL THAT OUT. I THINK IT'S
19 IMPORTANT TO UNDERSTAND THAT.

20 IF WE DID NOT CONTINUE TO FUND IT EVERY
21 YEAR, WOULD THAT PUT THE PROGRAM AT RISK? OR WOULD
22 WE HAVE DETERMINED THAT WE JUST DIDN'T NEED IT
23 ANYMORE AND SO, THEREFORE, WE'RE NOT ASKING FOR IT?
24 AND THEN HOW DO WE MAKE THOSE DETERMINATIONS BECAUSE
25 I THINK THAT'S IMPORTANT TO UNDERSTAND FROM AN

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1 OVERALL PROGRAM SCOPE?

2 DR. CANET-AVILES: JANIE, I'LL TAKE THIS
3 ONE IF YOU DON'T MIND. THANK YOU, MARIA.

4 SO RIGHT NOW WE HAVE SEEN IN THE
5 PROJECTIONS THERE IS \$10 MILLION SLOTTED FROM NOW
6 TILL END OF CIRM FUNDING. HOWEVER, THIS COULD COME
7 -- WE COULD BE COMING WITH OUTCOMES EVERY YEAR. AND
8 ALSO WITH NEEDS, THERE MIGHT BE -- WE WILL BE
9 LEARNING ABOUT THE APPLICATION. AND THESE TOOLS ARE
10 GOING TO ADVANCE, AND THERE MIGHT BE NEEDS IN
11 DIFFERENT AREAS OF OUR PORTFOLIO AS WELL. SO THAT
12 COULD BE UP TO THE BOARD. INITIALLY THEY ARE UP TO
13 \$80 MILLION THAT COULD BE INVESTED IN THIS, BUT THAT
14 DOESN'T NECESSARILY MEAN THAT THE BOARD WILL WANT TO
15 INVEST IN IT. AND IT WILL NOT -- THIS IS
16 INDEPENDENT EVERY YEAR.

17 VICE CHAIR BONNEVILLE: OKAY. I JUST
18 WANTED TO MAKE SURE THAT THAT WAS -- THAT IT
19 DIDN'T -- LIKE IF WE DECIDED IN TWO YEARS WE DIDN'T
20 WANT THIS --

21 DR. CANET-AVILES: YOU HAVE NO OBLIGATION.
22 WHAT YOU ARE APPROVING IS THIS IS A PILOT TO SEE IF
23 IT WILL BENEFIT -- AS WE MOVE, IT WILL BENEFIT.

24 VICE CHAIR BONNEVILLE: OKAY. AND THEN
25 WHEN WE -- WHEN WE STARTED PUTTING THIS -- NOT ME.

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1 I HAD NOTHING TO DO WITH THIS. BUT WHEN YOU ALL
2 WERE PUTTING THE CONCEPT TOGETHER, DID YOU TALK TO
3 SOME OF THE EXTERNAL BODIES THAT WOULD BE AFFECTED
4 BY THIS AND JUST GET AN UNDERSTANDING OF THE
5 WILLINGNESS OF FOLKS TO PARTICIPATE IN THIS SORT OF
6 PROGRAM? AND JUST A LITTLE COLOR AROUND THAT WOULD
7 BE GREAT.

8 DR. CANET-AVILES: JANIE, PLEASE, YOU CAN
9 TAKE THIS.

10 DR. BYRUM: YES. WE TALKED TO OUR
11 EXISTING GRANTEE COMMUNITY AND WE ALSO TALKED TO
12 FUNDERS THAT FUND OR HAVE IN THE PAST FUNDED SIMILAR
13 ACTIVITIES UNDER DIFFERENT AWARD MECHANISMS. AND
14 THERE IS APPETITE FOR THESE ACTIVITIES TO BE
15 SUPPORTED BY A GRANT MECHANISM.

16 VICE CHAIR BONNEVILLE: THANKS, JANIE.

17 MS. MANDAC: JUDY NEXT.

18 DR. GASSON: LOOKING FOR MY MUTE BUTTON.
19 SORRY. THANK YOU VERY MUCH FOR THE PRESENTATION.
20 THAT WAS REALLY VERY CLEAR. AND I HAVE NO DOUBT IN
21 MY MIND THAT THIS IS AN ENORMOUS PROBLEM, AND IT'S
22 BEEN A PROBLEM FOR A REALLY LONG TIME AND IT'S
23 GETTING WORSE.

24 WHEN I READ THIS YESTERDAY, I HAD TWO
25 QUESTIONS. ONE IS DO WE KNOW THAT THIS IS THE RIGHT

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1 AMOUNT OF FUNDING TO HAVE AN IMPACT? OR HOW DID WE
2 COME TO THE CONCLUSION? AND I GUESS I VIEWED THIS
3 YESTERDAY AS A LITTLE BIT ADJACENT TO KIND OF OUR
4 CORE MISSION, WHICH IS WE DO SUPPORT INFRASTRUCTURE,
5 WE DO SUPPORT EDUCATION, AND ALL SORTS OF RESEARCH
6 FROM BASIC, TRANSLATIONAL, CLINICAL. IT'S BEEN MY
7 EXPERIENCE, AND, AGAIN, I AM ABSOLUTELY NOT A DATA
8 SCIENTIST, BUT IT'S BEEN MY EXPERIENCE THAT THIS HAS
9 BEEN A REALLY EXTREMELY CHALLENGING AREA TO TRY TO
10 COME UP WITH SOME TOOLS THAT AN AVERAGE LABORATORY
11 WITH GOOD PEOPLE CAN REALLY USE.

12 AND SO WHAT ARE WE GOING TO DO
13 DIFFERENTLY, AND IS THIS PART -- HAVE WE DECIDED
14 THAT THIS IS PART OF OUR CORE MISSION, OR IS THIS
15 SOMETHING THAT SHOULD BE DONE BY OTHER ORGANIZATIONS
16 IN THIS SPACE? I GUESS I'M JUST TRYING TO
17 UNDERSTAND WHAT IS THE LOGIC. I UNDERSTAND THAT OUR
18 GRANTEES HAVE REQUESTED THIS, BUT ARE WE REALLY THE
19 RIGHT PEOPLE AND IS THIS REALLY THE RIGHT AMOUNT OF
20 FUNDING? THANK YOU.

21 DR. BYRUM: THANK YOU VERY MUCH. THOSE
22 ARE IMPORTANT POINTS. SO TO FIRST ADDRESS ITS
23 RELEVANCE TO OUR CORE MISSION, I DO BELIEVE THAT
24 CIRM, PART OF ITS MISSION IS SUPPORTING TECHNOLOGY
25 DEVELOPMENT AND TOOL DEVELOPMENT THAT WILL

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1 ACCELERATE RESEARCH. AND ALSO THIS PROGRAM WAS
2 DESIGNED TO MAXIMIZE THE VALUE OF CIRM'S INITIAL
3 INVESTMENT IN ITS RESEARCH AWARDS TO ACCELERATE
4 RESEARCH BY LEVERAGING THE DATA THAT'S ALREADY BEEN
5 GENERATED BY THOSE AWARDEES AND BY THE BROADER
6 FIELD.

7 AND THE GOAL IS TO HAVE ROBUST TOOLS THAT
8 LIVE BEYOND AN INITIAL RESEARCH PROJECT AND THAT
9 WILL CONNECT DATASETS AND RESEARCHERS THROUGH
10 COLLABORATIONS THAT CANNOT HAVE BEEN ACHIEVED AS,
11 FOR EXAMPLE, LIKE A SUPPLEMENT TO CIRM'S EXISTING
12 OFFERINGS. AND I THINK IT WILL ENABLE US TO ACHIEVE
13 GOAL 1 FASTER, WHICH IS IDENTIFYING POTENTIAL
14 TARGETS AND BIOMARKERS, AND IT WILL ALSO BRING
15 NEEDED COMPUTATIONAL EXPERTISE TO REGENERATIVE
16 MEDICINE LABS.

17 IN TERMS OF THE FUNDING AMOUNT, I CAN
18 SHARE HOW WE ARRIVED AT THAT. SO I'LL SHARE A
19 LANDSCAPE OF SIMILAR FUNDING OPPORTUNITIES AND THEIR
20 AWARD AMOUNTS AND DURATION. I'M STILL SHARING,
21 CORRECT? AND SO THESE ARE DIFFERENT FUNDING
22 OPPORTUNITIES, SOME OF WHICH STILL EXIST, SOME OF
23 WHICH HAVE BEEN DEPRECATED, AND THEIR DURATION AND
24 THEIR FUNDING AMOUNTS. AND WE ARE SUPPORTING
25 SOMETHING THAT IS SLIGHTLY MORE GENEROUS THAN THESE

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1 TO ACCOUNT, NOT ONLY FOR INFLATION AND THE INCREASED
2 COSTS OF COMPUTATIONAL RESOURCES, BUT TO INVEST IN
3 MAKING TOOLS THAT ARE ROBUST AND WILL BE USED BY THE
4 COMMUNITY. WE'RE ALSO ADDING IN REQUIREMENTS FOR
5 ENSURING THAT THERE IS ADOPTION BY THE COMMUNITY AND
6 THAT THERE WILL BE COMMUNITY USERS THAT WILL
7 CONTINUE TO MAINTAIN THESE TOOLS OVER TIME.

8 DR. GASSON: ARE YOU SHARING YOUR SCREEN?

9 DR. BYRUM: I THOUGHT I WAS STILL.

10 DR. YAMAMOTO: NO, YOU WEREN'T.

11 DR. BYRUM: LET'S SEE. THANK YOU.

12 DR. GASSON: WE SEE YOU. WE JUST DON'T
13 SEE YOUR SCREEN.

14 DR. BYRUM: OKAY. YOU SEE THIS?

15 DR. GASSON: YES. NOW WE DO.

16 DR. BYRUM: OKAY. SORRY. YES. SO HERE
17 IS A SHORT LIST OF FUNDING OPPORTUNITIES THAT ARE
18 SUPPORTING SIMILAR ACTIVITIES. THEY'RE NOT
19 COMPLETELY OBVIOUSLY THE SAME, BUT SOME ARE
20 DEVELOPING SOFTWARE TOOLS FOR OPEN SCIENCE FOR
21 DIFFERENT DOMAINS AND THEIR AWARD AMOUNTS. AND SO
22 OUR AWARD AMOUNT IS 500,000, AND IT WILL BE UP TO
23 TWO YEARS DURATION.

24 DR. GASSON: OKAY. THANK YOU.

25 MS. MANDAC: AND THEN SHAUNA.

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1 DR. STARK: THANK YOU. THANK YOU FOR
2 PROPOSING THAT PROPOSAL. I GUESS I THINK MAYBE A
3 LITTLE BIT ALONG THE LINES OF WHAT'S BEEN BROUGHT UP
4 SO FAR WHERE I LOVE THIS IDEA AND I THINK IT'S
5 ACTUALLY REALLY IMPORTANT AND IT DOES SERVE A BIG
6 PROBLEM, I THINK THE 80 MILLION, THE POTENTIAL \$80
7 MILLION PRICE TAG FEELS LIKE A LOT FOR IT. BUT I
8 ALSO UNDERSTAND THAT WE'RE NOT BEING ASKED TO
9 APPROVE THAT ALL IN ONE FELL SWOOP. SO IT SORT OF
10 LET'S THIS RUN OUT AS A PILOT, SEE WHAT COMES BACK
11 FROM IT, AND THEN WE CAN MAKE THAT DETERMINATION AS
12 WE GO. BUT I DO DEFINITELY SEE THE VALUE FOR THE
13 PROGRAM.

14 DR. BYRUM: THANK YOU. THANK YOU. AND I
15 DO WANT TO COMMENT A BIT ABOUT HOW WE CAN
16 POTENTIALLY CAPITALIZE ON THE MOST SUCCESSFUL
17 PROJECTS OVER TIME. SO THE INITIAL FUNDING ROUNDS
18 WILL GENERATE A COLLECTION OF SOFTWARE TOOLS. AND
19 THESE AWARDS ARE SHORT. THEY'RE TWO-YEAR AWARDS.
20 AND AFTER THE FIRST SEVERAL YEARS, TOOLS THAT HAVE
21 GAINED TRACTION IN THE REGENERATIVE MEDICINE
22 COMMUNITY, THEY CAN REAPPLY TO EXPAND THE SCOPE OF
23 THEIR PROJECTS. OR CIRM MIGHT EVALUATE WHETHER
24 THERE ARE PROJECTS THAT WE WANT TO INVEST IN ON A
25 LARGER SCALE. FOR EXAMPLE, TURNING AN INDIVIDUAL

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1 SOFTWARE PACKAGE INTO A LARGER SOFTWARE LIBRARY IN
2 EXTENDED USE CASES IN REACH, PARTICULARLY IF IT'S
3 POISED TO HELP US REACH ONE OF OUR IMPACT GOALS.

4 SO THOSE ARE DIFFERENT APPROACHES THAT WE
5 CAN TAKE IF THE BOARD DETERMINES THAT WOULD BE
6 APPROPRIATE TO DO SO. BUT RIGHT NOW THE 10 MILLION
7 ANNUAL BUDGET FOR ONE YEAR IS WHAT IS BEING UP FOR
8 APPROVAL.

9 MS. MANDAC: AND KEITH NEXT.

10 DR. YAMAMOTO: I THINK PAT'S NEXT.

11 MS. MANDAC: SORRY. PAT AND THEN KEITH.

12 DR. LEVITT: AGE BEFORE BEAUTY, RIGHT,
13 KEITH? IS THAT HOW IT GOES?

14 SO I LIKE THIS A LOT. AND I DO THINK
15 THAT -- ONE THING THAT WAS CLARIFIED FOR ME WAS THAT
16 WHO IS GOING TO REVIEW THIS? THE GWG IS GOING TO
17 HAVE WHAT I WOULD CALL A SPECIAL EMPHASIS PANEL THE
18 WAY IT'S DONE AT SOME CERTAIN FEDERAL AGENCIES.
19 WHEN THERE'S A NEW PROGRAM, THEY HAVE EXPERTS IN
20 THIS AREA. SO THAT'S ONE THING THAT'S REALLY
21 IMPORTANT BECAUSE THEY'RE THE ONES WHO ARE GOING TO
22 JUDGE, NOT JUST QUALITY, BUT I THINK IMPACT WILL BE
23 REALLY IMPORTANT.

24 THE RFA THAT COMES OUT HAS TO -- IT NEEDS
25 TO BE IMPACTFUL IN THE SENSE THAT THESE TOOLS ARE

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1 GOING TO BE BROADLY ABLE TO BE UTILIZED, NOT JUST
2 SHARED, BUT SOMETIMES THESE SORTS OF THINGS ARE,
3 THESE PLATFORMS ARE SHARED, BUT NOT EASY TO USE.
4 AND THEN PEOPLE DON'T USE IT. RIGHT? SO THAT'S ONE
5 THING. SO I COMMEND YOU FOR THAT.

6 THE OTHER THING THAT I THINK IT DOES
7 REALLY WELL IS OFTENTIMES IN DATA SCIENCE, THE DATA
8 SCIENTISTS ARE LEFT TO THEIR OWN DEVICES TO TRY TO
9 UNDERSTAND THE DATA. RIGHT? IN CERTAIN AREAS IT'S
10 PRETTY STRAIGHTFORWARD. I WOULD SAY IN GENOMICS
11 IT'S MUCH MORE STRAIGHTFORWARD THAN IT IS IN THESE
12 OTHER AREAS IN WHICH CIRM HAS INVESTED A LOT OF
13 MONEY, PARTICULARLY ON THE CLINICAL SIDE. SO IT'S
14 FORCING THAT PARTNERSHIP, WHICH I THINK WILL SAVE US
15 A LOT OF TIME. AND WE CAN GENERATE ALL THE DATA IN
16 THE WORLD, AND WE ARE GENERATING A LOT OF DATA IN
17 THE WORLD, BUT UNLESS WE HAVE WAYS OF ANALYZING IT
18 BETTER THAN WHAT WE'RE DOING NOW, IT'S GOING TO SIT
19 ON THE SHELF TO SOME EXTENT. SO I LIKE THE PROGRAM
20 A LOT.

21 DR. BYRUM: THANKS SO MUCH FOR YOUR
22 COMMENTS.

23 DR. YAMAMOTO: JANIE, THANKS FOR THE
24 PRESENTATION. YOU CLEARLY HAVE PUT A LOT OF WORK
25 AND THOUGHT INTO THIS, AND WE APPRECIATE THAT.

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1 MY QUESTION WAS -- IS REALLY RELEVANT TO
2 THE SLIDE YOU HAD UP A MOMENT AGO ABOUT SHOWING
3 OTHER PROGRAMS THAT ARE SUPPORTING PROGRAMS OF THIS
4 SORT. AND, OF COURSE, THE POWER OF OPEN SOURCE IS
5 THAT SOFTWARE CAN BE WRITTEN FOR A PARTICULAR
6 APPLICATION, BUT THEN CAN BE ADAPTABLE TO OTHERS.
7 NIH IS THE ONLY AGENCY I WAS AWARE OF. YOU PUT UP A
8 LOT MORE. BUT NIH IS AN AGENCY THAT I'M AWARE HAS
9 ACTUALLY SEVERAL PROGRAMS FOR SOFTWARE DEVELOPMENT.

10 AND SO MY QUESTION IS WHAT'S THE SPECIAL
11 NEED FOR CIRM TO BE SUPPORTING SOFTWARE DEVELOPMENT
12 IN THIS DOMAIN WHEN THERE ARE OTHER AGENCIES THAT
13 ARE SUPPORTING SOFTWARE DEVELOPMENT THAT ALSO IS
14 OPEN SOURCE AND COULD BE ADAPTED? IS THERE
15 SOMETHING SPECIAL ABOUT THE WAY THAT YOU'RE GOING TO
16 BE FRAMING THESE CHALLENGES FOR INVESTIGATORS THAT
17 WILL GENERATE PROGRAMS OF IMMEDIATE USE FOR STEM
18 CELL RESEARCH, OR I GUESS ANOTHER WAY TO PUT IT IS
19 APPARENT IN LOOKING AT WHAT PRODUCTS ARE BEING
20 GENERATED IN SOME OF THESE OTHER PROGRAMS, THAT
21 THERE'S A NEED FOR SOFTWARE DEVELOPMENT THAT IS
22 SPECIALIZED FOR STEM CELL RESEARCH?

23 DR. BYRUM: THANK YOU. YES. I THINK THIS
24 SPECIFIC GAP IN OUR PORTFOLIO IS CONNECTING THESE
25 DIFFERENT REGENERATIVE MEDICINE DATASETS SO THAT

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1 THEY'RE MORE INTEROPERABLE WITH CUTTING-EDGE
2 COMPUTATIONAL INFRASTRUCTURE, WHETHER THAT IS AI OR
3 NOVEL STATISTICAL FRAMEWORKS, OR KNOWLEDGE GRAPHS SO
4 THAT THESE DATASETS THAT ARE DOMAIN SPECIFIC CAN BE
5 INTEGRATED TO GLEAN INSIGHTS. AND WE DO HAVE IN OUR
6 DISCOVERY PROGRAMS SOME NETWORK OR CONSORTIA TYPE OF
7 AWARDS LIKE DISC4 THAT ARE GENERATING A LOT OF DATA.
8 AND THEY HAVE A LOT OF POTENTIAL COLLABORATING,
9 INTERACTING OPPORTUNITIES. AND SOME OF THIS IS
10 HAPPENING ORGANICALLY.

11 BUT IF WE CAN SUPPORT THAT SYSTEMATICALLY
12 THROUGH PROGRAMS THAT HAVE REQUIREMENTS TAILORED FOR
13 SOFTWARE ENGINEERING TOOLS SO THAT THOSE TOOLS ARE
14 USEFUL FOR OUR AWARDEES, BUT ALSO FOR THE COMMUNITY
15 IN THAT THEY HAVE A LEG TO STAND ON IN TERMS OF
16 BEING BROADLY USEFUL AND MAINTAINABLE, THEN THAT IS
17 SOMETHING THAT WE'RE TRYING TO SUPPORT IN THIS
18 PROGRAM, SOMETHING THAT WILL HAVE DIRECT IMPACT FOR
19 OUR AWARDEES AND THE DATA TYPES THAT THEY'RE USING
20 IN THEIR LABS AND HELP THEM INTERFACE WITH LARGER
21 MODELS THAT THEY CAN USE FOR THEIR APPLICATION.

22 DR. YAMAMOTO: SO ARE YOU SAYING THAT --
23 JUST TO FOLLOW UP. ARE YOU SAYING THAT IN LOOKING
24 AT THE PRODUCTS THAT ARE EMERGING FROM SOME OF THE
25 NIH PROGRAMS, THAT IT'S APPARENT THAT CIRM REALLY

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1 NEEDS TO MAKE THIS KIND OF INVESTMENT, WHICH SEVERAL
2 PEOPLE HAVE ALREADY SAID IT'S A FAIR AMOUNT OF
3 MONEY, IN ORDER TO REALLY COME UP WITH PRODUCTS THAT
4 WILL BE SPECIFICALLY USEFUL FOR STEM CELL RESEARCH
5 WHERE YOU THINK THAT THE STUFF COMING OUT OF NIH AND
6 OTHER AGENCIES IS NOT ACTUALLY GENERATING THAT?

7 DR. BYRUM: I WOULD NOT SAY THAT THE STUFF
8 COMING OUT OF NIH IS NOT RELEVANT TO OUR AWARDEES
9 AND IT'S NOT USEFUL FOR THEM. I DO THINK THAT THE
10 AREA IS STILL UNDERFUNDED AND THAT HAVING MORE
11 FUNDING IN THIS AREA IN A TARGETING AREA WHERE WE
12 KNOW IT WILL HAVE IMPACT FOR REGENERATIVE MEDICINE
13 RESEARCHERS WILL BE MORE IMPACTFUL THAN JUST HOPING
14 THAT THE NIH IS GOING TO FUND INVESTIGATORS THAT ARE
15 BUILDING TOOLS THAT WILL ALSO BE USEFUL FOR OUR
16 AWARDEES.

17 DR. YAMAMOTO: I GUESS -- SO PERFECTLY
18 GOOD ANSWER. AND I GUESS THAT IN A WAY WILL SET UP
19 THE KIND OF TESTS THAT WE'LL EXERT AS WE BEGIN TO
20 SEE SOME OF THESE PRODUCTS EMERGE, WHETHER THERE'S A
21 REAL INCREMENT IN THE RATE OF USEFULNESS AND
22 APPLICABILITY OF THESE PRODUCTS THAT ARE COMING OUT
23 OF CIRM RESEARCH AS OPPOSED TO OTHER AGENCIES. SO
24 THAT'S GREAT. THANK YOU.

25 DR. BYRUM: ABSOLUTELY. AND ONE OTHER

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1 NOTE THAT I'LL ADD IS THAT ONE OF THE REQUIREMENTS
2 OF THIS PROGRAM WILL BE TO HAVE COMMUNITY AND
3 CONTRIBUTOR ENGAGEMENT ACTIVITIES DURING THE
4 DEVELOPMENT OF THE TOOL SO THAT THE POTENTIAL USERS
5 WILL BE ABLE TO PROVIDE FEEDBACK EITHER THROUGH USER
6 FEEDBACK CHANNELS OR HACKATHONS OR DIFFERENT TYPES
7 OF ACTIVITIES SO THAT THEY CAN HAVE AN IMPACT ON THE
8 EVENTUAL UTILITY OF THE TOOL AND HAS MORE LIKELIHOOD
9 OF BEING ADOPTED BY MORE USERS.

10 DR. YAMAMOTO: EXCELLENT. THANK YOU.

11 MS. MANDAC: MARK, THERE ARE NO ADDITIONAL
12 HANDS RAISED.

13 CHAIRMAN FISCHER-COLBRIE: OKAY. GREAT.
14 IF WE CAN HAVE A CALL FOR A VOTE, SCOTT.

15 MR. TOCHER: SURE. YOU BET.

16 MARIA BONNEVILLE.

17 VICE CHAIR BONNEVILLE: YES.

18 MR. TOCHER: MARK FISCHER-COLBRIE.

19 CHAIRMAN FISCHER-COLBRIE: YES.

20 MR. TOCHER: JUDY GASSON.

21 DR. GASSON: YES.

22 MR. TOCHER: VITO IMBASCIANI.

23 CHAIRMAN FISCHER-COLBRIE: YES.

24 MR. TOCHER: PAT LEVITT.

25 DR. LEVITT: YES.

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MR. TOCHER: SHLOMO MELMED.

DR. MELMED: YES.

MR. TOCHER: CHRIS MIASKOWSKI.

DR. MIASKOWSKI: YES.

MR. TOCHER: SHAUNA STARK.

DR. STARK: YES.

MR. TOCHER: KAROL WATSON.

DR. WATSON: YES.

MR. TOCHER: AND KEITH YAMAMOTO.

DR. YAMAMOTO: YES.

MR. TOCHER: GREAT. THANKS VERY MUCH.

MOTION CARRIES. MARK.

CHAIRMAN FISCHER-COLBRIE: GREAT. WITH THAT, WE'LL TURN OVER THE NEXT AGENDA ITEM OVER TO ROSA.

DR. CANET-AVILES: THANK YOU, MARK. LET ME JUST GET TO MY -- IT HAPPENS FOR BEING -- TRYING TO MULTITASK. RIGHT?

SO THE NEXT ITEM IS ACTUALLY BROUGHT TO THE SCIENCE SUBCOMMITTEE AND FINANCE SUBCOMMITTEE THROUGH MEMORANDUM. AND THIS MEMORANDUM IS BASICALLY REGARDING THE AMENDMENTS FOR THE CLINICAL DEVELOPMENT AND THE RAPID CONCEPT PLANS. AND WHAT WE ARE ASKING IS -- THERE'S NO SLIDES FOR THIS. IT'S GOING TO BE SHORT. AND WHAT THE TEAM PROPOSES

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1 IS AMENDMENTS TO THESE TWO PROGRAMS, THE CONCEPT
2 PLANS, TO INCORPORATE TWO ELIGIBILITY CRITERIA.

3 THE BOARD HAD INITIALLY APPROVED THESE
4 PROGRAMS, THE CONCEPT PLANS, FOR PDEV AND FOR -- IN
5 MARCH OF 2025 WITH AN AMENDMENT IN 2026, IN MARCH
6 '26, AND THEN THE RARE DISEASE ACCELERATION PLATFORM
7 AND INNOVATION AND DELIVERY, THE RAPID PROGRAM,
8 CONCEPT PLAN IN JANUARY OF THIS YEAR.

9 WHILE WE WERE IMPLEMENTING THE PROGRAMS,
10 THE TEAM, WHICH IS NOW, WE ARE IMPLEMENTING THEM
11 NOW, THE TEAM REALIZED THAT BOTH CONCEPT PLANS COULD
12 BENEFIT FROM THE ADDITION OF TWO ELIGIBILITY
13 CRITERIA THAT ARE ALREADY IN THE CLIN2 PROGRAM. AND
14 THE PROPOSAL IS TO ADDITION THE FOLLOWING
15 ELIGIBILITY CRITERIA.

16 ONE HAS TO DO WITH THE CIRM APPLICANT
17 BEING REQUIRED TO SERVE AS THE IND SPONSOR FOR THE
18 PROPOSED THERAPEUTICS. SO THE MPT THAT'S NAMED AS
19 THE SPONSOR OF THE IND SHOULD BE THE CIRM APPLICANT.

20 AND THE SECOND ONE COULD BE THAT THE
21 APPLICANTS MUST INCORPORATE THAT AT LEAST ONE
22 CALIFORNIA CLINICAL TRIAL SITE AS APPROPRIATE TO THE
23 STAGE AND THE SCOPE OF THE PROPOSED ACTIVITIES.
24 THIS INCLUDES CONSIDERATION OF CALIFORNIA SITES AND
25 CLINICAL DEVELOPMENT PLANNING ACTIVITIES, INCLUSION

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1 OF A CALIFORNIA SITE IN CLINICAL TRIAL SITE
2 OPPORTUNITIES IS PROPOSED, AND INCLUSION OF AT LEAST
3 CALIFORNIA SITE IN CLINICAL TRIAL CONDUCT AS
4 APPLICABLE. AND THAT WOULD BE IN THE RAPID
5 VALIDATION AWARDS.

6 APPLICANTS WOULD HAVE TO JUSTIFY THE
7 INCLUSION OF ANY SITES THAT WERE LOCATED OUTSIDE OF
8 CALIFORNIA AND WILL BE ENCOURAGED TO USE OUR ALPHA
9 CLINIC INFRASTRUCTURE SITES WHEN FEASIBLE.

10 AND THE PROPOSED CHANGES ARE SUPPORTED BY
11 THREE CONSIDERATIONS. THE FIRST ONE IS THE PATIENT
12 ACCESS AND STATE BENEFIT. THE SECOND IS OPERATIONAL
13 OVERSIGHT AND ACCOUNTABILITY, REQUIRING THAT THE
14 CIRM APPLICANT TO SERVE AS THE IND SPONSOR WILL
15 ENSURE APPROPRIATE OVERSIGHT, ACCOUNTABILITY, AND
16 ALIGNMENT BETWEEN THE FUNDED ENTITY AND THE
17 REGULATORY RESPONSIBILITY FOR THE CLINICAL PROGRAM.
18 AND THE THIRD ONE, THE PROGRAMMATIC CONSISTENCY
19 BECAUSE WE ARE ALIGNING THE REQUIREMENTS FROM THE
20 PRECLINICAL, PDEV AND RAPID, AND WITH THE CLIN2
21 WHICH PROMOTES CONSISTENCY AND PROGRAM
22 IMPLEMENTATION AND CLARITY FOR APPLICANTS AS WELL AS
23 CONSISTENCY IN REVIEW.

24 AND IN SUMMARY, THE CIRM TEAM REQUESTS
25 THAT THE SCIENCE SUBCOMMITTEE RECOMMEND APPROVAL OF

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1 THE TWO ADDITIONAL ELIGIBILITY CRITERIA FOR THESE
2 CONCEPT PLANS TO THE FULL BOARD, AND IT COULD GO IN
3 THIS MEMO.

4 ANY QUESTIONS?

5 CHAIRMAN FISCHER-COLBRIE: GREAT. BEFORE
6 WE GET INTO DISCUSSION OR QUESTIONS, IF WE COULD GET
7 A MOTION AND A SECOND FOR AUTHORIZATION OF THE
8 AMENDMENTS.

9 DR. GASSON: SO MOVED.

10 CHAIRMAN IMBASCIANI: SECOND.

11 CHAIRMAN FISCHER-COLBRIE: GREAT.

12 MR. TOCHER: SORRY. WHO WAS THE SECOND?

13 CHAIRMAN IMBASCIANI: VITO.

14 MR. TOCHER: GREAT. THANK YOU.

15 CHAIRMAN FISCHER-COLBRIE: GREAT. WITH
16 THAT, LET'S OPEN UP FOR QUESTIONS. AND, CLAUDETTE,
17 IF YOU CAN GUIDE THAT.

18 MS. MANDAC: DR. MELMED.

19 DR. MELMED: THANK YOU. THANK YOU, ROSA.
20 THESE ARE VERY IMPORTANT PROGRAMS. CLINICAL TRIALS
21 AND CLINICAL RESEARCH ARE EXTREMELY COMPLICATED.
22 AND I DON'T KNOW WHY WE'RE RESTRICTING THE PI TO BE
23 THE IND HOLDER. MANY IND HOLDERS DON'T HAVE TO BE
24 THE PI, AND SOMETIMES IT'S THE SENIOR PERSON IN THE
25 LAB OR IN THE PROGRAM. THE PI MAY BE SOMEBODY

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1 LATERAL OR MORE ON JUNIOR.

2 SO CAN YOU EXPLAIN MORE CLEARLY WHY CIRM
3 WOULD PREFER THAT THEY BE THE SAME PERSON? I MEAN
4 THERE ARE SO MANY BURDENS FOR CLINICAL RESEARCH.
5 JUST ADDING ANOTHER BURDEN WITHOUT MORE CLEAR
6 JUSTIFICATION SEEMS TO ME TO BE A LITTLE BIT
7 INCONGRUOUS. MAYBE YOU CAN JUST TELL US WHAT YOUR
8 THINKING IS.

9 DR. CANET-AVILES: THANK YOU, DR. MELMED.
10 I THINK THE IND SPONSOR, WHICH COULD BE THE MPT
11 NAMED AS THE SPONSOR ON THE IND FOR THE PROPOSED
12 THERAPEUTICS OR IN THE CASE OF THE PI, IF IT'S AN
13 INVESTIGATOR SPONSOR IND. AND AS I MENTIONED, WHAT
14 WE ARE THINKING HERE IS OPERATIONAL OVERSIGHT AND
15 ACCOUNTABILITY. WE ARE REQUIRING THAT THE PI WHICH
16 IS RESPONSIBLE FOR THAT AWARD WILL BE THE IND
17 SPONSOR AS WELL, ENSURING APPROPRIATE OVERSIGHT AND
18 ACCOUNTABILITY AND ALIGNMENT BETWEEN WHAT THE FUNDED
19 ENTITY AND THE REGULATORY RESPONSIBILITY FOR THE
20 CLINICAL PROGRAM ARE.

21 AND I DO NOT UNDERSTAND WHY THE PI WHO
22 WOULD BE THE PERSON THAT COULD HAVE APPLIED FOR THE
23 AWARD THAT'S LEAVING THAT AWARD COULD NOT BE ABLE TO
24 ALSO BE THE SPONSOR OF THE IND.

25 DR. MELMED: I KNOW YOU'RE REQUIRING IT,

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1 BUT YOU'RE NOT EXPLAINING TO US WHY YOU'RE REQUIRING
2 IT BECAUSE THE IND IS USUALLY HELD BY A SENIOR
3 PERSON AND/OR BE ACTIVE IN THE CLINICAL TRIAL. AND
4 I HAVEN'T HEARD FROM YOU A RATIONALE FOR WHY IT
5 SHOULD BE THE SAME PERSON. WE'RE JUST PUTTING AN
6 EXTRA BURDEN ON THE CLINICAL TEAM. AND I KNOW
7 YOU'RE REQUIRING IT, BUT CAN YOU EXPLAIN TO
8 US -- GIVE US MORE OF A RATIONALE WHY BECAUSE THE
9 IND HOLDER, MAYBE SOMEBODY WHO'S SENIOR WHO IS NOT
10 ACTIVE CLINICALLY WHO'S REGISTERED THE IND, MAYBE
11 EVEN TEN YEARS AGO, FIVE YEARS AGO, AND MAY NOT BE
12 THE PI. AND IF THE PI IS FELT BY THE PEER REVIEWERS
13 TO BE COMPETENT AND UP TO OUR STANDARDS, THEN THAT
14 SHOULD BE THE CRITERION. BUT THIS IS AN
15 ADMINISTRATIVE BURDEN WHICH WE'RE ADDING WHICH I
16 DON'T SEE THE BENEFIT FOR.

17 DR. CANET-AVILES: I DON'T KNOW. WE WOULD
18 HAVE TO DISCUSS IT OFFLINE. I DON'T KNOW IF JENN
19 LEWIS WHO HAS BEEN DEVELOPING THEM, AND THESE ARE
20 SOME OF THE ELIGIBILITY REQUIREMENTS. OR GIL WOULD
21 LIKE TO WEIGH INTO THIS OR J.T.

22 DR. SAMBRANO: I CAN --

23 DR. CANET-AVILES: IT WAS OPERATIONAL
24 OVERSIGHT AND ACCOUNTABILITY. PLEASE GO AHEAD, GIL.

25 DR. SAMBRANO: YEAH. I CAN ADD. SO IT'S

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1 A GOOD QUESTION. IT'S ALSO SOMETHING THAT WE
2 ESTABLISHED MORE THAN TEN YEARS AGO AS A REQUIREMENT
3 FOR OUR CLINICAL TRIALS. AND THE THINKING, I THINK,
4 AS ROSA WAS SAYING, WAS THAT WE WANT TO MAKE SURE
5 THAT WE HAVE THE ACCOUNTABILITY FROM THE APPLICANT
6 ORGANIZATION, WHICH OFTEN IS THE IND HOLDER AS WELL,
7 IT'S NOT OFTEN NECESSARILY AN INDIVIDUAL, BUT IN THE
8 CASES WHERE IT WOULD BE AN INDIVIDUAL, SUCH AS AN
9 INVESTIGATOR LED IND, WE WOULD WANT THEM TO BE THE
10 SAME.

11 AGAIN, IT'S BECAUSE THERE ARE REGULATORY
12 CHANGES THAT CAN HAPPEN TO THE CLINICAL TRIAL THAT
13 WE WANT TO HAVE ACCESS TO AND BE AWARE OF WHILE
14 MANAGING THE AWARD SO THAT THEY ARE CONCORDANT AND
15 THAT THERE ISN'T ANYTHING THAT HAPPENS INDEPENDENTLY
16 OF THAT AWARD OR IN A WAY THAT IT AFFECTS THE AWARD
17 SUCH THAT IT THEN CAN'T BE SUCCEED.

18 SO BY MAKING THIS REQUIREMENT, THEN WE
19 ENSURE THAT THERE'S UNITY BETWEEN THE AWARD
20 ACTIVITIES AS WELL AS THE ACTIVITIES THAT ARE
21 HAPPENING UNDER THAT IND. AND SO THAT WAS JUST
22 SOMETHING THAT FROM THE ONSET WE ESTABLISHED, AND I
23 THINK THIS ADDITION INTO THE ELIGIBILITY CRITERIA IS
24 SIMPLY ALIGNING IT WITH WHAT WE'VE DONE IN THE PAST.

25 DR. CANET-AVILES: THANK YOU, GIL. AND

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1 JUST TO CLARIFY --

2 CHAIRMAN FISCHER-COLBRIE: I CAN

3 ANSWER --

4 DR. CANET-AVILES: -- A CLIN2 ALREADY --

5 CHAIRMAN FISCHER-COLBRIE: IF I COULD ASK
6 FOR A CLARIFICATION. GIL, YOU INDICATED THIS IS
7 INHERENTLY SOMETHING THAT WE ESTABLISHED TEN YEARS
8 AGO. IS THIS THEN A PHENOMENON OF JUST ENSURING A
9 SPECIFIC CALL-OUT FOR THOSE PROGRAMS WITHIN THE PDEV
10 STRUCTURE? IS THAT INHERENTLY HOW WE'RE THINKING
11 ABOUT THIS?

12 DR. SAMBRANO: YES. I BELIEVE SO, BUT I
13 THINK ROSA CAN CLARIFY THAT.

14 DR. CANET-AVILES: YEAH. NO. BASICALLY
15 WE FORGOT TO ADD IT IN THE PDEV AND THE RAPID. IT
16 WASN'T IN THE CONCEPT. IT SHOULD HAVE BEEN ADDED IN
17 THE CONCEPT. AND IT WAS JUST A MISTAKE THAT WE MADE
18 IN THE CONCEPT DEVELOPMENT. SO WE ARE JUST BRINGING
19 IT BACK BECAUSE WE DO NEED TO AMEND THE CONCEPTS.
20 AND THIS IS JUST AS SIMPLE AS THAT.

21 CHAIRMAN FISCHER-COLBRIE: OKAY. BUT THIS
22 REPRESENTS OUR POLICY FOR TEN YEARS?

23 DR. CANET-AVILES: YES.

24 CHAIRMAN FISCHER-COLBRIE: IS THAT
25 ACCURATE?

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1 DR. CANET-AVILES: YES, THAT IS CORRECT.

2 CHAIRMAN FISCHER-COLBRIE: OKAY. THANK
3 YOU. OTHER DISCUSSION OR QUESTIONS? OKAY. SCOTT,
4 IF YOU COULD CALL FOR A VOTE UNLESS THERE'S ANOTHER
5 QUESTION.

6 MR. TOCHER: IT DOESN'T APPEAR THAT
7 THERE'S ANOTHER QUESTION. MARIA BONNEVILLE.

8 DR. THOMAS: ACTUALLY, SCOTT, CAN I JUST
9 STEP IN HERE? SO JUST I WANT TO REEMPHASIZE WHAT
10 GIL AND ROSA HAVE SAID, THAT THIS IS MERELY A --
11 THIS IS ALMOST AN ADMINISTRATIVE TASK HERE TO
12 HARMONIZE WHAT WE HAVE DONE FOR TEN YEARS AND EMBODY
13 IT IN WHAT WE HAVE GOING FORWARD. SO TO ME THIS
14 MAKES TOTAL SENSE.

15 I DO UNDERSTAND SHLOMO'S POINT, BUT THIS
16 WAS AN ISSUE THAT WAS DISCUSSED AND FORMALIZED MANY
17 YEARS AGO. DOESN'T MEAN IT'S NECESSARILY THE RIGHT
18 MOVE IN TODAY'S TIMES, BUT I BELIEVE IT IS, AND IT
19 DOES JUST BRING THINGS FULL CIRCLE. SO I JUST
20 WANTED TO ADD THAT.

21 CHAIRMAN FISCHER-COLBRIE: THANK YOU, J.T.
22 UNLESS THERE'S -- CONTINUE.

23 MR. TOCHER: MARIA BONNEVILLE.

24 VICE CHAIR BONNEVILLE: YES.

25 MR. TOCHER: MARK FISCHER-COLBRIE.

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1 CHAIRMAN FISCHER-COLBRIE: YES.
2 MR. TOCHER: JUDY GASSON.
3 DR. GASSON: YES.
4 MR. TOCHER: VITO IMBASCIANI.
5 CHAIRMAN FISCHER-COLBRIE: YES.
6 MR. TOCHER: PAT LEVITT.
7 DR. LEVITT: YES.
8 MR. TOCHER: SHLOMO MELMED.
9 DR. MELMED: YES.
10 MR. TOCHER: CHRIS MIASKOWSKI.
11 DR. MIASKOWSKI: YES.
12 MR. TOCHER: SHAUNA STARK.
13 DR. STARK: YES.
14 MR. TOCHER: KAROL WATSON.
15 DR. WATSON: YES.
16 MR. TOCHER: AND KEITH YAMAMOTO.
17 DR. YAMAMOTO: YES.
18 MR. TOCHER: GREAT. THANK YOU. MARK,
19 THAT MOTION CARRIED.
20 CHAIRMAN FISCHER-COLBRIE: GREAT. THANKS,
21 SCOTT.
22 AND WITH THAT, LET'S GO TO THE NEXT AGENDA
23 ITEM ON PATIENT PERSPECTIVE. AND I THINK THAT'S
24 GOING TO BE LED BY GIL.
25 DR. SAMBRANO: YES, THANK YOU VERY MUCH.

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1 SO LET ME SHARE MY SCREEN AND THE GET THE
2 PRESENTATION GOING. OKAY. SO HOPEFULLY YOU CAN SEE
3 THE FULL SCREEN. OKAY. PERFECT.

4 ALL RIGHT. SO THANK YOU VERY MUCH. I
5 WANT TO PRESENT TO YOU OUR PROPOSAL FOR A PATIENT
6 PERSPECTIVE SCORE AND GIVE YOU A LITTLE BACKGROUND
7 ON HOW WE GOT HERE.

8 AND, AS ALWAYS, WE BEGIN WITH A STATEMENT
9 OF OUR MISSION, BUT I THINK, PARTICULARLY IN THIS
10 CASE, THE PROPOSAL TO ADD A PATIENT PERSPECTIVE
11 SCORE REALLY DOES ALIGN WITH OUR MISSION. AND IT
12 ALLOWS PARTICULARLY OUR PATIENT ADVOCATE MEMBERS OF
13 THE BOARD THAT SERVE ON THE GRANTS WORKING GROUP TO
14 MORE FULLY PARTICIPATE IN ACHIEVING THIS MISSION, AT
15 LEAST WHEN IT COMES TO THE GRANT WORKING GROUP
16 REVIEWS.

17 SO THE PURPOSE OF THIS PATIENT PERSPECTIVE
18 SCORE IS ULTIMATELY TO PROVIDE OUR PATIENT ADVOCATE
19 AND NURSE MEMBERS OF THE GRANTS WORKING GROUP A
20 FORMAL MECHANISM TO SHOW THEIR VIEWPOINT OF
21 APPLICATIONS THAT ARE UNDER REVIEW. THEY
22 PARTICIPATE ALREADY IN EVALUATING OUR CLINICAL PDEV
23 APPLICATIONS; BUT OTHER THAN PROVIDING A SUGGESTED
24 SCIENTIFIC SCORE, THEY DON'T HAVE A FORMAL WAY OF
25 OTHERWISE PRESENTING WHAT THEIR VIEWPOINT ON THE

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1 APPLICATION IS. AND SO THIS HELPS FORMALIZE THAT.

2 IT ALSO HELPS US FOCUS THEIR REVIEW ON
3 APPLICATION ELEMENTS THAT ARE GOING TO BE MOST
4 RELEVANT TO PATIENT ADVOCATE AND NURSE MEMBERS. AND
5 BY DOING SO, I THINK WE ALSO ENHANCE THE DISCUSSION
6 THAT HAPPENS AT THE GRANTS WORKING GROUP AND BRINGS
7 THOSE PATIENT ADVOCATE AND NURSE MEMBERS A MUCH MORE
8 ENHANCED ROLE, WHICH ULTIMATELY WAS OUR GOAL.

9 AND SO IN TERMS OF HOW THIS WORKS, ONLY
10 THE PATIENT ADVOCATE AND NURSE MEMBERS OF THE GRANTS
11 WORKING GROUP WOULD PROVIDE THIS PARTICULAR PATIENT
12 PERSPECTIVE SCORE. AND IT WOULD BE USED IN THOSE
13 FUNDING OPPORTUNITIES WHERE WE FORMALLY ASSIGN
14 PATIENT ADVOCATES TO AN APPLICATION, SUCH AS THE
15 CLIN AND PDEV PROGRAMS, BUT NOT DISCOVERY PROGRAMS.
16 THE DISCOVERY PROGRAMS TYPICALLY HAVE TOO MANY
17 APPLICATIONS FOR THAT TO BE PRACTICAL. AND THE
18 CRITERIA THAT I'LL DESCRIBE TO YOU WOULD NOT
19 NECESSARILY BE RELEVANT TO THOSE AS WELL.

20 AND SO AS SUCH, WE'RE GOING TO HAVE A SET
21 OF REVIEW CRITERIA THAT ARE FOCUSED ON
22 PATIENT-CENTERED ELEMENTS IN ORDER TO INFORM WHAT
23 THAT SCORE WOULD BE. SO LET ME TELL YOU MORE ABOUT
24 THAT.

25 SO THE REVIEW CRITERIA FOR THE PATIENT

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1 PERSPECTIVE ARE AS SHOWN HERE. IN THINKING ABOUT
2 HOW WE WOULD COME UP WITH A SET OF CRITERIA, WE
3 LOOKED AT OTHER ORGANIZATIONS, OTHER FUNDING
4 AGENCIES, SUCH AS PCORI AND OTHERS, THAT INCLUDE
5 PATIENT ADVOCATES OR PATIENT MEMBERS AS PART OF
6 THEIR REVIEW COMMITTEES AND HAVE AN EYE TOWARDS
7 THINKING ABOUT PATIENT-CENTERED ELEMENTS IN
8 ASSESSING APPLICATIONS.

9 SO FROM LOOKING ACROSS THESE, THERE WERE A
10 FEW THEMES THAT WERE COMMON AMONG THEM, AND SO THOSE
11 INFORMED WHAT YOU SEE HERE. AND SO STARTING OUT
12 WITH RELEVANCE, I TRIED TO SUMMARIZE THESE WITH A
13 ONE- OR TWO-WORD PHRASE AND A QUESTION TO MAKE IT
14 SIMPLER.

15 SO FOR RELEVANCE, DOES THE PROJECT ADDRESS
16 A REAL AND SIGNIFICANT PROBLEM FOR PATIENTS?

17 PATIENT BENEFIT, IF THIS THERAPY WERE TO
18 BE SUCCESSFUL, WOULD IT MAKE A MEANINGFUL DIFFERENCE
19 TO PATIENTS?

20 IS THIS PROJECT PATIENT CENTERED, MEANING
21 IS THE PROPOSAL DESIGNED WITH THE AFFECTED PATIENT
22 POPULATION IN MIND?

23 PATIENT ENGAGEMENT, IS THE PATIENT
24 PERSPECTIVE INCLUDED AND USED TO INFORM THERAPEUTIC
25 OBJECTIVES BY THE APPLICANT TEAM?

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1 AND, LASTLY, CALIFORNIA BENEFIT,
2 ULTIMATELY HOW BENEFICIAL WOULD THIS THERAPY BE FOR
3 PEOPLE IN CALIFORNIA? THINKING OF IT IN A BROAD
4 SENSE, NOT NECESSARILY TRYING TO DISTINGUISH OR
5 COUNT HOW MANY SPECIFIC CALIFORNIANS ARE AFFECTED BY
6 A DISEASE, BUT JUST GENERALLY THAT IT HAS AN IMPACT
7 AND VALUE TO CALIFORNIA.

8 MANY OF THESE CRITERIA, PARTICULARLY THE
9 RELEVANCE AND PATIENT BENEFIT, ARE ALIGNED WITH THE
10 VALUE PROPOSITION THAT WE ASK SCIENTIFIC MEMBERS TO
11 ADDRESS AS WELL. AND SO I THINK THIS ALIGNS WITH IT
12 SO THAT IT ALSO ENHANCES THE CONVERSATION AND BRINGS
13 THE PATIENT ADVOCATES AND SCIENTISTS TOGETHER IN
14 DISCUSSING AND THINKING ABOUT THE VALUE PROPOSITION
15 OF APPLICATIONS.

16 THE PATIENT-CENTERED ELEMENTS AS WELL AS
17 PATIENT ENGAGEMENT ARE RELATED TO THE POPULATION
18 IMPACT, ELEMENTS THAT ARE, AGAIN, ALREADY IN THE
19 CRITERIA THAT WE UTILIZE FOR THE SCIENTIFIC MEMBERS.
20 SO I THINK, IN GENERAL, THERE IS ALIGNMENT THAT WILL
21 ALLOW THESE CRITERIA TO COMPLEMENT WHAT THE
22 SCIENTIFIC MEMBERS ARE ALREADY DOING AND PROVIDING
23 INDEPENDENTLY IN THEIR OWN SCORE.

24 THE SCORING METHODOLOGY THAT WE PROPOSE IS
25 A SIMPLE ONE TO FIVE SCALE THAT HELPS US ASSIGN A

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1 VALUE TO EACH SCORE AND ALSO JUST MAKES IT PRETTY
2 STRAIGHTFORWARD TO INTERPRET. WITH FIVE BEING THE
3 HIGHEST POSSIBLE SCORE WOULD MEAN THAT, IF WE THINK
4 OF PATIENT VALUE AS THE COMPOSITE OF THE CRITERIA
5 THAT I JUST DESCRIBED TO YOU, AN APPLICATION THAT
6 SCORES A FIVE WOULD HAVE EXCEPTIONAL OVERALL PATIENT
7 VALUE. SOMETHING THAT SCORES A THREE WOULD HAVE A
8 MODERATE PATIENT VALUE. SOMETHING THAT GETS A ONE
9 WOULD BE INADEQUATE PATIENT VALUE AND OTHERS IN
10 BETWEEN.

11 SO THIS IS THE PROPOSED SCORING SCALE.
12 AND, OF COURSE, ONE OF THE THINGS THAT WE DISCUSSED
13 WITH OUR PATIENT ADVOCATE MEMBERS THAT SERVE ON THE
14 GRANTS WORKING GROUP IS THAT HAVING A ROBUST
15 DISCUSSION IS GOING TO BE REALLY KEY AND IMPORTANT
16 IN NOT ONLY INFORMING THIS SCORE, BUT ALSO ENSURING
17 THAT THE SCORES BETWEEN SCIENTIFIC MEMBERS IN THEIR
18 OWN SCORING ARE ALIGNED WITH THE THINKING AND
19 INCORPORATE THE PERSPECTIVE OF PATIENTS AND VICE
20 VERSA.

21 AND SO WE IMAGINE THERE MIGHT BE
22 SITUATIONS WHERE THERE MIGHT BE DIFFERENCES IN
23 SCORES, AND THAT SUCH DIFFERENCES IN SCORES IF YOU,
24 FOR EXAMPLE, HAVE A HIGH SCIENTIFIC SCORE BUT A LOW
25 PATIENT PERSPECTIVE SCORE, THAT THAT WOULD TRIGGER

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1 DISCUSSIONS WITHIN THE GRANTS WORKING GROUP TO
2 RESOLVE AND ADDRESS SO THAT WE CAN BRING THAT
3 RATIONALE TO THE BOARD SHOULD IT REMAIN -- SHOULD
4 THAT DIFFERENCE REMAIN.

5 SO WHEN BRINGING THE PATIENT PERSPECTIVE
6 SCORE AND THE APPLICATIONS TO THE APPLICATION REVIEW
7 SUBCOMMITTEE, WHAT WE WANT TO DO IS MAKE SURE THAT,
8 BECAUSE WE HAVE TWO DIFFERENT SCORES, IT IS CLEAR
9 WHAT TO DO WITH THEM. SO, OF COURSE, THE SCIENTIFIC
10 SCORE IS GENERALLY WHAT DETERMINES THE FUNDING
11 RECOMMENDATION. ANYTHING THAT'S 85 OR ABOVE IS
12 RECOMMENDED FOR FUNDING BY THE SCIENTIFIC PANEL, AND
13 BELOW THAT IT IS NOT. AND SO BY FIRST DEFINING THAT
14 FUNDABLE POOL OF APPLICATIONS BASED ON THE
15 SCIENTIFIC SCORE, THEN WE WOULD WANT TO PRIORITIZE
16 APPLICATIONS THAT RECEIVE ALSO A HIGH PATIENT
17 PERSPECTIVE SCORE BECAUSE ULTIMATELY THEY REPRESENT
18 WHAT WE WANT, GOOD SCIENCE AND A GOOD SCORE FROM THE
19 PERSPECTIVE OF PATIENTS.

20 FOR ANYTHING THAT DOESN'T MEET THAT
21 REQUIREMENT, MEANING IT HAS A HIGH SCIENTIFIC SCORE,
22 BUT A LOW PATIENT PERSPECTIVE SCORE, AND HERE WE
23 MEAN A SCORE OF TWO OR LESS IN THAT SCALE OF ONE TO
24 FIVE, WE WOULD TRIGGER OR REQUIRE A DISCUSSION OF
25 THAT APPLICATION IN ORDER TO JUSTIFY FUNDING IT

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1 GIVEN THAT THERE IS SUCH A DIFFERENCE IN THE
2 SCORING.

3 THE KEY POINTS FROM THE GRANTS WORKING
4 GROUP DISCUSSIONS ON ANY DIFFERENCES AND/OR
5 RATIONALE WOULD BE REFLECTED IN THE REVIEW SUMMARY.
6 SO THAT WOULD BE SOMETHING THAT WOULD BE AVAILABLE
7 AND PRESENTED TO THE BOARD FOR DISCUSSION SHOULD
8 THAT BE THE CASE.

9 I WANT TO JUST SHOW YOU A REALLY QUICK
10 EXAMPLE, AND THIS IS ALL A MADE-UP TABLE OF PDEV
11 APPLICATIONS THAT ALL SCORED VERY HIGHLY
12 SCIENTIFICALLY FROM 88 TO 92, ACCOMPANIED NOW BY
13 WHAT WOULD BE A PATIENT PERSPECTIVE SCORE WHERE WE
14 SHOW QUITE A VARIETY IN TERMS OF THE SCORING.

15 SO IN THE CASE OF THE THIRD APPLICATION IN
16 THIS LIST THAT HAD A LOW PATIENT PERSPECTIVE SCORE,
17 WE WOULD WANT TO TRIGGER A DISCUSSION OF THAT TO
18 UNDERSTAND WHY IT HAD A LOWER SCORE THAN THE OTHERS.

19 I THINK, ALSO, IN THE CONTEXT OF HAVING
20 OFTEN MORE APPLICATIONS RECOMMENDED FOR FUNDING THAN
21 WE CAN ACTUALLY AFFORD TO FUND, THIS PROVIDES
22 ANOTHER LAYER OF CONSIDERATION IN TERMS OF LOOKING
23 AT THESE APPLICATIONS AND DETERMINING WHAT
24 ULTIMATELY WE FUND. AND SO, FOR EXAMPLE, IF OUT OF
25 THESE FIVE WE CAN ONLY FUND THREE, THE SCIENTIFIC

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1 SCORE AND THAT RANK ORDER IS INFORMATIVE, BUT THEN
2 LAYERING ON THE PATIENT PERSPECTIVE SCORE GIVES YOU
3 MORE INFORMATION THAT MIGHT HELP DETERMINE WHAT
4 ULTIMATELY GETS FUNDED. IN THIS CASE, FOR EXAMPLE,
5 THE BOARD MIGHT CHOOSE TO FUND THE FIRST -- THE TOP
6 TWO, SKIP OVER THE THIRD ONE AND, INSTEAD, FUND THE
7 FOURTH. BUT, OF COURSE, THAT WOULD FOLLOW A
8 DISCUSSION BY THE ARS.

9 ALL RIGHT. SO THAT'S THE PROPOSAL. I
10 WANT TO JUST TELL YOU A LITTLE BIT ABOUT THE NEXT
11 STEPS IN ROLLING THIS OUT. IF EVERYONE AGREES THAT
12 THIS IS AN APPROACH THAT WE WANT TO TAKE AND THAT WE
13 WANT TO ADOPT, WE WOULD BRING THIS TO THE FULL BOARD
14 IN JUNE. WE WOULD IN JULY POST THE REVISED PROGRAM
15 ANNOUNCEMENT FOR CLIN AND PDEV, WHICH ARE THE MOST
16 IMPACTED AT THE MOMENT. AND THE FIRST INSTANCE
17 WHERE THIS WOULD BE UTILIZED WOULD BE IN THE OCTOBER
18 GRANTS WORKING GROUP REVIEW AND THEN BROUGHT TO THE
19 BOARD IN DECEMBER. FOR PDEV THIS WOULD HAPPEN AT
20 THE FEBRUARY GRANTS WORKING GROUP REVIEW OF NEXT
21 YEAR FOLLOWED BY THE THEN MARCH ICOC.

22 PART OF WHAT WE WANT TO MAKE SURE WE DO AS
23 WELL IS INFORM APPLICANTS IN THE PROGRAM
24 ANNOUNCEMENT OF EXACTLY WHAT THE CRITERIA ARE, THE
25 FACT THAT THERE IS A PATIENT PERSPECTIVE SCORE, AND

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1 WHAT THAT MEANS. WE WANT TO BE AVAILABLE TO INFORM
2 APPLICANTS ABOUT THIS SHOULD THEY HAVE QUESTIONS.
3 WE ARE ALSO READY TO PROVIDE ADDITIONAL TRAINING TO
4 REVIEWERS ON WHAT THIS SCORE IS ABOUT, HOW TO ENSURE
5 THAT THIS IS INCORPORATED IN THE DISCUSSION,
6 PARTICULARLY THOSE THAT CHAIR OUR REVIEW MEETINGS,
7 SO THAT WE CAN MAKE SURE THAT THIS IS APPROPRIATELY
8 INCORPORATED.

9 SO THOSE ARE THE NEXT STEPS. AND THAT'S
10 AT THE END OF THE PRESENTATION. SO THANK YOU VERY
11 MUCH, AND I'M HAPPY TO TAKE QUESTIONS.

12 MS. MANDAC: MARK AND THEN JOYCE FOLLOWED
13 BY MARIA.

14 CHAIRMAN FISCHER-COLBRIE: GIL, JUST FOR
15 CLARIFICATION. SUBSTANTIVELY, WE'RE NOT ASKING FOR
16 A VOTE AT THIS TIME. THIS IS AN INFORMATIONAL
17 PIECE. IT'S PART OF AN ONGOING DISCUSSION THAT'S
18 GOING ON REAL-TIME. AND OBVIOUSLY WHAT WOULD OCCUR
19 CERTAINLY FOR THE BOARD ARS MEETING COMING UP LATER;
20 IS THAT CORRECT?

21 DR. SAMBRANO: YES. SO THIS IS -- SO THIS
22 IS AN ITEM WHERE WE ARE PRESENTING WHAT WE PROPOSE
23 TO DO IN TERMS OF THE SCORING MECHANISM AND BRING IT
24 ABOUT. I THINK IT DOES NOT FORMALLY REQUIRE A VOTE,
25 BUT I THINK HAVING YOUR BLESSING AS TO THIS IS A

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1 PROCESS THAT WE WOULD LIKE TO ADOPT, AND HAVING YOUR
2 FEEDBACK ON IT WOULD CERTAINLY BE IMPORTANT.

3 CHAIRMAN FISCHER-COLBRIE: OKAY. WITH
4 THAT, LET'S CONTINUE THE DISCUSSION AND THEN MAKE
5 THAT DETERMINATION ON THE FORMAL VOTE AS PART OF
6 THAT.

7 MS. MANDAC: JOYCE.

8 CHAIRMAN FISCHER-COLBRIE: CLAUDETTE, IF
9 YOU COULD GUIDE TRAFFIC. THANK YOU.

10 DR. SACKY: THANK YOU. SO, GIL, THANK
11 YOU FOR YOUR PRESENTATION, AND I AM ALL SUPPORTIVE
12 OF HAVING A SORT OF STRUCTURED PROCESS IN PLACE FOR
13 WHEN A DISCUSSION OUGHT TO TAKE PLACE AND OBVIOUSLY
14 WHEN THERE'S A VARIANCE, THAT'S AN OBVIOUS TIME.

15 I GUESS WHAT I'M WONDERING ABOUT IS IT
16 SOUNDS LIKE THE WAY YOU'RE PROPOSING THIS, AND MAYBE
17 I MISUNDERSTOOD YOU, IS THAT WHEN THE SCIENTIFIC
18 SCORE IS HIGH AND THE PATIENT SCORE, PERSPECTIVE
19 SCORE, IS LOW, THERE WILL BE A DISCUSSION. AND I
20 JUST WANT TO MAKE SURE THAT THAT PROCESS DOESN'T
21 POTENTIALLY UNINTENTIONALLY PUT PRESSURE ON THE
22 PATIENTS TO SORT OF FEEL LIKE THEY HAVE TO JUSTIFY
23 THEIR LOW SCORE BECAUSE IT WAS HIGH SCIENTIFIC
24 SCORE.

25 AND SO I'M WONDERING IF YOU WILL SET

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1 THINGS UP SO THERE WILL BE DISCUSSION ON BOTH ENDS.
2 SO IF THERE'S A HIGH PATIENT SCORE, BUT THE
3 SCIENTIFIC SCORE IS LOW, ARE WE GOING TO ASK THE
4 SCIENTIFIC REVIEW TEAM TO EXPLAIN THAT SO THAT IT
5 DOESN'T SEEM LIKE WE ARE ONLY SELECTIVELY PICKING
6 WHEN THE PATIENT SCORE IS LOW TO HAVE A CONVERSATION
7 SO SOMEHOW WE'RE NOT INADVERTENTLY SORT OF FORCING
8 THEM TO SORT OF BEAR THE BURDEN OF REDUCING THE
9 VARIANCE BETWEEN THE TWO SCORES. DO YOU SEE WHAT
10 I'M GETTING AT?

11 DR. SAMBRANO: YES. AND SO I THINK IF
12 THERE IS ANY DIFFERENCE AT THE GRANTS WORKING GROUP
13 MEETING ITSELF, WE WOULD ENSURE THAT THERE IS A
14 DISCUSSION. AND EITHER THERE IS A RESOLUTION,
15 MEANING THAT THE SCIENTIFIC MEMBERS MAY INFLUENCE
16 THE PATIENT PERSPECTIVE SCORE OR VICE VERSA, AND
17 THEY MAY ALIGN. IF AFTER THAT, WE STILL HAVE A
18 DIFFERENCE, THE DRIVER FOR ULTIMATELY WHAT WE FUND
19 IS THE SCIENTIFIC SCORE. AND SO IF WE HAVE A LOW
20 SCIENTIFIC SCORE, THEN IT KIND OF DOESN'T MATTER
21 THAT THE PATIENT PERSPECTIVE SCORE IS HIGH. AND SO
22 THAT'S WHY WE'RE FOCUSING ON THOSE THAT ARE
23 RECOMMENDED FOR FUNDING OR THOSE THAT HAVE THE
24 POTENTIAL TO BE FUNDED IS WHERE WE WOULD LOOK AT
25 POTENTIAL DIFFERENCES IN, THEN, THE PATIENT

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1 PERSPECTIVE SCORE. AND ONLY IN THE CASES, THEN,
2 WHERE WE HAVE A REAL DIFFERENCE WOULD WE WANT TO
3 HAVE AND TRIGGER A DISCUSSION.

4 DR. SACKY: SO, GIL, THANK YOU. I THINK
5 YOU CONFIRMED WHAT I WAS SUSPECTING, WHICH IS THE
6 SCIENTIFIC SCORE IS WEIGHTED MORE HEAVILY THAN THE
7 PATIENT PERSPECTIVE SCORE. AND I GET WHERE YOU'RE
8 COMING FROM. I GUESS I JUST WANT TO GIVE US A
9 LITTLE CAUTION THERE, THAT WHEN WE'RE INVITING THE
10 PATIENT PERSPECTIVE TO SORT OF JUSTIFY WHY THEY'RE
11 GIVING A LOW SCORE, WE CREATE AN ENVIRONMENT THAT IS
12 SEEN LIKE WE'RE PUTTING UNDUE PRESSURE AND SAYING,
13 HEY, YOU NEED TO -- THERE'S A DISCREPANCY HERE, AND
14 YOU NEED TO SORT OF GET WITH THE PROGRAM BECAUSE THE
15 SCIENTIFIC SCORE REALLY LITERALLY TRUMPS EVERYTHING.

16 DR. SAMBRANO: YEAH. OR MAY NOT FROM A
17 PROGRAMMATIC PERSPECTIVE. AND I THINK THAT IS -- I
18 MEAN IT'S A VERY GOOD QUESTION. BUT I GUESS I'M
19 TRYING TO IMAGINE A SITUATION IN WHICH YOU WOULD
20 HAVE A DIFFERENCE. I MEAN I WOULD BE CONCERNED
21 ABOUT AN APPLICATION THAT FROM A SCIENTIFIC
22 PERSPECTIVE SCORES WELL BECAUSE MAYBE IT'S AN
23 EXCITING PROJECT; BUT FROM THE PATIENT PERSPECTIVE,
24 IT'S SOMETHING WHERE THEY HAVE VIEWED IT AS THIS
25 ISN'T OF ACTUAL VALUE TO PATIENTS. EITHER THE

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1 THERAPY IS NOT IMPACTFUL TO PATIENTS, PATIENTS WOULD
2 NOT ADOPT IT, BUT THIS IS ALSO SOMETHING THAT
3 SCIENTIFIC MEMBERS OFTEN CONSIDER. SO I THINK THE
4 LIKELIHOOD THAT YOU ARE GOING TO HAVE THAT
5 DISCREPANCY IS GOING TO BE RARE.

6 BUT IF WE DO, THEN THE JUSTIFICATION IS
7 SIMPLY ABOUT WHY WOULD WE FUND THIS, ACKNOWLEDGING
8 THAT IT GOT A GOOD SCIENTIFIC SCORE, BUT ALSO
9 POTENTIALLY KNOWING THAT THERE IS A CONCERN AS IT
10 RELATES TO THE PATIENT VALUE. AND IF THERE IS A
11 REASON WHY WE SHOULD FUND IT DESPITE THIS, MAYBE DUE
12 TO MISUNDERSTANDING OR ANYTHING ELSE, THEN I THINK
13 AT LEAST HAVING THAT DISCUSSION ALLOWS US TO MORE
14 COMFORTABLY MOVE FORWARD WITH FUNDING IT. BUT IT
15 SHOULD NOT NECESSARILY PRECLUDE IT FROM BEING
16 FUNDED.

17 DR. SACEY: THANK YOU.

18 DR. SAMBRANO: THANK YOU FOR THE QUESTION.
19 MARIA.

20 VICE CHAIR BONNEVILLE: I WANTED TO SAY I
21 LOVE THAT WE HAVE SORT OF AN EXTRA NEW DATA POINT TO
22 CONSIDER AT THE APPLICATION REVIEW SUBCOMMITTEE
23 BECAUSE I THINK IT'S GOING TO HELP US AS WE -- WE'VE
24 TALKED ABOUT THIS A LOT -- AS WE START TO GET MORE
25 AND MORE APPLICATIONS, WE HAVE LESS FUNDING, IT IS

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1 REALLY JUST ANOTHER -- IT'S A GREAT ADDED WAY OF
2 DETERMINING WHICH DIRECTION WE SHOULD GO. SO I LOVE
3 THIS. SO THANK YOU.

4 AND THE SECOND THING IS, AND I WANT TO SAY
5 THANKS TO YOU AND TO THE OTHER TEAMS, I KNOW WE
6 FIRST STARTED TALKING ABOUT THIS, THE IMPLEMENTATION
7 SEEMED LIKE IT COULD BE LONGER. AND THEN YOU GUYS
8 CAME BACK AND SAID, NO, WE CAN MAKE IT HAPPEN
9 SOONER. SO I WANT TO SAY THANK YOU FOR THAT. I
10 REALLY APPRECIATE THAT YOU CONSIDERED THAT AND THAT
11 MADE IT HAPPEN. SO THANK YOU.

12 DR. SAMBRANO: WELCOME.

13 DR. MIASKOWSKI: THANK YOU. THANKS, GIL
14 AND THE TEAM, FOR DOING THIS. IT'S BEEN BACK AND
15 FORTH, AND IT'S, I THINK, A REALLY, REALLY IMPORTANT
16 THING.

17 JOYCE, I WANTED TO TALK A LITTLE BIT IN
18 RELATIONSHIP TO YOUR COMMENT HAVING SERVED ON THE
19 GWG. FROM MY PERSPECTIVE, THESE CRITERIA FORMALIZE
20 WHAT THE PATIENT ADVOCATES AND NURSE MEMBERS ARE
21 SAYING. AND I'VE BEEN ON THE GWG, I GUESS, NOW
22 MAYBE FOUR OR FIVE YEARS. THE CHARACTER HAS CHANGED
23 A LOT OF THOSE MEETINGS. AND I THINK WHAT YOU'RE A
24 LITTLE BIT WORRIED ABOUT, GIVEN THE MEMBERS NOW, THE
25 DYNAMIC IS WORKED OUT IN THE MEETING FROM MY

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1 PERSPECTIVE.

2 AND THERE HAVE BEEN RECENTLY APPLICATIONS
3 THAT HAD A BORDERLINE SCIENTIFIC SCORE WHERE PATIENT
4 ADVOCATES AND NURSE MEMBERS HAVE SPOKEN AND
5 SAID -- I REMEMBER I WAS ON ONE FOR A PEDIATRIC
6 CONDITION WHERE THERE WASN'T EVEN A PEDIATRICIAN
7 CONSULTED OR A MEMBER OF THE TEAM AND THAT WASN'T
8 NOTICED. BUT AS WE TALKED ABOUT IT, WE BEGAN TO
9 APPRECIATE THAT THAT WAS IMPORTANT. AND THESE
10 DISCUSSIONS HAPPEN BEFORE THE FINAL SCORES ARE PUT
11 IN.

12 SO I GUESS I'D JUST LIKE TO REASSURE YOU
13 THIS IS GOING TO GIVE US A FORMALIZATION OF WHAT
14 WE'RE ALREADY COMMENTING ON WITH A NUMBER. AND I
15 THINK IT WILL HELP WITH THE DYNAMIC IN TERMS OF
16 CONSIDERING THIS VERY, VERY IMPORTANT PART OF THE
17 APPLICATIONS. SO...

18 DR. SACKY: THANK YOU SO MUCH. THAT'S
19 REALLY HELPFUL. APPRECIATE THAT.

20 DR. MIASKOWSKI: ONE CAVEAT I COULD SEE,
21 GIL, THAT I WANT TO RAISE IS IF WE HAD AN
22 APPLICATION THAT HAD AN 84 SCORE AND IT GOT A FIVE
23 AND IT WAS RIGHT ON THINK BORDERLINE, THAT MIGHT BE
24 ONE WHERE WE DO BRING IT FORWARD TO SAY WHAT'S THE
25 VALUE PROPOSITION HERE. SO I OFFER THAT.

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1 DR. SAMBRANO: ABSOLUTELY.

2 DR. MIASKOWSKI: BUT REALLY I DON'T KNOW
3 IF THE OTHERS AGREE. IT'S BECOME A REALLY WONDERFUL
4 EXPERIENCE TO SERVE ON THIS COMMITTEE. SO I JUST
5 WANTED IT GIVE YOU THAT PERSPECTIVE.

6 MS. MANDAC: VITO.

7 CHAIRMAN IMBASCIANI: HI. YES. THANK
8 YOU. CHRISTINE, THAT WAS REALLY A WONDERFUL SUMMARY
9 OF THE PATIENT ADVOCATE PARTICIPATION AND ALL THE
10 GRANTS WORKING GROUPS THAT I PARTICIPATE IN, AND I'M
11 GLAD YOU RESPONDED TO JOYCE'S CONCERN AND YOU DID IT
12 SO WELL AND IT WAS VERY ARTICULATE AND POWERFUL.

13 I WANT TO MAKE A COMMENT, NOT A QUESTION,
14 GIL, ON THE ONE PAGE OF YOUR PRESENTATION THAT
15 ACTUALLY HAS THE ONE THROUGH FIVE SCORING SYSTEM.

16 DR. SAMBRANO: YES. DO YOU WANT ME TO --

17 CHAIRMAN IMBASCIANI: IF YOU WOULD, JUST
18 TO BRING IT UP. SO AND THIS IS IN THE SPIRIT OF
19 JUST GOING AROUND AND KICKING THE TIRES BECAUSE I
20 REALLY DO LIKE THE WORK THAT YOUR TEAM DID ON THIS
21 AND SUPPORT THE WHOLE EFFORT. I THINK YOU'VE COME
22 UP WITH SOMETHING THAT'S GOING TO BE VERY POWERFUL
23 AND IMPACTFUL.

24 THAT ONE. THAT ONE.

25 THIS LOOKS LIKE SO EASY THAT ANYBODY COULD

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1 PUT SOMETHING LIKE THIS TOGETHER, BUT THERE'S
2 ACTUALLY AN AWFUL LOT OF RESEARCH. I WENT ONTO THE
3 WEBSITES OF A NUMBER OF PATIENT-CENTERED OUTCOME
4 SCORING SYSTEMS. YOU REFERENCE ONE, PCORI, WHICH
5 HAPPENS TO BE A RESEARCH INSTITUTE. AND THERE'S A
6 LOT OF RESEARCH THAT GOES BEHIND A SCORING SYSTEM
7 CREATION SUCH AS THIS ONE. AND IT'S RESEARCHED,
8 IT'S STRUCTURED, AND IT ACTUALLY IS WIDELY USED.

9 AND MY COMMENT IS ONLY THAT I THINK THAT
10 WHAT YOU'VE COME UP WITH IS THE PERFECT SORT OF
11 DISTILLATION OF MANY OF THOSE SYSTEMS AND WORDED IT
12 APPROPRIATELY FOR CIRM'S MISSION WITH RESPECT TO OUR
13 OWN GWG. SO I LIKE THIS VERY MUCH. THANK YOU.

14 DR. SAMBRANO: THANK YOU.

15 MS. MANDAC: J.T., YOU HAVE YOUR HAND
16 RAISED?

17 DR. THOMAS: YES. SO A COUPLE THINGS.
18 ONE IS I WANT TO GIVE A PARTICULAR SHOUT-OUT TO
19 CHRIS WHO RAISED THE NOTION OF HAVING A SCORING
20 SYSTEM LIKE THIS FOR PATIENT ADVOCATES AND,
21 FURTHERMORE, DUBBED IT THE PATIENT PERSPECTIVE
22 SCORE. SO THANK YOU VERY MUCH, CHRIS, FOR RAISING
23 THAT IN A PREVIOUS DISCUSSION.

24 AND THE THING THAT I THINK IS SO PROFOUND
25 ABOUT THIS IS THAT, GIVEN THE ADDED RESPONSIBILITY

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1 OF THE ARS NOW IN THE NEW REGIME POST PREFERENCES,
2 THIS GIVES PATIENT ADVOCATES AN ENHANCED ROLE, A
3 DOUBLY IMPORTANT ROLE BOTH IN BEING ABLE TO PRESENT
4 THEIR PERSPECTIVE IN THE GWG, BUT ALSO TO HAVE IT AS
5 A FRONT AND CENTER POINT OF DISCUSSION AT THE ARS
6 ITSELF.

7 SO I THINK THIS IS A MATERIAL ADVANCE IN
8 THE EFFORT TO REALLY EMPHASIZE THE ROLE AND
9 CONTRIBUTIONS OF THE PATIENT ADVOCATES. SO, CHRIS,
10 THANKS VERY MUCH FOR THE IDEA.

11 CHAIRMAN FISCHER-COLBRIE: ANY OTHER
12 COMMENTS OR QUESTIONS? I GUESS, THEN, IN ORDER TO
13 HELP FACILITATE THE NEXT STEPS, WE CAN GO AHEAD AND
14 DO A VOTE. SO IF WE COULD DO A MOTION AND A SECOND.

15 DR. DULIEGE: I'M NOT SURE IF I CAN MOVE.

16 CHAIRMAN IMBASCIANI: WHAT'S THE MOTION?

17 CHAIRMAN FISCHER-COLBRIE: SCIENCE
18 COMMITTEE, ANYBODY DO A MOTION AND A SECOND?

19 DR. LEVITT: I'LL DO A MOTION.

20 VICE CHAIR BONNEVILLE: SO MOVED. I'LL DO
21 SECOND.

22 CHAIRMAN FISCHER-COLBRIE: THANK YOU, PAT.
23 OKAY. WITH THAT, SCOTT, IF YOU'VE GOT RECORDED THE
24 NAMES FOR THAT, WE CAN GO AHEAD WITH A VOTE.

25 MR. TOCHER: SURE. I WOULD JUST QUICKLY

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1 ASK. THIS WOULD BE A MOTION TO RECOMMEND SUPPORT OF
2 THIS PROGRAM AS OUTLINED TO THE FULL BOARD IN JUNE.

3 DR. LEVITT: CORRECT.

4 CHAIRMAN FISCHER-COLBRIE: THAT'S CORRECT.

5 THANK YOU --

6 MR. TOCHER: OKAY. AND IS THERE ANY
7 PUBLIC COMMENT?

8 CHAIRMAN IMBASCIANI: -- FOR THE
9 CLARIFICATION.

10 MR. TOCHER: SURE. IS THERE ANY PUBLIC
11 COMMENT AS WELL BEYOND THE BOARD? I DON'T SEE ANY.

12 MS. MORALEZ: THERE DOESN'T SEEM TO BE.

13 MR. TOCHER: MARIA BONNEVILLE.

14 VICE CHAIR BONNEVILLE: YES.

15 MR. TOCHER: MARK FISCHER-COLBRIE.

16 CHAIRMAN FISCHER-COLBRIE: YES.

17 MR. TOCHER: JUDY GASSON.

18 DR. GASSON: YES.

19 MR. TOCHER: VITO IMBASCIANI.

20 CHAIRMAN IMBASCIANI: YES.

21 MR. TOCHER: PAT LEVITT.

22 DR. LEVITT: YES.

23 MR. TOCHER: SHLOMO MELMED.

24 DR. MELMED: YES.

25 MR. TOCHER: CHRIS MIASKOWSKI.

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1 DR. MIASKOWSKI: YES.

2 MR. TOCHER: SHAUNA STARK.

3 DR. STARK: THAT WAS A YES.

4 MR. TOCHER: THANK YOU. KAROL WATSON.

5 DR. WATSON: YES.

6 MR. TOCHER: AND KEITH YAMAMOTO.

7 DR. YAMAMOTO: YES.

8 MR. TOCHER: THANKS VERY MUCH. MARK, THE
9 MOTION CARRIED.

10 CHAIRMAN FISCHER-COLBRIE: GREAT.
11 EXCELLENT.

12 AND WITH THAT, LET'S MOVE FORWARD WITH THE
13 CONSIDERATION OF RESEARCH BUDGET FOR NEXT YEAR. AND
14 I BELIEVE THAT'S GOING TO BE HEADED UP JENNIFER.

15 MS. LEWIS: THANK YOU, MARK, AND THANK
16 YOU, MEMBERS OF THE BOARD. GOOD NEWS. WE ARE MORE
17 THAN HALFWAY THROUGH THE AGENDA. SO I APPRECIATE
18 YOU STICKING WITH US THROUGH THIS AND YOUR TIME
19 TODAY.

20 MY NAME IS JENNIFER LEWIS, AND I'M THE
21 VICE PRESIDENT OF OPERATIONS AT CIRM. AND I'LL BE
22 PRESENTING TO YOU THE RESEARCH BUDGET PROPOSAL FOR
23 FISCAL YEAR 26/27.

24 AND AS WITH EVERYTHING AT CIRM, WE START
25 WITH OUR MISSION, AND THAT'S NO DIFFERENT AS WE

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1 THINK ABOUT HOW WE DEPLOY OUR FUNDS. AND YOU WILL
2 SEE THAT AS WE GO THROUGH THIS PRESENTATION.

3 SO TODAY I'LL COVER AN OVERVIEW OF OUR
4 GRANT FUNDS, A LOOK BACK AT FISCAL YEAR 25/26 AND
5 THE APPROVED RESEARCH BUDGET AND ACTUALS, AND THEN A
6 REVIEW OF THE PROPOSED RESEARCH BUDGET.

7 SO THIS SLIDE SHOWS THE TOTAL FUNDS
8 AVAILABLE THAT CIRM HAS FOR RESEARCH. AND THE 7.72
9 BILLION INCLUDES PROP 14, PROP 71 FUNDS, AND THEN
10 ANY FUNDS THAT HAVE BEEN RECEIVED FROM LOAN REVENUES
11 FROM OUR LOAN PROGRAM. SO THOSE ARE GRANTS THAT ARE
12 TURNED INTO LOANS.

13 AS YOU CAN SEE, THIS NUMBER HAS CHANGED
14 SINCE LAST YEAR. IT INCREASED TO 57 PERCENT. SO AS
15 TO DATE WE HAVE ENCUMBERED 4.43 BILLION, AND THERE
16 IS A REMAINING BALANCE OF 3.29 BILLION.

17 AND JUST A CLARIFICATION. THIS INCLUDES
18 ALL APPROVALS THAT HAVE OCCURRED DURING THE MARCH
19 ICOC -- MARCH ARS MEETING.

20 THIS NEXT SLIDE SHOWS SPECIFICALLY PROP
21 14. SO PROPOSITION 14 HAS SPECIFIC ALLOCATIONS FOR
22 CERTAIN TYPES OF PROGRAMS IN THE RESEARCH BUDGET.
23 OF THE 3.4 BILLION THAT IS ALLOCATED FOR RESEARCH,
24 THERAPY DEVELOPMENT, AND THERAPY DELIVERY, TO DATE
25 WE'VE COMMITTED ROUGHLY JUST OVER ONE BILLION. FOR

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1 DISEASES OF THE BRAIN AND CENTRAL NERVOUS SYSTEM, TO
2 DATE WE'VE COMMITTED 655 MILLION. AND FOR ACCESS
3 AND AFFORDABILITY, AND APOLOGIES FOR THIS GRAPHIC,
4 BUT WE HAVE 96 MILLION. AND TO DATE WE'VE COMMITTED
5 2 MILLION WITH 94 MILLION REMAINING.

6 ADDITIONALLY, PROP 14 HAS TWO ADDITIONAL
7 EARMARKS FOR PARTICULAR PROGRAMS UNDERNEATH THE
8 RESEARCH BUCKET. AND THIS INCLUDES SHARED RESOURCE
9 LABS, WHICH IS 26 MILLION. AND TO DATE WE'VE
10 COMMITTED 21 MILLION WITH 5 MILLION REMAINING. AND
11 ADDITIONALLY, 78 MILLION FOR COMMUNITY CARE CENTERS
12 OF EXCELLENCE. AND AS THIS COMMITTEE RECALLS, THE
13 BOARD APPROVED THIS YEAR 27 MILLION FOR THREE
14 COMMUNITY CARE CENTERS OF EXCELLENCE.

15 AND THEN, LASTLY, THIS SHOWS OUR
16 HISTORICAL RESEARCH BUDGET PERFORMANCE SINCE 2021 AT
17 THE START OF PROP 14. AND THE COMMITTED IS IN
18 ORANGE AND UNCOMMITTED IN GREEN, BUT THAT'S ALSO
19 THIS PENDING IN BLUE. AND WHAT I WANTED TO POINT
20 OUT HERE IS THAT HISTORICALLY, SINCE 2021, THROUGH
21 JUNE OF 2025, OUR PERFORMANCE HAS RESULTED WITH AN
22 UNSPENT BALANCE OF ROUGHLY 27 PERCENT ON AVERAGE.
23 AND THIS YEAR WE'RE LOOKING TO HAVE AN UNSPENT
24 BALANCE OF ROUGHLY 14 PERCENT. AND I'LL EXPLAIN
25 THAT MORE AS I LOOK AT THE ACTUALS, BUT I JUST

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1 WANTED TO SHOW THAT. AS WE'VE STARTED TO HAVE THE
2 STRATEGIC ALLOCATION FRAMEWORK AND EXECUTING ON THAT
3 AND LOOKING AT OUR PLANNING, WE'VE REALLY STARTED TO
4 DELIVER AND BE ABLE TO PLAN THAT OUT.

5 SO NOW I'LL DIVE INTO THE FISCAL YEAR
6 25/26 APPROVED RESEARCH BUDGET. AS YOU WILL RECALL,
7 THE APPROVED BUDGET WAS 505 MILLION. TO DATE THE
8 BOARD HAS COMMITTED 373 MILLION TOWARDS THAT BUDGET.
9 AT THE JUNE ICOC, WE'LL HAVE TWO PROGRAM APPROVALS
10 FOR OUR CLINICAL PROGRAM AND PRECLINICAL DEVELOPMENT
11 PROGRAM. AND WE EXPECT TO END THE YEAR AT 435
12 MILLION, WHICH LEAVES A VARIANCE OF ROUGHLY 70
13 MILLION.

14 AND WHAT I'D LIKE TO FOCUS ON FOR YOU IS
15 I'LL GO LINE BY LINE TO SHARE WITH YOU WHAT DRIVES
16 THAT VARIANCE IN PARTICULAR.

17 FOR OUR CLINICAL DEVELOPMENT PROGRAM, YOU
18 WILL SEE A \$39-MILLION VARIANCE. THIS VARIANCE IS
19 DUE TO ESSENTIALLY TIMING. ORIGINALLY AT THE
20 BEGINNING OF THE YEAR, WE HAD ESTIMATED WE'D HAVE
21 FOUR FUNDING CYCLES. BUT DUE TO THE IMPLEMENTATION
22 OF NEW REVIEW PROCESSES AND SUCH, ONE REVIEW DID NOT
23 OCCUR WITHIN THIS FISCAL YEAR. AND THE ACTUAL
24 APPROVAL WILL OCCUR SHORTLY AFTER THE BEGINNING OF
25 THE NEXT FISCAL YEAR. SO DUE TO THAT, THERE IS A

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1 BALANCE THAT WE WOULD EXPECT AS WE ARE SHORT ONE
2 REVIEW CYCLE FOR THAT PROGRAM.

3 FOR PRECLINICAL DEVELOPMENT, THERE IS A
4 BALANCE OF 1.9 MILLION, WHICH IS DUE TO VARIANCES IN
5 AWARD AMOUNTS AND PLANNING. SIMILARLY, WITH THE
6 DISCOVERY PORTFOLIO, THERE IS 4.3 REMAINING THAT IS
7 DRIVEN PRIMARILY BY THE DISC4 MULTIDISCIPLINARY
8 PROGRAM.

9 THEN THERE'S THE EDUCATION VARIANCE WHICH
10 SHOWS 56 PERCENT. AND THE REASON FOR THIS VARIANCE
11 IS WE DID DELIVER ON SEVERAL CONFERENCES FOR
12 GRANTEES, PARTICULARLY FOR OUR DISC4 COLLABORATIVE
13 RESEARCH PROGRAM, FOR EDUCATION PROGRAMS FOR SPARK
14 AND TRAINING CONFERENCES. HOWEVER, DUE TO THE
15 ACTIVITY INTERNALLY IN LAUNCHING NEW CONCEPTS AND
16 NEW PROCESSES AND REVIEWS, WE DIDN'T HAVE THE
17 CAPACITY TO REALLY SCOPE OUT NEW CONFERENCES.
18 HOWEVER, YOU WILL SEE IN THE NEXT FISCAL YEAR WE DO
19 HAVE PLANNED AND WILL BE ABLE TO DELIVER ON NEW
20 CONFERENCES FOR NEW CONCEPTS.

21 AND THEN, LASTLY, THE MAIN DRIVER OF THIS
22 VARIANCE IS 24 MILLION FOR OUR INFRASTRUCTURE
23 PILLAR. AND WHAT DRIVES THIS IS TWO THINGS. ONE IS
24 THE COMMUNITY CARE CENTERS OF EXCELLENCE, AND THE
25 BOARD APPROVED THREE AWARDS EARLIER THIS YEAR.

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1 HOWEVER, THERE IS \$9 MILLION REMAINING, WHICH THE
2 BOARD HAS APPROVED A CONCEPT WHICH IS CURRENTLY OPEN
3 FOR COMMUNITY CARE CENTERS OF EXCELLENCE NORTHERN
4 CALIFORNIA AWARD. SO YOU WILL SEE THAT REQUEST IN
5 THE NEXT YEAR'S FISCAL YEAR PLANNING.

6 ADDITIONALLY, WE HAD PLANNED IN THIS
7 FISCAL YEAR TO BRING FORTH A COMPLEMENTARY PROGRAM
8 TO THE COMMUNITY CARE CENTERS OF EXCELLENCE FOR
9 COMMUNITY-BASED ORGANIZATIONS AND OUTREACH. DURING
10 THE YEAR THE TEAM BROUGHT FORTH A STRATEGY FOR
11 ACCESS AND AFFORDABILITY AS WELL AS WE RECENTLY HAD
12 THE FULFILLMENT OF A VACANCY IN THAT AREA FOR A
13 LEADER OF THE PATIENT ACCESS TEAM. AND SO THOSE
14 PLANS ARE STILL ONGOING AND WILL BE COMING TO THE
15 BOARD, BUT THEY JUST DIDN'T RESULT IN THIS FISCAL
16 YEAR.

17 SO NOW I'LL GET INTO FISCAL YEAR 26/27
18 PROPOSED RESEARCH BUDGET. THE MAJOR DRIVERS OF THIS
19 RESEARCH BUDGET, SO HERE ARE THE ACTIVITIES THAT
20 WILL BE OCCURRING AND APPLICATIONS THAT WILL COME
21 FORTH TO THE ARS THIS YEAR. RESEARCH AND
22 DEVELOPMENT, YOU WILL SEE THE REGULAR CYCLES OF
23 PDEV, RAPID, THE NEW RAPID PROGRAM THAT WAS APPROVED
24 THIS YEAR, DISC4 AND DISC5, THERE WILL BE APPROVALS
25 THROUGH THE FISCAL YEAR. THIS BUDGET INCLUDES NEW

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1 CONCEPTS SUCH AS THE DATA SOFTWARE ENGINEERING
2 CONCEPT THAT MY COLLEAGUE JANIE PRESENTED EARLIER
3 TODAY AS WELL AS AN UPDATED CONCEPT TO THE CLIN2.
4 THE TEAM WILL BE COMING WITH AN AMENDMENT FOR
5 LATE-STAGE BLA-RELATED ACTIVITIES.

6 IN EDUCATION YOU WILL SEE ACTIVITIES
7 RELATED TO CONFERENCE GRANTS, AS MENTIONED; BUT, IN
8 ADDITION, WE'LL BE REQUESTING AN ALLOCATION OF FUNDS
9 FOR A RENEWAL FOR THE BRIDGES/COMPASS PROGRAM --
10 APOLOGIES -- A RENEWAL FOR THE CIRM SCHOLARS
11 PROGRAM. AND IN ADDITION, YOU WILL SEE FUNDS
12 ALLOCATED FOR THE SPARK AND THE BRIDGES/COMPASS
13 PROGRAM.

14 AND, LASTLY, THERE ARE FUNDS ALLOCATED, AS
15 MENTIONED, FOR THE COMMUNITY CARE CENTERS OF
16 EXCELLENCE NORTHERN CALIFORNIA.

17 SO HERE'S A BREAKDOWN OF WHAT THAT LOOKS
18 LIKE. FOR THE DISCOVERY BUDGET, WE'RE REQUESTING
19 136.5 MILLION. THIS IS 84 MILLION FOR THE DISC4
20 MULTIDISCIPLINARY COLLABORATION AWARDS, WHICH SHOULD
21 YIELD ROUGHLY SIX AWARDS. IN ADDITION, THIS IS FOR
22 THE DISC5 FOUNDATION AWARDS, WHICH IS 52.5 MILLION
23 AND ROUGHLY 21 AWARDS.

24 FOR THE PRECLINICAL BUDGET, WE'RE
25 REQUESTING 146 MILLION. THAT IS 91 MILLION FOR

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1 PRECLINICAL DEVELOPMENT AWARDS, AND THAT CAN RANGE
2 BETWEEN 7 AND 12 AWARDS. AS YOU RECALL, THAT
3 PROGRAM HAS TWO ENTRY POINTS. THERE CAN BE A
4 REQUEST FOR THE FULL SCOPE OF PRECLINICAL
5 DEVELOPMENT OR A REQUEST TO COME IN AT WHAT WE CALL
6 LATE STAGE FOR LESS DOLLARS.

7 IN ADDITION, THE RAPID PROGRAM WILL
8 BE -- THE FIRST RAPID AWARDS WILL BE APPROVED THIS
9 YEAR, AND THAT ALLOCATION IS 55 MILLION, WHICH COULD
10 YIELD ROUGHLY TWO TO THREE AWARDS.

11 AND THEN, LASTLY, WE'RE REQUESTING 160
12 MILLION FOR THE CLINICAL BUDGET, WHICH WOULD YIELD
13 ANYWHERE BETWEEN 11 AND 20 AWARDS DEPENDING ON THE
14 PHASE THAT THE AWARDS COME IN AT.

15 AND THEN, LASTLY, AS MENTIONED, EDUCATION
16 BUDGET, WE'RE REQUESTING A TOTAL OF 200.5 MILLION.
17 THAT'S FOR THE EDUC8 PROGRAM, 99 MILLION FOR 18
18 AWARDS. WE WILL BE BRINGING FORTH IN SEPTEMBER OF
19 THIS YEAR A REQUEST FOR AN AWARD EXTENSION FOR THE
20 EDUC4 CIRM SCHOLARS PROGRAM AND CURRENTLY SETTING
21 ASIDE 90 MILLION AS WE DEVELOP THAT PROPOSAL. WE
22 ARE REQUESTING 9 MILLION FOR EDUC3 WHICH WOULD YIELD
23 12 AWARDS, AND THEN 2.5 MILLION FOR EDUC1 FOR SEVEN
24 TO TEN CONFERENCES.

25 AND THEN, LASTLY, THE TOTAL INFRASTRUCTURE

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1 BUDGET REQUEST IS 19 MILLION. THIS IS FOR ONE AWARD
2 FOR THE COMMUNITY CARE CENTERS OF EXCELLENCE
3 DELIVERY AT 9 MILLION. AND THEN \$10 MILLION FOR THE
4 DATA SCIENCE AND SOFTWARE ENGINEERING AWARDS.

5 AND SO HERE IS A SUMMARY. THAT BRINGS THE
6 TOTAL TO 662 MILLION FOR THE BUDGET REQUEST FOR THIS
7 YEAR. AND I'D LIKE TO OPEN IT UP FOR ANY QUESTIONS
8 OR DISCUSSION.

9 CHAIRMAN FISCHER-COLBRIE: YEAH. AND
10 BEFORE WE GET INTO THE DISCUSSION, IF WE CAN GET A
11 MOTION AND A SECOND FOR APPROVAL OF THE RECOMMENDED
12 BUDGET.

13 CHAIRMAN IMBASCIANI: I MOVE THAT THE
14 BUDGET BE ACCEPTED.

15 DR. DULIEGE: AND I SECOND. HAPPY TO
16 SECOND.

17 CHAIRMAN FISCHER-COLBRIE: GREAT. AND
18 WITH THAT, LET'S OPEN IT UP FOR DISCUSSION.

19 MR. TOCHER: SORRY, MARK. THIS IS SCOTT.
20 THIS IS WILL BE VOTED ON BY THE SCIENCE
21 SUBCOMMITTEE. FINANCE, YOU'RE UP NEXT, I PROMISE.
22 BUT FOR THIS, IT WILL BE SCIENCE SUBCOMMITTEE AGAIN.
23 SO IF WE COULD HAVE ANOTHER MEMBER MAKE THE SECOND.

24 DR. LEVITT: I'LL SECOND.

25 CHAIRMAN FISCHER-COLBRIE: THANKS, PAT.

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1 MR. TOCHER: GREAT. THANK YOU.

2 CHAIRMAN FISCHER-COLBRIE: OKAY.

3 QUESTIONS FROM THE BUDGET? CLAUDETTE, I DON'T KNOW
4 IF YOU SEE ANYBODY WITH A HAND RAISED.

5 MS. MANDAC: NO HANDS RAISED SO FAR, MARK.

6 CHAIRMAN FISCHER-COLBRIE: OKAY. ANY
7 PUBLIC COMMENT OR QUESTIONS?

8 MS. MANDAC: THERE ARE NO HANDS RAISED
9 FROM THE PUBLIC EITHER.

10 CHAIRMAN IMBASCIANI: WELL --

11 CHAIRMAN FISCHER-COLBRIE: IS
12 THAT -- VITO, DID YOU HAVE --

13 CHAIRMAN IMBASCIANI: YEAH. ACTUALLY SORT
14 OF LIKE A DEVIL'S ADVOCATE QUESTION. SOMEBODY FROM
15 THE PUBLIC MAY ASK OR SOMEBODY FROM THE BOARD MIGHT
16 ASK HOW IS IT OUR BUDGET ASK SEEMS TO EXCEED THE
17 AMOUNT OF DOLLARS THAT WE CAN OBTAIN BY THE SALE OF
18 BONDS EACH YEAR.

19 MS. LEWIS: SURE. YEAH. SO FOR
20 EVERYONE'S KNOWLEDGE, THE PROP 14 DELINEATES HOW
21 MUCH WE CAN REQUEST EACH YEAR FOR OUR BUDGET AS WELL
22 AS SALE OF BONDS. THERE'S AN EARMARK THERE.

23 IN TERMS OF THE -- FIRST OFF, ANNUAL
24 REQUESTS, ANY TIME WE HAVE AN UNCOMMITTED BALANCE IN
25 A GIVEN YEAR, WE CAN CARRY FORWARD THOSE FUNDS TO

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1 ALLOCATE TO FUTURE YEARS. AND AS SHOWN IN THE
2 HISTORICAL PERFORMANCE SLIDE, WE HAVE HAD SEVERAL
3 YEARS WHERE WE HAVE NOT REACHED THAT THRESHOLD. AND
4 SO WE CARRY FORWARD THAT BALANCE.

5 IN ADDITION, THAT INCLUDES ALSO WITH OUR
6 SALE OF BONDS. SO THERE IS A THRESHOLD CAP FOR
7 THAT, BUT THIS 662 MILLION WON'T BE ALL BE ALLOCATED
8 IN THIS YEAR CASH SPENT. THAT BOND SALE IS FOR CASH
9 SPENT. THAT CASH SPENT IS FOR ACTIVE AWARDS AND
10 PROBABLY INITIAL PAYMENTS FOR SEVERAL OF THESE
11 PROGRAMS THAT WILL BE APPROVED THIS YEAR.

12 CHAIRMAN IMBASCIANI: THANKS, JENN.

13 MR. TOCHER: ALL RIGHT. I'LL PROCEED WITH
14 THE ROLL. SORRY, MARK.

15 CHAIRMAN FISCHER-COLBRIE: THANK YOU. NO,
16 THAT WAS THE CORRECT. SO THANK YOU.

17 MR. TOCHER: MARIA BONNEVILLE.

18 VICE CHAIR BONNEVILLE: YES.

19 MR. TOCHER: MARK FISCHER-COLBRIE.

20 CHAIRMAN FISCHER-COLBRIE: YES.

21 MR. TOCHER: JUDY GASSON.

22 DR. GASSON: YES.

23 MR. TOCHER: VITO IMBASCIANI.

24 CHAIRMAN IMBASCIANI: YES.

25 MR. TOCHER: PAT LEVITT.

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1 DR. LEVITT: YES.
2 MR. TOCHER: SHLOMO MELMED.
3 DR. MELMED: YES.
4 MR. TOCHER: CHRIS MIASKOWSKI.
5 DR. MIASKOWSKI: YES.
6 MR. TOCHER: SHAUNA STARK.
7 DR. STARK: YES.
8 MR. TOCHER: KAROL WATSON.
9 DR. WATSON: YES.
10 MR. TOCHER: AND KEITH YAMAMOTO.
11 DR. YAMAMOTO: YES.
12 MR. TOCHER: GREAT. THANK YOU VERY MUCH,
13 MARK. THAT MOTION CARRIES.
14 CHAIRMAN FISCHER-COLBRIE: GREAT. WITH
15 THAT, LET'S CONTINUE ON WITH THE NEXT AGENDA ITEM,
16 AND THAT'S GOING TO BE HANDLED BY THE FINANCE
17 SUBCOMMITTEE.
18 DR. BLUMENTHAL: SO I GUESS I WILL TAKE
19 OVER NOW AND INVITE MICHELLE LEWIS, WHO'S OUR
20 DIRECTOR OF FINANCE, TO GIVE HER PRESENTATION.
21 MS. LEWIS: THANK YOU. ALL RIGHT. GOOD
22 AFTERNOON, EVERYONE. MY NAME IS MICHELLE LEWIS. I
23 AM THE DIRECTOR OF FINANCE HERE AT CIRM, AND I'M
24 HERE TODAY WITH OUR PROPOSED FISCAL YEAR 26/27
25 ADMINISTRATIVE BUDGET.

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1 AND AS STATED BEFORE, OUR BUDGET IS
2 CREATED WITH OUR MISSION IN MIND. TODAY WE'RE GOING
3 TO DO A BRIEF OVERVIEW OF PROPOSITION 14. WE'RE
4 GOING TO GO OVER THE FINANCIAL RESULTS FOR THE 25/26
5 FISCAL YEAR, AND THEN GO INTO OUR PROPOSED BUDGET
6 FOR THE 26/27 FISCAL YEAR.

7 SO JUST AN OVERVIEW OF PROP 14. THIS
8 GRAPH SHOWS THE MAJOR CATEGORIES WHERE THE FUNDS ARE
9 ALLOTTED FOR THE \$5.5 BILLION PROPOSITION. WE'RE
10 ALLOWED TO SPEND 4.9 BILLION ON GRANT FUNDING, WHICH
11 WAS THE PREVIOUS PRESENTATION. AND ON THE NEXT
12 SLIDE, WE'RE GOING TO GO INTO MORE DETAIL ON THE
13 ADMINISTRATIVE SIDE.

14 SO THIS SLIDE SHOWS OUR FUNDING
15 CATEGORIES. THERE ARE THREE MAJOR CATEGORIES. AND
16 OUR FIRST CATEGORY IS CAPITALIZED INTEREST AND COSTS
17 OF ISSUANCE, WHICH ARE COSTS ASSOCIATED WITH THE
18 ISSUANCE OF BONDS TO FUND OUR ACTIVITIES. FIRST,
19 THE PROPOSITION STATES THAT ALL INTEREST ON ANY BOND
20 ISSUED THROUGH THE FIFTH FULL CALENDAR YEAR FROM THE
21 START OF THE BOND WILL BE PAID FROM THE BOND
22 PROCEEDS. THIS IS CALLED CAPITALIZED INTEREST.

23 SECOND, THERE ARE ALSO FEES THAT ARE PAID
24 TO PROFESSIONALS ASSOCIATED WITH BOND SALES, AND
25 THOSE ARE CALLED COSTS OF ISSUANCE. BOTH OF THESE

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1 REDUCE THE AMOUNT BOND PROCEEDS THAT WE WILL BE
2 ALLOWED TO SPEND. THE PROPOSITION DOESN'T STIPULATE
3 A SET AMOUNT THAT THE BOND AUTHORITY CAN BE REDUCED.
4 CIRM ESTIMATED THAT THE CAPITALIZED INTEREST AND
5 COSTS OF ISSUANCE WOULD TOTAL ABOUT 100 MILLION, AND
6 THAT'S WHAT WAS BUDGETED.

7 WE ARE NOW PAST THAT FIVE-YEAR MARK. SO
8 CIRM'S AUTHORITY HAS BEEN REDUCED BY 85 MILLION FOR
9 THOSE TWO PURPOSES.

10 OUR NEXT CATEGORY IS DIRECT GRANT
11 ADMINISTRATION, AND THAT HAS THREE SUBCATEGORIES.
12 THE FIRST ONE IS GRANT COMPLIANCE FOR 100 MILLION.
13 TO DATE, AS OF APRIL 30, 2026, WE'VE SPENT \$18.5
14 MILLION WITH 81.5 REMAINING.

15 FOR OUR ACCESS AND AFFORDABILITY, WHICH IS
16 55 MILLION, WE HAVE SPENT 5.5 MILLION WITH 49.5
17 REMAINING.

18 FOR GRANT ADMINISTRATION, WHICH IS 165
19 MILLION, WE HAVE SPENT 35.7 WITH 129.3 REMAINING.

20 OUR FINAL CATEGORY IS CIRM ADMINISTRATION,
21 WHICH IS 192.5 MILLION. WE'VE SPENT 45.4 MILLION
22 WITH 147.1 MILLION REMAINING.

23 NEXT WE'LL DISCUSS THE RESULTS FOR THE
24 25/26 FISCAL YEAR. JUST SOME CONTEXT FOR THE
25 BUDGET. RECRUITMENT CONTINUED DUE TO NEW AND

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1 INCREASED BUSINESS ACTIVITIES. WE RECRUITED SEVEN
2 VACANT POSITIONS. OUR CURRENT STAFF HEAD COUNT IS
3 68, AND WE HAVE FOUR POSITIONS THAT ARE CURRENTLY IN
4 RECRUITMENT. WE ALSO COMPLETED THE FIRST YEAR OF
5 AWARDING GRANTS UNDER THE NEW STRATEGIC ALLOCATION
6 FRAMEWORK WITH THE TEAM FOCUSED ON STRENGTHENING
7 INTERNAL BUSINESS OPERATIONS AND CROSS-FUNCTIONAL
8 ALIGNMENT.

9 THIS SHOWS THE PROJECTED FINANCIAL RESULTS
10 FOR THE 25/26 FISCAL YEAR. IN THIS GRAPH, THE FIRST
11 COLUMN SHOWS OUR CATEGORY OF EXPENDITURES. WE HAVE
12 EMPLOYEE EXPENSES, WHICH IS OUR LABOR COST; EXTERNAL
13 SERVICES, WHICH ARE CONTRACTS WITH OUTSIDE VENDORS;
14 WE HAVE REVIEWS, MEETINGS AND WORKSHOPS; MEMBERSHIPS
15 AND TRAINING; TRAVEL; EQUIPMENT AND SUPPLIES, WHICH
16 IS ALSO SOFTWARE AND TELECOM, AND THEN FACILITIES.

17 OUR APPROVED BUDGET FOR THE 25/26 FISCAL
18 YEAR WAS 34.8 MILLION. OUR ESTIMATE TO FINISH IS
19 28.7 MILLION. THAT VARIANCE OF BUDGET TO ACTUALS IS
20 6 MILLION -- JUST A LITTLE OVER 6 MILLION, WHICH IS
21 A 17-PERCENT VARIANCE. AND I JUST WANTED TO POINT
22 OUT THAT LAST YEAR'S VARIANCE WAS 21 PERCENT. SO WE
23 HAVE BETTERED OUR VARIANCE IN BUDGET TO ACTUALS BY 4
24 PERCENT.

25 THE MAJOR DRIVER OF THOSE BUDGET VARIANCES

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1 WERE THE TRAVEL AND TRAINING CATEGORIES. SO OUR
2 BUSINESS OPERATIONS INCREASED, WHICH DID NOT ALLOW
3 FOR TIME FOR PLANNED TRAVEL AND TRAINING. ALSO, IN
4 THE REVIEWS, MEETINGS, AND WORKSHOPS CATEGORY, OUR
5 PROGRAM EXPERT REVIEWERS FOR AWARDS MANAGEMENT WERE
6 BUDGETED AS A CONTINGENCY. THE ROLLOUT OF THE
7 REVIEWERS LAUNCHED LATER THAN ANTICIPATED; HOWEVER,
8 THE PDEV TEAM RECENTLY LAUNCHED THEIRS AND ARE
9 EXPECTING TO SPEND APPROXIMATELY \$6,000 BY THE END
10 OF THIS FISCAL YEAR, AND WE'LL SEE AN INCREASE NEXT
11 FISCAL YEAR.

12 NEXT, WE'LL GO OVER THE PROPOSED
13 ADMINISTRATIVE BUDGET FOR THE 26/27 FISCAL YEAR.
14 THIS IS OUR PROPOSED ADMINISTRATIVE BUDGET, AND THIS
15 SLIDE SHOWS OUR BUDGET-TO-BUDGET VARIANCE. OUR
16 PROPOSED BUDGET FOR THE 26/27 FISCAL YEAR IS
17 \$36,238,240. AND COMPARED TO OUR 25/26 BUDGET, IT
18 IS A VARIANCE OF \$1,424,147, WHICH IS A 4-PERCENT
19 INCREASE.

20 THIS SLIDE SHOWS OUR PROPOSED BUDGET
21 VERSUS OUR ESTIMATED TO FINISH FOR 25/26. SO WE
22 HAVE OUR PROPOSED BUDGET OF 36.2 MILLION. OUR
23 ESTIMATE TO FINISH IS 28.7 MILLION, WHICH LEAVES US
24 WITH A VARIANCE OF 7.4 MILLION AND A 21-PERCENT
25 VARIANCE.

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1 SO MAJOR DRIVERS OF OUR BUDGET ARE THE
2 MEMBERSHIPS AND TRAINING CATEGORIES. SO WE
3 ANTICIPATE THAT TRAINING EXPENDITURES WILL CONTINUE
4 AT A LOWER RATE. THEREFORE, WE'VE ADJUSTED THE
5 BUDGET TO MORE CLOSELY REFLECT THE HISTORICAL
6 ACTUALS. WE ALSO MAINTAINED OUR TRAVEL BUDGET AND
7 DIDN'T INCREASE IT, AND WE REDUCED THE FACILITIES
8 BUDGET SLIGHTLY DUE TO THE COMPLETION OF SOME
9 SPECIAL PROJECTS.

10 FOR OUR EQUIPMENT AND SUPPLIES CATEGORY,
11 WE INCREASED THE I.T. SOFTWARE BUDGET TO SUPPORT
12 GROWTH IN STAFFING AND NEW PROJECTS.

13 AND FOR OUR EMPLOYEE EXPENSES CATEGORY, WE
14 HAVE A SALARY INCREASE WITH A FEW COMPONENTS. THERE
15 IS A PERFORMANCE-BASED MERIT INCREASE OF 2 PERCENT
16 FOR ELIGIBLE STAFF. THERE'S A 3-PERCENT COST OF
17 LIVING INCREASE. WE HAVE UPDATED THE LEAVE BUYOUT
18 FOR EMPLOYEE DEPARTURES OR RETIREMENT. THAT LEAVE
19 BUYOUT IS COMPOSED OF THE STAFF VACATION HOURS THAT
20 ARE ALL THEIR PROPERTY. THIS IS A LIABILITY FOR US
21 AS WE ARE REQUIRED TO CASH OUT THOSE HOURS SHOULD
22 THEY DECIDE TO LEAVE THE AGENCY. THIS RESERVES AN
23 AMOUNT EQUAL TO ONE STAFF MEMBER FROM EACH COST
24 CENTER AS WE CANNOT PREDICT WHO WILL LEAVE. THIS
25 ALLOWS THE COST CENTERS TO BACKFILL THEIR POSITIONS

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1 WITHOUT IMPACTING THEIR BUDGETS. AND WE ARE ALSO
2 REQUESTING ONE FULL-TIME EMPLOYEE.

3 JUST AS A NOTE, THE COST OF LIVING AND
4 MERIT APPLIES TO THE CHAIR, VICE CHAIR, AND
5 PRESIDENT. THIS MAKES THE INCREASES AVAILABLE IN
6 THE BUDGET SHOULD THE BOARD CHOOSE TO AWARD THIS AS
7 PART OF THE LEADERSHIP EVALUATION PROCESS.

8 FOR OUR BUDGET RISK FACTORS, WE'VE GOING
9 TO CONTINUALLY ACTIVELY MANAGE COSTS; HOWEVER, THERE
10 ARE TWO FACTORS THAT ARE DIFFICULT TO CONTROL. THE
11 FIRST BEING RECRUITMENT AND PERSONNEL GROWTH, AND
12 THE SECOND BEING INCREASED COSTS FOR GOODS AND
13 SERVICES DUE TO INFLATION.

14 AND, FINALLY, WE WOULD REQUEST THAT THE
15 FINANCE AND SCIENCE SUBCOMMITTEES RECOMMEND APPROVAL
16 OF THIS ADMINISTRATIVE BUDGET TO THE FULL BOARD IN
17 THE AMOUNT OF \$36,238,240.

18 ARE THERE ANY QUESTIONS?

19 DR. BLUMENTHAL: BEFORE WE TAKE QUESTIONS,
20 COULD I ASK FOR A MOTION TO RECOMMEND THIS BUDGET TO
21 THE FULL BOARD?

22 DR. SACKY: SO MOVE.

23 DR. DULIEGE: I SECOND.

24 DR. BLUMENTHAL: THANK YOU. OKAY. NOW WE
25 CAN OPEN IT UP FOR QUESTIONS. JOYCE.

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1 DR. SACKEY: THANK YOU. GEORGE, I WANTED
2 TO ASK -- THERE WAS A SLIDE, MICHELLE, THAT YOU
3 SHARED OF THE HISTORIC BUDGET VERSUS THE ACTUALS
4 OVER THE LAST SEVERAL YEARS. AND IT SEEMS LIKE WE
5 REALLY UNDERSPEND CONSISTENTLY. AND SO I
6 APPRECIATED THE FACT THAT YOU MADE A POINT THAT THE
7 BUDGET IS BEING ADJUSTED TO MATCH HISTORICAL ACTUALS
8 WHEN IT CAME TO MEMBERSHIP AND TRAINING. BUT I'M
9 WONDERING WHETHER A SIMILAR ADJUSTMENT MIGHT NEED TO
10 BE MADE IN THE OTHER CATEGORIES, PARTICULARLY THOSE
11 CATEGORIES WHERE WE ARE CONSISTENTLY UNDERSPENDING.

12 MS. LEWIS: YES. SO WHILE I HIGHLIGHTED
13 THE TRAINING, THE TRAVEL BUDGET STAYED THE SAME. WE
14 DO ANTICIPATE, NOW THAT WE'VE DONE SOME INTERNAL
15 BUSINESS PRACTICES, THAT THE TRAVEL WILL INCREASE.
16 WE ALSO DID A VERY MINIMAL INCREASE TO EXTERNAL
17 SERVICES. ONLY A 1 PERCENT. AND THE SAME WITH THE
18 REVIEWS, MEETINGS, AND WORKSHOPS. SO WE ARE LOOKING
19 AT THIS AS WE SPEND IN ACTUALS TO ENSURE THAT OUR
20 BUDGET IS ADJUSTED ACCORDINGLY TO THOSE HISTORICALS
21 ONCE WE HAVE ACTUAL FIGURES.

22 DR. SACKEY: SO I MIGHT HAVE MISREAD THE
23 SLIDE, THAT IT SHOWED HISTORICALLY HOW WE FUND
24 EXPENSE THEN.

25 MS. LEWIS: I THINK THAT WAS IN THE

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1 PREVIOUS PRESENTATION.

2 DR. SACKEY: OKAY. FOR SOME REASON I
3 THOUGHT I SAW IT IN YOURS. BUT I CAN GO BACK TO MY
4 MATERIALS.

5 MS. LEWIS: IF THAT HELPS.

6 DR. SACKEY: YEAH. THANK YOU.

7 DR. BLUMENTHAL: THANKS, JOYCE.

8 ANNE-MARIE.

9 DR. DULIEGE: YEAH. MICHELLE, WHAT'S THIS
10 BUDGET REPRESENT AS A PROPORTION OF THE TOTAL FOR
11 THIS YEAR?

12 MS. LEWIS: I'M SORRY.

13 DR. DULIEGE: WHAT PORTION OF THE TOTAL
14 BUDGET DOES IT REPRESENT? THE ADMINISTRATIVE BUDGET
15 IS WHICH PROPORTION OF THE TOTAL BUDGET
16 APPROXIMATELY?

17 MS. LEWIS: I'M SORRY. I DON'T HAVE THAT.
18 THE TOTAL OF OUR 5.5 BILLION?

19 DR. DULIEGE: THE PLAN, THE PROPOSED
20 BUDGET FOR NEXT YEAR.

21 MS. LEWIS: THE PROPOSED BUDGET FOR NEXT
22 YEAR FOR THE 36.2 MILLION?

23 DR. DULIEGE: NO. THE PROPOSED BUDGET FOR
24 THE ENTIRE SPENDING FOR NEXT YEAR, I WANT TO KNOW
25 HOW MUCH --

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1 DR. LEVITT: I THINK IT'S SEVEN --

2 DR. DULIEGE: HOW MUCH WE'RE SPENDING ON
3 ADMINISTRATIVE COST VERSUS PROGRAMMATIC COSTS.

4 MS. LEWIS: OH, I WOULD HAVE TO
5 CALCULATE -- VERSUS THE PROPOSED 662 MILLION?

6 DR. LEVITT: IT'S ABOUT 7 PERCENT.

7 DR. DULIEGE: GOOD. THANK YOU. VERY
8 REASONABLE. THANK YOU.

9 DR. BLUMENTHAL: GREAT. THANK YOU. JOE.

10 MR. PANETTA: THANKS, GEORGE. MICHELLE,
11 THAT WAS A GREAT PRESENTATION. AND THANKS FOR BEING
12 SO FISCALLY RESPONSIBLE.

13 I'M LOOKING AT THE EMPLOYEE EXPENSE, AND
14 I'M NOT QUITE SURE IF I QUITE CAUGHT IT. BUT YOU
15 MENTIONED OPEN POSITIONS THAT WERE FILLED, AND I'M
16 NOT CLEAR ON WHETHER THOSE WERE POSITIONS THAT WERE
17 FILLED. ARE THOSE POSITIONS FOR THIS YEAR, AND
18 WHAT'S THE PROPOSAL FOR NEXT YEAR?

19 MS. LEWIS: SO WE HAD VACANCIES THAT WE
20 FILLED THIS YEAR. WE DID FILL SEVEN VACANCIES. THE
21 PROPOSAL FOR NEXT YEAR IS TO ONLY ADD ONE MORE
22 POSITION TO OUR CURRENT LIST.

23 MR. PANETTA: AND THAT'S TO BE A LITTLE
24 BIT MORE CONSERVATIVE, OR IS THAT JUST BECAUSE THERE
25 ISN'T ANY MORE NEED THAN ONE POSITION?

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1 MS. LEWIS: CORRECT. WE WANT TO MAKE SURE
2 THAT WE'RE ONLY ADDING POSITIONS IF THEY'RE NEEDED.
3 AND THERE WAS A NEED FOR ONE BECAUSE WE HAD CURRENT
4 VACANCIES THAT WE'RE STILL FILLING.

5 MR. PANETTA: OKAY. THANK YOU.

6 DR. BLUMENTHAL: EXCELLENT. ARE THERE ANY
7 OTHER QUESTIONS FROM THE BOARD? ARE THERE ANY OTHER
8 QUESTIONS FROM THE --

9 DR. THOMAS: LOOKS LIKE JOE HAS GOT HIS
10 HAND RAISED, GEORGE.

11 MR. PANETTA: JOE DIDN'T TAKE HIS HAND
12 DOWN. SORRY.

13 DR. BLUMENTHAL: IS THERE ANY PUBLIC
14 COMMENT?

15 MS. MANDAC: THERE ARE NO HANDS RAISED,
16 GEORGE.

17 DR. BLUMENTHAL: OKAY. GREAT. SO I THINK
18 WE CAN PROCEED TO VOTE.

19 MR. TOCHER: GEORGE BLUMENTHAL.

20 DR. BLUMENTHAL: YES.

21 MR. TOCHER: MARIA BONNEVILLE.

22 VICE CHAIR BONNEVILLE: YES.

23 MR. TOCHER: ANNE-MARIE DULIEGE.

24 DR. DULIEGE: YES.

25 MR. TOCHER: VITO IMBASCIANI.

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CHAIRMAN IMBASCIANI: YES.

MR. TOCHER: SHLOMO MELMED.

DR. MELMED: YES.

MR. TOCHER: JOE PANETTA.

MR. PANETTA: YES.

MR. TOCHER: JOYCE SACKY.

DR. SACKY: YES.

MR. TOCHER: GREAT. THANK YOU VERY MUCH,
GEORGE. THE MOTION CARRIED.

DR. BLUMENTHAL: GREAT. THANK YOU. I
THINK THAT TAKES US THROUGH MOST OF OUR AGENDA. IS
THERE ANY MORE PUBLIC COMMENT?

MS. MANDAC: NO HANDS.

DR. BLUMENTHAL: NOT HEARING ANY, IS THERE
ANY OTHER BUSINESS THAT NEEDS TO BE RAISED? HEARING
NONE, I THINK WE CAN DECLARE THIS MEETING ADJOURNED.

(THE MEETING WAS THEN CONCLUDED AT 4:04 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 JOINT SCIENCE AND FINANCE SUBCOMMITTEES OF THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON MAY 29, 2026, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CA CSR 7152
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