

Memorandum

To: Members of the Application Review Subcommittee
From: CIRM Leadership
Re: CIRM Team Recommendations: Clinical Development (CLIN2)
Date: June 25, 2026

Executive Summary

This memo summarizes the CIRM program leadership recommendations for applications to the Clinical Development (CLIN2) program, which the ARS will consider on June 25, 2026. The team recommends funding the three applications recommended by the GWG (Grants Working Group). CIRM's recommendation is driven by the GWG's consensus on merit in both median score and recommendations to fund and the clear separation from the other applications. The Appendix contains detailed application assessments for all recommended applications and the application with a minority report, in accordance with the proposal to the board at the March 2026 meeting. The Appendix contains detailed application assessments and the basis for the CIRM funding recommendations.

I. Background

Introduction

The role of CIRM staff during the Application Review Subcommittee (ARS) meetings is to assist the ARS in making well-informed funding decisions by providing programmatic context alongside the outcomes of the Grants Working Group (GWG) recommendations. In developing these recommendations to ARS, CIRM evaluated all applications consistent with the following CIRM funding recommendation framework presented to the ICOC (March 2026):

1. Available program budget
2. GWG score & comments
3. Programmatic factors
4. Prior awardee performance

5. New information available to CIRM after GWG review

Summary of Program Budget Considerations

Available Program Budget (Annual)	\$61,000,067
Budget Utilization – GWG Recommended	\$20,928,438
Budget Utilization – CIRM Recommended	\$20,928,438
Remaining Program Budget	\$40,071,629

II. Proposal

After a review of the three GWG Recommended Applications and the application with a minority report, the CIRM team recommends to fund applications CLIN2-19848, CLIN2-19928, and CLIN2-19526.

Summary of Funding Recommendations*

Application	Median GWG Score	Scores to fund	Scores not to fund	GWG Recommendation	CIRM Recommendation
CLIN2-19848	94	13	1	Fund	Fund
CLIN2-19928	88	10	3	Fund	Fund
CLIN2-19526	85	12	2	Fund	Fund
CLIN2-20117	80	5**	9	Do not fund	Do not fund

*Application CLIN2-20114 is not included in this memo. Following the proposal at the March 26, 2026, board meeting, the CIRM team provides assessments for any applications with a GWG score above or tied with the lowest scoring application where the CIRM recommendation differs from the GWG recommendation or for which there is a minority report.

**Application CLIN2-20117 includes a minority report.

Appendix: Application Assessments

1. Application number: CLIN2-19848

Title: *A Phase 1/2a First-in-Human, Dose-Escalation Study in Subjects with Progressive Multiple Sclerosis*

GWG Outcome: Fund

Median	Mean	High	Low	Scores to fund	Scores not to fund
94	92	95	84	13	1

CIRM Team Recommendation: Fund

CLIN2-19848 proposes allogeneic CAR-Tregs to address multiple sclerosis. The CIRM team recommendation is based on the GWG scoring, patient access considerations, novelty of the indication and therapeutic approach in CIRM’s portfolio, and differentiation compared to the external landscape.

Summary:

Transformative Clinical Impact	<ul style="list-style-type: none"> The approach was judged an innovative multimodal approach to a major unmet medical need backed by strong manufacturing. CIRM’s active PDEV portfolio and active CLIN2 portfolio do not contain any awards addressing multiple sclerosis. Allogeneic CAR-T Regs are a distinct modality in the active PDEV and CLIN2 portfolio. Based on GlobalData, the external US-based cell and gene therapy landscape for multiple sclerosis includes 11 late-stage (Phase 2 or 3) clinical programs and no approved treatments. CLIN2-19848 represents a novel modality compared to these external programs.
Patient Access	<ul style="list-style-type: none"> The allogeneic therapy and potential for outpatient delivery could meaningfully expand patient access. The application includes solid, above-expected commercial maturity activities. Access reviewers recommend a stage-appropriate emphasis on long-term outcomes, patient journey, and payer evidence.

Disease Representation	The application under consideration addresses a prevalent neurological disease not represented in CIRM's active PDEV or CLIN2 portfolio.
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2. Application number: CLIN2-19928

Title: Phase 1/2 Study of an AAV-9 Gene Therapy in Patients with FOXG1 Syndrome (FS)

GWG Outcome: Fund

Median	Mean	High	Low	Scores to fund	Scores not to fund
88	87	92	75	10	3

CIRM Team Recommendation: Fund

CLIN2-19928 proposes AAV-expressed *FOXG1* to address FOXG1 Syndrome. The CIRM team recommendation is based on the GWG scoring, patient access considerations, and novelty of the indication in CIRM's portfolio and in the external landscape.

Summary:

Transformative Clinical Impact	<ul style="list-style-type: none"> The approach was described by reviewers as addressing a clear unmet medical need with high potential to result in positive, meaningful clinical outcomes. CIRM's active PDEV portfolio and active CLIN2 portfolio do not contains any awards that address FOXG1 Syndrome. Based on GlobalData, there are no US-based clinical cell and gene therapy programs and no approved US treatments addressing FOXG1 Syndrome.
Patient Access	<ul style="list-style-type: none"> The application includes a highly differentiated and patient-centric approach to access appropriate to an ultra-rare disorder and which has been integrated into the overall development strategy.

	<ul style="list-style-type: none"> • Patient access activities are stage-appropriate and appropriately planned to further develop along with clinical data.
Disease Representation	The application under consideration addresses an ultra-rare neurological disease not represented in CIRM's active PDEV or CLIN2 portfolio.

3. Application number: CLIN2-19526

Title: AAV Immuno-Gene Therapy for High-Grade Glioma

GWG Outcome: Fund

Median	Mean	High	Low	Scores to fund	Scores not to fund
85	85	90	80	12	2

CIRM Team Recommendation: Fund

CLIN2-19526 proposes AAV-expressed interferon beta to address high-grade glioma. The CIRM team recommendation is based on the GWG scoring, CIRM portfolio diversification through a novel therapeutic approach, and differentiation compared to the external landscape.

Summary:

Transformative Clinical Impact	<ul style="list-style-type: none"> • This application represents a novel immunotherapy approach that is agnostic to tumor subtype and molecular alterations, addressing a condition with no established standard of care. • The approach was described by reviewers as addressing a clear unmet medical need with high potential to result in positive, meaningful clinical outcomes. • CIRM's active PDEV portfolio contains one award that addresses glioma, and the active CLIN2 portfolio contains 5 awards that address glioma. CLIN2-19526 proposes a distinct therapeutic approach compared to existing awards.
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	<ul style="list-style-type: none"> Based on GlobalData, the external US-based cell and gene therapy landscape for glioma includes 49 late-stage clinical programs and no approved treatments. CLIN2-19526 represents a novel modality compared to these landscape programs.
Patient Access	The proposed activities were stage appropriate; however, reviewers noted that analyses were California-specific and must be expanded nationally.
Disease Representation	The application under consideration addresses a rare cancer. Approximately 10% of CIRM's active CLIN2 awards address brain cancer.

4. Application number: CLIN2-20117

Title: A Phase 1/2a, Dose-escalation Study for the Treatment of Focal Articular Cartilage Defects in the Knee

GWG Outcome: Do not fund

Median	Mean	High	Low	Scores to fund	Scores not to fund
80	82	88	77	5*	9

*The GWG summary for this application includes a minority report, issued when the GWG score is between 1-84 points and 35% or more scientific members of the GWG recommended the application for funding.

CIRM Team Recommendation: Do not fund

CLIN2-20117 proposes allogeneic hESC-derived chondrocytes to address focal articular cartilage defects in the knee. The CIRM team recommendation is based on the GWG scoring.

Summary:

Transformative Clinical Impact	<ul style="list-style-type: none"> Reviewers emphasized that there are extant technologies that address this clinical need, albeit each has limitations that theoretically could be superseded by this product. The proposal conflates osteoarthritis (OA) with focal cartilage lesions. The target patient population
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	<p>represents a subset which may not necessarily have an urgent medical need.</p> <ul style="list-style-type: none"> • CIRM’s active PDEV portfolio contains one award addressing focal cartilage defects using hESC-derived chondrocytes and the active CLIN2 portfolio contains one gene therapy award addressing osteoarthritis, which can arise as a downstream consequence of focal cartilage defects. This application would add a distinct indication (focal articular cartilage defects) to the CLIN2 portfolio. • Based on GlobalData, the external US-based cell and gene therapy landscape for osteoarthritis includes 19 late-stage clinical programs and one approved treatment. CLIN2-20117 represents a novel modality compared to these landscape programs.
Patient Access	<ul style="list-style-type: none"> • The proposed plan is stage-appropriate and follows best practices for regenerative therapies. • Access reviewers noted that the addressable population differs from the broader cartilage repair market, and emphasized that patient population positioning must be resolved to develop a well informed access plan.
Disease Representation	<p>The application under consideration addresses a precursor of a prevalent disease not directly represented in CIRM’s portfolio.</p>