BEFORE THE

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

REGULAR MEETING

LOCATION:	HYATT REGENCY SAN FRANCISCO 1333 OLD BAYSHORE HIGHWAY CYPRESS ROOM BC BURLINGAME, CALIFORNIA
DATE:	JUNE 25, 2026 9 A.M.
REPORTER:	BETH C. DRAIN, CA CSR CSR. NO. 7152
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I N D E X (CONT'D.)

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JUNE 25, 2026; 9 A.M.

CHAIRMAN IMBASCIANI: GOOD MORNING, EVERYONE. WE'RE GOING TO CONVENE THIS MEETING OF THE INDEPENDENT CITIZENS OVERSIGHT COMMITTEE, THE GOVERNING BOARD OF CIRM, INTO SESSION NOW. WELCOME YOU ALL TO, WHAT CITY, WE'RE IN BURLINGAME, CALIFORNIA, TODAY. AND WE'RE GOING TO START WITH, IF YOU WOULD ALL RISE, IF YOU ARE ABLE, AND PLACE YOUR HAND ON YOUR HEART AND WE WILL RECITE THE PLEDGE OF ALLEGIANCE. THANK YOU. SCOTT, WOULD YOU LEAD US PLEASE.

(THE PLEDGE OF ALLEGIANCE.)

CHAIRMAN IMBASCIANI: SCOTT TOCHER, WOULD YOU PLEASE TAKE THE ROLL.

MR. TOCHER: EYAD ALMASRI. KIM BARRETT.

DR. BARRETT: PRESENT. I'M HERE.

MR. TOCHER: THE RECORD REFLECTS KIM IS HERE. DAN BERNAL. GEORGE BLUMENTHAL.

DR. BLUMENTHAL: HERE.

MR. TOCHER: MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: HERE.

MR. TOCHER: JOHN CARETHERS.

DR. CARETHERS: HERE.

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: HERE.
MR. TOCHER: JUDY CHOU.
DR. CHOU: HERE.
MR. TOCHER: LEONDRA CLARK-HARVEY.
DR. CLARK-HARVEY: HERE.
MR. TOCHER: SHANNON DAHL.
DR. DAHL: HERE.
MR. TOCHER: MONICA CARSON FOR DEBORAH DEAS.
DR. CARSON: HERE.
MR. TOCHER: ANNE-MARIE DULIEGE.
DR. DULIEGE: HERE.
MR. TOCHER: YSABEL DURON.
MS. DURON: HERE.
MR. TOCHER: MARK FISCHER-COLBRIE.
DR. FISCHER-COLBRIE: HERE.
MR. TOCHER: ELENA FLOWERS.
DR. FLOWERS: PRESENT.
MR. TOCHER: JUDY GASSON.
DR. GASSON: HERE.
MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: HERE.
MR. TOCHER: RICH LAJARA. SORRY, RICH'S I DIDN'T CATCH YOU. RICH'S MIC SEEMS TO BE MUTED. I'LL COME BACK.

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MR. LAJARA: I'M HERE.
MR. TOCHER: PAT LEVITT.
DR. LEVITT: HERE.
MR. TOCHER: HALA MADENAT.
DR. MADANAT: HERE.
MR. TOCHER: LINDA MALKAS.
DR. MALKAS: HERE.
MR. TOCHER: SHLOMO MELMED. CAROLYN MELTZER.
DR. MELTZER: PRESENT.
MR. TOCHER: CHRISTINE MIASKOWSKI.
DR. MIASKOWSKI: HERE.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: HERE.
MR. TOCHER: JOE PANETTA. JOYCE SACKEY.
DR. SACKEY: HERE.
MR. TOCHER: MARVIN SOUTHARD.
DR. SOUTHARD: HERE.
MR. TOCHER: SHAUNA STARK.
DR. STARK: HERE.
MR. TOCHER: KAROL WATSON. YAEL WYTE.
DR. WYTE: HERE.
MR. TOCHER: KEVIN XU.
MR. XU: HERE.
MR. TOCHER: AND KEITH YAMAMOTO.

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GREAT, MR. CHAIR. WE HAVE A QUORUM.

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CHAIRMAN IMBASCIANI: THANK YOU.

I'D LIKE TO APPRISE THE BOARD OF JUST SOME RECENT ACTIVITIES. A FEW WEEKS AGO YOUR PRESIDENT AND CEO JONATHAN THOMAS AND I HAD THE PLEASURE OF TRAVELING DOWN TO THE LUNDQUIST INSTITUTE, WHICH IS LOCATED ON THE GROUNDS OF HARBOR UCLA HOSPITAL AND MEDICAL CENTER IN TORRANCE, CALIFORNIA, SOUTH OF DOWNTOWN L.A. FOR THE VERY HAPPY OCCASION OF THEIR RIBBON CUTTING TO OPEN AND REDEDICATE THE SHARED RESEARCH LAB.

IN ATTENDANCE WAS THE BENEFACTRESS, MELANIE LUNDQUIST, PI'S AND RESEARCHERS AT THE INSTITUTE, POST DOCS, STUDENTS, AND A GOOD SMATTERING OF THE ARCHITECTS WHO BUILT THIS BEAUTIFUL FACILITY.

AFTER GREETINGS, WE HAD A TOUR OF THEIR REFURBISHED AND UP-TO-DATE LAB SPACES, PRESENTATIONS BY THE MAIN INVESTIGATORS THERE, AND J.T. AND I SPOKE TO LAUD THEM IN THEIR ACCOMPLISHMENTS TO DATE AND THE FUTURE PROMISES OF THE LUNDQUIST INSTITUTE.

SECONDLY, AS PART OF MY OWN PERSONAL GOAL THIS YEAR TO EXPAND OUTREACH AND SPREAD THE MESSAGE OF CIRM TO THE CITIZENS OF THIS GREAT STATE THAT SUPPORT US WITH THEIR TAX DOLLARS, I GAVE THE KEYNOTE ADDRESS TO THE ANNUAL CONVENTION OF THE

VETERANS OF FOREIGN WARS IN SACRAMENTO A WEEK AGO. THERE WERE 450 MEMBERS OF THE VFW IN THE AUDIENCE, QUITE A LARGE AUDIENCE FOR ME TO DO THIS SPEECH.

THEY REPRESENTED EVERY COUNTY, CITY, AND TOWN IN THE STATE, AND IT WAS A GOOD EVENT. AND ONE OF THE MAJOR CONSEQUENCES OF THE SPEECH IS INVITATIONS BY MANY, MANY OF THE MEMBERS THERE TO REPRISE THE SPEECH AT THEIR OWN LOCAL POST IN ALL THE VARIOUS CORNERS OF THE STATE.

I'M GOING TO REPEAT THIS EFFORT IN TWO DAYS, ON SATURDAY, TO A SIMILAR AUDIENCE IN VISALIA, WHICH IS THE ANNUAL CONVENTION OF THE AMERICAN LEGION. YOU SEE A COMMON THEME THERE.

I'M GOING TO KEEP THE CHAIR'S REPORT SHORT TODAY BECAUSE WE HAVE A VERY FULL AGENDA. I WANT TO KEEP US ON TIME. THANK YOU.

GOING TO BE FOLLOWED BY THE VICE CHAIR, MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: THANK YOU, VITO.

THE LAST THREE MONTHS HAVE BEEN PACKED WITH MEETINGS AND OUTREACH OPPORTUNITIES, INCLUDING ROTARY CLUBS, CONFERENCES, WORKSHOPS, AND CONGRESSIONAL VISITS. I'LL HIGHLIGHT JUST A FEW OF THE MEETINGS.

IN APRIL I WAS IN D.C. AND VISITED WITH

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SEVERAL CONGRESSIONAL OFFICES BOTH IN AND OUT OF CALIFORNIA. THESE VISITS PROVIDE AN OPPORTUNITY TO TELL CIRM'S STORY AND EMPHASIZE AREAS OF RESEARCH FUNDING IMPORTANT TO BOTH CIRM AND THE MEMBERS WITH WHOM WE MEET. THEY CONTINUE TO BE VERY POSITIVE MEETINGS.

AT THE ASGCT ANNUAL MEETING, I MODERATED A PANEL EXPLORING THE MANY CHALLENGES TO ACCESS AND AFFORDABILITY OF CELL AND GENE THERAPIES. THE PANEL BROUGHT TOGETHER A DIVERSE SET OF STAKEHOLDERS TO EXPLORE ISSUES FROM DIFFERENT VANTAGE POINTS, INCLUDING: THE COMMERCIAL PAYER LANDSCAPE. HIGHLIGHTING HOW DIFFERENT COVERAGE STANDARDS AND FINANCING STRUCTURES CREATE ACUTE CHALLENGES FOR SMALL, SELF-INSURED EMPLOYERS ILL-EQUIPPED TO ABSORB THE COST ASSOCIATED WITH RARE DISEASE GENE THERAPIES. MEDICARE AND MEDICAID. TRACING HOW FDA OVERSIGHT AND CLINICAL TRIAL DATA REQUIREMENTS SHAPE REIMBURSEMENT PATHWAYS. AND UNDERSTANDING HOW LENGTHY MEDICAID COVERAGE ANALYSIS DELAYS PATIENT ACCESS. THE ADMINISTRATIVE BURDEN HOSPITALS FACE IN OFFERING CELL AND GENE THERAPIES FROM NAVIGATING SINGLE-CASE AGREEMENTS TO FACILITATING CROSS-STATE MEDICAID CARE WITHIN A CENTER OF EXCELLENCE MODEL, AND THE BROADER CULTURAL SHIFT REQUIRED AS THERAPIES

LIKE CAR-T EXPAND INTO COMMUNITY HOSPITALS AND CANCER CENTERS. AND THE CMMI CGT ACCESS MODEL AND THE EVOLVING POLICY LANDSCAPE AS APPROVALS MULTIPLY AND CGT'S BEGIN TO EXTEND BEYOND RARE DISEASE INDICATIONS.

NEXT I PARTICIPATED ON A PANEL ORGANIZED BY OUR FORMER COLLEAGUE ABLA CREASEY AT LABEST. THE PANEL CONVENED MIXED PERSPECTIVES, EXAMINING WHAT IT WILL TAKE TO MOVE THE FIELD TOWARDS SUSTAINABLE, EQUITABLE PATIENT ACCESS. THE PANEL ADVISED ON THREE CORE STRATEGIES: DESIGNING PATIENT ACCESS INTO DRUG DEVELOPMENT FROM THE START, BUILDING SCALABLE, REPEATABLE DELIVERY SYSTEMS VERSUS ONE-OFF CUSTOMIZED INTERVENTIONS, AND EVALUATING THESE THERAPIES BASED ON THEIR LONG-TERM LIFETIME VALUE RATHER THAN UP-FRONTS COST. UNDERLYING ALL THREE IS A CALL FOR SHARED ACCOUNTABILITY ACROSS INDUSTRY, GOVERNMENT, PAYERS, AND PATIENT GROUPS.

CALIFORNIA HAS BEEN PROPOSED AS A MODEL TO DEMONSTRATE HOW THESE IDEAS CAN BE INTEGRATED INTO A COHERENT SYSTEM.

AND LAST, SHYAM AND I ATTENDED A MEETING IN D.C. WHICH CONVENED STAKEHOLDERS AND WAS FOCUSED MORE ON REIMBURSEMENT AND INSURANCE CHALLENGES. THIS CONFERENCE ARRIVED AT MANY OF THE SAME

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CONCLUSIONS, BUT DELVED FURTHER INTO FINANCE MODELS AND RISK POOLING.

ALL OF THESE ACTIVITIES EXPAND OUR NETWORK OF STAKEHOLDERS, INCLUDING HEALTHCARE PROVIDERS, PAYERS, PATIENT ADVOCACY GROUPS, AND INDUSTRY PARTNERS, WITH WHOM WE CAN COLLABORATE TO DEVELOP MEANINGFUL SOLUTIONS TO THE COMPLICATED CGT ACCESS AND AFFORDABILITY LANDSCAPE. THANK YOU.

CHAIRMAN IMBASCIANI: THANK YOU. I'M GOING TO BE FOLLOWED NOW BY OUR PRESIDENT AND CEO. JONATHAN THOMAS, IF YOU WOULD COME TO THE PODIUM FOR THIS TRIPARTITE PRESENTATION. AND YOU'LL INTRODUCE THE FOLLOWING SPEAKERS.

DR. THOMAS: MR. CHAIR, MADAM VICE CHAIR, ESTEEMED MEMBERS OF THE BOARD, GREAT MEMBERS OF OUR TEAM, AND MEMBERS OF THE PUBLIC, IT'S A PLEASURE TO PRESENT PRESIDENT'S REPORT TODAY FOR THIS FINE JUNE DAY. WE'RE GOING TO HAVE THREE DIFFERENT SPEAKERS THAT ARE GOING TO COME UP TO GIVE YOU SOME UPDATES ON SOME VERY IMPORTANT MATTERS. IN ORDER, THIS WILL BE DR. ROSA CANET-AVILES SPEAKING ABOUT OUR LONG-TERM BUDGET FORECAST, DR. JOE GOLD ON A NUMBER OF UPDATES OF COMPANIES WHERE THINGS ARE HAPPENING WITH SOME OF OUR AWARDEES, AND LAST, BUT NOT LEAST, SHYAM PATEL. DR. PATEL COMING UP TO TALK ABOUT A

MOST PRODUCTIVE TRIP THAT A NUMBER OF US TOOK TO VISIT THE CCCE'S WHO ARE KICKING OFF THEIR RESPECTIVE PROGRAMS UNDER OUR CCCE OVERALL PROGRAM.

SO I AM GOING TO, WITHOUT FURTHER ADO, NOTE THAT YOU WILL RECALL BACK IN SEPTEMBER I PRESENTED TO THE BOARD A LONG-TERM FORECAST WHICH CONTEMPLATED SPENDING DOWN REMAINING PROP 14 FUNDS OVER A SIX-YEAR PERIOD. WE HAVE TAKEN A VERY DETAILED LOOK AT THIS TO DETERMINE IF THAT'S THE OPTIMAL STRETCH TO BE CONSIDERING. AND THE TEAM, THROUGH CONSULTATION WITH MEMBERS OF THE BOARD, HAVE DETERMINED THAT, RATHER THAN A SIX-YEAR FORECAST, WE FORESEE AN EIGHT-YEAR FORECAST. NOW, MIND YOU, THIS WAS IN SEPTEMBER. SO IT'S ACTUALLY NOW FIVE VERSUS SEVEN YEARS.

BUT TOWARDS THAT END, I'D LIKE TO DR. CANET-AVILES TO COME UP HERE AND PRESENT TO YOU A SHORT PRESENTATION WHICH DETAILS OUR THINKING ON THE SUBJECT. ROSA.

DR. CANET-AVILES: THANK YOU, J.T. MR. CHAIRMAN, MADAM VICE CHAIR, DISTINGUISHED MEMBERS OF THE BOARD, IT'S A PLEASURE TO COME HERE TODAY TO PRESENT THIS UPDATED FORECAST.

AND I WANT TO THANK MY COLLEAGUE MS. JENNIFER LEWIS FOR HER PARTNERSHIP IN PUTTING THIS

TOGETHER AS WELL.

SO AS J.T. WAS SAYING, WE ARE ALIGNING OUR LONG-TERM FUNDING STRATEGY WITH THE IMPACT TO PATIENTS. AND THESE TWO MESSAGES ARE GOING TO COME IN THE NEXT SLIDE. SO WHEN THE STRATEGIC ALLOCATION FRAMEWORK WAS APPROVED ABOUT THREE YEARS AGO NOW, WE DEVELOPED A PLAN THAT COULD ALLOW US TO MOVE FUNDING INTO THE FIELD IN A QUICK WAY.

OVER THE PAST YEAR AND A HALF, AS YOU VERY WELL KNOW BECAUSE YOU'VE BEEN APPROVING ALL THESE PROGRAMS, WE'VE BEEN DEPLOYING PROGRAMS. AND WE'VE BEEN ALSO AT THE SAME TIME EVALUATING THE PORTFOLIO AND WHERE THE OPPORTUNITIES WILL BE LIKELY TO EMERGE. AND SOME OF THIS PORTFOLIO ANALYSIS IS ACTUALLY COMING IN SEPTEMBER AS YOU WILL SEE.

WHAT BECAME CLEAR AS WE WERE DOING ALL THIS ANALYSIS IS, THAT TO MAXIMIZE THE PATIENT IMPACT TO CALIFORNIANS, IT'S NOT ALL ABOUT THE PACE OF SPENDING. IT'S ABOUT HAVING ALSO A FLEXIBILITY TO INVEST WHEN THE OPPORTUNITIES ARE READY AND WHEN THE PROGRAMS ARE MATURE AND WHERE THE POTENTIAL IMPACT WILL BE BIGGER.

SO THIS EIGHT-YEAR FORECAST SHIFTS US FROM A MORE COMPRESSED MODEL TO A MORE READINESS AND OPPORTUNITY PICKING A BASE MODEL. IT GIVES US MORE

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FLEXIBILITY TO RESPOND TO EMERGING OPPORTUNITIES, KEEP THE CONTINUITY IN THE PIPELINE, AND ADAPT TO NEW TECHNOLOGIES AS THE FIELD IS EVOLVING. AND THERE'S ALSO AN ASPECT OF REBALANCING THE FUNDING WHERE THE COSTS ARE HIGHER.

THIS NEXT SLIDE SHOWS US WHAT J.T. WAS MENTIONING JUST A MINUTE AGO, THE ORIGINAL FORECAST THAT WAS APPROVED AS PART OF THE SAF FROM NOW TILL FISCAL YEAR '30 TO '31 AS WE ORIGINALLY FORECASTED. THE PLAN CONCENTRATED THE FUNDING INTO A RELATIVELY SHORT TIME FRAME, WHICH IS SHOWN NOW FOR THE ACTUAL FROM NOW TILL THE END.

THE APPROACH. THESE APPROACHES ASSUMED A MORE COMPRESSED TIMELINE, ASSUMED MORE EQUAL NUMBERS FOR OPPORTUNITY DEVELOPMENT THAT WE BELIEVE IS NOT THE OPTIMAL WAY TO DO IT AS OF TODAY'S ANALYSIS. SO THIS IS THE CURRENT INVESTMENT REVISED -- FUNDING REVISED FORECAST. IT EXTENDS THE DEPLOYMENT HORIZON BY APPROXIMATELY BY TWO YEARS UP TO FISCAL YEAR 32/33, BUT MAINTAINING THE SAME OVERALL LEVEL OF FUNDING.

THE MAIN DIFFERENCE HERE IS NOT THE TOTAL AMOUNT INVESTED, BUT THE TIMING AND THE DISTRIBUTION OF THE FUNDINGS. THIS REVISED PLAN GIVES US MORE FLEXIBILITY TO ALIGN THE FUNDING WITH SCIENTIFIC

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READINESS AS WELL AS THE NEEDS THAT COME FROM THE PORTFOLIO AS IT'S ADVANCING. AND VERY IMPORTANTLY, I THINK, IT GIVES US THE ABILITY TO SUPPORT FUTURE OPPORTUNITIES THAT WE CAN'T ANTICIPATE WELL TODAY, ESPECIALLY AS TECHNOLOGIES ARE EVOLVING.

SO BEFORE MOVING INTO THE DETAILS OF THE SPECIFIC CHANGES THAT WE'VE MADE, I WANT TO MAKE SURE THAT, WHEN YOU SEE THE LEFT THAT SAYS PILLARS, I JUST WANT TO CLARIFY, THAT DOES NOT CORRESPOND TO THE PROGRAM. SO AS AN EXAMPLE, PDEV, DO NOT CONFUSE PDEV WITH THE PDEV PROGRAM. THE PDEV HAS THREE PROGRAMS. IT'S THE PRECLINICAL DEVELOPMENT PILLAR THAT CONTAINS THE PDEV PROGRAM, THE RAPID PROGRAM, AND THE TECHNOLOGY DEVELOPMENT PROGRAM THAT WE HAVEN'T YET PRESENTED TO THE BOARD AND IS COMING IN DECEMBER, JUST TO CLARIFY.

SO FOR THE CLINICAL PILLAR, WE HAVE, A, INCREASED THE OVERALL FUNDING RELATIVE TO THE PREVIOUS FORECAST AND CONSOLIDATED CLINICAL FUNDINGS INTO THE SINGLE PILLAR AND ALSO MOVES SOME FUNDING INTO LATER YEARS AS THIS WILL BE -- THE CLINICAL TRIALS IS WHAT WE'LL BE CAPTURING UP TO THE END OF OUR FUNDING. SO WE'VE ADDED SOME FUNDING OF LATER YEARS TO CAPTURE OPPORTUNITIES WITHIN CLINICAL THAT WAS CLOSER TO PATIENTS TILL THE END OF OUR FUNDING.

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THIS GIVES US MORE FLEXIBILITY. AS OPPORTUNITIES MATURE, IT WILL ALSO ALLOW THE SEPTEMBER LATE STAGE PORTFOLIO DISCUSSION TO HELP INFORM FUTURE FUNDING DECISIONS.

FOR THE PRECLINICAL, WE HAVE ADJUSTED FUNDING LEVELS AND TIMING TO REFLECT THE CONTRIBUTION OF PLATFORM-BASED PROGRAMS FOR GENETIC THERAPIES THROUGH RAPID. SO THE RELATIVE BETWEEN PDEV PROGRAM AND RAPID IS NOW DIFFERENT BECAUSE THE RAPID IS GOING TO HAVE THE FOCUS ON GENETIC PLATFORMS. AND USUALLY THAT'S FOR ULTRA-RARE AND RARE DISEASES, RIGHT? SO WE ARE CAPTURING THAT THERE.

AND THEN WE HAVE REBALANCED THE FOCUS TO SUPPORT -- AT THE EARLIER STAGES, THERE IS MORE MONEY TO SUPPORT EARLIER PROGRAMS. THE EARLIER PROGRAMS MEANS THAT WE GO FROM DEVELOPMENT CANDIDATE UP TO IND. SO IT'S THE WHOLE PATH. SO AT THE BEGINNING, WE WILL HAVE MORE EARLIER STAGE PROGRAMS SO THERE'S MORE MONEY WHILE PRESERVING THE CAPACITY FOR MORE ADVANCED PROGRAMS LATER THAT COULD THEN HOPEFULLY SOME OF THEM WOULD GO INTO THE CLINICAL. THAT'S WHY WE HAVE MONEY ALSO AT THE END FOR CLINICAL.

SO FOR DISCOVERY, WE HAVE REDUCED THE

OVERALL FUNDING RELATIVE TO THE PREVIOUS FORECAST. IT DOESN'T MEAN -- THIS IS VERY IMPORTANT -- THAT WE CONSIDER DISCOVERY AS LESS IMPORTANT. WE HAVE BASICALLY REBALANCED THE FUNDINGS TOWARDS CLINICAL WHERE THE COST OF ADVANCING THE THERAPIES IS A LOT HIGHER AT THOSE LATER STAGES. SO AS YOU WILL SEE, THERE IS MORE FOR CLINICAL, THE PRECLINICAL STAYED THE SAME, AND DISCOVERY HAS LESS.

NOW, THIS HAS BEEN DONE THROUGH STAGING DIFFERENTLY THE DISC4 PROGRAM. WE BELIEVE THAT WE CAN ACHIEVE GREATER IMPACT FROM DISCOVERY BY REDUCING THE FREQUENCY OF THE DISC4 AWARDS AND FOCUSING ON MAXIMIZING THE VALUE OF THE FUNDED NETWORKS AND THE DATA GENERATION AND THE DOWNSTREAM TRANSLATION ACTIVITIES THAT ARE HAPPENING AS WE ARE FUNDING THESE EVERY YEAR.

BY COMPARISON -- AND SOME OF THAT IS GOING TO BE PRESENTED BY OUR COLLEAGUE DR. JANIE BYRAM TODAY WHO'S GOING TO PRESENT THE INFRASTRUCTURE9 PROGRAM ABOUT DATA, TOOLS, AND SOFTWARE THAT WE WILL GENERATE TO DO THAT TYPE OF COLLABORATION AND DATA SHARING AND LEVERAGING THE RESOURCES.

SO THE APPROACH CREATES OPPORTUNITIES TO PARTNER ALSO WITH OTHER ORGANIZATIONS AND ALIGNING WITH COMPLEMENTARY LARGER SCALE DISCOVERY FUNDINGS,

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WHICH IS SOMETHING THAT SOME OF THE MEMBERS OF OUR BOARD HAVE BEEN ASKING US TO DO AS WELL. SO AS WE ARE GENERATING THIS DATA, WE HAVE TIME ALSO TO TALK TO OTHER PARTNERS AND LEVERAGE. THERE'S THE ALLEN INSTITUTE. THERE'S OTHER ORGANIZATIONS AS WELL, MICHAEL J. FOX AND OTHERS, THAT WE CAN PARTNER WITH TO LEVERAGE THOSE FUNDINGS. AND SIMILAR PROGRAMS THAT WE HAVE MODELED THE DISC4 TO OPERATE ON A MULTIYEAR RATHER THAN ANNUAL FUNDING CYCLE.

SO I WAS INVOLVED, FOR EXAMPLE, IN THE ACCELERATING MEDICINE PARTNERSHIPS TO WHICH WE MODELED THIS. THAT WAS ONE EVERY FIVE YEARS. IT WASN'T ONE EVERY YEAR.

SO THAT'S THE RATIONALE FOR THE DISCOVERY AND HOW WE HAVE STRATEGICALLY DISTRIBUTED THE FUNDING HERE.

FOR EDUCATION, WE HAVE ADJUSTED THE TIMING OF THE UPDATED SCHOLARS PROGRAM. AND THIS IS TO BETTER ALIGN WITH WORKFORCE DEVELOPMENTS AND NEEDS OVER TIME. AND THAT'S BEEN PART OF SOME DISCUSSIONS WITH THE BOARD, PUBLIC DISCUSSIONS. SO AS YOU WILL SEE IN SEPTEMBER, THE SCHOLARS PROGRAM IS COMING FOR A PRESENTATION TO THE BOARD FOR APPROVAL NOW THIS YEAR. SO WE'VE ACCELERATED THAT SO YOU WILL SEE THIS REFLECTED IN MY COLLEAGUE MS. LEWIS IN TODAY'S

BUDGET.

AND LASTLY, FOR INFRASTRUCTURE, WE HAVE ADDED FUNDING FOR THE ALPHA CLINICS TO MAINTAIN THE CLINICAL TRIAL AND PATIENT ACCESS INFRASTRUCTURE THAT WE'VE BUILT ACROSS CALIFORNIA. AND THAT'S LED BY MY COLLEAGUE, DR. SHYAM PATEL.

SO OVER ALL, THESE CHANGES ARE REALLY ABOUT BALANCING THE FUNDINGS ACROSS THE PIPELINE, MAINTAINING FLEXIBILITY, AND MAKING SURE WE ARE POSITIONED TO SUPPORT THE STRONGEST OPPORTUNITIES AS THEY EMERGE. THANK YOU FOR LISTENING.

DR. BLUMENTHAL.

DR. BLUMENTHAL: THANK YOU. QUICK QUESTION. THIS IS REALLY GREAT. I REALLY DO SUPPORT THIS GENERAL FRAMEWORK, BUT I HAD A QUESTION ABOUT EDUCATION. BECAUSE ON THE ONE HAND, GIVEN THE DECLINE IN FEDERAL FUNDING FOR EDUCATION, THIS IS A TIME PERHAPS TO ACCELERATE EDUCATION SPENDING AS SUGGESTED IN THAT TABLE. ON THE OTHER HAND, I AM CONCERNED ABOUT THE FACT THAT THERE COULD BE A DROP-OFF AT THE END SO THAT THERE ISN'T REALLY CONTINUOUS SUPPORT FOR STUDENTS NEAR THE END OF THAT EIGHT-YEAR PERIOD. DO YOU WANT COMMENT A LITTLE BIT MORE ABOUT THAT?

DR. CANET-AVILES: YES. THANK YOU, DR.

BLUMENTHAL. WE HAVE RIGHT NOW INVESTED, SO THE $200 MILLION ON FISCAL YEAR 26/27 ARE THE RENEWAL OF THE -- I'M TRYING TO THINK WHICH ONE THAT CORRESPONDS TO. THAT'S ACTUALLY THE HYBRID PROGRAM THAT WE ARE JUST LAUNCHING NOW. AND THAT'S GOING TO BE THE RENEWAL OF THE COMPASS AND THE BRIDGES THAT'S GOING TO GO FOR FIVE YEARS.

THE NEXT ONE WILL BE THE SCHOLARS. YOU DO HAVE A POINT, BUT I THINK IT'S UP TO THE BOARD TO DECIDE WHETHER -- I THINK SOME OF THE WORKFORCE NEEDS ARE GOING TO BE INTEGRATED INTO THE PIPELINE OF THE PILLARS. SO, FOR EXAMPLE, FOR CLINICAL, PDEV, AND DISC, THERE ARE FELLOWS AND RESEARCHERS THAT WILL BE FUNDED THROUGH THAT AS WELL THROUGHOUT THE YEARS.

SO I DO THINK THAT'S A VERY IMPORTANT QUESTION YOU'RE ASKING. I DO NOT HAVE AN ANSWER FOR IT. AND I THINK IT'S PROBABLY A TOUGH CHOICE THAT THE BOARD WILL HAVE TO MAKE, WHETHER WE GO WITH THE DEVELOPMENT OF THE THERAPIES OR WE RE-FUND SOMETHING AT A LATER YEAR; FOR EXAMPLE, WHEN THINGS ARE FINISHED AT THE 30/31. SORRY I'M BEING LONG. BUT THERE WAS NEVER SUSTAINABILITY FOR WORKFORCE DEVELOPMENT. SO THIS IS HARD. YEAH. THANK YOU.

CHAIRMAN IMBASCIANI: KIM.

DR. BARRETT: NOW IT'S WORKING. GREAT. SO THANK YOU VERY MUCH FOR THIS THOUGHTFUL PRESENTATION. AND I DEFINITELY UNDERSTAND AND SUPPORT THE RATIONALE TO REALLY PRIORITIZE THE CLINICAL DEVELOPMENT. BUT I THINK THIS NEEDS TO BE CAREFULLY MESSAGED IN AN ENVIRONMENT WHERE PEOPLE ARE REALLY STRUGGLING FOR RESEARCH FUNDING, AND PARTICULARLY FOR EARLY STAGE DISCOVERY-TYPE PROJECTS.

DR. CANET-AVILES: AND THANK YOU, DR. BARRETT. I AGREE WITH YOU. AND I THINK THAT -- I WAS TRYING TO BE VERY CAREFUL IN THE WAY THAT WE ARE JUSTIFYING THE DISCOVERY. AS YOU CAN SEE, LIKE THE TOTAL AMOUNT IN EVERY ONE OF THE PILLARS IS NOW MORE RELATIVE AND MORE BALANCED TO THE COST OF WHAT THAT STAGE USUALLY, AND THAT WAS SOMETHING WE DIDN'T INTO ACCOUNT BECAUSE I THINK WE JUST DIDN'T THINK ABOUT THAT THAT CAREFULLY. AND WE ARE UPDATING THAT HERE.

BUT YOU ARE ABSOLUTELY RIGHT, AND I THINK A GREAT PARTNERSHIP NOW THAT WE HAVE WITH OUR COMMUNICATIONS COLLEAGUES, WE HAVE AMY ADAMS AND SCOTT HERE HELPING US. AND THE TEAM COMMUNICATIONS SHOULD PROBABLY PARTNER WITH US. WE WILL PARTNER WITH THEM TO COMMUNICATE THIS. THANKS.

DR. MIASKOWSKI.

DR. MIASKOWSKI: THANK YOU. I HAVE A QUESTION ABOUT THE ALPHA CLINICS. AND THIS IS MAYBE CURIOSITY ON MY PART. WHAT PLANS ARE IN PLACE TO UNDERSTAND THE SUSTAINABILITY OF THESE CLINICS WHEN CIRM FUNDING ENDS? ARE THERE DISCUSSIONS HAPPENING ABOUT THAT?

DR. CANET-AVILES: THERE ARE. AS I WAS INTERIM LEADING THE PATIENT ACCES, WE STARTED VERY THOROUGHLY THINKING ABOUT THIS AND UNDERSTANDING WHAT THE OUTCOMES HAVE BEEN FROM THE CURRENT ALPHA CLINICS INVESTMENT THAT HAS BEEN, I THINK, 15 YEARS NOW. I WOULD LIKE TO DEFER TO MY COLLEAGUE DR. PATEL, WHO'S NOW LEADING THIS, TO PROVIDE AN ANSWER. AND PERHAPS WHEN HE PRESENTS THE CCCE OR IF YOU WANT TO COME NOW, SHYAM, YOU CAN TALK ABOUT THAT BECAUSE THAT'S DEFINITELY A VERY -- THAT'S A KEY QUESTION. AND WE HAVE TAKEN -- AND WHEN I SAID ALPHA CLINICS FUNDING, I DID NOT SAY RE-FUNDING. SO I WAS VERY CAREFUL TO SAY THAT. PLEASE, DR. PATEL.

DR. PATEL: THANK YOU. YEAH. SO THIS IS A GREAT QUESTIONS. SO AS WE LOOK AT THE ALPHA CLINICS NETWORK, ONE OF THE THINGS THAT WE'RE LOOKING AT IS THE INCREASE IN THE TRIAL CAPACITY ACROSS ALL OF THOSE SITES AND HOW THAT IS SUSTAINED GOING FORWARD.

ONE OF THE THINGS THAT THE ALPHA CLINICS REALLY ENDED UP DOING, OUR FUNDING ENDED UP DOING, WAS PROVIDING SOME STABILITY ON THE STAFF TO SUPPORT BOTH THE ENGAGEMENT WITH SPONSORS AS WELL AS THE LAUNCH OF THOSE TRIALS IN SUPPORT OF THEM. AND SO WE WANT TO SEE AS WE GO FORWARD HERE WHAT IS REQUIRED TO KEEP THAT GOING AND ALSO WHAT ADDITIONAL FUNCTIONALITY WE CAN ADD TO THE NETWORK THAT WOULD HELP PATIENTS IN CALIFORNIA ACCESS BOTH CLINICAL AND COMMERCIAL THERAPIES.

SO OVER THE NEXT SIX MONTHS, WE'RE GOING TO BE DIGGING DEEP INTO THAT AND THEN COMING BACK TO THE BOARD WITH A PLAN.

DR. CANET-AVILES: GREAT QUESTION. THANK YOU. OH, YSABEL. MS. DURON.

MS. DURON: THAT'S OKAY. I'M ACTUALLY PROJECTING. AND SO I'M PUTTING IT ON THE TABLE BECAUSE, GIVEN BOTH CUTS AT THE FEDERAL LEVEL THAT ARE GOING TO IMPACT STATE, GIVEN STATE RECONSIDERATIONS WITH REVENUES, ET CETERA, AND WHERE THEY PUT THEM, I THINK, AND THIS GOES SOMEWHAT TO AMY AS WELL, BUT I THINK WE AS A BOARD NEED TO THINK ABOUT THIS IN TERMS OF COMMUNICATION OUTWARD. I MEAN YOU SAID 2032. I THOUGHT WE WOULD BE WRAPPING UP SOONER THAN THAT, BUT THAT'S LOVELY. BUT I

REALLY DO THINK WE NEED TO START THINKING IN TERMS OF PREPARING OUR PUBLIC FOR SOME WONDERFUL DISCOVERY AS WE GO, BUT ALSO FOR THE POSSIBILITY, TO YOUR POINT, TO THE FACT THAT SOME CARE MIGHT ACTUALLY BE -- THE SPIGOT MIGHT ACTUALLY BE TURNED OFF SOMEWHAT ABRUPTLY IF WE CANNOT COME TO NEW RESOLUTION AND NEW FUNDING.

I JUST THINK THAT, IN ORDER FOR THE PUBLIC NOT TO BE TOTALLY GOBSMACKED BY A REALITY THAT HAPPENS TO THEM LATER ON DOWN THE ROAD, THAT PERHAPS AMY NEEDS TO THINK OF A COMMUNICATIONS PLAN AND WHEN WE START TO TALK ABOUT LIMITATIONS AND ABOUT US TRYING TO FIGURE OUT THE BEST THINGS TO DO WITH WHAT WE HAVE WHILE WE HAVE IT.

DR. CANET-AVILES: THAT'S EXCELLENT. YES. THAT'S A VERY GOOD POINT, MS. DURON. I THINK THAT SOMETHING THAT WILL COMPLETE A LITTLE BIT THE PICTURE, AND I WISH IT HAD BEEN NOW IN JUNE, BUT IT WILL COME IN SEPTEMBER, IS GOING TO BE SHOWING WHAT THE WINS OF WHERE ARE WE GOING IN TERMS OF THE LATER STAGE PORTFOLIO THAT WE HAVE. HOW ARE WE GOING TO ACHIEVE ALSO THESE SAF GOALS AND WHAT TO EXPECT. AND I THINK THAT WILL ALSO HELP WITH MESSAGING, THAT WE DON'T HAVE AN INFINITE FAUCET, RIGHT. AND THAT'S SOMETHING THAT WE WILL ALSO PARTNER WITH MS. ADAMS

IN COMMUNICATING AS YOU VERY WELL SAID. THANK YOU.

CHAIRMAN IMBASCIANI: THANK YOU, ROSA. J.T., YOU WANT TO CONTINUE?

DR. THOMAS: THANK YOU, ROSA. AND I WANT TO DOUBLE DOWN ON THANKING JEN FOR ALL HER HARD WORK ON THIS FORECAST. SO THANK YOU VERY MUCH, JEN.

SO AT OUR LAST MEETING I WAS GOING TO INITIATE AS A SORT OF COMPANION PIECE TO THE CLOSER FOR CURES SEGMENT A REPORTING OUT OF HOW A NUMBER OF OUR AWARDEES ARE DOING TO UPDATE KEY DEVELOPMENTS TO THE BOARD SO THAT YOU GET AN ONGOING FEEL FOR WHERE THINGS STAND. AND SO WE WERE JUST ABOUT READY TO DELIVER THAT WHEN THE ROCKET NEWS HIT, AS YOU RECALL, AT THE END OF THE LAST MEETING, WHICH WAS VERY IMPORTANT NEWS OF THE DAY. AND SO THIS IS GOING TO BE THE INAUGURAL EFFORT.

TOWARDS THAT END, I'VE ASKED DR. GOLD TO COME TO SPEAK TO YOU ABOUT FIVE OF OUR AWARDEES AND AN UPDATE ON WHERE THINGS STAND.

BEFORE, JOE, YOU COME UP, I WANT TO MAKE ONE LAST COMMENT ON ROSA'S PRESENTATION. FOR NEWER MEMBERS OF THE BOARD, WHEN SHE TALKS ABOUT WE'RE ACCELERATING FUNDING FOR THE SCHOLARS PROGRAM, A LOT OF YOU PROBABLY DON'T KNOW WHAT THAT IS. AND THAT'S SOMETHING THAT'S BEEN AROUND FOR A WHILE, AND IT

TARGETS YOUNG FACULTY, WHICH ARE THE VERY FACULTY WE'RE CONCERNED ABOUT WITH THE FEDERAL FUNDING CUTS.

AND SO WE'RE, AS JEN WILL DESCRIBE, ALLOCATING A CONSIDERABLE AMOUNT IN THIS COMING YEAR IMMEDIATELY DIRECTLY TO ADDRESS THAT ISSUE. SO, JOE, PLEASE.

DR. GOLD: THANK YOU, J.T. AND GOOD MORNING. J.T. ASKED ME TO SPECIFICALLY SUMMARIZE SOME OF THE CIRM GRANTEE ACTIVITIES AT THE AMERICAN SOCIETY FOR GENE AND CELL THERAPY MEETING IN BOSTON LAST MONTH. AND, OF COURSE, ASCGT IS THE PREMIERE SHOWCASE FOR DEVELOPERS OF THESE TYPE OF TREATMENTS. AS YOU CAN IMAGINE, CIRM GRANTEES ARE VERY ACTIVE AT THIS MEETING. AND I DON'T HAVE TIME TO DESCRIBE ALL THE CIRM ACTIVITIES THERE BECAUSE OUR GRANTEES ARE A PROLIFIC BUNCH. AND, IN FACT, YOU'RE GOING TO HEAR FROM SOME OF OUR GRANTEES LATER ON IN THIS MEETING, WHICH WILL BE VERY EXCITING.

BUT I DID WANT TO FOCUS ON A FEW OF THE CLINICAL DISCUSSIONS. I THINK THEY'RE QUITE IMPACTFUL, AND I THINK THEY MESH REALLY NICELY WITH TWO OF OUR FRAMEWORK GOALS; NAMELY, THAT OF ADVANCING FOUR TO SEVEN RARE DISEASE THERAPIES TO THE BIOLOGICAL LICENSE APPLICATION, THE FINAL STAGE FOR APPROVAL, AND ALSO FOR PROPELLING 15 TO 20 OTHER

DISEASE THERAPIES TO LATE STAGE CLINICAL TRIALS.

SO THE FIRST PRESENTATION I WANT TO TALK ABOUT CAME FROM OUR GRANTEE TENAYA THERAPEUTICS. AND TENAYA IS TARGETING A RARE CARDIAC DISEASE CALLED ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY. AND THIS IS A GENETIC CONDITION WHERE THE STRUCTURE OF THE HEART ACTUALLY CHANGES AND ELECTRICAL SIGNALS DON'T PROMULGATE VERY EFFECTIVELY, AND IT WINDS UP LEADING TO ARRHYTHMIAS AND HEART FAILURE AND SUDDEN CARDIAC DEATH. AND THE MAJORITY OF THESE CASES ARE CAUSED BY MUTATIONS IN A GENE CALLED PKP2. AND WHEN I SAY THE MAJORITY, I MEAN SOMETHING LIKE OVER 40 PERCENT OF THESE PATIENTS HAVE THESE MUTATIONS. THAT MEANS ABOUT 70,000 PATIENTS IN THE U.S.

AND WHAT TENAYA IS DOING IS THEY'VE DEVELOPED A VIRAL VECTOR WHICH IS VERY EFFECTIVE AT TRANSFERRING THE DEFECTIVE GENE INTO THE HEART. AND WHAT THEY'RE FINDING IN THEIR EARLY STAGE CLINICAL TRIALS RESULTS IS THAT, FIRST OF ALL, THE THERAPY IS SAFE, WHICH, OF COURSE, IS THE MOST IMPORTANT THING TO DISCOVER FIRST OFF, BUT ALSO THE PATIENTS WHO ARE TREATED ARE SHOWING A BIG DECREASE IN BOTH THE NUMBER AND SEVERITY OF THE ARRHYTHMIAS.

SO THIS IS QUITE EXCITING. AND TENAYA IS

GOING TO BE MEETING WITH THE FDA LATER THIS YEAR TO TALK ABOUT THE DESIGN OF THEIR NEXT TRIAL, WHICH SHOULD BE THEIR PIVOTAL TRIAL; IN OTHER WORDS, THAT WHICH IS GOING TO GET THEM TO FULL APPROVAL. SO WE'LL KEEP AN EYE ON THAT.

NOW, VIRAL VECTORS ARE THE WORKHORSE OF GENE THERAPIES, BUT THERE ARE SOME OTHER APPROACHES WHICH ARE BEING USED. AND THEY CAN BE ADVANTAGEOUS FOR SPECIFIC CONDITIONS. AND ONE OF OUR GRANTEES IS IMMUSOFT CORPORATION. AND IMMUSOFT IS TARGETING A RARE DISEASE CALLED MPS1. AND THIS IS A GENETIC CONDITION IN WHICH CELLS LACK AN ENZYME WHICH ALLOWS THEM TO BREAK DOWN SPECIFIC TYPES OF SUGARS, MEANING THEY BUILD UP IN THE CELLS, YOU GET CELL DEATH, YOU GET MULTI-ORGAN SYSTEM FAILURE, YOU GET INTELLECTUAL DISABILITIES, AND THE WORST CASE IS DEATH.

AND THERE ARE TWO CURRENT THERAPIES FOR THIS CONDITION. THE FIRST IS A BONE MARROW TRANSPLANT, WHICH IS IT IS CURATIVE, BUT WE KNOW ABOUT THE CAVEATS THAT COME WITH BONE MARROW TRANSPLANTS. YOU HAVE TO FIND AN APPROPRIATELY MATCHED DONOR. YOU HAVE TO TYPICALLY TREAT THE RECIPIENT WITH SOME PRETTY TOXIC DRUGS TO PRECONDITION THEM TO ALLOW THESE TRANSPLANTS TO ENGRAFT. YOU HAVE TO WORRY THAT THE RECIPIENT IS

GOING TO REJECT THE TRANSPLANT. SO YOU HAVE TO KEEP THEM UNDER CARE WITH VERY POWERFUL IMMUNOSUPPRESSIVE DRUGS POTENTIALLY THE REST OF THEIR LIFE, WHICH HAVE SOME VERY SEVERE SIDES EFFECTS. AND THE WORST CASE SCENARIO IS THAT THE TRANSPLANTED IMMUNE SYSTEM ATTACKS THE HOST. THIS IS GRAFT VERSUS HOST DISEASE, AND IT CAN BE FATAL.

SO THE OTHER TREATMENT WHICH IS BEING USED IS LESS TOXIC, BUT ALSO LESS EFFECTIVE. AND THIS IS WEEKLY INFUSIONS OF AN ENZYME GOING IN THE CIRCULATION. THE PROBLEM WITH THIS TREATMENT IS THAT, ASIDE FROM THE FACT THAT IT'S EVERY WEEK, IS THAT THE ENZYME DOES NOT PENETRATE INTO THE BRAIN VERY EFFECTIVELY. SO YOU'RE NOT REALLY ABLE TO ADDRESS THE CNS ASPECTS OF THE DISEASE. ALSO BECAUSE YOU'RE GIVING ONE INFUSION PER WEEK, THE LEVELS OF THE ENZYME RISE AND FALL DURING THAT WEEK. SO IT'S VERY HARD TO CONTROL THE LEVEL OF THIS ENZYME. SO IT'S HELPFUL, BUT IT'S NOT A CURE.

BUT IMMUSOFT HAS TAKEN AN INTERESTING APPROACH. THEY START WITH THE OBSERVATION THAT OUR NATURALLY OCCURRING B-CELLS ARE INCREDIBLY POTENT FACTORIES AT CHURNING OUT VERY LARGE QUANTITIES OF PROTEINS AND SECRETING THEM. TYPICALLY THESE ARE ANTIBODIES. BUT WHAT IMMUSOFT HAS DONE IS THEY

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ISOLATE B-CELLS FROM THE INDIVIDUAL PATIENTS, AND THEN THEY DO A NONVIRAL MODIFICATION USING SOMETHING WITH THE EVOCATIVE NAME OF THE SLEEPING BEAUTY TRANSPOSON, WHICH I CAN TALK ABOUT LATER IF ANYBODY IS INTERESTED. AND THEY ENGINEERED THESE CELLS, THEN, TO EXPRESS VERY LARGE QUANTITIES OF THIS MISSING ENZYME.

AND THE BENEFITS OF THIS APPROACH IS THAT NOT ONLY ARE THESE CELLS REALLY POTENT AT PRODUCING THIS ENZYME, BUT B-CELLS ARE LONG-LIVED AND THEY'RE VERY GOOD AT PENETRATING THE DIFFERENT TISSUES, INCLUDING THE BRAIN. SO THE THERAPY GETS ACCESS TO ALL THE TISSUES WHERE YOU WANT IT TO BE.

AND THEIR INITIAL CLINICAL TRIAL RESULTS SHOW THAT, FIRST OF ALL, AGAIN, IT'S SAFE. SECONDLY, THE CELLS ARE PRESENT. THEY'VE STAYED ENGRAFTED. AND THEY'RE SEEING DECREASES IN THE BLOOD AND CEREBRAL SPINAL CORD FLUID LEVELS OF THESE SUGARS, AND THEY'RE ALSO SEEING SOME IMPACTS ON SOME OTHER SYMPTOMS. SO, AGAIN, VERY, VERY EARLY RESULTS, BUT VERY EXCITING.

NOW, I MENTIONED GRAFT VERSUS HOST DISEASE. ANOTHER OF OUR GRANTEES IS TRX1. AND THEY HAVE DEVELOPED AN OFF-THE-SHELF THERAPY TO STOP GRAFT VERSUS HOST DISEASE. AND IN THIS CASE,

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THEY'RE STARTING WITH T-CELLS FROM HEALTHY DONORS, AND THEY'RE VIRALLY ENGINEERING THEM TO TURN THEM INTO A TYPE OF IMMUNE CELL CALLED A TR1 CELL THAT HAS THE NORMAL FUNCTION OF DAMPENING DOWN IMMUNE RESPONSES.

SO THEY'RE USING THESE CELLS IN A CLINICAL TRIAL WITH PATIENTS WHO HAVE HAD TO HAVE BONE MARROW TRANSPLANTS DUE TO CANCER TREATMENTS. AND AS I SAID, IT'S AN OFF-THE-SHELF THERAPY. SO WE CAN GO RIGHT INTO THESE PATIENTS. AND THE RESULTS, AGAIN, SAFE, THE CELLS ARE PERSISTING, AND THEY'RE GETTING SOME PRETTY GOOD INDICATIONS THAT TOLERANCE MAY BE BEING ESTABLISHED EARLY ON. SO, AGAIN, THAT'S EXCITING. AND IF THIS APPROACH HOLDS UP, IT POTENTIALLY WOULD HAVE SOME APPLICATIONS WELL BEYOND GVHD. FOR EXAMPLE, YOU MIGHT IMAGINE THESE CELLS MIGHT BE USEFUL IN MAINTAINING ACCEPTANCE OF OTHER TYPES OF TRANSPLANTS, AND THEY MIGHT PLAY A ROLE IN DAMPENING THE EFFECTS OF AUTOIMMUNE DISEASES TOO. SO, AGAIN, SOMETHING TO KEEP AN EYE ON.

AND AUTOIMMUNE DISEASE. SO ANOTHER OF OUR GRANTEES IS FATE THERAPEUTICS. AND THEY ARE DOING SOMETHING INTERESTING. THEY'RE TAKING A TREATMENT WHICH WAS ORIGINALLY DESIGNED AS A CANCER TREATMENT AND TURNING IT AGAINST LUPUS NEPHRITIS, WHICH IS AN

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AUTOIMMUNE DISEASE.

AND WHAT HAS BEEN FOUND IN THE LAST COUPLE YEARS, WHICH IS REALLY INTERESTING, IS THAT THE SAME CAR-T'S WHICH ARE USED IN CERTAIN TYPES OF BLOOD CANCERS, SEEM TO BE VERY EFFECTIVE AT PUTTING LUPUS INTO REMISSION. AND THIS IS BECAUSE THESE CAR-T CELLS ARE DESIGNED TO KILL OFF B-CELLS BECAUSE THOSE ARE THE TYPES OF CELLS WHICH BECOME MALIGNANT IN THESE TYPES OF BLOOD CANCERS. BUT THESE ARE ALSO THE TYPES OF CELLS THAT GO ROGUE IN LUPUS AND OTHER AUTOIMMUNE DISEASES.

AND REALLY THE MOST INTERESTING PART HERE IS THAT THEY HAVE FOUND THAT IF YOU GIVE THESE KIND OF TREATMENTS TO LUPUS PATIENTS, MOST OF THE B-CELLS ARE KILLED OFF, AS YOU WOULD ANTICIPATE, BUT EVENTUALLY THEY COME BACK. BUT FOR REASONS WE DO NOT UNDERSTAND, THE IMMUNE SYSTEM HAS RESET ITSELF. SO THE B-CELLS THAT COME BACK DON'T CAUSE LUPUS ANYMORE. WE DON'T KNOW WHY. IT'S REALLY, REALLY INTERESTING. BUT PATIENTS GET BACK A NORMAL COMPLEMENT OF B-CELLS. THEY HAVE NORMAL B-CELL MEDIATED IMMUNITY. SO THIS IS GREAT BECAUSE IT MEANS THAT THERAPY DOES NOT HAVE TO LAST FOREVER. IN FACT, THERE'S A GOOD RATIONALE WHY YOU WOULDN'T WANT IT TO LAST FOREVER SO THEY GET THEIR IMMUNE

SYSTEM BACK.

NOW, THE PROBLEM WITH THIS APPROACH, AND OTHER PEOPLE WHO ARE TRYING THIS, IS THAT IT HAS ALL THE DOWNSIDES OF TYPICAL CAR-T PRODUCTION, MEANING IT'S A ONE-OFF FOR EACH INDIVIDUAL PATIENT. YOU CAN'T SCALE IT UP. YOU CAN'T HAVE IT READY AHEAD OF TIME. SO THAT'S A PROBLEM.

BUT FATE HAS TAKEN A VERY DIFFERENT AND INTERESTING ROUTE. THEY START WITH PLURIPOTENT STEM CELLS WHICH THEY CAN CONVERT INTO T-CELLS. AND THEY TAKE THESE T-CELLS AND THEY ENGINEER THEM IN TWO WAYS. FIRST, THEY KNOCK OUT THE NORMAL T-CELL RECEPTOR IN THESE T-CELLS SO THEY CAN'T ATTACK THE HOST. NO GRAFT VERSUS HOST DISEASE.

BUT, SECONDLY, THEY INTRODUCE THE RECEPTOR SPECIFIC TO KILL OFF B-CELLS. AND WHAT THEY HAVE FOUND IN THEIR EARLY CLINICAL TRIAL RESULTS IS, AGAIN, SAFETY. SECOND, THE CELLS PERSIST LONG ENOUGH, AND THEY'RE SEEING A KNOCKDOWN OF THE PATIENT'S B-CELLS. SO IT ALL LOOKS REALLY, REALLY GOOD. AND FATE HAS ALREADY MET WITH FDA, AND THEY'VE AGREED THAT THE NEXT CLINICAL TRIAL WILL BE THEIR PIVOT TRIAL. SO, AGAIN, VERY EXCITING.

THE LAST GROUP I'LL TALK ABOUT CAME FROM ELPIDA THERAPEUTICS AND, SEPARATELY, THEIR FOUNDER,

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TERRY PIROVOLAKIS. AND ELPIDA ANNOUNCED THAT THEIR CIRM-FUNDED CMT4J TRIAL FOR RARE DISEASE IS OPEN, AND THEY HOPE TO BE TREATING THEIR FIRST PATIENT VERY, VERY SOON.

AND TERRY GAVE ONE OF THE KEYNOTE ADDRESSES AT ASGCT. AND HE TALKED ABOUT HIS ODYSSEY FROM BEING THE PARENT TO A CHILD WITH A DEVASTATING RARE DISEASE TO SOMEONE WHO BECAME JUST A FIERCE AND TIRELESS ADVOCATE TO DEVELOP A THERAPY FOR HIS CHILD, A KID WITH THIS DISEASE, TO GOING ON AND FOUNDING A NOT-FOR-PROFIT COMPANY THAT IS TACKLING FIVE DIFFERENT RARE DISEASES FOR KIDS.

IT WAS POWERFUL, IT WAS MOVING, AND JUST ONE OF THESE JOLTS YOU NEED SOMETIMES TO REMEMBER THAT THERE ARE PEOPLE OUT THERE WHO ARE REALLY ALL IN FIGHTING THE GOOD FIGHT AND THAT CIRM HAS AN IMPORTANT ROLE TO PLAY IN SUPPORTING THESE EFFORTS, BOTH THE RARE DISEASES AND MORE PREVALENT DISEASES.

SO JUST QUICKLY IN SUMMARY, I MENTIONED THAT WE'VE GOT TENAYA, WHO'S GOING TO BE GOING TO FDA TO TALK ABOUT THEIR NEXT PIVOTAL TRIAL FOR A RARE CARDIAC CONDITION, WE'VE GOT FATE, WHICH HAS ALREADY GOT CONCURRENCE FROM THE FDA ON THE DESIGN OF THEIR TRIAL FOR A COMMON DISEASE FOR LUPUS, WE'VE GOT EXCITING CLINICAL RESULTS FROM IMMUSOFT AND FROM

TRX1 THAT'S GOING TO PROPEL THEM DOWN THE PATHWAY TOWARDS LATER STAGE CLINICAL TRIALS, WE'VE GOT ELPIDA OPENING UP THEIR TRIAL TOO.

WHAT I'M TALKING ABOUT HERE IS JUST THE THINGS WHICH ARE HAPPENING AT ASGCT. THERE'S A LOT OF OTHER THINGS GOING ON BEHIND THE SCENES IN OTHER FORMATS. AND WHAT THIS REALLY MEANS IS THAT WE'RE BUILDING UP A LOT OF MOMENTUM TOWARDS THESE STRATEGIC GOALS I WAS TALKING ABOUT. AND THE REST OF THIS YEAR AND NEXT YEAR SHOULD BE A REALLY EXCITING TIME TO SEE WHAT'S ABOUT TO HAPPEN. SO I WOULD JUST TELL EVERYBODY TO STAY TUNED. THANK YOU.

(APPLAUSE.)

DR. THOMAS: THANKS VERY MUCH, JOE. THAT WAS A GREAT SUMMARY. BY THE WAY, LOOKING QUITE DAPPER TODAY, IF I DO SAY.

SO THE LAST SPEAKER I WOULD LIKE TO INTRODUCE, YOU'VE SEEN A MINUTE AGO, DR. PATEL IS GOING TO DESCRIBE THE TRIPS MADE TO THE THREE CCCE SITES AND HOW THOSE WENT AND WHERE THEY ARE IN THE ROLLOUT OF THEIR RESPECTIVE PROGRAMS. SHYAM.

DR. PATEL: THANK YOU, J.T. AND THANK YOU TO THE ICOC. I'M EXCITED TO BE PRESENTING TO YOU TODAY IN MY NEW CAPACITY AS THE PATIENT ACCESS TEAM LEAD. THIS IS MY FOURTH ROLE AT CIRM.

SO I HAVE A FEW SLIDES TO WALK THROUGH SITE VISITS THAT WE DID AT THE COMMUNITY CARE CENTERS OF EXCELLENCE. AS YOU KNOW, THESE JUST LAUNCHED THIS YEAR. CAN WE GO TO THE SLIDES PLEASE. THAT'S ON ME. THANK YOU. IT WON'T ADVANCE. WHILE THOSE ARE ADVANCING -- THERE WE GO.

SO JUST AS A REMINDER, THE COMMUNITY CARE CENTERS OF EXCELLENCE ARE MANDATED BY PROP 14. AND THE INTENTION WAS TO EXPAND THE CLINICAL NETWORK IN CALIFORNIA AND TO MAKE BOTH COMMERCIAL AND CLINICAL STAGE CELL AND GENE THERAPIES ACCESSIBLE TO PATIENT POPULATIONS THAT ARE UNDERSERVED BY THE CURRENT INFRASTRUCTURE THAT WE HAVE IN THE STATE OF CALIFORNIA.

AND SO THEY WERE DESIGNED TO FUND THE DELIVERY AS WELL AS ALL THE TRAINING INVOLVED WITH LAUNCHING CELL AND GENE THERAPY TRIALS AND DELIVERING THESE IN A COMMERCIAL CAPACITY AS WELL.

SO SINCE WE JUST LAUNCHED THE AWARDS, THE PATIENT ACCESS TEAM TOOK A SITE VISIT TO EACH OF THOSE THREE NEW FACILITIES. AND WE ALSO BROUGHT ALONG MANY OF OUR TEAM MEMBERS. AND SO I'LL GO THROUGH SOME THAT, SOME OF OUR OBSERVATIONS, AND REALLY SPEAK TO THE POWER OF WHAT IS BEING BUILT AT EACH OF THESE FACILITIES.

SO THESE ARE THE THREE FACILITIES. I KNOW IT'S A LITTLE BIT HARD SO SEE, SO I'M GOING TO WALK THROUGH THAT. SO WE FUNDED THREE COMMUNITY CARE CENTERS OF EXCELLENCE IN CENTRAL AND SOUTHERN CALIFORNIA. ONE IS THE COMMUNITY HEALTH SYSTEM IN FRESNO/CLOVIS THAT SERVICES THE CENTRAL VALLEY. THE SECOND IS THE LUNDQUIST INSTITUTE. YOU HEARD JUST A LITTLE BIT ABOUT THAT FROM J.T. EARLIER. THIS IN THE SOUTH BAY IN TORRANCE, BUT IT SERVES THE SOUTH LOS ANGELES, EAST LOS ANGELES, AND SOUTH BAY COMMUNITIES. AND LASTLY IS LOMA LINDA UNIVERSITY. THIS IS IN THE INLAND EMPIRE, AND IT SERVES BOTH THE RIVERSIDE AND SAN BERNARDINO COUNTIES. THESE ARE MASSIVE COUNTIES IN THE STATE OF CALIFORNIA BY AREA, STRETCHING ALL THE WAY FROM THE OUTSKIRTS OF L.A. TO LAS VEGAS.

AND SO I'M GOING TO GO THROUGH IN A LITTLE BIT OF DETAIL ABOUT EACH OF THESE FACILITIES. ONE THING I WANT TO HIGHLIGHT IS THAT IN EACH OF THREE CASES, IT TOOK THE UNYIELDING VISION OF ONE PERSON TO HAVE THE FORESIGHT THAT CELL AND GENE THERAPIES ARE GOING TO BE IMPORTANT FOR THEIR PATIENT COMMUNITIES AND REALLY BUILDING UP ALL OF THE SUPPORT THEY NEEDED WITHIN THE INSTITUTION, THE LEADERSHIP, THE STAFF, AS WELL AS EXTERNAL

STAKEHOLDERS. AND THAT'S GOING TO COME ACROSS IN THE SLIDES WHERE THEY HAVE BUILT THIS PARTNERSHIP, EVERYBODY IS REALLY EXCITED ABOUT WHAT THEY'RE DOING, AND THEY REALLY WANT TO BRING THESE THERAPIES TO THEIR PATIENT COMMUNITY.

SO THIS IS US AT LOMA LINDA. SOME OF US DRESSED UP IN FUNNY SUITS. I THINK THEY MADE US DO THIS ON PURPOSE JUST TO SEE WHAT IT WOULD BE LIKE. BUT WE GOT TO TOUR THE SURGICAL SUITES, AND I'LL DESCRIBE THAT IN A LITTLE BIT. BUT WE WERE VERY FORTUNATE TO BE JOINED BY MANY OF OUR INTERNAL STAKEHOLDERS, INCLUDING J.T., THE GRANTS MANAGEMENT TEAM, THE COMMUNICATIONS TEAM, THE PROGRAMS TEAM, DR. JOE GOLD, WHO WAS VERY ENAMORED WITH CERTAIN CARPET DESIGNS ON ONE OF THE FACILITIES, AS WELL AS THE PATIENT ACCESS TEAM.

AND SO FOR US, SITE VISITS ARE IMPORTANT BECAUSE WE GET TO MEET THE TEAMS, WE GET TO SEE ALL THE WORK IN PERSON, AND WE REALLY JUST GET TO BUILD RELATIONSHIPS THAT WE CAN THEN EXPAND UPON AS WE GO FORWARD.

AND SO I'M GOING TO START OFF WITH THE COMMUNITY HEALTH SYSTEM IN CLOVIS/FRESNO, AND THEN GO THROUGH THE OTHER TWO. SO HERE DR. HABDULAK (PHONETIC) HAD A VISION. AND THE PRIMARY VISION WAS

TO BRING CAR-T CELL THERAPY TREATMENTS TO LOCAL COMMUNITY THERE INSTEAD OF HAVING TO TRAVEL 200 MILES TO GO THE BAY AREA OR 200 MILES TO GO TO L.A. AND YOU CAN SEE THAT IN THAT TINY MAP RIGHT THERE. THAT LITTLE BLUE DOT IN THE MIDDLE, THAT'S THE AUTHORIZED TREATMENT CENTER CLOVIS/FRESNO FOR KITE T-CELL THERAPIES. THAT ALLOWS THOSE PATIENTS TO GET TREATED THERE INSTEAD OF HAVING TO GO TO THE BAY AREA, WHICH IS THAT TOP BLUE SPOT, OR TO THE L.A. OR SAN DIEGO REGION, WHICH IS THE BOTTOM BLUE SPOT. AND THAT IS A BIG DEAL FOR THESE PATIENTS TO BE ABLE TO GET TREATED THERE AND HAVE ACCESS TO THE CELL AND GENE THERAPIES.

AND SO RIGHT NOW THEY ARE ONBOARDING ALL MAJOR COMMERCIAL CELL AND GENE THERA- -- CAR-T PRODUCTS WHILE THEY BUILD UP THEIR CLINICAL TRIAL INFRASTRUCTURE. WE GOT TO TOUR AN OLD OFFICE BUILDING THEY'RE TURNING INTO A MANUFACTURING FACILITY TO ALLOW THEM TO MANUFACTURE A CELL AND GENE THERAPY DRUG PRODUCT FOR CLINICAL TRIALS IN COLLABORATION WITH UC DAVIS. AND THEY'RE WORKING WITH SEVERAL COMMUNITY PARTNERS, INCLUDING BLOOD CANCER UNITED -- YOU MAY KNOW THEM AS THE LEUKEMIA AND LYMPHOMA SOCIETY -- FOR PATIENT NAVIGATION AND COMMUNITY ENGAGEMENT AS WELL AS THE FRESNO CENTER,

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WHICH IS TIED INTO LOCAL COMMUNITIES THERE IN TERMS OF TRAINING COMMUNITY HEALTH WORKERS, AS WELL AS ENGAGEMENT WITH THE COMMUNITY THERE INFORMING THEM ABOUT CELL AND GENE THERAPY TRIALS.

I'M GOING TO MOVE ON TO THE LOMA LINDA UNIVERSITY. AS I MENTIONED, THIS SERVES TWO OF THE BIGGEST COUNTIES BY AREA IN CALIFORNIA, A HUGE CATCHMENT AREA. AND LOMA LINDA IS WELL ON ITS WAY TO BEING ABLE TO SUPPORT BOTH COMMERCIAL AND CLINICAL CELL AND GENE THERAPIES. IT'S GOING TO USE CIRM FUNDING TO EXPAND ALL OF THAT OPERATION.

SO FIRST AND FOREMOST, THEY'RE AN AUTHORIZED TREATMENT CENTER FOR MULTIPLE COMMERCIAL CELL AND GENE THERAPIES. THIS INCLUDES SICKLE CELL GENE THERAPIES AS WELL AS CAR-T'S. AND AS THEY TOLD US DURING THE PRESENTATION, THERE'S A SIGNIFICANT SICKLE CELL POPULATION IN THEIR COMMUNITY. AND SO BEING ABLE TO PROVIDE THAT ACCESS TO THAT CELL AND GENE THERAPY THERE IS IMPORTANT.

THEY ARE ALSO A TREATMENT SITE FOR A NUMBER OF NEUROLOGICAL DISORDER CLINICAL TRIALS IN CELL AND GENE THERAPIES. SO IN THAT PICTURE YOU SEE DR. BOLING DEMONSTRATING TO US AN IMAGE-GUIDED NEUROSURGERY. DR. BOLING HAS BEEN INSTRUMENTAL IN LEADING THIS INSTITUTION TO BE ABLE TO SUPPORT THE

DELIVERY OF CELL AND GENE THERAPIES FOR NEUROLOGICAL DISORDERS. THIS INCLUDES CIRM-FUNDED THERAPIES. WE ASKED *BIO'S GENE THERAPY FOR PARKINSON'S DISEASE AS WELL AS NEURONA CELL THERAPY FOR EPILEPSY. THESE ARE COMPLICATED PROCEDURES THAT REQUIRE MRI-GUIDED SURGERY AS WELL AS TRAINING IN NOVEL DELIVERY DEVICES AND MANY, MANY ROBOTIC SYSTEMS. AND ALL OF THAT HAS BEEN ENABLED BY THE VISION OF DR. BOLING.

THEY'RE ALSO DEVELOPING A CENTRALIZED CLINICAL RESEARCH ADMINISTRATIVE UNIT WITH THE SINGULAR FOCUS OF CUTTING TRIAL ACTIVATION TIME DOWN BY HALF. AND SIMILARLY TO THE CLOVIS, THEY'RE BUILDING A MANUFACTURING FACILITY TO BE ABLE TO SUPPORT CELL AND GENE THERAPY CLINICAL TRIALS LOCALLY.

FINALLY, THEY HAVE SEVERAL COMMUNITY PARTNERS THAT THEY'RE WORKING WITH TO TRAIN COMMUNITY HEALTH WORKERS FOR THEIR COMMUNITIES AND ALSO TO LEVERAGE DATA ABOUT ENGAGEMENT AND TO BETTER INFORM FUTURE ENGAGEMENT.

LASTLY IS THE LUNDQUIST INSTITUTE IN MY HOME TOWN OF TORRANCE, CALIFORNIA. AND SO THIS IS A UNIQUE FACILITY. SO HERE THE VISION WAS TO BE ABLE TO PROVIDE CELL AND GENE THERAPIES TO PATIENTS IN AN AMBULATORY OUTPATIENT SETTING. THAT'S THEIR MAIN

FOCUS. THEY'RE ONLY GOING TO SUPPORT TRIALS AS WELL AS COMMERCIAL THERAPIES THAT ARE DELIVERED IN AN OUTPATIENT SETTING. AND THAT'S UNIQUE TO OUR ENTIRE NETWORK.

THEY'RE RENOVATING AN OLD CONFERENCE ROOM INTO AN ADVANCED PHARMACY SUITE TO BE ABLE TO SUPPORT CELL AND GENE THERAPIES. WE GOT TO SEE THE ROOM. IT'S GOING TO LOOK WONDERFUL WHEN IT'S A PHARMACY. AND THEY'RE ALSO ACCELERATING THE TIMELINE, WHICH WE LOVE. SO THEY'RE MOVING FASTER TO BE ABLE TO GENERATE -- TO BE ABLE TO SUPPORT THESE TYPES OF THERAPIES. AND THEY ALREADY STARTED DISCUSSING THE TRIAL SPONSORS.

AND LASTLY, THEY'RE COLLABORATING WITH SEVERAL COMMUNITY PARTNERS IN THEIR COMMUNITY, INCLUDING RFK INSTITUTE, THE SOUTH CENTRAL PREVENTION COALITION, AND ACCESS ADVOCACY, TO BUILD MULTIPLE DISEASE ADVOCACY GROUPS AND BOARDS TO HAVE REAL CLEAR ENGAGEMENT AROUND DISEASES THAT ARE IMPORTANT TO THEIR COMMUNITY. AND THEY'RE ALSO VERY PASSIONATE ABOUT WORKING WITH US TO ENGAGE OUR EARLIER STAGE PRECLINICAL PROGRAMS TO HELP REALLY BRING THE PATIENT VOICE INTO THE TRIAL DESIGN AND TRIAL EXECUTION. SO WE'RE REALLY EXCITED TO BE WORKING WITH THEM GOING FORWARD AS WELL.

SO I'M GOING TO END WITH A SPECIAL SHOUTOUT TO DR. GEOFF LOMAX, WHO MANY OF YOU KNOW. GEOFF HAS BEEN WORKING AT CIRM AND HAS SERVED CIRM FOR OVER 20 YEARS. AND SADLY HE'S RETIRING AT THE END OF JULY. WE WILL MISS HIM. WE WANT TO RECOGNIZE ALL THE CONTRIBUTIONS THAT HE'S MADE TO CIRM OVER THE LAST 20 PLUS YEARS, NOT ONLY ON THE POLICY SIDE, BUT ALSO ON THE INFRASTRUCTURE SIDE.

SO I MENTIONED THE CCCE PROGRAMS. GEOFF LED THE SCOPING, THE DEVELOPMENT, AND THE LAUNCH OF THIS PROGRAM. AND SO THAT'S GOING TO BE HIS LASTING LEGACY AS HE LEAVES CIRM HERE IS TO SEE THIS PROGRAM SORT OF GROW UP OVER THE NEXT FEW YEARS. SO I WANT TO THANK GEOFF FOR ALL OF HIS SERVICE, AND WE ARE VERY DELIGHTED TO HAVE WORKED WITH HIM OVER THE YEARS AND WISH HIM ALL THE BEST AS ME MOVES ON WITH HIS RETIREMENT.

(APPLAUSE.)

MS. DURON: SHYAM, DON'T RUN AWAY TOO SOON.

DR. PATEL: THOUGHT I COULD ESCAPE.

MS. DURON: FIRST, CONGRATULATIONS. VERY EXCITING NEWS. THANK YOU PARTICULARLY ABOUT THE COMMUNITY OUTREACH. AND I RECOGNIZE SOME OF THOSE FOLKS THAT YOU'RE WORKING WITH.

I THINK IT WOULD BE REALLY LOVELY IF YOU ADD TO THE SLIDE THE DEMOGRAPHIC REACH AND CATCHMENT AREA OF THE PATIENTS IN THOSE PARTICULAR AREAS JUST SO WE KNOW, WHEN WE TALK ABOUT THESE UNDERSERVED POPULATIONS, WE REALLY KNOW WHO'S IN THAT CATCHMENT AREA AND WHETHER OR NOT WE CAN MEASURE THAT, IN FACT, THEY'RE BEING CAUGHT.

DR. PATEL: YEAH. DEFINITELY.

MS. DURON: SECOND OF ALL, I THINK THAT IT'S REALLY CRITICAL TO HAVE THIS KIND OF INFORMATION POINT OUTWARD BACK THROUGH YOUR COMMUNITY PARTNERS TO THOSE COMMUNITIES SO THEY CAN SEE THIS IS SOMETHING THEY DO NEED, RIGHT, THAT IT DOES IMPACT THEM. AND I THINK THAT USING YOUR COMMUNITY PARTNERS WHO ARE TRAINING WHAT YOU CALL PROMOTORAS, AKA COMMUNITY HEALTH WORKERS, WHO ARE BECOMING THE BRIDGE ACROSS THE COUNTRY TO REACH VULNERABLE POPULATIONS PARTICULARLY, BUT TO ADD TO A SHRINKING LABOR FORCE OR ONE THAT NEEDS TO BE BUILT OR REBUILT. SO I THINK IT WOULD BE CRITICAL.

FINALLY, I HOPE THAT YOU ARE ACTUALLY BRINGING THEM TO THESE CENTERS SO THEY CAN SEE IT AS WELL AND START TO DREAM AND BELIEVE.

DR. PATEL: YES, DEFINITELY. I THINK THERE'S GOING TO BE A COMPONENT OF THAT.

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AND SO A COUPLE OF POINTS I JUST WANT TO MAKE THERE. SO ONE OF THE THINGS THAT REALLY HEARTENED US, ESPECIALLY AT THE LUNDQUIST INSTITUTE, WHERE THEY HAD EVERY SINGLE ONE OF THEIR EXTERNAL AND INTERNAL STAKEHOLDERS AT THE TABLE. AND SO ALL THOSE COMMUNITY PARTNERS, UCLA, EVERYBODY WAS THERE TO HAVE A REALLY RICH DISCUSSION. AND ONE PART OF THAT THAT REALLY CAME UP THERE WAS, BECAUSE THE CLINICIANS WERE THERE, THE CLINICIANS WERE TALKING ABOUT HOW, WHEN THEY WANT TO REFER THEIR PATIENTS EVEN FOR STANDARD OF CARE TO FACILITIES LIKE UCLA, CITY OF HOPE, AND OTHERS IN THAT REGION, THEY RUN INTO ALL KINDS OF ACCESS BARRIERS AROUND INSURANCE COVERAGE PARTICULARLY FOR THE ADULT POPULATION. AND SORT THAT LED TO A WORKFLOW FOR US AS WELL IS TO FIGURE OUT WHAT'S HAPPENING IN OUR TRIALS.

AND THEN ON THE SAME SIDE, AS YOU MENTIONED WITH THE COMMUNITY PARTNERS AND THE TRAINING WITH OUR COMMUNITY HEALTH WORKERS, THERE WAS A DISCUSSION AROUND HOW DO WE ALL WORK WITH EACH OTHER TO USE THE APPROPRIATE TRAINING MATERIALS, RIGHT, AND AS WELL AS WHAT COMMUNITIES ARE WE ENGAGING AND HOW DO WE MEASURE ALL THAT. AND SO COMING OUT OF THAT IS ALSO WHAT IS OUR METRICS FOR SUCCESS ON THE COMMUNITY ENGAGEMENT SIDE AS WELL.

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SO I THINK ALL OF THIS GOING TO BE BUILDING AS WE GO FORWARD HERE AND REALLY TO OPERATIONALIZE THIS NETWORK AND TO PUT ALL THE LEARNINGS TOGETHER AND REALLY TAKE ACTION GOING FORWARD. SO THANK YOU SO MUCH FOR YOUR FEEDBACK.

DR. CARETHERS: DR. PATEL, SORRY. BY THE WAY, THIS IS PHENOMENAL. SO I'M THRILLED WITH THIS DEVELOPMENT NETWORK.

I WAS VERY INTERESTED IN THE CENTRAL VALLEY OUTPATIENT ONE. WHAT IS THE EXACT MODEL? IS IT AN EXPERT GOES THERE FOR A PERIOD OF TIME? I'M TRYING TO THINK HOW THE MODEL WORKS. OR IS IT SOMEONE WHO'S THERE ALL THE TIME THAT CAN HELP DELIVER THESE WHEN IT'S FULLY UP AND RUNNING?

I'M ASKING THAT BECAUSE I'M JUST INTRIGUED IF THIS -- IF WE CAN LEARN FROM THAT AND REPLICATE THAT IN OTHER AREAS OF RELATIVE RURAL SITES BECAUSE A LOT OF THESE RURAL AREAS DON'T NECESSARILY HAVE LARGE OR HOSPITALS OR HOSPITAL SYSTEMS. THEY HAVE CRITICAL ACCESS HOSPITALS, AND THIS OUTPATIENT THING SOUNDS JUST PHENOMENAL. SO I WOULD LOVE, ONCE IT'S UP AND RUNNING, HOW IT'S REPLICATED.

SO I WAS WONDERING WHAT'S THE CARE MODEL. I CAN'T IMAGINE A HIGH-END MEDICAL ONCOLOGIST BEING THERE A HUNDRED PERCENT OF THE TIME, BUT MAYBE THERE

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IS. I DON'T KNOW. I'M JUST ASKING.

DR. PATEL: YEAH. AND SO THIS IS PARTICULAR TO THE LUNDQUIST INSTITUTE AS WELL. I'LL SPEAK TO THAT BECAUSE I THINK THAT'S THE MOST RELEVANT OF YOUR POINT HERE. SO THE LUNDQUIST INSTITUTE IN TORRANCE WHERE THEY'RE GOING TO BE SUPPORTING US IN AN OUTPATIENT SETTING, THEY FIRST HAVE TO START BY TRAINING ALL OF THEIR STAFF ON HOW TO DELIVER THESE THERAPIES. AND SO THAT'S WHERE THEY'RE WORKING REALLY TIGHTLY WITH THE UCLA TEAM ON THAT TRAINING. SO THERE'S GOING TO BE SOME CROSS TRAINING, HAVING THE LUNDQUIST STAFF ACTUALLY GO TO UCLA, GET TRAINED FIRSTHAND, AND USING A LOT OF THE PREVIOUS ALPHA CLINIC RESOURCES TO BE ABLE TO DO THAT.

AND I THINK, AS YOU MENTIONED, THERE'S PROBABLY GOING TO BE SOME LEVEL OF EXPERT COMING THERE. AND I THINK THERE'S JOINT APPOINTMENTS BETWEEN UCLA AND LUNDQUIST THAT DOES HELP WITH THAT. AND THEN WE'RE GOING TO SEE HOW THAT PLAYS OUT IN THAT SETTING. BUT YOU'RE RIGHT. AS WE GO FURTHER AND FURTHER OUT WHERE THERE ISN'T A DIRECT TIE TO A MAJOR MEDICAL INSTITUTION HOW DOES THAT PLAY OUT. AND I THINK THIS IS GOING TO INFORM US QUITE BIT ON HOW WE THEN SCALE OUT TO OTHER INSTITUTIONS.

CHAIRMAN IMBASCIANI: I DON'T SEE ANY -- YES, YAEL.

MS. WYTE: I JUST WANTED TO SAY I LOVE THIS. IT'S GREAT. IT'S LOVELY TO SEE IN ACTION, AND I LOVE THE THOUGHTFULNESS THAT'S COME OF THE CONVERSATIONS OF BEING IN PERSON AND HOW THIS IS GOING TO GROW AND BENEFIT. SO THANK YOU FOR SHARING.

DR. PATEL: THANK YOU. AND ONE OF THE THINGS THAT REALLY STOOD OUT FOR US WAS DURING THE TOUR, I THINK IT WAS AT LOMA LINDA, AND THEY SPOKE TO A NURSE. AND SHE WAS JUST SO MUCH IN AWE OF HAVING DELIVERED THE FIRST GENE THERAPY AT THE INSTITUTION, AND IT WAS SICKLE CELL GENE THERAPY. AS WE WERE WALKING AWAY, THEY WERE MENTIONING THAT THE NURSING STAFF HERE RECOGNIZES THE IMPACT OF THESE THERAPIES, BUT IT IS HARD. THESE ARE REALLY COMPLICATED THERAPIES THAT REQUIRE A LOT OF TRAINING AND THEN A LOT OF MONITORING. SO IT'S INCREDIBLY HARD TO DELIVER THESE THERAPIES, BUT AT THE SAME TIME THEY RECOGNIZE THE IMPACT.

DR. SACKEY: DITTO. THIS IS JUST AMAZING. THIS IS INCREDIBLE. SO CONGRATULATIONS TO YOU AND YOUR TEAM FOR THIS INCREDIBLE LAUNCH. IT'S VERY INSPIRING.

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I GUESS MY QUESTION HAS TO DO WITH HOW CIRM IS ENCOURAGING THESE CENTERS TO THINK ABOUT A SUSTAINABILITY PLAN THAT GOES BEYOND THE CIRM FUNDING.

DR. PATEL: YES. GREAT POINT. SO ONE OF THE THINGS THAT'S INSTRUMENTAL IN ALL THREE OF THESE FACILITIES IS THAT THERE IS FULL LEADERSHIP BUY-IN OF THE CEO'S OF ALL THREE OF THESE INSTITUTIONS PRESENT AT THESE MEETINGS. AND THEY ALSO HAD COMMITTED FUNDING TO BUILD OUT THE INFRASTRUCTURE.

I THINK GOING FORWARD, IT'S GOING TO BE A COMBINATION OF THE ABILITY TO DELIVER THE COMMERCIAL THERAPY AND HOW THAT PLAYS OUT FOR THEIR ECONOMICS. AND ON THE CLINICAL SIDE, IT'S GOING TO BE A STEADY FLOW OF TRIALS COMING THEIR WAY.

BUT YOU'RE RIGHT. THE SUSTAINABILITY IS REALLY GOING TO BE CRITICAL. AND ESPECIALLY ONE OF THE THINGS THAT WE REALLY WANT TO BE CAREFUL OF WHAT YSABEL MENTIONED IN TERMS OF THE TRAINING PROGRAMS AND THAT ENGAGEMENT AND WHAT HAPPENS TO THAT BECAUSE THAT'S NOT A REVENUE MAKING SYSTEM RIGHT THERE, RIGHT, AND HOW DO WE SUSTAIN THAT GOING FORWARD.

CHAIRMAN IMBASCIANI: CHRISTINE.

DR. MIASKOWSKI: I THINK THIS IS REALLY FANTASTIC. AND I REMEMBER READING THESE GRANT

APPLICATIONS AND BEING REALLY, REALLY EXCITED. SO I'M THINKING ABOUT THE BROADER MEDICAL AND NURSING COMMUNITY AND LESSONS LEARNED, RIGHT, THE EXAMPLE YOU GAVE OF THE NURSE. I GUESS WHAT IS OUR OBLIGATION TO DISSEMINATE WHAT WE'RE LEARNING IN PUBLICATIONS TO THE BROADER COMMUNITY? BECAUSE I CAN IMAGINE ACADEMIC MEDICAL CENTERS THINK WE CAN ONLY DO THIS AT A UCSF. I'M USING MY INSTITUTION AS AN EXAMPLE. AND WE'RE PROVING THEM WRONG.

AND I REALLY THINK THERE NEEDS TO BE ARTICLES ABOUT THE PRINCIPLES THAT WE'VE APPLIED, WHAT WE'RE LEARNING. I WAS THINKING AS MARIA GAVE HER PRESENTATION ABOUT ACCESS AND AFFORDABILITY. THOSE ARE REALLY IMPORTANT CONCEPTS THAT WE SHOULD CLAIM AS OURS AND PUT THEM IN MEDICAL JOURNALS, NURSING JOURNALS, TO SAY THIS IS POSSIBLE. COMMUNITIES CAN LEARN THIS. PRIMARY CARE DOCS CAN REFER. NURSES CAN BE ENGAGED IN THIS.

SO I DON'T KNOW IF THERE'S PLANS FOR THAT, BUT I WOULD REALLY LIKE TO ENCOURAGE US TO DO THAT BECAUSE I THINK IT'S GOING TO BE A REALLY IMPORTANT SERVICE TO THE NATION.

DR. PATEL: THANK YOU FOR THE ENCOURAGEMENT. I THINK THAT IS AN IMPORTANT PART OF DISSEMINATING LEARNINGS GOING FORWARD. AS YOU WERE

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TALKING EARLIER TO JOHN'S QUESTION ABOUT THOSE FACILITIES, ONE OF THE THINGS THAT CAME OUT OF THERE WAS THAT EVERY SINGLE MANUFACTURER FOR THOSE CAR-T THERAPIES HAS THEIR OWN REQUIREMENTS. AND THEY HAD TO SORT OF MANAGE ALL OF THAT IN DIFFERENT WAYS AND BUILD ALL THAT LEARNING AND INFRASTRUCTURE IN PLACE. AND THAT'S THE SORTS OF LEARNING THAT CAN BE GOING OUT AS WELL AS IN ADDITION TO THE TRAINING OF THE NURSING STAFF AND THE CLINICAL STAFF. AND I THINK IT'S IMPORTANT FOR IS TO BE ABLE TO GATHER ALL THAT AND DISSEMINATE IT IN APPROPRIATE PLATFORMS. THANK YOU FOR RAISING THAT. IT'S DEFINITELY SOMETHING WE'D LOVE TO WORK WITH YOU GOING FORWARD ON.

DR. SOUTHARD: TO BUILD ON THAT, I ALSO WANTED TO SEE THAT WE HAVE ARTICLES WRITTEN ABOUT OUR OUTREACH TO UNDERSERVED POPULATIONS BECAUSE I THINK IF WE ARE ABLE TO SHOW THAT OUR PROGRAMS, PARTICULARLY IN THE CENTRAL VALLEY, ARE REACHING UNDERSERVED POPULATIONS THAT ARE USUALLY IGNORED, THAT WOULD MAKE A VERY POWERFUL IMPACT FOR AN ARTICLE.

DR. PATEL: THANK YOU. AND AS YOU'VE LEARNED OVER THE LAST FEW MONTHS, AMY IS ALWAYS A STEP AHEAD. SO SHE AND HER TEAM HAD INDEPENDENT CONVERSATIONS WITH ALL THREE CCCE'S WHEN WE WERE

DOWN THERE TO FIGURE OUT A COMMUNICATION STRATEGY.

DR. MALKAS: SO THE WORD I WOULD USE IS TEMPLATE. YOU'RE BUILDING TEMPLATES. AND I THINK THAT COULD BE A VERY, VERY POWERFUL THING, NOT JUST FOR CALIFORNIA, BUT FOR THE NATION AS A WHOLE. SO I'D START, IF YOU WANT TO USE A WORD, I WOULD START SAYING WE'RE BUILDING THE TEMPLATE FOR DELIVERING THIS KIND OF CARE INTO A NEW SETTING REALLY. SO THAT'S JUST MY RECOMMENDATION.

DR. PATEL: THANK YOU, DR. MALKAS. I'LL BE USING THAT WORD AND LISTENING GOING FORWARD.

CHAIRMAN IMBASCIANI: SHYAM, I SEE A LOT OF WRITING IN YOUR FUTURE.

MS. DURON: I'M GOING TO ADD ONE WORD TO LINDA, TOOLKITS. DEVELOP THE TOOLKITS THAT CAN THEN BE DISSEMINATED. PARTICULARLY IN THE COMMUNITY LEVEL, THOSE WOULD BE EXCELLENT. AND I'D BE GLAD TO HELP DISSEMINATE THEM.

DR. PATEL: OF COURSE. THANK YOU SO MUCH.

CHAIRMAN IMBASCIANI: OKAY. IF THERE ARE NO OTHER QUESTIONS, I DON'T SEE ANY ON THE LINE. SO J.T., YOU WANT TO --

DR. THOMAS: I'M JUST GOING TO WRAP UP HERE. WE'RE GOING TO -- IN THE INTEREST OF TIME, I HAD SOME COMMENTS ON AI. I'M GOING TO DEFER THAT

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TILL OUR NEXT MEETING. AND I WANT TO THANK ALL THREE OF OUR SPEAKERS AND ALL MEMBERS OF THE TEAM WHO WERE INSTRUMENTAL IN GETTING ALL THE WORK DONE THAT WAS DISCUSSED TODAY.

AND I JUST WANT TO CLOSE IN MY OWN SHOUTOUT TO GEOFF. I KNOW YOU'RE WATCHING. YOU'VE BEEN A STELLAR MEMBER OF THE TEAM FOR MANY, MANY YEARS. THANK YOU FOR ALL YOUR HARD WORK AND DEDICATION, AND WE'LL DEFINITELY MISS YOU VERY MUCH. THANK YOU, MR. CHAIRMAN.

CHAIRMAN IMBASCIANI: THANK YOU, J.T. THAT WAS A SERIES OF WONDERFUL PRESENTATIONS. THANK YOU, EVERYONE.

WE CAN MOVE NOW TO THE PART OF THE AGENDA CALLED THE CONSENT AGENDA. TODAY WE HAVE FIVE ITEMS. AND THAT WOULD BE THE MINUTES FROM THE LAST MEETING, THE CONSIDERATION OF FIVE NEW APPOINTMENTS AND TWO REAPPOINTMENTS TO THE SCIENTIFIC MEMBERS OF OUR GRANTS WORKING GROUPS, AMENDMENTS TO THE PRECLINICAL DEVELOPMENT CONCEPT PLAN, AND THE RAPID PROGRAM FOR RARE DISEASE, REVISIONS TO THE AWARD MANAGEMENT POLICY, AND THE USUAL REQUEST TO ATTEND REMOTELY.

THE WAY THE CONSENT AGENDA IS, I WOULD LIKE A MOTION TO ACCEPT ALL OF THESE WITHOUT FURTHER

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DISCUSSION UNLESS A MEMBER OF THE BOARD WANTS TO ABSTRACT AN ITEM OR MORE.

DR. BARRETT: MOVE APPROVAL.

DR. BLUMENTHAL: SECOND.

CHAIRMAN IMBASCIANI: WE HAVE A MOTION AND SECOND. IS THERE ANY DISCUSSION ON THAT? ANY FURTHER ABSTRACTIONS? NO. NONE.

ANY MEMBER OF THE PUBLIC HAVE A COMMENT ON THIS? IF NOT, SCOTT, YOU CAN PROCEED TO A VOTE.

MR. TOCHER: OKAY. I'LL DO A VOICE VOTE IN THE ROOM, BUT I MUST POLL INDIVIDUAL MEMBERS WHO ARE PARTICIPATING VIA ZOOM. SO ALL THOSE IN THE ROOM IN FAVOR SAY AYE. THOSE OPPOSED NAY. ANY ABSTENTIONS?

AND ON THE PHONE: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: MONICA CARSON.

DR. CARSON: AYE.

MR. TOCHER: MARK FISCHER-COLBRIE.

MR. FISCHER-COLBRIE: AYE.

MR. TOCHER: RICH LAJARA.

MR. LAJARA: AYE.

MR. TOCHER: CAROLYN MELTZER.

DR. MELTZER: AYE.

MR. TOCHER: SHANNA STARK.

MS. STARK: AYE.

MR. TOCHER: KEVIN XU.

MR. XU: AYE.

MR. TOCHER: GREAT. THANK YOU. MR. CHAIR, MOTION CARRIES.

CHAIRMAN IMBASCIANI: WE CAN PROGRESS NOW TO AGENDA ITEM NO. 11. WE'RE NOW GOING TO CONSIDER THE APPLICATIONS SUBMITTED IN RESPONSE TO OUR PRECLINICAL DEVELOPMENT PROGRAM, THE PDEV PROGRAM. THIS IS THE WORK OF THE APPLICATION REVIEW SUBCOMMITTEE. AND DR. HAYLEY LAM WILL APPROACH THE PODIUM AND GIVE THE PRESENTATION. THANK YOU, HAYLEY.

DR. LAM: GOOD MORNING. IT'S MY PLEASURE TODAY TO PRESENT TO THE BOARD THE GRANTS WORKING GROUP RECOMMENDATIONS FOR THE PDEV PRECLINICAL PROGRAM.

SO I'LL BE PRESENTING A BRIEF OVERVIEW OF THE PROGRAM AND THEN WALKING YOU THROUGH THE PROCESS BY WHICH WE ARRIVED HERE TODAY WITH THE RECOMMENDATIONS FOR YOUR APPROVAL.

AS YOU KNOW, WE HAVE OUR SIX IMPACT GOALS HERE THAT HAVE ALLOWED US TO DEVELOP AND LAUNCH SEVERAL PROGRAMS UP TO NOW AND MANY PLANS AS WELL. THESE WERE ESTABLISHED IN 2024. THE PDEV PROGRAM

ALIGNS WITH GOAL 4, PROPELLING 15 TO 20 THERAPIES TARGETING DISEASES AFFECTING CALIFORNIANS. AND THE PDEV PROGRAM ITSELF IS AIMED AT ACCELERATING PRECLINICAL DEVELOPMENT AND PRIORITIZATION OF INNOVATIVE THERAPIES FOR CALIFORNIANS. AND SO AS SUCH, THE OBJECTIVE OF THE PROGRAM IS TO ACCELERATE COMPLETION OF PRECLINICAL DEVELOPMENT, FDA IND CLEARANCE, AND THE CLINICAL TRIAL START-UP FOR STEM CELL-BASED AND GENETIC THERAPIES.

THE OVERALL STRUCTURE OF THE PROGRAM FOR THIS CURRENT FISCAL YEAR IS TWO ITERATIONS OF THIS PROGRAM. THIS IS THE SECOND FOR THE CLOSING FISCAL YEAR. AND THE PROGRAM ALLOWS A MAXIMUM DURATION OF FIVE YEARS AND UP TO 13 MILLION IN AWARD AMOUNTS AND VARYING CO-FUNDING AMOUNTS DEPENDING ON THE APPLICANT TYPE. WE PROJECTED WITH A 160-MILLION TOTAL INITIAL ALLOCATION APPROXIMATELY SOMEWHERE BETWEEN 12 TO 21 TOTAL AWARDS ACROSS BOTH ROUNDS.

I'LL SPEAK TO A LITTLE BIT MORE OF THIS LATER, BUT WE HAVE ALREADY, AS YOU MAY RECALL, IN DECEMBER APPROVED 12 APPLICATIONS AGAINST THIS 160-MILLION BUDGET ALREADY. AND SO WHAT YOU'RE SEEING TODAY IS AGAINST THE REMAINING 42 MILLION OR SO FOR THE HUNDRED -- OUT OF THE 160 INITIAL ALLOCATION.

SO A LITTLE BIT ABOUT THE AWARD STRUCTURE. SO TO ACCELERATE THE PRECLINICAL DEVELOPMENT, THE PROGRAM IS DESIGNED TO ALLOW FLEXIBILITY IN ENTRY POINTS. SO WE ALLOW TWO ENTRY POINTS TO THIS PROGRAM, BUT A SINGULAR OUTCOME, WHICH IS THAT EXPECTED FDA IND CLEARANCE AT THE END OF THE AWARD. SO DEPENDING ON WHAT STAGE THAT THE APPLICANT COMES IN AT, THEY CAN COME IN AT WHAT WE CALL THE EARLY STAGE. THESE APPLICANTS HAVE EARLY PROOF OF CONCEPT WITH THEIR CANDIDATE IN THE INDICATION THAT THEY'RE AIMING FOR, OR THE APPLICANTS MAY BE FURTHER DOWN IN THEIR DEVELOPMENT PATHWAY AND COME IN AT WHAT WE TERM THE LATE STAGE PDEV AWARDS. AND THESE FOLKS HAVE ALREADY HAD A PRE-IND MEETING WITH THE FDA, GOTTEN FEEDBACK, AND ARE WORKING ON THEIR SORT OF IND-ENABLING STUDIES THAT WILL ALLOW THEM TO GET TO THAT IND CLEARANCE AT THE END OF THE AWARD.

AS YOU CAN SEE, FOR EACH OF THESE STAGES, THEY HAVE BUDGET LIMITS AND DURATIONS FOR EACH OF THOSE STAGES. BUT, AGAIN, I WANT TO EMPHASIZE REGARDLESS OF WHERE THESE APPLICANTS COME IN, THE END GOAL FOR ALL PDEV AWARDS IS TO ACHIEVE THAT IND CLEARANCE.

AND I ALSO WANT TO TAKE A MOMENT HERE TO EMPHASIZE THAT THESE ARE FIVE-YEAR AWARDS FOR UP TO

13 MILLION. AND SO THESE APPLICANTS THAT ARE COMING IN AT THE EARLY STAGE, THE CIRM STAFF AND TEAM ARE REALLY DEDICATED TO WORKING WITH THESE AWARDEES TO DEVELOP THEIR PROJECTS. AND FOR THOSE THAT COME IN, AGAIN, AT THAT EARLY STAGE, THERE IS AN IMPORTANT INFLECTION POINT BETWEEN THE EARLY AND LATE STAGES WHERE THE CIRM TEAM WILL BE WORKING WITH THE AWARDEES ON THEIR PRE-IND MEETING STRATEGY, SITTING IN ON THOSE PRE-IND MEETINGS WITH THE AWARDEES. AND THEN BASED ON THE FEEDBACK FROM THE FDA, WORKING WITH AWARDEES, TO ADJUST THE MILESTONES FOR THAT AWARD AS WELL AS AWARD DISBURSEMENTS FOR THE REMAINDER OF THAT PROJECT.

TRANSITIONING TO THE REVIEW PROCESS BY WHICH WE BRING THESE APPLICATIONS TO YOU, THE PDEV PROGRAM FOR THE SECOND ROUND HAD PRESUBMISSIONS BY WHICH WE APPLIED OUR PROGRAM PREFERENCES. THE TOP 30 OR SO APPLICATIONS ADVANCE TO FULL APPLICATIONS, COME INTO CIRM, WE CONDUCT OUR TYPICAL ELIGIBILITY SCREENING. THE APPLICATIONS THEN GO TO MERIT REVIEW, THE SCIENTIFIC REVIEW, AND THEN THE APPLICATIONS OUT OF THERE COME TO HERE FOR RECOMMENDATION AND FINAL FUNDING DECISIONS.

AND SO JUST TO GIVE A COUPLE OF NUMBERS HERE FOR THIS CURRENT ROUND UNDER PROPOSAL HERE, WE

HAD 126 PRESUBMISSIONS. TWENTY-THREE WERE INVITED TO SUBMIT FULL APPLICATIONS. ULTIMATELY 22 OF THOSE WENT TO SCIENTIFIC MERIT REVIEW, AND EIGHT OF THOSE WERE RECOMMENDED FOR FUNDING BY THE GRANTS WORKING GROUP.

AND HOW DID THEY ARRIVE AT THOSE EIGHT PROJECTS? THE PANEL IS COMPOSED OF ESSENTIALLY SUBJECT MATTER EXPERTS ACROSS MANY DIFFERENT AREAS AS WELL AS OUR BOARD MEMBERS THAT ARE PATIENT ADVOCATE AND NURSE MEMBERS OF OUR BOARD. THE EXPERTISE SPANS SCIENTIFIC AREA EXPERTISE IN SPECIFIC DISEASE AREAS, REGULATORY SCIENCE, MANUFACTURING, AS WELL AS PRODUCT DEVELOPMENT. AND, OF COURSE, OUR BOARD MEMBERS PROVIDE THE PATIENT PERSPECTIVE ON THE PROJECTS.

IN TERMS OF THE SCIENTIFIC SCORING OF THESE APPLICATIONS WE USE FOR ALL OF OUR PROGRAMS IS A SCALE OF 1 TO 100 WITH A MEDIAN SCORE OF 85 AND ABOVE, A RECOMMENDATION FOR FUNDING, SCORE AND A SCORE OF 1 TO 84 NOT A RECOMMENDATION FOR FUNDING. I WILL EMPHASIZE HERE THAT THE SCORING IS MEANT TO BE HOLISTIC AND ENCOMPASSES ALL OF THE REVIEW CRITERIA IN ALL FACETS OF THE REVIEW. AND WE ENCOURAGE OUR REVIEWERS TO SCORE ACROSS THE ENTIRE RANGE TO SIGNAL SORT OF THEIR ENTHUSIASM FOR THE

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PROJECTS.

AND THE REVIEW CRITERIA AGAINST WHICH THEY EVALUATED THE APPLICATIONS ARE LISTED HERE. BROADLY SPEAKING, WE HAVE FIVE REVIEW CRITERIA: THE VALUE PROPOSITION, THE RATIONALE, THE PROJECT PLAN AND DESIGN, THE PROJECT TEAM AND RESOURCES, AND, OF COURSE, THE POPULATION IMPACT.

FROM THESE WE COME TO THE RECOMMENDATIONS FOR THE APPLICATION REVIEW SUBCOMMITTEE. SO AS I MENTIONED BEFORE, FOR THIS CURRENT ROUND, EIGHT OF THE APPLICATIONS OUT OF THE 22 THAT WENT TO SCIENTIFIC REVIEW WERE RECOMMENDED BY THE GRANTS WORKING GROUP. AS YOU CAN SEE HERE, THE TOTAL APPLICANT REQUESTS FOR THOSE EIGHT APPLICATIONS EXCEEDS THE AMOUNT OF FUNDING THAT'S AVAILABLE FOR THIS PROGRAM.

I WILL ALSO MENTION HERE THAT UNDER PROP 14 WE REPORT ON ANY APPLICATION THAT IS NOT RECOMMENDED FOR FUNDING, BUT WHICH HAD 35 PERCENT OR MORE OF THE REVIEWERS SCORE TO FUND THE APPLICATION. IF YOU LOOKED IN YOUR MATERIALS, THERE IS ONE APPLICATION IN THIS ROUND THAT RECEIVED A MINORITY REPORT. IT IS INCLUDED WITHIN THE REVIEW SUMMARY FOR THE APPLICATION WHICH IS NUMBER PDEV-19728, WHICH IS LISTED HERE, AND IT RECEIVED A MEDIAN SCORE

OF 84.

I WILL POINT OUT ALSO THAT THE CIRM TEAM SUPPORTS THE MAJORITY POSITION IN THIS PARTICULAR APPLICATION TO NOT FUND 19728.

NOW, AS I MENTIONED PREVIOUSLY, WE HAD EIGHT APPLICATIONS THAT WERE RECOMMENDED BY THE GRANTS WORKING GROUP AND LESS THAN THE 89 MILLION AVAILABLE FOR FUNDING FOR THIS PROGRAM. AND SO THE CIRM TEAM RECOMMENDATIONS ARE PRESENTED HERE TO YOU.

ESSENTIALLY, TO SUMMARIZE, THE CIRM TEAM RECOMMENDS THAT THE APPLICATION REVIEW SUBCOMMITTEE FUND THE TOP FOUR RANKED APPLICATIONS THAT ARE HIGHLIGHTED IN GREEN HERE. AND THAT RECOMMENDS TO NOT FUND THE RANKED FOUR THROUGH EIGHT APPLICATIONS AS YOU CAN SEE HERE. AND THE RATIONALE IS LAID OUT IN THE MEMO THAT WAS PRESENTED TO YOU; BUT IN BRIEF SUMMARY, THE CIRM TEAM LOOKED AT THE GRANTS WORKING GROUP SUMMARIES AS WELL AS THE COMPETITIVE LANDSCAPE FOR EACH OF THESE PROJECTS, AND ALSO CONSIDERED THE CIRM PORTFOLIO FOR THE PRECLINICAL AND OUR CLINICAL PORTFOLIO IN EXAMINING EACH ONE OF THE EIGHT APPLICATIONS THAT WERE RECOMMENDED. AND ULTIMATELY, THE TEAM DIDN'T FIND ANY COMPELLING REASON TO ADVANCE ANY OF THE RANKED FOUR THROUGH EIGHT APPLICATIONS ABOVE THE TOP FOUR.

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SO I THINK WITH THAT, I WILL GO BACK TO CHAIR IMBASCIANI.

CHAIRMAN IMBASCIANI: THANK YOU. I WAS GOING TO INTERRUPT YOU ANYWAY AT THIS POINT, HAYLEY. I JUST WANT TO REMIND THE BOARD MEMBERS. THIS MORNING BEFORE YOU CAME IN, WE PUT IN FRONT OF YOU AT EACH OF YOUR PLACES A HANDOUT THAT COMPILES IN ONE PLACE MANY OF THE SLIDES THAT SHOW IN COLOR CODING THE RECOMMENDATIONS OF THE GRANTS WORKING GROUP AND OF THE CIRM TEAM AMONG THE TOTAL APPLICATIONS.

THE PDEV APPLICATIONS ARE ON PAGES 2 AND 3. AND IT MIGHT BE HANDIER FOR YOU TO USE THE HANDOUT RATHER THAN THE SLIDE. OKAY.

I WOULD LIKE -- THANK YOU, HAYLEY, BUT DON'T GO AWAY.

DR. LAM: YES. AND CAN WE SWITCH TO THE EXCEL PLEASE.

CHAIRMAN IMBASCIANI: COULD YOU SWITCH TO THE SLIDE THAT'S GOT ALL OF THE APPLICATIONS INCLUDING THOSE NOT RECOMMENDED BY THE GRANTS WORKING GROUP. THAT ONE. YOU MIGHT NEED TO TOGGLE PERIODICALLY UP AND DOWN. THANK YOU.

I WOULD LIKE TO DO THIS IN THREE PARTS. I WOULD LIKE, FIRST OF ALL, TO ENTERTAIN A MOTION TO

REMOVE FROM FURTHER CONSIDERATION FOR FUNDING BY THE ICOC ALL THE APPLICATIONS, THE 12 OF THEM, ONLY THE BOTTOM 12, THAT SCORED AT THE GRANTS WORKING GROUP 84 AND LOWER. TO REMOVE THE 12 APPLICATIONS AT THE BOTTOM THAT SCORED 84 OR LOWER.

DR. SOUTHARD: SO MOVED.

CHAIRMAN IMBASCIANI: THANK YOU. THAT'S RIGHT. BY THE WAY, BOARD MEMBERS, YOU'VE BEEN APPRISED OF POTENTIAL CONFLICTS. IF YOU'RE IN CONFLICT, YOU CAN'T MAKE A MOTION EITHER. WE HAVE A MOTION.

MS. CASILLAS: I'LL SECOND.

CHAIRMAN IMBASCIANI: AND WE HAVE A -- OKAY.

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: FIRST OF ALL, I'LL OPEN THE COMMENT SECTION NOW TO THE BOARD MEMBERS FIRST FOLLOWED BY THE PUBLIC.

MR. TOCHER: MR. CHAIR, COULD I JUST GIVE A LITTLE GUIDANCE? BECAUSE THIS PROGRAM IS WHAT WE CALL OVERSUBSCRIBED, SO THERE ARE CURRENTLY PENDING AT THIS MOMENT MORE APPLICATIONS FOR FUNDING THAN CAN BE PROVIDED BY THE PROGRAM BUDGET. THOSE MEMBERS WHO HAVE A CONFLICT WITH RESPECT TO ANY APPLICATION IN THIS GROUP CANNOT PARTICIPATE IN THIS

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DISCUSSION.

THAT SAID, WHEN WE CALL THE ROLL CALL, WHEN YOUR NAME IS CALLED, YOU CAN INDICATE YOUR VOTE YES OR NO EXCEPT FOR THOSE APPLICATIONS WITH WHICH YOU HAVE A CONFLICT. SO FOR THE DISCUSSION PURPOSES, WE'LL HAVE TO HAVE YOU SIT TIGHT.

CHAIRMAN IMBASCIANI: OKAY. ANY COMMENT FROM BOARD MEMBERS IN THE ROOM?

MS. DURON: MR. CHAIR.

CHAIRMAN IMBASCIANI: YES, YSABEL.

MS. DURON: I'M NOT COMMENTING ON ANYTHING EXCEPT I WANT TO COMMENT ABOUT COI, CONFLICT OF INTEREST.

CHAIRMAN IMBASCIANI: POINT OF ORDER IF YOU WILL. OKAY.

MS. DURON: EXCUSE ME. I OFTENTIMES -- WHEN I LOOK AT THE LIST, I OFTENTIMES SEE HOW MANY TIMES I'M BOOTED OUT OF THE VOTING ARENA. AND SO I THINK THE PUBLIC SAYING, "SHE HAS A LOT OF CONFLICT." I THINK THAT, IF YOU COULD, DESCRIBE TO THE PUBLIC WHY -- WHO CAN'T VOTE, WHAT CONFLICT OF INTEREST MEANS BECAUSE IT MEANS THAT I HAVE ABOUT A THOUSAND-MILE RELATIONSHIP WITH A STANFORD OR A UCSF. I'M NOT ENGAGED IN ANY OF THESE RESEARCH PROJECTS. SO I DON'T KNOW, IF YOU COULD EXPLAIN

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JUST BECAUSE THERE'S SOME OF US WHO CONSTANTLY ARE ON THE OUTSIDE LOOKING IN.

MR. TOCHER: SURE. SO THERE'S NOTHING REALLY EASY TO EXPLAIN ABOUT CONFLICTS OF INTEREST. WHAT I WOULD SAY I THINK INITIALLY THOUGH TO THE APPEARANCE THAT YOU RAISED IS OUR OWN COI POLICY THAT APPLY TO BOARD MEMBERS THAT THE BOARD HAS ADOPTED TO APPLY TO ITS MEMBERS PRECLUDE ANY MEMBER FROM BEING AN AWARDEE OR RECEIVE FUNDS UNDER AN AWARD.

SO AS A THRESHOLD MATTER, ANY TIME A MEMBER HAS A CONFLICT OF INTEREST, IT'S DUE TO OTHER FINANCIAL INTERESTS THAT THEY HAVE THAT MAY BE CONNECTED TO AN INDIVIDUAL SUBCONTRACT OR AWARDEE ON AN APPLICATION, OR THEY HAVE A FINANCIAL RELATIONSHIP WITH THE INSTITUTION, SUCH AS THEY'RE A FACULTY MEMBER OR THEY HAVE A CONTRACT TO PROVIDE SERVICES TO AN ORGANIZATION. BUT UNDER NO CIRCUMSTANCES IS IT BECAUSE THE BOARD MEMBER STANDS TO RECEIVE ANY SORT OF FUNDS OR ANYTHING LIKE THAT.

SO IT'S THE STANDARD RULES THAT APPLY TO ANY PUBLIC OFFICIAL AT A CITY COUNCIL OR ANY OTHER STATE AGENCY.

CHAIRMAN IMBASCIANI: ANY QUESTIONS ON THE MOTION FROM BOARD MEMBERS? IF NOT, IS THERE ANY

MEMBER OF THE PUBLIC EITHER IN THE ROOM OR ONLINE THAT WOULD LIKE TO ADDRESS THE MOTION? YOU MAY APPROACH -- I'M GOING TO LET -- CLAUDETTE, WOULD YOU GUIDE. WE HAVE SOMEBODY IN THE ROOM WHO WANTS TO ADDRESS. I THINK YOU NEED TO APPROACH A MICROPHONE, MA'AM.

MS. MORALEZ: OKAY. SO WE'RE GOING TO OPEN THE FLOOR FOR PUBLIC COMMENT. IF YOU'RE JOINING US IN PERSON, YOU CAN APPROACH THE MICROPHONE HERE ON THE RIGHT SIDE OF ME, AND YOU MAY STATE YOUR NAME FOR THE RECORD. AND WE WILL BE SETTING A TIMER FOR THREE MINUTES. ALSO, FOR ANY PARTICIPANTS THAT ARE ON THE PHONE, IF YOU WOULD PRESS STAR NINE TO RAISE YOUR HAND. AND WHEN YOU'RE CALLED ON, YOU ARE GOING TO PRESS STAR SIX TO UNMUTE YOURSELF. GO AHEAD AND STATE YOUR NAME.

MS. LARREA: HI THERE. MY NAME IS ALEXIS. I AM HERE TODAY. I'M AN ATTORNEY AND ADVOCATE AND, MOST IMPORTANTLY, I'M THE MOTHER TO A LITTLE BOY WHO WAS BORN WITH ADRENAL LEUKODYSTROPHY AND WAS IDENTIFIED ON NEWBORN SCREENING.

I REMEMBER THE FIRST PHONE CALL THAT COMPLETELY CHANGED MY LIFE. I WAS LOOKING AT A TOTALLY NORMAL, HEALTHY BABY BOY, AND I WAS FACED WITH A COMPLETELY DEVASTATING AND NEUROLOGICAL

CONDITION THAT CAME MY WAY THAT I HAD NEVER HEARD OF.

THANKFULLY, NEWBORN SCREENING GAVE US SOMETHING THAT PREVIOUS GENERATIONS OF ALD FAMILIES HAVE NEVER HAD, AND THAT'S TIME. TODAY MY SON IS HEALTHY, BUT EVERY MRI THAT WE GO TO GIVES US SOMETHING THAT MANY ALD'S SEE WITHOUT WARNING, AND THAT IS THE ONSET OF CEREBRAL ALD. WHILE CURRENT TREATMENTS HALT THE PROGRESSION OF THIS DISEASE, THEY DON'T ELIMINATE THE CHALLENGES THAT WE'RE FACED WITH.

WE HAVE BONE MARROW TRANSPLANTS, WHICH, WHILE EFFECTIVE, DEPEND ON FINDING A SUITABLE DONOR MATCH AND UNDERGOING CHEMOTHERAPY. AND MY HUSBAND AND I UNFORTUNATELY COME FROM DIFFERENT ETHNIC BACKGROUNDS. SO FINDING A DONOR IS INCREDIBLY CHALLENGING IF WE CAN FIND ONE AT ALL.

FAMILIES FACING ALD SHOULD NOT HAVE TO CONSIDER THIS OPTION IS WHEN TIME IS ABSOLUTELY CRITICAL AND FACE THIS CHALLENGE. AND SKYSONA AT ONE POINT CREATED A TREMENDOUS HOPE FOR OUR COMMUNITY. HOWEVER, THERE'S CONCERNS AGAIN ABOUT CHEMOTHERAPY, RISKS, ELIGIBILITY, SIDE EFFECTS, ACCESS, AND LONG-TERM OUTCOMES. AND RECENTLY IN AUGUST BLUEBIRD BIO PUT OUT A MEMO NOTING THAT

THERE'S A BLACK BOX WARNING THAT 15 PERCENT OF THEIR CLINICAL TRIAL PATIENTS HAVE DEVELOPED LEUKEMIA OR SOME OTHER SORT OF BLOOD CANCER. THAT RETURNED MANY ALD FAMILIES BACK TO A SINGLE, SAFER TREATMENT PATHWAY, THE BONE MARROW TRANSPLANT. THUS, LEAVING US WITH OUR ONLY OPTION AT THIS POINT IN TIME AMONG MANY OF OUR TRANSPLANT CENTERS.

THERE IS A CLEAR UNMET NEED FOR ADDITIONAL SAFE OPTIONS FOR CHILDREN WITH CEREBRAL ALD. RARE DISEASE FAMILIES LIKE MINE SPEND MUCH OF OUR LIVES WAITING FOR SOMEONE TO DECIDE WHETHER OUR CHILDREN ARE WORTH INVESTING IN. YOU ALL ARE DIFFERENT. CIRM IS DIFFERENT. YOU HAVE THE ABILITY TO SUPPORT THERAPIES THAT OTHERWISE MAY NOT RECEIVE FUNDING THAT THESE CHILDREN DESERVE. AND RESPECTFULLY, THIS IS NOT SIMPLY A QUESTION OF WHETHER THIS RESEARCH SHOULD BE FUNDED. IT IS WHEN.

EVERY MONTH MATTERS. DISEASE PROGRESSION DOESN'T PAUSE WHILE FAMILIES SEARCH FOR MATCHES. IT DOESN'T PAUSE WHILE RESEARCHERS SEEK FUNDING FOR OUR FAMILIES. AND IT DOESN'T PAUSE FOR ANOTHER GRANT CYCLE APPLICATION.

CHILDREN DIAGNOSED TODAY MAY NOT BE IN THE SAME CLINICAL POSITION SIX MONTHS FROM NOW. AND FAMILIES RACE AGAINST A DISEASE THAT IS NOT WAITING.

I'M PART OF FLORIDA'S GENETICS NEWBORN SCREENING AND ADVISORY COMMITTEE. AND WE HAD AN ETHICIST COME AND TALK TO US.

MS. MORALEZ: THANK YOU FOR YOUR COMMENTS. I APPRECIATE YOU COMING. THANK YOU, MA'AM. YOUR THREE MINUTES ARE UP.

NEXT PUBLIC COMMENT, WOULD YOU PLEASE COME UP AND MAY STATE YOUR NAME. YOU HAVE THREE MINUTES. THANK YOU.

DR. BRATT-LEAL: HI, EVERYBODY. MY NAME IS ANDRES BRATT-LEAL. I'M THE CO-FOUNDER OF ASPEN NEUROSCIENCE AND THE SENIOR VICE PRESIDENT OF RESEARCH.

I FIRST CAME TO CIRM ABOUT TEN YEARS AGO WITH PARKINSON'S PATIENTS ADVOCATING FOR OUR GRANT FOR PARKINSON'S DISEASE. AND WE WERE FORTUNATE ENOUGH TO GET A DISC2 AWARD IN 2016. IT TOOK US SEVEN YEARS FROM 2016 TO GET OUR CLINICAL TRIAL STARTED. SINCE THEN WE'VE DOSED 14 PARKINSON'S DISEASE PATIENTS WITH THEIR OWN AUTOLOGOUS IPSC-DERIVED NEURONS. WE'RE THE ONLY GROUP IN THE WORLD THAT CAN SAY THAT, THE MOST ADVANCED AUTOLOGOUS IPSC-DERIVED CELL THERAPY FOR PARKINSON'S DISEASE.

AND IN MARCH OF THIS YEAR, WE'RE REALLY

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EXCITED TO PRESENT EXCITING 12-MONTH DATA FROM OUR FIRST EIGHT PATIENTS, SHOWING THAT NOT ONLY WAS IT SAFE, BUT THESE PATIENTS WERE GETTING BETTER. SOMETHING THAT'S REALLY EXCITING FOR SOMETHING LIKE PARKINSON'S DISEASE WHERE YOU ONLY GET WORSE.

UNFORTUNATELY, SOME OF THE PATIENTS THAT HELPED ADVOCATE FOR THIS PROGRAM IN 2016 DIED BEFORE THE CLINICAL TRIAL STARTED. AND OTHERS SCREEN FAILED IN THE TRIAL BECAUSE THEY HAD DEGENERATED TO THE POINT WHERE THEY WERE NO LONGER ELIGIBLE FOR CELL THERAPY.

SO IT'S BECAUSE OF THAT EXPERIENCE THAT I HAD WITH THE PATIENTS AND UNDERSTANDING HOW URGENT THESE CELL THERAPIES ARE TO GET TO PEOPLE THAT I'M COMING TO ADVOCATE FOR OUR GRANT TODAY. OUR GRANT RECEIVED A SCORE OF 84. IT'S 19751. AND I KNOW THAT THERE'S NOT FUNDING FOR THESE GRANTS, AND THERE'S EVEN GRANTS THAT WERE AWARDED A SCORE OF 85 THAT ARE NOT RECOMMENDED FOR FUNDING AND THAT THE CIRM STAFF IS NOT RECOMMENDING OUR GRANT FOR FUNDING. BUT IT'S REALLY BECAUSE OF MY EXPERIENCE WITH THE PATIENTS AND MY BELIEF IN OUR POTENTIAL CURATIVE THERAPY FOR CEREBRAL ADRENOLEUKODYSTROPHY THAT I FEEL COMPELLED TO COME AND ASK YOU TO CONSIDER OUR GRANT ANYWAY. I THINK THAT IT FITS

CIRM'S PRIORITIES OF CELL THERAPY FOR THE CNS. IT'S AN UNMET RARE DISORDER USING A PLURIPOTENT-BASED STEM CELL-BASED THERAPY. AND IT'S BECAUSE OF OUR CONNECTION WITH PATIENTS LIKE ALEXIS AND HER FAMILY THAT REALLY WANT US TO KEEP MOVING THIS FORWARD AND DO EVERYTHING THAT WE CAN.

SO WE'VE BEEN VERY SUCCESSFUL RAISING MONEY FOR PARKINSON'S DISEASE. AND WE'VE BEEN A PARTNER WITH CIRM AND VERY GRATEFUL AND THANKFUL FOR THAT. IT'S BEEN MUCH, MUCH HARDER TO RAISE MONEY FOR A RARE DISEASE. I THINK FROM THE INVESTOR COMMUNITY, IT'S DIFFICULT WHEN YOU SAY WE'RE GOING TO MAYBE BE ABLE TO TREAT A HUNDRED PATIENTS PER YEAR. BUT WITH RARE DISEASES, I THINK THE PERSON ON THE GWG THAT WAS MOST IN THE BEST POSITION TO REVIEW OUR GRANT WAS ALSO ONE OF OUR COLLABORATORS. SO HE WAS RECUSED. AND I THINK THAT'S ONE OF THE CAUTIONARY TALES OF WORKING ON RARE DISEASE. THERE'S JUST NOT A LOT OF EXPERTS. BUT I THINK THAT'S WHY I THINK IT'S IMPORTANT TO HEAR FROM THE PATIENT COMMUNITY ABOUT THAT UNMET NEED. AND DR. LUNGE SUBMITTED A LETTER IN SUPPORT OF OUR GRANT.

MS. MORALEZ: OKAY. THANK YOU VERY MUCH FOR YOUR PUBLIC COMMENT. IS THERE ANYBODY ELSE IN

THE ROOM? ANYBODY ON THE PHONE? AS A REMINDER, THIS IS FOR PDEV-19751 AND BELOW. I DON'T SEE ANY MORE PUBLIC COMMENT.

CHAIRMAN IMBASCIANI: ANY OTHER FINAL COMMENTS FROM BOARD MEMBERS IN THE ROOM? IF NOT, WE CAN CLOSE DISCUSSION AND PROCEED TO A VOTE.

MR. TOCHER: AND AS A REMINDER TO MEMBERS BONNEVILLE, DAHL, DURON, FLOWERS, AND MIASKOWSKI, WHEN I CALL YOUR NAMES, PLEASE INDICATE WITH RESPECT TO THOSE WITH WHICH YOU HAVE A CONFLICT.

MARIA BONNEVILLE.

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

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: YES.

MR. TOCHER: JUDY CHOU.

DR. CHOU: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: SHANNON DAHL.

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

MR. TOCHER: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MR. TOCHER: YSABEL DURON.

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

MR. TOCHER: MARK FISCHER-COLBRIE.

DR. FISCHER-COLBRIE: YES.

MR. TOCHER: ELENA FLOWERS.

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

MR. TOCHER: VITO IMBASCIANI.

CHAIRMAN IMBASCIANI: YES.

MR. TOCHER: RICH LAJARA.

MR. LAJARA: YES.

MR. TOCHER: CHRISTINE MIASKOWSKI.

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

MR. TOCHER: ADRIANA PADILLA.

DR. PADILLA: YES.

MR. TOCHER: MARVIN SOUTHARD.

DR. SOUTHARD: YES.

MR. TOCHER: YAEL WYTE.

DR. WYTE: YES.

MR. TOCHER: KEVIN XU.

DR. XU: YES.

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

CHAIRMAN IMBASCIANI: THANK YOU VERY MUCH.

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COULD I ASK THE AV TEAM TO PLEASE SUBSTITUTE THIS SLIDE NOW FOR THE ONE WITH JUST THE TOP EIGHT.

MS. MORALEZ: GIL IS CONTROLLING THE SLIDE RIGHT NOW.

CHAIRMAN IMBASCIANI: SORRY. PERFECT. THANK YOU, GIL.

OKAY. I THINK THE BEST WAY TO FACILITATE THE FURTHER DISCUSSION NOW WOULD BE TO ENTERTAIN A MOTION THAT -- LET ME PRECEDE THAT. THIS SLIDE SHOWS THE EIGHT APPLICATIONS RECOMMENDED BY THE GRANTS WORKING GROUP. WE JUST HEARD A PRESENTATION FROM HAYLEY THAT THE CIRM TEAM HAS RECOMMENDED WE FUND THE TOP FOUR ONLY. WHY? TO FUND ALL EIGHT WOULD COST $89 MILLION. WE ONLY 42 MILLION. IF WE WERE TO ACCEPT THE TOP FOUR, WE WOULD SPEND ABOUT 41 OF THAT 42 MILLION, LEAVING 1.9.

OKAY. SO I THINK THE BEST MOTION WOULD BE TO ACCEPT THE RECOMMENDATION OF THE CIRM TEAM TO FUND THE TOP FOUR AND NOT THE OTHERS.

DR. SOUTHARD: SO MOVED.

CHAIRMAN IMBASCIANI: WE HAVE A MOTION.

MS. CASILLAS: I'LL SECOND.

CHAIRMAN IMBASCIANI: SECOND CAME FROM.

MR. TOCHER: MARGUERITE.

CHAIRMAN IMBASCIANI: THANK YOU. OKAY.

SCOTT, YES.

MR. TOCHER: AND SO SAME RULES APPLY BECAUSE THERE IS STILL THE PENDING APPLICATIONS EXCEED THE PROGRAM BUDGET. SO, THEREFORE, THE RULES THAT APPLIED A MOMENT AGO APPLY HERE AS WELL. SO IF YOU HAVE A CONFLICT TO ONE, YOU CANNOT PARTICIPATE IN THE DISCUSSION OF THIS.

CHAIRMAN IMBASCIANI: WE'RE GOING TO START WITH COMMENTS FROM BOARD MEMBERS FIRST, AND THEN OPEN IT TO THE MEMBERS OF THE PUBLIC AS WE USUALLY DO. ANNE-MARIE, YES, DULIEGE.

DR. DULIEGE: A COMMENT AND A QUESTION. A COMMENT IS, FIRST, I WOULD LIKE TO THANK THE TWO PRESENTERS FROM THE PUBLIC WHO CAME. AND WE RECOGNIZE HOW COURAGEOUS IT IS AND PROBABLY UNDERSTAND SOME OF WHAT YOU'RE GOING THROUGH. WE DON'T PRETEND WE UNDERSTAND ALL. WE HAVE ALSO SEVERAL CONSIDERATION THAT COME IN OUR MIND. BUT WANTED TO THANK YOU FOR THE EFFORT THAT YOU MADE TODAY, AND THAT APPLIES TO ALL THESE THAT MAY COME LATER DURING THIS SESSION TODAY.

A QUESTION FOR YOU. MANY OF THE REASONS WHY YOU'VE ELIMINATED SOME OF THE FUNDING, AND WE UNDERSTAND YOU HAD TO MAKE A PROPOSAL FOR MAKING SURE THAT YOUR PRESENTATION COMES IN THE BUDGET.

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BUT THE REASON WAS THAT YOU DIDN'T FIND, YOU, THE CIRM TEAM, DIDN'T FIND ANY COMPELLING REASONS TO MOVE IT AHEAD. CAN YOU EXPLAIN A LITTLE BIT WHAT, AND GIVE US IN A EXAMPLE OF WHAT A COMPELLING REASON MIGHT BE, FOR INSTANCE.

DR. LAM: SO ONE MIGHT BE, FOR EXAMPLE, IF THE PROJECT WAS COMPLETELY UNREPRESENTED IN OUR PORTFOLIO, FOR EXAMPLE. OR I DON'T KNOW IF THE CIRM TEAM WANTS TO CHIME IN HERE WITH ANYTHING IN PARTICULAR. BUT I THINK IT WOULD HAVE TO BE SOMETHING REALLY OUTSIDE OF WHAT WE TYPICALLY WOULD CONSIDER PART OF, LIKE, THE ENTIRETY OF OUR SCIENTIFIC REVIEW IN TERMS OF IF THERE WAS SOME SIGNIFICANT FLAW WITH ONE OF THE RECOMMENDED APPLICATIONS THAT WERE RANKED HIGHER THAT WOULD IMPACT THE WAY THAT WE WOULD ADMINISTER THAT APPLICATION OR ANYTHING.

I THINK I WOULD ALSO JUST MAYBE POINT OUT THAT IN TERMS OF LOOKING AT THE EIGHT APPLICATIONS THAT WERE RECOMMENDED, THE TOP FOUR, NOT ONLY JUST PURELY ON THE SCORE, I GUESS, IN TERMS OF THE SCIENTIFIC REVIEW, I WOULD SAY IS THAT THE GRANTS WORKING GROUP DID HAVE SOME CONCERNS WITH SOME OF THOSE PROJECTS AS WELL. BUT I THINK THE CONCERNS THAT WERE BROUGHT UP FOR THE TOP FOUR WERE CONCERNS

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THAT COULD BE EASILY ADDRESSABLE WITH AWARD MANAGEMENT AND MILESTONING AND THAT SORT OF AWARD MANAGEMENT APPROACH. WHEREAS, SOME OF THE CONCERNS THAT WERE BROUGHT UP, I WOULD SAY ON THE FOUR THROUGH EIGHT RANKED APPLICATIONS, HAD A MIX OF THOSE TYPES OF CONCERNS AS WELL AS OTHER CONCERNS THAT COULD BE ADDRESSED IN A RESUBMISSION IN TERMS OF, LET'S SAY, THEIR APPROACH TO THE PROJECT OR THE VALUE PROPOSITION AND OTHER ASPECTS OF THE PROJECT.

CHAIRMAN IMBASCIANI: ROSA.

DR. CANET-AVILES: DR. DULIEGE, IF WE HAD THE MONEY, WE COULD FUND THEM, RIGHT? THE ONE THAT HAS COME UP IS ACTUALLY UNDER THESE FOUR THAT WE SEE HERE, 85. SO IF WE WERE FUND THAT ONE, THERE WOULD HAVE TO BE A VERY STRONG RATIONALE BASED ON THE GUIDING PRINCIPLES THAT OVERPASSES THOSE OTHER FOUR.

SO IT'S REALLY ABOUT IF WE HAD THE MONEY, WE WOULD FUND, AND THEN WE COULD GO ONE BY ONE. AND WE BASED OUR RATIONALE ON THE GUIDING PRINCIPLES, THE TRANSFORMATIVE FOR CLINICAL IMPACT, THE PATIENT ACCESS, AND THE DISEASE REPRESENTATION. THOSE WERE THE THREE FACTORS.

DR. DULIEGE: THANK YOU.

CHAIRMAN IMBASCIANI: BOARD MEMBERS? ANY BOARD MEMBERS THAT ARE NOT --

DR. SOUTHARD: HAVING REVIEWED SOME OF THE FOUR THAT PASSED THE MARK, BUT WON'T BE FUNDED, THEY WERE REALLY OUTSTANDING PROPOSALS. BUT IF WE DON'T HAVE THE MONEY, WE DON'T HAVE THE MONEY.

CHAIRMAN IMBASCIANI: THANK YOU, MARVIN. ANY BOARD MEMBER NOT IN THE ROOM WANT TO MAKE A COMMENT? DO YOU SEE ANY?

MS. MORALEZ: THERE'S NO HANDS RAISED.

CHAIRMAN IMBASCIANI: OKAY. WE'D LOVE TO HEAR FROM THE MEMBERS OF THE PUBLIC NOW. THE SAME RULES APPLY. PLEASE IDENTIFY YOURSELF FOR THE PUBLIC RECORD, AND YOU HAVE THREE MINUTES. THANK YOU.

DR. WANG: GOOD MORNING. MY NAME IS JIWU WANG. I AM THE FOUNDER AND CEO OF ALLELE BIOTECH. WE ARE THE LEAD APPLICANT OF PDEV-19729. SO I ALSO AM THE FOUNDER AND SCIENTIFIC DIRECTOR AND PROFESSOR AT THE SCINTILLON INSTITUTE I FOUNDED IN SAN DIEGO AS WELL.

SO OUR PROJECT AS PROPOSED IS TO PRODUCE IPSC-DERIVED BETA CELLS AND ENCAPSULATE THEM IN A DEVICE DEVELOPED BY OUR PARTNER COMPANY ENCELLIN TO PROVIDE TREATMENT TO T1D TYPE 1 DIABETES. AND OUR COMPELLING REASON I'M TRYING TO PRESENT HERE TO BE FUNDED, TO BE SELECTED IN THIS ROUND, NOT NEXT

ROUND, IS WE CAN BRING THIS PRODUCT TO PATIENTS MUCH QUICKER THAN ANY OTHER PROGRAM THAT'S BEING CONSIDERED OR BEING FUNDED FOR TREATING T1D. THE REASON BEING, ALTHOUGH OUR MAIN SCHEME OF ENCAPSULATION HAS NOT BEEN SUCCESSFUL IN THE FIELD FOR MANY YEARS, BUT THE NEW METHOD WE DEVELOPED THROUGH OUR COLLABORATION WITH ENCELLIN -- MY COLLEAGUE DR. GRACE WEI WILL SPEAK A LITTLE BIT MORE ABOUT THAT AFTER ME -- HAS BEEN TESTED IN HUMANS. IT'S ONGOING AND EXPANDING TRIALS IN CANADA TO SHOW GREAT EFFECTS. AND WE ARE READY FROM THE CELL THERAPY PART.

OUR TECHNOLOGY, VERY POWERFUL MESSENGER RNA DIRECTED-IPSC GENERATION AND DIFFERENTIATION, HAS BEEN ADOPTED, LICENSED BY LEADING PLAYERS IN THE IPSC FIELD, LIKE A MAJOR JAPANESE COMPANY HAS BEEN USING OUR TECHNOLOGY TO DEVELOP THERAPIES. AND WE HAVE SHOWN WE COULD PRODUCE BETA CELLS TO PURITY OF 96 PERCENT AND ABOVE, WHICH IS TWICE THAT ACHIEVED BY OTHER METHODS IN THE FIELD.

SO SIMPLY OUR ENCAPSULATION IS READY, IS IN HUMAN. OUR CELL PRODUCTION IS READY AND CHEAP. THIS IS IN REFERENCE TO ANOTHER PROGRAM MY COMPANY IS DOING FOR THE ARPA-H FUNDING MANUFACTURE BIOPRINTING OF WHOLE LIVER. OUR COST PRODUCING EACH

CELL TYPE IS ABOUT 10 TO 20 PERCENT OF ANY OTHER COMPUTATIONAL METHODS SUCH AS USING CYTOKINES BECAUSE WE USE MESSENGER RNA. WE ALREADY KNOW THE POWER MESSENGER RNA IN EXPRESSION AND CHANGING THINGS IN BIOLOGY.

SO THE LAST POINT I WANT TO MAKE IS THERE ARE SOME NEWER TECHNOLOGIES, ALTERNATIVE. THAT'S --

MS. MORALEZ: OKAY. THANK YOU, SIR. THANK YOU FOR YOUR COMMENT. DO WE HAVE ANY OTHER PUBLIC COMMENT IN THE ROOM? THANK YOU. STATE YOUR NAME FOR THE RECORD, AND YOU HAVE THREE MINUTES.

DR. WEI: I'M GRACE WEI, CO-FOUNDER OF ENCELLIN BASED IN THE BAY AREA. I'M SPEAKING IN SUPPORT OF 19729 PDEV. ENCELLIN, I'M HERE TO GIVE AN UPDATE ON OUR ACTIVITIES SINCE THE TIME OF APPLICATION. OUR TRIAL NCT 06408311 CONCLUDED A FEW MONTHS AGO. WE HAVE ONGOING DATA COMING FROM THAT WHICH WAS PRIMARY ISLETS WHICH IS THE CURRENT USE IN TRANSPLANT. AND THOSE RESULTS ARE ONGOING, AND WE SEE ISLETS COMING OUT OF THOSE DEVICES THAT HAVE BEEN TAKEN OUT TO LOOK AT. AND WE HAVE JUST SIGNED A CONTRACT FOR FUNDING FOR A NEW TRIAL IN CANADA, AGAIN, WITH ISLETS. AND WE WOULD LOVE TO BRING A TRIAL BACK TO CALIFORNIA WHICH IS HOME TO THE COMPANY. WE WERE A SPIN-OUT FROM UCSF, WHICH WAS

ALSO FUNDED THROUGH THE WORK OF TEJAL DESAI ON DEVELOPING THESE MEMBRANES.

SO THE ENCAPSULATION PROCESS, AS JIWU MENTIONED, HASN'T NOT SUCCEEDED TILL WE HAVE. AND THE KEY DIFFERENTIATOR IS IT PROTECTS AND CARRIES THE CELLS IN YOUR BODY AS OPPOSED TO RIGHT NOW YOU'RE EITHER GOING TO HAVE TO TAKE A LOT OF IMMUNOSUPPRESSION DRUGS. OR IF YOU DON'T DO THAT AND YOUR CELLS ARE TRYING TO EVADE, YOU DON'T HAVE A SAFETY VALVE NECESSARILY.

SOME OF THE THINGS THAT WE'VE LEARNED IN WORKING IN OUR TRIAL IN CANADA, CANADA IS 25 TIMES THE SIZE OF CALIFORNIA. IT HAS ABOUT THE SAME NUMBER OF PEOPLE. IT HAS VERY REMOTE GEOGRAPHIES. OUR THERAPY ENCAPSULATED COULD BE PACKAGED IN A BOX, SENT ON A BUSH PLANE ON FLIGHTS FIVE MILES NORTH, AND YOU CAN HAVE A LOCAL NERVE BLOCK. YOU CAN HAVE A LOCAL PROCEDURE DONE IN TEN MINUTES. THAT'S HOW LONG IT TOOK IN OUR LAST TRIAL TO IMPLANT AND YOU WOULD BE DONE.

SO IN TERMS OF YOUR PRESENTATION ON THE COMMUNITY CARE THERAPIES CLINICS, I THINK THIS IS SOMETHING THAT COULD BE DEPLOYED WITHOUT A LOT OF EXTRA SPECIALIZED TRAINING OR PERSONNEL. AND IT COULD OBVIOUSLY SHIP WITHIN CALIFORNIA VERY EASILY.

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SO I THINK THAT WOULD BE OUR ARGUMENT TO HAVE IT CONSIDERED AS A CANDIDATE FOR A THERAPY. THANK YOU.

CHAIRMAN IMBASCIANI: THANK YOU.

MS. MORALEZ: ALL RIGHT. IS THERE ANYBODY ELSE IN PERSON? I DON'T SEE ANYBODY ELSE. I DO SEE A HAND RAISED ON THE PHONE. IF ANYBODY ELSE ON THE PHONE LINE WANTS TO MAKE A COMMENT, PLEASE PRESS STAR NINE TO RAISE YOUR HAND. BUT NUMBER THAT ENDS IN 3750, IF YOU WOULD PRESS STAR SIX AND STATE YOUR NAME, AND YOU WILL HAVE THREE MINUTES TO MAKE A COMMENT.

MR. GRAND: HI. MY NAME IS PAUL GRAND. I'M THE CEO OF MEDTECH INNOVATOR, AND I'M SPEAKING ON BEHALF ALSO OF PDEV-19729 AS GRACE JUST DID.

SO JUST FOR THOSE OF YOU WHO DON'T KNOW, MEDTECH INNOVATOR IS THE LARGEST HEALTHCARE ACCELERATOR IN THE WORLD. WE WORK WITH COMPANIES FROM EARLY STAGES ALL THE WAY THROUGH COMMERCIALIZATION. WE'VE SUPPORTED 838 COMPANIES WHO HAVE GRADUATED OUR ACCELERATOR AND HAVE GONE ON TO BRING 500 FDA APPROVED AND CLEARED PRODUCTS TO THE MARKET, WHICH IS PRETTY INCREDIBLE AND IMPACTFUL. AND ABOUT 25 PERCENT OF THOSE ARE BASED IN CALIFORNIA, WHICH IS FANTASTIC. SO WE'RE HUGE FANS OF CALIFORNIA AND CALIFORNIA INNOVATION.

I'M ALSO A TYPE 1 DIABETIC MYSELF. SO THIS TECHNOLOGY IS VERY RELEVANT FOR ME PERSONALLY. WE SEE ABOUT 2,500 COMPANIES APPLYING TO GET INTO OUR ACCELERATOR EVERY YEAR. ENCELLIN, THE COMPANY BEHIND THIS THERAPY, IS ONE OF THOSE GRADUATES OF MEDTECH INNOVATOR. AND IT HAS NOTHING TO DO WITH THE FACT THAT I'M A TYPE 1 DIABETIC. THEY DID THAT BEFORE I WAS EVEN DIAGNOSED AT AGE 49, LATE IN LIFE.

SO JUST VERY QUICKLY, I JUST WANTED TO SAY THAT THE TECHNOLOGY THAT WE'RE TALKING ABOUT HERE HAS GONE THROUGH A HUGE VETTING PROCESS AT MEDTECH INNOVATOR JUST TO GET ACCEPTED. OUT OF THOUSANDS OF APPLICATIONS, WE ONLY ACCEPT ABOUT 3 TO 4 PERCENT OF THE APPLICANTS EVERY YEAR. AND THIS TECHNOLOGY WOULD DRAMATICALLY IMPROVE ACCESS FOR PATIENTS BOTH IN A TIMELY MANNER, MEANING THAT THEY'LL GET THIS THERAPY MUCH FASTER THAN SOME OF THE OTHER TECHNOLOGIES BEING DEVELOPED FOR TYPE 1. THE TREATMENTS THAT REQUIRE INJECTION INTO THE PORTAL VEINS ARE JUST NOT GOING TO BE NEARLY AS COMPELLING AS AN IMPLANT AS THIS TECHNOLOGY IS AND IT ALSO DOESN'T NEED THE KIND OF ENGINEERING OF THE CELLS, WHICH IS SOMETHING, I THINK, IS, WHILE VERY EXCITING, THIS IS, I BELIEVE, A BETTER APPROACH. AND, BY THE WAY, THERE'S NOTHING WRONG WITH HAVING

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MULTIPLE HORSES IN THE RACE. SO EVEN IF YOU'RE FUNDING SOME OF THESE OTHER APPROACHES, I THINK THIS ONE IS WORTH FUNDING FOR SURE.

AND THEN, LASTLY, I THINK FROM AN ACCESS PERSPECTIVE BEYOND TIMING, BECAUSE THIS WILL GET TO MARKET FASTER THAN SOME OF OTHER THERAPIES, ALSO THERE'S THIS INCREDIBLE ABILITY TO IMPROVE ACCESS, AS GRACE WAS SAYING, TO PATIENTS IN RURAL AREAS WHO TODAY JUST DO NOT HAVE ACCESS TO PRIMARY CARE AT THE ADVANCED KIND OF LEVELS WE WOULD HAVE AT ACADEMIC MEDICAL CENTERS IN PLACES LIKE SAN FRANCISCO AND L.A. WHERE I LIVE.

SO JUST TO GIVE YOU THE THUMBS UP FROM MY PERSPECTIVE, THIS ONE IS INCREDIBLY EXCITING, WORTH FUNDING AND SUPPORTING. AND IT'S DIFFICULT TO RAISE VENTURE CAPITAL FOR THESE KINDS OF --

MS. MORALEZ: ALL RIGHT. THANK YOU FOR YOUR PUBLIC COMMENT. BACK TO YOU. THERE ARE NO OTHER HANDS RAISED.

CHAIRMAN IMBASCIANI: OKAY. THANK YOU, DR. GRAND.

HAYLEY, I HAVE A QUESTION FOR YOU BEFORE WE CLOSE CONVERSATION. IT MIGHT BE HELPFUL IF THE COMMUNITY KNEW THE NEXT OPPORTUNITY TO APPLY FOR THIS PROGRAM OR REAPPLY.

DR. LAM: YES. SO WE'RE ANTICIPATING THAT APPLICATIONS ARE SCHEDULED TO OPEN THE END OF JULY, EARLY AUGUST --

CHAIRMAN IMBASCIANI: OF THIS YEAR.

DR. LAM: OF THIS YEAR, JUST IN A MONTH ESSENTIALLY. AND THAT THE APPLICATIONS WILL BE DUE IN OCTOBER. SO APPLICATION OPEN END OF JULY AND DUE IN OCTOBER. THANK YOU.

CHAIRMAN IMBASCIANI: THANK YOU, HAYLEY. OKAY.

FURTHER COMMENT FROM THE BOARD? IF NOT, THE MOTION, ONCE AGAIN, IS TO ACCEPT THE RECOMMENDATIONS OF THE TEAM, WHICH IS TO FUND THE TOP FOUR AND NOT TO FUND THE BOTTOM FOUR.

MR. TOCHER: AND, AGAIN, THOSE MEMBERS WITH A CONFLICT ARE MEMBERS BONNEVILLE, DAHL, DULIEGE, DURON, FLOWERS, MIASKOWSKI.

MARIA BONNEVILLE.

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

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: YES.

MR. TOCHER: JUDY CHOU. LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: SHANNON DAHL.

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

MR. TOCHER: ANNE-MARIE DULIEGE.

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

MR. TOCHER: YSABEL DURON.

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

MR. TOCHER: MARK FISCHER-COLBRIE.

DR. FISCHER-COLBRIE: YES.

MR. TOCHER: ELENA FLOWERS.

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

MR. TOCHER: VITO IMBASCIANI.

CHAIRMAN IMBASCIANI: YES.

MR. TOCHER: RICH LAJARA.

MR. LAJARA: YES.

MR. TOCHER: CHRISTINE MIASKOWSKI.

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

MR. TOCHER: ADRIANA PADILLA.

DR. PADILLA: YES.

MR. TOCHER: MARVIN SOUTHARD.

DR. SOUTHARD: YES.

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MR. TOCHER: KAROL WATSON. YAEL WYTE.
DR. WYTE: YES.
MR. TOCHER: AND KEVIN XU.
DR. XU: YES.
MR. TOCHER: THANK YOU. THE MOTION CARRIES.
CHAIRMAN IMBASCIANI: MOTION CARRIES. THANK YOU.
IF NOW YOU WOULD TURN TO THE FIRST PAGE OF THAT HANDOUT, WE'RE GOING TO MOVE TO AGENDA ITEM 12, CONSIDERATION OF THOSE APPLICATIONS SUBMITTED IN RESPONSE TO OUR CLIN2 PROGRAM, OUR CLINICAL PROGRAM. AND DR. SAMBRANO IS GOING TO LEAD THIS PRESENTATION. THANK YOU, GIL.
DR. SAMBRANO: OKAY. GOOD MORNING, EVERYONE. THANK YOU VERY MUCH. I WILL TRY TO EXPEDITE A LITTLE BIT BECAUSE I KNOW WE'RE RUNNING A LITTLE LATE. CAN WE SWITCH THE SLIDES TO THE NEXT PRESENTATION PLEASE. THANK YOU.
ALL RIGHT. OKAY. SO I'M GOING TO PRESENT TO YOU THE RECOMMENDATIONS FROM THE GRANTS WORKING GROUP AS IT RELATES TO THE CLIN2 PROGRAM. I'M GOING TO GO OVER WHAT THE PROGRAM IS ABOUT, THE REVIEW PROCESS, AND THEN CONCLUDE WITH THE RECOMMENDATIONS FROM THE WORKING GROUP ITSELF.

SO AS MENTIONED BY HAYLEY AND OTHERS, WE HAVE STRATEGIC IMPACT GOALS THAT WE ARE TRYING TO ACHIEVE THROUGH THESE FUNDING OPPORTUNITIES. FOR THE CLIN2 PROGRAM IN PARTICULAR, WE WANT TO PROPEL 15 TO 20 THERAPIES THAT TARGET DISEASES AFFECTING CALIFORNIANS TO LATE STAGE TRIALS. AND WE DO HAVE AN UPDATED CLIN2 THIS CYCLE REPRESENTS THAT INCLUDES SUPPORT FOR EMERGING NOVEL CLINICAL TRIAL DESIGNS. IT INCENTIVIZES STAGE APPROPRIATE MARKET ACCESS STRATEGY, DEVELOPMENT, AND PRECOMMERCIALIZATION ACTIVITIES, AND INCORPORATES PRIORITIZATION OF INNOVATIVE THERAPIES FOR DISEASES THAT AFFECT CALIFORNIANS.

SO THE OBJECTIVE OF THE CLIN2 PROGRAM IS TO SUPPORT THE COMPLETION OF AN INTERVENTIONAL PHASE 1/2 OR 3 TRIAL FOR AN INNOVATIVE STEM-CELL BASED OR GENETIC THERAPY THAT'S ADDRESSING A SERIOUS UNMET NEED WITH POTENTIAL FOR TRANSFORMATIVE BENEFITS TO PATIENTS, FAMILIES, AND THE HEALTHCARE SYSTEM.

AND SO WE DESIGNED THE PROGRAM WITH THAT IN MIND. THIS IS JUST AN OVERVIEW OF THE STRUCTURE ITSELF. FOR THE CLIN2, WE SUPPORT FOUR CYCLES OF THIS PROGRAM PER YEAR. SO IT'S ON A QUARTERLY BASIS. THERE ARE CO-FUNDING AND MAXIMUM AWARD REQUIREMENTS THAT DIFFER DEPENDING ON THE STAGE OF

THE CLINICAL TRIAL AS WELL AS WHETHER THE APPLICANT IS A FOR-PROFIT OR NONPROFIT. AND THEN FOR NON-CALIFORNIA ORGANIZATIONS WHICH ARE ELIGIBLE TO APPLY, THERE ARE RESTRICTIONS IN TERMS OF WHERE THE FUNDING CAN BE UTILIZED.

OUR ESTIMATE FOR THIS FISCAL YEAR IS TO MAKE 9 TO 16 AWARDS BECAUSE THEY VARY IN AMOUNTS THAT CAN RANGE FROM UNDER 5 MILLION TO 15 MILLION, THAT IS AN ESTIMATE, FROM THE TOTAL ALLOCATION WE HAD THIS YEAR OF 135 MILLION.

ALL RIGHT. SO LET ME GO OVER THE REVIEW PROCESS. SO THE REVIEW PROCESS THAT WE USE FOR THIS PARTICULAR CYCLE UTILIZED THE QUALIFICATION PROCESS THAT USES PREFERENCES IN ORDER TO MAKE OBJECTIVE ASSESSMENTS OF APPLICATIONS THAT COME IN AND NARROW THE POOL. THIS WILL BE THE LAST CYCLE THAT UTILIZES THIS METHOD.

BUT UNDER THIS METHOD, THE TOP SEVEN APPLICATIONS ADVANCE AND THEN GO INTO AN ELIGIBILITY ASSESSMENT, MERIT REVIEW, AND ULTIMATELY THE FUNDING DECISION WHICH COMES TO THE APPLICATION REVIEW SUBCOMMITTEE. AND IN TERMS OF THE NUMBERS THAT WE STARTED WITH, WE STARTED WITH 14 APPLICATIONS THAT WERE SUBMITTED THAT WENT THROUGH THAT QUALIFICATION PROCESS. SEVEN ADVANCED, SEVEN WERE ELIGIBLE, AND

THREE WERE RECOMMENDED BY THE GRANTS WORKING GROUP.

THE PANEL COMPOSITION IS SIMILAR TO THAT WHICH HAYLEY DESCRIBED FOR PDEV; BUT IN THIS CASE, WE ALSO HAVE THE ADDITION OF ACCESS AND AFFORDABILITY EXPERTS THAT HELP US ASSESS THE ACCESS PLANS THAT ARE PROVIDED BY THE APPLICANTS TO BETTER ESTIMATE THEIR ABILITY TO ADVANCE A THERAPY THAT'S ULTIMATELY GOING TO BE ACCESSIBLE AND THAT THEY HAVE PLANS IN PLACE THAT WILL HELP THEM DO THAT.

THE SCALE FOR SCORING IS THE SAME AS WITH PDEV. IT'S A RANGE FROM 1 TO 100 WITH 85 AND ABOVE REPRESENTING EXCEPTIONAL MERIT AND WARRANTING FUNDING. BELOW 85, THOSE APPLICATIONS ARE NOT RECOMMENDED FOR FUNDING. AND SIMILARLY, THE SCORING HERE IS HOLISTIC BASED ON ALL OF THE REVIEW CRITERIA THAT WE WILL SHOW YOU HERE. THE VALUE PROPOSITION, MEANING WHAT IS THE OVERALL VALUE OF THIS THERAPY AND WHETHER IT OFFERS TRANSFORMATIVE AND COMPELLING VALUE PROPOSITION. THE RATIONALE. THE PLAN AND DESIGN. THE PROJECT TEAM AND RESOURCES. AND THE POPULATION IMPACT.

ALL RIGHT. SO LET'S GET TO, THEN, THE RECOMMENDATIONS FROM THE GRANTS WORKING GROUP. SO WE DID HAVE SEVEN APPLICATIONS. THERE WERE THREE THAT WERE RECOMMENDED FOR FUNDING. THE NOT

RECOMMENDED SHOWS TWO BECAUSE TWO WITHDREW. SO THERE'S REALLY FOUR THAT WERE NOT RECOMMENDED, BUT THERE'S TWO THAT REMAIN UNDER CONSIDERATION.

THE THREE THAT ARE RECOMMENDED HAVE A TOTAL APPLICANT REQUEST OF ABOUT 21 MILLION. THE FUNDS AVAILABLE ARE 61. SO THERE ARE ADEQUATE FUNDS TO FUND ALL THREE.

IN TERMS OF MINORITY REPORT, WE HAVE ONE APPLICATION THAT QUALIFIED FOR A MINORITY REPORT. I WON'T GO THROUGH WHAT A MINORITY REPORT IS SINCE WE JUST HEARD THAT FROM HAYLEY. SO THIS IS THE APPLICATION THAT QUALIFIED FOR THE MINORITY REPORT. IT IS CLIN2-20117. IT IS A PHASE 1/2A DOSE ESCALATION STUDY FOR THE TREATMENT OF FOCAL ARTICULAR CARTILAGE DEFECTS IN THE KNEE. AND THIS RECEIVED A SCORE OF 80.

CIRM'S POSITION ON THIS IS THAT WE SUPPORT THE MAJORITY POSITION TO NOT FUND THIS APPLICATION AT THIS TIME.

HERE IS A SUMMARY, THEN, OF THE CIRM TEAM AS WELL AS THE GRANTS WORKING GROUP RECOMMENDATIONS, WHICH IS TO FUND THESE THREE APPLICATIONS THAT SCORED 85 OR HIGHER FOR THE TOTAL AMOUNT SHOWN THERE.

I'M GOING TO GO THROUGH EACH OF THESE JUST

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SO THAT WE CAN UNDERSTAND A LITTLE BIT MORE ABOUT EACH OF THE RECOMMENDED ONES AS WELL AS THE ONE THAT RECEIVED A MINORITY REPORT. SO WE CREATED A SLIDE, AND THERE'S ALSO A MEMO THAT DESCRIBES SOME OF THE BACKGROUND THAT THE TEAM LOOKED AT IN EACH OF THESE PROJECTS TO ASSESS WHAT THE TEAM RECOMMENDATION WOULD BE.

SO FOR THE FIRST ONE, WHICH IS CLIN2-19848, THIS IS ENTITLED "A PHASE 1/2A FIRST-IN-HUMAN DOSE ESCALATION STUDY IN SUBJECTS WITH PROGRESSIVE MULTIPLE SCLEROSIS." THIS IS A THERAPEUTIC THAT IS COMPOSED OF CAR-T REGULATORY CELLS. AND WHAT THEY DO IS THEY BASICALLY REDUCE THE POPULATION OF B-CELLS AND ALSO INCREASE THE NUMBER OF REGULATORY T-CELLS IN THE IMMUNE SYSTEM TO BRING THAT ASPECT OF THE IMMUNE SYSTEM BACK WHICH IS NOT WORKING PROPERLY IN MULTIPLE SCLEROSIS PATIENTS.

SO WITH THIS THERAPY, THE CIRM TEAM RECOMMENDATION IS BOTH BASED ON THE GRANTS WORKING GROUP SCORING AS WELL AS THE PATIENT ACCESS CONSIDERATIONS OF THE PROJECT AND THE NOVELTY OF THIS INDICATION TOGETHER WITH THE APPROACH THAT THEY ARE USING.

SO THE CIRM PORTFOLIO SHOWS THAT THE PDEV PORTFOLIO AND ACTIVE CLIN2 PORTFOLIO DO NOT

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CURRENTLY CONTAIN ANY AWARDS THAT ARE ADDRESSING MULTIPLE SCLEROSIS. SO THIS WOULD BRING A PROJECT IN THIS AREA INTO THE PORTFOLIO. THE ALLOGENEIC CAR-T REGS ARE A PARTICULARLY DISTINCT MODALITY IN THAT PORTFOLIO. AND WHEN LOOKING MORE GLOBALLY AT EXTERNAL PROJECTS OUTSIDE OF CIRM, AS WE KNOW, THERE ARE NO CURRENTLY APPROVED TREATMENTS. AND THIS, EVEN AMONG EXISTING TRIALS, LATE STAGE TRIALS, OF WHICH WE COUNT 11, THIS STILL REPRESENTS A NOVEL MODALITY COMPARED TO THOSE PROGRAMS.

OKAY. SO LET ME GO TO THE NEXT APPLICATION. ALL RIGHT. SO THE NEXT APPLICATION IS A PHASE 1/2 STUDY OF AN AAV-9 GENE THERAPY IN PATIENTS WITH FOX G1 SYNDROME. AND SO FOX G1 SYNDROME IS A NEURODEVELOPMENTAL DISORDER THAT IS AN ULTRA-RARE DISEASE. AND SO IN THIS APPLICATION THEY PROPOSE TO ADDRESS THIS THROUGH A GENE THERAPY APPROACH WHICH WOULD BASICALLY PROVIDE THE FOX G1 GENE IN PATIENTS IN ORDER TO THEN RECOVER THAT OTHERWISE FAILED ABILITY IN PATIENTS.

AND SO FROM CIRM'S ASSESSMENT, THIS APPROACH WAS SOMETHING THAT WAS DESCRIBED BY REVIEWERS AS ADDRESSING A CLEAR UNMET NEED WITH A HIGH POTENTIAL TO RESULT IN POSITIVE, MEANINGFUL CLINICAL OUTCOMES. THE PDEV AND CLIN2 PORTFOLIO DO

NOT CURRENTLY CONTAIN ANY AWARDS THAT ADDRESS FOX G1 SYNDROME. AND IT'S ASSESSMENT OF THE COMPETITIVE LANDSCAPE, THERE ARE NO APPROVED U.S. TREATMENTS THAT ARE ADDRESSING THIS, NOR CLINICAL TRIALS THAT WERE NOTED.

OKAY. NEXT APPLICATION IS CLIN2-19526. SO THIS IS A PROPOSAL FOR AN AAV IMMUNE GENE THERAPY FOR HIGH-GRADE GLIOMAS. AND THE HIGH-GRADE GLIOMAS INCLUDES GLIOBLASTOMA AS WELL AS OTHER SEVERE BRAIN TUMORS.

AND THE CIRM TEAM RECOMMENDATION ON THIS IS ALIGNED WITH THE GWG SCORING. THE CIRM PORTFOLIO DIVERSIFICATION THROUGH A NOVEL THERAPEUTIC APPROACH AND DIFFERENTIATION COMPARED TO THE EXTERNAL LANDSCAPE ARE KEY REASONS FOR THIS. SO THE APPROACH, AS MENTIONED, IS AGNOSTIC TO THE TUMOR SUBTYPE. SO IT INCLUDES GLIOBLASTOMA AS WELL AS OTHER HIGH-GRADE GLIOMAS WHERE THERE IS NO ESTABLISHED STANDARD OF CARE. THE REVIEWERS DID DESCRIBE THIS AS A CLEAR UNMET NEED AND ONE THAT COULD RESULT IN A POSITIVE MEANINGFUL CLINICAL OUTCOME.

THE PDEV AND CLIN PORTFOLIO DO CONTAIN SOME AWARDS HERE. THE PDEV CONTAINS ONE AWARD THAT ADDRESSES GLIOMA, AND THE CLIN2 PORTFOLIO CONTAINS

FIVE AWARDS THAT ADDRESS GLIOMA.

THIS PARTICULAR PROJECT HAS A SOMEWHAT UNIQUE AND DISTINCT THERAPEUTIC APPROACH COMPARED TO THOSE EXISTING AWARDS. SO ALTHOUGH IT ADDS TO THE SAME INDICATION, IT DOES BRING A NEW APPROACH IN TERMS OF THE THERAPEUTIC. AND IN TERMS OF THE EXTERNAL LANDSCAPE, THERE ARE ABOUT 49 LATE STAGE CLINICAL TRIALS THAT WERE NOTED; BUT, OF COURSE, NO APPROVED TREATMENTS AT THIS TIME. AND EVEN COMPARED TO THOSE LANDSCAPE PROGRAMS, THIS DOES REPRESENT A NOVEL MODALITY IN COMPARISON.

ALL RIGHT. SO THOSE ARE THE THREE THAT ARE RECOMMENDED BY THE GRANTS WORKING GROUP AND THE TEAM. I DO WANT TO MAKE A MENTION OF THE OTHER APPLICATION THAT RECEIVED A MINORITY REPORT JUST FOR YOUR AWARENESS.

SO THIS IS CLIN2-20117. THIS IS A PHASE 1/2A DOSE-EXCALATION STUDY FOR THE TREATMENT OF FOCAL ARTICULAR CARTILAGE DEFECTS IN THE KNEE. AND SO THIS ONE THAT PROPOSES USING ALLOGENEIC HUMAN EMBRYONIC STEM CELL-DERIVED CHONDROCYTES AS A CELL THERAPY TO TREAT ARTICULAR CARTILAGE DEFECTS. AND THE CIRM TEAM RECOMMENDATION IS BASED BOTH ON THE GWG SCORING AS WELL AS SOME NOTED CONCERNS BY THE GRANTS WORKING GROUP THAT WE SHARE.

THE PROPOSAL ITSELF, AS NOTED MULTIPLE TIMES IN THE SUMMARY, SEEMS TO CONFLATE OSTEOARTHRITIS WITH FOCAL CARTILAGE LESIONS, MEANING THERE IS A TARGET POPULATION THAT INCLUDES ABOUT 27 MILLION FOR OSTEOARTHRITIS, BUT THE ACTUAL IMPACTED POPULATION WITH FOCAL ARTICULAR CARTILAGE DEFECTS IS MORE ON THE ORDER OF 30 TO 70,000.

AND SO I THINK THAT'S ONE KEY ELEMENT THAT WAS NOTED IN OVERSTATING THE OVERALL CLINICAL IMPACT AND ADDRESSABLE PATIENT POPULATION THAT THIS COULD HAVE. AND THE GRANTS WORKING GROUP ALSO DID HAVE QUESTIONS AS TO WHETHER THIS REPRESENTED AN UNMET NEED GIVEN THAT THERE ARE EXISTING TREATMENTS FOR FOCAL ARTICULAR CARTILAGE DEFECTS.

IN TERMS OF THE PORTFOLIO, WE DO HAVE ONE AWARD THAT ADDRESSES FOCAL CARTILAGE DEFECTS USING HUMAN EMBRYONIC-DERIVED CHONDROCYTES. AND THE CLIN2 PORTFOLIO CONTAINS ONE GENE THERAPY AWARD THAT ADDRESSES OSTEOARTHRITIS.

IN THE EXTERNAL LANDSCAPE, THERE ARE THREE LATE STAGE CLINICAL PROGRAMS ADDRESSING FOCAL ARTICULAR CARTILAGE DEFECTS OR CARTILAGE DEGENERATION AND ONE APPROVED U.S. CELL/GENE THERAPY TREATMENT ADDRESSING FOCAL ARTICULAR CARTILAGE DEFECTS IN THE KNEE. AND THIS ONE WOULD REPRESENT A

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NOVEL MODALITY COMPARED TO THOSE EXTERNAL LANDSCAPE PROGRAMS.

ALL RIGHT. SO THAT IS A REVIEW OF EACH OF THESE PROJECTS. AND SO, MR. CHAIRMAN, WE CAN GO BACK AND DISCUSS.

CHAIRMAN IMBASCIANI: GREAT. PLEASE STAY AT THE PODIUM, GIL. THANK YOU FOR THE PRESENTATION ON EACH OF THESE APPLICATIONS.

I HAVE A QUESTION. IN ORDER TO SCULPT THE BEST OPENING MOTION, ARE THERE ONE OR TWO APPLICATIONS THAT ARE NOT RECOMMENDED BY EITHER?

DR. SAMBRANO: SO THERE ARE TWO APPLICATIONS UNDER CONSIDERATION THAT ARE NOT RECOMMENDED BY THE GRANTS WORKING GROUP OR THE TEAM. AND IT INCLUDES THE ONE WITH THE MINORITY REPORT.

CHAIRMAN IMBASCIANI: EXACTLY. THANK YOU FOR THE CLARIFICATION. THAT'S PRECISELY WHAT I WANTED TO HEAR. SO THE CHAIR WOULD ENTERTAIN A MOTION FIRST, AS WE DID WITH THE PDEV, TO REMOVE FROM FURTHER CONSIDERATION FROM FUNDING THOSE TWO APPLICATIONS THAT WERE NOT RECOMMENDED BY EITHER THE TEAM OR THE GRANTS WORKING GROUP.

DR. DULIEGE: I MOVE.

CHAIRMAN IMBASCIANI: ANNE-MARIE MOVED.

MS. CASILLAS: I CAN SECOND.

CHAIRMAN IMBASCIANI: MARGUERITE SECONDED. GOOD. OKAY. ANY DISCUSSION ON THIS MOTION FROM MEMBERS OF THE BOARD? I DON'T SEE ANY. ANY ONLINE? NO. OKAY. ANY MEMBER OF THE PUBLIC WHO WOULD LIKE TO ADDRESS THIS MOTION?

MS. MORALEZ: ALL RIGHT. IF THERE'S ANY MEMBER OF THE PUBLIC IN PERSON, WOULD YOU PLEASE MAKE A LINE HERE AND COME UP WITH THE MICROPHONE HERE ON MY RIGHT-HAND SIDE. AND FOR ANY MEMBER THAT IS ON THE PHONE, PRESS STAR NINE TO RAISE YOUR HAND.

OKAY. WE HAVE TWO PEOPLE ON THE PHONE. THE NUMBER ENDING IN 1046, PLEASE STATE YOUR NAME FOR THE RECORD AND LET US KNOW WHAT APPLICATION YOU'RE CALLING ABOUT, AND YOU HAVE THREE MINUTES. PHONE NUMBER THAT ENDS IN 1046, WOULD YOU PLEASE UNMUTE YOURSELF BY PRESSING STAR SIX.

MR. UVERA: SORRY. MY NAME IS AARON UVERA. I AM COMING HERE TO SPEAK ON BEHALF OF THE BATTEN CLN6 MOTION.

I AM AN EXECUTIVE CHEF AND THE PROUD FATHER OF CHARLIE PEARL UVERA WHO IS FIVE YEARS OLD. CHARLIE IS AN AMAZING YOUNG GIRL WHO LIGHTENS UP EVERY ROOM THAT SHE WALKS INTO AND IS FRIENDS WITH EVERYBODY. SHE'S INCREDIBLY VIBRANT AND FULL OF LIFE, BUT WE ARE FIGHTING CLN6 BATTEN DISEASE.

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I WANT TO SPEAK DIRECTLY TO THE HESITATION THAT YOU MIGHT FEEL LOOKING AT THE SCIENTIFIC PANEL'S ORIGINAL SCORE. I COMPLETELY UNDERSTAND AND RESPECT THE NECESSITY OF RIGID SCIENTIFIC REVIEW. WHEN THIS APPLICATION WAS SUBMITTED MONTHS AGO, THE REVIEWERS FLAGGED LEGITIMATE CONCERNS REGARDING MANUFACTURING READINESS, POTENCY, ESSAYS, AND REGULATORY ALIGNMENT. BUT I'M CALLING TODAY TO TELL YOU THAT THE PROGRAM YOU ARE VOTING ON THIS AFTERNOON IS COMPLETELY DIFFERENT FROM THE SNAPSHOT REVIEWED MONTHS AGO.

EVERY SINGLE TECHNICAL GAP IDENTIFIED BY THE GWG HAS BEEN BRIDGED. THE ANALYTICAL TESTING IS COMPLETE. THE CELL-BASED POTENCY ESSAYS REQUIRED BY REGULATORS ARE FULLY VALIDATED. THE MANUFACTURING PATH HAS BEEN COMPLETELY STABILIZED TO SUPPORT DOZENS OF CHILDREN. IN A RECENT TYPE C MEETING WITH FDA PROVIDED A CLEAR, SAFE, AND COLLABORATIVE PATH FORWARD. THE SCIENTIFIC AND OPERATIONAL RISKS THAT TRIGGERED A TIER II SCORE SIMPLY NO LONGER EXIST. THE VECTOR IS BOTTLED. THE EXPERT CLINICAL TEAMS ARE STANDING BY.

WE'RE NOT ASKING YOU TO IGNORE THE REVIEWERS' ORIGINAL CONCERNS. WE ARE TELLING YOU THAT THE WORK HAS BEEN DONE. THE BARRIERS HAVE BEEN

OVERCOME. AND THE ONLY THING STANDING BETWEEN OUR CHILDREN AND A LIFESAVING TRIAL IS FUNDING. PLEASE GRANT A CONDITIONAL APPROVAL SO YOUR STAFF CAN VERIFY THIS COMPLETED DATA PACKAGE AND LET US SAVE OUR KIDS. THANK YOU.

MS. MORALEZ: THANK YOU SO MUCH. NOW I HAVE THE NUMBER ENDING IN 4710. WOULD YOU PLEASE UNMUTE YOURSELF, STATE YOUR NAME AND APPLICATION YOU'RE CALLING FOR. WOULD YOU PLEASE PRESS STAR SIX TO UNMUTE YOURSELF, NUMBER ENDING 4710.

MS. GRAY: THIS IS KRISTIN GRAY. I AM THE FOUNDER OF THE CHARLOTTE AND GWENYTH GRAY FOUNDATION TO CURE BATTEN DISEASE. AND I'M CALLING TO SUPPORT THE APPLICATION FOR THE BATTEN CLN6 GENE THERAPY TRIAL. CAN EVERYONE HEAR ME? OKAY.

I JUST WANT TO SHARE BRIEFLY MY STORY. I HAVE TWO CHILDREN, TWO GIRLS, THAT WERE BORN TYPICAL AND MET ALL THEIR MILESTONES. IN 2015, WHEN MY DAUGHTER TRIPPED OVER A FEW PACKAGES AND HAD AN ARM TREMOR, OUR WORLDS CHANGED. AND THREE WEEKS LATER SHE WAS DIAGNOSED WITH BATTEN CLN6. THEY TOLD US IT WAS RARE, IT WAS INCURABLE, AND SHE WOULD LIKELY NOT LIVE PAST THE AGE OF SIX. THEY ALSO SAID YOUR OTHER DAUGHTER GWEN HAS A 25-PERCENT CHANCE OF HAVING THAT SAME DIAGNOSIS. SHE TOO THEN WAS DIAGNOSED WITH

BATTEN GLN6.

RATHER THAN ACCEPT THAT REALITY, MY HUSBAND AND I WERE IN A RACE AGAINST TIME TO CREATE A FOUNDATION, CARRY THE BURDEN OF FUNDING OUR OWN RESEARCH THAT ULTIMATELY RESULTED IN A YEAR FROM DIAGNOSIS IN A CLINICAL TRIAL AT NATIONWIDE CHILDREN'S HOSPITAL. IN 2015 THE DIAGNOSIS AND 2016 PATIENT ONE WAS TREATED. AND OVER THE COURSE OF THOSE TWO YEARS WE TREATED 15 PATIENTS.

WE KNEW THAT THE TREATMENT WAS SAFE. WE KNEW THAT THE TREATMENT WAS SOMEWHAT EFFICACIOUS BECAUSE I STOOD AND PERSONALLY WITNESSED A CHILD THAT WAS MORE SYMPTOMATIC THAT WAS DOSED VERSUS A TRIAL THAT NONSYMPTOMATIC, ASYMPTOMATIC, THAT WAS DOSED. AND SHE'S SITTING HERE WITH ME TODAY STILL EATING BY MOUTH, STILL BEARING WEIGHT, STILL GOING TO SCHOOL EVERY DAY, STILL HAVING VERBAL SKILLS. BUT BECAUSE THAT COHORT WASN'T SEPARATED WITH THE DATA, ALL OF THE DATA WAS LUMPED IN AND PROVEN LOW EFFICACY.

THAT TECHNOLOGY, AS YOU MIGHT HAVE KNOWN, WAS TAKEN OVER BY A BIOTECH COMPANY, AMICUS. AND AFTER REVIEW AND, IN MY OPINION, ANSWERING TO WALL STREET, THEY DEEMED THAT THE SMALL ULTRA-RARE PATIENT POPULATION WOULD NOT PROFIT.

133 HENNA COURT, SANDPOINT, IDAHO 83864
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AND SO ULTIMATELY I WAS EXCITED ABOUT THIS BEING TAKEN ON, AND THEN IT SAT ON A SHELF FOR FOUR YEARS. ALL OF THAT HARD WORK AND AFTER SEEING MY DAUGHTER LOSE HER LIFE AFTER 13 AND A HALF YEARS OF FIGHTING, I DIDN'T WANT THAT TO HAPPEN AGAIN. OVER THE GRIEF THAT I EXPERIENCED THROUGH MY DAUGHTER'S DEATH AND LOSS, I WAS CONTINUING TO GET CALLS WITH NEW DIAGNOSED PATIENTS WITH CLN6. AND SO I KNEW THAT I COULD NOT LET THIS JUST SIT ON A SHELF.

WE HAVE PATIENTS. THE REASON WE ARE HERE AND WHY WE HAVE MOVED SO AGGRESSIVELY IN OUR TIMELINE IS BECAUSE THE PATIENTS ARE HERE. IN THE MIDDLE OF BURYING HER, I AM ANSWERING CALLS. WE HAVE 17 TO 20 PATIENTS WITHIN THE ENROLLMENT CRITERIA RIGHT NOW. AND I WILL NOT TURN MY BACK ON THIS COMMUNITY. FOR ALL THE CHILDREN THAT HAVE LOST THEIR LIFE TO THIS INSUFFERABLE DISEASE, I WILL NOT STOP UNTIL THERE IS A CURE. PLEASE HELP FUND THE CURE WITH THE EXCESS OF AVAILABLE FUNDS. THEY WOULD BE PUT TO GREAT USE WITH THIS INDICATION, AND WE WOULD --

MS. MORALEZ: THANK YOU SO VERY MUCH FOR YOUR PUBLIC COMMENT. ARE THERE ANY OTHER PUBLIC COMMENTS? I DON'T SEE ANY MORE HANDS RAISED.

CHAIRMAN IMBASCIANI: OKAY.

133 HENNA COURT, SANDPOINT, IDAHO 83864
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UNIDENTIFIED SPEAKER: HELLO.

CHAIRMAN IMBASCIANI: NO FURTHER COMMENT FROM ANYONE ON THE BOARD? IN THAT CASE, SCOTT --

DR. DULIEGE: ONE QUICK QUESTION. CAN YOU PLEASE CLARIFY WHEN WILL BE THE NEXT TIMELINE FOR RESUBMISSION?

DR. SAMBRANO: THAT'S JULY 30TH.

DR. DULIEGE: OKAY. THANK YOU.

UNIDENTIFIED SPEAKER: HELLO. CAN YOU HEAR ME?

MR. TOCHER: ALL RIGHT. THE MOTION IS TO NOT FUND THE TWO APPLICATIONS THAT WERE NOT RECOMMENDED BY THE GRANTS WORKING GROUP AND BY THE TEAM. THE FOLLOWING MEMBERS HAVE A CONFLICT WITH AT LEAST ONE OF THESE APPLICATIONS. SO PLEASE APPEND THAT SENTENCE THAT I'VE GIVEN IN THE PAST. THOSE MEMBERS ARE DURON, FISCHER-COLBRIE, FLOWERS, AND MIASKOWSKI.

MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: YES.

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: YES.

MR. TOCHER: JUDY CHOU. LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: SHANNON DAHL.
DR. DAHL: YES.
MR. TOCHER: ANNE-MARIE DULIEGE.
DR. DULIEGE: YES.
MR. TOCHER: YSABEL DURON.
MS. DURON: YES, EXCEPT FOR THOSE WITH WHICH I HAVE A CONFLICT.
MR. TOCHER: MARK FISCHER-COLBRIE.
DR. FISCHER-COLBRIE: YES, EXCEPT FOR THOSE WITH WHICH I HAVE A CONFLICT.
MR. TOCHER: ELENA FLOWERS.
DR. FLOWERS: YES, EXCEPT FOR THOSE WITH WHICH I HAVE A CONFLICT.
MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: CHRISTINE MIASKOWSKI.
DR. MIASKOWSKI: YES, EXCEPT FOR THOSE WITH WHICH I HAVE A CONFLICT.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: YAEL WYTE.

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208-920-3543 CACSR7152@OUTLOOK.COM

DR. WYTE: YES.

MR. TOCHER: AND KEVIN XU.

MR. XU: YES.

MR. TOCHER: THANK YOU. THE MOTION CARRIES.

CHAIRMAN IMBASCIANI: THE MOTION CARRIED. OKAY. NOW WE'RE LEFT WITH THE THREE THAT WERE RECOMMENDED BOTH BY THE GWG AND BY THE CIRM TEAM. AS HAS BEEN OUR TRADITION THAT WE TAKE THE CLINICAL APPLICATIONS ONE AT A TIME. SO WHY DON'T WE START IN ORDER WITH THE ONE ADDRESSING MULTIPLE SCLEROSIS. I'D LIKE A MOTION TO FUND 19848.

VICE CHAIR BONNEVILLE: SO MOVED.

DR. SOUTHARD: SECOND.

CHAIRMAN IMBASCIANI: GIL WENT THROUGH THE PORTFOLIO REVIEW AND THE PATIENT IMPACT. ARE THERE ANY OTHER QUESTIONS? AND ANY MEMBER OF THE PUBLIC. WE DO HAVE ONE?

MS. MORALEZ: I DO SEE THERE ARE SOME HANDS RAISED ON THE ZOOM. IS THERE ANYBODY IN PERSON? AGAIN, THIS IS FOR APPLICATION 19848. THE PHONE NUMBER ENDING IN 8509, WOULD YOU UNMUTE YOURSELF AND STATE YOUR NAME. PRESS STAR SIX TO UNMUTE YOURSELF, THE NUMBER 8509. OKAY. THERE'S ALSO PHONE NUMBER -- OH, GO AHEAD, 8509.

133 HENNA COURT, SANDPOINT, IDAHO 83864
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HEMIDAL: HELLO. HI. GOOD AFTERNOON, BOARD MEMBERS. MY NAME IS HEMIDAL (PHONETIC). I'M CALLING FROM ALEXANDRIA, VIRGINIA. I'M A MOTHER OF -- MIRIAM WAS SEVEN YEARS OLD. AND MIRIAM CAN STILL SEE, EAT BY MOUTH, USE A GAIT TRAINER TO MOVE. AND MOST IMPORTANTLY, SHE STILL ENJOYS SPENDING TIME WITH US AND --

MS. MORALEZ: THANK YOU, MA'AM. THIS IS ONLY FOR APPLICATION 19848.

CHAIRMAN IMBASCIANI: IT'S THE MULTIPLE SCLEROSIS APPLICATION.

MS. MORALEZ: NO. 9394, IF YOU ARE -- THAT HAND WENT DOWN. OKAY. PHONE NUMBER 4710, IF YOU'RE CALLING ABOUT APPLICATION 19848, PLEASE STATE YOUR NAME AND --

MS. GRAY: HI, YOU GUYS. THIS IS KRISTIN GRAY. WE HAVE SEVERAL PEOPLE TRYING TO RAISE THEIR HANDS, AND YOU GUYS SHUT IT DOWN BEFORE THEY WERE ABLE TO SPEAK. I'M ON A TEXT CHAIN WITH EVERYONE. AND THREE PEOPLE I COULD HEAR SAYING HELLO, AND THEN THE PUBLIC COMMENT WAS SHUT DOWN.

CHAIRMAN IMBASCIANI: TECHNICAL ADVICE?

MS. MORALEZ: WE ARE CURRENTLY --

MS. GRAY: THERE WAS THREE PEOPLE.

MS. MORALEZ: THANK YOU. WE ARE CURRENTLY

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 CACSR7152@OUTLOOK.COM

ON APPLICATION 19848. WE'VE ALREADY MOVED PAST THE OTHER ONE. I DON'T SEE ANY HANDS RAISED FOR THIS APPLICATION.

CHAIRMAN IMBASCIANI: ALL RIGHT. I DON'T THINK THIS A PARLIAMENTARIAN ISSUE. WE'VE TAKEN A VOTE ALREADY ON THAT.

MR. TOCHER: SO THE MOTION IS TO FUND APPLICATION CLIN2-19848. THE FOLLOWING MEMBERS HAVE A CONFLICT, SO YOU WILL NOT BE CALLED: YSABEL DURON, ELENA FLOWERS, AND CHRIS MIASKOWSKI.

MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: YES.

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: YES.

MR. TOCHER: JUDY CHOU. LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: SHANNON DAHL.

DR. DAHL: YES.

MR. TOCHER: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MR. TOCHER: MARK FISCHER-COLBRIE.

MR. FISCHER-COLBRIE: YES.

MR. TOCHER: VITO IMBASCIANI.

CHAIRMAN IMBASCIANI: YES.

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 CACSR7152@OUTLOOK.COM

MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: YAEL WYTE.
DR. WYTE: YES.
MR. TOCHER: KEVIN XU.
DR. XU: YES.
MR. TOCHER: THANK YOU. THAT MOTION CARRIES.
CHAIRMAN IMBASCIANI: THANK YOU. THE NEXT MOTION SHOULD BE TO FUND 19928. THIS IS FOX G1 SYNDROME, A NEURODEVELOPMENTAL DISEASE. THE CHAIR WOULD ENTERTAIN A MOTION TO FUND.
MS. CASILLAS: MOVED.
DR. SOUTHARD: SECOND.
CHAIRMAN IMBASCIANI: AND MARVIN SECONDED. THANK YOU.
ANY DISCUSSION ON THIS APPLICATION FROM BOARD MEMBERS? OR MEMBERS OF THE PUBLIC? YOU DO NOT SEE ANY HANDS? JUST TAKE A SECOND LOOK. OKAY. GOOD. THANK YOU. NO FURTHER COMMENT, I THINK WE CAN PROCEED.

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 CACSR7152@OUTLOOK.COM

MR. TOCHER: MARGUERITE CASILLAS.
MS. CASILLAS: YES.
MR. TOCHER: LEONDRA CLARK-HARVEY.
DR. CLARK-HARVEY: YES.
MR. TOCHER: SHANNON DAHL.
DR. DAHL: YES.
MR. TOCHER: ANNE-MARIE DULIEGE.
DR. DULIEGE: YES.
MR. TOCHER: MARK FISCHER-COLBRIE.
DR. FISCHER-COLBRIE: YES.
MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: YAEL WYTE.
DR. WYTE: YES.
MR. TOCHER: AND KEVIN XU.
MR. XU: YES.
MR. TOCHER: GREAT. THAT MOTION CARRIED AS WELL.
CHAIRMAN IMBASCIANI: GOOD. THANK YOU.

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 CACSR7152@OUTLOOK.COM

THEN LET'S GO TO THE FINAL ONE. I WOULD LIKE TO A MOTION TO FUND 19526. THIS IS THE IMMUNOGENE THERAPY FOR HIGH-GRADE GLIOBLASTOMAS AND OTHER MEMBERS OF THAT FAMILY.

VICE CHAIR BONNEVILLE: SO MOVED.

DR. DAHL: SECOND.

CHAIRMAN IMBASCIANI: WE HAVE A MOTION AND SHANNON SECONDED. THANK YOU. DISCUSSION ON THE LAST APPLICATION FROM MEMBERS OF THE BOARD IN THE ROOM OR ONLINE? YOU DO NOT SEE ANY? I DON'T SEE HANDS. ANY MEMBER OF THE PUBLIC WANT TO ADDRESS THIS? HEARING NONE, SCOTT, YOU CAN PROCEED TO THE FINAL VOTE.

MR. TOCHER: TWO SECONDS. TWO SECONDS. MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: YES.

MR. TOCHER: MARGUERITE CASILLAS.

MS. CASILLAS: YES.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MR. TOCHER: SHANNON DAHL.

DR. DAHL: YES.

MR. TOCHER: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MR. TOCHER: MARK FISCHER-COLBRIE.

DR. FISCHER-COLBRIE: YES.
MR. TOCHER: VITO IMBASCIANI.
CHAIRMAN IMBASCIANI: YES.
MR. TOCHER: RICH LAJARA.
MR. LAJARA: YES.
MR. TOCHER: ADRIANA PADILLA.
DR. PADILLA: YES.
MR. TOCHER: MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MR. TOCHER: YAEL WYTE.
DR. WYTE: YES.
MR. TOCHER: KEVIN XU.
MR. XU: YES.
MR. TOCHER: GREAT. THANK YOU. THAT MOTION CARRIED AS WELL.
CHAIRMAN IMBASCIANI: THANK YOU. THANK YOU, SCOTT. THAT CLOSES THAT AGENDA ITEM. WHERE ARE WE --
DR. BARRETT: MAY I ASK A QUESTION?
CHAIRMAN IMBASCIANI: ABSOLUTELY.
DR. BARRETT: JUST AS A POINT OF INFORMATION. IT APPEARED THAT THERE WERE MEMBERS OF THE PUBLIC ONLINE WHO FELT THAT THEY WERE NOT ABLE TO MAKE THEIR PUBLIC COMMENT ON A PREVIOUS MOTION. I DON'T KNOW IF WE HAVE A MECHANISM FOR THEIR

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 CACSR7152@OUTLOOK.COM

COMMENTS TO BE ENTERED INTO THE RECORD EVEN THOUGH THE MOTION HAS ALREADY BEEN VOTED UPON. BUT I FEEL VERY STRONGLY THAT, AS A PUBLIC BODY, WE SHOULD HAVE AN OPPORTUNITY FOR THESE PEOPLE TO SPEAK.

CHAIRMAN IMBASCIANI: THANKS, KIM. I'M VERY SYMPATHETIC TO THAT. I WAS CAUGHT UP IN THE MOMENT. I DIDN'T HAVE ANY PARLIAMENTARIAN ANSWER TO THAT. BUT I THINK IF WE HAVE CAPTURED THOSE PHONE NUMBERS AND CAN CONTACT THOSE PEOPLE, I THINK ONE SOLUTION WOULD BE TO INCLUDE THEIR INTENDED COMMENTS IN THE RECORD. WOULD THAT SATISFY EVERYONE? DOES THAT SEEM -- I'LL ASK COUNSEL. DOES THAT SEEM UNTOWARD?

MR. TOCHER: NO. FROM A COMPLIANCE STANDPOINT OF BAGLEY-KEENE, WE OFFER PUBLIC COMMENT COMMENSURATE WITH THE MOTION THAT IS MADE AND THE DISCUSSION.

I'M TOLD THAT THERE HAVE BEEN OCCASIONS WHERE SOMEONE HAS RAISED THEIR HAND AFTER THE VOTING HAS ALREADY PROCEEDED ON AN ITEM. SO IN THOSE CIRCUMSTANCES, WE FULFILLED OUR OBLIGATION TO MAKE PUBLIC COMMENT AVAILABLE.

OBVIOUSLY, I CAN'T SPEAK TO ANY OTHER PARTICULAR CIRCUMSTANCES UNLESS I KNOW OTHERWISE. THAT SAID, THERE IS A PUBLIC COMMENT ITEM AT THE END

OF THE AGENDA THAT PEOPLE COULD SPEAK TO AT THAT POINT AS WELL.

CHAIRMAN IMBASCIANI: THAT'S A VERY GOOD POINT. IF THE MEMBERS OF THE PUBLIC WHO WANTED TO COMMENT ON THAT NOW PASSED APPLICATION, THERE IS A POINT AT THE VERY END OF THE AGENDA OF TODAY'S MEETING WHERE YOU CAN MAKE COMMENT ON ANYTHING THAT WE'VE TALKED ABOUT TODAY AND ANYTHING THAT, IN FACT, THAT WE DIDN'T RAISE TODAY FOR A FUTURE AGENDA ITEM. SO THAT WOULD BE THE WAY TO GO THEN. THAT'S A MORE ELEGANT SOLUTION.

MR. TOCHER: THERE ARE TWO BOARD MEMBERS WITH THEIR HANDS RAISED, CAROLYN MELTZER AND THEN LEONDRA.

CHAIRMAN IMBASCIANI: LET'S DO THAT IN ORDER THEN.

DR. MELTZER: YES. THANK YOU SO MUCH. FOR THOSE OF US WHO ARE ON ZOOM, WE COULD HEAR SOMEONE SAYING HELLO AND TRYING TO PUT IN A COMMENT. AND I DON'T KNOW THAT THEY WERE HEARD BY THOSE IN THE ROOM. SO I DON'T THINK IT WAS AN ISSUE OF BEING PAST COMMENT PERIOD THAT WEREN'T HEARD IN THE ROOM IS WHAT I'M CONJECTURING.

MS. GRAY: THOSE OF US ONLINE COULD HEAR MULTIPLE PEOPLE TRYING TO WEIGH IN WITH COMMENTS.

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DR. CLARK-HARVEY: THIS IS LEONDRA. THAT WAS MY COMMENT AS WELL. THERE WERE PEOPLE WE COULD HEAR, BUT YOU COULDN'T HEAR.

CHAIRMAN IMBASCIANI: IT SEEMS THAT THAT'S THE CASE.

MR. TOCHER: I MAY NOT BE THE RIGHT PERSON TO TALK ABOUT TECHNOLOGY. MY UNDERSTANDING, AT LEAST, IS WE'RE LOOKING -- WE'RE NOT JUST LISTENING. WE'RE LOOKING AT A VISUAL REPRESENTATION OF THOSE FOLKS WHO HAVE CALLED IN AND HAVE RAISED THEIR HAND. SO THAT'S WHY YOU WILL HEAR THE TEAM ASK THOSE AND IDENTIFY THEM BY TELEPHONE NUMBER. I DON'T KNOW HOW THAT MAY OR MAY NOT ADDRESS A PARTICULAR CIRCUMSTANCE. BUT IF THEY HAVEN'T RAISED THEIR HAND, WE WOULD NOT NECESSARILY KNOW THAT THEY WISH TO SPEAK TO THAT ITEM BECAUSE THERE ARE MEMBERS OF PUBLIC WHO DIAL IN WHO HOLD BACK WAITING FOR THEIR ITEM. SO IF WE DON'T SEE A RAISED HAND, WE WON'T ASK THAT NUMBER TO UNMUTE ITSELF.

CHAIRMAN IMBASCIANI: OKAY. WELL, THEN, LET'S KEEP WITH THE --

MS. GRAY: I HAVE ONE COMMENT BECAUSE I DON'T THINK YOU'RE SEEING OUR RAISED HANDS. I HAVE MY HAND RAISED, AND THE THREE INDIVIDUALS DID HAVE THEIR HANDS RAISED DURING THE PUBLIC COMMENT PERIOD.

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 CACSR7152@OUTLOOK.COM

DR. CLARK-HARVEY: THIS IS LEONDRA. I SAW THAT AS WELL.

DR. MELTZER: YES, I SAW THAT AS WELL.

DR. CLARK-HARVEY: SO CONSIDERING IT WAS THE CIRM'S -- IT'S A TECHNICAL THING. IT HAPPENS. IT'S TECHNOLOGY. THE QUESTION IS HOW DO WE MOVE FORWARD TO ENSURE THAT THOSE THAT DID HAVE THEIR HANDS RAISED AND TRIED TO GET THE ATTENTION OF THE BOARD HAVE AN OPPORTUNITY TO SHARE THEIR PUBLIC COMMENT.

MR. TOCHER: THANK YOU. IF THE CHAIR WISHES TO TAKE THEIR PUBLIC COMMENT NOW, I WAS TOLD THAT THE HANDS RAISED ONCE I HAD ALREADY STARTED THE ROLL CALL VOTE. SO IF THAT WAS AN OVERSIGHT, I'M NOT SURE. BUT AT LEAST GOING FORWARD, WE CAN HAVE THEIR COMMENT NOW.

CHAIRMAN IMBASCIANI: I'M HAPPY TO DO THAT AS LONG AS IT --

UNIDENTIFIABLE SPEAKER: THE HANDS WERE RAISED BEFORE THE PUBLIC ROLL -- I WOULD JUST LIKE TO CLARIFY THE HANDS WERE CLEARLY RAISED BEFOREHAND, AND THEY HAD BEEN. SO THEY WERE NOT RAISED AFTER THE ROLL WAS CALLED.

DR. CLARK-HARVEY: THIS IS CORRECT.

CHAIRMAN IMBASCIANI: WELL, WE HAVE TWO

OPTIONS. ONE IS TO DO IT NOW. ANOTHER WOULD BE TO PUT IT AT THE END WHERE THERE IS AN AGENDA ITEM TO ACCOMMODATE THIS. THE PROBLEM IS I'M NOT SURE IF THE FIRST OPTION IS LICIT OR LEGAL. JOYCE.

DR. SACKEY: MY RECOMMENDATION IS THAT WE SHOULD LEAN TOWARDS ACCOMMODATING THE PUBLIC COMMENT GIVEN THE FACT THAT IT SOUNDS LIKE THIS WAS A TECHNICAL FAILURE.

CHAIRMAN IMBASCIANI: UH-HUH.

DR. MELTZER: I WOULD AGREE.

DR. CLARK-HARVEY: AGREE.

CHAIRMAN IMBASCIANI: YOU WANT TO DO IT NOW? LET'S DO IT NOW. GOOD. OKAY.

MEMBERS OF THE PUBLIC WHO WOULD LIKE TO ADDRESS -- LET ME PULL THIS OUT AGAIN NOW -- CLIN2-29114. AM I RIGHT?

MS. MORALEZ: IT'S THE CLIN APPLICATION. SO I HAVE A PHONE NUMBER ENDING IN 3925. IF YOU WOULD UNMUTE YOUR PHONE BY PRESSING STAR SIX, YOU HAVE THREE MINUTES.

MS. ZARCENO: HELLO. MY NAME IS MAIGUALIDA ZARCENO. I AM THE MOTHER OF CIARA SOPHIA. WE LIVE IN FREMONT, CALIFORNIA. BOTH OF MY KIDS ARE INFECTED WITH BATTEN DISEASE. CIARA IS SIX YEARS OLD. SHE LOVES TO PLAY OUTSIDE AND EXPLORE

NATURE. SHE STILL HAS SPEECH, VISION, AND THE ABILITY TO WALK, BUT THOSE ABILITIES ARE QUICKLY LEAVING AWAY.

DUAIK IS FOUR YEARS OLD AND THE MOST AFFECTIONATE LITTLE BOY. HE RUNS AND STILL PLAYS JUST LIKE ANY OTHER KID HIS AGE, BUT VERY SOON HE WILL START TO EXPERIENCE THE FIRST SYMPTOMS OF THIS TERRIBLE DISEASE JUST LIKE HIS OLDER SISTER. RIGHT NOW HE'S THE YOUNGEST KNOWN WITH BATTEN DISEASE CLN6 AND STANDS TO BENEFIT GREATLY FROM TREATMENT. AND HE'S MINIMALLY IMPACTED BY THE DISEASE AT THIS POINT OF THE TIME.

I'M HERE TODAY TO GIVE YOU THE CONTEXT OF TIME THAT A SPREADSHEET CANNOT SHOW. THE GWG REPORT SUGGESTS OUR THAT NEEDS CAN BE ADDRESSED IN A FUTURE FUNDING CYCLE AS AN INITIATIVE STANDPOINT. A DELAY UNTIL 2026 SOUNDS NEUTRAL FOR MY CHILDREN. IT IS A PROGRESSIVE, IRREVERSIBLE LOSS OF LIFE.

CLN6 BATTEN DISEASE IS (UNINTELLIGIBLE) NEURODEGENERATIVE DISORDER. IT DOES NOT PAUSE TO FISCAL QUARTER OF GRANT CYCLES. CHILDREN WITH THIS MUTATION RAPIDLY LOSE THEIR LANGUAGE, THEIR VISION, THEIR ABILITY TO SWALLOW, AND EVENTUALLY THEIR LIFE. A SIX-MONTH DELAY IS NOT A PAUSE IN DEVELOPMENT. IT IS PERMANENT LOSS OF (UNINTELLIGIBLE) THAT CAN NEVER

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 CACSR7152@OUTLOOK.COM

BE RECOVERED.

MY CHILD DOES NOT HAVE UNTIL 2026. IF YOU DIVERT THIS PROGRAM, THIS PROGRAM YOU ARE NOT DELAYING A TRIAL. YOU ARE DECLINING HOW MUCH OF OUR CHILD'S BRAIN (UNINTELLIGIBLE). WE URGE YOU TO LOOK AT THIS PROGRAM WITH THE LIFE OR DEATH URGENCY IN DEMAND TODAY. MY DAUGHTER CIARA IS SIX. SHE TOO CAN QUALIFY FOR THIS GENE THERAPY. SHE'S LOSING HER ABILITIES VERY QUICK, AND THIS IS HER ONLY CHANCE. SO PLEASE TAKE US INTO CONSIDERATION. THANK YOU FOR YOUR TIME.

MS. MORALEZ: THANK YOU SO VERY MUCH FOR YOUR PUBLIC COMMENT. THE PHONE NUMBER ENDING IN 9394, IF YOU'D PRESS STAR SIX AND STATE YOUR NAME, YOU'LL HAVE THREE MINUTES.

SIERRA: HELLO. GOOD AFTERNOON. CAN YOU HEAR ME?

MS. MORALEZ: YES, WE CAN.

SIERRA: CAN YOU HEAR ME? OKAY. GREAT. GOOD AFTERNOON, BOARD MEMBERS. MY NAME IS SIERRA AND I'M CALLING FROM HANG CITY, FLORIDA. AND I'M THE PROUD MOTHER OF AZALA WHO IS FOUR YEARS OLD. AZALA IS FULL OF LAUGHTER AND JOY AND SMILES. SHE IS THE MOST DETERMINED, ON-THE-GO CHILD I KNOW. WE'RE DEFYING ALL ODDS, BUT WE ARE FIGHTING CLN6

BATTEN DISEASE.

I WANT TO DIRECTLY ADDRESS THE REVIEWERS' CONCERN REGARDING OUR TRIAL ELIGIBILITY AND RECRUITMENT FEASIBILITY. THE GWG NOTED A CONTRADICTION IN TARGETING INDEPENDENTLY AMBULATORY PATIENTS WHILE SETTING AN ELIGIBILITY AGE OF FOUR TO SIXTY MONTHS, QUESTIONING IF THESE PATIENTS ACTUALLY EXISTED. I'M CALLING YOU TO TELL YOU WE EXIST. MY CHILD IS WITHIN THE EXACT AGE BRACKET, AND SHE IS AMBULATORY RIGHT NOW. BECAUSE OF HOW FAST THIS DISEASE (UNINTELLIGIBLE) MOTOR SKILLS, THAT THERAPEUTIC WINDOW IS HEARTBREAKINGLY NARROW. SIX MONTHS DOWN THE LINE, IT WILL BE TOO LATE.

THE REVIEWERS WORRIED WE WOULDN'T FIND TEN PATIENTS. THE REALITY IS THAT OUR CHILDREN ARE RETAINING THE EXACT SKILLS THIS INVESTIGATIONAL THERAPY IS DESIGNED TO PRESERVE TODAY. IF YOU FORCE US TO WAIT, AZALA AND THE REST OF THESE CHILDREN WILL CROSS THE LINE, BECOME NONAMBULATORY AND LOSE THEIR ELIGIBILITY FOREVER. WE ARE NOT A THEORETICAL POPULATION. WE ARE IDENTIFIED, WE ARE READY, WE ARE HERE, AND OUR CHILDREN ARE RUNNING OUT OF TIME. WE DO NOT HAVE SIX MONTHS TO WAIT. WE MAY NOT EVEN HAVE A MONTH. PLEASE DO NOT SHUT DOWN THE WINDOW ON THEM. THANK YOU.

MS. MORALEZ: THANK YOU SO MUCH FOR YOUR PUBLIC COMMENT. THE NUMBER ENDING IN 8207, IF YOU WOULD PRESS STAR SIX TO UNMUTE, YOU HAVE THREE MINUTES.

DR. WEIMER: MY NAME IS JILL WEIMER. I'M THE SENIOR DIRECTOR OF THERAPEUTIC DEVELOPMENT AT SANFORD RESEARCH AND THE FORMER CHIEF SCIENCE OFFICER AT AMICUS THERAPEUTICS. I HAVE BEEN INVOLVED WITH THE GRAY FOUNDATION AND THE DEVELOPMENT OF THIS PROGRAM SINCE INCEPTION IN 2015. AND I'VE SPENT THE LAST 25 YEARS WORKING IN THE BATTEN DISEASE RESEARCH SPACE. I HAVE WORKED TIRELESSLY ALONGSIDE A NUMBER FAMILIES, AND I HAVE SEEN THE TRUE VALUE OF THIS PROGRAM.

AND AS KRISTIN MENTIONED, THE INITIAL PROGRAM ENROLLED 13 CHILDREN. THOSE CHILDREN, MANY OF THEM WERE LATE IN THEIR ONSET OF THE DISEASE PROGRESSION WHEN THEY WERE TREATED. BUT THERE WERE A NUMBER OF KIDS, HER DAUGHTER INCLUDED, THAT WERE VERY EARLY IN THEIR DISEASE PRESENTATION AND HAVE SHOWN VERY OBVIOUS IMPROVEMENT FOLLOWING TREATMENT.

THE REVIEW PANEL RAISED A NUMBER OF CONCERNS ABOUT MODIFICATIONS TO OUR MANUFACTURING AND CMC PROCESSES. AND I WANTED TO JUST SPEAK TO THOSE IN THE PUBLIC COMMENT FORUM. MANY OF THE

CHOICES THAT WE'VE MADE DURING THIS PROCESS HAVE REALLY BEEN BUILT UPON LEARNINGS OVER THE LAST DECADE OF THIS PROGRAM TO REALLY IMPROVE THE MANUFACTURING PROCESSES AND TO MODERNIZE THEM AS THE ANALYTICAL ASSAYS AND THE MANUFACTURING WORKSTREAMS FOR GENE THERAPY MANUFACTURING AND AAV MANUFACTURING HAVE IMPROVED OVER THAT TIME. SO WE'RE NOT PLANNING TO MAKE MAJOR CHANGES TO THE ACTUAL TTP OR TO THE ACTUAL FINAL PRODUCT, BUT REALLY JUST MODERNIZING PROCESSES FROM PIVOTING FROM ADHERENT TRIPLE TRANSECTION TO SUSPENSION. WE HAVE BEEN ABLE TO GO FROM MANUFACTURING PROCESSES NATIONWIDE --

MS. MORALEZ: ALL RIGHT. THANK YOU SO MUCH FOR YOUR PUBLIC COMMENT. THE NUMBER ENDING IN 8509, IF YOU WOULD PRESS STAR SIX TO UNMUTE YOURSELF, YOU'LL HAVE THREE MINUTES.

HEMIDAL: GOOD AFTERNOON. CAN YOU HEAR ME?

MS. MORALEZ: YES, WE CAN HEAR YOU. THANK YOU.

HEMIDAL: MY NAME IS HEMIDAL (PHONETIC). I'M CALLING FROM ALEXANDRIA, VIRGINIA. I HAVE A SEVEN YEARS OLD DAUGHTER. HER NAME IS MIRIAM WHO STILL CAN SEE, EAT BY MOUTH, STILL CAN WALK ASSISTED. AND SHE STILL CAN ENJOY HER TIME WITH US,

BUT SHE'S STILL FIGHTING CLN6 BATTEN DISEASE, AND THAT'S SLOWLY TAKING A TOLL ON HER LITTLE BODY.

SINCE SHE GOT DIAGNOSED, OUR FAMILY EXPERIENCED, LIKE, FINANCIAL BURDEN, THINGS LIKE SHE NEEDED TO BE WATCHED 24 HOURS. FOR YEARS FAMILIES LIKE OURS HAVE CARRIED THE BURDEN OF FUNDING THE RESEARCH, AND THAT'S WHAT THE FOUNDATION HAS DONE FOR SO MANY YEARS.

A FAMILY LIKE MINE HELPED FUND-RAISING AFTER FUNDRAISING ASKING COMMUNITY FOR HELP. FUNDING THIS CLINICAL TRIAL WILL BE A GREAT HELP FOR FAMILY LIKE MINE. WE ARE WILLING TO TRAVEL FROM WHERE WE ARE TO CALIFORNIA TO TREAT OUR DAUGHTER. THANK YOU.

MS. MORALEZ: THANK YOU VERY MUCH FOR YOUR PUBLIC COMMENT. IS THERE ANYBODY ELSE IN THE ROOM OR ON THE PHONE THAT WOULD LIKE TO MAKE A PUBLIC COMMENT? ON THE PHONE, PLEASE PRESS STAR NINE TO RAISE YOUR HAND. I DON'T SEE ANY HANDS RAISED.

MR. TOCHER: ARE ANY OF OUR MEMBERS WHO ARE PARTICIPATING BY PHONE ABLE TO HEAR OR SEE ANYTHING THAT WE HERE IN THE ROOM DO NOT?

DR. CLARK-HARVEY: THIS IS LEONDRA CLARK-HARVEY. I DO NOT SEE ANY HANDS RAISED, NOR DO I HEAR ANYONE VOCALIZING THE NEED TO SPEAK AT THIS

TIME.

MR. TOCHER: GREAT. THANKS, LEONDRA.

CHAIRMAN IMBASCIANI: THANK YOU, LEONDRA, FOR THAT HELP.

OKAY. I'M GOING TO ASK WHERE ARE WE ON OUR AGENDA AS FAR AS A BREAK?

MR. TOCHER: WE ARE WELL PAST IT. SO IF WE COULD MAYBE TAKE FIVE MINUTES, WHICH I KNOW MEANS TEN, THEN WE CAN GET BACK. OUR LUNCH IS SOMEWHAT CONSTRAINED AT THE BACK END. SO AS SOON AS WE CAN GET BACK AND GET ON WITH THE --

CHAIRMAN IMBASCIANI: HERE WE GO. WE'RE ON RECESS FOR FIVE MINUTES.

MR. TOCHER: 11:40 HOPEFULLY.

(A RECESS WAS TAKEN.)

CHAIRMAN IMBASCIANI: WELCOME BACK, EVERYONE, FROM OUR LITTLE RECESS. WE'RE NOW AT AGENDA ITEM NO. 14. OUR DIRECTOR OF COMMUNICATIONS IS AT THE PODIUM. AMY ADAMS IS GOING TO INTRODUCE US TO OUR RECURRENT, FELICITOUSLY RECURRENT, SECTION OF THE AGENDA CLOSER TO CURES. AMY.

(THE CLOSER TO CURES PRESENTATIONS WERE THEN HEARD, NOT REPORTED NOR HEREIN TRANSCRIBED.)

CHAIRMAN IMBASCIANI: AND WE ARE NOW GOING

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TO ADJOURN FOR LUNCH, AND WE ARE DUE BACK IN THIS ROOM AT --

MR. TOCHER: WE'RE DUE BACK AT 1:30. THEY'LL SHUT DOWN LUNCH.

MEMBERS OF THE PUBLIC, THERE ARE RESOURCES IN THE MEZZANINE. FOR THE REST OF THE TEAM AND BOARD, IF WE COULD ASK THAT THE BOARD MEMBERS GET FIRST CRACK AT THE LINE SO THAT WE CAN MAKE SURE THAT WE CAN RESUME AT 1:30 AND THEN THE TEAM, THAT WOULD BE GREAT. THANK YOU. WE'LL RESUME AT 1:30.

(A RECESS WAS TAKEN.)

CHAIRMAN IMBASCIANI: OKAY, EVERYONE. LADIES AND GENTLEMEN, MEMBERS OF THE BOARD, BEFORE WE PROCEED WITH THE NEXT AGENDA ITEM, WE'D JUST LIKE TO BACKTRACK A SECOND. AFTER SOME RECONSIDERATION OF WHAT HAPPENED EARLIER, I WANTED TO SAY SOMETHING ABOUT THE VOTE WE TOOK ON THE CLIN2 APPLICATION, THE ONE ESPECIALLY THAT DID NOT HAVE THE OPPORTUNITY TO HEAR ALL REMARKS FROM THE PUBLIC. AND I THINK I'D LIKE TO HAVE ENTERED -- THIS DISCUSSION ENTERED INTO THE RECORD. THE BEST WAY TO DO THAT WOULD BE TO ASK IS THERE ANY MEMBER HERE, MEMBER OF THE APPLICATION REVIEW SUBCOMMITTEE, THE ARS, THE PEOPLE WHO CAN VOTE ON THESE APPLICATIONS, WHO WOULD LIKE TO MAKE A MOTION TO RECONSIDER OUR VOTE? I'M NOT NECESSARILY

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ASKING FOR YOU TO DO THAT; BUT IF THERE'S ANYONE THAT WOULD LIKE TO DO THAT.

IS THERE ANY MEMBER OF THE ARS NOT IN THE ROOM BUT ONLINE? AND ARE THERE ARE NO HANDS. OKAY. THERE IS NO MOTION ON THE TABLE. I'M GOING TO PROCEED WITH THE AGENDA THEN, SCOTT. OKAY. THANK YOU.

SO NEXT I WANT TO INTRODUCE A RESOLUTION TO HONOR THE MANY YEARS OF SERVICE TO CIRM GIVEN BY OUR DEDICATED AND TALENTED TRANSCRIPTIONIST BETH DRAIN. BETH IS OUR DOYENNE OF DIGITAL DEXTERITY. YOU SEE WHERE THIS IS GOING. IT WOULD TAKE A THESAURUS TO NAME ALL THE NOUNS THAT DESCRIBE HER. STENOGRAPHER DOES NOT BEGIN TO DO HER JUSTICE. SHE IS OUR ESCRITOIRE PAR EXCELLENCE, THE AMANUENSIS OF OUR WORDS AND DEEDS.

TITLES LIKE COPIEST, PENMAN, OR CALLIGRAPHER WOULD HAVE ONCE BEEN APPROPRIATE, BUT LONG AGO ARE THE DAYS OF QUILL PENS, INKWELLS, AND SHEEPSKIN. BETH, INSTEAD, USES ALL THE MODERN AUDIO AND VISUAL MODALITIES TO BE OUR TRUTHFUL REGISTRAR OF WORDS. HER SHORTHAND KEYBOARD CHRONICLES OUR HISTORY. HER COMPUTER SCREEN IS OUR MODERN POLEMICEST ON WHICH SHE SCRIBES THE ARGUMENTS FOR AND AGAINST, AND NOTARIZES OUR VOTES FOR POSTERITY.

SHE IS OUR SCRIVENER, OUR TRANSCRIBER, OUR TYPIST, RECORDER, AND OUR CLERK OF RECORD, AND SHE DOES THIS IN PERSON. EVEN THOUGH THAT MEANS, SINCE 2012, SHE HAS TO COMMUTE TO OUR MEETINGS FROM THE GREAT STATE OF IDAHO. AND LIKE SOME SPIRITUAL DOULA, BETH WAS THERE AT THE BIRTH OF CIRM, ATTENDING THE EARLIEST MEETINGS OF THIS BOARD STARTING IN 2005. SHE HAS TRANSCRIBED 228 MEETINGS OF THE ICOC, MANY OF THEM HELD CONJOINTLY WITH THE APPLICATION REVIEW SUBCOMMITTEE, BUT SHE ALSO COVERED ALL THE OTHER SUBCOMMITTEES OF THIS BOARD FROM THEIR BEGINNINGS: GOVERNANCE, FINANCE, STANDARDS, INTELLECTUAL PROPERTY, AND PRESIDENTIAL SEARCH COMMITTEES.

SHE EXPANDED HER DOMAIN EARLIER IN THIS DECADE WITH THE ADVENT OF THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP AND THE COMMUNICATIONS SUBCOMMITTEE, NOT TO MENTION THE TASK FORCE ON NEUROSCIENCE AND MEDICINE. IN TOTAL, BETH HAS TRANSCRIBED 52,039 PAGES. THAT'S 11,771,189 WORDS OF OPEN SESSION HEARINGS.

CLEARLY FOR BETH NO TABULA IS EVER LEFT TABULA RASA FOR VERY LONG. BETH HAS BEEN EYEWITNESS TO CIRM'S GENESIS AND EVOLUTION, DOCUMENTARIAN OF ITS HISTORY. SHE IS IN A REAL SENSE A CORNERSTONE

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OF THIS INSTITUTE. ON OCCASION SHE WOULD HAVE ONLY AN AUDIO RECORDING TO WORK FROM WITHOUT BENEFIT OF VIDEO, BUT SHE HAD COME TO KNOW ALL OUR VOICES, OUR VERBAL TICS, OUR SYNTACTIC IDIOSYNCRASIES, AND SHE WOULD GLOSS OVER OUR HEMS AND HAWS, SQUELCH THE ERS, AWS, AND UMS, AND PRODUCE WORKS OF FLAWLESS ACCURACY.

ON PAPER IT MIGHT SEEM TO A READER THAT WE ALL THINK AND SPEAK IN POLISHED PARAGRAPHS. AND SHE DID THIS ALL WITH PROFOUND KINDNESS AND WARMTH. HER ROUTINE PROFESSIONAL INTERACTIONS HAVE GROWN INTO LASTING PERSONAL CONNECTIONS THAT HAVE LEFT AN INDELIBLE MARK OF CARE AND COMMUNITY UPON CIRM.

SO, THEREFORE, BE IT RESOLVED THAT THE GOVERNING BOARD OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE, ON BEHALF OF THE PEOPLE OF THE STATE OF CALIFORNIA, WISHES TO EXPRESS ITS DEEPEST GRATITUDE TO BETH C. DRAIN FOR HER SERVICE TO CIRM AND FOR HER DEDICATION TO THE ADVANCEMENT OF STEM CELL RESEARCH AND TO OUR MISSION. THANK YOU, BETH.

(APPLAUSE.)

DR. DAHL: MOTION TO ACCEPT THE RESOLUTION.

MS. MIASKOWSKI: SECOND.

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CHAIRMAN IMBASCIANI: SECONDED BY CHRISTINE. THANK YOU. SO LET'S START THE DISCUSSION. I THINK VICE CHAIR MARIA WOULD LIKE TO SAY A FEW WORDS.

VICE CHAIR BONNEVILLE: BETH, SIMPLY, SOMEONE YOU CANNOT IMAGINE CIRM WITHOUT. SINCE 2005 SHE'S SHOWN UP MEETING AFTER MEETING, YEAR AFTER YEAR. THE STORY OF CIRM HAS BEEN CAPTURED ALL THESE YEARS BY BETH. SHE IS OUR HISTORIAN. BUT WHAT MAKES BETH TRULY SPECIAL ISN'T JUST THE NUMBERS. IT'S WHO SHE IS. HER PROFESSIONALISM HAS ALWAYS BEEN MATCHED BY A GENUINE WARMTH. WE DON'T JUST APPRECIATE BETH. WE LOVE HAVING HER IN THE ROOM.

SHE BRINGS A STEADINESS AND A KINDNESS TO CIRM THAT LEAVES AN IMPRESSION ON EVERYONE AROUND HER. AND SHE LEAVES BEHIND NOT JUST A LEGACY OF IMPECCABLE WORK, BUT A COMMUNITY OF PEOPLE WHO ARE DEEPLY GRATEFUL TO HAVE HER. THANK YOU, BETH.

(APPLAUSE.)

CHAIRMAN IMBASCIANI: MR. PRESIDENT, JONATHAN THOMAS.

DR. THOMAS: SO, BETH, IT'S ONLY FITTING THAT IN A MEETING THAT WE ARE PAYING TRIBUTE TO GEOFF LOMAX, WHO'S BEEN HERE SEEMINGLY FOREVER, THAT YOU WELL PREDATE HIM AND PREDATE EVERYBODY IN THIS

ROOM, INCLUDING GIL AND SCOTT AND TRICIA, IF YOU'RE LISTENING, EVERYBODY. YOU'VE BEEN HERE SINCE INCEPTION. YOUR SKILLSET I'VE ALWAYS FELT IS WAY BEYOND MY COMPETENCY LEVEL. I DON'T KNOW HOW YOU DO WHAT YOU DO. IT'S A REAL TREAT THAT SOMEBODY CAN HANDLE THAT TASK AND BE THE SCRIBE AND THE HISTORIAN WHO WILL FOREVER BE ETCHED IN PRINT AND ACCESSIBLE TO ALL OF THOSE WHO GO BACK AS CIRM PROCEEDS THROUGH ITS PROCESS, HOWEVER LONG THAT LASTS. AND WE'LL HAVE THE RECORD OF EVERYTHING IN REAL-TIME AS IT HAPPENED, WHICH IS CRITICAL TO, NOT JUST HERE, BUT ANYWHERE ELSE THAT YOU HAVE WORKED WITH AS WELL.

SO ON BEHALF OF THE TEAM, I WANT TO THANK YOU FOR EVERYTHING YOU'VE DONE FOR ALL THESE MANY YEARS. IT'S BEEN A REAL PLEASURE TO HAVE YOU AS A COLLEAGUE IN ALL OF OUR MEETINGS, AND WE'LL MISS YOU VERY MUCH. SO THANK YOU.

(APPLAUSE.)

MR. TOCHER: I THINK I'LL BE BRIEF. I'M NOT KNOWN FOR THAT, BUT JUST BECAUSE EVERYTHING EVERYONE ELSE HAS SAID ABSOLUTELY CAPTURES WHAT I WOULD WANT TO SAY.

COUPLE THINGS. I HAD SOME FREE TIME. ALL THOSE WORDS, THAT'S 14 COPIES OF *WAR AND PEACE* THAT YOU DID, 67 24-HOUR DAYS OF NONSTOP SPEECH YOU

RECORDED. SO DOES IT FEEL LIKE IT?

I JUST WANTED TO THANK YOU, BETH, BECAUSE EVER SINCE THAT WINTER IN '05 AT CITY OF HOPE, WHICH WAS MY FIRST MEETING, YOU'VE ALWAYS BEEN HERE ON MY LEFT SIDE. IT WILL BE VERY STRANGE TO GO FORWARD WITHOUT YOU HERE, AND I WILL MISS YOU VERY MUCH.

(APPLAUSE.)

CHAIRMAN IMBASCIANI: BETH, WE HAVE THIS TOKEN OF OUR APPRECIATION FOR YOU AND ALL YOUR YEARS OF SERVICE. SO THANK YOU. THIS IS FOR YOU.

MS. DRAIN: THANK YOU VERY MUCH. THANK YOU VERY MUCH. IT'S A BITTERSWEET MOMENT FOR ME. I'VE BEEN A REPORTER FOR OVER 40 YEARS NOW. AND IT JUST REALLY DAWNED ON ME IN THE LAST FEW MONTHS THAT I'M 78 YEARS OLD, AND I SHOULDN'T HAVE TO BE WORKING.

SO EVEN THOUGH I WON'T BE HERE IN PERSON, I'LL STILL THINK OF YOU ALL ON A REGULAR BASIS EVEN THOUGH YOUR FACES CHANGE OVER TIME. AND I HOPE THAT I'LL BE ABLE TO STILL CONTRIBUTE IN MAYBE EDITING YOUR AI TRANSCRIPTS. WE'LL WORK THAT OUT. THEN I WON'T HAVE TO TRAVEL SINCE MY HUSBAND IS OLDER THAN I AM AND NOT WELL. I'M VERY UNCOMFORTABLE LEAVING HIM AT HOME ALONE EVEN THOUGH I'LL MISS YOU.

THANK YOU FOR HAVING GIVEN ME THE

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OPPORTUNITY ALL THOSE YEARS AGO WHEN I FIRST MET MR. KLEIN AND MELISSA KING THAT THEN LED TO THE VERY BEGINNINGS OF CIRM WHEN YOU DID YOUR FIRST -- I CAN'T EVEN REMEMBER THE NAME OF THE GROUP NOW -- BEST, WHAT WAS THAT, BEST -- I CAN'T REMEMBER THE NAME OF IT NOW. I CAN'T REMEMBER THAT'S HOW LONG IT IS. SO THANK YOU VERY MUCH. SO LET'S GET BACK TO WORK SO WE CAN HAVE THAT GLASS OF WINE AT THE END.

(APPLAUSE.)

MS. DRAIN: BEST PRACTICES.

CHAIRMAN IMBASCIANI: IF THERE ARE ANY OTHER COMMENTS.

DR. SOUTHARD: I JUST WANTED TO SAY THAT YOU WERE SEATED NEXT TO ME A FEW TIMES WHEN WE WERE HERE, AND I WAS IMPRESSED BY YOUR DIGITAL PROWESS, BUT ALSO BY YOUR ABILITY TO WITHSTAND THE DISTRACTIONS THAT I POSED. SO THANK YOU.

MR. TOCHER: MR. CHAIR, WE ACTUALLY NEED TO TAKE A VOTE.

CHAIRMAN IMBASCIANI: I WAS JUST THINKING -- OH, WAIT. MR. JENSEN. HE'S AT THE MICROPHONE. PUBLIC COMMENT BEFORE THE VOTE.

MR. JENSEN: MY NAME IS DAVID JENSEN. I'VE BEEN WRITING ABOUT THE CALIFORNIA STEM CELL AGENCY FOR MORE THAN 20 YEARS.

CHAIRMAN IMBASCIANI: GET CLOSER TO THE MICROPHONE.

MR. JENSEN: YOU CAN'T HEAR ME? AND ONE OF THE THINGS I WANTED TO SAY, HOW MUCH I APPRECIATE ALL OF THE KUDOS THAT BETH HAS RECEIVED ARE WELL DESERVED. AND I THINK CIRM ITSELF SHOULD CONGRATULATE ITSELF ON THE OPENNESS THAT IT HAS DEMONSTRATED BY PRODUCING THESE TRANSCRIPTS. FEW OTHER GOVERNING BOARDS OF ANY AGENCY IN STATE GOVERNMENT PRODUCE TRANSCRIPTS ON A REGULAR BASIS. AND IT'S BEEN A REAL ASSET FOR THE PUBLIC TO SEE, AND I THINK CIRM DOES A GREAT -- SHOULD BE SALUTED FOR THE PUBLIC SERVICE IT HAS PERFORMED IN PROVIDING THOSE TRANSCRIPTS. AND THANK YOU, BETH.

(APPLAUSE.)

CHAIRMAN IMBASCIANI: THANK YOU. ANY OTHER MEMBER OF THE PUBLIC LIKE TO MAKE A COMMENT? IF NOT, WE'RE GOING TO TAKE A VOTE, SCOTT.

MR. TOCHER: ALL RIGHT. IT'LL BE A VOICE VOTE IN THE ROOM, AND I'LL POLL THE MEMBERS ON THE ZOOM INDIVIDUALLY. ALL THOSE IN THE ROOM IN FAVOR SAY AYE. THOSE OPPOSED OR ABSTAIN? AND ON THE PHONE: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: AYE.

MR. TOCHER: MONICA CARSON.

DR. CARSON: AYE.

MR. TOCHER: RICH LAJARA. CAROLYN MELTZER.

DR. MELTZER: AYE.

MR. TOCHER: SHANNA STARK.

MS. STARK: AYE.

MR. TOCHER: KEVIN XU.

MR. XU: AYE.

MR. TOCHER: MARK FISCHER-COLBRIE. GREAT. THANK YOU VERY MUCH. THE MOTION CARRIES.

CHAIRMAN IMBASCIANI: THANK YOU AGAIN, BETH.

WE'RE GOING TO MOVE ON TO AGENDA ITEM NO. 16. THIS IS THE INFRACTRUCTURE9 PROGRAM, DATA SCIENCE AND SOFTWARE ENGINEERING CONCEPT PLAN. JANIE BYRUM IS GOING TO LEAD THE PRESENTATION. THANK YOU, JANIE.

DR. BYRAM: GREAT. THANKS. MY NAME IS JANIE BYRUM, AND IT'S MY PLEASURE TO PRESENT THE DATA SCIENCE AND SOFTWARE ENGINEERING AWARDS CONCEPT PLAN TO YOU ON BEHALF OF THE CIRM TEAM TODAY.

AND OUR MISSION, WE START WITH OUR MISSION. IT DRIVES US. AND CIRM'S MISSION IS TO ACCELERATE WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS TO A

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DIVERSE CALIFORNIA AND THE WORLD -- IN AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND THE WORLD.

AND SO TODAY WE WILL SHARE THE CONCEPT PLAN THAT IS DESIGNED TO MAXIMIZE THE VALUE OF CIRM'S INITIAL INVESTMENT IN ITS RESEARCH AWARDS AND ACCELERATE WORLD-CLASS SCIENCE THROUGH THE DEVELOPMENT OF NEW TOOLS.

SO FOR TODAY'S CONCEPT, WE'LL BEGIN WITH SOME BACKGROUND INFORMATION, AND THEN I'LL MOVE INTO THE ELEMENTS OF THE CONCEPT.

SO I WANT TO BEGIN BY EMPHASIZING THAT LIFE SCIENCES, INCLUDING REGENERATIVE MEDICINE, HAS SEEN MASSIVE DATA GROWTH IN THE LAST 20 YEARS. AND WE NEED TRANSFORMATIVE TOOLS TO HELP RESEARCHERS CAPITALIZE ON THAT DATA. AND THIS IS DUE TO SEVERAL FACTORS: TECHNOLOGICAL ADVANCEMENT, INCLUDING IN THE LIFE SCIENCES AND ADVANCES IN COMPUTATION, INCREASED INVESTMENT IN RESEARCH AND DEVELOPMENT, AND MORE DATA ACCESSIBILITY DUE TO DATA SHARING. SO DATA GENERATION IS DOUBLING EVERY TWO TO THREE YEARS, AND WE NEED SOFTWARE TOOLS TO CAPITALIZE ON THE VOLUME AND VARIETY OF DATA. AND SO THESE DATA ARE RICH, BUT THEY ARE UNDERUTILIZED, AND THEY MUST BE INTEGRATED TO ALLOW FOR COMPARISONS ACROSS DATASETS, ACROSS MODELS, AND ACROSS DISCIPLINES.

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SO WE NEED TOOLS TO INTEGRATE DATA AT A LARGE SCALE AND BE ABLE TO INTEGRATE DIFFERENT TYPES OF DATA. SO I'LL ELABORATE ON THAT IN THE NEXT FEW SLIDES.

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

AND CIRM HAS A GOAL OF MAXIMIZING THE VALUE OF THIS DATA, AND THIS IS FOR TWO PRIMARY REASONS. IF THE DATA REMAINED SILOED, THEN WE'RE LEAVING INSIGHTS ON THE TABLE, AND SCIENCES WILL BE SLOWER. AND IT'S ALSO INEFFICIENT. BEING ABLE TO SQUEEZE THE JUICE OUT OF INDIVIDUAL DATASETS BY SHARING THEM AND COMBINING THEM WITH OTHER DATASETS REDUCES THE AMOUNT OF DATA GENERATION THAT NEEDS TO BE FUNDED IN THE FIRST PLACE.

RECENTLY, IN 2023, CIRM BEGAN TRACKING RESEARCH DATASETS GENERATED BY OUR AWARDEES. AND WE SEE THAT CIRM RESEARCHERS GENERATE VAST AMOUNTS OF

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DIVERSE DATA. SO ILLUSTRATED HERE IS THE VARIETY OF DATASETS FROM DIFFERENT TECHNIQUES OR APPROACHES. AND THESE DATASETS WERE TRACKED USING CIRM DATA SHARING AND MANAGEMENT PLANS. AND YOU CAN LEARN MORE ABOUT THESE DATASETS AT CIRM DATA EXPLORER AT DATAHUB.CIRM.CA.GOV.

AND THE GOAL OF CIRM DATA EXPLORER IS TO PROMOTE THE FINDABILITY OF CIRM-FUNDED RESEARCH TO OTHER RESEARCHERS SO THAT THEY CAN INCORPORATE THESE INTO THEIR RESEARCH PROGRAMS. SO SOME OF THESE DATASETS ARE PUBLICLY AVAILABLE, AND SOME OF THESE DATASETS ARE STILL IN PROGRESS. AND THIS IS PRIMARILY DATA FROM DISCOVERY STAGE AWARDS, BUT WE HAVE RECENTLY IMPLEMENTED OUR DATA SHARING AND MANAGEMENT PLANS FOR OUR PRECLINICAL AND CLINICAL AWARDS, AND WE'LL BE TRACKING THOSE OUTPUTS AS WELL.

SO I WANT TO EMPHASIZE HERE THE VARIETY OF DATA TYPES AND THE VOLUME. EACH CIRCLE IS PROPORTIONAL TO THE NUMBER OF DATASETS GENERATED USING THAT TECHNIQUE. AND YOU CAN SEE WE HAVE A LOT OF TRANSCRIPTOMICS, FOR EXAMPLE. AND ADDITIONALLY, WITHIN EACH TECHNIQUE CATEGORY, THERE ARE SUBAPPROACHES. SO EACH OF THE SMALLER CIRCLES -- I'M NOT SURE IF IT'S SHOWING VERY WELL ON THE TV -- BUT EACH OF THE CIRCLES SHOWN WITHIN THE LARGER

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CATEGORIES IS A DIFFERENT FLAVOR OF A BROADER CATEGORY. AND THEIR SIZES ARE ALSO PROPORTIONAL TO THE NUMBER OF DATASETS.

SO THESE DATA ARE GENERATED USING A LOT OF DIFFERENT APPROACHES, AND IT'S A HUGE CHALLENGE TO COMPARE DATA ACROSS TECHNIQUES. AND THAT'S LIMITING WHAT WE CAN LEARN FROM THESE DATASETS.

SO IN ADDITION TO THE DIVERSITY OF DATA ACROSS TECHNIQUES, DATA IS ALSO GENERATED ACROSS SCALES AND MODELS; FOR EXAMPLE, ANIMAL MODELS, CELLULAR AND MOLECULAR DATA, ELECTRONIC HEALTH RECORDS, AND PATIENT DATA FROM TRIALS. SO BEING ABLE TO BRING THESE DATA TOGETHER WILL ENABLE RESEARCHERS TO DEVELOP MORE ACCURATE AND MORE COMPLEX BIOLOGICAL MODELS, AND THEY CAN ASK MORE NUANCED QUESTIONS. AND, IN GENERAL, MORE CONNECTIONS EQUALS MORE POTENTIAL TO FIND TARGETS OR BIOMARKERS BECAUSE THERE'S A FULLER PICTURE OF WHAT IS INTERPRETABLE BY RESEARCHERS.

SO HOW CAN WE INTEGRATE AND ANALYZE THE MOUNTAIN OF COMPLEX DATA? WE CAN BUILD SOFTWARE TOOLS TO INTEGRATE DATA, AND THIS CAN ACCELERATE RESEARCH. SO DURING THE STRATEGIC ALLOCATION FRAMEWORK, CIRM DEFINED AN AMBITIOUS GOAL TO CATALYZE THE IDENTIFICATION AND VALIDATION OF AT

LEAST FOUR NOVEL TARGETS AND BIOMARKERS, ENSURING INTEGRATION INTO PRECLINICAL OR CLINICAL RESEARCH FOR DISEASES IN CALIFORNIA.

AND THERE WAS A RECOMMENDATION AT THE TIME TO ENABLE DATA SCIENCE COLLABORATIVE EFFORTS VIA DEDICATED GRANTS. AND SO TO INCREASE THE PROBABILITY THAT CIRM REALIZES THIS GOAL, WE CAN ADDRESS RESEARCH BOTTLENECKS BY SUPPORTING SOFTWARE PROJECTS THAT HELP THE RESEARCHERS MAKE CONNECTIONS BETWEEN DIFFERENT TYPES OF DATA, ENABLING MORE IMPACTFUL DATA SCIENCE. AND I'LL OUTLINE SOME OF THESE RESEARCH BOTTLENECKS IN THE NEXT SLIDE.

SO MULTIMODAL DATA, INCLUDING PATIENT DATA AND DATA ACROSS SCALES, DISEASE AREAS, AND BIOLOGICAL SYSTEMS, THEY NEED TO BE INTEGRATED TO BE LEVERAGED FOR BIOLOGICAL INSIGHT, AND THIS REQUIRES SIGNIFICANT INVESTMENT. SOFTWARE TOOLS ARE NEEDED TO ACCELERATE STEM CELL-BASED AND GENETIC RESEARCH. AND ADDITIONALLY, DEDICATED FUNDING IS LACKING FOR THE DEVELOPMENT AND MAINTENANCE OF OPEN-SOURCE SOFTWARE THAT'S CRUCIAL FOR THE DISCOVERY OF POTENTIAL THERAPEUTICS.

SO WE SURVEYED OUR REMIND AWARDEES AT THE REMIND ANNUAL MEETING, AND THE BIGGEST BOTTLENECKS TO EMPLOYING CUTTING-EDGE DATA SCIENCE IN THEIR LABS

WAS FUNDING FOR A DATA SCIENTIST AND ALSO SOFTWARE TOOLS THAT ARE USER FRIENDLY AND DON'T REQUIRE A LOT OF COMPUTATIONAL EXPERTISE. SO THOSE BOTTLENECKS CAN BE ADDRESSED THROUGH A PROGRAM THAT DEVELOPS AND SUSTAINS OPEN-SOURCE SOFTWARE THAT DRIVES REGENERATIVE MEDICINE RESEARCH AND CAN CATALYZE DATA SCIENCE RESEARCH TO INTEGRATE AND EXPAND THE IMPACT OF BOTH CIRM-FUNDED DATASETS AND ALSO OTHER DATASETS IN THE RESEARCH COMMUNITY.

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

SO THIS IS SCIKIT-LEARN, WHICH IS A MACHINE LEARNING LIBRARY FOR A PROGRAMMING LANGUAGE CALLED PYTHON. AND THE NAME COMES FROM SCIENTIFIC TOOLKIT FOR MACHINE LEARNING. AND THIS TOOLKIT IS THE MOST POPULAR MACHINE LEARNING FRAMEWORK IN A SURVEY OF OVER 24,000 PEOPLE. OVER 80 PERCENT OF RESPONDENTS USE THIS PACKAGE.

AND ON GITHUB, WHICH IS A CODE REPOSITORY, OVER 65,000 PEOPLE HAVE LIKED IT OR GIVEN IT STARS. AND THE ORIGINAL PAPER THAT INTRODUCED THIS PACKAGE

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HAS BEEN CITED OVER 130,000 TIMES. SO IT'S VERY WELL USED, BUT WHAT DOES IT DO? IT'S A SOFTWARE TOOLKIT FOR SCIENTISTS THAT ARE NOT EXPERTS IN CODING, AND IT CAN BE USED TO LEARN FROM A DATASET AND HELP WITH PREDICTIONS AND CLASSIFICATION AND CLUSTERING.

SO BASED ON THIS DATASET AND THE DATASETS THAT THE MODEL WAS TRAINED ON, WHAT HAPPENS NEXT? AND ALSO, IF YOU HAVE A NUMBER OF CELLS, DO THEY BELONG TO AN INDIVIDUAL THAT HAS A DISEASE OR A HEALTHY INDIVIDUAL, THAT'S CLASSIFICATION OR CLUSTERING? CAN WE PUT CELLS THAT HAVE SIMILAR PHENOTYPES TOGETHER? SO THIS HAS STARTED AS A VERY SMALL SOFTWARE PACKAGE, BUILT ONE SUMMER BY A PH.D. STUDENT IN A GOOGLE SUMMER OF CODE. BUT SINCE IT WAS AN OPEN-SOURCE PROJECT AND BECAUSE THERE WAS A NEED FOR IT IN THE COMMUNITY, IT'S BEEN DEVELOPED OVER TIME INTO WHAT IT IS TODAY. AND IT HAS MADE DATA SCIENCE ACCESSIBLE TO RESEARCHERS AND IS NOW AN ESSENTIAL OPEN-SOURCE SOFTWARE FOR SCIENTISTS.

SO I JUST TOLD YOU THAT COMPUTATIONAL SOFTWARE AND INFRASTRUCTURE ARE INTEGRAL TO SCIENTIFIC RESEARCH. AND THE RESEARCH ENTERPRISE IS INCREASINGLY RELYING ON OPEN-SOURCE SOFTWARE. AND TODAY WE'RE PROPOSING A CONCEPT PLAN FOR DATA

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

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

DURING THE DEVELOPMENT OF THIS CONCEPT, WE'VE RECEIVED FEEDBACK THAT WE ALREADY SUPPORT DATA SCIENCE PROJECTS IN OUR DISCOVERY AWARDS. AND HERE I WANT TO HIGHLIGHT THAT THE SOFTWARE TOOLS COMING OUT OF INFRACTRUCTURE9 WOULD BE DISTINCT FROM THOSE THAT ARE RESULTING FROM OUR EXISTING DISCOVERY PROGRAMS. TOOLS SUPPORTED BY OUR DISCOVERY PROGRAMS ARE GENERALLY ANCILLARY TO RESEARCH PROJECTS, AND THEY HAVE NO REQUIREMENTS FOR SOFTWARE ENGINEERING STANDARDS AND BEST PRACTICES. AND THEY'RE ALSO HIGHLY SPECIALIZED FOR A SPECIFIC RESEARCH QUESTION, OFTEN WITHOUT A PLAN FOR DEPLOYMENT OR COMMUNITY USE AND MAINTENANCE. AND SO THE MAINTENANCE TENDS TO END WHENEVER THE PAPER IS PUBLISHED OR THE TRAINEE LEAVES THE LAB.

AND SO INFRACTRUCTURE9 PROJECTS WOULD

FOLLOW OPEN-SOURCE BEST PRACTICES, RESULTING IN TOOLS WITH ENHANCED SCALABILITY, REUSABILITY, AND REPRODUCIBILITY. AND THROUGH A DEDICATED GRANT MECHANISM WITH REQUIREMENTS THAT ARE TAILORED FOR SOFTWARE TOOLS, WE CAN HAVE A COLLECTION OF TOOLS THAT ARE BUILT FOR EXTENSION AND COMMUNITY USE IN MIND WITH A PLAN FOR MAINTENANCE.

SO NOW WE'LL MOVE INTO THE SCOPE AND STRUCTURE OF THE CONCEPT FOR THE DATA SCIENCE AND SOFTWARE ENGINEERING AWARDS. AND I'LL START BY PREVIEWING THE PROPOSED GUIDING PRINCIPLES. SO AS A REMINDER, GUIDING PRINCIPLES HELP CIRM SHAPE ITS PORTFOLIO. AND THE INFRACTRUCTURE9 PORTFOLIO WILL ADDRESS BARRIERS TO INTEGRATING MULTIMODAL DATA IN REGENERATIVE MEDICINE AND INNOVATE THROUGH OPEN AND COLLABORATIVE SOFTWARE DEVELOPMENT TO ACCELERATE RESEARCH AND TO CREATE BROADLY APPLICABLE AND VALIDATED TOOLS THAT MAXIMIZE THE VALUE OF CIRM-FUNDED DATA.

AND THESE GUIDING PRINCIPLES WILL INFORM THE SELECTION AND REVIEW CRITERIA AS WELL AS CIRM TEAM RECOMMENDATIONS POST GRANTS WORKING GROUP.

MOVING INTO THE OBJECTIVE AND APPROACH. SO THE OVERARCHING OBJECTIVE OF THIS PROGRAM IS TO SUPPORT THE DEVELOPMENT, MAINTENANCE, AND/OR

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EXTENSION OF INNOVATIVE OPEN-SOURCE SOFTWARE FOR INTEGRATION OF DISPARATE DATA TYPES TO ACCELERATE RESEARCH IN REGENERATIVE MEDICINE. AND THE EXPECTED OUTCOME IS THE DEVELOPMENT AND DEPLOYMENT OF AN OPEN-SOURCE SOFTWARE TOOL TO SOLVE A MULTIMODAL DATA INTEGRATION BOTTLENECK IN STEM CELL-BASED AND GENETIC THERAPY RESEARCH THAT HAS WIDE APPLICABILITY AND SCALABLE IMPACT. AND THE APPROACH IS INVESTIGATOR PAIRS LEADING INTERDISCIPLINARY SOFTWARE ENGINEERING PROJECTS.

WE PROPOSE THAT THE SCOPE SHOULD FOCUS ON THE SOFTWARE TOOLS; THAT IS, COMPUTATIONAL TOOLS, PIPELINES, OR RESOURCES TO ADDRESS DATA INTEGRATION BOTTLENECKS THAT CATALYZE DATA SCIENCE IN REGENERATIVE MEDICINE RESEARCH. AND THE SCOPE WOULD BRING ABOUT TOOLS THAT ACCELERATE THE IDENTIFICATION OR VALIDATION OF NOVEL TARGETS AND BIOMARKERS. AND WE FOCUS THE SCOPE TO SUPPORTING THE STAGE OF RESEARCH WHERE WE KNOW THERE'S A NEED FOR THIS PROGRAM WHICH IS OUR DISCOVERY STAGE.

SO SOME EXAMPLES OF TYPES OF APPROACHES THAT COULD BE EMPLOYED IN THIS AWARD PROGRAM WOULD BE AI, ARTIFICIAL INTELLIGENCE, OR MACHINE LEARNING AI OR ML APPROACHES FOR IN SILICO SCREENING, PROTEIN DESIGN, MOLECULE GENERATION, CELL AND GENE

ENGINEERING, ETC. OR KNOWLEDGE GRAPHS FOR BRIDGING STRUCTURES, BEHAVIOR ASSAYS, FUNCTIONAL GENOMICS DATA, SPATIAL DATA, AND PATHWAY OR NETWORK DATA. SO A KNOWLEDGE GRAPH IS A FRAMEWORK FOR CONNECTING DIVERSE DATA SOURCES, AND THEY'RE USED FOR MODELING COMPLEX NETWORKS TO MAP RELATIONSHIPS BETWEEN GENES, PATHWAYS, DRUG TARGETS, TREATMENTS, ETC.

SO HOW COULD THESE APPROACHES BE APPLIED? SOME SPECIFIC EXAMPLES OF APPLICATIONS COULD INCLUDE A CELL ANALYTIC SOFTWARE TO READ OUT PRESENT AND FUTURE CELL STATES WITHOUT HAVING TO DESTRUCT THE CELLS. SO READOUT BEHAVIOR WITHOUT HAVING TO DESTROY ANY CELLS. OR A NEW OMICS ANALYSIS TOOL TO INTEGRATE SPATIAL TRANSCRIPTOMICS DATA WITH MULTI-ELECTRODE ARRAY DATA TO LINK SPATIAL GENE EXPRESSION AND ELECTRICAL SIGNALING TO UNDERSTAND DISEASE MECHANISMS AND IDENTIFY NEW TARGETS.

SO THIS PROGRAM WOULD HAVE AN ANNUAL CALL WITH AN AWARD DURATION OF UP TO TWO YEARS. AND THE AWARD AMOUNT IS UP TO $500,000 TOTAL COSTS, FUNDING AROUND 15 TO 20 AWARDS PER CALL WITH AN ANNUAL BUDGET OF $10 MILLION.

IN TERMS OF ELIGIBILITY, THE APPLICANT MUST MEET CIRM'S DEFINITION OF A CALIFORNIA ORGANIZATION. WE'D HAVE TWO CALIFORNIA-BASED

INVESTIGATORS, AND THE CO-I MUST NOT BE A PART OF THE SAME LAB AS THE PI. AND THERE WILL BE REQUIREMENTS FOR BOTH REGENERATIVE MEDICINE EXPERTISE AND COMPUTATIONAL EXPERTISE ON THE CORE APPLICANT TEAM. AND THE EFFORT FOR BOTH INVESTIGATORS WOULD BE 5-PERCENT MINIMUM EFFORT.

FOR APPLICATION AND REVIEW PROCESSES, INFRACTRUCTURE9 WILL ADOPT A GWG SELECTION PROCESS TO ALLOW THE GWG TO SELECT APPLICATIONS THAT ARE MOST RESPONSIVE TO THE FUNDING OPPORTUNITY AND HOLD THE GREATEST POTENTIAL FOR IMPACT, AND ALSO ALLOW CIRM PREPLANNING FOR IMPROVED SCIENTIFIC AND TECHNICAL REVIEW.

INFRASTRUCTURE9 WOULD ALSO ADOPT A 1 TO 100 NUMERICAL GWG SCORING SYSTEM TO ALIGN ACROSS CIRM PROGRAMS AND IMPROVE GRANULARITY AND VISIBILITY FOR THE SCORE-DRIVING DECISIONS.

AND THE SELECTION AND REVIEW CRITERIA WOULD BE DEVELOPED IN ALIGNMENT WITH THE GUIDING PRINCIPLES THAT I PREVIEWED EARLIER.

I'LL WRAP UP BY SHARING OUR TIMELINE AND OUTREACH. TODAY WE'RE AT THE JUNE ICOC MEETING PRESENTING THE CONCEPT, AND IN SEPTEMBER WE COULD OPEN THE PROGRAM ANNOUNCEMENT WITH APPLICATIONS DUE IN NOVEMBER -- WITH APPLICATIONS OPEN IN NOVEMBER

AND DUE IN JANUARY WITH A LONGER WINDOW TO THE GRANTS WORKING GROUP REVIEW IN MAY TO ALLOW FOR GWG SELECTION AND THEN ARS MEETING IN JUNE 2027.

WE HAVE AN OUTREACH PLAN IN DEVELOPMENT TO ENSURE THAT THE POTENTIAL APPLICANTS ARE MADE AWARE OF THE FUNDING OPPORTUNITY. SO IN ADDITION TO TARGETING OUR EXISTING AWARDEE PORTFOLIO, WE INTEND TO TARGET OUTREACH TO NON-UC'S, COMMUNITY COLLEGES, AND CAL STATE UNIVERSITIES. WE THINK THIS PROGRAM HAS THE POTENTIAL TO BE MORE ACCESSIBLE TO THESE INSTITUTIONS RELATIVE TO R&D AWARDS BECAUSE THE PROGRAM REQUIRES LESS CAPITAL EQUIPMENT AND PHYSICAL LAB SPACE. AND THE AWARD CAN BE ACCOMPLISHED WITH COMPUTATIONAL RESOURCES AND PERSONNEL. AND WE ALSO PLAN TO REACH OUT TO PROFESSIONAL ORGANIZATIONS AND DATA SCIENCE AND INFORMATICS NETWORKS AND ACADEMIC DEPARTMENTS TO SPREAD THE WORD.

AND BELOW ARE SOME OF THE TOOLS THAT WE CAN USE IN COLLABORATION WITH OUR COMMUNICATIONS DEPARTMENT TO GET THE WORD OUT.

AND I'M VERY KEEN TO HEAR YOUR FEEDBACK, AND THANK YOU FOR YOUR CONSIDERATION OF THIS CONCEPT. AND I'LL STOP HERE FOR DISCUSSION, BUT ULTIMATELY WE'D LIKE TO REQUEST THAT ICOC APPROVE THE DATA SCIENCE AND SOFTWARE ENGINEERING CONCEPT

PLAN. THANK YOU.

CHAIRMAN IMBASCIANI: THANK YOU, JANIE, FOR THE PRESENTATION. THIS IS A REQUEST OF THE BOARD TO APPROVE THE CONCEPT PLAN. WE NEED A MOTION TO CONSIDER AND START THE DISCUSSION.

DR. BLUMENTHAL: SO MOVED.

DR. SOUTHARD: SECOND.

CHAIRMAN IMBASCIANI: WE HAVE MOVEMENT AND A SECOND. THANK YOU, GENTLEMEN.

SO DISCUSSION IS OPEN FIRST TO MEMBERS OF THE BOARD. JUDY.

DR. CHOU: MY QUESTION MAY NOT BE DIRECTLY RELATED TO THE PROGRAM, BUT JUST CURIOUS ABOUT HAVE WE STRATIFIED THE DATA WE HAVE NOW IN THE STAGE OF DISCOVERY, PDEV, AND CLINICAL AND SEE HOW THE APPLICANT, WHAT KIND OF SOURCE OF DATA? YOU HAVE THIS WHOLE SUMMARY ABOUT OVERALL, RIGHT? FOR US PARTICULARLY INTRIGUED LIKE YOU SEE THAT EVOLVEMENT ABOUT AND REACH CERTAIN DATA, AND THAT'S HOW WE WANT TO ENCOURAGE THE APPLICANTS. SO THAT'S MY QUESTION NO. 1.

THE QUESTION NO. 2 IS, THEN, WHEN WE LOOK AT THE APPLICANTS, HAVE WE DONE SOMETHING LIKE THE HIGH SCORE VERSUS THE LOW SCORE? WHAT PARTICULAR DATA SOURCE THEY HAVE BEEN USING. AND THIS MAY

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ACTUALLY BE A USEFUL TOOL TO GUIDE OUR APPLICANTS ABOUT WHAT WE ARE LOOKING FOR.

DR. BYRAM: I'M NOT SURE I UNDERSTAND YOUR SECOND QUESTION. IF YOU COULD REPHRASE IT.

DR. CHOU: SO WE HAVE REVIEW AND APPROVED SO MANY PROJECTS BY NOW, RIGHT? SO THERE ARE SOME SUCCESS CASES. I WOULDN'T CALL FAILURE CASE. BUT MORE OR LESS DIDN'T MAKE IT TO GET FUNDED. IN THEIR SUBMISSION, THEY ALL HAVE SUPPORTING DATA, TYPICAL SCIENTIFIC EVIDENCE. DO WE SEE ANY (UNINTELLIGIBLE) ABOUT THE SUCCESS CASE TENDS TO BE HAVING THOSE AMOUNT OF DATA WILL DRIVE FOR THAT BECAUSE I THINK THAT'S NOT NECESSARY FOR OUR APPROVAL. I TRUST OUR REVIEW GROUP HAS BEEN DOING A NICE JOB, BUT MORE ABOUT TO GIVE THE APPLICANTS SOME GUIDANCE ABOUT WHAT WE ARE LOOKING FOR.

DR. BYRAM: THAT'S A GREAT QUESTION. I ACTUALLY -- SO I HAVEN'T DONE THAT ANALYSIS ABOUT WHETHER APPLICATIONS THAT PROPOSE TO DO LARGER DATA GENERATION OR MORE SOPHISTICATED COMPUTATIONAL ANALYSIS, WHETHER THEY DO TEND TO PERFORM BETTER AT REVIEW VERSUS THOSE THAT DO NOT. IS THAT THE HEART OF YOUR QUESTION?

DR. CHOU: THAT'S THE SECOND PART OF THE QUESTION. I THINK THAT WILL BE INTERESTING NOW OUR

SAMPLE SIZE IS BIG ENOUGH.

DR. BYRAM: YES. I AM NOT SURE ABOUT THAT.

IN REGARDS TO YOUR FIRST QUESTION, WHETHER WE'VE DONE THE STRATIFICATION OF DISCOVERY, PRECLINICAL, AND CLINICAL DATA, SO WE HAVE BEEN TRACKING OUR DISCOVERY STAGE AWARDS SINCE 2023. AND WE JUST IMPLEMENTED THE DATA SHARING AND MANAGEMENT PLANS FOR OUR PRECLINICAL AND CLINICAL AWARDS IN JANUARY. SO WE DON'T HAVE DATA TO COMPARE TO FOR THOSE PROGRAMS OF WHAT THEY'RE GENERATING AND WHERE THEY'RE SHARING IT AND WHETHER THERE'S AN ABUNDANCE OF THAT DATA OUT IN THE WORLD THAT CAN BE USED FOR THESE TYPES OF PROGRAMS. AND SO THAT'S WHY WE'RE FOCUSING THE SCOPE ON DISCOVERY RIGHT NOW BECAUSE WE HAVE THE DATA FOR THE DISCOVERY PROGRAMS. WE KNOW THAT THEY HAVE BEEN SHARING, AND IT'S BEEN A REQUIREMENT OF OUR PROGRAMS FOR SEVERAL YEARS NOW.

DR. CHOU: MY THOUGHT IS THEN WHY WE ARE ESTABLISHING THIS INFRASTRUCTURE. IT WILL BE A GOOD IDEA SEE WHERE IT'S GOING. SO THEN MAKES INFRASTRUCTURE MUCH MORE APPLICABLE ALL THE WAY DOWN TO THE WHOLE LIFE CYCLE OF PRODUCT DEVELOPMENT.

DR. CANET-AVILES: IF I MAY, DR. CHOU, THIS IS THE GOAL. AND I'M NOT TRYING TO -- I'M JUST

COMPLEMENTING THE GREAT RESPONSE FROM JANIE. SO THE GOAL RIGHT NOW -- WE HAD INITIALLY VERY EARLY ON PRECALLS WITH THE SCIENCE SUBCOMMITTEE. THE GOAL WAS VERY AMBITIOUS TO TACKLE DISCOVERY, PRECLINICAL, CLINICAL. WE ALSO REALIZED WE DON'T HAVE ENOUGH CATEGORIZED DATA BECAUSE THE DATA SHARING MANAGEMENT PLANS FOR PRECLINICAL AND CLINICAL HAVE BEEN IMPLEMENTED IN THE LAST COUPLE OF YEARS. THERE IS NOT ENOUGH UNDERSTANDING AND ENOUGH POWER ON THAT DATA.

AND THE FOCUS IS ON THE DISCOVERY, ESPECIALLY ON THE NETWORKS THAT I MENTIONED EARLIER ON, WITH THE REMIND DISC4. AND NOW THAT WE ARE GOING TO HAVE ENOUGH POWER, WE'D LIKE TWO ROUNDS OF CALLS OF THIS $87 MILLION FUNDING OR INVESTMENT FROM THE STATE OF CALIFORNIA INTO THESE NETWORKS HOW CAN WE EXPONENTIALLY LEVERAGE. AND THE FOCUS IS DISCOVERY OF NOVEL TARGETS, BIOMARKERS.

AND AS WE LEARN, AND ALSO THE INCOMING POWER OF AI AND EVERYTHING, AS WE LEARN ALL OF THIS, OUR INTENTION IS TO MOVE INTO POTENTIALLY PRECLINICAL AND CLINICAL, AND THERE IS A BUDGET ITEM THAT IS IN LATER YEARS THAT COULD IMPLEMENT -- TAKE CARE OF THIS. HOPEFULLY THAT ANSWERS.

DR. CHOU: THANK YOU. SO DOES THAT MEAN

WE HAVE AI PLATFORM ALREADY?

DR. CANET-AVILES: NO. NO. NO. WHAT I MEANT WITH MY COMMENT WAS THAT THERE ARE NEW TECHNOLOGIES, AI INCLUDED, THAT ARE COMING UP. AND WE ARE JUST LEARNING AND WE ARE EVOLVING. THERE MIGHT BE AN OPPORTUNITY FOR CIRM TO LEVERAGE THIS, BUT I'M NOT SAYING WE HAVE THAT AT ALL.

DR. CHOU: THANK YOU.

CHAIRMAN IMBASCIANI: ARE THERE ANY OTHER QUESTIONS? YES, PAT.

DR. LEVITT: THAT WAS GREAT. SO WE HEARD THIS MORNING ABOUT A REBALANCING, WHATEVER THE RIGHT WORD IS, THE BUDGET THAT CHANGES THINGS A LITTLE BIT. I'M WONDERING. SO YOU SHOWED US THE TIMELINE, AND I CAN'T REMEMBER. WE WENT THROUGH THIS BEFORE. THIS IS -- THAT'S PHASE 1. IS THERE A CONSIDERATION THAT THIS IS GOING TO CONTINUE?

DR. BYRAM: YES. WE HAVE BUDGET PROJECTIONS FOR THE LIFETIME OF CIRM. HOWEVER, ANNUALLY THE BOARD WOULD DETERMINE WHETHER THAT IS SOMETHING THAT YOU WANT TO FUND. AND THERE'S OPPORTUNITY FOR EVOLUTION OF THIS PROJECT AS WELL.

DR. CANET-AVILES: WHAT DR. LEVITT IS ASKING IS ALSO THAT GAP THAT IS CREATED BY ONE GAP YEAR OF THE DISC4, WHETHER IT'S SUPPLEMENTED BY THIS

AND THE RESPONSES. YES. THAT'S HOW WE HAVE DESIGNED IT. SO NOW IT WILL START -- BY THE TIME THAT THESE ARE OUT IS WHEN THE GAP OF DISC4 WILL HAPPEN. AND WE WILL BE ABLE -- THESE TEAMS ARE THE ONES THAT WE HOPE THAT THEY WILL COME TO US. AND THROUGH THE NETWORK THAT WE HAVE, WE HAVE YEARLY MEETINGS, THE HOPE IS THAT THERE WILL BE QUESTIONS THERE THAT WILL GENERATE, LIKE, THE TYPE OF SOLUTIONS THAT WE HOPE TO FUND WITH THIS.

DR. LEVITT: SO THE OTHER QUESTION I HAVE IS, BECAUSE THIS IS AN AREA OF TECHNOLOGY THAT'S CHANGING BY THE HOUR, RIGHT?

DR. BYRAM: ABSOLUTELY.

DR. LEVITT: AND SO THE REASON WHY PYTHON IS PYTHON BECAUSE IT WAS ACTUALLY BUILT TO BE PYTHON. IT WAS BUILT TO BE A FOUNDATION UPON WHICH THOUSANDS OF COMPUTATIONAL FOLKS OR THOSE WHO CODE COULD ACTUALLY USE IT AS TOOL AS A STARTING POINT. IS THIS GOING TO BE AN AREA OF EMPHASIS WHEN YOU DESCRIBE THE KINDS OF PROJECTS THAT YOU WANT TO SEE, RIGHT? AND THEY'RE GOING TO WANT TO KNOW, BECAUSE YOU CAN ALSO DESIGN VERY SPECIFIC PIPELINES FOR SPECIFIC PROJECTS THAT MAY NOT HAVE THAT KIND OF FLEXIBILITY AND, THEREFORE, MAY BE DATED IN A RELATIVELY SHORT PERIOD OF TIME. SO WHAT ARE YOUR

THOUGHTS ABOUT THAT?

DR. BYRAM: YEAH. THAT'S A GREAT QUESTION. SO THE REVIEW CRITERIA THAT THE GRANTS WORKING GROUP WILL USE TO EVALUATE THE APPLICATIONS WILL CONSIDER HOW BROADLY APPLICABLE THESE TOOLS WILL BE TO THE SCIENTIFIC COMMUNITY AND ALSO WHAT THEIR PLANS FOR MAINTENANCE OR SUSTAINABILITY ARE IN TERMS OF HOW USER ADOPTION, AS IT CHANGES, WHETHER THERE WILL BE A CONTRIBUTOR COMMUNITY THAT HAS APPETITE FOR BUILDING ON THESE TOOLS AND DEVELOPING THEM FURTHER. AND ALSO WITH THEM BEING TWO-YEAR AWARDS, THEY CAN ALSO COME BACK FOR REINVESTMENT AS WELL SO THAT THEY CAN CONTINUE TO BE SUPPORTED IF IT TURNS THAT THEY ARE A SUCCESSFUL, NEEDED TOOL IN THE REGENERATIVE MEDICINE COMMUNITY.

MS. CASILLAS: HI. THANK YOU SO MUCH FOR THIS. AND I THINK THIS IS SO IMPORTANT. SO I'M REALLY EXCITED TO SEE YOU ALL TACKLING THIS. I HAVE SOME EXPERIENCE WITH SOFTWARE DEVELOPMENT, NOT OPEN SOURCE AND NOT IN SCIENCE. SO JUST A COUPLE QUESTIONS. AND I THINK A LOT OF THIS DISCUSSION HAS BEEN REALLY HELPFUL, THAT PEOPLE WILL BE ABLE TO COME BACK FOR MORE MONEY IF THEY NEED TO MAINTAIN BECAUSE YOU ALWAYS NEED TO MAINTAIN. RIGHT? ALL RIGHT. THAT'S GREAT.

THE GWG WILL BE REVIEWING THESE APPLICATIONS. WILL THERE BE SOME, LIKE, TECHNOLOGY REVIEWERS ADDED TO HELP US?

DR. BYRAM: YES. IT IS A GAP IN OUR CURRENT REVIEW PANEL THAT WE WILL HAVE TO OUTREACH AND FIND SUITABLE REVIEWERS TO BUILD A PANEL THAT WILL BE ABLE TO ACCURATELY, VIGOROUSLY REVIEW THESE. AND IT WILL BE A MIX OF REGENERATIVE MEDICINE EXPERTISE AS WELL AS COMPUTATIONAL EXPERTISE AND PEOPLE WITH OPEN-SOURCE BACKGROUND, DEVELOPMENT BACKGROUND, IN SOFTWARE ENGINEERING.

MS. CASILLAS: OKAY. THAT SOUNDS GREAT.

DR. BYRAM: AND ONE OTHER NOTE ON THAT IS THAT WE HAVE THIS NEED FOR THESE REVIEWERS, THE COMPUTATIONAL EXPERTS, IN OUR OTHER PROGRAMS AS WELL. AND SO THEY WILL BE ABLE TO SERVE ON IDEALLY MULTIPLE REVIEW PANELS FOR OUR DISCOVERY PROGRAMS AS WELL.

MS. CASILLAS: COOL. I'M JUST CURIOUS. DOES -- OH, DID YOU WANT TO SAY SOMETHING?

DR. CANET-AVILES: I JUST WANTED TO ADD SOMETHING ABOUT THE MAINTENANCE. THE GOAL IS NOT SUSTAINABILITY. AND WE NEED TO BE CAREFUL WITH THAT BECAUSE ONE OF THE THINGS THAT WE NEED TO PROMOTE WITH INSTITUTIONS IS, ONCE THERE IS THE FUNDING FROM

CIRM TO DEVELOP THESE TOOLS, IS FINDING WAYS, NOT MAYBE IN TWO YEARS, BUT MAYBE IN THREE, TO FIGURE OUT WAYS FOR SUSTAINABILITY IN THE LONG TERM BECAUSE, AS WE SAID, WE ARE FINITE. RIGHT? SO I JUST WANT TO CLARIFY THIS POINT.

MS. CASILLAS: OKAY. YEAH. THAT'S IMPORTANT. HOW MUCH CLEANING DOES SCIENTIFIC DATA REQUIRE?

DR. BYRAM: CLEANING?

MS. CASILLAS: YEAH. I RAN INTO THAT A LOT WITH COMMUNICATIONS DATA COMING FROM DIFFERENT --

DR. BYRAM: YES. I THINK IT DEPENDS ON THE DATA TYPE, BUT I THINK ALL DATA TYPES REQUIRE SUBSTANTIAL AMOUNT OF CLEANING AND HARMONIZING AND WRANGLING SO THAT YOU CAN ACTUALLY INTEGRATE THESE DISPARATE DATA TYPES. AND SO THAT IS SOMETHING THAT WOULD BE AN ALLOWABLE ACTIVITY IS GETTING DATA INTO THE SHAPE THAT IT NEEDS TO BE TO INTERFACE WITH OTHER DATA TYPES.

MS. CASILLAS: THAT'S SOMETHING ALSO, THEN, THAT'S ONGOING THAT WILL NEED TO BE DONE AS EVERY PROJECT GENERATES ALL THIS TONS OF DATA.

I THOUGHT THERE WAS ONE OTHER QUESTION I HAD. SO, YEAH. IS THE CIRM TEAM GOING TO BE KIND

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OF MONITORING PROGRESS AND CREATING MILESTONES? AND SO DO YOU ALL HAVE THE TECHNOLOGY EXPERTISE THAT YOU NEED?

DR. BYRAM: YES. SO WE DO HAVE SOME OF THAT EXPERTISE IN-HOUSE, AND WE ALSO CAN RELY ON AN EXPERT NETWORK THAT WE CAN DEVELOP TO HAVE ADVISING, BUT THEY WILL BE MILESTONED AWARDS AND HAVE PROGRESS REPORTS THAT THEY REPORT ON SEMIANNUAL INTERVALS AND BE REVIEWED BY SCIENCE OFFICERS WITH APPROPRIATE EXPERTISE.

CHAIRMAN IMBASCIANI: DR. CARETHERS.

DR. CARETHERS: EXCITING, VERY EXCITING. COULD ONE OF THE GOALS BE -- I KNOW WHEN DATA IS GENERATED BY MANY OF THE DIFFERENT GRANTEES, AND THE PURPOSE IS TO TRY TO GET INTO, I ASSUME, SOME STANDARD FORMAT FOR OTHER BECAUSE IT SHOULD BE PUBLIC ACCESSIBLE, IS THE GOAL OR COULD THE GOAL BE THAT THERE'S, I'M NOT SAYING A CENTRAL REPOSITORY, BUT A CENTRAL FRONT DOOR THAT COULD BE THROUGH CIRM OR CIRM'S SUCCESSOR OR WHATEVER THAT, IF I'M A 25-YEAR-OLD RESEARCHER, WANTED TO SEE SOME FORMER GENE THERAPY DATA, HOW WOULD I FIND THAT? I WOULD THINK IT'S FIRST PROBABLY CIRM VERSUS WAS IT THIS PERSON IN THIS PLACE AND THIS THING. SO I DON'T KNOW IF THAT'S ONE OF THE GOALS OR COULD THAT BE ONE

OF THE GOALS, THAT AT LEAST THERE'S A FRONT DOOR TO ACCESS THE DATA ONCE ALL THIS IS DONE?

DR. BYRAM: YES. WONDERFUL QUESTION. SO WE ACTUALLY HAVE A PLATFORM THAT IS NEW IN THE LAST YEAR CALLED CIRM DATA EXPLORER THAT IS FOR TRACKING WHERE CIRM-FUNDED DATA HAS BEEN STORED. IT IS, AS YOU SAY, MORE LIKE A FRONT DOOR THAN AN ACTUAL REPOSITORY. PEOPLE CAN BROWSE THE DATASETS TO FIND WHERE IF THEY'RE NGO, IF THEY'RE IN DB GAP, WHERE THEY HAVE BEEN DEPOSITED AND THEIR ACCESSION NUMBER SO THAT A RESEARCHER CAN GO AND ASK A QUESTION. IS THERE DIABETES-RELATED RESEARCH IN THIS AREA USING THIS DATA TYPE, AND WHERE CAN I FIND THAT DATA?

DR. CANET-AVILES: JANIE, I JUST WANT TO TAKE A STEP BACK BECAUSE THIS IS SOMETHING THAT WE PLAN TO BRING TO THE BOARD TO EXPLAIN IT. AND IT'S BEEN ACTUALLY JANIE. SO THE DATA INFRASTRUCTURE PART OF OUR PROGRAMS IS SOMETHING FAIRLY NEW THAT WE CREATED, AND JANIE IS LEADING THIS. AND WE HIRED A SCIENCE OFFICER WITH DATA EXPERTISE THAT WORKS WITH JANIE DIRECTLY, AND THEY ARE VERY COORDINATED WITH THE DISCOVERY TEAM. BUT WE ALSO DEVELOPED THIS DATA EXPLORER THAT ALSO TOOK THE LEGACY DATA FROM THE GENOMICS AND EVERYTHING. AND ALL THE DATA, WE'VE WORKED WITH RANCHO BIOSCIENCE TO BRING IT IN THERE.

WE HAVEN'T DONE GOOD JOB TO COMMUNICATE THAT. YOU JUST ASKED THE QUESTION. RIGHT? SO THAT'S SOMETHING THAT'S IN OUR RADAR, AND WE WANT TO POLISH AND ALSO COMMUNICATE IT BETTER. BUT I JUST WANT TO ALSO GIVE KUDOS TO JANIE THAT TOOK THIS, AND SHE HAS BEEN WORKING VERY HARD TO MAKE IT POSSIBLE.

CHAIRMAN IMBASCIANI: OKAY. LET'S SEE. I DON'T SEE. I DON'T SEE -- ANYONE ON THE ZOOM? NO. OKAY. IS THERE ANY PUBLIC COMMENT ON THIS ITEM? IT DOESN'T SEEM TO BE IN THE ROOM AND NOTHING ONLINE. ANY FURTHER COMMENTS FROM BOARD MEMBERS? IF NOT, WE CAN GO TO A VOTE ON THIS REQUEST TO APPROVE THE CONCEPT PLAN FOR INFRACTRUCTURE9.

MR. TOCHER: OKAY. THANK YOU. AND, AGAIN, IT WILL BE VOICE VOTE IN THE ROOM, AND I'LL POLL THE MEMBERS ON THE ZOOM. ALL THOSE IN THE ROOM IN FAVOR SAY AYE. THOSE OPPOSED SAY NAY. ANY ABSTENTIONS? AND ON THE PHONE: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: AYE.

MR. TOCHER: MONICA CARSON.

DR. CARSON: AYE.

MR. TOCHER: CAROLYN MELTZER.

DR. MELTZER: AYE.

MR. TOCHER: SHANNA STARK.

MS. STARK: AYE.

MR. TOCHER: KEVIN XU.

MR. XU: AYE.

MR. TOCHER: GREAT. THANK YOU VERY MUCH. CHAIR.

CHAIRMAN IMBASCIANI: THANK YOU. NEXT I'M GOING TO INVITE DR. SAMBRANO.

MR. TOCHER: ACTUALLY. SORRY. LITTLE DISCUSSION WHILE THAT OTHER ITEM WAS GOING ON FOR PROCESS FOR VOTING, MAKING SURE WE CAN PRESERVE QUORUM, WE'RE ACTUALLY GOING TO, IF IT IS GOOD WITH THE GROUP, TO PROCEED TO THE VOTING ITEMS ON THE BUDGET AND THE CONTRACT, AND THEN WE'LL COME BACK TO THE INFORMATIONAL ITEM.

CHAIRMAN IMBASCIANI: SMART. GREAT. SO SHOULD WE GO TO 18, THE RESEARCH BUDGET?

MR. TOCHER: PLEASE.

CHAIRMAN IMBASCIANI: AND THAT WOULD BE -- THERE SHE COMES. JEN LEWIS, VICE PRESIDENT FOR OPERATIONS.

MS. LEWIS: THANK YOU, DR. IMBASCIANI AND MEMBERS OF THE BOARD AND CIRM TEAM AND PUBLIC. MY NAME IS JENNIFER LEWIS, AND I'M HERE TODAY TO PRESENT THE 26/27 RESEARCH BUDGET TO YOU.

AND SO TODAY I'M GOING TO GO OVER THE

AWARDED FUNDS OVERVIEW TO GIVE YOU A SNAPSHOT OF WHERE WE ARE IN OUR RESEARCH FUNDING. YOU HEARD MY COLLEAGUE ROSA THIS MORNING. BUT I'LL GIVE A MORE IN DEPTH RELATED TO PROP 14, THE ACTUALS FROM THE 25/26 RESEARCH BUDGET, AND 26/27 PROPOSED RESEARCH BUDGET.

SO THIS FIRST SLIDE SHOWS THE TOTAL FUNDS AVAILABLE AS OF APRIL 30, 2026. THE 7.7 BILLION COVERS BOTH PROPOSITIONS AND ANY RETURN OF FUNDS THAT CIRM HAS HAD OVER ITS LIFESPAN. THAT INCLUDES LOANS AND INTEREST PAYMENTS I'LL TALK ABOUT A LITTLE BIT MORE.

AS YOU CAN SEE, WE'VE ENCUMBERED JUST OVER 50 PERCENT OF THAT PORTFOLIO, AND WE HAVE ROUGHLY JUST A LITTLE OVER 3 BILLION REMAINING TO ALLOCATE OVER THE NEXT SEVERAL YEARS.

THIS NEXT SLIDE I WANT TO PAUSE FOR A MOMENT, AND THIS IS A NEW SLIDE THAT WE ADDED IN RESPONSE TO BOARD MEMBER DURON IN PREVIOUS MEETINGS ASKING FOR MORE CLARITY ABOUT THE RETURN OF FUNDS THAT COME BACK TO CIRM IN THOSE DIFFERENT AREAS. SO I'D LIKE TO WALK YOU THROUGH THIS SLIDE AND SHARE WITH YOU A LITTLE BIT MORE.

THIS IS AS OF THE LAST QUARTER. TO DATE CIRM HAS AWARDED OVER $5 BILLION. AWARDED MEANING

THIS BOARD HAS APPROVED ALL TIME OVER $5 BILLION. BIGGER NUMBER. AND WHAT THAT MEANS IS THERE'S SEVERAL WAYS THAT WE GET FUNDS BACK TO THE STATE TO REDEPLOY. THE FIRST IS WE AWARD GRANTS FROM OUR RESEARCH BUDGET. AND DURING THE LIFETIME OF OUR AWARD MANAGEMENT, WE RECOVER FUNDS. AND WHAT DOES THAT MEAN? WE RECOVER FUNDS FROM -- DURING THE TIME THAT WE'RE CONTRACTING, AS WE'RE NEGOTIATING MILESTONES AND LOOKING AT ALLOWABLE AND NONALLOWABLE COSTS, WE HAVE UNOBLIGATED FUNDS AT THE END OF AN AWARD PERIOD, OR FUNDS THAT PERHAPS WERE EARMARKED FOR SPECIFIC THINGS LIKE EQUIPMENT THAT PERHAPS AREN'T USED AND THEN WE REDEPLOY.

WE ALSO HAVE TIMES WHERE AWARDS ARE TERMINATED OR DECLINED. AND THAT'S WHERE WE RECOVER FUNDS BACK TO REDEPLOY TO GIVE OUT MORE GRANTS. SO TO DATE AT ALL TIME CIRM HAS RECOVERED 572 MILLION.

IN ADDITION, OVER CIRM'S LIFESPAN, WE'VE HAD TWO DIFFERENT LOAN POLICIES. WITH THAT HAS RESULTED IN OVER 77 MILLION IN LOAN RETURN REPAYMENTS AND INTEREST FROM THOSE LOANS BACK, WHICH WE DEPLOY BACK TO THE RESEARCH BUDGET AND CAN ALLOCATE FOR MORE GRANTS.

ADDITIONALLY, AS YOU CAN IMAGINE, AS WE FUND RESEARCH, WE DO RECEIVE ROYALTIES FROM THE

RESEARCH WE FUNDED. TO DATE WE'VE RECEIVED 17.6 MILLION. AND THIS NOW GOES TO THE PATIENT SUPPORT PROGRAM THAT IS MANAGED BY SHYAM AND TEAM ON THE PATIENT ACCESS TEAM TO SUPPORT PATIENTS IN LODGING, TRANSPORTATION NEEDS.

AND LASTLY, WE HAVE GENERAL USE, WHICH I'LL SAY IS MORE TO SAY THAT WE GET INTEREST EARNED. SO ANY OF THE BOND PROCEEDS THAT WE RECEIVE AND WE'RE HOLDING IN OUR ACCOUNT WE EARN INTEREST ON, AS WELL AS WE HAVE RECEIVED DONATIONS. SO INTEREST EARNED TO DATE IS 69.3 MILLION, AND WE HAVE RECEIVED DONATIONS OVER THE LIFESPAN OF CIRM. GENERALLY THESE ARE OF GENERAL USE. THERE HAS BEEN CASES THAT THEY HAVE BEEN EARMARKED FOR PARTICULAR THINGS, WHICH IS 12 MILLION.

SO MOVING ON, THE NEXT SLIDE IS SHOWING PROP 14 RESEARCH BUDGET ALLOCATION. AS YOU KNOW, THERE ARE CERTAIN EARMARKS IN THE PROPOSITION AND HOW MUCH WE CAN ALLOCATE TO CERTAIN AREAS. OF THE 3.43 MILLION FOR RESEARCH THERAPY DEVELOPMENT AND THERAPY DELIVERY, WE HAVE COMMITTED JUST OVER 1 BILLION TO DATE. FOR DISEASES OF THE BRAIN AND CENTRAL NERVOUS SYSTEM, WE HAVE 1.38 BILLION, AND TO DATE WE HAVE ALLOCATED 655 MILLION.

AND LASTLY, FOR ACCESS AND AFFORDABILITY,

THERE'S 96 MILLION IN PROP 14, AND WE HAVE ALLOCATED JUST OVER 2 MILLION TO DATE.

AND THEN LASTLY, IN THE RESEARCH THERAPY AND DEVELOPMENT BUCKET, WE ALSO ARE ABLE TO BUILD AND EQUIP AND OPERATE SHARED RESOURCE LABS AND COMMUNITY CARE CENTERS OF EXCELLENCE. AND SO TO DATE THIS BOARD HAS APPROVED 21 MILLION TOWARDS THE 26 MILLION FOR SHARED RESOURCE LABS AND 27 MILLION TOWARDS THE 78 MILLION FOR COMMUNITY CARE CENTERS OF EXCELLENCE.

AND THEN THIS IS JUST SINCE PROP 14 WAS INITIATED IN JANUARY OF 2021. THIS IS GIVING A LIFESPAN SHOWING HOW MUCH HAS BEEN COMMITTED BY THE BOARD AND UNCOMMITTED. AS YOU CAN SEE, WHAT I'D LIKE TO FOCUS ON IS IN THIS PAST YEAR IN 25/26, WHAT YOU WILL SEE IS OUR UNCOMMITTED BALANCE AFTER THE APPROVALS THAT WERE MADE TODAY IS ROUGHLY 14 PERCENT. HISTORICALLY, SINCE 2021, WE'VE BEEN AT AN AVERAGE OF 25 PERCENT. AND SO I ATTRIBUTE THAT TO THIS TEAM'S WELL PLANNING AND MANAGING OF TIMING OF OUR APPLICATION REVIEWS AND DEPLOYMENT THAT HAS ALLOWED US TO ENSURE THAT WE CAN ALLOCATE ALL THE FUNDS APPROPRIATELY.

SO HERE IS A REVIEW OF THE 25/26 APPROVED RESEARCH BUDGET AND ACTUALS. THIS FIRST COLUMN

SHOWS THE BUDGET THAT YOU APPROVED LAST JUNE, WHICH WAS A TOTAL OF 505.7 MILLION. THAT WAS THE LARGEST BUDGET WE HAVE APPROVED TO DATE. AS OF THIS MEETING, THE BOARD HAS COMMITTED 373 MILLION TOWARDS EACH OF THE PILLARS. AND WITH THE APPROVALS OF THE PDEV AWARDS TODAY AND THE CLINICAL2 TRIAL AWARDS TODAY, WE WILL END THE YEAR AT $434 MILLION.

THERE IS A VARIANCE, AS YOU CAN SEE, OF 14 PERCENT OF 71 MILLION. AND I WANT TO GO IN A LITTLE BIT DEEPER OF WHAT THE DRIVERS ARE OF THOSE MAIN CATEGORIES OF CLINICAL AND INFRASTRUCTURE.

SO FOR CLINICAL, THAT 30-PERCENT VARIANCE IS DUE TO AT THE BEGINNING OF THE FISCAL YEAR, WE HAD PLANNED TO HAVE FOUR CLINICAL REVIEWS. AS THIS BOARD KNOWS, DURING THIS FISCAL YEAR, WE IMPLEMENTED NEW CHANGES TO THE REVIEW PROCESS. AND THOSE CHANGES STARTED A LITTLE BIT LATER THAN ANTICIPATED. SO THERE WAS ONE CYCLE THAT DID NOT HAPPEN DURING THIS FISCAL YEAR. AS YOU WILL SEE IN THE PROPOSED BUDGET FOR NEXT YEAR, THE PLANS FOR FOUR REVIEWS WILL OCCUR. SO THAT $40 MILLION BALANCE IS DUE TO A CYCLE OF REVIEWS THAT DIDN'T HAPPEN AND APPROVALS THAT DIDN'T COME TO THE APPLICATION REVIEW SUBCOMMITTEE.

FOR INFRASTRUCTURE, I'M GOING TO JUMP

DOWN. THE FIRST LARGEST IS 47 PERCENT. THE VARIANCE IS DUE TO TWO FACTORS. SO AS YOU SAW FROM DR. PATEL EARLIER TODAY, THE COMMUNITY CARE CENTERS OF EXCELLENCE ARE UP AND RUNNING. THOSE WERE APPROVED IN THIS FISCAL YEAR. HOWEVER, THE BOARD HAS OPENED AN ADDITIONAL APPLICATION FOR NORTHERN CALIFORNIA AS WE SAW A GAP IN THE APPLICATIONS THAT WERE APPROVED. SO THERE'S 9 MILLION IN THIS BUDGET THAT WAS AN ADDITIONAL COMMUNITY CARE CENTER OF EXCELLENCE REMAINING BALANCE THAT YOU WILL SEE ALLOCATED INTO NEXT FISCAL YEAR.

IN ADDITION, THERE WAS 50 MILLION PLANNED TO DEPLOY A SUPPORT SYSTEM FOR THE COMMUNITY CARE CENTERS OF EXCELLENCE. THIS WAS FOCUSED ON POSSIBLY TARGETING COMMUNITY-BASED ORGANIZATIONS. DUE TO THE STRATEGY DEVELOPMENT THAT HAPPENED IN THE ACCESS AND AFFORDABILITY WORKING GROUP AND THE PLAN THAT WAS APPROVED IN DECEMBER AND NOW WITH PERMANENT LEADERSHIP IN THE PATIENT ACCESS TEAM, THOSE PLANS ARE STILL GOING TO HAPPEN. HOWEVER, THAT 50 MILLION, WE NEVER BROUGHT A CONCEPT FOR THAT BECAUSE AS WE WERE STILL DEPLOYING THE COMMUNITY CARE CENTERS OF EXCELLENCE. SO YOU WILL SEE THAT IN FUTURE YEARS, NOT IN NEXT YEAR'S BUDGET.

SO NOW I'LL REVIEW THE 26/27 PROPOSED

RESEARCH BUDGET THAT WAS BROUGHT TO THE SCIENCE SUBCOMMITTEE LAST MONTH. THE MAJOR DRIVERS OF THIS RESEARCH BUDGET ARE APPLICATION REVIEW SUBCOMMITTEE APPROVALS OF GRANT APPLICATIONS FOR OUR REGULAR DEVELOPMENT PIPELINE OF PRECLINICAL DEVELOPMENT, THE INAUGURAL ROUND OF THE RAPID PROGRAM, AND REVIEWS AND APPROVALS OF THE DISC4 AND DISC5 PROGRAMS, THE EARLY STAGE RESEARCH. THERE WILL BE NEW CONCEPTS WHICH YOU JUST HEARD FROM JANIE BYRUM FOR THE DATA SCIENCE AND SOFTWARE ENGINEERING CONCEPT APPROVAL. AND THOSE AWARDS WILL BE APPROVED DURING THIS YEAR. AND LATER THIS YEAR, DR. ROSA CANET-AVILES WILL BE BRINGING A CLIN2 AMENDMENT THAT WILL LOOK AT HOW TO INCORPORATE LATE STAGE BLA-RELATED ACTIVITIES. SO THAT ALSO IS CONSIDERED INTO THIS BUDGET.

LASTLY, THERE'S A SIGNIFICANT INVESTMENT IN EDUCATION. THE BRIDGES, COMPASS EDUC8 PROGRAM THAT WAS APPROVED BY THE BOARD EARLY THIS YEAR, THE NEW CONCEPT, YOU WILL SEE FUNDS ALLOCATED FOR APPROVALS IN THIS FISCAL YEAR. A RENEWAL OF THE SPARK PROGRAM, THE EDUC3 PROGRAM. WE'VE ALLOCATED FUNDS FOR A RENEWAL OF THE CIRM SCHOLARS PROGRAM THAT DR. THOMAS MENTIONED EARLIER THIS YEAR FOR THE POST-DOC, PRE-DOC, AND CLINICAL FELLOWS PROGRAM, AS WELL AS AN ALLOCATION FOR CONFERENCE GRANTS. AND

I'LL GET INTO THE DETAILS ON THE NEXT SLIDE.

AND LASTLY IS THERE ARE FUNDS ALLOCATED FOR A NORTHERN CALIFORNIA COMMUNITY CARE OF EXCELLENCE APPROVAL THIS YEAR.

SO THIS SLIDE SHOWS THE DISCOVERY, PRECLINICAL, AND CLINICAL BUDGETS. THE TOTAL REQUEST FOR THE DISCOVERY BUDGET IS 136.5 MILLION. THIS INCLUDES 84 MILLION FOR SIX DISC4 AWARDS AND 52.5 MILLION FOR 21 DISC5 AWARDS. FOR THE PRECLINICAL BUDGET, WE ARE REQUESTING 146 MILLION. THAT IS 91 MILLION FOR THE PDEV PROGRAM, WHICH WILL YIELD ROUGHLY SEVEN TO TWELVE AWARDS DEPENDING ON WHICH STAGE THOSE AWARDS COME IN AT. AND THE INAUGURAL ROUND OF 55 MILLION FOR THE RAPID PROGRAM, WHICH COULD BE ROUGHLY TWO TO THREE AWARDS.

AND LASTLY, WE ARE REQUESTING 160 MILLION FOR THE CLINICAL2 PROGRAM, WHICH WILL BE ROUGHLY 11 TO 20 AWARDS, AGAIN, DEPENDING ON WHICH PHASE AND STAGE THAT THOSE PROGRAMS COME IN AT.

AND THEN AS MENTIONED, WE HAVE A SIGNIFICANT INVESTMENT IN EDUCATION THIS YEAR OF 200.5 MILLION. AND I WANTED TO ACKNOWLEDGE, DR. BLUMENTHAL, YOUR QUESTION EARLIER DURING THE PRESIDENT'S REPORT. ONE OF THE REASONS THAT THIS INVESTMENT LOOKS SO SIGNIFICANT HERE IS BECAUSE

THESE ARE FIVE-YEAR AWARDS. SO THE EDUC8 AND THE EDUC3 PROGRAM ARE FIVE-YEAR AWARDS, AND THESE WOULD BE A ONETIME RFA FOR ANOTHER FIVE YEARS AS YOU SAW EARLIER THIS YEAR. AND THOSE WILL LAST ROUGHLY THROUGH 32/33. PROBABLY GET US TO 31/32. SO THAT INVESTMENT WILL SUSTAIN OUR PROJECTIONS AT THIS TIME.

WE HAVE 90 MILLION FOR AN EXTENSION OR A RENEWAL FOR THE EDUC4 PROGRAM. CURRENTLY WE HAVE 18 AWARDS, AND THAT CONCEPT WILL COME IN SEPTEMBER TO THE BOARD FOR YOUR REVIEW AND APPROVAL. AND THEN ALLOCATING 2.5 MILLION FOR CONFERENCE GRANTS. SO THESE WOULD BE CONTRACTING WITH ONE PROVIDER TO EXECUTE ROUGHLY SEVEN TO TEN CONFERENCES THROUGH THE FISCAL YEAR TO SUPPORT OUR GRANTEE WORK.

AND THEN LASTLY, WE ARE REQUESTING 19 MILLION THAT IS FOR ONE AWARD IN THE COMMUNITY CARE CENTERS OF EXCELLENCE DELIVERY IN NORTHERN CALIFORNIA RFA FOR 9 MILLION. AND THEN, AS JANIE JUST PRESENTED, 10 MILLION FOR DATA SCIENCE AND SOFTWARE ENGINEERING, WHICH WOULD BE ROUGHLY 15 TO 20 AWARDS.

AND SO WITH THAT, THE SCIENCE SUBCOMMITTEE ENDORSED APPROVAL OF THIS 26/27 RESEARCH BUDGET AND REQUESTS ADOPTION BY THE ICOC OF A TOTAL BUDGET OF

662 MILLION. AND, DR. IMBASCIANI, I'LL HAND IT OVER TO YOU.

CHAIRMAN IMBASCIANI: THANK YOU, JEN. THAT WAS VERY SUCCINCT. SO THIS WENT THROUGH THE COMMITTEE AND GOT A GOOD RECOMMENDATION. SO IF WE HAVE A MOTION, WE CAN DISCUSS.

DR. DULIEGE: I MOVE.

CHAIRMAN IMBASCIANI: ANNE-MARIE MOVES. AND THEN HALA HAS THE SECOND. THANK YOU. DISCUSSION ON OUR RESEARCH BUDGET OPEN TO THE FLOOR.

DR. LEVITT: FABULOUS.

CHAIRMAN IMBASCIANI: THANK YOU. JUST AS A HISTORICAL NOTE, IS THIS THE HIGHEST BUDGET?

MS. LEWIS: THIS WILL BE THE HIGHEST BUDGET THAT CIRM HAS EVER APPROVED. SO THIS IS A LANDMARK, I THINK, MOMENT FOR THIS BOARD.

CHAIRMAN IMBASCIANI: GOOD. IS THERE ANY MEMBER? NO. ANY MEMBER OF THE PUBLIC THAT MIGHT WANT TO SPEAK TO THE BUDGET? THEN WITHOUT DELAY, SCOTT, LET'S VOTE ON IT.

MR. TOCHER: IN ONE SECOND. THIS WILL BE BY VOICE VOTE IN THE ROOM AND ROLL CALL FOR THOSE ON THE ZOOM. ALL THOSE IN FAVOR IN THE ROOM SAY AYE. THOSE OPPOSED TO SAY NAY. ANY ABSTENTIONS? AND ON THE PHONE: LEONDRA CLARK-HARVEY.

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DR. CLARK-HARVEY: AYE.
MR. TOCHER: MONICA CARSON.
DR. CARSON: AYE.
MR. TOCHER: RICH LAJARA. CAROLYN MELTZER.
DR. MELTZER: AYE.
MR. TOCHER: SHANNA STARK.
MS. STARK: AYE.
MR. TOCHER: AND KEVIN XU.
MR. XU: AYE.
MR. TOCHER: GREAT. THANK YOU. THE BUDGET IS ADOPTED.
CHAIRMAN IMBASCIANI: THE BUDGET. GOOD. SET FOR ANOTHER YEAR.
LET'S MOVE ON WITH THE NUMBERS TO OUR ADMINISTRATIVE BUDGET THAT'S GONE THROUGH OUR FINANCE COMMITTEE. MICHELLE LEWIS, ARE YOU READY TO MAKE A PRESENTATION? THANK YOU.
MS. LEWIS: I'M A LITTLE BIT SHORTER. GOOD AFTERNOON, MEMBERS OF THE BOARD, CIRM TEAM, AND MEMBERS OF THE PUBLIC. MY NAME IS MICHELLE LEWIS, AND I AM THE DIRECTOR OF FINANCE. AND TODAY WE'RE GOING TO TALK ABOUT THE ADMINISTRATIVE BUDGET, A LITTLE BIT LESS THAN THE RESEARCH BUDGET.
AS ALWAYS, WE HAVE OUR MISSION IN MIND

WHEN WE'RE CRAFTING OUR BUDGET. TODAY WE'RE GOING TO DO A BRIEF OVERVIEW OF PROPOSITION 14. WE'RE GOING TO REVIEW THE RESULTS OF THE 25/26 FISCAL YEAR AND THEN DISCUSS THE PROPOSED 26/27 BUDGET.

SO THIS GRAPH SHOWS OUR $5.5 BILLION PROPOSITION, AND THESE ARE THE CATEGORIES WHERE THE FUNDS ARE ALLOTTED. AS YOU JUST HEARD, THERE'S $4.9 BILLION ALLOTTED FOR GRANTS. AND THE OTHER THREE CATEGORIES I'LL DISCUSS ON THE NEXT SLIDE.

SO THESE ARE THE MAJOR FUNDING CATEGORIES OF THE ADMINISTRATIVE BUDGET. AND THESE FIGURES ARE AS OF APRIL 30, 2026. OUR FIRST CATEGORY IS CAPITALIZED INTEREST AND COST OF ISSUANCE, WHICH ARE COSTS ASSOCIATED WITH THE ISSUANCE OF BONDS TO FUND OUR ACTIVITIES.

FIRST, THE PROPOSITION STATES THAT ALL INTEREST ON ANY BONDS ISSUED THROUGH THE FIFTH FULL CALENDAR YEAR FROM THE START OF THE BOND WILL BE PAID FROM BOND PROCEEDS. THIS IS CALLED CAPITALIZED INTEREST.

SECOND, THERE ARE FEES THAT ARE PAID TO PROFESSIONALS ASSOCIATED WITH THE SALE OF BONDS, AND THOSE ARE CALLED COST OF ISSUANCE. BOTH OF THESE REDUCE THE AMOUNT OF BOND PROCEEDS THAT WE ARE ALLOWED TO SPEND. THE PROPOSITION DOESN'T STIPULATE

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A SET AMOUNT THE BOND AUTHORITY CAN BE REDUCED. CIRM HAD ESTIMATED THAT THESE WOULD BE A HUNDRED MILLION, AND THAT'S WHAT WAS BUDGETED. WE ARE NOW PAST THE FIVE-YEAR MARK, AND CIRM'S AUTHORITY HAS BEEN REDUCED BY 85 MILLION FOR THOSE TWO PURPOSES.

OUR NEXT CATEGORY IS DIRECT GRANT ADMINISTRATION. THERE ARE THREE COMPONENTS TO THAT, GRANT COMPLIANCE, AND $18.5 MILLION OF THE 100 MILLION HAS BEEN SPENT AS OF APRIL. ACCESS AND AFFORDABILITY, 5.5 MILLION OF THE 55 MILLION HAS BEEN SPENT. AND FOR GRANT ADMINISTRATION, 35.7 OF THE 165 MILLION HAS BEEN SPENT.

OUR FINAL CATEGORY IS GENERAL ADMINISTRATION, AND 45.4 OF THE 192.5 MILLION HAS BEEN SPENT.

THIS SLIDE SHOWS OUR HISTORICAL ADMIN BUDGET PERFORMANCE. SO THIS IS THE BUDGET TO ACTUALS FOR THE ADMIN BUDGET. WE'RE HISTORICALLY RUNNING BETWEEN ABOUT 17 PERCENT, WHICH IS WHAT WE ARE AT THIS YEAR. OUR OUTLIER WOULD BE THAT FIRST YEAR, WHICH WAS 40 PERCENT. AND THAT'S DUE TO COMING BACK FROM WIND-DOWN AND STAFF VACANCIES.

NOW WE'LL GO OVER THE RESULTS OF THE 25/26 FISCAL YEAR. SO JUST FOR SOME BUDGET CONTEXT, RECRUITMENT CONTINUED DUE TO NEW AND INCREASED

BUSINESS ACTIVITIES. WE RECRUITED SEVEN VACANT POSITIONS WHICH GAVE US A HEAD COUNT OF 68, AND WE HAVE FOUR POSITIONS CURRENTLY IN RECRUITMENT.

WE COMPLETED THE FIRST YEAR OF AWARDING GRANTS UNDER THE NEW STRATEGIC ALLOCATION FRAMEWORK WITH THE TEAM FOCUSED ON STRENGTHENING INTERNAL BUSINESS OPERATIONS AND CROSS-FUNCTIONAL ALIGNMENT.

THESE ARE THE RESULTS, PROJECTED RESULTS, OF THE 25/26 FISCAL YEAR. IN THAT FIRST COLUMN YOU'LL SEE THAT THE 25/26 APPROVED BUDGET WAS 34.8 MILLION. WE ARE ESTIMATING THAT WE WILL FINISH AT 28.8 MILLION. AND THAT VARIANCE IS 5.9 MILLION FOR 17 PERCENT. AND THAT MEETS OUR AVERAGE, AND IT WAS 4-PERCENT IMPROVEMENT OVER LAST YEAR.

THE MAJOR DRIVERS OF THAT BUDGET VARIANCE WERE TRAVEL AND TRAINING. DUE TO OUR INCREASED BUSINESS OPERATIONS, IT DIDN'T ALLOW FOR THE TIME FOR PLANNED TRAVEL OR TRAINING.

FOR OUR REVIEWS, THE PROGRAM EXPERT REVIEWERS FOR AWARD MANAGEMENT WERE BUDGETED AS A CONTINGENCY. THE ROLLOUT OF THE REVIEWERS LAUNCHED LATER THAN ANTICIPATED. HOWEVER, THE PDEV TEAM RECENTLY LAUNCHED THEIR PROGRAM, AND THEY'RE EXPECTING TO SPEND APPROXIMATELY $6,000 IN THIS FISCAL YEAR AND AN INCREASE IN NEXT FISCAL YEAR.

SO WE'RE GOING TO TALK ABOUT THE 26/27 PROPOSED BUDGET. I HAVE TWO VIEWS FOR YOU THIS YEAR. LAST YEAR WE ONLY ONE VIEW. THIS FIRST VIEW IS A BUDGET-TO-BUDGET COMPARISON. SO WE HAVE OUR PROPOSED BUDGET FOR THE 26/27 FISCAL YEAR AT 36.2 MILLION COMPARED TO THE APPROVED 25/26 BUDGET WHICH WAS 34.8 MILLION. AND THAT IS AN INCREASE OF 1.4 MILLION FOR A 4-PERCENT INCREASE AS OPPOSED TO LAST YEAR WHICH WAS A 10-PERCENT INCREASE.

THIS NEXT SLIDE IS OUR BUDGET TO ACTUAL. SO THIS IS OUR PROPOSED BUDGET VERSUS OUR ESTIMATED TO FINISH. SO OUR PROPOSED BUDGET, AGAIN, IS 36.2 MILLION. WE ESTIMATE TO FINISH AT 28.8 MILLION, WHICH LEAVES A VARIANCE OF 7.4 MILLION OR 20 PERCENT.

SOME MAJOR BUDGET DRIVERS FOR THIS NEW BUDGET ARE MEMBERSHIPS AND TRAINING. SO WE ANTICIPATE THAT TRAINING EXPENDITURES ARE GOING TO CONTINUE AT A LOWER RATE. THEREFORE, WE'VE ADJUSTED THE BUDGET TO MORE CLOSELY REFLECT THE RECENT ACTUALS. SO WE DID DO A REDUCTION IN THE TRAINING BUDGET.

JUST TO NOTE, THE TRAVEL BUDGET STAYED THE SAME. WE HAD A VERY MINIMAL INCREASE IN EXTERNAL SERVICES, AND WE ACTUALLY DECREASED FACILITIES BY 5

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PERCENT DUE TO THE COMPLETION OF SOME SPECIAL PROJECTS.

WE ARE HAVING AN INCREASE IN SOFTWARE FOR I.T. SOFTWARE TO SUPPORT GROWTH IN STAFFING AND NEW PROJECTS.

AND THEN WE DO PROPOSE AN INCREASE IN EMPLOYEE EXPENSES, AND THERE ARE THREE COMPONENTS TO THAT. THE FIRST BEING THE SALARY INCREASE WHICH INCLUDES A PERFORMANCE-BASED MERIT OF 2 PERCENT FOR ELIGIBLE STAFF AND A 3-PERCENT COST OF LIVING ADJUSTMENT.

JUST TO NOTE THAT THE COLA AND MERIT APPLIES TO THE CHAIR, VICE CHAIR, AND PRESIDENT. THIS MAKES THE INCREASE AVAILABLE IN THE BUDGET SHOULD THE BOARD CHOOSE TO AWARD AS PART OF THEIR LEADERSHIP EVALUATION PROCESS.

OUR SECOND COMPONENT IS THE UPDATED LEAVE BUYOUT FOR EMPLOYEE DEPARTURES OR RETIREMENT. JUST AS A REMINDER, LEAVE BUYOUT IS VACATION HOURS. ALL STAFF RECEIVE VACATION HOURS THAT ARE THEIR PROPERTY. WE ARE REQUIRED TO CASH OUT THOSE HOURS SHOULD THEY DECIDE TO LEAVE THE AGENCY. SO OUR CALCULATION RESERVES THE AMOUNT EQUAL TO ONE STAFF MEMBER FROM EACH COST CENTER AS WE CAN'T PREDICT WHO WILL LEAVE EXCEPT FOR THE ONE CONFIRMED RETIREMENT

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THAT WE KNOW ABOUT. THIS ALLOWS THE COST CENTERS TO BACKFILL THEIR POSITIONS WITHOUT IMPACTING THEIR BUDGETS.

AND THEN OUR FINAL COMPONENT WILL BE THE REQUEST OF ONE FULL-TIME POSITION.

THE RISK FACTORS FOR THE BUDGET, AS ALWAYS, ARE RECRUITMENT AND PERSONNEL GROWTH AND INCREASED COST OF GOODS AND SERVICES DUE TO INFLATION. SO THOSE ARE DIFFICULT TO CONTROL, BUT WE'RE ACTIVELY MANAGING THOSE COSTS AND WE'RE CONSTANTLY EVALUATING THEM.

AND IN MAY WE RECEIVED FINANCE SUBCOMMITTEE RECOMMENDATION TO APPROVE, AND WE ARE ASKING FOR BUDGET APPROVAL FOR $36.2 MILLION. CHAIR IMBASCIANI.

CHAIRMAN IMBASCIANI: MICHELLE, THAT WAS GREAT. THANK YOU. VERY SUCCINCT. AND CHAIR WILL ENTERTAIN A MOTION TO ACCEPT.

DR. BLUMENTHAL: SO MOVED.

DR. GASSON: SECOND.

CHAIRMAN IMBASCIANI: GEORGE. AND SECONDED FROM JUDY. THANK YOU. DISCUSSION ON OUR ADMIN BUDGET? YES, DR. BARRETT.

DR. BARRETT: JUST WANTED TO COMMEND THE WHOLE TEAM FOR REALLY RUNNING A VERY LEAN OPERATION

WITH OUTSTANDING RESULTS. SO THIS IS A VERY IMPRESSIVE PERCENTAGE.

CHAIRMAN IMBASCIANI: THANK YOU. ANYONE ELSE HAVE ANY COMMENTS? IS THERE ANY PUBLIC COMMENT ON THIS BUDGETARY ITEM? YOU DON'T SEE ANY, YES, LANA? OKAY. SCOTT, WE CAN PROCEED TO THE FINAL BUDGET VOTE.

MR. TOCHER: THIS WILL BE, AGAIN, A VOICE VOTE WITH A ROLL CALL OF THOSE ON THE ZOOM. ALL THOSE IN THE ROOM IN FAVOR SAY AYE. AND THOSE OPPOSED SAY NAY. ANY ABSTENTIONS? AND ON THE PHONE: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: AYE.

MR. TOCHER: MONICA CARSON.

DR. CARSON: AYE.

MR. TOCHER: CAROLYN MELTZER.

DR. MELTZER: AYE.

MR. TOCHER: SHANNA STARK.

MS. STARK: AYE.

MR. TOCHER: AND KEVIN XU.

MR. XU: AYE.

MR. TOCHER: GREAT. THANK YOU. THE BUDGET IS ADOPTED.

CHAIRMAN IMBASCIANI: ADOPTED. MUSIC.

MR. TOCHER: JUST A POINT OF ORDER. WE'RE

GOING TO GO VERY QUICKLY TO A GOVERNANCE SUBCOMMITTEE ITEM, AND THEN WE'LL HAVE A TEN-MINUTE BREAK TO FOLLOW BEFORE WE RESUME WITH THE REMAINDER.

CHAIRMAN IMBASCIANI: GOVERNANCE SUBCOMMITTEE IS THIS CONTRACT ISSUE.

MR. TOCHER: THAT'S CORRECT.

CHAIRMAN IMBASCIANI: YES. OKAY. BECAUSE THE NEXT ACTION ITEM IS NO. 20, CONSIDERATION OF A CONTRACT. JUDY.

DR. GASSON: THANK YOU VERY MUCH. AND BACK TO YOU, MICHELLE, TO DESCRIBE THIS CONTRACT.

MS. LEWIS: SO WE'RE REQUESTING THE GOVERNANCE SUBCOMMITTEE'S APPROVAL TO CONTINUE A TECHNICAL SERVICES CONTRACT WITH ENCLOUD SYSTEMS IN THE AMOUNT OF $270 TO SUPPORT THE GRANTS MANAGEMENT SYSTEM. THIS SYSTEM IS A CORE OPERATIONAL PLATFORM, AND CONTINUED ENGINEERING IS NECESSARY TO MAINTAIN SYSTEM STABILITY, MODERNIZATION, AND ENSURE ALIGNMENT WITH CURRENT TECHNOLOGY STANDARDS.

AS THIS CONTRACT IS OVER $250,000, GOVERNANCE SUBCOMMITTEE APPROVAL IS REQUIRED PER THE PURCHASING POLICY.

DR. LEVITT: YOU SAID $270.

MS. LEWIS: I DID?

DR. GASSON: PAT AND I WILL ENTERTAIN A

MOTION TO APPROVE THIS CONTRACT REQUEST.

VICE CHAIR BONNEVILLE: SO MOVED.

CHAIRMAN IMBASCIANI: SECOND.

DR. GASSON: THANK YOU. ANY DISCUSSION IN THE ROOM? ON THE PHONE? HEARING NONE, SCOTT, WILL YOU PLEASE CALL THE GOVERNANCE SUBCOMMITTEE ONLY.

MR. TOCHER: YES. FOR THOSE MEMBERS, YOU'RE ALL IN THE ROOM. CONGRATULATIONS. SO THIS WILL BE SIMPLE. ALL THOSE GOVERNANCE SUBCOMMITTEE MEMBERS IN THE ROOM IN FAVOR SAY AYE. THOSE OPPOSED SAY NAY. ABSTENTIONS? VERY GOOD. THE CONTRACT IS APPROVED.

DR. GASSON: THANK YOU VERY MUCH. BACK TO YOU.

CHAIRMAN IMBASCIANI: THANK YOU, JUDY.

MR. TOCHER: NOW WE'D LIKE TO TAKE A TEN-MINUTE BREAK IF POSSIBLE. THOSE ON THE PHONE, WE'LL COME BACK AT 2:55.

(A RECESS WAS TAKEN.)

CHAIRMAN IMBASCIANI: OKAY. WE'RE GOING TO START UP AGAIN WITH THE LAST TWO AGENDA ITEMS, NO. 17. DR. SAMBRANO IS GOING TO TALK TO US ABOUT THE PATIENT PERSPECTIVE SCORE IN THE REVIEW PROCESS.

DR. SAMBRANO: OKAY. THANK YOU VERY MUCH. GOOD AFTERNOON, EVERYONE.

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SO I WANT TO SHARE WITH YOU A PROPOSAL THAT WE HAVE TO IMPLEMENT A PATIENT PERSPECTIVE SCORE INTO THE GRANTS WORKING GROUP REVIEWS.

THIS IS SOMETHING THAT WE'VE PRESENTED TO THE SCIENCE SUBCOMMITTEE AND FINANCE SUBCOMMITTEE. AND I WANT TO START FIRST WITH OUR MISSION BECAUSE I THINK THIS IS KIND OF CORE TO WHAT WE DO AND WHY WE DO IT. AND BECAUSE OF HOW WE'VE STRUCTURED CIRM TO BE INCLUSIVE OF PATIENTS AND PATIENT ADVOCATES IN BOTH OUR ACTIVITIES AND OUR PROCESS, THAT'S WHAT ALLOWS US TO ACHIEVE THIS MISSION.

AND IN OUR CONVERSATIONS THINKING ABOUT HOW IT IS THAT WE CAN IMPROVE OR ENHANCE THE ROLE OF OUR PATIENT ADVOCATE AND NURSE MEMBERS, PARTICULARLY THOSE ON THE GRANTS WORKING GROUP, ONE OF THE IDEAS THAT ACTUALLY CAME FROM CHRISTINE MIASKOWSKI IN ONE OF THOSE OF CONVERSATIONS WAS TO DEVELOP A PATIENT PERSPECTIVE SCORE.

SO WE TOOK THAT IDEA AND DEVELOPED THAT INTO SOMETHING THAT WE THINK WILL BE VERY BENEFICIAL BOTH TO THE GRANTS WORKING GROUP IN TERMS OF WHAT IT DOES, BUT ALSO PROVIDE A MORE MEANINGFUL AND ENHANCED ROLE FOR OUR PATIENT ADVOCATE AND NURSE MEMBERS.

SO WHEN IT COMES TO THE PURPOSE OF THIS

PATIENT PERSPECTIVE SCORE, THAT'S EXACTLY WHAT IT IS INTENDED TO DO, PROVIDE PATIENT ADVOCATE AND NURSE MEMBERS OF THE GRANTS WORKING GROUP A MECHANISM THAT ALLOWS TO FORMALLY VOICE THE VIEWPOINTS OR EVALUATIONS OF APPLICATIONS THAT ARE UNDER REVIEW. BEFORE THIS IDEA, OUR PATIENT ADVOCATE AND NURSE MEMBERS OFTEN SUGGESTED A SCIENTIFIC SCORE. AND IT WAS WASN'T ONE AND ISN'T ONE THAT GETS OFFICIALLY RECORDED.

AND SO BY VIRTUAL OF CREATING A DIFFERENT SCORE THAT IS REFLECTIVE OF THE PATIENT PERSPECTIVE, IT ALLOWS TO FORMALLY RECOGNIZE THAT ROLE AND THAT VIEWPOINT.

OF COURSE, THE FOCUS OF THE REVIEW ON APPLICATIONS THAT ARE MOST RELEVANT TO PATIENT ADVOCATE AND NURSE MEMBERS IS ALSO ONE OF THE BENEFITS BECAUSE WE CAN TAILOR THE SCORE TO FOCUS ON THOSE ELEMENTS. AND OVERALL, AS MENTIONED, ENHANCES THE ROLE OF THE PATIENT ADVOCATE AND NURSE MEMBERS ON THE GRANTS WORKING GROUP.

AND SO IN TERMS OF HOW THIS WOULD WORK JUST VERY HIGH LEVEL TO BEGIN WITH, IT'S ONLY THE PATIENT ADVOCATE AND NURSE MEMBERS OF THE GRANTS WORKING GROUP THAT WOULD PROVIDE THIS SCORE. AND SO THIS IS SOMEWHAT AKIN TO THE DEI SCORE THAT SOME OF

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YOU MAY RECALL WE UTILIZED FOR A FEW YEARS IN THAT THAT WAS ONLY PROVIDED BY OUR PATIENT ADVOCATE AND NURSE MEMBERS. SO IT FOLLOWS THAT EXAMPLE. AND THAT HAS ALSO ALLOWED US TO PUT THIS TOGETHER IN TERMS OF THE INFRASTRUCTURE THAT WE HAVE IN THE GRANTS MANAGEMENT SYSTEM MORE EFFECTIVELY AND SMOOTHLY.

THE PATIENT PERSPECTIVE SCORE WOULD ONLY BE USED IN FUNDING OPPORTUNITIES WHERE WE HAVE FORMAL ASSIGNMENTS THAT ARE LIKE OUR CLINICAL PROGRAM OR PRECLINICAL PROGRAM, SO CLIN AND PDEV, BUT NOT THE DISCOVERY PROGRAMS. THE NUMBER OF APPLICATIONS IN THOSE ARE JUST WAY TOO MANY TO MAKE IT PRACTICAL.

AND, OF COURSE, TO FOLLOW, WE WOULD HAVE A SET OF SPECIFIC REVIEW CRITERIA THAT I'LL GO OVER THAT ARE FOCUSED ON PATIENT-CENTERED ELEMENTS THAT WE WOULD USE TO BASE THE SCORE ON.

AND SO THAT'S THIS SLIDE HERE. THESE ARE THE PROPOSED PATIENT PERSPECTIVE SCORE CRITERIA. AND IN THINKING ABOUT WHAT THESE CRITERIA SHOULD BE, I LOOKED UPON OTHER ORGANIZATIONS THAT INCLUDE PATIENTS AND PATIENT ADVOCATES IN THEIR REVIEWS AND IN THEIR PROCESS. ONE IN PARTICULAR, WHICH IS PCORI, IT'S THE PATIENT CENTERED OUTCOMES RESEARCH

INSTITUTE IN D.C. AND SO THEY ARE A GOOD EXAMPLE, AMONG OTHERS, INCLUDING ALSO EVEN CPRIT IN TEXAS.

AND SO FROM THOSE COME WHAT ARE ESSENTIALLY VERY COMMON ELEMENTS IN TERMS OF THESE CRITERIA. AND SO WE TALKED THESE THROUGH WITH OUR PATIENT ADVOCATE MEMBERS ON THE BOARD TO DISCUSS WHETHER THESE RESONATE, WHETHER THESE SEEM APPROPRIATE, AND I THINK THEY DO. AND SO THESE INCLUDE RELEVANCE, ASKING WHAT IS IT THAT THE PROJECT -- WHETHER THE PROJECT ADDRESSES A REAL AND SIGNIFICANT PROBLEM FOR PATIENTS; WHETHER THE PROJECT OFFERS THE PATIENT BENEFIT, MEANING IF IT'S SUCCESSFUL, WOULD THE THERAPY MAKE A MEANINGFUL DIFFERENCE TO PATIENTS? IS IT PATIENT CENTERED? ASKING WHETHER THE PROPOSAL IS DESIGNED WITH THE AFFECTED POPULATION IN MIND. PATIENT ENGAGEMENT, IS THE PATIENT PERSPECTIVE INCLUDED AND USED TO INFORM THE THERAPEUTIC OBJECTIVES? AND LASTLY, THE CALIFORNIA BENEFIT. HOW BENEFICIAL WOULD THIS THERAPY BE FOR THE PEOPLE OF CALIFORNIA?

AND HERE WE WERE ALSO CAREFUL TO NOTE, AND WE WANT TO NOTE IT JUST FOR THE PUBLIC, THAT OUR INTENT WITH THIS LAST ONE ISN'T TO ADVANTAGE NECESSARILY THERAPIES THAT ARE FOR MORE PREVALENT DISEASES AS OPPOSED TO RARE DISEASES, THAT WE VALUE

BOTH. THE INTENT IS TO LOOK AT IT IN A MORE BROAD AND HOLISTIC WAY IN TERMS OF THE BENEFIT TO THE CALIFORNIA PATIENTS.

THIS IS THE PROPOSED SCORING METHODOLOGY. AND HERE WE ARE PROPOSING TO USE A LIKERT-LIKE SCALE FROM 1 TO 5 THAT ALLOWS US TO HAVE BOTH A SIMPLE NUMERICAL SCORE THAT WE CAN ASSIGN MEANING, AND IN THIS CASE PATIENT VALUE. AND IF WE THINK OF PATIENT VALUE AS ENCOMPASSING THE CRITERIA THAT I JUST DESCRIBED, YOU CAN IMAGINE HAVING APPLICATIONS THAT WOULD SHOW EXCEPTIONAL PATIENT VALUE, MAYBE SOME MODERATE, OTHERS THAT MIGHT BE INADEQUATE. AND SO THIS WOULD BE THE MEASURE THAT WE WOULD USE IN SCORING THE APPLICATIONS AGAINST THOSE CRITERIA.

AND SO IN BRINGING, THEN, THAT PATIENT SCORE, ALONG WITH THE SCIENTIFIC SCORE, FROM THE GRANTS WORKING GROUP, WE NOW HAVE TWO DIFFERENT ELEMENTS THAT WILL DESCRIBE THE MERIT OF AN APPLICATION. AND SO IN THAT PROPOSED PROCESS, IN TERMS OF HOW DO WE MANAGE HAVING THESE TWO SCORES THAT WE BRING TO THE APPLICATION REVIEW SUBCOMMITTEE, WE WOULD DO THE FOLLOWING: FIRST IS WE DEFINE THE FUNDABLE POOL OF APPLICATIONS, MEANING THOSE THAT SCORE 85 OR ABOVE BECAUSE ULTIMATELY WE WANT THE SCIENTIFIC MERIT TO BE THE CORE ELEMENT OF

WHAT WE ULTIMATELY FUND. AND WE WOULD PRIORITIZE APPLICATIONS THAT HAVE BOTH A HIGH SCIENTIFIC SCORE OR, FIRSTLY, A HIGH SCIENTIFIC SCORE AS WELL AS A HIGH PATIENT PERSPECTIVE SCORE BECAUSE THAT'S WHAT WE'RE LOOK FOR IDEALLY, HAVING A HIGH SCIENTIFIC AND PATIENT PERSPECTIVE SCORE.

NOW, IN THE CASE WHERE YOU HAVE AN APPLICATION THAT RECEIVES A LOW PATIENT PERSPECTIVE SCORE, BUT IS OTHERWISE DEEMED TO BE SCIENTIFICALLY MERITORIOUS, WE WANT TO TRIGGER A DISCUSSION TO HELP JUSTIFY WHY WE WOULD FUND SOMETHING THAT FROM THE PATIENT PERSPECTIVE SEEMS IT TO, AT LEAST BY THE SCORE, NOT OFFER A GOOD PATIENT VALUE.

AND THE KEY POINTS FROM THE GRANTS WORKING GROUP DISCUSSION ON ANY DIFFERENCES BECAUSE WE EXPECT AND WE WANT TO ORGANIZE THE GRANTS WORKING GROUP REVIEW TO BRING OUT ANY POTENTIAL DIFFERENCES BETWEEN THE SCIENTIFIC SCORE AND PATIENT PERSPECTIVE SCORE, THAT WE INVITE THAT DISCUSSION AT THE GRANTS WORKING GROUP MEETING. SO THEN WE CAN SHARE WITH YOU THE KEY POINTS FROM THAT DISCUSSION ABOUT WHY ANY DIFFERENCES, IF THEY EXIST, ARE THERE OR POTENTIALLY RESOLVE ANY DIFFERENCES THAT ARE BROUGHT TO THE TABLE FROM THE SCIENTIFIC MEMBERS AND THE PATIENT ADVOCATE MEMBERS ON THAT REVIEW.

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AND HERE'S JUST AN EXAMPLE SCENARIO OF WHAT WILL COME. AND I'M JUST USING SOME IMAGINARY PDEV APPLICATIONS AS AN EXAMPLE. YOU WOULD NOW HAVE BOTH THE SCIENTIFIC SCORE AND PATIENT PERSPECTIVE SCORE THAT WOULD BE COMING YOUR WAY. AND IN THIS SCENARIO WE HAVE FIVE APPLICATIONS THAT ARE ALL HIGHER THAN 85. SO THIS IS OUR DEFINED GROUP OF MERITORIOUS APPLICATIONS WITH VARIABLE PATIENT PERSPECTIVE SCORES. SO THE ONE IN THE MIDDLE, THE THIRD ONE DOWN, HAS A PATIENT PERSPECTIVE SCORE OF 2. WHAT WE'RE PROPOSING IS THAT THAT APPLICATION WOULD MERIT DISCUSSION TO UNDERSTAND WHY THERE IS THAT DIFFERENCE. OF COURSE, WE WOULD HAVE AS REFERENCE THE DISCUSSION POINTS FROM THE GRANTS WORKING GROUP MEETING TO HELP WITH THAT.

THE OTHER EXAMPLE WHERE THIS WOULD BE HELPFUL, AS YOU KNOW, WE OFTEN HAVE NOW MORE APPLICATIONS RECOMMENDED FOR FUNDING THAN WE CAN AFFORD TO FUND. AND SO LET'S PRETEND IN THIS EXAMPLE THAT WE CAN ONLY FUND THREE OUT OF THESE FIVE. AND SO KNOWING THAT YOU HAVE HIGH SCIENTIFIC MERIT, YOU HAVE A RANK SCORE FROM THE SCIENTIFIC MEMBERS, BUT THEN YOU HAVE THE PATIENT PERSPECTIVE SCORE THAT ADDS ANOTHER LAYER OF CONSIDERATION THAT CAN BE INCLUDED IN WHAT WE MAY DEBATE OR THINK ABOUT

IN TERMS OF WHAT ULTIMATELY GETS FUNDED. SO THAT THIRD ONE MAY, IN FACT, NOT BE FUNDED IN FAVOR OF FUNDING THE ONE BELOW IT.

AND IN TERMS OF IMPLEMENTING THE PATIENT PERSPECTIVE SCORE, OUR INTENT IS TO DO THIS FOR THE CLIN AND PDEV CYCLES THAT ARE UPCOMING. SO FOLLOWING THIS BOARD MEETING, ASSUMING WE HAVE AGREEMENT, WE WILL REVISE THE PROGRAM ANNOUNCEMENT FOR CLIN2 AND POST THAT. AND APPLICATIONS COMING IN AT THE END OF JULY WOULD THEN BE SUBJECT TO THAT PATIENT PERSPECTIVE SCORE. THOSE WILL HAVE THE GRANTS WORKING GROUP REVIEW IN OCTOBER AND COME TO THE BOARD IN DECEMBER. AND THE REVISED PROGRAM ANNOUNCEMENT IS GOING TO INCLUDE THE PROCESS BY WHICH THE PATIENT PERSPECTIVE SCORE IS APPLIED ALONG WITH THE CRITERIA THAT WE UTILIZE SO THAT APPLICANTS ARE CLEAR ON THE FACT THAT THIS IS BEING IMPLEMENTED AND WHAT THE BASIS FOR THAT SCORING IS.

FOR PDEV IT WILL FOLLOW JUST BEHIND OR IN PARALLEL. THOSE APPLICATIONS ARE DUE A LITTLE BIT LATER IN OCTOBER, BUT WE WOULD REVISE AND POST THAT PA NEXT MONTH AS WELL.

AND SO THAT IS THE PROPOSAL, AND SO I WILL GLADLY TAKE ANY QUESTIONS.

CHAIRMAN IMBASCIANI: JUDY.

DR. CHOU: YOU MIGHT HAVE SAID. IT'S JUST NOT CLEAR TO ME ABOUT WHAT DO WE ANTICIPATE APPLICANTS SHOULD INCLUDE IN THEIR APPLICATIONS TO DEMONSTRATE THE PATIENT PERSPECTIVE.

DR. SAMBRANO: NO. THAT'S A GREAT QUESTION. AND LET ME GO BACK TO THE CRITERIA BECAUSE I FAILED TO MENTION THAT ASPECT OF IT. SO WHEN WE WERE LOOKING AT THESE CRITERIA IN TERMS OF DETERMINING WHAT WE WOULD USE AS A BASIS, THESE ACTUALLY ALIGN VERY WELL WITH THE EXISTING CRITERIA THAT WE ALSO HAVE FOR THE VALUE PROPOSITION THAT THE SCIENTIFIC MEMBERS USE. SO WHETHER THE PROJECT ADDRESSES A REAL AND SIGNIFICANT PROBLEM FOR PATIENTS. WOULD THE THERAPY MAKE A MEANINGFUL DIFFERENCE TO PATIENTS? IS PART OF THE VALUE PROPOSITION AND ELEMENTS THAT APPLICANTS ALREADY INCLUDE IN THE APPLICATION? SOMETHING THAT FROM THE SCIENTIFIC PERSPECTIVE IS ALSO BEING LOOKED AT.

IN TERMS OF THE PATIENT-CENTERED AND PATIENT ENGAGEMENT, WHETHER THE PROPOSAL IS DESIGNED WITH THE AFFECTED POPULATION IN MIND, AND THE PATIENT ENGAGEMENT AND OTHER RELATED ACTIVITIES IS ALSO CURRENTLY PART OF THE EXISTING APPLICATION. AND THAT FOLDS INTO THE POPULATION IMPACT CRITERION THAT WE UTILIZE FOR THE SCIENTIFIC MEMBERS. SO,

AGAIN, THAT INFORMATION IS IN THE APPLICATION ALREADY. AND SO FOR THE MOST PART, I THINK THIS ALREADY IS COVERED.

DR. CHOU: THANK YOU FOR ANSWERING THAT. JUST TO MAKE SURE I COMPLETELY UNDERSTAND, SO IN A SENSE IF AN APPLICATION COMES ALONG AND WE ACTUALLY SEE THAT IT HAS QUITE A BIT OF THE PATIENT PERSPECTIVE TOGETHER WITH THE SCIENTIFIC PERSPECTIVE WILL BE VALUABLE EVEN IF THE APPLICANT DOESN'T INCLUDE THAT. SOMEHOW WE'RE GOING --

DR. SAMBRANO: WELL, WE WOULD EXPECT THAT THEY WOULD INCLUDE IT GIVEN THAT WE ARE ASKING THESE QUESTIONS IN THE APPLICATION ALREADY AND ARE INCORPORATED INTO THE SCIENTIFIC SCORES BY THE SCIENTISTS. AND SO RIGHT NOW THE PATIENT ADVOCATE MEMBERS DON'T HAVE A FORMAL MECHANISM BY WHICH THEY CAN ESSENTIALLY VOICE THEIR OPINION ABOUT THESE VERY SAME THINGS. AND BY HAVING THIS PATIENT PERSPECTIVE SCORE THEY WOULD AND YOU GET TO SEE IT.

DR. CHOU: THAT'S GREAT. THANK YOU.

CHAIRMAN IMBASCIANI: KIM.

DR. BARRETT: YEAH. I'M VERY SUPPORTIVE OF THIS CONCEPT. I THINK IT REALLY IS A HUGE STRENGTH OF THE CIRM PROGRAM. BUT I'M CURIOUS WITH THESE FIVE CRITERIA HOW REVIEWERS WILL NECESSARILY

GENERATE A SINGLE SCORE BECAUSE PRESUMABLY THEY'RE NOT SCORING EACH OF THESE, THEY NOT GOING TO GIVE AN AVERAGE. THEY'VE JUST GOT TO COME HOLISTICALLY UP WITH SOMETHING FROM THAT. AND ARE THESE VARIOUS CRITERIA WEIGHTED IN ANY WAY? I MEAN IF THE FIRST FOUR WERE FANTASTIC AND YET IT WAS NOT NECESSARILY SPECIFICALLY OF BENEFIT TO PEOPLE IN CALIFORNIA, HOW WOULD SOMEBODY SCORE THAT?

DR. SAMBRANO: YEAH. THAT'S A GOOD QUESTION. BUT IT IS A HOLISTIC APPROACH TO DOING THIS MUCH THE SAME WAY AS WE DO WITH THE SCIENTIFIC SCORE. AND THE REASON FOR DOING THAT IS THAT IN SOME CASES ONE OF THESE CRITERION MAY OUTWEIGH ALL THE OTHERS DEPENDING ON HOW DEFICIENT IT IS. IF WE WERE TO ASSIGN, SAY, AN EQUAL NUMBER OF POINTS TO EACH, THEN IT SORT OF GIVES YOU AN ARTIFICIAL NUMBER THAT MAY NOT BE REFLECTIVE OF TRULY WHAT YOU WANT TO DO WITH IT.

SO WHAT WE WANT TO DO IS CONTINUE TO -- WELL, TO TRY THIS AND I THINK ALSO LEARN FROM IT BECAUSE I THINK THAT'S GOING TO BE ONE OF THE IMPORTANT ELEMENTS IN IMPLEMENTING ANYTHING NEW LIKE THIS AND CONTINUE OUR CONVERSATIONS WITH OUR PATIENT ADVOCATE AND NURSE MEMBERS TO SEE IS IT WORKING? ARE WE -- IS THERE ANYTHING THAT WE NEED TO CHANGE?

DO WE NEED TO RESTRUCTURE THE SCORING IN ANY WAY?

SORRY. THE OTHER THING I FAILED TO MENTION IS THAT EVEN THE DISCUSSIONS WE'VE HAD SO FAR, I THINK THERE IS GENERAL AGREEMENT THAT ANYTHING THAT'S A TWO OR BELOW IS SORT OF THE THRESHOLD, I THINK, IN JUST OUR CONVERSATIONS OF WHAT MERITS A DISCUSSION AT THE ARS.

CHAIRMAN IMBASCIANI: GOOD. THANK YOU. THE ORDER OF SPEAKERS WILL BE HALA, JOHN, CHRISTINE, AND YAEL. OKAY. START WITH HALA.

VICE CHAIR BONNEVILLE: AND ME.

DR. MADANAT: I WANTED TO FOLLOW UP ON JUDY'S COMMENT. I STILL FEEL LIKE SCIENTIFIC REVIEW IS VERY DIFFERENT. I MEAN SCIENCE, YOU HAVE PATIENT ADVOCATES TRYING TO DECIPHER THAT FROM A PATIENT PERSPECTIVE. AND I FEEL LIKE IT IS JUST EMBEDDED SOMEHOW. AND THEY HAVE TO GO LOOKING FOR IT IS VERY DIFFERENT THAN ASKING PEOPLE TO RESPOND SPECIFICALLY TO THESE CRITERIA IN A SINGLE SECTION, WHETHER IT'S HALF A PAGE OR WHATEVER IT IS, THAT WOULD ALLOW THEM TO ACTUALLY BE MUCH CLEARER AND OBVIOUSLY ALLOWING YOUR RESEARCH COMMUNITY ITSELF TO WRITE IT APPROPRIATELY FOR THE PATIENT AND THE ADVOCATES TO BE ABLE TO REVIEW IT AND UNDERSTAND IT.

SO I DON'T KNOW THAT JUST USING THE FORMAT

WE HAVE WILL GIVE US THE ABILITY TO DO THIS VERY WELL.

DR. SAMBRANO: I APPRECIATE THE POINT BECAUSE WE DEBATED THAT AND CONTINUE TO DEBATE WHETHER WE NEED A SPECIFIC SECTION FOR THIS. AND WE HAVE HAD SOME EXPERIENCE WITH THE DEI SCORING WHERE WE ALSO HAD A SEPARATE SECTION WHICH WE THEN INCORPORATED INTO THE APPLICATION ACROSS DIFFERENT SECTIONS TO AVOID APPLICANTS REPEATING INFORMATION THAT WAS GOING TO BE LOOKED AT ANYWAY. SO I THINK, AT LEAST WHERE WE'RE STARTING, IS TO POINT OUR PATIENT ADVOCATE MEMBERS TO THE PLACES IN THE APPLICATION WHERE THIS EXISTS. AND THIS IS SOMETHING WHERE WE'VE BEEN POINTING TO THEM ALREADY IN TERMS OF THE ROLE THEY PLAY CURRENTLY. BUT I THINK IT IS SOMETHING THAT WE WANT TO KEEP IN MIND IN TERMS OF IF THAT DOESN'T WORK, WE MAY NEED TO CREATE A SPECIFIC SECTION FOR IT.

DR. CARETHERS: I HAD A SIMILAR KIND OF QUESTION TO DR. BARRETT. I WAS THINKING IT WAS JUST GOING TO BE A COMPONENT SCORE OF THESE AREAS AND THEN THAT'S AVERAGED. OR IF NOT, HOW MANY PATIENT OR PATIENT ADVOCATES WILL SCORE THIS? BECAUSE THE SCIENTIFIC SCORE IS A SUMMATION OF MULTIPLE SCORES. SO IT'S AN AVERAGE SO IT TAKES CARE OF THE OUTLIERS.

SO IS THIS GOING TO BE ONE PERSON, TWO PERSON, OR WHOLE PANEL? GO AHEAD AND ANSWER.

DR. SAMBRANO: YEAH. IT'S GOING TO FUNCTION THE SAME WAY IN TERMS OF BEING THE MEDIAN. SO IT WILL BE THE MEDIAN OF THE PATIENT ADVOCATE MEMBERS SERVING ON THE GRANTS WORKING GROUP OF WHICH WE HAVE SEVEN.

DR. CARETHERS: SEVEN. OKAY. AND THEN THE OTHER THING IS I GUESS, KIND OF GETTING TO HALA'S QUERY ABOUT THIS SCORE IS NOT REALLY ADDING TO THE SCIENTIFIC WEIGHT, BUT IT'S MORE OF AN INFLUENCE AFTER THE SCIENTIFIC REVIEW; IS THAT CORRECT? IT'S NOT A -- I MEAN I ALWAYS THOUGHT THE SCIENCE WAS DRIVING THE RESEARCH. OF COURSE, IT'S GOT TO HELP WITH PATIENTS. THAT'S A BIG COMPONENT OF CIRM. SO IT'S REALLY MORE OF A SCORE THAT INFLUENCES THE POST SCIENTIFIC REVIEW VERSUS ADDING WEIGHT. LIKE, A WEIGHT MEANS IT'S 5 OR 10 PERCENT OF THE SCIENTIFIC SCORE, WHICH WHAT I'M THINKING I'M HEARING, MAYBE I'M WRONG, IS THAT THE SCIENTIFIC SCORE IS A HUNDRED PERCENT OF THE WEIGHT AND THE SCORE IS AN INFLUENCE ONCE THAT'S SCORE IS DONE.

DR. SAMBRANO: SO LET ME CLARIFY. SO THE SCIENTIFIC SCORE IS WHAT DETERMINES THE FUNDING RECOMMENDATION. AND SO THAT'S NOT CHANGING. WE

WILL STILL USE 1 TO A 100, 85 OR ABOVE RECOMMENDED FOR FUNDING, BELOW THAT IT'S NOT RECOMMENDED FOR FUNDING.

SO WHAT THE PATIENT PERSPECTIVE SCORE PROVIDES IS AN OPPORTUNITY FOR A COUPLE OF THINGS. AT THE GRANTS WORKING GROUP, TO HAVE A MECHANISM BY WHICH PATIENT ADVOCATES CAN SHARE AND SAY I THINK THIS EITHER OFFERS GREAT PATIENT VALUE OR IT DOESN'T, AND THAT ITSELF SHOULD ENGENDER DISCUSSION BETWEEN SCIENTIFIC MEMBERS, PATIENT ADVOCATES TO IDEALLY AGREE THAT THIS OFFERS A GOOD OVERALL PATIENT VALUE, ALSO VALUE PROPOSITION BECAUSE, AS MENTIONED, A LOT OF THESE ELEMENTS ARE THE VALUE PROPOSITION WHICH EXISTS IN THE SCIENTIFIC REVIEW CRITERIA.

SO I THINK OUR EXPECTATION IS THAT IN MOST CASES THERE WILL BE THAT AGREEMENT. WE OFTEN HAVE THESE DISCUSSIONS ALREADY IN THE GRANTS WORKING GROUP, BUT THERE'S JUST NO, AGAIN, FORMAL MECHANISM FOR US TO RECORD THE PATIENT PERSPECTIVE PART IN THAT BECAUSE ONLY THE SCIENTIFIC MEMBERS SCORE. AND SO OUR HOPE IS THAT THAT CONVERSATION IS, IF ANYTHING, ENHANCED AT THE GRANTS WORKING GROUP AND THAT WE BRING IT HERE TOO. AND IF WE GET TO THE POINT WHERE WE ACTUALLY STILL HAVE A DIFFERENCE, WE

CAN HAVE FURTHER DISCUSSION HERE.

DR. SOUTHARD: SO JUST RELATED TO THAT, LET'S SAY THE SCORE WAS 84 AND THE PATIENT PERSPECTIVES WERE FIVE, WOULD THERE THEN ENSUE A DISCUSSION IN WHICH THOSE FIVES COULD RAISE IT FROM 84 TO 85? WOULD THAT BE PERMISSIBLE?

DR. SAMBRANO: NO. SO THE 84 WOULD STILL BE A NOT RECOMMENDED FOR FUNDING, BUT IT STILL OFFERS A PERSPECTIVE FROM THE PATIENT ADVOCATES OF WHAT THEY FELT THE PATIENT VALUE FROM THAT APPLICATION WAS. AND SO IF THE BOARD WOULD WANT TO CONSIDER THAT APPLICATION, YOU HAVE NOW TWO ELEMENTS YOU CAN USE IN YOUR CONSIDERATION, THE SCIENTIFIC SCORE AS WELL AS THAT PATIENT PERSPECTIVE SCORE.

CHAIRMAN IMBASCIANI: YES, CHRIS.

DR. MIASKOWSKI: I'D LIKE TO REITERATE A COUPLE OF POINTS THAT GIL MADE. ALL OF THESE CRITERIA ARE IN THE APPLICATION NOW. THEY'RE THERE IN DIFFERENT SECTIONS. AND THE NURSE MEMBERS AND PATIENT ADVOCATES WHO HAVE BEEN REVIEWING GRANTS FOR A NUMBER OF YEARS KNOW WHERE THEY ARE.

I'M NOT SURE I SHOULD BE GIVEN ATTRIBUTION FOR DEVELOPING THIS, BUT THANK YOU, GIL. WE'LL SEE IF IT WORKS OUT. IF IT DOESN'T, THEN WE CAN COME BACK TO ME.

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WHAT I SEE THIS IS DOING, AND GIL SAID THIS, IT'S GIVING A FORMAL VOICE TO THE NURSE MEMBERS AND PATIENT ADVOCATES. WE ARE SAYING THIS OUT LOUD IN THE GRANTS WORKING GROUP ALREADY, BUT IT GIVES US AN OPPORTUNITY TO PUT A NUMERIC VALUE TO IT. AND IT'S NO DIFFERENT THAN WHAT WE DID WITH THE DEI SCORE. IT WAS A GESTALT SCORE. AND IF IT'S THERE, YOU KNOW IT'S THERE. IF IT'S NOT THERE, YOU KNOW IT'S NOT THERE.

I'LL USE AN EXAMPLE. THERE WAS A PEDIATRIC GRANT THAT DIDN'T HAVE A PEDIATRICIAN ON IT. WELL, HOW IS THAT PATIENT CENTERED? IT WAS A CLINICAL GRANT THAT DIDN'T HAVE A PEDIATRICIAN ON IT. THAT WAS ABSURD TO ME, ALL RIGHT, IN TERMS OF HAVING INPUT FROM PROVIDERS. THERE HAVE BEEN GRANTS THAT WERE DEVELOPED WITH NOBODY TALKING TO A PATIENT OR A COMMUNITY ADVISORY GROUP, AND THAT WAS REALLY OBVIOUS. THE GRANTS THAT DO IT REALLY, REALLY WELL, EVERYBODY AGREES. THE ONES THAT ARE BORDERLINE, WE ARE HAVING DISCUSSIONS NOW.

I'VE BEEN ON THE GRANTS WORKING GROUP, I DON'T KNOW, FIVE YEARS, I GUESS, NOW. I'VE SEEN A MARKED CHANGE IN THE SCIENTIFIC REVIEWERS IN TERMS OF THE ENGAGEMENT IN TALKING WITH ALL OF US ABOUT THE RELEVANCE, THE BENEFIT. IS THE ROUTE OF

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ADMINISTRATION GOING TO BE SOMETHING THAT'S SO ARDUOUS THAT NO PATIENT'S GOING TO SIGN UP FOR THIS OR A FAMILY MEMBER CAN'T SUPPORT IT?

SO I THINK THIS IS GOING TO PROVIDE A REALLY, REALLY VALUABLE CONTRIBUTION TO OUR DISCUSSIONS. AND I'M WITH GIL. WE'LL SEE HOW IT GOES. WHERE THERE MAY BE DISCREPANCIES, I THINK WE CAN TALK ABOUT THEM.

CHAIRMAN IMBASCIANI: YAEL.

MS. WYTE: I JUST WANT TO REALLY ECHO WHAT YOU JUST SAID. I THINK AS A PATIENT ADVOCATE, IT DOES GIVE ME AN OPPORTUNITY TO RAISE MY VOICE AND CONTRIBUTE TO THE APPLICATION PROCESS. AND I DO THINK THAT OVERALL THERE HAS BEEN CONTINUITY IN IT'S A GREAT APPLICATION OR IT'S NOT AND THEY HAVEN'T THOUGHT ABOUT THE COMMUNITY IN GENERAL. SO I THINK IT'S IN THERE. SOME PEOPLE DO IT BETTER THAN OTHERS, BUT I APPRECIATE THE VOICE WHICH I CAN SPEAK TO.

VICE CHAIR BONNEVILLE: I WAS ALSO GOING TO MENTION THIS PROVIDES AN OPPORTUNITY FOR AT THE ARS ANOTHER FACTOR TO CONSIDER IN APPLICATIONS THAT WE FUND OR DON'T FUND. BECAUSE AS OUR DOLLARS DWINDLE AND THE APPLICATIONS CONTINUE TO RISE, WE WILL BE FACED WITH MORE APPLICATIONS THAT WERE

MERITORIOUS TO FUND THAN WE HAVE MONEY FOR. WE SAW THAT TODAY. SO YOU CAN IMAGINE A PATIENT PERSPECTIVE SCORE ALSO ADDS TO A DETERMINATION THE ARS CAN MAKE ABOUT WHETHER OR NOT TO FUND AN APPLICATION.

CHAIRMAN IMBASCIANI: ELENA.

DR. FLOWERS: THANKS. I JUST DON'T WANT TO BELABOR THE POINTS, BUT I AGREE WITH ALL THE MERITS THAT HAVE BEEN BROUGHT FORWARD BY THE OTHER PATIENT ADVOCATE, NURSE ADVOCATE MEMBERS. AND I FELT SO SORT OF RELIEVED IN A WAY WHEN GIL BROUGHT FORWARD THIS IDEA THAT HAD COME FROM OTHER PATIENT ADVOCATES BECAUSE I FEEL THAT THIS IS ACTUALLY CREATING SIGNIFICANT MORE RIGOR IN OUR ROLE IN THE GRANT REVIEW PROCESS. AND I THINK TO THE POINT OF WHERE THE CONTENT IS, I THINK MANY OF US IN THE ROOM HAVE BEEN REVIEWING THESE GRANTS FOR MANY YEARS, AS CHRIS MENTIONED, AND WE DO KNOW WHERE TO GO AND FIND IT. AND I DO THINK IT'S IMPORTANT THAT IT IS EMBEDDED SO THAT THE SCIENTIFIC REVIEWERS CAN ALSO TAKE THIS INFORMATION INTO CONSIDERATION BECAUSE THEY SHOULD.

THE ONE THING I JUST REALLY WANTED TO DRIVE HOME IS THAT I THINK THIS IS ADDING A TREMENDOUS AMOUNT OF RIGOR TO OUR GRANT REVIEW

PROCESS FOR AN ORGANIZATION THAT HAS CHOSEN TO HAVE PATIENT ADVOCATE AND NURSE MEMBERS AS A PART OF THEIR GRANT REVIEW.

CHAIRMAN IMBASCIANI: GREAT. THANK YOU. YES, YSABEL.

MS. DURON: I'M ACTUALLY A LITTLE BIT DISAPPOINTED BECAUSE I THOUGHT THAT THAT WAS WHAT WE WERE DOING WHEN WE ADDED DEI SEVERAL YEARS AGO, TO ADD RIGOR TO BRING IN THE PATIENT VOICE AND TO TRY TO MOVE SCIENCE TOWARDS CHANGE. WHEN YOU TELL ME THAT THE SCIENCE 100 PERCENT SCORE IS ALL THAT MATTERS OR THAT'S THE WINNING NUMBER, I KEEP THINKING OF THE WONDERFUL PROJECT THAT WAS IN HERE TODAY ON HIV AND WE BEING TOLD THAT IT WAS TOO MUCH TROUBLE TO INCLUDE WOMEN. THAT'S THE BOTTOM LINE THAT I HEARD. THAT'S NOT SCIENTIFIC RIGOR.

AND IF YOU HAD A PATIENT ADVOCATE AT THE TABLE WHO WOULD SCORE THAT AND SAY WOMEN GET HIV TOO. WHERE ARE THEY INCLUDED IN THIS? SEND IT BACK AND WHEN YOU CAN COME BACK WITH A PLAN, NO MATTER HOW MUCH WORK IT IS TO INCLUDE ANOTHER GROUP, AN UNDERREPRESENTED GROUP, I CALL IT LABOR INTENSIVE, BUT THOSE ARE THE GROUPS THAT ARE MISSING REGULARLY AND HISTORICALLY FROM RESEARCH. AND THEY'RE NOT AT THE TABLE, AND THEY'RE NOT HEARD, AND IT DOESN'T

COUNT AGAINST SCIENTIFIC RIGOR, THEN I'M DISAPPOINTED BECAUSE I THOUGHT THAT THAT'S WHERE WE STARTED AND WERE HEADED WHEN WE PUT DEI INTO THE MIX.

WHAT I'D LIKE TO KNOW IS IF THE NEW, I'M GOING TO SAY IT'S A NEW APPLICATION WILL NOW SAY, PERHAPS IN A BOX, WE HAVE ESTABLISHED THIS PATIENT ADVOCATE OR PATIENT -- WHAT DO WE CALL IT? -- PERSPECTIVE SCORE WHICH WE WILL TAKE VERY SERIOUSLY AND CONSIDER THIS, THIS, AND THIS. AND I APPRECIATE, CHRISTINE, THAT, IN FACT, OR ELENA, THAT IN FACT YOU'RE SEEING SHIFTS. I THOUGHT WE STARTED TO SEE THEM FOUR OR FIVE YEARS AGO WHEN WE PUT DEI IN, THAT THE SCIENCE WAS RECOGNIZING, YEAH, WE GOT TO LISTEN TO THE PATIENTS AND THE PATIENT ADVOCATES.

SO I'M GLAD WE'RE GOING HERE AGAIN. I WOULD LIKE TO KNOW IF WE'RE GOING TO SEE A WAY IN WHICH THIS MAKES A DIFFERENCE. METRICS, REMEMBER, GIL, WE TALKED METRICS. SO I'M HOPING THAT WE'RE GOING TO SEE THIS, BUT I WOULD LIKE TO KNOW THAT THE PATIENT ADVOCACY AND THE PATIENT'S OPINION AND CONCERN COUNTS AS MUCH AS SCIENTIFIC RIGOR. OTHERWISE, WHAT'S SCIENCE WITHOUT THE PEOPLE?

CHAIRMAN IMBASCIANI: THANK YOU VERY MUCH, YSABEL. I'M GOING -- BECAUSE ALMOST EVERYONE IN THE

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ROOM HAS SPOKEN, I'M GOING TO OPEN IT UP. IS THERE ANY MEMBER OF THE PUBLIC THAT WOULD LIKE TO ADDRESS THIS ISSUE? NO ONE IN THE ROOM AND NO ONE WITH THEIR HAND RAISED. ANY FINAL COMMENTS ON THIS? THIS IS NOT AN ACTION ITEM. SO WE'RE NOT VOTING ON THIS. NO FINAL COMMENTS? OKAY. GOOD. GIL, THANK YOU VERY, VERY MUCH. YOU CLEARLY ENGENDERED THE MOST DISCUSSION OF THE DAY.

I'M GOING TO INVITE OUR DIRECTOR OF COMMUNICATIONS UP, AMY ADAMS, AGAIN FOR HER UPDATE ON COMMUNICATIONS.

MS. ADAMS: MEMBERS OF THE BOARD, MY ESTEEMED COLLEAGUES ON THE CIRM TEAM, AND ANY MEMBER OF THE PUBLIC WHO'S STILL WITH US, IT'S AN HONOR TO BE HERE TODAY.

THIS IS YOUR AFTERNOON OF DATA AND, WELL, METRICS AND BUDGET BECAUSE I'M GOING TO PRESENT METRICS AND BUDGET OF THE COMMUNICATIONS PROGRAM.

SO WHEN I CAME AND PRESENTED MY BUDGET TO YOU SIX OR SO MONTHS AGO, I SAID THERE WERE FOUR STEPS TO MY STRATEGY. THE FINAL PART OF THAT STRATEGY IS MEASURE THE IMPACT. AND I KEPT SAYING I'LL COME BACK TO YOU WITH THAT. STOP ASKING ME. I NEED TO GET THE PROGRAM UP AND RUNNING BEFORE I CAN MEASURE ANYTHING. SO YOU'RE GOING TO GET ALL OF

THAT TODAY.

SO FIRST OF ALL, I WANT TO START WITH THE COMMUNICATIONS AND OUTREACH MISSION, WHICH IS DRIVING AWARENESS OF AND SUPPORT FOR CIRM'S PROGRAMS AND ACCOMPLISHMENTS. THAT'S REALLY IMPORTANT FOR THIS PARTICULAR PRESENTATION BECAUSE WE HAVE TO KNOW WHERE WE'RE TRYING TO GO SO WE UNDERSTAND WHAT WE'RE TRYING TO MEASURE. AND IN THIS CASE I'M MEASURING MORE THE AWARENESS OF AND LESS SUPPORT FOR. WE'LL GET THERE, BUT FOR RIGHT NOW LET'S JUST SEE WHO KNOWS US. SO WE'RE REALLY LOOKING AT VOLUME. VOLUME IS THE POINT OF THIS PRESENTATION.

OKAY. SO THIS IS THE OLDEN DAYS, THE WAY THE COMMUNICATIONS ECOSYSTEM USED TO WORK AND THE WAY I HAVE ALWAYS GIVEN PRESENTATIONS ON COMMUNICATIONS METRICS, THE WAY MANY OF YOU HAVE HEARD MANY OF THESE PRESENTATIONS IN YOUR OWN ORGANIZATIONS, FROM THIS ORGANIZATION, AND THESE OLDEN DAYS ENDED MAYBE SIX MONTHS AGO. AND WE'LL TALK ABOUT WHY.

SO IN THESE -- IN THIS GLORIOUS PAST, THE WEBSITE WAS KIND OF A REAL FOCUS FOR COMMUNICATIONS. YOU WERE REALLY TRYING TO DRIVE PEOPLE TO THE WEBSITE. AND THE WEBSITE IS WHERE YOU TOLD A BIGGER STORY ABOUT YOURSELF. AND YOU HAD EMAIL NEWSLETTERS

AND SOCIAL MEDIA AND OTHER THINGS. YOU'RE LOOKING AT THE METRICS OF HOW MUCH YOUR SOCIAL MEDIA IS DRIVING PEOPLE TO YOUR WEBSITE. AND THEN YOU'RE LOOKING AT HOW MANY PEOPLE ARE GETTING INFORMATION FROM YOUR WEBSITE. SO YOU'RE REALLY LOOKING AT THE WEBSITE, AND YOU'RE HOPING TO SEE A LINE THAT GOES UP AND TO THE RIGHT IN TERMS OF THE NUMBER OF PEOPLE GOING TO YOUR WEBSITE. AND THE WAY PEOPLE WERE GETTING TO YOUR WEBSITE WAS SEARCH. CERTAINLY IN THE LAST DECADE, PEOPLE PUT THOUSANDS, HUNDREDS OF THOUSANDS OF DOLLARS INTO OPTIMIZING THEIR WEBSITES SO THEY WERE EASY TO SEARCH.

AND THEN AFTER THE SITE HERE I HAVE BOTH PR AND YOUTUBE. THEY WERE DIRECT CONDUITS TO PEOPLE. THOSE WERE LESS CONDUITS TO THE WEBSITE. AND THAT HAS CHANGED. AND I'M UNABLE TO CLICK THIS AND TELL YOU WHY. IT'S NOT CHANGING. IT HAS CHANGED. YAY. ALL RIGHT. NOW WE'RE WITH THE MODERN ERA.

AND YOU WILL NOTICE IT LOOKS SUPER COMPLICATED AND THAT'S BECAUSE IT IS. IT'S REALLY A CHANGING ECOSYSTEM. IT'S NOT GOING TO BE THIS MESSY FOREVER, BUT RIGHT NOW THINGS ARE A LITTLE CONFUSING. AND I WANT TO TALK IT TO YOU ABOUT WHY. AS WITH ABSOLUTELY EVERY INDUSTRY EVERYWHERE, IT IS

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AI THAT IS DISRUPTING THINGS. SO LET'S TALK ABOUT WHAT THAT MEANS.

THAT DOESN'T MEAN THAT CIRM IS USING AI TO PUSH INFORMATION OUT. WE'RE NOT DOING ANYTHING DIFFERENT. BUT WHAT YOU'LL NOTICE, YOU SEE ALL THOSE HAPPY PEOPLE UP THERE AT THE TOP OF THE SCREEN, ON THAT LAST SLIDE THEY WERE BEING DRIVEN TO THE WEBSITE. THAT'S WHERE THEY WERE GOING FOR INFORMATION. AND NOW WHAT WE'RE FINDING PEOPLE REFER TO THIS AS GOOGLE ZERO WHERE NO ONE IS COMING TO THE WEBSITE TO RESEARCH. I'M ALSO HEARING THE TERM ZERO CLICK SEARCHES. SO PEOPLE DO A SEARCH AND THEY DON'T CLICK ON ANYTHING, AND THAT'S BECAUSE THEY DID A SEARCH, AND AI JUST GAVE THEM AN ANSWER. SO THAT'S THE NEW WORLD THAT I'M LOOKING IS HOW DO I GET MY INFORMATION TO PEOPLE USING SORT OF THEIR AI AS A TOOL. SO I'M NOT USING AI. THEY'RE GOING TO WHATEVER, GOOGLE, AND THEY'RE DOING A GOOGLE SEARCH, AND THEY PROBABLY DON'T EVEN KNOW THAT THEY'RE USING GOOGLE IN AI MODE.

OKAY. SO LET'S TALK ABOUT WHAT THAT MEANS FOR ME AND ALSO WHAT THAT MEANS FOR THE METRICS YOU ARE GOING TO SEE TODAY AND WHAT WE'RE GOING TO DO GOING FORWARD.

OKAY. SO A LOT OF OUR EFFORT NOW IS

THINKING ABOUT IF PEOPLE ARE GETTING INFORMATION FROM AI, WHAT DOES THAT MEAN? HOW DO WE GET THEM THE INFORMATION ABOUT CIRM THAT WE WANT THEM TO HAVE? SO THINK BACK TO THE STORY THAT I PRESENTED IN THE PAST. WE'RE STILL TRYING TO TELL THAT STORY OF THIS ORGANIZATION THAT IS DOING RESEARCH IN A DATA DRIVEN WAY AND PROVIDING THERAPIES TO PEOPLE. IT'S THE SAME STORY. WE JUST WANT AI TO DELIVER THAT STORY. HERE'S HOW WE DO THAT. AI IS SCRAPING THE WEBSITE. AI IS READING ALL OF SOCIAL MEDIA. AI IS READING THE NEWSPAPER, GATHERING INFORMATION, AND THEN DELIVERING IT TO PEOPLE.

SO NOW MY WHOLE TEAM IS REALLY PIVOTING TO THINKING ABOUT HOW DO WE FEED AI THE RIGHT INFORMATION. A LOT OF THAT IS GOING TO HINGE ON THE WEBSITE. AND WE'RE GOING TO TALK MORE ABOUT THAT IN THIS PRESENTATION.

SO I'VE CIRCLED THE THINGS I'M GOING TO MOSTLY TALK ABOUT TODAY. I'M GOING TO TALK ABOUT THE WEBSITE BECAUSE UNTIL SIX MONTHS AGO, IT WAS REALLY IMPORTANT TO US. I'M GOING TO TALK A BIT ABOUT THE BLOG. I'M GOING TO TALK ABOUT PR. I'M GOING TO TALK ABOUT THAT LITTLE PODIUM AT THE TOP THERE IS COMMUNITY OUTREACH. WHAT DO YOU SEE THAT'S NOT CIRCLED? IT'S THAT GIGANTIC AI IN THE MIDDLE,

RIGHT? THE THING I'M TELLING YOU IS SO IMPORTANT, I'M GOING TO TALK A LOT ABOUT AI, BUT NOT IN TERMS OF METRICS.

AND THE REASON FOR THAT IS BECAUSE AT THIS POINT THERE ISN'T A GREAT TOOL FOR MEASURING WHAT AI IS DELIVERING TO PEOPLE. THERE ARE SOME TOOLS COMING ALONG. AND I THINK BY NEXT YEAR'S BUDGET, I WILL BE ASKING FOR MONEY TO DO THAT.

I WANT TO ADD ONE THING HERE. AND THAT IS I'M TELLING ALL OF YOU THIS, AND MAYBE THIS IS NEW NEWS TO SOME OF YOU. ALL OF YOUR ORGANIZATIONS ARE DEALING WITH THIS SAME THING. SO YOU'RE GOING TO BE HEARING THIS FROM OTHER PEOPLE, AND ALL OF YOUR COMMUNICATIONS TEAMS ARE HAVING THE SAME, LIKE, OH, NO, AI MOMENT.

SO WHAT THIS ALL MEANS, I KIND OF JUST WENT THROUGH THIS. I THINK THE KEY THING HERE TO KNOW IS THAT I SHOWED YOU THAT AI IS SCRAPING OR MEDIA, THE NEWSPAPER. SO WE HAVE HIRED A PR AGENCY, AND PR IS GOING TO BECOME INCREASINGLY A FOCUS FOR MY TEAM BECAUSE IT IS INCREASINGLY A FOCUS FOR AI. SO THAT IS SOMETHING YOU WILL SEE IN MY BUDGET THAT I DO HAVE -- MY SLIDES JUST DID SOMETHING. WE'RE GOING TO BE OPTIMIZING THE WEBSITE TO BE BETTER SCRAPED BY AI. THERE ARE TOOLS OUT THERE TO HELP ME

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WITH THIS. EVERYONE ON MY TEAM OR MOST PEOPLE ON MY TEAM WE ARE TAKING CLASSES IN HOW TO BETTER LEVERAGE THIS NEW WORLD. SO YOU WILL ALSO SEE THAT IN MY BUDGET, THAT I DO HAVE A LINE ITEM FOR A WEB VENDOR. AND WE WILL BE DOING SOME THINGS TO IMPROVE THE WEBSITE.

I'M GOING TO MOVE ON. OKAY. THE METRICS, I'M GOING TO TALK ABOUT THE WEBSITE, THE BLOG, SOCIAL MEDIA, AND OUTREACH.

OKAY. THIS IS -- LET ME DEMYSTIFY THIS SLIDE A BIT. SO HERE'S WHAT WE'RE SEEING. I MENTIONED THAT IN THE PAST WITH THE WEBSITE, WE'RE LOOKING FOR A LINE THAT GOES UP AND TO THE RIGHT, RIGHT? WE WANT MORE PEOPLE COMING TO THE WEBSITE OVER TIME. AND IF YOU LOOK AT THE WEBSITE TRAFFIC WITH A BLIND EYE, WHICH I DID A COUPLE MONTHS AGO, IT GOES UP AND TO THE RIGHT, WHICH IS AWESOME. AND THAT'S THE KIND OF BLUE DOTS. AND THEN I LOOKED DEEPER, AND WHAT I FOUND IS THAT WE HAD A 2,000-PERCENT INCREASE -- THAT WAS 2,000-FOLD INCREASE IN TRAFFIC FROM ONE PARTICULAR REGION OF CHINA. AND WE USED TO HAVE NO TRAFFIC FROM THAT REGION OF CHINA. SO I DID A LITTLE -- I ASKED AI WHAT WAS GOING ON.

SO THIS IS A WORLDWIDE GLOBAL PHENOMENON

THAT STARTED ABOUT ROUGHLY SEPTEMBER OF LAST YEAR, THAT THERE ARE -- IT'S ESSENTIALLY, FROM WHAT I UNDERSTAND, AI SCRAPING PLACES. AND IT'S BOMBARDING. ALL OF YOUR WEBSITES ARE DOING THIS. IT'S HARDER TO SEE WHO THE HUMANS ARE. THESE ARE ALL BOTS. THEY'RE NOT DOING ANYTHING BAD. THEY'RE JUST SCRAPING OUR WEBSITE FOR CONTENT JUST LIKE AI BOTS ARE SUPPOSED TO DO. WHAT IT MEANS IS THIS IS PROBABLY THE LAST TIME I'M GOING TO SHOW YOU A SLIDE OF OUR WEBSITE TRAFFIC BECAUSE I DON'T THINK IT'S GOING TO BE MEANINGFUL ANYMORE.

THE ORANGE LINE IS MY BEST ATTEMPT TO WEED OUT WHO THE ACTUAL HUMANS ARE. IT GOES UP A LITTLE BIT, BUT NOT MUCH. IN THE PAST YOU REALLY LOOKED AT THAT TRAFFIC TO GO UP. I THINK IT'S GOING TO GO DOWN. I THINK WE'RE GOING TO GET LESS AND LESS TRAFFIC TO THE WEBSITE AND MORE AND MORE TRYING TO DO THE SAME KIND OF MONITORING THROUGH AI. SO YOU CAN QUOTE ME ON THIS. I AM BETTING THAT THIS IS THE LAST TIME I SHOW YOU THIS SLIDE.

OKAY. WE'RE GOING TO PIVOT TO THE BLOG, AND THIS IS SOMETHING I KNOW IS NOT APPARENT WHEN YOU LOOK AT THE WEBSITE. THE BLOG IS ACTUALLY A DIFFERENT PLATFORM. WHEN YOU GO, IF ANY OF YOU HAVE LOOKED AT THE BLOG ON OUR WEBSITE, IT LOOKS LIKE

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IT'S ON OUR WEBSITE BECAUSE YOU CLICK ON THINGS ON OUR WEBSITE AND THERE'S THE BLOG. IT'S NOT. IT'S TWO COMPLETELY DIFFERENT PLATFORMS, AND WE'VE JUST KIND OF SET IT UP SO THAT THE BLOG LOOKS LIKE IT'S ON THE WEBSITE, BUT IT'S NOT. SO ANY OPTIMIZING WE DO TO THE WEBSITE IS NOT GOING TO HELP OUR BLOG. AND THE BLOG IS THE MAIN SOURCE OF OUR STORYTELLING.

SO THIS IS BLOG TRAFFIC OVER THE LAST YEAR. EVERYTHING I'M SHOWING YOU FOR A YEAR ENDS IN APRIL, AND THAT'S BECAUSE I PUT THIS PRESENTATION TOGETHER IN MAY BECAUSE I FIRST DELIVERED IT AT THE BEGINNING OF JUNE. SO WE ONLY LOOKED THROUGH APRIL. I'LL JUST TELL YOU THE TREND CONTINUES THROUGH MAY, BUT WE'RE JUST GOING TO TALK ABOUT APRIL.

OKAY. A COUPLE OF THINGS ABOUT BLOG TRAFFIC. I JUST FINISHED TELLING YOU THAT YOU CAN NO LONGER TRUST METRICS AROUND WHO'S COMING TO YOUR WEBSITE, AND I TOLD YOU THAT THE BLOG IS A SEPARATE WEBSITE. SO CAN YOU TRUST ANY OF THIS? THE BLOG RIGHT NOW, I THINK BECAUSE IT'S SEPARATE AND NOT TERRIBLY OPTIMIZED, GETS SO LITTLE TRAFFIC THAT EVEN THE BOTS DON'T CARE. SO WE'RE HOPING TO CHANGE THAT; BUT IN THE MEANTIME, I THINK THOSE ARE ACTUAL HUMANS ON THOSE LITTLE CHARTS THERE. SO LET'S TALK ABOUT WHAT YOU'RE SEEING.

THIS IS TRAFFIC TO OUR BLOG, WHICH IS OUR MAIN SOURCE OF STORYTELLING OVER THE LAST YEAR. AND I MADE THEM BLUE AND YELLOW JUST TO INDICATE BLUE IS THE FIRST HALF OF THE YEAR, YELLOW IS THE SECOND HALF OF THE YEAR. RIGHT? AND WHAT WE SEE IS SECOND HALF OF THE YEAR OR THE FIRST HALF OF THE YEAR, 122-PERCENT INCREASE IN VIEWS. AND JUST FOR THOSE OF YOU PAYING VERY CAREFUL ATTENTION TO YOUR MATH, IN THE MEMO MY TEAM PUT TOGETHER, I THINK WE SAID SOMETHING LIKE THERE'S A 60-ISH PERCENT INCREASE YEAR OVER YEAR. WE WERE LOOKING AT JUST APRIL OVER APRIL. THIS IS LOOKING AT SIX MONTHS OVER SIX MONTHS. I THINK IT DEPENDS ON HOW YOU SLICE AND DICE. IT'S ABOUT DOUBLE IN THE LAST YEAR. RIGHT? SO WE FEEL GOOD ABOUT THAT GOING TO SAY.

AND THEN THE RED LINES HERE ARE THE DATES WHEN I PRESENTED MY EVOLVING STRATEGY TO YOU. I WILL SAY THAT AS THAT STRATEGY EVOLVED, WE WERE MAKING CHANGES TO THE BLOG. SO IF YOU LOOK AT THIS AS WE ROLLED OUT THE STRATEGY, THE BLOG WENT UP. AND I COULD STAND RIGHT HERE AND SAY WE'RE DOING AWESOME AND YOU SHOULD GIVE US LOTS OF MONEY IN OUR BUDGET. THE STORY IS ACTUALLY MORE COMPLEX AND ACTUALLY REALLY INTERESTING AND DOES POINT TO SOME OF OUR ASKS IN THE BUDGET.

133 HENNA COURT, SANDPOINT, IDAHO 83864
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AND I'M GOING TO TURN IT OVER HERE -- DO I HAVE SCOTT HERE? SO SCOTT HADLEY IS OUR NEW DIRECTOR OF CONTENT STRATEGY. SO HE FROM NOW ON IS GOING TO BE OVERSEEING OUR STORYTELLING AND OUR SOCIAL MEDIA. SO I'M GOING TO LET HIM TALK TO YOU ABOUT SOME OF THOSE METRICS AND ALSO WHAT THEY MEAN IN TERMS OF WHAT WE'LL BE DOING GOING FORWARD.

MR. HADLEY: THANK YOU SO MUCH, AMY. APPRECIATE IT. I WAS HIDING BEHIND THE FLAG. I DON'T KNOW IF THAT'S A METAPHOR FOR SOMETHING. BUT THIS IS ALSO MY FIRST RODEO WITH YOU. SO APOLOGIES OFF THE BAT.

SO THESE NUMBERS ARE REALLY SMALL, RIGHT, WHEN YOU LOOK AT THE BIG PICTURE, BUT THEY'RE STILL INTERESTING. AND WE DID LOOK AT WHETHER THIS WAS RELATED TO BOTS. BY THE WAY, NOT ALL BOTS ARE BAD. AND AS A MATTER OF FACT, YOU KIND OF WANT YOUR WEBSITE TO BE SCRAPED BY BOTS BECAUSE THAT MEANS THAT CONTENT IS BEING USED. AND IT'S NOT REALLY FOR US. WE'RE NOT TRYING TO AGGREGATE PEOPLE TO COME TO OUR SITE AND BUY SOMETHING. RIGHT? WE WANT OUR INFORMATION DISSEMINATED IN THE BEST WAY. SO WE WANT TO ENCOURAGE THAT.

THE BLOG IS INTERESTING BECAUSE THAT IS A PLACE WHERE WE CAN DO MORE FULLY FORMED

STORYTELLING, AND WE CAN EXPERIMENT A LITTLE BIT, AND WE CAN DO IT QUICKLY. SO I'M GOING TO LOOK AT VERY SMALL DIMENSIONS OF SOME OF THIS STUFF WE'RE DOING IN COMMUNICATIONS. SO LET'S JUST LOOK AT THAT BLOG TRAFFIC.

WE'RE WONDERING WHY IS IT THAT WE SAW THAT INCREASE. IT'S A SIMPLE QUESTION. SO IF WE -- WE SPECULATED THAT BECAUSE OF THE WAY STAFFING HAD WORKED, OUR FREQUENCY OF POSTING ON THE BLOG VARIED OVER THE LAST YEAR, AND THERE WERE A COUPLE MONTHS WHERE WE DIDN'T HAVE ANYTHING. SO WE WONDERED IS THIS JUST RELATED TO FREQUENCY. YOU HAVE MORE SHOTS ON GOAL, MORE TRAFFIC. SO WE LOOKED AT THAT. WE HAD TWO POSTS IN SEPTEMBER, WE DIDN'T HAVE ANY POSTS IN NOVEMBER, AND THEN WE HAD ONE IN FEBRUARY. CLEARLY THAT'S NOT PLAYING A ROLE.

BUT MAYBE A BETTER WAY OF THINKING ABOUT THIS IS NOTHING THAT WE DO IN COMMS IN THESE INDIVIDUAL CHANNELS IS DONE IN A VACUUM. THERE'S OTHER THINGS THAT ARE GOING ON. AND SO YOU ARE ALL WELL AWARE THAT SOME THINGS WERE HAPPENING TOWARDS THE END OF LAST YEAR THAT RELATED TO CIRM AND THE BEGINNING OF THIS YEAR. SO WE PLOT SOME OF THOSE THINGS, AND THESE WOULD BE MENTIONS IN SOCIAL MEDIA AND MENTIONS IN PRINT OR OTHER TRADITIONAL MEDIA.

133 HENNA COURT, SANDPOINT, IDAHO 83864
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SO I'M JUST OVERLAYING THESE THREE SPECIFIC EVENTS OR MOMENTS, I SHOULD SAY.

SO THE OPENINGS OF THE CCCE'S, THE RAPID ANNOUNCEMENT, AND THE ROCKET ANNOUNCEMENT, THOSE WERE COVERED IN THE MEDIA. IF YOU LOOK AT SOCIAL MEDIA MENTIONS, I THINK RAPID AND ROCKET WERE THE FIRST OR THE HIGHEST AND THE THIRD HIGHEST IMPRESSION RATES FOR SOCIAL MEDIA DURING THE TIME.

WHY AM POINTING THIS OUT? IT SEEMS SORT OF OBVIOUS. I THINK WHY WE'RE POINTING THIS OUT IS THAT, AS WE IMPROVE OUR MESSAGING AND COORDINATE ALL THE DIFFERENT CHANNELS THAT WE'RE USING, WE'RE EMPOWERING OURSELVES TO IMPROVE HOW THAT MESSAGE GETS OUT.

AND THAT'S GOING TO TAKE US TO SOCIAL MEDIA WHERE THERE'S A LOT OF OPPORTUNITIES THERE AND MAYBE OPPORTUNITIES WE HAVEN'T YET TAPPED. MAYBE YOU ARE AWARE, BUT OUR STRONGEST PLATFORM RIGHT NOW IS LINKEDIN. IT SORT OF MAKES SENSE BECAUSE OF WHO WE'RE COMMUNICATING WITH. WE'RE COMMUNICATING WITH PEOPLE WHO WANT TO KNOW ABOUT OUR GRANTMAKING, EITHER THEIR OWN OR OPPORTUNITIES, AND ALSO MORE PROFESSIONALS MAYBE ARE LOOKING THERE. AND SO THAT'S THAT BIG SWATH OF BLUE THAT YOU SEE THERE.

I JUST WANTED TO DRAW YOUR ATTENTION TO

TWO OTHERS. THOSE WERE THE ORANGE AND THE -- IS THAT RED? I'M SORRY. I'M A LITTLE COLOR BLIND. SO THAT'S INSTAGRAM AND YOUTUBE. I THINK SOMEONE IS GOING TO BRING UP TIKTOK, BUT WE CAN GET TO THAT LATER. WHY AM I BRINGING TO YOUR ATTENTION THAT? BECAUSE WHAT THIS IS SHOWING IS AN ENGAGEMENT, WHICH IS JUST A MEASURE OF HOW OFTEN SOMEONE CLICKS ON A POST OR INTERACTS OR SHARES WITH IT IN SOME WAY. AND WHAT YOU SEE IS LIKE AN WHAT UPTIC IN INSTAGRAM AND YOUTUBE. IF I LOOK AT JUST VIDEO VIEWS, IT'S MUCH MORE PROFOUND. I THINK THE INCREASE IN YOUTUBE WAS LIKE 26 PERCENT. DOESN'T SOUND LIKE A LOT, BUT THAT'S A LOT. AGAIN, THESE ARE SMALL NUMBERS. WHY AM I SHOWING THIS IS BECAUSE THE OPPORTUNITY IS THERE. RIGHT?

WE SHOULD MAINTAIN THAT PRESENCE ON LINKEDIN, BUT THE AUDIENCE ON YOUTUBE, THE AUDIENCE ON INSTAGRAM, THE AUDIENCE ON TIKTOK IS A LITTLE DIFFERENT. AND WHAT WE COMMUNICATE THERE IS DIFFERENT. AND SO WHAT WE SEE IS AN OPPORTUNITY TO EXPAND WHO WE'RE COMMUNICATING TO THROUGH THOSE PLATFORMS. IT'S GOING TO MAYBE CHANGE SOME OF THE FORM IN WHICH WE COMMUNICATE. AND SO WE HAVE A GREAT SOCIAL MEDIA MANAGER, CHRISTINA, AND SHE HAS BEEN BUSY DOING A LOT OF OTHER THINGS UP TO THIS

POINT, AND NOW SHE'S EXPERIMENTING MORE WITH SHORT-FORM VIDEO ON THOSE PLATFORMS AND EXPERIMENTING AND SEEING HOW THAT WORKS. AND SO NOW I WILL TURN IT BACK TO YOU.

MS. ADAMS: OKAY. I'VE BEEN THINKING A BIT ABOUT ALL THIS DATA THAT MY TEAM HAS BEEN COLLECTING. AND I FEEL LIKE IT'S SORT OF A RISING TIDE LIFTS ALL BOATS. WE'RE NOT EXACTLY SURE WHICH THING IS EXACTLY WORKING, BUT WE ARE SEEING AN OVERALL INCREASE IN VIEWS TO OUR VARIOUS PIECES OF CONTENT. SO IT'S A LITTLE FRUSTRATING THAT WE CAN'T PINPOINT A THING THAT WORKED, BUT WE'RE SEEING A RISING TIDE, WHICH SEEMS LIKE A GOOD SIGN.

OKAY. I'M PIVOTING NOW TO OUR OUTREACH WORK. THIS IS THE STATE OF CALIFORNIA, AS YOU CAN SEE. THE BLUE DOTS ARE THE PLACES WHERE OUR OUTREACH TEAM TOUCHED THIS YEAR. THE SIZE OF THE DOT REFLECTS THE NUMBER OF EVENTS IN THOSE LOCATIONS, NOT THE SIZE OF THE EVENTS. YOU KNOW WHAT'S NOT ON HERE ARE THINGS LIKE YOU HEARD TODAY THAT OUR CHAIR AND VICE CHAIR DID SOME REALLY INTERESTING PRESENTATIONS IN THE PAST MONTH OR SO. THAT'S SO IMPORTANT FOR US TO BE DOING. AND THAT'S NOT ON HERE.

I HAPPEN TO KNOW THAT AT LEAST ONE OF OUR

EDUCATION TRAINEES DID A ROTARY CLUB PRESENTATION RECENTLY AND HAD REACHED OUT TO US. THAT'S NOT ON HERE. SO THERE'S A LOT OF THINGS GOING ON THAT AREN'T HERE, AND THAT WILL ONLY GROW AS OUR CCCE'S ARE DOING MORE AND MORE OUTREACH. SO I THINK AS A DATA VISUALIZATION, THIS IS MY KINDERGARTEN STARTER VERSION. BUT I THINK OVER TIME WHAT I'D LIKE TO REPRESENT IS MORE HOLISTIC, NOT JUST WHERE MY OUTREACH PEOPLE WERE AND COORDINATED, BUT MORE OF LIKE WHERE IS CIRM.

ALL THAT SAID, EVEN IF YOU SHOWED EVERY SINGLE THING EVERYONE HAD DONE, THERE ARE SOME GIGANTIC EMPTY YELLOW SPACES ON THAT MAP, AND I THINK IT'S A HUGE MISSED OPPORTUNITY. SO ONE OF THE THINGS THAT YOU WILL SEE IN MY BUDGET IS -- I CURRENTLY HAVE ONE FULL-TIME OUTREACH PERSON ON MY TEAM, AND THEN THERE IS ONE CONTRACTOR WHO WORKS IN L.A. THAT'S WHY YOU SEE SO MANY DOTS IN SAN FRANCISCO AND L.A. IT'S BECAUSE THAT'S WHERE THEY ARE.

IN MY BUDGET I WANT TO HIRE TWO ADDITIONAL OUTREACH CONTRACTORS. AND WE WANT THOSE PEOPLE TO BE IN SOME OF THOSE YELLOW SWATHS OF THE STATE SO WE CAN BE REACHING OUT MUCH MORE BROADLY.

SO THE KEY TAKEAWAYS BEFORE I TURN TO THE

BUDGET. WE ARE GOING TO BE SPENDING TIME THIS YEAR OPTIMIZING ALL OF OUR MATERIALS, ESPECIALLY THE WEBSITE, FOR AI. THAT'S GOING TO BE A LOT OF BACKGROUND WORK, BUT I THINK IT'S INCREDIBLY IMPORTANT. WE ARE GOING TO BE MOVING THE BLOG TO THE WEBSITE. I THINK THAT WILL BOTH OPTIMIZE THAT STORYTELLING AND OPTIMIZE EVERYTHING FOR AI.

AND I JUST WANT TO THANK MARGUERITE CASILLAS HAS VERY GRACIOUSLY AGREED TO BE PART OF THE TEAM THAT'S GOING TO PROVIDE FEEDBACK AS WE MOVE THAT OVER. SHE MADE THE DIRE MISTAKE AT A RECENT MEETING OF SPEAKING UP ABOUT THE BLOG. YOU SPEAK UP, YOU GET VOLUNTOLD.

WE ARE GOING TO HAVE A REALLY CONSISTENT FOCUS ON MESSAGING ACROSS CHANNELS. I THINK THAT'S PART OF THE RISING TIDE IS WE ARE BEING VERY CONSISTENT ACROSS CHANNELS NOW, AND I THINK IT'S HELPING. WE ARE GOING TO DO -- CONTINUE TO DO A PUSH WITH PR BOTH BECAUSE IT IS A DIRECT WAY OF REACHING PEOPLE IN COMMUNITIES WE DON'T ALWAYS REACH AND BECAUSE IT'S GOOD FOR AI. VIDEO, AS SCOTT POINTED OUT, IS A REAL MISSED OPPORTUNITY, AND I'M REALLY EXCITED ABOUT SOME OF THE WORK CHRISTINA SMITH HAS BEEN DOING. AND OUR OUTREACH EFFORTS NEED TO BE BEEFED UP.

133 HENNA COURT, SANDPOINT, IDAHO 83864
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SO WITH THOSE TAKEAWAYS, I'M GOING TO TRY TO CLICK THROUGH THE BUDGET. OKAY. SO NOW I DOUBT ANY OF YOU CAN READ THIS ON THE SCREEN, BUT YOU SHOULD ALL HAVE IT IN THE MEMO AND IN THE SLIDES IN FRONT OF YOU. AND WHAT I'VE INDICATED IS JUST THE LINE ITEMS ON MY BUDGET AND THE ONES THAT ARE INCREASING OR STAYING THE SAME. AND FOR RIGHT NOW, I'M JUST GOING TO TALK ABOUT A COUPLE THAT ARE INCREASING INSTEAD GOING THROUGH EVERYTHING.

FORS MARSH, THAT'S THE PR TEAM. WE HIRED THEM IN OCTOBER OF LAST YEAR. AND SO THEIR CONTRACT RAN FROM OCTOBER TO THE END OF JUNE. AND SO NEXT YEAR INCREASES, BUT IT'S JUST A SCALING INCREASE TO REFLECT THE FACT THAT THEY'RE STARTING IN JULY INSTEAD OF OCTOBER.

WE ARE DOING SOME FOCUS GROUPS AROUND CALIFORNIA. THIS IS WITH THE, VERY RIGHTFUL, THE URGING OF PAT WHO HAS SOME GREAT IDEAS ON THAT. SO WE WILL BE DOING FOCUS GROUPS TO UNDERSTAND WHAT THE PEOPLE OF CALIFORNIA ARE INTERESTED IN AND WHAT KIND OF MESSAGING RESONATES WITH THEM. SO THAT'S A ONETIME BUDGET ITEM. WE ARE ADDING TWO OUTREACH CONTRACTORS. THAT IS AN INCREASE THAT I HOPE IS LONG TERM.

AND THEN THERE'S A SMALL INCREASE IN THE

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BUDGET ITEM THAT WE USE TO PAY FOR OUTREACH EVENTS. SO IF ONE OF OUR OUTREACH PEOPLE GOES TO AN EVENT OF SOME KIND AND THEY HAVE TO PAY FOR A BOOTH, THAT COSTS MONEY. IF WE HAVE TWO ADDITIONAL CONTRACTORS, THEY'RE GOING TO PAY FOR ADDITIONAL BOOTHS, ENTRY FEES, OR WHATEVER THOSE THINGS ARE. SO THAT'S AN INCREASE.

AND THEN WE HAVE A TEMPORARY INCREASE IN PERSONNEL. I'VE GOT A PERSON ON MY TEAM NOW WHO IS ON A FIXED-TERM CONTRACT WHO'S REALLY THINKING DEEPLY AND I THINK DOING TERRIFIC WORK HELPING US COMMUNICATE MORE EFFECTIVELY ABOUT OUR PROGRAMS AND POLICIES AND PROCESSES WITH THE AWARDEES AND POTENTIAL AWARDEES. THAT SEEMED LIKE A REAL NEED. SO WE'RE FILLING THAT NEED WITH A SHORT-TERM POSITION.

AND WITH THAT, I SAY THANK YOU. AND DO YOU HAVE ANY QUESTIONS?

CHAIRMAN IMBASCIANI: JUDY.

DR. CHOU: MAYBE WAY BACK WHEN WE TALKED ABOUT THIS, PLEASE REMIND ME ABOUT HOW DO WE DEFINE OUR KPI, THE KEY PERFORMANCE INDEX. WHAT DO WE CALL THE SUCCESS OF THE EFFORTS PACED TO HELP PEOPLE UNDERSTAND CIRM? CAN YOU ELABORATE THAT MORE?

MS. ADAMS: YEAH. SO I DON'T HAVE MY

STRATEGY IN FRONT OF ME, BUT I'VE GOT KPI'S IN THE STRATEGY DOCUMENT. IT MIGHT BE EASIEST IF I SHARE THAT WITH BECAUSE OFF THE TOP OF MY HEAD I DON'T REMEMBER ALL THE KPI'S. BUT THE KPI'S ARE THINGS LIKE -- WELL, I USED TO HAVE A KPI AROUND INCREASED VISITS TO THE WEBSITE, BUT I'M GOING TO MODIFY THAT ONE. BUT IT'S YEAR-OVER-YEAR INCREASE IN ENGAGEMENT ON SOCIAL MEDIA. YEAR-OVER-YEAR INCREASE -- I LOOK AT THINGS LIKE ARE PEOPLE REQUESTING OUR PRESENCE AT EVENTS. BECAUSE THAT'S SORT OF AN INDICATOR, NOT JUST WERE WE THERE, BUT ALSO AN INDICATOR THAT PEOPLE KNOW ABOUT US AND THEY WANT US TO COME TO THE EVENT. SO THERE'S KPI'S LIKE THAT.

DR. CHOU: AND THAT'S WHY I'M THINKING ABOUT NOW WITH THIS EVOLVING ENVIRONMENT, WE REALLY NEED TO ADAPT THAT. IF YOU LOOK AT THE CALIFORNIA MAP, NO SURPRISE, THE CONCENTRATION WILL BE WHERE PEOPLE DO USE SOCIAL MEDIA. BUT WE ACTUALLY WANT TO REACH OUT TO THE PLACE PEOPLE DON'T TYPICALLY LOOK AT THEIR PHONE TO CHECK ON THOSE INFORMATION.

SO I FEEL LIKE WE NEED TO REDEFINE THE KPI A LITTLE BIT ABOUT MULTIPLE DIFFERENT OF KIND OF MEDIA. MAYBE CERTAIN PLACE -- EMPHASIZING SOCIAL MEDIA, I DON'T THINK THERE'S ANYTHING WRONG. BUT MAYBE FOR CERTAIN AREA, BASED ON THE DEMOGRAPHIC

BACKGROUND, WE JUST NEED TO DO THAT DIFFERENTLY, MAYBE EVEN TRADITIONAL WAY IS THE KEY.

MS. ADAMS: YEAH. I THINK KPI'S SHOULD BE EVALUATED EVERY YEAR. YEAH, I AGREE.

CHAIRMAN IMBASCIANI: YSABEL.

MS. DURON: AMY, I WAS ACTUALLY HOPING TO SEE A BUDGET YEAR TO YEAR AND TO SEE AN INCREASE -- HOW IT INCREASES IN STAFFING IN THE PARTICULAR PLACES SO WE CAN MEASURE OVER YEAR OVER YEAR IF, IN FACT, THE INCREASES IN BUDGET MADE A DIFFERENCE IN THE WORK WE HAD TO DO. SO IT WOULD BE NICE IF YOU COULD SEND US ONE.

MS. ADAMS: I CAN DO THAT. ABSOLUTELY.

CHAIRMAN IMBASCIANI: OKAY. PAT.

DR. LEVITT: SO THE MAP THAT YOU SHOWED WHERE THE EVENTS, THE PERSONAL CONTACT, LOOKS EXACTLY LIKE THE MAP OF WHERE CIRM FUNDED INVESTIGATORS LIVE. IT LOOKS IDENTICAL. SMALLER NUMBER OF CIRCLES, BUT THEY'RE EXACTLY AND GEOGRAPHICALLY IN THE SAME PLACE. THAT WAS JUST A COMMENT BECAUSE THAT'S WHERE PEOPLE GO. AND IT'S CHALLENGING TO THINK ABOUT A STRATEGY THAT WOULD REALLY BROADEN IT EXCEPT INCLUDING -- NOW INCLUDING MORE DOMAINS THAT INCLUDE CCCE'S AND OTHER ACTIVITIES THAT ARE NOT NECESSARILY RELATED TO WHERE

A GRANTEE IS, WHERE A GRANT RECEIVER IS LOCATED. SO THAT'S ONE THING.

THE OTHER IS THAT YOU'RE DEVELOPING STORIES. AND WHEN WE'RE HEARING STORIES, IT MIGHT BE HELPFUL FOR BOARD MEMBERS WHO ARE SOMETIMES ASKED TO TALK ABOUT CIRM TO ACTUALLY HAVE A RESOURCE THAT TELLS A COMMON STORY SO THAT THEY DON'T HAVE TO SPEND TIME FIGURING OUT WHAT STORY THEY SHOULD TELL OR DO SCREEN CAPTURES OFF OF THE WEBSITE, WHICH IS WHAT A LOT OF PEOPLE DO, WHICH IS NOT FABULOUS. BUT HAVING A RESOURCE OR A TOOLKIT THAT WOULD -- AND HAVE IT DISTRIBUTED RATHER THAN JUST, WELL, YOU CAN GO TO THE WEBSITE AND FIND IT, AND YOU JUST CLICK FIVE TIMES AND THEN YOU CAN FIND IT.

IT'S GOING TO DEVELOP BECAUSE THE STORIES ARE DEVELOPING. AND THOSE STORIES IN PARTICULAR, LIKE, MOST OF US CAN TELL THE STORIES THAT WE HEARD ABOUT TODAY. WE MAY NOT INCLUDE ALL THE DATA. WE MAY INCLUDE JUST THE PUNCHLINES ABOUT A GRANT THAT GOT FUNDED IN A DISEASE THAT IS X, AND THIS IS WHERE IT HAS TRANSFORMED HOPE KIND OF THING. SO THAT WOULD BE HELPFUL. MAYBE IT EXISTS AND I JUST DON'T KNOW.

MS. ADAMS: YEAH. I MEAN WHAT'S GOING THROUGH MY MIND. WE HAVE A TOOLKIT, WE HAVE A DECK

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WITH A NARRATIVE. WELL, THAT'S WHAT I WAS JUST THINKING, LIKE WE MEANING LIKE ME AND MY TEAM KNOW WHERE IT IS. SO I THINK I NEED TO WORK WITH --

DR. LEVITT: UNWILLING TO SHARE.

MS. ADAMS: I'LL SHARE. NO. I THINK THAT'S A REALLY GOOD POINT THOUGH. I MEAN WE HAVE ALL OF THOSE TOOLS. AND I THINK I LINKED TO THEM ONE PRESENTATION AGO, MAYBE TWO PRESENTATIONS AGO. THEY'RE LINKED TO AN AGENDA THAT YOU CAN'T PROBABLY FIND ANYMORE. BUT WHY DON'T I WORK WITH CLAUDETTE AND JUST MAKE SURE THAT THOSE RESOURCES ARE SOMEWHERE WHERE YOU GUYS CAN FIND THEM BECAUSE THERE'S A LOT OF MATERIALS AVAILABLE AND MORE COMING.

MS. DURON: PAT, CAN I SAY IN AMY'S DEFENSE THAT, IN FACT, SHE DID HAVE A PRESENTATION WHICH SHE SENT TO ME WHEN I WENT TO THE OAKLAND ROTARY, BUT I ADAPTED IT BOTH FOR ME, BUT ALSO FOR THINGS I THOUGHT WERE CRITICAL IN TALKING TO A BUSINESS GROUP. SO IT IS THERE. I THINK THE BASICS ARE THERE, AMY.

DR. LEVITT: ONE OF THE THINGS THAT'S CHANGED QUITE A BIT IS THE BOARD HEARING STORIES NOW, WHICH ARE REALLY POWERFUL. AND THE COMMUNICATIONS GROUP COULD TAKE THOSE BECAUSE YOU

SEE THOSE SLIDES AND EXTRACT WHAT YOU THINK WOULD BE PALPABLE AND UNDERSTANDABLE INFORMATION THAT WOULD ALLOW US TO TELL ONE OR TWO OF THOSE STORIES IN ADDITION TO THE CORE STORY ABOUT WHAT CIRM IS, RIGHT, IN HELPING PEOPLE UNDERSTAND WHAT CIRM DOES. AS MORE AND MORE OF THOSE COME, THEY GIVE US MORE AND MORE OPPORTUNITIES TO TELL STORIES THAT RESONATE WITH FOLKS WITHOUT HAVING TO HAVE THE SAME SCIENTIST. THEY'RE NOT GOING TO GO AROUND THE STATE.

MS. ADAMS: I THINK THAT'S A GREAT IDEA, AND I'LL WORK WITH CLAUDETTE TO GET THAT DONE.

DR. PADILLA: I HAVE A COMMENT. JUST FOR THOSE FOLKS IN RURAL AREAS, INTERNET ACCESS IS VERY LIMITED AND VERY COSTLY. I THINK PEOPLE UTILIZE RADIO DISCUSSIONS AND TV. I'M NOT SURE IF YOU HAVE A PLAN FOR THAT.

MS. ADAMS: YEAH. YEAH. THEY USE WHATSAP. IT'S HARD TO GET INTO THAT. NO. I THINK YOU'VE HIT ON A REALLY HARD POINT. IT'S HARD TO REACH THOSE PEOPLE. I THINK A COUPLE THINGS WE TRY TO DO, WE HAVE BEEN TRYING TO PITCH STORIES IN SMALLER REGIONAL PUBLICATIONS BECAUSE I THINK PEOPLE DO READ THEIR -- IN SMALL COMMUNITIES, THEY READ THEIR LOCAL PAPER. SO LIKE AROUND -- THAT'S

INTERESTING BECAUSE THERE ARE SOME FREE ONES THAT WE HAVE TRIED TO GET INTO.

DR. PADILLA: I WOULD USE RADIO OR TV, ESPECIALLY IN THE AREAS WHERE THE CCE'S ARE COMING UP. JUST A BLIP OF A CLIP IN BETWEEN A SPANISH TV STATION OR SOMETHING ABOUT A CURE FOR SOMETHING BASICALLY. JUST ONE LITTLE CLIP. THAT'S ALL IT TAKES TO HAVE PEOPLE START THINKING ABOUT IT.

MS. ADAMS: WE DID GET ONE SPANISH LANGUAGE RADIO PICK UP A STORY OF OURS, AND I WAS REALLY EXCITED ABOUT THAT. IT WOULD BE FUN TO GET MORE. NO. I THINK THAT MAP OF CALIFORNIA, IT'S EXACTLY WHAT WE ALL EXPECT. RIGHT? THERE'S NO SURPRISE ON THAT MAP, BUT IT IS PRETTY STARK. IT REALLY MAKES YOU THINK WE'VE GOT TO FIGURE OUT HOW TO REACH SOME OF THOSE OTHER REGIONS, AND IT'S A LOT EASIER TO REACH L.A. AND SAN FRANCISCO, I'LL SAY.

VICE CHAIR BONNEVILLE: AMY, I KNOW WE'RE ADDING TWO OUTREACH, TWO ADDITIONAL OUTREACH CONSULTANTS. YOU KNOW OUTREACH IS NEAR AND DEAR TO MY HEART, AS YOU KNOW. SO I THINK IN LOOKING AT THAT MAP, I WOULD HOPE, AND I CAN'T REMEMBER. I KNOW I SAW THE STATEMENT OF WORK, BUT I DO NOT REMEMBER, BUT I HOPE THAT THE CONSULTANTS WOULD BE IN THOSE AREAS SO THAT THAT'S THE WORK THAT COULD BE

DONE IN THOSE AREAS, WHICH WOULD HELP, ADRIANA, SOME OF WHAT YOU WERE REFERRING TO ABOUT HOW DO WE GET INTO PLACES WHERE SOMEONE MIGHT NOT HAVE INTERNET ACCESS OR BE ABLE TO GET ONLINE OR WHATEVER IT MIGHT BE, AND THAT THAT WOULD BRIDGE A GAP BY DOING THE EVENTS THERE AND GOING TO ESTABLISHED GROUPS WHERE WE WOULD DO THE OUTREACH.

MS. ADAMS: YEAH. EXACTLY. WE'RE NOT SPECIFYING -- WE'RE NOT DESIGNATING WHERE WE WANT THE PEOPLE TO BE. I THINK WE'RE HOPING TO GET THE APPLICATIONS AND TRY TO MAP OUT WHO THE BEST PEOPLE ARE AND WHERE THOSE PEOPLE ARE AND TRY TO GET THE BEST PEOPLE IN THE BEST PLACES RATHER THAN, LIKE, PREDETERMINING WHERE THEY'RE GOING TO BE.

I WILL SAY -- I HOPE IF ADITI IS LISTENING, I HOPE I'M NOT GETTING TOO FAR AHEAD, BUT I THINK WE MIGHT SEND THE STATEMENT OF WORK OUT TO THE TRAINEES AS WELL BECAUSE WE'VE GOT A BUNCH OF STUDENTS OUT THERE, MANY OF WHOM HAVE GRADUATED, HAVE HAD AN EDUCATION IN HOW TO DO OUTREACH, LIKE SMART YOUNG PEOPLE WHO LIVE IN REMOTE PARTS OF THE STATE. SO I THINK THEY COULD BE GOOD OPTIONS. YEAH, MARIA, EXACTLY.

AND THEN THE ONE THING -- I WAS LOOKING AT YOU EARLIER. I'M THINKING I HAVE TO HAVE MORE ROOM

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TO SAY THIS. IN THE STATEMENT OF WORK FOR THOSE CONTRACTORS, WE HAVE A LINE THAT SAYS SOMETHING LIKE MULTILINGUAL -- A PREFERENCE FOR MULTILINGUAL. WE'RE NOT SPECIFYING WHAT LANGUAGE. WE DON'T KNOW WHAT WE'RE GOING TO GET, BUT WE HAVE SPECIFICALLY PUT THAT IN.

CHAIRMAN IMBASCIANI: GOOD. DR. BARRETT.

DR. BARRETT: THANKS VERY MUCH. AS ALWAYS, YOUR PRESENTATIONS ARE VERY CLEAR AND INFORMATIVE. AND JUST TO RESPOND TO WHAT PAT SAID, I DID GO AND GIVE A PRESENTATION TO THE ROTARY CLUB AND FELT EXTREMELY WELL SUPPORTED BY ADITI WITH A VERY USEFUL POWERPOINT WITH STORIES AND EVERYTHING. AS IT TURNED OUT, THEY COULDN'T CONNECT TO MY LAPTOP, SO IT DIDN'T WORK ANYWAY. BUT IT WAS A GOOD TEMPLATE FOR ME TO THEN TALK TO THE GROUP, AND IT WAS A SMALL GROUP, SO IT WAS INFORMAL. AND I THINK WE CAN ALL DO MORE OF THAT.

BUT I HAVE NO ANSWER TO THIS WHATSOEVER. BUT BEYOND THE METRICS THAT YOU'VE TALKED ABOUT, THE SOCIAL MEDIA AND STUFF, HOW ARE WE ACTUALLY MEASURING UNDERSTANDING OF WHAT WE DO? BECAUSE IN MY ONE ANECDOTAL, VERY LIMITED EXPERIENCE AT 7 O'CLOCK ON WHATEVER MORNING IT WAS WITH SOME REALLY DELIGHTFUL GENTLEMEN IN THE ROTARY CLUB, THEY DIDN'T

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KNOW ANYTHING ABOUT CIRM EVEN THOUGH I WAS THERE TALKING ABOUT CIRM. THEY DIDN'T KNOW ANYTHING ABOUT REGENERATIVE MEDICINE. EVEN THOUGH TWO OF THEM HAD FAMILY MEMBERS WITH RARE DISEASES, THEY DIDN'T KNOW THAT CELL AND GENE THERAPY WAS AN OPTION AND THAT PEOPLE WERE ACTIVELY DOING RESEARCH TO TRY AND CURE RARE DISEASES WITH THESE MODALITIES.

SO WE'VE GOT -- AND THAT'S IN SACRAMENTO. SO WE'VE GOT A REAL UPHILL BATTLE, AND I DON'T KNOW HOW WE MEASURE THIS, WHETHER WE'RE MOVING THE NEEDLE. BUT JUST READING STUFF DOESN'T MEAN THAT PEOPLE UNDERSTAND IT.

MS. ADAMS: YEAH. I AGREE COMPLETELY. THAT'S WHY I KIND OF WEIGHT THINGS. I'VE BEEN THINKING ABOUT MY MAP A LOT, LIKE HOW DO I BETTER DISPLAY WHAT'S REALLY GOING ON BECAUSE I THINK THOSE OF US WHO HAVE DONE SORT OF ROTARY CLUB PRESENTATIONS, RIGHT, IT SEEMS LIKE A REALLY SMALL AUDIENCE. ARE WE REALLY ACHIEVING MUCH? BUT THEY'RE SUPER ENGAGED. YOU'VE GOT THEM FOR 20, 25 MINUTES, AND I THINK WE COME OUT THE DOOR WITH A GLIMMER. SO THAT'S GREAT, BUT IT'S SMALL.

AND THEN THERE'S OTHER TIMES WHERE WE GO TO THESE HUGE EVENTS, AND SOMEONE COMES BY OUR BOOTH AND THEY GRAB A FLIER THAT THEY THEN THROW AWAY.

AND IT'S HUNDREDS OF PEOPLE AND DO WE REALLY MOVE THE NEEDLE? I THINK THAT QUESTION -- THE QUESTION ABOUT KPI'S WAS FANTASTIC. MOST OF MY KPI'S, I PUT A LOT OF THOUGHT INTO LIKE WHAT'S NOT JUST PERFORMATIVE. RIGHT? YOU CAN CHEAT AND DO BETTER ON SOCIAL MEDIA. THERE'S A FEW TOPICS I CAN THINK OF. SO YOU CAN CHEAT AND INCREASE THOSE NUMBERS. I'M TRYING TO THINK OF KPI'S THAT AREN'T CHEATING, BUT THAT ACTUALLY REFLECT SOMETHING. BUT I DON'T THINK MY KPI'S ARE PERFECT, AND I WELCOME IDEAS BECAUSE IT'S TOUGH.

CHAIRMAN IMBASCIANI: YSABEL, YES.

MS. DURON: YOU KNOW ONE OF THE THINGS THAT MIGHT HELP, AMY, IS EVEN WHETHER IT'S A FAIR OR A TABLE, IF SOMEONE STOPS BY, YOU DO GIVE THEM A LITTLE SURVEY. BUT ALSO AT THE ROTARY CLUB, WHERE I EQUALLY HAD SOME TECHNICAL ISSUES, IT WOULD BE NICE PERHAPS AT THE VERY END TO GIVE THEM FIVE QUESTIONS. WHAT DID YOU LEARN? CAN YOU RECOMMEND SOMEBODY WE SHOULD TALK TO FROM HERE? JUST FIVE QUESTIONS, BUT A SENSE OF STARTING TO GET THAT KIND OF DATA ABOUT, OH, OKAY. I'M SMARTER NOW. SO YOU ADD IT AT THE END OF THE PRESENTATION SO THEY CAN DO IT RIGHT THERE.

MS. ADAMS: I THINK THAT'S GREAT IDEA. I

WILL SAY -- I'M GOING TO SPEAK TO SCOTT, NOT BEHIND HIS BACK BECAUSE HE'S RIGHT HERE. WHEN I WAS LOOKING TO HIRE HIM, ONE OF THE THINGS I REALLY LOVED ABOUT HIM THAT MADE ME WANT TO HIRE HIM IS HE KIND OF CAME AT ME WITH ALL THESE QUESTIONS. WHY AREN'T WE DOING THINGS? AND ONE OF THE THINGS THAT HE'S COME UP WITH THEN AND SINCE THEN IS WHAT ARE YOU DOING TO MEASURE? HOW ARE YOU FIGURING OUT? IS THERE A SURVEY? IS THERE A THING? IS THERE SOMETHING -- IS THERE A THING THAT YOU MAKE THEM DO TO INDICATE THAT SOMETHING HAPPENED? AND I LOVED THAT THINKING, AND I WANTED THAT THINKING ON MY TEAM.

DR. CHOU: IF I MAY JUST ADD ONE POINT TO CLARIFY WHY I ASK KPI. IT'S NOT SO MUCH ABOUT IF YOU OR YOUR TEAM PERFORMING OR NOT. I REALLY THINK WE WANT TO BE FOCUSED WHAT DO WE WANT TO ACHIEVE FIRST BECAUSE OTHERWISE WE COVER TOO MUCH. SO REALLY IS IS THAT THE PATIENT GROUP? IS THAT CERTAIN AGE GROUP? EVEN I PERSONALLY WILL BE FINE ABOUT IF SOCIAL MEDIA IS WHERE WE ARE GOING AND WE TARGET THE GENERATION KNOWING THIS SO THEY CAN HELP THEIR FAMILY WHO DO NOT USE CELL PHONE. THAT'S ALSO FINE. I JUST WORRY ABOUT WE GOT TOO AMBITIOUS AND MAKE YOU NOT BE ABLE TO ACHIEVE WHAT CIRM REALLY

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NEED TO AS A TOOL FOR OUTREACH.

CHAIRMAN IMBASCIANI: GOOD. THANK YOU VERY MUCH. THANK YOU, AMY. THANK YOU, SCOTT, FOR YOUR PRESENTATION. I DON'T SEE ANY MORE COMMENTS. SO I WOULD LIKE TO -- THANK YOU. ARE THERE ANY -- THIS IS THE PART OF THE AGENDA AT THE END HERE, ANY GENERAL COMMENTS ON OUR REVIEW PROCESS, THE ARS, FROM EITHER BOARD MEMBERS OR THE PUBLIC?

IS THERE SOMEONE FROM THE PUBLIC WHO WOULD LIKE TO MAKE A COMMENT OF ANY KIND WHETHER IT IS ON THE AGENDA OR NOT? GOOD. THE MICROPHONE IS YOURS. PLEASE TELL US WHO ARE YOU ARE FOR THE RECORD.

MS. MORALEZ: AND YOU HAVE THREE MINUTES.

MS. ZARCENO: MY NAME IS MAIGUALIDA ZARCENO. I'M THE MOTHER OF CIARA SOPHIA ZARCENO AND DUAIK. MY TWO KIDS, WHAT I NOTICE LAST YEAR, THEY BOTH HAVE BATTEN DISEASE CLN6. CIARA IS SIX YEARS OLD. MY SON DUAIK IS FOUR YEARS OLD. AND THEY ARE OUTSIDE. I WOULD FOR YOU GUYS TO MEET.

SO BASICALLY THIS DISEASE TAKE AWAY FROM OUR KIDS THEY SIGHT, THE ABILITY TO SWALLOW, WALK. CIARA HAS BEEN LOSING PARTIAL. SHE STILL CAN SEE. SHE STILL CAN WALK SOME DAYS.

THIS GENE THERAPY IS THE ONLY CHANCE THAT SHE HAVE TO LIVE LONGER. ACCORDING TO WHAT WE KNOW

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IS THEY CAN ONLY LIVE UNTIL 8, 10, 12 YEARS OLD. CIARA CAN STILL JOIN THE GENE THERAPY. I WILL KNOW -- WE LIVE ACROSS THE BRIDGE IN FREMONT. I WOULD LIKE ASK FOR SOME -- I DON'T KNOW IF YOU GUYS HAVE ANY KIDS, GRANDKIDS. IF THEY ARE HEALTHY, THAT'S GOOD. BUT I HAVE TWO KIDS WHO ARE AFFECTED, AND THIS IS OUR ONLY CHANCE TO GET THIS GRANT, THIS MONEY, FOR HER BECAUSE IN SIX MONTHS, HER LIFE CAN CHANGE COMPLETELY. AND SIX MONTHS CAN BE TOO LATE FOR HER. MY SON IS FOUR YEARS OLD. BUT THIS IS CIARA. I WOULD LIKE TO ASK FOR YOU GUYS TO RECONSIDERING THE GRANT FOR THE GENE THERAPY FOR BATTEN DISEASE CLN6.

AND WE SEND LETTERS 48 HOURS AGO. I DON'T KNOW IF YOU GUYS TAKE A LOOK OF ALL THE MOMS THAT WE STRUGGLE WITH OUR KIDS. CIARA CANNOT SLEEP. THERE IS MANY NIGHT THAT WE HAVE TO WAKE UP AT 1, 2, 3, 4 A.M. AND MAKE SURE. SHE NEEDS ASSISTANCE. SHE WANTS TO WALK, BUT SOMETIMES SHE'S FALLING BECAUSE HER BODY IS NOT RESPONDING. THIS IS HER ONLY CHANCE THAT SHE CAN HAVE. THIS IS -- SHE'S NOT THE ONLY ONE. WE HAVE OTHER 15, 17 KIDS WHO CAN JOIN THIS GENE THERAPY. SO LIKE I SAY, IF YOU GUYS HAVE ANY KIDS, GRANDKIDS, WOULD LIKE FOR YOU GUYS TO TAKE IN MY PLACE AND RECONSIDER THIS GRANT. THANK YOU.

CHAIRMAN IMBASCIANI: THANK YOU VERY MUCH FOR YOUR COMMENT AND FOR COMING OVER FROM FREMONT.

SO WE'VE REACHED THE END OF OUR AGENDA. I'D LIKE TO TELL THE BOARD MEMBERS THAT WE WILL CONVENE OUR NEXT MEETING OF THIS BOARD IN SAN DIEGO. DO NOT COME TO SAN FRANCISCO. WE'LL BE IN SAN DIEGO ON THURSDAY, SEPTEMBER 4TH. WE WILL MEET -- 24TH. I'M SORRY. SEPTEMBER 24TH WE'LL MEET AT THE MANCHESTER GRAND HYATT, AND WE WILL START AT NINE IN THE MORNING. AND THANK YOU VERY MUCH FOR YOUR ATTENDANCE AND PARTICIPATION. THIS MEETING IS ADJOURNED.

(THE MEETING WAS THEN CONCLUDED AT 4:13 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 PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE AND THE APPLICATION REVIEW SUBCOMMITTEE AND THE GOVERNANCE SUBCOMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON JUNE 26, 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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SANDPOINT, IDAHO
(208) 920-3543