907 Westwood Blvd, Suite 1067
Los Angeles, CA 90024
https://medtechinnovator.org

June 19, 2026

California Institute for Regenerative Medicine
1999 Harrison Street, Suite 1650
Oakland, CA 94612

Re: Letter of Support for CIRM Application PDEV-19729

Dear Members of the CIRM Review Committee,

I am writing in strong support of CIRM application PDEV-19729. I support this program from two perspectives: as a person living with Type 1 diabetes and as CEO of MedTech Innovator, where I work with highly promising companies developing technologies poised for significant impact in real-world patient care. From both perspectives, I believe this application addresses one of the central challenges in Type 1 diabetes: how to deliver the biological promise of cell therapy in a way that is safe, retrievable, clinically practical, and not dependent on chronic systemic immunosuppression.

Type 1 diabetes is a relentless disease, even with the best available tools. Continuous glucose monitors, insulin pumps, automated insulin delivery systems, and better insulins have significantly improved care, but they have not eliminated the burden of the disease. People with Type 1 diabetes still live with constant decision-making, unpredictable glucose changes, the risk of severe hypoglycemia, the long-term consequences of hyperglycemia, and the mental load of trying to manually replace a biological function the body typically performs automatically.

That burden is not abstract to me. Living with Type 1 diabetes means managing risk every day and every night. It means that food, exercise, stress, sleep, illness, travel, and work schedules all become variables in a complex equation. Even when technology works well, the patient remains responsible for managing the system. That is why therapies that can restore biological function are so important. Cell therapy offers a fundamentally different possibility for Type 1 diabetes. Rather than improving the tools patients use to manage glucose, cell therapy has the potential to restore glucose-responsive insulin production. Living therapeutic cells that can sense physiologic need and respond dynamically could shift the field from better management toward functional restoration.

However, the promise of cell therapy will only matter to patients if it can be delivered in a form that is safe and practical enough for broad adoption. For most people with Type 1 diabetes, including children, young adults, working adults, parents, and otherwise healthy individuals, chronic systemic immunosuppression is a major barrier. A therapy that replaces diabetes management with lifelong immunosuppression will not meet the needs of the broader Type 1 diabetes population.

That is why I believe the focus of PDEV-19729 is so important. Immune-protective cell therapy that can function without chronic systemic immunosuppression addresses one of the most important barriers in the field. In Type 1 diabetes, immune protection is not a secondary issue; it is central to whether a cell replacement approach can become meaningful for patients.

907 Westwood Blvd, Suite 1067
Los Angeles, CA 90024
https://medtechinnovator.org

Retrievability is equally important. From a patient perspective, the ability to monitor and, if necessary, remove an implanted therapy provides confidence. From an innovation and adoption perspective, retrievability is a practical safety feature. It helps address the concerns of patients, clinicians, regulators, payers, and health systems by making a living cell therapy more manageable over time. This combination, functional cell replacement, immune protection, and retrievability, is compelling because it speaks directly to the questions that determine whether an emerging therapy can move beyond proof of concept. Can it provide meaningful biological function? Can it avoid unacceptable risks? Can it be monitored and managed over time? Can it be adopted by clinicians and accepted by patients? Can it ultimately scale beyond a small number of specialized centers?

I also believe this work is strongly aligned with CIRM's mission and with California's leadership in regenerative medicine. California has the scientific expertise, clinical infrastructure, entrepreneurial ecosystem, and diverse patient population needed to advance transformative therapies. Type 1 diabetes is an area where that leadership could have significant impact.

Access is an important part of that impact. Type 1 diabetes affects people across California, including patients in rural communities, underserved urban areas, and regions with limited access to specialty endocrinology care. Current diabetes technology can be powerful, but it is also complex, expensive, and unevenly accessible. A durable implanted therapy, if successfully developed, could create a different model, one in which advanced regenerative medicine can be delivered through trained clinical centers and monitored over time, helping expand access across geographies and care settings.

From my professional vantage point, PDEV-19729 represents the type of program that merits support: a major unmet medical need, a potentially transformative therapeutic concept, and a development strategy focused on the practical barriers that have historically limited cell therapy adoption. Progress in this area could also help establish important principles for immune-protective, retrievable cell therapies beyond Type 1 diabetes.

From my personal lens, the importance is even clearer. A functional cell therapy for Type 1 diabetes could mean fewer dangerous lows, fewer long-term complications, less daily burden, and more freedom. It could mean sleeping, exercising, traveling, working, and living with less constant calculation and risk. It could change what it means to live with this disease.

For these reasons, I strongly support CIRM application PDEV-19729. As both a person living with Type 1 diabetes and a healthcare innovation leader, I believe this work is scientifically important, clinically meaningful, and aligned with CIRM's role in advancing regenerative medicine for patients with serious unmet needs. I respectfully encourage CIRM to fund this program.

Sincerely,

Paul Grand
CEO, MedTech Innovator & Person Living with Type 1 Diabetes
paul@medtechinnovator.org / 310-709-3750 mobile