

BETH C. DRAIN, CA CSR NO. 7152

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

LOCATION: MANCHESTER GRAND HYATT
MARINA ROOM
1 MARKET PLACE
SAN DIEGO, CA 92101

DATE: SEPTEMBER 24, 2026
8 A.M.

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

FILE NO.: 2026-17

BETH C. DRAIN, CA CSR NO. 7152

I N D E X

ITEM DESCRIPTION	PAGE NO.
OPEN SESSION	
1. CALL TO ORDER	4
2. ROLL CALL	5
CLOSED SESSION	7
3. DISCUSSION OF PERSONNEL [EVALUATION OF ICOC CHAIR, ICOC VICE-CHAIR, AND CIRM PRESIDENT/CEO RELATING IN PART TO AGENDA ITEM 4] (GOVERNMENT CODE SECTION 11126, SUBDIVISION (A); HEALTH & SAFETY CODE SECTION 125290.30(F) (3) (D)).	
OPEN SESSION	
4. CONSIDERATION OF RECOMMENDATION REGARDING SALARY FOR THE ICOC CHAIR, ICOC VICE-CHAIR, AND/OR CIRM PRESIDENT/CEO	8
CONSENT CALENDAR	12
5. CONSIDERATION OF MINUTES FROM THE JUNE 25, 2026, ICOC/ARS/GOVERNANCE MEETING	
6. CONSIDERATION OF APPOINTMENTS/REAPPOINTMENTS OF SCIENTIFIC MEMBERS TO THE GRANTS WORKING GROUP	
7. CONSIDERATION OF REQUESTS TO ATTEND REMOTELY (GOV'T CODE SECTION 11123.2(J))	
OPEN SESSION	
8. CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE TO AN INFRASTRUCTURE PROGRAM ANNOUNCEMENT (INFR8)	14
9. CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE TO AN EDUCATION PROGRAM ANNOUNCEMENT (EDUC8)	22

BETH C. DRAIN, CA CSR NO. 7152

1	10. CONSIDERATION OF APPLICATIONS	39
2	SUBMITTED IN RESPONSE TO A DISCOVERY	
3	PROGRAM ANNOUNCEMENT (DISC5)	
4		
5	11. DISCUSSION REGARDING THE	51
6	CIRM PORTFOLIO	
7		
8	12. CONSIDERATION OF APPLICATIONS	88
9	SUBMITTED IN RESPONSE TO A CLINICAL	
10	PROGRAM ANNOUNCEMENT (CLIN2)	
11		
12	13. CONSIDERATION OF A SUPPLEMENT FOR	154
13	RESEARCH SCHOLARS (EDUC4)	
14		
15	CLOSED SESSION	
16		
17	15. DISCUSSION OF CONFIDENTIAL INTELLECTUAL PROPERTY	
18	OR WORK PRODUCT, PREPUBLICATION DATA, FINANCIAL	
19	INFORMATION, CONFIDENTIAL SCIENTIFIC RESEARCH OR	
20	DATA, AND OTHER PROPRIETARY INFORMATION RELATING TO	
21	APPLICATIONS SUBMITTED IN RESPONSE TO AGENDA ITEMS	
22	8, 9, 10, AND 12 ABOVE. (HEALTH & SAFETY CODE	
23	125290.30(F) (3) (B) AND (C)).	
24		
25	16. DISCUSSION OF CONFIDENTIAL INTELLECTUAL PROPERTY	
26	OR WORK PRODUCT, PREPUBLICATION DATA, FINANCIAL	
27	INFORMATION, CONFIDENTIAL SCIENTIFIC RESEARCH OR	
28	DATA, AND OTHER PROPRIETARY INFORMATION RELATING TO	
29	AGENDA ITEM 11 ABOVE. (HEALTH & SAFETY CODE	
30	125290.30(F) (3) (B) AND (C)).	
31		
32	OPEN SESSION	
33		
34	17. UPDATE FROM COMMUNICATIONS	173
35		
36	18. CHAIR'S REPORT	VIA EMAIL
37		
38	19. VICE-CHAIR'S REPORT	VIA EMAIL
39		
40	20. GENERAL COMMENTS ON THE ARS	NONE
41	PROCESS	
42		
43	21. PUBLIC COMMENT	NONE
44		
45	22. ADJOURNMENT	191

BETH C. DRAIN, CA CSR NO. 7152

1 SEPTEMBER 24, 2026; 9 A.M.

2
3 CHAIRMAN IMBASCIANI: GOOD MORNING,
4 EVERYONE. I'M GOING TO CONVENE THIS MEETING OF THE
5 ICOC, CIRM'S BOARD, TO ORDER HERE IN SAN DIEGO,
6 CALIFORNIA. IT IS 8 O'CLOCK. I THANK ALL OF THE
7 BOARD MEMBERS WHO HAVE APPEARED IN PERSON TODAY AND
8 TO COME AT THIS EXTRA EARLY HOUR BECAUSE WE HAVE A
9 JAM-PACKED FULL AGENDA. AND WE'RE STARTING EARLY TO
10 ACCOMMODATE THAT. SO THANK YOU VERY MUCH.

11 WE'LL START WITH THE FORMALITIES. IF WE
12 WOULD ALL RISE, IF YOU ARE ABLE, AND SCOTT WILL LEAD
13 US IN THE PLEDGE OF ALLEGIANCE.

14 (THE PLEDGE OF ALLEGIANCE)

15 CHAIRMAN IMBASCIANI: THANK YOU, SCOTT. YOU
16 MAY TAKE THE ROLL. THANK YOU.

17 MR. TOCHER: SURE. AND JUST A ONE
18 HOUSEKEEPING NOTE. AV HAS ASKED ME TO LET YOU KNOW
19 THAT IN ORDER TO USE THE MICROPHONES, YOU JUST PUSH
20 THE LITTLE BUTTON IN FRONT OF YOU. AND WHEN THE
21 GREEN LIGHT IS ON, YOU'RE ON. WHEN THAT IS ON,
22 PLEASE BE MINDFUL OF WHERE YOUR PHONES ARE AND YOUR
23 CELL PHONE, LAPTOP -- GRANTED, WE ARE CLOSE
24 QUARTERS -- BECAUSE IT CAN CAUSE INTERFERENCE WITH
25 THE MICROPHONE WHEN YOU HAVE IT ENGAGED.

BETH C. DRAIN, CA CSR NO. 7152

1 AND THEN FINALLY, OF COURSE, PLEASE TURN
2 IT OFF WHEN YOU ARE FINISHED.
3 FOR ATTENDANCE: EYAD ALMASRI?
4 DR. ALMASRI: PRESENT.
5 MR. TOCHER: KIM BARRETT?
6 DR. BARRETT: PRESENT.
7 MR. TOCHER: DAN BERNAL? GEORGE BLUMENTHAL?
8 DR. BLUMENTHAL: HERE.
9 MR. TOCHER: MARIA BONNEVILLE?
10 VICE CHAIR BONNEVILLE: PRESENT.
11 MR. TOCHER: JOHN CARRUTHERS? MONICA
12 CARSON? MARGUERITE CASILLAS?
13 MS. CASILLAS: PRESENT.
14 MR. TOCHER: JUDY CHOU? LEONDRA
15 CLARK-HARVEY? SHANNON DAHL?
16 DR. DAHL: PRESENT.
17 MR. TOCHER: ANNE-MARIE DULIEGE?
18 DR. DULIEGE: PRESENT.
19 MR. TOCHER: I BELIEVE I HEARD -- COULD YOU
20 SAY --
21 DR. DULIEGE: YES, PRESENT. PRESENT. YES,
22 PRESENT.
23 MR. TOCHER: VERY GOOD. THANK YOU.
24 YSABEL DURON? YSABEL? I'M NOT HEARING HER,
25 BUT WE THOUGHT WE HAD HER ON THE LINE. WE'LL COME

BETH C. DRAIN, CA CSR NO. 7152

1 BACK.
2 MARK FISCHER-COLBRIE?
3 MR. FISCHER-COLBRIE: HERE.
4 MR. TOCHER: ELENA FLOWERS?
5 DR. FLOWERS: PRESENT.
6 MR. TOCHER: JUDY GASSON?
7 DR. GASSON: HERE.
8 MR. TOCHER: VITO IMBASCIANI?
9 CHAIRMAN IMBASCIANI: HERE.
10 MR. TOCHER: RICH LAJARA?
11 MR. LAJARA: PRESENT.
12 MR. TOCHER: PAT LEVITT?
13 DR. LEVITT: HERE.
14 MR. TOCHER: HALA MADANAT?
15 DR. MADANAT: HERE.
16 MR. TOCHER: LINDA MALKAS? SHLOMO MELMED?
17 CAROLYN MELTZER?
18 DR. MELTZER: PRESENT.
19 MR. TOCHER: CHRIS MIASKOWSKI?
20 DR. MIASKOWSKI: PRESENT.
21 MR. TOCHER: ADRIANA PADILLA?
22 DR. PADILLA: HERE.
23 MR. TOCHER: JOE PANETTA? JOYCE SACKKEY?
24 DR. SACKKEY: PRESENT.
25 MR. TOCHER: MARV SOUTHARD?

BETH C. DRAIN, CA CSR NO. 7152

1 DR. SOUTHARD: PRESENT.

2 MR. TOCHER: SHAUNA STARK?

3 MS. STARK: PRESENT.

4 MR. TOCHER: KAROL WATSON? Yael WYTE?

5 MS. WYTE: PRESENT.

6 MR. TOCHER: KEVIN XU?

7 MR. XU: PRESENT.

8 MR. TOCHER: AND KEITH YAMAMOTO.

9 GREAT. THANK YOU VERY MUCH. WE HAVE A
10 QUORUM, MR. CHAIR.

11 CHAIRMAN IMBASCIANI: WE HAVE A QUORUM.
12 THAT'S VERY GOOD. OKAY.

13 OUR FIRST ORDER OF BUSINESS IS A REPORT
14 FROM THE GOVERNANCE SUBCOMMITTEE. PAT AND JUDY ARE
15 THE CHAIRS OF THAT. PAT, BOARD MEMBER LEVITT IS IN
16 THE ROOM, SO I'M GOING TO PASS IT TO YOU, OR IS IT
17 TO JUDY?

18 DR. LEVITT: I THINK PASS IT TO JUDY.

19 DR. GASSON: YES. I'LL GO AHEAD AND START.
20 THANK YOU VERY MUCH, CHAIR VITO.

21 WE DO HAVE A REPORT FROM THE GOVERNANCE
22 SUBCOMMITTEE. AND, SCOTT, IF YOU COULD PLEASE READ
23 THE LANGUAGE THAT TAKES US INTO CLOSED SESSION.

24 MR. TOCHER: SURE. THIS WILL BE PURSUANT TO
25 DISCUSSION OF PERSONNEL AS PERMITTED BY GOVERNMENT

BETH C. DRAIN, CA CSR NO. 7152

1 CODE SECTION 11126(A) AS WELL AS HEALTH AND SAFETY
2 CODE SECTION 125290.30(F)(3)(D).

3 SO WITH THAT, FOR MEMBERS WHO ARE ON THE
4 ZOOM, IF YOU HIT THE LEAVE BUTTON, YOU SHOULD SEE A
5 JOIN BREAKOUT ROOM. SO PLEASE CLICK JOIN FOR --

6 (THE BOARD THEN ADJOURNED TO CLOSED
7 SESSION, NOT REPORTED NOR HEREIN TRANSCRIBED. THE
8 FOLLOWING WAS THEN HEARD IN OPEN SESSION.)

9 DR. GASSON: IT LOOKS LIKE WE'RE MOSTLY
10 BACK. SOMEONE CAN LET ME KNOW WHEN EVERYONE'S BACK
11 IN THE ROOM.

12 MR. TOCHER: IT APPEARS EVERYONE IS IN THE
13 ROOM EXCEPT FOR MAYBE ONE OR TWO.

14 DR. GASSON: OKAY. OKAY.

15 MR. TOCHER: NO. ONE. OKAY. WE'RE GOOD TO
16 GO.

17 DR. GASSON: WE'RE GOOD TO GO. OKAY.

18 AFTER THE CLOSED SESSION, THE BOARD IS
19 PREPARED TO TAKE TWO ACTIONS. IN THE FIRST ACTION,
20 I WOULD REQUEST A MOTION RECOMMENDING A 2-PERCENT
21 SALARY INCREASE FOR THE VICE CHAIR OF THE BOARD.

22 CHAIRMAN IMBASCIANI: I WILL MOVE THAT.

23 DR. GASSON: THANK YOU. AND A SECOND?

24 MR. TOCHER: THE MOTION WAS MADE BY CHAIR
25 IMBASCIANI AND THE SECOND BY MARV SOUTHARD.

BETH C. DRAIN, CA CSR NO. 7152

1 DR. GASSON: GREAT. THANK YOU VERY MUCH
2 SCOTT, ARE YOU GOING TO DO A VOICE VOTE OR HANDS OR
3 BOTH?

4 MR. TOCHER: I HAVE TO DO BOTH.

5 DR. GASSON: OKAY. GREAT.

6 MR. TOCHER: SO, FIRST, IF THERE'S ANY
7 BOARD COMMENT, I WOULD JUST POLL. AND THEN IF THERE
8 IS ANY PUBLIC COMMENT. AND IT DOES NOT APPEAR THAT
9 WE HAVE ANY.

10 SO FOR ALL THOSE EXCEPT MARIA BONNEVILLE
11 IN THE ROOM IN FAVOR SAY AYE.

12 (CHORUS OF AYES.)

13 MR. TOCHER: THOSE OPPOSED? ANY
14 ABSTENTIONS? AND I MUST POLL THOSE ON THE PHONE.

15 DAN BERNAL?

16 MR. BERNAL: AYE.

17 MR. TOCHER: ANNE-MARIE DULIEGE.

18 DR. DULIEGE: AYE.

19 MR. TOCHER: YSABEL DURON?

20 MS. DURON: YES.

21 MR. TOCHER: ELENA FLOWERS?

22 DR. FLOWERS: YES.

23 MR. TOCHER: JUDY GASSON?

24 DR. GASSON: YES.

25 MR. TOCHER: RICH LAJARA?

BETH C. DRAIN, CA CSR NO. 7152

1 MR. LAJARA: YES.
2 MR. TOCHER: CHRIS MIASKOWSKI?
3 DR. MIASKOWSKI: YES.
4 MR. TOCHER: ADRIANA PADILLA?
5 DR. PADILLA: YES.
6 MR. TOCHER: JOYCE SACKKEY?
7 DR. SACKKEY: YES.
8 MR. TOCHER: AND KEVIN XU.
9 MR. XU: YES.
10 MR. TOCHER: ARE THERE ANY BOARD MEMBERS ON
11 THE LINE THAT I DID NOT CALL? BELIEVE THAT WAS
12 EVERYONE. GREAT. THANK YOU VERY MUCH. JUDY, THAT
13 MOTION CARRIED.
14 DR. GASSON: THANK YOU, SCOTT.
15 WE HAVE A SECOND ACTION. I WOULD LIKE TO
16 REQUEST A MOTION THAT WE APPROVE A 1-PERCENT MERIT
17 INCREASE FOR THE PRESIDENT AND CEO.
18 CHAIRMAN IMBASCIANI: I WILL MAKE THAT
19 MOTION.
20 DR. GASSON: THANK YOU. THANK YOU.
21 MR. TOCHER: THE MOTION WAS MADE BY VITO
22 IMBASCIANI AND THE SECOND BY EYAD ALMASRI.
23 DR. GASSON: OKAY. SCOTT, IF YOU WOULD LEAD
24 THE VOICE VOTE IN THE ROOM PLEASE.
25 MR. TOCHER: SURE. FIRST, AGAIN, ANY BOARD

BETH C. DRAIN, CA CSR NO. 7152

1 COMMENT? ANY PUBLIC COMMENT?
2 ALL THOSE IN THE ROOM IN FAVOR SAY AYE.
3 (CHORUS OF AYES.)
4 MR. TOCHER: THOSE OPPOSED SAY NAY. ANY
5 ABSTENTIONS?
6 AND THOSE ON THE PHONE: DAN BERNAL?
7 MR. BERNAL: AYE.
8 MR. TOCHER: ANNE-MARIE DULIEGE?
9 DR. DULIEGE: AYE.
10 MR. TOCHER: YSABEL DURON?
11 MS. DURON: YES.
12 MR. TOCHER: ELENA FLOWERS?
13 DR. FLOWERS: YES.
14 MR. TOCHER: JUDY GASSON?
15 DR. GASSON: YES.
16 MR. TOCHER: RICH LAJARA?
17 MR. LAJARA: YES.
18 MR. TOCHER: CHRIS MIASKOWSKI?
19 DR. MIASKOWSKI: YES.
20 MR. TOCHER: ADRIANA PADILLA?
21 DR. PADILLA: YES.
22 MR. TOCHER: JOYCE SACKKEY?
23 DR. SACKKEY: YES.
24 MR. TOCHER: AND KEVIN XU?
25 MR. XU: YES.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. TOCHER: THANK YOU VERY MUCH. AND THAT
2 MOTION CARRIED AS WELL. PAT AND JUDY.

3 DR. GASSON: THANK YOU VERY MUCH. AND THIS
4 CONCLUDES THE GOVERNANCE SUBCOMMITTEE RECOMMENDATION
5 AND ACTIONS OF THE BOARD.

6 CHAIRMAN IMBASCIANI: THANK YOU, JUDY AND
7 PAT AND ALL THE MEMBERS OF THE GOVERNANCE
8 SUBCOMMITTEE FOR THEIR REPORT TO THE BOARD.

9 WE NOW TURN TO THE CONSENT AGENDA, WHICH
10 CONSISTS OF THE MINUTES OF THE LAST MEETING AND AN
11 ITEM FOR FIVE NEW APPOINTMENTS TO THE GRANTS WORKING
12 GROUP AND ONE REAPPOINTMENT. I HAVE READ ALL OF
13 THESE DOCUMENTS AND DO NOT FIND ANYTHING IN NEED OF
14 CORRECTION. DOES ANYONE WANT TO ABSTRACT ANYTHING
15 FROM THE CONSENT AGENDA?

16 IF NOT, SCOTT, YOU CAN -- AND THERE'S NO
17 PUBLIC COMMENT?

18 MR. TOCHER: WE JUST NEED A MOTION.

19 CHAIRMAN IMBASCIANI: THANK YOU. NEED A
20 MOTION.

21 MR. TOCHER: I THINK I HAD KEITH AS THE
22 MOVANT AND GEORGE.

23 CHAIRMAN IMBASCIANI: OKAY. AND GEORGE
24 SECONDED. SO YOU CAN THEN -- IF THERE'S NO PUBLIC
25 COMMENT, WE CAN GO TO A VOTE.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. TOCHER: ALL THOSE IN THE ROOM IN FAVOR
2 SAY AYE.

3 (CHORUS OF AYES.)

4 MR. TOCHER: THOSE OPPOSED NAY. ANY
5 ABSTENTIONS?

6 AND THOSE ON THE PHONE: DAN BERNAL?

7 MR. BERNAL: AYE.

8 MR. TOCHER: ANNE-MARIE DULIEGE?

9 DR. DULIEGE: AYE.

10 MR. TOCHER: YSABEL DURON? YSABEL, ARE YOU
11 STILL ON? IT DOESN'T APPEAR SO.

12 ELENA FLOWERS?

13 DR. FLOWERS: YES.

14 MR. TOCHER: JUDY GASSON?

15 DR. GASSON: YES.

16 MR. TOCHER: RICH LAJARA?

17 MR. LAJARA: YES.

18 MR. TOCHER: CHRIS MIASKOWSKI?

19 DR. MIASKOWSKI: YES.

20 MR. TOCHER: ADRIANA PADILLA?

21 DR. PADILLA: YES.

22 MR. TOCHER: JOYCE SACKY?

23 DR. SACKY: YES.

24 MR. TOCHER: AND KEVIN XU.

25 MR. XU: YES.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. TOCHER: THANK YOU VERY MUCH. THE
2 MOTION CARRIED.

3 CHAIRMAN IMBASCIANI: THANK YOU, SCOTT.

4 CONSIDERATION OF AGENDA ITEM 8, WHICH IS
5 APPLICATIONS SUBMITTED IN RESPONSE TO THE
6 INFRASTRUCTURE PROGRAM ANNOUNCEMENT. I'M GOING TO
7 HAND THIS GAVEL OVER TO VICE CHAIR MARIA BONNEVILLE
8 FOR THIS SECTION. THANK YOU.

9 VICE CHAIR BONNEVILLE: THANK YOU, VITO.
10 I'D LIKE TO ASK DR. LILA COLLINS TO COME UP TO THE
11 PODIUM TO GIVE US THE PRESENTATION ON THIS.

12 CHAIRMAN IMBASCIANI: SPEAK A LITTLE
13 LOUDER.

14 DR. COLLINS: ONE MOMENT. MY SLIDES AREN'T
15 SHOWING.

16 CHAIRMAN IMBASCIANI: OKAY.

17 DR. COLLINS: THANK YOU. THE SLIDES AREN'T
18 QUITE SHOWING PROPERLY. THIS IS A SLIGHTLY DIFFERENT
19 DECK. IF YOU COULD GIVE ME ONE MOMENT. I'LL BE BACK
20 IN 30 SECONDS.

21 (PAUSE IN PROCEEDINGS.

22 DR. COLLINS: THIS WILL WORK PERFECTLY.

23 SO THANK YOU, MARIA. AND GOOD MORNING,
24 MEMBERS OF THE BOARD, CIRM TEAM, AND PUBLIC.

25 IT IS MY PLEASURE TO PRESENT TO YOU THE

BETH C. DRAIN, CA CSR NO. 7152

1 REVIEW RESULTS AND RECOMMENDATIONS FOR THE
2 INFRASTRUCTURE & COMMUNITY CARE CENTERS OF
3 EXCELLENCE RFA.

4 THIS IS JUST A BRIEF AGENDA OF WHAT I'LL
5 DISCUSS. I'LL REMIND US OF THE RFA AND THE REVIEW
6 PROCESS AND THEN FINISH WITH THE GRANTS WORKING
7 GROUP AND CIRM TEAM RECOMMENDATIONS.

8 THE COMMUNITY CARE CENTERS OF EXCELLENCE,
9 OR YOU MAY HEAR ME REFER TO THEM AS THE CCCE'S, ARE
10 INTENDED TO EXTEND THE REACH OF CIRM'S CLINICAL
11 INFRASTRUCTURE ACROSS CALIFORNIA, BOTH TO ENHANCE
12 ACCESS TO APPROVED REGENERATIVE MEDICINE THERAPIES
13 AND FDA-REGULATED CLINICAL TRIALS OF REGENERATIVE
14 MEDICINES FOR CALIFORNIA PATIENTS.

15 AND THESE ARE THE IMPACT GOALS THAT THE
16 CCCE'S WILL AFFECT. AND THEY'RE SPECIFICALLY
17 INTENDED TO CONTRIBUTE TO GOAL 5, OUR GOAL TO
18 ENHANCE AND CONNECT OUR CLINICAL INFRASTRUCTURE BY
19 EXTENDING THE GEOGRAPHIC REACH OF CENTERS CAPABLE OF
20 BOTH DELIVERING REGENERATIVE MEDICINE THERAPIES AND
21 ADDRESSING FACTORS THAT LIMIT PATIENT ACCESS WITH
22 GEOGRAPHY, OF COURSE, BEING A LARGE ONE OF THOSE
23 FACTORS.

24 AND THEY SHOULD IMPACT ALSO GOAL 6. AND
25 THIS IS OUR GOAL TO BOLSTER WORKFORCE DEVELOPMENT IN

BETH C. DRAIN, CA CSR NO. 7152

1 THE STATE. AND THEY WILL DO THIS BY DOING THINGS
2 LIKE EDUCATION, TRAINING, AND CAREER DEVELOPMENT OF
3 PHYSICIANS, NURSES, RESEARCH COORDINATORS, AND
4 COMMUNITY HEALTH WORKERS IN THE AREAS OF THE
5 COMMUNITY CARE CENTERS OF EXCELLENCE.

6 NOW, THIS CALL OF THE CCCE RFA WAS ISSUED
7 IN RESPONSE TO A GAP THAT WAS IDENTIFIED LAST FALL
8 WHEN WE BROUGHT TO YOU THE GRANTS WORKING GROUP
9 RECOMMENDATIONS FROM THE SEPTEMBER 2025 REVIEW OF
10 THE CCCE'S. AND IN THAT DISCUSSION, YOU NOTICED THAT
11 THIS AREA OF NORTHERN CALIFORNIA, SHOWN IN THIS BOX,
12 WAS NOT COVERED BY ANY OF OUR RECOMMENDED CCCE'S.
13 AND YOU DIRECTED US TO FIND WAYS TO ADDRESS THIS GAP
14 IN OUR CLINICAL INFRASTRUCTURE.

15 SO IN MARCH OF 2026, WE OPENED A NEW CCCE
16 RFA THAT WAS DESIGNED SPECIFICALLY TO ADDRESS THIS
17 GEOGRAPHIC GAP IN THE DESIGNATED COUNTIES SHOWN IN
18 THIS BOX.

19 TO BRIEFLY OVERVIEW THE CCCE RFA
20 STRUCTURE, THIS IS A NON-RECURRING PROGRAM FOR A
21 5-YEAR AWARD TO SUPPORT, DEVELOPING A SINGLE CCCE IN
22 NORTHERN CALIFORNIA. AND WE HAVE AN ALLOCATION OF \$9
23 MILLION FOR A SINGLE AWARD, SHOWN HERE. NOT SHOWN
24 HERE, BUT ALSO OF IMPORTANCE TO ENSURING THE CLINIC
25 IS BOTH EMBEDDED IN AND TRUSTED BY ITS SURROUNDING

BETH C. DRAIN, CA CSR NO. 7152

1 COMMUNITY. APPLICANTS MUST PROPOSE AT LEAST ONE
2 PARTNERSHIP WITH A COMMUNITY-BASED ORGANIZATION AND
3 COMMIT AT LEAST \$562,500 TOWARDS THOSE
4 COMMUNITY-BASED PARTNERSHIPS.

5 AND I'LL JUST GO THROUGH THE REVIEW
6 PROCESS. AND I SEE THIS ACTUALLY IS THE CORRECT
7 DECK. I HAVE AN OLD PRESCRIPTION, AND I CAN'T READ
8 IT VERY WELL. SO THANK YOU FOR YOUR PATIENCE WITH MY
9 AGING EYES. SO I'LL GET TO THE REVIEW PROCESS. IT'S
10 FAMILIAR TO YOU.

11 AFTER APPLICATION RECEIPT, AS SHOWN HERE
12 ON THE LEFT, CIRM ASSESSES ELIGIBILITY. AND ELIGIBLE
13 APPLICATIONS PROCEED TO THE GRANTS WORKING GROUP FOR
14 MERIT REVIEW AGAINST THE RFA'S REVIEW CRITERIA.

15 JUST BRIEFLY, NO RENOVATIONS WERE
16 REQUESTED THIS ROUND, SO THERE WAS NO FACILITIES
17 REVIEW. THE GRANTS WORKING GROUP DISCUSSION TOOK
18 PLACE OVER THE SUMMER. AND TODAY WE'RE BRINGING YOU
19 THE GRANTS WORKING GROUP AND THE CIRM TEAM FUNDING
20 RECOMMENDATIONS FOR YOUR CONSIDERATION IN MAKING THE
21 FINAL FUNDING DECISION.

22 SO WHO WAS IN THE ROOM AND HOW DID THEY
23 CONTRIBUTE TO THE DISCUSSION? FOR THIS REVIEW, WE
24 ASSEMBLED A PANEL OF SCIENTIFIC EXPERTS SUITED TO
25 THE SCOPE OF THE CCCE RFA, INCLUDING EXPERTS IN

BETH C. DRAIN, CA CSR NO. 7152

1 CLINICAL TRIALS, THE NEEDS OF THE COMMUNITIES WE
2 HOPE TO SERVE, MANUFACTURING, AND ALSO EXPERTS IN
3 IMPLEMENTATION SCIENCE.

4 AND THESE LATTER EXPERTS ARE INCLUDED
5 BECAUSE, AS PART OF THE AWARD, APPLICANTS PROVIDE AN
6 IMPLEMENTATION AND EVALUATION PLAN. AND THEY'RE TO
7 USE THIS PLAN TO BOTH UNDERSTAND THEIR PERFORMANCE
8 AND ENHANCE OPERATIONS AS THEY GO THROUGH THE COURSE
9 OF DEVELOPING A FULLY OPERATIONALIZED CENTER.

10 AND THE SCIENTIFIC GRANTS WORKING GROUP
11 MEMBERS ARE COMPLEMENTED BY OUR BOARD GRANTS WORKING
12 GROUP MEMBERS, WHO PROVIDE THEIR PATIENT PERSPECTIVE
13 AND OVERSIGHT ON THE REVIEW PROCESS.

14 I'LL BRIEFLY RUN THROUGH THE -- PARDON ME.
15 BEFORE I GO TO THAT, WE'RE USING OUR VERY FAMILIAR
16 SCORING SYSTEM HERE WHERE SCORES OF 85 AND ABOVE
17 INDICATE EXCEPTIONAL MERIT AND ARE A FUNDING
18 RECOMMENDATION FROM THE GRANTS WORKING GROUP. AND
19 SCORES OF 84 AND BELOW CONSIST OF A RECOMMENDATION
20 NOT TO FUND.

21 THE SCORING SYSTEM IS HOLISTIC AND GRADED
22 IN THAT THESE TWO RECOMMENDATIONS HAVE A RANGE TO
23 THEM TO INDICATE THE DEGREE OF SUPPORT FROM THE
24 WORKING GROUP FOR YOUR CONSIDERATION.

25 AND NOW I'LL GET TO THE REVIEW CRITERIA.

1 SO VALUE PROPOSITION, THE WAY I THINK ABOUT IT IS
2 SHOULD THIS BE DONE? DOES IT OFFER ADEQUATE VALUE
3 FOR PATIENTS, SPONSORS, AND PROVIDERS?

4 PLAN AND DESIGN, I THINK OF IT IS THIS A
5 WELL-DESIGNED PROJECT? IS IT LOGICAL? DOES IT
6 INCLUDE ALL THE COMPONENTS THAT ARE REQUIRED?

7 FOR FEASIBILITY, CAN THIS TEAM IMPLEMENT
8 THIS PLAN TIMELY?

9 AND SERVING THE NEEDS OF CALIFORNIA
10 PATIENTS AND AFFECTED COMMUNITIES, I FEEL THIS IS
11 SELF-EXPLANATORY.

12 MOVING ON TO THE RECOMMENDATIONS, WE
13 RECEIVED A SINGLE ELIGIBLE APPLICATION FROM A TEAM
14 WITH A CLINIC IN THE RFA'S DESIGNATED NORTHERN
15 CALIFORNIA COUNTIES.

16 THE APPLICATION REQUESTED \$9 MILLION IN
17 FUNDS, AND IT WAS RECOMMENDED FOR FUNDING BY THE
18 GRANTS WORKING GROUP WITH A MEDIAN SCORE OF 90 AS
19 SHOWN IN THE MEMO.

20 AND HERE'S THE CIRM TEAM RECOMMENDATION.
21 THE PROPOSED CENTER WILL EXPAND THE CLINICAL NETWORK
22 IN THE DESIGNATED COUNTIES OF NORTHERN CALIFORNIA.
23 IT WILL BUILD STRONG CONNECTIONS WITH AN EXISTING
24 ALPHA CLINIC. AND IF SUCCESSFUL, IT WILL BE
25 POSITIONED TO DELIVER BOTH CLINICAL TRIALS AND

BETH C. DRAIN, CA CSR NO. 7152

1 APPROVED REGENERATIVE MEDICINE THERAPIES TO PATIENTS
2 IN THE NORTHERN CALIFORNIA REGION.

3 AND IN CONCURRENCE WITH THE GRANTS WORKING
4 GROUP, THE CIRM TEAM RECOMMENDS THAT THE ARS FUND
5 THIS APPLICATION.

6 VICE CHAIR BONNEVILLE: THANK YOU, LILA.

7 LET'S GET A MOTION ON THE TABLE FIRST, AND
8 THEN WE CAN HAVE SOME CONVERSATION. DO I HAVE A
9 MOTION TO ACCEPT THE GWG AND TEAM RECOMMENDATION TO
10 FUND THIS COMMUNITY CARE CENTER?

11 DR. SOUTHARD: SO MOVED.

12 MR. FISCHER-COLBRIE: SECOND.

13 VICE CHAIR BONNEVILLE: MARV WAS THE FIRST
14 AND MARK WAS THE SECOND. THANK YOU.

15 DO WE HAVE ANY BOARD COMMENTS,
16 CONVERSATION, QUESTIONS FOR LILA?

17 GO AHEAD, VITO.

18 CHAIRMAN IMBASCIANI: I THINK IF YOU WERE
19 TO LOOK AT THE MAP NOW, IT'S COMPLETE. WE SHOULD BE
20 VERY, VERY PROUD OF THE COVERAGE OF THE ENTIRE STATE
21 OF CALIFORNIA AND ALL THOSE NORTHERN COUNTIES THAT
22 THIS APPLICATION WILL SUPPLY CARE TO. SO
23 CONGRATULATIONS.

24 VICE CHAIR BONNEVILLE: THANK YOU, VITO.

25 IS THERE ANY OTHER BOARD COMMENT OR ANY

BETH C. DRAIN, CA CSR NO. 7152

1 QUESTIONS? IS THERE ANY PUBLIC COMMENT?

2 MR. TOCHER: IF THERE ARE ANY MEMBERS OF
3 THE PUBLIC WHO WISH TO PARTICIPATE, WE HAVE A SLIDE
4 UP ON THE SCREEN, IF WE COULD PUT THAT BACK UP, FOR
5 THOSE, WHO ARE PARTICIPATING REMOTELY.

6 DR. COLLINS: THAT'S -- SLIDE WENT AWAY.

7 MR. TOCHER: THERE IT IS.

8 DR. COLLINS: WAIT A MINUTE. DON'T TOUCH
9 IT.

10 VICE CHAIR BONNEVILLE: NO COMMENT?

11 MR. TOCHER: OKAY. IT DOES NOT APPEAR THAT
12 WE DO.

13 VICE CHAIR BONNEVILLE: SCOTT, CAN YOU TAKE
14 THE ROLL?

15 MR. TOCHER: MARIA BONNEVILLE?

16 VICE CHAIR BONNEVILLE: YES.

17 MR. TOCHER: MARGUERITE CASILLAS?

18 MS. CASILLAS: YES.

19 MR. TOCHER: ANNE-MARIE DULIEGE?

20 DR. DULIEGE: YES.

21 MR. TOCHER: MARK FISCHER-COLBRIE? VITO
22 IMBASCIANI?

23 CHAIRMAN IMBASCIANI: YES.

24 MR. TOCHER: RICH LAJARA?

25 MR. LAJARA: YES.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. TOCHER: ADRIANA PADILLA?

2 DR. PADILLA: YES.

3 MR. TOCHER: JOE PANETTA? MARV SOUTHARD?

4 DR. SOUTHARD: YES.

5 MR. TOCHER: Yael WYTE? AND KEVIN XU?

6 MR. XU: YES.

7 MR. TOCHER: THANK YOU VERY MUCH. THE

8 MOTION CARRIED, MARIA.

9 VICE CHAIR BONNEVILLE: THANK YOU, SCOTT.

10 CHAIRMAN IMBASCIANI: THANK YOU, MARIA.

11 WE ARE NOW MOVING TO THE NEXT AGENDA ITEM,
12 NO. 9, CONSIDERATION OF THE APPLICATIONS SUBMITTED
13 IN RESPONSE TO OUR EDUCATION PROGRAM, EDUC8. THESE
14 ARE THE BRIDGES GRANTS, THE COMPASS GRANTS, AND THE
15 DUAL GRANTS. AND I WOULD LIKE TO INVITE TO THE
16 PODIUM DR. HAYLEY LAM, CIRM'S DIRECTOR OF PORTFOLIO
17 DEVELOPMENT AND REVIEW. HAYLEY, IT'S YOURS.

18 DR. LAM: GOOD MORNING TO THE BOARD, CIRM
19 STAFF, AND THE PUBLIC. IT'S MY PLEASURE TO PRESENT
20 THE EDUC8 BRIDGES AND COMPASS AWARDS RECOMMENDATIONS
21 FROM THE GRANTS WORKING GROUP AND CIRM TEAM.

22 I'LL BE PRESENTING A BRIEF OVERVIEW OF THE
23 PROGRAM, THE REVIEW PROCESS, AND AS WELL AS THE
24 RECOMMENDATIONS.

25 SO TO BEGIN, THE OBJECTIVE OF THE EDUC8

BETH C. DRAIN, CA CSR NO. 7152

1 PROGRAM IS TO PREPARE UNDERGRADUATE AND MASTER'S
2 STUDENTS FOR CAREERS IN REGENERATIVE MEDICINE. AND
3 WE AIM TO DO THIS THROUGH FUNDING PROGRAMS THAT
4 IDENTIFY AND SUPPORT UNTAPPED TALENT AND PRODUCE
5 TRAINED, ADAPTABLE, AND COMMITTED PROFESSIONALS IN
6 THE REGENERATIVE MEDICINE WORKFORCE.

7 AND THIS FLOWS DIRECTLY FROM OUR IMPACT
8 GOALS, ESPECIALLY NO. 6, TO BOLSTER THE CIRM'S
9 WORKFORCE DEVELOPMENT AND TO ADDRESS GAPS AND MEET
10 EVOLVING DEMANDS IN REGENERATIVE MEDICINE.

11 A LITTLE BIT ABOUT THE EDUC8 STRUCTURE. SO
12 THIS IS A NEW AND OLD PROGRAM. SO THIS IS A NEW
13 UMBRELLA PROGRAM THAT WAS ESTABLISHED TO ALLOW US TO
14 SUPPORT BOTH OUR FORMER EDUC2 BRIDGES PROGRAM AS
15 WELL AS OUR FORMER EDUC5 COMPASS PROGRAMS AND
16 FURTHER SUPPORTS THIS DUAL PATH WHERE THEY CAN
17 COMBINE BOTH THE BRIDGES AND THE COMPASS.

18 TO ELABORATE A LITTLE BIT FURTHER, THE
19 COMPASS PROGRAM SUPPORTS EARLY UNDERGRADUATE
20 STUDENTS WITH SHORTER TWO- TO THREE-MONTH
21 INTERNSHIPS, AND SUPPORTS UNTAPPED TALENT AND
22 RECRUITS THEM INTO THE REGENERATIVE MEDICINE FIELD.

23 THE BRIDGES AWARD SUPPORTS TRAINEES THAT
24 ARE PREPARING TO ENTER THE WORKFORCE OR ARE SEEKING
25 MORE SPECIALIZED TRAINING WITH LONGER SIX- TO

BETH C. DRAIN, CA CSR NO. 7152

1 TWELVE-MONTH INTERNSHIPS. AND THESE APPLICANT
2 INSTITUTIONS TEND TO BE OUR CSU'S AND OUR COMMUNITY
3 COLLEGES.

4 AND, OF COURSE, FINALLY, THE DUAL PATH
5 PROGRAM SUPPORTS COMPASS AND BRIDGES TRAINEES AND
6 THE POTENTIAL FOR A TRANSITION SMOOTHLY FROM ONE TO
7 THE NEXT FOR THOSE STUDENTS THAT MAY QUALIFY.

8 A LITTLE BIT ABOUT JUST THE OVERALL
9 STRUCTURE OF THIS. SO, AS I MENTIONED, IT HAS THESE
10 DIFFERENT PATHS. THE DURATION OF THESE PROGRAMS IN
11 TOTAL ARE FIVE YEARS, AND WE ARE PLANNING -- THIS IS
12 THE FIRST OF TWO ROUNDS THAT ARE PLANNED.

13 SO THE GOAL FOR THIS YEAR AND THE FISCAL
14 ALLOCATION THAT YOU HAVE APPROVED IS 99 MILLION FOR
15 THE CURRENT FISCAL YEAR FOR EDUC8 WITH THE GOAL OF
16 FUNDING SOMEWHERE BETWEEN 15 TO 18 AWARDS IN THIS
17 CURRENT CYCLE.

18 THE EXPECTATION IS, IF THE BOARD APPROVES
19 THE BUDGET FOR THE FOLLOWING FISCAL YEAR, THAT THERE
20 WOULD BE AN ADDITIONAL 99 MILLION FOR AN ADDITIONAL
21 ROUND OF ANOTHER 15 TO 18 AWARDS IN 2027. OH. AND
22 THE TOTAL ANTICIPATED TRAINEES ACROSS 2026 AND 2027
23 IS SOMEWHERE BETWEEN 1500 TO 2500 TOTAL TRAINEES.

24 TO TRANSITION A LITTLE BIT TO OUR REVIEW
25 PROCESS, LILA WENT THROUGH THE INFR PROCESS.

BETH C. DRAIN, CA CSR NO. 7152

1 SIMILARLY, FOR THE EDUC8 PROGRAM, THE APPLICATIONS
2 COME IN. THEY HAVE INITIAL ELIGIBILITY REVIEW BY THE
3 CIRM TEAM. IF ACCEPTED, IT GOES TO THE MERIT REVIEW
4 WITH THE GRANTS WORKING GROUP, AND THEN THE
5 RECOMMENDATIONS ARE PRESENTED HERE TO YOU ALL FOR
6 FINAL FUNDING DECISIONS.

7 FOR THE EDUC8 PROGRAM, THIS ROUND WE HAD
8 20 APPLICATIONS COME IN AND MOVE FORWARD TO THE
9 MERIT REVIEW. OUT OF THOSE, 17 WERE RECOMMENDED BY
10 THE GRANTS WORKING GROUP.

11 NOW, HOW DID THEY ARRIVE AT THAT? THE
12 PANEL COMPOSITION IS MADE UP OF SCIENTIFIC MEMBERS
13 AS WELL AS OUR GRANTS WORKING GROUP BOARD MEMBERS.
14 THE SCIENTIFIC MEMBERS PROVIDE EVALUATION ON THE
15 TRAINING ASPECTS, THE MENTORSHIP ASPECTS, THE
16 PROGRAM LEADERSHIP, AND EVALUATION ASSESSMENTS OF
17 THE TRAINING OUTCOMES. AND, OF COURSE, OUR BOARD
18 MEMBERS PROVIDE THE PATIENT PERSPECTIVE AND
19 OVERSIGHT ONTO THE PROCESS.

20 THE SCORING IS A HOLISTIC SCORE OF 1 TO
21 100. 85 AND ABOVE MEDIAN IS A RECOMMENDATION FOR
22 FUNDING FROM THE GRANTS WORKING GROUP. AGAIN, AS
23 SIMILAR TO OUR OTHER PROGRAMS, THIS IS A SINGLE,
24 HOLISTIC SCORE THAT IS MEANT TO ENCOMPASS ALL OF THE
25 REVIEW CRITERIA WHICH ARE OUTLINED HERE.

1 FIRST BEING VALUE PROPOSITION, OUTREACH
2 AND ASSESSMENT. SO HOW ARE THE PROGRAMS IDENTIFYING
3 THE TALENT THAT THEY'RE RECRUITING INTO THESE
4 TRAINING PROGRAMS AND MEASURING SUCCESS AND OUTCOMES
5 OF THOSE STUDENTS?

6 THE TRAINING EXPERIENCE ITSELF. SO WHAT
7 ARE THEY EXPERIENCING AS THEY GO THROUGH THE
8 PROGRAM? AND DO THEY HAVE A FRAMEWORK FOR THAT IN
9 TERMS OF BOTH THE INTERNSHIPS, THE ACTUAL
10 INTERNSHIPS, AS WELL AS THEIR MENTORSHIP ASPECTS AND
11 ALL OF THE OTHER ANCILLARY ACTIVITIES THAT THEY'LL
12 BE DOING FOR IN TERMS OF THEIR OWN COMMUNITY
13 OUTREACH AND OTHER ACTIVITIES.

14 PROGRAM TEAM AND RESOURCES. SO IS THE
15 LEADERSHIP IN THE GROUP THAT IS GOING TO BE LEADING
16 THIS EFFORT APPROPRIATE? AND DO THEY HAVE THE
17 RESOURCES AT THEIR INSTITUTIONS TO SUPPORT THIS OR
18 RELATIONSHIPS WITH OUTSIDE INSTITUTIONS TO SUPPORT
19 THAT? AND, OF COURSE, THE POPULATION IMPACT OVERALL.

20 SO MOVING ON TO THE RECOMMENDATIONS. AS I
21 MENTIONED BEFORE, THE GRANTS WORKING GROUP HAD A
22 COHORT OF 20 APPLICATIONS AND RECOMMENDED 17 OF
23 THOSE FOR FUNDING FOR THE TOTAL AMOUNT HERE. THREE
24 WERE NOT RECOMMENDED FOR FUNDING.

25 THE CIRM TEAM CONCURS WITH THE

BETH C. DRAIN, CA CSR NO. 7152

1 RECOMMENDATIONS OF THE GRANTS WORKING GROUP TO THE
2 ARS TO FUND THE 17 APPLICATIONS THAT WERE
3 RECOMMENDED BY THE GRANTS WORKING GROUP FOR A TOTAL
4 AMOUNT LISTED HERE, JUST OVER 90.5 MILLION AND THE
5 RECOMMENDATION TO CONCUR ALSO TO NOT FUND THE
6 REMAINING APPLICATIONS.

7 SO WITH THAT, I THINK I'LL TURN IT OVER TO
8 CHAIR IMBASCIANI AND -- OH, YES. THANK YOU FOR
9 REMINDING ME. CONFLICTS OF INTEREST SLIDE HERE.
10 AND THEN -- OH -- AND THEN SWITCHING OVER TO THE
11 EXCEL COVER SHEET.

12 CHAIRMAN IMBASCIANI: LET'S JUST WAIT A
13 SECOND TO GET THE CORRECT SLIDE BACK UP HERE NOW.

14 HAYLEY, THANK YOU FOR THE PRESENTATION.

15 DR. LAM: YOU CAN ALSO REFERENCE -- BOARD
16 MEMBERS, YOU CAN ALSO REFERENCE THE MEMO THAT HAS A
17 LIST OF REC- -- THE APPLICATIONS THAT YOU SEE HERE
18 AS WELL THAT ARE NOW PROJECTED.

19 CHAIRMAN IMBASCIANI: THERE WE GO.

20 DR. LAM: PERFECT. THANK YOU.

21 CHAIRMAN IMBASCIANI: FOR THE PURPOSES OF
22 MOTIONS, IF YOU WOULD SCROLL TO THE -- THANK YOU
23 VERY MUCH. RIGHT THERE. SO THE ONES IN GREEN ARE THE
24 17 THAT ARE RECOMMENDED. THE ONE IN WHITE IS NOT
25 RECOMMENDED. SO I'M GOING TO ASK THE BOARD IS THERE

BETH C. DRAIN, CA CSR NO. 7152

1 ANYONE THAT WOULD LIKE US TO CONSIDER FUNDING THE
2 ONE THAT IS NOT RECOMMENDED, THE ONE IN WHITE?

3 IF THERE IS NOT, I'M NOT GOING TO ASK FOR
4 A MOTION. WE WILL THEN -- I'M GOING TO ASK YOU,
5 AMONG THE 17 THAT ARE RECOMMENDED FOR FUNDING, IS
6 THERE ANYONE WHO WOULD LIKE US TO CONSIDER NOT
7 FUNDING ONE OF THOSE 17?

8 AND HEARING NOTHING THERE EITHER, THEN I
9 WOULD LIKE A MOTION THAT WILL ACCEPT -- I'M SORRY --
10 RECOMMEND FUNDING THE 17 RECOMMENDED BY THE TEAM AND
11 NOT FUNDING THE ONES THAT ARE NOT RECOMMENDED.

12 KEITH, THANK YOU FOR THE MOTION.

13 MR. TOCHER: SORRY. NO. NO. NO. HE'S NOT A
14 MEMBER OF THE ARS. THIS MUST ONLY COME FROM A MEMBER
15 OF THE ARS WITHOUT A CONFLICT AS TO ANY APPLICATION.

16 CHAIRMAN IMBASCIANI: THANK YOU, SCOTT.

17 MR. TOCHER: SO THOSE WOULD BE --

18 CHAIRMAN IMBASCIANI: MARGUERITE.

19 MR. TOCHER: OKAY.

20 CHAIRMAN IMBASCIANI: THANK YOU,
21 MARGUERITE. DO I HAVE A SECOND?

22 DR. DULIEGE: ANNE-MARIE.

23 CHAIRMAN IMBASCIANI: Yael? OR ANNE-MARIE?

24 MR. TOCHER: ANNE-MARIE. ANNE-MARIE, I'M
25 SORRY, NO. YOU HAVE A CONFLICT.

BETH C. DRAIN, CA CSR NO. 7152

1 CHAIRMAN IMBASCIANI: Yael?

2 MR. TOCHER: Yael is good. We'll have --

3 CHAIRMAN IMBASCIANI: Yes. Thank you.

4 ALL RIGHT. SO WE HAVE A MOTION ON THE
5 FLOOR. FURTHER BOARD DISCUSSION TO ACCEPT THE 17
6 APPLICATIONS FOR OUR BRIDGES AND COMPASS PROGRAM TO
7 BE FUNDED. AND IF NO FURTHER BOARD DISCUSSION, I'll
8 ASK IF THERE'S ANY COMMENT FROM THE PUBLIC.

9 MR. TOCHER: IF WE COULD PUT UP THE PUBLIC
10 COMMENT SLIDE ONE MORE TIME.

11 CHAIRMAN IMBASCIANI: I'M BEING TOLD THERE
12 IS COMMENT. I DON'T SEE IT IN THE ROOM. I DO.

13 MS. MORALEZ: ALL RIGHT. WE ARE NOW OPENING
14 THE FLOOR FOR PUBLIC COMMENT. IF YOU ARE JOINING US
15 IN PERSON, PLEASE APPROACH THE MICROPHONE. THEY'RE
16 BEHIND ME. THANK YOU. AND YOU MAY STATE YOUR --
17 STATE YOUR NAME FOR THE RECORD, AND PLEASE KEEP YOUR
18 REMARKS WITHIN THREE MINUTES. ALSO, FOR THE
19 PARTICIPANTS ON THE PHONE, PLEASE PRESS STAR 9 TO
20 RAISE YOUR HAND; AND WHEN WE CALL ON YOU, PRESS STAR
21 6 TO UNMUTE YOURSELF.

22 ALL RIGHT, SIR. YOU WILL HAVE THREE
23 MINUTES.

24 DR. WILLERT: ESTEEMED MEMBERS OF THE
25 APPLICATION REVIEW SUBCOMMITTEE, THANK YOU FOR THE

BETH C. DRAIN, CA CSR NO. 7152

1 OPPORTUNITY TO SPEAK WITH YOU TODAY. MY NAME IS KARL
2 WILLERT. I'M PROFESSOR AT UC SAN DIEGO. I SERVE AS
3 PROGRAM DIRECTOR ON OUR APPLICATION TO THE CIRM
4 EDUC8 COMPASS PROGRAM.

5 I'LL BE HONEST AND FRANK WITH YOU. IT WAS
6 A REAL DISAPPOINTMENT TO LEARN THAT OUR APPLICATION
7 WAS NOT RECOMMENDED FOR FUNDING. I'M STANDING HERE
8 TODAY TO RESPECTFULLY ASK YOU TO RECONSIDER THAT
9 DECISION.

10 I READ THROUGH THE REVIEWER COMMENTS
11 CAREFULLY, AND ONE ISSUE CAME UP AGAIN AND AGAIN,
12 THAT I, AS PROGRAM DIRECTOR, WAS ALSO LISTED AS THE
13 PROGRAM EVALUATOR. THIS AREA WAS DISCUSSED AND WAS A
14 DECIDING FACTOR IN THE FINAL SCORE. SO LET ME
15 ADDRESS IT DIRECTLY.

16 THAT OVERLAP WAS A MISTAKE. IT WAS MY
17 MISTAKE. I'M NOT GOING TO SPEND YOUR TIME EXPLAINING
18 HOW IT HAPPENED. I'LL SIMPLY OWN IT AS PROGRAM
19 DIRECTOR FULLY AND WITHOUT EXCUSE.

20 HERE'S WHAT I WANT YOU TO KNOW. THIS IS A
21 FIXABLE MISTAKE, NOT A FATAL FLAW. WE HAVE ALREADY
22 IDENTIFIED A PERSON ALONG WITH A PANEL OF ADVISORS
23 AT UC SAN DIEGO WHO CAN FILL THIS ROLE OF PROGRAM
24 EVALUATOR. MORE IMPORTANTLY, THE TRAINING PROGRAM WE
25 PROPOSE IS SOLID AND, IN MY HUMBLE OPINION,

BETH C. DRAIN, CA CSR NO. 7152

1 OUTSTANDING. THIS PROGRAM WILL REACH UP TO 40
2 STUDENTS FROM DIVERSE BACKGROUNDS AND OFFER THE
3 OPPORTUNITY TO LEARN ABOUT STEM CELL SCIENCE AND
4 REGENERATIVE MEDICINE, BOTH IN AN ACADEMIC SETTING
5 IN YEAR ONE AND IN AN INDUSTRY SETTING IN YEAR TWO.

6 WE ALREADY HAVE IN PLACE A STRONG OUTREACH
7 INFRASTRUCTURE THROUGH EXISTING PARTNERSHIPS WITH
8 COMMUNITY COLLEGES TO ENGAGE COMMUNITIES WHO NEED
9 GREATER REPRESENTATION IN THE FIELD. WE'VE BROUGHT
10 TOGETHER AN OUTSTANDING ROSTER OF 22 FACULTY MEMBERS
11 SPANNING THE FULL BREADTH OF STEM CELL RESEARCH
12 ALONGSIDE DEDICATED INDUSTRY PARTNERS PROVIDING
13 STRUCTURED INTERNSHIP AND MENTORSHIP PATHWAYS.

14 OUR INSTITUTION HAS COMMITTED REAL
15 RESOURCES TO THIS EFFORT, \$60,000 ANNUALLY, AND WE
16 HAVE A LONG-TERM PLAN TO ESTABLISH A BACHELOR'S
17 PROGRAM IN STEM CELL SCIENCE WHICH WILL POSITION
18 THIS COMPASS PROGRAM AS THE FOUNDATIONAL MODEL FOR
19 SUSTAINABLE -- FOR A SUSTAINABLE TRAINING PIPELINE.

20 HERE'S WHAT MATTERS MOST IN THIS MOMENT.
21 IF THIS APPLICATION FAILS TO MOVE FORWARD, IT WILL
22 BE BECAUSE OF AN ADMINISTRATIVE ERROR, WHICH WAS MY
23 FAULT. THE SCIENCE AND THE TRAINING PLAN ARE SOUND.
24 IT WEIGHS ON ME DEEPLY THAT LOCAL STUDENTS ARE
25 COUNTING ON OPPORTUNITIES LIKE THIS ONE. I HOPE WE

BETH C. DRAIN, CA CSR NO. 7152

1 CAN FIND A WAY THAT MY MISTAKE IS NOT THE REASON
2 THAT THEY MISS OUT.

3 I'M ASKING YOU HUMBL Y AND WITH REAL
4 RESPECT FOR THE WORK YOU DO AND THE PROCESS YOU
5 UPHOLD TO FIND A WAY TO RECONSIDER OUR APPLICATION
6 FOR FUNDING. THANK YOU FOR YOUR TIME.

7 MS. MORALEZ: THANK YOU VERY MUCH. IS THERE
8 ANYBODY ELSE HERE IN PERSON THAT WOULD LIKE TO
9 SPEAK?

10 SEEING NOBODY ELSE, I DO HAVE A HAND
11 RAISED ON THE PHONE. THE NUMBERS ENDING IN 1112, IF
12 YOU WOULD UNMUTE YOURSELF BY PRESSING STAR 6, YOU
13 WILL HAVE THREE MINUTES TO SPEAK.

14 MS. GOYAL: HELLO, EVERYONE. MY NAME IS
15 ANANYA GOYAL, AND I AM A THIRD-YEAR BIOMEDICAL
16 SCIENCES PH.D. STUDENT HERE AT UC SAN DIEGO, AND I
17 AM HERE PROUDLY TO SPEAK IN SUPPORT OF UC SAN
18 DIEGO'S APPLICATION TO THE CIRM EDUC8 COMPASS
19 PROGRAM.

20 PERHAPS LIKE SOME OF YOU, I DIDN'T KNOW
21 THAT RESEARCH WAS SOMETHING THAT I COULD PURSUE.
22 I DID MY UNDERGRADUATE DEGREE IN BIOMEDICAL SCIENCES
23 AT CAL POLY. AND I'M NOT SURE WHAT YOU KNOW ABOUT
24 CAL POLY SLO, BUT THE SCALE OF RESEARCH IS QUITE
25 DIFFERENT THAN HERE AT UCSD. BUT CAL POLY'S MOTTO,

BETH C. DRAIN, CA CSR NO. 7152

1 LEARN BY DOING, IS THE REASON THAT THEY CONTINUE TO
2 HAVE SUCCESSFUL PROGRAMS LIKE COMPASS.

3 IT WAS BECAUSE OF THIS TRAINING GRANT THAT
4 I WAS GIVEN THE OPPORTUNITY TO COME TO UCSD,
5 SPECIFICALLY THE SANFORD CONSORTIUM FOR REGENERATIVE
6 MEDICINE, AND LEARN ABOUT THE WIDE WORLD OF RESEARCH
7 THAT WE ALL KNOW, LOVE, AND ENJOY.

8 THE TECHNIQUES THAT I HAD THE OPPORTUNITY
9 TO LEARN AT SUCH A YOUNG AGE SET ME UP FOR SUCCESS,
10 AS THE WORK THAT I DID AT THIS TIME IS NOW THE
11 FOUNDATION FOR SEVERAL MANUSCRIPTS THAT WE HAVE
12 READY FOR PUBLISHING.

13 AND NOT ONLY DID I GAIN AN AMAZING
14 TECHNICAL REPERTOIRE, I WAS ALSO CONNECTED TO
15 NUMEROUS EXPERT FACULTY. I MEAN, JUST LIKE KARL
16 HIMSELF, WHO IS A, BY THE WAY, LONG-TERM LEGEND IN
17 THE STEM CELL FIELD, I WAS ABLE TO JUST WALK INTO
18 HIS OFFICE AND TALK TO HIM.

19 THE RESOURCES, ACCESS, AND TRAINING THAT I
20 WAS GIVEN AS A YOUNG STUDENT ARE THE REASON THAT I'M
21 HERE TODAY AS A STRONG, CONFIDENT, AND HONESTLY
22 SUCCESSFUL FUTURE SCIENTIST. INVESTING IN THE YOUTH
23 AND THE YOUNGER GENERATION OF SCIENTISTS IS TRULY
24 THE ONLY WAY TO MAKE PROGRESS HAPPEN AND TO MAKE IT
25 LAST. AND SO I HUMBLY ASK YOU TO PLEASE RECONSIDER

BETH C. DRAIN, CA CSR NO. 7152

1 THE APPLICATION FOR UCSD'S CIRM EDUC8 COMPASS
2 TRAINING GRANT. I PROMISE IT WILL BE WORTH YOUR
3 WHILE. THANK YOU.

4 MS. MORALEZ: THANK YOU VERY MUCH. IS THERE
5 ANYBODY ELSE THAT WOULD LIKE TO GIVE A PUBLIC
6 COMMENT ON THIS? IF SO, PRESS STAR 9. IT LOOKS LIKE
7 THAT'S ALL.

8 CHAIRMAN IMBASCIANI: BACK TO
9 CONSIDERATION. ANY BOARD MEMBER WANT TO MAKE --

10 MR. TOCHER: AND ANNE-MARIE DULIEGE HAS HER
11 HAND RAISED ONLINE.

12 CHAIRMAN IMBASCIANI: THANK YOU.
13 ANNE-MARIE, YOU'RE NEXT.

14 DR. DULIEGE: YES, THANK YOU. OH, YOU CAN
15 HEAR ME. OKAY. THANK YOU VERY MUCH.

16 CAN ANYONE -- THE APPROPRIATE PERSON FROM
17 THE CIRM TEAM RESPOND TO THE INTERVENTION OF THESE
18 TWO PEOPLE, ESPECIALLY THE DIRECTOR OF THE PROGRAM,
19 ABOUT THE FACT THAT IT WAS AN ADMINISTRATIVE
20 MISTAKE? WERE THERE ANYTHING ELSE THAT REPRESENTED A
21 PROBLEM IN THE APPLICATION?

22 DR. LAM: YEAH. I COULD SPEAK TO THAT.

23 DR. DULIEGE: YES.

24 DR. LAM: YES. THE EVALUATION ASPECT WAS A
25 CONCERN, A SIGNIFICANT CONCERN, FROM THE PANEL.

BETH C. DRAIN, CA CSR NO. 7152

1 THERE WERE ALSO A FEW OTHER CONCERNS BROUGHT UP WITH
2 THE OVERALL TRAINING EXPERIENCE IN TERMS OF, NOT THE
3 RESEARCH INTERNSHIPS THAT ARE AVAILABLE, BUT SOME
4 CONCERNS BROUGHT UP WITH DETAILS IN TERMS OF THE
5 TRAINING OF THE STUDENTS FOR SOFT SKILLS AND OTHER
6 COMMUNICATION SKILLS AND PROMOTING REGENERATIVE
7 MEDICINE TO THE PUBLIC AND OTHER ASPECTS.

8 SO THERE WERE A FEW OTHER SMALL, MORE
9 MINOR CONCERNS THAT WERE BROUGHT UP BY THE PANEL. I
10 THINK I WOULD JUST REMIND, I THINK, THE ARS THAT WE
11 DO INTEND TO HAVE ANOTHER ROUND FOR EDUC8 NEXT YEAR.
12 THE EDUC TEAM IS ACTIVELY WORKING ON REVISING THAT
13 PA AT THIS MOMENT, BEGINNING MOMENT, AND IT WILL BE
14 POSTED IN NOVEMBER, I BELIEVE, AT SOME TIME WITH
15 APPLICATIONS COMING IN NEXT SPRING AND COMING TO THE
16 BOARD NEXT SEPTEMBER, ACTUALLY, A YEAR FROM NOW. SO
17 THERE WILL BE OPPORTUNITY TO REVISE APPLICATIONS.

18 CHAIRMAN IMBASCIANI: SO AN APPLICANT CAN
19 REAPPLY IF NOT FUNDED THIS TIME IN 2027?

20 DR. LAM: CORRECT. YES.

21 CHAIRMAN IMBASCIANI: THANK YOU.

22 DR. DULIEGE: SURE, BUT IT'S A YEAR LATER.
23 AND I'M JUST ASKING IF IT WERE NOT FOR THIS MAJOR
24 ADMINISTRATIVE MISTAKE, IS IT LIKELY THAT THE GRANT
25 COULD HAVE PASSED THE BAR, OR IT'S IMPOSSIBLE TO

1 SAY?

2 DR. LAM: I CAN'T SPEAK TO THE GRANTS
3 WORKING GROUP, BUT...

4 DR. DULIEGE: HUH. OKAY. WELL, I'M JUST
5 SAYING, AND WELCOME OTHERS' OPINION, THAT WHEN IT'S
6 CLEARLY THE MAJOR REASON FOR REFUSAL OF THIS GRANT
7 IS AN ADMINISTRATIVE MISTAKE THAT HAS BEEN
8 ACKNOWLEDGED, AND GRANTED THAT WE HAVE NOT -- WE
9 STILL HAVE A FEW MILLION DOLLARS IN THE PIPELINE FOR
10 THIS YEAR, IN THAT PIPELINE FOR THIS YEAR, IS IT
11 SOMETHING THAT COULD BE RECONSIDERED?

12 CHAIRMAN IMBASCIANI: VICE PRESIDENT GIL --
13 DR. SAMBRANO CAN OFFER A COMMENT ON THE GRANTS
14 WORKING GROUP?

15 DR. SAMBRANO: YEAH. SO JUST TO EXPAND ON
16 HAYLEY'S RESPONSE. I MEAN THERE WERE CLEARLY OTHER
17 ELEMENTS IN THIS APPLICATION THAT THE GRANTS WORKING
18 GROUP HAD CONCERNS ABOUT. I DON'T THINK THEY VIEWED
19 THE ISSUE OF HAVING THE PI ALSO BEING THE EVALUATOR
20 AS SOMETHING THAT WAS AN ADMINISTRATIVE ERROR. THEY
21 VIEWED IT AS ONE OF EXPERIENCE AND COMPETENCE AND
22 BEING ABLE TO LEAD A PROGRAM.

23 SO THIS IS ONE THING THAT WAS REPEATED
24 WITHIN THE REVIEW SUMMARY, BUT THERE WERE OTHER
25 ELEMENTS THAT ALSO WERE RAISED BY THE GRANTS WORKING

BETH C. DRAIN, CA CSR NO. 7152

1 GROUP AS BEING AN ISSUE, AS HAYLEY POINTED TO, AS IT
2 RELATES TO THE OVERALL TRAINING EXPERIENCE FOR THESE
3 STUDENTS.

4 ALSO, THE OTHER THING THAT'S IMPORTANT TO
5 KNOW, THIS WOULD BE A NEW PROGRAM FOR THIS
6 INSTITUTION. SO THEY HAVE NOT HAD PREVIOUSLY A
7 COMPASS PROGRAM OR A BRIDGES PROGRAM. SO THE
8 OPPORTUNITY TO REVISE AND IMPROVE THEIR APPLICATION
9 AND COME BACK AGAIN NEXT YEAR WAS PART OF THE
10 RECOMMENDATION THAT THE CIRM TEAM HAD FOR THIS
11 PARTICULAR PROGRAM.

12 DR. DULIEGE: THANK YOU FOR THE
13 CLARIFICATION. THANK YOU.

14 CHAIRMAN IMBASCIANI: THANK YOU, GIL, AND
15 THANK YOU, ANNE-MARIE. ANY OTHER BOARD COMMENT? AND
16 NO OTHER COMMENTS FROM THE PUBLIC. SO I THINK,
17 SCOTT, WE CAN GO TO A VOTE ON THIS THEN.

18 MR. TOCHER: GREAT. AND I WILL POLL THE
19 MEMBERS INDIVIDUALLY. FOR THOSE MEMBERS WHO HAVE A
20 CONFLICT AS TO ANY APPLICATION, PLEASE RESPOND
21 EITHER AYE OR NAY, AND THEN APPEND EXCEPT FOR THOSE
22 APPLICATIONS WITH WHICH I HAVE A CONFLICT. AND IF
23 YOU FORGET, I'M MONITORING, SO I WILL REMIND YOU.

24 DAN BERNAL?

25 MR. BERNAL: YES, EXCEPT FOR THOSE WITH

BETH C. DRAIN, CA CSR NO. 7152

1 WHICH I HAVE A CONFLICT.

2 MR. TOCHER: THANK YOU. MARIA BONNEVILLE?

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

5 MR. TOCHER: MARGUERITE CASILLAS?

6 MS. CASILLAS: YES.

7 MR. TOCHER: SHANNON DAHL?

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

10 MR. TOCHER: ANNE-MARIE DULIEGE?

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

13 MR. TOCHER: MARK FISCHER-COLBRIE?

14 MR. FISCHER-COLBRIE: YES, EXCEPT FOR THOSE
15 WITH WHICH I HAVE A CONFLICT. THANK YOU.

16 MR. TOCHER: OKAY. ELENA FLOWERS?

17 DR. FLOWERS: YES, EXCEPT THOSE WITH WHICH
18 I HAVE CONFLICT.

19 MR. TOCHER: VITO IMBASCIANI?

20 CHAIRMAN IMBASCIANI: UNCONFLICTED, YES.

21 MR. TOCHER: RICH LAJARA?

22 MR. LAJARA: YES.

23 MR. TOCHER: CHRIS MIASKOWSKI?

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

BETH C. DRAIN, CA CSR NO. 7152

1 MR. TOCHER: ADRIANA PADILLA?

2 DR. PADILLA: YES.

3 MR. TOCHER: JOE PANETTA? MARV SOUTHARD?

4 DR. SOUTHARD: YES, EXCEPT FOR THOSE WHICH
5 I HAVE A CONFLICT.

6 MR. TOCHER: YOU'RE ACTUALLY GOOD, MARV.

7 DR. SOUTHARD: OH, GOOD.

8 MR. TOCHER: THANK YOU. BUT YOU JUST ADDED
9 A LAYER OF PROTECTION?

10 DR. SOUTHARD: OKAY.

11 MR. TOCHER: Yael WYTE?

12 MS. WYTE: I BELIEVE I'M CLEAR.

13 MR. TOCHER: YOU ARE.

14 MS. WYTE: YES.

15 MR. TOCHER: THANK YOU. AND KEVIN XU.

16 MR. XU: YES.

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

18 AND THE MOTION CARRIES.

19 CHAIRMAN IMBASCIANI: THANK YOU AGAIN,
20 SCOTT. OKAY.

21 MOVING RIGHT ALONG, WE CAN DO THIS NEXT
22 ITEM BEFORE A BREAK, I THINK, SCOTT, YES?

23 YES. SO THIS IS AGENDA ITEM 10. WE'RE NOW
24 MOVING ON TO THAT PART OF THE ARS THAT WILL CONSIDER
25 THE DISCOVERY PROGRAM APPLICATIONS. THIS IS DISC5.

BETH C. DRAIN, CA CSR NO. 7152

1 I'M GOING TO WELCOME BACK TO THE PODIUM OUR VICE
2 PRESIDENT, GIL SAMBRANO --

3 DR. SAMBRANO: OKAY. THANK YOU.

4 CHAIRMAN IMBASCIANI: -- FOR PORTFOLIO AND
5 DEVELOPMENT AND -- PORTFOLIO DEVELOPMENT AND REVIEW.

6 DR. SAMBRANO: GOOD MORNING. SO I AM GOING
7 TO PRESENT TO YOU THE RECOMMENDATIONS FROM THE
8 GRANTS WORKING GROUP AS IT RELATES TO THE DISC5
9 PROGRAM.

10 WE'RE FOLLOWING BASICALLY THE SAME AGENDA
11 THAT YOU SAW BEFORE FOR THESE OTHER PROGRAMS. THE
12 DISC5 PROGRAM IN PARTICULAR IS INTENDED TO FUND
13 EXPLORATORY AND INNOVATIVE FOUNDATIONAL RESEARCH
14 THAT'S LED BY A PAIR OF INVESTIGATORS. SO THE IDEA,
15 THIS ISN'T AN INDIVIDUAL INVESTIGATOR, BUT WE WANT
16 TO HAVE TEAMS COME TOGETHER IN ORDER TO APPLY A
17 RANGE OF TECHNOLOGIES, APPROACHES TO ADDRESS
18 KNOWLEDGE GAPS OR BOTTLENECKS IN STEM CELL BIOLOGY
19 OR REGENERATIVE MEDICINE.

20 THE SCOPE OF THE OVERALL AWARD CAN BE
21 SUMMARIZED HERE IN TERMS OF WHAT WE EXPECT THESE
22 APPLICANTS TO PROPOSE AND TO WORK ON. AND SO THEY
23 CAN PROPOSE TO ACHIEVE ONE OR MORE OF THE FOLLOWING
24 AIMS. FIRST IS ACHIEVE A FUNDAMENTAL UNDERSTANDING
25 OF A HUMAN STEM OR PROGENITOR CELL AS IT PERTAINS TO

1 HUMAN HEALTH OR DISEASE, TO USE THE STEM CELLS TO
2 INTERROGATE DISEASE MECHANISMS, TO UNCOVER
3 BIOLOGICAL INSIGHTS THAT COULD ENABLE THERAPEUTIC
4 TARGET AND OR BIOMARKER DISCOVERY, TO IDENTIFY
5 MECHAN- -- OR TO GAIN MECHANISTIC INSIGHTS TO
6 ADDRESS KEY SCIENTIFIC OR TECHNICAL BOTTLENECKS IN
7 STEM CELL/GENE THERAPY AND OR REGENERATIVE MEDICINE
8 APPROACHES, OR TO APPLY STEM CELL/GENE THERAPY AND
9 OTHER REGENERATIVE MEDICINE APPROACHES TO ALL
10 POPULATIONS.

11 I DIDN'T EVEN TOUCH THIS, SO I DON'T KNOW
12 WHAT HAPPENED THERE, BUT, OKAY. HERE WE GO. ALL
13 RIGHT.

14 SO THEN THE GOALS, THIS IS WHERE, IN TERMS
15 OF OUR OVERALL IMPACT GOALS, THIS DISC5 PROGRAM
16 IMPACTS ON. SO GOAL 1, WHICH IS TO CATALYZE THE
17 IDENTIFICATION AND VALIDATION OF AT LEAST FOUR NOVEL
18 TARGETS AND BIOMARKERS, ENSURING INTEGRATION INTO
19 PRECLINICAL OR CLINICAL RESEARCH.

20 AND GOAL 2, WHICH IS TO ACCELERATE THE
21 DEVELOPMENT AND UTILIZATION OF FIVE TO EIGHT
22 TECHNOLOGIES THAT HAVE THE POTENTIAL TO IMPROVE
23 SAFETY, EFFICACY, AND/OR QUALITY OF CELL AND GENE
24 THERAPIES.

25 SO THE IDEA IS DISC5 CONTRIBUTES IN SOME

1 WAY TO THESE GOALS IN HOPEFULLY SETTING UP PROJECTS
2 THAT CAN EITHER ACHIEVE THESE DIRECTLY OR ULTIMATELY
3 LEAD TO IT IN SUBSEQUENT AWARDS.

4 THE OVERALL STRUCTURE OF THE DISC5
5 PROGRAM, THIS IS A RECURRING PROGRAM APPROXIMATELY
6 ONCE PER YEAR. THE DURATION OF THE AWARD IS FOR
7 THREE YEARS. IT IS OPEN TO A, AS I MENTIONED
8 EARLIER, A TEAM OF INVESTIGATORS, ONE PRINCIPAL
9 INVESTIGATOR PLUS ONE CO-INVESTIGATOR.

10 THE MAXIMUM AWARD IS 2.5 MILLION, AND THE
11 TARGET NUMBER OF AWARDS UNDER THIS PROGRAM IS ABOUT
12 21 AWARDS THAT WE TARGETED.

13 AND THE ALLOCATION FOR THIS FISCAL YEAR
14 AND THIS ROUND IS 52.5 MILLION.

15 ALL RIGHT. SO THE REVIEW PROCESS. SO IN
16 THIS CASE, WE WERE USING THE POSITIVE SELECTION
17 PROCESS. SO THIS REVIEW BEGAN AND APPLICATIONS WERE
18 RECEIVED BEFORE WE IMPLEMENTED THE GRANTS WORKING
19 GROUP SELECTION THAT WE DISCUSSED BACK IN MARCH. SO
20 THIS IS STILL USING THE OLD POSITIVE SELECTION
21 METHOD.

22 SO APPLICATIONS GO THROUGH THAT PROCESS,
23 THEY'RE ASSESSED FOR ELIGIBILITY, AND THEN THOSE GO
24 TO MERIT REVIEW BY THE GRANTS WORKING GROUP. AND THE
25 FUNDING DECISION COMES TO YOU.

BETH C. DRAIN, CA CSR NO. 7152

1 IN TERMS OF THE OVERALL NUMBERS, WE HAD
2 275 APPLICATIONS THAT WERE SUBMITTED THAT WENT
3 THROUGH THE POSITIVE SELECTION PROCESS. FIFTY-ONE
4 WERE SELECTED BY THE GRANTS WORKING GROUP TO ADVANCE
5 TO MERIT REVIEW. THOSE 51 WERE DEEMED TO BE
6 ELIGIBLE. AND OF THOSE 51, THE GRANTS WORKING GROUP
7 RECOMMENDED 21. AND SO THOSE ARE WHAT WE ARE
8 BRINGING TO YOU TODAY.

9 THE COMPOSITION OF THE PANEL IS AS SHOWN
10 HERE WITH THE SCIENTIFIC GRANTS WORKING GROUP
11 MEMBERS WHO HAVE THE EXPERTISE TO CONDUCT A
12 SCIENTIFIC EVALUATION OF THE PROPOSALS, OUR GRANTS
13 WORKING GROUP BOARD MEMBERS WHO BRING THEIR PATIENT
14 PERSPECTIVE ON THE OVERALL SIGNIFICANCE AND IMPACT
15 OF THESE PROJECTS, AS WELL AS OVERSIGHT ON THE
16 PROCESS. AND WE ALSO BRING IN SPECIALISTS TO FILL
17 GAPS AS NEEDED IN THE OVERALL REVIEW. AND SO THEY
18 PARTICIPATE ON AN AD HOC BASIS IN THIS REVIEW.

19 THE SCORING SCALE IS THE SAME AS IN THE
20 PREVIOUS TWO PROGRAMS THAT WE DESCRIBED TO YOU. A
21 SCALE OF 1 TO 100 WITH 85 AND ABOVE DEFINING WHAT'S
22 EXCEPTIONAL MERIT AND WARRANTING FUNDING. ANYTHING
23 BELOW THAT IS NOT RECOMMENDED FOR FUNDING.

24 THE SCIENTIFIC REVIEW CRITERIA THAT THE
25 GRANTS WORKING GROUP UTILIZED IN ORDER TO SCORE

BETH C. DRAIN, CA CSR NO. 7152

1 INCLUDED THE SIGNIFICANCE OF THE PROJECT AND ITS
2 POTENTIAL FOR IMPACT; INNOVATION, EVALUATING THE
3 PROJECT FOR INNOVATION RELATIVE TO THE CURRENT STATE
4 OF RESEARCH; THE OVERALL RATIONALE; THE PLAN AND
5 DESIGN; AS WELL AS THE POPULATION IMPACT, MEANING
6 THEIR ABILITY TO OR THE EXTENT TO WHICH THE PROJECT
7 CONSIDERS THE POTENTIAL IMPACT OF SUCCESSFUL
8 OUTCOMES ACROSS AFFECTED POPULATIONS.

9 AND SO HERE ARE THE RECOMMENDATIONS FROM
10 THE GRANTS WORKING GROUP. AS MENTIONED, THERE WERE
11 51 APPLICATIONS, 21 THAT WERE RECOMMENDED. THE TOTAL
12 APPLICANT REQUEST FOR THOSE 21 APPLICATIONS IS
13 52,425,400. AND I'M SPELLING THAT OUT BECAUSE THE
14 FUNDS AVAILABLE ARE JUST A LITTLE BIT ABOVE THAT.
15 SO IT'S ALMOST EXACTLY WHAT WE NEED. THERE ARE 30
16 THAT WERE NOT RECOMMENDED FOR FUNDING.

17 NOW, I DO WANT TO NOTE, BECAUSE WE DO HAVE
18 SOME MINORITY REPORTS IN THIS BATCH OF APPLICATIONS.
19 SO UNDER PROP 14 ANY APPLICATION THAT'S NOT
20 RECOMMENDED FOR FUNDING BY THE GRANTS WORKING GROUP,
21 BUT WHICH HAS 35 PERCENT OR MORE MEMBERS SCORING 85
22 OR ABOVE TO FUND, MUST INCLUDE A MINORITY REPORT.
23 AND SO THAT MINORITY REPORT IS SOMETHING THAT WE
24 INCLUDE IN THE REVIEW SUMMARY. SO IT'S AT THE VERY
25 END OF THE REVIEW SUMMARY, AND IT'S INTENDED JUST TO

BETH C. DRAIN, CA CSR NO. 7152

1 BE A BRIEF SYNOPSIS OF THE VIEWPOINTS OF THAT
2 MINORITY GROUP IN TERMS OF WHY THEY SCORED AN 85 OR
3 ABOVE.

4 AND SO THERE WERE FOUR APPLICATIONS THAT
5 QUALIFIED FOR A MINORITY REPORT THAT ARE LISTED
6 HERE. THEY HAPPEN TO BE THE FOUR THAT ARE RIGHT
7 BELOW THE GREEN LINE FROM 84. SO THEY HAD MEDIAN
8 SCORES THAT RANGE FROM 82 TO 84. THE TEAM
9 RECOMMENDATION ON THESE APPLICATIONS IS TO NOT FUND.

10 AND SO THIS IS JUST A SUMMARY OF THE TEAM
11 RECOMMENDATION TO FUND THE 21 APPLICATIONS
12 RECOMMENDED BY THE GRANTS WORKING GROUP FOR THE
13 AMOUNT SHOWN, WHICH MATCHES UP NICELY WITH THE
14 OVERALL BUDGET THAT'S AVAILABLE, AND NOT TO FUND THE
15 REMAINING APPLICATIONS, INCLUDING THOSE WITH A
16 MINORITY REPORT.

17 CHAIRMAN IMBASCIANI: THANK YOU FOR THE
18 PRESENTATION, GIL.

19 SO I WOULD LIKE TO -- SCOTT WOULD LIKE TO
20 INTERJECT.

21 MR. TOCHER: JUST AS A POINT OF ORDER. AT
22 THE MOMENT, GIVEN THE VOLUME OF APPLICATIONS VERSUS
23 THE BUDGET THAT THE ICOC HAS PROVIDED, WE ARE
24 OVERSUBSCRIBED RIGHT NOW AT THIS MOMENT IN THE
25 DISCUSSION. AND AS A CONSEQUENCE, ANY MEMBER WHO

BETH C. DRAIN, CA CSR NO. 7152

1 HAS A CONFLICT AS TO ONE APPLICATION HAS A CONFLICT
2 AS TO ALL UNTIL SUCH THAT THEIR APPLICATION IS
3 DISPENSED WITH OR THE AMOUNT UNDER CONSIDERATION IS
4 REDUCED TO THE AVAILABLE BUDGET.

5 SO FOR THOSE OF YOU WITH A CONFLICT AS TO
6 ONE JUST HOLD TIGHT. AND WHEN THAT CHANGES, I WILL
7 LET YOU KNOW.

8 CHAIRMAN IMBASCIANI: AND THANK YOU, SCOTT.
9 AND I WOULD LIKE TO, SIMILAR TO THE LAST BATCH OF
10 APPLICATIONS WE CONSIDERED, DO THE SAME THING. AND I
11 DO IT IN THIS ORDER BECAUSE IT WILL MORE RAPIDLY
12 FREE UP MORE BOARD MEMBERS TO SPEAK.

13 SO THE FIRST QUESTION I WOULD LIKE TO ASK
14 YOU, NOT ASKING FOR A MOTION YET, IS DOES ANY BOARD
15 MEMBER WANT TO CONSIDER FUNDING ONE OF THE 30 THAT
16 ARE NOT RECOMMENDED WITH THE PROVISIO THAT, GIVEN THE
17 TIGHTNESS OF THE BUDGET ON THIS, IF YOU WERE TO
18 RECOMMEND THAT WE FUND ONE OF THESE, WE HAVE TO
19 REMOVE ONE FROM THE RECOMMENDED LIST TO ACCOMMODATE
20 THE BUDGET.

21 OKAY. SO, ONCE AGAIN, IS THERE ANYONE WHO
22 WOULD LIKE TO CONSIDER ONE OF THE 30 NOT
23 RECOMMENDED? I DON'T HEAR ANYTHING. GOOD.

24 I THINK IT WOULD BE BETTER TO CLOSE THIS
25 OUT. SO IN ORDER TO FREE UP PEOPLE TO SPEAK, I WOULD

BETH C. DRAIN, CA CSR NO. 7152

1 LIKE A MOTION TO NOT FUND THE 30 THAT WERE NOT
2 RECOMMENDED BY THE INTERNAL TEAM.

3 DR. SOUTHARD: SO MOVED.

4 CHAIRMAN IMBASCIANI: I HAVE A MOTION FROM
5 MARVIN. AND, MARGUERITE, YOU ARE OUR SECOND. THANK
6 YOU.

7 SO WE'RE OPEN FOR DISCUSSION TO THE BOARD.
8 WE'RE NOT FUNDING THE 30 NOT RECOMMENDED. SO I'M
9 GOING TO ASK CLAUDETTE AND LANA, DO WE HAVE ANY
10 PUBLIC COMMENT?

11 MS. MORALEZ: OKAY. SO WE'RE GOING TO OPEN
12 THIS -- OPEN UP THE FLOOR FOR PUBLIC COMMENT. IF YOU
13 ARE JOINING IN PERSON, PLEASE APPROACH THE
14 MICROPHONE. YOU MAY STATE YOUR NAME FOR THE RECORD,
15 AND PLEASE KEEP IT WITHIN THREE MINUTES. AND THEN IF
16 THERE'S ANYBODY ON THE PHONE, PLEASE PRESS STAR 9 TO
17 RAISE YOUR HAND.

18 WE DON'T HAVE ANYBODY IN PERSON, AND I
19 DON'T SEE ANY HANDS RAISED.

20 CHAIRMAN IMBASCIANI: THAT WAS -- NO. YOU
21 DIDN'T RAISE YOUR HAND, DID YOU? OH, OKAY. A LUXURY
22 SOME OF US DON'T HAVE. YES. RIGHT. WE CAN GO TO A
23 BOARD VOTE, SCOTT.

24 MR. TOCHER: ALL RIGHT. AT THIS JUNCTURE, I
25 WILL NOT CALL ANY MEMBER THAT HAS A CONFLICT.

BETH C. DRAIN, CA CSR NO. 7152

1 MARIA BONNEVILLE?

2 VICE CHAIR BONNEVILLE: YES.

3 MR. TOCHER: MARGUERITE CASILLAS?

4 MS. CASILLAS: YES.

5 MR. TOCHER: MARK FISCHER-COLBRIE?

6 MR. FISCHER-COLBRIE: YES.

7 MR. TOCHER: VITO IMBASCIANI?

8 CHAIRMAN IMBASCIANI: YES.

9 MR. TOCHER: RICH LAJARA?

10 MR. LAJARA: YES.

11 MR. TOCHER: ADRIANA PADILLA?

12 DR. PADILLA: YES.

13 MR. TOCHER: JOE PANETTA? MARV SOUTHARD?

14 DR. SOUTHARD: YES.

15 MR. TOCHER: Yael WYTE? KEVIN XU?

16 MR. XU: YES.

17 MR. TOCHER: THANK YOU VERY MUCH. THAT

18 MOTION CARRIED.

19 CHAIRMAN IMBASCIANI: OKAY. GREAT.

20 MOVING ALONG, IS THERE ANY BOARD MEMBER
21 THAT WOULD LIKE NOT TO FUND ONE OF THE 21 THAT ARE
22 RECOMMENDED? HEARING NO MOTION, I THINK THE MOTION
23 TO COME FORWARD NEXT WOULD BE TO FUND THOSE 21 THAT
24 ARE RECOMMENDED BY THE TEAM. MAY I HAVE A MOTION?

25 MARGUERITE MOVES THAT WE --

BETH C. DRAIN, CA CSR NO. 7152

1 DR. SOUTHARD: SECOND.

2 CHAIRMAN IMBASCIANI: AND MARVIN SECONDS
3 THAT WE FUND THE 21 RECOMMENDED. ALL RIGHT. MOTION
4 AND SECOND. WE CAN HAVE DISCUSSION FROM THE BOARD.

5 AND, LADIES, ONCE AGAIN, ANYONE FROM THE
6 PUBLIC WISH TO SPEAK ON THIS?

7 MS. MORALEZ: OKAY. IF THERE'S ANYONE
8 IN THE ROOM THAT WOULD LIKE TO SPEAK, PLEASE STEP UP
9 TO THE MICROPHONE. AND IF THERE'S ANYBODY ON THE
10 PHONE THAT WOULD LIKE TO PARTICIPATE IN PUBLIC
11 COMMENT, PLEASE PRESS STAR 9 TO RAISE YOUR HAND.

12 I DON'T SEE ANYBODY IN THE ROOM OR NO
13 HANDS RAISED ON THE ZOOM.

14 MR. TOCHER: OKAY. AND FOR THE FOLLOWING
15 MEMBERS WHO HAVE A CONFLICT, PLEASE APPEND THAT
16 LANGUAGE THAT WE HEARD TWO MOTIONS AGO. THOSE
17 MEMBERS ARE DAN BERNAL, ANNE-MARIE DULIEGE, ELENA
18 FLOWERS, AND CHRIS MIASKOWSKI.

19 DAN BERNAL?

20 MR. BERNAL: YES, EXCEPT FOR THOSE WITH
21 WHICH I HAVE A CONFLICT.

22 MR. TOCHER: MARIA BONNEVILLE?

23 VICE CHAIR BONNEVILLE: YES.

24 MR. TOCHER: MARGUERITE CASILLAS?

25 MS. CASILLAS: YES.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. TOCHER: SHANNON DAHL?

2 DR. DAHL: YES.

3 MR. TOCHER: ANNE-MARIE DULIEGE?

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

6 MR. TOCHER: THANK YOU. MARK
7 FISCHER-COLBRIE.

8 MR. FISCHER-COLBRIE: YES.

9 MR. TOCHER: ELENA FLOWERS.

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

12 MR. TOCHER: VITO IMBASCIANI?

13 CHAIRMAN IMBASCIANI: YES.

14 MR. TOCHER: RICH LAJARA?

15 MR. LAJARA: YES.

16 MR. TOCHER: CHRIS MIASKOWSKI?

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

19 MR. TOCHER: ADRIANA PADILLA?

20 DR. PADILLA: YES.

21 MR. TOCHER: JOE PANETTA? MARV SOUTHARD?

22 DR. SOUTHARD: YES.

23 MR. TOCHER: Yael WYTE? KEVIN XU?

24 MR. XU: YES.

25 MR. TOCHER: THANK YOU VERY MUCH. THE

BETH C. DRAIN, CA CSR NO. 7152

1 MOTION CARRIES, MR. CHAIR.

2 LET'S TAKE 10 MINUTES. FOR THOSE ON THE
3 PHONE, WE'LL BE BACK IN 10 MINUTES.

4 (A RECESS WAS TAKEN.)

5 CHAIRMAN IMBASCIANI: OKAY. I'D LIKE TO
6 START WELCOMING YOU BACK INTO SESSION FROM OUR
7 BREAK. THANK YOU.

8 WE HAVE REACHED AGENDA ITEM NO. 11. AND TO
9 INTRODUCE A MAJOR DISCUSSION AT TODAY'S BOARD
10 MEETING ON OUR PORTFOLIO, I'D LIKE TO BRING TO THE
11 PODIUM OUR PRESIDENT AND CEO, JONATHAN THOMAS, WHO
12 WILL MAKE A PRESENTATION AND SOME INTRODUCTIONS.
13 THANK YOU, J.T.

14 DR. THOMAS: THANK YOU, MR. CHAIR. LET'S
15 SEE, CAN WE GET A FULL SCREEN ON THAT PRESENTATION
16 PLEASE? THERE WE GO. THANK YOU.

17 MR. CHAIR, MADAM VICE CHAIR, DISTINGUISHED
18 MEMBERS OF THE BOARD, MY CIRM COLLEAGUES, AND
19 MEMBERS OF THE PUBLIC, WE HAVE AS OUR NEXT ORDER OF
20 BUSINESS A DETAILED REVIEW OF OUR CLIN2 PORTFOLIO,
21 WHICH DR. ROSA CANET-AVILES WILL BE PRESENTING IN A
22 FEW MINUTES.

23 IN ADVANCE OF THAT PRESENTATION, I WANTED
24 TO SET THAT REVIEW IN A BROADER CONTEXT BY BRIEFLY
25 SUMMARIZING WHERE WE ARE IN REAL TIME IN

1 IMPLEMENTING ALL OF THE GOALS OF THE STRATEGIC
2 ALLOCATION FRAMEWORK OR SAF. THIS SUMMARY IS NOT
3 MEANT TO BE EXHAUSTIVE BY ANY MEANS, BUT TO GIVE YOU
4 A FLAVOR FOR THE CONSIDERABLE PROGRESS THE BOARD AND
5 TEAM HAVE MADE TO DATE.

6 WE ARE ALL VERY PROUD OF THAT PROGRESS AND
7 FEEL WE'VE MADE GREAT STRIDES IN THIS NEXT STAGE OF
8 HELPING BRING THERAPIES TO THE CITIZENS OF
9 CALIFORNIA, THE NATION, AND THE WORLD.

10 WE ALWAYS START PRESENTATIONS REITERATING
11 OUR MISSION, SEEN HERE, WHICH IS TO ACCELERATE
12 WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE
13 REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE
14 MANNER TO A DIVERSE CALIFORNIA AND THE WORLD.

15 TWO YEARS AGO WE IMPLEMENTED A NEW
16 FRAMEWORK FOR HOW WE FUND AWARDS. THIS NEW FRAMEWORK
17 HELPS US COORDINATE OUR FIVE FUNDING STREAMS TO
18 EFFECTIVELY TRANSLATE THE FUNDS ENTRUSTED TO US INTO
19 BENEFIT FOR CALIFORNIANS. TODAY I'M GOING TO TALK
20 ABOUT ADVANCES MADE REGARDING EACH OF THE REFERENCE
21 PILLARS, FOCUSING ON THE SAF'S SIX ARTICULATED
22 GOALS.

23 WE HAVE TWO GOALS UNDER THE SAF PILLAR OF
24 ACCELERATING DISCOVERY AND TRANSLATION. THESE GOALS
25 ENSURE OUR EARLY-STAGE AWARDS ARE GETTING THE KINDS

1 OF OUTCOMES THAT WE WILL ULTIMATELY SPEED RESEARCH
2 TOWARDS THERAPIES. LET'S SEE HERE. SORRY. I GOT --
3 TRYING TO COORDINATE ADVANCING BOTH THE LAPTOP AND
4 THE SCREEN, WHICH IS VERY TECHNOLOGICALLY
5 CHALLENGING.

6 THE SAF CALLS FOR NEW EARLY-STAGE FUNDING
7 MECHANISMS THAT FOSTER COLLABORATION, STRENGTHEN
8 DISCOVERY STAGE RESEARCH, ADDRESS FUNDING GAPS,
9 ENABLE MORE EFFICIENT DATA SHARING, AND PROMOTE NEW
10 TECHNOLOGIES, ALL OF WHICH HELP US MEET OUR FIRST
11 TWO GOALS.

12 SPECIFICALLY, WE'VE LAUNCHED TWO NEW
13 PROGRAMS WITHIN THE DISCOVERY FUNDING STREAM, AND
14 WE'LL BE LAUNCHING MORE THIS YEAR AND NEXT FOCUSED
15 ON DATA SHARING AND DEVELOPING TECHNOLOGIES.

16 WE'VE SEEN INCREDIBLE INTEREST FROM
17 APPLICANTS FOR OUR NEW PROGRAMS WITH SOME OF OUR
18 HIGHEST APPLICANT NUMBERS TO DATE. THESE PROGRAMS
19 ARE INCREDIBLY IMPORTANT BECAUSE YOU DON'T DRIVE NEW
20 THERAPIES WITHOUT EARLY-STAGE DISCOVERIES. THESE
21 PROGRAMS CREATE THE PIPELINE OF DISCOVERIES AND
22 ADVANCES THAT WILL ULTIMATELY RESULT IN NEW
23 THERAPIES.

24 WE HAVE TWO GOALS UNDER THE SAF PILLAR OF
25 CELL AND GENE THERAPY APPROVALS. THESE GOALS BOTH

1 CENTER AROUND MOVING PROJECTS TO LATE-STAGE CLINICAL
2 TRIALS AND ULTIMATELY FDA APPROVAL. I'M NOT GOING TO
3 SAY MUCH ON THE LATE-STAGE FRONT AS ROSA HAS A
4 DETAILED SUMMARY OF OUR PORTFOLIO THAT SHE'LL
5 PRESENT SHORTLY. SUFFICE IT TO SAY THAT WITH ONE FDA
6 APPROVAL LAST SPRING, WE'RE NOW SEEING A NUMBER OF
7 PROGRAMS HEADED IN A VERY POSITIVE DIRECTION. MORE
8 FROM ROSA IN A FEW MINUTES.

9 INSPIRED IN PART BY THE SUCCESS WITH BABY
10 KJ, AND IN ACCORDANCE WITH THE FDA PREFERENCE FOR
11 PLATFORM APPROACHES FOR RARE DISEASE THERAPIES, WE
12 LAUNCHED RAPID AS A MAJOR INITIATIVE EARLIER THIS
13 YEAR. WE'VE JUST NOW RECEIVED 14 SUBMISSIONS IN THE
14 FIRST ROUND. THIS STANDS TO BE ONE OF CIRM'S MAJOR
15 LEGACY PROGRAMS GOING FORWARD.

16 CIRM'S FIRST BLA FOR AN INDIVIDUAL
17 THERAPY, FOR WHICH WE, IN PART, FUNDED A CLINICAL
18 TRIAL, IS KRESLADI, A TREATMENT FOR LAD1 DEVELOPED
19 BY ROCKET THERAPEUTICS.

20 FOUR MORE PROGRAMS HAVE EITHER SUBMITTED
21 OR ARE PREPARING THEIR BLA SUBMISSIONS WHILE ANOTHER
22 SIX ARE IN PIVOTAL DEVELOPMENT OR PROGRESSING.

23 TO STREAMLINE OUR PRECLINICAL PROGRAMS, WE
24 CONSOLIDATED SIX INTO ONE, THOSE PREVIOUSLY DUBBED
25 DISC2, TRAN1 THROUGH 4, AND CLIN1.

BETH C. DRAIN, CA CSR NO. 7152

1 WE'VE FUNDED 16 PDEV PROJECTS TO DATE.
2 ROSA, AS I SAID, WILL DISCUSS OUR CLIN PORTFOLIO IN
3 GREAT DETAIL NEXT.

4 WE HAVE ONE GOAL UNDER THE SAF PILLAR OF
5 ACCESSIBILITY AND AFFORDABILITY. THIS GOAL FOCUSES
6 AROUND ENSURING OUR PROGRAMS HAVE A STRATEGY THAT
7 WILL MAKE CLEAR THAT CLINICAL TRIALS AND THERAPIES
8 ARE WITHIN REACH OF ALL CALIFORNIANS WHO CAN
9 BENEFIT. OUR A&A STRATEGY MANDATED BY PROP 14 WAS
10 APPROVED IN DECEMBER OF 2025 AND HAS BEEN
11 IMPLEMENTED IN STAGES SINCE THAT TIME.

12 OUR CLINICAL NETWORK CONSISTS OF NINE
13 ALPHA CLINICS CONTINUING OPERATIONS, THREE CCE'S
14 LAUNCHED ALREADY, AND A FOURTH CCE APPROVED JUST A
15 FEW MINUTES AGO. IT WAS FIRST ESTABLISHED TO
16 CONDUCT ALL STAGES OF CLINICAL TRIALS AND WILL
17 ULTIMATELY INCLUDE THE ADMINISTRATION OF CELL AND
18 GENE THERAPIES THEMSELVES.

19 THE PATIENT SUPPORT PROGRAM -- SORRY.
20 MESSING UP THE -- PATIENT SUPPORT PROGRAM COVERS
21 COSTS NOT FULLY COVERED IN THE GRANT AWARDS
22 THEMSELVES, INCLUDING TRAVEL, LODGING, AND FOOD.

23 ALL AWARDS FROM PDEV ON, INCLUDING RAPID
24 AND CLIN2, MUST HAVE ACCESS PLANS THAT ARE
25 STAGE-APPROPRIATE IN THEIR PROPOSALS.

1 CIRM RECENTLY COMPLETED ITS REVIEW OF
2 ROCKET'S ACCESS PLAN FOR KRESLADI, THE FIRST ACCESS
3 PLAN UNDER CIRM'S IP POLICY. FOLLOWING CIRM'S
4 REVIEW, INCLUDING CONSULTATION WITH AN OUTSIDE
5 SUBJECT MATTER EXPERT AND COMPLETION OF THE REQUIRED
6 PUBLIC COMMENT PROCESS, CIRM DETERMINED THAT THE
7 PLAN SATISFIES THE APPLICABLE REQUIREMENTS OF THE IP
8 POLICY AND NOTIFIED ROCKET OF ITS APPROVAL.

9 AS ONE EXAMPLE ON THE POLICY FRONT, WE
10 RESPONDED TO HHS OPERATION TRAILBLAZER RFI'S FOR
11 ACCELERATING CLINICAL TRIALS AND EXPANDING PATIENT
12 ACCESS TO TRIALS. WE HAVE, IN ADDITION, ACTIVELY
13 ENGAGED FEDERAL, STATE, AND PRIVATE PAYERS,
14 HEALTHCARE PROVIDERS, FUNDERS, AND THERAPY
15 MANUFACTURERS TO ASSESS SCOPE FOR NOVEL DELIVERY AND
16 PAYMENT MODELS FOR CELL AND GENE THERAPIES.

17 LET'S SEE HERE. SORRY. NOT SURE WHY THAT
18 ISN'T ADVANCING. THERE WE GO.

19 WITHIN THE SAF PILLAR ON WORKFORCE
20 DEVELOPMENT, WE HAVE A GOAL OF ADDRESSING GAPS AND
21 MEETING EVOLVING WORKFORCE DEMANDS OF THE
22 REGENERATIVE MEDICINE ECOSYSTEM. COUNTING THIS
23 YEAR'S BUDGET, CIRM HAS NOW ALLOCATED OVER \$600
24 MILLION TO OUR EDUCATIONAL PROGRAMS.

25 SINCE INCEPTION, OVER 4600 STUDENTS AT THE

BETH C. DRAIN, CA CSR NO. 7152

1 HIGH SCHOOL, UNDERGRAD, GRADUATE, POSTDOCTORAL, AND
2 CLINICAL TRAINING STAGES HAVE GONE THROUGH OUR
3 PROGRAMS. INTERESTINGLY, 83 PERCENT OF BRIDGES
4 ALUMNI REMAIN IN STEM, AND 31 PERCENT OF THOSE ARE
5 IN BIOTECH AND PART OF A BROAD NETWORK OF INDUSTRY
6 AND ACADEMIC TRAINING PARTNERS.

7 EDUC8, WHICH YOU HEARD ABOUT A FEW MINUTES
8 AGO, ADDS FOCUS ON PROCESS DEVELOPMENT, DATA
9 SCIENCE, CLINICAL OPERATIONS, AND REGULATORY WORK.

10 WHILE AN UPDATED EDUC4, OR SCHOLARS
11 PROGRAM, UP FOR APPROVAL LATER IN THE AGENDA, DOES
12 THE SAME FOR GRADUATE, POSTDOCTORAL, AND CLINICAL
13 TRAINING. IT ALL ADDS UP TO A PURPOSELY CONNECTED
14 WORKFORCE PIPELINE ALIGNED WITH THE ACTUAL
15 SCIENTIFIC, TECHNICAL, MANUFACTURING, AND CLINICAL
16 DEVELOPMENT NEEDS OF THE REGENERATIVE MEDICINE
17 FIELD.

18 THAT CONCLUDES A BRIEF INTRODUCTION FOR
19 ROSA TO GIVE YOU A FEEL FOR THE PROGRESS, WHICH, AS
20 I SAID, I HOPE EVERYBODY RECOGNIZES HAVING BEEN
21 CONSIDERABLE.

22 WITH THAT, I'D LIKE TO INTRODUCE ROSA TO
23 PRESENT YOU AN ASSESSMENT OF OUR CLIN PORTFOLIO.

24 ROSA, WILL YOU PLEASE JOIN ME AT THE PODIUM?

25 DR. CANET-AVILES: THANK YOU, J.T. MR.

1 CHAIRMAN, MADAM VICE CHAIR, ESTEEMED MEMBERS OF THE
2 BOARD, ESTEEMED CIRM TEAM COLLEAGUES, AND THE
3 PUBLIC, I AM EXCITED TO PRESENT FOR THE FIRST TIME
4 AN OVERVIEW OF OUR PORTFOLIO, THE CLINICAL
5 PORTFOLIO.

6 LET ME JUST GET MY BEARINGS. WE WILL GET
7 TO THE NEXT -- IS THAT MY PRESENTATION, HARRIS?
8 GREAT. FANTASTIC.

9 SO, AS YOU ALL KNOW, THE MAIN THEME FOR
10 TODAY'S PRESENTATION IS AN OVERVIEW OF OUR CLINICAL
11 PORTFOLIO, BUT IT'S ALSO A DISCUSSION ABOUT THE ROLE
12 THAT CIRM SHOULD HAVE IN FUNDING CLINICAL
13 DEVELOPMENT, AND THAT'S BEEN LOGICALLY DERIVED FROM
14 THIS REVIEW.

15 WITH THE BOARD'S SUPPORT, A FEW MONTHS AGO
16 WE HAD BEEN GETTING REQUESTS ABOUT CLINICAL
17 PORTFOLIO OVERVIEW, ESPECIALLY BECAUSE, AS OF MARCH
18 OF 2026, WE WERE GOING TO IMPLEMENT, BY SEPTEMBER,
19 WHICH IS TODAY, THE FIRST WAY THAT WE DO OUR
20 APPLICATION REVIEW SUBCOMMITTEE, CONSIDERING
21 PROGRAMMATIC CONSIDERATIONS IN A VERY STIPULATED
22 WAY.

23 SO TO DO THAT, YOU NEED TO ALSO HAVE A
24 SENSE OF WHAT OUR PORTFOLIO LOOKS LIKE. AND THAT'S
25 WHAT INITIATED THIS. NOW, AS WE WENT -- AS WE

1 REVIEWED THE PORTFOLIO, WE STARTED SEEING SOME
2 PATTERNS. AND SOME PROGRAMS WERE VERY CLEARLY
3 PROGRESSING TOWARDS LATER STAGE DEVELOPMENT WITHOUT
4 ANY ADDITIONAL CIRM FUNDING, WHICH WAS SUPER
5 EXCITING. NOW, OTHERS, THEY REMAIN DEPENDENT ON CIRM
6 FOR MUCH LARGER INVESTMENTS FROM EARLY UP TO BLA AND
7 POTENTIALLY FUTURE.

8 SO WITH THE FINITE AMOUNT OF FUNDING THAT
9 WE HAVE REMAINING, WE THINK THAT THE QUESTION IS NO
10 LONGER SIMPLY HOW FAR CIRM SHOULD FUND INDIVIDUAL
11 PROGRAMS. THE QUESTION MORE IS WHAT ROLE SHOULD CIRM
12 PLAY IN FUNDING CLINICAL DEVELOPMENT AND WHERE OUR
13 INVESTMENT WILL BE MAKING THE GREATEST IMPACT?

14 SO THAT'S WHAT THE DISCUSSION WILL BE
15 ABOUT, AND I'LL REPEAT THESE TWO QUESTIONS A COUPLE
16 MORE TIMES. I DON'T WANT TO BE REPETITIVE. THE
17 DISCUSSION -- THIS SHOULD BE ABOUT A 30-MINUTE
18 PRESENTATION, I'M HOPING, BUT WE'LL SEE. RIGHT? I'M
19 JUST GIVING A SENSE.

20 SO THE OUTLINE FOR TODAY IS THREE STAGES.
21 THE FIRST ONE IS THE CONTEXT AND PROBLEM STATEMENT,
22 WHICH IS IN OPEN SESSION. THEN WE HAVE A CLOSED
23 SESSION WHERE THE STATE OF OUR CLINICAL PORTFOLIO
24 WILL BE EVALUATED. AND HOW WE HAVE CLASSIFIED THAT
25 PORTFOLIO WILL BE DETAILED IN DETAIL -- RELATED IN

1 DETAIL. AND THEN WE GO BACK TO AN OPEN SESSION WHERE
2 WE WILL BE PRESENTING THE STAFF RECOMMENDATION AT A
3 HIGH LEVEL WITH WHAT WE WILL BE COMING IN DECEMBER
4 AS WELL IF THE BOARD APPROVES THE MOTION THAT WE ARE
5 REQUESTING. AND THEN, IF APPLICABLE, A BOARD
6 DISCUSSION.

7 YOU'RE LOOKING STRANGE AT ME, SCOTT. AM I
8 SAYING SOMETHING? OKAY. GOOD. NO. NO. I JUST -- I
9 WAS, LIKE, AM I MISSING SOMETHING FROM THE -- FROM
10 THE CLOSED SESSION? I'LL TRY NOT TO -- YEAH, GREAT.

11 SO, FOR CONTEXT, LET'S START WHY THIS
12 MATTERS IN THE CONTEXT OF WHAT WE'VE ALREADY
13 COMMITTED TO ACCOMPLISH. AND AS OUR PRESIDENT
14 MENTIONED, IT'S ALL UNDER OUR MISSION. AND IN ORDER
15 NOT TO MAKE THE PRESENTATION TOO HEAVY, I'LL JUST GO
16 THROUGH TWO OF THE IMPACT GOALS THAT, AS YOU KNOW,
17 J.T. JUST WENT THROUGH ALL OF THEM, AND OUR FOCUS IS
18 GOING TO BE ON GOALS 3 AND 4.

19 AND OUR FUNDING PROGRAMS ARE BASICALLY THE
20 MEANS TO FULFILL OUR MISSION. AND REGULATORY
21 APPROVAL IS AN IMPORTANT MILESTONE. SO AN IND, A
22 BLA, ALL IMPORTANT.

23 BUT THE OBJECTIVE ULTIMATELY IS TO MOVE
24 THE THERAPIES TO PATIENTS. RIGHT? SO THE ANALYSIS
25 THAT WE'VE DONE IS ASKING HOW WELL THE PORTFOLIO

1 THAT WE HAVE IS POSITIONED TO MAKE THAT FULL JOURNEY
2 AND WHERE CAN CIRM HELP MAKE THAT JOURNEY POSSIBLE.
3 IT MIGHT NOT BE AT THE BLA. IT MIGHT BE EARLY. WE
4 WILL SEE. RIGHT? SO THAT WILL BE BASED ON THE
5 RESULTS THAT WE HAVE SEEN.

6 SO NOW COMPLEMENTING J.T.'S PRESENTATION,
7 I'M JUST GOING TO SUMMARIZE VERY QUICKLY THE
8 OUTCOMES SO FAR, THE PROGRESS TOWARDS GOAL 3 AND
9 THEN GOAL 4.

10 SO FOR GOAL 3, THREE YEARS AFTER THE SAF
11 WAS APPROVED, IT WAS ACTUALLY SEPTEMBER OF 2023, WE
12 ARE SEEING VERY PROMISING PROGRESS TOWARDS THAT
13 GOAL. WE NOW HAVE ONE BLA APPROVED, KRESLADI AND
14 ROCKET PHARMACEUTICALS.

15 FOUR ADDITIONAL PROGRAMS THAT HAVE
16 SUBMITTED THE BLA OR ARE PLANNING FOR A BLA
17 SUBMISSION AND ANOTHER SEVEN IN PIVOTAL DEVELOPMENT
18 OR CONTINUING THE PROGRESS EXTERNALLY. BUT WHAT'S
19 REALLY MORE IMPORTANT, AND THE FINDING THAT WE HAVE
20 HERE IS THAT THESE PROGRAMS ARE ADVANCING WITHOUT
21 FURTHER CIRM INVESTMENT TOWARD APPROVAL ACROSS RARE
22 AND ALSO PREVALENT DISEASES. SO IT'S NOT ONLY RARE
23 THAT WE ARE TOUCHING, WE ARE ALSO HITTING THE GOALS
24 ON PREVALENT DISEASES, AND THEY ARE ALL GETTING
25 THERE WITHOUT OUR HELP. SO WE DE-RISK THEM. AND THEY

1 HAVE NOW GOTTEN SUPPORT, AND WE'LL GO INTO THE
2 DETAILS OF THOSE LATER.

3 THIS SLIDE IS ABOUT ACTIVE CLINICAL TRIALS
4 UNDER PROP 14. AND THESE ARE THE CURRENT ONES THAT
5 ARE ACTIVE. WE'VE BUILT SUBSTANTIAL CLINICAL
6 PORTFOLIO, BUT WHAT YOU CAN SEE ALSO IS THAT MOST OF
7 IT IS STILL EARLY. MOST OF THE PROGRAMS ARE STILL IN
8 PHASE 1, PHASE 1/2 A. AND WE HAVE THREE IN PHASE 2,
9 AND ONE IN PHASE 3. THE QUESTION IS WHAT DETERMINES
10 WHETHER A PROGRAM CAN CONTINUE ADVANCING ONCE IT
11 GETS THERE? AND WHAT ROLE SHOULD CIRM PLAY ONCE WE
12 ARE LOOKING AT THAT PORTFOLIO. RIGHT? AND -- YEAH.

13 SO THIS IS A VERY EXCITING SLIDE. AND WHEN
14 WE STARTED PUTTING TOGETHER THIS SLIDE, AND PEOPLE,
15 LIKE, WOW, THE PROGRESS HAS BEEN VERY -- WE'VE DONE
16 PRETTY WELL SO FAR IF YOU LOOK AT IT. LIKE, WE'VE
17 SUPPORTED 121 TRIALS THAT CORRESPOND TO 112 UNIQUE
18 CLINICAL PROGRAMS. A CLINICAL PROGRAM IS BASICALLY A
19 THERAPEUTIC CANDIDATE BEING DEVELOPED FOR A SPECIFIC
20 INDICATION. THAT'S HOW WE COUNT IT. AND WE ARE
21 TAKING -- MAKING -- IT'S A VERY RIGOROUS COUNT THAT
22 WE'VE ESTABLISHED NOW TO COUNT CLINICAL TRIALS AND
23 CLINICAL PROGRAMS.

24 ABOUT HALF OF THOSE HAVE SECURED EXTERNAL
25 CAPITAL. IT DOESN'T MEAN THAT THE BLA PATH IS

1 SECURED, BUT THEY HAVE SECURED EXTERNAL CAPITAL WITH
2 THE POTENTIAL TO GET TO BLA. AND OF THOSE, 11 OF
3 THOSE ARE ACTIVE PROGRAMS WITH CURRENT POTENTIAL
4 COMMERCIALIZATION CAPACITY. SO THIS IS REAL
5 PROGRESS. ALTHOUGH THE EXTERNAL CAPITAL DOESN'T
6 NECESSARILY MEAN THAT THERE IS A COMMITTED PATH TO
7 BLA, THE PORTFOLIO REVIEW OUTCOMES ARE BEGINNING TO
8 SUGGEST THAT CIRM'S ROLE SHOULD EVOLVE, RIGHT,
9 BECAUSE WE ARE SEEING THAT WITH THE RISK THINGS,
10 RIGHT, AND THAT THOSE THINGS ARE MOVING FORWARD.

11 SO HOW CAN WE USE OUR FUNDING TO GET THE
12 PROGRAMS TO MEANINGFUL DEVELOPMENT POINTS SO THAT
13 OTHERS ARE POSITIONED TO CARRY THEM FORWARD? THAT'S
14 A KEY QUESTION FOR US. SO WHY DOES -- WHY DOES THIS
15 ALL MATTER?

16 THAT'S IN THE CONTEXT OF, AT A HIGH LEVEL,
17 WHAT WE'VE SEEN IN OUR PORTFOLIO. AT A HIGH LEVEL
18 THE PORTFOLIO IS SHOWING US TWO DIFFERENT OUTCOMES
19 AFTER INITIAL CIRM-FUNDED CLINICAL DEVELOPMENT.

20 ON THE LEFT, SOME CASES, YOU CAN SEE THAT
21 WE FUND ENOUGH OF THE EARLY CLINICAL WORK TO
22 GENERATE EVIDENCE THAT OTHERS CARRY THE DEVELOPMENT
23 FORWARD. AND WE STAY ENGAGED ON ACCESS UNDER THE
24 LEADERSHIP OF DR. SHYAM PATEL ON CALIFORNIA IMPACT
25 AND LEARNING. SO THERE'S A LATER STAGE PROGRAM

1 MANAGEMENT THAT WE'VE ESTABLISHED IN COLLABORATION
2 BETWEEN PATIENT ACCESS AND PROGRAMS, AND WE TALK TO
3 ALL THESE LATER-STAGE PROGRAMS THAT ARE NO LONGER
4 FUNDED TO US ACTIVELY, BUT THEY ARE ALREADY BEING
5 THE DE-RISKED. SO WE HAVE -- WE LEARN FROM THEM.

6 WE ALSO MAKE SURE THAT THEY LEVERAGE OUR
7 CLINICAL NETWORK FOR THEIR TRIALS AND ALSO
8 EVENTUALLY FOR THEIR COMMERCIALIZATION.

9 ON THE OTHER -- AND THE PROGRAMS THERE ARE
10 MIXED. THERE IS A MIX OF MODALITIES, VERY DIVERSE
11 MODALITIES, AS WELL AS RARE, ULTRA-RARE, AND
12 PREVALENT DISEASES AS WELL.

13 NOW, ON THE OTHER SIDE, WHAT WE'VE SEEN IS
14 THAT SOME PROGRAMS STALL. THEY REACH MEANINGFUL
15 CLINICAL DEVELOPMENT, BUT THEY -- THERE IS A -- THEY
16 DON'T ENCOUNTER A VIABLE PATH FORWARD. AND CIRM, IN
17 THIS CASE, SHOULD -- COULD NEED TO ASSUME
18 SUBSTANTIALLY MORE OF THE REMAINING DEVELOPMENT
19 BURDEN. SO WE WOULD HAVE FUNDED VERY EARLY ON AND
20 THEN THEY GET TO PIVOTAL AND THEN THEY STILL NEED
21 MORE MONEY TO GO THROUGH BLA. BUT THEN IF WE FUND
22 THAT, WELL, THEY ALSO NEED COMMERCIALIZATION.

23 AND THAT MAKES US THINK ABOUT WHAT ROLE
24 SHOULD CIRM PLAY IN CLINICAL DEVELOPMENT. WHERE
25 SHOULD CIRM INVEST TO MAXIMIZE THE THERAPIES THAT

1 WILL ULTIMATELY REACH THE PATIENTS?

2 AND THE QUESTION BECOMES EVEN MORE
3 CONCRETE WHEN WE LOOK AT THE REMAINING CLINICAL
4 DEVELOPMENT FUNDING HORIZON. WE HAVE APPROXIMATELY
5 \$1 BILLION PROJECTED FOR CLINICAL DEVELOPMENT OVER
6 THE REMAINING FUNDING PERIOD. THIS IS COUNTING THIS
7 YEAR. IT'S ABOUT EIGHT YEARS. THE NUMBERS HERE ARE
8 ILLUSTRATIVE, BUT THEY SHOW THAT THE SAME POOL OF
9 CAPITAL CAN PLAY VERY DIFFERENT ROLES.

10 ON THE LEFT SIDE CIRM HAS MORE SHOTS ON
11 GOAL. WE CONTINUE TO FUND CLINICAL PROOF OF CONCEPT
12 OR OTHER MEANINGFUL MILESTONES, VALUE INFLECTION
13 POINTS, LIKE CLINICAL EVIDENCE, THAT WILL HELP
14 OTHERS TAKE THE NEXT STAGE RISK ACROSS THE
15 PORTFOLIO. AND IT CREATES MANY MORE OPPORTUNITIES
16 FOR SUCCESSFUL PROGRAMS TO ATTRACT THE CAPITAL AND
17 CAPABILITIES NEEDED FOR LATER DEVELOPMENT.

18 ON THE RIGHT CIRM COULD TAKE ON
19 SUBSTANTIAL PIVOTAL AND BLA-ENABLING DEVELOPMENT
20 WHEN AN EXTERNAL PATH DOESN'T EMERGE. THESE ARE
21 THOSE PROGRAMS THAT I WAS SAYING THAT WE'VE INVESTED
22 20 MILLION OR MORE UP TO PIVOTAL, AND NOW THERE IS
23 MORE NEED. AND THEN THERE WILL BE MORE NEED. SO HERE
24 THE ECONOMICS CHANGE VERY QUICKLY.

25 AT THE UPPER END, FOUR PROGRAMS COULD

1 CONSUME, IN THEORY, THE ENTIRE BUDGET OF CLINICAL
2 DEVELOPMENT HORIZON. AND AS WE WILL SEE IN THE
3 ANALYSIS, WE STILL HAVE 44 PROGRAMS. YOU'VE SEEN IN
4 GOAL 4, WE HAVE A LOT OF EARLY STAGES. RIGHT? WE
5 HAVE 44 PROGRAMS WHOSE FUTURE PATH IS NOT YET CLEAR.
6 IF WE ARE CARRYING PROGRAMS THROUGH LATER STAGE
7 DEVELOPMENT, BECOMES -- IF CARRYING PROGRAMS THROUGH
8 LATER STAGE DEVELOPMENT BECOMES OUR NORMAL ROLE, WE
9 WILL HAVE MANY LESS SHOTS ON GOAL WHILE CARRYING A
10 LOT MORE OF THE DEVELOPMENT RACE BECAUSE EVEN IF WE
11 CARRY THE BLA ENABLING, THERE'S STILL RISK THAT IT
12 WON'T BE COMMERCIALIZED. RIGHT? IT'S NOT CLICKING.
13 YEAH.

14 NOW, THERE IS ONE MORE REASON THAT BLA
15 CANNOT BE THE ONLY ENDPOINT THAT WE USE TO MAKE THIS
16 DECISION. ON THE TOP, IN GREEN, IS THE MODEL WHERE
17 CIRM FUNDS THE CLINICAL DE-RISKING, AND ANOTHER
18 PARTY ASSUMES RESPONSIBILITY FOR THE LATER
19 DEVELOPMENT AND COMMERCIALIZATION PATH. ON THE
20 BOTTOM, CIRM CONTINUES MUCH FURTHER AND FUNDS THE
21 BLA-ENABLING WORK ITSELF. AND THAT CAN MOVE A
22 THERAPY SUBSTANTIALLY CLOSER TO APPROVAL, BUT IT
23 DOESN'T SOLVE WHAT COMES NEXT.

24 AFTER BLA, AS I WAS SAYING, THERE IS STILL
25 A NEED FOR AN ORGANIZATION CAPABLE OF LAUNCHING THE

1 PRODUCT, MANUFACTURING RELIABLY, OBTAINING
2 REIMBURSEMENT, ESTABLISHING TREATMENT CENTERS THAT
3 WILL BE NEEDED, AND ALSO TO SUSTAIN ACCESS. SO EVEN
4 IF CIRM SPENDS 75 TO \$275 MILLION UP TO THAT STAGE,
5 WE CAN STILL ARRIVE AT ANOTHER GAP ON THE OTHER
6 SIDE. AND THAT IS VERY IMPORTANT BECAUSE THAT OPENED
7 OUR EYES. WE REALIZED, LIKE, WE NEED TO REALLY
8 IDENTIFY WHAT'S OUR ETHOS, WHAT'S OUR PHILOSOPHY FOR
9 CLINICAL DEVELOPMENT FUNDING.

10 SO WHEN WE ESTABLISHED THE SAF, WE SET
11 EXPLICIT GOALS AROUND MOVING THERAPIES INTO LATER
12 STAGE DEVELOPMENT AND TOWARD A BLA. AND AT THAT
13 POINT, ONE OF THE ASSUMPTIONS WAS THAT THAT WAS THE
14 WAY THAT WE HAD THOUGHT. ALWAYS KNOWING IN FUNDING
15 AT CIRM, YOU START -- WE STARTED WITH DISCOVERY,
16 THEN TRANSLATION, THEN PHASE 1, PHASE 2, AND THEN WE
17 WERE LIKE, OKAY, NOW WE'LL HAVE TO MAKE MONEY --
18 FUNDING PROGRAM FOR BLA ENABLING.

19 BUT NOW WE HAVE ENOUGH EXPERIENCE TO TEST
20 THAT ASSUMPTION AGAINST WHAT WAS ACTUALLY HAPPENED
21 TO THE CLINICAL PROGRAMS THAT WE HAVE FUNDED.

22 SO WHAT WE ARE SEEING, AS YOU SAW, IS MORE
23 COMPLICATED. A NUMBER OF PROGRAMS HAVE GENERATED
24 ENOUGH CLINICAL EVIDENCE AND VALUE THAT THEY HAVE
25 PROGRESSED TOWARD PIVOTAL INDEPENDENTLY AND BLA

1 INDEPENDENTLY OF CIRM, AND THEY HAVE A SPONSOR THAT
2 WILL BE MOVING THEM FORWARD.

3 ON THE OTHER SIDE, WE HAVE RICH -- WE HAVE
4 PROGRAMS THAT ARE COMPLETELY DEPENDENT ON US TO MOVE
5 FORWARD. SO, AGAIN, THE QUESTION IS WHAT ROLE SHOULD
6 CIRM PLAY IN FUNDING CLINICAL PROGRAMS, AND SHOULD
7 CIRM CONTINUE AS THE PRIMARY FUNDER THROUGH LATER
8 STAGE DEVELOPMENT AND BLA?

9 SO NOW I'M GOING TO REMOVE MY JACKET
10 BECAUSE I GOT A LITTLE HOT. BUT I'M GOING TO -- WE
11 ARE GOING TO GO THROUGH THE STATE OF THE CLINICAL
12 PORTFOLIO STILL UNDER THE PUBLIC SESSION WHERE WE
13 EXPLAIN WHAT'S THE SCOPE OF WHAT WE HAVE, WHAT WE
14 HAVE REVIEWED, WHAT'S THE CLINICAL PORTFOLIO THAT WE
15 HAVE REVISED, AND HOW HAVE WE CLASSIFIED IT, AND
16 WHY.

17 AND I WANT TO THANK ALL THE BOARD MEMBERS
18 THAT HAVE BEEN THROUGH MANY, MANY PRE-CALLS
19 PROVIDING FEEDBACK TO REALLY CAPTURE ALL OF THIS
20 BECAUSE THIS WASN'T A SLAM DUNK. IT WAS HARD,
21 COMPLICATED, AND I WANT TO THANK YOU ALL.

22 SO FOR TODAY'S DISCUSSION, WE ARE NOT
23 ANALYZING THE 112 PROGRAMS IN EQUAL DEPTH. WE
24 NARROWED THE SCOPE TO 53 ACTIVE CLINICAL STAGE
25 PROGRAMS, PLUS SIX CLOSED PROGRAMS WHERE THE THERAPY

1 IS STILL MEANINGFULLY ADVANCING. THOSE SIX WERE
2 SELECTED BECAUSE THERE'S EVIDENCE THAT THE THERAPY
3 ITSELF CONTINUED THROUGH ONGOING CLINICAL
4 DEVELOPMENT, PIVOTAL ACTIVITY, BLA-RELATED ACTIVITY,
5 OR OTHER CREDIBLE DEVELOPMENT PATHS.

6 SO THE INTENT OF THIS NARROWED SCOPE IS TO
7 FOCUS THE DISCUSSION ON CIRM'S FUTURE ROLE, WHICH
8 WILL BE ENABLED BY THIS AND WHATEVER ELSE COMES INTO
9 OUR PORTFOLIO BASED ON OUR PROGRAM ANNOUNCEMENTS IN
10 THE FUTURE.

11 SO ONCE WE NARROWED THE ANALYSIS TO THE 59
12 PROGRAMS, WE ASKED A DIFFERENT QUESTION: WHAT'S THE
13 LIKELY PATH FROM HERE? AND WHAT DOES THAT IMPLY FOR
14 CIRM?

15 THERE APPEARS TO BE THREE DIFFERENT
16 SITUATIONS. SOME PROGRAMS, AS I WAS TALKING ABOUT
17 BEFORE, HAVE BEEN SUFFICIENTLY DE-RISKED THAT THEY
18 CAN CONTINUE WITHOUT ADDITIONAL CIRM FUNDING. SOME
19 IN THE MIDDLE APPEAR UNLIKELY TO ADVANCE UNLESS CIRM
20 TAKES ON A MUCH LARGER SHARE OF THE DEVELOPMENT.
21 AND A THIRD GROUP IS STILL TOO EARLY OR UNCLEAR WHAT
22 ROLE CIRM SHOULD NEED TO PLAY.

23 SO WHAT WE WANT TO UNDERSTAND IS WHAT
24 DISTINGUISHES THOSE GROUPS AND WHAT TELLS US ABOUT
25 CIRM'S ROLE TO MAXIMIZE IMPACT TO PATIENTS. THERE

1 ARE SOME TRENDS ON THE FIRST SET. FOR EXAMPLE, THE
2 PROGRAM'S PROGRESSION WITHOUT ADDITIONAL CIRM
3 SUPPORT ARE FAIRLY DIVERSE. THEY HAVE DIFFERENT
4 MODALITIES, AS I WAS SAYING. THEY COVER RARE,
5 ULTRA-RARE, AS WELL AS PREVALENT DISEASES.

6 WHERE WE DO SEE A VERY CLEAR PATTERN IS
7 THE PROGRAMS THAT ARE UNLIKELY TO PROGRESS WITHOUT
8 CIRM SUPPORT. THEY ARE CONCENTRATED IN RARE AND
9 ULTRA-RARE WITH AN ENRICHMENT IN AUTOLOGOUS,
10 GENE-MODIFIED APPROACHES.

11 THEN THERE IS THE LARGER GROUP ON THE
12 YELLOW FOR WHICH THE NEED FOR CIRM SUPPORT IS STILL
13 TBD. THIS IS INTENTIONALLY A MIXED GROUP. SOME OF
14 THEM ARE NEWER, AND IT'S JUST TOO EARLY TO KNOW THE
15 PATH THAT THEY WILL TAKE.

16 OTHERS HAVE GENERATED MEANINGFUL CLINICAL
17 PROGRESS, BUT WHETHER THEY CAN CONTINUE
18 INDEPENDENTLY STILL WILL DEPEND ON THE NEXT DATA
19 READOUT AND THEIR ABILITY TO ATTRACT SUFFICIENT
20 EXTERNAL CAPITAL AND WHETHER THAT SPONSOR EMERGES
21 THAT CAN ACTUALLY CARRY THAT ASSET FORWARD. AND WE
22 WILL SEE SOME EXAMPLES IN THE CLOSED SESSION.

23 AND THEN THERE ARE ALSO SOME OLDER
24 PROGRAMS WHERE THE PATH TO BLA ALREADY LOOKS MUCH
25 MORE DIFFICULT, AND WE HAVE SOME OF THOSE STILL.

1 WE'VE LEARNED QUITE A BIT ABOUT THE MANAGEMENT OF
2 THOSE AWARDS. THESE ARE OLDER ACADEMIC PROGRAMS,
3 PROGRAMS THAT HAVE EXECUTION PROBLEMS, OR PROGRAMS
4 WITHOUT A CREDIBLE SPONSOR OR CAPITAL PATH FORWARD.

5 SO ON THIS PART YOU ASKED US FOR THIS
6 SLIDE, AND IT WAS VERY HELPFUL. YOU WANTED TO
7 UNDERSTAND HOW DID WE CATEGORIZE THOSE THREE
8 DIFFERENT SETS OF PROGRAMS. RIGHT?

9 SO THE FIRST ONE, THOSE ARE CONFIRMED
10 ONGOING -- THEY HAVE CONFIRMED ONGOING DEVELOPMENT
11 TOWARDS BLA. THOSE HAVE BEEN CONFIDENTIAL
12 DISCUSSIONS WITH THOSE PROGRAMS, THAT THEY ARE
13 ALREADY OUTSIDE OF OUR REGULAR MANAGEMENT. AND THEY
14 HAVE ALSO CONFIRMED AND WE HAVE VALIDATED THE
15 EXTERNAL FUNDING THAT THEY HAVE TO CARRY THAT
16 PROGRAM TO BLA AND BEYOND. AND WE HAVE ESTIMATES FOR
17 THIS. WE HAVE DEEP DIVE SLIDES THAT SHOW, LIKE, THE
18 YEARS TO BLA, THE RUNWAY THAT THEY HAVE. WE ALSO
19 HAVE THE COMPETITIVE LANDSCAPE FOR ALL OF THESE.

20 SAME FOR THE UNLIKELY PATH TO BLA WITHOUT
21 CIRM SUPPORT. THEY ARE CURRENTLY IN PIVOTAL TRIALS,
22 BUT THEY HAVE NO EXTERNAL FUNDING TO CARRY THE
23 PROGRAM FORWARD. IN THOSE WE HAVE INVESTED A LOT OF
24 MONEY AS WELL. AND THEN THE NEED FOR SUPPORT TBD
25 WERE THE THREE TYPES THAT I MENTIONED: TOO EARLY TO

1 KNOW, WAITING ON CLINICAL DATA, PROMISING BUT
2 FINANCING DEPENDENT, AND ALREADY SHOWING A DIFFICULT
3 PATH AHEAD.

4 AND I THINK NOW WE ARE GOING TO GO INTO
5 CLOSED SESSION, AND I'LL DEFER TO SCOTT TOCHER.
6 HE JUST WENT TO THE BATHROOM. HE DIDN'T KNOW I WAS
7 GOING TO BE SO EFFECTIVE. SORRY.

8 MR. TOCHER: WE WILL BE ADJOURNING TO
9 CLOSED SESSION FOR A DISCUSSION OF CONFIDENTIAL
10 INTELLECTUAL PROPERTY OR WORK PRODUCT,
11 PRE-PUBLICATION DATA, FINANCIAL INFORMATION,
12 CONFIDENTIAL SCIENTIFIC RESEARCH OR DATA, AND OTHER
13 PROPRIETARY INFORMATION PURSUANT TO HEALTH AND
14 SAFETY CODE SECTION 125290.30(F)(3)(B) AND (C).

15 SO FOR THOSE OF YOU ON THE PHONE, IF YOU
16 WOULD, AS WE DID EARLIER THIS MORNING, PLEASE SELECT
17 THE ENTER BREAK ROOM. BREAK ROOM. AND THAT WILL TAKE
18 YOU INTO OUR CLOSED SESSION.

19 DR. CANET-AVILES: AND WHILE WE WAIT, I
20 JUST WANT TO THANK, THERE ARE TWO COLLEAGUES. THE
21 CLINICAL TEAM, DEVELOPMENT TEAM, HAS BEEN VERY
22 HELPFUL IN PULLING THE INFORMATION, BUT I'M GOING TO
23 WAIT TILL THEY ARE HERE, THEY CAN HEAR BECAUSE I
24 WANT TO THANK --

25 MR. TOCHER: AND THOSE ON THE ZOOM STAND

1 BY. WE WILL HAVE THE BREAKOUT ROOM READY LINK IN
2 JUST A MOMENT. IT'LL POP UP ON YOUR SCREEN.

3 DR. DULIEGE: SCOTT OR CLAUDETTE, I'M NOT
4 GETTING THE OPTION TO GO IN A CLOSED SESSION. CAN
5 ANYONE HELP? THANK YOU.

6 (THE BOARD THEN WENT INTO CLOSED
7 SESSION, NOT REPORTED NOR HEREIN TRANSCRIBED. THE
8 FOLLOWING WAS THEN HEARD IN OPEN SESSION.)

9 CHAIRMAN IMBASCIANI: ALL RIGHT. WE ARE NOW
10 BACK. LADIES AND GENTLEMEN, WE'RE NOW BACK IN OPEN
11 SESSION. AND OUR CHIEF SCIENCE OFFICER IS GOING TO
12 CONCLUDE WITH THE PRESENTATION.

13 DR. CANET-AVILES: THANK YOU, MR. CHAIRMAN.

14 SO BASED ON THE DISCUSSION, THE MAIN
15 QUESTION IS WHAT KIND OF EFFORTS DOES CIRM NEED TO
16 FOCUS ON IN THE NEXT SEVEN AND A HALF YEARS OF
17 FUNDING CLINICAL PROGRAMS? AND WHAT WE ARE GOING TO
18 TALK ABOUT NOW IS WHAT IS OUR RECOMMENDATION TO THE
19 BOARD IN ORDER TO IMPLEMENT HOW TO FOCUS ON THOSE
20 EFFORTS.

21 JUST AS A REMINDER, THE RECAP WAS WE HAVE
22 APPROXIMATELY \$1 BILLION. WE COULD HAVE MORE SHOTS
23 ON GOAL, OR WE COULD FUND A FEW TO LATER STAGES, BUT
24 STILL A GAP WILL REMAIN, AND IT'S NOT SECURE THAT WE
25 WILL BE MOVING FORWARD AFTER THAT.

1 AND THE PROBLEM STATEMENT, JUST AS A RECAP
2 AS WELL, WHEN WE ESTABLISHED THE STRATEGIC
3 ALLOCATION FRAMEWORK, WE THOUGHT WE WERE GOING TO
4 FUND BLA-ENABLING AS WELL BECAUSE THAT WAS THE NEXT
5 STAGE. BUT WE'VE SEEN NOW THAT MANY LATER STAGE
6 PROGRAMS ARE ADVANCING THROUGH PIVOTAL AND BLA
7 WITHOUT ANY OF OUR FUNDING. WE'VE DE-RISKED THEM.
8 HOWEVER, OTHERS HAVE REACHED A POINT WHERE CONTINUED
9 DEVELOPMENT STILL REQUIRES SUBSTANTIAL FUNDING. AND
10 WE'VE ALREADY INVESTED A LOT. RIGHT?

11 SO WHAT ROLE SHOULD CIRM PLAY IN FUNDING
12 THOSE CLINICAL PROGRAMS? AND ALSO, SHOULD WE BE
13 STILL THE PRIMARY FUNDING TO LATER STAGE DEVELOPMENT
14 AND BLA?

15 SO THE RECOMMENDATION FROM OUR -- OUR
16 RECOMMENDATION IS ACTUALLY NOT THAT CIRM STOPS AT
17 PHASE 1 OR THAT WE DO NOT FUND PHASE 2 OF PIVOTAL
18 WORK IS NOT. IT'S ABOUT BEING MORE DELIBERATE ABOUT
19 THE ROLE THAT WE PLAY AS THE PROGRAM ADVANCES. SO
20 WHAT WE ARE PROPOSING IS, AND OBVIOUSLY THIS IS HIGH
21 LEVEL, AND THE DEVIL IS ALWAYS IN THE DETAILS, AND
22 THAT'S WHERE WE COME IN DECEMBER, BUT WE COULD
23 PROPOSE THAT OUR ROLE IS TO DE-RISK BROADLY AND
24 CREATE CREDIBLE CONTINUATION PATHS AT EARLIER
25 STAGES.

1 AND THEN IN THE NEXT STAGES, PHASE 2,
2 PIVOTAL, PHASE 3S AS WELL, BUT AS YOU HAVE SEEN, WE
3 DON'T HAVE ANY PHASE 3S, AND THE ONE THAT YOU SAW
4 HAS BEEN TERMINATED DUE TO FUTILITY. SO NOT DOING
5 MUCH PHASE 3 IN OUR CASE. AND CGT'S ARE USUALLY
6 PHASE 1 TO 2A. PIVOTAL IS WHERE THEY ARE.

7 SO WE WOULD FUND ALONGSIDE OTHERS WHEN THE
8 SHARED RISK CAN MOVE A PROMISING THERAPY TO A
9 MEANINGFUL INFLECTION POINT. WHAT THIS MEANS IS DO
10 WE HAVE THE CLINICAL EVIDENCE WHEN WE START THERE?
11 HAVE OTHERS SEEN THAT AS WELL, AND ARE THEY
12 INTERESTED IN INVESTING IN THAT? AND WHAT PART DO WE
13 TAKE BASED ON THE POPULATION, THE MODALITY, ETC.? SO
14 THAT WILL HAVE TO BE SHAPED BY THE CLINICAL TEAM IN
15 THE CONCEPT AS WE COME IN DECEMBER.

16 AND THEN FOR BLA ENABLING, WE WOULDN'T
17 FUND. OTHERS WOULD CARRY THE REMAINING PIVOTAL,
18 BLA-ENABLING, AND COMMERCIALIZATION RISK. AND,
19 OBVIOUSLY, IF THEY DO THAT, THEY WILL PROBABLY BE
20 INVESTED IN COMMERCIALIZATION. OTHERWISE THEY
21 WOULDN'T DO THAT.

22 SO THAT'S THE PROPOSAL AND THE
23 RECOMMENDATION AND HOW THESE COULD BECOME
24 IMPLEMENTED. IF THE BOARD SUPPORTS THIS DIRECTION,
25 WE COULD RETURN IN DECEMBER WITH CLINICAL PROGRAM

1 UPDATES. THEY COULD -- IT WOULD BE AN UPDATED
2 CONCEPT WITH RECOMMENDED REFINEMENTS TO THE SCOPE
3 AND THE FUNDING APPROACH WITH CLEAR EXPECTED
4 OUTCOMES FOR CIRM-SUPPORTED CLINICAL PROGRAMS.

5 AND THE REQUIREMENTS, LIKE CO-FUNDING,
6 WARRANTS, ALL THESE THINGS THAT SOME PEOPLE LIKE
7 RAFAEL HAVE A LOT OF FUN WITH. AND THEN PROPOSAL
8 FOR A MORE STRUCTURED APPROACH FOR PORTFOLIO
9 VISIBILITY AND EXTERNAL ENGAGEMENT THAT TALKS TO THE
10 LOOKBOOK TYPE OF THING THAT WE WANT TO FIGURE OUT.
11 HOW CAN WE IMPLEMENT A BIT MORE, ATTRACTING THE
12 OUTSIDE THAT THEY CAN HAVE A LOOK AT WHAT WE HAVE TO
13 DE-RISK.

14 AND THEN MY COLLEAGUE, DR. SAMBRANO, WILL
15 BE PROVIDING THE REVIEW PROCESS UPDATES, REVIEW
16 CRITERIA ALIGNED WITH THE PROPOSED CLINICAL FUNDING
17 APPROACH, PLANS FOR RECRUITMENT OF THE NEW GRANTS
18 WORKING GROUP REVIEWERS ALIGNED WITH UPDATED CLIN2
19 FOCUS, AND THEN PLANS FOR TRAINING THE GRANTS
20 WORKING GROUP REVIEWERS BECAUSE THIS IS NOT -- THIS
21 CHANGE IS PHILOSOPHICAL. THIS IS A BIG CHANGE, AND
22 WE HAVE TO MAKE SURE THAT EVERYBODY THAT'S IN THE
23 ECOSYSTEM OF OUR FUNDING UNDERSTANDS WHERE ARE WE
24 GOING. RIGHT? WHAT IS CIRM INTERESTED IN IN THE NEXT
25 FEW YEARS?

1 SO WITH THAT, I THINK THE -- OH. AND THIS
2 IS THE TIMELINE. THIS IS A SENSE OF WHAT HAPPENS
3 AFTER DECEMBER. THE CHANGES WILL TAKE SOME TIME TO
4 IMPLEMENT. IF THE BOARD APPROVES THE UPDATED
5 CONCEPT, WE THEN NEED TO REVISE THE PROGRAM
6 ANNOUNCEMENT, BUILD THE APPLICATION, COMMUNICATE THE
7 CHANGES TO APPLICANTS, AND MAKE SURE THAT WE HAVE
8 THE RIGHT REVIEWERS AND TRAINING IN PLACE.

9 SO THE FIRST APPLICATION UNDER THE NEW
10 CLIN2 WOULD COME THROUGH DURING 2027 WITH THE FIRST
11 FUNDING DECISIONS COMING BACK TO THE BOARD IN
12 DECEMBER OF 2027, THE FIRST FUNDING DECISIONS
13 RELATED TO THIS NEW PROGRAM. RIGHT?

14 SO THE MAIN POINT IS THAT THERE IS A FULL
15 IMPLEMENTATION CYCLE BETWEEN APPROVING THE NEW
16 DIRECTION AND SEEING THE FIRST AWARDS UNDER IT.
17 HOWEVER, WE, AS AN EXECUTIVE TEAM, WE ARE ALREADY
18 THINKING HOW ARE WE GOING TO BE COMMUNICATING TO THE
19 CURRENT CLIN2 APPLICANTS, ET CETERA, BECAUSE WE DO
20 WANT TO MAKE SURE THAT SOME OF THESE CHANGES ALREADY
21 FILTERED. SOME CAN FILTER ALREADY BECAUSE THIS IS
22 BASED ON OUR GUIDING PRINCIPLES AS WELL THAT ALLOW
23 FOR THESE THINGS TO BE IMPLEMENTED ALREADY, SOME OF
24 THEM.

25 AND WITH THAT, THE REQUESTED ACTION FROM

BETH C. DRAIN, CA CSR NO. 7152

1 THE CIRM TEAM IS FOR THE ICOC TO APPROVE THESE
2 RECOMMENDATIONS. AND I BELIEVE WE HAVE MORE
3 DISCUSSION HERE.

4 CHAIRMAN IMBASCIANI: YES. SO I THINK WE
5 PROBABLY SHOULD HAVE A MOTION TO ACCEPT THE
6 RECOMMENDATIONS IN ORDER TO PROMPT THE DISCUSSION.

7 DR. BARRETT: I MOVE ACCEPTANCE OF THE
8 RECOMMENDATIONS OF THE TEAM.

9 CHAIRMAN IMBASCIANI: MOVED BY DR. BARRETT
10 AND SECONDED BY GEORGE BLUMENTHAL. OKAY. SO COMMENTS
11 FROM THE BOARD.

12 DR. MALKAS: WILL THERE BE MORE DISCUSSION
13 WHEN YOU GO THROUGH YOUR FURTHER ANALYSES, AND YOU
14 BRING YOUR --

15 DR. CANET-AVILES: YOU MEAN AT THE CONCEPT
16 DEVELOPMENT IN DECEMBER?

17 DR. MALKAS: YEAH.

18 DR. CANET-AVILES: YEAH. THE DEVIL IN THE
19 DETAILS. RIGHT? YEAH.

20 VICE CHAIR BONNEVILLE: ROSA, SO WE'RE
21 OBVIOUSLY GOING TO HAVE A COUPLE OF SCIENCE
22 SUBCOMMITTEE MEETINGS LEADING UP TO THAT BECAUSE I
23 THINK THERE'S GOING TO -- EVERYONE'S -- YEAH.
24 BECAUSE WE CAN'T JUST COME TO THE BOARD -- I MEAN I
25 DON'T KNOW IF ONE SESSION AT THE BOARD WILL BE

1 ENOUGH UNLESS WE HAVE A COUPLE OF SCIENCE
2 SUBCOMMITTEES WHERE THIS GETS --

3 DR. CANET-AVILES: HASHED OUT.

4 VICE CHAIR BONNEVILLE: YEAH. AND EVEN
5 THEN, I DON'T KNOW HOW THE BOARD FEELS ABOUT JUST IT
6 COMING TO THE BOARD ONCE. DO THEY NEED A SECOND LOOK
7 AT IT? SO THAT'S SOMETHING TO CONSIDER WHEN WE'RE
8 GOING THROUGH THE SCIENCE SUBCOMMITTEE.

9 DR. SOUTHARD: I WOULD JUST ALSO SAY THAT
10 THE GENERAL CONCEPT THAT YOU'VE OUTLINED WITHOUT THE
11 DETAILS SEEMS VERY STRONG AND USEFUL FOR OUR
12 ORGANIZATION. SO THANK YOU.

13 DR. CANET-AVILES: THANK YOU, MARV.

14 CHAIRMAN IMBASCIANI: YES, JOSEPH.

15 MR. PANETTA: THANK YOU. ROSA, THIS IS -- I
16 AGREE IN CONCEPT, BUT WHAT I WONDER ABOUT IS WHEN
17 YOU TALK ABOUT FUNDING ALONGSIDE OTHERS WITH SHARED
18 RISK, THIS ISN'T JUST ABOUT THE SCIENCE. RIGHT? IT'S
19 ABOUT LOOKING AT WHAT THE PRIORITIES ARE. LINDA SAID
20 WHAT ARE THE PRIORITIES IN TERMS OF WHAT THE
21 PROPOSITION SAYS THAT WE'RE SUPPOSED TO BE FOCUSING
22 ON. BUT THEN ONE OF THE THINGS THAT I'VE REALLY BEEN
23 INTERESTED IN IS HOW CAN WE FIND MORE INDUSTRY
24 PARTNERS AND MORE VENTURE PARTNERS AND DO THE
25 OUTREACH THAT IT TAKES TO BE ABLE TO ACCOMPLISH

1 THAT.

2 SO IT MIGHT BE GREAT FROM A SCIENTIFIC
3 FOCUS, BUT THERE ARE A LOT OF OTHER FACTORS THAT ARE
4 INVOLVED. SO I WOULD THINK YOU'D BE CONSIDERING SOME
5 OF THOSE TOO.

6 DR. CANET-AVILES: YEAH. THAT'S A GREAT
7 POINT, MR. PANETTA. I THINK THIS IS SOMETHING THAT
8 HAS COME THROUGH DIFFERENT DISCUSSIONS AND PRE-CALLS
9 WITH BOARD MEMBERS AND -- OH, I SEE, DR. DAHL,
10 THAT -- WERE YOU GOING TO COMMENT ON THIS? SORRY.
11 PLEASE GO AHEAD.

12 DR. DAHL: YEAH. I AGREE. FIRST, I JUST
13 WANT TO SAY THANK YOU. IT'S REALLY HELPFUL TO SEE
14 THE WHOLE PORTFOLIO LIKE THIS. SO I KNOW THAT WAS A
15 LOT OF WORK FROM THE WHOLE TEAM. SO THANK YOU. IT
16 HELPS US, AS YOU'RE SAYING, STEWARD THE FUNDS WELL.

17 IN CONCEPT, I'M REALLY SUPPORTIVE OF THE
18 HIGH-LEVEL PLAN THAT YOU'VE LAID OUT. I THINK IT'S
19 HELPFUL TO TOUCH MANY THINGS INSTEAD OF CARRYING A
20 SMALL NUMBER. AND I THINK AS WE'RE THINKING ABOUT
21 HOW TO SHEPHERD THOSE FUNDS AND SUPPORTING THE
22 APPLICANTS TO DE-RISK AND GET FORWARD, I AGREE WITH
23 THE PARTNERING CONCEPT. HOW CAN WE DO THAT IN A
24 FOCUSED WAY? THAT REALLY HELPS THE APPLICANTS HAVE
25 THE CHANCE TO MOVE THE TECHNOLOGIES FORWARD AND

1 DEVELOP NEW THERAPIES. AND I LOOK AT IT BOTH FROM
2 THE CLINICAL AREAS, BUT ALSO FROM THE MODALITIES AND
3 THINKING ABOUT BOTH SIDES OF THOSE COINS.

4 DR. CANET-AVILES: YEAH. THOSE ARE GREAT
5 POINTS. THANK YOU, DR. DAHL.

6 CHAIRMAN IMBASCIANI: DO WE HAVE ANY OTHER
7 COMMENTS FROM BOARD MEMBERS?

8 OKAY. IS THERE ANY MEMBER OF THE PUBLIC
9 THAT WANTS TO -- ANNE-MARIE'S ON IT. OKAY.
10 ANNE-MARIE, DR. DULIEGE, WAIT A SECOND, ANNE-MARIE.
11 WE NEED TO INCREASE YOUR VOLUME.

12 DR. DULIEGE: THAT'S IT. I THINK, CAN YOU
13 HEAR ME WELL?

14 DR. CANET-AVILES: YEAH. YES.

15 DR. DULIEGE: ROSA, THANK YOU FOR THIS
16 PRESENTATION. CAN YOU GIVE US AN EXAMPLE OF
17 SITUATIONS WHERE YOU THINK THAT THE CIRM CAN HELP
18 POSSIBLY FIND THESE BIOPHARMA INSTITUTIONS OR VC TO
19 HELP FURTHER MOVE THE PROGRAM AHEAD? IN OTHER
20 EXAMPLES WHERE THE DISEASE IS SO RARE, LITERALLY
21 ULTRA-RARE, THAT IT'S GOING TO BE QUASI-IMPOSSIBLE
22 TO FIND A PARTNER, HAVE YOU FACED THESE TWO
23 SITUATIONS ALREADY? THANK YOU.

24 DR. CANET-AVILES: WE HAVE. WHAT I DON'T
25 KNOW IS IF I CAN DISCLOSE THIS IN A PUBLIC SESSION.

1 SO FOR THE SECOND ONE -- CAN I DISCLOSE THAT IN A --
2 NO. I DON'T THINK I CAN DISCLOSE THAT IN A PUBLIC
3 SESSION.

4 BUT FOR THE SECOND ONE, I CAN POSITIVELY
5 MENTION THAT THE SECOND CATEGORY, THAT THEY WERE IN
6 RED, OUR PARTNERING TEAM, DR. SHYAM PATEL, WHO
7 WORKED IN BUSINESS DEVELOPMENT AND PARTNERING FOR A
8 LONG TIME, HAS WORKED OR YOU WORK VERY HARD TRYING
9 TO FIGURE OUT SOLUTIONS FOR THEM. I DON'T KNOW IF
10 YOU WANT TO MAKE ANY COMMENTS WITH REGARDS TO THAT,
11 SHYAM, WITHOUT IDENTIFYING WHO THEY ARE.

12 DR. PATEL: VERY SLOWLY. I WAS GOING TO --

13 DR. CANET-AVILES: VERY CAREFUL --

14 DR. PATEL: I WAS HOPING TO ESCAPE. YEAH,
15 SO THERE ARE SEVERAL ULTRA-RARE PROGRAMS THAT WE'VE
16 SPENT CONSIDERABLE AMOUNT OF TIME, ALONG WITH THE
17 AWARDEES, TO SOLICIT PARTNERS. SO PUTTING THEM IN
18 FRONT OF DIFFERENT VC'S AS WELL AS BIOPHARMA
19 PARTNERS. AND, AS YOU'VE NOTED, IT'S BEEN A
20 CHALLENGE WITH SOME OF THOSE. I THINK YOUR PRIOR
21 QUESTION WAS, WHAT CAN WE DO TO HELP OUR PORTFOLIO
22 AS A WHOLE?

23 AND THERE, IN THE PAST, AROUND WHEN PROP
24 71 WAS ENDING, BECAUSE WE DIDN'T KNOW OUR FUTURE, WE
25 HAD IMPLEMENTED SEVERAL DIFFERENT WAYS TO REACH OUT

1 TO BIOPHARMA PARTNERS AS WELL AS TO VENTURE CAPITAL
2 INVESTORS, MAKE THEM AWARE OF OUR PORTFOLIO AND MAKE
3 CONNECTIONS. A LOT OF THOSE RESULTED IN ONE-ON-ONE
4 MEETINGS BETWEEN THOSE POTENTIAL PARTNERS AND OUR
5 AWARDEES. SOME OF THOSE WENT ON TO ELICIT SOME
6 INVESTMENT OPPORTUNITIES. AND SO I THINK IF WE WERE
7 GOING TO DO THAT AGAIN, AS SHANNON MENTIONED, WE'D
8 BE FOCUSED ON THE ASPECT OF OUR PORTFOLIO WHERE WE
9 CAN MAKE A DIFFERENCE, AND THEN GET PARTNERS THAT
10 WAY.

11 BUT TO ANSWER YOUR SECOND POINT, YES,
12 THERE HAS BEEN A LOT OF EFFORT TO HELP OUR
13 ULTRA-RARE PORTFOLIO TRY TO FIND PARTNERS.

14 DR. CANET-AVILES: YEAH. THANK YOU, SHYAM.
15 AND I WAS -- OH, SORRY.

16 DR. DULIEGE: NO. THAT WAS IT. THAT WAS IT.
17 THANK YOU.

18 DR. CANET-AVILES: THANK YOU, ANNE-MARIE. I
19 WAS LOOKING AT THE REST OF THE PORTFOLIO, AND
20 SOMETHING CAME TO, LIKE, KIND OF CAME TO MY MIND.
21 FIRST, THE FOCUS IS EXTREMELY IMPORTANT FOR
22 PARTNERING. I MEAN, IF WE, LIKE, ARE NOT SURE WHERE
23 WE WANT TO GO, WE ARE GOING TO BE, LIKE, DOING TOO
24 MANY THINGS AND NOT REALLY FOCUSED, AND WE DON'T
25 HAVE THAT KIND OF, LIKE, THE POWER IN OUR FTE'S TO

1 DO THAT AS WELL. RIGHT?

2 THE SECOND -- AND THE TIME. THE SECOND IS
3 WHEN I LOOK AT THE PORTFOLIO OF THE TBD'S, I AM
4 REALIZING THAT MANY OF THE ONES THAT HAVE ALREADY
5 INITIAL VENTURE BACKING, THEY'VE DONE IT ON THEIR
6 OWN. SO THERE ARE SOME CHARACTERISTICS TO THESE
7 PROGRAMS AND THE PEOPLE THAT LEAD THEM. THEY ARE
8 PEOPLE THAT THEY ALREADY KNOW WHAT IT TAKES TO GO
9 FROM THE BEGINNING TO THE END AND WHAT STEPS. YOU
10 HAVE TO HAVE THE END GOAL IN MIND FROM THE VERY
11 BEGINNING AND KNOW HOW TO MOVE AROUND.

12 SO WE CAN DO SO MUCH. RIGHT? WE CAN BRING
13 PEOPLE TO LOOK AT THEIR PORTFOLIO, BUT WE ALSO HAVE
14 TO MAKE SURE THAT WE PUT THE KIND OF PARAMETERS AT
15 THE BEGINNING THAT WILL ASK PEOPLE THE QUESTIONS
16 THAT THEY NEED TO HAVE ALREADY THOUGHT ABOUT BEFORE
17 THEY GET FUNDED BY US. AND IF THEY DON'T HAVE THE
18 ANSWER, WE SHOULD NOT FUND THEM.

19 CHAIRMAN IMBASCIANI: WAS THERE ANY COMMENT
20 FROM THE PUBLIC?

21 MS. MORALES: OKAY. SO WE ARE OPENING THE
22 FLOOR FOR PUBLIC COMMENT. IF YOU'RE JOINING IN
23 PERSON AND WOULD LIKE TO MAKE A COMMENT, PLEASE
24 APPROACH THE MICROPHONE BEHIND ME.

25 AND IF YOU WERE ON THE PHONE, IF YOU WOULD

BETH C. DRAIN, CA CSR NO. 7152

1 PRESS STAR 9 TO RAISE YOUR HAND. I DON'T SEE ANY
2 HANDS. OH, NO. I AM CORRECTED. THERE IS A PHONE
3 NUMBER ENDING IN 4589. YOU WILL HAVE THREE MINUTES
4 TO STATE YOUR COMMENT. AND PLEASE PRESS STAR 6 TO
5 UNMUTE YOURSELF. YOUR TIME STARTS NOW.

6 DR. YANG: HELLO. SO MY NAME IS ANN YANG,
7 AND I'M THE EXECUTIVE DIRECTOR FOR THE STYRKE
8 FOUNDATION FOR RARE DISEASE RESEARCH AND TREATMENT.
9 I AM -- I AM COMMENTING RELATIVE TO ONE OF THE
10 PROPOSALS FROM THE GROUP FROM STANFORD, UCSF. IS
11 THIS THE APPROPRIATE TIME TO MAKE THIS COMMENT, OR
12 SHOULD I BE DOING IT AT A LATER TIME?

13 CHAIRMAN IMBASCIANI: YES, YOU ARE CORRECT.
14 IT'S NOT AN INAPPROPRIATE TIME RIGHT NOW FOR YOU TO
15 MAKE THOSE COMMENTS. YOU WILL HAVE AN OPPORTUNITY
16 SHORTLY.

17 DR. YANG: THAT'S FINE. I WILL COME ON AT
18 THAT TIME. THANK YOU.

19 CHAIRMAN IMBASCIANI: THANK YOU VERY MUCH.

20 MS. MORALES: THANK YOU. IS THERE ANYBODY
21 WHO WANTS TO MAKE A COMMENT ABOUT THE CIRM
22 PORTFOLIO? I THINK YOU ARE GOOD.

23 CHAIRMAN IMBASCIANI: OKAY. THANK YOU.

24 WELL, BEFORE SCOTT GOES TO A VOTE, LET ME
25 MAKE A POLICY COMMENT, IF YOU WILL, ON THE

1 PRESENTATION.

2 SHE'S ASKING US TO PIVOT, RIGHT? IT'S A
3 VERY IMPORTANT PART IN OUR HISTORY, VERY IMPORTANT,
4 BUT I AM GRATIFIED THAT IN YOUR RECOMMENDATION, YOU
5 AND YOUR TEAMS, THAT WE DE-RISK A BROAD CATEGORY AND
6 HELP THEM FIND A WAY FORWARD. WE'RE HONORING OUR OWN
7 PAST WHERE FOR 20 YEARS CIRM HAS FUNDED A VERY, VERY
8 BROAD BASE OF SCIENCE. NOT EVERYTHING. EVERYONE HAD
9 TO COMPETE WITH EACH OTHER. BUT IT WAS ALWAYS
10 BROAD-BASED. AND I LIKE THAT SEA OF GREEN COMPARED
11 TO THE SMALL LITTLE, LITTLE LAKE OF RED, JUST
12 EMOTIONALLY SPEAKING. OKAY? THANK YOU.

13 SCOTT, PLEASE CALL THE ROLL.

14 MR. TOCHER: ALL RIGHT. ALL THOSE IN THE
15 ROOM IN THE FAVOR SAY AYE.

16 (CHORUS OF AYES.)

17 MR. TOCHER: THOSE OPPOSED NAY. ANY
18 ABSTENTIONS? AND I'LL POLL THOSE MEMBERS ON THE
19 PHONE.

20 DAN BERNAL? DAN? ANNE-MARIE DULIEGE?

21 DR. DULIEGE: AYE.

22 MR. TOCHER: ELENA FLOWERS?

23 DR. FLOWERS: YES.

24 MR. TOCHER: STEVE SMALE?

25 DR. SMALE: YES.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. TOCHER: RICH LAJARA?

2 MR. LAJARA: YES.

3 MR. TOCHER: CHRIS MIASKOWSKI?

4 DR. MIASKOWSKI: YES.

5 MR. TOCHER: ADRIANA PADILLA?

6 DR. PADILLA: YES.

7 MR. TOCHER: JOYCE SACKKEY?

8 DR. SACKKEY: YES.

9 MR. TOCHER: KEVIN XU?

10 MR. XU: YES.

11 MR. TOCHER: AND ONE MORE TIME FOR DAN
12 BERNAL. ALL RIGHT. THANK YOU. THE MOTION CARRIES.

13 CHAIRMAN IMBASCIANI: YEAH. THANK YOU,
14 SCOTT. AND, ROSA, THANK YOUR ENTIRE TEAM. SO MANY
15 PEOPLE WORKED REALLY, REALLY HARD ON THIS. VERY
16 IMPRESSIVE.

17 DR. CANET-AVILES: THE TEAM, ESPECIALLY DR.
18 SARA TAYLOR, THE CLINICAL DEVELOPMENT TEAM WITH JOE
19 GOLD AND DR. SHYAM PATEL, AND OUR BOARD MEMBERS,
20 YEAH, MARIA, SHANNON. THERE WERE MANY. SO I DON'T
21 WANT TO FORGET ONE. BUT WE GOT A LOT OF FEEDBACK,
22 AND THIS IS SUCCESSFUL BECAUSE OF YOU. SO THANK YOU
23 SO MUCH.

24 CHAIRMAN IMBASCIANI: THANK YOU.

25 WE HAVE TIME TO MOVE TO AGENDA ITEM --

BETH C. DRAIN, CA CSR NO. 7152

1 MR. TOCHER: MR. CHAIR, WE'RE GOING TO SKIP
2 TO LUNCH, IF THAT IS SUITABLE, BECAUSE WE WANT TO --
3 WE WANT TO BE MINDFUL OF THE QUORUM REQUIREMENTS FOR
4 CONSIDERATION OF CLIN, BUT ALSO THE LUNCH
5 AVAILABILITY. SO WE NEED TO KEEP YOU HAPPY AND
6 AWAKE. SO LET'S COME BACK AT 12:45 TO RESUME
7 CONSIDERATION OF THE ARS CLIN PROGRAM.

8 ALL RIGHT. SO QUARTER TILL WE'LL RETURN.
9 THANK YOU.

10 (A LUNCH RECESS WAS TAKEN.)

11 CHAIRMAN IMBASCIANI: LADIES AND GENTLEMEN,
12 PLEASE TAKE YOUR SEATS. WE'RE GOING TO RECONVENE.
13 THANK YOU.

14 EVERYONE'S IN POSITION. WE'RE GOING TO
15 TAKE UP AGENDA ITEM NO. 12, AND I'M HAPPY TO
16 ANNOUNCE THAT IN WHAT WILL PROBABLY BE SOMETHING
17 THAT GETS REPEATED AGAIN IN THE FUTURE, I'M GOING TO
18 ASK -- WE'VE ASKED ONE OF OUR FELLOW BOARD MEMBERS
19 TO CONDUCT THIS PART OF THE ARS.

20 AND MARK FISCHER-COLBRIE HAS HAPPILY
21 VOLUNTEERED TO RUN THE CLIN2 CLINICAL PROGRAM
22 ANNOUNCEMENT COMPETITION. THANK YOU.

23 MR. FISCHER-COLBRIE: THANK YOU, DR.
24 CHAIRMAN. WHAT I'D LIKE TO DO IS REVIEW WITH PEOPLE
25 THE FUNCTION, THE ROLE OF THE APPLICATION REVIEW

1 COMMITTEE. AND I ACTUALLY WENT BACK, WITH SCOTT'S
2 HELP, TO THE ACTUAL LANGUAGE OF PROP 14. AND WITHIN
3 THAT CONTEXT, THE PROCESS FOR APPROVAL OF CLINICAL
4 TRIALS INVOLVES, OBVIOUSLY, THE WORK WITH THE GRANTS
5 WORKING GROUP FOR MAKING SOUND SCIENTIFIC
6 RECOMMENDATIONS. AND, OF COURSE, THEY TAKE INTO
7 CONSIDERATION SOME OTHER FACTORS ALONG THE WAY IN
8 THOSE DISCUSSIONS.

9 BUT THERE'S A MANDATE IN THE PROPOSITION
10 FOR THE STAFF TO, NOT ONLY BRING FORWARD THE
11 RECOMMENDATIONS FROM THE GRANTS WORKING GROUP, BUT
12 ALSO TO MAKE THEIR OWN RECOMMENDATIONS. AND THOSE
13 RECOMMENDATIONS NEED TO TAKE INTO CONSIDERATION A
14 BROAD RANGE OF FACTORS THAT GO WELL BEYOND THE SCOPE
15 OF THE NARROWER CONSIDERATIONS FROM THE GRANTS
16 WORKING GROUP.

17 THAT'S ALSO IMPORTANT TO NOTE THAT THE
18 APPLICATION REVIEW COMMITTEE IS INTENDED TO TAKE A
19 VERY BROAD LOOK AT AND COUNTERBALANCE A WIDE VARIETY
20 OF ELEMENTS. AND THAT LANGUAGE IS IN THE PROPOSITION
21 WITH RESPECT TO THE CONCENTRATION OF THE PORTFOLIO
22 WITH OTHER THINGS THAT HAVE BEEN FUNDED PREVIOUSLY
23 WITH DEMANDS ON THE BUDGET AND WHERE THE BUDGET
24 STANDS.

25 SO THERE'S A WIDE RANGE OF CRITERIA THAT

BETH C. DRAIN, CA CSR NO. 7152

1 THE APPLICATION REVIEW COMMITTEE MUST TAKE INTO
2 CONSIDERATION PER THE LANGUAGE OF THE PROPOSITION.

3 ONE OTHER QUICK ARCANE NOTE, AND THERE'LL
4 BE A QUIZ ON THIS LATER, IS A PHENOMENON WHERE THE
5 APPLICATION REVIEW COMMITTEE IS STRUCTURED IN A WAY
6 TO AVOID ANY CONFLICT OF INTEREST WITH INSTITUTIONS
7 THAT ARE REPRESENTED ON THE FORMAL ICOC BOARD. THOSE
8 INDIVIDUALS, THEREFORE, CANNOT VOTE ON FUNDING
9 ACTIVITIES, BUT CAN BE PARTICIPATORY IN ALL THE
10 CONVERSATIONS AROUND THAT. AND SO THERE'S A CORE
11 GROUP OF APPLICATION REVIEW COMMITTEE MEMBERS THAT
12 HAVE THE FORMAL VOTE.

13 NOW, JUST TO COMPLICATE THINGS A LITTLE
14 BIT MORE, THERE'S THE NORMAL CONFLICT OF INTEREST
15 REVIEW OF EACH OF THE PORTFOLIOS THAT HAVE BEEN
16 SUBMITTED, OR THE APPLICATIONS HAVE BEEN SUBMITTED.
17 AND BECAUSE OF ALL THAT, AND THE VARIETY OF THINGS,
18 WHAT WE'RE GOING TO DO IS GO THROUGH APPLICATION BY
19 APPLICATION AND HAVE TO DO A SEPARATE FORMAL VOTE TO
20 ENSURE THAT WE HAVE THE BEST AND MOST BROAD
21 CONVERSATION POSSIBLE AS TO NOT CAUSE THE CONFLICTS
22 OF INTEREST TO PREVENT PEOPLE FROM SPEAKING UP AND
23 EXPRESSING THEIR VIEWPOINTS.

24 WITH THAT BEHIND US NOW, WHAT WE CAN DO IS
25 GO THROUGH APPLICATION BY APPLICATION. AND I'D LIKE

1 TO START WITH THE FIRST ELEMENT, WHICH IS TO HAVE
2 DR. SAMBRANO LAY OUT THE RECOMMENDATIONS OF THE
3 GRANTS WORKING GROUP AS REQUIRED BY PROP 14. THANK
4 YOU, GIL. THANK YOU, DR. SAMBRANO.

5 DR. SAMBRANO: THANK YOU VERY MUCH. SO GOOD
6 AFTERNOON, EVERYONE. I'M GOING TO PRESENT TO YOU THE
7 RECOMMENDATIONS FROM THE GRANTS WORKING GROUP
8 RELATED TO THE CLIN2 CYCLE, THE LATEST CYCLE THAT WE
9 HAD. SO YOU ARE FAMILIAR WITH THIS. WE'RE GOING TO
10 GO THROUGH THE SAME OVERALL PROCESS OF THE PROGRAM,
11 REVIEW PROCESS, AND RECOMMENDATIONS.

12 SO THE OBJECTIVE OF THE CLIN2 PROGRAM IS
13 TO SUPPORT THE COMPLETION OF AN INTERVENTIONAL PHASE
14 1, 2, OR 3 TRIAL FOR AN INNOVATIVE STEM CELL-BASED
15 OR GENETIC THERAPY THAT ADDRESSES AN UNMET MEDICAL
16 NEED AND THAT HAS THE POTENTIAL FOR TRANSFORMATIVE
17 BENEFITS TO PATIENTS, FAMILIES, AND THE HEALTHCARE
18 SYSTEM. SO THAT'S OUR GOAL WITH THIS PROGRAM.

19 THE PROGRAM ITSELF CONTRIBUTES TO OUR
20 OVERALL IMPACT GOALS OF THE STRATEGIC ALLOCATION
21 FRAMEWORK, SO GOALS 3 AND 4 SPECIFICALLY, TO ADVANCE
22 FOUR TO SEVEN RARE DISEASE PROJECTS TO A BLA, TO
23 PROPEL 15 TO 20 THERAPIES TARGETING DISEASES
24 AFFECTING CALIFORNIANS TO LATE-STAGE TRIALS.

25 THIS IS THE OVERALL SUMMARY OF THE PROGRAM

BETH C. DRAIN, CA CSR NO. 7152

1 STRUCTURE ITSELF. SO THIS IS A RECURRING PROGRAM. WE
2 HAVE FOUR CYCLES PER YEAR. THE DURATION OF THE AWARD
3 IS SPECIFICALLY FOUR YEARS TO COMPLETE ACTIVITIES.
4 APPLICANTS CAN INCLUDE BOTH CALIFORNIA AND
5 NON-CALIFORNIA ORGANIZATIONS.

6 THE CO-FUNDING FOR THIS AWARD VARIES
7 DEPENDING ON WHETHER YOU'RE A FOR-PROFIT, NONPROFIT,
8 OR THE STAGE OF THE RESEARCH, AND SO DOES THE
9 MAXIMUM AWARD AMOUNT FOR THOSE PROJECTS.

10 THE TARGET FOR FUNDING EACH YEAR IS 11 TO
11 20 AWARDS. WE HAVE AN ALLOCATION FOR THIS FISCAL
12 YEAR OF 160 MILLION. THIS IS THE FIRST CYCLE OF THIS
13 FISCAL YEAR THAT WE'RE BRINGING TO YOU. SO WE HAVE
14 THE FULL SLATE OF 160 MILLION TO WORK OFF OF FOR
15 THIS PARTICULAR PROGRAM.

16 SO WE'LL GO OVER THE REVIEW PROCESS. SO IN
17 THIS PROGRAM, WE INSTITUTED WHAT WE TALKED ABOUT
18 EARLIER, THE GWG SELECTION THAT WAS APPROVED IN
19 MARCH IN ORDER TO SELECT WHAT -- BY THE GRANTS
20 WORKING GROUP WHAT ARE THE TOP APPLICATIONS THAT
21 THEN GO TO FULL REVIEW.

22 THOSE ARE ASSESSED FOR ELIGIBILITY LARGELY
23 IN PARALLEL WITH THE SELECTION PROCESS. AND THOSE
24 THAT GET SELECTED ADVANCE TO MERIT REVIEW BY GRANTS
25 WORKING GROUP, AND THEN WE BRING THEM TO YOU FOR A

1 FINAL FUNDING DECISION.

2 I THINK THE KEY HERE, AND I'VE ALWAYS HAD
3 THESE QUESTIONS, BUT I THINK IT IS WORTH
4 EMPHASIZING. ON THE BOTTOM IS IS THIS A TOP
5 APPLICATION, WHICH IS THE GOAL OF THE SELECTION
6 PROCESS?

7 ELIGIBILITY, OF COURSE, FOR US IS MAKING
8 SURE THAT THIS IS SOMETHING THAT ULTIMATELY CAN BE
9 REVIEWED BY THE GRANTS WORKING GROUP AND THAT IT
10 MEETS THE OVERALL OBJECTIVE PARAMETERS THAT WE HAVE
11 FOR WHAT'S ELIGIBLE.

12 AND THE SCIENTIFIC REVIEW IS TO ASSESS
13 SIMPLY THE SCIENTIFIC MERIT AND GET A RECOMMENDATION
14 FROM THE PANEL ON WHETHER IT WARRANTS FUNDING. BUT
15 THEN, ULTIMATELY, THE FUNDING DECISION IS THE ARS.
16 AND THE QUESTION THAT WE ASK HERE: IS THIS
17 SOMETHING THAT CIRM SHOULD FUND?

18 SO JUST TO SHARE SOME OF THE NUMBERS IN
19 TERMS OF THIS PARTICULAR CYCLE, WE HAD 20
20 APPLICATIONS THAT CAME IN. TEN WERE SELECTED.
21 UNFORTUNATELY, TWO OF THE TEN DROPPED OUT DUE TO
22 ELIGIBILITY ISSUES THAT OCCURRED LATE IN THE
23 PROCESS. AND THOSE EIGHT WERE REVIEWED BY THE GRANTS
24 WORKING GROUP, AND SIX OF THE EIGHT WERE RECOMMENDED
25 FOR FUNDING.

1 THE COMPOSITION OF THE PANEL INCLUDES
2 SCIENTIFIC MEMBERS WITH EXPERTISE IN VARIOUS DISEASE
3 AREAS: REGULATORY EXPERTISE, CMC, CLINICAL
4 OPERATIONS, AS WELL AS PRODUCT DEVELOPMENT.

5 WE ALSO HAVE, OF COURSE, THE GRANTS
6 WORKING GROUP BOARD MEMBERS. SO MEMBERS OF THE
7 BOARD, PATIENT ADVOCATE AND NURSE MEMBERS, WHO
8 PROVIDE PERSPECTIVE ON SIGNIFICANCE AND POTENTIAL
9 IMPACT AND OVERSIGHT ON THE PROCESS. WE ALSO BRING
10 SPECIALISTS, SCIENTIFIC SPECIALISTS, AS WE NEED TO
11 FILL IN GAPS FOR SPECIALIZED AREAS.

12 OH, IT'S NOT ADVANCING. THERE WE GO.

13 OKAY. SO THE SCORING SYSTEM THAT'S USED
14 HERE IS THE SAME AS ALL THE OTHER PROGRAMS WE'VE
15 DESCRIBED. SCALE 1 TO 100; 85 AND ABOVE IS
16 RECOMMENDED FOR FUNDING; BELOW 85, IT IS NOT.

17 THE SCIENTIFIC REVIEW CRITERIA UTILIZED BY
18 THE GRANTS WORKING GROUP FOR THE CLINICAL PROGRAM
19 INCLUDES THE VALUE PROPOSITION WHERE THEY EVALUATE
20 THE EXTENT TO WHICH THE THERAPY OFFERS A COMPELLING
21 VALUE PROPOSITION; THE RATIONALE, EVALUATING WHETHER
22 IT'S A THERAPEUTIC APPROACH THAT'S PRACTICAL AND
23 MAKES SENSE; THE OVERALL PLAN AND DESIGN FOR
24 EXECUTING THE PROJECT; THE TEAM AND THE RESOURCES
25 THAT ARE AVAILABLE TO CONDUCT THE WORK; AND THE

1 POPULATION IMPACT, THE EXTENT TO WHICH THE PROJECT
2 CONSIDERS THE IMPACT OF THE PROPOSED THERAPY ACROSS
3 THE DIFFERENT AFFECTED POPULATIONS.

4 AND SO HERE ARE THE RECOMMENDATIONS FROM
5 THE PANEL. SO OF THE EIGHT APPLICATIONS THAT WERE
6 REVIEWED, AGAIN, SIX WERE RECOMMENDED FOR FUNDING.
7 THE TOTAL APPLICANT REQUEST FOR THOSE SIX
8 APPLICATIONS IS 56.2 MILLION. SO THERE ARE
9 SUFFICIENT FUNDS AVAILABLE SHOULD YOU DECIDE TO FUND
10 ALL OF THEM.

11 AND SO THIS IS WHAT IT LOOKS LIKE. THE ONE
12 ON TOP IS A LITTLE DIFFERENT IN COLOR. AND SO THIS
13 IS MEANT TO SUMMARIZE THE CIRM TEAM RECOMMENDATIONS
14 ON THE SIX THAT ARE RECOMMENDED BY THE GRANTS
15 WORKING GROUP. WE ARE NOT RECOMMENDING THE TOP ONE,
16 20316, BY THE CIRM TEAM DESPITE THE GRANTS WORKING
17 GROUP GIVING IT A VERY HIGH SCORE. AND SO IF YOU
18 AGREE WITH AND ULTIMATELY FUND THE ONE SHOWN HERE,
19 THE TOTAL APPLICANT REQUEST WOULD BE 44.2 MILLION.

20 OKAY. SO AS MENTIONED, WE'RE GOING TO TAKE
21 EACH OF THE APPLICATIONS ONE AT A TIME. WE WILL
22 OBVIOUSLY BE MINDFUL OF CONFLICTS.

23 AND WHAT I WAS GOING TO START WITH, MARK,
24 IF YOU'RE -- IF THAT'S OKAY, THE WAY I THINK THE
25 SLIDES ARE ORDERED IS, FIRST, THE TWO THAT ARE NOT

BETH C. DRAIN, CA CSR NO. 7152

1 RECOMMENDED BY EITHER THE WORKING GROUP OR THE CIRM
2 TEAM. AND THEN WE WOULD GO THROUGH THE ONES THAT ARE
3 RECOMMENDED BY BOTH, AND THEN THE LAST ONE IS THE
4 ONE WHERE WE HAVE A DIFFERENCE IN OPINION.

5 MR. FISCHER-COLBRIE: THAT'S CORRECT.
6 THANK YOU.

7 DR. SAMBRANO: OKAY.

8 MR. FISCHER-COLBRIE: WITH THAT IN HAND,
9 WHAT I'D LIKE TO DO IS WORK THROUGH THE LIST HERE
10 AND THAT YOU'VE GOT -- I DON'T KNOW IF WE HAVE A --
11 GO BACK TO THAT. DO WE HAVE A SLIDE ON THAT RIGHT?

12 DR. SAMBRANO: OKAY. WELL, WE HAVE A SLIDE
13 FOR EACH ONE.

14 MR. FISCHER-COLBRIE: GREAT. THANK YOU. SO
15 I'D LIKE TO GET A RECOMMENDATION WITH RESPECT TO NOT
16 FUNDING THIS CLINICAL TRIAL 20454 AS RECOMMENDED BY
17 BOTH THE GRANTS WORKING GROUP AND BY STAFF TO NOT
18 FUND THIS TRIAL. SO WE'LL DO TRIAL-BY-TRIAL VOTE.

19 SO IF I CAN GET A MOTION AND A SECOND FOR
20 THAT.

21 CHAIRMAN IMBASCIANI: I MOVE THAT.

22 DR. SOUTHARD: I'LL SECOND.

23 CHAIRMAN IMBASCIANI: GREAT. AND THEN
24 DISCUSSION FROM THE BOARD? QUESTIONS?

25 MR. TOCHER: AND JUST FOR THE RECORD, THE

BETH C. DRAIN, CA CSR NO. 7152

1 MOTION WAS MADE BY VITO IMBASCIANI AND THE SECOND
2 WAS BY MARV SOUTHARD.

3 MR. FISCHER-COLBRIE: OKAY. THANK YOU.

4 ANY DISCUSSION ON THIS? OKAY. ANY PUBLIC
5 DISCUSSION? YES, THERE IS. OKAY. GREAT.

6 MS. MORALEZ: OKAY. SO RIGHT NOW WE'RE
7 GOING TO OPEN UP THE FLOOR. THESE ARE GOING TO BE
8 FOR APPLICATION CLIN2-20389 AND CLIN2-20454.

9 OR ONLY --

10 DR. SAMBRANO: IT'S ONLY 20454.

11 MS. MORALEZ: OKAY. OKAY. SO THIS IS ONLY
12 GOING TO BE FOR CLIN2-20454. AND IF YOU HAVE A
13 PUBLIC COMMENT, PLEASE STEP UP TO THE MICROPHONE,
14 BUT, ALSO, IF YOU'RE ON THE PHONE, PLEASE PRESS STAR
15 9, AND WE WILL GET TO YOU RIGHT AFTER THE ONES IN
16 PERSON.

17 DR. CHEN: THANK YOU VERY MUCH FOR THE
18 OPPORTUNITY TO ADDRESS THE BOARD. I -- THE PI AND I,
19 DR. VU AND I, WOULD LIKE TO THANK THE REVIEW PANEL
20 FOR THE THOUGHTFUL AND VERY VALUABLE CRITIQUES.

21 WE THANK THE COMMITTEE FOR RECOGNIZING THE
22 HIGH VALUE PROPOSITION BECAUSE THE THERAPY IS ORALLY
23 BIOAVAILABLE AND HAS THE POTENTIAL TO APPLY TO BOTH
24 SOLID TUMOR AS WELL AS HEMALIGNANCIES, ADDRESS
25 SIGNIFICANT HIGH UNMET NEEDS ACROSS CALIFORNIA.

1 SO THIS PROPOSAL FOCUSES ON COLORECTAL
2 CANCER. AS YOU KNOW, THAT IT'S BECOMING THE NUMBER
3 ONE CAUSE OF CANCER DEATH IN ADULTS UNDER THE AGE OF
4 50 AND NUMBER TWO CAUSE OF CANCER DEATH AMONG ADULTS
5 OF ALL AGE COMBINED. SO THERE'S A SIGNIFICANT UNMET
6 NEEDS ACROSS CALIFORNIA.

7 THE COMMITTEE ALSO RECOGNIZED THAT THERE'S
8 CURRENTLY NO FDA-APPROVED THERAPY OR EMERGING
9 THERAPY TARGETING CANCER STEM CELLS, WHICH IS THE
10 FOCUS OF OUR APPLICATION.

11 THE PANEL ALSO RECOGNIZED A STRONG
12 SCIENTIFIC RATIONALE AND STRONG ACADEMIC OR
13 SCIENTIFIC, AS WELL AS INVESTIGATOR-INITIATED
14 CLINICAL TRIAL CREDENTIALS OF THE TEAM. SO WE
15 APPRECIATE ALL THESE COMMENTS.

16 ONE OF THE -- SO ALL THE MAJOR COMMENTS
17 ARE ABOUT THE OPERATIONAL SIDE. WE UNFORTUNATELY DID
18 NOT LIST ALL THE PEOPLE'S NAMES SPECIFICALLY IN THE
19 APPLICATION IN BUDGET JUSTIFICATION. SO EVERY SINGLE
20 POSITION HAS BEEN FILLED BY HIGHLY EXPERIENCED
21 PEOPLE. AND CURRENTLY THE CLINICAL OPERATIONAL TEAM
22 IS MEETING EVERY WEEK ON MONDAY AT 9:30. SO IT'S A
23 HIGHLY OPERATIONALIZED TEAM. SO I LISTED ALL THE
24 NAMES OF THE PEOPLE ON THE WRITTEN LETTER.

25 THE SECOND CONCERN IS THE ENROLLMENT

1 CHALLENGES. SO THIS IS PHASE 1 DOSE ESCALATION. WE
2 USE THE SAFETY-FIRST APPROACH. SO CURRENTLY THERE
3 ARE 70 PATIENT ON THE WAITLIST TO JOIN THIS TRIAL.
4 THERE'S NO SHORTAGE OF PATIENTS OR CLINICAL
5 RESOURCES. AND SO, IMPORTANTLY, THERE'S NO ADVERSE
6 EVENT CURRENTLY IDENTIFIED ATTRIBUTABLE TO THE
7 THERAPY.

8 HOWEVER, DISEASE CONTROL HAS BEEN
9 OBSERVED. SO WITH THE KNOWLEDGE, THE EMERGING
10 KNOWLEDGE OF THE SAFETY AND EFFICACY, WE ARE
11 ACCELERATING ENROLLMENTS.

12 MS. MORALEZ: OKAY. THANK YOU VERY MUCH.
13 THAT IS YOUR THREE MINUTES.

14 IS THERE ANYBODY ELSE IN PERSON THAT WOULD
15 LIKE TO TALK ABOUT APPLICATION CLIN2-20454? OKAY.
16 I'M GOING TO MOVE TO THE PHONE. THE PHONE NUMBER
17 ENDING IN 3863, IF YOU WOULD PLEASE UNMUTE YOURSELF
18 BY PRESSING STAR 6, AND YOU HAVE THREE MINUTES.
19 PHONE NUMBER 3863, CAN YOU PRESS STAR 6? PHONE
20 NUMBER 3863, IF YOU PLEASE PRESS STAR 6 TO GIVE YOUR
21 COMMENT.

22 OKAY. I THINK WE MOVE FORWARD.

23 MR. FISCHER-COLBRIE: OKAY. WE'VE HAD A
24 MOTION AND A SECOND. SCOTT, IF WE COULD TAKE THE
25 VOTE.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. TOCHER: SORRY. DAN BERNAL?

2 MR. BERNAL: YES, EXCEPT FOR THOSE WITH
3 THAT WHICH HAVE A CONFLICT. OR AM I NOT CONFLICTED
4 ON THIS ONE?

5 MR. TOCHER: YOU'RE NOT CONFLICTED ON THIS
6 ONE. AND FOR FOLKS IN THE ROOM, THIS IS JUST FOR
7 APPLICATION 20454.

8 MARIA BONNEVILLE?

9 VICE CHAIR BONNEVILLE: YES.

10 MR. TOCHER: MARGUERITE CASILLAS?

11 MS. CASILLAS: YES.

12 MR. TOCHER: SHANNON DAHL?

13 DR. DAHL: YES.

14 MR. TOCHER: ANNE-MARIE DULIEGE?

15 DR. DULIEGE: YES.

16 MR. TOCHER: MARK FISCHER-COLBRIE?

17 MR. FISCHER-COLBRIE: YES.

18 MR. TOCHER: ELENA FLOWERS?

19 DR. FLOWERS: YES.

20 MR. TOCHER: THANK YOU. VITO IMBASCIANI?

21 CHAIRMAN IMBASCIANI: YES.

22 MR. TOCHER: RICH LAJARA?

23 MR. LAJARA: YES.

24 MR. TOCHER: CHRIS MIASKOWSKI?

25 DR. MIASKOWSKI: YES.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. TOCHER: ADRIANA PADILLA?

2 DR. PADILLA: YES.

3 MR. TOCHER: JOE PANETTA? MARV SOUTHARD?

4 DR. SOUTHARD: YES.

5 MR. TOCHER: Yael WYTE? AND KEVIN XU?

6 MR. XU: YES.

7 MR. TOCHER: THANK YOU. MOTION CARRIES,

8 MARK.

9 MR. FISCHER-COLBRIE: GREAT. WITH THAT,
10 GIL, LET'S GO TO THE NEXT ONE, 20389, I BELIEVE.

11 DR. SAMBRANO: YEAH.

12 MR. FISCHER-COLBRIE: IF I CAN GET A MOTION
13 AND A SECOND TO CONCUR WITH THE GWG RECOMMENDATION
14 FOR NOT FUNDING THIS TRIAL.

15 CHAIRMAN IMBASCIANI: I MOVE THAT, DR.
16 IMBASCIANI.

17 MR. FISCHER-COLBRIE: SECOND? THANK YOU.

18 DISCUSSION BY THE BOARD?

19 MR. TOCHER: SORRY. AND IT'S JUST BECAUSE
20 OF OUR NEW SYSTEM OF TRANSCRIPTION OF OUR MEETINGS,
21 I HAVE TO ANNOUNCE FOR THE RECORD IT WAS VITO
22 IMBASCIANI THAT MADE THE MOTION AND MARGUERITE
23 CASILLAS THAT SECONDED.

24 MR. FISCHER-COLBRIE: THANK YOU, SCOTT.

25 ANY BOARD DISCUSSION?

BETH C. DRAIN, CA CSR NO. 7152

1 DR. SOUTHARD: WHAT'S BEHIND THE BOARD'S --
2 I MEAN THE TEAM'S DESIRE NOT TO FUND?

3 MR. FISCHER-COLBRIE: THIS IS THE GWG AND
4 THE INTERNAL TEAM BOTH.

5 DR. SOUTHARD: OKAY. THIS IS BOTH. OKAY.

6 MR. FISCHER-COLBRIE: YES.

7 DR. SOUTHARD: OKAY. NEVER MIND.

8 MR. FISCHER-COLBRIE: NO WORRIES. WE'LL GET
9 TO THE OTHER ONE IN A BIT. YEAH. YEAH. NO WORRIES.

10 OTHER BOARD QUESTIONS AND DISCUSSION? ANY
11 PUBLIC COMMENT?

12 MS. MORALEZ: OKAY. IF THERE'S ANYBODY HERE
13 TO MAKE PUBLIC COMMENT ON CLIN2-20389, WOULD YOU
14 STAND UP TO THE MICROPHONE?

15 DR. ABEDI: THIS IS MEHRDAD --

16 MS. MORALEZ: AND THEN IF THERE'S ANYBODY
17 ON THE PHONE, IF YOU WOULD PRESS STAR 9 TO RAISE
18 YOUR HAND. AND THEN I DO REALIZE THAT THERE IS A
19 PHONE NUMBER, THE 3863, ARE YOU TRYING TO MAKE A
20 COMMENT ON CLIN2-20389?

21 DR. ABEDI: YES.

22 MS. MORALEZ: OKAY. THEN YOU HAVE THREE
23 MINUTES. IT STARTS NOW.

24 DR. ABEDI: MY NAME IS MEHRDAD ABEDI. I'M A
25 PROFESSOR OF MEDICINE AT UC DAVIS AND A PI AT

1 (UNINTELLIGIBLE) PI OF ALPHA CLINIC THERE, BUT I'M
2 ALSO A BLOOD CANCER DOCTOR WHO DEALS WITH THIS
3 PATIENT ALL THE TIME.

4 BUT IF YOU HAVE A RELAPSED REFRACTORY
5 LEUKEMIA LYMPHOMA, SAY, A MULTIPLE LINE OF THERAPY
6 AFTER CAR-T CELLS AND AFTER OUR TRANSPLANT, YOUR
7 CHANCE IS JUST BASICALLY ZERO. YOUR LIFE EXPECTANCY
8 IS WORSE THAN A PANCREATIC CANCER, JUST MONTHS --
9 I'M SORRY -- WEEKS, NOT EVEN MONTHS.

10 SO IF YOU HAVE BRAIN CANCER, BRAIN
11 LYMPHOMA OR BRAIN LEUKEMIA, THAT'S EVEN WORSE. SO
12 THESE PATIENTS JUST ABSOLUTELY HAVE NO OTHER OPTIONS
13 THERE. SO JUST IMAGINE IF I CAN TELL MY YOUNG
14 PATIENTS THAT I CANNOT PROVIDE YOU ANY OPTIONS
15 BECAUSE I GOT A SCORE OF 84 AND NOT 85.

16 I FEEL AWFUL. I TAKE THE FULL
17 RESPONSIBILITY BECAUSE I THINK WE JUST DIDN'T
18 COMMUNICATE WELL WITH THE REVIEWERS. AND MANY OF
19 THEIR -- THERE WERE VERY FEW CRITICS. ANYWAY, THEY
20 SCORED 84 THAT SUGGEST THAT THERE WERE VERY FEW
21 CRITICS. BUT THOSE CRITICS, MOST OF THEM, I THINK,
22 WAS JUST LACK OF CLARITY FROM OUR PART, NOT AN ISSUE
23 THERE.

24 THE BIG THING IS THAT THIS IS -- THIS
25 PROTOCOL ADDRESSED EVERYTHING THAT CIRM STANDS FOR.

1 IT ADDRESSED AN UNMET -- URGENT, UNMET MEDICAL NEED.
2 AND I WAS SURPRISED WHEN ONE OF THE REVIEWERS
3 MENTIONED THAT THE TRIPLE ANTI-CAR-T CELLS HASN'T
4 SHOWN THEIR SUPERIORITY OVER SINGLE OR DOUBLE, BUT
5 THE WHOLE GRANT IS ABOUT THAT. WE HAVE NATURE
6 BIOTECHNOLOGY PUBLICATIONS. WE HAVE THE WHOLE CLIN1
7 GRANT DATA SUGGESTING THAT THIS IS SUPERIOR TO THE
8 CURRENT CAR-T CELLS IN PATIENTS WHO ARE FAILING
9 CAR-T-CELLS OR FAILING ALO.

10 IT ADDRESSED AFFORDABILITY. I MADE MY
11 CAREER TO MAKE THESE PRODUCTS MUCH CHEAPER. SO WE
12 ARE PROPOSING, WITH THE HELP OF CARING CROSS, WITH
13 THE HELP OF CC CENTERS, USING A NON-PROFIT, NON --
14 BASICALLY POINT-OF-CARE MANUFACTURING, THAT WE BRING
15 THE PRICE OF THESE CAR-T CELLS TO ONE-EIGHTH OF THE
16 COMMERCIAL AVAILABLE. AND WE'RE GOING TO GO TO THE
17 FDA FOR THAT. AND WE'VE ALREADY GONE TO FDA. WE'RE
18 GOING TO GO FOR A BLA EVENTUALLY FOR THAT. WE SPEND
19 A LOT OF TIME ORGANIZING THIS.

20 IT ADDRESSED CNS LEUKEMIA LYMPHOMA. THAT'S
21 SOMETHING THAT CIRM NEEDS, AS THE CIRM MANDATES
22 THERE. BUT ALSO, MOST IMPORTANTLY, ADDRESS THE
23 ACCESSIBILITY. AND THAT'S SOMETHING THAT, AGAIN, THE
24 CIRM IS MANDATED TO DO THAT. SO WE'RE PROPOSING
25 THESE -- TO DO THIS IN THE COMMUNITY CENTERS. AND

BETH C. DRAIN, CA CSR NO. 7152

1 WE'RE GOING TO BE THE HUB, AND THEY'RE GOING TO BE
2 THE SPOKE MODELS THERE.

3 AND ONE OF THE REVIEWERS MENTIONED THAT,
4 NO, THE COMMUNITY CENTER CANNOT DO THAT. BUT I THINK
5 THAT WAS, AGAIN, LACK OF CLARITY FROM OUR SIDE. I
6 TAKE THE, YOU KNOW, THE BLAME. BUT THEY WERE NOT
7 REALLY AWARE OF THESE COMMUNITY CENTERS WE'RE
8 TALKING ABOUT. CIRM HAS SPENT \$18 MILLION TO FUND
9 LOMA LINDA AND FRESNO TO DO EXACTLY THE SAME THING,
10 SO THEY CAN MANUFACTURE WITH THEIR GMP.

11 MS. MORALEZ: THANK YOU SO MUCH FOR YOUR
12 COMMENT. IS THERE ANYBODY ELSE ON THE PHONE OR IN
13 PERSON? IF YOU'RE ON THE PHONE, PLEASE PRESS STAR 9.

14 DR. ABDEL-AZIM: YES, I'M ON THE PHONE.

15 MS. MORALEZ: OKAY. PHONE NUMBER ENDING IN
16 4000, YOU HAVE THREE MINUTES.

17 DR. ABDEL-AZIM: HI. THIS IS DR. HISHAM
18 ABDEL-AZIM. I AM THE DIRECTOR OF THE CIRM COMMUNITY
19 CARE CENTER OF EXCELLENCE AT LOMA LINDA UNIVERSITY.
20 AND THERE IS TWO POINTS I WANTED TO COMMENT FOR THIS
21 GRANT.

22 THE FIRST ONE IS THAT FUNDING FOR THIS
23 GRANT IS CRITICAL FOR THE SUCCESS OF THE CIRM CCCE
24 BECAUSE THIS GRANT OFFER OR FULFILLS THE
25 POINT-OF-CARE MANUFACTURING FOR WHICH THIS IS A

1 SIGNIFICANT PART OF FUNDING FOR THE CCCE. AND THIS
2 IS VERY WELL HIGHLIGHTED ON THE GRANT.

3 THE OTHER MORE IMPORTANT ISSUE, THIS GRANT
4 ADDRESSED A VERY CRITICAL POINT THAT ALIGN WITH THE
5 CIRM MISSION, WHICH IS BASICALLY PROVIDING THE
6 TREATMENT AND MAKING IT ACCESSIBLE TO THE BROADER
7 COMMUNITY OF CALIFORNIA BY BASICALLY MAKING IT
8 AVAILABLE INTO DIFFERENT AREAS ACROSS THE STATE AND
9 ALSO REDUCING ITS COST.

10 SO THE WHOLE CONCEPT OF DECENTRALIZED
11 MANUFACTURING, WHICH IS A PROOF OF CONCEPT, DOES
12 HAVE AN IMPACT ON PATIENT ACCESS TO THE GENERAL
13 CALIFORNIA POPULATION AND A GENERAL IMPACT IN THE
14 COUNTRY IN DECREASING THE COST BY MOVING FROM THE
15 DECENTRALIZED MODEL -- TO THE DECENTRALIZED MODEL.
16 THEREFORE, I THINK IT'S VERY CRITICAL. THIS PROJECT
17 IS VERY CRITICAL FOR THE SUCCESS OF THE MISSION OF
18 CIRM, OF MAKING CAR-T-CELL THERAPY AFFORDABLE AND
19 AVAILABLE TO THE VARIOUS COMMUNITIES IN CALIFORNIA,
20 EVEN OUTSIDE THE ACADEMIC MEDICAL CENTERS, AND FOR
21 THE SUCCESS OF THE COMMUNITY CARE CENTER OF
22 EXCELLENCE, AND IT CAN BE ADOPTED ONCE THE CONCEPT
23 IS PROVEN TO REALLY EFFECT THE DELIVERY OF CELL AND
24 GENE THERAPY AND REGENERATIVE MEDICINE THROUGH THE
25 WHOLE UNITED STATES, NOT ONLY IN CALIFORNIA.

BETH C. DRAIN, CA CSR NO. 7152

1 THANK YOU.

2 MS. MORALEZ: THANK YOU VERY MUCH. IS THERE
3 ANYBODY ELSE THAT WOULD LIKE TO MAKE A PUBLIC
4 COMMENT ON CLIN2-20389? I THINK THAT'S ALL.

5 MR. FISCHER-COLBRIE: OKAY. WITH THAT,
6 LET'S GO AHEAD AND TAKE THE VOTE.

7 MR. TOCHER: ALL RIGHT. AND TO RESTATE, THE
8 MOTION IS TO NOT FUND CLIN2-20389.

9 DAN BERNAL?

10 MR. BERNAL: AYE.

11 MR. TOCHER: MARIA BONNEVILLE?

12 VICE CHAIR BONNEVILLE: YES.

13 MR. TOCHER: MARGUERITE CASILLAS?

14 MS. CASILLAS: YES.

15 MR. TOCHER: SHANNON DAHL?

16 DR. DAHL: YES.

17 MR. TOCHER: ANNE-MARIE DULIEGE?

18 DR. DULIEGE: YES.

19 MR. TOCHER: MARK FISCHER-COLBRIE?

20 MR. FISCHER-COLBRIE: YES.

21 MR. TOCHER: ELENA FLOWERS?

22 DR. FLOWERS: YES.

23 MR. TOCHER: VITO IMBASCIANI?

24 CHAIRMAN IMBASCIANI: YES.

25 MR. TOCHER: RICH LAJARA?

BETH C. DRAIN, CA CSR NO. 7152

1 MR. LAJARA: YES.

2 MR. TOCHER: CHRIS MIASKOWSKI?

3 DR. MIASKOWSKI: YES.

4 MR. TOCHER: JOE PANETTA? MARV SOUTHARD?

5 DR. SOUTHARD: YES.

6 MR. TOCHER: Yael WYTE? AND KEVIN XU?

7 MR. XU: YES.

8 MR. TOCHER: THANK YOU. MOTION CARRIES,

9 MARK.

10 MR. FISCHER-COLBRIE: THANK YOU, SCOTT.

11 WITH THAT, LET'S MOVE INTO --

12 DR. DULIEGE: JUST ONE COMMENT, IF
13 POSSIBLE. BRIEFLY, JUST TO FOLLOW UP ON THE COMMENTS
14 MADE BY THE PRINCIPAL INVESTIGATORS AND THE OTHER
15 GENTLEMAN, COULD YOU CONFIRM, GIL, THAT THERE ARE
16 FOUR -- THERE'S GOING TO BE FOUR SUCH REVIEWS
17 THROUGHOUT THE YEAR? AND SO THE TEAM CAN PRESENT
18 AGAIN MAYBE AN IMPROVED GRANT PROPOSAL TO THE GWG
19 WITHIN THREE MONTHS FROM NOW?

20 DR. SAMBRANO: YES, ABSOLUTELY. SO THIS IS
21 AVAILABLE FOR REAPPLICATION IN WHICH THEY CAN
22 ADDRESS THE CONCERNS OF THE GRANTS WORKING GROUP.

23 DR. DULIEGE: SOUNDS GREAT. THANK YOU.

24 MR. FISCHER-COLBRIE: AND JUST TO ADD TO
25 THAT, GIL, THE REAPPLICATION TIME PERIOD STARTS IN,

BETH C. DRAIN, CA CSR NO. 7152

1 IS IT ALREADY IN OCTOBER, OR WHEN IS THAT?

2 DR. SAMBRANO: I BELIEVE THE NEXT DEADLINE
3 IS AT THE END OF OCTOBER, YEAH.

4 MR. FISCHER-COLBRIE: YEAH. OKAY. THANK
5 YOU.

6 DR. DULIEGE: THANK YOU.

7 MR. FISCHER-COLBRIE: OKAY. LET'S CONTINUE
8 ON TO THE RECOMMENDATIONS FROM THE STAFF THAT HAVE
9 BEEN APPROVED, AND WE'LL GO SEQUENTIALLY THROUGH
10 THOSE. SO CLIN-20350. IF I CAN GET A MOTION AND A
11 SECOND TO FUND THIS CLINICAL TRIAL.

12 VICE CHAIR BONNEVILLE: SO MOVED.

13 DR. DULIEGE: I MOVE. SECOND.

14 VICE CHAIR BONNEVILLE: SO THAT'S MARIA AND
15 ANNE-MARIE FOR THE RECORD.

16 MR. FISCHER-COLBRIE: GREAT. DISCUSSION
17 FROM THE BOARD? OKAY. ANY PUBLIC COMMENT?

18 MS. MORALES: OKAY. SO IF ANYBODY HAS TO
19 MAKE -- WANTS TO MAKE A COMMENT ON CLIN2-20350 IN
20 THE ROOM, PLEASE COME TO THE MIC. IF YOU ARE ON THE
21 PHONE, PLEASE PRESS STAR 9.

22 ONE MORE TIME FOR CLIN2-20350. PLEASE
23 PRESS STAR 9 TO RAISE YOUR HAND OR APPROACH THE
24 MICROPHONE. NO PUBLIC COMMENT.

25 MR. FISCHER-COLBRIE: OKAY. LET'S TAKE THE

BETH C. DRAIN, CA CSR NO. 7152

1 VOTE .
2 MR. TOCHER: RIGHT. THIS IS TO FUND
3 CLIN2-20350.
4 RICH LAJARA?
5 MR. LAJARA: YES.
6 MR. TOCHER: CHRIS MIASKOWSKI?
7 DR. MIASKOWSKI: YES.
8 MR. TOCHER: ADRIANA PADILLA?
9 DR. PADILLA: YES.
10 MR. TOCHER: JOE PANETTA?
11 MR. PANETTA: YES.
12 MR. TOCHER: MARV SOUTHARD?
13 DR. SOUTHARD: YES.
14 MR. TOCHER: Yael WYTE?
15 MS. WYTE: YES.
16 MR. TOCHER: KEVIN XU?
17 MR. XU: YES.
18 MR. TOCHER: DAN BERNAL?
19 MR. BERNAL: YES.
20 MR. TOCHER: MARIA BONNEVILLE?
21 VICE CHAIR BONNEVILLE: YES.
22 MR. TOCHER: MARGUERITE CASILLAS?
23 MS. CASILLAS: YES.
24 MR. TOCHER: SHANNON DAHL?
25 DR. DAHL: YES.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. TOCHER: ANNE-MARIE DULIEGE?
2 DR. DULIEGE: YES.
3 MR. TOCHER: MARK FISCHER-COLBRIE?
4 MR. FISCHER-COLBRIE: YES.
5 MR. TOCHER: ELENA FLOWERS?
6 DR. FLOWERS: YES.
7 MR. TOCHER: AND VITO IMBASCIANI?
8 CHAIRMAN IMBASCIANI: YES.
9 MR. TOCHER: THANK YOU. THE MOTION CARRIED.
10 MARK?
11 MR. FISCHER-COLBRIE: GREAT. LET'S CONTINUE
12 ON TO THE NEXT CLINICAL TRIAL. SO 20409, IF I GET A
13 MOTION AND A SECOND TO FUND THIS TRIAL.
14 DR. SOUTHARD: SO MOVED.
15 VICE CHAIR BONNEVILLE: SECOND.
16 MR. FISCHER-COLBRIE: MARV AND MARIA?
17 WITH THAT, ANY DISCUSSION FROM THE BOARD?
18 OKAY. ANY PUBLIC COMMENT?
19 MS. MORALES: OKAY. ANYBODY FROM THE PUBLIC
20 WANT TO COMMENT ON CLIN2-20409? PRESS STAR 9 TO
21 RAISE YOUR HAND OR APPROACH THE MIC. ALL RIGHT. ONE
22 MORE CHANCE FOR CLIN2-20409.
23 OH, I DO HAVE A PHONE NUMBER. THE PHONE
24 NUMBER ENDING IN 8368. IF YOU WOULD UNMUTE YOURSELF
25 BY PRESSING STAR 6, YOU HAVE THE FLOOR FOR THREE

1 MINUTES.

2 DR. SCRIBNER: GOOD AFTERNOON, EVERYBODY.
3 THIS IS CURT SCRIBNER. I'M THE CHIEF MEDICAL OFFICER
4 AND THE PRINCIPAL FOR THIS GRANT. THANK YOU ALL VERY
5 MUCH. I JUST WANTED TO UPDATE YOU BECAUSE WE HAD
6 SOME EXCELLENT, EXCELLENT COMMENTS FROM THE
7 REVIEWERS ALL THE WAY ALONG. WE TAKE PEER REVIEW
8 EXTREMELY SERIOUSLY, AND WE ARE IMPLEMENTING THESE
9 THINGS.

10 WE HAVE THREE SITES AVAILABLE IN
11 CALIFORNIA AT UC SAN DIEGO, UC DAVIS, AND CITY OF
12 HOPE. WE HAVE TWO PATIENTS ENROLLED ALREADY AND,
13 MORE IMPORTANTLY, THERE WERE TWO COMMENTS SAYING
14 THAT PERHAPS OUR PK, OUR HALF-LIFE WAS SO SHORT THAT
15 IT MIGHT NOT BE USEFUL.

16 I JUST WANTED TO REPORT TO THE COMMITTEE
17 THAT WE WERE VERY SURPRISED. AND, INDEED, OUR
18 HALF-LIFE IS MUCH PROLONGED WITH MUCH HIGHER LEVELS
19 THAT WERE SEEN ONLY IN THE NON-CLINICAL PRIMATES AT
20 DOSES SIGNIFICANTLY HIGHER THAN WE ARE.

21 SO THANK YOU VERY MUCH, AND I JUST WANTED
22 TO LET YOU KNOW THAT WE ARE MOVING ON FORWARD. AND
23 THANK YOU VERY MUCH.

24 MS. MORALES: ALL RIGHT. THANK YOU. IS
25 THERE ANYBODY ELSE? I THINK THAT'S ALL, MARK.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. FISCHER-COLBRIE: THANK YOU. LET'S GO
2 AHEAD AND TAKE THE VOTE.
3 MR. TOCHER: AND THE MOTION IS TO FUND
4 CLIN2-20409.
5 MARGUERITE CASILLAS?
6 MS. CASILLAS: YES.
7 MR. TOCHER: SHANNON DAHL?
8 DR. DAHL: YES.
9 MR. TOCHER: ANNE-MARIE DULIEGE?
10 DR. DULIEGE: YES.
11 MR. TOCHER: MARK FISCHER-COLBRIE?
12 MR. FISCHER-COLBRIE: YES.
13 MR. TOCHER: ELENA FLOWERS?
14 DR. FLOWERS: YES.
15 MR. TOCHER: VITO IMBASCIANI?
16 CHAIRMAN IMBASCIANI: YES.
17 MR. TOCHER: RICH LAJARA?
18 MR. LAJARA: YES.
19 MR. TOCHER: CHRIS MIASKOWSKI?
20 DR. MIASKOWSKI: YES.
21 MR. TOCHER: ADRIANA PADILLA? YES. I HEARD
22 A YES FROM ADRIANA?
23 DR. PADILLA: YES. YES.
24 MR. TOCHER: THANK YOU.
25 JOE PANETTA? MARV SOUTHARD?

BETH C. DRAIN, CA CSR NO. 7152

1 DR. SOUTHARD: YES.

2 MR. TOCHER: Yael Wyte? Kevin Xu?

3 MR. XU: YES.

4 MR. TOCHER: Dan Bernal?

5 MR. BERNAL: YES.

6 MR. TOCHER: And Maria Bonneville?

7 VICE CHAIR Bonneville: YES.

8 MR. TOCHER: Thank you. And that motion

9 carries, Mark.

10 MR. FISCHER-COLBRIE: Great. Let's
11 continue. CLIN-20291, I'd like to get a motion for
12 approval for funding.

13 DR. SOUTHARD: I'll second.

14 MR. TOCHER: And Marv.

15 MR. FISCHER-COLBRIE: Okay. With that, any
16 board discussion? Yes, Shannon.

17 DR. DAHL: I have a question. This is for a
18 CD19 CAR-T in lupus nephritis. And a few weeks ago,
19 there was some news coming out from Novartis and BMS
20 with their CD19 CAR-Ts for lupus nephritis, putting
21 their trials in autoimmune, including Novartis'
22 lupus nephritis trial, on clinical hold due to
23 patient deaths.

24 So I'm just wondering if the CIRM team can
25 walk us through how you've thought about

1 RECOMMENDING THIS FOR FUNDING AND WHAT TYPE OF
2 INFORMATION YOU'VE RECEIVED FROM THE APPLICANT AS
3 WELL IN THOSE CONSIDERATIONS.

4 DR. SAMBRANO: YEAH. THANKS, SHANNON.
5 THAT'S A GREAT QUESTION. SO, YES, WE DID CONSIDER
6 IT. AND THERE ARE, I THINK, KEY DIFFERENCES IN THIS
7 THERAPEUTIC APPROACH COMPARED TO WHAT WE'VE SEEN IN
8 THE NOVARTIS TRIAL AND OTHERS. BUT I'LL HAVE ROSA,
9 IF YOU DON'T MIND, TO EXPAND A LITTLE BIT ON THE
10 QUESTION.

11 DR. CANET-AVILES: YES, THANK YOU, DR.
12 DAHL. I THINK THAT'S A VERY PERTINENT QUESTION. I
13 THINK THE HYPERINFLAMMATORY REACTIONS TO CAR-T ARE
14 VERY RELEVANT. HOWEVER, WHEN THE TEAM UNDER DR. GOLD
15 SPOKE TO THE FATE THERAPEUTICS TEAM, THERE ARE SOME
16 MAIN DIFFERENCES BETWEEN THE TWO APPROACHES. AND THE
17 REASON FOR THE HYPERINFLAMMATORY REACTION IS NOT
18 KNOWN YET. SO THERE'S STILL UNDER INVESTIGATION.

19 ONE OF THE HYPOTHESES IS THAT IT'S THE
20 RAPID MANUFACTURING. IN THIS CASE, THE FATE
21 THERAPEUTICS PRODUCT IS ACTUALLY AN ALLOGENEIC
22 PRODUCT. AND THAT DOES NOT USE RAPID MANUFACTURING.
23 THEY COULD ALSO BE -- THE NEW EVENTS DON'T MAKE US
24 MORE CAUTIOUS ABOUT DESCRIBING THE APPROACH AS
25 BROADLY READS BECAUSE CD19 ALSO REMAINS A VALIDATED

1 TARGET. BUT TARGET VALIDATION DOES NOT MEAN EVERY
2 CAR-T CD19 PRODUCT HAS THE SAME SAFETY PROFILE. SO
3 WE NEED TO BE MORE CAUTIOUS MOVING FORWARD.

4 AND ONE OF THE THINGS THAT WE WILL DO WITH
5 THIS APPLICATION, IF FUNDED, WILL BE TO MAKE SURE
6 THAT WE WILL DISCUSS WITH THE APPLICANT ABOUT THE
7 TYPE OF DISCUSSIONS THAT THEY'VE HAD WITH THE FDA TO
8 MAKE SURE THAT THESE SAFETY PROCEDURES ARE IN PLACE.
9 RIGHT?

10 ANOTHER THING IS THE PRELIMINARY DATA --
11 WELL, THE DATA THAT WE HAVE FROM THEIR PHASE 1 THAT
12 WE ACTUALLY -- WE ALSO FUNDED ON SLE HAS NOT SHOWN
13 ANY OF THESE SAFETY DATA. SO WE BELIEVE THAT WE NEED
14 TO PROCEED CAUTIOUSLY, BUT THAT THIS BEING A
15 DIFFERENT APPROACH, IT'S IMPORTANT TO MAKE SURE THAT
16 WE CAN KEEP VALIDATING THE TARGET AND MAKE SURE THAT
17 WE DE-RISK IT.

18 I DON'T KNOW IF DR. GOLD WOULD LIKE TO SAY
19 ANYTHING ELSE WITH REGARDS TO THIS BECAUSE HE'S THE
20 ONE THAT SPOKE TO THE TEAM.

21 DR. GOLD: THANK YOU, ROSA. I WOULD JUST
22 STRESS, ONCE AGAIN, THIS IS A REALLY FUNDAMENTALLY
23 DIFFERENT PRODUCT. IT'S NOT JUST THAT IT'S
24 MANUFACTURED. IT'S NOT A RAPID MANUFACTURE PROCESS.
25 IT'S DERIVED FROM STEM CELLS. IT'S A HIGHLY PURIFIED

BETH C. DRAIN, CA CSR NO. 7152

1 PRODUCT UNLIKE THE TYPICAL CAR-T PRODUCTS. SO I
2 THINK IT'S VERY HARD TO COMPARE THE TWO REALLY.

3 DR. LEVITT: I JUST HAVE A BUDGET -- THIS
4 IS A PHASE 1? THIS IS A PHASE 1?

5 DR. CANET-AVILES: TWO.

6 DR. LEVITT: THIS IS PHASE 2. IT SAYS PHASE
7 1.

8 DR. SAMBRANO: THAT'S A TYPO.

9 DR. LEVITT: THAT'S A TYPO.

10 DR. CANET-AVILES: GIL DID A TYPO. CAN YOU
11 BELIEVE THIS?

12 DR. GOLD: OKAY. I FOUND THE --

13 DR. CANET-AVILES: YEAH. IN FACT, THEY'VE
14 REPORTED ON THE RESULTS OF THEIR PHASE 1 WHICH IS
15 FUNDED BY US, AND IT'S WHAT GAVE US MORE CONFIDENCE
16 ABOUT THE APPROACH, BUT VERY PERTINENT QUESTION, DR.
17 DAHL.

18 MR. FISCHER-COLBRIE: OTHER BOARD QUESTIONS
19 OR DISCUSSION? WITH THAT, LET'S MOVE TO PUBLIC
20 COMMENT.

21 MS. MORALES: OKAY. SO THIS IS FOR
22 CLIN2-20291. IF YOU ARE ON THE PHONE AND WANT TO
23 MAKE A COMMENT, PLEASE PRESS STAR 9 TO RAISE YOUR
24 HAND. IF THERE'S ANYBODY IN PERSON, PLEASE STEP UP
25 TO THE MIC.

BETH C. DRAIN, CA CSR NO. 7152

1 ALL RIGHT. I HAVE NOBODY IN PERSON. ONE
2 MORE CHANCE FOR ON THE PHONE, IF YOU WOULD PRESS
3 STAR 9 FOR CLIN2-20291. THERE ARE NO HANDS RAISED,
4 MARK.

5 MR. FISCHER-COLBRIE: OKAY, SCOTT. LET'S
6 TAKE THE VOTE.

7 MR. TOCHER: ALL RIGHT. THE MOTION IS TO
8 FUND CLIN-291.

9 JOE PANETTA? MARV SOUTHARD?

10 DR. SOUTHARD: YES.

11 MR. TOCHER: Yael WYTE? KEVIN XU?

12 MR. XU: YES.

13 MR. TOCHER: MARIA BONNEVILLE?

14 VICE CHAIR BONNEVILLE: YES.

15 MR. TOCHER: MARGUERITE CASILLAS?

16 MS. CASILLAS: YES.

17 MR. TOCHER: SHANNON DAHL?

18 DR. DAHL: YES.

19 MR. TOCHER: ANNE-MARIE DULIEGE?

20 DR. DULIEGE: YES.

21 MR. TOCHER: MARK FISCHER-COLBRIE?

22 MR. FISCHER-COLBRIE: YES.

23 MR. TOCHER: VITO IMBASCIANI?

24 CHAIRMAN IMBASCIANI: YES.

25 MR. TOCHER: RICH LAJARA?

BETH C. DRAIN, CA CSR NO. 7152

1 MR. LAJARA: YES.

2 MR. TOCHER: AND ADRIANA PADILLA?

3 DR. PADILLA: YES.

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

5 MOTION CARRIES.

6 MR. FISCHER-COLBRIE: GREAT. LET'S CONTINUE
7 TO THE NEXT CLINICAL TRIAL. SO CLIN-20392, I'D LIKE
8 TO GET A MOTION AND A SECOND FOR APPROVAL FOR
9 FUNDING.

10 CHAIRMAN IMBASCIANI: I WILL APPROVE. I
11 MAKE THE MOTION, DR. IMBASCIANI.

12 MR. FISCHER-COLBRIE: SECOND?

13 DR. DAHL: SECOND.

14 MR. FISCHER-COLBRIE: THANK YOU, SHANNON.

15 WITH THAT, BOARD DISCUSSION OR QUESTIONS.
16 AND ON TO PUBLIC COMMENT.

17 MS. MORALES: OKAY. SO THIS ONE'S FOR
18 CLIN2-20392. IF YOU'RE ON THE PHONE, PLEASE PRESS
19 STAR 9 TO RAISE YOUR HAND. IN PERSON, PLEASE STEP UP
20 TO THE MIC. ONE MORE CHANCE FOR CLIN2-20392. WE
21 HAVE NO HANDS RAISED, MARK.

22 MR. FISCHER-COLBRIE: OKAY. LET'S CONTINUE
23 TO THE VOTE.

24 MR. TOCHER: THE MOTION IS TO FUND 20392.
25 ADRIANA PADILLA?

BETH C. DRAIN, CA CSR NO. 7152

1 DR. PADILLA: YES.
2 MR. TOCHER: JOE PANETTA? MARV SOUTHARD?
3 DR. SOUTHARD: YES.
4 MR. TOCHER: Yael WYTE? KEVIN XU?
5 MR. XU: YES.
6 MR. TOCHER: DAN BERNAL?
7 MR. BERNAL: YES.
8 MR. TOCHER: MARGUERITE CASILLAS?
9 MS. CASILLAS: YES.
10 MR. TOCHER: SHANNON DAHL?
11 DR. DAHL: YES.
12 MR. TOCHER: ANNE-MARIE DULIEGE?
13 DR. DULIEGE: YES.
14 MR. TOCHER: MARK FISCHER-COLBRIE?
15 MR. FISCHER-COLBRIE: YES.
16 MR. TOCHER: ELENA FLOWERS?
17 DR. FLOWERS: YES.
18 MR. TOCHER: VITO IMBASCIANI?
19 CHAIRMAN IMBASCIANI: YES.
20 MR. TOCHER: RICH LAJARA?
21 MR. LAJARA: YES.
22 MR. TOCHER: AND CHRIS MIASKOWSKI.
23 DR. MIASKOWSKI: YES.
24 MR. TOCHER: GREAT. THANK YOU, MARK. THAT
25 MOTION CARRIES.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. FISCHER-COLBRIE: THANK YOU. LET'S
2 CONTINUE TO THE NEXT CLINICAL TRIAL, 20416. I'D
3 LIKE TO GET A MOTION AND A SECOND FOR APPROVAL.

4 DR. DULIEGE: I MOVE.

5 DR. IMBASCIANI: I'LL SECOND.

6 MR. FISCHER-COLBRIE: ANNE-MARIE. WITH
7 THAT, WITH BOARD DISCUSSION OR QUESTIONS, AND THEN
8 WE'LL MOVE ON TO PUBLIC COMMENT.

9 MS. MORALEZ: OKAY. SO THIS IS FOR
10 CLIN2-20416. PLEASE PRESS STAR 9 IF YOU'RE ON THE
11 PHONE TO RAISE YOUR HAND. AND IN PERSON, PLEASE STEP
12 UP TO THE MIC. ONE MORE CHANCE FOR CLIN2-20416.
13 PLEASE PRESS STAR 9. THERE'S NO COMMENT.

14 MR. FISCHER-COLBRIE: OKAY. LET'S TAKE THE
15 VOTE.

16 MR. TOCHER: MOTION IS TO FUND CLIN2-20416.
17 SHANNON DAHL?

18 DR. DAHL: YES.

19 MR. TOCHER: ANNE-MARIE DULIEGE?

20 DR. DULIEGE: YES.

21 MR. TOCHER: MARK FISCHER-COLBRIE?

22 MR. FISCHER-COLBRIE: YES.

23 MR. TOCHER: VITO IMBASCIANI? RICH LAJARA?

24 MR. LAJARA: YES.

25 MR. TOCHER: ADRIANA PADILLA?

BETH C. DRAIN, CA CSR NO. 7152

1 DR. PADILLA: YES.
2 MR. TOCHER: JOE PANETTA? MARV SOUTHARD?
3 DR. SOUTHARD: YES.
4 MR. TOCHER: Yael WYTE. KEVIN XU?
5 MR. XU: YES.
6 MR. TOCHER: MARIA BONNEVILLE?
7 VICE CHAIR BONNEVILLE: YES.
8 MR. TOCHER: MARGUERITE CASILLAS?
9 MS. CASILLAS: YES.
10 MR. TOCHER: THANK YOU. AND THAT MOTION
11 CARRIED AS WELL. MARK.
12 MR. FISCHER-COLBRIE: THANK YOU, SCOTT.
13 WITH CLIN-20416, THE MOTION IS TO ACCEPT
14 THE STAFF RECOMMENDATION TO NOT FUND THIS TRIAL. SO
15 IF I CAN GET A MOTION AND A SECOND.
16 VICE CHAIR BONNEVILLE: SO MOVED.
17 DR. SAMBRANO: SORRY. 203, YOU MEAN?
18 MR. FISCHER-COLBRIE: OH, I'M SORRY. I
19 MISSPOKE. I WAS LOOKING AT THE WRONG ONE. 20316.
20 VICE CHAIR BONNEVILLE: SO MOVED.
21 CHAIRMAN IMBASCIANI: MARIA BONNEVILLE
22 MOVED AND MARGUERITE CASILLAS SECOND.
23 DR. THOMAS: MARK?
24 MR. FISCHER-COLBRIE: YES, GO AHEAD.
25 DR. THOMAS: CAN I JUST SAY SOMETHING? SO I

BETH C. DRAIN, CA CSR NO. 7152

1 JUST -- I WANT TO EXPAND A BIT ON WHAT MARK AND GIL
2 SAID EARLIER. SO AS WE ALL KNOW, THERE WAS A
3 CONCERTED EFFORT TO NARROW FOCUS FOR WHAT WE WERE
4 GOING TO FUND THAT ENDED UP IN PASSAGE OF THE
5 ADOPTION OF THE SAF A COUPLE YEARS AGO.

6 THAT PROCESS HAS BEEN FURTHER NARROWED IN
7 THE ANALYSIS THAT WAS DONE, THAT WAS PRESENTED TO
8 THE BOARD IN MARCH WHICH TALKED ABOUT THE ARS HAVING
9 TO EVALUATE NOT ONLY THE GWG RECOMMENDATIONS, BUT
10 THE RECOMMENDATIONS OF THE TEAM UNDER THE GUIDING
11 PRINCIPLES, WHICH WAS SOMETHING INSTITUTED AT THAT
12 TIME. AND THE RECOMMENDATIONS OF THE TEAM ARE DONE
13 WITH THE FULL IDEA IN MIND THAT THE ARS WOULD NEED
14 TO HAVE ENLARGED PROGRAMMATIC RESPONSIBILITIES WITH
15 RESPECT TO FACTORS ABOVE AND BEYOND JUST THE
16 SCIENTIFIC ANALYSIS THAT'S COMING TO IT THROUGH THE
17 GWG.

18 AND THIS IS THE FIRST RUN-THROUGH NOW OF
19 THAT MORE EXPANSIVE ROLE THAT ALL OF YOU HAVE HERE,
20 WHICH TAKES INTO ACCOUNT ANY NUMBER OF FACTORS THAT
21 BEAR ON A PROGRAMMATIC DECISION. SO WHEN YOU'RE
22 LISTENING TO THIS AND EVALUATING WHAT THE TEAM HAD
23 TO SAY, UNDERSTAND THAT ITS RECOMMENDATION IS MADE
24 TO YOU IN A WAY THAT EMPHASIZES THOSE PROGRAMMATIC
25 ISSUES THAT WE DEEM ARE THE ONES THAT SHOULD BE

1 TAKEN INTO CONSIDERATION HERE AS YOU MAKE YOUR
2 DECISION.

3 SO THIS ISN'T SOMETHING THAT'S TAKEN
4 LIGHTLY. THERE WAS A TREMENDOUS AMOUNT OF DISCUSSION
5 ON THE GENERAL FRAMEWORK BY MEMBERS OF THE TEAM AND
6 MEMBERS OF THE BOARD. AND SO I JUST WANTED EVERYBODY
7 TO UNDERSTAND THIS IS A NEW ERA, AND PLEASE PROCEED
8 ACCORDINGLY. THANK YOU, MARK.

9 MR. FISCHER-COLBRIE: THANK YOU.

10 WITH THAT, LET'S OPEN IT UP FOR QUESTIONS
11 AND DISCUSSION. VITO.

12 CHAIRMAN IMBASCIANI: COMMENT, YEAH. I'M
13 NOT GOING TO REHEARSE EVERYTHING THAT'S BEEN DONE IN
14 THE PRESENTATION AND WITH OUR PRESIDENT'S REMARKS,
15 BUT JUST TO SORT OF SIMPLIFY IT IN MY OWN MIND, THE
16 GWG, WHOM WE RESPECT FOR THEIR SUPREMACY OF
17 KNOWLEDGE AND THEIR SCIENTIFIC EXPERTISE, THEY
18 RECOMMEND TO US PROJECTS THAT HAVE SCIENTIFIC MERIT.
19 THEY ASK THE QUESTION: IS IT FUNDABLE?

20 AND THE ICOC, ESPECIALLY NOW, AND THIS WAS
21 STRATEGICALLY PLACED, IF YOU NOTICED. WE'RE
22 CONSIDERING THESE APPLICATIONS AFTER THE
23 PRESENTATION OF PORTFOLIO REVIEW, HAVING DONE ALL OF
24 THE OTHER PROGRAMS BEFORE. IT WAS THE STRATEGIC
25 PLACEMENT THAT THIS CONSIDERATION FOLLOW THE

1 ANALYSIS OF THE PORTFOLIO THAT ROSA SO EXPERTLY DID.

2 THIS ICOC ANSWERS A DIFFERENT QUESTION:
3 SHOULD IT BE FUNDED, FOR ALL THE REASONS THAT WERE
4 GIVEN? SO JUST TO UNDERSCORE THE OBVIOUS. THANK YOU.

5 MR. FISCHER-COLBRIE: OTHER COMMENTS AND
6 QUESTIONS? YEAH. GO AHEAD, PAT.

7 DR. LEVITT: SO ONE OF THE ISSUES --
8 THERE'S SEVERAL ISSUES THAT ARE LISTED HERE. AND, OF
9 COURSE, LIKE, I CAN'T SPEAK FOR THE REST OF THE
10 BOARD, BUT I HAVEN'T SEEN THE APPLICATION. SO I
11 DON'T -- I DON'T -- I'M SPEAKING SOMEWHAT BLINDED,
12 RIGHT, BY WHAT IS IN THERE AND WHAT'S NOT IN THERE.
13 BUT A SCIENTIFIC EVALUATION INCLUDES WHETHER THE
14 STUDY CAN BE COMPLETED WITHIN THE PERIOD OF TIME.

15 SO THE GWG, I'VE NEVER BEEN ON A STUDY
16 SECTION THAT DIDN'T CONSIDER THAT BECAUSE YOU CAN
17 PROPOSE SOMETHING THAT COULD TAKE TEN YEARS, BUT YOU
18 HAVE FOUR YEARS OF FUNDING. SO I'D LIKE TO KNOW
19 WHETHER THE GWG CONSIDERED THAT AS PART OF THEIR
20 SCIENTIFIC EVALUATION BECAUSE IT'S NOT A POLICY
21 EVALUATION OR A PRIORITY EVALUATION. IT'S ACTUALLY A
22 SCIENTIFIC EVALUATION OF WHETHER THE WORK CAN BE
23 DONE. THAT'S ONE OF THE MAJOR CRITICISMS HERE. SO
24 THAT WOULD BE HELPFUL TO UNDERSTAND WHAT THE GWG
25 CONSIDERED IN THAT CONTEXT.

1 MR. FISCHER-COLBRIE: GIL, IF YOU'D LIKE TO
2 RESPOND?

3 DR. SAMBRANO: YEAH. SO BASED ON THE
4 COMMENTS THAT WE RECEIVED FROM THE GRANTS WORKING
5 GROUP AND THE DISCUSSION THAT THEY HAD, THIS WAS NOT
6 SPECIFICALLY ADDRESSED. AND SO LET ME JUST LAY OUT
7 WHAT THE ISSUE IS.

8 SO THE WAY THE GRANT IS LAID OUT, IT'S
9 FOUR YEARS OF FUNDING IN WHICH THEY TREAT PATIENTS
10 ALL THE WAY THROUGH YEAR FOUR. HOWEVER, THERE IS A
11 FOLLOW-UP THAT EXTENDS FOR TWO YEARS IN ORDER TO
12 CAPTURE THE DATA. SO THE APPLICATION WAS PRESENTED
13 AS A FOUR-YEAR AWARD WITH COMPLETING THE TREATMENT
14 OF THE PATIENTS IN WHICH THEY RAISED QUESTIONS OF
15 WHETHER ENROLLMENT WAS GOING TO BE FEASIBLE WITHIN
16 THAT TIME.

17 HALF OF THE PATIENTS THAT THEY PROPOSE ARE
18 TO BE ENROLLED IN THE LAST YEAR. SO THE QUESTION DID
19 COME UP IN THE CONTEXT OF WHETHER THEY COULD ENROLL
20 IN ORDER TO MEET THE FOUR-YEAR TIMELINE OF TREATING.
21 THEY DID NOT, AT LEAST FROM ANY OF THE COMMENTS OR
22 DISCUSSION, NECESSARILY DISCUSS THE FINAL, ULTIMATE
23 COLLECTION OF DATA THAT THEY WOULD NEED TO DO THE
24 FINAL ANALYSIS FOR THE CLINICAL TRIAL.

25 DR. LEVITT: RIGHT. SO IT'S NOT UNUSUAL

1 TO COMPLETE THAT PART OF THE STUDY AND THEN HAVE A
2 COMPONENT THAT HAS TO EXTEND BEYOND THAT. THAT'S NOT
3 UNUSUAL AT ALL. WHAT IS UNUSUAL TO ME IS WHETHER THE
4 GWG RAISED QUESTIONS ABOUT WHETHER THEY COULD EVEN
5 RECRUIT THE NUMBERS TO MEET WHAT THEY PROPOSED TO DO
6 WITHIN THAT FOUR-YEAR PERIOD, DO ALL THE TREATMENTS.
7 THAT QUESTION WAS RAISED, BUT THE SCORES DON'T
8 INDICATE THAT. SO FOR ME, AT LEAST, AS A BOARD
9 MEMBER, IT'S A REAL CHALLENGE TO UNDERSTAND WHY THAT
10 WASN'T CONSIDERED. APPARENTLY, IT WASN'T CONSIDERED.
11 AND IT CREATES THIS KIND OF A CHALLENGE FOR US.

12 MR. FISCHER-COLBRIE: JUST TO ADD
13 ADDITIONAL COMMENT, MY RECOLLECTION IS THAT THE
14 ENROLLMENT QUESTION CAME UP. THE MORE FULSOME
15 DISCUSSION OF HALF THE PATIENTS GETTING ENROLLED IN
16 THAT LAST YEAR ALSO CAME UP, BUT KIND OF THE IMPACT
17 OF A TWO-YEAR SUBSEQUENT TO THE END OF THE STUDY TO
18 HAVE A READOUT, THE IMPLICATIONS FOR THAT, TO MY
19 KNOWLEDGE, WAS NOT FULLY EVALUATED. OR I DON'T --
20 I'M NOT EVEN SURE IT WAS ACTUALLY BROUGHT UP RELATED
21 TO THAT ASPECT OF IT.

22 AND THAT'S A -- IF IT'S A TWO-YEAR CYCLE,
23 THAT'S A LONG TIME POST HAVING HALF THE PATIENTS
24 ENROLLED IN THE LAST YEAR.

25 DR. LEVITT: SO THEY WOULD BE ELIGIBLE FOR

1 RESUBMISSION?

2 MR. FISCHER-COLBRIE: YES.

3 DR. LEVITT: RIGHT? BECAUSE THERE ARE OTHER
4 ELEMENTS THAT I WANT TO -- THAT APPARENTLY THEY CAN
5 ADDRESS THAT WEREN'T ADDRESSED IN TERMS OF
6 SCREENING.

7 MR. FISCHER-COLBRIE: THAT'S CORRECT. IN
8 ADDITION, THERE'S ADDITIONAL -- THERE MIGHT BE AN
9 OPPORTUNITY IN THE CONTEXT OF THERE MAY BE THINGS IN
10 THEIR COMMUNICATIONS WITH THE FDA THAT MIGHT CHANGE
11 THAT TWO-YEAR TIMELINE.

12 DR. LEVITT: RIGHT.

13 MR. FISCHER-COLBRIE: AND FROM A SCIENTIFIC
14 PERSPECTIVE, THE GWG WAS EXTREMELY ENTHUSIASTIC. SO
15 THAT WOULD BE GREAT. SO OKAY.

16 OTHER BOARD QUESTIONS? YEAH.

17 DR. ALMASRI: YES. I UNDERSTAND THAT THIS
18 IS A VERY RARE CONDITION.

19 MR. TOCHER: EXCUSE ME, EYAD. YOU HAVE A
20 CONFLICT WITH THIS ITEM.

21 DR. ALMASRI: OH, SORRY.

22 MR. FISCHER-COLBRIE: OTHER QUESTIONS OR
23 THINGS THAT PEOPLE WANT TO BRING UP? OKAY. LET'S
24 MOVE ON TO PUBLIC COMMENT.

25 MS. MORALES: OKAY. SO WE ARE ON

1 CLIN2-20316. IF YOU'RE HERE IN PERSON, PLEASE
2 APPROACH THE MIC. IF YOU ARE ON THE PHONE, PLEASE
3 PRESS STAR 9, AND WE WILL GET TO YOU RIGHT AFTER THE
4 PEOPLE IN PERSON.

5 ALL RIGHT. YOU HAVE THE FLOOR, IF YOU
6 WOULD JUST STATE YOUR NAME, AND YOU HAVE THREE
7 MINUTES.

8 DR. CZECHOWICZ: HI, EVERYONE. MY NAME IS
9 DR. AGNIESZKA CZECHOWICZ, AND I'M A TRANSLATIONAL
10 PHYSICIAN SCIENTIST AT STANFORD UNIVERSITY SCHOOL OF
11 MEDICINE. AND I'M SPEAKING ON BEHALF OF OUR
12 APPLICANT TEAM FROM BOTH STANFORD AND UCSF ABOUT
13 THIS APPLICATION AND CLINICAL TRIAL.

14 I'VE HAD THE GREAT PRIVILEGE OF TAKING
15 CARE OF FANCONI ANEMIA PATIENTS, STUDYING THIS
16 DISEASE BIOLOGY, AND WORKING ON NEW THERAPIES FOR
17 MANY YEARS. THE UNMET NEED IS REAL, AND THE UNMET
18 NEED IS TODAY.

19 THAT IS THE REASON THAT WE HAVE DESIGNED
20 THIS CLINICAL TRIAL AND THIS APPLICATION IN THIS
21 MANNER. IT HAS PURPOSELY BEEN WRITTEN AS A PHASE 1-2
22 CLINICAL TRIAL SO THAT WE CAN COMPLETE THE PHASE 1
23 PORTION WITHIN THE CIRM FUNDING PERIOD AND HIT THE
24 PRIMARY ENDPOINTS ON THE PHASE 2 STUDY FOR ALL OF
25 THE PATIENTS.

1 I HEAR YOU, THAT THERE WERE CONCERNS ON
2 ENROLLMENT. AT THE SAME TIME THERE ARE OTHER PEOPLE
3 ON THE GWG THAT ACTUALLY SAID THAT THEY FELT THAT
4 THE ENROLLMENT CRITERIA WAS APPROPRIATE, AND THAT
5 OUR PLAN WAS APPROPRIATELY DRIVEN WITH APPROPRIATE
6 MILESTONES. WE HAVE FURTHER HAD EXTREMELY CLOSE
7 COLLABORATIONS WITH THE FANCONI CANCER FOUNDATION,
8 FA PATIENTS AND FAMILIES, AND HAVE HAD THESE
9 PATIENTS WITH A PRENATAL DIAGNOSIS REACH OUT TO US
10 IN THESE EXTREMELY CHALLENGING SITUATIONS WHERE THEY
11 DO NOT HAVE OPTIMAL OPTIONS.

12 OUR PRECLINICAL DATA IS EXTREMELY STRONG,
13 AND IT BUILDS ON CLINICAL DATA FROM A CIRM-SUPPORTED
14 TRIAL ON ALPHA THALASSEMIA THAT SHOWED SAFETY AND
15 FEASIBILITY THAT WE ARE LEVERAGING FOR THIS WORK. SO
16 THIS TRIAL WAS VERY THOUGHTFULLY DESIGNED IN THIS
17 MANNER TO ENSURE THAT WE DON'T JUST GET THROUGH ONE
18 MILESTONE, BUT DON'T GET STUCK IN THE VALLEY OF
19 DEATH, BUT INSTEAD ARE ABLE TO ADVANCE THIS THERAPY.

20 FURTHER, GIVEN THE PROFOUND IMPACT THAT
21 THIS TREATMENT COULD HAVE, IT HAS THE OPPORTUNITY TO
22 LEAD TO APPROVAL IN THE NEAR TERM THROUGH EITHER THE
23 PLAUSIBLE MECHANISMS PATHWAY THROUGH THE FDA OR
24 THROUGH ACCELERATED APPROVALS AND ULTIMATELY LEAD TO
25 A PRIORITY REVIEW VOUCHER. IT CAN CREATE VALUE

1 QUICKLY. SO THAT IS THE REASON THAT THE TRIAL HAS
2 BEEN WRITTEN IN THIS MANNER.

3 IN TERMS OF THE FURTHER FOLLOW-UP THAT
4 EXTENDS BEYOND THE CIRM-FUNDED PERIOD, WE'VE HAD
5 COMMITMENTS FROM OUR OWN INSTITUTION, FROM THE
6 FANCONI CANCER FOUNDATION.

7 FURTHER, PATIENTS THAT HAVE BEEN TREATED
8 POST-TRANSPLANT TEND TO BE ON INSTITUTIONAL,
9 LONG-TERM FOLLOW-UP STUDIES THAT COULD ALSO GET
10 CARE. SO THERE ARE WAYS TO ADDRESS THAT. WE WOULD
11 HATE TO BE PUT IN A POSITION TO NOW HAVE TO WAIT TO
12 BE ABLE TO START THIS TRIAL EVEN THOUGH EVERYTHING
13 IS SET UP TO BE ABLE TO GET GOING EXCEPT FOR THE
14 FUNDING.

15 SO THAT IS THE REASON THAT WE'VE DESIGNED
16 THE CLINICAL TRIAL THAT WE HAVE AND HAVE PROPOSED
17 THE APPLICATION IN THE WAY THAT IT WAS PROPOSED, TO
18 BE ABLE TO ACTUALLY SUCCESSFULLY BUILD VALUE FOR
19 CIRM, FOR THESE PATIENTS, FOR THE COMMUNITY. AND,
20 MOREOVER, THIS TREATMENT COULD BE POTENTIALLY
21 UTILIZED FOR OTHER DISEASES ON TOP OF FANCONI
22 ANEMIA, INCLUDING OTHER BONE MARROW FAILURE
23 SYNDROMES AND OTHER DISEASES.

24 AND IN ADDITION, BY DEVELOPING A THERAPY,
25 WE ALSO ENCOURAGE ADDITIONAL EARLY DIAGNOSES. AND

BETH C. DRAIN, CA CSR NO. 7152

1 WE'VE PARTNERED WITH EFFORTS THAT ARE WORKING ON
2 THAT TO BE ABLE TO ACTUALLY PROVIDE THIS INFORMATION
3 TO PATIENTS AND FAMILIES AS EARLY AS POSSIBLE SO
4 THEY CAN CONSIDER ALL OF THE OPTIONS ON THE TABLE.

5 SO FOR ALL OF THOSE REASONS, I'M REALLY
6 ASKING THE BOARD TO MAKE THE DECISION TO EITHER FUND
7 THIS OR TO HAVE A CONVERSATION WITH US AS TO HOW YOU
8 THINK THAT WE SHOULD MODIFY THIS TRIAL BECAUSE FROM
9 OUR PERSPECTIVE, THIS APPLICATION WAS WRITTEN IN THE
10 STRONGEST POSSIBLE WAY. WE'VE SUPPORTED THAT WITH
11 DATA AND ADDITIONAL PARTNERSHIPS, INCLUDING A
12 COMMERCIAL PARTNER THAT HAS EVEN EXPRESSED THEIR
13 INTEREST IN TAKING THIS TRIAL AND DEVELOPING IT INTO
14 A PRODUCT FOR APPROVAL.

15 MS. MORALEZ: THANK YOU. I APPRECIATE YOU.

16 OKAY. NEXT UP, IF YOU WOULD STATE YOUR
17 NAME, AND YOU HAVE THREE MINUTES STARTING NOW.

18 DR. GLOUDE: GOOD AFTERNOON MY NAME IS DR.
19 NICHOLAS GLOUDE. I'M A PEDIATRIC -- I'M AN
20 EXPERIENCED CALIFORNIA PHYSICIAN WITH EXPERTISE IN
21 PEDIATRIC HEMATOLOGY AND STEM CELL TRANSPLANTATION.
22 I'M THE DIRECTOR OF THE BONE MARROW FAILURE PROGRAM
23 HERE AT RADY CHILDREN'S HOSPITAL SAN DIEGO AND AN
24 ASSOCIATE CLINICAL PROFESSOR AT UC SAN DIEGO. AND I
25 ACTIVELY CARE FOR PATIENTS WITH FANCONI ANEMIA.

BETH C. DRAIN, CA CSR NO. 7152

1 FANCONI ANEMIA IS A CHALLENGING DISEASE.
2 AND DESPITE HAVING STEM CELL TRANSPLANT AS AN OPTION
3 FOR BONE MARROW FAILURE, PATIENTS STAY IN THE
4 HOSPITAL FOR WEEKS, HAVE MONTHS OF ISOLATION,
5 STRUGGLE WITH MUCOSITIS, INFECTIONS, INFERTILITY,
6 AND ORGAN DAMAGE. AND IN CASES OF FA, THIS LEADS TO
7 A LIFELONG INCREASED RISK OF CANCER DEVELOPMENT.

8 CALIFORNIA, AND IN PARTICULAR RADY
9 CHILDREN'S, HAVE BEEN LEADERS IN THE FIELD OF GENE
10 SEQUENCING EFFORTS AND IDENTIFICATION OF KIDS WITH
11 GENETIC DISEASE EARLY AND QUICKLY. EARLY DIAGNOSIS,
12 MONITORING, AND INTERVENTION ARE IMPORTANT TO THESE
13 PATIENTS AS THEY CAN CHANGE OUTCOMES.

14 I AM HERE TODAY TO SHOW MY SUPPORT OF THE
15 PROPOSED PRENATAL TRANSPLANT CLINICAL TRIAL FOR
16 FANCONI ANEMIA, WHICH HAD RECEIVED THE TOP GRANT
17 REVIEW SCORE AND HAS THE POTENTIAL TO BE
18 TRANSFORMATIVE IN THE CARE OF THESE PATIENTS.

19 ADDITIONALLY, THIS WORK -- THIS WOULD
20 SPREAD AWARENESS OF FA AND ENCOURAGE EARLIER
21 DIAGNOSTICS.

22 FURTHER, IF SUCCESS WAS SEEN IN THE FIRST
23 COUPLE OF PATIENTS, WE'D BE HAPPY TO CONTINUE TO
24 PARTNER WITH DR. CZECHOWICZ. THANK YOU.

25 MS. MORALES: THANK YOU. ALL RIGHT. NEXT

BETH C. DRAIN, CA CSR NO. 7152

1 UP, IF YOU WOULD STATE YOUR NAME, AND YOU HAVE THREE
2 MINUTES STARTING NOW.

3 MR. KATRIS: GOOD AFTERNOON. MY NAME IS
4 BILL KATRIS. I SIT ON THE BOARD OF THE FANCONI
5 CANCER FOUNDATION, BUT I AM ALSO A FATHER OF TWO
6 DAUGHTERS AGED 12 AND 17 WHO BOTH HAVE FANCONI
7 ANEMIA. WE THINK ABOUT CANCER EVERY SINGLE DAY.

8 HISTORICALLY, INDIVIDUALS WITH FA ONLY
9 LIVED INTO THEIR 30S. ALTHOUGH THEY ARE LIVING
10 SLIGHTLY LONGER NOW, THE QUALITY OF LIFE IS SHROUDED
11 WITH CANCER PREVENTION AND EVENTUALLY ONGOING
12 TREATMENTS.

13 OUR FAMILY HAS EXPERIENCED THE FULL
14 REALITY OF THIS DISEASE, THE DANGERS OF BONE MARROW
15 FAILURE, THE HIGH RISK OF CANCER, THE BURDEN OF
16 TOXIC TREATMENT, AND THE PROMISE OF INNOVATIVE
17 THERAPIES.

18 WHEN OUR OLDER DAUGHTER, GEORGIE, WAS 8,
19 SHE UNDERWENT A BONE MARROW TRANSPLANT. THE
20 CHEMOTHERAPY AND IRRADIATION REQUIRED FOR THAT
21 PROCEDURE WERE DEVASTATING FOR HER AND OUR FAMILY.
22 GIVING CHEMOTHERAPY AND IRRADIATION TO CHILDREN WITH
23 A DNA REPAIR DEFICIENCY IS HEARTBREAKING BECAUSE IT
24 CAN ACCELERATE THEIR ALREADY HIGH CANCER RISK.
25 GEORGIE EFFECTIVELY LOST NEARLY TWO YEARS OF HER

1 CHILDHOOD BECAUSE OF HER TRANSPLANT. AND BECAUSE OF
2 THE CHEMOTHERAPY REQUIRED, SHE REMAINS HIGHLY MORE
3 SUSCEPTIBLE TO ADDITIONAL CANCERS.

4 OUR YOUNGER DAUGHTER, NICOLETTE, HAD A
5 VERY DIFFERENT EXPERIENCE THROUGH DR. CZECHOWICZ'
6 AND STANFORD TEAM'S FANC-A GENE THERAPY TRIAL.
7 NICOLETTE WAS 4 YEARS OLD WHEN SHE BECAME A
8 BENEFICIARY OF THAT TRIAL HERE IN CALIFORNIA.
9 INSTEAD OF LOSING TWO YEARS OF HER CHILDHOOD WHILE
10 BEING TREATED FOR BONE MARROW FAILURE LIKE HER
11 SISTER, SHE SPENT ONLY ONE WEEK AT STANFORD'S
12 HOSPITAL WHERE WE ARE DEEPLY GRATEFUL FOR THAT
13 PROGRESS. WE HAVE BEEN -- WE'VE SEEN FIRSTHAND HOW A
14 PREVENTATIVE TREATMENT CAN BE MUCH EASIER AND LESS
15 STRESSFUL FOR CHILDREN AND FAMILIES.

16 WE HAVE ADVOCATED IN FRONT OF THE FDA FOR
17 APPROVAL, AND THE FDA HAS BEEN EXTREMELY RECEPTIVE,
18 BUT THIS IS AN EXPENSIVE AND COMPLEX THERAPY THAT IS
19 ULTIMATELY DIFFICULT TO COMMERCIALIZE. AND ALTHOUGH
20 NICOLETTE'S BONE MARROW IS NOW FUNCTIONING, SHE
21 STILL FACES THE INEVITABLE CANCER RISK ASSOCIATED
22 WITH FANCONI ANEMIA.

23 WE ARE DEEPLY THANKFUL FOR CIRM'S
24 LEADERSHIP IN ADVANCING INNOVATIVE STEM CELL AND
25 GENE THERAPY RESEARCH. THAT IS WHY THE PRENATAL

1 TRANSPLANT TREATMENT APPROACH BEING PROPOSED BY DR.
2 CZECHOWICZ AND THE STANFORD TEAM HAS THE POTENTIAL
3 TO BE THE BEST OF BOTH WORLDS, A SAFE, SUCCESSFUL,
4 AND COST-EFFECTIVE APPROACH THAT COULD BE USED
5 PREVENTATIVELY WITHOUT TOXIC CONDITIONING FOR ALL
6 TYPES OF FA. IF EFFECTIVE, THIS TREATMENT MAY ALSO
7 HAVE THE POTENTIAL TO BE EXPANDED TO OTHER DISEASES.

8 THE STANFORD TEAM HAS PUT TOGETHER A SMART
9 STRATEGY FOR DEVELOPING THIS APPROACH TO HELP
10 PATIENTS AND FAMILIES, BUT THE FANCONI ANEMIA
11 COMMUNITY CANNOT ADVANCE THIS WORK ALONE. WE ARE IN
12 DIRE NEED OF CIRM SUPPORT TO INVESTIGATE THIS
13 APPROACH AND MOVE IT THROUGH THIS IMPORTANT
14 MILESTONE. AS WITH ALL NEW TREATMENTS UNDER
15 INVESTIGATION, THIS APPROACH MAY OR MAY NOT WORK,
16 BUT THE DATA ARE EXTREMELY STRONG AS EVIDENCED BY
17 THE TOP GWG REVIEW AND THEIR GREAT ENTHUSIASM FROM
18 THE FANCONI ANEMIA COMMUNITY TO GIVE THIS APPROACH A
19 CHANCE.

20 WE'VE LIVED BOTH SIDES OF THIS DISEASE AND
21 THE GLIMPSES OF BETTER TREATMENT. NOW WITH
22 STANFORD'S TRIAL BEFORE CIRM --

23 MS. MORALES: THANK YOU VERY MUCH. THAT WAS
24 YOUR THREE MINUTES.

25 DO I HAVE ANYBODY ELSE IN PERSON? OKAY.

1 I'M GOING TO MOVE TO THE PHONE LINE. I SEE FOUR
2 HANDS RAISED. IF THERE IS ANYBODY ELSE, PLEASE PRESS
3 STAR 9. I'M GOING TO START WITH THE NUMBER ENDING IN
4 3557. IF YOU WOULD PRESS STAR 6 AND YOU HAVE THREE
5 MINUTES. PHONE NUMBER ENDING AT 3557, GO AHEAD.

6 DR. LANDMAN: HI. CAN YOU HEAR ME?

7 MS. MORALEZ: I CAN NOW. GO AHEAD.

8 DR. LANDMAN: GOOD AFTERNOON. MY NAME IS
9 GERI LANDMAN. I AM THE FOUNDER AND DIRECTOR OF A
10 RARE DISEASE PATIENT ORGANIZATION CALLED MOONSHOTS
11 FOR UNICORNS, AND A RARE DISEASE PARENT MYSELF. I
12 ALSO TRAINED WITH DR. CZECHOWICZ AT BOSTON
13 CHILDREN'S HOSPITAL AND CONSIDER HER TO BE ONE OF
14 THE MOST COMPASSIONATE PHYSICIANS AND BEST-TRAINED
15 SCIENTISTS I KNOW. AND I AM HERE TODAY TO ASK YOU TO
16 FUND THIS FANCONI ANEMIA CLINICAL TRIAL.

17 AS CIRM, I'M SURE, HAS HEARD MANY TIMES,
18 WHEN YOU ARE THE PARENT OF A CHILD WITH A RARE
19 DISEASE, YOU LEARN VERY QUICKLY THAT TIME AND
20 OPPORTUNITY MEAN SOMETHING VERY DIFFERENT TO OUR
21 FAMILIES. WE DON'T HAVE THE LUXURY OF ASSUMING THAT
22 IF ONE PROMISING THERAPY DOESN'T MOVE FORWARD,
23 ANOTHER WILL SIMPLY TAKE ITS PLACE. FOR COMMON
24 DISEASES, AS YOU KNOW, THERE ARE MULTIPLE COMPANIES,
25 TRIALS, SHOTS ON GOAL.

BETH C. DRAIN, CA CSR NO. 7152

1 FOR A DISEASE LIKE FANCONI, A SINGLE
2 CLINICAL PROGRAM CAN REPRESENT YEARS OF WORK, AN
3 EXTRAORDINARY CONCENTRATION OF EXPERTISE, AND
4 SOMETIMES IS THE ONLY REALISTIC PATH FORWARD FOR AN
5 ENTIRE COMMUNITY OF FAMILIES TO AVOID THE TOXICITY
6 OF A BONE MARROW TRANSPLANT OR OTHER THERAPIES.

7 THAT'S WHY I THINK THE GRANTS WORKING
8 GROUP'S RECOMMENDATION DESERVES ENORMOUS WEIGHT
9 HERE. THIS APPLICATION RECEIVED A MEDIAN SCORE OF 90
10 AND A RECOMMENDATION FOR FUNDING. THESE ARE
11 INDEPENDENT EXPERTS WHO EXAMINED THE SCIENCE AND
12 CONCLUDED THIS PROGRAM MERITED MOVING FORWARD.

13 I UNDERSTAND THAT CIRM HAS TO MAKE
14 DIFFICULT PORTFOLIO AND FUNDING DECISIONS, BUT CIRM
15 ALSO EXISTS TO HELP TRANSFORMATIVE REGENERATIVE
16 THERAPIES REACH PATIENTS WITH SIGNIFICANT UNMET
17 MEDICAL NEEDS, PARTICULARLY WHERE CONVENTIONAL
18 SOURCES OF CLINICAL DEVELOPMENT FUNDING MAY BE
19 LIMITED. THAT IS EXACTLY WHERE RARE DISEASE FAMILIES
20 NEED INSTITUTIONS LIKE CIRM THE MOST.

21 AND I LISTENED TO THE DISCUSSION ABOUT THE
22 TECHNICALITIES OF FOLLOW-UP AND POTENTIALLY
23 EXTENDING THE TWO YEARS BEYOND FOUR-YEAR TRIALS.
24 AND I HAVE TO SAY IT GAVE ME SUCH A DEEPLY
25 DEVASTATING FEELING IN MY GUT THAT SUCH A PROMISING

1 CLINICAL TRIAL COULD BE NOT FUNDED BASED ON
2 TECHNICALITIES AROUND GRANT DEADLINES, THAT THIS IS
3 SCIENCE THAT EXISTS THAT COULD CHANGE CHILDREN'S
4 LIVES. AND PEOPLE ARE TALKING ABOUT AN EXTRA COUPLE
5 OF YEARS HERE WHEN IT SOUNDS LIKE THERE'S ACTUALLY
6 ALREADY A PLAN IN PLACE TO ADDRESS THAT.

7 AND FANCONI ANEMIA IS NOT AN ABSTRACT
8 SCIENTIFIC PROBLEM. THERE ARE CHILDREN AND ADULTS
9 LIVING WITH BONE MARROW FAILURE, CANCER RISK,
10 COMPLEX MEDICAL CARE, PROFOUND UNCERTAINTY ABOUT
11 THEIR FUTURES. AS A RARE DISEASE MOTHER, WHAT I HEAR
12 WHEN I TALK TO OTHER RARE DISEASE FAMILIES IS THAT
13 THEY DO NOT WANT A GUARANTEE THAT AN EXPERIMENTAL
14 THERAPY WILL WORK. THEY WANT SCIENTIFICALLY FOUND
15 OPPORTUNITIES TO BE GIVEN THE CHANCE TO FIND OUT,
16 AND THAT'S WHAT THIS REPRESENTS.

17 I RESPECTFULLY ASK THE BOARD TO LISTEN TO
18 THE SCIENTIFIC REVIEWERS, LISTEN TO THE RARE DISEASE
19 COMMUNITY, AND GIVE THIS PROGRAM THE OPPORTUNITY TO
20 MOVE FORWARD.

21 MS, MORALES: OKAY. THANK YOU VERY MUCH.
22 ALL RIGHT. THE PHONE NUMBER ENDING IN 0050, IF YOU
23 WOULD PRESS STAR 6.

24 DR. FERNHOFF: HI. THIS IS NATE FERNHOFF.
25 I'M CALLING -- I'M THE CEO AND CO-FOUNDER OF ORCA

1 BIO.

2 AT ORCA, WE HAVE SUCCESSFULLY
3 COMMERCIALIZED A CELL THERAPY, RECENTLY GAINING FDA
4 APPROVAL FOR TREGZI. AND I WAS REALLY SURPRISED TO
5 SEE THE DO NOT FUND RECOMMENDATION COMING FROM CIRM
6 ON THE BASIS OF SORT OF A LACK OF A DEVELOPMENTAL
7 PATH. I THINK CIRM IS THE DEVELOPMENTAL PATH. I
8 THINK THIS SEEMS TO ME EXACTLY WHAT CIRM WAS CREATED
9 TO DO, WHICH WAS TO GO FROM AN IDEA THAT HAS BEEN
10 THOROUGHLY DE-RISKED IN THE LAB AND IN MOUSE STUDIES
11 AND TAKE IT JUST TO THE POINT OF BENEFITING
12 PATIENTS, AND THEN TO HELP GET THAT INITIAL
13 FEASIBILITY DATA FROM PATIENTS.

14 COMPANIES LIKE OURS, THIS IS -- WE LOOK AT
15 A PROGRAM LIKE THIS AND UNDERSTAND THE PROMISE, BUT
16 IT IS STILL AT TOO RISKY A STAGE FOR US TO DEDICATE
17 OUR RESOURCES TO. IF THERE WERE FEASIBILITY DATA
18 FROM THIS EARLY-STAGE CLINICAL TRIAL, THEN THERE'S
19 ABSOLUTELY A COMMERCIAL PATH FOR A PRODUCT LIKE
20 THIS, NOT JUST FROM A REGULATORY PERSPECTIVE, BUT
21 FROM A MARKET PERSPECTIVE AS WELL.

22 AND SO I JUST WANT TO VOICE MY SUPPORT FOR
23 THIS PROGRAM AND MY SENSE THAT THIS IS EXACTLY WHERE
24 CIRM SHOULD BE FUNDING INNOVATION.

25 MS. MORALES: ALL RIGHT. THANK YOU VERY

1 MUCH FOR YOUR PUBLIC COMMENT.

2 THE NUMBER ENDING IN 1518, IF YOU WOULD
3 PLEASE PRESS STAR 6 TO UNMUTE YOURSELF, YOU HAVE
4 THREE MINUTES. I SEE YOU'VE UNMUTED. YOU HAVE THREE
5 MINUTES.

6 MS. WILLIAMS: HELLO. CAN YOU HEAR ME?

7 MS. MORALEZ: I SURE CAN.

8 MS. WILLIAMS: GREAT. SO THANK YOU. MY NAME
9 IS ERICA WILLIAMS, AND I'M A FANCONI CANCER
10 FOUNDATION ADVOCATE AND A MOTHER OF TWO CHILDREN
11 WITH FANCONI ANEMIA.

12 WHEN MY CHILDREN WERE DIAGNOSED AND OUR
13 FAMILY WAS THRUST INTO A WORLD OF UNCERTAINTY AND
14 FEAR, WE LIVED WITH THE CONSTANT KNOWLEDGE THAT BONE
15 MARROW FAILURE COULD HAPPEN. WE ENDURED YEARS OF
16 MONITORING, WAITING, WORRYING. EVENTUALLY BOTH OF MY
17 CHILDREN UNDERWENT BONE MARROW TRANSPLANTS, AND I AM
18 INCREDIBLY GRATEFUL THAT THEY SURVIVED AND ARE HERE
19 TODAY. BUT I ALSO KNOW FIRSTHAND THE PHYSICAL,
20 EMOTIONAL, AND FINANCIAL TOLL THAT THAT JOURNEY
21 TAKES ON A FAMILY.

22 NO PARENT SHOULD HAVE TO WATCH THEIR CHILD
23 FACE A LIFE-THREATENING DISEASE WHILE KNOWING THAT
24 THE ONLY AVAILABLE TREATMENT COMES AFTER SIGNIFICANT
25 DAMAGE HAS ALREADY BEEN DONE. FOR FAMILIES AFFECTED

BETH C. DRAIN, CA CSR NO. 7152

1 BY FA, WE HAVE SPENT DECADES MANAGING THE DISEASE
2 RATHER THAN PREVENTING IT. THIS PROPOSAL GIVES US
3 THE OPPORTUNITY TO CHANGE THAT.

4 WHAT MAKES THIS STUDY SO REMARKABLE IS
5 THAT IT SEEKS TO INTERVENE BEFORE BONE MARROW
6 FAILURE OCCURS, BEFORE YEARS OF ANXIETY, HOSPITAL
7 VISITS, AND MEDICAL COMPLICATIONS BECOME A CHILD'S
8 REALITY. IT OFFERS THE POSSIBILITY OF SHIFTING FROM
9 CRISIS MANAGEMENT TO PREVENTION. FOR FAMILIES LIKE
10 MINE, THAT IS TRANSFORMATIVE.

11 I'VE HAD THE PRIVILEGE OF WORKING CLOSELY
12 WITH THE FA COMMUNITY FOR YEARS. I HAVE SPOKEN WITH
13 PARENTS WHO HAVE JUST RECEIVED A DIAGNOSIS AND ARE
14 DESPERATELY SEARCHING FOR HOPE. I'VE SEEN THE FEAR
15 IN THEIR EYES BECAUSE I'VE LIVED IT MYSELF. AND THE
16 STUDY OFFERS SOMETHING WE'VE NEVER HAD BEFORE, A
17 SCIENTIFICALLY GROUNDED POSSIBILITY THAT FUTURE
18 CHILDREN DIAGNOSED WITH FA MAY NEVER HAVE TO
19 EXPERIENCE THE SAME JOURNEY THAT MY CHILDREN DID.

20 I ALSO BELIEVE THIS RESEARCH EXTENDS FAR
21 BEYOND FANCONI ANEMIA. SUCCESS HERE COULD HELP PAVE
22 THE WAY FOR PREVENTATIVE TREATMENTS FOR OTHER RARE
23 GENETIC DISEASES AND DEMONSTRATE WHAT IS POSSIBLE
24 WHEN INNOVATION IS PAIRED WITH COURAGE AND VISION.

25 TODAY I ASK YOU TO LOOK BEYOND THE RARITY

1 OF THIS DISEASE AND SEE THE FAMILIES BEHIND IT. I
2 ASK YOU TO THINK ABOUT THE CHILDREN WHO COULD BE
3 SPARED YEARS OF MEDICAL HARDSHIP AND THE PARENTS WHO
4 MAY NOT HAVE TO LIVE WITH THE SAME FEARS THAT SO
5 MANY OF US HAVE CARRIED.

6 AS A MOTHER WHOSE TWO CHILDREN SURVIVED, I
7 KNOW HOW FORTUNATE WE ARE, BUT SURVIVAL SHOULD NOT
8 BE THE BEST OUTCOME WE OFFER FAMILIES. WE SHOULD
9 STRIVE FOR PREVENTION, FOR BETTER OPTIONS, AND FOR
10 HOPE. THAT'S WHY I STRONGLY URGE YOU TO FUND THIS
11 CLINICAL TRIAL. AND ON BEHALF OF MY FAMILY AND THE
12 ENTIRE FANCONI ANEMIA COMMUNITY, THANK YOU FOR YOUR
13 CONSIDERATION AND FOR YOUR COMMITMENT TO ADVANCING
14 LIFE-CHANGING THERAPIES. THANK YOU.

15 MS. MORALEZ: THANK YOU VERY MUCH. AND WE
16 HAVE ONE MORE HAND RAISED ENDING IN 4589, IF YOU'D
17 PRESS STAR 6.

18 DR. YANG: GOOD AFTERNOON, AND THANK YOU
19 FOR THE OPPORTUNITY TO SPEAK. MY NAME IS ANN YANG,
20 AND I'M THE EXECUTIVE DIRECTOR FOR THE STYRKE
21 FOUNDATION FOR RARE DISEASE RESEARCH AND TREATMENT.

22 WE ARE FOCUSED ON PATIENTS AND FAMILIES
23 THAT ARE AFFECTED BY DEBILITATING AND DEVASTATING
24 RARE GENETIC DISEASES SUCH AS FANCONI ANEMIA AND
25 OTHER BONE MARROW FAILURE DISEASES. THE WORK THAT

BETH C. DRAIN, CA CSR NO. 7152

1 YOU ARE DOING AT CIRM TREMENDOUS. YOUR PLATFORM IS
2 TREMENDOUS. YOU HAVE THE OPPORTUNITY TO COMPLETELY
3 CHANGE THE TRAJECTORY OF A DISEASE AND BRING
4 SUNLIGHT TO FAMILIES WHO LIVE IN VERY DARK CORNERS,
5 QUIETLY TRYING TO SURVIVE THESE DISEASES.

6 WE BELIEVE THE WORK DR. CZECHOWICZ AND HER
7 TEAM ARE DOING ON IN UTERO STEM CELL TRANSPLANTATION
8 TO BE PARADIGM SHIFTING. HAVING SPENT MUCH TIME WITH
9 HER AND BEING AN MIT-TRAINED SCIENTIST, SHE IS
10 BRILLIANT. IF THERE WAS SOMEONE TO FIND A SOLUTION
11 TO THIS DREAM OF A TREATMENT, IT IS HER AND HER
12 TEAM. HER TEAM'S WORK IN FANCONI ANEMIA CAN BE
13 READILY LEVERAGED INTO OTHER BONE MARROW FAILURE
14 DISEASES AND OTHER RARE GENETIC DISEASES.

15 SO THERE IS A MUCH, MUCH BIGGER PICTURE
16 HERE. BUT YOUR SUPPORT IS CRITICAL TO MOVE THE WORK
17 OF THE STANFORD/UCSF TEAM FORWARD.

18 FAMILIES RECEIVING A PRENATAL FANCONI
19 ANEMIA DIAGNOSIS CURRENTLY FACE INEVITABLE BONE
20 MARROW FAILURE, CANCER, AND SHORTENED LIVES WITH NO
21 WAY TO PREVENT THIS DEVASTATING DISEASE TODAY. THE
22 STANFORD TRIAL OFFERS THE UNIQUE POSSIBILITY OF
23 INTERVENING IN A COST-EFFECTIVE MANNER BEFORE
24 COMPLICATIONS BEGIN.

25 THE PROPOSAL PUT FORTH IS GROUNDBREAKING,

1 AND IF SUCCESSFUL, WILL CHANGE THE COURSE OF
2 TREATING THIS DISEASE AND OPEN UP CURES FOR OTHER
3 GENETIC DISEASES. WE UNDERSTAND THIS PROPOSAL
4 RECEIVED UNANIMOUS GWG SUPPORT, A STRONG
5 ENDORSEMENT. WE UNDERSTAND THAT THE CONCERNS RAISED
6 ABOUT THIS APPLICATION HAVE BEEN THOROUGHLY
7 ADDRESSED BY THE TEAM AND HAVE PRESENTED A CRITICAL
8 PATH FOR CLINICAL DEVELOPMENT TO APPROVAL.

9 WITH THE VALUABLE DATA THAT WILL BE
10 GENERATED FROM THE COMPLETION OF THE PHASE 1, AND
11 WILL BE FURTHER STRENGTHENED BY MEETING THE PRIMARY
12 ENDPOINTS OF THE PHASE 2, RARE DISEASE MECHANISMS,
13 INCLUDING THE PLAUSIBLE MECHANISMS PATHWAY,
14 ACCELERATED APPROVALS, AND PRIORITY REVIEW VOUCHERS,
15 COULD ENABLE AN EFFICIENT PATH FORWARD TO APPROVAL,
16 PATIENT ACCESS, COMMERCIAL DEVELOPMENT, AND
17 ADDITIONAL FUNDING.

18 WITH THIS IN HAND, IT WILL ALSO ENABLE
19 CIRM TO SEE A NEAR-TERM RETURN AND IMPACT FROM AN
20 INVESTMENT TODAY. MOST IMPORTANTLY, THIS COULD
21 FUNDAMENTALLY CHANGE THE TRAJECTORY OF CHILDREN'S
22 LIVES, REVOLUTIONIZE THE WAY GENETIC DISEASES ARE
23 TREATED, AND GREATLY REDUCE THE BURDEN ON OUR
24 HEALTHCARE SYSTEM IN TREATING THIS DEVASTATING
25 DISEASE.

BETH C. DRAIN, CA CSR NO. 7152

1 WE BELIEVE THIS IS EXACTLY THE KIND OF
2 BOLD, HIGH-IMPACT OPPORTUNITY --

3 MS. MORALEZ: THANK YOU VERY MUCH FOR YOUR
4 PUBLIC COMMENT. SO THIS WILL BE ONE LAST CALL FOR
5 ANYBODY IN THE ROOM OR ON THE PHONE FOR CLIN2-20316
6 FOR PUBLIC COMMENT. I THINK THAT'S ALL, MARK.

7 MR. FISCHER-COLBRIE: J.T.?

8 DR. THOMAS: SO, FIRST OF ALL, I WOULD LIKE
9 TO THANK EVERYBODY WHO HAS GIVEN THEIR COMMENTS HERE
10 STARTING WITH DR. CZECHOWICZ AND ALL OF THE FAMILY
11 MEMBERS, THE ADVOCATES. ALL OF THIS INFORMATION IS
12 VERY IMPORTANT TO US.

13 HAVING SAID THAT, AGAIN, I WANT TO
14 REITERATE WHAT I SAID AT THE OUTSET, WHICH IS WE'RE
15 NOT QUESTIONING THE VALIDITY OF THE SCIENCE HERE.
16 THERE ARE OTHER ISSUES AT PLAY THAT WE THINK BEAR ON
17 THE DECISION THAT THE ARS IS GOING TO MAKE THAT WE
18 HAVE HIGHLIGHTED FOR YOU.

19 THOSE WHO'VE GIVEN COMMENT HAVE OFFERED
20 COUNTERS TO THAT, BUT I THINK IT WOULD BE HELPFUL TO
21 THE MEMBERS OF THE ARS. WE HEARD DR. CANET-AVILES.
22 SHE COULD ELABORATE A BIT MORE ON THE POINTS JUST SO
23 YOU HAVE THEM FRESH IN MIND AS YOU'RE DELIBERATING
24 WHICH WAY TO GO HERE. BUT, AGAIN, THIS IS NOT ABOUT
25 THE SCIENTIFIC VALIDITY. IT'S ABOUT THE TOTALITY OF

1 THE CIRCUMSTANCES AS TO WHETHER THIS IS SOMETHING
2 THAT WE SHOULD BE FUNDING AT THIS POINT.

3 ROSA.

4 DR. CANET-AVILES: THANK YOU, J.T. AND
5 THANK YOU, DR. CZECHOWICZ AND ALL THE SPEAKERS. WE
6 REALLY APPRECIATE YOU COMING HERE, ESPECIALLY
7 PATIENT ADVOCATES AS WELL AND PARENTS.

8 I THINK THIS DISCUSSION IS VERY -- HAS A
9 VERY IMPORTANT EMOTIONAL DIMENSION, AND WE ARE NOT
10 MISSING THAT. BUT AFTER TODAY'S PRESENTATION AND
11 DISCUSSION, WHAT WE ARE TRYING TO AVOID HERE IS MORE
12 OF THE PROGRAMS THAT WILL END UP IN THAT RED ZONE OF
13 NEEDING MORE FUNDING FROM CIRM, AND THEN WITHOUT THE
14 SECURITY OF WHAT'S GOING TO HAPPEN NEXT. RIGHT? AND
15 A MINIMUM WITH -- AT THE MINIMUM, WITH THE EVIDENCE
16 THAT WE HAVE NOW, THIS PROGRAM COULD TAKE AT LEAST
17 SIX YEARS TO GENERATE THE MINIMUM AMOUNT OF DATA
18 REQUIRED TO MOVE FORWARD, THE KIND OF CLINICAL
19 EVIDENCE, THE ENGRAFTMENT, TO AVOID BONE MARROW
20 FAILURE, OR ANOTHER TRANSPLANT.

21 AND THIS IS LIKE IF EVERYTHING WENT WELL,
22 NOT TAKING INTO ACCOUNT THE ENROLLMENT OR ANYTHING
23 LIKE THAT, THERE ARE SOME PRECEDENTS ALSO FROM OTHER
24 CIRM-FUNDED AWARDS THAT WE ENDED UP ADDING. THIS WAS
25 A VERY TOUGH EXERCISE THAT WE HAD TO GO THROUGH AS

1 WELL.

2 WE'VE HAD MORE -- AN AWARD, FOR EXAMPLE,
3 OF IN UTERO TRANSPLANTATION THAT WAS MORE THAN \$12
4 MILLION THAT LED TO ISSUES OF ENROLLMENT AND ENDED
5 UP WITHOUT THE ENGRAFTMENT AS WELL. SO THE KEY HERE
6 IS THAT WITH FOUR YEARS AND \$12 MILLION, WE WILL NOT
7 HAVE -- THERE WILL HAVE TO BE ANOTHER APPLICATION
8 AND MORE MONEY TO POTENTIALLY FINISH THE CLINICAL
9 TRIAL. AND THEN WHAT?

10 AS A REFERENCE, ROCKET HAD A BLA FOR
11 FANCONI ANEMIA WITH A DIFFERENT MODALITY, AND THEY
12 WITHDREW IT FOR BUSINESS -- FOR FINANCIAL, FINANCIAL
13 DECISIONS. RIGHT?

14 SO A COMPANY THAT'S FUNDED THAT HAD
15 ANOTHER ASSET, AND WAS ALREADY A BLA, THEY DECIDED
16 TO PULL IT.

17 WITH REGARD TO ORCA, THEIR INTEREST IS
18 MEANINGFUL, AND THEY ARE EXACTLY THE TYPE OF CAPABLE
19 INDUSTRY PARTNER THAT WE WOULD WANT TO SEE AROUND A
20 PROGRAM LIKE THIS. BUT THE LETTER THEY PROVIDED IS
21 NON-BINDING AND EXPLICITLY SAYS THEIR OPTIMAL
22 INVESTMENT WINDOW IS AFTER EARLY CLINICAL
23 DE-RISKING. AND WHAT WE STILL DO NOT KNOW IS WHAT
24 CLINICAL DATASET ORCA COULD ACTUALLY REQUIRE BEFORE
25 COMMITTING CAPITAL. AND ULTIMATELY THE THRESHOLD IS

BETH C. DRAIN, CA CSR NO. 7152

1 NOT FOR THEM TO DEFINE. IT'S FOR THE FDA TO DEFINE,
2 AND WE HAVEN'T SEEN ANYTHING ELSE THAT SAYS
3 OTHERWISE OF WHAT WAS IN THE AWARD.

4 SO WITH ALL OF THESE, WE THOUGHT WE HAD TO
5 MAKE A TOUGH CALL HERE PROGRAMMATICALLY, AND THE
6 BOARD GAVE US THAT OPPORTUNITY. AND I THINK THAT
7 IT'S IMPORTANT TO TAKE INTO ACCOUNT ALL THESE
8 CONSIDERATIONS AS PAINFUL AS IT IS FOR ALL OF US.

9 THANK YOU. AND I'M HAPPY TO ANSWER ANY
10 QUESTIONS.

11 MR. FISCHER-COLBRIE: I THINK ANNE-MARIE
12 HAS A QUESTION ON THE PHONE.

13 DR. LEVITT: I HAVE A QUESTION.

14 MR. FISCHER-COLBRIE: SO LET'S DO
15 ANNE-MARIE FIRST AND THEN --

16 DR. DULIEGE: WELL, MY QUESTION WAS
17 DEFINITELY REQUIRING SOME CLARIFICATION THAT YOU
18 PROVIDED, ROSA.

19 GIVEN ALL WHAT YOU SAID, DO YOU THINK THAT
20 THERE WOULD BE A RATIONALE FOR THE TEAM WHO MADE
21 THIS GRANT PROPOSAL TO DISCUSS THE SITUATION WITH
22 THE CIRM TEAM AND POTENTIALLY REAPPLY? OR DO YOU
23 THINK YOUR CONCERN WILL REMAIN NO MATTER WHAT
24 MODIFICATION THE GRANT APPLICATION IS?

25 DR. CANET-AVILES: YOU LIKE TO ASK THE

1 POINTED QUESTIONS, ANNE-MARIE.

2 DR. DULIEGE: YEAH.

3 DR. CANET-AVILES: IT IS HARD BECAUSE OF
4 WHAT I JUST SAID, RIGHT? AND I DON'T THINK THAT IT
5 WILL HAVE -- IF THEY COULD COME WITH A PARTNER IN
6 TOW THAT SAYS, WE ARE GOING TO TAKE THIS MOVING
7 FORWARD IF IT HITS THIS ENDPOINT, AND THIS IS HOW
8 MUCH WE WILL INVEST. BUT WE NEED TO HAVE A LOT MORE
9 DEFINED PLAN MOVING FORWARD. WHO'S GOING TO COME
10 WITH THEM, AND ALSO IT NEEDS TO HAPPEN, I THINK, IN
11 THE FOUR YEARS. I DON'T KNOW WHAT TO SAY. I THINK --
12 YEAH.

13 MR. FISCHER-COLBRIE: PAT.

14 DR. LEVITT: SO I HAVE SORT OF A RELATED
15 QUESTION. THIS IS IN UTERO TREATMENT.

16 DR. CANET-AVILES: IT IS.

17 DR. LEVITT: AND BY DEFINITION, WHEN YOU'RE
18 TRYING TO PREVENT A DEVELOPMENTAL DISORDER, THERE'S
19 A PERIOD OF TIME THAT HAS. SO I'M WONDERING WHETHER
20 THE TEAM HAS TALKED ABOUT WHETHER ANY IN UTERO
21 INTERVENTION WOULD MEET THE GUIDELINES THAT YOU'VE
22 LAID OUT IN TERMS OF HAVING IT COMPLETED AND
23 EVALUATED WITHIN THAT PERIOD OF TIME BECAUSE I DON'T
24 KNOW OF A STUDY THAT CAN RECRUIT ALL OF ITS RESEARCH
25 SUBJECTS IN THE FIRST YEAR. AND DEVELOPMENT IS

1 DEVELOPMENT. YOU CAN'T SPEED IT UP.

2 DR. CANET-AVILES: SO IN THE GUIDING
3 PRINCIPLE TO CONSIDERATION -- THANK YOU, PAT, FOR
4 THE QUESTION -- THAT IS TO ADVANCE THE STRATEGIES TO
5 IMPROVE PATIENT ACCESS TO STEM CELL-BASED AND
6 GENETIC THERAPIES. ONE OF THE POINTS WAS ENROLLMENT
7 FEASIBILITY, AND DR. AGNIESZKA CZECHOWICZ, SHE SPOKE
8 ABOUT THAT AS WELL. THAT WAS AN ADDITIONAL CONCERN.
9 AND BECAUSE THE APPLICANT REPORTED THAT EIGHT
10 FAMILIES WITH A PRENATAL FANCONI ANEMIA DIAGNOSIS
11 HAD CONTACTED THE PROGRAM WITHIN THE PAST THREE TO
12 FOUR YEARS, AND THE PROPOSED STUDY REQUIRES 12
13 TREATED MATERNAL-FETAL PAIRS WITHIN FOUR YEARS,
14 INCLUDING -- SO WHERE I'M TRYING TO GO IS THAT THIS
15 IS ALSO A NARROW POPULATION WITHIN THE FANCONI
16 ANEMIA. RIGHT?

17 SO THAT WASN'T THE BASIS. WE ASSUMED THAT
18 THE ENROLLMENT COULD HAPPEN, AND THAT WOULD STILL
19 MAKE THE SIX YEARS, LIKE, TIMELINE. BUT IF
20 ENROLLMENT DOESN'T GO WELL, IT WILL EVEN BE HARDER.

21 DR. DAHL: CAN I ASK A GENERAL QUESTION
22 ABOUT THE PORTFOLIO? NO?

23 DR. CANET-AVILES: YES, I THINK THAT -- OH,
24 SORRY.

25 MR. FISCHER-COLBRIE: I WILL ASK A

1 QUESTION. IF YOU COULD REMIND US THE INVESTMENTS
2 THAT HAVE BEEN MADE IN FRANCONI ANEMIA TO DATE BY
3 CIRM.

4 DR. CANET-AVILES: YES. I THINK -- WELL,
5 THE CURRENT FANCONI ANEMIA, THERE IS ONE AWARD.
6 THERE IS ACTUALLY -- SORRY -- IT'S A CONDITIONING --
7 SORRY -- A CLINICAL AWARD CURRENTLY IN THE SAME
8 INSTITUTION. CAN I SAY THE -- WELL, IT'S A CLINICAL
9 AWARD FROM THE SAME INSTITUTION. IT'S ACTUALLY A
10 CONDITIONING REGIMEN FOR FANCONI ANEMIA. HOWEVER,
11 THERE ARE -- CAN I -- NO. I THINK THAT'S IT. YEAH.
12 SO THAT'S THE ONLY AWARD.

13 THEN IN UTERO TRANSPLANTATION, WE HAVE A
14 PRECEDENT THAT'S BEEN THE ONE THAT I WAS MENTIONING
15 ABOUT TRANSPLANTATION, IN UTERO TRANSPLANTATION,
16 THAT ENDED UP WITH ENROLLMENT ISSUES. AND THEN THE
17 ENGRAFTMENT WAS NEGATIVE AT THE CLINICAL ENDPOINT.

18 AND THEN, YES, THOSE ARE -- AND I DON'T
19 KNOW IF WE HAVE ANY CLOSED AWARDS. WE WOULD HAVE TO
20 COME BACK TO THEM. SARA, DO WE HAVE ANY CLOSED
21 AWARDS, OR JOE? NO. WE DON'T HAVE ANY CLOSED AWARDS
22 ON FANCONI ANEMIA. SO THOSE ARE THE TWO INVESTMENTS
23 THAT WE'VE HAD.

24 MR. FISCHER-COLBRIE: OTHER QUESTIONS?
25 OTHER DISCUSSION POINTS?

BETH C. DRAIN, CA CSR NO. 7152

1 OKAY, SCOTT, IF WE COULD GO FOR THE VOTE.

2 DR. DAHL: AM I ALLOWED TO RESPOND TO SOME
3 OF THOSE POINTS?

4 DR. CANET-AVILES: YEAH. YES. SORRY.
5 SORRY. NO. NO. NO. NO. THAT'S NOT MY PREROGATIVE.

6 MR. FISCHER-COLBRIE: SCOTT HAS TO
7 DETERMINE THAT.

8 MR. TOCHER: THE MOTION IS TO NOT FUND
9 CLIN2-20316. SO A YES VOTE ADOPTS THE MOTION NOT TO
10 FUND.

11 VITO IMBASCIANI?

12 CHAIRMAN IMBASCIANI: YES.

13 MR. TOCHER: RICH LAJARA?

14 MR. LAJARA: YES.

15 MR. TOCHER: OH. THAT'S RICHARD HART.
16 SORRY. OH, YOU WERE GOING THE OTHER WAY. SORRY ABOUT
17 THAT.

18 MR. LAJARA: YES.

19 MR. TOCHER: THANK YOU, RICH. HI, RICH.

20 ADRIANA PADILLA?

21 DR. PADILLA: ABSTAIN.

22 MR. TOCHER: JOE PANETTA? MARV SOUTHARD?
23 YAEL WYTE? KEVIN XU?

24 MR. XU: YES.

25 MR. TOCHER: MARIA BONNEVILLE?

BETH C. DRAIN, CA CSR NO. 7152

1 VICE CHAIR BONNEVILLE: YES.

2 MR. TOCHER: MARGUERITE CASILLAS?

3 MS. CASILLAS: YES.

4 MR. TOCHER: ANNE-MARIE DULIEGE?

5 DR. DULIEGE: YES.

6 MR. TOCHER: MARK FISCHER-COLBRIE?

7 MR. FISCHER-COLBRIE: YES.

8 MR. TOCHER: THAT MOTION CARRIES, NINE AYE
9 VOTES, ONE NAY, AND ONE ABSTENTION.

10 MR. FISCHER-COLBRIE: OKAY. THAT CONCLUDES
11 THE CLINICAL SECTION. WE'LL MOVE ON TO THE NEXT
12 AGENDA ITEM. THANK YOU.

13 CHAIRMAN IMBASCIANI: THANK YOU. I THINK
14 EVERYONE APPRECIATES THE JOB THAT MARK
15 FISCHER-COLBRIE DID. THANK YOU.

16 DR. MALKAS: WHEN IS THE NEXT ROUND OF
17 APPLICATIONS FOR THIS MECHANISM?

18 DR. SAMBRANO: IS THAT ON? SORRY. END OF
19 OCTOBER.

20 DR. SHEPARD: SORRY. GOOD AFTERNOON,
21 MEMBERS OF THE BOARD, MEMBERS OF THE PUBLIC, CIRM
22 TEAM. IT'S MY PLEASURE TO COME BEFORE YOU TODAY TO
23 TALK ABOUT OUR PROPOSAL FOR IMPLEMENTING AN
24 EXTENSION MECHANISM FOR OUR EDUC4 PROGRAM.

25 BEFORE I GET INTO MY PRESENTATION, I WOULD

1 JUST LIKE TO REMIND EVERYBODY AND GET EVERYBODY ON
2 THE SAME PAGE, THAT WHEN THE FISCAL YEAR 26/27
3 BUDGET WAS PASSED A COUPLE OF MONTHS AGO, THIS BOARD
4 APPROVED A \$90-MILLION ALLOCATION TO SUPPORT A
5 SUPPLEMENT FOR THIS PROGRAM. AND WHAT I'M PRESENTING
6 FOR YOU TODAY IS A MECHANISM FOR HOW WE WOULD LIKE
7 TO IMPLEMENT THAT SUPPLEMENT.

8 SO MY PRESENTATION TODAY WILL GO OVER THE
9 FOLLOWING POINTS. I'LL JUST BRIEFLY RESTATE CIRM'S
10 MISSION AND THE BACKGROUND TO GIVE EVERYBODY CONTEXT
11 SO EVERYBODY HAS THE SAME UNDERSTANDING TO APPROACH
12 THIS ITEM.

13 I'LL THEN GO THROUGH A PROBLEM STATEMENT
14 AND RATIONALE FOR WHY WE'RE PROPOSING THIS
15 MECHANISM. AND THEN I'LL GIVE A REMINDER OF WHAT THE
16 CURRENT EDUC4 PROGRAM ENTAILS AND WHAT THE EXTENSION
17 MECHANISM THAT WE'RE PROPOSING ENTAILS.

18 AND FOLLOWING ALL OF THAT, I'LL PRESENT
19 THE TIMELINE FOR EXECUTION ON THIS REQUEST AND A
20 REQUEST FOR APPROVAL.

21 SO, AGAIN, WE'VE SEEN THIS TODAY, BUT
22 CIRM'S MISSION IS TO ACCELERATE WORLD-CLASS SCIENCE
23 AND DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE
24 TREATMENTS IN AN EQUITABLE MANNER TO A DIVERSE
25 CALIFORNIA AND WORLD.

1 AND IN ORDER TO EXECUTE ON THIS MISSION,
2 WE INVEST IN FIVE MAJOR PILLARS OR RESEARCH STREAMS
3 AS YOU SEE HERE. WE'VE ALREADY DISCUSSED
4 REPRESENTATIVES FROM SOME OF THESE PILLARS TODAY,
5 INCLUDING, OUR DISCOVERY PROGRAM AND OUR CLINICAL
6 PROGRAM AND EVEN A WORKFORCE DEVELOPMENT PILLAR
7 WHICH IS ALL ALIGNING WITH OUR SAF STRATEGIC GOAL
8 NO. 6, WHICH IS TO BOLSTER CIRM'S WORKFORCE
9 DEVELOPMENT PROGRAMS TO ADDRESS PROGRAM EARLIER
10 TODAY, EDUC8.

11 SO THIS ITEM THAT WE'RE DISCUSSING NOW IS
12 ALSO PART OF THAT EDUCATION OR WORKFORCE DEVELOPMENT
13 PILLAR, WHICH IS ALL ALIGNING WITH OUR SAF STRATEGIC
14 GOAL NUMBER 6, WHICH IS TO BOLSTER CIRM'S WORKFORCE
15 DEVELOPMENT PROGRAMS TO ADDRESS GAPS AND MEET
16 EVOLVING DEMANDS IN REGENERATIVE MEDICINE.

17 SO JUST A QUICK REMINDER OF WHAT OUR
18 EDUCATIONAL PORTFOLIO LOOKS LIKE TODAY. CIRM HAS
19 HISTORICALLY SUPPORTED FOUR DIFFERENT TYPES OF
20 EDUCATION PROGRAMS THAT TARGET DIFFERENT STAGES OF
21 TRAINING, ALL THE WAY FROM HIGH SCHOOL LEVEL
22 INTERNSHIPS TO THE PROGRAM THAT WE'RE DISCUSSING
23 RIGHT NOW, WHICH SUPPORTS OUR MOST ADVANCED LEVEL OF
24 TRAINEES, WHICH ARE PH.D. STUDENTS, POSTDOCTORAL,
25 AND CLINICAL FELLOWS.

1 THE BRIDGES AND COMPASS PROGRAMS THAT YOU
2 HEARD ABOUT EARLIER TODAY WERE RECENTLY REFUNDED BY
3 ALL OF YOU UNDER THIS NEW MECHANISM CALLED EDUC8,
4 THE AWARDS OF WHICH WERE APPROVED EARLIER TODAY.
5 IN DECEMBER YOU'LL BE SEEING THE RENEWED COMPETITION
6 FOR THE SPARK, OUR HIGH SCHOOL EDUCATION PROGRAM, TO
7 LAUNCH THAT FOR ANOTHER FIVE YEARS.

8 AND SO TODAY WE'RE BRINGING YOU THIS FINAL
9 ITEM ON THIS GRAPHIC THAT YOU SEE HERE TODAY, THE
10 CIRM SCHOLARS PROGRAM OR EDUC4.

11 THE SLIDE'S NOT ADVANCING. TRY AGAIN.
12 OKAY. HERE WE GO.

13 SO FOR A LITTLE BIT OF HISTORY, THE CIRM
14 SCHOLARS PROGRAM IS ACTUALLY ONE OF THE OLDEST
15 PROGRAMS THAT CIRM SUPPORTED, ALTHOUGH IT'S BEEN
16 REINVENTED SEVERAL TIMES OVER THE YEARS AS OUR
17 ORGANIZATION'S PRIORITIES AND LEADERSHIP HAVE
18 CHANGED AND AS THE FIELD HAS ADVANCED. SO SHORTLY
19 AFTER THE PASSAGE OF PROPOSITION 71, WHICH HAPPENED
20 IN 2004, THE FIRST TRAINING GRANTS WERE AWARDED TO
21 BEGIN TRAINING THE WORKFORCE THAT WAS GOING TO BE
22 NECESSARY TO HELP BRING THE PROMISE OF REGENERATIVE
23 MEDICINE INTO REALITY. SO THE EARLY TRAINING GRANTS
24 WERE AWARDED TO 16 INSTITUTIONS BACK IN 2006.

25 NOW, THIS PROGRAM WAS EVENTUALLY CONTINUED

1 THROUGH SUCCESSIVE RFA COMPETITIONS. THE SECOND
2 PHASE OF THIS WAS CALLED TG2, OR RESEARCH TRAINING
3 2. THAT WAS A THREE-YEAR PROGRAM, BUT IT WAS
4 EXTENDED FOR THREE YEARS BY A BOARD ACTION SIMILAR
5 TO THE ONE THAT WE'RE DISCUSSING RIGHT NOW. AND SO
6 ULTIMATELY THE PROPOSITION 71 VERSION OF THIS
7 PROGRAM RAN FOR ABOUT NINE YEARS TOTAL AND TRAINED
8 OVER 900 INDIVIDUALS.

9 AND IN THE MEMO THAT ACCOMPANIES THIS
10 ITEM, WE'VE TALKED ABOUT SOME OF THE OUTCOMES OF
11 THIS HISTORIC PROGRAM, AND INCLUDING NAMES OF
12 SEVERAL PROMINENT INDIVIDUALS WHO ARE ACTUALLY
13 GRADUATES OF THESE TRAINING GRANT PROGRAMS AND HAVE
14 COME ON TO BE PI'S ON CIRM GRANTS TODAY.

15 SO AS THE PROPOSITION 71 FUNDS WERE
16 WINDING DOWN, THIS PROGRAM ENDED AND CIRM'S
17 PRIORITIES SHIFTED TOWARDS THE END OF THIS RUN TO
18 REALLY ADVANCING THE FINAL STAGES OF THE R&D
19 PROGRAMS.

20 NOW, WHEN PROPOSITION PASSED IN 2020,
21 PROPOSITION 14 PASSED IN 2020, THERE WAS A
22 RECOGNITION THAT WE NEEDED TO RESTART A VERSION OF
23 THIS PROGRAM THAT WAS UPDATED AND COULD ADDRESS THE
24 NEW CHALLENGES, INCLUDING THE NEW ASPECTS OF CIRM
25 MANDATE THAT INCLUDED GENE THERAPY RESEARCH IN

BETH C. DRAIN, CA CSR NO. 7152

1 ADDITION TO OUR LONG-STANDING MANDATE TO INVESTIGATE
2 STEM CELL RESEARCH AS PART OF REGENERATIVE MEDICINE.
3 SO IN LATE 2021, THIS BOARD FUNDED A NEW SET OF CIRM
4 SCHOLARS AWARDS. THERE WERE 18 OF THEM. THE PROGRAM
5 WAS RENAMED EDUC4.

6 ONE THING THAT WAS A LITTLE BIT DIFFERENT
7 ABOUT THIS ITERATION WAS THAT EVERY AWARD WAS THE
8 SAME AMOUNT. IT WAS \$5 MILLION. AND ALL
9 INSTITUTIONS WHO RECEIVED ONE OF THESE AWARDS WAS
10 ABLE TO USE THAT FUNDING TO SUPPORT THE BLEND OF
11 PRE-DOCS, POSTDOCS, AND CLINICAL FELLOWS THAT WAS
12 BEST SUITED TO THEIR INSTITUTIONS.

13 IN 2023, THIS BOARD ALLOWED A SUPPLEMENT
14 TO BE MADE TO THIS PROGRAM TO ENABLE STIPENDS TO BE
15 INCREASED FOR PRE-DOCTORAL AND POSTDOCTORAL FELLOWS
16 DUE TO SOME OF THE BARGAINING ARRANGEMENTS THAT
17 HAPPENED AT THE UC'S THAT RAISED THE STIPEND LEVELS
18 FOR WHAT THEY EXPECTED. SO WE MATCHED THAT WITH SOME
19 SUPPLEMENTS TO THESE AWARDS. SO ALL TOLD, THE EDUC4
20 PROGRAM, WHICH IS NOW IN ITS FIFTH YEAR, WAS FUNDED
21 TO 86 MILLION PLUS THE \$6.7 MILLION SUPPLEMENT FOR
22 THOSE STIPENDS. AND SO FAR OVER 500 TRAINEES HAVE
23 COME THROUGH THIS PROGRAM, AND THIS PROGRAM IS
24 APPROACHING THE END OF YEAR FIVE AND IS ABOUT TO RUN
25 OUT OF FUNDS.

BETH C. DRAIN, CA CSR NO. 7152

1 SO THIS ITEM THAT WE'RE PRESENTING TO YOU
2 TODAY IS THE PROPOSED SOLUTION TO ENABLE THIS
3 INFRASTRUCTURE TO CONTINUE AND THESE PROGRAMS TO
4 REMAIN ACTIVE.

5 SO WHY DO WE CARE ABOUT EDUCATION? WELL,
6 AS WE'VE HIGHLIGHTED IN PREVIOUS PRESENTATIONS, AND
7 WE'LL DO SO AGAIN, THESE TRAINEES ARE ESSENTIAL FOR
8 WORKFORCE AND INFRASTRUCTURE. THEY ARE DEPICTED HERE
9 AS THE BASE OF THE PYRAMID BECAUSE WITHOUT TRAINED
10 PROFESSIONALS AT ALL LEVELS, FROM TECHNICIAN TO
11 MANUFACTURER TO THE LEADERS WHO INNOVATE AND
12 DEVELOPING NEW PARADIGMS, WE NEED TRAINED
13 INDIVIDUALS. AND NOT ONLY DO WE NEED TRAINED
14 INDIVIDUALS TO INNOVATE AND OVERCOME NEW CHALLENGES
15 THAT ARE ASSOCIATED WITH THIS NEW FIELD OF SCIENCE,
16 THESE TRAINEES WHO COME FROM THIS PROGRAM ARE ALSO
17 THE MENTORS WHO ARE TRAINING OUR NEXT GENERATION OF
18 TRAINEES IN OUR EARLIER STAGE PROGRAMS.

19 SO THIS IS REALLY FUNDAMENTAL. TRAINING
20 PROGRAMS LIKE EDUC4 ARE FUNDAMENTAL FOR CREATING AND
21 SUSTAINING THE WORKFORCE THAT WE NEED TO REALIZE
22 CIRM'S MISSION.

23 AND THE VALUE OF THIS PROGRAM WAS
24 RECOGNIZED BY THE AUTHORS OF PROPOSITION 14. AND THE
25 QUOTE THERE IN THE BOX AT THE BOTTOM IS JUST ONE OF

1 THE STATEMENTS PULLED OUT DIRECTLY FROM THE
2 PROPOSITION THAT SPEAKS TO THE INSTITUTE'S ROLE IN
3 ESTABLISHING TRAINING AND FELLOWSHIP PROGRAMS TO
4 SUPPORT GRADUATE STUDENTS, POSTDOCTORAL STUDENTS,
5 MEDICAL STUDENTS.

6 AND JUST BEFORE WE GO INTO THE PROPOSAL
7 MECHANISM, I JUST WANTED TO SHARE A FEW OUTCOMES OF
8 THIS PROGRAM HISTORICALLY. SO OF THE 1400 PLUS
9 TRAINEES THAT HAVE COME THROUGH THIS PROGRAM, THE
10 VAST MAJORITY OF THEM DO STAY IN STEM, ALMOST EVENLY
11 SPLIT BETWEEN ACADEMIC AND INDUSTRY POSITIONS. A FEW
12 GO ON TO OTHER TYPES OF GRAD SCHOOL OR OTHER STEM
13 POSITIONS. THESE TRAINEES ARE A MAJOR FORCE IN
14 PUBLICATIONS AND PEER-REVIEWED JOURNALS, ADVANCING
15 NEW SCIENCE. THERE HAVE BEEN OVER 700 MENTORS
16 SUPPORTED IN TRAINING THESE FELLOWS OVER THE YEARS.
17 AND FROM SOME OF THE SURVEYS AND OUTCOME ANALYSIS
18 WE'VE DONE, WE KNOW THAT AT LEAST 86 PERCENT AND IN
19 CERTAIN PROGRAMS EVEN HIGHER THAN THAT STAY IN STEM.

20 I ALSO INCLUDED THIS SLIDE TO SHARE SOME
21 OF THE DEMOGRAPHICS OF CIRM SCHOLARS. WE DISCUSS OUR
22 DEMOGRAPHICS OF OUR DIFFERENT PROGRAMS PERIODICALLY,
23 AND I THINK THIS MIGHT BE THE FIRST TIME WE'VE
24 SHARED SOME OF THIS ANALYSIS FOR THIS PROGRAM. SO
25 THE DEMOGRAPHICS OF THIS STAGE OF RESEARCH IS QUITE

1 DIFFERENT THAN WHAT YOU SEE IN OUR EARLIER STAGE
2 PROGRAMS. BECAUSE STUDENTS THAT COME TO CALIFORNIA
3 OR ARE STARTING IN CALIFORNIA FOR PH.D. PROGRAMS OR
4 ARE COMING FROM ALL OVER THE PLACE TO WORK WITH
5 SPECIFIC INDIVIDUALS FOR SPECIFIC POSTDOCTORAL
6 OPPORTUNITIES, THAT STARTING POINT IS QUITE
7 DIFFERENT FROM THE DEMOGRAPHICS OF THE STATE
8 POPULATION.

9 SO ON THE LEFT SIDE, THE BAR CHARTS YOU
10 SEE, THIS IS A DEMOGRAPHIC WITH A BASELINE THAT CAN
11 BE SOMEWHAT COMPARABLE. THIS IS COMPARING, IN BLUE,
12 THE DEMOGRAPHICS OF CIRM SCHOLARS IN OUR PROGRAM TO
13 THOSE SAME CATEGORIES IN FEDERALLY FUNDED DOCTORATE
14 PROGRAMS IN BIOLOGY IN PARTICULAR AND MORE BROADLY
15 IN THE REDDISH-ORANGE COLOR THERE FOR STEM. AND WHAT
16 YOU CAN SEE IS THAT CALIFORNIA HAS HIGHER
17 REPRESENTATION OF MULTIRACIAL HISPANIC AND ASIAN
18 POPULATIONS COMPARED TO THE FEDERAL BASELINES.
19 AND SPECIFICALLY WE BROKE DOWN THE ETHNICITY AND
20 GENDER DEMOGRAPHICS BY THE TRAINEE LEVEL. AND WHAT
21 YOU CAN SEE IS THAT THE PERCENTAGE OF HISPANIC FOR
22 ALL OF THESE CATEGORIES IS SIGNIFICANTLY OVER WHAT
23 IT IS AT A FEDERAL LEVEL AND IN THE LIFE SCIENCE
24 WORKFORCE IN GENERAL. SO WE THINK THAT'S PRETTY WELL
25 THERE, ALTHOUGH IT'S CERTAINLY NOT EQUAL TO WHAT OUR

1 REPRESENTATION OF HISPANIC POPULATION IS IN THE
2 STATE.

3 AND FOR THE MALE AND FEMALE AND OTHER
4 GENDER CLASSIFICATIONS, YOU CAN SEE THAT, AS YOU
5 MOVE UP FURTHER AND FURTHER THE EDUCATION TRAIN, IT
6 SLIGHTLY SKEWS MORE TOWARDS MALE. BUT AT THE
7 PRE-DOCTORAL LEVEL WE'RE STARTING -- WE HAVE
8 SLIGHTLY MORE FEMALE AND IT GOES ABOUT EVEN AT THE
9 POSTDOC LEVEL. AND I THINK THIS IS A GENERAL TREND.
10 IN OUR EARLIER STAGE PROGRAMS, THE RATIO OF FEMALE
11 TO MALE IS QUITE HIGH. AND THIS IS JUST REFLECTIVE
12 OF WHAT'S GOING ON, BUT WE'RE ENCOURAGED THAT WE'RE
13 STARTING TO SEE CLOSER TO 50-50 ALONG THESE STAGES.

14 SO NOW BACK TO EDUC4. WHAT DOES THE
15 CURRENT PROGRAM LOOK LIKE? JUST AS A REMINDER, THE
16 OBJECTIVE OF THIS PROGRAM IS TO FOSTER AND ENHANCE
17 THE RESEARCH EXPERIENCE OF BASIC AND CLINICAL
18 SCIENTISTS DURING THE DOCTORAL AND IMMEDIATE
19 POSTDOCTORAL STAGES OF THEIR CAREER. EACH OF THESE
20 PROGRAMS INCLUDES COURSEWORK TO PROVIDE SPECIALIZED
21 TRAINING IN STEM CELL AND REGENERATIVE
22 MEDICINE-RELEVANT COURSEWORK AND ETHICS TRAINING.

23 OF COURSE, A KEY ELEMENT IS THE MENTORED
24 LABORATORY RESEARCH UNDER AN ADVISOR FOR TWO TO
25 THREE YEARS TYPICALLY IN STEM CELL, GENE THERAPY,

1 AND/OR REGENERATIVE MEDICINE-RELATED RESEARCH OR KEY
2 SUPPORTIVE DISCIPLINES.

3 EVERY ONE OF THESE PROGRAMS INCLUDES
4 SIGNIFICANT ACTIVITIES DEDICATED TOWARDS ENGAGEMENT
5 AND OUTREACH. THAT IS TO HELP RAISE AWARENESS AND
6 HELP BRING A BETTER UNDERSTANDING TO THE TRAINEES IN
7 THIS PROGRAM ABOUT HOW THE SCIENCE THAT THEY DO CAN
8 IMPACT THE BROADEST COMMUNITIES, TO BRING IN
9 PERSPECTIVES FROM GROUPS THAT MAY NOT BE REPRESENTED
10 IN THE FACULTY AT THESE INSTITUTIONS, OR MAY NOT BE
11 AS REPRESENTED AS THEY ARE IN THE POPULATION. SO
12 THIS IS BOTH TO INFORM THE SCIENCE BUT ALSO TO RAISE
13 AWARENESS OF THE POSSIBILITIES TO ANOTHER GENERATION
14 OF STUDENTS AND COMMUNITIES SO THAT THEY CAN COME
15 INTO THESE PROGRAMS AND BOLSTER THIS PIPELINE IN THE
16 FUTURE.

17 THERE ARE CURRENTLY 18 ACTIVE EDUCATION 4
18 PROGRAMS. GEE, YOU CAN'T SEE THE OUTLINE OF THE
19 STATE VERY WELL. BUT THE INSTITUTIONS ARE LISTED
20 HERE, AND WHAT YOU'LL NOTICE IS THIS IS MAINLY THE
21 R1 RESEARCH INSTITUTIONS IN THE STATE. THAT IS
22 BECAUSE THESE ARE THE INSTITUTIONS THAT HAVE
23 REGENERATIVE MEDICINE FACULTY, THE MOST WELL-FUNDED
24 LABS DOING THE CUTTING-EDGE RESEARCH, AND THIS IS
25 THE PLACE WHERE PEOPLE NEED TO GO IN ORDER TO GET

BETH C. DRAIN, CA CSR NO. 7152

1 THE KIND OF TRAINING THAT WE'RE TALKING ABOUT HERE.

2 SO WHAT WE'RE PROPOSING FOR YOU TODAY IS
3 THE FOLLOWING. THESE EDUC4 AWARDS WERE FIVE-YEAR
4 AWARDS, AND THE END OF YEAR FIVE IS COMING UP RIGHT
5 NOW. SO WHAT WE'RE PROPOSING TO DO WITH THE 90
6 MILLION BUDGET ITEM THAT YOU AUTHORIZED IN JUNE IS
7 TO PROVIDE A \$5-MILLION SUPPLEMENT TO EACH OF THE 18
8 AWARDEES THAT REQUEST IT. AND THIS WILL ENABLE THEM
9 TO EXTEND THEIR OPERATIONS FOR A YEAR SIX THROUGH
10 TEN. WE'RE NOT PROPOSING ANY CHANGES TO THE OVERALL
11 CONCEPT, BUT WE ARE PROPOSING SOME ADJUSTMENTS TO
12 THE BUDGET TO CALIBRATE FOR SOME INFLATION AND
13 CONTINUED INCREASES TO THE STIPENDS THAT HAVE
14 HAPPENED OVER THE PAST FEW YEARS.

15 THESE AWARDEES WILL BE REQUIRED TO REQUEST
16 THE EXTENSION. IT'S NOT GOING TO BE AUTOMATIC. THEY
17 ARE REQUIRED TO REQUEST IT AND PROVIDE A JUSTIFIED
18 BUDGET. WE WILL ALLOW THEM TO PROPOSE IMPROVEMENTS
19 OR UPDATES AS LONG AS THEY'RE ALIGNED WITH THE
20 CURRENT CONCEPT. AND THIS COULD INCLUDE SOME CHANGES
21 TO THE COURSES THEY OFFER, LIKE INTRODUCTION OF MORE
22 DATA SCIENCE AND AI, ADJUSTING TO THE NEW WORLD WE
23 FIND OURSELVES IN WHERE AI IS BECOMING MORE AND MORE
24 PRESENT AND MORE AND MORE OF A TOOL IN RESEARCH.
25 ALSO AN OPPORTUNITY TO TRY FELLOWSHIPS IN WITH OTHER

1 PARTNERING INSTITUTIONS, INCLUDING GETTING SOME
2 TRAINING AROUND MANUFACTURING AND MAYBE SOME OF THE
3 OTHER AREAS OF REGENERATIVE MEDICINE, AUXILIARY
4 ACTIVITIES THAT AREN'T NECESSARILY EASY TO OBTAIN IN
5 YOUR OWN HOME INSTITUTION.

6 AND THE WAY THIS WILL WORK IS THAT THE
7 REQUESTS WILL BE PROCESSED BY THE SCIENCE OFFICERS
8 AND GRANTS MANAGEMENT OFFICERS ON THE DISCOVERING
9 EDUCATION TEAM WHO MANAGE THESE AWARDS TO BEGIN
10 WITH. AND WE'LL USE ESTABLISHED DUE DILIGENCE AND
11 WORKFLOWS IN ORDER TO MAKE SURE EVERYTHING'S IN
12 COMPLIANCE BEFORE WE APPROVE ANY EXTENSION.

13 SO THE BUDGET ADJUSTMENTS THAT I TALKED
14 ABOUT ARE SHOWN HERE. SO THESE ARE THE NEW RANGES
15 FOR THE STIPENDS THAT WE'RE PROPOSING. BASICALLY
16 EVERYTHING IN THE BUDGET IS SIMILAR TO WHAT IT WAS
17 BEFORE, BUT WE HAVE INCREASED THE COST CATEGORIES BY
18 3.18 PERCENT TO ACCOUNT FOR THAT INFLATION AND SOME
19 ANTICIPATED INCREASES IN THE STIPEND LEVELS, AS
20 MENTIONED.

21 THE INDIRECT COST IS STILL CAPPED AT 10
22 PERCENT, WHICH IT WAS BEFORE. WITH THIS FUNDING
23 SCHEME FOR THE \$5 MILLION, WE ANTICIPATE THAT,
24 GENERALLY SPEAKING, A PROGRAM COULD SUPPORT UP TO 13
25 SLOTS PER YEAR. NOW, THAT WILL VARY A LITTLE BIT

1 DEPENDING ON WHETHER IT'S ALL POSTDOCS OR ALL
2 PRE-DOCS OR ALL CLINICAL FELLOWS. BUT THIS WILL
3 ALLOW INSTITUTIONS TO MIX AND MATCH AS APPROPRIATE,
4 AND ALLOW THEM TO BE FLEXIBLE TO WHAT HAPPENS
5 DEPENDING ON WHO'S APPLYING TO THEIR PROGRAMS, WHAT
6 THE ECONOMIC LANDSCAPE CHANGE -- WHAT KIND OF
7 CHANGES MIGHT BE ANTICIPATED IN THE ECONOMIC
8 LANDSCAPE.

9 SO WE BELIEVE THAT THIS IS A MECHANISM
10 THAT'S SOMEWHAT FLEXIBLE, THAT WILL HELP THESE
11 PROGRAMS ADAPT TO SOME OF THE CHANGES THAT WE THINK
12 ARE COMING OVER THE NEXT FIVE YEARS.

13 SO JUST IN SUMMARY, THE INVESTMENT THAT
14 WAS ALLOCATED IN THE BUDGET WAS \$90 MILLION. AND
15 THIS IS SUFFICIENT TO SUPPORT A \$5-MILLION
16 SUPPLEMENT FOR EACH OF THE 18 AWARDS AND WILL GIVE
17 THEM UP TO ANOTHER FIVE YEARS OF FUNDING. THIS WILL
18 SUPPORT ADDITIONAL TRAINEES FOR TWO TO THREE YEARS
19 EACH IN MENTORED LABORATORY RESEARCH. OF THE
20 \$5-MILLION SUPPLEMENT BUDGET, 355,950 GOES TOWARDS
21 PROGRAM ADMINISTRATION. THE REST OF IT GOES INTO
22 INSTITUTIONAL INDIRECT COSTS, BUT THE MAJORITY OF IT
23 GOES INTO DIRECT TRAINEE COSTS.

24 SO JUST KIND OF THE RANGE OF A TYPICAL
25 DIRECT COST PER TRAINEE IS 63 TO 134K DEPENDING,

BETH C. DRAIN, CA CSR NO. 7152

1 AGAIN, ON THE TRAINEE LEVEL. WITH THIS BUDGET, WE
2 WOULD EXPECT IN THIS BUDGET ALONE 215 TO 325
3 TRAINEES. HOWEVER, BASED ON OUR EXPERIENCE OF
4 ADMINISTERING THIS PROGRAM OVER THE YEARS, WE EXPECT
5 THAT THIS NUMBER WILL ACTUALLY BE A BIT HIGHER THAN
6 THAT. FOR EXAMPLE, WE HAD PREDICTED SIMILAR NUMBERS
7 FOR THE CURRENT ITERATION, BUT WE'RE ALREADY UP
8 CLOSE TO 500. AND THIS IS BECAUSE THERE'S A LOT OF
9 COST SHARING THAT GOES ON AT THESE INSTITUTIONS, AND
10 THEY'RE ABLE TO LEVERAGE THESE FUNDS TO TRAIN EVEN
11 MORE INDIVIDUALS THAN THE ONES THAT COULD BE
12 STRICTLY SUPPORTED THROUGH CIRM FUNDING.

13 SO IF YOU APPROVE THIS REQUEST, WE WOULD
14 BE ABLE TO BEGIN IMPLEMENTATION ALMOST IMMEDIATELY.
15 WE WOULD MODIFY THE TEMPLATES THAT WE USED FOR THE
16 BRIDGES EXTENSION THAT YOU AUTHORIZED A COUPLE YEARS
17 AGO AND ASK FOR THE GROUPS THAT ARE REQUESTING THESE
18 SUPPLEMENTS TO SUBMIT THEIR INFORMATION, THEIR
19 NARRATIVES, THEIR UPDATED BUDGETS, AND THEIR UPDATED
20 PROGRAMS. WE COULD BEGIN REVIEWING THEM RIGHT AWAY,
21 AND THE SUPPLEMENTS COULD BE STARTING AS SOON AS THE
22 EDUC5 GRANTS ARE ENDING, PREVENTING ANY GAPS IN
23 FUNDING OR LOSS OF CONTINUITY. AND BECAUSE THIS IS A
24 PROCESS THAT THERE'S PRECEDENT FOR AND WE'VE
25 IMPLEMENTED USING SOMETHING VERY SIMILAR, WE THINK

BETH C. DRAIN, CA CSR NO. 7152

1 THAT THE OPERATIONAL IMPLICATIONS OF DOING THIS WILL
2 BE MINIMAL.

3 SO WITH ALL OF THAT, I AM HUMBLLY
4 REQUESTING ICOC APPROVAL OF THE MECHANISM THAT WE'VE
5 PRESENTED HERE FOR IMPLEMENTING THE EXTENSION. AND
6 I'M HAPPY TO TAKE ANY QUESTIONS IF YOU HAVE THEM
7 BEFORE WE TAKE A VOTE.

8 CHAIRMAN IMBASCIANI: THANK YOU. SO I'D
9 LOVE A MOTION TO ACCEPT THE RECOMMENDATION.

10 MR. TOCHER: EXCUSE ME. THIS CAN ONLY BE
11 MADE BY SOMEONE WITHOUT A CONFLICT FROM AN
12 INSTITUTION.

13 CHAIRMAN IMBASCIANI: DOES DR. LEVITT HAVE
14 A CONFLICT?

15 VICE CHAIR BONNEVILLE: YES.

16 DR. SHEPARD: DO WE HAVE A SLIDE? DO WE
17 HAVE A SLIDE FOR ME TO SHOW WITH CONFLICTS? YES.

18 MR. TOCHER: Yael WYTE.

19 DR. SHEPARD: OKAY. LOT OF CONFLICTS.

20 MR. TOCHER: AND A SECOND.

21 CHAIRMAN IMBASCIANI: MARGUERITE, I THINK
22 WE CAN TAKE A MOTION. OKAY.

23 MR. TOCHER: YEAH. THANK YOU. SO TO BE
24 CLEAR, THE MOTION WAS MADE BY Yael WYTE AND THE
25 SECOND BY MARGUERITE CASILLAS --

BETH C. DRAIN, CA CSR NO. 7152

1 CHAIRMAN IMBASCIANI: THAT'S CORRECT. AND
2 OUR FIRST SPEAKER IS --

3 MR. TOCHER: -- TO EXTEND THE SUPPLEMENT.

4 CHAIRMAN IMBASCIANI: SORRY, SCOTT. DIDN'T
5 MEAN TO SPEAK OVER YOU.

6 MR. PRESIDENT.

7 DR. THOMAS: SO JUST WANT TO, IN EXTREMELY
8 STRONG SUPPORT OF THIS MOTION, MAKE THE POINT. THERE
9 WAS THE SLIDE KELLY HAD WITH THE BOX AT THE BOTTOM,
10 I THINK IT WAS FROM 2021, WITH A QUOTE ABOUT HOW
11 THIS -- HOW IMPORTANT THE WORKFORCE WAS, THE FIELD,
12 AND ALL THAT SORT OF THING. MAGNIFY THAT BY THE
13 EVENTS THAT HAVE TAKEN PLACE SINCE IN TERMS OF THE
14 PROBLEMS WITH FEDERAL FUNDING AND HOW IT'S AFFECTING
15 THE YOUNG SCHOLARS THAT ARE IN THIS SWEET SPOT
16 PRECISELY CONTEMPLATED BY THIS AWARD. AND IT'S, I
17 THINK, A REAL SIGN OF CIRM'S LEADERSHIP IN THE FIELD
18 TO TRY TO ADDRESS THAT ISSUE THAT WE PUT THIS
19 FORWARD FOR YOUR CONSIDERATION. AND, AGAIN,
20 EXTREMELY STRONGLY SUPPORTED ON BEHALF OF THE TEAM.

21 CHAIRMAN IMBASCIANI: WELL SAID. THANK YOU,
22 J.T. YES, KIM.

23 DR. BARRETT: CAN'T COMMENT NEITHER?

24 VICE CHAIR BONNEVILLE: NO.

25 DR. BARRETT: OH.

BETH C. DRAIN, CA CSR NO. 7152

1 CHAIRMAN IMBASCIANI: RAISE YOUR HAND IF
2 YOU CAN COMMENT. KELLY, DO YOU WANT TO SAY SOMETHING
3 ELSE? ANYONE? OKAY. YEAH, GO AHEAD, CLAUDETTE.

4 MR. TOCHER: ADRIANA PADILLA HAS A COMMENT.

5 CHAIRMAN IMBASCIANI: ADRIANA PADILLA.

6 DR. PADILLA: YES, I DO HAVE A COMMENT.

7 THANK YOU, KELLY, FOR THE GREAT PRESENTATION. JUST
8 HAD A QUESTION.

9 ON THE AWARDS, IS THERE ANY PLANS TO TRY
10 TO ENCOURAGE THE AWARDEES TO SHARE THEIR SCHOLARS
11 WITH SOME OF THE CLINICAL CENTERS OF EXCELLENCE TO
12 GAIN SOME EXTRA EXPERIENCE, DECENTRALIZED ACTIVITY,
13 SINCE THEY ARE NOW GOING TO BE WORKING CLOSELY WITH
14 THE ALPHA CENTERS AND THOSE TERTIARY CARE CENTERS
15 JUST FOR A BROADER DISTRIBUTION KIND OF MODEL?

16 DR. SHEPARD: YES. THANK YOU FOR BRINGING
17 THAT UP. SO THAT'S ALSO SOMETHING THAT WAS MENTIONED
18 IN THE PROPOSITION ABOUT HAVING THE CIRM SCHOLARS
19 AND OTHER TRAINEES PARTICIPATE AND INTERACT WITH
20 THOSE. SO WE ALREADY HAVE SOME EXAMPLES OF THAT
21 GOING ON; BUT AT THE TRAINEE CONFERENCE THAT WE HAD
22 THIS PAST SUMMER, WHICH I THINK AMY ADAMS IS GOING
23 TO BE SHARING A LITTLE BIT ABOUT SOON, WE HAD A
24 MEETING WITH THE PROGRAM DIRECTORS. AND WE TALKED
25 ABOUT SOME OF THESE NEW OPPORTUNITIES, AND WE'RE

BETH C. DRAIN, CA CSR NO. 7152

1 GOING TO BE HAVING QUARTERLY OR BIENNIAL MEETINGS
2 WITH ALL OF THEM AND SO THAT THEY CAN SHARE
3 KNOWLEDGE WITH EACH OTHER AS WELL AS OPPORTUNITIES.

4 AND WE MOST DEFINITELY THINK THAT THE
5 COMMUNITY CARE CENTERS OF EXCELLENCE AND THE ALPHA
6 CLINICS ARE EXCELLENT OPPORTUNITIES TO PROVIDE
7 SUPPLEMENTAL TRAINING AS WELL AS INTERNSHIP AND WORK
8 EXPERIENCE POSSIBILITIES, SHARED RESOURCE
9 LABORATORIES AS WELL. SO YES. THANK YOU FOR
10 REMINDING ME TO BRING UP THAT POINT.

11 DR. PADILLA: THANK YOU.

12 CHAIRMAN IMBASCIANI: COMMENTS FROM BOARD
13 MEMBERS NOT IN THE ROOM? ANYONE? PUBLIC, PUBLIC
14 COMMENT?

15 MS. MORALES: OKAY. IF ANYBODY IN THE ROOM
16 OR ON THE PHONE HAS ANY PUBLIC COMMENT FOR EDUC4.
17 THERE'S NOBODY IN THE ROOM. ANYBODY ON THE PHONE,
18 PRESS STAR 9. THERE DOESN'T APPEAR TO BE ANYBODY.

19 CHAIRMAN IMBASCIANI: THANK YOU, LANA. WE
20 CAN TAKE A VOTE ON THE MOTION.

21 MR. TOCHER: ALL RIGHT. SO THE MOTION IS TO
22 ACCEPT THE TEAM'S RECOMMENDATION TO EXTEND A
23 SUPPLEMENT.

24 MARIA BONNEVILLE? MARGUERITE CASILLAS?

25 MS. CASILLAS: YES.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. TOCHER: ANNE-MARIE DULIEGE? MARK
2 FISCHER-COLBRIE?

3 MR. FISCHER-COLBRIE: YES.

4 MR. TOCHER: VITO IMBASCIANI?

5 CHAIRMAN IMBASCIANI: YES.

6 MR. TOCHER: RICH LAJARA?

7 MR. LAJARA: YES.

8 MR. TOCHER: ADRIANA PADILLA?

9 DR. PADILLA: YES.

10 MR. TOCHER: JOE PANETTA? MARV SOUTHARD?

11 DR. SOUTHARD: YES.

12 MR. TOCHER: Yael WYTE? AND KEVIN XU?

13 MR. XU: YES.

14 MR. SHEPARD: THANK YOU, EVERYONE.

15 MR. TOCHER: GREAT. THANK YOU. THAT MOTION
16 CARRIES.

17 CHAIRMAN IMBASCIANI: THANK YOU, KELLY, FOR
18 THE PRESENTATION.

19 I'D LIKE TO INTRODUCE OUR SENIOR DIRECTOR
20 FOR COMMUNICATIONS, AMY ADAMS, TO COME UP AND
21 INTRODUCE US TO OUR RECURRING ITEM HERE, CLOSER TO
22 CURES. NO?

23 MR. TOCHER: WE'RE GOING TO SKIP TO
24 COMMUNICATIONS IN ORDER --

25 CHAIRMAN IMBASCIANI: OKAY. SO AMY WANTS TO

1 DO ITEM 17 FIRST, WHICH IS AN UPDATE FROM THE COMMS.

2 MS. ADAMS: I MIGHT END WITH AN INTRO TO
3 THE --

4 CHAIRMAN IMBASCIANI: OKAY. THAT'S GREAT.

5 MS. ADAMS: THANK YOU, EVERYONE. IT'S A
6 PLEASURE TO BE HERE TODAY. WE'RE GOING TO START WITH
7 A LITTLE TREAT. OKAY. IN MY LAST PRESENTATION A
8 COUPLE MONTHS AGO, I SAID THAT THE TEAM WAS GOING TO
9 START FOCUSING MORE ON VIDEO. WE SEE A REAL
10 OPPORTUNITY WITH VIDEO. AND SO I WANTED TO SHOW A
11 VIDEO THAT WE'VE PRODUCED RECENTLY. AND THIS WAS
12 PRODUCED OUT OF INTERVIEWS THAT WE DID AT THE
13 TRAINEE CONFERENCE IN SACRAMENTO.

14 YOU'LL SEE A NUMBER OF STUDENTS IN THIS
15 VIDEO TALKING ABOUT THEIR RESEARCH. SO EACH ONE OF
16 THOSE STUDENTS GOT ONE-ON-ONE COACHING TO HELP THEM
17 TALK ABOUT THEIR RESEARCH. I DON'T KNOW IF THEY ALL
18 FULLY GOT IT DOWN TO LAY LANGUAGE, BUT THEY WORKED
19 REALLY HARD, AND I THINK THEY DID A GOOD JOB. SO I
20 BOTH WANTED YOU TO APPRECIATE THE VIDEO, BUT ALSO
21 KNOW THAT THESE STUDENTS ARE GETTING TRAINING AS
22 PART OF THIS. I'M TOLD TO CLICK. I'M NOT HEARING
23 THAT. CAN WE START THIS OVER?

24 I'M GOING TO TRY TO START IT OVER ALL BY
25 MYSELF. OKAY. NO, THAT DIDN'T WORK. CAN YOU GO BACK

1 AND THEN PLAY THE VIDEO?

2 (A VIDEO WAS STARTED, THEN
3 INTERRUPTED.)

4 MS. ADAMS: IT WORKS REALLY WELL WHEN
5 YOU'RE JUST ON YOUTUBE, I SWEAR TO YOU. OKAY. DO YOU
6 WANT ME TO DO THE CLICKER NOW? AM I IN --

7 (THE VIDEO WAS PLAYED, NOT REPORTED
8 NOR HEREIN TRANSCRIBED.)

9 MS. ADAMS: I MEAN THE APPLAUSE, THAT WAS
10 FOR KELLY. THOSE ARE HER PROGRAMS. SHE BROUGHT
11 TOGETHER AN AMAZING SET OF STUDENTS, AND THEY WERE
12 SO ENERGIZED. SO IT WAS A TON OF FUN. OKAY.

13 SO ON TO MY PRESENTATION. I'M GOING TO
14 GIVE A COUPLE GENERAL UPDATES. AT THE LAST FULL
15 BOARD MEETING, I WAS ASKED TO TALK ABOUT KPI'S, SO
16 THAT'S WHAT I'M GOING TO TALK ABOUT TODAY. AND THEN
17 I WILL TAKE YOUR QUESTIONS.

18 SO A COUPLE JUST GENERAL UPDATES. I'D
19 MENTIONED THAT WE WERE GOING TO GET SOME NEW
20 OUTREACH CONTRACTORS. I'LL TALK ABOUT THOSE A LITTLE
21 BIT. I WANTED TO TALK ABOUT THE BOARD NEWSLETTER,
22 AND YOU GOT A QUARTERLY METRICS REPORT.

23 SO THE OUTREACH CONTRACTOR. SO THIS MAP OF
24 CALIFORNIA WITH THE BLUE DOTS, THIS IS A MAP I
25 SHOWED YOU AT THE LAST MEETING THAT SHOWS THE

1 CUMULATIVE OUTREACH EVENTS THAT THE TEAM
2 PARTICIPATED IN OVER THE FISCAL YEAR 25/26.

3 AND WHEN I SHOWED YOU THIS, I SAID, LOOK,
4 THERE ARE SOME CLEAR GAPS IN WHERE WE'RE REACHING IN
5 CALIFORNIA, AND WE REALLY WANT TO FILL THOSE GAPS.
6 SO WE PUT OUT A CALL FOR POTENTIAL OUTREACH
7 CONTRACTORS. WE HIRED TWO. YOU CAN SEE WHERE THEY'RE
8 LOCATED, INLAND EMPIRE AND NORTHERN CALIFORNIA.

9 WE ALSO WANT ONE IN THE CENTRAL VALLEY. WE
10 DIDN'T GET REALLY GOOD APPLICANTS FOR THE CENTRAL
11 VALLEY. SO WE DECIDED TO HIRE THESE TWO, KIND OF GET
12 THE BALL ROLLING, AND THEN PUT OUT ANOTHER CALL FOR
13 THE CENTRAL VALLEY. SO BY THE TIME I SPEAK TO YOU
14 AGAIN, HOPEFULLY WE'LL HAVE THREE.

15 THESE TWO CONTRACTORS ARE REALLY
16 INCREDIBLE. THEY'RE BOTH NATIVE SPANISH SPEAKERS.
17 BOTH OF THEM HAVE DEEP TIES WITHIN THEIR COMMUNITIES
18 AND ALREADY HAVE EXPERIENCE DOING OUTREACH, HAVE
19 CONTACTS WITH PATIENT ADVOCACY GROUPS AND OTHER
20 GROUPS.

21 AND THEN A SPECIAL CALL-OUT TO THE YOUNG
22 MAN WHO WE HIRED IN THE INLAND EMPIRE. HE IS A
23 FORMER CIRM TRAINEE. AND HE VOLUNTEERED AT CIRM
24 EVENTS AS A TRAINEE, AND NOW HE'S TAKING A STEP
25 FORWARD IN HIS CAREER AND IS WORKING FOR CIRM WHILE

1 HE GOES TO GRAD SCHOOL. SO WE'RE REALLY, REALLY
2 EXCITED ABOUT THAT PROGRESSION.

3 IN FUTURE PRESENTATIONS, I'LL BE ABLE TO
4 START SHOWING YOU THE EVENTS THAT THESE TWO
5 CONTRACTORS ARE DOING. I WILL SAY THEY ARE HITTING
6 THE GROUND RUNNING, AND THEY'RE ALREADY ASKING ME
7 FOR TRANSLATIONS OF ALL OF OUR MATERIALS, WHICH
8 THEY'RE A LITTLE STEP AHEAD OF ME. SO THEY'RE
9 ALREADY STARTING TO LINE UP SPANISH-SPEAKING,
10 OUTREACH EVENTS, WHICH IS WONDERFUL.

11 OKAY. SO TWO QUICK THINGS. I'M STARTING TO
12 DO KIND OF ROUTINE REPORT-OUTS TO THE BOARD.
13 YOU ALL GOT A BOARD NEWSLETTER. YOU WILL CONTINUE
14 GETTING THAT ONCE A MONTH, AND THAT NEWSLETTER WILL
15 COME OUT THE SECOND WEEK OF THE MONTH VIA EMAIL. SO
16 THAT NEWSLETTER IS FROM THE CIRM TEAM. SO ANYTHING
17 THAT'S COMING TO YOU THAT HAS TO DO WITH THESE
18 MEETINGS, THAT'S MATERIALS FOR THESE MEETINGS,
19 LOGISTICS FOR THE MEETINGS, THOSE ARE IN BOARDABLE
20 COMING FROM THE BOARD GOVERNANCE TEAM.

21 THE NEWSLETTER IS FROM THE CIRM TEAM. AND
22 EVERYTHING IN THAT NEWSLETTER IS PUBLIC INFORMATION,
23 SO PLEASE FEEL FREE TO SHARE IT IF THERE'S ANYTHING
24 IN THERE THAT YOU THINK WOULD BE OF INTEREST OF
25 FRIENDS, COLLEAGUES.

1 SO FAR IN THE NEWSLETTER, WE HAVE EVERY
2 SINGLE STORY THAT IS BEING WRITTEN BY MY TEAM AND
3 PUT ON OUR NEWSROOM. ALL THE STORIES THAT ARE BEING
4 WRITTEN BY OUR AWARDEES, SO I WANT TO CALL THAT OUT
5 HERE. OUR AWARDEES ARE WRITING STORIES ALL THE TIME
6 ABOUT THE AMAZING PEOPLE AND THE AMAZING RESEARCH
7 THAT'S GOING ON ABOUT CLINICAL TRIAL RESULTS. AND
8 WE DON'T REWRITE SOMETHING THAT OUR AWARDEES HAVE
9 WRITTEN. SO INSTEAD, WE'RE TRYING TO REALLY PROMOTE
10 THAT CONTENT. SO YOU WILL FIND INFORMATION FROM OUR
11 AWARDEES ABOUT DISCOVERIES AND CLINICAL TRIAL
12 RESULTS AND THAT KIND OF THING.

13 AND THEN ALSO INCLUDE ANY INSTANCES OF
14 CIRM IN THE PUBLIC MEDIA AND HIGHLIGHTS FROM
15 OUTREACH EVENTS. AND IF THERE'S MORE YOU WANT TO BE
16 GETTING FROM THE CIRM TEAM ON A REGULAR BASIS, REACH
17 OUT TO ME, AND WE CAN WORK WITH OTHER PEOPLE WITHIN
18 CIRM. RIGHT NOW IT'S PRETTY COMMUNICATIONS-FOCUSED,
19 BUT IT DOESN'T HAVE TO BE.

20 THE OTHER THING YOU GOT RECENTLY IS A
21 QUARTERLY REPORT -- I WILL BE DOING THAT QUARTERLY,
22 OBVIOUSLY -- THE MONTH OF EVERY QUARTERLY BOARD
23 MEETING. AND THAT WILL ALSO COME OUT THE SECOND
24 WEEK OF THE MONTH.

25 SO A COUPLE COMMENTS ON THAT. I'M GOING TO

BETH C. DRAIN, CA CSR NO. 7152

1 RESPOND TO SOME OF THE QUESTIONS I GOT FOLLOWING
2 SENDING THAT OUT JUST SO YOU ALL HAVE THE ANSWERS. A
3 COUPLE OF PEOPLE ASKED, OKAY, GREAT, QUARTERLY,
4 THANK YOU, BUT ARE YOU MISSING INSIGHTS? WE SENT YOU
5 A QUARTERLY REPORT IN SEPTEMBER THAT COVERED JUNE,
6 JULY, AUGUST. IF THERE WAS AN INTERESTING INSIGHT IN
7 JUNE, ARE WE MISSING THAT BY NOT SAYING ANYTHING
8 TILL SEPTEMBER. RIGHT? THAT'S A GREAT AND OBVIOUS
9 QUESTION.

10 OKAY. SO WE'RE ONLY REPORTING OUT TO YOU
11 QUARTERLY. INTERNALLY WE'RE LOOKING AT THIS DATA ALL
12 THE TIME. SO IF THERE'S SOMETHING INTERESTING THAT
13 HAPPENS, IF WE DO SOMETHING, IF THERE'S A STORY WE
14 WRITE THAT DOES BETTER THAN EXPECTED OR WORSE THAN
15 EXPECTED, WE'RE SEEING THAT IN REAL TIME. AND WE
16 WILL INCLUDE SOME OF THOSE LIKE SNIPPETS OF INSIGHTS
17 IN THE QUARTERLY REPORT. SO DON'T WORRY. WE'RE ON
18 IT.

19 THE OTHER THING TO SAY IS PEOPLE WERE
20 CURIOUS ABOUT YEAR-OVER-YEAR BECAUSE, OKAY, ARE WE
21 NOT GOING TO, LIKE, NOTICE A TREND TO THE END OF THE
22 YEAR? SO THE YEAR-OVER-YEAR IS A SLIDING SCALE. SO
23 THE LAST QUARTERLY REPORT WAS JUNE, JULY, AUGUST,
24 AND WE SHOWED YOU YEAR-OVER-YEAR DATA FOR JUNE,
25 JULY, AUGUST OF THE PREVIOUS YEAR. SO WE WILL ALWAYS

1 SHOW YOU A SLIDING SCALE OF THREE MONTHS OF DATA.

2 THE NICE THING HERE TOO IS THAT THAT
3 CAPTURES ANY SEASONAL CHANGES. SO IF PEOPLE AREN'T
4 READING MUCH OVER THE WINTER MONTHS, AND I CAN TELL
5 YOU THAT THEY'RE NOT, YOU GET YEAR-OVER-YEAR SO THAT
6 IT MAKES SENSE.

7 OKAY. I'M GOING TO MOVE ON, BUT I'M ALWAYS
8 HAPPY TO TAKE QUESTIONS OR COMMENTS ABOUT BOTH OF
9 THESE ITEMS AS YOU CONTINUE TO GET THEM.

10 OKAY. WE'RE GOING TO TALK ABOUT KPI'S NOW.
11 THE COMMUNICATIONS AND OUTREACH MISSION, THIS IS
12 CRITICAL BECAUSE A KPI IS A MEASUREMENT. SO WHAT ARE
13 WE MEASURING? WE'RE MEASURING PROGRESS TOWARDS THIS
14 MISSION. SO DRIVING AWARENESS OF AND SUPPORT FOR
15 CIRM'S PROGRAMS AND ACCOMPLISHMENTS. THAT'S WHAT
16 WE'RE MEASURING.

17 SO I'M JUST GOING TO ASSUME THAT IN THE, I
18 THINK IT WAS, 600 PAGES OF INFORMATION WE GAVE YOU
19 FOR THIS BOARD MEETING, MY STRATEGY WAS ABOUT 50
20 PAGES OF THAT. I'M JUST GOING TO GUESS THAT NO ONE
21 HAS MEMORIZED IT. BUT I'LL SAY IN THAT STRATEGY,
22 WHICH YOU CAN READ AT YOUR LEISURE, PROBABLY RIGHT
23 BEFORE BEDTIME, WE HAVE A SET OF GOALS. SO GOALS ARE
24 ESSENTIALLY THE DESTINATION, WHERE WE WANT TO GO.
25 AND THOSE GOALS I TIE DIRECTLY TO THE CIRM MISSION.

1 WE HAVE KPI'S. SO KPI'S, FOR THOSE OF US
2 NOT IMMERSSED IN ACRONYMS, KEY PERFORMANCE
3 INDICATORS. SO THESE ARE KIND OF THE METRICS THAT
4 WE'RE LOOKING AT TO TELL US IF WE'RE ACHIEVING OUR
5 GOALS.

6 OKAY. THEN WE HAVE THE STRATEGY, WHICH IS
7 HOW WE'RE GOING TO MOVE THOSE KPI'S. SO HOW ARE WE
8 GOING TO MOVE THE NEEDLE ON THE KPI'S? THAT'S
9 THROUGH OUR STRATEGY. AND THEN THE STRATEGY USES
10 OKR'S, WHICH IS OBJECTIVES AND KEY RESULTS. THESE
11 ARE THE ANNUAL EXECUTION COMMITMENTS. SO THIS IS
12 BASICALLY WHAT ARE WE GOING TO DO THIS YEAR? AND
13 THOSE ARE BROKEN DOWN BY QUARTER. SO IF YOU REALLY
14 ARE BORED, YOU CAN GO IN AND LOOK AT WHAT EVERY
15 PERSON ON MY TEAM IS DOING EACH QUARTER, HOW THAT
16 LINES UP TO THE STRATEGY, HOW I THINK THAT'S GOING
17 TO MOVE THE KPI'S, AND WHAT THAT MEANS IN TERMS OF
18 OUR GOALS.

19 SO ANYWAY, THAT'S YOUR LITTLE ORIENTATION
20 TO THE ACRONYMS IN MY STRATEGY.

21 TODAY, WE'RE ONLY TALKING ABOUT KPI'S.
22 I'LL TAKE QUESTIONS ON EVERYTHING ELSE, BUT WE'RE
23 JUST GOING TO TALK ABOUT KPI'S.

24 OKAY. SO KPI'S. I REALLY THINK ABOUT
25 DIRECT AND INDIRECT KPI'S. SO LET'S TALK ABOUT WHAT

1 THE TEAM MISSION IS. IT'S DRIVING AWARENESS OF AND
2 SUPPORT FOR CIRM. OKAY. A KPI FOR WHETHER OR NOT
3 WE'RE DRIVING AWARENESS OF AND SUPPORT FOR CIRM.
4 LIKE, I COULD CALL EVERYONE IN THE STATE, AND THAT
5 WOULD BE THE ONLY TRUE DIRECT KPI. AND WE'RE NOT
6 GOING TO DO THAT. SO WE'RE GOING TO DO OTHER THINGS
7 TO TRY TO GET AT SOME DIRECT KPI'S. AND HERE I'VE
8 KIND OF GIVEN EXAMPLES. A DIRECT KPI WOULD BE, LIKE,
9 IT IS 93 DEGREES OUT. I MEASURED IT, AND I KNOW.

10 WE REALLY ALSO LOOK AT INDIRECT KPI'S, AND
11 I THINK THESE ARE I'M AWARE THAT THEY'RE INDIRECT,
12 BUT I THINK THEY'RE IMPORTANT AND THEY'RE DOABLE. SO
13 AN INDIRECT KPI MIGHT BE I GO OUT AND I STAND IN THE
14 SUN, AND I DON'T KNOW THAT IT'S 93 DEGREES EXACTLY,
15 BUT I KNOW I NEED A HAT, I KNOW I NEED SUNSCREEN,
16 AND I KNOW I NEED WATER, WHICH IS TO SAY THAT SOME
17 OF THESE INDIRECT KPI'S ARE ACTIONABLE. AND I THINK
18 A KPI HAS TO BE ACTIONABLE.

19 THERE'S ALSO INDIRECT KPI'S THAT WE'RE NOT
20 USING. I THINK I HAVE AN ANIMATION. YEAH, THERE WE
21 GO. SO AN INDIRECT KPI, I HEAR ALL THE TIME PEOPLE
22 SAYING, OH, I WENT TO A BARBECUE, AND NO ONE THERE
23 KNEW ABOUT CIRM. WELL, I CARE ABOUT THAT, OBVIOUSLY.
24 I WOULD LIKE TO MOVE THAT. BUT THAT'S NOT SOMETHING
25 I CAN MEASURE. AND SO I DON'T -- SO I'M NOT GOING TO

1 BE REPORTING OUT ON HOW MANY PEOPLE WENT TO
2 BARBECUES AND PEOPLE KNEW ABOUT CIRM. SO THAT'S AN
3 INDIRECT MEASURE THAT WE'RE NOT USING.

4 SO THIS IS JUST TO SET UP THAT I'M ABOUT
5 TO TALK ABOUT BOTH DIRECT AND INDIRECT KPI'S. OKAY.
6 SO MY STRATEGY HAS FOUR PILLARS ORGANIZED BY
7 AUDIENCE. YOU GUYS HAVE ALL SEEN THIS MANY TIMES.
8 THE AUDIENCES ARE THE PUBLIC, SCIENTISTS AND MEMBERS
9 OF INDUSTRY, LAWMAKERS, AND PATIENTS AND PATIENT
10 ADVOCATES. THESE ARE REALLY BROAD OBVIOUSLY. I SAY
11 THIS EVERY TIME, BUT I'M FULLY AWARE THAT THE PUBLIC
12 IS NOT ONE AUDIENCE. BUT IN TERMS OF THE KINDS OF
13 THINGS I CAN MEASURE AND THE KINDS OF THINGS I PUT
14 OUT, THEY ARE ESSENTIALLY ONE AUDIENCE. SO WHEN WE
15 CAN BE MORE NARROW, WE CAN.

16 SO DIRECT KPI'S HERE REALLY COME DOWN TO
17 MORE SURVEYS. ONE OF THESE IS A STATEWIDE SURVEY
18 FOCUS GROUP THAT I HAVE IN MY BUDGET AND I WILL TALK
19 MORE ABOUT IN DECEMBER. THAT WAS DIRECTED AT YOU,
20 PAT, BECAUSE I KNOW YOU'RE GOING TO HAVE QUESTIONS.
21 WE'RE ALSO GOING TO LAUNCH SOME MORE KIND OF
22 MICRO-SURVEYS. AND THESE ARE THE KINDS OF THINGS, I
23 THINK, THAT WE'RE ALL A LITTLE DRIVEN CRAZY BY, BUT
24 THEY'RE USEFUL. YOU GO TO THE DOCTOR, AND THE NEXT
25 DAY THEY SAY WILL YOU ANSWER FIVE QUESTIONS. IT'S

1 ACTUALLY USEFUL INFORMATION FOR THEM TO KNOW IF
2 THEY'RE ACHIEVING THEIR GOALS. SO WE'RE GOING TO
3 LAUNCH SOME MORE OF THOSE LITTLE MICRO-SURVEYS. AND
4 ONCE WE LAUNCH THOSE, I'LL START REPORTING THAT OUT
5 IN THE QUARTERLY REPORT.

6 SO PATIENTS AND PATIENT ADVOCATES, IT'S
7 MORE OF THE SAME. SOME OF THESE MICRO-SURVEYS ARE
8 GOING TO GO TO THOSE GROUPS. ALSO THINGS LIKE HOW
9 MANY ADVOCATE GROUPS REACH OUT TO US WANTING A CIRM
10 SPEAKER? THAT TELLS ME THAT THESE GROUPS KNOW ABOUT
11 US AND LIKE US AND WANT US. SO THAT'S KIND OF A KPI
12 THAT'S A HELPFUL INDICATOR OF WHETHER OR NOT THEY
13 KNOW AND LIKE US.

14 SIMILAR WITH SCIENTISTS AND INDUSTRY,
15 BEING INVITED TO MEETINGS THAT ARE REALLY RELEVANT
16 TO US, THAT'S HELPFUL INFORMATION THAT PEOPLE KNOW
17 ABOUT US AS WELL AS SOME SURVEYS.

18 ANOTHER THING THAT'S IN HERE IS NAVIGATION
19 THROUGH THE WEBSITE. WE ARE, I BELIEVE, TOMORROW
20 LAUNCHING A REVAMPED FOR RESEARCHERS SECTION OF THE
21 WEBSITE. AND THAT CAME OUT OF REALLY DEEP RESEARCH
22 BY CARLY CHILLMAN ON MY TEAM, WHO REALLY LOOKED AT
23 HOW PEOPLE ARE NAVIGATING THE WEBSITE, AND IN SOME
24 CASES NOT NAVIGATING THE WEBSITE AND NOT MAKING IT
25 TO PLACES WHERE WE WANT THEM TO GO. SO WE'VE REALLY

1 REVAMPED THAT TO TRY TO IMPROVE IT. AND WE WILL BE
2 TRACKING HOW PEOPLE ARE GETTING THROUGH THE WEBSITE
3 AND MAKING SURE OUR SCIENTISTS AND INDUSTRY MEMBERS
4 ARE TAKEN CARE OF.

5 LAWMAKERS, SIMILARLY, SURVEYS. ARE THEY
6 FOLLOWING UP WITH US? WE ALSO ARE GOING TO LOOK AT
7 WHETHER OR NOT THEY'RE MENTIONING US ON SOCIAL MEDIA
8 BECAUSE THAT'S A WAY OF, LIKE, INDICATING THAT THEY
9 LIKE US.

10 OKAY. SO THIS IS ONE SLIDE FOR ALL
11 AUDIENCES, INDIRECT KPI'S. THE INDIRECT KPI'S ARE A
12 LOT OF WHAT YOU'VE ALREADY SEEN IN THE QUARTERLY
13 REPORT THAT WE REPORT OUT ALL THE TIME. THEY ARE
14 THINGS LIKE ARE PEOPLE LIKING US ON SOCIAL MEDIA,
15 AND NOT JUST LIKING OUR FEED, BUT, LIKE, WE DO A
16 POST AND THEY LIKE IT OR THEY SHARE IT. BECAUSE IF
17 YOU'RE GOING TO SHARE SOMETHING, IT REALLY INDICATES
18 THAT YOU LIKE IT AND IT HELPS SPREAD THE WORD.

19 UNIQUE VIEWS OF CIRM STORIES WE REALLY
20 TRACK VERY, VERY CLOSELY. NEWSLETTER SIGN-UPS AND
21 OPEN RATES, WEBINAR ATTENDANCE, EARNED MEDIA, THESE
22 ARE ALL THINGS THAT ARE KIND OF AT MY FINGERTIPS,
23 AND I CAN REALLY TRACK. THEY DON'T -- THEY'RE NOT
24 PERFECT, AND I KNOW THAT, BUT THEY ARE A GOOD
25 INDICATOR, AND THEY WILL BE IN YOUR QUARTERLY

1 REPORT.

2 ALL RIGHT. THAT IS IT ON KPI'S. AND NOW I
3 LEAVE IT OPEN FOR YOUR QUESTIONS. AND NO ONE IS IN
4 CONFLICT, SO YOU CAN ALL TALK.

5 DR. LEVITT: I THINK I MENTIONED THIS LAST
6 TIME. THERE'S A WAY OF USING AI TO GENERATE A LIST
7 ACROSS CALIFORNIA OF ALL THE NONPROFITS THAT I THINK
8 WOULD BE HELPFUL IN TERMS OF COMMUNICATION TO
9 SATURATE THEM WITH SOME OF THIS INFORMATION. YOU CAN
10 HAVE WHATEVER, A TRAINEE OR A HIGH SCHOOL STUDENT
11 CAN DO THAT, LIKE, I DID IT IN ABOUT FIVE MINUTES
12 AND GENERATED A LONG LIST. AND YOU CAN ACTUALLY
13 BREAK IT DOWN INTO NORTHERN, CENTRAL, AND SOUTHERN
14 CALIFORNIA, WHICH IS MUCH MORE -- WHICH IS REALLY
15 HELPFUL.

16 MS. ADAMS: YEAH.

17 DR. LEVITT: SO I -- AND THEN YOU HAVE THE
18 MATERIALS. IT'S JUST A MATTER OF GETTING THEM SENT
19 TO THEM. AND THEY'RE THE ONES THAT ARE GOING TO
20 SPREAD THE WORD WITHIN THEIR LOCAL COMMUNITY, BUT
21 GREAT PROGRESS.

22 MS. ADAMS: I WANT TO DO A LITTLE SHOUT-OUT
23 HERE TO ADITI DESAI ON MY TEAM, WHO HAS REALLY GOOD
24 RELATIONSHIPS WITH A LOT OF THOSE ADVOCACY GROUPS.
25 AND ONE THING YOU SHOULD ALL KNOW IS THAT ANYTIME WE

1 HAVE A CLOSER TO CURES SPEAKER ON A PARTICULAR
2 DISEASE AREA OR SOMETHING ELSE, PART OF ADITI'S ROLE
3 IS SHE REACHES OUT TO THOSE ORGANIZATIONS AND MAKES
4 SURE WE'RE GETTING INFORMATION FROM CIRM TO RELEVANT
5 GROUPS, BUT YOU'RE ABSOLUTELY RIGHT. YOU CAN --
6 THERE'S SO MANY. RIGHT? I MEAN YOU CAN ALWAYS REACH
7 OUT MORE. SO YOU'RE ABSOLUTELY RIGHT.

8 DR. LEVITT: AND IT'S NOT JUST THE DISEASE
9 GROUPS. THERE ARE COMMUNITY GROUPS, ORGANIZATIONS,
10 THAT WORK WITHIN COMMUNITIES THAT DEAL WITH ALL
11 SORTS OF THINGS, AND IT WOULD BE RELEVANT TO KNOW
12 WHAT CIRM IS. AND THEY MIGHT EVEN INVITE YOU TO COME
13 AND GIVE A TALK OR SOMETHING.

14 MS. ADAMS: I'D LOVE THAT. ANYONE ELSE?
15 DID I BORE YOU ALL WITH MY ACRONYMS?

16 DR. SOUTHARD: I WONDER IF YOU HAVE USUAL
17 CONTACT WITH THE ACADEMIC ORGANIZATIONS THAT HAVE
18 WON CIRM GRANTS BECAUSE I GET ALL KINDS OF NEWS
19 FEEDS FROM ALL OF THE SCHOOLS I HAVE CONTACT WITH
20 ABOUT ACCOMPLISHMENTS AND SO FORTH. AND SO ARE WE
21 FEEDING INTO THOSE PIPELINES?

22 MS. ADAMS: YEAH. ACTUALLY, I WANT TO GIVE
23 CREDIT HERE TO THE PREVIOUS COMMUNICATIONS TEAM.
24 THEY DID A REALLY GOOD JOB OF SETTING UP THOSE
25 RELATIONSHIPS. AND SO AT THIS POINT WHEN -- IF AN

1 AWARDEE IS -- LET'S SAY ALL THE PRESS RELEASES ARE
2 GOING TO GO OUT TOMORROW ABOUT THE AWARDS THAT WERE
3 APPROVED TODAY, THOSE PEOPLE REACH OUT TO US AND GET
4 OUR APPROVAL ON THEIR PRESS RELEASES. AND THAT GIVES
5 US KIND OF INSIGHT INTO WHAT THEY'RE DOING. WE MAKE
6 SURE OUR NAME GETS IN THEIR WORK. WE MAKE SURE TO
7 PROMOTE THEM THROUGH OUR CHANNELS. SO WE'VE SET UP
8 SOME PRETTY GOOD RELATIONSHIPS, AND THEY'VE BEEN
9 WONDERFUL, REALLY, REALLY COLLABORATIVE. THOSE ARE
10 REALLY GREAT RELATIONSHIPS.

11 DR. SOUTHARD: ARE THERE ANY ORGANIZATIONS
12 THAT YOU KNOW OF THAT HAVE KIND OF DROPPED THE BALL,
13 THAT THEY GET IT, BUT THEN THEY DON'T DO ANY
14 PUBLICITY ABOUT IT?

15 MS. ADAMS: I MEAN THIS IS A PUBLIC
16 MEETING. SO I'M NOT GOING TO CALL ANYONE OUT BY
17 NAME, WHICH THE LAWYERS ARE CLAPPING AT. SO
18 HERE'S -- I'LL ANSWER INDIRECTLY. I RECENTLY WROTE
19 AN SOP FOR HOW WE AT CIRM SHOULD RESPOND WHEN WE
20 FIGURE OUT THAT SOMEONE HAS DROPPED THE BALL. SO WE
21 HAVE AN IMPLEMENTATION PROCESS FOR WHEN THAT
22 HAPPENS.

23 DR. SOUTHARD: SOUNDS PERFECT.

24 MS. ADAMS: YEAH. THANK YOU.

25 CLAUDETTE, ARE ALL OUR SPEAKERS, DO YOU

BETH C. DRAIN, CA CSR NO. 7152

1 WANT ME TO INTRODUCE SPEAKERS? OKAY. ALL RIGHT. SO
2 NOW I'M IN A NEW ROLE. I AM UP HERE INTRODUCING OUR
3 CLOSER TO CURE SPEAKERS, WHICH IS ONE OF MY VERY
4 FAVORITE THINGS THAT I GET TO DO.

5 OKAY. SO BOTH OF TODAY'S SPEAKERS HAVE
6 RECEIVED MULTIPLE CIRM AWARDS AND HAVE TRANSLATED
7 LEARNINGS FROM INITIAL AWARDS INTO CLINICAL TRIALS
8 FOR ADDITIONAL INDICATIONS. I'M GOING TO INTRODUCE
9 BOTH SPEAKERS NOW, AND THEN THEY'LL COME UP ONE
10 AFTER THE OTHER, SO I DON'T INTRODUCE ALL THE OR
11 DON'T INTERRUPT ALL THE FUN.

12 FIRST WE'RE GOING TO HEAR FROM MARIA
13 GRAZIA RONCAROLO. SHE'S CO-FOUNDER, PRESIDENT, AND
14 HEAD OF R&D AT TR1X. SHE IS ALSO THE GEORGE D. SMITH
15 PROFESSOR OF STEM CELL TRANSPORTATION AND
16 REGENERATIVE MEDICINE EMERITUS AT STANFORD
17 UNIVERSITY.

18 TR1X HAS RECEIVED CIRM FUNDING FOR
19 PRECLINICAL AND CLINICAL WORK FOCUSED ON PREVENTING
20 GRAFT-VERSUS-HOST DISEASE IN PEOPLE WITH BONE MARROW
21 TRANSPLANTS. WHAT THE COMPANY LEARNED THROUGH THOSE
22 AWARDS THEY'RE NOW APPLYING TO CLINICAL TRIALS FOR
23 MULTIPLE SCLEROSIS AND CROHN'S DISEASE.

24 FOLLOWING MARIA, WE'RE GOING TO HEAR FROM
25 STEPHANIE CHERQUI, WHO'S PROFESSOR OF PEDIATRICS IN

1 THE DIVISION OF GENETICS AT THE UNIVERSITY OF
2 CALIFORNIA, SAN DIEGO. SHE'LL DESCRIBE HER
3 CIRM-FUNDED CLINICAL TRIAL FOR A RARE DISEASE CALLED
4 CYSTINOSIS. YOU HEARD A LITTLE BIT ABOUT THIS
5 EARLIER TODAY FROM DR. CANET-AVILES.

6 SHE HAS ALSO DONE CIRM-FUNDED WORK ON
7 FRIEDREICH'S ATAXIA. AND HER LAB IS CURRENTLY
8 TURNING ITS ATTENTION TO ALZHEIMER'S DISEASE.

9 SO THANK YOU SO MUCH BOTH, STEPHANIE AND
10 MARIA. AND, MARIA, YOU ARE UP FIRST AND I WILL GIVE
11 YOU THE CLICKER.

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

15 CHAIRMAN IMBASCIANI: THANK YOU. SO WE
16 THOUGHT THIS MEETING WAS GOING TO GO ON
17 SIGNIFICANTLY LONGER. SO THE CHAIR AND THE VICE
18 CHAIR SENT THEIR REPORTS TO THE BOARD, WHICH NOW,
19 THEN, BY EMAIL AS OPPOSED TO ORAL.

20 THIS IS AN OPPORTUNITY, BEFORE WE ADJOURN,
21 FOR ANY MEMBER OF THE PUBLIC IN THE AUDIENCE OR
22 ONLINE TO ADDRESS THE BOARD ON ANY ISSUE THAT WAS
23 COVERED IN TODAY'S AGENDA OR ON ANY ISSUE THAT WAS
24 NOT COVERED THAT THEY WOULD LIKE THE BOARD TO
25 CONSIDER FOR FUTURE MEETINGS.

BETH C. DRAIN, CA CSR NO. 7152

1 MS. MORALEZ: IF ANYBODY IN THE ROOM WOULD
2 LIKE TO SPEAK, THERE'S THE MIC BEHIND ME, OR ON THE
3 PHONE, YOU PRESS STAR 9 OR ON ZOOM PRESS STAR 9. WE
4 HAVE NOBODY.

5 CHAIRMAN IMBASCIANI: AND YOU'RE NOT SEEING
6 ANYONE. OKAY. THEN I HAVE THE HAPPY NEWS TO SAY THAT
7 WE WILL CONVENE NEXT ON THURSDAY, THE 10TH OF
8 DECEMBER, AT 9 A.M., LATE HOUR, AT THE HYATT REGENCY
9 IN BURLINGAME, CALIFORNIA, NEAR THE SAN FRANCISCO
10 AIRPORT. OKAY.

11 THANK YOU ALL FOR YOUR PARTICIPATION. THIS
12 MEETING IS ADJOURNED.

13 VICE CHAIR BONNEVILLE: I REALLY WANT TO
14 THANK -- I WANT TO THANK THE ENTIRE TEAM. IT WAS A
15 DIFFICULT MEETING, AND SO I APPRECIATE EVERYONE'S
16 WORK LEADING UP TO IT. AND THANKS TO THE BOARD
17 GOVERNANCE TEAM FOR PUTTING ON A GREAT MEETING. SO
18 APPRECIATE IT.

19 (THE MEETING WAS THEN ADJOURNED.)
20
21
22
23
24
25

REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE VIRTUAL PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE AND THE APPLICATION REVIEW SUBCOMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON SEPTEMBER 24, 2026, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE FORMATTED AND EDITED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CA CSR 7152
133 HENNA COURT
SANDPOINT, IDAHO
(208) 920-3543