#### BEFORE THE

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

#### REGULAR MEETING

LOCATION: STANFORD UNIVERSITY

PAUL BREST HALL

STANFORD, CALIFORNIA

DATE:

AUGUST 18, 2010, 4 P.M. AUGUST 19, 2010, 9:30 A.M.

BETH C. DRAIN, CSR REPORTER:

CSR. NO. 7152

BRS FILE NO.: 85133, 85134

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PUBLIC REPORT OF ANY ACTION TAKEN, IF NECESS DURING CLOSED SESSION.	SARY,	
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- 15. CONSIDERATION OF PROCESS AND PROCEDURES 27, 76 FOR ELECTION OF ICOC CHAIR AND VICE-CHAIR.
- 16. CONSIDERATION OF APPOINTMENT OF CHAIR 15 AND VICE-CHAIR OF EVALUATION SUBCOMMITTEE.
- 1. CONSIDERATION OF ASSEMBLY BILL 52 10 (PORTANTINO), CALIFORNIA UMBILICAL CORD BLOOD COLLECTION PROGRAM.

#### **DISCUSSION ITEMS**

17. PUBLIC COMMENT.

NONE

1	STANFORD, CALIFORNIA; WEDNESDAY, AUGUST 18, 2010
2	4 P.M.
3	
4	CHAIRMAN KLEIN: ALL RIGHT. WE'RE GOING
5	TO CONVENE, AND WE HAVE A COUPLE OF MEMBERS THAT ARE
6	RUNNING LATE, BUT WE DO HAVE A QUORUM. AND THANK
7	YOU, OS, FOR YOUR PARTICULARLY GOOD LOGISTICS THAT
8	GOT YOU HERE.
9	I'D LIKE TO OPEN THIS MEETING OFFICIALLY
10	AT STANFORD UNIVERSITY. WE'RE IN PAUL BREST HALL, A
11	FORMER DEAN NAMED AFTER A FORMER DEAN OF THE
12	STANFORD LAW SCHOOL. I'D LIKE TO SAY THAT DOESN'T
13	CREATE ANY CONFLICTS FOR ME. IT WAS ALL A ONE-WAY
14	RELATIONSHIP. I PAID MONEY; THEY HAVEN'T PAID ME
15	ANYTHING, BUT I DID APPRECIATE THE GREAT EDUCATION.
16	WE WANT TO GIVE THANKS IN OPENING THIS
17	MEETING TO JENNIFER PRYNE, AMY CHEUNG, NICK WARSHAW,
18	AND MELISSA KING FOR GETTING US HERE AND READY TO GO
19	WITH ALL OF THE MATERIALS COORDINATION THAT LEADS UP
20	TO EACH OF OUR MEETINGS. AND WE WANT TO THANK THOSE
21	WHO MADE A SPECIAL EFFORT TO JOIN US BY PHONE.
22	WE ARE GOING TO PROCEED WITH A PLEDGE OF
23	ALLEGIANCE LED MY MELISSA KING FOLLOWED BY A ROLL
24	CALL. AND WE WANT TO DRAW YOUR ATTENTION TO LIZZIE
25	CAMPAGLIA, WHO IS HERE WITH US, OUR INTERN, SEATED
	4

	DAMMISTERS REPORTING SERVICE
1	OVER ON THE RIGHT WAVING TO YOU, AND PLEASE SAY HI.
2	SHE'S BEEN AN INTERN THIS SUMMER.
3	MS. KING: PLEASE STAND IF YOU ARE ABLE.
4	(THE PLEDGE OF ALLEGIANCE.)
5	MS. KING: CALLING THE ROLL, ROBERT
6	BIRGENEAU.
7	DR. BIRGENEAU: HERE.
8	MS. KING: FLOYD BLOOM. DAVID BRENNER.
9	DR. BRENNER: HERE.
10	MS. KING: KIM WITMER FOR WILLIAM BRODY.
11	DR. WITMER: HERE.
12	MS. KING: SUSAN BRYANT.
13	DR. BRYANT: HERE.
14	MS. KING: MARCY FEIT.
15	MS. FEIT: HERE.
16	MS. KING: MICHAEL FRIEDMAN.
17	DR. FRIEDMAN: HERE.
18	MS. KING: LEEZA GIBBONS. MICHAEL
19	GOLDBERG.
20	MR. GOLDBERG: HERE.
21	MS. KING: SAM HAWGOOD.
22	DR. HAWGOOD: HERE.
23	MS. KING: BOB KLEIN.
24	CHAIRMAN KLEIN: HERE.
25	MS. KING: SHERRY LANSING.
	5
	J

1	MS. LANSING: HERE.
2	MS. KING: TED LOVE. ED PENHOET.
3	
	DR. PENHOET: HERE.
4	MS. KING: PHIL PIZZO. CLAIRE POMEROY.
5	DR. POMEROY: HERE.
6	MS. KING: FRANCISCO PRIETO.
7	DR. PRIETO: HERE.
8	MS. KING: ELIZABETH FINI FOR CARMEN
9	PULIAFITO. ROBERT QUINT. JOHN REED. DUANE ROTH.
10	MR. ROTH: HERE.
11	MS. KING: JOAN SAMUELSON.
12	MS. SAMUELSON: HERE.
13	MS. KING: DAVID SERRANO-SEWELL.
14	MR. SERRANO-SEWELL: HERE.
15	MS. KING: JEFF SHEEHY.
16	MR. SHEEHY: HERE.
17	MS. KING: JON SHESTACK. OSWALD STEWARD.
18	DR. STEWARD: HERE.
19	MS. KING: ART TORRES.
20	MR. TORRES: HERE.
21	MS. KING: JAMES ECONOMOU FOR DR.
22	WASHINGTON FROM UCLA.
23	DR. ECONOMOU: HERE.
24	MS. KING: AND WE DO HAVE A QUORUM FOR THE
25	RECORD. THANK YOU, DR. PIZZO. FOR THE RECORD, DR.
	6

1	PIZZO IS IN THE BUILDING, AND WITH OUR TWO MEMBERS
2	JOINING BY PHONE, CHAIRMAN KLEIN, WE DO HAVE A
3	QUORUM.
4	CHAIRMAN KLEIN: THANK YOU VERY MUCH. I
5	CALL TO EVERYONE'S ATTENTION THE SPOTLIGHT THAT WAS
6	ARRANGED BY LYNN HARWELL AND AMY CHEUNG FOR TOMORROW
7	MORNING ON STROKES. THIS IS GOING TO BE AT THIS
8	SAME LOCATION AT 8:30 IN THE MORNING. SPEAKERS
9	INCLUDE ROBERT QUINT FROM OUR BOARD WITH GARY
10	STEINBERG, DIRECTOR OF STANFORD INSTITUTE FOR
11	NEUROINNOVATION AND TRANSLATIONAL NEUROSCIENCES, AS
12	WELL AS PATIENT ADVOCATE K. MICHAEL COOPER. SO
13	PLEASE, 8:30 SHOULD BE AN EXCELLENT SPOTLIGHT IF
14	EVERYONE MAKES THE EFFORT TO BE THERE RIGHT AT 8:30.
15	WE ARE GOING TO GO INTO EXECUTIVE SESSION
16	ALMOST IMMEDIATELY, BUT THERE ARE A COUPLE OF ITEMS
17	WE'RE GOING TO FIRST COVER GIVEN THAT TED LOVE IS AN
18	IMPORTANT MEMBER OF THE EVALUATION COMMITTEE, BEING
19	CO-CHAIR. AND GIVEN THAT WE'RE WAITING A FEW
20	MINUTES FOR TED TO ARRIVE, I THOUGHT WE COULD FIRST
21	HAVE A VOTE ON A PROPOSED ADDITIONAL AGENDA ITEM.
22	AND THAT PROPOSED ADDITIONAL ITEM SHOULD BE IN YOUR
23	PACKETS AT WHICH TAB, MELISSA?
24	MS. KING: SO RIGHT BEHIND THE AGENDA AT
25	THE FRONT OF YOUR BINDER, THERE IS SOMETHING THAT

1	LOOKS A LOT LIKE AN AGENDA THAT IS THE PROPOSED
2	ADDITIONAL ITEM. AND THEN THE MATERIALS RELATED TO
3	THAT ITEM ARE IN THE POCKET INSIDE THE COVER ON THE
4	LEFT. THERE'S THE ASSEMBLY BILL ITSELF AND A COUPLE
5	OF OTHER BACKGROUND DOCUMENTS. ASSEMBLY BILL 52 AND
6	A BACKGROUND DOCUMENT ON THAT, AND THEN THERE'S ALSO
7	SB 1064 IN CASE SENATOR TORRES WANTS TO MAKE
8	COMMENTS ABOUT THAT AS WELL.
9	CHAIRMAN KLEIN: CERTAINLY. SO THIS ITEM
10	WE NEED TO ADD TO THE AGENDA BY A TWO-THIRDS VOTE.
11	IT IS NOT AN ITEM THAT WE ANTICIPATED FOR THIS
12	AGENDA. IT WAS A THIS BILL IS MOVING FASTER THAN
13	ANTICIPATED, SO IN ORDER TO HAVE A MEANINGFUL
14	POSITION, WE HAVE TO ADDRESS IT AT THIS MEETING.
15	BEFORE I CAN TURN IT OVER TO SENATOR
16	TORRES FOR CONSIDERATION OF THIS ITEM AS CHAIR OF
17	THE LEGISLATIVE COMMITTEE, WE NEED TO HAVE A MOTION
18	AND A VOTE IF WE'RE GOING TO ADD IT TO THE AGENDA.
19	MS. LANSING: SO MOVED.
20	CHAIRMAN KLEIN: MOVED BY SHERRY LANSING.
21	IS THERE A SECOND?
22	MR. GOLDBERG: SECOND.
23	CHAIRMAN KLEIN: SECOND BY MICHAEL
24	GOLDBERG. MR. HARRISON, WOULD YOU LIKE TO MAKE A
25	COMMENT?

1	MR. HARRISON: JUST TO BE CLEAR, THE
2	MOTION IS TO MAKE A DETERMINATION THAT THE ITEM CAME
3	TO THE BOARD'S ATTENTION, AS THE CHAIR SAID, AFTER
4	THE AGENDA WAS POSTED AND THAT THERE'S A NEED TO
5	TAKE IMMEDIATE ACTION ON IT.
6	CHAIRMAN KLEIN: THANK YOU, MR. HARRISON.
7	ANY DISCUSSION ON THIS ITEM? IS THERE ANY PUBLIC
8	COMMENT ON THIS ITEM?
9	SEEING NONE, SINCE OUR QUORUM INCLUDES
10	MEMBERS ON THE PHONE, MR. HARRISON, DO WE NEED A
11	ROLL CALL OF JUST THE MEMBERS ON THE PHONE? ALL
12	RIGHT. SO WE'RE GOING TO DO A VOICE VOTE OF THOSE
13	PRESENT AND THEN A ROLL CALL OF THE MEMBERS ON THE
14	PHONE.
15	ALL IN FAVOR?
16	(CHORUS OF AYES.)
17	OPPOSED?
18	(NO RESPONSE.)
19	AND THE MEMBERS ON THE PHONE ROLL CALL,
20	PLEASE.
21	MS. KING: KIM WITMER.
22	DR. WITMER: AYE.
23	MS. KING: AND MICHAEL FRIEDMAN.
24	DR. FRIEDMAN: I ALSO ENDORSE IT.
25	CHAIRMAN KLEIN: THANK YOU VERY MUCH.
	9

1	WITH THAT, I'M GOING TO TURN THIS OVER FOR A
2	DISCUSSION OF THIS ITEM OUT OF ORDER ON THE AGENDA
3	BECAUSE IT IS A LATE ADDED ITEM. AND WE'RE GOING TO
4	TRY AND SEE IF WE CAN GET THIS DONE QUICKLY WHILE
5	WE'RE WAITING FOR ONE OR TWO MORE BOARD MEMBERS.
6	SENATOR TORRES.
7	MR. TORRES: THANK YOU, MR. CHAIRMAN. THE
8	BILL IS PRETTY SELF-EXPLANATORY. IT'S ASSEMBLY BILL
9	52 BY ASSEMBYMEMBER ANTHONY PORTANTINO WITH BOTH
10	REPUBLICAN AND DEMOCRATIC CO-SPONSORS. IT IS
11	CURRENTLY IN A SENATE APPROPRIATIONS SUSPENSE FILE,
12	WHICH MEANS IT WILL COME OUT SHORTLY. AND THEN IT
13	WILL GO TO THE SENATE FLOOR FOR APPROVAL AND THEN
14	BACK TO THE ASSEMBLY FOR CONCURRENCE AND THEN TO THE
15	GOVERNOR'S DESK.
16	IT REQUESTS THE UNIVERSITY OF CALIFORNIA
17	TO DEVELOP A PLAN TO ESTABLISH AND ADMINISTER AN
18	UMBILICAL CORD COLLECTION PROGRAM BY JULY 1, 2011,
19	BY INCREASING THE BIRTH CERTIFICATE FEES BY \$2.
20	THERE'S A SUNSET ON THIS LEGISLATION AS WELL TO
21	JANUARY 1, 2019.
22	AND I WOULD RECOMMEND THAT WE SUPPORT THIS
23	LEGISLATION SO THAT WE MIGHT SEND A LETTER TO THE
24	AUTHOR.
25	CHAIRMAN KLEIN: SO, SENATOR TORRES, FOR

1	THE PUBLIC AND THE BOARD MEMBERS, IT'S MY
2	UNDERSTANDING THAT THERE'S NO ADMINISTRATIVE BURDEN
3	ON THIS AGENCY FROM THIS BILL. THIS IS MERELY THAT
4	THE AUTHOR, THE PRINCIPAL AUTHORS, BOTH THE SENATE
5	AND THE ASSEMBLY, WANT OUR PERSPECTIVE ON THE VALUE
6	OF PROCEEDING ON THIS PROGRAM; IS THAT A CORRECT
7	STATEMENT?
8	MR. TORRES: CORRECT.
9	DR. PIZZO: THIS IS BASICALLY TO ESTABLISH
10	AN UMBILICAL CORD CELL BANK.
11	MR. TORRES: NO. IT'S A COLLECTION
12	REGISTRY.
13	DR. PIZZO: COLLECTION REGISTRY MEANS
14	WHAT?
15	MR. TORRES: A COLLECTION REGISTRY WHICH
16	WILL THEN PROVIDE FOR DISTRIBUTION TO BANKS ACROSS
17	THE STATE THAT ARE SO LICENSED.
18	MS. SAMUELSON: I MISSED WHAT THE BANK IS
19	FOR.
20	MR. TORRES: CORD BLOOD BANKS. SORRY.
21	ANY OTHER BOARD COMMENTS?
22	DR. PENHOET: QUESTION. WHAT DOES THE
23	UNIVERSITY OF CALIFORNIA THINK ABOUT THIS BURDEN AND
24	\$2 PER?
25	MR. TORRES: THE UNIVERSITY OF CALIFORNIA
	11

	DANKISTERS KEI OKTING SEKVICE
1	IS IN SUPPORT OF THIS LEGISLATION.
2	DR. PENHOET: OKAY.
3	MR. TORRES: IS THERE ANY FURTHER
4	DISCUSSION? ANY COMMENTS FROM THE PUBLIC? IS THERE
5	A MOTION?
6	MR. KLEIN: I MAKE A MOTION.
7	MR. TORRES: MOVED BY MR. KLEIN. SECONDED
8	BY?
9	DR. POMEROY: SECOND.
10	MR. TORRES: MOVED AND SECONDED BY DR.
11	POMEROY. ALL THOSE DO YOU WANT TO DO A ROLL CALL
12	ON THIS, JAMES? VOICE ON THE PEOPLE HERE. ALL
13	THOSE IN FAVOR SIGNIFY BY SAYING AYE.
14	(CHORUS OF AYES.)
15	OPPOSED.
16	(NO RESPONSE.)
17	ABSTENTIONS.
18	(NO RESPONSE.)
19	NOW THE ROLL OF THOSE ON THE TELEPHONE.
20	MS. KING: KIM WITMER.
21	DR. WITMER: AYE.
22	MS. KING: MICHAEL FRIEDMAN.
23	DR. FRIEDMAN: AYE.
24	MS. KING: THANK YOU.
25	MR. TORRES: MOTION CARRIES. BACK TO THE
	12
	12

1	CHAIR.
2	CHAIRMAN KLEIN: SENATOR TORRES, IF YOU
3	COULD THEN UPDATE US ON THE OTHER LEGISLATION THAT
4	IS PROCEEDING AND ITS STATUS AT THIS POINT, SO WE
5	JUST KEEP AS ONE UNIFIED PACKAGE THE LEGISLATIVE
6	ITEMS.
7	MR. TORRES: THANK YOU, MR. CHAIRMAN. AS
8	YOU KNOW, WE'VE BEEN WORKING VERY CLOSELY WITH
9	SENATOR ALQUIST. AND I KNOW DUANE HAS BEEN WORKING
10	AND JAMES WITH THE GOVERNOR'S OFFICE ON SENATE BILL
11	1064, WHICH IS ALSO IN YOUR PACKET. IT HAS BEEN
12	AMENDED IN THE ASSEMBLY AND HAS PASSED THE ASSEMBLY
13	THIS WEEK AND IS NOW CURRENTLY ON THE SENATE FLOOR
14	IN WHAT'S CALLED THIRD READING.
15	THE SENATE WILL TAKE UP THE MEASURE
16	SHORTLY AND CONCUR IN THE ASSEMBLY AMENDMENTS, AND
17	IT WILL BE SENT TO THE GOVERNOR'S DESK FOR
18	SIGNATURE.
19	ANY QUESTIONS? I'LL GIVE YOU ALL AN
20	UPDATE AS SOON AS IT PASSES THE SENATE. DUANE, DO
21	YOU WANT TO ADD ANYTHING?
22	MR. ROTH: NO. I THINK YOU ACCURATELY
23	DESCRIBED THE STATUS OF IT. AND JAMES AND I STILL
24	HAVE SOME CALLS TO MAKE TO THE GOVERNOR'S OFFICE TO
25	MAKE SURE THERE'S COMPLETE UNDERSTANDING OF WHAT'S

	Binitis I Lit Gittin (G SERVICE
1	IN THIS BILL. SO WE WILL DO THAT.
2	CHAIRMAN KLEIN: ALL RIGHT. SO TRYING TO
3	CLEAR THE DECK OF ADMINISTRATIVE ITEMS WHILE WE'RE
4	PREPARING TO ENTER EXECUTIVE SESSION, ITEM 7 IS
5	CONSIDERATION OF MINUTES FROM PAST BOARD MEETINGS.
6	IS THERE ANY COMMENT ON THOSE MINUTES?
7	DR. POMEROY: MOVE APPROVAL.
8	CHAIRMAN KLEIN: MOVE APPROVAL BY MEMBER
9	POMEROY, DEAN POMEROY. SECOND IS?
10	MS. LANSING: LANSING.
11	CHAIRMAN KLEIN: LANSING. ANY DISCUSSION?
12	ANY DISCUSSION FROM THE PUBLIC? ALL RIGHT. CALL
13	THE QUESTION. ALL IN FAVOR.
14	(CHORUS OF AYES.)
15	OPPOSED.
16	(NO RESPONSE.)
17	ON THE PHONE.
18	MS. KING: KIM WITMER.
19	DR. WITMER: AYE.
20	MS. KING: MICHAEL FRIEDMAN.
21	DR. FRIEDMAN: YES.
22	CHAIRMAN KLEIN: ALL RIGHT. FINAL
23	ADMINISTRATIVE ITEM HERE IS THAT MR. HARRISON HAS
24	INDICATED TO ME THAT TECHNICALLY WE HAVE THE
25	EVALUATION SUBCOMMITTEE HAS ACTING CHAIRS AND VICE
	14

14

1	CHAIRS, BUT WE HAVEN'T TAKEN THE FINAL ACTION OF
2	CONFIRMING THE VOTE. AND THIS IS ITEM NO. 16 FOR
3	DR. PRIETO AS CHAIR OF THE EVALUATION SUBCOMMITTEE
4	AND DR. LOVE AS THE VICE CHAIR.
5	MR. TORRES: SO MOVED.
6	MS. LANSING: SECOND.
7	CHAIRMAN KLEIN: SECOND BY LANSING. ANY
8	DISCUSSION? ANY DISCUSSION BY THE PUBLIC? CALL THE
9	QUESTION. ALL IN FAVOR.
10	(CHORUS OF AYES.)
11	OPPOSED.
12	(NO RESPONSE.)
13	AND MELISSA.
14	DR. PRIETO: I ABSTAIN.
15	CHAIRMAN KLEIN: FRANCISCO PRIETO
16	ABSTAINS.
17	MS. KING: KIM WITMER.
18	DR. WITMER: AYE.
19	MS. KING: MICHAEL FRIEDMAN.
20	DR. FRIEDMAN: AYE.
21	MS. KING: AND JUST SO EVERYBODY IN THE
22	ROOM HERE WITH US IS AWARE, FOR THE PEOPLE ON THE
23	PHONE, FOR SOME REASON THEY'RE NOT HEARING US THAT
24	WELL. IF YOU CAN SPEAK INTO THE MICROPHONE AND USE
25	YOUR LOUD VOICE INSTEAD OF YOUR QUIET VOICE, PLEASE.
	15

1	CHAIRMAN KLEIN: WELL, I WANT TO POINT OUT
2	IN THIS PERIOD OF NATIONAL CONFLICT AND TURMOIL IN
3	THE ELECTORAL PROCESS THAT ALL THOSE WHO ARE
4	ELIGIBLE TO VOTE VOTED FOR THESE CANDIDATES. DR.
5	PRIETO, YOU SHOULD BE VERY
6	(APPLAUSE.)
7	CHAIRMAN KLEIN: ENCOURAGED BY THE
8	LEVEL OF SUPPORT OF YOUR PEERS ON THIS COMMITTEE.
9	WHAT IS OUR EXPECTED ARRIVAL TIME HERE?
10	IMMINENT; IS THAT CORRECT?
11	MR. HARRISON: DR. LOVE SHOULD BE HERE ANY
12	MINUTE, SO I WOULD SUGGEST THAT WE MOVE FORWARD AND
13	CONVENE IN CLOSED SESSION IF THE CHAIR IS READY.
14	MS. LANSING: WANT TO DO SOME OF THE
15	GOVERNANCE ONES WHICH ARE PRO FORMA?
16	CHAIRMAN KLEIN: SHERRY, WOULD YOU LIKE TO
17	DO ITEM 15, THE ELECTION OF THE ICOC CHAIR AND VICE
18	CHAIR OF THE PROCESS?
19	MS. LANSING: JAMES, ARE YOU GOING TO DO
20	THOSE?
21	MR. HARRISON: YES.
22	MS. LANSING: OKAY. WHY DON'T YOU DO
23	THOSE BECAUSE THEY'RE PRETTY MUCH FROM OUR CALL. WE
24	COULD DO ITEM 14 AND 15.
25	CHAIRMAN KLEIN: ALL RIGHT. SO I'M GOING
	16
	±0

1	TO PASS THIS TO OUR CHAIR, SHERRY LANSING, TO DO
2	ITEMS 14 AND 15.
3	MS. LANSING: I'M GOING TO TURN IT OVER TO
4	JAMES. MOST OF IT IS IN THE BOOK. JAMES, IF YOU
5	CAN GIVE US A BRIEF SUMMARY OF IT, IT WOULD BE
6	GREAT, AND THEN WE'LL HAVE QUESTIONS.
7	MR. HARRISON: SO THE GOVERNANCE
8	SUBCOMMITTEE MET IN EARLY AUGUST TO CONSIDER
9	AMENDMENTS TO THE BOARD'S BYLAWS. AND THE
10	AMENDMENTS COVER A NUMBER OF DIFFERENT SUBJECTS.
11	THE FIRST, WHICH IS IN ARTICLE 5, SECTION 7 OF THE
12	BYLAWS, WHICH IS AT PAGE 6 OF THE BYLAWS AND TRACK
13	CHANGES, INCORPORATES THE OPEN ROLL VOTING POLICY
14	WHICH THE BOARD ADOPTED IN JUNE 2009 INTO THE
15	BOARD'S BYLAWS. IT WAS PREVIOUSLY A SELF-STANDING
16	POLICY, AND WE THOUGHT IT WAS IMPORTANT TO
17	INCORPORATE IT WITHIN THE BOARD'S BYLAWS.
18	THE ONLY SUBSTANTIVE CHANGE IS A
19	CLARIFICATION OF THE ORIGINAL INTENT OF THE
20	PROVISION WHICH IS TO PROVIDE THAT THE CHAIR HAS THE
21	AUTHORITY TO LEAVE THE ROLL OPEN AFTER DEBATE HAS
22	CONCLUDED IN ORDER TO PERMIT A MEMBER TO PARTICIPATE
23	IN THE VOTE UNDER CIRCUMSTANCES, FOR EXAMPLE, IF THE
24	MEMBER HAD TO LEAVE THE MEETING FOR A TIME AND THEN
25	RETURN OR OTHER SIMILAR CIRCUMSTANCES.

1	THE NEXT BYLAW AMENDMENT DEALS WITH THE
2	REQUIRED NUMBER OF MEETINGS OF THE GOVERNANCE AND
3	LEGISLATIVE SUBCOMMITTEES. UNDER THE CURRENT
4	BYLAWS, THE GOVERNANCE AND LEGISLATIVE SUBCOMMITTEES
5	ARE REQUIRED TO MEET FOUR AND THREE TIMES PER YEAR
6	RESPECTIVELY. AND WE PROPOSE TO AMEND THE BYLAWS TO
7	REQUIRE THAT BOTH SUBCOMMITTEES MEET AT LEAST ONCE A
8	YEAR, AND GIVE THE CHAIRS OF THOSE SUBCOMMITTEES THE
9	DISCRETION TO CALL ADDITIONAL MEETINGS AS NECESSARY
10	RATHER THAN SETTING AN ARTIFICIAL NUMBER.
11	THE NEXT BYLAW CHANGE IS IN ANTICIPATION
12	OF OUR UPCOMING TRANSITION TO A NEW CHAIR AND VICE
13	CHAIR. AND THE INTENT TO IS TO ESTABLISH IN THE
14	BYLAWS A CLEAR PROCEDURE FOR THE ELECTION OF THE
15	CHAIR AND THE STATUTORY VICE CHAIR.
16	CURRENTLY THE BYLAWS ARE SILENT. WE FELT
17	IT WAS IMPORTANT TO CLARIFY THOSE PROCEDURES TO
18	ANTICIPATE ANY QUESTIONS THAT MIGHT ARISE AT THE
19	TIME OF THE VOTE ITSELF.
20	UNDER THE PROPOSED BYLAW AMENDMENTS, IF
21	THERE ARE TWO OR MORE NOMINEES, THE NOMINEE WHO
22	RECEIVES THE VOTES OF A MAJORITY OF A QUORUM OF THE
23	BOARD WOULD BE ELECTED. HOWEVER, IF NO NOMINEE
24	RECEIVES A MAJORITY OF A QUORUM, THEN THE TOP TWO
25	VOTE-GETTERS WOULD FACE OFF IN A SECOND ROUND OF

1	VOTING. AND THE PERSON WHO THEN RECEIVED THE VOTES
2	OF A MAJORITY OF A QUORUM WOULD BE ELECTED.
3	MS. LANSING: I HAVE A QUESTION. JUST TO
4	BE CLEAR, SO THE FIRST THERE MIGHT BE THREE
5	NOMINEES, WHATEVER. IF EVERY BRANCH HAD A DIFFERENT
6	PERSON, THERE COULD BE MORE. HOW MANY BRANCHES,
7	WHATEVER, FOUR. SO THERE COULD BE FOUR NOMINEES.
8	COULD YOU WIN BY JUST ONE VOTE, OR DO YOU HAVE TO
9	HAVE A TWO-THIRDS, OR WHAT ARE WE SAYING?
10	MR. HARRISON: NO. IT'S A MAJORITY OF A
11	QUORUM. A QUORUM OF THE BOARD IS 19 MEMBERS. SO A
12	PERSON COULD WIN WITH TEN VOTES.
13	MS. LANSING: JUST WANTED TO BE SURE
14	EVERYONE UNDERSTOOD THAT. IF NOBODY DOES, IF
15	THERE'S A TIE, THEN WE GO TO THE TOP TWO.
16	MR. HARRISON: THERE'S A SECOND STEP
17	THERE. IF THERE ARE THREE OR FOUR NOMINEES AND NO
18	SINGLE PERSON RECEIVES THE VOTES OF AT LEAST TEN
19	MEMBERS OF THE BOARD, THEN WHAT WE WOULD DO IS
20	ELIMINATE THE LOWEST VOTE-GETTERS AND HAVE A REVOTE
21	FOR THE TWO INDIVIDUALS WHO RECEIVED THE HIGHEST
22	NUMBER OF VOTES.
23	MR. SERRANO-SEWELL: IT'S A SIMILAR METHOD
24	TO WHEN WE SELECTED OUR HEADQUARTERS.
25	MR. HARRISON: IT IS.

1	MR. SERRANO-SEWELL: IN THAT RESPECT, THE
2	LOWEST VOTE-GETTER.
3	MR. HARRISON: DAVID IS EXACTLY RIGHT. WE
4	USED A SIMILAR PROCEDURE WITH RESPECT TO THE VOTE ON
5	THE HEADQUARTERS WHEN WE ORIGINALLY HAD FOUR
6	DIFFERENT CITIES VYING FOR THE SELECTION OF
7	HEADQUARTERS. AND WE ULTIMATELY ENDED UP HAVING TWO
8	VOTES, AN INITIAL VOTE AND THEN A SECOND VOTE, AMONG
9	THE TOP TWO CITIES.
10	MR. ROTH: DAVID, DID YOU HAVE TO REMIND
11	ME OF THAT VOTE?
12	DR. POMEROY: WE'RE ALL SUFFERING.
13	MS. LANSING: EVEN THOUGH I HAVE TO
14	BRING THIS UP. OKAY. I GUESS I JUST WANT US TO
15	DISCUSS FOR A SECOND, EVEN THOUGH I WAS ON THE PHONE
16	CALL AND THOUGHT THIS WAS GREAT, I'M NOW SITTING,
17	YOU KNOW, HOW MANY MONTHS LATER. THE THING THAT
18	BOTHERS ME IS THAT YOU CAN WIN BY ONE VOTE. DO YOU
19	KNOW? IT'S SUCH AN IMPORTANT JOB, AND I WOULD LIKE
20	TO THINK THAT THERE WAS MORE UNANIMITY. AND SO WE
21	CAN ADJUST THIS NOW SHOULD WE WANT TO. ARE WE
22	ALLOWED TO?
23	MR. HARRISON: I BELIEVE THAT YOU COULD.
24	UNDER PROPOSITION 71, THE BOARD CAN ONLY TAKE ACTION
25	BY A MAJORITY OF A QUORUM. SO THAT'S THE MINIMUM.
	20

1	IN OTHER WORDS, IN ORDER TO ELECT A NEW CHAIR OR
2	VICE CHAIR, YOU'D HAVE TO HAVE AT LEAST TEN VOTES.
3	CHAIRMAN KLEIN: SO THE STATISTICAL ISSUE,
4	SHERRY, IS THAT IF IT WERE A VOTE OF 11 TO 9, TWO
5	VOTES DIFFERENCE, FOR EXAMPLE, IF WE WERE TO SAY YOU
6	HAD TO WIN BY TWO-THIRDS, THE PROBLEM IS WE MAY
7	NEVER RESOLVE THE CONFLICT. SO THE PROBLEM IS THAT
8	STATISTICALLY WE ARE IN A POSITION WHERE THIS IS THE
9	ONLY WAY WE'RE SURE TO RESOLVE THE REFLECT BY AN
10	ACTUAL VOTE BECAUSE WE DON'T HAVE AN ARBITRATION
11	PROVISION OR SOME OTHER RESOLUTION.
12	MS. LANSING: I HEAR YOU. THAT IS, I
13	THINK, WHY I WAS SUPPORTIVE OF IT. I GUESS THEN
14	WHAT I WOULD JUST URGE ALL OF US TO DO, AS HORRIBLE
15	A THOUGHT IT IS THAT BOB IS LEAVING, TO START
16	THINKING OF PEOPLE SO THAT WE CAN AT LEAST NOT JUST
17	HAVE NAMES GIVEN TO US, SO THAT WE CAN BE PART OF
18	THE PROCESS, YOU KNOW, SO THAT THERE WILL BE
19	SOMEBODY THAT WE'RE ALL EXCITED ABOUT.
20	CHAIRMAN KLEIN: AND WE'RE GOING TO ASK
21	THE CONSTITUTIONAL OFFICERS TO TRY AND NOMINATE
22	EARLY, GIVE US THE ADVANTAGE OF HAVING A GOOD
23	DISCUSSION.
24	MS. LANSING: OKAY.
25	MS. SAMUELSON: QUESTION. IS THERE GOING
	31

Т	TO BE AN OPPORTUNITY ON AN AGENDA TO ADDRESS
2	SOMETHING THAT WILL BEGIN INTRODUCING US TO THIS
3	CONCEPT AND REFLECTING ON IT? BECAUSE, YOU KNOW,
4	WHEN, HOW, WHY, ETC., WE HAVEN'T WE HAVE BEEN ONE
5	BOARD TO THIS DATE, I THINK, ENTIRELY WITH PEOPLE
6	COMING AND GOING, BUT NOT POSITIONS TURNING OVER.
7	NEVER MIND.
8	CHAIRMAN KLEIN: JOAN, WE CAN AGENDIZE FOR
9	THE OCTOBER BOARD MEETING SPECIFICALLY TO GO THROUGH
10	THE TRANSITION PROCESS AS AN AGENDA ITEM.
11	MR. HARRISON: IN FACT, THE NEXT ITEM ON
12	THIS AGENDA IS OUR FIRST STEP IN THAT PROCESS, WHICH
13	IS TO CONSIDER THE PROCEDURES AT THE REQUEST OF THE
14	GOVERNANCE SUBCOMMITTEE PURSUANT TO WHICH WE
15	ENVISION THE TRANSITION OCCURRING.
16	MS. SAMUELSON: THAT'S WHAT I HAD IN MIND.
17	THANK YOU.
18	MR. SHEEHY: I JUST WANTED TO MAKE CLEAR,
19	AND I THINK THIS GOES A LITTLE BIT WITH WHAT SHERRY
20	WAS SAYING. SO IF THE CANDIDATE DOESN'T GET THE
21	MAJORITY, DO WE HAVE THE WE MAY GET A LET'S
22	JUST THINK OF THE WORST-CASE SCENARIO. WE GET TWO
23	CANDIDATES WHO DON'T SUPPORT STEM CELL RESEARCH,
24	JUST PUT THAT OUT THERE, BUT IS THERE A REJECTION
25	OPTION? IS IT IMPLICIT THAT WE SEND THEM BACK

1	BECAUSE THEY SEND US NOMINEES KIND OF LIKE WHAT
2	HAPPENED WITH SENATOR MALDONADO WHEN HE WANTED TO BE
3	LIEUTENANT GOVERNOR, THEY KIND OF SENT IT BACK ONCE.
4	YOU KNOW, DO WE IF THE BOARD BECAUSE
5	ULTIMATELY ARE WE TO WHAT DEGREE ARE WE BOUND TO
6	SELECT THE NOMINEES THAT ARE PRESENTED TO US, OR CAN
7	WE SAY, YOU KNOW, WITH ALL DUE RESPECT, WE BELIEVE
8	THAT, YOU KNOW BECAUSE ULTIMATELY WE CANNOT WE
9	WOULD LIKE TO TALK AND HOPEFULLY BUILD THE
10	RELATIONSHIPS WITH INDIVIDUALS TO HAVE APPROPRIATE
11	AND HOPEFULLY THEY'RE WISE AND GOOD LEADERS THAT
12	WILL SEND US GREAT CANDIDATES, BUT JUST MY QUESTION.
13	MR. TORRES: CAN I COMMENT ON THAT POINT,
14	MADAM CHAIR, IF I MAY? THE FOUR CONSTITUTIONAL
15	OFFICERS UNDER THE INITIATIVE WHO ARE ABLE TO
16	NOMINATE FOR CHAIR AND VICE CHAIR OR VICE CHAIRS, AS
17	IT WAS THE CASE EARLIER, IS THE GOVERNOR, THE
18	LIEUTENANT GOVERNOR, ABEL MALDONADO, WHO WILL STILL
19	BE LIEUTENANT GOVERNOR AT THE TIME THIS PROCESS
20	BEGINS AND ENDS, STATE CONTROLLER, JOHN CHEUNG, AND
21	STATE TREASURER BILL LOCKYEAR, ALL OF WHOM ADAMANTLY
22	SUPPORT STEM CELL RESEARCH.
23	SO I DON'T THINK ANY CANDIDATE WOULD
24	EMERGE FROM ANY OF THOSE FOUR THAT WOULD BE OPPOSED
25	TO THEIR INITIAL POSITION ON STEM CELLS.

1	MS. LANSING: MY UNDERSTANDING IS WE
2	CANNOT REJECT. WE HAVE TO CHOOSE AMONG THE
3	MR. TORRES: AND THAT'S THE VOTE.
4	DR. PRIETO: I'M NOT SURE THAT THAT IS
5	CORRECT. CAN'T WE SIMPLY VOTE NO? IF NO CANDIDATE
6	GETS A MAJORITY OF A QUORUM, THEN WE HAVE NOT CHOSEN
7	A CHAIR.
8	MR. HARRISON: AS I MENTIONED EARLIER,
9	PROP 71 REQUIRES THAT THE BOARD ACT BY THE VOTE OF A
10	QUORUM. IF THE BOARD CANNOT ACHIEVE A MAJORITY OF A
11	QUORUM ON A SINGLE CANDIDATE, THEN NO PERSON WILL BE
12	ELECTED. IN OTHER WORDS, IT ACTS AS A DE FACTO
13	REJECTION OF THE NOMINEES.
14	CHAIRMAN KLEIN: AND THE WAY THE MECHANICS
15	WORK WHEN I WROTE THE INITIATIVE IS THE EXISTING
16	CHAIR AND VICE CHAIR CONTINUE TO ACT UNTIL THERE IS
17	A MAJORITY OF A QUORUM THAT VOTES IN A NEW CHAIR AND
18	VICE CHAIR.
19	(SIMULTANEOUS DISCUSSION.)
20	DR. STEWARD: I'M SORRY. JUST TO POINT
21	OUT THE OBVIOUS, IF THERE WAS ONLY ONE CANDIDATE, WE
22	WOULD HAVE NO CHOICE BUT TO VOTE FOR THAT CANDIDATE,
23	OR COULD WE VOTE NO?
24	MR. HARRISON: YOU COULD VOTE NO. IF THE
25	CANDIDATE DOESN'T RECEIVE THE NUMBER OF
	24
	<u> </u>

	DARRISTERS REPORTING SERVICE
1	MS. LANSING: THAT'S YOUR ANSWER.
2	MR. TORRES: ALSO ON THAT POINT, MADAM
3	CHAIR, AS DR. PIZZO ARTICULATED, THIS PROCESS COULD
4	WELL GO INTO THE TERM OF A NEW GOVERNOR.
5	DR. PIZZO: AND BEYOND.
6	MR. TORRES: AND BEYOND. SO, BOB, BE
7	CAREFUL.
8	MR. SERRANO-SEWELL: VERY QUICKLY, I FULLY
9	ENDORSE THIS. I THINK WE OUGHT TO MOVE ON. WE ARE
10	DOING AS A COMMISSION WHAT I WOULD THINK THE
11	CONSTITUTIONAL OFFICERS WOULD HOPE OTHER COMMISSIONS
12	WOULD DO, WHICH IS ESTABLISH A PROCESS, LET
13	EVERYBODY KNOW ABOUT IT. THE GROUND RULES ARE VERY
14	CLEAR. AND YOU PROCEED AND TAKE A VOTE. WE'VE DONE
15	THAT, AND WE SHOULD BE APPLAUDED FOR IT. AND THE
16	PROCESS WILL PLAY OUT THE WAY THE PROCESS PLAYS OUT.
17	MY POINT IS WE OUGHT NOT TO OVERTHINK IT
18	BECAUSE IT WILL ORGANICALLY HAPPEN. AND WE CAN
19	ADJUST. WE'RE A PRETTY AGILE GROUP OF PEOPLE. WE
20	CAN ADJUST ACCORDINGLY. SO I MOVE ADOPTION.
21	DR. POMEROY: SECOND.
22	DR. PENHOET: SECOND.
23	DR. POMEROY: I DEFER TO MY COLLEAGUE.
24	MR. HARRISON: COULD I ASK FOR A
25	MS. LANSING: DO I HAVE MORE DISCUSSION ON
	25

25

	DARRISTERS REPORTING SERVICE
1	THIS? DO I NEED A ROLL CALL VOTE?
2	MR. HARRISON: COULD I ASK FOR ONE
3	CLARIFICATION ABOUT WHETHER THE MOTION COVERS THE
4	OTHER TWO SETS OF AMENDMENTS TO THE AMENDMENT
5	RELATING TO INCORPORATING THE OPEN ROLL VOTING
6	PROCEDURE AND THE AMENDMENT RELATED TO THE MINIMUM
7	NUMBER OF REQUIRED MEETINGS FOR THE GOVERNANCE AND
8	LEGISLATIVE SUBCOMMITTEES?
9	MS. LANSING: I HOPE IT DOES.
10	MR. SERRANO-SEWELL: IT DOES.
11	MS. LANSING: DO I HAVE ANY DISCUSSION
12	FROM THE BOARD MEMBERS? DO I HAVE ANY DISCUSSION
13	FROM MEMBERS OF THE PUBLIC? THEN CAN I HAVE A DO
14	I NEED A ROLL CALL VOTE?
15	MS. KING: JUST FOR THE PEOPLE ON THE
16	PHONE.
17	MS. LANSING: ALL IN FAVOR.
18	(CHORUS OF AYES.)
19	OPPOSED?
20	(NO RESPONSE.)
21	OKAY. NOW FOR THE PHONE.
22	MS. KING: THAT WAS DR. FRIEDMAN VOTING ON
23	THE PHONE. HIS VOTE WAS AYE.
24	KIM WITMER, CAN WE HAVE YOUR VOTE, PLEASE?
25	DR. WITMER: AYE.
	26

1	MS. KING: THANK YOU. FOR THE RECORD,
2	THAT MOTION CARRIES.
3	CHAIRMAN KLEIN: MR. HARRISON, GIVEN THE
4	CONSERVATION OF TIME AND GIVEN THAT WE CAN HANDLE
5	THE NEXT ITEM TOMORROW
6	MR. HARRISON: IT'S ENTIRELY UP TO YOU.
7	THERE'S ONE ADDITIONAL AMENDMENT TO THE BYLAWS. WE
8	CAN ADDRESS IT NOW OR TOMORROW, WHATEVER IS YOUR
9	PLEASURE.
10	MS. LANSING: IS IT OKAY IF WE TAKE IT?
11	IT'S TWO MINUTES.
12	MR. HARRISON: ALL RIGHT. I WILL TRY TO
13	BE QUICK.
14	THE FINAL AMENDMENT TO THE BYLAWS THAT WE
15	WOULD PROPOSE DEALS WITH A POLICY TO IMPLEMENT SB
16	1064, WHICH, AS VICE CHAIR TORRES NOTED, HAS
17	RECENTLY PASSED THE ASSEMBLY. THIS BYLAW WOULD BE
17 18	RECENTLY PASSED THE ASSEMBLY. THIS BYLAW WOULD BE CONTINGENT UPON THE SENATE PASSING SB 1064 AND THE
18	CONTINGENT UPON THE SENATE PASSING SB 1064 AND THE
18 19	CONTINGENT UPON THE SENATE PASSING SB 1064 AND THE GOVERNOR SIGNING IT. AND IT WOULD ESTABLISH A
18 19 20	CONTINGENT UPON THE SENATE PASSING SB 1064 AND THE GOVERNOR SIGNING IT. AND IT WOULD ESTABLISH A CONSULTING RATE FOR PATIENT ADVOCATE MEMBERS OF THE
18 19 20 21	CONTINGENT UPON THE SENATE PASSING SB 1064 AND THE GOVERNOR SIGNING IT. AND IT WOULD ESTABLISH A CONSULTING RATE FOR PATIENT ADVOCATE MEMBERS OF THE BOARD FOR THEIR SERVICE ON THE WORKING GROUPS
18 19 20 21 22	CONTINGENT UPON THE SENATE PASSING SB 1064 AND THE GOVERNOR SIGNING IT. AND IT WOULD ESTABLISH A CONSULTING RATE FOR PATIENT ADVOCATE MEMBERS OF THE BOARD FOR THEIR SERVICE ON THE WORKING GROUPS PERMITTED BY SB 1064.
18 19 20 21 22	CONTINGENT UPON THE SENATE PASSING SB 1064 AND THE GOVERNOR SIGNING IT. AND IT WOULD ESTABLISH A CONSULTING RATE FOR PATIENT ADVOCATE MEMBERS OF THE BOARD FOR THEIR SERVICE ON THE WORKING GROUPS PERMITTED BY SB 1064.  AS YOU ALL KNOW, PROP 71 REQUIRES THE

1	OTHER BOARD MEMBERS BECAUSE IT REQUIRES THEM TO
2	PARTICIPATE NOT ONLY IN BOARD SUBCOMMITTEE AND TASK
3	FORCE MEETINGS, BUT ALSO IN THE WORKING GROUP
4	MEETINGS THEMSELVES. AND BECAUSE THERE ARE THREE
5	WORKING GROUPS AND A LIMITED NUMBER OF PATIENT
6	ADVOCATES, IT MEANS A SUBSTANTIAL COMMITMENT OF TIME
7	WHICH DOES HAVE AN EFFECT ON THEIR ABILITY TO
8	SIMULTANEOUSLY CARRY OUT THEIR OTHER
9	RESPONSIBILITIES, INCLUDING THEIR CURRENT
LO	OCCUPATION.
L1	THIS PROPOSED BYLAW IS INTENDED TO
L2	ESTABLISH A POLICY TO PERMIT THE BOARD TO COMPENSATE
L3	THE PATIENT ADVOCATES, EXCLUDING THE CHAIR AND VICE
L4	CHAIR OF THE BOARD, FOR THEIR SERVICE ONLY ON THE
L5	WORKING GROUPS. AS DUANE ROTH WILL ATTEST, THERE
L6	HAVE BEEN SOME CONCERNS RAISED ABOUT THE FACT THAT
L7	UNDER SB 1064, THERE IS NO LIMIT EITHER ON THE SCOPE
L8	OR ON THE AMOUNT OF COMPENSATION THAT THE BOARD CAN
L9	SET.
20	TO ADDRESS THAT, WHAT WE PROPOSE TO DO IS
21	TO AMEND THE BYLAWS TO ADOPT A POLICY THAT PROVIDES
22	THE FOLLOWING. FIRST, THE POLICY WOULD ONLY APPLY
23	TO MEMBERS OF THE GRANTS WORKING GROUP AND TO THE
24	VICE CHAIR OR CO-CHAIRS OF THE STANDARDS AND
25	FACILITIES WORKING GROUP.

1	SECOND, WE PROPOSE TO LIMIT THE RATE PAID
2	TO PATIENT ADVOCATES TO 75 PERCENT OF THE RATE PAID
3	TO THE SCIENTIFIC MEMBERS OF THE GRANTS WORKING
4	GROUP, AND WE WOULD CAP COMPENSATION ON A YEARLY
5	BASIS AT \$15,000 UNLESS THE BOARD WERE TO APPROVE AN
6	EXCEPTION.
7	FINALLY, THE POLICY WOULD REQUIRE THE
8	BOARD TO DETERMINE ON AN INDIVIDUAL BASIS THAT
9	SERVICE ON THE WORKING GROUPS REQUIRES AN
10	EXTRAORDINARY COMMITMENT OF TIME.
11	AND LET ME JUST MAKE TWO FINAL POINTS.
12	ONE IS THAT THIS IS A POLICY. WE WOULD STILL HAVE
13	TO COME BACK TO THE BOARD WITH GUIDELINES TO
14	IMPLEMENT IT. AND TWO IS THAT THE PATIENT
15	ADVOCATES, OUT OF AN ABUNDANCE OF CAUTION AND TO
16	AVOID EVEN THE APPEARANCE OF A CONFLICT OF INTEREST,
17	WILL NOT PARTICIPATE IN THIS DISCUSSION OR VOTE.
18	MS. LANSING: THEREFORE, I'M GOING TO TURN
19	THIS OVER TO MY CO-CHAIR CLAIRE TO CONDUCT THE
20	DISCUSSION.
21	DR. POMEROY: ARE THERE ANY COMMENTS FROM
22	THE BOARD?
23	MR. ROTH: JUST, JAMES, YOU MAY HAVE SAID
24	THIS, BUT WHAT IS THE CURRENT RATE THAT WE'RE PAYING
25	SCIENTIFIC MEMBERS?

1	MR. HARRISON: THE CURRENT RATE FOR
2	SCIENTIFIC MEMBERS IS \$750 PER DAY.
3	MR. GOLDBERG: MOVE APPROVAL.
4	DR. POMEROY: A SECOND?
5	MR. ROTH: SECOND.
6	DR. POMEROY: AND ALL IN FAVOR.
7	(CHORUS OF AYES.)
8	DR. POMEROY: OPPOSED.
9	(NO RESPONSE.)
10	DR. POMEROY: ABSTAIN? IF YOU COULD RAISE
11	YOUR HAND IF YOU'RE ABSTAINING SO THAT IT CAN BE
12	RECORDED.
13	MS. LANSING: I THINK WE'RE CONFLICTED.
14	MR. HARRISON: YOU'RE ABSTAINING.
15	DR. POMEROY: KEEP YOUR HANDS, PATIENT
16	ADVOCATES, SO WE CAN COUNT YOU.
17	MS. KING: FOR THE RECORD, THE BOARD
18	MEMBERS ABSTAINING FROM THE VOTE ARE JOAN SAMUELSON,
19	JEFF SHEEHY, SHERRY LANSING, FRANCISCO PRIETO, MARCY
20	FEIT, AND DAVID SERRANO-SEWELL.
21	CHAIRMAN KLEIN: TO CLARIFY THAT, SINCE
22	THE STATUTORY CHAIR AND THE STATUTORY VICE CHAIR ARE
23	PAID, THEY'RE EXCLUDED FROM THOSE THAT QUALIFY.
24	DR. POMEROY: SO THERE'S NO CONFLICT FOR
25	THEM.
	30
	30

1	CHAIRMAN KLEIN: AND FOR THE RECORD,
2	CLAIRE, I THINK IT WOULD BE GOOD TO NOTE THAT THERE
3	WAS NO PUBLIC HERE THAT WISHED TO SPEAK; IS THAT
4	CORRECT?
5	DR. POMEROY: THANK YOU. AND I THINK WE
6	NEED A ROLL CALL ON THE PHONE.
7	MS. KING: KIM WITMER.
8	DR. WITMER: APPROVE.
9	MS. KING: MICHAEL FRIEDMAN.
10	DR. FRIEDMAN: YES.
11	MS. KING: THANK YOU.
12	DR. PENHOET: OS, AREN'T YOU A PATIENT
13	ADVOCATE?
14	DR. STEWARD: ABSTAIN.
15	MS. KING: OSWALD STEWARD ALSO ABSTAINS
16	FROM THAT VOTE. HE'S AN ALTERNATE.
17	MS. LANDING: AT ANY RATE, I THINK THAT
18	CONCLUDES THE TWO AGENDA ITEMS ON GOVERNANCE, AND
19	WE'LL PICK UP THE THIRD ONE IN THE MORNING.
20	CHAIRMAN KLEIN: THANK YOU VERY MUCH. AND
21	WE WILL ADJOURN TO EXECUTIVE SESSION. MR. HARRISON,
22	WILL YOU READ US THE STATUTORY AUTHORIZATIONS FOR
23	THIS EXECUTIVE SESSION?
24	MR. HARRISON: THE BOARD WILL BE CONVENING
25	IN CLOSED SESSION TO DISCUSS PERSONNEL PURSUANT TO

1	GOVERNMENT CODE SECTION 11126 AND HEALTH AND SAFETY
2	CODE SECTION 125290.30(D)(3)(D).
3	CHAIRMAN KLEIN: ALL RIGHT. AND WITH
4	THAT, MELISSA, WOULD YOU GIVE US INSTRUCTION ON
5	WHERE WE WILL ADJOURN TO?
6	MS. KING: I WILL, BUT I'M GOING TO DEFER
7	TO MY ESTEEMED COLLEAGUE, JENNIFER PRYNE, FOR THAT.
8	MS. PRYNE: MR. CHAIRMAN, I HAVE ROOM 123
9	RESERVED FOR EXECUTIVE SESSION. THERE ARE
10	DIRECTIONAL SIGNS. IF YOU JUST COME OUT INTO THE
11	HALLWAY, AND ALSO AMY AND I WILL BE ABLE TO LEAD THE
12	BOARD MEMBERS TO THE ROOM.
13	CHAIRMAN KLEIN: THANK YOU VERY MUCH.
14	MS. KING: FOR THE MEMBERS THAT ARE ON THE
15	PHONE, YOU HAVE THE DIAL-IN INFORMATION FOR THE
16	CLOSED SESSION, CORRECT?
17	DR. WITMER: YES, I'VE GOT IT.
18	DR. FRIEDMAN: I THINK I DO, BUT I'LL
19	CHECK WITH MARTHA.
20	MS. KING: IF YOU DON'T, PLEASE CALL ME OR
21	AMY AND WE WILL GET IT TO YOU.
22	CHAIRMAN KLEIN: IT IS NOT ANTICIPATED
23	THAT THERE WILL BE ADDITIONAL BUSINESS TODAY. AND,
24	MR. HARRISON, FOR STATUTORY PURPOSES, IS IT GOING TO
25	BE NECESSARY, GIVEN THERE IS NO EXPECTED BUSINESS,

1	TO RECONVENE?
2	MR. HARRISON: NO. WE WILL RECONVENE IN
3	THE MORNING IN OPEN SESSION.
4	CHAIRMAN KLEIN: THANK YOU. REMEMBER 8:30
5	IN THE MORNING SHOULD BE AN EXCELLENT SPOTLIGHT ON
6	STROKE. AND HOPE EVERYONE CAN BE THERE.
7	MS. KING: EVEN THOUGH WE WON'T RECONVENE,
8	YOU CAN LEAVE YOUR STUFF HERE, AND YOU'LL COME BACK
9	TO THIS ROOM BEFORE WE LEAVE THE MEETING SITE, SO
10	YOU DON'T HAVE TO TAKE ALL OF YOUR STUFF WITH YOU TO
11	THE CLOSED SESSION ROOM, WHICH IS SMALLER.
12	CHAIRMAN KLEIN: COMPUTERS AND THINGS TAKE
13	WITH YOU. JUST DOCUMENTS COULD BE LEFT.
14	MS. KING: PROBABLY A GOOD IDEA ALTHOUGH
15	THERE WILL BE SEVERAL OF US HERE.
16	(THE BOARD THEN CONVENED IN CLOSED
17	SESSION AT 5 P.M., NOT REPORTED NOR HEREIN
18	TRANSCRIBED. AT THE CONCLUSION OF THE CLOSED
19	SESSION, THE MEETING WAS THEN ADJOURNED FOR THE DAY
20	TO RECONVENE THURSDAY, AUGUST 19, 2010, AT 9:30
21	A.M.)
22	
23	
24	
25	STANFORD, CALIFORNIA; THURSDAY, AUGUST 19, 2010
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	BARRISTERS' REPORTING SERVICE
1	9:30 A.M.
2	
3	CHAIRMAN KLEIN: I'D LIKE TO OPEN THE
4	MEETING THIS MORNING. THANK YOU FOR ALL TURNING OUT
5	FOR THIS TREMENDOUS SPOTLIGHT THIS MORNING ON
6	STROKE. THANK YOU, DR. QUINT, FOR LEADING OFF THAT
7	PROGRAM WITH GARY STEINBERG OF AN EXTREMELY EXCITING
8	DISEASE TEAM PROGRAM, THAT IT WAS VERY ENCOURAGING
9	TO HEAR THEIR PROGRESS AND THE DATA TO DATE.
10	WHAT I'D LIKE TO DO THIS MORNING IS ASK
11	MELISSA KING TO LEAD US IN THE PLEDGE FOLLOWED BY A
12	ROLL CALL, INCLUDING DO WE HAVE PHONE MEMBERS TODAY?
13	MS. KING: WE DO.
14	CHAIRMAN KLEIN: SO WE WILL BEGIN WITH THE
15	PLEDGE OF ALLEGIANCE.
16	(THE PLEDGE OF ALLEGIANCE.)
17	MS. KING: ROBERT PRICE FOR ROBERT
18	BIRGENEAU.
19	DR. PRICE: HERE.
20	MS. KING: FLOYD BLOOM. DAVID BRENNER.
21	DR. BRENNER: HERE.
22	MS. KING: WILLIAM BRODY.
23	DR. BRODY: HERE.
24	MS. KING: SUSAN BRYANT.
25	DR. BRYANT: HERE.
	34

1	MS. KING: MARCY FEIT. MICHAEL FRIEDMAN.
2	LEEZA GIBBONS. MICHAEL GOLDBERG.
3	MR. GOLDBERG: HERE.
4	MS. KING: SAM HAWGOOD. BOB KLEIN.
5	CHAIRMAN KLEIN: HERE.
6	MS. KING: SHERRY LANSING.
7	
-	MS. LANSING: HERE.
8	MS. KING: TED LOVE. ED PENHOET.
9	DR. PENHOET: HERE.
10	MS. KING: PHIL PIZZO.
11	DR. PIZZO: HERE.
12	MS. KING: CLAIRE POMEROY.
13	DR. POMEROY: HERE.
14	MS. KING: FRANCISCO PRIETO.
15	DR. PRIETO: HERE.
16	MS. KING: ELIZABETH FINI FOR CARMEN
17	PULIAFITO.
18	DR. FINI: HERE.
19	MS. KING: ROBERT QUINT.
20	DR. QUINT: HERE.
21	MS. KING: JOHN REED. DUANE ROTH.
22	MR. ROTH: HERE.
23	MS. KING: AND FOR THE RECORD, TED LOVE
24	HAS JOINED THE MEETING.
25	JOAN SAMUELSON.
	35

1	MS. SAMUELSON: HERE FOR JUST ABOUT 10, 15
2	MORE MINUTES.
3	MS. KING: DAVID SERRANO-SEWELL.
4	MR. SERRANO-SEWELL: HERE.
5	MS. KING: JEFF SHEEHY.
6	MR. SHEEHY: HERE.
7	MS. KING: JON SHESTACK. OSWALD STEWARD.
8	DR. STEWARD: HERE.
9	MS. KING: ART TORRES.
10	MR. TORRES: HERE.
11	MS. KING: JAMES ECONOMOU FOR EUGENE
12	WASHINGTON.
13	DR. ECONOMOU: HERE.
14	CHAIRMAN KLEIN: AND DURING THE DAY, WILL
15	THOSE ON THE PHONE CHANGE?
16	MS. KING: FIRST OF ALL, WE HAVE A QUORUM
17	RIGHT NOW. AND SECOND OF ALL, IT'S POSSIBLE THAT
18	DR. FRIEDMAN WILL BE ABLE TO JOIN US BY PHONE AGAIN
19	TODAY. DR. BRODY IS ON THE PHONE WITH US ALREADY.
20	JUST A COUPLE OF ANNOUNCEMENTS BEFORE WE
21	GET STARTED. EACH BOARD MEMBER HAS IN FRONT OF YOU
22	FOR ONE OF THE ITEMS ON THE AGENDA A CONFLICTS
23	SHEET. YOU EITHER HAVE A CONFLICT OR DON'T HAVE A
24	CONFLICT; AND IF YOU HAVE A CONFLICT, YOU WILL NOT
25	BE PARTICIPATING IN THE DISCUSSION OR VOTE ON THAT
	36

1	ITEM. WE WILL NEED YOUR SIGNATURE ON THAT PAGE
2	BEFORE YOU LEAVE TODAY. AND SOME OF YOU ALSO HAVE
3	SOME OTHER SHEETS THAT AMY HAS LEFT FOR YOU THAT WE
4	NEED YOU TO SIGN AS WELL. YOU MAY NOTICE THAT SOME
5	OF THEM ARE FROM PREVIOUS MEETINGS. SO JUST IF YOU
6	COULD BEAR WITH US AS WE CATCH UP ON SOME THINGS AND
7	SIGN EVERYTHING AND HAND IT TO AMY, THAT WOULD BE
8	GREAT.
9	THE OTHER MESSAGE IS THAT I UNDERSTAND
10	PEOPLE ARE LOOKING FOR WATER, AND WE'RE WORKING ON
11	GETTING SOME WATER BROUGHT IN FOR YOU.
12	CHAIRMAN KLEIN: NO LUXURIES FOR THIS
13	GROUP.
14	SO IN OPENING THE MEETING TODAY AT
15	STANFORD, I THINK IT'S APPROPRIATE THAT WE JUST TAKE
16	A MOMENT AND RECOGNIZE THAT SIX YEARS AGO AT THE
17	NATIONAL ACADEMY MEETINGS THAT WERE HELD IN IRVINE
18	WITH A NATIONAL TASK FORCE OF THE NATIONAL ACADEMY
19	TO HELP LEAD US IN THE PROCESS OF SETTING UP THIS
20	AGENCY, WE HAD BETH DRAIN WHO WAS THERE DOING THE
21	TRANSCRIPTS. FROM THAT TIME THROUGH OUR ENTIRE
22	EXISTENCE, THE TRANSCRIPTS OF OUR HISTORY, THE
23	PROGRESS OF THIS AGENCY AT EVERY STEP HAS BEEN
24	RECORDED BY BETH.
25	SHE SERVES TO CREATE THE TRANSCRIPTS FOR
	27

1	THE NATIONAL ACADEMY AND FOR OUR AGENCY. SO WE FEEL
2	VERY PRIVILEGED THAT WE HAVE THIS SIX YEARS OF
3	PHENOMENAL DEDICATION TO OUR RECORD OF HOW AN AGENCY
4	THAT IS REALLY MAKING REMARKABLE PROGRESS IN
5	ADVANCING MEDICINE TO REDUCE HUMAN SUFFERING HAS
6	BEEN BORN AND IS MATURING ALL AT THE FINGERTIPS OF
7	BETH DRAIN. SO THANK YOU, BETH.
8	THE REPORTER: THANK YOU VERY MUCH.
9	MS. SAMUELSON: MR. CHAIRMAN, I'M VERY
10	PROUD THAT SEVERAL YEARS AGO BETH AND I JOINED
11	TOGETHER TO LOBBY SUCCESSFULLY FOR LONGER BATHROOM
12	BREAKS.
13	CHAIRMAN KLEIN: NOW THAT WE'VE COMMENTED
14	ON OUR HISTORY, I'D LIKE TO CALL ON THE PRESIDENT
15	FOR THE PRESIDENT'S REPORT. DR. TROUNSON.
16	DR. TROUNSON: THANK YOU VERY MUCH, CHAIR.
17	HAVE WE GOT IT THERE? LOOKS LIKE THE WRONG SIZE TO
18	ME.
19	I THINK IT'S INTERESTING THAT WE'RE
20	ACTUALLY DOING A LOT OF WORK AT THE MOMENT GETTING
21	READY FOR THE EXTERNAL REVIEW AND LOOKING AT SOME OF
22	THE PRODUCTIVITY ELEMENTS. THERE ARE NOW 585
23	PUBLICATIONS THAT HAVE COME OUT OF THE WORK THAT'S
24	BEEN STIMULATED BY CIRM. THAT'S AN ENORMOUS NUMBER
25	OF PAPERS IN A RELATIVELY SHORT TIME. AND RIGHT

1	NOW, AT THIS PRESENT TIME RIGHT AT THIS MOMENT, THE
2	NUMBER OF PAPERS THAT ARE APPEARING ARE REALLY
3	ASTONISHING, AND THE QUALITY OF THEM ARE
4	EXTRAORDINARY. SO THIS PARTICULAR MONTH I'M
5	COMPLETELY OVERWHELMED ABOUT WHAT I SHOULD SORT OF
6	POINT OUT TO YOU, BUT MOST OF THESE PAPERS THAT HAVE
7	BEEN PUBLISHED, WHICH I THINK ARE TERRIFIC AND
8	FANTASTIC, ARE CIRM-FUNDED OR RELATED VERY MUCH TO
9	CIRM.
LO	AND THE FIRST ONE I KNOW WILL BE OF
L1	PARTICULAR INTEREST TO SUSAN BRYANT BECAUSE THIS IS
L2	A KIND OF AN AREA THAT SHE'S BEEN INTERESTED IN FOR
L3	A VERY LONG TIME IS THE TRANSIENT INACTIVATION OF
L4	THESE TWO GENES, RB AND ARF, WHICH YIELD
L5	REGENERATIVE CELLS FROM POSTMITOTIC MAMMALIAN
L6	MUSCLE; THAT IS, CELLS THAT NO LONGER NORMALLY
L7	DIVIDE. THEY'RE BEYOND MITOSIS, SO THEY DON'T
L8	REALLY DIVIDE. THEY'RE AN END-STAGE CELL.
L9	AND AMPHIBIA AND FISH REGENERATE LIMBS,
20	AND THEY REGENERATE PART OF THEIR HEART BY INDUCING
21	CELL CYCLE RE-ENTRY SO THAT THE CELL CYCLE WHICH
22	TURNS AROUND AND PROVIDES FOR DIVISION CAN BE
23	ACTIVATED, THE CELL CYCLE RE-ENTRY FOR THESE CELLS
24	IN THESE ANIMALS BY INACTIVATION OF THIS GENE RB
25	WHICH INDUCES CELL CYCLE RE-ENTRY AND PROLIFERATION

1	OF SKELETAL MUSCLE IN LIMB FORMATION.
2	NOW, THE QUESTION IS IS THIS RB IN
3	MAMMALS, WHAT DOES IT DO THERE? IT'S NOT PART OF
4	THIS LIMB REGENERATION BECAUSE MAMMALS DON'T
5	REGENERATE LIMBS. ANIMALS DON'T DO THAT. BUT IT'S
6	BEEN ADOPTED AS A TUMOR SUPPRESSOR AS A DIFFERENT
7	FUNCTION. IT ENFORCES MITOTIC ARREST AND STABLE
8	TISSUE-SPECIFIC GENE EXPRESSION AND PREVENTS CELL
9	CYCLE RE-ENTRY AND INHIBITS APOPTOSIS. THAT'S BEEN
10	A TRADE-OFF FOR LIMB REGENERATION AS IN NEWTS. IT'S
11	REALLY INTERESTING THAT THEY'VE TRADED THESE
12	CHARACTERISTICS IN EVOLUTION.
13	AND SO IN MAMMALS ARF, THE OTHER GENE, IS
14	A REGENERATION REPRESSOR. IT'S NOT PRESENT IN THESE
15	MORE PRIMITIVE ANIMALS. AND IF YOU INACTIVATE BOTH
16	RB AND ARF, IT LEADS TO MAMMALIAN MUSCLE
17	REGENERATION BY CELL CYCLE RE-ENTRY. SO YOU CAN
18	ACTUALLY GET CELL RE-ENTRY IF YOU INACTIVATE BOTH
19	THESE. DEDIFFERENTIATION, WHICH IS INTERESTING
20	BECAUSE THAT REALLY HASN'T BEEN DISCUSSED VERY MUCH
21	IN THE LITERATURE, AND UP REGULATION OF WHAT WE CALL
22	THE CYTOKINETIC CELL MACHINERY THAT ALLOWS CELLS TO
23	START DIVISION AGAIN.
24	SO SINGLE POSTMITOTIC MUSCLE CELLS WERE
25	SHOWN BY THE SCIENTISTS IN HELEN BLAU'S LAB AT

1	STANFORD TO WHEN YOU TRANSIT, SUPPRESS THESE GENES,
2	THEY FORM WHAT ARE CALLED MYOBLAST COLONIES, SO THEY
3	DEVELOP, THEY MULTIPLY, AND DIFFERENTIATE AND FUSE
4	INTO MYOFIBERS WHEN THEY'RE TRANSPLANTED INTO
5	MUSCLES IN ANIMALS. SO HERE WE'VE GOT A SITUATION
6	WHERE WE'VE TURNED POSTMITOTIC CELLS WHICH FORM
7	MUSCLE BACK INTO A TYPE, A MORE PRIMITIVE TYPE THAT
8	ACTUALLY CAN DO THE JOB.
9	THE QUESTION HERE IS CAN THIS PROCESS BE
10	USED FOR AUTOLOGOUS REGENERATIVE THERAPIES IN THE
11	HUMAN? A BIG QUESTION, BUT A BIG START IN THIS
12	AREA. AND I THINK THIS IS ONE OF THE SORT OF
13	PLATFORM PUBLICATIONS.
14	THE NEXT SLIDE WILL GIVE YOU AN IDEA. SO
	THIS IS IN MOUSE, RIGHT. THERE ARE THE NEWTS WHERE
15	INIS IS IN MOUSE, RIGHT. THERE ARE THE NEWTS WHERE
15 16	YOU TAKE OFF THE LEGS OR THE TAILS AND THEY CAN
	, and the second
16	YOU TAKE OFF THE LEGS OR THE TAILS AND THEY CAN
16 17	YOU TAKE OFF THE LEGS OR THE TAILS AND THEY CAN REGENERATE THOSE LEGS OR TAILS. BUT IF YOU LOOK UP
16 17 18	YOU TAKE OFF THE LEGS OR THE TAILS AND THEY CAN REGENERATE THOSE LEGS OR TAILS. BUT IF YOU LOOK UP ON THE RIGHT-HAND SIDE, IT'S DIFFICULT FOR PEOPLE TO
16 17 18 19	YOU TAKE OFF THE LEGS OR THE TAILS AND THEY CAN REGENERATE THOSE LEGS OR TAILS. BUT IF YOU LOOK UP ON THE RIGHT-HAND SIDE, IT'S DIFFICULT FOR PEOPLE TO SEE FROM THIS SECTION, BUT THESE CELLS, WHEN YOU'VE
16 17 18 19 20	YOU TAKE OFF THE LEGS OR THE TAILS AND THEY CAN REGENERATE THOSE LEGS OR TAILS. BUT IF YOU LOOK UP ON THE RIGHT-HAND SIDE, IT'S DIFFICULT FOR PEOPLE TO SEE FROM THIS SECTION, BUT THESE CELLS, WHEN YOU'VE GOT THAT INHIBITOR, WILL RETURN INTO A CELL CYCLE
16 17 18 19 20	YOU TAKE OFF THE LEGS OR THE TAILS AND THEY CAN REGENERATE THOSE LEGS OR TAILS. BUT IF YOU LOOK UP ON THE RIGHT-HAND SIDE, IT'S DIFFICULT FOR PEOPLE TO SEE FROM THIS SECTION, BUT THESE CELLS, WHEN YOU'VE GOT THAT INHIBITOR, WILL RETURN INTO A CELL CYCLE AND THEN REFORM A WHOLE LOT OF MUSCLES. AND THOSE
16 17 18 19 20 21	YOU TAKE OFF THE LEGS OR THE TAILS AND THEY CAN REGENERATE THOSE LEGS OR TAILS. BUT IF YOU LOOK UP ON THE RIGHT-HAND SIDE, IT'S DIFFICULT FOR PEOPLE TO SEE FROM THIS SECTION, BUT THESE CELLS, WHEN YOU'VE GOT THAT INHIBITOR, WILL RETURN INTO A CELL CYCLE AND THEN REFORM A WHOLE LOT OF MUSCLES. AND THOSE MUSCLES CAN GO OFF AND FORM MATURE MUSCLE SO THAT
16 17 18 19 20 21 22	YOU TAKE OFF THE LEGS OR THE TAILS AND THEY CAN REGENERATE THOSE LEGS OR TAILS. BUT IF YOU LOOK UP ON THE RIGHT-HAND SIDE, IT'S DIFFICULT FOR PEOPLE TO SEE FROM THIS SECTION, BUT THESE CELLS, WHEN YOU'VE GOT THAT INHIBITOR, WILL RETURN INTO A CELL CYCLE AND THEN REFORM A WHOLE LOT OF MUSCLES. AND THOSE MUSCLES CAN GO OFF AND FORM MATURE MUSCLE SO THAT YOU GET ACTUALLY REGENERATION OF MUSCLE. IF THIS IS

1	LIMB.
2	IN SOME SENSE I THINK, ALONG WITH ALL THE
3	WORK THAT PEOPLE DO ON BLASTERMAS, WE'RE ON THE WAY
4	TO SOME VERY INTERESTING, I THINK, INDUCTION OF
5	REGENERATION. AND THIS WILL BE, I THINK, COUNTED AS
6	ONE OF THE SORT OF PRIMARY PAPERS IN THE LITERATURE.
7	AND THE TOP, THE GREEN SECTION SHOWS YOU WHEN YOU'VE
8	INHIBITED WHEN YOU TRANSPLANT THESE CELLS AND
9	YOU'VE INHIBITED THOSE GENES, YOU GET LOTS OF MUSCLE
10	FIBERS FORMED. MUSCLES IN GREEN AND THE BELOW PART
11	IS WHEN YOU'VE GOT THAT RB GENE PRODUCT TURNED ON.
12	THE NEXT ONE IS ALSO, I THINK, AN
13	ASTONISHING PIECE OF WORK WHICH WAS REPORTED AT THE
14	ISSCR, THE INTERNATIONAL SOCIETY OF STEM CELL
15	RESEARCH, BUT NOW HAS COME OUT IN THE JOURNAL CELL,
16	VERY HIGH IMPACT FACTOR JOURNAL, IN AUGUST AGAIN.
17	AND THIS IS A DIRECT REPROGRAMMING OF FIBROBLASTS,
18	WHICH ARE THE HEART STROMAL CELLS, INTO FUNCTIONAL
19	CARDIOMYOCYTES BY DEFINED FACTORS. SO NOT GOING ALL
20	THE WAY BACK TO A PLURIPOTENTIAL STEM CELL NOW,
21	THREE TRANSCRIPTION FACTORS, GATA4, MEF2C, AND TBX5,
22	ARE NEEDED TO RAPIDLY AND EFFICIENTLY REPROGRAM
23	CARDIAC STROMAL CELLS OR DERMAL FIBROBLASTS INTO
24	CARDIOMYOCYTES.
25	I THINK THE DATA IN THE PAPER SHOWS THAT

1	IT'S MORE EFFICIENT AND YOU GET A BETTER OUTCOME IF
2	YOU USE THE CARDIAC STROMAL CELLS, THE SO-CALLED
3	MESENCHYMAL CELL TYPE THAT'S PRESENT IN THE HEART
4	TISSUE. THESE CELLS WILL EXPRESS CARDIAC-SPECIFIC
5	MARKERS AND HAVE EXPRESSION PROFILES EQUIVALENT TO
6	CARDIAC CELLS AND CONTRACT SPONTANEOUSLY IN CULTURE.
7	AND WHEN TRANSPLANTED IN MOUSE HEARTS ONE DAY AFTER
8	TRANSDUCTION, SO JUST ONE DAY AFTER, THEY
9	DIFFERENTIATE INTO CARDIOMYOCYTE-LIKE CELLS. AND
10	THIS MAY HAVE USEFUL CLINICAL APPLICATIONS FOR
11	CARDIOMYOPATHIES IN THE FUTURE. IT'S A VERY
12	INTERESTING, VERY INTERESTING PAPER BY THE GROUP AT
13	THE GLADSTONE INSTITUTE, A CIRM-FUNDED PAPER.
14	YOU CAN SEE ON THE LEFT-HAND SIDE IF
15	YOU'RE LOOKING AT IT, YOU'VE GOT THE ACTION
16	POTENTIALS ON THE BOTTOM HERE, AND THAT THE
17	CARDIOMYOCYTES THAT ARE FORMED FROM THIS
18	TRANSFORMATION LOOK TO BE BEHAVE JUST LIKE FETAL
19	CARDIOMYOCYTES. AND THEY HAVE RELEASED CALCIUM
20	
	RELEASED PATTERNS VERY SIMILAR INDEED, THE SAME.
21	RELEASED PATTERNS VERY SIMILAR INDEED, THE SAME.  AND IF YOU LOOK AT THE INTEGRATION OF THESE CELLS
21	
21 22	AND IF YOU LOOK AT THE INTEGRATION OF THESE CELLS
21 22 23	AND IF YOU LOOK AT THE INTEGRATION OF THESE CELLS INTO THE TISSUES, THEY APPEAR TO BE INTEGRATING IN A
	AND IF YOU LOOK AT THE INTEGRATION OF THESE CELLS  INTO THE TISSUES, THEY APPEAR TO BE INTEGRATING IN A  VERY PROFOUND WAY.

1	OF CELLS IS GOING TO BECOME REALLY ONE OF THE HOT
2	TOPICS IN THE REGENERATIVE STEM CELL AREA. I DON'T
3	THINK THERE'S ANY DOUBT ABOUT THAT. IT FOLLOWS NOW
4	ON BEHIND DIRECT PROGRAMMING OF NEURONS, AND IT
5	OBVIOUSLY GETS AROUND ONE OF THE PROBLEMS, IF YOU GO
6	BACK TO PLURIPOTENTIAL STEM CELLS, THAT YOU HAVE A
7	TUMOR-FORMING CAPACITY IN THOSE CELLS. YOU NO
8	LONGER HAVE THAT BECAUSE YOU DON'T GO BACK THAT
9	DISTANCE.
10	SO TWO REALLY IMPORTANT PIECES OF WORK
11	THAT I THINK WE NEED TO RECOGNIZE WILL SORT OF SET
12	THE FIELD, AGAIN, ON FIRE, I THINK.
13	THE NEXT PAPER ALSO COMES FROM HELEN
14	BLAU'S LAB. I RARELY DO THAT, SHOW YOU TWO PAPERS
15	FROM THE SAME LAB. IT'S NOT BECAUSE I'M JUST HERE
16	AT STANFORD. I JUST THINK THESE TWO BITS OF WORK
17	ARE REALLY TERRIFIC.
18	THIS LOOKED AT SUBSTRATE ELASTICITY ON
19	WHICH YOU GROW YOUR STEM CELLS. IT'S A VERY
20	IMPORTANT THING. AND THIS WAS A PAPER THAT CAME OUT
21	OF OUR TOOLS AND TECHNOLOGY GRANTS. SO HERE IS
22	SOMETHING THAT'S REALLY VERY SPECIAL.
23	THEY USED A BIOENGINEERED SUBSTRATE AND A
24	NOVEL AUTOMATED CELL TRACKING ALGORITHM TO SHOW THAT
25	THE SUBSTRATE ELASTICITY, THAT'S WHAT THE CELLS ARE

1	GROWN ON, IS A VERY POTENT REGULATOR OF MUSCLE STEM
2	CELL FATE.
3	IF YOU LOOK AT THE TWO GRAPHS ON THE
4	LEFT-HAND SIDE THERE, THE UPPER GRAPH IS WHERE
5	YOU'VE GOT A PLIANT SURFACE THAT YOU'RE GROWING THE
6	CELLS ON. AND THE ONE ON THE BOTTOM IS RIGID. IF
7	YOU LOOK THE DIFFERENT COLORS, THESE REPRESENT
8	DIFFERENT GENERATIONS OF CELLS, AND YOU CAN SEE ON
9	THE PLIANT SIDE THAT THERE'S MANY MORE CELLS GROWING
10	OVER MANY MORE GENERATIONS. IT LOOKS A MUCH
11	HEALTHIER CULTURE. THE CELLS ARE REALLY MULTIPLYING
12	VERY MUCH BETTER THAN WHEN THEY ARE ON A RIGID
13	SURFACE.
14	AND THEN IF YOU HAVE A LOOK AT THE GRAPH
15	HERE, YOU CAN AGAIN SEE THE PLIANT SURFACE OF THE
16	CELLS ARE PERFORMING MUCH BETTER THAN THE RIGID AND
17	GETTING CLOSER TO THOSE FRESH CELLS WHERE WE'VE JUST
18	TAKEN THEM OUT AND THEN RELOOKED AT THEM AGAIN.
19	AND SO HERE'S SOMETHING THAT'S VERY
20	SPECIAL. IF YOU ARE GOING TO GROW CELLS OF
21	DIFFERENT TYPES, YOU NEED TO BE THOUGHTFUL ABOUT
22	WHAT YOU'RE GROWING THEM ON, THE MATRIX, THE KIND OF
23	SUBSTRATE THAT'S THERE, BUT ALSO THE PHYSICAL NATURE
24	OF THOSE SUBSTRATES BECAUSE THAT'S GOING TO HAVE A
25	VERY PROFOUND EFFECT ON WHAT HAPPENS TO YOUR CELLS.

1	AND IF YOU'RE GOING TO MULTIPLY CELLS, YOU NEED TO
2	BE THOUGHTFUL ABOUT THAT AS WELL. IF YOU WANT TO
3	EXPAND CELLS IN LARGE QUANTITIES, YOU'RE GOING TO
4	HAVE TO BE THOUGHTFUL ABOUT THE PROPERTIES OF THE
5	MATRIX AND OF THE STRUCTURES THAT YOU GROW THEM ON.
6	I THINK IT'S A VERY IMPORTANT SEMINAL
7	PAPER AGAIN PUBLISHED FROM SUPPORT THAT WE GAVE
8	HELEN AND HER COLLEAGUES HERE AT STANFORD. TERRIFIC
9	COUPLE OF PAPERS FROM THAT LAB, FANTASTIC. AND I
10	THINK, AGAIN, THIS WILL WAKE UP THE FIELD IN TERMS
11	OF HOW THEY PREPARE THEIR CELLS.
12	THE NEXT ONE IS A VERY INTERESTING PAPER,
13	AND SOME PEOPLE HERE WILL KNOW THIS WELL. I'M SURE
14	JEFF SHEEHY WILL KNOW THIS WORK VERY WELL. HE'S NOT
15	HERE. THIS IS THE WORK THAT'S BEEN PUBLISHED BY THE
16	GROUP AT USC. AND IT'S PAULA CANNON'S LAB. AND
17	PAULA IS PART OF THE DISEASE TEAM WHICH IS JOHN
18	ZAIA'S DISEASE TEAM WHERE THEY'RE ACTUALLY
19	INTERFERING WITH THE CCR5 GENE. THE CCR5 GENE IS A
20	CO-RECEPTOR FOR THE VIRUS THAT ALLOWS THE HIV-1
21	VIRUS TO INFECT THE BLOOD CELLS. WITHOUT IT, YOU
22	DON'T GET INFECTION OF BLOOD CELLS.
23	IF YOU DISRUPT THE CCR5 GENE, AND THEY DID
24	THIS IN HUMAN C34 POSITIVE HEMATOPOETIC STEM CELLS
25	USING AN ENGINEERED ZINC-FINGER NUCLEASE, WHICH IS
	46

1	MADE REALLY THIS TECHNOLOGY IS MADE BY SANGAMO, A
2	CALIFORNIA COMPANY. YOU GET A VERY HIGH EFFICIENCY
3	EFFECT OF THAT, AND IT INTERRUPTS THE CCR5 GENE BOTH
4	IN ONE ALLELE AND IN TWO ALLELES. SO YOU GET EITHER
5	MONO- OR BI-ALLELIC DISRUPTION. IT'S IMPORTANT,
6	THAT CHARACTERISTIC, BECAUSE IF YOU GET BI-ALLELIC
7	DISRUPTION, YOU DON'T HAVE A NORMAL GENE PRESENT
8	THERE. YOU CAN'T GET A NORMAL PRODUCT.
9	SO WHEN THEY USE THE HUMAN HEMATOPOIETIC
10	STEM CELLS ENGRAFTED INTO MICE WITH PERMANENTLY
11	DISRUPTED CCR5 AND WHEN CHALLENGED WITH THE TROPHIC
12	HIV-1, THERE WAS A RAPID SELECTION FOR THE CCR5
13	NEGATIVE CELLS. AND THESE WERE THE ONES THAT WERE
14	BI-ALLELIC, AND THESE CELLS WERE PRESERVED. THERE
15	WAS A SIGNIFICANTLY LOWER HIV PRESENT IN THOSE
16	ANIMALS AND IN CONTROLS, AND THEY SHOWED A PROFOUND
17	CD35 POSITIVE T-CELL LOSS IN THE CONTROL. SO IF IN
18	YOUR CONTROLS YOU HAD A PROFOUND EFFECT ON YOUR
19	HEMATOPOETIC BLOOD SYSTEM, YOU LOST THOSE BECAUSE OF
20	THE INFECTION BY THE HIV-1 VIRUS; BUT IF YOU
21	DISRUPTED THE CCR5 GENE, THOSE CELLS DOMINATED,
22	BECAME DOMINANT, AND THE ANIMALS LOST THEIR
23	INFECTABILITY AND PRESERVED WHAT WAS PRESERVED
24	WAS THE CELLS WHICH HAD THE BI-ALLELIC DISRUPTION.
25	THAT'S A VERY IMPORTANT PROOF OF CONCEPT,

1	IF YOU LIKE, FOR THAT WORK. THIS WILL ESTABLISH A
2	VERY NICE STEP FORWARD FOR THAT DISEASE TEAM BECAUSE
3	THAT HAS REALLY GIVEN THAT PROOF OF CONCEPT IN AN
4	ANIMAL MODEL AND WILL ACCELERATE, I THINK, THAT
5	PROJECT VERY RAPIDLY.
6	SO I THINK IT WAS A GREAT PIECE OF WORK.
7	PAULA CANNON, AS I SAID, IS PART OF THAT DISEASE
8	TEAM AND OTHERS THAT ARE AUTHORS ON THAT PARTICULAR
9	PAPER, EVEN THOUGH WE DIDN'T FUND SPECIFICALLY THAT
10	WORK, DR. KOHN AND DR. CROOKS, THEY'RE ALSO CIRM
11	GRANTEES. BUT IT IS THE KEY PIECE OF INFORMATION
12	THAT WILL ENABLE THAT DISEASE TEAM.
13	CHAIRMAN KLEIN: DR. TROUNSON, IN THIS
14	PARTICULAR DISEASE TEAM, IS THERE ALSO AN ATTEMPT TO
15	HAVE A CONCURRENT SECOND GENE DISRUPTION IN THIS
16	WORK?
17	DR. TROUNSON: NO. THAT'S NOT THE
18	INTENTION IN THIS PARTICULAR DISEASE TEAM. IT IS IN
19	THE OTHER DISEASE TEAM.
20	I THINK I WANTED TO DRAW YOUR ATTENTION TO
21	JOHN WAGNER'S WORK. JOHN IS AT THE UNIVERSITY OF
22	MINNESOTA, SO HE'S NOT A CALIFORNIAN AND NOT A
23	GRANTEE, BUT HE ACTUALLY WORKS ON THE GRANTS WORKING
24	GROUP. AND IT'S A BEAUTIFUL PIECE OF WORK PUBLISHED
25	IN THE NEW ENGLAND JOURNAL OF MEDICINE SHOWING THAT

1	BONE MARROW TRANSPLANTATION WILL ESSENTIALLY CORRECT
2	RECESSIVE DYSTROPHIC EMPIDERMOLYSIS BULLOSA, THAT
3	DREADFUL DISEASE THAT WE'VE SHOWN YOU IN THE PAST.
4	AND IT IS, AGAIN, ONE OF THE DISEASE TEAM'S TARGETS
5	HERE FROM DR. LANE'S GROUP HERE AT STANFORD.
6	SO THIS IS AN INCURABLE GENETIC DISEASE
7	CAUSED BY MUTATIONS OF THE COLLAGEN 7 GENE AND
8	INTERFERES WITH THE ANCHORING OF THE SKIN OR THE
9	EPIDERMIS TO THE DERMIS. SO YOU'RE JUST ABLE TO
10	EASILY BRUSH THIS DERMIS AWAY. SO PATIENTS LOOK
11	LIKE THEY HAVE DREADFUL BURNS.
12	THEY TREATED SEVEN CHILDREN WITH THIS
13	RECESSIVE DEB WITH IMMUNOMYELOABLATIVE CHEMOTHERAPY
14	AND ALLOGENEIC HLA MATCHED SIBLING BONE MARROW STEM
15	CELL TRANSPLANTATION OR UMBILICAL CORD BLOOD.
16	UNFORTUNATELY ONE PATIENT DIED, AND THAT WAS VERY
17	EARLY IN THE TREATMENT. AND THIS IS VERY PROBABLY
18	BECAUSE OF THE CHEMOTHERAPY THAT WAS INVOLVED.
19	THERE WAS ALSO ONE SEVERE REGIME-RELATED CUTANEOUS
20	TOXICITY ON DAY 17 I'LL SHOW YOU THAT IN A
21	MOMENT PROBABLY DUE AGAIN TO THE CHEMOTHERAPY.
22	ALL SURVIVING SIX PATIENTS, INCLUDING THAT
23	PARTICULAR PATIENT, HAD IMPROVED WOUND HEALING,
24	REDUCED BLISTER FORMATION AFTER 30 TO 130 DAYS AFTER
25	TRANSPLANTATION. UNFORTUNATELY ONE CHILD DIED AS A

1	RESULT OF GRAFT REJECTION AND INFECTION AT 183 DAYS.
2	AND THIS WAS THE CHILD THAT RECEIVED THE UNRELATED
3	CORD BLOOD DONOR CELLS, AND THAT HAD TO BE
4	ADMINISTERED TWICE. UNFORTUNATELY THAT CHILD DIED.
5	THE SIX PATIENTS HAVE HAD SUBSTANTIAL
6	PROPORTIONS OF DONOR CELLS IN THE SKIN, AND THIS IS
7	ASTONISHING. SO THEY WERE GIVEN BONE MARROW, YET
8	THEY HAD SKIN CELLS, 20 PERCENT OF THE CELLS IN
9	THEIR SKIN WERE FROM THE DONOR, SO SOMETHING IS ODD
10	HERE BECAUSE IT'S NOT MEANT TO HAPPEN. BONE MARROW
11	IS NOT MEANT TO CHANGE OVER TO SKIN. IT'S JUST NOT
12	MEANT TO DO THAT.
13	SO THIS HAS RAISED A VERY INTERESTING
14	QUESTION, I THINK, ABOUT WHAT CELLS ARE IN THAT BONE
15	MARROW THAT MIGHT DO THAT OR HOW THAT'S ACTUALLY
16	EFFECTED. I THINK IT WILL RAISE A LOT OF INTEREST,
17	AGAIN, IN THE WHOLE FIELD ABOUT WHAT THESE CELLS CAN
18	ACTUALLY DO AND WHETHER THEY CAN ACTUALLY
19	TRANSDIFFERENTIATE. I THINK THE QUESTION WILL BE
20	RAISED CERTAINLY AGAIN FROM THAT. SO
21	DR. BRYANT: COULD I ASK A QUESTION? SO
22	WHAT KIND OF SKIN CELLS WERE THEY? WERE THEY
23	EPIDERMAL?
24	DR. TROUNSON: YES. THEY HAD EPIDERMAL
25	MARKERS, AND THEY DID THE ELECTRON MICROSCOPY. THEY

1	LOOKED LIKE SKIN CELLS, EPIDERMAL SKIN CELLS. THEY
2	WERE DEFINITELY DONOR, AND THERE WAS NO EVIDENCE OF
3	FUSION. SO IT'S JUST INTERESTING, AND THEY HAD A
4	LOT OF TROUBLE GETTING THAT PAPER PUBLISHED BECAUSE
5	OF THAT PARTICULAR REASON, I THINK. AND THEY LEFT
6	OUT A LOT OF DISCUSSION ON THIS.
7	I TALKED TO JOHN BECAUSE I SAID THIS IS
8	REALLY, REALLY INTERESTING. AND HE SAID, "WELL, THE
9	VIEW OF THE JOURNAL WAS TO KEEP THAT DOWN." THEY
10	WANTED TO ACTUALLY PUBLISH THIS WORK, BUT IT IS A
11	SOURCE OF REAL INTEREST FOR THE BASIC SCIENTISTS
12	ABOUT WHAT'S HAPPENING THERE.
13	YOU CAN SEE IN THESE STUDIES IT'S JUST
14	SHOWING THE BEFORE AND AFTER OF THESE PATIENTS, AND
15	THE PATIENTS, SEVEN OVER HERE, HAD THAT BAD RESPONSE
16	AT DAY 17, BUT THEN CLEARED UP AFTER DAY 25 AND DAY
17	132. YOU CAN SEE THAT THESE PATIENTS HAVE RESPONDED
18	QUITE DRAMATICALLY IN THEIR SKIN, AND THEY'VE GOT A
19	MUCH BETTER SKIN CONDITION. AND IT'S ESSENTIALLY
20	AROUND 20 PERCENT OF DONOR CELLS THAT ARE PRESUMABLY
21	MAKING ENOUGH NORMAL COLLAGEN 7 THAT ALLOWS THE
22	ANCHORING TO OCCUR.
23	NOW, IF THE POPULATION IS PRESENT THERE
24	FOR LONG ENOUGH, THIS SHOULD BE SUSTAINABLE. AND I
25	DON'T THINK IT'S GOING TO GO AWAY. AT 20 PERCENT IT

1	APPEARS TO BE SUFFICIENT TO CORRECT THIS DISEASE.
2	SO IT'S A VERY INTERESTING PAPER AND WILL BE
3	CONSIDERED ONE OF THESE LANDMARK PAPERS. SO WE'VE
4	HAD THOSE PAPERS, I JUST WAS ASTONISHED AT THE
5	QUALITY OF THESE PAPERS AND HOW THEY'RE CHANGING THE
6	FIELD INCREDIBLY DRAMATICALLY. BUT ALSO FOUR OF
7	THOSE PAPERS AND I DON'T SELECT THEM BECAUSE
8	THEY'RE CIRM PAPERS. I SELECT THEM BECAUSE I THINK
9	THEY'RE OUTSTANDING PAPERS. FOUR OF THEM DERIVED
10	FROM CALIFORNIA INITIATIVE. AND, OF COURSE, JOHN IS
11	A VERY CLOSE COLLEAGUE IN THE LAST ONE.
12	SO SHALL WE MOVE ON?
13	I WANT TO INTRODUCE YOU TO TWO MEMBERS OF
14	OUR PERSONNEL, MANI VESSAL. HE EVEN LOOKS LIKE HIS
15	PICTURE. ARIE ABO. MANI IS FROM STANFORD, SO I'M
16	SURE THE DEAN WILL RECOGNIZE HIM AS A PAST MEMBER OF
17	THEIR UNIVERSITY. AND ARIE HAS COME FROM NUVELO,
18	INC. SO VERY IMPORTANT ADDITIONS TO THE SCIENCE
19	TEAM. THANKS, GUYS.
20	MY PRIORITIES, JUST TO GIVE YOU A HEADS-UP
21	OF WHAT I'VE BEEN DOING, A LOT OF TIME AT THE MOMENT
22	IS BEING SPENT ON THIS EXTERNAL REVIEW COMMITTEE AND
23	PREPARING INFORMATION, GETTING US ALL ORGANIZED FOR
24	THAT. I MADE LOTS OF VISITS TO CIRM GRANTEES,
25	CALIFORNIA INSTITUTES. IT'S ONE OF THE THINGS THAT

1	I REALLY, REALLY ENJOY DOING. I HAD A GREAT TIME AT
2	BERKELEY AND AT UC SANTA BARBARA. SO I'M GETTING
3	AROUND TO ALL THE INSTITUTES, AS MANY AS I CAN, ALSO
4	VISITING SOME OF THE COMPANIES ON MY WAY.
5	WE'RE STILL INVOLVED IN A VP R&D SEARCH.
6	UNFORTUNATELY LAST COUPLE OF PEOPLE HAVE TURNED US
7	DOWN, SO WE'RE BACK IN THAT SEARCH AND SPENDING
8	QUITE A BIT OF TIME ON THAT. WE'VE BEEN PREPARING
9	FOR THE CLINICAL RFA. AND TO REMIND ME, BOB, WE
10	NEED TO GET THAT DONE IN THE NEXT COUPLE OF DAYS.
11	SO IF YOU AND JAMES COULD SORT OF GET YOUR EYE ON
12	THAT. WE'VE DONE A LOT OF WORK ON IT. I HOPE THAT
13	YOU TWO CAN SORT OF GIVE US THE FEEDBACK PRETTY
14	QUICKLY.
15	THE DISEASE TEAM PROGRAM WHICH WE'RE
16	PRESENTING TO YOU TODAY, SO I'LL SAY NO MORE ABOUT
17	IT.
18	I'VE HAD PRESIDENT'S EVALUATION. I'VE
19	HAD TO DO SOME THINGS ON THAT, SOME DOCUMENTS IN
20	SUPPORT OF MYSELF. IT'S NOT THE MOST THE THING I
21	ENJOY DOING MOST, I CAN TELL YOU.
22	CALIFORNIA STEM CELL LEADERSHIP AWARDS, I
23	HAD A LOT OF DISCUSSION WITH INSTITUTIONS, ALSO WITH
24	POTENTIAL PEOPLE WHO ARE INTERESTED. BEEN INVOLVED
25	WITH THE ALLIANCE FOR REGENERATIVE MEDICINE.

1	THEY'RE VERY BUSY AT THE PRESENT TIME. AND WE'RE
2	DOING A LOT OF WORK IN ASSOCIATION WITH THE FDA IN
3	GETTING STANDARDS AND CHARACTERIZATIONS FOR STEM
4	CELLS INTO A MORE SENSIBLE SET OF REGULATIONS. SO
5	WE'RE WORKING TOGETHER WITH THE FDA ON THAT. I'VE
6	BEEN WORKING ON THE ONLINE JOURNAL.
7	CHAIRMAN KLEIN: DR. TROUNSON, THE ONLINE
8	JOURNAL, I BELIEVE, JUST TO BRING EVERYONE TOGETHER
9	IN COMMUNICATIONS, IS COMING BACK TO THE FINANCE
10	COMMITTEE.
11	DR. TROUNSON: FINANCE COMMITTEE. SO IT
12	WILL COME BACK ON THAT. COMMUNICATIONS,
13	COLLABORATIVE FUNDING AGREEMENTS, AND CONTRACTS HAVE
14	BEEN OCCUPYING QUITE A BIT OF TIME. CIRM SCIENTIFIC
15	CREATIVITY INTERNSHIPS AND WORKSHOP REPORTS. SO,
16	AGAIN, IT'S BEEN A BUSY TIME.
17	THE UPCOMING RFA, EARLY TRANSLATIONAL
18	II
19	CHAIRMAN KLEIN: I THINK SENATOR TORRES
20	HAS A QUESTION.
21	MR. TORRES: JUST A COMMENT ON THE SEARCH
22	FOR VP OF R&D. I MET WITH THE SEARCH FIRM THAT WE
23	HIRED TO ASK THEM TO EXPAND THEIR SEARCH A LITTLE
24	MORE TO INCLUDE MORE CANDIDATES OF COLOR AND WOMEN.
25	AND I KNOW THEY SPOKE TO DR. POMEROY AND DR. LOVE
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1	AND SUBSEQUENTLY SPOKE TO ALAN AFTER THAT MEETING.
2	AND THEY SEEM TO BE COMING UP WITH SOME OTHER
3	CANDIDATES HOPEFULLY FOR US TO BE ABLE TO REVIEW.
4	DR. TROUNSON: UPCOMING RFA'S, EARLY
5	TRANSLATIONAL II, REVIEW IN SEPTEMBER, ICOC EARLY
6	OCTOBER. TOOLS AND TECHNOLOGIES, FULL GRANT
7	APPLICATIONS EXPECTED IN AUGUST THE 26TH, THE REVIEW
8	IN NOVEMBER, TO THE ICOC IN JANUARY. THE CLINICAL
9	PROGRAM WE WANT TO POST AS SOON AS POSSIBLE WITHIN
10	THE NEXT FEW DAYS, IF IT'S POSSIBLE. WE WANT TO GET
11	IT OUT THERE. WE'VE DONE ALL OUR WORK. WE'VE
12	WORKED HARD ON THAT. THE REVIEW FOR FEBRUARY, WHICH
13	SHOULD BE A VERY INTERESTING REVIEW, I THINK, AND
14	THEN THE ICOC IN MAY. BASIC BIOLOGY III WE EXPECT
15	TO RECEIVE PREAPPLICATIONS BY OCTOBER THE 7TH, FULL
16	APPLICATIONS IN JANUARY, REVIEW IN MARCH, AND TO THE
17	ICOC IN MAY. SO A VERY BUSY PROGRAM IN FRONT OF US
18	RIGHT NOW.
19	UPCOMING RFA'S, THE DISEASE TEAM II WE'RE
20	PRESENTING YOU THE CONCEPT TODAY.
21	WORKSHOP REPORTS, WE HAVE A NUMBER OF
22	WORKSHOPS. THIS ONE ON THE MRC WHICH WAS THE
23	SOMATIC CELL NUCLEAR TRANSFER-PARTHENOGENESIS
24	WORKSHOP, WHICH WAS A VERY INTERESTING WORKSHOP,
25	BROUGHT ALL OF THE PEOPLE WORKING IN THE FIELD FROM

1	AROUND THE WORLD TOGETHER. IT WAS VERY USEFUL
2	WORKSHOP MEETING. THE MAIN QUESTION WAS HOW DOES
3	HUMAN SCNT FIT INTO THE CURRENT STEM CELL FIELD?
4	IT'S A REALLY BURGEONING QUESTION. IT'S ONE OF THE
5	THINGS THAT THIS ORGANIZATIONS WAS SET UPON AS ONE
6	OF THE SORT OF FOUNDING STONES, I THINK.
7	WE HAD A COMPREHENSIVE DISCUSSION WHICH
8	SPANNED TOPICS LIKE TECHNIQUES, STATUS OF THE
9	TECHNOLOGY, COMPARISON TO OTHER METHODOLOGIES,
10	INCLUDING INTERSPECIES SCNT BECAUSE OF THE
11	DIFFICULTY IN IDENTIFYING AND OBTAINING HUMAN
12	OOCYTES, AND PARTHENOGENESIS WHICH DOESN'T INVOLVE A
13	NUCLEAR TRANSFER PROCEDURE. LOOKED AT BARRIERS TO
14	PROGRESS AND THE POTENTIAL APPLICATION.
15	THE WORKSHOP REPORT IS IN ITS FINAL STAGES
16	OF PREPARATION. AND I THINK THE OVERALL CONCLUSIONS
17	FROM THAT WORKSHOP IS THAT HUMAN SCNT WARRANTS
18	FURTHER EXPLORATION, AND THAT A CALL FOR
19	COLLABORATION AMONGST LABS ATTEMPTING THIS WORLDWIDE
20	WOULD BE THE MOST USEFUL WAY OF GOING FORWARD. THE
21	TROUBLE WITH THE SMALL GROUPS OPERATING IN DIFFERENT
22	PARTS OF THE WORLD, THEY'RE REALLY NOT MAKING IT.
23	AND IF WE COULD ALL GET TOGETHER AND HAVE ONE GOOD,
24	DECENT GO AT IT, WE MIGHT BE ABLE TO GENERATE AT
25	LEAST SOME SCNT CELL LINES, WHICH WILL BE VERY

1	USEFUL FOR COMPARISON PURPOSES, PARTICULARLY
2	COMPARISON PURPOSES WITH IPS CELLS.
3	WE HAD A WORKSHOP WITH OUR COLLABORATIVE
4	FUNDERS, THIS NETWORK THAT WE SET UP. TEN AGENCIES
5	SENT REPRESENTATIVES, INCLUDING GERMANY, THE UNITED
6	KINGDOM, JAPAN, AND KOREA AND INDIA. WE EVALUATED
7	THE CONTRIBUTIONS BY NATIONAL RESEARCH TEAMS TO
8	DATE, HOW WELL WAS IT GOING, WHAT WERE THE
9	CONTRIBUTIONS, WAS IT SATISFYING. WE DISCUSSED
10	CHALLENGES OF JOINT FUNDING, THE BEST PRACTICE FOR
11	ADDRESSING THESE, AND LOOKED AT OPPORTUNITIES FOR
12	NUMEROUS SIDE MEETINGS WITH INTEREST THERE
13	REALLY, REALLY WAS A VERY STRONG INTEREST STILL IN
14	WORKING WITH CALIFORNIA SCIENTISTS. SO THAT WAS A
15	REALLY KEY PART OF THE MEETING. THEY REALLY WANT TO
16	WORK WITH CALIFORNIA SCIENTISTS. I THINK THAT IS
17	THE REAL KEY TO THAT PARTICULAR WORKSHOP.
18	WE MET WITH THE NETHERLANDS, AND THEY'RE
19	ATTEMPTING TO SET UP A COLLABORATION WITH US. IT'S
20	A BIT MORE COMPLEX THAN THE NORMAL ONE. WE HAD CIRM
21	PEOPLE AT THE MEETING, DUTCH OFFICIALS, AND STEM
22	CELL SCIENTISTS FROM BOTH CALIFORNIA AND THE
23	NETHERLANDS. WE DISCUSSED THE COOPERATIVE PROGRAMS
24	AND POTENTIAL MOU AND PROPOSED A NETWORKING WORKSHOP
25	TO FACILITATE COLLABORATION. THAT'S IN PART STILL
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1	GENERATING ITS ACTIVITIES, SEEING LATER THIS YEAR
2	WHETHER THERE'S REALLY AN ABILITY TO PUT THAT
3	TOGETHER. SO THE KEY PART OF IT IS CAN WE GET THE
4	FUNDING FROM THE NETHERLANDS TO ADD TO OUR FUNDING
5	TO MAKE IT A PROPER COLLABORATIVE TEAM. SO THAT'S
6	STILL A KEY BIT TO THAT. WE'RE ON OUR WAY, BUT WE
7	HAVEN'T COMPLETED IT TO OUR SATISFACTION, EITHER
8	SIDE, AT THIS STAGE.
9	SO THE BRIDGES PROGRAM, I THINK IT WAS A
10	VERY IMPORTANT TRAINEE MEETING. THAT WAS HELD IN
11	JULY 8TH AND 9TH IN SAN FRANCISCO ATTENDED BY 155
12	BRIDGES TRAINEES. THERE WERE 81 OF THE TRAINEES,
13	155 PEOPLE ALTOGETHER, INCLUDING PROGRAM DIRECTORS,
14	TRAINEE MENTORS, AND CIRM STAFF.
15	AND THE HIGHLIGHTS OF THE PROGRAM INCLUDED
16	POSTER PRESENTATIONS OF INTERNSHIP RESEARCH BY THE
17	TRAINEES AND LECTURES BY LEADING SCIENTISTS,
18	INCLUDING DR. GAYLE MARTIN, LARRY GOLDSTEIN, VICTOR
19	CORCES, TED LOVE, AND AN ANN TSUKAMOTO, AND PROVIDED
20	NETWORKING CAREER OPPORTUNITIES SESSIONS. AND I
21	THINK THEY ENJOYED IT VERY, VERY MUCH. AND
22	EVERYBODY THAT WAS THERE EVERYBODY THAT I MET
23	THAT WENT TO THAT HAD A TERRIFIC TIME. SO I THINK
24	IT WAS A CHANCE FOR THEM TO MEET AMONGST EACH OTHER.
25	A MORE PEER-RELATED MEETING WAS VERY, VERY

1	PRODUCTIVE FOR THEM.
2	I THINK THE NEXT ONE ANOTHER WORKSHOP.
3	THERE'S A CIRM IPS CELL WORKSHOP, BANKING WORKSHOP,
4	THAT WE'VE ORGANIZED FOR NOVEMBER 17TH AND 18TH.
5	AND THIS WORKSHOP IS GOING TO BE ATTENDED BY DR.
6	YAMANAKA. HE'S MAKING PREPARATIONS TO BE HERE. AND
7	BY JAMIE THOMSON. IT'S REALLY HARD TO GET THESE TWO
8	GUYS TO COME TO A WORKSHOP, BUT THEY'RE VERY
9	INTERESTED. SO THIS IS A REALLY KEY WORKSHOP TO GET
LO	THE SCIENTISTS TOGETHER, CLINICIANS, RESEARCHERS,
L1	AND CELL BANKING PROFESSIONALS, AS WELL AS ACADEMIC
L2	INDUSTRIES AND AS WELL AS INDUSTRY.
L3	WE'RE INTERESTED IN GENERATING
L4	PATIENT-SPECIFIC INDUCED IPS CELLS BECAUSE I THINK
L5	THEY'VE GOT AN UNPRECEDENTED OPPORTUNITY HERE IN
L6	UNDERSTANDING DISEASE AND PERHAPS IN DRUG DISCOVERY
L7	AND TOXICOLOGY, BUT IN UNDERSTANDING DISEASE IS WHAT
L8	I THINK WOULD DO SOMETHING VERY SPECIAL. SO THE
L9	INTEREST HERE HAS INTENSIFIED THE NEED FOR
20	DEVELOPMENT OF A BANK WITH PATIENTS WITH A BROAD
21	GENOTYPE FROM A VARIETY OF DISEASES USING A SINGLE
22	METHOD AND A CENTRALIZED CELL PROCESS SO THAT THEY
23	CAN ACTUALLY TAKE SAMPLES FROM PATIENTS WITH
24	SPECIFIC DISEASES AND CREATE THE HETEROGENEITY OF
25	THAT DISEASE.

1	YOU CAN'T DO THAT WITH MOUSE MODELS. WHAT
2	YOU CAN ONLY DO WITH A MOUSE MODEL IS CREATE THE
3	MOUSE MODEL OF THE HUMAN DISEASE, BUT NOT THE HUMAN
4	DISEASE. WITH THIS SYSTEM YOU CAN ACTUALLY CREATE
5	THE WHOLE HETEROGENEITY OF THE DISEASE. AND IF YOU
6	CAN THEN DEVELOP DISEASE-IN-A-DISH MODELS, YOU'VE
7	GOT AN INCREDIBLY INTERESTING WAY OF INTERROGATING
8	THAT DISEASE BECAUSE YOU CAN FIND OUT WHETHER THOSE
9	CELLS WILL RESPOND TO DIFFERENT DRUGS OR NOT RESPOND
10	TO THEM, WILL RESPOND ADVERSELY. SO IT TAKES YOU
11	INTO A WHOLE NEW AREA OF MEDICAL RESEARCH WHICH I
12	THINK AS A BASIC RESOURCE WOULD LAST DECADES,
13	DECADES FOR CALIFORNIA AND PROBABLY THE WORLD.
14	SO WE WANT TO HAVE A DISCUSSION WITH
15	SCIENTISTS ABOUT THAT. THE REASON WE'RE MAKING ONE
16	METHOD IS YOU NEED TO REMOVE ALL OF THE VARIABILITY
17	THAT'S CAUSED BY MAKING THEM BY DIFFERENT METHODS
18	AND IN DIFFERENT LABORATORIES. SO WE'RE BRINGING
19	TOGETHER THE THOUGHT LEADERS IN THE FIELD TO DISCUSS
20	THESE ISSUES AND THE CONSIDERATIONS AROUND IT BEFORE
21	WE SORT OF GENERATE SOME RECOMMENDATIONS THAT WE'LL
22	BRING BACK HERE IN DUE COURSE.
23	SO IF I CAN INTRODUCE ELONA BAUM AS CHIEF
24	COUNSEL TO GIVE YOU AN UPDATE ON SEVERAL LEGAL
25	ISSUES.

1	MS. BAUM: THANK YOU VERY MUCH. I JUST
2	HAVE A FEW SLIDES TO TALK ABOUT SOME OF THE
3	INITIATIVES THAT THE LEGAL OFFICE IS DOING, AND THIS
4	BY NO MEANS IS REPRESENTATIVE OF THE MANY DIFFERENT
5	ACTIVITIES THAT WE HAVE. BUT IN OUR LAST ICOC
6	MEETING, I THINK ONE OF THE REQUESTS WAS THAT WE
7	WOULD DO AN UPDATE OF THE FDA HARMONIZATION-TYPE
8	WORKSHOPS THAT WE'RE DOING. SO I'LL BE TOUCHING ON
9	THAT AND ON SOME OF THE IP ISSUES THAT WE'RE
10	ADDRESSING.
11	THE FIRST TOPIC THAT I WANTED TO TALK
12	ABOUT WAS THE CIRM/ISSCR/ISCT HARMONIZATION WORKSHOP
13	THAT WE DID. IT WAS AN ALL-DAY WORKSHOP THAT
14	OCCURRED ON JUNE 15TH. IT WAS THE DAY BEFORE THE
15	ISSCR CONFERENCE. IT WAS A TERRIFIC TURNOUT. WE
16	ACTUALLY HAD A LOT MORE INTEREST THAN THE ORGANIZERS
17	AT ISSCR ACTUALLY DESIRED, WHICH I THINK SHOWS THAT
18	IT'S A HOT TOPIC. AND WE HAD AN EXCELLENT PANEL OF
19	EXPERTS THAT WE WERE ABLE TO ATTRACT TO THIS
20	WORKSHOP, INCLUDING BOB KLEIN, WHO WAS PART OF THE
21	PANEL FOR THE LUNCHTIME KEYNOTE SPEAKERS, BUT WE
22	ALSO HAD REPRESENTATIVES FROM THE FDA, THE EMA,
23	WHICH IS THE EUROPEAN MEDICINES AGENCY, JAPAN, WE
24	HAD EXPERTS FROM ARGENTINA, CHINA, AND INDIA.
25	I THINK HAVING ALL OF THESE COUNTRIES

1	REPRESENTED IN A SINGLE ROOM AND TALKING ABOUT THE
2	REGULATORY FRAMEWORKS REALLY HIGHLIGHTED THE FACT
3	THAT THEY ARE DIFFERENT IN MANY WAYS. AND
4	ESPECIALLY THE FACT THAT WE HAD INVITED DR. WISE
5	YOUNG TO TALK ABOUT HIS EXPERIENCES IN CHINA REALLY
6	DROVE HOME THE POINT THAT THERE IS DIFFERENT
7	TOLERANCE, RISK TOLERANCE, ACROSS THE WORLD AND
8	THERE'S DIFFERENT ENFORCEMENT MECHANISMS. SO I WANT
9	TO TOUCH ON A COUPLE POINTS WHICH I THINK YOU'LL
10	FIND INTERESTING.
11	SO DR. WISE YOUNG TALKED ABOUT A PATIENT
12	TRIAL PHASE III THAT HE'S DOING, 400 PATIENTS FOR
13	PROVIDING CORD BLOOD MONONUCLEAR CELLS THAT ARE
14	TRANSPLANTED INTO PATIENTS WITH SPINAL CORD
15	INJURIES. AND HE GIVES HALF OF THEM PLACEBO, HALF
16	OF THEM LITHIUM. THE POINT THAT WAS DRIVEN HOME IN
17	THESE DISCUSSIONS WAS TWOFOLD. ONE, THERE WAS NO
18	PRECLINICAL TESTING DONE PRIOR. SOME PEOPLE IN THE
19	CORRIDORS WERE REALLY APPALLED BY THAT, TO TELL YOU
20	THE TRUTH. OTHERS WERE EXCITED BY THE FACT THAT
21	THERE ARE 400 PATIENTS THAT ARE EASILY ACCEPTABLE
22	AND EASY TO ORGANIZE AVAILABLE IN CHINA FOR THIS
23	STUDY. SO I THINK THAT WAS A TELLING DISCUSSION IN
24	AND OF ITSELF.
25	DR. WISE YOUNG DID SAY THAT HE RECEIVED
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1	ALL OF THE APPROVALS REQUIRED FROM CHINA, IRB
2	APPROVAL, SFDA, AND NOW MOST IS ALSO BECOMING
3	INVOLVED IN REGULATORY ISSUES FOR CLINICAL TRIALS
4	THERE, AND HE OBTAINED ALL APPROVALS THAT HE NEEDED.
5	SO THAT'S JUST A POINT TO CONSIDER WHEN WE'RE
6	LOOKING AT THE BIGGER PICTURE OF HOW TRIALS WILL BE
7	DONE PERHAPS IN COLLABORATIONS.
8	ARGENTINA NOTED, A LOT OF HYPE IN
9	ARGENTINA, THERE'S MEDIA HYPE ABOUT THE PROMISES OF
10	STEM CELL. AND WHAT THEY SAID IS THAT THEY HAVE A
11	VERY IMMATURE REGULATORY OVERSIGHT MECHANISM, AND SO
12	THEY'RE NOT ABLE TO EVEN ENFORCE THESE UNPROVEN
13	TECHNOLOGIES. IRV WEISSMAN TALKED ABOUT WHAT THE
14	ISSCR IS DOING VIS-A-VIS TRYING TO ASSIST PATIENTS
15	TO GET BETTER INFORMED SO THEY CAN MAKE MORE
16	INFORMED DECISIONS ON PROPOSED MEDICAL CURES AS
17	THEY'RE OFTEN TOUTED BY SOME COMPANIES.
18	AND ON A WHOLE DIFFERENT TRACK, WE ALSO
19	PRESENTED, I GUESS, A QUALITATIVE STUDY THAT CIRM
20	HAD UNDERTAKEN TO UNDERSTAND IN THE U.S. WHAT SORT
21	OF DIFFICULTIES CERTAIN COMPANIES ARE FACING AS THEY
22	TRY TO ENTER INTO THE CLINIC FOR STEM CELL
23	THERAPIES.
24	SO IT WOULD TAKE ME, OF COURSE, HOURS AND
25	HOURS TO TELL YOU ALL OF THE GREAT INFORMATION THAT

1	TRANSPIRED AND WAS EXCHANGED. BUT I WANTED TO SHOW
2	JUST ONE SLIDE SINCE THAT'S ALL THE TIME I HAVE, AND
3	I THINK THIS IS A SLIDE THAT SORT OF SUMS UP THE
4	STUDY THAT MYSELF AND ALAN HAD DONE WHEN WE
5	CONTACTED THESE 17 COMPANIES AND INTERVIEWED THEM.
6	ON THE BOTTOM YOU WILL SEE THE X AXIS, THE
7	TYPES OF DIFFICULTIES THAT THEY HAD INDICATED THAT
8	THEY FACED CHALLENGES ON WHEN THEY WERE TRYING TO
9	GET INTO CLINIC AND THEN HIGH, MEDIUM, OR LOW
10	CONCERN. THE COMPANIES THAT WERE TRYING TO DEVELOP
11	PLURIPOTENT THERAPIES, THEY UNIVERSALLY HAD A LOT OF
12	DIFFICULTY. THAT'S NO SURPRISE. A NUMBER OF THEM,
13	AND THERE'S NOT MANY OF THEM, HAD INDICATED THAT
14	THEY REALLY FELT THAT THE RISK BALANCE THAT THE FDA
15	IS USING IN MAKING ITS DECISIONS EVEN WITH RESPECT
16	TO WHAT CONSTITUTES AN APPROPRIATE PRECLINICAL STUDY
17	DESIGN OR REGIME WAS A LITTLE OFF BASE.
18	THERE WAS A LOT OF UNCERTAINTY, ESPECIALLY
19	AMONG THE PLURIPOTENT STEM CELL COMPANIES, AS TO
20	WHAT AN ANIMAL STUDY SHOULD LOOK LIKE, WHAT WOULD BE
21	ACCEPTABLE. ONE PERSON SAID, "GEE, I REALLY WISH I
22	COULD NAIL THEM DOWN BECAUSE EVERY TIME I GO TO MY
23	INVESTORS AND SAY THIS IS WHAT FDA WILL REQUIRE,
24	THEY COME BACK AND SAY, 'WELL, THEY'LL REQUIRE THAT
25	AND THEN I KNOW YOU'LL NEED MORE MONEY BECAUSE

1	THEY'LL REQUIRE SOMETHING ELSE.'" THAT'S BEEN A BIG
2	DISCOURAGEMENT FOR SOME OF THESE COMPANIES.
3	AND THEN RELEASE CRITERIA, YOU SEE THAT
4	THE TRANSIENTS IN THE REGENERATIVE MEDICINE
5	COMPANIES DON'T HAVE A WHOLE LOT OF PROBLEM WITH
6	THAT. THOSE ARE SORT OF THE POTENCY ASSAYS AND
7	OTHER TYPES OF RELEASE CRITERIA.
8	WE TALKED A LITTLE BIT THIS MORNING ABOUT
9	TRANSIENT CELL TYPES, SO THOSE ARE MORE LIKE THE
10	MSC'S. AND YOU WILL NOTE THAT THOSE ARE SORT OF
11	BREEZING THROUGH TO THE CLINIC. THEY DON'T SEEM TO
12	HAVE A LOT OF THE PROBLEM BECAUSE THE FDA FIGURES,
13	WELL, THEY DON'T STAY WITHIN THE BODY VERY LONG. SO
14	THAT'S ANOTHER INTERESTING SALIENT POINT THAT WE
15	WERE ABLE TO SORT OF DRAW OUT OF THIS QUALITATIVE
16	STUDY.
17	THE FACT THAT ANIMAL REQUIREMENTS SORT OF
18	RANKS HIGH SORT OF IS TELLING BECAUSE WE ARE GOING
19	TO BE FOCUSING ON THAT ISSUE FROM AN EDUCATION
20	STANDPOINT AND FROM A SORT OF BEST PRACTICES
21	STANDPOINT IN TWO UPCOMING INITIATIVES. SO
22	SEPTEMBER 28TH WE'LL DO A WEBINAR. WE HAVE THE
23	REPRESENTATIVE FROM FDA, MERCEDES SERABIAN, WHO WILL
24	BE GIVING A HALF-HOUR TALK ON OUR WEBINAR, FOLLOWED
25	BY TWO OTHERS. WE HAVE BOB DEANS FROM ATHERSYS AND

1	MELISSA CARPENTER WHO WILL ALSO BE SPEAKING. AND
2	THERE WILL BE ROOM FOR Q&A AT THE END, PROBABLY 15
3	MINUTES TO A HALF HOUR. AND THAT'S FREE. WE'RE
4	STARTING TO ADVERTISE THAT. THE LAST TIME WE DID
5	THIS, WE HAD ABOUT 150 PEOPLE SIGN UP.
6	AND THEN WE'LL HAVE A ROUNDTABLE THAT WILL
7	HAVE SORT OF THE KEY KNOWLEDGE LEADERS, THOUGHT
8	LEADERS, ON ANIMAL MODELS MEET WITH THE FDA ON
9	OCTOBER 8TH WITH THE GOAL BEING TO REALLY JUST
10	EXCHANGE WHAT THE DIFFICULTIES ARE IN TRYING TO
11	PROVE SAFETY, MOSTLY SAFETY, AND FIGURE OUT BEST
12	PRACTICES, WHAT SOME COMPANIES AND OTHER EMINENT
13	RESEARCHERS BELIEVE IS THE BEST WAY TO GO.
14	MR. SHEEHY: I THINK LET ME GIVE A
15	LITTLE BACKGROUND. THERE'S AN ACTIVIST UMBRELLA
16	GROUP, THE AIDS TREATMENT ADVOCATES COALITION, WHICH
17	CONDUCTED A NATIONAL CONFERENCE CALL WITH JOHN ZAIA
18	RELEVANT TO THE PAULA CANNON PAPER THAT WE JUST SAW.
19	AND HE MENTIONED A MEETING WITH THE FDA THAT HE HAD
20	BEEN INFORMED OF THROUGH CIRM. IS THIS WHAT WE'RE
21	TALKING ABOUT?
22	MS. BAUM: THAT'S IT. YES, I TALKED TO
23	HIM.
24	MR. SHEEHY: SO THERE'S CONSIDERABLE
25	INTEREST AMONGST AIDS ACTIVISTS. AND FRANKLY HIV
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1	THOUGHT LEADERS ARE NOT SEPARATE FROM THE SCIENTISTS
2	IN THE WAY OTHER DISEASES ARE. IS THAT OPEN TO THE
3	ADVOCACY COMMUNITY BECAUSE AND THIS GETS TO SOME
4	OF THE INITIATIVES DUANE HAS BEEN TALKING ABOUT. WE
5	INTEND TO GO MARCHING WITH DR. ZAIA INTO THE CLINIC.
6	AND TO BE ABLE TO GET INTO PATIENTS AT AS SOON AS
7	POSSIBLE TIME, WE NEED THE ADVOCACY COMMUNITY. AND
8	THE ADVOCACY COMMUNITY WILL ACTUALLY DEMAND TO BE AT
9	THE TABLE.
10	SO I'M JUST CURIOUS. I KNOW THAT THEY
11	WERE TALKING TO JOHN ABOUT GETTING THE CIRM CONTACT,
12	PEOPLE FROM THE TREATMENT ACTION GROUP IN NEW YORK,
13	PEOPLE FROM THE AIDS POLICY PROJECT IN PHILADELPHIA,
14	PEOPLE FROM PROJECT INFORM IN SAN FRANCISCO. THE
15	LEADING AIDS ACTIVIST GROUPS HAVE AN INTEREST IN
16	PARTICIPATING IN THESE KINDS OF DISCUSSIONS. WHAT
17	KINDS OF OPPORTUNITIES OR BARRIERS ARE THERE FOR
18	PARTICIPATION?
19	MS. BAUM: I DID TALK TO DR. ZAIA, AND I
20	THINK EVERYONE AGREES THAT PATIENT ADVOCATES ARE
21	JUST A FUNDAMENTAL PART OF THE EQUATION, ESPECIALLY
22	WHEN YOU SEE THAT THERE'S A LITTLE RETICENCE ON THE
23	PART OF THE FDA. I THINK IT ACTUALLY HELPS THE FDA
24	MAKE THESE DECISIONS, TO TELL YOU THE TRUTH.
25	WHEN I WAS TALKING TO DR. ZAIA, I THOUGHT

1	THAT WHAT YOU DON'T KNOW IS IN THE SPRING WE'RE
2	DOING CLINICAL TRIALS. SO THAT'S WHEN YOU'RE REALLY
3	TALKING ABOUT RISK/BENEFIT DECISION-MAKING. AND I
4	THOUGHT THAT SINCE THIS HAS BEEN SORT OF MARCHING ON
5	ITS WAY AND I HAVEN'T HAD THE CHANCE TO SORT OF
6	BROACH WITH THE FDA THE TOPIC OF PATIENT ADVOCATES
7	AND THE FACT THAT I THOUGHT THAT IN THE CLINICAL
8	TRIAL AND THE DECISION-MAKING THAT'S REQUIRED OF IT,
9	THAT PATIENT ADVOCATES REALLY NEED TO HAVE A VOICE.
10	AND, IN FACT, THEY DO HAVE A VOICE.
11	MR. SHEEHY: IN HIV IT'S NOT ABOUT A
12	VOICE. IT'S ABOUT PARTNERSHIP. IN FACT, THE PAULA
13	CANNON PAPER IS FUNDED BY MONEY THAT ART TORRES AND
14	WILLIE BROWN PROVIDED TO THE CALIFORNIA HIV-AIDS
15	RESEARCH PROGRAM THAT STARTED IN THE EARLY '80S
16	BECAUSE THE ACTIVISTS WENT TO WILLIE BROWN, DIANE
17	FEINSTEIN, AND ART TORRES, AMONGST OTHERS, AND GOT
18	THAT FUNDING.
19	I MEAN JOHN ZAIA IS GETTING FUNDED BECAUSE
20	ADVOCATES GOT THEM FUNDED THROUGH CIRM. YOU CANNOT
21	TELL HIV ACTIVISTS THEY CAN'T BE AT THE TABLE. YOU
22	JUST CAN'T.
23	MS. BAUM: WE'RE NOT SAYING
24	MR. SHEEHY: THEY'RE ALL FORMER ACT UP
25	PEOPLE. ACT UP NEW YORK IS BEHIND TAG. ACT UP

1	PHILLY IS WORKING HAS MORPHED INTO THE AIDS
2	POLICY PROJECT AND STILL EXISTS. ACT UP GOLDEN GATE
3	IS REPRESENTED IN PROJECT INFORM. WE HAVE ACT UP
4	COME.
5	MS. BAUM: I THINK WE'RE ALL IN AGREEMENT.
6	WE SHOULD TALK. I DON'T KNOW IF WE WANT TO SPEND
7	TIME RIGHT NOW.
8	MR. SHEEHY: I THINK CIRM SHOULD BE
9	PERMISSIVE TO AIDS ACTIVISTS.
10	MS. BAUM: ANY ACTIVISTS, I THINK.
11	CHAIRMAN KLEIN: I THINK OUR GENERAL
12	POLICY IS TO BE INCLUSIVE OF ACTIVISTS, PATIENT
13	REPRESENTATIVES ACROSS THE ENTIRE SPECTRUM.
14	CERTAINLY AIDS ACTIVISTS HAVE BLAZED THE PATHWAY FOR
15	THE COUNTRY AND THE WORLD IN REALLY SHOWING US HOW
16	TO GET TO THE CLINIC QUICKLY. SO THEY'VE REALLY
17	MADE A TREMENDOUS CONTRIBUTION TO ALL OF US.
18	MS. BAUM: I JUST WANT TO REITERATE THAT
19	IN EUROPE THE COMMITTEE FOR ADVANCED THERAPIES, THEY
20	HAVE TWO PATIENT ADVOCATES ON THEIR PANEL. AND I
21	THINK IT'S A GOOD MODEL. LET'S FIGURE OUT SORT OF
22	LOGISTICS.
23	CHAIRMAN KLEIN: SO WE HAVE A SCIENTIFIC
24	SUBCOMMITTEE COMING UP, AND MAYBE, JEFF, YOU COULD
25	REPORT AT THE SCIENTIFIC SUBCOMMITTEE WHAT THE

1	PROVISION WILL BE.
2	MR. SHEEHY: WE'LL PUT THAT ON THE AGENDA.
3	IT'S HELPFUL BECAUSE IT'S ALSO EMBARRASSING WHEN
4	PEOPLE WANT TO HAVE CONNECTIONS TO CIRM AND, YOU
5	KNOW, THAT DOESN'T HAPPEN. WE HAVE A NATIONAL
6	COALITION OF AIDS ACTIVISTS, VERY DISTINGUISHED
7	INDIVIDUALS, INCLUDING SEVERAL DISTINGUISHED
8	SCIENTISTS WHO ARE PARTICIPATING BECAUSE THEY
9	RECOGNIZE THE VALUE OF SCIENTISTS WORKING WITH
10	ACTIVISTS IN TERMS OF ADVANCING THE SCIENCE. AND IT
11	JUST WOULD BE HELPFUL IF WE HAD A VERY COLLEGIAL
12	INTERFACE WITH OTHER PEOPLE WORKING IN THE FIELD WHO
13	WILL HELP US WITH BOTH THE FDA AND THE NIH.
14	CHAIRMAN KLEIN: I THINK PHILOSOPHICALLY
15	WE'RE ON THE SAME TABLE. SOUNDS LIKE THAT'S THE
16	GOAL, SO LET'S SEE HOW WE CAN GET IT DONE. THANK
17	YOU VERY MUCH FOR THE REPORT.
18	MS. BAUM: I HAVE TWO MORE SLIDES.
19	CHAIRMAN KLEIN: GREAT. GO AHEAD. I
20	DIDN'T MEAN TO INTERRUPT.
21	MS. BAUM: SWITCHING HATS NOW, WE ALSO
22	HAVE BEEN DOING WORKSHOPS RELATED TO AND HAVING
23	MEETINGS RELATED TO CIRM'S INTELLECTUAL PROPERTY
24	REGULATIONS. SO WE MET ON JULY 21ST DOWN AT UCLA.
25	MYSELF, NANCY KOCH, AND ALAN TROUNSON WENT DOWN
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1	THERE, AND IT SORT OF GENERATED BECAUSE THEY HAD
2	BEEN ACTUALLY THEY PUBLISHED FOR INTERNAL USE
3	ONLY, BUT IT WAS DISCOVERED ON THE INTERNET, AN
4	ARTICLE THAT CLEARLY SHOWED THAT THEY HAD MAYBE A
5	LITTLE BIT OF CONFUSION ABOUT WHAT OUR REGS ARE. WE
6	CALLED THEM UP, WE CLARIFIED IT, THEN THEY INVITED
7	US DOWN TO SPEAK, NOT ONLY TO THEIR TECH TRANSFER
8	STAFF, BUT ALSO TO THE STAFF SCIENTISTS WHO WERE
9	VERY INTERESTED.
10	SO WE PROVIDED AN OVERVIEW TO THE STAFF
11	SCIENTISTS, AND THE TECH TRANSFER PEOPLE HAD A LOT
12	OF VERY DETAILED QUESTIONS. AND WE SPENT ABOUT AN
13	HOUR GOING THROUGH THOSE QUESTIONS WITH THEM.
14	FOR ALL OF YOU WHO DON'T KNOW, WE'RE IN
15	THE MIDST OF PREPARING A FAQ THAT WE INTEND TO POST
16	ON OUR WEB SITE, WHICH I THINK WILL HELP TO LEND
17	MORE CLARIFICATION AND UNDERSTANDING OF WHAT AND HOW
18	TO IMPLEMENT THESE REGULATIONS. SO I JUST WANTED TO
19	HAVE A FEW WORDS ABOUT THAT.
20	AND ONE LAST MEETING, WHICH WILL BE AT
21	STANFORD, AND THIS WAS ACTUALLY STANFORD'S TECH
22	TRANSFER DEPARTMENT'S IDEA. THEY FELT THAT THEY ARE
23	CREATING THE WHEEL AND DIDN'T WANT TO RECREATE IT
24	WITH RESPECT TO SYSTEMS, PROCESSES THAT OTHER
25	INSTITUTES ARE ENGAGING IN TO IMPLEMENT OUR

1	REGULATIONS FOR INTELLECTUAL PROPERTY. SO THEY ARE
2	TAKING SORT OF THE LEAD IN RECRUITING TECH TRANSFER
3	FOLKS TO GATHER UP AT STANFORD FOR A DAY TO DISCUSS
4	OUR INTELLECTUAL PROPERTY REGULATIONS.
5	WE'RE PARTNERING WITH THEM. WE WILL
6	CERTAINLY BE THERE TO MAKE SURE THERE'S FULL AND
7	ACCURATE UNDERSTANDING OF WHAT OUR REGULATIONS ARE,
8	HOW THEY SHOULD BE APPLIED. AND WE'RE DOING A
9	LITTLE BIT OF FUNDING TO HELP WITH TRAVEL COSTS IN
10	THESE DIFFICULT ECONOMIC TIMES.
11	CHAIRMAN KLEIN: OKAY.
12	MS. BAUM: THAT'S IT.
13	CHAIRMAN KLEIN: THANK YOU VERY MUCH.
14	WE'RE GOING TO MOVE IMMEDIATELY TO THE BALANCE OF
15	THE GOVERNANCE SUBCOMMITTEE ITEM. SHERRY LANSING IS
16	GOING TO DIRECT THE DISCUSSION ON THESE TWO ITEMS
17	CONCERNING ITEM 13 AND ITEM 15. SHERRY.
18	MS. LANSING: SO THANK YOU, BOB. AND FOR
19	ITEM 13 ACTUALLY, BOB, I'D LIKE YOU TO LEAD THE
20	DISCUSSION ON THE CONSIDERATION OF AMENDMENTS TO OUR
21	CONTRACT POLICY.
22	CHAIRMAN KLEIN: FINE. IAN SWEEDLER, IF
23	YOU COULD MAKE THAT PRESENTATION, PLEASE.
24	MR. SWEEDLER: GOOD MORNING. MY NAME IS
25	IAN SWEEDLER. I'M DEPUTY LEGAL COUNSEL AT CIRM. NO

1	SLIDES.
2	I PROVIDED A MEMO THAT WENT OUT TO ALL OF
3	YOU AND IS POSTED ON THE WEB SITE OUTLINING THE
4	NATURE OF THE CHANGES THAT ARE HERE. AND WE WENT
5	THROUGH THESE WITH THE GOVERNANCE SUBCOMMITTEE. AND
6	WHAT'S BEFORE YOU IS WHAT THEY RECOMMENDED. IT
7	REFLECTS A COUPLE OF CHANGES THAT HAPPENED AT THE
8	SUBCOMMITTEE.
9	BY WAY OF BACKGROUND, PROPOSITION 71 SAYS
10	THAT CIRM IS SUPPOSED TO ADOPT CONTRACTING
11	PROCEDURES THAT ARE BASED ON THOSE IN USE AT THE
12	UNIVERSITY OF CALIFORNIA. AND THAT'S WHAT WE DID IN
13	APPROXIMATELY 2006 BASED ON CONTRACTING PROCEDURES
14	THAT WERE IN PLACE AT THE UNIVERSITY AT THAT TIME,
15	PRIMARILY SOMETHING THEY PUT OUT CALLED BUSINESS AND
16	FINANCE BULLETIN 34.
17	IN THE INTERVENING PERIOD, THE UNIVERSITY
18	HAS SUBSTANTIALLY REVAMPED ITS CONTRACTING
19	PROCEDURES. SO MOST OF THE CHANGES THAT ARE
20	PROPOSED TODAY ARE CHANGES THAT BRING CIRM'S
21	PROCESSES IN LINE WITH WHAT ARE NOW CURRENT
22	PROCESSES AT THE UNIVERSITY OF CALIFORNIA.
23	AND THEN THERE WERE A COUPLE OF OTHER
24	CHANGES THAT WERE BROUGHT IN REALLY AS
25	CLARIFICATIONS AND ADJUSTMENTS REFLECTING SOME

1	THINGS THAT WE STUMBLED ACROSS IN PRACTICE THAT MADE
2	THE POLICY A LITTLE BIT CUMBERSOME.
3	THE MAIN ONE WAS THAT, AS YOU MAY RECALL,
4	THERE ARE VARYING LEVELS OF AUTHORITY TO APPROVE
5	CONTRACTS. A CONTRACT THAT GOES UP TO \$250,000
6	REQUIRES APPROVAL BY THE PRESIDENT. CONTRACTS
7	BETWEEN 250,000 AND 500,000 HAVE TO GO TO THE
8	GOVERNANCE SUBCOMMITTEE FOR APPROVAL. AND ABOVE
9	500,000 THEY HAVE TO GO TO THE FULL BOARD.
10	WE HAD COME ACROSS SITUATIONS IN WHICH A
11	CONTRACT WOULD BE APPROVED BY THE GOVERNANCE
12	SUBCOMMITTEE AT A CERTAIN LEVEL; AND AS WE APPROACH
13	THE END OF THAT CONTRACT, A SMALL INCREASE WOULD BE
14	NEEDED IN ORDER TO CLOSE OUT THE WORK. SO THERE MAY
15	BE A CONTRACT THAT'S \$300,000 AND IT'S APPARENT
16	WE'RE GOING TO NEED 310,000 TO FINISH THE WORK.
17	UNDER THE PRIOR POLICY IT APPEARED THAT WE WOULD
18	HAVE TO COME BACK TO THE GOVERNANCE SUBCOMMITTEE FOR
19	THAT ADDITIONAL AUTHORITY EVEN THOUGH IT WAS A
20	RELATIVELY SMALL CHANGE.
21	SO ONE THING THAT HAS BEEN ADDED TO THIS
22	POLICY, AND IT'S AN APPROACH THAT THE COMMITTEE
23	ITSELF SUGGESTED AT OUR MEETING, WAS THAT UNLESS THE
24	COMMITTEE SPECIFIES OTHERWISE, WHEN THE GOVERNANCE
25	SUBCOMMITTEE APPROVES A CONTRACT, THERE IS A
	7.4

1	BUILT-IN APPROVAL FOR THE PRESIDENT TO MAKE A SLIGHT
2	ADJUSTMENT UPWARDS WITHOUT COMING BACK TO THE
3	COMMITTEE, A 15-PERCENT ADJUSTMENT ROOM IN THERE.
4	I'M HAPPY TO ANSWER ANY QUESTIONS OR GO
5	THROUGH THE PARTICULAR CHANGES IN MORE DETAIL IF
6	THAT WOULD BE HELPFUL. WE WENT THROUGH THEM PRETTY
7	MUCH LINE BY LINE WITH THE GOVERNANCE COMMITTEE.
8	MS. LANSING: WE HAD A VERY RIGOROUS
9	MEETING ON THIS, AND THEY REALLY ARE PRETTY MUCH
10	ADJUSTING FROM THE ORIGINAL TIME THAT WE DID THEM TO
11	THE STANDARDS OF THE UNIVERSITY OF CALIFORNIA
12	SYSTEM, WHICH IS HOW WE'VE ALWAYS HELD OURSELVES
13	ACCOUNTABLE, AND THEN MAKING THESE MINOR OTHER
14	ADJUSTMENTS, WHICH WOULD, WE HOPE, MAKE US MORE
15	EFFICIENT IN CARRYING OUT OUR BUSINESS. BUT I'M
16	ANXIOUS TO SEE IF THERE'S ANY QUESTIONS FROM THE
17	BOARD OR ANY DISCUSSION.
18	MR. ROTH: SHERRY, I'D LIKE TO MAKE A
19	MOTION THAT WE ADOPT THE BYLAW CHANGES AS PRESENTED.
20	MS. LANSING: DO I NEED ANY PUBLIC
21	DISCUSSION ON THIS?
22	CHAIRMAN KLEIN: AFTER THE SECOND.
23	MS. LANSING: THE MOTION IS TAKEN. DO I
24	HAVE A SECOND?
25	MR. TORRES: SECOND.

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MS. LANSING: FROM ART TORRES, I THINK,  WAS THE SECOND AND PHIL PIZZO WAS ALSO THE SECOND,  SO THEY'RE TIED. SO THEN CAN I HAVE COMMENTS FROM  THE PUBLIC, PLEASE? DO I NEED A ROLL CALL VOTE?  ALL IN FAVOR OF THIS PLEASE SAY AYE.  (CHORUS OF AYES.)  ANY OPPOSED?  (NO RESPONSE.)  MS. KING: WILLIAM BRODY.  DR. BRODY: I'M IN FAVOR.  MS. KING: MICHAEL FRIEDMAN, ARE YOU ON  THE LINE? NOT YET.  MS. LANSING: I THINK WE HAVE A QUORUM, SO  THE MOTION CARRIES. THANK YOU ALL VERY MUCH.  I'D NOW LIKE TO MOVE ON TO AGENDA ITEM 16.	
3 SO THEY'RE TIED. SO THEN CAN I HAVE COMMENTS FROM 4 THE PUBLIC, PLEASE? DO I NEED A ROLL CALL VOTE? 5 ALL IN FAVOR OF THIS PLEASE SAY AYE. 6 (CHORUS OF AYES.) 7 ANY OPPOSED? 8 (NO RESPONSE.) 9 MS. KING: WILLIAM BRODY. 10 DR. BRODY: I'M IN FAVOR. 11 MS. KING: MICHAEL FRIEDMAN, ARE YOU ON 12 THE LINE? NOT YET. 13 MS. LANSING: I THINK WE HAVE A QUORUM, SO 14 THE MOTION CARRIES. THANK YOU ALL VERY MUCH.	
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MS. LANSING: I THINK WE HAVE A QUORUM, SO  THE MOTION CARRIES. THANK YOU ALL VERY MUCH.	
14 THE MOTION CARRIES. THANK YOU ALL VERY MUCH.	
15 I'D NOW LIKE TO MOVE ON TO AGENDA ITEM 16.	
AND, JAMES, CAN YOU LEAD US THROUGH THAT, PLEASE?	
17 CHAIRMAN KLEIN: AND THAT WOULD BE ITEM	
18 15.	
MS. LANSING: I'M SORRY. I APOLOGIZE.	
20 15. I APOLOGIZE. THESE ARE, AGAIN, MORE	
21 CONSIDERATION ABOUT THE PROCESS AND PROCEDURES FOR	
THE ELECTION OF THE CHAIR AND VICE CHAIR.	
MR. HARRISON: THAT'S RIGHT. YESTERDAY	
24 YOU APPROVED A BYLAW AMENDMENT TO GOVERN THE CONDUCT	
OF THE ELECTION FOR CHAIR AND VICE CHAIR, AND TODAY	
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1	WHAT WE'D LIKE TO DISCUSS ARE THE STEPS THAT LEAD UP
2	TO THAT MEETING.
3	JUST BY WAY OF BRIEF BACKGROUND, THE TERMS
4	OF THE CURRENT CHAIR AND VICE CHAIRS, WHICH ARE SIX
5	YEARS, ARE DUE TO EXPIRE ON DECEMBER 16, 2010, AS
6	WELL AS THE TERMS OF ELEVEN OTHER BOARD MEMBERS WHO
7	WERE APPOINTED AT THE SAME TIME.
8	THE CURRENT BOARD MEMBERS, AS I MENTIONED
9	YESTERDAY, CONTINUE TO SERVE UNTIL THEIR SUCCESSORS
10	ARE EITHER APPOINTED IN THE CASE OF THE MEMBERS OR
11	ELECTED IN THE CASE OF THE CHAIR AND THE VICE CHAIR,
12	AND THEN THEY HAVE TO TAKE THE OATH OF OFFICE BEFORE
13	THEY ARE ACTUALLY QUALIFIED TO SERVE.
14	IT'S ALSO IMPORTANT TO NOTE THAT MEMBERS
15	ARE ELIGIBLE TO SERVE TWO TERMS, AND WE WILL BE
16	CONTACTING THOSE OF YOU WHO WE HAVEN'T YET SPOKEN
17	WITH WHOSE TERMS ARE DUE TO EXPIRE ABOUT YOUR
18	WILLINGNESS TO CONTINUE TO SERVE.
19	LET ME BRIEFLY DESCRIBE THE PROCEDURE
20	UNDER PROP 71 FOR THE NOMINATION OF THE CHAIR AND
21	THE STATUTORY VICE CHAIR. THE GOVERNOR, THE
22	LIEUTENANT GOVERNOR, THE CONTROLLER, AND THE
23	TREASURER EACH HAVE THE AUTHORITY TO MAKE A
24	NOMINATION FOR BOTH CHAIR AND STATUTORY VICE CHAIR.
25	YOU WILL RECALL THAT THE BOARD AMENDED THE BYLAWS

1	LAST YEAR TO CREATE A NEW OFFICE OF BYLAWS VICE
2	CHAIR. THAT INDIVIDUAL, HOWEVER, IS ELECTED FROM
3	AMONG MEMBERS OF THE BOARD AND IS NOT NOMINATED BY
4	THE CONSTITUTIONAL OFFICERS.
5	THERE'S NO EXPLICIT DEADLINE FOR THE
6	CONSTITUTIONAL OFFICERS TO NOMINATE CANDIDATES, BUT
7	IT IS REASONABLE TO CONSTRUE A PROVISION IN
8	PROPOSITION 71 WHICH REQUIRES APPOINTING AUTHORITIES
9	TO NOMINATE MEMBERS WITHIN 30 DAYS AFTER THE
10	EXPIRATION OF A MEMBER'S TERM TO ALSO APPLY TO THE
11	NOMINATIONS OF CANDIDATES FOR CHAIR AND VICE CHAIR.
12	THE CURRENT CONSTITUTIONAL OFFICERS WILL
13	ALL SERVE THROUGH THE FIRST MONDAY OF JANUARY, SO
14	IT'S REASONABLE TO ASSUME THAT EACH OF THOSE
15	CONSTITUTIONAL OFFICERS WILL MAKE NOMINATIONS
16	REGARDLESS OF THE OUTCOME OF THE ELECTION IN
17	NOVEMBER.
18	IN LIGHT OF THE PENDING TRANSITION, THE
19	GOVERNANCE SUBCOMMITTEE HAS ASKED US TO PRESENT FOR
20	YOUR CONSIDERATION PROCEDURES TO ATTEMPT TO ENSURE
21	AN ORDERLY AND TIMELY TRANSITION OF AUTHORITY. AND
22	WHAT FOLLOWS ARE OUR SUGGESTIONS FOR YOUR
23	CONSIDERATION.
24	FIRST, THE CHAIR, ON BEHALF OF THE BOARD,
25	WOULD REQUEST THAT EACH OF THE CONSTITUTIONAL

1	OFFICERS MAKES A NOMINATION NO LATER THAN NOVEMBER
2	1ST, 2010, FOR BOTH CHAIR AND VICE CHAIR.
3	THE CHAIRMAN WOULD ALSO REQUEST THAT THE
4	CONSTITUTIONAL OFFICERS PROVIDE BACKGROUND
5	INFORMATION REGARDING THEIR NOMINEES, INCLUDING A
6	BRIEF PERSONAL STATEMENT THAT ADDRESSES THE
7	NOMINEE'S QUALIFICATIONS FOR AND INTEREST IN THE
8	POSITION.
9	THIRD, THE CHAIR WOULD COMMUNICATE TO THE
10	CONSTITUTIONAL OFFICERS THAT THE BOARD INTENDS TO
11	VOTE ON NOMINEES AT ITS MEETING ON DECEMBER 8TH AND
12	9TH UNLESS THE BOARD DESIRES TO TAKE ACTION ON A
13	DIFFERENT DATE. ALSO, IF THE BOARD DESIRES, THE
14	CHAIR WOULD SCHEDULE A MEETING IN ADVANCE OF THE
15	MEETING AT WHICH THE ELECTION IS CONDUCTED IN ORDER
16	TO PROVIDE AN OPPORTUNITY FOR THE NOMINEES TO MAKE
17	BRIEF PRESENTATIONS TO THE BOARD AND FOR THE BOARD
18	TO ASK QUESTIONS OF THE NOMINEES. NOMINEES MAY ALSO
19	BE REQUESTED, OF COURSE, TO MAKE A SIMILAR
20	PRESENTATION AT THE MEETING AT WHICH THE ELECTION IS
21	ACTUALLY CONDUCTED.
22	AND THEN FINALLY, ASSUMING THAT THE BOARD
23	BELIEVES THE MEETING ON THE 8TH AND 9TH IS THE BEST
24	TIME TO TAKE ACTION, THE BOARD WOULD CONVENE IN
25	CLOSED SESSION, HAVE AN OPPORTUNITY TO DISCUSS THE
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1	NOMINEES, AND THEN RECONVENE IN OPEN SESSION TO
2	CONDUCT THE ACTUAL ELECTION.
3	THE NEW CHAIR AND VICE CHAIR WOULD ASSUME
4	THEIR DUTIES AFTER DECEMBER 16TH AND LIKELY BEFORE
5	THE BOARD'S FIRST MEETING IN JANUARY 2011. WE
6	BELIEVE THESE PROPOSED PROCEDURES WOULD PERMIT TIME
7	FOR A BRIEF AND ORDERLY TRANSITION OF AUTHORITY FROM
8	THE CURRENT CHAIR AND VICE CHAIR TO THE NEW
9	OFFICERS. WE'D WELCOME YOUR INPUT AND COMMENTS.
10	MS. LANSING: CAN I HAVE THANK YOU,
11	JAMES. THAT'S A VERY CLEAR REPORT. CAN I HAVE SOME
12	INPUT, QUESTIONS BECAUSE WE'RE HERE NOW TO EITHER
13	ACCEPT THIS OR TO RATIFY THAT IT IS WHAT WE'D LIKE
14	TO DO. CLAIRE.
15	DR. POMEROY: JAMES, WHAT THEN HAPPENS IF
16	OUR POLITE REQUEST TO THE NOMINATING OFFICIALS
17	DOESN'T HAPPEN?
18	MR. HARRISON: WELL, WE WOULD COMMUNICATE
19	TWO THINGS TO CONSTITUTIONAL OFFICERS. ONE, THAT
20	WE'D LIKE THEM TO MAKE THEIR NOMINATIONS BY NOVEMBER
21	1ST AND, TWO, THAT WE INTEND TO TAKE ACTION BASED ON
22	THE NOMINATIONS THAT ARE MADE AS OF DECEMBER 8TH OR
23	9TH IF THAT'S THE MEETING AT WHICH THE BOARD THINKS
24	THE ELECTION SHOULD BE CONDUCTED. IN OTHER WORDS,
25	THE BOARD WOULD TAKE ACTION ON THE NOMINEES WHOSE
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1	NAMES ARE BEFORE IT AT THAT POINT IN TIME.
2	MS. LANSING: WAIT A SECOND, BUT THAT
3	DOESN'T ANSWER THE QUESTION. WHAT HAPPENS IF WE
4	DON'T GET FOUR WE DON'T GET NOMINATIONS BY
5	NOVEMBER 8TH FROM ALL FOUR OF THE PEOPLE?
6	CHAIRMAN KLEIN: SO, MADAM CHAIRMAN, THE
7	BOARD COULD CHOOSE TO WAIT OR TO TAKE ACTION ON
8	DECEMBER 8TH AND 9TH. WE'RE COMMUNICATING AN
9	INTENT, AND IT'S UP TO THE BOARD TO DECIDE AT THAT
10	POINT. THERE'S ALSO A NATURAL INCENTIVE, BY
11	COMMUNICATING EARLY TO THE CONSTITUTIONAL OFFICERS
12	ABOUT THE NEED FOR AN ORDERLY TRANSITION, THAT THEY
13	WOULD WANT THEIR NOMINEES TO HAVE AN EQUAL ADVANTAGE
14	WITH OTHER NOMINEES. SO THERE'S A NATURAL INCENTIVE
15	FOR THEM TO NOMINATE ON THE SCHEDULE.
16	MS. LANSING: I JUST WANT TO BE CLEAR
17	BECAUSE I THINK CLAIRE HAS ASKED A VERY IMPORTANT
18	QUESTION. SO LET'S SAY WE GET ANSWER THESE
19	QUESTIONS. LET'S SAY WE GET NO NOMINATIONS FROM ANY
20	OF THEM. WHAT IS OUR LEGAL OPTION? LET'S SAY WE
21	GET ONE BECAUSE ONE WOULD BE THE SAME AS IF WE GOT
22	TWO OR THREE.
23	CHAIRMAN KLEIN: IF WE DON'T GET ANY
24	NOMINATIONS, THE CURRENT CHAIR AND VICE CHAIRS
25	CONTINUE TO SERVE UNDER THE INITIATIVE UNTIL THEY

1	ARE THROUGH AN ORDERLY STATUTORY PROCESS REPLACED BY
2	THE BOARD. SO THEY WOULD CONTINUE TO SERVE.
3	IF WE GET ONE NOMINATION IN THE TIME FRAME
4	REQUESTED, THEN THE BOARD WOULD DECIDE WHETHER THE
5	BOARD WISHED TO WAIT OR WHETHER THE BOARD WISHED TO
6	ACT AT THAT POINT.
7	NOW, UNDER THE STATUTORY PROVISIONS,
8	JAMES, MAYBE YOU COULD DRILL DOWN TO THE ISSUE OF IF
9	THE BOARD DECIDED TO WAIT, HOW LONG WOULD THE BOARD
10	HAVE TO WAIT GIVEN A PENDING NOMINATION? WOULD WE
11	HAVE TO TAKE A VOTE ON THE SINGLE ONE BY DECEMBER
12	THE 16TH AND SEE WHETHER THAT FAILED A QUORUM TO
13	DECIDE, OR COULD WE WAIT UNTIL WHAT SPECIFIC DAY?
14	MR. HARRISON: THE BOARD UNDER THAT
15	CIRCUMSTANCE COULD ELECT TO WAIT UNTIL JANUARY 16TH,
16	2011, WHICH WOULD BE THE DATE, THE OUTLYING DATE FOR
17	WHICH NOMINATIONS COULD BE MADE.
18	MS. LANSING: THAT'S THE LAST DATE THE
19	NOMINATIONS CAN BE MADE.
20	MR. HARRISON: CORRECT.
21	DR. PIZZO: SO WHAT HAPPENS, JUST CARRYING
22	THAT LINE OF REASONING, WHAT HAPPENS IF WE GET TO
23	JANUARY 17TH OR 16TH OR 15TH AND DON'T HAVE?
24	MR. HARRISON: AS THE CHAIRMAN SAID, THE
25	CURRENT OFFICERS WOULD CONTINUE TO SERVE UNTIL THEIR
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1	SUCCESSORS.
2	DR. PIZZO: RIGHT. I UNDERSTAND THAT
3	PART. IS THERE THEN A TIME FOR OR IS IT JUST UP TO
4	THE WHIMS?
5	MR. HARRISON: AT THAT POINT IN TIME,
6	THERE'S ONLY ONE ALTERNATIVE OTHER THAN THE POWER OF
7	PERSUASION THAT THE BOARD WOULD HAVE OTHER THAN
8	SIMPLY TO WAIT, WHICH WOULD BE TO FILE A LEGAL
9	ACTION TO COMPEL THE CONSTITUTIONAL OFFICERS TO
10	FOLLOW THEIR STATUTORY DUTIES.
11	MS. LANSING: I DON'T THINK THAT WILL
12	HAPPEN. I THINK THAT MY WE'VE GONE THROUGH
13	THIS, SO I JUST WANT EVERYONE TO HAVE A FULL
14	DISCLOSURE ABOUT THIS. WOULD YOU EXPLAIN TO THE
15	BOARD WHY WE CAME TO THE CONCLUSION THAT WE WOULD
16	LIKE THE NOMINATIONS BEFORE THE ELECTION, AND THEN
17	ACT ON THEM, OF COURSE, AFTER THE ELECTION, AND WHAT
18	YOU FEEL THE CURRENT THAT'S PART 1 AND WHAT
19	YOU FEEL THE CURRENT LEGISLATORS, HOW THEY WILL
20	REACT TO THAT BECAUSE THEY COULD SAY, YOU KNOW,
21	"THAT DEADLINE I DON'T LIKE. I LIKE NOVEMBER 8TH TO
22	GIVE YOU MY NOMINATIONS AND YOU VOTE ON THEM
23	NOVEMBER 15TH." THAT TO ME IS THE CRUX OF WHAT WE
24	SHOULD DECIDE.
25	MR. HARRISON: LET ME FIRST START TO

1	RESPOND TO THAT QUESTION BY NOTING SB 1064, WHICH,
2	AS SENATOR TORRES MENTIONED YESTERDAY, PASSED THE
3	ASSEMBLY, HAS A PROVISION IN IT WHICH REQUIRES THE
4	BOARD TO ENGAGE IN TRANSITION PLANNING FOR THE
5	CHANGE IN LEADERSHIP ON THE BOARD. AND PART OF THE
6	PROCESS THAT YOU'RE GOING THROUGH NOW IS IN
7	ANTICIPATION OF THE ENACTMENT OF SB 1064 AND,
8	FRANKLY, TO ESTABLISH BEST PRACTICES.
9	SO THE LEGISLATURE IS SUPPORTIVE OF THE
10	PROCESS THAT YOU'RE ENGAGING IN NOW AND IS
11	INTERESTED IN A SMOOTH AND ORDERLY TRANSITION OF
12	POWER. SO THAT'S THE FIRST ANSWER.
13	THE SECOND ANSWER IS THAT WITH RESPECT TO
14	CALLING FOR THE NOMINATIONS PRIOR TO THE ELECTION,
15	THE FACT THAT EACH OF THESE CONSTITUTIONAL OFFICERS,
16	INCLUDING THE GOVERNOR WHO IS TERMED OUT, AND
17	INCLUDING THE OTHER THREE CONSTITUTIONAL OFFICERS
18	WHO ARE ALL UP FOR REELECTION, WILL CONTINUE TO
19	SERVE THROUGH THE FIRST MONDAY IN JANUARY; IN OTHER
20	WORDS, THROUGH THE DATE OF THE EXPIRATION OF THE
21	CURRENT CHAIR AND VICE CHAIRS' TERMS.
22	SO IT IS REASONABLE TO EXPECT THAT UNDER
23	THOSE CIRCUMSTANCES THEY WILL HAVE AN INTEREST IN
24	MAKING NOMINATIONS. THEREFORE, REQUESTING THAT THEY
25	DO SO IN A MANNER THAT GIVES THE BOARD AN

1	OPPORTUNITY TO CONSIDER THE NOMINEES AND TO LEAVE A
2	BRIEF PERIOD OF TIME FOR A TRANSITION FROM THE
3	OUTGOING CHAIR AND VICE CHAIR TO THE INCOMING CHAIR
4	AND VICE CHAIR, WE THINK, WILL BE SUPPORTED BY THE
5	CONSTITUTIONAL OFFICERS THEMSELVES.
6	MS. LANSING: I ACTUALLY WOULD ADD
7	SOMETHING ELSE. I MEAN, YOU KNOW, WHEN YOU'RE
8	ASKING CURRENT OFFICEHOLDERS TO MAKE THEIR
9	NOMINATIONS BEFORE THEY KNOW WHO ARE GOING TO BE
10	POSSIBLY THE NEXT OFFICEHOLDERS, YOU'RE ACTUALLY
11	TAKING IT OUT OF THE POLITICAL ARENA. AND SAYING,
12	YOU KNOW, NO MATTER WHICH PARTY WINS THIS OFFICE OR
13	THAT OFFICE, THAT'S NOT WHAT WE'RE ABOUT. WE'RE
14	GOING TO ASK FOR A PURITY OF RESPONSE. AND SO I
15	THINK THAT'S WHY WE CAME ONE OF THE REASONS WE
16	CAME TO THE CONCLUSION.
17	MR. HARRISON: THAT'S CORRECT.
18	MS. LANSING: I JUST WANT TO BE CLEAR
19	BECAUSE THIS TO ME WAS SOMETHING THAT WE SPENT TIME
20	TALKING ABOUT. ANY OTHER DISCUSSION ON THIS?
21	MR. SHEEHY: I JUST WANTED TO HAVE A
22	LITTLE CLARIFICATION ON THE POSSIBLE POTENTIAL
23	MEETING OF THE BOARD BEFORE THE DECEMBER MEETING.
24	THERE'S A LITTLE DIFFERENCE BETWEEN WHAT I HAVE IN
25	MY BOOK AND WHAT YOU PRESENTED. IT'S A SMALL THING,

1	BUT WE HAVE A TELEPHONIC MEETING STIPULATED IN HERE.
2	AND, YOU KNOW, I WOULDN'T WANT TO PRESAY A
3	TELEPHONIC. I DON'T KNOW IF PEOPLE REMEMBER WAY
4	BACK EARLY, BUT I LIKE TO MEET PEOPLE IN PERSON. I
5	USUALLY DON'T KNOW THEM IN ADVANCE.
6	CHAIRMAN KLEIN: IT WOULD BE AN IN-PERSON
7	MEETING. THAT'S AN IMPORTANT QUESTION.
8	MR. SHEEHY: THERE WERE EARLY APPOINTMENTS
9	THAT WERE MADE, AND WE STARTED TO VOTE ON SOMEONE
10	AFTER A VERY THOROUGH DESCRIPTION, AND I SAID COULD
11	WE PLEASE MEET THIS GUY? I DON'T KNOW IF YOU GUYS
12	REMEMBER. IT'S A SMALL POINT, BUT I'D LIKE THE
13	OPPORTUNITY TO YOU KNOW, CERTAINLY OTHER MEMBERS
14	COULD ATTEND BY PHONE, BUT I WOULD LIKE THE
15	OPPORTUNITY FOR AN IN-PERSON.
16	MS. LANSING: WHEN IS THAT?
17	MR. SHEEHY: IF WE DECIDE TO GO THAT WAY.
18	MR. HARRISON: THE POINT OF OFFERING YOU
19	THAT OPPORTUNITY WAS TO GIVE YOU AN OPPORTUNITY TO
20	ACTUALLY MEET THE CANDIDATES AND THEN HAVE SOME TIME
21	TO THINK ABOUT IT BEFORE ACTUALLY TAKING THE VOTE.
22	THE OTHER ALTERNATIVE WOULD SIMPLY BE TO
23	HAVE THE PRESENTATIONS MADE AT THE MEETING AT WHICH
24	THE ELECTION OCCURS. SO WE WERE REALLY LOOKING FOR
25	INPUT FROM YOU ALL AS TO WHETHER YOU WOULD PREFER TO

1	HAVE AN EARLIER OPPORTUNITY TO MEET THE CANDIDATES.
2	MR. SHEEHY: I ACTUALLY LIKE THIS
3	BIFURCATED PROCESS. I THINK THAT MAKES A LOT OF
4	SENSE.
5	CHAIRMAN KLEIN: LET ME CLARIFY THAT SO
6	THAT THIS MEETING WOULD ALLOW, AS WE ALREADY ALLOW,
7	MEMBERS TO BE ON THE PHONE OR IN PERSON. I THINK IN
8	TERMS OF OUR BYLAWS, WE GENERALLY HAVE A BYLAW
9	LIMITING THE NUMBER WHO CAN ATTEND BY PHONE. IN
10	THAT PARTICULAR CASE, BECAUSE OF THE SHORT TIME
11	FRAMES, I THINK WE'RE GOING TO NEED TO AMEND THAT SO
12	THAT BECAUSE THAT'S AN INFORMATIVE MEETING, NOT A
13	MEETING FOR A DECISION, TO MODIFY FOR THAT PURPOSE
14	SO THAT MORE CAN ATTEND BY PHONE IF THAT'S
15	IMPORTANT.
16	MR. SHEEHY: MAYBE THAT'S SOMETHING AS WE
17	ADOPT THIS PROCESS, WE CAN STIPULATE. WE'RE
18	ACTUALLY ADOPTING THIS PROCESS AS A BYLAW.
19	MR. HARRISON: YOU'RE NOT ADOPTING IT AS A
20	BYLAW AMENDMENT. THE ONLY BYLAW AMENDMENT THAT WAS
21	REQUIRED WAS TO SPECIFY A PROCEDURE FOR THE CONDUCT
22	OF THE ELECTION ITSELF.
23	MR. SHEEHY: I THINK WE CAN JUST ADOPT
24	THAT WITHIN THIS PROCEDURE, COULDN'T WE, JAMES,
25	WITHOUT HAVING TO ACTUALLY CHANGE OUR BYLAWS FOR
	0.7

	DARRISTERS REPORTING SERVICE
1	THIS ONE?
2	MS. LANSING: THIS IS FRIENDLY ADVICE.
3	MR. HARRISON: I SUSPECT THAT IT'S NOT
4	LIKELY TO BE A PROBLEM, CHAIR, BECAUSE ALL THE
5	PATIENT ADVOCATES CAN PARTICIPATE TELEPHONICALLY
6	CURRENTLY. AND THEN WE HAVE PERMISSION FOR UP TO AN
7	ADDITIONAL FIVE TO PARTICIPATE TELEPHONICALLY.
8	CHAIRMAN KLEIN: THAT WILL COVER IT.
9	MR. SHEEHY: I WANT TO MAKE SURE EVERYBODY
10	BECAUSE I KNOW FOLKS ARE BUSY, AND A LOT OF PEOPLE
11	RUN IN A LOT OF DIFFERENT CIRCLES THAN I DO. AND SO
12	MANY TIMES YOU FOLKS KNOW A LOT OF THESE INDIVIDUALS
13	ALREADY AND MAY BE COMFORTABLE JUST PARTICIPATING BY
14	PHONE. AND FOR SOME OF US, YOU KNOW, A LITTLE BIT
15	OF MORE TEXTURE IS ALWAYS HELPFUL.
16	CHAIRMAN KLEIN: IMPORTANT POINT.
17	MS. LANSING: ANY OTHER DISCUSSION? DO I
18	NEED A MOTION? YES. CAN I HAVE A MOTION FOR THIS?
19	DR. PIZZO: SO MOVED.
20	CHAIRMAN KLEIN: SECOND.
21	MS. LANSING: CAN I HAVE ANY DISCUSSION
22	FROM MEMBERS OF THE PUBLIC?
23	MR. REED: THIS IS SUCH A ALMOST A
24	TERRIFYING MOMENT FOR ME.
25	MS. LANSING: FOR ALL OF US.
	88

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1	MR. REED: BECAUSE WE HAVE A MAGNIFICENTLY
2	FUNCTIONAL ORGANIZATION AND LEADERSHIP UNPARALLELED.
3	AND THE THOUGHT OF MAJOR CHANGES IS HARD TO DEAL
4	WITH. MY QUESTION IS WHAT WILL THE PUBLIC BE
5	ABLE TO PARTICIPATE IN THIS PROCESS AS IT MOVES
6	ALONG AS IS TYPICAL AND HAS BEEN THROUGHOUT OUR
7	HISTORY? I WANT TO KNOW BEFOREHAND WHO ARE THE
8	NOMINEES BEFORE THE VOTE IS TAKEN. I WOULD PREFER
9	TO KEEP EVERYBODY HERE. I DON'T WANT OUTSIDERS
10	COMING IN. WE'VE GOT SOMETHING GREAT HERE. WHAT
11	WOULD BE THE PUBLIC'S PARTICIPATION IN THIS PROCESS?
12	MS. LANSING: JAMES, DO YOU WANT TO ANSWER
13	THAT QUESTION?
14	MR. HARRISON: THE NOMINATIONS THEMSELVES
15	WOULD BE PUBLIC, AND WE WOULD ASK THAT THE
16	CONSTITUTIONAL OFFICERS PROVIDE BACKGROUND
17	INFORMATION, INCLUDING THE PERSONAL STATEMENT, WHICH
18	WOULD BE PROVIDED BOTH TO THE BOARD AND TO THE
19	PUBLIC. AND THE MEETING AT WHICH THE NOMINEES MAKE
20	THEIR PRESENTATIONS WOULD ALSO OCCUR IN PUBLIC.
21	CHAIRMAN KLEIN: AND THERE WOULD BE PUBLIC
22	COMMENT.
23	MS. LANSING: I WAS JUST GOING TO SAY THAT
24	YOU HAVE THE OPPORTUNITY TO HAVE PUBLIC COMMENT AND
25	SPEAK DURING THAT MEETING.

MR. REED: THANK YOU.
MR. SHEEHY: COULD I KIND OF FOLLOW UP ON
DON'S QUESTION? CAN WE EXTEND THAT JUST AS A
CONSIDERATION BEYOND PUBLIC BECAUSE PUBLIC COMMENT
IS REALLY A ONE-WAY STREET. COULD WE INCLUDE THE
OPPORTUNITY FOR THE PUBLIC TO ASK QUESTIONS?
BECAUSE PUBLIC COMMENT DOES NOT NECESSITATE A
RESPONSE, BUT ACTUALLY PEOPLE LIKE DON AND OTHER
FOLKS WHO HAVE REALLY KEPT US GOING, I DON'T KNOW
MS. LANSING: I WOULD BE VERY SUPPORTIVE
OF THAT. I THINK I SPEAK FOR ALL OF US IN SAYING
THAT WE SO VALUE DON AND MANY, MANY, MANY OTHER
MEMBERS OF THE PUBLIC THAT HAVE BEEN WITH US EVERY
STEP OF THE WAY. SO I WOULD BE VERY SUPPORTIVE OF
THAT. JAMES, IS THAT POSSIBLE?
MR. HARRISON: YES.
MS. LANSING: DO I NEED A VOTE FOR THAT?
CHAIRMAN KLEIN: JUST AS A SECOND I WOULD
ACCEPT THAT AS PART OF THE INTENT OF THE MOTION.
DR. PIZZO: SOUNDS GOOD.
MS. LANSING: ANY OTHER MEMBERS? THAT WAS
A GREAT SUGGESTION, JEFF. THANK YOU. ANY OTHER
MEMBERS OF THE PUBLIC? OKAY. ALL IN FAVOR SAY AYE.
(CHORUS OF AYES.)
ANY OPPOSED?
90

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	-
1	(NO RESPONSE.)
2	ON THE PHONE?
3	MS. KING: WILLIAM BRODY. I KNOW YOUR
4	PHONE IS MUTED. ARE YOU VOTING ON THIS ITEM? HE
5	MAY HAVE STEPPED AWAY. WE HAVE A QUORUM WITHOUT
6	HIM, SO THE MOTION CARRIES.
7	MS. LANSING: THANK YOU ALL AND THANK YOU
8	FOR YOUR INPUT.
9	DR. BRODY: I'M HERE.
10	MS. LANSING: YOUR VOTE IS YES; IS THAT
11	CORRECT?
12	DR. BRODY: YES.
13	MS. LANSING: THANK YOU, DR. BRODY. THAT
14	CONCLUDES THE GOVERNANCE SUBCOMMITTEE, SO, BOB, I
15	TURN BACK TO YOU.
16	CHAIRMAN KLEIN: THANK YOU VERY MUCH.
17	SENATOR TORRES.
18	MR. TORRES: I JUST WANT TO POINT OUT THAT
19	IN OUR CLIPS TODAY IS AN ARTICLE IN THE HUFFINGTON
20	POST THAT DON REED WROTE, AND IT'S WELL WORTH
21	READING.
22	CHAIRMAN KLEIN: ALL RIGHT. SO AS WE MOVE
23	FORWARD TODAY, I'D LIKE TO GO TO THE SCIENCE ITEMS,
24	WHICH ARE VERY SIGNIFICANT HERE. GETTING THEM OUT
25	EARLIER IN THE DAY IS BENEFICIAL TO ANY MEMBERS OF
	0.1

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1	THE PRESS THAT ARE PART OF THE AUDIO BROADCAST. AND
2	THE FIRST MEMBER THE FIRST OF THOSE ITEMS THAT
3	I'M GOING TO PICK UP IS ITEM 10, THE CONSIDERATION
	, '
4	OF CONCEPT PROPOSAL FOR DISEASE TEAM II RFA.
5	BEFORE LAUNCHING INTO THAT ITEM, DR.
6	TROUNSON, I'D LIKE TO INDICATE THAT OUR SCIENTIFIC
7	EXPERTISE ON THE BOARD HAS BEEN AUGMENTED ONCE AGAIN
8	BY A GREAT ALTERNATE. DR. JAMES ECONOMOU HAS JOINED
9	US, AS I MENTIONED YESTERDAY. BUT HIS BACKGROUND
10	INCLUDES AN EDUCATION FROM JOHN HOPKINS WITH HIS
11	GENERAL SURGICAL TRAINING AT THE UNIVERSITY OF
12	CALIFORNIA SAN FRANCISCO AND HE JOINED THE UCLA
13	FACULTY IN 1986.
14	IT IS IMPORTANT TO NOTE THAT HE LED FOR 15
15	YEARS THE UCLA HUMAN GENE MEDICINE PROGRAM AND
16	UNDERTOOK THE FIRST GENE THERAPY TRIAL ON THE WEST
17	COAST, A TREMENDOUS CONTRIBUTION OF EXPERTISE AND
18	KNOWLEDGE TO THIS BOARD. HE SERVED AS DEPUTY
19	DIRECTOR OF THE UCLA JOHNSON COMPREHENSIVE CANCER
20	CENTER SINCE 2002. HE IS PRESIDENT ELECT TO THE
21	SOCIETY FOR SURGICAL ONCOLOGY AND A RECIPIENT OF THE
22	JAMES EWING MEDAL. HIS RESEARCH INTERESTS INCLUDE
23	DNA AND DENDRITIC CELL-BASED CANCER VACCINES, T-CELL
24	
4	RECEPTOR ENGINEERING OF LYMPHOCYTES AND HEMATOPOETIC
25	RECEPTOR ENGINEERING OF LYMPHOCYTES AND HEMATOPOETIC STEM CELLS, AS WELL AS MOLECULAR MECHANISMS OF

1	RESISTANCE TO APOPTOSIS.
2	HE IS THE VICE CHANCELLOR FOR RESEARCH AND
3	HAS A REFERRAL-BASED CLINICAL PRACTICE IN SURGICAL
4	ONCOLOGY IN TRANSLATIONAL CANCER GENE THERAPY
5	RESEARCH. SO LET US WELCOME HIM WITH A ROUND OF
6	APPLAUSE.
7	(APPLAUSE.)
8	CHAIRMAN KLEIN: THANK YOU. DR. TROUNSON,
9	COULD YOU INDICATE WHO YOU WOULD LIKE TO PRESENT
10	ITEM NO. 10?
11	DR. TROUNSON: DR. BETTINA STEFFEN WILL
12	PRESENT THIS FOR YOU.
13	DR. STEFFEN: MR. CHAIRMAN, BOARD MEMBERS,
14	STAFF, MEMBERS OF THE AUDIENCE, AND GUESTS, TODAY I
15	WOULD LIKE TO PRESENT A CONCEPT PLAN FOR THE DISEASE
16	TEAM II AWARDS FOR YOUR CONSIDERATION.
17	THIS DIAGRAM YOU'VE SEEN MANY TIMES AND
18	REPRESENTS CIRM'S CORE INITIATIVES, THE RESEARCH
19	INITIATIVES. AND THE TOP FOUR BARS IN THIS SLIDE
20	ARE OUR TRANSLATIONAL PROGRAMS DESIGNED TO HELP
21	BRING STEM CELL-BASED THERAPIES TO THE CLINIC.
22	THE DISEASE TEAM II INITIATIVE IS OUR
23	FOCUS OF THE DISCUSSION TODAY. AND THE SECOND ROUND
24	DIFFERS FROM OUR FIRST ROUND PRIMARILY IN THE SCOPE
25	OF DEVELOPMENT ACTIVITIES THAT IT COVERS AND ALSO

1	THE KEY OUTCOMES FROM THIS PROGRAM.
2	SO IT BEGINS AT A SLIGHTLY LATER
3	DEVELOPMENT STAGE THAN OUR FIRST ROUND WITH
4	NOMINATION OF A DEVELOPMENT CANDIDATE. AND THESE
5	ARE FOR TEAMS WHO FEEL THAT THEY HAVE COMPLETED ALL
6	THE RESEARCH NECESSARY TO BEGIN THE VERY EXPENSIVE
7	PRECLINICAL DEVELOPMENT STAGES. IT'S A STANDARD
8	INDUSTRY TERM, AND WE'VE BEEN WORKING WITH MANY OF
9	OUR ACADEMIC TEAMS TO HELP THEM UNDERSTAND THESE
10	CONCEPTS THROUGH OUR EARLY TRANSLATIONAL PROGRAM.
11	AND, IN FACT, A DEVELOPMENT CANDIDATE IS ONE OF THE
12	VERY IMPORTANT OUTPUTS OF THE EARLY TRANSLATIONAL I
13	AND II PROGRAMS.
14	SO YOU CAN SEE HOW THESE PROGRAMS ARE
15	DESIGNED TO COMPLEMENT ONE ANOTHER AND HOW WE'RE
16	BRINGING TEAMS ALONG TO QUALIFY FOR THESE CLINICAL
17	ORIENTED PROGRAMS.
18	PROJECTS NEED NOT START WITH A DEVELOPMENT
19	CANDIDATE. I ALSO MAKE THE POINT THAT THOSE THAT
20	ARE AT LATER STAGES, SUCH AS BEING READY TO START A
21	PHASE I OR PHASE II TRIAL OR SOMEWHERE IN BETWEEN,
22	WOULD QUALIFY FOR THIS PROGRAM.
23	THIS DISEASE TEAM II AWARD WILL BE A
24	TWO-STAGE PROCESS. IT WILL SUPPORT BOTH A PLANNING
25	AWARD AND A RESEARCH AWARD. AND EACH OF THESE
	0.4

1	AWARDS WILL UNDERGO AN APPLICATION, A GRANTS REVIEW
2	PROCESS, AND ICOC APPROVAL. SO YOU WILL SEE THESE
3	TEAMS TWICE. AND IN THIS ROUND, DIFFERENT FROM OUR
4	FIRST DISEASE TEAM AWARD, RECEIVING A PLANNING AWARD
5	WILL BE A PREREQUISITE FOR MOVING ON TO THE SECOND
6	STAGE OF THE APPLICATION PROCESS.
7	I'D LIKE TO SPEND A LITTLE BIT OF TIME
8	TALKING ABOUT WHY WE'RE GOING TO OFFER BOTH OF THESE
9	TYPES OF AWARDS. I'M GOING TO FOCUS ON THE PLANNING
10	AWARD FIRST, WHICH IS ON THE LEFT HAND OF THIS
11	SLIDE.
12	DURING THIS PLANNING PROCESS, WE EXPECT
13	PRINCIPAL INVESTIGATORS TO FORM TEAMS AND DEVELOP
14	THEIR PROPOSALS. AND THERE ARE REALLY THREE REASONS
15	TO DO THIS PLANNING AWARD. FIRST, BASED ON THE
16	FEEDBACK FROM OUR APPLICANTS AND FUNDING PARTNERS,
17	THEY NEED TIME AND FUNDS TO ESTABLISH THE TEAMS WITH
18	THE RIGHT EXPERTISE AND COLLABORATIONS. IN FACT,
19	DR. STEINBERG THIS MORNING AND DR. CARMICHAEL WERE
20	BOTH RECIPIENTS OF PLANNING AWARDS, ONE FROM CIRM
21	AND ONE INTERNALLY FROM STANFORD, AND THEY ACTUALLY
22	FOUND EACH OTHER THROUGH THIS PLANNING PROCESS, HAD
23	THE RESOURCES TO BRING EACH OTHER TO THEIR
24	RESPECTIVE INSTITUTIONS, AND CAME TO THE CONCLUSION
25	THAT THEY WOULD BE A STRONGER TEAM COMBINING THEIR

1	PRECLINICAL AND CLINICAL EXPERTISE. THIS IS EXACTLY
2	WHAT WE WANT TO HAPPEN AND HOPE TO FACILITATE THAT.
3	THE SECOND THING IS WE THINK THAT THE
4	PLANNING PERIOD WILL IMPROVE THE QUALITY OF THE
5	PROPOSALS. IN OUR PAST ROUND OF DISEASE TEAM
6	AWARDS, RECEIPT OF A PLANNING AWARD WAS HIGHLY
7	CORRELATED WITH A SUCCESSFUL DISEASE TEAM APPLICANT.
8	TEN OF THE 14 GRANTS THAT WERE AWARDED HAD PLANNING
9	AWARDS.
10	AND FINALLY, THE PLANNING AWARDS WILL GIVE
11	THE TEAMS ACCESS TO SOME TYPES OF PERSONNEL,
12	REGULATORY, PROJECT MANAGEMENT, AND CLINICAL
13	PERSONNEL, TO HELP PREPARE NECESSARY SUPPORTING
14	DOCUMENTATION. SO NOT ONLY IS THE RESEARCH PROPOSAL
15	AN IMPORTANT COMPONENT OF THIS, BUT THE TYPES OF
16	DOCUMENTATION, FOR EXAMPLE, A PROJECT TIMELINE, A
17	GANT CHART, SOUNDS SIMPLE, BUT IT'S FAIRLY COMPLEX
18	AND IMPORTANT TO SUCCESS OF THESE PROJECTS,
19	ACTIVITIES-BASED BUDGETS AND CLINICAL PROTOCOL
20	SYNOPSES. SO WE WANT TO GIVE ALL TEAMS ACCESS TO
21	THOSE TYPES OF PERSONNEL TO HELP SUPPORT PREPARING A
22	FULL PROPOSAL.
23	ON THE RIGHT-HAND SIDE, NOW THE RESEARCH
24	AWARD, AS WE'RE SHIFTING DOWNSTREAM, THERE ARE MORE
25	OUTCOMES THAT ARE POSSIBLE UNDER THIS AWARD. SO

1	JUST LIKE THE FIRST SORRY. AND TEAMS NEED NOT
2	ACHIEVE ALL THREE OF THESE GOALS, BUT AT LEAST ONE
3	OF THEM. SO LIKE THE FIRST FOUND OF DISEASE TEAMS,
4	WE WANT TO SEE APPROVABLE IND'S AS A RESULT OF THIS
5	PROGRAM.
6	SECOND, WE HOPE TO SEE TEAMS THAT WILL
7	COMPLETE A PHASE I OR A PHASE I/II COMBINED STUDY
8	DEMONSTRATING PRELIMINARY SAFETY OR PRELIMINARY
9	ACTIVITY IN HUMANS.
10	AND THE THIRD GOAL IS TO COMPLETE A
11	CONTROLLED PHASE II STUDY. AND YOU CAN SEE HOW
12	THESE THREE WRAPPED TOGETHER BEGIN TO SUPPORT THAT
13	CIRM TEN-YEAR ASPIRATIONAL GOAL OF HAVING PROOF OF
14	CONCEPT FOR STEM CELL-BASED THERAPIES. AND AS
15	ALWAYS, WE WANT TO SEE THERAPEUTICS DEVELOPED FOR
16	UNMET MEDICAL NEEDS.
17	WE'VE TALKED A LITTLE BIT ABOUT THE TYPE
18	OF ACTIVITIES THAT WILL BE FUNDED UNDER THIS AWARD
19	FROM PRECLINICAL DEVELOPMENT AND THE CONDUCT OF
20	EARLY TRIALS IN THE FIRST TWO BULLETS. BUT I THINK
21	IT'S REALLY IMPORTANT TO NOTE THAT CIRM IS ONE OF
22	THE FEW ORGANIZATIONS THAT WILL ACTUALLY FUND ALL
23	THE ACTIVITIES THAT ARE NECESSARY TO BOTH FILE AN
24	IND AND TO RUN A CLINICAL STUDY. AND THESE ARE
25	EXEMPLIFIED IN THE THIRD AND FOURTH BULLETS.

1	SO A SUPPORTING STUDY, THESE ARE THINGS
2	THAT ARE NOT NECESSARILY THE PHASE I OR II STUDY,
3	BUT MIGHT PROVIDE CLARIFICATION THAT'S IMPORTANT TO
4	DESIGNING TRIALS THAT GET BETTER OUTCOMES. SO YOU
5	MIGHT DO MORE PHARMACODYNAMIC STUDIES TO IMPROVE
6	YOUR DOSING CALCULATIONS. CIRM WILL ALSO SUPPORT
7	THE GMP, GOOD MANUFACTURING PRACTICE, ACTIVITIES AND
8	OPTIMIZATION THAT ARE NECESSARY TO CONDUCT THE
9	TRIALS THAT ARE PROPOSED UNDER THE AWARD.
10	WE HAVE SEVERAL EXAMPLES FROM
11	INVESTIGATORS THAT THEY SAY THEY SIMPLY WOULDN'T BE
12	ABLE TO DO THESE KINDS OF PROJECT IF IT WEREN'T FOR
13	THE COMPREHENSIVE, CONTINUOUS SUPPORT THAT COMES
14	FROM THESE CIRM PROJECTS.
15	WHILE WE'RE ON THIS, I THINK WE SHOULD
16	MENTION THAT WHAT WE WILL NOT FUND ARE PHASE III
17	PIVOTAL STUDIES.
18	SO AS ALWAYS, THE USE OF A STEM CELL
19	EITHER FOR DEVELOPMENT OR AS THE THERAPEUTIC
20	CANDIDATE ARE IMPORTANT FOR THESE PROJECTS. THE
21	TYPES OF CELLS THAT WE'RE INTERESTED IN THIS SECOND
22	ROUND INCLUDE THOSE LISTED, THE PLURIPOTENT-DERIVED
23	CELLS, GENETICALLY MODIFIED STEM CELLS, WHICH MIGHT
24	BE, FOR EXAMPLE, A HEMATOPOETIC STEM CELL THAT IS
25	GENETICALLY CORRECTED TO ADDRESS A DISEASE
	0.0

1	PHENOTYPE, NEURAL STEM CELLS, AND NEURAL PROGENITOR
2	CELLS. THERE'S A LONG HISTORY AND A LOT OF EXCITING
3	WORK IN THAT AREA. STEM CELL ENGINEERED FUNCTIONAL
4	TISSUES, THIS IS WHERE WE'RE THINKING ABOUT AN
5	EXAMPLE MIGHT BE A COMPLEX TUBULAR STRUCTURE LIKE A
6	VASCULAR GRAFT OR A NEOBLADDER WHERE CELLS ARE PART
7	OF THE TISSUE ENGINEERING, AND THEY ARE INTENDED FOR
8	TRANSPLANTATION INTO INDIVIDUALS.
9	WE'RE ALSO INTERESTED IN NOVEL
10	REGENERATIVE THERAPIES DIRECTED IN ENDOGENOUS STEM
11	CELLS AND ALSO DIRECTLY REPROGRAMMED CELLS. THESE
12	ARE THE CONCEPTS THAT DR. TROUNSON TALKED ABOUT, THE
13	LAST ONE IN HIS SCIENTIFIC PRESENTATION TODAY.
14	THERE'S A LOT OF BASIC WORK STILL TO BE DONE, BUT WE
15	THOUGHT WE'D AT LEAST PUT IT ON THE LIST.
16	OUR STANDARD ELIGIBILITY CRITERIA THAT
17	WERE AGREED TO WITH MEMBERS OF A TASK FORCE OF THIS
18	BOARD APPLY TO THIS RFA. SO SAME ELIGIBILITY. WE
19	EXPECT TEAMS OR WILL ALLOW FOR ONE PRINCIPAL
20	INVESTIGATOR AND UP TO AN ADDITIONAL CO-PRINCIPAL
21	INVESTIGATOR AND WANT TO SEE THE CONSISTENT
22	30-PERCENT MINIMUM EFFORT FROM THE PI AND THE 20
23	PERCENT FROM THE CO-PI.
24	I HOPE YOU ALL HEARD DR. STEINBERG THIS
25	MORNING, WHO SAID, AND I WROTE IT DOWN, "THIS IS A

1	HUGE AMOUNT OF WORK AND MORE THAN I EXPECTED
2	INITIALLY." BUT ALSO IN THAT SAME BREATH HE SAID,
3	"WE WANT TO BE ONE OF THOSE TEAMS WHO DELIVERS THAT
4	IND." SO I THOUGHT THAT WAS ILLUSTRATIVE OF THAT
5	COMMITMENT TO THE PROJECTS.
6	PI OR CO-PI'S ON EXISTING DISEASE TEAM
7	AWARDS ARE NOT ELIGIBLE TO APPLY TO THIS ROUND.
8	FINALLY, EITHER NONPROFIT OR FOR-PROFIT
9	INSTITUTIONS MAY APPLY.
10	THE PLANNING AWARD AS WE HAVE PROPOSED IT
11	WOULD BE 20 GRANTS OF UP TO \$110,000 FOR SIX MONTHS
12	OF PLANNING. SO THIS IS AN INCREASE OVER THE LAST
13	TIME, AND IT INCLUDES A 10-PERCENT ALLOTMENT FOR
14	INDIRECT COSTS. THE TOTAL PLANNING AWARD COSTS
15	WOULD BE UP TO \$2.2 MILLION.
16	FOR THE RESEARCH AWARD, WE PROPOSE SIX
17	PROJECTS WITH UP TO FOUR YEARS OF TOTAL JUSTIFIABLE
18	COSTS NOT TO EXCEED \$20 MILLION, FOR A TOTAL
19	RESEARCH AWARD BUDGET OF \$120 MILLION. MATCHING
20	FUNDS FOR THIS ONE, UNLIKE THE TARGETED CLINICAL
21	DEVELOPMENT, WE WILL NOT REQUIRE; BUT IF PROJECTS
22	HAVE ACTIVITIES THAT WOULD EXCEED THE \$20 MILLION,
23	WE WILL EXPECT TEAMS TO JUSTIFY IN THEIR PROPOSAL
24	THEIR PLAN TO SECURE THESE FUNDS.
25	THE AWARD INSTRUMENT WOULD BE A GRANT FOR
	100

1	A NONPROFIT ORGANIZATION AND A LOAN FOR A
2	FOR-PROFIT, AND THE TOTAL PROGRAM COST THAT WE'RE
3	ASKING YOU TO APPROVE TODAY FOR BOTH THE PLANNING
4	AND THE RESEARCH AWARD WOULD BE \$122.2 MILLION.
5	OUR PROVISIONAL TIMETABLE IS LISTED HERE.
6	THE RFA RELEASE WE WOULD EXPECT BY NOVEMBER OF THIS
7	YEAR, AND THE RECEIPT OF THE PLANNING APPLICATIONS
8	WOULD BE IN MARCH 2011. THAT'S IN RED BECAUSE IN
9	YOUR BINDERS IN THE CONCEPT PROPOSAL THAT WAS STATED
10	AS FEBRUARY. WE HAD TO ADJUST. THIS IS ACTUALLY
11	GOING TO BE AN ONLINE APPLICATION, AND YOU ARE GOING
12	TO HEAR FROM AMY LEWIS IN GRANTS MANAGEMENT TODAY A
13	LITTLE BIT ABOUT THAT ONLINE SYSTEM. WE WANT TO
14	SUPPORT MOVING THE INVESTIGATORS TO AN ONLINE
15	APPLICATION PROCESS. THOSE WOULD BE REVIEWED IN MAY
16	AND APPROVED BY THIS BOARD IN AUGUST, AND THEN THE
17	PLANNING PERIOD WOULD OCCUR AT THE LATTER HALF OF
18	2011. WE WOULD RECEIVE THE FULL APPLICATIONS IN
19	JANUARY OF 2012, BE REVIEWED IN SPRING, AND COME TO
20	THIS BOARD FOR CONSIDERATION IN JUNE OF 2012.
21	SO THAT CONCLUDES MY PRESENTATION, AND I'D
22	BE HAPPY TO TAKE QUESTIONS.
23	CHAIRMAN KLEIN: DR. STEFFEN, JUST AS A
24	CLARIFICATION, WE HAVE AN EARLY TRANSLATION AWARD
25	PROCESS THAT IS ONGOING AT THIS POINT. WE ARE GOING
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TO APPROVE THIS YEAR A SECOND EARLY TRANSLATION
GROUP. IF THERE IS A CANDIDATE IN THE EARLY
TRANSLATION PROCESS THAT IS GOING FASTER THAN
ANTICIPATED, I WOULD HOPE THAT THEY COULD APPLY IN
THE DISEASE TEAM PROCESS IF THEY ESTIMATED THEY
WOULD BE THROUGH THEIR EARLY TRANSLATION CRITERIA IN
A TIME FRAME SUFFICIENT TO MEET THE DISEASE TEAM
SCHEDULE BECAUSE WE'VE ALREADY PRESELECTED THEM FOR
EXCELLENCE. AND IF THEY'RE MOVING FASTER, I HOPE WE
DON'T HAVE ANYTHING IN OUR PRIOR QUALIFICATIONS THAT
SAID IF YOU'RE IN EARLY TRANSLATION, YOU CAN'T ALSO
APPLY FOR DISEASE TEAM. SO, DR. TROUNSON, WOULD YOU
LIKE TO COMMENT?
DR. TROUNSON: NO. I THINK THAT'S
PERFECTLY CLEAR TO ME, CHAIR. WHAT THEY SHOULD DO
IS COME IN ON IT BECAUSE WHAT WE WANT TO DO IS TO
GET THAT PLANNING PROCESS DONE. SO IF THEY COULD
COME IN ON THAT PLANNING PROCESS, IF THEY'RE THAT
ADVANCED, WE WOULD SEE THAT AS A VERY COMPETITIVE
GRANT IF THEY'RE AT AN ADVANCED STAGE. SO MY OWN
VIEW, WITHOUT TALKING WITH THE STAFF, I WOULD HAVE
THOUGHT THAT THAT WOULD BE PERFECTLY APPROPRIATE.
BUT I CAN'T REALLY SEE ANY REASON TO NOT ALLOW THEM
TO DO THAT. PERFECTLY OKAY.
CHAIRMAN KLEIN: I THINK, JEFF, DID YOU
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1	HAVE A POINT?
2	MR. SHEEHY: I HAVE A LOT OF POINTS.
3	CHAIRMAN KLEIN: DR. BRENNER AND THEN JEFF
4	SHEEHY.
5	DR. BRENNER: JUST A FOLLOW-UP TO WHAT YOU
6	SAID. ONE THING TO THINK ABOUT IS IF SOMEONE HAS AN
7	EARLY GRANT AND THEN WANTS TO APPLY FOR THIS GRANT,
8	THERE SHOULD BE A MECHANISM IN WHICH THEY LOSE THE
9	RESIDUAL PART OF THE OLD GRANT.
10	DR. TROUNSON: THAT'S RIGHT. IF THERE WAS
11	A RESIDUAL ON THAT, IT WOULD BE THAT WOULD BE
12	COMPLETED. OBVIOUSLY IT MIGHT DEPEND ON HOW MUCH
13	TIME IS REQUIRED BEFORE THEY LINK INTO THE NEXT ONE
14	IF THEY'RE AWARDED, BUT ABSOLUTELY.
15	CHAIRMAN KLEIN: TO CLARIFY THAT, IT'S
16	ONLY IF THEY DID RECEIVE THE NEXT GRANT.
17	MR. SHEEHY: I THINK THIS IS AN
18	OUTSTANDING PROPOSAL. THANK YOU, DR. STEFFEN. BUT
19	I DID HAVE SO, FIRST, WHEN YOU TALK ABOUT UNMET
20	MEDICAL NEEDS, I KNOW THAT THAT'S KIND OF A TERM OF
21	ART; BUT WHEN WE WENT THROUGH THE LAST DISEASE TEAM
22	PROCESS, SOME OF THE WORKING GROUP MEMBERS
23	INTERPRETED THAT TO BE IF THERE'S A PERFECTLY
24	ADEQUATE THERAPY; I.E., IN HIV THERE ARE PILLS THAT
25	TO THE OUTSIDE WORLD SEEM VERY TOLERABLE AND
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ADEQUATE, THAT THE NEED FOR CELL THERAPY IS NOT
NECESSARILY YOU KNOW, THERE'S NOT AN UNMET
MEDICAL NEED. I THINK WE WORKED THAT OUT, BUT I
HOPE GOING INTO THE REVIEW THAT WE CAN KIND OF
CLARIFY THAT THEY CAN HAVE AN IMPACT ON DIABETES,
THEY CAN HAVE AN IMPACT ON HIV, OTHER CHRONIC LIFE
THREATENING DISEASES THAT PEOPLE KIND OF STUMBLE
ALONG WITH THAT TO OUTSIDE OBSERVERS DON'T SEEM TO
BE PARTICULARLY BURDENSOME, BUT TO MANY PEOPLE
LIVING WITH THESE DISEASES AND CONDITION, ACTUALLY
IT DOES REPRESENT QUITE A BIT OF UNMET MEDICAL NEED.
THAT'S JUST WE'VE TALKED ABOUT THIS
BEFORE. JUST SO THAT WE DON'T HAVE PEOPLE COMING IN
SAYING THEY GOT THE PILLS.
MY NEXT QUESTION. THERE IS NOT A PREAP
PROCESS ON THIS, CORRECT?
DR. STEFFEN: THERE IS NOT A PREAP
PROCESS.
MR. SHEEHY: ANYBODY WILL BE ABLE IN
FACT, MY UNDERSTANDING IS THAT THE PLANNING AWARD
PROCESS IS GOING TO BE THE PREAP PROCESS, SO THE
WORKING GROUP WILL BE THE
DR. STEFFEN: SO BASED ON FEEDBACK THAT WE
GOT FROM THE GRANTS WORKING GROUP AND APPLICANTS AND
SO FORTH, IF THEY DO A PLANNING AWARD AND WE GO TO
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1	THE EFFORT OF SEATING A FULL GRANTS WORKING GROUP,
2	THEY SPEND THEIR TIME REVIEWING THE PROPOSALS, AND I
3	THINK WE HEARD THIS ACROSS THE BOARD, THAT THAT
4	SHOULD BE THE PREREQUISITE THEN TO APPLY FOR THE
5	FULL AWARD.
6	MR. SHEEHY: BUT I MEANT IN TERMS OF
7	APPLYING FOR THE PLANNING GRANT.
8	DR. STEFFEN: IT'S OPEN TO ALL ELIGIBLE
9	APPLICANTS.
10	MR. SHEEHY: SO IF WE GOT A HUNDRED
11	APPLICATIONS, THEN WE WOULD SEAT THE WORKING GROUP.
12	DR. STEFFEN: WE WOULD REVIEW A HUNDRED.
13	MR. SHEEHY: THAT'S GREAT.
14	DR. STEFFEN: AND IT WOULD BE OVER SEVERAL
15	EXTRA DAYS. THEY'LL BE A LITTLE BIT DIFFERENT
16	FLAVOR THAN LAST TIME. THERE WILL BE MORE
17	SCIENTIFIC MEAT, IF YOU WILL, IN THEM. THE LAST
18	TIME THEY WERE REALLY ABOUT PLANNING AND HOW ARE YOU
19	GOING TO PLAN. THIS WILL ACTUALLY CONTAIN
20	COMPONENTS OF THE SCIENTIFIC PROPOSAL, NOT FULLY
21	FLESHED OUT, BUT MUCH MORE FOCUSED ON WHAT IS THE
22	INDICATION, WHAT IS THE PROPOSED THERAPEUTIC, HOW
23	ARE YOU GOING TO GET THERE, CLINICAL DEVELOPMENT
24	PLAN, AND SO FORTH.
25	MR. SHEEHY: AND THEN MY OTHER QUESTION,

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1	AND ACTUALLY I WOULD LIKE THE BOARD TO CONSIDER
2	THIS, IS I'D REALLY LIKE TO INCREASE THE INPUTS.
3	FRANKLY, I'D LIKE TO DOUBLE AT LEAST THE NUMBER OF
4	PLANNING AWARDS AND AT LEAST GO TO 14 OR 15
5	POTENTIAL DISEASE TEAMS BECAUSE IF YOU LOOK AT OUR
6	TIMELINE, THIS IS REALLY KIND OF IF YOU LOOK HOW
7	WE ORIGINALLY STRUCTURED THIS PROGRAM OR WE TALKED
8	ABOUT IT, WE'RE GOING TO DO A DISEASE TEAM ROUND
9	EVERY YEAR. AND THIS IS REALLY OUR LAST DISEASE
LO	TEAM APPROVAL WAS OCTOBER OF '09. THE NEXT DISEASE
L1	TEAM APPROVAL IS GOING TO BE IN JUNE OF 2012. AND I
L2	WORRY ABOUT US HAVING ENOUGH INPUT TO GIVE US ENOUGH
L3	RESULTS. WE EXPECT MOST OF THESE PROGRAMS TO FAIL.
L4	THIS HAS BEEN A CONSTANT THEME IN ALL OF OUR
L4 L5	THIS HAS BEEN A CONSTANT THEME IN ALL OF OUR DISCUSSIONS ABOUT DISEASE TEAMS.
L5	DISCUSSIONS ABOUT DISEASE TEAMS.
L5 L6	DISCUSSIONS ABOUT DISEASE TEAMS.  OBVIOUSLY I DON'T WANT TO FUND ANYTHING
L5 L6 L7	DISCUSSIONS ABOUT DISEASE TEAMS.  OBVIOUSLY I DON'T WANT TO FUND ANYTHING  THAT'S NOT MERITORIOUS, BUT I WANT TO SET OUT A
L5 L6 L7 L8	DISCUSSIONS ABOUT DISEASE TEAMS.  OBVIOUSLY I DON'T WANT TO FUND ANYTHING  THAT'S NOT MERITORIOUS, BUT I WANT TO SET OUT A  PRIORI IF WE FUNDED 14 DISEASE TEAMS LAST TIME, WHY
L5 L6 L7 L8	DISCUSSIONS ABOUT DISEASE TEAMS.  OBVIOUSLY I DON'T WANT TO FUND ANYTHING  THAT'S NOT MERITORIOUS, BUT I WANT TO SET OUT A  PRIORI IF WE FUNDED 14 DISEASE TEAMS LAST TIME, WHY  WOULD WE ONLY FUND SIX THIS TIME? AND THE KEY
L5 L6 L7 L8 L9	DISCUSSIONS ABOUT DISEASE TEAMS.  OBVIOUSLY I DON'T WANT TO FUND ANYTHING  THAT'S NOT MERITORIOUS, BUT I WANT TO SET OUT A  PRIORI IF WE FUNDED 14 DISEASE TEAMS LAST TIME, WHY  WOULD WE ONLY FUND SIX THIS TIME? AND THE KEY  FUNNEL, IF YOU LOOK AT THE METRICS, IS GOING TO BE
L5 L6 L7 L8 L9 20	DISCUSSIONS ABOUT DISEASE TEAMS.  OBVIOUSLY I DON'T WANT TO FUND ANYTHING  THAT'S NOT MERITORIOUS, BUT I WANT TO SET OUT A  PRIORI IF WE FUNDED 14 DISEASE TEAMS LAST TIME, WHY  WOULD WE ONLY FUND SIX THIS TIME? AND THE KEY  FUNNEL, IF YOU LOOK AT THE METRICS, IS GOING TO BE  HOW MANY PLANNING AWARDS WE DO. AND IN ORDER TO
15 16 17 18 19 20 21	DISCUSSIONS ABOUT DISEASE TEAMS.  OBVIOUSLY I DON'T WANT TO FUND ANYTHING  THAT'S NOT MERITORIOUS, BUT I WANT TO SET OUT A  PRIORI IF WE FUNDED 14 DISEASE TEAMS LAST TIME, WHY  WOULD WE ONLY FUND SIX THIS TIME? AND THE KEY  FUNNEL, IF YOU LOOK AT THE METRICS, IS GOING TO BE  HOW MANY PLANNING AWARDS WE DO. AND IN ORDER TO  GET, YOU KNOW, 10 TO 15 DISEASE TEAMS, WHICH I THINK
15 16 17 18 19 20 21 22	DISCUSSIONS ABOUT DISEASE TEAMS.  OBVIOUSLY I DON'T WANT TO FUND ANYTHING  THAT'S NOT MERITORIOUS, BUT I WANT TO SET OUT A  PRIORI IF WE FUNDED 14 DISEASE TEAMS LAST TIME, WHY  WOULD WE ONLY FUND SIX THIS TIME? AND THE KEY  FUNNEL, IF YOU LOOK AT THE METRICS, IS GOING TO BE  HOW MANY PLANNING AWARDS WE DO. AND IN ORDER TO  GET, YOU KNOW, 10 TO 15 DISEASE TEAMS, WHICH I THINK  WE SHOULD THINK OF A MINIMUM, THESE ARE MILESTONE

1	ATTRITION FROM OUR CURRENT DISEASE TEAM ROUND. WE
2	SHOULD EXPECT IF WE ONLY HAVE SIX AND WE LOSE
3	TWO-THIRDS OF THOSE, WE DON'T HAVE VERY MUCH IN THE
4	PIPELINE GOING FORWARD. AND I THINK THAT WE SAW 14
5	REALLY GOOD PROPOSALS AND THE SCIENCE IS GOING
6	PRETTY GOOD, AND WE FUNDED A LOT OF REALLY SMART
7	PEOPLE. I THINK WE'RE ALL IMPRESSED WITH WHAT WE'RE
8	DOING. AND CERTAINLY WE HAD BUDGETED ANOTHER \$250
9	MILLION DISEASE TEAM ROUND.
10	PERSONALLY I WOULD SUGGEST THAT WE DO UP
11	TO 45 PLANNING AWARDS. IF WE DON'T GET THE SCIENCE,
12	WE DON'T DO THEM. AND THAT WOULD GIVE US THE
13	OPPORTUNITY TO DO UP TO 15 DISEASE TEAMS BECAUSE WE
14	HAD PLANNED TO ACTUALLY SPEND, I THINK, 400 MILLION
15	ON DISEASE TEAMS WITHIN THE NEXT TWO YEARS WHEN YOU
16	LOOK AT OUR ORIGINAL WAY IN WHICH WE WERE THINKING
17	ABOUT THE DISEASE TEAMS ROLLING OUT THE LAST TIME WE
18	LOOKED AT THIS.
19	SO THAT WOULD BE MY AMENDMENT TO THIS.
20	AND I DON'T THINK I MEAN STAFF RIGHT NOW IS
21	HANDLING 14 DISEASE TEAMS. THE BILL HAS PASSED THE
22	ASSEMBLY, RIGHT, SO WE CAN STAFF UP MORE. SOME OF
23	THOSE DISEASE TEAMS WILL NOT BE HERE BY THE TIME
24	THIS COMES THROUGH, I HAVE A FEELING, BECAUSE THEY
25	ALL STARTED. SO I WANT TO MAKE SURE WE HAVE A GOOD

1	PIPELINE SO THAT WE HAVE SOMETHING TO SHOW THE
2	VOTERS IN 2012, 2013, 2014, 2015. SO THAT WOULD BE
3	MY RECOMMENDATION, UP TO 45 PLANNING AWARDS AND UP
4	TO 15 DISEASE TEAMS.
5	CHAIRMAN KLEIN: SO, DR. TROUNSON, THIS IS
6	CLEARLY A POINT THAT WE'VE TALKED ABOUT BEFORE IS
7	GETTING A LARGE ENOUGH PORTFOLIO SO THAT WE ENHANCE
8	OUR ABILITY TO HAVE POSITIVE OUTCOMES. BUT COULD
9	YOU PLEASE ADDRESS THIS? OF COURSE, JEFF'S
10	STATEMENT IS CONDITIONED ON THE QUALITY OF THE
11	SCIENCE BEING THERE TO MERIT THE AWARD.
12	I WOULD ADD ONE POINT TO, JEFF, WHAT
13	YOU'VE SAID IS THAT TO THE EXTENT WE SET THE TARGET
14	AT A LOWER LEVEL FOR PLANNING GRANTS OR FOR THE
15	FINAL AWARDS, PARTICULARLY FOR FINAL AWARDS, IT
16	DISCOURAGES OR COULD DISCOURAGE APPLICATIONS BECAUSE
17	IF THEY THINK ONLY A VERY SMALL AMOUNT COULD
18	POSSIBLY BE FUNDED, THE ODDS BECOME TOO GREAT TO
19	MAKE A MASSIVE EFFORT. AND CERTAINLY THIS IS A
20	MASSIVE EFFORT. SO THAT BY HAVING HIGHER TARGETS
21	EXPLICITLY CONDITIONED ON THE QUALITY OF THE
22	SCIENCE, YOU CAN POTENTIALLY ELICIT A MORE ROBUST
23	RESPONSE FROM THE APPLICANTS BECAUSE THEY HAVE THESE
24	MASSIVE TEAM EFFORTS TO PUT TOGETHER.
25	MR. SHEEHY: CAN I JUST MAKE ONE MORE
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1	POINT REALLY QUICKLY, BOB? IN THAT THE LOAN PROGRAM
2	IS PART OF THIS, AND THIS IS REALLY THE MAIN
3	COMPONENT OF OUR LOAN PROGRAM WAS THE DISEASE TEAM
4	PROCESS, IF YOU'RE TALKING ABOUT SUSTAINED, VIABLE,
5	FUTURE FUNDING, HOW MANY LOANS DO WE HAVE OUT NOW?
6	DR. TROUNSON: ONE.
7	MR. SHEEHY: ONE. SO WE DO SIX AWARDS, WE
8	GOT ONE OUT OF 14, I MEAN I THINK WE ALSO NEED A
9	PORTFOLIO OF LOAN APPLICANTS. I THINK IF WE DO IT
10	AT THAT SCALE, AND HOPEFULLY, AND DR. PENHOET HAS
11	REFERENCED THIS BEFORE, BUT HOPEFULLY THE MARKET IS
12	MORE PERMISSIVE OR WILL BE MORE PERMISSIVE IN 2012
13	TO PEOPLE PARTICIPATING IN THE LOAN PROGRAM. AND IF
14	WE HAVE A MUCH BROADER PORTFOLIO WITH A LOT IF
15	INDUSTRY SEES WE'RE GOING INTO THIS AT THIS SCALE,
16	WE MAY GET MORE PARTICIPANTS FROM INDUSTRY THAT ARE
17	FURTHER DOWN IN THE DEVELOPMENT PIPELINE IN PHASE I,
18	PHASE II, PHASE III WHERE THEY HAVE MORE INTEREST IN
19	INVOLVING THEMSELVES IN THE LOAN PROGRAM. AND WE
20	CAN REALLY IF WE DON'T GET SOMETHING IN THE
21	PIPELINE IN TERMS OF LOANS BY 2012, WE'RE NOT GOING
22	TO SEE ANY MONEY COME IN FOR A LONG TIME.
23	CHAIRMAN KLEIN: WE DO HAVE SOME
24	INCENTIVES FOR EARLY PAYOFFS, BUT YOUR POINT IS
25	QUITE WELL TAKEN. LET'S ASK DR. TROUNSON.
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1	DR. TROUNSON: YOU NEED TO BACK IT BACK
2	FROM WHAT WE CAN ACTUALLY HANDLE, I GUESS. IT'S
3	VERY HARD TO PREDICT THE NUMBER OF GRANTS THAT WILL
4	REALLY BE THERE. WE HAVE TO FOCUS ON THE GRANTS
5	THAT WILL GET INTO THIS NEXT ROUND. SO IT'S EARLY.
6	IT'S BASICALLY EARLY NEXT YEAR, RIGHT, THAT WE'LL
7	RECEIVE THESE APPLICATIONS. SO IT'S NOT LATER ON.
8	IT'S WHETHER THEY'RE THERE NOW.
9	OUR OWN FEELING IS THAT WE'RE NOT
10	OVERWHELMED. BUT ANYWAY, THE ONLY WAY YOU REALLY
11	FIND OUT IS IF YOU PUT OUT THE APPLICATION AND SEEK
12	THE NUMBERS. BUT THE FIRST TIME AROUND, OF COURSE,
13	YOU WOULD GATHER KIND OF EVERYBODY WHO REALLY HAD
14	SOMETHING. AND SO THEN YOU SHOULD LOGICALLY I
15	WOULD HAVE THOUGHT IT SHOULD COME DOWN AS YOU START
16	TO SATISFY. THERE'S A STRONG BUILDUP, AS YOU SAY,
17	FROM THE TRANSLATIONAL COMPONENT PART.
18	THE NUMBER THAT WE NEED TO FOCUS ON IS
19	WHAT WE CAN ACTUALLY HANDLE IN REVIEW. I DON'T
20	THINK YOU CAN HANDLE 40 OF THESE CLINICAL REVIEWS AT
21	THE ONE SITTING, SO YOU WOULD HAVE TO HAVE A MUCH
22	LONGER TIME. I THINK THE LAST TIME WE HAD CAN
23	YOU REMEMBER, BETTINA, HOW MANY WE HAD FOR LAST TIME
24	WHEN WE CONSIDERED THE FINAL GRANTS?
25	DR. STEFFEN: THERE WERE 31 DISEASE TEAM
	110

1	APPLICATIONS, AND THE COMPLEXITY, BECAUSE THESE
2	INVOLVE CLINICAL STUDIES, THE TARGETED CLINICAL
3	DEVELOPMENT, THIS WILL LOOK A LOT MORE LIKE THE
4	TARGETED CLINICAL DEVELOPMENT. AND THAT APPLICATION
5	ALMOST DOUBLES IN TERMS OF THE INFORMATION THAT WE
6	HAVE TO COLLECT AND REVIEW, DATA SAFETY MONITORING.
7	DR. TROUNSON: THEY'RE VERY LARGE.
8	CHAIRMAN KLEIN: COULD WE UNDERSTAND THAT
9	FIGURE? IN THE FINAL DISEASE TEAM APPLICATIONS, HOW
10	MANY WERE INVITED FOR APPLICATION?
11	DR. STEFFEN: THIRTY-TWO AND WE RECEIVED
12	AND REVIEWED 31.
13	CHAIRMAN KLEIN: RIGHT.
14	DR. STEFFEN: OF AN APPLICATION THAT'S
15	ABOUT HALF THE SIZE OF WHAT WE ANTICIPATE.
16	DR. TROUNSON: SO THIS IS GOING TO BE MUCH
17	LARGER, SO TO PUT IT AT 40 WOULD I JUST DON'T
18	KNOW HOW YOU'D DO THAT. YOU WOULD HAVE TO HAVE A
19	VERY LONG PROCESS OR DOUBLE SESSION, AT LEAST A
20	DOUBLE SESSION, TO HANDLE THAT. THAT'S A PRETTY BIG
21	BITE. WE LOOKED AT IT FROM THAT SIDE BACKWARDS WHAT
22	WE COULD HANDLE AT THIS POINT AND WHAT WE WERE THEN
23	GOING TO ENCOURAGE GOING FORWARD.
24	PART OF THE TROUBLE IS YOU DON'T WANT A
25	MASSIVE NUMBER OF PEOPLE WRITING THESE VERY BIG

1	GRANT APPLICATIONS BECAUSE THAT'S THEY DON'T GET
2	THEM, OF COURSE, THE WRITTEN GRANT APPLICATION, BUT
3	THEY'VE TAKEN A LOT OF TIME AND EFFORT TO DO THAT.
4	SO THIS IS ALSO A BIT OF A DOWNER. SO WHAT WE
5	WANTED TO DO IS TRY AND CONTROL THOSE NUMBERS SO
6	THAT IT WAS ENOUGH WE HAD ENOUGH TO CONSIDER AND
7	THEN ENOUGH TO NOT TOO MANY THAT WERE WRITING
8	THESE VERY LARGE APPLICATIONS THAT WOULDN'T GET
9	THEM.
10	SO MAYBE MY FEELING IS NOT TO GO OUT AS
11	FAR AS JEFF HAS SUGGESTED. THAT SEEMS LIKE IT'S
12	OVERWHELMING AND WE'RE UNLIKELY TO BE ABLE TO COPE.
13	IT'S A HUGE AMOUNT OF WORK.
14	BUT IT DEPENDS ON THE BOARD AND THE
15	FEELING FOR HOW MUCH YOU WANT TO REALLY INCREMENT
16	THIS IN A WAY WITHOUT BUSTING OUR CAPACITY.
17	CHAIRMAN KLEIN: DR. PIZZO AND THEN I'M
18	GOING TO GO TO OS STEWARD AND THEN DUANE ROTH.
19	DR. PIZZO: A COUPLE OF VERY QUICK
20	COMMENTS AND THEN A QUESTION AND PROPOSAL. THE
21	QUICK COMMENT, FOLLOWING UP TO WHAT GARY STEINBERG
22	SAID THIS MORNING, IN ADDITION TO THE POINTS THAT
23	WERE MADE IS HE A COUPLE TIMES REFERENCED THAT THE
24	RESULTS, THE FRUIT OF RESULTS, MIGHT TAKE 10 TO 20
25	YEARS. NONE OF US KNOW EXACTLY WHEN THAT'S GOING TO

1	BE, BUT HE WAS BEING REASONABLY CONSERVATIVE.
2	I THINK WE WANT TO DO THE FOLLOWING. WE
3	RECOGNIZE THE INCREDIBLE AMOUNT OF PROGRESS THAT'S
4	BEEN MADE. IF WE JUST THINK ABOUT WHERE WE'VE BEEN
5	OVER THE LAST SIX YEARS TO WHERE WE ARE TODAY, IT'S
6	REALLY EXTRAORDINARY. AND WE WANT TO SEE THIS
7	EFFORT BE SUSTAINED OVER TIME. SO THAT IF PROP 71
8	AND CIRM WERE TO COMPLETE ITS DECADE CYCLE AND, IN
9	ESSENCE, DISAPPEAR, WE WOULD HAVE LOST OUR
10	INVESTMENT AS A STATE AND AS A NATION.
11	SO THINKING ABOUT HOW TO PREPARE FOR THAT,
12	WHICH IS, I THINK, ONE OF JEFF'S MAJOR DRIVING
13	ISSUES, IS HOW DO WE FEED THIS PIPELINE IN A WAY
14	THAT BOTH PROMOTES GOOD SCIENCE AND APPLICATION, BUT
15	ALSO CREATES A PATHWAY TO CONTINUED SUPPORT SO THAT
16	OVER TIME WE CAN REALIZE THIS.
17	AND I, THEREFORE, LIKE THE CONCEPT OF
18	PRIMING THAT PIPELINE MORE. I DON'T KNOW WHAT THE
19	RIGHT NUMBER IS, BUT I THINK SOMETHING MORE THAN WE
20	HAVE NOW MAKES SENSE.
21	HERE'S THE ADDITIONAL CAVEAT. I THINK
22	IT'S IMPORTANT TO LOOK AT THE DISEASE TEAMS AS
23	THEY'VE BEEN CONSTRUCTED, BUT TO LOOK AT THEM AS
24	LEARNING LABORATORIES. WE DON'T KNOW WHETHER THE
25	CURRENT MODEL IS GOING TO ACHIEVE THE KIND OF

1	OUTCOME THAT WE WANT. IN FACT, YOU STATED, AND I
2	THINK CORRECTLY, THAT LOTS OF IT WILL FAIL. AND IF
3	IT FOLLOWS THE RULES OF SCIENCE, LOTS OF THINGS WILL
4	FAIL BEFORE WE GET SUCCESSES ANYWAY. AND I WOULD
5	LIKE TO SEE THE DISEASE TEAM CONCEPT EXPLORE SOME
6	UNCHARTED WATERS AS WELL. SO BEFORE WE PUT ALL OF
7	OUR INVESTMENTS IN MORE OF THE SAME, I'D LIKE TO
8	THINK ABOUT WAYS OF CREATING OTHER PARTNERSHIPS.
9	SO, FOR EXAMPLE, SHOULD WE BE THINKING
LO	ABOUT MORE ACADEMIC INDUSTRY RELATIONSHIPS SUPPORTED
L1	RESULTS THAT WILL FOSTER THE TRANSLATION MORE
L2	RAPIDLY? THIS IS A NEW TERRITORY. I'M NOT SURE
L3	THAT THERE'S LOTS OF ISSUES THAT WE NEED TO GET
L4	RESOLVED FROM IP TO CONFLICT AND ALL THE REST; BUT
L5	IF WE COULD THINK ABOUT WAYS OF USING FUNDS TO SEED
L6	CONNECTIONS, WE MIGHT BE MORE ABLE TO DO WHAT WE ALL
L7	WANT TO DO.
L8	WHAT I'M GETTING AT IS, A, I AGREE THAT WE
L9	SHOULD PRIME MORE ROBUSTLY THAN WE SEEM TO BE RIGHT
20	NOW; BUT, B, WE SHOULDN'T PUT ALL OF OUR EGGS IN ONE
21	BASKET. WE COULD THINK ABOUT OTHER VENUES THAT
22	MIGHT STIMULATE NEW APPROACHES THAT WE'RE NOT YET
23	THINKING ABOUT THAT WILL MOVE THE AGENDA FORWARD
24	WITH THE PREMISE, THE IMPORTANT PREMISE, THAT WHAT
25	WE WANT TO DO IS TO MAKE SURE THAT THE FIRST SIX

1	YEARS' INVESTMENT THAT WILL ULTIMATELY BE TEN IS
2	CARRIED FORTH FOR YEARS BEYOND THAT SO THAT WE
3	REALLY DO ACHIEVE THE RESULTS THAT WE'RE ALL AIMING
4	AND SEEKING.
5	CHAIRMAN KLEIN: SO IN THE TIMELINE HERE
6	THAT WE'RE ALL TALKING ABOUT, BY JUNE OF 2012, IF WE
7	GO OUT FOUR YEARS FROM THAT TO 2016, IN FACT, IT'S
8	VERY IMPORTANT THAT IN JUNE OF 2012 WE FAST TRACK
9	GETTING FROM APPROVAL TO AUTHORIZATIONS FOR FUNDING.
10	IN FACT, PERHAPS LENGTHEN THE TIME THAT A TEAM CAN
11	WORK AND GET REIMBURSEMENT TO THE TIME THEIR FINAL
12	DOCUMENTATION IS DONE AS LONG AS THEY ARE PROCEEDING
13	ONLY AFTER THE PROPER COMMITTEE APPROVALS FROM THEIR
14	OWN INSTITUTION. BECAUSE 2016 JUNE WE MAY HAVE ON
15	THE NOVEMBER BALLOT OF 2016 ANOTHER \$4 BILLION UNDER
16	CONSIDERATION AT THAT TIME. SO THE TIMING OF THIS
17	PORTFOLIO BUILDUP IS VERY IMPORTANT.
18	IT IS ALSO ENCOURAGING THAT OF THE FIRST
19	DISEASE TEAM GROUP THAT WE FUNDED IN PORTFOLIO, IT
20	APPEARS THAT SOME OF THEM WILL GET TO A PHASE I
21	TRIAL IN LESS THAN FOUR YEARS, WHICH IS HELPFUL, BUT
22	ONLY WITH A LARGER PORTFOLIO THAT WE HAVE A CHANCE
23	FOR THAT REALLY OCCURRING WITH ANY REAL POSSIBILITY
24	GOING FORWARD.
25	SO, OS, YOU HAD A COMMENT.

1	DR. PIZZO: CAN I JUST MAKE ONE FOLLOW-UP?
2	AND THAT IS JUST TO REMIND OURSELVES THAT PHASE I IS
3	A NICE END POINT, BUT MOST THINGS FAIL AT PHASE I.
4	SO WE NEED TO BE THINKING ABOUT A BIGGER PHASE I
5	PORTFOLIO IF WE'RE GOING TO HIT INTO WHAT WE
6	ULTIMATELY WANT TO GET TO IS SOMETHING THAT WILL
7	LEAD TO AN IND. THAT'S A WHOLE DIFFERENT SET OF
8	ISSUES FOR US.
9	DR. STEWARD: TWO COMMENTS. I ALWAYS
10	WORRY A LITTLE BIT ABOUT CLOSING DOORS. AND ONE CAN
11	IMAGINE I CERTAINLY UNDERSTAND THE RATIONALE FOR
12	HAVING A REQUIREMENT FOR A PLANNING GRANT BEFORE THE
13	MAIN GRANT BECAUSE IT CERTAINLY, MAYBE NOT
14	GUARANTEES, BUT ENHANCES THE LIKELIHOOD THAT YOU
15	WILL GET A BETTER APPLICATION. ON THE OTHER HAND,
16	YOU CAN IMAGINE SITUATIONS WHERE SOMETHING MIGHT NOT
17	BE IN PLACE AT THE TIME THE PLANNING GRANT WAS DUE
18	AND MIGHT BE IN PLACE AT THE TIME THAT THE REGULAR
19	PROPOSAL WAS DUE. I JUST WOULD ENCOURAGE YOU TO
20	THINK ABOUT WHETHER THAT RIGID REQUIREMENT FOR
21	HAVING A PLANNING GRANT BEFORE PUTTING IN THE MAIN
22	GRANT MIGHT NOT SHUT OFF SOME THINGS THAT ARE
23	POTENTIALLY QUITE IMPORTANT.
24	THE SECOND THING I THINK RELATES TO WHAT
25	JEFF WAS TALKING ABOUT AND A LITTLE BIT WHAT DR.

1	PIZZO WAS TALKING ABOUT IN TERMS OF SCOPE AND HOW
2	MANY GRANTS SHOULD WE FUND. AND JUST TO REMIND
3	EVERYBODY, THE BIG DIFFERENCE BETWEEN WHAT WE DO AND
4	WHAT NIH DOES IS THAT WE HAVE NEVER GIVEN ANYBODY A
5	SECOND BITE OF THE APPLE, SO TO SPEAK. IF A GRANT
6	COMES IN AND THERE ARE FLAWS WITH IT, THERE REALLY
7	ISN'T ANY WAY FOR THE PROPOSAL TO BE FIXED AND
8	RESUBMITTED. THEY ESSENTIALLY JUST LOSE OUT.
9	I WONDER IF, GIVEN HOW IMPORTANT THIS IS,
10	I WONDER IF THIS MIGHT BE THE ONE WHERE WE WOULD
11	MAKE THAT AN OPPORTUNITY FOR PEOPLE TO COME BACK IN
12	WITH A REVISED PROPOSAL, MAYBE HAVE REALLY TWO
13	SEPARATE ROUNDS DEVOTED TO THIS WHOLE THING WHERE
14	SOME OF THE REALLY HIGH QUALITY PROPOSALS THAT HAD
15	SOMETHING WRONG WITH THEM MIGHT BE ABLE TO COME BACK
16	AND BE RECONSIDERED.
17	CHAIRMAN KLEIN: ONE OF THE CONSIDERATIONS
18	IN ADDRESSING THAT, BETTINA, IS IF YOU COULD ADDRESS
19	THE ADDITIONAL TIME AND WHAT THAT DOES IN TERMS OF
20	WHAT THE TIME SCHEDULE MIGHT BE.
21	DR. STEFFEN: SORRY. THE ADDITIONAL TIME?
22	CHAIRMAN KLEIN: IF, IN FACT, WE ALLOW
23	DR. STEFFEN: I THINK THAT YOUR LAST POINT
24	ABOUT INCORPORATING FEEDBACK FROM THE GRANTS WORKING
25	GROUP IS EXACTLY THE CONCEPT BEHIND THIS PLANNING

1	AWARD WITH THE SEATED GRANTS WORKING GROUP AND THEN
2	A FULL APPLICATION. SO IN ASKING FOR THE SCIENTIFIC
3	PROPOSAL IN THIS PLANNING AWARD, WHICH WE DID NOT DO
4	IN THE LAST ROUND, THEY WILL HAVE AN OPPORTUNITY TO
5	RECEIVE THE GRANTS WORKING GROUP FEEDBACK, BE
6	PROVIDED THAT FEEDBACK, AND INCORPORATE THAT INTO
7	THEIR PROPOSAL AT A FULL APPLICATION.
8	SO THE GRANTS WORKING GROUP COULD SAY AT
9	THE PLANNING STAGE, PLANNING APPLICATION STAGE, WE
10	LIKE IT, IT'S MISSING THIS, WE'LL LOOK AT A FULL
11	PROPOSAL IF THEY CAN ADDRESS THIS ISSUE, AND SO
12	FORTH. SO THAT WAS OUR CONCEPT AND OUR PLAN TO USE
13	THE SPECIFIC INPUT FROM THE GRANTS WORKING GROUP.
14	SO THEY WOULD HAVE TO VOTE TO APPROVE AND GIVE THAT
15	TEAM A PLANNING AWARD TO FLESH OUT THE REST OF THE
16	DETAILS.
17	CHAIRMAN KLEIN: DUANE.
18	MR. ROTH: THANK YOU. I WANTED TO SPEAK
19	TO WHAT JEFF AND PHIL WERE TALKING ABOUT A LITTLE
20	BIT AND TO SUGGEST THAT WE NEED TO PUT IN CONTEXT
21	WHAT WE ALL ARE TRYING TO DO HERE. WE'RE ALL
22	FAVORING MOVING THINGS FROM DISCOVERY TO TRANSLATION
23	IN THE CLINIC. BUT I THINK THE CONSIDERATION SHOULD
24	BE WHETHER THE DISEASE TEAMS ARE THE ONLY INSTRUMENT
25	THAT WE WANT TO USE HERE. THEY ARE COMPLEX

1	INSTRUMENTS. AND THEY DON'T LEAVE YOU A LOT OF
2	FLEXIBILITY ONCE YOU'VE MADE A DECISION TO GO.
3	SO ONE SUGGESTION MAY BE TO CONSIDER
4	AUGMENTING THE DISEASE TEAM AS OUTLINED WITH A
5	CLINICAL GRANT OR LOAN TO MOVE PRODUCTS THAT DON'T
6	REQUIRE MULTIPLE INSTITUTIONS AND COMPANIES TO COME
7	TOGETHER, BUT RATHER ADVANCE THOSE EARLY CLINICAL
8	TRIALS ON A ONE-BY-ONE BASIS. SO I THINK WE SHOULD
9	PROBABLY LOOK AT IT IN THAT CONTEXT, NOT SO MUCH IN
10	IF WE DOUBLE THIS NUMBER, WE HAVE DOUBLE THE CHANCE,
11	BUT A SECOND LAYER, WHICH IS TO ALLOW THAT
12	FLEXIBILITY TO FUND INDIVIDUAL PROJECTS WHICH ALSO,
13	BY THE WAY, ADDRESSES THE LOAN ISSUE.
14	WE LEARNED IN THIS LAST DISEASE TEAM THE
15	COMPLEXITY AND THE INCENTIVES AND DISINCENTIVES THAT
16	PEOPLE WENT THROUGH TRYING TO FIGURE OUT WHETHER
17	THEY SHOULD COME IN ON A GRANT OR A LOAN. AND I
18	WOULD HAVE GUESSED, AND IT PROVED TO BE TRUE, THAT
19	MOST OF THEM WOULD COME FOR THE GRANT BECAUSE THAT'S
20	GOING TO BE MORE DESIRABLE.
21	SO IF YOU REALLY WANT TO GET LOANS OUT,
22	
	YOU NEED SORT OF A LOAN ONLY RFP. THEN PEOPLE WILL
23	APPLY KNOWING FULL WELL THAT'S HOW THE MONEY WILL BE
23 24	
	APPLY KNOWING FULL WELL THAT'S HOW THE MONEY WILL BE

1	PEOPLE WENT THROUGH THIS PROCESS WHICH WAS
2	EXTRAORDINARILY COMPLEX. COMPANIES THAT WERE
3	PROVIDING REAGENTS OR EVEN DRUGS WERE TREMENDOUSLY
4	WORRIED ABOUT THE REACH-THROUGH PROVISIONS, AND WE
5	HAVE TO DEAL WITH SORT OF LAW FIRM AFTER LAW FIRM
6	AND COMPANY AFTER COMPANY.
7	SO IF WE COULD SIMPLIFY THAT, I THINK IT
8	WOULD ACCOMPLISH WHAT JEFF IS LOOKING FOR AND WHAT
9	PHIL WAS TALKING ABOUT.
10	CHAIRMAN KLEIN: DR. TROUNSON AND THEN I'M
11	GOING TO GO TO JEFF SHEEHY AND THEN ED PENHOET.
12	DR. TROUNSON: YOU KNOW, YOU CAN ACTUALLY
13	COME IN AS A SINGLE ENTITY AS A COMMERCIAL ENTITY ON
14	THIS. THERE'S NOTHING THAT PREVENTS THAT. THE
15	DISEASE TEAMS, THE IDEA WAS TO BUILD TEAMS THAT WERE
16	CAPABLE. IF YOU'RE CAPABLE WITHOUT ADDING ON, THEN
17	IT'S NOT IN ANY WAY THAT IN THE REVIEW PROCESS
18	DOES NOT SORT OF STOP ANY OF THAT.
19	SO I THINK THAT THAT'S ACCOMMODATED WITHIN
20	THIS. YOU CAN ACTUALLY ENTER WITH AN IND IN THIS
21	PARTICULAR ONE IF THAT'S WHAT YOU HAVE, OR YOU CAN,
22	AS A SINGLE ENTITY, COME IN. YOU JUST HAVE TO BE
23	YOU KNOW, YOU HAVE TO GET THROUGH THE GRANTS WORKING
24	GROUP TO BE SCORED HIGHLY ENOUGH.
25	CHAIRMAN KLEIN: DR. TROUNSON, REMIND THE
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1	BOARD ABOUT THE CLINICAL TRIAL ROUND AS WELL. I'M
2	GOING TO GO AFTER ED PENHOET, DR. PIZZO, I'LL
3	COME BACK TO YOU.
4	DR. TROUNSON: THERE'S A CLINICAL TRIAL
5	ROUND THAT WE'RE GOING TO RELEASE THAT RFA WITHIN
6	THE NEXT FEW DAYS, WE HOPE. THAT'S CONFINED TO
7	PLURIPOTENTIAL STEM CELLS, SO THERE'S POSSIBLY NOT A
8	LOT OF APPLICANTS THAT ARE HOLDING IND'S THAT WOULD
9	BE IN THAT SPACE. BUT WE KNOW THAT THERE A NUMBER,
10	A NUMBER OF 3+, AND WE DON'T KNOW WHO'S GOING TO
11	COME FORWARD. THERE'S BEEN A LOT OF INTEREST.
12	AND SO LOOKING AT THIS PARTICULAR
13	PORTFOLIO THERE, GIVE YOU SOME IDEA OF WHERE THE
14	DIFFERENT PROJECTS ARE. THIS HAS BEEN CONSTRUCTED
15	BY DR. OLSON WHO'S HAD SOME EXPERIENCE IN THIS
16	SPACE. AND SO THE LEADING EDGE, YOU CAN SEE, IS UP
17	THERE AT DIABETES. THEY'RE IN THIS PRECLINICAL
18	DEVELOPMENT PART OF IT, BUT A LOT OF THE OTHERS ARE
19	JUST YOU KNOW, THEY'RE A FAIR WAY BACK. SO WE
20	ARE IN THIS PROCESS SORT OF STILL BUILDING OUR
21	CAPACITY. SO IT'S VERY CLEAR TO ME THAT THERE'S NOT
22	A LOT IN THIS SORT OF LATE PHASE AT THE PRESENT TIME
23	OR NOT OBVIOUS TO ME. MAYBE IT WILL COME OUT OF THE
24	APPLICATION PROCESS, BUT IT WILL BE I THINK WILL
25	BE SURPRISING IF THERE'S THE NUMBER THAT JEFF IS
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1	TALKING ABOUT AT THIS POINT IN TIME BECAUSE I'M OUT
2	THERE IN THE INSTITUTIONS AND WITH THE COMPANIES.
3	SOME OF THE COMPANIES HAVE NOT INDICATED
4	WHETHER THEY WOULD COME IN OR NOT. I THINK IT
5	DEPENDS A LOT ABOUT WHAT THEY DO WHEN THEY READ
6	ABOUT THE LOANS, TO BE HONEST, AND THERE'S A WHOLE
7	LOT OF NEGOTIATIONS WHICH RELATE TO THAT BEFORE
8	THEY'LL COME IN. SO IT'S POSSIBLE THAT I THINK
9	YOU'RE THINKING THERE'S PROBABLY A LOT MORE THERE
10	THAN ACTUALLY WILL BE, BUT I GUESS WE'LL HAVE TO
11	FIND OUT IN DUE COURSE. BUT THAT IS A REALISTIC
12	ESTIMATE OF WHERE THESE PROJECTS ARE AT THE PRESENT
13	TIME BECAUSE THE STAFF HAVE REALLY BEEN VERY CLOSE
14	AND LINKED UP AT THE MOMENT.
15	DR. STEFFEN: MAY I JUST CLARIFY ONE
16	POINT? TO DUANE'S POINT, SO THERE'S NOTHING IN THIS
17	THAT PRECLUDES A FOR-PROFIT WALKING UP AS A SINGLE
18	ENTITY APPLICANT. THERE ARE NO COMPLEX TRANSFERS.
19	THEY CAN BE A ONE-STOP SHOP, WALK UP, APPLY FOR A
20	LOAN.
21	MR. ROTH: I UNDERSTAND THAT. MY POINT IS
22	THAT THE ONES WE FUNDED WERE COMPLEX INSTRUMENTS,
23	AND THAT'S THE PERCEPTION. IF YOU ADVERTISE AND
24	PROMOTE IT AS STANDALONE, THAT'S FINE, BUT THOSE
25	FAVORED MULTIPLE INSTITUTIONS AND EVEN INTERNATIONAL

1	STUDIES OR PARTNERS BEING ASSOCIATED WITH THOSE.
2	AND FROM MY STANDPOINT, THE FACT THAT WE ONLY FUNDED
3	ONE COMPANY OUT OF THE 14 OR WHATEVER IT WAS DISEASE
4	TEAMS TELLS ME YOU DON'T THINK OF INSTITUTIONS AS
5	BEING THE DRIVERS OF IND'S AND PHASE I AND PHASE
6	II'S. YET THAT'S WHO WE GOT DRIVING THE BUS RIGHT
7	NOW.
8	THAT'S ALL I'M GETTING AT IS IF YOU CAN
9	POSITION PROPERLY SO THAT INDIVIDUAL COMPANIES DON'T
10	THINK THEY'RE GOING TO NEED TO HAVE A PI WITH A BIG
11	NAME OR AN INSTITUTION BEHIND IT AND THEY THINK
12	THEY'LL HAVE A FAIR OPPORTUNITY, THEN I THINK IT'S
13	FINE. BUT IT'S PERCEPTION AND REALITY. I REALIZE
14	BY THE LETTER OF THE LAW YOU CAN DO THIS, BUT THAT
15	DOESN'T MEAN IT'S GOING TO BE WORTH THE EFFORT TO
16	WIN IF YOU THINK YOU CAN'T GET THROUGH REVIEW
17	PROCESS BECAUSE THERE WILL BE A BIAS TOWARDS THESE
18	MULTIFACTORIAL PARTNERS.
19	CHAIRMAN KLEIN: IN ENHANCING COMPANIES
20	AND COMPANY-ACADEMIC PARTICIPATIONS, I THINK, DUANE,
21	IT MAY BE IMPORTANT TO QUICKLY LOOK AT OUR LOAN
22	TERMS. OUR PERFECT MODEL MAY BE THE ENEMY OF THE
23	PRACTICAL. AND I THINK UNTIL COMPANIES GET MORE
24	EXPERIENCE WITH THE LOAN PROGRAM, I THINK WE MAY
25	NEED TO MAKE THOSE TERMS LESS ACCRESSIVE TO REALLY

1	GET SOME MOMENTUM IN THAT LOAN PROGRAM AND INDUCE
2	MORE COMPANY PARTICIPATION SO THAT WE REALLY CAN
3	MOVE THAT MODEL FORWARD. THAT'S A SUBJECT FOR THE
4	FINANCE COMMITTEE IN A DIFFERENT DISCUSSION.
5	JEFF SHEEHY.
6	MR. SHEEHY: WELL, I HAD A COUPLE OF
7	POINTS. ONE, AS TO THE BURDEN ON THE APPLICANTS WHO
8	GO TO THE DIFFICULTY OF PREPARING THESE
9	APPLICATIONS, WE BASICALLY FUNDED THEM TO DO IT. SO
LO	I DON'T THINK IT'S PARTICULARLY ONEROUS. WE'VE
L1	GIVEN FUNDING TO PREPARE THE APPLICATIONS THAT THEY
L2	TURN THEM IN AND THEY DON'T GET THEM.
L3	THE OTHER THING
L4	CHAIRMAN KLEIN: YOU'RE REFERRING TO THE
L5	FACT THAT IF THEY GET A PLANNING GRANT, IT WILL FUND
L6	THE VERY THOUGHTFUL AND INTENSIVE PROCESS THAT DR.
L7	TROUNSON WAS REFERRING TO.
L8	MR. SHEEHY: YEAH. THE OTHER THING IS I
L9	ACTUALLY THINK THAT A LARGER GROUP OF GRANTS AND A
20	MORE DIFFICULT REVIEW WILL ACTUALLY SOLVE ONE OF THE
21	PROBLEMS IN THE FIRST DISEASE TEAM REVIEW IN THAT WE
22	SHOULD HAVE A DIFFERENT REVIEW FOR CERTAIN AREAS OF
23	INQUIRY. ONE OF THE REASONS WE HAD THE PROBLEM WITH
24	THE ABOODY GRANT IS THAT THE MAJORITY OF THE PEOPLE
25	SITTING AROUND THAT TABLE WERE NOT NEUROLOGISTS. SO

1	YOU HAD A COUPLE OF EXPERTS AND THEY GOT IT WRONG.
2	AND SO WE'RE REALLY WE'VE GOT
3	HEMATOPOETIC, ADULT STEM CELLS, AND WE'VE GOT STROKE
4	USING EMBRYONIC STEM CELLS, WE'VE GOT IPS CELLS
5	GOING FOR EPIDERMOLYSIS BULLOSA, AND THAT'S A LOT,
6	AND YOU END UP WITH ONLY A VERY SMALL NUMBER OF
7	PEOPLE ON THE ACTUAL VOTING WORKING GROUP WHO
8	UNDERSTAND THE UNDERLYING SCIENCE, AND THEY'RE
9	RELYING ON A SMALL SET OF SPECIALISTS. AND THAT
10	BECOMES SO YOU REALLY LOSE THE TEXTURE OF A FULL
11	REVIEW GIVEN THE COMPLEXITY OF THE SCIENCE WE'RE
12	REVIEWING.
13	AND SO I WOULD ACTUALLY SAY I MEAN WE
14	CAN EITHER DO A LOT OF SMALLER REVIEWS, OR WE CAN DO
15	A BIG REVIEW AND DO A LOT OF THINGS. THIS SEEMS
16	LIKE THIS IS DOING A LOT OF THINGS. WE'RE GOING
17	IND, WE'RE GOING PHASE I, WE'RE GOING PHASE II,
18	COMPANIES, COMPANY-ACADEMIC PARTNERSHIPS. LET'S TRY
19	TO HAVE A REALLY GOOD REVIEW PROCESS, AND MAYBE IT
20	IS A SERIES OF REVIEWS OVER SPECIFIC DISCRETE
21	SCIENTIFIC ALL THE NEUROLOGICAL ONES IN ONE ROOM,
22	BUT THINK OF NATURAL ONCE WE KNOW WHAT WE HAVE,
23	WHICH THE GREAT THING ABOUT THE PLANNING AWARD
24	MECHANISM IS THAT WHATEVER NUMBER WE DECIDE ON, WE
25	WILL HAVE AN IDEA, WE WILL KNOW EXACTLY WHAT WE'RE
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1	GOING TO HAVE FOR BIG REVIEW. WE HAVE A LOT OF TIME
2	TO PUT TOGETHER MAYBE A WEEK OF REVIEW OR A REVIEW
3	ONE WEEK AND THE NEXT WEEK INVOLVING DIFFERENT SETS
4	OF INDIVIDUALS WITH DIFFERENT SETS OF EXPERTISE.
5	SO I THINK IF WE'D HAD TEN NEUROLOGISTS
6	AROUND THE TABLE, I THINK THE ABOODY GRANT WOULD
7	HAVE GOTTEN APPROVED BECAUSE THEY WOULD HAVE SAID,
8	OH, SHE'S USING THIS IS THE DRUG THAT'S REALLY
9	THE HOT DRUG RIGHT NOW, WHICH WAS REALLY THE THING
10	THAT THEY WERE DELIVERING AND HAD NOT PERMEATED TO
11	THOSE PARTICULAR SETS OF SPECIALISTS THAT THIS WAS
12	WHAT MANY PEOPLE IN THE FIELD WERE CONSIDERING THE
13	BEST CHEMICAL TO DELIVER TO THE BRAIN TO KILL THESE
14	TUMORS.
15	SO I DISCUSSED WITH GIL THAT THE BREADTH
16	OF THE APPLICATIONS THAT WE'RE REVIEWING IN DISEASE
17	TEAMS PUTS AN ENORMOUS BURDEN ON A VERY SMALL NUMBER
18	OF PEOPLE TO MAKE A LOT OF DECISIONS.
19	AND THE OTHER POINT I'D MAKE IS THAT I
20	UNDERSTAND WHAT DUANE AND DR. PIZZO HAVE SAID ABOUT
21	TRYING TO DO SOMETHING DIFFERENT, BUT WE'RE KIND OF
22	LOCKED INTO I LOOK AT THIS SCHEDULE. WE'RE
23	LOCKED. THIS IS THE NEXT THING COMING UP, SO
24	WHATEVER YOU WANT TO FIT IN, THINK ABOUT WHEN THAT'S
25	GOING TO BE, HOW THAT'S GOING TO BE DESIGNED. WE

1	HAVE A NEW STRATEGIC PLANNING PROCESS THAT'S JUST
2	NOW BEGINNING WITH AN EXTERNAL REVIEW WHICH SHOULD
3	BE THE POINT AT WHICH WE START TO DISCUSS AND
4	CONSTRUCT THESE DIFFERENT TYPES OF RFA'S, WHICH I'M
5	VERY SUPPORTIVE OF. BUT I DON'T SEE THE MECHANISM
6	TO GET THOSE CONSTRUCTED, INTRODUCED INTO OUR
7	SYSTEM, PUT ON OUR SCHEDULE BEFORE THIS HAPPENS.
8	AND THEN I STILL HAVE THE PIPELINE
9	PROBLEM. I WANT TO HAVE ENOUGH STUFF IN THE
10	PIPELINE SO THAT WHEN YOU GO IN 2016, WE'VE ACTUALLY
11	GOT SOMETHING TO SHOW THE VOTERS. THAT'S WHERE I'M
12	COMING FROM.
13	CHAIRMAN KLEIN: OKAY. THANK YOU VERY
14	MUCH. DR. PENHOET.
15	DR. PENHOET: A COMMENT AND A QUESTION TO
16	YOUR ISSUE, JEFF. I THINK YOU'VE PUT YOUR FINGER ON
17	A VERY IMPORTANT ISSUE. IF THESE WERE NIH GRANTS,
18	THEY WOULD ALL GO TO DIFFERENT STUDY SECTIONS TO BE
19	EVALUATED. EARLY ON IN OUR PROCESS, WE WERE
20	EVALUATING BASIC RESEARCH AND STEM CELL BIOLOGY
21	BASICALLY, AND WE ASSEMBLED THE GROUP TO DO THAT.
22	HERE YOU REALLY, BY DEFINITION, REQUIRE EXPERTISE IN
23	THESE DISEASES IN ORDER TO MAKE RATIONAL DECISIONS
24	ABOUT WHAT GETS FUNDED. I DON'T KNOW HOW WE'RE
25	GOING TO SOLVE THAT PROBLEM NECESSARILY, BUT I THINK

1	IT'S A VERY IMPORTANT ISSUE THAT YOU BRING UP
2	BECAUSE IT'S AN ENTIRELY DIFFERENT SET.
3	THE QUESTION I HAD WAS IF YOU PARSE THIS
4	PROBLEM INTO THE NUMBER OF PLANNING GRANTS AND THE
5	NUMBER OF ACTUAL GRANTS, YOU SAID THAT THE PLANNING
6	GRANT LIMITATION WAS DESIGNED PRIMARILY TO ADDRESS
7	THE ISSUE OF INTERNAL CAPACITY. BUT THE NUMBER THAT
8	YOU WOULD ACTUALLY FUND BEING SIX, WAS THAT DRIVEN
9	BY FINANCIAL CONSIDERATIONS? WAS IT DRIVEN BY ALSO
10	CAPACITY TO MANAGE THOSE GRANTS? HOW DID YOU CHOOSE
11	SIX AND \$120 MILLION? WHAT WAS THE BASIS FOR THAT
12	CHOICE?
13	DR. TROUNSON: THAT WAS CHOSEN FROM THE
14	NUMBERS ESSENTIALLY FROM IF YOU HAD 20 FULL GRANTS,
15	YOU'D EXPECT A HIGH ORDER OF EXPECTATION OUT OF
16	THOSE WOULD BE A THIRD THAT WOULD REALLY BE
17	WORTHWHILE FUNDING. SO THAT'S THE KIND OF
18	COMPUTATION THAT WE WERE MAKING.
19	CHAIRMAN KLEIN: OKAY.
20	DR. PENHOET: THAT'S A PREDICTION. BUT IF
21	YOU DOUBLE, YOU COULD DO 12, YOU STILL MIGHT SAY IF
22	WE AUTHORIZE UP TO 12, FOR EXAMPLE, YOU COULD STILL
23	ONLY FUND SIX IF THERE ARE ONLY GOOD ONES IF YOUR
24	PREDICTION THAT THERE WILL ONLY BE SIX GOOD ONES
25	TURNS OUT TO BE THE CASE.
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1	DR. TROUNSON: YEAH. A LOT DEPENDS,
2	CLEARLY DEPENDS ON WHAT IS CLASSIFIED AS GOOD
3	PROJECTS, AS YOU SAY. WE DO USE A RANGE OF
4	SPECIALISTS. SO IN THE SENSE I DON'T THINK IT'S
5	NECESSARILY A GOOD IDEA TO TALK ABOUT ONE GRANT
6	WHERE SOMEONE GOT IT WRONG. THERE WAS AN EXPERT WHO
7	GOT SOMETHING WRONG, AND WE WENT AND SORT OF
8	CORRECTED THAT. BUT WE HAVE THE ABILITY TO BRING IN
9	EXPERTS AND A NUMBER OF THEM IN THESE GRANT AREAS.
10	SO I THINK IF THERE'S ALSO THE WORKLOAD
11	IS NOT ONLY ON THE GRANTEES SORRY ON THE
12	GRANTS REVIEW TEAM MEMBERS, BUT IT'S ALSO ON STAFF
13	BECAUSE THEY'VE GOT TO PRODUCE A HECK OF LOT OF
14	WRITTEN MATERIAL IN A RELATIVELY SHORT TIME. SO IF
15	YOU HAVE LARGE NUMBERS OF THESE REPORTS THAT YOU'VE
16	GOT TO DO, YOU REALLY DO SUBMERGE THE STAFF AS WELL.
17	WE'RE TRYING TO SORT OF FIGURE OUT WITH OUR STAFF
18	WHAT WE CAN DO. WE'RE HAVING A LOOK AT WHAT WE
19	THINK IS OUT THERE. AND THE SENSE OF IT IS THAT
20	WE'RE ON THE UNDER SIDE OF THIS BY THE SOUND FROM
21	THE BOARD, BUT OUR FEELING WHEN WE'RE OUT THERE IS
22	THAT THERE'S PROBABLY RIGHT AT THE MOMENT THERE'S
23	NOT A VERY LARGE NUMBER OF THEM UNLESS SOME OF THE
24	BIGGER COMPANIES SUDDENLY CHANGE THEIR MIND ABOUT
25	COMING INTO THIS SPACE AND COME IN WITH A NUMBER OF

1	PRODUCTS, THAT THEY'VE ACTUALLY GOT UP CLOSE TO THIS
2	PIPELINE, BUT THEY HAVEN'T SHOWN A LOT OF INTEREST
3	AT THIS POINT.
4	CHAIRMAN KLEIN: DR. TROUNSON, I THINK
5	UNDERLYING THIS DISCUSSION IS THE HOPE BY THE BOARD
6	THAT THE BILL THAT'S CURRENTLY PENDING WILL GIVE YOU
7	STAFF RELIEF AND ADDITIONAL STAFF RESOURCES TO HELP
8	MEET THIS GOAL. AND WE'LL BE OPTIMISTIC ABOUT THAT
9	FOR THE MOMENT. IT'S GONE A LONG WAY THROUGH THE
10	PROCESS.
11	DR. BRYANT: THE MOMENT HAS PAST, BUT I
12	WAS JUST GOING TO SUPPORT THE DISCUSSION WE WERE
13	HAVING ABOUT THE MISCELLANY THAT WE HAVE UP HERE OF
14	DIFFERENT TOPICS. SOMEHOW IF WE COULD ORGANIZE
15	EITHER THE CALL FOR PROPOSALS OR THE REVIEW OF THEM
16	INTO SUBGROUPS THAT WERE MORE TOPIC FOCUSED, YOU
17	COULD GATHER PEOPLE THAT ARE MORE LIKELY TO BE
18	INTERESTED AND MOTIVATED AND EXPERT IN THOSE AREAS.
19	CHAIRMAN KLEIN: IN TOOLS AND TECHNOLOGY,
20	PREVIOUSLY WE'VE HAD BACK-TO-BACK SESSIONS WITH TWO
21	OVERLAPPING ACTUALLY PEER REVIEW MEMBERSHIP TO
22	EXPAND THE EXPERTISE. THIS IS SOMETHING, I THINK,
23	WE LOOK TO THE SCIENTIFIC STAFF TO DETERMINE, BUT
24	CERTAINLY THERE'S AT TIMES UP TO 50 OUTSIDE
25	SPECIALISTS THAT COME IN AND HELP US. AS JEFF
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1	POINTS OUT, YOU HEAR THE EXPERTS, BUT THE PEOPLE WHO
2	ARE SCORING, IT'S GOOD TO HAVE A DIVERSITY OF THE
3	PEOPLE WHO ARE SCORING THAT IS ALIGNED WITH THE POOL
4	OF GRANTS TO THE EXTENT THAT YOU CAN.
5	ON THE OTHER HAND, THERE'S A LIMIT ON WHO
6	WE CAN RECRUIT, AND THERE'S A LIMIT ON THE STAFF TO
7	BE ABLE TO MOVE THIS THROUGH THE SYSTEM.
8	DR. STEFFEN, YOUR PRESENTATION IS SO
9	POPULAR, I'VE GOTTEN A COUPLE NOTES FROM THE BOARD
10	TO ASK THAT YOU E-MAIL IT TO THE BOARD BECAUSE THEY
11	LIKED YOUR PRESENTATION SO WELL.
12	WOULD YOU OR DR. OLSON LIKE TO MAKE A
13	COMMENT IN RESPONSE TO THE BOARD COMMENTS THAT HAVE
14	BEEN MADE?
15	DR. STEFFEN: I THINK I WOULD JUST LIKE TO
16	ADD THAT THE NUMBER SIX THAT WE ARRIVED AT IS A
17	CONSIDERATION OF MANY FACTORS. AND IF YOU LOOK AT
18	THIS PORTFOLIO AND THE STATE OF THE PROJECTS THAT WE
19	GOT IN THE FIRST ROUND, AND, GRANTED, IT DOES NOT
20	REPRESENT EVERY POSSIBLE PROJECT THAT IS OUT THERE,
21	BUT WE'RE STARTING LATER THAN THE FIRST ROUND OF
22	DISEASE TEAMS, SO WE'RE STARTING BETWEEN THAT
23	PRECLINICAL RESEARCH AND PRECLINICAL DEVELOPMENT
24	WHERE THERE IS EXACTLY ONE PROJECT THAT IS AT THAT
25	STAGE.

1	SO THE STATE OF SCIENCE ITSELF MAY
2	INDICATE THAT THERE MAY NOT BE THAT MANY PROJECTS.
3	WE FELT LIKE SIX WAS A HEALTHY NUMBER TO CONSIDER
4	WHO WOULD BE READY FOR THOSE. SO IT'S JUST ONE
5	OTHER FACTOR THAT WENT INTO CONSIDERING THE NUMBER
6	OF PROPOSALS.
7	CHAIRMAN KLEIN: THANK YOU. DR. OLSON,
8	DID YOU HAVE A COMMENT?
9	DR. OLSON: THANK YOU. I JUST WANTED TO
10	ADD AN ADDITIONAL CONSIDERATION. I THINK THE
11	RELEVANT NUMBER TO SOME EXTENT IS THE 20, AND I
12	THINK WE'VE EMPHASIZED THAT AT THE PREVIOUS DISEASE
13	TEAM AWARDS, WHICH WAS CONSIDERABLY EARLIER AND HAD
14	A LARGE RESEARCH COMPONENT, THERE'S NO QUESTION THAT
15	I THINK DISCOVERY AND EARLY TRANSLATIONAL
16	PRECLINICAL RESEARCH YOU SEE UP THERE IS A LARGE
17	HAS A LARGE RESEARCH ELEMENT TO IT.
18	THOSE PROPOSALS WERE 31 OF THEM CAME TO A
19	GRANTS WORKING GROUP FOR A THREE-DAY MEETING. WE'RE
20	TALKING ABOUT SOMETHING THAT'S DOUBLE THE
21	APPLICATION IS LIKELY TO BE CLOSE TO DOUBLE IN SIZE,
22	AND WE'RE I APPRECIATE THE POINT ABOUT OBVIOUSLY
23	WE ALWAYS WILL TRY AND GET RELEVANT EXPERTISE. I
24	THINK THESE KINDS OF PROJECTS FALL IN WHAT I CALL
25	THE DEVELOPMENT STAGE OF THE PIPELINE. SO THE KINDS
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	LJ4

1	OF PEOPLE WHO ARE REALLY IMPORTANT TO THAT ARE NOT
2	JUST THE DISEASE EXPERTS, THEY'RE THE REGULATORY
3	EXPERTS, THEY'RE THE PROCESS EXPERTS, THEY'RE ALSO
4	THE BIOLOGISTS TO SOME EXTENT BECAUSE YOU HAVE TO
5	ALWAYS REMEMBER IT'S THE SCIENCE THAT UNDERLIES ALL
6	OF THIS THAT MAKES THIS IMPORTANT.
7	BUT IT IS TRUE THAT THE EXPERTS IN ANY
8	PARTICULAR DISEASE AREA, IT WILL BE VERY IMPORTANT
9	TO HAVE THEM THERE AS WE DID IN THE DISEASE TEAM I.
10	AND SO WE NEED TO MAKE SURE. BUT I THINK THAT THE
11	NUMBER 20, WHETHER THERE ARE SIX OR TEN THAT COME
12	OUT OF THAT, I DON'T KNOW IF THEY'RE GOOD PROJECTS,
13	BUT I'M LOOKING AT MORE OF WHAT WE WANT TO TAKE TO
14	THE DISEASE TEAM, WHAT WE WANT TO GET THROUGH IT IN
15	A REASONABLE AMOUNT OF TIME, WHAT WE ACTUALLY DO
16	BELIEVE IS OUT THERE, AS DR. TROUNSON HAS SAID AND
17	AS REITERATED BY DR. STEFFEN.
18	SO THOSE ARE JUST POINTS THAT I WANTED TO
19	MAKE AS WELL IS THAT WE'RE TRYING TO THINK OF THE
20	GRANTS WORKING GROUP, WE'RE TRYING TO THINK OF THE
21	SOMEWHAT TIMELY THING. YOU KNOW, WE WILL IF THE
22	BOARD WANTS TO DO FAR MORE THAN THAT, THEN WE WILL
23	ADJUST THE PROGRAM ACCORDINGLY, AND WE WILL NOT
24	PROBABLY DO OTHER THINGS BECAUSE WE CAN ONLY CONVENE

GRANTS WORKING GROUPS -- WE CAN ONLY GET PEOPLE OUT

25

1	HERE SO OFTEN.
2	CHAIRMAN KLEIN: I THINK DUANE HAD A
3	QUESTION, THEN JEFF HAS A QUESTION.
4	MR. ROTH: SO JUST ONE SUGGESTION, AFTER
5	LISTENING TO THIS CONVERSATION, THAT YOU CONSIDER A
6	REBRANDING OF WHAT THIS IS AND NOT HAVE IT FEEL LIKE
7	IT'S JUST A SECOND ROUND OF DISEASE TEAMS WHEN, IN
8	FACT, YOU'RE TALKING ABOUT SOMETHING THAT'S MORE
9	UPSTREAM. I THINK THAT WILL SOLVE MY PROBLEM OF THE
10	PERCEPTION THAT YOU'VE PUT THIS MULTIFACTORIAL TEAM
11	TOGETHER IN ORDER TO WIN ONE OF THESE AWARDS. SO IT
12	WOULD BE NICE IF WE COULD FIGURE OUT THE RIGHT WORDS
13	ABOUT CLINICAL, TRANSLATIONAL, WHATEVER TO BRAND IT.
14	CHAIRMAN KLEIN: MR. HARRISON IS NOT HERE,
15	BUT I THINK IT WOULD BE GOOD TO KEEP THE WORD
16	"DISEASE TEAM" FOR LEGAL REASONS INTO THIS TITLE
17	BECAUSE OF OUR HISTORICAL DEVELOPMENT OF OUR PROCESS
18	AND OUR LEGAL STRUCTURE, AND IT COULD BE DISEASE
19	TEAM SLASH SOMETHING ELSE, SO IT COULD AUGMENT IT
20	COULD HAVE SOMETHING IN IT OTHER THAN SOLELY DISEASE
21	TEAMS, BUT IT'S IMPORTANT TO SHOW THAT WE HAVE A
22	CONTINUING PROCESS WITH A REPEAT OF SOME OF THESE SO
23	THAT THOSE INDIVIDUALS THAT MAY NOT HAVE QUALIFIED
24	IN THE FIRST ROUND FOR THIS OF DISEASE TEAMS HAVE
25	AN ABILITY TO GO INTO THE SECOND ROUND OF DISEASE

1	TEAMS, IN QUOTES, BUT THAT'S SOMETHING TO BE
2	CONSIDERED INTERNALLY.
3	SO WHAT IS THE PLEASURE OF THE BOARD ON
4	THIS ISSUE? DR. PRICE.
5	DR. PRICE: PEOPLE HAVE COMMENTED ON THE
6	TRADE-OFF WITH RESPECT TO DOUBLING, LET'S SAY, THE
7	NUMBER OF POTENTIALLY THE NUMBER OF AWARDS AT THE
8	SECOND PHASE OF THIS IN TERMS OF WORKLOAD TRADE-OFF,
9	BUT NOBODY SAID ANYTHING ABOUT THE FINANCIAL
10	TRADE-OFFS. WHAT ARE THE THINGS THAT WE WERE
11	PLANNING AND WOULD LIKE TO DO BEYOND THIS ROUND OF
12	DISEASE TEAM PROJECTS THAT WE WOULD HAVE TO THAT
13	THE FINANCIAL CONSTRAINTS WOULD MAKE IT IMPOSSIBLE
14	FOR US TO DO IF WE SHOULD DOUBLE THE OUTLAY ON THESE
15	PROJECTS?
16	DR. TROUNSON: CLEARLY IT WOULD PROBABLY
17	REQUIRE AN ANALYSIS WITH SOME OF THE REQUIREMENTS
18	THAT YOU HAVE, BOB, TO DO THAT SATISFACTORILY FOR
19	YOU. BUT, YOU KNOW, WE TRIED TO PROVIDE YOU WITH
20	SOME INFORMATION ON WHAT WE HAVE IN OUR OVERALL \$3
21	BILLION AND HOW FAR THAT WILL GO AT THE LAST BOARD
22	MEETING AND GAVE YOU SOME IDEA OF THE SPEND RATE
23	NEEDED TO BE REDUCED, OTHERWISE WE'RE OUT OF
24	BUSINESS BY 2014. THAT'S FOUR YEARS AWAY. WE
25	WOULDN'T BE GIVING MORE PROJECTS ON THE CURRENT
	135

1	SPEND RATE. IF WE KEPT ON THAT RATE, WE'D BE
2	FINISHED AT 2014. SO WE THINK FOR THE MISSION YOU
3	HAVE TO GO LONGER THAN THAT TO REALLY ACHIEVE THOSE
4	ENDS.
5	SO WE'VE ACTUALLY STRETCHED THIS BECAUSE
6	WE'VE PUT TWO GRANTS WORKING REVIEWS INTO THIS
7	PARTICULAR PROPOSAL, SO WE'VE STRETCHED IT OUT
8	ANOTHER EIGHT, NINE MONTHS, NINE OR EVEN TEN MONTHS
9	TO ACCOMMODATE A DOUBLE GRANTS DOUBLE REVIEW
10	THERE. SO THAT HAS SOME ACCOMMODATION ON THAT
11	TIMELINE. SO TO GET THE OUTCOME TO YOU, WE WOULD
12	HAVE TO FIGURE THAT OUT.
13	IF YOU SPEND \$240 MILLION VERSUS 150
14	MILLION, THERE'S \$100 MILLION DIFFERENCE THAT WON'T
15	GO TO SOMETHING ELSE. THAT'S SELF-EVIDENT. BUT
16	WHAT THAT MIGHT NOT GO TO, I SUPPOSE, KIND OF
17	DEPENDS ON HOW WE CONSTRUCT THE WHOLE PROPOSAL VIA
18	THE BOARD OVER THE NEXT THREE OR FOUR YEARS. BUT
19	THERE IS A TRADE-OFF, AS YOU SAY, ONE AGAINST THE
20	OTHER.
21	BUT I THINK WHAT'S THE REALLY IMPORTANT
22	PART IS TO BE ABLE TO GET TO FUND THE REALLY GOOD
23	PROJECTS THAT GET TO THE CLINIC. THAT'S WHAT
24	THAT'S MY AIM AND THAT'S WHAT I'M ABOUT. AND IF
25	THERE'S SIX OR THERE'S EIGHT, IT HAPPENED 14, I'D
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1	COME BACK HERE PERSUADING YOU TO DO THAT. BUT IF
2	THERE IS ONLY SIX, I DON'T WANT TO ACTUALLY FUND IN
3	THIS WITH THESE PARAMETERS SOMETHING THAT OUGHT
4	TO BE IN TRANSLATION AND TAKE THE TIME TO GET
5	MATURE. THAT'S REALLY WHAT WE'RE TRYING TO ACHIEVE.
6	SO IF IT TURNED OUT TO BE 14 AND THAT'S WHAT IT WAS,
7	I'D HAVE NO HESITANCY RECOMMENDING IT TO YOU. KNOW
8	THAT I WILL GO, AND I'M AN OPTIMISTIC PERSON, I WILL
9	GO WITH THAT.
10	BUT I HEAR WHAT WE'VE GIVEN YOU, I
11	SUPPOSE, THE LEAN DOWN, THE LEAN APPROACH, AND I'M A
12	LITTLE WORRIED ABOUT HAVING TO DO 40 FULL
13	APPLICATIONS. IF WE CUT THE DIFFERENCE SOMEWHERE,
14	THAT MIGHT WORK IT OUT FOR ME. BUT 40 SEEMS
15	OVERWHELMING. THIRTY IS A TOUGH JOB AND WILL
16	PROBABLY REQUIRE TWO SITTINGS. AND, YES, WE CAN
17	HAVE MORE SPECIALISTS INVOLVED. AND WE'RE LIMITED
18	TO THE PEOPLE YOU APPOINT AS GRANTS REVIEWERS, SO
19	WE'RE GATHERING THEM AS QUICKLY AS WE CAN THAT ARE
20	APPROPRIATE, BUT WE HAVE GOT SOME LIMITATIONS ON THE
21	ACTUAL GRANTS WORKING GROUP PEOPLE THAT WE HAVE.
22	CHAIRMAN KLEIN: SO IT'S IMPORTANT IN THE
23	FRAMEWORK FOR THIS, DR. TROUNSON, THAT WE UNDERSTAND
24	THE WORST-CASE ASSUMPTIONS AND COMPOUNDING
25	NEGATIVES. I THINK IN THE OCTOBER MEETING, WE

1	SHOULD LOOK AT A MORE REALISTIC FUNDING TRAJECTORY
2	BECAUSE THE PRIOR PROJECTION WE GOT IN THE LAST
3	MEETING WAS COMPOUNDING ON ALL NEGATIVES IN THE
4	SENSE THAT OR WE COULD LOOK IT AS ALL POSITIVES,
5	THAT EVERY DISEASE TEAM WOULD MAKE EVERY MILESTONE
6	AND GET EVERY FUNDING, WHICH IS HARD. I WOULD LOVE
7	TO BELIEVE THAT THAT'S TRUE, BUT I FIND IT DIFFICULT
8	TO BELIEVE IT. IT ASSUMED NO MATCHING FUNDS. THERE
9	WERE SO MANY COMPOUNDING ASSUMPTIONS, I THINK THE
10	REALISTIC PROJECTION IS PROBABLY CLOSER TO 2016 WITH
11	A BLENDED ANALYSIS OF THESE NUMBERS. AND I THINK IN
12	OCTOBER WE SHOULD TAKE A LOOK AT THAT.
13	DR. TROUNSON: HAPPY TO DO THAT, CHAIR.
14	WE BUILT IN SOME OF THOSE ASSUMPTIONS, BUT GIVEN
15	THAT WE'VE HAD A LITTLE TIME NOW TO REFLECT, AND
16	PARTICULARLY THESE DISEASE TEAMS REALLY DRIVE THOSE
17	OUTCOMES DRAMATICALLY BECAUSE THEY'RE THE VERY BIG
18	DOLLAR COMPONENTS, WE'LL HAPPILY DO THAT. I'LL ASK
19	DR. ROBSON TO REDO IT. I'LL ASK HIM TO MEET WITH
20	YOU TO TAKE A LOOK AT THOSE ASSUMPTIONS. WE HAD
21	BUILT SOME OF THOSE IN. WHETHER THEY'RE REALISTIC
22	OR NOT, I THINK WE WON'T CUT OFF PROJECTS AFTER ONE
23	YEAR, TWO YEARS MAYBE, BUT I THINK WHERE WE GET
24	CUTOFFS IS PROBABLY MAYBE THE THIRD YEAR. AND IT
25	WILL BE PRETTY DEMANDING TO CUT THEM OFF. I KNOW

1	THAT. THAT'S JUST LIFE.
2	CHAIRMAN KLEIN: LOOK FORWARD TO THAT. I
3	WAS JUST RELYING ON DR. ROBSON'S STATEMENT OF
4	ASSUMPTIONS FROM THE LAST MEETING. AND IT'S GOOD TO
5	KNOW THAT THERE ARE SOME OF THOSE ASSUMPTIONS BUILT
6	IN. BUT THE KEY HERE IS A STRATEGIC BALANCE OF
7	WHETHER WE'RE MORE LIKELY TO GET A RENEWAL OF OUR
8	FUNDING IF WE HAVE A BIGGER PORTFOLIO AND A HIGHER
9	CHANCE OF SUCCESS AT THE TIME THE VOTERS HAVE TO
10	LOOK AT THIS AS VERSUS FUNDING IN THE OUT-YEAR
11	PERIOD.
12	SO I THINK THAT'S AN IMPORTANT STRATEGIC
13	CONSIDERATION. JEFF, DID YOU HAVE ANOTHER COMMENT?
14	MR. SHEEHY: WELL, I DID. I MEAN I DON'T
15	KNOW IF PEOPLE REMEMBER THE PRESENTATION AT THE END
16	OF THE LAST MEETING, AND WE WERE PRESENTED WITH TWO
17	DIFFERENT PROJECTIONS. AND ONE ASSUMED A
18	\$200-MILLION DISEASE TEAM ROUND ANNUALLY. AND THE
19	OTHER ONE PROJECTED A \$100-MILLION DISEASE TEAM
20	ROUND ANNUALLY, AND WHAT WE'VE DONE IS WE'RE DOING
21	\$120 MILLION DISEASE TEAM ROUND BIANNUALLY. SO I
22	THINK THAT WE'VE GONE BELOW THE LOWEST PROJECTION
23	THAT WE GOT LAST TIME. AND I THINK IF WE WENT EVEN
23 24	THAT WE GOT LAST TIME. AND I THINK IF WE WENT EVEN  TO MY SUGGESTION, WE WOULD BE BELOW THE HIGH

1	OUR STRATEGIC PLAN, WHICH IS TO DO TRANSLATION,
2	DISEASE TEAMS, BASIC BIOLOGY ON AN ANNUAL BASIS, AND
3	DOING DISEASE TEAMS AT 200 MILLION.
4	SO I JUST MAKE THAT POINT. THE NUMBERS
5	THING I DON'T THINK IS THE ISSUE. EVEN IF WE WERE
6	TO TAKE THE HIGHEST NUMBER, AND I'M WILLING TO SHIFT
7	THAT DOWN, BUT WE WERE TO TAKE THE HIGHEST NUMBER,
8	THAT'S LESS THAN WHAT WE PUT OUT WHAT DR. ROBSON
9	PRESENTED LAST MEETING AS THE NORMATIVE RATE OF
10	FUNDING FOR THE AGENCY GOING FORWARD ACCORDING TO
11	OUR STRATEGIC PLAN.
12	NOW, MY SECOND POINT IS THAT I DON'T
13	ACCEPT THAT THERE'S NO PHASE I, PHASE II PRODUCTS.
14	OUR CLINICAL TRIAL ROUND THAT WE'RE DOING IS
15	PLURIPOTENT WITH MATCHING FUNDS. FROM THE MINUTE
16	I'VE BEEN ON THIS AGENCY I'VE HEARD, I REMEMBER
17	STEVE SHERWIN, ALL THE INDUSTRY MEETINGS I'VE HEARD
18	IS WE'VE GOT PRODUCTS WAITING FOR MONEY, BUT NOBODY
19	WANTS TO INVEST IN CELL THERAPY BECAUSE THERE'S NOT
20	A BUSINESS MODEL. AND THE FUNDING CAN DRIVE THE
21	BUSINESS MODEL. PERHAPS THAT ENDS UP LEADING US
22	INTO THE ALPHA CLINIC REALM.
23	BUT RIGHT NOW I KNOW IN HIV, NIH WON'T
24	FUND CELL THERAPIES. I TALKED TO CARL DIFFENBACH,
25	AND HE JUST IS VERY UNENTHUSIASTIC ABOUT GENE AND
	140

1	CELL THERAPIES AND DOESN'T WANT TO FUND THEM. I'M
2	NOT COMPLETELY SURE THAT THAT'S NOT TRUE IN OTHER
3	DISEASES. WE HAVE ADULT STEM CELLS WITH A LOAN OR A
4	GRANT THAT DOESN'T REQUIRE MATCHING FUNDS. I THINK
5	THERE ARE PRODUCTS OUT THERE MYSELF, AND I'D LIKE TO
6	FIND OUT. AND I'D RATHER BE WRONG ON THAT SIDE, NOT
7	HAVING THE APPLICATIONS, THAN ON THE OTHER SIDE WE
8	HAVE APPLICATIONS THAT WE WERE NOT PREPARED TO FUND.
9	SO, YOU KNOW, THE OTHER QUESTION I HAVE,
LO	AND I WOULD CONSIDER MAYBE HYPHENATING AND CAPTURING
L1	DUANE'S POINT. COMPANY EARLY PHASE DISEASE TEAM
L2	SLASH INDUSTRY EARLY PHASED CLINICAL TRIAL ROUND.
L3	BUT SOMEHOW WORDSMITHING IT TO SAY TO INDUSTRY WE
L4	WANT THESE PRODUCTS IN ADULT STEM CELLS THAT YOU
L5	THINK ARE FEASIBLE FOR GOING FORWARD.
L6	AND THE OTHER QUESTION I HAVE IS IS IT
L7	FEASIBLE TO REVIEW THESE OVER SEVERAL ROUNDS? WE
L8	HAVE A LOT OF REVIEWERS. WE MUST HAVE CLOSE TO A
L9	HUNDRED PEOPLE, SOMEWHERE BETWEEN 50 AND A HUNDRED
20	PEOPLE WE'VE APPROVED EITHER AS PERMANENT OR
21	ALTERNATE MEMBERS FOR THE GRANTS WORKING GROUP.
22	CHAIRMAN KLEIN: I THINK, JEFF, ONE OF THE
23	CONSTRAINTS IS THAT WE DON'T HAVE A BIG SUPPLY OF
24	INDUSTRY MEMBERS, WHICH WE REALLY TRIED TO GET ONTO
25	THE DISEASE TEAM ROUNDS TO MAKE SURE THAT WE HAD

THAT PERSPECTIVE. WE HAVE THE TREMENDOUS BENEFIT OF
DR. OLSON HAS IMPLEMENTED A REGULATORY SPECIALIST
WHO'S PRESENT AT THE PEER REVIEW ROUNDS, BUT HAVING
INDUSTRY MEMBERS IS DIFFICULT AND GETTING PEOPLE
WITH TRANSLATIONAL DOWNSTREAM DEVELOPMENT EXPERIENCE
IS IMPORTANT.
YOUR POINT AND DUANE'S POINT ABOUT THE
COMMUNICATION I THINK IS VERY IMPORTANT. AND WE
SHOULD TRY AND CRAFT THAT, BUT I WOULD ASK YOU. DR.
TROUNSON IN KIND OF THE STRETCH NUMBER HERE IS
SAYING WHAT IF WE SAID IN A MOTION APPROXIMATELY 30
AND WE SAID UP TO 14 IS THE NUMBER I HEARD IN TERMS
OF THE DISEASE TEAM, HOW WOULD THAT FEEL IN TRYING
TO PROVIDE A BALANCE HERE BETWEEN CAPACITY AND THE
REACH WE NEED TO HAVE A BIGGER PORTFOLIO?
MR. SHEEHY: I STILL THINK YOU HAVE THE
RATIO ISSUE. IF YOU DON'T TAKE IT UP TO AT LEAST
35, YOU'RE UNLIKELY TO GET 14. I WOULD SAY IF YOU
DO 35, THEN I THINK YOU'VE GOT A SHOT AT GETTING 12,
WHICH SEEMS WITHIN THE REALM. IF YOU WANT TO BRING
ME DOWN FROM 40 TO 35 SO THAT WE GET AT LEAST A
DOZEN, I THINK THAT'S REASONABLE. I WOULD BE HAPPY
WITH THAT JUST OPERATING OFF IT'S BEEN MY
EXPERIENCE, AND I THINK THAT'S WHAT PEOPLE HAVE
ALLUDED TO, FOR EVERY THREE GRANTS YOU REVIEW, IT'S
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1	A HIGH RATE OF APPROVAL TO GET ONE.
2	DR. TROUNSON: IT SHOULD BE DRIVEN REALLY
3	BY THE QUALITY. AND THE GRANTS REVIEW WILL LOOK AT
4	THAT, SO THEY WILL COME UP WITH A NUMBER, I THINK,
5	AT THAT POINT. SO THAT WILL BE EVIDENT BY WHAT THEY
6	THINK THE QUALITY IS.
7	CHAIRMAN KLEIN: I THINK JEFF IN ALL THESE
8	DISCUSSIONS ARE UP TO 14 UNLESS THE QUALITY IS
9	THERE.
10	MR. SHEEHY: I DON'T WANT TO FUND BAD
11	SCIENCE, AND OUR REVIEWS ARE RIGOROUS.
12	DR. PIZZO: SO I DON'T KNOW WHAT THE RIGHT
13	NUMBER IS. I THINK WE'RE GRAPPLING WITH THAT
14	CHALLENGE, AND I AGREE WITH YOU THAT IT HAS TO BE
15	GOOD SCIENCE. MAYBE WHAT I'M GOING TO ASK HAS
16	ALREADY BEEN DONE MULTIPLE TIMES, IN WHICH CASE IT'S
17	NOT RELEVANT. BUT WE HAVE BEEN WORKING, AND I'M
18	SURE OTHER INSTITUTIONS, OTHER ACADEMIC CENTERS ARE
19	DOING THIS AS WELL, IS WE'VE GOT A PROCESS IN PLACE
20	WHERE WE BRING IN BIOTECH INDUSTRY LEADERS, VENTURE
21	CAPITALISTS, SCIENTISTS TOGETHER WHO HAVE BEEN
22	MEETING ON A REGULAR BASIS TO REVIEW PRODUCTS THAT
23	COME OUT OF OUR OTL FOR POTENTIAL TRANSLATION AND
24	APPLICATION. THIS HAS TURNED OUT TO BE AN
25	ENORMOUSLY FRUITIVE ACTIVITY. IT'S HAD A GREAT
	142

1	EDUCATIONAL CONTENT, BUT IT ALSO IS MAKING THINGS
2	MOVE FORWARD.
3	AND SO THE QUESTION IS, AND IT KEYS OFF
4	OF, ALAN, WHAT YOU STATED AND, DUANE, WHAT YOU
5	ALLUDED TO. IF INDUSTRY HAS GOT THINGS IN THE
6	PIPELINE AND THEY'RE NOT THERE, ARE THERE WAYS THAT
7	WE COULD SEED THIS TO HAPPEN IN MORE NOVEL MANNERS?
8	HAVE WE HAD, FOR EXAMPLE, AS PART OF OUR STRATEGIC
9	PLANNING EFFORT, AN OFF-THE-RECORD KIND OF THINK
10	TANK BETWEEN INDUSTRY LEADERS, ACADEMIC, VENTURE
11	CAPITALISTS IN THE SAME ROOM AT THE SAME TIME, NOT
12	SEPARATE, WOULD YOU BUY INTO THIS, YOU KNOW,
13	APPROACH, BUT REALLY COMING TOGETHER AND SAY IF WE
14	COULD CREATE THE WORLD DIFFERENTLY, HOW MIGHT WE
15	THINK ABOUT NOVEL WAYS OF APPROACHING THESE KINDS OF
16	BOTH RESEARCH AND TRANSLATION EFFORTS? BECAUSE I
17	THINK AT THE END OF THE DAY, WHAT WE'RE ALL AIMING
18	FOR IS SUCCESS. WE WANT TO OPTIMIZE SUCCESS.
19	WHETHER WE DO IT BY MORE NUMBERS, WHICH IS A RISKY
20	BUSINESS FOR ALL THE REASONS THAT WERE STATED
21	BECAUSE WE MAY BE JUST REPRODUCING MORE OF THE SAME
22	VERSUS SOMETHING NEW AND NOVEL, IS WHAT I THINK WE
23	SHOULDN'T MISS OUT ON.
24	SO IF YOU'VE DONE IT, GREAT. IF NOT, I'D
25	SUGGEST THAT WE MAYBE TALK SEPARATELY ABOUT OTHER
	144

1	WAYS OF THINKING ABOUT THIS SO THAT WE MIGHT COME UP
2	WITH NOVEL OR DIFFERENT WAYS OF APPROACHING
3	SOLUTIONS.
4	DR. TROUNSON: PART OF WHAT ELONA BAUM IS
5	TALKING ABOUT IS TRYING TO GET THE INSTITUTIONS
6	TOGETHER AND SAY WE'VE GOT IP HERE AND IP THERE.
7	AND SOME OF THIS IS NOT KNOWN TO ONE ANOTHER AND TO
8	CREATE THE OPPORTUNITIES FOR COMPANIES TO SEE, NOT
9	ONLY WHAT IS GOOD RESEARCH, BUT WHAT IP IS
10	ATTRACTIVE BECAUSE THE PARTNERSHIPS ARE OFTEN
11	DERIVED REALLY
12	DR. PIZZO: BUT IT'S A DIFFERENT QUESTION
13	THAT I'M ASKING. BECAUSE I KNOW WHEN WE GO TO OTL,
14	YOU KNOW, WE HAVE A GREAT OTL, BUT THEY HAVE CERTAIN
15	LIMITATIONS WHAT THEY'RE WILLING TO DO. AND WE'VE
16	BROUGHT TOGETHER PEOPLE FROM DIFFERENT WAYS OF
17	LOOKING AT THE WORLD. VC PEOPLE GET TO KNOW EACH
18	OTHER BECAUSE THEY'RE DOING IT ON A REGULAR BASIS.
19	AND INDUSTRY LEADERS, AND WE'VE GOT REPRESENTATIVES
20	OF THAT IN THIS ROOM, BUT, YOU KNOW, WE DON'T TALK
21	TOGETHER ABOUT SOLVING THE PROBLEM. WE TEND TO TALK
22	IN OUR SEPARATE SILOS.
23	AND I'M ASKING AS PART OF THE STRATEGIC
24	PLANNING PROCESS, IF YOU'RE DOING IT, FINE; BUT IF
25	NOT, LET'S THINK ABOUT THE OTHER WAYS OF "SEEDING"
	145

1	SOME OF THESE INTERACTIONS.
2	DR. TROUNSON: I'LL BE REALLY HAPPY TO
3	TALK TO YOU AND OTHER MEMBERS ABOUT THAT, PHIL. I'M
4	INTERESTED IN YOUR THOUGHTS THERE.
5	DR. PENHOET: I JUST WANT IN RESPONSE
6	TO JEFF'S COMMENT, I THINK THE RATIO OF FUNDABLE
7	APPLICATIONS TO TOTAL APPLICATIONS IS NOT A FIXED
8	NUMBER. AND THE BIGGER YOU MAKE THE NUMBER OF
9	APPLICATIONS, THE YIELD CURVE IS GOING TO GO DOWN.
10	SO YOU WON'T GET ONE-THIRD OF A HUNDRED OR YOU
11	IT'S NOT LIKELY. WE HAVE A FINITE POOL OF POTENTIAL
12	APPLICANTS THAT WE CAN DEAL WITH. I'M NOT SURE
13	WE'VE SOLVED THE QUALITY PROBLEM ON THE EVENTUAL
14	NUMBER BY INCREASING THE DENOMINATOR, IF YOU WILL.
15	I THINK WE DO HAVE TO BE SENSITIVE TO THE BURDEN OF
16	THIS ALSO.
17	SO IF I COULD INTRODUCE A FRIENDLY
18	AMENDMENT, WE'VE HEARD THAT THEY'VE HANDLED 30
19	BEFORE, THEY THINK THEY CAN HANDLE 30, IT'S A
20	STRETCH, IF THERE'S A NUMBER LIKE 30 AND 10, FOR
21	EXAMPLE, WHICH WOULD BE MAYBE A COMPROMISE POSITION.
22	CHAIRMAN KLEIN: I DON'T THINK THE
23	DOWNSTREAM NUMBER IS THE PROBLEM. HOW ABOUT MERGING
24	THESE FOR 30 AND APPROXIMATELY 30. AS DR. TROUNSON
25	HAS SAID, IF THE SCIENTIFIC STAFF SEES GREATER
	146

1	QUALITY, YOU KNOW THEY'RE GOING TO COME AND
2	RECOMMEND 32 OR 33 OR WHATEVER, 35, IF IT'S THERE.
3	SO IF WE SAID APPROXIMATELY 30 AND UP TO 12, THAT
4	KIND OF BLENDS THE GROUPS TOGETHER. IS THAT
5	WOULD YOU BE WILLING TO MAKE THAT MOTION FOR
6	DISCUSSION?
7	DR. PENHOET: SO MOVED.
8	CHAIRMAN KLEIN: IS THERE A SECOND?
9	DR. BRENNER: SECOND.
10	CHAIRMAN KLEIN: SECOND, DR. BRENNER.
11	JEFF, I'M GOING TO LET YOU BE THE FIRST ONE TO
12	COMMENT IF YOU WOULD LIKE.
13	MR. SHEEHY: IN THE SPIRIT OF COMPROMISE,
14	THE ONLY THING THAT I WOULD LIKE TO ADD TO THAT IS
15	DUANE'S POINT. IF YOU WILL ACCEPT A FRIENDLY
16	AMENDMENT. WHILE MAINTAINING THE DISEASE TEAMS
17	MONIKER, TO SOMEHOW INCORPORATE BOTH IN THE TITLE
18	AND SOMEHOW IN THE COMMUNICATION OF THIS RFA THAT WE
19	ARE ACTIVELY SEEKING INDUSTRY PARTICIPATION, THAT
20	THIS IS INDUSTRY SPACE THAT WE'RE GOING IN, YOU
21	DON'T HAVE TO BRING ANY MATCHING FUNDS. I'D ALSO
22	LIKE US TO THINK ABOUT IF THE WORKING GROUPS SENDS
23	UP A BUNCH OF REALLY YOU KNOW, OVER 30 GOOD
24	APPLICATIONS, THAT WE REALLY ARE VERY THOUGHTFUL
25	ABOUT IT. WE DON'T KNOW. THEY MAY ONLY SEND US

1	TEN, BUT I WANT US I WOULD BE HAPPY TO ACCEPT
2	LIKE THAT.
3	CHAIRMAN KLEIN: AND SO, JEFF, I THINK WE
4	NEED TO LEAVE OUT THE ISSUE ON MATCHING FUNDS
5	BECAUSE IF THEY PROPOSE AN EXPENSIVE PHASE I, THERE
6	WOULD BE SOME MATCHING FUNDS.
7	MR. SHEEHY: WELL, I MEAN WITHIN THE
8	CONTOURS OF WE JUST DESCRIBED. IT'S LIMITED TO 20
9	MILLION. IF YOUR PROJECT COSTS MORE THAN 20 MILLION
10	AS THE CONCEPT IS DESCRIBED, YOU HAVE TO PROVIDE
11	MATCHING FUNDS, BUT A PRIORI. I MEAN AN ADULT STEM
12	CELL PRODUCT GENETICALLY MODIFIED TO GO INTO A
13	HANDFUL OF PATIENTS DOESN'T REQUIRE \$30 MILLION.
14	CHAIRMAN KLEIN: THAT'S RIGHT.
15	MS. SHEEHY: AT LEAST MY CONVERSATIONS
16	WITH SOME OTHER FOLKS.
17	CHAIRMAN KLEIN: DR. PENHOET, WOULD YOU
18	ACCEPT THE COMMUNICATIONS MODIFICATION TO THAT
19	PROPOSAL?
20	DR. PENHOET: IN THE INTEREST OF BOARD
21	HARMONY, I WILL.
22	CHAIRMAN KLEIN: OKAY. AND THE SECOND,
23	DOES THE SECOND ACCEPT THAT? ACCEPTED. ADDITIONAL
24	DISCUSSION?
25	IS THERE DR. TROUNSON, WOULD YOU LIKE
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1	TO COMMENT ON THE PROPOSAL?
2	DR. TROUNSON: THANK YOU, CHAIR. AND
3	THANKS FOR THE CONSIDERATION, BOARD MEMBERS. I
4	THINK, AS I SAID BEFORE, WE SEE WHAT WE DO AS OUR
5	MISSION. AND SO WE'RE DETERMINED TO BRING YOU THE
6	BEST THAT WE CAN FIND, AND WE WORK HARD AT ALSO
7	CREATING THESE PARTNERSHIPS. I THINK A NUMBER OF
8	THESE PARTNERSHIPS HAVE BEEN CREATED OUT OF OUR
9	SUGGESTIONS OR ADDITIONS ON THAT MAKE THEM EVEN
10	BETTER.
11	SO WE'RE WORKING HARD TO DO THAT, AND WE
12	REALLY WANT THIS TO SUCCEED. SO I THINK WE CAN
13	ACCOMMODATE THOSE NUMBERS. IT WILL PRESS US HARD,
14	AND I'M ALWAYS A LITTLE RELUCTANT TO PRESS THE STAFF
15	EVEN HARDER, BUT I THINK THEY WILL ACCOMMODATE THIS.
16	AND LET'S HOPE THAT WE GET SOME FANTASTIC
17	APPLICATIONS THROUGH TO THE FINAL STAGE, AND THAT'S
18	REALLY WHAT IT'S ALL ABOUT.
19	CHAIRMAN KLEIN: I THINK WE'RE GOING TO
20	REALIZE WE HAVE TO REALLY INCREASE THE STAFF TO DEAL
21	WITH OUR MISSION OBJECTIVE HERE BECAUSE THE STAFF IS
22	REALLY PUTTING IN A HUGE AMOUNT OF EFFORT TO MOVE
23	THESE FORWARD. IS THERE PUBLIC COMMENT?
24	MR. REED: FIRST, IT'S WONDERFUL, AS
25	ALWAYS, THAT STAFF IS ALWAYS WILLING TO TAKE ON THE
	140

1	EXTRA BURDEN, GO THE EXTRA MILE. IT'S TYPICAL OF
2	HOW THEY'VE TAKEN ON EVERYTHING. I'M VERY GLAD THAT
3	1064 MAY ALLEVIATE SOME OF THAT BURDEN, AND LET'S
4	HOPE IT COMES SOON.
5	SHAKESPEARE SAID SOMETHING TO THE EFFECT
6	THAT THERE IS A TIME IN THE TIDES OF THE LIVES OF
7	MEN WHICH, IF TAKEN AT THE FULL, ADVANCES THE CAUSE
8	AND WHICH, IF NEGLECTED, NEVER COMES AGAIN. I DON'T
9	WANT TO LOOK BACK IN 2016 AND SAY IF ONLY WE'D BEEN
10	A LITTLE BOLDER. I REALLY APPRECIATE THE FACT THAT
11	EVERYBODY HAS TAKEN THAT CAREFUL, BUT BOLDER NEXT
12	STEP. THANK YOU.
13	CHAIRMAN KLEIN: ADDITIONAL PUBLIC
14	COMMENT?
15	DR. POMEROY: SINCE THE COST OF THIS
16	PROPOSAL IS NOW 243 MILLION, UP TO 243 MILLION, I
17	WOULD JUST REQUEST THAT AT OUR NEXT MEETING, WE GET
18	AN UNDERSTANDING OF WHAT THE IMPLICATIONS ARE IF THE
19	FULL NUMBER WERE FUNDED.
20	CHAIRMAN KLEIN: THANK YOU VERY MUCH. I
21	THINK DR. TROUNSON SUGGESTED WE COULD GET TOGETHER
22	WITH DR. ROBSON BEFOREHAND AND WORK THOSE NUMBERS
23	OUT AND BRING YOU THE ASSUMPTIONS TOO SO YOU CAN
24	LOOK AT DIFFERENT ASSUMPTIONS IN THAT.
25	DR. TROUNSON: I THINK IT'S VERY IMPORTANT
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1	THAT WE DO THIS ON A REASONABLY REGULAR BASIS
2	BECAUSE THINGS ARE CHANGING. AND THINGS THAT WE HAD
3	IN THOSE ASSUMPTIONS INCLUDED US DOING SOME ADD-ON
4	CLINICAL OPTIONS TO TAKE SOME OF THE DISEASE TEAMS
5	AND TRANSLATIONS THROUGH, AND THAT'S NOT EMBEDDED IN
6	ANY WAY IN THE ICOC DECISION. SO I THINK IT'S
7	REALLY IMPORTANT THAT WE GET TO UNDERSTAND EXACTLY
8	WHAT THOSE PREDICTIONS ARE AND WHAT DEGREE OF
9	ELASTICITY EXISTS. AND WE SHOULD DO THAT AS A
LO	CONTINUING PROCESS.
L1	CHAIRMAN KLEIN: THANK YOU, DR. TROUNSON.
L2	SO I'M GOING TO CALL THE QUESTION. ALL IN
L3	FAVOR.
L4	(CHORUS OF AYES.)
L5	MR. HARRISON: I JUST WANTED TO MAKE SURE
L6	THAT I UNDERSTOOD AND FOR THE RECORD THAT THE MOTION
L7	THE TOTAL POLICE OF THE REGION THAT THE TENTE OF
L /	WAS CLEAR. AS I UNDERSTAND IT, IT'S TO APPROVE THE
L8	WAS CLEAR. AS I UNDERSTAND IT, IT'S TO APPROVE THE
L8 L9	WAS CLEAR. AS I UNDERSTAND IT, IT'S TO APPROVE THE CONCEPT PLAN, BUT TO MODIFY IT TO PERMIT UP TO
L8 L9 20	WAS CLEAR. AS I UNDERSTAND IT, IT'S TO APPROVE THE CONCEPT PLAN, BUT TO MODIFY IT TO PERMIT UP TO APPROXIMATELY 30 PLANNING GRANT AWARDS AND UP TO
L8 L9 20	WAS CLEAR. AS I UNDERSTAND IT, IT'S TO APPROVE THE CONCEPT PLAN, BUT TO MODIFY IT TO PERMIT UP TO APPROXIMATELY 30 PLANNING GRANT AWARDS AND UP TO APPROXIMATELY 12 AWARDS AND TO INCORPORATE IN THE
L8 L9 20 21	WAS CLEAR. AS I UNDERSTAND IT, IT'S TO APPROVE THE CONCEPT PLAN, BUT TO MODIFY IT TO PERMIT UP TO APPROXIMATELY 30 PLANNING GRANT AWARDS AND UP TO APPROXIMATELY 12 AWARDS AND TO INCORPORATE IN THE COMMUNICATIONS REGARDING THE RFA THAT WE ARE
L8 L9 20 21 22 23	WAS CLEAR. AS I UNDERSTAND IT, IT'S TO APPROVE THE CONCEPT PLAN, BUT TO MODIFY IT TO PERMIT UP TO APPROXIMATELY 30 PLANNING GRANT AWARDS AND UP TO APPROXIMATELY 12 AWARDS AND TO INCORPORATE IN THE COMMUNICATIONS REGARDING THE RFA THAT WE ARE ACTIVELY SEEKING INDUSTRY PARTICIPATION.
L8 L9 20 21 22	WAS CLEAR. AS I UNDERSTAND IT, IT'S TO APPROVE THE CONCEPT PLAN, BUT TO MODIFY IT TO PERMIT UP TO APPROXIMATELY 30 PLANNING GRANT AWARDS AND UP TO APPROXIMATELY 12 AWARDS AND TO INCORPORATE IN THE COMMUNICATIONS REGARDING THE RFA THAT WE ARE ACTIVELY SEEKING INDUSTRY PARTICIPATION.  CHAIRMAN KLEIN: AND IT WAS THE BOTH UP

1	SO WITH THAT CLARIFICATION, I'M GOING TO
2	TAKE THAT VOICE VOTE AGAIN JUST FOR THE RECORD. ALL
3	IN FAVOR.
4	(CHORUS OF AYES.)
5	OPPOSED?
6	(NO RESPONSE.)
7	AND ON THE MELISSA, PLEASE ASK FOR THE
8	TELEPHONIC.
9	MS. KING: WILLIAM BRODY. ARE YOU THERE,
10	DR. BRODY?
11	DR. FRIEDMAN, I BELIEVE YOU'VE ALREADY
12	CAST YOUR VOTE, CORRECT?
13	DR. FRIEDMAN: YES.
14	MS. KING: JUST CHECKING ONE MORE TIME ON
15	DR. BRODY. LOOKS LIKE HE STEPPED AWAY, BUT THE
16	MOTION DOES CARRY.
17	CHAIRMAN KLEIN: THANK YOU. AT THIS POINT
18	I THINK IT'S APPROPRIATE TO BREAK.
19	DR. TROUNSON: CHAIR, JUST
20	DR. BRODY: I GOT DISCONNECTED AND IT TOOK
21	FOREVER TO GET BACK ON. DID I MISS A VOTE?
22	CHAIRMAN KLEIN: THE VOTE WAS LET ME
23	HAVE MR. HARRISON REPEAT THE MOTION. AT THIS POINT
24	WE HAVE A UNANIMOUS VOTE, BUT WE WANT TO MAKE SURE
25	WE GET YOUR VOTE. MR. HARRISON, WOULD YOU REPEAT
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1	THE MOTION?
2	MR. HARRISON: THE MOTION, DR. BRODY, IS
3	TO APPROVE THE CONCEPT PLAN FOR THE DISEASE TEAM II
4	RFA, BUT TO MODIFY IT TO PERMIT UP TO APPROXIMATELY
5	30 PLANNING GRANT AWARDS AND UP TO APPROXIMATELY 12
6	GRANT AWARDS, GRANT OR LOAN, I SHOULD SAY, AND TO
7	INCORPORATE IN THE COMMUNICATION REGARDING THE RFA
8	THAT CIRM IS ACTIVELY SEEKING INDUSTRY
9	PARTICIPATION.
10	DR. BRODY: OKAY. I GIVE MY APPROVAL.
11	CHAIRMAN KLEIN: THANK YOU VERY MUCH.
12	MELISSA KING, IS IT APPROPRIATE
13	DR. TROUNSON: JUST BEFORE YOU BREAK, AT
14	THE END OF THE PRESIDENT'S PRESENTATION, WE'D ASKED
15	AMY LEWIS AND AMY ADAMS TO VERY BRIEFLY FILL YOU IN
16	ON A COUPLE OF SMALL THINGS, BUT I'D ASKED THEM BOTH
17	TO COME. AND IF IT'S POSSIBLE EITHER NOW OR AFTER
18	LUNCH TO HEAR THEM BRIEFLY JUST TO
19	CHAIRMAN KLEIN: WE WILL ABSOLUTELY HEAR
20	THEM. LET ME ASK FOR YOUR ADVICE ON HOW LONG THOSE
21	ITEMS ARE.
22	DR. TROUNSON: I THINK THEY WOULD TAKE NO
23	LONGER THAN TEN MINUTES.
24	CHAIRMAN KLEIN: IS IT ACCEPTABLE THAT
25	THEY DO IT AFTER LUNCH BECAUSE WE'VE GOT MELISSA
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1	KING, WHAT'S OUR FLEXIBILITY HERE WITH THE CATERING?
2	MS. KING: WE CAN BREAK FOR LUNCH AS SOON
3	AS WE'RE READY, BUT WHAT I SUGGEST, BECAUSE WE HAVE
4	COUPLE OF ITEMS THAT ARE GOING TO POTENTIALLY TAKE
5	CONSIDERABLE TIME, BUT YET A COUPLE OF OTHER ITEMS
6	THAT WE COULD PROBABLY DEAL WITH VERY QUICKLY, AND
7	THESE ARE ACTION ITEMS. I KNOW WE HAVE A NUMBER OF
8	BOARD MEMBERS THAT NEED TO LEAVE BY 2:30. I'D LIKE
9	US TO DO THE TWO ITEMS THAT WE CAN DO QUICKLY NOW,
10	BREAK FOR LUNCH, AND COME BACK AND DEAL WITH THE
11	SUBSTANTIVE ITEMS LEFT ON THE AGENDA, AND FOLLOW
12	THAT WITH ANYTHING ELSE WE HAVE LEFT.
13	CHAIRMAN KLEIN: I'VE NEVER BEEN ABLE TO
14	ASSUME THAT WE WOULD DO AN ITEM QUICKLY.
15	MS. KING: THE ITEMS ARE NO. 9,
16	CONSIDERATION OF PROPOSED NEW SCIENTIFIC MEMBERS FOR
17	THE WORKING GROUP. IT'S ALWAYS IMPORTANT TO MAKE
18	SURE THAT WE ACTUALLY DO THAT FOR THEM, ESPECIALLY
19	AHEAD OF A WORKING GROUP MEETING. AND WHAT'S THE
20	OTHER ONE I THOUGHT WAS QUICK? POTENTIALLY NO. 11,
21	ALTHOUGH I'M NOT SURE, BUT IT HAS GONE THROUGH THE
22	SCIENCE SUBCOMMITTEE AT THIS POINT. AND THIS IS A
23	STAFF PROPOSAL REGARDING THE USE OF UNUSED DISEASE
24	TEAM FUNDS FOR CLINICAL TRIALS. THE BOARD HAS
25	DISCUSSED IT A NUMBER OF TIMES OVER THE YEAR OR TWO,
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1	I THINK, AND IT'S NOW COME THROUGH THE SCIENCE
2	SUBCOMMITTEE AND THERE'S AN ACTUAL PROPOSAL.
3	CHAIRMAN KLEIN: JEFF, WHAT'S YOUR ADVICE?
4	DO YOU THINK WE COULD RUN THROUGH THAT QUICKLY?
5	MR. SHEEHY: WE COULD WITH ONE AMENDMENT
6	TO THAT PROPOSAL, WHICH IS THAT IT COME TO THE BOARD
7	FOR APPROVAL. I WOULD NOT WANT US TO FUND A
8	CLINICAL TRIAL WITHOUT THE BOARD HAVING APPROVED IT.
9	I THINK THE POLICY AS STATED IS FINE, BUT THE
10	CLINICAL TRIAL SHOULD COME BACK TO THE BOARD.
11	MS. KING: SO, CHAIRMAN KLEIN, WHAT I'M
12	GOING TO SUGGEST IS THAT WE JUST DEAL WITH ITEM NO.
13	9 AND THEN BREAK FOR LUNCH.
14	MS. LANSING: I WOULD LIKE TO MOVE I'VE
15	READ THIS. I THINK EVERYBODY HAS. I THINK THEY ARE
16	EXTRAORDINARILY DISTINGUISHED ADDITIONS. AND SO I
17	WOULD LIKE TO MOVE APPROVAL OF NO. 9.
18	DR. PRICE: SECOND.
19	CHAIRMAN KLEIN: THAT SPECIFICALLY IS
20	CONSIDERATION OF PROPOSED NEW SCIENTIFIC MEMBERS TO
21	THE GRANTS WORKING GROUP. AND FOR THE RECORD, I
22	THINK IT WOULD BE IMPORTANT TO READ THE NAMES OF THE
23	CANDIDATES INTO THE RECORD IF WE COULD DO THAT,
24	PLEASE.
25	MR. SHEEHY: DR. ANTHONY HOLLANDER FROM
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1	THE UNIVERSITY OF BRISTOL, DR. ROSSER FROM THE
2	CARDIFF BRAIN REPAIR GROUP, AND DR. STEER, CLIFFORD
3	STEER FROM UNIVERSITY OF MINNESOTA.
4	CHAIRMAN KLEIN: IS THERE A SECOND?
5	MR. ROTH: SECOND.
6	CHAIRMAN KLEIN: OKAY. DISCUSSION?
7	PUBLIC COMMENT? ALL IN FAVOR.
8	(CHORUS OF AYES.)
9	OPPOSED?
10	(NO RESPONSE).
11	TELEPHONIC?
12	MS. KING: DR. WILLIAM BRODY.
13	DR. BRODY: AYE. AYE.
14	MS. KING: MICHAEL FRIEDMAN.
15	DR. FRIEDMAN. YES.
16	MS. KING: THANK YOU. AND FOR THE RECORD,
17	THAT MOTION CARRIES.
18	CHAIRMAN KLEIN: OKAY. AND AMY LEWIS IS
19	HERE. AMY, COULD YOU QUICKLY GIVE YOUR
20	PRESENTATION, AND THEN WE ARE GOING TO GO TO LUNCH.
21	MS. KING: IT'S BEEN SUGGESTED BY DR.
22	POMEROY, AND IT IS A POSSIBILITY, THAT WE COULD DO A
23	WORKING LUNCH. THE LUNCH ARE IN BOXES, SO WE COULD
24	GO GET LUNCH AND PEOPLE COULD HAVE LUNCH NOW.
25	CHAIRMAN KLEIN: THAT'S A VERY GOOD
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1	SUGGESTION. AMY, WITH YOUR PATIENCE WITH US, WE
2	WILL GO GET LUNCH AND BRING IT BACK AND RECONVENE.
3	THANK YOU.
4	(A RECESS WAS TAKEN.)
5	MS. KING: I'D LIKE TO INTRODUCE AMY
6	LEWIS, OUR GRANTS MANAGEMENT OFFICER, WHO WILL BEGIN
7	HER PRESENTATION. THANK YOU.
8	MS. LEWIS: THANK YOU. I'M TOLD I HAVE
9	KIND OF A QUIET VOICE, SO I'LL TRY TO SPEAK LOUDLY
10	SO YOU CAN HEAR ME. I AM HERE TODAY JUST TO GIVE
11	YOU A LITTLE UPDATE ON OUR GRANTS MANAGEMENT SYSTEM.
12	I'M GOING TO GIVE YOU SORT OF A SNAPSHOT, A 30,000
13	FOOT VIEW OF OUR CURRENT SYSTEM, AND THEN SHOW YOU
14	WHAT WE'RE AIMING TO DO, WHAT OUR FUTURE SYSTEM WILL
15	LOOK LIKE, AND THEN I ALSO WOULD LIKE TO SHOW YOU,
16	JUST TO GIVE YOU A QUICK VIEW OF OUR PROGRESS REPORT
17	SYSTEM. THIS IS A WEB-BASED SYSTEM THAT OUR
18	GRANTEES ARE CURRENTLY USING THAT WE THINK IS PRETTY
19	GREAT, AND SO WE WANTED TO SHOW YOU THAT.
20	I'M GLAD EVERYONE HAS FOOD AND DOESN'T
21	HAVE LOW BLOOD SUGAR ANYMORE AS I GO THROUGH THIS
22	PRESENTATION.
23	SO FIRST, I ALSO THOUGHT I WOULD MENTION,
24	JUST REMINDING FOLKS, WHAT A GRANTS MANAGEMENT
25	SYSTEM IS. THIS IS A SYSTEM THAT ALLOWS US TO
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1	MONITOR AND TRACK A GRANTS AWARD THROUGH ITS ENTIRE
2	LIFE CYCLE. THAT'S FROM APPLICATION TO AWARD ALL
3	THE WAY TO CLOSEOUT. SOUNDS KIND OF BORING, BUT
4	IT'S ACTUALLY QUITE IMPORTANT. IT'S WHERE WE KEEP
5	ALL OF THE DATA ASSOCIATED WITH OUR GRANTS. THAT'S
6	HOW WE TRACK AND MONITOR THE RESEARCH PROGRESS.
7	IT'S HOW WE MAKE SURE THAT WE ARE MONITORING AND
8	TRACKING COMPLIANCE. AND THIS IS ALL QUITE
9	IMPORTANT FOR A STATE AGENCY.
10	SO THIS IS WHAT OUR CURRENT GRANTS
11	MANAGEMENT SYSTEM LOOKS LIKE. THE DATA COMES IN IN
12	VARIOUS WAYS. YOU CAN SEE THAT WE HAVE DATA COMING
13	IN ALL ALONG THE LEFT. THE GRANTEE APPLICATIONS ARE
14	PAPER OR PDF FILES. IN OUR REVIEW MODULE, DATA
15	COMES IN THROUGH A WEB-BASED SYSTEM. AND THEN, AS I
16	MENTIONED, OUR GRANTEE PROGRESS REPORTS, GRANTEES
17	SUBMIT THEIR DATA USING A WEB-BASED SYSTEM.
18	WHAT I'D REALLY LIKE FOR YOU TO NOTICE IS
19	THAT THE STARS ON THIS GRAPHIC REPRESENT A STEP
20	WHERE THERE'S MANUAL DATA TRANSFER. SO THERE'S A
21	LOT OF OPPORTUNITY FOR SOMEONE TO TAKE DATA OUT OF
22	ONE SYSTEM AND ACCIDENTALLY MAKE A MISTAKE WHEN
23	THEY'RE ENTERING IT INTO THE NEXT SYSTEM.
24	I THOUGHT I'D GIVE YOU AN EXAMPLE JUST TO
25	ILLUSTRATE IT. SO GRANTEE APPLICATIONS COME IN,

1	PAPER OR PDF FILES. THERE'S ACTUALLY A MANUAL STEP
2	THAT WE HAVE TO DO TO GET THAT DATA INTO WHAT WE'RE
3	CALLING OUR MASTER DATABASE. AND THEN THE NEXT
4	STEP, LET'S SAY, FOR EXAMPLE, AFTER WE'VE RECEIVE
5	THOSE APPLICATIONS, WE NEED TO DO SOME FINANCIAL
6	FORECASTING. THE STATE TREASURER'S OFFICE HAS ASKED
7	US FOR DATA.
8	SO WE NEED TO TAKE THAT DATA OUT OF OUR
9	MASTER DATABASE, A MANUAL STEP, TO TRANSFER THE
10	DATA. WE NEED TO FORMAT IT IN A WAY THAT MICROEDGE
11	GIFTS, OUR OFF-THE-SHELF GRANTS MANAGEMENT SYSTEM
12	THAT WE'RE USING RIGHT NOW FOR POSTAWARD TRACKING,
13	WILL ACTUALLY ACCEPT IT. SO WE FORMAT IT INTO A
14	VERSION THAT GIFTS WILL ACCEPT. WE PUT IT INTO
15	GIFTS. AND THEN WE NEED TO PRODUCE THE DATA FOR OUR
16	FINANCIAL TEAM TO CHECK AND THEN SEND ON TO THE
17	STATE TREASURER'S OFFICE. SO THE DATA COMES OUT OF
18	MICROEDGE GIFTS. WE REFORMAT IT ONE MORE TIME, AND
19	THEN WE CAN SEND IT ON TO THE TREASURER'S OFFICE TO
20	TELL THEM WHAT WE FORECAST WE'LL BE SPENDING.
21	IT'S A LOT OF TIMES THAT YOU CAN SEE,
22	THREE TIMES THERE, THAT THE DATA IS TOUCHED BY A
23	PERSON. AND THAT'S THREE TIMES THAT WE HAVE AN
24	OPPORTUNITY FOR USER ERROR, HUMAN ERROR, WHICH
25	UNFORTUNATELY THAT TENDS TO HAPPEN. ERROR TENDS TO

1	HAPPEN WHEN HUMANS ARE INVOLVED IN TOUCHING DATA.
2	SO WHAT OUR SYSTEM, WHAT WE REALLY WOULD
3	LIKE OUR SYSTEM TO LOOK LIKE IN THE FUTURE IS NOT
4	THIS HYBRID, PAPER-BASED, PARTIALLY AUTOMATED
5	SYSTEM. WE'RE LOOKING TO MOVE TO THE STREAMLINED,
6	ROBUST, CRADLE-TO-GRAVE SYSTEM THAT WILL ALLOW US TO
7	FULLY SUPPORT OUR GRANTEES AND ALL OF THEIR
8	REPORTING ACTIVITIES, AND IT WILL ALLOW US TO
9	PROVIDE REAL-TIME DATA INFORMATION ON OUR GRANTS TO
10	ALL OF OUR STAKEHOLDERS, THE STATE TREASURER'S
11	OFFICE, OUR CONSTITUENTS WHO ARE LOOKING AT OUR WEB
12	SITE, AND ACTUALLY ALL THE STAFF INTERNALLY WHO NEED
13	TO USE THE DATA ON CURRENT GRANTS TO MAKE STRATEGIC
14	DECISIONS.
15	THAT'S SORT OF OUR GOAL WITH OUR GRANTS
16	MANAGEMENT SYSTEM. WHAT I WANTED TO SHOW YOU NEXT
17	IS THE PROGRESS REPORT MODULE. THIS IS JUST ONE
18	PIECE OF THE SYSTEM, BUT THIS IS THE MODULE THAT WE
19	JUST RELEASED ABOUT SIX MONTHS AGO THAT ALLOWS OUR
20	GRANTEES TO SUBMIT PROGRESS REPORT DATA TO US ONLINE
21	RATHER THAN USING A PIECE OF PAPER.
22	SO I'M LOGGED IN HERE IN OUR BETA SITE TO
23	SHOW YOU AS IF I'M JEANNE LORING. YOU CAN SEE HER
24	NAME UP AT THE TOP OF THE SCREEN HERE. SHE HAS A
25	TOOLS AND TECHNOLOGIES AWARD AND AN EARLY

1	TRANSLATIONAL AWARD. FOR THE SAKE OF THIS
2	DEMONSTRATION, WE'LL SAY SHE HAS A PROGRESS REPORT
3	DUE FOR BOTH AWARDS. IT'S REALLY SIMPLE FOR DR.
4	LORING TO KNOW WHAT SHE HAS TO TURN IN TO US. SHE
5	DOESN'T HAVE TO CHECK HER E-MAIL, LOOK FOR DOCUMENTS
6	THAT WERE SENT TO HER BY GRANTS MANAGEMENT STAFF.
7	SHE LOGS IN HERE TO HER PORTFOLIO, AND HERE IT IS
8	RIGHT IN FRONT HER. SHE HAS A PROGRESS REPORT DUE
9	FOR THESE TWO GRANTS.
10	SO SHE CLICKS ON HER EARLY TRANSLATIONAL
11	AWARD, AND HERE WE ACTUALLY GIVE HER A LITTLE MORE
12	INFORMATION, THE ACTIVITIES SHE NEEDS TO COMPLETE IS
13	A PROGRESS REPORT. THIS IS FOR THE YEAR ONE, AND
14	THIS IS FOR THE REPORTING PERIODS DATED SEPTEMBER 1,
15	2009, TO AUGUST 31, 2010.
16	SO I'LL CLICK INTO THE PROGRESS REPORT
17	PAGE. I HOPE YOU'VE NOTICED AS WE'VE CLICKED
18	THROUGH HERE THAT WE HAVEN'T HAD TO GO THROUGH AN
19	INSTRUCTIONS PAGE. A LOT OF TIMES PEOPLE CAN GET
20	BOGGED DOWN BY LONG INSTRUCTIONS PAGES. AND WHAT
21	WE'VE LEARNED OVER THE YEARS IS THAT IT'S MUCH
22	EASIER AND MUCH FASTER FOR OUR GRANTEES IF WE BUILD
23	A SYSTEM THAT'S VERY INTUITIVE AND TAKES THEM STEP
24	BY STEP THROUGH THE PROCESS AND ALL THE ACTIVITIES
25	THAT THEY NEED TO COMPLETE.

1	SO A PROGRESS REPORT IS SOMETHING THAT'S
2	REQUIRED BY OUR GRANTS ADMINISTRATION POLICY. FOR
3	THIS PARTICULAR GRANT, IT WOULD BE REQUIRED
4	ANNUALLY, AN ANNUAL PROGRESS REPORT. YOU CAN SEE
5	HERE WE PROVIDE A TEMPLATE FOR THE SCIENTIFIC
6	PROGRESS REPORT. IT'S RIGHT HERE ON THE SYSTEM.
7	AGAIN, DR. LORING DOESN'T HAVE TO GO CHECK HER
8	E-MAIL AND FIND THE DOCUMENT THAT SHE'S SUPPOSED TO
9	USE. SHE JUST CLICKS ON THE FILE HERE, SHE CAN OPEN
10	IT UP, AND SAVE HER DATA IN IT.
11	AND THEN THE OTHER REALLY EXCITING PIECE
12	OF FUNCTIONALITY THAT WE HAVE IS THAT ONCE SOMEONE
13	HAS ACTUALLY FILLED OUT THEIR SCIENTIFIC PROGRESS
14	REPORT, THEY CAN UPLOAD THEIR DOCUMENTS TO OUR
15	SYSTEM. SO IF YOU ARE ON THE UPLOAD DOCUMENTS PAGE,
16	DR. LORING OR ANOTHER GRANTEE COULD UPLOAD THEIR
17	SCIENTIFIC PROGRESS REPORT. THEY CAN ALSO UPLOAD
18	OTHER REQUIRED DOCUMENTS THAT THEY NEED TO SUBMIT
19	WITH THEIR PROGRESS REPORT. WE THINK THIS IS A HUGE
20	EFFICIENCY FOR US BECAUSE GRANTEES CAN JUST UPLOAD
21	EVERYTHING HERE TO THIS PAGE. THEY DON'T HAVE TO
22	FIND ALL THE DOCUMENTS, TRY TO E-MAIL THEM TO US,
23	PRINT THEM OUT, SEND THEM TO US. IT'S REALLY
24	FANTASTIC FOR GRANTEES, AND WE THINK IT'S ALSO QUITE
25	EFFICIENT FOR STAFF BECAUSE ALL THE DOCUMENTS LIVE

IN ONE PLACE. WHEN IT'S TIME FOR OUR SCIENTIFIC
STAFF TO LOOK AT A PROGRESS REPORT, THEY CAN JUST
LOOK AT THIS ONE SECTION.
SO WE HAVE OTHER SECTIONS HERE THAT ARE
REQUIRED BY OUR GRANTS ADMINISTRATION POLICY.
GRANTEES HAVE TO TELL US ABOUT THE PUBLIC SUMMARY OF
SCIENTIFIC PROGRESS. I MENTION THIS BECAUSE AMY
ADAMS WILL TOUCH ON THIS WHEN SHE GIVES HER
PRESENTATION IN JUST A MOMENT. RIGHT NOW THAT
PUBLIC SUMMARY COMES INTO US, HAS BEEN COMING INTO
US IN A FORMAT THAT'S BEEN VERY DIFFICULT FOR US TO
PROVIDE TO THE PUBLIC. WE WANT TO MAKE THIS DATA
AVAILABLE QUICKLY AND EASILY TO THE PUBLIC. THIS
SYSTEM IS GOING TO HELP US DO THAT.
THE OTHER AREA THAT'S IMPORTANT TO MENTION
IS THE LIST OF PUBLICATIONS. IT'S IMPORTANT THAT
OUR GRANTEES' PUBLICATIONS ARE AVAILABLE FOR THE
PUBLIC. THEY CAN SEARCH OUR GRANTS AND SEE WHO'S
PUBLISHED WHAT. THIS SYSTEM WILL HELP US MAKE THAT
INFORMATION AVAILABLE QUICKLY TO OUR STAKEHOLDERS AS
WELL.
I ALSO WANT TO JUST MENTION A NEW SECTION
FOR US IN OUR PROGRESS REPORTS IS THIS OUTCOMES
SECTION. SO IN ADDITION TO THE INFORMATION THAT I
SPOKE TO YOU ABOUT, WHICH IS REQUIRED BY OUR
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1	POLICIES, WE'RE ASKING OUR GRANTEES TO HELP US
2	MEASURE OUTCOMES OF OUR CIRM-FUNDED RESEARCH BY
3	PROVIDING ADDITIONAL INFORMATION. AND SO THE
4	ADDITIONAL INFORMATION YOU CAN SEE HERE. IT'S
5	BASICALLY TO REPORT NOTEWORTHY OUTCOMES THAT HAVE
6	COME FROM THE PROJECT LIKE FILING AN IND OR
7	GENERATING A NEW STEM CELL LINE.
8	THIS INFORMATION IS ALSO GOING TO BE
9	HELPFUL FOR US IN THE FUTURE TO CODE GRANTS. AND
10	AMY ADAMS WILL SHOW YOU IN HER PRESENTATION THAT
11	THAT CODING ACTUALLY CAN BE USED TO ORGANIZE AND
12	FILTER GRANTS ON OUR WEB SITE.
13	FINALLY, WE ASK OUR GRANTEES WHERE THEY'RE
14	DOING THEIR WORK. WE'D LIKE TO KNOW IF THEY'RE
15	WORKING IN THE CIRM-SHARED LABS AND MAJOR
16	FACILITIES. WE ALSO ASK THEM FOR SOME DETAIL ON USE
17	OF HUMAN PLURIPOTENT STEM CELL LINES. SO THE GREAT
18	PART ABOUT THIS PROGRESS REPORT IS ONCE A GRANTEE IS
19	DONE, THEY JUST CLICK DONE WITH PROGRESS REPORT,
20	IT'S SUBMITTED TO US, THEY ALSO HAVE A RECORD OF
21	WHAT THEY'VE SUBMITTED IN THEIR PORTFOLIO. THEY
22	DON'T HAVE TO GO BACK AND SEARCH THEIR RECORDS TO
23	SEE WHAT THEY'VE SUBMITTED. WE THINK IT REALLY
24	STREAMLINES THE PROCESS. WE'VE GOTTEN GREAT
25	FEEDBACK FROM GRANTEES.

1	WE'VE RECEIVED OVER A HUNDRED PROGRESS
2	REPORTS THROUGH THIS ONLINE SUBMISSION. WE'VE HAD
3	ZERO PHONE CALLS FROM GRANTEES ASKING HOW TO USE THE
4	SYSTEM, WHICH WE THOUGHT WAS REALLY A GOOD SIGN.
5	(APPLAUSE.)
6	MS. LEWIS: SO THIS IS JUST A QUICK LITTLE
7	PEEK INTO OUR CUSTOM SYSTEM, JUST ONE PIECE OF IT.
8	AND I LOOK FORWARD, HOPEFULLY IN THE FUTURE, OF
9	SHOWING YOU MORE OF THE FUNCTIONALITY THAT WE'RE
10	BUILDING. SO AMY ADAMS IS GOING TO TALK TO YOU NEXT
11	ABOUT HOW THE DATA THAT WE'RE TAKING IN IN THE
12	SYSTEM IS GOING TO BE DISPLAYED TO THE PUBLIC. AND
13	THEN IF YOU HAVE ANY QUESTIONS, I'LL BE HAPPY TO
14	ANSWER THEM AFTERWARDS.
15	CHAIRMAN KLEIN: I'D LIKE TO RECOGNIZE
16	THAT AMY LEWIS HAS BEEN COMMITTED TO THIS MISSION
17	FOR SEVEN YEARS, SINCE 2003. SO I THINK WE SHOULD
18	GIVE HER A GREAT ROUND OF APPLAUSE.
19	(APPLAUSE.)
20	MS. ADAMS: SO AMY LEWIS TALKED TO YOU
21	ABOUT HOW WE GET DATA INTO THE SYSTEM, AND WHAT I'M
22	GOING TO SHOW YOU IS HOW WE'RE TRYING TO DISPLAY
23	SOME OF THAT DATA TO OUR CONSTITUENTS, SO THE
24	PATIENTS, THE FAMILIES, THE TAXPAYERS, THE
25	LEGISLATORS, WHO WANT TO KNOW WHAT WE'RE FUNDING.
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1	SO THE IMPORTANT THING I WANT YOU TO
2	NOTICE HERE IS HERE'S THE WEB SITE, AND HERE ARE THE
3	TWO PLACES WE GET DATA INTO THE WEB SITE, AND THEY
4	BOTH INVOLVE A MANUAL STEP.
5	I'LL COME BACK TO THAT. RIGHT NOW I AM
6	THAT MANUAL STEP, AND IT'S BEEN LIMITING IN TERMS OF
7	WHAT WE PULL IN ACCURATELY.
8	NOW I WANT TO GO SO WE'VE BEEN
9	COLLECTING A LOT OF DATA AS AMY SHOWED YOU. AND DON
10	GIBBONS AND I HAVE BEEN VERY EAGER TO START TELLING
11	THE PUBLIC MORE ABOUT WHAT THIS DATA SAYS, WHAT
12	WE'RE FUNDING. THE FIRST STEP OF THIS CAME A COUPLE
13	MONTHS AGO WHEN WE RELEASED 18 DISEASE PAGES ONTO
14	THE WEB SITE, AND SEVERAL MEMBERS OF THE BOARD WERE
15	VERY INSTRUMENTAL IN MAKING SURE THOSE WERE ACCURATE
16	AND PRETTY DETAILED. THAT'S NICE. WE'RE TALKING
17	ABOUT HOW STEM CELL RESEARCH COULD IMPROVE THOSE
18	DISEASES, BUT IT DOESN'T QUITE SAY WHAT WE'RE REALLY
19	FUNDING.
20	SO WHAT I'M GOING TO PREVIEW FOR YOU HERE,
21	THIS IS ACTUALLY A NEW FEATURE. YOU'RE LOOKING AT
22	THE DEMO SITE RIGHT NOW, BUT IT SHOULD BE LIVE ON
23	OUR REAL SITE LATER TODAY. FOR ANYONE WHO'S
24	LISTENING IN ON THE AUDIOCAST, THE PAGE YOU'RE
25	LOOKING AT YOU'LL BE ABLE TO SEE LATER TODAY. EVERY
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1	PAGE OF OUR SITE HAS A BLUE BUTTON AT THE BOTTOM
2	RIGHT THAT SAYS "SEARCH CIRM GRANTS." IF YOU CLICK
3	ON THAT, YOU WILL BE ABLE TO SEE WHAT I'M TALKING
4	ABOUT RIGHT NOW.
5	SO WE'VE WHAT THIS PAGE SHOWS IS A
6	COMPLETE LIST OF ALL AWARDS GIVEN OUT BY CIRM. THIS
7	LIST EXISTS ON OUR CURRENT SITE. CURRENTLY ALL YOU
8	CAN DO, THOUGH, IS SORT THAT BY DIFFERENT
9	INSTITUTIONS YOU MIGHT BE INTERESTED IN OR BY THE
10	DIFFERENT ROUNDS OF FUNDING. WHAT WE'RE NOW ABLE TO
11	PROVIDE TO PEOPLE IS THE ABILITY TO SORT BY THE
12	DISEASE FOCUSED ON IN THAT AWARD, BY THE TYPE OF
13	STEM CELL LINE BEING USED IN THAT AWARD, STEM CELL
14	LINES BEING GENERATED IN THE AWARD, AND WHETHER OR
15	NOT THEY HAVE COLLABORATIVE FUNDERS.
16	LET'S JUST LOOK AT THIS. WHEN YOU CLICK
17	ON THE DISEASE FOCUSED, YOU SEE A LONG LIST OF
18	DISEASES. I WANT TO SAY HERE THIS LOOKS PRETTY
19	STRAIGHTFORWARD. IT'S A LIST OF DISEASES, BUT THAT
20	DIDN'T ARISE OUT OF NOWHERE. IT WAS DR. KELLY
21	SHEPHERD IN OUR SCIENCE OFFICE WHO REALLY LED THE
22	EFFORT TO DEVELOP A CODING MECHANISM THAT WE COULD
23	USE TO CODE OUR GRANTS AND THEN DEVELOPED THE
24	MECHANISM BY WHICH THEY WOULD DO THE CODING AND
25	WORKED WITH THE SCIENCE OFFICERS TO MAKE SURE THAT
	10-

1	WE'RE CODING THINGS ACCURATELY. SO IT LOOKS PRETTY
2	STRAIGHTFORWARD. IT REPRESENTS A LOT OF TIME ON THE
3	PART OF DR. KELLY SHEPHERD.
4	LET'S SAY I AM SOMEONE WHO VOTED FOR
5	PROPOSITION 71 BECAUSE I CARE ABOUT PARKINSON'S
6	DISEASE. LET'S SEE WHAT WE FIND. WE SELECT
7	PARKINSON'S DISEASE, HIT APPLY, AND IT TAKES A
8	SECOND, AND HERE YOU SEE A LIST OF ALL OF THE AWARDS
9	WE FUNDED THAT APPLY TO PARKINSON'S DISEASE.
10	THERE'S A RANGE FROM THE REALLY BASIC SCIENCE TO THE
11	EARLY TRANSLATIONAL AWARDS. THE DIFFERENT FILTER
12	CATEGORIES ALLOW YOU TO CONTINUE FILTERING.
13	SO LET'S SAY I CARE DEEPLY ABOUT EMBRYONIC
14	STEM CELLS. HOW MANY OF THESE PARKINSONS' AWARDS
15	USE EMBRYONIC STEM CELLS? LOOKS LIKE MOST OF THEM
16	DO, BUT YOU CAN CONTINUE FILTERING. YOU COULD LOOK
17	AT WHO'S USING IPS, WHO'S GENERATING IPS, WHETHER
18	THEY HAVE INTERNATIONAL COLLABORATORS.
19	I THINK THIS IS GOING TO BE A VERY
20	VALUABLE WAY OF ALLOWING THE PUBLIC TO UNDERSTAND
21	MORE ABOUT WHAT WE'RE FUNDING.
22	ONE THING I WANT TO SAY ACTUALLY LET ME
23	SHOW YOU WHAT WE DISPLAY ABOUT THOSE AWARDS. SO IF
24	YOU CLICK ON THE TITLE OF THE GRANT, WHAT YOU SEE IS
25	INFORMATION ABOUT THAT AWARD. SO YOU SEE THE TITLE,
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1	WHAT KIND OF AWARD IT IS, WHO THE AWARD WENT TO.
2	AND THEN THE PUBLIC ABSTRACT AND STATEMENT OF
3	BENEFIT, THESE COME IN WITH THE APPLICATIONS.
4	THAT'S GREAT. WE'RE TELLING THE PUBLIC WHAT THESE
5	PEOPLE SAID THEY WERE GOING TO DO. WHAT WOULD BE
6	BETTER IS IF WE CAN TELL THE PUBLIC WHAT THEY'VE
7	ACTUALLY DONE WITH OUR MONEY.
8	AND THAT'S WHERE AMY'S TALK COMES IN. NOW
9	THAT WE'RE COLLECTING DATA IN AN AUTOMATED MANNER
10	AND ABLE TO GET THE PROGRESS REPORTING, THE
11	PUBLICATIONS, AND OTHER OUTCOMES OF THESE AWARDS,
12	WE'RE GOING TO BE ABLE TO SET IT UP SO THAT THERE IS
13	NO HUMAN INVOLVED. WE CAN HAVE THE WEB SITE TALK
14	DIRECTLY WITH THE DATABASE AND START PULLING THAT
15	INFORMATION IN.
16	AND ONCE WE DO THAT, WE WILL BE ABLE TO
17	ALSO PROVIDE REAL-TIME DATA. RIGHT NOW, BECAUSE
18	THERE IS THE HUMAN STEP AND A LOT OF DATA CLEANUP
19	AND SIGNIFICANT POSSIBLE HUMAN ERROR, WE ARE ONLY
20	GOING TO BE UPDATING THIS CHART PROBABLY AFTER EVERY
21	TIME THE BOARD VOTES ON A ROUND OF FUNDING. WE
22	WON'T DO IT MORE OFTEN THAN THAT. ONCE WE HAVE THIS
23	MASTER DATABASE SET UP, WE CAN DO IT IN REAL-TIME,
24	WHICH I THINK WILL BE A REALLY NICE WAY OF SHOWING
25	THE PUBLIC WHAT WE'RE FUNDING.

1	CHAIRMAN KLEIN: SO, AMY, I THINK THIS IS
2	EXTREMELY HELPFUL, AND I'D ALSO LIKE TO CALL THE
3	BOARD'S ATTENTION THAT AS WE GO INTO THIS PERIOD
4	WHERE WE'RE HAVING RETIRING BOARD MEMBERS, IT'S
5	CRITICAL THAT PEOPLE WHO WOULD WANT TO APPLY TO BE
6	BOARD MEMBERS AND THE PUBLIC REALLY UNDERSTAND WHAT
7	THE BOARD DOES. UNTIL ABOUT EIGHT WEEKS AGO, THERE
8	WERE ONLY FOUR PARAGRAPHS ON THE ENTIRE WEB SITE
9	ABOUT WHAT THE BOARD DID. AMY HAS BEEN WORKING WITH
10	US AND HAS DEVELOPED KIND OF A STAGE-ONE BROADER
11	DESCRIPTION OF WHAT THE GOVERNING BOARD DOES. AND
12	WE'RE GOING TO BE WORKING WITH HER BETWEEN NOW AND
13	THE END OF THE YEAR ON DEVELOPING PROFILES OF ALL
14	THE RETIRING MEMBERS OF THE BOARD OF WHAT THEY HAVE
15	DONE. SO SOMEONE LOOKING AT PROSPECTIVE SERVICE ON
16	THIS BOARD CAN SEE WHAT THEY COULD ACCOMPLISH, THE
17	KINDS OF CONTRIBUTIONS THAT ARE BEING MADE.
18	SINCE NONE OF THE PATIENT ADVOCATE TERMS
19	ARE UP, WE'RE GOING TO HAVE TO ALSO START DOING SOME
20	PATIENT ADVOCATE PROFILES BECAUSE FROM TIME TO TIME
21	PATIENT ADVOCATES RETIRE EVEN THOUGH THEIR TERMS ARE
22	NOT UP. IT'S IMPORTANT THAT THE PUBLIC REALLY
23	UNDERSTAND, HAVE SOME INSIGHT ABOUT THE
24	CONTRIBUTIONS THAT ARE MADE, THE IMPACT ON DISEASES
25	THAT ARE MADE SO PROSPECTIVE APPLICANTS CAN SEE WHY
	170

1	IT'S IMPORTANT TO COMMIT THE KIND OF QUALITY TIME
2	THAT'S NECESSARY TO SERVE ON THE BOARD.
3	SO I REALLY THINK WE SHOULD THANK AMY
4	ADAMS. THIS IS VERY HELPFUL TO US AS WE GO THROUGH
5	THIS PROCESS OF REBUILDING THE BOARD AND EDUCATING
6	THE PUBLIC.
7	MS. LANSING: I DON'T WANT TO COMMENT TILL
8	YOU ARE DONE WITH YOUR REPORT. SO DO YOU HAVE MORE
9	TO SAY?
10	MS. ADAMS: I'M DONE.
11	MS. LANSING: I WILL COMMENT. I THINK
12	THAT UPDATING THIS WEB SITE, YOU JUST ARE DOING
13	TERRIFIC WORK, ALL OF YOU. AND THANK YOU FOR
14	EVERYTHING THAT YOU ARE DOING.
15	THIS IS PART OF THIS, AND IT'S A PART OF A
16	BIGGER ISSUE AS WELL. SO LET ME FRAME THIS, AND
17	THEN I'M GOING TO MAKE A SUGGESTION. I THINK THAT
18	THE PUBLIC IS THIS IS NO ONE'S FAULT. I JUST
19	WANT TO SAY THIS UP FRONT. THE PUBLIC IS NOT AS
20	AWARE AS THEY SHOULD BE OF THE AMAZING PROGRESS
21	THAT'S BEING MADE. I LIVE IN A LIMITED WORLD. I
22	DON'T LIVE IN A SCIENTIFIC WORLD. BUT I HAVE TO SAY
23	OVER AND OVER AND OVER AGAIN I HEAR, "SO WHAT'S
24	HAPPENING?" DO YOU KNOW? AND THE IDEA THAT A
25	REPORT LIKE THIS MORNING, WHICH I KNOW FOR ALL OF US
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1	AND ALAN'S REPORT JUST MAKES ALL OF US GO WOW. AND
2	THAT HAPPENS AT EVERY MEETING. SO I THINK THAT WE
3	HAVE AN OBLIGATION TO EDUCATE THE PUBLIC IN A VERY,
4	VERY COST-EFFECTIVE WAY.
5	I'M TELLING YOU THAT THIS COSTS NOTHING.
6	I'M TELLING YOU WE COULD DO EVERYTHING WE WANTED TO
7	DO PROBABLY FOR TENS OF THOUSANDS DOLLARS. WE CAN
8	SHOOT, AND WE PROBABLY CAN FIND PRO BONO PEOPLE THAT
9	ARE DEDICATED TO OUR MISSION, FILMMAKERS LITTLE WEB
10	PODS THAT WE CAN PUT ON OUR SITE. AND THOSE WEB
11	PODS ARE SO EFFECTIVE. AND I URGE YOU. YOU CAN
12	LOOK ON THE STAND UP TO CANCER. WE'RE DOING THIS
13	ALL THE TIME, BUT IT REALLY COSTS NOTHING. I'M
14	TELLING YOU HUNDREDS OF DOLLARS TO DO ONE, THOUSANDS
15	OF DOLLARS TO DO A COUPLE OF THEM. AND YOU COULD
16	HAVE, FOR EXAMPLE, A SHORTER VERSION OF WHAT'S GOING
17	ON WITH SOME OF THE DISEASE TEAMS. AND YOU COULD
18	INTERVIEW THE DOCTORS. AND I'M REALLY DOING THIS
19	NOT FOR THE SCIENTIFIC COMMUNITY, WHICH CAN READ AND
20	UNDERSTAND IT, BUT I'M DOING IT FOR PEOPLE LIKE
21	MYSELF THAT WOULD GO, WOW, DO YOU KNOW, FOR THE
22	PUBLIC.
23	AND I THINK IT'S REALLY IMPORTANT THAT
24	THEY HEAR THE DOCTOR TALKING, MAYBE THERE'S A
25	PATIENT, MAYBE THERE'S A VISUAL TO SEE, AND YOU CAN
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1	ALSO INTERVIEW THE PATIENT ADVOCATES, YOU CAN
2	INTERVIEW BOARD MEMBERS. AND ALL OF THIS BECOMES A
3	MUCH MORE INTERACTIVE AND DYNAMIC WAY TO GET THE
4	INFORMATION ACROSS IN ADDITION TO WHAT YOU READ.
5	AND I JUST CAN'T BEGIN TO TELL YOU HOW
6	MANY PEOPLE I THINK ARE OUT THERE, FILMMAKERS THAT
7	WOULD LOVE TO DO THIS PRO BONO. THERE'S FIRMS THAT
8	DO IT PRO BONO. AND EVEN IF WE HAD TO PAY, WE'RE
9	TALKING ABOUT SUCH LITTLE MONEY. YOU'RE TALKING
10	ABOUT A DIGITAL CAMERA. EVERY ONE OF YOU HAS ONE OF
11	THESE FLIP CAMS, AND I'M TELLING YOU YOU CAN DO IT
12	YOURSELF. IT'S NOT THAT HARD.
13	SO I JUST URGE US. I'M SERIOUS. I
14	CONSTANTLY HAVE PEOPLE DOING IT, AND I SHUDDER TO
15	THINK WHAT IT'S GOING TO DO TO THE FILM INDUSTRY
16	BECAUSE THEY'RE VERY GOOD. I BEG US TO LOOK AT
17	USING VISUALS AND REALLY HAVING THEM. I GUESS
18	YOU'RE GOING TO SHOW ME ONE THAT YOU ALREADY HAVE.
19	MS. ADAMS: I THINK JEFF SHEEHY CAN TELL
20	YOU ABOUT THIS. HE CAN TELL YOU ABOUT THE CUTE
21	LITTLE GIRL IN THIS ONE.
22	SO I TOTALLY AGREE WITH YOU, SHERRY. SO
23	WE AND CLEARLY SINCE YOU DON'T KNOW ABOUT THESE,
24	WE NEED TO WORK ON MAKING THEM MORE ACCESSIBLE AND
25	MORE VISIBLE ON THE WEB SITE. WE'VE ACTUALLY BEEN

1	DOING A SERIES OF VIDEOS ABOUT DIFFERENT DISEASES
2	BEING TARGETED BY CIRM AWARDS. WE'VE KIND OF BEEN
3	FOCUSING ON THE DISEASE TEAMS ALTHOUGH WE'VE DONE
4	SOME OTHER DISEASES AS WELL. AND IN EACH ONE WE
5	FEATURE A PATIENT ADVOCATE AND THEN THE PI, USUALLY
6	THE PI, ON A CIRM AWARD. DR. STEWARD FILMED ONE FOR
7	US RECENTLY. THEY'RE ALL THREE TO FIVE MINUTES
8	LONG. THEY'RE POSTED HERE AND ON YOUTUBE. ACTUALLY
9	ON YOUTUBE WE GET MANY MORE VIEWS ON YOUTUBE THAN ON
10	OUR WEB SITE. IT'S FANTASTIC.
11	WE'VE HAD, LAST I LOOKED, ABOUT 83,000
12	VIEWS TO OUR VIDEOS ON YOUTUBE. I DON'T KNOW IF
13	YOU'VE SEEN THIS, BUT YOUTUBE PROVIDES REALLY
14	ASTOUNDING INFORMATION ABOUT WHO IS WATCHING YOUR
15	VIDEOS AND HOW ATTENTIVE THEY ARE. AND ALL BUT, I
16	THINK, TWO OR THREE OF OUR VIDEOS HAVE SIGNIFICANTLY
17	ABOVE AVERAGE VIEWER RATINGS AND IN-VIEWER ATTENTION
18	STATISTICS, WHICH I THINK EXACTLY MAKES YOUR POINT,
19	THAT PEOPLE REALLY CARE ABOUT THIS.
20	MS. LANSING: THEN I APOLOGIZE FOR NOT
21	KNOWING.
22	MS. ADAMS: THAT'S FINE. IT MEANS THAT I
23	HAVEN'T DONE MY JOB AND MADE IT VISIBLE.
24	MS. LANSING: THEN I WILL SAY THIS TO ALL
25	OF THE PATIENT ADVOCATES AND BOARD MEMBERS. WHEN
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1	YOU HAVE THESE VIDEOS, IT'S SO EASY FOR US TO SHOOT
2	AN E-MAIL OUT TO OUR BASE TO JUST SAY THERE'S A
3	WONDERFUL VIDEO. JUST LIKE YOU SAID, THERE'S A
4	WONDERFUL THING ON HUFFINGTON POST. I'M JUST
5	SUGGESTING THAT WE HAVE A VERY COORDINATED EFFORT
6	BECAUSE NOW BEFORE WE WERE A DREAM, WE ADVOCATED
7	FOR THAT DREAM, AND IT WAS PATIENT ADVOCATES AND
8	SCIENTISTS AND THE CITIZENS THAT GOT THIS
9	PROPOSITION PASSED. SO NOW WE NEED TO HAVE A
LO	COORDINATED EFFORT ON BEHALF OF ALL OF US, ON BEHALF
L1	OF ALL OF OUR ACTIVIST GROUPS TO MAKE SURE THAT
L2	THESE ARE SEEN AND READ. BUT SEEN IS TO ME WHERE
L3	THE EMOTIONAL THING IS REALLY THERE.
L4	MR. SHEEHY: JUST TO I ALSO WANT TO
L5	REMARK THAT WE KEEP THE, WHICH ARE JUST AS VALUABLE,
L6	THE SPOTLIGHTS. AND SO THE ZAIA SPOTLIGHT IS THE
L7	REASON WHY WE HAVE ALL THESE AIDS ACTIVISTS, WHICH
L8	I'VE DISTRIBUTED, AND THEY WATCHED THAT AND THEN
L9	THEY READ THE WHOLE CANNON PAPER. THAT'S WHY
20	THEY'RE LIKE, OKAY. LET'S GET OUR CLINICAL TRIAL.
21	LET'S GO TO THE FDA. WHERE IS CIRM? LET'S GET
22	GOING. AND THE GREAT VIDEO THEY DID.
23	ACTUALLY, YOU KNOW, AT LEAST I HAVE, I'VE
24	BEEN GETTING IT OUT THERE. AND A LOT OF PEOPLE HAVE
25	STOPPED SAYING WHAT'S CIRM.

1	MS. LANSING: I APOLOGIZE BECAUSE I
2	HAVEN'T BEEN.
3	CHAIRMAN KLEIN: SHERRY, YOUR FUNDAMENTAL
4	POINT IS ABSOLUTELY RIGHT. EVERY MEMBER OF THIS
5	BOARD GETS THE QUESTION WHAT ARE YOU ARE DOING. WE
6	REALLY, FOR ACCOUNTABILITY AND REPORTING TO THE
7	PUBLIC, HAVE A COMPLETELY DIFFERENT LEVEL OF
8	OUTREACH WE NEED. WHEN YOU REALIZE THAT IN THE LAST
9	TEN DAYS BEFORE THE ELECTION, THERE WERE THREE
10	MILLION AFFINITY GROUP E-MAILS. THE POTENTIAL IS
11	THERE, THE INTEREST IS THERE. WE HAVE AN OBLIGATION
12	TO REPORT ON A DIFFERENT SCALE TO THE PUBLIC, AND
13	IT'S VERY IMPORTANT WE REPORT BECAUSE THERE'S AN
14	OPPOSITION THAT IS TRYING TO MISLEAD THE PUBLIC
15	ABOUT SOME OF THESE CELLULAR THERAPIES. AND THERE
16	IS, IN FACT, ANOTHER GROUP THAT'S TRYING TO SELL
17	OFFSHORE THERAPIES THAT ARE NOT PROPERLY VALIDATED
18	AND APPROVED.
19	SO IT HELPS THE PUBLIC KNOW STUDY PROGRESS
20	IS BEING MADE TO PROPERLY WAIT FOR FDA-APPROVED
21	THERAPIES. WE HAVE A NUMBER OF LEVELS OF
22	RESPONSIBILITY HERE, AND YOU'RE RIGHT. THE
23	SUBCOMMITTEE ON COMMUNICATION HAS BEEN DEFERRED
24	UNTIL THE SCIENTIFIC SUBCOMMITTEE CAN HAVE ITS
25	MEETINGS. IT NOW NEEDS TO MEET, BUT CERTAINLY WE'VE
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1	MADE SOME SUBSTANTIAL PROGRESS.
2	MS. LANSING: THANK YOU. I JUST THINK
3	THIS IS PART OF OUR MISSION. AND I THINK THAT IF
4	OUR SUBCOMMITTEE ON COMMUNICATIONS MEETS OR EVEN IF
5	WE HAD A RETREAT OF THE WHOLE BOARD TO REALLY FIGURE
6	OUT, AFTER THE SUBCOMMITTEE, WHAT WE COULD DO.
7	JEFF, YOU'VE BEEN DOING IT. I GUESS FOR THE REST US
8	WE HAVEN'T EITHER THE TOOLS OR HAVEN'T BEEN CALLED
9	ON OR DIDN'T KNOW HOW TO DO IT.
LO	CHAIRMAN KLEIN: IN TERMS OF REPORTING,
L1	MELISSA HAS HAD SOME INTERNS WHICH VOLUNTEERED THEIR
L2	TIME ALL SUMMER TO BUILD THE LIST OF THE PATIENT
L3	ADVOCACY ORGANIZATIONS AND PATIENT SUPPORT GROUPS SO
L4	THAT WE WOULD KNOW THE NETWORK THAT NEEDS THIS
L5	INFORMATION SO WE COULD, IN FACT, CREATE AN
L6	EFFECTIVE DISTRIBUTION MECHANISM. SO THIS IS
L7	SOMETHING THAT IS IN PROGRESS, OVERDUE, BUT IT'S A
L8	VERY HIGH PRIORITY.
L9	MS. LANSING: I'LL END WITH ONE SENTENCE.
20	EVERY CITIZEN IS A PATIENT ADVOCATE WHETHER THEY
21	IDENTIFY THEMSELVES AS ONE OR NOT BECAUSE EVERYBODY
22	HAS BEEN TOUCHED BY ONE OF THE DISEASES THAT WE
23	REPRESENT. I THINK DON REED IN HIS BLOG WAS VERY
24	ELOQUENT IN MAKING THAT CLEAR. SO I'M VERY EXCITED
25	TO HELP IN ANY WAY I CAN.

1	CHAIRMAN KLEIN: MELISSA, COULD WE GET
2	FROM THE TRANSCRIPT WHAT SHERRY JUST SAID, EVERY
3	CITIZEN IS A PATIENT ADVOCATE BECAUSE EVERYONE HAS
4	BEEN TOUCHED BY A DISEASE THAT OUR THERAPIES CAN
5	TREAT. LET'S PUT THAT ON OUR WEB SITE, ON THE BOARD
6	PORTION OF THE WEB SITE. AND, DON, YOU HAVE SOME
7	COMMENTS.
8	MR. GIBBONS: CAN I JUST TAKE ONE SECOND
9	TO LET YOU KNOW WHAT'S COMING YOUR WAY. THE TIMING
10	OF THIS IS GREAT. WE, AMY AND I, WANTED TO BUILD A
11	ROBUST CONTENT THAT ANY PATIENT ADVOCATE COULD SAY
12	THERE'S SOMETHING HERE FOR ME BECAUSE YOU HAD TO BE
13	VERY DISEASE SPECIFIC BECAUSE PEOPLE CARE ABOUT
14	THEIR DISEASE AND THEIR LOVED ONE. UNTIL WE COULD
15	DO THIS SORT, WE WEREN'T READY FOR A BIG ROLLOUT.
16	WE ARE NOW ABSOLUTELY READY AND NEED A BIG ROLLOUT.
17	I MENTIONED TO YOU BACK IN FEBRUARY THAT I
18	WAS DOING A BOARD SLIDE DECK. WE'RE WAITING FOR THE
19	FINAL ECONOMIC IMPACT DATA TO COME IN. WE FINALLY
20	HAVE THAT. SO EACH BOARD MEMBER WILL BE GETTING A
21	JUMP DRIVE WITH AN INDIVIDUALIZED SLIDE DECK THAT
22	HAS SLIDES PERTAINING TO YOUR DISEASE OF INTEREST,
23	YOUR REGION IN TERMS OF THE GRANTS IN YOUR LOCAL
24	AREA, AND LINKS TO VIDEOS THAT WE'VE DONE ABOUT
25	THAT. SO IT WILL MAKE IT MUCH EASIER FOR YOU TO DO

1	YOUR JOB OF BEING ADVOCATES FOR US.
2	MS. LANSING: HELP US, AS YOU DO, IN
3	SAYING, OKAY, SEND THIS, IF YOU WISH WE'RE NOT
4	GOING TO FORCE ANYONE TO THIS GROUP AND HERE'S
5	HOW YOU DO IT.
6	MR. GIBBONS: PERFECT. SO EACH OF YOU
7	WILL BE GETTING A JUMP DRIVE. WE ALSO ARE ABOUT TO
8	HIRE A PATIENT ADVOCATE COORDINATOR THAT WILL BE
9	GOING OUT TO THESE DISEASE GROUPS, SHOWING THEM WHAT
10	WE HAVE FOR THEM THAT IS PERSONALIZED, IS ABOUT
11	THEIR CONDITION, AND GETTING THEM ACTIVATED TO GET
12	SOME OF THIS STUFF GOING MORE VIRAL AND GET THESE
13	EXCELLENT VIDEOS THAT WE'RE MAKING MORE WIDELY SEEN
14	AND USED.
15	MS. LANSING: CONGRATULATIONS.
16	CHAIRMAN KLEIN: DON, IT'S VERY IMPORTANT
17	TO BRING THAT TO THE CHAIR'S EXECUTIVE COMMITTEE SO
18	WE GET SOME INPUT FROM PEOPLE LIKE ART WHO HAVE
19	TREMENDOUS INSIGHT IN COMMUNICATIONS, PUBLIC
20	COMMUNICATIONS, AND WE CAN MAKE SURE WE'RE GETTING
21	ACROSS THE THINGS THAT THE PUBLIC IS GOING TO FIND
22	MOST IMPORTANT. SO WHEN WE SEND IT OUT TO THE
23	BOARD, WE WANT TO MAKE SURE THAT WE'VE GONE THROUGH
24	THAT REFINEMENT.
25	MR. GIBBONS: I HAVE BEEN COORDINATING
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	1 J

1	WITH ART THROUGH THIS ENTIRE PROCESS.
2	CHAIRMAN KLEIN: THE CHAIR'S EXECUTIVE
3	COMMITTEE, LET'S JUST SCHEDULE THAT REVIEW.
4	MR. GIBBONS: SURE.
5	MS. ADAMS: CAN I MAKE ONE RESPONSE TO
6	SHERRY? I JUST WANT TO SAY I WOULD BE HAPPY TO PUT
7	TOGETHER A LIST OF THE RESOURCES WE HAVE ON THE WEB
8	SITE IN TERMS OF WHAT VIDEOS WE HAVE AND WHAT
9	FEATURE STORIES WE HAVE ON THE SITE. AND MAYBE
10	MELISSA CAN MAIL IT TO THE BOARD. AND THAT WAY YOU
11	AT LEAST HAVE THAT LIST AT YOUR DISPOSAL.
12	MS. LANSING: GREAT. THANK YOU VERY, VERY
13	MUCH.
14	DR. STEWARD: ACTUALLY THIS IS GOING BACK
15	TO THE EARLIER ONE. AND MAYBE I WON'T START THIS
16	UNTIL YOU ARE FINISHED TALKING ABOUT THE PUBLIC
17	OUTREACH.
18	CHAIRMAN KLEIN: YOU WANT TO GO BACK TO
19	AMY'S PRESENTATION?
20	DR. STEWARD: YEAH. I REALLY HATE TO DO
21	THIS BECAUSE THIS HAS BEEN A WONDERFUL AND REALLY
22	EXCITING, FUN DISCUSSION. WHAT I'M ABOUT TO SAY IS
23	NOT FUN, AND I GUESS I'D JUST LIKE TO MAYBE ASK FOR
24	A REPORT ON THIS LATER ON.
25	I GUESS I RECENTLY RECEIVED A SOMEWHAT
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1	PAINFUL EDUCATION ABOUT NIH'S NEW POLICIES ON I.T.
2	SECURITY. AND IT REALLY IS QUITE REMARKABLE THE
3	DEGREE TO WHICH THEY'RE RAMPING UP THEIR SECURITY
4	REQUIREMENTS. I GUESS AT SOME POINT I'D REALLY LIKE
5	TO HEAR A REPORT ON I.T. SECURITY ON THE AGENCY.
6	THERE'S A LOT OF DATA THERE THAT WOULD BE SENSITIVE
7	IN MANY, MANY WAYS.
8	CHAIRMAN KLEIN: DR. STEWARD, LET'S BOOK
9	THAT AS A REPORT. WE'VE GOT AN HOUR. WE'VE GOT
10	SOME CRITICAL ISSUES. WE WANT TO MAKE SURE WE
11	MAINTAIN THE ITEMS. AND LET'S GIVE A ROUND OF
12	APPLAUSE TO BOTH PRESENTERS.
13	(APPLAUSE.)
14	CHAIRMAN KLEIN: SO WHAT I'D LIKE TO DO
15	HERE IS GO TO ITEM NO. 12, IF WE COULD, PLEASE.
16	AND, JAMES HARRISON, COULD YOU DISCUSS THE CONFLICTS
<b>L</b> 7	ISSUES RELATED TO ITEM 11 IS THE ITEM I WANT TO
18	GO TO. WOULD YOU DISCUSS THE CONFLICTS ISSUES AND
19	HOW WE'RE TREATING POLICY DISCUSSIONS AS SEPARATE
20	FROM A MOTION THAT WOULD IMPLEMENT THIS ITEM?
21	MR. HARRISON: YES. THERE ARE IN A SENSE
22	TWO SEPARATE QUESTIONS ADDRESSED BY THIS ITEM. ONE
23	IS WHETHER, AS A POLICY MATTER, THE BOARD WOULD LIKE
24	TO AFFIRM IN A SPECIFIC CASE OF THE DISEASE TEAM
25	AWARDS THE EXISTING GRANTS MANAGEMENT POLICY WHICH

1	PERMITS A CHANGE IN SCOPE OF A GRANT AWARD. IN THIS
2	PARTICULAR CASE, THE CHANGE IN SCOPE WOULD BE TO
3	PERMIT A GRANTEE TO USE UNUSED DISEASE TEAM AWARD
4	FUNDS FOR A CLINICAL TRIAL IF THE GRANTEE WAS ABLE
5	TO REACH AN IND AT AN AMOUNT LESS THAN THE GRANT
6	AWARD.
7	THE SECOND ISSUE IS ONCE THAT POLICY IS
8	APPROVED, WHAT IS THE MECHANISM FOR ACCOMPLISHING
9	THAT. AS I REFERENCE, WE HAVE AN EXISTING GRANTS
10	MANAGEMENT POLICY WHICH PERMITS THE PRESIDENT TO
11	APPROVE A CHANGE IN SCOPE OF A GRANT AWARD, BUT AT
12	THE SCIENCE SUBCOMMITTEE MEETING, MEMBERS EXPRESSED
13	AN INTEREST, GIVEN THE SIGNIFICANCE OF MOVING
14	FORWARD WITH A CLINICAL TRIAL, OF HAVING THE MATTER
15	BROUGHT BACK TO THE BOARD ON AN INDIVIDUAL BASIS TO
16	APPROVE THE USE OF THOSE FUNDS FOR A PARTICULAR
17	AWARD IN A CLINICAL TRIAL.
18	CHAIRMAN KLEIN: SO PROCEDURALLY HERE WHAT
19	WE'RE GOING TO DO IS DR. OLSON; IS THAT CORRECT, DR.
20	TROUNSON, IS GOING TO MAKE A PRESENTATION?
21	DR. TROUNSON: DR. OLSON IS.
22	CHAIRMAN KLEIN: AND THEN WHAT WE'RE GOING
23	TO DO IS HAVE A GENERAL DISCUSSION OF THIS ITEM.
24	THEN THERE'S TO BE A MOTION. ONCE THAT MOTION IS
25	MADE IN TERMS OF THIS IS THE INTEGRATED APPROACH,

1	JAMES. I SEE HIS CONSTERNATION AT AN INTEGRATED
2	APPROACH. LET'S HAVE A GENERAL POLICY DISCUSSION.
3	THE WAY I WAS APPROACHING THIS, JAMES, IS THEN IF
4	THERE'S A SPECIFIC MOTION THAT WOULD AFFECT THIS
5	DISEASE TEAM ROUND, THERE ARE NONE OF THOSE
6	INSTITUTIONS THAT WERE PARTICIPANTS DIRECTLY OR
7	INDIRECTLY IN THIS DISEASE TEAM ROUND WOULD THEN
8	PARTICIPATE IN THE DISCUSSION OF THAT MOTION. IS
9	THAT APPROACH ACCEPTABLE?
10	MR. HARRISON: THAT APPROACH IS
11	ACCEPTABLE. STANDARDS AND THE CONSIDERATION OF
12	STANDARDS ARE TREATED DIFFERENTLY THAN THE
13	DISCUSSION OF ACTUAL AWARDS OR AWARD PROGRAMS.
14	CHAIRMAN KLEIN: FINE. SO INSTEAD OF
15	DESCRIBING THIS AS INTEGRATED, LET'S CALL IT
16	BIFURCATED. DR. OLSON.
17	DR. OLSON: MR. CHAIRMAN, MEMBERS OF THE
18	BOARD, MEMBERS OF THE AUDIENCE, AND STAFF, I WOULD
19	LIKE TO DISCUSS TODAY THE DISEASE TEAM I AWARDS AND
20	ACTIVITY EXPANSION OPPORTUNITY. WHAT I WOULD LIKE
21	FIRST TO DO IS PROVIDE A BIT OF BACKGROUND TO THIS
22	PROGRAM. AND THE BOARD AND ALSO THE SCIENCE
23	SUBCOMMITTEE OF THE BOARD HAS ASKED STAFF TO ADDRESS
24	HOW DISEASE TEAM I PROJECTS THAT FILE A COMPLETE IND
25	AHEAD OF SCHEDULE AND WITHIN THE FOUR-YEAR TERM OF

STAFF HOW WOULD STAFF ENABLE THE USE OF THOSE
STAFF HOW WOOLD STAFF LNABLE THE USE OF THOSE
UNSPENT FUNDS FOR POST-IND ACTIVITIES, INCLUDING
CLINICAL TRIALS?
SO LET ME JUST REMIND YOU THAT THE DISEASE
TEAM I RESEARCH AWARDS, THE SCOPE OF FUNDABLE
ACTIVITIES AS DEFINED IN THE RFA INCLUDED THOSE TO
FILE A COMPLETE IND WITHIN THE FOUR-YEAR PERIOD.
SO WHAT WE WOULD IF I HAVE THE NEXT
SLIDE. WHAT WE WOULD SUGGEST IS THAT WE WOULD
UTILIZE APPROVED PROCESSES THAT WE ALREADY HAVE TO
ENABLE THIS. SO ONE OF THOSE IS THE PRIOR APPROVAL
REQUEST OR SHORTENED HERE TO PAR. THIS IS THE
IT'S PART OF THE RULES THAT WERE ADOPTED BY THE
BOARD THAT SAY THAT SIGNIFICANT CHANGES TO A
BOARD-APPROVED PROJECT REQUIRE CIRM APPROVAL. AND
THESE CAN BE FINANCIAL CHANGES, IN WHICH CASE
TYPICALLY THE GRANTS MANAGEMENT OFFICE ADDRESSES
THEM, SOMETIMES WITH INPUT FROM THE SCIENCE OFFICE
IF THEY HAVE A SCIENTIFIC IMPACT, AND THEY CAN
INCLUDE SCIENTIFIC CHANGES BECAUSE I THINK, AS WE
ALL KNOW, SCIENCE CHANGES AS IT GOES ALONG, AND
SCIENTISTS WANT TO BE ABLE TO RESPOND TO THAT. SO
IF THE CHANGE IS WITHIN THE GOAL OF THE RFA AND THE
GOAL OF CIRM'S MISSION, THAT'S SOMETHING WE DO. WE
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1	PROCESS HUNDREDS OF THESE EVERY YEAR. WE DEAL WITH
2	THEM.
3	THE OTHER THING THAT WE WOULD LIKE TO
4	SUGGEST IS THAT A PRIOR APPROVAL REQUEST THAT IS
5	INFORMED BY ADVICE FROM AN OVERSIGHT ADVISORY
6	COMMITTEE. YOU MAY RECALL THAT AS PART OF THE
7	CONCEPT PROPOSED FOR DISEASE TEAM I AND IS
8	INCORPORATED INTO THE RFA, THAT FOR THESE DISEASE
9	TEAM RESEARCH AWARDS, BECAUSE OF THE MAGNITUDE OF
10	THE AWARDS, BECAUSE OF THE TYPE OF PROJECTS WE'RE
11	DEALING WITH, WE ARE GOING TO HAVE EXPERT OVERSIGHT
12	ADVISORY COMMITTEES THAT ADVISE THE PRESIDENT AND
13	STAFF AT MAJOR SCIENTIFIC DECISION POINTS ON THE
14	PROJECT. SO, FOR EXAMPLE, IN DISEASE TEAM I, THE
15	GO/NO-GO FOR A DEVELOPMENT CANDIDATE TO MOVE INTO
16	IND-ENABLING DEVELOPMENT.
17	ANOTHER ONE OF THOSE WOULD ACTUALLY BE
18	GO/NO-GO TO ACTUALLY FILE THE IND. THIS IS
19	TYPICALLY WHAT WOULD HAPPEN WHEN YOU'VE COMPLETED
20	YOUR TOXICOLOGY STUDIES. YOU'VE PROBABLY HAD YOUR
21	PRE-IND ASSUREDLY YOU'VE HAD YOUR PRE-IND
22	MEETING. YOU HAVE MANUFACTURED YOUR CLINICAL
23	THINGS. YOU'RE PRETTY MUCH READY TO THINK ABOUT
24	FILING THE IND. I WILL REMIND YOU FILING AN IND
25	MEANS YOU ARE REQUESTING PERMISSION OF THE FDA TO GO
	185

1	TREAT PATIENTS. SO YOU ARE ACTUALLY YOU SUBMIT A
2	CLINICAL PROTOCOL, YOU SUBMIT ALL THE PRECLINICAL
3	AND TOXICOLOGY DATA. SO THAT'S ACTUALLY ANOTHER BIG
4	MILESTONE.
5	AND AT THAT POINT THAT'S WHERE WE THINK IT
6	WOULD BE OBVIOUS FOR THE TEAM, BECAUSE THE TEAM
7	WOULD CLEARLY RECOGNIZE BY THAT POINT IF THEY HAD
8	UNEXPENDED FUNDS AVAILABLE, AND THEY COULD PROPOSE
9	AN EXPANDED PROJECT AS PART OF THAT GO/NO-GO FOR IND
10	FILING DECISION.
11	OBVIOUSLY A PART OF THIS IS NOTIFYING THE
12	DISEASE TEAM I GRANTEES THAT THIS PROCESS WOULD BE
13	AVAILABLE TO THEM. AND SO IF WE AGREE ON ALL THIS,
14	THIS IS WHAT WE WOULD DO. WE WOULD NOTIFY THE
15	DISEASE TEAM I GRANTEES THAT WE WOULD ACCEPT A PRIOR
16	APPROVAL REQUEST FROM AWARDEES FOR A CHANGE IN SCOPE
17	TO INCLUDE ADDITIONAL WORK THAT FALLS WITHIN THE
18	SCOPE OF DISEASE TEAM II RFA. SO YOU'VE ALREADY
19	HEARD FROM DR. STEFFEN THAT THE DISEASE TEAM II RFA
20	WOULD INCLUDE ALL THOSE ACTIVITIES, POST-IND
21	ACTIVITIES. SOMETIMES HAVE YOU TO RESPOND TO THE
22	FDA. THE FDA DOESN'T NOT SAY ANYTHING FOR 30 DAYS.
23	IF YOU DON'T HEAR FROM THE FDA IN 30 DAYS, YOU'RE
24	GOOD TO GO, DO WHATEVER THE NEXT ACTIVITIES ARE:
25	START THE CLINICAL SITE CONTRACTS, GO THROUGH IRB

1	APPROVALS. THERE'S ACTUALLY USUALLY QUITE A BIT OF
2	LEAD-UP WORK TO ACTUALLY INITIATING A TRIAL.
3	SO THOSE ARE THE KINDS OF THINGS THAT THE
4	TEAM WOULD KNOW ABOUT. IF YOU DID HEAR FROM THE
5	FDA, IT'S POSSIBLE YOU MIGHT HAVE GO BACK AND DO
6	ANOTHER STUDY. SO THESE ARE THE KINDS OF ACTIVITIES
7	THAT ONE COULD CONTEMPLATE. AND THAT WOULD BE
8	PRESUMABLY IN THE TEAM'S EXPANDED PROJECT PROPOSAL.
9	SO THAT'S WHAT WE WOULD SUGGEST. AND I
10	THINK, AS WITH ANY OTHER MAJOR EVENT ON PROGRAMS WE
11	HAVE, WE WOULD EXPECT TO UPDATE THE ICOC AS PART OF
12	THE PRESIDENT'S REPORT ON THESE KINDS OF SIGNIFICANT
13	ACTIVITIES. SO IT WOULD BE THAT WOULD BE WHAT WE
14	WOULD SUGGEST. SO IF THERE ARE ANY COMMENTS OR
15	QUESTIONS, I WOULD BE HAPPY TO FURTHER DISCUSS.
16	CHAIRMAN KLEIN: THANK YOU. THANK YOU
17	VERY MUCH, DR. OLSON. IN TERMS OF THE ICOC
18	INVOLVEMENT, DR. TROUNSON, I HAD JUST A MOMENT TO
19	SPEAK WITH YOU EARLIER. I THINK THERE IS, JUST AS A
20	POLICY ISSUE AS A MODIFICATION OF THE FINAL STEP,
21	THE THOUGHT WAS THAT IT'S IMPORTANT THAT THE BOARD
22	TAKE RESPONSIBILITY AS WE GO INTO ANY CLINICAL TRIAL
23	AND MAKE CERTAIN THAT BEFORE THAT TRIAL STARTS, THE
24	BOARD HAS AN ABILITY TO SIGN OFF ON IT. SO THAT
25	IT'S BEEN SUGGESTED THAT WHEN THE SCIENTIFIC STAFF,
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1	WHEN THERE'S A REQUEST, THE SCIENTIFIC STAFF WILL
2	COME TO THE BOARD WITH THE REQUEST, THEIR SCIENTIFIC
3	ADVICE ON THAT REQUEST, SO THE BOARD CAN MAKE AN
4	EXPLICIT DECISION TO EFFECTIVELY ENDORSE THAT OR ASK
5	FOR ADDITIONAL STEPS.
6	BUT OUR POLICY IS TO HELP MOVE THESE
7	FORWARD. SO HOPEFULLY IT WOULD BE TO ENDORSE THE
8	SCIENTIFIC ADVICE, INCLUDING THE EFFECTS OF THE
9	ADVISORY COMMITTEE ADVICE; BUT I THINK IT IS
10	IMPORTANT, AS ARTICULATED BY SOME MEMBERS OF THE
11	BOARD PREVIOUSLY, THAT THE BOARD TAKE RESPONSIBILITY
12	WHENEVER WE'RE GOING INTO A CLINICAL TRIAL. AND
13	THAT PROVIDES PROTECTION FOR THE MISSION, THE STAFF,
14	KNOWING THAT WE'RE ALTOGETHER AND WE KNOW WHAT WE'VE
15	UNDERTAKEN. DR. TROUNSON, DOES THAT SEEM
16	ACCEPTABLE?
17	DR. TROUNSON: I HAVEN'T DISCUSSED IT WITH
18	STAFF, BUT IT SEEMS PERFECTLY ACCEPTABLE TO ME,
19	CHAIR.
20	MR. ROTH: CAN WE HAVE A THRESHOLD ON
21	THAT, JUST SOME POINT AT WHICH YOU WOULD BRING
22	THINGS TO THE BOARD AS OPPOSED TO A COUPLE HUNDRED
23	THOUSAND OR WHATEVER IS LEFT OVER? I DON'T THINK WE
24	NEED TO SEE EVERY SPECIFIC CHANGE, BUT SOME MINIMUM
25	THAT IT WOULD COME TO THE BOARD. I THINK, YOU KNOW,
	100

1	IF IT'S OVER A MILLION DOLLARS
2	DR. OLSON: YES. I WOULD PICK A MILLION.
3	MR. ROTH: IN A \$20 MILLION, THEN I
4	WOULD LIKE TO LOOK. I THINK UNDER THAT IT'S REALLY
5	WITHIN THE POLICY WE ALREADY HAVE. IT'S JUST IT'S
6	REAL MONEY AND MAYBE IT SHOULD COME BACK.
7	CHAIRMAN KLEIN: LET ME ASK THIS QUESTION.
8	THERE'S A LOT OF THE EXPENDITURES BEFORE YOU GET
9	INTO HUMAN SUBJECTS. SO ARE YOU SAYING LESS THAN A
10	MILLION DOLLARS AND YOU'RE NOT STARTING WITH HUMAN
11	SUBJECTS?
12	DR. OLSON: IF I UNDERSTOOD HIM I'M
13	SORRY. PERHAPS YOU WOULD EXPLAIN IT.
14	MR. ROTH: I DON'T THINK IT REALLY MATTERS
15	ON THE HUMAN SUBJECT ISSUE. I WOULD JUST SAY IF
16	THERE'S A REDEPLOYMENT OF A MILLION OR MORE, YOU'D
17	FIRST GO THROUGH YOUR SCIENTIFIC REVIEW AND SAY
18	YOU'RE BEHIND IT OR DON'T BRING IT TO US, BUT THEN
19	YOU BRING IT TO US IF IT'S A MILLION JUST FOR
20	CONFIRMATION.
21	CHAIRMAN KLEIN: LET'S GET BOARD INPUT ON
22	THIS BECAUSE THERE ARE SOME BOARD MEMBERS I'M AWARE
23	OF THAT THINK THAT IF WE'RE GOING TO GO INTO HUMANS,
24	WE SHOULD BRING IT BACK AND THE BOARD SHOULD BE
25	AWARE AND MAKE A DECISION. ANYONE WANT TO COMMENT
	180

1	ON THAT? GO AHEAD, JAMES.
2	MR. HARRISON: I JUST WANTED TO POINT OUT,
3	AGAIN, THERE ARE REALLY TWO SEPARATE QUESTIONS HERE.
4	WITH RESPECT TO THE POLICY OF WHETHER UNUSED FUNDS
5	FROM THE DISEASE TEAM I AWARDS SHOULD BE ABLE TO BE
6	USED FOR CLINICAL TRIAL WORK IF THE GRANTEE HAS BEEN
7	SUCCESSFUL IN FILING AN IND WITHIN LESS THAN THE
8	FOUR-YEAR TIME PERIOD AND HAS LEFT-OVER FUNDS IS A
9	QUESTION THAT ONLY CERTAIN MEMBERS OF THE BOARD CAN
10	PARTICIPATE IN BECAUSE OF THE FACT THAT MEMBERS ARE
11	FROM INSTITUTIONS THAT ARE PARTICIPATING IN SOME OF
12	THESE AWARDS.
13	THE SECOND ISSUE THAT'S BEEN IDENTIFIED BY
14	DUANE ROTH, IF THAT, IN FACT, IS THE POLICY, WHAT
15	PROCEDURE WOULD THE BOARD LIKE TO EMPLOY TO GET
16	THERE? WE HAVE AN EXISTING POLICY, WHICH DR. OLSON
17	DESCRIBED, AND SOME BOARD MEMBERS HAVE EXPRESSED
18	INTEREST IN HAVING THOSE DECISIONS COME TO THE
19	BOARD. IN ORDER TO PERMIT BOARD MEMBERS TO
20	PARTICIPATE, IT MIGHT MAKE SENSE TO BIFURCATE THE
21	QUESTION SO THAT IF THERE'S CONSENSUS AMONG THOSE
22	MEMBERS WHO CAN PARTICIPATE ON THE POLICY OF
23	PERMITTING THE FUNDS TO BE USED, WE COULD THEN HAVE
24	A BROADER DISCUSSION AND INCORPORATE MORE MEMBERS IN
25	THE DISCUSSION OF WHAT PROCEDURE IS APPROPRIATE.

1	CHAIRMAN KLEIN: SINCE THIS IS SO
2	IMPORTANT THAT WE ALLOW THESE TRIALS TO GO ON, I
3	THINK I WOULD PREFER TO DEFAULT TO A MORE
4	CONSERVATIVE POSITION. I THINK IT'S IMPORTANT
5	BECAUSE KNOWING THE OPPOSITION TO SOME OF OUR
6	RESEARCH WILL TAKE ANY TECHNICAL GROUNDS EVEN WITH
7	THE COLORING OF AN ISSUE TO CHALLENGE US. IF YOU
8	COULD TELL US WHO HAS THE CONFLICTS, AND THEN WE
9	WILL LIMIT THAT DISCUSSION SO THAT WE HAVE AN
10	ABSOLUTE, UNASSAILABLE POSITION THAT WE RESTRICTED
11	THIS DISCUSSION BECAUSE IT HAS BEEN POSITIONED
12	PROPERLY INVOLVING THE PHASE I DISEASE TEAMS, AS WE
13	REQUESTED. SO I THINK IT'S IMPORTANT THAT YOU TELL
14	US WHAT THOSE ARE.
15	MR. HARRISON: MEMBERS WHO CAN PARTICIPATE
16	IN THIS DISCUSSION ARE KLEIN, TORRES, ROTH, PRICE,
17	BRYANT, GIBBONS, LOVE, PENHOET, QUINT, SAMUELSON,
18	SERRANO-SEWELL, AND SHESTACK.
19	MS. LANSING: COULD YOU READ THE LIST
20	AGAIN?
21	MR. ROTH: BOB, JUST TO ANSWER THE
22	QUESTION ABOUT HUMAN SUBJECTS AND CLINICAL TRIALS,
23	THAT'S WHAT THESE THINGS ARE ALL ABOUT. IT'S TO GET
24	TO AN IND AND TO CONTINUE ON. AND TO ME THERE ARE
25	SAFEGUARDS BUILT IN ALREADY. FIRST YOU HAVE FDA'S
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1	CONCURRENCE. SECOND, YOU'VE GOT AN IRB. THAT'S
2	THEIR JOB TO LOOK AT THE SAFETY AND EFFECTIVENESS OF
3	THIS. AND THIRD, YOU'VE GOT OUR OWN STAFF WHO'S
4	LOOKING AT IT AS WELL. WHY IT NEEDS TO COME TO US,
5	I DON'T SEE ANY BENEFIT OF THAT OTHER THAN THE
6	FINANCIAL.
7	DR. TROUNSON: IT ALSO TAKES A VERY LONG
8	TIME BETWEEN SUBMISSION OF THE APPLICATION AND THEIR
9	APPROVAL, UNFORTUNATELY VERY LONG TIME. BUT WE
10	WOULD BE ADVISING THE BOARD ON ANY APPLICATIONS THAT
11	ARE COMING FROM THESE TEAMS ANYWAY. SO I THINK YOU
12	WILL BE WELL AWARE OF IT PRIOR TO. AND WE WOULD
13	CLEARLY I WOULD DO MY BEST TO ENSURE THAT THE
14	BOARD ABSOLUTELY KNEW WHAT THE PROSPECTS WERE AND,
15	NEEDS BE, BRING IT TO THE BOARD BEFORE ANY IND IS
16	AGREED TO HAPPEN BECAUSE THAT'S KIND OF THREE, FOUR,
17	FIVE, SIX, SEVEN, EIGHT, NINE MONTHS. IT CAN BE A
18	VERY LONG TIME.
19	CHAIRMAN KLEIN: SO WE'LL HAVE THE TIME,
20	DUANE. AND THE KEY IS THAT I THINK THIS BOARD, IF
21	WE'RE GOING TO GO INTO HUMAN SUBJECTS, SHOULD BE
22	MAKING A DECISION THAT WE HAVE THE RECOMMENDATIONS
23	FROM THE SCIENTIFIC STAFF AND WE'VE GONE ON RECORD
24	ON THIS. BUT THAT'S UP TO THE BOARD'S DECISION. I
25	CERTAINLY DON'T HAVE ANY PROBLEM WITH THE MILLION

1	DOLLAR FIGURE FOR ALL THE PRELIMINARY WORK PRIOR TO
2	GOING INTO HUMANS.
3	DR. PENHOET: BOB, DOES THAT POLICY SAY
4	THAT IF WE DO DISEASE TEAM II
5	CHAIRMAN KLEIN: ON DISEASE TEAM II, ED,
6	WE'RE APPROVING THE AWARD INCLUDING GOING FORWARD ON
7	A TRIAL.
8	DR. PENHOET: YEAH. GOING FORWARD AND
9	APPROVING IT ONCE THEY GET THEIR IND APPROVED, IT'S
10	A DIFFERENT ISSUE. WE CAN GIVE THEM A BLANKET
11	APPROVAL. IF WE APPROVE YOUR PROJECT, YOU'RE FREE
12	TO GO INTO THE CLINIC WHENEVER YOU CAN GET THERE. I
13	HEARD WHAT YOU JUST SAID IS THIS BOARD WANTS TO
14	OPINE SORT OF WITH ALL THE INFORMATION IN HAND
15	BEFORE PEOPLE GO INTO HUMANS.
16	CHAIRMAN KLEIN: DISEASE TEAM I WAS NOT
17	INITIALLY JUDGED ON THIS BASIS.
18	DR. PENHOET: I UNDERSTAND THAT. SO WE'RE
19	JUST MAKING A DECISION TODAY. THE ARGUMENT TO BRING
20	IT BACK TO THE BOARD YOU'RE MAKING FOR DISEASE TEAM
21	I
22	CHAIRMAN KLEIN: ONLY.
23	DR. PENHOET: IS THAT WE SHOULD WE
24	HAVE NOT IN THE COURSE OF APPROVING DISEASE TEAM I,
25	WE HAVE NOT APPROVED A CLINICAL TRIAL. THEREFORE,
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1	THAT'S A SPECIAL CASE BECAUSE WE HAVE IT. BUT IN
2	DISEASE TEAM II, THERE WILL BE AN IMPLICIT PRIOR
3	APPROVAL TO WHATEVER CLINICAL TRIALS COME OUT OF
4	DISEASE TEAM?
5	CHAIRMAN KLEIN: I'M JUST TELLING YOU MY
6	PERSONAL VIEW AND WHAT I'VE HEARD FROM SOME OTHER
7	BOARD MEMBERS.
8	MS. BAUM: I HAVE A QUESTION. SO THAT
9	STAFF KNOWS HOW TO BEST PREPARE FOR ANY
10	PRESENTATION, WHAT WOULD BE THE BASIS FOR APPROVING
11	OR NOT APPROVING? IRB'S ARE LOOKING AT THIS, FDA IS
12	LOOKING AT IT. THEY HAVE A HUGE DATA PACKAGE.
13	WOULD YOU WANT THE SAME LEVEL OF REVIEW FOR
14	SOMETHING LIKE THAT?
15	CHAIRMAN KLEIN: NO. SO THE SCIENTIFIC
16	I THINK DR. OLSON HAS OUTLINED A VERY GOOD PROCESS.
17	AND THE SCIENTIFIC TEAM WILL HAVE THE BENEFIT OF AN
18	ADVISORY GROUP. IT'S JUST A QUESTION OF MAKING
19	CERTAIN THAT THE BOARD KNOWS WHEN WE'VE GONE INTO A
20	HUMAN TRIAL IS, FROM MY PERSPECTIVE, A KEY ISSUE OR
21	IF IT'S MORE THAN A MILLION DOLLARS.
22	MS. BAUM: SO IT'S JUST A GENERAL SUMMARY.
23	YOU DON'T NEED A VERY IN-DEPTH DISCUSSION.
24	CHAIRMAN KLEIN: WELL, A GENERAL SUMMARY,
25	BUT THE STAFF WOULD BE AVAILABLE TO ANSWER

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QUESTIONS, BUT IT'S NOT MEANT TO BE A HUGE
UNDERTAKING.
DR. TROUNSON: CHAIR, COULD YOU OUTLINE
WHAT YOU MIGHT WHERE YOU MIGHT CONSIDER NOT
AGREEING TO A CLINICAL TRIAL IF THE FDA HAD AGREED?
CHAIRMAN KLEIN: MY PERSONAL PERSPECTIVE
IS THAT IF WE HAVE THE APPROVALS AND YOU HAVE AN
ADVISORY COMMITTEE THAT'S CONCURRING AND THE FDA HAS
APPROVED IT, I PERSONALLY WOULD BE VERY SUPPORTIVE.
THIS HAS COME UP AS A GENERAL POLICY ISSUE BEFORE
FROM OTHER BOARD MEMBERS THAT THEY WOULD LIKE TO
KNOW IF WE'RE UNDERTAKING A HUMAN CLINICAL TRIAL.
DR. TROUNSON: I THINK WE WOULD GUARANTEE
THAT WE WOULD BRING THAT TO THE BOARD IN GOOD TIME
BEFORE ANYTHING WAS OPERATIVE BECAUSE THERE IS SUCH
AN AMOUNT OF TIME THERE. I WAS JUST INTERESTED
WHETHER YOU HAD A SCENARIO. I WAS TRYING TO THINK
OF A SCENARIO WHERE YOU WOULD DENY THAT IF THEY HAD
APPROVAL TO GO AHEAD. I'M NOT SURE I CAN IMAGINE
THAT.
CHAIRMAN KLEIN: WELL, YOU MAY COME TO US
WITH A SPLIT ISSUE. YOU CAN SAY THERE'S AN FDA
APPROVAL, THERE'S AN ADVISORY COMMITTEE THAT THINKS
THAT THERE'S THINGS THAT HAVE NOT BEEN MET OR NEED
TO BE MET, THE STAFF IS SPLIT ON THIS. WHAT'S YOUR
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1	POSITION? THERE'S SO MANY DETAILED FACT PATTERNS I
2	CAN'T ANTICIPATE. THE KEY ISSUE THAT HAS BEEN
3	BROUGHT UP AS A GENERAL POLICY MATTER IS JUST A
4	QUESTION OF, AND IT'S AN OPEN QUESTION, DOES THIS
5	BOARD ON PHASE I, WHERE WE DID NOT APPROVE IT AND
6	HAVE IT PEER REVIEWED AS A CLINICAL TRIAL, WANT TO
7	HAVE AN APPROVAL BEFORE WE START CLINICAL TRIALS.
8	DR. PIZZO: I CAN'T TALK.
9	DR. LOVE: CAN I TALK? I'VE BEEN OUT OF
10	THE ROOM FOR A LITTLE BIT OF THIS.
11	DR. PIZZO: NOT EVEN CONCEPTUALLY? CAN I
12	MAKE A CONCEPTUAL COMMENT THAT HAS NOTHING TO DO?
13	CHAIRMAN KLEIN: NO. DR. LOVE CEDES HIS
14	POSITION TO DR. BRYANT.
15	DR. BRYANT: I WAS JUST GOING TO SAY ISN'T
16	WHAT WE REALLY WANT JUST TO BE INFORMED IF THERE'S
17	ALREADY FDA APPROVAL?
18	CHAIRMAN KLEIN: WELL
19	DR. LOVE: LET ME ASK THIS. I'M KIND OF
20	GOING THE SAME DIRECTION. BEING INFORMED IS A VERY
21	EASY THING. YOU CAN SEND AN E-MAIL TO US. IT'S
22	PROBABLY LIKE WE'D KNOW ANYWAY. I'M JUST NOT SURE
23	IF THE BOARD WANTS TO BE IN A POSITION OF APPROVING
24	SOMETHING WHEN THERE'S ALREADY A VERY HIGH INTEGRITY
25	SYSTEM THAT EXISTS FOR APPROVING THIS. COMPANY
	106

1	BOARDS DON'T APPROVE PEOPLE GOING INTO HUMAN
2	CLINICAL TRIALS, AND THEY PROBABLY HAVE AN EASIER
3	CAPACITY TO DO THAT IF THEY WANTED TO DO, BUT NO ONE
4	DOES THAT.
5	SO IF WE THINK IT'S DISCHARGING FIDUCIARY
6	OBLIGATION, MAYBE. I'M JUST NOT SURE WE REALLY WANT
7	TO PUT OURSELVES IN THAT POSITION.
8	CHAIRMAN KLEIN: WHAT HAPPENS, WHAT'S YOUR
9	VIEW IF SOMEONE REQUESTS TO USE THE FUNDS AND
10	THERE'S A SPLIT ISSUE BECAUSE THE ADVISORY BOARD AND
11	THE STAFF HAVE A SPLIT POSITION?
12	DR. LOVE: THERE REALLY ISN'T A SPLIT
13	DECISION. THE FDA WILL DENY IT IF THEY CAN'T AGREE.
14	THEY DON'T GIVE YOU A VOTE. THEY EITHER GIVE YOU
15	APPROVAL OR NOT. IRB'S DON'T SPLIT. THEY GIVE YOU
16	AN APPROVAL OR NOT.
17	CHAIRMAN KLEIN: WE HAVE AN ADVISORY
18	COMMITTEE THAT'S SEPARATE FROM THOSE STRUCTURES.
19	DR. LOVE: I UNDERSTAND THAT, BUT THOSE
20	ARE NOT THE PEOPLE AT THE END OF THE DAY THAT ARE
21	GUARDED WITH THE PROTECTION AND SAFETY OF THE
22	PATIENT, WHICH I THINK IS WHAT PROBABLY WOULD
23	CONCERN US THE MOST. IS SOMETHING GOING ON AND THEN
24	PATIENTS GET INJURED, AND THERE'S A VERY RIGOROUS
25	PROCESS OUT THERE THAT DOESN'T VOTE, BUT RATHER
	107

1	REACHES CONSENSUS ABOUT WHETHER OR NOT YOU CAN GO
2	FORWARD.
3	CHAIRMAN KLEIN: ALL RIGHT. YES, DR.
4	BRYANT.
5	DR. BRYANT: I WAS JUST GOING TO FOLLOW
6	UP. SO IF WE ARE GOING TO GIVE APPROVAL TO SUCH
7	CASES, WHAT ABOUT THE COST OF THE TRIAL? WHAT IF
8	THERE ISN'T ENOUGH MONEY LEFT OVER IN THE GRANT TO
9	FUND THE WHOLE THING? WHAT WILL OUR RESPONSIBILITY
10	BE THERE?
11	CHAIRMAN KLEIN: WELL, THAT WOULD BE ONE
12	OF THE THINGS WE REVIEW WHEN THE SCIENTIFIC STAFF
13	BROUGHT US THE INFORMATION. YOU KNOW, THIS IS A \$10
14	MILLION TRIAL. YOU CAN MOVE DOWNSTREAM WITH THREE,
15	BUT YOU GET THROUGH IT. THEY THINK THEY CAN GET
16	MONEY IF THEY GET PAST THIS MILESTONE, BUT THEY'RE
17	NOT SURE. WHAT DO YOU WANT TO DO?
18	DR. TROUNSON: I THINK IN EVERY
19	CIRCUMSTANCE THEY WILL HAVE HAD TO RAISE MONEY
20	BECAUSE THERE'S NO CHANCE THAT WHAT'S LEFT OVER WILL
21	REALLY COVER THE COST OF THE CLINICAL TRIAL. SO
22	WHAT THEY'LL BE ASKING IS CAN THEY USE THE FUNDS TO
23	SUPPLEMENT WHAT THEY'VE GOT. I THINK THAT WILL BE
24	THE CASE 99 PERCENT OF THE TIME AND NOT THAT THEY
25	WOULD JUST USE, SAY, THE \$2 MILLION THAT WAS LEFT OR
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THREE MILLION OR FIVE MILLION TO DO A CLINICAL
TRIAL. I DON'T THINK IT WOULD COVER THE COST THAT I
CAN IMAGINE IN SUCH A THING. IT WILL HAVE TO BE CAN
THAT BE USED TO SUPPLEMENT WHATEVER FUNDS THEY'VE
GOT.
DR. BRYANT: THEY CAN USE IT AS LEVERAGE.
CHAIRMAN KLEIN: OR THE FDA COULD HAVE
SOME SUPPLEMENTAL PROCEDURES THEY WANT BEFORE THE
TRIAL COULD REALLY START, AND OUR MONEY MIGHT
ADDRESS THOSE SUPPLEMENTAL POINTS.
DR. OLSON: I WAS JUST GOING TO SAY THAT
AS PART OF THE PLAN, THAT THEY WOULD BRING, SAY, IF
THE GO/NO-GO DECISION TO FILE THE IND, THEY BELIEVE
THEY WOULD HAVE EXCESS FUNDS, I WOULD EXPECT THEM TO
SAY HOW MIGHT THEY SEE THEM BEING SPENT, HOW MIGHT
THEY COVER THE REST OF THE COST OF THE TRIAL BECAUSE
USUALLY YOU DON'T WANT TO ENROLL ONE PATIENT AND
STOP. THAT'S NOT A GOOD THING TO DO. SO I WOULD
THINK THAT THAT WOULD BE PART OF THE PLAN. AND I
THINK ALAN IS RIGHT. AND I BELIEVE, AS MR. SHEEHY
POINTED OUT AT THE SCIENCE SUBCOMMITTEE MEETING,
THIS IS THE LIKELIHOOD OF LOTS OF MONEY BEING
LEFT OVER IN MANY OF THESE PROJECTS IS PROBABLY NOT
HIGH.
CHAIRMAN KLEIN: I THINK WE DO ENHANCE THE
199

1	ABILITY TO HAVE SOME OF IT LEFT OVER BY HAVING THIS
2	EXPLICIT POLICY THAT WE CAN MOVE THINGS FORWARD, AND
3	THAT COULD BE QUITE HELPFUL. SO I'M VERY SUPPORTIVE
4	OF THIS POLICY.
5	I THINK WE'VE HAD A GOOD DISCUSSION HERE.
6	TED, WOULD YOU LIKE TO MAKE A MOTION?
7	DR. LOVE: I WOULD MOVE THAT WE NOT PUT
8	MR. HARRISON: BEFORE ANYONE MAKES A
9	MOTION, I JUST WANTED TO POINT OUT TO THE BOARD THAT
10	IF THEY'RE INCLINED TO AGREE WITH THE STAFF
11	PROPOSAL, NO ACTION IS NECESSARY BECAUSE THE GRANTS
12	ADMINISTRATION POLICY ALREADY PERMITS THE STAFF
13	CHAIRMAN KLEIN: I'D LIKE A MOTION ON THIS
14	FOR THE RECORD BECAUSE I DON'T WANT THIS CHALLENGED
15	IF WE GO FORWARD.
16	DR. LOVE: WELL, I MEAN I THINK I'M
17	PERSONALLY VERY COMFORTABLE WITH THE IDEA OF
18	NOTIFICATION. I THINK BOARD MEMBERS WOULD WANT TO
19	KNOW WHEN WE'RE ABOUT TO BEGIN. I THINK STAFF WOULD
20	WANT TO TELL US, QUITE FRANKLY. SO I'M HAPPY TO
21	MOVE THAT WE WOULD BE NOTIFIED WITHIN SOME WARNING,
22	APPROPRIATE WARNING TIME, AT 30 DAYS BEFORE PATIENTS
23	ARE EXPOSED IN CLINICAL TRIALS.
24	CHAIRMAN KLEIN: AS A FRIENDLY AMENDMENT,
25	THIS IS MONTHS OF A PROCESS. THEY'RE GOING TO NEED
	200

1	TO KNOW SUBSTANTIALLY MORE IN ADVANCE, IF POSSIBLE.
2	DR. LOVE: I WAS SETTING A MINIMUM. I WAS
3	SAYING MINIMUM 30 DAYS.
4	DR. TROUNSON: AS SOON AS POSSIBLE.
5	CHAIRMAN KLEIN: WITH A GOAL OF HAVING
6	THREE OR FOUR MONTHS OF ADVANCE NOTICE.
7	MR. ROTH: CAN WE POSSIBLY TIE THESE TWO
8	THINGS TOGETHER, THE MILLION-DOLLAR THRESHOLD, THAT
9	YOU WOULD COME BACK WITH TWO THINGS: ONE, ANYTHING
10	OVER A MILLION DOLLARS REDIRECTED AND, TWO, THAT
11	THERE WOULD BE AN INFORMATIONAL NOTICE THAT WE'D
12	MOVE MONEY FROM PRECLINICAL TO CLINICAL.
13	MS. BAUM: DOES THAT MEAN THAT YOU'RE
14	SAYING APPROVAL IS REQUIRED ABOVE A MILLION OR JUST
15	INFORMATIONAL?
16	MR. ROTH: THE MILLION DOLLARS, I THINK,
17	SHOULD COME TO THE BOARD AND BE PROBABLY APPROVED OR
18	COULD GO TO THE SUBCOMMITTEE IF YOU PREFER. THAT
19	WAS MY UNDERSTANDING.
20	DR. PENHOET: YOU KNOW, THE BARRIERS TO
21	GETTING AN APPROVED IND ALREADY IS SO GREAT, THEY'RE
22	ENORMOUS. SO IT'S A HORRENDOUS EFFORT TO GET AN
23	APPROVED IND AND AN APPROVED IRB AND ALL OF THE
24	THINGS THAT GO WITH IT. AND I THINK WE SHOULD DO
25	EVERYTHING WE CAN TO REWARD GOOD BEHAVIOR AND NOT
	201

1	THROW MORE ROADBLOCKS IN THE WAY. SO I DON'T LIKE
2	YOUR PROPOSAL. I BELIEVE WHAT TED HAS PROPOSED, IS
3	IT A MOTION, TED, IS THAT WE APPROVE THE STAFF
4	RECOMMENDATION WITH THE ADDITION THAT STAFF WILL
5	COME TO US AS SOON AS POSSIBLE TO NOTIFY US THAT
6	THEY HAVE BEEN REQUESTED TO MAKE THIS MODIFICATION.
7	MR. ROTH: I AM FINE WITH THAT. IT WAS
8	MORE MY DOING IT WAS MORE TO PROTECT THE
9	INTEGRITY OF THE STAFF IF THEY WERE CONCERNED ABOUT
10	MOVING MONEY LIKE THAT, BUT I HAVE NO OBJECTIONS AT
11	ALL TO DOING IT THIS WAY.
12	CHAIRMAN KLEIN: IS THAT A SECOND, DR.
13	PENHOET?
14	DR. PENHOET: YES.
15	CHAIRMAN KLEIN: WE HAVE TWO SECONDS. DR.
16	LOVE. AND IS THERE PUBLIC COMMENT? I'M GOING TO DO
17	A ROLL CALL VOTE HERE BECAUSE OF THE CONFLICTS
18	ISSUES, AND WE'LL ONLY CALL ON THOSE WITHOUT A
19	CONFLICT; IS THAT CORRECT, MR. HARRISON?
20	MR. HARRISON: YES. AS I UNDERSTAND IT,
21	THE MOTION IS TO ENDORSE THE STAFF POLICY, BUT TO
22	REQUIRE THE STAFF TO NOTIFY THE BOARD WHEN A REQUEST
23	IS MADE.
24	CHAIRMAN KLEIN: RIGHT. WELL, MADE AND
25	GRANTED.

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	DARRISTERS REPORTING SERVICE
1	MR. HARRISON: MADE AND GRANTED.
2	CHAIRMAN KLEIN: MADE AND/OR GRANTED, SO
3	THAT WE WOULD KNOW IF IT'S DENIED AS WELL.
4	MR. HARRISON: MADE AND CONSIDERED.
5	MS. KING: ROBERT PRICE.
6	DR. PRICE: YES.
7	MS. KING: SUSAN BRYANT.
8	DR. BRYANT: YES.
9	MS. KING: BOB KLEIN.
10	CHAIRMAN KLEIN: YES.
11	MS. KING: TED LOVE.
12	DR. LOVE: YES.
13	MS. KING: ED PENHOET.
14	DR. PENHOET: YES.
15	MS. KING: ROBERT QUINT.
16	DR. QUINT: YES.
17	MS. KING: DUANE ROTH.
18	MR. ROTH: YES.
19	MS. KING: DAVID SERRANO-SEWELL.
20	MR. SERRANO-SEWELL: PASS.
21	MS. KING: ART TORRES.
22	MR. TORRES: AYE.
23	MR. SERRANO-SEWELL: I ABSTAINED.
24	MR. HARRISON: MOTION PASSES.
25	MR. SHEEHY: I WOULD JUST LIKE TO SAY HOW
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1	PROFOUNDLY DISAPPOINTED I AM WITH THIS PROCESS, HOW
2	DISEMPOWERED AND HOW WASTEFUL THE SCIENCE
3	SUBCOMMITTEE HAS BEEN. I SPECIFICALLY ASKED THAT
4	THIS ITEM COME FORWARD FROM STAFF WITH A PROPOSAL
5	THAT WOULD ALLOW FOR BOARD APPROVAL.
6	THE WAY THAT THIS WAS WRITTEN PREVENTED ME
7	FROM HAVING ANY IMPACT ON THIS DISCUSSION. THE REST
8	OF MY BOARD MEMBERS HAVE DONE ME A DISSERVICE TODAY.
9	THE SCENARIO IN WHICH I IMAGINED THIS IS NOT UPON AN
10	APPROVAL OF AN IND AND THE GO DECISION, BUT WHERE
11	THE SCIENTIFIC ADVISORY BOARD, THIS EXTERNAL GROUP,
12	THE MEMBERSHIP OF WHOM I HAVE NO CONTROL, NO
13	CONTACT, DECIDES NOT PROCEED, EVEN THOUGH AN IND HAS
14	BEEN GRANTED.
15	I WILL GIVE YOU A SCENARIO. JOHN ZAIA
16	GETS AN IND FOR HIS HIV EXPERIMENT, OKAY, USING
17	GENETICALLY ALTERED HEMATOPOETIC STEM CELLS. IN
18	ORDER TO OUT THAT INTO PATIENTS TO REPLICATE WHAT WE
19	JUST SAW THIS MORNING IN THE MOUSE EXPERIMENT THAT
20	PAULA CANNON HAS DONE, HE HAS TO DO SOME
21	CONDITIONING. THERE ARE PEOPLE ON THAT EXTERNAL
22	ADVISORY BOARD, AND I'VE HEARD PAT SAY THIS, WHO
23	DON'T BELIEVE THAT IT'S APPROPRIATE TO DO THE
24	CONDITIONING. YET I HAVE TALKED TO PEOPLE IN THE
25	PATIENT COMMUNITY, IN FACT, I HAVE TALKED TO PEOPLE
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1	WHO HAVE EXPERIENCED CONDITIONING AS PART OF EFFORTS
2	TO TREAT HIV BEFORE THERE WERE THERAPIES, AND THAT
3	IS A PATIENT DECISION. AND IF THAT GETS TURNED
4	DOWN, THEY CANNOT ROLL OVER THAT MONEY AND DO THAT
5	TRIAL, THEN I HAVE BEEN DEFRAUDED.
6	AND THE FACT THAT YOU HAVEN'T BROUGHT THAT
7	DECISION TO THIS BOARD IS NOT APPROPRIATE. AND
8	WHAT LET ME FINISH TALKING.
9	CHAIRMAN KLEIN: CAN I UNDERSTAND THE
10	MOTION THAT WAS MADE? CAN I RELATE BECAUSE I THINK
11	YOU HAVE IN THE MOTION THE NOTICE YOU NEED.
12	MR. SHEEHY: WE HAVE NOTICE, BUT WE DON'T
13	HAVE POWER TO APPROVE OR DISAPPROVE.
14	CHAIRMAN KLEIN: IF IT'S
15	MR. SHEEHY: AND I THINK THIS A SYSTEMIC
16	ATTEMPT TO DISEMPOWER THIS BOARD. I ASKED THIS AT
17	THE SCIENTIFIC SUBCOMMITTEE. I ASKED FOR A PROCESS
18	THAT LISTENS TO MY CONCERNS AND MY INPUT. I HAVE MY
19	COMMUNITY ENGAGED THIS PROCESS. I KNOW WHAT IT
20	TAKES TO GET THIS, I KNOW OBSTACLES WE'RE GOING TO
21	TAKE TO GET THIS INTO PATIENTS. WE HAVE BEEN
22	TALKING WITH SCIENTISTS AND ADVOCATES AND ACTIVISTS
23	FROM ALL OVER THE COUNTRY. WE'RE WAITING FOR THIS
24	TO HAPPEN. THE NIH WILL NOT FUND IT, WHICH IS WHY
25	PAULA CANNON'S WORK IS FUNDED IN CALIFORNIA AND WHY

1	JOHN ZAIA'S WORK IS IN CALIFORNIA, BECAUSE THEY ARE
2	PEOPLE WHO DO NOT BELIEVE THAT THE RISK IS
3	APPROPRIATE. BUT THAT IS A DECISION THAT PEOPLE
4	WITH HIV HAVE THE RIGHT TO MAKE.
5	AND SO I AM JUST ENTIRELY DISAPPOINTED.
6	MOST PROFOUNDLY I AM DISAPPOINTED WITH THIS PROCESS
7	THAT DOES NOT RESPECT MY DIRECTION AND MY INPUT AT A
8	SUBCOMMITTEE THAT'S BEEN EMPOWERED BY THIS BOARD. I
9	DON'T THINK IT SHOULD MEET AGAIN BECAUSE NONE OF THE
10	RECOMMENDATIONS OF THAT SUBCOMMITTEE ARE MET WITH
11	ANY SENSE OF COOPERATION FROM THE STAFF.
12	CHAIRMAN KLEIN: OKAY. JEFF, MY
13	UNDERSTANDING OF THE MOTION THAT PASSED WAS THERE BE
14	A NOTIFICATION WHETHER IT'S APPROVED OR DENIED. IF
15	IT'S DENIED, THEN THE BOARD COULD CONSIDER WHY IT
16	WAS DENIED AND CONSIDER TAKING A DIFFERENT ACTION.
17	IF WE HAVE NOTIFICATION THAT SOMETHING HAS BEEN
18	DENIED, THE BOARD WOULD HAVE THE POWER TO REQUEST A
19	FULL REPORT OF WHY AND TAKE A DIFFERENT ACTION. SO
20	DOESN'T THAT PUT YOU IN THE POSITION THAT YOU WANTED
21	FOR A POLICY BASIS TO BE ABLE TO KNOW IF SOMETHING
22	HAS BEEN DENIED, WHY IT'S BEEN DENIED, AND THIS
23	BOARD TO BE ABLE TO TAKE A DIFFERENT POSITION IF IT
24	CHOSE TO? DOESN'T THAT ACCOMPLISH THE GOAL?
25	MR. SHEEHY: NOTIFICATION DOES NOT ALLOW
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1	FOR ACTION. IN ORDER TO HAVE ACTION AT THIS BOARD,
2	THERE HAS TO BE NOTICE CONSIDERATION THAT ALLOWS FOR
3	ACTION. INFORMING US DOES NOT ALLOW US THE
4	OPPORTUNITY TO TAKE ACTION, AM I NOT CORRECT?
5	CHAIRMAN KLEIN: NO. MR. HARRISON, IF WE
6	WERE NOTICED THAT IT HAD BEEN DENIED, WE'D BE FULLY
7	EMPOWERED TO TAKE A DIFFERENT ACTION; IS THAT
8	CORRECT?
9	MR. HARRISON: UNDER THE GRANT
10	ADMINISTRATION POLICY, THE PRESIDENT HAS THE
11	AUTHORITY TO APPROVE CHANGES IN SCOPE. THE BOARD
12	COULD CERTAINLY TAKE A MOTION TELLING THE PRESIDENT
13	THAT IT HAD A DIFFERENT VIEW THAN THE ONE REACHED BY
14	STAFF AND DIRECTING THEM TO TAKE ACTION.
15	MR. SHEEHY: WOULD THAT HAVE TO BE AN
16	AGENDAD ITEM? HOW WOULD THAT BE PRESENTED TO US?
17	CHAIRMAN KLEIN: WE WOULD GET NOTICE.
18	MR. SHEEHY: I UNDERSTAND THIS IS GOING TO
19	BE AN ITEM THAT'S INCLUDED IN THE PRESIDENT'S
20	REPORT. WE CANNOT TAKE ACTION ON ITEMS IN THE
21	PRESIDENT'S REPORT, CAN WE?
22	MR. HARRISON: WELL, IT DEPENDS UPON HOW
23	IT'S AGENDIZED, BUT WE CAN CERTAINLY AGENDIZE THESE
24	ITEMS TO PERMIT THE BOARD TO HAVE THE OPPORTUNITY TO
25	TAKE ACTION.

1	DR. TROUNSON: WE'RE GOING TO ADVISE YOU
2	WHENEVER WE HEAR THAT SOMEBODY IS GOING TO PUT IN AN
3	IND. WE'RE GOING TO ADVISE YOU IF THE IND ALSO HAS
4	BEEN APPROVED BY THE FDA. THE ADVISORY COMMITTEE IS
5	ONLY AN ADVISORY COMMITTEE. IT HAS NO FORMAL
6	DECISION-MAKING. I ACTUALLY, AS I SAID TO YOU,
7	CHAIR, I CAN'T IMAGINE WHAT WE WOULD DO NOT TO
8	SUPPORT AN IND. THIS IS THE MISSION OF CIRM. IT'S
9	JUST NOT FEASIBLE TO ME TO IMAGINE THAT WE WOULDN'T
10	GO AHEAD WITH AN IND ATTACHED TO ANY OF THESE
11	PROJECTS, BUT YOU WOULD HAVE THAT INFORMATION AS
12	SOON AS WE HEAR THEY'RE GOING TO OR THEY'VE
13	SUBMITTED, GOING TO SUBMIT AN IND, AND THEN DURING
14	SOME TIME LATER, USUALLY MONTHS, WHETHER THE FDA HAS
15	APPROVED IT.
16	CHAIRMAN KLEIN: JEFF, LET ME MAKE A
17	SUGGESTION JUST TO MAKE IT VERY CLEAR. BRING BACK
18	ON THE OCTOBER BOARD MEETING AN ITEM THAT IF THERE
19	IS, IN FACT, A DENIAL, THERE WILL BE A CONSIDERATION
20	OF AN ITEM TO MAKE IT A FORMAL CONSIDERATION ITEM IN
21	THE AGENDA. THAT WILL BE OUR POLICY. IT WILL BE
22	CONSIDERED AT THE OCTOBER MEETING BECAUSE WE DO WANT
23	TO CLOSE THE LOOP AND PROVIDE INDEPENDENTLY FOR
24	THIS BOARD TO INDEPENDENTLY ACT IF THERE'S A
25	DIFFERENT DECISION TO BE MADE.

1	MR. SHEEHY: THAT WOULD BE HELPFUL.
2	CHAIRMAN KLEIN: THANK YOU VERY MUCH.
3	DR. POMEROY: BOB, CAN I MAKE A COMMENT AS
4	WELL? OBVIOUSLY WE ALL HAVE THE GOAL OF GETTING AN
5	IND, AND WE'LL ALL CELEBRATE THE DAY THAT WE GET AN
6	IND. BUT THE OTHER THING THIS DOES CUT OUT, IT
7	MEANS WE'RE GOING TO BE FUNDING CLINICAL TRIALS THAT
8	HAVE NOT UNDERGONE PEER REVIEW. AND BECAUSE THE
9	PEER REVIEW WAS UP TO A CERTAIN POINT, FROM WHAT I
10	UNDERSTAND, AND WE'RE PROPOSING DOING RESEARCH THAT
11	GOES BEYOND THE POINT THAT WAS PEER REVIEWED. AND
12	SO I JUST WANT TO POINT OUT WHAT WE HAVE JUST
13	DECIDED TO DO, WHICH IS PUT THE ONUS ON THE BOARD
14	NOW OF BEING NOTIFIED AND, I GUESS, APPROVING
15	CLINICAL RESEARCH IN A CONTROVERSIAL AREA THAT'S NOT
16	UNDERGONE PEER REVIEW. JUST A STATEMENT OF FACT.
17	CHAIRMAN KLEIN: DR. POMEROY, THAT WAS MY
18	POINT IN THE DISCUSSION, BUT DIDN'T SEEM LIKE I WAS
19	GOING TO PREVAIL ON THAT POINT.
20	DR. POMEROY: I WASN'T ALLOWED TO SPEAK
21	BEFORE THE VOTE, SO I DID NOT. I WAS TRYING TO BE
22	COMPLIANT.
23	CHAIRMAN KLEIN: I SEE. OKAY. ALL RIGHT.
24	SO
25	MR. SHEEHY: AND INTERESTINGLY, IF THIS
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1	HAD BEEN BROUGHT IN THE MANNER DIRECTED BY THE
2	SCIENCE SUBCOMMITTEE WITH THE BOARD APPROVAL IN IT,
3	YOU WOULD HAVE BEEN ABLE TO HAVE A CONVERSATION.
4	CHAIRMAN KLEIN: FROM A POLICY VIEWPOINT,
5	WE CAN AGENDIZE AS A SEPARATE ITEM WHERE WE CAN GET
6	FULL PARTICIPATION, WHICH WE ALWAYS WANT FROM THE
7	BOARD, HOW WE DEAL WITH THIS SPECIFIC ISSUE.
8	MR. SHEEHY: IT'S JUST ASTOUNDING THAT
9	THIS PERCENTAGE OF THE BOARD HAS MADE A DECISION
10	ABOUT CLINICAL TRIALS.
11	CHAIRMAN KLEIN: OKAY.
12	MR. SHEEHY: THAT IS JUST OUTRAGEOUS AND
13	HIGHLY INAPPROPRIATE THAT MOST OF THE MEMBERS OF
14	THIS BOARD HAVE HAD NO INPUT ON THIS.
15	DR. LOVE: BOB, CAN I MAKE ONE OTHER
16	COMMENT?
17	MR. SHEEHY: YOU HAVE HIJACKED US.
18	DR. LOVE: TO YOUR POINT, CLAIRE, I THINK
19	MOST CLINICAL TRIALS DON'T UNDERGO PEER REVIEW IN
20	THE WAY THAT OUR GRANTS USUALLY DO, BUT THEY DO
21	UNDERGO PEER REVIEW AT THE FDA BECAUSE THE FDA
22	DOESN'T ALLOW YOU TO DO ANYTHING TO HUMANS WITHOUT
23	THEIR INTERNAL PEER REVIEW PROCESS.
24	AND THEN I WOULD ALSO SAY THAT I THINK
25	THAT IN REALITY ANY KIND OF GROUP THAT'S DOING A
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1	TRIAL OF INVESTIGATORS HAS A PROCESS FOR DOING PEER
2	REVIEW. SO I UNDERSTAND THAT WE WOULD NOT BE DOING
3	THE PEER REVIEW, BUT I WOULD SAY THAT I THINK THERE
4	IS PEER REVIEW GOING ON.
5	DR. POMEROY: I DON'T OBJECT TO THESE
6	TRIALS BEING DONE, BUT THE FDA IS NOT DOES NOT
7	HAVE THE RESPONSIBILITY FOR OVERSEEING THE
8	EXPENDITURES OF CIRM MONEY. WE DO. IT IS OUR IN
9	MY OPINION, IT IS OUR PEER REVIEW GROUP. THE POINT
10	OF FDA REVIEW IS NOT TO DETERMINE THAT CIRM DOLLARS
11	ARE BEING APPROPRIATELY ALLOCATED. IT'S ABOUT
12	SAFETY.
13	CHAIRMAN KLEIN: SO WE'RE GOING TO HAVE A
14	SEPARATE AGENDIZED ITEM IN THE OCTOBER MEETING, AND
15	HOPEFULLY IT WILL ADDRESS THIS ISSUE IN TERMS OF
16	POLICY AND PROVIDE FOR AN OPPORTUNITY FOR BROADER
17	DISCUSSION.
18	IF WE LOOK AT THIS FROM A PERSPECTIVE THAT
19	WE'RE NOT LIMITED TO ONE MEETING, BUT WE HAVE MORE
20	THAN ONE MEETING TO ACCOMPLISH THE GOAL
21	INCREMENTALLY, ALWAYS AS A BOARD WE'VE SHOWN
22	OURSELVES DEDICATED TO ALWAYS IMPROVING OUR POSITION
23	AS WE LEARN, AS WE GET MORE COMMENTS, IMPROVING OUR
24	PROCESS. AND BY HAVING DISCUSSION IN OCTOBER, WE
25	WILL IMPROVE THAT PROCESS AND GET A BROADER
	211

1	PERSPECTIVE.
2	THE NEXT ITEM THAT WE NEED TO GO TO IS
3	ITEM 12, AND WE COULD LOOK AT THAT ITEM, PLEASE.
4	THE MATERIALS THAT YOU HAVE BEFORE YOU HAVE BEEN
5	DEVELOPED WITH THE INSTITUTE OF MEDICINE. THESE
6	MATERIALS ANTICIPATE BOTH COVERING THE ECONOMIC
7	IMPACT ISSUES WITH ECONOMISTS THAT ARE MEMBERS OF
8	THE INSTITUTE OF MEDICINE AS WELL AS THE SCIENTIFIC
9	ISSUES AS WELL AS CONFLICTS ISSUES. WE HAVE A
10	RESPONSIBILITY TO THE PUBLIC FOR AN INDEPENDENT
11	REVIEW OF THE NATIONAL BODY THAT IS WELL UNDERSTOOD
12	ON ISSUES SUCH AS CONFLICTS SO IT'S VERY CLEAR TO
13	THE PUBLIC THAT WE HAVE DONE THE VERY BEST JOB
14	POSSIBLE, HOPEFULLY IMPROVING ON THE STANDARDS OF
15	THE NATION IN CREATING A NEW AND IMPROVED MODEL ON
16	HOW WE PROTECT FROM CONFLICTS IN WHAT WE'RE DOING.
17	IT IS VERY IMPORTANT FOR THE PUBLIC TO
18	HAVE AN INDEPENDENT REVIEW OF THIS KIND SO THAT WHEN
19	THERE ARE THOSE THAT BRING UP ISSUES OF CONFLICTS AS
20	A SMOKE SCREEN TO OUR POLICIES, THEY REALLY OPPOSE
21	THE RESEARCH, BUT THEY ASSERT CONFLICTS ISSUES, FOR
22	EXAMPLE, THAT THE PUBLIC HAS A WAY TO INDEPENDENTLY
23	GET A BENCHMARK ON OUR PERFORMANCE. WHEN THOSE WHO
24	ARE OPPOSED TO OUR RESEARCH CHALLENGE OUR PEER

REVIEW PROCESS AND THE CONFIDENTIAL NATURE OF PEER

25

1	REVIEW SO WE HAVE A BLUNTLY, INSIGHTFUL PEER REVIEW,
2	IT'S IMPORTANT THAT THE PUBLIC BE ABLE TO LOOK AT A
3	NATIONAL GROUP LIKE THE NATIONAL ACADEMIES INSTITUTE
4	OF MEDICINE TO LOOK AT A VALIDATION OR CRITICISM OR
5	SUGGESTIONS FOR IMPROVEMENTS.
6	SO THE INTENT HERE IS FOR ACCOUNTABILITY
7	TO THE PUBLIC TO BE ABLE TO HAVE A PROGRAM THAT'S
8	RESPONSIVE.
9	THE MATERIALS HERE TALK ABOUT A PERIOD OF
10	12 TO 14 MONTHS. IN CONSIDERATION OF STAFF LOADS
11	AND WORKING WITH THE STAFF, IT IS SUGGESTED THAT WE
12	DO 22 TO 26 MONTHS, BUT WITH THE GOAL THAT DURING
13	2012 WE HAVE THE FINAL PRODUCT. THAT'S THE PERIOD
14	IN WHICH THE LONGEST SERVING MEMBERS OF THIS BOARD
15	WILL HAVE BEEN SERVING, AND IT'S VERY IMPORTANT WE
16	GET THIS REPORT BACK IN THAT TIME PERIOD.
17	IT'S ALSO IMPORTANT TO NOTE THAT THIS
18	PROCESS FOR CALIFORNIA EXAMINES THE VALUE OF
19	LONG-TERM FUNDING, FOR THE VALUE OF STABILITY IN
20	FUNDING FROM APPROPRIATIONS FUNDING THAT CERTAINLY
21	DEMONSTRATED BY THIS ECONOMY IS UNPREDICTABLE AND
22	VERY UNEVEN, DISRUPTING PLANS, CREATING
23	UNDERMINING THE CERTAINTY THAT SOMEONE NEEDS TO COME
24	INTO THIS AREA FROM A RELATED DISCIPLINE TO
25	CONTRIBUTE TO A TEAM WHERE IT'S NOT CERTAIN THAT
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1	THERE WILL BE FUNDING DOWNSTREAM TO REALLY FULFILL
2	ON A COMMITMENT THAT COULD MOVE A THERAPY TO
3	PATIENTS.
4	WE HAVE DISCUSSED THIS IN THE SCIENTIFIC
5	SUBCOMMITTEE. JEFF, WOULD YOU LIKE TO ADDRESS THIS
6	ITEM?
7	MR. SHEEHY: SURE.
8	DR. PENHOET: CAN I ASK A PROCEDURAL
9	QUESTION FIRST OF JAMES? FOR THOSE OF US WHO ARE
10	MEMBERS OF THE INSTITUTE OF MEDICINE, DO WE HAVE A
11	CONFLICT BECAUSE THIS WILL PROVIDE REVENUES TO THE
12	INSTITUTE?
13	MR. HARRISON: YOU DO NOT HAVE A CONFLICT
14	UNDER THE POLITICAL REFORM ACT. HOWEVER, UNDER
15	GOVERNMENT CODE SECTION 1090, EVEN WHEN THERE IS NO
16	FINANCIAL BENEFIT OR CIRCUMSTANCES WHERE THE
17	ATTORNEY GENERAL'S OFFICE HAS DETERMINED THAT
18	BECAUSE THERE MAY BE SOME REPUTATIONAL BENEFIT TO AN
19	INDIVIDUAL FLOWING FROM A DECISION, THAT IT COULD BE
20	DEEMED TO BE A FINANCIAL INTEREST. SO OUT OF AN
21	ABUNDANCE OF CAUTION, I WOULD RECOMMEND THAT YOU
22	ABSTAIN.
23	DR. PIZZO: CAN WE JUST HAVE A QUICK HANDS
24	RAISED OF HOW MANY PEOPLE ARE AFFECTED, SO WE'LL
25	KNOW. JUST MINOR VOICES.

1	MR. SHEEHY: I THINK THAT THIS IS
2	ABSOLUTELY ESSENTIAL IF, AS A MATTER OF FIDUCIARY
3	RESPONSIBILITY, THAT BEFORE ALL OF THE MEMBERS OF
4	THE FIRST BOARD LEAVE, WE HAVE AN ASSESSMENT BY AN
5	ENTITY SUCH AS THE INSTITUTE OF MEDICINE, WHICH I
6	THINK MOST OF US KNOW IS THE PREMIERE ANALYTICAL
7	ONE OF THE PREMIERE, NOT THE PREMIERE, ANALYTICAL
8	FORCE IN BIOMEDICINE, PART OF THE NATIONAL ACADEMY
9	OF SCIENCES AROUND SINCE ESTABLISHED BY ABRAHAM
10	LINCOLN. THE OFFER INDEPENDENT ADVICE TO
11	REPUBLICANS AND DEMOCRATS, TO THE CONGRESS, TO EACH
12	ADMINISTRATION. I'VE READ REPORTS THAT WERE OFFERED
13	TO PRESIDENT BUSH, I'VE READ REPORTS THAT WERE
14	OFFERED TO PRESIDENT CLINTON, PRESIDENT OBAMA.
15	EVERYONE RELIES ON THE IOM FOR EXPERT ADVICE.
16	AND SO I THINK THIS GIVES US AN
17	OPPORTUNITY TO GET AN OBJECTIVE, UNVARNISHED LOOK AT
18	THE WORK WE'VE DONE SO THAT WE CAN TELL THE PEOPLE
19	OF CALIFORNIA WHAT WE'VE DONE WITH THEIR MONEY.
20	THE ONLY THING I WOULD LIKE TO SEE IS IN
21	TERMS OF THE STATEMENT OF TASK IS, AND I WOULD LIKE
22	TO MOVE TO ADOPT THIS, BY THE WAY, IS TO ADD AN
23	ANALYSIS OF THE OUTPUT, MEANING THE GRANTS WE FUNDED
24	AND THEIR SCIENTIFIC AND ECONOMIC IMPACT. I THINK
25	WE SHOULD HAVE SOME METRICS, WE SHOULD HAVE SOME

1	PUBLICATIONS, WE MAY HAVE SOME EARLY CLINICAL TRIAL
2	WORK. THERE ARE ECONOMISTS WITHIN THE INSTITUTE OF
3	MEDICINE THAT CAN GIVE US AN OBJECTIVE VIEW OF THE
4	ECONOMIC IMPACT OF THIS FUNDING THAT THIS AGENCY HAS
5	MADE THAT, I THINK, FOR ONCE WILL NOT GET ATTACKED.
6	CHAIRMAN KLEIN HAS BEEN DOING ECONOMIC
7	ANALYSIS GOING BACK TO THE CAMPAIGN, AND IT SEEMS
8	LIKE EVERY TIME WE DO ONE, PEOPLE CARP ON IT. BUT I
9	ACTUALLY BELIEVE THAT THIS TIME FROM THE INSTITUTE
10	OF MEDICINE, THE NUMBERS WE GET WILL SHOW THE PEOPLE
11	OF CALIFORNIA THAT THEY MADE A WISE INVESTMENT THAT
12	IS ALREADY BEGINNING TO PAY OFF IN TERMS OF JOBS, IN
13	TERMS OF INFRASTRUCTURE, IN TERMS OF PEOPLE MOVING
14	HERE AND DOING GREAT SCIENCE, AND THE POTENTIAL IN
15	THE NOT TOO DISTANT FUTURE OF CURES FOR PATIENTS AND
16	IMPROVEMENTS IN THEIR LIVES AND FOR THEIR FAMILIES.
17	SO I WOULD LIKE TO MOVE TO ADOPT THAT WITH
18	THAT ONE ADDITION.
19	CHAIRMAN KLEIN: AND, JEFF SHEEHY, ON YOUR
20	MOTION, DR. PRIETO, I THINK YOU HAD A SUGGESTION
21	THAT PERHAPS WE SHOULD LOOK AT PART OF THE 3.5
22	MILLION OR MORE OF FUNDS THAT I AND ED PENHOET AND
23	OTHERS RAISED FOR STUDIES AND CONFERENCES THAT IS
24	NOT COMING FROM THE TAXPAYER, BUT DONOR FUNDS, TO
25	PAY FOR THIS STUDY. SO IN THIS TIME OF ECONOMIC

1	CONSTRAINTS IN CALIFORNIA, WE'RE USING DONOR FUNDS
2	TO PAY FOR THAT STUDY; IS THAT CORRECT?
3	DR. PRIETO: YEAH. THAT WAS THE MOTION I
4	INTENDED TO MAKE.
5	MR. SHEEHY: I'LL TAKE IT AS A FRIENDLY
6	AMENDMENT.
7	DR. PRIETO: IF YOU WOULD ACCEPT THAT AS A
8	FRIENDLY AMENDMENT.
9	MR. SHEEHY: WOULD YOU BE MY SECOND?
10	DR. PRIETO: I'LL BE HAPPY TO SECOND.
11	MR. SHEEHY: ART WAS THE SECOND. I'M
12	SORRY.
13	CHAIRMAN KLEIN: LET ME ASK AS WELL SO
14	I TALKED TO DR. POPE SPECIFICALLY ABOUT THIS ISSUE
15	OF WHETHER THEY WILL HAVE ECONOMISTS WHO WILL DO
16	ECONOMIC ANALYSIS
17	MR. TORRES: MY QUESTION IS WHETHER
18	THEY'RE ABLE TO FORECAST IN THESE ECONOMIC TIMES.
19	CHAIRMAN KLEIN: THE RESPONSE THAT WE HAVE
20	TO DATE IS, IN FACT, THAT THEY CAN DO AN ECONOMIC
21	ANALYSIS FROM DR. POPE. BUT I WILL RECONFIRM THAT
22	WITH HIM. AND DR. BRYANT.
23	DR. BRYANT: I THINK IT'S AN EXCELLENT
24	IDEA. THE ONLY THING THAT I'M SLIGHTLY CONCERNED
25	ABOUT IS THAT THIS WILL COME OFF AS A NATIONAL
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Т	THE BENEFIT TO THE NATION; WHEREAS, WE'RE IN THE
2	POSITION OF TRYING TO EXPLAIN WHY CALIFORNIA SHOULD
3	HAVE SPENT ALL THIS MUCH MONEY. IF THERE IS A WAY
4	TO GET THAT ASPECT OF IT TOO, I THINK IT MIGHT
5	OTHERWISE, I CAN SEE IT MIGHT BACKFIRE A LITTLE BIT
6	ON US.
7	CHAIRMAN KLEIN: SO, IN FACT, DR.
8	TROUNSON, WHILE YOU WERE OUT, I EXPLAINED THE RANGE
9	OF 22 TO 26 MONTHS INCLUDING WITH A GOAL THAT IT HAS
10	TO BE FINISHED, HOWEVER, IN 2012. AND IN TERMS OF
11	THIS, IF THEY DESIRE TO HAVE NATIONAL PROJECTIONS
12	AND WE WANT A SUBSET OF PROJECTIONS FOR CALIFORNIA,
13	I WOULD SUGGEST THAT WE PROVIDE PERHAPS, SINCE WE'RE
14	SPECIFICALLY PAYING FOR IT OUT OF DONOR FUNDS, WE
15	HAVE SUBSTANTIAL UNUSED FUNDS OVER THE LAST FIVE
16	YEARS, WE HAVE SOME FLEXIBILITY OF APPROXIMATELY 20
17	PERCENT IN CASE WE NEED A SEPARATE SUBSET OF
18	PROJECTIONS. IS THAT A REASONABLE AMENDMENT, THAT
19	IF WE DO IF THEIR APPROACH HAD BEEN TO DO
20	NATIONAL PROJECTIONS, BECAUSE THAT'S THEIR GENERAL
21	CHARGE, TO GET SEPARATE CALIFORNIA PROJECTIONS THAT
22	WE HAVE SOME FLEXIBILITY IN THE TOTAL DOLLAR AMOUNT
23	BY A 20-PERCENT AMOUNT?
24	MR. SHEEHY: THAT SOUNDS REASONABLE. I
25	WOULD LIKE TO INCLUDE IN THE MOTION THAT THIS IS

1	COMPLETED BEFORE NOVEMBER 2012. WE CAN'T TELL THAT
2	THEM THAT THEY HAVE TO DO IT, BUT OUR REQUEST THAT
3	THIS WE WOULD LIKE THIS AT THE EIGHT-YEAR
4	ANNIVERSARY OF THE PASSAGE OF PROP 71 SO THAT WE CAN
5	TELL FOLKS WHAT WE'VE DONE.
6	CHAIRMAN KLEIN: WE WILL WORK TO THAT
7	GOAL.
8	MR. SHEEHY: AS AN OBJECTIVE.
9	DR. TROUNSON: SOME FLEXIBILITY, CHAIR,
10	WOULD BE VERY HELPFUL BECAUSE THE PROBLEM OF BSA AND
11	OTHER AUDITS FALLING AT THE SAME TIME, WE NEED TO
12	MAKE SURE WE'RE NOT SORT OF, YOU KNOW, IN THAT KIND
13	OF SITUATION. SO SOME FLEXIBILITY TO DO THIS.
14	CHAIRMAN KLEIN: RIGHT. SO 22 TO 26
15	MONTHS WOULD PUT IT ALL IN 2012, BUT ALSO WITH A
16	GOAL IN THE CENTER OF THAT TIME FRAME BEING NOVEMBER
17	OF 2010, BUT NO LATER THAN NOVEMBER OF 2012 AS A
18	GOAL.
19	MR. TORRES: ON THAT POINT, IN RESPONDING
20	TO PRESIDENT TROUNSON, UNDER THE SENATE BILL WHICH
21	IS ON THE SENATE FLOOR AS WE SPEAK, IT WILL PROVIDE
22	FOR A PERFORMANCE AUDIT, WHICH YOU'RE REFERENCING,
23	NOT NECESSARILY WOULD THE BSA COULD OR WE COULD
24	CHOOSE ANOTHER AGENCY ANOTHER ACCOUNTING FIRM AS
25	LONG AS THEY COMPLY WITH GOVERNMENT STANDARDS, AND
	210

1	THAT THAT WOULD HAVE TO GO OUT FOR BID FROM US NO
2	LATER THAN JULY 1 WHEN THE END OF THE FISCAL YEAR OF
3	2010-2011 HAS BEEN COMPLETED. SO THAT WOULD BEGIN
4	AT THAT POINT.
5	I WASN'T HERE AT THE TIME, BUT I
6	BELIEVE
7	CHAIRMAN KLEIN: JULY 1, END OF THE FISCAL
8	YEAR OF?
9	MR. TORRES: 2010-11. SO I WAS NOT HERE
10	DURING THE FIRST BSA. HOW LONG DID THAT AUDIT TAKE?
11	DR. TROUNSON: SIX MONTHS.
12	MR. TORRES: SIX MONTHS. SO THAT'S THE
13	TIME.
14	DR. TROUNSON: IT WAS VERY TIME DEMANDING.
15	WE CHECKED WITH ARLENE CHIU, AND IT WAS A HUGE
16	AMOUNT OF TIME. WE KNOW THESE THINGS TAKE A LOT OF
17	TIME, SO WE NEED TO BE PRETTY CLEAR THAT WE DON'T
18	SORT OF FALL WITH TWO OF THEM ON US BECAUSE THAT'S
19	JUST IMPOSSIBLE.
20	CHAIRMAN KLEIN: THAT'S WHY WE AMENDED THE
21	TIME FRAME ON THIS PROPOSAL.
22	MR. SHEEHY: TO BE CLEAR ABOUT THE BURDEN,
23	WE'RE NOT COMMISSIONING THE SPANISH INQUISITION
24	HERE. I MEAN THE BSA IS A COMPLIANCE AUDIT, SO THEY
25	WANT TO SEE EVERY SINGLE CONFLICT OF INTEREST
	220

1	DOCUMENT FROM EVERY SINGLE WORKING GROUP MEETING TO
2	MAKE SURE THAT THEY WERE COMPLIED WITH. THAT IS
3	ONEROUS. I THINK HERE THEY'RE LOOKING AT OUR
4	STANDARDS AND SEEING WHETHER WE HAVE ACCEPTABLE
5	STANDARDS, WHICH IS NOT THE SAME LEVEL OF
6	DIFFICULTY. AND SO I THINK TO ANALOGIZE BETWEEN
7	THIS REPORT, WHICH IS LOOKING REALLY AT OUR
8	PROCESSES AND OUR OUTPUT, AND THE AUDIT THAT
9	LEGISLATURE IS COMMISSIONING, RIGHTLY, TO MAKE SURE
10	THAT WE ARE FULLY COMPLYING WITH ALL OF OUR
11	PROCESSES IN EVERY SINGLE INSTANCE ARE TWO DIFFERENT
12	THINGS AND WILL NOT PLACE THE SAME BURDEN.
13	DR. TROUNSON: BUT WE'RE USING 2,000,
14	ABOUT 2,000 HOURS ON THIS CURRENT ONE THAT WE'RE
15	JUST DOING IN OCTOBER. WE DO KNOW THAT WHATEVER IT
16	IS, THEY WILL ASK FOR DIFFERENT INFORMATION, OTHER
17	INFORMATION, UPDATED INFORMATION. WE'VE GOT TO
18	GENERATE THAT. WE KNOW THAT. WE GOT TO DO A PROPER
19	JOB ON IT. SO WE JUST WANT TO MAKE SURE THAT WE'RE
20	ABLE TO DO THAT, AND THAT'S WHY WE'RE JUST SAYING
21	CHAIRMAN KLEIN: THAT'S WHY WE'VE MODIFIED
22	THE TIME FRAMES.
23	MR. ROTH: SO I HAVE A NUMBER OF COMMENTS
24	ON THIS. FIRST, I HAVE GREAT RESPECT FOR THE
25	INSTITUTE OF MEDICINE, AND THEY'D BE A FINE AGENCY

1	TO LOOK AT SOMETHING LIKE THIS EXCEPT FOR THE FACT
2	THAT WE HAVE A LOT OF OTHER REVIEWS GOING ON,
3	INCLUDING THE SCIENTIFIC REVIEW. WE JUST HEARD
4	ABOUT THE FINANCIAL REVIEWERS THAT WE HAVE. AND
5	THEN THE NEW BILL CONTEMPLATES A PERFORMANCE REVIEW.
6	WE'VE DONE AN ECONOMIC IMPACT STUDY, WHICH WE'VE
7	ALREADY COMMISSIONED, AND I'M REALLY IT'S OKAY TO
8	SAY THAT THIS ISN'T GOING TO REQUIRE MUCH STAFF
9	TIME, BUT I'VE BEEN THROUGH THESE THINGS. THEY
10	REQUIRE A CONSIDERABLE AMOUNT OF BRINGING THEM UP TO
11	SPEED AND EDUCATING THEM ON THESE POLICIES.
12	I COULD GO ON AND ON ABOUT THAT. THE TIME
13	FRAME, REALLY I DON'T FIND THAT A PERSUASIVE
14	ARGUMENT. THIS AGENCY IS GOING TO GET BUSIER, NOT
15	LESS BUSY IN THAT PERIOD OF TIME. AND IF YOU START
16	A STUDY LIKE THIS AND IT TAKES 24 MONTHS TO BE DONE,
17	BECAUSE YOU'RE GOING TO GO SLOW OR STRING IT OUT,
18	THE DATA IS GOING TO BE STALE BY THE TIME YOU GET TO
19	THE END, AND YOU ALMOST HAVE TO START OVER.
20	THE THIRD IS I WOULD JUST CAUTION THAT THE
21	OUTCOME ON SOMETHING LIKE THIS CAN CUT BOTH WAYS.
22	AND TO GO IN JUST SORT OF BLIND TRUST THAT THEY'RE
23	GOING REACH THE CONCLUSION YOU WANT THEM TO REACH, I
24	DON'T THINK IS A FOREGONE CONCLUSION. SO YOU AT
25	LEAST OUGHT TO THINK ABOUT THE DOWNSIDE OF A RATHER

1	CRITICAL ONE.
2	AND FINALLY, THE FUNDS, I UNDERSTAND THAT
3	THE MONEY WOULD COME FROM A DIFFERENT SOURCE, BUT
4	THAT'S THE ONLY MONEY WE HAVE RIGHT NOW TO DO THINGS
5	THAT WE CAN'T DO WITH THE STATE FUNDS. SO EVERY
6	TIME YOU DEPLETE THAT, YOU TAKE AWAY A LITTLE BIT OF
7	YOUR ABILITY TO HAVE SOME MONEY TO DO THINGS YOU
8	MIGHT WANT TO DO.
9	SO I HAVEN'T MADE A DECISION YET ABOUT
10	WHICH WAY I'D LIKE TO GO, BUT I THINK IT NEEDS SOME
11	MORE THOUGHT BEFORE WE JUST GO AHEAD AND SIGN UP FOR
12	YET ANOTHER STUDY.
13	CHAIRMAN KLEIN: DUANE, IN TERMS OF THE
14	FUNDING, WE'VE HAD OVER THREE AND A HALF MILLION
15	SITTING THERE FOR THE LAST FIVE YEARS SINCE I RAISED
16	THIS MONEY. IT WAS RAISED FOR THIS PARTICULAR
17	PURPOSE, AND IT'S NOT A NONRENEWABLE RESOURCE. ANY
18	BOARD MEMBER, JUST LIKE I DID, COULD GO OUT AND
19	RAISE CONTRIBUTIONS FOR THIS. BUT I RAISED THE
20	MONEY SO THAT WE COULD HAVE ACCOUNTABILITY STUDIES,
21	AND WE OWE ACCOUNTABILITY TO THE PUBLIC. AND
22	CERTAINLY WE CAN'T ANTICIPATE THAT WE KNOW EXACTLY
23	HOW IT COMES OUT. WE HAVE GREAT CONFIDENCE, BUT
24	HOPEFULLY WE'LL LEARN SOMETHING FROM THIS STUDY.
25	AND THEN WE'LL HAVE ENOUGH TIME DURING OUR TIME

1	PERIOD OF THIS INITIATIVE TO FOLLOW THEIR
2	RECOMMENDATIONS AND FURTHER IMPROVE THIS
3	INSTITUTION.
4	WE OWE THE ACCOUNTABILITY AND THE RIGOR OF
5	SUBMITTING OURSELVES TO A TRULY INDEPENDENT BODY
6	AS YOU POINT OUT, THEY ARE AND BEING RESPONSIVE
7	TO THAT BODY SO THAT THE PUBLIC KNOWS WE'VE REALLY
8	FULFILLED OUR OBLIGATIONS.
9	ARE THERE OTHER COMMENTS?
10	DR. BRENNER: I JUST WANTED TO SORT OF
11	EXPAND A LITTLE BIT. FIRST OF ALL, I THINK IT'S
12	ALWAYS A GOOD EXERCISE TO HAVE AN EXTERNAL REVIEW.
13	I THINK IT REALLY HELPS THE INSTITUTIONS TO HAVE A
14	COMPLETELY OBJECTIVE GROUP COME IN AND LOOK VERY
15	CAREFULLY AT WHAT YOU ARE DOING. I THINK THAT'S THE
16	BASE I WANT TO START WITH.
17	I DO THINK, THOUGH, WE HAVE TO BE REALLY
18	CAREFUL TO DEFINE CLEARLY WHAT THE DELIVERABLES ARE.
19	WHAT EXACTLY DO WE WANT THEM TO LOOK AT AND WHAT WE
20	WANT THEM TO ASSESS BECAUSE THERE ARE MANY, MANY
21	TOPICS THEY CAN LOOK INTO. ONE OF MY FEARS IS THAT
22	IT'S A VERY INTERESTING, AGGRESSIVE ORGANIZATION.
23	AND ONCE YOU ASK THEM TO, IF YOU DON'T CLEARLY
24	DEFINE WHAT YOU WANT, THEY'LL LOOK AT SOMETHING THAT
25	YOU'RE NOT INTERESTED IN THAT'S NOT REAL IMPORTANT
	224

1	TO US. AND THAT'S THE RESULT YOU'LL GET, AND WE'LL
2	BE A MILLION DOLLARS POORER.
3	AND THE THIRD THING I WANT TO KNOW, IS
4	THERE ANY POSSIBILITY TO GET BUY-IN FROM WHOEVER
5	WHATEVER CONSTITUENTS WE THINK ARE REALLY IMPORTANT
6	THAT THEY AGREE THAT THIS IS REALLY IMPORTANT AND
7	THAT IT WILL BE A DEFINING REVIEW AND IT WON'T BE
8	THROWN OUT LIKE SO MANY OTHER IMPORTANT THINGS HAVE
9	BEEN DONE SO THAT WE CAN SAY WE AGREE THAT THE
10	INSTITUTE OF MEDICINE IS THE LAST WORD IN THESE
11	THREE TOPICS THAT WE THINK ARE REALLY IMPORTANT AT
12	THIS POINT IN OUR ORGANIZATION SO THAT IT WILL HAVE
13	STAYING POWER AND IT WILL NOT BE DISMISSED EASILY.
14	CHAIRMAN KLEIN: TWO THINGS, IN TAB 12,
15	THE FIVE AREAS OF FOCUS ARE THE SCOPE.
16	DR. BRENNER: IT OUGHT TO BE MORE
17	PRECISE.
18	CHAIRMAN KLEIN: AND IN THE CONTRACT, WE
19	CAN REFINE THAT DOWN, INCLUDING SOME OF THE COMMENTS
20	THAT HAVE BEEN MADE HERE TODAY. BUT THERE ARE MANY
21	CONSTITUENCIES. SO SOME CONSTITUENCIES ARE GOING TO
22	LOOK TO THE BSA AUDIT BECAUSE THAT'S THEIR
23	ORIENTATION. SOME CONSTITUENCIES WILL LOOK TO THE
24	NATIONAL ACADEMIES INSTITUTE OF MEDICINE BECAUSE
25	THEY UNDERSTAND THAT GOLD STANDARD. SOME
	225

1	CONSTITUENCIES WILL LOOK TO SOME OF THE OTHER
2	REVIEWS THAT ARE DONE. THERE WON'T BE A DEFINITIVE
3	FINAL PROGRAM BECAUSE DIFFERENT CONSTITUENCIES HAVE
4	DIFFERENT REFERENCE POINTS.
5	BUT HAVING DEALT WITH A COUPLE OF HUNDRED
6	DIFFERENT CONSTITUENT GROUPS, I CAN TELL YOU THAT
7	THERE'S FROM MY PERSONAL EXPERIENCE, I WAS, AS A
8	BOARD MEMBER, I WOULD SAY THAT THERE'S A VERY HIGH
9	CREDIBILITY IN A CONTRIBUTION TO OUR ABILITY TO
LO	MESSAGE TO THE PUBLIC ABOUT OUR PERFORMANCE.
L1	SPECIFICALLY IS OUR PEER REVIEW AND THE
L2	CONFIDENTIALITY OF THAT IMPORTANT? IT IS A RIGOROUS
L3	SYSTEM? WE HAVE DEFENDED AGAINST CONFLICTS OF
L4	INTEREST. ARE WE DOING IT PROPERLY? IS OUR
L5	CONFLICTS POLICIES THAT WE'RE CONSTANTLY ATTACKED
L6	ON, ARE THEY, IN FACT, THE BEST IN THE NATION OR THE
L7	WORLD, FOR THAT MATTER?
L8	FOR THIS GROUP TO COME OUT AND GIVE US AN
L9	OPINION ON THAT IS A VERY VALUABLE POINT.
20	DR. PRICE: BOB, I UNDERSTAND THAT, YET IF
21	YOU THINK ABOUT THE GROUPS THAT HAVE BEEN HAMMERING
22	US ON THOSE VERY THINGS, THE INSTITUTE OF MEDICINE
23	IS NOT GOING TO HAVE ANY PARTICULAR WEIGHT WITH
24	THEM. AND, INDEED, THEY'VE ALREADY SPOKEN, AT LEAST
25	ONE OF THEM HAS, OUR FRIENDLY BLOGGER, THE

1	CALIFORNIA REPORT, WHO HAS JUST RECENTLY BLOGGED AND
2	SAYS, "OH, THIS IDEA IS JUST FOR CIRM TO HIRE SOME
3	OF THEIR ACADEMIC BUDDIES TO GIVE THEM AN A+ SO THAT
4	WE CAN GET ANOTHER \$6 BILLION FROM THE TAXPAYERS OF
5	CALIFORNIA." THAT'S THE MESSAGE FROM JOHN Q.
6	PUBLIC.
7	CHAIRMAN KLEIN: NO. THAT'S NOT FROM JOHN
8	Q. IT'S FROM WE WILL NEVER CONVINCE THOSE
9	THAT
10	DR. PRICE: EXACTLY.
11	CHAIRMAN KLEIN: NEVER CONVINCE THE
12	PEOPLE THAT ARE ADAMANT AGAINST US. BUT FOR THE
13	PUBLIC AND FOR THE CONSTITUENT GROUPS THAT ARE
14	REASONED AND PREPARED TO LOOK AT EVIDENCE, THIS IS A
15	VERY IMPORTANT VALIDATION THAT THEY CAN LOOK TO TO
16	SEPARATE OUT WHAT IS A FALSE CLAIM FROM REAL
17	PERFORMANCE.
18	WHAT I'D LIKE TO DO IS SEE IF WE HAVE
19	OTHER COMMENTS.
20	MR. SHEEHY: JUST I THINK, NOTWITHSTANDING
21	DAVE JENSEN, I BELIEVE THE MEDIA I BELIEVE IF
22	THIS REPORT, EDITORIAL BOARDS OF MAJOR CALIFORNIA
23	NEWSPAPERS WOULD BE TAKEN SERIOUSLY FOR THE VERY
24	REASON THAT DUANE'S WORRIED ABOUT IT BECAUSE YOU
25	CAN'T CONTROL THE OUTPUT. I'VE WORKED WITH
	227

1	JOURNALISTS. I'VE TALKED TO JOURNALISTS ABOUT IOM
2	REPORTS. AND TO A PERSON THEY VIEW THIS AS AN
3	OBJECTIVE, POWERFUL ANALYSIS THAT IS COMPLETELY
4	UNBIASED.
5	SO IT MAY NOT CONVINCE SOME OF OUR
6	NAYSAYERS, BUT FOR A VERY IMPORTANT CONSTITUENCY,
7	WHICH ARE THE EDITORIAL BOARDS AND THE PEOPLE WHO
8	REALLY UNDERSTAND HOW MEDICAL SCIENCE IS DONE, AND I
9	THINK IT'S GOING TO BE AN INCREDIBLY POWERFUL TOOL
10	FOR US TO REALLY EXPLAIN WHAT WE'VE BEEN DOING. I
11	THINK MANY MEMBERS OF THE LEGISLATURE RECOGNIZE
12	THIS. AND I'M CERTAIN MEMBERS IN CONGRESS RECOGNIZE
13	THE VALUE OF AN IOM ANALYSIS BECAUSE THEY USE IT TO
14	INFORM THEIR OWN DECISION-MAKING PROCESS.
15	CHAIRMAN KLEIN: DR. BRYANT.
16	DR. BRYANT: YES. I WAS JUST WONDERING IF
17	PEOPLE FEEL THAT IT WOULD BE A VALUABLE TOOL TO
18	COUNTERBALANCE THE LITTLE HOOVER COMMISSION, WHICH
19	IS STILL AROUND AND MAY NOT I KNOW THE TIMING IS
20	A LITTLE OFF BECAUSE IT'S GOING TO BE DELAYED IN
21	TIME.
22	CHAIRMAN KLEIN: I THINK IT IS A
23	DR. BRYANT: THEY'RE GOING TO ADDRESS SOME
24	OF THE SAME ISSUES.
25	CHAIRMAN KLEIN: EXACTLY. SO UNLESS
	228

1	THERE'S MORE BOARD COMMENT, I'D LIKE TO SEE IF
2	THERE'S PUBLIC COMMENT.
3	MR. REED: IN OHIO THE THIRD FRONTIER WAS
4	A VERY CAREFULLY PLANNED STRUCTURE TO PUT \$700
5	MILLION INTO FUTURE-ORIENTED ENTERPRISES LIKE
6	BIOMEDICINE, AND THEY HAD IMPORTANT OBJECTIVE
7	REPORTS AS BACKUP FOR THEM. I THINK A LOT OF
8	PEOPLE WE LIVE THIS, BUT FOR A LOT OF PEOPLE,
9	THEY WILL WAIT TILL THE NEXT INCIDENT REALLY TOUCHES
10	THEIR LIVES, LIKE A VOTE. THAT'S WHEN THEY'LL
11	DECIDE. I THINK IT'S CRUCIAL THAT WE HAVE, WHATEVER
12	THE RISKS ARE, A UNIVERSALLY RESPECTED BODY GIVE AN
13	OBJECTIVE OVERVIEW OF THE WORK THAT HAS BEEN DONE.
14	CHAIRMAN KLEIN: THANK YOU. SO UNLESS
15	THERE'S ADDITIONAL COMMENT, I'D LIKE TO CALL THE
16	QUESTION HERE. AND COULD I HEAR ALL THOSE IN FAVOR.
17	(CHORUS OF AYES.)
18	OPPOSED?
19	MR. ROTH: NO.
20	MS. KING: JUST IN CASE WE HAVE PEOPLE ON
21	THE PHONE, WILLIAM BRODY. MICHAEL FRIEDMAN.
22	WE HAVE A QUORUM WITHOUT THEM, SO THE
23	MOTION CARRIES WITH ONE NO VOTE FROM MR. ROTH.
24	DR. POMEROY: AND THREE ABSTAINS.
25	DR. PRICE: NO.
	220

229

1	CHAIRMAN KLEIN: DR. TROUNSON, WE HAVE
2	ITEM 8, AND COULD YOU PLEASE MR. HARRISON.
3	MR. HARRISON: JUST FOR THE RECORD, CHAIR,
4	COULD WE ASK THOSE MEMBERS WHO ABSTAINED IN THE
5	VOICE VOTE TO RAISE THEIR HANDS. PIZZO, HAWGOOD,
6	PENHOET, AND BRENNER FOR THE RECORD.
7	CHAIRMAN KLEIN: ALL RIGHT.
8	DR. TROUNSON: SO DR. ROBSON IS TO PRESENT
9	THIS, CHAIR.
10	DR. ROBSON: SIGNING BACK IN. OKAY.
11	THANK YOU VERY MUCH. THIS IS SOMETHING COMPLETELY
12	DIFFERENT AND DOESN'T REQUIRE A VOTE. YOU'VE
13	ALREADY PASSED THE POLICY ON THIS ISSUE.
14	CHAIRMAN KLEIN: THIS IS A VERY IMPORTANT
15	INFORMATIONAL ITEM. IT SAYS CONSIDERATION, MR.
16	HARRISON.
17	MR. HARRISON: CHAIR, WE FAVOR PHRASING
18	AGENDA ITEMS WITH THE WORD "CONSIDERATION" JUST TO
19	PRESERVE THE BOARD'S AUTHORITY TO TAKE ACTION IF IT
20	SO CHOOSES. THIS IS AN INFORMATIONAL ITEM. WE
21	DON'T EXPECT TO ASK THE BOARD TO TAKE ANY ACTION.
22	AND IT'S ALSO AN ITEM AS TO WHICH CERTAIN MEMBERS
23	HAVE TO RECUSE THEMSELVES BECAUSE IT PERTAINS TO THE
24	MAJOR FACILITIES AWARDS.
25	CHAIRMAN KLEIN: BEFORE THERE ARE
	230
	430

1	QUESTIONS AS RELATED TO THIS ADMINISTRATION, WE'LL
2	NEED TO CLEAR THOSE QUESTIONS.
3	DR. ROBSON: SO I'M REPORTING ON THE
4	STAFF'S IMPLEMENTATION PLAN OF THE POLICY THAT WAS
5	APPROVED BY THE BOARD IN OCTOBER OF 2007 REGARDING
6	REDUCTIONS FOR FACILITIES PART B PAYMENTS FOR
7	INSTITUTIONS CIRM GRANTS TO INSTITUTIONS THAT
8	HAVE MAJOR FACILITIES.
9	THIS IS A BIT OF AN ESOTERIC TOPIC, SO I
10	THOUGHT MAYBE I WOULD GO BACK THROUGH THE RATIONALE
11	AND THE HISTORY JUST VERY BRIEFLY. YOU HAVE A
12	COUPLE OF DOCUMENTS IN YOUR BINDER ABOUT THIS. IF
13	YOU GO BACK TO PROPOSITION 71, PROPOSITION 71 ALLOWS
14	CIRM GRANTS TO PAY FOR THE MAINTENANCE AND
15	OPERATIONS OF THE FACILITIES THAT ARE USED FOR THE
16	RESEARCH, AND IT ALSO ALLOWS FOR A RESEARCH FUNDING
17	SHALL INCLUDE AN ALLOWANCE FOR MARKET LEASE RATE OR
18	REIMBURSEMENT FOR THE FACILITY. IN OTHER WORDS, WE
19	CAN ESSENTIALLY PAY TO RENT THE RESEARCH SPACE. AND
20	THAT'S DONE IN DIFFERENT WAYS.
21	THE EXCEPTION TO THIS IS IN THE CASE OF
22	MAJOR FACILITIES. WE SHOULD NOT THE PROPOSITION
23	71 FORBIDS US FROM PAYING FOR RENTING SPACE THAT
24	ESSENTIALLY WE PAY TO BUILD.
25	LET ME JUST GO THROUGH HOW THIS IS HANDLED
	231

1	RIGHT NOW, HOW WE PAY FOR THESE FACILITIES COSTS.
2	WE FOLLOW A MODEL THAT WAS DEVELOPED BY THE NIH, AND
3	WE USE REIMBURSEMENT RATES THAT WERE NEGOTIATED
4	BETWEEN THE VARIOUS INSTITUTIONS AND THE NIH. WE
5	DON'T HAVE THE CAPACITY TO DO THAT OURSELVES, SO
6	WE'VE JUST ADOPTED THE NIH POLICIES.
7	SO NIH PAYS THESE COSTS AS DIRECT COSTS ON
8	RESEARCH GRANTS IN TWO WAYS. PART A IS FOR
9	OPERATIONS AND MAINTENANCE AND LIBRARY COSTS, SO
10	THAT'S ELECTRICITY, LIGHT, JANITORIAL SERVICE, AND
11	SO FORTH. AND THE RANGE OF THAT RATE FROM THE
12	VARIOUS INSTITUTIONS THAT WE FUND IS BETWEEN 10 AND
13	46 PERCENT. PART B IS THE COST OF WHAT I WAS
14	REFERRING TO EARLIER, THE SORT OF MARKET-GOING LEASE
15	RATE OR COULD BE DEPRECIATION OR RENT. IT'S
16	CALCULATED DIFFERENT WAYS AT DIFFERENT INSTITUTIONS.
17	AND THAT PERCENTAGE RANGES FROM 5 TO 49 PERCENT.
18	AND THAT'S THE ONE WE'RE FOCUSED ON HERE TODAY.
19	I SHOULD MENTION THAT ON AVERAGE THE TWO
20	TOGETHER FOR OUR INSTITUTIONS IS ABOUT 35 TO 36
21	PERCENT ON TOP OF OUR GRANTS. WHAT WE'RE SAYING
22	HERE IS THAT WHAT PROPOSITION 71 STIPULATES IS THAT
23	FOR RESEARCH CONDUCTED IN A MAJOR FACILITY, THAT
24	FACILITIES PART B PAYMENT IS NOT ALLOWED, AND IT'S
25	NOT ALLOWED BECAUSE CIRM PAID FOR THE FACILITY. AND

1	IF WE PAID THAT, WE'D ESSENTIALLY BE PAYING TWICE
2	FOR THOSE RESEARCH FACILITIES.
3	JUST TO GIVE YOU AN EXAMPLE OF WHAT THE
4	IMPACT OF THIS IS ON A GRANT, I'VE JUST DONE THIS
5	SORT OF HYPOTHETICALLY. I'VE JUST GIVEN TWO
6	EXAMPLES HERE OF A MILLION DOLLARS IN RESEARCH
7	FUNDS, DIRECT RESEARCH FUNDS, FACILITIES. IF IT'S
8	DONE OUTSIDE OF A CIRM FACILITY, THERE WOULD BE
9	\$200,000 ADDED. I'VE JUST USED A 20-PERCENT RATE AS
10	AN AVERAGE RATE AND A 16-PERCENT RATE AS AN AVERAGE
11	RATE FOR FACILITIES B. THERE WOULD BE AN ADDITIONAL
12	\$200,000 FOR FACILITIES PART A, 160,000 FOR
13	FACILITIES PART B, AND THEN WE PAY AN OVERHEAD RATE,
14	WHICH IS 20 PERCENT ON TOP OF THOSE THREE DIRECT
15	RATES, WHICH WOULD BRING THE TOTAL OF THAT AWARD TO
16	1,632,000.
17	FOR THE SAME INSTITUTION, IF THE RESEARCH
18	WAS DONE IN THE MAJOR FACILITY, THERE WOULD BE NO
19	FACILITIES PART B RATE, AND THEN THE OVERHEADS WOULD
20	BE REDUCED COMMENSURATE, SO THE REDUCTION WOULD BE
21	ABOUT \$200,000 IN THAT CASE.
22	NOW, THIS IS A SUMMARY OF THE POLICY THAT
23	WAS APPROVED BY THE ICOC UNANIMOUSLY IN OCTOBER OF
24	2007. AND WHAT IT STIPULATES IS THAT MAJOR
25	FACILITIES SHALL BE USED ONLY FOR STEM CELL
	233

1	RESEARCH. STEM CELL RESEARCH MUST BE HOUSED IN A
2	MAJOR FACILITY AS DESCRIBED IN THE APPLICATION FOR
3	THAT FACILITY. SO IN OTHER WORDS, YOU HAVE TO
4	BASICALLY DO THE RESEARCH IN THE FACILITY YOU
5	PROMISED YOU WOULD DO. CIRM WILL NOT PAY FOR
6	FACILITIES PART B FOR ANY RESEARCH IN THE MAJOR
7	FACILITY. SO IF THERE'S ADDITIONAL RESEARCH THAT
8	COMES INTO THE MAJOR FACILITY IN ADDITION TO WHAT
9	WAS DESCRIBED IN THE APPLICATION, WE WOULDN'T PAY
10	FOR FACILITIES PART B ON THAT RESEARCH.
11	FINALLY, CIRM WILL TRACK THE FACILITIES
12	PART B REDUCTION. AND ONCE, FOR ANY INSTITUTION,
13	THE AGGREGATE OF ALL THE REDUCTIONS WERE TO REACH
14	THE AMOUNT OF THE GRANT THAT WAS AWARDED, AT THAT
15	POINT WE WOULD BEGIN TO PAY FACILITIES PART B AGAIN.
16	SO THIS IS HOW WE'LL BE IMPLEMENTING THIS.
17	WE HAD TO COME UP WITH A WAY TO DO THIS THAT WAS
18	PRACTICAL AND EASY FOR THE STAFF AND FOR THE
19	GRANTEES. WE TRIED TO COME UP WITH A POLICY, BUT
20	ALSO THAT WAS PERFECTLY CONSISTENT WITH THE POLICY
21	ITSELF. SO THE PLAN THAT YOU HAVE OUTLINED IN YOUR
22	BINDER IS SUMMARIZED HERE. SO AN INSTITUTION WITH A
23	CIRM MAJOR FACILITY WILL NOT RECEIVE FACILITIES PART
24	B FROM CIRM FOR RESEARCH DESCRIBED IN ITS MAJOR
25	FACILITIES APPLICATION OR FOR ANY RESEARCH BEING

1	CONDUCTED IN THE MAJOR FACILITY.
2	DR. PENHOET: JOHN, WHAT ABOUT THE CASE
3	WHERE WE ONLY PAID FOR HALF THE FACILITY? MATCHING
4	FUNDS WERE USED FROM SOME OTHER SOURCE.
5	DR. ROBSON: WELL, MATCHING FUNDS WERE
6	REQUIRED FOR ALL OF THE FACILITIES, BUT PROPOSITION
7	71 DOESN'T MENTION MATCHING FUNDS, NOR DOES THE
8	POLICY MENTION MATCHING FUNDS IN THIS CONTEXT. IT
9	JUST SAYS IF WE PAID FOR PART OF THE FACILITY, IF
10	IT'S IN THAT APPLICATION, WE CAN'T FUND THAT
11	FACILITIES PART B ON THOSE.
12	DR. PENHOET: EVEN THOUGH WE DIDN'T FUND
13	THE WHOLE FACILITY, WE ONLY FUNDED PART OF THE
14	FACILITY.
15	DR. ROBSON: CORRECT. BUT THEY'RE ONLY ON
16	THE HOOK FOR THE AMOUNT THAT WE PROVIDED.
17	CHAIRMAN KLEIN: SO IT'S IMPORTANT HERE
18	THAT MR. HARRISON, COMMENT ON THE PARAMETERS OF
19	THIS DISCUSSION.
20	MR. HARRISON: SINCE DR. PENHOET JUST
21	POSED A QUESTION FOR INFORMATIONAL PURPOSES, IT'S
22	OKAY. BUT THE MEMBERS WHO CAN PARTICIPATE IN THE
23	DISCUSSION OF THIS ITEM ARE GIBBONS, KLEIN, LOVE,
24	QUINT, ROTH, SAMUELSON, SERRANO-SEWELL, SHESTACK,
25	AND TORRES.
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1	CHAIRMAN KLEIN: THANK YOU. QUESTION IS
2	GOOD FOR EVERYONE'S BENEFIT. THANK YOU.
3	DR. ROBSON: OKAY. SO NOW, THERE WOULD BE
4	CASES IN WHICH AN INSTITUTION COULD RECEIVE
5	FACILITIES PART B IF THEY HAVE A MAJOR FACILITY, AND
6	THAT'S OUTLINED HERE. SO IT COULD RECEIVE
7	FACILITIES PART B IF THE INSTITUTION WAS TO CERTIFY
8	THAT THE PI WAS NOT IDENTIFIED IN THE MAJOR
9	FACILITIES APPLICATION AS BEING SOMEONE WHO WOULD BE
10	DOING THEIR RESEARCH WITHIN THE FACILITY. MANY OF
11	THESE APPLICATIONS INCLUDED THE NAMES OF PEOPLE WHO
12	WOULD BE INVOLVED WITH THE RESEARCH, BUT THAT THEY
13	WOULDN'T BE HOUSED WITHIN THE FACILITIES. SO IT'S
14	JUST THOSE WHO ARE IDENTIFIED AS BEING HOUSED IN THE
15	FACILITY. THE PI WAS NOT IDENTIFIED IN THE SPACE
16	PLAN FOR THE MAJOR FACILITY, WHICH IS SOMETHING
17	WE'RE RECEIVING FROM THESE FACILITIES AS THEY OPEN.
18	TWO YEARS HAVE PASSED OR MORE SINCE THEY SUBMITTED
19	THE APPLICATION, SO THEY'RE GIVING US REVISED SPACE
20	PLANS.
21	FINALLY, THAT THE PI WILL BE HOUSED
22	WILL BE DOING THEIR RESEARCH OUTSIDE THE INSTITUTE
23	AND WILL NOT BE USING THE MAJOR FACILITY EXCEPT
24	OCCASIONALLY FOR SHARED SPECIALIZED RESOURCES.
25	NOW, JUST AS A COUPLE OF OTHER ADDITIONAL
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1	DETAILS, IF THERE'S A CO-PI ON A GRANT, WE WOULD
2	TREAT THE BUDGET FOR THE CO-PI AND THE BUDGET FOR
3	THE PI SEPARATELY IN APPLYING THIS POLICY.
4	FINALLY, THE TIMING. THIS WOULD TAKE
5	EFFECT WHEN THE FACILITIES ARE READY FOR OCCUPANCY.
6	IT WOULD APPLY TO ALL NEW GRANTS SUBSEQUENT TO THAT
7	DATE, AND IT WOULD ALSO BE APPLIED TO GRANTS THAT
8	WERE ONGOING BEGINNING AT THE NEXT ANNUAL BUDGET
9	RENEWAL YEAR.
10	CHAIRMAN KLEIN: SO, DR. ROBSON, JUST TO
11	FURTHER EXPLICATE THIS, IF, IN FACT, A PI IN THE
12	FACILITY HAS A CO-PI WHO'S IN THE CHEMISTRY
13	BUILDING, MY UNDERSTANDING IS THAT CO-PI WOULD HAVE
14	A SEPARATE BUDGET, AND THEY WOULD STILL GET PART B;
15	IS THAT CORRECT?
16	DR. ROBSON: IF THE CO-PI WAS AT THE SAME
17	INSTITUTION, USUALLY WHEN THEY'RE IN ONE
18	INSTITUTION, IT'S NOT A CO-PI. IT'S A
19	CO-INVESTIGATOR, IF I'M CORRECT, PAT?
20	DR. OLSON: IT COULD BE A CO-PI IN THAT
21	SITUATION.
22	DR. ROBSON: OKAY. IT COULD BE. THAT
23	WOULD BE THE CASE. IT WAS A CO-PI IN THE SAME
24	INSTITUTION OR IN A DIFFERENT INSTITUTION, THEIR
25	BUDGETS ARE EACH HANDLED SEPARATELY. BUT IF THAT
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1	CO-PI IN THE CHEMISTRY DEPARTMENT WAS DOING A GOOD
2	PART OF THEIR WORK WITHIN THE MAJOR FACILITY, THEN
3	THEY WOULD NOT GET FACILITIES PART B. BUT IF THE
4	INSTITUTION CERTIFIED THAT, NO, THE CHEMIST IS DOING
5	ALL OF HIS OR HER WORK IN THE CHEMISTRY DEPARTMENT,
6	THEN THEY WOULD GET IT.
7	CHAIRMAN KLEIN: BECAUSE WE WANTED TO MAKE
8	SURE WE DIDN'T HAVE A DISINCENTIVE FOR COLLABORATION
9	FROM DEPARTMENTS OUTSIDE OF THE CENTRAL FACILITY.
10	SO, DR. HAWGOOD, I'M NOT SURE THAT YOU CAN
11	DR. HAWGOOD: MY QUESTION IS CAN I ASK AN
12	INFORMATIONAL OR A CLARIFICATION QUESTION?
13	MR. HARRISON: YOU CAN ASK AN
14	INFORMATIONAL QUESTION.
15	DR. HAWGOOD: COULD YOU GO BACK TWO
16	SLIDES?
17	DR. ROBSON: NEXT QUESTION.
18	DR. HAWGOOD: SO IF AN INVESTIGATOR WAS
19	NAMED IN THE GRANT AS TO GO INTO THE BUILDING, BUT
20	IN THE TWO YEARS THAT HAVE ELAPSED, FOR VARIOUS
21	PROGRAMMATIC REASONS, NOW THE DECISION IS THAT
22	PERSON'S LAB WILL NOT GO INTO THE BUILDING AND,
23	THEREFORE, WOULD NOT APPEAR ON THE SPACE PLAN,
24	THEY'LL GET PART B?
25	DR. ROBSON: SO OUR INTERPRETATION OF THE
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1	POLICY IS THAT THE POLICY WAS FAIRLY CLEAR THAT SAID
2	THAT WHAT YOU PROPOSED TO DO IN THE APPLICATION THE
3	INSTITUTIONS ARE OBLIGATED TO DO. SO IN THAT CASE
4	THE PERSON WAS PROPOSED TO BE IN THE BUILDING.
5	PRESUMABLY PART OF THE REASON THAT THE APPLICATION
6	WAS FUNDED WAS BASED ON THAT PERSON'S PROGRAM AS
7	PARTICIPATING, SO THEY WOULD NOT GET FACILITIES PART
8	В.
9	CHAIRMAN KLEIN: SO CAN I ASK DR. TROUNSON
10	A QUESTION? SO, DR. TROUNSON, LET'S ASSUME THAT THE
11	BUILDING IS COMPLETELY OCCUPIED, BUT ONE OF THE
12	PEOPLE WHO WAS ORIGINALLY NAMED TO BE IN THE
13	BUILDING CAN'T BE IN THE BUILDING BECAUSE THERE'S
14	NOT ENOUGH SPACE FOR THEM. IS THERE A WAY THAT THE
15	PRESIDENT CAN MAKE A REALISTIC DECISION THAT THE
16	INTENT HAS BEEN FOLLOWED, AND THAT THERE JUST WASN'T
17	SUFFICIENT SPACE TO ACCOMMODATE THIS PERSON? HOW
18	WOULD YOU APPROACH THIS QUESTION?
19	DR. TROUNSON: WELL, I THINK I PROBABLY
20	HAVE TO TAKE THAT ON ADVICE, CHAIR. MY
21	UNDERSTANDING IS THAT THAT WAS A COMMITMENT,
22	ESSENTIALLY A CONTRACTUAL COMMITMENT IN THE GRANT
23	APPLICATION PROCESS. AND IF SO, IF THEY HADN'T BEEN
24	INCLUDED IN THERE, THE SPACE DESIGN WOULD HAVE
25	INCLUDED THEM BEING IN IT. SO THAT WOULD BE THEN
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1	THEY WOULD HAVE BEEN DISPLACED BY SOMEONE ELSE.
2	AND SO I THINK IT'S A FAIRLY DIFFICULT ONE
3	TO RULE ON WITHOUT GOING BACK TO SOME LEGAL ADVICE.
4	AND I WANT THE TIME TO DETERMINE THAT BECAUSE
5	EVERYTHING THAT I KNOW ABOUT THIS FACILITIES IS THAT
6	WE'VE KEPT AS CLEAR AS WE CAN TO THE ORIGINAL
7	APPLICATIONS AND INTENT.
8	CHAIRMAN KLEIN: ABSOLUTELY. BUT, FOR
9	EXAMPLE, IN THE PARADIGM CASE, IF THE PERSON WAS
10	NAMED TO BE IN THE FACILITY AND THEY'RE NOW AT A
11	DIFFERENT INSTITUTION, THAT WOULD SEEM TO BE A
12	MATTER OF IMPOSSIBILITY.
13	DR. TROUNSON: THEY WON'T BE PART OF THAT
14	INSTITUTION CLEARLY, SO THEY'LL BE AT SOME OTHER
15	PLACE. SO IF THEY'VE LEFT, CLEARLY IT'S THE CASE
16	THEY WON'T BE IF THEY'VE GONE INTERSTATE.
17	DR. ROBSON: WE WOULDN'T BE PAYING THEM
18	FACILITIES PART B.
19	CHAIRMAN KLEIN: SO LOOK FORWARD TO YOUR
20	ABILITY TO HAVE SOME TIME TO THINK ABOUT THIS, BUT
21	CERTAINLY IT WAS NOT OUR ORIGINAL INTENT IF WE HAVE
22	THE FACILITY FULL OF STEM CELL RESEARCHERS AND WE'RE
23	NOT PAYING ANY OF THEM THEIR PART B AND SOMEONE HAS
24	BEEN PERHAPS EVEN GIVEN UP THEIR SPOT IN THAT
25	BECAUSE THEY'VE GOT A NEW FACULTY AWARD TO BRING IN

1	SOME GREAT RESEARCHER THAT HADN'T BEEN IDENTIFIED,
2	WE WOULDN'T WANT TO DOUBLE PENALIZE SOMEONE FOR
3	MOVING OUT OF THE FACILITY TO ACCOMMODATE A GREAT
4	NEW RESEARCHER THAT HAD BEEN RECRUITED BECAUSE
5	THAT'S THE MOST ATTRACTIVE PLACE TO DO RESEARCH.
6	SO IF YOU WOULD PLEASE TAKE A LOOK AT
7	THAT, AND LET'S JUST THINK ABOUT HOW WE MIGHT
8	ADDRESS IT.
9	DR. TROUNSON: I WILL. THE ONLY THING I
10	WOULD SAY IS THE SCIENTIFIC COMPONENT PART OF THE
11	MAJOR FACILITIES REALLY DID INCLUDE SOME
12	CONSIDERATION OF THE QUALITY OF THE PEOPLE THAT
13	WOULD BE CONGREGATING.
14	CHAIRMAN KLEIN: ABSOLUTELY. FOR EXAMPLE,
15	IT MIGHT COME BACK AND SAY, LOOK, IF HE GAVE UP HIS
16	SLOT BECAUSE THEY'RE RECRUITING A WORLD LEADER AND
17	YOU DECIDE THAT IT'S AN EQUAL OR SUPERIOR SCIENTIFIC
18	CONTRIBUTION, I JUST WAIT YOUR CONSIDERED OPINION.
19	MR. ROTH: I HAVE SPENT QUITE A BIT OF
20	TIME TALKING WITH JOHN ABOUT THIS AND WITH OTHERS.
21	I THINK THE MOST IMPORTANT PART OF THIS POLICY IS
22	NOT TO CREATE A DISINCENTIVE FOR PEOPLE NOT TO BE
23	AFFILIATED WITH OUR INSTITUTE AND THAT WE SHOULD
24	BEND OVER BACKWARDS TO MAKE SURE WE DON'T DO THAT
25	UNINTENTIONALLY. AS A WAY TO GET STARTED, LET'S
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START WITH THIS AND SEE IF THE POLICY WORKS. IF WE
FIND THAT THE PEOPLE ARE BEING CREATIVE AND ARE NOT
MOVING IN OR BEING AFFILIATED, THEN I THINK WE NEED
TO REVISIT IT.
AND JUST TO ADD ONE PROPOSAL I MADE AND
COULD BE REVISITED WAS THAT THERE BE A DISCOUNT
BASED ON THE TOTAL COST OF THE FACILITY AND WHAT WE
PAID. SO IF A FACILITY COSTS A HUNDRED MILLION AND
WE PUT IN 40, THEY WOULD STILL GET 60 PERCENT OF THE
PART B BECAUSE THE TOTAL COST IN OTHER WORDS, WE
WOULDN'T BE PAYING TWICE ON OUR MONEY, WHICH WAS
ALWAYS THE INTENT HERE. SO THAT'S ANOTHER OPTION.
THERE'S SOME MORE COMPLICATIONS WITH THAT.
DR. ROBSON: THERE ARE COMPLICATIONS WITH
THAT, AND THAT WOULD REQUIRE A CHANGE IN THE POLICY.
MR. ROTH: I UNDERSTAND. BUT THAT'S WHAT
I'M SUGGESTING IS WE KEEP AN OPEN MIND THAT WE MAY
NEED TO CHANGE THIS POLICY BECAUSE WE MAY CREATE
DISINCENTIVES FOR PEOPLE TO BE AFFILIATED WITH OUR
INSTITUTES BECAUSE THERE'S REAL MONEY IN THIS CASE
THAT YOU GAVE, 160,000
DR. ROBSON: WE'VE SPENT HOURS AND HOURS
DISCUSSING THAT VERY PROBLEM. BUT WITHIN THE POLICY
THAT'S IN EXISTENCE, THIS WAS
CHAIRMAN KLEIN: DR. ROBSON, ONE OF THE
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THINGS THAT WAS MOST IMPORTANT IS THAT THE WAY
COMPETITION OCCURRED IS PEOPLE HAD TO PUT UP
MATCHING FUNDS. SO THOSE MATCHING FUNDS HAVE
ALREADY BEEN TAKEN INTO CONSIDERATION. AND SO
DR. TROUNSON: THE OTHER THING, CHAIR, IT
WOULD APPEAR TO PENALIZE THOSE FROM THE LESS
WELL-TO-DO INSTITUTIONS WOULD END UP PAYING A MUCH
HIGHER PROPORTION, AND THAT WOULDN'T REALLY LOOK
VERY GOOD FOR US. WE'VE GONE THROUGH THAT AND WE'VE
LOOKED AT WHATEVER OPTIONS ARE THERE. LET'S CHECK
IT OUT BECAUSE IN THE INSTITUTIONS THAT I'VE VISITED
ON THIS MATTER, THE DECISION ABOUT WHO GOES IN IS
TOTALLY UNCONNECTED TO THIS MATTER. AND THE
INSTITUTIONS ARE ESSENTIALLY FILLING UP OR FILLED UP
FAIRLY QUICKLY. AND WHERE THEY'RE NOT FILLED,
THEY'RE BEING KEPT BY THE INSTITUTIONS TO BRING IN
SOME ADDITIONAL OUTSIDE LEADERSHIP PEOPLE.
CHAIRMAN KLEIN: DR. ROBSON AND DR.
TROUNSON AND THE STAFF CERTAINLY SPENT A GREAT DEAL
OF TIME TRYING TO LOOK AT THESE OPTIONS AND TRYING
TO FOLLOW POLICY, BUT I THINK, AS DUANE SAYS, WE
HAVE ABILITY AS WE GO FORWARD TO LOOK AT THIS AGAIN
IF THERE'S SOME DISTORTION BECAUSE WE'RE MISSION
DRIVEN AND WE NEED TO BE OPEN TO ANALYZING ANY
DISTORTIONS IN MISSION ACHIEVEMENT. WE HAVE THE
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1	ABILITY TO OPEN HERE AND GO FORWARD, BUT THANK YOU,
2	DR. ROBSON AND DR. TROUNSON, FOR ALL THE TIME YOU'VE
3	PUT INTO THIS WITH ELONA BAUM AND OTHER MEMBERS OF
4	YOUR STAFF.
5	ARE THERE OTHER ITEMS THAT WE HAVE BEFORE
6	US TODAY?
7	MS. KING: PUBLIC COMMENT.
8	CHAIRMAN KLEIN: RIGHT. I KNOW THAT, BUT
9	I THINK WE HAVE OTHERWISE HANDLED ALL OF OUR ITEMS.
10	IS THERE CLOSING PUBLIC COMMENT? SEEING NONE, I
11	THANK THE BOARD FOR ANOTHER VIBRANT, ROBUST SESSION.
12	THANK YOU.
13	LET US AGAIN, THE STAFF PUTS IN HUGE HOURS
14	PREPARING FOR THIS MEETING. LET US THANK IN THE
15	CHAIRMAN'S STAFF MELISSA KING, JENNA PRYNE, LYNN
16	HARWELL. LET'S THANK NICK, SCOTT TOUCHER. AND ON
17	THE PRESIDENT'S STAFF ELONA BAUM, JOHN ROBSON, AND
18	JOAN AND AMY, PATRICIA OLSON. I THINK I MENTIONED
19	JENNA. DR. BETTINA STEFFEN FOR THIS VERY IMPORTANT
20	MOVE FORWARD AND DRAMATIC NEW PROGRAM FOR DISEASE
21	TEAMS. IT'S A PHENOMENAL TEAM OF PEOPLE. LET US
22	PLEASE GIVE ALL OF THEM A ROUND OF APPLAUSE. AMY
23	CHEUNG AS WELL.
24	(APPLAUSE.)
25	(THE MEETING WAS THEN ADJOURNED AT 2:55 P.M.)
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### REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD AT THE LOCATION INDICATED BELOW

STANFORD UNIVERSITY
PAUL BREST HALL
STANFORD, CALIFORNIA
ON
AUGUST 18, 2010
AUGUST 19, 2010

WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

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