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: MARRIOTT LA JOLLA

4240 LA JOLLA VILLAGE DRIVE

LA JOLLA, CALIFORNIA

DATE: AUGUST 28, 2013

9 A.M.

REPORTER: BETH C. DRAIN, CSR

CSR. NO. 7152

BRS FILE NO.: 92761

INDEX

ITEM DESCRIPTION	PAGE NO.
REPORTS & DISCUSSION ITEMS	
1. CALL TO ORDER.	4
2. PLEDGE OF ALLEGIANCE.	4
3. ROLL CALL.	5
4. TRIBUTE TO DUANE ROTH.	NOT REPORTED
5. CHAIRMAN'S REPORT.	15
6. PRESIDENT'S REPORT.	144
ACTION ITEMS	
7. CONSIDERATION OF APPLICATIONS FOR RFA 12-07: CIRM EARLY TRANSLATIONAL IV RESEARCH AWARDS.	15
8.CONSIDERATION OF FINAL ADOPTION OF AMENDMENTS TO CIRM INTELLECTUAL PROPERTY REGULATIONS.	7
9. & 10. CLOSED SESSION	NOT REPORTED
ACTION ITEMS	
11. CONSIDERATION OF PROPOSED PROGRAM ANNOUNCEMENT FOR CIRM/INDUSTR' CO-FUNDING AGREEMENT.	94 Y
12. CONSIDERATION OF APPOINTMENT OF NEW SCIENTIFIC MEMBERS OF GRANTS WORK GROUP.	
13.CONSIDERATION OF MINUTES FROM THE MAY 2013 AND JULY 2013 BOARD MEETINGS	

I N D E X (CONT'D.) **DISCUSSION ITEMS** 14. CONTRACTS SUMMARY. 143 15. COMMUNICATIONS UPDATE. 134 16. PUBLIC COMMENT. NOTE

160 S. OLD SPRINGS ROAD, SUITE 270, ANAHEIM, CALIFORNIA 92808 1-800-622-6092 1-714-444-4100 EMAIL: DEPO@DEPO1.COM

1	SAN DIEGO, CALIFORNIA; WEDNESDAY, AUGUST 28, 2013
2	9 A.M.
3	
4	CHAIRMAN THOMAS: LADIES AND GENTLEMEN,
5	WE'RE WAITING FOR A VERY IMPORTANT ARRIVAL OF ONE
6	ADDITIONAL PERSON, SO WE WILL START AS SOON AS HE
7	GETS HERE, WHICH SHOULD BE PRESENTLY. SO BEAR WITH
8	US FOR A SECOND. THANK YOU.
9	MEMBERS OF THE BOARD, I'M TOLD THAT IN
10	ORDER TO USE TODAY'S MICROPHONE, YOU HAVE TO KEEP
11	YOUR FINGER ON THE ON BUTTON SO THAT THE MIC STAYS
12	ON. A LITTLE LOGISTICALLY DIFFICULT, BUT YOUR
13	FINGER WILL GET A GOOD WORKOUT.
14	SO WHILE WE'RE WAITING FOR OUR GUEST, WE
15	CAN GET THROUGH A COUPLE OF EARLY MATTERS HERE. SO
16	I'D LIKE TO CALL THE MEETING OF THE ICOC TO ORDER
17	FROM THE LA JOLLA MARRIOTT IN SAN DIEGO ON THIS
18	AUGUST 28TH. WELCOME EVERYBODY. IT'S A PLEASURE TO
19	SEE YOU ALL HERE AS USUAL.
20	LET'S GO FIRST TO MARIA TO LEAD US IN THE
21	PLEDGE OF ALLEGIANCE.
22	(THE PLEDGE OF ALLEGIANCE.)
23	CHAIRMAN THOMAS: MARIA, PLEASE CALL THE
24	ROLL.
25	MS. BONNEVILLE: SUE BRYANT.
	4

1	DR. BRYANT: HERE.
2	MS. BONNEVILLE: KEN BURTIS.
3	DR. BURTIS: PRESENT.
4	MS. BONNEVILLE: KRISTINA VUORI.
5	DR. VUORI: HERE.
6	MS. BONNEVILLE: ANNE-MARIE DULIEGE.
7	DR. DULIEGE: HERE.
8	MS. BONNEVILLE: MARCY FEIT. LEON FINE.
9	DR. FINE: HERE.
10	MS. BONNEVILLE: ELIZABETH FINI.
11	DR. FINI: HERE.
12	MS. BONNEVILLE: MICHAEL FRIEDMAN.
13	DR. FRIEDMAN: HERE.
14	MS. BONNEVILLE: MICHAEL GOLDBERG.
15	MR. GOLDBERG: HERE.
16	MS. BONNEVILLE: SAM HAWGOOD.
17	DR. HAWGOOD: HERE.
18	MS. BONNEVILLE: STEPHEN JUELSGAARD.
19	MR. JUELSGAARD: HERE.
20	MS. BONNEVILLE: SHERRY LANSING. BERT
21	LUBIN.
22	DR. LUBIN: HERE.
23	MS. BONNEVILLE: LLOYD MINOR.
24	DR. MINOR: HERE.
25	MS. BONNEVILLE: KIRK PETERSON.
	5
	J

1	DR. PETERSON: HERE.
2	MS. BONNEVILLE: FRANCISCO PRIETO.
3	DR. PRIETO: HERE.
4	MS. BONNEVILLE: ROBERT QUINT.
5	DR. QUINT: HERE.
6	MS. BONNEVILLE: AL ROWLETT.
7	MR. ROWLETT: HERE.
8	MS. BONNEVILLE: JOAN SAMUELSON.
9	MS. SAMUELSON: HERE.
10	MS. BONNEVILLE: JEFF SHEEHY.
11	MR. SHEEHY: HERE.
12	MS. BONNEVILLE: OSWALD STEWARD. JONATHAN
13	THOMAS.
14	CHAIRMAN THOMAS: HERE.
15	MS. BONNEVILLE: ART TORRES.
16	MR. TORRES: HERE.
17	MS. BONNEVILLE: EUGENE WASHINGTON. DONNA
18	WESTON.
19	DR. WESTON: HERE.
20	MS. BONNEVILLE: DIANE WINOKUR.
21	MS. WINOKUR: HERE.
22	CHAIRMAN THOMAS: THANK YOU. ALAN, BY THE
23	WAY, WE'RE GOING TO SAVE YOUR REPORT FOR THE TAIL
24	END HERE IF THAT'S OKAY BECAUSE WE NEED TO GET
25	THROUGH SOME CERTAIN ITEMS BEFORE WE LOSE A MEMBER
	6

1	OR TWO. SO WE'LL DO THE PRESIDENT'S REPORT AS THE
2	GRAND WRAP-UP TO THE PROCEEDINGS.
3	WHILE WE'RE WAITING, PERHAPS WE CAN
4	PROCEED TO ITEM NO. 8, WHICH IS CONSIDERATION OF
5	FINAL ADOPTION OF AMENDMENTS TO CIRM INTELLECTUAL
6	PROPERTY REGULATIONS. STEVE, WOULD YOU JUST LIKE TO
7	COMMENT A BIT ON THE IP AND INDUSTRY SUBCOMMITTEE
8	MEETING AND THEN INTRODUCE ELONA.
9	MR. JUELSGAARD: SO LAST EVENING WE HELD A
10	MEETING OF THE IP AND INDUSTRY SUBCOMMITTEE TO
11	REVIEW CERTAIN PROPOSED AMENDMENTS TO THE
12	REGULATIONS IN THE INTELLECTUAL PROPERTY AREA THAT
13	STAFF HAD BEEN WORKING ON. AND I WON'T GO INTO THEM
14	IN DETAIL BECAUSE ELONA IS GOING TO DO THAT IN A
15	SECOND. BUT THE IP AND INDUSTRY SUBCOMMITTEE
16	RECOMMENDED TO THE ICOC THAT THEY ADOPT THESE
17	CHANGES. AND SO WITH THAT, I'LL ASK ELONA TO
18	RECOUNT WHAT THOSE PROPOSED CHANGES ARE.
19	MS. BAUM: GOOD MORNING AND THANK YOU VERY
20	MUCH FOR CONSIDERING THIS ITEM BEFORE YOU. BY WAY
21	OF BACKGROUND, I JUST WANT TO REMIND EVERYBODY THAT
22	IN OCTOBER OF 2012 A NUMBER OF THE AMENDMENTS THAT
23	YOU SEE BEFORE YOU TODAY, ESPECIALLY THOSE THAT ARE
24	MARKED IN RED IN THE DOCUMENTATION YOU HAVE, HAVE
25	BEEN REVIEWED AND EXTENSIVELY CONSIDERED AND

1	DELIBERATED AND ULTIMATELY APPROVED BY THE BOARD.
2	AND AS A RESULT, WE POSTED THOSE AMENDMENTS AND SOME
3	ADDITIONAL AMENDMENTS THAT ARE HIGHLIGHTED IN YELLOW
4	IN THE DOCUMENTATION YOU HAVE FOR PUBLIC COMMENT,
5	OPENED UP A RULEMAKING PROCEEDING.
6	AND WE DID NOT RECEIVE ANY FORMAL WRITTEN
7	COMMENTS, AND NOW WE ARE COMING BEFORE THE BOARD TO,
8	ONE, REQUEST THAT YOU APPROVE ALL OF THE PROPOSED
9	CHANGES THAT ARE IN RED, WHICH YOU ALREADY APPROVED
10	SO I WON'T SPEND MUCH TIME TALKING ABOUT, AND IN
11	ADDITION, THESE HIGHLIGHTED PROVISIONS AND IN
12	PARTICULAR IF THERE'S AN OPTION, AND I'LL GET INTO
13	IT, OPTION A. SO THAT'S WHAT WE'RE ASKING TODAY AND
14	I'LL GO THROUGH THEM AS WE PROCEED.
15	THERE'S A COUPLE NEW DEFINITIONS THAT WE
16	MADE SOME CHANGES TO, AND WE MADE SOME CHANGES TO
17	LICENSING REVENUE PROVISIONS AND REPORTING OF
18	LICENSING AGREEMENTS, WHICH I'LL DESCRIBE.
19	SO I THINK WHAT I SHOULD DO IS FIRST START
20	WITH THE EASIEST ITEM IN MANY RESPECTS, AND THAT IS
21	THE REPORTING OF LICENSING ACTIVITIES. THAT'S
22	SECTION 100602. YOU MIGHT RECALL THAT THE BOARD HAD
23	APPROVED THAT WITHIN 60 DAYS OF EXECUTION OF A
24	LICENSING AGREEMENT THAT A GRANTEE WAS REQUIRED TO
25	PROVIDE US A COPY OF THAT. THAT WAS ALREADY
	8

1	APPROVED. THAT'S IN RED. BUT ALTHOUGH WE DIDN'T
2	RECEIVE FORMAL WRITTEN COMMENTS TO ADDRESS THAT
3	PROPOSED AMENDMENT, WHAT WE DID RECEIVE IS SOME
4	INFORMAL TELEPHONE DISCUSSIONS WITH THE OFFICE OF
5	THE PRESIDENT OF THE UC. AND THEY PRESENTED SOME
6	CONCERNS AND SOME DIFFICULTIES. SO WHAT WE'VE DONE
7	IS PROVIDED IN HIGHLIGHT SOME VERBIAGE THAT
8	ADDRESSES THOSE CONCERNS, AND ALL ARE IN AGREEMENT
9	WITH THAT NEW VERSION.
10	SO WHAT WE ARE PROPOSING IS THAT INSTEAD
11	OF 60 DAYS TO PROVIDE A WRITTEN DISCLOSURE OF THE
12	LICENSING AGREEMENT THAT'S ENTERED INTO, IT'S 90
13	DAYS. GIVES THEM 30 MORE DAYS TO ADDRESS THIS.
14	AND INSTEAD OF ACTUALLY PROPOSING OR
15	PROVIDING AN EXECUTED COPY OF THE WHOLE AGREEMENT,
16	THEY NEED ONLY PROVIDE US WITH PROVISIONS RELATING
17	TO THE LICENSING REVENUE. AND IN ADDITION, WE FOR
18	MAXIMUM FLEXIBILITY HAVE BUILT IN A PROVISION THAT
19	ALLOWS CIRM AND THE GRANTEE TO DISCUSS OTHER MEANS
20	OF DISCLOSURE. SO INSTEAD OF PERHAPS ACTUALLY
21	PRODUCING A REDACTED COPY OF THE LICENSING
22	AGREEMENT, PERHAPS CIRM MIGHT FEEL IT'S APPROPRIATE
23	TO AGREE TO DELIVERY THROUGH A DATA ROOM.
24	AND IN ADDITION, WE ADDED SOME CLARIFYING
25	LANGUAGE THAT STATES THAT WE NOT ONLY WANT TO HAVE
	9
	•

1	INFORMATION REGARDING LICENSING AGREEMENTS AND IN
2	PARTICULAR REVENUE SHARING, BUT WE ALSO WANT TO KNOW
3	WHEN THEY ENTER INTO MTA'S AND COLLABORATION
4	AGREEMENTS. SO THIS IS ALL HIGHLIGHTED IN THE TEXT
5	BEFORE YOU. IT'S A WAY TO ENSURE THAT CIRM HAS MORE
6	PROMPT NOTICE BECAUSE, ALTHOUGH THE GRANTEES ARE
7	REQUIRED TO GIVE US ANNUAL NOTICE BEFORE WE EVEN
8	ISSUE THE 60-DAY AMENDMENT, WE WERE FINDING THAT WE
9	WERE CONSTANTLY QUESTIONED ABOUT WHERE THE STATUS IS
10	IN TERMS OF ENGAGEMENT OF OUTSIDE ENTITIES TO CARRY
11	ON OUR WORK; I.E., LICENSING, ETC. SO WE FELT THAT
12	AT LEAST QUARTERLY REPORTING WOULD HELP US MEET
13	THOSE QUESTIONS.
14	THEN WE ALSO MADE SOME WHAT I CALL CLEANUP
15	CHANGES TO A FEW DEFINITIONS IN 601, IN PARTICULAR
16	EXCLUSIVE LICENSEE, EXCLUSIVE LICENSE, LICENSE
17	AGREEMENT, AND LICENSING REVENUE. WE MADE SOME
18	ENHANCEMENTS OR CLARIFICATIONS. WE WANTED TO MAKE
19	SURE THAT WE DIDN'T TOO NARROWLY DEFINE THOSE
20	DEFINITIONS. SO WHAT WE DID, AND PARDON ME, BUT I
21	HAVE TO REVERT TO LEGALESE HERE, IS WE INCORPORATED
22	A CONCEPT OF A COVENANT NOT TO SUE FOR INFRINGEMENT
23	INTO THE DEFINITION. IT'S IN ORDER TO ENSURE THAT
24	OUR DEFINITIONS FULLY ENCOMPASS THE DIFFERENT
25	SCENARIOS THAT MAKE SENSE WITHIN THE DEFINITIONS OF

1	EXCLUSIVE LICENSEE, LICENSE, ETC.
2	I THINK MORE RELEVANT FOR YOUR
3	CONSIDERATION, BECAUSE IT IS MORE SUBSTANTIVE THAN
4	WHAT I JUST DESCRIBED, IS A CHANGE THAT WE'RE
5	PROPOSING VIS-A-VIS LICENSING REVENUE. YOU MAY
6	RECALL THAT THE BOARD HAD AGREED THAT LICENSING
7	REVENUE WOULDN'T INCLUDE PRECOMMERCIAL CONSIDERATION
8	RECEIVED BY A FOR-PROFIT. THAT WAS IN LINE WITH
9	WHAT WE'VE DONE WITH THE LOAN ADMINISTRATION POLICY.
10	AND AS WE WERE LOOKING AT THE MULTITUDE OF HUNDREDS
11	OF POSSIBLE SCENARIOS WITH MY COLLEAGUES, SCOTT
12	TOCHER, BEN HUANG, WHO I WANT TO THANK FOR HELPING
13	ME WITH THIS, WE REALIZED THAT THERE MIGHT BE A
14	CERTAIN SITUATION WHERE THAT MIGHT BE A LITTLE TOO
15	BROAD. SO WE HAVE A LITTLE NARROWING OF THAT
16	EXCEPTION THAT'S BEEN PROPOSED, AGAIN, IN YELLOW
17	HIGHLIGHT.
18	WHAT WE WANT TO SAY IS THAT EXCEPTION TO
19	LICENSING REVENUE A PRECOMMERCIAL REVENUE OBTAINED
20	BY FOR-PROFITS ONLY APPLIES IF THE FOR-PROFIT ENTITY
21	HAS EXPENDED OR IS EXPENDING FUNDS TO SUPPORT THE
22	CIRM-FUNDED INVENTION AND TECHNOLOGY.
23	AND THEN THERE'S A COUPLE OTHER ITEMS THAT
24	ARE ALSO MARKED IN HIGHLIGHT WITHIN THAT DEFINITION,
25	AND THEY'RE HIGHLIGHTED SIMPLY BECAUSE THEY WERE

1	MOVED FROM A DIFFERENT PART OF THE TEXT. SO THERE'S
2	NO SUBSTANTIVE CHANGE THERE.
3	IN ADDITION, WE THOUGHT WE WOULD MAKE SOME
4	CHANGES TO NET COMMERCIAL REVENUE. AND IN DOING SO,
5	WE PROVIDED AN OPTION A, AN OPTION B, AND AN OPTION
6	C WITHIN THE DOCUMENTATION YOU HAVE BEFORE YOU. AS
7	IT TURNS OUT, WE HAVE DECIDED THAT WE WANT TO STAY
8	WITH THE STATUS QUO FOR NOW. SO WE'RE RECOMMENDING
9	THE ADOPTION OF OPTION A THAT APPEARS IN THAT
10	PROPOSED AMENDMENT FOR NET COMMERCIAL REVENUE.
11	OPTION A, AS I SAID, IS WHAT HAS BEEN APPROVED
12	CURRENTLY. AND IT'S OUR INTENT TO COME BACK TO THIS
13	BOARD IN A NEW RULEMAKING PROCEDURE TO PROVIDE A
14	MEANS WHERE WE CAN TELL THE REGULATED PUBLIC THROUGH
15	OUR REGULATIONS WHAT THE INTENT IS VIS-A-VIS THE
16	REVENUE STREAMS THAT ARE APPLICABLE TO OUR REVENUE
17	SHARING PROVISIONS; IN OTHER WORDS, REACH THROUGH.
18	SO A QUESTION CAN SOMETIMES ARISE, FOR
19	INSTANCE, I'M JUST GIVING YOU ONE SCENARIO, IF WE
20	END UP PROVIDING FUNDING THAT CREATES A TOOL, AND
21	THROUGH USE OF THE TOOL YOU DISCOVER A DRUG. DO WE
22	SEEK THE REVENUES FROM THE DRUG, OR DO WE SEEK THE
23	REVENUES FROM OUT LICENSING THE TOOL? THAT'S
24	SOMETHING THAT WILL REQUIRE, I THINK, A LOT MORE
25	DISCOURSE AND WE'LL ADDRESS AT ANOTHER TIME. SO FOR
	12
	12

NOW WE THINK WE SHOULD JUST KEEP WITH WHAT WE HAVE.
AND I THINK SOME PEOPLE WOULD WONDER WHAT THE REACH
IS, AND WE'LL TRY TO CLEAR THAT UP IN SUBSEQUENT
RULEMAKING. OR IT MIGHT BE THAT WE SIMPLY HAVE AN
FAQ AND WE ESTABLISH WHAT THE INTENT IS. WE HAVE TO
EXPLORE THAT.
AND FINALLY, YOU WILL SEE SOME HIGHLIGHTED
TEXT IN THE REVENUE SHARING PROVISION, WHICH IS
600608. AND THAT'S ESSENTIALLY BECAUSE THE TEXT WAS
EITHER MOVED, FOR INSTANCE, IT WAS MOVED TO THE
LICENSING REVENUE SECTION, OR IT WAS ELIMINATED
BECAUSE IT WAS DUPLICATIVE. SO THERE'S NOTHING
SUBSTANTIVE IN THAT CHANGE, BUT WE HAD TO HIGHLIGHT
IT BECAUSE IT IS A CHANGE.
WITH THAT, I WOULD REQUEST THAT SOMEBODY
MOVE TO APPROVE ALL PROPOSED AMENDMENTS AS DESCRIBED
AND SPECIFICALLY OPTION A OF THE THREE OPTIONS THAT
APPEAR WITHIN NET COMMERCIAL REVENUE. THANK YOU.
CHAIRMAN THOMAS: DO I HEAR A MOTION TO
THAT EFFECT?
MR. JUELSGAARD: I'LL MOVE THAT WE ACCEPT
THE PROPOSED CHANGES TO THE REGULATIONS, INCLUDING
THE OPTION.
CHAIRMAN THOMAS: MOVED BY MR. JUELSGAARD.
DR. MINOR: SECOND.
13

_ 1	
1	CHAIRMAN THOMAS: SECONDED BY DEAN MINOR.
2	IS THERE ANY DISCUSSION BY MEMBERS OF THE BOARD?
3	MR. GOLDBERG: NO, BUT WE HAVE MEMBERS OF
4	THE PUBLIC WHEN YOU'RE READY HERE.
5	CHAIRMAN THOMAS: ANY COMMENTS BY THOSE ON
6	THE PHONE? THANK YOU. ANY COMMENTS BY MEMBERS OF
7	THE PUBLIC? HEARING NONE, MR. HARRISON, IS IT OKAY
8	TO HAVE A VOICE VOTE ON THIS?
9	MR. HARRISON: YOU HAVE TO DO A ROLL CALL
10	OF THOSE ON THE PHONE.
11	CHAIRMAN THOMAS: ROLL CALL INCLUDING
12	THOSE ON THE PHONE?
13	MR. HARRISON: NO. ROLL CALL JUST OF
14	THOSE ON THE PHONE.
15	CHAIRMAN THOMAS: ALL THOSE IN THE ROOM
16	HERE IN FAVOR OF THE MOTION PLEASE SAY AYE.
17	OPPOSED? ROLL CALL ON THE PHONE.
18	MS. BONNEVILLE: MICHAEL FRIEDMAN.
19	DR. FRIEDMAN: YES.
20	MS. BONNEVILLE: MICHAEL GOLDBERG.
21	MR. GOLDBERG: YES.
22	MS. BONNEVILLE: LEON FINE.
23	DR. FINE: YES.
24	CHAIRMAN THOMAS: THANK YOU, GENTLEMEN.
25	THE MOTION PASSES.
	14

1	WE'RE NOW GOING TO GO TO THE CHAIRMAN'S
2	REPORT, WHICH TODAY FOCUSES ENTIRELY ON THE MEMORY
3	OF OUR WONDERFUL VICE CHAIR DUANE ROTH. WE HAVE
4	WITH US DUANE'S WIFE RENEE AND BROTHER TED IN THE
5	AUDIENCE. I WILL MAKE A FEW INTRODUCTORY COMMENTS.
6	WE'LL THEN PROCEED TO A VIDEO THAT WE HAD IN DUANE'S
7	HONOR AND FOLLOW THAT WITH COMMENTS BY MEMBERS OF
8	THE BOARD AND THOSE IN THE AUDIENCE WHO WOULD LIKE
9	TO SPEAK.
10	(THE TRIBUTE TO DUANE ROTH WAS THEN
11	HEARD, NOT REPORTED NOR HEREIN TRANSCRIBED. DURING
12	THE TRIBUTE A MOTION WAS MADE, SECONDED, AND
13	APPROVED UNANIMOUSLY TO NAME THE DISEASE TEAM III
14	AWARDS THE "DUANE ROTH DISEASE TEAM III ROUND OF
15	FUNDING.")
16	CHAIRMAN THOMAS: WE ARE NOW GOING TO MOVE
17	ON TO ITEM 7 ON OUR AGENDA. BACK TO THE WORK, THE
18	WONDERFUL WORK, THAT CIRM DOES AND THE OUTSTANDING
19	SCIENTISTS THAT IT FUNDS. THIS IS CONSIDERATION OF
20	APPLICATIONS FOR RFA 12-07, CIRM EARLY TRANSLATIONAL
21	IV RESEARCH AWARDS. DR. COLLINS PRESENTING.
22	DR. COLLINS: GOOD MORNING, MR. CHAIRMAN,
23	MEMBERS OF THE BOARD, AND AUDIENCE. TODAY I'D LIKE
24	TO PRESENT TO YOU THE RESULTS OF THE GRANTS WORKING
25	GROUP REVIEW OF THE FOURTH CALL OF OUR EARLY
	15

1	TRANSLATIONAL RFA. AND BEFORE I BEGIN, I'D LIKE TO
2	JUST REFRESH YOU BRIEFLY REGARDING THE KEY FEATURES
3	OF THE RFA, WHICH WAS APPROVED AT OUR CONCEPT
4	DISCUSSION LAST AUGUST. SO IT'S BEEN A LITTLE WHILE
5	SINCE WE SPOKE ABOUT IT.
6	AS YOU RECALL, THE GOAL OF THIS RFA IS
7	REALLY TO BRIDGE THAT SPACE BETWEEN BASIC RESEARCH
8	DISCOVERIES AND PRECLINICAL DEVELOPMENT. AND THIS
9	IS A REALLY IMPORTANT ACTUALLY CRITICAL PERIOD IN
10	THE PROJECT'S LIFETIME BECAUSE IT'S HERE WHEN WE
11	FIND WHETHER A PROPOSED THERAPEUTIC APPROACH REALLY
12	COULD STAND UP TO THE RIGORS REQUIRED TO MOVE ON
13	TOWARDS THE CLINIC.
14	AS YOU MAY RECALL, WE OFFER TWO TYPES OF
15	AWARDS, THE DEVELOPMENT CANDIDATE AWARDS AND THE
16	DEVELOPMENT CANDIDATE FEASIBILITY AWARDS. AND I'LL
17	REFER TO THESE AS DC AND DCF AWARDS. AND THESE TWO
18	AWARDS ACTUALLY HAVE FAIRLY DIFFERENT END GOALS.
19	I THINK OF THE DEVELOPMENT CANDIDATE
20	FEASIBILITY AWARDS AS THE HYPOTHESIS-DRIVEN PROJECTS
21	WITH AN ULTIMATE EYE TOWARDS TRANSLATION. SO REALLY
22	WHAT THESE AWARDS ARE DOING IS TESTING A THERAPEUTIC
23	HYPOTHESIS WHILE, IN CONTRAST, THE DEVELOPMENT
24	CANDIDATE AWARDS ARE REALLY GEARED TO ACHIEVING A
25	DEVELOPMENT CANDIDATE. SO I THINK OF THESE AS

1	TRANSLATIONAL AWARDS WITH A DEFINED SET OF GOALS AND
2	OUTCOMES. AND I'LL JUST GO OVER THOSE IN THIS SLIDE
3	HERE TO LET YOU KNOW THE KIND OF EXPECTATIONS THAT
4	WE HAVE FOR THESE DEVELOPMENT CANDIDATE AWARDS.
5	SO I THINK OF IT THIS WAY. WE'RE LOOKING
6	FOR A THERAPEUTIC CANDIDATE THAT YOU MIGHT BE ABLE
7	TO USE IN HUMANS. WE WANT IT TO BE WELL
8	CHARACTERIZED. SO YOU NEED TO KNOW WHAT EACH LOT OF
9	THAT CANDIDATE SHOULD LOOK LIKE. WE'RE LOOKING TO
10	SEE WHETHER IT MIGHT IMPACT DISEASE SOMEDAY, SO
11	WE'RE LOOKING FOR REPRODUCIBLE EVIDENCE OF DISEASE
12	MODIFYING ACTIVITY. WE WANT TO KNOW HOW IT MIGHT
13	WORK. WE'D LIKE SOME PRELIMINARY ASSESSMENT OF THE
14	SAFETY AND HOW YOU MIGHT DELIVER THIS THERAPY.
15	IN ADDITION, WE WANT TO BE ABLE TO HAVE
16	SOME EVIDENCE THAT ONE CAN MAKE THIS CANDIDATE
17	CONSISTENTLY AND IN A METHOD OR USING REAGENTS THAT
18	WOULD BE SUITABLE FOR HUMAN USE. AND WE WANT TO BE
19	ABLE TO HAVE SOME SCALE-UP OF THIS PROCESS. SO DOES
20	IT WORK? DO YOU KNOW WHAT IT LOOKS LIKE? HOW DOES
21	IT WORK? AND CAN YOU MAKE IT?
22	I'D LIKE TO HIGHLIGHT THE TYPES OF THINGS
23	THAT REVIEWERS EVALUATED DURING THE REVIEW. REALLY
24	FOR FEASIBILITY THEY WERE LOOKING FOR COMPELLING
25	PRELIMINARY DATA TO SUPPORT THE PROPOSED APPROACH.
	17
	⊥ /

1	WE'RE ALSO LOOKING FOR A COMPLETE PLAN TO ADDRESS
2	THE GOALS OF THE APPLICATION. SO, FOR EXAMPLE, FOR
3	A DEVELOPMENT CANDIDATE AWARD, WERE ALL THOSE
4	ACTIVITIES ADDRESSED, ALL THE REQUIREMENTS IN THE
5	PREVIOUS SLIDE, WERE THOSE ADDRESSED? FOR A
6	DEVELOPMENT CANDIDATE FEASIBILITY AWARD, WE'D BE
7	LOOKING FOR SOME EVIDENCE OF PROOF OF CONCEPT FOR
8	THE HYPOTHESIS. FOR EXAMPLE, THIS COULD BE IN AN IN
9	VITRO MODEL OF DISEASE OR AN IN VIVO MODEL.
10	FOR THE OBJECTIVE, RATIONALE, AND IMPACT,
11	THEY WERE LOOKING TO SEE IF THIS MIGHT SOMEDAY
12	PROGRESS TO BE A THERAPY THAT MIGHT HELP PATIENTS.
13	FOR THE TEAM, OBVIOUSLY WE'RE LOOKING FOR
14	AN APPROPRIATE TEAM WITH THE EXPERTISE THAT'S
15	REQUIRED TO PURSUE THE OBJECTIVE OF THAT PROPOSAL.
16	AND I'D LIKE TO HIGHLIGHT THAT FOR THE DEVELOPMENT
17	CANDIDATE AWARDS, PRODUCT DEVELOPMENT EXPERIENCE WAS
18	HELPFUL, AND REVIEWERS WERE LOOKING FOR THAT AS
19	WELL.
20	FINALLY, WE WERE LOOKING FOR APPROPRIATE
21	STEM CELL PROJECTS AND SUPPORTIVE ENVIRONMENT FOR
22	TRANSLATIONAL RESEARCH. WE ASKED REVIEWERS TO
23	PRIORITIZE THESE TYPES OF PROGRAMS, CELL THERAPY,
24	POTENTIALLY TRANSFORMATIVE THERAPEUTIC APPROACHES,
25	AND PROJECTS THAT WERE ADDRESSING DISEASES PREVALENT

1	IN THE PEDIATRIC PATIENTS.
2	THESE ARE ELIGIBILITY CRITERIA. THEY'RE
3	FAIRLY STANDARD. THESE HAVEN'T CHANGED IN THE PAST
4	SEVERAL ROUNDS. I'D JUST LIKE TO HIGHLIGHT THAT A
5	CO-PI WAS AN OPTION FOR DEVELOPMENT CANDIDATE AWARDS
6	AND THAT THE RFA WAS OPEN TO OUR COLLABORATIVE
7	FUNDING PARTNER PROGRAM.
8	YOU APPROVED A TOTAL BUDGET OF UP TO \$70
9	MILLION FOR THIS RFA AT APPROXIMATELY TEN AWARDS OF
10	EACH TYPE, THE DEVELOPMENT CANDIDATE AND THE
11	DEVELOPMENT CANDIDATE FEASIBILITY, AND THESE HAD
12	BUDGETS OF UP TO \$3.5 MILLION IN DIRECT PROJECT
13	COSTS FOR THE CANDIDATE AND 1.2 MILLION FOR THE
14	FEASIBILITY AWARDS. AND I'D ALSO LIKE TO NOTE THAT
15	A LOAN OPTION WAS AVAILABLE FOR FOR-PROFITS IN THE
16	DEVELOPMENT CANDIDATE CATEGORY.
17	FINALLY, I'D LIKE TO HIGHLIGHT OUR NEW
18	SCORING SYSTEM. SO THE MAIN DIFFERENCE IN THIS
19	SCORING SYSTEM IS THAT REVIEWERS WERE INSTRUCTED
20	THAT THEIR SCORES WOULD ACTUALLY DETERMINE THE
21	FUNDING RECOMMENDATION TO YOU. SO THERE WERE THREE
22	TIERS OF SCORING THAT ARE PRESENTED HERE. AND SO
23	THIS IS A LITTLE BIT DIFFERENT FROM OUR PREVIOUS
24	SCORING SYSTEM, SO I'D JUST LIKE TO HIGHLIGHT THAT.
25	AND REVIEWERS WERE AWARE OF THIS NEW SYSTEM. AND

1	THE PANEL DID RECOMMEND SIX DEVELOPMENT CANDIDATE
2	FEASIBILITY AWARDS AND FIVE DEVELOPMENT CANDIDATE
3	AWARDS.
4	UNLESS THERE ARE ANY QUESTIONS ABOUT THE
5	RFA, I'D LIKE TO TURN THE NEXT STEP OVER TO DR.
6	SAMBRANO.
7	CHAIRMAN THOMAS: ACTUALLY THANK YOU, DR.
8	COLLINS. BEFORE WE GET TO THAT, WANTED TO NOTE THAT
9	THIS IS REALLY THE FIRST MAJOR ROUND OF AWARDS WHICH
10	UTILIZES A NEW PROTOCOL THAT WAS PUT IN PLACE
11	EARLIER THIS YEAR WITH RESPECT TO APPEALS,
12	RECONSIDERATION, ETC. AND I WOULD LIKE MR. HARRISON
13	TO ADDRESS THE BOARD AND THE AUDIENCE JUST SO THAT
14	EVERYBODY UNDERSTANDS THAT PROTOCOL AS IT APPLIES TO
15	THIS SERIES OF AWARDS.
16	MR. HARRISON: GOOD MORNING. AS J.T.
17	MENTIONED, THE BOARD SUBSTANTIALLY REVISED SOME OF
18	ITS PROCEDURES APPLICABLE TO THE REVIEW OF
19	APPLICATIONS IN MARCH. SINCE THIS IS THE FIRST
20	MAJOR ROUND OF APPLICATIONS COMING TO THE BOARD FOR
21	ITS CONSIDERATION, WE THOUGHT IT WOULD BE HELPFUL TO
22	REMIND THE BOARD OF SOME OF THE DETAILS RELATING TO
23	THOSE POLICY CHANGES, THE FIRST OF WHICH IS THAT THE
24	BOARD WILL NO LONGER BE MAKING DECISIONS ON
25	APPLICATIONS. INSTEAD, UNDER THE BYLAWS WE HAVE

1	ESTABLISHED WHAT IS CALLED THE APPLICATIONS REVIEW
2	SUBCOMMITTEE, WHICH IS COMPOSED OF THE BOARDS'S TEN
3	PATIENT ADVOCATE MEMBERS, FOUR LIFE SCIENCE
4	COMMERCIAL MEMBERS, AND THE CHAIR AND STATUTORY VICE
5	CHAIR. BECAUSE OF CURRENT VACANCIES, THERE ARE
6	CURRENTLY 14 MEMBERS OF THE APPLICATION REVIEW
7	SUBCOMMITTEE.
8	FOR THE 13 OF YOU WHO ARE APPOINTED FROM
9	INSTITUTIONS THAT ARE ELIGIBLE FOR CIRM FUNDING, YOU
10	ARE, UNDER THE BYLAWS, CONSIDERED EX OFFICIO MEMBERS
11	OF THE APPLICATION REVIEW SUBCOMMITTEE, WHICH MEANS
12	THAT YOU WILL HAVE THE OPPORTUNITY TO PARTICIPATE IN
13	THE DISCUSSION OF APPLICATIONS AND TO OFFER YOUR
14	COMMENTS PROVIDED THAT YOU DO NOT OTHERWISE HAVE A
15	CONFLICT WITH RESPECT TO THE APPLICATION, BUT YOU
16	WILL NOT BE CALLED UPON TO VOTE ON ANY OF THE
17	APPLICATIONS.
18	AS IS OUR NORMAL PRACTICE, WE'VE PROVIDED
19	EACH OF YOU WITH A LIST OF APPLICATIONS BY
20	APPLICATION NUMBER OF THOSE APPLICATIONS IN WHICH
21	YOU HAVE A CONFLICT OF INTEREST. AND WE WOULD
22	REMIND YOU TO CONSULT THAT LIST BEFORE RAISING YOUR
23	HAND TO COMMENT ON A SPECIFIC APPLICATION.
24	AS LILA SAID, THERE WERE ALSO CHANGES TO
25	THE GRANTS WORKING GROUP PROCESS AS WELL, ONE OF
	21

1	WHICH IS THAT WE HAVE NOW DEFINED THE FUNDING TIERS
2	IN ADVANCE OF THE GWG MEETING. SO THE SCIENTISTS
3	WHO WERE ASSIGNING SCORES TO THE APPLICATIONS KNOW
4	THAT IF THEY'RE SCORING AN APPLICATION BETWEEN 75
5	AND A HUNDRED, IT MEANS THAT THEY BELIEVE THAT
6	APPLICATION SHOULD BE FUNDED. FOR WHAT WE CALL TIER
7	II, SCORES OF 65 TO 74, WE'VE EXPLAINED TO THE
8	MEMBERS OF THE GRANTS WORKING GROUP THAT TIER II
9	REPRESENTS APPLICATIONS THAT ARE JUDGED TO BE OF
10	MODERATE SCIENTIFIC QUALITY OR APPLICATIONS WHERE
11	CONSENSUS ON SCIENTIFIC MERIT CANNOT BE REACHED, AND
12	THESE APPLICATIONS MAY BE SUITABLE FOR THE BOARD'S
13	PROGRAMMATIC CONSIDERATION.
14	THAT'S, OF COURSE, THE OTHER SIGNIFICANT
15	FEATURE OF THE POLICY CHANGE. PROGRAMMATIC REVIEW,
16	WHICH WAS FORMERLY CONDUCTED AT THE GRANTS WORKING
17	GROUP, HAS NOW BEEN TRANSFERRED TO THE APPLICATION
18	REVIEW SUBCOMMITTEE.
19	THE OTHER NOTABLE CHANGE IN THIS PROCESS
20	IS THAT THE BOARD, BOTH IN ITS BYLAWS AND IN THE
21	GRANTS WORKING GROUP BYLAWS, EMPOWERED STAFF TO MAKE
21 22	GRANTS WORKING GROUP BYLAWS, EMPOWERED STAFF TO MAKE ANY ADDITIONAL RECOMMENDATIONS THEY HAVE WITH
22	ANY ADDITIONAL RECOMMENDATIONS THEY HAVE WITH
22	ANY ADDITIONAL RECOMMENDATIONS THEY HAVE WITH RESPECT TO APPLICATIONS BEYOND THOSE OF THE GRANTS

1	THE SCORES, DR. OLSON WILL PRESENT THOSE STAFF
2	RECOMMENDATIONS TO THE BOARD. MR. SHEEHY WILL THEN
3	MODERATE THE APPLICATION REVIEW SUBCOMMITTEE'S
4	PROGRAMMATIC CONSIDERATION OF APPLICATIONS.
5	JUST AS A REMINDER, PROGRAMMATIC
6	CONSIDERATION WAS INTENDED TO ENCOMPASS
7	NONSCIENTIFIC FACTORS SUCH AS PORTFOLIO BALANCE,
8	RELEVANCE TO UNMET HEALTH NEEDS, THE URGENCY OF THE
9	TIMELINE, ALIGNMENT WITH THE FOCUS OF PROP 71, AND
10	ALIGNMENT WITH THE GOALS AND PRIORITIES OF THE
11	REQUEST FOR APPLICATIONS. PROGRAMMATIC
12	CONSIDERATION WILL OBVIOUSLY ALSO TAKE INTO
13	CONSIDERATION THE STAFF RECOMMENDATIONS AND ANY
14	PUBLIC COMMENT.
15	MEMBERS OF THE SUBCOMMITTEE WHO ARE
16	ELIGIBLE TO VOTE MAY MAKE MOTIONS TO MOVE AN
17	APPLICATION FROM ONE TIER TO ANOTHER. AND WE WILL
18	INVITE MEMBERS OF THE PUBLIC WHO WISH TO MAKE A
19	COMMENT WITH RESPECT TO AN APPLICATION THAT IS THE
20	SUBJECT OF A MOTION TO OFFER THAT COMMENT AT THAT
21	TIME. ONCE ALL THE MOTIONS HAVE BEEN EXHAUSTED, MR.
22	SHEEHY WILL ASK FOR A MOTION TO APPROVE FUNDING FOR
23	THOSE APPLICATIONS IN TIER I AND TO CLOSE FUNDING
24	FOR THOSE APPLICATIONS THAT REMAIN. AT THAT POINT
25	IN TIME, WE'LL INVITE PUBLIC COMMENT FROM MEMBERS OF
	23

1	THE PUBLIC WITH RESPECT TO ANY APPLICATION THAT HAS
2	NOT BEEN THE SUBJECT OF AN INDIVIDUAL MOTION.
3	JUST BRIEFLY, TO REMIND THE BOARD, WE HAVE
4	REPEALED THE EXTRAORDINARY PETITION POLICY WHICH
5	FORMERLY PERMITTED APPLICANTS TO CORRESPOND DIRECTLY
6	WITH THE BOARD ON SCIENTIFIC ISSUES RELATING TO
7	THEIR APPLICATION. IN ITS PLACE THE BOARD ADOPTED
8	AN APPEAL AND REQUEST FOR RECONSIDERATION POLICY
9	PURSUANT TO WHICH APPLICANTS HAVE THE OPTION TO
10	DIRECT AN APPEAL OR REQUEST FOR RECONSIDERATION TO
11	CIRM STAFF BASED EITHER ON A MATERIAL DISPUTE OF
12	FACT OR A REQUEST FOR RECONSIDERATION BASED ON
13	MATERIAL NEW INFORMATION.
14	UNDER THIS POLICY CIRM STAFF REVIEWS THE
15	APPEAL OR REQUEST FOR CONSIDERATION TO DETERMINE
16	WHETHER OR NOT THE APPLICANT HAS SET FORTH CLEAR
17	GROUNDS ESTABLISHING THE OCCURRENCE OF EITHER A
18	DISPUTE OF FACT OR MATERIAL NEW INFORMATION. AND IF
19	THE APPLICANT HAS NOT SET FORTH SUCH GROUNDS FOR AN
20	APPEAL, OR IF THE PRESIDENT DETERMINES THAT IT WOULD
21	NOT HAVE AFFECTED THE OUTCOME, THE APPEAL IS DENIED
22	AND THE GRANTS WORKING GROUP'S RECOMMENDATION IS
23	PRESENTED TO THE BOARD AS IT WAS AT THE GRANTS
24	WORKING GROUP.
25	BY CONTRAST, IF THE STAFF DETERMINES THAT
	24

1	THE APPLICANT HAS MET THE SHOWING AND THE PRESIDENT
2	DETERMINES THAT ADDITIONAL SCIENTIFIC REVIEW IS
3	WARRANTED, THEN THE BOARD'S CONSIDERATION OF THAT
4	APPLICATION WILL BE DEFERRED UNTIL THAT REVIEW HAS
5	OCCURRED.
6	IN THIS PARTICULAR CASE, AS ALWAYS, CIRM
7	STAFF HAS ADVISED APPLICANTS OF THEIR OPTION TO FILE
8	AN APPEAL OR A REQUEST FOR RECONSIDERATION. AND
9	FIVE APPLICANTS FOR EARLY TRANSLATION IV
10	APPLICATIONS SUBMITTED SUCH APPEALS. THE STAFF'S
11	ACTION ON THOSE APPEALS IS IN YOUR MATERIALS.
12	MEMBERS OF THE PUBLIC, OF COURSE, REMAIN
13	FREE TO OFFER PUBLIC COMMENT, AND THAT INCLUDES
14	APPLICANTS, SOME OF WHOM YOU MAY HEAR TODAY. SO IF
15	YOU HAVE ANY QUESTIONS, CHAIR, I'D BE HAPPY TO
16	ANSWER THEM.
17	CHAIRMAN THOMAS: QUESTIONS FROM MEMBERS
18	OF THE BOARD? I DO WANT TO HIGHLIGHT ONE THING
19	JAMES SAID BECAUSE IT'S VERY IMPORTANT. THE NEW
20	APPELLATE PROCEDURE WAS PUT IN PLACE SPECIFICALLY SO
21	THAT APPEALS ON PARTICULAR PROJECTS WOULD NOT BE
22	HEARD AS A MATTER OF FIRST INSTANCE AT THE BOARD.
23	WE WERE STRIVING TO GET AWAY FROM THAT BECAUSE THAT
24	PUT THE BOARD IN THE POSITION OF HAVING TO MAKE
25	DECISIONS ON THE SPOT WHICH THEY WERE NOT REALLY

1	PREPARED TO DO BASED ON HAVING ADEQUATE BACKGROUND,
2	REVIEW, ETC., AND THAT'S WHY APPEALS WERE DIRECTED
3	PROPERLY TO STAFF WHO WOULD DO A FULL INVESTIGATION
4	AND REVIEW AND COME BACK TO US WITH RECOMMENDATIONS.
5	SO TO THE EXTENT THAT GOING FORWARD, NOT
6	JUST TODAY, APPEALS ARE NOT MADE THROUGH THAT
7	PROCESS, BUT ARE MADE AS A MATTER OF FIRST INSTANCE
8	HERE AT THE BOARD MEETING, THAT PUTS AN
9	EXCEPTIONALLY HIGH BURDEN ON WHOEVER IS MAKING THAT
10	APPEAL AND IS NOT THE PREFERRED WAY TO GO. SO I
11	WANT TO BE VERY CLEAR ABOUT THAT. WE HAVE THIS, I
12	THINK, VERY GOOD PROTOCOL IN PLACE, AND WE NEED TO
13	BE AWARE OF THAT. YOU WILL SEE HOW THAT HAS WORKED
14	WHEN WE GET A LITTLE BIT LATER IN A FEW MINUTES TO
15	SOME OF THE PROJECTS THAT HAVE BEEN REVIEWED BY
16	STAFF.
17	DR. LUBIN: SO I'D JUST LIKE TO MENTION
18	THIS IS SOMETHING THAT DUANE WAS VERY INVOLVED IN.
19	I TRIED TO HELP WITH THAT A LITTLE, AND IT EVOLVED
20	TO THE PROCESS THAT WE HAVE NOW. AND IT'S
21	REMARKABLE THAT ON TODAY WITH ALL THE HONORING OF
22	DUANE THIS IS ONE OF THE MAJOR STEPS THAT HE MADE
23	RECENTLY. AND I JUST WANTED TO LET THE BOARD KNOW
24	ABOUT THAT.
25	CHAIRMAN THOMAS: THANK YOU, DR. LUBIN.
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1	AND THAT SORT OF COMMENT HAS BEEN MADE REPEATEDLY
2	WITH RESPECT TO ALL SORTS OF STUFF, AS WAS SAID.
3	DUANE SAID THIS. DUANE IS STILL HERE AND WILL
4	ALWAYS REMAIN HERE AS WE MOVE FORWARD.
5	OKAY. SO HAVING HEARD THE PROTOCOL, NOW
6	LET'S TURN TO DR. SAMBRANO.
7	DR. SAMBRANO: THANK YOU VERY MUCH. ALL I
8	REALLY NEED TO DO HERE IS GUIDE YOU THROUGH WHAT I'M
9	PRESENTING ON THE SCREEN, WHICH ARE THE
10	RECOMMENDATIONS FROM THE GRANTS WORKING GROUP SHOWN
11	IN THEIR RESPECTIVE TIERS FOR THE TWO AWARDS TYPES.
12	IT'S GOING TO BE PERHAPS DIFFICULT TO SEE
13	ON THE SCREEN, BUT ONE OF THE THINGS I WANT TO
14	EXPLAIN IS THAT THE GRANTS WORKING GROUP REVIEWED
15	THE DCF, THOSE THAT WERE DEVELOPMENT CANDIDATE
16	FEASIBILITY AWARDS, SEPARATE FROM THE DEVELOPMENT
17	CANDIDATE AWARDS. SO THERE ARE TWO SETS OF TIERS.
18	SO MY RECOMMENDATION TO YOU IS THAT, SINCE
19	THE GRANTS WORKING GROUP CONSIDERED THE DCF
20	APPLICATIONS FIRST, THAT PERHAPS THE BOARD CONSIDER
21	THEM IN THAT ORDER AS WELL AND THEN DO THE DC
22	APPLICATIONS.
23	FOR THE DCF, YOU WILL NOTICE THAT THERE
24	ARE THREE APPLICATIONS THAT FELL IN TIER II. FOR
25	THOSE WE HAVE STAFF RECOMMENDATIONS THAT DR. PAT
	27
	21

1	OLSON WILL DESCRIBE TO YOU. FOR THE DC AWARDS, THE
2	GRANTS WORKING GROUP DID NOT PLACE ANY APPLICATIONS
3	IN TIER II. SO THERE IS A DISTINCTION BETWEEN THOSE
4	THAT ACTUALLY FELL IN TIER I THAT SCORED 75 OR ABOVE
5	AND THEN THOSE THAT WERE BELOW 64. THERE JUST
6	HAPPENED TO BE NONE THAT FELL IN TIER II.
7	SO IT'S UP TO YOU HOW YOU WISH TO CONSIDER
8	THESE APPLICATIONS, BUT MY SUGGESTION IS THAT YOU
9	BEGIN WITH THE DCF AS CURRENTLY SHOWN ON THE SCREEN.
10	AND DR. OLSON WILL PRESENT THE RECOMMENDATIONS FROM
11	STAFF ON THOSE THAT ARE IN TIER II.
12	DR. OLSON: MEMBERS OF THE BOARD AND THE
13	PUBLIC, THANK YOU FOR THIS OPPORTUNITY. STAFF,
14	WORKING WITH THE PRESIDENT, HAS ACTUALLY SPENT
15	CONSIDERABLE TIME AND BRINGS THE FOLLOWING FORTH FOR
16	YOUR CONSIDERATION. I'D LIKE TO JUST GO THROUGH
17	THESE IN ORDER.
18	SO APPLICATION NUMBER TR4-0666, THIS IS AN
19	APPLICATION. IT IS A DCF FEASIBILITY AWARD. IT IS
20	A TIER II AWARD. IT RECEIVED AN AVERAGE SCORE OF
21	70. THE TITLE OF THIS AWARD IS "HUMAN PLURIPOTENT
22	STEM CELL-DERIVED PHOTORECEPTORS FOR RETINAL
23	DEGENERATIVE DISORDERS." SO I'LL TELL YOU THAT THE
24	DISEASE TARGET IS THOSE RETINAL DEGENERATIVE
25	DISORDERS SUCH AS RETINITIS PIGMENTOSA OR CERTAIN
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1	CONGENITAL RETINAL DISEASE SUCH AS X-LINK CONE OR
2	CONE-ROD DISEASE.
3	THE APPROACH HERE IS AN ALLOGENEIC
4	APPROACH THAT IS AN OFF-THE-SHELF CELL THERAPY, AND
5	IT'S EITHER HESC DERIVED, EMBRYONIC STEM
6	CELL-DERIVED, OR HIPSC DERIVED, INDUCED PLURIPOTENT
7	CELL-DERIVED PHOTORECEPTORS. SO IT'S THE ACTUAL
8	TARGET CELL. THE REQUESTED FUNDING WAS \$1.96
9	MILLION.
10	THE POINTS THAT WE WOULD LIKE TO RAISE FOR
11	YOUR CONSIDERATION IS THAT CIRM IS CURRENTLY FUNDING
12	TWO SIMILAR CURRENTLY IS OR WILL BE OR IF YOU
13	ACCEPT THE GRANTS WORKING GROUP RECOMMENDATIONS ON
14	THIS ROUND, WE'RE CURRENTLY FUNDING ONE APPROACH TO
15	THIS, AND THERE IS A HIGHLY RECOMMENDED OR A
16	RECOMMENDED SECOND APPROACH TO THIS. SO ADDITIONAL
17	INVESTMENT OF AN EARLIER STAGE PROJECT IS A LITTLE
18	BIT HARDER TO JUSTIFY.
19	THE ONE APPROACH IS ACTUALLY A DISEASE
20	TEAM APPROACH, WHICH IS AN ALLOGENEIC APPROACH USING
21	RETINAL PROGENITOR CELLS AS OPPOSED TO THE FULLY
22	DIFFERENTIATED CELLS THAT ARE DERIVED FROM TISSUE
23	STEM CELLS. THIS ONE HAS A GOAL OF IND FILING AND
24	COMPLETION OF A PHASE I-II TRIAL.
25	THE ONE THAT IS UP FOR YOUR CONSIDERATION
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1	TODAY, WHICH IS RECOMMENDED BY THE GRANTS WORKING
2	GROUP, IS AN ALLOGENEIC APPROACH USING ESSENTIALLY A
3	3D STRUCTURE. IT'S HESC-DERIVED SHEETS OF
4	PROGENITOR CELLS, AND IT ALSO INCLUDES RETINAL
5	EPITHELIAL CELLS. AND THIS PROJECT HAS A GOAL OF
6	IDENTIFYING A DEVELOPMENT CANDIDATE AWARD.
7	SO BASED ON THE FACT THAT WE MAY HAVE TWO
8	PROJECTS, WE CERTAINLY HAVE ONE PROJECT, TARGETING
9	VERY SIMILAR APPROACHES, OUR RECOMMENDATION TO YOU
10	IS TO NOT FUND THIS AWARD.
11	THE SECOND AWARD THAT WE'D LIKE TO YOU TO
12	CONSIDER IS THE TR4-06823, ALSO A FEASIBILITY AWARD
13	ALSO IN TIER II WITH AN AVERAGE SCORE OF 69. THIS
14	AWARD IS ENTITLED "BETA GLOBIN GENE CORRECTION OF
15	SICKLE CELL DISEASE IN HEMATOPOIETIC STEM CELLS."
16	THE TARGET IS SICKLE CELL DISEASE. THE APPROACH IS
17	AUTOLOGOUS HEMATOPOIETIC STEM CELLS SO AUTOLOGOUS
18	MEANS THE PATIENTS THEMSELVES, THEIR CELLS
19	GENETICALLY MODIFIED EX VIVO TO ACTUALLY CORRECT THE
20	MUTATION IN THE BETA GLOBIN GENE. THE REQUESTED
21	FUNDING FOR THIS AWARD IS 1.815 MILLION.
22	AND THE POINTS THIS ONE WE'RE ACTUALLY
23	RECOMMENDING FOR YOUR CONSIDERATION WITH A
24	CONDITION. AND THE POINTS THAT I'D LIKE TO RAISE
25	FOR CONSIDERATION IS WE ARE FUNDING ANOTHER PROJECT

1	IN SICKLE CELL DISEASE THAT INVOLVES AN ADDITION
2	THROUGH LENTIVIRAL MEDIATED GENE ADDITION OF A FETAL
3	BETA GLOBIN GENE. SO IT HAS A VIRUS INTEGRATION AND
4	IT ADDS A GENE. BUT IT DOES WHAT THIS ONE DOES
5	IS IT LEVERAGES THE TEAM AND THE KNOW-HOW THAT IS
6	GAINED IN THAT RELATED PROJECT. IT'S LIKELY,
7	BECAUSE OF THE TECHNOLOGY INVOLVED, TO ENABLE A
8	RAPID PATH TO THE CLINIC FOR A RELATIVELY LOW
9	INVESTMENT OF \$1.8 MILLION.
10	AS I SAID, THE OTHER PROJECT IS DIFFERENT.
11	THE APPROACH HERE IS ACTUALLY A GENE CORRECTION AS
12	OPPOSED TO ANOTHER GENE ADDITION. THE REVIEWERS
13	HAD I THINK EVERYBODY DOESN'T KNOW FOR SURE WHAT
14	IT'S GOING TO TAKE TO CORRECT THE SYMPTOMS, BUT
15	BASED ON ALLOGENEIC BONE MARROW TRANSPLANTATION,
16	PEOPLE BELIEVE BETWEEN 10 AND 20 PERCENT. I THINK
17	WE CAN DEAL WITH THAT IN THE MILESTONES.
18	I WOULD LIKE TO NOTE, AND THIS IS THE
19	BASIS FOR OUR CONDITION, WHILE THE PROJECT IS
20	LEVERAGED BY AN IN-KIND CONTRIBUTION OF ESSENTIAL
21	SERVICES AND TECHNOLOGY AND EXPERTISE, IT'S PART OF
22	THE PROPOSAL, THE PARTNER IS PART OF PROPOSAL, BUT
23	THEY DON'T SHOW UP IN TERMS OF ANY KIND OF FINANCIAL
24	CONTRIBUTION OR ANYTHING LIKE THAT. SO THESE ARE
25	KEY IT'S A KEY COLLABORATOR. THIS PROJECT CANNOT
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1	BE DONE WITHOUT THIS COLLABORATION.
2	AND SO WE WOULD LIKE TO RECOMMEND THAT YOU
3	FUND WITH A CONDITION WHICH INCLUDES EXECUTION OF A
4	FORMALIZED AGREEMENT WITH THE KEY PROJECT
5	COLLABORATOR AND THAT THAT AGREEMENT IS TO THE
6	SATISFACTION OF CIRM STAFF.
7	THIS ESSENTIALLY ACKNOWLEDGES THE FACT
8	THAT IT'S A CO-FUNDED PROJECT ALMOST AND THAT THE
9	PROJECT CANNOT BE DONE WITHOUT THE KEY CORPORATE
10	COLLABORATOR.
11	THE SECOND IS APPLICATION OR THE FINAL
12	ONE THAT WE WANT TO BRING TO YOUR ATTENTION IS
13	APPLICATION TR4-06831, AGAIN A FEASIBILITY AWARD,
14	TIER II, WITH AN AVERAGE SCORE OF 66.
15	THE TITLE OF THIS AWARD IS "GENE THERAPY
16	CORRECTED AUTOLOGOUS HEPATOCYTE-LIKE CELLS FROM
17	INDUCED PLURIPOTENT STEM CELLS FOR TREATMENT OF
18	PEDIATRIC SINGLE ENZYME DISORDERS." SO IT'S
19	TARGETING UREA CYCLE DISORDER. AND THE APPROACH IS
20	AUTOLOGOUS, SO, AGAIN, PATIENT'S OWN CELLS,
21	CONVERTED TO IPSC THAT ARE GENETICALLY MODIFIED EX
22	VIVO TO CORRECT A MUTANT ENZYMES GENE AND THEN
23	DIFFERENTIATED TO HEPATOCYTE-LIKE CELLS FOR
24	TRANSPLANTATION.
25	IT'S \$1.8 MILLION. AND THE POINTS THAT
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1	THIS ONE WE ACTUALLY ARE ALSO RECOMMENDING, AND THE
2	POINTS FOR CONSIDERATION HERE IS THAT IT IS A
3	DISEASE. THIS PARTICULAR DISEASE IS ONE WHERE THE
4	PERCENTAGE OF ENGRAFTED CORRECTED CELLS REQUIRED TO
5	MAKE A DIFFERENCE FOR DISEASE MODIFICATION IS LOW.
6	AND WHEN YOU THINK ABOUT IT, YOU HAVE TO REALLY
7	EFFICIENTLY TRANSDUCE CELLS TO GET THE CORRECTION
8	AND YOU HAVE TO ENGRAFT. SO THIS LOWER HURDLE IS
9	ACTUALLY AN IMPORTANT TECHNICAL CONSIDERATION.
10	ALSO, ALTHOUGH CIRM HAS THREE OTHER
11	PROJECTS IN ITS TRANSLATIONAL PORTFOLIO, THEY TARGET
12	OTHER LIVER DISEASES AND SEEK TO GENERATE
13	HEPATOCYTE-LIKE CELLS FROM DIFFERENT SOURCES AND BY
14	DIFFERENT APPROACHES. SO THE SUCCESSFUL GENERATION
15	OF HEPATOCYTE-LIKE CELLS ACTUALLY WOULD BE A VERY
16	GOOD THING FOR THE FIELD. THERE'S A LOT OF THINGS
17	YOU COULD DO. SO WE THINK THAT HAVING SEVERAL
18	INVESTIGATORS PURSUING SEVERAL DIFFERENT APPROACHES
19	HERE IS REALLY GOOD. AND IT'S ALSO TRUE THAT A VERY
20	RECENT PUBLICATION HAS COME OUT THAT SUGGESTS AN
21	INCREASED LIKELIHOOD OF GETTING THESE
22	HEPATOCYTE-LIKE CELLS, THAT THERE ARE METHODS NOW
23	THAT PEOPLE ARE FINDING INVOLVING LIVER BUD CELLS
24	THAT WOULD REALLY HELP.
25	SO THOSE ARE THE STAFF POINTS THAT WE'D

1	LIKE TO RAISE FOR YOUR CONSIDERATION. AND IF ANYONE
2	HAS ANY QUESTIONS, I'LL BE HAPPY TO ANSWER THEM.
3	THANK YOU.
4	CHAIRMAN THOMAS: THANK YOU, DR. OLSON.
5	LET'S TURN IT OVER NOW TO PROGRAMMATIC REVIEW TO
6	MR. SHEEHY. MR. HARRISON.
7	MR. HARRISON: I WAS JUST GOING TO SUGGEST
8	WE TAKE A FIVE-MINUTE BREAK.
9	CHAIRMAN THOMAS: FIVE-MINUTE BREAK BEFORE
10	WE GET TO PROGRAMMATIC.
11	(A RECESS WAS TAKEN.)
12	CHAIRMAN THOMAS: COULD EVERYBODY PLEASE
13	TAKE THEIR SEATS?
14	(THE APPLICATION REVIEW SUBCOMMITTEE
15	WAS THEN CONVENED AND HEARD AS FOLLOWS:)
16	MR. SHEEHY: IS EVERYONE BACK AND READY TO
17	START? YES. SO TWO THINGS. ONE, I KNOW WE'RE
18	GOING TO BE SAYING THIS AD INFINITUM, BUT I THINK
19	DUANE WOULD BE VERY PROUD OF HOW WE'VE IMPLEMENTED
20	THESE CHANGES IN OUR PROCESS. HE SPOKE OFTEN ABOUT
21	GETTING MORE STAFF INPUT ON GRANTS. AND I CERTAINLY
22	APPRECIATE THE PRESENTATION THAT DR. OLSON DID AND
23	THE WORK THAT STAFF HAS DONE IN LOOKING AT THESE
24	GRANTS IN THE MIDDLE SECTION. AND I THINK THIS IS A
25	VERY IMPORTANT FEATURE THAT WE'VE ADDED TO OUR

1	PROCESS, AND THAT WE'RE GIVING STAFF A CHANCE TO
2	LOOK AT THESE GRANTS, APPLY A CONDITION IN ONE
3	INSTANCE, RECOMMEND ANOTHER, DON'T RECOMMEND
4	ANOTHER. BUT I JUST KNOW DUANE APPRECIATED SO MUCH
5	THE HARD WORK AND THE EXPERTISE THAT WE HAVE HERE AT
6	CIRM, AND REALLY PUTTING THAT BRAIN POWER TO WORK AT
7	THIS POINT IN OUR PROCESS IS A GREAT INNOVATION. SO
8	THANK YOU TO DUANE AND THANK YOU TO STAFF BECAUSE
9	THIS IS SOMETHING THAT'S BEEN A LONG TIME IN THE
10	WORKS.
11	THE OTHER THING THAT I THINK MIGHT BE
12	HELPFUL IS THERE ARE TWO GRANTS THAT ARE RECOMMENDED
13	FOR FUNDING THAT ARE OUTSIDE THE SCORING RANGES AS
14	WE ESTABLISHED THEM. WE DID NOT HAVE PROGRAMMATIC
15	REVIEW AT THE WORKING GROUP. SO I THINK PERHAPS
16	I'VE ASKED DR. SAMBRANO TO GIVE US A LITTLE BIT OF A
17	SENSE OF WHAT TOOK PLACE AND HOW THOSE GOT THERE
18	BEFORE WE ACTUALLY GO INTO THE REVIEW.
19	DR. SAMBRANO: THANK YOU, MR. SHEEHY.
20	YES, ABSOLUTELY. THERE ARE, IN FACT, TWO
21	APPLICATIONS. ONE OF THEM IS 6648, WHICH HAS A
22	SCORE OF 64, THAT YOU WILL FIND IN TIER I. YOU WILL
23	ALSO FIND ONE APPLICATION, 6809, WITH A SCORE OF 73
24	THAT'S ALSO IN TIER I.
25	SO DURING THE FINAL PHASE OF REVIEW, WE

1	DID NOT HAVE A PROGRAMMATIC DISCUSSION, BUT WE DID
2	HAVE AN ADJUSTMENT OF SCORE PERIOD WHERE THE WORKING
3	GROUP WAS ABLE TO LOOK AT THE RANK ORDER OF
4	APPLICATIONS AND MAKE ADJUSTMENTS AS NECESSARY.
5	SO MORE SPECIFICALLY, ON APPLICATION 6648,
6	WHICH SCORED A 64, THAT APPLICATION WAS SCORED A 64
7	BECAUSE WE INSTRUCTED REVIEWERS THAT THEY SHOULD
8	SCORE AS THE APPLICATION IS PRESENTED TO THE REVIEW
9	GROUP BY THE APPLICANT. THEY FELT THAT THERE WAS A
10	CRITICAL MILESTONE THAT THEY COULD ADD TO THAT
11	PROPOSAL THAT, IN ESSENCE, WOULD HAVE CHANGED THE
12	SCORE IN THEIR MIND AND MAKE IT A FUNDABLE PROPOSAL.
13	SO ALTHOUGH THE SCORE IS A 64, IT ALSO INCLUDES VERY
14	SPECIFICALLY A CONDITION THAT NOW PLACES IT IN TIER
15	I.
16	THE OTHER PROPOSAL, WHICH IS 6809 WHICH
17	SCORED 73, WAS LOOKED AT BECAUSE IT HAD A MEDIAN
18	SCORE OF 75 WHICH THE GRANTS WORKING GROUP THOUGHT
19	WAS ALREADY WELL WITHIN OR AT LEAST CLOSE ENOUGH TO
20	THE UPPER TIER THAT IT WAS WORTH DISCUSSION. SOME
21	OF THE REVIEWERS WHO WERE ASSIGNED TO THE
22	APPLICATION EXPRESSED TO THE WORKING GROUP THAT
23	THEIR SCORE THAT THE SCORE THEY INTENDED SHOULD
24	HAVE BEEN HIGHER. AT THIS POINT THE SCORES HAD BEEN
25	FIXED, SO THERE WAS NO WAY FOR THEM TO OTHERWISE DO
	36
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1	IT. THEY DISCUSSED THE PROPOSAL AND VOTED IN FAVOR
2	OF PLACING IT WHERE THEY THOUGHT IT WAS MORE
3	APPROPRIATE IN TIER I.
4	MR. SHEEHY: THANKS, DR. SAMBRANO. IN
5	TERMS OF THE PROCESS, WHAT I WILL THE WAY IN
6	WHICH WE DID IT AT THE WORKING GROUP AND I THINK THE
7	WAY WE'LL PROCEED HERE IN PROGRAMMATIC REVIEW IS
8	BASICALLY A GRANT IS NOT UNDER DISCUSSION UNLESS
9	THERE'S A MOTION AND A SECOND TO MOVE IT FROM ONE
10	CATEGORY TO ANOTHER. SO RATHER THAN JUST HAVING A
11	GENERALIZED DISCUSSION ABOUT THIS GRANT OR THAT
12	GRANT, THAT'S GENERALLY THE PROCESS WE GO THROUGH.
13	SO BEFORE WE START, THOUGH, I THINK JOAN
14	SAMUELSON MAY HAVE HAD SOME COMMENTS THAT SHE WANTED
15	TO MAKE.
16	MS. SAMUELSON: I HAVE DECIDED THAT, AS
17	FAR AS THIS ROUND OF GRANTS IS CONCERNED, I'M GOING
18	TO ABSTAIN ON ALL OF THE GRANTS. AND HERE'S MY
19	REASON. WE'VE TALKED, ESPECIALLY AT THE LAST FEW
20	MEETINGS, ABOUT THE ISSUE OF ASSESSMENT OF THE
21	PORTFOLIO THAT WE HAVE IN LIGHT OF FUTURE FUNDING
22	AND ALSO THE DECLINING FUNDING WE HAVE AVAILABLE.
23	AND I'VE BECOME TOO UNCOMFORTABLE, I THINK, WITH THE
24	AVAILABLE OPTIONS TO US AS A BOARD. AND IN A
25	SITUATION WHICH, BECAUSE OF THE CHANGES IN OUR
	37

1	PROCEDURES, AND FOR VERY GOOD REASONS, GIVING THE
2	STAFF SOME IMPORTANT INPUT OVER THE MERIT OF THE
3	INDIVIDUAL APPLICATIONS, OUR OPPORTUNITIES FOR
4	EXERCISING OUR FIDUCIARY DUTY HAVE BEEN REDUCED, AND
5	IT MAKES THEM ALL THE MORE IMPORTANT TO MY MIND.
6	AND I AM NO LONGER COMFORTABLE WITHOUT CLEAR
7	INFORMATION ABOUT THE PORTFOLIO WE HAVE ALREADY
8	FUNDED AND THE EXTENT TO WHICH WE'VE ACCOMPLISHED
9	ANY OF THE OBJECTIVES OF THE MISSION AND HOW THAT
10	RELATES TO THESE GIVEN INDIVIDUAL APPLICATIONS AND
11	THE AMOUNT OF MONEY WE HAVE LEFT.
12	I THINK ALL OF THAT HAS TO BE TAKEN INTO
13	CONSIDERATION IN THE SAME CONTEXT, AND I DON'T FEEL
14	WE'RE ABLE WITH THE VOTING OPTIONS WE HAVE NOW. SO
15	THAT'S THE REASON FOR MY VOTE. OF COURSE, I HOPE I
16	WON'T BE DOING THAT UNTIL THE END OF OUR EXISTENCE.
17	I HOPE WE CAN GET THE INFORMATION THAT I FEEL WE
18	NEED AND BE SUFFICIENTLY INFORMED THAT THEN WE CAN
19	TURN TO INDIVIDUAL GRANTS AND BE CONFIDENT WE KNOW
20	WE'RE GETTING THE BEST BANG FOR THE BUCK. THANK
21	YOU.
22	MR. SHEEHY: THANK YOU, JOAN.
23	SO FIRST LOOKING AT THE DEVELOPMENT
24	CANDIDATE FEASIBILITY BRACKETS, WE'LL TAKE THEM IN
25	TWO DIFFERENT BRACKETS, THE DEVELOPMENT CANDIDATE

1	AND THE DEVELOPMENT CANDIDATE FEASIBILITY. SO THE
2	FIRST AREA IN WHICH A MOTION WOULD BE APPROPRIATE IS
3	IF THERE IS ANY DESIRE TO MOVE ANY OF THE
4	APPLICATIONS THAT ARE IN THE GREEN, THAT IS THE
5	FUNDABLE CATEGORY, OUT OF THAT CATEGORY.
6	AND IF THERE ARE NO MOTIONS TO DO SO, THEN
7	WE MOVE INTO TIER II WHERE I NOTE WE HAVE STAFF
8	RECOMMENDATIONS ON ALL THREE. ARE THERE ANY MOTIONS
9	TO MOVE ANY OF THOSE GRANTS INTO TIER I? AND I'LL
10	JUST ASSUME THAT FAILURE TO MOVE A GRANT INTO TIER I
11	BY DEFAULT LEAVES THAT IN TIER III, WHICH IS
12	UNFUNDABLE. SO WE DON'T HAVE TO ACTUALLY MOVE
13	THINGS OUT OF FUNDABILITY.
14	DR. PRIETO: I'LL START THE DISCUSSION BY
15	MAKING A MOTION TO MOVE GRANT 6823 INTO TIER I.
16	MR. SHEEHY: DO WE HAVE A SECOND?
17	CHAIRMAN THOMAS: I'LL SECOND THAT.
18	MR. SHEEHY: IS THERE ANY DISCUSSION ON
19	THIS? WE DID JUST HAVE THE PRESENTATION BY DR.
20	OLSON ON THE STAFF RECOMMENDATION TO APPROVE IT FOR
21	FUNDING. IF THERE'S NO DISCUSSION, I'M HAPPY TO
22	TAKE PUBLIC COMMENT.
23	MR. TORRES: ON THAT POINT, WAS THERE A
24	SECOND RECOMMENDATION DR. OLSON MADE?
25	MR. SHEEHY: WE'RE JUST GOING GRANT BY
	39

1	GRANT. I'M SORRY. I DIDN'T SEE YOU, DR. LUBIN.
2	DR. LUBIN: THIS IS JUST A CLARIFICATION.
3	IF YOU'RE IN CONFLICT, YOU CAN'T COMMENT; IS THAT
4	RIGHT?
5	MR. HARRISON: THAT'S CORRECT.
6	MR. SHEEHY: SO IF NO ONE ON THE BOARD
7	WISHES TO COMMENT, I'M HAPPY TO ENTERTAIN PUBLIC
8	COMMENT ON THIS GRANT, WHICH WOULD BE 6823. IS
9	THERE ANYONE WHO WISHES TO MAKE A PUBLIC COMMENT
10	HERE OR AT ANY OF THE SITES?
11	DR. PRIETO: I'D JUST LIKE TO ECHO WHAT
12	DR. OLSON RECOMMENDED TO US AND REMIND THE BOARD
13	THAT THIS IS A GRANT THAT STAFF IS RECOMMENDING FOR
14	FUNDING CONTINUATION OF IMPORTANT WORK THAT WE HAVE
15	FUNDED PREVIOUSLY, SOMETHING THAT WOULD HAVE VERY
16	LARGE POTENTIAL IMPACT.
17	MR. SHEEHY: DR. TROUNSON.
18	DR. TROUNSON: SO, JEFF, JUST IN SUPPORT
19	OF THE CONSIDERATIONS HERE. THIS IS A WAY OF
20	CORRECTING FOR THE WRONG GENE; WHEREAS, THE OTHER
21	STUDIES THAT WE'VE FUNDED WAS TO INSERT A FETAL GENE
22	AND HOPE THAT THE FETAL GENE, THE BETA GLOBIN, THERE
23	WOULD ACCOMMODATE THE PATIENT IN DUE COURSE AND
24	ENABLE THEM TO EVADE THE SICKLE CELL DISEASE.
25	CORRECTING THE GENE, I THINK, IS A MUCH
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	40

1	MORE EFFECTIVE WAY BECAUSE YOU KNOW YOU'RE GOING TO
2	GET THE ADULT GENE. I THINK THE KIND OF WORK THAT
3	THEY'VE BEEN DOING GIVES US SOME CONFIDENCE THAT
4	THEY CAN GET TO THE 10- TO 15-PERCENT CONVERSION OF
5	CELLS, THE HEMATOPOIETIC STEM CELLS, WITH USING THE
6	ZINC FINGER NUCLEASE TECHNOLOGY. SO WE FELT THAT
7	THIS WAS ONE OF THOSE PROJECTS. IT'S QUITE LIKELY
8	TO MOVE ALONG QUITE QUICKLY, PARTICULARLY IF WE
9	ENSURE, AND THAT'S WHAT WE REALLY WANTED YOU TO TAKE
10	NOTE, THAT THERE'S A CO-FUNDER THERE THAT IS A
11	COMMERCIAL ENTITY. AND THEY SHOULD BE FORMALLY
12	INCORPORATED AS A PARTNER. SO IT SUITS US AND IT
13	SUITS THE AGENCY AND CALIFORNIA BETTER TO HAVE THEM
14	RECOGNIZED AS A PARTNER.
15	MR. SHEEHY: THANK YOU, DR. TROUNSON. TO
16	BE CLEAR, THE MOTION THAT'S BEEN MADE AND SECONDED
17	IS TO ACCEPT THE STAFF RECOMMENDATION WHICH INCLUDES
18	THE CONDITIONS THAT HAVE BEEN IMPOSED THERE.
19	DR. PETERSON: CAN I ASK A QUESTION? I
20	LIKE THE PARADIGM. I LIKE THE GOAL OF THIS GRANT.
21	AND THE ONLY THING THAT BOTHERED ME ABOUT IT, AS YOU
22	READ THE, I BELIEVE IT'S, THE GWG ASSESSMENT, IT'S
23	REPLETE WITH NEGATIVITY ABOUT THE POTENTIAL OF
24	REACHING THAT 10- TO 15-PERCENT LEVEL THAT YOU CITE.
25	AND SO THE ONLY QUESTION I HAD AS A REVIEWER WAS
	41

1	WHAT PRELIMINARY EVIDENCE DID YOU HAVE THAT THAT, IN
2	FACT, MIGHT COME TO BE?
3	DR. TROUNSON: THIS IS ONE OF THE BEST
4	GROUPS, ONE OF THE BEST GENETIC ENGINEERING GROUPS
5	IN THE COUNTRY, MAYBE THE WORLD. THEIR DATA IN
6	VITRO, IN MY VIEW AND IN STAFF'S VIEW, IS REALLY
7	QUITE SUPPORTIVE OF BEING ABLE TO GET THERE. OF
8	COURSE, YOU DON'T REALLY KNOW UNTIL YOU ACTUALLY GET
9	INTO THE PATIENTS. AND I THINK THAT'S WHERE THE
10	CONCERNS OF THE REVIEWERS WERE, WHETHER THE IN VIVO
11	CONVERSION WILL DO AS WELL.
12	SO I THINK IT'S RIGHT AT THE TOP OF WHAT
13	MOST PEOPLE ARE SAYING IS APPROPRIATE. SO I THINK
14	IT'S THERE. BUT, OF COURSE, WE'LL ONLY KNOW WHEN WE
15	HIT THOSE CLINICAL TRIALS. AND THIS IS SUCH A
16	TERRIBLE DISEASE. IF WE COULD ACTUALLY GET THERE
17	WOULD BE WONDERFUL, AND SO WE'RE SUPPORTIVE FOR THAT
18	POINT OF VIEW.
19	MR. SHEEHY: ARE WE READY FOR ROLL CALL ON
20	THE MOTION? MARIA.
21	MS. BONNEVILLE: ANNE-MARIE DULIEGE.
22	DR. DULIEGE: YES.
23	MS. BONNEVILLE: MARCY FEIT. MICHAEL
24	GOLDBERG.
25	MR. GOLDBERG: YES.
	42

1	MS. BONNEVILLE: STEVE JUELSGAARD.
2	MR. JUELSGAARD: YES.
3	MS. BONNEVILLE: FRANCISCO PRIETO.
4	DR. PRIETO: YES.
5	MS. BONNEVILLE: ROBERT QUINT.
6	DR. QUINT: YES.
7	MS. BONNEVILLE: AL ROWLETT.
8	MR. ROWLETT: YES.
9	MS. BONNEVILLE: JOAN SAMUELSON.
10	MS. SAMUELSON: ABSTAIN.
11	MS. BONNEVILLE: JEFF SHEEHY.
12	MR. SHEEHY: YES.
13	MS. BONNEVILLE: OS STEWARD. JONATHAN
14	THOMAS.
15	CHAIRMAN THOMAS: YES.
16	MS. BONNEVILLE: ART TORRES.
17	MR. TORRES: AYE.
18	MS. BONNEVILLE: DIANE WINOKUR.
19	MS. WINOKUR: YES.
20	MR. HARRISON: MOTION CARRIES.
21	MR. SHEEHY: NOW ARE THERE ADDITIONAL
22	MOTIONS TO MOVE A GRANT IN THIS CATEGORY TO TIER I?
23	SENATOR TORRES.
24	MR. TORRES: YES. THE SECOND
25	RECOMMENDATION MADE BY STAFF, WHICH IS TR4-06831.
	4.2
	43

1	MR. SHEEHY: DO WE HAVE SECOND?
2	DR. PRIETO: SECOND.
3	MR. SHEEHY: DR. PRIETO SECONDS.
4	ANY DISCUSSION? AGAIN, WE HAD THE
5	EXCELLENT PRESENTATION BY DR. OLSON AND ALSO NOTED
6	THAT ONE OF THE ISSUES WAS SOMEWHAT ADDRESSED IN THE
7	NEW PUBLICATION THAT SUGGESTS THAT THEY HAVE A
8	GREATER POSSIBILITY OF SUCCESS.
9	IS THERE ANY PUBLIC COMMENT? I'M SORRY,
10	ALAN.
11	DR. TROUNSON: THAT'S ALL RIGHT, JEFF.
12	THIS IS, OF COURSE, ONE OF THOSE ORPHAN DISEASES.
13	IT'S A METABOLIC DISORDER THAT COULD BE REPAIRED
14	WITH CONVERSION OF 4 PERCENT OF THE CELLS IN THE
15	LIVER. SO IT'S A RELATIVELY LOW BAR COMPARED TO
16	WHAT WE HAD TO ACHIEVE WITH WHAT'S NEEDED TO BE
17	ACHIEVED WITH THE HEMATOPOIETIC STEM CELLS FOR THE
18	OTHER DISEASES.
19	SO THERE HAS ALSO BEEN SOME PRETTY MAJOR
20	ADVANCES MORE RECENTLY, SOME OF WHICH I REPORTED TO
21	YOU JUST OVER THE LAST MONTH, THAT THEY'RE
22	GETTING THEY'RE ABLE TO NOW DEVELOP HUMAN LIVER
23	THROUGH TO FUNCTIONAL LIVER IN MICE. AND SO THIS
24	WAS A BIG STEP FORWARD. AND FOR THAT REASON I
25	PERSONALLY SORT OF CHANGED AND BECAME SUPPORTIVE
	44

1	BECAUSE I THINK IF YOU CAN ACTUALLY DEVELOP THAT
2	LIVER EFFECTIVELY, AND THERE'S NO REASON WHY THEY
3	COULDN'T USE THE SAME TECHNOLOGY, THE CO-CULTURE
4	TECHNOLOGY AS THE JAPANESE SCIENTISTS DID IN THEIR
5	PAPER, THEN I THINK YOU CAN GET THAT 4 PERCENT
6	EFFECTIVE. AND THESE KIDS WON'T SURVIVE LONGER THAN
7	FIVE YEARS IF THEY DON'T GET IT.
8	SO IT'S A SMALL POPULATION, BUT A
9	SIGNIFICANT ONE AND AN ORPHAN DISEASE THAT WE FEEL,
10	AGAIN, IS ONE OF THOSE CONDITIONS THAT YOU MIGHT BE
11	ABLE TO MOVE QUITE QUICKLY ON AND EFFECTIVELY ON,
12	AND THAT'S WHY WE WERE SUPPORTIVE, REALLY SO
13	SUPPORTIVE OF THIS PROJECT.
14	MR. SHEEHY: THANK YOU, DR. TROUNSON.
15	FURTHER COMMENTS, BOARD? STAFF? ON THE PHONE?
16	PUBLIC COMMENT ON GRANT 6831? WE HAVE SOME FOLKS
17	HERE. IF ANYONE AT THE SITES HAS FOLKS, PLEASE LET
18	ME KNOW. PLEASE INTRODUCE YOURSELF FOR OUR
19	TRANSCRIBER.
20	DR. LIPSHUTZ: I'M GERRY LIPSHUTZ. I'M
21	THE LEAD INVESTIGATOR ON THE STUDY YOU'RE PRESENTLY
22	SPEAKING ABOUT, AND WE APPRECIATE THE OPPORTUNITY TO
23	PROVIDE COMMENT ON THIS PROPOSAL THAT ADDRESSES AN
24	UNMET NEED.
25	IN AFFLICTED NEONATES AND CHILDREN, ONE

1	COMMON THEME IS THE LACK OF THERAPIES ASIDE FROM
2	LIVER TRANSPLANTATION, WHICH ARE PARTICULARLY RISKY
3	AND COMPLICATED IN NEONATES AND CHILDREN. AS A
4	GROUP, THE INCIDENCE OF NEONATAL LIVER DISEASES IS
5	ONE IN 2500 LIVE BIRTHS IN THIS COUNTRY. IT
6	ACCOUNTS FOR 15,000 HOSPITALIZATIONS EACH YEAR.
7	THESE PATIENTS ACCOUNT FOR A SIGNIFICANT FRACTION OF
8	CHILDREN WHO GET LIVER TRANSPLANTS. ABOUT 10
9	PERCENT AND THE VAST MAJORITY ARE FOR METABOLIC
10	LIVER DISEASE WITH 560 CHILDREN UNDERGOING A LIVER
11	TRANSPLANT IN 2010 IN THIS COUNTRY.
12	THIS IS A WIDERANGING CATEGORY AND
13	INCLUDES DEFECTS IN AMINO ACID METABOLISM SUCH AS
14	MAPLE SYRUP URINE DISEASE, TYROSINEMIA, PROPRIONIC
15	ACIDEMIA, METHYLMALONIC ACIDEMIA. IT INCLUDES THE
16	UREA CYCLE DEFECTS, INCLUDING OTC DEFICIENCY AND
17	ARGINASE DEFICIENCY, THE ACTUAL DISEASE WE'RE
18	ATTEMPTING TO TREAT WITH THIS GRANT. IT ALSO
19	INCLUDES DEFECTS IN GLYCOGEN METABOLISM AND GLYCOGEN
20	STORAGE DISORDERS. THESE LIMITED TREATMENTS TODAY
21	ARE ONEROUS, POOR TASTING, AND AT BEST ONLY
22	PARTIALLY EFFECTIVE. A COMMON THEME TO THESE,
23	INCLUDING THE UREA CYCLE DISORDERS, IS THAT THEY
24	HAVE METABOLIC DECOMPENSATION.
25	WHILE CHILDREN AWAIT A TRANSPLANT, SOME

46

1	WILL HAVE PERIODS WHERE THEY ARE DOING REASONABLY
2	WELL AND THEN THEY'LL HAVE SOMETHING THAT TRIPS THEM
3	OVER THE EDGE WHERE THEY GO INTO A CATABOLIC STATE
4	AND START PRODUCING HIGHLY TOXIC BY-PRODUCTS. THEY
5	GET ELEVATED AMMONIAS, CONFUSION, AND BRAIN
6	SWELLING. IN THE CASE OF THE UREA CYCLE DISORDERS,
7	THE FOCUS OF THIS PROPOSAL, THIS TYPICALLY OCCURS
8	WITH ILLNESSES LIKE A COMMON COLD THAT CAN BE LIFE
9	THREATENING, SUCH AS THEY GO TO THE ICU AND HAVE AN
10	EMERGENCY DIALYSIS TO REMOVE TOXIC METABOLITES. IF
11	THEY SURVIVE, MANY WILL HAVE BRAIN INJURIES AND
12	DEVELOPMENTAL DELAYS.
13	THERE'S AN URGENT NEED FOR IMPROVED
14	THERAPIES, AND WE REQUEST TODAY THAT YOU PLEASE
15	CONSIDER OUR PROPOSAL. I'M HERE TODAY TO ASK YOU TO
16	PLEASE CONSIDER FUNDING THIS AWARD TO DEVELOP NEW
17	THERAPIES FOR CHILDREN AFFLICTED WITH INHERITED
18	LIVER DISEASE AND FOR THEIR PARENTS WHO FACE THEIR
19	OWN LIFETIME OF WORRY. THANK YOU FOR YOUR
20	CONSIDERATION.
21	MS. DE LEON: HELLO. MY NAME IS ROBIN DE
22	LEON, AND I HAVE OTC DEFICIENCY AS WELL AS MY
23	DAUGHTER. I HAVE LOST TWO SONS TO OTC, ONE
24	FOLLOWING HIS LIVER TRANSPLANT. AND THERE IS
25	NOTHING WORSE THAN HAVING TO BURY YOUR CHILD.

1	LIVING WITH OTC IS HARD. I LIVE BY THE CLOCK,
2	ADMINISTERING MEDS TO MYSELF AND MY DAUGHTER 11
3	TIMES A DAY, COUNTING PROTEIN, COUNTING CALORIES,
4	COUNTING FLUID INTAKE, AVOIDING STRESSFUL SITUATIONS
5	WHICH CAN CAUSE OUR AMMONIA LEVELS TO RISE.
6	I HAVE FOUND THAT OTC CAN SHOW ITS UGLY
7	FACE AT ANY TIME. ONE MINUTE WE'RE OKAY AND THE
8	NEXT MINUTE WE'RE NOT. WE HAVE TO AVOID BEING IN
9	THE HEAT WHICH MAKES US SICK. ONE OF THE HARDEST
10	THINGS FOR ME IS MY LITTLE GIRL. I HAVE TO HOME
11	SCHOOL HER DUE TO GERMS. I DID HAVE HER IN THE
12	PUBLIC SCHOOL AT ONE TIME, AND SHE WAS CATCHING
13	EVERYTHING THAT CAME AROUND, WHICH PUT HER IN THE
14	HOSPITAL. I CAN'T EVEN COUNT THE TIMES SHE'S BEEN
15	HOSPITALIZED. SHE DOESN'T HAVE ANY FRIENDS, WHICH
16	BREAKS MY HEART, SINCE THERE ISN'T ANY SOCIALIZING
17	FOR HER. SHE'S A CHILD AND SHOULD BE OUT HAVING FUN
18	WITH HER FRIENDS. IT'S VERY SAD.
19	WE FEEL SO ISOLATED AT TIMES. SHE CAN'T
20	DO SPORTS BECAUSE OF THE PROTEIN THAT SHE CAN'T HAVE
21	SO SHE CAN'T BUILD MUSCLE. SHE HAS LEARNING
22	DISABILITIES AS WELL, SO AS I. SO MANY TIMES I
23	BECOME CLOUDY WHERE I CAN'T CONCENTRATE OR FOCUS AND
24	I LOSE TRACK OF TIME SINCE MY LEVELS FLUCTUATE ALL
25	DAY LONG. NOT ONLY DOES THIS AFFECT OUR LIVER, BUT

1	OUR BRAINS AS WELL.
2	I ALONG WITH MY DAUGHTER HAVE PARTICIPATED
3	IN MANY STUDIES FOR UREA CYCLE DISORDER AND IT'S
4	IMPORTANT TO KNOW SO MANY THINGS ABOUT US THAT
5	DOCTORS DIDN'T KNOW SINCE THEY DO PROVIDE DIFFERENT
6	TESTS THAT AREN'T NORMALLY DONE. MY HOPE IS THAT
7	ONE DAY WE FIND A CURE. I CAN'T STRESS ENOUGH THE
8	IMPORTANCE THAT RESEARCH AND STUDIES MEAN TO US
9	BECAUSE WE GET LEFT BEHIND BECAUSE WE ARE A RARE
10	BREED AND DOCTORS NEED TO BE MORE EDUCATED ABOUT US.
11	THANK YOU FOR ALLOWING ME TO HAVE THE
12	OPPORTUNITY TO TALK TO YOU.
13	MR. SHEEHY: THANK YOU.
14	MS. SONTAG: MY NAME IS AMANDA SONTAG. MY
15	ANTHONY HAS UREA CYCLE DISORDER, SPECIFICALLY OTC.
16	HE WAS DIAGNOSED WHEN HE WAS 22 MONTHS OLD AND NEXT
17	MONTH HE WILL BE 16. HE'S A SOPHOMORE IN HIGH
18	SCHOOL, PLAYS BASEBALL, HAS GOOD GRADES, AND
19	ASPIRATIONS TO GO INTO THE MEDICAL FIELD. HE'S BEEN
20	HOSPITALIZED MORE TIMES THAN I CAN COUNT, INCLUDING
21	BEING AIRLIFTED FROM CHOC ADMISSION TO UCLA IN 2010,
22	THE WORST TIME IN OUR LIVES. HE WAS ALMOST IN A
23	COMA WITH ENCEPHALOPATHY SECONDARY TO
24	HYPERAMMONEMIA. WE'VE BEEN VERY FORTUNATE THAT HE'S
25	NOT SUFFERED ANY PERMANENT DISABILITY OR BRAIN

1	DAMAGE.
2	MANAGING A CHILD WITH UREA CYCLE DISORDER
3	MEANS NEVER ENDING MONITORING OF EVERYTHING THAT
4	GOES IN HIS MOUTH, MAKING SURE ALL MEDICINE, MEDICAL
5	FORMULA AMINO ACIDS ARE CONSUMED EVERY DAY. HAVING
6	BLOOD TESTS TAKEN EVERY FEW MONTHS ARE A PART OF HIS
7	LIFE FOREVER.
8	THE WORRY WHEN HE IS AROUND OTHER PEOPLE
9	WITH A COLD OR A FLU IS ENORMOUS SINCE THIS CAN
10	BECOME METABOLICALLY UNSTABLE VERY EASILY AND
11	USUALLY RESULTS IN HOSPITALIZATION. BY ALL
12	STANDARDS ANTHONY WOULD BE CONSIDERED VERY HIGH
13	LEVEL AND VERY LUCKY.
14	BY THE GOOD FORTUNE OF HAVING GREAT
15	DOCTORS AT UCLA, I'M HERE TO POINT OUT THAT THERE
16	ARE MANY OTHER FAMILIES WHICH THE DISORDER WAS
17	DISCOVERED IN A SIMILAR MANNER HAVE HAD FAR LESS
18	FAVORABLE OUTCOMES. THEY LIVE WITH SEVERELY
19	DISABLED CHILDREN OR HAVE LOST THEM COMPLETELY DUE
20	TO THIS TERRIBLE DISORDER.
21	MANY ADULTS AND CHILDREN FIND THE MEDICAL
22	FORMULA INTOLERABLE TO SWALLOW AND REQUIRE G TUBE OR
23	NG TUBE PLACEMENT TO IMPROVE METABOLIC STABILITY.
24	WHEN YOU BECOME ON A FIRST NAME BASIS WITH
25	ER AND ICU NURSES AND DOCTORS, YOU'VE SEEN EACH

1	OTHER TOO MUCH. UNFORTUNATELY THIS IS THE LIFE OF
2	LIVING WITH UREA CYCLE DISORDER. WE HAVE
3	UNCERTAINTY EVERY DAY AND THE WORRY WILL NEVER END.
4	OUR FAMILY HAS ALWAYS BEEN SUPPORTIVE OF
5	RESEARCH FOR UREA CYCLE DISORDERS. BOTH MY SON AND
6	MYSELF, BEING A CARRIER, HAVE BEEN PARTICIPATING IN
7	LONGITUDINAL STUDIES FOR SEVERAL YEARS NOW. ANTHONY
8	JUST FINISHED PARTICIPATING IN THE DRUG TRIAL WHICH
9	HE STARTED IN PHASE I FOR SEVERAL YEARS CALLED HPN
10	100, WHICH RECENTLY BECAME FDA APPROVED AND IS NOW
11	CALLED RAVICTI.
12	WE KNOW THE POTENTIAL FOR A CURE FOR
13	ANTHONY AS WELL AS COUNTLESS OTHERS LIE IN STEM CELL
14	RESEARCH. ENZYME REPLACEMENT THERAPY IS NOT A
15	FEASIBLE CURE FOR OTC SINCE IT COULD ONLY WORK IN
16	THE LIVER MITOCHONDRION. IF DR. LIPSHUTZ IS
17	SUCCESSFUL IN HIS APPROACH OF STEM CELL THERAPY,
18	THIS WOULD TAKE OFF THE BURDEN OF CONSIDERING LIVER
19	TRANSPLANT OR LIFELONG LOW PROTEIN DIET MANAGEMENT,
20	EXTRAORDINARILY EXPENSIVE MEDICATION, AND
21	UNCERTAINTY.
22	EVEN THOUGH THIS PROJECT IS FOCUSED ON
23	ARGINASE DEFICIENCY, IT IS APPLICABLE FOR OTC AS
24	WELL. WHEN ANTHONY WAS DIAGNOSED, MY HUSBAND AND I
25	HAD A DREAM OF MAYBE THERE WILL BE A CURE WHEN HE'S
	51

1	IN HIGH SCHOOL. NOW OUR DREAM IS FOR MAYBE WHEN HE
2	GRADUATES COLLEGE. YOU CAN HELP THIS DREAM COME
3	TRUE BY FUNDING THIS PROJECT. THANK YOU.
4	MR. SHEEHY: THANK YOU.
5	MS. WILSON: I WOULD LIKE TO THANK THE
6	BOARD FOR YOUR CONSIDERATION OF TR4-06831. UREA
7	CYCLE PATIENTS ARE TORTURED BY THE INABILITY TO EAT
8	NORMALLY OR NOTHING BUT CRUMBS MADE UP OF HORRIBLE
9	TASTING FOODS, SUBJECTED TO MEDICATIONS AND
10	TREATMENTS THAT MOST OF US COULD NEVER ENDURE. THEY
11	ENDURE MEDICATIONS THAT BURN GOING DOWN, BURN COMING
12	BACK UP, AND OFTENTIMES DAMAGE THE ESOPHAGUS BEYOND
13	REPAIR. ONE MEDICATION CAN COST THOUSANDS A MONTH,
14	AND THESE PATIENTS TAKE MANY. G TUBES, DIARRHEA,
15	SEIZURES, WHEELCHAIRS, LEG BRACES, WALKERS, BLOOD
16	DRAWS, HOSPITALIZATIONS, EXTREME PRAYING, AND
17	RETARDATION ARE OFTEN THE WORLD THAT THESE PEOPLE
18	ARE CAUGHT IN.
19	IN 1995 OUR SON WAS DIAGNOSED WITH
20	ARGINASE DEFICIENCY. IMMEDIATELY HE STARTED
21	THROWING UP ON A BAD DAY 15 TIMES A DAY. AMMONIA
22	LEVELS WOULD GO OUT OF CONTROL. JACKSON'S
23	ACTIVITIES WERE SEVERELY RESTRICTED BECAUSE OF HIS
24	VOMITING AND FALLING. DAYS AND NIGHTS WERE SPENT IN
25	BED OR IN HOSPITALS, UNABLE TO STOP HIS VOMITING OR
	52
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1	SEIZURES. WITH ALL THIS, WE WERE COMMITTED TO
2	LIVING A NORMAL LIFE. BUT WITH CONSTANT VOMITING,
3	IT WAS DIFFICULT FOR US AND VERY UNCOMFORTABLE FOR
4	OTHERS. SO WE WOULD TAKE ALONG A BUCKET AND A
5	TOWEL. ON EACH OF OUR OUTINGS, JACKSON, BY THE WAY,
6	THREW UP 125 DAYS 15 TIMES A DAY. IMAGINE IF THAT
7	WERE YOUR CHILD. SLEEPLESS NIGHTS, SPENDING HOURS
8	MAKING NECESSARY MEDICATIONS, DRINKS, AND HORRIBLY
9	NASTY FORMULAS, DEVASTATED WATCHING DOCTORS INJECT
10	BOTOX THROUGHOUT THE CALVES OF HIS LEGS WHILE THEY
11	HELD HIM DOWN SCREAMING.
12	LIFE SEEMED IMPOSSIBLE FOR US. WE WENT ON
13	BLAMING EACH OTHER, BLAMING THE DOCTORS IN SOME
14	INSTANCES, AND WORST OF ALL WE BLAMED GOD. JACKSON
15	IS NOT A GOOD EXAMPLE OF SOMEONE THAT REALLY WOULD
16	BENEFIT GREATLY FROM YOUR GENEROSITY. THE PATIENTS
17	THAT WOULD REALLY BENEFIT FROM YOUR GIFT AND YOUR
18	CONSIDERATION EITHER PHYSICALLY CAN'T MAKE THIS TRIP
19	DOWN HERE AND SEEK YOUR SUPPORT OR THEY CAN'T AFFORD
20	IT. THE YEARS OF EXPENSIVE DRUGS AND TREATMENT HAVE
21	LEFT THEIR FINANCES DEPLETED AND ALL BUT GONE. AND
22	IN SOME CASES THEY'VE JUST SIMPLY GIVEN UP AND DON'T
23	WANT TO COME.
24	WE'RE HERE FOR THE CHILDREN THAT CAN'T
25	DEFEND THEMSELVES OR SPEAK UP AND TELL YOU WHY YOU

1	SHOULD MAKE A FAVORABLE DECISION TO SUPPORT DR.
2	LIPSHUTZ AND THE UCLA RESEARCH TEAM FOR UREA CYCLE.
3	I WAS GOING TO SHOW YOU A BUCKET LIKE THE ONE WE
4	USED TO USE WITH THE TOWEL AND LET YOU THINK IF THAT
5	WAS YOUR CHILD HOW IT WOULD FEEL TO TAKE AROUND
6	EVERYWHERE YOU WENT. IT'S PRETTY HARD TO DO, AND
7	JUST VISUALIZE YOUR CHILD'S PICTURE ON THAT. I HAVE
8	SIX BUCKETS OF THE PEOPLE THAT WE KNOW THAT USE THEM
9	WITH THEIR PICTURES ON THERE. YOU'LL JUST HAVE TO
10	KIND OF IMAGINE WHAT THAT WOULD LOOK LIKE.
11	YOU CAN GRANT DR. LIPSHUTZ ABILITY TO CURE
12	UREA CYCLE AND OTHER DEFECTS. EACH OF YOU HERE
13	TODAY CAN SAVE OTHER PATIENTS AND PARENTS FROM THE
14	PAIN OF ABSOLUTE DEVASTATION OF LIVING WITH UREA
15	CYCLE. YOU CAN BE THE ONE THAT MAKES THE
16	DIFFERENCE. WHAT IF IT WERE YOUR CHILD? WHAT WOULD
17	YOUR DECISION BE? AND I WONDER WHAT DUANE ROTH
18	WOULD THINK AND DECIDE ON. THANK YOU FOR THIS. MY
19	NAME IS LEATHY WILSON.
20	MR. SHEEHY: THANK YOU.
21	MS. WILSON: THANK YOU VERY, VERY MUCH,
22	SIR.
23	MS. FUKUDA: MY NAME IS JEAN FUKUDA, AND
24	I'M JACKSON FUKUDA'S MOTHER WHO HAS ARGINASE
25	DEFICIENCY. AND LEATHY JUST TOUCHED UPON ALL THE

1	HARDSHIP THAT WE WENT THROUGH WHEN HE WAS FIRST
2	DISCOVERED WITH ARGINASE DEFICIENCY. AND I JUST
3	WANT TO FAST FORWARD THIS TEN YEARS. NOW JACKSON IS
4	22 YEARS OLD. AND I JUST WANT TO TOUCH LITTLE BIT
5	ON THE EXPENSE OF JUST KEEPING HIM HEALTHY. THIS IS
6	EVERYDAY LIFE.
7	EVERY DAY HE HAVE TO HAVE THIS METABOLIC
8	DRINK, WHICH IS THIS CONTAINER. THIS IS \$255, THREE
9	AND A HALF DAYS SUPPLY, PLUS PROFREE, WHICH IS \$55 A
10	DAY I'M SORRY \$55 A CAN. IT'S
11	THREE-AND-A-HALF-DAY SUPPLY. AND WE MIX THIS WITH
12	LEMON JUICE, AND THE ONE-MONTH SUPPLY OF THIS
13	PRODUCT IS \$2,840. ON TOP OF THAT, THIS IS HOW MUCH
14	HE HAVE TO TAKE EVERY DAY, AND IT'S MIXED WITH LEMON
15	JUICE. IT MAKES ABOUT 20 FLUID OUNCES OF DRINK.
16	AND CAN YOU IMAGINE TEN YEARS OUR KID, ME TRYING TO
17	HAVE HIM TAKE 20 OUNCES OF THIS YUCKY STUFF. ON TOP
18	OF THAT, HE HAVE TO TAKE 20 CAPSULES EVERY DAY OF
19	THIS SODIUM BENZOATE. AND YOU COULD IMAGINE TEN
20	YEARS, TRYING TO TAKE 20 CAPSULES EVERY DAY.
21	AND ALSO WE PACKED THIS OURSELVES. THIS
22	IS HAND PACKED WITH VEGETARIAN CAPSULES BECAUSE THIS
23	SODIUM BENZOATE IS REALLY BAD TASTING. IT BURNS
24	YOUR THROAT AS HE TAKES IT. SO THIS IS WHAT WE DO.
25	WE PACK THIS. THIS IS ONLY ABOUT TWO DAY'S SUPPLY,
	55

1	SO YOU CAN IMAGINE WE SPEND A LOT OF TIME PACKING
2	THESE CAPSULES.
3	AND ALSO JACKSON'S INSURANCE RUNS ABOUT
4	\$741 A MONTH, AND IT'S BEEN GOING UP 15 PERCENT
5	EVERY MONTH. AND TO MAINTAIN HIS HEALTH, EVERY SIX
6	MONTHS HE GETS COMPLETE BLOOD TEST ON TOP OF
7	MAINTAINING DETAILED ACCOUNTS OF EVERYTHING THAT HE
8	EATS EVERY DAY. AND AS A RESULT OF THIS TEST, PLUS
9	THIS, WE DETERMINE HOW MUCH PROTEIN AND HOW MUCH
10	CALORIES HE COULD TAKE EVERY DAY, AND THIS GOES ON
11	EVERY DAY. JUST TO KEEP JACKSON'S HEALTH, WE HAVE
12	SEVERAL TEAMS OF DOCTORS WORKING WITH US, METABOLIC
13	TEAM, ORTHOPEDIC TEAM TO MONITOR HIS OSTEOPOROSIS
14	AND SPASTICITY, ALSO JUST TO MONITOR HIS GLAUCOMA
15	NOT KNOWING HIGH CONCENTRATION OF ARGININE BUILDUP
16	ON HIS VISION. SO WE'RE NOT SURE ABOUT THAT. AND
17	ALSO DENTIST TO MAKE SURE THAT HIS TEETH IS NOT
18	AFFECTED BY LOWER INTAKE OF PROTEIN. AND THIS IS
19	HIS LIFE FOR REST OF HIS LIFE. THIS IS OUR REGIMENT
20	WE HAVE TO DO EVERY DAY TO KEEP HIS HEALTH.
21	SO WE'RE JUST REALLY HOPING THAT THIS WILL
22	BE APPROVED. AND NOT ONLY THAT, BUT THE NEW BONE
23	SCREENING TEST IS NOW INCLUDING UREA CYCLE DEFECT,
24	SO THERE'S GOING TO BE A LOT MORE BABIES THAT'S
25	GOING TO BE DISCOVERED WITH THIS DISEASE. SO IT'S

1	SO IMPERATIVE THAT THESE BABIES GET HELP THAT THEY
2	NEED SO THEY COULD HAVE NORMAL LIFE. AND NOW YOU
3	GET TO MEET MY SON JACKSON.
4	MR. SHEEHY: THANK YOU.
5	MR. FUKUDA: I'M JACKSON FUKUDA. I'M THE
6	SON OF JEAN FUKUDA AND LEATHY WILSON. I'M 22 YEARS
7	OLD AND I WILL SOON BE GRADUATING FROM CALIFORNIA
8	BAPTIST UNIVERSITY WITH A DEGREE IN GRAPHIC DESIGN.
9	AS PREVIOUS SPEAKERS HAVE OUTLINED, THE
10	MEDICATION IS PRIMARILY THE WORST PART OF IT. BOTOX
11	SPECIFICALLY, EVEN THOUGH I'VE HAD IT MANY YEARS
12	AGO; BUT AS THEY HAVE OUTLINED, THE PAIN WAS EXTREME
13	AND ACTUALLY THEY HAD TO HOLD ME DOWN IN CASE I
14	WOULD HURT MYSELF OR OTHERS.
15	WE'VE TRIED OTHER MEDICATIONS THAT HAVE
16	LEFT DAMAGE TO THE ESOPHAGUS AND STOMACH OF MYSELF
17	AND OTHER PATIENTS. SO FAR THE ONLY ONE THAT SEEMS
18	TO WORK IS SODIUM BENZOATE THAT IS TAKEN WITH
19	CAPSULES.
20	THERE ARE OTHER RESTRICTIONS SUCH AS
21	EXERCISES, AND PHYSICAL ACTIVITIES CAN BE LIMITED
22	DUE TO HOW THE BODY DEVELOPS IF YOU DON'T HAVE
23	ENOUGH MUSCLE OR THE BONES ARE WEAK OR SOMETHING
24	THAT ALLOWS US NOT TO BE ABLE TO DO MUCH. I WAS A
25	LUCKY CASE, AND I'M NOT A GOOD EXAMPLE OF SOMEONE
	F 7
	57

1	WHO NEEDS ALL THIS FUNDING BECAUSE I PRETTY MUCH HIT
2	THE PLATEAU OF WELLNESS FOR SOMEONE WITH THIS
3	DISORDER. THE PEOPLE WHO NEED IT ARE YOUNGER OR
4	THEY'RE NOT EVEN BORN YET AND WHO WILL HAVE THIS
5	DISORDER. THERE MAY BE PEOPLE WHO ARE SUFFERING
6	WITH IT CURRENTLY AND THEIR LIVES ARE A LOT WORSE
7	THAN MINE. I'M THE ONLY ONE SO FAR THAT HAS MADE IT
8	THIS FAR. NO ONE ELSE HAS. AND I'M GOING TO HOPE
9	THAT I'M NOT GOING TO BE THE LAST ONE THAT MAKES IT
10	THIS FAR.
11	MR. SHEEHY: THANK YOU. I JUST WANT TO
12	THANK ALL OF YOU FOR COMING AND SHARING YOUR STORIES
13	AND YOUR SACRIFICES. I KNOW, SPEAKING FOR MY FELLOW
14	BOARD MEMBERS, WE'RE ALL MOVED DEEPLY AND OUR HEARTS
15	GO OUT TO YOU.
16	ARE THERE FURTHER COMMENTS FROM ANY OTHER
17	SITE?
18	DR. DULIEGE: I JUST WANT TO SECOND WHAT
19	YOU JUST SAID ON BEHALF OF ALL OF US, INDEED, THE
20	FIRST TIME FROM YOU AND WANTING TO THANK YOU FOR
21	YOUR COURAGE TO SHARING YOUR STORIES WITH US.
22	MR. SHEEHY: I THINK WE'RE READY FOR A
23	ROLL CALL. AND THE MOTION IS TO APPROVE THIS GRANT.
24	DR. DULIEGE: SECOND.
25	MS. BONNEVILLE: ANNE-MARIE DULIEGE.
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	58

1		DR. DULIEGE: YES.
2		MS. BONNEVILLE: MARCY FEIT. MICHAEL
3	GOLDBERG.	
4		MR. GOLDBERG: YES.
5		MS. BONNEVILLE: STEVE JUELSGAARD.
6		MR. JUELSGAARD: YES.
7		MS. BONNEVILLE: FRANCISCO PRIETO.
8		DR. PRIETO: AYE.
9		MS. BONNEVILLE: ROBERT QUINT.
10		DR. QUINT: YES.
11		MS. BONNEVILLE: AL ROWLETT.
12		MR. ROWLETT: YES.
13		MS. BONNEVILLE: JOAN SAMUELSON.
14		MS. SAMUELSON: ABSTAIN.
15		MS. BONNEVILLE: JEFF SHEEHY.
16		MR. SHEEHY: YES.
17		MS. BONNEVILLE: OS STEWARD. JONATHAN
18	THOMAS.	
19		CHAIRMAN THOMAS: YES.
20		MS. BONNEVILLE: ART TORRES.
21		MR. TORRES: AYE.
22		MS. BONNEVILLE: DIANE WINOKUR.
23		MS. WINOKUR: YES.
24		MS. BONNEVILLE: MOTION CARRIES.
25		MR. SHEEHY: AGAIN, THANK YOU FOR COMING
		59

	BARRISTERS REPORTING SERVICE
1	TODAY.
2	DO WE HAVE ADDITIONAL MOTIONS TO MOVE
3	ANYTHING IN TIER II OR TIER III INTO THE FUNDABLE
4	CATEGORY?
5	CHAIRMAN THOMAS: JAMES, THE APPROPRIATE
6	QUESTION AT THIS POINT IS DO WE HAVE MOTIONS TO MOVE
7	ANYTHING FROM TIER III; IS THAT CORRECT?
8	MR. GOLDBERG: YES, WE HAVE A MOTION.
9	MR. SHEEHY: ARE YOU MAKING THE MOTION?
10	MR. GOLDBERG: YES.
11	MR. SHEEHY: TO MOVE WHICH GRANT?
12	MR. GOLDBERG: TR4-06888, SPINAL CORD
13	INJURY.
14	MR. SHEEHY: I DON'T THINK WE'RE IN THAT
15	CATEGORY YET. THAT'S A DEVELOPMENT CANDIDATE.
16	MR. GOLDBERG: MY APOLOGIES.
17	MR. SHEEHY: I THINK WHAT WE'RE LOOKING AT
18	IS ARE THERE ANY MOTIONS TO MOVE ANYTHING REMAINING
19	INTO TIER I?
20	DR. DULIEGE: JEFF, IT'S NOT YET A MOTION,
21	BUT THINGS WENT VERY QUICKLY, AND I HAD A QUESTION
22	REGARDING 06666. IS THAT ACCEPTABLE NOW TO ASK A
23	QUESTION?
24	MR. SHEEHY: THAT'S IN THE OTHER CATEGORY.
25	WE HAVE TWO CATEGORIES OF GRANTS. THAT'S HERE. I'M
	60

1	SORRY.
2	DR. DULIEGE: I THINK IT'S IN THIS
3	CATEGORY. THAT WAS THE FIRST ONE. SO IT'S 6666.
4	MAY I ASK A QUESTION?
5	MR. SHEEHY: SURE.
6	DR. DULIEGE: THE RECOMMENDATION WAS NOT
7	TO FUND, AND ONE OF THE CONSIDERATIONS WAS THAT
8	THERE WERE ALREADY SIMILAR APPROACHES THAT WERE
9	FUNDED. UNDERSTANDING THAT WE HAVE TO BE
10	PARTICULARLY CAREFUL BECAUSE THERE IS MORE AND MORE
11	LIMITED MONEY TO SPEND, I'D LIKE TO HAVE A LITTLE
12	BIT MORE COMMENTS ON THAT FROM THE DISEASE WORKING
13	TEAM BECAUSE, INDEED, THERE HAVE BEEN OTHER MOTIONS
14	THAT HAVE BEEN RECOMMENDED FOR FUNDING AND YET THERE
15	WERE SEVERAL OTHER APPROACHES. SO JUST VERIFICATION
16	ON THIS. THANK YOU.
17	DR. VUORI: CAN I QUICKLY FOLLOW UP ON
18	THAT? SO IF THE STAFF MADE THE COMPARE AND CONTRAST
19	THIS TR4-06666 IN THE DCF CATEGORY TO THE DC
20	CATEGORY, APPLICATION TR4-06648, THAT WAS MOVED WITH
21	THE CONDITION TO TIER I. HOW DO THESE TWO
22	APPROACHES COMPARE AND CONTRAST EACH OTHER?
23	DR. TROUNSON: I THINK DR. OLSON IS GOING
24	TO RESPOND TO THAT.
25	DR. STEFFEN: I'M DR. STEFFEN. WHAT I
	61

1	THINK WE'RE GOING TO DO IS GIVE YOU INDIVIDUAL
2	PRESENTATION ON THE APPLICATION 6666, WHICH IS THE
3	ONE YOU ASKED ABOUT, AND THEN ANOTHER SCIENCE
4	OFFICER IS GOING TO ADDRESS THE OTHER APPLICATION,
5	AND THEN DR. OLSON THE COMPARISON TO THE DISEASE
6	TEAM AWARD.
7	SO APPLICATION 6666 IS TO DEVELOP A
8	FEASIBILITY ASSESSMENT TO INVESTIGATE DEVELOPING
9	HUMAN EMBRYONIC STEM CELL OR HUMAN INDUCED
10	PLURIPOTENT STEM CELL-DERIVED PHOTORECEPTOR CELLS AS
11	POTENTIAL THERAPY FOR PATIENTS WITH INHERITED
12	RETINAL DISORDERS. LIKE THE MORE COMMON MACULAR
13	DEGENERATION, THEY CAN BOTH CAUSE BLINDNESS, BUT
14	THIS PRIMARILY AFFECTS A YOUNGER POPULATION, SOME OF
15	THESE IN CHILDREN AND SOME MOSTLY IN THEIR FOURTH
16	DECADE OF LIFE.
17	SO THIS APPLICANT PROPOSES TO OPTIMIZE THE
18	DIFFERENTIATION PROTOCOL TO ACHIEVE THE
19	PHOTORECEPTORS, AND THEN SELECT THE MOST APPROPRIATE
20	EITHER EMBRYONIC STEM CELL OR IPS CELL LINE AND THEN
21	DEVELOP ENRICHMENT METHODS AND ASSAYS TO GET THAT
22	ACTUAL PHOTORECEPTOR AND TEST THE OPTIMAL
23	TRANSPLANTATION PARAMETERS IN TWO LABORATORY MODELS
24	OF THE INHERITED RETINAL DEGENERATION, KIND OF THAT
25	CLASSIC PRECLINICAL RESEARCH SPACE.

1	I'M GOING TO BE GO THROUGH THE REVIEWER
2	COMMENTS. THEY WERE QUITE POSITIVE ABOUT THE
3	STRUCTURE OF THE GRANT, THE OBJECTIVE OF THE
4	PROPOSAL TO GENERATE THE PHOTORECEPTOR CELLS,
5	SIGNIFICANT AND IMPORTANT IN FOCUSING ON THESE
6	SPECIFIC PHOTORECEPTOR CELLS. THE MILESTONES WERE
7	PRESENTED IN A LOGICAL FASHION FOR ACHIEVING THE
8	PRECLINICAL PROOF OF CONCEPT IN A PRELIMINARY
9	STATUS.
10	THE RATIONALE AND SIGNIFICANCE, THEY ARE
11	USING A DIFFERENT APPROACH SORRY. IN GENE
12	THERAPY FOR THESE INHERITED RETINAL DISORDERS, THE
13	FIELD KNOWS THAT JUST A SMALL INCREMENTAL INCREASE
14	OF PHOTORECEPTOR RESTORATION CAN MAKE A SIGNIFICANT
15	CLINICAL DIFFERENCE. SO THE REVIEWERS COMMENTED
16	THAT THEY FEEL COMFORTABLE ABOUT A CELL-BASED
17	THERAPY APPROACH, KNOWING THAT A SMALL INCREMENTAL
18	CHANGE CAN MAKE A CLINICAL BENEFIT.
19	THE RATIONALE TO PURSUE THE PHOTORECEPTOR
20	CELL IS STRONG, AND A RELIABLE, WELL-CHARACTERIZED
21	SOURCE OF RETINAL CELLS WOULD BE USEFUL TO THE FIELD
22	FOR TISSUE REPLACEMENT PURPOSES.
23	THEY ALSO COMMENTED THAT THIS PARTICULAR
24	PROJECT WOULD LIKELY INCREMENTALLY ADVANCE THE
25	FIELD, BUT ACKNOWLEDGED THERE WERE NO TREATMENTS.

1	SO THAT IS A STEP IN THE RIGHT DIRECTION.
2	THE CHALLENGE FOR THIS AWARD WITH THE
3	REVIEW GROUP WAS IN ITS FEASIBILITY AND DESIGN. AND
4	WHILE THEY HAD SOME STRONG DATA SHOWING THAT
5	INDUCTION OF THE CELLS COULD BE ACHIEVED FOR RETINAL
6	MARKERS, THERE WAS A VERY LOW EFFICIENCY GOING TO
7	THE FINAL PHOTORECEPTOR STAGE. AND A CHALLENGE FOR
8	THAT PROJECT WILL BE TO INCREASE THE EFFICIENCY OF
9	THE PROCESS AND ALSO IMPROVE THE STABILITY OF THAT
10	FINAL CELL PHENOTYPE. WHEN THEY ACHIEVE THE
11	PHOTORECEPTOR, THE CELL WAS MOVING AWAY FROM THAT
12	FINAL DESIRED CELL TYPE. SO GETTING STABILITY OF
13	THAT FINAL PRODUCT.
14	AND THEN THERE WAS A LOT OF DISCUSSION
15	ABOUT THE OUTCOME MEASURES AND THE EXPERIMENTS AS
16	THEY WERE DESIGNED TO ASSESS THE PROOF OF CONCEPT.
17	AND THERE HAD BEEN A RECENT PAPER ABOUT A YEAR AGO
18	SHOWING THAT THE PLANNED READOUT IN THE APPLICATION
19	WOULD BE INADEQUATE FOR MEASUREMENT OF FUNCTIONAL
20	BENEFIT. SO ANOTHER SCIENTIST HAD COME ALONG AND
21	SAID THAT TISSUE INTEGRATION WAS ACTUALLY
22	INSUFFICIENT TO PREDICT FUNCTIONAL BENEFIT AND
23	SUGGESTED THAT MORE EXPERIMENTS BE DONE.
24	AND THEN OPTIMIZING THE DIFFERENTIATION
25	FOR THE PHOTORECEPTOR CELLS WERE CONSIDERED A

1	SIGNIFICANT AMOUNT OF WORK CRITICAL TO THE SUCCESS
2	OF THE PROJECT AND ACKNOWLEDGED AS A RISK.
3	SO THAT WAS REALLY THE CRUX OF THE
4	DISCUSSION ON THE APPLICATION.
5	THE PI WAS CONSIDERED TO HAVE COME FROM A
6	VERY PROMINENT LABORATORY THAT WORKS ON THE RETINA
7	AND THESE CELL TYPES, WAS A NEWLY APPOINTED
8	INVESTIGATOR IN 2001 AT THE APPLICANT INSTITUTION,
9	AND SINCE THAT TIME PRODUCTIVITY HAS BEEN A LITTLE
10	BIT MORE MODEST. AND THEN THE GRANTS REVIEW WAS
11	CONCERNED THAT A NUMBER OF KEY PROJECT TEAM MEMBERS
12	WERE LISTED AS TO BE HIRED. SO WITH A VERY
13	CHALLENGING PROJECT AND A NUMBER OF STAFF NOT YET IN
14	PLACE, IT WAS CONSIDERED A CHALLENGING THREE-YEAR
15	TIMELINE.
16	THE INSTITUTION WAS RECOGNIZED TO HAVE ALL
17	THE RESOURCES TO SUPPORT THE INDIVIDUAL, THE
18	NECESSARY MATERIALS WERE IN PLACE, AND THE PI AND
19	PREVIOUS MENTOR HOLD A KEY PATENT FOR THE APPROACH.
20	SO ON BALANCE, I THINK IT WAS THIS BALANCE
21	BETWEEN THE RATIONALE AND SAYING APPROPRIATE TARGET,
22	INTERESTING CANDIDATE, AND A VERY CHALLENGING TIME
23	FRAME, VERY CHALLENGING TEAM AND INVESTIGATOR.
24	THAT'S GOING TO END THE PRESENTATION ON THIS
25	APPLICATION. DID YOU HAVE ANY MORE QUESTIONS?
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1	DR. OLSON: WHAT I'M GOING TO DO IF YOU
2	WANT TO HEAR MORE ABOUT THE OTHER APPLICATION, DR.
3	ARI ABO WILL TALK ABOUT IT. I WANT TO SPECIFICALLY
4	ADDRESS DR. VUORI'S QUESTION, WHICH WAS COMPARE AND
5	CONTRAST.
6	SO AS YOU JUST HEARD FROM DR. STEFFEN,
7	THAT APPLICATION IS TARGETING THE GENERATION OF
8	FULLY DIFFERENTIATED PHOTORECEPTOR CELLS AS OPPOSED
9	TO THE OTHER APPLICATIONS, WHICH IN ONE FORM OR
10	ANOTHER ARE TARGETING THE GENERATION OF PROGENITOR
11	CELLS. SO IT IS A CONCERN IN THE FIELD. TYPICALLY
12	MATURE CELLS DON'T ENGRAFT. I THINK YOU JUST HEARD
13	WHAT DR. STEFFEN SAID ABOUT THE CHALLENGES IN
14	GETTING FULLY PHOTORECEPTOR CELLS. IT'S ALSO IN THE
15	RETINA THE DIRECTIONAL PART OF IT. SO PUTTING IT IN
16	A THREE-DIMENSIONAL SHEET ALONG WITH ITS SUPPORTING
17	CELLS, THE RPE, WAS CONSIDERED TO BE A WAY OF
18	ENSURING THAT YOU HAVE A MORE ENSURING THAT YOU
19	HAVE A FUNCTIONAL STRUCTURE. SO IT'S PROGENITOR
20	CELLS VERSUS FULLY DIFFERENTIATED CELLS. IT'S A
21	STRUCTURAL ORGANIZATION TO THOSE CELLS THAT
22	REPLICATES THAT THAT IS MORE LIKE THE EYE, AND IT'S
23	THE SUPPORT CELLS.
24	SO THOSE ARE THE, I THINK, REASONS THAT,
25	AT LEAST PART OF THE RATIONALE WHY STAFF MADE THE
	66

1	RECOMMENDATION THEY DID WITH RESPECT TO THAT.
2	DOES THAT ANSWER YOUR QUESTION? AND THEN
3	AS I SAY, DR. ABO IS HAPPY TO GO INTO MORE DETAIL
4	ABOUT THE OTHER APPLICATION IF YOU WOULD LIKE.
5	DR. VUORI: THANK YOU.
6	DR. OLSON: THANK YOU.
7	MR. SHEEHY: ANY OTHER QUESTIONS OR
8	COMMENTS?
9	DR. DULIEGE: GENERAL QUESTION, THEN, TO
10	FINISH ON THE APPLICATION 6666. I UNDERSTAND WHAT
11	WAS SAID AND I COMPLETELY AGREE WITH IT. WILL THERE
12	BE OTHER APPLICATIONS THAT CAN IMPROVE HIS PROPOSAL
13	AND COME BACK WITH IT OVER TIME?
14	DR. TROUNSON: THE ANSWER IS YES.
15	DR. STEFFEN: IN ADDITION TO THE PUBLIC
16	SUMMARY THAT WE PREPARE, WE ALSO PROVIDE THE
17	CONFIDENTIAL FEEDBACK. AND SO THE SPECIFICS OF THE
18	RECOMMENDATIONS AROUND HOW THE INVESTIGATOR COULD
19	IMPROVE THE EXPERIMENTAL DESIGN TO ADDRESS THE
20	CONCERNS HAS BEEN PROVIDED CONFIDENTIALLY TO THE
21	APPLICANT. AND I KNOW THE CIRM STAFF WOULD BE VERY
22	HAPPY TO FOLLOW UP WITH SUCH AN APPLICANT OR ANY
23	APPLICANT THAT WOULD LIKE TO DISCUSS THAT IN MORE
24	DETAIL.
25	MR. SHEEHY: ANY OTHER BOARD OR STAFF
	67
	67

1	COMMENTS? THEN I THINK WE'RE AT THE POINT I
2	THINK JAMES MAY HAVE TO HELP ME ON THE FRAMING
3	FOR WHAT I WOULD CALL A GLOBAL RESOLUTION.
4	DR. BRYANT: SO IF THIS IS IF I MAKE A
5	COMMENT ABOUT THE ENTIRE SCORED GROUP, DOES THAT PUT
6	ME IN CONFLICT SINCE I'M IN CONFLICT FOR ONE OF
7	THEM?
8	MR. HARRISON: YES. THAT POTENTIALLY
9	POSES A PROBLEM.
10	DR. BRYANT: OKAY. THEN I WON'T SAY WHAT
11	I WAS GOING TO SAY. SORRY.
12	MR. SHEEHY: ANY OTHER? SO I THINK WE'RE
13	READY FOR A GLOBAL RESOLUTION, WHICH I BELIEVE THE
14	FORM OF WHICH, AND I THINK IF YOU COULD RESTATE IT
15	FOR ME BEFORE WE MAKE IT, BUT I THINK IT WOULD BE TO
16	APPROVE ALL THE APPLICATIONS IN TIER I, INCLUDING
17	THOSE THAT WE'VE MOVED IN THERE TODAY WITH THE
18	ACCOMPANYING CONDITIONS, AND TO NOT APPROVE ALL THE
19	OTHER REMAINING APPLICATIONS.
20	MR. HARRISON: JUST TO CLARIFY, THIS IS
21	FOR DCF.
22	MR. SHEEHY: ONLY FOR DCF, THIS FIRST
23	CATEGORY. DO I HAVE A MAKER OF THE MOTION WITHOUT
24	CONFLICTS?
25	DR. JUELSGAARD: SO MOVED.
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	68

1	MR. SHEEHY: SO STEVE JUELSGAARD IS THE
2	MAKER AND SENATOR TORRES IS THE SECOND.
3	NOW, ARE THERE ANY PUBLIC COMMENTS EITHER
4	HERE OR IN ANY OF THE SITES ABOUT ANY APPLICATIONS
5	IN THIS DCF CATEGORY? I BELIEVE WE HAVE ONE HERE.
6	SO WE'LL HEAR THAT. AND I THINK, MICHAEL, YOU HAVE
7	PEOPLE AT YOUR SITE. IF THERE'S ANY COMMENTS THERE,
8	LET ME KNOW AFTER WE HEAR THE ONE HERE IN SAN
9	FRANCISCO.
10	MS. SAMUELSON: I HAVE A QUESTION.
11	MS. THOMPSON: MY NAME IS LESLIE THOMPSON.
12	I'M FROM THE UNIVERSITY OF CALIFORNIA IRVINE. I'M
13	THE PI ON THE APPLICATION, THE NEXT APPLICATION
14	DOWN, THAT HAS A SCORE OF 64 THAT IS IN TIER III,
15	BUT IS VERY, VERY CLOSE TO THE PAYLINE. AND THANK
16	YOU FOR THE OPPORTUNITY TO MAKE A FEW COMMENTS ABOUT
17	THIS APPLICATION.
18	I WOULDN'T BE HERE IF I DIDN'T STRONGLY
19	BELIEVE THAT THIS IS A VERY STRONG RESEARCH APPROACH
20	AND A NEW STRATEGY TO TREAT HUNTINGTON'S DISEASE.
21	AS EVERYONE HERE HAS HEARD ABOUT HUNTINGTON'S
22	DISEASE, IT'S A DEVASTATING DISORDER, STRIKES
23	INDIVIDUALS IN THE PRIME OF LIFE WHEN THEY HAVE
24	YOUNG FAMILIES, THEY HAVE MAXIMUM EARNING POTENTIAL,
25	STRIKES YOUNG ADULTS, CHILDREN. WE HAVE SEVERAL OF
	69
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1	THE FAMILY MEMBERS HERE. AND THIS REPRESENTS A NEW
2	APPROACH TO DO THIS.
3	CIRM HAS INVESTIGATED HAS INVESTED IN
4	OUR RESEARCH. WE HAVE AN EARLY TRANSLATION II GRANT
5	WHERE WE NOW KNOW THAT WE CAN USE HUMAN EMBRYONIC
6	STEM CELL-DERIVED POPULATIONS AS NEURAL STEM CELLS,
7	TRANSPLANT THOSE INTO HD MICE, AND WE SEE A
8	BENEFICIAL CLINICAL OUTCOME. WE HAVE A CLINICAL
9	PATH FORWARD WITH THESE CELLS. THEY'RE GMP
10	COMPATIBLE, AND WE SEE VERY STRONG EVIDENCE OF
11	NEUROPROTECTION.
12	THIS APPLICATION PROVIDES A NEW STRATEGY
13	AND ADDITIONAL BENEFIT IN THAT WE'RE GOING TO TAKE
14	THOSE LINES, ENGINEER THEM TO PUMP OUT A THERAPEUTIC
15	PROTEIN. SO THIS PROTEIN DIRECTLY TARGETS THE
16	MUTANT HUNTINGTON PROTEIN, WHICH IS THE CAUSATIVE
17	AGENT IN HD. IT DIRECTLY TARGETS IT. WE KNOW THAT
18	WE CAN PUT THIS INTO MICE AND CHANGE PATHOLOGY IN
19	THE BRAIN. AND SO IT GIVES ADDITIONAL BENEFIT. NOT
20	ONLY CAN WE TREAT THE DISEASE WITH THE NEURAL STEM
21	CELL TRANSPLANTATION, BUT WE CAN THEN PUMP THIS
22	THERAPEUTIC PEPTIDE INTO THE BRAIN. IT HAS THE
23	SURPRISING PROPERTY THAT IT'S TAKEN UP BY
24	NEIGHBORING CELLS. IT GETS INTO CELLS AND CHANGES
25	THE COURSE OF THE DISEASE IN THOSE CELLS. IT ALSO

1	PROTECTS THE TRANSPLANTED CELLS THEMSELVES.
2	ONE OF THE ISSUES IS THAT YOU MAY TAKE ON
3	DISEASE PHENOTYPES FROM THE DISEASED TISSUE INTO THE
4	TRANSPLANTED CELLS, AND THIS PROTECTS THOSE
5	TRANSPLANTED CELLS.
6	NOW, WE'RE VERY CLOSE TO THE PAYLINE, AS I
7	SAID. I DIDN'T SUBMIT DATA FOR RECONSIDERATION
8	ALTHOUGH WE DO HAVE NEW DATA BECAUSE IT'S NOT YET
9	PUBLISHED, IT'S BRAND-NEW DATA, BUT THIS APPROACH IS
10	FEASIBLE. IT LEVERAGES CIRM'S INVESTMENT ALREADY IN
11	THIS WORK BY ADDING ADDITIONAL BENEFIT TO THE
12	PATIENTS. IT'S AN UNMET CLINICAL NEED, AND I THINK
13	THIS WOULD BE A VERY IMPORTANT AND POTENTIALLY
14	TRANSFORMATIVE AND INFORMATIVE APPROACH, NOT ONLY
15	FOR HUNTINGTON'S DISEASE, BUT ALSO FOR ALZHEIMER'S
16	DISEASE, PARKINSON'S DISEASE, AND OTHER
17	NEURODEGENERATIVE DISEASES. AND I'M HERE REQUESTING
18	THAT IF THERE'S FUNDING AVAILABLE, THAT THIS GET
19	MOVED UP ONE. THANK YOU SO MUCH FOR YOUR TIME, AND
20	I APPRECIATE IT.
21	MR. SHEEHY: THANK YOU. SO WE HAVE A
22	MOTION ON THE FLOOR. IS THERE ANYONE ON THE BOARD
23	WHO WOULD LIKE TO SPEAK TO THE MOTION? THEN NO
24	OTHER PUBLIC COMMENT?
25	MS. SAMUELSON: I JUST HAD A QUESTION,
	71
	<i> </i>

1	JEFF.
2	MR. SHEEHY: CAN WE COME BACK AFTER THE
3	VOTE, JOAN, PLEASE? THANK YOU. MARIA, WOULD YOU
4	LIKE TO
5	DR. DULIEGE: MAYBE IN ADDITION TO THE ONE
6	JUST MADE, CAN WE GET
7	MR. SHEEHY: WE HAVE A MOTION. SO I WOULD
8	RATHER VOTE THE MOTION. IF YOU WANT TO TALK ABOUT
9	IT AFTER THE MOTION. BUT PART OF WHY WE'VE GONE
10	THROUGH ALL OF THESE CHANGES IS TO TRY TO STREAMLINE
11	THIS PROCESS SO THAT WE'RE NOT ALWAYS SUBSTITUTING
12	OUR JUDGMENT FOR THAT OF THE REVIEW GROUP AND ALSO
13	FOR OUR SCIENTIFIC STAFF WHO DID HAVE AN OPPORTUNITY
14	TO REVIEW THIS GRANT.
15	AND AT THIS POINT WE HAVE TO MAKE OUR
16	FUNDS ARE NOT UNLIMITED AND WE HAVE TO HAVE SOME
17	BASIS, AND IT DOESN'T NECESSARILY IF WE MAKE IT
18	ADVANTAGEOUS FOR EVERYONE WHO DIDN'T GET A GRANT TO
19	COME HERE TO GET A HEARING, AND IF PEOPLE WILL READ
20	THROUGH THEIR REVIEWS, IF SOMETHING POPS OUT, AND
21	THIS IS REALLY SUPPOSED TO BE FOR PROGRAMMATIC
22	CONSIDERATION, AND I DO KNOW THAT WE HAVE A
23	HUNTINGTON'S GRANT THAT IS VERY HIGHLY SCORED IN THE
24	DEVELOPMENT CANDIDATE FIELD. AND SO THAT ONE IS
25	LIKELY TO GET APPROVED AND IS MUCH CLOSER TO

1	TRANSLATION INTO PATIENTS, WHICH IS SUPPOSED TO BE
2	THE PROGRAMMATIC CONSIDERATIONS THAT WE TYPICALLY
3	TAKE AT THIS POINT. SO IF WE CAN GO TO A ROLL CALL,
4	IT WOULD BE
5	DR. DULIEGE: THANK YOU, JEFF, FOR YOUR
6	VERY DIPLOMATIC RESPONSE.
7	MR. HARRISON: JEFF, JUST ONE REMINDER FOR
8	THOSE MEMBERS WHO ARE ELIGIBLE TO VOTE. TO THE
9	EXTENT THAT YOU HAVE A CONFLICT IN ANY APPLICATION
10	AMONG THE DCF APPLICATIONS, PLEASE VOTE YES OR NO
11	EXCEPT FOR THOSE APPLICATIONS IN WHICH YOU HAVE A
12	CONFLICT.
13	MS. BONNEVILLE: ANNE-MARIE DULIEGE.
14	DR. DULIEGE: YES.
15	MS. BONNEVILLE: MARCY FEIT. MICHAEL
16	GOLDBERG. STEVE JUELSGAARD.
17	MR. JUELSGAARD: YES.
18	MS. BONNEVILLE: SHERRY LANSING.
19	FRANCISCO PRIETO.
20	DR. PRIETO: YES, EXCEPT FOR THOSE WITH
21	WHICH I HAVE A CONFLICT.
22	MS. BONNEVILLE: ROBERT QUINT.
23	DR. QUINT: YES.
24	MS. BONNEVILLE: AL ROWLETT.
25	MR. ROWLETT: YES, EXCEPT FOR THOSE WITH
	72
	73

1	WHICH I HAVE A CONFLICT.
2	MS. BONNEVILLE: JOAN SAMUELSON.
3	MS. SAMUELSON: ABSTAIN.
4	MS. BONNEVILLE: JEFF SHEEHY.
5	MR. SHEEHY: YES, EXCEPT FOR THOSE WITH
6	WHICH I HAVE A CONFLICT.
7	MS. BONNEVILLE: OS STEWARD. JONATHAN
8	THOMAS.
9	CHAIRMAN THOMAS: YES.
10	MS. BONNEVILLE: ART TORRES.
11	MR. TORRES: AYE.
12	MS. BONNEVILLE: DIANE WINOKUR.
13	MS. WINOKUR: AYE.
14	MS. BONNEVILLE: MICHAEL GOLDBERG.
15	MR. HARRISON: SINCE EACH OF THE
16	APPLICATIONS HAS A DIFFERENT QUORUM REQUIREMENT, I
17	RECOMMEND THAT YOU PROCEED WITH OTHER BUSINESS WHILE
18	
	WE VERIFY THAT THE MOTION PASSED AS TO ALL THE
19	APPLICATIONS.
20	MR. SHEEHY: THANK YOU. JOAN, YOU HAD A
21	QUESTION.
22	MS. SAMUELSON: I HAD THOUGHT THAT ONE OF
23	THE PROCEDURAL MODIFICATIONS WOULD ENABLE, FOR
24	EXAMPLE, DR. BRYANT TO PROVIDE THE COMMENT THAT SHE
25	HAD. AND I'M WONDERING WHY I GUESS I
	74

1	MISUNDERSTAND IT. I'D JUST LIKE TO HAVE THAT
2	CLARIFIED.
3	MR. SHEEHY: MAYBE WE COULD TAKE THAT UP
4	AFTER WE GET THROUGH WITH CONSIDERATION OF THESE
5	APPLICATIONS. AND I MEAN HISTORICALLY WE HAVE NOT
6	HAD INDIVIDUALS FROM INSTITUTIONS WHOSE GRANTS WERE
7	UNDER CONSIDERATION BE ABLE TO MAKE COMMENTS ON
8	THEM. OUR PROCEDURE DIDN'T CHANGE IN THAT WAY.
9	MS. SAMUELSON: I GUESS I THOUGHT IT WAS
10	IN THE CONTEXT OF A SITUATION WHERE THEY CAN
11	PARTICIPATE IN THE DISCUSSION, BUT THEN NOT BE
12	INCLUDED IN THE VOTE.
13	MR. SHEEHY: WE'LL TALK ABOUT AFTER. SO
14	COULD WE MOVE TO THE DEVELOPMENT CANDIDATES? AND I
15	THINK BECAUSE THERE WAS AN INTEREST, COULD SOMEONE
16	FIND OUT IF MICHAEL GOLDBERG GET HIM BACK ON
17	BECAUSE THOSE GRANTS ARE UNDER CONSIDERATION.
18	SO, AGAIN, SAME PROCESS. THE FIRST
19	QUESTION IS WHETHER ANYONE WOULD WANT TO MOVE
20	ANYTHING MAKE A MOTION TO MOVE ANYTHING OUT OF
21	TIER I. AND IF THERE IS NO MOTION TO MOVE ANYTHING
22	OUT OF TIER I, ARE THERE ANY MOTIONS TO MOVE
23	SOMETHING FROM, WHICH I THINK IS JUST ALL TIER III
24	HERE, TO MOVE ANYTHING FROM TIER III INTO TIER I.
25	AND SO I DO THINK MICHAEL GOLDBERG DID
	75

1	HAVE SOMETHING ONLINE. ARE THERE ANY OTHER
2	APPLICATIONS INDIVIDUALS HAVE AN INTEREST IN BESIDES
3	THE ONE THAT MICHAEL GOLDBERG FLAGGED? I WONDER,
4	SHOULD WE TAKE A BREAK AND GIVE MICHAEL A
5	FIVE-MINUTE BREAK. I DON'T WANT TO DENY HIM THE
6	OPPORTUNITY FOR A HEARING.
7	MS. SAMUELSON: SOUNDS LIKE A GOOD IDEA.
8	MR. GOLDBERG: CAN YOU HEAR ME IN THE
9	ROOM?
10	MR. SHEEHY: I THINK THE FIRST THING THAT
11	MIGHT BE HELPFUL IS TO GET A VOTE ON THE PRIOR
12	MOTION, WHICH WAS THE MAYBE JAMES CAN LEAD YOU
13	THROUGH THAT.
14	MR. HARRISON: MICHAEL, THE MOTION WAS TO
15	APPROVE DCF APPLICATIONS IN TIER I AND NOT TO FUND
16	THE REMAINING DCF APPLICATIONS, AND WE ASK YOU TO
17	VOTE YES OR NO EXCEPT FOR THOSE WITH WHICH YOU HAVE
18	A CONFLICT.
19	MR. GOLDBERG: YES, EXCEPT FOR THOSE WITH
20	WHICH I HAVE A CONFLICT.
21	MR. SHEEHY: THANK YOU. NOW, MICHAEL,
22	WE'RE IN THE DC CATEGORY, AND I BELIEVE THAT THERE
23	WAS A GRANT THAT YOU HAD AN INTEREST IN THAT YOU
24	WOULD LIKE TO MAKE A MOTION TO MOVE INTO THE
25	FUNDABLE CATEGORY?
	76
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	Didding the original priviles
1	MR. GOLDBERG: THAT'S CORRECT.
2	MR. SHEEHY: PLEASE PROCEED.
3	MR. GOLDBERG: THAT WOULD BE 06888, WHICH
4	WAS A PROPOSAL TO ENGINEER RESTORATION OF FUNCTION
5	AFTER SPINAL CORD INJURY.
6	MR. SHEEHY: SO DO WE HAVE A SECOND ON
7	THAT MOTION?
8	MR. TORRES: I'LL SECOND.
9	MR. SHEEHY: SENATOR TORRES HAS SECONDED.
10	SO PERHAPS THE BEST THING MIGHT BE TO GET SOME
11	INFORMATION FROM STAFF ABOUT THE APPLICATION.
12	DR. CANET-AVILES: STAFF IS DR.
13	CANET-AVILES, AKA ROSA TOO.
14	SO THIS IS AN APPLICATION FOR A
15	DEVELOPMENT CANDIDATE, AND IT'S FOCUSED ON A
16	COMBINATION PRODUCT CONSISTING OF PROGENITOR CELLS
17	ON A SCAFFOLD THAT COULD BE IMPLANTED INTO THE
18	SPINAL CORD TO LIMIT THE FUNCTIONAL DEFICITS AFTER
19	SPINAL CORD INJURY.
20	THE PRODUCT, THE COMBINATION PRODUCT, IS
21	INTENDED TO MODIFY THE INJURED ENVIRONMENT OF THE
22	SPINAL CORD TO BOTH PROMOTE, REPAIR, AND PROVIDE
23	PROCESSES THAT NEEDED REPAIR. THE APPLICATION
24	PROPOSES TO COMBINE TWO NEURAL CELL POPULATIONS OF
25	DERIVED HUMAN INDUCED PLURIPOTENT STEM CELLS, WHICH
	

1	WOULD BE PATIENT DERIVED, WITH A BIODEGRADABLE
2	SCAFFOLD. AND EACH OF THE COMPONENTS IN THE
3	COMBINATION PRODUCT MAY BE ENGINEERED TO SECRETE
4	NEUROTROPHIC FACTORS.
5	THE MILESTONES INCLUDE AN ITERATIVE
6	EXAMINATION OF THE FUNCTIONAL EFFICACY OF THESE
7	HIPS-DERIVED NEURAL STEM CELLS IN COMBINATION WITH
8	THE SCAFFOLD AT MULTIPLE TIME POINTS AFTER THE
9	INJURY IN A RODENT MODEL OF SPINAL CORD INJURY.
10	GENETICALLY ENGINEERING THE NEURAL STEM CELLS TO
11	SECRETE THESE NEUROTROPHIC FACTORS AND REPEATING THE
12	STUDIES IN THE RODENT MODEL, IMPREGNATING THE
13	SCAFFOLD WITH RELEASABLE NEUROTROPHIC FACTORS AS
14	WELL AND REPEATING THE STUDIES IN THE RODENT MODEL.
15	ADDING A SECOND HUMAN INDUCED PLURIPOTENT STEM
16	CELL-DERIVED NEURAL CELL TYPE TO THE COMBINATION
17	PRODUCT AND REPEATING THE STUDIES IN THE RODENT
18	MODEL AND MOVING THE BEST CANDIDATE COMBINATION
19	PRODUCTS FORWARD INTO THE CLINICAL DEVELOPMENT MODEL
20	OF SPINAL CORD INJURY.
21	AS YOU CAN SEE, IT'S AN ITERATIVE PROCESS
22	OF TRYING DIFFERENT CANDIDATES THERE.
23	SO THE REVIEWERS FOUND THAT THERE WAS, IN
24	THE TERMS OF OBJECTIVES AND MILESTONES, A LACK OF
25	GO/NO-GO DECISION POINTS. AND MOSTLY THE TARGET

78

1	PRODUCT DESCRIBED MULTIPLE POSSIBLE DEVELOPMENT
2	CANDIDATES.
3	ANOTHER ASPECT THAT THE REVIEWERS FOUND
4	WAS NOT VERY POSITIVE, THAT THE MULTIFUNCTIONAL
5	APPROACH THAT THE TEAM PROPOSES IS RATIONAL, BUT IT
6	WAS HIGHLY UNREALISTIC AND VERY AMBITIOUS.
7	THEY LIKED THE RESEARCH PLAN. AND WHILE
8	THE REVIEWERS ACKNOWLEDGE THAT THE STUDIES PROPOSED
9	COULD ADD SOME SIGNIFICANT KNOWLEDGE TO THE SPINAL
10	CORD INJURY FIELD, THE SCIENTIFIC COMPLEXITY OF THE
11	PLANNED COMBINATION PRODUCT LIMITED THEIR
12	ENTHUSIASM.
13	THE SCOPE OF THE PROPOSAL WAS VIEWED AS
14	TOO BROAD TO BE ACCOMPLISHED WITHIN THE THREE-YEAR
15	PERIOD. AND I THINK THOSE WERE THE MAIN CONCERNS IN
16	THE REVIEW. THEY FOUND THE TEAM TO BE EXCELLENT
17	WITH EXTENSIVE EXPERIENCE IN NEURAL STEM CELLS AND
18	TRANSPLANTATION INTO SPINAL CORD INJURY MODELS AND
19	BIOMATERIAL DEVELOPMENT. SO THIS IS IT. THANKS.
20	MR. SHEEHY: ARE THERE QUESTIONS FOR STAFF
21	ABOUT THIS GRANT? MICHAEL, DO YOU HAVE
22	MR. GOLDBERG: IT'S MY UNDERSTANDING NOW
23	THAT THE UNDERLYING SCAFFOLD THAT WAS PROPOSED IN
24	THE APPLICATION WAS, SUBSEQUENT TO THE APPLICATION
25	AND THE REVIEW, APPROVED FOR USE BY THE FDA,

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1	SUBSTANTIALLY DERISKING THAT DIMENSION OF THE
2	RESEARCH PROGRAM. I GUESS MY QUESTION WOULD BE IS
3	THAT A RELEVANT FACTOR FOR CONSIDERATION?
4	DR. OLSON: OKAY. I'D LIKE TO ADDRESS
5	THAT. THIS IS PAT OLSON. THE PRODUCT I MEAN I
6	HOPE YOU HEARD WHAT THE PROPOSED PRODUCT WELL,
7	THEY DON'T KNOW WHAT THE CANDIDATE IS YET. AND
8	THAT'S PROBABLY OKAY, BUT YOU HAVE TO REALIZE THE
9	COMPLEXITY OF WHAT'S BEING TALKED ABOUT.
10	SO WITH REGARD TO THE SCAFFOLD, THE
11	SCAFFOLD IS BEING SUBMITTED FOR APPROVAL IN ANOTHER
12	CONTEXT. SO, YES, WHEREAS IT IS A GOOD THING TO
13	HAVE A SCAFFOLD THAT HAS BEEN APPROVED IN ONE
14	CONTEXT, ITS USE IN THIS CONTEXT IS A SEPARATE
15	COMBINATION PRODUCT. SO IT'S AT LEAST IT'S GOOD
16	TO KNOW THAT IT'S APPROVABLE, BUT WHAT WE'RE TALKING
17	ABOUT HERE IS WE'RE TALKING ABOUT EACH OF TWO
18	POPULATIONS OF NEURAL STEM CELL-DERIVED PROGENITORS
19	WHICH MAY OR MAY NOT BE MODIFIED WITH A GROWTH
20	FACTOR, SO GENETICALLY MODIFIED, TWO CELL
21	POPULATIONS MAY OR MAY NOT BE GENETICALLY MODIFIED,
22	PLUS A SCAFFOLD WHICH MAY OR MAY NOT HAVE
23	THERAPEUTIC PROTEINS ADDED TO IT.
24	NOW, THAT IN OF ITSELF IS FINE. TESTING
25	ALL THOSE COMBINATIONS TO GET TO I THINK THE MAIN
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1	CRITICISM THAT DR. CANET-AVILES HIGHLIGHTED FOR YOU,
2	AT LEAST I WOULD, IS WHAT THE REVIEWERS SAID ABOUT
3	FEASIBILITY OF MAKING THE CHOICE AMONG ALL THOSE
4	POPULATIONS WITHIN A REASONABLE TIME FRAME AND THEN
5	DOING ALL THE THINGS THAT YOU NEED TO DO FOR A
6	DEVELOPMENT CANDIDATE WITH THE SELECTED PRODUCT.
7	SO I THINK THOSE IT HELPS TO KNOW THAT
8	THE FDA WILL APPROVE A SCAFFOLD, BUT I THINK THE
9	ISSUE IS THE VARIOUS COMBINATORIALS THE VARIOUS
10	COMBINATIONS THAT ARE PROPOSED AND WHAT YOU MIGHT
11	END UP WITH. AND THAT WAS THE REVIEWER'S ISSUE,
12	FEASIBILITY.
13	MR. SHEEHY: J.T.
14	CHAIRMAN THOMAS: DR. OLSON, IT'S MY
15	UNDERSTANDING THAT THIS CONCLUSION BY THE GRANTS
16	WORKING GROUP WAS SUBMITTED FORMALLY IN OUR NEW
17	APPEAL PROCESS. COULD YOU JUST ADDRESS THAT,
18	PLEASE?
19	DR. OLSON: YES, IT WAS. AND STAFF DID
20	REVIEW. IF YOU WILL GIVE ME A MOMENT PLEASE, I NEED
21	TO PULL UP THE APPROPRIATE I JUST WANT OUR
22	CONCLUSION. I BELIEVE HE CLAIMED GIL, YOU MIGHT
23	HAVE THAT. OKAY. THE APPLICANT CONSULTED WITH THE
24	REVIEW OFFICE AND DID SO DID HAVE A DISCUSSION
25	WITH DR. SAMBRANO AND DID CHOOSE TO SUBMIT AN APPEAL

1	REQUEST BASED ON A MATERIAL DISPUTE OF FACT AND A
2	REQUEST FOR RECONSIDERATION BASED ON MATERIAL NEW
3	INFORMATION. THE REQUEST FOR RECONSIDERATION IS
4	DENIED AS THE INFORMATION PROVIDED DOES NOT ADDRESS
5	THE PRIMARY CONCERNS OF REVIEWERS.
6	SO I BELIEVE, AS HAS ALREADY BEEN NOTED,
7	THAT THE ONE POINT HIGHLIGHTED IN THE REQUEST FOR
8	RECONSIDERATION WAS THE FACT THAT THE SCAFFOLD WAS,
9	AT LEAST BEING, I THINK, THE SUBJECT OF OR MOVING
10	THROUGH THE CLINICAL STUDIES AND FDA APPROVAL
11	PROCESS, BUT AS WE STATED, IT DOES NOT ADDRESS THE
12	PRIMARY CONCERNS OF REVIEWERS. APPEAL WAS DENIED AS
13	NO OBJECTIVELY VERIFIABLE FACT AND THE REVIEW
14	SUMMARY WAS IDENTIFIED AND ALL CLAIMS OF ERROR
15	REPRESENTED A DIFFERENCE OF SCIENTIFIC OPINION OR
16	JUDGMENT.
17	SO THE POINT ABOUT THE SCAFFOLD WAS NOT
18	THE PRIMARY POINT.
19	MR. SHEEHY: MICHAEL, DO YOU WANT TO SEE
20	THE SCORES ON THIS? IS THAT HELPFUL FOR YOU?
21	DR. OLSON: I'D BE HAPPY TO GIVE YOU THE
22	MEAN, MEDIAN, AND RANGE. WOULD THAT BE HELPFUL?
23	MR. GOLDBERG: YES. THANK YOU. ALSO
24	THANK YOU FOR YOUR RESPONSE, DR. OLSON.
25	MR. SHEEHY: I THINK THAT WOULD BE
	82

1	HELPFUL, THE SCORES.
2	DR. OLSON: SO THE MEAN SCORE WAS A 53,
3	THE MEDIAN SCORE WAS A 55, THE RANGE OF SCORES WAS
4	40 TO 60. SO EVEN THE HIGHEST SCORE DID NOT FALL IN
5	A TIER II RANGE. AND THE STANDARD DEVIATION, GIVEN
6	THAT RANGE, WAS SEVEN.
7	MR. GOLDBERG: THANK YOU.
8	MS. SAMUELSON: QUESTION FOR DR. OLSON.
9	IF THIS RFA IS MOVING TOO FAST FOR A GRANT
10	APPLICATION OF THIS COMPLEXITY, AND THAT'S BASICALLY
11	WHAT I UNDERSTOOD YOU SAYING, AND IF I'M WRONG, LET
12	ME KNOW, THEN WHAT OTHER RFA THIS ISN'T A
13	RHETORICAL QUESTION. I'M JUST CURIOUS.
14	DR. OLSON: I WASN'T SUGGESTING THAT IT
15	WASN'T SUITABLE FOR THIS RFA. I WAS SUGGESTING THAT
16	GIVEN THE MANY COMBINATIONS THAT WERE PROPOSED FOR
17	TESTING AND THE ACTIVITIES REQUIRED ONCE YOU HAVE
18	SELECTED A CANDIDATE TO ACTUALLY SORT OF MEET THE
19	CRITERIA FOR HAVING CHOSEN A DEVELOPMENT CANDIDATE,
20	THE APPLICANT MIGHT HAVE BEEN BETTER OFF PURSUING A
21	DCF AWARD. AND THEN ONCE HAVING GOTTEN FURTHER
22	ALONG MOVED FORWARD.
23	SO I DO BELIEVE THAT THE EARLY
24	TRANSLATIONAL RFA INITIATIVE WAS THE APPROPRIATE
25	INITIATIVE FOR THIS. IT'S NOT THE REVIEWERS'

1	OPINION WAS THAT THE ACTIVITIES CONTEMPLATED UNDER
2	THIS AWARD WERE, AS THEY NOTED, A HUGE AMOUNT OF
3	WORK TO BE DONE AND QUESTIONED WHETHER THE APPLICANT
4	COULD GET THERE.
5	MR. SHEEHY: THANK YOU, DR. OLSON. DO WE
6	HAVE FURTHER BOARD COMMENTS? ANY ADDITIONAL
7	COMMENTS FROM STAFF, BOARD? I'M ASSUMING YOU HAVE
8	PUBLIC COMMENT.
9	MR. GOLDBERG: YES.
10	MR. REED: THIS IS DON REED. FIRST OFF, I
11	THINK THERE'S A GAP IN THE CIRM PORTFOLIO. IF YOU
12	VISIT THE WEB SITE ON SPINAL CORD INJURY AT THE CIRM
13	WEB SITE, YOU WILL SEE THAT THERE'S TEN PROJECTS OF
14	WHICH ONLY FIVE ARE ACTIVE. IT SAYS 59 MILLION IS
15	ALLOCATED, BUT OF THAT 48 MILLION HAS BEEN CALLED
16	BACK. SO THEY'VE GOT 11 MILLION. SO THE ROMAN REED
17	ACT IS TINY COMPARED TO CIRM, AND YET WE'VE FUNDED
18	\$15 MILLION WORTH OF SPINAL CORD INJURY RESEARCH AND
19	CIRM RIGHT NOW IS STUCK WITH 11 MILLION. I THINK
20	THERE'S A DEFINITE GAP THERE.
21	SECONDLY, THE IDEA OF HIGHLY AND
22	UNREALISTICALLY AMBITIOUS, THAT'S A DESCRIPTION OF
23	EVERYTHING THAT'S ACTUALLY GOING TO WORK BECAUSE
24	EVERY PROJECT THAT'S GOING TO BE PROPOSED FOR SPINAL
25	CORD INJURY IS GOING TO BE MULTIFACETED. IT JUST

1	HAS TO BE THAT WAY.
2	ALSO, WHEN YOU ARE DIAGNOSED PARALYZED,
3	THE ONLY REALISM IN YOUR LIFE IS THEY TELL YOU THAT
4	THERE IS NO HOPE. BUT CIRM IS ABOUT MAKING HOPE
5	REAL THROUGH ACCOMPLISHMENTS. WE DON'T HAVE TO ASK
6	OURSELVES WHAT CAN BE DONE WITH A DOLLAR FIFTY, BUT
7	WHAT ARE PROMISING POSSIBILITIES BROUGHT BY SERIOUS
8	INDIVIDUALS.
9	THE PEOPLE INVOLVED ARE SERIOUS. THE
10	SCAFFOLDING IS DONE BY ONE OF THE PIONEERS IN THIS
11	FIELD. THE PI IS NOT ONLY HIGHLY RESPECTED IN
12	SPINAL CORD INJURY, BUT ALSO STEM CELL RESEARCH. HE
13	IS THE CHAIR OF THE FDA CELL, TISSUE, AND GENE
14	THERAPY COMMITTEE. NO ONE KNOWS THE COMPLICATIONS
15	AND THE REASON FOR THEM AND HOW TO SOLVE THEM BETTER
16	THAN THIS MAN.
17	I REALLY THINK WE NEED TO EITHER
18	RECONSIDER THIS OR FIND A DIFFERENT SPOT FOR IT
19	BECAUSE I THINK THE SPINAL CORD INJURY PROJECT
20	ITSELF IS WORTHY OF BEING FUNDED. IF THERE TO BE A
21	DIFFERENT CATEGORY FOR IT, SO BE IT. BUT ALSO WE
22	JUST NEED TO HAVE SOMETHING. WE'RE RUNNING OUT OF
23	MONEY, AND SPINAL CORD INJURY IS A HUGELY
24	INFLUENTIAL IT'S THE SYMBOL OF THAT WHICH CANNOT
25	BE CURED. AND IF WE CAN CURE IT OR EVEN EASE IT,

85

1	ALLEVIATE THE SUFFERING OF SO MANY PEOPLE, THAT WILL
2	BE A HUGE THING FOR PART 2. THANK YOU FOR HEARING
3	ME OUT.
4	MR. SHEEHY: THANK YOU, DON. ARE THERE
5	ADDITIONAL PUBLIC COMMENTS? WE HAVE ONE HERE IN SAN
6	FRANCISCO SAN DIEGO.
7	DR. CRANE: MY NAME IS DR. ANDREW CRANE.
8	EVAN CAN'T BE HERE, SO I'M SPEAKING ON HIS BEHALF.
9	I'M A SCIENTIST IN HIS LAB. AND HE ORIGINALLY ASKED
10	ME TO READ THIS LETTER THAT WAS ADDRESSING THE
11	POTENTIAL FDA HURDLES FOR GETTING THIS MULTIMODAL
12	THERAPY APPROVED AND FELT THAT THIS WAS NOT
13	RECOMMENDED FOR FUNDING BASED PRIMARILY ON THAT.
14	SO MAYBE THERE WAS A MISUNDERSTANDING. HE
15	ASKED ME TO READ THIS LETTER, AND THE GIST OF THIS
16	IS THAT, YES, THE SCAFFOLD IS BIODEGRADABLE AND IS
17	FDA APPROVED AND ENTERING CLINICAL TRIALS FOR SPINAL
18	CORD INJURY PATIENTS THROUGH A COMMERCIAL PARTNER,
19	IN VIVO THERAPEUTICS. AND THIS COMPANY WOULD ALSO
20	BE HELPING WITH OUR IND-ENABLING STUDIES. I GUESS
21	THIS WAS NOT KNOWN TO THE GRANTS WORKING GROUP AT
22	THAT TIME.
23	SIMILARLY, WE HAVE NEW DATA SHOWING,
24	ACCORDING TO EVAN, THAT STEM CELLS ALONE DO NOT MAKE
25	A SIGNIFICANT IMPACT ON SPINAL CORD INJURY. THE

1	SCAFFOLD ALONE DOES MAKE AN IMPACT, BUT IT'S NOT
2	NEARLY AS IDEAL AS WHAT POTENTIALLY COULD BE WHEN
3	THE THERAPIES ARE COMBINED. THERE IS A SYNERGY WITH
4	STEM CELLS AND THE SCAFFOLD THAT ARE INCREASING THE
5	BEHAVIORAL AND FUNCTIONAL RESPONSES IN THE SPINAL
6	CORD INJURY MODEL.
7	SO WITH REGARD TO THE DATA ON THESE
8	APPROACHES, WE PROVIDE THIS DATA SHOWING THAT THE
9	COMBINATION IS AN IDEAL AVENUE FOR EXPLORATION. SO
10	EVAN WOULD SIMPLY LIKE TO REQUEST THAT THE
11	APPLICATION BE REASSESSED BY AN EXTERNAL SCIENTIFIC
12	STUDY SECTION WITH THIS NEW INFORMATION AND CORRECT
13	THE DATA IN EVIDENCE. THANK YOU.
14	MR. SHEEHY: SO THE APPLICANT IS
15	REQUESTING RE-REVIEW. I THINK
16	DR. SAMBRANO: THIS WAS PART OF WHAT WAS
17	REVIEWED DURING THE APPEALS PROCESS. SO THESE
18	POINTS HAVE BEEN ALREADY CAREFULLY CONSIDERED. AND
19	THE CONCLUSION WE REACHED WAS THAT THE APPEAL DID
20	NOT MEET EITHER THE CRITERIA OR DID NOT ADDRESS THE
21	MAIN CONCERNS OF REVIEWERS. SO I DON'T THINK WHAT
22	WE'VE HEARD CHANGES THAT.
23	MR. SHEEHY: IS THERE ANY OTHER ADDITIONAL
24	PUBLIC COMMENT? SHOULD WE PROCEED TO A VOTE? AND
25	THE VOTE IS TO APPROVE THIS APPLICATION FOR FUNDING.

1	MS. BONNEVILLE: ANNE-MARIE DULIEGE.
2	DR. DULIEGE: YES.
3	MS. BONNEVILLE: MARCY FEIT. MICHAEL
4	GOLDBERG.
5	MR. GOLDBERG: YES.
6	MS. BONNEVILLE: STEVE JUELSGAARD.
7	MR. JUELSGAARD: NO.
8	MS. BONNEVILLE: FRANCISCO PRIETO.
9	DR. PRIETO: NO.
10	MS. BONNEVILLE: ROBERT QUINT.
11	DR. QUINT: NO.
12	MS. BONNEVILLE: AL ROWLETT.
13	MR. ROWLETT: NO.
14	MS. BONNEVILLE: JOAN SAMUELSON.
15	MS. SAMUELSON: ABSTAIN.
16	MS. BONNEVILLE: JEFF SHEEHY.
17	MR. SHEEHY: NO.
18	MS. BONNEVILLE: OS STEWARD. JONATHAN
19	THOMAS.
20	CHAIRMAN THOMAS: NO.
21	MS. BONNEVILLE: ART TORRES. DIANE
22	WINOKUR.
23	MR. HARRISON: WHILE WE'RE WAITING FOR
24	MEMBERS WINOKUR AND TORRES TO RETURN TO
25	MR. TORRES: AYE.
	88

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1	MR. SHEEHY: SENATOR TORRES VOTES AYE.
2	MR. HARRISON: THE MOTION FAILS BY A VOTE
3	OF THREE YES VOTES TO SIX NO VOTES.
4	AND JUST TO CONFIRM, THE PRIOR MOTION ON
5	THE DCF APPLICATIONS WAS VALID, ALL THE
6	APPLICATIONS.
7	MR. SHEEHY: ARE THERE ANY ADDITIONAL
8	MOTIONS TO MOVE AN APPLICATION FROM TIER III INTO
9	TIER I? ARE WE READY FOR A GLOBAL MOTION MUCH LIKE
10	THE LAST ONE? COULD YOU MAYBE GIVE US THE FORM?
11	MR. HARRISON: YES. THE MOTION WOULD BE
12	TO APPROVE THE DC APPLICATIONS IN TIER I AND NOT TO
13	FUND THE REMAINING APPLICATIONS.
14	MR. SHEEHY: SO COULD I GET A MAKER AND A
15	SECOND?
16	DR. DULIEGE: SO MOVED.
17	MR. JUELSGAARD: SECOND.
18	MR. SHEEHY: THE SECOND IS STEVE
19	JUELSGAARD. AND THEN THE SAME FORM AS BEFORE.
20	ANNOUNCE YOUR CONFLICTS, SO TO SPEAK. ANY PUBLIC
21	COMMENT ON ANY REMAINING APPLICATIONS IN THIS
22	CATEGORY EITHER HERE OR IN PALO ALTO? NO PUBLIC
23	COMMENT. THEN WE'LL GO TO A ROLL CALL.
24	MS. BONNEVILLE: ANNE-MARIE DULIEGE.
25	DR. DULIEGE: YES.
	89

_	DARKISIERS REPORTING SERVICE
1	MS. BONNEVILLE: MARCY FEIT. MICHAEL
2	GOLDBERG.
3	MR. GOLDBERG: YES, EXCEPT FOR THOSE WITH
4	WHICH I HAVE A CONFLICT.
5	MS. BONNEVILLE: STEVE JUELSGAARD.
6	MR. JUELSGAARD: YES.
7	MS. BONNEVILLE: SHERRY LANSING.
8	FRANCISCO PRIETO.
9	DR. PRIETO: YES, EXCEPT FOR THOSE WITH
10	WHICH I HAVE A CONFLICT.
11	MS. BONNEVILLE: ROBERT QUINT.
12	DR. QUINT: YES.
13	MS. BONNEVILLE: AL ROWLETT.
14	MR. ROWLETT: YES, EXCEPT FOR THOSE WITH
15	WHICH I HAVE A CONFLICT.
16	MS. BONNEVILLE: JOAN SAMUELSON.
17	MS. SAMUELSON: ABSTAIN.
18	MS. BONNEVILLE: JEFF SHEEHY.
19	MR. SHEEHY: YES, EXCEPT FOR THOSE WITH
20	WHICH I HAVE A CONFLICT.
21	MS. BONNEVILLE: OS STEWARD. JONATHAN
22	THOMAS.
23	CHAIRMAN THOMAS: YES.
24	MS. BONNEVILLE: ART TORRES.
25	MR. TORRES: AYE.
	90

1	MS. BONNEVILLE: DIANE WINOKUR.
2	MR. HARRISON: IF STAFF COULD TRY TO FIND
3	MEMBER WINOKUR SO WE COULD RECORD HER VOTE ON THIS
4	MOTION, THAT WOULD BE GREAT.
5	DR. FINE: AM I ON YOUR LIST?
6	MR. HARRISON: NO. WE ONLY CALL MEMBERS
7	OF THE APPLICATION REVIEW SUBCOMMITTEE WHO ARE
8	ELIGIBLE TO VOTE. AND AS AN INSTITUTIONAL MEMBER
9	YOU ARE NOT.
10	CHAIR, I'D SUGGEST THAT WE LEAVE THE ROLL
11	CALL OPEN AS WE'RE PERMITTED TO DO UNDER THE BOARD'S
12	BYLAWS UNTIL AFTER THE LUNCH BREAK, AND THEN WE CAN
13	THEN HAVE MEMBER WINOKUR RECORD HER VOTE AT THAT
14	TIME IF THAT'S ACCEPTABLE TO THE BOARD.
15	MR. SHEEHY: J.T., I THINK THIS IS YOUR
16	CALL, NOT MY CALL.
17	CHAIRMAN THOMAS: THAT IS ACCEPTABLE. FOR
18	MEMBERS OF THE PUBLIC, WE ARE GOING TO BREAK FOR
19	LUNCH AND CLOSED SESSION AT THE MOMENT. I THINK YOU
20	HAVE A SENSE OF WHERE THE VOTE IS, SO I DON'T THINK
21	IT'S NECESSARY FOR YOU TO STICK AROUND UNTIL CLOSED
22	SESSION IS OVER BECAUSE THAT WILL BE A LITTLE WHILE.
23	SO I WOULD LIKE TO ECHO THE COMMENTS OF
24	MR. SHEEHY. THANK YOU, ALL OF YOU, FOR COMING FOR
25	YOUR COMMENTS, FOR SHARING YOUR STORIES. WE GREATLY
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1	APPRECIATE IT.
2	AND SO BEFORE MARIA SPEAKS ON THE ALL
3	IMPORTANT ISSUE OF WHERE LUNCH IS, JAMES, IF YOU
4	COULD JUST ADMONISH US AS TO THE BASIS FOR THE
5	CLOSED SESSION.
6	MR. HARRISON: THE BOARD WILL BE CONVENING
7	IN CLOSED SESSION TO DISCUSS PERSONNEL PURSUANT TO
8	HEALTH AND SAFETY CODE SECTION 125290.30(F)(3)(D).
9	CHAIRMAN THOMAS: MARIA.
10	MS. BONNEVILLE: FOR BOARD MEMBERS LUNCH
11	IS IN THE PACIFIC ROOM, WHICH IS THAT WAY. GO OUT
12	AND TURN LEFT AROUND THE CORNER TOWARDS THE END.
13	AND STAFF, WE WILL HAVE LUNCH WHERE WE HAD BREAKFAST
14	THIS MORNING.
15	DR. FINE: WHAT TIME DO YOU WANT US TO LOG
16	IN FOR PHONE COMMUNICATION? THERE'S A SEPARATE
17	CONNECTION REQUIRED. WHAT TIME DO YOU WANT US TO
18	OPEN THAT CONNECTION?
19	CHAIRMAN THOMAS: I WOULD SAY FIVE
20	MINUTES.
21	DR. FINE: OKAY. THANK YOU.
22	CHAIRMAN THOMAS: THANK YOU, THOSE ON THE
23	PHONE. WE WILL NOW ADJOURN TO CLOSED SESSION AND
24	SEE EVERYBODY AT ITS CONCLUSION.
25	(THE APPLICATION REVIEW SUBCOMMITTEE
	92

1	WAS THEN ADJOURNED, AND THE FULL BOARD THEN CONVENED
2	IN CLOSED SESSION, NOT REPORTED NOR HEREIN
3	TRANSCRIBED.)
4	CHAIRMAN THOMAS: EVERYBODY PLEASE TAKE
5	YOUR SEATS. MEETING IS NOW CALLED BACK TO ORDER. I
6	THINK THE FIRST ORDER OF BUSINESS IS, DIANE, WE
7	NEED JAMES, WHICH VOTE DO WE NEED DIANE'S FINAL
8	TALLY ON?
9	MR. HARRISON: WE NEED DIANE'S VOTE ON THE
10	MOTION TO APPROVE THE DC APPLICATIONS IN TIER I AND
11	NOT TO FUND THE REMAINING APPLICATIONS.
12	MS. WINOKUR: MY VOTE IS YES.
13	CHAIRMAN THOMAS: DIANE VOTES YES.
14	SO, MR. HARRISON, THE RESULTS OF THE VOTE
15	ARE?
16	MR. HARRISON: THE MOTION CARRIES.
17	CHAIRMAN THOMAS: THANK YOU. THAT
18	CONCLUDES THE EARLY TRANSLATION IV DISCUSSION. I
19	WOULD LIKE TO PUBLICLY THANK MR. SHEEHY FOR HIS
20	GREAT LEADERSHIP. THIS IS THE FIRST MAJOR
21	DISCUSSION THAT WE'VE HAD UNDER THE NEW PROTOCOL
22	WITH PROGRAMMATIC REVIEW BEING AT THE BOARD, AND I
23	THOUGHT IT WENT EXTREMELY WELL. JEFF, THANK YOU FOR
24	YOUR WORK IN GUIDING US THROUGH. LET THE RECORD
25	SHOW WE THANKED MR. SHEEHY.
	93

1	MR. SHEEHY: THANK YOU TO THE CHAIR.
2	CHAIRMAN THOMAS: NEXT WE'RE PROCEEDING TO
3	ACTION ITEM NO. 11, CONSIDERATION OF PROPOSED
4	PROGRAM ANNOUNCEMENTS FOR CIRM INDUSTRY CO-FUNDING
5	AGREEMENT. ELONA HAS THE PODIUM.
6	MS. BAUM: THANK YOU VERY MUCH FOR YOUR
7	ATTENTION. AND WHAT I WOULD LIKE TO DO IS BRIEFLY
8	DESCRIBE A CONCEPT PROPOSAL FOR A PROGRAM
9	ANNOUNCEMENT WHICH WOULD SEEK THE CREATION OF
10	INDUSTRY COLLABORATION AND CO-FUNDING AGREEMENTS
11	WITH CIRM AND ELIGIBLE INDUSTRY REPRESENTATIVES.
12	SO BEFORE I START WITH THE PURPOSE, I JUST
13	WANTED TO GIVE A LITTLE BIT OF BACKGROUND ABOUT OUR
14	STRATEGIC PARTNERSHIP FUNDING RFA'S.
15	(INTERRUPTION IN PROCEEDINGS.)
16	CHAIRMAN THOMAS: HOLD ON ONE SECOND.
17	TECHNOLOGY GURU AMY IS ON HER WAY OVER TO FIGURE OUT
18	WHAT'S WRONG.
19	MS. BAUM: OKAY. JUST TO SET THE STAGE
20	AND PROVIDE A LITTLE BIT OF BACKGROUND, OUR
21	STRATEGIC PARTNERSHIP FUNDING RFA'S HAVE A
22	COMMERCIALIZATION VALIDATION REQUIREMENT AS AN
23	ELIGIBILITY REQUIREMENT. AND WHAT THAT PROVIDES IS
24	THAT IN ORDER TO BE ELIGIBLE FOR ENTRY INTO THAT
25	RFA, YOU EITHER HAVE TO HAVE AN AGREEMENT WITH AN
	94

1	INDUSTRY COLLABORATOR, AND WE'VE DESCRIBED THAT
2	COLLABORATOR AS HAVING TO HAVE A MARKET CAP OF 500
3	MILLION, OR YOU HAVE TO HAVE RAISED, AND IT'S
4	CHANGED BETWEEN RFA'S, EITHER 10 MILLION IN THE PAST
5	TWO YEARS OR 15 MILLION IN THE PAST TWO YEARS. IF
6	YOU CAN SATISFY THAT REQUIREMENT, WE SAY YOU'VE
7	ESTABLISHED COMMERCIAL VALIDATION AND YOU AT LEAST
8	CAN BE ELIGIBLE VIS-A-VIS THOSE REQUIREMENTS.
9	AND SO WHAT THE PURPOSE OF THIS PROPOSED
10	AGREEMENT VIA THE PROGRAM ANNOUNCEMENT IS IS TO MAKE
11	IT WIDELY KNOWN TO THE INDUSTRY THAT WE ARE
12	INTERESTED IN ENTERING INTO THESE AGREEMENTS WITH
13	ALL QUALIFIED ENTITIES; I.E., PHARMA THAT HAS A 500
14	MILLION MARKET CAP OR BIOPHARMACEUTICAL THAT HAS A
15	500 MARKET CAP AND VENTURE FIRMS WITH THE QUALIFYING
16	CRITERIA TO BE DETERMINED AT A LATER DATE IN THE RFA
17	OR THE PROGRAM ANNOUNCEMENT.
18	AND I THINK THE REASON IS HOPEFULLY
19	SELF-EVIDENT. IT'S, IN ESSENCE, SO WE CAN
20	JUMP-START THE PROCESS BECAUSE WHAT WE HAVE SEEN IN
21	PRACTICE IS THAT WE POST THE RFA AND THEN THE
22	DISCUSSIONS BETWEEN THE CALIFORNIA RESEARCHERS AND
23	THE INDUSTRY PARTNERS START BEGINNING JUST THEN.
24	WELL, WE ALL KNOW IT TAKES A LOT LONGER TIME THAN
25	FOUR MONTHS, WHICH IS THE TYPICAL OR SIX MONTHS

WHICH IS A TYPICAL SPAN FROM POSTING THE RFA TO
COMING TO THE ICO TO ACTUALLY CONCLUDE THESE
NEGOTIATIONS. SO I FEEL LIKE WE'RE OFTEN BEHIND THE
EIGHT BALL IN TERMS OF KNOWING WHETHER OR NOT THESE
AGREEMENTS EVER WILL COME INTO FRUITION.
SO AS I SAID, WHAT WE'RE TRYING TO DO WITH
THESE AGREEMENTS NOW IS TO JUMP-START THE PROCESS
AND LET, IF THERE ARE ANY INDUSTRY COLLABORATORS OUT
THERE WILLING TO ENGAGE WITH US, LET THEM KNOW THAT
WE'D LIKE TO ENTER INTO THE PROCESS EARLY. AND LET
ME PROVIDE YOU WITH SOME PROVISIONS AS TO WHAT THESE
AGREEMENTS WOULD LOOK LIKE. BUT BEFORE I DO THAT
ACTUALLY, I ALSO WANT TO TELL YOU WHAT THEY WON'T
LOOK LIKE.
THIS IS NOT A CO-FUNDED RFA. SO WHAT THAT
WILL MEAN IS THAT CIRM WILL CONTROL THE PROCESS IN
EVERY SHAPE AND FORM. AND IT'S ALSO NOT INTENDED TO
BE IDENTICAL TO WHAT WE HAVE RIGHT NOW WITH
GOVERNMENT ENTITIES, THE COLLABORATIVE FUNDING
PARTNER PROGRAM. BUT WHAT IT WILL DO IS THE
FOLLOWING. SO AS I SAID, IT WILL BE OPEN TO
QUALIFIED BIOPHARMAS, VC'S. AND WHAT IT WOULD
PROVIDE FOR IS THAT EACH ENTITY, CIRM AND THE
PARTNER, WOULD ONLY FUND PROGRAMS OF MUTUAL
INTEREST. SO IT DOESN'T REQUIRE THE PHARMA TO FUND
96

1	SOMETHING THEY'RE NOT INTERESTED IN; IT DOESN'T
2	REQUIRE CIRM TO FUND SOMETHING THAT THEY'RE NOT
3	INTERESTED IN.
4	IN TERMS OF THE RIGHTS OR BENEFITS THE
5	PARTNER WOULD RECEIVE, THEY WOULD HAVE INPUT INTO
6	THE STRATEGIC PARTNERSHIP CONCEPTS THAT WE POST AND
7	PRESENT TO THE BOARD; BUT, OF COURSE, THE INPUT DOES
8	NOT HAVE TO BE ACCEPTED BY CIRM. AND WHAT IT WOULD
9	MEAN IS THAT IF THIS IS ACCEPTED, WE WOULD KNOW WHO
10	OUR INTERESTED PARTNERS ARE. WE'D BE ABLE TO
11	IDENTIFY THEM ON OUR WEB SITES, AND THEN WE COULD
12	TAKE PROACTIVE STEPS TO MATCH OUR RESEARCHERS WITH
13	THESE ORGANIZATIONS THAT ARE INTERESTED IN DOING
14	SOME CO-FUNDING WITH US. WE MIGHT EVEN ENGAGE IN
15	WORKSHOPS WITH THEM OR OTHER EVENTS, BUT NOTHING SET
16	IN STONE AT THIS TIME.
17	I ALSO WANT TO EMPHASIZE THAT WE CAN UNDER
18	THIS PROGRAM ANNOUNCEMENT HAVE MULTIPLE INDUSTRY
19	AGREEMENTS. IT DOESN'T HAVE TO BE WITH JUST ONE
20	COMPANY AND ONLY ONE COMPANY. AND ALSO I WANT TO
21	EMPHASIZE THAT THE RESEARCHERS IN CALIFORNIA CAN
22	COME IN WITH A DESIGNATED INDUSTRY CO-FUNDING
23	PARTNER OR THEY CAN COME UP WITH ANYBODY ELSE AS
24	LONG AS THEY CAN SATISFY THE COMMERCIALIZATION
25	VALIDATION REQUIREMENT. SO THIS REALLY JUST IS
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	97

1	TRYING TO ENHANCE THE STRATEGIC PARTNERSHIP PROGRAM,
2	BUT THERE ARE MULTIPLE WAYS IN WHICH CALIFORNIA
3	RESEARCHERS CAN COME IN.
4	AND ALSO IT BEARS TO BE EMPHASIZED THAT
5	OUR FUNDING STRUCTURE REMAINS THE SAME. IT'S THE
6	SAME GWG REVIEW, IT'S THE SAME BOARD APPROVAL.
7	NOTHING CHANGES IN THAT REGARD.
8	I ALSO WANT TO EMPHASIZE THAT IN TERMS OF
9	THE INDUSTRY PARTNER'S ACCESS TO CONFIDENTIAL
10	INFORMATION, THIS IN MANY WAYS IS DIFFERENT THAN OUR
11	CFP PROGRAM BECAUSE HERE CIRM DOESN'T GIVE ACCESS TO
12	OTHER POTENTIAL PROGRAMS TO AN INDUSTRY PARTNER. SO
13	THEY ARE NOT SITTING IN OUR GRANTS WORKING GROUP
14	REVIEWS. WE NEVER GET IN THE MIDDLE OF PROVIDING
15	ANY CONFIDENTIAL INFORMATION. IT IS STRICTLY UP TO
16	THE CALIFORNIA RESEARCHER TO PROVIDE ACCESS TO THE
17	INFORMATION IF THEY SO DESIRE AS REQUESTED BY THE
18	INDUSTRY COLLABORATOR, AND THE COLLABORATOR DOES
19	THEIR OWN DUE DILIGENCE.
20	AND I ALSO WANTED TO EMPHASIZE THAT ALL IP
21	REGULATIONS WILL BE IN PLACE AND WILL APPLY AS WELL.
22	SO I THINK THERE MIGHT BE SOME QUESTIONS
23	AS TO HOW THIS WILL WORK IN PRACTICE, SO I ACTUALLY
24	INCLUDE IN MY SET OF SLIDES A FLOWCHART, AND I'M
25	HAPPY TO GO THROUGH THE FLOWCHART IF THAT IS OF
	98
	50

1	INTEREST.
2	HEARING NO QUESTIONS, I THINK I'LL DO
3	THAT. THE WAY IT WOULD WORK, AND THIS IS JUST ONE
4	EXAMPLE, IS THAT, OKAY, WE'RE SUCCESSFUL. YOU ALL
5	VOTE AND SUPPORT THIS. WE ACTUALLY ENTER INTO AN
6	AGREEMENT WITH A BIOPHARMA. THEN WHAT CIRM DOES IS
7	FIND WAYS TO CREATE LINKAGES WITH THE BIOPHARMA OR
8	THE VC AND CALIFORNIA ENTITY. SO WE DO THAT BY
9	POSTING ON OUR WEB SITE. GEE, COMPANIES A, B, AND C
10	ARE INTERESTED IN THERAPEUTIC AREAS X, Y, AND Z.
11	AND HOPEFULLY THAT HELPS FACILITATE SOME OF THE
12	LINKAGES. AND, AGAIN, WE CAN SURMISE OTHER INPUTS.
13	AT SOME POINT IN TIME, WE ALSO ASK THESE
14	ENTITIES IF THEY HAVE ANY INPUT THEY WANT TO PROVIDE
15	TO THE NEXT ROUND OF STRATEGIC PARTNERSHIP RFA'S.
16	AS YOU KNOW, THE CONCEPT PLANS ARE VERY, VERY HIGH
17	LEVEL. SO I WOULDN'T SURMISE THAT THEY WOULD HAVE A
18	LOT OF PARTICULAR INPUT, BUT THEY MIGHT WANT TO
19	INDICATE AT LEAST WHAT AREAS THAT THEY'RE INTERESTED
20	IN, AND WE DON'T HAVE TO LISTEN TO THAT. THEN, OF
21	COURSE, AS I INDICATED, HOPEFULLY THROUGH OUR
22	LINKAGES EFFORTS, THESE PARTNERSHIPS ARE CREATED,
23	THERE'S SOME INTEREST CREATED BETWEEN CALIFORNIANS
24	AND THE FUNDING PARTNERS, AND THE FUNDING PARTNER
25	STARTS DOING ITS DUE DILIGENCE AND NEGOTIATES A

99

1	POTENTIAL DEAL WITH THEM.
2	SO WHILE THE NEGOTIATIONS ARE ONGOING WITH
3	THE POTENTIAL CALIFORNIA RESEARCHER, CIRM POSTS ITS
4	RFA. AND THEN THE CALIFORNIA COMPANY COULD COME IN
5	WITH A LETTER OF INTENT THAT'S SIGNED BY THIS
6	POTENTIAL COLLABORATOR, WHICH IS WHAT WE'VE ALWAYS
7	REQUIRED IS LETTER OF INTENT AT THE ENTRY STAGE, AND
8	THEY WILL BE CONTINUING TO NEGOTIATE WHILE THE GWG
9	ACTUALLY EVALUATES THE PROJECT. AND MEANWHILE THE
10	COLLABORATOR IS EVALUATING THEIR DUE DILIGENCE. AND
11	THEN IT COULD BE THAT, IF ALL GOES WELL, THE
12	INDUSTRY PARTNER AND THE CALIFORNIA RESEARCHER ENTER
13	INTO AN AGREEMENT AND ULTIMATELY, ONCE THAT
14	AGREEMENT IS ENTERED INTO AND IF THE PROJECT HAS
15	RECEIVED AN ELIGIBLE SCORE, IT WILL GO TO THE ICOC,
16	BUT WE WOULD NOT BRING TO THE ICOC THOSE PROJECTS
17	UNLESS AND UNTIL THE AGREEMENT HAS BEEN ENTERED INTO
18	BETWEEN THE CALIFORNIA RESEARCHER AND THE FUNDING
19	ENTITY.
20	SO THAT'S IN CONCLUSION THE WAY THAT THIS
21	PROCESS IS ENVISIONED, AND IT'S MY HOPE THAT THIS
22	BOARD WOULD SUPPORT THIS AND LET US POST THIS
23	PROGRAM ANNOUNCEMENT AS DEFINED.
24	DR. WESTON: WHAT WAS YOUR THINKING ABOUT
25	PUTTING A CAPITALIZATION LIMIT AT 500 MILLION? AND
	100
	1

1	WHO DO YOU THINK THAT'S GOING TO EXCLUDE BY DOING
2	THAT?
3	MS. BAUM: WE DID SOME ANALYSIS IN THE
4	VERY BEGINNING BECAUSE WE WERE GETTING SOME
5	CALIFORNIA RESEARCHERS THAT WERE SAYING THAT
6	ENTITIES HAVING \$100 MILLION MARKET CAP WAS THEIR
7	PARTNER. AND THE THOUGHT IS WE WANTED COMPANIES
8	THAT SEEMED THAT THEY HAD AT LEAST A SUFFICIENT
9	LEVEL OF RESOURCES TO BE ABLE TO QUALIFY. AND LONG
10	AGO WE DECIDED ON THE 500 BECAUSE THE WHOLE POINT OF
11	IT IS IDEALLY TO GET SOME LEVERAGE FOR THE CURRENT
12	PROJECT, BUT IDEALLY ALSO TO HAVE STRONG BACKING SO
13	THAT THE PARTNER COULD HOPEFULLY PROVIDE SOME
14	FOLLOW-ON FUNDING ONCE THE CIRM-FUNDED PROJECT IS
15	COMPLETED.
16	MR. SHEEHY: WHO CONTROLS THE FATE OF
17	THESE PROJECTS? I WOULD BE CONCERNED THAT WE WOULD
18	BE PUTTING MONEY INTO A PROJECT, THE COMPANY WOULD
19	BE PUTTING MONEY INTO THE PROJECT, BUT THE ULTIMATE
20	CONTROL OVER WHAT HAPPENS TO THESE PROJECTS WOULD
21	THAT NOT LIE WITH THE COMPANY? AND SO IF THEY
22	DECIDED THAT FOR WHATEVER STRATEGIC REASON THEY HAD
23	THAT THEY WEREN'T INTERESTED IN INVESTING ANYMORE,
24	HAVING MADE THAT INVESTMENT, I'M NOT COMPLETELY SURE
25	THEY WOULD NECESSARILY BE INTERESTED JUST GIVING IT
	101
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1	TO THE WORLD. I JUST WONDER. WE PUT 10 MILLION
2	INTO A PROJECT, THEY PUT 10 MILLION INTO A PROJECT
3	OR THEY PUT FIVE AND FIVE. I THINK IT WAS ABOUT 10
4	MILLION IS WHAT WE'RE DOING FOR THE STRATEGIC
5	PARTNERSHIPS.
6	PRODUCT DEVELOPMENT IS REPLETE WITH
7	SITUATIONS WHERE PEOPLE HAVE DEVELOPED PRODUCTS
8	WITHIN COMPANIES, BUT THEY DIDN'T MEET THE LONG-TERM
9	STRATEGIC VISION, AND THEY JUST PUT THEM ON THE
10	SHELF AND THEY SAT ON THE SHELF. HOW DO WE ADDRESS
11	THAT PROBLEM?
12	MS. BAUM: SO THAT'S WHY I MENTIONED OUR
13	IP REGULATIONS BECAUSE WE DO HAVE MARCH-IN RIGHTS
14	UNDER OUR IP REGULATIONS THAT APPLY, AND THOSE WOULD
15	BE REFERENCED IN THE ACTUAL AGREEMENT WITH THE
16	INDUSTRY COLLABORATORS.
17	MR. SHEEHY: I DON'T THINK THAT THAT'S
18	I MEAN, WITH ALL DUE RESPECT, I DON'T THINK THAT'S
19	WHAT THOSE MARCH-IN RIGHTS WERE DESIGNED FOR. AND I
20	THINK THAT WAS A VERY CONTROVERSIAL ELEMENT IN OUR
21	IP REGULATIONS BACK WHEN WE MADE THEM. I HATE TO
22	KEEP SAYING DUANE ROTH, BUT AROUND THE CORNER HERE
23	IN DUANE ROTH'S OFFICE WAY BACK IN THE DAY WHEN ED
24	PENHOET WAS CHAIRING THOSE MEETINGS. BUT ONE OF THE
25	MOST SENSITIVE AREAS THAT WE WERE DISCUSSING WERE

1	MARCH-IN RIGHTS. AND OUR COMMUNICATION AT THE TIME
2	WAS THAT WE WOULD BE VERY RELUCTANT TO USE THOSE
3	UNLESS THERE WAS AN ABSOLUTE NECESSITY, MUCH LIKE
4	BAYH-DOLE HAS ONE FOR THE FEDERAL GOVERNMENT, PUBLIC
5	HEALTH. WE OBVIOUSLY DIDN'T WANT THINGS TO MOLDER.
6	BUT I WOULD BE CONCERNED HERE THAT WE
7	WOULD BE SETTING UP A SITUATION WHERE OUR ONLY
8	RECOURSE TO MAKING SURE THE PRODUCTS ARE DEVELOPED
9	THAT WE HAD INVESTED IN IS TO INVOKE OUR MARCH-IN
10	RIGHTS WHICH I THINK WOULD TERRIFY ANY OTHER COMPANY
11	FROM ENGAGING WITH US IN ANY OTHER SCENARIO BECAUSE
12	THEY'D SEE US AS BASICALLY WALKING AROUND WITH A
13	LOADED GUN ALL THE TIME.
14	MS. BAUM: THE AGREEMENT ITSELF WOULD HAVE
15	PROVISIONS THAT TALK ABOUT WHAT TO DO IN THE COURSE
16	OF MIDWAY THROUGH A MILESTONE ISN'T MET AND WHO CAN
17	TERMINATE AND UNDER WHAT CONDITIONS AND WHO WOULD
18	END UP HAVING ACCESS AND THE ABILITY TO CONTINUE
19	DEVELOPMENT OF IT. SO THESE AGREEMENTS WOULD HAVE
20	PROVISIONS SUCH AS THAT.
21	AND THEN WHAT YOU SAY IS NO DIFFERENT THAN
22	WHAT WOULD HAPPEN NO MATTER WHAT WITH ANY INDUSTRY
23	PARTNER. IF THEY OWN THE IP AND THEY RECEIVE OUR
24	FUNDING, THEY'RE OBLIGATED TO FIND SOME FORM OF
25	PRACTICAL APPLICATION UNDER OUR REGULATIONS. BUT
	103

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1	WHAT YOU'RE SAYING MEANS THAT WE WOULD NEVER EVER
2	FUND ANY COMPANY BECAUSE SOMETIMES COMPANIES OWN IP.
3	MR. SHEEHY: I JUST WOULD LIKE TO BE A
4	LITTLE MORE CLEAR WHAT WE'RE TALKING ABOUT BECAUSE
5	WE'RE GOING FROM A CASE-BY-CASE BASIS TO ACTUALLY
6	GETTING INTO FORMAL PARTNERSHIPS WITH COMPANIES.
7	ARE THERE SPECIFIC COMPANIES WHO ARE INTERESTED IN
8	THIS?
9	MS. BAUM: I THINK ALAN HAS A COMMENT.
10	CHAIRMAN THOMAS: LET DR. TROUNSON ANSWER
11	IT, THEN ELONA, THEN MR. JUELSGAARD.
12	DR. TROUNSON: SO THE WAY I ENVISAGE IT IS
13	THAT IT NEEDS TO BE A JOINT FUNDING ARRANGEMENT. SO
14	I'VE BEEN LOOKING AT THIS AS AN OPPORTUNITY TO
15	LEVERAGE OUR FUNDING TO HELP GO THE FURTHER
16	DISTANCE. SO I THINK IN A JOINT FUNDING SITUATION,
17	WE WOULD HAVE THE SAME KIND OF CONTRACTUAL
18	ARRANGEMENTS WORKING WITH ANY KIND OF COMPANY IN
19	SUPPORT OF THAT PROJECT.
20	I THINK WHEN OUR FUNDING IS FINISHED, AND
21	THE COMPANY WANTS TO TAKE IT ON, YEAH, WE REALLY
22	PROBABLY DON'T HAVE A PLACE FOR THAT. BUT THAT'S
23	GOING TO BE THE CASE, I GUESS, MOST OF THE TIME WHEN
24	WE GET TO PHASE II.
25	SO I HAVE BEEN ENVISAGING THIS AS A SORT
	104

1	OF JOINT FUNDING ARRANGEMENT. THAT'S THE WAY I'VE
2	SEEN IT, THAT THERE ARE SOME COMPANIES WHO HAVE AN
3	INTEREST IN COMING INTO SOME OF THE PROJECTS, BRING
4	AN INTEREST INTO THE PROJECTS ON A BASIS THAT THEY
5	WOULD GO THE DISTANCE OF THAT GRANT, BUT WHO KNOWS
6	WHAT'S GOING TO HAPPEN NEXT. DEPENDS ON WHETHER
7	THAT PROJECT WAS REALLY WORKING WELL OR NOT. AND
8	THAT'S PRETTY MUCH MOST OF OUR ARRANGEMENTS ARE ON
9	THAT BASIS.
10	I ACTUALLY DON'T SEE US JUST GIVING OVER
11	THE PROJECT TO THAT COMPANY ALONE. I DON'T SEE THAT
12	AS THE APPROPRIATE VEHICLE IN MY OWN VIEW, BUT I
13	THINK THE BOARD WOULD NEED TO DECIDE. BUT I SEE IT
14	AS A JOINT FUNDING ARRANGEMENT FOR WHICH WE WOULD
15	TAKE A DUAL APPROACH TO GETTING IT THROUGH TO THE
16	END OF THAT GRANTING PERIOD.
17	MR. SHEEHY: I'M JUST TRYING TO UNDERSTAND
18	THIS. AND I WONDER IF THIS MIGHT NOT HAVE BEEN
19	SOMETHING THAT WE SHOULD HAVE HEARD IN COMMITTEE.
20	BECAUSE THERE'S A DIFFERENCE BETWEEN ONE PROJECT
21	WITH A COMPANY. THERE'S AN INTEREST THAT'S BEEN
22	NEGOTIATED WITH THE INVESTIGATOR. AND THEN
23	CO-FUNDING A WHOLE BASKET OF APPLICATIONS. LET'S
24	SAY THAT THERE'S A COMPANY THAT HAS AN INTEREST IN A
25	PARTICULAR DISEASE INDICATION. THEY COME IN, THEY
	105
	1

1	FUND FOUR OR FIVE DIFFERENT INVESTIGATORS, PICK THE
2	BEST ONE AND SHELF THE REST. THOSE OTHER FOLKS,
3	WHAT HAPPENS TO THEM? MAYBE STEVE MIGHT HAVE SOME
4	QUESTIONS ON THIS.
5	DR. JUELSGAARD: SO IN MY EXPERIENCE,
6	THERE ARE THREE PARTIES, AS I UNDERSTAND IT,
7	INVOLVED IN WHAT YOU'RE PROPOSING. SO ONE IS THE
8	INVENTOR OF THE PROJECT, THE DEVELOPER, WHETHER IT'S
9	A RESEARCH INSTITUTION OR A COMPANY OR WHATEVER IT
10	IS, AND THEN THERE'S A BIGGER COMPANY, WHETHER IT'S
11	500 MILLION OR SOME OTHER NUMBER, IT COULD BE
12	ANOTHER POINT OF DISCUSSION, AND THEN THERE'S CIRM.
13	AND SO CIRM IS POTENTIALLY PROVIDING MONEY.
14	BUT IN THE VERY FIRST INSTANCE, THE
15	COMPANY THAT HAS THE PROJECT THAT'S SEEKING A
16	PARTNERSHIP WITH A BIGGER COMPANY HAS EVERY
17	INCENTIVE NOT TO HAVE HAPPEN WHAT IT IS THAT YOU
18	JUST TALKED ABOUT. AND IT'S VERY TYPICAL, IN FACT,
19	IT WOULD BE ATYPICAL NOT TO, TO HAVE A CLAW-BACK
20	PROVISION. IN OTHER WORDS, IF YOU DECIDE TO STOP
21	WORKING ON THIS, WE GET IT BACK. BECAUSE YOU DON'T
22	WANT TO BE LEFT IN THAT POSITION HAVING BROUGHT THE
23	BABY SO FAR FORWARD TO HAVE IT PUT ON THE SHELF.
24	YOU WANT TO BE ABLE TO PULL IT BACK AND FIND
25	SOMEBODY ELSE TO WORK ON IT OR WORK ON IT YOURSELF.
	106

1	AND INVARIABLY THOSE FIND THEIR WAY INTO AGREEMENTS.
2	I'D ASK ANNE-MARIE IF SHE AGREES WITH THAT
3	BECAUSE THAT'S CERTAINLY BEEN MY EXPERIENCE. SO I
4	THINK THAT'S FIRST AND FOREMOST, THE BULWARK AGAINST
5	WHAT YOU'RE CONCERNED ABOUT.
6	WHAT WE SHOULD BE ABLE TO DO IS REVIEW
7	THAT AGREEMENT BEFORE WE MAKE A CO-FUNDING DECISION
8	HERE TO MAKE SURE THAT THERE IS AN APPROPRIATE
9	PROVISION THAT REALLY PREVENTS WHAT YOU'RE TALKING
10	ABOUT FROM HAPPENING THAN HAVING SOME LARGE COMPANY
11	JUST DECIDE THAT IT DOESN'T WANT TO CONTINUE WITH
12	THIS AND THAT IT WILL JUST PUT IT ON THE SHELF
13	BECAUSE IT HAS THE ABILITY TO AND NOTHING ELSE CAN
14	BE DONE WITH IT. I THINK WE CAN DEAL WITH THAT.
15	MR. SHEEHY: BUT WHAT ABOUT A COMPANY THAT
16	WANTS TO YOU'RE TALKING ABOUT OVER 500 MILLION,
17	SO POTENTIALLY COMPANIES THAT COULD GO BUY
18	TECHNOLOGY AND JUST SHOVE IT OFF. THEY WOULD HAVE
19	AN INTEREST. I'M NOT SURE THAT THESE WOULD ALWAYS
20	BE SOPHISTICATED, EARLY COMPANY STAGE. WE'RE
21	TALKING ABOUT INVESTIGATORS. SO LET'S SAY YOU SEE
22	POTENTIAL COMPETITORS. YOU MIGHT PICK THEM UP AND
23	SHELVE THEM SO THEY DON'T COMPETE WITH YOUR PRODUCT.
24	MS. BAUM: I'D ALSO LIKE TO MENTION THAT
25	OUR IP REGULATIONS ALSO ADDRESS THIS BECAUSE IN OUR
	107
	10/

1	IP REGULATIONS WE ALLOW UNIVERSITIES, NON-PROFITS,
2	TO ENTER INTO EXCLUSIVE LICENSES. AND IT HAS A
3	WHOLE SET OF CAVEATS AND PRECAUTIONS THAT PROTECT
4	THE PROJECT, MEANING THAT THERE HAS BEEN A
5	DEVELOPMENT PROGRAM THAT THE PARTIES AGREE TO, THERE
6	NEEDS TO BE REMEDIES IN THE INSTANCE WHERE THE
7	PROGRAM IS NOT PROGRESSING ETC., ETC. AND, OF
8	COURSE, THE CLAW-BACK PROVISIONS WHICH WILL ALWAYS
9	BE THERE.
10	AND, STEVE, I THINK THAT'S GREAT. WE
11	SHOULD PUT IN A CLAUSE THAT WE GET TO REVIEW THE
12	CONTRACTS. WE GET TO REVIEW THE IP CONTRACTS IN THE
13	CASE OF THE COLLABORATIVE FUNDING PARTNERS
14	AGREEMENTS THAT WE DO WITH OUR GOVERNMENT ENTITIES.
15	SO WE'RE USED TO DOING THAT.
16	DR. JUELSGAARD: JUST TO ANSWER JEFF'S
17	QUESTION ONE MORE TIME. SO, JEFF, THE INSTITUTIONS
18	THAT WE'RE DEALING WITH THAT ARE CARRYING OUT THESE
19	PROJECTS FOR THE MOST PART, THESE ARE NOT THE ONLY
20	THINGS THEY DO IN THEIR LIFE. THEY ARE INVOLVED
21	WITH A LOT OF OTHER PROJECTS AS WELL, WHICH I
22	IMAGINE GET LICENSED WHOLLY INDEPENDENTLY OF CIRM IN
23	OTHER SITUATIONS THAT HAVE NOTHING TO DO WITH
24	REGENERATIVE MEDICINE. IT MIGHT HAVE TO DO WITH THE
25	ANTIBODY WORLD OR GOD KNOWS WHAT OR EVEN NONMEDICAL

1	USES.
2	SO IT SEEMS TO ME THAT THEY HAVE BUILT
3	INTO THEIR INSTITUTIONAL MECHANISMS WAYS OF DEALING
4	WITH THE ISSUE THAT THEIR RESEARCH WOULD JUST BE
5	SIDELINED SOMEWHERE BY SOME COMMERCIAL ENTERPRISE.
6	SO I WOULD BE SURPRISED IF MOST OF THESE
7	ORGANIZATIONS THAT DO THIS KIND OF WORK ACCOUNT FOR
8	THAT WHEN THEY ENTER INTO AGREEMENTS WITH OTHERS.
9	BUT I HAVE ANOTHER QUESTION.
10	CHAIRMAN THOMAS: YOU ASK THAT QUESTION,
11	THEN DEAN HAWGOOD.
12	DR. HAWGOOD: I WAS JUST GOING TO BUILD ON
13	WHAT STEVE WAS SAYING, JEFF. I THINK HE'S EXACTLY
14	RIGHT. WE HAVE ANY NUMBER OF EXACTLY THOSE KIND OF
15	TERMS BUILT INTO MANY OF OUR INDUSTRY AGREEMENTS
16	SUCH THAT IF OUR PARTNER DOES NOT WANT TO PROCEED
17	FOR WHATEVER REASON, THEN IT REVERTS BACK. AND
18	THAT'S CONTRACTUALLY BUILT IN.
19	DR. JUELSGAARD: SO, ELONA, QUESTION FOR
20	YOU. SO YOU REFERRED TO A COLLABORATION AND
21	CO-FUNDING AGREEMENT IN THIS PRESENTATION. COULD
22	YOU JUST OUTLINE QUICKLY THE OBLIGATIONS OF CIRM IN
23	SUCH AN AGREEMENT AND THE OBLIGATION OF THE COMPANY
24	THAT'S A PARTY TO THIS? WHAT ARE THEIR OBLIGATIONS
25	UNDER THIS AGREEMENT?

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MS. BAUM: WELL, IT'S VERY LIGHT, I WOULD
SAY, IN TERMS OF THE OBLIGATIONS OF CIRM. SO CIRM'S
OBLIGATIONS ARE TO PROVIDE SOME SORT OF
NOTIFICATION, THE INTEREST OF THE PARTIES OF THE
FUNDING ENTITY, IN SUPPORTING CIRM-FUNDED RESEARCH
EITHER ON OUR WEB SITE AND/OR WITHIN THE ACTUAL RFA
THAT'S POSTED. THAT'S THE FIRST ONE.
AND THEN THE SECOND ONE WOULD BE MAYBE TO
MAKE SOME EFFORT TO CREATE RESEARCH TEAMS, BUT MY
FIRST DRAFT AT THIS WAS VERY LOOSE, AND IT DIDN'T
REQUIRE AN ABSOLUTE REQUIREMENT TO DO MEETINGS AND
LINKAGES.
THE OTHER MORE SIGNIFICANT ONE THAT I
MENTIONED IS THAT WE DO GIVE THEM THE OPPORTUNITY TO
PROVIDE US INPUT INTO THE CONCEPT PLAN FOR THE RFA
AND THAT'S IT. VERY CAREFUL THIS DRAFTING OF A
SAMPLE AGREEMENT NOT TO COMMIT ANYTHING ELSE.
DR. JUELSGAARD: WHAT ARE THEIR
OBLIGATIONS?
MS. BAUM: THEIR OBLIGATIONS WOULD BE TO
CO-FUND AS REQUIRED BY THE RFA OR AT LEAST TO
PROVIDE SOME SORT OF FUNDING TO THE ACTUAL GRANTEE
TO ENABLE THAT GRANTEE TO MAKE ITS MATCH AS REQUIRED
BY THE RFA. SO WE WILL HAVE TO OVERSEE THAT THAT
ACTUALLY OCCURS. AND THEN IT WAS TO MAKE SURE THAT
110

1	THEY CONTINUE TO PROVIDE THAT CO-FUNDING IF
2	MILESTONES ARE MET, AND THERE IS A PROVISION THAT WE
3	CAN ADDRESS A FAILURE TO MEET MILESTONES BECAUSE YOU
4	CAN ENVISION, AS WHAT HAPPENS WITH THE CFP
5	SITUATION, WHERE A MILESTONE IS NOT MET AND THEN THE
6	TWO PARTIES WANT TO DO SOMETHING DIFFERENT. CIRM
7	MIGHT WANT TO CONTINUE AND THE OTHER PARTY MIGHT
8	NOT. AND THEN WE PROVIDE SORT OF A MECHANISM TO
9	UNWIND.
10	BUT THAT IS ALL THE DETAIL. WHAT WE'RE
11	TRYING TO FOCUS ON NOW IS REALLY JUST THE PROGRAM
12	ANNOUNCEMENT. AND WHAT THE DETAILS OF THE CONTRACT
13	ULTIMATELY WILL BE WE CAN DISCUSS LATER.
14	DR. JUELSGAARD: I AGREE WITH THAT. I
15	THINK MAYBE JUST DROPPING THE WORD "AGREEMENT" OUT
16	OF ALL THIS ANNOUNCEMENT AT THIS POINT MIGHT BE A
17	GOOD THING TO DO. I'M NOT SURE YOU HAVE TO HAVE AN
18	AGREEMENT TO DO ALL THE THINGS THAT YOU'RE TALKING
19	ABOUT AT THIS POINT.
20	LASTLY, YOU HAVE THIS NOTION OF 50-50 COST
21	SHARING. AND THIS ACTUALLY GOES TO DISCUSSIONS THAT
22	WE HAD OTHERWISE ABOUT FLEXIBILITY IN THESE
23	ARRANGEMENTS. SO WHAT IF SOMEBODY SAID, WELL, I'M
24	WILLING TO CO-FUND, BUT I'D LIKE CIRM TO CO-FUND 60
25	AND I'LL CO-FUND 40? SO ARE WE GOING TO WRITE THAT

1	OFF BECAUSE IT'S GOT TO BE 50-50 OR NOTHING AT ALL?
2	MS. BAUM: WELL, I PERSONALLY AM ONE WHO
3	LIKES FLEXIBILITY. I THINK WHAT IT WOULD DEPEND ON
4	IS HOW WE END UP DRAFTING THE RFA WHICH COULD BE
5	FLEXIBLE. RIGHT NOW WHAT WE TRY TO SAY IS THAT YOU
6	CAN MAKE UP SOME OF THE REQUIRED MATCH WITH IN-KIND
7	SERVICES. AND WE FEEL LIKE WE STRUCK A FLEXIBLE
8	GROUND THAT IS APPEALING TO THE PHARMAS WITH THAT.
9	THE PROBLEM IS IT'S KIND OF LIKE A GAME OF
10	CHICKEN. YOU HAVE TO SORT OF PUSH THIS ON PEOPLE OR
11	ELSE THEY MIGHT NOT END UP GENERATING THE INTEREST.
12	BUT THERE IS ALWAYS THE EXCEPTIONS PATHWAY THAT
13	PROVIDES US FLEXIBILITY UNDER THE RFA. SO WE TRY TO
14	GO OUT PRETTY STRONG WITH WHAT OUR DESIRE IS. WE
15	HAVE AN IN-KIND SERVICES APPROACH TO MEETING PART OR
16	ALL OF THAT, AND THEN THERE'S AN EXCEPTIONS PATHWAY.
17	CHAIRMAN THOMAS: I MAY HAVE MISSED THIS,
18	ELONA. DID YOU ANSWER MR. SHEEHY'S QUESTION ABOUT
19	ARE THERE ANY COMPANIES INTERESTED?
20	MS. BAUM: NO, I DID NOT BECAUSE WE TOOK A
21	DIFFERENT TURN. SO THERE WAS ONE COMPANY THAT HAS
22	EXPRESSED CONSIDERABLE INTEREST, AND IT WAS SOME
23	TIME AGO. SO I HOPE THEY'RE STILL INTERESTED. I'M
24	NOT SURE.
25	MR. SHEEHY: CAN WE SAY WHO THEY ARE?
	112

1	MS. BAUM: I DON'T THINK I SHOULD STATE
2	WHO THEY ARE.
3	MR. SHEEHY: I MEAN AT WHAT POINT DO WE
4	HAVE, LIKE, SOME SORT OF TRANSPARENCY? WE ARE A
5	STATE AGENCY. WE'RE TALKING ABOUT BEING PARTNERS
6	WITH SOMEBODY.
7	MS. BAUM: THE WHOLE POINT OF THIS IS TO
8	MAKE IT VERY TRANSPARENT BECAUSE WE WANT TO, AS SOON
9	AS IT'S EXECUTED, ADVERTISE IT SO THAT THE
10	CALIFORNIA RESEARCHERS KNOW WHO TO ENGAGE. SO, OF
11	COURSE, AS SOON AS IT IS EXECUTED, WE WILL MAKE THIS
12	VERY VISIBLE. AND, OF COURSE, WE'LL DO EVERYTHING
13	WE CAN TO GET MORE PEOPLE INTERESTED.
14	DR. TROUNSON: JEFF, I THINK IT'S JUST
15	THAT WE DON'T WANT TO SAY NOW BECAUSE WE HAVEN'T GOT
16	ANY AGREEMENT WITH THEM. I DON'T THINK WE'VE
17	PROGRESSED IT THAT DISTANCE. OF COURSE, WE WOULD
18	HAVE TO LIST IT ON THE WEB SITE AND EVERYTHING ELSE.
19	IT WOULD HAVE TO BE TRANSPARENT, BUT RIGHT NOW WE
20	HAVEN'T TAKEN THE DISCUSSIONS FAR ENOUGH TO KNOW
21	WHETHER THEY'D STILL BE INTERESTED.
22	MR. SHEEHY: I GUESS I'M JUST KIND OF
23	UNCLEAR ABOUT HOW ALL THIS IS GOING TO WORK. I FEEL
24	LIKE I'M VOTING NOW TO BECOME PARTNERS WITH
25	COMPANIES, NAMES OF WHICH I DO NOT KNOW, AND I FEEL
	113

1	VERY UNCOMFORTABLE ABOUT THAT. I DON'T NECESSARILY
2	THINK CONCEPTUALLY THIS IS A BAD IDEA, BUT I ALMOST
3	FEEL LIKE IT'D BE BETTER TO HAVE A WORKSHOP AND SAY
4	THIS IS WHAT WE'RE TALKING ABOUT DOING, GETTING A
5	SENSE OF WHO'S INTERESTED AND HOW THIS WOULD
6	PROCEED. IT JUST SEEMS IT'S ONE THING TO MAKE
7	ARRANGEMENTS WITH GOVERNMENTS, WITH NONPROFIT
8	AGENCIES; BUT I WONDER, WHEN YOU'RE TALKING ABOUT
9	HEAVILY CAPITALIZED COMPANIES, WHAT THAT
10	RELATIONSHIP IS REALLY GOING TO LOOK LIKE AND HOW WE
11	BALANCE OUR INTERESTS WITH THEIR INTERESTS.
12	DR. DULIEGE: JEFF, AREN'T WE VOTING TODAY
13	FOR A PROPOSAL AND A PROCESS IN GENERAL
14	INDEPENDENTLY OF WHICH COMPANY HAS ALREADY MENTIONED
15	INTEREST OR WILL IN THE FUTURE?
16	MR. SHEEHY: I'M NOT SURE WHAT WE'RE
17	VOTING ON. WE HAVE A CONCEPT. I DON'T KNOW WHAT
18	THE PRICE TAG IS ASSOCIATED WITH THIS, BUT CERTAINLY
19	WE ARE TALKING ABOUT SETTING ASIDE SOME SEGMENT OF
20	MONEY TO DO THIS.
21	MS. BAUM: I'LL ANSWER THAT. WHAT WAS
22	ENVISIONED IS THIS WOULD REALLY JUST SORT OF
23	FACILITATE WHAT IS ALREADY SET ASIDE FOR STRATEGIC
24	PARTNERSHIP FUNDS. SO, AS I SAID, THIS IS JUST
25	TRYING TO JUMP-START THOSE NEGOTIATIONS THAT ARE
	114
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1	REQUIRED TO CREATE THE ELIGIBILITY REQUIREMENT FOR
2	COMPANIES. SO THEY COULD ACTUALLY GO TO SOME OF
3	THESE COMPANIES ON THEIR OWN, THE ONES THAT WOULD BE
4	POTENTIAL CO-FUNDERS, AND COME IN IF THEY WERE ABLE
5	TO STRIKE A DEAL. BUT I'D RATHER START THE PROCESS
6	EARLIER IN THE NEGOTIATIONS WITH THESE LARGER
7	COMPANIES AND THE CALIFORNIANS.
8	DR. WESTON: WHAT HAPPENS ONCE THERE'S A
9	DISCOVERY?
10	MS. BAUM: I DIDN'T HEAR YOU.
11	DR. WESTON: THESE ARE VERY EARLY STAGE
12	PROJECTS OR ALONG THE WAY TO TRANSLATION, BUT
13	THERE'S NO DISCOVERY YET. SO WHAT HAPPENS ONCE
14	THERE IS A DISCOVERY?
15	MS. BAUM: I THINK THERE'S A
16	MISUNDERSTANDING HERE. STRATEGIC PARTNERSHIP
17	FUNDING RFA'S HAVE ALWAYS BEEN IN THE LATTER STATE
18	OF THE DEVELOPMENT. THEY ARE IN THE DEVELOPMENT
19	PIPELINE. SO THERE WILL BE A CANDIDATE THAT'S
20	REQUIRED, A DRUG CANDIDATE.
21	DR. WESTON: THEN HOW WILL YOU SHARE THE
22	COST OF THE DEVELOPMENT OF THAT 50-50 BECAUSE THOSE
23	CAN BE INCREDIBLY EXPENSIVE?
24	MS. BAUM: SO THE STRATEGIC FUNDING
25	PARTNERSHIP PROGRAM HAS TRADITIONALLY BEEN TEN FROM

1	CIRM OR UP TO TEN FROM CIRM AND A MATCH BY THE
2	GRANTEE FOR USUALLY A COMPLETION OF A PHASE I AND/OR
3	A PHASE II.
4	DR. WESTON: SO THE COST OF THE
5	DEVELOPMENT IS CAPPED SOMEWHERE. IT'S NOT THROUGH
6	TO FDA APPROVAL. IT'S SOME EARLIER STAGE?
7	MS. BAUM: THE WAY OUR RFA'S WORK, THAT'S
8	CORRECT.
9	MR. SHEEHY: AREN'T RFA'S BASED ON
10	CONCEPTS THAT THEY WOULD BE INTIMATELY INVOLVED IN
11	DRAFTING?
12	MS. BAUM: THEY HAVE THE OPPORTUNITY TO
13	PROVIDE INPUT. WE CAN ACCEPT OR REJECT ANY INPUT
14	THAT WE RECEIVE.
15	MR. SHEEHY: THE PROBLEM WE'RE TRYING TO
16	ADDRESS IS THAT WE HAVE A STRATEGIC PARTNERSHIP
17	PROGRAM IN WHICH THE PEOPLE WHO CAN'T GET
18	APPLICATIONS BECAUSE PEOPLE CAN'T FIND CO-FUNDING
19	FOR THEM?
20	MS. BAUM: RIGHT. AND THEY ARE ENTERING
21	NEGOTIATIONS WITH VARIOUS PHARMA AND BIOPHARMA, BUT
22	THOSE TAKE TIME. SO WE FIND THAT WE'RE GOING OR
23	WE'RE IN THE PLACE WHERE, GEE, THEY HAVE A LETTER OF
24	INTEREST, IT'S NOT VERY SOLID, DO WE WANT TO INVEST
25	RESOURCES FOR GWG REVIEW? THEN DO WE WANT TO HAVE A

1	TEAM THAT SCORES HIGH, BUT HASN'T ACTUALLY SECURED A
2	FINAL AGREEMENT BE BEFORE THE ICOC? SO WHAT WE'RE
3	TRYING TO DO IS JUMP-START THE TIMING WITH THE
4	CREATION OF POTENTIAL PROGRAMS AND RELATIONSHIPS
5	EARLIER ON.
6	DR. WESTON: SORRY. I JUST DON'T QUITE
7	UNDERSTAND THE PROCESS. SO YOU WOULD COME BACK HERE
8	WHEN YOU HAVE AN AGREEMENT THAT YOU WOULD WANT THE
9	BOARD TO APPROVE ONCE YOUR LETTER OF INTENT IS
10	SIGNED, AND THAT WOULD HAVE THE CAP OF MONEY THAT
11	THE STATE IS COMMITTING TO OR CIRM IS COMMITTING TO?
12	MS. BAUM: WHAT WE WOULD DO, AS WE ALWAYS
13	DO, WE'D COME BACK TO THE BOARD WHEN WE HAVE A SCORE
14	FROM A GWG THAT SAYS, YES, WE RECOMMEND APPROVAL FOR
15	THIS STRATEGIC PARTNERSHIP-FUNDED PROGRAM IN THE
16	AMOUNT OF UP TO \$10 MILLION. WE WILL NOT BE COMING
17	WITH THE ACTUAL AGREEMENT.
18	MR. SHEEHY: BUT WHAT IF THE COMPANY BACKS
19	OUT?
20	MS. BAUM: WELL, THAT WOULD BE THE RISK
21	WITH OR WITHOUT THIS PROGRAM. IT'S ALWAYS A RISK.
22	AND IF IT BACKS OUT, OF COURSE, THERE WILL BE THE
23	CLAW-BACK PROVISIONS. AND THEN THE QUESTION IS
24	WOULD THE GRANTEE HAVE THE MONEY TO CONDUCT THE REST
25	OF THE TRIAL? THERE WILL BE PROVISIONS THAT ADDRESS
	117

1	THIS WITHIN ANY AGREEMENT. THIS IS NO DIFFERENT
2	THAN WHAT WE WOULD HAVE RIGHT NOW.
3	MS. SAMUELSON: TELL ME IF THIS IS WHAT
4	THE SITUATION IS, THAT WE'RE TRYING TO ATTRACT
5	INDUSTRY FUNDING, INDUSTRY INVOLVEMENT IN A
6	BIOMEDICAL DEVELOPMENT. AND THIS WOULD PROVIDE A
7	FRAMEWORK THAT WOULD JUMP-START, AS YOU SAID.
8	MY PERCEPTION OF WHAT THE PROBLEM IS IS
9	THE SCIENCE ISN'T DEVELOPED ENOUGH FOR INDUSTRY TO
10	SEE IT AS ENOUGH OF A WIN BECAUSE THE RISK IS STILL
11	TOO HIGH. AM I WRONG?
12	MS. BAUM: WELL, I WOULD SAY THAT'S NOT
13	PRECISE. I THINK THAT IT DEPENDS ON WHO THE
14	ORGANIZATION IS. OBVIOUSLY THERE AREN'T MANY
15	BIOPHARMAS THAT ARE FUNDING IN THIS AREA, BUT THERE
16	IS NOT A ZERO. THERE HAVE BEEN THE PFIZERS WHO HAVE
17	INVESTED. THERE'S J & J THAT ACTUALLY INVESTED
18	AT LEAST J & J DEVELOPMENT CORP. THAT JUST INVESTED
19	IN VIACYTE. SO, YES, THERE ARE SOME OUT THERE.
20	THERE'S THIS ONE ORGANIZATION THAT HAS EXPRESSED
21	SOME INTEREST. SO WHILE IT IS A YOUNG FIELD AND
22	SOME COMPANIES ARE CAUTIOUS, NOT ALL ARE.
23	MS. SAMUELSON: THEY MOVED AHEAD BECAUSE
24	THEY HAVE THIS SORT OF FRAMEWORK?
25	MS. BAUM: WELL, I WOULD ABSOLUTELY SAY
	110
	118

1	THAT THE FUNDING THAT VIACYTE RECEIVED FROM ITS
2	PARTNERS, INCLUDING J & J, WOULD NOT HAVE HAPPENED
3	BUT FOR STRATEGIC PARTNERSHIP BECAUSE WE HAD
4	PROVIDED THEM WITH \$10 MILLION AND SAID THEY HAD TO
5	HAVE A MATCH. AND SO THEY WENT OUT AND FOUND THAT
6	MATCH.
7	DR. TROUNSON: WE ARE GETTING INCREASING
8	INTEREST FROM THE BIOPHARMACEUTICAL INDUSTRY, AND
9	SOME OF THOSE PROJECTS ARE EARLY AND SOME OF THEM,
10	ONE BY ONE THEY'RE COMING IN TO SAY WE'D LIKE TO
11	CO-FUND THAT. AND IT CAN BE AS EARLY AS THE EARLY
12	TRANSLATION, AND IT CAN BE AS LATE AS THE DISEASE
13	TEAMS GOING TO THE CLINIC. SO THERE'S MORE AND MORE
14	INTEREST. AND SO SOME OF THE COMPANIES ARE PROBABLY
15	INTERESTED IN TWO OR THREE PROJECTS, MAYBE FOUR OF
16	THEM, BUT IT'S A RESTRICTED NUMBER. BUT THERE'S AT
17	LEAST THE ODD COMPANY. THERE'S THE LARGEST
18	COMPANIES WHO SEE THEY WOULD LIKE TO EXPAND THEIR
19	PORTFOLIO OF INTEREST, AND THIS IS ONE WAY OF COMING
20	IN WITH US AND TO EXPAND THEIR INTEREST WITH THE
21	POSSIBILITY THAT THEY COULD FUND HOPEFULLY UP TO TEN
22	PROJECTS OVER SEVERAL YEARS.
23	AND I THINK FOR US WE NEED TO KEEP
24	THINKING ABOUT THESE THINGS BECAUSE IN THE EVENT
25	THAT WE DON'T GET RE-FUNDED AT ALL, WE'RE GOING TO
	119

1	HAVE A LOT OF THESE PROJECTS ORPHANED, IF YOU LIKE,
-	THE TOTAL THE SECTION OF THE SECTION
2	WITHOUT PEOPLE TO LOOK AFTER THEM. SO MY CONCERN AT
3	THE MOMENT, I THINK, IS ABOUT MAKING SURE THAT WE
4	CREATE ALL THE OPPORTUNITIES WE CAN TO LEVERAGE WHAT
5	DOLLARS THAT WE'VE GOT CURRENTLY IN THE BANK ACCOUNT
6	WITH THOSE TRANSLATIONAL PROJECTS. THEY'RE ALL
7	TRANSLATION GOING TO THE CLINIC. AND TO SEE IF WE
8	CAN HELP AS MANY OF THEM AS WE CAN IN THE TIME FRAME
9	THAT WE HAVE.
10	OF COURSE, IF WE GET A NEW PROPOSITION OR
11	NEW MONEY COME IN, IT MAKES IT A LOT EASIER FOR US.
12	BUT CURRENTLY WE ARE AT THAT EDGE THAT WE COULDN'T
13	PROBABLY TAKE MORE THAN ABOUT 15 OR 20 PERCENT AT
14	THE MOST OF WHAT WE'VE GOT THROUGH TO EVEN TO PHASE
15	II.
16	MR. SHEEHY: YOU KNOW, I WONDER I MEAN
17	THIS IS AN INTERESTING IDEA. I PERSONALLY DON'T
18	KNOW THAT THIS WOULD BE SOMETHING THAT I COULD
19	SUPPORT AT THIS TIME. I WONDER IF IT WOULD MAKE
20	SENSE TO REFER THIS TO THE IP AND INDUSTRY
21	SUBCOMMITTEE AND GET SOME OF THESE DETAILS REALLY
22	KIND OF WORKED OUT.
23	MR. TORRES: SECOND THAT.
24	MR. SHEEHY: I DON'T KNOW IF STEVE THINKS
25	HE'D BE COMFORTABLE KIND OF CONDUCTING THAT KIND OF.
	120

1	
1	I JUST WOULD I JUST DON'T KNOW. I JUST FEEL LIKE
2	IT NEEDS A LITTLE MORE. I DON'T KNOW.
3	DR. DULIEGE: JEFF, WE CERTAINLY CAN DO
4	THAT IF YOU WANT TO. BUT IF I UNDERSTAND CORRECTLY,
5	WHAT THIS PROPOSAL IS ALL ABOUT IS SIMPLY HELPING
6	GRANTEES THAT HAVE SHOWN SOME SCIENTIFIC MERIT GET
7	THE SUPPORT OF THE CIRM TO GET INDUSTRY FUNDING OR
8	WHICHEVER THIRD-PARTY FUNDING THEY NEED TO MATCH THE
9	PROPOSAL, IN THAT CASE BEING INDUSTRY. SO THAT'S
10	ACTUALLY A VERY SIMPLE CONCEPT. AND FOR ANY TYPE OF
11	CONTRACT THAT WE'RE HAVING WITH THE THIRD PARTY,
12	THERE ARE PROVISIONS FOR IF THEY FAIL TO NOT IN
13	THE SITUATION TO DELIVER ON THEIR COMMITMENTS.
14	THAT'S PART OF ANY NEGOTIATION, ANY CONTRACT.
15	EXAMPLE. A PARTY COMMIT TO \$10 MILLION,
16	BUT THEY COMMIT AS PER MILESTONES BEING REACHED. IF
17	THESE MILESTONES ARE NOT REACHED, THEY'RE OBLIGATED
18	TO PAY. THEY'RE OBLIGATED TO PAY UNLESS THEY BECOME
19	INSOLVABLE, WHICH IS A VERY DIFFERENT SITUATION.
20	AND HAVING A BOTTOM FLOOR OF \$500 MILLION LIMITS THE
21	RISK OF THESE COMPANIES BECOMING ONE DAY INSOLVABLE.
22	SO WE CAN DEFINITELY BRING IT BACK TO THE
23	IP SUBCOMMITTEE. I'LL TELL YOU THIS IS THE KIND OF
24	DATA WE'LL HAVE OVER. FOR ME IT'S A LITTLE BIT OF A
25	NO BRAINER I HAVE TO SAY, AND I WOULD VOTE FOR IT
	121
	121

1	TODAY.
2	CHAIRMAN THOMAS: MR. JUELSGAARD, WHAT'S
3	YOUR STATE OF PLAY OPINION?
4	DR. JUELSGAARD: WELL, I THINK THE
5	ULTIMATE GOAL HERE IS TO TRY AND ATTRACT INDUSTRY TO
6	LOOK AT OUR PROJECTS AND HOPEFULLY TAKE SOME OF THEM
7	ON. AND THE QUESTION IS WHAT'S THE BEST WAY TO DO
8	THAT. AND I THINK THAT'S WHAT ELONA AND ALAN HAVE
9	BEEN SEARCHING FOR, AND THIS IS ONE OF THE POSSIBLE
10	WAYS OF DOING THAT. I THINK IT ACTUALLY MIGHT BE A
11	GOOD THING AT AN UPCOMING IP AND INDUSTRY
12	SUBCOMMITTEE MEETING JUST TO TAKE ON THAT SUBJECT
13	AND LOOK AT VARIOUS WAYS GIVEN THE DIFFERENT
14	EXPERIENCES THAT PEOPLE ON THAT COMMITTEE HAVE HAD
15	OF HOW YOU TRY TO ENTICE INDUSTRY TO COME ALONG
16	FURTHER THAN THEY HAVE TO DATE WITH THE SORT OF
17	PROJECTS THAT WE HAVE.
18	BUT ALONG WITH ANNE-MARIE, I THINK THAT I
19	DON'T KNOW THAT THIS WILL BE THAT SUCCESSFUL. UNTIL
20	WE TRY IT, WE DON'T KNOW. BUT I DON'T SEE A LOT OF
21	DOWNSIDE IN IT.
22	DR. HAWGOOD: I AGREE. IF I UNDERSTAND
23	WHAT'S BEING PROPOSED, WE'RE SIMPLY PUTTING OUT A
24	CALL FOR COMPANIES TO SELF-IDENTIFY WHO MIGHT BE
25	INTERESTED IN ENTERING INTO ONE OF OUR REGULAR
	122
	122

1	FORMAL RFP-TYPE PROCESSES IN THE FUTURE. WE'RE NOT
2	CALLING THIS AN AGREEMENT OR SEEMS TO HAVE MADE IT
3	SOUND MORE COMPLEX THAN SIMPLY A CALL FOR COMPANIES
4	TO SELF-IDENTIFY THAT THEY MIGHT BE INTERESTED IN
5	WORKING WITH CIRM IN THE FUTURE. IS THAT RIGHT?
6	MS. BAUM: WELL, WE COULD CERTAINLY GO
7	THAT ROUTE. I WAS HOPING TO ALSO GET AUTHORITY TO
8	ENTER INTO AN AGREEMENT WITH THEM RATHER THAN JUST
9	HAVE THEM SELF-IDENTIFY SO WE COULD TACKLE THE
10	VARIOUS ISSUES THAT ACTUALLY WERE BROUGHT UP IN THE
11	COURSE OF DISCUSSION.
12	DR. HAWGOOD: WHAT WOULD THEY BE AGREEING
13	TO AT THIS POINT BECAUSE THE ACTUAL PROJECT HASN'T
14	BEEN IDENTIFIED?
15	MS. BAUM: A PROCESS THAT WOULD DEAL WITH
16	RIGHTS TO TERMINATE AND COMMITMENTS TO FUNDING WHICH
17	ARE ALWAYS IN AGREEMENTS.
18	DR. HAWGOOD: SOME OF THE TECHNICAL
19	ISSUES.
20	MS. BAUM: CONFIDENTIALITY, LETTING THEM
21	KNOW THAT THEY AREN'T GOING TO BE IN THE GWG. IT'S
22	SETTING FORTH AN AGREEMENT AROUND A PROCESS REALLY.
23	THE REAL MEAT AND POTATOES IN ANY AGREEMENT WILL BE
24	THE AGREEMENT THAT'S BETWEEN THE GRANTEE AND THE
25	FUNDING PARTNER. THAT'S WHERE THE LICENSING AND THE
	123

1	ROYALTY PROVISIONS WOULD BE.
2	DR. HAWGOOD: SO REALLY JUST HAVING ANY
3	COMPANY THAT DOES SELF-IDENTIFY UNDERSTAND AT A VERY
4	HIGH LEVEL THE RULES OF THE ROAD
5	MS. BAUM: EXACTLY.
6	DR. HAWGOOD: THAT THEY WOULD BE
7	AGREEING TO EVENTUALLY.
8	MS. BAUM: RIGHT. THEY WOULDN'T EVEN BE
9	ENTITLED TO RECEIVE FUNDING UNLESS AND UNTIL THEY
10	ENTER INTO AN AGREEMENT THAT'S SATISFACTORY TO CIRM
11	WITH THE ACTUAL GRANTEE AND APPLICANT. IT'S VERY
12	HIGH LEVEL.
13	CHAIRMAN THOMAS: ANNE-MARIE.
14	DR. DULIEGE: I THINK THIS IS ANOTHER
15	TYPICAL EXAMPLE WHERE I RECOMMEND THAT WE LET CIRM
16	MAKE THESE DECISIONS, MOVE AHEAD, AND THAT THE BOARD
17	SHOULD WE SHOULD DISTANCE OURSELF A LITTLE BIT
18	FROM THE NITTY-GRITTY. IF THERE ARE QUESTIONS, CIRM
19	WILL BE THE FIRST ONE TO COME AND ASK
20	RECOMMENDATIONS OR HELP FROM THE BOARD, BUT THAT'S
21	CIRM PRIVILEGE AND ACTUALLY PART OF THEIR
22	ACCOUNTABILITY TO DO THAT.
23	MS. SAMUELSON: IT WOULDN'T HURT THOUGH, I
24	THINK, TO GET THE INPUT OF THE IP SUBCOMMITTEE
25	BEFORE THIS FINALLY BEGINS BECAUSE WE HAVE HAD
	124

1	EXPERIENCE WITH PUTTING UP A LOT OF MONEY TOWARD
2	CLINICAL TRIALS AND THERE HAVE BEEN ABRUPT ENDINGS
3	OF THEM, AND ALL OF THAT EFFORT WAS FOR NAUGHT. AND
4	SO IF THIS IS NOT GOING IT'S WE'VE HAD A VERY
5	DIFFICULT TIME GETTING TO THE CLINICAL TRIAL PHASE,
6	RIGHT? AND I'M NOT SURE THAT THESE ARE THE REAL
7	OBSTACLES AS OPPOSED TO THERE ISN'T SUFFICIENT
8	SCIENCE TO CONVINCE THE INDUSTRY PARTNER WITHOUT
9	SOME OTHER INCENTIVE LIKE SOME OF OUR MONEY OR A LOT
10	OF OUR ATTENTION TO JOIN IN A PARTNERSHIP OF SOME
11	KIND. IT ENDS UP SPINNING OUR WHEELS, AND WE REALLY
12	NEED TO FOCUS ON THE MOST EFFECTIVE TOOLS. I THINK
13	THERE'S SOME EXPERIENCE NOW TO APPLY TO IT.
14	MR. ROWLETT: WE ADDRESSED WE HAD A
15	SECOND BY SENATOR TORRES, I THINK, TO TAKE A VOTE ON
16	WHETHER OR NOT WE TAKE THIS TO THE WHAT WAS YOUR
17	MOTION?
18	CHAIRMAN THOMAS: MR. HARRISON, IS THAT A
19	VOTABLE TOPIC, REFERRING TO INDUSTRY AND IP
20	SUBCOMMITTEE?
21	MR. HARRISON: IT IS.
22	MR. TORRES: I WOULDN'T HAVE MADE IT IF IT
23	WASN'T.
24	CHAIRMAN THOMAS: YES, MR. SENATOR. OKAY.
25	ANY FURTHER DISCUSSION ON THAT TOPIC BEFORE WE VOTE
	125
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1	ON THAT AS AN INTERIM? AND IF IT DOES GO, THEN
2	OBVIOUSLY WE TABLE THE MOTION WRIT LARGE HERE.
3	OKAY. MR. HARRISON, I ASSUME THIS COULD BE A VOICE
4	VOTE?
5	MR. HARRISON: YES. AFTER PUBLIC COMMENT,
6	A VOICE VOTE AND ROLL CALL VOTE FOR THE PHONE.
7	CHAIRMAN THOMAS: ANY PUBLIC COMMENT ON
8	THIS TOPIC? COMMENTS FROM ANYBODY ON THE PHONE?
9	ALL THOSE IN FAVOR OF REFERRING THIS TO IP AND
10	INDUSTRY SUBCOMMITTEE IN ADVANCE OF BRINGING IT TO
11	THE BOARD UPON THEIR DELIBERATIONS PLEASE SAY AYE.
12	OPPOSED?
13	SOUNDED LIKE A BUNCH OF HORSES IN A BARN.
14	ROLL CALL VOTE. I THINK THAT THE AYES HAD
15	IT, BUT WE'LL SEE.
16	MS. BONNEVILLE: SUE BRYANT.
17	CHAIRMAN THOMAS: AYE MEANS YOU'RE
18	REFERRING IT TO THE IP AND INDUSTRY SUBCOMMITTEE.
19	DR. DULIEGE: NO MEANS IT WILL BE APPROVED
20	DIRECTLY WITHOUT REFERRING BACK TO SUBCOMMITTEE?
21	CHAIRMAN THOMAS: CORRECT. IT HAS TO COME
22	BACK HERE.
23	MR. HARRISON: SO THIS MOTION IS SOLELY
24	FOR THE PURPOSE OF WHETHER THE BOARD WANTS TO FIRST
25	REFER THE PROGRAM ANNOUNCEMENT TO THE IP AND
	126

1	INDUSTRY SUBCOMMITTEE BEFORE COMING BACK TO THE
2	BOARD WITH A RECOMMENDATION ABOUT WHETHER TO VOTE
3	FOR OR AGAINST THE PROGRAM. IF THIS MOTION IS
4	REJECTED, THEN THE BOARD COULD TAKE UP A MOTION TO
5	APPROVE THE PROGRAM ANNOUNCEMENT AS IS.
6	CHAIRMAN THOMAS: THAT'S CORRECT.
7	MR. HARRISON: A YES VOTE HERE MEANS YOU
8	WANT IT TO FIRST GO TO THE IP AND INDUSTRY
9	SUBCOMMITTEE.
10	MS. BONNEVILLE: SUE BRYANT.
11	DR. BRYANT: NO.
12	MS. BONNEVILLE: KEN BURTIS.
13	DR. BURTIS: NO.
14	MS. BONNEVILLE: CARL WARE.
15	DR. WARE: NO.
16	MS. BONNEVILLE: ANNE-MARIE DULIEGE.
17	DR. DULIEGE: NO.
18	MS. BONNEVILLE: MARCY FEIT. LEON FINE.
19	ELIZABETH FINI.
20	DR. FINI: NO.
21	MS. BONNEVILLE: MICHAEL FRIEDMAN.
22	MICHAEL GOLDBERG.
23	MR. GOLDBERG: YES.
24	MS. BONNEVILLE: SAM HAWGOOD.
25	DR. HAWGOOD: NO.
	127
	

1	MS.	BONNEVILLE: STEPHEN JUELSGAARD.
2	MR.	JUELSGAARD: NO.
3	MS.	BONNEVILLE: SHERRY LANSING. BERT
4	LUBIN. LLOYD	MINOR.
5	DR.	MINOR: NO.
6	MS.	BONNEVILLE: KIRK PETERSON.
7	DR.	PETERSON: NO.
8	MS.	BONNEVILLE: FRANCISCO PRIETO.
9	DR.	PRIETO: AYE.
10	MS.	BONNEVILLE: ROBERT QUINT.
11	DR.	QUINT: YES.
12	MS.	BONNEVILLE: AL ROWLETT.
13	MR.	ROWLETT: YES.
14	MS.	BONNEVILLE: JOAN SAMUELSON.
15	MS.	SAMUELSON: YES.
16	MS.	BONNEVILLE: JEFF SHEEHY.
17	MR.	SHEEHY: YES.
18	MS.	BONNEVILLE: OSWALD STEWARD. JONATHAN
19	THOMAS.	
20	CHA	IRMAN THOMAS: YES.
21	MS.	BONNEVILLE: ART TORRES.
22	MR.	TORRES: AYE.
23	MS.	BONNEVILLE: EUGENE WASHINGTON. DONNA
24	WESTON.	
25	DR.	WESTON: YES.
		128

1	MS. BONNEVILLE: DIANE WINOKUR.
2	MS. WINOKUR: NO.
3	MR. HARRISON: SO THAT MOTION FAILS BY A
4	VOTE OF NINE YES TO TEN NO.
5	CHAIRMAN THOMAS: VERY INTERESTING, MR.
6	HARRISON. OKAY. SO THEN THAT HAVING BEEN SAID, I
7	ASSUME IS THERE ANY FURTHER DISCUSSION ON THE
8	ORIGINAL MOTION TO APPROVE THERE IS NO MOTION.
9	IS THERE A MOTION TO APPROVE?
10	DR. HAWGOOD: SO MOVED.
11	DR. PETERSON: SECOND.
12	CHAIRMAN THOMAS: SECONDED BY KIRK
13	PETERSON. OKAY. ANY FURTHER DISCUSSION?
14	DR. WESTON: IT DOES STRIKE ME THAT \$500
15	MILLION IN CAPITALIZATION IS AN AWFULLY BIG NUMBER,
16	AND I WONDER IF THERE'S ANOTHER WAY WITH SMALLER
17	ORGANIZATIONS THAT YOU CAN CAUSE THEM TO SET ASIDE
18	THEIR REQUISITE AMOUNT OF CAPITAL OR SOMETHING TO
19	ALLOW MORE PLAYERS TO PARTICIPATE IN THIS ARENA.
20	MS. BAUM: WELL, RIGHT NOW THAT'S HOW OUR
21	STRATEGIC PARTNERSHIP FUNDING RFA IS, BUT IT CAN
22	CHANGE BY RFA, WHICH IS SUBJECT TO BOARD APPROVAL AT
23	THE CONCEPT LEVEL.
24	CHAIRMAN THOMAS: OTHER COMMENTS?
25	QUESTIONS?
	129

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1	MR. SHEEHY: I JUST REALLY THOUGHT THAT IT
2	WOULD HAVE BEEN USEFUL TO REALLY TRY TO, INSTEAD OF
3	CONTINUING WE APPROVE THIS LIKE THE FOURTH
4	STRATEGIC PARTNERSHIP THING WE'VE DONE. AND
5	RATHER IT JUST IT SEEMS TO ME THAT I WOULD HOPE
6	THAT THE INDUSTRY SUBCOMMITTEE WOULD TAKE THIS ON
7	AND ACTUALLY TRY TO GET TO A SOLUTION OR A SET OF
8	SOLUTIONS. IT JUST SEEMS VERY REACTIVE. AND SO I
9	DON'T WHAT'S THE PRODUCTIVITY OF OUR CURRENT
10	STRATEGIC PARTNERSHIP PROGRAM? THAT SHOULD BE
11	ANALYZED. WE'RE TALKING ABOUT CAPITAL LIMITS THAT
12	MAY BE A PROBLEM. AND SO, FINE, IF YOU GUYS WANT TO
13	VOTE ON THIS. THERE'S NOTHING AGENDAD FOR THE
14	INDUSTRY SUBCOMMITTEE. YOU'RE NOT REALLY DEALING
15	WITH THE PROBLEM. YOU MAY JUST HAVE GIVEN ANOTHER
16	MECHANISM TO FAIL. IF THAT IS CONSIDERED A GREAT
17	WAY IN WHICH TO TRY TO ADDRESS WHAT SEEMS TO ME TO
18	BE A SERIOUS POLICY ISSUE, THEN GO AHEAD.
19	DR. JUELSGAARD: SO, JEFF, I THINK A
20	LITTLE EARLIER I SAID I THOUGHT IT WOULD BE A GREAT
21	IDEA TO ACTUALLY HAVE A MEETING OF THE COMMITTEE TO
22	TALK ABOUT, DISCUSS THE WAYS THAT THIS ORGANIZATION
23	CAN TRY TO INTERACT WITH THE LARGER INDUSTRY, AND I
24	STILL BELIEVE THAT. AND SO I THINK WE'LL TRY AND
25	SET UP A MEETING IN THE NEAR FUTURE TO DO THAT.
	130
	130

1	BUT THIS IS ONE WAY AGAIN, I THINK THE
2	JURY IS REALLY OUT AS TO WHETHER IT'S GOING TO GAIN
3	ANY TRACTION OR NOT. I DON'T KNOW. BUT I HEAR WHAT
4	YOU'RE SAYING, AND I THINK WE SHOULD DO THAT. AND
5	IN THE MEANTIME, I DON'T THINK THAT THERE'S ANY I
6	DON'T SEE ANY PARTICULAR DOWNSIDE TO WHAT THEY'RE
7	PROPOSING, AND MAYBE THERE'S SOME UPSIDE.
8	MR. SHEEHY: HOW ABOUT A FRIENDLY
9	AMENDMENT BECAUSE I THINK THESE TEN-NINE VOTES ARE
10	NOT BENEFICIAL TO THE BOARD IN GENERAL. COULD I
11	PROPOSE A FRIENDLY AMENDMENT, THAT PERHAPS THAT YOU
12	ACTUALLY DO LOOK AT WHAT WE'RE DOING IN STRATEGIC
13	PARTNERSHIP, THAT YOU LOOK AT WHAT'S WORKING AND
14	WHAT'S NOT WORKING, PERHAPS OBTAIN SOME FEEDBACK
15	FROM THE COMPANIES AND FROM POTENTIAL GRANTEES SO
16	THAT WE COULD ACTUALLY TRY TO SOLVE THE PROBLEM THAT
17	WE'RE TRYING TO DO. THEN I WOULD BE HAPPY TO
18	SUPPORT THIS, BUT IT'S MORE LIKE I FEEL LIKE
19	EVERY MEETING WE GET ANOTHER STRATEGIC PARTNERSHIP
20	THING, AND THOSE PARTNERSHIPS AREN'T REALLY COMING
21	TO FRUITION. WOULD THAT BE ACCEPTABLE TO THE MAKER
22	THE SECOND?
23	CHAIRMAN THOMAS: I GUESS THE QUESTION IS,
24	JEFF, WHAT'S THE DIFFERENCE BETWEEN THAT AND JUST
25	RESOLVING SEPARATE FROM THIS TO
	131
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1	MR. SHEEHY: IT'S A FRIENDLY AMENDMENT, SO
2	IT WOULD GO ALONG WITH APPROVING THIS PROGRAM, BUT
3	THAT WOULD ALLOW ME TO SUPPORT GOING AHEAD BECAUSE
4	AT LEAST WE'D BE DOING SOME ANALYSIS INSTEAD OF
5	CONTINUING TO APPROVE THINGS ENDLESSLY.
6	DR. TROUNSON: SO, CHAIR, WE'D BE HAPPY TO
7	REPORT ON THAT TO THE SUBCOMMITTEE. AND WE'VE ONLY
8	TWO OF THEM. THE THIRD ONE WE RECEIVED THE
9	APPLICATIONS CURRENTLY. SO WE CAN COME BACK WITH
10	THAT DATA. AND IT'S FAIRLY NEW, SO WE CAN REPORT ON
11	HOW FAR WE'VE GOT WITH THOSE. AND IT IS A BIT
12	INTERESTING. I'D SAY ABOUT THAT IT'S BEEN OPEN TO
13	THE INDUSTRY EVERY SIX MONTHS, AND THEY'VE GOT A
14	BIG, REASONABLY BIG RESPONSE THIS TIME AND NOT MUCH
15	LAST TIME. AND IT COMES A BIT IN WAVES, SO WE MAY
16	HAVE TO LOOK OVER A LONGER TERM INTO THE WHOLE
17	PROGRAM, BUT WE'RE HAPPY TO DO THAT NOW, GIVE YOU
18	SOME INFORMATION THAT YOU CAN UTILIZE. NO PROBLEM.
19	WE AGREE TO DO THAT.
20	DR. JUELSGAARD: ALAN, I ACTUALLY ENVISION
21	A LARGER DISCUSSION WHICH WOULD TALK ABOUT WHAT ARE
22	THE POSSIBLE WAYS OF TRYING TO INTERACT WITH
23	INDUSTRY? WHAT EXPERIENCES HAVE PEOPLE ON THE
24	COMMITTEE HAD OR ARE AWARE OF? AND WHAT MIGHT OR
25	MIGHT NOT WORK FOR US? SO IT WOULD BE A
	122
	132

1	DRECENTATION BY VOIL CHYC FINE BUT ALSO A CRANDED
	PRESENTATION BY YOU GUYS, FINE, BUT ALSO A GRANDER
2	DISCUSSION ABOUT HOW THINGS WORK OUT THERE.
3	DR. TROUNSON: I THINK THAT'S A GOOD IDEA.
4	CURRENTLY THERE'S A BIT OF A CHANGE IN THE INDUSTRY
5	BECAUSE SOME IPO'S MORE RECENTLY HAVE BEEN VERY
6	SUCCESSFUL. BUT WE'VE HAD SOME INPUT THAT THAT'S
7	PROBABLY NOT LONG LASTING, AND SO I THINK THIS
8	DIALOGUE WOULD BE A GOOD THING BECAUSE WHEN
9	COMPANIES ARE BEING WELL FUNDED, THEY HAVE A LOT
10	LESS INTEREST, AND MAKES IT HARD TO WORK WITH THEM,
11	OF COURSE, IF THEY'VE GOT MONEY FROM OTHER SOURCES.
12	SO WE'D BE HAPPY TO DO THAT ON A BROADER SCALE AS
13	WELL. ENDORSE THAT COMPLETELY.
14	CHAIRMAN THOMAS: SO, MR. SHEEHY, IS THAT
15	OKAY, OR YOU'D STILL LIKE TO HAVE IT IN THE FORM OF
16	A FRIENDLY AMENDMENT?
17	MR. SHEEHY: EITHER WAY. I TRUST MY
18	COLLEAGUES.
19	MS. SAMUELSON: AS ONE ELEMENT I WOULD ASK
20	THAT WE CONSIDER GETTING INFORMATION ABOUT THE OR
21	THE CURRENT STATUS OR VIEW OF THE TWO TERMINATED
22	CLINICAL TRIALS BECAUSE THEY ARE OUR MOST
23	SIGNIFICANT ENDEAVORS. AND I DON'T THINK WE KNOW
24	MUCH ABOUT WHY THEY DIDN'T SUCCEED.
25	CHAIRMAN THOMAS: WELL, I'M NOT SURE
	133

1	THAT'S CORRECT. I THINK WE KNOW QUITE A BIT ABOUT
2	WHAT HAPPENED ACTUALLY. BUT IN ANY EVENT
3	MS. SAMUELSON: WE WELL MAY. I DON'T.
4	CHAIRMAN THOMAS: JEFF, IS IT OKAY JUST TO
5	LEAVE IT AS IS? SO WE HAVE A MOTION ON THE TABLE.
6	I THINK WE'VE PROBABLY BEATEN THIS ONE TO THE
7	GROUND. CAN WE DO A VOICE VOTE ON THIS? ALL THOSE
8	IN PLEASE RESTATE THE MOTION, MR. HARRISON.
9	MR. HARRISON: THE MOTION IS TO APPROVE
10	THE CONCEPT PROPOSAL FOR A PROGRAM ANNOUNCEMENT FOR
11	A CIRM INDUSTRY CO-FUNDING AGREEMENT.
12	CHAIRMAN THOMAS: DO WE HAVE ANY PUBLIC
13	COMMENT BEFORE WE PROCEED TO A VOTE? HEARING NONE,
14	ALL THOSE IN FAVOR PLEASE SAY AYE. OPPOSED? ON THE
15	PHONE.
16	MR. GOLDBERG: AYE.
17	CHAIRMAN THOMAS: THANK YOU. MOTION
18	CARRIES. OKAY.
19	IN THE FINEST TRADITION OF HAVING TO HAVE
20	AT LEAST ONE ITEM ON THE AGENDA OUT OF ORDER, WE'RE
21	GOING TO PROCEED TO THE COMMUNICATIONS UPDATE
22	BECAUSE WE WANT TO GET TO KEVIN AND AMY DUE TO A
23	LOGISTICAL ISSUE.
24	MR. MC CORMACK: CHAIRMAN THOMAS, MEMBERS
25	OF THE BOARD, I'M GOING TO BE AD LIBBING WHILE AMY
	134
	23 (

1	IS FIXING THE TECHNICAL PROBLEM.
2	I WANTED TO BEGIN BY THANKING MY COLLEAGUE
3	TODD DUBNIKOFF, WHO EDITED THE VIDEO, SHOT AND
4	EDITED THE VIDEO THAT YOU SAW EARLIER TODAY, THE
5	TRIBUTE TO DUANE. TODD PUT IN AN AWFUL AMOUNT OF
6	WORK IN A VERY SHORT PERIOD OF TIME. HE SHOT SEVEN
7	INTERVIEWS OVER THREE DAYS, INCLUDING TWO TRIPS TO
8	SAN DIEGO AND A LONG DRIVE OUT TO PLEASANTON THAT
9	SEEMED ALMOST AS FAR AWAY AS SAN DIEGO AT THE TIME,
10	AND THEN HE ENDURED TWO DAYS WITH 102 DEGREE FEVER
11	WHILE HE EDITED THE WHOLE PIECE TOGETHER. I THINK
12	HE DID A REMARKABLE JOB, AND I JUST WANTED TO
13	CONGRATULATE HIM AND TO THANK HIM FOR PERSEVERING
14	WHAT I KNOW WAS KIND OF A DIFFICULT TIME FOR HIM.
15	TWO OTHER THINGS I WANTED TO MENTION,
16	UPCOMING EVENTS. ONE IS PATIENT ADVOCATE MEETING.
17	WE HAVE A PATIENT ADVOCATE MEETING IN LOS ANGELES ON
18	SEPTEMBER 30TH. THIS IS THE SECOND OF OUR SERIES OF
19	PATIENT ADVOCATE MEETINGS, AND THE FOLKS AT USC ARE
20	GOING TO BE HOSTING US. SO WE'RE LOOKING FORWARD TO
21	A GOOD MEETING THERE.
22	WE'RE ALSO HOLDING AN HIV COMMUNITY FORUM
23	ON THE CONCEPT OF CURE. I'M WORKING WITH MR. SHEEHY
24	ON ORGANIZING THAT. THAT'S GOING TO FEATURE PEOPLE
25	FROM THE STEM CELL AGENCY, FROM CAL-IMMUNE, SAN

1	FRANCISCO GENERAL, UCSF, AND GLADSTONE INSTITUTE,
2	AND A NUMBER OF OTHER RESEARCHERS AND COMMUNITY
3	ACTIVISTS.
4	AND THE IDEA IS TO UPDATE THE COMMUNITY ON
5	WHAT'S HAPPENING IN THE SITUATION WITH A CURE FOR
6	HIV RATHER THAN JUST TALKING ABOUT TREATMENTS. IT'S
7	A PRETTY EXCITING AREA, AND THERE'S A LOT TO TALK
8	ABOUT. AND THE GOAL IS TO KIND OF CREATE A
9	CONVERSATION, A DIALOGUE, THAT SHOWS EXACTLY WHERE
10	WE'RE GOING, THE PROGRESS THAT'S BEING MADE, BUT
11	ALSO THE CENTRAL ROLE THAT WE'RE PLAYING IN IT. SO
12	I'LL BRING YOU AN UPDATE ON BOTH OF THOSE MEETINGS
13	AT OUR BOARD MEETING IN OCTOBER.
14	ONE OF THE BIG THINGS WE'VE BEEN DOING
15	OVER THE LAST FEW WEEKS WAS WITH THE CREATIVITY
16	STUDENTS. ONE OF THE ELEMENTS WE ADDED TO THIS
17	YEAR'S CURRICULUM WAS A SOCIAL MEDIA THING. WE
18	ASKED ALL THE STUDENTS TO PROVIDE BLOGS,
19	PHOTOGRAPHS, VIDEOS TO DOCUMENT THEIR EXPERIENCES IN
20	WORKING WITH SOME OF THE BEST STEM CELL RESEARCHERS
21	IN THE COUNTRY. AND WE GOT A HUGE RESPONSE. IT WAS
22	REALLY GOOD. IT WAS FUN TO SEE THEM AND VERY
23	GRATIFYING, BUT IT ALSO FED INTO ONE OF OUR OTHER
24	GOALS, WHICH IS THE IDEA OF REACHING OUT TO NEW
25	AUDIENCES AND TRYING TO USE SOCIAL MEDIA IN NEW WAYS
	136

1	TO CREATE NEW AUDIENCES. AND MY COLLEAGUE AMY
2	ADAMS, WHO HAD A BIG ROLE ALSO IN THE VIDEO THAT YOU
3	SAW EARLIER, IS GOING TO TALK MORE ABOUT THAT NOW.
4	THANK YOU.
5	MS. ADAMS: HI, MEMBERS OF THE BOARD,
6	MEMBERS OF THE PUBLIC. THE LAST TIME I SPOKE TO YOU
7	I WAS LETTING YOU KNOW THAT WE WERE LAUNCHING A NEW
8	WEB SITE. THE WEB SITE HAS NOW BEEN LAUNCHED, AND I
9	WANT TO TELL YOU A LITTLE BIT ABOUT SOME OF THE
10	SUCCESS WE'VE HAD WITH THAT WEB SITE.
11	OVER THE PAST YEAR, SO LOOKING AT TRAFFIC
12	TO THE WEB SITE THIS YEAR VERSUS LAST YEAR, TRAFFIC
13	HAS GONE UP 47 PERCENT. WE'RE VERY HAPPY ABOUT
14	THAT. TRAFFIC DUE TO SEARCH, SO PEOPLE SEARCHING
15	FOR STEM CELL-RELATED TOPICS, THAT SEARCH HAS GONE
16	UP BY ABOUT 30 PERCENT. AND THAT IS DUE TO SOME
17	CHANGES THAT WE'VE MADE IN THE NEW WEB SITE. SO IT
18	WAS ONE OF THE FEATURES OF THE NEW WEB SITE WE WERE
19	LOOKING FORWARD TO IS THAT IT WOULD SEARCH BETTER.
20	AND THEN DIRECT TRAFFIC INCREASED 77
21	PERCENT. DIRECT TRAFFIC, WHAT THIS MEANS IS WE
22	DON'T KNOW WHERE IT CAME FROM. SO IT'S PEOPLE WHO
23	SENT A LINK TO SOMEONE ELSE VIA E-MAIL OR VIA TEXT
24	MESSAGE, SOMEONE CLICKED ON THAT LINK AND GOT TO OUR
25	WEB SITE. SO THE TAKE-AWAY HERE IS PEOPLE ARE

1	TALKING ABOUT US BECAUSE THEY ARE SENDING LINKS TO
2	EACH OTHER, AND THEN PEOPLE ARE CLICKING ON THOSE
3	LINKS. SO WE ALSO CONSIDER THAT TO BE GOOD NEWS.
4	AS KEVIN WAS SAYING, WE HAVE A VERY ACTIVE
5	SOCIAL MEDIA PROGRAM, AND I WANT TO JUST GIVE YOU A
6	GENERAL SENSE OF THE KINDS OF NUMBERS OF PEOPLE WE
7	REACH THROUGH THESE PROGRAMS. SO I DON'T HAVE A
8	POINTER. THAT'S C. THAT'S OUR ICON THAT REPRESENTS
9	OUR WEB SITE. SO WE GET ABOUT IN THE LAST MONTH
10	WE GOT 17,000 UNIQUE VISITORS TO OUR WEB SITE IN THE
11	PAST MONTH. THAT'S LOW. IT'S USUALLY LIKE 20 TO
12	21,000 VISITORS TO OUR WEB SITE. I THINK PEOPLE ARE
13	ON VACATION IN AUGUST. ALL OF OUR NUMBERS I'M
14	SHOWING YOU ARE A LITTLE LOW.
15	THE NEXT ICON IS OUR YOUTUBE VIDEOS, MANY
16	OF WHICH YOU HAVE SEEN AT BOARD MEETINGS. WE HAD
17	MORE THAN 4,000 VIDEO VIEWS IN THE PAST MONTH. AND
18	YOUTUBE TELLS US HOW LONG PEOPLE SPEND WATCHING
19	VIDEOS. SO WE HAD 9.6 DAYS OF VIEW TIME. SO THAT'S
20	LIKE TEN DAYS OUT OF 30 DAYS, ONE OUT OF EVERY THREE
21	MINUTES PEOPLE ARE WATCHING VIDEOS ON OUR WEB SITE,
22	ON YOUTUBE, AND OTHER PLACES.
23	SO THE NEXT ICON REPRESENTS OUR BLOG. THE
24	BLOG HAD MORE THAN 5,000 VIEWS IN THE PAST MONTH.
25	FACEBOOK, WE REACHED MORE THAN 62,000 PEOPLE. WE
	138

1	HAVE E-MAIL LISTS. THE PRESS RELEASE LIST, LIKE THE
2	ONE WE JUST USED TODAY TO SEND THE PRESS RELEASE.
3	WE HAVE A MONTHLY NEWSLETTER, A VARIETY OF OTHER
4	THINGS. 17,000 RECIPIENTS IN THE PAST MONTH.
5	TWITTER WE REACHED 260,000 PEOPLE. AND THEN OUR
6	LINKED-IN SITE HAS CLOSE TO 2,000 MEMBERS.
7	SO THESE ARE PRETTY BIG NUMBERS OF PEOPLE
8	WE'RE REACHING WITH OUR CONTENT IN VARIOUS DEGREES
9	OF DEPTH. OBVIOUSLY YOU DON'T GET A LOT OF MEAT OUT
10	OF A TWITTER POST; BUT IF THAT TWITTER POST DRIVES
11	YOU TO OUR BLOG OR TO OUR WEB SITE, WE CAN GIVE
12	PEOPLE SOME PRETTY DETAILED CONTENT ABOUT THE KINDS
13	OF INITIATIVES AND THE KINDS OF PROGRESS WE'RE
14	MAKING.
15	AND THEN THIS BOTTOM ICON, THE TOP NUMBERS
16	ARE JUST WHAT WE ARE DOING; BUT BECAUSE WE WORK VERY
17	CLOSELY WITH THE COMMUNICATIONS PEOPLE AT PATIENT
18	ADVOCACY GROUPS, AT THE GRANTEE INSTITUTIONS, THEIR
19	BLOG ENTRIES, THEIR FACEBOOK ENTRIES, THEIR TWEETS,
20	AND ALL THAT STUFF, I CAN TRACK THAT. IF THEY
21	MENTION CIRM, I CAN TRACK IT. SO WE HAD CLOSE TO
22	500,000 PEOPLE REACHED THROUGH OTHER PEOPLE TALKING
23	ABOUT US ON SOCIAL MEDIA. AND OBVIOUSLY THESE ARE
24	NOT ALL UNIQUE PEOPLE, BUT SOME OF THEM ARE UNIQUE
25	PEOPLE.

1	OKAY. THIS IS MEANT TO BE CONFUSING.
2	BASICALLY JUST TO SHOW YOU THAT THERE IS QUITE AN
3	INTERACTION BETWEEN THE DIFFERENT TOOLS. SO IF
4	SOMEONE COMES TO OUR WEB SITE, WE CAN DRIVE THEM TO
5	OUR SOCIAL MEDIA. WE LIVE IN A DAY AND AGE WHERE
6	PEOPLE ARE NOT JUST SEARCHING THE WEB FOR
7	INFORMATION. THEY ARE OFTEN RELAXING ON FACEBOOK.
8	AND IF ON FACEBOOK ONE OF THEIR FRIENDS POSTS
9	SOMETHING ABOUT CIRM, THEY CAN LEARN ABOUT US. THAT
10	MIGHT DRIVE THEM TO GO TO OUR WEB SITE OR GO TO THE
11	BLOG. SO WE'RE TRYING TO TRAP VIA WHATEVER IT IS
12	THAT THEY ARE LOOKING AT, TWITTER, FACEBOOK, BLOG,
13	AND DRIVE THEM TO MORE CONTENT ABOUT CIRM.
14	AND FINALLY, I WANTED TO SORT OF SHOW YOU
15	HOW THE DIFFERENT SOCIAL MEDIA EFFORTS WORK
16	TOGETHER. WE'RE NOT JUST POSTING ONE THING ON THE
17	BLOG AND SOMETHING ELSE ON TWITTER. WE TRY TO GET
18	SOME SYNERGY OUT OF THE DIFFERENT TOOLS. AND A
19	GREAT EXAMPLE OF THIS IS KEVIN JUST MENTIONED THAT
20	WE HAD A SOCIAL MEDIA PROGRAM WITH THE CREATIVITY
21	STUDENTS. SO THEY SENT US VIDEOS, THEY SENT US
22	IMAGES, THEY SENT IS BLOG ENTRIES. WE POST THE
23	VIDEOS ON YOUTUBE AND THE WEB SITE. WE POST
24	INSTAGRAM PHOTOS ON THE WEB SITE, WE TWEET, AND WE
25	FACEBOOK ABOUT ALL THE IMAGES IN THE VIDEOS. WE
	140
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POSTED THE BLOGS. THE BLOGS ARE FABULOUS. IF
PEOPLE I THINK SOME OF YOU HAVE SEEN SOME OF
THESE BLOG ENTRIES, AND YOU GET A REAL INSIGHT INTO
WHAT THE KIDS LEARNED OVER THE SUMMER. IT'S PRETTY
FUN READING.
ALL THIS TOGETHER HAS ADDED UP TO, WITH
THE CREATIVITY AWARDS, MORE THAN 150,000 INDIVIDUAL
TIMES WHEN PEOPLE HAVE SEEN CONTENT ABOUT OUR
CREATIVITY STUDENTS THROUGH ONE OF THESE MECHANISMS.
AND THEN IN THE PAST WE'VE TALKED TO YOU
ABOUT THE ELEVATOR PITCH CHALLENGE. AND THAT
PROGRAM REACHED MORE THAN 250,000 PEOPLE. AND THAT
WAS BOTH THROUGH OUR WORK, BUT ALSO BECAUSE WE
WORKED WITH OUR GRANTEE INSTITUTIONS. THEY WERE
BLOGGING AND TWEETING, FACEBOOKING, AND ALL THAT.
SO THOSE 150,000 AND 250,000 NUMBERS ALSO ENCOMPASS
THE EFFORTS OF OUR GRANTEES AND OTHER PEOPLE.
SO THAT'S THE UPDATE I WANTED TO GIVE YOU.
ARE THERE ANY QUESTIONS? EXCELLENT.
CHAIRMAN THOMAS: THANK YOU, KEVIN, AMY,
AND TODD, AND DON AS WELL, FOR ALL YOUR HARD WORK ON
THE COMMUNICATIONS.
I SHOULD NOTE JUST A SIDEBAR COMMENT ON
THE CREATIVITY AWARDS. FOR THOSE THAT WERE ABLE TO
GO, IT WAS A TYPICALLY FANTASTIC EVENT WHERE THESE
141

1	HIGH SCHOOL KIDS ARE PRESENTING ON WORK THAT THEY'VE
2	DONE THROUGH CIRM'S ABILITY TO FUND THEIR RESEARCH.
3	AND WHILE THE PRESENTATIONS TENDED TO BE MIXED IN
4	TERMS OF THE KIDS THEMSELVES, AT A MINIMUM THEY WERE
5	ALL REMARKABLE FOR THEIR HIGH DEGREE OF ENTHUSIASM
6	AND THE SCOPE OF WORK. AT THE TOP, WHEN YOU HIT
7	SOME OF THESE KIDS, YOU COULDN'T BELIEVE YOU WERE
8	HEARING FROM SOMEBODY WHO IS ONLY INVOLVED FOR EIGHT
9	WEEKS OR SO. AND THEY CAME TO HAVE SUCH AN
10	INCREDIBLE GRASP IN SUCH A SHORT PERIOD OF TIME I
11	THINK IS A TESTIMONY TO THE PROGRAM.
12	SO I RECOMMEND THESE EVENTS TO ANY OF YOU
13	WHO'VE NOT SEEN THEM. THEY'RE GREAT. ONE SUCH
14	EVENT AS WELL WAS AT USC WHICH SENATOR TORRES,
15	MARIA, AND I AND KEVIN ATTENDED WHERE THEY TALKED TO
16	A NUMBER OF THE KIDS WHO WERE INVOLVED THERE FROM
17	VARIOUS HIGH SCHOOLS IN LOS ANGELES AND INCLUDING A
18	MOST FASCINATING PANEL DISCUSSION WHERE THESE KIDS
19	WERE ASKED QUESTIONS ABOUT THEIR THOUGHTS ON THE
20	PROGRAM AND GAVE WONDERFULLY CANDID COMMENTARY AND
21	HIGHLY INFORMED, EVEN THOUGH AT THAT POINT THOSE
22	KIDS HAD ONLY BEEN IN THE PROGRAM FOR TWO WEEKS. SO
23	IT SORT OF GOES TO SHOW THAT WE'VE GOT A TERRIFIC
24	PIPELINE IN THE MAKING THROUGH THESE KIDS AND OTHERS
25	THAT HAVE GONE THROUGH THE PROGRAM.

1	MR. HARRISON NOTED THAT I'D BE REMISS IN
2	SAYING THAT WE TOOK NO ACTION IN OUR CLOSED SESSION
3	TODAY JUST FOR THE RECORD.
4	WE'LL PROCEED NOW TO THE ALWAYS MOST
5	CONTROVERSIAL TOPIC, WHICH HERE IS ITEM 13, APPROVAL
6	OF LAST WEEK'S BOARD MINUTES. DO I HEAR A MOTION.
7	SO CONTROVERSIAL, NOBODY EVEN MOVES.
8	MR. HARRISON: WE'VE LOST OUR QUORUM.
9	CHAIRMAN THOMAS: OKAY. NEXT TIME.
10	FORTUNATELY WE HAVE NO REAL ITEMS TO APPROVE HERE
11	LEFT. LAST THING ON THE AGENDA BEFORE WE GET TO THE
12	ULTIMATE, WHICH WOULD BE THE PRESIDENT'S REPORT,
13	WOULD BE A REPORT ON THE CONTRACTS. MR. STEIN.
14	DR. STEIN: GOOD AFTERNOON. EACH YEAR THE
15	CONTRACTING POLICY CALLS ON STAFF TO MAKE A REPORT
16	TO THE BOARD LISTING ALL OF CIRM'S CONTRACTS FOR
17	MORE THAN \$20,000. AND THE REPORTING PERIOD FOR
18	THIS UPDATE IS FISCAL YEAR '12-'13. SO THAT'S JULY
19	2012 THROUGH JUNE 30, 2013. AND THE REPORT IS IN
20	YOUR MATERIALS. AND STAFF IS HERE TO ANSWER ANY
21	QUESTIONS YOU MAY HAVE. IF THERE ARE NO QUESTIONS,
22	THAT'S THE UPDATE.
23	CHAIRMAN THOMAS: MR. JUELSGAARD.
24	DR. JUELSGAARD: CAN'T GET AWAY WITHOUT
25	BEING ASKED A QUESTION. LET ME ASK YOU JUST IN
	143
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DETERMINING YOU HAVE A COLUMN, THE SECOND COLUMN
OVER BEYOND PURPOSE, AMOUNT AVAILABLE FOR FY
'12-'13. SO WHEN IS THAT AMOUNT ESTABLISHED? IS
THAT ESTABLISHED AT THE TIME THE BUDGET IS PREPARED?
THE AMOUNT THAT'S AVAILABLE, YOU LINE ITEM BUDGET
LIKE THIS OR WHAT?
DR. STEIN: THAT'S MY UNDERSTANDING OF THE
PROCESS. YES, WHEN THE BUDGET IS ESTABLISHED. ANY
OTHER QUESTIONS?
CHAIRMAN THOMAS: VERY EFFICIENTLY DONE,
MR. STEIN. CONGRATULATIONS. OKAY.
SO I THINK NOW WE ARE TO DR. TROUNSON ON
THE ASSUMPTION THAT HIS TOOTH WILL PERMIT HIM TO
SPEAK, HAVING HAD A BIT OF A DENTAL EMERGENCY
MIDMEETING.
DR. TROUNSON: THANK YOU, CHAIR. I'M
SORRY ABOUT THAT. IN THE MIDDLE OF THE MEETING, I
HAD TO GO AND GET SOME SURGERY BECAUSE I'M LEAVING
TONIGHT FOR MOROCCO, SO YOU SHOULDN'T FEEL BADLY FOR
ME, BUT I HAVEN'T SEEN MY WIFE FOR SEVEN MONTHS. SO
I DIDN'T WANT A TOOTHACHE IN THE DESERT. SO I WENT
TO VISIT THE DENTIST AND A VERY GOOD DENTIST IN SAN
DIEGO. THANK YOU VERY MUCH, DENTIST.
SO THE PRESIDENT'S REPORT IS A LITTLE
LATE, BUT THAT'S THE WAY IT IS. I SET THIS UP
144

1	BEFORE WE HAD THE PRESENTATION THIS MORNING. AND I,
2	LIKE ALL OF YOU, I THINK I JUST MISS MY FRIEND. AND
3	I HAD A COUPLE OF SLIDES IN HERE BECAUSE I THOUGHT
4	STARTING THE PRESIDENT'S REPORT WITH SOMETHING TO DO
5	WITH DUANE ON THIS OCCASION WOULD REALLY BE
6	INAPPROPRIATE. AND HE REALLY DID HAVE AN INCREDIBLE
7	IMPACT, AND I HAD A LOT OF SLIDES WHICH I LEFT AWAY,
8	BUT I JUST LEFT A FEW REALLY IMPORTANT ONES BECAUSE
9	CONNECT HAS REALLY BEEN A VERY IMPORTANT
10	ORGANIZATION. AND IT'S HELPED MORE THAN 2,000
11	COMPANIES SINCE 1985 AND IS WIDELY REGARDED AS THE
12	WORLD'S MOST SUCCESSFUL REGIONAL PROGRAM LINKING
13	INVENTORS AND ENTREPRENEURS WITH THE RESOURCES AND
14	NEED FOR COMMERCIALIZATION OF PRODUCTS.
15	I'M NOT SURE THAT EVERYBODY KNOWS THAT. I
16	WASN'T AWARE OF HOW MUCH THEY'D REALLY DONE. SO
17	THIS PROGRAM HAS BEEN MODELED IN ALMOST 40 REGIONS
18	IN THE WORLD. SO THIS IS A REALLY IMPORTANT PROGRAM
19	THAT DUANE WAS RUNNING. AND THE KEY TO THEIR
20	SUCCESS HAS BEEN THE UNIQUE CONVEYER BETWEEN THE
21	INDUSTRY, CAPITAL SOURCES, PROFESSIONAL SERVICE
22	PROVIDERS, AND RESEARCH ORGANIZATIONS, WHICH IS
23	RIGHT IN OUR SWEET SPOT WHERE WE'RE TRYING TO
24	OPERATE. SO THAT'S WHY IT WAS HE WAS REALLY SO
25	IMPORTANT FOR US AND ALSO FOR THE REGION.

145

1	AND I THINK THIS SAN DIEGO IS A VERY
2	SUCCESSFUL LIFE SCIENCE CLUSTER BECAUSE OF CONNECT
3	AND BECAUSE OF THE WAY THAT HE WAS ABLE TO MAKE
4	THESE THINGS HAPPEN HERE IN A REALLY, I THINK,
5	REALLY EXTRAORDINARY WAY. AND IF YOU LOOK THROUGH
6	THE CLUSTER REPORT ON SAN DIEGO, THE INFORMAL
7	CONTACT AND PARTICIPATION OF PROFESSIONAL NETWORKS
8	ARE VERY, VERY HIGH HERE. AND THEY'RE THE LEADING
9	TYPES OF COLLABORATIONS IN THE CLUSTER FOLLOWED BY
10	COOPERATION IN EDUCATION, CONTRACT RESEARCH, AND
11	ADVISORY. THESE ARE THE SORT OF THINGS THAT THESE
12	PEOPLE ACTUALLY WORK TOGETHER. AND YOU SEE IT MORE
13	HERE IN SAN DIEGO THAN I THINK I'VE EVER SEEN REALLY
14	ANYWHERE.
15	THE OTHER POPULAR TYPES OF COLLABORATIONS
16	INCLUDE THE MOBILITY OF PEOPLE, PEOPLE MOVING FROM
17	ACADEMIA TO INDUSTRY, INDUSTRY BACK INTO ACADEMIA.
18	THE MOVEMENTS AROUND THERE HAVE BEEN REALLY HIGH AT
19	40 PERCENT, COOPERATION IN R&D 40 PERCENT, AROUND
20	SHARING OF FACILITIES 40 PERCENT, AND PUBLICATIONS
21	ARE OVER 30 PERCENT. SO THESE ARE PEOPLE WORKING
22	TOGETHER MAKING A VERY, VERY SUCCESSFUL CLUSTER.
23	AND HE WAS REALLY QUITE IMPORTANT IN ALL OF THAT,
24	AND CONNECT WAS REALLY THE EMBODIMENT OF HOW THIS
25	ALL SORT OF WORKED AND SO WAS DUANE.

1	SO THAT'S WHY, FOR MANY REASONS, WE'LL
2	MISS HIM BECAUSE IT'S JUST A NATURAL WAY OF GETTING
3	PEOPLE TO WORK TOGETHER. SINCE I'VE BEEN HERE, MY
4	EFFORTS HAVE REALLY BEEN TRYING TO GET THE BEST
5	PEOPLE WORKING TOGETHER. AND THAT'S WHAT I ALWAYS
6	HAVE BEEN TRYING TO DO, AND I THINK WE'VE BEEN
7	REASONABLY SUCCESSFUL, BUT DUANE WAS ALWAYS SAYING
8	YOU JUST HAVEN'T GOT TO THE TOP OF IT YET. KEEP
9	GOING BECAUSE IT IS IMPORTANT TO LINK THE BEST WITH
10	THE BEST, AND WE'VE GOT THE BEST STEM CELL RESEARCH
11	IN THE WORLD. WE'VE GOT SOME OF THE BEST BIOTECH
12	COMPANIES HERE IN CALIFORNIA. WE'VE GOT A GROWTH
13	INDUSTRY GOING HERE. THINGS ARE LOOKING VERY
14	POSITIVE. KEEP GOING BECAUSE THIS IS GOING TO BE A
15	VERY SUCCESSFUL OUTCOME.
16	AND SO IN ME STILL BEING HERE AT CIRM SAYS
17	A LOT ABOUT WANTING TO DO THE KIND OF THINGS THAT
18	DUANE HAD STRONGLY IN HIS MIND.
19	NOW, I'M GOING TO TELL YOU ABOUT A COUPLE
20	OF RESEARCH REPORTS BECAUSE I THINK THAT'S WHAT YOU
21	REALLY SHOULD ALWAYS GET FROM ME. AND THIS FIRST
22	ONE IS REALLY ABOUT REPOPULATION OF DECELLULARIZED
23	HEART TISSUE WITH HUMAN PLURIPOTENTIAL STEM CELLS.
24	CAN YOU BUILD AN ARTIFICIAL HEART? CAN YOU REALLY
25	DO THAT? I THINK A YEAR OR TWO YEARS AGO WE WOULD

1	HAVE SAID, WELL, IT'S A GREAT THOUGHT, BUT YOU'D
2	NEVER DO IT. WELL, THIS GROUP HERE AT THE
3	UNIVERSITY OF PITTSBURGH, IN FACT, HAVE BEEN ABLE TO
4	DO IT TO A POINT.
5	SO THEY'VE USED HUMAN IPS CELLS
6	DIFFERENTIATED INTO MULTIPOTENTIAL CARDIAC
7	PROGENITOR CELLS WHICH FORM CARDIOMYOCYTES, THE
8	HEART MUSCLE CELLS, AND SMOOTH MUSCLE, AND
9	ENDOTHELIAL CELL TYPE. SO THEY FORM ALL OF THOSE
10	THREE TYPES. AND THEY POPULATED DECELLULARIZED
11	MOUSE HEARTS. I'LL SHOW YOU HOW THEY DID THAT IN A
12	MOMENT. SO THEY TAKE ALL THE CELLS OUT OF A MOUSE
13	HEART AND THEN THEY REPOPULATE IT WITH THESE HUMAN
14	CELLS AND THEN GET THE THING TO WORK TOGETHER. AND
15	IN THE LABORATORY THEY USED 20 DAYS OF PERFUSION TO
16	SORT OF GET THESE CELLS FUNCTIONAL. THEN THEY
17	LOOKED AT WHETHER THESE CELLS WORKED TOGETHER TO
18	FORM A HEART. AND THEY SHOWED SPONTANEOUS
19	CONTRACTIONS.
20	SO IF YOU GO AND LOOK UP THIS PAPER IN
21	NATURE COMMUNICATIONS, YOU WILL SEE THIS HEART, THIS
22	HEART THAT DIDN'T HAVE A SINGLE CELL IN IT BEATING.
23	AND YOU WILL ALSO SEE THAT IT'S GOT A MECHANICAL
24	FORCE. THIS ACTUALLY CAN FORCE WILL BE ABLE TO
25	FORCE BLOOD OR COULD FORCE FLUID THROUGH IT, AND

1	IT'S ALSO RESPONSIVE TO DRUGS.
2	SO WHAT THEY DID WAS TO MAKE IPS CELLS
3	FROM AN ADULT AND DRIVE THOSE CELLS INTO THE
4	MULTIPOTENTIAL CELLS. AND THEN ON THE RIGHT-HAND
5	SIDE YOU CAN SEE THE COMPLETELY CELLULARIZED HEART
6	RIGHT UP ON THE TOP LEFT IN THE PHOTOGRAPHS OF THE
7	HEART THERE ATTACHED UNDER NO. 1 THERE, IF YOU CAN
8	READ THAT. AND AS YOU MOVE THROUGH IT, YOU CAN SEE
9	THAT THE CELLS HAVE BEEN PROGRESSIVELY TAKEN OUT.
10	SO THEY USE A DETERGENT TO REMOVE THE CELLS AND
11	LEAVE THE EXTRACELLULAR MATRIX OF THE HEART INTACT.
12	SO BY THE TIME YOU GET TO SEVEN, YOU CAN SEE THAT
13	THERE'S REALLY NO CELLS IN THAT HEART, AND THE BLUE
14	STAINING JUST LEAVES SOME OF THE MATRIX THERE.
15	YOU LOOK DOWN BELOW THERE'S A MEASUREMENT
16	OF DNA. SO AN INTACT MOUSE HEART HAS A WHOLE RED
17	BAR FULL OF DNA AND THE DECELLULARIZED HEART HAS
18	NONE. SO ALL THE CELLS HAVE GONE. WHAT THEY DO
19	NEXT IS THEN THEY GROW THE IPS CELLS FOR SIX DAYS IN
20	CULTURE, SUBJECT THEM TO EXPOSURE TO DIFFERENT
21	GROWTH FACTORS OVER THAT PERIOD OF TIME, AND THEN AT
22	DAY SIX THEY SEPARATED ALL THE CELLS, AND THEN THEY
23	PUT THOSE CELLS INTO THE SOLUTION WITH THE
24	DECELLULARIZED HEART. AFTER ANOTHER 20 DAYS, THAT'S
25	A TOTAL OF 26 DAYS, THEY FOUND CARDIOMYOCYTES,

1	SMOOTH MUSCLE, AND ENDOTHELIAL CELLS. YOU CAN SEE
2	THERE'S AN EKG THERE THAT SHOWS YOU THAT THERE'S AN
3	EKG ACTUALLY FUNCTIONING IN THESE CELLS. AND
4	THERE'S INTRACELLULAR CALCIUM TRANSIENTS SHOWN DOWN
5	ON THE BOTTOM THERE.
6	SO HERE IS THE FIRST RUDIMENTARY HEART
7	THAT I'VE SEEN IN THE LABORATORY THAT'S ACTUALLY
8	BEEN DEVELOPED WITH HUMAN IPS OR PLURIPOTENTIAL STEM
9	CELLS. NOW, THE IMPORTANT PART OF THIS IS THAT
10	YOU'RE ABLE TO DO THAT IN A SMALL HEART LIKE A
11	MOUSE, DECELLULARIZED MOUSE, WITH HUMAN CELLS. IT
12	WOULDN'T BE MUCH USE TO THE MOUSE BECAUSE THE HEART
13	RATE IS MUCH HIGHER IN A MOUSE THAN IT IS IN A
14	HUMAN. IT BEATS VERY MUCH FASTER. NEVERTHELESS,
15	THIS IS THE BEGINNINGS TOWARDS MAKING A HEART.
16	AND I WILL COME BACK TO YOU AT SOME OTHER
17	TIME BECAUSE WE'VE ENGAGED THE WHITE HOUSE IN THIS
18	AREA OF LOOKING TO A GRAND CHALLENGE FOR WHICH I AND
19	MY COLLEAGUES HERE AT CIRM HAVE PUT A PROPOSAL TO
20	THE WHITE HOUSE TO RUN A GRAND CHALLENGE ON CURE OF
21	HEART DISEASE. SO WE'LL COME BACK TO YOU. THE
22	WHITE HOUSE, ALL I CAN SAY AT THE, MOMENT IS VERY
23	INTERESTED, AND WE'LL SEE IF WE CAN GET THEM TO
24	ENGAGE WITH US AND WITH OTHER PEOPLE TO DO, I THINK,
25	A SPECTACULAR PROJECT. SO THIS IS IN EARLY DAYS,
	150

1	BUT HERE IS GOOD SORT OF INDICATION THAT YOU CAN DO
2	SOME OF THAT KIND OF THING.
3	THE ONLY OTHER PUBLICATION I WANT TO DRAW
4	YOUR ATTENTION TO WAS WORK FROM MICHELLE SADELAIN'S
5	LAB AT THE SLOAN KETTERING IN NEW YORK WHERE THEY
6	HAVE USED COMBINED INDUCED PLURIPOTENTIAL STEM CELL
7	TECHNOLOGY AND COMBINED WITH THE CAR TECHNOLOGY
8	CALLED THE CHIMERIC ANTIGEN RECEPTOR. THIS IS
9	SOMETHING I THINK JEFF WOULD KNOW ABOUT, DOES KNOW
10	ABOUT. I KNOW THAT.
11	SO THEY'VE GENERATED HUMAN T-CELLS
12	TARGETED TO CD 19. IT'S AN ANTIGEN EXPRESSED BY
13	MALIGNANT B CELLS IN TISSUE CULTURE. THESE IPS
14	CELL-DERIVED CAR EXPRESSING T-CELLS, THEY DISPLAY A
15	PHENOTYPE RESEMBLING THAT OF INNATE GAMMA DELTA
16	T-CELLS. THESE ARE VERY SIMILAR TO CAR-TRANSDUCED
17	PERIPHERAL BLOOD GAMMA DELTA T-CELLS. AND THESE
18	IPS-DERIVED T-CELLS POTENTLY INHIBIT TUMOR GROWTH IN
19	A XENOGRAPH MODEL. SO THEY'RE VERY, VERY EFFECTIVE.
20	SO THIS IS THE FIRST ONE THAT I'VE REALLY
21	SEEN WHERE THEY'VE GENERATED THESE TUMOR TARGETING
22	LYMPHOCYTES THAT GO AFTER A CANCER IN A VERY, VERY
23	EFFECTIVE WAY. AND YOU CAN DEVELOP THOSE USING AN
24	IPS CELL-TYPE STRATEGY, WHICH WOULD MEAN THAT THE
25	T-CELLS THAT ARE FORMED SHOULD NOT BE REJECTED.

1	THESE ARE AN IMMUNE CELL, AND YOU CAN GIVE THEM THIS
2	DOUBLE BAIT, IF YOU LIKE, OF A T-CELL RECEPTOR AND
3	THE CAR, AND THEY'LL GO AFTER, VERY VICIOUSLY GO
4	AFTER THOSE CANCER CELLS EXPRESSING THAT.
5	WE'VE ALREADY GOT SEVERAL PROJECTS IN THE
6	PORTFOLIO THAT ARE USING THIS KIND OF APPROACH, BUT
7	HAVE NOT DEVELOPED THEM FROM IPS CELLS. I THINK
8	IT'S A VERY, VERY NICE PIECE OF WORK. I LIKE THE
9	CAR APPROACH. I THINK IT'S GOING TO BE VERY
10	EFFECTIVE. I THINK THE PEOPLE AT UCLA AND THE
11	OTHERS WHO WE ARE SUPPORTING WILL REALLY DEMONSTRATE
12	THIS RATHER NICELY, I THINK. AND I SEE THIS AS A
13	REALLY BIG STEP FORWARD IN AN ATTACK ON CANCERS. SO
14	I THOUGHT IT WAS A VERY NICE PIECE OF WORK.
15	SO NOW GOING THROUGH THE CURRENT RFA
16	PROGRAM, AS I USUALLY DO FOR YOU, WE'VE DONE THE
17	TRANSLATION MEETING. THE DISEASE TEAM III, WHICH IS
18	THE BIG PROGRAM, THAT'S IN SEPTEMBER. THE GRANTS
19	REVIEW WILL BE IN SEPTEMBER. SO WE'RE ALL LOOKING
20	FOR THAT. THAT'S THE THIRD DISEASE TEAM PROGRAM
21	WE'VE GOT. IT ALWAYS INDUCES LOTS OF ENERGY AND
22	LOTS OF SECRETIONS, THIS WORK, I TELL YOU. AND SO
23	ONE WAY OR ANOTHER WE'LL GET EXCITED. THAT'S FOR
24	CERTAIN.
25	BASIC BIOLOGY V, SO THOSE REVIEW
	150
	152

1	APPLICATIONS ARE IN OCTOBER. AND GENOMICS, WE'RE
2	COMING BACK WITH GENOMICS, A REVIEW OF THE
3	APPLICATIONS IN NOVEMBER. AND I'M FEELING VERY
4	CONFIDENT ABOUT THAT REVIEW NOW. SO WE'VE GOT A
5	TERRIFIC TEAM. IT'S SOME OF THE ORIGINAL PEOPLE,
6	BUT WE'VE GOT A GREAT GROUP OF GENOMICS PEOPLE
7	COMING. AND I THINK WE'VE GOT ENHANCED APPLICATIONS
8	THAT WILL GIVE US WHAT WE REALLY WANT NOW.
9	STRATEGIC PARTNERSHIP III, THAT WILL BE
10	POSTED THAT HAS BEEN POSTED IN JULY. ALREADY
11	BEEN POSTED.
12	RESEARCH LEADERSHIP EXTENSIONS, THE
13	AMENDED RFA WILL POST SOMETIME IN AUGUST. I DON'T
14	THINK IT'S BEEN POSTED YET.
15	TOOLS AND TECHNOLOGIES III, POSTING IN
16	SEPTEMBER.
17	AND OUR ALPHA CLINICS WE EXPECT TO POST IN
18	OCTOBER, NOVEMBER. SO THERE'S PLENTY OF WORK
19	TOWARDS THE END OF THIS YEAR FOR US ALL, PLENTY OF
20	GRANTS REVIEWS AND PLENTY OF WORK FOR THE BOARD
21	COMING UP.
22	WE HAD THE SCIENTIFIC ADVISORY BOARD
23	MEETING. YOU REMEMBER THE INSTITUTE OF MEDICINE
24	RECOMMENDED THAT WE HAVE A SCIENTIFIC ADVISORY
25	BOARD. SO THE ADVISORY BOARD, SEVEN OF THE EIGHT
	153
	±33

1	ADVISORY BOARD MEMBERS ATTENDED IN SAN FRANCISCO AT
2	CIRM. SIR JOHN BELL FROM OXFORD WAS THE CHAIR.
3	CHRISTINE MUMMERY, SEAN MORRISON, STU ORKIN, FIONA
4	WATT, JOHN WAGNER, AND COREY GOODMAN WERE THERE.
5	THESE ARE A FEROCIOUS GROUP OF PEOPLE, I TELL YOU.
6	THEY ARE VERY, VERY INTERESTED AND VERY STRONG
7	VIEWS, OF WHICH THEY GAVE ME AN INSIGHT INTO WHAT
8	THEIR REPORT WOULD BE.
9	I THINK IT'S VERY INTERESTING. THEY'LL
10	COME BACK IN OCTOBER. I MIGHT BE HERE, BUT ELLEN
11	WILL BRING IT FORWARD FOR ME BECAUSE I'LL BE IN
12	EUROPE. I'M AT A NATURE MEDICINE MEETING LOOKING AT
13	REGENERATIVE MEDICINE WORLDWIDE, AND I THOUGHT I
14	NEEDED TO BE THERE. BUT THE SAB WILL BE PRESENTED
15	TO YOU WITH OUR COMMENTS, MANAGEMENT'S COMMENTS, IN
16	OCTOBER. AND I THINK YOU ARE GOING TO BE VERY
17	INTERESTED IN THAT. I THINK YOU REALLY WILL.
18	SO THEY EXAMINED THE PROGRESS, POSITION,
19	AND FUTURE PROSPECTS OF CIRM WITH THE FUNDING THAT'S
20	AVAILABLE, AND THEY ARE PROVIDING RECOMMENDATIONS ON
21	THE FUTURE FOCUS OF CIRM TO MAXIMIZE THE BENEFITS
22	AND RECOGNITION OF CIRM. SO IN A DOUBLE ANGLE FOR
23	US. AND EXPECT THOSE RECOMMENDATIONS AND
24	MANAGEMENT'S COMMENTS IN THE OCTOBER MEETING.
25	UPCOMING MEETING, THERE'S A CIRM

1	SYMPOSIUM: BREAKING THE BOTTLENECK. YOU MAY NOT
2	KNOW, BUT WE'RE HAVING SOME PROBLEMS IN GETTING
3	HEMATOPOIETIC STEM CELLS, THE BLOOD CELL THAT GOES
4	TO FORM ALL THE BLOOD IN THE BODY, WE ACTUALLY CAN'T
5	GET THAT CELL TO COME FROM AN EMBRYONIC OR AN
6	INDUCED PLURIPOTENTIAL CELL THROUGH TO A
7	HEMATOPOIETIC STEM CELL THAT CAN ENGRAFT IN THE BONE
8	MARROW. WE CAN MAKE WHAT APPEARS TO BE YOKE-TYPE
9	HEMATOPOIETIC STEM CELLS. SO WE'RE ASKING AT THIS
10	WORKSHOP TO SEE WHAT THE BOTTLENECK IS. I HAVE A
11	FEW VIEWS ON IT, AND I WON'T ACTUALLY BE AT THE
12	WORKSHOP, BUT I'VE TRANSMITTED IT TO THE MEMBERS.
13	AND WE'LL GIVE YOU A READOUT OF WHAT THE EXPERTS
14	THINK ON WHAT WE SHOULD DO TO GET THAT DONE. THIS
15	IS HANDICAPPING US IN GETTING SOME WORK DONE WITH
16	THE BLOOD DISEASES AND CANCERS NOT BEING ABLE TO DO
17	THAT.
18	THERE'S A WORKSHOP ON OPTIMIZING
19	EXPECTATIONS, SUCCESS, AND FIRST-IN-HUMAN TRIAL WITH
20	STEM CELL THERAPIES IN SEPTEMBER. AND CIRM IS ON
21	THE PROGRAM COMMITTEE. SO ELLEN WILL TELL YOU
22	SOMETHING ABOUT THAT IN DUE COURSE. I THINK IT'S
23	ELLEN AND ELONA AT THAT, IS IT?
24	THERE'S A CIRM-SPONSORED INTERNATIONAL
25	WORKSHOP ON REGULATORY PATHWAYS. STEM CELL-BASED

155

1	THERAPIES ALSO IN SEPTEMBER AT BETHESDA AT THE NIH.
2	STEM CELL AWARENESS DAY IS ON OCTOBER 2D WHERE WE
3	TRY AND MAKE PEOPLE AWARE OF STEM CELL AND STEM CELL
4	RESEARCH. IT'S A VERY GOOD PROGRAM, AND IT INVOLVES
5	A LOT OF US AND THE SCIENTISTS AROUND CALIFORNIA,
6	INDEED AROUND THE WORLD, TALKING TO STUDENTS,
7	TALKING TO PEOPLE WHO ARE INTERESTED, GOING TO
8	SCHOOLS, GOING TO PLACES TO INFORM.
9	CIRM-SPONSORED WEBINAR ON PARKINSON'S
10	DISEASE: MOVING STEM CELL-BASED THERAPIES TO THE
11	CLINIC IS ON NOVEMBER 14.
12	THE CIRM WORKS WITH THE FDA ON REGULATORY
13	PATHWAYS FOR CELL THERAPY. AND AS I'VE STEPPED BACK
14	OUT OF THAT, ELLEN HAS STEPPED FORWARD. SO THERE'S
15	A CIRM WEBINAR ON MOVING CELL-BASED THERAPIES TO THE
16	CLINIC FOR PARKINSON'S DISEASE. SO THAT'S, AS I
17	JUST SAID, NOVEMBER 14. THERE'S ALSO THE REGULATORY
18	PATHWAYS ON SEPTEMBER 17TH. I ALREADY SAID THAT AS
19	WELL.
20	MEETINGS THAT HAVE BEEN HELD. J.T. JUST
21	SPOKE TO YOU BEFORE THIS ON THE CREATIVITY POSTER
22	DAY. A FEW YEARS AGO WE SET UP THE CREATIVITY
23	AWARDS FOR STUDENTS, HIGH SCHOOL STUDENTS, TO EXPOSE
24	THEM TO STEM CELLS AND SOMETHING ELSE. CREATIVITY
25	COMES FROM LOOKING AT SEVERAL THINGS USUALLY AT
	156
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1	ONCE. SO IT'S THE INTERSECTION OF DISCIPLINES THAT
2	CREATES A LOT OF THE CREATIVITY. AND THIS PROGRAM
3	HAS BEEN, I THINK, FANTASTICALLY SUCCESSFUL. AND I
4	THINK EVERYBODY WHO'S EXPOSED TO THOSE YOUNG PEOPLE
5	ARE INCREDIBLY IMPRESSED. AND THEY GIVE UP THEIR
6	SUMMERS TO BECOME INTERNS IN THE PROGRAMS. AND
7	THEY'RE NOT JUST WASHING UP AND HOLDING ONTO THINGS.
8	THEY'RE ACTUALLY RIGHT IN THERE DOING THE WORK.
9	WHEN YOU GET TO MEET THEM, YOU ALMOST THINK THEY'RE
10	PH.D. STUDENTS. THEY'VE REALLY GOT THE FIRE.
11	NIH REGENERATIVE MEDICINE INTERACTIONS
12	WITH INDUSTRY WAS ON AUGUST 21ST. I THINK THAT WAS
13	WHERE ELLEN WAS. AND IF YOU CARE TO ASK HER ABOUT
14	THAT, THAT WOULD BE GOOD IF YOU WANTED TO.
15	CREATIVITY AWARDS DAY, THERE WERE ALL NINE
16	FUNDED INSTITUTIONS THERE, 70 INTERNS PRESENTING
17	POSTERS. NINE OF THOSE STUDENTS PRESENTED SHORT
18	TALKS, AND I UNDERSTOOD THEY WERE VERY, VERY GOOD
19	FROM THE SCIENCE STAFF THAT WERE THERE. AND THERE
20	WERE 210 ATTENDEES INCLUDING 65 PARENTS AND FAMILY
21	MEMBERS, BOARD MEMBERS, AND CIRM STAFF. SO IT WAS A
22	REAL KIND OF CELEBRATION OF THESE YOUNG PEOPLE. AND
23	I TELL YOU WHAT. THEY'RE KEYED INTO GOING INTO THE
24	SCIENCE AND MEDICINE, THESE YOUNG PEOPLE NOW, AND
25	THEY WILL BE CONTRIBUTORS IN SCIENCE AND MEDICINE IN

1	THE FUTURE.
2	INDUSTRY ENGAGEMENT AND SUPPORT, WHICH IS
3	REALLY THE PROGRAM THAT ELONA RUNS, THERE WAS A
4	REGENERATIVE MEDICINE VC MEET-UP THAT WAS HELD IN
5	JUNE WHERE THEY HAD A SURVEY OF THREE OF THE 15
6	VC'S. THE PROGRAM WAS VERY WELL RECEIVED. AT LEAST
7	ONE FOLLOW-UP DISCUSSION IS PLANNED WITH COMPANIES,
8	AND THE PANELS INCLUDED GLOBAL IMPACTS,
9	REIMBURSEMENT, FINANCING, OVERCOMING REGULATORY
10	HURDLES TO REGENERATIVE MEDICINE. AND SIX CIRM
11	GRANTEES PARTICIPATED IN THE PRESENTATION SESSIONS.
12	SO I THINK WHAT WE'RE TALKING ABOUT HERE
13	IS THE MEETING ON THE MESA. SO THE SPEAKERS INCLUDE
14	CELIA WITTEN FROM FDA. THAT'S OFTEN DIFFICULT TO
15	GET CELIA TO COME VISIT, SO IT'S GREAT TO HAVE HER
16	THERE. PETE SCHULTZ WILL ALSO BE SPEAKING. HE'S
17	THE FOUNDING DIRECTOR OF THE SCRIPPS RESEARCH NO.
18	HE'S THE FOUNDING DIRECTOR OF THE CALIFORNIA
19	INSTITUTE FOR BIOMEDICAL RESEARCH, A NEW INSTITUTE
20	DOWN THERE.
21	GRANTS MANAGEMENT SYSTEMS, I WON'T GO INTO
22	THIS, BUT THE IP WORK AT THE INSTITUTE GOES ON.
23	IT'S FANTASTIC. IT'S DOING REALLY WELL. IT REALLY
24	HELPS US TO GET ALL OUR WORK DONE EFFECTIVELY AND
25	EFFICIENTLY. AND THE TEAM REALLY ARE DOING A
	158
	130

1	FANTASTIC JOB.
2	I'LL FINISH AND GET CHILA TO DO THE
3	FINANCIAL REPORT FOR YOU.
4	MS. SILVA-MARTIN: THANK YOU, DR.
5	TROUNSON. GOOD AFTERNOON, MR. CHAIR, MEMBERS OF THE
6	BOARD, MEMBERS OF THE PUBLIC. I KNOW IT'S REALLY
7	LATE, SO I WILL TRY TO KEEP MY FINANCE REPORT SHORT
8	AND BRIEF. TODAY I'M GOING TO REPORT ON THE FINAL
9	OPERATING EXPENDITURES FOR THE '12-'13 FISCAL YEAR
10	AS WELL AS GIVE YOU A BRIEF HIGHLIGHT ON OUR
11	FINANCES FOR THE '13-'14 FISCAL YEAR AND BEYOND.
12	SO THIS FIRST SLIDE PROVIDES YOU WITH A
13	HIGH LEVEL OVERVIEW OF OUR '12-'13 OPERATING
14	EXPENDITURES AND GRANT DISBURSEMENTS FOR THE '12-'13
15	FISCAL YEAR AS COMPARED TO THE PRIOR PERIOD OF
16	'11-'12. I'M NOT GOING TO GO INTO ANY OF THE
17	DETAILS HERE BECAUSE I'LL BE COVERING THE OPERATING
18	EXPENDITURES IN A LITTLE BIT MORE DETAIL IN A
19	SECOND.
20	I DID WANT TO SAY THAT WE COMPLETED THE
21	YEAR IN PROCESS AND SUBMITTED OUR REPORTS TO THE
22	STATE CONTROLLER'S OFFICE BOTH ON TIME AND WITHIN
23	BUDGET.
24	SO NOW REALLY LOOKING AT THE FINAL
25	EXPENDITURES FOR THE '12-'13 FISCAL YEAR AT THE
	150
	159

1	CATEGORICAL LEVEL. I'M JUST GOING TO HIGHLIGHT SOME
2	VARIANCES BETWEEN BUDGET AND ACTUAL EXPENDITURES
3	OVERALL. WE HAD A BUDGET OF \$17.9 MILLION. OUR
4	EXPENDITURES TOTALED \$16,304,000, LEAVING A BALANCE
5	OF \$1.6 MILLION OR 3 PERCENT. LOOKING AT SOME OF
6	THE BUDGET-TO-EXPENDITURE VARIANCES, OUR EXTERNAL
7	SERVICES, WE HAD SAVINGS THERE OF \$732,000, AND THAT
8	REALLY WAS A RESULT OF COSTS THAT EITHER DID NOT
9	MATERIALIZE AT ALL OR DID NOT MATERIALIZE AT THE
10	LEVEL THAT WAS BUDGETED.
11	COUPLE OF EXAMPLES WOULD BE OUR BOARD
12	COUNSEL. WE HAD SAVINGS OF OVER \$200,000 THERE.
13	OUR ANNUAL REPORT WE EXPERIENCED SOME SAVINGS. WE
14	ALSO HAD SOME REDIRECTION OF EXTERNAL SERVICES FUNDS
15	TO EMPLOYEE EXPENSES. SO THAT REALLY WAS A RESULT
16	OF THE MAJORITY OF THE SAVINGS IN EXTERNAL SERVICES.
17	OUR REVIEW MEETINGS AND WORKSHOPS, WE DID
18	HAVE SAVINGS THERE AS WELL OF \$329,000. AND
19	ALTHOUGH WE HELD MOST OF THE MEETINGS, THERE WAS A
20	COUPLE OF WORKSHOPS THAT WE DIDN'T HAVE. WE HAD
21	SAVINGS REALLY IN PART BECAUSE THE STAFF THAT WERE
22	RESPONSIBLE FOR COORDINATING THESE FUNCTIONS WORK
23	CLOSELY WITH THOSE VENDORS THAT WERE WILLING TO GIVE
24	US DISCOUNTS, BETTER RATES. SO THAT RESULTED IN
25	LOWER COST OVERALL.

1	OUR TRAVEL EXPENSES, WE HAD SAVINGS THERE
2	OF ABOUT \$190,000. MOST OF THE COST CENTERS HAD
3	SAVINGS. THE COSTS JUST DID NOT MATERIALIZE AT THE
4	LEVEL THAT WE BUDGETED. BUT IN THAT AREA ALSO WE
5	WORKED WITH OUR TRAVEL AGENCY TO BRING DOWN THE
6	COST. WHAT WE FOUND WAS THAT THERE WAS INTERNET AND
7	NONREFUNDABLE TYPE OF AIRPLANE TICKETS THAT WE COULD
8	PURCHASE THAT WERE ACTUALLY A BETTER COST THAN WHAT
9	WE GET THROUGH THE STATE RATE. SO IN THOSE
10	INSTANCES WHERE IT MAKES SENSE, WE HAVE BEEN TRYING
11	TO SECURE AND USE THOSE RATES SO THAT WE CAN HAVE
12	MORE SAVINGS.
13	THERE WAS ONE AREA WHERE WE HAD A LITTLE
14	BIT OF OVERAGE, AND THAT WAS IN OUR EQUIPMENT,
15	SUPPLIES, AND SOFTWARE CATEGORY. AND THAT WAS
16	BECAUSE WE WANTED TO MAKE SURE THAT WE HAD
17	UNINTERRUPTED SERVICE FOR OUR COMPUTERS, AND SO WE
18	MADE SOME EQUIPMENT PURCHASES TO STABILIZE OUR
19	SERVERS.
20	SO NOW LOOKING AT THESE EXPENDITURES BY
21	COST CENTERS, THAT'S THE NEXT CHART, I JUST WANT TO
22	POINT OUT THAT THE MAJORITY OF OUR COST CENTERS,
23	EXPENDITURES WERE BETWEEN 85 TO 90 PERCENT OF WHAT
24	THEY WERE BUDGETED. AS I MENTIONED A SECOND AGO,
25	I.T. WAS SLIGHTLY HIGHER, AND IT WAS DUE TO OUR
	161

1	SERVER STABILIZATION PURCHASE. AND THEN OUR FINANCE
2	AND OPERATIONS UNIT WAS SLIGHTLY LOWER BECAUSE OF
3	YOU MAY RECALL WE HAD A CHIEF FINANCE OFFICER THAT
4	LEFT IN EARLY AUGUST. SO WE HAD SALARY SAVINGS AND
5	BENEFIT SAVINGS FROM THAT POSITION, AND WE DID
6	EVENTUALLY FILL IT WITH A BUSINESS DEVELOPMENT
7	OFFICER LATER ON IN THE FISCAL YEAR.
8	SO JUST A QUICK COMPARISON OF THE '12-'13
9	EXPENDITURES TO THE '11-'12 FISCAL YEAR. OVERALL
10	OUR EXPENDITURES WERE \$900,000 MORE IN THE '12-'13
11	FISCAL YEAR OVER WHAT WE SPENT IN '11-'12 FISCAL
12	YEAR. THE BIGGEST CATEGORY WAS IN EMPLOYEE
13	EXPENSES, AND THAT REALLY WAS DUE TO A VARIETY OF
14	FACTORS. FIRST OF ALL, WE DID HAVE MERIT
15	ADJUSTMENTS OF ABOUT 3 PERCENT. WE ALSO HAD
16	INCREASED BENEFIT COST, WHICH REALLY ARE OUT OF OUR
17	CONTROL. FOR EXAMPLE, THE HEALTH BENEFITS INCREASED
18	IN THE '12-'13 FISCAL YEAR BY ANYWHERE FROM \$50 TO
19	\$133 A MONTH PER INDIVIDUAL BASED ON THE NUMBER OF
20	DEPENDENTS THAT THEY HAVE. OUR RETIREMENT, THE
21	STATE'S RETIREMENT CONTRIBUTION FOR OUR EMPLOYEES
22	ALSO WENT UP ALMOST 1 PERCENT. AND THEN WE ALSO HAD
23	MORE POSITIONS FILLED DURING THE '12-'13 FISCAL
24	YEAR.
25	OUR EXTERNAL SERVICES EXPENDITURES ARE
	162

1	ACTUALLY DOWN FROM THE PRIOR FISCAL YEAR BY ALMOST
2	\$1.2 MILLION. THAT'S REALLY BECAUSE WE'VE
3	REDIRECTED SOME SERVICES FROM EXTERNAL SERVICES TO
4	EMPLOYEES. AS YOU MAY RECALL, WE DID THAT LAST YEAR
5	IN OUR BUDGET DEVELOPMENT. WE ALSO HAVE REDUCED
6	SOME OF OUR COST, LIKE I INDICATED, IN OUR LEGAL
7	AREA. ANOTHER AREA WHERE WE'VE HAD SOME DECREASED
8	COST IS IN OUR COMMUNICATION AND OUR OUTREACH
9	EFFORTS BECAUSE WE NOW HAVE STAFF THAT ARE ACTUALLY
10	PERFORMING SOME OF THOSE FUNCTIONS.
11	AND LET'S SEE. THAT'S PRETTY MUCH ALL THE
12	THINGS THAT I WANTED TO COVER ON THIS COMPARISON.
13	AND THEN JUST BRINGING US NOW TO THE
14	CURRENT YEAR AND BEYOND. SO FOR THE FIRST MONTH OF
15	THIS FISCAL YEAR WE HAVE DISBURSED \$26 MILLION FOR
16	OUR GRANTS. WE CONTINUE TO HAVE A VERY HEALTHY CASH
17	RESERVE, JUST UNDER \$63 MILLION. AND THE OFFICE OF
18	THE CHAIR CONTINUES TO WORK WITH THE STATE
19	TREASURER'S OFFICE AND DEPARTMENT OF FINANCE TO
20	ENSURE THAT WE HAVE ADDITIONAL FUNDING EVERY MONTH.
21	NOW TAKING ALL OF THAT AND PUTTING IT INTO
22	OUR 6-PERCENT CAP, AS YOU KNOW, PROPOSITION 71 SETS
23	ASIDE \$180 MILLION FOR OUR GENERAL AND GRANT
24	OPERATIONS. SO AS OF JUNE OF 2013, WE HAVE SPENT 75
25	OF THAT \$180 MILLION. OUR BUDGET IS JUST UNDER \$15

1	MILLION FOR THE CURRENT FISCAL YEAR. SO AT THE END
2	OF THIS FISCAL YEAR, I ANTICIPATE THAT WE'LL BE AT
3	ABOUT HALF OF THAT MONEY SPENT, \$90 MILLION, LEAVING
4	US JUST \$90 MILLION FOR THE REMAINDER OF OUR
5	OPERATIONS. AND THIS, OF COURSE, ASSUMES THAT WE
6	DON'T GET ANY ADDITIONAL BOND FUNDING OR OTHER
7	FUNDING. AND SO WHAT WE DO THEN IS WE TAKE THAT \$90
8	MILLION AND MAKE SURE THAT WE HAVE SUFFICIENT
9	FUNDINGS TO TAKE US THROUGH THE END OF OUR
10	OPERATIONS.
11	AND SO BASED ON THAT ASSUMPTION, AS YOU
12	CAN SEE, WE ANTICIPATE THAT WE WILL CONTINUE TO HAVE
13	GRADUAL INCREASES THROUGH THE '16-'17 FISCAL YEAR,
14	WHICH IS THE LAST YEAR THAT WE ANTICIPATE THAT WE
15	WILL BE MAKING GRANT AWARDS. AND THOSE GRADUAL
16	INCREASES INCLUDE AN ASSUMPTION THAT WE WILL HAVE TO
17	START PAYING FOR RENT IN NOVEMBER 2015 AND THEN
18	MINOR COST OF LIVING INCREASES. AND THEN BEGINNING
19	WITH THE '17-'18 FISCAL YEAR AND BEYOND, WE WILL SEE
20	A GRADUAL REDUCTION THROUGH THE '20-'21 FISCAL YEAR.
21	AND THAT REALLY CONCLUDES MY PRESENTATION.
22	ARE THERE ANY QUESTIONS? NO. OKAY. THANK YOU.
23	CHAIRMAN THOMAS: THANK YOU, CHILA. I
24	BELIEVE THAT CONCLUDES TODAY'S AGENDA. SO I'D LIKE
25	TO THANK EVERYBODY FOR THEIR PARTICIPATION, AND HAVE

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1
      A NICE END OF SUMMER, AND WE WILL SEE EVERYBODY IN
 2
      BURLINGAME IN OCTOBER. WE STAND ADJOURNED.
 3
                      (THE MEETING WAS THEN CONCLUDED AT
 4
     04:11 P.M.)
 5
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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

MARRIOTT LA JOLLA 4240 LA JOLLA VILLAGE DRIVE LA JOLLA, CALIFORNIA ON AUGUST 28, 2013

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

BETH C. DRAIN, CSR 7152 BARRISTERS' REPORTING SERVICE 160 S. OLD SPRINGS ROAD SUITE 270 ANAHEIM, CALIFORNIA (714) 444-4100