	BEFORE THE ITIZENS' OVERSIGHT COMMITTEE AND
	ATION REVIEW SUBCOMMITTEE TO THE
ORG	STITUTE FOR REGENERATIVE MEDICINE ANIZED PURSUANT TO THE TEM CELL RESEARCH AND CURES ACT
	REGULAR MEETING
LOCATION:	VIA ZOOM
DATE:	OCTOBER 27, 2022 9 A.M.
REPORTER:	BETH C. DRAIN, CA CSR CSR NO. 7152
FILE NO.:	2022-39

INDEX

ITEM DESCRIPTION	PAGE NO.
OPEN SESSION	
1. CALL TO ORDER	4
2. ROLL CALL	4
3. CHAIRMAN'S REPORT	9
4. PRESIDENT'S REPORT: DR. MILLAN DR. SAMBRANO	14 25
ACTION ITEMS	
5. CONSIDERATION OF SHARED LABS RESOURCES CONCEPT PLAN	90
6. CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE TO CLINICAL TRIAL STAGE PROJECTS PROGRAM ANNOUNCEMENT (CLIN 1 OR 2)	44
7. CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE TO ALPHA CLINIC NETWORK EXPANSION (INFR4)	59
8. CONSIDERATION OF AMENDMENTS TO GRANTS WORKING GROUP BYLAWS	119
9. CONSIDERATION OF MINUTES FROM SEPTEMBER 20 APPLICATION REVIEW SUBCOMMITTE MEETING AND SEPTEMBER 29 ICOC/ARS MEETING	121 E
10. STATEMENT OF INTEREST BY NOMINEE FOR VICE CHAIR	124
2	

INDEX (CONT'D.)

CLOSED SESSION

129

11. DISCUSSION OF PERSONNEL (GOVERNMENT CODE SECTION 11126, SUBDIVISION (A); HEALTH & SAFETY CODE SECTION 125290.30(F) (3) (D)) CHAIR/VICE CHAIR UPDATES RECOMMENDATION REGARDING NOMINEE FOR VICE CHAIR, INCLUDING PERCENT EFFORT, COMPENSATION AND START DATE RECOMMENDATION REGARDING PERCENT EFFORT, COMPENSATION AND START DATE FOR CHAIR

ACTION ITEMS

12. CONSIDERATION OF VICE CHAIR CANDIDATE, 130 INCLUDING PERCENT EFFORT AND COMPENSATION AND START DATE

13. CONSIDERATION OF CHAIR PERCENT EFFORT, 134 AND COMPENSATION AND START DATE

DISCUSSION ITEMS

14.	GENERAL COMMENTS ON ARS PROCESS	144
15.	FINANCIAL AUDIT FOR FY 20/21	145
16.	PUBLIC COMMENT	154
17.	ADJOURNMENT	157

1OCTOBER 27, 2022; 9 A.M.233444545454554555565667777781011121314141515161617181919101010101111121314151515161717181919111112113114115115115116117118118119111120121121122112321123223123234123234123234123234123234123334123334123334123334123334123334123334123334123334123334123334 <t< th=""><th></th><th></th></t<>		
3CHAIRMAN THOMAS: GOOD MORNING, EVERYBODY.4WELCOME TO THE OCTOBER 2022 MEETING OF THE ICOC AND5APPLICATION REVIEW SUBCOMMITTEE. BEFORE WE GET TO6CALLING THE ROLL, WE NEED TO SWEAR IN OUR NEWEST7MEMBER, JUDY CHOU, WHO WILL BE INTRODUCING HERSELF8IN A FEW MINUTES. BUT BEFORE WE DO THAT, JUDY,9WE'RE GOING TO PUBLICLY, OFFICIALLY SWEAR YOU IN.10SO IF YOU WOULD PLEASE RAISE YOUR RIGHT HAND AND11REPEAT AFTER ME.12(MEMBER CHOU WAS THEN DULY SWORN IN,13NOT REPORTED, NOR HEREIN TRANSCRIBED.)14CHAIRMAN THOMAS: CONGRATULATIONS.15WELCOME TO THE BOARD.16DR. CHOU: THANK YOU.17CHAIRMAN THOMAS: SO WITH THAT, MARIA,18WILL YOU PLEASE CALL THE ROLL.19MS. BONNEVILLE: HAIFAA ABDULHAQ.20DR. ABDULHAQ: YES.21MS. BONNEVILLE: MOHAMMED ABOUSALEM.22DR. ABOUSALEM: PRESENT.23MS. BONNEVILLE: KIM BARRETT.24DR. BARRETT: PRESENT.	1	OCTOBER 27, 2022; 9 A.M.
 WELCOME TO THE OCTOBER 2022 MEETING OF THE ICOC AND APPLICATION REVIEW SUBCOMMITTEE. BEFORE WE GET TO CALLING THE ROLL, WE NEED TO SWEAR IN OUR NEWEST MEMBER, JUDY CHOU, WHO WILL BE INTRODUCING HERSELF IN A FEW MINUTES. BUT BEFORE WE DO THAT, JUDY, WE'RE GOING TO PUBLICLY, OFFICIALLY SWEAR YOU IN. SO IF YOU WOULD PLEASE RAISE YOUR RIGHT HAND AND REPEAT AFTER ME. (MEMBER CHOU WAS THEN DULY SWORN IN, NOT REPORTED, NOR HEREIN TRANSCRIBED.) CHAIRMAN THOMAS: CONGRATULATIONS. WELCOME TO THE BOARD. DR. CHOU: THANK YOU. CHAIRMAN THOMAS: SO WITH THAT, MARIA, WILL YOU PLEASE CALL THE ROLL. MS. BONNEVILLE: HAIFAA ABDULHAQ. DR. ABDULHAQ: YES. MS. BONNEVILLE: MOHAMMED ABOUSALEM. DR. ABOUSALEM: PRESENT. MS. BONNEVILLE: KIM BARRETT. DR. BARRETT: PRESENT. 	2	
SAPPLICATION REVIEW SUBCOMMITTEE. BEFORE WE GET TO6CALLING THE ROLL, WE NEED TO SWEAR IN OUR NEWEST7MEMBER, JUDY CHOU, WHO WILL BE INTRODUCING HERSELF8IN A FEW MINUTES. BUT BEFORE WE DO THAT, JUDY,9WE'RE GOING TO PUBLICLY, OFFICIALLY SWEAR YOU IN.10SO IF YOU WOULD PLEASE RAISE YOUR RIGHT HAND AND11REPEAT AFTER ME.12(MEMBER CHOU WAS THEN DULY SWORN IN,13NOT REPORTED, NOR HEREIN TRANSCRIBED.)14CHAIRMAN THOMAS: CONGRATULATIONS.15WELCOME TO THE BOARD.16DR. CHOU: THANK YOU.17CHAIRMAN THOMAS: SO WITH THAT, MARIA,18WILL YOU PLEASE CALL THE ROLL.19MS. BONNEVILLE: HAIFAA ABDULHAQ.20DR. ABDULHAQ: YES.21MS. BONNEVILLE: MOHAMMED ABOUSALEM.22DR. ABOUSALEM: PRESENT.23MS. BONNEVILLE: KIM BARRETT.24DR. BARRETT: PRESENT.	3	CHAIRMAN THOMAS: GOOD MORNING, EVERYBODY.
 CALLING THE ROLL, WE NEED TO SWEAR IN OUR NEWEST MEMBER, JUDY CHOU, WHO WILL BE INTRODUCING HERSELF IN A FEW MINUTES. BUT BEFORE WE DO THAT, JUDY, WE'RE GOING TO PUBLICLY, OFFICIALLY SWEAR YOU IN. SO IF YOU WOULD PLEASE RAISE YOUR RIGHT HAND AND REPEAT AFTER ME. (MEMBER CHOU WAS THEN DULY SWORN IN, NOT REPORTED, NOR HEREIN TRANSCRIBED.) CHAIRMAN THOMAS: CONGRATULATIONS. WELCOME TO THE BOARD. DR. CHOU: THANK YOU. CHAIRMAN THOMAS: SO WITH THAT, MARIA, WILL YOU PLEASE CALL THE ROLL. MS. BONNEVILLE: HAIFAA ABDULHAQ. DR. ABDULHAQ: YES. MS. BONNEVILLE: MOHAMMED ABOUSALEM. DR. ABOUSALEM: PRESENT. MS. BONNEVILLE: KIM BARRETT. DR. BARRETT: PRESENT. 	4	WELCOME TO THE OCTOBER 2022 MEETING OF THE ICOC AND
 MEMBER, JUDY CHOU, WHO WILL BE INTRODUCING HERSELF IN A FEW MINUTES. BUT BEFORE WE DO THAT, JUDY, WE'RE GOING TO PUBLICLY, OFFICIALLY SWEAR YOU IN. SO IF YOU WOULD PLEASE RAISE YOUR RIGHT HAND AND REPEAT AFTER ME. (MEMBER CHOU WAS THEN DULY SWORN IN, NOT REPORTED, NOR HEREIN TRANSCRIBED.) CHAIRMAN THOMAS: CONGRATULATIONS. WELCOME TO THE BOARD. DR. CHOU: THANK YOU. CHAIRMAN THOMAS: SO WITH THAT, MARIA, WILL YOU PLEASE CALL THE ROLL. MS. BONNEVILLE: HAIFAA ABDULHAQ. DR. ABDULHAQ: YES. MS. BONNEVILLE: MOHAMMED ABOUSALEM. DR. ABOUSALEM: PRESENT. MS. BONNEVILLE: KIM BARRETT. DR. BARRETT: PRESENT. 	5	APPLICATION REVIEW SUBCOMMITTEE. BEFORE WE GET TO
 IN A FEW MINUTES. BUT BEFORE WE DO THAT, JUDY, WE'RE GOING TO PUBLICLY, OFFICIALLY SWEAR YOU IN. SO IF YOU WOULD PLEASE RAISE YOUR RIGHT HAND AND REPEAT AFTER ME. (MEMBER CHOU WAS THEN DULY SWORN IN, NOT REPORTED, NOR HEREIN TRANSCRIBED.) CHAIRMAN THOMAS: CONGRATULATIONS. WELCOME TO THE BOARD. DR. CHOU: THANK YOU. CHAIRMAN THOMAS: SO WITH THAT, MARIA, WILL YOU PLEASE CALL THE ROLL. MS. BONNEVILLE: HAIFAA ABDULHAQ. DR. ABDULHAQ: YES. MS. BONNEVILLE: MOHAMMED ABOUSALEM. DR. ABOUSALEM: PRESENT. MS. BONNEVILLE: KIM BARRETT. DR. BARRETT: PRESENT. 	6	CALLING THE ROLL, WE NEED TO SWEAR IN OUR NEWEST
 9 WE'RE GOING TO PUBLICLY, OFFICIALLY SWEAR YOU IN. 10 SO IF YOU WOULD PLEASE RAISE YOUR RIGHT HAND AND 11 REPEAT AFTER ME. 12 (MEMBER CHOU WAS THEN DULY SWORN IN, 13 NOT REPORTED, NOR HEREIN TRANSCRIBED.) 14 CHAIRMAN THOMAS: CONGRATULATIONS. 15 WELCOME TO THE BOARD. 16 DR. CHOU: THANK YOU. 17 CHAIRMAN THOMAS: SO WITH THAT, MARIA, 18 WILL YOU PLEASE CALL THE ROLL. 19 MS. BONNEVILLE: HAIFAA ABDULHAQ. 20 DR. ABDULHAQ: YES. 21 MS. BONNEVILLE: MOHAMMED ABOUSALEM. 22 DR. ABOUSALEM: PRESENT. 23 MS. BONNEVILLE: KIM BARRETT. 24 DR. BARRETT: PRESENT. 	7	MEMBER, JUDY CHOU, WHO WILL BE INTRODUCING HERSELF
 SO IF YOU WOULD PLEASE RAISE YOUR RIGHT HAND AND REPEAT AFTER ME. (MEMBER CHOU WAS THEN DULY SWORN IN, NOT REPORTED, NOR HEREIN TRANSCRIBED.) CHAIRMAN THOMAS: CONGRATULATIONS. WELCOME TO THE BOARD. DR. CHOU: THANK YOU. CHAIRMAN THOMAS: SO WITH THAT, MARIA, WILL YOU PLEASE CALL THE ROLL. MS. BONNEVILLE: HAIFAA ABDULHAQ. DR. ABDULHAQ: YES. MS. BONNEVILLE: MOHAMMED ABOUSALEM. DR. ABOUSALEM: PRESENT. MS. BONNEVILLE: KIM BARRETT. DR. BARRETT: PRESENT. 	8	IN A FEW MINUTES. BUT BEFORE WE DO THAT, JUDY,
11REPEAT AFTER ME.12(MEMBER CHOU WAS THEN DULY SWORN IN,13NOT REPORTED, NOR HEREIN TRANSCRIBED.)14CHAIRMAN THOMAS: CONGRATULATIONS.15WELCOME TO THE BOARD.16DR. CHOU: THANK YOU.17CHAIRMAN THOMAS: SO WITH THAT, MARIA,18WILL YOU PLEASE CALL THE ROLL.19MS. BONNEVILLE: HAIFAA ABDULHAQ.20DR. ABDULHAQ: YES.21MS. BONNEVILLE: MOHAMMED ABOUSALEM.22DR. ABOUSALEM: PRESENT.23MS. BONNEVILLE: KIM BARRETT.24DR. BARRETT: PRESENT.	9	WE'RE GOING TO PUBLICLY, OFFICIALLY SWEAR YOU IN.
 12 (MEMBER CHOU WAS THEN DULY SWORN IN, 13 NOT REPORTED, NOR HEREIN TRANSCRIBED.) 14 CHAIRMAN THOMAS: CONGRATULATIONS. 15 WELCOME TO THE BOARD. 16 DR. CHOU: THANK YOU. 17 CHAIRMAN THOMAS: SO WITH THAT, MARIA, 18 WILL YOU PLEASE CALL THE ROLL. 19 MS. BONNEVILLE: HAIFAA ABDULHAQ. 20 DR. ABDULHAQ: YES. 21 MS. BONNEVILLE: MOHAMMED ABOUSALEM. 22 DR. ABOUSALEM: PRESENT. 23 MS. BONNEVILLE: KIM BARRETT. 24 DR. BARRETT: PRESENT. 	10	SO IF YOU WOULD PLEASE RAISE YOUR RIGHT HAND AND
 NOT REPORTED, NOR HEREIN TRANSCRIBED.) CHAIRMAN THOMAS: CONGRATULATIONS. WELCOME TO THE BOARD. DR. CHOU: THANK YOU. CHAIRMAN THOMAS: SO WITH THAT, MARIA, WILL YOU PLEASE CALL THE ROLL. MS. BONNEVILLE: HAIFAA ABDULHAQ. DR. ABDULHAQ: YES. MS. BONNEVILLE: MOHAMMED ABOUSALEM. DR. ABOUSALEM: PRESENT. MS. BONNEVILLE: KIM BARRETT. DR. BARRETT: PRESENT. 	11	REPEAT AFTER ME.
 14 CHAIRMAN THOMAS: CONGRATULATIONS. 15 WELCOME TO THE BOARD. 16 DR. CHOU: THANK YOU. 17 CHAIRMAN THOMAS: SO WITH THAT, MARIA, 18 WILL YOU PLEASE CALL THE ROLL. 19 MS. BONNEVILLE: HAIFAA ABDULHAQ. 20 DR. ABDULHAQ: YES. 21 MS. BONNEVILLE: MOHAMMED ABOUSALEM. 22 DR. ABOUSALEM: PRESENT. 23 MS. BONNEVILLE: KIM BARRETT. 24 DR. BARRETT: PRESENT. 	12	(MEMBER CHOU WAS THEN DULY SWORN IN,
 15 WELCOME TO THE BOARD. 16 DR. CHOU: THANK YOU. 17 CHAIRMAN THOMAS: SO WITH THAT, MARIA, 18 WILL YOU PLEASE CALL THE ROLL. 19 MS. BONNEVILLE: HAIFAA ABDULHAQ. 20 DR. ABDULHAQ: YES. 21 MS. BONNEVILLE: MOHAMMED ABOUSALEM. 22 DR. ABOUSALEM: PRESENT. 23 MS. BONNEVILLE: KIM BARRETT. 24 DR. BARRETT: PRESENT. 	13	NOT REPORTED, NOR HEREIN TRANSCRIBED.)
 DR. CHOU: THANK YOU. CHAIRMAN THOMAS: SO WITH THAT, MARIA, WILL YOU PLEASE CALL THE ROLL. MS. BONNEVILLE: HAIFAA ABDULHAQ. DR. ABDULHAQ: YES. MS. BONNEVILLE: MOHAMMED ABOUSALEM. DR. ABOUSALEM: PRESENT. MS. BONNEVILLE: KIM BARRETT. DR. BARRETT: PRESENT. 	14	CHAIRMAN THOMAS: CONGRATULATIONS.
 17 CHAIRMAN THOMAS: SO WITH THAT, MARIA, 18 WILL YOU PLEASE CALL THE ROLL. 19 MS. BONNEVILLE: HAIFAA ABDULHAQ. 20 DR. ABDULHAQ: YES. 21 MS. BONNEVILLE: MOHAMMED ABOUSALEM. 22 DR. ABOUSALEM: PRESENT. 23 MS. BONNEVILLE: KIM BARRETT. 24 DR. BARRETT: PRESENT. 	15	WELCOME TO THE BOARD.
 18 WILL YOU PLEASE CALL THE ROLL. 19 MS. BONNEVILLE: HAIFAA ABDULHAQ. 20 DR. ABDULHAQ: YES. 21 MS. BONNEVILLE: MOHAMMED ABOUSALEM. 22 DR. ABOUSALEM: PRESENT. 23 MS. BONNEVILLE: KIM BARRETT. 24 DR. BARRETT: PRESENT. 	16	DR. CHOU: THANK YOU.
 MS. BONNEVILLE: HAIFAA ABDULHAQ. DR. ABDULHAQ: YES. MS. BONNEVILLE: MOHAMMED ABOUSALEM. DR. ABOUSALEM: PRESENT. MS. BONNEVILLE: KIM BARRETT. DR. BARRETT: PRESENT. 	17	CHAIRMAN THOMAS: SO WITH THAT, MARIA,
20DR. ABDULHAQ: YES.21MS. BONNEVILLE: MOHAMMED ABOUSALEM.22DR. ABOUSALEM: PRESENT.23MS. BONNEVILLE: KIM BARRETT.24DR. BARRETT: PRESENT.	18	WILL YOU PLEASE CALL THE ROLL.
 MS. BONNEVILLE: MOHAMMED ABOUSALEM. DR. ABOUSALEM: PRESENT. MS. BONNEVILLE: KIM BARRETT. DR. BARRETT: PRESENT. 	19	MS. BONNEVILLE: HAIFAA ABDULHAQ.
22DR. ABOUSALEM: PRESENT.23MS. BONNEVILLE: KIM BARRETT.24DR. BARRETT: PRESENT.	20	DR. ABDULHAQ: YES.
23MS. BONNEVILLE:KIM BARRETT.24DR. BARRETT:PRESENT.	21	MS. BONNEVILLE: MOHAMMED ABOUSALEM.
24 DR. BARRETT: PRESENT.	22	DR. ABOUSALEM: PRESENT.
	23	MS. BONNEVILLE: KIM BARRETT.
25 MS. BONNEVILLE: DAN BERNAL. GEORGE	24	DR. BARRETT: PRESENT.
	25	MS. BONNEVILLE: DAN BERNAL. GEORGE
4		4

1	BLUMENTHAL.
2	DR. BLUMENTHAL: PRESENT.
3	MS. BONNEVILLE: MICHAEL BOTCHAN.
4	DR. BOTCHAN: HERE.
5	MS. BONNEVILLE: LINDA BOXER.
6	DR. BOXER: PRESENT.
7	MS. BONNEVILLE: JUDY CHOU.
8	DR. CHOU: PRESENT.
9	MS. BONNEVILLE: LEONDRA CLARK-HARVEY
10	DEBORAH DEAS.
11	DR. DEAS: HERE.
12	MS. BONNEVILLE: ANNE-MARIE DULIEGE.
13	DR. DULIEGE: HERE.
14	MS. BONNEVILLE: YSABEL DURON.
15	MS. DURON: PRESENT.
16	MS. BONNEVILLE: MARK FISCHER-COLBRIE.
17	DR. FISCHER-COLBRIE: HERE.
18	MS. BONNEVILLE: FRED FISHER. ELENA
19	FLOWERS.
20	DR. FLOWERS: PRESENT.
21	MS. BONNEVILLE: JUDY GASSON.
22	DR. GASSON: HERE.
23	MS. BONNEVILLE: LARRY GOLDSTEIN.
24	DR. GOLDSTEIN: HERE.
25	MS. BONNEVILLE: DAVID HIGGINS. STEPHEN
	5
	J

1	JUELSGAARD.
2	MR. JUELSGAARD: HERE.
3	MS. BONNEVILLE: RICH LAJARA.
4	MR. LAJARA: HERE.
5	MS. BONNEVILLE: PAT LEVITT.
6	DR. LEVITT: HERE.
7	MS. BONNEVILLE: LINDA MALKAS.
8	DR. MALKAS: HERE.
9	MS. BONNEVILLE: SHLOMO MELMED.
10	DR. MELMED: HERE.
11	MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
12	DR. MIASKOWSKI: MORNING.
13	MS. BONNEVILLE: LAUREN MILLER-ROGEN.
14	MS. MILLER-ROGEN: HERE.
15	MS. BONNEVILLE: ADRIANA PADILLA.
16	DR. PADILLA: HERE.
17	MS. BONNEVILLE: JOE PANETTA. AL ROWLETT.
18	MARVIN SOUTHARD.
19	DR. SOUTHARD: HERE.
20	MS. BONNEVILLE: MICHAEL STAMOS.
21	DR. STAMOS: HERE.
22	MS. BONNEVILLE: JONATHAN THOMAS.
23	CHAIRMAN THOMAS: HERE.
24	MS. BONNEVILLE: ART TORRES.
25	MR. TORRES: PRESENT. HAPPY DIA DE LOS
	6
	~

1	MUERTOS.		
2		MS.	BONNEVILLE: KAROL WATSON. KEITH
3	YAMAMOTO.		
4		DR.	YAMAMOTO: HERE.
5		MS.	BONNEVILLE: WE HAVE A QUORUM.
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
			7
122 HENNA COUDT SANDDOINT IDAHO 92964			

1	CHAIRMAN THOMAS: THANK YOU, MARIA.
2	SO THE FIRST ORDER OF BUSINESS, CHAIR'S
3	REPORT. LET'S GO STRAIGHT TO JUDY AND HAVE HER GIVE
4	A BIT OF AN INTRODUCTION FOR THE BENEFIT OF MEMBERS
5	OF THE BOARD AND MEMBERS OF THE PUBLIC. JUDY.
6	DR. CHOU: THANK YOU. IT'S A GREAT
7	PLEASURE TO BE HERE. I'M HAPPY TO SERVE ON THE
8	BOARD. CURRENTLY MY DAY JOB, I AM CEO AND PRESIDENT
9	OF BIOTECH COMPANY IN SAN FRANCISCO CALLED ALTRUBIO.
10	AND MY CAREER PATH, I'VE BEEN TO VARIOUS DIFFERENT
11	LARGE AND SMALL, MIDSIZE BIOTECH COMPANY. START MY
12	CAREER ACTUALLY IN ACADEMIA.
13	SOMETHING I'M PARTICULARLY PASSIONATE
14	ABOUT, THE JOURNEY THAT TOOK ME INTO THE BIOMEDICAL
15	RESEARCH WAS X-RAY HIT ME HARD PERSONALLY WHEN I WAS
16	IN MEDICAL SCHOOL OBSERVING THE PATIENT AT THE TIME,
17	IT WAS REALLY LONG TIME AGO, TO INTRODUCE A BONE
18	MARROW TRANSPLANTATION AND FAILED. SO I
19	PARTICULARLY FEEL HAPPY ABOUT CONTRIBUTING TO THE
20	REGENERATIVE MEDICINES AND ADVANCED THERAPIES.
21	SO WITH THAT, I WILL STOP HERE AND WILL
22	HOPE THIS JOURNEY ALSO GET TO KNOW ALL OF YOU AND TO
23	SUPPORT RESEARCH ADVANCE THIS AREA.
24	CHAIRMAN THOMAS: THANK YOU VERY MUCH,
25	JUDY. AND, AGAIN, WELCOME. WE ARE DELIGHTED TO
	8

1	HAVE YOU AS A MEMBER OF THE CIRM FAMILY.
2	NEXT IS THE PRESIDENT'S REPORT. I WANTED
3	TO, FOR THOSE WHO ARE NOT AWARE, JUST MAKE SURE
4	EVERYBODY KNOWS THAT DEAN DEBORAH DEAS WAS RECENTLY
5	ELECTED TO THE NATIONAL ACADEMY OF MEDICINE, WHICH,
6	AS WE ALL KNOW, IS A VERY PRESTIGIOUS HONOR. SO,
7	DEBORAH, CONGRATULATIONS. WOULD YOU CARE TO SAY FEW
8	WORDS?
9	DR. DEAS: WELL, THANK YOU SO MUCH. AND
10	I'D LIKE TO THANK ALL THE MEMBERS OF THE BOARD.
11	IT'S TRULY A PLEASURE SERVING WITH ALL OF YOU. AND
12	THE MEMBERSHIP IS JUST SOME I WAS ECSTATIC TO
13	LEARN THAT I WAS ELECTED, AND IT ALLOWS ME TO HAVE A
14	GREATER VOICE ON THE NATIONAL PLATFORM IN SCIENCE AS
15	WELL AS IN THE AREA OF DIVERSITY, EQUITY, AND
16	INCLUSION. AND I'M ALSO SO PLEASED OF WHAT WE ARE
17	DOING, AND EVERYTHING THAT WE ARE DOING CERTAINLY
18	ALIGNS WITH MY VALUES. AND THIS IS SUCH A GREAT
19	OPPORTUNITY TO NOT ONLY REPRESENT MYSELF, BUT THE UC
20	SYSTEM AS WELL AS CIRM. SO THANK YOU.
21	CHAIRMAN THOMAS: THANK YOU VERY MUCH.
22	CONGRATULATIONS AGAIN. WE ARE ALL VERY PROUD OF
23	YOU.
24	DR. DEAS: THANK YOU.
25	CHAIRMAN THOMAS: AT THE LAST BOARD
	9

_	
1	MEETING, I MADE THE SAD ANNOUNCEMENT THAT SUSAN
2	SOLOMON, WHO AS THE FOUNDER AND CEO OF NYSCF, NEW
3	YORK STEM CELL FOUNDATION, HAD PASSED AWAY IN EARLY
4	SEPTEMBER. I JUST WANTED TO LET THE BOARD KNOW
5	THERE WAS AN ANNUAL GALA IN EARLY OCTOBER AND WAS
6	REALLY A TRIBUTE TO SUSAN. AND I WENT BACK, ON
7	CIRM'S BEHALF, TO REPRESENT US AT THAT EVENT. AND
8	HER HUSBAND, PAUL GOLDBERGER, IS AN OLD FRIEND OF MY
9	MINE AS WELL. AND I PERSONALLY PASSED ALONG
10	CONDOLENCES ON BEHALF OF ALL OF THE CIRM FAMILY TO
11	HIM WHICH HE APPRECIATED.
12	ALSO GOT A CHANCE TO GET A TOUR OF THE
13	NYSCF FACILITIES, WHICH, FOR THOSE OF YOU WHO HAVE
14	NEVER SEEN THEM, ARE VERY IMPRESSIVE. IN ADDITION
15	TO FUNDING PI'S LITERALLY AROUND THE WORLD, THEY
16	HAVE OVER A HUNDRED IN-HOUSE SCIENTISTS WORKING ON
17	PROJECTS IN-HOUSE, INCLUDING HAVING A GMP FACILITY.
18	AND IT WAS VERY IMPRESSIVE. DERRICK ROSSI, FORMER
19	CIRM GRANTEE AND CO-FOUNDER OF MODERNA AND CURRENT
20	INTERIM CEO OF NYSCF, GAVE THE TOUR. AND HE WAS
21	VERY, VERY ENTHUSIASTIC ABOUT WHAT WE ARE THERE. SO
22	IT WAS NICE TO HAVE THE OPPORTUNITY TO SEE THAT
23	CLOSE UP AND APPRECIATE THEIR EFFORT.
24	LAST, BUT NOT LEAST, JUST TO GET IT OUT OF
25	THE WAY BEFORE MR. JUELSGAARD SAYS ANYTHING, YES,
	10

1	THE DODGERS WENT DOWN INGLORIOUSLY. AND STILL I'M
2	VERY, VERY BITTER ABOUT THIS. I WAS NOTING KRISTINA
3	WAS SENDING ME TEXTS THROUGHOUT TO COMMENT ON THE
4	PADRES' PERFORMANCE, AND I HAD TO BEGRUDGINGLY
5	CONGRATULATE HER ALTHOUGH SHE JOINED THE CLUB AFTER
6	THE NEXT ROUND. SO, STEVE, YOU DON'T NEED TO SAY
7	ANYTHING. I FEEL THE PAIN WITHOUT ANY FURTHER
8	COMMENT. AND SO
9	MR. TORRES: I HAVE A COMMENT, J.T.
10	CHAIRMAN THOMAS: YES, MR. SENATOR.
11	MR. TORRES: TEXTED BY UNITED STATES
12	SENATOR ALEX PADILLA THAT A VERY DEAR FRIEND OF
13	OURS, ROSALIND WYMAN, PASSED AWAY THIS MORNING. AND
14	IT'S IMPORTANT TO LET YOU KNOW, AS WELL AS I KNOW
15	YOU ALREADY DO, SHE WAS INSTRUMENTAL IN BRINGING THE
16	DODGERS TO LOS ANGELES AS A YOUNG COUNCILWOMAN IN
17	L.A. AND WAS REALLY THE DOYENNE OF THE DEMOCRAT
18	PARTY NATIONALLY AND STATEWIDE, BUT ALSO A GREAT
19	SUPPORTER OF OURS FINANCIALLY FOR OUR CAMPAIGNS FOR
20	PROP 71 AND PROP 14. SHE WAS ABSOLUTELY EMBRACING
21	OF OUR RESEARCH. BUT IT IS SO SAD TO HEAR OF HER
22	PASSING THIS MORNING.
23	CHAIRMAN THOMAS: THANK YOU, MR. SENATOR.
24	FOR THOSE WHO DON'T KNOW THE STORY, WHICH WILL
25	PROBABLY BE MOST OF YOU, ROS WYMAN, AS A VERY YOUNG
	11

1	MEMBER OF THE L.A. CITY COUNCIL, TOOK IT UPON
2	HERSELF IN THE LATE 1950S TO CALL THEN DODGER OWNER
3	WALTER O'MALLEY, OWNER OF THE BROOKLYN DODGERS, AND
4	SUGGEST THAT THEY MOVE THE TEAM TO LOS ANGELES,
5	WHICH WAS THE BEGINNING OF SETTING THE WHEELS IN
6	MOTION TO MAKE THAT HAPPEN. AND BY THE WAY, WAS
7	ALSO THE REASON WHY THE GIANTS FOLLOWED SUIT AND
8	MOVED OUT TO SAN FRANCISCO. SO SHE WAS INDEED A
9	PIONEER AND A KEY MEMBER OF THIS WHOLE THING.
10	I'LL JUST GIVE YOU ONE LAST STORY ABOUT
11	ROS. OUR BOYS ALL PLAYED LITTLE LEAGUE IN LOS
12	ANGELES, AND OUR YOUNGEST MIKE, ONE OF HIS BEST
13	FRIENDS WAS EUGENE WYMAN, WHICH IS ROS'S GRANDSON.
14	WHEN YOU'RE OPENING UP LITTLE LEAGUE SEASONS, THE
15	FIRST THING THEY DO IS ON OPENING DAY THERE'S ALWAYS
16	A FIRST PITCH THROWN OUT. AND WHEN MIKE AND EUGENE
17	WERE 12, THEIR LAST YEAR OF LITTLE LEAGUE, ROS THREW
18	OUT THE FIRST PITCH TO EUGENE, WHICH WAS A GREAT
19	MOMENT AND, OF COURSE, UNFORTUNATELY NOT APPRECIATED
20	BY MOST OF THE PARENTS IN THE CROWD, NOT HAVING ANY
21	IDEA WHO ROS WAS OR HER SIGNIFICANCE TO BASEBALL IN
22	SOUTHERN CALIFORNIA AND INDEED THROUGHOUT THE STATE.
23	SO IT WAS A WONDERFUL MOMENT. AND THANK YOU VERY
24	MUCH, ART, FOR SAYING THAT. I APPRECIATE IT.
25	MR. TORRES: SHE WAS MY SWEETHEART. THANK
	10

12

1	YOU.
2	MS. BONNEVILLE: YSABEL HAS HAD HER HAND
3	RAISED, SO I WOULD LIKE TO
4	CHAIRMAN THOMAS: HELLO, YSABEL. I'M
5	SORRY. I CAN'T SEE ON THE SCREEN. YSABEL.
6	MS. DURON: THANK YOU VERY MUCH, MR.
7	CHAIR. THIS HAS ABSOLUTELY NOTHING TO DO WITH
8	BASEBALL. SO I WOULD LIKE TO AND I'M SORRY ABOUT
9	THE PASSING OF ROS. BUT I WANTED TO, AS DEBORAH
10	ANNOUNCED, I AM VERY CONGRATULATIONS TO HER, BUT
11	I AM PLEASED TO ANNOUNCE THAT I WAS JUST APPOINTED
12	TO THE AMERICAN CANCER SOCIETY NATIONAL BREAST
13	CANCER ROUNDTABLE. WE WERE OFFICIALLY LAUNCHED ON
14	MONDAY AT THE WHITE HOUSE WITH DR. JILL BIDEN AND
15	THE CANCER MOONSHOT.
16	AND I REFERENCE BACK TO DEBORAH BECAUSE
17	I'M HOPING THAT, AS WE LOOK AT DEI THROUGH THE LENS
18	OF BREAST CANCER AND ITS IMPACT ON OUR COMMUNITIES
19	OF COLOR THROUGHOUT THE COUNTRY, THAT WE CAN FIND
20	SOME ALLIES AND ALLIANCE WITH HER NEW POSITION
21	BECAUSE THIS WILL BE A HEAVY LIFT IN ORDER FOR US TO
22	MAKE SURE THAT WE'RE GOING TO, IN FACT, ADDRESS THIS
23	ISSUE VERY BROADLY, BUT VERY SMARTLY AND ALONG
24	PRECISION MEDICINE LINES. SO APPRECIATE THIS
25	OPPORTUNITY TO SHARE THIS WITH YOU AND ALSO TO SAY

13

-	
1	TO DEBORAH I HOPE WE FIND SOME ALLIANCE IN OUR WORK
2	ALONG THE WAY. THANK YOU.
3	DR. DEAS: OF COURSE AND CONGRATULATIONS.
4	MR. TORRES: CONGRATULATIONS, YSABEL.
5	CHAIRMAN THOMAS: CONGRATULATIONS, YSABEL.
6	THAT'S WONDERFUL NEWS.
7	OKAY. SO THAT CONCLUDES THE CHAIR'S
8	REPORT. ON TO THE PRESIDENT'S REPORT. DR. MILLAN.
9	DR. MILLAN: THANK YOU SO MUCH, MR.
10	CHAIRMAN. OH, THANK YOU SO MUCH FOR PROJECTING
11	THAT, MARIANNE.
12	I'M PLEASED TO PRESENT TODAY FOR
13	DISCUSSION CIRM'S PROGRAMS IN DIVERSITY, EQUITY, AND
14	INCLUSION, WHICH IS VERY TIMELY GIVEN SOME OF THE
15	AMAZING NEWS THAT WE JUST HEARD EARLIER IN THE
16	MEETING. NEXT SLIDE PLEASE.
17	DEI IS IMPORTANT TO CIRM. IT IS EMBEDDED
18	IN OUR MISSION STATEMENT TO ACCELERATE WORLD-CLASS
19	SCIENCE IN DELIVERING TRANSFORMATIVE REGENERATIVE
20	MEDICINE TREATMENTS IN AN EQUITABLE MANNER TO A
21	DIVERSE CALIFORNIA AND WORLD.
22	YOU MAY RECALL WHERE OUR FORMAL DEI
23	EFFORTS BEGAN. LOOK BACK TO 2020 AT THE START OF
24	THE COVID PANDEMIC AND CIRM WAS WINDING DOWN FROM
25	PROP 71 WITH THE REMAINING DOLLARS, AND WE LAUNCHED
	14

1	OUR EMERGENCY PROGRAM ANNOUNCEMENT. A CERTAIN BOARD
2	MEMBER, BOARD MEMBER YSABEL DURON, CHALLENGED ALL OF
3	US TO INCORPORATE DEI INTO THAT PROGRAM
4	ANNOUNCEMENT. IT WAS BOTH TIMELY AND APPROPRIATE
5	BECAUSE, AS THE COVID PANDEMIC RAGED ON, WE BECAME
6	INCREASINGLY AWARE OF DRAMATIC DISPARITIES IN
7	HEALTHCARE ACCESS AND OUTCOMES FOR UNDERSERVED AND
8	UNDERREPRESENTED ETHIC MINORITIES IN CALIFORNIA AND
9	THROUGHOUT THE WORLD.
10	TODAY WE'LL BE GIVING AN UPDATE ON OUR
11	PROGRESS SINCE THAT DEFINING MOMENT. AND I'LL FIRST
12	START OFF WITH JUST SOME BACKGROUND AND AN UPDATE OF
13	WHERE WE ARE AS A BASELINE, AND I'LL BE TURNING IT
14	OVER TO DR. GIL SAMBRANO, OUR VICE PRESIDENT OF
15	PORTFOLIO AND REVIEW, TO PROVIDE AN UPDATE ON THE
16	DEI PROGRESS IN OUR REVIEW PROCESS, WHICH HE'S
17	WORKED VERY HARD ON ALONG WITH THE BOARD MEMBERS WHO
18	SERVE ON THE GWG.
19	THIS IS IMPORTANT BECAUSE THE REVIEW
20	PROCESS IS THE ENTRY POINT FOR PROGRAMS ENTERING
21	CIRM AND IMPACTING HOW WE DEVELOP PROGRAMS GOING
22	FORWARD. NEXT SLIDE PLEASE.
23	NEARLY 40 PERCENT OF AMERICANS BELONG TO A
24	RACIAL OR ETHNIC MINORITY. NEXT SLIDE.
25	YET ETHNIC AND RACIAL MINORITIES ARE
	15

-	
1	UNDERREPRESENTED IN CLINICAL TRIALS. THE AMERICAN
2	CANCER SOCIETY JUST THIS YEAR REPORTED THAT BLACK
3	MEN HAVE A 6 PERCENT HIGHER INCIDENCE OF CANCER AND
4	A 19 PERCENT HIGHER MORTALITY THAN WHITE MEN
5	OVERALL. THESE ARE JUST THE PAST FIVE YEARS. AND
6	THE FDA, LOOKING AT APPROVED PRODUCTS FOR CANCER IN
7	2020, LOOKED AT THE 32,000 PATIENTS THAT WERE
8	ENROLLED IN THESE TRIALS. OF THOSE PATIENTS, 8
9	PERCENT WERE BLACK OR AFRICAN-AMERICAN AND 75
10	PERCENT WHITE.
11	IN ANOTHER PUBLICATION BY LARKIN, ET. AL.
12	ON BLOOD ADVANCES JUST THIS YEAR, THEY LOOKED AT THE
13	NATIONAL CANCER INSTITUTE CLINICAL TRIALS IN BLOOD
14	CANCER AML BETWEEN 1983 AND 2016 AND FOUND HUGE
15	DISCREPANCIES AND DISPARITIES BETWEEN OUTCOMES IN
16	YOUNG BLACK PARTICIPANTS OR 11 PERCENT MORTALITY
17	RATE OF 30 DAYS VS. 2 PERCENT IN WHITE PARTICIPANTS.
18	IN THAT SAME REPORT THEY FOUND THAT THERE WERE
19	DIFFERENCES IN THE CELL PROFILES, THE MOLECULAR
20	FEATURES, AND THE GENETICS BETWEEN THE BLACK AND
21	WHITE PARTICIPANTS. IN ADDITION, THERE'S AN
22	INCREASINGLY GROWING BODY OF LITERATURE SHOWING THAT
23	NOT ONLY THE GENETIC DIFFERENCES, BUT SOCIAL
24	DETERMINANTS OF HEALTH IMPACT OUTCOMES. NEXT SLIDE
25	PLEASE.

16

1	FURTHER, ETHNIC AND RACIAL MINORITIES ARE
2	ALSO UNDERREPRESENTED IN OUR BASIC SCIENCE AND
3	DISEASE MODELS, THE STARTING POINT FOR DISCOVERIES
4	THAT LEAD TO DOWNSTREAM THERAPY DEVELOPMENT. THIS
5	BLUE SNAPSHOT IS A SCREENSHOT THAT ACTUALLY MARIA
6	BONNEVILLE SENT ME FROM SOCIAL MEDIA. IT IS VERY
7	CLEAR THAT THERE ARE DISPARITIES IN OUR CELL MODELS
8	AND SCIENTIFIC MODELS THAT LEAD TO THOSE
9	DISCOVERIES. 80 PERCENT OF GENETIC STUDIES HAVE
10	BEEN DONE EXCLUSIVELY IN EUROPEAN POPULATIONS. AND
11	ON THE CHART ON THE RIGHT, THIS SHOWS THE VARIETY OF
12	DIFFERENT CANCER CELL LINES IN VARIOUS DISEASE
13	CATEGORIES.
14	THE DIFFERENT COLORS ARE REPRESENTATIVE OF
15	THE ETHNIC BACKGROUNDS OF THESE CELL LINES. YOU SEE
16	A LOT OF BLUE, A SEA OF BLUE. THAT BLUE ARE CELL
17	LINES OF EUROPEAN DESCENT. JUST FOR REFERENCE, IN
18	THE ORANGE ARE HISPANIC AND LATINO DESCENTS. AND IN
19	PURPLE, AFRICAN-AMERICAN; GREEN, ASIAN.
20	WE ALONG WITH THE BROADER SCIENTIFIC
21	COMMUNITY ARE SEEKING TO INCORPORATE DIVERSITY INTO
22	OUR BASIC SCIENCE AND DISEASE MODELS. YOU WILL BE
23	HEARING FROM DR. SAMBRANO HOW WE ARE DOING THAT
24	THROUGH FROM THE VERY BEGINNING IN TERMS OF WHAT WE
25	ARE ASKING OUR RESEARCHERS TO DO AND HOW WE ARE

17

1	PROGRESSING THOSE EFFORTS. NEXT SLIDE PLEASE.
2	IN THE MEANWHILE WE ARE CONTINUING TO PUSH
3	FORWARD AND TO ACCELERATE STEM CELL REGENERATIVE
4	MEDICINE DEVELOPMENT PROGRAMS THROUGH THE CLINICS.
5	AND WE NOW HAVE FUNDED 82 CLINICAL TRIALS ACROSS A
6	BROAD RANGE OF INDICATIONS. IN SO DOING, EVER SINCE
7	THE COVID SINCE WE STARTED INCORPORATING DEI, WE
8	HAVE ALSO INCORPORATED DEI INTO OUR CLINICAL TRIAL
9	GRANT APPLICATIONS. YOU WILL HEAR A LITTLE BIT MORE
10	DETAIL ON THAT FROM DR. SAMBRANO. THESE DEI PLANS
11	WERE INCLUDED IN A SCIENTIFIC REVIEW BY OUR GRANTS
12	WORKING GROUP. BOARD MEMBERS WHO SERVE ON THE GWG
13	WERE INSTRUMENTAL IN HELPING OUR TEAM FIGURE OUT THE
14	BEST WAY TO EVALUATE THESE DEI PLANS DURING
15	SCIENTIFIC REVIEW. AND THIS HAS IMPACTED THE
16	SCORING, FUNDING DECISIONS, AND MILESTONE-BASED
17	CONTRACTS. NEXT SLIDE PLEASE.
18	SO NOT ONLY ARE WE ASKING THE APPLICANTS
19	TO PROVIDE A DEI PLAN, WE ARE HOLDING THEM
20	ACCOUNTABLE AND HELPING PARTNER WITH THEM TO BE ABLE
21	TO LEARN FROM THIS AND PUSH THESE PLANS FORWARD.
22	DEI MILESTONES ARE INCORPORATED INTO THE GRANT
23	NOTICE AWARD THAT TRACK THE PROGRESS, AND THEY HOLD
24	THE AWARDEES ACCOUNTABLE FOR THEIR PROPOSED PLANS.
25	WE MONITOR DEI PLAN IMPLEMENTATION THROUGH
	18

1	QUARTERLY PROGRESS REPORTS AND CLINICAL ADVISORY
2	PANELS. THE TEAM LED BY DR. ABLA CREASEY MANAGES
3	THESE AWARDS, AND THIS IS INCORPORATED INTO HOW THE
4	AWARDS ARE MANAGED THROUGH THE LIFE OF THE GRANT.
5	WE HAVE ALSO, UNDER THE LEADERSHIP OF
6	JENNIFER LEWIS, ALONG WITH OUR LEADERSHIP TEAM
7	MEMBERS, ARE LOOKING AT WAYS TO IMPROVE THROUGH OUR
8	GRANTS MANAGEMENT PORTAL THE TRACKING OF
9	DEMOGRAPHICS ALONG WITH DISEASE INDICATIONS WITH
10	MORE SPECIFICITY AND EXPANDED CATEGORIES, INCLUDING
11	SOCIAL DETERMINANTS OF HEALTH, IN ACCORDANCE WITH
12	BEST PRACTICES AND INVOLVING DESCRIPTORS SUCH AS
13	THOSE BEING DEVELOPED BY THE NATIONAL ACADEMIES AND
14	OTHER GUIDELINES.
15	THIS IS A SNAPSHOT AT THE TOP OF WHAT WE
16	HAVE SO FAR AS A BASELINE OF THE DEMOGRAPHICS. AS
17	YOU CAN SEE, THERE'S STILL UNDERREPRESENTATION OF
18	THE HISPANIC/LATINO POPULATION OVERALL IN THE 61
19	CLINICAL TRIALS THAT WERE LOOKED AT REALLY THE VERY
20	BEGINNING OF 2021. WE WILL HAVE EVEN MORE ROBUST
21	DATA MOVING FORWARD AND WILL CONTINUE TO REPORT ON
22	THIS.
23	AFTER THIS PRESENTATION, THE TEAM AND I
24	ARE HAPPY TO TAKE ANY QUESTIONS, BUT PLEASE KNOW
25	THAT WE'LL HAVE THAT OPPORTUNITY. NEXT SLIDE
	19

19

PLEASE.

1

IN ADDITION TO THE SCIENCE, WE KNOW THAT 2 3 DISTRUST FEEDS DISPARITY. MISINFORMATION CERTAINLY FEEDS INTO THIS. HOWEVER, FOR THE DAY-TO-DAY 4 INTERACTIONS AND WHAT THE PATIENTS AND THE COMMUNITY 5 SEES DEFINITELY FEEDS INTO THIS. HISPANIC WORKERS 6 MAKE UP 17 PERCENT OF TOTAL EMPLOYMENT ACROSS ALL 7 OCCUPATIONS, BUT ONLY 8 PERCENT OF ALL SCIENCE, 8 9 TECHNOLOGY, ENGINEERING, AND MEDICINE PROFESSIONALS. ACCORDING TO THE PEW RESEARCH CENTER, RELATIVELY FEW 10 HISPANIC ADULTS SEE SCIENTISTS AS WELCOMING TO 11 HISPANIC PROFESSIONALS IN THESE JOBS WITH 26 PERCENT 12 REPORTING THAT THEY WERE ACCEPTED, 42 PERCENT THAT 13 14 FELT THAT THEY WERE SOMEWHAT ACCEPTED, AND 29 PERCENT FELT THEY WERE NOT AT ALL ACCEPTED. 15 IN ADDITION, IT'S BEEN RECORDED AND IT'S 16 17 BEEN MENTIONED AT THIS MEETING THAT PATIENTS ARE MOST LIKELY TO PARTICIPATE IN RESEARCH AND IN 18 19 CLINICAL TRIALS WHEN THEY ARE ASKED BY A TRUSTED 20 PROVIDER, A PROVIDER THEY CAN RELATE TO, A PROVIDER WHO UNDERSTANDS THEM AND CAN RELATE TO THEM AND 21 COMMUNICATE WELL WITH THEM, AND CERTAINLY A PROVIDER 22 WHO CAN SPEAK THEIR LANGUAGE. ABOUT A THIRD OF 23 HISPANIC ADULTS SAY THEY WOULD PREFER A HEALTHCARE 24 25 PROVIDER WHO SPEAKS SPANISH, AND THEY WOULD PREFER A

1	HISPANIC HEALTHCARE PROVIDER. CIRM'S GOAL IS TO
2	FOSTER A CULTURALLY COMPETENT AND DIVERSE SCIENTIFIC
3	MEDICAL WORKFORCE IN ORDER TO BRIDGE DISTRUST, IN
4	ORDER TO INCREASE CONNECTIVITY AND RELATABILITY.
5	NEXT SLIDE PLEASE.
6	LANGUAGE, ABOUT A THIRD OF HISPANIC ADULTS
7	SAY THEY WOULD PREFER A HEALTHCARE PROVIDER WHO
8	SPEAKS SPANISH OR THEY WOULD PREFER I THINK THE
9	RECORDING WAS PROJECTING. OKAY.
10	SO AT THE LAST BOARD MEETING, DR. KELLY
11	SHEPARD PROVIDED AN UPDATE ON OUR EDUCATION
12	PROGRAMS, AND THE BOARD ASKED US HOW WE ARE DOING IN
13	TERMS OF DEMOGRAPHICS AND REPRESENTATION. AND SO
14	TODAY WE ARE PRESENTING KIND OF WHERE WE ARE TODAY.
15	THE SPARK PROGRAM, WHICH IS THE HIGH SCHOOL PROGRAM,
16	YOU MAY RECALL THESE ARE LEGACY EDUCATION PROGRAMS
17	WHERE SENATOR TORRES, VICE CHAIR TORRES, WAS
18	INSTRUMENTAL IN SETTING THESE UP. BUT ALL THE WAY
19	BACK FROM THEN TO PRESENT, WE SEE IN ABOUT 400 DATA
20	POINTS THAT WE HAVE RELATIVELY GOOD REPRESENTATION
21	ACROSS ETHNIC AND MINORITY GROUPS IN COMPARISON TO
22	THE CALIFORNIA CENSUS. SIMILARLY, FOR THE
23	UNDERGRADUATE AND MASTER'S PROGRAM, WHICH PRIMARILY
24	COME FROM THE CSU PROGRAMS, THERE'S GOOD
25	REPRESENTATION ACROSS ETHNIC MINORITY SUBGROUPS IN

21

1 COMPARISON TO THE CSU CENSUS.

2 THIS WAS BY DESIGN BECAUSE, ACTUALLY UNDER PROPOSITION 71, THE EDUCATION PROGRAMS WERE DIRECTED 3 TO PROVIDE BROADENED PARTICIPATION OF INDIVIDUALS 4 5 REPRESENTING THE DIVERSITY OF CALIFORNIA, INCLUDING THOSE WHO MAY NOT HAVE HAD OPPORTUNITIES AND ARE 6 HINDERED BY SOCIOECONOMIC CONSTRAINTS. THESE ARE IN 7 QUOTES BECAUSE THEY WERE LANGUAGE THAT WERE INCLUDED 8 9 IN THE APPLICATIONS AND THE REVIEW, AND A PORTION OF THE LANGUAGE WAS ACTUALLY IN THE PROPOSITION. 10 S0 INTENTIONAL INTERVENTION TO THIS POINT HAS LED TO 11 12 THIS SNAPSHOT OF REPRESENTATION. NEXT SLIDE PLEASE.

IN ADDITION, WITH THE LAUNCHING OF PROP 13 14, WHEN WE HAD UPGRADED THE EDUCATION PROGRAMS AS 14 WELL AS DEVELOPING NEW PROGRAMS, AGAIN, DR. SHEPARD 15 DESCRIBED THESE IN DETAIL AT THE LAST MEETING, DEI 16 17 PLANS WERE FURTHER DEVELOPED IN THE APPLICATION AND REVIEW. THE DEI PLAN AND THE TRACK RECORD OF THE 18 19 PROGRAM TEAM LEADERSHIP WAS PART OF THE REVIEW. WE 20 INCREASED THE STIPENDS IN THE BUDGET TO HELP ATTRACT AND RETAIN SOCIALLY ECONOMICALLY DISADVANTAGED 21 22 TRAINEES, ADDED AN ALUMNI TRACKING PLAN. WHAT WE CAN'T MEASURE WE CANNOT UNDERSTAND 23

AND WE KNOW HOW WE ARE DOING. SO THAT'S IMPORTANT. AND THE PROGRAMS ARE REQUIRED TO DEFINE METRICS,

22

1	SELF-ASSESSMENTS, AND ADDRESS GAPS IN MITIGATION
2	PLANS, AND DEI PERFORMANCE AND ACCOUNTABILITY.
3	CIRM, ALONG WITH THE PROGRAM DIRECTORS,
4	ARE PROMOTING KNOWLEDGE SHARING OF INNOVATIONS AND
5	DEVELOPMENTS AND BEST PRACTICES AROUND DEI. THE
6	GRANTEES ARE COLLECTING DEMOGRAPHIC AND
7	SOCIOECONOMIC DATA, NOT ONLY ON THOSE STUDENTS THAT
8	THEY BROUGHT INTO THE PROGRAM, BUT ON THE TOTAL
9	APPLICANT POOL SO THAT IT CAN BE MEASURED IN TERMS
10	OF WHETHER THERE ARE DISPARITIES IN THOSE THAT ARE
11	APPLYING TO THOSE THAT ARE ACCEPTED AND, WHERE
12	NEEDED, ACTIVE COURSE CORRECTION.
13	THE GRANTEES HAVE ALSO BEEN RECRUITED TO
14	HELP US UNDERSTAND WHAT THE UNDERREPRESENTATION
15	BASELINE IS SO THAT WE CAN UNDERSTAND NOT JUST AT
16	THAT INSTITUTION BUT ACROSS THE STATE. NEXT SLIDE
17	PLEASE.
18	THAT CONCLUDES THIS PORTION OF THE
19	PRESENTATION. REALLY IMPORTANT IS THE SPOTLIGHT
20	PRESENTATION BY DR. SAMBRANO WHO IS GOING TO GIVE AN
21	UPDATE ON HOW WE HAVE APPROACHED DEI IN THE GRANT
22	REVIEW PROCESS. AS I MENTIONED EARLIER, THIS IS
23	WHERE IT ALL STARTS. THIS IS WHERE WE CAN IMPACT
24	HOW THE PROGRAMS ARE DESIGNED, HOW THEY DO
25	INCORPORATE DEI. IT IMPACTS HOW WE CAN THEN TRACK

23

1	AND WORK WITH THE GRANTEES TO ENSURE THAT WE DO THE
2	BEST IN TERMS OF IMPROVING AND DEVELOPING THESE
3	PLANS.
4	BUT MEANWHILE I'D LIKE TO JUST PAUSE AND
5	PLEASE FEEL FREE TO ASK ANY QUESTIONS, RENDER ADVICE
6	TO US, FEEDBACK, INPUT. WE WELCOME THAT BOTH AT
7	THIS MEETING AS WELL AS ALWAYS. SO I'LL JUST PAUSE
8	THERE, MR. CHAIRMAN.
9	CHAIRMAN THOMAS: THANK YOU, MARIA, FOR
10	THAT COMPREHENSIVE REVIEW.
11	MARIA B, I'M NOT SEEING EVERYBODY ON THE
12	SCREEN. DO YOU SEE ANY HANDS RAISED AT THIS POINT
13	WITH QUESTIONS OR COMMENTS FROM MEMBERS OF THE
14	BOARD?
15	MS. BONNEVILLE: THERE ARE NO HANDS RAISED
16	RIGHT NOW.
17	CHAIRMAN THOMAS: OKAY. I SEE A HAND.
18	MARVIN.
19	DR. SOUTHARD: I'M GOING TO HAVE TO LEAVE
20	PART OF THE MEETING TODAY BECAUSE I'M AT A POLICY
21	FORUM FOR THE BEHAVIORAL HEALTH SYSTEMS IN
22	CALIFORNIA, BOTH THE PRIVATE AND THE NONPROFIT AND
23	SO FORTH. AND OUR THEME IS ACTUALLY ON DEI SORTS OF
24	ISSUES. AND SO I WILL TAKE THE OPPORTUNITY TO
25	COMMUNICATE CERTAIN EFFORTS IN THIS REGARD TO OUR
	24

1	GROUP, AND I THINK THERE MAY BE SOME AREAS IN
2	CALIFORNIA WHERE THE GROUPS I'M A PART OF HERE AND
3	CIRM CAN COLLABORATE SPECIFICALLY ON THESE DEI
4	MATTERS.
5	CHAIRMAN THOMAS: THANK YOU, MARV.
6	YSABEL.
7	MS. DURON: CLAPPING HANDS, J.T. GOOD ON
8	MARVIN. THE MORE WE SPREAD THE GOSPEL, THE BETTER
9	WE'RE GOING TO WIN THE RACE. THANK YOU.
10	DR. SOUTHARD: JUST AS A CONTINUATION, WE
11	GAVE AN AWARD TO RACHEL GUERRERO FOR HER WORK IN
12	THIS AREA. AND SO MANY OF YOU MAY KNOW RACHEL WHO
13	WAS IN CHARGE FOR THE STATE OF CALIFORNIA AT TIMES
14	PAST. AND SHE WAS VERY GRATEFUL TO HEAR OF OUR
15	WORK.
16	CHAIRMAN THOMAS: THANK YOU VERY MUCH.
17	OTHER COMMENTS FROM MEMBERS OF THE BOARD? OKAY.
18	THANK YOU.
19	GIL, IF YOU'D LIKE TO DO PART 2 PLEASE
20	HERE OF THIS VERY IMPORTANT PRESENTATION.
21	DR. SAMBRANO: ABSOLUTELY. THANK YOU VERY
22	MUCH, MR. CHAIRMAN. AND THANK YOU FOR THE
23	OPPORTUNITY TO PRESENT ON THIS. LET ME JUST SHARE
24	MY SCREEN.
25	SO WHEN I WAS PUTTING THIS TOGETHER, I HAD
	25

1	ABOUT 50 SLIDES AT LEAST THAT I WAS THINKING OF
2	PRESENTING. OKAY. I ONLY HAVE TEN. I'M MAKING
3	THIS A MUCH BRIEFER PRESENTATION GIVEN THE TIME
4	LIMITATIONS. BUT IT'S JUST TO SAY THAT WE DO HAVE A
5	LOT TO SAY ABOUT THIS IN OUR EFFORT TO MAKE DEI A
6	KEY PART OF THE REVIEW PROCESS. SO LET ME START
7	WITH THIS.
8	CIRM FUNDING OPPORTUNITIES, AS YOU KNOW,
9	CUT ACROSS DIFFERENT PILLARS FROM DISCOVERY,
10	TRANSLATION, AND CLINICAL, WHICH ARE THE FOUR OF OUR
11	RESEARCH OPPORTUNITIES, BUT WE ALSO DO EDUCATION AND
12	INFRASTRUCTURE PROGRAMS, AS YOU JUST HEARD FROM DR.
13	MILLAN.
14	CONSIDERATION OF DEI BY BOTH APPLICANTS
15	AND REVIEWERS HAS NOW BEEN INCORPORATED INTO ALL
16	CIRM FUNDING OPPORTUNITIES. I JUST WANT TO START
17	WITH THAT. EVERYTHING THAT WE SUPPORT, EVERY
18	APPLICATION THAT COMES IN, EVERY PROGRAM WE HAVE HAS
19	A DEI ELEMENT ASSOCIATED WITH IT. BECAUSE THEY'RE
20	QUITE DIFFERENT, THE APPLICATIONS ARE TAILORED TO
21	THE TYPE AND STAGE OF FUNDING OPPORTUNITY. SO
22	THEY'RE GOING TO ALL LOOK A LITTLE BIT DIFFERENT.
23	AND THEN WE HAVE DEVELOPED VERY SPECIFIC SCORING
24	CRITERIA TO EMPHASIZE THE IMPORTANCE OF DEI ONCE IT
25	GETS TO REVIEW.

1	SO WHAT I'M GOING TO BRIEFLY DESCRIBE
2	TODAY IS WHAT WE ASK FOR FROM APPLICANTS AND THEN
3	HOW IT IS THAT WE EVALUATE IT.
4	SO BEGINNING WITH WHAT IT IS THAT WE ASK
5	FOR. AND LET ME JUST GIVE YOU SOME CONTEXT OF WHY
6	I'M SHOWING YOU THIS VERY BUSY SLIDE. OUR EFFORT TO
7	INCORPORATE DEI IN A MUCH MORE DELIBERATE WAY, AS
8	WAS MENTIONED BY DR. MILLAN, WAS IN THE REVIEW
9	PROCESS STARTING WITH OUR COVID FUNDING OPPORTUNITY
10	IN 2020. SINCE THEN WE'VE BEEN FOCUSING INITIALLY
11	ON DEVELOPING THESE ELEMENTS WITHIN OUR CLINICAL
12	PROGRAMS. WE, IN PART, WANTED TO MAKE SURE THAT THE
13	APPLICANTS WERE ADDRESSING EFFORTS TO PERFORM
14	OUTREACH AND PARTICIPATION BY UNDERSERVED GROUPS IN
15	CLINICAL TRIALS. IT ALSO SEEMED A PRETTY
16	STRAIGHTFORWARD PLACE TO START WHERE WE HAD AT LEAST
17	A CLEAR SET OF OBJECTIVES.
18	AND WHAT I'M SHOWING YOU HERE ARE THE DEI
19	SECTIONS OF OUR APPLICATION. SO YOU SEE SEVEN PAGES
20	HERE. AND THIS ORIGINALLY STARTED AS A ONE-PAGE
21	SECTION IN OUR APPLICATION, WHICH HAS NOW EVOLVED
22	INTO THESE SEVEN PAGES THAT INCLUDES INSTRUCTIONS,
23	TABLES, AND GUIDANCE TO THE APPLICANTS TO COMPLETE.
24	WE WANT TO PROVIDE AS MUCH INFORMATION AS WE CAN
25	ABOUT WHAT IT IS THAT WE ARE LOOKING FOR, WHAT WE

27

1	ARE ASKING ABOUT, AND AN OPPORTUNITY FOR THEM TO
2	PROVIDE US AS COMPREHENSIVE OF A PLAN AS POSSIBLE
3	THAT ADDRESSES DIFFERENT ELEMENTS OF THESE.
4	SO THIS IS A SUMMARY OF WHAT IT IS THAT WE
5	ASK FOR ACROSS THE SEVEN DIFFERENT PAGES. WE ASK
6	FOR A DESCRIPTION OF THE KNOWN DEMOGRAPHIC
7	DISPARITIES AND DISEASE BURDEN, CARE AND HEALTH
8	OUTCOMES IN THE AFFECTED POPULATION; THAT IS,
9	WHATEVER THE DISEASE OR CONDITION THAT THE
10	APPLICANTS ARE ADDRESSING. WE ASK THEM TO COMPLETE
11	A POPULATION TABLE THAT PROVIDES THE PROPOSED GOALS
12	FOR ENROLLMENT ACROSS RACE, ETHNICITY, GENDER AND
13	AGE RELATIVE TO THE DEMOGRAPHICS OF THE POPULATION
14	THAT IS AFFECTED BY THAT DISEASE OR CONDITION AS
15	WELL AS PROVIDE A JUSTIFICATION FOR THE GOALS AND
16	WHY THERE ARE DIFFERENCES, MAYBE DUE TO THE SIZE OF
17	THE TRIAL OR THE STAGE OF THE TRIAL AND SO ON.
18	WE ASK THEM TO PROVIDE THEIR PLANS FOR
19	OUTREACH, ENGAGEMENT, ENROLLMENT, AND RETENTION OF
20	TRIAL PARTICIPANTS FROM UNDERSERVED GROUPS. FOR
21	EXAMPLE, DIFFERENT TRIAL SITES AND TESTING AREAS,
22	ALLIANCES THAT THEY'VE DEVELOPED WITH COMMUNITY
23	CLINICS AND/OR NAVIGATION SERVICES AS A FEW
24	EXAMPLES.
25	WE ASK FOR AN OUTLINE OF THE DEI-ORIENTED
	28

1	EXPERTISE AND EXPERIENCE OF THE TEAM MEMBERS AS WELL
2	AS ACTIVITIES THAT SUPPORT THE DEVELOPMENT OF
3	CULTURAL SENSITIVITY ON THE TEAM AND ANY PARTNERING
4	INSTITUTIONS IN CARRYING OUT THE PROJECT.
5	THIS IS NOW FOCUSED ON THE CLINICAL
6	PROGRAM, AND WE IMAGINE THE DISCOVERY STAGE OR
7	EDUCATION PROGRAMS ARE GOING TO ASK FOR SLIGHTLY
8	DIFFERENT THINGS. SO THIS IS JUST AN EXAMPLE OF THE
9	CLINICAL. AND JUST FOR REFERENCE, THE DISCOVERY
10	STAGE, THE QUESTIONS THAT WE ASK ARE A BIT MORE
11	FOCUSED ON HOW THE APPLICANTS HAVE CONSIDERED THE
12	POTENTIAL INFLUENCE OF RACE, ETHNICITY, SEX
13	DIFFERENCES, AGE WITHIN THEIR PLAN AND DESIGN.
14	AGAIN, AN EXAMPLE.
15	NOW LET ME TELL YOU ABOUT HOW IT IS THAT
16	WE EVALUATE DEI. WE HAVE, AS YOU KNOW, IN OUR
17	GRANTS WORKING GROUP TWO TYPES OF MEMBERS. WE HAVE
18	THE SCIENTIFIC MEMBERS AS WELL AS OUR GRANTS WORKING
19	GROUP PATIENT ADVOCATE OR NURSE MEMBERS WHO SERVE ON
20	THE ICOC AS WELL. THE SCIENTISTS PROVIDE A
21	SCIENTIFIC EVALUATION AND GIVE A SCIENTIFIC SCORE,
22	AND I'LL EXPLAIN IN THE NEXT SLIDE HOW IT IS THAT
23	THAT SCIENTIFIC SCORE ALSO INCORPORATES DEI. AND
24	THEN THE PATIENT ADVOCATE NURSE MEMBERS, DEPENDING
25	ON THE TYPE OF OPPORTUNITY FOR THE CLINICAL AND

29

1	TRANSLATION APPLICATIONS, PROVIDE AN ADDITIONAL DEI
2	SCORE IN ADDITION TO THEIR ROLE IN PROVIDING
3	OVERSIGHT AND PROVIDING A PATIENT PERSPECTIVE ON THE
4	SIGNIFICANCE AND IMPACT OF A PROPOSED PROJECT.
5	THESE ARE THE SCIENTIFIC REVIEW CRITERIA
6	THAT WE UTILIZE AS THE BASIS FOR THE SCIENTIFIC
7	SCORE. SO THIS IS THE SCORE THAT THE SCIENTIFIC
8	MEMBERS USE TO SCORE AN APPLICATION. AND GENERALLY
9	THESE CRITERIA AT THIS HIGH LEVEL ARE MOSTLY THE
10	SAME FOR ALL OF OUR RESEARCH-TYPE PROJECTS. THEY'RE
11	GOING TO BE A LITTLE BIT DIFFERENT FOR EDUCATION AND
12	INFRASTRUCTURE PROGRAMS, BUT ALL OF THEM WILL
13	INCORPORATE NOW A CRITERION RELATED TO DEI. IN THIS
14	CASE DOES THE PROPOSAL UPHOLD THE PRINCIPLES OF
15	DIVERSITY, EQUITY, AND INCLUSION VIS-A-VIS DOES THE
16	CRITERIA HAVE SUBBULLETS THAT I'M NOT GOING TO GO
17	THROUGH IN DETAIL THAT ARE TAILORED, AGAIN, TO THE
18	SPECIFIC FUNDING OPPORTUNITY?
19	SO THE CRITERIA AS SHOWN HERE ARE INTENDED
20	TO BE THE MOST CRITICAL ELEMENTS SUCH THAT FAILURE
21	IN ANY OF THESE, IN GENERAL OR IDEALLY, COULD RESULT
22	IN A NONFUNDABLE SCORE. THESE ARE THE MOST
23	IMPORTANT ELEMENTS. SO DEI, THEREFORE, IS
24	HIGHLIGHTED AS ONE OF THOSE.
25	NOW, IN ADDITION TO THE FACT THAT THE
	30

1	SCIENTIFIC SCORES THAT YOU SEE INCORPORATE THAT DEI
2	ELEMENT, FOR A CLINICAL PROGRAM AS WELL AS NOW IN
3	OUR TRANSLATIONAL PROGRAM, WE HAVE AN ADDITIONAL DEI
4	SCORE THAT OUR PATIENT ADVOCATE AND NURSE MEMBERS
5	PROVIDE. THE SCALE IS ZERO TO TEN. AND THE
6	CRITERIA THAT ARE USED TO COME UP WITH THIS SCORE IS
7	BASED ON THESE THREE ELEMENTS: A COMMITMENT TO DEI,
8	HOW WELL THEY JUDGE THE PROJECT SEEMS TO DEMONSTRATE
9	COMMITMENT, DEVELOPING A THERAPY THAT SERVES AN
10	UNMET NEED OF CALIFORNIA POPULATION UNDERSERVED
11	GROUPS. THEY ARE ASKED TO DESCRIBE DISPARITIES THAT
12	WOULD ULTIMATELY UTILIZE THEIR PRODUCT, RECENT TRIAL
13	ENROLLMENT TARGETS, AND SO ON. THEY ALSO ASSESS THE
14	PROJECT PLANS IN TERMS OF ACTIVITIES THAT THEY WOULD
15	PROPOSE WOULD BE INCLUSION AND OUTREACH, ENGAGEMENT,
16	ENROLLMENT, AND RETENTION, AND HOW THEY WILL DEVELOP
17	CULTURAL SENSITIVITY. SO THIS COULD BE THROUGH
18	TRAINING OR THROUGH OTHER METHODS.
19	AND TO HELP GUIDE THE SCORING FOR OUR
20	BOARD MEMBERS, WE'VE DEVELOPED THIS RUBRIC, WHICH
21	YOU DON'T NEED TO SEE THE DETAILS OF, BUT THAT
22	SPLITS OUT THESE BASIC CRITERIA AND PROVIDE ACROSS
23	THE DIFFERENT SCORES HOW IT IS THAT A GOOD
24	APPLICATION THAT SCORES A 9 OR 10 COMPARES TO
25	SOMETHING THAT MIGHT SCORE A 0 OR 2. SO WE HAVE

31

1	BEEN USING THAT AS A TOOL. EVEN THIS HAS GONE
2	THROUGH SEVERAL ITERATIONS AS WE CONTINUE TO DEVELOP
3	THIS ON THE PROGRAM.
4	I JUST WANT TO SHOW YOU SOMETHING THAT NOW
5	THAT WE HAVE TWO SCORES THAT ARE COMING FROM THE
6	GRANTS WORKING GROUP AND SOME OF OUR PROGRAMS, FOR
7	EXAMPLE, WITH THE CLINICAL PROGRAM, WE'VE DEVELOPED
8	A PROCESS TO ENSURE THAT APPLICATIONS THAT RECEIVE
9	EITHER A LOW DEI SCORE OR A NEEDS TO IMPROVE
10	SCIENTIFIC SCORE ARE REVISED AND REEVALUATED BY THE
11	GRANTS WORKING GROUP PRIOR TO GOING TO THE BOARD FOR
12	FINAL FUNDING. SO THIS THEN CREATES THOSE TWO
13	REVIEW CYCLES. SO EACH ARROW IS A REVIEW CYCLE. AN
14	APPLICANT SUBMITS, WE ASSES ELIGIBILITY, THEY GO TO
15	THE GRANTS WORKING GROUP REVIEW. AND COMING OUT OF
16	THAT GRANTS WORKING GROUP, IF THE RECOMMENDATION
17	FROM THAT PANEL IS A SCIENTIFIC SCORE OF 2 OR A DEI
18	SCORE BELOW 6, WE PROVIDE THE APPLICANT WITH A
19	SUMMARY OF CONCERNS AND HAVE THEM ADDRESS THOSE
20	CONCERNS AND REVISE THE APPLICATION THAT COMES OUT
21	OF THIS CYCLE AND WE BRING IT BACK TO THE GRANTS
22	WORKING GROUP AT A SUBSEQUENT CYCLE FOR EVALUATION.
23	AND IF ALL OKAY, THEN IT GOES TO THE ICOC FOR A
24	FINAL. WE JUST WANTED TO SHARE THAT PROCESS.
25	AND THEN, LASTLY, WE DO STILL HAVE SOME
	32

32

1	CHALLENGES IN PUTTING TOGETHER A COMPLETE DEI SET OF
2	ELEMENTS IN OUR APPLICATIONS AND THE PROCESS FOR
3	REVIEW. AND IT'S ONE THAT WE WORK WITH, BUT ALSO
4	ONE THAT WE NEED TO MAKE SURE THAT WE EXPLAIN TO THE
5	REVIEWERS AS THEY GO ABOUT THEIR EVALUATION. SO IT
6	IS BASICALLY THAT REVIEWERS ARE ALLOWED TO COMMENT
7	ON VIRTUALLY ALL ASPECTS OF DEI; FOR EXAMPLE,
8	DEMOGRAPHIC DATA THAT PRESENTS THE NUMBER OF WOMEN
9	OR INDIVIDUALS FROM SPECIFIC RACIAL OR ETHNIC
10	BACKGROUNDS AS PART OF THE APPLICATION, THEIR PLAN
11	TO RECRUIT PATIENTS FROM DIVERSE BACKGROUNDS, OR
12	THEIR TRACK RECORD IN PROMOTING DIVERSITY, EQUITY,
13	AND INCLUSION. HOWEVER, THERE IS STILL CALIFORNIA
14	PROP 209 RESTRICTIONS WHERE REVIEWERS AND CIRM
15	CANNOT SPECIFICALLY USE THE CHARACTERISTICS OF RACE,
16	ETHNICITY, GENDER, OR NATIONAL ORIGIN IN EVALUATING
17	THE APPLICANT TEAM PERSONNEL. WE PRESENT THIS AS WE
18	START THESE REVIEWS TO ENSURE THAT, WHEN WE DO THE
19	REVIEW, THAT WE FOCUS THE REVIEWERS ON THE ELEMENTS
20	THAT ARE ALLOWABLE. AND WE ALSO ADVISE APPLICANTS
21	ABOUT THIS TO ENSURE THAT THEY DEVELOP THEIR DEI
22	PLANS WITH THAT IN MIND.
23	AND SO AS I MENTIONED, THERE ARE OTHER
24	THINGS THAT I COULD EXPAND ON AND TALK TO YOU ABOUT,
25	BUT I WILL END IT HERE AND TAKE ANY QUESTIONS,

1	KNOWING THAT THIS IS AN ONGOING PROCESS FOR US, THAT
2	WE WILL CONTINUE TO EVOLVE AND DEVELOP WITH THE HOPE
3	OF CREATING A MUCH BETTER PROCESS AS WE GO ALONG.
4	SO THANK YOU.
5	CHAIRMAN THOMAS: THANK YOU VERY MUCH,
6	GIL. AND I THINK THAT THIS IS A MOST IMPORTANT
7	PRESENTATION BY BOTH YOU AND MARIA. AND I WANTED TO
8	HIGHLIGHT ONE OF GIL'S SLIDES IN PARTICULAR BECAUSE
9	IT GETS TO THE ESSENCE OF THE LEVEL OF IMPORTANCE
10	THAT WE PLACE ON DEI, WHICH WAS THE SLIDE THAT SAID
11	THAT IF WE GET A DEI SCORE IN GWG OF LESS THAN 6,
12	EVEN IF THE GRANT RECEIVED A FUNDING SCORE ON THE
13	SCIENCE SIDE, THAT WE WILL SEND IT BACK FOR THEM TO
14	REVISE AND REVIEW.
15	THAT'S VERY IMPORTANT AND A REAL MILESTONE
16	DEVELOPMENT FOR THE AGENCY, WHICH WE'VE ACTUALLY
17	SEEN IN PRACTICE IN THE GWG. AND IT GETS TO THE
18	ESSENCE OF HOW MUCH WE DO EMPHASIZE DEI AND THE
19	SERIOUSNESS TO WHICH WE TAKE THE WHOLE ISSUE. SO I
20	JUST WANTED TO MAKE SURE THE BOARD FOCUSED ON THAT
21	BECAUSE THAT'S A BIG DEAL.
22	GIL AND HIS TEAM AND MARIA AND THE CIRM
23	TEAM WRIT LARGE HAVE SPENT A HUGE AMOUNT OF TIME
24	WITH THE BOARD IN DEVELOPING THE DEI POLICIES TO THE
25	STAGE WE ARE AT RIGHT NOW. AND I THINK WE REALLY
	34

1	HAVE A MODEL SYSTEM HERE FOR HOW THAT VERY IMPORTANT
2	ISSUE SHOULD BE TREATED IN THE CONTEXT OF THINGS
3	LIKE THOSE THAT WE DO. SO THANK YOU TO GIL, THANK
4	YOU TO MARIA, THANK YOU TO YSABEL, TO ALL MEMBERS OF
5	THE BOARD AND THE TEAM. I THINK THIS IS SOMETHING
6	WE CAN BE REALLY PROUD OF.
7	OTHER COMMENTS FROM MEMBERS OF THE BOARD?
8	MS. BONNEVILLE: WE HAVE SEVERAL HANDS
9	RAISED, J.T.
10	CHAIRMAN THOMAS: WILL YOU CALL THEM?
11	MS. BONNEVILLE: I SURE WILL. YSABEL.
12	MS. DURON: THANK YOU VERY MUCH, MR.
13	CHAIR. I AM SO THRILLED WE ARE AT THIS STAGE.
14	THANK YOU VERY MUCH TO GIL AND MARIA AND, YES, THE
15	CIRM STAFF AND TEAM FOR REALLY, REALLY GETTING
16	BEHIND THIS AND BEING INTENTIONAL.
17	THE ONLY THING I HAVE TO SAY, GIL, AND
18	MAYBE I'M GETTING AHEAD OF MYSELF, IS ARE WE
19	DEVELOPING OR DO WE HAVE METRICS IN PLACE TO
20	EVALUATE AFTER THAT, IN FACT, THEY ARE MEETING THESE
21	GOALS DOWN THE ROAD, THAT THEY ARE SEEING PROGRESS
22	IN OUR INSTITUTIONS, AND THAT THEY ARE MOVING IN THE
23	DIRECTION WE HOPE DEI AND THESE GUIDELINES ARE MEANT
24	FOR THEM TO GO? SO DO YOU HAVE METRICS AND
25	EVALUATIONS IN PLACE FOR MAYBE SIX MONTHS OR A YEAR

35

1	IN OR TWO YEARS, HOWEVER YOU WANT TO MEASURE
2	SUCCESS?
3	DR. SAMBRANO: YES, WE DO. AND I FOCUSED
4	MY PRESENTATION ONLY ON THE REVIEW PROCESS ITSELF.
5	BUT DR. ABLA CREASEY AND JENNIFER LEWIS ARE
6	DEVELOPING AND HAVE PUT IN PLACE ELEMENTS TO TRACK
7	ONCE AN AWARD IS MADE WITH MILESTONES THEIR PROGRESS
8	ON DEI. AND SO THESE ARE PAYMENT-BASED MILESTONES.
9	SO DEFINITELY MAKING SURE THAT OUR GRANTEES ARE
10	FOLLOWING UP. SO THANKS FOR THE QUESTION.
11	MS. BONNEVILLE: LARRY.
12	MR. GOLDBERG: YES, THANK YOU. I JUST
13	WANTED TO ADD THAT I SERVED ON AN FDA ADVISORY PANEL
14	LAST WEEK EVALUATING A LICENSING APPLICATION. AND
15	THE APPLICATION GOT INTO SERIOUS TROUBLE, PROBABLY
16	LETHAL TROUBLE, BECAUSE THE CLINICAL TRIAL
17	POPULATION WAS NOT ADEQUATELY DIVERSE. SO IT'S NOT
18	JUST AT THE RESEARCH LEVEL. THIS MAY BECOME
19	IMPORTANT AT THE LICENSING LEVEL AS WELL AS THIS
20	SPREADS.
21	MS. BONNEVILLE: THANK YOU. GEORGE.
22	DR. BLUMENTHAL: THREE QUICK POINTS.
23	FIRST, I WANT TO THANK YOU, GIL AND MARIA. I THINK
24	I'M REALLY PLEASED AT THE PROGRESS THAT'S MADE IN A
25	RELATIVELY SHORT TIME OF DEI ISSUES. AND I THINK IT
	36

IS A CREDIT TO THE TEAM THAT YOU'VE GONE AS FAR AS
YOU HAVE. THAT'S GREAT.
SECOND, I WANT TO SECOND WHAT YSABEL SAID
EARLIER. I THINK IT IS IMPORTANT ALSO TO MEASURE
SUCCESS AND BASICALLY TO HAVE NUMERICAL MEASURES OF
SUCCESS AND TO FOLLOW THAT ALONG OVER TIME. SO I
HOPE EVERY EFFORT WILL BE MADE TO KEEP STATISTICS ON
HOW WE ARE DOING, ET CETERA, SO THAT WE CAN MEASURE,
NOT JUST AT A GIVEN TIME, OVER TIME HOW THINGS ARE
GOING.
AND THE THIRD POINT I WOULD MAKE CONCERNS
YOUR POINT ABOUT PROPOSITION 209. I THINK YOU'RE
RIGHT. IT IS NOT APPROPRIATE TO USE DIVERSITY
WITHIN THE TEAM AS A CRITERIA BASED ON PROPOSITION
209, BUT I DON'T BELIEVE THAT THERE IS ANY
RESTRICTION ON USING THE APPROACHES THAT THE TEAM
MAY USE TO ENSURE THEIR OWN DIVERSITY IF THEY HAVE
OUTREACH PROGRAMS TO TRY TO BRING IN DIVERSE
INDIVIDUALS TO THEIR TEAM. I THINK THAT IS
SOMETHING THAT IS APPROPRIATE TO LOOK AT AND DOESN'T
RUN AFOUL OF THE PROPOSITION 209 PROHIBITION. SO I
JUST WANT TO ENCOURAGE YOU TO THINK ABOUT THAT.
MS. BONNEVILLE: THANK YOU, GEORGE. KIM.
DR. BARRETT: ALSO I'M VERY APPRECIATIVE,
GIL, OF YOUR PRESENTATION AND ALSO MARIA'S. J.T.
37

37

1	CALLED THIS A MODEL SYSTEM. AND I THINK THAT'S
2	PRECISELY WHAT IT IS, AND I WOULD HOPE THAT WE COULD
3	SEE THIS EMULATED IN OTHER FUNDING BODIES. I'M
4	PARTICULARLY STRUCK BY THE CRITERIA THAT YOU TALKED
5	ABOUT IN TERMS OF THE CLINICAL TRIALS AND ESPECIALLY
6	THE REQUIREMENT THAT APPLICANTS DOCUMENT THEIR
7	ACTIVITIES TO SUPPORT THE DEVELOPMENT OF CULTURAL
8	SENSITIVITY AMONG THE TEAM. WE WILL NOT BE ABLE TO
9	RECRUIT AND RETAIN PARTICIPANTS IF THEY DON'T FEEL
10	COMFORTABLE PARTICIPATING. SO THAT'S, I THINK,
11	ALMOST A UNIQUE FEATURE. I'VE NEVER SEEN THAT
12	ADDRESSED AS PART OF A GRANT REVIEW PROCESS. SO
13	CONGRATULATIONS.
14	MS. BONNEVILLE: THANK YOU, KIM. CHRIS.
15	DR. MIASKOWSKI: THANKS, MARIA. I'D LIKE
16	TO COMMENT AS A MEMBER OF THE GRANTS WORKING GROUP,
17	PUTTING THESE GUIDELINES INTO OPERATION. AND I
18	REALLY, REALLY WANT TO COMMEND THE STAFF FOR THE WAY
19	THE APPLICATION HAS CHANGED. I'VE BEEN DOING THIS
20	WORK FOR ABOUT A YEAR NOW, AND I WANT TO MAKE TWO
21	POINTS.
22	WITH THE CHANGES IN THE APPLICATION, IT'S
23	MUCH EASIER FOR US WHO ARE WORKING TO RATE THE DEI
24	COMPONENTS OF THE GRANT TO SEE IT ALL IN ONE PLACE.
25	BUT THE OTHER PART I WAS STRUCK WITH WITH THE ROUND
	38

1	I JUST DID, AND YOU ALLUDED TO THIS, GIL, BUT I
2	THINK WE COULD CALL IT OUT IN RELATIONSHIP TO THE
3	INSTRUCTIONS THAT ARE GIVEN TO THE APPLICANTS. I
4	BELIEVE WHAT WE ARE DOING IN THAT SPACE IS PROMPTING
5	PEOPLE TO THINK ABOUT THESE VARIOUS AREAS OF DEI,
6	AND IT'S EXCEEDINGLY WELL-WORDED. I DON'T THINK WE
7	SHOULD CUT THAT SHORT.
8	THE OTHER PIECE IN TERMS OF THE METRICS,
9	IN SOME OF THE AREAS, AND I'M NOT GOING TO REMEMBER
10	ALL OF THEM, THE APPLICANTS ARE ACTUALLY PROMPTED TO
11	INCLUDE METRICS THAT THEY'RE GOING TO USE TO
12	EVALUATE THEIR OWN OBJECTIVES. SO WE'VE BUILT IN
13	SOMEWHAT OF AN EVALUATION SYSTEM AS WELL. SO I JUST
14	WANT YOU TO KNOW AND APPLAUD THE STAFF FOR THIS
15	WORK. IT'S REALLY, REALLY WONDERFUL TO SEE IT.
16	THANKS SO MUCH.
17	MS. BONNEVILLE: THANKS, CHRIS. AL.
18	MR. ROWLETT: THANK YOU. I AM ALSO AT THE
19	SAME CONFERENCE THAT MARV SOUTHARD IS ATTENDING AND
20	WILL BE SHARING THE SENTIMENTS REGARDING DEI.
21	MARIA, J.T., I WANT TO COMPLIMENT THE
22	STAFF ON THE INCLUSIVE NATURE OF THIS PROCESS. THE
23	PATIENT ADVOCATES' NOT ONLY PERSPECTIVE, BUT CHANGES
24	TO THE SCORING MECHANISMS SPECIFICALLY, AND I'LL
25	CALL OUT THE SOCIAL DETERMINANTS OF HEALTH AS ONE
	39

1	EXAMPLE, SOMETHING THAT I HAVE BEEN CHAMPIONING THAT
2	WE PAY ATTENTION TO AS NOT ONLY A REFERENCE ONCE,
3	NOT TWICE, BUT THREE TIMES DURING THIS PRESENTATION,
4	WHICH, AGAIN, IS REPRESENTATIVE OF THE WORK THAT HAS
5	BEEN DONE FROM THE BEGINNING TO NOW.
6	AND I ALSO AGREE WITH THE FELLOW BOARD
7	MEMBERS. THIS IS A WORK THAT IS GOING TO CONTINUE.
8	IDEALLY THIS WILL BECOME THE BENCHMARK FOR EVERY
9	ORGANIZATION THAT PROVIDES THAT DOES WORK LIKE
10	THIS IN TERMS OF DIVERSITY, EQUITY, INCLUSION, AND
11	ACCESS. AND WE ARE MAKING ACCESS FOR PATIENTS A
12	REALITY, AND I AM THRILLED TO SEE THIS PRESENTATION.
13	MS. BONNEVILLE: THANK YOU, AL. THANKS
14	FOR EVERYTHING YOU DID TO GET US HERE. YSABEL.
15	MS. DURON: KIM SIMPLY REMINDED ME EVEN AS
16	WE TALK ABOUT CULTURALLY APPROPRIATENESS, I THINK WE
17	NEED TO ADD LANGUAGE APPROPRIATENESS AS WELL. THAT
18	IS ONE OF THE NO. 1 BARRIERS FOR A PERCENTAGE OF OUR
19	POPULATION NOT ONLY TO BE RECRUITED INTO, BUT TO BE
20	MAINTAINED IN RESEARCH. SO WE NEED TO MAKE SURE
21	THAT IS A VERY CRITICAL POINT OF ACCESS, AND THAT IS
22	LANGUAGE. SO IT'S NOT CULTURAL SENSITIVITY. IT'S
23	LANGUAGE APPROPRIATENESS. SO I CHALLENGE YOU, GIL,
24	TO ADD THAT INTO THE SLIDE.
25	MS. BONNEVILLE: THANKS, YSABEL.
	40

1	MOHAMMED.
2	DR. ABOUSALEM: I'D LIKE TO THANK MARIA
3	AND HER TEAM FOR ALL THIS GREAT WORK. I CAN SEE THE
4	PROGRESS THERE. I AM CONVINCED THAT YOU WILL
5	ACHIEVE THE GOAL THAT WE WANT TO ACHIEVE HERE,
6	ESPECIALLY IF YOU DEFINE THOSE SUCCESS METRICS AND
7	STATISTICS AND KEEP MONITORING THEM OVER TIME.
8	THE THOUGHT THAT I'D LIKE TO LEAVE YOU
9	WITH IS CONSIDER GIVEN THE GOAL, THAT WE WANT
10	THIS TO BE A BENCHMARK FOR SOCIETY OR SIMILAR
11	ORGANIZATIONS, CONSIDER THE OPPORTUNITY FOR
12	LAUNCHING A MARKETING CAMPAIGN AROUND WHAT CIRM IS
13	DOING IN THIS AREA. SO ACTUALLY DON'T WAIT FOR
14	COMPANIES TO APPLY OR PARTNERS TO APPLY AND ACTUALLY
15	SEE THAT WORK IN THE APPLICATION, BUT ACTUALLY SPEAK
16	IT OUT, PUSH IT OUT ACROSS ALL MEDIA TO INVITE
17	PEOPLE TO LEARN FROM CIRM AND SEE WHAT YOU'RE DOING
18	IN THIS AREA EVEN IF THEY'RE NOT APPLICANTS FOR OUR
19	PROGRAMS.
20	MS. BONNEVILLE: THANK YOU. DEBORAH.
21	DR. DEAS: YES. I'D LIKE TO THANK MARIA,
22	GIL, AND THE TEAM FOR THE EXCELLENT WORK IN THIS
23	AREA. I CAN'T HELP BUT THINK BACK TO THE TIME WHEN
24	WE WERE DISCUSSING ALL THIS SEVERAL YEARS AGO. AND
25	I'M SO PLEASED THAT EVERYTHING THAT WE DISCUSSED HAS
	41

41

1	BEEN IMPLEMENTED.
2	THE ONE POINT THAT I'D LIKE TO ALSO
3	HIGHLIGHT IS, AS WE LOOK AT DEI, AND I LIKE THAT WE
4	ARE DOING THIS, IS THAT IT'S IMPORTANT TO FOLLOW THE
5	OUTCOMES AND TO TRACK THOSE OUTCOMES OVER TIME.
6	BECAUSE WHEN WE DON'T DO IT, THERE'S THE TENDENCY TO
7	REGRESS BACK TO WHAT WE DID PREVIOUSLY OR WHAT WE
8	WEREN'T DOING. SO I WOULD LIKE TO SEE THIS
9	FOLLOWING THE DATA AND EVALUATING THE OUTCOMES OVER
10	TIME, AND I'D LIKE US TO REVISIT ON OCCASION TO MAKE
11	SURE WHERE WE'RE GOING ON THAT.
12	ALSO I REFER BACK TO WHAT YSABEL STATED AS
13	WELL. WHEN WE HAVE INVESTIGATORS, HAVING THEM DO
14	THEIR PROGRESS REPORT WITH THOSE OUTCOMES AND
15	DETERMINING WHAT IS THEIR PROGRESS IN DEI AS WELL.
16	MS. BONNEVILLE: THANK YOU, DEBORAH.
17	YSABEL.
18	MS. DURON: DID EVERYBODY ELSE GET THEIR
19	TIME IN? I WANTED TO MAKE SURE. VERY GOOD. I JUST
20	WANTED TO SAY TO MOHAMMED'S POINT, IN FACT, WE WILL
21	BE TALKING ABOUT THIS VIRTUALLY NATIONALLY TOMORROW
22	MORNING WHEN THE LATINO CANCER INSTITUTE HOSTS ITS
23	FOURTH ANNUAL FORUM. MARIA HAS BEEN INVITED TO THE
24	TABLE BECAUSE I WANT THE WORLD TO KNOW WHAT THE HECK
25	CIRM IS DOING AND TO START SHOWING THIS MODEL OUT

1	THERE. I'VE BEEN TALKING ABOUT IT AT MY VARIOUS
2	TABLES AS WELL FOR SOME TIME NOW BECAUSE I JUST
3	THINK IT IS A MODEL AND IT'S EVOLVING AND GIL AND
4	MARIA AND THE TEAM ARE REALLY GETTING THE NUANCES.
5	SO I'M THRILLED. I'M ABSOLUTELY THRILLED.
6	AND, IN FACT, PULLING OUT SOME OF YOUR
7	SLIDES ALREADY, I'LL OWN IT IN PUBLIC, GIL. I
8	PULLED OUT A COUPLE OF YOUR SLIDES. I'M GOING TO
9	SEND THEM ON TO THE NATIONAL BREAST CANCER
10	ROUNDTABLE. WE ARE IN PUBLIC. I CAN DO THAT. AND
11	LET THEM KNOW, HERE, LET US NOT REINVENT THE WHEEL.
12	HERE ARE SOME BENCHMARKS WHERE WE CAN START.
13	SO DON'T WORRY, MOHAMMED. I AM THE TOWN
14	CRIER, AND I TALK ABOUT IT WHEREVER I GO AS WELL AS
15	HAVING A COMMS PLAN. I'M SURE WE'LL DO THAT BECAUSE
16	WE GOT A GREAT COMMS TEAM TOO.
17	MS. BONNEVILLE: THANK YOU, YSABEL.
18	MARVIN HAS HIS HAND RAISED. MARVIN.
19	DR. SOUTHARD: WANT TO ALSO SAY THAT AL
20	AND I WILL BE SHARING THIS INFORMATION AT THE
21	MEETING WE ARE TOO.
22	MS. BONNEVILLE: J.T.
23	CHAIRMAN THOMAS: WELL, THANK YOU FOR ALL
24	OF YOUR COMMENTS, MEMBERS OF THE BOARD. AND, AGAIN,
25	CONGRATULATIONS TO MARIA, GIL, AND THE ENTIRE TEAM.
	43

1	THIS TOOK A HUGE AMOUNT OF WORK, PIONEERING WORK,
2	AND WE CAN ALL BE VERY PROUD OF WHERE WE ARE.
3	OKAY. WE ARE NOW GOING TO MOVE TO THE
4	ACTION ITEMS. WE'RE GOING TO TAKE ITEM 6 AND 7
5	FIRST. THEY COMPRISE ACTION ITEMS BEFORE THE
6	APPLICATION REVIEW SUBCOMMITTEE TO WHICH WE WILL NOW
7	MOVE.
8	SO WE'LL START WITH ITEM NO. 6,
9	CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE
10	TO CLINICAL TRIAL STAGE PROJECTS PROGRAM
11	ANNOUNCEMENTS CLIN1 OR 2. PRESENTATION BY DR.
12	SAMBRANO. GIL.
13	DR. SAMBRANO: THANK YOU, MR. CHAIRMAN.
14	ALL RIGHT. THESE ARE THE RECOMMENDATIONS FROM THE
15	GRANTS WORKING GROUP RELATED TO OUR LATEST REVIEW
16	CYCLE FOR OUR CLINICAL PROGRAM. AS ALWAYS, WE START
17	WITH OUR MISSION THAT WE SHOW YOU HERE, BUT ALSO TO
18	OUR PANEL TO MAKE SURE WE'RE ALL ON THE SAME PAGE OF
19	WHAT WE ARE TRYING TO ACHIEVE THROUGH THESE
20	PROGRAMS.
21	THIS INDICATES A SNAPSHOT OF WHERE WE ARE
22	ON OUR BUDGET FOR THIS FISCAL YEAR OF 22/23. WE
23	HAVE AN ANNUAL ALLOCATION OF 169 MILLION. THE
24	AMOUNT THAT HAS BEEN APPROVED SO FAR IS 14.7. THERE
25	ARE TWO APPLICATIONS UNDER CONSIDERATION TODAY THAT
	4.4

44

1	TOTAL 15.1. AND IF THESE ARE APPROVED, WE WOULD
2	HAVE A REMAINDER OF 132 LEFT IN OUR BUDGET.
3	THIS IS A REMINDER OF THE SCIENTIFIC SCORE
4	THAT IS USED TO ASSESS THE APPLICATIONS. THOSE THAT
5	RECEIVE A SCORE OF 1 HAVE BEEN DEEMED TO HAVE
6	EXCEPTIONAL MERIT AND WARRANT FUNDING. A SCORE OF 2
7	MEANS THEY NEED IMPROVEMENT AND ARE SPECIFICALLY
8	TAKEN BACK TO THE APPLICANT FOR REVISION AND
9	RESUBMISSION. A SCORE OF 3 MEANS THAT THEY'RE
10	SUFFICIENTLY FLAWED, THAT THEY DON'T WARRANT
11	FUNDING, AND THEY CANNOT RESUBMIT FOR SIX MONTHS.
12	THE REVIEW CRITERIA, AS WE JUST SAW, THAT
13	ARE USED FOR THE CLINICAL PROGRAMS ARE THE FIVE:
14	SIGNIFICANCE AND POTENTIAL FOR IMPACT, WHETHER THEY
15	HAVE A SOUND RATIONALE, WHETHER THE PROJECT IS WELL
16	PLANNED AND DESIGNED, IF IT'S FEASIBLE, INCLUDING
17	HAVING AN APPROPRIATE TEAM AND RESOURCES TO CARRY IT
18	OUT, AND, OF COURSE, WHETHER THE PROJECT UPHOLDS THE
19	PRINCIPLES OF DIVERSITY, EQUITY, AND INCLUSION.
20	THE COMPOSITION OF THE GRANTS WORKING
21	GROUP INCLUDES THE SCIENTIFIC MEMBERS, PATIENT
22	ADVOCATE AND NURSE MEMBERS, AS WELL AS SCIENTIFIC
23	SPECIALISTS WHO ARE NOT VOTING, BUT WE BRING IN TO
24	GIVE US EXPERTISE AND KNOWLEDGE IN AREAS THAT THE
25	FULL PANEL MAY NOT HAVE.

45

1	OKAY. BEFORE I PRESENT EACH OF THE
2	APPLICATIONS, THIS IS JUST A REMINDER TO THE BOARD
3	MEMBERS THAT HAVE A CONFLICT WITH ONE OF THE
4	APPLICATIONS. WE HAVE THE NAMES UP HERE. JUST
5	REMEMBER TO REFRAIN FROM PARTICIPATING IN DISCUSSION
6	OR VOTING ON ANY OF THE APPLICATIONS THAT YOU HAVE A
7	CONFLICT WITH.
8	THE FIRST APPLICATION IS ENTITLED "A PHASE
9	1 STUDY OF MULTIPLE DOSES OF NSC-BASED ONCOLYTIC
10	VIRAL THERAPY ADMINISTERED INTRACEREBRALLY TO
11	PATIENTS WITH RECURRENT HIGH-GRADE GLIOMAS." SO
12	THIS IS A GENETICALLY ENGINEERED CELL THERAPY MADE
13	UP OF NEURAL STEM CELLS THAT HAVE IN THEM A VIRUS
14	THAT KILLS AND TARGETS BRAIN TUMOR CELLS. SO THE
15	CELLS HOME TO THE TUMOR AND RELEASE THE VIRUS, AND
16	THE VIRUS KILLS THOSE TUMORS.
17	THE INDICATION IS FOR HIGH-GRADE ADULT
18	GLIOMAS AND GLIOBLASTOMA. THEIR GOAL IS TO COMPLETE
19	A PHASE 1 CLINICAL TRIAL TO ASSESS SAFETY AND ARE
20	REQUESTING JUST UNDER 12 MILLION FOR THIS PROJECT.
21	AS BACKGROUND, GLIOBLASTOMA, AS WE ALL
22	KNOW, IS A CRITICAL UNMET NEED. AND IT IS THE MOST
23	COMMON MALIGNANT PRIMARY BRAIN TUMOR IN ADULTS, AND
24	EACH YEAR ABOUT 12,000 AMERICANS ARE DIAGNOSED WITH
25	A FIVE-YEAR SURVIVAL RATE OF ONLY ABOUT 10 PERCENT.

46

1	AND THE CURRENT STANDARD OF CARE INVOLVES RESECTION
2	OF THE TUMOR FOLLOWED BY RADIATION, CHEMOTHERAPY,
3	ALTERNATING ELECTRIC FIELD THERAPY. AND DESPITE
4	THESE TREATMENTS, SURVIVAL STILL IS QUITE LOW.
5	THE PROPOSED THERAPY HAS THE POTENTIAL TO
6	IMPROVE SURVIVAL AND QUALITY OF LIFE FOR THOSE
7	PATIENTS.
8	WHY IS THIS A STEM CELL OR GENE THERAPY
9	PROJECT? WELL, THE THERAPEUTIC CANDIDATE IS
10	COMPOSED OF NEURAL STEM CELLS, MAKING THIS A STEM
11	CELL PROJECT.
12	THIS IS A SNAPSHOT OF WHAT WE HAVE IN OUR
13	CURRENT ACTIVE CIRM PORTFOLIO OF PROJECTS THAT ARE
14	ADDRESSING THE SIMILAR INDICATIONS, EITHER GLIOMAS
15	OR BRAIN TUMORS. ALL OF THOSE OTHER PROJECTS ARE
16	PHASE 1 CLINICAL TRIALS, BUT USING LARGELY DIFFERENT
17	VARIATIONS OF CAR-T OR APPROACH; WHEREAS, THE
18	CURRENT PROJECT IS USING AN ONCOLYTIC VIRUS
19	APPROACH. SO IT'S DIFFERENT FROM THOSE.
20	THE APPLICANT HAS RECEIVED CIRM FUNDING IN
21	THE PAST THROUGH A TRAN AWARD. IN THAT CASE THEY
22	WERE DEVELOPING A THERAPEUTIC THAT WAS SIMILAR THAT
23	USES ONCOLYTIC VIRUS TO TARGET OVARIAN CANCER. SO
24	THAT PROJECT IS STILL ACTIVE, BUT ON THE TAIL END
25	AND EXPECTED TO END DECEMBER OF THIS YEAR.

47

1	THIS IS A SUMMARY OF THE RECOMMENDATIONS
2	FROM THE GRANTS WORKING GROUP ON THE APPLICATION.
3	THERE WERE 11 SCIENTIFIC MEMBERS THAT GAVE IT A
4	SCORE OF 1. THERE WERE FOUR MEMBERS THAT GAVE IT A
5	SCORE OF 2. THERE WERE NONE THAT GAVE IT A SCORE OF
6	3. THE DEI SCORE GIVEN BY OUR BOARD MEMBERS WAS AN
7	8 ON THE SCALE OF 1 TO 10. AND THE CIRM TEAM
8	RECOMMENDS FUNDING IN CONCURRENCE WITH THE GRANTS
9	WORKING GROUP FOR THE AWARD AMOUNT OF UNDER 12
10	MILLION. MR. CHAIRMAN.
11	CHAIRMAN THOMAS: THANK YOU VERY MUCH,
12	GIL. DO WE HAVE A MOTION TO APPROVE FROM THE BOARD?
13	DR. STAMOS: SO MOVED.
14	CHAIRMAN THOMAS: THANK YOU, MICHAEL.
15	MS. BONNEVILLE: MICHAEL CANNOT MOVE THE
16	MOTION. REMEMBER IT'S THE APPLICATION REVIEW
17	SUBCOMMITTEE THAT WE ARE IN RIGHT NOW. SO IT'S JUST
18	MEMBERS OF THE ARS THAT CAN MAKE MOTIONS, BUT OUR
19	OTHERS ARE FREE TO SPEAK IF THEY DO NOT HAVE A
20	CONFLICT.
21	DR. DULIEGE: HAPPY TO MOVE IT.
22	CHAIRMAN THOMAS: THANK YOU, ANNE-MARIE.
23	MR. BERNAL: I'LL SECOND.
24	CHAIRMAN THOMAS: SECONDED BY I THINK
25	DAN BEAT YOU, AL, SLIGHTLY BY A NOSE.
	48

48

1	MR. BERNAL: HAPPY TO GIVE IT TO AL IF HE
2	DESIRES.
3	MR. ROWLETT: AGAIN, I'LL GIVE IT TO DAN.
4	THANK YOU.
5	CHAIRMAN THOMAS: THANK YOU BOTH.
6	ARE THERE QUESTIONS OR COMMENTS FROM
7	MEMBERS OF THE BOARD? ANY COMMENTS BY MEMBERS OF
8	THE PUBLIC?
9	MS. BONNEVILLE: I SEE NO HANDS RAISED. I
10	SEE A HAND RAISED. JUST AS A FOR YOUR
11	INFORMATION, IT'S A THREE-MINUTE PUBLIC COMMENT. SO
12	IF THE CALLER WOULD LIKE TO START.
13	DR. HORTON: THIS IS JANIS HORTON. I'M
14	THE PRINCIPAL INVESTIGATOR OF THE GRANT APPLICATION,
15	AND I JUST WANTED TO START OFF BY SAYING THANK YOU
16	VERY MUCH TO THE REVIEWERS. WE GOT REALLY
17	INSIGHTFUL COMMENTS BACK. AND I KNOW THIS IS A
18	LARGE APPLICATION AND A LOT OF WORK, AND I JUST WANT
19	TO THANK THEM FOR THEIR SUPPORT.
20	AS THE PERSON WHO WAS TALKING AHEAD OF ME
21	WAS SAYING, WE ALL KNOW GLIOBLASTOMA IS A REALLY
22	DEVASTATING DISEASE, VERY DIFFICULT TO TREAT. WHEN
23	WE TALK ABOUT SURVIVAL, IT'S STILL LESS THAN TWO
24	YEARS. WE REALLY HAVEN'T MADE ANY ADVANCES.
25	THERE'S BEEN NO APPROVED TARGET AGENT OR

1	IMMUNOTHERAPY FOR TREATING GLIOBLASTOMA. AND WE
2	REALLY HAVEN'T BEEN ABLE TO THESE WERE THE MAJOR
3	ADVANCES IN THE LAST 20 YEARS IN ONCOLOGY, BUT
4	PATIENTS WITH GLIOBLASTOMA HAVE NOT BENEFITED FROM
5	THOSE.
6	THIS RESEARCH, LOOKING AT THE NEURAL STEM
7	CELL-BASED ONCOLYTIC VIRUS THERAPY, SOMETHING THAT
8	WE'VE BEEN WORKING ON FOR A LONG TIME. AND ALSO
9	ONCOLYTIC VIRUSES HAVE BEEN STUDIED FOR A LONG TIME
10	IN GLIOBLASTOMA WITHOUT MUCH SUCCESS ALTHOUGH
11	RECENTLY THERE WAS AN ONCOLYTIC VIRUS DEVELOPED BY A
12	RESEARCH TEAM IN JAPAN WHERE THEY COULD SEE
13	IMPROVEMENT AND SURVIVAL GETTING MULTIPLE
14	INJECTIONS. THEY GAVE SIX INJECTIONS MONTHLY TO
15	THEIR PATIENTS. AND SO ONE WONDERS MAYBE THE
16	MULTIPLE INJECTIONS WERE THE REASON THAT THEY WERE
17	SEEN AS EFFICACY. AND THAT IS WHAT WE'RE TRYING TO
18	DO WITH OUR ONCOLYTIC VIRUS, BUT WE THINK OUR
19	APPROACH IS A LITTLE MORE PRACTICAL IN TERMS OF
20	WE'RE RELYING ON THE PROMISE OF NEURAL STEM CELLS TO
21	HELP DELIVER THE ONCOLYTIC VIRUS. AND BECAUSE
22	NEURAL STEM CELLS ARE USED AS VEHICLES OF DRUG
23	DELIVERY. AND SO WE ARE HOPING THAT, WHEREAS, THIS
24	OTHER STUDY DID SHOW EFFICACY, PATIENTS HAVE TO GO
25	BACK TO THE O.R. EVERY FOUR WEEKS, WE THINK THAT OUR

50

1	APPROACH BY DELIVERING THE STEM CELL ONCOLYTIC VIRUS
2	DIRECTLY TO THE BRAIN WILL BE MORE PRACTICAL AND
3	MORE GENERALIZABLE.
4	WE ALSO HAVE SAFETY DATA FROM OUR
5	FIRST-IN-HUMAN STUDY OF THIS NEURAL STEM CELL-BASED
6	ONCOLYTIC VIRUS THERAPY AND EVEN SOME EVIDENCE OF
7	BIOLOGIC ACTIVITY. THIS STUDY THAT WE'RE PROPOSING
8	TO DO IS NO SMALL UNDERTAKING. WE HAVE FOUR SITES,
9	AND WE'VE CHOSEN THEM STRATEGICALLY IN TERMS OF
10	PROVIDING ACCESS TO UNDERSERVED POPULATIONS ACROSS
11	THE COUNTRY. AND THAT I'M PROBABLY RUNNING OUT
12	OF TIME. I JUST, AGAIN, WANTED TO SAY THANK YOU TO
13	CIRM FOR SUPPORTING OUR PREVIOUS RESEARCH WITH
14	NEURAL STEM CELLS, AND THANK YOU FOR YOUR INTEREST
15	IN THIS CURRENT RESEARCH PROJECT.
16	CHAIRMAN THOMAS: THANK YOU VERY MUCH FOR
17	YOUR COMMENT. IS THERE ANY OTHER PUBLIC COMMENT?
18	MS. BONNEVILLE: I DO NOT SEE ANY.
19	CHAIRMAN THOMAS: THANK YOU. IN THAT
20	CASE, MARIA, WILL YOU PLEASE CALL THE ROLL.
21	MS. BONNEVILLE: YES. DAN BERNAL.
22	MR. BERNAL: AYE.
23	MS. BONNEVILLE: JUDY CHOU.
24	DR. CHOU: AYE.
25	MS. BONNEVILLE: LEONDRA CLARK-HARVEY.
	51

BETH C. DRAIN, CA CSR NO. 7152

1	ANNE-MARIE DULIEGE.
2	DR. DULIEGE: YES.
3	MS. BONNEVILLE: MARK FISCHER-COLBRIE.
4	DR. FISCHER-COLBRIE: YES.
5	MS. BONNEVILLE: FRED FISHER. ELENA
6	FLOWERS.
7	DR. FLOWERS: YES.
8	MS. BONNEVILLE: DAVID HIGGINS. STEVE
9	JUELSGAARD.
10	MR. JUELSGAARD: YES.
11	MS. BONNEVILLE: RICH LAJARA.
12	MR. LAJARA: YES.
13	MS. BONNEVILLE: CHRIS MIASKOWSKI.
14	DR. MIASKOWSKI: YES.
15	MS. BONNEVILLE: LAUREN MILLER-ROGEN.
16	MS. MILLER-ROGEN: YES.
17	MS. BONNEVILLE: ADRIANA PADILLA.
18	DR. PADILLA: YES.
19	MS. BONNEVILLE: JOE PANETTA. AL ROWLETT.
20	MR. ROWLETT: YES.
21	MS. BONNEVILLE: MARVIN SOUTHARD.
22	DR. SOUTHARD: YES.
23	MS. BONNEVILLE: JONATHAN THOMAS.
24	CHAIRMAN THOMAS: YES.
25	MS. BONNEVILLE: ART TORRES.
	52
	52

1	MR. TORRES: AYE, EXCEPT FOR THOSE WITH
2	WHICH I HAVE A CONFLICT.
3	MS. BONNEVILLE: KAROL WATSON.
4	DR. WATSON: YES.
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
	53

MS. BONNEVILLE: THANK YOU. THANK YOU. 1 2 THE MOTION CARRIES. CHAIRMAN THOMAS: THANK YOU. GIL, DO YOU 3 HAVE MORE OR DOES THAT CONCLUDE YOUR PRESENTATION? 4 DR. SAMBRANO: THERE IS ONE MORE 5 6 APPLICATION. 7 CHAIRMAN THOMAS: THERE IS A CLIN1, I BELIEVE, CORRECT? 8 9 DR. SAMBRANO: YES, CORRECT. ALL RIGHT. SO THE NEXT APPLICATION IS 10 ENTITLED "ALLOGENEIC MESENCHYMAL STEM CELLS LOADED 11 WITH ONCOLYTIC VIRUS FOR CANCER TREATMENT." SO, 12 INTERESTINGLY WE HAVE TWO ONCOLYTIC VIRUS RELATED 13 APPLICATIONS IN A ROW. THAT DOESN'T USUALLY HAPPEN, 14 BUT HERE WE ARE. 15 SO THIS IS AN ALLOGENEIC THERAPY OF 16 17 MESENCHYMAL STEM CELLS THAT HAVE, AGAIN, AN ONCOLYTIC VIRUS THAT TARGETS CANCER IN THIS CASE. 18 19 THE APPLICANTS ARE TARGETING MELANOMA, BREAST 20 CANCER, AND HEAD AND NECK CANCER. THEIR GOAL IS TO COMPLETE PRE-IND ENABLING STUDIES AND FILE AN IND. 21 22 SO THIS IS A MUCH EARLIER STAGE. AND THE FUNDS REQUESTED ARE 3.1 MILLION AND PROVIDE CO-FUNDING OF 23 777,000 TO CO-FUND THE PROJECT. 24 25 SOME BACKGROUND ON THE SOLID TUMORS THAT 54

 ARE TARGETED BY THIS APPLICATION. MELANOMA CANCER BREAST CANCER, AND HEAD AND NECK CANCER ARE ALL ASSOCIATED WITH SIGNIFICANT MORBIDITY, AND THERE A VERY FEW TREATMENT OPTIONS AND POOR SURVIVAL RATES 	RE
3 ASSOCIATED WITH SIGNIFICANT MORBIDITY, AND THERE A 4 VERY FEW TREATMENT OPTIONS AND POOR SURVIVAL RATES	
4 VERY FEW TREATMENT OPTIONS AND POOR SURVIVAL RATES	
5 IN MANY CASES. THE STANDARD OF CARE IS GOING TO	
6 VARY BY TUMOR TYPE, BUT TYPICALLY INVOLVES	
7 CHEMOTHERAPY, RADIATION, RESECTION, AND/OR OTHER	
8 AVAILABLE DRUGS.	
9 IF SUCCESSFUL, THE PROPOSED THERAPY WOUL	D
10 PROVIDE THE POTENTIAL FOR A SAFER AND MORE EFFECTI	VE
11 THERAPEUTIC OPTION FOR PATIENTS WITH SOLID TUMORS	
12 WHERE SOME APPROACHES, SUCH AS THE NOVEL CAR-T, HA	VE
13 BEEN LESS SUCCESSFUL.	
14 THIS IS A STEM CELL OR GENE THERAPY	
15 PROJECT BECAUSE THE THERAPEUTIC CANDIDATE IS	
16 COMPOSED OF MESENCHYMAL STEM CELLS.	
17 WITHIN OUR PORTFOLIO WE HAVE ONE OTHER	
18 PROJECT THAT IS USING ONCOLYTIC VIRUS TO INDUCE	
19 KILLING OF TUMOR CELLS. IT IS A PHASE 1 CLINICAL	
20 TRIAL IN ADDITION TO THE ONE THAT WAS JUST APPROVE	D.
21 SO WE NOW HAVE TWO. THIS APPLICANT HAS NOT	
22 PREVIOUSLY RECEIVED A CIRM AWARD.	
23 AND THE SUMMARY OF THE RECOMMENDATION IS	
24 AS FOLLOWS. THERE WERE 12 MEMBERS THAT GAVE THIS	A
25 SCORE OF 1, TWO SCIENTIFIC MEMBERS THAT GAVE IT A	
55	

1	SCORE OF 2, AND NONE THAT GAVE IT A SCORE OF 3. THE
2	DEI SCORE IS A SCORE OF 7 ON A SCALE OF 1 TO 10.
3	AND THE CIRM TEAM RECOMMENDATION CONCURS WITH THE
4	GRANTS WORKING GROUP FOR AN AWARD AMOUNT OF 3.111
5	MILLION. MR. CHAIRMAN.
6	CHAIRMAN THOMAS: THANK YOU, GIL. DO WE
7	HEAR A MOTION TO APPROVE?
8	DR. ABDULHAQ: MOTION TO APPROVE.
9	MS. BONNEVILLE: HAIFAA, YOU CANNOT MAKE A
10	MOTION ON THIS.
11	DR. ABDULHAQ: SORRY.
12	CHAIRMAN THOMAS: MEMBERS OF THE
13	APPLICATION REVIEW SUBCOMMITTEE PLEASE. THANK YOU
14	THOUGH.
15	DR. SOUTHARD: SO MOVED.
16	MR. ROWLETT: SECOND.
17	CHAIRMAN THOMAS: MOVED BY MARV, SECONDED
18	BY AL. QUESTIONS OR COMMENTS FROM MEMBERS OF THE
19	BOARD? ANY PUBLIC COMMENT?
20	MS. BONNEVILLE: THERE IS NO PUBLIC
21	COMMENT.
22	CHAIRMAN THOMAS: MARIA, WILL YOU PLEASE
23	CALL THE ROLL.
24	MS. BONNEVILLE: YES. DAN BERNAL.
25	MR. BERNAL: AYE.
	56

	·
1	MS. BONNEVILLE: JUDY CHOU.
2	DR. CHOU: AYE.
3	MS. BONNEVILLE: LEONDRA CLARK-HARVEY.
4	ANNE-MARIE DULIEGE.
5	DR. DULIEGE: AYE.
6	MS. BONNEVILLE: YSABEL DURON.
7	MS. DURON: AYE.
8	MS. BONNEVILLE: MARK FISCHER-COLBRIE.
9	DR. FISCHER-COLBRIE: YES.
10	MS. BONNEVILLE: FRED FISHER. ELENA
11	FLOWERS.
12	DR. FLOWERS: YES.
13	MS. BONNEVILLE: DAVID HIGGINS. STEVE
14	JUELSGAARD.
15	MR. JUELSGAARD: YES.
16	MS. BONNEVILLE: RICH LAJARA.
17	MR. LAJARA: YES.
18	MS. BONNEVILLE: CHRIS MIASKOWSKI.
19	DR. MIASKOWSKI: YES.
20	MS. BONNEVILLE: LAUREN MILLER-ROGEN.
21	MS. MILLER-ROGEN: YES.
22	MS. BONNEVILLE: ADRIANA PADILLA.
23	DR. PADILLA: YES.
24	MS. BONNEVILLE: JOE PANETTA. AL ROWLETT.
25	MR. ROWLETT: YES.
	57
	57

	DETTI C. DRIIN, CITCSR NO. 7 152
1	MS. BONNEVILLE: MARVIN SOUTHARD.
2	DR. SOUTHARD: YES.
3	MS. BONNEVILLE: JONATHAN THOMAS.
4	CHAIRMAN THOMAS: YES.
5	MS. BONNEVILLE: ART TORRES.
6	MR. TORRES: AYE, EXCEPT FOR THOSE WITH
7	WHICH I HAVE A CONFLICT.
8	MS. BONNEVILLE: KAROL WATSON.
9	DR. WATSON: YES.
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
	58
	133 HENNA COURT, SANDPOINT, IDAHO 83864

1	MS. BONNEVILLE: THANK YOU. THE MOTION
2	CARRIES.
3	CHAIRMAN THOMAS: THANK YOU. AND, GIL,
4	THANK YOU VERY MUCH. I BELIEVE THAT NOW DOES
5	CONCLUDE THAT ACTION ITEM, CORRECT?
6	DR. SAMBRANO: IT DOES. THANK YOU.
7	CHAIRMAN THOMAS: THANK YOU. WE'RE GOING
8	TO MOVE ON NEXT TO ITEM NO. 7, CONSIDERATION OF
9	APPLICATIONS SUBMITTED IN RESPONSE TO THE ALPHA
10	CLINIC NETWORK EXPANSION, WHICH IS ONE OF OUR
11	INFRASTRUCTURE PROGRAMS. AGAIN, THIS IS APPLICATION
12	REVIEW SUBCOMMITTEE VOTING ONLY. SO, GIL, PLEASE
13	PROCEED.
14	DR. SAMBRANO: THANK YOU, MR. CHAIRMAN,
15	LET ME SHARE THESE SLIDES.
16	ALL RIGHT. SO ONCE AGAIN, IN OUR EFFORT
17	TO ACHIEVE THE CIRM MISSION, ONE OF THE THINGS THAT,
18	AS YOU ALL KNOW, WE DEVELOPED A STRATEGIC PLAN
19	LAYING OUT OUR PLANS FOR THE NEXT FIVE YEARS. AND
20	WITHIN THAT STRATEGIC PLAN, WE HAVE THREE SPECIFIC
21	THEMES THAT WE OFTEN REFER TO. ADVANCE WORLD-CLASS
22	SCIENCE TO DELIVER REAL-WORLD SOLUTIONS AND PROVIDE
23	OPPORTUNITY FOR ALL. WITHIN THE REAL-WORLD
24	SOLUTIONS, WE ARE DEVELOPING INFRASTRUCTURE PROGRAMS
25	AND RESOURCES THAT WILL HELP ENERGIZE AND BRING

59

	· · · · · · · · · · · · · · · · · · ·
1	TOGETHER A LOT OF THE DIFFERENT ELEMENTS THAT WE
2	SUPPORT IN OUR RESEARCH TO ENHANCE THEM AND MAKE
3	THEM MORE BROADLY AVAILABLE.
4	PART OF WHAT WE ARE DOING IS CREATING A
5	MANUFACTURING PARTNERSHIP NETWORK, WHICH YOU'VE
6	HEARD ABOUT PREVIOUSLY IN A CONCEPT FORM. WE ARE
7	EXPANDING THE ALPHA CLINICS NETWORK, AS WE'RE GOING
8	TO SPEAK ABOUT TODAY, AND THEN IN THE FUTURE CREATE
9	COMMUNITY CARE CENTERS OF EXCELLENCE THAT WILL
10	PARTNER WITH THESE ALPHA CLINICS.
11	I'LL TELL YOU A LITTLE BIT ABOUT THE ALPHA
12	CLINICS AS THEY EXIST TODAY. WE HAVE AN ALPHA
13	CLINICS NETWORK CURRENTLY THAT SUPPORTS SIX SITES,
14	AND WE HAVE INVESTED 40 MILLION IN THE COMMUNITY
15	CARE CENTERS OF EXCELLENCE TRAINING ELEMENTS FOR THE
16	ALPHA CLINICS.
17	THE ALPHA CLINICS OVER THE LAST SEVERAL
18	YEARS, SINCE 2015, WHEN THEY WERE ESTABLISHED, HAVE
19	BEEN QUITE SUCCESSFUL IN ACCELERATING CELL AND GENE
20	THERAPY CLINICAL TRIALS, PROVIDING SERVICES TO HELP
21	NOT ONLY CIRM-SUPPORTED TRIALS, BUT ALSO TRIALS THAT
22	ARE CONDUCTING CELL AND GENE THERAPY AND OTHER TYPES
23	OF ADVANCED THERAPIES FROM INDUSTRY AND ELSEWHERE.
24	THEY HAVE GARNERED OVER A HUNDRED MILLION IN
25	INDUSTRY CONTRACTS AS A POINT OF REFERENCE.

60

1	WITH AN EYE TO OUR STRATEGIC PLAN AND
2	THEMES, WE ARE CREATING A MORE INTEGRATED AND
3	NETWORK RESOURCE IN ORDER TO ENABLE INNOVATIVE
4	CLINICAL RESEARCH, INCREASE PATIENT ACCESS
5	THERAPIES, AND TRAIN OUR FUTURE WORKFORCE. PART OF
6	THIS BEGINS WITH THE EXPANSION OF THE ALPHA CLINICS
7	NETWORK AS A WHOLE AND, AS MENTIONED, TO PARTNER
8	EVENTUALLY WITH THE COMMUNITY CARE CENTERS SO THAT
9	WE CAN BRING WHAT WE DO IN TERMS OF CELL AND GENE
10	THERAPY TO EVERY CORNER OF CALIFORNIA, IF POSSIBLE.
11	THE OBJECTIVE OF THIS OPPORTUNITY IS TO
12	EXPAND EXISTING CAPACITY FOR DELIVERING STEM CELL
13	GENE THERAPIES AND OTHER ADVANCED TREATMENTS TO
14	PATIENTS FOR THE ALPHA CLINIC EXPANSION PROGRAM, AND
15	ALSO TO SERVE AS A COMPETENCY HUB FOR REGENERATIVE
16	MEDICINE TRAINING, CLINICAL RESEARCH, AND DELIVERY
17	OF APPROVED TREATMENTS.
18	AND BY EXPANSION HERE WE MEAN ESTABLISHING
19	ADDITIONAL ALPHA CLINIC SITES AS WELL AS EXPANDING
20	THE SERVICES AND REACH OF THE EXISTING SITES.
21	AND FOR ALL OF THESE PROGRAMS, THERE ARE
22	BASIC CORE ACTIVITIES THAT WE EXPECT APPLICANTS TO
23	ENGAGE IN. OBVIOUSLY THEY NEED TO HAVE A
24	DEMONSTRATED ABILITY TO CONDUCT FDA-AUTHORIZED
25	CLINICAL TRIALS THAT INVOLVE CELL AND/OR GENE
	61

61

1	THERAPIES. WE WANT THEM TO PARTICIPATE IN NETWORK
2	COORDINATION. PART OF WHAT HAPPENS WITH THIS
3	NETWORK IS THAT WE ARE ESTABLISHING A STEERING
4	COMMITTEE THAT INCLUDES CIRM STAFF MEMBERS AS WELL
5	AS THE PROGRAM DIRECTORS OF THESE PROGRAMS THAT
6	TOGETHER REFINE AND EXPAND THE NETWORK SYSTEM TO
7	ADDRESS EMERGING ISSUES OR NEEDS OF THE FIELD AS
8	THEY PROGRESS.
9	THEY SHOULD ALL PROPOSE REGENERATIVE
10	MEDICINE TRAINING TO SUPPORT CAREER DEVELOPMENT FOR
11	PHYSICIANS, NURSES, RESEARCH COORDINATORS, OR OTHER
12	MEDICAL PROFESSIONALS THAT ARE INTEGRAL TO THE
13	DELIVERY OF CLINICAL TRIALS, AND, DEPENDING ON THE
14	PROGRAM, THEY CAN FOCUS ON ONE AND DEVELOP A PROGRAM
15	AROUND THAT OR THEY CAN BE BROAD.
16	WE ALSO EXPECT THEM TO EXPAND NETWORK
17	CAPABILITIES THROUGH LEAD OFFERINGS. AND SO THE
18	LEAD OFFERINGS THAT THEY DEVELOP CAN BE UTILIZED BY
19	OTHER ALPHA CLINIC NETWORK SITES. AND THESE MAY BE
20	AREAS OF SPECIALTY THAT THEY HAVE WITHIN THEIR OWN
21	CLINICS AND AN ENHANCEMENT OF ELEMENTS THAT ARE
22	OFFERED MORE BROADLY.
23	HERE ARE SOME EXAMPLES OF WHAT APPLICANTS
24	MAY HAVE PROPOSED IN THEIR APPLICATIONS SUCH AS
25	DEVELOPING NOVEL CLINICAL TRIAL DESIGNS; PROVIDING
	62

1	TISSUE BANKING OR GENOMICS SERVICE; DEVELOPING OR
2	PROVIDING TOOLS, DEVICES, OR TECHNOLOGIES; FOR
3	EXAMPLE, IMAGING TO ASSESS ENGRAFTMENT OR SOME KIND
4	OF SPECIALIZED DEVICE FOR CELL DELIVERY; PROVIDING
5	OR DEVELOPING PROGRAMS FOR DECENTRALIZED POINT OF
6	CARE TREATMENTS; AND OTHER ELEMENTS, INCLUDING
7	PARTICIPATION OF UNDERSERVED POPULATIONS IN CLINICAL
8	RESEARCH OR PATIENT NAVIGATION TOOLS THAT WOULD
9	PROMOTE ACCESS AND INCLUSIVITY. AND ALSO THINGS
10	THAT PERHAPS WE HAVE NOT THOUGHT OF THAT APPLICANTS
11	PROVIDED AS A POSSIBLE LEAD OFFERING.
12	THERE ARE SOME OTHER CONSIDERATIONS THAT
13	WE HAD THE GRANTS WORKING GROUP THINK ABOUT IN
14	ASSESSING THESE APPLICATIONS. ONE OF THEM WAS
15	PARTNERSHIPS. WE ENCOURAGED APPLICANTS TO PROPOSE
16	PARTNERSHIPS WITH OTHER ALPHA CLINIC SITES, BUT ALSO
17	WITH OTHER ORGANIZATIONS, INCLUDING THE POTENTIAL
18	COMMUNITY CARE CENTERS IN THE FUTURE, TO SUPPORT
19	THEIR OFFERINGS AND EXTEND THEIR REACH AND
20	CAPABILITIES. THERE'S ALSO A BUSINESS AND
21	ORGANIZATIONAL INTEGRATION PLAN THAT WE ASK ALL
22	APPLICANTS TO PROVIDE IN DESCRIBING HOW THEY WILL
23	LEVERAGE THEIR CAPABILITIES SO THAT IT IS INTEGRAL
24	TO THE CLINICAL OPERATIONS OF THE ORGANIZATION
25	BEYOND THE AWARD PERIOD.

63

1	WE DEFINITELY WANT THE ALPHA CLINICS TO
2	EXIST EVEN WHEN WE ARE NO LONGER ABLE TO SUPPORT
3	THEM THROUGH GRANT FUNDING. WE WANT THEM TO REALLY
4	BECOME AN ENGINE THAT DOESN'T STOP ONCE WE HAVE
5	BUILT IT.
6	KNOWLEDGE SHARING IS ANOTHER IMPORTANT
7	ELEMENT. APPLICANTS ARE EXPECTED TO DESCRIBE HOW
8	THEY'RE GOING TO FACILITATE THEIR DATA SHARING BOTH
9	FOR CLINICAL TRIALS THAT THEY SERVE AS WELL AS THEIR
10	OWN OPERATIONS. THIS MAY BE IN THE FORM OF BEST
11	PRACTICES OR THE REPLICATION OF CORE COMPETENCIES AS
12	THEY SHARE THEM WITH OTHER ALPHA CLINIC SITES OR
13	EVEN PERHAPS OTHER ORGANIZATIONS.
14	LASTLY, ALL OF THE APPLICANTS INCLUDE A
15	PLAN TO ADDRESS DEI. AND THIS MAY COME IN THE FORM
16	OF SUPPORTING AND FACILITATING OUTREACH AND STUDY
17	PARTICIPATION BY UNDERSERVED AND DISPROPORTIONATELY
18	AFFECTED POPULATIONS FOR THE CLINICAL TRIALS THAT
19	THEY SERVE.
20	AND, IN ADDITION, THE ALPHA CLINIC SITES
21	SHOULD PROPOSE TO BRING DIVERSE AND INCLUSIVE
22	PERSPECTIVES INTO THE OVERALL IMPLEMENTATION OF THE
23	PROPOSED ACTIVITIES THAT THEY TAKE ON, INCLUDING THE
24	TRAINING ACTIVITIES.
25	AND IF ALL THIS WORKS AS WE WOULD IDEALLY
	64

1	LIKE, WE WOULD HAVE HOPEFULLY A ROBUST COMPETENCY
2	HUB THAT IS CENTERED WITH THE ALPHA CLINICS NETWORK,
3	ALL OF THESE SITES PROVIDING BOTH CORE SERVICES AS
4	WELL AS SOME UNIQUE OFFERINGS THAT MAY BE AVAILABLE
5	AT ONE OR TWO THAT LEVERAGE THE EXPERTISE OF THE
6	INSTITUTION THAT THE SITE IS LOCATED AT FOR ALL CIRM
7	CLINICAL TRIALS AS WELL AS OTHER CLINICAL TRIALS.
8	OUR HOPE IS THAT EVEN BEYOND OUR EXISTENCE THAT THEY
9	CONTINUE TO SERVE CLINICAL TRIALS IN CELL AND GENE
10	THERAPY AND PERHAPS OTHER ADVANCED THERAPIES AS THEY
11	ARE DEVELOPED.
12	WE WANT THEM TO FORM PARTNERSHIPS WITH
13	HOSPITALS, INDUSTRY, OTHERS THAT CAN HELP ENHANCE
14	THEIR CAPABILITIES AS WELL AS, MENTIONED EARLIER,
15	THE COMMUNITY CARE CENTERS, AND TO ALSO HELP DEVELOP
16	A TRAINED WORKFORCE THAT IS DIVERSE AND CAN ADDRESS
17	THE NEEDS OF CELL AND GENE THERAPY.
18	THE AWARD ITSELF, THE CIRM BOARD ALLOCATED
19	UP TO 80 MILLION TO SUPPORT THIS FUNDING
20	OPPORTUNITY, WITH EACH AWARD PROVIDING UP TO 8
21	MILLION FOR FIVE YEARS. WE RECEIVED NINE
22	APPLICATIONS, AND ALL WERE ACCEPTED FOR REVIEW. OF
23	THEM, THERE WERE SIX THAT WERE EXISTING SITES AND
24	THREE THAT ARE PROPOSED NEW SITES. SO THE 80
25	MILLION WOULD EASILY COVER ALL THE APPLICATIONS THAT

65

1	WERE SUBMITTED.
2	THE SCORING MECHANISM THAT THE SCIENTIFIC
3	MEMBERS OF THE WORKING GROUP USED FOR THESE
4	APPLICATIONS IS BASED ON A SCALE OF 1, 2, AND 3. IT
5	LOOKS A LOT LIKE THE CLINICAL ONE, AND THIS LARGELY
6	IS EXCEPT FOR THE SCORE OF 2, WHICH IS A LITTLE
7	DIFFERENT IN TERMS OF THE LANGUAGE AND MEANING. A
8	SCORE OF 2 ALSO NEEDS IMPROVEMENT AND DOESN'T
9	WARRANT FUNDING AT THIS TIME, BUT IT LEAVES IT UP TO
10	THE APPLICATION REVIEW SUBCOMMITTEE TO DETERMINE
11	WHETHER IT GOES BACK TO THE GRANTS WORKING GROUP.
12	SO THIS RECOMMENDATION IS FOR THE APPLICANT TO
13	REVISE AND RESUBMIT, AND THE APPLICATION REVIEW
14	SUBCOMMITTEE MAY CHOOSE TO FUND IT, NOT FUND IT, OR
15	TO HAVE THE GRANTS WORKING GROUP REEVALUATE ANY
16	REVISIONS.
17	THE CRITERIA THAT WERE USED TO COME UP
18	WITH THE SCORE WERE BASED ON THESE FOUR QUESTIONS:
19	WHETHER THE PROPOSAL OFFERS A SIGNIFICANT VALUE
20	PROPOSITION THAT WOULD ENHANCE THE ABILITY OF THE
21	ALPHA CLINICS NETWORK AS A WHOLE TO ACCELERATE
22	CLINICAL RESEARCH CONSISTENT WITH CIRM'S MISSION;
23	WHETHER THE PROPOSAL WAS WELL-PLANNED AND DESIGNED;
24	WHETHER IT WAS FEASIBLE; AND WHETHER IT EFFECTIVELY
25	SERVES THE NEEDS OF UNDERSERVED AND

66

1	DISPROPORTIONATELY AFFECTED COMMUNITIES.
2	THE REVIEW ITSELF WAS CONDUCTED IN A
3	SLIGHTLY UNIQUE WAY COMPARED TO OTHER REVIEWS. WE
4	ACTUALLY HAD THE APPLICANT PARTICIPATE IN PART OF
5	THE REVIEW. SO WE HAVE AN ADDENDA FOR THESE
6	REVIEWS. WE HAD AN INITIAL DISCUSSION BY THE GRANTS
7	WORKING GROUP, BUT THEN INVITED THE APPLICANT TO THE
8	CALL TO MAKE A TEN-MINUTE PITCH ABOUT THEIR PROGRAM
9	AND HIGHLIGHT KEY ELEMENTS. THERE WAS A QUESTION
10	AND ANSWER PERIOD THAT ALLOWED THEM TO GET
11	CLARIFICATION FROM THE APPLICANTS ON ANY CONCERNS
12	AND QUESTIONS THEY MAY HAVE HAD. AND THEN THERE WAS
13	A WRAP-UP DISCUSSION. WE DID THIS FOR EACH GIVEN
14	APPLICATION.
15	SO THIS IS A SUMMARY, THEN, OF THE
16	RECOMMENDATIONS THAT CAME OUT OF THAT GRANTS WORKING
17	GROUP REVIEW MEETING. WE HAD EIGHT APPLICATIONS
18	THAT RECEIVED A SCORE OF 1 AND WERE RECOMMENDED FOR
19	FUNDING. THE TOTAL APPLICANT REQUEST FOR THOSE
20	EIGHT APPLICATIONS IS 63.9 MILLION.
21	THERE IS ONE APPLICATION THAT WAS
22	RECOMMENDED FOR REVISION WITH A SCORE OF 2, AND THAT
23	APPLICANT REQUEST IS EIGHT MILLION. THERE WERE NO
24	APPLICATIONS THAT WERE NOT RECOMMENDED FOR FUNDING.
25	AS YOU KNOW, THERE ARE MINORITY REPORTS
	67

1	THAT ACCOMPANY APPLICATIONS THAT UNDER PROP 14
2	DEFINE THOSE THAT HAVE 35 PERCENT OR MORE OF THE
3	MEMBERS SCORING TO FUND THE APPLICATION. THE
4	MINORITY REPORT IS INCLUDED WITHIN THE REVIEW
5	SUMMARY AND PROVIDES A BRIEF SYNOPSIS OF THE
6	OPINIONS OF THOSE REVIEWERS THAT SCORE THE
7	APPLICATION, NOT 85 OR ABOVE IN THIS CASE, BUT THAT
8	SCORED A 1.
9	SO WE HAVE ONE MINORITY REPORT FOR ONE OF
10	THE APPLICATIONS, THE ONE THAT GOT A SCORE OF 2.
11	THE VOTE FOR THE SCORING FROM THE SCIENTIFIC MEMBERS
12	WAS SIX WHO GAVE IT A SCORE OF 1 AND EIGHT WHO GAVE
13	IT A SCORE OF 2. NO ONE SCORED IT A 3.
14	THE HIGHLIGHTS AS QUICKLY BULLETED. YOU
15	CAN SEE IN THE REVIEW SUMMARY OF WHAT THE MINORITY
16	POSITION WAS WAS THAT THEY HAVE A QUALITY TEAM, THAT
17	IT HAS WELL-ESTABLISHED EXPERTISE IN STEM CELL
18	BIOLOGY AND REGENERATIVE MEDICINE. THEY HAVE STRONG
19	CLINICAL TRIAL MANAGEMENT AND THE CAPACITY TO
20	DELIVER SYSTEMS THAT MAY BENEFIT THE NETWORK.
21	SUPPORT FOR A BROAD SCOPE OF REGENERATIVE MEDICINE
22	PROJECTS, THEY FELT, WOULD ULTIMATELY BE MORE LIKELY
23	TO FURTHER CIRM GOALS AND BENEFIT CALIFORNIA
24	CITIZENS. THE APPLICANTS PRESENTED A PRETTY BROAD
25	SET OF PROJECTS THAT EXTEND BEYOND CELL AND GENE

1	THERAPY EXCLUSIVELY. AND SO THEY THOUGHT THAT THAT
2	WAS ACTUALLY AN ADVANTAGE. AND, OF COURSE, THEY
3	ALSO OFFER SIGNIFICANT MATCHING AND IN-KIND FUNDS.
4	SO THE RECOMMENDATION FROM THE CIRM TEAM
5	IS THAT WE CONCUR WITH THE GRANTS WORKING GROUP
6	RECOMMENDATION FOR FUNDING; BUT, IN ADDITION, THE
7	CIRM TEAM SUPPORTS THE MINORITY POSITION FOR
8	APPLICATION 13597, AND WE RECOMMEND FUNDING OF THIS
9	APPLICATION AS WELL.
10	AND BECAUSE THIS PARTICULAR APPLICATION IS
11	FROM AN EXISTING SITE, AND PART OF THE REASON WHY WE
12	ARE RECOMMENDING IT IS THAT WE KNOW, THROUGH OUR
13	MANAGEMENT OF THAT GRANT AWARD, THAT THIS IS A SITE
14	THAT HAS BEEN QUITE SUCCESSFUL IN SUPPORTING CELL
15	AND GENE THERAPY TRIALS. AND THE CRITICISM FROM THE
16	WORKING GROUP WAS A LACK OF STEM CELL/GENE THERAPY
17	TRIALS WITHIN THE APPLICATION. BUT WHAT HAPPENS,
18	THE APPLICANT CHOSE TO ONLY HIGHLIGHT CIRM-FUNDED
19	TRIALS RATHER THAN THEIR FULL SCOPE OF TRIALS THAT
20	THEY SUPPORT. WE KNOW FOR A FACT THAT THE APPLICANT
21	HAS A VERY HEALTHY PORTFOLIO OF STEM CELL AND GENE
22	THERAPY TRIALS. AND WE DO BELIEVE THAT THIS WAS A
23	KEY FACTOR IN GIVING THIS APPLICATION A SCORE OF 2.
24	I WANT TO HIGHLIGHT A COUPLE OF ELEMENTS
25	THAT UNDER PROP 14 SHOULD BE CONSIDERED
	69

1	PROGRAMMATICALLY. ONE IS THE INSTITUTE
2	SELF-PRIORITIZED APPLICATION FOR ALPHA STEM CELL
3	CLINICS AND COMMUNITY CARE CENTERS OF EXCELLENCE
4	THAT OFFER MATCHING FUNDS OR VERIFIED IN-KIND
5	SUPPORT CONSISTENT WITH THE HIGHEST MEDICAL
6	STANDARDS AS ESTABLISHED BY THE GOVERNING BOARD.
7	AND THIS ONE IS A LITTLE MORE TANGENTIAL, BUT THE
8	INSTITUTE SHALL PRIORITIZE THE FUNDING OF
9	APPLICATIONS FOR COMMUNITY CARE CENTERS OF
10	EXCELLENCE THAT'S NOT WHAT THIS IS AND
11	ENHANCES GEOGRAPHIC DISTRIBUTION OF THE CENTERS
12	ACROSS THE STATE, BUT CONSIDERATION AS A LOCATION OF
13	THE ALPHA STEM CELL CLINICS TO PROMOTE PATIENT
14	ACCESS.
15	SO THERE IS A RELATIONSHIP IN TERMS OF
16	GEOGRAPHY. THERE'S A GOAL TO SPREAD THE GEOGRAPHY
17	BOTH OF THE ALPHA CLINICS AND THEN EVEN FURTHER WITH
18	THE COMMUNITY CARE CENTERS OF EXCELLENCE. SO TO THE
19	EXTENT THAT THERE IS SOME GEOGRAPHIC DISTRIBUTION
20	UNDER PROP 14, THAT IS SOMETHING THAT IS HOPED THAT
21	WE ACCOMPLISH.
22	THIS IS A REMINDER OF THOSE THAT HAVE A
23	CONFLICT OF INTEREST THAT WAS DECLARED FOR AT LEAST
24	ONE OF THE APPLICATIONS. SO A REMINDER, AGAIN, THAT
25	IF YOUR NAME IS UP HERE, LOOK TO MAKE SURE WHAT
	-0

70

1	APPLICATION YOU MAY HAVE A CONFLICT WITH. AND IF
2	YOU HAVE A CONFLICT WITH THAT APPLICATION, TO
3	REFRAIN FROM DISCUSSING OR VOTING ON THAT
4	APPLICATION.
5	LET ME THEN SHOW YOU THE SPREADSHEET,
6	WHICH IS ALSO IN YOUR MATERIALS. IT SHOWS EACH OF
7	THE APPLICATIONS. WITHIN THAT ARE ALSO INFORMATION
8	ABOUT THE GENERAL GEOGRAPHY AND THE MATCHING AND
9	IN-KIND THAT WAS PROVIDED BY THE APPLICANT. MR.
10	CHAIRMAN.
11	CHAIRMAN THOMAS: CAN YOU JUST ENLARGE
12	THAT A BIT, GIL, PLEASE.
13	DR. SAMBRANO: YES, ABSOLUTELY.
14	CHAIRMAN THOMAS: OKAY. I'M SEEING IT.
15	THAT'S NOT THE ENTIRE
16	DR. SAMBRANO: HOLD ON.
17	CHAIRMAN THOMAS: OKAY. THANK YOU. ALL
18	RIGHT. GIL, THANKS VERY MUCH FOR THAT.
19	SO I'M GOING TO FIRST THING HERE
20	PERSONALLY MOVE THAT WE MOVE THE ONE APPLICATION
21	THAT'S LISTED IN TIER II, FOR PURPOSES OF
22	DISCUSSION, UP TO TIER I. DO I HAVE A SECOND FOR
23	THAT?
24	DR. DULIEGE: I SECOND.
25	CHAIRMAN THOMAS: THANK YOU, ANNE-MARIE.
	71
	1 -

Г

1	OKAY.
2	SO THIS APPLICATION WHICH IS FROM UCSD,
3	LET ME JUST MAKE SOME COMMENTS ON THIS. FIRST OF
4	ALL, THE APPLICATION ITSELF, AS EVIDENCED BY THE
5	MATERIALS THAT WERE PROVIDED TO THE BOARD ONLINE,
6	DID GENERATE A NUMBER OF COMMENTS ON THE NEGATIVE
7	SIDE DEALING WITH VARIOUS ASPECTS OF THE
8	APPLICATION. ALTHOUGH I WILL NOTE, INTERESTINGLY,
9	THAT THERE WAS THE SLIDE GIL HAD WHICH LISTED THE
10	FOUR CRITERIA, WHICH WERE YES/NO QUESTIONS THAT
11	MEMBERS OF THE GWG WERE ASKED. AND FOR ALL FOUR OF
12	THOSE QUESTIONS, THE GWG HAD MORE YESES THAN NOS.
13	SO HOW THEY ENDED UP WITH A VOTE OF SIX TO EIGHT
14	FAVORING TIER II I'M NOT ENTIRELY CLEAR. BUT
15	NONETHELESS, THERE WERE A SUBSTANTIAL NUMBER OF
16	COMMENTS.
17	HAVING SAT IN ON THE REVIEW, THERE ARE A
18	COUPLE THINGS THAT I WANTED TO HIGHLIGHT. THE
19	APPLICANT, WHICH THE PRESENTATION WAS LED VERY
20	CAPABLY BY DR. CAT JAMIESON, TALKED IN TERMS OF WHAT
21	THEY HAD, AND GIL ALLUDED TO THIS ALREADY, TALKED IN
22	TERMS OF WHAT THEY HAD AT THE ALPHA CLINICS, A
23	CONSIDERABLE AMOUNT ABOUT A CIRM-FUNDED PROJECT
24	WHICH YIELDED A MONOCLONAL ANTIBODY FOR CANCER
25	TREATMENT CALLED CIRMTUZAMAB WHICH HAS HAD A

CONSIDERABLE DEGREE OF SUCCESS, AND WAS DESCRIBED - IT'S AN ANTIBODY WHICH LOOKS TO INHIBIT THE ACTIVITY
 OF CANCER STEM CELLS AND, THEREFORE, HAD A STEM CELL
 ELEMENT TO IT.

5 THE DISCUSSION ABOUT THAT, DR. JAMIESON IS VERY PROUD OF THAT WORK, VERY PROUD OF WHAT CIRM HAS 6 DONE TO ENABLE IT, SPENT A LOT OF TIME ON THAT, AND 7 DID NOT SPEND MUCH TIME ON OTHER PROJECTS THAT DEAL 8 9 SPECIFICALLY WITH CELL AND GENE THERAPY. AS GIL JUST MENTIONED, THAT'S LARGELY BECAUSE SHE CHOSE TO 10 HIGHLIGHT THAT PARTICULAR PROJECT BECAUSE IT WAS A 11 CIRM-FUNDED PROJECT AND DID NOT TALK ABOUT THE 12 OTHERS. BUT THEY HAVE A GREAT MANY CELL AND GENE 13 14 THERAPY PROJECTS IN THEIR ALPHA STEM CELL CLINIC THAT WERE NOT MENTIONED, BUT ARE VERY IMPORTANT AND 15 EVIDENCE THEIR FOCUS ON CELL AND GENE THERAPY ITSELF 16 17 IN ADDITION TO THE PROJECT THAT WAS HIGHLIGHTED.

18 SO TO ME THAT WAS STRICTLY A MATTER OF HOW 19 THE GRANT WAS PRESENTED IN THE ORAL PRESENTATION AND 20 NOT AT ALL BACKED UP BY EMPIRICAL EVIDENCE, FOR 21 THOSE THAT WERE CONCERNED, THAT THERE WAS NO FOCUS 22 ON CELL AND GENE THERAPY.

THE SECOND THING THAT WAS OF CONSIDERABLE
DISCUSSION WAS DR. JAMIESON IN HER PRESENTATION
SPENT MOST OF THE TIME TALKING ABOUT THE WORK THAT'S

1	BEING DONE AT THE STEM CELL CLINIC ITSELF AT UCSD
2	AND DID NOT SPEND A PARTICULARLY LARGE AMOUNT OF
3	TIME DEALING WITH HOW THE UCSD WORK NETWORKS WITH
4	THE OTHER INSTITUTIONS IN THE ALPHA STEM CELL
5	CLINIC. AND YOU WILL SEE A NUMBER OF COMMENTS TO
6	THAT EFFECT IN THE NEGATIVE COMMENT COMPONENT OF
7	WHAT'S ONLINE THERE.
8	IN FACT, I'M VERY FAMILIAR WITH THE UCSD
9	PROGRAM. THEY HAVE MANY COLLABORATIONS WITH OTHER
10	INSTITUTIONS IN THE NETWORK. AS AN EXAMPLE, AS IT
11	HAPPENS, LAST WEEK WAS IT LAST WEEK OR EARLIER
12	THIS WEEK? I LOSE TRACK SO MANY DIFFERENT THINGS
13	GOING ON THERE WAS A SYMPOSIUM AT UCSD THAT I
14	WENT DOWN TO SEE. ONE OF THE SEGMENTS FEATURED A
15	PANEL VERY CAPABLY EMCEED BY DR. MILLAN ON ALPHA
16	STEM CELL CLINICS, AT WHICH WERE REPRESENTATIVES
17	FROM UCSD, UCI, UCLA, AND OTHERS. AND IN THE COURSE
18	OF THAT DISCUSSION, THERE WAS A NUMBER OF COMMENTS
19	DR. JAMIESON MADE TO THE EXTENT OF ABOUT HOW MUCH
20	THEY DO COLLABORATE WITH OTHER MEMBERS OF THE ALPHA
21	STEM CELL CLINIC AND INDEED THE IMPORTANCE OF THAT
22	COLLABORATION AS IT IS NOT JUST IMPORTANT IN AND OF
23	ITSELF, BUT FUNDAMENTAL TO THE WHOLE NOTION OF ALPHA
24	STEM CELL CLINICS.
25	SO THOSE TWO THINGS WHICH GOT A LOT OF
	74

1	PLAY IN THE COMMENTS, I THOUGHT, WERE, AGAIN, A
2	FUNCTION OF WHAT WAS HIGHLIGHTED IN THE PRESENTATION
3	AND NOT IN SORT OF THE WAY THINGS ACTUALLY ARE.
4	NORMALLY WHEN WE GIVE COMMENTS TO
5	APPLICANTS, THEY'RE RESPONDED TO EITHER TO A
6	CONSIDERABLE EXTENT OR NOT SO MUCH. IN THIS CASE
7	DR. JAMIESON HAS SUBMITTED, WHICH ALL OF YOU
8	RECEIVED, A LETTER EXHAUSTIVELY POINTING OUT HOW
9	THEY ARE DEALING WITH ALL OF THE POINTS THAT WERE
10	RAISED IN THE NEGATIVE COMMENTS AND, HAVING READ
11	THAT, FOUND IT TO BE VERY PERSUASIVE AND INDICATIVE
12	OF THE FACT THAT THEY HEARD THE COMMENTS OF THE GWG,
13	THEY'VE HEARD THE COMMENTS OF OUR TEAM, AND HAVE
14	GIVEN A GREAT DEAL OF THOUGHT ON HOW TO WORK IN
15	THEIR RESPONSE TO THOSE COMMENTS, AND TO HOW THEIR
16	STEM CELL CLINIC WILL PROCEED GOING FORWARD IF
17	FUNDED.
18	THIS IS AN ORIGINAL STEM CELL CLINIC THAT
19	WE FUNDED IN THE ALPHA CLINIC PROGRAM. IT'S, VERY
20	IMPORTANTLY, IN THE SOUTHERNMOST PART OF THE STATE
21	AND, AS SUCH, DEALS WITH PATIENTS IN THAT MOST
22	IMPORTANT AREA, WERE THEY NOT TO BE FUNDED GOING
23	FORWARD AND TO THE EXTENT THAT THAT HAD A NEGATIVE
24	IMPACT ON WHAT THEY'RE ABLE TO DO GOING BEYOND NOW,
25	THAT WOULD BE, IN MY OPINION, A REAL SHAME. I THINK

1	THAT DR. JAMIESON AND HER TEAM ARE ABSOLUTELY
2	FIRST-RATE AND HAVE PRODUCED MANY EXCELLENT PROJECTS
3	THAT CIRM HAS FUNDED OVER THE YEARS.
4	IN ANY EVENT, IN SUM, IN SPITE OF THE FACT
5	THAT THERE WAS OPPOSITION, I STRONGLY AM IN FAVOR OF
6	ELEVATING THEM UP TO TIER I TO BE CONSIDERED AS PART
7	OF THE OTHER VERY EXCELLENT PROGRAMS THAT HAVE
8	ALREADY BEEN RECOMMENDED FOR FUNDING. THAT
9	CONCLUDES MY COMMENTS.
10	ARE THERE COMMENTS FROM OTHER MEMBERS OF
11	THE APPLICATION REVIEW SUBCOMMITTEE ON THIS
12	PARTICULAR MOTION?
13	MS. BONNEVILLE: MARK HAS HIS HAND RAISED.
14	DR. FISCHER-COLBRIE: J.T., THANK YOU FOR
15	YOUR EXTREMELY ARTICULATE COMMENTS IN LAYING OUT THE
16	DISCUSSION AND THE CLEAR OPPORTUNITIES RELATED TO UC
17	SAN DIEGO AND ADDRESSING THE ELEMENTS WHERE PEOPLE
18	HAD EXPRESSED CONCERN.
19	I WANTED TO AMPLIFY AND SUPPORT YOUR
20	RECOMMENDATION FROM THE CONTEXT OF, IF YOU DO LOOK
21	AT THE VOTE, MORE SPECIFICALLY IF YOU LOOK AT THE
22	FOUR CATEGORIES IN TERMS OF THE KEY ELEMENTS AND
23	FEASIBILITY, 13 TO 1; VALUE PROPOSITION TO THE STATE
24	OF CALIFORNIA, 9 TO 5; SERVING THE NEEDS OF THE
25	UNDERSERVED, 9 TO 5; WELL PLANNED, 8 TO 6, DESPITE
	70

76

1	THE PHENOMENON OF ELEMENTS, THE COMMUNICATION THAT
2	DIDN'T NECESSARILY BRING OUT ALL THE STRENGTHS OF
3	THE SAN DIEGO PLATFORM. I THINK REALLY IN
4	CONJUNCTION, IF WE LOOK AT THIS ORGANIZATION IN SAN
5	DIEGO, NOT ONLY IS IT A POWERHOUSE WITH DEMONSTRATED
6	SUCCESS, BUT THERE IS THE PHENOMENON OF THE LOSS OF
7	THAT CAPABILITY IN THAT PARTICULAR REGION WOULD BE
8	DETRIMENTAL, IN MY VIEW, RELATED TO CONTINUATION
9	AROUND THE UNDERSERVED COMMUNITY AND TO OTHER AREAS.
10	SO OBVIOUSLY I DON'T COUNT FOR A VOTE ON
11	THIS COUNT; BUT DURING THE COURSE OF THE PROCESS, I
12	THINK IT'S IMPORTANT TO SUPPORT THIS KIND OF
13	DEMONSTRATED PERFORMANCE. AND I THINK IT'S A
14	SITUATION WHERE I AGREE WITH THE STAFF'S
15	RECOMMENDATION, THAT THIS SHOULD BE MOVED FROM A 2
16	TO A 1, AND THAT WE PROGRESS WITH THE FUNDING FOR
17	THIS TERRIFIC PROGRAM.
18	CHAIRMAN THOMAS: THANK YOU, MARK. OTHER
19	COMMENTS BY MEMBERS OF THE BOARD?
20	MS. BONNEVILLE: ANNE-MARIE.
21	DR. DULIEGE: SO I'M GOING TO SUPPORT WHAT
22	BOTH OF YOU MENTIONED. AND IT SEEMS MERELY SORT OF
23	A MISUNDERSTANDING BETWEEN WHAT WAS ACTUALLY
24	PRESENTED VERSUS WHAT WAS INTENDED TO BE PRESENTED,
25	A MORE GLOBAL DESCRIPTION OF THE WORK WHICH DR.
	77

1	JAMIESON, I THINK, ELOQUENTLY PUT IN HER LETTER.
2	I JUST WANT TO SAY THERE'S SOMETHING THAT
3	DOESN'T COMPUTE WELL IN MY MIND, WHICH IS WHEN YOU
4	LOOK AT ALL THE ANSWERS OF THE GWG IN THE DOCUMENT
5	WE HAVE, THEY ARE ALL MOSTLY POSITIVE TO EACH OF THE
6	QUESTIONS. AND YET AT THE END, WE HAVE A TOTAL
7	SCORE THAT IS MOSTLY NEGATIVE. I'M NOT SURE EXACTLY
8	HOW THAT CAN HAPPEN; NONETHELESS, I SUPPORT WHAT
9	BOTH OF YOU SUGGESTED AND WHAT THE CIRM TEAM ALSO
10	SUGGESTED.
11	CHAIRMAN THOMAS: THANK YOU, ANNE-MARIE.
12	OTHER QUESTIONS OR COMMENTS FROM MEMBERS OF THE
13	BOARD?
14	MS. BONNEVILLE: THERE ARE NO OTHER HANDS
15	RAISED.
16	CHAIRMAN THOMAS: OKAY. DO WE HAVE PUBLIC
17	COMMENT ON THIS MOTION?
18	MS. BONNEVILLE: I BELIEVE WE WILL HAVE
19	PUBLIC COMMENT. YES, THERE IS A HAND RAISED. IF
20	YOU COULD UNMUTE YOURSELF AND YOU WILL HAVE THREE
21	MINUTES.
22	THE CALLER THAT IS CALLING IN FROM
23	858-246-1453, IF YOU COULD UNMUTE YOURSELF AND START
24	YOUR PUBLIC COMMENT.
25	DR. JAMIESON: HELLO THERE. IT'S CATRIONA
	78

1	JAMIESON.
2	MS. BONNEVILLE: THANKS, CATRIONA. YOU
3	HAVE THREE MINUTES.
4	DR. JAMIESON: THANK YOU SO MUCH, CHAIRMAN
5	THOMAS AND MEMBERS OF THE INDEPENDENT CITIZENS
6	OVERSIGHT COMMITTEE, FOR YOUR VERY THOUGHTFUL AND
7	COMPREHENSIVE REVIEW OF OUR PROPOSAL. WE REALLY
8	APPRECIATE THIS OPPORTUNITY TO HIGHLIGHT THE DECADES
9	OF EXPERIENCE IN STEM CELL AND GENE THERAPY CLINICAL
10	TRIALS DEVELOPMENT AND ADMINISTRATION THAT OUR TEAM
11	BRINGS TO THE ALPHA STEM CELL CLINIC NETWORK AS WELL
12	AS TO THE PATIENTS THAT ARE WITHIN OUR 3.3 MILLION
13	CATCHMENT AREA, WITH 30 PERCENT BEING LATIN-X AND
14	UNDERFUNDED SOCIOECONOMICALLY DISADVANTAGED. SO I
15	REALLY APPRECIATE THIS OPPORTUNITY TO CLARIFY THREE
16	KEY ASPECTS OF OUR PROPOSAL AND ESPECIALLY
17	APPRECIATE THE POSITIVE COMMENTS FROM THE ICOC IN
18	THIS REVIEW AND GIL SAMBRANO FOR HIS THOUGHTFUL
19	ATTENTION.
20	SO NO. 1 IS TRAINING PROGRAMS. SO WE
21	RECEIVED A RECENT GIFT FROM T. DENNY SANFORD WITH A
22	THIRD OF THAT LARGE GIFT GOING TO TRAINING OF
23	FELLOWS AND FACULTY. SO WE WILL BE INVESTING MORE
24	IN EARLY CAREER INVESTIGATORS AND SPECIFICALLY IN
25	THE CIRM CLINICAL FELLOWSHIP PROGRAM, WHICH WE WILL

79

1	BE VERY HAPPY TO INTERACT WITH FOR THE OTHER ALPHA
2	CLINIC SITES. SO WE WILL BE TRAINING FOUR ELIGIBLE
3	FELLOWS A YEAR ON OUR SERVICE.
4	WE HAVE A TRANSLATIONAL REGENERATIVE
5	MEDICINE COURSE ALREADY THAT IS ABLE TO BE TAKEN,
6	AND THEY WILL BE TRAINING WITHIN OUR ADVANCED CELL
7	THERAPY LAB, OUR NEW SANFORD STEM CELL INNOVATION
8	CENTER, AND THEN WE HAVE OUR SANFORD STEM CELL BASIC
9	AND TRANSLATIONAL LAB TRAINING PROGRAM WHERE WE GOT
10	A CIRM AWARD. SO WE ARE VERY GRATEFUL TO CIRM FOR
11	THE SPARK PROGRAM, THE BRIDGES PROGRAM, AND THEN
12	MORE RECENT TRAINING PROGRAM, AND WILL BE ADDING A
13	VERY ROBUST FELLOWSHIP PROGRAM WITH ADDITIONAL
14	REGULATORY AND CLINICAL TRIALS TRAINING. WE
15	CONTINUE TO TRAIN STAFF NURSES AND RESEARCH
16	COORDINATORS AND INVESTIGATORS TO MAKE SURE THAT WE
17	ARE PERFORMING FDA REGULATORY COMPLIANCE TRAINING
18	FOR OUR TEAM.
19	NO. 2, WITH REGARDS TO THE VALUE ADD TO
20	THE ALPHA STEM CELL CLINIC NETWORK, IN OUR CELL AND
21	GENE THERAPY, AS CHAIRMAN THOMAS MENTIONED, WE DID
22	HIGHLIGHT SOMETHING THAT WE WERE VERY PROUD TO WORK
23	WITH CIRM ON, AND THAT'S CIRMTUZAMAB THAT IS NOW
24	CALLED ZILOVERTAMAB AND IS TRANSITIONING TO CAR-T
25	CELL THERAPY FOR A NUMBER OF SOLID TUMORS AS WELL AS

80

1	LIQUID TUMORS WITH AN EMPHASIS ON BREAST CANCER AND
2	OTHER RECALCITRANT MALIGNANCIES.
3	SO WE DID HIGHLIGHT THE 30 CLINICAL TRIALS
4	THAT WERE SUPPORTED BY THE ALPHA STEM CELL CLINIC
5	NETWORK, BUT WE DIDN'T ACTUALLY TALK ABOUT THAT
6	WE'VE DONE 59 TRIALS IN TOTAL, ENROLLED 553
7	PATIENTS, 54 PERCENT OF OUR TRIALS ARE CELL AND GENE
8	THERAPY TRIALS. AND WHAT REALLY CHANGED OUR ACCRUAL
9	METRIC IS WHEN WE ADDED AN INPATIENT CELL AND
10	REGENERATIVE MEDICINE SERVICE. IT'S A DEDICATED
11	SERVICE SO THAT WE CAN ENSURE THAT WE GET CELL AND
12	GENE THERAPY TRIALS INTO OUR PORTFOLIO. SO WE
13	BASICALLY DOUBLED THE NUMBER OF TRIALS AND WENT FROM
14	30 TO 59 SINCE WE STARTED THAT SERVICE IN 2018. SO
15	THAT'S A BIG PROPORTION OF WHAT WE DO. WITH THIS
16	BIOTECH HUB, OVER 600 BIOTECH AND PHARMA COMPANIES
17	ACTUALLY INVESTING IN CELL AND GENE THERAPY LOCALLY,
18	I THINK THAT WE ARE IN A UNIQUE POSITION TO BE ABLE
19	TO ACCELERATE IMPLEMENTATION OF CLINICAL TRIALS.
20	I GAVE FOUR EXAMPLES IN OUR WRITE-UP. ONE
21	IS
22	MS. BONNEVILLE: DR. JAMIESON, IF YOU
23	COULD JUST WRAP IT UP PLEASE.
24	DR. JAMIESON: I'M WRAPPING IT UP. BY
25	BASICALLY ANGIOCRINE, SWITCHABLE CAR-T CELLS, THE
	81

1 FIRST-IN-HUMAN IPS-DERIV	/ED NK CELLS, CAR-T CELLS
2 TARGETING CANCER STEM CE	LL PROPERTIES SUCH AS
3 CARSGEN, HEMATOPOIETIC S	STEM CELL AND GENE THERAPY
4 TRIAL FOR CYSTINOSIS. S	O OUR LEAD-OFF OFFERINGS IN
5 ADDITION TO THE FELLOWSH	IIP PROGRAM INCLUDE OUR
6 STRATEGIC RESEARCH ADVIS	SING TEAM.
7 AND, FINALLY,	WITH DEIA, WE HAVE A SYSTEM
8 IN OUR ALPHA STEM CELL C	CLINICS
9 MR. TORRES: Y	OU'RE LOSING VOTES.
10 DR. JAMIESON:	ENROLLED 533 RACIALLY
11 AND SOCIOECONOMICALLY DI	VERSE PATIENTS. WE WILL
12 EXPAND THAT ACCRUAL BY E	NHANCING OUR OUTREACH TO
13 HILLCREST HOSPITAL WITH	FOUR COORDINATORS AND THEN
14 TO EL CENTRO.	
15 SO THANK YOU V	ERY MUCH FOR PROVIDING THE
16 OPPORTUNITY TO PROVIDE T	HIS PUBLIC COMMENT. WE
17 REALLY APPRECIATE YOUR T	HOUGHTFUL REVIEW OF OUR
18 APPLICATION AND THE PROP	POSAL TO MOVE IT TO A TIER I.
19 THANK YOU.	
20 CHAIRMAN THOMA	AS: THANK YOU, DR.
21 JAMIESON. OKAY.	
22 WE WANT TO GET	TO A VOTE ON THIS. WE MAY
23 BE LOSING PEOPLE. IS TH	IAT THE EXTENT OF PUBLIC
24 COMMENT, MARIA?	
25 MS. BONNEVILLE	: THOSE YES, THAT WAS
	82

1	THE ONLY HAND RAISED.
2	CHAIRMAN THOMAS: OKAY. ALL RIGHT. THANK
3	YOU, EVERYBODY, FOR YOUR THOUGHTFUL COMMENTS ON
4	THIS. MARIA, WILL YOU PLEASE CALL THE ROLL ON THIS
5	MOTION, WHICH IS SPECIFICALLY JUST TO MOVE THIS UP
6	TO TIER I.
7	MS. BONNEVILLE: DAN BERNAL.
8	MR. BERNAL: AYE.
9	MS. BONNEVILLE: JUDY CHOU.
10	DR. CHOU: AYE.
11	MS. BONNEVILLE: LEONDRA CLARK-HARVEY.
12	ANNE-MARIE DULIEGE.
13	DR. DULIEGE: AYE.
14	MS. BONNEVILLE: YSABEL DURON.
15	MS. DURON: AYE.
16	MS. BONNEVILLE: MARK FISCHER-COLBRIE.
17	DR. FISCHER-COLBRIE: AYE.
18	MS. BONNEVILLE: FRED FISHER. ELENA
19	FLOWERS.
20	DR. FLOWERS: YES.
21	MS. BONNEVILLE: DAVID HIGGINS. STEVE
22	JUELSGAARD.
23	MR. JUELSGAARD: YES.
24	MS. BONNEVILLE: RICH LAJARA.
25	MR. LAJARA: YES.
	83
	CO

1	MS. BONNEVILLE: CHRIS MIASKOWSKI.
2	DR. MIASKOWSKI: YES.
3	MS. BONNEVILLE: LAUREN MILLER-ROGEN.
4	MS. MILLER-ROGEN: YES.
5	MS. BONNEVILLE: ADRIANA PADILLA.
6	DR. PADILLA: YES.
7	MS. BONNEVILLE: JOE PANETTA. AL ROWLETT.
8	MR. ROWLETT: YES.
9	MS. BONNEVILLE: MARVIN SOUTHARD.
10	DR. SOUTHARD: YES.
11	MS. BONNEVILLE: JONATHAN THOMAS.
12	CHAIRMAN THOMAS: YES.
13	MS. BONNEVILLE: KAROL WATSON.
14	DR. WATSON: YES.
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
	84
	64 122 HENNA COUDT SANDDOINT IDAHO 92964
	ΤΤΤΤ ΠΕΝΙΝΙΑ ΓΤΗΤΟΤΕ ΚΑΝΙΤΟΛΙΝΤΕ ΠΙΛ ΠΛΙ ΟΤΟΚΑ

1	MS. BONNEVILLE: THANK YOU. THE MOTION
2	CARRIES.
3	CHAIRMAN THOMAS: OKAY. IF EVERYBODY CAN
4	HANG ON JUST FOR ONE QUICK SECOND TO FINISH THIS
5	OUT. SO NOW DO I HEAR A MOTION TO APPROVE ALL OF
	TIER I RECOMMENDED PROJECTS?
6	
7	MS. BONNEVILLE: AND JUST AS A REMINDER,
8	IF YOU HAVE A CONFLICT WITH THIS, YOU CANNOT MAKE OR
9	SECOND THE MOTION.
10	MR. BERNAL: SO MOVED.
11	MR. ROWLETT: SECOND.
12	CHAIRMAN THOMAS: MOVED BY DAN, SECONDED
13	BY AL. ARE THERE QUESTIONS OR COMMENTS FROM MEMBERS
14	OF THE BOARD? ANY PUBLIC COMMENT?
15	MS. BONNEVILLE: THERE IS NO PUBLIC
16	COMMENT.
17	CHAIRMAN THOMAS: HEARING NONE, MARIA,
18	WILL YOU PLEASE CALL THE ROLL.
19	MS. BONNEVILLE: YES. AND AS A REMINDER,
20	IF YOU COULD SAY YEA OR NAY, YES OR NO, EXCEPT FOR
21	THOSE WITH WHICH I HAVE A CONFLICT. THANK YOU.
22	DAN BERNAL.
23	MR. BERNAL: AYE.
24	MS. BONNEVILLE: JUDY CHOU.
25	DR. CHOU: AYE.
	<u></u>
	85

	·
1	MS. BONNEVILLE: LEONDRA CLARK-HARVEY.
2	ANNE-MARIE DULIEGE.
3	DR. DULIEGE: AYE.
4	MS. BONNEVILLE: YSABEL DURON.
5	MS. DURON: AYE, EXCEPT FOR THOSE WITH
6	WHICH I HAVE A CONFLICT.
7	MS. BONNEVILLE: MARK FISCHER-COLBRIE.
8	DR. FISCHER-COLBRIE: YES.
9	MS. BONNEVILLE: FRED FISHER. ELENA
10	FLOWERS.
11	DR. FLOWERS: YES, EXCEPT THOSE FOR WHICH
12	I HAVE A CONFLICT.
13	MS. BONNEVILLE: DAVID HIGGINS. STEVE
14	JUELSGAARD.
15	MR. JUELSGAARD: YES.
16	MS. BONNEVILLE: RICH LAJARA.
17	MR. LAJARA: YES.
18	MS. BONNEVILLE: CHRIS MIASKOWSKI, EXCEPT
19	FOR THOSE WITH WHICH I HAVE A CONFLICT.
20	DR. MIASKOWSKI: YES.
21	MS. BONNEVILLE: LAUREN MILLER-ROGEN.
22	MS. MILLER-ROGEN: YES.
23	MS. BONNEVILLE: ADRIANA PADILLA.
24	DR. PADILLA: YES.
25	MS. BONNEVILLE: JOE PANETTA. AL ROWLETT.
	86
	00

	DETTI C. DRAIN, CA CSK NO. 7152
1	MR. ROWLETT: YES.
2	MS. BONNEVILLE: MARVIN SOUTHARD.
3	DR. SOUTHARD: YES.
4	MS. BONNEVILLE: JONATHAN THOMAS.
5	CHAIRMAN THOMAS: YES.
6	MS. BONNEVILLE: ART TORRES.
7	MR. TORRES: AYE, EXCEPT FOR THOSE WITH
8	WHICH I HAVE A CONFLICT.
9	MS. BONNEVILLE: KAROL WATSON.
10	DR. WATSON: YES.
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
	87
	133 HENNA COURT, SANDPOINT, IDAHO 83864

1	MS. BONNEVILLE: EXCEPT FOR THOSE, CAN YOU
2	ADD THAT? YOU HAVE A CONFLICT OF INTEREST.
3	DR. WATSON: EXCEPT FOR THOSE WITH WHICH I
4	HAVE A CONFLICT.
5	MS. BONNEVILLE: THANK YOU. THE MOTION
6	CARRIES.
7	CHAIRMAN THOMAS: OKAY. THANK YOU. THANK
8	YOU ALL FOR THAT. CONGRATULATIONS TO ALL ALPHA STEM
9	CELL CLINIC GRANT RECIPIENTS. WE LOOK FORWARD TO
10	CONTINUED EXCELLENCE AND BIGGER AND BETTER THINGS AS
11	WE PROCEED DOWN THE ROAD.
12	MR. BERNAL: J.T., I APOLOGIZE. WE HAVE A
13	MANDATORY FIRE DRILL HAPPENING IN THE BUILDING RIGHT
14	NOW. SO I'M GOING TO HAVE TO SIGN OFF.
15	CHAIRMAN THOMAS: THANK YOU, DAN. SO
16	MARIA TELLS ME WE MAY HAVE QUORUM ISSUES. WE HAVE
17	TWO VERY MINOR LET'S SEE.
18	MS. BONNEVILLE: J.T., WE SHOULD GO TO THE
19	SHARED LABS. I DON'T KNOW IF BETH NEEDS A BREAK,
20	BUT WE SHOULD DEFINITELY DO SHARED LABS. IT WAS
21	QUORUM ON THE ARS. I THINK WE ARE GOOD FOR
22	EVERYTHING ELSE.
23	CHAIRMAN THOMAS: OKAY. BETH, DO YOU NEED
24	A SHORT BREAK HERE?
25	THE REPORTER: I'M GOOD, MR. CHAIRMAN.
	88

THANK YOU.

1

2 CHAIRMAN THOMAS: I SHOULD NOTE, FOR THOSE JUST RELEVANT TO THE ALPHA CLINICS, THAT THE MEMBERS 3 OF THE MEDICAL AFFAIRS TEAM HELD THE FIRST MEETING 4 5 IN CONNECTION WITH THE COMMUNITY CARE CENTERS OF EXCELLENCE THIS WEEK IN FRESNO OR CLOVIS, I SHOULD 6 SAY, THAT WAS ATTENDED BY MANY OF THE STAKEHOLDERS 7 IN THAT AREA TO TALK ABOUT WHAT WOULD BE GOOD 8 9 ELEMENTS GOING INTO THE COMMUNITY CARE CENTERS OF EXCELLENCE CONCEPT PLAN. 10

THE DISCUSSION WAS ABLY EMCEED BY GEOFF 11 12 LOMAX, SEAN TURBEVILLE, AND MEMBERS OF HIS TEAM WERE THERE, AS WELL AS DR. PADILLA AND MYSELF 13 14 REPRESENTING THE BOARD, MARIA BONNEVILLE AND KEVIN MCCORMACK REPRESENTING THE COMMUNICATIONS TEAM AND 15 PATIENT OUTREACH TEAM. IT WAS A VERY ROBUST 16 17 DISCUSSION WITH LOTS OF GREAT INPUT BY THE STAKEHOLDER GROUP. 18

EVERYBODY GOT A TOUR OF THE COMMUNITY
CANCER INSTITUTE THERE, WHICH IS MOST IMPRESSIVE, AS
PART OF A LARGER CAMPUS OF MEDICAL FACILITIES. AND
IT WAS A GREAT DAY AND THE FIRST OF SEVERAL SUCH
MEETINGS THAT WILL BE HELD AROUND THE STATE OVER THE
COURSE OF THE COMING MONTHS TO INFORM THAT COMMUNITY
CARE CENTERS OF EXCELLENCE CONCEPT PLAN. SO STAY

89

1	TUNED FOR THAT AS IT PROCEEDS ITS WAY DOWN THE ROAD.
2	THANK YOU TO EVERYBODY WHO MADE THAT HAPPEN. IT WAS
3	AN EXCELLENT EVENT.
4	SINCE BETH IS STILL ABLE TO GO HERE
5	WITHOUT A BREAK, THANK YOU, BETH, WE'RE GOING TO GO
6	NEXT TO ITEM 5, CONSIDERATION OF SHARED LABS
7	RESOURCES CONCEPT PLAN, WHICH WILL BE PRESENTED BY
8	DR. GRIESHAMMER AND CANET-AVILES. UTA, I THINK
9	WE'RE GOING TO GO RIGHT TO YOU.
10	DR. GRIESHAMMER: THANK YOU, MR. CHAIR.
11	AND I'M HOPING TO SET UP MY SLIDES HERE.
12	GOOD MORNING, EVERYONE, AND THANK YOU FOR
13	THE OPPORTUNITY TO PRESENT THE CONCEPT FOR SHARED
14	RESOURCE LABORATORIES FOR STEM CELL-BASED MODELING.
15	SO THIS IS AN INFRASTRUCTURE PROGRAM
16	DESIGNED TO ALIGN WITH CIRM'S MISSION TO ACCELERATE
17	WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE
18	REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE
19	MANNER TO A DIVERSE CALIFORNIA AND WORLD.
20	SHARED RESOURCE LABORATORIES, IF APPROVED,
21	WILL REPRESENT A FORM OF COMPETENCY HUBS ENVISIONED
22	IN OUR STRATEGIC PLAN UNDER ADVANCING WORLD-CLASS
23	SCIENCE. THIS PROGRAM ALSO TOUCHES ON BUILDING
24	KNOWLEDGE NETWORKS AND ON BUILDING A DIVERSE AND
25	HIGHLY SKILLED WORKFORCE IN CALIFORNIA.

90

1	BEFORE I INTRODUCE YOU TO THE CONCEPT FOR
2	THE SHARED RESOURCE LABS FOR STEM CELL-BASED
3	MODELING AND GO OVER THE OPPORTUNITIES AND NEEDS WE
4	INTEND TO ADDRESS, I'D LIKE TO PROVIDE SOME
5	HISTORICAL CONTEXT FOR THE STEM CELL-BASED MODELING
6	FIELD.
7	IN 1998 THE DERIVATION OF HUMAN EMBRYONIC
8	STEM CELLS WAS FIRST REPORTED. A FEW YEARS LATER IN
9	2001, FEDERAL FUNDING FOR HUMAN EMBRYONIC STEM CELL
10	RESEARCH WAS AFFIRMED; HOWEVER, IT WAS RESTRICTED TO
11	HUMAN EMBRYONIC STEM CELL LINES THAT ALREADY EXISTED
12	AT THE TIME.
13	IN 2004 CALIFORNIA VOTERS APPROVED
14	PROPOSITION 71, LEADING TO THE CREATION OF CIRM.
15	ONE OF THE INFRASTRUCTURE PROGRAMS CIRM PUT IN PLACE
16	TO PROVIDE CALIFORNIA RESEARCHERS WITH ACCESS TO
17	CRITICAL FUNDING FOR HUMAN EMBRYONIC STEM CELL
18	RESEARCH WAS THE SHARED LABS PROGRAM, PROVIDING
19	ACCESS TO DEDICATED RESEARCH SPACE, TO SPECIALIZED
20	INSTRUMENTATION TO HUMAN EMBRYONIC STEM CELL LINES,
21	AND TRAINING AND EDUCATION FOR RESEARCHERS AND
22	STUDENTS. AND MAKING THE EMERGING FIELD OF HUMAN
23	EMBRYONIC STEM CELL RESEARCH AT THE TIME MORE
24	ACCESSIBLE TO CALIFORNIA RESEARCHERS.
25	DURING THE TIME THE SHARED LAB AWARDS WERE
	91

1ACTIVE, THERE WERE TWO IMPORTANT EVENTS THAT2OCCURRED. IN 2007 THE DERIVATION OF IPSC CELL LINES3WAS FIRST PUBLISHED. I SHOULD SAY HUMAN INDUCED4PLURIPOTENT STEM CELL LINES WAS FIRST PUBLISHED.5AND IN 2009 THE FEDERAL GOVERNMENT LIFTED ITS LIMITS6ON FUNDING FOR HUMAN EMBRYONIC STEM CELL RESEARCH.7ONE OF THE MAIN APPLICATIONS OF HUMAN8PLURIPOTENT STEM CELLS, EMBRYONIC STEM CELLS, AND	
 WAS FIRST PUBLISHED. I SHOULD SAY HUMAN INDUCED PLURIPOTENT STEM CELL LINES WAS FIRST PUBLISHED. AND IN 2009 THE FEDERAL GOVERNMENT LIFTED ITS LIMITS ON FUNDING FOR HUMAN EMBRYONIC STEM CELL RESEARCH. ONE OF THE MAIN APPLICATIONS OF HUMAN 	
 4 PLURIPOTENT STEM CELL LINES WAS FIRST PUBLISHED. 5 AND IN 2009 THE FEDERAL GOVERNMENT LIFTED ITS LIMITS 6 ON FUNDING FOR HUMAN EMBRYONIC STEM CELL RESEARCH. 7 ONE OF THE MAIN APPLICATIONS OF HUMAN 	5
5 AND IN 2009 THE FEDERAL GOVERNMENT LIFTED ITS LIMITS 6 ON FUNDING FOR HUMAN EMBRYONIC STEM CELL RESEARCH. 7 ONE OF THE MAIN APPLICATIONS OF HUMAN	5
6 ON FUNDING FOR HUMAN EMBRYONIC STEM CELL RESEARCH. 7 ONE OF THE MAIN APPLICATIONS OF HUMAN	
7 ONE OF THE MAIN APPLICATIONS OF HUMAN	
8 PLURIPOTENT STEM CELLS, EMBRYONIC STEM CELLS, AND	
9 INDUCED PLURIPOTENT STEM CELLS COMBINED, JUST	
10 CALLING THEM HUMAN PLURIPOTENT STEM CELLS, ONE OF	
11 THE MAIN APPLICATIONS LIES IN THE USE OF THESE CELLS)
12 FOR DISEASE MODELING BY DIFFERENTIATING THE CELLS	
13 INTO THE CELL TYPES RELEVANT FOR THE DISEASE THAT IS	,
14 BEING STUDIED.	
15 OVER THE LAST TWO DECADES, MUCH PROGRESS	
16 HAS BEEN MADE IN REFINING THE DIFFERENTIATION	
17 PROTOCOLS AND CREATING MODELS IN A DISH, MUCH MORE	
18 COMPLEX MODELS IN A DISH SUCH AS ORGANOIDS AND	
19 TISSUES ON CHIPS. BUT CHALLENGES REMAIN, AND I'LL	
20 GO OVER THAT IN THE NEXT SLIDE.	
21 ANOTHER GROUNDBREAKING DISCOVERY WAS	
22 REPORTED IN 2012, DEMONSTRATING THAT A GENOME	
23 EDITING SYSTEM THAT EVOLVED IN BACTERIA CAN BE USED	
24 AS A GENOME EDITING TOOL IN OTHER CELLS SUCH AS	
25 HUMAN CELLS. THIS CRISPR-CAS9 GENOME EDITING SYSTEM	1
92	

1	MAKES STEM CELL-BASED MODELING AN EVEN MORE POWERFUL
2	TOOL FOR STUDYING DISEASE MECHANISMS FOR DISCOVERING
3	NEW BIOMARKERS AND THERAPEUTIC TARGETS.
4	SO WITH THE PASSAGE OF PROPOSITION 14, WE
5	NOW HAVE AN OPPORTUNITY TO LEVERAGE EXISTING
6	CAPABILITIES AND ADDRESS NEEDS IN THE FIELD AND TO
7	HELP ADVANCE WORLD-CLASS SCIENCE BY ESTABLISHING
8	CORE RESOURCES ACROSS THE STATE.
9	SO WHAT ARE THE OPPORTUNITIES AND WHAT ARE
10	THE NEEDS WE INTEND TO ADDRESS WITH THE SHARED
11	RESOURCE LABORATORIES CONCEPT? THERE IS ABUNDANT
12	SCIENTIFIC STRENGTH, INNOVATION, AND EXPERTISE IN
13	CALIFORNIA TO CAPITALIZE ON THE PROMISE OF STEM
14	CELL-BASED MODELING. AND WE CAN ALSO LEVERAGE SOME
15	OF THE INFRASTRUCTURE CIRM ALREADY SUPPORTED UNDER
16	PROPOSITION 71 WITH THE SHARED LABS, THEN, AS CORE
17	LABS AND PROVIDERS OF TRAINING AND COURSES GOING
18	FORWARD.
19	BASED ON STAKEHOLDER INPUT WE'VE GATHERED
20	THROUGH VARIOUS MEANS, SUCH AS TOWN HALLS, SURVEYS,
21	WE HAD A WORKSHOP EARLIER THIS YEAR, WE LEARNED
22	ABOUT IMPORTANT NEEDS THAT CAN BE ADDRESSED WITH A
23	SHARED RESOURCE LABS PROGRAM. THERE ARE MANY
24	LABORATORIES THAT DO NOT YET USE STEM CELL-BASED
25	MODELS, BUT ARE INTERESTED IN ACQUIRING THAT

93

1	EXPERTISE.
2	ON THE OTHER HAND, THERE ARE LABORATORIES
3	THAT ARE WELL VERSED ALREADY IN STEM CELL-BASED
4	MODELING AND ARE ALREADY SHARING THE EXPERTISE, BUT
5	CAN'T REALLY MEET THE DEMAND AS IT IS TIME-CONSUMING
6	AND COSTLY TO DIVERT RESOURCES TO TRAINING OTHER
7	RESEARCHERS AND EDUCATING STUDENTS IN THIS
8	TECHNOLOGY.
9	SO IN ADDITION TO THESE INFRASTRUCTURE
10	NEEDS, THERE ARE ALSO SCIENTIFIC CHALLENGES THE
11	FIELD IS FACING RELATED TO THE LIMITED
12	REPRODUCIBILITY OF FINDINGS ACROSS LABS AND MODELS
13	USED. AND THERE'S A NEED TO BETTER UNDERSTAND THE
14	PREDICTIVE VALUE OF STEM CELL-BASED MODELS FOR HUMAN
15	BIOLOGY AND DISEASE.
16	SO BASED ON THESE NEEDS, WE ARE PROPOSING
17	TO FUND A SHARED RESOURCE LABS PROGRAM THAT WOULD
18	PROVIDE THESE FUNCTIONS THAT ARE LISTED HERE.
19	FIRST, WE ENVISION THIS WOULD PROVIDE RESEARCHERS
20	LOCALLY AT GRANTEE INSTITUTIONS, ALSO REGIONALLY AT
21	NEIGHBORING INSTITUTIONS, WITH ACCESS TO A CELL
22	CULTURE FACILITY FOR CONDUCTING STEM CELL-BASED
23	MODELING EXPERIMENTS. AND IT WILL ALSO PROVIDE
24	THOSE RESEARCHERS WITH ACCESS TO HIGHLY SPECIALIZED
25	TECHNOLOGIES THAT ARE NEEDED FOR THE ANALYSES OF

94

1	THESE MODELS.
2	FURTHER, THIS PROGRAM WOULD PROVIDE
3	RESEARCHERS, AGAIN LOCALLY, BUT ALSO ACROSS
4	CALIFORNIA, ACCESS TO WELL-CHARACTERIZED, UNMODIFIED
5	AND MODIFIED HUMAN PLURIPOTENT STEM CELL
6	COLLECTIONS, PARTIALLY OR FULLY DIFFERENTIATED STEM
7	CELL-BASED MODELS, AND TRAINING OF RESEARCHERS IN
8	CONDUCTING STEM CELL-BASED MODELING EXPERIMENTS.
9	THE SHARED RESOURCE LABS PROGRAM IS ALSO
10	INTENDED TO SUPPORT EDUCATORS, INCLUDING THOSE IN
11	CIRM'S EDUCATION PROGRAMS, BY OFFERING FORMAL
12	TECHNIQUES COURSES FOR STUDENT EDUCATION. AND WE'D
13	ASK APPLICANTS TO BE CREATIVE AND OFFER OTHER
14	STUDENT EXPERIENCES FOR STEM CELL-BASED MODELING TO
15	ATTRACT STUDENTS INTO THE STEM CELL FIELD.
16	AND, FINALLY, WE EXPECT FUNDED SHARED
17	RESOURCE LABORATORIES TO BECOME SELF-SUSTAINING BY
18	THE END OF THE AWARD PERIOD.
19	NOT ALL LABORATORIES WITH RESEARCH AGENDAS
20	AND HYPOTHESES THAT COULD BE ADDRESSED USING STEM
21	CELL-BASED MODELS CURRENTLY HAVE ACCESS TO RELEVANT
22	LOCAL INFRASTRUCTURE AND EXPERTISE. SO TO ENSURE
23	BROAD ACCESS TO STEM CELL-BASED MODELS ACROSS
24	CALIFORNIA, WE, THEREFORE, ENVISION TWO TYPES OF
25	SHARED RESOURCE LABS, WHICH I'LL REFER TO GOING

1	FORWARD OFTEN AS SRL'S, SHARED RESOURCE LABS.
2	THE ESTABLISHING SRL'S WILL PROVIDE ACCESS
3	TO STEM CELL-BASED MODELING EXPERTISE IN GEOGRAPHIC
4	AREAS WHERE ACCESS TO MODELS IS CURRENTLY LIMITED
5	WHILE THE ENHANCING EXPANSION SRL'S TARGET
6	INSTITUTIONS THAT HAVE ALREADY CUTTING-EDGE STEM
7	CELL-BASED MODELING EXPERTISE AND ASK THEM TO SHARE
8	BROADLY.
9	ESTABLISHING SRL'S WOULD BE FUNDED TO
10	RENOVATE SPACE FOR A CORE FACILITY AND THEN EQUIP IT
11	WHILE ENHANCING EXPANSION SRL'S WILL BE FUNDED TO
12	EQUIP EXISTING CORE SPACE. BOTH TYPES OF SHARED
13	RESOURCE LABS WOULD THEN BE EXPECTED TO ESTABLISH
14	THE EXPERTISE IN STEM CELL-BASED MODELS THAT THEY
15	INTEND TO OFFER IN THEIR CORE FACILITIES. AND THEN
16	THEY WOULD OPERATE THESE CORES BY PROVIDING ACCESS
17	TO THE FACILITY AND THE SPECIALIZED SERVICES AND
18	EQUIPMENT THEY OFFER BY SHARING THEIR MODELS AND
19	EXPERTISE AND RESOURCES FOR RESEARCH BROADLY, BY
20	TRAINING RESEARCHERS AND PROVIDING EDUCATIONAL
21	RESOURCES AND ACTIVITIES, A FORMAL TECHNIQUES COURSE
22	TO BE OFFERED THAT WOULD BE OPTIONAL WITH EXTRA
23	FUNDS.
24	SINCE THE TWO SHARED RESOURCE LAB TYPES
25	DIFFER IN FOCUS AND SCOPE, APPLICATIONS WILL BE
	96

1	SOLICITED THROUGH TWO SEPARATE RFA'S. SO ONCE
2	FUNDED, ALL SHARED RESOURCE LABS ARE EXPECTED TO
3	FUNCTION AS PART OF A NETWORK. CIRM WILL COORDINATE
4	A STEERING COMMITTEE THAT WILL DRIVE THE NETWORK
5	FUNCTIONS, WHICH I'LL INTRODUCE IN A FEW SLIDES
6	DOWN. BUT THE INDIVIDUAL SRL'S AND THE NETWORK AS A
7	WHOLE WILL WORK TO ACHIEVE THE OVERALL OBJECTIVE OF
8	THIS FUNDING OPPORTUNITY TO PROVIDE ACCESS TO
9	MODELS, TO STEM CELL-BASED MODELS, ACROSS
10	CALIFORNIA, TO ADVANCE STANDARDS AND REPRODUCIBILITY
11	OF STEM CELL-BASED MODELS, TO PROVIDE ACCESS TO
12	EDUCATIONAL OPPORTUNITIES, AND TO DEVELOP
13	SUSTAINABLE STEM CELL CORE INFRASTRUCTURE IN
14	CALIFORNIA.
15	THE FUNDING WE WOULD OFFER PER AWARD IS
16	LISTED IN THE TOP ROW. THE TWO AWARD AMOUNTS WITHIN
17	AN SRL TYPE REFLECT FUNDS NEEDED FOR OFFERING A
18	FORMAL STEM CELL TECHNIQUES COURSE, WHICH IS
19	OPTIONAL. AND THE DIFFERENCE BETWEEN THE TWO SHARED
20	RESOURCE LAB TYPES REFLECTS THE RENOVATION FUNDS
21	PROVIDED FOR ESTABLISHING SRL'S.
22	THE AWARD DURATION WILL BE FIVE YEARS, AND
23	THE MAIN GOAL, AS I MENTIONED, OF ESTABLISHING SRL'S
24	IS TO ESTABLISH NEW RESOURCES AND EXPERTISE, TO HAVE
25	A NOVEL IMPACT IN THE LOCAL SCIENTIFIC COMMUNITY,
	07

1	AND THE MAIN GOAL OF ENHANCING EXPANSION SRL'S IS TO
2	SHARE EXISTING EXPERTISE LOCALLY AND ACROSS
3	CALIFORNIA.
4	CO-FUNDING WILL BE REQUIRED FROM ENHANCING
5	EXPANSION SRL'S, AT LEAST 20 PERCENT OF THE
6	OPERATIONAL COSTS, BUT WON'T BE REQUIRED FOR THE
7	ESTABLISHING SRL'S. AND THE TOTAL BUDGET REQUESTED
8	FOR THIS PROGRAM WOULD BE \$50 MILLION WITH 26
9	MILLION FOR BUILD AND EQUIP FUNDS, AND 24 MILLION
10	FOR OPERATIONAL FUNDS. AND THEN THE ANTICIPATED
11	NUMBER OF AWARDS WE'RE THINKING COULD BE FOUR
12	ESTABLISHING SRL'S AND TEN ENHANCING EXPANSION
13	SRL'S, HALF EACH, WITH A TECHNIQUES COURSE.
14	SO WE'RE PROPOSING TO DIVIDE THESE
15	FIVE-YEAR AWARDS INTO THREE PHASES. SHOWN HERE ARE
16	THE OUTCOME METRICS FOR EACH OF THE PHASES FOR THE
17	ESTABLISHING SHARED RESOURCE LABS. SO BY THE END OF
18	PHASE A, WHICH SHOULD LAST ABOUT 18 MONTHS, THE
19	SHARED RESOURCE LABS CORE FACILITY SHOULD BECOME
20	OPERATIONAL AND SHOULD BE RENOVATED AND EQUIPPED.
21	STEM CELL-BASED MODELS AND THE RESEARCHER TRAINING
22	AND STUDENT EDUCATIONAL PROGRAMS SHOULD BE
23	ESTABLISHED IN PHASE B, WHICH LASTS TWO YEARS.
24	CIRM-SUPPORTED OPERATIONS WILL OCCUR THAT
25	ARE MEASURED BY THE UTILIZATION OF THE CORE FACILITY
	98

1	WITH A FOCUS ON LABORATORIES THAT HAVE CURRENTLY
2	LIMITED ACCESS TO STEM CELL-BASED MODELING
3	EXPERTISE. IT WILL BE MEASURED BY SUSTAINED
4	ENROLLMENT AND RESEARCHER TRAINING AND STUDENT
5	EDUCATIONAL PROGRAMS. AND WE'LL LOOK AT THE SUCCESS
6	RATE OF PROJECTS THAT ARE UTILIZING THE CORE, SUCH
7	AS THIS DATA THAT GET GENERATED, SOME EARLY
8	INDICATIONS OF PUBLICATIONS, AND LEVERAGED FUNDING.
9	AND WE'D EXPECT A DELIVERY OF A PLAN FOR OPERATIONS
10	AT 50 PERCENT OPERATIONAL FUNDING HALFWAY FOR PHASE
11	С.
12	THE FINAL 18 MONTHS, PHASE C, WILL THEN
13	CONTINUE OPERATIONS WITH 50 PERCENT CIRM OPERATIONAL
14	FUNDING, THE SAME SUCCESS METRICS FROM PHASE B WOULD
15	APPLY, PLUS WE'D EXPECT THE DELIVERY OF A PLAN FOR
16	INDEPENDENT OPERATIONS HALFWAY THROUGH AND
17	CONTRIBUTIONS TO SHARED RESOURCE LAB NETWORK
18	FUNCTIONS.
19	I'D LIKE TO MENTION THAT, BASED ON
20	FEEDBACK WE RECEIVED FROM THE BOARD'S SCIENCE
21	SUBCOMMITTEE A FEW WEEKS AGO EXPRESSING CONCERN THAT
22	PHASE A, THE RENOVATION PHASE, MAY NOT BE LONG
23	ENOUGH, ESPECIALLY SINCE THERE ARE STILL PANDEMIC
24	SUPPLY CHAIN ISSUES THAT CAN SLOW DOWN SUCH
25	RENOVATIONS, WE HAVE ADDED A STATEMENT TO THE
	00

99

1	CONCEPT PROPOSAL THAT FOR FUNDED APPLICATIONS, CIRM
2	WILL WORK WITH THE AWARDEES TO MAKE ADJUSTMENTS TO
3	THE TIMING OF THESE PHASES AS NEEDED.
4	THE TIMING, I WON'T GO INTO THE SAME
5	DETAIL ON THIS SLIDE. IT'S VERY SIMILAR TO THE
6	PREVIOUS SLIDE, BUT THE TIMING OF THE PHASES FOR
7	ENHANCING EXPANSION SHARED RESOURCE LABS DIFFER FROM
8	THOSE FOR THE ESTABLISHING SHARED RESOURCE LABS, BUT
9	THE OUTCOME METRICS ARE VERY SIMILAR. PHASE A IS
10	SHORTER, LASTING SIX MONTHS SINCE THERE IS NO
11	RENOVATION PHASE; BUT AGAIN, WE EXPECT THESE SHARED
12	RESOURCE LABS TO BE OPERATIONAL AT THE END OF THIS
13	PHASE. PHASE B, WHICH LASTS TWO AND A HALF YEARS
14	FOR CIRM-SUPPORTED OPERATIONS, MEASURED, AGAIN, BY
15	VERY SIMILAR METRICS EXCEPT HERE WE'VE ADDED THAT WE
16	WOULD LOOK AT THE SUCCESS RATE OF THE PROJECTS, NOT
17	ONLY UTILIZING THE CORE, BUT ALSO OF THE MODELS THAT
18	HAVE BEEN SHARED ACROSS THE STATE.
19	AND THE FINAL TWO YEARS, PHASE C, AGAIN,
20	IS TAPERED DOWN OPERATIONAL FUNDING WITH THE GOAL OF
21	GETTING READY FOR SELF-SUSTAINED OPERATIONS AT THE
22	END OF THE AWARDS.
23	I'D LIKE TO GO OVER SOME OF THE
24	ELIGIBILITY REQUIREMENTS FOR THE SHARED RESOURCE
25	LABS PROGRAM AND SOME OF THE PROP 14 STIPULATIONS
	100

1	THAT ARE ADDRESSED BY THIS PROGRAM. THE MODELING
2	EXPERTISE THAT WE EXPECT TO BE OFFERED IN THE SHARED
3	RESOURCE LABS IS LIMITED TO IN VITRO MODELS USING
4	HUMAN STEM OR PROGENITOR CELLS. CALIFORNIA
5	NONPROFIT RESEARCH INSTITUTIONS ARE ELIGIBLE TO
6	APPLY WITH ONE APPLICATION PER INSTITUTION. THE
7	PROGRAM DIRECTORS MUST COMMIT AT LEAST 20 PERCENT
8	EFFORT TO THIS PROGRAM. AND PURSUANT TO PROPOSITION
9	14, SHARED RESOURCE LABS ARE INTENDED TO BE
10	OPERATIONAL IN THE FIRST FIVE YEARS FOLLOWING THE
11	EFFECTIVE DATE OF THE INITIATIVE. IN THIS CASE THE
12	PROPOSITION IS MEANT. SO THAT WOULD BE BY
13	DECEMBER WHICH WAS DECEMBER 2020. AND,
14	THEREFORE, THE APPLICATIONS MUST PROPOSE PLANS THAT
15	ARE ACHIEVABLE WITHIN THE PHASES THAT I OUTLINED ON
16	THE PREVIOUS SLIDE.
17	CIRM, FURTHER, SHALL PRIORITIZE
18	APPLICATIONS FOR SHARED RESOURCE LABS THAT ENHANCE
19	GEOGRAPHIC DISTRIBUTION OF RESOURCES ACROSS THE
20	STATE AND SHALL PRIORITIZE APPLICATIONS THAT OFFER
21	MATCHING FUNDS OR VERIFIED IN-KIND SUPPORT.
22	APPLICATIONS MUST INCLUDE PLANS TO ADDRESS
23	DIVERSITY, EQUITY, AND INCLUSION IN THEIR PROGRAM.
24	THESE PLANS SHOULD DESCRIBE HOW THE PROPOSED
25	ACTIVITIES WILL ENSURE THAT USERS OF THE SHARED
	101

101

1	RESOURCE LAB COURSE AND THE RECIPIENTS OF STEM
2	CELL-BASED MODELS AND EXPERTISE REPRESENT DIVERSE
3	GOALS, APPROACHES, PERSPECTIVES, AND BACKGROUNDS.
4	THEY SHOULD DESCRIBE HOW ANY PROPOSED EDUCATIONAL
5	ACTIVITIES WILL ENSURE PARTICIPATION BY UNDERSERVED
6	POPULATIONS. THEY SHOULD DESCRIBE HOW THE SHARED
7	RESOURCE LABS TEAM AND OTHER CONTRIBUTORS WILL BRING
8	DIVERSE AND INCLUSIVE PERSPECTIVES AND EXPERIENCES
9	TO THE IMPLEMENTATION OF THE PROPOSED ACTIVITIES.
10	AND THEY'LL DESCRIBE HOW THE SHARED RESOURCE LABS
11	WILL OFFER STEM CELL LINES WITH ANCESTRAL AND SEX
12	DIVERSITY THAT MAY INCREASE THE APPLICABILITY OF THE
13	RESEARCH OUTCOMES TO DIVERSE POPULATIONS.
14	I'M ALMOST DONE. THE SHARED RESOURCE LAB
15	APPLICATIONS MUST INCLUDE A KNOWLEDGE SHARING PLAN
16	TO DESCRIBE PROCESSES AND SYSTEMS. THE APPLICANT
17	SHOULD PROPOSE FOR ADVERTISING ACCESS TO THEIR
18	MODELS, FOR SHARING BEST PRACTICES FOR CREATING AND
19	USING MODELS, AND FOR SHARING THE KNOWLEDGE AND
20	OTHER RESOURCES. AND THEY SHOULD ALSO DESCRIBE
21	APPROACHES TOWARDS STANDARDIZING CELL LINES AND
22	REAGENTS, HOW THEY WOULD GO ABOUT IT, AND
23	IMPLEMENTING QUALITY CONTROL AND VALIDATION
24	APPROACHES FOR THEIR MODELS, THEIR STEM CELL-BASED
25	MODELS.

102

1	SHARED RESOURCE LAB APPLICATIONS MUST ALSO
2	INCLUDE A DATA SHARING AND MANAGEMENT PLAN. SINCE
3	THE DATA THAT ARE GENERATED DURING SHARED LAB
4	OPERATIONS, SUCH AS OMICS AND FAQ'S DATA, FOR CELL
5	MODEL QUALITY CONTROL AND VALIDATION MAY ACTUALLY BE
6	USEFUL FOR DEVELOPING APPROACHES. TOWARD IMPROVING
7	REPRODUCIBILITY OF STEM CELL-BASED MODELS, WE'D
8	EXPECT THAT THESE KIND OF DATA GENERATED DURING
9	OPERATIONS WILL BE EFFECTIVELY SHARED. I SHOULD
10	EMPHASIZE THE DATA GENERATED BY THE RESEARCH
11	PROJECTS THAT TAKE PLACE AT THE CORES AND THAT ARE
12	FUNDED EITHER BY CIRM OR OTHER AGENCIES SHOULD BE
13	COMPLYING WITH THEIR OWN DATA SHARING AND MANAGEMENT
14	PLANS.
15	THE KNOWLEDGE AND DATA SHARING PLANS THAT
16	ARE DESCRIBED ON THE PREVIOUS SLIDE WILL BE THE
17	STARTING POINT FOR SHARED RESOURCE LAB NETWORK
18	FUNCTIONS. CIRM WILL COORDINATE A STEERING
19	COMMITTEE OF AWARDEES AND EXTERNAL STAKEHOLDERS TO
20	FACILITATE THE DEVELOPMENT OF PROCESSES AND SYSTEMS
21	FOR SHARING NETWORKWIDE OFFERINGS, BEST PRACTICES,
22	KNOWLEDGE, AND RESOURCES, AND FACILITATE
23	IMPLEMENTATION OF QUALITY STANDARDS, MATERIALS, AND
24	CELL LINES ACROSS THE NETWORK, AND THE DEVELOPMENT
25	OF COLLABORATIVE APPROACHES TOWARD IMPROVING

1	REPRODUCIBILITY OF STEM CELL-BASED MODELS. AND THIS
2	COULD INCLUDE WELL-CHARACTERIZED HUMAN PLURIPOTENT
3	STEM CELL LINES AS A BASIS FOR EXPERIMENTS ACROSS
4	SHARED RESOURCE LABS OR AS CONTROLS ACROSS
5	EXPERIMENTS, CHARACTERIZATION AND QC ASSAYS, QUALITY
6	CONTROL ASSAYS FOR THE STEM CELL-BASED MODELS AND
7	POSSIBLY METADATA STANDARDS.
8	SO THIS IS MY LAST SLIDE, PROVIDING A
9	SUMMARY OF THE CONCEPT FOR SHARED RESOURCE LABS FOR
10	STEM CELL-BASED MODELING. THE TOTAL PROGRAM BUDGET
11	IS \$50 MILLION WITH BUILD AND EQUIP FUNDS OF 26
12	MILLION AND OPERATIONAL FUNDS OF \$24 MILLION. FOR
13	THE INDIVIDUAL AWARDS, THE AWARD CAPS FOR
14	ESTABLISHING SRL'S OF 5.4 MILLION IF THEY OFFER A
15	TECHNIQUES COURSE, \$4.4 MILLION IF THEY DON'T OFFER
16	A TECHNIQUES COURSE, WHILE THE ENHANCING SRL'S RANGE
17	FROM 4.3 WITH AND 3 MILLION WITHOUT A TECHNIQUES
18	COURSE.
19	THE ALLOWABLE COSTS ARE THE BUILD OR
20	RENOVATION FUNDS FOR THE ESTABLISHING SRL'S, DIRECT
21	PROJECT COSTS, FACILITIES COSTS, AND INDIRECT COSTS,
22	AND CO-FUNDING IS REQUIRED FROM THE ENHANCING
23	EXPANSION SHARED RESOURCE LABS AT 20 PERCENT ON
24	THEIR OPERATIONAL COSTS. AS A REMINDER, CALIFORNIA
25	NONPROFIT RESEARCH INSTITUTIONS ARE ELIGIBLE TO

104

-	
1	APPLY.
2	SO I'D NOW LIKE TO ASK THAT THE BOARD
3	APPROVE THIS CONCEPT PLAN, AND I'M HAPPY TO ANSWER
4	QUESTIONS YOU MIGHT HAVE. THANK YOU.
5	CHAIRMAN THOMAS: THANK YOU, UTA, FOR THAT
6	EXTREMELY COMPREHENSIVE AND WELL THOUGHT OUT
7	PRESENTATION.
8	MEMBERS OF THE BOARD, IT SHOULD BE OBVIOUS
9	THAT THIS CONCEPT PLAN, AS WITH ALL OF OUR CONCEPT
10	PLANS, TOOK AN EXTRAORDINARY AMOUNT OF WORK TO GET
11	TO THIS POINT. AND I THINK THAT THE LEVEL OF DETAIL
12	HERE IS JUST OUTSTANDING, AND ALL ASPECTS SHOW
13	EXTREME THOUGHT AS TO WHAT WILL MAKE THIS PROGRAM
14	WORK BEST.
15	DO I HEAR A MOTION TO APPROVE?
16	DR. BARRETT: MOVE APPROVAL.
17	CHAIRMAN THOMAS: MOVED BY KIM. IS THERE
18	A SECOND?
19	DR. ABDULHAQ: SECOND.
20	CHAIRMAN THOMAS: THANK YOU. ARE THERE
21	COMMENTS OR QUESTIONS FROM MEMBERS OF THE BOARD?
22	DR. ABOUSALEM: THANK YOU, UTA, FOR THIS
23	GREAT PRESENTATION. I SUPPORT THE INITIATIVE, GREAT
24	INITIATIVE, AND IT'S GOOD TO SEE THAT WE CAN USE THE
25	FUNDING TO PROVIDE ACCESS THROUGH A PROGRAM LIKE
	105

1	THIS. I HAVE THREE QUESTIONS FOR YOU.
2	THE FIRST ONE IS I SEE THAT COST MATCHING
3	IS PREFERRED, BUT NOT REQUIRED. AND I WOULD LIKE
4	FOR YOU TO COMMENT ON WHY IT WOULD NOT BE REQUIRED
5	KNOWING THAT WHEN THERE'S COST MATCHING, THERE IS A
6	COMMITMENT FROM THE INSTITUTION OR THE APPLICANT,
7	NOT ONLY DURING THE GRANT PERIOD, BUT ALSO IT'S A
8	COMMITMENT FOR LONG-TERM OPERATION OF THE FACILITY,
9	WHICH TAKES ME TO THE SECOND QUESTION.
10	I DON'T QUITE UNDERSTAND THE 20 PERCENT ON
11	OPERATIONAL COSTS, BUT THE QUESTION IS IF YOU CAN
12	EXPLAIN THAT. AND THE QUESTION IS WHAT HAPPENS
13	AFTER THE GRANT PERIOD? ARE YOU REQUIRING THE
14	APPLICANT TO SHOW A PLAN FOR THEIR ABILITY TO
15	CONTINUE OPERATING THE FACILITIES AFTER THE GRANT
16	PERIOD RUNS?
17	AND THEN THE THIRD QUESTION, WHEN YOU
18	APPROVE THE APPLICATIONS, YOU MAY GET REQUESTS FOR
19	GEOGRAPHICAL LOCATIONS THAT ARE ALMOST TOO CLOSE
20	THAT COULD CREATE A REDUNDANCY IN THE SERVICES, OR
21	IN THOSE AREAS YOU MAY NEED DOUBLE CAPACITY AS
22	OPPOSED TO JUST ONE LAB, BUT YOU MAY NEED TWO. HOW
23	ARE YOU GOING TO ASSESS CAPACITY VERSUS COVERAGE
24	GEOGRAPHICALLY? THANK YOU.
25	DR. GRIESHAMMER: VERY GOOD QUESTIONS. SO
	106

1	LET ME START WITH THE COST MATCHING BEING PREFERRED,
2	NOT REQUIRED. JUST TO CLARIFY, WE ARE REQUIRING
3	THAT THE ESTABLISHING ENHANCING SHARED RESOURCE LABS
4	DO PROVIDE 20 PERCENT OF THE OPERATIONAL COSTS. AND
5	WE BUT THAT MEANS THAT THE ESTABLISHING SRL'S ARE
6	NOT REQUIRED TO PROVIDE MATCHING FUNDS ALTHOUGH THEY
7	ARE, OF COURSE, VERY WELCOME AND WOULD LEAD TO
8	PRIORITIZATION.
9	THE RATIONALE BEHIND THAT WAS WE REALLY
10	WANTED TO MAKE SURE TO BE ABLE THE ASSUMPTION IS
11	THAT THE ESTABLISHING SHARED RESOURCE LABS ARE
12	BEHIND IN OFFERING THESE MODELS AND MIGHT NEED JUST
13	MORE SUPPORT FROM CIRM OVERALL TO GET GOING. AND WE
14	DIDN'T WE DECIDED TO PROPOSE TO THEM AND NOT
15	REQUIRE, FOR THAT REASON, OPERATIONAL FUNDS FROM THE
16	INSTITUTION. THAT'S THE RATIONALE BEHIND THAT.
17	YOU ASKED ABOUT THE PLAN FOR OPERATIONS
18	ONCE THE AWARDS ARE COMPLETED. SO WE DO WE WILL
19	ASK OUR APPLICANTS TO PROVIDE THERE'S TWO ANSWERS
20	TO THAT. THE FIRST IS THE TAPERING THE PHASES OF
21	THE AWARD AND THE TAPERING OF FUNDING IN THE LAST
22	PHASE, WHICH IS MEANT TO ALREADY HAVE THE SHARED
23	RESOURCE LABS OPERATING UNDER ONLY HALF OF CIRM
24	OPERATIONAL SUPPORT IN PREPARATION FOR THE END OF
25	THE AWARD WHERE THEY THEN ARE EXPECTED TO FUNCTION

107

1	INDEPENDENTLY. YES, WE DO EXPECT THEM IN THE
2	APPLICATION TO PROVIDE A BUSINESS PLAN FOR HOW THIS
3	WILL WORK FOR THEM, HOW THEY ANTICIPATE THAT. AND
4	THEN DURING THE AWARD, WE'LL HAVE AS A MILESTONE AN
5	UPDATED PLAN THAT MIGHT BE INFORMED BY WHAT HAPPENED
6	DURING THE AWARD PERIOD. BUT, YES, WE WILL EXPECT
7	THEM TO PROVIDE TO US AN UPDATED PLAN FOR OPERATIONS
8	AFTER THE AWARD.
9	NOW, THE REDUNDANCY OF THE SERVICES, YOUR
10	QUESTION ABOUT HOW TO DISTRIBUTE THESE FACILITIES
11	ACROSS THE STATE IN THE MOST OPTIMAL MANNER IS A
12	TRICKY ONE. SINCE WE DO REVIEW APPLICATIONS
13	INDEPENDENTLY FOR THEIR MERIT AND NOT AS A GROUP,
14	AND MAYBE OTHERS FROM CIRM CAN CHIME IN, BUT ONE
15	COMMENT I WANTED TO MAKE IS THAT SOME REDUNDANCY IN
16	THE SYSTEM, I THINK, WILL BE HIGHLY APPRECIATED
17	ACTUALLY. SO, FOR INSTANCE, IN THE CONTEXT OF
18	ADDRESSING REPRODUCIBILITY ISSUES. SO IF SIMILAR
19	MODELS ARE BEING OFFERED NEARBY OR MORE BROADLY
20	DISTRIBUTED, IT GIVES AN OPPORTUNITY FOR RESEARCHERS
21	TO TEST THE HYPOTHESES USING THESE TWO DIFFERENT
22	OFFERINGS. IT MIGHT HELP WITH UNDERSTANDING BETTER
23	THE TRUE REPRODUCIBILITY OF THE FINDINGS. SO THAT
24	COULD BE ACTUALLY A STRENGTH IF THERE'S SOME
25	REDUNDANCY.

108

1	AND THE OTHER THING I WILL SAY IS THAT A
2	PART OF WHAT WE WANTED, ESPECIALLY THE ENHANCING
3	EXPANSION SHARED RESOURCE LABS, TO THINK ABOUT IS
4	NOT ONLY TO SERVE THE GRANTEE INSTITUTION AND THEIR
5	LOCAL COMMUNITY, BUT HOW CAN THEY REALLY SHARE THEIR
6	HIGHLY SPECIALIZED TECHNOLOGIES ACROSS THE STATE?
7	SO WE'LL LOOK FOR THAT IN THE APPLICATIONS AS WELL.
8	IT MIGHT NOT BE THAT EVERYBODY CAN COME TO THE CORE,
9	BUT THERE MIGHT BE OTHER WAYS OF MORE BROADLY
10	SHARING. SO THAT MIGHT ADDRESS SOME OF YOUR
11	CONCERNS. I'LL STOP THERE.
12	DR. ABOUSALEM: THANK YOU.
13	DR. ABDULHAQ: YES. THANK YOU SO MUCH FOR
14	A VERY THOROUGH PRESENTATION. I AM VERY MUCH IN
15	SUPPORT OF THIS PROPOSAL. IT HAS A BIG UNMET NEED.
16	MY QUESTION IS DO YOU SEE HOW DO YOU
17	SEE THIS INTERACTING WITH THE ALPHA CLINICS IN THE
18	FUTURE? AND HOW CAN IT BE IN SUPPORT OF THE ALPHA
19	CLINICS?
20	MY OTHER QUESTION IS ARE THESE LABS GOING
21	TO BE ONLY FOR STEM CELL MODELS, OR WOULD YOU
22	CONSIDER EXPANDING THIS TO HAVING THESE LABS FOR
23	STEM CELL PRESERVATION AND PROCESSING, AND MAYBE
24	ALTHOUGH THAT WOULD BE A TOTALLY DIFFERENT AREA, BUT
25	IN MY MIND THIS IS ANOTHER BIG UNMET NEED IN
	100

109

1	CALIFORNIA THAT POTENTIALLY CAN HELP OTHER SMALLER			
2	CENTERS PARTICIPATING IN STEM CELL TRIALS.			
3	DR. GRIESHAMMER: THANK YOU FOR THOSE			
4	QUESTIONS. ALPHA STEM CELL CLINIC CONNECTIONS, IT			
5	WAS A GREAT QUESTION. I HAVEN'T REALLY THOUGHT			
6	ABOUT THAT. WHAT COMES TO MIND IS THAT I, FOR			
7	INSTANCE, ASSUME THAT AS PART OF ANY CLINICAL			
8	RESEARCH THAT'S RELATED TO STEM CELL AND GENE			
9	THERAPY, QUESTIONS ARISE IN THE BACKWARDS FROM THE			
10	BENCH FROM THE BEDSIDE TO THE BENCH DIRECTION OF			
11	RESEARCH. AND SO THE CLINICAL RESEARCHERS WHO ARE			
12	DOING THE WORK IN THE ALPHA STEM CELL CLINICS WOULD			
13	HAVE ACCESS THROUGH THEIR MORE BASIC RESEARCH FUNDS			
14	TO BRING QUESTIONS THAT ARISE TO THE STEM CELL			
15	MODELING FIELD. SO THAT WOULD BE A REALLY EXCITING			
16	WAY OF SUPPORTING RESEARCH WITHIN THESE BASIC			
17	RESEARCH CORES ADDRESSING QUESTIONS THAT ARISE AT			
18	THE BEDSIDE. SO THAT MIGHT BE A GREAT WAY OF			
19	THINKING ABOUT THAT.			
20	AND THEN YOU ASKED ABOUT WHETHER THESE			
21	SHARED LABORATORIES COULD ALSO BE IN THE BUSINESS,			
22	SO TO SPEAK, OF PRESERVING STEM CELL LINES AND ET			
23	CETERA. AND I THINK THAT IS NOT CURRENTLY PART OF			
24	THE WAY WE ENVISION THESE STEM CELL LABS TO			
25	FUNCTION. NOW, THEY WILL, AS PART OF THE			
	110			

110

-	
1	OPERATIONS, BE OFFERING WHATEVER THAT THEY OFFER.
2	IF YOUR QUESTION ABOUT WOULD THEY ALSO BE TAKING IN
3	CELL LINES THAT GET GENERATED AND DISTRIBUTE THEM,
4	ET CETERA, I THINK THAT WOULD BE ASKING, THAT'S MY
5	OPINION, IT WOULD BE ASKING TOO MUCH FROM THIS KIND
6	OF CORE OPERATION TO BE ALSO A BANKER.
7	NOW, I UNDERSTAND YOUR CONCERN ABOUT THIS
8	BEING A GREAT NEED, AND SO IT'S SOMETHING THAT
9	SHOULD BE THOUGHT ABOUT IN GENERAL IS MY QUESTION TO
10	THAT ANSWER.
11	DR. ABDULHAQ: THANK YOU.
12	MS. BONNEVILLE: ART, YOU HAVE YOUR HAND
13	RAISED.
14	MR. TORRES: THANK YOU TO THE WONDERFUL
15	STAFF, UTA AND OTHERS, WHO PUT THIS PROPOSAL
16	TOGETHER. IT WAS ALMOST NOT INCLUDED IN PROP 14
17	WHEN BOB KLEIN AND I WERE WRITING IT ALONG WITH
18	JAMES HARRISON. IT WAS ADDED ALMOST NOT THE LAST
19	MINUTE, BUT IT WAS JUST A VERY CONTROVERSIAL ISSUE
20	BECAUSE, AS YOU KNOW, THERE WAS SOME CONTROVERSY IN
21	THE PAST WHERE PEOPLE WERE NOT SUPPORTIVE OF SHARED
22	LABS. SO I'M GLAD WE PUT IT IN, AND YOU PROVED TO
23	US THAT WE WERE RIGHT TO PUT IT IN BECAUSE THE
24	PROJECT YOU PROPOSE, I THINK, IS TERRIFIC, AND I
25	LOOK FORWARD TO SEEING IT.

111

-				
1	DR. GRIESHAMMER: THANK YOU FOR THAT			
2	PERSPECTIVE. I SEE KEITH HAS HIS HAND RAISED.			
3	DR. YAMAMOTO: YES. HI, UTA. THANK YOU			
4	FOR THE PRESENTATION. IT'S GOOD TO SEE YOU.			
5	I DON'T THINK THERE'S ANY DOUBT THAT THERE			
6	IS A NEED FOR FACILITIES LIKE THIS, THAT GOOD THINGS			
7	WOULD COME FROM PROVIDING THESE KINDS OF RESOURCES			
8	TO THE COMMUNITY. MY QUESTION, THOUGH, IS RELATED			
9	TO THAT. AND THAT IS HOW YOU DECIDED TO SCALE THESE			
10	EFFORTS. HOW MANY SUCH FACILITIES TO BUILD, WHICH			
11	REALLY ASKS WHETHER YOU DID ESSENTIALLY A MARKET			
12	ANALYSIS TO DETERMINE WHETHER THE COMMUNITY SENSES			
13	THE NEED IN SUCH A WAY THAT THEY WOULD BE HAPPY TO			
14	PAY FEE FOR SERVICE TO PARTICIPATE AND WORK IN THESE			
15	FACILITIES.			
16	SO GOING INTO THIS AND THEN SCALING THE			
17	MODEL, DID YOU BASE THAT ON ESSENTIALLY A MARKET			
18	ANALYSIS?			
19	DR. GRIESHAMMER: TO SORT OF ANSWER YOUR			
20	QUESTION, WE CERTAINLY HAVE EXPERIENCE WITH PREVIOUS			
21	SHARED LABORATORIES THAT WERE FUNDED UNDER			
22	PROPOSITION 71. AND WE WERE GUIDED BY THE SET ASIDE			
23	IN THE PROPOSITION 14 OF THE BUILD AND EQUIP FUNDS			
24	FOR SHARED RESOURCE LABORATORIES. SO THAT'S ONE			
25	GUIDING SET OF GUIDING PRINCIPLES THAT WE USED. AND			
	112			

Г

1	I SEE ROSA WOULD LIKE TO COMMENT.			
2	DR. CANET-AVILES: THANK YOU, UTA. THANK			
3	YOU, KEITH, FOR YOUR QUESTION. ACTUALLY SO THE			
4	MARKET ANALYSIS THAT WE'VE DONE BESIDES WHAT UTA WAS			
5	JUST MENTIONING HAS BEEN THROUGH ALL THESE			
6	STAKEHOLDER MEETINGS, TOWN HALLS, ALSO INFORMATION			
7	FROM OUR WORKSHOP THAT WE HAD IN FEBRUARY. WE SPOKE			
8	TO MANY OF THE USERS OF SHARED RESOURCE LABS, AND			
9	THE LEADS OF MOST SHARED RESOURCE LABS, AND ALSO THE			
10	POTENTIAL USERS FOR THEM, THE ESTABLISHING SHARED			
11	RESOURCE LABS. SO WE DID KIND OF A LANDSCAPE			
12	ANALYSIS INTERNALLY AT CIRM WITHIN THE STAFF, AND			
13	THEN WE REACHED OUT TO ALL OF THEM, AND UTA AND I			
14	HAVE HAD MANY CONVERSATIONS WITH MANY POTENTIAL			
15	APPLICANTS AND PEOPLE THAT HAVE REACHED OUT TO US.			
16	SO THAT'S HOW WE WORKED IT OUT. IT WASN'T A			
17	FORMALIZED PROCESS, BUT IT WAS IN RESPONSE TO HOW WE			
18	WERE DEVELOPING THESE CONCEPTS AND GATHERING INPUT.			
19	DR. YAMAMOTO: THANK YOU.			
20	CHAIRMAN THOMAS: MARIA			
21	MS. BONNEVILLE: NO MORE HANDS RAISED.			
22	CHAIRMAN THOMAS: OKAY. DO WE HAVE ANY			
23	PUBLIC COMMENT?			
24	MS. BONNEVILLE: I DON'T SEE ANY PUBLIC			
25	COMMENT.			
	113			

1	CHAIRMAN THOMAS: OKAY. THEN, MARIA, WILL		
2	YOU PLEASE CALL THE ROLL.		
3	MS. BONNEVILLE: HAIFAA ABDULHAQ.		
4	DR. ABDULHAQ: YES.		
5	MS. BONNEVILLE: MOHAMMED ABOUSALEM.		
6	DR. ABOUSALEM: YES.		
7	MS. BONNEVILLE: KIM BARRETT.		
8	DR. BARRETT: AYE.		
9	MS. BONNEVILLE: DAN BERNAL.		
10	MR. BERNAL: AYE.		
11	MS. BONNEVILLE: GEORGE BLUMENTHAL.		
12	DR. BLUMENTHAL: YES.		
13	MS. BONNEVILLE: MICHAEL BOTCHAN. LINDA		
14	BOXER.		
15	DR. BOXER: YES.		
16	MS. BONNEVILLE: JUDY CHOU.		
17	DR. CHOU: YES.		
18	MS. BONNEVILLE: LEONDRA CLARK-HARVEY.		
19	DEBORAH DEAS.		
20	DR. DEAS: YES.		
21	MS. BONNEVILLE: ANNE-MARIE DULIEGE.		
22	DR. DULIEGE: YES.		
23	MS. BONNEVILLE: YSABEL DURON.		
24	MS. DURON: YES.		
25	MS. BONNEVILLE: MARK FISCHER-COLBRIE.		
	114		

1	DR. FISCHER-COLBRIE: YES.
2	MS. BONNEVILLE: FRED FISHER. ELENA
3	FLOWERS.
4	DR. FLOWERS: YES.
5	MS. BONNEVILLE: JUDY GASSON.
6	DR. GASSON: YES.
7	MS. BONNEVILLE: LARRY GOLDSTEIN.
8	DR. GOLDSTEIN: YES.
9	MS. BONNEVILLE: DAVID HIGGINS. STEPHEN
10	JUELSGAARD.
11	MR. JUELSGAARD: YES.
12	MS. BONNEVILLE: RICH LAJARA.
13	MR. LAJARA: YES.
14	MS. BONNEVILLE: PAT LEVITT.
15	DR. LEVITT: YES.
16	MS. BONNEVILLE: LINDA MALKAS.
17	DR. MALKAS: YES.
18	MS. BONNEVILLE: SHLOMO MELMED.
19	DR. MELMED: YES.
20	MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
21	DR. MIASKOWSKI: YES.
22	MS. BONNEVILLE: LAUREN MILLER-ROGEN.
23	MS. MILLER-ROGEN: YES.
24	MS. BONNEVILLE: ADRIANA PADILLA.
25	DR. PADILLA: YES.
	115
	115

1	MS. BONNEVILLE: JOE PANETTA. AL ROWLETT.			
2	MARVIN SOUTHARD. MICHAEL STAMOS. JONATHAN THOMAS.			
3	CHAIRMAN THOMAS: YES.			
4	MS. BONNEVILLE: ART TORRES.			
5	MR. TORRES: AYE.			
6	MS. BONNEVILLE: KAROL WATSON.			
7	DR. WATSON: YES.			
8	MS. BONNEVILLE: KEITH YAMAMOTO.			
9	DR. YAMAMOTO: YES.			
10	MS. BONNEVILLE: THE MOTION CARRIES.			
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
	116			
	133 HENNA COURT, SANDPOINT, IDAHO 83864			

1	CHAIRMAN THOMAS: OKAY. THANK YOU. I
2	THINK WE'RE GOING TO TAKE A FIVE-MINUTE BREAK HERE
3	JUST TO GIVE BETH A CHANCE TO RECOVER. AND WE HAVE
4	A FEW MORE ACTION ITEMS COMING, INCLUDING ITEM 10,
5	WHICH WE ARE REALLY LOOKING FORWARD TO FOR MARIA.
6	SO WE WILL RESUME BACK IN ABOUT FIVE MINUTES. THANK
7	YOU.
8	(A RECESS WAS TAKEN.)
9	CHAIRMAN THOMAS: OKAY. IF WE COULD ALL
10	REGROUP PLEASE. ALL RIGHT. WE HAVE A COUPLE OF
11	FAIRLY MINISTERIAL ACTION ITEMS. FIRST UP, SO ITEM
12	8, CONSIDERATION OF AMENDMENTS TO GWG BYLAWS. GIL.
13	DR. SAMBRANO: THANK YOU, MR. CHAIRMAN, SO
14	WE HAVE SOME PROPOSED AMENDMENTS FOR THE GRANTS
15	WORKING GROUP BYLAWS. AND THE BYLAWS OUTLINE THE
16	OVERALL RESPONSIBILITIES, FUNCTIONS, AND PROCESSES
17	OF THE GRANTS WORKING GROUP. AND PERIODICALLY WE
18	PROVIDE UPDATES OR PROPOSED UPDATES TO PROVIDE
19	CLARITY AND ADDRESS CHANGES IN OUR PROCESS AND/OR
20	RULES. AND THE LAST TIME WE DID THIS WAS IN
21	FEBRUARY OF 2021.
22	THE PRIMARY CHANGES FOR THIS ROUND ARE AS
23	FOLLOWS. THE PRIMARY CHANGE IS THE ADDITION OF
24	EVALUATION AND SCORING OF APPLICATION COMPONENTS
25	ADDRESSING DIVERSITY, EQUITY, AND INCLUSION BY
	117

1	PATIENT ADVOCATE MEMBERS OF THE GRANTS WORKING			
2	GROUP. WE WANTED TO ENSURE THAT WITHIN THE GRANTS			
3	WORKING GROUP BYLAWS WE INCLUDE THIS ELEMENT AND			
4	OUTLINE THE FACT THAT OUR PATIENT ADVOCATE MEMBERS			
5	CAN, IN FACT, SCORE APPLICATIONS BASED ON THIS			
6	ELEMENT.			
7	SOME ADDITIONAL CHANGES, CLARIFICATION OF			
8	LANGUAGE RELATED TO THE ROLE OF THE CIRM SCIENTIFIC			
9	TEAM IN REVIEW TO ALIGN WITH OUR CURRENT PROCESS AND			
10	POLICIES. A CLARIFICATION OF THE DEFINITION OF			
11	VITAL RESEARCH OPPORTUNITY, WHICH IS SIMPLY MATCHING			
12	IT TO THE LANGUAGE THAT EXISTS IN PROP 14, AND SOME			
13	MINOR EDITS TO LANGUAGE FOR GRAMMAR OR			
14	CLARIFICATION.			
15	SO THESE AMENDMENTS THAT WE ARE PROPOSING			
16	WE SEEK APPROVAL FROM THE BOARD TO DO SO. MR.			
17	CHAIRMAN.			
18	CHAIRMAN THOMAS: THANKS, GIL. IS THERE A			
19	MOTION TO APPROVE?			
20	DR. BLUMENTHAL: SO MOVED.			
21	CHAIRMAN THOMAS: SECOND?			
22	MS. DURON: SECOND.			
23	CHAIRMAN THOMAS: THANK YOU. ANY			
24	QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?			
25	ANY PUBLIC COMMENT?			
	118			

118

-	
1	MS. BONNEVILLE: I DO NOT SEE ANY HANDS
2	RAISED.
3	CHAIRMAN THOMAS: HEARING NONE, MARIA,
4	WILL YOU PLEASE CALL THE ROLL.
5	MS. BONNEVILLE: HAIFAA ABDULHAQ.
6	DR. ABDULHAQ: YES.
7	MS. BONNEVILLE: MOHAMMED ABOUSALEM.
8	DR. ABOUSALEM: YES.
9	MS. BONNEVILLE: KIM BARRETT.
10	DR. BARRETT: AYE.
11	MS. BONNEVILLE: DAN BERNAL.
12	MR. BERNAL: AYE.
13	MS. BONNEVILLE: GEORGE BLUMENTHAL.
14	DR. BLUMENTHAL: YES.
15	MS. BONNEVILLE: MICHAEL BOTCHAN. LINDA
16	BOXER.
17	DR. BOXER: YES.
18	MS. BONNEVILLE: JUDY CHOU.
19	DR. CHOU: AYE.
20	MS. BONNEVILLE: LEONDRA CLARK-HARVEY.
21	DEBORAH DEAS.
22	DR. DEAS: YES.
23	MS. BONNEVILLE: ANNE-MARIE DULIEGE.
24	YSABEL DURON.
25	MS. DURON: YES.
	119
	113

1	MS.	BONNEVILLE: MARK FISCHER-COLBRIE.
2	FRED FISHER.	ELENA FLOWERS.
3	DR.	FLOWERS: YES.
4	MS.	BONNEVILLE: JUDY GASSON.
5	DR.	GASSON: YES.
6	MS.	BONNEVILLE: LARRY GOLDSTEIN.
7	DR.	GOLDSTEIN: YES.
8	MS.	BONNEVILLE: STEPHEN JUELSGAARD.
9	MR.	JUELSGAARD: YES.
10	MS.	BONNEVILLE: RICH LAJARA.
11	MR.	LAJARA: YES.
12	MS.	BONNEVILLE: PAT LEVITT.
13	DR.	LEVITT: YES.
14	MS.	BONNEVILLE: LINDA MALKAS.
15	DR.	MALKAS: YES.
16	MS.	BONNEVILLE: SHLOMO MELMED. CHRISTINE
17	MIASKOWSKI.	
18	DR.	MIASKOWSKI: YES.
19	MS.	BONNEVILLE: LAUREN MILLER-ROGEN.
20	MS.	MILLER-ROGEN: YES.
21	MS.	BONNEVILLE: ADRIANA PADILLA.
22	DR.	PADILLA: YES.
23	MS.	BONNEVILLE: JOE PANETTA. AL ROWLETT.
24	MARVIN SOUTHA	RD. MICHAEL STAMOS.
25	DR.	STAMOS: YES. THIS TIME I GOT TO MY
		120
		1LV

1	MUTE BUTTON IN TIME. THANK YOU.
2	MS. BONNEVILLE: JONATHAN THOMAS.
3	CHAIRMAN THOMAS: YES AND YES.
4	MS. BONNEVILLE: ART TORRES. KAROL
5	WATSON.
6	DR. WATSON: YES.
7	MS. BONNEVILLE: SO I'M GOING TO GO BACK
8	AND ASK FOR A FEW AND SEE IF THEY JOINED.
9	MICHAEL BOTCHAN. HOW ABOUT ANNE-MARIE?
10	DR. DULIEGE: YES. I DID JOIN.
11	MS. BONNEVILLE: MARK FISCHER-COLBRIE.
12	CHRISTINE MIASKOWSKI.
13	DR. MIASKOWSKI: YES.
14	MS. BONNEVILLE: THANK YOU. AND HOW ABOUT
15	ART? DID WE GET ART BACK? THERE'S NO ART.
16	DR. YAMAMOTO: MARIA, YOU DIDN'T CALL ME.
17	MS. BONNEVILLE: WHO? KEITH. SO SORRY.
18	KEITH YAMAMOTO.
19	DR. YAMAMOTO: YES.
20	MS. BONNEVILLE: THE MOTION CARRIES.
21	WE ARE MISSING A COUPLE OF BOARD MEMBERS. HOPEFULLY
22	THEY CAN REJOIN.
23	CHAIRMAN THOMAS: THANK YOU.
24	ITEM 9, CONSIDERATION OF MINUTES FROM THE
25	SEPTEMBER 20 ARS MEETING AND SEPTEMBER 29 ICOC
	121

1	MEETING. WE HAVE A MOTION TO APPROVE? I'LL MOVE TO
2	APPROVE. IS THERE A SECOND?
3	DR. DULIEGE: SECOND.
4	CHAIRMAN THOMAS: ANY QUESTIONS OR
5	COMMENTS ON THIS ITEM FROM MEMBERS OF THE BOARD?
6	ANY PUBLIC COMMENT? MARIA, WILL YOU PLEASE CALL THE
7	ROLL.
8	MS. BONNEVILLE: YES. HAIFAA ABDULHAQ.
9	DR. ABDULHAQ: YES.
10	MS. BONNEVILLE: MOHAMMED ABOUSALEM.
11	DR. ABOUSALEM: YES.
12	MS. BONNEVILLE: KIM BARRETT.
13	DR. BARRETT: AYE.
14	MS. BONNEVILLE: DAN BERNAL.
15	MR. BERNAL: AYE.
16	MS. BONNEVILLE: GEORGE BLUMENTHAL.
17	DR. BLUMENTHAL: YES.
18	MS. BONNEVILLE: MICHAEL BOTCHAN. LINDA
19	BOXER.
20	DR. BOXER: YES.
21	MS. BONNEVILLE: JUDY CHOU.
22	DR. CHOU: YES.
23	MS. BONNEVILLE: LEONDRA CLARK-HARVEY.
24	DEBORAH DEAS.
25	DR. DEAS: YES.
	122

1	MS. BONNEVILLE: ANNE-MARIE DULIEGE.
2	DR. DULIEGE: YES.
3	MS. BONNEVILLE: YSABEL DURON.
4	MS. DURON: YES.
5	MS. BONNEVILLE: MARK FISCHER-COLBRIE.
6	ELENA FLOWERS.
7	DR. FLOWERS: YES.
8	MS. BONNEVILLE: JUDY GASSON.
9	DR. GASSON: YES.
10	MS. BONNEVILLE: LARRY GOLDSTEIN.
11	DR. GOLDSTEIN: YES.
12	MS. BONNEVILLE: STEPHEN JUELSGAARD.
13	MR. JUELSGAARD: YES.
14	MS. BONNEVILLE: RICH LAJARA.
15	MR. LAJARA: YES.
16	MS. BONNEVILLE: PAT LEVITT.
17	DR. LEVITT: YES.
18	MS. BONNEVILLE: LINDA MALKAS.
19	DR. MALKAS: YES.
20	MS. BONNEVILLE: SHLOMO MELMED. CHRISTINE
21	MIASKOWSKI.
22	DR. MIASKOWSKI: YES.
23	MS. BONNEVILLE: LAUREN MILLER-ROGEN.
24	MS. MILLER-ROGEN: YES.
25	MS. BONNEVILLE: ADRIANA PADILLA.
	123
	120

	·
1	DR. PADILLA: YES.
2	MS. BONNEVILLE: JOE PANETTA. AL ROWLETT.
3	MARVIN SOUTHARD. MICHAEL STAMOS.
4	DR. STAMOS: YES.
5	MS. BONNEVILLE: JONATHAN THOMAS.
6	CHAIRMAN THOMAS: YES.
7	MS. BONNEVILLE: ART TORRES. KAROL
8	WATSON.
9	DR. WATSON: YES.
10	MS. BONNEVILLE: KEITH YAMAMOTO.
11	DR. YAMAMOTO: YES.
12	MS. BONNEVILLE: THE MOTION CARRIES.
13	CHAIRMAN THOMAS: OKAY. THANK YOU. ALL
14	RIGHT.
15	MR. TORRES: I LOST THE INTERNET, SO I
16	MISSED THAT ROLL CALL. COULD YOU RECORD ME AS AN
17	AYE?
18	MS. BONNEVILLE: YES. NO PROBLEM. THANK
19	YOU, ART.
20	CHAIRMAN THOMAS: OKAY. ITEM NO. 10. I
21	AM SO DELIGHTED AND PROUD TO BE ABLE TO INTRODUCE TO
22	YOU OUR NOMINEE FOR NEXT VICE CHAIR OF CIRM, WHO, AS
23	YOU KNOW, RAN THE TABLE AND RECEIVED THE NOMINATIONS
24	OF FOUR CONSTITUTIONAL OFFICERS, OR I SHOULD SAY ALL
25	FOUR CONSTITUTIONAL OFFICERS, OUR OWN MARIA
	124

BONNEVILLE.

1

2	AND THE PROCESS WE'RE GOING TO GO THROUGH
3	HERE TO CONSIDER HER NOMINATION IS MARIA, HAVING
4	BEEN VETTED AND DISCUSSED ALREADY BY THE GOVERNANCE
5	SUBCOMMITTEE, WHICH WE'LL GO INTO A BIT LATER, IS
6	GOING TO READ IN OPEN SESSION HER LETTER TO THE
7	BOARD EXPRESSING HER INTEREST AND REASONS FOR
8	WANTING TO BE VICE CHAIR. AND AFTER THAT, WE WILL
9	GO INTO CLOSED SESSION FOR Q AND A WITH MARIA IN
10	CLOSED SESSION WITH THE WHOLE BOARD, AND THEN I WILL
11	GIVE FURTHER DIRECTION OF WHAT WE'RE GOING TO DO
12	ONCE WE GET IN THERE. BUT THE FIRST THING THAT
13	WE'RE GOING TO DO IS, WITHOUT FURTHER ADO, TO HEAR
14	FROM MARIA HERSELF. SO, MARIA, PLEASE TAKE IT AWAY.
15	MS. BONNEVILLE: THANK YOU. DEAR BOARD
16	MEMBERS, I AM VERY HONORED AND EXCITED TO BE
17	NOMINATED TO THE VICE CHAIR POSITION OF THE ICOC.
18	HAVING ARRIVED AT CIRM 11 YEARS AGO AT A TIME WHEN
19	MY FATHER WAS NEWLY DIAGNOSED WITH PARKINSON'S, I
20	WAS ENTHRALLED WITH THE PROMISE OF REGENERATIVE
21	MEDICINE AND THE POSSIBILITIES OF ADVANCES THAT
22	WOULD EASE THE BURDEN FOR NOT JUST HIM, BUT ALSO FOR
23	THE HUNDREDS OF THOUSANDS WHO LIVE WITH
24	NEURODEGENERATIVE DISEASES. TO THIS DAY I AM STILL
25	AWED BY AND EXCITED AT THE POSSIBILITY OF MAKING A

125

1	DIFFERENCE FOR SO MANY WHO SUFFER FROM INCURABLE
2	DISEASES.
3	AS SOMEONE WHO CAME TO LOVE AND APPRECIATE
4	SCIENCE LATE IN LIFE, I STILL SIT IN AMAZEMENT AT
5	THE ACCOMPLISHMENT IN THE FIELD AS WELL AS THE ROLE
6	CIRM HAS PLAYED IN MAKING THIS HAPPEN. I BELIEVE MY
7	EXPERIENCE AT CIRM POSITIONS ME WELL FOR THE VICE
8	CHAIR ROLE. CIRM IS A UNIQUE AGENCY WITH A LARGE
9	BOARD AND A LONG HISTORY. IN MY VARIOUS ROLES, I
10	HAVE WORKED WITH BOTH THE CHAIR AND VICE CHAIR IN
11	SETTING AGENDAS, PRIORITIZING WORK, DRIVING POLICY,
12	AND ADVISING ACCORDINGLY.
13	IN ADDITION, I WORKED HARD TO BUILD
14	TRUSTED RELATIONSHIPS WITH ALL OF YOU SO THAT I
15	COULD LEARN AND UNDERSTAND WHAT AREAS WERE OF THE
16	MOST INTEREST AND WHERE I COULD HELP SHED LIGHT ON
17	THOSE PROGRAMS OR INITIATIVES.
18	FURTHER, I HAVE WORKED CLOSELY WITH MARIA
19	MILLAN FOR THE LAST DECADE, AND WE HAVE A GREAT
20	WORKING RELATIONSHIP. I BELIEVE I PROVIDE A LEVEL
21	OF CONTINUITY AND EXPERTISE THAT BENEFITS THE BOARD
22	AND HELPS IN TIMES OF TRANSITION.
23	ONE AREA OF SUBSTANTIVE EXPERTISE AND
24	PASSION THAT I HAVE DEVELOPED THROUGH MY TIME AT
25	CIRM HAS BEEN IN PUBLIC OUTREACH AND COMMUNICATION.
	126

1	WITH THE PASSAGE OF PROPOSITION 14 AND ITS INCREASED
2	IMPORTANCE ON THESE AREAS AND THEIR EXPANSION INTO
3	AFFORDABILITY AND ACCESSIBILITY, MY EXPERIENCE
4	UNIQUELY POSITIONS ME TO UNDERTAKE THE VICE CHAIR'S
5	NEW RESPONSIBILITY OF CHAIRING THE ACCESSIBILITY AND
6	AFFORDABILITY WORKING GROUP AND GUIDING THIS PART OF
7	CIRM'S MISSION.
8	NOTABLY, AFTER PROP 14'S PASSAGE, I WORKED
9	CLOSELY WITH THE CHAIR AND VICE CHAIR TO IDENTIFY,
10	RECRUIT, AND INTERVIEW ALMOST ALL THE CURRENT
11	MEMBERS ON THAT WORKING GROUP. THE AAWG'S WORK HAS
12	ONLY RECENTLY STARTED AND WILL GREATLY EXPAND OVER
13	THE NEXT FEW YEARS. WHILE ITS WORK HAS MOST
14	RECENTLY BEEN FOCUSED ON PATIENT SUPPORT SERVICES
15	AND ACCESSING THE \$15.6 MILLION IN THE PATIENT
16	ASSISTANCE FUND, IT WILL SOON NEED TO ADDRESS THE
17	COMMUNITY CARE CENTERS OF EXCELLENCE. THIS PROGRAM
18	IS DRIVEN BY COMMUNITY, WORKING GROUP, AND BOARD
19	INPUT.
20	ADDITIONALLY, AS THE TEAM GROWS, THE
21	PARTNERSHIP BETWEEN THE BOARD, THE ACCESSIBILITY AND
22	AFFORDABILITY WORKING GROUP, AND CIRM'S MEDICAL
23	AFFAIRS TEAM WILL BE CRITICAL TO SET PRIORITIES AND
24	BRING A ROAD MAP TO THE BOARD FOR FINAL APPROVAL.
25	THIS PLAN SHOULD INCLUDE YEARLY GOALS AND ESTIMATED
	107

127

1	BUDGET BOTH FOR ADMINISTRATIVE FUNDS AND FOR
2	RESEARCH-RELATED PROGRAMS.
3	THERE ARE PLENTY OF POLICY AREAS TO COVER
4	AS WELL, SOME OF WHICH WILL REQUIRE AAWG INPUT, SOME
5	WILL REQUIRE STANDARDS WORKING GROUP INPUT, AND SOME
6	WILL REQUIRE FINAL ENDORSEMENT BY THE BOARD. THESE
7	AREAS, STANDARDS FOR REIMBURSEMENT, APPROPRIATE USE
8	OF CIRM'S PATIENT ASSISTANCE FUND, HOW TO COMBAT
9	STEM CELL TOURISM, PRICING, AND OTHERS ALSO NEED
10	FOCUS AND GUIDANCE. I SPENT OVER A DECADE WORKING
11	IN SACRAMENTO BOTH ON CAMPAIGNS AND ON STAFF AND
12	MAINTAIN CLOSE RELATIONSHIPS WITH FORMER COLLEAGUES
13	WHO NOW WORK IN VARIOUS FUNCTIONS IN STATE
14	GOVERNMENT. IT IS IMPORTANT TO CONTINUE OUR CURRENT
15	VICE CHAIR'S STEADFAST WORK KEEPING SACRAMENTO UP TO
16	SPEED ON CIRM'S PROGRESS.
17	HAVING WORKED CLOSELY WITH THE BOARD, I
18	HAVE OTHER SUGGESTIONS TO OPTIMIZE THE BOARD'S
19	EFFECTIVENESS AND INFLUENCE. THEY INCLUDE SETTING A
20	BOARD CALENDAR FOR THE YEAR THAT LAYS OUT
21	ORGANIZATIONWIDE INITIATIVES WITH TIME FRAMES SO
22	THAT THE BOARD CAN RELY ON A MORE CONSISTENT
23	SCHEDULE. A BOARD RETREAT WHEN THE NEW CHAIR
24	STARTS. ALL MEMBERS COULD BENEFIT FROM A FOCUSED
25	DAY DISCUSSING CIRM'S PRIORITIES, THE YEARS AHEAD,

128

1	AND ANY NEW SUBJECT MATTERS OR POLICY AREAS TO BE
2	CONSIDERED THROUGHOUT THAT YEAR. PUBLIC OUTREACH
3	WORK AS DIRECTED BY THE TEAM, CONTINUED WORK ON
4	DIVERSITY, EQUITY, AND INCLUSION POLICIES AND
5	PROGRAMS, AND WORKING GROUP AND SUBCOMMITTEE
6	MEMBERSHIP.
7	THANK YOU ALL FOR CONSIDERING MY
8	NOMINATION AND ALLOWING ME TO CONTINUE TO WORK TO
9	FULFILL CIRM'S MISSION TO THE PEOPLE OF CALIFORNIA.
10	CHAIRMAN THOMAS: THANK YOU, MARIA. I'M
11	GOING TO HOLD ALL COMMENTS, QUESTIONS TILL WE GET
12	INTO CLOSED SESSION HERE. AND TOWARDS THAT END,
13	KAREN GETMAN WILL BE READING US THE APPROPRIATE
14	SUBSECTION LANGUAGE TO TAKE US INTO CLOSED SESSION.
15	KAREN.
16	MS. GETMAN: WE ARE GOING INTO CLOSED
17	SESSION PURSUANT TO GOVERNMENT CODE SECTION 11126,
18	SUBDIVISION A AND HEALTH AND SAFETY CODE SECTION
19	125290.30(F)(3)(D) FOR A DISCUSSION OF PERSONNEL, IN
20	PARTICULAR, THE RECOMMENDATION CONCERNING THE
21	NOMINEE FOR VICE CHAIR, INCLUDING PERCENT EFFORT,
22	COMPENSATION, AND START DATE, AND THE RECOMMENDATION
23	REGARDING PERCENT EFFORT, COMPENSATION, AND START
24	DATE FOR THE CHAIR.
25	CHAIRMAN THOMAS: THANK YOU. AND SO,
	129

11AND START DATE. AND BEFORE WE LOOK TO A MOTION, I'M12GOING TO ASK THE CHAIR OF THE GOVERNANCE13SUBCOMMITTEE, DR. GASSON, IF SHE WOULD REPORT OUT14THE RECOMMENDATIONS OF THE GOVERNANCE SUBCOMMITTEE15AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY16THE FULL BOARD IN CLOSED SESSION. JUDY.17DR. GASSON: THANK YOU VERY MUCH,18CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE19SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT20ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO21TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE22MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE23SALARY RANGES FOR EACH OF THOSE LEVELS.24SO THE RECOMMENDATIONS THAT WE'RE GOING TO		
3(THE BOARD THEN WENT INTO CLOSED4SESSION, NOT REPORTED, NOR HEREIN TRANSCRIBED.)5CHAIRMAN THOMAS: OKAY. SO WE ARE BACK6NOW. WE HAVE TWO MORE ACTION ITEMS THAT DIRECTLY7STEM FROM THE DISCUSSION WE JUST HAD IN CLOSED8SESSION.9ITEM NO. 12, CONSIDERATION OF VICE CHAIR10CANDIDATE, INCLUDING PERCENT EFFORT AND COMPENSATION11AND START DATE. AND BEFORE WE LOOK TO A MOTION, I'M12GOING TO ASK THE CHAIR OF THE GOVERNANCE13SUBCOMMITTEE, DR. GASSON, IF SHE WOULD REPORT OUT14THE RECOMMENDATIONS OF THE GOVERNANCE SUBCOMMITTEE15AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY16THE FULL BOARD IN CLOSED SESSION. JUDY.17DR. GASSON: THANK YOU VERY MUCH,18CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE19SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT20ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO21TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE22MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE23SALARY RANGES FOR EACH OF THOSE LEVELS.24SO THE RECOMMENDATIONS THAT WE'RE GOING TO	1	DOUG, WILL YOU EVERYBODY CAN JUST JOIN CLOSED
4SESSION, NOT REPORTED, NOR HEREIN TRANSCRIBED.)5CHAIRMAN THOMAS: OKAY. SO WE ARE BACK6NOW. WE HAVE TWO MORE ACTION ITEMS THAT DIRECTLY7STEM FROM THE DISCUSSION WE JUST HAD IN CLOSED8SESSION.9ITEM NO. 12, CONSIDERATION OF VICE CHAIR10CANDIDATE, INCLUDING PERCENT EFFORT AND COMPENSATION11AND START DATE. AND BEFORE WE LOOK TO A MOTION, I'M12GOING TO ASK THE CHAIR OF THE GOVERNANCE13SUBCOMMITTEE, DR. GASSON, IF SHE WOULD REPORT OUT14THE RECOMMENDATIONS OF THE GOVERNANCE SUBCOMMITTEE15AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY16THE FULL BOARD IN CLOSED SESSION. JUDY.17DR. GASSON: THANK YOU VERY MUCH,18CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE19SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT20ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO21TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE22MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE23SO THE RECOMMENDATIONS THAT WE'RE GOING TO	2	SESSION. WE'LL SEE YOU ON THE OTHER SIDE.
5CHAIRMAN THOMAS: OKAY. SO WE ARE BACK6NOW. WE HAVE TWO MORE ACTION ITEMS THAT DIRECTLY7STEM FROM THE DISCUSSION WE JUST HAD IN CLOSED8SESSION.9ITEM NO. 12, CONSIDERATION OF VICE CHAIR10CANDIDATE, INCLUDING PERCENT EFFORT AND COMPENSATION11AND START DATE. AND BEFORE WE LOOK TO A MOTION, I'M12GOING TO ASK THE CHAIR OF THE GOVERNANCE13SUBCOMMITTEE, DR. GASSON, IF SHE WOULD REPORT OUT14THE RECOMMENDATIONS OF THE GOVERNANCE SUBCOMMITTEE15AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY16THE FULL BOARD IN CLOSED SESSION. JUDY.17DR. GASSON: THANK YOU VERY MUCH,18CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE19SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT20ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO21TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE22MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE23SALARY RANGES FOR EACH OF THOSE LEVELS.24SO THE RECOMMENDATIONS THAT WE'RE GOING TO	3	(THE BOARD THEN WENT INTO CLOSED
6NOW. WE HAVE TWO MORE ACTION ITEMS THAT DIRECTLY STEM FROM THE DISCUSSION WE JUST HAD IN CLOSED7STEM FROM THE DISCUSSION WE JUST HAD IN CLOSED8SESSION.9ITEM NO. 12, CONSIDERATION OF VICE CHAIR10CANDIDATE, INCLUDING PERCENT EFFORT AND COMPENSATION11AND START DATE. AND BEFORE WE LOOK TO A MOTION, I'M12GOING TO ASK THE CHAIR OF THE GOVERNANCE13SUBCOMMITTEE, DR. GASSON, IF SHE WOULD REPORT OUT14THE RECOMMENDATIONS OF THE GOVERNANCE SUBCOMMITTEE15AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY16THE FULL BOARD IN CLOSED SESSION. JUDY.17DR. GASSON: THANK YOU VERY MUCH,18CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE19SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT20ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO21TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE22MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE23SALARY RANGES FOR EACH OF THOSE LEVELS.24SO THE RECOMMENDATIONS THAT WE'RE GOING TO	4	SESSION, NOT REPORTED, NOR HEREIN TRANSCRIBED.)
7STEM FROM THE DISCUSSION WE JUST HAD IN CLOSED8SESSION.9ITEM NO. 12, CONSIDERATION OF VICE CHAIR10CANDIDATE, INCLUDING PERCENT EFFORT AND COMPENSATION11AND START DATE. AND BEFORE WE LOOK TO A MOTION, I'M12GOING TO ASK THE CHAIR OF THE GOVERNANCE13SUBCOMMITTEE, DR. GASSON, IF SHE WOULD REPORT OUT14THE RECOMMENDATIONS OF THE GOVERNANCE SUBCOMMITTEE15AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY16THE FULL BOARD IN CLOSED SESSION. JUDY.17DR. GASSON: THANK YOU VERY MUCH,18CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE19SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT20ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO21TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE22MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE23SALARY RANGES FOR EACH OF THOSE LEVELS.24SO THE RECOMMENDATIONS THAT WE'RE GOING TO	5	CHAIRMAN THOMAS: OKAY. SO WE ARE BACK
8SESSION.9ITEM NO. 12, CONSIDERATION OF VICE CHAIR10CANDIDATE, INCLUDING PERCENT EFFORT AND COMPENSATION11AND START DATE. AND BEFORE WE LOOK TO A MOTION, I'M12GOING TO ASK THE CHAIR OF THE GOVERNANCE13SUBCOMMITTEE, DR. GASSON, IF SHE WOULD REPORT OUT14THE RECOMMENDATIONS OF THE GOVERNANCE SUBCOMMITTEE15AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY16THE FULL BOARD IN CLOSED SESSION. JUDY.17DR. GASSON: THANK YOU VERY MUCH,18CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE19SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT20ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO21TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE22MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE23SALARY RANGES FOR EACH OF THOSE LEVELS.24SO THE RECOMMENDATIONS THAT WE'RE GOING TO	6	NOW. WE HAVE TWO MORE ACTION ITEMS THAT DIRECTLY
9ITEM NO. 12, CONSIDERATION OF VICE CHAIR10CANDIDATE, INCLUDING PERCENT EFFORT AND COMPENSATION11AND START DATE. AND BEFORE WE LOOK TO A MOTION, I'M12GOING TO ASK THE CHAIR OF THE GOVERNANCE13SUBCOMMITTEE, DR. GASSON, IF SHE WOULD REPORT OUT14THE RECOMMENDATIONS OF THE GOVERNANCE SUBCOMMITTEE15AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY16THE FULL BOARD IN CLOSED SESSION. JUDY.17DR. GASSON: THANK YOU VERY MUCH,18CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE19SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT20ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO21TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE22MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE23SALARY RANGES FOR EACH OF THOSE LEVELS.24SO THE RECOMMENDATIONS THAT WE'RE GOING TO	7	STEM FROM THE DISCUSSION WE JUST HAD IN CLOSED
 10 CANDIDATE, INCLUDING PERCENT EFFORT AND COMPENSATION 11 AND START DATE. AND BEFORE WE LOOK TO A MOTION, I'M 12 GOING TO ASK THE CHAIR OF THE GOVERNANCE 13 SUBCOMMITTEE, DR. GASSON, IF SHE WOULD REPORT OUT 14 THE RECOMMENDATIONS OF THE GOVERNANCE SUBCOMMITTEE 15 AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY 16 THE FULL BOARD IN CLOSED SESSION. JUDY. 17 DR. GASSON: THANK YOU VERY MUCH, 18 CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE 19 SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT 20 ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO 21 TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE 22 MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE 23 SALARY RANGES FOR EACH OF THOSE LEVELS. 24 SO THE RECOMMENDATIONS THAT WE'RE GOING TO 	8	SESSION.
11AND START DATE. AND BEFORE WE LOOK TO A MOTION, I'M12GOING TO ASK THE CHAIR OF THE GOVERNANCE13SUBCOMMITTEE, DR. GASSON, IF SHE WOULD REPORT OUT14THE RECOMMENDATIONS OF THE GOVERNANCE SUBCOMMITTEE15AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY16THE FULL BOARD IN CLOSED SESSION. JUDY.17DR. GASSON: THANK YOU VERY MUCH,18CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE19SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT20ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO21TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE22MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE23SALARY RANGES FOR EACH OF THOSE LEVELS.24SO THE RECOMMENDATIONS THAT WE'RE GOING TO	9	ITEM NO. 12, CONSIDERATION OF VICE CHAIR
 GOING TO ASK THE CHAIR OF THE GOVERNANCE SUBCOMMITTEE, DR. GASSON, IF SHE WOULD REPORT OUT THE RECOMMENDATIONS OF THE GOVERNANCE SUBCOMMITTEE AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY THE FULL BOARD IN CLOSED SESSION. JUDY. DR. GASSON: THANK YOU VERY MUCH, CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE SALARY RANGES FOR EACH OF THOSE LEVELS. SO THE RECOMMENDATIONS THAT WE'RE GOING TO 	10	CANDIDATE, INCLUDING PERCENT EFFORT AND COMPENSATION
 SUBCOMMITTEE, DR. GASSON, IF SHE WOULD REPORT OUT THE RECOMMENDATIONS OF THE GOVERNANCE SUBCOMMITTEE AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY THE FULL BOARD IN CLOSED SESSION. JUDY. DR. GASSON: THANK YOU VERY MUCH, CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE SALARY RANGES FOR EACH OF THOSE LEVELS. SO THE RECOMMENDATIONS THAT WE'RE GOING TO 	11	AND START DATE. AND BEFORE WE LOOK TO A MOTION, I'M
14THE RECOMMENDATIONS OF THE GOVERNANCE SUBCOMMITTEE15AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY16THE FULL BOARD IN CLOSED SESSION. JUDY.17DR. GASSON: THANK YOU VERY MUCH,18CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE19SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT20ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO21TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE22MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE23SALARY RANGES FOR EACH OF THOSE LEVELS.24SO THE RECOMMENDATIONS THAT WE'RE GOING TO	12	GOING TO ASK THE CHAIR OF THE GOVERNANCE
 AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY THE FULL BOARD IN CLOSED SESSION. JUDY. DR. GASSON: THANK YOU VERY MUCH, CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE SALARY RANGES FOR EACH OF THOSE LEVELS. SO THE RECOMMENDATIONS THAT WE'RE GOING TO 	13	SUBCOMMITTEE, DR. GASSON, IF SHE WOULD REPORT OUT
 16 THE FULL BOARD IN CLOSED SESSION. JUDY. 17 DR. GASSON: THANK YOU VERY MUCH, 18 CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE 19 SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT 20 ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO 21 TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE 22 MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE 23 SALARY RANGES FOR EACH OF THOSE LEVELS. 24 SO THE RECOMMENDATIONS THAT WE'RE GOING TO 	14	THE RECOMMENDATIONS OF THE GOVERNANCE SUBCOMMITTEE
17DR. GASSON: THANK YOU VERY MUCH,18CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE19SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT20ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO21TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE22MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE23SALARY RANGES FOR EACH OF THOSE LEVELS.24SO THE RECOMMENDATIONS THAT WE'RE GOING TO	15	AND THE RECOMMENDATIONS THAT WERE JUST DISCUSSED BY
 18 CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE 19 SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT 20 ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO 21 TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE 22 MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE 23 SALARY RANGES FOR EACH OF THOSE LEVELS. 24 SO THE RECOMMENDATIONS THAT WE'RE GOING TO 	16	THE FULL BOARD IN CLOSED SESSION. JUDY.
 19 SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT 20 ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO 21 TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE 22 MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE 23 SALARY RANGES FOR EACH OF THOSE LEVELS. 24 SO THE RECOMMENDATIONS THAT WE'RE GOING TO 	17	DR. GASSON: THANK YOU VERY MUCH,
 ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE SALARY RANGES FOR EACH OF THOSE LEVELS. SO THE RECOMMENDATIONS THAT WE'RE GOING TO 	18	CHAIRMAN THOMAS. AS A REMINDER, THE GOVERNANCE
21TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE22MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE23SALARY RANGES FOR EACH OF THOSE LEVELS.24SO THE RECOMMENDATIONS THAT WE'RE GOING TO	19	SUBCOMMITTEE, WITH CONSULTANTS AND KEVIN, SPENT
 MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE SALARY RANGES FOR EACH OF THOSE LEVELS. SO THE RECOMMENDATIONS THAT WE'RE GOING TO 	20	ABOUT A YEAR HARMONIZING THE POSITIONS AT CIRM INTO
 23 SALARY RANGES FOR EACH OF THOSE LEVELS. 24 SO THE RECOMMENDATIONS THAT WE'RE GOING TO 	21	TEN LEVELS AND THEN CONDUCTING A VERY EXTENSIVE
24 SO THE RECOMMENDATIONS THAT WE'RE GOING TO	22	MARKET SURVEY TO TRY TO DETERMINE THE APPROPRIATE
	23	SALARY RANGES FOR EACH OF THOSE LEVELS.
	24	SO THE RECOMMENDATIONS THAT WE'RE GOING TO
25 MAKE NOW REFLECT THE MIDPOINT OR THE 50TH PERCENTILE	25	MAKE NOW REFLECT THE MIDPOINT OR THE 50TH PERCENTILE
130		130

1	OF THOSE RANGES FROM THE MARKET SURVEY.
2	SO THE FIRST RECOMMENDATION OF THE
3	GOVERNANCE SUBCOMMITTEE IS TO ENTHUSIASTICALLY
4	RECOMMEND MARIA BONNEVILLE TO THE POSITION OF ICOC
5	VICE CHAIR, THAT THE POSITION IS A ONE HUNDRED
6	PERCENT EFFORT, AND THAT THE SALARY WOULD BE AT THE
7	MIDPOINT FOR LEVEL 9, WHICH IS \$336,500.
8	CHAIRMAN THOMAS: THANK YOU. DO WE HEAR A
9	MOTION TO THAT EFFECT?
10	DR. DULIEGE: MOVE.
11	MR. TORRES: SECOND.
12	CHAIRMAN THOMAS: SECONDED, I THINK THAT
13	WAS ART.
14	MR. TORRES: YES.
15	CHAIRMAN THOMAS: IS THERE FURTHER
16	DISCUSSION BY MEMBERS OF THE BOARD?
17	MS. DURON: SAY THAT I DON'T THINK WE
18	COULD DO BETTER THAN TAKING ON MARIA BONNEVILLE
19	GONZALEZ TO BECOME OUR VICE CHAIR. SHE IS WELL
20	EDUCATED IN TERMS OF CIRM. SHE'S GOT A LONG RUNNING
21	TRACK RECORD WITH CIRM. AND SHE IS BOTH, NOT ONLY
22	INWARDLY POSITIONED TO WORK WELL, BUT SHE IS VERY
23	EMPATHETIC AND CARING AND WILL BE A STEWARD FOR THE
24	COMMUNITY AND FOR THE TAXPAYERS TO MAKE SURE THAT
25	THE WORK WE ARE DOING SERVES THEM WELL. THANK YOU,
	101

131

MR. CHAIR.

1

2	CHAIRMAN THOMAS: THANK YOU. OTHER
3	COMMENTS? I'LL SAY FOR MEMBERS OF THE PUBLIC THAT
4	THERE WAS EXTREME ENTHUSIASM FOR MARIA IN A CASCADE
5	OF GLOWING COMMENTS IN THE CLOSED SESSION THAT WE
6	WON'T REPEAT HERE, BUT I JUST WANT EVERYBODY TO KNOW
7	THAT THAT WAS THE CASE. AND I WILL REPEAT ONE THING
8	I SAID, WHICH IS IN MY ELEVEN AND A HALF YEARS AS
9	CHAIR OF CIRM, THERE IS NOTHING I'M NOT MORE
10	ENTHUSIASTIC ABOUT VOTING ON THAN THIS ITEM ELECTING
11	MARIA TO BE OUR NEW VICE CHAIR.
12	SO ARE THERE ANY COMMENTS FROM MEMBERS OF
13	THE PUBLIC?
14	MS. DEQUINA-VILLABLANCA: I DON'T SEE ANY,
15	J.T. OH, HOLD ON. MARIA M.
16	CHAIRMAN THOMAS: WE HAVE MARIA M.
17	DR. MILLAN: FIRST OF ALL, CONGRATULATE
18	MARIA BONNEVILLE AND ALSO THANK THE BOARD. I AGREE
19	WITH YSABEL, NO ONE BETTER. AND WE'RE SO EXCITED AS
20	A TEAM TO WORK WITH MARIA IN HER NEW ROLE.
21	CHAIRMAN THOMAS: THANK YOU, MARIA. ARE
22	THERE COMMENTS FROM MEMBERS OF THE PUBLIC?
23	MS. DEQUINA-VILLABLANCA: I SEE NONE,
24	Ј.Т.
25	CHAIRMAN THOMAS: OKAY. MARIANNE, PLEASE
	132

1	CALL THE ROLL.
2	MS. DEQUINA-VILLABLANCA: HAIFAA ABDULHAQ.
3	DR. ABDULHAQ: YES.
4	MS. DEQUINA-VILLABLANCA: MOHAMMED
5	ABOUSALEM.
6	DR. ABOUSALEM: YES.
7	MS. DEQUINA-VILLABLANCA: KIM BARRETT.
8	DR. BARRETT: AYE.
9	MS. DEQUINA-VILLABLANCA: DAN BERNAL.
10	MR. BERNAL: ENTHUSIASTICALLY AYE.
11	MS. DEQUINA-VILLABLANCA: GEORGE
12	BLUMENTHAL.
13	DR. BLUMENTHAL: ALSO ENTHUSIASTICALLY
14	YES.
15	MS. DEQUINA-VILLABLANCA: MICHAEL BOTCHAN.
16	LINDA BOXER.
17	DR. BOXER: YES.
18	MS. DEQUINA-VILLABLANCA: JUDY CHOU.
19	DR. CHOU: YES.
20	MS. DEQUINA-VILLABLANCA: DEBORAH DEAS.
21	DR. DEAS: YES.
22	MS. DEQUINA-VILLABLANCA: ANNE-MARIE
23	DULIEGE.
24	DR. DULIEGE: YES.
25	MS. DEQUINA-VILLABLANCA: YSABEL DURON.
	133

1	MS. DURON: YES.
2	MS. DEQUINA-VILLABLANCA: MARK
3	FISCHER-COLBRIE.
4	DR. FISCHER-COLBRIE: YES.
5	MS. DEQUINA-VILLABLANCA: ELENA FLOWERS.
6	DR. FLOWERS: YES.
7	MS. DEQUINA-VILLABLANCA: JUDY GASSON.
8	DR. GASSON: YES.
9	MS. DEQUINA-VILLABLANCA: LARRY GOLDSTEIN.
10	DR. GOLDSTEIN: YES.
11	MS. DEQUINA-VILLABLANCA: STEPHEN
12	JUELSGAARD.
13	MR. JUELSGAARD: YES.
14	MS. DEQUINA-VILLABLANCA: RICH LAJARA.
15	MR. LAJARA: YES.
16	MS. DEQUINA-VILLABLANCA: PAT LEVITT.
17	DR. LEVITT: YES.
18	MS. DEQUINA-VILLABLANCA: LINDA MALKAS.
19	DR. MALKAS: YES.
20	MS. DEQUINA-VILLABLANCA: SHLOMO MELMED.
21	DR. MELMED: YES.
22	MS. DEQUINA-VILLABLANCA: CHRISTINE
23	MIASKOWSKI.
24	DR. MIASKOWSKI: ENTHUSIASTIC YES.
25	MS. DEQUINA-VILLABLANCA: LAUREN
	124
	134

1	MILLER-ROGEN.
2	MS. MILLER-ROGEN: YES.
3	MS. DEQUINA-VILLABLANCA: ADRIANA PADILLA.
4	DR. PADILLA: YES.
5	MS. DEQUINA-VILLABLANCA: AL ROWLETT.
6	MARVIN SOUTHARD. MICHAEL STAMOS.
7	DR. STAMOS: ANOTHER ENTHUSIASTIC YES.
8	MS. DEQUINA-VILLABLANCA: JONATHAN THOMAS.
9	CHAIRMAN THOMAS: YES, ALL CAPS.
10	MS. DEQUINA-VILLABLANCA: ART TORRES.
11	MR. TORRES: VERY ENTHUSIASTIC AYE.
12	MS. DEQUINA-VILLABLANCA: KAROL WATSON.
13	DR. WATSON: ONE HUNDRED PERCENT YES.
14	MS. DEQUINA-VILLABLANCA: KEITH YAMAMOTO.
15	DR. YAMAMOTO: ABSOLUTELY, YES.
16	MS. DEQUINA-VILLABLANCA: THE MOTION
17	CARRIES. CONGRATULATIONS.
18	CHAIRMAN THOMAS: ALL RIGHT, MARIA.
19	MS. BONNEVILLE: THANK YOU, EVERYONE,
20	REALLY FOR HAVING FAITH AND TRUST IN ME. SO I
21	REALLY APPRECIATE IT. I'M SUPER EXCITED. SO THANK
22	YOU.
23	CHAIRMAN THOMAS: THANK YOU. OKAY. ITEM
24	13, CONSIDERATION OF CHAIR, PERCENT EFFORT AND
25	COMPENSATION AND START DATE. AGAIN, TURN THIS OVER
	135

-	
1	TO JUDY TO GIVE RECOMMENDATIONS ON THIS ITEM.
2	DR. GASSON: OKAY. SO THE RECOMMENDATION
3	OF THE GOVERNANCE SUBCOMMITTEE IS THAT THE NEXT
4	CHAIR OF THE ICOC MUST ALSO COMMIT TO A ONE HUNDRED
5	PERCENT TIME, FULL-TIME EFFORT, WITH AN ANNUAL
6	SALARY SET AT THE MEDIAN OF THE APPROVED RANGE FOR
7	LEVEL 10, WHICH IS \$569,000.
8	CHAIRMAN THOMAS: DO WE HEAR A MOTION TO
9	THAT EFFECT?
10	MR. TORRES: SO MOVED.
11	DR. BARRETT: SECOND.
12	CHAIRMAN THOMAS: MOVED BY ART. WAS THAT
13	DEBORAH THE SECOND?
14	DR. GASSON: IT WAS KIM.
15	CHAIRMAN THOMAS: KIM. THANK YOU. OKAY.
16	COMMENTS BY MEMBERS OF THE BOARD. ANY PUBLIC
17	COMMENT?
18	MS. DEQUINA-VILLABLANCA: I DON'T SEE
19	ANY.
20	CHAIRMAN THOMAS: THANK YOU. HEARING
21	NONE, MARIANNE, WILL YOU PLEASE CALL THE ROLL.
22	MS. DEQUINA-VILLABLANCA: HAIFAA ABDULHAQ.
23	DR. ABDULHAQ: YES.
24	MS. DEQUINA-VILLABLANCA: MOHAMMED
25	ABOUSALEM.
	136
	130

	·	, er correction	
1	DR.	ABOUSALEM: YES.	
2	MS.	DEQUINA-VILLABLANCA:	KIM BARRETT.
3	DR.	BARRETT: AYE.	
4	MS.	DEQUINA-VILLABLANCA:	DAN BERNAL.
5	MR.	BERNAL: AYE.	
6	MS.	DEQUINA-VILLABLANCA:	GEORGE
7	BLUMENTHAL.		
8	DR.	BLUMENTHAL: YES.	
9	MS.	DEQUINA-VILLABLANCA:	LINDA BOXER.
10	DR.	BOXER: YES.	
11	MS.	DEQUINA-VILLABLANCA:	JUDY CHOU.
12	DR.	CHOU: AYE.	
13	MS.	DEQUINA-VILLABLANCA:	DEBORAH DEAS.
14	DR.	DEAS: YES.	
15	MS.	DEQUINA-VILLABLANCA:	ANNE-MARIE
16	DULIEGE.		
17	DR.	DULIEGE: YES.	
18	MS.	DEQUINA-VILLABLANCA:	YSABEL DURON.
19	MS.	DURON: YES.	
20	MS.	DEQUINA-VILLABLANCA:	MARK
21	FISCHER-COLBRI	E.	
22	DR.	FISCHER-COLBRIE: YES	
23	MS.	DEQUINA-VILLABLANCA:	ELENA FLOWERS.
24	DR.	FLOWERS: YES.	
25	MS.	DEQUINA-VILLABLANCA:	JUDY GASSON.
		1 7 7	
		137	

1	DR.	GASSON: YES.	
2	MS.	DEQUINA-VILLABLANCA:	LARRY GOLDSTEIN.
3	DR.	GOLDSTEIN: YES.	
4	MS.	DEQUINA-VILLABLANCA:	STEPHEN
5	JUELSGAARD.		
6	MR.	JUELSGAARD: YES.	
7	MS.	DEQUINA-VILLABLANCA:	RICH LAJARA.
8	MR.	LAJARA: YES.	
9	MS.	DEQUINA-VILLABLANCA:	PAT LEVITT.
10	DR.	LEVITT: YES.	
11	MS.	DEQUINA-VILLABLANCA:	LINDA MALKAS.
12	DR.	MALKAS: YES.	
13	MS.	DEQUINA-VILLABLANCA:	SHLOMO MELMED.
14	DR.	MELMED: YES.	
15	MS.	DEQUINA-VILLABLANCA:	CHRISTINE
16	MIASKOWSKI.		
17	DR.	MIASKOWSKI: YES.	
18	MS.	DEQUINA-VILLABLANCA:	LAUREN
19	MILLER-ROGEN.		
20	MS.	MILLER-ROGEN: YES.	
21	MS.	DEQUINA-VILLABLANCA:	ADRIANA PADILLA.
22	DR.	PADILLA: YES.	
23	MS.	DEQUINA-VILLABLANCA:	JONATHAN THOMAS.
24	CHA	IRMAN THOMAS: YES.	
25	MS.	DEQUINA-VILLABLANCA:	ART TORRES.
		138	
		130	

	·
1	MR. TORRES: AYE.
2	MS. DEQUINA-VILLABLANCA: KAROL WATSON.
3	DR. WATSON: YES.
4	DR. STAMOS: DID YOU SKIP ME?
5	MS. DEQUINA-VILLABLANCA: KEITH YAMAMOTO.
6	MICHAEL STAMOS. SORRY. I DIDN'T REALIZE YOU WERE
7	BACK. MICHAEL STAMOS.
8	DR. STAMOS: YES.
9	MS. DEQUINA-VILLABLANCA: KEITH YAMAMOTO.
10	DR. YAMAMOTO: YES.
11	MS. DEQUINA-VILLABLANCA: THE MOTION
12	CARRIES.
13	CHAIRMAN THOMAS: OKAY. JUST TO REMIND
14	EVERYBODY, THE BOARD CHAIR ELECTION IS GOING TO BE
15	AT THE NEXT FULL BOARD MEETING DECEMBER 15TH. AND
16	THIS IS ONE WE WANT TO HAVE AS MANY PEOPLE AS WE
17	POSSIBLY CAN ATTEND. THIS IS OBVIOUSLY, AS WAS
18	TODAY, A VERY IMPORTANT VOTE DAY. SO PLEASE MAKE
19	SURE YOU'VE GOT THAT ONE CIRCLED ON YOUR CALENDAR.
20	ALL RIGHT. WE ARE HEADING AROUND THE
21	CLUBHOUSE TURN, HEADING HERE TOWARDS THE FINAL
22	STRETCH. THROUGH OUR ACTION ITEMS. NOW, IN
23	DISCUSSION ITEMS, ITEM 14
24	DR. GASSON: ASK YOU AND ART TORRES TO
25	RECUSE YOURSELVES FROM THE NEXT ITEM.
	139

1	CHAIRMAN THOMAS: FORGOT ABOUT THAT. YES.
2	MS. GASSON: YOU DON'T HAVE TO LEAVE, BUT
3	PLEASE DON'T PARTICIPATE IN THE DISCUSSION.
4	AS J.T. JUST MENTIONED, THE ELECTION OF
5	NEW BOARD CHAIR BEING DECEMBER 15TH, BOTH OF THE
6	CANDIDATES, AS YOU ARE AWARE, ARE OUTSIDE OF THE
7	CURRENT ORGANIZATION. SO THE GOVERNANCE
8	SUBCOMMITTEE IS RECOMMENDING THAT THE NEXT CHAIR AND
9	VICE CHAIR OF THE ICOC ASSUME THOSE POSITIONS AT THE
10	FIRST FULL BOARD MEETING IN JANUARY, WHICH IS
11	CURRENTLY SCHEDULED TO BE JANUARY 26TH. AND THE
12	CHAIR SENT OUT AN INVITATION EARLIER TODAY HOPING
13	THAT WE WOULD BE ABLE TO MEET IN PERSON FOR THAT
14	MEETING ON JANUARY 26TH.
15	SO I WOULD ENTERTAIN A MOTION FOR THIS
16	PROPOSAL FROM THE GOVERNANCE SUBCOMMITTEE.
17	DR. LEVITT: SO MOVED.
18	DR. STAMOS: SECOND.
19	MS. GASSON: MARIANNE, WOULD YOU CALL THE
20	ROLL PLEASE.
21	MS. DEQUINA-VILLABLANCA: HAIFAA ABDULHAQ.
22	DR. ABDULHAQ: YES.
23	MS. DEQUINA-VILLABLANCA: MOHAMMED
24	ABOUSALEM.
25	DR. ABOUSALEM: YES.
	140
	10

-		, e	-0-
1	MS.	DEQUINA-VILLABLANCA:	KIM BARRETT.
2	DR.	BARRETT: AYE.	
3	MS.	DEQUINA-VILLABLANCA:	DAN BERNAL.
4	MR.	BERNAL: AYE.	
5	MS.	DEQUINA-VILLABLANCA:	GEORGE
6	BLUMENTHAL.		
7	DR.	BLUMENTHAL: YES.	
8	MS.	DEQUINA-VILLABLANCA:	MICHAEL BOTCHAN.
9	LINDA BOXER.		
10	DR.	BOXER: YES.	
11	MS.	DEQUINA-VILLABLANCA:	JUDY CHOU.
12	DR.	CHOU: AYE.	
13	MS.	DEQUINA-VILLABLANCA:	DEBORAH DEAS.
14	DR.	DEAS: YES.	
15	MS.	DEQUINA-VILLABLANCA:	ANNE-MARIE
16	DULIEGE.		
17	DR.	DULIEGE: YES.	
18	MS.	DEQUINA-VILLABLANCA:	YSABEL DURON.
19	MS.	DURON: YES.	
20	MS.	DEQUINA-VILLABLANCA:	MARK
21	FISCHER-COLBRI	IE.	
22	DR.	FISCHER-COLBRIE: YES	
23	MS.	DEQUINA-VILLABLANCA:	ELENA FLOWERS.
24	DR.	FLOWERS: YES.	
25	MS.	DEQUINA-VILLABLANCA:	JUDY GASSON.
		141	
		141	

			, 192
1	DR.	GASSON: YES.	
2	MS.	DEQUINA-VILLABLANCA:	LARRY GOLDSTEIN.
3	DR.	GOLDSTEIN: YES.	
4	MS.	DEQUINA-VILLABLANCA:	STEPHEN
5	JUELSGAARD.		
6	MR.	JUELSGAARD: YES.	
7	MS.	DEQUINA-VILLABLANCA:	RICH LAJARA.
8	MR.	LAJARA: YES.	
9	MS.	DEQUINA-VILLABLANCA:	PAT LEVITT.
10	DR.	LEVITT: YES.	
11	MS.	DEQUINA-VILLABLANCA:	LINDA MALKAS.
12	DR.	MALKAS: YES.	
13	MS.	DEQUINA-VILLABLANCA:	SHLOMO MELMED.
14	DR.	MELMED: YES.	
15	MS.	DEQUINA-VILLABLANCA:	CHRISTINE
16	MIASKOWSKI.		
17	DR.	MIASKOWSKI: YES.	
18	MS.	DEQUINA-VILLABLANCA:	LAUREN
19	MILLER-ROGEN.		
20	MS.	MILLER-ROGEN: YES.	
21	MS.	DEQUINA-VILLABLANCA:	ADRIANA PADILLA.
22	DR.	PADILLA: YES.	
23	MS.	DEQUINA-VILLABLANCA:	MICHAEL STAMOS.
24	DR.	STAMOS: YES.	
25	MS.	DEQUINA-VILLABLANCA:	KAROL WATSON.
		142	
		142	

BETH C. DRAIN, CA CSR NO. 7152

	DETTIC: DIMIN, CI CSK NO. / 152
1	DR. WATSON: YES.
2	MS. DEQUINA-VILLABLANCA: KEITH YAMAMOTO.
3	DR. YAMAMOTO: YES.
4	MS. DEQUINA-VILLABLANCA: THE MOTION
5	CARRIES.
6	CHAIRMAN THOMAS: OKAY. THANK YOU. JUDY,
7	AGAIN, THANK YOU AND ALL MEMBERS OF THE GOVERNANCE
8	SUBCOMMITTEE FOR YOUR EXTREME AMOUNT OF WORK OVER
9	THE PAST YEAR. ALMOST THROUGH ONCE WE GET TO
10	DECEMBER, BUT WE CANNOT THANK YOU ALL ENOUGH. THIS
11	HAS BEEN EXPERTLY SHEPHERDED FROM START TO FINISH.
12	AND WE ARE SO HAPPY THAT WE ARE GETTING TO WHERE WE
13	ARE. SO THANK YOU VERY MUCH.
14	DR. GASSON: THANK YOU, J.T. I SEE THAT
15	YSABEL HAS HER HAND UP.
16	MS. DURON: THANK YOU, JUDY. THANK YOU,
17	MR. CHAIR. I DON'T KNOW IF MY COMMENT IS OUT OF
18	ORDER. I DON'T KNOW IF I COULD EVEN SAY THIS
19	COMMENT, BUT MY CONSCIENCE REQUIRES ME TO DO SO.
20	I KNOW THAT WHEN WE DO THESE GUIDELINES
21	BASED ON SALARIES, THAT WE LOOK AT INDUSTRY, WE LOOK
22	AT THESE POSITIONS, WE LOOK AT THE PEOPLE WHO ARE
23	HIGHLY QUALIFIED TO BE IN THESE POSITIONS. I JUST
24	THINK ABOUT SOME OF THE PEOPLE OF CALIFORNIA, OUR
25	VERY MOST VULNERABLE POPULATIONS WHO ARE STRUGGLING
	143

1	TO SURVIVE ON LIMITED AMOUNTS OF DOLLARS. AND PART
2	OF ME AS A SOCIAL JUSTICE LAWYER FINDS THE AMOUNT OF
3	MONEY FOR A PUBLIC SERVANT REALLY DIFFICULT TO IN
4	SOME WAYS EMBRACE AND UNDERSTAND.
5	I APPRECIATE THE QUALIFICATION, THE
6	QUALITY, AND THE HARD WORK THAT PEOPLE PUT IN TO GET
7	TO THESE PLACES WHERE THEY'RE, IN FACT, REWARDED FOR
8	THEIR HARD WORK. IT'S JUST A PART OF ME, GIVEN THE
9	CIRCUMSTANCE OF OUR ECONOMY AND THE STRUGGLES OF
10	SOME OF OUR PEOPLES, THAT THIS IS THIS WAS HARD
11	FOR ME TO VOTE ON. BUT I'M HOPING THAT THE NEW
12	CHAIR WILL RECOGNIZE THE RESPONSIBILITIES TO THE
13	PEOPLE OF CALIFORNIA WITH A GREAT DEAL OF HEART AND
14	COMMITMENT.
15	BUT, JUDY, I JUST NEEDED TO SAY THIS. I
16	KNOW HOW HARD YOU ALL HAVE DONE THIS WORK, BUT IT'S
17	TROUBLING TO ME SOME OF THE SALARIES THAT EVERYBODY
18	GETS WHEN WE START TALKING ABOUT HALF A MILLION
19	DOLLARS OR MORE. AND I HOPE THAT THEY TAKE SOME OF
20	THAT MONEY OUT OF THEIR POCKET AND PUT IT BACK INTO
21	COMMUNITY WORK TO HELP COMMUNITY-BASED ORGANIZATIONS
22	DO THEIR WORK BETTER TO HELP THESE FOLKS WHO ARE
23	MOST VULNERABLE IN OUR POPULATIONS. THANK YOU AND
24	FORGIVE ME IF I'M SPEAKING OUT OF TURN, BUT I JUST
25	HAD TO SAY IT.

144

1	DR. GASSON: NOT AT ALL. I THINK YOU
2	STARTED OUT YOUR COMMENT BY STATING THE SORT OF
3	GUIDELINES THAT WE HAVE AGREED UPON, WHICH IS THAT
4	WE WANT TO BE ABLE TO RECRUIT AND RETAIN THE HIGHEST
5	QUALITY TALENT FROM ALL THE DIFFERENT SECTORS,
6	INCLUDING INDUSTRY. AND SO WE LOOKED AT EACH OF
7	THOSE SALARY RANGES VERY CAREFULLY AND CAME UP WITH
8	A RANGE THAT I THINK REPRESENTS PRIMARILY THE
9	ACADEMIC INSTITUTIONS, BUT THERE IS A COMPONENT IN
10	THERE THAT LOOKS AT INDUSTRY.
11	J.T., DO YOU WANT TO ADD TO THAT?
12	CHAIRMAN THOMAS: NO. I THINK THAT'S
13	RIGHT. I THINK THIS IS CONSISTENT WITH WHAT CIRM
14	HAS DONE IN PAST SALARY SURVEYS FOR THE SPECIFIC
15	PURPOSE JUDY IS MENTIONING, WHICH IS ABOUT
16	ATTRACTING AND RETAINING WHAT WE BELIEVE WILL BE THE
17	BEST PEOPLE WE CAN HAVE FOR THOSE ROLES. BUT THANK
18	YOU. NONETHELESS, YSABEL, THANK YOU VERY MUCH FOR
19	THAT PERSPECTIVE.
20	OKAY. I THINK THAT NOW DOES FINALLY
21	SORRY I WAS JUMPING THE GUN EARLIER CONCLUDE THE
22	ACTION ITEMS. WE'RE INTO DISCUSSION ITEMS, THE
23	FIRST ONE OF WHICH IS 14, GENERAL COMMENTS ON THE
24	ARS PROCESS. SO I SENT A MEMO OUT TO YOU FAIRLY
25	RECENTLY WHICH BASICALLY SAID, BECAUSE CERTAIN
	145

145

1	PEOPLE ARE CONFLICTED AT DIFFERENT TIMES FROM VOTING
2	FOR THIS OR THAT IN THE ARS PROCESS, THERE MAY BE
3	COMMENTS FROM CONFLICTED PARTIES ABOUT THAT PROCESS
4	THAT SOMEBODY MIGHT WISH TO MAKE THAT THEY AREN'T
5	ABLE TO BECAUSE THEY'RE CONFLICTED DURING THE
6	APPLICATION REVIEW SUBCOMMITTEE MEETINGS.
7	SO AT THIS POINT IS THERE ANY COMMENT FROM
8	ANY MEMBER OF THE BOARD ON THE ARS PROCESS ITSELF?
9	OKAY. HEARING AND SEEING NONE, THAT WAS QUICK.
10	WE WILL NOW MOVE ON. DO WE KNOW IF CRAIG
11	IS ON THE CALL YET FOR THE NEXT ITEM?
12	MS. BONNEVILLE: HE IS INDEED.
13	CHAIRMAN THOMAS: GREAT. SO ITEM 15,
14	FINANCIAL AUDIT FOR FISCAL 2021. TURN THIS OVER TO
15	POUNEH, SUMI, AND CRAIG HARNER FROM MGO TO GIVE US
16	THAT REPORT.
17	MS. THOMPSON: THANK YOU, CHAIRMAN THOMAS.
18	GOOD AFTERNOON, MEMBERS OF THE COMMITTEE. I AM SUMI
19	THOMPSON. I'M THE FINANCE OFFICER HERE AT CIRM.
20	AND I'M HERE TO INTRODUCE THE NEXT DISCUSSION ITEM,
21	WHICH IS THE FINANCIAL AUDIT RESULTS FOR FISCAL YEAR
22	20/21. AS CHAIRMAN THOMAS ANNOUNCED, THAT IT'S
23	CRAIG HARNER. HE'S THE DIRECTOR AT MGO, AND HE'S
24	HERE TO PRESENT THE RESULTS OF THAT AUDIT. WELCOME,
25	CRAIG.

146

MR. HARNER: THANK YOU, SUMI.
I THINK, MARIANNE, ARE YOU GOING TO PUT UP
THE SLIDES THAT I HAD SENT?
MS. DEQUINA-VILLABLANCA: I WILL GET
THOSE UP RIGHT NOW.
MR. HARNER: ALL RIGHT. THANK YOU,
MARIANNE.
THANK YOU, MEMBERS OF THE ICOC, FOR
ALLOWING US TO OR GIVING US THE OPPORTUNITY TO
PRESENT THE RESULTS OF OUR WORK. IF WE GO TO THE
NEXT SLIDE, I HAVE KIND OF AN AGENDA THAT WE'LL GO
OVER THIS AFTERNOON. I'LL TALK ABOUT THE SCOPE OF
SERVICES AND THE DELIVERABLES THAT WE ISSUE AS A
RESULT OF OUR AUDIT, THE RESPONSIBILITIES OF
OURSELVES AT MGO AS YOUR INDEPENDENT AUDITORS. I'LL
GO OVER THE AUDIT RESULTS. AND THE LAST SECTION IS
CALLED THE REQUIRED COMMUNICATIONS, AND THIS IS KIND
OF A SUMMARY OF DIFFERENT THINGS THAT ARE STANDARD
SETTERS REQUIRING US TO COMMUNICATE TO THE
GOVERNANCE COMMITTEE AND THOSE THAT OVERSEE THE
ORGANIZATION'S AUDIT FUNCTIONS.
SO IF YOU ADVANCE TWO SLIDES, WE'LL GO
OVER THE SCOPE OF SERVICES AND OUR DELIVERABLES. WE
ARE ENGAGED BY CIRM TO AUDIT THE FINANCIAL
STATEMENTS AS OF JUNE 30, 2021. AND THIS INCLUDES
147

1	WHAT'S CALLED THE STATEMENTS OF THE GOVERNMENTAL
2	ACTIVITIES AND THEN THE STEM CELL FUND.
3	AND AS A BY-PRODUCT OF OUR AUDIT, WE ISSUE
4	THREE REPORTS. THE FIRST TWO ARE INCLUDED IN THE
5	FINANCIAL STATEMENT PACKET. THE FIRST TWO REPORTS
6	ARE INDEPENDENT AUDITOR'S REPORT AND OUR INDEPENDENT
7	AUDITOR'S REPORT ON INTERNAL CONTROLS OVER FINANCIAL
8	REPORTING AND ON COMPLIANCE AND OTHER MATTERS. THIS
9	IS AN ADDITIONAL REPORT REQUIRED BY GOVERNMENT
10	AUDITING STANDARDS, AND IT'S EITHER THE VERY FIRST
11	AND LAST SECTIONS OF THAT FINANCIAL STATEMENT
12	REPORT. AND THEN A SEPARATE REPORT THAT WE ISSUE IS
13	OUR REPORT TO THE ICOC, AND THIS CONSISTS OF OUR
14	REQUIRED COMMUNICATIONS, WHICH, AGAIN, ARE JUST SOME
15	ITEMS OF IMPORTANCE THAT WE ARE REQUIRED TO
16	SUMMARIZE AND COMMUNICATE.
17	GO TO THE NEXT TWO SLIDES. SO AS THE
18	INDEPENDENT AUDITORS FOR CIRM, OUR RESPONSIBILITY IS
19	TO PLAN AND PERFORM AN AUDIT TO OBTAIN WHAT IS KNOWN
20	AS REASONABLE ASSURANCE TO MAKE SURE THAT THE
21	FINANCIAL STATEMENTS ARE FREE OF MATERIAL
22	MISSTATEMENT. REASONABLE ASSURANCE ISN'T ABSOLUTE.
23	IT'S NOT A HUNDRED PERCENT ASSURANCE; HOWEVER, IT'S
24	STILL A VERY HIGH LEVEL OF ASSURANCE TO MAKE SURE
25	THAT, AGAIN, THOSE FINANCIAL STATEMENTS ARE FREE OF

148

1	MATERIAL MISSTATEMENTS WHETHER DUE TO FRAUD OR
2	ERRORS. AND OUR MAIN RESPONSIBILITY IS EXPRESSING
3	AN OPINION AS TO THE FAIR PRESENTATION OF THOSE
4	FINANCIAL STATEMENTS IN ALL MATERIAL RESPECTS,
5	CONFORMING WITH THE ACCOUNTING PRINCIPLES GENERALLY
6	ACCEPTED IN THE UNITED STATES. THEY'RE KNOWN AS
7	USGAP.
8	WE ALSO APPLY CERTAIN LIMITED PROCEDURES
9	TO THE MANAGEMENT, ESPECIALLY AN ANALYSIS, WHICH IS
10	THE VERY FIRST PART OF THE REPORT AFTER OUR
11	INDEPENDENT AUDITOR'S REPORT, BUT PRECEDING THE
12	FINANCIAL STATEMENTS. AND WHAT THIS SECTION IS IS
13	REQUIRED SUPPLEMENTARY INFORMATION. WE DON'T GIVE
14	AN OPINION ON IT. WE DON'T PROVIDE ANY ASSURANCE
15	OVER IT, BUT WE READ THROUGH IT. WE MAKE SURE
16	THERE'S NO MATERIAL INCONSISTENCIES WITH THE
17	FINANCIAL STATEMENTS. AND WITH THE MANAGEMENT
18	DISCUSSION AND ANALYSIS, MD&A, IT'S PROVIDING A
19	NARRATIVE OF WHAT HAPPENED DURING THE YEAR. IT
20	DESCRIBES SIGNIFICANT CHANGES IN THE ACCOUNTS AND
21	THE FINANCIAL STATEMENTS. SO WE ALWAYS ENCOURAGE
22	EVERYONE TO READ THIS IN CONJUNCTION WHILE LOOKING
23	AT THE FINANCIAL STATEMENTS.
24	AND THEN THE LAST RESPONSIBILITY IS
25	EXPRESSING WHAT'S CALLED AN IN-RELATION-TO OPINION
	149

1	ON SUPPLEMENTARY INFORMATION THAT IS INCLUDED IN THE
2	FINANCIAL STATEMENTS. NOW, THESE AREN'T REQUIRED,
3	BUT THEY'VE BEEN THESE AREN'T REQUIRED BY ANY
4	STANDARD SETTERS, BUT IT IS INCLUDED BECAUSE THERE'S
5	SOME IMPORTANCE TO THE ENTITY. AND THESE SCHEDULES
6	ARE THE DOLBY GRANT SCHEDULE OF REVENUES,
7	EXPENDITURES, AND AVAILABLE RESOURCES. AND THEN FOR
8	THE FIRST TIME MANAGEMENT PRESENTED A WHAT WE CALL A
9	COMBINED BALANCE SHEET FOR THE STEM CELL FUND AND A
10	COMBINED STATEMENT OF REVENUE, EXPENDITURES, AND
11	CHANGES IN THE FUND BALANCE.
12	THE PURPOSE OF THESE WERE TO WITH THE
13	PASSAGE OF PROP 14 AND HAVING A NEW FUNDING POOL OR
14	BUCKET, IF YOU WILL, IT WAS TO PRESENT COLUMNS FOR
15	EACH OF THE DIFFERENT PROPOSITIONS SO YOU CAN TRACK
16	THE REVENUES, EXPENDITURES, AND THE ACTIVITIES OF
17	THOSE OVER TIME AND KIND OF SEE THE DIFFERENCES
18	THERE. AND THEN THERE'S A TOTAL COLUMN IN THESE
19	SCHEDULES, IN THESE COMBINED SCHEDULES, THAT WILL
20	AGREE INTO THE FINANCIAL STATEMENTS THAT WE ISSUE.
21	AND SO WE ISSUE WHAT WE CALL AN
22	IN-RELATION-TO OPINION ON THESE SCHEDULES. THAT
23	MEANS THAT IN RELATION TO THE FINANCIAL STATEMENTS
24	THEMSELVES, THESE SCHEDULES ARE FAIRLY STATED.
25	IF WE GO TWO MORE SLIDES, WE'LL GET INTO
	150

1	THE AUDIT RESULTS. SO WE, AGAIN, AS I MENTIONED,
2	THE FINANCIAL STATEMENTS ARE PREPARED BY MANAGEMENT
3	IN ACCORDANCE WITH USGAP. WE SUBJECTED THEM TO THE
4	AUDITING STANDARDS THAT ARE GENERALLY ACCEPTED IN
5	THE UNITED STATES AND ALSO GOVERNMENT AUDITING
6	STANDARDS.
7	WE ISSUED OUR REPORT ON THE FISCAL YEAR
8	20/21 FINANCIAL STATEMENTS ON OCTOBER 29TH, 2021,
9	AND WE ISSUED AN UNMODIFIED OPINION, WHICH IS THE
10	HIGHEST LEVEL OF ASSURANCE THAT AN INDEPENDENT
11	AUDITOR CAN GIVE AN ORGANIZATION REGARDING THEIR
12	FINANCIAL STATEMENTS PRESENTATION. SO ANOTHER
13	UNMODIFIED OPINION. SO THAT'S A TESTAMENT TO
14	EVERYONE WHO WORKS AT CIRM IN THE FINANCE DEPARTMENT
15	AND ALSO AT THE STATE DEPARTMENT OF GENERAL SERVICES
16	JUST WHAT THE FINANCIAL REPORTING IS ON THE
17	ACCOUNTING FOR THE TRANSACTIONS.
18	ALL RIGHT. AND THEN WE GO TO THE LAST
19	SECTION, REQUIRED COMMUNICATIONS. AGAIN, THIS IS
20	JUST A SUMMARY. IT'S CALLED THE "SIGNIFICANT AUDIT
21	FINDINGS." FINDINGS HERE DOESN'T MEAN THERE'S ANY
22	ISSUES OR ERRORS OR ANYTHING. IT'S JUST THE
23	LANGUAGE THAT THE ASCPA USES. SO IT'S KIND OF A
24	SUMMARY OF HOW THE AUDIT WENT, AND I'LL JUST GO
25	THROUGH SOME OF THE KEY ITEMS.

151

1	WE WENT OVER ALREADY OUR RESPONSIBILITY
2	FOR THE FINANCIAL STATEMENTS. OUR PLANNED SCOPE AND
3	TIMING OF THE AUDIT IS ALWAYS 55 DAYS. WE HAVE TO
4	ISSUE OUR REPORT 55 DAYS AFTER THE CLOSE OF THE
5	BOOKS. SO THAT'S USUALLY AROUND SOMETIME MID TO
6	LATE OCTOBER. OUR SCOPE OF THE AUDIT, AGAIN, WAS
7	AUDITING THE FINANCIAL STATEMENTS OF THE
8	GOVERNMENTAL ACTIVITY AND THE STEM CELL FUND. WE
9	ALSO AT MGO, WE COMPLIED WITH ALL OF OUR ETHICAL
10	REQUIREMENTS REGARDING INDEPENDENCE. SO WE GO
11	THROUGH A PRETTY REGULAR INDEPENDENCE REVIEW OF ALL
12	OUR CLIENTS EVERY YEAR TO MAKE SURE THAT WE ARE, IN
13	FACT, IN APPEARANCE INDEPENDENT FROM CIRM.
14	NOW WE KIND OF GET INTO SOME QUALITATIVE
15	ASPECTS OF ACCOUNTING PRACTICES. ONE HAS TO DO WITH
16	ACCOUNTING POLICIES AND ACCOUNTING ESTIMATES. THERE
17	WERE NO CHANGES TO THE ACCOUNTING POLICIES DURING
18	THE YEAR ENDED JUNE 30, 2021, AND THERE WEREN'T ANY
19	POLICIES THAT CIRM USES THAT DON'T HAVE A CONSENSUS
20	OR DON'T HAVE A BASIS IN GAP. THERE'S NO REALLY
21	SENSITIVE ACCOUNTING ESTIMATES THAT CIRM USES IN
22	DETERMINING AMOUNTS IN THEIR FINANCIAL STATEMENTS.
23	WE DIDN'T HAVE THEY SIGNIFICANT DIFFICULTIES
24	ENCOUNTERED DURING THE AUDIT. THERE WEREN'T ANY
25	UNCORRECTED MISSTATEMENTS OR CORRECTED MISSTATEMENTS

152

1	FOR THAT MATTER. WE HAD NO DISAGREEMENT WITH
2	MANAGEMENT. MANAGEMENT WAS ABLE TO PROVIDE US WITH
3	A SIGNED REPRESENTATION LETTER AT THE END OF OUR
4	AUDIT, WHICH IS THE LAST PIECE OF AUDIT EVIDENCE
5	THAT WE REQUIRE. AND THEN WE REALLY DIDN'T HAVE ANY
6	OTHER FINDINGS OR ISSUES DURING THE YEAR ENDING JUNE
7	30, 2021. IT WAS ANOTHER PRETTY STEADY EVEN YEAR.
8	SO WITH THAT, THAT KIND OF WRAPS UP MY
9	PRESENTATION OVER THE JUNE 30, 2021, AUDIT, AND I
10	WOULD BE HAPPY TO ANSWER ANY QUESTIONS IF THERE ARE
11	ANY.
12	CHAIRMAN THOMAS: SO THANK YOU VERY MUCH.
13	AND THANK YOU, FINANCE TEAM, FOR ANOTHER YEAR OF
14	IMPECCABLE AUDIT. REALLY APPRECIATE ALL THAT YOU DO
15	TO MAKE SURE THAT THAT HAPPENS.
16	ARE THERE ANY QUESTIONS HERE BASED ON THIS
17	REPORT? OKAY. THERE YOU GO. SUCH A COMPREHENSIVE
18	REPORT. EVERYBODY LOVES THE CONCLUSIONS. SO THANK
19	YOU.
20	SO THIS IS NOT AN ACTION ITEM. THIS IS
21	JUST A DISCUSSION ITEM. SO THERE'S NO MOTION
22	NECESSARY HERE, BUT WE JUST WANTED TO THANK ALL OF
23	YOU AGAIN. THANKS, CRAIG, FOR THE PRESENTATION AND
24	TO ALL THE MEMBERS OF TEAM. SO IF THERE ARE NO
25	FURTHER COMMENTS, WE WILL THANK CRAIG AND SAY WE
	150

153

MOVE ON TO THE NEXT AGENDA ITEM. OKAY. THANK YOU.
ALL RIGHT. THE LAST ITEM ON THE AGENDA
TODAY IS PUBLIC COMMENT. DO WE HAVE PUBLIC COMMENT,
MARIANNE, THAT YOU SEE ON YOUR SCREEN? LOOKS LIKE I
SEE A HAND OUT THERE. I'M NOT SURE WHICH PHONE
NUMBER THAT GOES TO. SO COULD YOU PLEASE CALL ON
THAT PERSON AND HAVE THEM IDENTIFY THEMSELVES?
MS. DEQUINA-VILLABLANCA: YES. SO PHONE
NUMBER 310-469-1180, YOU HAVE THREE MINUTES FOR
PUBLIC COMMENT.
DR. FLINT: THANK YOU VERY MUCH. MY NAME
IS DR. JONATHAN FLINT. I'M A PSYCHIATRIST IN
NEUROSCIENCES WORKING AT UCLA. AND I'M CALLING IN
REALLY TO EMPHASIZE TO THE BOARD THE CRUSHING BURDEN
THAT MENTAL HEALTH AND NEUROPSYCHIATRIC ILLNESS
IMPOSES THROUGHOUT CALIFORNIA, DISEASES THAT HAVE A
DISPROPORTIONATE EFFECT ON OUR DISADVANTAGED
COMMUNITIES. GENERALLY PSYCHIATRIC DISEASES ARE NOW
RECOGNIZED AS A LEADING CAUSE OF DISABILITY, NOT
JUST IN CALIFORNIA, BUT GLOBALLY.
AS A COMMISSION I'M TREATING PATIENTS AND
FINDING THIS VERY FRUSTRATING BECAUSE WE HAVE SO FEW
EFFECTIVE TREATMENTS. THOSE THAT WE DO HAVE
CURRENTLY ONLY TREAT SYMPTOMS. WE HAVE NO WAY OF
ADDRESSING THE CORE PROBLEMS, THE CAUSES OF MENTAL
154

154

1	ILLNESS, UNTIL NOW. I CAN'T EMPHASIZE ENOUGH HOW
2	MUCH CALIFORNIA WITH ITS DIVERSE COMMUNITIES, ITS
3	WELL LEADING STRENGTHS IN NEUROSCIENCE AND
4	HEALTHCARE IS UNIQUELY POSITIONED TO CARRY OUT
5	WHAT'S NECESSARY, THE ADVANTAGE WE'VE ACHIEVED IN
6	GENETICS, IPS CELLS, BRAIN ORGANOIDS INTO POWERFUL
7	MECHANISTIC AND SCREENING TOOLS SO THAT WE CAN FOR
8	THE FIRST TIME REALLY FIND THE CAUSES OF MENTAL
9	DISORDERS AND DEVELOP NEW RESPECTED TREATMENTS.
10	THESE ADVANTAGES SHOULD AND CAN BE MADE HERE IN
11	CALIFORNIA.
12	I'M ARGUING THAT WE NEED A COMPREHENSIVE
13	PLAN TO MAKE SURE THAT THE MONEY, THE 1.5 BILLION,
14	ASSIGNED TO THIS WORK HAS MAXIMAL IMPACTS HERE IN
15	CALIFORNIA. AND TO THAT END, THAT PLAN SHOULD
16	INVOLVE ACADEMIC MEDICAL CENTERS WHERE STRENGTHS IN
17	RESEARCH AND CLINICAL TRIALS ARE BASED AND
18	INCORPORATE THE COMMUNITY GROUPS THAT CONSIST OF AND
19	REPRESENT OUR PATIENTS WHO ARE SUFFERING FROM
20	PSYCHIATRIC DISABILITY.
21	THANK YOU FOR YOUR ATTENTION, AND I'D LIKE
22	TO HELP CIRM IN ANY WAY IN ITS IMPORTANT WORK.
23	CHAIRMAN THOMAS: THANK YOU AND THANK YOU
24	FOR THOSE VERY IMPORTANT COMMENTS. AS YOU NOTE AND
25	AS WE'VE NOTED THROUGHOUT THIS MEETING, WE DO HAVE
	155

-	
1	THE BILLION AND A HALF THAT IS EARMARKED FOR
2	DISEASES OF THE BRAIN IN PROP 14. MENTAL HEALTH
3	OBVIOUSLY IS A VERY MAJOR COMPONENT OF THAT,
4	PARTICULARLY WITH THE BREAKTHROUGHS IN IDENTIFYING
5	GENES FOR THE FIRST TIME THAT ACTUALLY ARE LINKED TO
6	MENTAL ILLNESS IN ONE FASHION OR ANOTHER.
7	AND WE'VE HAD SEVERAL DISCUSSIONS ON THIS
8	TOPIC, AND I WOULD ASK DR. MILLAN THAT, AS THE PLAN
9	FOR HOW TO DEAL WITH THE 1.5 BILLION COMES INTO
10	PLAY, THAT THESE COMMENTS AND THE NEED TO ADDRESS
11	MENTAL ILLNESS SPECIFICALLY BE INTEGRATED INTO THAT
12	PLAN. AND THAT DR. MILLAN AND THE TEAM COME BACK TO
13	THE BOARD WITH THOUGHTS ON HOW TO MAKE THAT HAPPEN
14	AS THIS IS SOMETHING THAT WE DO NEED TO VIEW AS A
15	MAJOR PRIORITY. IN GENERAL, WE HAVE A
16	DISPROPORTIONATE NUMBER OF PATIENT ADVOCATES ON THE
17	BOARD DEVOTED TO MENTAL HEALTH. AND SO I THINK THAT
18	THIS IS A VERY TIMELY COMMENT, AND THANK YOU VERY
19	MUCH FOR THAT.
20	DO WE HAVE OTHER MEMBERS OF THE PUBLIC,
21	ANY OTHER PUBLIC COMMENT?
22	MS. DEQUINA-VILLABLANCA: THERE IS NONE.
23	CHAIRMAN THOMAS: OKAY. HEARING NONE,
24	THAT CONCLUDES A VERY SUBSTANTIVE MEETING. THANK
25	YOU ALL MEMBERS OF THE BOARD FOR YOUR ATTENDANCE.
	156

	, ,
1	AGAIN, PLEASE CIRCLE DECEMBER 15TH. THAT'S A VERY
2	IMPORTANT DATE AS WELL AS WE WILL BE VOTING ON THE
3	NEW CHAIR AT THAT TIME. AND WITH THAT, I WISH
4	EVERYBODY A HAPPY HALLOWEEN, AND WE WILL SEE YOU AT
5	VARIOUS SUBCOMMITTEES IN NOVEMBER AND BACK AGAIN EN
6	BANC IN MID-DECEMBER. WE STAND ADJOURNED.
7	(THE MEETING WAS THEN CONCLUDED AT 1:26 P.M.)
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
	157
	133 HENNA COURT, SANDPOINT, IDAHO 83864

REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE VIRTUAL PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE AND THE APPLICATION REVIEW SUBCOMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON OCTOBER 27, 2022, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CA CSR 7152 133 HENNA COURT SANDPOINT, IDAHO (208) 920-3543

158