

BETH C. DRAIN, CA CSR NO. 7152

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

LOCATION: 685 GATEWAY BOULEVARD
PRESENTATION ROOM
SOUTH SAN FRANCISCO, CALIFORNIA

DATE: MARCH 28, 2023
9 A.M.

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

FILE NO.: 2023-12

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CLOSED SESSION

NONE

11. DISCUSSION OF CONFIDENTIAL INTELLECTUAL PROPERTY OR WORK PRODUCT, PREPUBLICATION DATA, FINANCIAL INFORMATION, CONFIDENTIAL SCIENTIFIC RESEARCH OR DATA, AND OTHER PROPRIETARY INFORMATION RELATING TO APPLICATIONS SUBMITTED IN RESPONSE TO AGENDA ITEM 8 ABOVE. (HEALTH & SAFETY CODE 125290.30(F) (3) (B) AND (C)).

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TUESDAY, MARCH 28, 2023; 9 A.M.

CHAIRMAN THOMAS: ALL RIGHT, EVERYBODY.

GOOD MORNING TO YOU. THIS IS THE ICOC AND ARS
MEETING FOR MARCH 28TH OF 2023. MARIANNE, WILL YOU
PLEASE CALL THE ROLL.

MR. TOCHER: ACTUALLY, J.T., I'LL DO THAT.

CHAIRMAN THOMAS: SCOTT, POSING AS
MARIANNE, WILL YOU PLEASE CALL THE ROLL.

MR. TOCHER: HAIFAA ABDULHAQ.

DR. ABDULHAQ: YES.

MR. TOCHER: MOHAMMED ABOUSALEM.

DR. ABOUSALEM: PRESENT.

MR. TOCHER: DAN BERNAL. KIM BARRETT.

DR. BARRETT: PRESENT.

MR. TOCHER: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: PRESENT.

MR. TOCHER: MARIA BONNEVILLE.

VICE CHAIR BONNEVILLE: PRESENT.

MR. TOCHER: MICHAEL BOTCHAN. LINDA
BOXER. JUDY CHOU.

DR. CHOU: PRESENT.

MR. TOCHER: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: PRESENT.

MR. TOCHER: DEBORAH DEAS. ANNE-MARIE

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1 DULIEGE. YSABEL DURON.
2 MS. DURON: PRESENT.
3 MR. TOCHER: MARK FISCHER-COLBRIE.
4 DR. FISCHER-COLBRIE: HERE.
5 MR. TOCHER: FRED FISHER.
6 DR. FISHER: PRESENT.
7 MR. TOCHER: ELENA FLOWERS.
8 DR. FLOWERS: PRESENT.
9 MR. TOCHER: JUDY GASSON.
10 DR. GASSON: HERE.
11 MR. TOCHER: LARRY GOLDSTEIN.
12 DR. GOLDSTEIN: HERE.
13 MR. TOCHER: STEVE JUELSGAARD.
14 MR. JUELSGAARD: HERE.
15 MR. TOCHER: DAVID HIGGINS.
16 DR. HIGGINS: PRESENT.
17 MR. TOCHER: RICH LAJARA.
18 MR. LAJARA: HERE.
19 MR. TOCHER: PAT LEVITT.
20 DR. LEVITT: HERE.
21 MR. TOCHER: DAVID LO.
22 DR. LO: HERE.
23 MR. TOCHER: LINDA MALKAS.
24 DR. MALKAS: HERE.
25 MR. TOCHER: SHLOMO MELMED.

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1 DR. MELMED: HERE.
2 MR. TOCHER: CHRISTINE MIASKOWSKI.
3 DR. MIASKOWSKI: HERE.
4 MR. TOCHER: LAUREN MILLER-ROGEN.
5 MS. MILLER-ROGEN: HERE.
6 MR. TOCHER: ADRIANA PADILLA.
7 DR. PADILLA: HERE.
8 MR. TOCHER: JOE PANETTA.
9 MR. PANETTA: HERE.
10 MR. TOCHER: AL ROWLETT.
11 MR. ROWLETT: PRESENT.
12 MR. TOCHER: MARVIN SOUTHARD.
13 DR. SOUTHARD: PRESENT.
14 MR. TOCHER: MICHAEL STAMOS.
15 DR. STAMOS: HERE.
16 MR. TOCHER: JONATHAN THOMAS.
17 CHAIRMAN THOMAS: HERE.
18 MR. TOCHER: KAROL WATSON.
19 DR. WATSON: PRESENT.
20 MR. TOCHER: KEITH YAMAMOTO.
21 ANNE-MARIE, CHECKING IN FOR ANNE-MARIE.
22 LET'S SEE. LAST CALL FOR KEITH YAMAMOTO. AND DAN
23 BERNAL. OKAY, J.T. WE'RE READY TO GO.
24 CHAIRMAN THOMAS: THANK YOU VERY MUCH,
25 SCOTT.

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1 SO THIS IS A SOMEWHAT MOMENTOUS OCCASION
2 FOR SOME OF US HERE. AND I'M VERY PLEASED THAT WE
3 HAVE SUCH A GREAT TURNOUT BOTH HERE AND ONLINE FROM
4 MEMBERS OF THE BOARD. SO THANK YOU, EVERYBODY, FOR
5 ATTENDING. REALLY APPRECIATE IT.

6 THE CHAIR'S REPORT IS GOING TO BE FAIRLY
7 SHORT. I'M GOING TO SAVE MY PARTICULAR COMMENTS
8 TILL LATER IN THE AGENDA. I DO WANT TO NOTICE THAT
9 WE HAVE A NEW VICE CHAIR SITTING TO MY RIGHT, WHICH
10 IS ITSELF A VERY MOMENTOUS THING. SO
11 CONGRATULATIONS AGAIN.

12 VICE CHAIR BONNEVILLE: THANK YOU.

13 CHAIRMAN THOMAS: SO ONE THING THAT WE DO
14 WANT TO DO HERE IS KRISTINA VUORI, WHO IS A LONGTIME
15 BOARD MEMBER, WENT OFF THE BOARD IN THE FALL. AND
16 WE WANT TO AT THIS TIME GIVE A RESOLUTION TO HER TO
17 THANK HER FOR HER MANY YEARS OF SERVICE. KRISTINA
18 WAS ON THE BOARD WHEN I JOINED, AND SO HAD BEEN ON
19 FOR A LONG TIME WITH VERY DISTINGUISHED SERVICE TO
20 CIRM AND ALL THE PEOPLE OF CALIFORNIA.

21 SO IN HONOR OF THAT, I'M GOING TO READ HER
22 RESOLUTION WHICH IS AS FOLLOWS:

23 WHEREAS, DR. VUORI EARNED HER DOCTOR OF
24 MEDICINE AND DOCTOR OF PHILOSOPHY DEGREES FROM THE
25 UNIVERSITY OF OULU IN FINLAND;

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1 WHEREAS, AFTER COMPLETING HER INTERNSHIP
2 AND RESIDENCY, DR. VUORI RECEIVED POSTDOCTORAL
3 TRAINING AT THE SANFORD BURNHAM PREBYS MEDICAL
4 DISCOVERY INSTITUTE FROM 1992 TO 1995 WITH THEN
5 PRESIDENT AND CEO DR. ERKKI RUOSLAHTI, THE SBP, THE
6 ACRONYM, HIS MAJOR RESEARCH PROGRAMS IN CANCER,
7 NEURODEGENERATION, DIABETES, AND INFECTIOUS, AND.
8 INFLAMMATORY, AND CHILDHOOD DISEASE, AND IS
9 ESPECIALLY KNOWN FOR WORLD-CLASS CAPABILITIES IN
10 STEM CELL RESEARCH AND DRUG DISCOVERY TECHNOLOGIES;

11 WHEREAS, DR. VUORI WAS APPOINTED TO THE
12 SBP FACULTY IN 1996 AS DEPUTY DIRECTOR OF SBP'S
13 NATIONAL CANCER INSTITUTE DESIGNATED CANCER CENTER
14 IN 2003, SERVED AS THE DIRECTOR OF THE CANCER CENTER
15 FROM '05 TO '13 AND BECAME CO-DIRECTOR OF THE CONRAD
16 PREBYS CENTER FOR CHEMICAL GENOMICS AT SBP IN '05;

17 WHEREAS, DR. VUORI SERVED AS EXECUTIVE
18 VICE PRESIDENT FOR SCIENTIFIC AFFAIRS AT SBP FROM
19 '08 TO '10, AS PRESIDENT OF SBP FROM '10 TO '22, AND
20 AS INTERIM CEO FROM '13 TO '14;

21 WHEREAS, THROUGHOUT HER CAREER, DR. VUORI
22 HAS RECEIVED NUMEROUS RESEARCH GRANTS AND AWARDS
23 FROM NCI, THE NATIONAL INSTITUTE OF HEALTH, THE
24 UNITED STATES DEPARTMENT OF DEFENSE, STAND UP TO
25 CANCER DREAM TEAM, AND THE CALIFORNIA CANCER

1 RESEARCH PROGRAMS;

2 WHEREAS, DR. VUORI WAS SELECTED AS THE PEW
3 SCHOLAR IN THE BIOMEDICAL SCIENCES IN 1997, DUBBED
4 AS "20 MOST PROMISING SCIENTISTS IN AMERICA";

5 WHEREAS, DR. VUORI WAS ELECTED TO THE
6 NATIONAL ACADEMY OF INVENTORS IN 2014;

7 WHEREAS, DR. VUORI HAS SERVED IN A WIDE
8 VARIETY OF ADVISORY CAPACITIES TO NCI AND OTHER
9 CANCER ORGANIZATIONS, INCLUDING ADVISORY ROLES FOR
10 THE NCI'S DEVELOPMENTAL THERAPEUTICS PROGRAM, CENTER
11 FOR STRATEGIC SCIENTIFIC INITIATIVES, AND THE
12 NATIONAL CANCER ADVISORY BOARD. SHE HAS SERVED ON
13 SEVERAL NIH AND DEPARTMENT OF DEFENSE STUDY
14 SECTIONS, AND IS THE PAST CHAIR OF THE DEPARTMENT OF
15 DEFENSE BREAST CANCER RESEARCH PROGRAMS PRESTIGIOUS
16 "INNOVATOR AWARD" PANEL;

17 WHEREAS, DR. VUORI HAS SERVED OR CURRENTLY
18 SERVES ON BOARDS OF DIRECTORS FOR THE AMERICAN
19 ASSOCIATION FOR CANCER RESEARCH, THE CALIFORNIA
20 BREAST CANCER CENTER PROGRAM, THE FLORIDA INVENTORS
21 HALL OF FAME, AND WEB M.D.;

22 WHEREAS -- THIS IS REALLY IMPRESSIVE,
23 KRISTINA. GOT TO TELL YOU.

24 WHEREAS, DR. VUORI IS A CO-FOUNDER OF
25 THREE BIOTECHNOLOGY COMPANIES;

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1 WHEREAS, BASED ON DR. VUORI'S DISCOVERIES,
2 ORALLY BIOAVAILABLE DRUGS TO COMBAT
3 CHEMOTHERAPY-INDUCED ANEMIA HAVE BEEN DEVELOPED AND
4 ARE CURRENTLY UNDERGOING PHASE 2 CLINICAL TESTING;

5 WHEREAS, LT. GOVERNOR ABEL MALDONADO
6 APPOINTED DR. VUORI TO SERVE AS A MEMBER OF CIRM'S
7 GOVERNING BOARD IN 2010. IN ADDITION TO HER SERVICE
8 ON THE BOARD, DR. VUORI SERVED AS A MEMBER OF THE
9 SCIENCE SUBCOMMITTEE OF THE BOARD AND CO-CHAired THE
10 GOVERNANCE SUBCOMMITTEE;

11 WHEREAS, DR. VUORI, THROUGH HER
12 EXPERIENCE, COMMITMENT, KNOWLEDGE, AND LEADERSHIP
13 CONTRIBUTED GREATLY TO THE MOMENTUM OF DISCOVERY IN
14 THE FUTURE THERAPIES WHICH WILL BE THE ULTIMATE
15 OUTCOME OF THE DEDICATED WORK OF THE RESEARCHERS
16 RECEIVING CIRM FUNDING; NOW, THEREFORE,

17 BE IT RESOLVED THAT THE GOVERNING BOARD OF
18 THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE,
19 ON BEHALF OF THE PEOPLE OF THE STATE OF CALIFORNIA,
20 WISHES TO EXPRESS ITS DEEPEST GRATITUDE TO DR.
21 KRISTINA VUORI FOR HER SERVICE ON CIRM'S GOVERNING
22 BOARD AND FOR HER DEDICATION TO THE ADVANCEMENT OF
23 STEM CELL RESEARCH AND TO THE MISSION OF CIRM TO
24 ACCELERATE WORLD-CLASS SCIENCE TO DELIVER
25 TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN

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1 AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND
2 WORLD.

3 THIS RESOLUTION SHALL TAKE EFFECT
4 IMMEDIATELY UPON ITS APPROVAL.

5 DO I HEAR A MOTION TO APPROVE?

6 DR. BARRETT: SO MOVED.

7 CHAIRMAN THOMAS: SO MOVED BY KIM,
8 SECONDED BY MARV. IS THERE ANY DISCUSSION OR
9 COMMENTS BY MEMBERS OF THE BOARD? THIS IS THE TIME
10 TO SAY NICE THINGS ABOUT KRISTINA. SO I'M GOING TO
11 START.

12 SO, KRISTINA, OVER THE YEARS SHE AND I
13 HAVE WORKED TOGETHER ON A VARIETY OF THINGS,
14 BRAINSTORMING ON A NUMBER OF THINGS RELATED
15 PARTICULARLY TO SUSTAINABILITY. WE DEVELOPED --
16 MOST OF YOU WEREN'T ON THE BOARD -- AT THIS POINT WE
17 DEVELOPED A NOTION THAT WAS SORT OF A CIRM, INC.
18 FOR-PROFIT CONCEPT WHICH WE CALLED ACCELERATING
19 THERAPIES PUBLIC PRIVATE PARTNERSHIP OR ATP3.
20 KRISTINA WAS A GREAT SOURCE OF COUNSEL AND COMMENT
21 FOR THAT CONCEPT. WE HAD CONVERSATIONS ON THAT,
22 MANY CONVERSATIONS ON FUND-RAISING EFFORTS,
23 PARTICULARLY DOWN IN THE SAN DIEGO AND LA JOLLA
24 AREAS WHERE SHE HAS WORKED ALL THESE MANY YEARS.

25 HER SON AND MY SON WERE THE SAME AGE, OUR

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1 OLDEST SON, SAME AGE IN SCHOOL AND FELLOW BASEBALL
2 PLAYERS. WE, OF COURSE, HAD LOTS OF DISCUSSIONS
3 ABOUT THAT. SHE'S UNFORTUNATELY A PADRES FAN, WHICH
4 WE'LL OVERLOOK, AND IS SITTING THERE GLOATING,
5 WAITING FOR THE UPCOMING SEASON TO START AND FOR THE
6 PADRES TO WIN THE NATIONAL LEAGUE WEST, BUT FOR YOU
7 GUYS TO DEAL WITH GOING FORWARD.

8 ALSO, KRISTINA, MUCH MORE COMMENT ON THIS
9 TO JUDY, HAS BEEN A STALWART ON THE GOVERNANCE
10 SUBCOMMITTEE, WHICH, AS WE KNOW, PUT IN MASSIVE
11 AMOUNTS OF WORK, IN PARTICULAR OVER THE LAST YEAR,
12 UNDER THE TUTELAGE OF CHAIR GASSON AND CO-CHAIR
13 VUORI TO GET TO WHERE WE ARE TODAY WITH OUR NEW
14 CHAIR ABOUT TO TAKE OFFICE.

15 SO FOR ALL THOSE REASONS, KRISTINA HAS
16 BEEN A WONDERFUL COLLEAGUE, GREAT FRIEND, AND WE ARE
17 SORRY TO SEE HER LEAVE THE BOARD, BUT SHE HAD BEEN
18 ON A LONG TIME AND SO IT WAS HER TIME -- TENURE HAD
19 BEEN TERMED OUT. SO, KRISTINA, THANK YOU SO MUCH
20 FOR EVERYTHING YOU'VE DONE. AND WITH THAT, I'M
21 GOING TO TURN THIS OVER TO DR. GASSON.

22 DR. GASSON: THANK YOU, J.T. GOOD
23 MORNING, KRISTINA. HOW ARE YOU?

24 DR. VUORI: EXCELLENT. HOW ARE YOU, JUDY?

25 DR. GASSON: I'M GOOD. COUPLE COMMENTS

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1 ABOUT MY CO-CHAIR KRISTINA. AS YOU JUST HEARD FROM
2 THE RESOLUTION, SHE'S OBVIOUSLY A BRILLIANT
3 SCIENTIST, AN INCREDIBLE LEADER. SHE'S DONE HER OWN
4 DISCOVERY RESEARCH IN HER LABORATORY, FORMED
5 START-UP COMPANIES TO TRANSLATE AND COMMERCIALIZE
6 HER WORK FOR THE BENEFIT OF CANCER PATIENTS.

7 WORKING WITH HER AS THE CO-CHAIR WAS
8 REALLY FANTASTIC. IT WAS A BUSY YEAR, BUT I'VE
9 NOTED SOME OF THE ATTRIBUTES THAT KRISTINA BROUGHT
10 TO THE GOVERNANCE SUBCOMMITTEE.

11 SHE WAS HIGHLY FOCUSED AND ORGANIZED,
12 WHICH IN THE VERY BEGINNING WAS REALLY IMPORTANT TO
13 ME BECAUSE THERE WERE SO MANY THINGS GOING ON AT THE
14 SAME TIME. IT WAS WONDERFUL TO HAVE A CO-CHAIR THAT
15 WAS ALWAYS ON POINT AND MOVING THE PROJECTS FORWARD.
16 SHE'S A PERSON OF GREAT INTEGRITY AND WAS ALWAYS
17 FAIR WHEN WE WERE TRYING TO RESOLVE ISSUES AND TO
18 CONSIDER THINGS THAT WERE COMING BEFORE THE
19 GOVERNANCE SUBCOMMITTEE. SHE WAS ABLE TO, IN SPITE
20 OF HER INCREDIBLY BUSY SCHEDULE, SHE WAS ABLE TO
21 KEEP TRACK OF THE DOZENS OF ACTIVITIES THAT WERE
22 GOING ON SIMULTANEOUSLY IN THE GOVERNANCE
23 SUBCOMMITTEE.

24 SHE ALSO, YOU MAY KNOW THIS, HAS A RATHER
25 IRREVERENT SENSE OF HUMOR WHICH WAS VERY VALUABLE AT

1 MULTIPLE TIMES DURING THE PAST YEAR.

2 I WOULD ONLY HAVE ONE SMALL THING TO
3 MENTION ABOUT WORKING WITH KRISTINA. AND THAT WAS
4 THAT EVERY MEETING THAT WE HAD STARTED WITH KRISTINA
5 SAYING, "AM I STILL ON THIS BOARD?" I CANNOT THANK
6 YOU ENOUGH, KRISTINA. I HONESTLY COULD NOT HAVE
7 GOTTEN THROUGH THE PAST YEAR OR COUPLE YEARS WITHOUT
8 YOU. SO THANK YOU AGAIN FOR THE MEMBERS OF THE
9 GOVERNANCE SUBCOMMITTEE AND THE BOARD OF ICOC.

10 CHAIRMAN THOMAS: THANK YOU, JUDY. DO WE
11 HAVE OTHER COMMENTS, MEMBERS OF THE BOARD? SHLOMO.

12 DR. MELMED: THANK YOU. I WONDER -- IT'S
13 VERY DIFFICULT TO ADD TO THE TERRIFIC ACCOLADES
14 WHICH YOU HEARD FROM TWO OF YOUR ERUDITE COLLEAGUES
15 OVER HERE. I JUST WANT TO ADD MY PERSONAL COMMENTS.

16 IT'S VERY RARE, THE BOARD SHOULD
17 UNDERSTAND, IT'S VERY RARE FOR A NONCLINICAL PROGRAM
18 TO BE DESIGNATED AS A NCR CANCER CENTER. AND
19 KRISTINA HAS LED THIS DESIGNATION OF HER CANCER
20 CENTER FOR MANY YEARS IN A NONCLINICAL ENVIRONMENT.
21 AND I THINK THERE ARE PROBABLY LESS THAN FIVE IN THE
22 NATION. AND SO CONGRATULATIONS TO HER, AND MAY SHE
23 CONTINUE WITH THAT TERRIFIC WORK.

24 UNDER HER LEADERSHIP, HER PROGRAMS HAVE
25 REALLY BECOME A REMARKABLE RESOURCE FOR DRUG

1 DISCOVERY WORLDWIDE. AND THE LIBRARIES THAT HAVE
2 BEEN DEVELOPED AT SANFORD BURNHAM UNDER HER
3 LEADERSHIP HAVE REALLY SERVED DRUG DISCOVERY FOR
4 CANCER AND WILL CONTINUE TO DO SO PERHAPS EVEN FOR
5 DECADES TO COME.

6 MOST IMPORTANTLY, I BELIEVE, IN LOOKING AT
7 HER SCIENTIFIC ACHIEVEMENTS, HAS BEEN THE FACT THAT
8 FOR MANY YEARS HER AND HER ENVIRONMENTAL MENTORS IN
9 SAN DIEGO WERE STUDYING AN AREA WHICH WAS REALLY
10 PERIPHERAL TO CANCER IN TERMS OF THE
11 MICROENVIRONMENT AND THE EXTRACELLULAR MATRIX, WHICH
12 EVERYBODY THOUGHT WAS JUST A BY-PRODUCT OF CANCER.
13 AND IT TURNS OUT TODAY, ESPECIALLY WITH THE ADVANCE
14 IN IMMUNOTHERAPY, THAT THESE ARE SUCH VITAL
15 MOLECULES. AND HER FUNDAMENTAL DEVELOPMENTAL WORK
16 SO MANY YEARS AGO REALLY IS BEARING FRUIT TODAY.
17 AND WE'LL GO BACK AND LOOK AT THOSE ORIGINAL
18 DISCOVERIES WHICH SHE MADE AS BEING
19 TRANSFORMATIONAL, ALLOWING US TO ENTER THE ERA OF
20 BIOINFORMATICS AND STUDYING THE THERAPEUTIC
21 POTENTIAL OF A CANCER MICROENVIRONMENT. SO WE
22 REALLY OWE YOU A LOT OF THANKS FOR THAT.

23 AND ON CIRM I WAS ALWAYS STRUCK BY THE
24 FACT THAT SHE WAS ALWAYS SO FAIR. WHENEVER THERE
25 WAS AN ARGUMENT AMONGST US OR DISAGREEMENT, HER

1 QUIET, SOLID, AND DETERMINED VOICE CAME OUT IN SORT
2 OF A COMPROMISE AND WAS ABLE ALWAYS TO FIGHT FOR THE
3 LESS ADVANTAGED, TO ADVANCE THE SCIENCE, TO ADVANCE
4 OUR EQUITY AND DIVERSITY AGENDA, AND DO IT ALL BASED
5 ON VERY, VERY SOLID SCIENCE, BUT AT THE SAME TIME A
6 LOT OF COMPASSION, A LOT OF JUDGMENT, AND ALLOWING
7 US TO COME TO A CONSENSUS. SO THANK YOU FOR THAT.
8 AND THANK YOU FOR YOUR LEADERSHIP.

9 CHAIRMAN THOMAS: THANK YOU, SHLOMO.
10 OTHER COMMENTS? JOE.

11 MR. PANETTA: THANK YOU, J.T. HI,
12 KRISTINA. I THINK YOU'RE PROBABLY TWO BLOCKS AWAY
13 FROM ME. WE DON'T GET THE OPPORTUNITY TO SEE EACH
14 OTHER AS MUCH AS WE SHOULD, BUT WE'VE KNOWN EACH
15 OTHER SINCE I CAME TO BIOCOM CALIFORNIA IN 1999 AND
16 YOU HAD ALREADY DEVELOPED QUITE A LEVEL OF PRESTIGE
17 AT THE SANFORD BURNHAM PREBYS INSTITUTE.

18 I CAN'T ADD MUCH AT ALL TO THE INCREDIBLE
19 WORK THAT YOU'VE DONE THAT J.T. CITED AND SHLOMO AS
20 WELL. I'M NOT A SCIENTIST. I'M AN ASSOCIATION
21 HEAD. AND MY JOB IS TO LEAD A GROUP THAT PROMOTES
22 THE SUCCESS OF THE LIFE SCIENCE COMMUNITY HERE IN
23 THE STATE OF CALIFORNIA IN DEVELOPING CURES AND
24 DELIVERY OF THEM TO PATIENTS.

25 AND WHEN I JOINED THE BOARD OF CIRM, ONE

1 OF MY CONCERNS WAS THAT I DON'T HAVE A TRUE HIGH
2 LEVEL SCIENTIFIC BACKGROUND. SO I'VE LOOKED TO YOU
3 ALL ALONG AND ADMIRED, AS SHLOMO SAID, YOUR
4 EVENHANDEDNESS, YOUR ANALYTICAL ABILITY TO QUESTION
5 THE SCIENCE AND QUESTION THE OPPORTUNITY IN A WAY
6 THAT'S REALLY ALLOWED ME TO MAKE BETTER DECISIONS.
7 AND I'VE NEVER REALLY HAD THE OPPORTUNITY TO THANK
8 YOU FOR THAT, BUT I'VE ALWAYS, ALWAYS ADMIRED AND
9 MARVELED AT THE WAY YOU'VE APPROACHED THE PROPOSALS
10 THAT HAVE COME IN TO CIRM.

11 AND IT'S JUST AN HONOR TO HAVE YOU HERE IN
12 SAN DIEGO AND TO WORK ALONGSIDE OF YOU. AND I'M
13 GOING TO MISS YOU IN THE PROBABLY SHORT TENURE THAT
14 I HAVE LEFT ON THIS BOARD, BUT JUST WANT TO THANK
15 YOU FOR ALL THAT YOU'VE DONE.

16 CHAIRMAN THOMAS: THANK YOU, JOE. OTHER
17 COMMENTS? LARRY.

18 DR. GOLDSTEIN: YES. THANK YOU, J.T.

19 I JUST WANT TO SAY A COUPLE OF WORDS THAT
20 HIGHLIGHT MY EXPERIENCE WITH KRISTINA'S JUDGMENT AND
21 IN PARTICULAR HER GREAT SENSE FOR DEVELOPING
22 COLLABORATIONS. I'VE ONLY OVERLAPPED WITH KRISTINA
23 HERE AT THE ICOC FOR A FEW YEARS, BUT I WORKED WITH
24 HER A GREAT DEAL WHEN I SERVED SOMETHING LIKE TEN
25 YEARS AT UC SAN DIEGO IN DEVELOPING NEW STEM CELL

1 PROGRAMS.

2 AND IN THAT CAPACITY I ALWAYS FOUND
3 KRISTINA TO BE AN INCREDIBLY THOUGHTFUL ASSET AND
4 PARTNER EVEN THOUGH SHE LED WHAT IS UNDERSTANDABLY A
5 COMPETING NEIGHBORING INSTITUTION. WHENEVER I WENT
6 TO TALK WITH HER IN HER LEADERSHIP ROLE ABOUT
7 COLLABORATING AS OPPOSED TO COMPETING, SHE ALWAYS
8 FOUND A WAY TO BRING HER SENSE OF HOW TO EXPAND THE
9 COMMON GOOD TO OUR INTERACTIONS. SHE WAS
10 THOUGHTFUL, CREATIVE, AND ALWAYS FOUND THE ROAD TO
11 MAKING ALL OF US BETTER.

12 I THINK WE'LL MISS HER GOOD JUDGMENT AND
13 COOPERATIVE DEMEANOR HERE AT THE ICOC, BUT I KNOW
14 SHE HAS NEW ADVENTURES PLANNED, BUT I HOPE I SPEAK
15 FOR ALL US IN WISHING YOU THE BEST AND THANKING YOU
16 FOR YOUR SERVICE TO OUR STEM CELL INITIATIVES IN
17 CALIFORNIA.

18 CHAIRMAN THOMAS: THANKS, LARRY. ANY
19 OTHER COMMENTS? ANNE-MARIE.

20 DR. DULIEGE: I CAN'T MATCH TO WHAT HAS
21 BEEN SAID. I WANT TO SAY THAT MANY OF US, I IN
22 PARTICULAR, COMPLETELY SECOND EVERYTHING THAT HAS
23 BEEN SAID, IN PARTICULAR YOUR PERSISTENT, BUT QUIET
24 VOICE WHEN YOU EXPRESSED YOUR OPINION AS WAS SO WELL
25 SAID BY SHLOMO. IT HELPED ME AT THE BEGINNING WHEN

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1 I STARTED ON THIS BOARD, AND IT HAS CONTINUED TO
2 INSPIRE ME.

3 I WOULD ALSO ADD THAT STILL IN THE END
4 THERE ARE NOT SO MANY FEMALE LEADERS IN OUR FIELD,
5 AND YOU ARE ONE OF THEM. AND THAT'S ANOTHER SOURCE
6 OF INSPIRATION. SO THANK YOU.

7 CHAIRMAN THOMAS: THANK YOU, ANNE-MARIE.
8 YSABEL.

9 MS. DURON: THANK YOU, J.T.

10 KRISTINA, WE'VE NOT HAD A GREAT DEAL OF
11 TIME TO CROSS, BUT I DO SECOND, THIRD, AND FOURTH
12 EVERYTHING THAT HAS BEEN SAID HERE. VERY PROUD AS A
13 PATIENT ADVOCATE TO BE SITTING AT A TABLE WITH YOUR
14 BRILLIANCE AND, IN FACT, THE BRILLIANCE OF MANY
15 PEOPLE AT THIS TABLE. IT'S A PLEASURE TO BE HERE.

16 BUT DO WANT TO THANK YOU VERY MUCH BECAUSE
17 THAT IS ONE OF THE THINGS I TOO REMEMBERED WAS THAT
18 WHENEVER YOU HAD SOMETHING TO SAY, IT WAS SOMETHING
19 I NEEDED TO LISTEN TO, AND IT WAS SOMETHING THAT
20 HELPED ME UNDERSTAND MUCH BETTER THIS VERY COMPLEX
21 SCIENCE. SO THANK YOU VERY MUCH. AND I HOPE THAT
22 SOMEDAY OUR PATHS WILL CROSS AGAIN. THANK YOU,
23 KRISTINA.

24 CHAIRMAN THOMAS: THANK YOU, YSABEL.
25 OTHER COMMENTS? OKAY.

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1 ARE THERE -- BEFORE WE VOTE ON THIS
2 RESOLUTION AND TURN TO KRISTINA FOR HER COMMENTS,
3 ARE THERE ANY PUBLIC COMMENTS?

4 MS. DEQUINA-VILLABLANCA: I DON'T SEE ANY,
5 J.T.

6 CHAIRMAN THOMAS: OKAY. HEARING NONE,
7 SCOTT, I BELIEVE VOICE VOTE AND POLLING MEMBERS ON
8 ZOOM, CORRECT?

9 MR. TOCHER: PERFECT. ALL THOSE IN FAVOR.

10 CHAIRMAN THOMAS: ALL THOSE IN FAVOR OF
11 THE RESOLUTION PLEASE SAY AYE. OPPOSED.

12 SCOTT, WILL YOU PLEASE POLL THOSE ON ZOOM.

13 MR. TOCHER: MARK FISCHER-COLBRIE.

14 DR. FISCHER-COLBRIE: ENTHUSIASTIC AYE.

15 MR. TOCHER: FRED FISHER.

16 DR. FISHER: AYE.

17 MR. TOCHER: LARRY GOLDSTEIN.

18 DR. GOLDSTEIN: OF COURSE, YES.

19 MR. TOCHER: STEVE JUELSGAARD.

20 MR. JUELSGAARD: YES, YES, AND YES.

21 MR. TOCHER: RICH LAJARA.

22 MR. LAJARA: YES.

23 MR. TOCHER: DAVID LO.

24 DR. LO: YES.

25 MR. TOCHER: CHRISTINE MIASKOWSKI.

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1 DR. MIASKOWSKI: AN ENTHUSIASTIC YES.

2 MR. TOCHER: LAUREN MILLER-ROGEN.

3 MS. MILLER-ROGEN: YES.

4 MR. TOCHER: ADRIANA PADILLA.

5 DR. PADILLA: OF COURSE, YES.

6 MR. TOCHER: JOE PANETTA.

7 MR. PANETTA: YES, CERTAINLY.

8 MR. TOCHER: MICHAEL STAMOS.

9 DR. STAMOS: MOST DEFINITELY YES.

10 MR. TOCHER: AND KAROL WATSON.

11 DR. WATSON: A RESOUNDING YES.

12 MR. TOCHER: IT'S UNANIMOUS.

13 CHAIRMAN THOMAS: THOSE ARE SOME PRETTY
14 IMPRESSIVE YESES. IT IS SO RESOLVED. KRISTINA, THE
15 FLOOR IS YOURS.

16 DR. VUORI: WELL, THANK YOU, EVERYBODY,
17 FOR YOUR VERY KIND WORDS. I'M REALLY EMBARRASSED TO
18 TAKE THIS MUCH TIME OF WHAT I THINK, AS J.T.
19 OUTLINED, IS A REALLY IMPORTANT AND IMPRESSIVE
20 AGENDA OF THINGS HAPPENING TODAY. SO JUST A VERY
21 FEW THINGS TO SAY.

22 PROBABLY GOES WITHOUT SAYING THAT IT HAS
23 BEEN AN ABSOLUTE HONOR AND PRIVILEGE TO SERVE ON THE
24 ICOC AND ESPECIALLY TO SERVE WITH ALL OF YOU, THE
25 ICOC MEMBERS, BOTH PAST AND PRESENT. YOU ARE REALLY

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1 AN AMAZING GROUP OF PEOPLE, AND I THINK STATE OF
2 CALIFORNIA IS VERY FORTUNATE TO HAVE EVERY SINGLE
3 ONE OF YOU TO SUPPORT AND LEAD CIRM.

4 AS IN THE COMMENTS, I FELT A LITTLE BIT
5 LIKE LISTENING TO A FUNERAL; BUT IN ANY EVENT, AS
6 WAS NOTED, I JOINED ICOC REALLY, REALLY LONG TIME
7 AGO. BOB KLEIN WAS CHAIR AT THE TIME. AND
8 TREMENDOUS KUDOS, OF COURSE, TO BOB FOR HIS
9 LEADERSHIP AND ALL HE HAS DONE FOR CIRM BY
10 SPEARHEADING THE PROP 71 AND PROP 14. AND IT WAS A
11 DELIGHT TO SERVE ON THE ICOC WITH BOB AS THE LEADER.
12 AND DEFINITELY EQUALLY REWARDING TO SERVE WITH YOU,
13 J.T.

14 I KNOW YOU AND ART WILL BE RECOGNIZED
15 LATER TODAY, AND HOPEFULLY I CAN DIAL IN AGAIN THEN,
16 BUT JUST WANT TO EXPRESS MY THANKS TO YOU, J.T., AND
17 REALLY CONGRATULATIONS TO WHAT YOU HAVE ACCOMPLISHED
18 DURING YOUR TENURE AS THE CHAIR OF CIRM. IT HAS
19 BEEN ABSOLUTELY REMARKABLE, AND YOU SHOULD BE
20 REALLY, REALLY VERY PROUD OF WHAT YOU HAVE
21 CONTRIBUTED TO THE EFFORT.

22 IT HAS BEEN A PLEASURE TO SERVE ON THE
23 VARIOUS SUBCOMMITTEES. IT HAS BEEN A LOT OF WORK.
24 LIKE TO THANK ESPECIALLY JUDY FOR HER PARTNERSHIP.
25 IT WAS A LOT OF WORK, BUT ALSO, I HOPE, VERY GOOD

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1 OUTCOMES WHAT WE ACCOMPLISHED. SO REALLY
2 APPRECIATED YOUR WORK AND EVERYBODY ELSE IN THE PAST
3 AS WELL WHO I WORKED WITH. SO THANK YOU FOR ALL THE
4 SUPPORT AND YOUR WORK FOR ICOC.

5 SPECIAL THANKS TO MARIA BONNEVILLE FOR
6 YOUR SUPPORT IN YOUR PREVIOUS LIFE FOR ICOC AND
7 CONGRATULATIONS AGAIN AND WISHING ALL THE BEST IN
8 YOUR NEW AND VERY WELL-DESERVED ROLE AS VICE CHAIR.
9 AND REALLY THANKS TO MARIA MILLAN AS WELL AND THE
10 CIRM STAFF FOR EVERYTHING YOU DO EVERY DAY. AND
11 THOSE WHO ARE ON CALL, EITHER PATIENT ADVOCATES OR
12 SCIENTISTS, YOU ARE REALLY THE KEY FOR THE SUCCESS
13 OF CIRM. AND WITHOUT YOUR EFFORTS, AND ESPECIALLY
14 PATIENT ADVOCATE'S EFFORTS, CIRM WOULDN'T EXIST. SO
15 HOPE EVERYBODY KEEPS UP THE GOOD WORK.

16 AND IF DR. IMBASCIANI IS IN THE AUDIENCE,
17 I'D LIKE TO EXPRESS MY CONGRATULATIONS ON YOUR
18 APPOINTMENT AS WELL AND ALL THE BEST FOR YOUR TENURE
19 AS CHAIR.

20 AND A VERY FINAL NOTE. THIS IS A VERY
21 EXCITING WEEK IN SAN DIEGO WITH SAN DIEGO STATE
22 HEADING TO THE FINAL FOUR. PADRES, OF COURSE,
23 STARTING THEIR JOURNEY TO THE WORLD SERIES ON
24 THURSDAY. ESPECIALLY TO J.T., I GUESS IT'S GO
25 PADRES. THANKS, EVERYONE.

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1 CHAIRMAN THOMAS: THANK YOU, KRISTINA.
2 ALTHOUGH I'M NOT SURE THAT LAST PART WAS REALLY
3 NECESSARY. THANK YOU SO MUCH AGAIN FOR EVERYTHING
4 THAT YOU HAVE DONE AND VERY MUCH LOOK FORWARD TO
5 KEEPING IN TOUCH AS WE PROCEED DOWN THE ROAD TO OUR
6 NEXT ADVENTURES. SO THANK YOU.

7 DR. VUORI: LIKEWISE. THANK YOU.

8 CHAIRMAN THOMAS: OKAY. WE'RE GOING --
9 SCOTT? SCOTT IS TAKING HIS GLASSES OFF. THAT'S
10 INDICATION OF SERIOUSNESS AND ASSUMPTION THAT I'M
11 ABOUT TO DO SOMETHING WRONG.

12 SO WE HAVE A SMALL ADDITIONAL PART OF THE
13 CHAIR'S REPORT. OUR ESTEEMED FORMER BOARD COLLEAGUE
14 FRANCISCO PRIETO IS GETTING HERE A LITTLE BIT LATER.
15 I ASKED HIM TO GIVE SOME COMMENTS ON HIS ROLE AND
16 THE ROLE OF DIABETES ADVOCATES IN THE RECENT, VERY
17 NOTED REDUCTION OF THE COST OF INSULIN BY ELI LILLY.
18 SO WHEN HE GETS HERE LATER TODAY, WE'LL HAVE THAT
19 PART OF THE CHAIR'S REPORT AS WELL.

20 SO THAT WILL BE IT UNTIL MY COMMENTS AT
21 THE END AS WELL. AND WITH THAT, TURN IT OVER TO DR.
22 MILLAN FOR THE PRESIDENT'S REPORT.

23 VICE CHAIR BONNEVILLE: DR. MILLAN IS
24 SUFFERING FROM A DREADED PICKLE BALL INJURY FOR
25 THOSE WONDERING.

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1 DR. MILLAN: GOOD MORNING, MEMBERS OF THE
2 BOARD, MEMBERS OF THE PUBLIC, AND DEAR COLLEAGUES.
3 I'M HERE TO GIVE AN UPDATE, AN ANNUAL UPDATE, BUT
4 ALSO A YEAR-TO-DATE FISCAL YEAR UPDATE ON THE CIRM
5 PROGRAMS. MAY I PLEASE HAVE MY SLIDES UP. PERFECT.
6 THANK YOU SO MUCH.

7 SO IN SERVICE OF OUR MISSION TO ACCELERATE
8 WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE
9 REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE
10 MANNER TO A DIVERSE CALIFORNIA AND WORLD, IT IS MY
11 PROUD HONOR TO REPORT TO YOU TODAY ON WHAT WE'VE
12 DONE SO FAR SINCE WE LAUNCHED THE STRATEGIC PLAN
13 JUST A LITTLE OVER A YEAR AGO.

14 AS YOU WILL RECALL, THIS BOARD HAD
15 APPROVED A FIVE-YEAR STRATEGIC PLAN THAT REALLY WAS
16 ORGANIZED ACROSS THREE MAJOR PILLARS AND STRATEGIC
17 THEMES: TO ADVANCE WORLD-CLASS SCIENCE IN A
18 COLLABORATIVE MANNER AND ACTUALLY CHANGE THE CULTURE
19 OF SCIENCE TO AN EXTENT -- AND I'LL EXPAND ON THAT
20 IN A LITTLE BIT -- BY DEVELOPING EQUITY IN SCIENCE,
21 BUT ALSO DEVELOPING KIND OF FUNDAMENTAL WAYS THAT WE
22 CAN BE BETTER AT COLLABORATING AND PROMOTING TEAM
23 SCIENCE THROUGH DEVELOPMENT OF SHARED RESOURCES AND
24 BUILDING KNOWLEDGE NETWORKS.

25 THE SECOND THEME IS TO DELIVER REAL-WORLD

1 SOLUTIONS TO OVERCOME THE HURDLES IN ADVANCING
2 THERAPIES TO MARKETING APPROVAL, HURDLES IN MAKING
3 THIS A REALITY, TO BRINGING IT OUT INTO THE
4 ECOSYSTEM, AND DELIVERY TO PATIENTS. AND THIS IS
5 THROUGH EXPANSION OF THE INFRASTRUCTURE PROGRAMS,
6 WHICH I WILL GIVE YOU AN UPDATE ON IN A BIT.

7 AND THEN THE THIRD PILLAR IS TO PROVIDE
8 OPPORTUNITY FOR ALL WITH OUR VERY IMPORTANT TASK AND
9 MISSION OF ESSENTIALLY MAKING SURE THAT DIVERSITY,
10 EQUITY, AND INCLUSION, PRINCIPLES THIS BOARD LED THE
11 CHARGE WITH, MAKING SURE THAT WAS A DELIBERATE PART
12 OF OUR PROGRAM WITH YSABEL DURON, OUR BOARD MEMBER,
13 BRINGING THIS UP DURING OUR EMERGENCY COVID PROGRAM.
14 AND THAT HAS NOW BEEN EMBEDDED INTO OUR FUNDING
15 OPPORTUNITIES AND THE WAY WE DO WORK. SO THAT'S
16 REALLY A VERY -- IT'S A START. IT'S NOT DONE BY ANY
17 STRETCH, BUT IT'S A GREAT START.

18 AND THEN IN TERMS OF PROVIDING OPPORTUNITY
19 FOR ALL, AS YOU ALL KNOW WITH PROP 14, ACCESS AND
20 AFFORDABILITY HAS BEEN ACCOUNTED FOR IN PROP 14. SO
21 DELIVERING A ROADMAP FOR ACCESS AND AFFORDABILITY IS
22 ONE OF OUR STRATEGIC GOALS IN THE NEXT FIVE YEARS.

23 JUST BY WAY OF KIND OF A SUMMARY OF WHAT
24 CIRM HAS DONE SO FAR, CIRM IS A FUNDING AGENCY AT
25 ITS CORE. THROUGH PROP 71 AND PROP 14, WE HAVE

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1 DEPLOYED \$3.8 BILLION IN FUNDING ACROSS THREE
2 MAJOR -- FIVE MAJOR PILLARS IN DISCOVERY,
3 TRANSLATIONAL, CLINICAL, INFRASTRUCTURE, AND
4 EDUCATION PROGRAMS. EVEN THE SPECIAL PROGRAMS FIT
5 INTO MOST OF THESE PROGRAMS, BUT WE WILL BE PROBABLY
6 DEVELOPING OTHERS THAT WILL GO INTO OTHER PILLARS.

7 SO IN THE PROP 14 ERA, WE'VE DEPLOYED JUST
8 A LITTLE BIT OVER 470 MILLION WITH 450 IN R&D, AND
9 138 MILLION OF THAT IS IN NEURO SO FAR. AND THAT IS
10 JUST KIND OF AN ORGANIC PROCESS. AND YOU'LL HEAR A
11 LITTLE BIT MORE ABOUT -- A REPORT FROM THE NEURO
12 TASK FORCE REGARDING HOW WE SEEK TO ADDRESS THE
13 STRATEGY IN THE AREAS OF NEURO AND NEUROPSYCHE AND
14 OTHER RELATED FIELDS.

15 SO FAR YEAR TO DATE IN THIS FISCAL YEAR,
16 AS SHOWN IN THE SECOND ROW, ARE THE EXPENDITURES OR
17 THE BOARD APPROVALS FOR AWARDS IN ALL FIVE PILLARS
18 AND THE REMAINING FUNDS FOR THE REMAINING OF THE
19 YEAR TILL JUNE. THIS IS BASED ON WHAT THE BOARD HAD
20 APPROVED LAST JUNE FOR THIS FISCAL YEAR. THIS WILL
21 BE DEPLOYED FOR THE PROGRAMS COMING UP, AND THEN IN
22 JUNE THIS TEAM WILL BE BRINGING TO YOU A NEW BUDGET
23 FOR APPROVAL.

24 SO WHAT HAVE WE DONE SO FAR? THROUGH THIS
25 FUNDING, CIRM HAS BUILT A DIVERSE PORTFOLIO THAT

1 SPANS THROUGH DIFFERENT DISEASE INDICATIONS AND
2 AREAS AS SHOWN HERE, SIGNIFICANTLY IN NEURO,
3 CARDIAC, MUSCULOSKELETAL, BLOOD DISORDERS, SUCH AS
4 RARE DISEASE, GENETIC DISEASES, AND VARIOUS SORTS OF
5 MALIGNANCIES AND OTHER PROGRAMS AS WELL.

6 CIRM IS A TRANSLATIONAL MACHINERY
7 ESSENTIALLY TO BRING THESE DISCOVERIES TO THE
8 CLINICS. SO WHERE ARE WE IN TERMS OF OUR CLINICAL
9 PORTFOLIO? DR. ABLA CREASEY PROVIDED AN EXTENSIVE
10 PORTFOLIO UPDATE AT THE JANUARY MEETING. SHE WILL
11 BE PRESENTING TODAY ON HOW WE BUILD UPON THAT
12 THROUGH THE HUNTING STRATEGY.

13 JUST A SNAPSHOT OF WHERE THE CLINICAL
14 PORTFOLIO IS AT CIRM TODAY, WE HAVE THREE ACTIVE
15 PHASE 2 AND 3, THAT'S PRETTY ADVANCED GOING TOWARD
16 APPROVAL, CELL THERAPY PROGRAMS IN EYE DISEASE,
17 KIDNEY, AND VASCULAR DISEASE FOLLOWING BONE MARROW
18 TRANSPLANT. ONE COMPLETED PHASE 3 TRIAL IN A
19 NEURODEGENERATIVE DISEASE, ALS, LOU GEHRIG'S
20 DISEASE, THAT WE FUNDED BRAINSTORM THERAPEUTICS FOR.
21 THE DATA IS GOING TO BE BROUGHT TO AN FDA ADVISORY
22 COMMITTEE TO EVALUATE HOW THAT DATA LOOKS IN TERMS
23 OF SUPPORTING EVENTUAL APPROVAL.

24 THERE ARE FOUR ACTIVE PHASE 2 EX VIVO GENE
25 THERAPIES. YOU'VE HEARD THIS PRESENTATION FROM DR.

1 CREASEY. SOME OF YOU WHO HAD TUNED INTO THE AAWG
2 HAVE HEARD THAT RARE DISEASE IS A PRETTY SIGNIFICANT
3 PROPORTION OF OUR PORTFOLIO, APPROXIMATELY 50
4 PERCENT. THAT'S SIGNIFICANT IN THAT THESE ARE THE
5 TYPES OF INDICATIONS THAT OTHERWISE HAVE NO
6 TREATMENT. AND IT'S ALSO THE INDICATION WHERE
7 IMPACT CAN BE VERY GREAT FOR CELL AND GENE THERAPY.

8 ANOTHER ASPECT OF RARE DISEASE AND
9 ESPECIALLY THOSE WITH EXPEDITED FDA DESIGNATIONS,
10 SUCH AS RMAT OR BREAKTHROUGH, IS THAT THERE'S AN
11 OPPORTUNITY FOR THESE TO REALLY ACCELERATE TOWARD
12 APPROVAL WITH SMALL NUMBERS BECAUSE, AFTER ALL,
13 THEY'RE RARE. HOWEVER, IT ALSO BRINGS WITH IT
14 CHALLENGES IN HOW TO BRING THAT ALL THE WAY THROUGH
15 TO ADOPTION AND APPLICATION.

16 THERE ARE ALSO THREE RARE DISEASE
17 PEDIATRIC DESIGNATIONS WHICH CARRY WITH IT SOME
18 DOWNSTREAM BENEFITS. THIS IS IN THE CONTEXT OF A
19 FIELD THAT'S JUST EVOLVING. IN THE PAST FIVE YEARS,
20 WE REALLY ARE AT A WATERSHED MOMENT FOR CELL AND
21 GENE THERAPY. BEFORE IT WAS ONLY A HOPE, A
22 POTENTIAL ALTHOUGH THERE HAVE BEEN SOME EARLY
23 APPROVALS FROM THE FDA FOR CERTAIN TYPES OF CELL
24 THERAPIES LIKE CARTICEL, WHICH IS A CARTILAGE
25 PROGRAM, OR SOME SORT OF WOUND HEALING PRODUCTS, AND

1 CORD BLOOD.

2 REALLY IN TERMS OF CELL/GENE THERAPY
3 PROGRAMS THAT WE THINK OF, THE TYPES OF PROGRAMS WE
4 FUND, THE FIRST APPROVALS WERE IN 2017, JUST A
5 LITTLE BIT OVER FIVE YEARS AGO. THE FIRST ONES WERE
6 IN CAR-T THERAPIES, WHICH ARE GENE-MODIFIED T-CELLS
7 TO VERY SPECIFICALLY TARGET CERTAIN ANTIGENS ON
8 CANCERS. AND REALLY BLINDING EYE DISEASE, WHICH IS
9 A GENETIC FORM OF BLINDNESS. THAT PROGRAM IS OUT IN
10 THE CLINICS AND BEING MARKETED TODAY.

11 JUST A COUPLE OF YEARS LATER, THERE WAS A
12 GENE THERAPY APPROVED FOR SPINAL MUSCULAR ATROPHY,
13 WHICH IS A DEGENERATIVE DISORDER WHICH LEADS TO
14 PARALYSIS, PROGRESSIVE PARALYSIS OF BABIES AFTER
15 THEY'RE BORN. THAT ALSO IS OUT IN THE MARKETPLACE.
16 WE ARE LEARNING A LOT FROM THIS IN TERMS OF THE COST
17 OF THESE THERAPIES, THE BENEFIT, AND HOW TO BRING IT
18 OUT INTO THE COMMUNITY.

19 JUST THIS PAST YEAR THERE HAVE BEEN FIVE
20 FDA APPROVALS. ONE FOR CEREBRAL
21 ADRENOLEUKODYSTROPHY, WHICH IS A NEURODEGENERATIVE
22 DISORDER, A CELL GENE THERAPY FOR THAT. GENE
23 THERAPIES FOR BETA THALASSEMIA, WHICH IS A BLOOD
24 DISORDER, AND FOR MULTIPLE MYELOMA CANCER, ALSO FOR
25 HEMOPHILIA B, AND SOLID TUMOR WITH A DIRECT VIRAL

1 APPROACH.

2 SO THIS IS PROMISING, BUT IT'S VERY, VERY
3 EARLY IN THE FIELD. SO WHERE DOES CIRM COME IN?
4 WHERE DO WE FIT NOW? ARE WE STILL RELEVANT?
5 ABSOLUTELY BECAUSE THIS IS JUST THE START. THERE
6 ARE SO MANY CHALLENGES IN DEVELOPING THESE NOVEL
7 PROGRAMS, BRINGING THEM THROUGH THE REGULATORY PATH
8 TOWARD COMMERCIALIZATION AND EVENTUALLY OUT TO
9 PATIENTS. ESPECIALLY THIS CURRENT MARKET, AS YOU
10 ARE ALL AWARE, IS A VERY TOUGH MARKET. EVEN IN THIS
11 PAST YEAR, IT'S BEEN RECOGNIZED THERE WAS MARKED
12 DECREASE IN INVESTMENT IN THIS SPACE, ESPECIALLY IN
13 THE CELL AND GENE THERAPY SPACE AS SHOWN IN THE
14 GRAPH REPORTED BY ARM.

15 SO CIRM HAS CONTINUED TO BE A DERISKER,
16 FUNDING PROGRAMS THAT OTHERWISE WOULDN'T BE ABLE TO
17 GET SUPPORT, MAY DIE ON THE VINE, AND NOT GO FORWARD
18 NO MATTER HOW PROMISING THEY COULD BE IN THE EARLY
19 STAGES. SO CIRM HAS ALWAYS PLAYED THIS ROLE OF
20 TAKING PROMISING HIGH RISK, HIGH REWARD PROGRAMS
21 WHERE THERE'S BENEFIT IN TERMS OF SIGNIFICANT
22 POTENTIAL BENEFIT, TRANSFORMATIVE BENEFIT FOR UNMET
23 NEED, BUT WHERE THERE ISN'T REALLY A SOURCE OF
24 RELIABLE FUNDING SUPPORTING THESE AND THEN GAINING
25 TRACTION AND SUPPORT DOWN THE ROAD.

1 WE MEASURE THIS IN TERMS OF WHAT TYPES OF
2 SUPPORT AND PARTNERSHIP AND DOWNSTREAM FUNDING THEY
3 GET. AND TO DATE CIRM PORTFOLIO PROGRAMS HAVE
4 ATTRACTED OVER \$24 BILLION IN ADDITIONAL FUNDING
5 OUTSIDE OF CIRM TO PROGRESS THOSE PROGRAMS. AND
6 THAT'S BY OF WAY PARTNERSHIP EITHER WITH BIOPHARMA,
7 FURTHER INVESTMENT, OR ACCESS TO THE PUBLIC MARKET.

8 EVEN IN THESE TOUGH TIMES, IN 2022, 2023,
9 THERE'S BEEN \$1.6 BILLION IN PARTNERSHIP EVENTS FOR
10 CIRM PROGRAMS. AND THOSE ARE LISTED HERE. YOU WILL
11 BE GETTING A MORE EXTENSIVE UPDATE FROM OUR BUSINESS
12 DEVELOPMENT TEAM. THEY PROVIDED, SHYAM PATEL
13 PROVIDED AN UPDATE LAST JUNE-JULY, AND YOU'LL
14 RECEIVE ONE IN THE UPCOMING MONTHS.

15 SO THE COST OF CAPITAL IS HIGH. AND AS
16 YOU KNOW, THERE'S BEEN SOME RECENT EVENTS WITH THE
17 BANKS, INCLUDING SILICON VALLEY BANK, WHICH PRETTY
18 KIND OF HITS HOME, ESPECIALLY WITH THE BIOPHARMA,
19 BIOTECH, AND EARLY STAGE PROGRAMS BECAUSE THAT WAS
20 THE BANK THAT REALLY UNDERSTOOD WHAT IT MEANT TO
21 TAKE SOME RISKS IN THEIR OWN WAY, MAYBE NOT THE SAME
22 RISK THAT CIRM TAKES, BUT AS A BANK, THEY TOOK RISKS
23 FOR THE BENEFIT OF BRINGING PROMISING PROGRAMS
24 FORWARD. SO THOSE AND THE ADDITIONAL BANKS COMING
25 IN AFTER THAT, THIS IS GOING TO HAVE A RIPPLE EFFECT

1 IN THE MARKET. SO THE BENEFIT OF HAVING CIRM
2 FUNDING SUPPORT HIGH RISK, HIGH REWARD AND PROMISING
3 PROGRAMS DURING THESE TOUGH TIMES IS SOMETHING THAT
4 IS VERY SPECIAL AND UNIQUE TO WHAT'S OUT THERE.

5 IN ADDITION TO FUNDING PROGRAMS, IN
6 ADDITION TO BEING ABLE TO PROVIDE CAPITAL, CIRM
7 SUPPORTS PROGRAMS TO ACTUAL PARTNERSHIP THROUGH
8 SETTING UP KEY INFRASTRUCTURE, THROUGH PUTTING IN
9 PLACE THROUGH OUR OPERATIONS AND THE WAY WE DO
10 BUSINESS WAYS TO OVERCOME HURDLES TO
11 COMMERCIALIZATION. AN EXAMPLE OF THIS IS THE
12 MANUFACTURING NETWORK CONCEPT THAT THIS BOARD
13 APPROVED TO BE ABLE TO BRING UP THE CAPABILITIES OF
14 OUR ACADEMIC GMP MANUFACTURING FACILITIES SO THAT
15 IT'S MORE READILY PARTNERABLE WITH COMMERCIALIZATION
16 PARTNERS AS WELL AS BEING ABLE TO SUPPORT MANY OF
17 THE DEVELOPMENT PROGRAMS AND THE TRIALS THAT REALLY
18 HAPPEN IN ACADEMIA. IT'S REALLY THE PLACE THAT
19 THESE TYPES OF THERAPIES ARE DEVELOPED.

20 SO THAT'S UNDER WAY. THE RFA IS OUT.
21 APPLICATIONS ARE COMING IN. AND THE BOARD WILL BE
22 SEEING POTENTIAL PROGRAMS FOR FUNDING SHORTLY.

23 IN ADDITION, CIRM, WHEN WE SAY
24 PARTNERSHIP, WE ALSO PARTNER WITH HUGE ORGANIZATIONS
25 THAT ALSO BRING IN PARTNERS. SO AN EXAMPLE OF THIS

1 IS THE CURE SICKLE CELL PARTNERSHIP WE HAVE WITH THE
2 HEART LUNG BLOOD INSTITUTE TO ADVANCE PROGRAMS IN
3 CELL/GENE THERAPY FOR SICKLE CELL. THAT'S
4 PROGRESSING NICELY. WE HAVE PROGRAMS IN CLINICAL
5 TRIALS AS WELL AS THE RECENT PARTNERSHIP WITH THE
6 BESPOKE GENE THERAPY NETWORK THROUGH THE FOUNDATION
7 FOR NIH THAT'S A PARTNERSHIP WITH THE FDA, THE
8 FOUNDATION, AND OTHER STAKEHOLDERS TO TACKLE RARE
9 DISEASE. HOW DO WE NAVIGATE THE DEVELOPMENT PATH,
10 THE REGULATORY PATH, AND MANUFACTURING CHALLENGES
11 AND PRACTICAL ASPECTS OF BRINGING THESE TO THOSE IN
12 NEED?

13 THIS PAST YEAR WE ALSO BUILT A NEW PROGRAM
14 WITHIN CIRM CALLED THE MEDICAL AFFAIRS AND POLICY
15 DEPARTMENT THAT WORKS HAND IN HAND WITH THE ACCESS
16 AND AFFORDABILITY WORKING GROUP WHERE VICE CHAIR
17 BONNEVILLE IS NOW THE NEW CHAIR. YOU'LL HEAR FROM
18 VICE CHAIR BONNEVILLE AND DR. TURBEVILLE, THE VICE
19 PRESIDENT OF MED AFFAIRS, LATER ON TO TALK ABOUT THE
20 PROGRESS TOWARD DEVELOPING A ROADMAP FOR ACCESS AND
21 AFFORDABILITY AS WELL AS YOU WILL BE SEEING CONCEPT
22 AMENDMENTS TO REFINE THE PATIENT SUPPORT PROGRAM
23 THAT THIS BOARD APPROVED PREVIOUSLY SO THAT WE CAN
24 PUT IT WITHIN OUR SYSTEMS TO GET THAT GOING AS WELL
25 AS SOME FEEDBACK FROM THE COMMUNITY WHERE MANY OF

1 THE BOARD MEMBERS IN THE ROOM HAD PARTICIPATED TO
2 INFORM US OF WHAT TYPES OF INFRASTRUCTURE PROGRAMS
3 WE COULD PUT FORWARD IN THE COMMUNITY.

4 THE QUESTION ABOUT PRICING, COVERAGE,
5 INSURERS, THAT IS STILL SOMETHING THAT IS VERY, VERY
6 FAR AWAY FROM BEING SOLVED. IN THE MEANWHILE, IT IS
7 BEING INFORMED BY HOW THESE TREATMENTS ARE BEING
8 BROUGHT OUT THERE, EVEN AT THE STAGE OF CLINICAL
9 TRIALS. SO IT'S REALLY IMPORTANT THAT WE SUPPORT
10 ACCESS AND SUPPORT THE BEST EXECUTION AND
11 DEVELOPMENT OF THESE PROGRAMS SO THAT IT WILL INFORM
12 ALL OF THOSE COVERAGE DECISIONS DOWN THE ROAD AS
13 WELL. YOU'LL BE HEARING A LITTLE BIT MORE ABOUT HOW
14 THAT PROBLEM'S NOT SOLVED, BUT THE APPROACH TO DOING
15 THAT IN THE UPCOMING MONTHS AND YEARS.

16 AS YOU KNOW, CIRM IS VERY PROUD OF ITS
17 EDUCATION PROGRAMS. WE'VE TRAINED THOUSANDS OF
18 STUDENTS THROUGH OUR VERY UNIQUE PROGRAMS AT THE
19 HIGH SCHOOL, UNDERGRADUATE, GRADUATE, POSTDOCTORAL
20 LEVEL AND HUGE SUCCESSES IN TERMS OF ONRAMPS TO
21 VARIOUS CAREERS AND PATHS THAT OTHERWISE, ESPECIALLY
22 THOSE STUDENTS COMING FROM UNDERSERVED,
23 UNDERREPRESENTED COMMUNITIES, WOULD NOT HAVE
24 OTHERWISE HAD.

25 MANY OF THE BOARD MEMBERS HERE AND TEAM

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1 MEMBERS HAVE BEEN IMMERSSED IN THE EXPERIENCE WHEN WE
2 GO TO THE CONFERENCES AND THE ANNUAL MEETINGS WHERE
3 THESE STUDENTS TELL US ABOUT THEIR RESEARCH. AS
4 J.T. SAYS, IT'S ALWAYS ASTOUNDING HOW MUCH THEY
5 ACCOMPLISHED AND HOW MUCH THEY GAIN EVEN IN THEIR
6 SHORT TIME AND THE SPARK AND PASSION THAT THAT
7 REALLY INSTILLS.

8 WE REALLY ARE AT THE, I WOULD SAY, AT THE
9 LEADING EDGE OF THIS FOR THE NATION. WE TAKE PART
10 IN THE NATIONAL ACADEMIES' DISCUSSIONS AND SOME GAO
11 DISCUSSIONS AND ALL THAT BECAUSE THERE'S A
12 RECOGNITION FOR THE NEED TO BUILD A WORKFORCE OF
13 TOMORROW. AND THERE IS ACTUALLY A LOT OF NATIONAL
14 RECOGNITION IN TERMS OF HOW THIS IS IMPORTANT FOR
15 OUR BIOECONOMY IN TERMS OF BUILDING A SECURE
16 WORKFORCE IN THIS SPACE.

17 SO YOU'VE HEARD ABOUT THESE EDUCATION
18 PROGRAMS. KELLY SHEPHERD FROM OUR SCIENCE TEAM HAS
19 GIVEN AMAZING UPDATES. YOU'VE HEARD FROM THE PAST
20 DEI UPDATE THAT WE PRESENTED TO YOU, I THINK, IN
21 OCTOBER ABOUT HOW LOOKING AT THE STUDENTS WHO ENTER
22 INTO THESE PROGRAMS, HOW THEY REFLECT THE DIVERSITY
23 OF CALIFORNIA. WE WILL CONTINUE TO BUILD ON THAT,
24 AND WE WILL REPORT ON THAT AS WE PROGRESS.

25 SO THAT BRINGS US TO THE SHIFTING THE

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1 CULTURE. HOW ARE WE DOING THAT? WE MENTIONED, AND
2 WE MENTION AT EVERY MEETING, HOW IMPORTANT
3 DIVERSITY, EQUITY, AND INCLUSION IS IN PRINCIPLE.
4 BUT THE THING IS WE'RE PUTTING IT IN PRACTICE, WHICH
5 IS REALLY A REMARKABLE THING TO BEHOLD.

6 THE MEMBERS OF THIS BOARD HAVE BEEN
7 LEADERS, YSABEL DURON, AL ROWLETT, AND OTHER ICOC
8 MEMBERS ON THE GRANTS WORKING GROUP HAVE LED TO THE
9 IMPLEMENTATION OF AN APPROACH TO LOOKING AT THESE
10 CONSIDERATIONS IN GRANT APPLICATIONS. IT'S REALLY
11 REMARKABLE. OF COURSE, THAT'S STILL UNDERGOING
12 THE -- GIL SAMBRANO AND TEAM HAVE BEEN JUST
13 SPECTACULAR BEING RESPONSIVE TO HOW THIS CAN BE DONE
14 BETTER. IT'S NOW IN THE CLINICAL PROGRAMS AS WELL
15 AS THE TRANSLATIONAL, AND IT'S CONTINUING TO BE
16 DEVELOPED. WE ARE LOOKING AT THIS HOLISTICALLY
17 ACROSS THE ORGANIZATION, AND WE'LL CONTINUE TO
18 REPORT ON THAT.

19 IN ADDITION, OUR DATA SHARING EFFORTS ARE
20 CONTINUING. THERE'S IMPLEMENTATION, ESPECIALLY FOR
21 OUR DISCOVERY PROGRAMS, OF HOW WE HAVE MORE TEETH TO
22 OUR DATA SHARING AND KNOWLEDGE NETWORKS. AND YOU'LL
23 BE HEARING ABOUT ACTUAL PROGRAMS FROM THE SCIENTIFIC
24 STRATEGY TEAM -- THE SCIENTIFIC PROGRAMS TEAM IN THE
25 UPCOMING YEAR OF IDEAS FOR HOW WE CAN EMPOWER THIS

1 FURTHER.

2 SO THAT BRINGS ME TO THE END. I WANTED TO
3 GIVE YOU A PREVIEW FOR WHAT YOU SHOULD EXPECT TO BE
4 IN FRONT OF YOU FOR THE REMAINDER OF THE 22/23
5 FISCAL YEAR. SO THAT MEANS UP TILL JUNE. THERE IS
6 A NEURO STRATEGY. YOU'LL BE HEARING FROM THE CHAIR
7 OF THE NEURO TASK FORCE, DR. LARRY GOLDSTEIN, LATER,
8 WORKING VERY CLOSELY WITH DR. GOLDSTEIN AND REST OF
9 THE NEURO TASK FORCE MEMBERS TO BRING A PROPOSAL TO
10 THE BOARD SOMETIME SOON IN TERMS OF POTENTIAL
11 PRIORITIES AND OPPORTUNITIES TO CARRY OUT WHAT PROP
12 14 HAD ACCOUNTED FOR, WHICH IS A DELIBERATE
13 INVESTMENT IN THE NEURO SPACE.

14 SO AS I MENTIONED EARLIER, ABOUT 30
15 PERCENT OF OUR PROGRAMS ARE IN NEURO, BUT THE IDEA
16 IS HOW CAN THIS BE STRUCTURED EVEN MORE DELIBERATELY
17 TO PROVIDE TANGIBLE AND MEASURABLE ADVANCEMENTS IN
18 HOW CIRM CAN BRING FORWARD THAT FIELD.

19 THE ROADMAP TO ACCESS AND AFFORDABILITY
20 YOU WILL HEAR A LITTLE BIT MORE ABOUT LATER. AGAIN,
21 THAT'S ACCOUNTED FOR AS AN AREA OF FOCUS IN
22 PROPOSITION 14. SO MUCH SO THAT THERE'S ACTUALLY A
23 FORMAL WORKING GROUP ON THAT. SO YOU WILL HEAR MORE
24 AND MORE FROM THE OUTPUT OF THAT GROUP.

25 THE COMMUNITY CARE CENTERS OF EXCELLENCE

1 IS ACTUALLY ALSO SPECIFIED IN PROPOSITION 14 OF HOW
2 WE TAKE ALL OF THESE EFFORTS AND EXPAND BEYOND
3 ACADEMIA AND TERTIARY CARE CENTERS AND HOW IN
4 PARTNERSHIP WE'RE RESPONSIVE TO THE NEEDS OF THE
5 COMMUNITY TO BRING EVERYBODY ALONG AND NOT JUST BE
6 THE RECIPIENT OF SOMETHING THAT'S JUST KIND OF
7 THROWN AT THEM IN THE END, TO ACTUALLY BE PART AND
8 HAVE ALSO LEADERSHIP IN SHAPING THAT.

9 THE ALPHA CLINICS NETWORK EXPANSION
10 PROGRAM IS UNDER WAY. WE HAD A STEERING COMMITTEE
11 MEETING WITH THAT STEERING COMMITTEE FROM THE ALPHA
12 CLINIC NETWORK, INVITED MEMBERS OF THE LEADERSHIP
13 TEAM SO WE CAN REMAIN ALIGNED IN TERMS OF WHAT
14 THEY'RE DOING AND HOW IT ALIGNS WITH THE CIRM
15 PROGRAMS AND STRATEGIC PLAN. THAT WAS INCREDIBLY
16 HELPFUL, AND VERY EXCITED ABOUT WHAT COMES FROM
17 THAT.

18 THE MANUFACTURING NETWORK, PHASE 1 AWARDS,
19 YOU WILL SEE BROUGHT BEFORE YOU RECOMMENDATIONS FOR
20 POTENTIAL PROGRAMS UNDER THAT INITIATIVE. AND YOU
21 WILL HEAR MORE ABOUT THAT. SHYAM PATEL AT A
22 PREVIOUS BOARD MEETING HAD DONE A SPECTACULAR JOB
23 KIND OF PRESENTING THE RATIONALE AND THE FORMAT FOR
24 THAT NETWORK, AND HE'LL BE BACK AGAIN.

25 AND THEN, OF COURSE, THE MONEY. SO WE ARE

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1 NOW IN THE BUDGET BUILDING PROCESS. AND WE'LL TAKE
2 IT THROUGH OUR FINANCE SUBCOMMITTEE AND BRING TO THE
3 BOARD FOR YOUR CONSIDERATION A 23/24 BUDGET IN JUNE
4 OF THIS YEAR.

5 AND, AS MENTIONED, DEI IS AN ONGOING
6 PRIORITY. WE HAVE ENGAGED WITH AN EXTERNAL
7 CONTRACTOR TO HAVE A LOOK AT OUR SYSTEMS TO GIVE US
8 SOME IDEAS. AND MORE ON THAT IN THE UPCOMING YEAR.

9 SO WITH THAT, HOW MUCH TIME DO I HAVE
10 LEFT? I WOULD LOVE TO BE ABLE TO -- IN THE PREVIOUS
11 YEARS I'VE HAD THE PLEASURE OF INTRODUCING NEW TEAM
12 MEMBERS SO TODAY WAS AN OPPORTUNE TIME TO PRESENT
13 OUR CLASS OF 2022/2023 ENTERING CLASS, I GUESS. SO
14 I'M JUST GOING TO GO WITH THEM IN ORDER.

15 EMILY REYES AND MARIVEL DE LA TORRE ARE
16 BOTH PROJECT MANAGERS IN THAT NEW TEAM, THE MEDICAL
17 AFFAIRS AND POLICY TEAM. I JUST WANTED TO GIVE YOU
18 AN IDEA OF WHERE THEY CAME FROM. SO EMILY WAS A
19 CLINICAL RESEARCH COORDINATOR AT UCSF, AND SHE HAD
20 PRIOR POSITIONS AT THE LATINO HEALTH ACCESS AND THE
21 CSUF HEALTH PROMOTION RESEARCH INSTITUTE.

22 MARIVEL COMES TO US FROM SACRAMENTO WHERE
23 SHE'S HAD OVER 18 YEARS OF STATE SERVICE MANAGING
24 NUMEROUS PROJECTS ACROSS DIFFERENT TYPES OF STATE
25 ORGANIZATIONS. BOTH OF THEM HAVE BEEN INSTRUMENTAL

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1 AND INVALUABLE TO A LOT OF THE THINGS THAT YOU'LL
2 HEAR ABOUT FROM DR. TURBEVILLE LATER.

3 BEN CAHU IS OUR NEW DIRECTOR OF I.T.,
4 ASSOCIATE DIRECTOR OF I.T. BEFORE JOINING CIRM, HE
5 WAS THE I.T. DIRECTOR FOR THE ASIAN HEALTH SERVICES.
6 HE ALSO HAD A ROLE IN A LOCAL ORGAN PROCUREMENT
7 AGENCY FOR TRANSPLANTATION. VERY MISSION DRIVEN.
8 WE ARE JUST -- BETWEEN HIS SKILLS IN I.T. AND HIS
9 KIND OF GO-TO ATTITUDE, HE WAS INSTRUMENTAL IN
10 HELPING JEN LEWIS, POUNEH SIMPSON, AND OTHER TEAM
11 MEMBERS MOVE US INTO OUR HEADQUARTERS INTO A
12 FUNCTIONAL OFFICE. SO WE'RE REALLY VERY PLEASED
13 THAT WE WERE ABLE TO RECRUIT BEN.

14 JAMES CAMPANELLI, ALSO JIM, WAS IN
15 INDUSTRY FOR 17 YEARS AT ACUTE THERAPEUTICS LEADING
16 R&D EFFORTS. HE WAS PREVIOUSLY A BIOCHEMISTRY
17 FACULTY AT THE UNIVERSITY OF ILLINOIS, RECEIVED HIS
18 PH.D. FROM STANFORD IN BIOLOGICAL SCIENCES.

19 ELIZABETH NOBLIN IS NOW A NEW SENIOR
20 SCIENCE OFFICER IN REVIEW. PRIOR TO JOINING CIRM,
21 LIZ WAS A PROGRAM AND PROJECT MANAGER AT 23 AND ME.
22 HER PH.D. IS IN GENETICS FROM YALE, AND SHE
23 COMPLETED HER POSTDOC FROM STANFORD.

24 CHARLIE SHAW, WHO CAME IN IN FEBRUARY, IS
25 A NEW ADDITION TO OUR BUSINESS DEVELOPMENT TEAM. SO

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1 OUR BUSINESS DEVELOPMENT TEAM DOUBLED FROM ONE TO
2 TWO. CHARLIE COMES TO CIRM AFTER OVER 12 YEARS OF
3 EXPERIENCE IN ACADEMIC TECHNOLOGY LICENSING OFFICES.
4 HIS MOST RECENT POSITION IS AT THE MOFFITT CANCER
5 CENTER WHERE HE WAS ASSOCIATE DIRECTOR FOR
6 LICENSING. HIS PH.D. IS IN MOLECULAR GENETICS AND
7 MICROBIOLOGY FROM DUKE UNIVERSITY, MY ALMA MATER.
8 HIS POSTDOC IS IN GENETIC MEDICINE FROM THE
9 UNIVERSITY OF CHICAGO, BUT I DIDN'T KNOW CHARLIE.
10 HE'S VERY MUCH YOUNGER THAN ME.

11 SCOTT TOCHER IS WELL KNOWN, SCOTT OVER
12 THERE, IS WELL-KNOWN TO CIRM FOR HIS INSTRUMENTAL
13 ROLE ON THE LEGAL TEAM IN THE PROP 71 ERA AND AN
14 AWESOME COLLEAGUE. HE WAS MOST RECENTLY AT THE
15 SANFORD BURNHAM PREBYS AND BEFORE THAT AT BE THE
16 MATCH. WE'RE SO PLEASED THAT SCOTT CAME BACK TO US.
17 HE'S NOW THE SENIOR DIRECTOR OF BOARD GOVERNANCE,
18 WHICH YOU ALL KNOW, IS THE SUCCESSOR TO MARIA
19 BONNEVILLE. SPECTACULAR TO HAVE HIM.

20 RAPHAEL SACASA, SITTING RIGHT NEXT TO
21 SCOTT, IS OUR NEW GENERAL COUNSEL. I THINK MANY OF
22 YOU HAVE MET HIM. HE HAS OVER 25 YEARS IN CORPORATE
23 LAW, JOINS US AFTER SEVEN YEARS AT STANDARD
24 BIOTOOLS, PREVIOUSLY KNOWN AS FLUIDIGM. THERE HE
25 PROVIDED WORLDWIDE COMMERCIAL STRATEGIC TRANSACTIONS

1 LEGAL SUPPORT FOR ALL FUNCTIONS IN A NASDAQ-LISTED
2 LIFE SCIENCE COMPANY. SO THAT EXPERTISE WILL BE
3 VERY VALUABLE TO US IN OUR RELATIONSHIPS WITH OUR
4 INDUSTRY GRANTEES. PRIOR TO THIS ROLE, HE HELD A
5 VARIETY OF MANAGEMENT POSITIONS AND PROVIDED LEGAL
6 SUPPORT FOR A WIDE RANGE OF COMMERCIAL INTELLECTUAL
7 PROPERTY IN CORPORATE MATTERS FOR TECHNOLOGY
8 COMPANIES.

9 JANIE -- THIS IS REALLY SPECTACULAR,
10 RIGHT, ALL THESE PEOPLE COMING IN. JANIE BYRUM WAS
11 MOST RECENTLY -- IS COMING INTO THE SCIENTIFIC
12 PROGRAMS TEAM AS A SCIENCE OFFICER. SHE WAS MOST
13 RECENTLY A RESEARCH AND DEVELOPMENT ENGINEER AT THE
14 CHAN ZUCKERBERG BIOHUB. JANIE HAS HER PH.D. IN
15 BIOMEDICAL SCIENCES FROM THE UNIVERSITY OF NEW
16 MEXICO. AND HER POST-DOC IS FROM COLUMBIA
17 UNIVERSITY.

18 WE HAVE CHAN LEK TRAN WHO WAS JUST
19 RECENTLY A PRINCIPAL SCIENTIST AT GENENTECH AND
20 BRIDGE BIO. CHAN JOINS US WITH A PH.D. IN MOLECULAR
21 AND CELLULAR NEUROSCIENCE FROM THE ROCKEFELLER
22 UNIVERSITY AND A POST-DOC FROM USCF.

23 AND THEN WE HAVE TWO NEW TEAM MEMBERS
24 COMING IN APRIL. KOREN TEMPLE-PERRY IS NOW GOING TO
25 BE OUR SENIOR DIRECTOR OF MARKETING AND

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1 COMMUNICATIONS, SUCCEEDING HALF OF MARIA. SHE WILL
2 BE COMING IN ON APRIL 17TH. YSABEL DURON AND MARIA
3 BONNEVILLE WILL BE WORKING VERY CLOSELY WITH HER ON
4 THE COMMUNICATIONS SUBCOMMITTEE. OUR TEAM IS
5 EXCITED TO BRING HER IN ON THE COMMUNICATIONS TEAM.
6 VERY INSTRUMENTAL IN HELPING TO RECRUIT HER. SHE'S
7 A GRADUATE OF SANTA CLARA UNIVERSITY. SHE RECEIVED
8 HER MASTER'S FROM SYRACUSE IN JOURNALISM, WAS A
9 COMMUNICATIONS DIRECTOR FOR MARCH FOR SCIENCE AND
10 CRAFTED MARKETING PR AND COMMUNICATION STRATEGY AND
11 CONTENT FOR MOUNT SINAI MONTEFIORE IN THE
12 NEUROSURGICAL DEPARTMENT, WHICH, AS YOU KNOW, THAT
13 CAN BE A TOUGH DEPARTMENT. BUT SHE HAD A REALLY
14 SPECTACULAR RUN THERE AND WAS HIGHLY REGARDED. SHE
15 SUPPORTED ALSO ACADEMIC AND LIFE SCIENCE ADVOCACY
16 ORGANIZATIONS, SMALL NONPROFIT ORGANIZATIONS, AND
17 MOST RECENTLY SHE DID THAT FROM HER OWN FIRM TEMPLE
18 COMMUNICATIONS. SO WE'RE REALLY PLEASED THAT KOREN
19 WILL BE JOINING US IN APRIL.

20 AND MOST RECENTLY IN THE DEPARTMENT OF
21 FINANCE, GEMMA DOMINGO WILL BE JOINING ON THE
22 FINANCE TEAM. GEMMA WAS BORN AND RAISED IN THE
23 PHILIPPINES. SHE RECEIVED HER DEGREE FROM THE
24 UNIVERSITY OF MANILA, IMMIGRATED TO THE U.S. IN 1990
25 AND HAS BEEN IN STATE SERVICE IN CALIFORNIA AND WILL

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1 BRING VALUABLE SKILLS TO THE FINANCE DEPARTMENT.

2 THANK YOU FOR ALLOWING ME TO INTRODUCE
3 THOSE NEW TEAMS. AND I'M HERE TO TAKE ANY QUESTIONS
4 YOU MAY HAVE ABOUT THE PRESENTATION OR ANYTHING
5 RELATED. THANK YOU SO MUCH.

6 (APPLAUSE.)

7 CHAIRMAN THOMAS: ANY QUESTIONS OR
8 COMMENTS? THANK YOU VERY MUCH FOR THAT
9 COMPREHENSIVE REPORT, MARIA. CONGRATULATIONS TO ALL
10 MEMBERS OF THE CIRM TEAM FOR THE GREAT WORK AND ALL
11 THE MANY DIFFERENT THINGS THAT YOU'RE ATTENDING TO
12 SIMULTANEOUSLY TO FURTHER ADVANCE OUR MISSION HERE.
13 SO WE JUST REALLY, REALLY, AS ALWAYS, APPRECIATE IT
14 AND COULDN'T BE WHERE WE ARE WITHOUT YOU. SO THANK
15 YOU.

16 AND, AGAIN, CONGRATS TO ALL THE NEW
17 ARRIVALS WHO ARE JOINING. I THINK YOU WILL FIND
18 THIS TO BE A MOST REWARDING UNDERTAKING, AND WE
19 ANXIOUSLY AWAIT HOW THINGS PLAY OUT OVER THE YEARS.
20 SO THANK YOU.

21 MS. DEQUINA-VILLABLANCA: J.T., LARRY HAS
22 A QUESTION.

23 CHAIRMAN THOMAS: YES, LARRY.

24 DR. GOLDSTEIN: THANK YOU, MARIA. GREAT
25 REPORT. JUST A QUESTION ABOUT PERSONNEL. THE

1 QUESTION IS HAVE YOU NOW REACHED FULL STEADY STATE
2 STAFFING?

3 DR. MILLAN: NOT YET. I THINK WE ARE UP
4 TO -- SOMEBODY IS GOING TO HELP ME WITH THIS -- NEAR
5 50. THE MAX THAT WE ARE ALLOWED IN TERMS OF IF WE
6 WERE TO USE THE ALLOWABLE AMOUNT PER THE
7 PROPOSITION, I THINK IT'S 85, INCLUDING THE 15 THAT
8 WERE ALLOTTED FOR ACCESS AND AFFORDABILITY. THANK
9 YOU, JENN LEWIS. SO YES. WE ARE DEFINITELY --
10 WE'RE NOT QUITE DOUBLED, BUT WE'VE GROWN BY QUITE A
11 BIT. I THINK WE WERE IN THE HIGH 30S OR MID-30S
12 BEFORE THE PROPOSITION PASSED. SO WE'VE ADDED NOT
13 JUST A QUANTITY, BUT THE QUALITY OF TEAM MEMBERS AND
14 EXPERTISE IN DIVERSE BACKGROUNDS THAT WE REALLY NEED
15 TO EXECUTE ON THIS STRATEGIC PLAN AND MISSION.

16 DR. GOLDSTEIN: THE STAFF IS VERY
17 IMPRESSIVE, AND I THINK WE'LL ALL ENJOY WORKING WITH
18 THEM. THANK YOU.

19 DR. MILLAN: THANK YOU SO MUCH, DR.
20 GOLDSTEIN.

21 I MENTIONED IN A REALLY PAST BOARD MEETING
22 THAT I LOVE WHEN WE CAN HIGHLIGHT THE PEOPLE WE HAVE
23 INSIDE. WE CALL THEM INTEL INSIDE. AND SO I KNOW
24 THAT CHAIRMAN THOMAS IS GOING TO INTRODUCE DR. ABLA
25 CREASEY. AND IT'S REALLY A REMARKABLE WAY. THE

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1 BOARD HAD ASKED HOW DO YOU DO HUNTING. AND SO IT'S
2 A REALLY SPECTACULAR OPPORTUNITY TO SHARE KIND OF
3 HOW THAT HAPPENS. SO THANK YOU ALL FOR YOUR
4 INTEREST AND BEING SO ENGAGED AND GETTING TO KNOW
5 THE STAFF AND THE PROGRAMS. IT REALLY MAKES A HUGE
6 DIFFERENCE FOR US. THANK YOU.

7 CHAIRMAN THOMAS: I BELIEVE YSABEL HAS A
8 QUESTION.

9 MS. DURON: THIS MAY BE TOTALLY OUT OF
10 LINE, MR. CHAIR. BUT I REALLY WANTED TO PUT THIS ON
11 THE TABLE. I RAISED IT THE LAST TIME. I'M LOOKING
12 AT THIS FABULOUS STAFF THAT WE'VE ONBOARDED ALONG
13 WITH THE ONES FROM LAST YEAR AND THAT WE HAVE A NEW
14 COMMUNICATIONS PERSON ABOARD. I WOULD LIKE TO PUT
15 ON THE TABLE, MISS MILLAN, CAN WE LOOK AT INCREASING
16 BUDGET FOR OUR COMMUNICATIONS DEPARTMENT? THAT IS
17 SO CRUCIAL IN THIS DAY AND AGE TO IMPART SCIENCE TO
18 PUBLIC AND PUBLIC CONCERNS BACK TO THE SCIENTISTS.

19 SO I THINK THAT, WITH OUR NEW
20 COMMUNICATIONS PERSON ABOARD, WE CAN REALLY HAVE AN
21 OPPORTUNITY TO MARRY THESE IMPORTANT ISSUES THROUGH
22 MESSAGING, AND I THINK THEY'RE GOING TO NEED A
23 LITTLE HELP. I DON'T KNOW WHAT THE BUDGET LOOKS
24 LIKE. I DON'T KNOW WHEN TO PRESENT IT. I DON'T
25 KNOW WHEN TO TALK ABOUT IT, BUT I DO WANT TO PUT IT

1 ON THE TABLE ONCE MORE AS A CONCERN.

2 DR. MILLAN: LUCKILY, ONCE IT'S VOTED ON,
3 YOU'RE CO-CHAIR FOR THE COMMUNICATIONS SUBCOMMITTEE
4 AND I THINK IS VERY FAMILIAR WITH THE PROCESS. AND
5 I DO BELIEVE THAT THERE'S GOING TO BE A WAY TO BRING
6 THAT IN FRONT OF THE BOARD, CORRECT?

7 VICE CHAIR BONNEVILLE: YES.

8 DR. MILLAN: ABSOLUTELY. COMMUNICATION IS
9 KEY IN SO MANY LAYERS AND ASPECTS. IT'S ONE WORD,
10 BUT IT MEANS SO MUCH. THANK YOU.

11 CHAIRMAN THOMAS: THANK YOU FOR THAT
12 SUGGESTION, EXCELLENT SUGGESTION, YSABEL.
13 ANNE-MARIE.

14 DR. DULIEGE: GREAT PRESENTATION. GREAT
15 LEADERSHIP. THANK YOU, MARIA. MARIA, OUR JOINT
16 GOAL IS TO GET THESE STEM CELL THERAPIES TO
17 PATIENTS, MEANING ACROSS THE FDA. WHILE THE PRIMARY
18 RESPONSIBILITY OF DOING THAT WILL BE THAT OF THE
19 BIOTECH COMPANIES GOING TO THE PHASE 3, DO YOU SEE A
20 POTENTIAL ROLE FOR CIRM TO FACILITATE THIS PROCESS
21 AS IT'S STILL VERY NEW FOR THE FDA?

22 DR. MILLAN: YES. WE NOT ONLY THINK THAT,
23 I THINK WE ALREADY ARE INVOLVED IN PARTNERSHIPS
24 BECAUSE IT'S CRITICAL. THERE'S A HUGE PROBLEM
25 STATEMENT OUT THERE IN THAT THESE ARE NEW

1 TECHNOLOGIES. WE ARE TARGETING THE TOUGHEST
2 INDICATIONS, SMALL POPULATIONS, IF WE TALK ABOUT
3 HALF OF OUR PORTFOLIO IS IN RARE DISEASE. SO TO BE
4 ABLE TO ORGANIZE THE APPROACH, THE ALIGNMENT OF
5 EVERYTHING THAT GOES ALONG WITH IT, RESOURCES, THE
6 APPROACH, THE POLICY, THE SCIENCE, THE
7 MANUFACTURING, THE COVERAGE ISSUES, THAT IS NO SMALL
8 UNDERTAKING. AND I THINK CIRM HAS ALREADY BEEN AT
9 THE TABLE TO TAKE LEADERSHIP IN THE DISCUSSIONS, AND
10 WE CAN DETERMINE WHAT CIRM CAN DO ABOUT THAT THROUGH
11 ITS VARIOUS INITIATIVES, THROUGH ITS VARIOUS
12 COMMITTEES.

13 CHAIRMAN THOMAS: OTHER QUESTIONS?

14 DR. BARRETT: YES. THANK YOU VERY MUCH
15 FOR A REALLY INFORMATIVE PRESENTATION.

16 I NOTED THAT ONE OF YOUR NEW STAFF HAS
17 COME FROM THE RANKS OF CLINICAL RESEARCH
18 COORDINATORS. AND GIVEN THE GREAT EMPHASIS ON
19 TRANSLATING THE WONDERFUL SCIENCE THAT CIRM HAS
20 SUPPORTED INTO THERAPIES, WE'VE OBSERVED AT UC
21 DAVIS, AND I'M SURE THE SAME AT MANY OTHER
22 INSTITUTIONS, THAT A HUGE BOTTLENECK IS ACCESS TO A
23 STABLE WORKFORCE OF CLINICAL RESEARCH COORDINATORS.

24 SO I WONDERED TO WHAT EXTENT THE
25 EDUCATIONAL PROGRAMS ARE HIGHLIGHTING THIS AS A

1 VIABLE CAREER PATH, PARTICULARLY FOR STUDENTS IN THE
2 HIGH SCHOOL AND UNDERGRADUATE PART OF THE TRAINING.

3 DR. MILLAN: THANK YOU SO MUCH FOR THAT
4 QUESTION. I MENTIONED THE ALPHA CLINICS NETWORK HAD
5 A STEERING COMMITTEE MEETING, KIND OF A KICKOFF WITH
6 OUR LEADERSHIP. AND WE SPOKE ABOUT A VARIETY OF
7 DIFFERENT OPPORTUNITIES. AND ONE OF THE
8 OPPORTUNITIES THAT WILL BE BROUGHT UP IN MORE DETAIL
9 IS THE IDEA OF BEING ABLE TO COORDINATE
10 INFRASTRUCTURE PROGRAMS. I MENTIONED MANUFACTURING,
11 BUT ALSO THE CLINICAL INFRASTRUCTURE FOR SUPPORTING
12 CLINICAL TRIALS AND TREATMENT WITH OUR EDUCATION
13 PROGRAMS IN TERMS OF THE TRAINING REQUIREMENTS,
14 OPPORTUNITIES, COURSEWORK, AND POTENTIALLY IN THE
15 FUTURE LOOKING AT POTENTIAL CERTIFICATION PATHWAYS
16 AND HOW THAT CAN BE BROUGHT INTO THE FOLD BECAUSE
17 THERE'S SO MUCH OUT THERE AT THE VARIOUS
18 UNIVERSITIES. I KNOW THERE ARE TRAINING PROGRAMS
19 FOR SKILLS TRAINING FOR THE UNDERGRADS EVEN.

20 SO TO JUST CREATE A PATH THAT THAT CAN
21 JUST GO INTO TO CREATE AN ACTUAL ONRAMP IS GOING TO
22 BE A REALLY AMAZING OPPORTUNITY FOR THESE NINE
23 CENTERS THAT ARE IN ACADEMIC CENTERS TO CREATE THAT
24 INFRASTRUCTURE.

25 DR. BARRETT: IF I CAN JUST FOLLOW UP.

1 THAT'S REALLY GREAT. WE'VE ACTUALLY HAD SOME
2 SUCCESS IN DAVIS IN IMPLEMENTING A PILOT PROGRAM
3 THROUGH OUR CTSC WITH SOME OF THE LOCAL COMMUNITY
4 COLLEGES BECAUSE WE FOUND A BIG PROBLEM WITH THE
5 WORKFORCE THUS FAR IS IT TENDS TO BE PEOPLE WHO ARE
6 ON THEIR WAY TO SOMETHING ELSE, APPLYING TO MEDICAL
7 SCHOOL, FOR EXAMPLE. AND SO THEY DON'T SEE IT AS A
8 LONG-TERM CAREER PATH. AND WE THINK IF WE CAN GO TO
9 A SORT OF EARLIER EDUCATIONAL STAGE, WE MIGHT BE
10 ABLE TO TRAIN PEOPLE TO STAY. I ENCOURAGE YOU TO
11 THINK ABOUT THAT.

12 DR. MILLAN: THANK YOU SO MUCH.

13 DR. MELMED: I WANT TO JUST SECOND THAT.
14 I'M VERY GLAD YOU BROUGHT THAT UP. I THINK IT'S A
15 VERY IMPORTANT STRATEGIC CONCERN FOR CALIFORNIA
16 RIGHT NOW.

17 I'M WONDERING, HAVE WE SEEN A NEGATIVE
18 IMPACT ON TRIAL RECRUITMENT IN OUR PROGRAMS BECAUSE
19 OF THE LACK OF STAFF? THIS IS A STATEWIDE PROBLEM,
20 AND MANY PROGRAMS HAVE ACTUALLY DEFERRED CLINICAL
21 TRIALS BECAUSE OF THIS ACROSS THE STATE. SO HAS IT
22 HAD ANY TANGIBLE IMPACT ON OUR RECRUITMENT GOALS?

23 DR. MILLAN: I DON'T THINK WE HAVE AN
24 ANSWER TO THAT. WE HAVE TO ALSO RECOGNIZE THAT OUR
25 PROGRAMS TEND TO BE SMALLER IN SCALE. THEY ARE

1 OFTEN EARLY STAGE PROGRAMS, AND THE RECRUITMENT
2 TARGETS ARE NOT LARGE. AND IT'S VERY CLOSELY
3 MANAGED BETWEEN WHAT CIRM BRINGS TO THE TABLE AND
4 OUR TEAMS, AND WE HAVE MILESTONES AND EVERYTHING
5 ELSE. SO IT'S KIND OF GEARED SO THAT IT DOESN'T --
6 WE OVERCOME HURDLES TO THAT, BUT THAT DOESN'T MEAN
7 THAT, AS AN ENTIRE FIELD, THAT THAT IS NOT AN ISSUE.

8 IN FACT, WE HAVE HEARD THAT FROM A VARIETY
9 OF ACADEMIC PROGRAMS, THAT THERE JUST ISN'T THE
10 BOOTS ON THE GROUND, THOSE AT THE VARIOUS LEVELS WHO
11 ARE INSTRUMENTAL IN CONDUCTING THE BEST PROGRAM FOR
12 CLINICAL TRIALS. SO THERE IS DEFINITELY A NEED FOR
13 WORKFORCE IN THAT AREA. AND WE DO THINK THERE'S AN
14 OPPORTUNITY TO CREATE PATHWAYS FOR THAT WITHIN THE
15 CIRM PROGRAMS.

16 MR. TOCHER: J.T., MEMBER HAIFAA ABDULHAQ
17 ON THE PHONE HAS HER HAND RAISED.

18 CHAIRMAN THOMAS: I THINK WE HAVE AL AND
19 THEN HAIFAA. THANK YOU.

20 MR. ROWLETT: SO I WANTED TO ACKNOWLEDGE
21 FOR MEMBERS OF THE BOARD THE COMMUNITY CARE CENTERS
22 OF EXCELLENCE LISTENING OPPORTUNITIES. IT'S BEEN A
23 TREMENDOUS PLACE TO LEARN AND ENGAGE AND TO, AS A
24 PATIENT ADVOCATE, GET A SENSE OF THE PERSPECTIVE OF
25 THE COMMUNITY. AND SO, MARIA, I WOULD ENDORSE YOU

1 HIGHLIGHTING THAT FOR MEMBERS OF THE BOARD. IT'S
2 BEEN A GREAT OPPORTUNITY FOR ME AS A PATIENT
3 ADVOCATE TO APPRECIATE THE PERSPECTIVE OF THE BOARD
4 AND EVEN IN SOME WAYS SPEAK TO THE WORKFORCE ISSUES
5 THAT WERE TALKED ABOUT EARLIER.

6 SECOND, IT WOULD BE VERY HELPFUL TO
7 HIGHLIGHT THAT IN THE NEXT PRESIDENT'S REPORT AND TO
8 TALK ABOUT THE WORK THAT'S BEING DONE THERE AND THE
9 FUTURE WORK THAT YOU ANTICIPATE BEING DONE THROUGH
10 THOSE LISTENING SESSIONS BECAUSE, AGAIN, IT IS, AS
11 I'M REPEATING, A GREAT OPPORTUNITY TO HEAR THE
12 PERSPECTIVE OF PEOPLE, THE CITIZENS, THE COMMUNITY
13 MEMBERS REGARDING CIRM AND ITS POTENTIAL IMPACT OR
14 THEIR LACK OF UNDERSTANDING OF CIRM AND THEIR DESIRE
15 FOR A GREATER IMPACT BY CIRM.

16 DR. MILLAN: THANK YOU SO MUCH, BOARD
17 MEMBER ROWLETT. ABSOLUTELY. SEAN TURBEVILLE WILL
18 BE GIVING A HIGH LEVEL SUMMARY, BUT A DEEPER DIVE
19 INTO THAT AS A REAL OPPORTUNITY FOR THE TEAM TO KIND
20 OF SHARE THAT. I'M GOING TO LEAVE IT UP TO OUR AAWG
21 CHAIR AND SEAN TO DETERMINE HOW THAT GETS BROUGHT
22 INTO THE CONVERSATION BECAUSE IT'S RELATED TO A LOT
23 OF THE CONVERSATIONS HAPPENING THERE.

24 OF COURSE, THERE ARE ELEMENTS OF THAT THAT
25 ARE ALSO REALLY VALUABLE THAT MAY NOT NECESSARILY BE

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1 COMMUNITY CARE CENTERS OF EXCELLENCE SPECIFIC, BUT
2 RELATED TO THE INFORMATION WE ARE GETTING FROM THE
3 COMMUNITY. AND WE DO THINK, THROUGH THIS
4 INTEGRATION OF OUR EDUCATION PROGRAMS AND THROUGH
5 THE VARIOUS WAYS THAT CIRM DEVELOPS PROGRAMS, TO
6 BRING THAT INTO OUR OTHER PROGRAM DEVELOPMENT. SO
7 YOU WILL BE HEARING ABOUT HOW THAT IMPACTS ON THAT.

8 BUT A SPECIFIC REPORT BACK ON THAT IS
9 SOMETHING WE'LL TAKE UNDER CONSIDERATION, AND WE
10 WILL COORDINATE IT BETWEEN THE COMMITTEES AND THE
11 TEAM MEMBERS. THANK YOU SO MUCH FOR THAT
12 SUGGESTION.

13 CHAIRMAN THOMAS: HAIFAA AND THEN YSABEL.

14 DR. ABDULHAQ: THANK YOU. THANK YOU,
15 MARIA, FOR THIS REPORT. I HAVE A QUESTION REGARDING
16 THE PERCENTAGE OF FUNDING THAT WAS SPENT ON CANCER
17 RESEARCH. IF I UNDERSTOOD CORRECTLY, I THINK I SAW
18 2 TO 3 PERCENT. AND I WAS JUST WONDERING IF WE
19 WOULD GIVE A CONSIDERATION TO INCREASING THIS GIVEN
20 THE HIGH IMPACT OF CANCER ON MORBIDITY AND MORTALITY
21 OF THE PEOPLE OF CALIFORNIA.

22 DR. MILLAN: DR. ABDULHAQ, I THINK IT WAS
23 HIGHER THAN THAT, BUT I'M GOING TO PULL UP THE SLIDE
24 BECAUSE IT WAS DIVIDED UP INTO SOLID AND BLOOD
25 CANCERS. SO WE HAVE A SIGNIFICANT PERCENTAGE OF OUR

1 PORTFOLIO IN SOLID AND LIQUID TUMORS.

2 BUT IN TERMS OF HOW OUR PORTFOLIO GETS
3 BUILT, WE DON'T SPECIFY WHAT NUMBERS OF PROGRAMS WE
4 WOULD GET IN A SPECIFIC AREA. WHAT, INSTEAD,
5 HAPPENS IS THAT PROGRAMS COME IN, THEY GET EVALUATED
6 BY THE SCIENCE, AND ALL OF THE CRITERIA THAT DR.
7 SAMBRANO PRESENTS WHEN HE PRESENTS CONSIDERATIONS
8 FOR FUNDING, SIGNIFICANCE AND IMPACT, THE STRENGTH
9 OF THE PROGRAM, ETC., AND THEN THROUGH THAT THEY GET
10 FUNDED. AND SO IT'S REALLY DRIVEN BY THE QUALITY OF
11 THE SCIENCE THAT MEETS THE RECOMMENDATION BY THE GWG
12 AND THEN THE PROGRAMMATIC REVIEW OF THE BOARD.

13 SO WE HADN'T SPECIFIED ANYTHING FOR
14 CANCER. IT JUST TURNS OUT THAT THERE IS A
15 SIGNIFICANT PROPORTION OF OUR PROGRAMS THAT ARE IN
16 CANCER. WE HAVE A VERY ROBUST NEXT GENERATION CAR-T
17 PROGRAM AS WELL AS OTHER TYPES OF APPROACHES TO
18 MALIGNANCY BOTH SOLID AND LIQUID.

19 LET ME JUST SEE IF I CAN FIND. IF ANYBODY
20 IS THERE WITH AN ASSIST IN THE PERCENTAGE, THAT
21 WOULD BE GREAT. WE'LL GET BACK TO YOU. I'LL SEND
22 OVER THE EXACT PERCENTAGE, BUT IT'S DEFINITELY MORE
23 THAN 2 PERCENT.

24 DR. LEVITT: I THINK IT'S 12 PERCENT.
25 IT'S COMPLICATED MATH.

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1 CHAIRMAN THOMAS: THANK YOU, PAT. YSABEL.

2 MS. DURON: BACK TO AL ROWLETT'S COMMENTS.

3 BACK TO WHAT AL ROWLETT STARTED. ACTUALLY I THINK
4 THE COMMUNITY HEARINGS WE HAD, TO AL'S POINT,
5 ACTUALLY POINT OUT THE NEED TO DO MORE OF THESE
6 BECAUSE WHAT I HEARD IN THE TWO MEETINGS I WAS ABLE
7 TO ATTEND WAS A COMMUNITY VERY ENGAGED IN ITS OWN
8 CONCERNS, WHO WANTS TO UNDERSTAND THIS, BUT WHO IS
9 STILL VERY MUCH OUTSIDE OF UNDERSTANDING THE
10 PROCESS, ACCESS, AND THE ABILITY TO ENGAGE. AND I
11 THINK THAT WE'RE GOING TO BE ABLE THROUGH THIS
12 PROCESS, THIS LISTENING PROCESS, TO SHOW THEM THAT
13 WE HAVE AN INTEREST IN THEM AND IN HEARING FROM
14 THEM.

15 THERE WERE SOME GREAT PEOPLE AT THESE
16 MEETINGS DOING WONDERFUL WORK IN THEIR OWN
17 COMMUNITIES BECAUSE I ALWAYS SAY THEY'RE THERE
18 BECAUSE SYSTEMS FAILED THEM. THAT'S WHY THEY GREW
19 OUT OF NECESSITY AND CONCERN. AND NOW IT'S ABOUT
20 BRINGING THEM TOWARDS WHAT WE ARE DOING SO WE HAVE
21 THESE FABULOUS, WONDERFUL PARTNERSHIPS. BUT I DO
22 THINK THAT WE NEED TO HAVE MORE OF THESE MEETINGS.
23 THESE HELP BUILD THOSE COMMUNICATION TRACKS, BUT IT
24 ALSO BRINGS THE COMMUNITY TOWARDS THE SCIENCE THAT
25 WE ARE TRYING TO BRING TO THEM.

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1 AND SO TO AL'S POINT, I REALLY, REALLY DO
2 THINK THAT THIS IS A MARVELOUS EXERCISE IN
3 COMMUNICATIONS, AND IT'S NOT JUST RELATED TO THE
4 CARE CENTERS OF EXCELLENCE, BUT TO THE PUBLIC IN
5 GENERAL TO UNDERSTAND BETTER WHAT WE ARE HOPING TO
6 DO WITH THIS MARVELOUS BUT VERY COMPLEX AND ADVANCED
7 SCIENCE. SO THAT'S SOMETHING ELSE WE NEED TO
8 CONSIDER AS A SUBCOMMITTEE. SO WE DO NEED MORE
9 MONEY TO DO IT.

10 CHAIRMAN THOMAS: NICE PITCH, YSABEL.

11 VICE CHAIR BONNEVILLE: THERE IS ANOTHER
12 LISTENING SESSION THAT WILL BE COMING UP AND IT'S
13 PUBLIC. SO BOARD MEMBERS, THE WORKING GROUPS,
14 ANYONE IS WELCOME TO ATTEND. IT'S MAY 25TH. IT'S
15 IN SACRAMENTO. THE TEAM IS CURRENTLY WORKING ON
16 PUTTING THAT TOGETHER. SO WE'LL MAKE SURE WE GET AN
17 INVITE OUT.

18 I COMPLETELY AGREE, YSABEL, AND I'VE BEEN
19 TALKING TO GEOFF LOMAX ABOUT THIS A LOT ABOUT THE
20 NEED TO BRING SOMEBODY IN TO THE ORGANIZATION WHO
21 CAN OVERSEE COMMUNITY OUTREACH AS A WHOLE. AND
22 WHETHER THAT MEANS HAVING GRANTS THAT GO OUT TO FUND
23 CBO'S THAT CAN WORK WITH CIRM TO GET THE MESSAGE OUT
24 OR DOES IT WORK THROUGH THE COMMUNITY CARE CENTERS
25 OF EXCELLENCE. MAYBE IT'S BOTH. SO THAT'S

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1 DEFINITELY SOMETHING GEOFF AND I HAVE BEEN TALKING A
2 LOT ABOUT.

3 DR. MILLAN: VERY EXCITING POSSIBILITIES.
4 I AGREE. I LEARN SOMETHING, NOT JUST ONE THING, A
5 LOT OF THINGS IN THESE LISTENING SESSIONS.

6 CHAIRMAN THOMAS: I'D LIKE TO ECHO THAT.
7 HAVING GONE TO ALL OF THEM, THE LEVEL OF ENTHUSIASM
8 AT THESE MEETINGS IS PALPABLE, AND IT JUST
9 DEMONSTRATES THAT THIS NEED HAS BEEN SITTING OUT
10 THERE FOR MANY YEARS. AND EACH AND EVERY ONE OF
11 THESE STAKEHOLDERS HOPES THAT THEY HAVE THE
12 OPPORTUNITY TO BE PART OF A GROUP THAT APPLIES FOR A
13 COMMUNITY CARE CENTER OF EXCELLENCE. AND SO IT WAS
14 GREAT. THIS WILL MATERIALLY ADD EFFECTIVELY
15 SATELLITES TO THE ALPHA CLINIC NETWORK AND REALLY GO
16 A LONG WAY TOWARDS MEETING THE AGENCY'S GOALS IN
17 ACHIEVING TRUE ACCESSIBILITY THROUGH THE STATE. SO
18 WITH THAT, MARV, YOU'RE NEXT.

19 DR. SOUTHARD: TO DOUBLE BACK ON THE
20 WORKFORCE ISSUE A LITTLE BIT AGAIN, IT SEEMS TO ME
21 THAT THERE MAY BE A GREAT OPPORTUNITY NOW TO BE
22 EXPLORED ABOUT PARTNERSHIPS. SO, FOR EXAMPLE,
23 THERE'S A LOT OF MONEY AND EMPHASIS ON FINDING
24 FUNDING FOR TRAINING AND ENGAGING PEOPLE WITH LIVED
25 EXPERIENCE WITH MENTAL ILLNESS AND ADDICTION TO BE

1 PROVIDERS IN THE COMMUNITY MENTAL HEALTH AND
2 ADDICTION TREATMENT WORLD. AND THERE MAY ALSO BE
3 OPPORTUNITIES TO ENGAGE THEM IN THIS WORK BECAUSE A
4 BROADER PORTFOLIO OF OPPORTUNITIES MIGHT BE VERY
5 WELCOME.

6 SO I THINK LEONDRA AND AL ARE VERY WELL
7 POSITIONED TO HELP EXPLORE THAT FOR US.

8 CHAIRMAN THOMAS: LEONDRA.

9 DR. CLARK-HARVEY: THANK YOU. I JUST WANT
10 TO ADD MY ECHO AND AMEN TO ALL THAT.

11 I THINK WE ARE TRULY TRYING TO ADVANCE OUR
12 DEI GOAL, WHICH WE SPENT A LOT OF TIME THIS PAST
13 YEAR ON, MAKING SURE THAT MECHANISMS ARE IN PLACE TO
14 REALLY OPERATIONALIZE THAT IS ESSENTIAL. SO THE
15 IDEA OF REACHING OUT TO CBO'S AND PARTNERING TO ME
16 MIRRORS A BEST PRACTICE MODEL OF WORKING WITH
17 CULTURAL INFORMANTS. OUR GOAL DOESN'T MEAN ANYTHING
18 IF WE CAN'T ACTUALIZE IT. SO REACHING OUT TO PEOPLE
19 IN A WAY THAT THEY UNDERSTAND, IS FRIENDLY TO THEM,
20 FAMILIAR TO THEM IS ESSENTIAL. I JUST WANTED TO ADD
21 THOSE COMMENTS.

22 CHAIRMAN THOMAS: THANK YOU. PAT.

23 DR. LEVITT: TWO THINGS. ONE IS REGARDING
24 WORKFORCE. I DON'T KNOW WHEN THE CAPS WERE SET ON
25 SPECIFIC GRANT AREAS, BUT I THINK IT'S REALLY

1 IMPORTANT TO LOOK AT THAT BECAUSE PART OF THE
2 CHALLENGES IN WORKFORCE FULFILLMENT IS THE MARKET
3 HAS CHANGED DRAMATICALLY IN A VERY SHORT PERIOD OF
4 TIME. THERE ARE PEOPLE AROUND THIS TABLE WHO ARE
5 INVOLVED IN RESEARCH, WHETHER IT'S CLINICAL TRIALS,
6 KNOW THIS. IT'S PAINFUL.

7 I'VE TALKED TO SEVERAL NIH INSTITUTE
8 DIRECTORS, AND YOU MIGHT PREDICT IT'S FALLEN ON DEAF
9 EARS. THEIR CAP WAS SET IN THE 1980S AND IT HASN'T
10 MOVED. AND SO IT'S IMPORTANT TO CONSIDER BECAUSE
11 THE COSTS FOR DOING THE SAME STUDIES HAS GONE UP
12 DRAMATICALLY IN A VERY SHORT PERIOD OF TIME. AND WE
13 WON'T FILL THOSE POSITIONS UNLESS WE HAVE THE
14 RESOURCES TO DO THAT BECAUSE ALL OF US ARE AT
15 INSTITUTIONS WHERE THESE POSITIONS REMAIN OPEN. SO
16 THAT'S ONE THING.

17 THE OTHER IS THAT THE LISTENING SESSIONS
18 OFFER AN OPPORTUNITY FOR THE COMMUNICATIONS
19 COMPONENT TO BE INTEGRATED IN THOSE EFFORTS. THAT
20 IS, PROVIDING QUESTIONS OR STATEMENTS AND THEN
21 GARNERING FEEDBACK FROM THE COMMUNITY ABOUT HOW THEY
22 INTERPRET WHAT YOU JUST SAID. YSABEL AND I HAVE
23 TALKED ABOUT THIS A LOT. IN COMMUNICATIONS,
24 PARTICULARLY COMPLICATED THINGS LIKE SCIENCE, WE SAY
25 A AND THEY HEAR B. THEY MEANING EVERYBODY ELSE

1 WHO'S NOT A SCIENTIST. AND IT'S NOT THAT THEY CAN'T
2 UNDERSTAND IT. IT'S THAT WE DON'T KNOW HOW TO SAY
3 IT. SO IT'S ON US TO FIGURE THAT OUT.

4 AND SO I THINK THE LISTENING SESSIONS ARE
5 A GREAT PLACE TO TRY TO GARNER SOME OF THAT WHAT WE
6 WOULD CALL QUALITATIVE RESEARCH AND COLLECT DATA
7 THROUGHOUT THE STATE AND REALLY GET A SENSE FOR HOW
8 THE MESSAGES RESONATE. AND I KNOW THERE'S A LOT OF
9 EXCITEMENT. IT WOULD BE GREAT TO FIGURE OUT HOW WE
10 CAN TWEAK THE MESSAGING THROUGH COMMUNICATIONS. OF
11 COURSE, IT NEEDS A LARGER BUDGET IN ORDER TO DO
12 THAT.

13 CHAIRMAN THOMAS: SEEMS TO BE A RECURRING
14 THEME. THANK YOU. ANY OTHER QUESTIONS OR COMMENTS
15 FOR MARIA?

16 THESE HAVE BEEN A GREAT SET OF COMMENTS
17 AND VERY HELPFUL. SO THANK YOU VERY MUCH. WE'LL
18 NOW SEGUE -- BETH, HOW ARE YOU DOING AT THE MOMENT?

19 THE REPORTER: WHEN IT'S APPROPRIATE.

20 CHAIRMAN THOMAS: IT SOUNDS LIKE YOU'D
21 LIKE A QUICK BREAK. SO WE'LL TAKE A FIVE-MINUTE
22 BREAK RIGHT NOW. THANK YOU.

23 (A RECESS WAS TAKEN.)

24 CHAIRMAN THOMAS: OKAY. WE'RE GOING TO
25 RESUME NOW. THANK YOU.

1 AS MARIA SUGGESTED, WE ARE SEGUEING INTO
2 DR. CREASEY'S REPORT ON THE TOPIC OF HUNTING FOR NEW
3 POTENTIAL GRANTEES, WHICH IS A VERY IMPORTANT
4 FUNCTION OF THE THERAPEUTICS GROUP AND THE SCIENCE
5 OFFICERS AND ONE OF THE THINGS THAT GUARANTEES
6 CIRM'S PIPELINE TO FUTURE AWARDS. SO, ABLA, IF YOU
7 CAN TAKE IT FROM THERE PLEASE.

8 DR. CREASEY: THANK YOU. GOOD MORNING,
9 MR. CHAIRMAN, MADAM VICE CHAIR, MEMBERS OF THE
10 BOARD, MADAM PRESIDENT, CIRM'S COLLEAGUES, AND THE
11 PUBLIC. SO I'M GOING TO COVER TODAY A KEY FUNCTION,
12 ACTIVITY THAT MY TEAM, THERAPEUTICS DEVELOPMENT AND
13 I, ARE ENGAGED IN DOING WHAT WE CALL HUNTING. YOU
14 MIGHT WANT TO ASK WHERE DID THE WORD "HUNTING" COME
15 FROM. IT'S ACTUALLY PART OF PROPOSITION 71. SO
16 I'LL DESCRIBE MORE OF THAT LATER.

17 SO WE'LL START, WE ALWAYS START OUR
18 PRESENTATIONS WITH SAYING OUR MISSION. AND OUR
19 MISSION IS TO ACCELERATE WORLD-CLASS SCIENCE TO
20 DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE
21 TREATMENTS IN AN EQUITABLE MANNER TO A DIVERSE
22 CALIFORNIA AND WORLD.

23 SO WHAT IS HUNTING? THERE ARE TWO SIMPLE
24 POINTS HERE, IDENTIFYING AND RECRUITING INNOVATIVE
25 CELL AND GENE THERAPY PROJECTS. AND MOST

1 IMPORTANTLY, ALSO SUPPORTING THE APPLICANTS UNTIL
2 THEIR GRANT SUBMISSION. AND THAT INVOLVES MULTIPLE
3 MEETINGS, INVOLVES COMMUNICATION EITHER BY ZOOM OR
4 E-MAIL, AND JUST ESSENTIALLY TEACHING THEM THE PATH
5 ON HOW TO APPLY TO CIRM THE RIGHT WAY GIVEN OUR
6 BACKGROUND AND KNOWLEDGE IN REGULATORY SCIENCE, THE
7 ADVANTAGE OF AT LEAST BEING CONCISE, HIGHLIGHTING
8 THE DATA, ET CETERA.

9 SO THE HUNTING PROCESS IS DEPICTED ON THIS
10 SLIDE. SO WE START OUT WITH, AS SCIENTISTS, WE
11 REVIEW THE LITERATURE. AND THAT'S DONE ON A ROUTINE
12 BASIS WITHIN CIRM AND OUTSIDE CIRM. WE SUBSCRIBE TO
13 JOURNALS, WE SHARE TOP ARTICLES IN TECHNOLOGY AND
14 SCIENTIFIC LITERATURE IN THIS FIELD. WE ALSO HAVE
15 AN OUTREACH PLAN ALL THE TIME, LIKE WHO DO WE
16 CONTACT? WHERE ARE THE BEST NEW IDEAS COMING FROM?
17 AND HOW CAN WE TALK TO THESE INVESTIGATORS AND REACH
18 OUT TO THEM?

19 AN EXAMPLE, LIKE WHEN COVID-19, DURING THE
20 PANDEMIC, IT WAS VERY EASY TO IDENTIFY POTENTIAL
21 SITES WITHIN THE STATE OF CALIFORNIA AND TALK TO
22 THEM ABOUT WOULD THEY LIKE TO BE INVOLVED AND HOW
23 CAN THEY BE INVOLVED. AND SO THAT BECOMES -- IT'S
24 OCCURRING ON A REGULAR BASIS ESPECIALLY, AS YOU
25 KNOW, CALIFORNIA IS RICH WITH A LOT OF NEW SCIENCE

1 ALL THE TIME. BUT WE ARE NOT LIMITED TO OUTREACH IN
2 CALIFORNIA. IT'S NATIONAL AND INTERNATIONAL.

3 WE ALSO ACTUALLY GO TO CONFERENCES. I'M
4 NOT SURE YOU KNOW, BUT WE ALSO FUND CONFERENCES.
5 AND WE ARE RESPONSIBLE FOR THOSE CONFERENCES IN THE
6 AREAS WHERE WE'D LIKE TO ENGENDER MORE KNOWLEDGE AND
7 EXCITEMENT, AGAIN, EDUCATING EVERYONE ABOUT WHAT
8 CIRM IS ALL ABOUT. SO THAT ENDS UP BEING LIKE A
9 REALLY GOOD AVENUE FOR US ALSO TO MEET NEW
10 SCIENTISTS AND PATIENT ADVOCATES AND LAYPEOPLE WHO
11 KNOW VERY LITTLE ABOUT CIRM.

12 WE ALSO DO BRAINSTORMING. WE MEET TWICE A
13 WEEK. ONE TEAM IS ACTUALLY LABELED "HUNTING," ONE
14 TEAM -- ONE MEETING IS LABELED "PORTFOLIO
15 MANAGEMENT." AND SO WE DISCUSS IN THESE SESSIONS
16 WHERE ARE WE? CAN WE DO MORE? DO WE HAVE THE RIGHT
17 STRATEGIES, ET CETERA? BY THE WAY, WE IN NO WAY TRY
18 TO BIAS ANYONE TO COME TO WORK WITH US. IT'S REALLY
19 A WAY TO ENLIGHTEN PEOPLE ABOUT WHAT THE FIELD HAS
20 TO OFFER AND WHY CIRM COMPLEMENTS THE FIELD, IN
21 FACT, LEADS IT IN BRINGING PEOPLE TO LEARN MORE
22 ABOUT HOW TO UTILIZE THESE THERAPIES TO ADVANCE FOR
23 PATIENTS WITH UNMET MEDICAL NEED AND TO ADVANCE
24 THESE THERAPIES TO ACTUAL APPROVAL.

25 WE ALSO ATTEND VIRTUAL MEETINGS, BUT WE

1 ALSO OURSELVES CONDUCT VIRTUAL MEETINGS, EITHER WITH
2 POTENTIAL APPLICANTS OR, AS YOU KNOW, MULTIPLE
3 SOCIETIES ACROSS THE COUNTRY AND THE WORLD OFTEN
4 HAVE VIRTUAL MEETINGS WHICH WE ATTEND. SO WE ARE
5 BUSY COMMUNICATING WITH FOLKS ALL THE TIME, AND
6 VIRTUAL MEETINGS HAVE BEEN VERY HELPFUL TO US IN
7 LEARNING A LOT ABOUT WHAT OUR SO-CALLED INTERESTED
8 PARTIES ARE WANTING TO KNOW AND HOW CAN WE HELP
9 THEM.

10 AND THEN WE NETWORK A LOT. EVERYONE IS
11 OUR FRIEND AND WE ARE FRIENDS OF EVERYONE. WE
12 ACTUALLY GO OUT OF OUR WAY. YOU'D BE SURPRISED
13 THERE ARE MANY, MANY PLACES WITHIN EVEN THE STATE OF
14 CALIFORNIA THAT KNOW VERY LITTLE ABOUT CIRM. AND SO
15 WE ACTUALLY HAVE, LIKE, SLIDE SETS FOR LAYPEOPLE
16 ABOUT CIRM AND THE HUNTING. SO THEY UNDERSTAND WHY
17 ARE WE TALKING TO THEM. AND IT'S NOT JUST BECAUSE
18 WE HAVE THE MONEY. WE REALLY ARE ADVOCATING FOR
19 MOVING THIS TECHNOLOGY FORWARD FOR THE SAKE OF THE
20 PATIENTS WITH UNMET MEDICAL NEED. AND THEY ARE TO
21 BE EDUCATED MAINLY ABOUT HOW TO PULL THE INFORMATION
22 TOGETHER AND WORK WITH US ON IT IN ORDER TO ADVANCE
23 THE FIELD.

24 AND THAT'S HOW WE END UP WITH THE CURRENT
25 PORTFOLIO WE HAVE, WHICH, AT LEAST FOR CLINICAL, WE

1 HAVE 88 CLINICAL TRIALS.

2 NOW, MARIA STARTED IN HER CONVERSATION
3 THAT WE HAVE ESSENTIALLY A PROCESS ON BUILDING OUR
4 CLINICAL PORTFOLIO. HUNTING IS A VERY IMPORTANT
5 PART OF BUILDING THE PORTFOLIO. SO LET ME START
6 SHOWING YOU THAT PROCESS AND GIVING YOU IMPORTANT
7 INFORMATION REGARDING HOW IT ALL WORKS AND HOW DO WE
8 END UP WITH APPROVED GRANTS.

9 SO WE START OUT WITH THE PROGRESSION
10 EVENTS. THESE PROGRESSION EVENTS, IT'S A WORD THAT
11 DOESN'T MEAN MUCH TO YOU NOW, BUT IT WILL IN A
12 MINUTE. ALL THE GRANTS THAT COME IN, LIKE IN
13 DISCOVERY OR TRANSLATION AND ARE APPROVED, ONCE THEY
14 FINISH THAT GRANT, IF THEY ARE STILL DOING WELL,
15 THEY REAPPLY TO CIRM, AND WE CALL THAT PROGRESSION.
16 SO WE HAVE SEVERAL GRANTS THAT MOVED FROM DISCOVERY
17 TO TRANSLATION AND THEN TRANSLATION TO CLINICAL.

18 WE ALSO HAVE HUNTED APPLICATIONS, AND
19 THOSE HUNTED APPLICATIONS ARE THE ONES THAT WE ARE
20 WORKING ON. LIKE WE WORK ON THEM SOMETIME FROM THE
21 DAY YOU START TO THE TIME THEY SUBMIT AND ACTUALLY
22 GOES TO THE REVIEW PROCESS. SOMETIMES IT TAKES OVER
23 A YEAR. SOMETIMES TAKES SIX MONTHS. IT'S NOT A
24 SIMPLE PROCESS BECAUSE THEY HAVE TO BE READY
25 THEMSELVES, AND THEY HAVE TO BE ALSO IN CASE OF

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1 CO-FUNDING, THEY NEED TO HAVE THAT CO-FUNDING
2 INFORMATION OR QUANTITIES OF DOLLARS AVAILABLE TO
3 THEM.

4 AND THEN WE HAVE THE UNSOLICITED
5 APPLICATIONS. WE GET THOSE, OCCASIONALLY PEOPLE
6 CONTACT US. AND WE HAVE, BY THE WAY, A CLINICAL,
7 LIKE, FOLDER IN WHICH AN E-MAIL -- WHICH PEOPLE CAN
8 SUBMIT THEIR REQUEST TO THAT E-MAIL. AND MY TEAM
9 MEMBERS, ACTUALLY WE HAVE ONE PROJECT MANAGER THAT
10 CHECKS THAT MAILBOX, AND WE THEN STUDY WHOEVER
11 APPLIED AND THEN HAVE SOMEONE CONTACT HIM OR HER TO,
12 AGAIN, ACKNOWLEDGE RECEIPT OF THE REQUEST AND WORK
13 WITH THEM ON A POTENTIAL GRANT APPLICATION.

14 THEN IN THE PRESUBMISSION ACTIVITIES, AS I
15 MENTIONED TO YOU BEFORE, WE DO ALL WHAT I SAID,
16 WHICH IS WE NETWORK WITH THEM, HELP THEM PREPARE.
17 WE ACTUALLY WORK WITH THEM IN A MANNER TO PREPARE
18 THEM FOR THE APPLICATION, GUIDE THEM THROUGH IT.
19 ALL THIS PROCESS OCCURS ON A REGULAR BASIS EVERY DAY
20 ALMOST EVERY HOUR DURING THE DAYTIME. SOMETIMES I
21 PERSONALLY GET CALLS ON THE WEEKENDS, SOMETIMES
22 DURING THE HOLIDAYS BECAUSE WE HAVE A TIMELINE TO
23 ACHIEVE, MEANING THE GRANTS, THE CLINICAL GRANTS,
24 EVERYONE CAN SUBMIT A CLINICAL GRANT THE LAST
25 BUSINESS DAY OF EVERY MONTH. AND THE GRANTS WORKING

1 GROUP REVIEWS THOSE GRANTS ALSO MOST OF THE TIME
2 ONCE A MONTH.

3 THERE IS AN ELEMENT MAYBE I HAVEN'T
4 DISCUSSED WITH YOU BEFORE, THE ELEMENT OF THE WALL.
5 AND WHAT THE WALL MEANS IS ACTUALLY THERE'S A
6 PARTITION BETWEEN, PER PROPOSITION 71, BETWEEN THE
7 REVIEW TEAM, WHICH IS ULTIMATELY RESPONSIBLE FOR
8 MOVING THE GRANTS TOWARDS REVIEW BY THE GRANTS
9 WORKING GROUP. AND THE REASON THE WALL WAS
10 GENERATED IS TO PROTECT THE INTEGRITY OF THE REVIEW
11 PROCESS. ONCE THE APPLICANT IS FULFILLED IN TERMS
12 OF HAVING LEARNED EVERYTHING WE HAVE TO TELL THEM
13 AND THEY SUBMIT THE GRANT, THAT GRANT NOW BECOMES
14 THE PROPERTY OF THE REVIEW TEAM, AND WE NO LONGER
15 INTERACT WITH THOSE GROUPS.

16 SO WHEN THE REVIEW TEAM RECEIVES THE
17 GRANT, THEY ASSEMBLE ANOTHER MEETING WHICH INCLUDES
18 THE SCIENCE OFFICERS, LIKE MYSELF AND MY TEAM, AS
19 WELL AS BUSINESS DEVELOPMENT, GRANTS MANAGEMENT,
20 LEGAL, AND WE DISCUSS THE SUBMITTED GRANTS TOGETHER.
21 THAT'S WHEN THE REVIEW TEAM, IF THERE ARE ANY
22 QUESTIONS, ARE THE ONLY ONES WHO GO BACK TO THE
23 APPLICANT AND ASK THEM TO SUPPLY THE INFORMATION
24 THAT'S REQUESTED BEFORE THE GRANT IS SHARED WITH THE
25 GRANTS WORKING GROUP.

1 THE GRANTS WORKING GROUP THEN REVIEW THE
2 GRANTS, AND THEY PROCEED TO RECOMMEND, LET'S SAY,
3 THE APPLICATION TO THE BOARD FOR APPROVAL. AND
4 THAT'S FOR ALL OF YOU AS THE ICOC MEMBERS TO APPROVE
5 THE GRANT.

6 ONCE YOU APPROVE, THAT'S WHEN WE ACTUALLY
7 START THE PORTFOLIO. SO THAT'S WHY WE ENDED UP,
8 THROUGH YOUR KINDNESS AND GENEROSITY, WE ENDED UP
9 WITH 88 CLINICAL TRIALS THUS FAR THROUGH THAT
10 PROCESS. THIS IS REALLY AN IMPORTANT PROCESS.
11 THERE'S NEVER A BIAS BY ANY ONE OF US REGARDING
12 ADVANCING MAINLY RESEARCHERS WE ARE INTERESTED IN.
13 IT'S EXTREMELY OBJECTIVE. IT OFTEN LEADS TO PEOPLE
14 CAN REAPPLY WHEN THEY DO NOT GET THE GRANT. AND WE
15 CAN HELP THE FOLKS TO REAPPLY IF THEY DID NOT GET
16 THE GRANT. SO IT'S NO LONGER -- THAT WALL IS NOT
17 PART OF THE PROCESS ANY LONGER IF THEY ARE NOT
18 FUNDED AND GO AWAY, LET'S SAY, FOR SIX MONTHS.

19 SO WE ALSO DEVELOP HUNTING TOOLS. THOSE
20 HUNTING TOOLS ARE PART OF OUR ARMAMENTARIUM. WE USE
21 THEM VIRTUALLY ONLINE AS WELL AS WE ACTUALLY,
22 THROUGH, AGAIN, THE HELP OF THE COMMUNICATION TEAM,
23 ESPECIALLY ESTEBAN CORTEZ, WE WERE ABLE TO GENERATE
24 THESE FLIERS THAT WE TAKE WITH US NOW THAT THERE ARE
25 IN-PERSON MEETINGS ACROSS THE COUNTRY. AND THEY

1 HAVE BEEN HELPFUL.

2 FOR THE TRANSLATION -- BY THE WAY, FOR THE
3 TRANSLATION HUNTING PROCESS, THE PROCESS IS SLIGHTLY
4 DIFFERENT. THE TRAN APPLICANT ENGAGEMENT INCLUDES
5 ONLY CALIFORNIA ORGANIZATIONS ARE ELIGIBLE FOR
6 TRANSLATION GRANTS. APPLICATIONS ARE OFFERED TWICE
7 A YEAR. IT USED TO BE THREE TIMES A YEAR; BUT DUE
8 TO THE WORKLOAD, IT BECAME TWICE A YEAR. ALL
9 APPLICANTS ARE OFFERED A PRESUBMISSION CONSULTATION.
10 AGAIN, THAT'S HUNTING LIKE DURING A ONE-MONTH WINDOW
11 IN WHICH THE APPLICATION IS AVAILABLE. SO LET'S SAY
12 THERE IS A DEADLINE IN JUNE. A DEADLINE FOR
13 SUBMITTING GRANTS IN JUNE FOR TRANSLATION, THE MONTH
14 OF MAY IS AVAILABLE FOR THOSE APPLICANTS TO TALK TO
15 US ABOUT THE POTENTIAL, HOW WE CAN HELP THEM, AND
16 THEN THEY SUBMIT.

17 SO IN THE LAST TWO ROUNDS OF THE
18 TRANSLATION PROGRAM, THE CIRM STAFF CONNECTED WITH
19 ABOUT 80 APPLICANTS IN TOTAL. THIRTY-NINE OF THEM
20 SUBMITTED THE APPLICATIONS. THAT'S A VERY GOOD
21 BATTING AVERAGE. AND THE WORK OF THE GWG STARTS.

22 SO WHAT DOES OUR HUNTING LIST LOOK LIKE
23 FOR THE CLIN1 AND CLIN2? YOU CAN TELL ON THE SLIDE
24 WE HAVE APPROXIMATELY 500, EXACT 487, GRANTS ON OUR
25 LIST. THIS LIST COMES, AGAIN, FROM ALL THE CONTACTS

1 WE'VE MADE. ABOUT TWO-THIRDS ARE IN CLIN2 AND
2 ONE-THIRD IN CLIN1. 68 PERCENT ARE FROM FOR-PROFIT
3 ORGANIZATIONS, AND 32 PERCENT FROM NONPROFIT.

4 WHAT IS EXCITING FOR US IS 38 PERCENT IS
5 CURRENTLY IN NEURO. AND, AGAIN, THIS IS PER,
6 REMEMBER, OUR MANDATE TO BRING IN MANY MORE NEURO
7 GRANTS FOR THE PROPOSITION 14, WHICH ALLOCATED \$1.5
8 BILLION FOR THAT EFFORT.

9 WE HAVE THE MIX OF THERAPEUTIC APPROACHES.
10 YOU CAN SEE ON THE SLIDE IT GOES FROM CELL THERAPY
11 TO GENE THERAPY, ET CETERA. THE DEVICE SECTOR, WE
12 GET MINIMAL NUMBERS OF INTEREST, AND WE HUNT LESS
13 FOR THE DEVICE.

14 SO THIS IS THE MAJOR SLIDE THAT YOU'VE ALL
15 BEEN WAITING FOR. SO SUCCESS RATES FOR CIRM
16 CLINICAL APPLICANTS. THIS SLIDE IS REALLY TELLING
17 APPLICANTS WHO WORK WITH CIRM PER THE PROCESS I
18 DESCRIBED EARLIER, WE HAVE A SUCCESS RATE OF 66
19 PERCENT. THE NUMBER IS HIGHER IN TERMS OF, AGAIN,
20 WHO WORK WITH US. THE NUMBER OF APPLICANTS WHO
21 DON'T WORK WITH US IS RELATIVELY SMALL, AND, AGAIN,
22 SUCCESS RATE IS 9 PERCENT.

23 I REALLY WOULD LIKE TO USE THIS SLIDE IN
24 THIS WAY. I'M REALLY ENCOURAGING ANYONE WHO IS
25 LISTENING TO THIS OR GOES ON YOUTUBE TO THINK OF THE

1 THERAPEUTICS DEVELOPMENT SCIENTISTS AS THEIR
2 ADVOCATES FOR GETTING THE CIRM GRANT. WE FOLLOW,
3 AGAIN, DEI, WE FOLLOW -- WE ARE NOT COMMITTED TO ANY
4 ONE GROUP OR TEAM. WE ARE VERY MUCH COMMITTED TO
5 JUST BRINGING THE BEST SCIENCE AND THE LIKELIHOOD OF
6 THE GRANT TO SUCCEED BY GOING THROUGH THE RIGOR THAT
7 THE GRANT HAS TO GO THROUGH GWG AS WELL AS THROUGH
8 THE BOARD IS REALLY IMPORTANT TO AMPLIFY AND FOR
9 THEM TO REALLY GET A GRASP OF ALL OF THAT UP FRONT
10 BEFORE THEY APPLY. THIS WAY THEY HAVE A BETTER
11 CHANCE OF, AGAIN, BEING FUNDED.

12 SO WHAT ARE OUR ACHIEVEMENTS AS HUNTERS?
13 SO FAR THE TRANSLATIONAL AND CLINICAL PORTFOLIO
14 LOOKS RELATIVELY NICE. WE HAVE A LOT OF GRANTS ARE
15 IN EARLY STAGE CLINICAL DEVELOPMENT BECAUSE OF
16 REALLY THAT'S THE STATE OF THE FIELD. IT'S NOT
17 BECAUSE WE GO AFTER ONLY THE EARLY STAGE. WE,
18 AGAIN, ARE NONSELECTIVE. WE'D LIKE TO BRING AS MANY
19 GRANTS WITH ROBUST SCIENCE AND IN AREAS THAT THERE'S
20 A NEED FOR UNMET MEDICAL NEED.

21 AND THE IDEA HERE IS THAT THERE ARE
22 PRE-IND MEETING GRANTS, IND-ENABLING GRANTS, AND
23 EARLY CLINICAL GRANTS. AGAIN, THIS IS THE PATHWAY
24 WE HAVE TO FOLLOW SINCE WE ACTUALLY FOLLOW THE FDA
25 IN TERMS OF HOW TO MOVE THE PROGRAMS FORWARD.

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1 WE HAVE SMALLER NUMBER IN MID-CLINICAL,
2 AND WE HAVE 2 PERCENT IN LATE STAGE DEVELOPMENT,
3 WHICH IS THE PIVOTAL, HOPEFULLY, REGISTRATION TYPE
4 CLINICAL TRIALS. AGAIN, THE SLIDE SHOWS THAT WE
5 HAVE 30 PERCENT IN NEURO, WE HAVE, AGAIN, DR.
6 ABDULHAQ ASKED, WE HAVE PLENTY IN THE AREA OF
7 CANCER, IN HEMATOLOGICAL MALIGNANCIES, AS WELL AS IN
8 SOLID CANCERS. AND WE ALSO WORK -- WE HAVE A NUMBER
9 OF GRANTS THAT ARE IN HEMATOLOGICAL DISORDERS. THIS
10 IS RELATIVELY -- IT'S UPDATED DATA AS OF THIS MONTH.

11 THIS SLIDE IS PROBABLY HARD TO READ, BUT
12 BEAR WITH ME. THERE'S A TOTAL OF 126 CLIN1 AND
13 CLIN2 THAT CURRENTLY HAVE BEEN AWARDED. FIVE OF
14 THEM HAVE MOVED FROM DISCOVERY TO TRAN TO CLIN. AND
15 THEY ARE IN AREAS OF HUNTINGTON, SPINAL FUSION,
16 ARTEMIS SEVERE COMBINED IMMUNO DEFICIENCY,
17 OSTEOARTHRITIS, AND TYPE 1 DIABETES. THAT'S REALLY
18 A TRIBUTE TO THE GRANTEEES WHO WERE DILIGENT IN
19 GOING, AGAIN, THROUGH THE PROCESS OF APPLYING TO
20 DISC AND ACHIEVING THEIR GOALS THERE AND GOING TO
21 TRAN AND ACHIEVING THEIR GOALS. REMEMBER WE ARE
22 MILESTONE BASED, AND MILESTONE BASED MEANS YOU HAVE
23 TO ACHIEVE ALL YOUR MILESTONES BEFORE AND CONCLUDE
24 WHAT YOU NEED TO DO BEFORE YOU CAN MOVE TO THE NEXT
25 STAGE. WE HAVE 12 PROGRAMS THAT MOVED FROM TRAN TO

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1 CLIN AND 21 THAT MOVED FROM CLIN1 TO CLIN2.

2 WE HAVE ALSO 31 OUT OF THE 126 HAVE
3 PROGRESSED TO CLINICAL STAGE. THAT'S 25 PERCENT.
4 THAT'S ACTUALLY A VERY GOOD SCORE. AND THEN WE HAVE
5 12 OUT OF THE 31 MOVED TO BEING PARTNERED. SO
6 THAT'S 21 PERCENT. AND SO THAT'S ALSO A TRIBUTE TO
7 THE WORK THAT HAS BEEN DONE WITH THE GRANTEES AND
8 BUSINESS DEVELOPMENT AS WELL AS REALLY THE
9 ROBUSTNESS OF THE RESULTS THAT THESE GRANTS HAVE
10 HAD.

11 JUST FOR THOSE OF YOU, THE ONES THAT WERE
12 PARTNERED ARE ALL IN THE RED WRITING WITH THE RED
13 ASTERISK ON THEM.

14 SO THAT ESSENTIALLY TAKES ME TO ONE MORE
15 TOPIC THAT I WANTED TO SHARE WITH YOU WHICH HAS TO
16 DO WITH ENCOURAGING ALL OF OUR CLINICAL GRANTS TO
17 WORK WITH THE FDA AND ATTAIN AN ACCELERATED
18 DESIGNATION. YOU MIGHT ASK WHY DO WE DO THAT.
19 BECAUSE IF YOU GET AN ACCELERATED DESIGNATION, THE
20 LIKELIHOOD OF YOU HAVING MORE ACCESS TO THE FDA AND
21 WORKING CLOSELY WITH THEM IS VERY HIGH.

22 AND THAT'S -- REMEMBER, ALTHOUGH WE GUIDE
23 THEM THROUGH AND WE HAVE, LIKE I MENTIONED IN MY
24 LAST PRESENTATION, THAT WE HAVE CLINICAL ADVISORY
25 PANELS, WE ACTUALLY NOW HAVE A MARKET APPROVAL

1 ADVISORY PANEL THAT WE'RE STARTING. ACTUALLY THOSE
2 GRANTS THAT DO ATTAIN THE ACCELERATED DESIGNATIONS
3 INCLUDE 15 OF THEM. AND THEY HAVE ATTAINED EITHER
4 REGENERATIVE MEDICINE ADVANCED THERAPIES
5 DESIGNATION, BREAKTHROUGH DESIGNATION, OR A
6 FAST-TRACK DESIGNATION. AND THAT HAS BEEN -- AGAIN,
7 IT'S LIKE GETTING AN AWARD. IT'S A VERY IMPORTANT
8 AWARD TO GET EVEN FOR PARTNERING, ALSO, AGAIN, FOR
9 FACILITATION TO BE HAVING MORE ACCESS TO THE FDA.

10 THERE ARE ALSO THREE GRANTS THAT GOT THE
11 PEDIATRIC RARE DISEASE VOUCHER. AND THAT'S WORTH
12 MILLIONS OF DOLLARS, MORE THAN HUNDREDS OF MILLIONS
13 OF DOLLARS. THOSE GRANTS THAT ARE ABLE TO -- THEY
14 APPLY AND THEY ACTUALLY ARE CONSIDERED ELIGIBLE.
15 THAT'S ALSO ANOTHER TICKET THAT WILL HELP THEM MOVE
16 THEIR PROGRAMS FORWARD.

17 SO, IN SUMMARY, TWO SIMPLE THINGS. ONE
18 THING TO TELL YOU, THAT HUNTING CONTINUES TO BE A
19 RESOURCEFUL GRANTS RECRUITMENT STRATEGY. I HOPE YOU
20 AGREE. AND THERAPEUTICS DEVELOPMENT WELCOMES ALL OF
21 YOU ON THE TABLE AS WELL AS THE ONE ON VIRTUAL TO
22 PLEASE PROVIDE US YOUR INPUT, HOW WE CAN ENHANCE,
23 DIVERSIFY, OR POTENTIALLY EVEN FOCUS THE CLINICAL
24 PORTFOLIO IN AREAS OF HIGHER INTEREST TO YOU AND TO
25 THE COMMUNITY.

1 AND WITH THAT, I WILL SHOW YOU THE PHOTO
2 OF THE HUNTERS. THIS IS THE THERAPEUTICS
3 DEVELOPMENT TEAM. AND I THANK YOU, REALLY ALL OF
4 US. ON BEHALF OF THE THERAPEUTICS DEVELOPMENT TEAM,
5 WE THANK YOU FOR YOUR CONTINUED SUPPORT. AND I'M
6 HAPPY TO ANSWER ANY QUESTIONS THAT YOU MAY HAVE.

7 CHAIRMAN THOMAS: THANK YOU, ABLA. I
8 THINK THAT'S THE FIRST TIME WE'VE EVER HAD THAT
9 REPORT. THAT WAS REALLY, REALLY INTERESTING. BY
10 THE WAY, A MOST AUGUST GROUP IF I'VE EVER SEEN ONE.

11 COMMENTS, QUESTIONS, MEMBERS OF THE BOARD?
12 A LOT. START WITH GEORGE FIRST AND THEN GO TO
13 YSABEL, KIM, AND OTHERS.

14 DR. BLUMENTHAL: THANK YOU FOR THAT VERY
15 ILLUMINATING PRESENTATION. I WAS IMPRESSED WITH THE
16 STATISTICS THAT YOU GAVE OF THE DIFFERENCE BETWEEN
17 THE SUCCESS RATE OF APPLICANTS WHO WORK WITH CIRM
18 VERSUS THOSE THAT DO NOT WORK WITH CIRM. IT'S QUITE
19 A BIG DIFFERENCE. I'M ASSUMING THAT THE OFFER IS
20 THERE FOR ANYONE WHO WISHES TO APPLY TO WORK.

21 DR. CREASEY: ABSOLUTELY. ABSOLUTELY. WE
22 ACTUALLY LIKE TO ADVERTISE THAT. WE WANT TO HELP
23 EVERYONE. THE MAIN REASON I THINK THE SUCCESS RATE
24 IS HIGH, BECAUSE WE STAY ON TOP OF WHAT THE
25 REGULATORS WANT. WE STAY ON TOP OF THE ROBUST

1 SCIENCE, HOW THEY CAN PRESENT THEIR SCIENCE. WHAT
2 DATA DO THEY HAVE? HOW CAN THEY PRESENT IT
3 DIFFERENTLY SO THAT THE GRANTS WORKING GROUP CAN SEE
4 THE MERIT OF THEIR APPLICATION? SO WE ARE A
5 ESSENTIALLY HIGHLY EXPERIENCED TEAM THAT KNOWS THE
6 WHOLE FIELD. AND WE USE OUR, AGAIN, BRAINSTORMING
7 SESSION CONNECTIVITY WITH EACH OTHER AND WITH THE
8 FIELD TO HELP EVERYONE.

9 DR. BLUMENTHAL: MY REAL QUESTION IS YOU
10 BROKE IT DOWN IN TERMS OF SUCCESS VERSUS WHO WORK
11 WITH YOU AND WHO DIDN'T. BUT IT WOULD BE
12 INTERESTING TO KNOW WHAT PERCENTAGE OF THE
13 APPLICATIONS ARE UNSOLICITED APPLICATIONS VERSUS THE
14 ONES THAT WERE HUNTED, MOST OF THE APPLICATIONS OR
15 NOT. AND WHAT WERE THE SUCCESS RATES ULTIMATELY FOR
16 THOSE YOU HUNTED COMPARED TO THOSE WHO WERE
17 UNSOLICITED?

18 DR. CREASEY: I'D SAY, IF I WERE TO QUOTE
19 GIL, THE SUCCESS RATE FOR ALL OF THE CLINICAL GRANTS
20 IS ABOUT 50 PERCENT, AND SO WHETHER THEY GOT HUNTED
21 OR UNHUNTED TOTAL. AND SO IF WE -- FOR THE ONES ON
22 OUR HUNTING LIST, OUR HUNTING LIST IS LARGE, BUT NOT
23 EVERYONE APPLIES. AND SO THIS IS WHY THE NUMBER WAS
24 151 VERSUS 11. SO THE ONES THAT APPLY WITH OUR
25 GUIDANCE ARE THE ONES THAT I WAS SHOWING.

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1 DR. BLUMENTHAL: I WAS REALLY ALSO ASKING
2 WHAT PERCENTAGE OF THE APPLICATIONS ARE SOLICITED
3 VERSUS OR HUNTED, I SHOULD SAY, VERSUS THE NUMBER
4 THAT ARE UNSOLICITED?

5 DR. CREASEY: ABOUT 50 PERCENT.

6 DR. BLUMENTHAL: 50-50. OKAY.

7 MR. TOCHER: J.T., WE HAVE QUESTIONS FROM
8 MEMBERS ON THE PHONE AS WELL.

9 CHAIRMAN THOMAS: I THINK WE HAVE A COUPLE
10 IN HERE FIRST. YSABEL.

11 MS. DURON: THANK YOU, MR. CHAIR. ABLA,
12 GREAT JOB. TWO ATTA BOYS AND A QUESTION.

13 DR. CREASEY: OF COURSE.

14 MS. DURON: FIRST OF ALL, I LOVE THE
15 METRICS ON SUCCESSFULLY HELPING PEOPLE MANAGE AND
16 GET THROUGH AND SUCCEED. AND I LOVE THAT IDEA
17 BECAUSE I THINK THAT PERHAPS YOUNG INVESTIGATORS
18 AND/OR YOUNG ORGANIZATIONS OR THOSE ATTEMPTING TO
19 SWIM WITH THE BIG BOYS NEED HELP.

20 ARE YOU SEEING MORE APPLICATIONS FROM
21 COMMUNITIES OR INVESTIGATORS OF COLOR, AGENCIES OF
22 COLOR, INSTITUTIONS WHERE THEY'RE SUPPORTING MORE
23 YOUNG INVESTIGATORS OF COLOR? IN OTHER WORDS, ARE
24 WE SEEING DIVERSITY, OR ARE THESE THE SAME OLD
25 PLAYERS?

1 DR. CREASEY: NO. WE SEE A LOT OF
2 DIVERSITY. IN FACT, WE SEE A LOT OF DIVERSITY IN
3 TERMS OF YOUNG INVESTIGATORS WHO ARE JUST STARTING
4 WHO WANTS TO DO, SMALL COMPANIES THAT CAME TO
5 CALIFORNIA BECAUSE OF CIRM THROUGH US AND STARTED
6 WORKING AND OFTEN HAVE DIVERSITY OF APPROACH,
7 DIVERSITY OF PROJECTS, ET CETERA.

8 WE HAVE ONE TEAM MEMBER WHO REVIEWS ALL
9 THE DEI PLANS FOR ALL OF THE GRANTS. AND WE MADE
10 SURE THAT WE HAVE COLLABORATED WITH OUR REVIEW TEAM,
11 WHATEVER, WE COACH THE APPLICANTS ON DEI IS
12 CONSISTENT WITH WHAT ENDS UP BEING SIMILAR TO THE
13 RUBRIC FOR WHAT YOU GUYS HAVE BEEN USING, ET CETERA.
14 AND SO I CAN'T SAY THAT IT'S TOTALLY HUNDRED PERCENT
15 DIVERSE. WE SEE A LOT OF DIVERSITY. WE'D LIKE MORE
16 DIVERSITY, BUT IT'S REALLY DEPENDENT ON WHO'S
17 INVOLVED IN THE TYPE OF SCIENCE WE ARE LOOKING FOR
18 BECAUSE WE ARE REQUESTING, FOR EXAMPLE, FOLKS WHO
19 WORK ON SMALL MOLECULES AND LARGE MOLECULES. THAT
20 HAS TO BE AN INVOLVEMENT OF STEM CELLS. NOT TOO
21 MANY -- SO THERE ARE A LOT OF GOOD PROJECTS WITH
22 SMALL AND LARGE MOLECULES THAT DON'T AFFECT STEM
23 CELLS OR NOT INVOLVED WITH STEM CELLS.

24 BUT, ALSO, THE WHOLE AREA LIKE GENE
25 THERAPY, WHO IS PIONEERING WORKING IN GENE THERAPY,

1 AND THERE IS NO REQUIREMENT FOR STEM CELLS. AND WE
2 ARE STARTING TO SEE MORE SMALLER IN SIZE COMPANIES
3 ESPECIALLY AND NONPROFIT, I GUESS, TEAMS APPLYING.
4 WE'D LIKE TO ENGENDER MORE INTEREST IN APPLYING FROM
5 MORE DIVERSE GROUPS, BUT WE ARE STILL WORKING ON IT.

6 MS. DURON: I HAVE TWO MORE. SO ARE YOU
7 SEEING A SHIFT IN THE UNDERSTANDING OF WHAT A DEI
8 PLAN LOOKS LIKE AMONGST THESE INSTITUTIONS WHEN THEY
9 APPLY? ARE THEY ALREADY SHOWING YOU THIS, OR ARE
10 YOU HELPING THEM GET THERE IN TERMS OF A DEI PLAN?

11 DR. CREASEY: IT'S A COMBINATION OF
12 EVERYTHING YOU SAID. SO WE ARE HELPING THEM. WE
13 SHOW THEM SORT OF LIKE WHAT A SUCCESSFUL DEI PLAN
14 LOOKS LIKE, WHAT THEY NEED TO DO BECAUSE THE TRUTH
15 IS MOST OF THE TIME THEY JUST WANT TO SAY, OH, YES.
16 WE RECRUIT DIFFERENT GENDERS, DIFFERENT ETHNIC
17 GROUPS, ET CETERA. BUT WE CLARIFY VERY CLEARLY
18 WHAT'S NEEDED. AND SO IT'S ALMOST LIKE GIVING THEM
19 A LITTLE BIT OF A RECIPE, BUT THEN WE REVIEW IT
20 AGAIN AND SAY, NO, YOU DID NOT REALLY COME UP TO
21 WHERE WE WANT YOU TO BE. AND SO YOU NEED TO DO
22 MORE.

23 AND SOMETIMES -- WHAT I FORGOT TO MENTION
24 IS THAT MANY APPLICANTS REQUEST OUR HELP, BUT SOME
25 DON'T LISTEN.

1 MS. DURON: YOU SHOULD TELL THEM THAT THE
2 FDA WILL PAY ATTENTION TO THAT. ALL OF THE FEDERAL
3 GOVERNMENT IS INVESTED IN DEI. AND WHILE IT MIGHT
4 BE WORD SALAD, ONCE AGAIN, IF WE CAN SHOW
5 ACCOUNTABILITY THROUGH OUR PLANS, WE HELP THE FEDS
6 BE BETTER.

7 DR. CREASEY: I KNOW. I'M GOING TO QUOTE
8 YOU, YSABEL.

9 MS. DURON: FEEL FREE.

10 DR. CREASEY: IT'S REALLY, AGAIN, WHOEVER
11 IS LISTENING, PLEASE FOLLOW THE GUIDELINES WE
12 PROVIDE YOU BECAUSE AT THE END, YOU'RE BETTER OFF
13 BECAUSE THEY DECIDE SORT OF, OKAY, IT'S WEDNESDAY.
14 THURSDAY IS THE DEADLINE. I HAVEN'T BEEN ABLE TO
15 REACH WHAT YOU WANT ME TO DO. I'M GOING TO GAMBLE
16 AND APPLY AND SUBMIT MY APPLICATION. IF THAT
17 SITUATION HAPPENS, THEN THEY GET TO SEE THE OUTCOME,
18 WHICH IS MOST OF THE TIME THEY ARE EITHER NOT
19 RECOMMENDED OR THEY'RE RECOMMENDED BUT WITH CHANGES,
20 ET CETERA. AND SO IT'S PROBABLY -- IN ORDER TO GET,
21 AT LEAST FOR CLINICAL, A SCORE OF ONE, IT'S BEST TO
22 HAVE EVERYTHING PUT TOGETHER THE WAY THAT WE
23 HAD -- WE ARE NOT ALWAYS ALSO CORRECT. WE TRY OUR
24 BEST TO BE.

25 MS. DURON: WE ARE NOT?

1 DR. CREASEY: YEAH. NO. WHAT'S IMPORTANT
2 IS BECAUSE WE CAN'T READ THE MINDS OF THE GRANTS
3 WORKING GROUP, THEY MAY DECIDE TO GO DIFFERENTLY.
4 BUT BASED ON OUR BATTING AVERAGE, WE ACTUALLY KNOW
5 VERY WELL WHAT'S IMPORTANT, LIKE WHAT DO YOU
6 HIGHLIGHT? WHERE ARE YOUR DATA? WHAT DOES YOUR
7 GANTT CHART SAY? HOW ROBUST IS YOUR SCIENCE? ARE
8 YOU REALLY AFFECTING A STEM CELL? SHOW US THE
9 EVIDENCE.

10 SO PER THE SCHEMA I SHOWED YOU, THERE ARE
11 TWO ROUNDS OF ELIGIBILITY DONE BY US AS WELL AS BY
12 REVIEW. WHEN IT'S DONE BY US, IT'S ALSO IN
13 ASSOCIATION WITH THE REVIEW TEAM.

14 MS. DURON: I HAVE ONE LAST COMMENT. AND
15 THIS IS THE THING THAT HAS DISTURBED ME FROM THE
16 VERY BEGINNING WHEN YOU INTRODUCED THE TERM
17 "HUNTING." I HAVE A VERY VISCERAL RESPONSE TO THAT
18 WORD. I THINK IN THIS TIME IN THIS COUNTRY, THAT --
19 AND I EVEN LOOKED IT UP TO SEE IF I COULD FIND A
20 SOFTER, KINDER WORD. AND EVERYTHING ABOUT THAT TERM
21 "HUNTING" REFERS TO SHOOTING, STALKING, BAGGING A
22 VICTIM.

23 I'M WONDERING, AND DAN WAS KIND ENOUGH AND
24 WE LOOKED UP A COUPLE OF ANTONYMS OR OTHER WORDS
25 THAT WE COULD FIND BECAUSE THE PROCESS OF WHAT YOU

1 ARE DOING, I THINK, IS WONDERFUL, BUT THE TERM
2 "HUNTING" IS SO NEGATIVE TO ME, AND HOW IT WILL BE
3 RECEIVED AMONGST DIFFERENT GROUPS I'M NOT SURE. BUT
4 I THINK, ONCE AGAIN, MESSAGING, VERBIAGE, CONTEXT,
5 ALL OF THAT IS REALLY NECESSARY WHEN WE USE A TERM
6 LIKE THAT. I'M REALLY PROPOSING THAT WE CHANGE
7 THAT. I KNOW WHAT YOU'RE TRYING TO DO, AND I THINK
8 YOU'VE OUTLINED IT, BUT THERE'S SOMETHING ABOUT THAT
9 WORD THAT I THINK IN THIS DAY AND AGE IS NOT
10 APPROPRIATE.

11 DR. CREASEY: I HEAR YOU, BUT LET ME READ
12 YOU SOMETHING. SO WE HAVE A DOCUMENT THAT SAYS THE
13 WALL AND HOW IT WAS GENERATED BY THE ATTORNEYS. IN
14 THAT DOCUMENT IT SAYS, "PER A POLICY THAT WAS
15 ESTABLISHED IN PROPOSITION 71, THE CIRM SCIENCE
16 OFFICERS ARE TO HUNT FOR PROJECTS. THAT'S HOW IT
17 ORIGINATED. ASSIST POTENTIAL APPLICANTS IN
18 FASHIONING THE STRONGEST PROPOSALS AND PARTNER WITH
19 AWARDEES TO ACCELERATE STEM CELL TREATMENTS TO
20 PATIENTS WITH UNMET MEDICAL NEED WHILE
21 SIMULTANEOUSLY PROTECTING THE INTEGRITY AND
22 INDEPENDENCE OF OUR REVIEW PROCESS BY
23 PROHIBITING..."THAT'S ENOUGH.

24 MS. DURON: I THINK WE GOT IT, BUT THAT
25 DOESN'T MEAN WE CAN'T CHANGE.

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1 DR. CREASEY: I'M ON YOUR SIDE.

2 MS. DURON: CAN WE CONSIDER SOMETHING?

3 AND ABSOLUTELY, IF ANYBODY HAS ANY IDEAS.

4 UNIDENTIFIED SPEAKER: HOW ABOUT GATHER?

5 MR. TOCHER: RECRUIT.

6 UNIDENTIFIED SPEAKER: SEARCHING, LOOKING,
7 EVALUATING.

8 DR. CREASEY: PLEASE SUBMIT YOUR COMMENTS
9 TO SCOTT, AND I WILL LISTEN. WE'LL SELECT THE ONE
10 THAT IS MORE AMENABLE TO YOUR CHOICE.

11 CHAIRMAN THOMAS: ABLA, I APPRECIATE THAT
12 THE PROPOSITION USES THE TERM "HUNT," BUT IN ANY
13 EVENT, I DO THINK WE NEED TO GET SOMETHING THAT'S
14 MORE ACCEPTABLE. SO I AGREE COMPLETELY WITH YSABEL.
15 IT'S NOT IN THE PROPOSITION, AS I WAS SAYING. SO
16 LET'S DO COME UP WITH SOMETHING.

17 DR. CREASEY: OKAY. I'M GLAD. MORE INPUT
18 THE BETTER. LIKE I SAID, IF THERE ARE ANY OTHER
19 THINGS THAT YOU'D LIKE US TO DO DIFFERENTLY
20 REGARDING THE PORTFOLIO AND WHO TO INTRODUCE CIRM TO
21 AND ALL OF THAT, PLEASE, YOUR INPUT IS VERY VALUABLE
22 TO US BECAUSE WE'RE IN IT TOGETHER TO ADVANCE THIS
23 AREA OF SCIENCE TO ALL WHO NEED IT.

24 CHAIRMAN THOMAS: MARIA, DO YOU HAVE A
25 COMMENT?

1 DR. MILLAN: I WANTED TO THANK YSABEL FOR
2 BRINGING THAT UP. AND I THINK MORE AND MORE WE'RE
3 GOING TO BE DEVELOPING KIND OF LEXICONS AND THINGS
4 LIKE THAT WITH OUR EXTERNAL CONSULTANT. THIS WILL
5 BE ON THE LIST BECAUSE THERE ARE A LOT OF
6 TERMINOLOGIES OR WAYS OF EXPRESSING THINGS THAT WE
7 JUST NEED TO EVALUATE. WE ARE IN A DIFFERENT TIME.
8 SO THANK YOU VERY MUCH.

9 CHAIRMAN THOMAS: KIM, IF YOU CAN HOLD ON
10 ONE SECOND. LET ME JUST PICK UP A COUPLE FOLKS
11 ONLINE. HAIFAA AND THEN FRED. FRED THEN HAIFAA.

12 DR. FISHER: HI. I'M IN TOTAL AGREEMENT
13 WITH YSABEL'S LAST POINT. AND I APOLOGIZE FOR NOT
14 BEING THERE WITH YOU ALL IN PERSON.

15 I APPRECIATE THE REPORT; BUT AS USUAL, I'M
16 A LITTLE CONFUSED. AND IT MIGHT BE BECAUSE I'M
17 STILL NEW. WHETHER YOU USE THE TERM "HUNTING,"
18 "SEEKING," "PURSUING," IT DOESN'T ACTUALLY ALIGN
19 WITH WHAT I HEARD THE STRATEGY TO BE. AGAIN, AS A
20 LAYPERSON, I BRING MY OWN ASSUMPTIONS THAT MIGHT BE
21 INCORRECT, BUT BASED ON SORT OF INTUITION, WHEN
22 YOU'RE LOOKING, IT IMPLIES YOU'RE LOOKING FOR
23 SOMETHING SPECIFIC, SOMETHING THAT'S TARGETED,
24 SOMETHING THAT'S FOCUSED. AND I DIDN'T GET THAT
25 SENSE AT ALL FROM YOUR PRESENTATION.

1 AND WE HAVE AND I'M PART OF THIS NEW NEURO
2 WORK GROUP, AND I SAW THAT ON ONE SLIDE NEURO IS 38
3 PERCENT, ON ANOTHER SLIDE IT'S 30 PERCENT, BUT
4 REGARDLESS OF WHICH SLIDE YOU LOOKED AT, IT'S THE
5 LARGEST SLICE. AND I'VE COME TO LEARN THROUGH OTHER
6 PRESENTATIONS THAT THAT NEURO SLICE INCLUDES ALL
7 KINDS OF THINGS, SOME OF WHICH A PERSON MIGHT INTUIT
8 ARE, IN FACT, NEURO, OTHERS THAT PEOPLE MIGHT NOT
9 NECESSARILY UNDERSTAND. I'M CERTAINLY COMING TO
10 UNDERSTAND A BROADER DEFINITION OF NEURO.

11 AND I DON'T KNOW HOW WE CAN PURSUE AN
12 INITIATIVE WITHOUT BEING CLEAR ON PRIORITIES OR
13 BEING CLEAR ON HAVING A PARTICULAR RESULT IN MIND.
14 YSABEL HAS ME CHOOSING MY WORDS NOW VERY CAREFULLY.
15 I WAS GOING TO SAY TARGET, BUT NOW I'M CENSORING
16 MYSELF. SO THE LENGTH OF THIS COMMENT IS, IN PART,
17 YSABEL'S FAULT BECAUSE I'M HAVING TO CENSOR MYSELF
18 AS I'M TALKING, WHICH ISN'T ALWAYS EASY.

19 SO IT SEEMS ODD TO ME THAT WE'RE GOING OUT
20 OF OUR WAY, IF I UNDERSTOOD YOU CORRECTLY, NOT TO
21 SET PRIORITIES AROUND THE KINDS OF PROJECTS WE ARE
22 LOOKING FOR WHILE SIMULTANEOUSLY LAUNCHING
23 INITIATIVES THAT ARE IN PURSUIT OF SPECIFIC
24 PRIORITIES. AND THOSE PRIORITY AREAS ARE TURNING
25 OUT TO BE SO LARGE, I'M WONDERING HOW WE DECIDE OR

1 DEVELOP A STRATEGY THAT ACTUALLY GETS US WHERE WE
2 THINK WE NEED TO BE GOING.

3 EVERY GRANT AREA THAT YOU DESCRIBED
4 PROBABLY HAS A ZILLION SUBSETS. AND MY EXPERIENCE
5 ON GRANTS REVIEW TEAMS, THERE ARE A BUNCH OF THEM,
6 THERE ARE NO SHORTAGE OF PROPOSALS. WE HAVE
7 PROCESSES THAT TAKE TWO DAYS JUST TO GET THROUGH THE
8 NUMBER OF PROPOSALS WE HAVE. SO MAYBE YOU CAN
9 CLARIFY FOR ME WHETHER THE PURSUIT OF APPLICANTS IS
10 INFORMED BY A SET OF PRIORITIES OR WHETHER WE ARE
11 JUST CASTING AS WIDE A NET AS POSSIBLE AND SEEING
12 WHAT COMES IN AND HOW DOES THAT FIT WITH CERTAIN
13 AREAS WHERE CLEAR PRIORITIES HAVE BEEN SET, ALTHOUGH
14 THE PRIORITIES WITHIN THOSE AREAS MIGHT BE SO VAST
15 THAT WE HAVE TO DEVELOP PRIORITIES WITHIN
16 PRIORITIES.

17 I HOPE SOME OF THIS MAKES SENSE TO YOU OR
18 OTHERS IN THE ROOM. BUT FOR ME, WHEN YOU'RE LOOKING
19 FOR -- TO ME OUR PROCESS, I'LL SAY IT THIS WAY AND
20 THEN OTHERS CAN HAPPILY DISAGREE, IT SEEMS TO ME OUR
21 PROCESS NEEDS TO BE MUCH MORE FOCUSED IF WE'RE GOING
22 TO ACHIEVE THE OUTCOMES THAT WE'RE LOOKING FOR AND
23 NOT JUST CASTING A WIDE NET AND CALLING IT HUNTING,
24 SEEKING, PURSUE, WHATEVER YOU WANT TO CALL IT
25 BECAUSE WHEN YOU'RE DOING THOSE THINGS, YOU HAVE A

1 TARGET IN MIND AND THE STRATEGY THAT I HEARD YOU
2 DESCRIBE SEEMS TO NOT HAVE ANY KIND OF PRIORITY
3 FOCUS.

4 DR. CREASEY: THANK YOU, FRED, FOR YOUR
5 INPUT. WE'VE ASKED FOR INPUT, SO WE GOT ONE.

6 DR. FISHER: DOES THAT MEAN MY ASSUMPTIONS
7 AND WHAT I HEARD ARE CORRECT?

8 DR. CREASEY: WELL, BEFORE PROPOSITION 14
9 PASSED, WE ALWAYS HAD CAST A NET THAT EVERYONE CAN
10 APPLY, ANY TOPIC APPLY, BUT MOST IMPORTANT CRITERIA
11 WAS STEM CELL INVOLVEMENT. THEN WE GOT GENE THERAPY
12 WAS ALLOWED. AND THEN ALSO THE PRIORITIZATION
13 BECAUSE THE \$1.5 BILLION FOR NEURO, NEURO WAS
14 PRIORITIZED. SO THAT'S ESSENTIALLY IN A NUTSHELL.
15 SO EVERYONE CAN APPLY IRRESPECTIVE AS LONG AS STEM
16 CELL IS INVOLVED WITH THE THERAPY. ALL THE OTHER
17 AREAS THAT ARE ALLOWED, ANYONE CAN APPLY AS WELL.
18 SO WE ONLY STARTED HAVING NEURO AS PRIORITY SINCE
19 PROPOSITION 14 PASSED. BUT, IN FACT, IF YOU LOOK AT
20 OUR PORTFOLIO, BEFORE PROPOSITION 14, NEURO WAS HIGH
21 AS WELL. AND SO THAT'S WHERE WE ARE.

22 DR. FISHER: CLEARLY I DIDN'T GET MY POINT
23 ACROSS, BUT PERHAPS OTHERS CAN STATE IT BETTER THAN
24 I DID BECAUSE WHAT YOU'RE DESCRIBING IS JUST A
25 GENERAL AWARENESS OF THE OPPORTUNITY TO APPLY TO

1 CIRM FOR FUNDING. AND THAT'S -- AND IT SEEMS LIKE
2 WE'VE BEEN RELATIVELY SUCCESSFUL DOING THAT, BUT WE
3 HAVE SPECIFIC PRIORITIES THAT WE HAVE TO PURSUE.
4 AND WE CAN'T PURSUE PRIORITIES WHILE TAKING A
5 GENERIC APPROACH. BUT OTHERS MAY KNOW BETTER WHAT
6 I'M TALKING ABOUT.

7 DR. CREASEY: I UNDERSTAND FULLY WHAT
8 YOU'RE SAYING. I THINK, MOST IMPORTANTLY, THIS IS
9 WHY WE ARE SEEKING YOUR INPUT.

10 CHAIRMAN THOMAS: FRED, I THINK
11 HISTORICALLY WE HAVE NOT HAD ROUNDS THAT WERE
12 DEDICATED TO SPECIFIC SCIENTIFIC CONDITIONS. WE
13 HAVE OBVIOUSLY ROUNDS THAT PRIORITIZE THINGS LIKE
14 EDUCATION ON THE ONE HAND OR WHATEVER. BUT WITH
15 RESPECT -- IT HAS TRADITIONALLY BEEN ALL COMERS IN
16 THE ROUNDS. IF THE BOARD FEELS THAT IT SHOULD
17 DEVELOP CERTAIN SEGMENTS THAT YOU WANT TO FOCUS ON
18 IN A GIVEN ROUND GOING FORWARD, THAT'S ANOTHER
19 THING. BUT HISTORICALLY THAT HAS NOT BEEN THE CASE
20 UP UNTIL WHEN NEURO WAS CARVED OUT SPECIFICALLY IN
21 PROP 14. DOESN'T MEAN THAT NEEDS TO BE THE WAY IT
22 IS GOING FORWARD, BUT THAT HAS BEEN THE STRATEGY
23 THAT HAS LED TO THE DIVERSIFIED PORTFOLIO THAT YOU
24 SEE IN THE REPORT.

25 I THINK IF THE BOARD CHOOSES TO ADDRESS

1 THAT ISSUE AND DEVELOP MORE PRIORITIES FOR FUTURE
2 ROUNDS, THAT'S GREAT. BUT HERETOFORE THAT HAS NOT
3 BEEN THE CASE.

4 VICE CHAIR BONNEVILLE: I ACTUALLY DON'T
5 THINK THAT'S WHAT FRED WAS REFERRING TO. I THINK
6 FRED JUST WANTED TO UNDERSTAND IF -- WITHIN THE
7 ORGANIZATION ABOUT SPECIFIC GOALS THAT NEED TO BE
8 MET, IF THEN THE STRATEGY FOR GETTING NEW PROJECTS
9 IN THEN FOCUSED ON THOSE PRIORITIES. AND IF THAT
10 OCCURS, GREAT. IF NOT, IS THERE A MANNER BY WHICH
11 THAT COULD BE BROUGHT FORWARD TO THE BOARD AS AN
12 UNDERSTANDING OF WHERE THE FOCUS AND THE PRIORITIES
13 ARE. I DON'T THINK NECESSARILY FRED WAS ASKING FOR
14 SPECIFIC CALLS ALTHOUGH THAT'S OBVIOUSLY SOMETHING
15 THE BOARD CAN DO.

16 DR. CREASEY: CAN I ALSO SAY THAT, FRED,
17 WHEN I STOOD UP HERE, I WASN'T PRESENTING A
18 STRATEGY. I WAS PRESENTING A PROCESS. THAT'S HOW
19 HUNTING LOOKS LIKE. THE STRATEGY WILL COME AT SOME
20 POINT, BUT THIS WAS ONLY A SNAPSHOT OF WHAT HUNTING
21 LOOKS LIKE AND HOW WE DO IT. IT'S THE PROCESS
22 SLIDE, NOT A STRATEGY SLIDE.

23 CHAIRMAN THOMAS: WE HAD HAIFAA ONLINE.

24 DR. FISHER: ONE LAST THING, J.T., BECAUSE
25 THEN THE TERM "HUNTING" IS TERRIBLY INAPPROPRIATE

1 FOR ALL THE REASONS YSABEL WAS POINTING OUT, BUT
2 ALSO IN THE CONTEXT OF HUNTING BECAUSE YOU DON'T GO
3 FISHING FOR SALMON WITH THE SAME GEAR THAT YOU'RE
4 LOOKING TO CATCH A MARLIN. IF WE ARE HUNTING, WE
5 OUGHT TO BE CLEAR WHAT IT IS WE ARE LOOKING FOR.
6 THANK YOU.

7 CHAIRMAN THOMAS: THANK YOU, FRED.
8 HAIFAA.

9 DR. ABDULHAQ: THANK YOU. I ECHO FRED'S
10 COMMENT REGARDING SETTING UP PRIORITIES IN THE
11 RECRUITING PROCESS FOR APPLICANTS. AND, AGAIN, I GO
12 TO THE EXAMPLE OF CANCER BEING AN ONCOLOGIST AND
13 DOING THIS EVERY DAY. I KNOW, FOR EXAMPLE, THAT
14 CELLULAR THERAPY IS REALLY LAGGING IN THE AREA OF
15 SOLID TUMORS COMPARED WITH MALIGNANT HEMATOLOGY.
16 AND JUST TO GIVE ONE EXAMPLE, WE HAVE A PATIENT IN
17 THE PRACTICE WITH PANCREATIC CANCER WHO'S REALLY
18 EAGER TO GET INTO CELLULAR THERAPY. AND WHEN
19 APPROACHED ABOUT A CLINICAL TRIAL, WE WERE TOLD THAT
20 THE WAITING LIST CURRENTLY FOR THAT CLINICAL TRIAL
21 IS PROBABLY ABOUT A YEAR, WHICH PROBABLY THE PATIENT
22 WILL BE LONG GONE BEFORE HE GETS A TURN ON THE
23 CLINICAL TRIAL.

24 ON THE OTHER HAND, IN MALIGNANT
25 HEMATOLOGY, WE HAVE SO MANY COMPETING TRIALS NOW FOR

1 STEM CELL THERAPIES AND CAR-T AND OTHER CELLULAR
2 THERAPY APPROACHES. SO AS WE ARE THINKING OF OUR
3 PRIORITIES, MAYBE THEN WE NEED TO THINK OF HOW MANY
4 TRIALS ARE AVAILABLE, ARE AVAILABLE IN DIFFERENT
5 AREAS OF DISEASES, AND MAYBE THINKING OF THE IMPACT
6 OF THESE DIFFERENT DISEASES ON MORBIDITY, ON
7 MORTALITY IN CALIFORNIA AND HELPING US CHOOSING IN
8 THIS PROCESS.

9 CHAIRMAN THOMAS: THANK YOU, HAIFAA. KIM.

10 DR. BARRETT: THANK YOU VERY MUCH. BEFORE
11 MY COMMENTS, I JUST WANT TO SAY A HARD YES TO
12 YSABEL'S REACTION TO HUNTING. THAT TERM REALLY HAD
13 A VISCERAL EFFECT ON ME AS WELL. SO I DEFINITELY
14 URGE YOU TO FIND SOMETHING ELSE.

15 HAVING SAID THAT, I AM VERY PROUD OF BEING
16 AFFILIATED WITH AN AGENCY THAT IS SO PROACTIVE IN
17 WORKING WITH PROSPECTIVE GRANTEEES. THAT IS NOT A
18 FEATURE OF ALL GRANTMAKING BODIES. I THINK IT'S
19 REALLY COMMENDABLE. IT DOES HAVE AN OPPORTUNITY, AS
20 YSABEL MENTIONED, TO BE MUCH MORE TARGETED IN THE
21 SEARCH FOR NOT THE USUAL SUSPECTS.

22 AND YOU DIDN'T GO INTO A LOT OF DETAILS
23 ABOUT THE LITERATURE THAT YOU SEARCH, THE
24 CONFERENCES THAT YOU ATTEND, BUT INDIVIDUALS FROM
25 UNDERRESOURCED GROUPS MIGHT NOT BE AT THOSE BIG

1 CONFERENCES THAT COST AN ARM AND A LEG TO GO TO,
2 MIGHT NOT HAVE THE OPPORTUNITY TO PUBLISH IN HIGH
3 PROFILE PLACES, BUT, NEVERTHELESS, MAY HAVE GOOD
4 IDEAS. SO I WOULD URGE YOU TO BUILD INTO YOUR
5 STRATEGY WAYS TO FIND THOSE GEMS THAT ARE OUT THERE
6 OF IDEAS THAT MAY NOT NECESSARILY SURFACE THROUGH
7 THE USUAL ROUTES.

8 AND THEN THE FINAL THING I WILL SAY IS IN
9 MY CURRENT POSITION, I SPEND A LOT OF TIME TALKING
10 TO PROSPECTIVE FACULTY MEMBERS. AND I WILL SAY THAT
11 EVEN WELL-ESTABLISHED FACULTY WHO ARE COMING FROM
12 OUTSIDE THE STATE OF CALIFORNIA DON'T KNOW ABOUT
13 CIRM. AND PART OF THAT IS ON US IN THE EDUCATIONAL
14 INSTITUTIONS TO MAKE SURE THAT OUR NEW FACULTY
15 REALIZE WHAT A GOLDEN OPPORTUNITY THIS IS, BUT ALSO
16 ANYTHING THAT YOU CAN DO TO HELP US COMMUNICATE
17 THAT. IT IS A WONDERFUL RECRUITING TOOL FOR FACULTY
18 WORKING IN THESE AREAS. I'VE USED IT QUITE
19 EFFECTIVELY, BUT HAVING TOOLS AND COLLATERAL TO USE
20 IS VERY HELPFUL. THANK YOU FOR YOUR PRESENTATION.

21 DR. CREASEY: THANK YOU.

22 CHAIRMAN THOMAS: THANK YOU, KIM. KEITH.

23 DR. YAMAMOTO: THANKS. KIM ACTUALLY
24 PRECEDED SEVERAL THINGS I WANTED TO ASK. THAT WAS
25 GREAT.

1 JUST TO KIND OF DRILL DOWN MORE
2 SPECIFICALLY ON WHAT KIM WAS TALKING ABOUT, IT
3 SEEMED TO ME THAT, WHEN I HEARD ABOUT THE
4 RECRUITMENT PROCESS, THAT IT WAS A GREAT OPPORTUNITY
5 FOR CIRM TO BE REALLY PROACTIVE IN ITS DEI EFFORTS
6 IN SEEKING OUT INVESTIGATORS THAT AREN'T IN THE
7 MAINSTREAM, AREN'T IN THE PRIVILEGED SET OF
8 INVESTIGATORS THAT ARE FUNDED ROUTINELY TO PROVIDE
9 THEM THE KIND OF COUNSEL AND SUPPORT THAT CIRM HAS
10 OFFERED. IT REALLY IS, TO MY KNOWLEDGE, UNIQUE
11 AMONG FUNDING AGENCIES TO HAVE THIS SORT OF
12 COUNSELING PROCESS THAT HELPS PEOPLE MOVE TOWARDS
13 SUCCESS. I THINK THAT THAT'S GREAT AND WOULD BE A
14 GREAT DEI LEVERAGE POINT. I THINK THAT CIRM COULD
15 REALLY BE PROUD OF AND STAND UP AS AN EXAMPLE OF THE
16 KINDS OF THINGS THAT COULD REALLY OCCUR.

17 SO THAT'S THAT SIDE OF MY COMMENT. THE
18 OTHER SIDE OF MY COMMENT WAS REALLY IF FRED WAS
19 CONFUSED ABOUT HOW THIS PROCESS WORKS, I'M AN ORDER
20 OF MAGNITUDE BELOW THAT OR ABOVE MAYBE IN MY
21 CONFUSION. SO MAYBE YOU CAN HELP ME A LITTLE BIT.
22 WHEN YOU FIRST TALKED ABOUT THE PROCESS, WHATEVER IT
23 ENDS UP BEING CALLED, I THOUGHT IT WAS VERY
24 INTERESTING BECAUSE YOU SAID YOU'RE KIND OF SCANNING
25 THE LITERATURE AND GOING TO MEETINGS AND HUNTING OUT

1 INVESTIGATORS WHO MAY NOT KNOW ABOUT CIRM, BUT WHERE
2 THEIR WORK COULD ACTUALLY CONTRIBUTE IN IMPORTANT
3 WAYS AND TRACKING THEM DOWN. AND IT SEEMED TO ME
4 THAT I WAS PROJECTING, APPARENTLY INCORRECTLY, THAT
5 THAT REALLY MEANT THAT YOU HAD AN IDEA OF THE AREAS
6 THAT YOU WANTED TO HAVE CIRM COVER AND YOU WERE
7 ENSURING THAT THAT COULD HAPPEN, THE PORTFOLIO WILL
8 BE FILLED IN THE APPROPRIATE WAYS THAT YOU WANTED BY
9 ACTUALLY TRACKING DOWN PEOPLE IN THOSE AREAS AND
10 RECRUITING THEM TO APPLY FOR CIRM FUNDING.

11 BUT NOW, IN RESPONSE TO FRED'S QUESTIONS,
12 I THOUGHT I'M NOW THINKING THAT THAT'S NOT TRUE AND
13 THAT YOU'RE JUST RECRUITING THE BEST PEOPLE WHO MAY
14 NOT KNOW ABOUT CIRM. I'M NOT SURE WHAT THE
15 TARGETING OF THE RECRUITMENT IS WHEN YOU SAY YOU'RE
16 DOING THIS KIND OF INTERESTING PROCESS OF SCANNING
17 THE LITERATURE AND GOING TO MEETINGS AND SO FORTH TO
18 BE ABLE TO IDENTIFY PEOPLE THAT WOULD BENEFIT FROM
19 CIRM FUNDING AND, IN TURN, WHOSE WORK WOULD BENEFIT
20 THE MISSIONS AND GOALS OF CIRM.

21 SO WHEN YOU'RE DOING THIS RECRUITMENT
22 PROCESS, HOW DO YOU -- WHAT IS THE ENDPOINT BY WHICH
23 YOU IDENTIFY THOSE THAT YOU RECRUIT? I THINK THAT
24 KIM AND I WOULD SAY THAT IT'S A GOLDEN OPPORTUNITY
25 TO EXERCISE DEI GOALS. THAT WOULD BE GREAT. BUT IN

1 TERMS OF THE SCIENTIFIC GOALS, IS THERE SOME SORT OF
2 PRIORITIZATION MISSION FOCUS THAT YOU ATTACH TO WHAT
3 THIS RECRUITMENT PROCESS LOOKS LIKE?

4 DR. CREASEY: THANK YOU, KEITH. SO WE ARE
5 NOT BIASED TOWARDS ANY ONE SCIENTIFIC AREA. SO, FOR
6 EXAMPLE, RNA THERAPY, WHEN WE READ THE LITERATURE
7 AND SEE THAT RNA THERAPY WAS USEFUL FOR ONCOLOGY,
8 WHATEVER WE LOOK FOR, LIKE WHO IS WORKING ON RNA ON
9 THERAPY FOR ONCOLOGY, CAN WE ATTRACT THEM TO WORK
10 WITH US? THOSE ARE THE KINDS OF APPROACHES.

11 IF WE'RE GOING TO BRING IN INNOVATIVE NEW
12 TECHNOLOGIES, NEW THERAPIES TO CIRM, WE GO AFTER --
13 AGAIN, WE WELCOME EVERYONE; BUT WHEN WE ARE ACTUALLY
14 MAKING AN APPOINTMENT OR MEETING WITH SOMEONE AT A
15 BOOTH OR WHATEVER REGARDING THE PROGRAM THEY'RE
16 DOING, IF IT IS AN RNA THERAPY, WE SAY WE DON'T HAVE
17 ANY OF THAT AT CIRM. WOULD YOU LIKE TO APPLY? SO
18 WE ARE TRYING TO INCREASE THE ODDS OF BRINGING
19 PROGRAMS THAT ALSO, FOR EXAMPLE, WOULD -- DR.
20 ABDULHAQ WAS MENTIONING SOLID TUMORS. WE'D LIKE TO
21 ATTRACT PEOPLE WHO WORK ON SOLID TUMORS IN CANCER.

22 SO WE ARE AWARE OF WHERE THE UNMET MEDICAL
23 NEEDS ARE IF YOU WANT TO CONSIDER THAT AS A BIAS.
24 BUT OTHERWISE WE DO NOT STOP ANYONE FROM APPLYING,
25 AND THIS IS WHY PART OF MY MISSION TODAY IS TO SAY

1 TO EVERYONE WHO SEES THIS IS PLEASE APPLY AND WE ARE
2 HERE TO HELP YOU.

3 DR. YAMAMOTO: JUST ONE QUICK FOLLOW-UP.
4 SO I DON'T THINK SO YOU SHOWED US A SLIDE WHERE YOU
5 WERE DOING THIS RECRUITMENT PROCESS IN THE DISCOVERY
6 REALM. MAYBE I MISSED IT, BUT IS THAT TRUE? WHAT'S
7 THE KIND OF FRACTION OF RECRUITMENT THAT YOU DO IN
8 THE THREE DOMAINS OF DISCOVERY, TRANSLATION, AND
9 CLINICAL?

10 DR. CREASEY: WE ARE IN TRANSLATION AND
11 CLINICAL. I REPRESENT THAT TEAM. BUT AS FAR AS
12 DISCOVERY, AGAIN, I THINK WE GET SO MANY APPLICANTS
13 IN DISCOVERY, SO THERE IS NO NEED FOR THEM TO HUNT,
14 IF YOU WANT TO CALL IT HUNT OR TARGET. BUT I DON'T
15 KNOW THE ANSWER TO THAT. DO YOU KNOW, MARIA? DOES
16 DISCOVERY TEAM HUNT?

17 DR. MILLAN: SO I WANTED TO JUST KIND OF
18 TAKE THIS CONVERSATION TO A LEVEL WHERE I THINK WE
19 CAN TAKE THE INPUT BECAUSE I DO THINK WE ARE IN A
20 DIFFERENT PHASE IN CIRM. ABLA IS PRESENTING ON
21 CLINICAL STAGE PROGRAMS. AND IN THE PROP 71 DAYS,
22 WHEN THE FIELD WAS VERY YOUNG, WE WERE LOOKING FOR
23 PROMISING PROGRAMS THAT NEEDED THAT HELP TO GET FROM
24 TRANSLATION TO CLINICAL TRIALS. THERE WAS A LOT OF
25 EMPHASIS ON DRIVING MORE TOWARD CLINICAL TRIALS.

1 AND NOW WITH THE RE-UP, WE ARE BUILDING
2 THE BASE, DISCOVERY RESEARCH AND ALL THAT. AND NOW
3 WE ALSO HAVE AN OPPORTUNITY TO REEVALUATE NOT JUST
4 WHAT WE CALL HUNTING, BUT IN TERMS OF THE BOARD CAN
5 HAVE THIS OPPORTUNITY TO LOOK AT PRIORITIES AND
6 DISCUSS PROPOSED PRIORITIES AND BRING THEM FORWARD.

7 THE FIRST USE CASE IS THIS NEURO TASK
8 FORCE WHERE, WITHIN EVEN THE NEUROLOGIC FIELD, THERE
9 MIGHT BE A PRIORITY SET. ONCE THERE ARE PRIORITIES
10 SET, WHAT THE CIRM TEAM DOES IS TAKE PRIORITIES AND
11 TAKE THE SCOPE OF WHAT OUR FUNDING OPPORTUNITIES
12 ALLOW FOR, WHICH ARE BOARD APPROVED, AND THOSE ARE
13 THE AREAS THAT WE FOSTER. SO THE SCOPE IS PRETTY
14 BROAD RIGHT NOW. IT'S CELL AND GENE THERAPY ACROSS
15 ALL INDICATIONS. THE BOARD ALWAYS HAS THE
16 OPPORTUNITY TO EVALUATE WITHIN THAT BROAD SCOPE IS
17 THERE AN OPPORTUNITY TO REALLY SHAPE AN ASPECT OF
18 THE FIELD. AND THOSE ARE THE THINGS THAT WE WELCOME
19 SOME INPUT IN TERMS OF HOW TO DO THAT. AND THOSE
20 ARE PROGRAMMATIC CONSIDERATIONS.

21 SO WHEN THE BOARD HAS GRANTS BROUGHT TO
22 THEM FOR APPROVAL, THERE IS ALWAYS THE OPPORTUNITY
23 AT THE BOARD LEVEL TO PRIORITIZE WHAT YOU WILL
24 SUPPORT FOR FUNDING VERSUS NOT. SO YOU MAY HAVE ALL
25 THESE PROGRAMS BROUGHT TO YOU, BUT YOU MAY DECIDE

1 THAT SOLID TUMOR CAR-T'S SHOULD BE A PRIORITY
2 BECAUSE IT'S NOT WELL TAKEN CARE OF VERSUS LIQUID
3 TUMOR CAR-T'S OR CERTAIN DISEASE INDICATIONS THAT
4 ARE UNMET OR SOMETHING THAT HAS A FEATURE IN IT THAT
5 YOU THINK NEEDS TO BE BROUGHT FORWARD.

6 I GUESS WHAT WE'D LIKE TO BE ABLE TO DO
7 IS, IF THE BOARD HAS THIS DESIRE TO DISCUSS THIS, IS
8 THAT PLEASE LET US KNOW BECAUSE WE CAN GET A
9 SUBTEAM, A SUBGROUP OF THE CIRM TEAM TO BRAINSTORM
10 WITH YOU SO THAT IT CAN BE BROUGHT THROUGH THE
11 VARIOUS COMMITTEES AND THEN TO THE BOARD.

12 THE SECOND THING ABOUT FOSTERING
13 UNDERSERVED OR UNDERREPRESENTED SCIENTISTS AND
14 FACULTY, I THINK THAT'S A VERY IMPORTANT POINT.
15 AND, AGAIN, THAT'S ANOTHER OPPORTUNITY THAT THE
16 BOARD COULD ASK US TO LOOK AT. IN THE PAST CIRM HAS
17 HAD SPECIFIC PROGRAMS TO BUILD THE FIELD. SO THERE
18 WERE LEADERSHIP AWARDS. THAT WAS FOR A VERY
19 DIFFERENT PURPOSE OF BRINGING IN TALENT TO
20 CALIFORNIA. THERE WERE ALSO NEW FACULTY AWARDS. SO
21 THOSE WHO DIDN'T HAVE AS MUCH OF A PUBLICATION
22 RECORD OR PRESENCE IN THE FIELD MAY HAVE THE
23 OPPORTUNITY FOR FUNDING. AND THEN THAT MAY LEAD TO
24 THE INSTITUTIONS BEING ABLE TO BRING IN NEW TALENT
25 BECAUSE THIS OPPORTUNITY IS AVAILABLE THROUGH CIRM.

1 SO I HOPE -- I JUST WANTED TO INVITE THE
2 BOARD TO PLEASE LET US KNOW, AND THEN THE INTERNAL
3 TEAM CAN HELP BRAINSTORM WITH YOU SOME OF YOUR IDEAS
4 AND THEN WORK IT THROUGH SO THAT IT CAN COME HERE
5 FOR TANGIBLE ITEMS TO CONSIDER. THANK YOU.

6 CHAIRMAN THOMAS: THANK YOU, MARIA. JUDY.

7 DR. CHOU: I WANT TO ECHO MARIA'S POINT.
8 AND I DO THINK WHEN CIRM IS FORMED FIRST TO BE
9 AGNOSTIC ABOUT ALL THE SCIENTIFIC IDEA WITH THE
10 FOCUS ON MEDICAL NEED IS GREAT. BECAUSE WE DON'T
11 WANT TO NEVER REALLY BELIEVE IN TOP-DOWN SCIENCE, SO
12 BY RUNNING BY COMMITTEE TO SAY WHAT IS GOOD SCIENCE.
13 SO THE WHOLE INNOVATION NEED TO COME ORGANICALLY.
14 SO I THINK THAT'S A GOOD THING.

15 WHAT YOU JUST MENTIONED ABOUT SOMEWHAT
16 SHAKE UP AND HAVE THE FOCUS, DEFINITELY AS A DRUG
17 DEVELOPER, THAT'S THE KEY BECAUSE WE DON'T WANT TO
18 REALLY PROMOTE SO MANY DIFFERENT PROJECTS AND NONE
19 OF THEM SUCCEED. SO THAT DOESN'T REALLY HELP. I
20 THINK THAT'S MORE OR LESS MAYBE THE BOARD DOES NEED
21 TO MAKE THAT DECISION OF DO WE WANT TO HAVE A LITTLE
22 BIT TOP DOWN. THAT'S A TOTALLY DIFFERENT APPROACH.
23 THERE'S NOTHING RIGHT OR WRONG. SO PERSONALLY I
24 THINK IT'S A BIG TOPIC.

25 IN MY ORGANIZATION IT'S A HUGE TOPIC ABOUT

1 SO-CALLED STRATEGY. I THINK THAT I HEARD A LOT OF
2 MEMBERS SAYING THERE.

3 I DO HAVE A SECOND TOTALLY DIFFERENT TOPIC
4 AND I WILL BRING. IF ANYBODY WANT TO CONTINUE THAT
5 TOPIC, IT WILL BE GREAT. BUT I LOOK AT THE 21
6 PERCENT OF THE ACCELERATION LABEL FROM FDA. FRANKLY
7 SPEAKING, I THINK THAT'S TOO LOW WE ACHIEVE BECAUSE
8 GIVEN WE ARE PUTTING THE THOUGHT ABOUT THE
9 INNOVATION SCIENCE AND EVERYTHING, SO I THINK WE GOT
10 TO BE ABLE TO GO HIGHER.

11 I WONDER HOW MUCH, MAYBE IT'S DONE BEFORE
12 MY TIME BECAUSE I'M SOMEWHAT NEW ALSO TO THE BOARD,
13 THE PROACTIVE ENGAGEMENT WITH THE AGENCY. SO MANY
14 ORGANIZATION OR MANY INSTITUTE OR NONPROFIT HAVE
15 BEEN DOING THIS, LIKE REALLY ACTIVELY ENGAGE WITH
16 THE FDA AND, FRANKLY SPEAKING, PROMOTING CERTAIN
17 THINGS ALSO. SO I HAVE TO SAY THE AGENCY DEFINITELY
18 NEEDS THIS ALSO BECAUSE EVERYBODY IS LEARNING THE
19 CELL AND GENE THERAPY AREA, NOT JUST THE INDUSTRY,
20 THE SCIENCE, BUT ALSO THE AGENCY.

21 I FEEL CIRM IS IN A GREAT POSITION TO DO
22 THAT, AND I WILL DEFINITELY PROMOTE WE SHOULD PUT
23 MORE RESOURCE ON THAT. AND THAT WILL HELP
24 CONNECTING ALL THOSE PROJECTS WE ARE FUNDING TOWARDS
25 THE RIGHT DIRECTION, ULTIMATELY HELPING THE

1 PATIENTS. SO I WOULD SUGGEST WE SHOULD LOOK INTO
2 THAT TO SEE HOW WE GET EVEN MORE ACCELERATED TRACK.

3 DR. CREASEY: CAN I PLEASE REPLY? AS YOU
4 SAW, OUR PORTFOLIO IS IN EARLY DEVELOPMENT. YOU GET
5 ACCELERATED DESIGNATION WHEN YOU HAVE PRELIMINARY
6 CLINICAL DATA THAT'S CONVINCING TO THE AGENCY TO
7 GIVE YOU THE ACCELERATED DESIGNATION. SO THERE'S
8 ONLY 5 PERCENT OF THE PORTFOLIO IS IN THE AREA THAT
9 ACTUALLY CAN GET AN ACCELERATED DESIGNATION. THAT'S
10 ONE.

11 AND, TWO, I THINK WE HAD 31 OUT OF 126
12 THAT HAVE ACCELERATED -- SORRY -- 15 OUT OF 126. SO
13 THE MOST IMPORTANT IS THAT WHEN THE TEAMS ARE READY
14 AND HAVE PRELIMINARY CLINICAL EVIDENCE, WE WORK WITH
15 THEM. AND SOME OF THEM GET DENIED AND SOME OF THEM
16 ARE AWARDED. AND THAT'S -- IN FACT, WE ARE VERY
17 PROUD. WE HAVE HAD MULTIPLE RMAT DESIGNATIONS
18 WITHIN OUR TEAMS BEFORE ANYONE ELSE HAD.

19 AND SO I LIKE WHAT YOU'RE SAYING, JUDY,
20 BUT WE ARE TRYING TO ACHIEVE IT, BUT THE TEAMS ARE
21 NOT READY TO GO TO THE FDA FOR THOSE BREAKTHROUGH
22 AND RMAT AND FAST-TRACK.

23 DR. CHOU: PLEASE DON'T GET ME WRONG. I
24 DON'T MEAN TO CRITICIZE, BUT I THINK MY
25 UNDERSTANDING ABOUT 21 PERCENT IS OUT OF ALL THOSE

1 CLINICAL PROGRAM. THAT'S ON THE TABLE. SO IN THE
2 CLINICAL PROGRAM, DEFINITELY PHASE 1, YOU CAN STILL
3 GET THE FAST-TRACK. ANYHOW, I DON'T MEAN TO ARGUE
4 ABOUT LOW PERFORMANCE BY ANY MEANS, BUT I'M JUST
5 PROMOTING ABOUT WE AS THE INSTITUTE PROMOTING THIS
6 PARTICULAR DIRECTION. WE SHOULD REALLY BE WORKING
7 WITH THE AGENCY VERY CLOSELY. AND THAT ULTIMATELY
8 CAN REALLY HELP PATIENTS.

9 DR. CREASEY: WE ARE ACTUALLY WORKING VERY
10 CLOSELY WITH THE FDA. ALSO, THE BESPOKE PROGRAM FOR
11 RARE DISEASES, WE ARE MEMBERS OF THAT, WHICH
12 INCLUDES THE FDA. ACTUALLY THERE'S A PERSON IN THE
13 FDA PART OF THAT TASK FORCE OR CONSORTIUM AS WELL AS
14 PFIZER AND NOVARTIS, ET CETERA, ET CETERA. SO WE
15 ARE AT THAT TABLE AS WELL WORKING CLOSELY, LEARNING
16 WHAT NEW THINGS FDA WANTS TO BE INCORPORATED INTO
17 THE GRANTS. AND THAT'S PART OF WHAT WE TEACH OUR
18 SCIENCE OFFICERS SO THAT THEY ALSO WORK WITH THE
19 GRANTEES TO LEARN WHEN DO YOU APPLY FOR A
20 FAST-TRACK. WHEN DO YOU APPLY FOR AN RMAT? HOW DO
21 YOU GET THOSE DESIGNATIONS? WHEN DO YOU FILE FOR
22 ORPHAN, ET CETERA?

23 SO WE APPRECIATE IT. WE REALLY DO LIKE
24 WORKING WITH THE FDA, AND WE THINK -- WE CAN ALWAYS
25 DO BETTER; BUT I THINK, BASED ON OUR PORTFOLIO, I

1 THINK IT SEEMS -- BY THE WAY, ALSO, I JUST WANT TO
2 EMPHASIZE ONE POINT. IT'S JUST LIKE WHEN THE
3 STUDENT IS READY, THE TEACHER WILL SHOW UP. IF THE
4 APPLICANT DOESN'T WANT TO DO IT, I CAN'T FORCE THEM.
5 AND THAT'S HOW IT WORKS.

6 CHAIRMAN THOMAS: LEONDRA. THEN MARIA.

7 DR. CLARK-HARVEY: DARE I BE THE
8 PSYCHOLOGIST IN THE ROOM? FIRST OF ALL, GOOD JOB ON
9 YOUR REPORT. I THINK IT'S APPRECIATED, AND I WANT
10 YOU TO FEEL THAT FROM THE BOARD. I ALSO NOTICE
11 THERE'S A LOT OF RECOMMENDATIONS THAT MIGHT BE
12 COMING ACROSS AS MAYBE CRITICIZING AND MAYBE SOME
13 DEFENSIVENESS THERE, AND THAT'S JUST NORMAL HUMAN
14 STUFF.

15 MIGHT I SUGGEST THAT, IN KEEPING WITH THE
16 FACT THAT OUR GOAL, I BELIEVE, AS A GROUP IS TO
17 INFORM THE WORK OF THE STAFF AND TEAM THAT'S DOING
18 AN AMAZING JOB LEADING CIRM AND THE BOARD AS WELL,
19 THAT MAYBE THERE ARE OPPORTUNITIES THAT WE CAN LOOK
20 AT FOR BOARD MEMBERS TO PROVIDE ADVISEMENT ON
21 STRATEGY, ET CETERA, BECAUSE IT SOUNDS LIKE THERE'S
22 A LOT OF IDEAS HERE. AND MAYBE THERE'S A WAY THAT
23 WE CAN FORMALLY DO THAT SO THAT STAFF AND BOARD CAN
24 WORK TOGETHER TO ENSURE THAT WE'RE SEAMLESS IN THE
25 EXECUTION OF THE MISSION.

1 AND SO NOT TO TAKE AWAY FROM THE ROBUST
2 DISCUSSION THAT'S HAPPENED HERE TODAY, I THINK IT'S
3 A GOOD EXAMPLE OF MAYBE WHEN WE HAVEN'T HAD ENOUGH
4 CONSULTATION AND WORKED TOGETHER AND WE ARE SO EAGER
5 TO DO IT HERE.

6 SO I WANT TO RESPECT THE REST OF THE
7 MEETING TIME. MIGHT I SUGGEST THAT THERE BE A TIME
8 ON A FUTURE AGENDA EITHER OF THE BOARD MEETING OR
9 BEHIND THE SCENES WHERE FOLKS CAN CONTINUE TO HAVE
10 CONVERSATIONS WITH YOU.

11 DR. CREASEY: THANK YOU VERY MUCH.

12 DR. CLARK-HARVEY: YOU WOULD LIKE TO STOP
13 TALKING? I'M TRYING TO HELP YOU.

14 DR. CREASEY: I DON'T WANT TO BE
15 DEFENSIVE, BUT I REALLY APPRECIATE IT. AND THE LINE
16 THAT I PUT AT THE LAST SLIDE, WE'D LIKE ALL OF YOUR
17 INPUT. WE'LL WORK WITH WHOEVER OF YOU IS INTERESTED
18 IN FIGURING THIS OUT AND WELCOME ALL YOUR COMMENTS.
19 AND WE CAN START THAT TOMORROW.

20 DR. CLARK-HARVEY: IT'S DANGEROUS TO PUT
21 WE WELCOME ALL YOUR INPUT IN A BOARD MEETING LIKE
22 THIS WITH ALL THESE EXPERTS AROUND THE TABLE. LOVE
23 TO OPENNESS. AND THANKS FOR HEARING MY SUGGESTION.

24 CHAIRMAN THOMAS: THANK YOU, LEONDRA.
25 VERY GOOD SUGGESTION. MARIA.

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1 DR. MILLAN: THANK YOU SO MUCH. I THINK
2 THAT WAS RIGHT ON POINT. JUDY, THANK YOU FOR THAT
3 SUGGESTION. I THINK THIS IS A GREAT STARTING POINT
4 BECAUSE THIS IS ON A PER PROJECT BASIS, BUT KIND OF
5 A MORE BROAD PORTFOLIO APPROACH IS DEFINITELY -- I
6 THINK WE MIGHT BE AT THAT STAGE. SO WE WELCOME YOU
7 AND OTHER BOARD MEMBERS TO HAVE KIND OF A THINK TANK
8 ABOUT THIS, AND WE'LL FOLLOW UP WITH YOU ON THAT.
9 THANK YOU SO MUCH. GREAT OPPORTUNITY.

10 CHAIRMAN THOMAS: OKAY. VERY VIGOROUS
11 DISCUSSION THERE. ANY OTHER FURTHER COMMENTS?
12 HEARING NONE, ABLA, THANK YOU. OKAY. THANK YOU ALL
13 BOARD MEMBERS. VERY IMPORTANT DISCUSSION. OKAY.

14 NOW WE'RE GOING TO GO -- FINALLY MADE IT
15 OUT OF THE PRESIDENT'S REPORT, PERHAPS AN ALL-TIME
16 RECORD. THAT WASN'T TO YOU. IT'S JUST A LARGE
17 ROYAL PRESIDENT'S REPORT.

18 CONSENT CALENDAR. WE HAVE THREE ITEMS
19 WHICH WE WILL, UNLESS ANYBODY WANTS TO TAKE THEM OUT
20 FOR INDIVIDUAL DISCUSSION, CONSIDER EN MASSE AS A
21 GROUP CONSIDERATION OF MINUTES FROM JANUARY 26TH,
22 CONSIDERATION OF APPOINTMENTS TO SCIENTIFIC MEMBERS
23 OF THE GWG, WHICH YOU HAVE SEEN, AND CONSIDERATION
24 OF NEW BOARD MEMBER COMMITTEE APPOINTMENTS: MARIA,
25 AS CO-CHAIR OF THE COMMUNICATIONS SUBCOMMITTEE, PAT

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1 LEVITT AS CO-CHAIR OF THE GOVERNANCE SUBCOMMITTEE,
2 AND MOHAMMAD AS CO-CHAIR IF IP AND INDUSTRY
3 SUBCOMMITTEE.

4 ARE THERE ANY OF THOSE ITEMS ANYBODY WANTS
5 TO TAKE OUT OF THE CONSENT? YES, KIM.

6 DR. BARRETT: I DON'T WANT TO TAKE IT OUT
7 OF CONSENT, BUT I'D LIKE TO GO ON THE RECORD WITH A
8 COMMENT THAT IT'S DISAPPOINTING THAT THE PROPOSED
9 MEMBERS OF THE GWG ARE ALL MALE AS FAR AS I CAN
10 TELL.

11 DR. LEVITT: I AGREE. THE FIRST THING
12 THAT WAS NOTICED.

13 CHAIRMAN THOMAS: THANK YOU. DULY NOTED.

14 DR. LEVITT: IS THERE ANY WAY TO RECTIFY
15 IT?

16 CHAIRMAN THOMAS: OKAY. I THINK WE'LL
17 PULL THAT OUT AND HAVE GIL GET A CHANCE TO RESPOND
18 TO THAT.

19 SO WITH RESPECT TO THE OTHER TWO, DO WE
20 HAVE A MOTION TO APPROVE ITEMS 5 AND 7?

21 DR. SOUTHARD: SO MOVED.

22 CHAIRMAN THOMAS: IS THERE A SECOND?

23 DR. BLUMENTHAL: SECOND.

24 CHAIRMAN THOMAS: MOVED AND SECONDED.

25 THE REPORTER: MR. CHAIRMAN, I DIDN'T HEAR

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1 WHO MADE THE MOTION AND WHO SECONDED.

2 CHAIRMAN THOMAS: MARV AND GEORGE.

3 ANY DISCUSSION, QUESTIONS ON THOSE ITEMS?

4 ANY PUBLIC COMMENT? CONSENT, WE CAN HAVE VOICE VOTE

5 HERE AND THEN POLLING INDIVIDUALLY BY MR. TOCHER ON

6 THE PHONE. ALL THOSE IN FAVOR PLEASE SAY AYE.

7 OPPOSED. MR. TOCHER.

8 MR. TOCHER: MARK FISCHER-COLBRIE. MARK?

9 I'LL COME BACK. FRED FISHER.

10 DR. FISHER: AYE.

11 MR. TOCHER: LARRY GOLDSTEIN.

12 DR. GOLDSTEIN: YES.

13 MR. TOCHER: STEVE JUELSGAARD. I'LL COME

14 BACK. RICH LAJARA.

15 MR. LAJARA: YES.

16 MR. TOCHER: CHRISTINE MIASKOWSKI.

17 DR. MIASKOWSKI: YES.

18 MR. TOCHER: LAUREN MILLER-ROGEN.

19 MS. MILLER-ROGEN: YES.

20 MR. TOCHER: ADRIANA PADILLA.

21 DR. PADILLA: YES.

22 MR. TOCHER: JOE PANETTA.

23 MR. PANETTA: YES.

24 MR. TOCHER: MICHAEL STAMOS.

25 DR. STAMOS: YES.

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1 MR. TOCHER: KAROL WATSON. KAROL, ARE YOU
2 ON MUTE? SORRY. LET ME COME BACK ONE LAST TIME TO
3 MARK FISCHER-COLBRIE. STEVE JUELSGAARD.

4 THE MOTION CARRIES.

5 CHAIRMAN THOMAS: THANK YOU. NOW BACK TO
6 ITEM 6, CONSIDERATION OF APPOINTMENT OF THE
7 SCIENTIFIC MEMBERS OF THE GWG. WE NEED A MOTION
8 FIRST BEFORE WE GET INTO DISCUSSION. IS THERE A
9 MOTION TO APPROVE?

10 DR. SOUTHARD: SO MOVED.

11 CHAIRMAN THOMAS: IS THERE A SECOND?

12 DR. MALKAS: SECOND.

13 CHAIRMAN THOMAS: MOVED BY MARV, SECONDED
14 BY LINDA.

15 NOW WE'LL GET INTO -- WE'VE HAD OUR
16 OPENING QUESTIONS, COMMENT. DR. SAMBRANO, WILL YOU
17 PLEASE COME FORWARD TO RESPOND.

18 DR. SAMBRANO: THANK YOU FOR THE QUESTION.
19 AND WE DON'T TALK A LOT ABOUT THIS WHEN WE BRING TO
20 YOU NOMINATIONS FOR GRANTS WORKING GROUP OFTEN IN
21 THE CONSENT CALENDAR. BUT I DO WANT TO GIVE YOU
22 SOME BACKGROUND ON WHAT WE DO BEFORE WE BRING THESE
23 NOMINATIONS TO YOU. WE ARE EQUALLY DISAPPOINTED IN
24 NOT HAVING A MORE DIVERSE GROUP THAT WE CAN BRING TO
25 YOU EACH TIME. BUT OUR GOAL IS NOT TO LIMIT THE

1 PEOPLE THAT WE HAVE JUST TO WHAT YOU'RE SEEING TODAY
2 ON THAT SHEET.

3 WE MAINTAIN A BROAD GROUP OF INDIVIDUALS.
4 ABOUT 250 TO 300 IS OUR TARGET FOR MEMBERSHIP ON
5 THIS PANEL. AND WE GO ABOUT THIS PROCESS BY SEEKING
6 OUT EXPERTS IN A VARIETY OF AREAS AS WE NEED THEM.
7 AND WHEN WE DO THAT, ONE OF OUR PRIORITIES IS
8 ACTUALLY DIVERSITY IN A VARIETY OF WAYS, INCLUDING
9 ENSURING A GREATER GENDER BALANCE, ENSURING THAT WE
10 HAVE PEOPLE OF COLOR, ENSURING THAT WE HAVE
11 EXPERIENCED AND LESS EXPERIENCED INDIVIDUALS COMING
12 INTO THE FOLD AND BEING PART OF THAT GROUP AS A
13 WHOLE.

14 SO WHAT YOU'RE LOOKING AT IS A SMALL GROUP
15 OF INDIVIDUALS THAT WE ARE BRINGING BACK. SOME OF
16 THEM ARE NEW. ONE OF THEM IN PARTICULAR BECAUSE OF
17 THEIR EXPERTISE IN MANUFACTURING FOR A REVIEW WE
18 HAVE COMING UP, A COUPLE OF THEM ARE REAPPOINTMENTS
19 OF INDIVIDUALS WHO HAVE SERVED FOR A LONG TIME. ALL
20 OF THE INDIVIDUALS, WITH THE EXCEPTION OF THE
21 MANUFACTURING EXPERT, WE SELECTED AND BROUGHT ONTO
22 THE WORKING GROUP BECAUSE THEY HAVE HAD OR WE HAVE
23 HAD EXPERIENCE BRINGING THEM IN. WE USUALLY BRING
24 THEM IN INITIALLY AS A SPECIALIST REVIEWER TO A
25 GRANTS WORKING GROUP MEETING TO MAKE SURE THEY MEET

1 BASIC CRITERIA IN PARTICIPATING, SHOWING THAT THEY
2 HAVE THE EXPERTISE AND KNOWLEDGE, AND BASICALLY SHOW
3 UP, WHICH IS A CRITICAL IMPORTANT ELEMENT IN
4 PARTICIPATING WITH THE GRANTS WORKING GROUP.

5 SO I DO RECOGNIZE THE FACT THAT IN THIS
6 CURRENT COHORT THAT WE'RE BRINGING TO YOU IT DOES
7 NOT REPRESENT THE DIVERSITY OF THE PANEL WE WANT TO
8 HAVE AS A WHOLE, BUT OUR EFFORTS DO CONTINUE TO WORK
9 TOWARDS THAT END.

10 CHAIRMAN THOMAS: YSABEL.

11 MS. DURON: GIL, IT WOULD BE NICE TO SEND
12 US A CHART THAT SHOWS THAT DIVERSITY, THAT
13 BREAKDOWN, SO THAT WE CAN SEE WHERE WE ARE AT WITH
14 THAT. I KNOW WE STARTED WORKING ON THIS SOME TIME
15 AGO.

16 DR. SAMBRANO: YES, ABSOLUTELY. AND
17 THAT'S ALSO SOMETHING THAT WE'RE WORKING ON HOW TO
18 SEGMENT THE GROUP. IT'S A VERY INTERNATIONAL GROUP.
19 AND PART OF WHAT WE HAD MENTIONED WITH THE DEI
20 CONSULTANTS, ONE OF THE KEY QUESTIONS I HAVE FOR
21 THEM TO HELP US WITH IS HOW TO EVEN IDENTIFY THE
22 APPROPRIATE CATEGORIES TO DEMONSTRATE THE DIVERSITY
23 OF A VERY INTERNATIONAL GROUP. THAT DOESN'T ALWAYS
24 NECESSARILY FALL INTO THE CATEGORIES THAT WE UTILIZE
25 WITHIN THE U.S. FOR CHARACTERIZING RACE, ETHNICITY,

1 AND SO ON.

2 SO IT IS PART OF THE BIGGER OF WHAT WE
3 WANT TO BRING TO YOU IN TERMS OF DEMONSTRATING THE
4 DIVERSITY ACROSS DIFFERENT AREAS, AS I MENTIONED.
5 SO ABSOLUTELY.

6 CHAIRMAN THOMAS: SCOTT, ANYBODY ONLINE
7 HAVE THEIR HAND UP?

8 MR. TOCHER: I DON'T SEE ANYONE.

9 CHAIRMAN THOMAS: OKAY. ANY COMMENTS FROM
10 THE PUBLIC? HEARING NONE, MR. TOCHER, WILL YOU
11 PLEASE CALL THE ROLL.

12 MR. TOCHER: HAIFAA ABDULHAQ.

13 MS. DURON: EXCUSE ME. ARE WE CALLING A
14 VOTE ON ACCEPTANCE OF THE --

15 MR. TOCHER: THAT'S CORRECT. HAIFAA,
16 COULD YOU REPEAT YOUR ANSWER?

17 DR. ABDULHAQ: YES.

18 MR. TOCHER: MOHAMMED ABOUSALEM.

19 DR. ABOUSALEM: YES.

20 MR. TOCHER: DAN BERNAL.

21 MR. BERNAL: AYE.

22 MR. TOCHER: KIM BARRETT.

23 DR. BARRETT: AYE.

24 MR. TOCHER: GEORGE BLUMENTHAL.

25 DR. BLUMENTHAL: YES.

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1 MR. TOCHER: MARIA BONNEVILLE.
2 VICE CHAIR BONNEVILLE: YES.
3 MR. TOCHER: JUDY CHOU.
4 DR. CHOU: AYE.
5 MR. TOCHER: LEONDRA CLARK-HARVEY.
6 DR. CLARK-HARVEY: AYE.
7 MR. TOCHER: ANNE-MARIE DULIEGE.
8 DR. DULIEGE: YES.
9 MR. TOCHER: YSABEL DURON.
10 MS. DURON: YES.
11 MR. TOCHER: MARK FISCHER-COLBRIE. FRED
12 FISHER.
13 DR. FISHER: YES.
14 MR. TOCHER: ELENA FLOWERS.
15 DR. FLOWERS: YES.
16 MR. TOCHER: JUDY GASSON.
17 DR. GASSON: YES.
18 MR. TOCHER: LARRY GOLDSTEIN.
19 DR. GOLDSTEIN: YES.
20 MR. TOCHER: DAVID HIGGINS.
21 DR. HIGGINS: YES.
22 MR. TOCHER: STEVE JUELSGAARD. RICH
23 LAJARA.
24 MR. LAJARA: YES.
25 MR. TOCHER: PAT LEVITT.

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1 DR. LEVITT: YES.
2 MR. TOCHER: DAVID LO.
3 DR. LO: YES.
4 MR. TOCHER: LINDA MALKAS.
5 DR. MALKAS: YES.
6 MR. TOCHER: SHLOMO MELMED.
7 DR. MELMED: YES.
8 MR. TOCHER: CHRISTINE MIASKOWSKI.
9 DR. MIASKOWSKI: YES.
10 MR. TOCHER: LAUREN MILLER-ROGEN.
11 MS. MILLER-ROGEN: YES.
12 MR. TOCHER: ADRIANA PADILLA.
13 DR. PADILLA: YES.
14 MR. TOCHER: JOE PANETTA.
15 MR. PANETTA: YES.
16 MR. TOCHER: AL ROWLETT.
17 MR. ROWLETT: YES.
18 MR. TOCHER: MARVIN SOUTHARD.
19 DR. SOUTHARD: YES.
20 MR. TOCHER: MICHAEL STAMOS.
21 DR. STAMOS: YES.
22 MR. TOCHER: JONATHAN THOMAS.
23 CHAIRMAN THOMAS: YES.
24 MR. TOCHER: KAROL WATSON. KEITH
25 YAMAMOTO.

1 DR. YAMAMOTO: YES.

2 MR. TOCHER: ARE THERE ANY MEMBERS WHOSE
3 NAMES I DID NOT CALL?

4 DR. FISCHER-COLBRIE: JUST CONFIRMING MARK
5 FISCHER-COLBRIE IS A YES.

6 MR. TOCHER: GREAT. THANKS VERY MUCH,
7 MARK. ANYONE ELSE? THANK YOU. J.T., MOTION
8 CARRIES.

9 CHAIRMAN THOMAS: THANK YOU. ON TO ACTION
10 ITEMS, THE FIRST INVOLVES CONVENING THE APPLICATION
11 REVIEW SUBCOMMITTEE. IT IS CONSIDERATION OF
12 APPLICATIONS SUBMITTED IN RESPONSE TO DISCOVERY
13 STAGE PROJECTS PROGRAM ANNOUNCEMENT DISC-0,
14 PRESENTATION BY DR. SAMBRANO.

15 DR. SAMBRANO: THANK YOU, MR. CHAIRMAN.

16 GOOD MORNING, EVERYONE. SO I'M GOING TO
17 PRESENT TO YOU THE RECOMMENDATIONS FROM THE GRANTS
18 WORKING GROUP FOR THE LATEST ROUND OF THE DISC-0
19 AWARDS. AS WE ALL HAVE BEEN DOING, STARTING WITH
20 OUR MISSION STATEMENT, BUT IMPORTANT HERE BECAUSE WE
21 NOT ONLY DO THIS INTERNALLY, WE DO THIS WITH OUR
22 GRANTS WORKING GROUP, MAKING SURE THAT THEY'RE ON
23 THE SAME PAGE WITH US IN TERMS OF WHAT IT IS THAT
24 WE'RE TRYING TO ACHIEVE AS AN ORGANIZATION, THAT
25 THEY ARE WITH US ON THE SAME PAGE IN TERMS OF

1 ACCOMPLISHING OUR MISSION.

2 SO LET ME TELL YOU A LITTLE BIT ABOUT THE
3 DISC-0 OR FOUNDATION AWARDS. THE PURPOSE OF THIS
4 FUNDING OPPORTUNITY WAS TO BROADLY REINITIATE
5 FUNDING FOR THE STEM PROGENITOR CELL AND GENETIC
6 RESEARCH AT BASIC FUNDAMENTAL LEVEL AND TO SUPPORT
7 STUDIES THAT ADDRESS BASIC KNOWLEDGE GAPS OR
8 BOTTLENECKS IN THE REGENERATIVE MEDICINE RESEARCH
9 FIELD, INCLUDING THE ADVANCEMENT OF STEM CELL-BASED
10 TOOLS FOR INNOVATION.

11 THE OBJECTIVE OF THE FOUNDATION AWARDS
12 ISN'T NECESSARILY, LIKE MANY OF OUR OTHERS, TO
13 RESULT IN A PRODUCT TYPE OF SOME KIND. IT COULD,
14 BUT MOSTLY IT IS TO FILL KNOWLEDGE GAPS AS INDICATED
15 IN THE FIRST SLIDE SO PROJECTS CAN CULMINATE IN THE
16 DISCOVERY OR TECHNOLOGY THAT WOULD ADVANCE ONE OR
17 MORE OF THESE THINGS. AND THIS IS WHAT WE DO
18 REQUIRE, THAT THEY ADDRESS EITHER THE UNDERSTANDING
19 OF THE BIOLOGY OF STEM CELLS AS IT IS RELEVANT TO
20 HUMAN BIOLOGY AND DISEASE OR GENETIC RESEARCH
21 RELEVANT TO HUMAN BIOLOGY OR DISEASE THAT PERTAINS
22 TO STEM CELLS OR REGENERATIVE MEDICINE, DEVELOPMENT
23 OF HUMAN STEM CELLS AS A TOOL, OR GREATER
24 APPLICABILITY OF DISCOVERIES UNDER REGENERATIVE
25 MEDICINE TO COMMUNITIES REPRESENTING THE FULL

1 SPECTRUM OF DIVERSITY.

2 SO SOME OF THE SAMPLE ACTIVITIES INCLUDE
3 BASIC RESEARCH INTO STEM CELL OR GENETIC RESEARCH
4 MECHANISMS, ADDRESSING BOTTLENECKS SUCH AS TISSUE
5 TARGETING, IMMUNOGENICITY OR TOXICITY IN THE
6 DEVELOPMENT OF A STEM CELL-BASED THERAPY, DEVELOPING
7 TISSUE ATLASES OR OTHER KIND OF PROFILING THAT
8 ALLOWS THEM TO CREATE RESOURCES FOR THE SCIENTIFIC
9 COMMUNITY, MECHANISTIC STUDIES THAT ALLOW US TO
10 BETTER UNDERSTAND AND DEVELOP RATIONAL DESIGN FOR
11 TREATMENTS, INVESTIGATION OF STEM CELLS AND/OR THEIR
12 DERIVATIVES AS A TOOL THERAPEUTIC OR OTHER KIND OF
13 INNOVATION TO MODEL DISEASE, AND GENERATION OF DATA
14 THAT HELPS US EXTEND THE APPLICABILITY OF
15 REGENERATIVE MEDICINE TO UNDERSERVED RACIAL/ETHNIC
16 GROUPS.

17 SO ALL OF THESE ARE EXAMPLES OF THE TYPES
18 OF ACTIVITIES THAT WE SEE AMONG THE APPLICATIONS AND
19 THAT WE ENCOURAGE APPLICANTS TO FOCUS IN ON UNDER
20 THIS OPPORTUNITY.

21 SO IN SUMMARY, APPLICATIONS NEED TO
22 ADDRESS A KNOWLEDGE GAP OR A BOTTLENECK. THESE
23 AWARDS ARE FOR THREE YEARS AND UP TO ONE MILLION IN
24 DIRECT PROJECT COSTS FOR THIS OPPORTUNITY.

25 NOW, THE NEXT OPPORTUNITY FOR DISC-0 IS

1 NOT SCHEDULED, BUT AT THE MOMENT IS LIKELY TO BE IN
2 A YEAR. THAT MIGHT BECOME A LITTLE MORE RELEVANT IN
3 JUST A SECOND WHEN I DESCRIBE THE OVERALL PROCESS OF
4 HOW RECURRING OPPORTUNITIES MATTER HERE.

5 I'LL TELL YOU ABOUT THE REVIEW PROCESS
6 ITSELF, WHICH WE DIVIDE INTO TWO STAGES,
7 PARTICULARLY FOR OPPORTUNITIES SUCH AS THIS WHERE
8 THERE'S A LOT OF WHAT I'LL CALL DEMAND, MEANING GET
9 A LARGE NUMBER OF APPLICATIONS THAT COME TO US. AND
10 SO THIS OFTEN EXCEEDS WHAT THE GRANTS WORKING GROUP
11 CAN HAVE IN A SINGLE SESSION IN TERMS OF DISCUSSING
12 EACH APPLICATION AND SCORING AND SO ON. SO WE DO
13 THIS INITIAL PHASE THAT WE CALL POSITIVE SELECTION.

14 AND WHAT HAPPENS HERE IS GRANTS WORKING
15 GROUP MEMBERS, WHICH INCLUDES THE PATIENT ADVOCATES
16 AND NURSE BOARD MEMBERS, CONDUCT A PREREVIEW OF THE
17 APPLICATION. SO THEY LOOK AT ALL THE APPLICATIONS
18 AT A VERY HIGH LEVEL TO IDENTIFY THE ONES THAT
19 SHOULD ADVANCE TO FULL REVIEW, LOOKING AND FOCUSING
20 IN ON THE POTENTIAL IMPACT THAT THESE PROJECTS COULD
21 HAVE. AND IF THEY SEEM IMPACTFUL, HAVE
22 SIGNIFICANCE, THESE ARE MORE LIKELY THAN OTHERS TO
23 GO FORWARD.

24 THE CIRM PRESIDENT AND CIRM WILL EXAMINE
25 ALL THE NONSELECTED APPLICATIONS TO DETERMINE IF

1 THERE ARE ANY THAT MERIT A FULL REVIEW. AND
2 ANYTHING THAT REMAINS IS NOT CONSIDERED FURTHER.

3 SO IN THIS PARTICULAR CYCLE, WE HAD A
4 TOTAL OF 93 ELIGIBLE APPLICATIONS THAT WERE
5 SUBMITTED AND A TOTAL OF 48 THAT ADVANCED TO FULL
6 DISCUSSION STAGE BY THE GRANTS WORKING GROUP.

7 THE COMPOSITION OF THE GRANTS WORKING
8 GROUP INCLUDES OUR SCIENTIFIC MEMBERS. SO THERE'S
9 15 THAT ARE APPOINTED TO EACH PANEL. AND SO THEY
10 PARTICIPATE IN THE POSITIVE SELECTION AS WELL AS THE
11 FULL EVALUATION OF APPLICATIONS AND ENTER A FINAL
12 SCORE. SO THE SCORE THAT I WILL SHOW YOU FOR EACH
13 APPLICATION COMES FROM THE SCIENTIFIC MEMBERS.

14 OUR GRANTS WORKING GROUP BOARD MEMBERS
15 ALSO, AS MENTIONED, PARTICIPATE IN THE POSITIVE
16 SELECTION PROCESS, AND THEY PROVIDE THE PATIENT
17 PERSPECTIVE ON SIGNIFICANCE AND POTENTIAL IMPACT OF
18 PROJECTS, BUT ALSO PROVIDE OVERSIGHT ON THE REVIEW
19 PROCESS ITSELF. WE OFTEN HAVE SPECIALISTS WHO COME
20 IN TO HELP US FILL IN KNOWLEDGE GAPS WHERE
21 NECESSARY. FIFTEEN SCIENTIFIC MEMBERS IS,
22 PARTICULARLY FOR THESE TYPES OF REVIEWS, NOT OFTEN
23 ENOUGH. SO WE USUALLY HAVE A FULL SLATE OF
24 SPECIALISTS THAT COME IN FOR CERTAIN APPLICATIONS TO
25 GIVE US THEIR EXPERTISE AND PROVIDE RECOMMENDED

1 SCORES .

2 THE SCORING SYSTEM THAT'S USED BY THE
3 GRANTS WORKING GROUP IS BASED ON A SCALE OF 1 TO
4 100. THERE'S A CUTOFF AT 85. SO A SCORE OF 85 TO
5 100 MEANS THAT IT IS RECOMMENDED FOR FUNDING. A
6 SCORE BELOW THAT MEANS IT'S NOT RECOMMENDED FOR
7 FUNDING. BUT IF IT RECEIVES BETWEEN 80 AND 84, IT
8 MEANS THAT THE GRANTS WORKING GROUP HAS SPECIFICALLY
9 DEEMED THE APPLICATION TO HAVE ENOUGH MERIT THAT IT
10 CAN BYPASS THE POSITIVE SELECTION PROCESS, THAT
11 INITIAL FIRST PHASE OF REVIEW, IF SUBMITTED IN THE
12 NEXT REVIEW CYCLE OR A FUTURE REVIEW CYCLE. AND THE
13 SCORE REPRESENTS THE MEDIAN FROM THE 15 SCIENTIFIC
14 MEMBERS.

15 THE REVIEW CRITERIA THAT ARE USED TO COME
16 UP WITH THE SCORE ARE BASED ON THESE FIVE QUESTIONS.
17 DOES THE PROJECT HOLD THE NECESSARY SIGNIFICANCE AND
18 POTENTIAL FOR IMPACT? DOES IT HAVE AN APPROPRIATE
19 RATIONALE? IS IT WELL PLANNED AND DESIGNED? IS IT
20 FEASIBLE, INCLUDING HAVING THE APPROPRIATE RESOURCES
21 AND TEAM? AND DOES THE PROJECT UPHOLD THE
22 PRINCIPLES OF DIVERSITY, EQUITY, AND INCLUSION?

23 THIS IS A SUMMARY OF THE RECOMMENDATIONS
24 FROM THE GRANTS WORKING GROUP. SO OUT OF THE 48
25 THAT WERE REVIEWED BY THEY PANEL, THERE WERE 16 THAT

1 RECEIVED A SCORE OF 85 OR GREATER, PUTTING IT IN THE
2 RECOMMENDED FOR FUNDING CATEGORY. THE TOTAL
3 APPLICANT REQUESTS FOR THOSE 16 APPLICATIONS IS 24.6
4 MILLION APPROXIMATELY. AND THE FUNDS AVAILABLE FOR
5 THIS CYCLE IS 73 MILLION. SO CERTAINLY PLENTY OF
6 ROOM TO WORK WITH THERE.

7 AS I MOVE FORWARD, I'M GOING TO TALK A
8 LITTLE BIT ABOUT RECOMMENDATIONS FROM THE TEAM. I
9 WANT TO JUST GIVE YOU A VERY QUICK OVERVIEW OF WHAT
10 IT IS THAT WE DO TO BRING CIRM TEAM RECOMMENDATIONS
11 TO YOU AND, ALSO, THAT WE ARE WORKING AT THE MOMENT
12 TO DEVELOP A MORE FORMAL PROCESS FOR HOW WE DO THAT.
13 AND THIS HAS COME UP OVER THE COURSE OF SEVERAL
14 MEETINGS IN TERMS OF ASKING DOES CIRM HAVE A TEAM
15 RECOMMENDATION. IN SOME CASES WE HAVE AND OTHER
16 CASES WE HAVEN'T. AND OVER CIRM'S TIME, THE PROCESS
17 HAS EVOLVED. AND SO WE'RE TRYING TO BRING IT NOW TO
18 A PLACE WHERE WE CAN ALL AGREE ON WHAT THAT IS GOING
19 TO LOOK LIKE.

20 WE'VE BEEN SPEAKING WITH SOME OF YOU ON
21 THE BOARD TO GET YOUR INPUT AND WELCOME ADDITIONAL
22 INPUT FROM OTHER BOARD MEMBERS ON HOW WE CAN DO
23 THAT. SO I WILL TELL YOU THAT AT THE MOMENT WHAT WE
24 ARE DOING IS GENERALLY THE CIRM TEAM SUPPORTS THE
25 GRANTS WORKING GROUP RECOMMENDATION THAT YOU SEE

1 FROM WHAT I WILL SHOW YOU UNLESS THE TEAM IDENTIFIES
2 CLEAR AND COMPELLING GROUNDS TO MAKE A SPECIFIC
3 RECOMMENDATION OTHERWISE.

4 THE CIRM TEAM IS GOING TO EXAMINE AND
5 MAYBE USE AS A TRIGGER FOR EXAMINING CERTAIN
6 APPLICATIONS BASED ON THEIR STATUS. SO, FOR
7 EXAMPLE, IN THIS COHORT WE HAVE THREE THAT QUALIFY
8 FOR A MINORITY REPORT. AND SO THAT FOR US IS
9 CERTAINLY A TRIGGER TO LOOK AT THESE APPLICATIONS
10 MORE CAREFULLY AND DETERMINE IF A RECOMMENDATION
11 CONTRARY TO WHAT THE MAJORITY GRANTS WORKING GROUP
12 RECOMMENDATION IS WOULD BE WARRANTED. AND SO THAT
13 WILL, AT LEAST FOR TODAY'S COHORT, THAT WILL BE THE
14 BASIS FOR IDENTIFYING RECOMMENDATIONS THAT I WILL
15 PRESENT TO YOU.

16 NOW, BEYOND OUR RECOMMENDATIONS, WE
17 CERTAINLY ENCOURAGE THE APPLICATION REVIEW
18 SUBCOMMITTEE TO CONSIDER PROGRAMMATIC FACTORS. SO
19 THESE CAN BE PORTFOLIO, YOUR ASSESSMENT OF UNMET
20 NEED, OUR STRATEGIC PLAN, AND MAKING A FUNDING
21 DECISION WHETHER OR NOT THEY ARE IN AGREEMENT WITH
22 THE GRANTS WORKING GROUP OR OUR OWN TEAM
23 RECOMMENDATIONS. AND AS WE GO THROUGH THESE, IF
24 THERE IS A NEED FOR ADDITIONAL BACKGROUND
25 INFORMATION TO ASSIST YOU IN MAKING THESE DECISIONS,

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1 WE'LL BE HAPPY TO HELP AS BEST WE CAN. AND IF THERE
2 IS GENERALLY INFORMATION THAT YOU WOULD LIKE TO SEE
3 THAT YOU TYPICALLY DON'T LET US KNOW BECAUSE THAT IS
4 SOMETHING WE CAN ALSO WORK ON.

5 SO JUST SO YOU KNOW, I'M GOING TO GO
6 THROUGH THE PROCESS OF PRESENTING THE MINORITY
7 REPORTS AND GO THROUGH INDIVIDUAL SLIDES FOR EACH OF
8 THOSE. AND AT THE END I WILL SHOW YOU THE CONFLICTS
9 LIST. AND SO WE'RE GOING TO HOLD FOR QUESTIONS
10 UNTIL WE GET TO THE END, BUT I CAN COME BACK TO ANY
11 ONE OF THOSE AFTER THAT SO THAT WE CAN DISCUSS IF
12 YOU WISH OR HAVE QUESTIONS ABOUT ANY SPECIFIC ONES.

13 SO A MINORITY REPORT, JUST AS YOU MAY ALL
14 NOW BE FAMILIAR, UNDER PROP 14, ANY APPLICATION
15 THAT'S NOT RECOMMENDED FOR FUNDING BY THE GRANTS
16 WORKING GROUP, BUT WHICH RECEIVED 35 PERCENT OR MORE
17 OF THE MEMBERS SCORING TO FUND THE APPLICATION,
18 MEANING THEY GAVE IT A SCORE OF 85 OR ABOVE, MUST
19 INCLUDE A MINORITY REPORT. THAT MINORITY REPORT
20 BASICALLY IS A SUMMARY THAT WE PUT TOGETHER, AND WE
21 CONSULT WITH THE GRANTS WORKING GROUP MEMBERS WHO
22 WERE PART OF THAT MINORITY AND INCLUDE IT WITHIN THE
23 SUMMARY STATEMENT THAT WE PROVIDE TO YOU.

24 AND SO FOR THIS COHORT, AS MENTIONED,
25 THERE WERE THREE. AND SO WE ARE RECOMMENDING AS A

1 TEAM, THE CIRM TEAM, THAT DISC0-14514, WHICH IS
2 SHOWN AT THE TOP, BE RECOMMENDED FOR FUNDING. IT
3 RECEIVED A SCORE OF 83. THE OTHER TWO ARE SHOWN
4 BELOW THAT IN RANK ORDER WITH RESPECT TO SCORES OF
5 82 AND 80.

6 SO LET ME GO OVER THE FIRST ONE. SO THIS
7 IS 14514. THIS IS THE ONE THAT THE CIRM TEAM IS
8 RECOMMENDING FOR FUNDING. AND SO THIS IS ENTITLED
9 "AN INTERACTIVE DATA RESOURCE FOR HYPOTHESIS TESTING
10 IN STEM CELL SINGLE-CELL GENE EXPRESSION AND
11 VALIDATION OF RESULTS WITH BRAIN ORGANOIDS." AND SO
12 THIS IS WHAT IS TERMED TO BE A USER FRIENDLY VIRTUAL
13 MICROSCOPE, IF YOU WILL, WHICH IS A RESOURCE THAT
14 WOULD BE ON THE WEB AND AVAILABLE TO SCIENTISTS WHO
15 ARE INTERESTED IN UNDERSTANDING THE ROLE OF A
16 PARTICULAR GENE IN THE DEVELOPMENT OF THE HUMAN
17 CEREBRAL CORTEX. AND IT INCLUDES SPATIAL DATA IN
18 TERMS OF NEIGHBORING CELLS AND EXPRESSION DATA TO
19 GIVE YOU MORE INFORMATION ABOUT THE RELATIVITY OF
20 THESE AND CONTEXT FOR THESE CELLS THAT YOU CAN STUDY
21 AS A SCIENTIST.

22 SO LET ME READ TO YOU THE MINORITY REPORT
23 ON THIS APPLICATION: THIS APPLICATION WAS SCORED BY
24 ALL 15 GWG PANELISTS. NINE PANELISTS SCORED IT 79
25 TO 84, FIVE SCORED IT 85 TO 90, AND ONE PANELIST WAS

1 VERY ENTHUSIASTIC AND GAVE IT A SCORE OF 100. THE
2 MAJORITY OF THE 15 PANELISTS INDICATED THAT THE
3 PROPOSAL ADDRESSES A SIGNIFICANT UNMET NEED IN THE
4 CURATION AND VISUALIZATION OF SINGLE-CELL SPATIAL
5 TRANSCRIPTOMICS DATA. THE MAJORITY OF THE PANELISTS
6 ALSO AGREE THAT THE PROPOSED WORK IS LIKELY FEASIBLE
7 GIVEN THE APPLICANT TEAM'S STRONG TRACK RECORD.

8 THE PANEL WAS DIVIDED ON WHETHER THE
9 PROJECT WAS WELL PLANNED AND DESIGNED. THE MAJORITY
10 OF THE REVIEWERS FELT THAT THE APPLICATION SHOULD
11 BETTER INCORPORATE USER FEEDBACK AND INPUT INTO THE
12 DESIGN OF THE SOFTWARE TOOL.

13 REVIEWERS WHO RECOMMENDED THIS APPLICATION
14 FOR FUNDING NOTED THE APPLICANT'S STRONG RECORD AND
15 CIRM'S PRIOR INVESTMENT IN THE PLATFORM THAT WILL BE
16 ENHANCED AS PART OF THIS APPLICATION. REVIEWERS WHO
17 RECOMMENDED THIS APPLICATION FOR FUNDING HIGHLIGHTED
18 THE POTENTIAL FOR THIS PROJECT TO ADDRESS
19 SIGNIFICANT GAPS IN DATA AGGREGATION AND OVERALL
20 UTILITY OF HAVING A SEARCHABLE DATABASE WITH
21 VISUALIZATION CAPABILITIES.

22 NOW, IN EXAMINING THIS, THE CIRM TEAM
23 ARRIVED AT THE CONCLUSION THAT WE SUPPORT THIS
24 PROJECT BECAUSE IT DOES PROVIDE A UNIQUE OPPORTUNITY
25 THAT IS REALLY HIGHLY ALIGNED WITH OUR STRATEGIC

1 PLAN AND OUR OVERALL NEEDS, PARTICULARLY IN THE AREA
2 OF NEUROBIOLOGY AND CNS RESEARCH. AND IT ALSO
3 BUILDS AND EXTENDS CIRM INVESTMENTS FROM OUR
4 GENOMICS ANALYSIS OF HUMAN BRAIN DEVELOPMENT. AND
5 WE DIDN'T HAVE ANY SIGNIFICANT CONCERNS THAT WOULD
6 PREVENT THE PROJECT FROM ACHIEVING THE EXPECTED
7 OUTCOME. AND, THEREFORE, THAT'S WHY WE ARE
8 RECOMMENDING THAT ONE.

9 THIS IS THE NEXT MINORITY REPORT FOR THE
10 APPLICATION DISC0-14499. THIS ONE RECEIVED A SCORE
11 OF 82. THERE WERE SEVEN MEMBERS WHO SCORED 85 OR
12 ABOVE AND EIGHT WHO DID NOT, BUT IT HAD A PRETTY
13 BROAD RANGE, SO 45 TO 89.

14 THE TITLE OF THIS ONE IS "EXPLORING
15 PREGNANCY-ASSOCIATED SYSTEMIC FACTORS TO REJUVENATE
16 AGED STEM CELLS -- SUPPORTS A NEW FRONTIER IN
17 REGENERATION." AND THEIR GOAL IS TO IDENTIFY
18 MOLECULAR FEATURES THAT ARE GOING TO DIFFERENTIATE
19 OLD VERSUS YOUNG FEMALE PELVIC FLOOR MUSCLE TISSUE
20 AND TO DETERMINE IF, FROM THAT, THERE ARE ANY
21 SYSTEMIC FACTORS THAT ARE ASSOCIATED WITH PREGNANCY
22 THAT WOULD PROMOTE THE REGENERATION OF THE AGED
23 NICHE.

24 SO THE MINORITY REPORT STATES THE
25 FOLLOWING: THIS APPLICATION WAS SCORED BY ALL 15

1 PANELISTS. ONE PANELIST SCORED 45, SEVEN SCORED 60
2 TO 82, AND SEVEN SCORED 85 TO 89. THE GREAT
3 MAJORITY OF THE PANELISTS INDICATED THE PROPOSAL MET
4 CRITERION ONE, THAT IT HAS NECESSARY SIGNIFICANCE
5 AND IMPACT, HAD A GOOD RATIONALE, IS FEASIBLE, AND
6 UPHOLDS DEI. HOWEVER, THE PANEL WAS DIVIDED ON
7 WHETHER THE APPLICATION MET THE THIRD CRITERION,
8 HAVING A STRONG PROJECT PLAN.

9 REVIEWERS WHO SUPPORTED FUNDING THOUGHT
10 THE PROJECT WAS WELL DESIGNED AND DESCRIBED, WITH
11 THE PROPOSAL INCLUDING APPROPRIATE STUDIES AND
12 ADEQUATE DISCUSSION OF PITFALLS AND ALTERNATIVE
13 APPROACHES. THEY WERE IMPRESSED BY THE PRELIMINARY
14 DATA, ESTABLISHED ANIMAL MODEL, ESTABLISHED CELL
15 CULTURE SYSTEM, ABILITY TO ISOLATE RELEVANT CELLS
16 FROM HUMAN CADAVERS FOR STUDY RESOURCES IN THE
17 APPLICANT TEAM.

18 AND SO IN EXAMINING THIS APPLICATION, THE
19 CIRM TEAM THOUGHT THAT A MAJORITY OF -- THE GRANTS
20 WORKING GROUP IN THE MAJORITY IDENTIFIED GAPS IN THE
21 RATIONALE AND FOUND THE PROPOSAL TO BE A LITTLE BIT
22 CONFUSING IN ITS PRESENTATION AND SOMEWHAT OVERLY
23 COMPLEX IN THE SET OF GOALS THAT WERE FELT TO NOT
24 NECESSARILY BE LIKELY TO SUCCEED. AND SO SOME OF
25 THESE DEFICIENCIES, WE THOUGHT, WERE NOT NECESSARILY

1 ONES THAT COULD BE ADDRESSED, SAY, WITH THE
2 MILESTONES OR WITH MODIFYING, AT LEAST TO THE EXTENT
3 THAT WE DO, THE AWARD, BUT THIS IS A FIRST-TIME
4 APPLICATION. WE OFTEN SEE RESUBMISSIONS FOR A LOT
5 OF THESE THAT ULTIMATELY DO GET RECOMMENDED.

6 AND SO OUR THOUGHT THERE IS THAT A REVISED
7 PROPOSAL COULD BE SUBMITTED IN A FUTURE CYCLE WITH A
8 MORE FOCUSED PLAN AND A CLEAR DELINEATION OF HOW THE
9 OUTCOME OF EXPERIMENTS WILL INFORM THE CENTRAL
10 HYPOTHESIS TO BE TESTED.

11 AND THEN THE LAST MINORITY REPORT IS FOR
12 DISC0-14566. THIS IS AN APPLICATION THAT RECEIVED A
13 SCORE OF 80. THE RANGE THERE WAS 75 TO 90, A LITTLE
14 TIGHTER THAN THE PREVIOUS. THE NUMBER OF FOLKS THAT
15 RECOMMENDED IT WAS SIX VERSUS NINE WHO DID NOT.

16 THE TITLE OF THIS ONE IS CALLED "IMMUNE
17 CLOAKING OF HUMAN STEM CELL-DERIVED INSULIN
18 PRODUCING CELLS FOR CURATIVE CELL THERAPY WITHOUT
19 IMMUNOSUPPRESSION".

20 AND SO THE GOAL OF THIS ONE IS TO EXPLORE
21 A NEW GENE ENGINEERING APPROACH FOR SHIELDING HUMAN
22 STEM CELL-DERIVED INSULIN PRODUCING CELLS, SO THESE
23 BETA CELLS, FROM THE IMMUNE SYSTEM UPON
24 TRANSPLANTATION IN DIABETIC PATIENTS.

25 THIS IS HOW THE MINORITY REPORTS READS:

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1 THIS APPLICATION WAS SCORED BY ALL 15 PANELISTS.
2 ONE PANELIST SCORED 75, EIGHT PANELISTS SCORED 80 TO
3 84, AND SIX SCORED 85 TO 90. THE MAJORITY OF THE 15
4 PANELISTS INDICATED THAT THE PROPOSAL ADDRESSED A
5 SIGNIFICANT NEED, HAD THE POTENTIAL FOR IMPACT, AND
6 WAS BASED ON SOUND RATIONALE. THE PANEL WAS DIVIDED
7 ON WHETHER THE APPLICATION CONTAINED SUFFICIENT
8 PRELIMINARY DATA TO INDICATE THAT BETA CELLS LACKING
9 THE DNA-MODIFYING FACTOR, WHICH THEY PROPOSE TO
10 STUDY UNDER THIS, COULD RELIABLY BE GENERATED.

11 REVIEWERS IN THE MINORITY WHO RECOMMENDED
12 THE APPLICATION FOR FUNDING FELT THAT THE
13 APPLICATION PROVIDED ADEQUATE DATA TO SUPPORT THIS
14 APPROACH. REVIEWERS WHO RECOMMENDED THE APPLICATION
15 FOR FUNDING ALSO NOTED THAT THE APPLICANT STRONGLY
16 ACKNOWLEDGED THE RISKS AND POTENTIAL PITFALLS OF
17 THEIR PROPOSED APPROACH AND FELT THAT COMPLETION OF
18 THIS PROJECT WOULD ADVANCE THE FIELD DESPITE THE
19 RISKS.

20 AND SO IN OUR ASSESSMENT, I THINK IT
21 FOLLOWED MUCH ALONG WITH THE GRANTS WORKING GROUP IN
22 TERMS OF HIGHLIGHTING THE CONCERNS THAT THE GRANTS
23 WORKING GROUP HAD ABOUT A LACK OF DETAILS ON THE
24 GENE EDITING APPROACH THAT WOULD BE USED OR EMPLOYED
25 IN THIS CASE WHICH IS IMPORTANT IN ASSESSING THE

1 FEASIBILITY. THE LACK OF PRIMARY EXPERTISE WITH
2 GENE EDITING AMONG THE PERSONNEL, WHICH TO SOME
3 EXTENT COULD HAVE ALLAYED SOME OF THE CONCERNS FROM
4 THE WORKING GROUP AND THE THOUGHT THAT THE MAJORITY
5 OF THE REVIEWERS CERTAINLY FELT THAT AT THIS TIME
6 THIS MIGHT BE TOO RISKY WITHOUT HAVING MORE DETAILS
7 OR EXPERTISE ON THE PROJECT INCLUDED. AND ALSO MANY
8 FELT THERE WAS A LACK OF PRELIMINARY DATA.

9 SO, AGAIN, AS WITH THE PREVIOUS, WE
10 THOUGHT THIS WOULD BE AN APPROPRIATE PROJECT TO
11 ENCOURAGE TO REVISE AND RESUBMIT TO CIRM.

12 ALL RIGHT. SO WE GET TO THE REMINDER OF
13 CONFLICTS. SO IF YOUR NAME IS ON THIS LIST, IT
14 MEANS THAT YOU HAVE A CONFLICT POTENTIALLY WITH ONE
15 OR MORE OF THESE APPLICATIONS. SO JUST BE MINDFUL
16 OF THAT.

17 AND I'LL JUST SHOW YOU -- YOU HAVE A COPY
18 OF THIS, I THINK, AVAILABLE TO YOU, WHICH I DON'T
19 EXPECT YOU TO READ ON THE SLIDE. IF YOU HAVE THAT
20 ON YOUR LAPTOP, THAT'S GREAT. THAT WILL ALLOW YOU
21 TO SEE IT.

22 MR. TOCHER: GIL, WE ALSO HAVE HARD
23 COPIES.

24 DR. SAMBRANO: PERFECT. THANK YOU, SCOTT.
25 SO HARD COPIES ARE AVAILABLE THERE IF YOU'D LIKE TO

1 SEE IT.

2 SO EVERYTHING THAT'S SHOWN IN GREEN ARE
3 THE 16 APPLICATIONS THAT ARE RECOMMENDED FOR FUNDING
4 BY THE GRANTS WORKING GROUP. AND THEN BELOW THAT
5 THERE ARE SOME OF THE ONES THAT GOT A MINORITY
6 REPORT. SO THE ONE JUST UNDER THE LINE GOT A
7 MINORITY REPORT, AND THEN WE SKIP ONE, AND THEN THE
8 FOLLOWING TWO ALSO HAVE MINORITY REPORTS JUST SO YOU
9 GET AN APPRECIATION OF THEIR RANK RELATIVE TO ALL
10 THE OTHERS. AND THEN THAT'S THE LAST SLIDE. MR.
11 CHAIRMAN, I'LL PASS THAT BACK TO YOU.

12 CHAIRMAN THOMAS: THANK YOU VERY MUCH,
13 GIL.

14 TO REVIEW, THIS IS A LITTLE BIT
15 COMPLICATED. THE SEQUENCE IS FIRST GOING TO ASK IF
16 THERE ARE ANY GRANTS BELOW THE FUNDING LINE THAT
17 ANYBODY WANTS TO MOVE UP? THEN I'M GOING TO ASK IF
18 THERE ARE ANY ABOVE THE FUNDING LINE THAT ANYBODY
19 WANTS TO MOVE DOWN. THEN I WILL ASK FOR A VOTE NOT
20 TO APPROVE THOSE UNDER THE FUNDING LINE. AND
21 FINALLY, I WILL ASK FOR APPROVAL OF THOSE ABOVE THE
22 FUNDING LINE. SCOTT.

23 MR. TOCHER: EXCELLENT. OF COURSE, THOSE
24 MOTIONS MUST BE MADE ONLY BY MEMBERS OF THE
25 APPLICATION REVIEW SUBCOMMITTEE AND ONLY WITH

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1 RESPECT TO THOSE APPLICATIONS THAT YOU'RE NOT IN
2 CONFLICT WITH. BUT I'LL HELP GUIDE THE GROUP FOR
3 ITS OMNIBUS MOTION FOR THOSE WHO DO HAVE A CONFLICT
4 HOW TO RESPOND.

5 CHAIRMAN THOMAS: THANK YOU, SCOTT.
6 MOHAMMAD.

7 DR. ABOUSALEM: JUST A PROCESS QUESTION.
8 WHAT IF WE HAVE A COMMENT ABOUT THE PROCESS THAT GIL
9 PRESENTED AND WE WANT TO GIVE COMMENTS ON THAT
10 BECAUSE THAT WAS A FOLLOW-UP?

11 CHAIRMAN THOMAS: THIS WOULD BE A GOOD
12 TIME TO DO THAT BEFORE WE GET INTO ANY MOTIONS.

13 DR. ABOUSALEM: OKAY. SO CAN I START?

14 CHAIRMAN THOMAS: PLEASE.

15 DR. ABOUSALEM: GIL, THANK YOU FOR THE
16 PROCESS. AND I WAS PART OF THE SMALL TEAM THAT YOU
17 CONSULTED WITH ON THE PROCESS. SO I APPRECIATE THAT
18 YOU CAME WITH THE CIRM TEAM'S INPUT OR FEEDBACK EVEN
19 FOR THE MINORITY REPORT CASES, EVEN FOR THE ONES
20 THAT YOU'RE NOT RECOMMENDING TO BE FUNDED AND YOU
21 EXPLAINED WHY NOT. SO THIS IS CLEAR. THIS IS
22 SOLID.

23 ON THE ONE THAT YOU RECOMMENDED FOR
24 FUNDING, MY RECOMMENDATION WOULD BE THAT YOU WOULD
25 INCLUDE IN YOUR RECOMMENDATION HOW YOU WOULD ADDRESS

1 OR HOW YOU THINK THE CONCERNS OF THE COMMITTEE
2 MEMBERS WOULD BE ADDRESSED. FOR EXAMPLE, 514, YOU
3 SAID IT DIDN'T HAVE OR SOME OF THE REVIEWERS HAD A
4 CONCERN ABOUT THE PROJECT PLAN WASN'T STRONG ENOUGH.
5 I DIDN'T HEAR, MAYBE I MISSED IT, I DIDN'T HEAR IF
6 THE CIRM TEAM HAD A SPECIFIC APPROACH TO ADDRESSING
7 THIS CONCERN.

8 DR. SAMBRANO: SO WE DO LOOK AT THOSE
9 ELEMENTS. I SUMMARIZED VERY BRIEFLY BY SAYING WE
10 DIDN'T HAVE ANY SIGNIFICANT CONCERNS ABOUT THE
11 CRITICISMS IN TERMS OF THEM IMPEDING THE PROJECT OR
12 HAVING THEM BE ABLE TO ACHIEVE THEIR EXPECTED
13 OUTCOME. CERTAINLY NONE OF THE PROJECTS THAT WE ARE
14 BRINGING TO YOU ARE DEVOID OF ANY WEAKNESSES. WE
15 CERTAINLY RECOGNIZE THAT, AND WE WORK WITH THEM TO
16 TRY TO MAKE SURE THAT THEY DO SUCCEED.

17 SO WHEN WE ASSESS EACH OF THESE, WE LOOK
18 FOR THINGS THAT FOR US, BASED ON EXPERIENCE, ARE A
19 TRIGGER THAT THIS IS GOING TO BE A DIFFICULT THING
20 TO ACHIEVE BASED ON OUR EXPERIENCE AND/OR THAT IT IS
21 SOMETHING THAT'S EASILY ADDRESSED IN A RESUBMISSION,
22 WHICH HAS GENERALLY WORKED REALLY WELL AS A PROCESS
23 BECAUSE THE RESUBMISSIONS CERTAINLY ALLOWS THE
24 APPLICANTS TO ADDRESS THE CONCERNS IN A MORE
25 SIGNIFICANT WAY THAT WE MIGHT BE ABLE TO BY MANAGING

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1 AN ALREADY EXISTING PROJECT MEANS THEY CAN GO BACK,
2 REDESIGN, READDRESS CONCERNS MORE SPECIFICALLY,
3 MAYBE COME BACK WITH ADDITIONAL DATA, AND IT OFTEN
4 BRINGS BACK STRONGER APPLICATIONS.

5 DR. ABOUSALEM: SO JUST TO FOLLOW UP, JUST
6 TO BE SPECIFIC, 514, IF I WERE ONE OF THE MEMBERS OR
7 ONE OF THE REVIEWERS THAT SAID THE PROJECT PLAN IS
8 NOT STRONG ENOUGH AND THEN I HEAR CIRM TEAM SAY WE
9 RECOMMENDED IT FOR FUNDING, I WOULD LIKE TO HEAR HOW
10 YOU WOULD MANAGE THAT RISK THAT I IDENTIFIED. SO
11 I'M JUST TRYING TO SAY OF YOU CAN EXPAND IN THE
12 FUTURE ON YOUR RECOMMENDATIONS HOW YOU WILL ADDRESS
13 THOSE SPECIFIC CONCERNS.

14 DR. SAMBRANO: ABSOLUTELY. THANK YOU FOR
15 YOUR COMMENT.

16 CHAIRMAN THOMAS: THANK YOU. VERY GOOD
17 COMMENT. THANK YOU. ANNE-MARIE.

18 DR. DULIEGE: ONE QUESTION, ONE COMMENT.
19 J.T., WHEN YOU ASKED THESE FOUR QUESTIONS FOR US,
20 DOES IT INCLUDE SUPPORTING GIL'S RECOMMENDATION TO
21 ADD THE FIRST ONE, BUT NOT THE LAST TWO?

22 CHAIRMAN THOMAS: NO, SOMEBODY HAS TO
23 AFFIRMATIVELY MOVE TO MOVE THAT OR ANY OTHER ONE UP,
24 AND THEN IT'S SUBJECT TO THE VOTE OF THE BOARD.

25 DR. DULIEGE: SO IN DUE TIME I'LL DO THAT.

1 IN DUE TIME, WHENEVER IT'S APPROPRIATE, I WILL DO
2 THAT. I WILL SUGGEST THIS.

3 SO HERE'S MY COMMENT. GIL, AGAIN, THANK
4 YOU. THANK YOU SO MUCH TO YOU AND ALL OF YOUR
5 COLLEAGUES, ABLA AS WELL, TO THE EXTENT YOU GO CLOSE
6 TO BEYOND THE CALL OF DUTY TO EXPLAIN TO US THE
7 PROCESS, AND THIS IS EXTRAORDINARILY IMPORTANT, THIS
8 IS A PHENOMENAL TRAINING FOR US, AND THAT ALLOWS US
9 TO BE BETTER BOARD MEMBERS.

10 AND ALONG LINES, I WANT TO SAY THAT I
11 COMPLETELY AGREE WITH EVERYTHING YOU EXPLAINED AND
12 THE JUDGMENT CALL TO SUPPORT THE FIRST ONE AND NOT
13 THE LAST TWO ONES. JUST TO ADD A TOUCH OF HUMOR
14 HERE, I WANT TO SAY THAT I DIDN'T UNDERSTAND AT ALL
15 AND, IN FACT, I TOOK THE TIME TO LOOK AT THE
16 BRIEFING DOCUMENT AND REVIEW THE SECOND ONE. I'LL
17 GO TO YOU SEPARATELY FOR SCIENCE OF IT, BUT ANY OF
18 US HEARING ABOUT A GRANT ABOUT OLD VERSUS YOUNG
19 FEMALE MUSCLE FLOOR PELVIS IS A LITTLE UNSETTLING,
20 AND WE'LL GO SEPARATELY ON THAT. SO THANK YOU.

21 CHAIRMAN THOMAS: THANK YOU. ANY OTHER
22 COMMENTS ON PROCESS? ANY ON ZOOM?

23 MR. TOCHER: NO.

24 CHAIRMAN THOMAS: THANK YOU. OKAY. SO
25 NO. 1, ARE THERE ANY PROJECTS CURRENTLY NOT

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1 RECOMMENDED FOR FUNDING THAT ANY MEMBER OF THE BOARD
2 WOULD MOVE TO ELEVATE TO THE RECOMMENDED RANGE?

3 DR. DULIEGE: I ASSUME THIS IS THE TIME
4 WHERE I WOULD SAY, YES, I DO RECOMMEND THAT WE
5 FOLLOW GIL'S AND THE CIRM TEAM RECOMMENDATION TO
6 ACCEPT THE FIRST ONE AND NOT THE LAST TWO ONES OF
7 THE MINORITY REPORTS RECOMMENDATIONS.

8 DR. SOUTHARD: I WOULD SECOND THAT.

9 CHAIRMAN THOMAS: MOVED BY ANNE-MARIE,
10 SECONDED BY MARV. ARE THERE QUESTIONS, COMMENTS
11 FROM MEMBERS OF THE BOARD ON THAT PARTICULAR --

12 MR. TOCHER: LET ME JUST CONFIRM. THE
13 MOTION IS ACTUALLY ENCOMPASSING THREE APPLICATIONS.

14 CHAIRMAN THOMAS: WELL, WE'RE ONLY LOOKING
15 FOR A MOTION TO MOVE ONE UP. THE OTHER TWO SHE'S
16 LEAVING ALONE.

17 MR. TOCHER: JUST WANT TO MAKE THAT CLEAR.
18 IT'S JUST TO MOVE UP THAT ONE APPLICATION. FINE.

19 CHAIRMAN THOMAS: CORRECT. ARE THERE ANY
20 QUESTIONS OR COMMENTS FROM ANYBODY ON THAT? ANY
21 COMMENTS FROM MEMBERS ONLINE? HEARING NONE, WITH
22 RESPECT TO THAT ONE ONLY AND, BY THE WAY, IF THERE
23 ARE OTHERS ANYBODY WANTS TO MOVE, WE CAN COME BACK
24 TO THEM AFTER THIS, BUT WITH RESPECT TO THIS ONE,
25 MR. TOCHER.

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1 MR. TOCHER: PUBLIC COMMENT.

2 CHAIRMAN THOMAS: I ASKED FOR PUBLIC
3 COMMENT, DIDN'T I? PUBLIC COMMENT. HEARING NONE,
4 MR. TOCHER.

5 MR. TOCHER: DAN BERNAL.

6 MR. BERNAL: AYE.

7 MR. TOCHER: MARIA BONNEVILLE.

8 VICE CHAIR BONNEVILLE: YES.

9 MR. TOCHER: JUDY CHOU.

10 DR. CHOU: YES.

11 MR. TOCHER: LEONDRA CLARK-HARVEY.

12 DR. CLARK-HARVEY: AYE.

13 MR. TOCHER: ANNE-MARIE DULIEGE.

14 DR. DULIEGE: YES.

15 MR. TOCHER: YSABEL DURON.

16 MS. DURON: QUESTION. IS THIS ONE OF
17 THOSE CONFLICT STATEMENTS?

18 MR. TOCHER: IT IS NOT.

19 MS. DURON: YES.

20 MR. TOCHER: MARK FISCHER-COLBRIE.

21 DR. FISCHER-COLBRIE: YES.

22 MR. TOCHER: FRED FISHER.

23 DR. FISHER: YES.

24 MR. TOCHER: ELENA FLOWERS.

25 DR. FLOWERS: YES.

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1 MR. TOCHER: DAVID HIGGINS.
2 DR. HIGGINS: YES.
3 MR. TOCHER: STEVE JUELSGAARD. STEVE, ARE
4 YOU STILL ON THE CALL? I'LL MOVE ON TO RICH LAJARA.
5 MR. LAJARA: YES.
6 MR. TOCHER: CHRISTINE MIASKOWSKI.
7 DR. MIASKOWSKI: YES.
8 MR. TOCHER: LAUREN MILLER-ROGEN.
9 MS. MILLER-ROGEN: YES.
10 MR. TOCHER: ADRIANA PADILLA.
11 DR. PADILLA: YES.
12 MR. TOCHER: JOE PANETTA.
13 MR. PANETTA: YES.
14 MR. TOCHER: AL ROWLETT.
15 MR. ROWLETT: YES.
16 MR. TOCHER: MARVIN SOUTHARD.
17 DR. SOUTHARD: AYE.
18 MR. TOCHER: JONATHAN THOMAS.
19 CHAIRMAN THOMAS: AYE.
20 MR. TOCHER: GREAT. THE MOTION CARRIES.
21 CHAIRMAN THOMAS: THANK YOU, MR. TOCHER.
22 ARE THERE ANY OTHER APPLICATIONS FROM THE
23 NOT RECOMMENDED FOR FUNDING THAT ANY BOARD MEMBER
24 WISHES TO ELEVATE TO THE FOR FUNDING RANGE? OKAY.
25 THAT'S STEP ONE.

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1 STEP TWO, ARE THERE ANY RECOMMENDED FOR
2 FUNDING THAT ANY BOARD MEMBER WISHES TO REMOVE FROM
3 THE RECOMMENDED FOR FUNDING RANGE?

4 HEARING NONE, STEP THREE. NEED A MOTION
5 TO APPROVE THAT THOSE NOT RECOMMENDED FOR FUNDING
6 NOT BE APPROVED. DO I HEAR A MOTION TO THAT EFFECT?

7 MR. ROWLETT: SO MOVED.

8 CHAIRMAN THOMAS: MOVED BY AL. SECOND --
9 BY?

10 DR. CLARK-HARVEY: (RAISES HAND.)

11 CHAIRMAN THOMAS: -- LEONDRA. ANY
12 COMMENTS, QUESTIONS, MEMBERS OF THE BOARD? ANY
13 PUBLIC COMMENT? HEARING NONE, MR. TOCHER, PLEASE
14 CALL THE ROLL.

15 MR. TOCHER: SO FOR THIS APPLICATION
16 MEMBERS DURON, FLOWERS, MIASKOWSKI, AND WATSON WILL
17 RESPOND EITHER AYE OR NAY AND THEN ADD EXCEPT FOR
18 THOSE APPLICATIONS WITH WHICH I'M IN CONFLICT.

19 DAN BERNAL.

20 MR. BERNAL: AYE.

21 MR. TOCHER: MARIA BONNEVILLE.

22 VICE CHAIR BONNEVILLE: YES.

23 MR. TOCHER: JUDY CHOU.

24 DR. CHOU: AYE.

25 MR. TOCHER: LEONDRA CLARK-HARVEY.

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

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1 MR. TOCHER: JOE PANETTA.
2 MR. PANETTA: YES.
3 MR. TOCHER: AL ROWLETT.
4 MR. ROWLETT: AYE.
5 MR. TOCHER: MARVIN SOUTHARD.
6 DR. SOUTHARD: YES.
7 MR. TOCHER: JONATHAN THOMAS.
8 CHAIRMAN THOMAS: YES.
9 MR. TOCHER: KAROL WATSON. KAROL, ARE YOU
10 ON THE CALL? I DON'T HEAR A RESPONSE, BUT THE
11 MOTION CARRIES.
12 CHAIRMAN THOMAS: THANK YOU. LAST HOME
13 STRETCH HERE, NEED A MOTION TO APPROVE THOSE
14 PROJECTS IN THE RECOMMENDED FOR FUNDING CATEGORY.
15 MR. ROWLETT: SO MOVED.
16 CHAIRMAN THOMAS: MOVED BY AL.
17 MR. BERNAL: SECOND.
18 CHAIRMAN THOMAS: SECONDED BY DAN.
19 QUESTIONS, COMMENTS, MEMBERS OF THE BOARD? ANY
20 PUBLIC COMMENT? HEARING NONE, MR. TOCHER.
21 MR. TOCHER: AND SAME RULES APPLY TO THOSE
22 INDIVIDUALS I JUST NAMED.
23 DAN BERNAL.
24 MR. BERNAL: AYE.
25 MR. TOCHER: MARIA BONNEVILLE.

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1 VICE CHAIR BONNEVILLE: YES.
2 MR. TOCHER: JUDY CHOU.
3 DR. CHOU: AYE.
4 MR. TOCHER: LEONDRA CLARK-HARVEY.
5 DR. CLARK-HARVEY: AYE.
6 MR. TOCHER: ANNE-MARIE DULIEGE.
7 DR. DULIEGE: YES.
8 MR. TOCHER: YSABEL DURON.
9 MS. DURON: YES, EXCEPT FOR THOSE WITH
10 WHICH I HAVE A CONFLICT.
11 MR. TOCHER: MARK FISCHER-COLBRIE.
12 DR. FISCHER-COLBRIE: YES.
13 MR. TOCHER: FRED FISHER.
14 DR. FISHER: YES.
15 MR. TOCHER: ELENA FLOWERS.
16 DR. FLOWERS: YES, EXCEPT THOSE WITH WHICH
17 I HAVE A CONFLICT.
18 MR. TOCHER: DAVID HIGGINS.
19 DR. HIGGINS: YES.
20 MR. TOCHER: STEVE JUELSGAARD. RICH
21 LAJARA.
22 MR. LAJARA: YES.
23 MR. TOCHER: CHRISTINE MIASKOWSKI.
24 DR. MIASKOWSKI: YES, EXCEPT FOR THOSE
25 WITH WHICH I HAVE A CONFLICT.

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1 MR. TOCHER: LAUREN MILLER-ROGEN.

2 MS. MILLER-ROGEN: YES.

3 MR. TOCHER: ADRIANA PADILLA.

4 DR. PADILLA: YES.

5 MR. TOCHER: JOE PANETTA.

6 MR. PANETTA: YES.

7 MR. TOCHER: AL ROWLETT.

8 MR. ROWLETT: AYE.

9 MR. TOCHER: MARVIN SOUTHARD.

10 DR. SOUTHARD: AYE.

11 MR. TOCHER: JONATHAN THOMAS.

12 CHAIRMAN THOMAS: YES.

13 MR. TOCHER: ONE LAST CHECK FOR KAROL
14 WATSON. I DON'T HEAR KAROL. THE MOTION CARRIES.

15 CHAIRMAN THOMAS: THANK YOU, MR. TOCHER.
16 IT'S NOW 12:30. MR. TOCHER, SHOULD WE TAKE A BREAK
17 FOR FOLKS TO GET THEIR LUNCH? I PRESUME IT'S A
18 WORKING LUNCH.

19 MR. TOCHER: IT IS. WE BOOKED ABOUT A
20 HALF AN HOUR FOR YOU TO ACTUALLY GO GET IT, TAKE A
21 BREAK FOR A FEW MOMENTS, AND COME BACK. SO YOU'RE
22 WELCOME TO BRING IT BACK TO THE TABLE. WE HAVE
23 ABOUT HALF AN HOUR FOR THAT. IS THE LUNCH HERE?

24 CHAIRMAN THOMAS: SO HALF AN HOUR BEFORE
25 WE RESUME? IS THAT WHAT YOU'RE SAYING?

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1 MR. TOCHER: YES.

2 CHAIRMAN THOMAS: OKAY. SO WE ADJOURN THE
3 APPLICATION REVIEW SUBCOMMITTEE. WE WILL RESUME
4 BACK FOR ACTION ITEM NO. 9 IN ONE HALF HOUR.

5 (A RECESS WAS TAKEN.)

6 CHAIRMAN THOMAS: THANK YOU, EVERYBODY.
7 HOPE YOU'RE ENJOYING YOUR LUNCH. WE HAVE A COUPLE
8 MORE ACTION ITEMS HERE. FIRST, NO. 9, CONSIDERATION
9 OF THE FACILITY WORKING GROUP BYLAWS. RAFAEL
10 PRESENTING.

11 MR. SACASA: THANK YOU, J.T.

12 ALL RIGHT, FOLKS. I APOLOGIZE. THIS IS
13 MY FIRST TIME SO I DON'T HAVE MY MISSION STATEMENT
14 SLIDE UP HERE. I PROMISE THAT I WILL HAVE IT MOVING
15 FORWARD ESPECIALLY.

16 SO TODAY WE'RE CONSIDERING SOME -- IT'S
17 THE FACILITIES WORKING GROUP BYLAWS. THE CURRENT
18 FWG BYLAWS WERE APPROVED BY THE ICOC IN 2006. WE
19 ARE SEEKING TO UPDATE THE BYLAWS FOR THE UPCOMING
20 SHARED LAB AND COMMUNITY CENTERS OF EXCELLENCE
21 AWARDS AS FOLLOWS. UPDATE THE BYLAWS WITH THE
22 RELEVANT LANGUAGE FROM PROP 14. MOSTLY MINOR EDITS
23 TO THE AD HOC SPECIALIST MEMBERSHIP AND MEETING
24 CRITERIA. ALL THESE CHANGES ARE IN REDLINE FORM IN
25 THE BYLAWS THAT SHOULD BE IN THE BOARD PACKAGE, BY

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1 THE WAY.

2 WE ALSO CONFORMED THE REVIEW AND SCORING
3 PROCESS TO THE CURRENT GRANTS WORKING GROUP PROCESS
4 SO THAT THERE'S ALIGNMENT BETWEEN THE TWO. AND,
5 FINALLY, WE UPDATED THE ICOC COMPENSATION AS CHANGED
6 IN THE BYLAWS OF THE ICOC THEMSELVES.

7 AND THAT'S IT.

8 CHAIRMAN THOMAS: EXCELLENT, SUCCINCT
9 PRESENTATION. WE NEED A MOTION TO APPROVE.

10 MR. ROWLETT: SO MOVED.

11 DR. MALKAS: SECOND.

12 CHAIRMAN THOMAS: MOVED BY AL, SECONDED BY
13 LINDA. QUESTIONS OR COMMENTS FROM MEMBERS OF THE
14 BOARD? ANY PUBLIC COMMENT? HEARING NONE, MR.
15 TOCHER, PLEASE CALL THE ROLL.

16 MR. TOCHER: IT CAN BE A VOICE VOTE AND
17 THEN I'LL ROLL CALL THE MEMBERS.

18 CHAIRMAN THOMAS: OKAY. I KNEW I COULDN'T
19 GET THROUGH THE WHOLE MEETING WITHOUT ONE OF THOSE.
20 IN THE ROOM, ALL THOSE IN FAVOR PLEASE SAY AYE.
21 OPPOSED? MR. TOCHER.

22 MR. TOCHER: THANK YOU.

23 MARK FISCHER-COLBRIE. MARK, ARE YOU ON?
24 I'LL MOVE ON. FRED FISHER.

25 DR. FISHER: AYE.

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1 MR. TOCHER: LARRY GOLDSTEIN.
2 DR. GOLDSTEIN: YES.
3 MR. TOCHER: STEVE JUELSGAARD. RICH
4 LAJARA.
5 MR. LAJARA: YES.
6 MR. TOCHER: DAVID LO.
7 DR. LO: YES.
8 MR. TOCHER: CHRISTINE MIASKOWSKI.
9 DR. MIASKOWSKI: YES.
10 MR. TOCHER: LAUREN MILLER-ROGEN.
11 MS. MILLER-ROGEN: YES.
12 MR. TOCHER: ADRIANA PADILLA.
13 DR. PADILLA: YES.
14 MR. TOCHER: JOE PANETTA.
15 MR. PANETTA: YES.
16 MR. TOCHER: MICHAEL STAMOS.
17 DR. STAMOS: YES.
18 MR. TOCHER: KAROL WATSON. AND ONE LAST
19 TRY FOR STEVE JUELSGAARD. OKAY. GREAT. THE MOTION
20 CARRIES. THANK YOU, J.T.
21 CHAIRMAN THOMAS: THANK YOU, SCOTT.
22 ITEM NO. 10, CONSIDERATION OF AMENDMENTS
23 TO THE PATIENT SUPPORT PROGRAM CONCEPT PLAN. SEAN
24 PRESENTING.
25 DR. TURBEVILLE: ALL RIGHT. WELL, GOOD

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1 AFTERNOON, EVERYBODY, CHAIRMAN, VICE CHAIRMAN,
2 MEMBERS OF THE ICOC, THE PUBLIC. THANK YOU FOR THE
3 OPPORTUNITY TO PRESENT TODAY. AS DR. MILLAN
4 MENTIONED A FEW MINUTES AGO OR EARLIER TODAY,
5 MEDICAL AFFAIRS WILL BE PRESENTING TWICE TODAY. SO
6 I'M GOING TO PRESENT A LITTLE BIT ON THE PATIENT
7 SUPPORT PROGRAM. THERE WILL BE AN ASK FROM THE
8 ICOC. AND THEN LATER TODAY WE'LL TALK ABOUT THE
9 COMMUNITY CARE CENTERS OF EXCELLENCE AS WELL AS THE
10 ROADMAP FOR THE ACCESS AND AFFORDABILITY FROM THE
11 AAWG WORKING GROUP.

12 SO FOR THIS PRESENTATION, I WANT TO GIVE A
13 QUICK UPDATE ON THE PATIENT SUPPORT PROGRAM. IF YOU
14 REMEMBER, THE CONCEPT PLAN FOR THE PSP WAS APPROVED
15 BY THE ICOC TO SUPPORT THE PATIENT ASSISTANCE FUND
16 AND PROVIDE NAVIGATIONAL SERVICES TO PATIENTS AND
17 THEIR FAMILIES SEEKING INFORMATION ON CIRM-FUNDED
18 TRIALS.

19 IT WAS ORIGINALLY DRAFTED AS AN RFP. AND
20 THROUGH THIS PROCESS, WE DECIDED AS A TEAM THERE
21 WOULD BE PROBABLY BETTER ADVANTAGES TO ACTUALLY
22 CONVERT THIS OVER TO AN RFA. HERE'S THE RATIONALE.
23 ONE, FEASIBILITY AND FLEXIBILITY IN AWARDING AND
24 FINANCING PROVIDER AGREEMENTS. SO AN RFA, FOR
25 BACKGROUND, WOULD BASICALLY BE A CONTRACT AND WE'D

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1 HAVE TO WORK THROUGH AN MSA AND A SCOPE OF WORK WITH
2 THE SERVICE PROVIDER. AN RFA IS BASICALLY A GRANT,
3 AND WE WOULD BE PROVIDING A GRANT TO THE Awardee AS
4 OPPOSED TO CONSTANTLY MONITORING THE CONTRACT AS
5 WELL AS THE SERVICE AGREEMENT.

6 THE OTHER ADVANTAGE TO CONVERTING TO AN
7 RFA IS TO ESTABLISH AND UTILIZE A REVIEW PROCESS FOR
8 AAWG-RECOMMENDED PROGRAMS BASED ON EXISTING GRANTS
9 WORKING GROUP MODEL. SO FOR BACKGROUND, THE AAWG
10 DOESN'T HAVE THAT PROCESS IN PLAY. AND SO WHAT WE
11 WANT TO DO IS ACTUALLY IMPLEMENT THE VERY SIMILAR
12 PROCESS THAT TAKES PLACE WITH THE GWG AND THAT GRANT
13 WORKING METHODOLOGY AND APPLY IT TO THE AAWG ONCE
14 THE AWARDS GO OUT.

15 I WANT TO MAKE SURE THERE'S CONSISTENCY
16 AND METHODOLOGY BETWEEN THE AAWG REVIEW PROCESS AS
17 WELL AS THE GWG. AGAIN, MY THIRD BULLET POINT HERE
18 WOULD BE THE AAWG REVIEW PROCESS WOULD BE IN
19 ALIGNMENT WITH THE GRANTS WORKING GROUP.

20 SO WHAT WE DECIDED TO DO IS REVISE THE PSP
21 CONCEPT PLAN. THESE ARE MINOR EDITS. IT'S BEEN
22 POSTED. THE MINOR EDITS ARE MOSTLY DEFINITIONAL.
23 THERE'S CLARITY ON THE AWARD AMOUNT AND DURATION OF
24 FUNDING THROUGH THE PROGRAM. WE HAVE ADDITIONAL
25 REQUIREMENTS, SUCH AS CALIFORNIA OPERATING LICENSE,

1 OPERATING LOCATION, AND DEMONSTRATION OF SOLVENCY.
2 AGAIN, IF YOU RECALL, WE'RE GOING FOR-PROFIT AS WELL
3 AS NONPROFIT ORGANIZATIONS CAN APPLY TO THE RFA.

4 WE ALSO REMOVED QUITE A BIT OF UNNECESSARY
5 OPERATIONAL INFORMATION. AND I'LL TAKE THE HEAT FOR
6 THIS. THIS WAS MY FIRST CONCEPT PLAN, AND IT WAS
7 PROBABLY A LITTLE TOO DEEP. SO THE REST OF THAT
8 INFORMATION CAN BE APPLIED TO THE RFA.

9 SO THERE IS AN ASK OF THE ICOC. I DO WANT
10 TO THANK GIL AND JENNIFER AND POUNEH AND THE
11 CROSS-FUNCTIONAL TEAM FOR HELPING US COME TO THIS
12 AGREEMENT ABOUT MOVING THE RFP TO AN RFA. AND WITH
13 THAT, MR. CHAIRMAN, I WOULD ASK IF CIRM REQUESTS
14 APPROVAL OF THE PROPOSED REVISIONS TO THE PATIENT
15 SUPPORT CONCEPT PLAN FROM THE RFP TO AN RFA.

16 CHAIRMAN THOMAS: DO WE HEAR A MOTION TO
17 APPROVE?

18 DR. BARRETT: SO MOVED.

19 DR. YAMAMOTO: SECOND.

20 CHAIRMAN THOMAS: MOVED BY KIM, SECONDED
21 BY KEITH. ARE THERE QUESTIONS OR COMMENTS FROM
22 MEMBERS OF THE BOARD? YSABEL AND THEN DAN.

23 MS. DURON: QUESTION NO. 1, THIS IS NOT A
24 DIRECT-TO-PATIENT PAYMENT PLAN. THIS IS THROUGH
25 ORGANIZATIONS, BE THEY FOR-PROFIT OR NONPROFIT, WHO

1 APPLY AND GET A CHUNK OF CHANGE, AND THEN THEY PAY
2 FOR THE PARTICIPATION OF THESE PATIENTS. THEY PAY
3 TO THE PATIENT THE PARTICIPATION FEES. I'M TRYING
4 TO UNDERSTAND THE PLAN FIRST.

5 DR. TURBEVILLE: YEAH, CERTAINLY. SO
6 THERE ARE, FROM A COMPLIANCE STANDPOINT, WHEN YOU
7 SUPPORT PATIENTS THROUGH A CLINICAL TRIAL USING A
8 THIRD PARTY, AND THERE'S LOTS OF RULES AND
9 REGULATIONS, THEY HAVE TO MEET CERTAIN REQUIREMENTS
10 TO BE REIMBURSED. THAT WILL BE IN OUR BUSINESS
11 RULES FOR THAT PROGRAM. SO THEY WILL BE REIMBURSED
12 EITHER THROUGH A TRIAL CARD OR ANOTHER MECHANISM FOR
13 EXPENSES THAT ARE ABOVE AND BEYOND WHAT WAS
14 ORIGINALLY IN THE CLINICAL TRIAL.

15 MS. DURON: SO WHEN YOU SAY THEY, YOU MEAN
16 PATIENTS, BUT REIMBURSED BY BEING CONNECTED TO ONE
17 OF THESE AGENCIES WHO WILL MAKE THAT -- WHO WILL
18 GIVE THEM THAT MONEY. SO IN YOUR REVIEW PROCESS, AS
19 YOU DEVELOP THIS, ARE YOU GOING TO BE MAKING SURE
20 THAT THOSE PEOPLE THAT GET FUNDED, THOSE
21 ORGANIZATIONS THAT GET FUNDED, ARE DIVERSE, ARE IN
22 DIFFERENT COMMUNITIES, AND IN FACT ARE THOSE TRUSTED
23 SUPPORT -- YOU TALKED ABOUT NAVIGATION. THEY ARE
24 TRUSTED IN THOSE COMMUNITIES WHERE THESE TRIALS
25 MIGHT BE TAKING PLACE OR THROUGH BECAUSE THERE

1 REALLY NEEDS TO BE AN ASSESSMENT. JUST BECAUSE
2 SOMEONE HAS GOT A CHUNK OF CHANGE FROM THIS GROUP TO
3 DO THE SUPPORT AND PAY OUT THESE DOLLARS DOESN'T
4 MEAN THEY'RE HELPING THE RIGHT PEOPLE AT THE RIGHT
5 TIME WITH THE RIGHT NEED. I WANT TO MAKE SURE THAT
6 WE'RE OVERSIGHTING THAT WITH A FINE-TOOTHED COMB
7 WHEN WE'RE PASSING OUT THESE GRANTS.

8 DR. TURBEVILLE: YEAH. AND I KNOW YOU AND
9 I SPOKE ABOUT THIS OFFLINE A LOT. YEAH. SO THERE'S
10 A LOT OF DUE DILIGENCE TO MAKE SURE THAT WE'RE
11 HELPING THE RIGHT PEOPLE, PARTICULARLY THOSE
12 PATIENTS THAT ARE IN A CIRM -- LOOKING FOR THE
13 CIRM-FUNDED TRIALS. SO, YES, THERE'S QUITE A BIT OF
14 OPERATIONAL REQUIREMENTS THAT ARE STILL NEEDED TO BE
15 PUT IN PLAY.

16 MS. DURON: SO SECOND QUESTION. DO YOU
17 HAVE A TIMELINE? WHEN WILL THIS ALL BE LAUNCHED?

18 DR. TURBEVILLE: WELL, THE RFP THAT WE
19 WROTE IS PRETTY ROBUST. SO IT WON'T TAKE LONG FOR
20 US TO RECONVERT TO AN RFA. I THINK NOW WHAT WE NEED
21 TO START THINKING ABOUT IS PUTTING THE METHODOLOGIES
22 WITH THE GRANT WORKING GROUP WITHIN THE AAWG, WHICH
23 GIL IS TAKING CHARGE ON AT THIS POINT. AND I THINK
24 THAT'S WHAT'S GOING TO TAKE A LITTLE BIT OF TIME.

25 MY VISION IS THIS MIGHT EVEN SPEED THINGS

1 UP A LITTLE BIT, TO BE HONEST WITH YOU. AND SO IF
2 THERE'S A TIMELINE, I'D SAY ANYWHERE BETWEEN SIX TO
3 EIGHT MONTHS AT MAX.

4 MS. DURON: I'M VISIONING -- SORRY. I'M
5 THINKING ABOUT THIS. SO YOU ARE SAYING THAT AS YOU
6 ESTABLISH WHATEVER THE PROTOCOLS, REQUIREMENTS, ET
7 CETERA, OF THIS GRANT, THAT YOU WILL INCLUDE IN THAT
8 A VERY STRONG DEI PLAN?

9 DR. TURBEVILLE: YES. SO, AGAIN, WITH
10 MEMBERS OF THE ICOC, WE DID WRITE A VERY ROBUST DEI.
11 THAT HAS NOT CHANGED AT ALL. SO IT'S ABOUT AS
12 STRONG YOU CAN GET.

13 MS. DURON: WELL, I HOPE THAT THEY'LL MOVE
14 EVEN FASTER SINCE WE NEED THIS AS SOON AS POSSIBLE
15 AND NEEDS TO GO OUT AS SOON AS POSSIBLE. THANKS.

16 CHAIRMAN THOMAS: DAN.

17 MR. BERNAL: THANK YOU. SIMILAR TO THE
18 QUESTION THAT YSABEL HAD RAISED, SO MOVING FROM A
19 CONTRACT TO A GRANT STRUCTURE WOULD NOT DELAY
20 IMPLEMENTATION AT ALL. YOU THINK IT'S ABOUT THE
21 SAME TIMELINE OR PERHAPS EVEN FASTER THAN IF IT WERE
22 TO BE AN AWARD CONTRACT RATHER THAN A GRANT?

23 DR. TURBEVILLE: GIVEN THE SYSTEMS AND
24 INFRASTRUCTURE THAT'S WITH THE GRANTS WORKING GROUP,
25 I WOULD WE SAY, AND WE'RE SPECULATING HERE BECAUSE

1 MEDICAL AFFAIRS IS NEW AND WE ARE THINKING ABOUT NEW
2 PROGRAMS THAT ARE SOMEWHAT UNIQUE TO CIRM, I WOULD
3 HAVE TO SAY IT'S ABOUT AS FAST, IF NOT FASTER.

4 MR. BERNAL: IT'S CERTAINLY A PRIORITY FOR
5 THE AAWG ON WHICH BOTH OF US SERVE.

6 TWO OTHER QUESTIONS THEN. ARE YOU
7 SOLICITING APPLICANTS NOW? ARE THEY BEING
8 SOLICITED? ARE YOU TAKING THROUGH JUST GENERAL
9 PROPOSALS FROM FOLKS?

10 DR. TURBEVILLE: NOT NOW. NOTHING IS
11 POSTED RIGHT NOW OTHER THAN THE CONCEPT PLAN.
12 HOWEVER, TO BE FAIR, WHEN WE FIRST PRESENTED THIS,
13 THERE WERE ORGANIZATIONS THAT WERE LISTENING TO THIS
14 CONCEPT, THIS NEW IDEA ABOUT PATIENT SUPPORT FOR
15 CELL AND GENE THERAPY. SO WE DID RECEIVE QUITE A
16 BIT OF INQUIRIES, BUT IT HAS KIND OF CALMED DOWN
17 NOW.

18 MR. BERNAL: AND JUST LAST QUESTION.
19 MOVING FROM AN RFP TO AN RFA, WILL THE SAME
20 PERFORMANCE MEASURES BE IN PLACE AND ACCOUNTABILITY
21 MEASURES WITHIN A GRANT VERSUS A CONTRACT?

22 DR. TURBEVILLE: YES. I'D HAVE TO DEFER
23 TO SOME OF MY COLLEAGUES WITH RESPECT TO THE
24 LANGUAGE THAT'S GOING TO BE IN THERE. THAT'S WHAT
25 WE ARE GOING TO BE FINE-TUNING WITH RESPECT TO THE

1 RFA.

2 CHAIRMAN THOMAS: SEAN, WE APPROVED THE
3 RFP IN OCTOBER, CORRECT? AND JUST TO INFORM THE
4 BOARD, WHY DID FIVE MONTHS LATER WE DECIDE TO MAKE
5 THIS SHIFT AS OPPOSED TO SOONER OR ORIGINALLY?

6 DR. TURBEVILLE: CERTAINLY. AS I
7 MENTIONED, THESE ARE NEW CONCEPTS THAT I THINK
8 MEDICAL AFFAIRS ARE GOING TO BE BRINGING TO THE ICOC
9 AND THERE WILL BE OTHERS AS WELL. THIS ONE SORT OF
10 FELL IN THE MIDDLE BETWEEN AN RFP AND AN RFA. SO
11 THE GUIDANCE WAS TO MOVE FORWARD WITH AN RFP AND WE
12 DID THAT. I THINK WHEN WE STARTED CONNECTING ALL
13 THE DOTS IN TERMS OF OPERATIONALIZING THIS WITH A
14 METHODOLOGY THAT'S SIMILAR TO THE GRANTS WORKING
15 GROUP, THAT JUST WASN'T ESTABLISHED IN THE AAWG. SO
16 WE HAVE TO DO A LITTLE BIT OF A BACKTRACK AND SET
17 THAT UP SO THAT WE CAN DO THE SAME METHODOLOGY WITH
18 RESPECT TO AWARDEES THAT THE GRANTS WORKING GROUP IS
19 DOING.

20 I DEFER TO GIL IF HE HAS ANY COMMENTS ON
21 THAT OR IF I MISCHARACTERIZED THAT.

22 CHAIRMAN THOMAS: WE KNEW BACK IN OCTOBER
23 THAT THE AAWG WASN'T EQUIPPED TO DO GWG-TYPE
24 ANALYSIS. AGAIN, I GUESS THE QUESTION IS WHY THIS
25 WASN'T THE ORIGINAL SUGGESTION BACK IN OCTOBER

1 KNOWING THAT AT THE TIME?

2 DR. MILLAN: MR. CHAIRMAN, IF I MAY PIPE
3 IN. IS THAT OKAY?

4 CHAIRMAN THOMAS: CERTAINLY.

5 DR. MILLAN: WE DID KNOW THAT. I THINK
6 THAT THAT IS WHY INITIALLY IT WAS CRAFTED AN AS RFP
7 BECAUSE AT THAT TIME IT SEEMED THAT IT WAS GOING TO
8 BE THE MOST EXPEDITIOUS WAY TO GET SOMETHING GOING.
9 AS WE WORKED THROUGH IT INTERNALLY, INCORPORATING
10 ASPECTS SUCH AS THE DEI AND SOME BOARD INPUT IN
11 TERMS OF WHAT'S IMPORTANT TO ENSURE THAT WHO WE FUND
12 IS ABLE TO EXECUTE IN A VERY SPECIALIZED WAY TO WHAT
13 OUR NEEDS ARE, IT REALLY DID REQUIRE A MORE ROBUST
14 REVIEW PROCESS AS WELL AS WHAT'S ALSO INVOLVED IN
15 TERMS OF PROCESSES FOR CONFLICTS OF INTEREST AND
16 THINGS LIKE THAT THAT WAS READY TO DEPLOY BASED ON
17 THE SYSTEM WE ALREADY HAD IN PLACE.

18 SO IT WAS ACTUALLY MY RECOMMENDATION THAT
19 THE TEAM REEVALUATE THIS ACROSS THE ORGANIZATION.
20 AND IT TOOK AWHILE FOR THE ANALYSIS, FINANCIAL
21 ANALYSIS, CONTRACTING CONSIDERATIONS, ALL THAT. AND
22 THE LEADERSHIP TEAM CAME UP WITH A PROPOSAL TO THE
23 MEDICAL AFFAIRS TEAM THAT IT WAS BEST DONE AS AN
24 RFA. AFTER THAT, THE CONVERSION TO THE CONCEPT
25 AMENDMENTS TOOK PLACE. AND THIS WAS THE FIRST BOARD

1 MEETING THAT, WITH EVERYTHING, ALL THE CONVERSATIONS
2 AND ALL OF THE REVISIONS AND ANALYSIS, THAT WE COULD
3 TAKE IT TO.

4 THE GOOD SIDE, THE GOOD THING ABOUT MOVING
5 INTO AN RFA IS THAT WE CAN DRAW FROM A LOT OF
6 ESTABLISHED SYSTEMS WITHIN CIRM THAT WE HAVE
7 CONFIDENCE IN AND ALSO PATHWAYS THAT THE BOARD WILL
8 HAVE THE OPPORTUNITY TO EVALUATE IN WAYS THAT WE
9 EVALUATE OTHER GRANT PROPOSALS. BUT IT'S TRUE. IT
10 DID CHANGE US FROM OUR ORIGINAL PLAN; BUT IN THE
11 ANALYSIS AND OPINION OF OUR LEADERSHIP TEAM, WE
12 THOUGHT IT WAS REALLY THE BEST THING TO DO TO CREATE
13 THE BEST PROGRAM FOR THE INTENT.

14 CHAIRMAN THOMAS: THANK YOU FOR THAT
15 EXPLANATION. I DON'T DISAGREE WITH ANY OF WHAT YOU
16 JUST SAID OTHER THAN PERHAPS THAT COULD HAVE BEEN
17 THE ANALYSIS BACK IN OCTOBER.

18 BUT, SEAN, I THINK YOU SAID THIS, WHEN ARE
19 YOU GOING TO POST THIS IF WE APPROVE TODAY?

20 DR. TURBEVILLE: THE RFA?

21 CHAIRMAN THOMAS: YES.

22 DR. TURBEVILLE: WELL, CERTAINLY PROBABLY
23 WITHIN THE NEXT, AND I'M SPECULATING HERE, I HAVE TO
24 TALK WITH THE CROSS-FUNCTIONAL TEAMS, BUT I WOULD
25 SAY IN THE NEXT TWO MONTHS WE COULD POTENTIALLY POST

1 THE RFA.

2 VICE CHAIR BONNEVILLE: SEAN, CAN YOU JUST
3 COME BACK TO THE BOARD AND GIVE US ALL THE TIMING OF
4 WHEN IT'S GOING TO BE POSTED, WHEN WE THINK THE
5 REVIEW WILL BE HELD, WHEN WE THINK THAT AN AWARD
6 WOULD ACTUALLY GO OUT THE DOOR? I THINK THAT WOULD
7 HELP A LOT. SO JUST COME BACK AND LET US KNOW.

8 DR. TURBEVILLE: THAT'S REASONABLE. THANK
9 YOU.

10 CHAIRMAN THOMAS: GIL, JUST A QUESTION FOR
11 YOU. JUST AS A MATTER OF TIMING, WHEN WE POST AN
12 RFA, WHAT'S THE MOST EXPEDITIOUS SCHEDULE WE COULD
13 GET ON TO GET THROUGH THE GWG PROCESS? THIS IS
14 SOMETHING THAT'S A HUGE PRIORITY, AND WE ARE HAVING
15 A SIGNIFICANT DELAY HERE. SO HOW FAST, ONCE IT GETS
16 POSTED, COULD YOU WORK IT THROUGH?

17 DR. SAMBRANO: IT'S DIFFICULT FOR ME TO
18 SAY. AND THE REASON IS THERE'S UNKNOWNNS, AT LEAST
19 ON MY PART, IN TERMS OF THE CONTENT. FOR ANY RFA
20 THAT WE PUT TOGETHER, ESPECIALLY FOR A NEW PROGRAM,
21 WE HAVE TO ASSEMBLE THE APPLICATIONS. SO WHAT IS
22 THE APPLICATION GOING TO LOOK LIKE? WHAT IS IT
23 GOING TO ASK APPLICANTS FOR AND EVERYTHING ELSE?
24 AND SO THAT ITSELF CAN BE A LENGTHY PROCESS
25 DEPENDING ON WHAT WE NEED.

1 WE TIME THE RFA SO THAT IT ALLOWS US TO GO
2 FROM CONCEPT TO RFA IN ABOUT A MONTH. AND THEN WE
3 ISSUE THE APPLICATION AS SOON AS WE CAN AFTER THAT.
4 SOMETIMES WE CAN DO IT CONCURRENTLY. FOR THIS I
5 DOUBT THAT THAT WOULD BE THE CASE. THIS WOULD BE AT
6 LEAST TWO MONTHS OUT, AS SEAN WAS INDICATING, BEFORE
7 AN APPLICATION IS LIKELY OUT AND THEN HOW MUCH TIME
8 WE GIVE APPLICANTS TO COMPLETE.

9 IN THE INTEREST OF URGENCY, I THINK IT
10 WOULD BE IMPORTANT FOR US TO MAKE SURE THAT
11 APPLICANTS ARE AWARE THAT THIS HAS BEEN POSTED AND
12 EXISTS SO THAT THEN THAT ELEMENT OF IT CAN ALSO BE
13 ACCELERATED TO THE EXTENT POSSIBLE BEFORE WE TAKE
14 THOSE IN. THAT'S MY BEST ESTIMATE.

15 CHAIRMAN THOMAS: THANK YOU. DAN.

16 MR. BERNAL: SO, MADAM VICE CHAIR, I DID
17 HAVE A SIMILAR CONCERN. I'M JUST WONDERING, AGAIN,
18 IF IT WERE TO BE AN RFA AND A GRANT, JUST SO WE
19 UNDERSTAND THE PROCESS A LITTLE BETTER, WOULD IT
20 TAKE THEM GO THROUGH THE GWG, A RECOMMENDATION FROM
21 THE GWG TO THE FULL ICOC, OR WOULD IT, AS OPPOSED TO
22 A CONTRACT, IF THAT WOULD JUST BE AN ADMINISTRATIVE
23 FUNCTION?

24 DR. TURBEVILLE: I WOULD DEFER TO GIL ON
25 THAT TO GIVE GUIDANCE.

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1 DR. SAMBRANO: SO THE AAWG IS GOING TO
2 FUNCTION LIKE THE GWG. SO IT WILL BE THAT BODY.
3 AND SO WE HAVE TO -- SO IT WILL FOLLOW THE SAME
4 GENERAL PROTOCOL IN TERMS OF WE HAVE A REVIEW, THEY
5 ASSESS IT, THEY SCORE IT, AND THEN WE BRING THOSE
6 RECOMMENDATIONS TO THE BOARD. SO THE INTERVENING
7 TIME WOULD IDEALLY BE ABOUT A MONTH.

8 MR. BERNAL: SO TWICE AGENDIZED THEN?

9 DR. SAMBRANO: CORRECT.

10 MR. BERNAL: IF IT WERE A CONTRACT?

11 DR. SAMBRANO: FOR A CONTRACT, THERE IS NO
12 AAWG OR GRANTS WORKING GROUP. IT'S ALL DONE
13 INTERNALLY. SO WHEN WE IDENTIFY THE SERVICE
14 PROVIDER, AS IT WOULD BE IN THIS CASE, AS SOON AS WE
15 DECIDE, WE BEGIN THE CONTRACTING PROCESS.

16 MR. BERNAL: THANK YOU.

17 CHAIRMAN THOMAS: FRED.

18 DR. FISHER: I'M CERTAINLY SENSITIVE TO
19 NOT WANTING TO DELAY IMPLEMENTATION OF THIS PROGRAM
20 ANY LONGER, BUT I'M WONDERING -- I HAVE A FEW
21 QUESTIONS ABOUT THE PROGRAM DESIGN. AND, AGAIN, I
22 DON'T KNOW IF I'M OPENING A CAN OF WORMS OR NOT
23 BECAUSE I'M, FRANKLY, NOT RECALLING SORT OF WHAT THE
24 VISION FOR THE EXECUTION OF THIS IS. THE FIRST
25 QUESTION I HAVE, YOU USE THE WORD "REIMBURSE

1 PATIENTS." I THINK A LOT OF THE POPULATION THAT WE
2 ARE CONCERNED ABOUT IS A GROUP OF PEOPLE WHO DON'T
3 HAVE THE ABILITY TO PAY OUT-OF-POCKET COSTS OF
4 PARTICIPATING IN A CLINICAL TRIAL. AND CREATING A
5 REIMBURSEMENT PROCESS ONLY INCREASES THE BURDEN ON
6 THESE FAMILIES TO PARTICIPATE BECAUSE THEY MAY HAVE
7 TO ACTUALLY TAKE MONEY FROM SOME OTHER KEY NEED THAT
8 THEY HAVE OR JUST NOT BE ABLE TO PARTICIPATE BECAUSE
9 THEY CAN'T LAY OUT THE CASH IN FRONT.

10 SO I'M WONDERING WHERE IT HAPPENED THAT
11 THE DECISION WAS TO REIMBURSE PATIENT COST RATHER
12 THAN GIVE THEM THE MONEY SO THAT THEY CAN.

13 DR. TURBEVILLE: THAT'S A GOOD QUESTION.
14 LET ME GET A LITTLE BIT DEEPER INTO THE METHODOLOGY.
15 IT CAN BE A COMBINATION OF BOTH WHERE YOU CAN
16 FRONTLOAD A CARD, WHAT'S CALLED TRIAL CARD, FOR
17 EXAMPLE, AND THAT PATIENT HAS TO QUALIFY. AND THERE
18 ARE BUSINESS RULES FOR THAT. AND THEN THERE'S
19 ANOTHER ALTERNATIVE WHERE THERE'S OUT-OF-POCKET
20 PATIENT EXPENSES WHERE THE PATIENT CAN SUBMIT
21 INVOICES OR RECEIPTS FOR THOSE AND GET REIMBURSED.
22 SO WE WILL HAVE BOTH OF THOSE METHODOLOGIES. I
23 APOLOGIZE.

24 DR. FISHER: SO THE OTHER THING IS THIS IS
25 ONLY FOR CIRM-FUNDED TRIALS, RIGHT?

1 DR. TURBEVILLE: THAT'S CORRECT.

2 DR. FISHER: SO, AGAIN, APOLOGIES IN
3 ADVANCE FOR THIS QUESTION. BUT WHY ARE WE CREATING
4 A WHOLE NEW INFRASTRUCTURE AROUND SUPPORTING ACCESS
5 TO CIRM-FUNDED CLINICAL TRIALS WHEN EVERY ONE OF
6 THOSE TRIALS HAVE PATIENT CARE COORDINATORS WHO ARE
7 WORKING DIRECTLY WITH PATIENTS ABOUT SCREENING THEM
8 FOR PARTICIPATION AND COULD SIMULTANEOUSLY, ONCE
9 THEY'VE BEEN ACCEPTED INTO A TRIAL, ASSESS THEIR
10 NEED FOR FINANCIAL ASSISTANCE AND THROUGH FUNDING WE
11 PROVIDE GET IT TO THEM? WHY IS THAT JUST NOT PART
12 OF WHAT EVERY CLINICAL TRIAL WOULD DO RATHER THAN
13 CREATING THIS WHOLE GIANT BUREAUCRACY TO ACCOMPLISH
14 SOMETHING THAT IN MY MIND IS PRETTY SIMPLE?

15 DR. TURBEVILLE: THAT'S A GOOD QUESTION.
16 SO CELL AND GENE THERAPIES ARE UNIQUE, AND WE'RE
17 LEARNING REAL-TIME A LOT ABOUT CELL AND GENE
18 THERAPIES. I'LL TALK ABOUT THAT IN THE ACCESS AND
19 AFFORDABILITY DISCUSSION IN A FEW MINUTES.

20 WHAT WE'VE OBSERVED IN OUR LITERATURE AND
21 EVEN HAVE A CONSULTANT COME IN AND TALK TO THE ALPHA
22 SITES WERE THAT THE EXPENSES WERE FAR ABOVE, BEYOND
23 WHAT THEY EXPECTED FOR PATIENTS WITH RESPECT TO
24 OUT-OF-POCKET EXPENSES. AND THAT'S WHAT WE ARE
25 SEEING ACROSS THE COUNTRY WITH RESPECT TO CELL AND

1 GENE THERAPY TRIALS. IT'S NOT NECESSARILY JUST OUR
2 TRIALS, ALL TRIALS. AND IF YOU RECALL, THERE'S BEEN
3 MANY, MANY ASSETS THAT HAVE BEEN SHELVED SIMPLY
4 BECAUSE THEY DIDN'T PREDICT THE PROJECTION FROM A
5 CLINICAL OPERATIONS STANDPOINT, THAT BURN RATE FOR
6 PATIENTS AS WELL AS THE MANUFACTURER. SO THERE'S A
7 LOT OF MOVING PARTS HERE NOW.

8 DR. FISHER: OKAY. I DON'T UNDERSTAND
9 THAT ANSWER. BECAUSE IN THE END, AGAIN, J.T., I'M
10 SORRY. I DON'T WANT TO BELABOR THE POINT. I THINK
11 I'VE MADE IT. WE ARE GOING TO SPEND MONEY TO CREATE
12 ANOTHER SET OF ORGANIZATIONS FUNDED OR ONE
13 ORGANIZATION -- ARE WE TALKING ABOUT A CALL CENTER,
14 OR ARE WE TALKING, LIKE, HOW DO PEOPLE CONNECT TO
15 THIS RESOURCE?

16 DR. TURBEVILLE: THERE'S MULTIPLE
17 METHODOLOGIES OUT THERE. A CALL CENTER WOULD BE
18 APPROPRIATE, BUT THERE ARE OTHERS THAT WE COULD LOOK
19 AT AS WELL.

20 DR. FISHER: SO YOU HAVEN'T DECIDED?

21 DR. TURBEVILLE: NO, WE HAVEN'T DECIDED.
22 THERE'S GOING TO BE -- WE'RE OPENING UP THE
23 FLOODGATES WITH RESPECT TO PROFIT, NONPROFIT
24 ORGANIZATIONS THAT HAVE THE SKILL SET THAT CAN
25 PROVIDE THESE SERVICES.

1 DR. FISHER: SO IT'S GOING TO BE UP TO THE
2 APPLICANT TO DETERMINE THEIR METHODOLOGY FOR GETTING
3 THESE FUNDS -- GETTING IN CONTACT WITH A PROSPECTIVE
4 TRIAL PARTICIPANT AND PROVIDING THEM WITH THIS
5 RESOURCE. THE APPLICANTS ARE GOING TO TELL US HOW
6 THEY INTEND TO DO IT. WE HAVEN'T DECIDED HOW WE
7 THINK THEY SHOULD DO IT.

8 DR. TURBEVILLE: NO, THAT'S NOT CORRECT.
9 SO WE DEVELOP THE BUSINESS RULES IN TERMS OF WHAT WE
10 WANT TO SUPPORT AND WON'T SUPPORT. SO WE HAVE,
11 USING BEST PRACTICES, OF COURSE, AND WHAT WE WANT
12 FOR OUR PATIENTS, OR THE PATIENTS THAT ARE IN THE
13 CIRM-FUNDED TRIALS. SO WE HAVE A LOT OF LEEWAY IN
14 TERMS OF HOW WE SET THIS PROGRAM UP AND WHAT OUR
15 EXPECTATIONS ARE OF THE SERVICE PROVIDER THAT'S
16 PROVIDING THESE SERVICES.

17 DR. FISHER: OKAY. I'M STILL -- I'M JUST
18 GOING TO GO ON RECORD AND BE DONE. HOW MUCH MONEY
19 ARE WE TALKING ABOUT ALLOCATING FOR THIS TOTAL?

20 DR. TURBEVILLE: SO THE PATIENT ASSISTANCE
21 FUND IS 15.6. THAT WILL GO TO ALL THE PATIENTS.
22 AND THE ICOC-APPROVED ADMINISTRATION COST WAS 2.5
23 OVER FIVE YEARS.

24 DR. FISHER: 2.5 MILLION TO DELIVER THE 16
25 MILLION?

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1 DR. TURBEVILLE: THAT'S CORRECT. YES. SO
2 \$500,000 PER YEAR FOR THE OPERATIONAL COSTS.

3 DR. FISHER: I'M JUST GOING TO END HERE BY
4 SAYING I DO NOT UNDERSTAND WHY WE AREN'T JUST
5 FUNDING OUR CLINICAL TRIAL PARTNERS TO DELIVER THIS
6 AND CREATING AN ENTITY THAT ACTUALLY OPERATES
7 OUTSIDE OF THE CLINICAL TRIALS TO WORK WITH BOTH THE
8 PATIENTS AND THE TRIAL SITES. IT SEEMS VERY
9 CUMBERSOME AND OVERLY BUREAUCRATIC AND INEFFICIENT.
10 BUT MAYBE THE HORSE IS OUT OF THE BARN ALREADY ON
11 THAT.

12 CHAIRMAN THOMAS: THANK YOU, FRED.
13 ANNE-MARIE.

14 DR. DULIEGE: I'M NOT GOING TO TALK ABOUT
15 YOUR SECOND POINT, BUT RATHER YOUR FIRST ONE, WHICH
16 IS WHAT IS THIS MONEY FOR IN TERMS OF SUPPORTING
17 PATIENTS GETTING INTO CLINICAL TRIALS? JUST WANT TO
18 REMIND THE BOARD THAT THIS IS AN AREA THAT IS
19 EXTREMELY WELL REGULATED, AMONG OTHERS, BY THE FDA
20 AND BY ETHICS COMMITTEES AT EACH INSTITUTION WHERE
21 THERE'S A FINE LINE BETWEEN REIMBURSING COSTS,
22 ALLOCATING THE COST OF PARTICIPATING IN A CLINICAL
23 TRIAL, BUT NOT CROSSING THIS FINE LINE TO BEING A
24 FINANCIAL INCENTIVE FOR PATIENTS TO BE PART OF THE
25 TRIALS.

1 AND I KNOW THAT, SEAN, WITH YOUR
2 BACKGROUND, EXPERTISE, TOGETHER WITH THAT OF YOUR
3 TEAM AND MANY OTHER MEMBERS OF THE CIRM TEAM, YOU
4 ARE VERY FAMILIAR WITH THAT.

5 DR. TURBEVILLE: YES. IT'S A HIGHLY
6 REGULATED AREA. THANK YOU.

7 MS. DURON: BUT TO THAT POINT, ANNE-MARIE,
8 THAT IS ONE OF THE REASONS WHY WE DON'T HAVE A LOT
9 OF COMMUNITIES OF COLOR REPRESENTED IN CLINICAL
10 TRIALS BECAUSE OF THE FINANCIAL TOXICITY OF, FIRST,
11 THE DISEASE ITSELF AND THEN, SECOND, BEING ABLE TO
12 PARTICIPATE FULLY AND OVER A LONG TIME IN THESE
13 TRIALS. SO I KNOW ALL ABOUT ETHICS, SITTING ON THE
14 IRB, AND I'M CONSTANTLY TALKING ABOUT WHOSE ETHICS.
15 AT WHAT POINT IN TIME ARE WE, SUPPOSEDLY FOR GREATER
16 GOOD, ADAPTING THESE LONG-ESTABLISHED ETHICAL
17 GUIDELINES WHEN MAYBE IT'S TIME TO REVISIT AND DO IT
18 ON SORT OF A PROJECT-BY-PROJECT LEVEL? BECAUSE I
19 ALWAYS WORRY THAT WE TALK ABOUT ETHICS, BUT THE
20 ETHICS OF NOT HAVING COMMUNITIES OF COLOR
21 REPRESENTED IN THESE TRIALS BECAUSE THEY CAN'T
22 AFFORD TO DO IT IS ALSO UNETHICAL.

23 AND TO FRED'S POINT, I ABSOLUTELY AGREE.
24 BUT I'M ALSO CONCERNED THAT IF LARGE INSTITUTIONS,
25 LIKE ACADEMIC INSTITUTIONS, HAVE THIS MONEY AND

1 BEING A COMMUNITY AGENCY WHO PARTNERS IN A LOT OF
2 RESEARCH, IT TAKES MONTHS TO GET WHICH IS WHY I SAID
3 DIRECT TO PATIENT AS OPPOSED TO -- THIS IS
4 UNCONSCIONABLE THAT WE'RE GOING TO REPEAT SOMETHING
5 THAT STILL PUTS THE PATIENT AT THE DISADVANTAGE, AT
6 THE ECONOMIC DISADVANTAGE, AND YET WE ARE ASKING
7 THEM TO GIVE US THEIR VALUE ADD TO THIS CLINICAL
8 TRIAL, BUT WE ARE NOT GIVING BACK IN EQUAL AND
9 TIMELY MEASURE. SO WE HAVE GOT TO FIGURE OUT HOW TO
10 DO THIS DIFFERENTLY.

11 DR. TURBEVILLE: BEST PRACTICES OUT THERE
12 THAT I'VE SEEN WITH RESPECT TO RESPONSE TIME TO
13 PATIENTS ARE ACTUALLY REALLY QUICK. AND THEY KNOW
14 THE SENSITIVITY THAT YOU JUST BROUGHT UP.

15 MS. DURON: DEFINE REALLY QUICK.

16 DR. TURBEVILLE: WITHIN 24 TO 48 HOURS.
17 WHEN WE WROTE THIS RFP, IT IS VERY ROBUST, AND IT IS
18 TARGETING THE ORGANIZATIONS THAT HAVE REALLY DONE
19 THIS IN THE PAST AND ARE SENSITIVE TO THAT AND
20 REALLY KNOW THIS SPACE VERY WELL.

21 AND SO SPEED WINS WHEN IT COMES TO HELPING
22 PATIENTS IN EVERY FACET, PARTICULARLY WITH CLINICAL
23 TRIALS. AND THIS IS ONE OF THOSE OPERATIONAL
24 CHARACTERISTICS THAT DOES HELP PATIENTS QUICKLY.

25 MR. BERNAL: AGAIN, JUST FOLLOWING UP ON

1 YSABEL'S POINT, PARTICULARLY WHEN IT COMES TO HAVING
2 TO DRAW ON PERSONAL RESOURCES THAT MIGHT BE NEEDED
3 ELSEWHERE, IS THERE A STRUCTURE THAT EXISTS OR A
4 MODEL WHERE IT COULD BE ON A PER DIEM BASIS RATHER
5 THAN REIMBURSEMENT?

6 DR. TURBEVILLE: THAT'S A GOOD QUESTION.
7 FINDING NEW, CREATIVE WAYS AS WE SPEAK WITH THE CELL
8 AND GENE THERAPY BECAUSE THE DEMAND IS SO HIGH, BUT
9 LET ME GET BACK TO YOU.

10 MR. BERNAL: THANK YOU.

11 CHAIRMAN THOMAS: OTHER COMMENTS, MEMBERS
12 OF THE BOARD? SO I THINK, SEAN, THERE ARE A NUMBER
13 OF TAKEAWAYS HERE THAT, AS YOU'RE WORKING TO CRAFT
14 THIS RFA, THAT THESE VERY IMPORTANT POINTS NEED TO
15 BE CONSIDERED MORE FULLY AND FACTORED IN. SO I HOPE
16 THIS IS HELPFUL IN FORMING THAT PROCESS. BUT
17 WHATEVER THE PROCESS IS, WE WANT TO GET IT IN PLACE
18 ASAP BECAUSE THIS IS BADLY NEEDED AS SOON AS WE CAN
19 GET IT.

20 DR. TURBEVILLE: YES. THANK YOU,
21 CHAIRMAN.

22 CHAIRMAN THOMAS: SO WE HAVE A MOTION AND
23 A SECOND. IS THERE PUBLIC COMMENT? HEARING NONE,
24 MR. TOCHER, AGAIN, THE MOTION IS TO APPROVE -- WOULD
25 YOU LIKE TO RESTATE THE MOTION?

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1 MR. TOCHER: SURE. THE MOTION IS TO
2 APPROVE --

3 CHAIRMAN THOMAS: I SEE THIS HAPPENING
4 WHICH MEANS YOU ANTICIPATE --

5 MR. TOCHER: JUST BECAUSE I'M TELLING
6 MYSELF I DON'T NEED TRANSITION LENSES. THIS IS JUST
7 A MOTION TO APPROVE THE AMENDMENTS TO THE PSP
8 PROGRAM.

9 CHAIRMAN THOMAS: CORRECT.

10 MR. TOCHER: AND THIS IS A VOICE VOTE WITH
11 A ROLL CALL.

12 CHAIRMAN THOMAS: THANK YOU, MR. TOCHER.
13 IN THE ROOM ALL THOSE IN FAVOR PLEASE SAY AYE.
14 YSABEL.

15 MS. DURON: QUESTION, MR. CHAIR.

16 CHAIRMAN THOMAS: YES.

17 MS. DURON: GIVEN ALL OF THIS DISCUSSION,
18 ARE WE ACTUALLY READY TO APPROVE THIS? OR IS THIS A
19 SIMPLE LITTLE THING? HELP ME TO UNDERSTAND WHETHER
20 I REALLY WANT TO GIVE APPROVAL TO SOMETHING I'M NOT
21 YET SURE WE'VE GOT FULL MEASURE.

22 CHAIRMAN THOMAS: SO MY ANSWER TO THAT
23 WOULD INCORPORATE THE COMMENTS I MADE A COUPLE
24 MINUTES AGO, WHICH IS THERE ARE A NUMBER OF VERY
25 VALID POINTS THAT NEED TO BE FACTORED INTO THE

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1 CRAFTING OF THIS RFA. SO MY VIEW IS THAT BY
2 APPROVING THIS, WHAT THE BOARD WILL BE DOING IS
3 SAYING TO SEAN WE APPROVE THESE AMENDMENTS, BUT
4 THERE'S MORE WORK THAT NEEDS TO BE DONE AND PEOPLE
5 ON THE BOARD HE SHOULD BE TALKING TO WHO HAVE
6 SIGNIFICANT INPUT ON THESE ISSUES THAT CAN HELP IN
7 THE CRAFTING. SO...

8 DR. FISHER: MAYBE THAT SHOULD BE PART OF
9 THE MOTION.

10 CHAIRMAN THOMAS: OKAY.

11 MR. TOCHER: DID THE MAKER AND SECOND OF
12 THE MOTION ACCEPT THAT? THAT WOULD BE KIM BARRETT
13 AND KEITH YAMAMOTO.

14 DR. BARRETT: THAT'S FINE BY ME.

15 CHAIRMAN THOMAS: MR. TOCHER, WOULD YOU
16 LIKE TO RESTATE THE MOTION NOW.

17 MR. TOCHER: AS AMENDED, THE MOTION TO IS
18 APPROVE THE PSP AMENDMENTS AS PROPOSED WITH THE
19 CAVEAT THAT THE TEAM COME BACK TO MAKE THE
20 IMPROVEMENTS THAT WERE DISCUSSED IN THE DISCUSSION
21 OF THE ITEM AND TO WORK SPECIFICALLY WITH MEMBERS TO
22 FINE-TUNE THOSE PARTICULAR ELEMENTS OF THE RFA,
23 INCLUDING, BUT NOT LIMITED TO, THOSE RELATING TO THE
24 EXPEDITED REVIEW AND POSTING OF THE RFA.

25 CHAIRMAN THOMAS: YSABEL.

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1 UNIDENTIFIED SPEAKER: AM I UNMUTED?

2 CHAIRMAN THOMAS: YOU ARE UNMUTED.

3 UNIDENTIFIED SPEAKER: MAY I ASK A
4 QUESTION?

5 CHAIRMAN THOMAS: CERTAINLY. WHO'S
6 SPEAKING?

7 MS. GREEN: HI. I'M ELIZABETH GREEN. FOR
8 LESS THAN HALF MILLION DOLLARS A YEAR, CAN'T YOU
9 FIND A MACHINE THAT CAN JUST COMPLETE -- WRITE A
10 CHECK?

11 CHAIRMAN THOMAS: THIS IS PUBLIC COMMENT.

12 MR. TOCHER: WE'RE IN THE MIDDLE OF JUST
13 CLARIFYING --

14 CHAIRMAN THOMAS: IT'S NOT APPROPRIATE TO
15 HAVE -- I'M SORRY. IF YOU CAN HOLD THAT PUBLIC
16 COMMENT FOR A SECOND, WE'RE STILL TRYING TO CLARIFY
17 THE MOTION.

18 MY QUESTION TO YSABEL IS DID THAT -- ARE
19 YOU COMFORTABLE WITH THAT LANGUAGE, OR WOULD YOU
20 LIKE IT FURTHER REFINED?

21 MS. DURON: LOOKING AT THE WILL OF THE
22 BOARD HERE, I BELIEVE I'M COMFORTABLE WITH IT. I
23 BOTTOM LINE WILL SEE IN THE RESULTS WHETHER OR NOT
24 WE TURN IT BACK AGAIN OR SOMETHING. WHAT A HORRIBLE
25 IDEA. BUT, YEAH, I'LL GO WITH IT.

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1 CHAIRMAN THOMAS: OKAY. ALL RIGHT. OTHER
2 COMMENTS FROM MEMBERS OF THE BOARD? NOW IT'S TIME
3 FOR PUBLIC COMMENT. IF YOU CAN REIDENTIFY YOURSELF
4 PLEASE.

5 MS. GREEN: I'M ELIZABETH GREEN. SO
6 BASICALLY IN ORDER TO TREAT EVERYBODY FAIRLY, YOU
7 WOULD HAVE A MACHINE ISSUE A CHECK FOR \$1,000 TO
8 EACH AND EVERY PARTICIPANT OUT THERE, AND THAT
9 COVERS ALL OF THEIR EXPENSES. OR IF YOU THINK THE
10 CHECK SHOULD BE HIGHER TO COVER THE EXPENSES OF EACH
11 AND EVERY IN VIVO HOST PARTNER TO THE CLINICAL
12 TRIAL, WHICH YOU CALL A PATIENT, WHICH I USED TO
13 CALL HUMAN SUBJECTS. SIMPLY MEANING GIVING
14 EVERYBODY -- INSTEAD OF TREATING PEOPLE WHO CAN
15 PROVE THAT THEY HAVE A POVERTY STATUS OVER PEOPLE
16 WHO CAN'T BECAUSE OF SOME -- MAYBE TO HAVE MORE
17 INTEGRITY. I DON'T KNOW. WOULDN'T IT BE FAIRER
18 JUST TO HAVE A MACHINE AND CHEAPER? JUST HAVE A
19 MACHINE ISSUE A CHECK SO THAT EVERYBODY WHO
20 PARTICIPATES IN A CLINICAL TRIAL GETS AN EQUAL
21 AMOUNT OF PAYMENT FOR BEING THE IN VIVO HOST
22 PARTNER? THANK YOU.

23 CHAIRMAN THOMAS: THANK YOU FOR YOUR
24 COMMENT. THE PUBLIC COMMENT, BY THE WAY, IS NOT A
25 SORT OF Q&A EXCHANGE. SO WE FACTOR IN YOUR

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1 COMMENTS. THANK YOU VERY MUCH.

2 OTHER PUBLIC COMMENT? HEARING NONE --

3 DR. MELMED: JUST A POINT OF

4 CLARIFICATION. THANK YOU FOR GOING THROUGH

5 EVERYTHING SO CAREFULLY WITH US. DO THE IRB'S ALLOW
6 THIS?

7 DR. TURBEVILLE: OH, YES. YES, SIR.

8 DR. MELMED: THEY WOULD ALLOW A \$1,000
9 PAYMENT TO A PARTICIPANT?

10 DR. TURBEVILLE: I'M SORRY. YOU DIDN'T
11 MENTION A NUMBER. I THOUGHT YOU MEANT THE
12 METHODOLOGY.

13 DR. MELMED: NOT METHODOLOGY. I'M TALKING
14 ABOUT THE ACTUAL PAYMENT. SOMEBODY IS THROWING
15 AROUND A THOUSAND DOLLARS. I'M A LITTLE BIT NERVOUS
16 THAT AN IRB MAY SAY NO AND THEY'LL BE IN CONFLICT
17 WITH OUR POLICY.

18 DR. TURBEVILLE: NO. THERE'S BEST
19 PRACTICES OUT THERE EITHER ON THE INDUSTRY SIDE AS
20 WELL AS THE IRB SIDE. AND SO, AGAIN, HEAVILY
21 REGULATED.

22 DR. MELMED: MY UNDERSTANDING IS IT'S A
23 COUPLE HUNDRED DOLLARS MAXIMUM.

24 DR. TURBEVILLE: THAT'S CORRECT. WE'RE
25 TALKING ABOUT A COUPLE HUNDRED DOLLARS EXTRA PER

1 PATIENT.

2 DR. MELMED: THANK YOU.

3 CHAIRMAN THOMAS: MARV.

4 DR. SOUTHARD: SORRY.

5 MS. DURON: MR. CHAIR.

6 CHAIRMAN THOMAS: YES, YSABEL.

7 MS. DURON: ONLY TWO THINGS TO SHLOMO'S
8 POINT. FIRST OF ALL, I THINK THAT \$200 MEANS
9 NOTHING TO A CLINICAL TRIALS PATIENT. THEY'RE LUCKY
10 IF IT GETS THEM GAS TO GO ROUNDTRIP TO WHEREVER
11 THEY'D HAVE TO GO.

12 SECOND OF ALL, I THINK THAT THE IRB'S CAN
13 BE VERY WRONG AND THAT THEY NEED TO REVISIT THE
14 CONCEPT AND CONTEXT FOR THIS. I RECOGNIZE THAT WE
15 DON'T WANT TO INCENTIVIZE POOR PEOPLE TO JUST JOIN
16 THE TRIAL FOR THE MONEY. BUT A LOT OF THEM DO IT
17 WITH GOOD WILL BECAUSE THEY WANT TO SURVIVE AND THEY
18 WANT TO HELP OTHER MEMBERS OF THE COMMUNITY, WHICH
19 IS WHY THEY GET INTO A TRIAL ANYWAY.

20 BUT I JUST THINK THAT WE MUST CONSIDER THE
21 VALUE THEY BRING AND WE MUST NOT SEE IT AS A BRIBE.

22 DR. MELMED: ABSOLUTELY. THAT'S NOT MY
23 POINT. MY POINT IS SIMPLY REGULATORY. I JUST DON'T
24 WANT US TO BE IN CONFLICT WITH IRB'S AND IRB'S IN
25 CONFLICT WITH US. THAT'S ALL.

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1 MS. DURON: I'M JUST SAYING --

2 DR. MELMED: I THOROUGHLY AGREE WITH YOU
3 ALLLET'S.

4 MS. DURON: ABSOLUTELY. I'M JUST SAYING
5 LET'S PUSH THE REGULATORY. THIS IS NOW TIME TO TAKE
6 ON THE REGULATORY.

7 DR. MELMED: I'M NOT SURE WE HAVE ANY SAY
8 ON IRB. THAT'S THE PROBLEM.

9 DR. YAMAMOTO: MR. CHAIRMAN.

10 CHAIRMAN THOMAS: KEITH.

11 DR. YAMAMOTO: I'M JUST RETHINKING THIS
12 ISSUE THAT YSABEL RAISED. AND I REALLY AGREE WITH
13 HER, THAT THERE'S A SUBSTANTIAL PROBLEM HERE. I
14 GUESS MY QUESTION IS WHETHER, IF WE APPROVE THIS
15 MOTION AS AMENDED, THAT WHEN THE CAVEATS ARE
16 ADDRESSED, WILL THIS COME BACK TO THE BOARD FOR
17 RECONSIDERATION AND REVOTE?

18 VICE CHAIR BONNEVILLE: NO.

19 DR. YAMAMOTO: IT WILL NOT. SO IT SEEMS
20 THAT YSABEL HAS RAISED AN ISSUE THAT REGARDING THAT
21 PERHAPS THE MOTION SHOULD BE DECLINED, AND THEN IT
22 COMES BACK TO THE BOARD AGAIN FOR RECONSIDERATION.

23 CHAIRMAN THOMAS: THE NEXT FULL BOARD
24 MEETING IS IN JUNE. WE COULD DO THAT; BUT IF YOU
25 DO, IT DELAYS THINGS ANOTHER THREE MONTHS.

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1 VICE CHAIR BONNEVILLE: I WANT TO POINT
2 ONE THING OUT. THE CONCEPT PLAN CAME TO THE BOARD
3 IN OCTOBER THAT LAID OUT HOW THIS PROGRAM WAS GOING
4 TO BE ADMINISTERED. THE ONLY DIFFERENCE THAT IS
5 BEING DISCUSSED NOW IS THAT IT IS GOING FROM AN RFP
6 TO AN RFA. BUT IF FUNDAMENTALLY THERE ARE QUESTIONS
7 ABOUT WHAT THAT INITIAL CONCEPT WAS, THAT'S
8 DIFFERENT. AND SO VOTING ON THIS TODAY DOES NOT
9 ALLOW FOR ANY CHANGE IN THE CONCEPT PLAN THAT WAS
10 ALREADY PRESENTED BECAUSE THAT WAS PRESENTED AND
11 APPROVED. SO THAT'S PROCEDURAL.

12 IF THERE ARE DESIRES TO CHANGE THAT,
13 THAT'S A DIFFERENT STORY. I DON'T KNOW HOW TO GO
14 ABOUT THAT. I WOULD DEFER TO LEGAL COUNSEL, AND
15 THEN ALSO IT DOES DELAY THE TIME. SO THAT'S SORT OF
16 WHERE THAT IS.

17 DR. DULIEGE: FRANKLY, I THINK EVERYTHING
18 BEING CONSIDERED, WE HAVE A CIRM TEAM THAT HAS
19 LISTENED TO US RELIGIOUSLY. AND WHY DON'T WE
20 CONTINUE WHAT WE'VE BEEN DOING, TO TRUST THEM TO
21 PARTICIPATE INTO THE DISCUSSION, TO GET A REPORT OF
22 WHAT IS BEING DONE, BUT STILL MOVE THINGS AHEAD
23 RATHER THAN GOING BACKWARD.

24 CHAIRMAN THOMAS: WELL, I THINK -- I JUST
25 WANT -- WE ARE MAKING IT CLEAR TO THE TEAM THAT THIS

1 GOING FORWARD NEEDS TO BE DONE IN CONSULTATION WITH
2 THOSE MEMBERS OF THE BOARD THAT HAVE CONSTRUCTIVE
3 SUGGESTIONS. WE ARE GOING TO BELIEVE THAT THE TEAM
4 RESPONDS ACCORDINGLY, WHICH IS CERTAINLY WHAT WE
5 WOULD ANTICIPATE AND WANT THEM TO DO.

6 OTHER COMMENTS? MARIA.

7 DR. MILLAN: SO I'D LIKE TO HAVE CLEAR
8 INSTRUCTION FROM THE BOARD. SHOULD THE BOARD
9 APPROVE THE AMENDMENTS TO THIS CONCEPT...

10 CHAIRMAN THOMAS: WAS THAT THE END OF THE
11 QUESTION?

12 DR. MILLAN: NO. IT SEEMS LIKE THERE'S
13 SOMETHING URGENT HAPPENING.

14 DR. SOUTHARD: IF I'M UNDERSTANDING
15 CORRECTLY, WE'RE NOT VOTING TO AMEND THE CONCEPT.
16 WE'RE VOTING TO APPROVE IT TO CHANGE THE
17 METHODOLOGY.

18 DR. MILLAN: I THINK THE MOTION ON THE
19 TABLE IS TO APPROVE THE CHANGES TO THE CONCEPT THAT
20 HAVE ALREADY BEEN APPROVED TO MAKE IT AN RFA VERSUS
21 AN RFP. SO THE PROCESS BY WHICH THIS IS EXECUTED IS
22 TO CONVERT IT TO AN RFA PROCESS VERSUS AN RFP
23 CONTRACTING PROCESS.

24 IF THE BOARD GOES FORWARD WITH THIS MOTION
25 WITH THE AMENDMENT TO HAVE THE FEEDBACK FROM THE

1 BOARD, JUST WANTED TO UNDERSTAND THAT IN PRACTICAL
2 TERMS. DOES THAT MEAN THAT THE BOARD WOULD LIKE TO
3 SEE THE RFA BEFORE IT'S POSTED? I'M JUST TRYING TO
4 FIGURE OUT WHAT THE --

5 MR. TOCHER: WE DON'T, FOR IMPORTANT
6 MATTERS RELATED TO CONFLICTS OF INTEREST AND
7 CONTRACTING PROVISIONS IN THE STATE LAW, WE DON'T
8 BRING RFA'S BACK TO THIS BOARD. WE JUST KEEP IT TO
9 THE CONCEPT PLAN AND THOSE ELEMENTS.

10 DR. MILLAN: SO THE QUESTION THEN I HAVE
11 IS, IF THE BOARD APPROVES THIS CONCEPT CHANGE THAT
12 CONVERTS IT FROM AN RFP TO AN RFA, WHAT DOES IT MEAN
13 IN CONSULTATION WITH THE BOARD? CONSULTATION ABOUT
14 WHAT? WHAT IS THE BOARD CONSULTING ON AT THAT
15 POINT? JUST FOR SAKE OF CLARIFICATION SO WE ARE
16 RESPONSIVE.

17 CHAIRMAN THOMAS: SO THERE HAVE BEEN A
18 NUMBER OF ISSUES RAISED BY BOARD MEMBERS HERE THAT
19 HAVE VALID CONCERNS AND WOULD LIKE TO HAVE A
20 DISCUSSION WITH SEAN AND MEMBERS OF THE MEDICAL
21 AFFAIRS TEAM WITH RESPECT TO THE CONTENTS OF THIS
22 RFA WITH RESPECT TO THOSE VARIOUS QUESTIONS. THIS
23 ISN'T VOTING ON THE RFA. THIS IS JUST SORT OF, IF
24 YOU WILL, SORT OF A TASK FORCEY SORT OF DISCUSSION
25 AND EXCHANGE TO MAKE SURE THAT THESE QUESTIONS ARE

1 ADDRESSED.

2 DR. MILLAN: SO THE REQUEST FROM THE BOARD
3 WOULD BE THAT THE MEDICAL AFFAIRS TEAM CONFER WITH
4 BOARD MEMBERS THAT ARE NOT IN CONFLICT, THAT ARE
5 CLEARED BY LEGAL FOR THE RFA PRIOR TO IT BEING
6 POSTED. AND THAT WOULD MEET THE REQUIREMENTS OF THE
7 AMENDMENT TO THIS MOTION; IS THAT CORRECT?

8 CHAIRMAN THOMAS: THAT'S CORRECT. UNLESS
9 THE BOARD DECIDES IT WANTS TO SEE SOMETHING AT THE
10 NEXT BOARD MEETING, BUT THAT'S GOING TO PUT THINGS
11 THREE FURTHER MONTHS DOWN THE ROAD. SHLOMO.

12 DR. MELMED: I'M A LITTLE BIT CONCERNED
13 BECAUSE I'M VERY NERVOUS ABOUT IRB'S. I'VE HAD
14 VERY, VERY CHALLENGING EXPERIENCES. WHAT MAY HAPPEN
15 IS THAT THE IRB'S WILL HAVE TO REVISIT EVERY SINGLE
16 PROJECT. THE INVESTIGATORS ARE GOING TO HAVE TO
17 RESUBMIT TO THE IRB IF WE CHANGE ANY OF THE TERMS OF
18 SUBJECT PARTICIPATION. THAT'S WHY I ASKED ARE WE
19 SURE THAT WE ARE ABSOLUTELY CONSISTENT WITH IRB'S.
20 IF WE ARE NOT, I THINK THAT KEITH'S RECOMMENDATION
21 IS A GOOD ONE. WE SHOULD TABLE THE WHOLE
22 DISCUSSION, AND WE SHOULD REALLY, WITHOUT THE
23 CONSTRAINTS OF WHATEVER REGULATORY HE'S TELLING US,
24 AND WE SHOULD HAVE A RATIONAL DISCUSSION ON WHAT IS
25 THE MOST APPROPRIATE WAY OF BENEFITING THE SUBJECTS

1 AND ALLOWING THEM ALL TO PARTICIPATE.

2 BUT I'M VERY NERVOUS THAT WE'RE GOING TO
3 BE TELLING OUR INVESTIGATORS YOU ARE GOING TO HAVE
4 TO GO BACK TO YOUR IRB'S AND SIT THREE MORE MONTHS
5 IN COMMITTEES AND REWRITE YOUR PROTOCOLS BECAUSE
6 WE'RE NOW CHANGING THE RULES AS WE GO ALONG. AND
7 THE RULES ARE GREAT AND I AGREE WITH YOU, BUT I'M
8 JUST CONCERNED ABOUT ADDING AN EXTRA BURDEN WHICH
9 WILL BE MORE THAN THREE MONTHS TO ALL OUR
10 INVESTIGATORS.

11 DR. TURBEVILLE: SO IF I CAN RESPOND. WE
12 DID SOME DUE DILIGENCE WITH THE ALPHA CLINICS AND
13 WITH THE IRB'S. AND MY COLLEAGUE, GEOFF, WAS ON
14 THOSE CALLS AS WELL. AND THEY LOOKED FOR A SERVICE
15 LIKE THIS. IT'S A THIRD-PARTY SERVICE OUTSIDE OF
16 THEIR IRB. THAT'S FINE. THEY --

17 DR. MELMED: THEY STILL HAVE TO REAPPLY.

18 DR. TURBEVILLE: BUT THAT'S DIFFERENT WITH
19 THE ACTUAL CLINICAL TRIAL ITSELF.

20 DR. MELMED: YEAH. BUT THE INVESTIGATOR
21 STILL HAS TO GO BACK TO THE IRB, FILL IN ALL THE
22 FORMS, AND GO THROUGH THE WHOLE PROCESS AGAIN.

23 DR. TURBEVILLE: LET US GET BACK TO YOU ON
24 THAT. THAT'S NOT THE INFORMATION WE RECEIVED, BUT
25 THAT'S OKAY. LET'S INVESTIGATE THAT.

1 I DO WANT TO EMPHASIZE THAT IT WAS
2 SUPPORTED WITH THE ALPHA CLINICS. THERE WAS A NEED
3 FOR THIS FOR THE PATIENTS. THEY WERE BURNING
4 THROUGH EVERYTHING THAT THEY HAD ON FILE FOR THE
5 MOST PART, AND THEY'RE SEEING THE NEED IN THE CELL
6 AND GENE THERAPY SPACE.

7 CHAIRMAN THOMAS: SHLOMO, WHAT IS IT
8 YOU'RE RECOMMENDING HERE?

9 DR. MELMED: I'M JUST CONFUSED. THAT'S
10 ALL. THERE ARE SMARTER PEOPLE IN THE ROOM THAN I
11 AM, BUT I'M LISTENING TO THE DISCUSSION TO AND FRO.
12 AND I THINK WE ARE GOING TO LOSE SIGHT OF THE GOAL
13 OVER HERE, AND I DON'T WANT TO DO THAT. THE GOAL IS
14 SO IMPORTANT. I DON'T WANT IT TO GET BOGGED DOWN IN
15 IRB'S AND MORE COMMITTEES AND MORE BUREAUCRACY AND
16 PRINTING CHECKS IN 24 HOURS. I'M CONFUSED AS TO
17 WHAT WE'RE ACTUALLY VOTING ON.

18 DR. SOUTHARD: MAYBE IT SEEMS TO ME THAT
19 WE'RE TRYING TO VOTE ON SOMETHING THAT'S VERY
20 SIMPLE, JUST A CHANGE OF HOW IT WILL BE ISSUED. AND
21 ALL OF THE DISCUSSION WAS ABOUT THE BEST WAY WE
22 COULD DO THIS IN THE FUTURE, BUT IT REALLY ISN'T
23 WHAT WE ARE VOTING ON RIGHT NOW IF I'M UNDERSTANDING
24 IT CORRECTLY.

25 CHAIRMAN THOMAS: IT ALL IS PART OF WHAT

1 WE ARE VOTING ON RIGHT NOW.

2 DR. SOUTHARD: SO TO ME THE CORE ISSUE IS
3 ARE WE GOING TO CHANGE IT TO AN RFA. THAT'S REALLY
4 THE MATTER AT HAND. THERE ARE OTHER DISCUSSIONS
5 ABOUT HOW TO DO THIS, BUT IT SEEMS TO ME SOMETIMES
6 IN THIS ROOM WE MAKE THE BEST THE GOAL, AND IT
7 DESTROYS THE ACTION STEPS WE NEED TO ACCOMPLISH THE
8 GOOD. AND SO I BELIEVE, PERSONALLY, WE SHOULD TAKE
9 ACTION TO MOVE WITH AN RFA. AND IF THERE ARE FUTURE
10 ISSUES ABOUT MAKING THIS PROCESS MORE CUSTOMER
11 FRIENDLY IN THE FUTURE, WE SHOULD TAKE THOSE ACTIONS
12 IN THE FUTURE, BUT NOW TODAY WE HAVE A SIMPLE MATTER
13 BEFORE US, I BELIEVE.

14 CHAIRMAN THOMAS: WELL, YEAH. I'M NOT
15 SURE I COMPLETELY AGREE IT'S THAT SIMPLE
16 UNFORTUNATELY. IT'S GOT A LOT OF SORT OF SIDE
17 ISSUES THAT NEED FURTHER IRONING OUT THAT WE DON'T
18 HAVE ANSWERS TO AT THE MOMENT.

19 GEOFF LOMAX, CAN I ASK WHAT YOUR
20 INTERPRETATION -- I'M TRYING TO GET A HANDLE TO
21 INFORM SHLOMO'S QUESTIONS ON THE IRB ISSUE FROM WHAT
22 YOU HEARD AS WELL.

23 DR. LOMAX: SO WE DID INTERVIEW A CHAIR OF
24 AN IRB AT AN ACADEMIC MEDICAL CENTER. AND WE MET
25 WITH A TEAM THAT IS RUNNING CLINICAL PROGRAMS WHERE

1 THEY WERE ALREADY REIMBURSING PATIENTS. AND THEIR
2 INDICATION -- SO THE PROGRAM THAT WAS ALREADY
3 REIMBURSING PATIENTS DID SEE AN ADVANTAGE TO A
4 PROGRAM THAT WAS ADMINISTERED FROM A SINGLE SOURCE
5 AND WAS PREDICTABLE BECAUSE THEIR CURRENT PROGRAM
6 FOR REIMBURSING PATIENTS WAS ACTUALLY WORKING OFF OF
7 MULTIPLE SUPPORT ADMINISTERED, WHICH IS ACTUALLY
8 MORE OF A PROBLEM FOR THE IRB.

9 SO THERE WAS AN ADVANTAGE IN THE CASE OF
10 HAVING A PREDICTABLE, DEFINED PROGRAM WITH A CLEAR
11 PROTOCOL THAT WAS TIED TO THE FUNDING.

12 IN THE CASE OF THE IRB CHAIR, THE MESSAGE
13 WAS THAT THERE ARE -- PATIENTS ARE ROUTINELY
14 REIMBURSED. AND SO THE ACT OF REIMBURSEMENT THEY
15 ACTUALLY FELT WAS IMPORTANT, PARTICULARLY IN THOSE
16 CASES OR FRONT PAYMENT, EITHER/OR, BUT AVOIDING AN
17 UNDUE BURDEN ON THE PATIENT FOR PARTICIPATING IN THE
18 TRIAL. SO THOSE WERE, FROM AN ETHICS STANDPOINT, I
19 THINK WE HEARD THAT THIS WAS AN ADVANTAGEOUS
20 APPROACH BOTH BECAUSE IT AVOIDED THE HARM OF OUT OF
21 POCKET AND IT CREATED PREDICTABILITY THAT ALLOWED
22 ALL PATIENTS TO BE TREATED EQUALLY AND FAIRLY WITH A
23 VERY DEFINED PROTOCOL AS OPPOSED TO CURRENTLY WHERE
24 IT CAN BE MULTIPLE SOURCES AND INCONSISTENT
25 REIMBURSEMENT OR PAYMENT.

1 CHAIRMAN THOMAS: WAS THERE ANY ISSUE THAT
2 CAME UP THAT SHLOMO JUST RAISED ABOUT HAVING TO
3 REAPPLY AND IT TAKING THREE MONTHS, ET CETERA? DID
4 THAT GET RAISED?

5 DR. LOMAX: IT DIDN'T, BUT IN PART BECAUSE
6 I THINK THE WAY WE WERE ENVISIONING THE DISCUSSION
7 WAS IT WAS PROSPECTIVE. SO IT WAS ABOUT A
8 PROSPECTIVE PROTOCOL WITHIN A CIRM AWARD NOT
9 RETROACTIVELY COMING IN. SO THAT CONTINGENCY REALLY
10 WASN'T CONTEMPLATED IN THE DISCUSSION TO THE BEST OF
11 MY RECOLLECTION. SO PERHAPS WE MISSED IT.

12 DR. MELMED: THE CURRENT ONES WOULD NOT --
13 SO CURRENT PROJECTS WOULDN'T BENEFIT.

14 DR. LOMAX: I'M NOT SAYING EITHER/OR. BUT
15 I THINK IN THE CONTEXT OF THE DISCUSSION, IT WAS
16 VERY MUCH FROM A -- THE VALANCE WAS VERY MUCH
17 PROSPECTIVELY. MOVING FORWARD, THERE WOULD BE THIS
18 AWARD, THERE WOULD BE FUNDS AVAILABLE, AND IT WOULD
19 BE -- THERE'D BE A DEFINED PROTOCOL. BUT I DON'T
20 RECALL DISCUSSING THE CONTINGENCY, SAY, OF AN
21 EXISTING CIRM AWARD AND NOW WE'RE GOING TO GO BACK
22 AND INCORPORATE THIS PAYMENT MECHANISM INTO THE
23 PROTOCOL. I DON'T THINK WE DISCUSSED IT AT THAT
24 LEVEL, WHICH I THINK IS THE POINT YOU ARE MAKING,
25 THAT IT THEN MIGHT REQUIRE A RE-REVIEW BY THE IRB.

1 CHAIRMAN THOMAS: THANK YOU, GEOFF.
2 LEONDRA, THEN DAN.

3 DR. CLARK-HARVEY: SO I HEAR SEVERAL BOARD
4 MEMBERS THAT HAVE SAID CONFUSION. THERE HAVE BEEN
5 LOTS OF OTHER SUGGESTIONS. THERE'S A LOT GOING ON.
6 GREAT REPORT. AND I JUST WANT TO KNOW WHAT IS THE
7 DETRIMENT TO WAITING? I KNOW I HEARD, OH, IT'S
8 GOING TO BE ANOTHER THREE MONTHS BEFORE WE MEET
9 AGAIN. IS THERE ANY RISK TO WAITING? IS THERE
10 SOMETHING THAT'S TIME SENSITIVE? AND I'M SORRY IF
11 I'M NOT AWARE OF THIS. IS THERE SOMETHING WHERE WE
12 HAVE TO HAVE THIS DONE BY A CERTAIN AMOUNT OF TIME,
13 OR IS THIS JUST WE'D LIKE TO MOVE FORWARD RIGHT NOW?
14 JUST REALLY WANT TO BETTER UNDERSTAND THE RISK TO
15 WAITING BECAUSE I'D RATHER -- MY FELLOW BOARD
16 MEMBERS, INCLUDING MYSELF, I'M FEELING A LITTLE BIT
17 MORE CONFIDENT IN THE DECISION EVEN IF IT'S SUPER
18 SIMPLE. MAYBE IT'S JUST AFTER LUNCH AND SIMPLICITY
19 IS HARD FOR ME RIGHT NOW.

20 VICE CHAIR BONNEVILLE: SO CURRENTLY OUR
21 CLINICAL AWARDS, THE COSTS ASSOCIATED WITH THE
22 TRIALS FOR PATIENTS IS COVERED AS AN ALLOWABLE COST
23 THAT WE WOULD REIMBURSE AS PART OF THE CLINICAL
24 AWARD. SO, IN THEORY, THERE MAY NOT -- IF IT'S
25 CIRM-FUNDED CLINICAL TRIALS, THERE'S ALREADY MONEY

1 THAT'S ASSOCIATED WITH THAT WITHIN THE CLINICAL
2 TRIAL. WHETHER OR NOT THE GRANTEE CHOOSES TO USE IT
3 OR NOT, I CAN'T COMMENT ON. BUT IT IS AN ALLOWABLE
4 COST THAT ALREADY EXISTS WITHIN OUR CLINICAL AWARD.

5 SO MOVING -- I DON'T KNOW WHAT THE ANSWER
6 IS BECAUSE I STRUGGLE WITH THERE'S NOT A LOT OF
7 CLARITY AROUND THIS, BUT I ALSO STRUGGLE WITH DO WE
8 WANT TO DELAY IT ANYMORE CONSIDERING IF WE DELAY IT
9 FOR THREE MONTHS, THEN IT'S ANOTHER MAYBE SIX MONTHS
10 AFTER THAT BEFORE AN RFA GETS POSTED, THERE'S A
11 REVIEW, AND WE MAKE AN AWARD. SO I DON'T HAVE
12 ENOUGH INSIGHT INTO THAT EITHER SO --

13 DR. CLARK-HARVEY: SOUNDS LIKE NO GRAVE
14 HARM, BUT IT WOULD PUSH BACK THE TIME LINE. AND, OF
15 COURSE, WE WANT TO GET MONEY THROUGH AS QUICKLY AS
16 POSSIBLE. SO IT SOUNDS LIKE WE WOULD MISS A FEW
17 MONTHS. IF THERE'S AN ABILITY, I DON'T KNOW, TO
18 HAVE A MEETING OFFLINE, NOT OFFLINE, BUT HAVE
19 ANOTHER MEETING AROUND THIS SPECIFIC, A QUICK
20 MEETING, AROUND THIS SPECIFIC VOTE WITH A LITTLE BIT
21 MORE CONTEXT, THAT MIGHT CLARIFY THINGS FOR FOLKS.
22 IF PEOPLE ARE TRULY INVESTED, I WOULD GUESS THAT
23 FOLKS WOULD DIAL IN AND VOTE FOR THAT. JUST A
24 SUGGESTION.

25 CHAIRMAN THOMAS: THE ANSWER IS YOU COULD

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1 SCHEDULE A SPECIAL MEETING, YES. DAN.

2 MR. BERNAL: SO JUST TO CLARIFY, THESE
3 WOULD BE CIRM FUNDS THAT WOULD BE ADMINISTERED AND
4 DISBURSED BY THE GRANTEE OR WITHOUT THE INVOLVEMENT
5 OF THE INVESTIGATORS OR THE TRIAL, OR IT WOULD BE
6 ADMINISTERED AND DISBURSED BY THE INVESTIGATORS?

7 DR. TURBEVILLE: SO THE INVESTIGATOR WOULD
8 BE INVOLVED IN DISBURSING OR AT LEAST GIVING THE
9 GREEN LIGHT FOR THE PATIENT, YEAH. THAT'S THE DUE
10 DILIGENCE.

11 CHAIRMAN THOMAS: PAT. I'M NOT SURE WE
12 GOT CLARITY ON THAT ANSWER. PAT.

13 DR. LEVITT: SO BY DEFINITION AN RFP OR
14 RFA IS A PROSPECTIVE EFFORT. IT'S PROSPECTIVE. THE
15 EXISTING -- IT DOESN'T MATTER IF YOU DECIDE YOU WANT
16 TO PROVIDE MTA SUPPORT THAT WASN'T IN YOUR ORIGINAL
17 PROTOCOL. YOU HAVE TO DO AN AMENDMENT. SO FOR
18 THOSE WHO WERE CONCERNED ABOUT THOSE STUDIES THAT
19 ALREADY EXIST, EVEN IF IT'S \$1.25, YOU HAVE TO DO AN
20 AMENDMENT. AND THE TURNAROUND TIME VARIES FROM A
21 FEW DAYS, IF IT'S SIMPLE, TO MORE COMPLICATED.

22 SO FOR THIS AMENDMENT, IT'S ONLY
23 PROSPECTIVE AS WE JUST HEARD. REIMBURSABLE EXPENSES
24 ARE NOT A CHALLENGE FOR THE IRB PREPAID. STUDIES DO
25 THIS ALL THE TIME. WE PAY TRANSPORTATION WITHOUT

1 NEEDING THE PARTICIPANTS TO PAY A SINGLE PENNY.
2 THESE ALREADY EXIST. I THINK THERE MAY BE SOME
3 MISUNDERSTANDING ABOUT THIS. SO IF YOU HAVE THE
4 OPTION, AS I UNDERSTAND IT, THE RFA CAN EMPHASIZE
5 THAT THERE ARE OPTIONS, BUT THAT CIRM PREFERS A
6 PARTICULAR METHOD IN TERMS OF REIMBURSEMENT.
7 THERE'S NOTHING TO STOP YOU FROM PUTTING THAT INTO
8 THE RFA, RIGHT?

9 DR. TURBEVILLE: THAT'S CORRECT.

10 DR. LEVITT: OKAY. ALL OF THESE CONCERNS
11 CAN BE MANAGED. ANY PROSPECTIVE APPLICATION IS
12 GOING TO NEED IRB APPROVAL NO MATTER WHAT. AND IF
13 WE DELAY MORE, IT'S GOING TO BE ANOTHER -- WELL,
14 THREE MONTHS IS LOOKING PRETTY GOOD ACTUALLY FOR IRB
15 TURNAROUND. SO I THINK WE CAN VOTE ON THIS
16 PROSPECTIVE ACTION NOW. AND FOR THOSE THAT WANTED,
17 IF IT'S POSSIBLE, TAKE ADVANTAGE OF THIS FOR STUDIES
18 THAT ALREADY EXIST. THEY MAY OR MAY NOT BE ABLE TO
19 APPLY. I HAVEN'T SEEN THE RFA. BUT THEY WILL HAVE
20 TO DO AN AMENDMENT FOR SURE. IT DOESN'T MATTER WHAT
21 THE NUMBERS ARE. AS FAR AS I UNDERSTAND, I HAVEN'T
22 HAD A SINGLE IRB COME TO ME WHERE THE IRB WAS
23 PREVENTING THE STUDY FROM REIMBURSING REAL EXPENSES.
24 THE PROBLEM THEY HAVE IS WHEN THERE IS, FROM THEIR
25 PERSPECTIVE, INDUCEMENTS BEYOND THE EXPENSES.

1 EXPENSES ALL CAN BE PAID, AND THEY CAN COLLECT
2 RECEIPTS OR WHATEVER. IT'S THE INDUCEMENT BEYOND
3 THAT. A THOUSAND DOLLARS FOR A TWO-HOUR VISIT,
4 THOSE ARE THE KINDS OF THINGS THAT THEY'RE CONCERNED
5 ABOUT.

6 SO I THINK WE ARE ON PRETTY SOLID GROUND,
7 AND I THINK THE RFA CAN INCORPORATE MANY OF THESE
8 THINGS WITHOUT HAVING TO MEET AGAIN.

9 CHAIRMAN THOMAS: FRED AND THEN KIM.

10 DR. DULIEGE: AND ANNE-MARIE.

11 DR. FISHER: SO I JUST HEARD TWO THINGS
12 THAT RAISE QUESTIONS. THE FIRST THING I HEARD WAS
13 THAT CURRENT APPLICANTS CAN REQUEST OR BUILD INTO
14 THEIR BUDGET REIMBURSEMENT PATIENT OUT-OF-POCKET
15 COSTS, WHICH, OF COURSE, RAISES IN MY MIND WHY DO WE
16 NEED THIS IF APPLICANTS CAN DO THAT.

17 THE SECOND THING I HEARD IS THAT THESE
18 FUNDS WOULD BE DISTRIBUTED BY THE INVESTIGATOR, NOT
19 BY THE SUCCESSFUL AWARDEE OF THESE FUNDS THROUGH
20 THIS NEW PROCESS. DID I MISUNDERSTAND WHAT YOU JUST
21 SAID?

22 DR. TURBEVILLE: LET ME CLARIFY. SO IT'S
23 THE ACTUAL SERVICE PROVIDER THAT INITIATES THE
24 FUNDS, BUT THEY DO HAVE TO CLARIFY FROM THE
25 INVESTIGATOR THAT THE PATIENT WAS SEEN, THIS IS THE

1 EXPENSE, ET CETERA. SO THERE IS SOME INTERACTION
2 WITH THE INVESTIGATOR, YES, BUT IT'S NOT THE SOLE.

3 DR. FISHER: YOU SAID THE INVESTIGATOR
4 DISTRIBUTES THE FUNDS TO THE PATIENT.

5 DR. TURBEVILLE: NO. THAT'S INCORRECT.
6 THE SERVICE PROVIDER THAT GETS THIS AWARD IS THE ONE
7 THAT'S GOING TO SERVICE THE FUNDS TO THE PATIENTS.

8 DR. FISHER: THAT'S WHY I WAS CONFUSED WHY
9 YOU WOULD SAY THE PROVIDER.

10 DR. TURBEVILLE: AND THERE IS A LOT OF
11 COMPLIANCE AROUND THIS, AND THAT'S THE POINT OF
12 HAVING A SERVICE PROVIDER IS THAT YOU'RE COMPLIANT,
13 YOU CAN DEFEND IT, IT'S NOT INDUCEMENT, IT'S BEST
14 PRACTICES, AND THAT'S WHAT WE PRESENTED TO THE AAWG.

15 DR. FISHER: OUR CLINICS DO THIS ALL THE
16 TIME. SO, AGAIN, IT SEEMS LIKE WE'RE REINVENTING A
17 WAY MORE COMPLICATED WHEEL.

18 DR. TURBEVILLE: AS GEOFF MENTIONED, WHAT
19 THEY WERE REQUESTING WAS A CENTRALIZATION OF
20 SYSTEMS. EVERY UNIVERSITY USES MULTIPLE SYSTEMS TO
21 REIMBURSE PATIENTS. FOR US, THIS PROGRAM IS REALLY
22 DESIGNED FOR THE UNDERSERVED PATIENT POPULATION.
23 AND TO GET THOSE METRICS TO SHOW THE IMPACT THAT WE
24 ARE HAVING FOR PATIENTS, WE NEED THAT CENTRALIZED
25 SYSTEM TO GET THOSE METRICS BACK AS OPPOSED TO

1 SPREADING ALL OF THE RESOURCES TO 20, 30 DIFFERENT
2 VENDORS AND WE CAN'T GET ANYTHING BACK TO SHOW THE
3 VALUE OF THIS PROGRAM.

4 DR. FISHER: WE CAN'T REQUIRE THE PEOPLE
5 WHO RUN CLINICAL TRIALS TO REPORT BACK TO US HOW
6 MUCH THEY'RE SPENDING ON PATIENT ACCESS? IT SEEMS
7 TO ME WE HOLD THE PURSESTRINGS. YOU TELL THEM WHAT
8 TO REPORT, THEY'LL REPORT IT.

9 DR. TURBEVILLE: THEY CAN CERTAINLY
10 REPORT. MY POINT WAS BEING THAT HAVING A
11 CENTRALIZED SYSTEM ALLOWS FOR AGGREGATE DATA TO GET
12 TO US IN ONE STREAM, IF THAT MAKES SENSE, AS OPPOSED
13 TO HAVING MULTIPLE SOURCES OUT THERE.

14 DR. FISHER: DOES THAT MEAN INDIVIDUAL
15 SITES WILL NO LONGER BE ALLOWED TO PROCESS THAT KIND
16 OF PATIENT SUPPORT? THEY WILL HAVE TO GO THROUGH
17 THIS NEW MECHANISM.

18 DR. TURBEVILLE: NO, NOT NECESSARILY. NO.
19 THIS IS A FIVE-YEAR PROGRAM.

20 DR. FISHER: THEN YOU DON'T HAVE WHAT
21 YOU'RE LOOKING FOR. THEN IF BOTH PARTIES ARE
22 INVOLVED IN THIS AND YOU'RE SAYING YOU CAN GET
23 CONSISTENT, RELIABLE DATA FROM ONE OF THE PARTIES,
24 YET ONE OF THE PARTIES IS STILL GOING TO BE DOING
25 THE ACTIVITY, YOU'RE STILL NOT GOING TO HAVE A

1 COMPREHENSIVE VIEW OF WHAT'S GOING ON.

2 DR. TURBEVILLE: AS GEOFF MENTIONED, THIS
3 IS GOING TO BE A PROSPECTIVE PROCESS. SO WE WILL,
4 GIVEN THE ICOC APPROVAL ON THE CONCEPT PLAN WHICH WE
5 PRESENTED TO THE AAWG MANY TIMES, WE WILL HAVE A
6 SYSTEMATIC PROCESS FOR GETTING AGGREGATE DATA FROM
7 ONE, POSSIBLY TWO SERVICE PROVIDERS FOR THIS
8 PARTICULAR PROGRAM TO INITIATE --

9 DR. FISHER: DOES THAT MEAN YOU ARE GOING
10 TO STOP OTHER APPLICANTS -- ALL APPLICANTS WILL NO
11 LONGER BE ABLE TO INCLUDE THESE COSTS IN THEIR
12 BUDGET BECAUSE WE'RE GOING TO FUNNEL EVERYBODY
13 THROUGH THIS NEW SYSTEM?

14 DR. TURBEVILLE: SO THAT'S OPEN FOR
15 DISCUSSION. BUT THERE'S CERTAINLY SENSITIVITIES
16 AROUND DUPLICITY OF COST, WHICH IS IN OUR BUSINESS
17 RULES. BUT THAT'S REALLY -- THIS IS A FAIRLY SMALL
18 PROGRAM TO BE QUITE HONEST WITH YOU. 15.6 MILLION
19 CERTAINLY CAN HELP QUITE A FEW PATIENTS. IT'S A
20 FIVE-YEAR PROGRAM. BUT IT WOULDN'T EXCLUDE THEM
21 FROM HAVING AT LEAST SOME IMMEDIATE ACCESS WITH OUR
22 CLINICAL TRIAL SUPPORT AS WELL.

23 DR. FISHER: SEAN, I'M ONLY POINTING OUT
24 THAT YOUR MOTIVATION THAT YOU'RE DESCRIBING FOR THIS
25 PROGRAM IS TO BE ABLE TO AGGREGATE ALL OF THE

1 PATIENT SUPPORT ASSISTANCE DATA THROUGH ONE OR TWO
2 VENDORS OF THIS WHILE SIMULTANEOUSLY ALLOWING
3 CLINICAL TRIAL APPLICANTS, SUCCESSFUL APPLICANTS, TO
4 ACTUALLY BUILD THOSE COSTS INTO THEIR TRIAL SO THAT
5 YOUR GOAL OF HAVING A SINGLE SOURCE FOR THIS DATA
6 WILL BE UNDERMINED BY ALLOWING OTHER SITES TO DO
7 THEIR OWN THING, WHICH I'M NOT ARGUING AGAINST. I'M
8 JUST TRYING TO BE CLEAR WHAT YOU'RE SAYING, AND THEN
9 I DON'T SEE HOW WHAT YOU ARE LOOKING FOR IS GOING TO
10 BE POSSIBLE IF EVERYONE IS ENFORCED INTO THIS NEW
11 METHODOLOGY.

12 DR. TURBEVILLE: IF I MAY, THIS IS A
13 SUPPLEMENTAL PROGRAM. IT IS A \$15.6 MILLION PATIENT
14 ACCESS FUND THAT NEEDS TO BE COMPLIANTLY PROVIDED TO
15 PATIENTS FOR ACCESS AND AFFORDABILITY IN
16 PARTICIPATING IN CLINICAL TRIALS. IT IS BY NO MEANS
17 GOING TO COVER ALL THE PATIENTS IN THE CIRM TRIALS.

18 WHAT I'D LIKE TO SEE FROM THIS PROGRAM
19 MOVING FORWARD IS THE IMPACT FACTOR THAT I MENTIONED
20 EARLIER OF 15.6. AND THEN WE COULD POTENTIALLY COME
21 BACK AND SAY LOOK AT THE IMPACT WE ARE HAVING FOR
22 PATIENTS. HERE'S THE AMOUNT OF MONEY THAT WE'RE
23 SPENDING IN PROVIDING FOR PATIENTS FOR
24 REIMBURSEMENT. IS THIS SOMETHING WE WANT TO SCALE?
25 AND WE MENTIONED THIS TO THE AAWG, SOMETHING LARGER

1 THAT WOULD IMPACT MORE OF OUR CLINICAL FUNDING, FOR
2 EXAMPLE. THAT'S YET TO BE DETERMINED.

3 DR. FISHER: JUST A HEADS UP. WHEN YOU DO
4 MAKE THAT REPORT, I'M GOING TO BE ASKING FOR THE
5 SAME ANALYSIS OF THOSE CLINICAL TRIAL SITES THAT
6 PROVIDED PATIENT ACCESS SUPPORT SO THAT YOU HAVE AN
7 APPLES-TO-APPLES COMPARISON OF THE IMPACT OF THIS
8 PROGRAM VERSUS WHAT HAPPENS WHEN WE ALLOW CLINICAL
9 TRIAL SITES TO DO IT THEMSELVES SO THAT WE ACTUALLY
10 UNDERSTAND THE IMPACT THAT WE ARE HAVING RELATIVE TO
11 THE CURRENT EXPERIENCE.

12 CHAIRMAN THOMAS: THANK YOU, FRED. WE
13 HAVE KIM AND ANNE-MARIE AND THEN HAIFAA.

14 DR. BARRETT: THE FIRST THING IS I'D JUST
15 LIKE TO CLARIFY THAT NOTHING I READ SPOKE TO ANY
16 KIND OF INDUCEMENT PAYMENTS WHATSOEVER. SO I THINK
17 WE COULD TAKE THAT OFF THE TABLE. THIS WAS NOT A
18 PART OF THE PLAN.

19 THE SECOND THING IS THAT THIS INTENDED RFA
20 IS NOT JUST ABOUT THE MONEY. IT'S ABOUT PROVIDING
21 SUPPORT FOR PATIENTS TO ENTER TRIALS. SO THAT IS
22 ALSO A VERY IMPORTANT FUNCTION.

23 AND THIRD THING IS THAT THOSE OF YOU WHO
24 ARE NOT WORKING IN A UNIVERSITY SETTING CLEARLY HAVE
25 NO IDEA HOW HARD IT IS TO REIMBURSE ANYBODY FOR

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1 ANYTHING. IT TAKES MONTHS. AND WE ARE TALKING
2 ABOUT AN AMOUNT OF MONEY THAT HAS TO BE SPENT ON
3 THIS PURPOSE THAT CANNOT MEANINGFULLY BE SPENT BY
4 UNIVERSITIES OR OTHER TRIAL SITES BECAUSE THEY'RE
5 NOT IN THE BUSINESS OF DOING NEEDS ASSESSMENTS OR
6 POVERTY LEVEL ASSESSMENTS. THAT IT IS COMPLIANT,
7 THAT IT IS CONSISTENT, THAT IT GETS THE MONEY INTO
8 THE POCKETS OF PEOPLE WHO NEED IT, WHEN THEY NEED
9 IT, NOT THREE MONTHS DOWN THE ROAD IF THEY HAPPEN TO
10 HAVE THE RIGHT TYPE OF ACCOUNT TO HAVE THE MONEY
11 PAID INTO IN THE FIRST PLACE. I CAN'T EVEN BUY A
12 \$25 AMAZON CARD TO GIVE TO A STAFF MEMBER AS A
13 REWARD. IT JUST BEGGARS BELIEF.

14 ON TOP OF EVERYTHING ELSE, THE UNIVERSITY
15 OF CALIFORNIA IS HAVING THIS MASSIVE OVERHAUL OF ITS
16 FINANCIAL SYSTEMS. AND THE UNIVERSITY THAT I JUST
17 LEFT HAD NO MEANINGFUL FINANCIAL INFORMATION FOR
18 ANYONE DOING ANY KIND OF RESEARCH PROJECT OR TRIAL
19 FOR A LONG TIME. SO I ABSOLUTELY SUPPORT THIS, AND
20 I APPLAUD WHAT YOU'RE TRYING TO DO HERE, AND I HOPE
21 THAT WE CAN VOTE IN FAVOR OF IT.

22 DR. DULIEGE: FIRST OF ALL, THANK YOU.
23 TOTALLY AGREE WITH YOU. I WOULD LIKE TO BRING IT
24 BACK TO BOARD LEVEL. WE HAVE HAD A VERY CLEAR
25 MOTION PROPOSED WITH NUANCES, WITH CAVEATS. I

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1 REALLY DO VALUE THE COMMENTS FROM THE BOARD MEMBERS.
2 AND VERY OFTEN THAT HAS INFLUENCED HOW I THINK AND
3 HOW I VOTE. ON THE OTHER HAND, WE ARE NOT HERE TO
4 GET INTO THE KNITY-GRITTY DETAILS OR WHAT I CALL
5 GETTING INTO THE WEEDS. NO. 1, IT'S NOT A GOOD USE
6 OF OUR TIME COLLECTIVELY.

7 SECOND, MORE IMPORTANTLY, IT SEEMS THAT WE
8 ARE NOT TRUSTING THE CIRM TEAM TO DO THEIR JOB. IF
9 WE HAD HAD A PARENT THAT IN THE PAST THEY HAD NOT
10 LISTENED TO US, I WOULD AT LEAST UNDERSTAND THIS.
11 THIS IS ACTUALLY NOT THE CASE. THIS IS QUITE THE
12 OPPOSITE. IF THE CIRM TEAM WANTS TO CALL ON ANY ONE
13 OF US FOR ADDITIONAL WORK THAT WOULD BE MORE
14 DETAILED ORIENTED, OF COURSE, THEY'D DO IT, THEY
15 HAVE DONE IT, AND THEY WILL DO IT. SO IN THIS CASE
16 I WOULD RECOMMEND AND IN MY CASE I WILL HAPPILY VOTE
17 FOR THE MOTION AS AMENDED AS HIGH LEVEL SUPPORT FROM
18 THE BOARD TO THE WORK THAT IS BEING PROPOSED WITH
19 THE UNDERSTANDING THAT WE WILL HEAR FEEDBACK ABOUT
20 HOW IT HAS BEEN IMPLEMENTED.

21 CHAIRMAN THOMAS: HAIFAA. THANK YOU,
22 ANNE-MARIE.

23 DR. ABDULHAQ: THANK YOU. SO I AM ONE OF
24 THE PEOPLE WHO ARE VERY ENTHUSIASTIC ABOUT THIS
25 PROGRAM BEING A CLINICIAN AND DEALING WITH

1 ENROLLMENTS IN CLINICAL TRIAL AND KNOWING HOW MUCH
2 DISPARITY IS THERE IN THE ENROLLMENT OF CLINICAL
3 TRIAL BETWEEN PATIENTS BASED ON THEIR INCOME, BASED
4 ON THEIR ETHNICITIES, KNOWING THAT IN CAR-T TRIALS
5 THERE ARE ONLY 1 PERCENT AFRICAN-AMERICAN PATIENTS
6 ENROLLED ON THOSE TRIALS FOR MYELOMA, AND ONLY 5
7 PERCENT OF HISPANIC PATIENTS ENROLLED ON THOSE
8 TRIALS, FOR THE CAR-T TRIALS, ALSO IN MYELOMA. SO
9 THERE'S A LOT OF DISPARITY OUT THERE, AND I DO THINK
10 THOSE ACADEMIC CENTERS THAT GET THOSE GRANTS FROM
11 CIRM, I DON'T THINK THEY HAVE ADEQUATE MECHANISMS IN
12 PLACE TO OVERCOME THE DISPARITY AND TO PROVIDE THE
13 SUPPORT TO ALL THE PATIENTS WHO NEED TO BE ENROLLED
14 IN THESE TRIALS.

15 AT THE END OF THE DAY, THEY TAKE WHAT
16 COMES TO THEM AS FAR AS PATIENTS. THEY DO NOT HAVE
17 THE ABILITY TO ACTUALLY EXTEND THE ACCESS OF THOSE
18 TRIALS TO THOSE PEOPLE WHO LIVE FAR AWAY FROM THE
19 CENTER. SO THE WAY HOW I SEE THIS PROGRAM, I SEE IT
20 HELPING ACTUALLY BY THOSE -- THE ORGANIZATIONS THAT
21 END UP HAVING THOSE GRANTS, PART OF THE
22 RESPONSIBILITY IS REALLY EXPANDING THE ACCESS,
23 MAKING SURE WE GIVE THE SUPPORT TO PATIENTS WHO HAVE
24 THE LOW INCOME AND THE PATIENTS WHO ACTUALLY
25 OTHERWISE WOULD NOT BE ABLE TO MAKE IT TO THOSE

1 ACADEMIC CENTERS WHO HAVE THOSE TRIALS.

2 SO I DO SEE A LOT OF POTENTIAL. I DO
3 ACKNOWLEDGE ALL THE POINTS THAT WERE MADE BY THE
4 MEMBERS OF THE BOARD. BUT IN REALITY, JUST GIVING
5 THE GRANTS JUST TO THE AWARDEES WHO DO THE TRIALS IS
6 NOT GOING TO COVER THE GAP OR BRIDGE THE GAP IN
7 BETWEEN PATIENTS IN TERMS OF ACCESS. SO THAT'S MY
8 POINT IN TERMS OF HOW I SEE THIS PROGRAM IS VERY
9 VALUABLE.

10 CHAIRMAN THOMAS: THANKS, HAIFAA. MARK.

11 DR. FISCHER-COLBRIE: I THINK THE CONCEPT
12 IS TERRIFIC. AND OBVIOUSLY THERE'S URGENT NEED FOR
13 THE GENERALIZED TOPICS THAT WE'RE DISCUSSING HERE.
14 WHAT I'M JUST CONCERNED ABOUT IS ELEMENTS AROUND --
15 SOME OF THIS ACTUALLY SOLVED THE PROBLEMS IN THE
16 CONTEXT OF WE'RE STILL RELIANT ON THE RESPECTIVE
17 SITE FOR INFORMATION TO BE ABLE TO EFFECT A PAYMENT
18 OR TO GET THE MONEY TRANSFERRED TO THE PATIENT IF
19 I'M NOT MISTAKEN. IF THAT'S THE CASE, SOME OF THE
20 SAME HOLDOUTS THAT ARE CAUSING ISSUES ON
21 REIMBURSEMENT, THE QUESTION MIGHT BE ARE WE GOING TO
22 RUN INTO THOSE SAME ISSUES OR NOT RELATED TO THIS
23 PARTICULAR PROGRAM? SO THAT'S ONE QUESTION.

24 THE OTHER ONE JUST HAS TO DO WITH -- I
25 JUST WANT TO MAKE SURE THAT WE KNOW EXACTLY WHAT

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1 WE'RE VOTING ON WHEN THE VOTE COMES BECAUSE THERE'S
2 BEEN A LOT OF TOPICS BROUGHT UP HERE. AND JUST WANT
3 TO MAKE SURE THERE'S CLARITY ON WHAT THE FINAL
4 AMENDMENT LOOKS LIKE. BUT I ALSO WANT TO MAKE SURE
5 THAT IN THE QUEST FOR AN OUTSTANDING GOAL AND ONE WE
6 SHOULD DRIVE TOWARDS, THAT WE HAVE BEEN ABLE TO
7 REALLY COME UP WITH A REASONABLE APPROACH FOR A
8 SOLUTION TO ACHIEVE THOSE GOALS.

9 MR. ROWLETT: COMMENT, J.T.

10 CHAIRMAN THOMAS: AL. THANK YOU, MARK.

11 MR. ROWLETT: FIRST, AS A PATIENT
12 ADVOCATE, I ALWAYS APPRECIATE OPPORTUNITIES TO HEAR
13 DISCUSSIONS THAT RESULT IN PATIENTS WHO ARE
14 OVERREPRESENTED IN DISEASE WHO DON'T, DUE TO
15 ECONOMIC BARRIERS, HAVE THE OPPORTUNITY TO
16 PARTICIPATE. THIS DISCUSSION HAS BEEN VERY HELPFUL.
17 AND, IN FACT, THE COMMENTS FROM MY COLLEAGUES HAS
18 HELPED ME CLARIFY SOME OF THE QUESTIONS THAT HAVE
19 COME UP AS A RESULT OF THE PROPOSAL. SO I
20 APPRECIATE THAT. I APPRECIATE THE CLARITY AROUND
21 THE INSTITUTIONS', UNIVERSITIES' INABILITY TO MOVE
22 RESOURCES QUICKLY AND EFFICIENTLY, AS SUCCINCTLY
23 STATED. I APPRECIATE THAT.

24 THE GOAL THAT I HAVE IS TO ALWAYS, AS YOU
25 HAVE SAID, YSABEL, GET RESOURCES TO PATIENTS SO THEY

1 CAN PARTICIPATE IN TRIALS BECAUSE THAT'S WHAT WE ARE
2 HERE TO DO.

3 THERE ARE SOME POINTS OF CLARITY THAT NEED
4 TO BE ADDRESSED IN TERMS OF THE OVERALL
5 PRESENTATION. THAT IS NOT TO MINIMIZE WHAT STAFF
6 ARE TRYING TO DO. IT'S A VERY IMPORTANT AREA, BUT
7 THERE ARE CLEARLY SOME POINTS THAT NEED TO BE
8 ADDRESSED.

9 THAT SAID, I WAS -- I'M GOING TO SECOND
10 WHAT MARK JUST SAID. PLEASE CLARIFY THE MOTION. I
11 INTEND TO VOTE IN SUPPORT, IN FACT, BECAUSE OF WHAT
12 MY COLLEAGUES OVER HERE HAVE SAID TO ME. AND THAT'S
13 HELPED ME CLARIFY THAT I DO WANT TO SUPPORT THIS
14 BECAUSE WE WANT TO GET THIS TO PATIENTS.

15 CHAIRMAN THOMAS: THANK YOU, AL.

16 SO CLARIFYING, WE HAVE THE MOTION, WHICH
17 IS TO SHIFT TO THE RFA, AND THE AMENDMENT WAS THERE
18 ARE POINTS RAISED BY MEMBERS OF THE BOARD WHO WANT
19 TO HAVE INPUT, INTERCHANGE WITH SEAN AND THE MEDICAL
20 AFFAIRS TEAM AS THE PROCESS DEVELOPS TO CREATE THE
21 RFA. AND THE MOTION IS THAT THAT IS A CAVEAT TO A
22 STRAIGHT APPROVAL SO THAT WE MAKE SURE THAT BOARD
23 MEMBERS' ISSUES ARE ADDRESSED. IS THAT OKAY?

24 MR. ROWLETT: THANK YOU.

25 CHAIRMAN THOMAS: OKAY. WE HAVE OTHER

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1 QUESTIONS OR COMMENTS? ANY PUBLIC COMMENT? OKAY.
2 THIS HAS CERTAINLY BEEN THE FIFTH ROBUST DISCUSSION
3 OF THE DAY. THIS IS JUST AN OUTSTANDING BOARD
4 MEETING. SO, MR. TOCHER, COULD YOU PLEASE TAKE THE
5 ROLL.

6 MR. TOCHER: WELL, J.T., GUESS WHAT. THIS
7 CAN BE A VOICE VOTE WITH A ROLL CALL ON THE PHONE.

8 CHAIRMAN THOMAS: AS I SAID, ALL IN THE
9 ROOM IN FAVOR OF THE MOTION PLEASE SAY AYE.
10 OPPOSED? MR. TOCHER.

11 MR. TOCHER: OKAY. MARK FISCHER-COLBRIE.

12 DR. FISCHER-COLBRIE: AYE.

13 MR. TOCHER: FRED FISHER.

14 DR. FISHER: AYE.

15 MR. TOCHER: LARRY GOLDSTEIN.

16 DR. GOLDSTEIN: YES.

17 MR. TOCHER: STEVE JUELSGAARD. RICH
18 LAJARA.

19 MR. LAJARA: YES.

20 MR. TOCHER: DAVID LO.

21 DR. LO: YES.

22 MR. TOCHER: CHRISTINE MIASKOWSKI.

23 DR. MIASKOWSKI: YES.

24 MR. TOCHER: LAUREN MILLER-ROGEN.

25 MS. MILLER-ROGEN: YES.

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1 MR. TOCHER: ADRIANA PADILLA.

2 DR. PADILLA: YES.

3 MR. TOCHER: JOE PANETTA.

4 MR. PANETTA: YES.

5 MR. TOCHER: MICHAEL STAMOS.

6 DR. STAMOS: YES.

7 MR. TOCHER: ONE LAST TRY FOR KAROL

8 WATSON. THE MOTION CARRIES.

9 CHAIRMAN THOMAS: THANK YOU, MR. TOCHER.

10 OKAY.

11 DR. TURBEVILLE: THANK YOU.

12 CHAIRMAN THOMAS: THANK YOU, SEAN AND
13 MEMBERS OF THE MEDICAL AFFAIRS. MR. LOMAX, THANK
14 YOU VERY MUCH.

15 ALL RIGHT. THAT CONCLUDES THE ACTION
16 ITEMS. WE'RE NOW ON TO DISCUSSION ITEMS. FIRST UP,
17 WE HAVEN'T HAD ANY DISCUSSION ON ANYTHING. FIRST
18 TOPIC, UPDATES FROM THE COMMUNICATIONS SUBCOMMITTEE.
19 YSABEL, YOU'RE UP.

20 MS. DURON: THANKS VERY MUCH, MR. CHAIR.
21 FIRST OF ALL, I'M HAPPY TO REPORT THAT THE
22 COMMUNICATIONS SUBCOMMITTEE HAS INDEED ACCEPTED ITS
23 CHARGE TO BE BETTER, DO BETTER. AND WE HAVE A
24 WONDERFUL TEAM THAT IS DOING THAT. THANKS TO PAT
25 LEVITT, WHO I THINK IS MOVING TO ANOTHER, MY

1 CO-CHAIR, WHO'S MOVING TO ANOTHER -- WELCOME TO OUR
2 NEW COMMUNICATIONS CO-CHAIR, MARIA BONNEVILLE. SO I
3 WELCOME HER ABOARD TO HELP.

4 CHAIRMAN THOMAS: ALSO AT THE RESTROOM.

5 MS. DURON: KUDOS TO THEM. BUT TO ME IT'S
6 VERY EXCITING. WE HAVE A WONDERFUL COMMITTEE, GROUP
7 OF COMMITTEE MEMBERS WITH VERY ROBUST ENGAGEMENT,
8 AND WE'RE TRYING TO IMPROVE THAT BECAUSE, SINCE I'VE
9 BEEN THE GOSPEL SINGER HERE ABOUT MESSAGING, I THINK
10 IT'S REALLY CRITICAL THAT THAT COMMUNICATIONS
11 SUBCOMMITTEE DO ITS WORK AND DO IT WELL AND DO IT
12 OFTEN.

13 SO I'M PLEASED TO INTRODUCE A MEMBER OF
14 THAT COMMS TEAM, THE EXCELLENT ESTEBAN CORTEZ. AND
15 LET'S IDENTIFY KATIE SHARIFY AS WELL, TWO GREAT
16 PEOPLE WHO ARE HELPING KEEP THE COMMUNICATIONS
17 SUBCOMMITTEE GOING.

18 MR. CORTEZ: THANK YOU, YSABEL. GOOD
19 AFTERNOON, EVERYONE. MY NAME IS ESTEBAN CORTEZ, AND
20 I'M THE DIRECTOR OF MARKETING AND COMMUNICATIONS
21 HERE AT THE CALIFORNIA INSTITUTE FOR REGENERATIVE
22 MEDICINE, CIRM. AND VERY EXCITED TO BE PRESENTING
23 SOME OF THE PROGRESS THAT WE'VE MADE HERE OVER THE
24 PAST YEAR. LOTS OF EXCITING THINGS HAPPENING. BUT
25 BEFORE THAT, I ACKNOWLEDGE THAT YSABEL MADE A REALLY

1 GREAT INTRODUCTION TO OUR TEAM, BUT, ONCE AGAIN,
2 ESTEBAN HERE. I'VE ALSO GOT MY COLLEAGUE KATIE WHO
3 IS SITTING IN THE BACK. AND I JUST REALLY WANT TO
4 RECOGNIZE THE SUPPORT FROM THE COMMUNICATIONS
5 SUBCOMMITTEE AS WELL HAVE BEEN REALLY GREAT IN
6 GUIDING US IN MEETING SOME OF THESE GOALS THAT WE'RE
7 GOING TO TALK ABOUT TODAY.

8 BUT I ALSO REALLY WANT TO ACKNOWLEDGE
9 KATIE FOR ALL THE SUPPORT THAT SHE'S GIVING THE TEAM
10 BECAUSE KATIE HAS A REALLY GREAT STORY HERE AT THE
11 AGENCY. SHE PARTICIPATED IN AN EARLY STEM CELL
12 CLINICAL TRIAL FOR SPINAL CORD INJURY. SO SHE
13 REALLY BRINGS A REALLY GREAT STORY, BUT A LOT OF
14 GREAT SKILLS IN HELPING US MOVE FORWARD AND MAKE
15 PROGRESS ON ALL OF THESE GOALS THAT WE'RE GOING TO
16 TALK ABOUT TODAY.

17 JUST A REALLY QUICK RECAP. THE LAST YEAR,
18 LAST YEAR, IN 2022, WE INTRODUCED A COMPREHENSIVE
19 MARKETING PLAN AND A STRATEGY WHERE WE DID A SWAT
20 ANALYSIS, SOCIAL MEDIA AUDIT, JUST REALLY LOOKING AT
21 A LOT OF OUR COMMUNICATIONS CHANNELS TO SEE HOW WE
22 ARE DOING AND WITH THAT SETTING SOME NEW GOALS.
23 THESE ARE TWO OF THE GOALS THAT WE SET FOR THAT,
24 WHICH, OF COURSE, WE ALWAYS WANT TO POSITION CIRM AS
25 A TRUSTED SOURCE IN THE REGENERATIVE MEDICINE SPACE.

1 BUT ONE OF THE GOALS THAT WE'RE GOING TO
2 BE HIGHLIGHTING TODAY IS TO REALLY DO OUTREACH WITH
3 COMMUNITY-BASED ORGANIZATIONS. BUT IN PARTICULAR,
4 WE REALLY WANTED TO START LISTENING AND HAVING
5 CONVERSATIONS BECAUSE, BEFORE GOING OUT THERE, WE
6 WANT TO FIGURE OUT WHAT ARE THOSE NEEDS, LEARN MORE
7 ABOUT WHAT IS IT THAT THEY WOULD LIKE FOR US, A
8 STATE AGENCY, TO DO BECAUSE WE, OF COURSE, TAKE THAT
9 RESPONSIBILITY SERIOUSLY. SO WE'RE GOING TO GET
10 INTO SOME OF THAT WORK THAT WE'VE DONE.

11 AND WITH THAT, SO WE DID SET THAT GOAL TO
12 REALLY START HAVING MORE OF THOSE CONVERSATIONS.
13 AND I WON'T GO INTO ALL OF THESE, BUT THIS IS JUST A
14 SNAPSHOT OF SOME OF THE CONVERSATIONS AND THE TYPES
15 OF ORGANIZATIONS THAT WE'VE COMMUNICATED WITH. ONE
16 OF THEM BEING AN ORGANIZATION CALLED SOCIETY FOR THE
17 ADVANCEMENT OF CHICANOS, HISPANICS, AND NATIVE
18 AMERICANS IN SCIENCE. REALLY ASKING THEM QUESTIONS:
19 WHAT IS IT THAT WE CAN OFFER YOU AS AN AGENCY? AND
20 WE LEARNED THAT FROM US THEY SEEK MENTORSHIP
21 OPPORTUNITIES. WHAT ARE EDUCATIONAL OPPORTUNITIES,
22 INTERNSHIPS, THOSE KINDS OF THINGS? AND THESE ARE
23 THINGS THAT WE'VE ALREADY OFFERED, BUT REALLY
24 HEARING FROM THEM DIRECTLY THAT THIS IS WHAT THEY
25 SEEK REALLY ALLOWS FOR US TO PARTNER WITH THEM TO

1 ALSO WORK WITH THE TEAMS HERE AT THE ORGANIZATION,
2 AT CIRM, TO REALLY IMPLEMENT MORE OF THOSE PROGRAMS
3 TO GO OUT THERE AND DO THAT OUTREACH.

4 ALSO ANOTHER ORGANIZATION IN SACRAMENTO
5 CALLED THE SACRAMENTO CHINESE COMMUNITY SERVICE
6 CENTER, WHICH SERVES YOUTH, ACTUALLY ABOUT 15,000
7 CHILDREN IN THE SACRAMENTO SCHOOL AREA, AND, AGAIN,
8 JUST ASKING THEM WHAT IT IS THAT WE CAN OFFER. AND
9 WE LEARNED THAT THERE ARE ACTUALLY LOTS OF
10 OPPORTUNITIES FOR US TO TAKE SERVICES TO THEM, BUT
11 ALSO VICE VERSA, FOR THEM TO BRING STUDENTS TO US
12 FOR US TO BE ABLE TO SHARE MORE OPPORTUNITIES ABOUT
13 OUR EDUCATIONAL PROGRAMS AND STEM, ROTARY CLUBS AND
14 OTHER ORGANIZATIONS THROUGHOUT THE STATE. THERE ARE
15 MORE, BUT THESE ARE SOME THAT I WANTED TO HIGHLIGHT
16 TODAY.

17 BUT REALLY IN ADDITION TO HAVING THOSE
18 ONE-ON-ONE CONVERSATIONS, WE HAVE ALSO BEEN USING
19 SOCIAL MEDIA AS A LISTENING TOOL AND AS A TOOL TO
20 MAKE THOSE CONNECTIONS. REALLY IN PARTICULAR, THE
21 LAST COUPLE OF YEARS, IT'S BEEN REALLY DIFFICULT TO
22 HAVE THOSE FACE-TO-FACE, IN-PERSON CONVERSATIONS
23 WITH LIMITATIONS. SO REALLY USING AND LEVERAGING
24 SOCIAL MEDIA TO LEARN MORE AND INTRODUCE OURSELVES
25 AS AN AGENCY HAS BEEN REALLY SUCCESSFUL.

1 AT THE SUGGESTION OF YSABEL ACTUALLY, WE
2 WERE ABLE TO START A COMMUNICATION, A CONVERSATION
3 WITH THE COMMUNITY COLLEGE CLUB, THE BERKELEY CITY
4 COLLEGE STEM CELL CLUB, WHERE, AGAIN, THEY
5 IDENTIFIED WHAT ARE THOSE OPPORTUNITIES FOR US TO
6 PARTNER TOGETHER. THEY'RE REALLY ENTHUSIASTIC ABOUT
7 SHARING THEIR STORIES, STUDENT STORIES, AND, AGAIN,
8 SEEKING THOSE MENTORSHIP OPPORTUNITIES. SO SOCIAL
9 MEDIA HAS BEEN A REALLY GREAT TOOL FOR LISTENING,
10 BUT ALSO JUST FOR STORYTELLING AND SHARING THE
11 IMPACT OF THE ORGANIZATION, OUR PROGRAMS, THE
12 OPPORTUNITIES THAT WE OFFER. IT'S BEEN REALLY GREAT
13 FOR THAT.

14 AND I WANTED TO JUST PROVIDE THIS QUICK
15 SNAPSHOT HERE OF SOME OF THE TYPES OF STORIES THAT
16 WE'VE BEEN SHARING BECAUSE WE REALLY HAVE SHIFTED
17 HOW WE TELL STORIES.

18 REALLY ONE OF THE BIG CHANGES IS TAKING
19 THAT PERSPECTIVE FROM THE RESEARCHER OR PERHAPS THE
20 STUDENT, ESPECIALLY IF THEY COME FROM A BACKGROUND
21 THAT IS TRADITIONALLY UNDERREPRESENTED. WE FOUND
22 JUST A LOT OF SUCCESS AND ENGAGEMENT ACROSS SOCIAL
23 MEDIA. SOME OF THE STORIES THAT WE'VE HIGHLIGHTED
24 HERE, FOR EXAMPLE, WAS AALIYAH STAPLES, A STUDENT
25 WHO STARTED AS A CHEMISTRY STUDENT AND SHE THEN

1 TRANSITIONED TO REGENERATIVE MEDICINE THROUGH THE
2 BRIDGES PROGRAM. AND SHARING THOSE KINDS OF STORIES
3 ARE JUST REALLY GREAT BECAUSE, ONE, IT GETS ACROSS
4 WHAT IT IS THAT WE DO, OUR INVESTMENTS IN EDUCATION,
5 AND GROWING THE WORKFORCE HERE IN CALIFORNIA, AND
6 ALSO JUST HELPS GET THAT STORY ACROSS TO THEIR
7 COMMUNITIES AS WELL BECAUSE, AS I MENTION, A LOT OF
8 STUDENTS WE'RE FINDING ARE REALLY ENTHUSIASTIC ABOUT
9 SHARING AS WELL.

10 ALSO JUST TAKING THE PERSPECTIVE FROM THE
11 RESEARCHER. ASIDE FROM JUST TALKING ABOUT THE
12 SCIENCE, WE'LL TALK ABOUT THE SCIENCE, BUT ALSO TALK
13 ABOUT THE RESEARCHER AND THEIR STORY AND WHY IT'S
14 IMPORTANT TO THEM. AND WE FOUND THAT SHARING DR.
15 LILI YANG IN UCLA, THAT STORY WAS ACTUALLY ONE
16 REALLY ENGAGING PIECE THAT WE SHARED ACROSS LINKEDIN
17 THAT ACTUALLY GOT, AT THIS POINT, OVER 30,000
18 IMPRESSIONS, WHICH THAT JUST MEANS IT'S SHOWING UP
19 ON PEOPLE'S SCREENS. THAT'S JUST REALLY GREAT
20 BECAUSE THAT'S MORE POTENTIAL FOR PEOPLE TO SEE OUR
21 STORY.

22 ALSO JUST REALLY EXPERIMENTING WITH THE
23 WAY THAT WE TELL OUR STORIES, JUST REALLY THINKING
24 ABOUT HOW PEOPLE CONSUME MEDIA NOW, DOING
25 SWIPE-THROUGH POSTS, TWITTER THREADS, THOSE KINDS OF

1 THINGS. SO I JUST WANTED TO HIGHLIGHT THAT THAT'S
2 ONE OF THE OTHER WAYS THAT WE'VE BEEN DOING
3 COMMUNITY OUTREACH, NOT JUST IN PERSON, BUT ALSO
4 ONLINE.

5 I'M NOT GOING TO GO TOO DEEP INTO ALL OF
6 THESE, BUT I JUST WANTED TO HIGHLIGHT THAT WE HAVE
7 SEEN SOME GROWTH ACROSS OUR SOCIAL MEDIA WITH AN
8 INCREASE IN OUR FOLLOWERS, ENGAGEMENT RATE ACROSS
9 CHANNELS. AND, AGAIN, THIS IS BECAUSE WE ARE
10 EXPERIMENTING AND ALSO DOING THINGS THAT WE KNOW ARE
11 SUCCESSFUL, AGAIN, SHIFTING THE WAY THAT WE TELL OUR
12 STORIES AND DOING THINGS THAT ARE TESTED THAT WE
13 KNOW WILL BE SUCCESSFUL, AND ALSO LOOKING AT AUDITS
14 THAT WE'VE DONE.

15 I, AGAIN, WANT TO RECOGNIZE KATIE SHARIFY
16 FOR SETTING UP THAT SYSTEM FOR US TO CONDUCT THE
17 AUDIT, METRIC TRACKING. THOSE ARE SOME OF THE
18 THINGS THAT WE'VE BEEN DOING HERE AND CHANGES WE'VE
19 SEEN.

20 BUT WITH THAT, TALKING ABOUT LISTENING,
21 HAVING CONVERSATIONS, I DO ALSO WANT TO GIVE THIS
22 SNAPSHOT OF SOME OF THE EVENTS THAT WE'VE DONE OVER
23 JUST THE LAST YEAR. THESE ARE MORE EVENTS THAT
24 AREN'T NECESSARILY SCIENCE CONFERENCES BECAUSE I DO
25 ALSO WANT TO RECOGNIZE THAT, IN ADDITION TO THESE,

1 OUR SCIENCE TEAMS DO GO OUT TO CONFERENCES. JUST
2 RECENTLY, MARIA MILLAN WAS AT A WOMAN IN LIFE
3 SCIENCES EVENT WHERE SHE HIGHLIGHTED CIRM'S WORK.
4 AND THOSE TYPES OF EVENTS AREN'T LISTED HERE, BUT
5 THERE ARE STILL LOTS OF OUTREACH THAT WE ARE DOING
6 AT THOSE TYPES OF SPACES TOO.

7 AND THIS IS A MORE VISUAL REPRESENTATION
8 THAT I'LL SHOW NEXT ONCE MY SLIDE ADVANCES. HERE,
9 SO THIS IS JUST A SNAPSHOT OF THE TYPES OF EVENTS
10 THAT WE'VE DONE OVER THE PAST YEAR. LOOKING AT THE
11 UPPER LEFT, THAT'S THE BAY AREA LEADS SCIENCE
12 ACADEMY, WHICH IS A SUMMER CAMP THAT BASICALLY
13 PROVIDES STEM OPPORTUNITIES OVER THE SUMMER TO
14 STUDENTS, IN PARTICULAR STUDENTS THAT ARE
15 TRADITIONALLY UNDERREPRESENTED IN STEM. HAD GREAT
16 SUCCESS THERE.

17 WE'VE GOT THE LISTENING SESSION UP THERE
18 AT THE TOP. ROTARY CLUBS. AND IN THE CENTER WE'VE
19 ACTUALLY GOT THE SAN FRANCISCO PRIDE PARADE, WHICH I
20 WAS VERY EXCITED TO PARTICIPATE IN THIS PAST YEAR.
21 AND IT WAS ACTUALLY REALLY GREAT, NOT JUST BECAUSE
22 WE WERE IN FRONT OF OUR COMMUNITY IN A REALLY LARGE
23 EVENT IN CALIFORNIA, HUNDREDS OF THOUSANDS OF PEOPLE
24 WHO ATTENDED THERE. IT WAS REALLY GREAT BECAUSE WE
25 WERE ABLE TO ESTABLISH A PRESENCE, GET OUR NAME OUT

1 THERE, WHAT WE ARE INVESTING IN. EVEN JUST ON THE
2 WAY TO THERE, GOING FROM MY HOME IN OAKLAND TO THE
3 PARADE WEARING A CIRM SHIRT, I HAD THREE
4 CONVERSATIONS WITH PEOPLE WHO WERE ASKING, HEY, WHAT
5 IS CIRM? WHAT DOES THAT STAND FOR? WHAT DOES THAT
6 MEAN? AND JUST HAVING THOSE CONVERSATIONS ARE
7 REALLY GREAT BECAUSE YOU GET TO LET THEM KNOW HERE'S
8 WHAT WE DO. SO IT WAS REALLY GREAT, REALLY EXCITING
9 TO DO.

10 WE'VE ALSO GOT STEM CELL AWARENESS DAY,
11 SUNDAY ASSEMBLY, WHICH I KNOW J.T. RECENTLY
12 PARTICIPATED IN. THAT WAS ACTUALLY FOLLOW-UP FROM
13 AN EVENT THAT WE DID IN SAN FRANCISCO. THEY ENJOYED
14 THE PRESENTATION SO MUCH THAT WE GOT THE INVITE IN
15 L.A. JUST WANTED TO RECOGNIZE AND SHOW VISUALLY
16 HERE SOME OF THE EVENTS THAT WE ARE DOING.

17 AND OTHER TYPES OF OUTREACH, AGAIN, I DO
18 JUST WANT TO ADDRESS THAT KATIE AND I, WE'RE A TEAM
19 OF TWO, WE ARE VERY FORTUNATE TO, OF COURSE, HAVE
20 MARIA BONNEVILLE. AND WE UNFORTUNATELY LOST ONE OF
21 OUR TEAM MEMBERS, KEVIN, BACK IN DECEMBER. AND ALSO
22 SINCE I MENTIONED THAT, I DO WANT TO RECOGNIZE THAT
23 HE WAS A GREAT MENTOR TO KATIE AND I, AND WE REALLY
24 WANT TO RECOGNIZE THAT HE PROVIDED US WITH THE
25 SUPPORT TO GET TO WHERE WE ARE TODAY. SO I DID WANT

1 TO HIGHLIGHT THAT VERY QUICKLY.

2 BUT I DID WANT TO POINT OUT THAT WE ARE A
3 SMALL TEAM, AND CALIFORNIA IS A LARGE STATE, 40
4 MILLION PEOPLE. HOW IS IT THAT WE REACH THIS LARGE
5 POPULATION? I DID WANT TO ALSO POINT OUT THAT ALL
6 OF OUR EDUCATION PROGRAMS DO HAVE AN OUTREACH
7 COMPONENT. IT'S ACTUALLY REQUIRED THROUGH EACH
8 EDUCATION PROGRAM. SO I WANTED TO HIGHLIGHT SOME OF
9 THE TYPES OF EVENTS THAT THEY ALSO SUPPORT US WITH
10 DOING. THEY ACTUALLY GO OUT THERE, AGAIN, WITH LOTS
11 OF ENTHUSIASM, GO OUT THERE AND PARTICIPATE IN
12 COMMUNITY FAIRS, SCIENCE FAIRS, CLASSROOM
13 PRESENTATIONS, MARATHON WALKS. THEY ALSO DO
14 OUTREACH TO LAWMAKERS. THOSE KINDS OF THINGS, THOSE
15 ARE THINGS THAT ARE HAPPENING ALL THE TIME
16 THROUGHOUT THE DURATION OF THE PROGRAM.

17 A LOT OF THE TRAINEES THROUGHOUT THESE
18 PROGRAMS ARE ALSO ACTIVE ON SOCIAL MEDIA. SO
19 THEY'RE ALSO DOING THAT TYPE OF OUTREACH ON OUR
20 BEHALF, SPREADING THE WORD ABOUT REGENERATIVE
21 MEDICINE, STEM CELL RESEARCH, THE AGENCY, AND THE
22 WORK THAT THEY'RE DOING AS WELL.

23 SO JUST A BRIEF SNAPSHOT OF SOME OF THE
24 WORK THAT WE'VE BEEN DOING. THERE'S A LOT MORE THAT
25 WE'RE DOING AND THAT WE'RE WORKING ON, BUT JUST SOME

1 OF THE KEY TAKEAWAYS THAT WE GOT THROUGH THIS IS
2 THAT I'VE BEEN MENTIONING OVER AND OVER THROUGHOUT
3 THIS PRESENTATION THAT THERE'S SO MUCH ENTHUSIASM
4 FROM STUDENTS AND FROM COMMUNITIES TO REALLY GO OUT
5 THERE AND ENGAGE WITH THE AGENCY AND WITH OTHER
6 COMMUNITIES IN CALIFORNIA. I KNOW WE'RE GOING TO
7 GET A RECAP OF SOME OF THE LISTENING SESSIONS SOON.
8 BUT WE FOUND THAT THERE'S SO MUCH ENTHUSIASM TO
9 PARTNER WITH US AND FIGURE OUT WHAT ARE THE BEST
10 WAYS TO REACH COMMUNITIES AND PROVIDE THE SERVICES
11 THAT WE OFFER.

12 WE'VE ALSO FOUND THAT FINDING
13 ORGANIZATIONS THAT HAVE SIMILAR INITIATIVES, MAYBE
14 STEM BASED, SCIENCE BASED, EDUCATION BASED. WE
15 FOUND A LOT OF SUCCESS IN CONNECTING WITH THOSE. SO
16 ONE OF THE CALLS TO ACTION THAT I WOULD PUT HERE IS
17 THAT IF YOU ALL ARE FAMILIAR OR MAYBE EVEN A PART OF
18 ANY OF THOSE ORGANIZATIONS, FEEL FREE TO SEND THEM
19 OUR WAY BECAUSE WE'RE ALWAYS LOOKING TO MAKE THOSE
20 CONNECTIONS.

21 BUILDING TRUST WITH COMMUNITIES IS ALSO
22 KEY. THAT'S ONE OF THE THINGS THAT WE IDENTIFIED.
23 AND, AGAIN, IF YOU EVER SEE AN OPPORTUNITY TO MAKE
24 THAT CONNECTION, PLEASE FEEL FREE TO FORWARD THAT
25 OVER TO US. AND REALLY ONE OF THE THINGS THAT WE'VE

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1 ALSO FOUND TOO IS THAT WHILE WE'RE GOING TO HAVE
2 OTHERS DOING THAT OUTREACH ON OUR BEHALF FOR US, IN
3 ADDITION TO THE WORK THAT WE ARE DOING, IS THAT
4 THERE'S REALLY A NEED TO DEVELOP MORE TEMPLATES,
5 MORE MESSAGING THAT WE CAN PROVIDE TO OTHERS. I
6 THINK IT WAS ACTUALLY DR. BARRETT EARLIER WHO SAID
7 THAT HAVING THAT MESSAGING TO GO OUT THERE AND
8 SPREAD THE WORD IS SOMETHING THAT YOU WOULD FIND
9 REALLY HELPFUL.

10 SO FOR THE SAKE OF TIME, WE DIDN'T PRESENT
11 THE MESSAGING THAT WE DEVELOPED. WE DID PRESENT
12 THAT AT THE LAST COMMUNICATIONS SUBCOMMITTEE, BUT WE
13 DID DEVELOP A MESSAGING TEMPLATE AND HOW YOU, HOW
14 STAFF, HOW TRAINEES, HOW THEY CAN TALK ABOUT THE
15 AGENCY. SO THAT'S SOMETHING THAT WE'RE CURRENTLY
16 REFINING. WE WILL, OF COURSE, WITH MARIANNE MAKE
17 SURE THAT YOU ALL GET ACCESS TO THAT. AND WE'RE
18 ALWAYS HAPPY TO SUPPORT WITH THAT AS WELL.

19 IF YOU HAVE ANY QUESTIONS, HAPPY TO
20 DISCUSS THAT WITH YOU. WE JUST DID THAT FOR YSABEL,
21 ALSO DO THAT FOR VITO, WHO WILL BE PRESENTING SOON.
22 SO WE'RE ALWAYS HAPPY TO SUPPORT YOU WITH THAT AS
23 WELL. AND REALLY WITH THAT, I JUST WANTED TO END
24 THIS BY, AGAIN, SAYING THANK YOU FOR THIS
25 OPPORTUNITY TO PRESENT SOME OF THE WORK THAT WE'VE

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1 BEEN DOING HERE. HAPPY TO ANSWER ANY QUESTIONS IF
2 YOU HAVE ANY. THANK YOU.

3 CHAIRMAN THOMAS: FIRST OF ALL, ESTEBAN
4 AND KATIE, YOU GUYS ARE DOING PHENOMENAL WORK. AND
5 IT'S REALLY IMPRESSIVE. SO WE JUST WANT TO MAKE
6 SURE YOU UNDERSTAND HOW MUCH WE APPRECIATE ALL YOU
7 ARE DOING, THE QUALITY OF THE WORK, PARTICULARLY
8 GIVEN THE VERY DIFFICULT CIRCUMSTANCES THAT WE'VE
9 ALL HAD TO DEAL HERE WITH KEVIN'S PASSING. SO I
10 HOPE THE BOARD UNDERSTOOD THAT THAT'S TWO PEOPLE
11 DOING THAT, WHAT YOU JUST SAW, WITH MARIA'S
12 GUIDANCE, AND THAT YOU'RE DOING GREAT WORK. WE ARE
13 LOOKING FORWARD TO KOREN COMING IN AS PART OF THE
14 TEAM. SHE STARTS THE 17TH, MARIA?

15 DR. MILLAN: 17TH AND KOREN.

16 CHAIRMAN THOMAS: THANK YOU. ANYWAY,
17 JUST, AGAIN, TO REITERATE HOW MUCH GREAT WORK YOU
18 ARE DOING, AND THANK YOU VERY MUCH, BOTH OF YOU.

19 (APPLAUSE.)

20 MS. DURON: MR. CHAIR, I REALLY JUST
21 WANTED, IN SUPPORT OF ESTEBAN AND KATIE, TO
22 REEMPHASIZE THE MESSAGE THAT THEY SENT TO ALL OF
23 YOU. PLEASE REMEMBER IN YOUR OWN COMMUNITIES YOU
24 HAVE STUDENT GROUPS OUT THERE OR CBO'S OUT THERE,
25 OTHER GROUPS THAT YOU CAN FORWARD TO ESTEBAN SO THAT

1 HE CAN CONTINUE TO BUILD OUT. CERTAINLY WE NEED
2 MORE CAPACITY. AND, OF COURSE, THAT WILL TAKE A
3 BUDGET, INCREASED BUDGET. I'M SURE WITH OUR NEW
4 COMMUNICATIONS TEAM, WE'LL GET EVEN BETTER. BUT ANY
5 TIME YOU HAVE SOMEONE YOU THINK WOULD BE A FABULOUS
6 STORY, ANYBODY WHO YOU THINK WE WOULD NEED TO GO OUT
7 AND MEET WITH THEM AND TALK TO THEM, PLEASE SEND IT
8 TO US. BECAUSE I'M SURE THAT THESE ARE THE KINDS OF
9 THINGS THAT ESTEBAN AND KATIE CAN USE.

10 IN MY PRESENTATION TO SAN JOSE STATE A
11 WEEK AGO MONDAY, THEY WE WERE PARTICULARLY VERY
12 INTERESTED IN NOT ONLY HOW THEY CAN BECOME BETTER
13 SCIENTISTS AND BETTER STUDENTS AND BETTER INTERNS,
14 BUT THEY WERE REALLY INTERESTED IN HOW TO BECOME
15 MESSENGERS TO THE COMMUNITY AND HOW TO ENGAGE --
16 STEP OUTSIDE THEIR COMFORT ZONES TO ENGAGE WITH
17 COMMUNITY AND WITH PLACES THEY WOULD NOT NORMALLY GO
18 IN ORDER TO BRING THE MESSAGE OF SCIENCE AND TO
19 SHARE THEIR LOVE OF SCIENCE WITH STUDENTS TO
20 INCREASE THAT WORKFORCE DOWN THE ROAD AND THOSE NEW
21 STUDENTS IN STEM, BUT ALSO TO DIMINISH FEAR OR LACK
22 OF UNDERSTANDING ABOUT THIS SCIENCE WITHIN THOSE
23 COMMUNITY GROUPS.

24 AND SO IT'S REALLY CRITICAL FOR YOU TO
25 HELP ESTEBAN AND KATIE TO CONNECT THOSE DOTS BECAUSE

1 THIS MESSAGING IS CRITICAL. AND THAT'S WHY I REALLY
2 WANT YOU TO HEAR MORE OFTEN FROM THIS TEAM BECAUSE
3 YOU NEED TO SUPPORT THEM IN AS BEST WAY YOU CAN
4 THINK POSSIBLE, AND THAT IS GOING TO HELP THEIR
5 WORK, LIFT THEIR LOAD A LITTLE. AND I DON'T KNOW IF
6 LIFT THE LOAD IS THE GOOD THING. SUPPORT THEM DOING
7 THEIR WORK. ALSO I THINK REALLY GET THE MESSAGE OF
8 CIRM OUT SO WE'RE NOT HEARING FROM FOLKS, "I HAVEN'T
9 HEARD OF CIRM." THAT'S OUR GOAL. OH, YEAH, I KNOW
10 CIRM. THAT'S OUR NEW GOAL. I KNOW CIRM. WHY DON'T
11 WE DO A BANNER? I KNOW CIRM. I'M DONE.

12 CHAIRMAN THOMAS: THAT'S A GOOD NEW LOGO,
13 MOTTO. BY THE WAY, JUST TO PLAY OFF WHAT YSABEL
14 SAID, I WOULD ENCOURAGE ALL OF US TO, IF YOU HAVE
15 OPPORTUNITIES TO GET SPEAKING ENGAGEMENTS ABOUT
16 CIRM, WHATEVER THE BODY IS, TO GO OUT AND DO IT.
17 I'VE DONE MANY OF THEM OVER THE YEARS, AND THEY ARE
18 ALWAYS WELL RECEIVED. NO MATTER IF IT'S HIGH SCHOOL
19 KIDS, IT'S COLLEGE KIDS, IT'S WHATEVER IT IS, WE ARE
20 ALL TREMENDOUS AMBASSADORS FOR THE MISSION. AND
21 THAT IS A GREAT WAY TO GET THE MESSAGE OUT IN YOUR
22 SPARE TIME, WHICH I KNOW NOT MANY PEOPLE HAVE A LOT
23 OF, BUT I WOULD STRONGLY ENCOURAGE THAT. OKAY.

24 MS. DEQUINA-VILLABLANCA: J.T., ADRIANA
25 HAS HER HAND RAISED.

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1 CHAIRMAN THOMAS: ADRIANA.

2 DR. PADILLA: HI, EVERYBODY. THANK YOU SO
3 MUCH. IT WAS A GREAT PRESENTATION. REALLY HAPPY TO
4 HEAR ABOUT COMMUNICATION EFFORTS, ESPECIALLY THE
5 SOCIAL MEDIA ASPECT. JUST WANTED TO REMIND YOU AND
6 THE TEAM THAT, AT LEAST IN MANY DIFFERENT AREAS OF
7 CALIFORNIA, BROADBAND IS CHALLENGING. SO IF YOU CAN
8 ADD TO THE CONNECTION ASPECT, MAYBE THE TV SECTION
9 AND THE RADIO SECTION IN DIFFERENT MULTILANGUAGE
10 ASPECTS, I THINK THAT WOULD REACH A LOT OF
11 UNDERSERVED COMMUNITIES.

12 MR. CORTEZ: THANK YOU SO MUCH FOR THAT
13 SUGGESTION. IT'S DEFINITELY SOMETHING THAT WE HAVE
14 CONSIDERED. AND WE DO ACTUALLY HAVE A TRANSLATOR AS
15 WELL AND HAVE STARTED TO SHARE THINGS IN VARIOUS
16 LANGUAGES AS WELL, WHICH I THINK IS SOMETHING THAT
17 WE HAVE NOT DONE TO SOME EXTENT. WE'RE REALLY
18 STARTING TO PUT THINGS IN MULTIPLE LANGUAGES OUT
19 THERE AS WELL AND HOPE TO DO MORE OF THAT. THANK
20 YOU.

21 CHAIRMAN THOMAS: THANK YOU, ESTEBAN.

22 THE REPORTER: MR. CHAIRMAN, I'M REALLY
23 SORRY, BUT COULD WE TAKE A BREAK?

24 CHAIRMAN THOMAS: ABSOLUTELY. FIVE
25 MINUTES.

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1 (A RECESS WAS TAKEN.)

2 CHAIRMAN THOMAS: OKAY. ALL RIGHT. WE'RE
3 GOING TO BE GOING A LITTLE OUT OF ORDER HERE. SO
4 THE FIRST THING WE ARE GOING TO DO IS WE HAVE, ART,
5 CAN YOU COME UP HERE PLEASE. LARRY, CAN YOU HEAR
6 ME?

7 DR. GOLDSTEIN: YES. CAN YOU HEAR ME?

8 CHAIRMAN THOMAS: OKAY. WHAT TIME ARE YOU
9 GOOD TO GO TILL?

10 DR. GOLDSTEIN: TILL FOUR.

11 CHAIRMAN THOMAS: SO, ART, SO WE ARE GOING
12 TO NOW TALK ABOUT ART, WHO NEEDS NO INTRODUCTION,
13 WHO WAS A PHENOMENAL VICE CHAIR SINCE 2009, AND
14 SOMEBODY THAT I GREATLY ENJOYED WORKING WITH FOR ALL
15 THAT TIME. IT WAS A WONDERFUL WORKING RELATIONSHIP,
16 A GOOD PARTNERSHIP AS CHAIR AND VICE, AND WE WERE
17 VERY, VERY, VERY LUCKY TO HAVE HIM IN THIS POSITION.
18 SO TOWARDS THAT, ART, WE HAVE, NOT SURPRISINGLY, A
19 RESOLUTION FOR YOU AND THEN COMMENTS. I'M GOING TO
20 READ THE RESOLUTION. I WANT TO READ THE RESOLUTION
21 SO EVERYBODY CAN FULLY APPRECIATE THE MAGNITUDE, NOT
22 JUST OF JUST WHAT YOU DID HERE, BUT YOUR CAREER,
23 WHICH HAS BEEN EXEMPLARY.

24 WHEREAS, SENATOR TORRES HOLDS A BACHELOR'S
25 DEGREE FROM UNIVERSITY OF CALIFORNIA, SANTA CRUZ AND

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1 A JURIS DOCTORATE FROM UNIVERSITY OF CALIFORNIA,
2 DAVIS SCHOOL OF LAW;

3 WHEREAS, SENATOR TORRES SERVED AS A JOHN
4 F. KENNEDY TEACHING FELLOW AT HARVARD UNIVERSITY'S
5 JOHN F. KENNEDY SCHOOL OF GOVERNMENT INSTITUTE OF
6 POLITICS IN 1973;

7 WHEREAS, SENATOR TORRES WAS ELECTED TO
8 BECOME THE UNIVERSITY OF CALIFORNIA REGENT DESIGNATE
9 ON JULY 1, 2020, AND THEN ALUMNI REGENT AND
10 PRESIDENT OF THE ALUMNI ASSOCIATIONS OF THE
11 UNIVERSITY OF CALIFORNIA ON JULY 1, 2021;

12 WHEREAS, SENATOR TORRES SERVES AS ONE OF
13 FIVE MEMBERS OF THE BOARD OF COVERED CALIFORNIA,
14 WHICH OVERSEES OBAMACARE IN CALIFORNIA, AND WAS
15 APPOINTED TO A SECOND FOUR-YEAR TERM IN 2020 BY THE
16 CALIFORNIA STATE SENATE;

17 WHEREAS, SENATOR TORRES SERVED AS A MEMBER
18 AND PRESIDENT OF THE SAN FRANCISCO PUBLIC UTILITIES
19 COMMISSION, APPOINTED BY THEN MAYOR GAVIN NEWSOM IN
20 2010;

21 WHEREAS, SENATOR TORRES SERVED AS A MEMBER
22 OF THE BOARD OF THE SAN FRANCISCO MUNICIPAL
23 TRANSPORTATION AGENCY, APPOINTED BY THE LATE ED LEE,
24 MAYOR OF SAN FRANCISCO, TO A FOUR-YEAR TERM IN 2017;

25 WHEREAS, SENATOR TORRES WAS THE

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1 LONGEST-SERVING STATE DEMOCRATIC PARTY CHAIR IN
2 UNITED STATES HISTORY BETWEEN 1996 AND 2009;

3 WHEREAS, SENATOR TORRES SERVED TWENTY
4 YEARS IN THE CALIFORNIA LEGISLATURE, WHERE HE
5 CHAired THE ASSEMBLY HEALTH COMMITTEE AND THE SENATE
6 INSURANCE COMMITTEE, CREATED THE SENATE TOXICS
7 COMMITTEE AND SERVED AS ITS FIRST CHAIR, AND CHAIRED
8 THE UC ADMISSIONS COMMITTEE. HE SERVED IN THE
9 CALIFORNIA STATE ASSEMBLY FROM 1974 TO 1982, AND IN
10 THE CALIFORNIA STATE SENATE FROM 1982 TO 1994;

11 WHEREAS, SENATOR TORRES AUTHORED THE
12 CALIFORNIA SAFE DRINKING WATER AND TOXIC ENFORCEMENT
13 ACT OF 1986, KNOWN AS PROPOSITION 65, WHICH PROTECTS
14 OUR DRINKING WATER FROM CARCINOGENS. THIS
15 PROPOSITION HELPED CREATE THE SOLE TOXIC REPORTING
16 REPOSITORY THAT HELPS SCIENTISTS DETERMINE
17 ENVIRONMENTAL AND HEALTH IMPACTS, WHICH DR. ERIC
18 ROBERTS CALLED A "DATA SOURCE THAT REALLY NO ONE
19 ELSE HAS ON THE PLANET";

20 WHEREAS, SENATOR TORRES HELPED APPROPRIATE
21 UNIVERSITY RESEARCH FUNDING AT THE HEIGHT OF THE
22 AIDS CRISIS IN 1982 WITH DR. MARCUS CONANT, BEFORE
23 THE SEVERITY OF THE EPIDEMIC WAS RECOGNIZED, AND
24 ADVOCATED FOR INSURANCE REIMBURSEMENT FOR BREAST
25 CANCER TREATMENTS;

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1 WHEREAS, SENATOR TORRES CURRENTLY SERVES
2 AS THE VICE CHAIR OF THE ONE LEGACY FOUNDATION, THE
3 LARGEST ORGAN TRANSPLANT FOUNDATION IN THE US,
4 HEADQUARTERED IN LOS ANGELES, AND HAS BEEN ON THE
5 BOARD SINCE 1996;

6 WHEREAS, SENATOR TORRES WAS APPOINTED BY
7 THE UNIVERSITY OF SAN FRANCISCO AS ITS DIVERSITY
8 SCHOLAR VISITING PROFESSOR TEACHING IN THE NURSING
9 GRADUATE PROGRAM IN 2016;

10 WHEREAS, FOR OVER 40 YEARS, SENATOR TORRES
11 HAS CONFRONTED COMPLEX ISSUES AND STOOD UP FOR THOSE
12 WITHOUT A VOICE. HE HAS AUTHORED CRUCIAL INITIATIVES
13 IN HEALTH CARE, EDUCATION, THE ENVIRONMENT, AND
14 HUMAN RIGHTS, AND HAS SERVED IN THE PRIVATE AND
15 PUBLIC SECTORS;

16 WHEREAS, IN 2009 THEN LIEUTENANT GOVERNOR
17 GAVIN NEWSOM AND TREASURER BILL LOCKYER NOMINATED
18 SENATOR TORRES TO SERVE AS VICE CHAIR OF CIRM'S
19 GOVERNING BOARD, A POSITION TO WHICH HE WAS ELECTED
20 BY THE GOVERNING BOARD;

21 WHEREAS, AS VICE CHAIR OF CIRM'S GOVERNING
22 BOARD, SENATOR TORRES HAS SERVED ON THE GRANTS AND
23 STANDARDS WORKING GROUPS AND SERVED AS THE INAUGURAL
24 CHAIR OF THE ACCESSIBILITY AND AFFORDABILITY WORKING
25 GROUP. SENATOR TORRES HAS ALSO SERVED ON NUMEROUS

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1 SUBCOMMITTEES AND HAS LED CIRM'S GOVERNMENT
2 RELATIONS EFFORTS;

3 WHEREAS, DUE TO SENATOR TORRES' VAST
4 EXPERIENCE, HE WAS UNANIMOUSLY REELECTED TO A FINAL
5 TERM AS VICE CHAIR OF CIRM IN 2016;

6 WHEREAS, SENATOR TORRES, THROUGH HIS
7 EXPERIENCE, COMMITMENT, KNOWLEDGE, AND LEADERSHIP,
8 CONTRIBUTED GREATLY TO THE MOMENTUM OF DISCOVERY AND
9 FUTURE THERAPIES, WHICH WILL BE THE ULTIMATE OUTCOME
10 OF THE DEDICATED WORK OF THE RESEARCHERS RECEIVING
11 CIRM FUNDING; NOW, THEREFORE,

12 BE IT RESOLVED, THAT THE GOVERNING BOARD
13 OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE
14 MEDICINE, ON BEHALF OF THE PEOPLE OF THE STATE OF
15 CALIFORNIA, WISHES TO EXPRESS ITS DEEPEST GRATITUDE
16 TO SENATOR TORRES FOR HIS SERVICE ON CIRM'S
17 GOVERNING BOARD AND FOR HIS DEDICATION TO THE
18 ADVANCEMENT OF STEM CELL RESEARCH AND TO THE MISSION
19 OF CIRM TO ACCELERATE WORLD CLASS SCIENCE TO DELIVER
20 TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN
21 AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND
22 WORLD.

23 THIS RESOLUTION SHALL TAKE EFFECT
24 IMMEDIATELY UPON ITS APPROVAL.

25 DO I HEAR A MOTION TO APPROVE? MOVED BY

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1 THE ENTIRE BOARD, SECONDED BY THE ENTIRE BOARD. A
2 FIRST. I'M SURE SCOTT WILL TELL ME WE CAN DO A
3 VOICE VOTE ON BOTH, SCOTT, OR DO YOU NEED TO POLL ON
4 ZOOM AGAIN?

5 MR. TOCHER: I NEED TO POLL ON ZOOM AGAIN.

6 VICE CHAIR BONNEVILLE: DON'T WE WANT TO
7 TALK FIRST?

8 CHAIRMAN THOMAS: WE DO, BUT I JUST WANT
9 TO GET THE GROUND RULES.

10 VICE CHAIR BONNEVILLE: IS IT GOING TO BE
11 DIFFERENT FOR THIS ONE?

12 CHAIRMAN THOMAS: NO. I'M JUST CHECKING.
13 SO, ART, FIRST OF ALL, BEING A STATE AGENCY AND
14 INHERENTLY A POLITICAL ORGANIZATION, THE NECESSITY
15 OF HAVING THE BEST CONTACTS WE HAVE IN SACRAMENTO
16 AND KEEPING SACRAMENTO APPRISED, WATCHING FOR ISSUES
17 THAT COME UP THAT COULD AFFECT CIRM AND WHAT WE DO,
18 DEALING WITH FEDERAL LEGISLATORS TO KEEP THEM
19 APPRISED, ALL TOWARDS HAVING THE POLITICAL
20 ESTABLISHMENT HAVE A COMPLETELY POSITIVE ATTITUDE
21 ABOUT CIRM HAS BEEN CRITICAL TO ALLOW US TO FUNCTION
22 AS A STATE AGENCY. AND YOU UNFAILINGLY DID ALL OF
23 THAT AND MORE. AND IN SO DOING, POSITIONED US FOR
24 SUCCESS.

25 SO I WANT TO THANK YOU FOR THAT. THAT WAS

1 YEOMAN'S DUTY THAT TOOK ADVANTAGE OF YOUR MANY YEARS
2 OF EXPERIENCE, YOUR POLITICAL SAVVY, YOUR CONTACTS.
3 I SHOULD TELL THE BOARD, BY THE WAY, ART AND I AND
4 MARIA WOULD GO TO SACRAMENTO. YOU PARK IN THE
5 PARKING LOT, WHICH IS, AS YOU GUYS MAY KNOW, IS
6 ACROSS THE STREET FROM THE CAPITOL BUILDING, AND YOU
7 COULDN'T GET THREE STEPS WITHOUT SOMEBODY, "SENATOR
8 TORRES." OF COURSE, HE HASN'T EVEN BEEN UP THERE
9 FOR LIKE DECADES. STILL KNOWS EVERYBODY. STILL
10 COMMANDS THE UTMOST RESPECT. IT WAS VERY
11 IMPRESSIVE. IT TOOK HALF AN HOUR TO WALK 20 FEET.
12 ASIDE FROM THAT, WE MANAGED TO GET THERE EARLY TO
13 FACTOR THAT IN.

14 SERIOUSLY, WE'VE HAD -- THERE WERE SEVERAL
15 INSTANCES THAT CAME UP, THE ORTIZ AMENDMENT, THE
16 EFFORT TO GET CIRM CANCELED IN A CONSTITUTIONAL
17 AMENDMENT, WHICH MOST OF YOU GUYS DON'T KNOW
18 ANYTHING ABOUT, ALL OF THAT WAS HANDLED EXPERTLY BY
19 YOU. AND THAT'S JUST ALL THE STUFF YOU DID ON THE
20 POLITICAL FRONT. YOU WERE AN INTEGRAL FIGURE IN
21 EVERYTHING CIRM DID SINCE 2009.

22 YOU'VE BEEN A WONDERFUL COLLEAGUE FOR ME
23 PERSONALLY. A SPECIAL SHOUT-OUT FOR YOUR SUPPORT
24 WHEN I GOT NOMINATED. I REALLY APPRECIATED IT. SO
25 WE WERE -- AS I SAY, CIRM AS AN ENTITY WAS JUST SO

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1 FORTUNATE TO HAVE YOU IN ALL REGARDS. SO
2 CONGRATULATIONS ON A JOB EXTREMELY WELL DONE.

3 MR. TORRES: THANK YOU, JON.

4 (APPLAUSE.)

5 CHAIRMAN THOMAS: OKAY. OTHER COMMENTS
6 FROM MEMBERS OF THE BOARD? WHO WOULD LIKE TO GO
7 FIRST? MARIA. THIS OUGHT TO BE GOOD. MARIA.

8 VICE CHAIR BONNEVILLE: AGAIN, THESE ARE
9 ALL KIND, WONDERFUL COMMENTS, OF COURSE.

10 I'VE KNOWN ART FOR 22 YEARS. I REMEMBER
11 THE FIRST TIME I MET HIM, I THOUGHT, OH, MY GOD.
12 THAT MAN HAS AMAZING HAIR. HE STILL DOES. HE ALSO
13 HAD THIS AMAZING ABILITY TO REMEMBER FACES AND
14 NAMES, AND THAT SINGULAR THING THAT MADE YOU
15 SPECIAL.

16 HE REMEMBERED THAT I HAD HAD A BABY AND
17 THAT HIS NAME IS CHARLIE. AND EVERY TIME I SAW HIM,
18 HE'D ASK ME, HOW'S SWEET CHARLIE DOING? AND HE
19 STILL ASKS ME ABOUT HIM WHENEVER WE TALK.

20 HE HAS THE GIFT OF CONNECTION, AND THAT
21 HAS BEEN AN AMAZING QUALITY FOR US HERE AT CIRM.
22 ART HAS BEEN INSTRUMENTAL TO KEEPING CIRM ON TRACK,
23 WHETHER BY HELPING WITH THE PROPOSITION OR MAKING
24 SURE SACRAMENTO KNEW ALL THE GREAT THINGS WE WERE
25 DOING. HE'S BEEN UNWAVERING IN HIS SUPPORT AND LOVE

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1 FOR CIRM. SO THANK YOU, ART, FOR EVERYTHING YOU'VE
2 DONE FOR CIRM AND EVERYTHING YOU DID FOR ME.

3 (APPLAUSE.)

4 CHAIRMAN THOMAS: MARIA AND THEN GEORGE
5 AND THEN DAN.

6 DR. MILLAN: THANK YOU SO MUCH. I DON'T
7 USUALLY CUT IN FRONT OF BOARD MEMBERS, BUT I
8 APPRECIATE THE OPPORTUNITY TO DO SO. I ACTUALLY HAD
9 WRITTEN SOME THINGS DOWN, ART, SO I'M GOING TO READ.
10 I USUALLY DON'T.

11 SO WHEN I FIRST JOINED CIRM, ART LET ME IN
12 THE FRONT DOOR. AND HE OPENED THAT DOOR AND IT LED
13 TO AN AMAZING EXPERIENCE AT CIRM. BUT ON BEHALF OF
14 THE CIRM TEAM, JUST WANTED TO SHARE A FEW WORDS WITH
15 YOU, ART. SO IT WOULD BE VERY DIFFICULT TO KIND OF
16 ADD TO ALL OF THE ACCOMPLISHMENTS THAT HAVE ALREADY
17 BEEN SHARED WITH THIS BOARD. BUT ON BEHALF OF THE
18 TEAM, I'D LIKE TO EXPRESS OUR GRATITUDE TO ART FOR
19 KEEPING IT REAL. AS YOU SEE, REAL WORLD, REAL LIFE
20 IS PART OF OUR MOTTO, AND YOU DO KEEP IT REAL. WITH
21 ALL THE HUGE REFORMS AND INITIATIVES YOU'VE BEEN
22 INVOLVED IN, ALL THE LEADERSHIP ROLES, YOU REALLY
23 ALWAYS KEPT IT REAL AND ABOUT THE PERSONAL NEEDS OF
24 THE PEOPLE YOU INTERACT WITH AND SERVE.

25 THAT'S LED YOU TO CO-AUTHOR LEGISLATION

1 SUCH AS THE MUSEUM OF TOLERANCE IN LOS ANGELES, THE
2 CALIFORNIA CLEAN WATER ACT, THE RESTROOM EQUITY ACT,
3 WHICH I HOPE OUR NEW CHAIR LET'S US TAKE MORE
4 BATHROOM BREAKS BECAUSE I THINK IT'S VERY IMPORTANT.
5 BUT MOST IMPORTANTLY, WHAT REALLY STANDS OUT IN MY
6 MIND IS THE PEKING DUCK LEGISLATION IN THE 1980S IN
7 SAN FRANCISCO, WHICH REALLY -- THAT'S JUST PART OF
8 IT. THAT'S JUST THE START OF SOME OF THE STORIES
9 THAT ART TELLS US.

10 ART DOESN'T ONLY LISTEN; HE REALLY HEARS.
11 HE HEARS PEOPLE'S CONCERNS. I GET TEXT MESSAGES AND
12 CALLS FROM HIM ON BEHALF OF PEOPLE WHO NEED MEDICAL
13 CARE, ALL HOURS, WEEKENDS, HOLIDAYS. AND HE TREATS
14 EVERY SINGLE ONE OF THOSE CONCERNS AS IF IT'S --
15 WITH THE URGENCY THAT IT DESERVES, BUT AS IF
16 EVERYBODY IS HIS SON OR HIS DAUGHTER. IT'S TRUE.

17 HIS COMPASSION AND HIS ADVOCACY AND
18 CONNECTION WITH THE COMMUNITY HAVE LED HIM TO HIS
19 PASSIONATE SUPPORT FOR CIRM'S EDUCATION PROGRAMS,
20 ACCESS AND AFFORDABILITY FOR PATIENTS, AND
21 DIVERSITY, EQUITY, AND INCLUSION. SO THANK YOU,
22 ART, FOR THE MISSION YOU HAVE INSTILLED IN US, FOR
23 SETTING UP SOME VERY IMPORTANT PROGRAMS AND
24 CHALLENGES THAT WE CAN TAKE ON AS AN ORGANIZATION
25 GOING FORWARD IN PROP 14. THANK YOU, ART.

1 SO WE HAVE SOMETHING FOR ART THAT SCOTT
2 TOCHER IS GOING TO HELP ME BRING UP FROM THE TEAM
3 JUST TO REMEMBER US BY. AS YOU KNOW, ART, WE GIVE
4 AT OUR ALL-HANDS MEETINGS A DOMINO AWARD FOR OUR
5 TEAM MEMBERS WHO EXHIBIT AND LIVE THE MISSION, BUT
6 ESSENTIALLY GO ABOVE AND BEYOND. AND SO WE WANTED
7 YOU TO HAVE THIS PLAQUE. J.T. WANTS TO SHOW HIS.
8 WOW.

9 (APPLAUSE.)

10 CHAIRMAN THOMAS: NEXT, GEORGE.

11 DR. BLUMENTHAL: WELL, THANK YOU. ART,
12 LIKE EVERYONE ELSE, I AM IN AWE OF ALL THAT YOU'VE
13 ACCOMPLISHED, BUT THAT'S WHAT WE EXPECT OF SOMEBODY
14 WHO STARTED OUT AS A BANANA SLUG. HAVING HEARD YOU
15 OVER ALL OF THESE YEARS AND HAVING LISTENED TO THE
16 ACCOMPLISHMENTS THAT YOU'VE ACHIEVED, THE QUESTION
17 THAT COMES TO MY MIND IS WHAT DID YOU EVER DO IN
18 YOUR SPARE TIME? I WILL SAY THIS. LISTENING TO YOU
19 OVER THE YEARS AT CIRM, LISTENING TO YOUR COMMENTS,
20 LISTENING TO THE WORK THAT YOU'VE DONE LITERALLY
21 COULD FILL A BOOK AND PROVIDE JUST YOUR OWN COMMENTS
22 WOULD BE THE HISTORY OF CIRM. AND IT JUST SHOWS THE
23 LEVEL OF YOUR COMMITMENT AND THE LEVEL OF YOUR
24 ACCOMPLISHMENTS FOR THIS ORGANIZATION.

25 I'M PERSONALLY VERY GRATEFUL TO YOU. YOU

1 RECRUITED ME TO BE A MEMBER OF THIS BOARD. WHEN I
2 TOLD YOU I KNEW REALLY RELATIVELY LITTLE ABOUT STEM
3 CELLS, I STILL REMEMBER WHAT YOU SAID. SAID, "DON'T
4 WORRY ABOUT IT. YOU'LL FIGURE IT OUT. WHY DON'T
5 YOU START BY READING *STEM CELLS FOR DUMMIES*." AND
6 THAT ACTUALLY PROVED TO BE SOME REALLY GOOD ADVICE.

7 SO, ART, I JUST REALLY WANT TO THANK YOU
8 FOR ALL YOU'VE DONE. IT'S BEEN JUST A WONDERFUL
9 PLEASURE WORKING WITH YOU.

10 MR. BERNAL: MR. SENATOR, MR. VICE CHAIR,
11 EARLIER IN THE MEETING, I HAD REACHED OUT TO YOUR
12 SUCCESSOR AS VICE CHAIR DURING A PROLONGED
13 DISCUSSION TO ASK IF I COULD CALL THE QUESTION. AND
14 SHE SAID, "OKAY, ART," WHICH I TOOK AS HIGH PRAISE.

15 SO I FIRST MET ART MANY YEARS AGO, 2002,
16 WHEN I BEGAN WORKING FOR OUR LEGISLATOR WHO WOULD
17 BECOME SPEAKER OF THE HOUSE, YOUR VERY DEAR FRIEND
18 NANCY PELOSI. ART, YOU'VE BEEN A GREAT MENTOR AND
19 FRIEND TO ME FOR ALL THESE YEARS. YOU'RE
20 RESPONSIBLE FOR ME COMING ON THIS BOARD. AND WHAT
21 I'VE OBSERVED DURING MY TIME WITH YOU ON CIRM IS
22 THAT YOU'VE REALLY BEEN IN SOME WAYS THE MORAL
23 COMPASS OF THIS BODY.

24 YOU'VE ALSO ALWAYS KEPT US FOCUSED THROUGH
25 THE ESTABLISHMENT AND LEADERSHIP ON THE AAWG ON

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1 ENSURING THAT THE TREATMENT AND RESOURCES THAT WE
2 ARE SUPPORTING GET TO THOSE MOST IN NEED, YOUR FOCUS
3 ON YOUNG PEOPLE THROUGH THE SPARK AND BRIDGES
4 PROGRAM AND CREATING OPPORTUNITIES FOR THEM
5 PROFESSIONALLY. AND BEING A PART OF THIS WORK IS SO
6 ADMIRABLE.

7 I HAVE TO SAY THAT I'VE ALWAYS OBSERVED
8 YOU LEADING WITH PASSION AND PURPOSE AND IMPACT.
9 AND I ADMIRE YOU GREATLY AND WILL MISS YOU VERY MUCH
10 ON THIS BODY, BUT LOOK FORWARD TO SEEING YOU MORE.
11 THANK YOU, MR. VICE CHAIR.

12 CHAIRMAN THOMAS: THANK YOU. MARV.

13 DR. SOUTHARD: SO, ART, YOU AND I GOT TO
14 KNOW EACH OTHER FIRST IN THE POLITICAL JUNGLES OF
15 LOS ANGELES WHEN WE WERE ON THE SAME TEAM FIGHTING
16 VERY DIFFICULT FIGHTS. AND SO IT WAS A GREAT JOY
17 FOR ME IN JOINING CIRM TO JOIN YOU HERE AGAIN. SO
18 TO LEARN FROM YOUR WISDOM NOW AS I DID BACK THEN.
19 SO THANK YOU.

20 CHAIRMAN THOMAS: PAT.

21 DR. LEVITT: SO, ART, I NEVER MET YOU
22 BEFORE I CAME ON THE BOARD, BUT I HAD HEARD ABOUT
23 YOU. AND IT WASN'T SCARY, BUT IT WAS INTERESTING.
24 I HAVE ONE VERY, VERY SHORT STORY. I THINK IT WAS
25 THE SECOND -- THE FIRST OR SECOND AAWG MEETING,

1 YOU'RE CHAIRING IT, AND I LEARNED THE HARD WAY THAT
2 EVERY CIRM MEETING HAS AN AGENDA. AND THE AGENDAS
3 CAN BE EXTRAORDINARILY LONG. AND YOU ADJOURNED THE
4 MEETING IN THE FIRST HALF HOUR UNTIL SOMEBODY
5 REMINDED YOU THAT WE STILL HAVE THREE QUARTERS OF
6 THE AGENDA TO STILL GO THROUGH. AND I WAS THINKING
7 TO MYSELF I LIKE THIS CHAIR. REALLY LIKE THIS
8 CHAIR.

9 SO I APPRECIATE THAT, ART. AND ALSO WE'VE
10 HAD PRIVATE CONVERSATIONS ABOUT MY PASSION ABOUT
11 CHILDREN'S HEALTH AND YOUR PASSION ABOUT CHILDREN'S
12 HEALTH, AND IT CAME THROUGH IN OUR CONVERSATION. SO
13 I APPRECIATE THAT AND EXPECT THAT YOU WILL CONTINUE
14 TO WORK TOWARDS A SOLUTION FOR THE STATE OF
15 CALIFORNIA. SO THANKS FOR ALL THAT YOU'VE DONE.

16 CHAIRMAN THOMAS: THANK YOU, PAT. YSABEL.

17 MS. DURON: SO, ART, I'VE KNOWN YOU IN SO
18 MANY WAYS, WITH SO MANY HATS, THROUGH SO MANY LENSES
19 SINCE I WAS A YOUNG REPORTER AND YOU WERE A SENATOR.
20 AND SO IT'S AMAZING TO ME HOW WE'VE CONTINUED TO
21 INTERSECT AND CROSS PATHS AT MANY EVOLUTIONS IN OUR
22 OWN LIVES. AND IT'S REALLY BEEN ALWAYS GREAT TO SEE
23 YOU.

24 AND THEN WHEN YOU CALLED ME TO SERVE, I
25 SAID, OKAY, SOMEWHAT LIKE I DON'T KNOW MUCH ABOUT

1 STEM CELLS. BUT I DO BELIEVE THAT, AS THEY SAID,
2 YOU LOVED TO DEVELOP YOUNG TALENT, THAT YOU SAW FOR
3 ME AN OPPORTUNITY TO LEARN AND TO HELP MAKE A
4 DIFFERENCE. AND I APPRECIATE THAT YOU SAW THAT IN
5 ME.

6 BUT MORE IMPORTANTLY, I JUST APPRECIATE
7 THAT WE'VE BEEN ABLE TO CONTINUE TO COLLABORATE ON
8 MULTIPLE LEVELS IN MANY IMPORTANT WAYS. I WILL MISS
9 YOU IN ONE WAY, AND THAT IS THAT YOU MAY NOT BE
10 SENDING ME ANY MORE MARIACHI SERENADES FOR MY
11 BIRTHDAY. PLEASE DO. DO NOT LEAVE MY LIFE.

12 THANK YOU. GOOD LUCK TO YOU. BEST OF
13 LUCK. AND HOPEFULLY WE'LL SEE YOU THROUGH ANOTHER
14 LENS IN ANOTHER WAY.

15 CHAIRMAN THOMAS: OKAY. THANK YOU. OTHER
16 COMMENTS? DO WE HAVE SOME COMMENTS ON ZOOM?
17 LEONDRA.

18 DR. CLARK-HARVEY: ART, I'M FAIRLY NEW TO
19 THE BOARD, BUT I WILL SAY THAT SOMEONE SAID, "OH,
20 YOU GET ON THAT BOARD, YOU'RE GOING TO GET CALLS
21 FROM CERTAIN PEOPLE, AND ART WILL BE ONE OF THOSE
22 PEOPLE THAT CALLS YOU." I REMEMBER THE DAY THAT YOU
23 CALLED ME. I THOUGHT, OKAY. WHAT'S HE CALLING ME
24 FOR? AND YOU WERE CALLING ME BECAUSE YOU WERE
25 CHECKING ON ME AS A PERSON, AND YOU REMEMBERED THAT

1 I HAD HAD MY BREAST CANCER SURGERY AND YOU WERE JUST
2 CHECKING IN TO TALK TO ME, TO TALK ABOUT YOUR
3 FAMILY, AND MEMBERS WHO HAD BEEN IMPACTED. AND THAT
4 WAS VERY, VERY SPECIAL.

5 SO I THANK YOU FOR THAT. THANK YOU FOR,
6 DESPITE ALL THE POLITICS AND EVERYTHING HAPPENING,
7 THE FACT TO ZONE IN AND HONE IN ON THE IMPORTANT
8 ELEMENT OF US JUST BEING HUMAN AND NEEDING TO
9 SUPPORT ONE ANOTHER. WE DIDN'T TALK CIRM BUSINESS
10 AT ALL. WE JUST TALKED ABOUT WHAT WAS HAPPENING
11 WITH ME. SO I REALLY APPRECIATE IT.

12 CHAIRMAN THOMAS: THANK YOU, LEONDRA.
13 OTHERS? MARK.

14 DR. FISCHER-COLBRIE: ART, YOU'VE BEEN
15 INCREDIBLY IMPACTFUL IN SO MANY DIFFERENT WAYS. AND
16 I JUST WANT TO ACKNOWLEDGE HOW BENEFICIAL YOU'VE
17 BEEN AND HOW DEEPLY INDEBTED I AM TO WHAT YOU'VE
18 DONE RELATED TO CIRM AND TO A VARIETY OF OTHER
19 CAUSES. SO IT'S VERY MUCH APPRECIATED. AND I KNOW
20 THAT THAT'S BEEN WITH A LOT OF SACRIFICES OF YOUR
21 TIME, YOUR ENERGY, EVEN FINANCIAL HITS ALONG THE WAY
22 GIVEN YOUR DEVOTION. AND I JUST WANT TO EXPRESS HOW
23 DEEPLY APPRECIATIVE I AM OF ALL OF YOUR SACRIFICES
24 TO ACHIEVE SO MUCH AND TO HELP GUIDE US THROUGH THIS
25 PROCESS. SO THANK YOU.

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1 CHAIRMAN THOMAS: ANNE-MARIE.

2 DR. DULIEGE: MANY, MANY YEARS OF WORKING
3 TOGETHER IN THIS ENVIRONMENT HERE IN THIS BOARD AND
4 REALLY APPRECIATE, SECOND EVERYTHING THAT OTHERS
5 HAVE SAID AND HOW YOU HAVE INSPIRED ALL OF US. AS I
6 HAD A CHANCE, TOGETHER WITH ALL OF US, TO REVIEW
7 WHAT ELSE YOU'VE DONE, I KNEW SOME OF IT, BUT NOT
8 ALL OF IT. EVERYONE CAN NOTICE HOW MUCH YOU FOUGHT
9 FOR EQUAL ACCESS TO HEALTHCARE, WHICH WE'RE CLEARLY
10 NOT YET THERE, BUT MAKING SOME PROGRESS THANKS TO
11 PEOPLE LIKE YOU. AND I WISH THERE WILL BE MANY,
12 MANY OTHERS. ALL OF US ARE TRYING TO GET THERE, BUT
13 YOU'RE ONE OF THE LEADERS. SO THANK YOU FOR THAT AS
14 WELL.

15 CHAIRMAN THOMAS: THANK YOU, ANNE-MARIE.
16 SHELLY.

17 DR. HEIMFELD: I'M SHELLY HEIMFELD. I
18 WORK ON THE GRANTS WORKING GROUP. I JUST WANT TO
19 ACKNOWLEDGE AGAIN HOW STRONG A ROLE ART ALWAYS
20 PLAYED IN REMINDING US THAT IT WASN'T JUST ABOUT THE
21 SCIENCE. IT WAS ABOUT THE PATIENTS AT THE END OF
22 ALL OF THIS. THAT WAS CRITICAL ROLE. WE COULD GET
23 CAUGHT UP IN THE DETAILS SOMETIMES, AND ART WAS
24 ALWAYS GOOD AT BRINGING US BACK AND REMINDING US
25 REALLY WHY WE WERE THERE. SO I JUST WANT TO SAY

1 THANK YOU FOR THAT.

2 CHAIRMAN THOMAS: THANK YOU, SHELLY.

3 OTHER COMMENTS? JOY.

4 DR. CAVAGNARO: ECHO EXACTLY WHAT SHELLY
5 HAD SAID. I WILL SAY THAT I WILL APPRECIATE YOUR
6 UNCONDITIONAL, HEART-FILLED CIRMNESS FOR THOSE OF
7 ON THE GWG. THAT WAS A WORD THAT WE COINED. AND I
8 WILL TELL YOU, ART, THAT YOU ARE THE RIGHT DOSE.

9 CHAIRMAN THOMAS: THAT'S TAKEN YEARS FOR
10 YOU TO EVER MAKE THAT STATEMENT.

11 DR. CAVAGNARO: IT HAS.

12 CHAIRMAN THOMAS: PAT, DID I SEE YOUR HAND
13 UP THERE? IT'S GREAT TO SEE YOU.

14 DR. OLSON: YES, YOU DID. NICE TO SEE
15 THOSE OF YOU I KNOW. SO NICE TO SEE ALL THE NEW
16 FACES. AND, ART, SO NICE TO SEE YOU.

17 YOU KNOW, MY 13 YEARS AT CIRM, WHEN I LOOK
18 BACK ON IT, WHAT I REMEMBER IS THE COMMUNITY OF
19 PEOPLE BOTH AT CIRM, AT THE GRANTS WORKING GROUP.
20 AND, ART, YOU WERE REALLY PART OF THAT COMMUNITY.
21 YOU HELPED MAKE IT, YOU SUPPORTED US, YOU TAUGHT ME
22 ABOUT PATIENT ADVOCACY. YOU WERE SO IMPORTANT IN
23 HELPING TO DEVELOP THE EDUCATION PROGRAMS AND
24 SUPPORTED THEM. EVERY TIME WE HAD A MEETING OF
25 EITHER THE BRIDGES OR THE SPARK, ART WOULD SHOW UP

1 AND HE WOULD USUALLY GIVE A TALK. AND SO THAT WAS
2 REALLY GOOD, AND I KNOW ALL THE PEOPLE APPRECIATED
3 IT. AND I ALSO KNOW THAT THE MANY TRAINEES THAT WE
4 HAVE DONE PROBABLY REMEMBER YOUR CONTRIBUTIONS.

5 FINALLY, JUST IN JUMPING IN AND OUT OF
6 THIS BOARD MEETING TODAY, ONE OF THE THINGS THAT YOU
7 MAY ALL MISS IS ART CALLING THE QUESTION AND MOVING
8 THE THINGS ALONG. SO, ART, THANK YOU. AND IT'S
9 GOOD TO SEE YOU, AND I WISH YOU ALL THE BEST.

10 CHAIRMAN THOMAS: THANK YOU, PAT. GREAT
11 TO SEE YOU. OTHER COMMENTS? JARED.

12 DR. ROACH: I WAS FIRST INVITED TO THE GWG
13 A LITTLE BIT OVER A DECADE AGO, AND AT THE TIME I
14 VERY MUCH FELT LIKE AN OUTSIDER. AND ART, MORE THAN
15 I THINK ANYONE ELSE IN CIRM, IMMEDIATELY MADE ME
16 FEEL WELCOME AND COMFORTABLE, AS HE DID WITH
17 EVERYONE. NOT ONLY JUST ME, HE MADE GROUPS OF US
18 COMFORTABLE TOGETHER. AND BY MAKING US ALL
19 COMFORTABLE, WE WERE ALL TALKING TO EACH OTHER. AND
20 AS A GROUP, HE WAS A CATALYST FOR COMMUNICATION.
21 EVEN IF HE WASN'T DIRECTLY INVOLVED IN THE
22 INFORMATION, HE WAS CATALYZING THAT COMMUNICATION,
23 AND HE MADE IT FUN AND ENJOYABLE TO BE ON THE GWG.
24 BY DOING SO, I THINK HE IMPROVED THE OVERALL
25 SYNERGISM AND QUALITY OF OUR GRANT EVALUATIONS. IF

1 THE GWG IS A FAMILY, ART IS OUR GRANDFATHER. THANK
2 YOU, ART.

3 CHAIRMAN THOMAS: THANKS, JARED. NOW WE
4 HAVE TO AMEND THE RESOLUTION FOR ANOTHER WHEREAS.
5 MARK.

6 DR. FURTH: I'VE BEEN A MEMBER OF THE GWG,
7 LIKE A COUPLE OF THE OTHERS HAVE SPOKEN, FROM VERY
8 EARLY DAYS WITH CIRM. I THINK I JOINED IN YEAR TWO.
9 AND IT'S REALLY BEEN AN HONOR AND A PRIVILEGE TO
10 WORK WITH YOUR ORGANIZATION AND SO MANY OUTSTANDING
11 INDIVIDUALS, ART CERTAINLY. AND I'D LIKE MY
12 COMMENTS TO EXTEND TO J.T. HIMSELF AS WELL.

13 WITH ART I HAVE TO SAY SOMETHING HAS
14 CHANGED FOR ME OVER THE YEARS. ONCE UPON A TIME
15 WHEN I HEARD THE PHRASE "A MAN OF THE PEOPLE," I
16 THOUGHT OF THIS TALL GUY WITH A LONG BLACK BEARD WHO
17 WAS A RAILSPLITTER AT ONE TIME IN HIS LIFE. NOW
18 I'VE GOT THE IMAGE OF A GENTLEMAN FROM CALIFORNIA
19 WITH WHITE HAIR AND A FANTASTIC SMILE. YOU'VE AT
20 LEAST CHANGED THAT ASPECT OF MY WORLD VIEW, ART.
21 THANK YOU FOR THAT.

22 A LOT OF PEOPLE THINK OF GRANT REVIEWING
23 FOR SCIENTISTS AT MOST AS A NECESSARY EVIL,
24 SOMETIMES JUST AN EVIL. BUT CIRM'S BEEN DIFFERENT.
25 AND I WAS THINKING ABOUT WHY THAT'S TRUE. AND IT'S

1 PEOPLE LIKE J.T. AND ART WHO'VE MADE IT TRUE. I
2 THINK IT'S PARTLY BECAUSE THEY SHARE A DUAL PASSION.
3 THERE'S THIS COMMITMENT TO A GREAT SCIENTIFIC
4 MISSION.

5 I THINK OF SOMEBODY WHO WAS INTRODUCED TO
6 STEM CELL BIOLOGY A RIDICULOUSLY LONG TIME AGO AS
7 THE HIGH SCHOOL STUDENT MORE THAN HALF A CENTURY
8 BACK, AND THAT'S BEEN CONTAINED -- CONTINUED OVER
9 THOSE YEARS. AND ART AND J.T. SHARE THAT PASSION AS
10 MUCH AS ANY OF THE SCIENTISTS EITHER WITHIN CIRM OR
11 ON THE GWG.

12 AND, SECONDLY, THERE IS THIS ABSOLUTELY
13 PARAMOUNT FOCUS THAT THEY BRING TO THE INTEREST OF
14 PEOPLE WITH UNMET MEDICAL NEEDS. AND IT REALLY
15 INFORMS EVERYTHING CIRM DOES ON A DAILY BASIS, AND
16 IT MAKES A DIFFERENCE FROM OTHER ORGANIZATIONS MORE
17 OR LARGER THAT PLAY IN THIS SPACE. AND THAT PASSION
18 OBVIOUSLY COMES FROM THE LEADERS, J.T., ART, MARIA,
19 MANY OTHERS, BUT IT'S BEEN EXEMPLIFIED BY THE TWO
20 FOLKS WHO ARE BEING HONORED TODAY.

21 I'D LIKE TO TALK ABOUT VERY QUICKLY FOUR
22 SPECIFIC WAYS IN WHICH THEY'VE GENERATED THE IMPACT.
23 ONE IS THEY'VE KEPT THE CIRM MISSION VITAL AND
24 OMNIPRESENT. THEY NEVER STRAY FROM UPHOLDING VALUES
25 OF CLINICAL EXCELLENCE AND OBJECTIVITY. THEY

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1 ENCOURAGE DIVERSE POINTS OF VIEW. AND SO THE
2 REVIEWING FOR CIRM HAS BEEN VERY DIFFERENT FROM MY
3 EXPERIENCE IN REVIEWING FOR OTHER ORGANIZATIONS
4 BECAUSE OF THAT SCIENTIFIC OBJECTIVITY.

5 THEY REALLY MEAN IT WHEN THEY SAY CIRM
6 SHOULD SUPPORT HIGH RISK, HIGH REWARD RESEARCH. AND
7 THEY RESPECT AND SHARE AND SUPPORT A VISION THAT
8 STEM CELL SCIENCE IS GOING TO TRANSFORM MEDICINE AND
9 THE LIVES OF INDIVIDUALS ACROSS THE FULL SPECTRUM OF
10 HUMAN DIVERSITY WHETHER IT'S IN YOUR STATE, OUR
11 NATION, OR THE GLOBE.

12 AND, FINALLY, THEY MADE THIS LARGE
13 ORGANIZATION FEEL FOR ME, AS OTHERS HAVE MENTIONED
14 ALREADY, LIKE A FAMILY FOR THOSE WHO TOUCH IT IN
15 ALMOST ANY WAY. SO I WANT TO THANK THEM, ART IN
16 PARTICULAR, J.T. IN PARTICULAR, AND OTHER COLLEAGUES
17 FOR MAKING SERVICE TO GWG A FOUNTAIN OF LIFETIME
18 LEARNING, TO THE TWO OF THEM FOR BECOMING PERSONAL
19 FRIENDS AND ROLE MODELS.

20 I WORK FOR A TINY FOUNDATION. OUR
21 BUDGET IS .1 PERCENT THAT OF CIRM. WE DEAL WITH A
22 RARE CANCER THAT AFFECTS MAYBE 300 OR 400 PEOPLE A
23 YEAR, BUT I BRING TO THERE AND MY WORK LITERALLY
24 EVERY DAY LESSONS THAT I'VE LEARNED FROM THESE TWO
25 FOLKS ON ALMOST EVERY ASPECT OF WHAT I DO IN MY

1 DAILY LIFE. AND NOT THE LEAST OF THOSE LESSONS IS
2 THAT EVERY PATIENT IN NEED DESERVES THE VERY BEST
3 THAT SCIENTIFIC AND MEDICAL INNOVATION CAN OFFER.
4 AND THEY'VE EXEMPLIFIED THAT VALUE IN A WAY THAT WE
5 JUST HAVE TO THANK THEM FOR.

6 CHAIRMAN THOMAS: THANK YOU VERY MUCH,
7 MARK.

8 OKAY. DO WE HAVE PUBLIC COMMENT FROM
9 THOSE IN THE ROOM? BOB.

10 MR. KLEIN: ART, MEMBERS OF THE BOARD,
11 MEMBERS OF THE STAFF, SENATOR TORRES IS A VERY
12 SPECIAL PERSON FOR ME AS HE IS FOR YOU. HE IS
13 DEDICATED, AS ARE ALL THE MEMBERS OF THE BOARD AND
14 THE STAFF, TO REDUCING HUMAN SUFFERING, TO IMPROVING
15 THE HUMAN CONDITION. THE FOCUS IS CRYSTAL CLEAR.

16 AND WHEN YOU LOOK AT A LEADER LIKE THAT,
17 YOU ASK IS HE ALWAYS THERE, OR WHEN THINGS ARE TOUGH
18 WHAT HAPPENS. AND I WILL TELL YOU JUST AS A QUICK
19 INSIGHT. THAT WHILE ART WAS IN HIS PERSONAL TIME,
20 THAT SLIVER OF TIME THAT HE MAGNIFIES BY TAKING HIS
21 VACATION TIME, HIS WEEKENDS, HIS EVENINGS, HE
22 CONSOLIDATED ALL OF THAT TIME AND USED IT FOR
23 PROPOSITION 14, TO RENEW THE FUNDING FOR THIS GREAT
24 CALIFORNIA EXPERIMENT THAT WE ARE INDEBTED TO THE
25 VOTERS OF CALIFORNIA FOR BELIEVING IN ALL OF US.

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1 I WILL SAY THAT HE WAS AN HONORARY
2 CHAIRMAN, BUT HE WAS A REAL LEADER OF THIS CAMPAIGN.
3 HE WAS INDISPENSABLE. MY SON ROBERT RAN THE
4 CAMPAIGN, BUT ART WAS HIS MENTOR AS AN EXQUISITE
5 TACTICIAN AND STRATEGIST, BUT A PERSON OF GREAT
6 DEDICATION AND A PERSON WHO REALLY NEVER QUESTIONED
7 THE VISION BECAUSE HE WAS SO FOCUSED ON ACHIEVING
8 THIS GOAL TO CONTINUE THE EFFORTS OF THE BOARD AND
9 THE STAFF TO REDUCE HUMAN SUFFERING.

10 IN THAT SPECIAL GROUP THAT I INCLUDE THE
11 BOARD IN, I THINK OF THE GROUP, AS STEVE JOBS ONCE
12 DESCRIBED, AS THE PEOPLE WHO ARE CRAZY ENOUGH TO
13 THINK THEY CAN CHANGE THE WORLD FOR THEY ARE THE
14 ONES WHO DO. AND ART IS ONE OF OUR GREAT LEADERS.
15 THANK YOU.

16 (APPLAUSE.)

17 CHAIRMAN THOMAS: THANK YOU, BOB. OTHER
18 COMMENTS FROM MEMBERS OF THE PUBLIC IN ATTENDANCE?
19 KEN. WELCOME BACK, KEN. FOR THOSE OF YOU WHO DON'T
20 KNOW KEN, FORMER CIRM BOARD MEMBER FROM THE GREAT UC
21 DAVIS, KEN BURTIS.

22 DR. BURTIS: I CAN'T LET CHANCELLOR
23 BLUMENTHAL'S COMMENT ABOUT BANANA SLUG PASS WITHOUT
24 NOTING AFTER THAT ART WAS AN AGGIE AND FULFILLED ALL
25 THE HIGHEST ASPIRATIONS THAT WE HAVE FOR THE

1 GRADUATES OF OUR UNIVERSITY.

2 WHEN I THINK OF ART, I THINK THAT THE
3 FIRST WORD THAT COMES TO MIND IS "POLITICIAN," BUT
4 IN THE HIGHEST AND BEST AND MOST COMPLIMENTARY SENSE
5 OF THE WORD, A SENSE THAT IS NOT ALWAYS USED, BUT IN
6 THE HIGHEST SENSE OF THE WORD. IF YOU GO BACK TO
7 THE ANCIENT GREEK, IT REFERS TO CITIZEN AND
8 COMMUNITY. AND ART HAS BEEN A CITIZEN VERY
9 INTERESTED IN HIS COMMUNITY, THE COMMUNITY OF
10 CALIFORNIA AND INDEED THE REST OF THE WORLD, AND HAS
11 BROUGHT, AS WE'VE HEARD, GREAT GOODNESS IN HIS LIFE
12 TO THAT COMMUNITY.

13 HIS POLITICAL SKILLS I SAW AS A MEMBER OF
14 THE BOARD, EVEN SAW IT AGAIN THE SAME HAPPENSTANCE
15 IN TODAY'S MEETING. IN MY EARLIEST MEETINGS, I
16 WOULD ALWAYS SEE THE BOARD BEGIN TO GRAPPLE WITH
17 SOME CONTENTIOUS ISSUE AND VOICES WOULD GET RAISED.
18 AND IN MY EARLIEST DAYS, I THOUGHT, OH, MY GOSH.
19 THIS IS TURNING INTO A BATTLE. IT'S GOING TO BE
20 TERRIBLE. EVERYBODY IS ANGRY WITH EACH OTHER. AND
21 THEN SOMEHOW IT WOULD ALL PEAK AND THEN RESOLVE AND
22 GO AWAY. AND WHEN I LOOK BACK AFTERWARDS, I WOULD
23 ALWAYS SEE ART'S GUIDING HAND SOMEWHERE IN THE
24 BACKGROUND, FINDING THAT COMPROMISE, FINDING THE
25 RIGHT WORDS AND THE RIGHT THOUGHTS AND THE RIGHT

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1 FEELINGS TO BRING EVERYONE BACK TOGETHER AGAIN ON
2 THE BOARD TO GET BEHIND, USUALLY IN UNANIMITY,
3 WHATEVER IT WAS THAT WAS TRYING TO MAKE ITS WAY
4 FORWARD ON BEHALF OF THE ULTIMATE BENEFICIARIES OF
5 CIRM, THE PATIENTS OF CIRM.

6 ART, ON MY OWN BEHALF, ON BEHALF OF THE
7 STATE, OF THE UNIVERSITIES, JUST WANT TO THANK YOU
8 FOR EVERYTHING THAT YOU'VE DONE FOR CIRM OVER THE
9 YEARS, TO NOTE THAT YOU'RE ONE OF THOSE PEOPLE THAT
10 SOMEHOW YOU THINK HOW CAN THINGS GO ON WITHOUT YOU,
11 AND THEN REALIZE THE FACT THAT THEY WILL GO ON
12 WITHOUT YOU, AND THEY WILL GO VERY WELL INDEED AS A
13 TESTAMENT TO THE GREAT FOUNDATION THAT YOU'VE LAID
14 THROUGH ALL YOUR WORK OVER THE YEARS. SO THANK YOU
15 VERY MUCH.

16 (APPLAUSE.)

17 MR. TORRES: MOVE THE QUESTION.

18 CHAIRMAN THOMAS: ARE THERE OTHER COMMENTS
19 FROM MEMBERS OF THE PUBLIC?

20 VICE CHAIR BONNEVILLE: OR GEOFF.

21 DR. LOMAX: I HAVE T FOLLOW A FELLOW
22 AGGIE. ART, YOU KNOW THIS, BUT I'M GOING TO REMIND
23 YOU. YOU'RE AN ENABLER OF PUBLIC SERVICE. SOME OF
24 US DO ACTUALLY REALLY TAKE THAT STRONGLY. YOU
25 ENABLED ME FOUR TIMES, AS A REMINDER.

1 SO MY FIRST PAYCHECK AFTER UC DAVIS WAS
2 IMPLEMENTING PROPOSITION 65, WHICH MEANT I SPENT
3 HOURS IN THE LIBRARY PHOTOCOPYING TOXICOLOGY
4 ARTICLES ON DIFFERENT CHEMICALS. THEN I THOUGHT I
5 WAS DONE WITH YOU. BUT THE NEXT TRIP AROUND, IF YOU
6 REMEMBER, YOU ALSO PASSED THE MOST IMPORTANT
7 PESTICIDE, YOU WORKED ON THE MOST IMPORTANT
8 PESTICIDE LAW IN THE WORLD. SPENT THE NEXT FEW
9 YEARS DOING EPIDEMIOLOGY STUDIES USING THE MOST
10 IMPORTANT PESTICIDE USE DATA IN THE WORLD AND
11 PROTECTED A LOT OF KIDS. GOD BLESS YOU. AND THEN
12 WE HAVE THIS CIRM CYCLE.

13 SO I DON'T KNOW WHAT IT IS. SOMETHING
14 ABOUT WHAT YOU DO AND WHAT I DO, BUT THANKS FOR
15 DOING WHAT YOU'VE DONE. AND I'M GOING TO STICK WITH
16 IT AS LONG AS I'M AROUND. SO THANK YOU, SIR.

17 (APPLAUSE.)

18 CHAIRMAN THOMAS: OTHER COMMENTS?
19 FRANCISCO, FORMER BOARD MEMBER. FRANCISCO PRIETO.

20 DR. PRIETO: THANK YOU. SO WHEN THE
21 ORIGINAL PROP 71 PASSED AND I WAS APPROACHED TO ASK
22 BY MY FELLOW ADVOCATES IF THEY COULD PUT MY NAME
23 FORWARD AS A POTENTIAL BOARD MEMBER, I REALLY DIDN'T
24 KNOW WHAT I WAS GETTING INTO. I DIDN'T REALIZE THAT
25 IN THIS CULTURE IT'S CUSTOMARY FOR THE LOSING SIDE

1 OF AN INITIATIVE TO SUE THE WINNING SIDE OF AN
2 INITIATIVE AND TIE THAT INITIATIVE UP FOR AS LONG AS
3 HUMANLY POSSIBLE IN LEGAL WRANGLING. SO THERE WAS
4 QUITE A BIT OF DRAMA AND MAYBE SOME TRAUMA AND
5 DEPOSITIONS, LOTS OF DEPOSITIONS. FORTUNATELY,
6 THANKS TO BOB AND JAMES HARRISON AND SCOTT, WE HAD
7 VERY GOOD LAWYERS. I HAD NO IDEA THAT WE WOULD NEED
8 VERY GOOD LAWYERS.

9 AND FOR THE FIRST FEW YEARS, THERE WAS
10 ALSO THE TEMPTATION, AND I THINK IT STILL EXISTS, AS
11 ANNE-MARIE SAID, FOR BOARD MEMBERS TO VERY MUCH GET
12 INTO THE WEEDS IN A LOT OF DETAIL. AND MY FRIEND
13 BOB WAS PERHAPS A LITTLE MORE INDULGENT OF US THAN
14 WE DESERVED IN ALLOWING US TO DO THAT. BUT I
15 APPRECIATED VERY MUCH THAT, WHEN ART JOINED US AS
16 VICE CHAIR, THAT SOME OF THAT DRAMA AND TUMULT AND
17 PARTICULARLY THE ISSUES WITH THE LEGISLATURE SEEMED
18 TO ALMOST MIRACULOUSLY DISAPPEAR, AND IT MADE ME
19 GREATLY APPRECIATE YOUR SKILLS.

20 YOU ALSO TRIED TO KEEP OUR FOCUS ON SOME
21 ISSUES I REALLY CARED ABOUT, ACCESS AND
22 AFFORDABILITY AND EQUITY, AND I HOPE THAT THAT FOCUS
23 REMAINS.

24 I USED TO TELL PEOPLE THAT BEING A CIRM
25 BOARD MEMBER WAS MY FABULOUS, UNPAID JOB FOR THE

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1 STATE OF CALIFORNIA, AND IT REALLY WAS. I THINK YOU
2 AND J.T. AND MARIA AND ALL THE REST OF THE CIRM
3 STAFF DESERVE A LOT OF THE THANKS FOR THAT. SO
4 THANK YOU.

5 (APPLAUSE.)

6 CHAIRMAN THOMAS: OTHER COMMENTS? OKAY.
7 SO I THINK WE NOW ARE CALLING THE QUESTION. AND
8 GIVEN THE UNANIMITY OF THE MOTION AND SECOND, THIS
9 IS NOT A VERY SUSPENSEFUL VOTE. SCOTT, DON'T TELL
10 ME YOU'VE GOT TO POLL EVERYBODY. YOU DO. ALL THOSE
11 IN ATTENDANCE APPROVING OF THIS RESOLUTION PLEASE
12 SAY AYE. OPPOSED? THAT'S GOOD. SCOTT.

13 MR. TOCHER: THANK YOU.

14 MARK FISCHER-COLBRIE.

15 DR. FISCHER-COLBRIE: AYE.

16 MR. TOCHER: FRED FISHER.

17 DR. FISHER: A RESOUNDING AYE.

18 MR. TOCHER: LARRY GOLDSTEIN.

19 DR. GOLDSTEIN: YES AND THANK YOU.

20 MR. TOCHER: RICH LAJARA.

21 MR. LAJARA: THAT'S A YES.

22 MR. TOCHER: CHRISTINE MIASKOWSKI.

23 DR. MIASKOWSKI: YES AND BEST OF LUCK.

24 MR. TOCHER: ADRIANA PADILLA.

25 DR. PADILLA: YES AND WITH GRATEFUL

1 APPRECIATION.

2 MR. TOCHER: JOE PANETTA. MICHAEL STAMOS.

3 DR. STAMOS: AYE. AYE.

4 MR. TOCHER: KAROL WATSON. THANK YOU.

5 CHAIRMAN THOMAS: ART, THE FLOOR IS YOURS.

6 MR. TORRES: THANK YOU, MR. CHAIRMAN. ONE
7 ISSUE THAT WAS NOT INCLUDED IN THE PROCLAMATION WAS
8 THAT I BECAME A GRANDFATHER FOR THE FIRST TIME --

9 (APPLAUSE.)

10 MR. TORRES: -- MARCH 1ST, A BABY BOY.
11 WHO WOULD THINK TWO LATINO PARENTS WOULD NAME THEIR
12 BABY BOY A GAELIC AYDIN, A-Y-D-I-N, BUT THEY DID.
13 AND IT MEANS GREAT STRENGTH AND FIRE. SO I'M VERY,
14 VERY PROUD OF THAT AND HAVE NOT MET HIM YET BECAUSE
15 OF COVID RULES AND REGULATIONS, BUT WE WILL SOON.

16 TO J.T., IT'S BEEN AN HONOR TO SERVE WITH
17 YOU FOR 12 YEARS AND TO BE PART OF YOUR FAMILY AND
18 ALSO YOUR INCREDIBLE WIFE ANN AND YOUR INCREDIBLE
19 CHILDREN BECAUSE YOU AND I SHARE THAT COMMON FACTOR
20 OF ALWAYS LOOKING OUT FOR OUR CHILDREN.

21 TO MARIA, IT'S BEEN 22 YEARS. IT SEEMS
22 LIKE LONGER THAN THAT. BUT FOR ME I'M SO HONORED
23 THAT A LATINA IS REPLACING A LATINO. AND IT'S
24 IMPORTANT TO HAVE THAT KIND OF INPUT AND THAT
25 PERSPECTIVE, AND I APPRECIATE YOU. AND YOU KNOW I

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1 WILL BE THERE FOR YOU WHENEVER YOU NEED ME EVEN
2 THOUGH I'M NOW PRO BONO.

3 TO MARIA MILLAN, THANK YOU SO MUCH FOR
4 AGREEING TO JOIN US AS WELL AS TO PART OF THIS
5 AGENDA. AND I'M SO PROUD THAT I SERVED ON THAT
6 COMMITTEE ALONG WITH MANY BOARD MEMBERS HERE TO MAKE
7 SURE THAT WE MADE YOU THE OFFER TO COME ON BOARD AS
8 OUR NEW PRESIDENT. WE SHARE ORGAN TRANSPLANTATION
9 ISSUES, YOU WITH A PEDIATRIC BENT, AND OTHERS. SO I
10 JUST WANT TO THANK YOU FOR YOUR LEADERSHIP.

11 TO OUR NEW CHAIR, VITO, MR. SECRETARY, I
12 AM SO EXCITED ABOUT WHAT YOU HAVE IN STORE FOR THIS
13 BOARD BECAUSE YOU'RE NEVER GOING TO BORE THEM. I
14 THINK THE FACT THAT THE LEADERSHIP YOU'VE SHOWN WITH
15 THE DEPARTMENT OF VETERAN AFFAIRS AS SECRETARY AND
16 THE WORK YOU DID WITH OUR SOLDIERS IN THE FIELD
17 DODGING BULLETS AND STILL MAINTAINING CARE FOR THEM,
18 I WILL NEVER FORGET. SO I JUST WANT TO SAY THANK
19 YOU FOR AGREEING TO TAKE ON THE POST, AND WE EXPECT
20 GREAT THINGS FROM YOU AS OUR NEW CHAIR.

21 IN 2009 I WAS AT A DIFFICULT TIME. I JUST
22 DIDN'T WANT TO BE CHAIRMAN OF THE DEMOCRATIC PARTY
23 ANYMORE. THIRTEEN YEARS WAS ENOUGH OF RAISING 22
24 MILLION EVERY TWO YEARS TO HELP, SOMETIMES,
25 CANDIDATES THAT I DIDN'T ALWAYS LIKE, BUT THAT WAS

1 THE ROLE OF BEING A CHAIR, AS OUR SPEAKER WELL
2 KNOWS.

3 PART OF THAT WAS I MET WITH ROBERT KLEIN
4 AND HIS GORGEOUS, BEAUTIFUL, VERY TALENTED, VERY
5 BRIGHT WIFE, DANIELLE GUTTMAN. AND WE MET FOR
6 DINNER. AND HE SAID YOU REALLY OUGHT TO DO THIS.
7 AND SO HE BEGAN TO EXPLAIN WHAT HE WAS TALKING
8 ABOUT, AND IT JUST -- IT REALLY SET ME INTO MOTION
9 BECAUSE, AT THE END OF THE DAY, THERE'S BEEN NO MORE
10 INSPIRING WORK THAT I HAVE BEEN A PART OF THAN WHAT
11 BOB KLEIN RECRUITED ME TO DO BACK IN 2009. SO I
12 WILL ALWAYS BE GRATEFUL FOR THAT OPPORTUNITY, BOB.
13 AND THEN TO SERVE WITH YOU IN A SMALL WORKING GROUP
14 OF REWRITING PROPOSITION 14, MAKING SURE WE HAD A
15 WORKING GROUP, WHICH MARIA WILL NOW CHAIR, FOR
16 AFFORDABILITY AND ACCESSIBILITY. AND I KNOW YOU,
17 YSABEL, WILL DO THAT AT THE FEDERAL LEVEL, NATIONAL
18 LEVEL, AND IN VERY SIGNIFICANT WAYS WITH YOUR NEW
19 APPOINTMENT.

20 BUT AT THE END OF THE DAY, IF IT WASN'T
21 FOR MENTORS THAT WE ALL HAVE, WE WOULDN'T BE WHERE
22 WE ARE TODAY. AND THAT'S WHY I'M PROUD THAT MY
23 FORMER CHIEF OF STAFF IS NOW THE SECRETARY OF HEALTH
24 AND HUMAN SERVICES UNDER PRESIDENT BIDEN, XAVIER
25 BECERRA, A YOUNG DEPUTY ATTORNEY GENERAL I RECRUITED

1 EARLY ON.

2 THE FACT THAT WE HAVE HAD SO MANY OTHER
3 YOUNG PEOPLE THAT HAVE NOW GONE ON TO PUBLIC SERVICE
4 AND ELECTED OFFICE, AND MUCH TO MY SURPRISE, MY SON,
5 A SHAKESPEAREAN ACTOR ON BROADWAY FOR 13 YEARS,
6 DECIDES TO RUN FOR POLITICAL OFFICE AND WAS JUST
7 ELECTED AS THE ASSESSOR FOR SAN FRANCISCO COUNTY,
8 SWORN IN. AND THANK YOU, DAN BERNAL, AND THANK YOU
9 NANCY. AND HE HAD NO OPPOSITION, WHICH I HATE HIM
10 FOR BECAUSE I'VE NEVER HAD A RACE WHERE I DIDN'T
11 HAVE OPPOSITION. AND HERE JOAQUIN TORRES HAS NO
12 OPPOSITION AND GOT ELECTED. SO I'M VERY PROUD OF
13 HIM. AS I AM OF MY DAUGHTER WHO GAVE US A BABY BOY,
14 BUT ALSO THE TREMENDOUS IMPACT SHE HAD AT HASTINGS
15 LAW SCHOOL AND NOW WORKING WITH LUCAS FILMS.
16 DANIELLE IS JUST AN INSPIRATION FOR ME AND, AS YOU
17 WELL KNOW, A VERY SPECIAL LOVE.

18 YOU KNOW YOU THINK YOU DO SUCH INCREDIBLE
19 THINGS IN THE LEGISLATURE, AND NO ONE EVER HEARS
20 ABOUT IT. YOU PUT IN ONE BILL AFFECTING DUCKS, AND
21 EVERYBODY HEARS ABOUT IT. I REPRESENTED CHINATOWN
22 IN THE '80S. AND THE CHINESE BUSINESSMEN AND
23 RESTAURATEURS WERE COMING TO ME SAYING THAT THE
24 LOCAL L.A. COUNTY BUREAUCRATS WERE FINING THEM 5,000
25 A DAY FOR PREPARING PEKING DUCK ACCORDING TO WESTERN

1 COOKING STANDARDS AND THAT WAS NOT LEGAL. AND SO
2 THEY SAID, "WELL, WHAT SHOULD WE DO ABOUT IT? YOU
3 HAVE TO HELP US."

4 I SAID IT'S VERY SIMPLE. YOU PUT THE
5 PEKING DUCK RECIPE INTO THE HEALTH CODE, AND LET'S
6 SEE WHAT HAPPENS. WELL, WE HAD OUR FIRST HEARING.
7 NO ONE COULD SAY HOW MANY PEOPLE DIED FROM PEKING
8 DUCK POISONING IN 5,000 YEARS. SO THE BILL PASSED
9 OUT OF THE FIRST COMMITTEE, MADE IT TO JERRY BROWN'S
10 DESK, AND, OF COURSE, JERRY SIGNED IT IN FRONT OF
11 250 HANGING DUCKS IN CHINATOWN. AND THAT'S THE
12 STORY THAT MARIA WAS REFERRING TO AS TO WHY YOU CAN
13 ORDER PEKING DUCK TODAY IN CALIFORNIA.

14 AT THE END OF THE DAY, I'LL BE VERY, VERY
15 SHORT, I'VE LEARNED FROM SO MANY PEOPLE WHO HAVE
16 GIVEN ME THEIR TRUST. CESAR CHAVEZ TAUGHT ME ABOUT
17 PESTICIDES WHEN I WAS JUST A 25-YEAR-OLD OUT OF LAW
18 SCHOOL WORKING FOR THE FARM WORKERS UNION AT \$5 A
19 WEEK. AND WHAT HE SAID TO ME, HE SAID, "SOMEDAY
20 THEY WILL FIND THE RELATIONSHIP BETWEEN PESTICIDES
21 AND CANCER. MARK MY WORDS, ARTURO." BOY, WAS HE
22 RIGHT. BOY, WAS HE RIGHT.

23 SO YOU NEVER LEARN WHERE YOUR LESSONS ARE
24 GOING TO COME FROM. AND I THANK PROFESSOR GOLDSTEIN
25 FROM UC SAN DIEGO BECAUSE HE'S THE AUTHOR OF THAT

1 BOOK THAT I RECOMMENDED TO GEORGE. WHEN I FIRST
2 CAME ON THE BOARD, IT WAS HE WHO RECOMMENDED THAT I
3 READ THAT BOOK. AND, YES, THE BLACK AND YELLOW
4 BOOK, *STEM CELLS FOR DUMMIES*, AND IT WAS PERFECT
5 BECAUSE IT GAVE ME A LAYPERSON'S PERSPECTIVE ON STEM
6 CELL RESEARCH.

7 I'D LIKE TO LEAVE WITH A QUOTE FROM ONE OF
8 MY FAVORITE POETS, ROBERT FROST. AND HE ONCE SAID,
9 "THE WOODS ARE LOVELY, DARK, AND DEEP. BUT I HAVE
10 PROMISES TO KEEP, MILES TO GO BEFORE I SLEEP, AND
11 MILES TO GO BEFORE I SLEEP." I WILL NOT SLEEP. GOD
12 BLESS YOU ALL.

13 (APPLAUSE.)

14 CHAIRMAN THOMAS: OKAY. I THINK SINCE
15 WE'RE SORT OF GETTING LATE IN THE DAY HERE, WE'RE
16 GOING TO PUSH OFF THE AAWG REPORT AND THE NEURO TASK
17 FORCE REPORT. THEY'LL COME AT THE NEXT MEETING.

18 WE DO HAVE THIS MANDATORY ITEM 15, GENERAL
19 COMMENTS TO THE APPLICATION REVIEW SUBCOMMITTEE
20 PROCESS. NOT SEEING A LOT OF COMMENTS. OKAY. MOVE
21 ON FROM THAT.

22 SO NOW I GUESS I'M GOING TO TURN THE
23 MEETING OVER TO MADAM VICE CHAIR.

24 VICE CHAIR BONNEVILLE: THANK YOU. THE
25 NEXT ITEM IS A RESOLUTION HONORING J.T. FOR HIS

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1 SERVICE TO CIRM AS CHAIR OF THE GOVERNING BOARD.
2 AND I WILL START BY READING HIS RESOLUTION. AND I
3 KNOW YOU'LL BE SHOCKED TO HEAR HE WENT TO YALE, BUT
4 IT'S COMING.

5 WHEREAS, JONATHAN THOMAS RECEIVED HIS
6 BACHELOR DEGREES IN BIOLOGY AND HISTORY AT YALE
7 UNIVERSITY, WHERE HE GRADUATED SUMMA CUM LAUDE;

8 WHEREAS, AS A GEORGE C. MARSHALL SCHOLAR
9 AT THE UNIVERSITY OF OXFORD, DR. THOMAS EARNED A
10 DOCTORATE WITH A MEDICAL FOCUS IN COMMONWEALTH
11 HISTORY;

12 WHEREAS, DR. THOMAS RECEIVED HIS JURIS
13 DOCTOR AT YALE LAW SCHOOL, WHERE HE RETAINED AN
14 INVOLVEMENT WITH BIOLOGY BY TEACHING COURSES ON THE
15 LEGAL IMPLICATIONS OF GENETIC ENGINEERING AND THE
16 IMPACT OF DISEASE ON HISTORY;

17 WHEREAS, DR. THOMAS' LEGAL EXPERIENCE
18 INCLUDES CLERKING FOR WHITE HOUSE COUNSEL LLOYD
19 CUTLER IN THE LAST YEAR OF THE CARTER ADMINISTRATION
20 AND FOR THE HONORABLE GEORGE MACKINNON OF THE UNITED
21 STATES CIRCUIT COURT OF APPEALS FOR THE DISTRICT OF
22 COLUMBIA CIRCUIT, AND PRACTICE AT MUNGER, TOLLES &
23 OLSON IN LOS ANGELES, CALIFORNIA;

24 WHEREAS, DR. THOMAS WORKED AS AN
25 INVESTMENT BANKER FOR EHRLICH BOBER & CO., WHERE,

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1 AMONG OTHER THINGS, HE LED A TEAM THAT UNDERWROTE
2 OVER \$1 BILLION IN BONDS FOR THE LOS ANGELES
3 COMMUNITY COLLEGE DISTRICT;

4 WHEREAS, DR. THOMAS COFOUNDED SAYBROOK
5 CAPITAL IN 1990, AN INVESTMENT BANKING AND PRIVATE
6 EQUITY FIRM BASED IN SANTA MONICA, CALIFORNIA. AT
7 SAYBROOK CAPITAL, HE LED AN EARLY ROUND OF FINANCING
8 FOR ADVANCED CELL TECHNOLOGY (NOW OCATA
9 THERAPEUTICS), WHICH NOW HAS TWO EMBRYONIC STEM
10 CELL-BASED CLINICAL TRIALS IN PROGRESS;

11 WHEREAS, DR. THOMAS HAS SERVED AS A MEMBER
12 AND VICE PRESIDENT OF THE CITY OF LOS ANGELES BOARD
13 OF HARBOR COMMISSIONERS AND AS A MEMBER OF THE
14 GOVERNING BOARD FOR THE ALAMEDA CORRIDOR
15 TRANSPORTATION AUTHORITY. ON THE GOVERNING BOARD
16 FOR THE ALAMEDA CORRIDOR TRANSPORTATION AUTHORITY,
17 HE DEVELOPED A PLAN TO FINANCE THE \$2.4 BILLION
18 EXPANSION OF THE CORRIDOR RAIL LINES FROM THE PORTS
19 OF LOS ANGELES AND LONG BEACH TO DOWNTOWN LOS
20 ANGELES;

21 WHEREAS, DR. THOMAS HAS A LONG-STANDING
22 COMMITMENT TO PATIENT ADVOCACY. HE SPENT MORE THAN
23 FIFTEEN YEARS ON THE BOARD OF ABILITYFIRST AND
24 SERVED AS CHAIR FOR FOUR YEARS. ABILITYFIRST ASSISTS
25 CHILDREN WITH SPINAL CORD INJURIES AND MENTAL

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1 DISABILITIES THAT COULD BE TARGETS OF STEM CELL
2 THERAPIES. HE IS AN HONORARY MEMBER OF THE
3 ABILITYFIRST BOARD;

4 WHEREAS, IN JUNE 2011, DR. THOMAS WAS
5 ELECTED AS CHAIR OF THE GOVERNING BOARD AFTER HE WAS
6 NOMINATED BY THEN-GOVERNOR JERRY BROWN, TREASURER
7 BILL LOCKYER, AND LIEUTENANT GOVERNOR GAVIN NEWSOM;

8 WHEREAS, DR. THOMAS HAS SERVED AS CHAIR OF
9 THE GOVERNING BOARD FOR OVER 12 YEARS. IN THAT
10 TIME, JT HAS LEAD CIRM IN GRANTING \$2,544,510,796 IN
11 GRANTS TO SUPPORT GROUNDBREAKING RESEARCH AND
12 DISCOVERY TO ADVANCE STEM CELL RESEARCH AND
13 ACCELERATE STEM CELL TREATMENTS TO PATIENTS WITH
14 UNMET MEDICAL NEEDS;

15 WHEREAS, DR. THOMAS HAS LED THE AGENCY AS
16 IT EXPANDED ITS WORK WITH INDUSTRY, REVAMPED ITS
17 AWARD PROCESSES, PREPARED FOR THE EXPIRATION OF BOND
18 FUNDING, SUPPORTED THE DRAFTING OF PROPOSITION 14,
19 AND PLANNED FOR THE NEXT PHASE OF CIRM'S PROGRAMS
20 AFTER THE VOTERS APPROVED \$5.5 BILLION IN ADDITIONAL
21 FUNDING;

22 WHEREAS, THROUGH HIS EXPERIENCE,
23 COMMITMENT, KNOWLEDGE, AND LEADERSHIP, DR. THOMAS
24 CONTRIBUTED GREATLY TO THE MOMENTUM OF DISCOVERY AND
25 THE FUTURE THERAPIES WHICH WILL BE THE ULTIMATE

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1 OUTCOME OF THE DEDICATED WORK OF THE RESEARCHERS
2 RECEIVING CIRM FUNDING; NOW, THEREFORE,
3 BE IT RESOLVED, THAT THE GOVERNING BOARD
4 OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE
5 MEDICINE, ON BEHALF OF THE PEOPLE OF THE STATE OF
6 CALIFORNIA, WISHES TO EXPRESS ITS DEEPEST GRATITUDE
7 TO JT FOR HIS SERVICE ON CIRM'S GOVERNING BOARD AND
8 FOR HIS DEDICATION TO THE ADVANCEMENT OF STEM CELL
9 RESEARCH AND TO THE MISSION OF CIRM TO ACCELERATE
10 WORLD CLASS SCIENCE TO DELIVER TRANSFORMATIVE
11 REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE
12 MANNER TO A DIVERSE CALIFORNIA AND WORLD.

13 SO I'D LIKE TO MAKE A MOTION TO APPROVE
14 THE RESOLUTION COMMENDING J.T. FOR HIS SERVICE TO
15 CIRM. DO I HAVE A --

16 MR. BERNAL: SECOND.

17 VICE CHAIR BONNEVILLE: AND A SECOND. SO
18 EVERYONE LIKE BEFORE. WE WILL HAVE A VOICE VOTE,
19 AND SCOTT WILL CALL MEMBERS OF THE TEAM THAT ARE ON
20 ZOOM. BUT FIRST WE'RE GOING TO START WITH LOTS OF
21 COMMENTS, SO I'M GOING TO START WITH THOSE.

22 AND I'M SURE J.T. IS EXPECTING THAT I USE
23 THIS OPPORTUNITY TO TELL FUNNY STORIES ABOUT HIM OR
24 PERHAPS TO POKE FUN AT HIM, BUT I DO THAT ALL THE
25 TIME. SO I THOUGHT I'D TAKE A DIFFERENT TACTIC AND

1 THAT THERE WASN'T A NEED FOR THAT IN THIS PARTICULAR
2 CIRCUMSTANCE. SO INSTEAD, I DON'T OFTEN TAKE THE
3 TIME TO THANK HIM FOR ALL HE'S DONE FOR CIRM AND FOR
4 ME PERSONALLY.

5 OVER THE YEARS HE'S MADE SURE THAT
6 RELATIONSHIP WITH THE BOARD AND THE INTERNAL TEAM
7 WAS STRONG. HE'S MADE SURE OUR VOICES WERE HEARD
8 AND THAT, WHEN A DECISION WAS MADE, IT WAS AFTER
9 THOROUGH DEBATE AND DISCUSSION, LIKE TODAY.

10 ON A PERSONAL LEVEL, HE HAS LISTENED TO MY
11 IDEAS, TAKEN MY ADVICE MOSTLY, AND REALLY MADE SURE
12 THAT I WAS EMPOWERED TO MAKE A DIFFERENCE AT CIRM.
13 SO I WANT TO THANK YOU FOR ALL YOUR SUPPORT THESE
14 LAST ALMOST 12 YEARS, AND I AM DEEPLY GRATEFUL FOR
15 ALL YOU HAVE DONE.

16 (APPLAUSE.)

17 VICE CHAIR BONNEVILLE: SO I'LL OPEN IT UP
18 NOW. MARIA, DID YOU WANT TO SAY SOMETHING?

19 DR. MILLAN: IF I CUT IN FRONT OF THE
20 BOARD AGAIN. OKAY. THANK YOU. I WROTE THIS DOWN
21 BECAUSE I'M NOT USED TO SPEAKING WITHOUT POWERPOINT
22 SLIDES.

23 J.T., THERE HAVE BEEN SO MANY WORDS OF
24 GRATITUDE AND PRAISE FOR ALL OF WHAT YOU'VE DONE IN
25 YOUR CAREER AND AT CIRM. SO I'LL MAKE THIS BRIEF.

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1 THE CIRM TEAM WOULD LIKE TO EXPRESS OUR DEEP
2 GRATITUDE TO YOU FOR SUPPORTING US THROUGH SO MUCH.
3 YOU ALWAYS LIGHT UP WHEN WE PRESENT PROGRESS ON CIRM
4 PROGRAMS. AND THAT EMPOWERS US AND ENCOURAGES US.
5 SO THANK YOU FOR THAT.

6 YOU'VE MANAGED US AND LED US THROUGH MAJOR
7 TRANSITIONS AND MILESTONES IN CIRM'S EVOLUTION,
8 THROUGH OPERATIONAL OVERHAULS, THROUGH TIMES OF
9 UNCERTAINTY, THE COVID CRISIS ALONGSIDE CIRM'S PROP
10 71 SUNSET PERIOD, THE TRANSITION PLAN, THROUGH THE
11 DESIGN AND LAUNCH OF NOT JUST ONE, BUT TWO STRATEGIC
12 PLANS, AND THROUGH THREE CIRM PRESIDENTS. PRETTY
13 REMARKABLE.

14 YOU HAVE FOSTERED A CULTURE OF
15 COLLABORATION AND ENGAGEMENT BETWEEN THE BOARD, OUR
16 INTERNAL TEAM, OUR PATIENT ADVOCATES, AND OUR
17 EXTERNAL STAKEHOLDERS. YOU BELIEVED IN US. YOU
18 CHEERED US ON WITH AS MUCH GUSTO AND LOYALTY I DARE
19 SAY THAT YOU HAVE FOR THE L.A. DODGERS. THANK YOU
20 FOR ALL YOUR CONTRIBUTIONS. WE WILL MISS YOU, AND
21 WE'LL ALWAYS HAVE FOND STORIES TO TELL ABOUT YOU.
22 YOU CAN BE GUARANTEED OF THAT. SO THANK YOU.

23 AND WE ALSO HAVE A SIMILAR PRESENTATION
24 OF, AGAIN, AN AWARD OF GRATITUDE. THERE'S A PICTURE
25 WITH SOME SIGNATURES, BUT THE GRATITUDE IS A DOMINO

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1 AWARD FOR EXEMPLARY ACCOMPLISHMENTS AND FOR
2 DEVOTING -- OKAY. I'M GOING OVER THERE. THE CIRM
3 TEAM IS HERE AND WE WANT PICTURES OF YOU AFTER.

4 (APPLAUSE.)

5 DR. BARRETT: J.T., I AM A RELATIVELY NEW
6 MEMBER OF THE BOARD, AND I'M SO GRATEFUL THAT I GOT
7 TO ACTUALLY MEET YOU IN PERSON TODAY BECAUSE FROM
8 THE MOMENT THAT I JOINED UC DAVIS AND FOUND OUT THAT
9 I WAS GOING TO BE REPRESENTING THE INSTITUTION ON
10 THIS BOARD, YOU HAVE BEEN NOTHING BUT A WONDERFUL
11 MENTOR. I REMEMBER THE MEETINGS THAT WE HAD TO
12 ORIENT ME TO THE BOARD. YOU WERE JUST SO HELPFUL,
13 SO KIND. AND THE THING I WILL TAKE AWAY FROM THIS
14 EXPERIENCE IS THE JOY THAT YOU EVINCE EVERY TIME YOU
15 TALK ABOUT CIRM AND THE ACTIVITIES. AND IT'S JUST
16 INSPIRATIONAL FOR ME. AND I'M SURE IT'S
17 INSPIRATIONAL FOR ALL THE SCIENTISTS THAT HAVE BEEN
18 FUNDED BY THE INSTITUTION TO REALLY HAVE SOMEBODY AT
19 THE HELM WHO CARES SO MUCH ABOUT EVERYTHING THAT
20 CIRM HAS DONE.

21 SO THANK YOU PERSONALLY FOR HELPING ME
22 ORIENT TO THIS WONDERFUL EXPERIENCE OF SERVING ON
23 THIS BOARD. AND I WISH YOU ALL THE VERY BEST WITH
24 THE GRANDCHILDREN AND EVERYTHING ELSE GOING FORWARD.

25 VICE CHAIR BONNEVILLE: YSABEL.

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1 MS. DURON: J.T., MR. CHAIR, I REMEMBER
2 THE FIRST TIME I MET YOU WHEN I CAME TO BE
3 ONBOARDED, AND I THOUGHT, HMM, THIS GUY IS VERY
4 STERN LOOKING. AND IT DIDN'T ACTUALLY TAKE TOO VERY
5 LONG TO COME TO REALLY APPRECIATE YOUR VERY BRITISH
6 WIT. WE SHOULD HAVE A CHIN-WAG SOMETIME, WHICH I
7 LOVE. BUT ALSO TO APPRECIATE HOW YOU MADE IT
8 POSSIBLE FOR SOMEONE LIKE MYSELF, A PATIENT ADVOCATE
9 IN VERY COMPLEX DISEASE DISCUSSION, TO HAVE A VOICE,
10 TO RESPECT THAT VOICE, AND TO MAKE SURE THAT IT WAS
11 TRANSLATED INTO POLICY.

12 I REMEMBER THE VERY FIRST TIME AND SOMEONE
13 SAID, "IS THAT A POLICY YOU'RE PROPOSING?" I SAID,
14 "THANK YOU. YEAH, THAT'S WHAT THAT IS." SO I
15 APPRECIATE THE HELP WITH PROTOCOL AND POLICY.

16 BUT APPRECIATE HOW YOU DO, I THINK AS KIM
17 SAID, RESPECT ALL OF US, ALL OF OUR OPINIONS, AND
18 YOU MAKE IT VERY POSSIBLE FOR US TO BE A GOOD BOARD,
19 AN ENGAGED BOARD, AND SOMEONE WHO DOESN'T FEEL LEFT
20 OUT OF THE PROCESS. THANK YOU VERY MUCH. IT'S BEEN
21 A PLEASURE TO SPEND TIME WITH YOU AND TO KNOW YOU,
22 THAT THERE'S SOMETHING BEHIND THE STERN VISAGE,
23 EXCEPT FOR I WONDER WHAT YOUR CHILDREN SAY.

24 CHAIRMAN THOMAS: WE HAVE ONE IN THE
25 AUDIENCE.

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1 VICE CHAIR BONNEVILLE: ANNE-MARIE.

2 DR. DULIEGE: SO, J.T., OVER NOW, WHAT,
3 ABOUT 12 YEARS MAYBE, A BIT MORE THAN THAT, WHAT A
4 WONDERFUL VOYAGE IT HAS BEEN REALLY TOGETHER WITH
5 YOU. AND, OF COURSE, WE ARE GOING TO ADD HOW MUCH
6 WE ADMIRE YOU IN MANY WAYS, AND I WOULD SAY
7 CERTAINLY YOUR EXTREME AVAILABILITY, RETURNING CALLS
8 ANY TIME OF THE DAY, YOUR EXTREME KINDNESS. BUT I
9 WOULD THINK ABOUT TWO THINGS.

10 ONE, AND ABOVE ALL FOR ME IT'S YOUR
11 TOPNOTCH JUDGMENT. WE ALL ARE HERE TO HAVE THE BEST
12 JUDGMENT POSSIBLE. AND IN DIFFICULT CIRCUMSTANCES,
13 I REMEMBER THE INSTITUTE OF MEDICINE FEEDBACK, TO
14 MAKE THE TOUGH DECISION THAT LEADERS HAVE TO DO
15 BASED ON AN EXCELLENT JUDGMENT.

16 AND THE OTHER THING THAT HAS INSPIRED ME
17 AND THAT I'VE LEARNED TO LAUD FROM YOU DIRECTLY IS
18 AN INCREDIBLE SENSE OF DIPLOMACY. BEING ABLE TO
19 TALK TO ADVOCATES IN FRONT OF A PUBLIC LIKE THAT,
20 PUBLIC ADVOCATES, PUBLIC MEMBERS WHO ARE NOT ALWAYS
21 KIND TO US, AND RESPONDING TO THEM WITH THE UTMOST
22 RESPECT AND SENSE OF DIPLOMACY. SO I REMEMBER THESE
23 TWO ABOVE EVERYTHING ELSE. THANK YOU.

24 VICE CHAIR BONNEVILLE: DAN.

25 MR. BERNAL: SO, J.T., I REMEMBER THE

1 FIRST MEETING I WAS IN WITH YOU, AND I THOUGHT, BOY,
2 THIS GUY LIKES SPORTS A LOT. AND AFTER ABOUT A
3 YEAR, I REMEMBER GETTING A CALL FROM YOUR OFFICE TO
4 SET UP A MEETING. AND, OF COURSE, IT NEVER FEELS
5 GOOD WHEN YOU'RE BEING CALLED BY THE BOSS TO COME IN
6 FOR A MEETING. I WASN'T SURE WHAT THAT WAS GOING TO
7 HOLD, BUT YOUR INTEREST WAS IN ENSURING THAT I, AND
8 I KNOW ALL OF THE MEMBERS OF THIS BOARD, FELT LIKE
9 WE WERE MAKING MEANINGFUL CONTRIBUTIONS TO THIS WORK
10 AND HOW OUR EXPERIENCE WAS AND THAT WE WERE ABLE TO
11 UTILIZE WHATEVER IT IS WE MIGHT BRING HERE, WHETHER
12 WE KNEW IT OR NOT, TO REALLY ADVANCE THE MISSION OF
13 CIRM.

14 SO I'M SO GRATEFUL FOR YOU FOR HELPING
15 CREATE A SPACE FOR ALL OF US TO FEEL LIKE WE HAVE AN
16 ABILITY TO CONTRIBUTE AND REALLY MAKE A DIFFERENCE.
17 THAT'S BEEN REALLY A DEFINING CHARACTERISTIC OF YOU
18 FOR ME IN WORKING WITH YOU. SO THANK YOU SO MUCH.

19 VICE CHAIR BONNEVILLE: PAT.

20 DR. LEVITT: YOU PROBABLY KNOW WHAT I WANT
21 TO SAY, J.T. SO I WON'T START WITH WHEN WE FIRST
22 MET AND YOU TALKED TO ME ABOUT JOINING THE BOARD.
23 BY THE FIRST MEETING I SAID THIS GUY HAS GOT LIKE AN
24 AMAZING -- I STUDY COGNITION AND WHAT A MEMORY. YOU
25 REALLY DO HAVE AN AMAZING MEMORY FOR FACTS,

1 FACTOIDS. AND ALSO -- AND SO I THOUGHT BACK TO OUR
2 FIRST MEETING WHERE YOU SEEMED TO FORGET TO MENTION
3 THE WORDS "SUBCOMMITTEES AND WORKING GROUPS AND ALL
4 THE OTHER JOYOUS PRESENTS" THAT YOU GET WHEN YOU
5 JOIN THE CIRM GOVERNING BOARD. YOU JUST COMPLETELY
6 FORGOT ABOUT THAT.

7 IN SOME WAYS I'M GLAD YOU DID BECAUSE IT
8 WOULD HAVE SCARED ME AWAY FROM SAYING YES TO JOINING
9 THE BOARD. AND I THINK THAT I WASN'T CONVINCED AT
10 THE BEGINNING OF THE CONVERSATION, BUT I WAS VERY
11 CONVINCED AT THE END OF THE CONVERSATION THAT IT WAS
12 SOMETHING THAT WAS IMPORTANT FOR ME TO DO. AND IT
13 WAS BECAUSE OF HOW YOU SPOKE WITH THE CHARGE THAT
14 THE GOVERNING BOARD HAS AND THE IMPORTANCE OF THIS
15 TO ALL CITIZENS OF CALIFORNIA AS WELL AS ACROSS THE
16 WORLD.

17 I'LL SAY ONE OTHER THING. LEADERSHIP IS
18 NOT NECESSARILY ABOUT HEARING YOUR OWN VOICE, BUT
19 ALLOWING OTHER VOICES TO BE HEARD. AND IF THEY GAVE
20 OUT A MASTER'S AWARD FOR THIS ABILITY, YOU AS CHAIR,
21 YOU WOULD RECEIVE IT BECAUSE YOU ARE REALLY QUITE
22 AMAZING. SO CONGRATULATIONS. DON'T GET FRUSTRATED
23 THIS YEAR WITH THE DODGERS. THEY'LL COME BACK.
24 DON'T WORRY ABOUT IT. AND I'LL SEE YOU AROUND LOS
25 ANGELES.

1 VICE CHAIR BONNEVILLE: OTHER BOARD
2 MEMBERS?

3 MR. ROWLETT: SO WHEN I FIRST MET J.T., I
4 SAID, "BOY, THIS GUY REALLY LIKES THE DODGERS A
5 LOT." IT WASN'T SPORTS IN PARTICULAR. IT WAS JUST
6 THE DODGERS. AND SO I DIDN'T KNOW ANYTHING ABOUT
7 THE DODGERS. I JUST KNEW THAT YOU LIKED THEM A LOT
8 AND I DIDN'T. AND SO I THINK THAT THAT REPRESENTED
9 A LOT OF HOW WE MET. AND OVER THE COURSE OF MY TERM
10 AS A PATIENT ADVOCATE HERE, THERE WERE TWO GOALS
11 THAT WE BOTH MUTUALLY HAD, THAT I WOULD REPRESENT
12 THE PEOPLE WHO WERE UNDERSERVED AND UNSERVED IN OUR
13 COMMUNITY, IN OUR STATE, AND THAT I WOULD BE A VOICE
14 TO THEM AND THAT YOU WOULD LISTEN.

15 AND I WILL TELL YOU, J.T., EVEN WHEN WE
16 DIDN'T AGREE ABOUT THE DODGERS BEING THE BEST TEAM
17 THAT MONEY COULD BUY, HONEST, YOU ALWAYS LISTENED
18 AND YOU ALWAYS LISTENED TO ME. AND THAT WAS AN
19 EXPERIENCE THAT, COMING ON THE BOARD, WAS MOST
20 IMPRESSIVE. AND I GOT TO TAKE THAT BACK TO PEOPLE
21 WHO KNEW NOTHING ABOUT CIRM AND SAY, "WELL, YOU MAY
22 NOT KNOW ANYTHING ABOUT THE AGENCY, THE PEOPLE IN
23 THE AGENCY, YOU, ART, AND MARIA, ALWAYS LISTENED."
24 AND THAT IS A QUALITY OF LEADERSHIP THAT I HOPE YOU
25 REMEMBER AND TAKE WITH YOU EVERYWHERE YOU GO.

1 ALWAYS LISTEN.

2 AND THEN, LASTLY, MY LATE WIFE SAID TO ME,
3 SHE SAID, THE MOST IMPORTANT THING EVER TO REMEMBER
4 IS NOT TO BE RIGHT, BECAUSE YOU WERE RIGHT A LOT,
5 NOT ABOUT THE DODGERS, BUT YOU WERE ALWAYS KIND.
6 AND YOU WERE ALWAYS KIND TO ME. AND I APPRECIATE
7 YOUR KINDNESS, J.T. IT WILL NOT BE FORGOTTEN.
8 THANK YOU.

9 (APPLAUSE.)

10 VICE CHAIR BONNEVILLE: I THINK FRED
11 FISHER HAS HIS HAND RAISED IS WHAT I'M TOLD. SO I
12 WAS GOING TO GO THE ZOOM.

13 DR. FISHER: I COULDN'T LET J.T.'S LAST
14 MEETING GO WITHOUT FRED FISHER HAVING HIS HAND
15 RAISED. I'M GLAD YOU ALL CHUCKLED AT THAT. I KNOW.
16 I KNOW. IF NOTHING ELSE, I'M SELF-AWARE. I THINK
17 IT'S THAT THAT I REALLY ADMIRE ABOUT J.T. REALLY
18 THROUGHOUT OUR DEALINGS OVER A RELATIVELY SHORT
19 PERIOD OF TIME. YOU CREATED AN ENVIRONMENT WHERE I
20 COULD BE FRANK WITH YOU AND YOU WOULD BE FRANK WITH
21 ME IN WAYS THAT LENT REALLY EXTRAORDINARY SUPPORT.
22 YOU HELPED ME EXPLORE MY DOUBTS AND FIND A PATH TO
23 THE STRENGTH THAT I HAD TO OFFER. AND I KNOW I'M
24 NOT AN EASY PERSON TO HAVE ON THE TEAM, BUT YOU MADE
25 SPACE FOR THAT AND YOU FOUND A WAY, LIKE ALL REALLY

1 STRONG LEADERS DO, TO CREATE THE SPACE FOR A
2 PERSON'S STRENGTHS TO BE SHOWN AND PUT TO GOOD USE.

3 AND SO I JUST WANT TO SAY THANK YOU FOR
4 ALL THE WAYS THAT YOU'VE SUPPORTED MY ACTIVITIES AS
5 A PATIENT ADVOCATE, AND THANK YOU FOR YOUR
6 LEADERSHIP EXAMPLE AS THE CEO OF AN ORGANIZATION.
7 I'VE NEVER STOPPED BEING CURIOUS ABOUT HOW OTHER
8 ORGANIZATIONS RUN AND HOW OTHER LEADERS CREATE
9 HIGHLY FUNCTIONAL, HIGHLY SUCCESSFUL ORGANIZATIONS.
10 AND YOU'VE BEEN A TERRIFIC EXAMPLE OF THAT FOR ME.
11 AND MY ONLY REGRET IS THAT WE HAVEN'T HAD MORE TIME
12 TOGETHER. BUT EVERYONE'S TENURE AT ONE TIME OR
13 ANOTHER COMES TO AN END. AND I HOPE YOU FEEL REALLY
14 PROUD ABOUT WHAT YOU'VE ACCOMPLISHED, PROUD ABOUT
15 WHAT YOU HAVE CURATED AND WHO YOU HAVE CURATED, AND
16 THAT YOU ARE COMFORTED IN KNOWING THAT YOU'RE
17 LEAVING THE ORGANIZATION IN REALLY GOOD HANDS IN
18 LARGE PART BECAUSE OF THE WORK THAT YOU'VE DONE TO
19 MAKE THAT SO.

20 SO CONGRATULATIONS. AND GO DODGERS. GO
21 LAKERS. AND HOPEFULLY I'LL SEE YOU COURTSIDE ONE
22 DAY.

23 VICE CHAIR BONNEVILLE: SO WE'RE GOING TO
24 DO SOMETHING A LITTLE OUT OF SEQUENCE. WE'RE GOING
25 TO TAKE THE VOTE QUICKLY BECAUSE I THINK WE MAY LOSE

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1 QUORUM AND THAT WOULD BE CRAZY. SO WE'RE GOING
2 TO -- THERE'S A MOTION ON THE TABLE. I WAS GOING TO
3 CALL FOR PUBLIC COMMENT OUTSIDE OF THE COMMENTS
4 WE'RE ALREADY GIVING. SO LET'S JUST GET THROUGH THE
5 VOTE UNLESS THERE'S PUBLIC COMMENT. NO. WELL, JUST
6 AFTER THE VOTE. GREAT.

7 ALL THOSE IN FAVOR SAY AYE. ALL OPPOSED.
8 SCOTT, CAN YOU TAKE THE ROLL CALL VOTE.

9 MR. TOCHER: MARK FISCHER-COLBRIE.

10 DR. FISCHER-COLBRIE: A SUPER-DOOPER AYE.

11 MR. TOCHER: FRED FISHER.

12 DR. FISHER: DITTO WHAT MARK SAID.

13 MR. TOCHER: DO WE STILL HAVE LARRY
14 GOLDSTEIN? RICH LAJARA.

15 MR. LAJARA: ABSOLUTELY YES.

16 MR. TOCHER: CHRISTINE MIASKOWSKI.

17 DR. MIASKOWSKI: A RESOUNDING YES.

18 MR. TOCHER: MICHAEL STAMOS. ARE THERE
19 ANY OTHER BOARD MEMBERS THAT I'VE MISSED? WE MADE
20 IT.

21 VICE CHAIR BONNEVILLE: THANK GOODNESS.
22 SO WE'RE GOING TO CONTINUE WITH SOME COMMENTS. I
23 SEE MARK FISCHER-COLBRIE HAS HIS HAND RAISED.

24 DR. FISCHER-COLBRIE: J.T., I WAS IN A
25 POTENTIALLY QUESTIONABLE CHARACTER FLAW RELATED TO

1 YOUR DODGER ALLEGIANCE. I JUST WANT TO ECHO A
2 NUMBER OF THE COMMENTS HERE IN THE CONTEXT THAT WERE
3 REFERENCED TODAY IN THIS ROUND: KINDNESS,
4 DIPLOMACY, THE ABILITY TO CONNECT WITH PEOPLE, THE
5 ABILITY TO GIVE COMPLETE GUIDANCE TO A LOT OF
6 DIFFERENT CONSTITUENCIES AND 35 PEOPLE ON THE BOARD
7 ALL WRAPPED UP IN INCREDIBLE LEADERSHIP SKILLS.

8 BUT ALONG WITH THOSE LEADERSHIP SKILLS ARE
9 JUST AN AMAZING DEMONSTRATION OF ACCOMPLISHMENTS.
10 AND YOU ARE TO FEEL VERY PROUD OF EVERYTHING THAT
11 YOU'VE DONE AND WHAT YOU'VE BEEN ABLE TO EFFECT WITH
12 THE COMBINATION OF ALL THOSE VALUES THAT YOU HAVE
13 GENERATED. SO, SO APPRECIATIVE OF YOUR WORK AND
14 EVERYTHING THAT YOU HAVE ACCOMPLISHED ALONG THE WAY.
15 SO THANK YOU.

16 VICE CHAIR BONNEVILLE: ADRIENNE SHAPIRO
17 HAS HER HAND RAISED.

18 MS. SHAPIRO: THANK YOU. FIRST I WANT TO
19 SAY YOU'VE BEEN ONE OF THE MOST INCREDIBLE PEOPLE
20 I'VE EVER MET. AND I DO HAVE ONE KIND OF FUNNY
21 STORY. I CAME TO CIRM AS A DESPERATE MOTHER. AND
22 ACTUALLY I WOULD BE THERE, BUT MY CHILD IS IN THE
23 HOSPITAL. AND STEM CELLS WERE THE ONLY THINGS THAT
24 WERE GOING TO FIX HER, AND I WAS NARROWLY FOCUSED.
25 AND SO WHEN I GOT TO CIRM, THEY WELCOMED ME WITH

1 OPEN ARMS, AND THEY PROVIDED A SPACE AND THEY
2 PROVIDED FUNDING AND HOPE FOR A CURE.

3 AND I WAS JUST HOOKED. AND I KEPT GOING
4 TO ALL THE MEETINGS AND LEARNING MORE AND LEARNING
5 MORE. AND I KEPT RUNNING INTO THIS GUY WHO'S ALWAYS
6 KIND OF DOING A LEAN WITH GLASSES AND LOOKING KIND
7 OF STERN, BUT I COULD TELL THAT HE WAS LIKE WATCHING
8 EVERYTHING LIKE THE GREAT PUPPET MASTER.

9 SO I WAS AT A MEETING, AND THEN MARIA
10 INTRODUCED WHO J.T. WAS. AND I GOT FREAKED OUT AND
11 THANKFUL THAT, J.T., YOU NEVER REPORTED ME AS A
12 STALKER. I WOULD SHOW UP EVERYWHERE YOU WERE, AND
13 YOU WOULD GREET ME. I DIDN'T KNOW YOUR NAME. I
14 JUST KNEW I HAD TO BE THERE. AND I WANT TO THANK
15 YOU, AND I WANT TO SAY WHAT YOU AND CIRM HAVE
16 ACCOMPLISHED, AGAIN, YOU ALWAYS HEAR IT. IT'S NOT
17 JUST FOR ME, IT'S NOT JUST FOR MY CHILD, IT'S FOR
18 THE PAST GENERATIONS, AND IT'S FOR THE FUTURE WHICH
19 IS RIGHT NOW I'M LIVING MY FANTASY.

20 THERE IS A CURE FOR SICKLE; AND WHEN I
21 STARTED, THERE WERE NO TREATMENTS, THERE WAS
22 NOTHING, AND NOW ALL OF THAT HAS HAPPENED. SO I
23 WANT TO THANK YOU, I WANT TO SAY THANK YOU TO YOUR
24 FAMILY FOR SHARING US. I KNOW WHAT THE KIND OF WORK
25 AND DEDICATION AND ACCOMPLISHMENTS THAT YOU GUYS

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1 HAVE ACCOMPLISHED COST. AND I HOPE TO GIVE YOU BACK
2 SOME TIME WITH YOUR FAMILY, BUT I WILL BE FINDING
3 YOU. SO, AGAIN, THANK YOU AGAIN FOR NOT CALLING AND
4 REPORTING ME AS A STALKER. FROM THE MOTHERS THAT I
5 KNOW, OUR HEARTS ARE WITH YOU AND THANK YOU.

6 (APPLAUSE.)

7 VICE CHAIR BONNEVILLE: I THINK JUDY HAS
8 SOME WORDS TO SAY.

9 DR. GASSON: THANK YOU, MARIA. SO I LIVE
10 IN L.A., AND I KNOW PEOPLE WHO KNEW J.T. WHEN HE WAS
11 AT YALE. AND I KNOW SOME STORIES ABOUT J.T. WHEN HE
12 WAS AT YALE, BUT I'M NOT GOING TO RELATE THOSE
13 STORIES TODAY. THAT PROBABLY WOULDN'T BE
14 APPROPRIATE.

15 CHAIRMAN THOMAS: THANK YOU, JUDY.

16 DR. GASSON: YOU'RE SO WELCOME. IN
17 ADDITION TO WHAT EVERYONE HAS ALREADY SAID, I WOULD
18 LIKE TO JUST MENTION J.T.'S DEDICATION TO HIS
19 FAMILY. I KNOW HIS WIFE ANN IS HERE SOMEWHERE TODAY
20 AS IS ONE OF HIS FOUR CHILDREN. CAN YOU GUYS KIND
21 OF WAVE?

22 J.T. IS A REALLY BUSY GUY, AND HE'S GOT A
23 LOT GOING ON. BECAUSE WE'VE SPENT A LOT OF TIME
24 TOGETHER AROUND GOVERNANCE ISSUES, I GOT TO WITNESS
25 FIRSTHAND THE PRIDE THAT HE FEELS IN THE

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1 ACCOMPLISHMENTS OF HIS ANN AND HIS FOUR CHILDREN,
2 ALL OF WHOM ARE INCREDIBLY, INCREDIBLY TALENTED
3 ATHLETES. WE HAVE TO HEAR ABOUT THIS ALL THE TIME.

4 I REALLY WANT TO THANK J.T. FOR HIS
5 PARTNERSHIP ON THE GOVERNANCE COMMITTEE. IT HASN'T
6 BEEN EASY ALL THE TIME. HE WORKED TIRELESSLY WITH
7 KRISTINA AND I. AND THEN WHEN KRISTINA WENT AWAY
8 AND THEN I DIDN'T HAVE A VICE CHAIR, J.T. DIDN'T
9 REALLY HAVE TO STEP UP. IT WASN'T HIS PROBLEM.
10 HE'S GOT THE WHOLE ORGANIZATION TO DEAL WITH, BUT HE
11 THERE WAS EVERY STEP OF THE WAY. AND I REALLY,
12 REALLY APPRECIATE IT. AND I REALLY WANT TO THANK
13 YOU FOR THAT.

14 AND MY FINAL COMMENT IS THAT J.T. HAS
15 REALLY ENJOYED OUR PARTNERSHIP ALSO BECAUSE IT'S
16 GIVEN HIM AN OPPORTUNITY TO RELENTLESSLY,
17 RELENTLESSLY TORTURE ME BECAUSE I HAVE NO INTEREST
18 IN L.A. SPORTS. SO HE'LL COME UP WITH A WEIRD FACT,
19 AND HE'LL SAY CAN YOU NAME THE SPORT THAT CAME FROM
20 AS THOUGH I DON'T REALLY KNOW THE DIFFERENCE BETWEEN
21 BASKETBALL AND BASEBALL, WHICH I ACTUALLY DO, J.T.
22 BUT IT HAS LIGHTENED UP SOME SERIOUS MOMENTS. FOR
23 THAT, I'M VERY GRATEFUL. THANK YOU.

24 DR. MELMED: I'M NOT GOING TO REPEAT
25 EVERYTHING, JUST TO ADD TWO POINTS. IT'S VERY RARE

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1 IN PUBLIC LIFE THAT YOU HAVE SUCH A SELF-EFFACING
2 LEADER AND A SUCCESSFUL LEADER. SO WE THANK YOU FOR
3 YOUR SELF-EFFACEMENT BECAUSE YOU ALWAYS PUT YOURSELF
4 SECOND TO ANY OF US. SO THANK YOU VERY MUCH.

5 I JUST WANT TO MENTION ONE THING FOR THE
6 BOARD TO REMIND THE OLD PEOPLE, LIKE MYSELF, J.T.
7 AND ANN USED TO HAVE WONDERFUL CHRISTMAS PARTIES.
8 AND FOR THOSE OF US WHO REMEMBER PRE-COVID DAYS, PC,
9 THERE WERE THOSE WONDERFUL CHRISTMAS PARTIES IN
10 BRENTWOOD. WE MISS THEM. AND IT WAS THE MOST
11 REMARKABLE HOME. IT WAS WARM. IT WAS SO
12 FANTASTICALLY DECORATED. AND YOU COULD SEE YOUR
13 IMPRINT ON THE FLOWERS AND THE DECORATIONS AND THE
14 FOOD AND THE DRINK AND ON THE CAMARADERIE. SO THANK
15 YOU FOR THAT ON BEHALF OF ALL OF US WHO WERE THERE.

16 CHAIRMAN THOMAS: THANK YOU, SHLOMO. BUT
17 I'D LIKE TO POINT OUT THAT THAT WAS A HUNDRED
18 PERCENT MY WIFE. SAY THAT BEFORE SON JON SPEAKS UP
19 ON THAT TOPIC. BUT THANK YOU.

20 VICE CHAIR BONNEVILLE: MARK FURTH.

21 DR. FURTH: THANK YOU. J.T., I'VE ALREADY
22 MADE COMMENTS OF A BROAD NATURE ABOUT RELATIONSHIP
23 WITH CIRM AND ITS LEADERSHIP. ON A MORE PERSONAL
24 LEVEL, I WANTED TO THANK YOU FOR THE QUALITIES THAT
25 YOU'VE EXEMPLIFIED FOR ME AND FOR WHICH YOU SERVE AS

1 A ROLE MODEL. ONE IS BALANCE AND HOW YOU APPROACH
2 PEOPLE. MAYBE THAT'S EXEMPLIFIED BY THE FACT THAT
3 YOU WELCOMED ME AS A FRIEND, AS A LIFELONG NEW YORK
4 YANKEE FAN, AND AS SOMEBODY WHOSE EDUCATION WAS OF
5 NEW CAMBRIDGE, NOT WITH THE UI'S OR OXFORD. BUT
6 EVEN SO, YOU WERE WILLING TO BRING ME INTO YOUR
7 CIRCLE AND SHARE ANOTHER QUALITY WHICH IS WISDOM.
8 IT'S NOT SOMETHING PEOPLE TALK ABOUT VERY OFTEN
9 THESE DAYS ABOUT A LEADER, BUT CERTAINLY AT A
10 PERSONAL LEVEL YOU'LL KNOW WHAT I'M TALKING ABOUT.
11 YOU HELPED IMPACT SOME IMPORTANT DECISIONS I HAD TO
12 MAKE AND HELP ME IN WAYS THAT COULDN'T BE MEASURED
13 JUST HOW IMPORTANT IT WAS.

14 AND THEN THE THIRD IS THAT YOU HAVE THIS
15 UNIQUE ABILITY TO BE FANATICAL, NOT ONLY ABOUT THE
16 DODGERS, BUT ABOUT A MISSION. YOU HAVE A VERY QUIET
17 WAY OF INSTILLING THAT SAME SENSE OF FANATICISM IN
18 OTHERS. I DON'T KNOW HOW YOU DO IT, BUT IT'S
19 SPECTACULAR.

20 AND I THINK ONE OF THE THINGS THAT YOU
21 BRING TO THAT IS A SENSE OF ETHICS, THAT, AGAIN,
22 IT'S AN OLD-FASHIONED NOTION. THOSE OF US GETTING
23 UP IN YEARS, I THINK, USED TO VALUE IT IN WAY THAT
24 IT'S DROPPED OUT OF THE PUBLIC DISCOURSE. BUT I
25 RECENTLY LEARNED THAT MY MOST CITED PAPER, AFTER

1 MANY YEARS AS A SCIENTIST, IS ACTUALLY ONE THAT I
2 CO-PUBLISHED IN A LAW JOURNAL AT WAKE FOREST ON THE
3 SUBJECT OF THE ETHICS OF REGENERATIVE MEDICINE. AND
4 SOMEHOW THE ASSOCIATION WITH CIRM HAD A LOT TO DO
5 WITH MY WRITING THAT PAPER, WANTING TO WRITE IT.
6 AND I THINK A LOT OF IT CAME FROM THE INFLUENCE OF
7 YOU AS BOTH A LEGAL SCHOLAR AND AN EXEMPLAR OF
8 BRINGING REGENERATIVE MEDICINE TO BEAR IN THE PUBLIC
9 DOMAIN. SO MANY, MANY REASONS TO THANK YOU.

10 VICE CHAIR BONNEVILLE: THANK YOU. JIM
11 GUEST.

12 DR. GUEST: J.T., I JUST WANTED TO THANK
13 YOU. I'VE BEEN AN OBSERVER OF WHAT'S GOING ON IN
14 CALIFORNIA FROM ANOTHER BIG STATE OF FLORIDA.
15 AND YOU'VE HAD A FANTASTIC OPPORTUNITY WITH CIRM,
16 AND I FEEL THAT YOU'VE BEEN AN INCREDIBLE STEWARD
17 AND LEADER OF THAT OPPORTUNITY. I THINK THE PERIOD
18 OF TIME THAT YOU'VE BEEN INVOLVED WITH CIRM WILL BE
19 RECOGNIZED AS ONE OF THE MOST EXTRAORDINARY PERIODS
20 IN THE HISTORY OF MEDICINE AND PARTICULARLY
21 REGENERATIVE MEDICINE. SO I'VE REALLY APPRECIATED
22 THE OPPORTUNITY TO BE INVOLVED AND TO OBSERVE YOUR
23 LEADERSHIP. THANK YOU.

24 VICE CHAIR BONNEVILLE: I THINK KRISTINA
25 VUORI IS ON THE LINE. KRISTINA.

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1 DR. VUORI: YES. SORRY. I WAS JUST
2 WALKING. TRY TO NOT TO DRIVE AND ZOOM AT THE SAME
3 TIME. J.T., BACK HERE AGAIN.

4 I DON'T THINK I CAN MAKE ANY MORE COMMENTS
5 OF OUR JOINT PASSION OF BASEBALL. THAT USUALLY ENDS
6 IN SWEAT, BLOOD, AND TEARS, AND THAT NOT VERY
7 PRODUCTIVE. BUT MAYBE THROUGH THAT AND MANY OTHER
8 THINGS, I HAVE HAD ALSO THE OPPORTUNITY BY PROXY
9 LEARNING TO KNOW YOU A LITTLE BIT AS A PERSON AND AS
10 A FATHER AND HUSBAND IN YOUR FAMILY AND REALLY
11 APPRECIATE THAT OPPORTUNITY, WHETHER IT HAS BEEN
12 YOUR CATS OR DOGS AND OTHERS IN LATE NIGHT ZOOMS
13 WHEN WE HAVE DISCUSSED, I HAVE LEARNED YOUR
14 DEDICATION AND COMPASSION FOR YOUR FAMILY REALLY.
15 AND LEARNED FROM THERE THAT THAT'S PROBABLY HOW YOU
16 ALSO HANDLE THE ICOC, WITH JUST GREAT INTEGRITY,
17 WITH FAIRNESS, WITH EMPATHY REGARDLESS OF THE TOPIC.
18 I THINK THAT HAS BEEN SOMETHING THAT HAS BEEN THE
19 ANCHOR FOR ICOC DURING YOUR LEADERSHIP AND HAS
20 ENABLED US TO ACCOMPLISH A LOT.

21 NOW, I WANTED TO MAKE A QUICK TRIP DOWN
22 THE MEMORY LANE. I THINK FRANCISCO PRIETO ALREADY
23 REFERRED TO THAT. WHILE IT SEEMS THAT ICOC IS VERY
24 MUCH OF A SMOOTH SAILING, AND THAT I THINK IT IS
25 WHAT IT HAS BECOME WITH YOUR LEADERSHIP, J.T., AND

1 AS WELL AS WITH ART. THIS WAS NOT REALLY TRUE IN
2 THE EARLY DAYS. AND ONE OF THE BIG ISSUES THAT YOU
3 HAD TO DEAL WITH VERY EARLY ON WAS THE CONFLICT OF
4 INTEREST MATTERS OR PERCEPTIONS THEREOF.

5 AND THIS WAS SOMETHING THAT WAS VERY
6 PUBLIC DEBATE AND REALLY A MATTER THAT WAS REALLY
7 DRAGGING CIRM DOWN, HOW ALL THESE INSTITUTIONAL
8 APPOINTEES ARE ON ICOC, HOW EVEN PATIENT ADVOCATES
9 MAY HAVE A CONFLICT OF THIS AND THAT. AND WE HAD
10 THE INSTITUTE OF MEDICINE REPORT. AND I REALLY
11 COMMEND YOU ON REALLY HANDLING THAT WHOLE PROCESS
12 EXTREMELY WELL AND WAS SOMETHING THAT, WHILE WE MAY
13 DEBATE HOW ICOC SHOULD BE CONSTRUCTED, ET CETERA, I
14 THINK IT REALLY ALLOWED CIRM TO MOVE ON VERY
15 PRODUCTIVELY AT THE JUNCTURE WHERE SEVERAL ISSUES
16 WERE TO BE DEALT WITH. AND IT BROUGHT, I BELIEVE, A
17 LOT OF CREDIBILITY IN THE EYES OF THE VOTERS,
18 CITIZENS OF CALIFORNIA, TO THE ORGANIZATION THAT
19 EVERYTHING IS HANDLED WITH TRANSPARENCY, WITH GREAT
20 INTEGRITY, AND IN REALLY A VERY FAIR MANNER.

21 SO I'D LIKE TO THANK YOU FOR DOING THAT
22 AND EVERYTHING WHAT YOU DID DURING YOUR TENURE AT
23 THE ICOC. AND I LOOK FORWARD TO KEEPING IN TOUCH.

24 CHAIRMAN THOMAS: THANK YOU.

25 VICE CHAIR BONNEVILLE: I BELIEVE DAVE

1 MARTIN IS NEXT. HE MIGHT HAVE DROPPED OFF. I DON'T
2 SEE HIM ANYMORE. OKAY. LET'S GO TO PAT.

3 DR. OLSON: J.T., MANY HAVE SAID, AND I
4 JUST WANT TO REITERATE, THAT ONE OF, I THINK, THE
5 THINGS THAT I'VE ALWAYS NOTICED MOST ABOUT YOU IS
6 YOUR ABSOLUTELY UNWAVERING COMMITMENT TO AND BELIEF
7 IN CIRM. TAKING THAT DOWN TO A MORE PERSONAL LEVEL,
8 IT'S HIS BELIEF IN THE CIRM TEAM AND HIS COMMITMENT
9 TO THE CIRM TEAM. SO YOU'VE ALWAYS BEEN THE CIRM
10 TEAM'S BIGGEST CHEERLEADER. AND MYSELF, AS A MEMBER
11 OF THAT TEAM, AND I SUSPECT MANY OTHERS, HAVE ALWAYS
12 NOTICED THAT AND GREATLY APPRECIATED THAT.

13 AND THEN ANOTHER ASPECT THAT I ALWAYS
14 THOUGHT WAS REALLY IMPORTANT AND A ROLE OF LEADERS
15 AND OF LEADERSHIP AND YOU'VE EXEMPLIFIED REALLY
16 WELL, IS THAT YOU HAVE A ROLE IN CREATING THE
17 CULTURE. AND YOU HAVE ALWAYS FOSTERED A CONGENIAL
18 AND COLLEGIAL CULTURE. AND I THINK THAT HAS BEEN A
19 WONDERFUL THING.

20 I KNOW THAT WHEN I LOOK BACK ON MY TIME AT
21 CIRM, I CONSIDER IT ONE OF MY BEST WORK EXPERIENCES
22 BECAUSE OF, NOT JUST THE IMPORTANCE OF THE WORK, THE
23 SATISFACTION OF THE WORK, BUT THE WONDERFUL PEOPLE
24 WITH WHOM I WORKED AND THE CULTURE IN WHICH I
25 WORKED. SO THANK YOU FOR ALL OF THAT.

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1 CHAIRMAN THOMAS: THANK YOU, PAT.

2 VICE CHAIR BONNEVILLE: HOW ABOUT PUBLIC
3 COMMENT IN THE ROOM? OKAY. DAVE MARTIN.

4 DR. MARTIN: THANK YOU. I ASKED MARIA TO
5 GIVE ME A CHANCE TO JUST DESCRIBE A LITTLE BIT OF MY
6 EXPERIENCES AT CIRM AND ICOC. MY TENURE I
7 RELINQUISHED WHEN MY FAMILY, MOST OF MY FAMILY, AND
8 I MOVED TO NORTH CAROLINA BACK IN MAY. AND MY
9 EXPERIENCE WAS SUCH AN EDUCATIONAL ONE. AND I
10 LEARNED A LOT ABOUT THE TECHNOLOGY, I LEARNED ABOUT
11 STEM CELL TECHNOLOGY, ET CETERA, ABOUT CLINICAL
12 TRIALS, ABOUT, IMPORTANTLY, OPERATION OF CIRM, HOW
13 IT WORKED AND THE GRANTING PROCESS. THAT WAS ALL
14 VERY EDUCATIONAL FOR ME.

15 BUT THE MOST IMPORTANT LESSON THAT I
16 LEARNED, AND I DID NOT EXPECT IT AT ALL, IS WATCHING
17 AN ELABORATIVE MANAGEMENT OF TWO LEADERS WHO HAD
18 VERY DIFFERENT TRAINING, VERY DIFFERENT, HIGHLY
19 RESPECTED EXPERIENCES THAT WE'VE HEARD ABOUT, THEIR
20 EDUCATIONAL PROCESS, THEIR CONTRIBUTIONS, ET CETERA.
21 BUT THE MOST IMPORTANT THING WAS WATCHING HOW THEY
22 OPERATED BECAUSE THEY WERE COMPLEMENTARY IN TERMS OF
23 TECHNOLOGY, AND THEY WERE COMPLEMENTARY IN TERMS OF
24 THEIR EXPERTISE, AND THEY RESPECTED EACH OTHER, AND
25 IT WAS ALWAYS COLLABORATIVE. AND TO ME IT WAS

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1 ESSENTIALLY THE UNIQUE STRENGTHS THAT MADE THEIR
2 EXAMPLE JUST PAR EXCELLENCE OF COLLABORATIVE
3 LEADERSHIP. AND THE GREATEST EXPERIENCE FOR ME WAS
4 THAT -- WITNESSING THAT TYPE OF LEADERSHIP.

5 AND I THINK TO ME ALL I CAN SAY IS THANK
6 YOU, ART, AND THANK YOU, J.T., FOR THAT EDUCATION.
7 IT WAS REMARKABLE AND A WONDERFUL EXAMPLE. AND
8 CONGRATULATIONS TO BOTH OF YOU.

9 CHAIRMAN THOMAS: THANK YOU, DAVE.

10 VICE CHAIR BONNEVILLE: SO NOW PUBLIC
11 COMMENT IN THE ROOM. I BELIEVE BOB HAS SOME
12 COMMENTS.

13 MR. KLEIN: IT'S A PRIVILEGE TO HONOR YOUR
14 SERVICE, J.T., AS CHAIRMAN OF THE BOARD. I CAN
15 REMEMBER WHEN I FIRST TALKED TO YOU ABOUT THE BOARD,
16 AND YOU WERE NOT INTIMIDATED BY A BOARD OF 30 OR
17 MORE. YOU LOOKED AT IT AS I DID AS REALLY A
18 PARTNERSHIP OF GREAT MINDS WHERE YOU TREATED
19 EVERYONE AND EVERYONE CLEARLY WAS A PEER WITH THEIR
20 OWN EXPERIENCE AND CONTRIBUTIONS THAT WERE UNIQUE,
21 THAT THE WHOLE WAS VASTLY GREATER THAN ANY SINGLE
22 PART, THAT EVERY MEMBER OF THE BOARD AND THE STAFF
23 IS ENGAGED WITH THE SAME VALUES TO REDUCE HUMAN
24 SUFFERING IN A CULTURE WHERE THE BOARD IS IN
25 PARTNERSHIP WITH THE STAFF, THE BOARD MEMBERS ARE IN

1 PARTNERSHIP WITH EACH OTHER. IT IS TRULY, AS HAS
2 BEEN SAID, A COLLABORATIVE EFFORT TO BRING THE BEST
3 AND THE BRIGHTEST IDEAS THROUGH DEBATE AND
4 DISCUSSION TO THE FUNDING THAT WE HAVE AVAILABLE DUE
5 TO THE FAITH OF THE PEOPLE OF CALIFORNIA, BUT IT IS
6 AN EXTRAORDINARILY DIFFICULT JOB THAT YOU HAVE
7 MASTERED EXTRAORDINARILY.

8 IT IS A JOB THAT INVOLVES DEALING WITH
9 PERSONALITIES, OPINIONS, EDUCATIONS THAT ARE VERY
10 DIFFERENT WITH EVERYONE COMING WITH A PASSIONATE
11 POINT OF VIEW, YET THEY NEED TO WORK TOGETHER TO
12 UNDERSTAND THAT THE CONSENSUS OF THE BOARD AND THE
13 STAFF WILL LEAD US ON THE BEST OPTION, AND THAT WE
14 HAVE, THANKS TO THE VOTERS OF CALIFORNIA, A NUMBER
15 OF SHOTS ON GOAL TO PROCEED TO ADVANCE MEDICINE AND
16 TO IMPROVE THE HUMAN CONDITION.

17 YOU CERTAINLY HAD A DOCTORATE DEGREE AT
18 OXFORD, BUT I THINK YOU SHOWED US THAT YOU HAVE A
19 DOCTOR DEGREE IN LEADERSHIP. I'M VERY APPRECIATIVE
20 OF YOUR ADVANCING THIS GREAT MISSION AND VISION TO
21 THE BETTERMENT OF EVERY PATIENT IN CALIFORNIA, OF
22 EVERY PATIENT EVERYWHERE. THANK YOU.

23 (APPLAUSE.)

24 CHAIRMAN THOMAS: THANK YOU, BOB.

25 VICE CHAIR BONNEVILLE: FRANCISCO.

1 DR. PRIETO: HI, AGAIN. SOMETHING THAT
2 ADRIENNE SAID EARLIER MADE ME REALIZE, APPRECIATE
3 SOMETHING THAT I APPRECIATED GREATLY ABOUT YOUR
4 LEADERSHIP, WHICH WAS THAT, AS A PATIENT ADVOCATE,
5 SOMETIMES IN A SETTING LIKE THIS OR LIKE THIS, YOU
6 MAY NOT ALWAYS FEEL RESPECTED OR TREATED AS AN
7 EQUAL. AND I THINK THAT, J.T., YOU MORE THAN DID
8 THAT. YOU SOUGHT OUT OUR INPUT AND TOOK IT TO
9 HEART. AND THAT WAS VERY, VERY IMPORTANT TO ALL OF
10 US, I THINK. I AM VERY GLAD TO CALL YOU MY FRIEND.

11 EARLIER YOU AND MARIA ASKED ME TO SAY A
12 COUPLE OF WORDS ABOUT MY ADVOCACY WORK. AND SO JUST
13 VERY BRIEFLY, MOST OF YOU KNOW I'M A DIABETES
14 ADVOCATE. AND A LOT OF MY WORK THE LAST SEVERAL
15 YEARS HAS FOCUSED ON OUR CAMPAIGN TO MAKE INSULIN
16 AFFORDABLE, OR MAKE IT AFFORDABLE AGAIN BECAUSE IT
17 ONCE WAS. AND ALONG WITH OUR FRIENDS AND COLLEAGUES
18 AT THE JDRF AND OTHER DIABETES ADVOCATES, WE'VE JUST
19 RECENTLY WON A VERY MAJOR VICTORY WHEN ALL THREE
20 MAJOR INSULIN COMPANIES THAT PRODUCE OVER 90 PERCENT
21 OF AMERICA'S INSULIN HAVE AGREED TO LOWER THEIR
22 PRICES, NOT OUT OF THE GOODNESS OF THEIR HEARTS, BUT
23 BECAUSE I THINK THEY SAW THE WRITING ON THE WALL AND
24 BECAUSE ADVOCATES HAD PUSHED FOR THIS VERY HARD.

25 AND I WANT TO REMIND YOU THAT IT IS

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1 ADVOCATES AND PEOPLE WITH A DREAM LIKE BOB WHO MADE
2 THAT HAPPEN AND WHO MADE CIRM HAPPEN. SO THANK YOU.

3 CHAIRMAN THOMAS: THANK YOU, FRANCISCO.

4 VICE CHAIR BONNEVILLE: KEN.

5 DR. BURTIS: I KNOW THE HOUR IS LATE AND
6 I'VE ALWAYS BEEN A FAN OF FRANKLIN ROOSEVELT'S
7 ADMONITION TO BE BRIEF, TO BE SINCERE, AND TO BE
8 SEATED. SO I'LL TRY AND FOLLOW THAT ADVICE.

9 J.T., WHEN I THINK OF ONE WORD FOR YOU, AS
10 I THOUGHT OF POLITICIAN FOR ART, I THINK OF LEADER.
11 AND YOU HAVE ALWAYS IN MY MIND, TO ECHO YSABEL,
12 COMBINED STRENGTH WITH HUMOR, EXPERTISE WITH EMPATHY
13 AND COMPASSION. AND THAT HAS BEEN EXACTLY WHAT CIRM
14 HAS NEEDED OVER THIS PAST TUMULTUOUS DECADE. AND
15 YOU HAVE BEEN THERE TO PROVIDE THAT TO THIS
16 ORGANIZATION.

17 SO AS I SAID FOR ART, IT IS HARD FOR THOSE
18 OF US WHO HAVE WORKED WITH YOU FOR SO MANY YEARS TO
19 IMAGINE CIRM WITHOUT YOU, BUT I HAVE EVERY
20 CONFIDENCE THAT YOUR SUCCESSOR WILL LEAD CIRM TO
21 EVER GREATER SUCCESSES, BUILDING ON THE STRONG
22 FOUNDATION THAT YOU HAVE LEFT BEHIND. SO THANK YOU
23 SO MUCH.

24 (APPLAUSE.)

25 CHAIRMAN THOMAS: THANK YOU, KEN.

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1 VICE CHAIR BONNEVILLE: HI, JON.

2 MR. THOMAS: HELLO, EVERYBODY. I'M, AS
3 YOU KNOW, J.T.'S OLDEST SON. I WANT TO ADDRESS AN
4 EARLIER COMMENT FIRST. WHILE ALL OF MY SIBLINGS ARE
5 GREAT ATHLETES, I WAS THE BEST. NOW THAT WE GOT
6 THAT OUT OF THE WAY, AND I KNOW THEY'RE WATCHING ON
7 ZOOM, SO THEY'RE NOT GOING TO BE HAPPY.

8 ANOTHER COMMENT WE'VE ALL NOTICED A LOT OF
9 IS DODGER HATE, WHICH PROBABLY BECAUSE IN THE LAST
10 TEN YEARS THE GIANTS MADE THE PLAYOFFS TWICE AND THE
11 DODGERS ALL TEN OF THOSE YEARS. SO I'M HOPING,
12 THOUGH, YOU'LL BE A LITTLE BIT MORE RECEPTIVE TO A
13 BASKETBALL REFERENCE. PROBABLY THE GREATEST LOVE
14 THAT MY DAD AND I SHARE IS KOBE. WE WENT TO THE
15 GAMES. I GREW UP ON KOBE. AND IF YOU GO BACK TO
16 HIS RETIREMENT -- SORRY -- NUMBER OF RETIREMENTS
17 SPEECH AT STAPLES, HE SAID THAT THE TRUE MEASURE OF
18 GREATNESS IS IMPACT. I GET EMOTIONAL ABOUT KOBE AND
19 MY DAD AND ALL OF IT.

20 BUT AS I LISTENED TO EVERYBODY TALK ABOUT
21 THE IMPACT THAT YOU'VE HAD ON THEM AT CIRM, BUT ALSO
22 ON A PERSONAL LEVEL, I JUST HEAR GREATNESS. I LOVE
23 YOU, DAD.

24 (APPLAUSE.)

25 CHAIRMAN THOMAS: THANK YOU, BUD.

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1 VICE CHAIR BONNEVILLE: J.T., DO YOU WANT
2 TO SAY SOMETHING? I FEEL YOU DO.

3 CHAIRMAN THOMAS: TOUGH FOLLOWING THAT.
4 THANK YOU, BUD. LOVE YOU TOO. OKAY.

5 WELL, IF YOU GUYS WILL INDULGE ME, I'VE
6 GOT A WRITTEN STATEMENT WHICH IS THE FIRST TIME IN
7 12 YEARS THAT I'VE HAD ONE.

8 VICE CHAIR BONNEVILLE: THAT'S TRUE.

9 CHAIRMAN THOMAS: SO I WANTED TO MAKE SURE
10 I DIDN'T MISS ANYTHING.

11 MEMBERS OF THE CIRM BOARD AND TEAM AND
12 MEMBERS OF THE PUBLIC, WELL, THE BITTERSWEET DAY HAS
13 FINALLY ARRIVED. TWELVE YEARS GONE BY IN A FLASH.
14 HOW DO YOU PROPERLY REFLECT ON THE PROFESSIONAL
15 PRIVILEGE OF A LIFETIME? AS A BIOLOGY GUY FROM WAY
16 BACK WHEN, I FIRST HEARD ABOUT CIRM IN THE LEAD-UP
17 TO THE ELECTION OF 2004. I REMEMBER THINKING, WOW,
18 ONLY IN CALIFORNIA. THIS IS A REALLY COOL IDEA.

19 I WAS, AS WERE ALL OF YOU, VERY HAPPY WITH
20 THE PASSAGE OF PROPOSITION 71 AND LOOKED FORWARD TO
21 TRACKING THE AGENCY AS IT STARTED ALONG ITS PARADIGM
22 SHIFTING JOURNEY TO FUND MEDICAL RESEARCH IN THE
23 THEN NEW WORLD OF STEM CELL SCIENCE.

24 OVER THE COURSE OF THE NEXT SIX YEARS, I
25 FREQUENTLY CHECKED IN ON THE WEBSITE TO SEE HOW

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1 THINGS WERE GOING. SO IMPRESSED BY THE AGENCY'S
2 WORK. THEN ON A FATEFUL VISIT TO THE WEBSITE IN
3 DECEMBER 2010, I NOTICED THAT CIRM'S CREATOR AND
4 FIRST BOARD CHAIR, BOB, WAS LEAVING OFFICE. I
5 THOUGHT, NOW THAT WOULD BE A REALLY INTERESTING JOB
6 AND LOOKED INTO THE QUALIFICATIONS FOR THE POSITION.
7 THAT IN TURN LED TO, AS BOB REFERRED, THE THREE-HOUR
8 MEETING THAT WE HAD LATER THAT MONTH TO HEAR THE
9 FASCINATING STORY ABOUT THE AGENCY AND ALL ITS
10 GROUNDBREAKING WORK.

11 I LEFT THAT MEETING DETERMINED TO GIVE IT
12 A SHOT. I WAS FORTUNATE TO GET THE SUPPORT OF
13 GOVERNOR BROWN, LIEUTENANT, NOW GOVERNOR NEWSOM,
14 TREASURER LOCKYEAR AND CAME BEFORE THE BOARD IN 2011
15 FOR THE ELECTION PROCESS WE JUST WENT THROUGH WITH
16 VITO. I SAID IN CONCLUSION IN MY OPENING STATEMENT,
17 IT IS CLEAR THAT THE BOARD AND STAFF OF THE AGENCY
18 ARE DOING CRITICAL, CUTTING-EDGE WORK THAT PROMISES
19 TO REVOLUTIONIZE MEDICINE AS THE AGENCY'S FUNDED
20 RESEARCH PLAYS OUT OVER THE COMING YEARS. CIRM IS
21 ONE OF CALIFORNIA'S TRUE SUCCESS STORIES. I WOULD
22 BE HONORED TO LEAD THAT AGENCY AS ITS NEXT CHAIR.

23 ON JULY 23, 2011, I GOT THAT SHOT. ONE OF
24 MY FIRST ACTS AT CIRM WAS TO HIRE MARIA, WHO BY HER
25 OWN ADMISSION THEN AND NOW REMAINS, QUOTE, MY FIRST

1 AND BEST HIRE.

2 AS AN ASIDE, I COULD FILL UP THIS WHOLE
3 SPEECH BY QUOTING THE COUNTLESS PITHY TEXTS SHE'S
4 SENT ME OVER THE YEARS DURING BOARD MEETINGS, ALL
5 SENT AND TIMED WHILE I WAS IN THE MIDDLE OF TALKING
6 FOR MAXIMUM EFFECT. MORE ON THAT SUBJECT LATER.

7 IN THE EARLY DAYS, WE SOUGHT TO FURTHER
8 BUILD A TEAM CULTURE BETWEEN THE MEMBERS OF THE CIRM
9 TEAM AND BETWEEN TEAM AND BOARD. THAT LED, IN TURN,
10 TO THE UNIFIED CIRM FAMILY WE HAVE TODAY AND TO THE
11 CONTINUED A-PLUS WORK PRODUCT DEVELOPED IN CIRM'S
12 FIRST SEVEN YEARS.

13 THANKS TO OUR REMARKABLE TEAM, OUR LEGACY
14 PROGRAMS WERE CLICKING ON ALL CYLINDERS, BUT WE
15 DIDN'T STOP THERE. IN THE SPIRIT OF CIRM, WE SOUGHT
16 TO ADD NEW, BOLD PROGRAMS TO THE MIX, INCLUDING THE
17 ALPHA CLINICS, THE IPS CELL BANK, THE GENOMICS
18 CENTERS OF EXCELLENCE AND MORE. THAT SPIRIT OF
19 DARING TO BE BOLD CARRIES ON TODAY IN THE FORM OF
20 NEW PROGRAMS IN MANUFACTURING, DATA SHARING,
21 COMMUNITY CARE CENTERS OF EXCELLENCE, THE NEURO
22 INITIATIVE, AND OTHERS DESIGNED TO EXPAND CIRM'S
23 REACH ON BEHALF OF OUR REASON FOR BEING AND CENTRAL
24 FOCUS, THE PATIENTS.

25 OVER THE YEARS WE HAVE HAD THE PRIVILEGE

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1 OF MEETING AND DOING OUR BEST TO HELP PATIENTS WITH
2 UNMET MEDICAL NEEDS AND THEIR FAMILIES. EACH OF
3 THEIR COMPELLING STORIES DRIVE US EVERY DAY TO DO
4 ALL WE CAN DO TO HELP. OF THE MANY PATIENTS I'VE
5 MET OVER THE YEARS, ONE THAT STICKS OUT MOST FOR OUR
6 OWN PERSONALLY WAS OUR OWN KATIE SHARIFY, WHOM JAMES
7 HARRISON AND I VISITED IN HER HOSPITAL BED SHORTLY
8 AFTER HER ACCIDENT AND DECISION TO ENROLL IN THE
9 CIRM-FUNDED GERON TRIAL. KATIE, SEEING THE WAY YOU
10 HAVE DEALT WITH YOUR LIFE-CHANGING INJURY AND GONE
11 ON TO ACCOMPLISH GREAT THINGS IS AN INSPIRATION TO
12 US ALL. WE ARE SO PROUD TO SAY WE ARE YOUR
13 COLLEAGUES HERE AT CIRM AND APPRECIATE YOUR
14 EXCEPTIONAL CONTRIBUTION.

15 TO MY ESTEEMED FELLOW BOARD MEMBERS PAST
16 AND PRESENT AND TO MARIA MILLAN AND OUR EXCEPTIONAL
17 TEAM, AS WELL AS PAST CEO'S ALAN TROUNSON, RANDY
18 MILLS, AND TEAM MEMBERS FROM OUR EARLIER DAYS, YOU
19 ARE A REMARKABLE GROUP OF HIGHLY TALENTED PEOPLE WHO
20 HAVE COALESCED BEHIND OUR SINGULAR MISSION. THERE'S
21 A SAYING IN SPORTS THAT I WANT TO, QUOTE, "LEAVE IT
22 ALL ON THE FIELD." THAT IS, TO GIVE YOUR ALL AT ALL
23 TIMES TO ADVANCE YOUR COMMON PURPOSE. I THINK WE
24 CAN ALL BE PROUD TO SAY THAT WE'VE DONE JUST THAT.

25 SPEAKING OF SPORTS, AND NO COMMENTS BY ME

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1 WOULD BE COMPLETE WITHOUT DOING SO, AS THE LONE
2 RABID DEFENDER OF L.A. SPORTS IN THE OFFICE, I
3 SUFFERED MULTIPLE GIANTS PARADES RIGHT OUTSIDE OUR
4 KING STREET WINDOWS AS WELL AS CONSTANT ANNUAL
5 RIBBING FROM STEVE AND AL, AMONG MANY OTHERS. I WAS
6 HAPPY IN ONE SENSE WHEN WE HAD MOVE TO OAKLAND SO I
7 WOULDN'T HAVE TO ENDURE ANY MORE PARADES. THEN, OF
8 COURSE, THE WARRIORS STARTED WINNING WITH PARADES
9 GOING BY OUR OFFICES ON HARRISON STREET. THANKFULLY
10 THE DODGERS AND LAKERS GOT THE JOB DONE IN 2020.
11 OTHERWISE, THIS WOULD HAVE BEEN A DISASTROUS TENURE
12 ON THAT FRONT, BUT I DIGRESS.

13 OVER THE YEARS, IN ADDITION TO FUNDING
14 BILLIONS OF DOLLARS WORTH OF PROJECTS ALL ALONG THE
15 RESEARCH SPECTRUM, AS WELL AS OUR UNPARALLELED
16 EDUCATION PROGRAMS SERVING HIGH SCHOOL STUDENTS
17 THROUGH YOUNG INVESTIGATORS, WE HAVE RISEN
18 REPEATEDLY TO DEAL WITH CHALLENGES THAT CAME AT US
19 OUT OF LEFT FIELD, ANOTHER BASEBALL REFERENCE.
20 WHETHER IT WAS RESPONDING TO THE RECOMMENDATIONS IN
21 THE IOM REPORT, TO STAVING OFF AN ATTEMPT TO GET A
22 MEASURE ON THE BALLOT TO CONSTITUTIONALLY OVERTURN
23 PROPOSITION 71 -- SPECIAL SHOUT-OUT HERE TO ART FOR
24 HIS LEADERSHIP IN ALL MATTERS SACRAMENTO -- TO
25 PIVOTING ON A DIME TO PUT OUT FUNDING IN 2020 AS

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1 PART OF THE WORLDWIDE COLLABORATIVE EFFORT TO FIND
2 NEW TREATMENTS FOR COVID-19 IN THE EARLY DAYS OF THE
3 PANDEMIC.

4 TO BE SURE, THERE WERE SEVERAL MAJOR
5 INITIATIVES THAT GOT A LOT OF THOUGHT THAT
6 ULTIMATELY GOT LEFT ON THE CUTTING ROOM FLOOR,
7 INCLUDING ATP3, THE AFOREMENTIONED FOR-PROFIT
8 ADJUNCT TO CIRM THAT SOUGHT TO END LICENSE PROMISING
9 THERAPIES AND TAKE THEM THROUGH TO COMMERCIALIZATION
10 AS A MEANS OF SUSTAINING THE AGENCY, AS WELL AS THE
11 INSURED VOTER ANTICIPATION NOTES THAT SOUGHT TO
12 RAISE FUNDS FOR THE AGENCY AS IT WAS RUNNING OUT OF
13 MONIES IN 2020. WHILE NOT ENACTED FOR A VARIETY OF
14 REASONS, THESE PROGRAMS SERVED AS A SOURCE OF HIGH
15 QUALITY BRAINSTORMING AND COLLABORATION BY MEMBERS
16 OF THE CIRM TEAM AND MANY OUTSIDE STAKEHOLDERS.

17 I WANT TO ESPECIALLY RECOGNIZE THE
18 MEMBERS, THE MANY MEMBERS OVER THE YEARS OF OUR
19 GRANTS WORKING GROUP. YOU GUYS ARE THE BREAD AND
20 BUTTER THAT MAKE CIRM CIRM OR AS MARK NOBLE FAMOUSLY
21 QUIPPED CIRM-Y. HAVING SAT IN ON ALL GWG MEETINGS
22 FOR THE PAST 12 YEARS, SEVERAL HUNDRED BY LAST
23 COUNT, I HAVE MARVELED AT AND APPRECIATED THE
24 DEDICATION AND PROFESSIONALISM YOU BRING TO THE
25 TABLE EACH AND EVERY TIME.

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1 I PARTICULARLY LIKE THE MANY COMMENTS THAT
2 BEGAN WITH, WELL, I DON'T KNOW ANYTHING ABOUT THIS
3 CONDITION THAT WERE FOLLOWED BY FIVE- TO TEN-MINUTE
4 ELOQUENT AND DETAILED CRITIQUES OF THE POINTS AT
5 ISSUE. THANK YOU VERY MUCH TO EVERYBODY ON THE GWG
6 FOR ALL YOU DO.

7 SPECIAL KUDOS TO GIL AND THE REVIEW TEAM
8 AND JENN IN GRANTS MANAGEMENT. YOUR WORK IN RUNNING
9 THE GRANT REVIEW PROCESS AND MANAGING GRANTS AT ONCE
10 ADDED TO OUR PORTFOLIO IS CENTRAL TO OUR SUCCESS AND
11 GREATLY APPRECIATED.

12 SPECIAL THANKS AS WELL TO ABLA, ROSA, AND
13 ALL OUR SCIENCE OFFICERS WHO SOURCED PROJECTS FOR
14 CIRM TO FUND AS ABLA DESCRIBED EARLIER. TO GEOFF
15 LOMAX, SEAN AND THE MEDICAL AFFAIRS TEAM FOR YOUR
16 WORK ON THE ALPHA CLINICS AND THE AAWG. TO SHYAM
17 AND SOHIL FOR YOUR WORK IN ADVANCING INDUSTRY
18 INVOLVEMENT. RAFAEL, SCOTT, AND BEN IN WATCHING OUR
19 LEGAL FLANKS. TO KELLY FOR RUNNING OUR EXCEPTIONAL
20 EDUCATION PROGRAMS. ESTEBAN AND KATIE FOR
21 SPEARHEADING COMMUNICATIONS. CHILA AND POUNEH FOR
22 THEIR FINANCIAL EXPERTISE AND WORK ON THE BUDGET.
23 DENISE AND VANESSA FOR THEIR WORK IN HR AND TO ALL
24 OTHER MEMBERS OF OUR CIRM TEAM THAT MAKE THINGS GO
25 SO SMOOTHLY.

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1 I WANT TO GIVE A SPECIAL SHOUT-OUT HERE TO
2 OUR NEW VICE CHAIR. MARIA, THROUGHOUT THE PAST 12
3 YEARS, YOU'VE BEEN MY RIGHT-HAND COLLEAGUE AND
4 CLOSEST COUNSEL. WE'VE MADE A FORMIDABLE TEAM.
5 THANK YOU FOR ALL YOUR HELP AND ALL THE GOOD-NATURED
6 COMMENTARY OVER THE YEARS, AT LEAST I THINK IT WAS
7 GOOD NATURED. IT WAS CERTAINLY A LOT. I KNOW YOU
8 WILL DO AN EXEMPLARY JOB AS VICE CHAIR AND LOOK
9 FORWARD TO WATCHING YOU GROW IN THAT POSITION.

10 I ALSO WANT TO RECOGNIZE JAMES HARRISON
11 AND SCOTT TOCHER FOR THEIR INDISPENSABLE ADVICE TO
12 CIRM OVER THE MANY YEARS. HAVING SERVED ON A NUMBER
13 OF GOVERNMENT BOARDS PREVIOUSLY, I CAN SAY WITHOUT
14 QUALIFICATION THAT I HAVE NEVER SEEN A BETTER
15 GOVERNMENT COUNSEL THAN JAMES OR SCOTT. THANK YOU
16 FOR ALL YOU HAVE DONE AND WILL CONTINUE TO DO ON
17 CIRM'S BEHALF.

18 TO VITO AND MARIA, I KNOW THAT CIRM IS
19 POISED TO REACH EVEN GREATER HEIGHTS UNDER YOUR
20 LEADERSHIP GOING FORWARD. CONGRATULATIONS TO YOU
21 BOTH AGAIN. I LOOK FORWARD TO ROOTING FOR YOU AND
22 THE EXTENDED CIRM FAMILY IN THE YEARS TO COME.

23 IN THE MIDST OF ALL THESE COMMENTS, I
24 WOULD BE REMISS IF I DIDN'T REMEMBER COLLEAGUES WHOM
25 WE LOST TOO EARLY, INCLUDING VICE CHAIR DWAYNE ROTH

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1 IN 2013, BOARD MEMBER AND COLLEAGUE BURT LUBIN IN
2 2020, AND OUR BELOVED KEVIN MCCORMACK JUST LAST
3 DECEMBER. THEIR CONTRIBUTIONS WERE TOO MANY TO
4 ENUMERATE. THEY ARE AND WILL REMAIN FONDLY
5 REMEMBERED AND SORELY MISSED.

6 LAST, BUT NOT LEAST, I WANT TO RECOGNIZE
7 MY EXTRAORDINARY WIFE ANN WHO ENCOURAGED ME TO GO
8 AFTER THIS JOB AND HAS HELD DOWN THE FORT WITH OUR
9 FOUR WONDERFUL CHILDREN, LIZZY, JON, MATT, AND MIKE.
10 THROUGH ALL MY YEARS OF COMMUTING FROM L.A., ALL THE
11 WHILE HOLDING DOWN AND KILLING SEVERAL BOARD CHAIR
12 POSITIONS IN HER CURRENT POSITION AS PRESIDENT OF
13 VISION TO LEARN, A NONPROFIT THAT GIVES READING
14 GLASSES TO KIDS IN TITLE 1 ELEMENTARY SCHOOLS
15 THROUGHOUT THE COUNTRY, DEAR, THANK YOU FOR
16 EVERYTHING. I COULD NEVER HAVE DONE THIS JOB OR
17 ANYTHING ELSE WITHOUT YOU.

18 TO OUR KIDS, PRESENT OR WATCHING, THANK
19 YOU FOR WEATHERING THROUGH DAD WORKING OUT OF TOWN
20 FOR THIS EXTENDED PERIOD. YOU GUYS WERE YOUNG KIDS
21 WHEN I FIRST STARTED HERE, AND NOW WE HAVE LIZZY,
22 27, AN M.D. PH.D. STUDENT AT UNC IN CHAPEL HILL;
23 JON, 25, NOW A FASHION DESIGNER FOR WOMEN
24 PROFESSIONAL ATHLETES OF MANY DIFFERENT SPORTS;
25 MATT, 24, A TEACHER IN TRAINING AND WHO'S NOW OVER

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1 TEACHING IN ENGLAND HIGH SCHOOL MATH AT A BRITISH
2 SCHOOL AND WILL BE COMING BACK NEXT YEAR TO TEACH AT
3 A TITLE 1 SCHOOL IN CAMBRIDGE JUST OUTSIDE OF
4 BOSTON; AND MIKE, NOW 21, JUNIOR AT COLEGATE AND A
5 STALWART MEMBER OF THE COLEGATE TENNIS TEAM.

6 MOM AND I ARE SO PROUD OF THE WONDERFUL
7 YOUNG ADULTS YOU'VE BECOME AND FOR THE SIGNIFICANT
8 CONTRIBUTIONS THAT YOU ARE AND WILL BE MAKING TO
9 SOCIETY AS PART OF THE NEXT GENERATION.

10 IN CLOSING, WHEN ASKED TO SUMMARIZE WHAT
11 THIS EXPERIENCE HAS BEEN LIKE, I'LL LEAVE YOU WITH A
12 TEXT EXCHANGE I HAD WITH SON MATT IN ENGLAND THAT
13 PRETTY MUCH SAYS IT ALL. YESTERDAY: BY THE WAY, IS
14 TODAY YOUR LAST DAY AT CIRM? ME: TOMORROW. MATT:
15 WOW. HOW ARE YOU FEELING ABOUT IT? ME:
16 BITTERSWEET. IT'S BEEN A GREAT 12-YEAR RUN. WOW,
17 IT REALLY HAS. I STILL REMEMBER -- QUICK
18 DRINK -- THE NIGHT YOU GOT WORD THAT YOU GOT THE
19 JOB. JON AND I WENT TO BED AT THE SAME TIME, AND WE
20 SAT WAITING. JON HAD HIS PHONE NEAR THE BED AND
21 KEPT CHECKING IT FOR AN UPDATE. AND THEN HIS PHONE
22 LIT UP. HE CHECKED AND SHOUTED EXCITEDLY, "DAD GOT
23 IT." I MUST HAVE BEEN 11, I THINK. HALF MY LIFE.
24 BUT, ANYWAY, THIS IS ALL TO SAY THAT I'M REALLY
25 PROUD OF ALL THE AMAZING WORK YOU AND CIRM HAVE DONE

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1 OVER THE PAST 12 YEARS. I'M NOT SURE I'LL BE ABLE
2 TO FULLY GRASP THE AMOUNT OF PEOPLE YOU HELPED, AND
3 I KNOW YOUR WORK WILL CHANGE LIVES FOR YEARS TO
4 COME. SO CONGRATS, DAD. YOU'RE AN AMAZING ROLE
5 MODEL FOR ME, LIZZY, JON, AND MIKE. I HOPE YOU'RE
6 REALLY PROUD OF YOUR WORK TOO. LOVE, MATT.

7 (APPLAUSE.)

8 CHAIRMAN THOMAS: THANK YOU ALL. YOU GUYS
9 ARE ALL THE BEST, AND I KNOW THAT YOU WILL DO
10 WONDERFUL THINGS GOING FORWARD. AND I CAN'T WAIT TO
11 SEE WHAT COMES OF IT. SO THANK YOU VERY MUCH.

12 (APPLAUSE.)

13 CHAIRMAN THOMAS: SO THE CULMINATING EVENT
14 OF THE DAY IS A BIG ONE, WHICH IS THE SWEARING IN OF
15 VITO AS OUR NEW CHAIR. SO, VITO, IF YOU COULD COME
16 UP AND JOIN ME PLEASE.

17 VITO, BEFORE WE SWEAR YOU IN, I HOPE YOU
18 GOT A SENSE OF THE INSTITUTION, WHAT THIS BOARD IS
19 ALL ABOUT, THE PASSION THAT THE BOARD AND THE GROUP
20 BRINGS TO BEAR THAT YOU WILL NOW BE LEADING. WE
21 HAVE HAD, FOR THOSE OF YOU WHO DON'T KNOW, MARIA,
22 SCOTT, AND I HAD NINE ONBOARDING SESSIONS WITH VITO
23 OVER THE LAST SEVERAL WEEKS IN WHICH HE WAS
24 INUNDATED WITH INFORMATION ABOUT CIRM AND EVERYTHING
25 THERE IS HE NEEDS TO KNOW. I SAID HE WAS A VERY

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1 LUCKY GUY BECAUSE WHEN I STARTED, JAMES GAVE ME A
2 BINDER AND SAID GOOD LUCK. SO I KNOW YOU REALIZE
3 WHAT A SPECIAL ORGANIZATION YOU'RE ABOUT TO BECOME
4 CHAIR FOR AND A MISSION THAT IS AT LEAST EQUAL TO
5 WHAT YOU WERE JUST LEAVING, WHICH WAS A TREMENDOUS
6 MISSION WITH VETERAN'S AFFAIRS, BUT THIS IS
7 SOMETHING THAT GIVES YOU A CHANCE TO GUIDE AN
8 ORGANIZATION AND WORK WITH A BOARD AND WITH
9 FANTASTIC MEMBERS OF THE CIRM TEAM WHO WILL, AS A
10 GROUP, DO TREMENDOUS THINGS THAT WILL BE LOOKED BACK
11 ON YEARS FROM NOW AS A KEY MOMENT IN THE HISTORY OF
12 MEDICAL RESEARCH. AND YOU WILL HAVE HAD THE
13 OPPORTUNITY TO BE A LEADING PART IN THAT, WHICH IS A
14 REALLY COOL THING TO BE ABLE TO SAY, HAVING DONE IT
15 FOR 12 YEARS.

16 SO WITH THAT, LET'S SWEAR YOU IN HERE. SO
17 IF YOU, AS YOU'VE DONE NUMEROUS TIMES NOW, RAISE
18 YOUR RIGHT HAND.

19 (VITO IMBASCIANI WAS THEN DULY SWORN
20 IN AS THE CHAIRMAN OF THE CALIFORNIA INSTITUTE FOR
21 REGENERATIVE MEDICINE.)

22 (APPLAUSE.)

23 DR. IMBASCIANI: THANK YOU. I KNOW YOU'VE
24 BEEN SEATED ALL DAY, AND IT'S A VERY, VERY LONG DAY.
25 I DON'T WANT TO PROLONG IT, BUT I'D BE REMISS

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1 WITHOUT SAYING A FEW WORDS TO YOU ALL. THANK YOU
2 VERY MUCH.

3 I AM ABSOLUTELY HUMBLLED BY THIS. IN MANY
4 WAYS IN MANY DEFINITIONS OF HUMBLLED BECAUSE I KNOW
5 I'M IN THE PRESENCE OF GREATNESS. AND I'M GOING TO
6 MAKE A PROMISE TO YOU AT THE END. YOU KNOW, I THINK
7 THE MOST TYPICAL THING THAT PEOPLE SAY AT THIS POINT
8 IS THAT THEY RECOGNIZE THE GREATNESS OF WHAT WENT
9 BEFORE US. AND I REFER SPECIFICALLY TO THE
10 PREDECESSOR, CHAIR JONATHAN THOMAS AND BOB KLEIN.
11 AND PEOPLE USUALLY SAY THAT I'M HERE BECAUSE I'M
12 STANDING ON THE SHOULDERS OF GIANTS. AND THAT'S
13 TRUE EXCEPT THAT METAPHOR, PERHAPS UNFAIRLY, MAKES
14 EVERYONE AROUND THE GIANT LOOK LILLIPUTIAN. AND
15 THAT'S NOT THE CASE AT ALL HERE BECAUSE ALL OF YOU
16 MEMBERS OF THE BOARD AND MANY MEMBERS OF THE STAFF,
17 MARIA MILLAN AND ALL THE PEOPLE I'VE MET ON THE
18 LEADERSHIP TEAM, YOU ARE GIANTS IN YOUR
19 LABORATORIES, YOU ARE GIANTS IN YOUR PROFESSIONAL
20 LIFE, YOU ARE GIANTS IN THE COMMUNITY, AND I AM NOT
21 A CARDIOLOGIST AND I CANNOT MEASURE END DIASTOLIC
22 PRESSURE AND VOLUME, BUT I SUSPECT THAT YOU ARE
23 GIANTS IN YOUR HEART.

24 THIS IS AN EXTRAORDINARY GROUP OF PEOPLE,
25 AND I'VE GOT A LOT OF TALENTS AND A LOT OF

1 ABILITIES, BUT I'M VERY HUMBLD TO BE AMONG YOU AND
2 HAVING BEEN SELECTED BY YOU. I MAKE YOU A PROMISE
3 THAT I AM GOING TO WORK ASSIDUOUSLY TO SERVE YOU AND
4 TO SERVE ALL THE PEOPLE OF THE STATE OF CALIFORNIA
5 TO ACCOMPLISH THE MISSION OF THIS GROUP. I WILL
6 WORK VERY, VERY HARD TO KNOW YOU ALL INDIVIDUALLY
7 AND TO WORK WITH YOU COLLABORATIVELY IN THIS GROUP.
8 I'LL BRING MY OWN TALENTS, SOME OF WHICH HAVE
9 NOTHING TO DO WITH CIRM, MY LOVE OF LANGUAGE.

10 EARLIER TODAY WE HAD A WONDERFUL
11 DISCUSSION ABOUT THE MEANING OF THE WORD "HUNTING."
12 AT THAT POINT I THINK I WOULD HAVE SUGGESTED TO YOU
13 THE ITALIAN EQUIVALENT, CACCIATORE, WHICH WOULD HAVE
14 BROUGHT AN ENTIRELY DIFFERENT FLAVOR TO THE
15 DISCUSSION.

16 SO THERE ARE PROBABLY A LOT OF OTHER
17 THINGS I WANTED TO SAY AT THIS POINT, BUT I THINK
18 IT'S BEEN A LONG DAY. I KNOW -- JONATHAN, THANK YOU
19 VERY MUCH FOR YOUR ONBOARDING OF ME. I'VE MET VERY,
20 VERY MANY OF YOU IN YOUR OFFICE OR IN YOUR
21 LABORATORIES AND HAD ABSOLUTELY WONDERFUL
22 ENCOUNTERS, DISCOVERIES EVEN, ALL THE THINGS THAT I
23 HAD IN COMMON WITH SHLOMO'S FAMILY BACK IN SOUTH
24 AFRICA AND PAT'S TOUR OF HIS LAB, AL'S WONDERFUL
25 DISCUSSION IN RANCHO CORDOVA. I LOOK FORWARD TO

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1 MAKING THOSE SAME CONTACTS WITH ALL THE REST OF YOU.
2 WITH THAT, I WISH US ALL WELL ON OUR COMMON
3 ENDEAVOR. I WILL DO MY BEST SO THAT WHEN THE TIME
4 COMES AND, AS I'VE LISTENED TO THESE WONDERFUL
5 ROUNDS OF COMPLIMENTS THAT YOU'VE ALL GIVEN TO THE
6 OUTGOING CHAIR AND TO THE VICE CHAIR, THAT I COULD
7 EARN ONE-TENTH OF THAT REGARD WHEN THE TIME COMES.

8 AND SPECIAL THANKS TO BOB KLEIN BACK THERE
9 FOR THE INSPIRATION YOU HAD, THE MIDWIFE, IF YOU
10 WILL, TO BRING THIS INTO EXISTENCE.

11 AND ONE LAST THING. I GUESS I CAN SAY
12 APPROPRIATELY HERE AS MY FINAL THING, MY FIRST
13 OFFICIAL ACT, I HEARD OUR STENOGRAPHER PLEAD FOR
14 MORE BATHROOM BREAKS IN THE FUTURE. SO I CAN TELL
15 YOU I LEFT MY BUSINESS CARD ON ALL THE PORCELAIN
16 SURFACES OF THE FIRST FLOOR OF THIS BUILDING, AND
17 WE'LL HAVE MORE BREAKS IN THE FUTURE. OKAY. THANK
18 YOU VERY MUCH.

19 (APPLAUSE.)

20 CHAIRMAN THOMAS: WE ARE ADJOURNED. THANK
21 YOU.

22 (THE MEETING WAS THEN CONCLUDED AT 4:58 P.M.)
23
24
25

REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE 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 MARCH 28, 2023, 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
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