

BETH C. DRAIN, CA CSR NO. 7152

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

LOCATION: VIA ZOOM

DATE: JANUARY 27, 2022
9 A.M.

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

FILE NO.: 2022-03

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THURSDAY, JANUARY 27, 2022; 9 A.M.

CHAIRMAN THOMAS: GOOD TO GO. GOOD MORNING, EVERYBODY, AND WELCOME TO THE FIRST MEETING IN 2022 OF THE ICOC AND THE APPLICATION REVIEW SUBCOMMITTEE. MARIA, WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: HAIFA ABDULHAQ. DAN BERNAL.

MR. BERNAL: PRESENT.

MS. BONNEVILLE: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: HERE.

MS. BONNEVILLE: MICHAEL BOTCHAN. LINDA BOXER.

DR. BOXER: PRESENT.

MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: PRESENT.

MS. BONNEVILLE: ANNE-MARIE DULIEGE.

DR. DULIEGE: PRESENT.

MS. BONNEVILLE: YSABEL DURON.

MS. DURON: HERE.

MS. BONNEVILLE: MARK FISCHER-COLBRIE.

DR. FISCHER-COLBRIE: HERE.

MS. BONNEVILLE: FRED FISHER.

DR. FISHER: HERE.

MS. BONNEVILLE: ELENA FLOWERS. JUDY

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1 GASSON.
2 DR. GASSON: HERE.
3 MS. BONNEVILLE: LARRY GOLDSTEIN.
4 DR. GOLDSTEIN: HERE.
5 MS. BONNEVILLE: DAVID HIGGINS.
6 DR. HIGGINS: HERE.
7 MS. BONNEVILLE: STEPHEN JUELSGAARD.
8 MR. JUELSGAARD: HERE.
9 MS. BONNEVILLE: JAMES KOVACH.
10 DR. KOVACH: HERE.
11 MS. BONNEVILLE: RICH LAJARA.
12 MR. LAJARA: HERE.
13 MS. BONNEVILLE: PAT LEVITT.
14 DR. LEVITT: HERE.
15 MS. BONNEVILLE: DAVID LO.
16 DR. LO: HERE.
17 MS. BONNEVILLE: LINDA MALKAS.
18 DR. MALKAS: HERE.
19 MS. BONNEVILLE: DAVE MARTIN.
20 DR. MARTIN: HERE.
21 MS. BONNEVILLE: SHLOMO MELMED.
22 DR. MELMED: HERE.
23 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
24 LAUREN MILLER-ROGEN. ADRIANA PADILLA.
25 DR. PADILLA: HERE.

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MS. BONNEVILLE: JOE PANETTA.

MR. PANETTA: HERE.

MS. BONNEVILLE: AL ROWLETT. MICHAEL
STAMOS.

DR. STAMOS: HERE.

MS. BONNEVILLE: JONATHAN THOMAS.

CHAIRMAN THOMAS: HERE.

MS. BONNEVILLE: ART TORRES.

MR. TORRES: HERE.

MS. BONNEVILLE: KRISTINA VUORI.

DR. VUORI: HERE.

MS. BONNEVILLE: KAROL WATSON.

DR. WATSON: HERE.

MS. BONNEVILLE: KEITH YAMAMOTO.

DR. YAMAMOTO: HERE.

MS. BONNEVILLE: THANK YOU. WE HAVE A
QUORUM.

CHAIRMAN THOMAS: THANK YOU, MARIA.
AGAIN, WELCOME, EVERYBODY. WE WILL START, AS
ALWAYS, WITH A FEW COMMENTS FROM THE CHAIR.

AS WE ALL RECALL FROM DECEMBER, WE ARE NOW
IN THE MIDST OF OUR NEW STRATEGIC PLAN
IMPLEMENTATION. THERE'S A LOT OF ACTIVITY THAT'S
BEEN GOING ON AT THE AGENCY RELATED TO THAT. YOU
SEE ON THE AGENDA, FOR EXAMPLE, THE CONCEPT PLAN FOR

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1 THE ALPHA STEM CELL CLINIC EXPANSION, A NEW
2 EDUCATIONAL PROGRAM. THE PROGRAMS THAT WE ROLLED
3 OUT LAST YEAR THAT ARE LEGACY WITH RESPECT TO THE
4 FUNDING AT ALL THE DIFFERENT LEVELS OF RESEARCH
5 CONTINUE APACE. THERE'S A TREMENDOUS AMOUNT OF
6 ACTIVITY GOING ON.

7 I WANTED TO HAVE A COUPLE OF UPDATES FOR
8 YOU FROM COLLEAGUES HERE WITH RESPECT TO SPECIFIC
9 THINGS HIGHLIGHTED IN THE STRATEGIC PLAN THAT ARE
10 ROLLED OUT AS A RESULT OF THE PASSAGE OF PROPOSITION
11 14. I'D LIKE TO START WITH ART WITH AN UPDATE ON
12 WHERE THINGS ARE WITH THE AAWG.

13 MR. TORRES: YES. THANK YOU VERY MUCH,
14 MR. CHAIRMAN AND MEMBERS. WE HAVE ON OUR AGENDA
15 TODAY THE APPROVAL OF OUR BYLAWS, WHICH IS PRETTY
16 PERFUNCTORY. I WANT TO THANK KEVIN MARKS AND MARIA
17 BONNEVILLE FOR WORKING SO HARD AND HELPING US ON
18 THOSE BYLAWS. YOU WILL BE PRESENTED TO THEM LATER
19 IN THE MEETING.

20 NO. 2, I'VE BEEN WORKING WITH THE
21 GOVERNOR'S OFFICE BECAUSE THEY ARE ESTABLISHING IN
22 THE CURRENT GOVERNOR'S BUDGET AN OFFICE OF
23 HEALTHCARE AND ACCOUNTABILITY. THAT OFFICE IS GOING
24 TO BE PARALLEL TO SOME OF THE ISSUES THAT WE WILL BE
25 CONFRONTING IN THE WORKING GROUP. AND AS SOON AS I

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1 HEAR THE LEGISLATION THAT THEY'RE GOING TO INTRODUCE
2 TO IMPLEMENT THAT BUDGET REQUEST, IN THE GOVERNOR'S
3 BUDGET, I WILL SEND THAT OFF TO YOU. IT'S STILL
4 PRETTY NEW IN TERMS OF THE BUDGET APPROVAL. WE
5 WON'T HAVE A MAY REVISE, AS WE CALL IT, UNTIL
6 OBVIOUSLY MAY THAT WILL REVISE THE BUDGET IN ITS
7 CURRENT FORM TO HAVE ANY ADDITIONS OR DELETIONS.

8 THE LEGISLATURE WILL PROBABLY BEGIN
9 HEARINGS ON THE BUDGET IN FEBRUARY, MARCH; AND THEN,
10 OF COURSE, JUNE 15TH IS THE FINAL DAY TO APPROVE THE
11 BUDGET THAT'S BALANCED AND SEND BACK TO THE GOVERNOR
12 FROM THE LEGISLATURE. SO THIS OFFICE OF HEALTHCARE
13 AND ACCOUNTABILITY, WHICH IS PRETTY HISTORIC, WILL
14 BE IN THE BUDGET AS WELL AND ALSO WITH LEGISLATION
15 THAT WILL BE IMPLEMENTED AND SIGNED BY THE GOVERNOR,
16 I'M SURE.

17 THE OTHER ISSUE THAT WE'RE GOING TO BE
18 TAKING UP THAT MARIA MILLAN AND MARIA BONNEVILLE AND
19 GEOFF LOMAX AND OTHERS HAVE BEEN WORKING ON WITH ME,
20 AND THAT IS TO ESTABLISH THE PATIENT FUND. AS YOU
21 RECALL, IN PROP 14 WE WANTED TO MAKE SURE WHEN WE
22 WERE WRITING IT INITIALLY TO GET SOME LANGUAGE THAT
23 WOULD PROVIDE FOR SERVICES FOR PATIENTS. AND MY
24 EXPERIENCE WITH ONE LEGACY, THE ORGAN TRANSPLANT
25 FOUNDATION, WAS THAT WE WOULD FUND CERTAIN

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1 ORGANIZATIONS LIKE THE AVA FOUNDATION FOR HEART
2 TRANSPLANT PATIENTS TO GIVE THEM MONEY TO GET TO A
3 CLINICAL TRIAL WHICH AT THAT POINT THEY COULDN'T
4 AFFORD TO TRAVEL TO, BUT ALSO, MORE IMPORTANTLY,
5 MAKING SURE THEY HAD ENOUGH FUNDS TO HELP PAY FOR
6 THEIR CAREGIVER AND EXPENSES WHILE THEY'RE RECEIVING
7 AN ORGAN TRANSPLANT.

8 WE WANT TO LOOK AT HOW WE CAN PROVIDE THAT
9 FOR CLINICAL TRIAL PARTICIPANTS BECAUSE THAT IS SO
10 KEY, ESPECIALLY AS WE'VE TALKED AND YSABEL AND
11 OTHERS HAVE TALKED ABOUT AND AL DIVERSITY ISSUES IN
12 REACHING OUT INTO RURAL COMMUNITIES THAT MAY NOT
13 HAVE ACCESS TO CLINICAL TRIAL SITES. AND GEOFF
14 LOMAX AND I HAVE BEEN WORKING ON THAT IN TERMS OF
15 THE ALPHA CLINICS AND ALSO WITH THE COMMUNITY CARE
16 CENTERS.

17 I'VE ALSO PUT MARIA MILLAN IN TOUCH WITH
18 OUR CHANCELLOR'S OFFICE AT UC MERCED AS THE GOVERNOR
19 IS PROPOSING AND WE'VE TALKED ABOUT ESTABLISHING A
20 MEDICAL SCHOOL AND A HOSPITAL FACILITY AT UC MERCED.
21 AND THAT WOULD BE A PRIME LOCATION TO HAVE ACCESS TO
22 THOSE LIVING IN CENTRAL CALIFORNIA TO POTENTIAL
23 CLINICAL TRIALS AS WE PROCEED FORWARD.

24 THE PATIENT ASSISTANCE FUND WILL NEED TO
25 GO AS A PROPOSAL TO THE DEPARTMENT OF FINANCE, AND

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1 WE'LL FOLLOW UP WITH THEM. AGAIN, THANK YOU, MARIA
2 BONNEVILLE, FOR ALL YOUR HELP ON THAT ISSUE AS WE
3 PROCEED ACCORDINGLY.

4 SO WE HAVE A FEW MORE MEMBERS THAT WE HAVE
5 APPROVED TO THE WORKING GROUP. WE HAVE 17 TOTAL,
6 AND IT'S IMPORTANT TO NOTE THAT ONE OF THE PRIME
7 ELEMENTS OF THAT IS HOW DO WE NEGOTIATE RATES FOR
8 THE FUTURE IN TERMS OF AFFORDABILITY AND
9 ACCESSIBILITY, WHICH IS REALLY WHY I WANTED TO HAVE
10 JAMES DEBENEDETTI, WHO IS CURRENTLY OUR POINT PERSON
11 IN COVERED CALIFORNIA THAT NEGOTIATES ALL OF THE
12 CONTRACTS WITH THIRD-PARTY PAYERS, TO BE PART OF
13 THIS WORKING GROUP TO GIVE US AN INSIGHT AS TO WHAT
14 WE NEED TO LOOK OUT FOR IN THE FUTURE.

15 SO THAT'S THE CURRENT UPDATE ON THESE
16 ISSUES WITH THE WORKING GROUP, MR. CHAIRMAN.

17 CHAIRMAN THOMAS: THANK YOU, ART, FOR
18 THAT. THERE ARE A LOT OF THINGS ON THE PLATE FOR
19 THE AAWG COMING UP. SO IT'S VERY IMPORTANT THAT THE
20 BOARD HEAR ALL THAT'S GOING ON. AND WE WILL KEEP
21 YOU POSTED AS THINGS PROCEED THROUGHOUT THE YEAR, OF
22 COURSE.

23 MR. TORRES: YES. I WILL SEND A NOTICE
24 ONCE WE RECEIVE AN AUTHOR AND THE LEGISLATIVE NUMBER
25 OF THE BILL THAT WILL IMPLEMENT THIS OFFICE OF

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1 HEALTHCARE AND AFFORDABILITY. THIS IS AN ISSUE
2 WHICH IS VERY DEAR TO THE HEART OF OUR GOVERNOR.
3 AND HE AND I HAVE TALKED ABOUT THIS ON NUMEROUS
4 TIMES, HAVING HAD A MOTHER, A SINGLE MOTHER, WHO
5 PASSED FROM BREAST CANCER, AND HAVING THE INABILITY
6 TO REACH OUT FOR SERVICES WAS ALWAYS AN ISSUE. I
7 THINK THAT HE IS VERY SENSITIVE TO AFFORDABILITY AND
8 ACCESSIBILITY FOR PATIENTS. I THINK THAT'S GOING TO
9 BE ONE OF THE MAIN REASONS HE PUT FORWARD THIS
10 PROPOSAL.

11 CHAIRMAN THOMAS: THANK YOU, ART.

12 ANOTHER ISSUE, AS YOU KNOW FROM NUMEROUS
13 DISCUSSIONS WE HAVE HAD OVER RECENT MONTHS, HAS BEEN
14 THE REFINING OF OUR POLICY ON DIVERSITY, EQUITY, AND
15 INCLUSION, AND INTEGRATING CONCEPTS FROM THAT INTO
16 BOTH THE PROJECTS THAT ARE TO BE AWARDED BY CIRM AS
17 WELL AS THE TEAMS THAT WILL BE RUNNING THOSE
18 PROJECTS.

19 WE HAVE HAD SOME DISCUSSIONS SINCE
20 DECEMBER ON THIS, AND I'VE ASKED DR. SAMBRANO TO
21 UPDATE THE BOARD ON WHERE THOSE DISCUSSIONS STAND AS
22 WE CONTINUE TO REFINE THIS POLICY. GIL.

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

24 GOOD MORNING, EVERYONE. GOOD TO SEE ALL OF YOU.

25 SO AS CHAIRMAN THOMAS MENTIONED, FOR SOME

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1 TIME NOW WE'VE BEEN TAKING SEVERAL STEPS TO
2 INCORPORATE DIVERSITY, EQUITY, AND INCLUSION INTO
3 OUR PROCESSES, SO REVIEW, GRANTS MANAGEMENT, OTHER
4 BUSINESS AREAS AT CIRM, AND MAKING IT A CORE PART OF
5 OUR ORGANIZATION. AND WHEN WE BEGAN ALL OF THIS,
6 I'M SURE AT THAT POINT WE WOULD HAVE ACKNOWLEDGED
7 THAT INCORPORATION OF THIS WOULD TAKE AND INVOLVE
8 SOME TRIAL AND ERROR. AND NOW THAT WE ARE DOING IT,
9 WE SEE CERTAINLY THAT IT'S AN ONGOING AND EVOLVING
10 PROCESS. AND SO WE NEED TO CONTINUOUSLY ASSESS,
11 LEARN FROM WHAT WE DO, AND THEN MAKE IMPROVEMENTS.

12 SO IT'S IN THAT SPIRIT THAT I WANT TO
13 SHARE ONE IMPORTANT STEP THAT WE TOOK THAT WE KICKED
14 OFF JANUARY 3D ACTUALLY WITH A MOCK DEI REVIEW WHERE
15 WE BROUGHT TOGETHER OUR BOARD MEMBERS WHO SERVE ON
16 THE GRANTS WORKING GROUP. AND THE IDEA WAS TO BRING
17 TOGETHER THIS GROUP TO EVALUATE THE THREE
18 APPLICATIONS FROM OUR CLINICAL PROGRAM THAT WE
19 SELECTED. SO THESE WERE APPLICATIONS THAT WE HAD
20 ALREADY REVIEWED BEFORE. AND HAVE A DISCUSSION ON
21 HOW EACH PATIENT ADVOCATE NURSE MEMBER APPROACHED
22 THE REVIEW OF DEI, HOW EFFECTIVE OUR INSTRUCTIONS
23 AND THE RUBRIC THAT WE PROVIDED WAS IN ACHIEVING
24 THAT TASK, WHAT ELEMENTS MIGHT BE MISSING OR THAT WE
25 CAN ADD, AND WHETHER EVERYONE WAS INTERPRETING ALL

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1 OF THIS IN THE SAME WAY.

2 AND SO THAT EXERCISE PROVED TO BE VERY
3 INFORMATIVE AND PROVIDED US WITH SOME CLEAR GUIDANCE
4 ON HOW TO MAKE IMPROVEMENT. WE FOUND, FOR EXAMPLE,
5 THAT A GREATER CLARITY IS NEEDED IN INSTRUCTIONS
6 BOTH TO APPLICANTS AND REVIEWERS AS TO HOW TO USE
7 SECTIONS IN THE APPLICATION THAT WE CREATED. PART
8 OF THIS IS REORGANIZING AND REORDERING SOME OF THOSE
9 SECTIONS, NEEDING TO DEVELOP BETTER EXAMPLES, IN
10 SOME CASES USING TABLES TO BETTER CAPTURE PERTINENT
11 INFORMATION.

12 AND SO WHAT WE ARE DOING NOW AS A
13 FOLLOW-UP IS ACTIVELY MAKING CHANGES ON THE
14 APPLICATION ON OUR SLIDES THAT WE USE TO GUIDE
15 REVIEWERS TO ROLL THOSE OUT OVER THE NEXT SEVERAL
16 WEEKS TO SEVERAL MONTHS TO IMPROVE THE PROCESS. AND
17 AS I MENTIONED AT THE BEGINNING, IT IS AN ONGOING
18 PROCESS OF ASSESSING AND FIGURING OUT WHAT WE ARE
19 DOING WELL, WHAT WE ARE NOT DOING SO WELL. SO I
20 ANTICIPATE THAT THIS WILL BE ANOTHER ITERATION, AND
21 WE WILL MAKE IMPROVEMENTS AS WE NEED TO. AND SO
22 THIS WILL APPLY NOT JUST TO REVIEW, BUT ALSO IN THE
23 POSTAWARD GRANTS MANAGEMENT AND OTHER ELEMENTS THAT
24 WE DO.

25 I ALSO JUST WANT TO TAKE A SECOND TO THANK

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1 AND ACKNOWLEDGE OUR PATIENT ADVOCATE AND NURSE
2 MEMBERS WHO SERVE ON THE GRANTS WORKING GROUP. THEY
3 REALLY SPENT AN INCREDIBLE AMOUNT OF TIME IN THESE
4 REVIEWS AND IN HELPING US IMPROVE THAT PROCESS. SO
5 I JUST WANT TO SAY THANK YOU, AND JUST SAY THAT WE
6 GREATLY APPRECIATE THEIR DEDICATION TO THIS. SO
7 THANK YOU, MR. CHAIRMAN.

8 CHAIRMAN THOMAS: THANK YOU VERY MUCH, DR.
9 SAMBRANO. WE LOOK FORWARD TO CONTINUING THE PROCESS
10 THERE, AND I THINK WE ARE HOMING IN ON PROCEDURES TO
11 FOLLOW THAT WILL MAXIMIZE OUR GOAL OF INTEGRATING
12 DEI INTO ALL THAT WE DO. THANK YOU VERY MUCH FOR
13 YOUR LEADERSHIP IN THIS, GIL. WE APPRECIATE IT.

14 MR. TORRES: MR. CHAIRMAN.

15 CHAIRMAN THOMAS: YES, SIR. SENATOR.

16 MR. TORRES: ON THAT POINT, I KNOW MANY OF
17 YOU HAVE HEARD THAT THE SUPREME COURT HAS AGREED TO
18 HEAR THE TWO HARVARD AND SOUTH CAROLINA CASES ON
19 AFFIRMATIVE ACTION IN ADMISSIONS POLICIES. THEY'LL
20 OPEN UP ARGUMENTS OCTOBER 1ST OF THIS YEAR. SO IT'S
21 GOING TO BE A CASE THAT WE'RE GOING TO HAVE TO
22 FOLLOW VERY CAREFULLY BECAUSE IT MAY GIVE US FURTHER
23 GUIDANCE OR RESTRICT US EVEN FURTHER IN TERMS OF OUR
24 DIVERSITY ELEMENTS ON THESE ISSUES.

25 CHAIRMAN THOMAS: THANK YOU. YSABEL.

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1 MS. DURON: THANK YOU, MR. CHAIR.

2 GIL, I JUST WANTED TO SAY THAT I'D LOVE TO
3 HELP PERUSE THOSE DOCUMENTS TO THE POINT THAT EVEN
4 ART MADE ABOUT WHAT APPEARS OR DOESN'T APPEAR
5 ACCEPTABLE. BUT I DID WORK, BEING A MEMBER OF THE
6 IRB FOR THE ALVA RESEARCH PROGRAM, I WAS QUITE
7 ADAMANT ABOUT INCLUSION PLANS. AND I'D LIKE TO SEE
8 HOW OURS ARE ROLLING OUT. SO THEY'RE SPECIFIC ABOUT
9 WHAT WE EXPECT TO HEAR BACK FROM THE APPLICANTS. SO
10 I'LL BE GLAD TO DO A QUICK RUN-THROUGH FOR YOU. I
11 APPRECIATE ALL THE PEOPLE WHO HAVE DONE SOME
12 ADVISORY WORK ALREADY, BUT I'D BE GLAD TO TAKE A
13 LOOK AT IT AS WELL.

14 DR. SAMBRANO: THANK YOU. WE APPRECIATE
15 THAT.

16 CHAIRMAN THOMAS: THANK YOU.

17 SO IN ADDITION TO THESE PROGRAMS AND THE
18 NEW CONCEPT PLANS, ET CETERA, THAT WE ARE ADVANCING,
19 YOU RECALL LAST YEAR WE HAD SOME WORKSHOPS THAT
20 HELPED INFORM THE DEVELOPMENT OF THE STRATEGIC PLAN.
21 AND THE PLAN NOW BEING IN PLACE, THERE ARE GOING TO
22 BE A NUMBER OF UPCOMING MEETINGS IN THE FORM OF
23 WORKSHOPS THAT EXAMINE CERTAIN ELEMENTS OF THE
24 STRATEGIC PLAN.

25 FEBRUARY, FOR EXAMPLE, WAS GOING TO BE

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1 ONE. AS YOU RECALL, WE HAVE A BILLION FIVE IN PROP
2 14 ALLOCATED TO DISEASES OF THE BRAIN. SO WE'RE
3 GOING TO HAVE A MEETING TO TALK ABOUT CNS
4 COLLABORATIVE RESEARCH PROGRAMS THAT CAN FURTHER
5 ADVANCE OUR STRATEGIC PLAN GOAL OF ADVANCING
6 WORLD-CLASS SCIENCE. DR. CANET-AVILES IS OUR POINT
7 PERSON ON THAT.

8 ANOTHER PROGRAM THAT'S GOING TO BE THE
9 SUBJECT FOR A WORKSHOP LATER IN THE SPRING IS GOING
10 TO EXAMINE COMMUNITY NEEDS THAT CAN INFORM THE
11 CONCEPT PLAN FOR THE COMMUNITY CARE CENTERS OF
12 EXCELLENCE, ALSO A KEY ADDITION IN PROP 14. MARIA
13 BONNEVILLE IS THE LEAD ON THAT.

14 SO STAY TUNED FOR REPORTS ON THOSE AS THEY
15 GO FORWARD.

16 LAST, BUT NOT LEAST, ONE OF THE THINGS
17 THAT THE AGENCY IS GOING TO BE DEALING WITH THIS
18 YEAR IS, AS WE MENTIONED, ART AND I ARE BOTH TERMED
19 OUT DECEMBER 31 THIS YEAR. AND THE PROCESS OF
20 PICKING A NEW CHAIR AND VICE CHAIR WILL BE THE
21 SUBJECT MATTER OF DISCUSSION THAT'S KICKING OFF WITH
22 A SUBCOMMITTEE MEETING OF THE GOVERNANCE
23 SUBCOMMITTEE IN MARCH WHICH WILL THEN YIELD A REPORT
24 TO OUR FULL BOARD MEETING ALSO IN MARCH AFTER THAT.
25 SO THERE WILL BE A LOT OF ACTIVITY IN CONNECTION

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1 WITH THAT PAIR OF SELECTIONS GOING FORWARD.

2 SO THAT CONCLUDES MY CHAIR'S REPORT. I'LL
3 TURN IT OVER NOW TO DR. MILLAN TO GIVE HER
4 PRESIDENT'S REPORT, WHICH WILL FEATURE COMMENTS FROM
5 HER AS WELL AS GENERAL COUNSEL KEVIN MARKS. MARIA.

6 DR. MILLAN: THANK YOU SO MUCH, CHAIRMAN
7 THOMAS AND MEMBERS OF THE BOARD, PUBLIC, AND
8 COLLEAGUES. I'M GOING TO BE VERY BRIEF, BUT I
9 WANTED TO GIVE AN UPDATE, A ONE-MONTH UPDATE, SINCE
10 THIS BOARD APPROVED OUR STRATEGIC PLAN. NEXT SLIDE
11 PLEASE.

12 AS YOU WILL RECALL, THE MISSION STATEMENT
13 AS STATED HERE IS ACCELERATING WORLD-CLASS SCIENCE
14 TO DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE
15 TREATMENTS IN AN EQUITABLE MANNER TO A DIVERSE
16 CALIFORNIA AND WORLD. EVERYTHING WE DO RELATES TO
17 THIS MISSION STATEMENT AND OUR STRATEGIC GOALS --
18 NEXT SLIDE PLEASE -- REALLY EMANATE FROM THIS
19 MISSION STATEMENT.

20 SO YOU WILL RECALL THAT THE THREE MAJOR
21 CATEGORIES OF OUR FIVE-YEAR STRATEGIC GOALS WITH
22 DEFINED GOALS THAT WE SET IN DECEMBER ARE IN THE
23 CATEGORIES OF ADVANCING WORLD-CLASS SCIENCE,
24 DEVELOPING THESE PROGRAMS TO OPTIMIZE HOW WE CAN
25 PUSH SCIENCE FORWARD AND GET THE MOST RETURN ON

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1 INVESTMENT; DELIVER REAL-WORLD SOLUTIONS TOWARD
2 COMMERCIALIZATION, PATIENT DELIVERY, ACCESS, AND ALL
3 OTHER THINGS RELATED TO THE ECOSYSTEM THAT NEEDS TO
4 SUPPORT THIS EMERGING AND GROWING FIELD; AND PROVIDE
5 OPPORTUNITIES FOR ALL THAT SPEAKS TO DEVELOPING A
6 DIVERSE AND HIGHLY SKILLED WORKFORCE ALL THROUGHOUT
7 FROM TRAINING ALL THE WAY THROUGH FINAL CAREER
8 PATHWAYS.

9 AND THEN THE MAJOR ONE IS DELIVER A ROAD
10 MAP FOR ACCESS AND AFFORDABILITY THAT SENATOR TORRES
11 TOUCHED ON EARLIER WHEN HE SPOKE ABOUT THE AAWG AND
12 CONSIDERATION OF PRIORITIES AND DIRECTION. NEXT
13 SLIDE PLEASE.

14 SO IN ACCOMPLISHING THIS, IN TERMS OF OUR
15 RESEARCH PROGRAMS, WE CONTINUE TO LEVERAGE THE
16 PILLARS OF FUNDING, WHICH ARE IN SOME CASES
17 RECURRENT FUNDING OPPORTUNITIES, SUCH AS IN THE
18 DISCOVERY PROGRAM, TRANSLATIONAL, AND CLINICAL, AND
19 AS WELL AS EDUCATION PROGRAM. OUR MOST PRODUCTIVE
20 PROGRAM FOR THE FIRST PART OF THE LAUNCH HAS BEEN
21 THE EDUCATION PROGRAMS. AND THEN UNDER
22 INFRASTRUCTURE A VARIETY OF PROGRAMS, SOME OF WHICH
23 YOU'LL HEAR TODAY OR ONE OF WHICH YOU'LL HEAR TODAY.
24 THESE ARE ALL INTENDED TO DELIVER ON THE THREE MAJOR
25 PILLARS OF OUR GOALS. NEXT SLIDE PLEASE.

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1 SO AS AN UPDATE ON THESE PILLARS, IN TERMS
2 OF ADVANCING WORD-CLASS SCIENCE, OUR GRANTS
3 MANAGEMENT TEAM HAS JUST MOST RECENTLY REPORTED THAT
4 WE HAVE 207 ACTIVE AWARDS. IT'S NOTABLE THAT
5 ONE-THIRD OF THE FUNDING FOR THESE ACTIVE AWARDS HAS
6 BEEN THROUGH PROP 14. APPROXIMATELY \$279 MILLION
7 HAS BEEN DEPLOYED THUS FAR SINCE JANUARY OF LAST
8 YEAR. THAT'S INCREDIBLE TO THINK ABOUT WHAT WOULD
9 HAVE HAPPENED IF PROP 14 WASN'T HERE AND THE AMAZING
10 SCIENCE THAT IS CURRENTLY BEING FUNDED.

11 IN ADDITION, AS CHAIRMAN THOMAS HAD
12 REPORTED, WE ARE IN THE MIDST OF NEW SCIENTIFIC
13 PROGRAM CONCEPT PROPOSALS, AND YOU WILL BE HEARING
14 THOSE IN MARCH AND IN MAY. AND I'M SORRY. WAS
15 THERE A QUESTION?

16 AND THEN IN TERMS OF THE CATEGORY OF
17 DELIVERING REAL-WORLD SOLUTIONS, YOU WILL HEAR THE
18 CONCEPT PROPOSAL FOR THE ALPHA CLINICS NETWORK
19 EXPANSION TODAY FROM GEOFF LOMAX. AND THEN THERE IS
20 A CONCEPT UNDER WAY THAT'S BEING DEVELOPED BY OUR
21 BUSINESS DEVELOPMENT AND OUR SCIENCE TEAM WORKING
22 TOGETHER FOR A MANUFACTURING NETWORK CONCEPT
23 PROPOSAL. AGAIN, THE RATIONALE AND THE PLANS WERE
24 OUTLINED IN THE STRATEGIC PLAN.

25 OUR EDUCATION PROGRAMS ARE CONTINUING TO

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1 BUILD ON A VARIETY OF ONRAMPS FOR A LONG EDUCATIONAL
2 SPECTRUM FOR BUILDING THE WORKFORCE AND LEADERSHIP
3 OF TOMORROW. AND TODAY YOU WILL HEAR A NEW
4 EDUCATION PROGRAM PRESENTED BY DR. KELLY SHEPARD AND
5 DR. CANET-AVILES, THE EDUC5 CONCEPT PROPOSAL.

6 AND WE, IN RELATION TO THE ACCESS AND
7 AFFORDABILITY GOALS, WE ARE UNDER WAY WITH A
8 RECRUITMENT FOR A VICE PRESIDENT OF MEDICAL AFFAIRS
9 AND POLICY. AND THERE'S BEEN SO FAR TREMENDOUS
10 RESPONSE TO THAT POSTING. AND SO WE ARE VERY
11 ENCOURAGED BY THAT. NEXT SLIDE PLEASE.

12 AND SO THAT'S MY PRESIDENT'S REPORT. I
13 WELCOME ANY QUESTIONS ON THAT BEFORE I INTRODUCE
14 KEVIN MARKS, OUR GENERAL COUNSEL, WHO ALSO LEADS OUR
15 ADMINISTRATIVE PROGRAMS, INCLUDING GRANTS
16 MANAGEMENT, LEGAL COMPLIANCE, AND IP, HUMAN
17 RESOURCES. AND KEVIN DOES A LOT OF THINGS. SO HE'S
18 GOING TO BE REPORTING ON TWO MAJOR ANNOUNCEMENTS FOR
19 US TODAY.

20 BEFORE I TURN IT OVER TO KEVIN, I WELCOME
21 ANY COMMENTS OR QUESTIONS FROM THE BOARD. CHAIRMAN
22 THOMAS.

23 CHAIRMAN THOMAS: ANYBODY HAVE QUESTIONS
24 OR COMMENTS FOR DR. MILLAN? AS YOU CAN SEE, THERE'S
25 A LOT GOING ON. VERY EXCITING AND LOOK FORWARD TO

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1 SEEING ALL OF THIS PLAY OUT. MARIA, PLEASE
2 INTRODUCE KEVIN.

3 DR. MILLAN: KEVIN, I THINK I INTRODUCED
4 YOU. SO HERE YOU GO. KEVIN MARKS.

5 MR. TORRES: HE NEEDS A DRUM ROLL.

6 CHAIRMAN THOMAS: KEVIN, YOU'RE ON MUTE.

7 MR. TORRES: FAMOUS ZOOM PHRASE, YOU'RE ON
8 MUTE.

9 MR. MARKS: HOW ABOUT NOW? ARE WE GOOD?

10 CHAIRMAN THOMAS: GOOD.

11 MR. MARKS: GREAT. SORRY ABOUT THAT. WE
12 ARE EXPERIENCING SOME TECHNICAL DIFFICULTIES IN THE
13 OFFICE. SO AS MUCH AS I WOULD LOVE TO CLAIM THAT I
14 AM MARIA GONZALES BONNEVILLE, I AM NOT. I'M JUST
15 USING HER COMPUTER.

16 SO THE REPORT I'M COMING WITH TODAY HAS
17 TWO PARTS. SO THE FIRST RELATES TO AN ANNOUNCEMENT
18 REGARDING OUR FUTURE OFFICE SPACE AND NEW CIRM
19 HEADQUARTERS. AS THE BOARD IS AWARE, THE BOARD
20 AUTHORIZED CIRM STAFF LAST YEAR TO EXPLORE NEW
21 LEASING OPTIONS AS OUR CURRENT LEASE IN OAKLAND WAS
22 EXPIRING. WE ARE HAPPY TO REPORT THAT WE RECENTLY
23 SIGNED A NEW LEASE TO MOVE THE CIRM HEADQUARTERS
24 FROM OAKLAND TO SOUTH SAN FRANCISCO, SPECIFICALLY
25 THE GATEWAY COMPLEX LOCATED AT 601 GATEWAY BOULEVARD

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1 IN SOUTH SAN FRANCISCO.

2 AS A REMINDER, IN OUR SEARCH FOR NEW
3 PROPERTIES, WE WANTED TO FOCUS ON A FEW KEY FACTORS.
4 THEY INCLUDED COST, BOTH RENTAL COST AND BUILDOUT
5 COSTS, INCREASED AND MORE FLEXIBLE SQUARE FOOTAGE
6 FOR USE IN THE OFFICE SPACE, ACCESSIBILITY FOR THE
7 BOARD, CONVENIENCE TO AIRPORTS, HOTELS, MEETING
8 SPACE, AND LAST, BUT CERTAINLY NOT LEAST, EMPLOYEE
9 AMENITIES WHICH INCLUDE A CENTRAL LOCATION FOR THE
10 EMPLOYEE POPULATION, VARIOUS TRANSPORTATION OPTIONS,
11 PARKING, AND DINING OPTIONS.

12 SO IN TAKING THOSE FACTORS AND WORKING
13 WITH THE STATE AND CVRE, WHO IS THE STATE'S REAL
14 ESTATE BROKERS, WE NARROWED THE CHOICES DOWN TO FIVE
15 LOCATED IN SAN FRANCISCO, OAKLAND, AND SOUTH SAN
16 FRANCISCO. IN APPLYING THOSE FACTORS THAT I
17 MENTIONED AND IN CONSULTATION WITH CHAIRMAN THOMAS
18 AND VICE CHAIR TORRES, WE DECIDED ON THE GATEWAY
19 BOULEVARD LOCATION.

20 SO OUR LEASE BEGINS ON JUNE 1 AND GOES FOR
21 EIGHT YEARS. WE DO HAVE AN EARLY OUT AT FOUR YEARS,
22 WHICH ALLOWS US FLEXIBILITY DEPENDING ON OUR CURRENT
23 CIRCUMSTANCES. THE NEW OFFICE SPACE EXPANDS OUR
24 FOOTPRINT FROM ABOUT 13,000 SQUARE FEET THAT WE HAVE
25 HERE IN OAKLAND TO JUST SHORT OF 17,000 SQUARE FEET

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1 TO ACCOUNT FOR THE GROWTH OF THE AGENCY.

2 AS THE CURRENT LEASE IN OAKLAND EXPIRES AT
3 THE END OF MARCH, WE'LL BE WORKING VIRTUALLY FOR A
4 PERIOD OF TIME MUCH LIKE WE'VE BEEN WORKING NOW FOR
5 THE PAST TWO YEARS UNTIL THE BUILDOUT IS COMPLETE.
6 WE ARE ALSO WORKING THROUGH SOME TEMPORARY MEETING
7 SPACE OPTIONS TO ALLOW FOR IN-PERSON MEETINGS, IF
8 NEEDED, OVER THE NEXT FEW MONTHS.

9 SO WITH THAT, BEFORE I MOVE ON TO THE
10 SECOND TOPIC, I'LL TAKE ANY QUESTIONS.

11 OKAY. GOOD. SEEING NONE, I'LL MOVE ON TO
12 THE SECOND. SO THE SECOND PART OF MY REPORT IS TO
13 TALK ABOUT RECENT FUNDS THAT CIRM HAS RECEIVED FROM
14 STANFORD UNIVERSITY RELATED TO THREE CIRM GRANTS
15 UNDER WHICH STANFORD DEVELOPED SEVERAL CIRM-FUNDED
16 INVENTIONS AND CIRM-FUNDED TECHNOLOGIES.

17 STANFORD, IN TURN, PACKAGED UP THAT
18 COLLECTIVE IP AND ENTERED INTO AN EXCLUSIVE LICENSE
19 WITH 47, INC. THROUGH WHICH STANFORD OUTLICENSED
20 THIS IP. AS PART OF THIS LICENSE, STANFORD RECEIVED
21 EQUITY AND OTHER LICENSING REVENUE IN 47, INC. AS
22 YOU KNOW, IT WAS SUBSEQUENTLY ACQUIRED BY GILEAD.
23 SO PURSUANT TO BOTH THE STATUTORY AND REGULATORY
24 PROVISIONS THAT GOVERN THE THREE GRANTS, ON JANUARY
25 7TH STANFORD MADE A PAYMENT TO THE STATE OF \$15.6

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1 MILLION AS ITS REVENUE SHARING PORTION. THAT'S
2 CALCULATED AS OF AUGUST 31, 2021.

3 THIS PAYMENT COMES AS A RESULT OF SEVERAL
4 CONVERSATIONS BETWEEN STANFORD AND CIRM STAFF. AND
5 WE AGREE COLLECTIVELY THAT THIS PAYMENT REPRESENTS
6 THE CORRECT CALCULATION OF THE AMOUNT THAT'S DUE AND
7 OWING BY STANFORD UNDER THIS CURRENT LICENSE. THERE
8 MAY BE SOME OTHER PAYMENTS DUE TO CIRM DEPENDING ON
9 THE COMMERCIAL VIABILITY AND SUCCESS OF THE PROGRAM
10 AND OF THE ASSETS THAT WERE LICENSED.

11 THE 15.6 MILLION HAS BEEN PLACED INTO AN
12 ACCOUNT WITH THE DEPARTMENT OF FINANCE AND EARMARKED
13 TO BE USED FOR PATIENT ASSISTANCE FOR THERAPIES THAT
14 WERE AND ARE FUNDED BY CIRM. AND I THINK VICE CHAIR
15 TORRES BRIEFLY MENTIONED THE ABILITY TO USE THOSE
16 FUNDS FOR PATIENT ASSISTANCE ACTIVITIES.

17 SO WITH THAT, THAT'S THE END OF MY REPORT
18 AND, AGAIN, I'LL TAKE ANY QUESTIONS.

19 CHAIRMAN THOMAS: ANY COMMENTS OR
20 QUESTIONS FROM MEMBERS OF THE BOARD? THANK YOU,
21 KEVIN, ON BOTH FRONTS. I KNOW THAT YOU AND THE TEAM
22 HAVE WORKED EXTREMELY HARD ON THE NEW OFFICE SPACE
23 FOR MANY, MANY MONTHS. SO IT'S GOOD THAT THAT IS
24 MOVING ALONG, AND WE WILL BE ABLE TO START THERE IN
25 THE NOT TOO DISTANT FUTURE AND HOPEFULLY BE ABLE TO

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1 HAVE PEOPLE ACTUALLY MEET TOGETHER AND SEE EACH
2 OTHER. COULD BE A NOVEL CONCEPT.

3 ON THE STANFORD AWARD, I JUST WANT TO
4 THANK MEMBERS OF THE CIRM TEAM WHO WORKED ON THIS.
5 MANY DID. PARTICULAR SHOUT-OUT TO DR. MILLAN AND TO
6 BOARD MEMBER JUELSGAARD FOR THEIR HELP, AND KEVIN
7 AND BEN, MEMBERS OF THE LEGAL TEAM, ET CETERA. SO
8 THANK YOU.

9 ARE THERE ANY OTHER COMMENTS ON EITHER OF
10 THESE TOPICS?

11 DR. MALKAS: THAT IS A REALLY NICE CHUNK
12 OF CHANGE FROM STANFORD. SO THAT'S KUDOS TO THE
13 GROUP. AND IF THERE'S ANY WAY TO HIGHLIGHT IT OUT
14 TO THE WORLD, THAT WOULD BE A GOOD THING.

15 MR. TORRES: IT TOOK SOME REAL TOUGH
16 NEGOTIATING. AGAIN, KEVIN AND MARIA, THANK YOU FOR
17 ALL YOUR HARD WORK. AND, KEVIN, THANK YOU, AND
18 TEAM, THANK YOU FOR THE HARD WORK ON THE OFFICE
19 SPACE. HAVING BEEN INVOLVED WITH J.T. AND OTHERS IN
20 THE FIRST OFFICE SPACE TO OAKLAND, I KNOW THE TOUGH
21 JOB YOU HAD. SO THANK YOU AGAIN.

22 MR. MARKS: YOU'RE VERY WELCOME. THANK
23 YOU.

24 CHAIRMAN THOMAS: OKAY. ARE THERE ANY
25 OTHER COMMENTS OR QUESTIONS ON EITHER TOPIC FROM

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1 MEMBERS OF THE BOARD? SEEING NONE, OKAY. THANK YOU
2 VERY MUCH, KEVIN. THAT CONCLUDES THE PRESIDENT'S
3 REPORT.

4 WE'RE GOING TO PROCEED NOW TO ITEMS ON THE
5 AGENDA. FIRST UP, ITEM 5, CONSIDERATION OF MINUTES
6 FOR THE DECEMBER 14TH BOARD MEETING. DO WE HAVE A
7 MOTION TO APPROVE?

8 MR. TORRES: MOVE TO APPROVE.

9 DR. BLUMENTHAL: SECOND.

10 CHAIRMAN THOMAS: OKAY. MARIA, I GUESS WE
11 NEED TO CALL THE ROLL ON THIS, MINISTERIAL THOUGH IT
12 IS.

13 MS. BONNEVILLE: LET ME JUST GET BACK. WE
14 HAD TO SWITCH AROUND AGAIN. LET ME GET BACK TO THE
15 MOTION. OKAY.

16 MS. BONNEVILLE: HAIFA ABDULHAQ.

17 DR. ABDULHAQ: YES.

18 MS. BONNEVILLE: DAN BERNAL.

19 MR. BERNAL: AYE.

20 MS. BONNEVILLE: GEORGE BLUMENTHAL.

21 DR. BLUMENTHAL: YES.

22 MS. BONNEVILLE: MICHAEL BOTCHAN. LINDA
23 BOXER.

24 DR. BOXER: YES.

25 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

BETH C. DRAIN, CA CSR NO. 7152

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

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1 DR. LO: YES.
2 MS. BONNEVILLE: LINDA MALKAS.
3 DR. MALKAS: YES.
4 MS. BONNEVILLE: DAVE MARTIN.
5 DR. MARTIN: YES.
6 MS. BONNEVILLE: SHLOMO MELMED.
7 DR. MELMED: YES.
8 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
9 LAUREN MILLER-ROGEN. ADRIANA PADILLA.
10 DR. PADILLA: YES.
11 MS. BONNEVILLE: JOE PANETTA.
12 MR. PANETTA: YES.
13 MS. BONNEVILLE: AL ROWLETT. MICHAEL
14 STAMOS.
15 DR. STAMOS: YES.
16 MS. BONNEVILLE: JONATHAN THOMAS.
17 CHAIRMAN THOMAS: YES.
18 MS. BONNEVILLE: ART TORRES.
19 MR. TORRES: AYE.
20 MS. BONNEVILLE: KRISTINA VUORI.
21 DR. VUORI: YES.
22 MS. BONNEVILLE: KAROL WATSON. KEITH
23 YAMAMOTO.
24 DR. YAMAMOTO: YES.
25 MS. BONNEVILLE: THANK YOU. THE MOTION

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1 CARRIES.

2 CHAIRMAN THOMAS: THANK YOU, MARIA.

3 NEXT UP, CONSIDERATION OF NEW APPOINTMENTS
4 AND REAPPOINTMENTS TO THE GRANTS WORKING GROUP
5 MEMBERS. DR. SAMBRANO.

6 DR. SAMBRANO: HELLO AGAIN. SO WE ARE
7 BRINGING FOR YOUR CONSIDERATION SIX NOMINATIONS FOR
8 GRANTS WORKING GROUP MEMBERSHIP TO CONTINUE TO
9 EXPAND OUR POOL OF EXPERTS. AND AS TYPICALLY THE
10 CASE, ALL NOMINEES HAVE SERVED AS NONVOTING
11 SPECIALIST REVIEWERS IN A COUPLE OF INSTANCES, AND
12 THAT HELPS GIVE US AN OPPORTUNITY TO ASSESS THEIR
13 EXPERIENCE AND THEIR CAPABILITY.

14 AS REVIEWERS, THE LIST OF NOMINEES HAS
15 BEEN REVIEWED BY THE CIRM LEADERSHIP, AND WE
16 RECOMMEND THEIR APPOINTMENT. THESE INDIVIDUALS'
17 BIOS ARE PROVIDED IN THE MATERIALS OF THE BOARD.
18 AND THEY INCLUDE DRS. DEBORAH K. ARMSTRONG,
19 ELIZABETH CONNICK, JULIAN HISCOX, MARK HUNG, MARTHA
20 ROOK, AND DANIEL SARIS.

21 AND IN ADDITION TO THESE SIX NEW
22 APPOINTMENTS, WE ALSO HAVE 12 EXISTING GRANTS
23 WORKING GROUP MEMBERS WHOSE TERMS ARE EXPIRING, BUT
24 WE WISH TO REAPPOINT TO RETAIN THEIR EXPERTISE.
25 THEIR BIOS AND TERMS ARE ALSO PROVIDED IN THE

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1 SUMMARY SHEET THAT WE PROVIDED TO YOU. SO WE ARE
2 SEEKING APPROVAL OF THOSE SIX MEMBERS AND THE 12
3 REAPPOINTMENTS. SO THANK YOU, MR. CHAIRMAN.

4 CHAIRMAN THOMAS: THANK YOU, GIL. DO WE
5 HAVE A MOTION TO THAT EFFECT?

6 DR. DULIEGE: I CAN MAKE THE MOTION.

7 CHAIRMAN THOMAS: A SECOND?

8 MR. BERNAL: SECOND.

9 CHAIRMAN THOMAS: THANK YOU, DAN. ANY
10 QUESTIONS OR COMMENTS ON THIS ITEM?

11 DR. DULIEGE: A BRIEF COMMENT TO SAY THAT
12 I'M ALWAYS VERY IMPRESSED BY THE WAY THESE MEMBERS
13 OR FUTURE MEMBERS ARE SELECTED. THEY'RE ALWAYS VERY
14 HIGH CALIBER. I CAN'T RECALL ONE INSTANCE WHERE
15 SOMEONE FROM THE BOARD DISAGREED WITH THE PROPOSAL
16 FROM THE CIRM. AND I WANT TO SAY THAT THAT'S A
17 GREAT TESTIMONY TO THE QUALITY OF THE WORK THAT CIRM
18 IS DOING IN ENSURING THAT THESE GRANTS ARE REVIEWED
19 BY THE BEST POSSIBLE PEOPLE AS A GROUP.

20 CHAIRMAN THOMAS: THANK YOU, ANNE-MARIE.
21 ANY ADDITIONAL COMMENTS?

22 MS. DURON: J.T.

23 CHAIRMAN THOMAS: YSABEL.

24 MS. DURON: I AGREE WITH ANNE-MARIE. I
25 JUST WANT TO MAKE SURE THAT IN OUR OUTREACH AND

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1 INCLUSION THAT WE DO OUR BEST TO MAKE SURE THAT WE
2 ARE REPRESENTING AS BEST WE CAN AND SEARCHING AS
3 BEST WE CAN SOME OF OUR REPRESENTATIVES FROM THE
4 RACIAL AND ETHNIC COMMUNITIES AS WELL. REALLY,
5 REALLY WANT TO HEAR DIVERSE VOICES AND MAKE SURE
6 THAT THEY'RE ALSO REPRESENTED AT THE HIGHEST LEVELS
7 OF OUR REVIEW. SO THANK YOU VERY MUCH. I
8 APPRECIATE BRINGING STELLAR PEOPLE ABOARD. I'D LIKE
9 TO SEE MORE FROM OUR COMMUNITIES REPRESENTED. THANK
10 YOU.

11 CHAIRMAN THOMAS: THANK YOU, YSABEL.
12 ANY OTHER QUESTIONS OR COMMENTS? ANY
13 COMMENTS FROM MEMBERS OF THE PUBLIC? HEARING NONE,
14 MARIA, WILL YOU PLEASE CALL THE ROLL.

15 MS. BONNEVILLE: HAIFA ABDULHAQ.

16 DR. ABDULHAQ: YES.

17 MS. BONNEVILLE: GEORGE BLUMENTHAL.

18 DR. BLUMENTHAL: YES.

19 MS. BONNEVILLE: MICHAEL BOTCHAN. LINDA
20 BOXER.

21 DR. BOXER: YES.

22 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

23 DR. CLARK-HARVEY: YES.

24 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

25 DR. DULIEGE: YES.

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1 MS. BONNEVILLE: YSABEL DURON.
2 MS. DURON: YES.
3 MS. BONNEVILLE: MARK FISCHER-COLBRIE.
4 DR. FISCHER-COLBRIE: YES.
5 MS. BONNEVILLE: FRED FISHER.
6 DR. FISHER: YES.
7 MS. BONNEVILLE: ELENA FLOWERS. JUDY
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10 MS. BONNEVILLE: LARRY GOLDSTEIN.
11 DR. GOLDSTEIN: YES.
12 MS. BONNEVILLE: DAVID HIGGINS.
13 DR. HIGGINS: YES.
14 MS. BONNEVILLE: STEPHEN JUELSGAARD.
15 MR. JUELSGAARD: YES.
16 MS. BONNEVILLE: JAMES KOVACH. RICH
17 LAJARA.
18 MR. LAJARA: YES.
19 MS. BONNEVILLE: PAT LEVITT.
20 DR. LEVITT: YES.
21 MS. BONNEVILLE: DAVID LO.
22 DR. LO: YES.
23 MS. BONNEVILLE: LINDA MALKAS.
24 DR. MALKAS: YES.
25 MS. BONNEVILLE: DAVE MARTIN.

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1 DR. MARTIN: YES.
2 MS. BONNEVILLE: SHLOMO MELMED.
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8 MR. PANETTA: YES.
9 MS. BONNEVILLE: AL ROWLETT. MICHAEL
10 STAMOS.
11 DR. STAMOS: YES.
12 MS. BONNEVILLE: JONATHAN THOMAS.
13 CHAIRMAN THOMAS: YES.
14 MS. BONNEVILLE: ART TORRES.
15 MR. TORRES: AYE.
16 MS. BONNEVILLE: KRISTINA VUORI.
17 DR. VUORI: YES.
18 MS. BONNEVILLE: KAROL WATSON. KEITH
19 YAMAMOTO.
20 DR. YAMAMOTO: YES.
21 MS. BONNEVILLE: THANK YOU. THE MOTION
22 CARRIES.
23 CHAIRMAN THOMAS: THANKS, MARIA. EVERY
24 ONCE IN A WHILE IT'S ALWAYS GOOD TO MAKE A COMMENT.
25 WE KIND OF TAKE THE GWG FOR GRANTED BECAUSE THEY'RE

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1 SUCH A FUNDAMENTAL PART OF WHAT CIRM DOES. BUT
2 HAVING SAT ON EVERY GWG SINCE I STARTED, FOR THOSE
3 MEMBERS OF THE BOARD WHO HAVE NOT BEEN INVOLVED IN
4 THE REVIEWS THEMSELVES, THE CALIBER OF THE
5 PARTICIPANTS AND THE QUALITY OF THE WORK, THE
6 EXCEPTIONAL DILIGENCE AND ANALYSIS THAT THEY BRING
7 TO THE TABLE IN EVERY SINGLE GWG MEETING IS REALLY
8 IMPRESSIVE. AND IT IS SORT OF THE MEAT AND POTATOES
9 THAT DRIVES THE WHOLE CIRM OPERATION. SO JUST TO
10 MAKE SURE THE BOARD UNDERSTANDS THAT THE MEMBERS OF
11 THE GWG TAKE THINGS EXTRAORDINARILY SERIOUSLY AND
12 OFFER RIGOROUS COMMENTARY THAT REALLY INFORMS THE
13 BEST RESULTS. THAT'S MY FIRST POINT.

14 THE SECOND POINT IS IT'S ALWAYS
15 INTERESTING TO HEAR FROM THE MEMBERS OF THE GWG HOW
16 MUCH THEY ENJOY BEING A PART OF THE CIRM PROCESS.
17 VIRTUALLY ALL OF THEM ARE NIH REVIEWERS, REVIEWERS
18 FOR OTHER INSTITUTIONS, AND THEY, WITHOUT FAIL,
19 COMMENT HOW, LITERALLY, THE CIRM REVIEWS ARE THE
20 FAVORITE REVIEWS THAT THEY'RE A PART OF, WHICH IS
21 ALWAYS GOOD TO HEAR AND FURTHER HELPS THEM WANT TO
22 PUT IN ALL THE TIME AND EFFORT THAT THEY DO TO MAKE
23 THE OPERATION WORK. SO I THOUGHT MEMBERS OF THE
24 BOARD WOULD APPRECIATE HEARING THAT.

25 FINALLY, JUST A SHOUT-OUT TO GIL AND ALL

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1 THE MEMBERS OF THE REVIEW TEAM. THEY HAVE MANY
2 REVIEWS TO DEAL WITH. THIS YEAR IN PARTICULAR IT'S
3 GOING TO BE, I BELIEVE, AN ALL-TIME RECORD NUMBER OF
4 REVIEWS. AND THEY ALWAYS EXECUTE WITH THE UTMOST
5 PROFESSIONALISM AND MAKE THE PROCESS GO LIKE
6 CLOCKWORK. SO TO GIL AND THE TEAM, THANK YOU FOR
7 ALL YOU DO.

8 OKAY. ON TO --

9 MS. DURON: FIRST OF ALL, J.T., I REALLY
10 WANT TO ECHO YOUR SENTIMENTS. WHEN I TAKE A LOOK AT
11 EVEN THE TITLES FOR THE REVIEWS THEY HAVE TO DO, I'M
12 GOING, OH, MY GOD. WHAT THE HECK ARE THEY TALKING
13 ABOUT? THE FACT THAT THEY ARE REVIEWING SO MANY
14 VERY COMPLEX SCIENTIFIC PROJECTS, KUDOS TO THEM.

15 I THINK THAT MY REMARKS ABOUT DIVERSITY
16 AND INCLUSION AMONGST THESE REVIEWERS ALSO GOES TO
17 MY FEAR THAT IF WE CAN'T FIND EXPERTS FROM RACIAL
18 AND ETHNIC COMMUNITIES, IT'S BECAUSE, ONE, WE
19 HAVEN'T TRIED HARD ENOUGH, OR, TWO, THEY'RE NOT
20 THERE. AND THAT MEANS THE SYSTEM IN AND OF ITSELF
21 IS NOT CREATING, ALLOWING, OR IMPACTING THE GROWTH
22 OF EXPERTS FROM OUR COMMUNITIES. THEY'RE NOT COMING
23 INTO THE SCIENCE SCHOOLS, THEY'RE NOT GRADUATING,
24 THEY'RE NOT GETTING A PATHWAY TO BECOME THESE
25 EXPERTS.

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1 SO THAT'S SORT OF A REFLECTION MORE OF MY
2 CONCERN. AND I KEEP THINKING WHAT CAN I DO TO HELP
3 CHANGE THAT MODEL OR THAT BARRIER. AND I WELCOME
4 ANYBODY ELSE'S IDEAS ABOUT THAT BECAUSE I THINK THAT
5 IF CIRM COULD BE VERY INTENTIONAL AND REFLECTIVE
6 OUTWARD TOWARDS THE REST OF THE ACADEMIC COMMUNITIES
7 AND OTHER AREAS WHERE THERE'S THIS EXPERTISE AS
8 REQUIRED, THAT THEY TOO BE VERY INTENTIONAL IN
9 TRYING TO HELP DEVELOP THOSE PIPELINES. BECAUSE I
10 WOULD LOVE TO SEE A LOT MORE YOUNG LATINO
11 SCIENTISTS, AND I'D LOVE TO SEE THEM GROW EXPERTISE,
12 AND I'D LOVE TO SEE THEM HAVE THESE KINDS OF
13 OPPORTUNITIES SO SIT THERE AT THE TOP OF THE FOOD
14 CHAIN WITH AN EXPERTISE AND BRINGING A LIVED
15 EXPERIENCE THAT ADDS TO THE DEPTH AND THE BREADTH OF
16 THE KIND OF RESEARCH THAT IS BEING DONE.

17 AND THAT'S MY CONCERN WHEN I MAKE THESE
18 REMARKS. AND THAT'S OBVIOUSLY, MARIA, WHY I LOVE
19 THE IDEA OF THE SPARK AND THE BRIDGES AND ALL OF
20 THOSE PROGRAMS WHICH WE HOPE ARE CREATING THOSE
21 OPPORTUNITIES. SO I DO NOT WANT TO BELITTLE ANY OF
22 THE FOLK WHO ARE DOING THIS VERY DIFFICULT REVIEW.
23 I JUST WOULD LIKE TO SEE SOME NEW FOLK ABOARD OR
24 DIFFERENT FOLK ABOARD. THAT'S ALL. THANK YOU VERY
25 MUCH.

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1 CHAIRMAN THOMAS: THANK YOU, YSABEL.
2 DAVID.

3 DR. MARTIN: J.T., COULD YOU JUST GIVE US
4 A BRIEF ASSESSMENT OF THE REASONS IN YOUR MIND OR
5 WHAT YOU HEAR FOR THE REVIEWS BEING SO FAVORABLE AND
6 ENJOYED OR APPRECIATED BY THE GWG?

7 CHAIRMAN THOMAS: WELL, NOT BEING A
8 REVIEWER MYSELF OBVIOUSLY FOR CIRM OR FOR OTHER
9 ORGANIZATIONS, I DON'T KNOW EXACTLY WHAT GOES ON
10 WHEN THEY ARE REVIEWING FOR OTHERS. BUT ALL I CAN
11 SAY IS THEY MAKE THE SUMMARY COMMENT, THAT THE
12 PROCESSES THAT WE HAVE IN PLACE ARE SUCH THAT THEY
13 VERY MUCH ENJOY PARTICIPATING. WE GOT OVERWHELMING
14 RESPONSE FROM OUR REVIEWERS WHEN PROP 14 PASSED AND
15 IT WAS CLEAR THAT CIRM WAS GOING TO CONTINUE.

16 I REMEMBER AT THE LAST GWG MEETING BEFORE
17 THE ELECTION IN 2020, THERE WAS THIS SORT OF SENSE
18 OF CONCERN AND WORRY THAT, WERE PROP 14 NOT TO PASS,
19 CIRM WOULD NO LONGER EXIST IN ITS CURRENT FORM. AND
20 THEY WERE -- THERE WERE LOTS OF SORT OF TESTIMONIALS
21 AND COMMENTS AT THAT GWG ABOUT WHAT A PLEASURE IT'S
22 BEEN TO SERVE AND HOW MUCH THEY APPRECIATED THE
23 OPPORTUNITY AND WHAT GREAT WORK IS COMING OUT OF IT.

24 SO I CAN'T GIVE YOU SPECIFICS. I CAN JUST
25 SORT OF TELL YOU WHAT THEY SAID ABOUT WHAT WE DO.

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1 AND THEY THINK THAT OUR PRACTICES ARE BEST IN CLASS,
2 AND IT'S JUST A PLEASURE FOR THEM TO PARTICIPATE.
3 THAT'S ABOUT THE BEST I CAN SAY ON THAT. BUT THANK
4 YOU FOR ASKING.

5 ANY OTHER COMMENTS OR QUESTIONS? FRED,
6 YES.

7 DR. FISHER: I THINK -- AS A PATIENT
8 ADVOCATE ON THE GWG, IT'S BEEN EXTRAORDINARY FOR ME
9 TO SEE THE ACUMEN AND THE COMMITMENT AND THE
10 SCIENTIFIC RIGOR THAT THOSE REVIEWERS BRING TO THE
11 PROCESS. AND I THINK, LIKE ALL OF US THAT WANT TO
12 MAKE A DIFFERENCE IN THE WORLD AND WANT TO HAVE AN
13 IMPACT ON PEOPLE, WHEN YOU HAVE THE COMBINATION OF
14 THE OPPORTUNITY TO REVIEW THE BEST SCIENCE AND
15 ACTUALLY HAVE THE FUNDING TO MOVE IT FORWARD, THAT'S
16 AN EXTRAORDINARILY REWARDING OPPORTUNITY BECAUSE YOU
17 GET TO APPLY YOUR EXPERTISE IN A WAY THAT REALLY HAS
18 A CHANCE TO MOVE THE NEEDLE ON THE THING YOU
19 DEDICATED YOUR LIFE TO.

20 SO I HAVEN'T HEARD THAT FROM ANY OF THEM;
21 BUT HAVING WATCHED THE COMMITMENT THAT THEY BRING TO
22 THE PROCESS, I HAVE TO THINK THAT'S PART OF AN
23 ELEMENT. AND TO BE ABLE TO DO IT IN SUCH A
24 COLLEGIAL WAY WHERE THEY'RE NOT IN THEIR OWN LAB,
25 THEY'RE NOT IN THEIR OWN INSTITUTION, THEY'RE

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1 ACTUALLY INTERACTING WITH PEOPLE LITERALLY FROM
2 ACROSS THE GLOBIN. SO IT IS AN EXTRAORDINARY
3 EXPERIENCE TO WITNESS MYSELF, AND I'M GUESSING IT
4 HAS -- THAT'S PART OF WHY IT HAS SUCH VALUE TO THE
5 PEOPLE WHO DO IT. AND I'M GRATEFUL TO THEM FOR THE
6 INCREDIBLE AMOUNT OF TIME THEY DEDICATE TO IT.

7 CHAIRMAN THOMAS: THANK YOU, FRED. ART,
8 BEFORE I TURN TO YOU, JUST A COMMENT FOLLOWING
9 FRED'S COMMENTS. THAT A KEY PART OF THE GWG HAS
10 ALWAYS BEEN AND CONTINUES TO BE THE SIGNIFICANT
11 INVOLVEMENT BY OUR PATIENT ADVOCATES WHO ARE MEMBERS
12 OF THE GWG WHO BRING A MOST IMPORTANT PERSPECTIVE TO
13 THE TABLE FOR THOSE DISCUSSIONS AND WHO UNIFORMLY
14 ARE HIGHLY RESPECTED BY OUR SCIENTIFIC MEMBERS OF
15 THE GROUP. SO TO ALL OF OUR PATIENT ADVOCATES WHO
16 ARE PARTICIPANTS IN THAT, THANK YOU VERY MUCH FOR
17 YOUR GREAT DEDICATION ON THAT ON TOP OF EVERYTHING
18 ELSE THAT YOU HAVE TO DO HERE WITH CIRM. ART.

19 MR. TORRES: YES. I SERVED ON EVERY GROUP
20 AS A CANCER PATIENT ADVOCATE SINCE I CAME ON BOARD
21 IN 2009. SO OVER THE YEARS, I KNOW SOME OF US HAVE
22 NOT HAD THE OPPORTUNITY TO HAVE IN-PERSON MEETINGS,
23 BUT IT IS A VERY INTERNATIONAL GROUP OF PEOPLE THAT
24 ARE VERY DEDICATED TO THEIR PATIENTS, VERY DEDICATED
25 TO THE SCIENCES, AND ALWAYS COMPLIMENTING US ON HOW

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1 FAR MORE ADVANCED WE ARE THAN THE NIH GRANT
2 PARTICIPATION, HOW THE STAFF HAS BEEN SO PRODUCTIVE
3 AND SO SUPPORTIVE.

4 MOST OF THE DIVERSITY THAT YSABEL TALKED
5 ABOUT HAS REALLY COME FROM OUR PATIENT ADVOCATES WHO
6 HAVE SERVED ON THE BOARD, SPECIFICALLY DR. PRIETO
7 AND ALSO AL ROWLETT AND OTHERS, THAT HAVE BEEN
8 PARTICIPATORY, DAN BERNAL NOW AS WELL. BUT, AGAIN,
9 WE ARE SUFFERING FROM AFRICAN-AMERICAN ADMISSIONS
10 INTO OUR UNIVERSITY, FROM LATINOS IN THE SCIENCES.
11 AND THERE'S ONE GUY ON THIS BOARD WHO HAS DONE MORE
12 THAN ANYBODY, I THINK, TO HELP RECRUIT ESPECIALLY
13 LATINOS, AND THAT'S FORMER CHANCELLOR GEORGE
14 BLUMENTHAL FROM SANTA CRUZ, WHO I KNOW IS VERY
15 DEDICATED TO SCIENCE. AND I KNOW THAT CAMPUS UNDER
16 HIS LEADERSHIP REALLY PROVIDED THE OUTREACH.

17 SO IT'S GOING TO TAKE TIME AS WE INCREASE
18 THOSE NUMBERS BECAUSE WE ARE LACKING IN TERMS OF
19 PROFESSORS, WE'RE LACKING IN TERMS OF SCIENTISTS,
20 WE'RE LACKING IN TERMS OF OTHER AREAS WHERE WE COULD
21 BRING CERTAIN PEOPLE TO THESE GROUP REVIEWS. SO I'M
22 LOOKING FORWARD TO THAT TIME WHEN WE IMPROVE THOSE
23 NUMBERS. THANK YOU.

24 CHAIRMAN THOMAS: THANK YOU, ART. DAVID,
25 YOU HAVE ANOTHER COMMENT.

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1 DR. MARTIN: JUST VERY BRIEFLY. I THINK
2 THAT THIS IS IMPORTANT ENOUGH FOR OTHER FUNDING
3 AGENCIES GLOBALLY, THAT SOMEONE, A SMALL GROUP,
4 MAYBE CIRM AND SOME PARTICIPANTS, SHOULD WRITE A
5 SHORT SUMMARY OF WHY IT SEEMS TO BE SO APPRECIATED
6 AND SUCCESSFUL AND SHARE IT, PUBLISH IT.

7 CHAIRMAN THOMAS: VERY INTERESTING IDEA.
8 THANK YOU, DAVID. I WILL SAY THAT YOU MAY RECALL
9 SEVERAL YEARS AGO THAT RANDY AND MARIA AND MEMBERS
10 OF THE CIRM TEAM WENT BACK TO NIH AT NIH'S
11 INVITATION TO MEET WITH LEADERS OF VARIOUS
12 INSTITUTES AT THE NIH TO DESCRIBE THESE
13 BEST-IN-CLASS PROCESSES THAT WE HAVE IN PLACE, WHICH
14 WAS A GREAT OPPORTUNITY FOR CIRM TO INFORM THEM, BUT
15 ALSO A REAL VINDICATION FROM THE HIGHEST POSSIBLE
16 FUNDING LEVEL ORGANIZATION THAT WHAT WE ARE DOING IS
17 REALLY VIEWED AS THE EXPERT PROCESS THAT WE ALL KNOW
18 IT TO BE. BUT THAT'S A VERY GOOD IDEA, DAVID. SO
19 THANK YOU.

20 ANY OTHER COMMENTS ON THAT TOPIC? OKAY.
21 WE ARE NOW GOING TO MOVE INTO THE PART OF THE
22 MEETING THAT IS THE APPLICATION REVIEW SUBCOMMITTEE.
23 AND THE FIRST ITEM FOR CONSIDERATION IS ITEM NO. 7,
24 CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE
25 TO DISC2, PARTNERING OPPORTUNITY FOR DISCOVERY STAGE

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1 RESEARCH PROJECTS. HAVE A PRESENTATION BY DR.
2 SAMBRANO.

3 DR. SAMBRANO: THANK YOU, MR. CHAIRMAN.
4 I'M GOING TO SHARE MY SCREEN.

5 ALL RIGHT. SO WE ARE BRINGING TO YOU THE
6 RECOMMENDATIONS FROM THE GRANTS WORKING GROUP
7 RELATED TO THE DISCOVERY 2 FUNDING OPPORTUNITY. SO
8 I WANT TO PROVIDE YOU A LITTLE BACKGROUND ON WHAT
9 DISC2 IS, ALSO KNOWN AS QUEST. BUT THIS FUNDING
10 OPPORTUNITY FALLS INTO OUR EARLY SET OF CORE
11 PROGRAMS INTENDED TO TAKE IDEAS AND HELP THEM
12 DEVELOP THEIR PROJECT INTO A SINGLE PRODUCT
13 CANDIDATE. AND SO WE OFFER THIS OPPORTUNITY TWICE
14 PER YEAR, SO EVERY SIX MONTHS. AND THE GOAL IS TO
15 CREATE THE BEGINNINGS OF A PIPELINE THAT ULTIMATELY
16 WILL LEAD TO A CLINICAL TRIAL.

17 SO, THEREFORE, THE OBJECTIVE OF THIS
18 PROGRAM, AS WRITTEN HERE, IS TO PROMOTE THE
19 DISCOVERY OF PROMISING NEW STEM CELL-BASED AND NOW
20 GENE THERAPY TECHNOLOGIES UNDER PROP 14 THAT CAN BE
21 TRANSLATED TO ENABLE BROAD USE AND ULTIMATELY
22 IMPROVE PATIENT CARE. AND SO WE LOOK FOR PROPOSALS
23 WHERE THE TECHNOLOGY IS EITHER UNIQUELY ENABLED BY
24 HUMAN STEM/PROGENITOR CELLS, DIRECT REPROGRAMMED
25 CELLS, OR THAT ARE UNIQUELY ENABLING FOR THE

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1 ADVANCEMENT OF THE STEM CELL-BASED THERAPY OR THAT
2 IS AIMED AT DEVELOPING A GENE THERAPY APPROACH.

3 IN ASSESSING PROJECTS, WE CONSIDER
4 DIFFERENT TYPES OF PRODUCT CANDIDATES. SO YOU HAVE
5 MOSTLY THERAPEUTICS. SO THINGS SUCH AS CELL THERAPY
6 OR A SMALL MOLECULE OR SOMETHING THAT ACTS ON A STEM
7 CELL IN SOME WAY, WHICH IS THE MOST COMMON TYPE, BUT
8 WE ALSO CONSIDER DIAGNOSTICS, DEVICES, AND TOOLS,
9 RESEARCH TOOLS IN PARTICULAR, THAT MAY HELP WITH
10 STEM CELL OR GENE THERAPY APPROACHES.

11 AND FROM THESE PROJECTS WHAT WE ARE
12 LOOKING FOR IS FOR THEM, OVER THE COURSE OF 24
13 MONTHS, TO DEVELOP AND IDENTIFY A SINGLE PRODUCT
14 CANDIDATE THAT THEY CAN THEN TAKE TO TRANSLATIONAL
15 STUDIES. PART OF THAT PROCESS IS MAKING SURE THAT
16 THEY DEVELOP A TARGET PRODUCT PROFILE THAT WILL
17 GUIDE THE DEVELOPMENT OF THAT PRODUCT INTO FUTURE
18 DEVELOPMENT STAGES. AND FOR A THERAPEUTIC, WE WANT
19 TO MAKE SURE THAT THEY PROPOSE STUDIES THAT ARE
20 GOING TO ALLOW THEM TO SHOW DISEASE MODIFYING
21 ACTIVITY FOR THAT PRODUCT CANDIDATE. AND FOR A
22 DIAGNOSTIC, DEVICE, OR TOOL, THAT THEY SHOW
23 SCIENTIFIC PROOF OF CONCEPT FOR THOSE PRODUCTS.

24 AND JUST LOOKING HERE AT THE OVERALL
25 TIMELINE AS TO HOW THAT QUEST OR DISCOVERY 2

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1 OPPORTUNITY FITS IN, SO THESE INITIAL 24 MONTHS
2 SHOULD GET PROJECTS TO IDENTIFY THAT SINGLE
3 CANDIDATE. AND THEN THERE ARE A COUPLE OF OTHER
4 OPPORTUNITIES THAT FOLLOW THAT ARE AVAILABLE THROUGH
5 CIRM. SO IN THE CASE OF A THERAPEUTIC, THERE'S A
6 TRAN1, WHICH ALLOWS THEM THEN TO CONDUCT THOSE
7 TRANSLATIONAL STUDIES, OFTEN FOR ABOUT 30 MONTHS,
8 AND THEN CULMINATE IN A PRE-IND MEETING AFTER THAT
9 TO ENGAGE IN IND-ENABLING WORK USUALLY FOR A COUPLE
10 OF MORE YEARS BEFORE THEY DO THEIR IND FILING AND GO
11 INTO THE CLINIC. SO, AGAIN, WE ARE TALKING ABOUT
12 DISC2, THE VERY EARLIEST STAGE OVER A 24-MONTH
13 PERIOD.

14 SO HERE IS A SLIDE SHOWING WHAT THE REVIEW
15 CRITERIA FOR THE GRANTS WORKING GROUP WAS IN
16 ASSESSING THESE PROJECTS AND SCORING THEM. THERE
17 WERE FIVE KEY QUESTIONS THAT WENT INTO DETERMINING
18 THEIR SCORE. THE FIRST IS DOES THE PROJECT HOLD THE
19 NECESSARY SIGNIFICANCE AND POTENTIAL FOR IMPACT?
20 MEANING WHAT VALUE DOES IT OFFER, AND IS IT
21 SOMETHING THAT IS ULTIMATELY WORTH DOING? IS THE
22 RATIONALE SOUND? IS THE PROJECT WELL PLANNED AND
23 DESIGNED? IS IT FEASIBLE; THAT IS, DO THEY HAVE THE
24 RESOURCES AND THE QUALIFIED PERSONNEL TO CONDUCT THE
25 PROJECT? AND LASTLY, DOES THE PROJECT ADDRESS THE

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1 NEEDS OF UNDERSERVED COMMUNITIES?

2 IN DOING THE REVIEW AND EVALUATION OF
3 APPLICATIONS FOR THE DISCOVERY 2, WE USE WHAT WE
4 CALL THE POSITIVE SELECTION OR TWO-STAGE REVIEW
5 PROCESS. AND WE DO THIS WHEN WE HAVE OPPORTUNITIES
6 WHERE WE GET MANY APPLICATIONS AND THE TOTAL NUMBER
7 OF APPLICATIONS WILL EXCEED THE CAPACITY OF THE
8 GRANTS WORKING GROUP TO REVIEW IN A SINGLE SESSION.

9 AND SO IN THE FIRST STAGE OF THIS PROCESS,
10 THE GRANTS WORKING GROUP PANEL, INCLUDING THE
11 PATIENT ADVOCATES AND NURSE BOARD MEMBERS, DO A
12 PREREVIEW OF THE APPLICATIONS AND SELECT WHICH ONES
13 SHOULD ADVANCE TO THE FULL REVIEW, LOOKING REALLY AT
14 THE BIG PICTURE OF THE APPLICATIONS, THOSE THAT MAY
15 DEMONSTRATE THE GREATEST POTENTIAL FOR IMPACT AND
16 SIGNIFICANCE IN THEIR PROPOSALS.

17 SO THE CIRM PRESIDENT AND CIRM TEAM ALSO
18 EXAMINE THE NONSELECTED APPLICATIONS TO DETERMINE IF
19 ANY OF THOSE THAT WEREN'T SELECTED BY THE GWG WOULD
20 MERIT A FULL REVIEW. ONCE WE DO THAT, THEN THE
21 REMAINDER ARE THEN DEEMED NOT TO ADVANCE. SO THE
22 REVIEW FOR THOSE ENDS.

23 SO IN THIS CASE WE HAD A TOTAL OF 79
24 ELIGIBLE APPLICATIONS THAT CAME IN AND WERE ASSESSED
25 IN THIS WAY. FIFTY WERE SELECTED THAT THEN ADVANCED

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1 TO FULL DISCUSSION STAGE BY THE GWG.

2 THE SCORING SYSTEM THAT IS UTILIZED BY THE
3 GWG TO ASSESS THESE IS ON A SCALE OF ONE TO A
4 HUNDRED. SO THOSE THAT RECEIVE A SCORE BETWEEN 85
5 AND 100 ARE RECOMMENDED FOR FUNDING; WHEREAS, THOSE
6 THAT RECEIVE A SCORE BETWEEN 1 AND 84 ARE NOT
7 RECOMMENDED FOR FUNDING. SO BASICALLY THIS IS A
8 THUMBS UP OR THUMBS DOWN USING THE SCORE. AND
9 BECAUSE WE USE THE MEDIAN IN ORDER TO DETERMINE THE
10 SCORE, THAT MEANS THAT THE OUTCOME IS DRIVEN BY THE
11 MAJORITY SCORE OF THE SCIENTIFIC MEMBERS.

12 NOW, IN THIS PARTICULAR REVIEW WE
13 INSTITUTED A NEW POLICY FOR THOSE APPLICATIONS THAT
14 RECEIVE A SCORE OF 80 TO 84. AND WE MADE SURE THAT
15 THE GRANTS WORKING GROUP MEMBERS KNEW THIS AS THEY
16 WERE SCORING. IF THEY SCORE THE APPLICATION BETWEEN
17 80 AND 84, THAT THEY DEEMED THAT THE APPLICATION HAD
18 SUFFICIENT MERIT TO BYPASS THE POSITIVE SELECTION
19 PROCESS, WHICH I DESCRIBED IN THE PREVIOUS SLIDE,
20 AND ADVANCE TO FULL SCIENTIFIC REVIEW IF SUBMITTED
21 IN THE NEXT CYCLE. THE IDEA BEHIND THIS WAS TO
22 CAPTURE PROJECTS THAT AREN'T QUITE READY TO BE
23 FUNDED, BUT THAT CERTAINLY SHOW PROMISE AND THAT
24 THEY WOULD LIKE MAYBE JUST SOME CLARIFICATION, SOME
25 ADDITIONAL DATA, AN IMPROVED DESIGN THAT THEY WOULD

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1 LIKE TO SEE AGAIN. SO THAT OFFERED THEM THAT
2 OPPORTUNITY TO SCORE PROJECTS IN THIS WAY.

3 TO SUMMARIZE THE RECOMMENDATIONS FROM THE
4 GRANTS WORKING GROUP, OF THE 50 APPLICATIONS, THERE
5 WERE 16 THAT SCORED 85 OR ABOVE AND ARE THEREFORE
6 RECOMMENDED FOR FUNDING. AND THE TOTAL FUNDING
7 REQUEST FOR THOSE 16 APPLICATIONS IS ABOUT 20.8
8 MILLION. THE FUNDS AVAILABLE ARE 40 MILLION TO
9 COVER TWO CYCLES. SO THIS IS THE FIRST CYCLE OF TWO
10 THAT WE WILL HAVE IN THIS FISCAL YEAR. SO THE
11 AMOUNT THAT IS RECOMMENDED IS JUST OVER HALF OF WHAT
12 WE HAVE FOR THOSE TWO CYCLES.

13 IN ADDITION, WE HAD 16 APPLICATIONS AMONG
14 THESE 34 THAT SCORED WITHIN THAT 80 TO 84 THAT WILL
15 BE ABLE TO BYPASS THE POSITIVE SELECTION PROCESS IN
16 THE NEXT CYCLE. JUST AS AN FYI.

17 THE OTHER THING I WANT TO MENTION IS THAT
18 UNDER PROP 14, WE HAVE A NEW POLICY THAT ANY
19 APPLICATION THAT IS NOT RECOMMENDED FOR FUNDING BY
20 THE GWG, BUT WHICH HAS 35 PERCENT OR MORE MEMBERS
21 SCORE TO FUND THE APPLICATION MUST INCLUDE A
22 MINORITY REPORT. AND SO THE MINORITY REPORT IS ONE
23 THAT IS PUT TOGETHER BY THE CIRM REVIEW TEAM THAT
24 SUMMARIZES AND PROVIDES A SYNOPSIS OF THE OPINION OF
25 THE REVIEWERS THAT SCORED 85 OR ABOVE. WE SHARE

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1 THIS SUMMARY WITH THE REVIEWERS TO ENSURE THAT IT
2 ACCURATELY REFLECTS THEIR COMMENTS AND VIEW ON THE
3 APPLICATION.

4 AND SO IN THIS CYCLE WE HAD ONE
5 APPLICATION THAT QUALIFIED FOR A MINORITY REPORT.
6 THAT ONE WAS DISC2-13163 WITH A SCORE OF 84. YOU
7 CAN SEE THAT THERE WERE SIX SCIENTIFIC MEMBERS THAT
8 SCORED 85 OR ABOVE, THERE WERE NINE THAT SCORED
9 BELOW 85. THE RANGE OF SCORES WAS 82 TO 86 ON THAT
10 PARTICULAR APPLICATION. THIS ONE IS ENTITLED "IPSC
11 EXTRACELLULAR VESICLES FOR DIABETES THERAPY." AND
12 IT IS A BIOLOGIC AND SCAFFOLD COMBINATION,
13 EXTRACELLULAR VESICLES THAT ARE SECRETED BY IPSC'S,
14 WHICH ARE INTENDED TO SUPPRESS THE IMMUNE SYSTEM AND
15 DAMPEN THE EFFECTS OF TYPE 1 DIABETES. AND SO THIS
16 APPLICATION IS AMONG THE ONES THAT ARE PROVIDED IN
17 THE SUMMARY DOCUMENTS THAT YOU HAVE BEFORE YOU. THE
18 CIRM TEAM IS NOT SPECIFICALLY RECOMMENDING TO FUND
19 OR NOT TO FUND, BUT IT IS AVAILABLE, LIKE ALL
20 OTHERS, FOR YOU TO REVIEW. IF YOU CHOOSE TO FUND
21 IT, LIKE ANY OTHER APPLICATION, OF COURSE, WE WILL
22 MAKE SURE THAT WE SUPPORT THE SUCCESS OF ALL OF
23 THESE APPLICATIONS TO THE EXTENT THAT WE CAN.

24 AND SO WITH THAT, I WILL STOP SHARING THIS
25 SCREEN. AND, MR. CHAIRMAN, I'M JUST GOING TO PUT UP

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1 THE -- SHARE THE EXCEL SHEET WHICH HAS THE LISTING
2 OF ALL THE APPLICATIONS, AND YOU SHOULD BE ABLE TO
3 SEE THAT AS WELL IN THE MATERIALS. I'M GOING TO
4 JUST FLASH IT UP THERE. HOPEFULLY YOU CAN SEE THAT.

5 SO WE HAVE THE 16 APPLICATIONS THAT GO
6 DOWN TO 13221, AND THEN WE HAVE RIGHT BELOW THAT THE
7 ONE THAT QUALIFIED FOR THE MINORITY REPORT. SO, MR.
8 CHAIRMAN, I'LL TURN IT BACK TO YOU.

9 CHAIRMAN THOMAS: OKAY. THANK YOU. FIRST
10 OF ALL, DO WE HAVE ANY MOTIONS TO ELEVATE ANY OF
11 THOSE?

12 MS. BONNEVILLE: J.T., MARK FISHER HAS HIS
13 HAND RAISED. I'M NOT SURE IF HE WANTED TO COMMENT
14 ON SOMETHING FROM THE PRESENTATION.

15 CHAIRMAN THOMAS: I COULDN'T SEE THAT.
16 YES, FRED.

17 DR. FISHER: GIL, COULD YOU CLARIFY ON THE
18 MAJORITY SCORE DO NOT FUND, BUT THE RANGE WAS 82 TO
19 86. A SCORE OF 86 WOULD BE IN THE FUNDABLE RANGE.
20 SO COULD YOU EXPLAIN HOW A SCORE OF 86 ENDED UP IN
21 THE DO NOT FUND GROUP?

22 DR. SAMBRANO: WELL, THE SCORE WAS 84. SO
23 IT'S BASED ON THE MEDIAN. THE RANGE OF SCORES GIVEN
24 BY THE INDIVIDUAL SCIENTIFIC MEMBERS RANGED BETWEEN
25 82 AND 86. SO THERE WERE SIX MEMBERS THAT SCORED

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1 THAT APPLICATION AS AN 85 OR AN 86, AND THERE WERE
2 NINE MEMBERS THAT SCORED IT ESSENTIALLY BETWEEN 82
3 AND 84.

4 DR. FISHER: I SEE. THANK YOU.

5 CHAIRMAN THOMAS: YES, MARK.

6 DR. FISCHER-COLBRIE: AS THE PATIENT
7 REPRESENTATIVE FOR TYPE 1 DIABETES, I WANTED TO MAKE
8 A RECOMMENDATION THAT IT ACTUALLY GET FUNDED. I
9 THINK THIS IS A PHENOMENON WHERE IT'S CLEARLY RIGHT
10 HERE ON THE BUBBLE FROM THAT PERSPECTIVE. AND THE
11 CHARACTERIZATION ON SOME OF THE COMMENTS DURING THE
12 REVIEW WAS INTERESTING IN THE PERSPECTIVE OF THE
13 ADJECTIVE, IT'S A VERY CIRM-Y TYPE OF PROPOSAL, IF
14 YOU WILL, IN THE CONTEXT THAT THERE CAN BE SOME VERY
15 UNIQUE DISCOVERIES THAT ARE OCCURRING FROM TAKING
16 THIS APPROACH. SO I JUST WANTED TO MAKE THAT
17 RECOMMENDATION FOR FUNDING.

18 CHAIRMAN THOMAS: OKAY. BY THE WAY, FOR
19 THOSE OF YOU NEW MEMBERS, THE TERM "CIRM-Y" WAS
20 ORIGINALLY COINED BY MARK NOBLE, ONE OF OUR
21 VENERABLE REVIEWERS AT UNIVERSITY OF ROCHESTER, AND
22 HAS SORT OF TAKEN ON A LIFE OF ITS OWN OVER THE
23 YEARS, ONE OF OUR FINER EXPRESSIONS.

24 SO WE NEED, AS I WAS GETTING TO, IS THERE
25 A MOTION TO MOVE ANY OF THOSE NONRECOMMENDED FOR

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1 FUNDING UP TO THE RECOMMENDED FOR FUNDING RANGE?

2 MR. TORRES: DOES MARK NEED A SECOND FOR
3 THAT?

4 CHAIRMAN THOMAS: YES, HE DOES.

5 MR. MARKS: J.T., THIS IS KEVIN. WE DON'T
6 HAVE A MOTION.

7 CHAIRMAN THOMAS: WE NEED A FORMAL MOTION.
8 SO, MARK, DO YOU MAKE THAT MOTION?

9 DR. FISCHER-COLBRIE: YES. I'LL MAKE A
10 FORMAL MOTION, THAT WE RECOMMEND THAT THAT PROPOSAL
11 GET FUNDED. SO THANK YOU.

12 MR. TORRES: IF I'M NOT CONFLICTED, I WANT
13 TO SECOND IT.

14 MS. BONNEVILLE: ART, YOU CANNOT MAKE A
15 MOTION.

16 MR. TORRES: OKAY.

17 CHAIRMAN THOMAS: DO WE HAVE A SECOND?
18 I'LL MAKE THE SECOND.

19 DO WE HAVE DISCUSSION BY MEMBERS OF THE
20 BOARD?

21 DR. DULIEGE: SO THIS IS EXACTLY ONE OF
22 OUR MOST IMPORTANT MANDATES IS TO DISCUSS THOSE THAT
23 YOU HAVE JUST MADE OR HAVE NOT YET JUST MADE IT
24 AROUND THE BUBBLE OR ON THE BAR. SO I'D LIKE TO SEE
25 IF ANYONE CAN TELL ME WHAT WOULD BE THE REASONS IN

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1 THIS APPLICATION TO CHANGE THE RECOMMENDATION OR THE
2 OUTCOME OF THE JOINT RECOMMENDATION FROM THE GWG.
3 I'D LIKE TO UNDERSTAND IT. I'M RATHER IN FAVOR OF
4 IT, BUT I'D LIKE TO HAVE A RATIONALE FOR IT.

5 DR. FISHER: THE ALTERNATIVE WOULD BE TO
6 GO BACK TO THE APPLICANT WITH COMMENTS AND HAVE THEM
7 RESUBMIT, RIGHT? AND SO I GUESS PART OF WHAT YOU'RE
8 ASKING IS WHAT'S THE RATIONALE FOR MOVING FORWARD
9 WITHOUT THAT AND SKIP THAT STEP IN THIS PROCESS.

10 DR. DULIEGE: THAT'S WHY, FRED. AND THE
11 REASON IS BECAUSE WE ALL ARE CONVINCED THAT THE GWG
12 IS DOING AN EXCELLENT JOB. IT IS INDEED OUR
13 RESPONSIBILITY TO SCRUTINIZE THOSE THAT, AGAIN, THAT
14 ARE AROUND THE BAR, ABOVE AND BELOW, BUT WE HAVE A
15 RATIONALE TO REALLY FRANKLY MODIFY THE
16 RECOMMENDATION.

17 CHAIRMAN THOMAS: MARK IS THE MAKER OF THE
18 MOTION. COULD YOU PLEASE ADDRESS ANNE-MARIE'S
19 QUESTION?

20 DR. FISCHER-COLBRIE: THAT'S A GREAT
21 QUESTION AND OBVIOUSLY A VERY IMPORTANT ONE FOR
22 CONSIDERATION WHENEVER YOU'RE MAKING ADJUSTMENT TO
23 THE GWG. I THINK THIS WAS JUST ON THE KNIFE EDGE OF
24 THAT. AND SO IN THAT CONTEXT, IT DOESN'T TAKE MUCH
25 TO TIP IT OVER INTO AN APPROVAL CYCLE. FROM MY

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1 PERSPECTIVE, THE ELEMENTS AROUND THE SCIENCE BEHIND
2 THIS ARE THE KIND OF THINGS THAT ARE THE OPPORTUNITY
3 FOR HIGH RISK, HIGH REWARD PHENOMENON. I JUST IN
4 TAKING THE VIEW RELATED TO THAT CIRM-Y ADJECTIVE IS
5 TAKING THAT, GIVING A LITTLE EXTRA CONSIDERATION
6 JUST TO TIP IT OVER INTO THE APPROVAL CATEGORY FOR
7 THAT REASON, THAT THAT'S EXACTLY THE KIND OF
8 RESEARCH EFFORT THAT CIRM HAS BEEN SUPPORTING
9 OVERALL. AND THAT'S REALLY THE RATIONALE FROM MY
10 VIEW.

11 CHAIRMAN THOMAS: OKAY.

12 DR. DULIEGE: IF YOU DON'T MIND IF I
13 RESPOND TO THIS.

14 CHAIRMAN THOMAS: CERTAINLY. ACTUALLY,
15 ANNE-MARIE, BEFORE YOU DO, FURTHER ILLUMINATION ON
16 YOUR QUESTION WOULD COME FROM GIL. IF YOU COULD
17 TALK TO THERE IS A MINORITY REPORT WHICH ADDRESSES
18 THE REASONS WHY THOSE REVIEWERS BELIEVE THIS SHOULD
19 BE FUNDED, AND THAT WOULD HELP INFORM THE ANSWER TO
20 ANNE-MARIE.

21 DR. SAMBRANO: SURE, MR. CHAIRMAN. I CAN
22 READ THE MINORITY REPORT WHICH IS JUST A PARAGRAPH.
23 SO THE PANELISTS WHO GAVE THIS APPLICATION A SCORE
24 OF 85 OR ABOVE WERE POSITIVE ABOUT THE IPSC
25 EXTRACELLULAR VESICLES APPROACH AND POTENTIAL IMPACT

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1 AMONG PEOPLE WITH TYPE 1 DIABETES. THIS GROUP NOTED
2 CONVINCING PROOF OF CONCEPT DATA SUPPORTING THE
3 IMMUNOMODULATORY EFFECTS OF THE IPSC EV, THE
4 VESICLES, THOUGHTFUL AND LOGICAL PROJECT PLANS,
5 PREPARATION FOR PITFALLS, AND POTENTIAL TO EXPAND
6 THE IPSC EV APPROACH TO OTHER DISEASES.

7 ONE PANELIST DESCRIBED THE PROPOSAL AS
8 VERY RESPONSIVE TO CIRM'S MISSION AND EXPLICITLY
9 ACKNOWLEDGED THE PRAGMATISM OF DEVELOPING A THERAPY
10 EVEN IF WE DO NOT KNOW EXACTLY HOW IT WORKS.
11 ACCORDING TO THIS GROUP, THE TIMELINE IS REALISTIC
12 AND THE BUDGET IS APPROPRIATE.

13 OUTSTANDING CONCERNS IN THE GROUP WERE THE
14 APPLICANT'S LIMITED EXPERIENCE WITH EXTRACELLULAR
15 VESICLES, THE CHALLENGES IN THE PRODUCTION OF THE
16 VESICLES, AND THE PRACTICAL ASPECTS OF TRANSLATION
17 TO THE CLIENT. AND SO THAT'S THE MINORITY REPORT.

18 CHAIRMAN THOMAS: THANK YOU. THANK YOU.
19 ANNE-MARIE, DOES THAT HELP AT ALL?

20 DR. DULIEGE: YES, IT DOES. THANK YOU.
21 I'D LIKE TO STILL MAKE A QUICK COMMENT IF POSSIBLE.

22 CHAIRMAN THOMAS: OF COURSE.

23 DR. DULIEGE: SO I REALLY APPRECIATE,
24 MARK, REALLY YOUR POSITION WHERE YOU COME FROM AND
25 ASSUMING THAT'S ONE OF YOUR ROLES AS A PATIENT

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1 REPRESENTATIVE. ON THE OTHER HAND, IT'S REALLY, I
2 THINK, OUR JOINT RESPONSIBILITY TO REALIZE THAT,
3 ONE, WE ARE ALL HERE TO REPRESENT PATIENTS AS MANY
4 OF YOU DO. AND THAT FOR ME IS A NOT SUFFICIENT
5 REASON, PARTICULARLY BECAUSE WE ARE NOT SAYING IT
6 SHOULD NOT BE FUNDED. WE ARE SAYING IT SHOULD COME
7 BACK WITH ADDRESSING SOME OF THE CONCERNS IN A
8 CLEARER, MORE CONVINCING WAY.

9 AND FOR ME THE ONLY REASON WHY I WOULD
10 SUGGEST TO MODIFY A RECOMMENDATION FROM THE GWG
11 WOULD BE I FEEL THAT THEIR ASSESSMENT WAS A BIT
12 UNFAIR. THERE WAS SOME LEVEL OF SLIGHT UNFAIRNESS
13 IN THEIR JUDGMENT. BUT I DON'T HEAR IT HERE.
14 FRANKLY, THEY CAN COME BACK IN THREE MONTHS WITH
15 BETTER ADDRESSING THE CONCERNS, AND IN ALL
16 LIKELIHOOD THEY WOULD BE FUNDED.

17 CHAIRMAN THOMAS: THANK YOU, ANNE-MARIE.
18 HAIFA, YOU HAD YOUR HAND UP?

19 DR. ABDULHAQ: I THINK MY QUESTION WAS
20 ADDRESSED. THANK YOU.

21 CHAIRMAN THOMAS: OKAY. THANK YOU.
22 DAVID.

23 MS. BONNEVILLE: ACTUALLY, DAVID, YOU
24 CAN'T COMMENT EITHER. SORRY.

25 DR. LO: I'M NOT?

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1 CHAIRMAN THOMAS: YOU HAVE A CONFLICT
2 HERE, SO YOU CANNOT COMMENT ON THIS PARTICULAR.

3 DR. LO: OKAY. NEVER MIND.

4 CHAIRMAN THOMAS: TURN YOUR HAND OFF,
5 DAVID, IF YOU WOULD THERE.

6 OTHER COMMENTS OR QUESTIONS BY MEMBERS OF
7 THE BOARD?

8 SO JUST AS THE SECONDER OF THE MOTION AND
9 HAVING SAT THROUGH THE GWG MEETING ON THIS, I DID
10 FIND THE COMMENTARY BY THOSE THAT SUBMITTED THE
11 MINORITY REPORT TO BE PERSUASIVE IN A MANNER THAT
12 WOULD LEAD ME TO SUPPORT VOTING FOR THIS TO BE MOVED
13 UP TO THE FUNDING RANGE FOR WHAT THAT'S WORTH TO
14 MEMBERS OF THE BOARD.

15 DR. DULIEGE: J.T., YOU'RE INFLUENCING US.
16 I JUST WANT TO SAY I LOVE TO HAVE A COMMENT. WE
17 NEED TO LOOK BECAUSE THIS RESEARCH IS EXTREMELY
18 IMPORTANT. CAN YOU CLARIFY WHAT YOU MEANT BY
19 PERSUADED? JUST GIVE US A PRACTICAL REASON WHY,
20 INDEED, WE SHOULD VOTE YES? I'D LOVE TO VOTE YES.

21 CHAIRMAN THOMAS: WELL, I THINK THE POINTS
22 MADE BY THOSE THAT WROTE THE MINORITY REPORT, WHICH
23 YOU JUST HEARD, WERE COMMENTS THAT TO ME SUGGESTED
24 THAT THIS WAS WORTHY OF FUNDING. THAT WOULD BE MY
25 RESPONSE TO THAT.

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1 NOW, OTHERS MAY DISAGREE, WHICH IS TOTALLY
2 FINE. I'M NOT LOOKING TO PERSUADE ANYBODY. I'M
3 JUST GIVING YOU MY PARTICULAR PERSPECTIVE.

4 DR. DULIEGE: MY POINT IS, AND I DON'T
5 WANT TO SPEND MORE TIME THAN THAT ON THIS TOPIC,
6 IT'S NOT WHETHER OR NOT THIS GRANT SHOULD BE FUNDED.
7 IT'S WHETHER IT SHOULD BE FUNDED NOW OR WHETHER IT
8 SHOULD COME BACK FOR REVIEW IN A FEW MONTHS, BETTER
9 ADDRESSING THE CONCERNS EXPRESSED BY THE GWG. I'D
10 LOVE TO HAVE A VERY PRACTICAL REASON TO SAY, YES, WE
11 CAN MODIFY THAT BECAUSE I'D LOVE TO SAY YES.

12 CHAIRMAN THOMAS: AN ABSOLUTELY VALID
13 POINT. AND IF YOU HAVEN'T FOUND THE POINTS MADE
14 PERSUASIVE, THAT'S ABSOLUTELY FAIR.

15 SO OTHER COMMENTS? FRED.

16 DR. FISHER: I'M WITH ANNE-MARIE. AS A
17 PATIENT ADVOCATE, I WANT TO DO WHAT'S IN THE BEST
18 INTEREST OF PATIENTS; BUT FROM AN ACCOUNTABILITY
19 POINT OF VIEW, IT'S GOOD TO HAVE A RATIONALE TO LEAN
20 ON. AND I'M WONDERING IF IT WOULD BE HELPFUL OR IF
21 THE STAFF WHO HAVE WORKED WITH THE APPLICANTS IN THE
22 PREPARATION AND ALL OF THAT, IF THE STAFF HAVE
23 SOMETHING TO ADD TO THIS CONVERSATION IN TERMS OF
24 INSIGHT REGARDING THE IMPLICATIONS OF APPROVING NOW
25 VERSUS APPROVING WHEN THEY HAVE THE CHANCE TO WORK

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1 WITH THE APPLICANT TO IMPROVE IT TO THE POINT WHERE
2 EVERYONE IS COMFORTABLE AND IT MEETS THE THRESHOLD
3 FOR FUNDING.

4 MR. JUELSGAARD: J.T., BEFORE WE GET TO
5 THE STAFF, CAN I MAKE A COUPLE OF POINTS?

6 CHAIRMAN THOMAS: OF COURSE.

7 MR. JUELSGAARD: SO LET ME JUST READ THE
8 LAST SENTENCE FROM THE MINORITY REPORT, THEN I WANT
9 TO COME BACK TO WHAT I THINK THIS ALL MEANS. IT
10 SAYS, OUTSTANDING CONCERNS IN THE GROUP WERE THE
11 APPLICANT'S LIMITED EXPERIENCE WITH EV, CHALLENGES
12 IN THE PRODUCTION OF EV, AND PRACTICAL ASPECTS OF
13 TRANSLATION TO THE CLINIC.

14 FIRST QUESTION YOU HAVE TO ASK YOURSELF IS
15 ARE THOSE ISSUES ABLE TO BE ADDRESSED IN ANOTHER
16 GO-ROUND OR NOT? IT'S NOT CLEAR TO ME THAT SIMPLY
17 GIVING IT ONE MORE BITE OF THE APPLE IS GOING TO
18 CHANGE THIS IN THE MINDS OF THE REVIEWERS. SO FROM
19 MY POINT OF VIEW, THIS IS WHAT WE HAVE GOT ON THE
20 TABLE. I DON'T SEE THAT THERE'S SOMETHING VERY
21 SPECIFIC HERE THAT WILL MAKE A BIG DIFFERENCE IN A
22 SECOND REVIEW.

23 BUT TO GO BACK TO WHAT OUR JOB IS, AND
24 IT'S NOT TO RUBBER STAMP NECESSARILY WHAT THE GWG
25 PROVIDES IN TERMS OF SCIENTIFIC SCORES. WE HAVE

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1 TYPICALLY RELIED ON THEM FOR A BASE SCIENTIFIC
2 SCORE, BUT WE'VE NOT ALWAYS DONE THAT. WE CERTAINLY
3 HAVE VOTED IN PROJECTS THAT HAVE A SCORE OF 84. IT
4 WAS JUST A FEW SESSIONS BACK THAT I REMEMBER DOING
5 THAT.

6 SO OUR JOB IS PROGRAMMATIC REVIEW. AND SO
7 TO KIND OF LINE UP WITH WHAT MARK TALKED ABOUT, WE
8 ARE TALKING ABOUT A DIFFICULT DISEASE, DIABETES,
9 TYPE 1 DIABETES. AND THERE ARE PROJECTS THAT HAVE
10 HIGHER RISK, BUT HAVE HIGHER REWARD. AND WHEN I
11 LOOK AT THE REWARD POSSIBILITY HERE, GIVEN HOW
12 EXTENSIVE THIS DISEASE IS AND THE POSSIBILITY OF
13 DOING SOMETHING TO HELP ALLEVIATE IT, I'M STRUCK
14 WITH THE IDEA THAT IN PROGRAMMATIC REVIEW THAT'S
15 SOMETHING THAT WE ARE SUPPOSED TO, AT LEAST IN MY
16 MIND, TAKE ACCOUNT OF. SO I'M NOT SITTING HERE
17 ASKING ANYBODY TO VOTE ONE WAY OR THE OTHER, BUT I'M
18 JUST POINTING OUT A COUPLE OF THINGS THAT DRIVE MY
19 CONSIDERATIONS HERE.

20 CHAIRMAN THOMAS: THANK YOU, STEVE. GIL,
21 WOULD YOU LIKE TO RESPOND TO FRED'S QUESTION?

22 DR. SAMBRANO: CERTAINLY. I CAN PROVIDE
23 MAYBE A COUPLE OF BITS OF INFORMATION THAT MIGHT BE
24 HELPFUL.

25 SO FOR THIS APPLICATION, THIS ACTUALLY IN

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1 THIS CYCLE IS A RESUBMISSION. IT MEANS THEY'VE GONE
2 THROUGH THE REVIEW PROCESS TWICE. IF IT IS NOT
3 FUNDED, IT WILL GO THROUGH THEN TO WHAT WOULD BE A
4 THIRD REVIEW TO MAKE IMPROVEMENTS AGAIN. GOING
5 THROUGH THAT REVIEW PROCESS, ALTHOUGH IT RECEIVED A
6 SCORE OF 84 AND IT WILL BYPASS POSITIVE SELECTION,
7 CERTAINLY DOESN'T NECESSARILY GUARANTEE THAT AN
8 APPLICATION WILL BE FUNDED BECAUSE A LOT OF IT
9 DEPENDS ON THE CONTEXT OF WHAT THOSE OTHER
10 APPLICATIONS THAT COME IN LOOK LIKE AS WELL.

11 AS I MENTIONED, THERE ARE 16 APPLICATIONS
12 TOTAL THAT RECEIVED A SCORE OF 80 TO 84 THAT ARE
13 BASICALLY GOING TO BE WORKING ON MAKING IMPROVEMENTS
14 IN ORDER TO RESUBMIT. SO THAT IS ONE BIT OF
15 INFORMATION.

16 THE OTHER IS RELATED TO THE BUDGET. AS I
17 MENTIONED, THE AMOUNT THAT THE RECOMMENDED PORTION
18 OF APPLICATIONS WOULD USE UP IS ALMOST 21 MILLION
19 OUT OF 40 MILLION. IF THIS WERE ALSO FUNDED, THAT
20 WOULD LEAVE ABOUT 18 MILLION FOR THE NEXT CYCLE. SO
21 IT WOULD BE A LITTLE LESS THAN THIS CYCLE. SO IT'S
22 PRETTY NEAR HALF. I DON'T KNOW IF THAT HAS ANY
23 IMPACT, BUT IT'S JUST SOMETHING TO BE AWARE OF IN
24 TERMS OF THE OVERALL BUDGET AMOUNT.

25 CHAIRMAN THOMAS: THANK YOU, GIL. FRED.

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1 DR. FISHER: SO IF I UNDERSTAND STEPHEN'S
2 REMARKS, WHICH THANK YOU FOR FOCUSING ON US ON THAT,
3 WE ARE NOT ONLY IN FUNDING THIS PROJECT TAKING A
4 GAMBLE ON WHETHER SOMETHING WILL WORK, WHICH THAT'S
5 WHAT WE ARE HERE TO DO, BUT WE ARE ALSO TAKING A
6 GAMBLE ON THE TEAM'S EXPERTISE TO ACTUALLY EXECUTE.
7 AM I UNDERSTANDING WHAT THE MINORITY REPORT IS
8 SAYING? IT'S ONE THING -- NEITHER OF THOSE
9 NECESSARILY WOULD BE REASONS NOT TO FUND IT. IT
10 JUST IS BEING CLEAR THAT IF WE ARE TAKING BIG BETS
11 ON IMPORTANT WORK, THERE ARE SOME QUESTIONS ABOUT
12 THE ABILITY OF THIS TEAM TO IMPROVE THE ODDS. I
13 JUST WANT TO MAKE SURE I'M INTERPRETING THAT
14 CORRECTLY.

15 CHAIRMAN THOMAS: GIL, WOULD YOU COMMENT
16 ON THAT?

17 DR. SAMBRANO: YES. I THINK YOU ARE
18 INTERPRETING IT CORRECTLY. I THINK THE ONLY THING I
19 WOULD ADD IS THAT, IF YOU WERE TO CHOOSE TO FUND
20 THIS, AS I MENTIONED BEFORE, WE ARE GOING TO DO
21 EVERYTHING WE CAN ON CIRM'S SIDE TO SUPPORT THE
22 PROJECT AND TAKE INTO ACCOUNT WEAKNESSES AND
23 CONCERNS THAT WERE BROUGHT UP BY THE GWG AND TRY TO
24 IMPLEMENT WAYS IN WHICH WE CAN EITHER HELP THE TEAM
25 REFINE THE PROJECT, BRING THEM ADDITIONAL EXPERTISE

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1 AS IS NEEDED. SO IT DOESN'T MEAN THE PROJECT IS
2 STAGNANT AS YOU SEE IT, AND WE CAN ACTUALLY HAVE AN
3 IMPACT ON WHAT HAPPENS POST AWARD. SO ANYWAY, JUST
4 WANTED TO ADD THAT. THANK YOU.

5 CHAIRMAN THOMAS: I JUST WOULD NOTE THAT,
6 FRED, THAT'S AN EXCELLENT QUESTION. THIS, AS YOU
7 KNOW FROM YOUR TIME ON THE GWG AND HAVING SAT
8 THROUGH IT OVER THE YEARS, THIS SORT OF QUESTION
9 COMES UP IN DIFFERENT FORMS WITH RESPECT TO VARIOUS
10 APPLICATIONS, PARTICULARLY, FOR EXAMPLE, WHEN YOU
11 HAVE A YOUNG INVESTIGATOR THAT DOESN'T HAVE A
12 LONG-STANDING TRACK RECORD. SO IT IS A FACTOR THAT
13 NEEDS TO BE CONSIDERED FOR SURE. SO, YES, MARK.

14 DR. FISCHER-COLBRIE: JUST A QUICK
15 COMMENT. THESE ARE TERRIFIC QUESTIONS. AND I JUST
16 WANTED TO SHARE MY PERSPECTIVE, THAT WHEN THERE IS A
17 MORE NOVEL AREA OF SCIENCE, THAT RISK PROFILE JUST
18 ESCALATES DRAMATICALLY. SO THE CONSEQUENCES ARE
19 THAT IT'S THE CHICKEN AND THE EGG PHENOMENON IN
20 TERMS OF SHOWING THE DEMONSTRATION OF, YEAH, WE CAN
21 DO THIS KIND OF APPROACH. HENCE, THE REFERENCE TO
22 THE CIRM-Y CONVERSATION PREVIOUSLY. SO THAT WAS
23 WHAT I WAS MORE FOCUSED ON RATHER THAN THE TYPE 1
24 DIABETES PATIENT AND ADVOCATING THAT CONSTITUENCY.
25 IT'S MORE IN THE CONTEXT THIS HAS ALSO THE PROMISE

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1 FOR OTHER AREAS OF EXPLORATION AS WELL. AND BECAUSE
2 IT'S MORE NOVEL, IT THEN IS GOING TO INHERENTLY
3 SUFFER FROM CONCERNS OF DEFICIENCIES ABOUT IS IT
4 DOABLE OR NOT.

5 CHAIRMAN THOMAS: THANK YOU.

6 DR. FISHER: SO THIS IDEA THAT CIRM IS AN
7 INCUBATOR OF GOOD SCIENCE AND AN INCUBATOR OF GOOD
8 RESEARCHERS OR GREAT SCIENCE AND GREAT RESEARCHERS,
9 IF THE STAFF TO WHOM THE BURDEN OF SHEPHERDING THIS
10 PROJECT THROUGH TO THE BEST OPPORTUNITY FOR SUCCESS
11 ARE CONFIDENT THAT THIS TEAM CAN BE SUPPORTED IN A
12 WAY THAT HELPS THEM EXECUTE AND UTILIZE THESE FUNDS
13 IN THE WAY THAT THE PROPOSAL SUGGESTS, THEN I'M ALL
14 FOR IT BECAUSE IT SEEMS LIKE A YES VOTE ON THIS
15 MEANS WE ARE REALLY BURDENING THE STAFF WITH DOING
16 WHAT THEY CAN DO TO POSITION THIS TEAM FOR THE MOST
17 PRODUCTIVE OUTCOME. AND I WOULDN'T WANT TO BURDEN
18 THE STAFF WITH THAT RESPONSIBILITY IF THEY DIDN'T
19 HAVE A LEVEL OF CONFIDENCE THAT THEY WOULD BE ABLE
20 TO DO SO AND THIS TEAM WOULD BE RECEPTIVE TO THAT
21 KIND OF INTERVENTION AND SUPPORT.

22 CHAIRMAN THOMAS: GIL, YOU WANT TO RESPOND
23 TO THAT?

24 DR. SAMBRANO: WELL, I CAN'T SPEAK FOR THE
25 TEAM WHO WOULD ULTIMATELY BE RESPONSIBLE FOR THIS.

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1 BUT IN GENERAL, ANYONE THAT RECEIVES AN AWARD FROM
2 CIRM, WE ARE GOING TO PUT THE SAME LEVEL OF WORK AND
3 EFFORT TOWARDS. SO I THINK FROM OUR PERSPECTIVE WE
4 WILL WELCOME WHATEVER THE DECISION OF THE BOARD IS
5 TO FUND OR NOT TO FUND.

6 CHAIRMAN THOMAS: AND I'D ADD THAT I
7 WOULDN'T SAY BURDENING IS THE RIGHT QUESTION. THIS
8 IS WHAT THE TEAM DOES AS A MATTER OF COURSE WITH OUR
9 GRANTEES. SO THIS WOULD JUST BE ANOTHER IN A LONG
10 LIST OF PROJECTS WHICH WE HAVE THAT WE WOULD BE
11 WORKING TO HELP ALL OF THE GRANTEES ACHIEVE THE BEST
12 RESULTS. ANNE-MARIE.

13 DR. DULIEGE: FIRST OF ALL, THANK YOU FOR
14 ALL THESE COMMENTS. THEY ARE VERY HELPFUL, AT LEAST
15 TO ME.

16 QUICK QUESTION FOR GIL, I GUESS, IS THAT I
17 NOW REALIZE THAT THIS IS ALREADY A RESUBMISSION.
18 CAN YOU TELL US HOW MUCH -- WHAT IT WAS SCORED OR
19 SIMPLY HOW MUCH PROGRESS? IS IT SIGNIFICANTLY
20 BETTER? WERE THE APPLICANTS ABLE TO REALLY ADDRESS
21 THE INITIAL CONCERNS? THAT WOULD HELP ME IN
22 SUPPORTING THEM.

23 DR. SAMBRANO: YES. SO THE SCORE
24 PREVIOUSLY WAS AN 80. SO IT WENT FROM AN 80 NOW TO
25 AN 84, SO IT MOVED UP. AND FROM THE PERSPECTIVE OF

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1 REVIEWERS, THEY DID ADDRESS MANY OF THE CONCERNS
2 THAT WERE BROUGHT UP IN THE ORIGINAL REVIEW. THERE
3 WERE STILL ADDITIONAL ONES THAT WEREN'T. I THINK
4 CERTAINLY THE FEELING THAT THIS WAS OVER AMBITIOUS
5 IN MANY RESPECTS, THE LACK OF EXPERIENCE MAY BE
6 DIFFICULT TO OVERCOME IN A RESUBMISSION NECESSARILY.
7 ALTHOUGH I THINK THEY DID ADVISE, FOR EXAMPLE,
8 HAVING A TYPE 1 DIABETES COINVESTIGATOR RATHER THAN
9 A CONSULTANT, MEANING ADDING SOMEBODY WHO'S GOING TO
10 PERHAPS SPEND MORE TIME WITH THE PROJECT THAN A
11 CONSULTANT WOULD. SO IT DID IMPROVE FROM THE
12 PREVIOUS SUBMISSION.

13 DR. DULIEGE: THANK YOU, GIL. THAT'S
14 EXTREMELY HELPFUL. I GUESS I WILL SUPPORT IT
15 BECAUSE I LIKE PEOPLE THAT ARE A LITTLE BIT OVER
16 AMBITIOUS. I'M KIDDING. I THOUGHT THEY REALLY MADE
17 AN EFFORT. WHAT IS THERE IS NOT EASILY FIXABLE OR
18 CAN BE FIXED WITH INITIAL WORK. BUT WE ARE GOING TO
19 GET PEOPLE WITH SUBSTANTIALLY MORE EXPERIENCE RIGHT
20 TODAY. SO I'M HAPPY WITH THAT. GREAT. THANK YOU.

21 CHAIRMAN THOMAS: THANK YOU. STEVE.

22 MR. JUELSGAARD: THIS IS A QUESTION OF
23 GIL. SO THE PREFACE FOR THIS QUESTION IS THAT WE DO
24 HAVE AGREEMENTS IN OUR AGREEMENTS WITH THE GRANTEES.
25 WE HAVE MILESTONE PROVISIONS, THINGS THEY HAVE TO

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1 MEET IN ORDER TO GET THE NEXT ROUND OF FUNDING, ET
2 CETERA. ARE ANY OF THE CONCERNS THAT GOT RAISED IN
3 THIS APPLICATION, ARE THEY ADDRESSABLE BY HAVING
4 MILESTONES SUCH THAT A MILESTONE MIGHT BE BASED ON
5 WHAT WAS PERCEIVED A WEAKNESS IN THE APPLICATION AND
6 WE CONTROL THESE CONCERNS IN THAT FASHION?

7 DR. SAMBRANO: IT'S ACTUALLY DIFFICULT FOR
8 ME TO SAY. I DON'T THINK SO. I THINK SOME OF THEM
9 SUCH AS MAYBE REQUIRING A TYPE 1 DIABETES EXPERT TO
10 BE PART OF THE TEAM IS SOMETHING THAT COULD BE PUT
11 IN, FOR EXAMPLE. I THINK SOME OF THE CONCERNS
12 REALLY RELATE TO WHETHER ULTIMATELY THIS IS GOING TO
13 WORK OR NOT. AND IT KIND OF FALLS ON THE OPINION OF
14 THE SCIENTIFIC REVIEWERS OF SOME FEELING LIKE LET'S
15 GIVE IT A CHANCE, OTHERS THINKING, WELL, MAYBE I
16 WOULDN'T GIVE THIS A CHANCE. SO I DON'T KNOW THAT
17 THAT KIND OF DEVELOPMENT WOULD BE ADDRESSABLE IN
18 THAT WAY, BUT AT LEAST SOME OF THEM COULD BE.

19 MR. JUELSGAARD: THANK YOU, GIL.

20 CHAIRMAN THOMAS: OKAY. I DON'T SEE ANY
21 OTHER COMMENTS HERE. SEEING NONE FURTHER, DO WE
22 HAVE ANY COMMENTS BY MEMBERS OF THE PUBLIC?

23 MS. BONNEVILLE: NO. THERE ARE NO HANDS
24 RAISED.

25 CHAIRMAN THOMAS: OKAY. HEARING THAT,

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1 WILL YOU PLEASE CALL THE ROLL. AND, AGAIN, REMEMBER
2 THE MOTION IS TO ELEVATE THIS ONE APPLICATION TO THE
3 FUNDING RANGE.

4 MS. BONNEVILLE: YES. AND THAT'S
5 APPLICATION NO. 13163.

6 DAN BERNAL.

7 MR. BERNAL: AYE.

8 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

9 DR. DULIEGE: YES.

10 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

11 DR. FISCHER-COLBRIE: YES.

12 MS. BONNEVILLE: FRED FISHER.

13 DR. FISHER: YES.

14 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

15 DR. CLARK-HARVEY: YES.

16 MS. BONNEVILLE: DAVID HIGGINS.

17 DR. HIGGINS: YES.

18 MS. BONNEVILLE: STEPHEN JUELSGAARD.

19 MR. JUELSGAARD: YES.

20 MS. BONNEVILLE: RICH LAJARA.

21 MR. LAJARA: YES.

22 MS. BONNEVILLE: DAVE MARTIN.

23 DR. MARTIN: YES.

24 MS. BONNEVILLE: LAUREN MILLER-ROGEN.

25 MS. MILLER-ROGEN: YES.

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1 MS. BONNEVILLE: ADRIANA PADILLA.

2 DR. PADILLA: YES.

3 MS. BONNEVILLE: JOE PANETTA.

4 MR. PANETTA: YES.

5 MS. BONNEVILLE: AL ROWLETT. JONATHAN
6 THOMAS.

7 CHAIRMAN THOMAS: YES.

8 MS. BONNEVILLE: THE MOTION CARRIES.

9 CHAIRMAN THOMAS: THANK YOU. THANK YOU
10 FOR THE ROBUST DISCUSSION. I THINK THAT WAS VERY
11 HELPFUL.

12 ARE THERE ANY OTHER APPLICATIONS CURRENTLY
13 IN THE NOT FOR FUNDING RANGE THAT ANYBODY WANTS TO
14 MOVE TO UP TO THE FUNDING RANGE? OKAY. HEARING
15 NONE, THEN THE NEXT I WOULD LIKE TO ENTERTAIN, IF
16 THIS IS OKAY WITH THE BOARD, IS A MOTION TO APPROVE
17 ALL OF THE PROJECTS IN THE FUNDING RANGE, WHICH
18 INCLUDES THE ONE JUST ELEVATED. DO I HEAR SUCH A
19 MOTION?

20 DR. FISCHER-COLBRIE: SO MOVED.

21 DR. DULIEGE: I CAN SECOND.

22 CHAIRMAN THOMAS: THANK YOU. MARIA, YOU
23 GOT THE MOVERS THERE?

24 MS. BONNEVILLE: MARK AND ANNE-MARIE.

25 CHAIRMAN THOMAS: ARE THERE QUESTIONS AND

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1 COMMENTS BY MEMBERS OF THE BOARD? ARE THERE ANY
2 COMMENTS FROM MEMBERS OF THE PUBLIC? HEARING NONE,
3 MARIA, WILL YOU PLEASE CALL THE ROLL.

4 MS. BONNEVILLE: DAN BERNAL.

5 MR. BERNAL: AYE.

6 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

7 DR. DULIEGE: YES.

8 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

9 DR. FISCHER-COLBRIE: YES.

10 MS. BONNEVILLE: FRED FISHER.

11 DR. FISHER: YES.

12 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

13 DR. CLARK-HARVEY: YES.

14 MS. BONNEVILLE: DAVID HIGGINS.

15 DR. HIGGINS: YES.

16 MS. BONNEVILLE: STEPHEN JUELSGAARD.

17 MR. JUELSGAARD: YES.

18 MS. BONNEVILLE: RICH LAJARA.

19 MR. LAJARA: YES.

20 MS. BONNEVILLE: DAVE MARTIN.

21 DR. MARTIN: YES.

22 MS. BONNEVILLE: LAUREN MILLER-ROGEN.

23 MS. MILLER-ROGEN: YES.

24 MS. BONNEVILLE: ADRIANA PADILLA.

25 DR. PADILLA: YES.

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1 MS. BONNEVILLE: JOE PANETTA.

2 MR. PANETTA: YES.

3 MS. BONNEVILLE: AL ROWLETT. JONATHAN
4 THOMAS.

5 CHAIRMAN THOMAS: YES.

6 MS. BONNEVILLE: THE MOTION CARRIES.

7 CHAIRMAN THOMAS: THANK YOU. KEVIN, I
8 BELIEVE WE NEED A MOTION NOW TO OFFICIALLY CLOSE OUT
9 THE NOT FOR FUNDED PROJECTS. SO WE NEED A MOTION
10 SPECIFICALLY TO NOT FUND THOSE PROJECTS REMAINING IN
11 THE NOT RECOMMENDED FOR FUNDING RANGE. DO I HEAR
12 SUCH A MOTION?

13 DR. DULIEGE: I CAN MAKE THIS MOTION.

14 CHAIRMAN THOMAS: SECOND? I'LL SECOND.
15 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?
16 ANY COMMENTS FROM MEMBERS OF THE PUBLIC? HEARING
17 NONE, MARIA, WILL YOU PLEASE CALL THE ROLL.

18 MS. BONNEVILLE: DAN BERNAL.

19 MR. BERNAL: AYE.

20 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

21 DR. DULIEGE: YES.

22 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

23 DR. FISCHER-COLBRIE: YES.

24 MS. BONNEVILLE: FRED FISHER.

25 DR. FISHER: YES.

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1 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.
2 DR. CLARK-HARVEY: YES.
3 MS. BONNEVILLE: DAVID HIGGINS.
4 DR. HIGGINS: YES.
5 MS. BONNEVILLE: STEPHEN JUELSGAARD.
6 MR. JUELSGAARD: YES.
7 MS. BONNEVILLE: RICH LAJARA.
8 MR. LAJARA: YES.
9 MS. BONNEVILLE: DAVE MARTIN.
10 DR. MARTIN: YES.
11 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
12 MS. MILLER-ROGEN: YES.
13 MS. BONNEVILLE: ADRIANA PADILLA.
14 DR. PADILLA: YES.
15 MS. BONNEVILLE: JOE PANETTA.
16 MR. PANETTA: YES.
17 MS. BONNEVILLE: JONATHAN THOMAS.
18 CHAIRMAN THOMAS: YES.
19 MS. BONNEVILLE: THE MOTION CARRIES.
20 CHAIRMAN THOMAS: THANK YOU. MARIA, I
21 BELIEVE THAT IS THE FULL PACKAGE OF MOTIONS WE NEED
22 ON THIS?
23 MS. BONNEVILLE: IT IS.
24 CHAIRMAN THOMAS: THANK YOU. OKAY. THANK
25 YOU. THAT CONCLUDES THAT ITEM. FOR BETH'S SAKE,

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1 WHY DON'T WE TAKE A FIVE-MINUTE BREAK. SO IT'S NOW
2 10:40. WE WILL RECONVENE AT 10:45. THANK YOU.

3 (A RECESS WAS TAKEN.)

4 CHAIRMAN THOMAS: OKAY. READY TO
5 RECONVENE HERE. PROCEED TO THE NEXT ACTION ITEM,
6 WHICH IS ITEM NO. 8, CONSIDERATION OF CONCEPT PLAN
7 FOR EDUC5, FUNDING OPPORTUNITY FOR CREATING
8 OPPORTUNITIES THROUGH MENTORSHIP AND PARTNERSHIP
9 ACROSS STEM CELL SCIENCE WITH THE SNAZZY ACRONYM OF
10 COMPASS. PRESENTATION HERE WILL BE BY DR. KELLY
11 SHEPARD.

12 DR. SHEPARD: THANK YOU, MR. CHAIR. I'M
13 BEGINNING TO SHARE MY SCREEN NOW. IS EVERYBODY ABLE
14 TO SEE MY SCREEN AND HEAR ME?

15 CHAIRMAN THOMAS: YES.

16 DR. SHEPARD: GREAT. GOOD MORNING. I
17 GUESS IT'S APPROACHING AFTERNOON. MEMBERS OF THE
18 BOARD, MEMBERS OF THE PUBLIC, AND OUR CIRM TEAM, IT
19 IS MY PLEASURE TO APPEAR BEFORE YOU HERE TODAY TO
20 PRESENT A NEW CONCEPT IN OUR EDUCATION AND TRAINING
21 PROGRAM. I'M SPEAKING ON BEHALF OF THE SCIENTIFIC
22 PROGRAMS TEAM LED BY DR. ROSA CANET-AVILES. BUT I
23 JUST WANT TO TAKE A SECOND BEFORE I BEGIN TO
24 ACKNOWLEDGE THAT THERE HAVE BEEN SOME VERY VALUABLE
25 CONTRIBUTIONS FROM MEMBERS ACROSS CIRM. IN

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1 PARTICULAR, I WOULD LIKE ACKNOWLEDGE DR. LILA
2 COLLINS, HALLEY LADD, AND GIL SAMBRANO, WHO ALL
3 CONTRIBUTED TO IMPORTANT IDEAS AND HELPED US
4 PRESSURE TEST SOME OF THE IDEAS IN THIS PROGRAM.

5 WITH THAT, LET ME BEGIN MY PRESENTATION.
6 I WOULD JUST LIKE TO REITERATE, AS DR. MILLAN
7 PRESENTED, OUR NEW MISSION STATEMENT, WHICH IS
8 ACCELERATE WORLD-CLASS SCIENCE TO DELIVER
9 TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN
10 AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND
11 WORLD. WE DELIVER ON CIRM'S MISSION BY INVESTING IN
12 THESE FIVE KEY PILLAR PROGRAMS WHICH WE INITIATED
13 UNDER PROPOSITION 71 ALL THE WAY BACK IN 2006.

14 THE PILLARS INCLUDE, OF COURSE, OUR
15 RESEARCH AND DEVELOPMENT PROGRAMS, WHICH ARE
16 DISCOVERY STAGE OR EARLY STAGE OPPORTUNITIES, AS YOU
17 JUST RECOMMENDED FOR FUNDING IN THE PREVIOUS AGENDA
18 ITEM; OUR TRANSLATION STAGE PROGRAM; AND OUR
19 CLINICAL AND CLINICAL TRIAL STAGE PROGRAMS. WE ALSO
20 HAVE INVESTMENTS IN, OF COURSE, INFRASTRUCTURE AND
21 EDUCATION. EDUCATION WILL BE THE FOCUS OF THIS NEW
22 CONCEPT THAT I PRESENT FOR YOU TODAY.

23 AS PART OF OUR NEW STRATEGIC PLAN, WE WILL
24 CONTINUE TO INVEST IN THESE SUCCESSFUL PILLARS, BUT
25 BUILD ON THEM BY ENHANCING, ORGANIZING, AND

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1 INTERCONNECTING THEM WITH ONE ANOTHER IN ORDER TO
2 CREATE SYNERGIES AND BEST DELIVER OUR MISSION UNDER
3 PROPOSITION 14.

4 NOW, SPECIFICALLY, EDUCATION AND TRAINING,
5 THIS PILLAR, IS ABSOLUTELY CORE TO CIRM'S MISSION
6 AND OUR STRATEGIC PLAN. DR. MILLAN PRESENTED TO YOU
7 THE THREE MAJOR THEMES OF OUR PLAN, AND EDUCATION
8 AND TRAINING ARE ACTUALLY TOUCHING ON ALL THREE. IN
9 TERMS OF ADVANCING WORLD-CLASS SCIENCE, TRAINEES,
10 WHILE THEY'RE BEING TRAINED, CONTRIBUTE VALUABLE
11 RESEARCH AND INSIGHTS THAT DRIVE SCIENTIFIC PROGRESS
12 AND INNOVATION. SO WHILE THEY ARE ACTUALLY
13 ADDRESSING KNOWLEDGE GAPS, THEY ARE ALSO RECEIVING
14 ON-THE-JOB TRAINING WHILE DOING SO, SO PART OF THE
15 WORKFORCE OF TODAY AS WELL AS THE WORKFORCE OF
16 TOMORROW.

17 IN TERMS OF DELIVERING REAL-WORLD
18 SOLUTIONS, THE TRAINING THAT THESE PROGRAMS PROVIDE,
19 IN ADDITION TO THEIR RESEARCH SKILLS, THEY ARE
20 PROVIDED WITH AN ADDITIONAL SET OF SKILLS THAT THEY
21 WILL BE ABLE TO APPLY AND ADAPT TO MEET THE
22 CHALLENGES OF TOMORROW, WHICH WILL BE NECESSARY TO
23 MAKE THE REGENERATIVE SOLUTIONS A REALITY.

24 AND FINALLY, TOUCHING ON PROVIDING
25 OPPORTUNITY FOR ALL, OUR TRAINING PROGRAMS DO TARGET

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1 AN EFFORT TO CREATE A DIVERSE AND INCLUSIVE
2 WORKFORCE IN ORDER TO BRING THESE VALUABLE AND
3 NEEDED PERSPECTIVES WHICH ARE CRITICAL TO ADVANCING
4 THE SCIENCE AS WELL AS ENSURING THE FRUITS OF THE
5 SCIENCE BENEFIT TO ALL WHO NEED IT.

6 OF COURSE, THESE PILLARS ARE ULTIMATELY
7 PART OF AN ECOSYSTEM THAT WE'RE BUILDING TO CREATE
8 THE WORKFORCE THAT IS GOING TO BE NECESSARY TO
9 DELIVER ON OUR MISSION, AND THIS IS JUST LAYING THE
10 GROUNDWORK HERE. THIS IS WHERE WE WILL GO IN THE
11 COURSE OF OUR STRATEGIC PLAN. WE WILL BE CREATING
12 MULTIPLE ONRAMPS THAT WILL SYNERGIZE WITH THESE
13 TRAINING PROGRAMS TO HELP DEVELOP THE NEXT
14 GENERATION OF LEADERS, SCIENTISTS, CLINICIANS, AND
15 OTHER PARTICIPANTS IN THIS WORKFORCE. THESE
16 TRAINING OPPORTUNITIES WILL BE CONNECTED AND
17 LEVERAGING AND ENHANCED WITH OUR PROGRAMS THAT
18 SUPPORT BASIC RESEARCH AND SOME OF THE OTHER PILLAR
19 PROGRAMS THAT YOU SEE LISTED HERE.

20 SO WE HAVE ALREADY BEGUN LAYING THE
21 GROUNDWORK FOR THIS ECOSYSTEM BY REFUNDING OUR THREE
22 LONG-TERM AND ONGOING TRAINING GRANT PROGRAMS THAT
23 WERE INITIATED UNDER PROPOSITION 71. LAST YEAR THIS
24 BOARD RELAUNCHED ALL THREE OF THESE PROGRAMS WITH
25 UPDATES AND ALIGNMENTS TO MAKE THEM RESPONSIVE TO

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1 PROPOSITION 14. THESE INCLUDE OUR SPARK PROGRAM OR
2 EDUC3, WHICH SUPPORTS SUMMER RESEARCH INTERNSHIPS
3 FOR HIGH SCHOOL STUDENTS AROUND THE STATE OF
4 CALIFORNIA; OUR BRIDGES OR EDUC2 PROGRAM, WHICH
5 SUPPORT A VARIETY OF PROGRAMS THAT TRAIN STUDENTS
6 RANGING FROM LATER UNDERGRADUATE STAGES TO POST
7 BACCALAUREATE TO MASTER'S LEVEL PROGRAMS
8 SPECIFICALLY TARGETING CALIFORNIA STATE UNIVERSITIES
9 AND COMMUNITY COLLEGES. AND WE HAVE MOST RECENTLY
10 FUNDED A RESEARCH TRAINING PROGRAM OR EDUC4, WHICH
11 SUPPORTS PREDOCTORAL, POSTDOCTORAL, AND CLINICAL
12 FELLOWS WHO WILL BECOME FUTURE LEADERS IN THE
13 REGENERATIVE MEDICINE FIELD.

14 SO THIS CONCEPT THAT I'M PRESENTING FOR
15 YOU TODAY WILL JOIN THIS CADRE OF OUR EXISTING
16 PROGRAMS AND COMPLEMENT THEM AND BUILD ON THEM
17 TOWARDS ACHIEVING THAT ECOSYSTEM THAT I DESCRIBED.

18 I'D LIKE TO INTRODUCE FOR YOUR
19 CONSIDERATION TODAY THE NEW TRAINING PROGRAM CALLED
20 COMPASS OR EDUC5, AS MR. CHAIRMAN ALREADY DESCRIBED,
21 CREATING OPPORTUNITIES FOR MENTORSHIP AND
22 PARTNERSHIPS ACROSS STEM CELL SCIENCE. I HAVE TO
23 CREDIT OUR PRESIDENT, DR. MILLAN, FOR REVERSE
24 ENGINEERING THAT WONDERFUL ACRONYM THAT COULDN'T BE
25 MORE APPROPRIATE.

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1 THE OBJECTIVES OF THE COMPASS PROGRAM WILL
2 BE TO PREPARE A DIVERSE CADRE OF UNDERGRADUATE
3 STUDENTS FOR CAREERS IN REGENERATIVE MEDICINE. A
4 SECOND OBJECTIVE IS TO CREATE NOVEL RECRUITMENT AND
5 SUPPORT MECHANISMS THAT WILL IDENTIFY AND FOSTER
6 UNTAPPED TALENT WITHIN POPULATIONS THAT ARE
7 HISTORICALLY UNDERREPRESENTED IN THE BIOMEDICAL
8 SCIENCES. THIS PROGRAM WILL PROVIDE HANDS-ON
9 RESEARCH OPPORTUNITIES WITH STRATEGIC AND STRUCTURED
10 MENTORSHIP EXPERIENCES TO ENHANCE THE TRANSITION OF
11 STUDENTS TO SUCCESSFUL CAREERS. THIS PROGRAM ALSO
12 WILL FOSTER GREATER AWARENESS AND APPRECIATION OF
13 DIVERSITY, EQUITY, AND INCLUSION IN THE TRAINEES,
14 THEIR MENTORS, OR ALL OTHER PROGRAM PARTICIPANTS.

15 WHY ARE WE PRESENTING A NEW PROGRAM FOR
16 YOU TODAY? WHAT MAKES IT, IF I COULD BORROW THE
17 TERM, "CIRM-Y," WHICH WAS DISCUSSED EARLIER? THERE
18 ARE OTHER UNDERGRADUATE RESEARCH TRAINING PROGRAMS
19 IN EXISTENCE, OF COURSE; BUT MOST OF THOSE, EVEN
20 THOSE THAT ARE TARGETING MEMBERS OF UNDERSERVED
21 COMMUNITIES, ACTUALLY ARE LOOKING FOR INDIVIDUALS
22 THAT HAVE PREDEFINED ACADEMIC SELECTION CREDENTIALS
23 AS WELL AS OFTEN A STATED COMMITMENT TOWARDS
24 GRADUATE SCHOOL, MEDICAL SCHOOL, OR FACULTY
25 POSITIONS IN ACADEMIA. THIS PROGRAM WILL SUPPORT

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1 THE DEVELOPMENT AND IMPLEMENTATION OF NEW STRATEGIES
2 TO RECOGNIZE AND FOSTER UNTAPPED TALENT THAT CAN
3 LEAD TO NEW AND VALUABLE PERSPECTIVES THAT ARE
4 SPECIFIC TO THE CHALLENGES OF REGENERATIVE MEDICINE.
5 THIS PROGRAM WILL CREATE NEW PATHS TO A SPECTRUM OF
6 CAREERS THAT ARE NOT ALWAYS APPARENT TO STUDENTS IN
7 THE ACADEMIC AND UNDERGRADUATE ENVIRONMENT.

8 SO CERTAINLY PATHS TO THOSE GRADUATE
9 SCHOOL AND MEDICAL SCHOOL POSITIONS THAT WE SPOKE
10 OF, BUT ALSO THERE'S A BROAD ARRAY OF OTHER TYPES OF
11 CAREERS THAT BUILD ON RESEARCH SKILLS THAT ARE
12 REALLY NECESSARY IN ORDER FOR US TO ACHIEVE OUR
13 MISSION. AND THIS WILL PRESENT PATHWAYS TO THOSE
14 OPPORTUNITIES FOR ALL INVOLVED.

15 FINALLY, THIS PROGRAM WILL BE
16 COMPLEMENTARY, BUT NOT COMPETING WITH CIRM'S BRIDGES
17 PROGRAM, WHICH I INTRODUCED ON THE FIRST SLIDE. A
18 SUBSET OF THE BRIDGES PROGRAM DO SERVE
19 UNDERGRADUATES; HOWEVER, IT'S A DIFFERENT, BUT
20 EQUALLY IMPORTANT POPULATION. SO WE CONSIDER THESE
21 PROGRAMS COMPLEMENTARY.

22 SIMILARLY, THIS NEW PROGRAM IS UNLIKELY TO
23 COMPETE FOR THE SAME POOLS OF STUDENTS THAT WOULD BE
24 THE MOST LIKELY ONES TO RECEIVE SUPPORT THROUGH THE
25 MAJOR NIH TRAINING PROGRAMS, SUCH MARC AND THE

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1 U-RISE PROGRAM.

2 SO THIS SLIDE IS JUST A HIGH LEVEL
3 OVERVIEW OF THE COMPONENTS OF A COMPASS AWARD. AND
4 I WILL GO THROUGH EACH OF THESE THREE ARMS IN MY
5 NEXT FEW SLIDES. BUT BASICALLY A COMPASS AWARD
6 CONSISTS OF THREE MAJOR DRIVES. THE FIRST IS THE
7 OUTREACH AND RECRUITMENT COMPONENT, WHICH IS HOW
8 TRAINEES WILL BE IDENTIFIED TO BE APPOINTED TO THIS
9 PROGRAM. THE SECOND IS THE EXPERIENCE THAT THE
10 TRAINEE WILL HAVE WHEN THEY ARE APPOINTED AS COMPASS
11 SCHOLARS. AND THE THIRD IS A MENTORSHIP PROGRAM
12 THAT WILL BE DEVELOPED AND IMPLEMENTED IN ORDER TO
13 SUPPORT THOSE STUDENTS THROUGH THEIR TIME IN THE
14 PROGRAM.

15 SO LET ME JUST GO INTO A LITTLE BIT MORE
16 DETAIL ABOUT EACH OF THOSE TO HELP YOU UNDERSTAND.
17 WE'LL BEGIN WITH THE COLUMN ON THE LEFT, THE
18 OUTREACH AND RECRUITMENT. SO THE OUTREACH, EACH
19 PROGRAM WILL HAVE AN ADAPTIVE OUTREACH AND
20 RECRUITMENT STRATEGY THAT WILL BE MANAGED BY A
21 DEDICATED PERSONNEL ROLE WHO WILL OVERSEE THE DEI
22 AND RECRUITMENT STRATEGY EFFORTS. WE'LL REFER TO
23 THIS INDIVIDUAL AS THE DIVERSITY AND OUTREACH
24 COORDINATOR.

25 THEIR RESPONSIBILITIES WILL BE TO ASSESS

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1 DISPARITIES IN THEIR OWN STEM PROGRAMS WITHIN THEIR
2 INSTITUTION AND DEVELOP NOVEL AND SPECIFIC
3 RECRUITMENT STRATEGIES TO ADDRESS AND OVERCOME
4 THESE. SOME EXAMPLES OF SUCH STRATEGIES COULD BE
5 INCREASED AND STRATEGIC OUTREACH TO UNDERREPRESENTED
6 GROUPS AT THE UNIVERSITY, INCREASED OUTREACH TO
7 COMMUNITY COLLEGES, TARGETING SOCIOECONOMICALLY
8 DISADVANTAGED, FIRST IN FAMILY TO ATTEND COLLEGE, ET
9 CETERA. WE ANTICIPATE THAT THEY WILL INNOVATE AND
10 CREATE NEW MECHANISMS TO ADDRESS DISPARITIES AND
11 ALSO LOWER BARRIERS TO PARTICIPATION.

12 THEIR RESPONSIBILITIES ARE TO BUILD AND
13 FOSTER AND MAINTAIN AN INCLUSIVE AND SUPPORTIVE
14 ENVIRONMENT THROUGH THE ADMINISTRATION OF THIS
15 PROGRAM. AND THE ADAPTIVE PART IS WHAT COMES IN
16 HERE ON MY FOURTH BULLET. THEY ARE EXPECTED TO DO
17 REGULAR SELF-ASSESSMENTS, LOOKING AT THEIR OWN
18 PROGRESS, ANALYZING IT, AND MAKING ADJUSTMENTS IN
19 THEIR STRATEGIES AS NEEDED.

20 THE SECOND COMPONENT IS WHAT A TRAINEE
21 WILL EXPERIENCE ONCE THEY HAVE BEEN IDENTIFIED AND
22 RECRUITED INTO THIS PROGRAM. SO WE'RE PROPOSING
23 THAT THE PROGRAMS WOULD BE DEVELOPED WHERE THE
24 TARGETED STUDENTS WOULD BE SUPPORTED FOR TWO OR
25 THREE YEARS PER PROGRAM DESIGN.

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1 ALL APPOINTED STUDENTS WOULD RECEIVE
2 FOUNDATIONAL COURSEWORK IN STEM CELL REGENERATIVE
3 MEDICINE-RELATED DISCIPLINES, PRINCIPLES OF
4 TRANSLATIONAL RESEARCH, AND GOOD RESEARCH HABITS, AS
5 WELL AS AN OPPORTUNITY TO TAKE SPECIALIZED OPTIONS
6 PER THEIR INTEREST OR PROGRAM DESIGN; FOR EXAMPLE,
7 THINGS LIKE COMPUTATIONAL BIOLOGY OR DATA ANALYSIS.

8 ALL WILL RECEIVE TRAINING IN SOFT SKILLS,
9 INCLUDING PRESENTATION AND SCIENTIFIC WRITING. ALL
10 WILL HAVE INDIVIDUALIZED FORMAL INTERNSHIP PLANS AND
11 CAREER COUNSELING. ALL WILL HAVE OPPORTUNITIES TO
12 DO PAID, HANDS-ON RESEARCH INTERNSHIPS IN ACADEMIC
13 OR BIOTECH LABORATORIES FOR ONE OR MORE SUMMER TERMS
14 OR AN EQUIVALENT PERIOD DISTRIBUTED THROUGHOUT A
15 SCHOOL YEAR IF THAT WORKS BETTER FOR THEM.

16 ALL WILL PARTICIPATE IN PATIENT ENGAGEMENT
17 AND COMMUNITY OUTREACH ACTIVITIES, A COMMON ELEMENT
18 TO ALL CIRM TRAINING PROGRAMS. AND STUDENTS WILL
19 COMPLETE A CAPSTONE PROJECT AND PRESENT AT A
20 CONFERENCE IN A CULMINATING EXPERIENCE.

21 THE THIRD AND VERY CRITICAL COMPONENT OF A
22 COMPASS AWARD IS THE DEVELOPMENT AND IMPLEMENTATION
23 OF THE MENTOR PLAN. THIS IS SO IMPORTANT THAT WE
24 HAVE ASCRIBED A DEDICATED PERSONNEL ROLE OR
25 MENTORSHIP FACILITATOR WHO WILL IDENTIFY AND TRAIN A

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1 SMALL TEAM OF INDIVIDUALS THAT WILL SERVE AS ROLE
2 MODELS FOR STUDENTS AND BRING CULTURAL AWARENESS,
3 KNOWLEDGE, AND PERSPECTIVES REPRESENTING THE
4 TARGETED STUDENT GROUPS THAT MAY NOT PRESENT IN THE
5 RESIDENT FACULTY OF THE ACADEMIC INSTITUTION.

6 THEY WILL BE RESPONSIBLE FOR DEVELOPING
7 THOSE INDIVIDUAL DEVELOPMENT PLANS FOR STUDENTS AND
8 ASSURING APPROPRIATE MENTORSHIP AGREEMENTS BETWEEN
9 THE STUDENTS AND THE RESEARCH MENTORS. THEY'RE
10 EXPECTED TO PROVIDE FORMAL MENTOR TRAINING FOR
11 RESEARCH ADVISORS AND ANY OTHERS WHO ARE INTERACTING
12 WITH THE STUDENTS, INCLUDING THINGS LIKE IMPLICIT
13 BIAS TRAINING. THEY WILL BE IMPLEMENTING
14 COHORT-WIDE ACTIVITIES TO GUIDE THE PERSONAL AND
15 PROFESSIONAL GROWTH OF TRAINEES, SUCH AS LIFE SKILLS
16 WORKSHOPS, RESUME, INTERVIEWS, WORKSHOPS, AND
17 NETWORKING EVENTS.

18 THEY WILL PROVIDE CAREER COUNSELING AND
19 INTRODUCE THE TRAINEES TO THE DIVERSE OPPORTUNITIES
20 THAT ARE AWAITING THEM FOR HOW THEY CAN APPLY THE
21 REGENERATIVE MEDICINE SKILL SETS IN THE WORKFORCE.

22 AND, FINALLY, IT IS THEIR RESPONSIBILITY
23 TO ASSIMILATE AND DESCRIBE THE NEW MENTORSHIP
24 APPROACHES AND BEST PRACTICES THAT THEY DEVELOP AND
25 REPORT THEM AND SHARE WITH OTHER ORGANIZATIONS SO

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1 THAT THE BENEFITS OF THESE CAN BE SHARED WITH OTHER
2 INSTITUTIONS THAT MAY NOT NECESSARILY HAVE THEIR OWN
3 COMPASS PROGRAM.

4 SO WHO WILL BE ELIGIBLE TO APPLY FOR
5 COMPASS AWARDS? WE'RE PROPOSING THAT THIS AWARD
6 MECHANISM BE OPEN TO CALIFORNIA PUBLIC UNIVERSITIES,
7 COLLEGES, OR PRIVATE NONPROFIT ACADEMIC INSTITUTIONS
8 THAT HAVE AN ACCREDITED BACHELOR'S DEGREE PROGRAM IN
9 BIOLOGY, BIOENGINEERING, BIOMEDICAL SCIENCES, OR
10 REALLY ANY STEM DISCIPLINE THAT'S RELEVANT TO
11 REGENERATIVE MEDICINE.

12 INSTITUTIONS THAT INTEND TO HOST THE
13 SUMMER RESEARCH INTERNSHIPS INTERNALLY, THAT IS AT
14 THEIR OWN INSTITUTION, MUST INCLUDE PARTICIPATING
15 FACULTY WITH FEDERAL OR CIRM-SUPPORTED RESEARCH
16 PROGRAMS IN REGENERATIVE MEDICINE-RELATED
17 DISCIPLINES. HOWEVER, APPLICANT INSTITUTIONS THAT
18 LACK THIS NECESSARY RESEARCH INFRASTRUCTURE MAY
19 PARTNER WITH AN EXTERNAL ORGANIZATION SUCH AS A
20 RESEARCH UNIVERSITY OR INSTITUTE OR EVEN AN
21 APPROPRIATE BIOTECHNOLOGY OR PHARMACEUTICAL COMPANY
22 TO PROVIDE AN APPROPRIATE INTERNSHIP EXPERIENCE AND
23 OPPORTUNITY FOR THEIR TRAINEES.

24 I THINK IT'S IMPORTANT TO EMPHASIZE THAT
25 APPLICANTS WHO DO HAVE OTHER STEM-FOCUSED

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1 UNDERGRADUATE TRAINING PROGRAMS WILL BE EXPECTED TO
2 ARTICULATE THE DISTINCTION BETWEEN PROGRAMS IF THEY
3 APPLY FOR A COMPASS AWARD AND ALSO DEMONSTRATE THEIR
4 CAPACITY TO ACCOMMODATE A NEW PROGRAM WITHOUT
5 DETRIMENTAL IMPACTS TO ANY OTHER.

6 AND THIS NEXT SLIDE IS TO SHOW YOU THE
7 BUDGET THAT IS REQUIRED TO SUPPORT THE COMPASS
8 AWARDS. SO WE WILL BE ASKING FOR AN ALLOCATION OF
9 APPROXIMATELY \$58 MILLION, WHICH IS ENOUGH TO
10 SUPPORT 300 TO 500 TRAINEES, DEPENDING ON THE LENGTH
11 OF THEIR APPOINTMENTS. THE WAY THIS BUDGET IS
12 STRUCTURED, I'M JUST GOING TO BRIEFLY GO THROUGH ON
13 THIS SLIDE BELOW.

14 SO ASSUMING AN INVESTMENT OF 20 AWARDS
15 WITH A MAXIMUM AWARD AMOUNT OF \$2.91 MILLION, WHICH
16 WOULD BE FULLY LOADED ACROSS ALL BUDGET CATEGORIES
17 OF AWARD. EACH PROGRAM COULD SUPPORT UP TO 25
18 STUDENTS DEPENDING ON WHETHER THEIR DURATIONS ARE
19 TWO YEARS, THREE YEARS, OR A MIXTURE. THE COMPONENT
20 OF THE 2.91 MILLION THAT WOULD BE DIRECTLY
21 ASSOCIATED WITH THE PER TRAINEE BASIS INCLUDE
22 \$30,800. THIS INCLUDES STIPENDS FOR THE STUDENTS,
23 COURSE FEES TO OFFSET THEIR TUITION,
24 RESEARCH-RELATED FUNDS TOR THEIR INTERNSHIP HOST
25 LAB, AND TRAVEL TO THE ANNUAL CONFERENCE.

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1 THE SECOND COMPONENT OF THE BUDGET IS THE
2 PROGRAM ADMINISTRATION AND OVERHEAD COSTS, WHICH IS
3 A LITTLE OVER \$27,000. THIS SUPPORTS THE OUTREACH
4 AND RECRUITMENT EFFORTS AND, OF COURSE, THE
5 MENTORSHIP PROGRAM, DEVELOPING, IMPLEMENTING, THE
6 SHARING THE RESULTS OF THAT.

7 THIS COMES DOWN TO A TOTAL COST PER
8 STUDENT PER YEAR OF \$58,220 PER YEAR OF APPOINTMENT.

9 IN SUM, CIRM REQUESTS THE BOARD APPROVE
10 THE PROPOSED EDUC5 COMPASS PROGRAM CONCEPT WITH AN
11 ALLOCATION OF 58.22 MILLION TO SUPPORT UP TO 20
12 EDUC5 AWARDS EACH WITH AN UP TO FIVE-YEAR DURATION
13 AT A COST OF APPROXIMATELY \$2.9 MILLION PER AWARD.

14 AND THAT CONCLUDES MY FORMAL PRESENTATION,
15 AND I'M HAPPY TO TAKE ANY QUESTIONS IF THERE ARE
16 ANY. THANK YOU.

17 CHAIRMAN THOMAS: THANK YOU, KELLY, FOR
18 THAT EXCELLENT PRESENTATION AND THIS TYPICALLY
19 EXTREMELY WELL THOUGHT OUT AND DETAILED NEW PROGRAM
20 THAT YOU'RE BRINGING TO THE BOARD'S ATTENTION TODAY.
21 DO WE HAVE A MOTION TO APPROVE THE REQUESTED
22 BUDGETED AMOUNT?

23 DR. HIGGINS: SO MOVED.

24 CHAIRMAN THOMAS: IS THERE A SECOND?

25 DR. MARTIN: SECOND.

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1 CHAIRMAN THOMAS: DAVE MARTIN SECONDS.
2 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?

3 DR. HIGGINS: I HAVE A QUICK QUESTION FOR
4 KELLY.

5 CHAIRMAN THOMAS: YES, DAVID.

6 DR. HIGGINS: DO YOU HAVE ANY PREDICTION
7 AS TO -- YOU'VE GOT A BUDGET SET ASIDE, THE 58
8 MILLION, WHICH IS GREAT. YOU HAVE ANY IDEA HOW MUCH
9 OF THAT WILL ACTUALLY BE ABSORBED -- APPLIED FOR AND
10 GRANTED?

11 DR. SHEPARD: WELL, THIS IS A COMPLETELY
12 NEW PROGRAM, AND IT WILL BE OUR FIRST TIME OFFERING
13 IT. WE ARE DOING THIS BASED ON WE MADE SOME
14 ESTIMATES ON THE NUMBER OF APPLICATIONS THAT WE
15 THOUGHT WOULD BE ABLE TO APPLY. NOT EVERY
16 INSTITUTION THAT IS ELIGIBLE TO APPLY WOULD BE ABLE
17 TO SUPPORT A FULL LOAD OF TRAINEES AS THE BUDGET
18 WOULD ALLOW. HOWEVER, WE HAVE BASED THIS ON
19 COMPARISONS WITH SOME OF OUR OTHER TRAINING
20 PROGRAMS, THE NUMBER OF TRAINEES WE WOULD LIKE TO
21 SUPPORT. AND, OF COURSE, THERE'S A LOT OF NOVELTY
22 IN THAT WE'RE ASKING APPLICANTS TO COME UP WITH
23 INNOVATIVE MECHANISMS TO BOLSTER UNTAPPED TALENT.
24 AND PART OF THIS INNOVATION INVOLVES LEARNING,
25 TRYING NEW THINGS AND LEARNING FROM THEM AND

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1 ADAPTING GOING FORWARD.

2 SO WE MAY LEARN -- IN THIS FIRST ITERATION
3 OF THIS PROGRAM, WE MAY LEARN A LOT THAT WILL HELP
4 US TO SHAPE IT AND CRAFT IT IN THE FUTURE JUST AS WE
5 HAVE OUR OTHER TRAINING PROGRAMS. BUT WE THINK THIS
6 IS A REALLY GOOD STARTING POINT BECAUSE WE HAVE A
7 FAIRLY GOOD IDEA OF THE TYPES OF INSTITUTIONS THAT
8 WOULD BE INTERESTED IN APPLYING AND THEIR STUDENT
9 BODY POPULATIONS AND WHAT THEY MIGHT BE ABLE TO
10 SUPPORT.

11 DR. HIGGINS: NOT ONLY DO YOU ANSWER THE
12 QUESTION CLEARLY AND COMPLETELY, BUT YOU TAKE IT THE
13 NEXT SEVERAL STEPS AND YOU'VE PROVED THAT YOU AND
14 THE REST OF THE STAFF KNOW EXACTLY WHAT YOU ARE
15 DOING, AND I LOVE THAT.

16 DR. SHEPARD: THANK YOU.

17 CHAIRMAN THOMAS: WE HAVE A NUMBER OF
18 ADDITIONAL COMMENTS. I BELIEVE ANNE-MARIE WAS
19 FIRST, AND THEN WE WILL GO DOWN THE LINE HERE.

20 DR. DULIEGE: I'LL BE BRIEF. KUDOS. SO
21 WELL DONE, SO WELL THOUGHT OUT, SO INNOVATIVE, SO
22 FORWARD THINKING, SO WELL PRESENTED AS WELL.
23 APPRECIATE THE BUZZ WORD, AND I'M NOT JOKING HERE,
24 MENTORSHIP AND DIVERSITY. WE NEED THAT MORE.
25 PEOPLE NEED THAT MORE EARLY IN THEIR PROFESSIONAL

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1 LIVES, AND WE TALKED ABOUT THAT EVEN EARLIER TODAY.

2 SO MY QUESTION IS A LITTLE BIT ALONG THE
3 LINES OF WHAT WAS ASKED BEFORE. I KNOW YOU CANNOT
4 PREDICT EVERYTHING. THIS IS A FIRST STEP. BUT IN
5 YOUR IDEAL GOAL, YOUR GOAL, HOW MANY YOUNG
6 UNDERGRADS WOULD BENEFIT FROM THIS? FOR HOW LONG?
7 IS IT A YEAR, FOUR YEARS? SO THAT WE HAVE A ROUGH
8 IDEA OF IN THE END THE YIELD IN TERMS OF THE COST
9 INVESTED VERSUS THE NUMBER OF PEOPLE THAT WILL
10 HOPEFULLY BE POSITIVELY IMPACTED BY THIS IN TERMS OF
11 UNDERGRAD APPLICANTS?

12 DR. SHEPARD: YES. SO WE THINK THAT WE
13 ARE BEING AMBITIOUS IN TARGETING AT LEAST 300 TO 500
14 STUDENTS. OF COURSE, AS SOME OF THE DISCUSSION
15 ALLUDED TO EARLIER TODAY, THERE ARE SOME CHALLENGES
16 THAT WE'RE TRYING TO OVERCOME. WE ARE TRYING TO
17 CREATE INTEREST AND RETAIN INTEREST IN INDIVIDUALS
18 COMING INTO SCHOOLS WHO MIGHT NOT YET HAVE REALIZED
19 OR DECIDED THAT A CAREER IN REGENERATIVE MEDICINE IS
20 FOR THEM. SO THIS PROGRAM IS GOING EARLY. IT'S
21 GOING TO BE BUILDING THESE PROGRAMS THAT WILL
22 INCLUDE A LOT OF NEW ELEMENTS THAT MAY TAKE A FEW
23 YEARS TO GET GOING.

24 SO I THINK THAT PROGRAMS THAT ALREADY HAVE
25 A LOT OF EXPERIENCE TARGETING UNTAPPED TALENT MIGHT

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1 HAVE ELEMENTS IN PLACE THAT ARE READY TO GO. THERE
2 ARE OTHERS THAT MIGHT BE BUILDING. THE BUDGETS OF
3 THESE AWARDS, AS WITH OUR OTHER TRAINING AWARDS, THE
4 TRAINEE COMPONENTS ARE ONLY AWARDED IF THE STUDENTS
5 ARE PLACED. SO IF A PROGRAM IS UNABLE TO APPOINT
6 ALL THEIR SLOTS, THAT MONEY WILL COME BACK TO CIRM
7 EITHER AT THE END OF THE AWARD. OR IF THEY ARE ABLE
8 TO DEMONSTRATE TO US THAT THEY CAN CHANGE THINGS AND
9 DO BETTER IN THE NEXT YEAR, THEY MAY HAVE AN
10 OPPORTUNITY TO CARRY FORWARD THAT FUND TO DO THAT.

11 SO I ANTICIPATE, AS WE HAVE WITH OUR
12 LONG-STANDING PROGRAMS, WHICH WE'VE, INDEED, HAD 10,
13 12 YEARS TO LEARN FROM AND HAVE GONE THROUGH
14 MULTIPLE RFA CYCLES, I EXPECT THAT WE WILL LEARN A
15 LOT FROM THIS ONE AS WELL. IN FACT, THIS PROGRAM
16 INCORPORATES A LOT OF THE LESSONS WE HAVE LEARNED
17 FROM ADMINISTERING PREVIOUS TRAINING PROGRAMS. SO
18 I'M CONFIDENT THAT AFTER THE FIRST COUPLE OF YEARS,
19 WE WILL SEE HOW WE'RE GOING WITH THE BASE THAT WE
20 WERE HOPING TO CAPTURE. IF IT'S FEWER THAN WE ARE
21 HOPING, WHICH IS 300 TO 500 STUDENTS, THAT WILL TELL
22 US THAT WE NEED TO DO MORE AND WE NEED TO ASK THESE
23 PROGRAMS TO DO MORE. AND WE CAN COURSE CORRECT
24 ALONGSIDE THEM. THANK YOU FOR THAT QUESTION. DID I
25 ANSWER IT SUFFICIENTLY OR IS THERE MORE?

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1 DR. DULIEGE: YES, VERY MUCH SO. THANK
2 YOU.

3 CHAIRMAN THOMAS: THANK YOU. HAIFA
4 PLEASE.

5 DR. ABDULHAQ: THANK YOU, KELLY. I ECHO
6 THE SAME SENTIMENTS. I THINK THIS IS A GREAT
7 PROGRAM. AND MY QUESTION TO YOU, KELLY, IS HOW IS
8 CIRM GOING TO ADVERTISE FOR THIS AMONGST DIFFERENT
9 INSTITUTIONS TO MAKE SURE THERE IS A BROAD OUTREACH?
10 AND FOR THOSE INSTITUTIONS THAT HAVE PROBABLY ROBUST
11 CANDIDATES, BUT THEY DON'T HAVE CAPABILITIES TO
12 MENTOR AND THEY WOULD LIKE TO COLLABORATE WITH OTHER
13 INSTITUTIONS, HOW'S CIRM GOING TO HELP WITH THAT AS
14 WELL?

15 DR. SHEPARD: THANK YOU VERY MUCH. SO
16 WE'VE BEEN THINKING ABOUT THAT AS WELL. AND WE HAVE
17 A COMMUNICATIONS TEAM THAT HAS A NUMBER OF NEW
18 MEMBERS THAT ARE VERY SAVVY AND HAVE SOME NEW IDEAS
19 ABOUT HOW WE CAN DO THAT. BUT ONE WAY WE DO IS WE
20 HAVE A PRETTY FIRM CONNECTION WITH THE INVESTIGATORS
21 THAT DO HAVE THE MAJOR RESEARCH INFRASTRUCTURE IN
22 THOSE INSTITUTIONS. SO ONE SIDE OF THE COIN IS
23 WORKING WITH THEM TO MAKE SURE THEY'RE DOING THE
24 APPROPRIATE OUTREACH THAT WE EXPECT OF THEM,
25 SPEAKING TO OTHER ORGANIZATIONS, AND FINDING WAYS TO

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1 SUPPORT THEM. THAT'S ONE SIDE OF THE COIN.

2 THE OTHER SIDE OF THE COIN IS MAKING THIS
3 OPPORTUNITY, RAISING AWARENESS ABOUT IT TO THE
4 INSTITUTIONS THAT MIGHT BENEFIT FROM IT, AND
5 EDUCATING THEM THAT THEY MAY BE ABLE TO APPLY IF
6 THEY ARE ABLE TO FORM PARTNERSHIPS. PART OF THAT
7 OUTREACH WILL BE THROUGH OUR COMMUNICATIONS PLAN.
8 AND I HAVE VARIOUS CONTACTS THROUGH ADMINISTRATION
9 OF THE BRIDGES PROGRAM WITH CAL STATE UNIVERSITIES,
10 COMMUNITY COLLEGES. WE HAVE CONTACTS WITHIN THOSE
11 SYSTEMS WHO CAN SHARE THE WORD WITHIN THOSE
12 ORGANIZATIONS. SO WE WILL DO AN OUTREACH BLITZ TO
13 MAKE THEM AWARE.

14 BUT I BELIEVE THAT WE WILL BE ABLE TO
15 ALSO, ONCE WE ARE ABLE TO POST THE PROGRAM
16 ANNOUNCEMENT, HAVE SOME KIND OF A WEBINAR OR
17 INFORMATION SESSION THAT WE WILL PERSONALLY -- OUR
18 PROGRAMS TEAM WILL BE INVOLVED IN TO EDUCATE AND
19 MAKE THEM AWARE. AND THAT IS SOMETHING THAT WE
20 WOULD BE ABLE TO REPORT. SO IT CAN BE SHARED. AND
21 OTHER PEOPLE COULD VISIT AND WATCH IT AND LEARN IF
22 THEY'RE UNABLE TO ATTEND A LIVE WEBINAR.

23 CHAIRMAN THOMAS: STEVE, YOU WERE NEXT.

24 MR. JUELSGAARD: MY FIRST QUESTION IS
25 PREDICATED ON THE ASSUMPTION THAT THIS IS A

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1 BRAND-NEW PROGRAM THAT -- I'M NOT EVEN AWARE THAT
2 ANY OTHER INSTITUTION HAS ANYTHING LIKE THIS. SO
3 THE FIRST QUESTION REALLY IS WHO IS GOING TO MAKE
4 THE ASSESSMENT OF WHO CAN PARTICIPATE AS AN
5 INSTITUTION OR NOT? WHERE IS THE KNOWLEDGE BASE OF
6 REVIEWERS THAT WOULD SAY THAT THIS APPLICATION IS A
7 GOOD APPLICATION AND THIS ONE ISN'T? WHO DO YOU
8 INTEND THOSE PEOPLE TO BE?

9 DR. SHEPARD: THE ACTUAL DECISIONS AS TO
10 THE MERIT OF AN APPLICATION, INCLUDING THE
11 INSTITUTION AND WHAT THEY CAN BRING TO THE TABLE,
12 THAT IS THE TOPIC OF THE GRANTS WORKING GROUP
13 DISCUSSION. AND SO THE REVIEW CRITERIA THAT WE WILL
14 ASK THEM TO USE TO EVALUATE THESE PROPOSALS WILL
15 FACTOR IN A LOT OF THOSE THINGS THAT YOU ARE
16 CONCERNED ABOUT. AND, INDEED, WITH OUR EXPERIENCE
17 WITH THE BRIDGES PROGRAM, ALL OF THOSE STUDENTS ALSO
18 WORK IN A HOST LAB WHICH IS A PARTNERING
19 INSTITUTION. PART OF THE REVIEW OF THAT PROCESS IS
20 LOOKING AT THE DIFFERENT HOST INSTITUTIONS AND
21 AGREEMENTS THAT HAVE BEEN CREATED AND PUTTING
22 TOGETHER THE APPLICATION AND WHETHER THEY REPRESENT
23 APPROPRIATE OPPORTUNITIES.

24 THE GRANTS WORKING GROUP WHO REVIEW OUR
25 TRAINING PROGRAMS INCLUDE EXPERTS IN STEM CELL

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1 BIOLOGY AND REGENERATIVE MEDICINE, BUT THEY ALSO
2 INCLUDE EXPERTS IN EDUCATION AND DELIVERING
3 EDUCATION, INCLUDING THOSE WHO HAVE EXPERTISE IN
4 MENTORING AND OUTREACH. AND, OF COURSE, DIVERSITY,
5 EQUITY, AND INCLUSION IS A CRITICAL COMPONENT OF
6 THIS PROGRAM. AND WE DO HAVE EXPERTISE ON OUR
7 GRANTS WORKING GROUP THAT CAN SPEAK TO THAT; OR IF
8 WE NEED MORE IN SPECIFIC AREAS, THEY CAN BE
9 RECRUITED FOR THE REVIEW.

10 SO BASICALLY THE SHORT ANSWER IS THAT WE
11 WILL ASK EXPERTS FROM THE GRANTS WORKING GROUP WHO
12 DO HAVE THE KIND OF EXPERTISE TO EVALUATE BOTH THE
13 SCIENTIFIC ELEMENTS OF WHAT WILL BE OFFERED TO THE
14 TRAINEES AS WELL AS THE MECHANICS OF THE MENTORSHIP
15 AND RECRUITMENT STRATEGIES AND WHETHER OR NOT
16 THEY'LL DELIVER ON WHAT WE'RE ASKING THEM TO DO.

17 MR. JUELSGAARD: I ACCEPT WHAT YOU SAID
18 EXCEPT THAT OVER THE YEARS IN REVIEWING THE
19 BIOGRAPHIES OF GRANTS WORKING GROUP MEMBERS, WHICH
20 HAVE BEEN A NUMBER, I DON'T RECALL TOO MANY, IF ANY
21 AT ALL, THAT SPEAK TO THEIR ABILITY TO JUDGE
22 EDUCATIONAL ENTERPRISES, ET CETERA. SO HENCE MY
23 QUESTION. FOR THE MOST PART, OUR GWG MEMBERS ARE
24 VERY STEEPED IN SCIENCE, BUT NOT SO MUCH IN THIS
25 SORT OF WORK. AND SO I JUST WANT TO MAKE SURE WE

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1 HAVE PEOPLE WHO UNDERSTAND HOW THIS WORKS, MAKING
2 THESE JUDGMENTS, WHICH GOES TO THE SECOND QUESTION.

3 SO THIS IS A LARGE ROLLOUT, \$58 MILLION,
4 20 INSTITUTIONS. OFTENTIMES WHEN YOU'RE DOING
5 SOMETHING THAT'S VERY NEW AND DIFFERENT, YOU START
6 WITH A PILOT PROGRAM, SOMETHING A LITTLE SMALLER YOU
7 CAN GET YOUR HANDS AROUND, MAKE SURE THAT YOU'VE
8 GOT -- IT'S WORKING THE WAY YOU WANT IT TO BEFORE
9 YOU DECIDE TO ROLL IT OUT LARGER. SO I JUST
10 WONDERED IF YOU HAD CONSIDERED STARTING SMALLER FOR
11 THE FIRST YEAR OR TWO, MAKING SURE YOU'VE GOT THIS
12 THING WORKING BEFORE YOU DECIDE TO GO BROAD.

13 DR. SHEPARD: YES, INDEED, WE HAVE
14 CONSIDERED THAT. AND EARLIER THE TEAM DISCUSSED A
15 NUMBER OF OPTIONS. AND ULTIMATELY I BELIEVE, AND I
16 DON'T WANT TO SPEAK ON BEHALF OF THEM, DR. MILLAN,
17 IF YOU WANT TO ADDRESS THIS, BUT ULTIMATELY IT IS A
18 PILOT PROGRAM. AND THE WAY WE INTEND TO ADMINISTER
19 IT IS THE PAYMENTS AND FUNDS ARE STRUCTURED IN SUCH
20 A WAY THAT WILL BE MILESTONES WHERE THEY DEMONSTRATE
21 THE PIECES. IF IT'S A COMPLETELY NEW PROGRAM, THAT
22 THE PIECES THAT NEED TO BE BUILT COME INTO PLACE AS
23 THE PROGRAMS RAMP UP. AS I MENTIONED, THE DERISKING
24 OF THE FACT THAT CERTAIN COMPONENTS OF THE AWARD
25 AREN'T PAID IF THE TRAINEES AREN'T APPOINTED. WE

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1 FEEL IT IS SOMETHING THAT DERISKED THIS TO OPERATE
2 IT IN THIS WAY. AND WE ALSO HAVE MANY NEW
3 COMPONENTS COMING TOGETHER THAT WE WOULD LIKE TO
4 FACTOR INTO THIS AS WE LEARN AND AS WE GO.

5 SO I'M NOT SURE IF THAT COMPLETELY
6 ADDRESSES YOUR SECOND QUESTION. AND I WILL GIVE DR.
7 MILLAN OR ANYBODY ELSE WHO WOULD LIKE TO SPEAK TO
8 THAT AN OPPORTUNITY TO SAY THAT. BUT I ALSO, TO
9 YOUR FIRST QUESTION, WE HAVE A NUMBER OF GWG THAT
10 ARE SPECIALIZED FOR EDUCATION THAT REALLY ONLY
11 PARTICIPATE ON OUR TRAINING GRANT REVIEWS, AND
12 THEY'RE NOT EXACTLY THE SAME AS THE ONES YOU HEAR
13 ABOUT REVIEWING MOST OF OUR PROGRAMS. AND THERE ARE
14 A NUMBER OF NEW ONES APPOINTED JUST LAST YEAR THAT
15 PARTICIPATED IN A REVIEW. I DON'T KNOW IF DR.
16 SAMBRANO WANTS TO SPEAK TO THAT. THAT CAME UP
17 EARLIER, AND WE CAN ALWAYS -- SORRY. OUR REVIEW
18 OFFICE CAN ALWAYS RECRUIT MORE AND ADDITIONAL
19 EXPERTISE AS NEEDED. AND DO WE THINK THAT WEIGHING
20 IN ON THE DEI COMPONENT AND THE OUTREACH COMPONENT
21 AND THE MENTORSHIP PROGRAMS OF THIS PROGRAM ARE KEY
22 TO MAKING IT SUCCESSFUL.

23 MR. JUELSGAARD: ALL RIGHT. JUST ONE FINAL
24 POINT, UNLESS DR. MILLAN HAS SOMETHING TO SAY, WHICH
25 IS GIVEN ALL OF THIS, I THINK IT WOULD BE USEFUL,

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1 THIS IS A SUGGESTION ON MY PART, THAT LET'S SAY
2 AFTER A YEAR OR SO OF HAVING GOT THIS THING UP AND
3 RUNNING THAT THE BOARD HEARS BACK ABOUT HOW THINGS
4 ARE GOING, WHAT YOU'VE BEEN ABLE TO DO AND HOW
5 THINGS ARE PROCEEDING, THAT WE KNOW THAT THIS IS
6 GOING IN A FORWARD DIRECTION.

7 DR. SHEPARD: I THINK THAT'S A WONDERFUL
8 IDEA. I'M ALWAYS HAPPY TO COME AND TELL YOU HOW THE
9 RESULTS ARE IN REAL TIME OF THE CONCEPTS AND
10 PROGRAMS THAT YOU HAVE WEIGHED IN ON AND APPROVED
11 ULTIMATELY AND MADE YOUR RECOMMENDATIONS. SO I'D BE
12 VERY HAPPY TO DO THAT.

13 MR. JUELSGAARD: THANK YOU.

14 CHAIRMAN THOMAS: THANK YOU, STEVE, FOR
15 ALL YOUR COMMENTS. YSABEL, YOU'RE NEXT.

16 MS. DURON: THANK YOU, MR. CHAIR. AND
17 THANK YOU TO STEVE FOR HIS QUESTIONS. THOSE ARE
18 REALLY IMPORTANT ONES.

19 KELLY, GREAT. CONGRATULATIONS. I LOVE
20 THIS. IT SPEAKS TO MY EARLIER FEARS AND CONCERNS
21 ALTHOUGH IT'S GOING TO BE AWHILE TO MOVE THOSE KIDS
22 THROUGH PIPELINES, BUT IT IS A PATHWAY. AND I
23 REALLY APPRECIATE THAT CIRM IS THINKING ABOUT THIS.

24 TO AN EARLIER POINT THAT ART MADE AND WANT
25 TO MAKE AGAIN WITH THE AFFIRMATIVE ACTION ISSUE AT

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1 THE SUPREME COURT, ONE, ARE YOU THINKING ABOUT HOW
2 YOU MIGHT HAVE TO QUICKLY PIVOT OR BE MORE NIMBLE IN
3 THE NEXT MONTHS AHEAD TO RESPOND? BUT ALSO I HEARD
4 YOU SAY ONE THING. I HADN'T SEEN IT, BUT I'M GLAD
5 YOU MENTIONED COMMUNITY COLLEGES BECAUSE I THINK
6 THAT MAY ALSO BE A MISSED OPPORTUNITY IF WE DON'T
7 REACH INTO THOSE INSTITUTIONS WHO I BELIEVE ARE
8 ACTUALLY TRYING TO BUILD UP THEIR SCIENCE PROGRAMS
9 TO GET YOUNG STUDENTS STARTED EARLY AND TO CAUSE TO
10 SEED THAT KIND OF BELIEF AND ABILITY TO DO SCIENCE
11 AND TO BUILD A CAREER ON THAT. SO I'M GLAD TO HEAR
12 YOU'RE DOING THAT.

13 BUT TO THE QUESTION. HAVE YOU THOUGHT
14 THROUGH HOW YOU MIGHT HAVE TO PIVOT AND RESPOND
15 SHOULD THE SUPREME COURT TAKE WHAT I WOULD CONSIDER
16 A NEGATIVE ACTION AGAINST AFFIRMATIVE ACTION?

17 DR. SHEPARD: YES. THAT HAS ONLY COME UP
18 RECENTLY SINCE WE PUT TOGETHER THIS CONCEPT. BUT,
19 OF COURSE, WE'VE ALWAYS HAD TO DEAL WITH PROPOSITION
20 209 AND THE RESTRICTIONS AROUND THAT IN THE STATE.
21 WE KNOW THAT WE AREN'T ALLOWED TO TARGET SPECIFIC
22 ETHNICITIES OR RACES IN MAKING FUNDING DECISIONS.
23 HOWEVER, WE FEEL THAT BY HAVING PROGRAMS ASSESS GAPS
24 AND COME UP WITH SPECIFIC OUTREACH STRATEGIES TO
25 TARGET THEM IS A GOOD WAY TO GO BECAUSE WE BELIEVE

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1 THAT THIS IS ACTUALLY ADDRESSING A SCIENTIFIC
2 CHALLENGE.

3 IT'S NOT -- INCREASING DIVERSITY AND
4 PERSPECTIVES IS IMPORTANT FROM MANY -- FOR MANY
5 DIFFERENT REASONS. BUT CIRM IS ULTIMATELY
6 INTERESTED IN DEVELOPING CURES. AND HAVING THOSE
7 PERSPECTIVES, IT'S CRITICAL TO ADVANCING THE SCIENCE
8 BECAUSE THESE PERSPECTIVES OPEN UP LINES AND
9 INVESTIGATION AND QUESTIONING THAT MIGHT NOT HAVE
10 BEEN CONSIDERED BY SOMEBODY ELSE'S LIMITED
11 PERSPECTIVES. SO WE SEE IT AS A WAY TO ADDRESS A
12 SCIENTIFIC REVIEW CRITERIA INSIDE AND OUTSIDE OF
13 ANYTHING FOCUSED SPECIFICALLY ON DIVERSIFYING.

14 SO THOSE GOALS ARE PARALLEL, BUT THEY'RE
15 THE SAME IN A WAY. SO WE ARE THINKING ABOUT THEM.
16 WE'LL CERTAINLY KEEP A CLOSE EYE ON ANY DECISIONS
17 AND WHETHER OR NOT THAT AFFECTS THE WAY WE NEED TO
18 DO THAT. BUT WE ARE SPECIFICALLY ALLOWED TO TARGET
19 SOCIOECONOMICALLY DISADVANTAGED AND SIMILAR FIRST
20 GENERATION IN COLLEGE, AND WE HAVE A LOT OF
21 BENCHMARKS THAT WE CAN LOOK AT THAT WE THINK WILL BE
22 ABLE TO HELP US TRY TO NAVIGATE AROUND ANY NEW
23 CHALLENGES THAT MIGHT PRESENT THEMSELVES WITHIN THE
24 NEXT YEAR OR SO.

25 SO IT'S HARD FOR ME TO KNOW EXACTLY HOW WE

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1 WOULD ADDRESS SOMETHING NOT KNOWING WHAT EXACTLY NEW
2 OBSTACLE MIGHT COME OUR WAY, BUT WE ARE FULLY
3 PREPARED TO DO WHATEVER WE CAN TO FIND WORKAROUNDS
4 THAT WILL ALLOW US TO DO THIS.

5 MS. DURON: WELL, THANK YOU. AND BEST BE
6 PREPARED FOR ANYTHING, I GUESS, BUT I'M GLAD YOU
7 BASICALLY HAVE SOME EXPERIENCE AROUND IT JUST
8 DEALING WITH 209. THANK YOU.

9 DR. SHEPARD: THANK YOU.

10 CHAIRMAN THOMAS: THANK YOU, YSABEL. ART,
11 YOU'RE NEXT.

12 MR. TORRES: THESE FOUR PROGRAMS WITH THE
13 PREVIOUS THREE, BRIDGES, SPARK, HAVE BEEN
14 INSTRUMENTAL IN BRINGING A DIVERSE GROUP OF YOUNG
15 PEOPLE FROM THE STATE UNIVERSITY SYSTEM, COMMUNITY
16 COLLEGES, AND HIGH SCHOOLS INTO THE MIX. AND I
17 THINK WE ARE DOING MORE THAN THE UNIVERSITY OF
18 CALIFORNIA IS IN RECRUITMENT OF THESE YOUNG PEOPLE
19 FROM DIVERSE BACKGROUNDS AND SOCIOECONOMIC
20 BACKGROUNDS THAT HAVE BEEN UNDERSERVED.

21 LET'S KEEP IN MIND THAT THE CIRM SCHOLAR
22 PROGRAM, ONE OF OUR BIGGEST GRADUATES, WHICH WAS
23 DERRICK ROSSI, COFOUNDER OF MODERNA. SO WE MADE AN
24 EFFORT IN TERMS OF REACHING OUT TO YOUNG SCIENTISTS
25 WITH THAT CIRM SCHOLAR PROGRAM. BUT, AGAIN, IT

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1 COMES BACK TO WHAT STEVE STATED VERY ELOQUENTLY.
2 AND THAT IS REVIEW AND OVERVIEW AND FOLLOW-UP. I
3 THINK THAT'S IMPORTANT BECAUSE I KNOW GIL AND MARIA
4 AND OTHERS WHO HAVE BEEN WORKING ON THIS, KELLY
5 ESPECIALLY, ARE ALWAYS RECOGNIZING THAT WE NEED TO
6 FIND OUT WHERE THESE KIDS END UP. AND WE'D BE
7 SURPRISED AT THE IMPRESSIVE POSITIONS OF MANY OF
8 THESE PEOPLE, ESPECIALLY IN THE BRIDGES PROGRAM,
9 HAVE LANDED OVER THE YEARS IN TERMS OF THE SCIENCE
10 AND RESEARCH, NOT ONLY IN CALIFORNIA, BUT CLEARLY
11 ACROSS THE COUNTRY.

12 AND SPEAKING OF COMMUNITY COLLEGES, THERE
13 WAS A RECENT LAW PASSED IN 2014 THAT ALLOWS US TO
14 PROVIDE FOR FOUR-YEAR BACHELOR'S DEGREES AT
15 COMMUNITY COLLEGES. ONE OF THOSE PROGRAMS IS VERY
16 IMPORTANT TO US, WHICH I'VE BEEN WORKING WITH SHYAM
17 PATEL AND OTHERS ON OUR STAFF, AND THAT IS THE
18 BIOMANUFACTURING MAJOR OFFERED AT SOLANO COLLEGE,
19 RIGHT NEAR UC SOUTH OF DAVIS AND IN SAN DIEGO, THE
20 MIRACOSTA COLLEGE, WHERE FOUR-YEAR GRADUATE PROGRAMS
21 ARE BEING PROVIDED WITH FULL BACCALAUREATE AT MUCH
22 LESS EXPENSE, ESPECIALLY IN BIOMANUFACTURING, WHICH
23 IS A CHALLENGE FOR US.

24 SO MARIA AND I HAVE BEEN WORKING ON THAT A
25 LOT AND HAVE BEEN WORKING ON THAT FOR SOME TIME.

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1 AND, AGAIN, IT'S THESE KINDS OF RECRUITMENT
2 PROGRAMS, THESE KINDS OF RESOURCES THAT WE ARE
3 PROVIDING IS THE FUTURE AND THE FUTURE FOR BIOTECH,
4 BIOSCIENCE, AND CLEARLY FOR PATIENTS. THANK YOU.

5 CHAIRMAN THOMAS: THANK YOU, ART.
6 LEONDRA.

7 DR. CLARK-HARVEY: THANK YOU. I
8 DEFINITELY AGREE WITH THE COMMENTS THAT WERE JUST
9 MADE BY ART REGARDING THE FOLLOW-UP AND THE
10 FOLLOW-THROUGH AND JUST REALLY LOOKING AT WHERE
11 PEOPLE END UP. I THINK THAT'S WONDERFUL DATA TO
12 COLLECT. I DON'T THINK ENOUGH PEOPLE DO THAT.

13 AND I ALSO WANT TO AGREE WITH THE COMMENTS
14 THAT YSABEL JUST MADE AND THE QUESTIONS SHE HAD. I
15 THINK OUTREACH OBVIOUSLY IS SO IMPORTANT, AND I
16 REALLY WOULD ENCOURAGE THINKING KIND OF OUTSIDE OF
17 THE TYPICAL RECRUITMENT AND OUTREACH BOX THAT WE
18 UTILIZED FOR SO LONG, ESPECIALLY IN THE DIGITAL AGE,
19 SO SOCIAL MEDIA. AND THEN ALSO LOOKING AT WHO YOU
20 CAN BRING ON AS AMBASSADORS FROM COMMUNITY-BASED
21 ORGANIZATIONS OR FOLKS THAT REPRESENT THE PEOPLE
22 THAT WE ARE TARGETING TO SPREAD THE MESSAGE, TO GET
23 THE INFORMATION OUT THERE, I THINK ARE THINGS TO
24 CONTINUE TO THINK ABOUT DOING.

25 THINGS ARE CHANGING SO QUICKLY IN

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1 COMMUNICATION, PARTICULARLY NOW THAT WE'RE OUT OF
2 PANDEMIC. SO OUR TYPICAL KIND OF JOB FAIR MODEL OR
3 E-MAILING OR THAT TYPE OF THING, IT'S NOT AS
4 EFFECTIVE. SO JUST WANTED TO DEFINITELY ENCOURAGE
5 IN ORDER TO REACH PEOPLE.

6 DR. SHEPARD: THANK YOU VERY MUCH FOR THAT
7 SUGGESTION. I LEARNED A LOT ABOUT THIS AS WELL IN
8 DOING THE RESEARCH TO PUT TOGETHER THIS CONCEPT
9 BECAUSE I BROUGHT -- I MEAN OUR TEAM, WE BROUGHT IN
10 PERSPECTIVES THAT WE DIDN'T HAVE AT CIRM, INCLUDING
11 WE DID SPEAK TO A COMMUNITY ORGANIZER AND SOME
12 OTHERS WHO ARE INVOLVED, AND WE CERTAINLY LEARNED A
13 LOT. AND IT HELPED INFORM THE DEVELOPMENT OF THE
14 CONCEPT, BUT OUR LEARNING DOESN'T STOP THERE. WE
15 WANT TO CONTINUE THE DIALOGUE AND BRING IN NEW
16 PERSPECTIVES AND EVOLVE AND MAKE THESE PROGRAMS THE
17 BEST THEY CAN POSSIBLY BE. SO THANK YOU VERY MUCH
18 FOR THAT SUGGESTION, AND WE WILL CONTINUE TO TRY TO
19 DO MORE OF THAT. THANK YOU.

20 CHAIRMAN THOMAS: DAVE MARTIN.

21 DR. MARTIN: JUST VERY QUICKLY. KELLY,
22 THAT SOUNDS VERY EXCITING.

23 I URGE -- WHILE I HAVE AN OPPORTUNITY, I
24 URGE AND YOU DR. MILLAN AND YSABEL ACTUALLY, IF YOU
25 HAVEN'T, TO LOOK VERY QUICKLY AND CAREFULLY AT AN

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1 ORGANIZATION CALLED SUMMER SEARCH. IT'S A NATIONAL
2 ORGANIZATION. IT'S VERY ACTIVE IN CALIFORNIA. AND
3 IT WILL REALLY HELP THIS PROGRAM.

4 DR. SHEPARD: THANK YOU VERY MUCH FOR THAT
5 SUGGESTION. I WILL DO THAT IMMEDIATELY AFTER THIS
6 MEETING IS CONCLUDED.

7 CHAIRMAN THOMAS: ANY OTHER COMMENTS BY
8 MEMBERS OF THE BOARD? ANY OTHER COMMENTS FROM THE
9 PUBLIC?

10 MS. BONNEVILLE: THERE ARE NO COMMENTS.

11 CHAIRMAN THOMAS: THANK YOU. AGAIN,
12 KELLY, THANK YOU VERY MUCH.

13 I HAVE ONE LAST QUESTION FOR YOU, WHICH IS
14 THIS IS A -- THIS LATEST PROGRAM SORT OF FILLS IN
15 ONE OF THE FEW INTERSTICES BETWEEN THE VARIOUS
16 PROGRAMS THAT WE HAVE. DO YOU ANTICIPATE THAT THERE
17 WILL BE ANY OTHER EDUC PROGRAMS COMING DOWN THE
18 PIKE? AND IF SO, WHAT MIGHT THEY BE?

19 DR. SHEPARD: PART OF OUR STRATEGIC PLAN
20 INCLUDES BOLSTERING AND INVESTING IN THESE PILLARS,
21 BUT ALSO CREATING ADDITIONAL TYPES OF ONRAMPS BY
22 LEVERAGING THROUGH OUR OTHER PROGRAMS THAT ARE
23 EXISTING, BUT ALSO IN DEVELOPMENT. SO WE HAVE SOME
24 PRELIMINARY PLANS LAID OUT OVER THE NEXT FEW YEARS
25 FOR THE FIRST THINGS THAT WE WILL ROLL OUT. AND I

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1 DON'T HAVE SPECIFICS AT THIS TIME, BUT I THINK YOU
2 WILL SEE THAT THEY WILL CONTINUE TO BUILD IN
3 WORKFORCE DEVELOPMENT BECAUSE, AS GOOD AS THESE
4 PROGRAMS ARE, THERE ARE STILL SOME AREAS THAT WE
5 THINK ARE IMPORTANT FOR DELIVERING IN THE FUTURE,
6 ESPECIALLY AT STAGES THAT ARE DISCIPLINES AND
7 SPECIALTIES THAT ARE NOT NECESSARILY THE ONES THAT
8 ARE INTRODUCED TO STUDENTS DURING THEIR
9 UNDERGRADUATE EDUCATION IN THE ACADEMIC ENVIRONMENT.

10 SO BUILDING CONNECTIONS TO THOSE
11 ORGANIZATIONS THAT DO HAVE THAT KIND OF TRAINING AND
12 HOOKING THEM UP AND INTO THESE PROGRAMS, I THINK
13 IT'S FAIR TO SAY THAT YOU WILL SEE MORE TYPES OF
14 TRAINING OPPORTUNITIES IN THE FUTURE. AS TO WHETHER
15 IT WOULD BE AN EDUC6 OR COME IN UNDER THE GUISE OF
16 ONE OUR OTHER PROGRAMS, THAT IS SOMETHING THAT THE
17 STRATEGIC PLAN WILL FORMULATE OVER THE NEXT COUPLE
18 YEARS.

19 CHAIRMAN THOMAS: THANK YOU. DR. MILLAN.

20 DR. MILLAN: I JUST WANT TO CLARIFY THAT,
21 FOR SURE, WITH THE ADDITION OF THIS NEW PROGRAM, WE
22 COVER A LOT OF GROUND. SO I THINK THERE'S A LOT WE
23 CAN WORK WITH IN TERMS OF LEVERAGING THESE EDUCATION
24 PROGRAMS FOR SOME OF OUR OTHER OBJECTIVES. AS OF
25 NOW, THERE IS NOTHING PLANNED FOR ANOTHER CONCEPT AT

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1 LEAST IN THE NEXT YEAR. SO THIS IS A REALLY BIG
2 PIECE OF IT. EDUCATIONAL PROGRAMS HAVE BEEN THE
3 LARGEST INVESTMENT SINCE THE PASSAGE OF PROP 14.
4 AND WE WANTED TO DO THAT EARLY BECAUSE WE WANTED TO
5 GET THINGS GOING BECAUSE, AS YSABEL NOTED, IT'S
6 GOING TO TAKE A LITTLE WHILE AND THEY NEED IT HERE
7 TODAY.

8 BUT I DO FEEL THAT WITH THE ADDITION OF
9 THIS NEW PROGRAM, THIS TAKES CARE OF THE VARIOUS
10 ONRAMPS, AND I THINK WE HAVE A LOT TO WORK WITH.
11 THANK YOU.

12 CHAIRMAN THOMAS: THANK YOU. OKAY.
13 MARIA, WILL YOU PLEASE CALL THE ROLL.

14 MS. BONNEVILLE: HAIFA ABDULHAQ.

15 DR. ABDULHAQ: YES.

16 MS. BONNEVILLE: DAN BERNAL.

17 MR. BERNAL: AYE.

18 MS. BONNEVILLE: GEORGE BLUMENTHAL.

19 DR. BLUMENTHAL: YES.

20 MS. BONNEVILLE: MICHAEL BOTCHAN. LINDA
21 BOXER.

22 DR. BOXER: YES.

23 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

24 DR. CLARK-HARVEY: YES.

25 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

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

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1 DR. MALKAS: YES.
2 MS. BONNEVILLE: DAVE MARTIN.
3 DR. MARTIN: YES.
4 MS. BONNEVILLE: SHLOMO MELMED.
5 DR. MELMED: YES.
6 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
7 LAUREN MILLER-ROGEN.
8 MS. MILLER-ROGEN: YES.
9 MS. BONNEVILLE: ADRIANA PADILLA.
10 DR. PADILLA: YES.
11 MS. BONNEVILLE: JOE PANETTA.
12 MR. PANETTA: YES.
13 MS. BONNEVILLE: AL ROWLETT. MICHAEL
14 STAMOS.
15 DR. STAMOS: YES.
16 MS. BONNEVILLE: JONATHAN THOMAS.
17 CHAIRMAN THOMAS: YES.
18 MS. BONNEVILLE: ART TORRES.
19 MR. TORRES: AYE.
20 MS. BONNEVILLE: KRISTINA VUORI.
21 DR. VUORI: YES.
22 MS. BONNEVILLE: KAROL WATSON.
23 DR. WATSON: YES.
24 MS. BONNEVILLE: KEITH YAMAMOTO.
25 BARRY, ARE YOU ON THE LINE? THE MOTION

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1 CARRIES.

2 CHAIRMAN THOMAS: THANK YOU. THANK YOU TO
3 KELLY AND ALL OF YOUR TEAM. ANOTHER EXPERTLY
4 THOUGHT OUT PROGRAM, AND WE LOOK FORWARD TO
5 IMPLEMENTATION. THANK YOU VERY MUCH.

6 DR. SHEPARD: THANK YOU ALL VERY MUCH AS
7 WELL.

8 DR. DULIEGE: J.T., IF YOU DON'T MIND, I
9 HAVE A QUICK QUESTION. I WAS JUST THINKING ABOUT
10 OUR DISCUSSION. I OFTEN GET REQUESTS OR QUESTIONS
11 FROM YOUNG PEOPLE WHO ARE LOOKING FOR MENTORSHIP IN
12 BIOTECHNOLOGY IN GENERAL. AND I WAS WONDERING IF
13 SOMEONE AT CIRM COULD SEND US AN E-MAIL WITH A NAME
14 AT CIRM TO ANSWER THE QUESTION. THESE ARE USUALLY
15 EITHER UNDERGRADS OR SHORTLY AFTER GRAD. AND TO
16 SOME EXTENT, IF ANY OF YOU HAVE THOSE RESOURCES, I
17 JUST LOOKED AT SUMMER SEARCH, WHICH IS FANTASTIC.
18 COULD WE HAVE A LIST OF THOSE WEBSITES,
19 ORGANIZATIONS THAT CAN HELP YOUNG PEOPLE WE WANT TO
20 MENTOR? SO THANK YOU SO MUCH.

21 DR. SHEPARD: THANK YOU.

22 CHAIRMAN THOMAS: THANK YOU, ANNE-MARIE.
23 OKAY. ON TO THE NEXT ITEM, ANOTHER CONCEPT PLAN,
24 WHICH IS CONSIDERATION OF THE CONCEPT PLAN FOR
25 INFRASTRUCTURE 4, FUNDING OPPORTUNITY FOR ALPHA

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1 CLINIC NETWORK EXPANSION. AND WE WILL HAVE A
2 PRESENTATION HERE FROM GEOFF LOMAX.

3 DR. LOMAX: THANK YOU VERY MUCH. I'M JUST
4 GOING TO -- THANK YOU. THAT'S THE TITLE SLIDE, SO
5 I'M GOING TO MOVE TO MY PRESENTATION. BEAR WITH ME
6 ONE MOMENT.

7 VERY GOOD. THANK YOU, CHAIRMAN THOMAS AND
8 VICE CHAIRMAN TORRES. GOOD MORNING. MY NAME IS
9 GEOFF LOMAX. I'M A SENIOR OFFICER WITH THE
10 THERAPEUTICS AND DEVELOPMENT TEAM AT CIRM. I WILL
11 BE PRESENTING THE CONCEPT PLAN FOR CIRM'S CLINICAL
12 TRIALS NETWORK KNOWN AS THE ALPHA CLINICS NETWORK.

13 I'M REFERENCING DR. SHEPARD'S
14 PRESENTATION. THE NETWORK LIVES IN CIRM'S
15 INFRASTRUCTURE PILLAR. AND I HAD THE OPPORTUNITY TO
16 WORK UNDER DR. MILLAN'S LEADERSHIP TO LAUNCH THE
17 NETWORK IN 2014 AND SUBSEQUENTLY HAVE SERVED IN A
18 PROJECT MANAGEMENT ROLE FOR THE NETWORK OVER THE
19 PAST FOUR YEARS. NEXT SLIDE PLEASE.

20 SO CIRM'S MISSION OF ACCELERATING
21 WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE
22 REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE
23 MANNER TO DIVERSE CALIFORNIA AND THE WORLD. IN THE
24 CONTEXT OF OUR MISSION STATEMENT, THE ALPHA CLINICS
25 NETWORK IS THE PLACE WHERE TREATMENTS REACH THE

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1 PATIENT. THE NETWORK IS FOCUSED ON THE DELIVERY OF
2 CLINICAL TRIALS. I'LL PROVIDE SOME ADDITIONAL
3 PROGRAM METRICS IN MY PRESENTATION TO ILLUSTRATE
4 THIS POINT. NEXT SLIDE PLEASE.

5 SO THE ALPHA CLINICS NETWORK CURRENTLY
6 INCLUDES SIX MEDICAL CENTERS ACROSS CALIFORNIA.
7 THESE CENTERS PROVIDE A SET OF CORE CAPACITIES
8 NECESSARY FOR THE DELIVERY OF REGENERATIVE MEDICINE
9 TREATMENTS TO PATIENTS. EXAMPLES OF THESE
10 CAPACITIES INCLUDE THE ABILITY TO DO ADVANCED STEM
11 CELL AND GENE THERAPY CLINICAL RESEARCH AND CLINICAL
12 TRIALS. A DEDICATED FOCUS ON PATIENT-CENTERED CARE,
13 SO EDUCATING, INFORMING, CONSENTING THE PATIENTS TO
14 THESE TRIALS. SUPPORTING CIRM'S WORKFORCE TRAINING
15 AND COMMUNITY OUTREACH OBJECTIVES, AND I'LL GIVE AN
16 EXAMPLE, SPECIFIC EXAMPLE, OF COMMUNITY OUTREACH
17 WORK THAT WAS DONE FACILITATED THROUGH THE NETWORK.
18 AND FUNDAMENTALLY TO ACCELERATE CIRM'S CELL AND GENE
19 THERAPY, BOTH THE CLINICAL PIPELINE AND CLINICAL
20 TRIALS. NEXT SLIDE PLEASE.

21 SO SINCE 2014 WE HAVE GATHERED SOME
22 METRICS FROM THE PROGRAM FUNDAMENTALLY WITH THE AIM
23 OF, AGAIN, THE AIM OF ENABLING INNOVATIVE CLINICAL
24 RESEARCH. SO WE'VE INVESTED 40 MILLION IN THE
25 INITIAL ROUNDS, AND THAT'S SUPPORTED A TREMENDOUS

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1 INCREASE IN ACCESS TO PATIENTS TO CLINICAL TRIALS.
2 THERE'S BEEN OVER 105 CLINICAL TRIALS SINCE 2015.
3 EIGHTY-TWO OF THESE TRIALS ARE ACTUALLY TRIALS THAT
4 COME IN FROM INDUSTRY OR ACADEMIC SPONSORS WITHOUT
5 ANY SUPPORT FROM CIRM. A SMALLER FRACTION, 23, ARE
6 CIRM-FUNDED ACADEMIC OR INDUSTRY TRIALS THAT HAVE
7 BEEN SUPPORTED THROUGH THE CLIN2 AWARD MECHANISM.
8 AND 15 OF THESE PROGRAMS ARE ACTUALLY OPEN AT
9 MULTIPLE SITES IN THE NETWORK. I'LL EXPLAIN HOW THE
10 NETWORKS WORK TO OPEN MULTISITE TRIALS, SOME OF THE
11 TOOLS THEY PUT IN PLACE.

12 THEY'VE SECURED 95 MILLION IN CONTRACTS TO
13 SUPPORT SOME OF THE TRIALS REFERENCED ABOVE. AND IN
14 TERMS OF TRAINING, THE PROGRAMS AT UC DAVIS AND UC
15 SAN FRANCISCO, THEY CAME IN A LITTLE BIT LATER.
16 THEY CAME IN 2017. SO THEY'RE THE TWO PROGRAMS THAT
17 HAVE FORMAL TRAINING PROGRAMS. THEY'VE TRAINED 11
18 M.D. FELLOWS AROUND CLINICAL TRIAL REGENERATIVE
19 MEDICINE. SO A LOT OF TRAINING AROUND TRIAL DESIGN,
20 DELIVERY TECHNIQUES, EVERYTHING A TRAINEE WOULD NEED
21 TO KNOW TO BE ABLE TO WORK IN THE FIELD. NEXT SLIDE
22 PLEASE.

23 SO STARTING IN 2015, AS THE PROGRAM ROLLED
24 OUT, CIRM WORKED IN PARTNERSHIP WITH THE NETWORK
25 SITES TO DEVELOP TOOLS AND RESOURCES THAT WOULD

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1 ATTRACT COMMERCIAL SPONSORS AND ACCELERATE CLINICAL
2 TRIALS. THEY INCLUDE A COMMON INTAKE PROCESS FOR
3 SPONSORS. SO WE CAN INTRODUCE SPONSORS TO THE
4 NETWORK AND WORK TO IDENTIFY THE BEST SITE FOR THEIR
5 PROGRAM OR SITES. COHORT IDENTIFICATION TOOLS THAT
6 LEVERAGE PATIENT REGISTRIES THAT MANY OF THESE
7 MEDICAL CENTERS HAVE ACCESS TO. WE DEVELOPED AN IRB
8 RELIANCE AGREEMENT WHICH ALLOWS A SINGLE IRB TO
9 REVIEW A PROTOCOL AND THEN ADDITIONAL SITES TO USE
10 TO BASE THEIR APPROVAL ON THAT OR BASE THEIR OPENING
11 OF A TRIAL ON THAT APPROVAL. AND AROUND 2018 IN
12 PROGRESS REPORTS, RELIANCE SITES, SITES THAT WERE
13 USING THE PRIMARY IRB'S APPROVAL, REPORTED BEING
14 ABLE TO GET TRIALS UP AND RUNNING IN ABOUT 60 DAYS,
15 LESS THAN 60 DAYS, WHICH REALLY AS A MARKER, THAT'S
16 A TREMENDOUS AMOUNT OF EFFICIENCY.

17 THERE'S ALSO BEEN RAPID APPROVAL OF
18 COMPASSIONATE USE PROTOCOLS BECAUSE OF THIS
19 CONNECTIVITY BETWEEN THE INSTITUTIONAL REVIEW BOARDS
20 PRIMARILY IN THE ONCOLOGY SPACE. THERE'S BEEN
21 COLLABORATIVE TREATMENT PROTOCOLS BETWEEN MULTIPLE
22 SITES WHERE A PARTICULAR TRIAL SITE MAY NOT HAVE THE
23 CAPACITY TO RUN THE TRIAL INDEPENDENTLY; BUT THROUGH
24 NETWORKING WITH DIFFERENT SITES, THEY'VE BEEN ABLE
25 TO RUN PROTOCOLS. AND, IN GENERAL, THERE'S A WIDE

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1 DEGREE OF SHARING OF REGULATORY KNOWLEDGE AND
2 KNOWLEDGE IN REGENERATIVE MEDICINE IN GENERAL
3 VIS-A-VIS MONTHLY CALLS. AND PERHAPS MY FAVORITE IS
4 ILLUSTRATED BY THE PICTURE HERE. THIS IS OUR LAST
5 IN-PERSON NETWORK SYMPOSIUM WHERE WE COME TOGETHER,
6 AND IT'S REALLY A WONDERFUL OPPORTUNITY WHERE
7 PATIENTS, PRINCIPAL INVESTIGATORS, AND OTHER TEAMS
8 ASSOCIATED WITH THE NETWORK REALLY DESCRIBE THEIR
9 JOURNEY IN THE REGENERATIVE MEDICINE SPACE, ANIMATED
10 ALWAYS BY THE PATIENT EXPERIENCE. AND SO IT'S A
11 TERRIFIC EVENT. HOPEFULLY WE'LL GET BACK TO THOSE
12 SOON. NEXT SLIDE PLEASE.

13 SO IN THE PREVIOUS SLIDE I TOUCHED ON SOME
14 OF THE TOOLS AND RESOURCES DEVELOPED BY THE NETWORK.
15 BUT CIRM, IN COLLABORATION WITH OUR PARTNERS, HAS
16 DEVELOPED A NUMBER OF MANUSCRIPTS AND PUBLICATIONS
17 THAT REALLY ELABORATE FURTHER ON THE TOOLS AND CORE
18 COMPETENCIES RELATED TO PATIENT NAVIGATION, CLINICAL
19 TRIAL DELIVERY, WORKFORCE TRAINING, AND OTHER
20 ASPECTS OF REGENERATIVE MEDICINE. I'D BE HAPPY TO
21 SHARE ANY OF THESE PUBLICATIONS WITH YOU. JUST FEEL
22 FREE TO ASK US. NEXT SLIDE PLEASE.

23 SO EARLIER I INDICATED I WOULD DESCRIBE
24 HOW THE NETWORK HAS SERVED CIRM'S COMMUNITY OUTREACH
25 OBJECTIVES. SO I'D LIKE TO PROVIDE AN EXAMPLE IN

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1 THE CONTEXT OF OUR COVID-19 PROGRAM. THIS
2 PARTICULAR EXAMPLE, CITY OF HOPE, UC IRVINE, AND UC
3 SAN DIEGO COLLABORATED TO EXPAND RECRUITMENT IN THE
4 CONTEXT OF A CONVALESCENT PLASMA RESEARCH STUDY. IN
5 PARTICULAR, THE SITES WERE INTERESTED IN ENSURING
6 REPRESENTATION FROM MEDICALLY UNDERSERVED
7 POPULATIONS.

8 SO USING CENSUS DATA THEY WERE ABLE TO
9 LOOK AT THE PATIENT POPULATION THAT WAS PRESENTING
10 IN THE CLINIC WITH COVID AND THEN TAKE THAT
11 POPULATION AND PERFORM AN ANALYSIS WHERE THEY WOULD
12 OVERLAY CENSUS DATA WHICH INDICATES WHERE MEDICALLY
13 UNDERSERVED POPULATIONS RESIDE. THEY WERE ABLE TO
14 EXTRACT DOWN TO THE ZIP CODE LEVEL TO INFORM
15 RECRUITMENT STRATEGIES TO ATTRACT A DIVERSE DONOR
16 POPULATION FROM THESE AREAS.

17 THE RESULTS WERE THAT 76 PATIENTS OR 44
18 PERCENT OF THE OVERALL STUDY POPULATION LIVED IN
19 MEDICALLY UNDERSERVED AREAS. AND IT REALLY
20 DEMONSTRATES HOW THE NETWORK CAN DEPLOY TOOLS
21 COMBINING MEDICAL AND DEMOGRAPHIC DATA TO SUPPORT
22 DIVERSITY. THIS APPROACH HAS BEEN PUBLISHED. SO
23 IT'S IN THE PEER REVIEW LITERATURE, AND THE CAPACITY
24 IS NOW CONSERVED AMONG NETWORK PARTNERS AND CAN BE
25 REPLICATED IN FUTURE STUDIES. NEXT SLIDE PLEASE.

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1 SO THE NETWORK IS FUNDAMENTALLY AN
2 INVESTMENT IN TEAMS THAT BRING REGENERATIVE MEDICINE
3 EXPERTISE. THESE TEAMS SUPPORT THE UNIQUE ASPECTS
4 OF REGENERATIVE MEDICINE TRIALS, THINGS LIKE
5 APHERESIS AND KNOWING HOW TO TREAT PATIENTS WITH THE
6 TYPES OF TECHNOLOGIES WE ARE DEPLOYING. PRODUCT
7 PROCESSING, BIOSPECIMEN MANAGEMENT, AND PHARMACY,
8 TECHNICAL ASPECTS, ALL THE SITES HAVE SOME LEVEL OF
9 GMP CAPACITY. REGULATORY SUPPORT, IT'S BEEN A BIG
10 PART OF THE NETWORK AND A BIG PART OF THE NETWORKING
11 AND REALLY, AGAIN, A TRAINING PLATFORM FOR ALL THE
12 ACTIVITIES ABOVE.

13 AND ONE OF THE GREAT OPPORTUNITIES I WAS
14 ABLE TO PARTICIPATE IN WAS IN AUGUST 2018, TWO-DAY
15 WORKSHOP THAT CITY OF HOPE COORDINATED IN
16 COLLABORATION WITH ALL THE NETWORK PARTNERS TO
17 INTRODUCE NURSES, FOCUSED ON NURSES, AND INTRODUCE
18 THEM BOTH TO RESEARCH NURSING AND NURSING AND
19 REGENERATIVE MEDICINE. AND THERE WERE OVER 150
20 ATTENDEES; 56 PERCENT OF THOSE ATTENDEES WERE
21 REGISTERED NURSES. SO NEXT SLIDE PLEASE.

22 AS WE MOVE FORWARD WITH OUR 2022 STRATEGIC
23 PLAN, THERE IS AN ONGOING NEED FOR THE CAPACITIES
24 PROVIDED BY THE NETWORK. WITH THE EXPANDING NUMBER
25 OF CLINICAL TRIALS, THIS EXPERTISE, THE NEED FOR

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1 THIS EXPERTISE IS GROWING. THERE'S A CONTINUING
2 NEED TO DEVELOP THE WORKFORCE IN SIZE AND DIVERSITY
3 TO ADDRESS GAPS IN THE NUMBER OF REGENERATIVE
4 MEDICINE CLINICAL TRIALS. AND THERE'S A NEED FOR
5 CLINICAL COMPETENCY HUBS TO SUPPORT STATEWIDE
6 DEVELOPMENT OF PATIENT CARE CAPACITY AND ADDRESSING
7 THE DIVERSE NEEDS OF CALIFORNIA PATIENTS.

8 SO WITH THAT, I'D LIKE TO TRANSITION TO
9 THE NEXT SLIDE WHERE I'LL INTRODUCE THE CONCEPT
10 PROPOSAL WE ARE BRINGING FORWARD FOR YOUR
11 CONSIDERATION TODAY. THIS IS A PROPOSAL TO EXPAND
12 THE NETWORK. THE PROPOSED BUDGET IS 80 MILLION. IT
13 WOULD BE OPEN TO CALIFORNIA MEDICAL CENTERS.
14 INDIVIDUAL AWARDS WOULD BE 8 MILLION FOR A FIVE-YEAR
15 PERIOD. PRIORITY WOULD BE GIVEN TO APPLICATIONS
16 THAT OFFER MATCHING FUNDS OR IN-KIND SUPPORT. THIS
17 IS CRITERIA THAT'S SPELLED OUT IN PROPOSITION 14.
18 AND THE APPLICANTS WOULD BE REQUIRED TO PROPOSE A
19 COMBINATION OF REQUIRED AND UNIQUE OFFERINGS.

20 SO THE HIGHEST LEVEL I REFER TO THE FIGURE
21 AT THE RIGHT. THE RFA CAN BE VIEWED AS HAVING THREE
22 CORE ELEMENTS. IN TERMS OF ELIGIBILITY, AGAIN, THE
23 APPLICANT MUST HAVE A TRACK RECORD IN SUPPORTING
24 CELL AND GENE THERAPY CLINICAL TRIALS. SO THAT IS
25 REALLY THE ELIGIBILITY. THE SECOND PART WOULD BE

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1 APPLICANTS MUST PROPOSE A TRAINING PROGRAM TO
2 SUPPORT REGENERATIVE MEDICINE CLINICAL RESEARCH AND
3 CARE. I'LL ELABORATE ON THAT POINT 2 IN A MOMENT.

4 AND THIRD, APPLICANTS MUST PROPOSE THE
5 OFFERINGS OR A LEAD OFFERING OR LEAD OFFERINGS THAT
6 CAN BE SHARED AMONG THE NETWORK PARTNERS. SO REALLY
7 BUILD THE NETWORKING AND THE SYNERGY. AND PROPOSALS
8 SHOULD BE RESPONSIVE TO CIRM'S REQUIREMENTS
9 REGARDING PATIENT ACCESS, DATA SHARING, AND DEI.
10 NEXT SLIDE PLEASE.

11 SO I'M NOW TURNING TO REQUIREMENT NO. 2
12 AGAIN, WHICH WOULD BE MANDATORY FOR ALL APPLICANTS.
13 A MAJOR CIRM STRATEGIC THEME IS TO PROVIDE
14 OPPORTUNITY FOR ALL. AND THIS REALLY REFLECTS THE
15 CIRM TRAINING AT THE CLINICAL LEVEL, THE CLINICAL
16 STAGE TRAINING. AND SO STRATEGIES FOR BUILDING A
17 DIVERSE AND SKILLED WORKFORCE ARE INCORPORATED AT
18 ALL LEVELS OF OUR PROGRAMS. IN THIS CASE WE WOULD
19 ASK -- APPLICANTS WOULD HAVE THE OPPORTUNITY TO
20 PROPOSE TRAINING PROGRAMS WITHIN ONE OR MORE OF THE
21 COMPETENCY AREAS NECESSARY TO SUPPORT CLINICAL
22 RESEARCH.

23 SO I MENTIONED EARLIER THERE'S A LOT OF
24 INTEREST IN NURSING. WE HAVE A TRACK RECORD IN
25 PHYSICIAN TRAINING IN THE FELLOWS PROGRAMS.

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1 RESEARCH COORDINATOR, THIS IS A POSITION ACTUALLY
2 THAT'S WIDELY SUPPORTED IN ALL OF THE AWARDS. AND
3 IT CAME UP DURING THE STRATEGIC PLANNING PROCESS
4 THAT THIS IS A CHALLENGING ROLE TO FILL. AND WE
5 AGREE, AND WE KNOW IT'S NECESSARY IN THIS CONTEXT.
6 SO THAT'S SPECIFICALLY CALLED OUT. STEM CELL
7 PHARMACY AND PATIENT NAVIGATION ARE ALL AREAS THAT
8 WOULD BE ELIGIBLE WHERE APPLICANTS COULD PROPOSE
9 TRAINING. NEXT SLIDE PLEASE.

10 REQUIREMENT NO. 3, IN TERMS OF LEAD
11 OFFERINGS, THERE WERE A RANGE OF CLINICAL RESEARCH
12 NEEDS AND OPPORTUNITIES IDENTIFIED IN THE STRATEGIC
13 PLANNING PROCESS THAT COULD ENHANCE THE FIELD OF
14 REGENERATIVE MEDICINE. MANY OF THESE OPPORTUNITIES,
15 SUCH AS CONSORTIA AND NOVEL CLINICAL TRIAL DESIGN,
16 WERE SUGGESTED BY OUR STAKEHOLDERS AND ARE REFLECTED
17 IN THE STRATEGIC PLAN. AND WE KNOW MANY OF THE
18 MEDICAL CENTERS IN CALIFORNIA HAVE THE CAPACITY TO
19 SUPPORT THESE TYPES OF ACTIVITIES AND ADVANCED STEM
20 CELL AND GENE THERAPY IN GENERAL.

21 SO I'VE SORT OF CATEGORIZED THEM IN SORT
22 OF THREE AREAS HERE. AND WE ANTICIPATE APPLICANTS
23 WILL PROVIDE A RANGE OF LEAD OFFERINGS TO SUPPORT
24 THE OVERALL GROWTH OF THE FIELD. NEXT SLIDE PLEASE.

25 SO A NETWORK BY DEFINITION SHOULD CREATE

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1 SYNERGY, AND WE ALREADY HAVE A NUMBER OF EXAMPLES
2 WHERE MULTIPLE SITES HAVE PARTNERED TO DELIVER
3 TREATMENTS THAT WERE BEYOND THE CAPACITY OF ANY ONE
4 INDIVIDUAL SITE. THE RFA ENCOURAGES APPLICANTS TO
5 PROVIDE SPECIFIC EXAMPLES OF HOW THEY'LL BOTH CREATE
6 SYNERGY AND CONSIDER HOW THEY WILL PARTNER WITH
7 MEDICAL CENTERS ACROSS CALIFORNIA. AND APPLICANTS
8 ARE AWARE THESE PLANS SHOULD BE DEVELOPED IN LIGHT
9 OF CIRM'S MISSION. AND IN THE CONTEXT OF THE RFA,
10 APPLICANTS WILL BE GIVEN THE OPPORTUNITY TO PROPOSE
11 PARTNERSHIPS IN LINE WITH OUR STRATEGIC PLAN. NEXT
12 SLIDE PLEASE.

13 AND, FINALLY, THIS IS SOMETHING A LITTLE
14 BIT NEW TO THIS RFA, WHICH WOULD BE ORGANIZATIONAL
15 INTEGRATION PLANS. APPLICANTS WOULD BE EXPECTED TO
16 DESCRIBE IN THE FORM OF A BUSINESS AND
17 ORGANIZATIONAL INTEGRATION PLAN HOW THEY AIM TO
18 LEVERAGE PROPOSED CAPACITIES AND CAPABILITIES SO
19 THEY BECOME INTEGRAL TO THE CENTER'S OPERATION
20 BEYOND THE AWARD PERIOD. SO THIS IS REALLY AN
21 OPPORTUNITY TO SORT OF EMBED THESE OPERATIONS INTO
22 THE LONG-TERM OPERATION OF THE MEDICAL CENTER.

23 WE EXPECT THESE PLANS WOULD INITIALLY
24 SUBMIT PLANS AT THE APPLICATION PERIOD, BUT THESE
25 WOULD BE LIVING PLANS THAT SHOULD BE REVISED OVER

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1 THE AWARD PERIOD AS CAPABILITIES AND CAPACITIES
2 WITHIN THE NETWORK EVOLVE. AND, IN ADDITION, THE
3 PLAN MAY DESCRIBE OPERATIONAL SYNERGIES BETWEEN THE
4 ALPHA CLINICS NETWORK SITES AND OTHER CIRM PROGRAMS
5 IN GENERAL.

6 SO WITH THAT, I'M GOING TO STOP. I THINK
7 MY LAST SLIDE IS JUST THE INTRO SLIDE AGAIN, AND
8 HAPPY TO TAKE QUESTIONS FROM THE BOARD.

9 CHAIRMAN THOMAS: THANK YOU VERY MUCH,
10 GEOFF, FOR THIS EXCELLENT PRESENTATION. I THINK BY
11 ALL MEASURES THE ALPHA CLINIC NETWORK CONCEPT, WHEN
12 WE ORIGINALLY PUT IT INTO PLAY, WHICH AT THE TIME
13 WAS THE FIRST OF ITS KIND AND REMAINS THAT WAY, HAS
14 BEEN A GREAT SUCCESS. AND I THINK THIS IS A
15 COMPELLING DESCRIPTION OF THE NEED TO EXPAND IT TO
16 GIVE IT THE OPPORTUNITY TO FURTHER THAT SUCCESS
17 ABOVE AND BEYOND.

18 DO WE HAVE A MOTION TO APPROVE THE BUDGET
19 AS RECOMMENDED BY GEOFF?

20 DR. HIGGINS: SO MOVED.

21 DR. DULIEGE: AND I SECOND.

22 CHAIRMAN THOMAS: SECONDED BY ANNE-MARIE.
23 QUESTIONS AND COMMENTS FROM MEMBERS OF THE BOARD? I
24 SEE ANNE-MARIE, THEN STEVE.

25 DR. DULIEGE: WOMEN FIRST. AT SOME POINT

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1 IT WILL HAVE TO BE MEN FIRST BECAUSE THEY WILL BE SO
2 OUTNUMBERED.

3 FIRST, CONGRATS, CONGRATS, CONGRATS. WELL
4 THOUGHT OUT, WELL PRESENTED, HIGH CALIBER,
5 VISIONARY. IT'S REALLY SO IMPRESSIVE. WHAT A
6 PLEASURE, WHAT AN HONOR TO BE PART OF THIS ENDEAVOR
7 IN OUR CAPACITY.

8 MY ONLY QUESTION IS HOW DO YOU REGULARLY
9 EVALUATE THE QUALITY OF THE WORK BEING DONE? AND DO
10 YOU HAVE EXAMPLES WHERE YOU HAD EITHER TO COURSE
11 CORRECT A PREVIOUS OR AT TIMES POTENTIALLY
12 DISCONTINUE ONE OF THEM?

13 DR. LOMAX: WELL, NONE OF THE AWARDS WERE
14 DISCONTINUED. WHAT WE ROUTINELY COLLECTED TWICE
15 ANNUALLY WERE REPORTS ON THE NUMBER OF ACTIVE
16 CLINICAL TRIALS, THE NUMBER OF PATIENTS TREATED.
17 AND SO WHAT WE WERE ABLE -- WE WERE ABLE TO SEE THAT
18 THEY WERE BOTH INCREASING IN THE NUMBER OF TRIALS
19 AND WITHIN THOSE TRIALS MEETING PATIENT RECRUITMENT
20 OBJECTIVES. SO THOSE HAVE TYPICALLY BEEN OUR --
21 THOSE WERE OUR SORT OF CORE METRICS DURING THE EARLY
22 YEARS OF THE PROGRAM. AND OBVIOUSLY WE ADDED THAT
23 THEY HAD TO MEET THEIR TRAINING OBJECTIVES. THAT
24 WAS THE DAVIS AND SAN FRANCISCO SITE.

25 SO THAT'S HOW WE WERE ABLE TO KIND OF

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1 CHECK THOSE. AND THEN ALSO WITH THE DAVIS AND SAN
2 FRANCISCO PROGRAMS, WHEN THEY STARTED, WE HAD MOVED
3 OVER TO OUR MILESTONE-BASED AWARDS. AND SO THEY
4 HAD -- THEIR MILESTONES WERE BASED ON INCREASING THE
5 NUMBER OF CLINICAL TRIALS IN A SORT OF SUSTAINED
6 WAY. AND BOTH OF THOSE SITES GREATLY EXCEEDED THE
7 NUMBER OF CLINICAL TRIALS THAT WERE SPECIFIED IN
8 THEIR MILESTONES. SO THOSE --

9 DR. MILLAN: GEOFF, MAY I JUST ADD TO THAT
10 IF YOU WERE WRAPPING UP?

11 DR. LOMAX: YES, PLEASE.

12 DR. MILLAN: SO IN ADDITION WE ACTUALLY
13 MEASURED EFFICIENCIES SUCH AS TIME TO CONTRACTING,
14 TIME TO SITE, TO THE CLINICAL TRIAL LAUNCH, THINGS
15 LIKE THAT. AND ALSO WE WERE ABLE TO TRACK HOW OFTEN
16 THE SITES WERE ABLE TO EXPAND THEIR ACTIVITIES
17 BEYOND THEIR OWN SITE BECAUSE THEY HAD, AS GEOFF HAD
18 PRESENTED, SHARED IRB'S, ET CETERA. SO WHAT HAPPENS
19 IS THERE IS AN AUTOMATIC PLACE IN TERMS OF
20 ADDITIONAL CLINICAL TRIAL SITES AND FOLLOW-UP SITES.
21 SO THOSE ARE THE THINGS THAT GEOFF HAS BEEN
22 FOLLOWING, OF COURSE, WITH THE NORMAL MANAGEMENT OF
23 THE AWARDS. SO WE WILL BE CONTINUING TO DO THAT,
24 BUT ALSO ADDING ADDITIONAL METRICS TO FORMALLY
25 FOLLOW.

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1 THANK YOU, GEOFF. I REALLY WANTED TO
2 HIGHLIGHT ALL THE AMAZING THINGS YOU'VE BEEN DOING.
3 IT'S DIFFICULT TO REMEMBER ALL OF THAT.

4 DR. DULIEGE: VERY, VERY QUICK RESPONSE TO
5 THAT IF YOU DON'T MIND. ALL WHAT YOU SAID IS
6 IMPORTANT, BUT I'M SURE THAT AT SOME POINT SOMEONE
7 IS CHECKING THE QUALITY, NOT JUST THE INTENSITY OR
8 THE SPECTRUM, THE BREADTH BY MEASURING DEVIATIONS
9 AND GCP TYPES OF QUALITIES. IT PROBABLY -- THIS MAY
10 BE SOMETHING YOU HAVE DELEGATED TO THE CRO, BUT I'M
11 SURE -- I ASSUME YOU KEEP TRACK OF THIS AND
12 OVERSIGHT ON THAT, PURELY THE QUALITY OF WHEN
13 PATIENTS ARE ENROLLED IN A TRIAL.

14 DR. MILLAN: DR. DULIEGE, THAT'S AN
15 EXCELLENT POINT. IN FACT, THOSE ARE INFORMALLY
16 COLLECTED AND FOLLOWED AND TRACKED. BUT AS WE ARE
17 DEVELOPING, DR. CREASEY HEADS THE THERAPEUTICS
18 DEVELOPMENT PROGRAM, THIS WHOLE CONCEPT OF KNOWLEDGE
19 NETWORKS EVEN IN CLINICAL TRIAL RESEARCH IN TERMS OF
20 NOT JUST THE SCIENTIFIC DATA, BUT THOSE COMPONENTS
21 ARE IN HER SIGHTS IN TERMS OF WHAT THE TEAM PLANS TO
22 DO. THANK YOU VERY MUCH.

23 DR. DULIEGE: MARIA, PLEASE CALL ME
24 ANNE-MARIE, NOT DR. DULIEGE. THAT MAKES ME
25 UNCOMFORTABLE.

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1 CHAIRMAN THOMAS: THANK YOU. STEVE.

2 MR. JUELSGAARD: YES. I'D LIKE TO GO TO
3 SLIDE 8 PLEASE, IF YOU WOULD, JUST FOR SOME
4 CLARIFICATION. I'M SORRY. SLIDE 10. SO \$80
5 MILLION BUDGET, \$8 MILLION MAXIMUM AWARD. SO I TAKE
6 IT WE'RE TALKING ABOUT A MAXIMUM OF TEN CENTERS; IS
7 THAT RIGHT?

8 DR. LOMAX: CORRECT.

9 DR. JUELSGAARD: AND OF THOSE TEN CENTERS,
10 THE FIVE EXISTING ONES THAT YOU SHOWED ON THE MAP OF
11 CALIFORNIA EARLIER ON IN THE PRESENTATION, ARE THEY
12 ELIGIBLE FOR AN UP TO \$8 MILLION AWARD FOR FIVE
13 YEARS AS WELL?

14 DR. LOMAX: BASED ON THE CURRENT CONCEPT
15 PROPOSAL, YES. AND THERE ARE ACTUALLY SIX MEDICAL
16 CENTERS WITHIN FIVE AWARDS. SO THE UCLA/UC IRVINE
17 ARE A COMBINED AWARD. SO IT'S A LITTLE BIT NUANCED
18 THERE.

19 MR. JUELSGAARD: SO ASSUMING THAT THEY ALL
20 APPLY, ASSUMING THEY'RE ALL AWARDED UP TO 8 MILLION,
21 WHICH WOULD SEEM A REASONABLE ASSUMPTION, WE'RE
22 LOOKING AT THE POTENTIAL OF UP TO FIVE NEW CENTERS
23 NOW. WOULD THAT BE A CLEAR INFERENCE?

24 DR. LOMAX: YES.

25 MR. JUELSGAARD: THANK YOU.

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1 CHAIRMAN THOMAS: FRED, THEN HAIFA.

2 DR. FISHER: SO THANKS FOR THIS. I'M
3 WONDERING HOW THIS PROGRAM FITS INTO THE LARGER
4 ECOSYSTEM OF CENTERS THAT RUN CLINICAL TRIALS. FOR
5 EXAMPLE, IN ALS THERE ARE EIGHT CERTIFIED TREATMENT
6 CENTERS OF EXCELLENCE, WHICH IS WHERE ALL CLINICAL
7 TRIALS FOR ALS GO. AND A FEW OF THEM ARE AMONG
8 THOSE THAT ARE ALREADY PART OF THIS PROGRAM. AND SO
9 I THINK IT WOULD BE HELPFUL ON SOME LEVEL TO
10 UNDERSTAND SORT OF THE INTERSECTION, THAT THESE
11 CLINICS DON'T ACTUALLY OPERATE IN SILOS. CERTAINLY
12 THE PATIENT COMMUNITY DOES NOT EXIST IN A STEM CELL
13 SILO VERSUS A SMALL MOLECULE SILO.

14 AND SO WHEN WE ARE THINKING ABOUT THIS,
15 I'M HOPING THAT WE ARE THINKING ABOUT HOW THIS FITS
16 INTO, HOW THIS LEVERAGES THE EXISTING CLINICAL
17 RESEARCH SITES FOR VARIOUS DISEASES. I'M THE ALS
18 AND MS ADVOCATE. AND ALS IS CERTAINLY THE SPHERE
19 I'M MOST FAMILIAR WITH. WE FUND EIGHT OF THOSE
20 CERTIFIED CENTERS. CALIFORNIA HAS MORE OF THOSE,
21 PROBABLY TWICE AS MANY AS ANY OTHER STATE. SO WHEN
22 WE ARE LOOKING AT THIS PROGRAM, IT WOULD BE REALLY
23 HELPFUL TO THINK ABOUT HOW IT FITS INTO THESE SITES
24 BECAUSE THEY'RE DOING MORE THAN JUST STEM CELL
25 RESEARCH. AND IF WE ARE TALKING ABOUT LEVERAGING

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1 THE PHILANTHROPIC DOLLARS OR OTHER FUNDING THAT GOES
2 INTO SUPPORTING THESE CLINICS RATHER THAN FOR
3 SPECIFIC APPROACHES LIKE THIS IS, AS OPPOSED TO
4 SPECIFIC DISEASES LIKE OURS ARE, JUST KIND OF HOW
5 THAT WHOLE THING FITS TOGETHER OR AT LEAST HAVE A
6 SENSITIVITY AND VISION AROUND HOW ALL THOSE PIECES
7 FIT TOGETHER IN A WAY WHERE THE ASSETS ARE
8 LEVERAGED.

9 DR. MILLAN: GEOFF, YOU WANT ME TO TAKE
10 THIS?

11 DR. LOMAX: SURE. GO AHEAD.

12 DR. MILLAN: AND THEN YOU CAN ADD. SO
13 THAT IS ABSOLUTELY THE CASE. SO THIS PROGRAM HAS
14 BEEN IN PLACE NOW FOR SIX YEARS. RIGHT, GEOFF?
15 WHAT HAS HAPPENED IS IT'S LEVERAGED OTHER PROGRAMS
16 SUCH AS THE CTSA AS WELL AS COMPREHENSIVE CANCER
17 CENTERS OF EXCELLENCE. WHAT HAPPENS IS THOSE ARE
18 ALL KIND OF EMBEDDED AND IT LEVERAGES ALL OF THOSE
19 ASSETS. IT COULD BE ACTUALLY THAT SOME OF THE
20 TRIALS THAT YOU'VE DESCRIBED ARE ALSO ALREADY
21 INTERCONNECTED VIA THOSE NETWORKS.

22 AND ANOTHER EXAMPLE IS OUR CURE SICKLE
23 INITIATIVE WITH THE NHLBI THAT IS AN NIH/CIRM
24 PARTNERSHIP, BUT IT'S USING THE ALPHA CLINIC SITE.
25 SO IT ALLOWS FOR THIS MULTIPLEX PARTNERSHIP. AND SO

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1 IT IS NOT AT ALL RESTRICTIVE; AND, IN FACT, IT
2 AUGMENTS THE OTHER EFFORTS GOING INTO -- JOINT
3 EFFORT AND COLLABORATIVE EFFORTS.

4 BUT I THINK WHAT WE COULD DO TO YOUR POINT
5 IS MAYBE TAKE A LOOK AT HOW -- TAKE SOME BASE CASES
6 AND EXAMINE HOW THESE PARTICULAR EFFORTS INTERTWINE
7 AND WHAT THAT LOOKS LIKE IN TERMS OF ACTIVITY FLOW
8 AND ALL THAT. AND THAT WILL BE SOMETHING THAT WE'LL
9 REPORT BACK ON THESE PROGRAMS. SO THANK YOU.

10 GEOFF, I DIDN'T WANT TO INTERRUPT, BUT I
11 WANTED TO MAKE THAT POINT.

12 DR. LOMAX: THANK YOU FOR ADDING THAT.
13 THANK YOU FOR THAT QUESTION. REALLY MY WAY OF
14 LOOKING AT THIS IS TO THE EXTENT THAT CELL AND GENE
15 THERAPY OPPORTUNITIES EMERGE WITHIN THOSE DISEASE
16 AREAS, THIS IS KIND OF THE A TEAM, A RAPID RESPONSE
17 TEAM. SO IN THE CONTEXT OF ALS SPECIFICALLY, I
18 ALLUDED TO THIS IN MY PRESENTATION, THE NETWORK DID
19 SUPPORT THE BRAINSTORM TRIAL. IT WAS A PRETTY
20 UNIQUE COLLABORATION, LEVERAGING THE ALS CLINIC AT
21 UC IRVINE AND THE MANUFACTURING FACILITY AT CITY OF
22 HOPE. SO IN THE CONTEXT OF ALS SPECIFICALLY,
23 BECAUSE OF THE NATURE OF THAT AWARD, THE ALPHA
24 CLINICS NETWORK WAS EXTREMELY WELL POSITIONED TO RUN
25 QUICKLY AND EFFICIENTLY. AND THAT'S IN FACT WHAT

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1 HAPPENED. AND THAT PARTNERSHIPS EMERGED IN THE
2 CONTEXT OF THAT TRIAL SPECIFICALLY IN ALS.

3 I THINK THAT'S ONE EXAMPLE OF HOW IT'S
4 BEEN ABLE TO QUICKLY LEVERAGE EXISTING ASSETS.

5 DR. FISHER: I'D ALSO JUST POINT OUT THAT
6 CEDARS-SINAI THAT HAS RECEIVED CIRM FUNDING FOR
7 THEIR STEM CELL PROGRAM WAS ALSO A BRAINSTORM SITE,
8 AS I THINK WAS CPMC IN SAN FRANCISCO. SO HOW WE DO
9 THIS IN A LESS FRAGMENTED WAY WHERE WE ARE GETTING
10 THE RESOURCES TO THE FOLKS THAT ARE ACTUALLY DOING
11 THE WORK, I HOPE WE SEE THAT AS WE GO FORWARD.

12 CHAIRMAN THOMAS: THANK YOU. HAIFA.

13 DR. ABDULHAQ: THANK YOU, GEOFF, FOR A
14 GREAT PRESENTATION. DO WE HAVE DATA ON THE
15 PRESENTATIONS, PUBLICATIONS, AND IND'S PROBABLY THAT
16 CAME OUT OF ALPHA CLINICS?

17 DR. LOMAX: THOSE ARE IN PROGRESS REPORTS.
18 IT WOULD TAKE A BIT -- I'VE NOT BEEN ABLE TO SORT OF
19 SIFT THEM INTO A TABULAR FORM. I APOLOGIZE FOR
20 THAT. BUT WE DO HAVE THOSE REPORTS. THE
21 PUBLICATIONS ARE VERY IMPRESSIVE, AND WE COULD COME
22 BACK WITH MORE INFORMATION ON THAT, BUT I DON'T HAVE
23 IT AT MY FINGERTIPS.

24 DR. ABDULHAQ: THANK YOU.

25 CHAIRMAN THOMAS: ANY OTHER COMMENTS FROM

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1 MEMBERS OF THE BOARD?

2 I WOULD LIKE TO MAKE AN EXTREMELY MINOR
3 FRIENDLY AMENDMENT TO THE MOTION, WHICH, INSTEAD OF
4 GOING STRAIGHT TO APPROVING THE BUDGET, THE MOTION
5 SHOULD BE TO APPROVE THE CONCEPT PROPOSAL WHICH
6 INCLUDES THE BUDGET. ARE THE MOVER AND SECOND, ARE
7 YOU AMENABLE TO THAT VERY MINOR FRIENDLY AMENDMENT?
8 ANNE-MARIE, I THINK YOU WERE THE MOVER, AS I RECALL.

9 MS. BONNEVILLE: DAVID AND ANNE-MARIE.

10 DR. DULIEGE: YES, OF COURSE.

11 DR. HIGGINS: FINE WITH ME. YES,
12 DEFINITELY.

13 CHAIRMAN THOMAS: THANK YOU. COMMENTS
14 FROM MEMBERS OF THE PUBLIC? HEARING NONE, MARIA,
15 WILL YOU PLEASE CALL THE ROLL.

16 MS. BONNEVILLE: GIVE ME ONE SECOND TO
17 BRING UP THE ROLL CALL.

18 HAIFA ABDULHAQ.

19 DR. ABDULHAQ: YES.

20 MS. BONNEVILLE: DAN BERNAL.

21 MR. BERNAL: AYE.

22 MS. BONNEVILLE: GEORGE BLUMENTHAL.

23 DR. BLUMENTHAL: YES.

24 MS. BONNEVILLE: LINDA BOXER. LEONDR
25 CLARK-HARVEY.

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

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

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1 DR. YAMAMOTO: YES.

2 MS. BONNEVILLE: THANK YOU. THE MOTION
3 CARRIES.

4 CHAIRMAN THOMAS: THANK YOU. AND THANK
5 YOU, GEOFF AND TEAM, FOR EXCELLENT WORK. THIS IS A
6 FANTASTIC PROGRAM THAT WILL ONLY GET BETTER WITH THE
7 ADDITION OF MORE PARTICIPANTS. SO THANK YOU.

8 MEMBERS OF THE BOARD, WE HAVE A FEW ITEMS
9 LEFT. NONE OF THESE ARE LOOKING TO BE VERY
10 TIME-CONSUMING. I DON'T THINK WE NEED A BREAK FOR
11 LUNCH. IS EVERYBODY COMFORTABLE WITH JUST SORT OF
12 PROCEEDING APACE HERE AND WORKING THROUGH THE
13 REMAINING ITEMS? ANYBODY HAVE AN ISSUE WITH THAT,
14 LET ME PUT IT THAT WAY? HEARING NONE, LET ME ASK
15 BETH. BETH, DO YOU NEED A BREAK OR ARE YOU GOOD TO
16 GO HERE?

17 THE REPORTER: I'M GOOD, MR. CHAIRMAN.
18 THANK YOU.

19 CHAIRMAN THOMAS: OKAY. VERY GOOD. WE'LL
20 PROCEED ALONG THEN.

21 ITEM 10, CONSIDERATION OF CONFLICT OF
22 INTEREST POLICY FOR THE SCIENTIFIC ADVISORY PANELS.
23 KEVIN.

24 MR. MARKS: THANK YOU, MR. CHAIRMAN. THIS
25 SHOULD BE A QUICK ITEM.

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1 AS THE BOARD IS AWARE, PROPOSITION 14
2 AUTHORIZES THE CHAIR AND PRESIDENT TO ESTABLISH
3 ADVISORY TASK FORCES TO PROVIDE EXPERT GUIDANCE
4 REGARDING SPECIFIC ISSUES WITHIN CIRM'S
5 JURISDICTION. FOR THE PURPOSES OF CONFLICT OF
6 INTEREST RULES, ADVISORY TASK FORCES ARE TO BE
7 TREATED LIKE WORKING GROUPS. AND ACCORDINGLY, THE
8 BOARD IS REQUIRED TO ADOPT CONFLICT OF INTEREST
9 RULES TO GOVERN THESE TASK FORCES.

10 ON JANUARY 21ST THE BOARD ADOPTED AN
11 INTERIM CONFLICT OF INTEREST POLICY FOR THE MEMBERS
12 OF THE ADVISORY TASK FORCE. THAT INTERIM REGULATION
13 HAS BEEN IN PLACE FOR QUITE SOME TIME. IN APRIL OF
14 2021, WE BEGAN THE FIRST OFFICIAL RULEMAKING PROCESS
15 BY SUBMITTING THE NOTICE TO THE OFFICE OF
16 ADMINISTRATIVE LAW. AT THAT POINT CIRM RECEIVED NO
17 PUBLIC COMMENTS DURING THE COMMENT PERIOD. UPON
18 FURTHER REVIEW OF THE DRAFT REGULATION, WE NOTICED
19 IT NEEDED A SLIGHT MODIFICATION TO ENSURE THAT IT
20 WAS CLEAR THAT ADVISORY TASK FORCES ARE AUTHORIZED
21 ONLY TO MAKE RECOMMENDATIONS TO THE ICOC, AND THEY
22 HAVE NO DISTINCT DECISION-MAKING AUTHORITY.

23 THOSE CHANGES WERE MADE AND ON NOVEMBER
24 23D THE CIRM STAFF BEGAN A SECOND ROUND OF FORMAL
25 RULEMAKING PROCESS. THERE WERE NO COMMENTS RECEIVED

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1 FROM THE PUBLIC.

2 AS A RESULT, THE RECOMMENDATION IS FOR THE
3 BOARD TO APPROVE THE PROPOSED REGULATION WHICH IS
4 ATTACHED TO THE BACK SIDE OF THIS MEMO IN ITS
5 CURRENT FORM. THANK YOU. I'LL TAKE ANY QUESTIONS.

6 CHAIRMAN THOMAS: THANK YOU, KEVIN. IS
7 THERE A MOTION TO APPROVE?

8 MR. BERNAL: SO MOVED.

9 CHAIRMAN THOMAS: IS THERE A SECOND?

10 MR. JUELSGAARD: I'LL SECOND.

11 CHAIRMAN THOMAS: THANK YOU. QUESTIONS OR
12 COMMENTS FROM MEMBERS OF THE BOARD? I DON'T SEE ANY
13 THERE. ANY QUESTIONS OR COMMENTS FROM MEMBERS OF
14 THE PUBLIC? MARIA.

15 MS. BONNEVILLE: NO, THERE ARE NOT.

16 CHAIRMAN THOMAS: HEARING NONE, PLEASE
17 CALL THE ROLL.

18 MS. BONNEVILLE: HAIFA ABDULHAQ.

19 DR. ABDULHAQ: YES.

20 MS. BONNEVILLE: DAN BERNAL.

21 MR. BERNAL: AYE.

22 MS. BONNEVILLE: GEORGE BLUMENTHAL.

23 DR. BLUMENTHAL: YES.

24 MS. BONNEVILLE: LINDA BOXER. LEONDR
25 CLARK-HARVEY.

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1 DR. CLARK-HARVEY: YES.
2 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
3 DR. DULIEGE: YES.
4 MS. BONNEVILLE: YSABEL DURON.
5 MS. DURON: YES. MARIA, I THINK WE'RE
6 HAVING PROBLEMS HEARING YOU JUST A TAD.
7 MS. BONNEVILLE: MARK FISCHER-COLBRIE.
8 DR. FISCHER-COLBRIE: YES.
9 MS. BONNEVILLE: FRED FISHER.
10 DR. FISHER: YES.
11 MS. BONNEVILLE: ELENA FLOWERS. JUDY
12 GASSON.
13 DR. GASSON: YES.
14 MS. BONNEVILLE: LARRY GOLDSTEIN.
15 DR. GOLDSTEIN: YES.
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17 DR. HIGGINS: YES.
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19 MR. JUELSGAARD: YES.
20 MS. BONNEVILLE: JAMES KOVACH.
21 DR. KOVACH: YES.
22 MS. BONNEVILLE: RICH LAJARA.
23 MR. LAJARA: YES.
24 MS. BONNEVILLE: PAT LEVITT.
25 DR. LEVITT: YES.

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1 MS. BONNEVILLE: DAVID LO.
2 DR. LO: YES.
3 MS. BONNEVILLE: LINDA MALKAS.
4 DR. MALKAS: YES.
5 MS. BONNEVILLE: DAVE MARTIN.
6 DR. MARTIN: YES.
7 MS. BONNEVILLE: SHLOMO MELMED.
8 DR. MELMED: YES.
9 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
10 LAUREN MILLER-ROGEN.
11 MS. MILLER-ROGEN: YES.
12 MS. BONNEVILLE: ADRIANA PADILLA.
13 DR. PADILLA: YES.
14 MS. BONNEVILLE: JOE PANETTA.
15 MR. PANETTA: YES.
16 MS. BONNEVILLE: AL ROWLETT. MICHAEL
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18 DR. STAMOS: YES.
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20 CHAIRMAN THOMAS: YES.
21 MS. BONNEVILLE: ART TORRES.
22 MR. TORRES: AYE.
23 MS. BONNEVILLE: KRISTINA VUORI.
24 DR. VUORI: YES.
25 MS. BONNEVILLE: KAROL WATSON. KEITH

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1 YAMAMOTO.

2 THE MOTION CARRIES.

3 CHAIRMAN THOMAS: THANK YOU. ITEM 11,
4 CONSIDERATION OF ACCESSIBILITY AND AFFORDABILITY
5 WORKING GROUP BYLAWS AND CONFIDENTIALITY POLICY.
6 KEVIN.

7 MR. MARKS: THANK YOU, MR. CHAIRMAN.
8 AGAIN, FOR THE EASE AND THE EFFICIENCY OF TIME, WE
9 WILL WORK THROUGH THIS POWERPOINT PRETTY QUICKLY.

10 SO FOR THE BOARD'S INFORMATION, THE AAWG
11 IS ONE OF THE FOUR WORKING GROUPS THAT WERE CREATED
12 COLLECTIVELY BY PROPOSITION 71 AND PROPOSITION 14.
13 THE BOARD'S PREVIOUS DESIRE WAS TO HAVE SIMILARITIES
14 BETWEEN THE BYLAWS OF ALL THE WORKING GROUPS WHERE
15 APPLICABLE. SO, THEREFORE, THIS DRAFT WAS CREATED
16 PURSUANT TO THAT PHILOSOPHY.

17 SINCE PROPOSITION 14 ARTICULATES MUCH OF
18 WHAT IS THE MANDATE FOR THE AAWG, THE BYLAWS FOLLOW
19 THAT MANDATE PRETTY CLOSELY. THESE DRAFT BYLAWS
20 WERE PRESENTED TO THE AAWG ON DECEMBER 1ST, AND ONE
21 ADDITION THAT WE WILL GO THROUGH QUICKLY, WAS
22 RECOMMENDED FOR THE BOARD ADOPTION.

23 AS YOU CAN SEE ON THE SUBSEQUENT SLIDE,
24 THERE'S AN ARTICULATION OF THE HIGHLIGHTS OF WHAT
25 THE -- IF YOU CAN MOVE TO THE NEXT SLIDE PLEASE.

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1 THERE 'S AN ARTICULATION OF WHAT THE BYLAWS
2 THEMSELVES STATE. THE BYLAWS ARE ALSO ATTACHED AS
3 ANOTHER DOCUMENT HERE FOR THE SPECIFICS.

4 THE ONE CHANGE TO HIGHLIGHT WAS WITH
5 ARTICLE IV, SECTION 16. DURING THE CONVERSATION OF
6 THE AAWG, THERE WAS A PROPOSAL THAT THE AAWG HAVE
7 THE ABILITY TO CREATE SUBCOMMITTEES TO WORK IN
8 SMALLER GROUPS AND HAVE THOSE SUBCOMMITTEES MAKE
9 RECOMMENDATIONS TO THE ENTIRE AAWG. SO THEY ARE,
10 THEREFORE, INCORPORATED INTO THE BYLAWS.

11 ALSO AS A PART OF THE BYLAWS IS THE
12 CONFIDENTIALITY POLICY WHICH IS IN APPENDIX A. THAT
13 ALSO IS CONSISTENT WITH THE CONFIDENTIALITY POLICIES
14 THAT WE HAVE IN PLACE FOR EACH OF OUR WORKING
15 GROUPS.

16 SO WITH THAT, ABSENT ANY QUESTIONS, WE
17 RECOMMEND THAT THE BOARD, THEREFORE, ADOPT THE
18 BYLAWS FOR THE AAWG.

19 CHAIRMAN THOMAS: THANK YOU, KEVIN. DO WE
20 HAVE A MOTION TO THAT EFFECT?

21 DR. DULIEGE: SO MOVED.

22 DR. FISCHER-COLBRIE: SECOND.

23 CHAIRMAN THOMAS: I THINK WE'LL GIVE
24 ANNE-MARIE THE MOTION AND MARK FISCHER-COLBRIE THE
25 SECOND, IF I HEARD THAT CORRECTLY.

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1 IS THERE ANY QUESTION OR COMMENTS FROM
2 MEMBERS OF THE BOARD? ANY COMMENTS FROM MEMBERS OF
3 THE PUBLIC? HEARING NONE, MARIA, WILL YOU PLEASE
4 CALL THE ROLL.

5 MS. BONNEVILLE: HAIFA ABDULHAQ.

6 DR. ABDULHAQ: YES.

7 MS. BONNEVILLE: DAN BERNAL.

8 MR. BERNAL: AYE.

9 MS. BONNEVILLE: GEORGE BLUMENTHAL.

10 DR. BLUMENTHAL: YES.

11 MS. BONNEVILLE: LEONDRAL CLARK-HARVEY.

12 DR. CLARK-HARVEY: YES.

13 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

14 DR. DULIEGE: YES.

15 MS. BONNEVILLE: YSABEL DURON.

16 MS. DURON: YES.

17 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

18 DR. FISCHER-COLBRIE: YES.

19 MS. BONNEVILLE: FRED FISHER.

20 DR. FISHER: YES.

21 MS. BONNEVILLE: JUDY GASSON.

22 DR. GASSON: YES.

23 MS. BONNEVILLE: LARRY GOLDSTEIN.

24 DR. GOLDSTEIN: YES.

25 MS. BONNEVILLE: DAVID HIGGINS.

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1 DR. HIGGINS: YES.
2 MS. BONNEVILLE: STEPHEN JUELSGAARD.
3 MR. JUELSGAARD: YES.
4 MS. BONNEVILLE: JAMES KOVACH.
5 DR. KOVACH: YES.
6 MS. BONNEVILLE: RICH LAJARA.
7 MR. LAJARA: YES.
8 MS. BONNEVILLE: PAT LEVITT.
9 DR. LEVITT: YES.
10 MS. BONNEVILLE: DAVID LO.
11 DR. LO: YES.
12 MS. BONNEVILLE: LINDA MALKAS.
13 DR. MALKAS: YES.
14 MS. BONNEVILLE: DAVE MARTIN.
15 DR. MARTIN: YES.
16 MS. BONNEVILLE: SHLOMO MELMED.
17 DR. MELMED: YES.
18 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
19 MS. MILLER-ROGEN: YES.
20 MS. BONNEVILLE: ADRIANA PADILLA.
21 DR. PADILLA: YES.
22 MS. BONNEVILLE: JOE PANETTA.
23 MR. PANETTA: YES.
24 MS. BONNEVILLE: MICHAEL STAMOS.
25 DR. STAMOS: YES.

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1 MS. BONNEVILLE: JONATHAN THOMAS.

2 CHAIRMAN THOMAS: YES.

3 MS. BONNEVILLE: ART TORRES.

4 MR. TORRES: AYE.

5 MS. BONNEVILLE: KRISTINA VUORI.

6 DR. VUORI: YES.

7 MS. BONNEVILLE: KAROL WATSON. KEITH

8 YAMAMOTO.

9 MOTION CARRIES.

10 CHAIRMAN THOMAS: THANK YOU, MARIA.

11 ITEM 12, CONSIDERATION OF APPOINTMENT OF A
12 NEW MEMBER TO THE ACCESSIBILITY AND AFFORDABILITY
13 WORKING GROUP. SO I WILL TAKE THIS ONE.

14 SO AS YOU RECALL, PROP 14 SPECIFIES THAT
15 THE AAWG HAVE SEVEN ICOC MEMBERS. I'VE ASKED
16 SENATOR TORRES TO CHAIR. SO IT'S ART, MYSELF, PLUS
17 FIVE OTHER MEMBERS OF THE ICOC. ONE OF THOSE
18 ORIGINAL APPOINTED MEMBERS WAS DR. BRASHEAR FROM UC
19 DAVIS. SHE, AS YOU KNOW, IS NO LONGER DEAN THERE,
20 HAS GONE TO ANOTHER POSITION ELSEWHERE. SO IT
21 OPENED UP ONE OF THOSE POSITIONS. I'VE ASKED PAT
22 LEVITT IF HE WOULD STEP IN AND FILL THAT OPEN
23 POSITION.

24 I THINK DR. LEVITT WILL BRING GREAT
25 EXPERTISE, NOT JUST IN GENERAL, BUT HAS THE ADDED

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1 BENEFIT OF BRINGING THE CHILDREN'S PERSPECTIVE TO
2 THE TABLE IN THIS, WHICH IS, OF COURSE, A VERY
3 IMPORTANT COMPONENT. SO I WANTED TO ASK FOR A
4 MOTION TO APPROVE ADDING DR. LEVITT TO THE AAWG.

5 DR. HIGGINS: SO MOVED.

6 DR. ABDULHAQ: SECOND.

7 CHAIRMAN THOMAS: WE'LL GIVE HAIFA THAT
8 ONE. I THINK SHE GOT IN A LITTLE BEFORE DAVE
9 MARTIN. DAVE'S BEEN ON SECONDS BEFORE. ANY
10 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?

11 MR. TORRES: YES. I JUST WANT TO THANK
12 YOU, PAT, FOR AGREEING TO SERVE ON THIS WORKING
13 GROUP. I'VE NEVER TOLD YOU, BUT IT WAS CHILDREN'S
14 HOSPITAL THAT SAVED MY SON'S LIFE MANY, MANY YEARS
15 AGO. SO I'M SO HAPPY THAT YOU WILL BE PART OF THIS
16 NEW INITIATIVE.

17 DR. LEVITT: ART, THANKS VERY MUCH. AND I
18 DO WANT TO SAY THAT J.T. IS ONE OF BEST ARM TWISTERS
19 I'VE EVER ENCOUNTERED.

20 CHAIRMAN THOMAS: THANK YOU, PAT.

21 ANY OTHER COMMENTS OR QUESTIONS FROM
22 MEMBERS OF THE BOARD? ANY COMMENTS BY MEMBERS OF
23 THE PUBLIC?

24 MS. BONNEVILLE: THERE ARE NONE.

25 CHAIRMAN THOMAS: OKAY. HEARING NONE,

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1 MARIA, WILL YOU CALL THE ROLL.
2 MS. BONNEVILLE: HAIFA ABDULHAQ.
3 DR. ABDULHAQ: YES.
4 MS. BONNEVILLE: DAN BERNAL.
5 MR. BERNAL: AYE.
6 MS. BONNEVILLE: GEORGE BLUMENTHAL.
7 DR. BLUMENTHAL: YES.
8 MS. BONNEVILLE: LEONDR A CLARK-HARVEY.
9 DR. CLARK-HARVEY: YES.
10 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
11 DR. DULIEGE: YES.
12 MS. BONNEVILLE: YSABEL DURON.
13 MS. DURON: YES.
14 MS. BONNEVILLE: MARK FISCHER-COLBRIE.
15 DR. FISCHER-COLBRIE: YES.
16 MS. BONNEVILLE: FRED FISHER.
17 DR. FISHER: YES.
18 MS. BONNEVILLE: JUDY GASSON.
19 DR. GASSON: YES.
20 MS. BONNEVILLE: LARRY GOLDSTEIN.
21 DR. GOLDSTEIN: YES.
22 MS. BONNEVILLE: DAVID HIGGINS.
23 DR. HIGGINS: YES.
24 MS. BONNEVILLE: STEPHEN JUELSGAARD.
25 MR. JUELSGAARD: YES.

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1 MS. BONNEVILLE: JAMES KOVACH.
2 DR. KOVACH: YES.
3 MS. BONNEVILLE: RICH LAJARA.
4 MR. LAJARA: YES.
5 MS. BONNEVILLE: DAVID LO.
6 DR. LO: YES.
7 MS. BONNEVILLE: LINDA MALKAS.
8 DR. MALKAS: YES.
9 MS. BONNEVILLE: DAVE MARTIN.
10 DR. MARTIN: YES.
11 MS. BONNEVILLE: SHLOMO MELMED.
12 DR. MELMED: YES.
13 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
14 MS. MILLER-ROGEN: YES.
15 MS. BONNEVILLE: ADRIANA PADILLA.
16 DR. PADILLA: YES.
17 MS. BONNEVILLE: JOE PANETTA.
18 MR. PANETTA: YES.
19 MS. BONNEVILLE: MICHAEL STAMOS.
20 DR. STAMOS: YES.
21 MS. BONNEVILLE: JONATHAN THOMAS.
22 CHAIRMAN THOMAS: YES.
23 MS. BONNEVILLE: ART TORRES.
24 MR. TORRES: AYE.
25 MS. BONNEVILLE: KRISTINA VUORI.

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1 DR. VUORI: YES.

2 MS. BONNEVILLE: THE MOTION CARRIES.

3 CHAIRMAN THOMAS: THANK YOU, MARIA.

4 NEXT ITEM, CONSIDERATION OF INCREASING
5 PERCENT EFFORT OF ICOC VICE CHAIR IN LIGHT OF
6 ADDITIONAL DUTIES. I WILL TAKE THIS ONE AS WELL.
7 THERE'S A MEMO THAT'S POSTED ONLINE WITH RESPECT TO
8 THIS.

9 IN SHORT, ART HAS BEEN SERVING AS VICE
10 CHAIR PERFORMING ALL OF HIS MANY ROLES SINCE 2009.
11 DURING THAT TIME FRAME, HE'S BEEN DEEMED AN 80
12 PERCENT TIME EMPLOYEE. AS NOTED, I'VE ASKED HIM TO
13 CHAIR THE AAWG, WHICH, IN ADDITION TO ITS SEVEN
14 BOARD MEMBERS, HAS TEN OUTSIDE EXPERTS AND UP TO 15
15 NEW MEMBERS OF THE TEAM SPECIFICALLY DEVOTED TO THAT
16 MAJOR UNDERTAKING. LAST YEAR WE SPENT BASICALLY
17 FINDING AND APPOINTING AND APPROVING THE APPOINTMENT
18 OF THE TEN ADDITIONAL BOARD MEMBERS. SO WE ARE NOW
19 READY FOR THINGS TO BEGIN IN EARNEST, WHICH THEY ARE
20 THIS MONTH. AND BECAUSE THIS IS A VERY SUBSTANTIAL
21 ADDITIONAL INCREASE IN WORK, I'M RECOMMENDING THAT
22 ART BE DEEMED A HUNDRED PERCENT TIME EMPLOYEE FOR
23 THE BALANCE OF HIS TENURE HERE AS HE WORKS AS CHAIR
24 OF THIS NEW WORKING GROUP.

25 DO I HAVE A MOTION TO THAT EFFECT?

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DR. GASSON: SO MOVED.

CHAIRMAN THOMAS: MOVED BY DR. GASSON. DO
I HAVE A SECOND?

MR. BERNAL: SECOND.

CHAIRMAN THOMAS: THANK YOU, DAN.

ANY QUESTIONS OR COMMENTS BY MEMBERS OF
THE BOARD? HEARING NONE, ANY COMMENTS FROM MEMBERS
OF THE PUBLIC?

MS. BONNEVILLE: NO QUESTIONS OR HANDS
RAISED.

CHAIRMAN THOMAS: HEARING NONE, MARIA,
WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: HAIFA ABDULHAQ.

DR. ABDULHAQ: YES.

MS. BONNEVILLE: DAN BERNAL.

MR. BERNAL: AYE.

MS. BONNEVILLE: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: YES.

MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

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DR. DULIEGE: YES.

MS. BONNEVILLE: YSABEL DURON.

MS. DURON: YES.

MS. BONNEVILLE: MARK FISCHER-COLBRIE.

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1 DR. FISCHER-COLBRIE: YES.
2 MS. BONNEVILLE: FRED FISHER.
3 DR. FISHER: YES.
4 MS. BONNEVILLE: JUDY GASSON.
5 DR. GASSON: YES.
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11 MR. JUELSGAARD: AYE.
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13 DR. KOVACH: YES.
14 MS. BONNEVILLE: RICH LAJARA.
15 MR. LAJARA: YES.
16 MS. BONNEVILLE: PAT LEVITT.
17 DR. LEVITT: YES.
18 MS. BONNEVILLE: DAVID LO.
19 DR. LO: YES.
20 MS. BONNEVILLE: LINDA MALKAS.
21 DR. MALKAS: YES.
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23 DR. MARTIN: YES.
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25 DR. MELMED: YES.

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2 MS. MILLER-ROGEN: YES.
3 MS. BONNEVILLE: ADRIANA PADILLA.
4 DR. PADILLA: YES.
5 MS. BONNEVILLE: JOE PANETTA.
6 MR. PANETTA: YES.
7 MS. BONNEVILLE: MICHAEL STAMOS.
8 DR. STAMOS: YES.
9 MS. BONNEVILLE: JONATHAN THOMAS.
10 CHAIRMAN THOMAS: YES.
11 MS. BONNEVILLE: KRISTINA VUORI.
12 DR. VUORI: YES.
13 MS. BONNEVILLE: MOTION CARRIES.
14 CHAIRMAN THOMAS: THANK YOU. ON TO ITEM
15 NO. 14, WHICH IS DISCUSSION AND UPDATE OF
16 PERFORMANCE AUDIT. AS YOU RECALL, WE ARE MANDATED
17 TO HAVE A PERFORMANCE AUDIT EVERY THREE YEARS. WE
18 HAVE HEARD AT PAST MEETINGS DISCUSSION OF THIS
19 RECENT ITERATION. IN THE PROCESS OF THE PERFORMANCE
20 AUDIT, THE AUDITORS SUBMIT THEIR FINDINGS. AND AS
21 IS NORMALLY THE CASE, WE RESPOND TO THOSE FINDINGS
22 IN WRITING. THOSE FINDINGS AND RESPONSES HAVE BEEN
23 POSTED ONLINE. AND RATHER THAN SORT OF GO THROUGH
24 THEM PIECE BY PIECE, I WOULD JUST NOTE THAT THE TEAM
25 HAS COMPREHENSIVELY ANSWERED ALL OF THE QUESTIONS.

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1 IF ANY MEMBERS OF THE BOARD HAS ANY
2 QUESTION ABOUT ANY OF THE ITEMS, ANY OF THE
3 RESPONSES, OR OTHER GENERAL COMMENTS ON THIS NOW
4 WOULD BE THE TIME. DO WE HAVE ANY SUCH QUESTIONS OR
5 COMMENTS?

6 OKAY. HEARING NONE, ARE THERE ANY PUBLIC
7 COMMENTS? I WOULD JUST LIKE TO NOTE THAT ALL OF
8 THIS CONSIDERABLE EFFORT PUTTING THIS TOGETHER WAS
9 LED BY MARIA BONNEVILLE. I WOULD LIKE TO THANK
10 MARIA AND HER TEAM IN PUTTING THESE RESPONSES
11 TOGETHER.

12 HAVING SAID THAT, MARIA, WILL YOU PLEASE
13 CALL THE ROLL.

14 MS. BONNEVILLE: THIS IS ACTUALLY NOT A
15 VOTING ITEM.

16 CHAIRMAN THOMAS: DISCUSSION. SORRY.
17 JUST DISCUSSION, NO VOTE.

18 THAT CONCLUDES THE AGENDA HERE EXCEPT FOR
19 GENERAL PUBLIC COMMENT. DO WE HAVE ANY MEMBERS OF
20 THE PUBLIC WHO'D LIKE TO COMMENT ON ANYTHING ON ANY
21 SUBJECT?

22 MS. BONNEVILLE: I BELIEVE WE DO HAVE ONE.
23 I THINK KEVIN MCCORMACK WILL BE READING THOSE
24 COMMENTS.

25 CHAIRMAN THOMAS: THANK YOU. KEVIN.

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1 MR. MCCORMACK: CHAIRMAN THOMAS, MEMBERS
2 OF THE BOARD, CAN YOU ALL HEAR ME?

3 CHAIRMAN THOMAS: YES.

4 MR. MCCORMACK: THANK YOU. I'D LIKE TO
5 READ A STATEMENT FROM NANCY RENE. NANCY IS A
6 LONGTIME STEM CELL AND PARTICULARLY CIRM SUPPORTER.
7 SHE'S BEEN REALLY ACTIVE ON OUR BEHALF, IN
8 PARTICULAR IN ISSUES SURROUNDING SICKLE CELL
9 DISEASE. SHE'S ALSO THE PATIENT REPRESENTATIVE ON
10 ONE OF OUR PROGRAMS LOOKING AT SICKLE CELL DISEASE.

11 NANCY SAYS, "THANK YOU ALL FOR THE WORK
12 YOU ARE DOING ON BEHALF OF ALL CALIFORNIANS, LEADING
13 THE WAY IN STEM CELL RESEARCH. THE COMMUNITIES IN
14 POVERTY OR COMMUNITIES OF COLOR, THERE ARE SEVERAL
15 OBSTACLES BLOCKING ACCESS TO THESE LIFE-SAVING,
16 LIFE-CHANGING CURES. I SEE ONE OF THE BIGGEST
17 OBSTACLES IS LACK OF TRUST IN A PRIMARY CARE
18 PHYSICIAN.

19 "IF I OR A FAMILY MEMBER WAS FACING A
20 MEDICAL CHALLENGE, I WOULD START BY GETTING ADVICE
21 FROM MY PRIMARY CARE PHYSICIAN ABOUT STEM CELLS.
22 PERHAPS I'VE DONE SOME RESEARCH IN THIS AND DECIDED
23 I MIGHT GET THE MEDICAL HELP I NEEDED THROUGH THE
24 USE OF STEM CELLS. IF MY DOCTOR WAS KNOWLEDGEABLE,
25 I MIGHT CONSIDER A RESEARCH STUDY. IF NOT, I WOULD

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1 LOOK TO OTHER OPTIONS. IF MY DOCTOR OR WHOEVER
2 SHOWED UP AT THE ER, I WOULD BE OUT OF LUCK.

3 "FOR MANY REASONS, POOR AND PEOPLE OF
4 COLOR LACK ACCESS TO PRIMARY CARE. DOCTORS ARE
5 LOCATED IN SANTA MONICA OR BEVERLY HILLS, AND THEY
6 CERTAINLY DON'T TAKE MEDI-CAL. AND WHO CAN AFFORD
7 TO PAY \$20 TO PARK THEIR CAR? CIRM HAS ALREADY
8 BEGUN TO BRIDGE THIS GAP WITH A MAJOR PROJECT AT
9 BENIOFF CHILDREN'S HOSPITAL IN OAKLAND.
10 CONGRATULATIONS FOR THAT.

11 "PLEASE DEVELOP MORE PROGRAMS THAT REACH
12 OUT TO DOCTORS IN PUBLIC HOSPITALS SO THAT THEY TOO
13 CAN SUGGEST PATIENTS FOR YOUR STUDIES. ONCE A TRIAL
14 IS AT PHASE II, I HOPE THERE CAN BE A PERSON WHO IS
15 A KIND OF LIAISON WITH THE COMMUNITY. THIS COULD BE
16 A PERSON ON STEM CELL SCIENCE BUT, MORE IMPORTANTLY,
17 HAS CONNECTIONS TO THE COMMUNITY. AND IF CIRM HAS
18 THIS KIND OF POSITION IN THE WORKS, JUST KNOW THAT
19 TRUST BUILDING MUST HAVE A MAJOR EMPHASIS. IF
20 NOTHING CHANGES, NOTHING CHANGES. I WOULD HATE TO
21 SEE RESEARCH STUDIES THAT DO NOT INCLUDE POOR PEOPLE
22 OR PEOPLE OF COLOR. I HOPE TO SEE RESEARCH TEAMS
23 AND DOCTORS WHO LOOK LIKE ME. PATIENTS CAN'T DO IT
24 ALONE. THEY NEED TRUSTED PROFESSIONALS, TRUSTED
25 DOCTORS AND NURSES WHO WORK IN THEIR NEIGHBORHOODS.

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1 THESE FOLKS CAN ALL MAKE A DIFFERENCE. THANK YOU
2 VERY MUCH."

3 CHAIRMAN THOMAS: THANK YOU VERY MUCH,
4 KEVIN. VERY IMPORTANT MESSAGE.

5 SO LIKE TO, AS ALWAYS, THANK MARIA,
6 MARIANNE, AND DOUG FOR PUTTING ALL THE HARD WORK
7 INTO MAKING THIS HAPPEN. I WOULD LIKE TO CLOSE AND
8 NOTE HOW LUCKY THE STATE OF CALIFORNIA IS FOR THE
9 SECOND TIME IN FOUR MONTHS TO HAVE A MAJOR BATTLE
10 BETWEEN OUR PROFESSIONAL SPORTS TEAMS. I PUT IN A
11 CALL TO MR. JUELSGAARD SO THAT WE COULD BRAG ABOUT
12 OUR RESPECTIVE FOOTBALL TEAMS IN ADVANCE OF THE
13 UPCOMING NFC CHAMPIONSHIP GAME. THAT WAS FUN AS
14 ALWAYS.

15 THEN I CALLED MR. ROWLETT ONLY TO FIND
16 OUT, SINCE HE WAS SUCH AN ARDENT GIANTS BACKER, THAT
17 HE IN FACT IS A COWBOYS FAN AND REALLY DIDN'T HAVE
18 MUCH TO SAY ON THE SUBJECT ONE WAY OR ANOTHER. BUT
19 I FIGURE IF WE REALLY WANT TO INDULGE IN SOME REAL
20 TRASH TALK, THAT I SHOULD YIELD THE FLOOR TO DR.
21 KOVACH WHO ACTUALLY PLAYED FOR THE 49ERS AND IS
22 CERTAINLY UNIQUE AMONGST THIS BOARD OR MANY OTHERS
23 TO MAKE COMMENT. JIM, WOULD YOU LIKE TO SAY
24 ANYTHING?

25 DR. KOVACH: THANK YOU. I THINK YOU JUST

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1 NEED TO LOOK AT THE LAST SIX OR SO GAMES TO GIVE YOU
2 A READ ON WHO'S GOING TO WIN THIS ONE.

3 CHAIRMAN THOMAS: THAT WAS COLD. THANK
4 YOU VERY MUCH FOR THAT.

5 MR. TORRES: GO NINERS.

6 MS. DURON: J.T., I THINK YOU REALLY NEED
7 TO COME TO MY PILATES CLASS WHERE YOU WILL GET A
8 REAL THROW-DOWN WITH A COUPLE OF MY FELLOW WOMEN
9 PILATES MEMBERS WHO DIDN'T -- WEREN'T REALLY EXCITED
10 BY EITHER OF THE TEAMS ON THE FIELD. THEY WERE
11 ROOTING FOR SOME BACK EAST FOLK. IT'S VERY
12 INTERESTING, BUT I'LL PASS ON YOUR SENTIMENTS AND
13 TELL THEM YOU'RE WILLING TO TAKE THEM ON. WHOEVER
14 WANTS TO TAKE THEM ON.

15 CHAIRMAN THOMAS: THANK YOU. I REFER
16 EVERYBODY TO JIM. HE'S A MUCH TOUGHER CUSTOMER THAN
17 EITHER OF US.

18 WITH THAT, WE THANK YOU AGAIN FOR A VERY
19 PRODUCTIVE MEETING AND DISCUSSION ON ALL TOPICS.
20 AND, MARIA, WHAT IS THE DATE FOR OUR NEXT FULL BOARD
21 MEETING IN MARCH? WE, OF COURSE, HAVE THE
22 APPLICATION REVIEW SUBCOMMITTEE IN FEBRUARY. WHAT
23 IS THAT DATE?

24 MS. BONNEVILLE: YOU WANT THE MARCH DATE?

25 CHAIRMAN THOMAS: YES.

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MS. BONNEVILLE: I BELIEVE IT'S THE 24TH.
YES, IT IS.

CHAIRMAN THOMAS: 24TH. WELL, WE WILL SEE
THE FULL BOARD THEN, THE APPLICATION REVIEW
SUBCOMMITTEE, WHICH, OF COURSE, INCLUDES THE FULL
BOARD, IN THE INTERIM. AND MEANTIME GO RAMS. WE
STAND ADJOURNED. THANK YOU.

(THE MEETING WAS THEN CONCLUDED AT 12:24 P.M.)

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 ZOOM 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 JANUARY 27, 2022, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

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