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: AS INDICATED ON THE AGENDA

DATE: FEBRUARY 22, 2018
9 A.M.

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

FILE NO.: 2018-05

I N D E X

ITEM DESCRIPTION	PAGE NO.
OPEN SESSION	
1. CALL TO ORDER.	3
2. ROLL CALL.	3
3. CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE TO PRE-CLINICAL AND CLINICAL TRIAL STAGE PROJECTS.	4
•CLIN1-10893 PUBLIC SUMMARY	10
•CLIN2-10847 PUBLIC SUMMARY	5
CLOSED SESSION	NONE
4. DISCUSSION OF CONFIDENTIAL INTELLECTUAL PROPERTY OR WORK PRODUCT, PREPUBLICATION DATA, FINANCIAL INFORMATION, CONFIDENTIAL SCIENTIFIC RESEARCH OR DATA, AND OTHER PROPRIETARY INFORMATION RELATING TO APPLICATIONS SUBMITTED IN RESPONSE TO PRE-CLINICAL AND CLINICAL TRIAL STAGE PROJECTS (HEALTH & SAFETY CODE 125290.30(F) (3) (B) AND (C)).	
OPEN SESSION	
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FEBRUARY 22, 2018; 9 A.M.

CHAIRMAN THOMAS: GOOD MORNING, EVERYBODY. WELCOME TO THE FEBRUARY REGULAR MEETING OF THE ICOC AND APPLICATION REVIEW SUBCOMMITTEE. MARIA, WILL YOU PLEASE CALL THE ROLL?

MS. BONNEVILLE: ANNE-MARIE DULIEGE.

DAVID HIGGINS.

DR. HIGGINS: HERE.

MS. BONNEVILLE: STEVE JUELSGAARD.

DR. JUELSGAARD: HERE.

MS. BONNEVILLE: SHERRY LANSING. DAVE MARTIN.

DR. MARTIN: HERE.

MS. BONNEVILLE: LAUREN MILLER.

MS. MILLER: YES.

MS. BONNEVILLE: ADRIANA PADILLA.

DR. PADILLA: HERE.

MS. BONNEVILLE: JOE PANETTA.

MR. PANETTA: HERE.

MS. BONNEVILLE: FRANCISCO PRIETO.

DR. PRIETO: HERE.

MS. BONNEVILLE: ROBERT QUINT.

DR. QUINT: HERE.

MS. BONNEVILLE: AL ROWLETT.

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MR. ROWLETT: HERE.
MS. BONNEVILLE: JEFF SHEEHY.
SUPERVISOR SHEEHY: HERE.
MS. BONNEVILLE: OS STEWARD.
DR. STEWARD: HERE.
MS. BONNEVILLE: JONATHAN THOMAS.
CHAIRMAN THOMAS: HERE.
MS. BONNEVILLE: ART TORRES.
MR. TORRES: HERE.
MS. BONNEVILLE: DIANE WINOKUR.
CHAIRMAN THOMAS: THANK YOU, EVERYBODY. WE'RE GOING TO ITEM NO. 3 --
DR. MALKAS: LINDA MALKAS IS HERE.
MS. BONNEVILLE: THANK YOU, LINDA.
CHAIRMAN THOMAS: ITEM NO. 3, CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE TO THE PRECLINICAL AND CLINICAL TRIAL STAGE PROJECTS. TURN THE MEETING OVER TO SUPERVISOR SHEEHY.
SUPERVISOR SHEEHY: THANK YOU, CHAIRMAN THOMAS.
DR. SAMBRANO, DO YOU HAVE A PRESENTATION TO START US OFF WITH?
DR. SAMBRANO: YES, I DO. THANK YOU, MR. SHEEHY. I'LL ALSO NOTE THAT I HAVE NEXT TO ME

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DR. SEAN PATEL FROM THE REVIEW TEAM TO HELP ANSWER ANY QUESTIONS AS THEY COME UP.

SO I'M GOING TO TAKE YOU THROUGH THE PRESENTATION THAT'S AVAILABLE ON WEBEX AND THAT WAS DISTRIBUTED TO YOU. I'M STARTING OFF WITH JUST A REMINDER OF OUR PROGRAM. WE HAVE THREE PROGRAM ANNOUNCEMENTS THAT DESCRIBE THE CLINICAL PROGRAM. WE HAVE TWO APPLICATIONS, ONE THAT RESPONDS TO THE CLIN1 OPPORTUNITY FOR LATE-STAGE PRECLINICAL PROJECTS AND ONE APPLICATION FOR CLIN2 FOR CLINICAL TRIAL STAGE PROJECTS.

THE SCORING SYSTEM, AGAIN A REMINDER FOR HOW WE SCORE CLINICAL APPLICATIONS, IS SCORED ON A BASIS OF 1, 2, OR 3, WITH THE 1 BEING EXCEPTIONAL MERIT AND WARRANTING FUNDING, A SCORE OF 2 MEANING THAT IT NEEDS IMPROVEMENT AND IT CAN BE RESUBMITTED TO ADDRESS THOSE AREAS, AND THEN A SCORE OF 3 WHICH MEANS THAT IT'S SUFFICIENTLY FLAWED THAT IT WOULDN'T WARRANT FUNDING AND THOSE APPLICANTS CANNOT REAPPLY FOR SIX MONTHS.

SO THE FIRST APPLICATION TO BE CONSIDERED IS CLIN2-10847. THIS IS FOR A PHASE 1 CLINICAL TRIAL FOR A THERAPY BEING DEVELOPED FOR SICKLE CELL DISEASE. THE THERAPY IS A HAPLOIDENTICAL OR HALF-MATCH BLOOD STEM CELL TRANSPLANT WHERE THIS

PRODUCT IS DEPLETED OF CD4 POSITIVE T-CELLS. THE INDICATION IS FOR ADULT PATIENTS THAT HAVE SEVERE SICKLE CELL DISEASE AND THAT OTHERWISE DO NOT QUALIFY FOR THE STANDARD STEM CELL TRANSPLANT THAT IS AVAILABLE TO PATIENTS WITH SICKLE CELL DISEASE.

THE GOAL OF THIS STUDY IS TO COMPLETE A PHASE 1 CLINICAL TRIAL AND ASSESS THE SAFETY AND FEASIBILITY OF ACHIEVING MIXED CHIMERISM AND TOLERANCE. AND THE MIXED CHIMERISM MEANING THAT THE PATIENTS HAVE BOTH DONOR AND HOST BLOOD CELLS IN THEIR SYSTEM IN ORDER TO ACHIEVE TOLERANCE AND PREVENT SIDE EFFECTS SUCH AS GRAFT VERSUS HOST DISEASE.

THE FUNDS BEING REQUESTED BY THE APPLICANT IS APPROXIMATELY 5.7 MILLION. THE GWG RECOMMENDATION WAS THAT THIS IS A TIER I PROPOSAL WITH EXCEPTIONAL MERIT. THERE WERE SEVEN GWG VOTES THAT GAVE THIS A SCORE OF 1, FIVE THAT GAVE IT A SCORE OF 2, AND NONE A SCORE OF 3. THE CIRM TEAM RECOMMENDATION IS THAT WE CONCUR WITH THE GWG RECOMMENDATION TO FUND THIS PROJECT IN THE AWARD AMOUNT OF 5.7 MILLION.

MR. SHEEHY.

SUPERVISOR SHEEHY: GREAT. SO DO I HAVE A MOTION TO EITHER ACCEPT OR REJECT THE TEAM

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RECOMMENDATION?

DR. MARTIN: MOVE TO ACCEPT.

DR. JUELSGAARD: SECOND.

SUPERVISOR SHEEHY: DO I HAVE A SECOND? STEVE?

DR. JUELSGAARD: SECOND.

SUPERVISOR SHEEHY: OKAY. DO WE HAVE BOARD DISCUSSION?

DR. STEWARD: YES. THIS IS OS STEWARD. COULD I ASK A QUESTION?

SUPERVISOR SHEEHY: PLEASE.

DR. STEWARD: SO IF ONE OF THE GWG MEMBERS VOTED DIFFERENTLY, THIS WOULD BE A TIE VOTE. AND MY QUESTION IS IF YOU COULD QUICKLY SUMMARIZE THE CONCERNS THAT WERE EXPRESSED BY THOSE WHO VOTED TIER II JUST TO GIVE US SOME PERSPECTIVE ON THIS RECOMMENDATION. THANK YOU.

SUPERVISOR SHEEHY: EITHER DR. PATEL OR DR. SAMBRANO.

DR. SAMBRANO: YES. I CAN HIGHLIGHT THEM AS THE CONCERNS THAT WERE BROUGHT UP BY THE GWG MEMBERS. SO THERE WERE CONCERNS THAT WERE RELATIVELY MINOR. SO THOSE THAT GAVE IT A SCORE OF 2 WOULD HAVE LIKED MORE INFORMATION FROM THE APPLICANT OR TO SEE ADDITIONAL DATA AS IT RELATES TO

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LARGE ANIMAL MODELS PROVIDING STRONGER SUPPORT FOR THEIR RATIONALE. MOST OF THE PRECLINICAL STUDIES WERE DONE IN A MOUSE MODEL. SO THEY WOULD HAVE LIKED TO HAVE SEEN ADDITIONAL DATA ON THAT.

THERE WAS SOME DISCUSSION OF REVIEWERS ABOUT THE SAMPLE SIZE IN TERMS OF WHETHER THAT SAMPLE SIZE WOULD BE SUFFICIENT TO INFORM FULLY ON SAFETY AND THE FEASIBILITY OF THE APPROACH. SOME FELT THAT IT WAS ADEQUATE AND IT WAS A GOOD WAY TO START THIS PROGRAM. OTHERS FELT THAT A LARGER SAMPLE SIZE MIGHT BE NECESSARY AS THEY MOVE ALONG THROUGH THIS.

ANOTHER AREA OF DISAGREEMENT, I THINK THIS WAS ALSO RELATIVELY MINOR, WAS WITH THE NOVELTY OF THE PRODUCT. SOME WERE LOOKING AT IT FROM THE PERSPECTIVE OF A STEM CELL THERAPY AND HOW THIS MIGHT ADVANCE STEM CELL THERAPY IN GENERAL. THEY FELT THAT THIS WAS A STANDARD METHOD BY WHICH -- A STANDARD STEM CELL TRANSPLANT. THERE WAS NOTHING NEW ABOUT HOW IT WAS BEING DONE. ON THE OTHER HAND, THE OVERALL APPROACH AND THE APPLICATION OF THE TRANSPLANT TO SICKLE CELL DISEASE IS NOVEL. AND SO I THINK THEY WERE CAPTURING TWO DIFFERENT ASPECTS OF THE GOALS OF THIS PROJECT. ON THE ONE HAND, ONE ASPECT OF IT NOT BEING SO NOVEL. ON THE OTHER HAND,

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THE APPROACH BEING NOVEL.

SO THOSE ARE KIND OF JUST THE BIG PICTURE OVERVIEW AREAS OF CONCERN.

DR. STEWARD: THANK YOU.

MS. WINOKUR: THIS IS DIANE.

MS. BONNEVILLE: HI, DIANE. THANK YOU.

SUPERVISOR SHEEHY: SO DO WE HAVE OTHER QUESTIONS, COMMENTS FROM BOARD MEMBERS? DO WE HAVE ANY PUBLIC COMMENT AT ANY OF THE SITES? OKAY. MS. BONNEVILLE, COULD YOU CALL THE ROLL PLEASE?

MS. BONNEVILLE: ANNE-MARIE DULIEGE. DAVID HIGGINS.

DR. HIGGINS: YES.

MS. BONNEVILLE: STEVE JUELSGAARD.

DR. JUELSGAARD: YES.

MS. BONNEVILLE: SHERRY LANSING. DAVE MARTIN.

DR. MARTIN: YES.

MS. BONNEVILLE: LAUREN MILLER.

MS. MILLER: YES.

MS. BONNEVILLE: ADRIANA PADILLA.

DR. PADILLA: YES.

MS. BONNEVILLE: JOE PANETTA.

MR. PANETTA: YES.

MS. BONNEVILLE: FRANCISCO PRIETO.

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DR. PRIETO: AYE.
MS. BONNEVILLE: ROBERT QUINT.
DR. QUINT: YES.
MS. BONNEVILLE: AL ROWLETT.
MR. ROWLETT: YES.
MS. BONNEVILLE: JEFF SHEEHY.
SUPERVISOR SHEEHY: YES.
MS. BONNEVILLE: OS STEWARD.
DR. STEWARD: YES.
MS. BONNEVILLE: JONATHAN THOMAS.
CHAIRMAN THOMAS: YES.
MS. BONNEVILLE: ART TORRES.
MR. TORRES: AYE.
MS. BONNEVILLE: DIANE WINOKUR.
MOTION CARRIES.
SUPERVISOR SHEEHY: THANK YOU, MS. BONNEVILLE.
SO, DR. SAMBRANO, DO YOU HAVE THE SECOND APPLICATION?
DR. SAMBRANO: YES. SO THE SECOND APPLICATION IS CLIN1-10893. THIS IS A PRECLINICAL STUDY OF NATURAL KILLER CELL IMMUNOTHERAPY FOR CANCER.
SO THE THERAPY IS A NATURAL KILLER CELL PRODUCT THAT'S DERIVED FROM INDUCED PLURIPOTENT STEM

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CELLS. THESE CELLS ARE TWEAKED, IF YOU WILL, TO MAKE THEM MORE EFFECTIVE IN TARGETING THE TUMORS AS WELL AS MORE RESISTANT TO THE MICROENVIRONMENT IN THE TUMOR THAT CAN SOMETIMES DEACTIVATE THOSE CELLS.

THE INDICATION IS FOR PATIENTS WITH ADVANCED CANCERS STARTING WITH THE INITIAL STUDY THAT WOULD TARGET BREAST, GASTRIC, COLORECTAL, OR HEAD AND NECK CANCERS. THE GOAL OF THIS STUDY IS TO DO PRE-IND ENABLING STUDIES AND THE MANUFACTURING PROCESSES FOR THE IND SUBMISSION IN ABOUT 18 MONTHS.

THE FUNDS THAT ARE REQUESTED BY THE APPLICANT IS 5.6 MILLION. I WILL NOTE THAT THE MAXIMUM FUNDS ALLOWABLE FOR THIS CATEGORY UNDER OUR NEW CAPS IS FOUR MILLION. SO WE HAVE DISCUSSED THIS WITH THE APPLICANT, AND THE APPLICANT HAS PROVIDED US WITH A LETTER THAT CONFIRMS THAT THEY ARE ABLE TO ACCEPT AN AWARD FOR FOUR MILLION AND PROVIDE THE DIFFERENCE IN THE CO-FUNDING AMOUNT. SO THEY WOULD PROVIDE THE 1.9 CO-FUNDING PLUS THE DIFFERENCE BETWEEN WHAT THE ORIGINAL REQUEST IS AND THE $4 MILLION.

SO THE GWG RECOMMENDATION ON THIS APPLICATION IS A TIER I, EXCEPTIONAL MERIT AND WARRANTS FUNDING. THERE WERE SEVEN VOTES, AGAIN, AS IN THE PREVIOUS, THAT GAVE THIS A SCORE OF 1, AND

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FIVE THAT GAVE THIS A SCORE OF 2, AND NONE A SCORE OF 3. THE CIRM TEAM ALSO RECOMMENDS THIS APPLICATION FOR FUNDING WITH THE REDUCTION IN FUNDING AS PREVIOUSLY NOTED FOR AN AWARD AMOUNT OF $4 MILLION.

MR. SHEEHY.

SUPERVISOR SHEEHY: THANK YOU, DR. SAMBRANO. COULD I HAVE A MOTION TO EITHER ACCEPT OR REJECT THE TEAM RECOMMENDATION?

DR. MARTIN: I'LL MOVE THE MOTION TO APPROVE. DAVE MARTIN.

SUPERVISOR SHEEHY: OKAY. DO WE HAVE A SECOND?

DR. JUELSGAARD: SECOND.

SUPERVISOR SHEEHY: ANY BOARD DISCUSSION?

DR. STEWARD: YES. THIS IS OS AGAIN. AND I'D LIKE TO ASK THE SAME QUESTIONS FOR EXACTLY THE SAME REASON. THANK YOU.

DR. SAMBRANO: OKAY. I'LL SUMMARIZE BRIEFLY AGAIN SOME OF THE CONCERNS THAT WERE RAISED BY SOME OF THE REVIEWERS.

SO SOME REVIEWERS WEREN'T CONVINCED FULLY ABOUT THE ADVANTAGE OF THE NK CELL AND ANTIBODY THERAPY OVER THE ANTIBODY MONOTHERAPY ALONE. SO WHAT THEY WERE LOOKING FOR WAS JUST PERHAPS

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ADDITIONAL ANIMAL STUDIES OR A LARGER N IN THOSE STUDIES THAT DISTINGUISH THE COMBINED NK CELL THERAPY ALONG WITH THE ANTIBODY TO DEMONSTRATE THAT THERE IS ADDITIONAL EFFICACY THAT THE NK CELLS BRING TO THE TABLE.

THEY ALSO FELT THAT IT WAS IMPORTANT TO REASSESS THE PATIENTS WHO ARE GOING TO BE TARGETED FOR THIS IN TERMS OF WHETHER THEY STILL EXPRESS THE ANTIBODY TARGET JUST TO MAKE SURE THAT IF THEY ARE GOING TO BRING THESE PATIENTS IN, THAT THAT IS ASSESSED.

THERE WAS SOME CONCERN ABOUT WHETHER THE NK CELLS WOULD PERSIST. AND RELATED TO THAT, WHETHER THE PATIENTS WHO WOULD BE TYPED FOR HLA IN ORDER TO ASSESS WHETHER THAT MAY MAKE A DIFFERENCE IN TERMS OF (INAUDIBLE) AGAINST THESE CELLS OR EVEN JUST MONITOR THE REJECTION THAT MAY OCCUR. SO THOSE WERE SOME CONCERNS. AGAIN, I THINK THEY WERE LOOKING TO SEE IF THE APPLICANT MIGHT BE ABLE TO PROVIDE ADDITIONAL DATA ON THAT FOR THOSE THAT GAVE THIS A SCORE OF 2.

DR. STEWARD: THANK YOU, GIL. THIS IS OS. COULD I MAKE A COMMENT?

SUPERVISOR SHEEHY: SURE. PLEASE.

DR. STEWARD: SO MY FEELING ABOUT THIS ONE

IS A LITTLE BIT DIFFERENT IN THE SENSE THAT THE REQUEST FOR ADDITIONAL DATA COULD BE FULFILLED, I THINK, A LITTLE BIT MORE QUICKLY ON A FAST TIMELINE. AND I DON'T WANT TO DRAW COMPARISONS, SO I WON'T. BUT SOME OF THESE QUESTIONS, I THINK, ARE REALLY MAKE OR BREAK FOR THE PROJECT. AND IN PARTICULAR THE COMPARISON WITH OTHER POTENTIAL THERAPIES IS AN IMPORTANT ONE IN TERMS OF THE POTENTIAL MARKET SHARE GOING FORWARD.

SO, GIL -- OR MAYBE I'LL JUST LEAVE IT AT THAT AND SEE IF OTHERS HAVE ANY COMMENTS ON THAT. IF, GIL, THERE WERE ANY ADDITIONAL THINGS ABOUT THE POTENTIAL MARKET SHARE AND COMPARABILITY, IF YOU COULD UNPACK THAT A LITTLE BIT, BUT OTHERWISE I'LL WAIT OTHERS' COMMENTS. THANK YOU.

UNIDENTITIED SPEAKER: ARE YOU REFERRING TO THE ANTIBODIES OR TO OTHER NK CELL APPROACHES?

DR. STEWARD: I'M REFERRING REALLY TO ANYTHING. SO THIS IS A COMBINATION PRODUCT. AND THE QUESTIONS THAT WERE RAISED BY THE REVIEWERS IS COMPARABILITY. SO HOW MUCH BETTER IS THIS IF IT IS BETTER AT ALL? AND THAT, I THINK, IS WHAT THEY WERE REQUESTING IN TERMS OF FUNDING, AND THESE TWO DO COMPARE THE (INAUDIBLE). THANK YOU.

DR. SAMBRANO: SO THIS IS GIL. SO THERE

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IS DATA THAT THEY PROVIDE THAT SHOWS THAT THE NK CELL AND ANTIBODY THERAPY IS BETTER THAN THE ANTIBODY MONOTHERAPY, BUT THE NUMBER OF ANIMALS THAT WAS USED WAS RELATIVELY SMALL. THE DIFFERENCE, I THINK, FOR SOME REVIEWERS WAS NOT A LOT; BUT, AGAIN, THIS IS IN THE PRECLINICAL MODEL. SO IT WOULD BE DIFFICULT TO KNOW IN PATIENTS HOW MUCH OF A DIFFERENCE THIS WOULD MAKE. BUT I THINK THAT'S WHERE IT WAS. IT WASN'T THAT THEY DIDN'T DO THIS OR THAT IT WAS ABSENT, BUT, RATHER, THAT SOME OF THEM WEREN'T FULLY CONVINCED BY IT.

DR. MARTIN: LET ME JUST MAKE A COUPLE OF COMMENTS. I KNOW THIS FIELD QUITE WELL. UNUM IS A COMPANY THAT IS IN THE CLINIC WITH A MODIFIED CD16 RECEPTOR, IF YOU WILL, WHICH IS THE RECEPTOR THAT'S BEING UTILIZED ON THIS NK CELL. AND THEY'VE MODIFIED IT SO THAT IT IS THE HIGH-AFFINITY RECEPTOR, WHICH IS WHAT THIS PROPOSAL IS. AND THEY ARE USING APPROVED ANTIBODIES, RITUXAN, HERCEPTIN, ETC. AND THEY'RE CLEARLY GETTING EFFICACY ABOVE AND BEYOND WHAT THE ANTIBODY WOULD DO WITH THE ENDOGENOUS NK CELLS OF THOSE PATIENTS.

AND IT'S BEEN SHOWN BY GENENTECH THAT, FOR INSTANCE, PATIENTS ADMINISTERED HERCEPTIN RESPOND BETTER TO THE HER2 EXPRESSING CANCER CELLS IF THEY

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HAPPEN TO GENETICALLY HAVE NATURALLY THIS HIGH-AFFINITY RECEPTOR ON THEIR NK CELLS.

SO I THINK THERE'S GOOD CLINICAL EVIDENCE IN THE FIELD NOW FROM UNUM AND FROM GENENTECH THAT THE MODIFICATION OF THE RECEPTOR, AS IS PROPOSED HERE, AND KEEPING THE RECEPTOR ON THE SURFACE OF THE NK CELL IS MUCH MORE LIKELY TO BE SUCCESSFUL THAN DEPENDING UPON JUST THE ENDOGENOUS NK CELL AND THE ANTIBODIES SUCH AS RITUXIMAB OR TRASTUZUMAB FOR THE ANTIBODY ALONE THERAPY.

SO I THINK IT MAKES GOOD SENSE, AND IT'S SUPPORTED BY CLINICAL DATA, THAT THIS MODIFICATION AND THEN USING AN ACT OR ADOPTIVE CELL THERAPY HAS ADVANTAGES OVER JUST AN ANTIBODY AGAINST THE SAME TARGET.

SUPERVISOR SHEEHY: THANK YOU, DR. MARTIN.

DO WE HAVE OTHER COMMENTS OR QUESTIONS? DO WE HAVE ANY PUBLIC COMMENT? SO, MS. BONNEVILLE, COULD YOU CALL THE ROLL PLEASE.

MS. BONNEVILLE: SURE. ANNE-MARIE DULIEGE. DAVID HIGGINS.

DR. HIGGINS: YES.

MS. BONNEVILLE: STEVE JUELSGAARD.

DR. JUELSGAARD: YES.

MS. BONNEVILLE: SHERRY LANSING. DAVE

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MARTIN.

DR. MARTIN: YES.

MS. BONNEVILLE: LAUREN MILLER.

MS. MILLER: YES.

MS. BONNEVILLE: ADRIANA PADILLA.

DR. PADILLA: YES.

MS. BONNEVILLE: JOE PANETTA.

MR. PANETTA: YES.

MS. BONNEVILLE: FRANCISCO PRIETO.

DR. PRIETO: AYE.

MS. BONNEVILLE: ROBERT QUINT.

DR. QUINT: YES.

MS. BONNEVILLE: AL ROWLETT.

MR. ROWLETT: YES.

MS. BONNEVILLE: JEFF SHEEHY.

SUPERVISOR SHEEHY: YES.

MS. BONNEVILLE: OS STEWARD.

DR. STEWARD: YES.

MS. BONNEVILLE: JONATHAN THOMAS.

CHAIRMAN THOMAS: YES.

MS. BONNEVILLE: ART TORRES.

MR. TORRES: AYE.

MS. BONNEVILLE: DIANE WINOKUR.

MS. WINOKUR: YES.

MS. BONNEVILLE: MOTION CARRIES.

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SUPERVISOR SHEEHY: THANK YOU, MS. BONNEVILLE. THIS CONCLUDES THE APPLICATION REVIEW SUBCOMMITTEE.

CHAIRMAN THOMAS: THANK YOU VERY MUCH, SUPERVISOR SHEEHY.

WE'RE INTO GENERAL PUBLIC COMMENT. DO WE HAVE ANY MEMBERS OF THE PUBLIC AT ANY SITE THAT WOULD LIKE TO MAKE A COMMENT AT THIS POINT? HEARING NONE, THAT CONCLUDES THE AGENDA FOR TODAY. THANK YOU, EVERYBODY. WE LOOK FORWARD TO SEEING AND/OR TALKING TO YOU AT OUR NEXT REGULARLY SCHEDULED MEETING, WHICH WILL BE MARCH 13TH. HAVE A GOOD DAY.

(THE MEETING WAS THEN CONCLUDED AT 9:23 A.M.)

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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE TELEPHONIC 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 FEBRUARY 22, 2018, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CA CSR 7152
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