

**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: DECEMBER 15, 2022  
9 A.M.

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

FILE NO.: 2022-51

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THURSDAY, DECEMBER 15, 2022; 9 A.M.

CHAIRMAN THOMAS: GOOD MORNING, EVERYBODY,  
AND WELCOME TO THE DECEMBER 15, 2022, MEETING OF THE  
ICOC. THIS IS A FULL MEETING OF THE BOARD.  
APPRECIATE EVERYBODY BEING HERE FOR THIS MEETING AS  
ALWAYS.

MARIA, WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: SURE. HAIFAA ABDULHAQ.  
MOHAMMAD ABOUSALEM.

DR. ABOUSALEM: PRESENT.

MS. BONNEVILLE: KIM BARRETT.

DR. BARRETT: PRESENT.

MS. BONNEVILLE: DAN BERNAL.

MR. BERNAL: PRESENT.

MS. BONNEVILLE: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: HERE.

MS. BONNEVILLE: MICHAEL BOTCHAN. LINDA  
BOXER.

DR. BOXER: PRESENT.

MS. BONNEVILLE: JUDY CHOU. LEONDRA  
CLARK-HARVEY.

DR. CLARK-HARVEY: PRESENT.

MS. BONNEVILLE: DEBORAH DEAS.

DR. DEAS: HERE.

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1 MS. BONNEVILLE: ANNE-MARIE DULIEGE.  
2 YSABEL DURON. MARK FISCHER-COLBRIE.  
3 DR. FISCHER-COLBRIE: HERE.  
4 MS. BONNEVILLE: FRED FISHER.  
5 DR. FISHER: PRESENT.  
6 MS. BONNEVILLE: ELENA FLOWERS.  
7 DR. FLOWERS: HERE.  
8 MS. BONNEVILLE: JUDY GASSON.  
9 DR. GASSON: HERE.  
10 MS. BONNEVILLE: LARRY GOLDSTEIN.  
11 DR. GOLDSTEIN: HERE.  
12 MS. BONNEVILLE: DAVID HIGGINS.  
13 DR. HIGGINS: HERE.  
14 MS. BONNEVILLE: STEVE JUELSGAARD.  
15 MR. JUELSGAARD: PRESENT.  
16 MS. BONNEVILLE: RICH LAJARA. PAT LEVITT.  
17 DR. LEVITT: HERE.  
18 MS. BONNEVILLE: LINDA MALKAS.  
19 DR. MALKAS: HERE.  
20 MS. BONNEVILLE: SHLOMO MELMED.  
21 DR. MELMED: HERE.  
22 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
23 LAUREN MILLER-ROGEN. I THINK I SAW LAUREN.  
24 MS. MILLER-ROGEN: HERE.  
25 MS. BONNEVILLE: THANK YOU. ADRIANA

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1 PADILLA.  
2 DR. PADILLA: HERE.  
3 MS. BONNEVILLE: JOE PANETTA.  
4 MR. PANETTA: HERE.  
5 MS. BONNEVILLE: AL ROWLETT.  
6 MR. ROWLETT: HERE.  
7 MS. BONNEVILLE: BARRY SELICK.  
8 DR. SELICK: HERE.  
9 MS. BONNEVILLE: MARVIN SOUTHARD.  
10 DR. SOUTHARD: HERE.  
11 MS. BONNEVILLE: MICHAEL STAMOS. JONATHAN  
12 THOMAS.  
13 CHAIRMAN THOMAS: HERE.  
14 MS. BONNEVILLE: ART TORRES.  
15 MR. TORRES: PRESENT.  
16 MS. BONNEVILLE: KAROL WATSON.  
17 THANK YOU. J.T.  
18 CHAIRMAN THOMAS: THANK YOU, MARIA.  
19 GO FIRST HERE TO THE CHAIR'S REPORT.  
20 WANTED TO GIVE EVERYBODY AN UPDATE OF WHERE WE ARE  
21 ON THE SEARCH FOR THE NEW CHAIR. SO AS YOU RECALL,  
22 WE HAD ORIGINALLY CALENDARED TO HAVE TODAY AS THE  
23 DAY WE WERE TO CONSIDER THE ELECTION OF OUR NEW  
24 CHAIR. AS A HAPPENS, ONE OF OUR TWO CANDIDATES,  
25 JOHN PEREZ, MADE THE DECISION TO WITHDRAW FROM

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1 CONSIDERATION A COUPLE WEEKS BACK AND NOTIFIED THE  
2 GOVERNOR, WHO HAD BEEN HIS NOMINATOR FOR THAT, OF  
3 THAT DECISION, AT WHICH POINT THE GOVERNOR NOMINATED  
4 DR. VITO IMBASCIANI AS HIS NEW NOMINEE.

5 YOU ALL HAVE RECEIVED HIS INFORMATION IN  
6 THE FORM OF HIS LETTER OF INTEREST FOR THE POSITION  
7 AS WELL AS HIS CV. HE NOW WILL JOIN DR. EMILY  
8 MARCUS, WHO IS OUR OTHER CANDIDATE, ON THE SLATE FOR  
9 CONSIDERATION.

10 AND TO GIVE DR. IMBASCIANI TIME TO GET  
11 INTO THE PROCESS ADEQUATELY, I IMMEDIATELY SHIFTED  
12 GEARS AND MOVED THE ELECTION TO OUR JANUARY 26TH  
13 BOARD MEETING. AS YOU RECALL, THAT ELECTION IS TO  
14 BE PRECEDED BY A MEETING OF THE GOVERNANCE  
15 SUBCOMMITTEE ON THE SAME SUBJECT. AND THAT WILL  
16 BE -- DO WE HAVE A DATE FOR THAT, MARIA, AT THIS  
17 POINT, DO YOU KNOW, OR MARIANNE?

18 MS. BONNEVILLE: YES. IT'S JANUARY 26TH.  
19 AND WE ARE HOPING THAT AS MANY MEMBERS CAN JOIN.

20 CHAIRMAN THOMAS: GOVERNANCE SUBCOMMITTEE.  
21 SORRY.

22 MS. BONNEVILLE: OH, GOVERNANCE. SORRY.  
23 I THINK IT IS THE 13TH.

24 CHAIRMAN THOMAS: OKAY.

25 MS. BONNEVILLE: IS THAT CORRECT,

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1 MARIANNE?

2 MS. DEQUINA-VILLABLANCA: YES.

3 CHAIRMAN THOMAS: OKAY. GREAT. THANK  
4 YOU.

5 SO AS YOU MAY RECALL, THE PROCESS IS GOING  
6 TO BE, FOR THE GOVERNANCE SUBCOMMITTEE, EACH  
7 CANDIDATE IN TURN AND IN CLOSED SESSION WILL READ AN  
8 OPENING STATEMENT, IF YOU WILL, FOLLOWED BY AN  
9 INTERVIEW AND Q AND A WITH THE GOVERNANCE  
10 SUBCOMMITTEE. THAT SUBCOMMITTEE WILL NOT BE MAKING  
11 A RECOMMENDATION TO THE BOARD. IT WILL PASS BOTH  
12 CANDIDATES FOR CONSIDERATION TO THE BOARD. AND AT  
13 THE BOARD MEETING, IT WILL BE A SLIGHTLY DIFFERENT  
14 PROCESS. IT WILL BEGIN WITH EACH CANDIDATE READING  
15 THEIR OPENING STATEMENT IN PUBLIC SESSION AND THEN  
16 GOING IN IN SEQUENCE TO CLOSED SESSION FOR THE SAME  
17 PROCESS OF DISCUSSION, Q AND A, ET CETERA, AT WHICH  
18 POINT THE CLOSED SESSION WILL END, THE BOARD WILL  
19 RECONVENE IN OPEN SESSION, AND THERE WILL BE A VOTE.  
20 AND THE NEW CHAIR WILL BE SELECTED AT THAT POINT.

21 SO THAT'S GOING TO BE THE PROCESS. SO  
22 THANK YOU FOR YOUR FLEXIBILITY ON THAT. AS IT  
23 HAPPENS, BECAUSE THE JANUARY 26TH MEETING IS GOING  
24 TO BE IN PERSON, OUR FIRST ONE IN BASICALLY THREE  
25 YEARS, FIRST OF ALL, HOPE WE GET AS MUCH ATTENDANCE



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1 AS POSSIBLE. IT WILL BE GREAT TO SEE EVERYBODY LIVE  
2 AS OPPOSED TO ON ZOOM ALL THIS TIME, NOT THAT YOU  
3 DON'T LOOK GREAT ON ZOOM, OF COURSE, BUT BE EVEN  
4 BETTER TO SEE EVERYONE IN PERSON, AND IT WILL GIVE  
5 THE CANDIDATES AN OPPORTUNITY TO HAVE FACE-TO-FACE  
6 DISCUSSION WHICH, AS WE ALL AGREE, IS PREFERABLE TO  
7 HAVING THAT SORT OF THING BE OVER ZOOM. SO PLEASE  
8 DO PUT THAT ON YOUR CALENDAR, AND WE HOPE TO SEE YOU  
9 ON JANUARY 26TH. SO THAT IS THE PROCESS FOR THAT.

10 MY OTHER TOPIC IS, OF COURSE, A VERY,  
11 VERY, VERY SAD ONE, WHICH IS, AS I NOTIFIED THE  
12 BOARD A COUPLE DAYS AGO, WE LOST OUR BELOVED  
13 DIRECTOR OF PATIENT ADVOCACY, KEVIN MCCORMACK, TO A  
14 HEART ATTACK ON SUNDAY EVENING. THIS IS SOMETHING  
15 THAT WE'VE BEEN HAVING A GREAT DEAL OF DIFFICULTY  
16 COMING TO GRIPS WITH AS AN ORGANIZATION AND HAVE HAD  
17 A LOT OF DISCUSSION ABOUT KEVIN. WE HAVE  
18 HAD -- MARIA MILLAN HAS ARRANGED FOR GRIEF  
19 COUNSELING FOR THE CIRM TEAM FOR EVERYBODY SORT OF  
20 TRYING TO PROCESS THIS TERRIBLE NEWS IN THEIR OWN  
21 WAY, BUT THAT'S SOMETHING THAT HAS BEEN MADE  
22 AVAILABLE TO HELP US DO THAT.

23 KEVIN, AS I SAID IN MY NOTE TO ALL OF YOU,  
24 I SO REMEMBER WHEN WE WERE LOOKING FOR A DIRECTOR OF  
25 COMMUNICATIONS TEN YEARS AGO, AND HE CAME INTO MY

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1 OFFICE AND WAS KEVIN, AS WE ALL KNOW HIM, WHICH IS  
2 INFECTIOUSLY ENTHUSIASTIC, THE SUNNIEST, AND MOST  
3 OPTIMISTIC OF DISPOSITIONS, EXPRESSED VERY CLEAR  
4 INTEREST IN CIRM'S MISSION. COULD NOT HAVE BEEN  
5 MORE INTERESTED IN PATIENT WELL-BEING AND HAD A  
6 KINDNESS TO HIM THAT SORT OF PERVADED EVERYTHING  
7 ELSE. AND SO WE HIRED KEVIN AT THAT POINT.

8 HE'S BEEN THE PRINCIPAL DRIVER OF CIRM'S  
9 MESSAGE TO THE OUTSIDE WORLD FOR ALL THESE YEARS.  
10 HE, I THINK, UNFAILINGLY, EVERYBODY WHO KNEW HIM,  
11 CAME INTO TOUCH WITH HIM WAS ALWAYS THE BETTER FOR  
12 THAT INTERACTION. HE JUST MADE EVERYBODY FEEL LIKE  
13 HE WAS TALKING TO THEM, SPECIFICALLY ABOUT THEM.  
14 AND IN SO DOING, NOT ONLY MADE THEM FEEL LIKE THEY  
15 WERE THE CENTER OF ATTENTION THAT THEY DESERVED TO  
16 BE, BUT WAS A TREMENDOUS AMBASSADOR FOR CIRM IN  
17 SPREADING OUR MESSAGE AND REALLY WAS THE BEST OF  
18 WHAT WE DO. HE WAS JUST A CONSUMMATE PROFESSIONAL  
19 AND APPROACHED IT WITH SUCH GRACE AND DIGNITY AND  
20 SINCERE INTEREST, AND HE JUST LEAVES -- HIS PASSING  
21 LEAVES AN ENORMOUS VOID FOR US, AND IT'S SOMETHING  
22 THAT WE WILL NEVER FORGET.

23 SO WHAT I'D LIKE TO DO IS TO OPEN THIS UP  
24 TO COMMENTS FROM MEMBERS OF THE BOARD. OBVIOUSLY WE  
25 HAVE BEEN IN GREAT COMMUNICATION WITH HIS WIFE

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1 SHIRLEY, FOR WHOM WE FEEL TERRIBLE, AND ARE TRYING  
2 TO DO EVERYTHING WE CAN TO HELP. IT'S JUST A VERY,  
3 VERY TOUGH TIME, AND I WOULD APPRECIATE, IF SOME  
4 BOARD MEMBERS WOULD PLEASE LIKE TO SHARE  
5 REMEMBRANCES OF KEVIN, THIS WOULD BE A GOOD TIME TO  
6 DO IT. SO, ART, I KNOW YOU WANTED TO START THINGS  
7 OFF IF YOU COULD OPEN HERE PLEASE.

8 MR. TORRES: YES. I FIRST MET KEVIN YEARS  
9 AGO WHEN WE WERE WORKING TOGETHER TO HELP BUILD THE  
10 NEW HOSPITAL FOR CPMC ON VAN NESS, WHICH IS NOW IN  
11 EXISTENCE AND QUITE A MONUMENT TO HEALTHCARE. AND  
12 DURING THAT PERIOD OF TIME, WE WORKED ON  
13 COMMUNICATIONS AND ALSO WORKING ON PATIENT ADVOCACY  
14 FOR THAT HOSPITAL AND FOR THE PEOPLE AND STAFF  
15 AROUND THAT HOSPITAL. AND I ALWAYS REMEMBER THOSE  
16 EARLY TIMES.

17 BUT I ALSO REMEMBER OUR RELATIONSHIP AS AN  
18 IRISH MAN AND A MEXICAN-AMERICAN MAN. FEW PEOPLE  
19 REMEMBER THAT THERE WAS A GREAT LOS SAN PATRICIO  
20 BATTALION OF IRISH SOLDIERS THAT CAME TO THE DEFENSE  
21 OF THE MEXICAN REVOLUTIONARY FORCES AGAINST THE  
22 OMNIPRESENT POWERS IN MEXICO. IT WAS THE IRISH WHO  
23 REALLY PROVIDED TREMENDOUS SUPPORT FOR THE  
24 REVOLUTIONARIES IN MEXICO DURING THAT PERIOD OF  
25 TIME. SO WE ALSO HELD A SPECIAL BOND. IN FACT,

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1 THERE'S A UNIT THAT'S STILL IN EXISTENCE OF  
2 ANCESTORS OF LOS SAN PATRICIO BATTALION IN MARIN  
3 COUNTY OF ALL PLACES. AND SO KEVIN AND I WOULD  
4 ALWAYS TALK ABOUT THAT AND ALWAYS TALK ABOUT HIS  
5 WIFE AND HIS FAMILY.

6 AND HE WAS VERY CLOSE TO MY SON, JOAQUIN,  
7 AS WELL. AND SO FOR ME IT WAS SHOCKING, AND IT TORE  
8 MY HEART APART. SO TO KEVIN. MAY THE ROAD COME TO  
9 MEET YOU, MAY THE WIND BE ALWAYS AT YOUR BACK, MAY  
10 THE SUN SHINE AND WARM UPON YOUR FACE, RAINS FALL  
11 SOFTLY UPON YOUR FIELDS. AND UNTIL WE MEET AGAIN,  
12 MAY GOD HOLD YOU IN THE HOLLOW OF HIS HAND. GOD  
13 BLESS YOU, MY FRIEND.

14 CHAIRMAN THOMAS: THANK YOU, ART. THAT  
15 WAS BEAUTIFUL. MARK.

16 DR. FISCHER-COLBRIE: YEAH. I CAN'T MATCH  
17 THE ELOQUENCE OF THE STATEMENTS REFLECTING KEVIN. I  
18 CAN ONLY GIVE A TINY SNAPSHOT OF MY INTERACTIONS  
19 WITH HIM OVER THE YEARS, MANY YEARS. AND I DIDN'T  
20 HAVE EXTENSIVE INTERACTIONS WITH CIRM; BUT WITHOUT A  
21 DOUBT, EVERY INTERACTION WITH KEVIN WAS EXACTLY AS  
22 DESCRIBED IN TERMS OF THE FOCUS, THE GENUINE DESIRE  
23 TO HEAR AND LISTEN, THE FOLLOW-UP COMMUNICATIONS,  
24 THE GRACE OF HIS INCREDIBLY DIFFICULT SCHEDULE, AND  
25 AT THE SAME TIME DEALING WITH A LOT OF DIFFERENT

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1 INDIVIDUALS I JUST FOUND EXTRAORDINARY AND JUST WAY  
2 BEYOND WHAT I'VE RUN ACROSS WITH RESPECT TO FOLKS  
3 THAT ARE IN SIMILAR SETS OF CIRCUMSTANCES. SO JUST  
4 UNBELIEVABLY GENEROUS WITH HIS TIME AND HIS THOUGHTS  
5 AND HIS EXECUTION AND HIS FOLLOW-UP WITH REALLY GOOD  
6 IDEAS AND THOUGHTS. AND THERE'S NO QUESTION THAT  
7 WE'RE GOING TO MISS HIM A LOT. YEAH. JUST WANTED  
8 TO BE ABLE TO SHARE THOSE THOUGHTS.

9 CHAIRMAN THOMAS: THANK YOU, MARK. JOE.

10 MR. PANETTA: THANKS, J.T. AND AS MARK  
11 SAID, IT'S DIFFICULT TO MATCH THE ELOQUENCE WITH  
12 WHICH ART TALKED ABOUT KEVIN.

13 I'VE BEEN ON THE BOARD FOR A LONG TIME  
14 AND, OF COURSE, HAD THE EXPERIENCE OF WORKING  
15 DIRECTLY WITH KEVIN AS A BOARD MEMBER. BUT I WANT  
16 EVERYONE TO KNOW HOW IMPORTANT KEVIN WAS TO US AT  
17 THE ORGANIZATION THAT I RUN, BIOCOM CALIFORNIA,  
18 WHICH IS THE LIFE SCIENCE ASSOCIATION FOR THE  
19 INDUSTRY AND RESEARCH HERE IN CALIFORNIA AND ALSO TO  
20 ENSURE THAT PRODUCTS GET TO PATIENTS JUST AS IS THE  
21 MISSION OF CIRM.

22 WE'VE GOT A COMMUNICATIONS DEPARTMENT AT  
23 BIOCOM THAT WORKED VERY CLOSELY WITH KEVIN OVER THE  
24 YEARS. AND NOT ONLY WAS I DEVASTATED, BUT WHEN I  
25 MENTIONED TO JULIE AMES, OUR VP OF COMMUNICATIONS,

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1 THAT WE HAD LOST KEVIN, SHE WAS SADDENED AND  
2 DEVASTATED, AND SHE SAID TWO THINGS. SUCH AN  
3 INCREDIBLE, CONSUMMATE, PASSIONATE PROFESSIONAL AND  
4 JUST SUCH A NICE PERSON TO WORK WITH. SO WE'RE  
5 GOING TO MISS KEVIN AT BIOCOM CALIFORNIA.

6 BUT TO ADD TO ART'S COMMENTS ON KEVIN AS  
7 AN IRISHMAN, RIGHT AFTER I JOINED CIRM, MY WIFE, WHO  
8 IS IRISH, PERSUADED ME TO TAKE OUR FIRST TRIP TO  
9 IRELAND. AND NEVER HAVING BEEN TO IRELAND, I TURNED  
10 TO KEVIN AND I SAID THIS IS WHAT WE ARE PLANNING TO  
11 DO. WE'RE GOING TO TAKE A TRIP TO DUBLIN AND GALWAY  
12 AND AROUND THE SOUTHERN PART OF IRELAND. KEVIN AND  
13 I MUST HAVE SPENT AN HOUR ON THE PHONE. HE WAS MY  
14 TOUR GUIDE AND TOLD US EVERYWHERE WE SHOULD GO,  
15 EVERY PUB IN DUBLIN, AND EVERYTHING ELSE THAT WE  
16 SHOULD SEE WHILE WE WERE THERE. AND I APPRECIATED  
17 THAT SO MUCH, AND I'LL NEVER FORGET THAT AND HIS  
18 ENTHUSIASM ABOUT IT AND JUST THE FACT THAT WE HAD  
19 SUCH A GREAT TIME BASED ON KEVIN'S RECOMMENDATIONS  
20 IN LARGE PART TOO.

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

23 DR. DULIEGE: SO TO ADD TO THAT, I WOULD  
24 SAY THAT KEVIN LIFTED US UP. HE WAS MAKING US  
25 BETTER PEOPLE, MORE ENTHUSIASTIC, MORE OPTIMISTIC,

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1 MORE ENERGETIC IN GENERAL JUST BY HIS MERE PRESENCE  
2 AND HIS SMILE AND HIS KINDNESS. AND, YES, INDEED,  
3 ON TOP OF EVERYTHING WE SAID, HE WENT BEYOND THE  
4 CALL OF DUTY. AND THAT WAS JUST HIM.

5 SO, JOE, THE EXAMPLE YOU MENTIONED IS SO  
6 TELLING. AND I WOULD SAY IN MY CASE I HAD DAUGHTERS  
7 IN HIGH SCHOOL IN JOURNALISM CLASS. AND ONCE I  
8 ASKED HIM IF HE WANTED TO GIVE A PRESENTATION ABOUT  
9 WHAT HE WAS DOING AT CIRM IN MEDICAL JOURNALISM.  
10 AND ABSOLUTELY HE CAME TO PALO ALTO AND GAVE -- I  
11 CAN IMAGINE HIM TALKING TO TEENAGERS, AND HE WAS AS  
12 ELOQUENT AND INSPIRING AS HE WAS WHEN HE WAS TALKING  
13 TO PATIENTS, ACTIVISTS, OR US AT CIRM AND ICOC. SO  
14 THAT WAS VERY MUCH HIM.

15 CHAIRMAN THOMAS: THANK YOU, ANNE-MARIE.  
16 DAVID.

17 DR. HIGGINS: I THINK KEVIN BROKE ALL THE  
18 RULES. YOU WOULD THINK OF KEVIN AS A CONSUMMATE  
19 PROFESSIONAL WHO COULD REPRESENT WITHIN MINUTES OF A  
20 BOARD DECISION THE BOARD ACTIVITY. BUT ALSO AS A  
21 HUMAN BEING, HE WAS AN INCREDIBLE GUY. WE ALL KNOW  
22 THAT. BUT WHAT I THINK MAYBE IS MISSING FROM  
23 KNOWING KEVIN, UNLESS YOU KNOW KEVIN WELL, IS THAT  
24 HE NEVER DREW A LINE BETWEEN THOSE TWO. THAT SOUNDS  
25 LIKE THAT WOULD BE UNPROFESSIONAL, BUT IT'S NOT. HE

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1 WAS THE SAME SUPPORTIVE PATIENT ADVOCATE AT THE END  
2 OF THE BAR HAVING AN IRISH BEER AS HE WAS. HE DID  
3 NOT SEPARATE THOSE TWO. THOSE WERE TWO ROLES OF ONE  
4 PERSON.

5 AND I THINK HE EXEMPLIFIES HOW WE ALL  
6 SHOULD BE PROFESSIONAL, OF COURSE, BUT ALSO BE HUMAN  
7 AT THE SAME TIME.

8 CHAIRMAN THOMAS: THANK YOU. WELL SAID.  
9 DAN.

10 MR. BERNAL: YEAH. I HAVE TO SAY KEVIN IS  
11 ONE OF THE FIRST PEOPLE THAT WE INTERACT WITH WHEN  
12 WE BECOME A BOARD MEMBER. AND I FIRST MET HIM MANY  
13 YEARS AGO WHEN HE USED TO WORK WITH CPMC WHEN WE DID  
14 AN EVENT WITH THE CHILD HEALTHCARE CENTER. BUT THE  
15 WAY THAT HE WAS SO WELCOMING AND ENTHUSIASTIC ABOUT  
16 ALL OF OUR STEPPING UP TO SERVE ON THE ICOC. AND  
17 THE WAY HE WROTE TOO WITH JUST SUCH VIGOR AND  
18 ENTHUSIASM WAS REALLY IN SOME WAYS REALLY JOYFUL.  
19 SO CERTAINLY WANT TO POINT OUT HIS ROLE AND REALLY  
20 KIND OF BRINGING US IN AND SOCIALIZING US INTO THE  
21 ORGANIZATION AND ITS CULTURE. HE AND MARIA WERE SO  
22 GREAT IN REALLY BRINGING US ON BOARD AND HELPING US  
23 FEEL WELCOME AND REALLY ELEVATING OUR OWN SENSE OF  
24 WHAT WE COULD CONTRIBUTE TO THE ORGANIZATION AND HOW  
25 HE WOULD WRITE ABOUT OUR JOINING THE BOARD.



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1 SO IT WAS REALLY JUST A JOY TO WORK WITH  
2 HIM WHEN I HAD THE OPPORTUNITY. SO HE'LL BE VERY  
3 SORELY MISSED.

4 CHAIRMAN THOMAS: THANK YOU, DAN. AL.

5 MR. ROWLETT: I'D BE REMISS IF I DIDN'T  
6 RECALL AN EXPERIENCE WITH KEVIN WHERE HE WAS ASKED  
7 TO CONTRIBUTE TO A STORY. AND BEING NEW TO CIRM AND  
8 NOT KNOWING WHAT THE PARTICULARS WERE, I ASKED  
9 KEVIN. AND HE ENTHUSIASTICALLY WALKED ME THROUGH  
10 EVERY PARTICULAR SCENARIO THAT YOU WOULD IMAGINE.  
11 AND THEN AFTERWARDS SAID, "AND DON'T HESITATE TO  
12 CALL ME DURING THE INTERVIEW IF YOU HAVE QUESTIONS."  
13 AND THAT KIND OF ENTHUSIASM AND THAT KIND OF  
14 COMMITMENT TO THE ORGANIZATION, HE WAS CONSCIENTIOUS  
15 ABOUT CIRM AND CARED ABOUT THE ORGANIZATION VERY  
16 MUCH. AND IT DEMONSTRATED CARING FOR ME AS I WAS  
17 BEING ASKED QUESTIONS ABOUT THE ORGANIZATION AS A  
18 RELATIVELY NEW BOARD MEMBER AT THE TIME.

19 AND I RECALL SAYING SOMETHING TO HIM  
20 ABOUT, NOT ONLY WAS I PREPARED, I WAS OVERPREPARED  
21 AND HOW MUCH I APPRECIATED HIS WORK IN THAT AREA.  
22 HE WILL BE MISSED AS, AGAIN, THE CONSUMMATE  
23 PROFESSIONAL.

24 CHAIRMAN THOMAS: THANK YOU, AL. FRED.

25 DR. FISHER: THIS IS SO INTERESTING

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1 BECAUSE I ONLY HAD ONE KIND OF EXPERIENCE WITH  
2 KEVIN. AND THAT WAS AS A PERSON WHO WAS  
3 ENTHUSIASTIC AND PASSIONATE ABOUT ALS, THAT WHEN WE  
4 ENGAGED CIRM, LONG BEFORE I WAS A BOARD MEMBER, IT  
5 WAS ALWAYS ABOUT ALS. AND MOSTLY IT WAS BETWEEN HIM  
6 AND MY COMMUNICATIONS STAFFER. AND THEY HAD THIS  
7 AMAZING RELATIONSHIP THAT MADE US FEEL REALLY  
8 SPECIAL. KEVIN HAD NO CONNECTION TO ALS. HIS  
9 CONNECTION WAS TO CIRM AND THE MISSION OF CIRM.

10 AND IT SEEMS TO ME FROM LISTENING TO THIS  
11 TODAY, THAT HE MADE EVERYBODY FEEL SPECIAL ABOUT  
12 WHAT THEY DID, WHO THEY WERE, WHAT THEIR MISSION  
13 WAS, AND HE ADOPTED AS HIS OWN BECAUSE THAT WAS SO  
14 MUCH IN ALIGNMENT WITH WHAT CIRM IS ABOUT. AND SO  
15 AS A COMMUNICATIONS PERSON, HE DID KIND OF AN  
16 AMAZING JOB OF COMMUNICATING JUST HOW IMPORTANT AND  
17 VALUABLE WE WERE. HIS RESPONSIVENESS REALLY IS WHAT  
18 TOLD US THAT. AND IT SEEMS TO ME THAT IN THE  
19 CONTEXT OF THIS CONVERSATION, HE DID HIS JOB REALLY  
20 WELL BECAUSE IN REALITY WE WEREN'T SPECIAL AT ALL.  
21 WE WERE JUST ONE OF THE MANY PIECES OF THE CIRM  
22 PUZZLE, AND HE LIKELY MADE EVERY SINGLE ONE OF US  
23 FEEL SPECIAL ABOUT WHO WERE, WHAT WE WERE DOING, AND  
24 OUR CONNECTION TO CIRM. AND I THINK THAT'S AN  
25 AMAZING ABILITY THAT WILL BE VERY HARD TO FOLLOW IN

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1 HIS FOOTSTEPS, BUT SETS A VERY HIGH BAR GOING  
2 FORWARD.

3 CHAIRMAN THOMAS: THANK YOU, FRED. ALSO  
4 VERY WELL SAID. JUDY.

5 DR. GASSON: I JUST HAVE A COUPLE THINGS  
6 TO ADD TO EVERYTHING THAT'S BEEN SAID, AND OBVIOUSLY  
7 I AGREE WITH ALL THAT'S BEEN SAID AND THE WARMTH AND  
8 THE GREAT INTERACTIONS THAT WE ALL HAD. OVER THE  
9 LAST YEAR, I'VE HAD MORE INTERACTION WITH KEVIN THAN  
10 I HAD PREVIOUSLY. AND I JUST WANTED TO ADD TO THE  
11 QUALITIES THAT WE'VE BEEN CELEBRATING AND WILL  
12 CONTINUE TO CELEBRATE, HIS UNBELIEVABLE SENSE OF  
13 HUMOR. HE HAD TO BE ONE OF THE MOST HILARIOUS  
14 PEOPLE I'VE EVER INTERACTED WITH. AND IT WAS ALWAYS  
15 VERY PROFESSIONAL, AND IT WAS ALWAYS VERY  
16 APPROPRIATE, BUT HE WAS SO QUICK AND SO FUNNY AND SO  
17 DELIGHTFUL TO DEAL WITH.

18 THE LAST TWO E-MAILS I GOT FROM HIM WERE  
19 ADDRESSED, "DEAR LOVELY PEOPLE," WHICH I THOUGHT WAS  
20 JUST A REMARKABLE WAY THAT KEVIN INTERACTED WITH ALL  
21 OF US. THANK YOU.

22 MR. TORRES: BEAUTIFUL. BEAUTIFUL, JUDY.

23 CHAIRMAN THOMAS: THANK YOU, JUDY.

24 YSABEL.

25 MS. DURON: THANKS, MR. CHAIR. IT'S VERY

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1 HARD FOR ME TO TALK ABOUT KEVIN BECAUSE WE ACTUALLY  
2 WORKED TOGETHER FOR MANY YEARS AT CAREON. AND HE  
3 WAS THE PRODUCER OF MY AWARDING SERIES ON MY OWN  
4 CANCER EXPERIENCE. I'VE ALWAYS HAD A REALLY  
5 CLOSE-KNIT RELATIONSHIP WITH KEVIN AND SO WAS VERY  
6 THRILLED WHEN I CAME A BOARD CIRM, UNKNOWING HE WAS  
7 HERE, TO BE ABLE TO COME BACK AND WORK WITH HIM.

8 WHEN I HEARD ABOUT THE NEWS, MY FIRST  
9 THOUGHT IS WHAT ARE WE GOING TO DO WITHOUT HIM. I  
10 PARTICULARLY APPRECIATED HIM BECAUSE HE WAS  
11 ALWAYS -- HE WAS ALWAYS THE, IN SOME WAYS, THE WINGS  
12 BENEATH -- THE WIND BENEATH MY WINGS, TELLING ME AND  
13 HELPING ME AND REMINDING ME WHAT WE WERE DOING, WHY  
14 WE WERE DOING IT, AND WHAT WAS GOOD ABOUT WHAT WE  
15 WERE DOING. AND SO I'M REALLY, REALLY GOING TO MISS  
16 HIM. HE WAS, I THINK, AS JUDY SAID, EVERYBODY SAID,  
17 HE WAS A JOY TO BE AROUND. AND I'M GOING TO MISS  
18 THAT ACCENT, GOING TO MISS THAT BROGUE, GOING TO  
19 MISS -- I'M GOING TO MISS HIM A LOT, AND I PROBABLY  
20 CAN'T EVEN BEGIN TO COUNT THE WAYS AT THIS TIME.

21 THANK YOU.

22 CHAIRMAN THOMAS: THANK YOU, YSABEL. AND  
23 THANK YOU, MEMBERS OF THE BOARD. I THINK THIS HAS  
24 BEEN A WONDERFUL TRIBUTE TO KEVIN. I SHOULD JUST  
25 SAY THAT IN MY CAPACITY AS THE DESIGNATED MAJOR

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1 SPORTS FAN OF THE BOARD, ONE OF MY LAST EXCHANGES  
2 WAS POINTING OUT TO KEVIN HOW THE U.S. ACTUALLY  
3 OUTPLAYED ENGLAND IN THE WORLD CUP MATCH, WHICH, OF  
4 COURSE, HE TOOK GREAT EXCEPTION TO AND POINTED OUT  
5 THAT THEY FARED BETTER LATER ON THAN WE DID.

6 SO I JUST WANT TO END WITH SOMETHING JUDY  
7 SAID, WHICH I THINK JUST EXQUISITELY CAPTURED KEVIN,  
8 WHICH WAS THAT HE DID REFER TO ALL OF US AS LOVELY  
9 PEOPLE. AND THAT WAS AN EXPRESSION HE USED THAT WAS  
10 JUST VERY FITTING OF HIS LIFE VIEW AND HOW HE  
11 ENGAGED WITH US AND EVERYBODY IN A SPECIAL WAY. AND  
12 I WANTED TO POINT OUT TO THE BOARD THAT A GREAT  
13 MEMBER OF OUR COMMUNICATIONS, KATIE SHARIFY, HAS  
14 TAKEN UP THAT EXPRESSION IN HER E-MAILS AS WELL,  
15 WHICH I THINK IS -- WE DIDN'T KNOW AT THE TIME, BUT  
16 WILL BE A WONDERFUL ONGOING TRIBUTE TO KEVIN. SO,  
17 KATIE, I THINK YOU'RE LISTENING, WE WILL NEVER BE  
18 ABLE TO SEE THAT EXPRESSION WITHOUT BEING REMINDED  
19 OF KEVIN, WHICH IS A WONDERFUL THING. SO THANK YOU,  
20 EVERYBODY, MEMBERS OF THE BOARD, FOR THIS VERY  
21 MOVING TRIBUTE.

22 OKAY. WE ARE GOING TO MOVE ON NEXT TO THE  
23 CONSENT CALENDAR AND --

24 MS. BONNEVILLE: J.T., MICHAEL HAS HIS  
25 HAND RAISED.

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1           CHAIRMAN THOMAS: I'M SORRY. MICHAEL,  
2 YES, SIR.

3           DR. STAMOS: THANK YOU. GOOD MORNING.  
4 SORRY I DIDN'T GET A CHANCE TO EVER MEET KEVIN IN  
5 PERSON, SO I DON'T HAVE ANYTHING TO ADD. BUT  
6 OBVIOUSLY A BIG LOSS.

7           BUT I HAD A QUESTION ABOUT THE PREVIOUS  
8 CONVERSATION ABOUT THE ICOC MEETING ON JANUARY 26TH.  
9 AND IRONICALLY I WAS ALSO ENCOURAGING US TO MEET IN  
10 PERSON. I CAN'T MAKE IT BECAUSE OF PRIOR  
11 COMMITMENTS IN PERSON BUT BACK HERE IN TOWN. I  
12 THINK THAT WILL STILL GIVE ME FULL CAPACITY TO BE  
13 INVOLVED AND TO VOTE, ET CETERA; IS THAT CORRECT? I  
14 WILL BE AVAILABLE DURING THAT TIME. I JUST CAN'T BE  
15 THERE ON-SITE.

16           CHAIRMAN THOMAS: YES. FOR THOSE --

17           MS. BONNEVILLE: YES. IT WILL BE A HYBRID  
18 MEETING.

19           DR. STAMOS: I'M SORRY ABOUT THAT. I WILL  
20 MAKE EVERY EFFORT TO MAKE THE FUTURE MEETINGS WHICH  
21 I THINK ARE NOW ON THE BOOKS FOR LATER IN THE YEAR,  
22 BUT THANK YOU.

23           CHAIRMAN THOMAS: THANK YOU. OKAY. WE  
24 HAVE FIVE ITEMS ON THE CONSENT AGENDA. ARE THERE  
25 ANY ITEMS ANYBODY WANTS REMOVED AT THIS POINT?

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1 OTHERWISE WE WILL TAKE THEM EN BANC FOR  
2 CONSIDERATION. IS THERE A MOTION TO APPROVE THE  
3 CONSENT CALENDAR?

4 MR. TORRES: SO MOVED.

5 DR. SOUTHARD: SECOND.

6 CHAIRMAN THOMAS: THANK YOU. MOVED BY  
7 ART, SECONDED BY MARV. MARIA, WILL YOU PLEASE CALL  
8 THE ROLL.

9 MS. BONNEVILLE: WE NEED PUBLIC COMMENT.  
10 WE DON'T NEED IT, BUT WE SHOULD ASK FOR IT.

11 CHAIRMAN THOMAS: THAT'S A GOOD POINT,  
12 YES. ANY PUBLIC COMMENT ON THESE TOPICS?

13 MS. BONNEVILLE: I KNOW THIS WILL BE  
14 CRAZY. NO HANDS RAISED.

15 CHAIRMAN THOMAS: OKAY. WELL, THAT'S JUST  
16 THE WAY IT IS. OKAY. MARIA, WILL YOU PLEASE CALL  
17 THE ROLL.

18 MS. BONNEVILLE: HAIFAA ABDULHAQ.  
19 MOHAMMAD ABOUSALEM.

20 DR. ABOUSALEM: YES.

21 MS. BONNEVILLE: KIM BARRETT.

22 DR. BARRETT: AYE.

23 MS. BONNEVILLE: DAN BERNAL.

24 MR. BERNAL: AYE.

25 MS. BONNEVILLE: GEORGE BLUMENTHAL.

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1 DR. BLUMENTHAL: YES.  
2 MS. BONNEVILLE: MICHAEL BOTCHAN. LINDA  
3 BOXER.  
4 DR. BOXER: YES.  
5 MS. BONNEVILLE: JUDY CHOU. LEONDR  
6 CLARK-HARVEY.  
7 DR. CLARK-HARVEY: YES.  
8 MS. BONNEVILLE: DEBORAH DEAS.  
9 DR. DEAS: 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: ELENA FLOWERS.  
19 DR. FLOWERS: YES.  
20 MS. BONNEVILLE: JUDY GASSON.  
21 DR. GASSON: YES.  
22 MS. BONNEVILLE: LARRY GOLDSTEIN.  
23 DR. GOLDSTEIN: YES.  
24 MS. BONNEVILLE: DAVID HIGGINS.  
25 DR. HIGGINS: YES.



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1 MS. BONNEVILLE: STEVE JUELSGAARD.  
2 MR. JUELSGAARD: YES.  
3 MS. BONNEVILLE: RICH LAJARA. PAT LEVITT.  
4 DR. LEVITT: YES.  
5 MS. BONNEVILLE: LINDA MALKAS.  
6 DR. MALKAS: 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.  
17 MR. ROWLETT: YES.  
18 MS. BONNEVILLE: BARRY SELICK.  
19 DR. SELICK: YES.  
20 MS. BONNEVILLE: MARVIN SOUTHARD.  
21 DR. SOUTHARD: YES.  
22 MS. BONNEVILLE: MICHAEL STAMOS.  
23 DR. STAMOS: YES.  
24 MS. BONNEVILLE: JONATHAN THOMAS.  
25 CHAIRMAN THOMAS: YES.

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1 MS. BONNEVILLE: ART TORRES.

2 MR. TORRES: AYE.

3 MS. BONNEVILLE: KAROL WATSON.

4 MOTION CARRIES.

5 CHAIRMAN THOMAS: THANK YOU, MARIA. OKAY.

6 WE'RE GOING TO GO NOW INTO THE APPLICATION REVIEW  
7 SUBCOMMITTEE PORTION OF THE MEETING FOR ITEM 9,  
8 CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE  
9 TO CLINICAL TRIAL STAGE PROJECTS PROGRAM  
10 ANNOUNCEMENT CLINICAL OR 2. PRESENTATION BY DR.  
11 SAMBRANO.

12 DR. SAMBRANO: THANK YOU MR. CHAIRMAN. SO  
13 GOOD MORNING, ALL.

14 TODAY I'M GOING TO PRESENT THE  
15 RECOMMENDATIONS FROM THE LATEST CYCLE OF OUR CLINICAL  
16 OPPORTUNITY. AS WE ALWAYS DO, WE WANT TO REMIND  
17 EVERYBODY ABOUT OUR MISSION AND WHY WE DO WHAT WE DO  
18 IS ACCELERATE WORLD-CLASS SCIENCE TO DELIVER  
19 TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN  
20 AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND  
21 WORLD.

22 THIS IS A REMINDER OF THE STATUS OF OUR  
23 CLINICAL BUDGET. WE HAVE AN ALLOCATION OF 169  
24 MILLION FOR THE FISCAL YEAR, AND THIS FAR THE BOARD  
25 HAS APPROVED ABOUT 55 MILLION IN AWARDS. THE TOTAL

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1 AMOUNT REQUESTED TODAY FROM FOUR APPLICATIONS TOTALS  
2 ABOUT 29 MILLION. AND IF THOSE ARE APPROVED, WE  
3 WOULD BE RIGHT ABOUT HALFWAY IN TERMS OF THE BUDGET  
4 ON THE 169 MILLION FOR THIS YEAR, AND WE ARE RIGHT  
5 AT THE MIDDLE OF THE YEAR. SO WE ARE RIGHT ON  
6 TARGET.

7 THE SCIENTIFIC SCORING SYSTEM THAT WE USE  
8 OR THAT THE GRANTS WORKING GROUP USES TO SCORE  
9 APPLICATIONS IN THE CLINICAL PROGRAM IS ON A SCALE  
10 OF 1, 2, OR 3. A SCORE OF 1 MEANS THAT AN  
11 APPLICATION HAS EXCEPTIONAL MERIT AND WARRANTS  
12 FUNDING. A SCORE OF 2 MEANS THAT THE APPLICANT WILL  
13 GET A SUMMARY OF CONCERNS AND AREAS FOR IMPROVEMENT,  
14 AND THOSE EASILY WILL GO BACK TO THE GWG BEFORE THEY  
15 COME TO THE BOARD, IF THEY EVER DO. AND THEN A  
16 SCORE OF 3 IS FOR APPLICATIONS THAT ARE SUFFICIENTLY  
17 FLAWED THAT THEY WOULD NOT WARRANT FUNDING, AND WE  
18 DON'T ALLOW RESUBMISSION FOR AT LEAST SIX MONTHS.  
19 THEY GO BACK AND RETHINK THE PROJECT.

20 THE REVIEW CRITERIA THAT THE SCORE IS  
21 BASED ON ARE THE FOLLOWING FIVE QUESTIONS. DOES THE  
22 PROJECT HOLD THE NECESSARY SIGNIFICANCE AND  
23 POTENTIAL FOR IMPACT? MEANING WHAT VALUE DOES IT  
24 OFFER AND IS THIS SOMETHING THAT ULTIMATELY IS WORTH  
25 DOING AND IS GOING TO IMPACT PATIENTS. IS THE

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1 RATIONALE SOUND? IS THE PROJECT WELL-PLANNED AND  
2 DESIGNED? AND IS IT FEASIBLE, INCLUDING WHETHER  
3 THEY HAVE THE APPROPRIATE RESOURCES AND THE TEAM  
4 PERSONNEL TO CARRY IT OUT? AND LASTLY, DOES THE  
5 PROJECT UPHOLD THE PRINCIPLES OF DIVERSITY, EQUITY,  
6 AND INCLUSION?

7 THE COMPOSITION OF THE GRANTS WORKING  
8 GROUP THAT REVIEWS THESE APPLICATIONS INCLUDES THE  
9 SCIENTIFIC GRANTS WORKING GROUP MEMBERS THAT ARE ALL  
10 OUTSIDE OF CALIFORNIA, AND THEY PROVIDE THE  
11 SCIENTIFIC EVALUATION. AND WE BRING EXPERTS FROM A  
12 VARIETY OF PERSPECTIVES TO THE TABLE, INCLUDING  
13 DISEASE AREA EXPERTS THAT ARE FAMILIAR WITH  
14 REGULATORY, GMP MANUFACTURING, PRODUCT DEVELOPMENT,  
15 AND OTHER AREAS AS NEEDED. AND THEY PROVIDE THE  
16 SCIENTIFIC SCORE ON ALL THE APPLICATIONS.

17 THE GRANTS WORKING GROUP ALSO INCLUDES OUR  
18 PATIENT ADVOCATE AND NURSE MEMBERS WHO ARE ALSO  
19 MEMBERS OF THIS BOARD. THEY PROVIDE THE DEI  
20 EVALUATION, THE PATIENT PERSPECTIVE ON THE  
21 SIGNIFICANCE AND IMPACT OF THESE PROJECTS, AND  
22 PROVIDE OVERSIGHT ON THE PROCESS ITSELF. THE GRANTS  
23 WORKING GROUP PATIENT ADVOCATE MEMBERS PROVIDE A DEI  
24 SCORE ON ALL APPLICATIONS AND ALSO PROVIDE A  
25 SUGGESTED SCIENTIFIC SCORE. WE ALSO BRING ON BOARD

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1 SCIENTIFIC SPECIALISTS AS NEEDED TO FILL IN ANY  
2 KNOWLEDGE GAPS OR AREAS OF EXPERTISE THAT ARE  
3 REQUIRED FROM THE PANEL. THESE MEMBERS PROVIDE A  
4 SCIENTIFIC EVALUATION, BUT DO NOT PROVIDE A FINAL  
5 SCORE.

6 OKAY. WE'RE GOING TO GET INTO EACH OF THE  
7 APPLICATIONS. AND AS I INTRODUCE EACH OF THESE  
8 APPLICATIONS, WHICH WE WILL CONSIDER INDIVIDUALLY,  
9 I'M JUST GOING TO SHOW YOU A SLIDE LIKE THIS THAT  
10 SHOWS THE BOARD MEMBERS THAT MAY HAVE A CONFLICT OF  
11 INTEREST WITH THE APPLICATION. SO IN THIS CASE, THE  
12 MEMBERS THAT ARE LISTED ON THIS TABLE HAVE DECLARED  
13 A CONFLICT WITH THIS APPLICATION. AND SO,  
14 THEREFORE, PLEASE BE MINDFUL OF THAT AS WE GET INTO  
15 THE DISCUSSION AND VOTING.

16 SO THIS APPLICATION IS TITLED "DEVELOPMENT  
17 OF AN ENGINEERED AUTOLOGOUS LEUKEMIA VACCINE FOR  
18 STIMULATING CYTOLYTIC IMMUNE RESPONSES TO RESIDUAL  
19 LEUKEMIC STEM CELLS." THIS IS A GENETICALLY  
20 MODIFIED CANCER CELL VACCINE, AND IT IS TARGETING  
21 ACUTE MYELOID LEUKEMIA OR AML. AND THE GOAL OF THIS  
22 PROJECT IS TO COMPLETE PRE-IND ENABLING STUDIES AND  
23 TO FILE AN IND. THE AMOUNT OF FUNDS REQUESTED IS 6  
24 MILLION. THERE IS NO CO-FUNDING AND NOT REQUIRED  
25 FOR THIS APPLICANT.

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1           A LITTLE BIT OF BACKGROUND ON AML. ABOUT  
2           20,000 NEW CASES OF AML ARE DIAGNOSED EACH YEAR IN  
3           THE U.S. WITH A FIVE-YEAR SURVIVAL RATE OF ABOUT 29  
4           PERCENT. SO THERE'S CLEARLY A SIGNIFICANT UNMET  
5           NEED HERE, AND MANY PATIENTS WILL RELAPSE AFTER  
6           TREATMENT. AND HEMATOPOIETIC STEM CELL TRANSPLANT,  
7           WHICH IS ONE OF THE APPROACHES FOR TREATING AML, CAN  
8           BE CURATIVE, BUT MANY OLDER PATIENTS DON'T QUALIFY  
9           FOR THIS. AND SO A NEED PARTICULARLY FOR OLDER  
10          PATIENTS OF A THERAPY THAT IS LESS TOXIC IS AN UNMET  
11          NEED.

12                 THE PROPOSED THERAPY UTILIZES A VACCINE  
13          APPROACH TO STIMULATE AN IMMUNE ATTACK AGAINST THE  
14          CANCER VIA GENETIC MODIFICATION AND EXPRESSION OF  
15          THE IMMUNE MARKERS ON CANCER CELLS. AND THAT  
16          APPROACH HAS THE POTENTIAL FOR LONG-TERM  
17          EFFECTIVENESS AS IT TARGETS BOTH AML BLASTS AND  
18          LEUKEMIC STEM CELLS THAT ARE OFTEN THE SOURCE OF  
19          RELAPSE. AND THIS PARTICULAR PROJECT QUALIFIES FOR  
20          CIRM FUNDING BASED ON THE FACT THAT IT TARGETS  
21          CANCER STEM CELLS AND ALSO THAT IT INVOLVES A GENE  
22          THERAPY APPROACH.

23                 SIMILAR PROJECTS THAT EXIST IN OUR ACTIVE  
24          CURRENT PORTFOLIO INCLUDE TWO OTHER PHASE 1 STAGE  
25          CLINICAL TRIAL PROJECTS THAT ARE ADDRESSING AML OR

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1 MORE BROADLY OTHER LEUKEMIAS. THESE APPROACHES ARE  
2 QUITE DIFFERENT. THEY'RE NOT VACCINE APPROACHES.  
3 ONE IS A MONOCLONAL ANTIBODY, AND THE OTHER IS A  
4 T-CELL IMMUNOTHERAPY. SO THIS WOULD ADD ANOTHER  
5 VERY DIFFERENT APPROACH TO AML.

6 THIS APPLICANT HAS RECEIVED CIRM FUNDING  
7 IN THE PAST FOR EARLIER STAGE PROJECTS AT THE  
8 TRANSLATIONAL STAGE FOR THE AML, AND THE PROJECT  
9 OUTCOME FOR WHAT WE FUNDED WAS TO CONDUCT A PRE-IND  
10 MEETING, WHICH WAS DONE AND WAS SUCCESSFUL. AND SO  
11 THAT IS THE PRELUDE PROJECT TO THE CURRENT  
12 APPLICATION, CLINICAL APPLICATION.

13 THIS IS A SUMMARY OF THE RECOMMENDATIONS  
14 FROM THE GRANTS WORKING GROUP. THE GRANTS WORKING  
15 GROUP UNANIMOUSLY SCORED THIS A 1, WITH 15 MEMBERS  
16 GIVING IT THAT SCORE. IT RECEIVED A DEI SCORE OF 9  
17 ON A SCALE OF 1 TO 10. AND THE CIRM TEAM  
18 RECOMMENDATION IS TO FUND THIS PROJECT FOR 6  
19 MILLION. MR. CHAIRMAN.

20 CHAIRMAN THOMAS: THANK YOU, GIL. DO WE  
21 HAVE A MOTION TO APPROVE?

22 DR. STAMOS: SO MOVED.

23 DR. SOUTHARD: SECOND.

24 CHAIRMAN THOMAS: MOVED, SECONDED BY MARV.

25 MS. BONNEVILLE: I'M SORRY. WHO WAS THE

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1 FIRST? I MISSED THAT.

2 CHAIRMAN THOMAS: MICHAEL STAMOS.

3 MS. BONNEVILLE: HE CANNOT MAKE A MOTION.

4 HE IS NOT ON THE APPLICATION REVIEW SUBCOMMITTEE.

5 DR. STAMOS: SORRY.

6 CHAIRMAN THOMAS: YOU'RE RIGHT. THANK  
7 YOU.

8 MS. BONNEVILLE: OH, IT'S OKAY.

9 CHAIRMAN THOMAS: MARV, WOULD YOU LIKE TO  
10 MOVE UP TO THE POLL POSITION HERE?

11 DR. SOUTHARD: YES.

12 CHAIRMAN THOMAS: THANK YOU. IS THERE A  
13 SECOND?

14 DR. DULIEGE: I CAN SECOND.

15 CHAIRMAN THOMAS: OKAY. SECONDED BY  
16 ANNE-MARIE. QUESTIONS OR COMMENTS FROM MEMBERS OF  
17 THE BOARD? ANY COMMENTS FROM MEMBERS OF THE PUBLIC?  
18 HEARING NONE, MARIA, WILL YOU PLEASE CALL THE ROLL.

19 MS. BONNEVILLE: YES. DAN BERNAL.

20 MR. BERNAL: AYE.

21 MS. BONNEVILLE: JUDY CHOU. LEONDRA  
22 CLARK-HARVEY.

23 DR. CLARK-HARVEY: AYE.

24 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

25 DR. DULIEGE: AYE.



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

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

3 CHAIRMAN THOMAS: THANK YOU. NEXT, GIL.

4 DR. SAMBRANO: OKAY. THANK YOU, MR.  
5 CHAIRMAN, THE NEXT APPLICATION, PLEASE NOTE THE  
6 FOLLOWING BOARD MEMBERS WHO MAY HAVE A CONFLICT OF  
7 INTEREST WITH THIS APPLICATION. THIS IS  
8 CLIN1-14006, AND THE TITLE IS "HEMATOPOIETIC STEM  
9 CELL GENE THERAPY FOR TREATMENT OF TAY-SACHS  
10 DISEASE." THE GOAL OF THIS PROJECT IS TO COMPLETE  
11 PRE-IND ENABLING STUDIES AND FILE AN IND THAT WILL  
12 ALLOW THEM TO BEGIN A CLINICAL TRIAL. THE FUNDS  
13 REQUESTED ARE A TAD OVER 5 MILLION. NO CO-FUNDING  
14 IS REQUIRED FOR THIS APPLICATION.

15 BACKGROUND ON THIS DISEASE INDICATION.  
16 TAY-SACHS DISEASE, IS A RARE GENETIC DISORDER THAT  
17 CAUSES AN ACCUMULATION OF GANGLIOSIDES THAT BUILD UP  
18 TO TOXIC LEVELS IN CELLS, PARTICULARLY NEURONS. AND  
19 SO THAT RESULTS IN NEURODEGENERATION. THERE ARE A  
20 NUMBER OF MANIFESTATIONS OF THE DISEASE, AND IT  
21 INCLUDES AN INFANTILE, A JUVENILE, AN ADULT FORMS,  
22 WITH THE INFANTILE AND JUVENILE BEING THE MOST  
23 SEVERE AND OFTEN LEADING TO DEATH AT A VERY EARLY  
24 AGE.

25 OVER A HUNDRED MUTATIONS IN THE

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1 DISEASE-CAUSING HEX A GENE HAVE BEEN IDENTIFIED THAT  
2 RESULT IN THE ENZYME DYSFUNCTION. FOR THIS THERAPY  
3 THE VALUE PROPOSITION, THERE ARE CURRENTLY NO  
4 EFFECTIVE THERAPIES OR CURES FOR TAY-SACHS. THE  
5 PROPOSED CANDIDATE HAS THE POTENTIAL TO PRODUCE AND  
6 DELIVER THE HEX ENZYME VIA AN AUTOLOGOUS BLOOD STEM  
7 CELL TRANSPLANT TO RESTORE FUNCTION IN CELLS. SO  
8 THE DELIVERY OF THE BLOOD STEM CELLS WILL ALLOW THEM  
9 TO PRODUCE, SECRETE THE ENZYME AND DELIVER IT TO  
10 NEURONS AND OTHER CELLS THAT REQUIRE IT.

11 THE REASON THAT THIS QUALIFIES AS A CIRM  
12 PROJECT, THE CANDIDATE IS COMPOSED OF BLOOD OR  
13 HEMATOPOIETIC STEM CELLS, MAKING IT A STEM CELL  
14 PROJECT.

15 WE DON'T HAVE IN OUR ACTIVE PORTFOLIO ANY  
16 PROJECTS THAT ARE FOCUSED ON TAY-SACHS DISEASE. THE  
17 APPLICANT HAS RECEIVED PREVIOUS CIRM FUNDING FOR A  
18 TRANSLATIONAL STAGE AWARD FOR TAY-SACHS DISEASE AND  
19 FOR DEVELOPMENT OF THIS PROJECT. THE OUTCOME THAT  
20 WE FUNDED THEM FOR WAS FOR A PRE-IND MEETING, WHICH  
21 THEY SUCCEEDED IN DOING.

22 THIS IS A SUMMARY OF THE GRANTS WORKING  
23 GROUP RECOMMENDATIONS FOR THIS APPLICATION. THIS  
24 RECEIVED A UNANIMOUS SCORE OF 1 FROM 14 MEMBERS OF  
25 THE WORKING GROUP. IT RECEIVED A DEI SCORE OF 7.5.

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1 AND THE CIRM TEAM RECOMMENDATION IS TO FUND THIS  
2 APPLICATION FOR THE AWARD AMOUNT SHOWN OF JUST OVER  
3 4 MILLION.

4 MR. CHAIRMAN.

5 CHAIRMAN THOMAS: THANK YOU, GIL. DO WE  
6 HAVE A MOTION TO APPROVE? LET'S NOT BE SHY.

7 DR. FISCHER-COLBRIE: SO MOVED.

8 CHAIRMAN THOMAS: IS THERE A SECOND?

9 MR. PANETTA: SECOND.

10 CHAIRMAN THOMAS: IS THAT JOE?

11 MR. PANETTA: YES.

12 CHAIRMAN THOMAS: YES. THANK YOU, JOE.

13 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?

14 DR. ABOUSALEM: MR. CHAIRMAN, I HAD A  
15 COMMENT. WOULD IT BE HELPFUL IN THE FUTURE IN  
16 PRESENTING THESE PROJECTS ON THE SLIDE, WHERE WE  
17 MENTION PREVIOUS FUNDING THAT THE APPLICANT  
18 RECEIVED, IT WOULD BE HELPFUL IF WE MENTION THE  
19 AMOUNT FOR EACH OF THOSE AWARDS THEY RECEIVED IN THE  
20 PAST, THE DOLLAR AMOUNT.

21 CHAIRMAN THOMAS: OKAY. DULY NOTED.

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

24 MS. BONNEVILLE: NO.

25 CHAIRMAN THOMAS: HEARING NONE, MARIA,

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1 WILL YOU PLEASE CALL THE ROLL.

2 MS. BONNEVILLE: DAN BERNAL.

3 MR. BERNAL: AYE.

4 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

5 DR. CLARK-HARVEY: AYE.

6 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

7 DR. DULIEGE: AYE.

8 MS. BONNEVILLE: YSABEL DURON.

9 MS. DURON: YES.

10 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

11 DR. FISCHER-COLBRIE: YES.

12 MS. BONNEVILLE: FRED FISHER.

13 DR. FISHER: YES.

14 MS. BONNEVILLE: ELENA FLOWERS.

15 DR. FLOWERS: YES.

16 MS. BONNEVILLE: DAVID HIGGINS.

17 DR. HIGGINS: YES.

18 MS. BONNEVILLE: STEVE JUELSGAARD.

19 MR. JUELSGAARD: YES.

20 MS. BONNEVILLE: RICH LAJARA. CHRISTINE

21 MIASKOWSKI. LAUREN MILLER-ROGEN.

22 MS. MILLER-ROGEN: YES.

23 MS. BONNEVILLE: ADRIANA PADILLA.

24 DR. PADILLA: YES.

25 MS. BONNEVILLE: JOE PANETTA.

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1 MR. PANETTA: YES.  
2 MS. BONNEVILLE: AL ROWLETT.  
3 MR. ROWLETT: YES.  
4 MS. BONNEVILLE: MARVIN SOUTHARD.  
5 DR. SOUTHARD: YES.  
6 MS. BONNEVILLE: JONATHAN THOMAS.  
7 CHAIRMAN THOMAS: YES.  
8 MS. BONNEVILLE: ART TORRES.  
9 MR. TORRES: AYE.  
10 MS. BONNEVILLE: MOTION CARRIES.  
11 CHAIRMAN THOMAS: THANK YOU. NEXT, GIL.  
12 DR. SAMBRANO: OKAY. FOR THIS NEXT  
13 APPLICATION, I'M NOT SHOWING YOU A COI SLIDE BECAUSE  
14 THERE WERE NO DECLARED CONFLICTS FOR THIS.  
15 THIS APPLICATION IS CLIN1-14140. AND THE  
16 TITLE OF THE APPLICATION IS "IND-ENABLING ACTIVITIES  
17 FOR A MASKED IMMUNOCYTOKINE." THE THERAPY IS AN  
18 ANTIBODY AND INTERFERON ALPHA FUSION PROTEIN, AND IT  
19 IS TARGETED TO ADVANCE THE METASTATIC SOLID TUMORS  
20 AND MULTIPLE MYELOMA. THE GOAL OF THIS PROJECT IS  
21 TO COMPLETE PRE-IND ENABLING STUDIES AND FILE AN  
22 IND. THE AMOUNT REQUESTED IS JUST UNDER 4 MILLION.  
23 CO-FUNDING IS REQUIRED FOR THIS APPLICANT OF 20  
24 PERCENT. IT'S PROVIDING JUST UNDER 1 MILLION.  
25 THE BACKGROUND ON THIS PARTICULAR SET OF

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1 INDICATIONS, SO THERE ARE CANCERS THAT HAVE A  
2 PREVALENCE OF CD 138 EXPRESSION, INCLUDING MULTIPLE  
3 MYELOMA AND SEVERAL TYPES OF SOLID TUMORS. AND  
4 THERE ARE A VARIETY OF TREATMENTS THAT ARE APPROVED  
5 FOR THESE, BUT OFTEN PATIENTS WILL EXPERIENCE  
6 ADVANCED OR METASTATIC DISEASE WILL RELAPSE OR ARE  
7 REFRACTORY TO MANY OF THOSE TREATMENTS. INTERFERON  
8 ALPHA THERAPIES ARE AVAILABLE TO TREAT MULTIPLE  
9 MYELOMA FOLLOWING FIRST IN LINE THERAPY, BUT CAN BE  
10 LIMITED BY TOXICITY, MEANING THE DOSE THAT CAN BE  
11 APPLIED IS VERY LIMITED DUE TO SYSTEMWIDE TOXICITY.

12 IF SUCCESSFUL, THE PROPOSED THERAPY WOULD  
13 PROVIDE A SAFER AND EFFECTIVE THERAPEUTIC OPTION FOR  
14 PATIENTS DUE TO IT'S TARGETED VIA THE ANTIBODY  
15 COMPONENT AND MASKED DELIVERY OF THE INTERFERON TO  
16 THE TUMOR SITE WHICH REVEALS THE INTERFERON ALPHA  
17 ONLY AFTER IT REACHES THE TUMOR AND, THEREFORE,  
18 ALLOWING GREATER DOSING OF THIS PRODUCT.

19 THIS IS A THERAPEUTIC CANDIDATE THAT  
20 TARGETS CANCER STEM CELLS AND, THEREFORE, WHY IT  
21 QUALIFIES FOR CIRM FUNDING.

22 THIS IS THE LIST OF PROJECTS IN OUR  
23 PORTFOLIO THAT IN ONE WAY OR ANOTHER ADDRESS SOLID  
24 TUMORS BROADLY OR MORE SPECIFICALLY MULTIPLE  
25 MYELOMA. WE DO HAVE OTHER PROJECTS THAT TARGET

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1 DIFFERENT TYPES OF CANCERS AND TUMORS. THESE THREE,  
2 I THOUGHT, WERE THE MOST RELATED TO THIS PROJECT  
3 BECAUSE OF ITS BROAD ACCESS TO SOLID TUMORS OR  
4 BECAUSE OF MULTIPLE MYELOMA.

5 THE APPROACHES THAT ARE TAKEN ON BY THESE  
6 OTHER PORTFOLIO PROJECTS VARY. ONE USES AN  
7 ONCOLYTIC VIRUS WITH INDUCED KILLER CELLS. TWO  
8 OTHERS USE A CAR T APPROACH, ONE THAT IS FOCUSED ON  
9 USING NATURAL KILLER T-CELLS. SO A BIT DIFFERENT IN  
10 TERMS OF THEIR APPROACH COMPARED TO THE CURRENT  
11 PROJECT. THIS APPLICANT HAS NOT PREVIOUSLY RECEIVED  
12 CIRM FUNDING.

13 AND THE SUMMARY OF THE GRANTS WORKING  
14 GROUP RECOMMENDATION IS AS SHOWN. THERE WERE 11  
15 MEMBERS WHO GAVE IT A SCORE OF 1, THREE THAT GAVE IT  
16 A SCORE OF 2, AND ONE THAT GAVE IT A SCORE OF 3.  
17 THE DEI SCORE FOR THIS APPLICATION IS A 6 ON A SCALE  
18 OF 1 TO 10, AND THE CIRM TEAM RECOMMENDATION IS TO  
19 FUND FOR THE AMOUNT SHOWN, JUST UNDER 4 MILLION.

20 MR. CHAIRMAN.

21 CHAIRMAN THOMAS: THANK YOU, GIL. DO WE  
22 HAVE A MOTION TO APPROVE?

23 DR. SOUTHARD: SO MOVED.

24 CHAIRMAN THOMAS: THANKS, MARV. IS THERE  
25 A SECOND?



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1 MS. DURON: SECOND.

2 CHAIRMAN THOMAS: THANK YOU, YSABEL.

3 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?

4 I ACTUALLY HAVE A QUESTION, GIL. MANY OF  
5 THE THINGS THAT WE HAVE FUNDED OVER THE YEARS SORT  
6 OF HAVE APPLICABILITY TO EITHER BLOOD CANCERS OR  
7 SOLID TUMORS. HOW MANY LIKE THIS DO WE HAVE THAT  
8 ACTUALLY HAS AN ASPECT POTENTIALLY OF BOTH?

9 DR. SAMBRANO: IT'S UNUSUAL. MANY OF THE  
10 PROJECTS, AS YOU NOTED, EITHER FOCUS ON SOLID TUMORS  
11 GENERALLY OR ON ONE SPECIFIC SOLID TUMOR ON BLOOD  
12 LEUKEMIAS SUCH AS ACUTE MYELOID LEUKEMIA OR OTHER  
13 THINGS. BUT, YES, IT'S UNUSUAL TO HAVE SOMETHING  
14 THAT HAS A BROAD SCOPE LIKE THIS.

15 CHAIRMAN THOMAS: THANK YOU. JUST WANTED  
16 TO BRING THAT TO THE ATTENTION OF THE BOARD. OTHER  
17 QUESTIONS OR COMMENTS FROM BOARD MEMBERS?

18 DR. FISHER: I'VE GOT MY HAND UP, J.T.

19 CHAIRMAN THOMAS: YES, FRED.

20 DR. FISHER: I'M WONDERING IF YOU CAN  
21 PROVIDE US ANY FURTHER INSIGHT GIVEN THAT IT SEEMS  
22 LIKE ABOUT A THIRD OR MAYBE A LITTLE MORE THAN A  
23 THIRD OF THE GWG THOUGHT THAT IT SHOULD COME BACK OR  
24 NOT BE FUNDED AT ALL. AND IF YOU HAVE ANY MORE TO  
25 SAY ABOUT THAT.

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1 DR. SAMBRANO: YES. IN LOOKING AT THE  
2 RATIONALE BEHIND THE SCORES OF 2 OR 3, I THINK MOST  
3 OF THIS, AND I CAN'T TELL YOU EXACTLY WHY A REVIEWER  
4 GAVE THE PARTICULAR SCORE THEY DID, BUT BASED ON  
5 COMMENTS AND DISCUSSION, IT SEEMS TO FOCUS ON THEIR  
6 BELIEF THAT THIS IS ACTING SPECIFICALLY ON CANCER  
7 STEM CELLS OR NOT. SO FOR PROJECTS LIKE THIS, THE  
8 REQUIREMENTS OR ELIGIBILITY CRITERIA FOR COMING IN  
9 IS THAT THEY ACT IN SOME WAY ON A CANCER STEM CELL  
10 AND THAT THE MECHANISM OF ACTION IS IN SOME WAY  
11 RELATED TO THAT ACTION ON THE CANCER STEM CELL. AND  
12 THAT'S THE BASIC REQUIREMENT.

13 AND SO THE REVIEWERS, WHEN THEY CONSIDER  
14 THESE PROJECTS, WILL OFTEN HAVE VARIED OPINIONS AS  
15 TO HOW -- WHERE THEY SET THE BAR AS TO HOW SPECIFIC  
16 THE PRODUCT NEEDS TO BE. SOME REVIEWERS WILL FEEL  
17 IT NEEDS TO BE EXCLUSIVELY ACTING ON CANCER STEM  
18 CELLS TO GIVE THEM MORE CONFIDENCE THAT THE MOA IS  
19 REALLY THROUGH THE CANCER STEM CELLS. OTHERS VIEW  
20 IT WITH MORE FLEXIBILITY IN TERMS OF ACTING ON  
21 CANCER STEM CELLS BUT ALSO ON OTHER CELLS OF THE  
22 CANCER OR TUMOR. AND A LOT OF THE DISCUSSION  
23 RELATED TO THOSE DIFFERENCES, I THINK, AS REFLECTED  
24 IN THOSE SCORES.

25 DR. FISHER: THANKS.

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1 CHAIRMAN THOMAS: THANK YOU, FRED. OTHER  
2 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?  
3 ANY PUBLIC COMMENT?

4 MS. BONNEVILLE: NO HANDS RAISED, J.T.

5 CHAIRMAN THOMAS: THANK YOU, MARIA. WILL  
6 YOU PLEASE CALL THE ROLL.

7 MS. BONNEVILLE: DAN BERNAL.

8 MR. BERNAL: AYE.

9 MS. BONNEVILLE: JUDY CHOU. LEONDRA  
10 CLARK-HARVEY.

11 DR. CLARK-HARVEY: AYE.

12 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

13 DR. DULIEGE: AYE.

14 MS. BONNEVILLE: YSABEL DURON.

15 MS. DURON: AYE.

16 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

17 DR. FISCHER-COLBRIE: AYE.

18 MS. BONNEVILLE: FRED FISHER.

19 DR. FISHER: AYE.

20 MS. BONNEVILLE: ELENA FLOWERS.

21 DR. FLOWERS: YES.

22 MS. BONNEVILLE: DAVID HIGGINS.

23 DR. HIGGINS: YES.

24 MS. BONNEVILLE: STEVE JUELSGAARD.

25 MR. JUELSGAARD: YES.

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1 MS. BONNEVILLE: RICH LAJARA. CHRISTINE  
2 MIASKOWSKI. LAUREN MILLER-ROGEN.  
3 MS. MILLER-ROGEN: YES.  
4 MS. BONNEVILLE: ADRIANA PADILLA.  
5 DR. PADILLA: YES.  
6 MS. BONNEVILLE: JOE PANETTA.  
7 MR. PANETTA: YES.  
8 MS. BONNEVILLE: AL ROWLETT.  
9 MR. ROWLETT: YES.  
10 MS. BONNEVILLE: MARVIN SOUTHARD.  
11 DR. SOUTHARD: YES.  
12 MS. BONNEVILLE: JONATHAN THOMAS.  
13 CHAIRMAN THOMAS: YES.  
14 MS. BONNEVILLE: ART TORRES.  
15 MR. TORRES: AYE.  
16 MS. BONNEVILLE: KAROL WATSON.  
17 MOTION CARRIES.  
18 CHAIRMAN THOMAS: THANK YOU, MARIA. LAST  
19 CLIN FOR THIS MEETING, GIL.  
20 DR. SAMBRANO: OKAY. FOR THIS NEXT  
21 APPLICATION, HERE IS THE LIST OF CONFLICTS FOR THE  
22 APPLICATION.  
23 AND THIS IS CLIN2-14302. IT'S ENTITLED  
24 "PHASE 3 TRIAL AND RELATED ACTIVITIES TO SUPPORT  
25 CLINICAL DEVELOPMENT OF GENETICALLY MODIFIED HUMAN

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1 UMBILICAL CORD-DERIVED VASCULAR (ENDOTHELIAL)  
2 CELLS." THIS IS A CELL THERAPY, MEDICALLY MODIFIED  
3 ENDOTHELIAL CELLS. THE INDICATION IS FOR SEVERE  
4 REGIMEN RELATED TOXICITIES FROM TREATMENT FOR  
5 LYMPHOMA.

6 THE GOAL IS TO COMPLETE A PHASE 3 TRIAL.  
7 THE FUNDS REQUESTED ARE 15 MILLION. CO-FUNDING OF  
8 40 PERCENT IS REQUIRED AND PROVIDED IN THE JUST OVER  
9 \$10 MILLION AMOUNT FROM THE APPLICANT.

10 SO BACKGROUND ON THIS. CANCER THERAPIES  
11 OFTEN EMPLOY REGIMENS THAT DAMAGE OTHERWISE HEALTHY  
12 TISSUES AND ORGANS. AND SEVERE REGIMEN RELATED  
13 TOXICITIES OR SRRT'S IS SOMETHING THAT CAN BECOME  
14 LIFE-THREATENING AND LIMITS THE EFFECTIVENESS OF  
15 THERAPIES, INCLUDING HEMATOPOIETIC STEM CELL  
16 TRANSPLANTS, AS THE DOSING HAS TO BE LIMITED IN  
17 ORDER TO AVOID SEVERE TOXICITIES. AND OFTEN THAT  
18 RESULTS IN LESS EFFECTIVE TREATMENT AGAINST THE  
19 CANCER.

20 THE STANDARD OF CARE FOR THE SRRT INCLUDES  
21 PROPHYLAXIS SUPPORTED TREATMENTS TO ADDRESS  
22 SYMPTOMS. HOWEVER, THE PROPOSED THERAPY HERE AIMS  
23 TO TARGET THE UNDERLYING CAUSE OF THE SRRT BY ACTING  
24 ON AND RESTORING THE ENDOGENOUS STEM CELL VASCULAR  
25 NEED IN ORGANS. AND IF SUCCESSFUL, THIS APPROACH

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1 COULD SIGNIFICANTLY IMPROVE OUTCOMES FOR PATIENTS  
2 UNDERGOING A VARIETY OF THERAPIES FOR CANCER. THE  
3 TARGET FOR THIS PARTICULAR TRIAL IS ON LYMPHOMA  
4 PATIENTS, BUT COULD HAVE MUCH BROADER IMPLICATIONS  
5 IF IT'S SUCCESSFUL.

6 THE CANDIDATE TARGETS ENDOGENOUS STEM  
7 CELLS FOR A THERAPEUTIC EFFECT, AND THAT IS WHY IT  
8 IS QUALIFIED FOR CIRM FUNDING.

9 THE SIMILAR PROJECTS IN OUR PORTFOLIO INCLUDES ONE  
10 THAT IS marginally related. THIS IS A PHASE 1  
11 CLINICAL TRIAL THAT IS FOCUSED ON TREATING GRAFT  
12 VERSUS HOST DISEASE THAT'S RELATED TO TREATMENT IN  
13 T-CELL CANCERS AND LEUKEMIAS. SO THIS IS SIMILARLY  
14 A TOXICITY, IF YOU WILL, FOLLOWING TREATMENT WITH  
15 THIS CANDIDATE, WHICH IS A T-CELL IMMUNOTHERAPY  
16 WHICH IT ATTEMPTS TO ADDRESS. AND SO IT IS SOMEWHAT  
17 SIMILAR, BUT NOT FOCUSED NECESSARILY ON THE SRRT AS  
18 BROADLY AS IN THIS PARTICULAR PROPOSAL.

19 THIS APPLICANT HAS RECEIVED CIRM FUNDING  
20 IN THE PAST AND HAS TWO PROJECTS THAT ARE RELATED.  
21 THERE WAS A CLIN1 AND A CLIN2 SHOWN HERE, THE  
22 IND-ENABLING WORK AND PHASE 1 TRIAL FOR AN IMMUNE  
23 BLOOD CELL RECONSTITUTION FOLLOWING MYELOABLATION.  
24 SO THE GOAL BEHIND THIS WAS THAT THEIR PRODUCT WOULD  
25 HELP RECONSTITUTE THE IMMUNE SYSTEM AND THE BLOOD

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1 CELLS. THIS IS A CELL THERAPY AND IS STILL GOING, I  
2 THINK, MAY STILL BE ACTIVE IN THE PHASE 1 TRIAL.

3 AND THEN WE ALSO FUNDED AN INITIAL TRIAL,  
4 PHASE 1 TRIAL, OF THIS CURRENT INDICATION FOR THE  
5 SEVERE REGIMEN RELATED TOXICITY THAT WE SUPPORTED,  
6 AND THAT PROJECT ENDED IN APRIL. AND THEY WERE  
7 SUCCESSFUL IN MEETING ALL THEIR MILESTONES. AND  
8 JUST OF NOTE, THE AWARD AMOUNTS ARE SHOWN HERE THAT  
9 WE HAVE PROVIDED FOR THE CURRENT APPLICANT.

10 THIS IS A SUMMARY OF THE GRANTS WORKING  
11 GROUP RECOMMENDATIONS. WE HAD TEN MEMBERS WHO GAVE  
12 THIS A SCORE OF 1, THREE MEMBERS THAT GAVE IT A  
13 SCORE OF 2. THE DEI SCORE WAS AN 8 ON A SCALE OF 1  
14 TO 10, AND THE CIRM TEAM RECOMMENDATION IS TO FUND  
15 THIS PROJECT FOR 15 MILLION. MR. CHAIRMAN.

16 CHAIRMAN THOMAS: THANK YOU, GIL. MOTION  
17 TO APPROVE?

18 DR. HIGGINS: SO MOVED.

19 CHAIRMAN THOMAS: THANKS, DAVID. SECOND?  
20 WHO WAS THAT SECOND? SORRY.

21 MR. BERNAL: SECOND.

22 MS. BONNEVILLE: IT WAS DAN.

23 CHAIRMAN THOMAS: THANKS, DAN. QUESTIONS,  
24 COMMENTS, MEMBERS OF THE BOARD?

25 DR. DULIEGE: BRIEFLY, ACTUALLY MOSTLY A

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1 COMMENT. PHASE 3 TRIAL, REMARKABLE MILESTONES, VERY  
2 RISKY AND CHALLENGING. CONGRATULATIONS TO THE CIRM  
3 FOR MOVING OR HELPING TO MOVE MANY COMPOUNDS TO THIS  
4 STAGE. CAN YOU REMIND US, IT PROBABLY HAS NOTHING  
5 TO DO WITH THE VOTE, HOW MANY PHASE 3 TRIALS HAVE WE  
6 FUNDED SO FAR?

7 DR. SAMBRANO: I DON'T KNOW THE ANSWER TO  
8 THAT.

9 DR. DULIEGE: ROUGHLY.

10 DR. SAMBRANO: ABLA CREASEY, IF YOU'RE ON,  
11 OR MARIA MILLAN MAY HAVE A BETTER SENSE.

12 DR. DULIEGE: OR MAYBE SEPARATE. I  
13 REALIZE IT HAS NOTHING TO DO, BUT I JUST WANTED TO  
14 POINT OUT THAT WE RARELY GET TO VOTE ON PHASE 3  
15 TRIALS, AND THIS IS ALWAYS AN EXCITING STEP.

16 DR. SAMBRANO: YES, IT IS UNUSUAL. WE  
17 HAVE HAD VERY FEW THAT HAVE COME THROUGH, BUT WE  
18 HAVE HAD AT LEAST TWO OR THREE OVER THE COURSE OF  
19 SEVERAL YEARS THAT WE'VE FUNDED.

20 DR. DULIEGE: RIGHT. MAJOR MILESTONE.  
21 THAT'S IT.

22 CHAIRMAN THOMAS: THANK YOU, ANNE-MARIE.  
23 OTHER QUESTIONS OR COMMENTS FROM MEMBERS OF THE  
24 BOARD? ANY PUBLIC COMMENT?

25 MS. BONNEVILLE: I DO NOT SEE ANY.



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1 CHAIRMAN THOMAS: THANK YOU. MARIA, WILL  
2 YOU PLEASE CALL THE ROLL.

3 MS. BONNEVILLE: DAN BERNAL.

4 MR. BERNAL: AYE.

5 MS. BONNEVILLE: JUDY CHOU. LEONDR  
6 CLARK-HARVEY.

7 DR. CLARK-HARVEY: AYE.

8 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

9 DR. DULIEGE: YES.

10 MS. BONNEVILLE: YSABEL DURON.

11 MS. DURON: YES.

12 MS. BONNEVILLE: MARK FISCHER-COLBRIE.  
13 FRED FISHER.

14 DR. FISHER: YES.

15 MS. BONNEVILLE: ELENA FLOWERS.

16 DR. FLOWERS: YES.

17 MS. BONNEVILLE: DAVID HIGGINS.

18 DR. HIGGINS: YES.

19 MS. BONNEVILLE: STEVE JUELSGAARD.

20 MR. JUELSGAARD: YES.

21 MS. BONNEVILLE: RICH LAJARA. CHRISTINE  
22 MIASKOWSKI. 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.

4 MR. ROWLETT: YES.

5 MS. BONNEVILLE: MARVIN SOUTHARD.

6 JONATHAN THOMAS.

7 CHAIRMAN THOMAS: YES.

8 MS. BONNEVILLE: ART TORRES.

9 MR. TORRES: AYE.

10 DR. SOUTHARD: THIS IS MARV. I VOTE YES.

11 I WAS JUST MUTED.

12 MS. BONNEVILLE: OH, THANK YOU, MARV. THE  
13 MOTION DEFINITELY CARRIES. THANK YOU.

14 CHAIRMAN THOMAS: THANK YOU. THANK YOU,  
15 GIL, AND YOUR REVIEW TEAM. THAT CONCLUDES THE  
16 APPLICATION REVIEW SUBCOMMITTEE PORTION OF TODAY'S  
17 MEETING. WE'LL MOVE ON NEXT TO ITEM 10,  
18 CONSIDERATION OF NEW MEMBERS TO THE STANDARDS  
19 WORKING GROUP. GEOFF LOMAX. GEOFF.

20 DR. LOMAX: THANKS. I THINK WE HAVE SOME  
21 SLIDES THAT ARE GOING TO COME UP.

22 MS. BONNEVILLE: YES. MARIANNE IS GETTING  
23 THOSE READY.

24 DR. LOMAX: CHAIRMAN THOMAS, MEMBERS OF  
25 THE BOARD, MY NAME IS GEOFF LOMAX, SENIOR SCIENCE

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1 OFFICER WITH THE MEDICAL AFFAIRS AND POLICY TEAM.

2 AS YOU MAY RECALL, AT OUR SEPTEMBER 29TH  
3 MEETING, I PROVIDED YOU WITH AN UPDATE ON THE CHARGE  
4 OF THE STANDARDS WORKING GROUP: CONTEMPORARY ISSUES  
5 IN BIOMEDICAL RESEARCH, ETHICS, AND POLICY. AND I  
6 DESCRIBED THE PROCESS FOR RECRUITING MEMBERS TO THE  
7 WORKING GROUP WHICH IS ILLUSTRATED IN THIS SLIDE.

8 AT THE SEPTEMBER MEETING, YOU ALSO CONFIRMED JEFFREY  
9 KHAN AND FRED FISHER AS CO-CHAIRS TO THE WORKING  
10 GROUP IN PART TO SUPPORT THE RECRUITMENT PROCESS.

11 I'D ALSO LIKE TO ACKNOWLEDGE CHAIRMAN  
12 THOMAS'S LEADERSHIP IN CANDIDATE RECRUITMENT. TODAY  
13 I BRING FOR YOUR CONSIDERATION A ROSTER OF  
14 CANDIDATES. PURSUANT TO PROPOSITION 14, THE  
15 CANDIDATE POOL INCLUDES MEDICAL ETHICISTS,  
16 SCIENTISTS AND CLINICIANS, AND ICOC PATIENT ADVOCATE  
17 AND NURSE MEMBERS.

18 YOUR BACKGROUND MATERIALS PROVIDE A BRIEF  
19 BIOSKETCH FOR EACH OF THE MEDICAL ETHICISTS AND  
20 SCIENTIFIC MEMBERS AND ALSO INCLUDES A LINK IF YOU  
21 ARE INTERESTED IN A MORE COMPREHENSIVE BIOSKETCH FOR  
22 EACH OF THE CANDIDATES. I WILL NOW BRIEFLY REVIEW  
23 THE MEDICAL ETHICISTS AND CLINICIAN CANDIDATES FOR  
24 CONSIDERATION.

25 NEXT SLIDE PLEASE. FIRST, THE MEDICAL

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1 ETHICIST CANDIDATES. MISS TERRY BRINGS EXPERTISE IN  
2 GENETIC PRIVACY AND DATA SHARING WITH A STRONG  
3 EMPHASIS ON PATIENT ENGAGEMENT AND EMPOWERMENT IN  
4 RESEARCH.

5 MISS LOPES BRINGS REGULATORY POLICY  
6 EXPERTISE WITH AN EMPHASIS IN THE DESIGN AND  
7 IMPLEMENTATION OF GUIDELINES AND POLICIES IN STEM  
8 CELL RESEARCH OVERSIGHT AT A MAJOR ACADEMIC  
9 INSTITUTION.

10 AND DR. ROMMELFANGER BRINGS LEADERSHIP IN  
11 NEUROETHICS AND WAS DEEMED IMPORTANT GIVEN CIRM'S  
12 COMMITMENT TO DISEASES OF THE BRAIN AND  
13 NEURODEGENERATIVE DISEASES.

14 AND JUST AS A REMINDER, JEFF KAHN ROUNDS  
15 OUT THE FOUR POSITIONS, THE ETHICIST POSITIONS.  
16 AND, AGAIN, HE WAS ACKNOWLEDGED IN THE SEPTEMBER  
17 MEETING. NEXT SLIDE PLEASE.

18 THE SCIENTIFIC AND CLINICIAN CANDIDATES,  
19 DR. ROUCE BRINGS UNIQUE EXPERIENCE IN BOTH CLINICAL  
20 RESEARCH AND COMMUNITY ENGAGEMENT IN ADDITION TO  
21 BEING AN ACTIVE MEMBER OF THE GRANTS WORKING GROUP.  
22 AND THE CROSSOVER BETWEEN GRANTS WORKING GROUP AND  
23 THE STANDARDS WORKING GROUP IS VERY IMPORTANT AS IT  
24 GIVES THE PERSPECTIVE OF THE RIGOR THAT GOES INTO  
25 THE SCIENTIFIC EVALUATION OF CIRM APPLICATIONS. SO

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1 WE SEE A LOT OF VALUE THERE.

2 DR. LEE BRINGS A BROAD UNDERSTANDING OF  
3 THE BASIC AND TRANSLATIONAL SPACE WITH PARTICULAR  
4 INSIGHTS INTO ANIMAL RESEARCH ETHICS.

5 DR. SAHA COMBINES STEM CELL ENGINEERING,  
6 GENE EDITING, AND REPROGRAMMING WITH A VERY UNIQUE  
7 BACKGROUND IN BOTH MEDICAL HISTORY AND ETHICS, AND  
8 HAS SERVED ON NUMEROUS ETHICS POLICIES ADVISORY  
9 COMMITTEES IN ADDITION TO THE GRANTS WORKING GROUP  
10 AT CIRM.

11 DR. SHARMA BRINGS CLINICAL EXPERIENCE IN  
12 GENE THERAPY FOR SICKLE CELL DISEASE COMBINED WITH  
13 EXTENSIVE SCHOLARSHIP INTO PATIENT EDUCATION AND  
14 CONSENT. HE WILL BE PROVIDING A REVIEW OF HIS WORK  
15 AT THE JANUARY STANDARDS WORKING GROUP MEETING IF  
16 CONFIRMED.

17 DR. WAGNER, WHO HAS WORKED ON RARE GENETIC  
18 DISORDERS AND HAS FREQUENTLY ADDRESSED RISK/BENEFIT  
19 CONSIDERATIONS IN EXPERIMENTAL GENE THERAPIES AND IS  
20 ALSO ACTIVE ON THE GRANTS WORKING GROUP.

21 AND FINALLY, DR. ROSSANT IS ONE OF THE  
22 WORLD'S LEADING SCHOLARS IN DEVELOPMENTAL BIOLOGY  
23 AND EMBRYO RESEARCH. AND SHE RECEIVED THE 2021  
24 ISSCR, THAT'S THE INTERNATIONAL SOCIETY FOR STEM  
25 CELL RESEARCH, ACHIEVEMENT AWARD FOR HER WORK IN

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1 DEVELOPMENTAL BIOLOGY. NEXT SLIDE PLEASE.

2 AND FINALLY, A REMINDER OF THE PATIENT  
3 ADVOCATE AND NURSE CANDIDATES WHO HAVE AGREED TO  
4 SERVE ON THE STANDARDS WORKING GROUP, AND WE THANK  
5 YOU SINCERELY FOR YOUR SERVICE. SO THIS ROUNDS OUT  
6 THE ROSTER OF CANDIDATES, AND THE CIRM TEAM  
7 RECOMMENDS APPROVAL. THANK YOU.

8 CHAIRMAN THOMAS: THANK YOU, MR. LOMAX.  
9 DR. LOMAX. I JUST WANTED TO POINT OUT THAT THE TASK  
10 OF PUTTING TOGETHER THIS GROUP WAS A CONSIDERABLE  
11 ONE, WHICH INVOLVED A LOT OF WORK UNDER DR. LOMAX'S  
12 LEADERSHIP IN SOURCING THE RIGHT COMBINATION OF  
13 FOLKS TO BRING TO BEAR IN THIS WORKING GROUP SO THAT  
14 WE HAVE A LOT OF DIFFERENT THINGS BROUGHT TO THE  
15 TABLE THAT WILL BEAR ON THE VARIOUS ISSUES THAT THE  
16 WORKING GROUP COVERS. SO THANK YOU, GEOFF, FOR YOUR  
17 HARD WORK ON THAT.

18 DO WE HAVE A MOTION TO APPROVE THIS  
19 ROSTER?

20 DR. BARRETT: SO MOVED.

21 MR. TORRES: SECOND.

22 CHAIRMAN THOMAS: MOVED BY --

23 MS. BONNEVILLE: I'M SORRY. WHO WAS THE  
24 FIRST?

25 CHAIRMAN THOMAS: KIM.

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1 MS. BONNEVILLE: GREAT. THANK YOU.

2 CHAIRMAN THOMAS: SECONDED BY ART.

3 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD? I  
4 ALSO WANT TO POINT OUT, BY THE WAY, FRED, THANK YOU  
5 FOR BEING VICE CHAIR. THIS IS A VERY IMPORTANT  
6 TASK, AND YOU BROUGHT A LOT OF LEADERSHIP ALREADY TO  
7 THIS POINT AND, OF COURSE, WILL CONTINUE AS THINGS  
8 PLAY OUT DOWN THE ROAD. SO THANK YOU.

9 DR. FISHER: THANK YOU.

10 CHAIRMAN THOMAS: COMMENTS FROM MEMBERS OF  
11 THE PUBLIC? HEARING NONE, MARIA, WILL YOU PLEASE  
12 CALL THE ROLL.

13 MS. BONNEVILLE: SURE. JUST AS A  
14 REMINDER. LEONDRA AND ELENA, SINCE YOU ARE ON THE  
15 ROSTER, I WILL NOT CALL YOUR NAME.

16 HAIFAA ABDULHAQ.

17 DR. ABDULHAQ: YES.

18 MS. BONNEVILLE: MOHAMMAD ABOUSALEM.

19 DR. ABOUSALEM: YES.

20 MS. BONNEVILLE: KIM BARRETT.

21 DR. BARRETT: AYE.

22 MS. BONNEVILLE: DAN BERNAL.

23 MR. BERNAL: AYE.

24 MS. BONNEVILLE: GEORGE BLUMENTHAL.

25 DR. BLUMENTHAL: YES.

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1 MS. BONNEVILLE: MICHAEL BOTCHAN. LINDA  
2 BOXER.  
3 DR. BOXER: YES.  
4 MS. BONNEVILLE: JUDY CHOU. DEBORAH DEAS.  
5 DR. DEAS: YES.  
6 MS. BONNEVILLE: ANNE-MARIE DULIEGE.  
7 DR. DULIEGE: YES.  
8 MS. BONNEVILLE: YSABEL DURON.  
9 MS. DURON: YES.  
10 MS. BONNEVILLE: MARK FISCHER-COLBRIE.  
11 FRED FISHER.  
12 DR. FISHER: YES.  
13 MS. BONNEVILLE: JUDY GASSON.  
14 DR. GASSON: YES.  
15 MS. BONNEVILLE: LARRY GOLDSTEIN.  
16 DR. GOLDSTEIN: YES.  
17 MS. BONNEVILLE: DAVID HIGGINS.  
18 DR. HIGGINS: YES.  
19 MS. BONNEVILLE: STEVE JUELSGAARD.  
20 MR. JUELSGAARD: YES.  
21 MS. BONNEVILLE: RICH LAJARA. PAT LEVITT.  
22 DR. LEVITT: YES.  
23 MS. BONNEVILLE: LINDA MALKAS. SHLOMO  
24 MELMED.  
25 DR. MELMED: YES.



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1 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
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: AL ROWLETT.  
8 MR. ROWLETT: YES.  
9 MS. BONNEVILLE: BARRY SELICK.  
10 DR. SELICK: YES.  
11 MS. BONNEVILLE: MARVIN SOUTHARD.  
12 DR. SOUTHARD: YES.  
13 MS. BONNEVILLE: MICHAEL STAMOS.  
14 DR. STAMOS: YES.  
15 MS. BONNEVILLE: JONATHAN THOMAS.  
16 CHAIRMAN THOMAS: YES.  
17 MS. BONNEVILLE: ART TORRES.  
18 MR. TORRES: AYE.  
19 MS. BONNEVILLE: THE MOTION CARRIES.  
20 CHAIRMAN THOMAS: THANK YOU, MARIA. ON TO  
21 ITEM 11, CONSIDERATION OF AMENDMENTS TO THE SHARED  
22 RESOURCE LABS CONCEPT PLAN. PRESENTATION FROM  
23 GRIESHAMMER. UTA.  
24 DR. GRIESHAMMER: YES. THANK YOU,  
25 CHAIRMAN THOMAS. GOOD MORNING, EVERYONE. I'LL

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1 SHARE MY SCREEN. GIVE ME A MOMENT.

2 GOOD MORNING. ON BEHALF OF THE SCIENTIFIC  
3 PROGRAMS TEAM, I WILL BE PRESENTING A SMALL  
4 AMENDMENT TO THE CONCEPT PLAN FOR SHARED RESOURCE  
5 LABORATORIES FOR STEM CELL-BASED MODELING OR AS I'LL  
6 BE CALLING IT SRL FOR SHORT.

7 THE SRL CONCEPT IS ALIGNED WITH CIRM'S  
8 MISSION TO ACCELERATE WORLD-CLASS SCIENCE TO DELIVER  
9 TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN  
10 AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND  
11 WORLD.

12 OKAY. YOU ALL APPROVED THE SHARED  
13 RESOURCES LAB CONCEPT IN OCTOBER, AND TODAY WE ARE  
14 BRINGING A PROPOSED CHANGE TO YOU FOR YOUR  
15 CONSIDERATION, A CHANGE IN THE PERCENT EFFORT,  
16 COMMITMENT WE'LL REQUIRE OF THE APPLICANT PROGRAM  
17 DIRECTOR.

18 BEFORE I PRESENT THE SPECIFIC PROPOSED  
19 AMENDMENT, I'D LIKE TO PROVIDE SOME BACKGROUND  
20 INFORMATION AND RATIONALE FOR OUR REQUEST. WE  
21 EXPECT THAT LEADERSHIP FOR A SHARED RESOURCE LABS  
22 AWARD WOULD PROVIDE THREE MAIN FUNCTIONS. FIRST,  
23 THEY WOULD BE EXPECTED TO ENSURE THE SCIENTIFIC  
24 EXCELLENCE OF THE STEM CELL-BASED MODELS THAT ARE  
25 OFFERED IN THEIR SHARED RESOURCE LABS CORE. SECOND,

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1 THEY WOULD BE EXPECTED TO CONTRIBUTE TO THE STEERING  
2 COMMITTEE THAT WILL CONSIST OF THE AWARDEES AND ALSO  
3 EXTERNAL STAKEHOLDERS. AS A QUICK REMINDER, THE  
4 STEERING COMMITTEE WILL BE CHARGED WITH DEVELOPING  
5 PROCESSES TO COORDINATE A NETWORK OF SHARED RESOURCE  
6 LABS, DEVELOPING CERTAIN STANDARDS ACROSS THE  
7 NETWORK, AND DEVELOPING COLLABORATIVE APPROACHES  
8 TOWARD IMPROVING REPRODUCIBILITY OF STEM CELL-BASED  
9 MODELS. AND THIRD, THE SRL LEADERSHIP WOULD OVERSEE  
10 THE OPERATIONS OF THEIR CORE FACILITY.

11 SO WE REALIZE THAT THE GOALS OF A SHARED  
12 RESOURCE LAB MAY BEST BE ACHIEVED BY A LEADERSHIP  
13 TEAM CONSISTING OF TWO INDIVIDUALS RATHER THAN A  
14 SINGLE PROGRAM DIRECTOR. ONE REASON BEING THAT  
15 THESE THREE FUNCTIONS REQUIRE DIVERSE TYPES OF  
16 EXPERTISE. AND ANOTHER CONSIDERATION IS THAT WE  
17 WANT TO MAKE SURE THAT WE CAN ATTRACT SCIENTIFIC  
18 LEADERS IN STEM CELL-BASED MODELING TO APPLY FOR  
19 THIS OPPORTUNITY WITHOUT HAVING TO COMMIT TOO HIGH A  
20 PERCENT EFFORT.

21 SO OUR REQUEST OF THE BOARD TODAY  
22 ENVISIONS THAT, IN ADDITION TO THE PROGRAM DIRECTOR,  
23 APPLICATIONS MAY PROPOSE TO INCLUDE A SECOND KEY  
24 PERSON WITH A LEADERSHIP ROLE.

25 THE ORIGINAL CONCEPT STIPULATED THAT

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1 PROGRAM DIRECTORS MUST COMMIT AT LEAST 20 PERCENT  
2 EFFORT, AND WE ARE NOW PROPOSING TO CHANGE THIS AS  
3 OUTLINED HERE. THE APPLICANT PROGRAM DIRECTOR MUST  
4 COMMIT AT LEAST 5 PERCENT EFFORT, AND THE OVERALL  
5 LEADERSHIP FOR A SHARED RESOURCE LAB MUST COMMIT AT  
6 LEAST A COMBINED EFFORT OF 20 PERCENT. THIS CAN BE  
7 ACHIEVED BY A SINGLE PROGRAM DIRECTOR WITH A 20  
8 PERCENT EFFORT OR BY A PROGRAM DIRECTOR WITH ONE  
9 ADDITIONAL KEY PERSON IN A LEADERSHIP ROLE.

10 SO I'D NOW LIKE TO ASK THAT THE BOARD  
11 APPROVE THIS AMENDMENT TO THE SHARED RESOURCE LABS  
12 CONCEPT PLAN. AND I'M HAPPY TO ANSWER ANY QUESTIONS  
13 YOU MAY HAVE.

14 CHAIRMAN THOMAS: THANK YOU, UTA. DO I  
15 HEAR A MOTION TO APPROVE?

16 DR. SOUTHARD: SO MOVED.

17 CONTROLLER YEE: THANK YOU, MARV. DID A  
18 LOT OF MOVING TODAY.

19 DR. SOUTHARD: YEAH.

20 CHAIRMAN THOMAS: SECOND?

21 DR. ABDULHAQ: SECOND.

22 CHAIRMAN THOMAS: THANKS, HAIFAA. OKAY.  
23 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?

24 MS. BONNEVILLE: MOHAMMED HAS HIS HAND  
25 RAISED AS DOES PAT AND ANNE-MARIE.

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1 CHAIRMAN THOMAS: OKAY. MOHAMMED.

2 DR. ABOUSALEM: THANK YOU, J.T. AND A  
3 QUESTION, UTA. DO YOU HAVE A DEFINITION FOR WHAT A  
4 PROGRAM DIRECTOR ROLE ENTAILS AND WHAT THE SECOND  
5 LEADER ROLE ENTAILS BECAUSE, IF WE'RE GOING FROM 20  
6 PERCENT TO 5 PERCENT ON THE PROGRAM DIRECTOR, WHAT  
7 ARE WE -- WHAT MIGHT WE MISS FROM THAT  
8 RESPONSIBILITY IF THAT SECOND LEADERSHIP ROLE IS NOT  
9 DEFINED?

10 DR. GRIESHAMMER: THANK YOU. SO I THINK  
11 MY GENERAL ANSWER IS THAT THE THREE LEADERSHIP  
12 FUNCTIONS THAT I PRESENTED WOULD BE EXPECTED TO BE  
13 COVERED BY THE TWO INDIVIDUALS. AND WE WOULD LEAVE  
14 IT TO THE APPLICANT TEAM AND THE ONE OR TWO PEOPLE  
15 THEY BRING FORWARD TO MAKE A CASE THAT THESE THREE  
16 LEADERSHIP ROLES ARE WELL COVERED BY EITHER THE ONE  
17 PERSON OR THE TWO PEOPLE.

18 I THINK AN EXAMPLE OF WHAT I COULD  
19 ENVISION IS THAT A PROGRAM DIRECTOR WOULD WITH,  
20 LET'S SAY, 5 OR 10 PERCENT -- SO THEY CAN CHOOSE HOW  
21 TO DISTRIBUTE THEIR EFFORT. SO ONE SCENARIO I  
22 ENVISION IS THAT THE PROGRAM DIRECTOR WITH, LET'S  
23 SAY, 5 OR 10 PERCENT EFFORT WOULD BE RESPONSIBLE FOR  
24 THE OVERALL EXCELLENCE OF THE STEM CELL-BASED MODELS  
25 AND THE PARTICIPATION ON THE STEERING COMMITTEE THAT

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1 WILL DRIVE THESE NETWORK FUNCTIONS, WHILE A SECOND  
2 PERSON IN THE LEADERSHIP ROLE MIGHT BE MORE FOCUSED  
3 ON OVERSEEING THE OPERATIONS AT A HIGH LEVEL OF THE  
4 ACTUAL CORE.

5 DR. ABOUSALEM: THANK YOU.

6 CHAIRMAN THOMAS: PAT.

7 DR. LEVITT: SO 5 PERCENT EFFORT, I'VE  
8 RARELY SEEN THAT EVEN ON INDIVIDUAL ROIS AT NIH OR  
9 INDIVIDUAL GRANTS. AND I'M A BIT WORRIED  
10 CONSIDERING THE RESPONSIBILITIES THAT THE FACILITIES  
11 HAVE IN TERMS OF DISTRIBUTION OF RESOURCES AS WELL  
12 AS MAINTAINING EXCELLENCE WITHIN THE CORE ITSELF.  
13 AND SO I'M WORRIED AT 5 PERCENT FOR THE PROGRAM  
14 DIRECTOR. WHOEVER THAT IS IS CLEARLY GOING TO HAVE  
15 TO BE PART OF STEERING COMMITTEES, INTERACT WITH  
16 OTHER CENTERS, AND THEN MAINTAIN, I THINK, A DEEP  
17 UNDERSTANDING OF ENSURING THE QUALITY OF WHAT IS  
18 BEING GENERATED, DISTRIBUTING PROTOCOLS, WORKING  
19 WITH THE CENTERS THAT ARE GOING TO BE ESTABLISHED.  
20 ALL THOSE RESPONSIBILITIES TO ME -- I MEAN 5 PERCENT  
21 IS TWO HOURS A WEEK, RIGHT, BASED ON THE  
22 CALCULATIONS THAT NIH DOES. AND I CAN UNDERSTAND 10  
23 PERCENT. 10 PERCENT IS THE NORM FOR SENIOR  
24 INVESTIGATORS, IN PARTICULAR, FOR EXTRAMURAL GRANTS.  
25 SO I REALLY STRUGGLE WITH THIS 5 PERCENT.

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1 DR. GRIESHAMMER: THANK YOU FOR YOUR  
2 PERSPECTIVE. I WOULD CERTAINLY OFFER THAT THE BOARD  
3 CAN DECIDE WHAT THE PERCENTAGE SHOULD BE, AMEND THE  
4 AMENDMENT, IF YOU SO LIKE. CERTAINLY BE UP TO YOU.

5 CHAIRMAN THOMAS: OKAY. SO I THINK, UTA,  
6 PAT'S COMMENTS I FOUND PERSUASIVE. AND, PAT, ARE  
7 YOU RECOMMENDING THAT THE MOTION BE AMENDED TO  
8 INCREASE 5 TO 10 PERCENT?

9 DR. LEVITT: I WOULD DO THAT, BUT I THINK  
10 WE SHOULD HEAR FROM OTHERS FIRST BEFORE WE ENTERTAIN  
11 ANY CHANGES TO THE ORIGINAL AMENDMENT. I MAY BE IN  
12 THE MINORITY IN TERMS OF MY VIEWS, AND I DON'T WANT  
13 TO INDEPENDENTLY DRIVE THE PROCESS. I JUST PUT MY  
14 PERSPECTIVE OUT THERE.

15 ALSO, HAVING RUN CORES MYSELF AND NOW  
16 OVERSEEING A LOT OF CORES OF THE INSTITUTION THAT  
17 I'M AT, SO IT WOULD BE GOOD TO HEAR FROM OTHERS.

18 CHAIRMAN THOMAS: OKAY. ANNE-MARIE.

19 DR. DULIEGE: I DO SHARE THE CONCERN  
20 EXPRESSED BY PAT ABOUT 5 PERCENT. BUT MY QUESTION  
21 IS, UTA, CAN YOU TELL US REALLY WHY WE ARE MAKING  
22 THIS CHANGE? I KNOW WE'VE ALL REVIEWED YOUR SLIDES,  
23 READ YOUR SLIDES, BUT YOUR VOICE-OVER, REALLY WHAT  
24 JUSTIFIES SUFFICIENT FOR A CHANGE? AND ARE WE AT  
25 RISK OF SOMEWHAT MICROMANAGING WHAT'S HAPPENING AT

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1 INDIVIDUAL LABS? COULD WE HAVE MORE OF A BLANKET  
2 STATEMENT ABOUT A MINIMUM OF 20 OR 25 PERCENT TO BE  
3 SHARED AMONG TWO OR THREE INDIVIDUALS THAT COVER  
4 THIS AND THIS AND THAT EXPERTISE SO THAT WE ARE NOT  
5 MICROMANAGING? THESE ARE MY TWO QUESTIONS.

6 DR. GRIESHAMMER: YEAH. SO I SORT OF  
7 REITERATE, I THINK, THE CONCERN OF ASKING THAT THE  
8 APPLICANT PROGRAM DIRECTOR COMMIT 20 PERCENT MAY  
9 DISINCENTIVIZE OR MAKE IT ALMOST IMPOSSIBLE FOR  
10 LEADERS, THE EXPERTS AND LEADERS, IN THE FIELD TO  
11 BECOME OR OFFER OR APPLY AS PROGRAM DIRECTORS GIVEN  
12 OTHER COMMITMENTS THAT THEY HAVE. AND WE REALLY  
13 WANTED TO MAKE SURE THAT WE HAVE THEM ON BOARD  
14 ESPECIALLY AS WE ARE ENVISIONING THAT THESE SHARED  
15 LABS WILL BE COORDINATED INTO A NETWORK. AND WE  
16 WANTED TO MAKE SURE THAT WE ALLOW THE TOP LEADERS TO  
17 BE ABLE TO APPLY.

18 IN TERMS OF MICROMANAGING HOW THE  
19 LEADERSHIP TEAM COMES ABOUT, I WOULD SAY THAT WE  
20 CERTAINLY -- WE WOULD LEAVE IT UP TO THEM TO DECIDE  
21 IF THEY WANT TO COME IN AS A SINGLE PROGRAM DIRECTOR  
22 OR TWO PEOPLE IN THE LEADERSHIP ROLE, AND IF THEY  
23 COME WITH TWO, HOW THEY DIVIDE THOSE  
24 RESPONSIBILITIES.

25 NOW, I THINK YOU WERE SAYING WHY NOT LEAVE



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1 IT OPEN TO THEM HOW MANY PEOPLE SHOULD BE IN THE  
2 LEADERSHIP ROLE. AND I THINK THAT --

3 DR. DULIEGE: UP TO THREE, NOT A CREW.  
4 YEAH.

5 DR. CANET-AVILES: CHAIRMAN, AS THE LEAD  
6 OF THE SCIENTIFIC GOVERNANCE, COULD I ADD ONE PIECE  
7 OF INFORMATION?

8 CHAIRMAN THOMAS: YES, PLEASE.

9 DR. CANET-AVILES: SO, UTA, I JUST WANTED  
10 TO REMIND EVERYBODY THAT FOR THE PAST SHARED LABS,  
11 WE DID NOT HAVE A MINIMUM REQUIREMENT. SO IN TERMS  
12 OF MICROMANAGEMENT, WE HAVE NOT IMPOSED ANY MINIMUM  
13 REQUIREMENT WHICH COULD BE ANOTHER CHOICE THAT WE  
14 COULD HAVE.

15 DR. DULIEGE: THANK YOU.

16 CHAIRMAN THOMAS: DEBORAH.

17 DR. DEAS: YES. I'D LIKE TO SHARE THE  
18 PERSPECTIVE OF PAT. AND I REALLY BELIEVE THAT THERE  
19 SHOULD BE A 10-PERCENT MINIMUM. THIS IS AN  
20 IMPORTANT ROLE. AND FOR THE PERSON TO REALLY  
21 CONTRIBUTE SUBSTANTIVELY, I REALLY BELIEVE THAT 10  
22 PERCENT SHOULD BE THE MINIMUM. AND I WOULD  
23 RECOMMEND AMENDING TO HAVE IT AT 10 PERCENT MINIMUM.

24 CHAIRMAN THOMAS: THANK YOU. MARV.

25 DR. SOUTHARD: I ALSO CONCUR. I THINK

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1 PAT'S SUGGESTION OF 10 PERCENT IS A GOOD ONE.

2 CHAIRMAN THOMAS: THANK YOU. LARRY.

3 DR. GOLDSTEIN: I THINK THAT I WOULD  
4 ENDORSE THE CIRM STAFF'S EXPERIENCE SINCE THEY'VE  
5 HAD EXPERIENCE WITH THE RUNNING OF THE STEM CELL  
6 CORE LABS. AND FOR A SCIENTIFIC LEADER AT THE LEVEL  
7 OF SENIORITY THAT I THINK WE'D LIKE TO SEE  
8 PARTICIPATE IN THESE SHARED LABS, 5 PERCENT AS A  
9 MINIMUM STRIKES ME AS REASONABLE GIVEN WHAT I'VE  
10 SEEN OVER THE YEARS. AND REMEMBER THAT THIS PERSON  
11 IS PROVIDING A LITTLE BIT MORE VISION AND MUCH LESS  
12 OF THE DAY-TO-DAY OPERATION. AND SO A SENIOR  
13 SCIENTIST WHO RUNS THE DAY-TO-DAY OPERATIONS IS VERY  
14 EXPERIENCED. AND WE ARE RELYING ON THAT SENIOR  
15 PERSON MORE FOR VISION, NOT FOR THE HANDS-ON  
16 MANAGEMENT OF THESE LABS.

17 CHAIRMAN THOMAS: LARRY, THANK YOU. PAT,  
18 WOULD YOU LIKE TO RESPOND TO THAT?

19 DR. LEVITT: YEAH. SO I SEE THIS  
20 EFFORT -- I THINK WE ARE ALL VERY STRONGLY ENDORSING  
21 THIS, THE SHARED FACILITIES. THAT PLACES A LARGER  
22 ADMINISTRATIVE BURDEN ON INDIVIDUALS WHO ARE LEADING  
23 AT THE VARIOUS CENTERS BECAUSE IT REQUIRES  
24 ENGAGEMENT AND INTERACTION WITH OTHER CENTERS. AND  
25 WHEN YOU'RE DOING IT WITHIN THE CONTEXT OF YOUR OWN

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1 INSTITUTE, IT'S ONE THING. WHEN YOU'RE DOING IT IN  
2 THE CONTEXT OF A NETWORK, I THINK THERE'S AN ADDED  
3 LEVEL OF RESPONSIBILITIES.

4 AND SO 5 PERCENT TO OVERSEE THIS  
5 ENGAGEMENT AND BEING PART OF THIS NETWORK IS GOING  
6 TO REQUIRE MORE THAN JUST INTERNAL MEETINGS AND  
7 INTERNAL MANAGEMENT OF QC. THE SUCCESS OF THIS IS  
8 GOING TO DEPEND ON THE QUALITY THAT'S GENERATED AT  
9 THESE INDIVIDUAL CENTERS. AND HOW THEY ENGAGE AND  
10 INTERACT, ADDITIONAL COMMUNICATIONS, MAKING SURE  
11 THAT MANAGEMENT, WHOEVER IS DOING THE DAILY  
12 MANAGEMENT, UNDERSTANDS WHAT THEIR RESPONSIBILITIES  
13 ARE. I JUST SEE THIS AS SOMETHING DIFFERENT THAN  
14 WHAT HAS BEEN FUNDED IN THE PAST IN TERMS OF  
15 INDIVIDUAL INSTITUTIONAL CORES. SO I JUST THINK 5  
16 PERCENT, TWO HOURS A WEEK, AND WE UNDERSTAND THAT  
17 IT'S NOT 40 HOURS, IT'S PROBABLY SIXTY HOURS, BUT  
18 EVEN AT 5 PERCENT OF 60 HOURS, YOU'RE TALKING THREE  
19 HOURS A WEEK. IT'S JUST NOT REALISTIC.

20 AND ALL OF US WHO ARE SENIOR LEADERS, HAVE  
21 ADMINISTRATIVE RESPONSIBILITIES AS WELL AS RUNNING  
22 RESEARCH LABORATORIES, HAVE TO MAKE DECISIONS ABOUT  
23 WHAT WE'RE GOING TO PUT OUR TIME INTO. AND IF  
24 THEY'RE AT 95 PERCENT ON GRANTS, EXTRAMURAL GRANTS,  
25 AND THEY ONLY HAVE 5 PERCENT OR THEY'RE AT 70 OR 80

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1 PERCENT AND THEY HAVE A LARGE ADMINISTRATIVE  
2 RESPONSIBILITY, THAT'S A DECISION THAT THEY HAVE TO  
3 MAKE.

4 AND I AGREE WITH THE SENTIMENT OF LOWERING  
5 IT FROM 20 FOR SURE BECAUSE 20 WOULD PRECLUDE LOTS  
6 OF SENIOR LEADERS FROM PARTICIPATING. BUT I DON'T  
7 SEE 10 PERCENT BEING VERY RESTRICTIVE, AND I THINK  
8 IT REFLECTS THE GREATER REALITY OF WHAT THEY WILL  
9 NEED TO BE DOING.

10 CHAIRMAN THOMAS: THANK YOU, PAT. LARRY,  
11 WOULD YOU CARE TO RESPOND TO THAT?

12 DR. GOLDSTEIN: YEAH. I GUESS MY  
13 EXPERIENCE IS JUST DIFFERENT THAN PAT'S. I THINK  
14 I'VE SEEN FOLKS WHO ARE AT THE LEVELS OF SENIORITY  
15 AND ACCOMPLISHMENT THAT WE WANT WHO WOULD BE UNABLE  
16 TO COMMIT MORE THAN 5 PERCENT. AND REMEMBER THAT  
17 THESE ARE GOING TO BE REVIEWED BY THE GRANTS WORKING  
18 GROUP. THEY'RE GOING TO REVIEW WHAT THE  
19 ARRANGEMENTS ARE, AND I THINK WE SHOULD AVOID  
20 MICROMANAGING TOO MUCH HERE. I THINK THE CIRM STAFF  
21 HAVE DONE A GOOD JOB IN EVALUATING HOW BEST TO  
22 PROCEED. AND THAT PLUS THE REVIEW OF WHAT THE  
23 ARRANGEMENTS WOULD BE STRIKES ME AS NOT ONLY  
24 ADEQUATE, BUT WILL HELP US ATTRACT THE VERY BEST  
25 SCIENTIFIC LEADERS.

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1 I MEAN I'LL USE THE EXAMPLE OF A NAMELESS  
2 PERSON AT STANFORD WHO IS HIGHLY RECOGNIZED IN THIS  
3 FIELD WHO YOU WOULD LOVE TO ATTRACT TO PROVIDE THE  
4 VISION AND LEADERSHIP FOR ONE OF THESE CORE LABS,  
5 AND THE DAY-TO-DAY INTERNAL ADMINISTRATIVE  
6 FUNCTIONS, ALL OF THE BUDGETING AND DEALING WITH  
7 INSTITUTIONAL ADMINISTRATION, THAT'S DONE BY A  
8 SENIOR SCIENTIST WHO'S THE RIGHT-HAND PERSON OF A  
9 SCIENTIFIC OR MEDICAL LEADER.

10 CHAIRMAN THOMAS: DEBORAH, WOULD  
11 YOU -- YOU'RE TAKING THIS IN. WOULD YOU LIKE TO  
12 RESPOND TO THE LAST FEW COMMENTS PLEASE?

13 DR. DEAS: I HAVE NO CHANGE IN MY  
14 RECOMMENDATION. I WOULD -- I STILL MAINTAIN THAT 10  
15 PERCENT SHOULD BE A MINIMUM.

16 CHAIRMAN THOMAS: OKAY. THANK YOU. KIM.

17 DR. BARRETT: I TEND TO AGREE WITH LARRY,  
18 AND I THINK WE ALL KNOW THAT THERE WILL BE SOME  
19 WEEKS WHEN IT'S 20 HOURS THAT THIS PERSON WILL  
20 DEVOTE AND OTHER WEEKS WHERE THE THING IS JUST  
21 ROLLING ALONG AND THEY DON'T HAVE TO DEVOTE ANY  
22 TIME.

23 BUT I REALLY WANTED TO ASK WHETHER THIS  
24 WAS A SORT OF DATA-DRIVEN PROCESS? WERE THESE  
25 PERCENTAGES JUST ARRIVED AT OUT OF THE AIR, OR DID

**BETH C. DRAIN, CA CSR NO. 7152**

1 YOU HAVE EVIDENCE FROM THE FIELD THAT THE 5-PERCENT  
2 NUMBER WAS THE RIGHT ONE, OR DID YOU HAVE SENIOR  
3 PEOPLE TELLING YOU THAT THEY WOULD NOT BE ABLE TO  
4 APPLY WITH THE PREVIOUS STANDARD? I DO AGREE THAT  
5 20 PERCENT FOR A SINGLE PERSON WAS TOO MUCH.

6 DR. GRIESHAMMER: SO THANK YOU. FOR FULL  
7 DISCLOSURE, LOOKING AT THE ACTUAL PERCENT COMMITMENT  
8 THAT PROGRAM DIRECTORS FOR THE PREVIOUS SHARED LABS  
9 OFFERED, IT WAS BETWEEN 5 AND 10 PERCENT. AND THE  
10 CONCERN THAT WE WOULD BE EXCLUDING THE SENIOR  
11 LEADERS IN THE FIELD COMES FROM GENERAL EXPERIENCES  
12 THAT WE DO HAVE AS CIRM STAFF WHEN WE TALK TO THEM,  
13 FOR INSTANCE, ABOUT PROVIDING FOR OTHER AWARDS WHERE  
14 WE OFTEN REQUIRE 20-PERCENT EFFORT AND CONCERNS THAT  
15 THEY CANNOT COMMIT, THEY JUST DON'T HAVE THE ROOM TO  
16 OFFICIALLY COMMIT THAT AMOUNT OF TIME. AND SO THOSE  
17 TWO THINGS COMBINED LED US TO PROPOSE THE 5-PERCENT  
18 MINIMUM.

19 DR. BARRETT: IF I MIGHT ALSO FOLLOW UP.  
20 SOME OF THE TIMES THE CONSIDERATION IS THAT THESE  
21 SENIOR PEOPLE TEND TO HAVE MUCH HIGHER LEVELS OF  
22 COMPENSATION FROM THE SCIENTIFIC SORT OF MANAGEMENT  
23 FUNCTION. AND TO ASK THEM TO TAKE A MUCH LARGER  
24 PERCENTAGE WILL (INAUDIBLE).

25 CHAIRMAN THOMAS: OKAY. ARE THERE OTHER

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1 COMMENTS FROM MEMBERS OF THE BOARD? WE SEEM TO SORT  
2 OF -- FROM THOSE COMMENTING, WE SEEM TO HAVE A  
3 FAIRLY EVEN SPLIT BETWEEN FIVE AND TEN HERE. OTHER  
4 THOUGHTS? FRED.

5 DR. MALKAS: LINDA MALKAS.

6 CHAIRMAN THOMAS: HI, LINDA. AND THEN  
7 FRED.

8 DR. MALKAS: IT'S A LITTLE DIFFERENT WHAT  
9 I'M GOING TO SAY HERE, BUT WHEN I PUT IN OUR GRANTS,  
10 WE PUT IN A LOT OF GRANTS, I ONLY PUT IN 5 PERCENT  
11 ON THE GRANTS. AND ACTUALLY NONE OF THE FUNDING  
12 AGENCIES EVER BLINK AN EYE. I KNOW THIS IS  
13 DIFFERENT THAN WHAT YOU'RE TALKING ABOUT HERE. MY  
14 SALARY WOULD BE PART OF THE GRANT, BUT IT'S KIND OF  
15 LIKE AN UNSPOKEN THING THROUGHOUT THE SCIENTIFIC  
16 ENTERPRISE. I DON'T KNOW IF I SHOULD EVEN BE  
17 REVEALING THIS, BUT HAVING 5 PERCENT ON THERE  
18 PROBABLY MEANS THAT I'M PUTTING PROBABLY 25 OR 50  
19 PERCENT OF MY TIME REALLY TOWARDS WHATEVER THAT  
20 ACTIVITY IS. A PERSON WHO IS -- THAT IS DOING THIS  
21 UNDERSTANDS, VERY LIKELY UNDERSTANDS, THE  
22 RESPONSIBILITY.

23 SO THE DISCUSSION OF THE EFFORT PIECE  
24 HERE, I WORK -- I DO A LOT WITH A LOT OF THE  
25 DIFFERENT FEDERAL AGENCIES, AND IT'S JUST KIND OF

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1 UNDERSTOOD THAT YOU'RE GOING TO PUT IN WHAT YOU HAVE  
2 TO PUT IN. AND WHETHER IT'S 5 OR 10 PERCENT IS  
3 REALLY -- IT'S NOT -- YOU'RE GOING TO GET THE JOB  
4 DONE. I GUESS THAT'S WHAT I WANT TO JUST SAY. SO  
5 IF YOU ARE AIMING FOR A VERY HIGH LEVEL PERSON TO DO  
6 THIS, THEIR TIME -- SOMEBODY MADE THE COMMENT THAT  
7 MAYBE WE WON'T GET AS HIGH AN ACHIEVER AS WE WOULD  
8 LIKE BY ASKING THIS HIGHER LEVEL OF COMMITMENT. BUT  
9 EVEN IF THEY SAY THEY'RE GOING TO DO 5 PERCENT, I  
10 COULD ALMOST GUARANTEE THAT WHOEVER TAKES THE ROLE  
11 WILL BE PUTTING IN WAY MORE EFFORT THAN 5 PERCENT.  
12 I WOULDN'T WANT TO HAVE THIS PERCENT EFFORT THING BE  
13 USED OR BE A DETERRENT TO GETTING THE BEST PERSON  
14 THAT YOU CAN FOR THIS. THAT'S ALL I WANT TO SAY.  
15 THANK YOU.

16 CHAIRMAN THOMAS: THANK YOU, LINDA. FRED.

17 DR. FISHER: J.T., SINCE YOU'RE ASKING FOR  
18 TIEBREAKERS, I WAS GOING TO BREAK THE TIE AND GO  
19 WITH THE STAFF'S RECOMMENDATION AND THE MOTION  
20 THAT'S CURRENTLY ON THE TABLE. WE ARE TALKING ABOUT  
21 THE DIFFERENCE BETWEEN TWO HOURS A WEEK AND FOUR  
22 HOURS A WEEK, WHICH TO ME IS IMMATERIAL IN THE REAL  
23 WORLD. I UNDERSTAND HOW 10 PERCENT SENDS A MESSAGE  
24 IN TERMS OF THE RELATIVE IMPORTANCE THAT WE PLACE ON  
25 THE ENGAGEMENT OF THAT PERSON, BUT I DON'T KNOW THAT



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1 THE DIFFERENCE BETWEEN TWO AND FOUR HOURS IS GOING  
2 TO, FROM A PRACTICAL POINT OF VIEW, MAKE THAT  
3 CHANGE.

4 AND FROM THE OTHER -- FROM SORT OF A MORE  
5 FISCAL POINT OF VIEW, MAKING PROJECTS MORE EXPENSIVE  
6 BY INCREASING THE TIME OF THAT PERSON, WHICH  
7 BASICALLY PUTS MORE MONEY -- MOVES MONEY SORT OF  
8 AWAY FROM THE DIRECT SCIENCE THAT WE ARE LOOKING TO  
9 FUND AND MORE IN THE ADMIN SIDE, I'M NOT SURE THAT'S  
10 A GOOD THING EITHER. SO I WILL HELP ADD WEIGHT TO  
11 THE IDEA OF STICKING WITH THE CURRENT MOTION AND  
12 GOING ALONG WITH THE STAFF'S RECOMMENDATION.

13 CHAIRMAN THOMAS: THANK YOU, FRED. DAVID.

14 DR. HIGGINS: YEAH. I JUST -- I'M LAST IN  
15 LINE HERE. I JUST WANTED TO SECOND WHAT ANNE-MARIE  
16 FIRST BROUGHT UP AND WHAT LARRY EXPANDED ON AND WHAT  
17 FRED JUST TALKED ABOUT. AND THAT IS LET'S LET OUR  
18 STAFF BE THE STAFF. LET THEM DO THE JOB. AND WE  
19 CAN ALWAYS CHANGE IT. WE CAN ALWAYS -- THEY'VE GOT  
20 REASONS FOR WHAT THEY'VE COME UP WITH. AND IF IT  
21 DOESN'T WORK, WE CAN CHANGE IT. SO I WOULD JUST  
22 SECOND THE MOTION OF STICKING WITH THE STAFF  
23 RECOMMENDATION.

24 CHAIRMAN THOMAS: THANK YOU. ANNE-MARIE.

25 DR. DULIEGE: YEAH. IN FACT, I'M SAYING

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1 EXACTLY THE SAME. WITH THE BENEFIT OF UTA'S  
2 EXPLANATIONS AND THE DISCUSSION, I THINK I CANNOT  
3 COME WITH A BETTER PROPOSAL THAN THE ONE THAT YOU  
4 SUGGESTED AND THAT IS ON THE SLIDE, UTA.

5 CHAIRMAN THOMAS: THANK YOU. PAT.

6 DR. LEVITT: YEAH. I JUST WANT TO SAY  
7 THAT WHAT FRED SAID, I THINK, IS REALLY IMPORTANT.  
8 THERE'S NO DOUBT THAT ALL OF US WHO ARE PI'S ON  
9 GRANTS PUT IN MUCH MORE TIME THAN WHAT WE ARE  
10 ALLOTTED. AND MOST OF US WHO ARE SENIOR ARE MAKING  
11 ABOVE THE NIH CAP ANYWAY. SO THAT'S NOT THE ISSUE.

12 AND THE ISSUE IN TERMS OF COST TO THE  
13 GRANT BETWEEN 5 AND 10 PERCENT IS TRIVIAL. THAT'S  
14 NOT GOING TO IMPACT THE ABILITY OF THE PROJECT TO BE  
15 COMPLETED, BUT IT DOES SEND A MESSAGE OF WHAT'S  
16 EXPECTED BETWEEN 5 AND 10 PERCENT. AND THERE'S A  
17 DIFFERENCE -- THERE'S JUST A DIFFERENCE OF OPINION.  
18 PROGRAM OFFICERS AT NIH, AT LEAST THE ONES THAT I'VE  
19 INTERACTED WITH, AT MANY INSTITUTIONS, AT MANY OF  
20 THE INSTITUTES FIND 5 PERCENT FOR A PI TO BE LESS  
21 THAN OPTIMAL IN TERMS OF AT LEAST A PSYCHOSOCIAL  
22 COMMITMENT TO THIS.

23 CAN I ASK ONE OTHER QUESTION? SO THIS 5  
24 PERCENT WOULD APPLY TO EXISTING CORES FOR THAT GROUP  
25 AS WELL AS THE 5 PERCENT MINIMUM FOR THE PI OF AN

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1 APPLICATION COMING FROM A NEW SITE?

2 DR. GRIESHAMMER: THE WAY IT'S ENVISIONED  
3 RIGHT NOW, YES.

4 DR. LEVITT: SO THERE'S A SENSE THAT  
5 5-PERCENT EFFORT, IF YOU'RE STARTING A NEW CORE AT A  
6 NEW SITE, WOULD BE SUFFICIENT?

7 DR. GRIESHAMMER: WELL, WE WOULD ACTUALLY  
8 REQUIRE -- IF THE APPLICANT PROGRAM DIRECTOR CAME IN  
9 WITH A REQUEST FOR 5 PERCENT, WE WOULD REQUIRE THAT  
10 THE SECOND LEADERSHIP ROLE BE AT LEAST 15 PERCENT.  
11 SO IT'S THE TEAM TOGETHER WITH THE 20 PERCENT, BUT  
12 THEY COULD DIVIDE THE PERCENTAGE DIFFERENTLY. BUT,  
13 YEAH, I WANT TO EMPHASIZE THAT WE ARE EXPECTING A  
14 LEADERSHIP TEAM -- THE LEADERSHIP TEAM TO HAVE AT  
15 LEAST 20 PERCENT TOGETHER.

16 DR. LEVITT: OKAY. ALL RIGHT. I'M FINE  
17 WITH THAT IF IT'S BEING UNIFORMLY APPLIED. I DIDN'T  
18 WANT TO SEE DIFFERENTIAL DIFFERENCES IN HOW THIS WAS  
19 GOING TO BE APPLIED. I AGREE WITH THE 5 PERCENT,  
20 BUT I'M HAPPY TO GO FORWARD WITH THE AMENDMENT AS IT  
21 IS.

22 CHAIRMAN THOMAS: OKAY. LET ME ASK IS  
23 THERE ANYBODY THAT WOULD LIKE TO MAKE AN AMENDMENT  
24 TO THE AMENDMENT, AS IT WERE, BECAUSE, IF SO, I WANT  
25 MR. TOCHER TO WALK US THROUGH WHAT THAT PROCESS

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1 WOULD MEAN. SO DOES ANYBODY WANT TO AMEND THE  
2 MOTION? OKAY. WELL, HEARING THAT, I THINK, FIRST  
3 OF ALL, THANK YOU. THAT WAS AN EXCELLENT DISCUSSION  
4 ON THE TOPIC. VERY IMPORTANT PERSPECTIVES BROUGHT  
5 TO BEAR. SO HEARING NO REQUESTS TO AMEND, ANY OTHER  
6 COMMENTS BY MEMBERS OF THE BOARD AT THIS POINT? ANY  
7 COMMENTS FROM MEMBERS OF THE PUBLIC?

8 MS. BONNEVILLE: THERE ARE NONE.

9 CONTROLLER YEE: THANK YOU. MARIA, WILL  
10 YOU PLEASE CALL THE ROLL.

11 MS. BONNEVILLE: HAIFAA ABDULHAQ.

12 DR. ABDULHAQ: YES.

13 MS. BONNEVILLE: MOHAMMAD ABOUSALEM.

14 DR. ABOUSALEM: YES.

15 MS. BONNEVILLE: KIM BARRETT.

16 DR. BARRETT: AYE.

17 MS. BONNEVILLE: DAN BERNAL.

18 MR. BERNAL: AYE.

19 MS. BONNEVILLE: GEORGE BLUMENTHAL.

20 DR. BLUMENTHAL: YES.

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

23 DR. BOXER: YES.

24 MS. BONNEVILLE: JUDY CHOU.

25 DR. CHOU: CAN I SKIP THIS ONE BECAUSE I

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1 JUST LOG IN?  
2 MS. BONNEVILLE: OF COURSE. LEONDRA.  
3 CLARK-HARVEY.  
4 DR. CLARK-HARVEY: YES.  
5 MS. BONNEVILLE: DEBORAH DEAS.  
6 DR. DEAS: YES.  
7 MS. BONNEVILLE: ANNE-MARIE DULIEGE.  
8 DR. DULIEGE: YES.  
9 MS. BONNEVILLE: YSABEL DURON.  
10 MS. DURON: YES.  
11 MS. BONNEVILLE: MARK FISCHER-COLBRIE.  
12 FRED FISHER.  
13 DR. FISHER: YES.  
14 MS. BONNEVILLE: ELENA FLOWERS.  
15 DR. FLOWERS: YES.  
16 MS. BONNEVILLE: JUDY GASSON.  
17 DR. GASSON: YES.  
18 MS. BONNEVILLE: LARRY GOLDSTEIN.  
19 DR. GOLDSTEIN: YES.  
20 MS. BONNEVILLE: DAVID HIGGINS.  
21 DR. HIGGINS: YES.  
22 MS. BONNEVILLE: STEVE JUELSGAARD.  
23 MR. JUELSGAARD: YES.  
24 MS. BONNEVILLE: RICH LAJARA. PAT LEVITT.  
25 DR. LEVITT: CAN I ABSTAIN?

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MS. BONNEVILLE: YOU CAN.  
DR. LEVITT: OKAY. I ABSTAIN.  
MS. BONNEVILLE: LINDA MALKAS.  
DR. MALKAS: YES.  
MS. BONNEVILLE: SHLOMO MELMED.  
DR. MELMED: YES.  
MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
LAUREN MILLER-ROGEN.  
MS. MILLER-ROGEN: YES.  
MS. BONNEVILLE: ADRIANA PADILLA.  
DR. PADILLA: YES.  
MS. BONNEVILLE: JOE PANETTA.  
MR. PANETTA: YES.  
MS. BONNEVILLE: AL ROWLETT.  
MR. ROWLETT: YES.  
MS. BONNEVILLE: BARRY SELICK.  
DR. SELICK: YES.  
MS. BONNEVILLE: MARVIN SOUTHARD.  
DR. SOUTHARD: YES.  
MS. BONNEVILLE: MICHAEL STAMOS.  
DR. SANDMEYER: SUZANNE SANDMEYER VOTING  
YES.  
MS. BONNEVILLE: THANK YOU, SUZANNE.  
JONATHAN THOMAS.  
CHAIRMAN THOMAS: YES.

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1 MS. BONNEVILLE: ART TORRES.

2 MR. TORRES: AYE.

3 MS. BONNEVILLE: KAROL WATSON.

4 THE MOTION CARRIES.

5 CHAIRMAN THOMAS: THANK YOU, MARIA. LAST  
6 ACTION ITEM BEFORE CLOSED SESSION IS CONSIDERATION  
7 OF CONFLICTS OF INTEREST POLICY FOR THE  
8 ACCESSIBILITY AND AFFORDABILITY WORKING GROUP.  
9 PRESENTATION BY MR. TOCHER.

10 MR. TOCHER: THANKS VERY MUCH, J.T. AND  
11 GOOD -- IT'S STILL MORNING -- GOOD MORNING,  
12 EVERYONE.

13 SO THIS IS REALLY LARGELY A HOUSEKEEPING  
14 MATTER. AS YOU KNOW, THIS BOARD'S WORK IS ASSISTED  
15 IN PART BY THE ADVICE AND RECOMMENDATIONS OF THE  
16 INSTITUTE'S FORMAL WORKING GROUPS. AND THEY ARE, AS  
17 YOU ARE PROBABLY AWARE, THE GRANTS, FACILITIES, AND  
18 THE STANDARDS WORKING GROUPS. AND, OF COURSE,  
19 PROPOSITION 14 ADDED A FOURTH WORKING GROUP, THE  
20 ACCESS AND AFFORDABILITY WORKING GROUP.

21 NOW, THE LAW HAS DECLARED THAT, BECAUSE  
22 THESE WORKING GROUPS ARE PURELY ADVISORY TO THE  
23 BOARD, THE STATE'S CONFLICT OF INTEREST LAWS DO NOT  
24 APPLY TO THE NON-ICOC MEMBERS OF THESE WORKING  
25 GROUPS. HOWEVER, TO ENSURE THE INTEGRITY OF THE

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1     ADVICE OF THESE GROUPS, THE BOARD IS RESPONSIBLE FOR  
2     ADOPTING ITS OWN CONFLICT OF INTEREST POLICIES AND  
3     APPLY THEM TO THE NON-ICOC MEMBERS OF THOSE GROUPS.  
4     AND THE BOARD HAS FULFILLED THAT RESPONSIBILITY WITH  
5     RESPECT TO THE FIRST THREE WORKING GROUPS THAT I  
6     MENTIONED THAT WERE ESTABLISHED BY PROP 71.

7             SO THE PURPOSE OF THIS ITEM, THEN, IS TO  
8     ADOPT AN INTERIM COI POLICY TO APPLY TO THE AAWG AND  
9     TO AUTHORIZE THE CIRM TEAM TO INITIATE THE PROCESS  
10    FOR MAKING PERMANENT THESE COI RULES.  SO WHAT WE  
11    DID IN DRAFTING THE PROPOSED LANGUAGE FOR THIS  
12    POLICY WAS, IN A SENSE, STARTING AT GROUND ZERO.  WE  
13    RELIED UPON WORK THAT THE BOARD UNDERTOOK BACK IN  
14    2016 WHEN IT UPDATED AND REVISED THE COI RULES THAT  
15    APPLY TO OUR GRANTS WORKING GROUP.  AND WE PROPOSE  
16    TODAY TO LEVERAGE THAT WORK BY MODELING THIS POLICY  
17    FOR THE AAWG CLOSELY ON THE ONE APPLICABLE TO THE  
18    GRANTS WORKING GROUP.  BECAUSE BOTH GROUPS CONSIDER  
19    RECOMMENDATIONS, AMONG OTHER THINGS, REGARDING  
20    SPECIFIC APPLICATIONS FOR FUNDS OR CONTRACTS, WE  
21    BELIEVE THAT IT'S BEST THAT THE AAWG'S POLICIES  
22    MIRROR THOSE OF THE GRANTS WORKING GROUP AS WELL.

23             NOW, THESE RULES WILL BE FAIRLY INTUITIVE  
24    IN APPLICATION AS ARE THE GRANTS WORKING GROUP'S AND  
25    WILL IDENTIFY FINANCIAL INTERESTS THAT WOULD



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1 DISQUALIFY MEMBERS FROM PARTICIPATING IN  
2 CONSIDERATION OF AN APPLICATION OR CONTRACT IN THE  
3 EVENT THAT THE MEMBER HAS A CONFLICT. THE ICOC HAS  
4 GENERALLY DEFINED POTENTIAL CONFLICTS FOR OUR  
5 WORKING GROUP MEMBERS ACCORDING TO THREE TYPES.  
6 THOSE ARE FINANCIAL, PERSONAL, AND PROFESSIONAL.

7 SO, FOR INSTANCE, IF A NON-ICOC MEMBER OR  
8 THEIR IMMEDIATE FAMILY MEMBER IS AN EMPLOYEE OF AN  
9 APPLICANT ORGANIZATION OR IS A KEY PERSON ON THE  
10 APPLICATION OR IS SOMEHOW PROMISED INCOME ABOVE A  
11 CERTAIN THRESHOLD FROM THE APPLICANT, THEN A  
12 CONFLICT WILL EXIST AND THE MEMBER WILL BE PRECLUDED  
13 FROM PARTICIPATING IN THE CONSIDERATION OF THAT  
14 AWARD.

15 A PROFESSIONAL CONFLICT WOULD ARISE WHERE  
16 THE MEMBER AND AN INDIVIDUAL ON THE APPLICATION ARE  
17 ENGAGED IN OR PLANNING TO ENGAGE IN A JOINT PROJECT  
18 OF SOME SORT.

19 AND A PERSONAL CONFLICT WILL BE PRESENT  
20 WHERE THE IMMEDIATE FAMILY MEMBER OR A CLOSE  
21 PERSONAL FRIEND IS A PERSON LISTED ON THE  
22 APPLICATION AS A KEY PERSONNEL OR WHERE THE MEMBER  
23 AND A PERSON LISTED ON THE APPLICATION HAVE BEEN ON  
24 OPPOSING SIDES IN A LAWSUIT OR SIMILAR DISPUTE.

25 AS PART OF THE PROCESS, PRIOR TO

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1 CONSIDERATION OF AN APPLICATION, A MODULE WILL BE  
2 SET UP IN OUR GRANTS REVIEW PROCESS THAT WILL  
3 IDENTIFY KEY INSTITUTIONS AND INDIVIDUALS FOR AN  
4 APPLICATION, AND MEMBERS WILL HAVE THE OPPORTUNITY  
5 TO REVIEW THAT LIST AND IDENTIFY POTENTIAL CONFLICTS  
6 IN ADVANCE OF THE MEETING.

7 AS CONTAINED IN OUR GRANTS WORKING GROUP  
8 POLICY, THIS ALSO CONTAINS A SPECIAL EXEMPTION  
9 PROCESS WHEREBY, IF THE PRESIDENT FINDS THAT THE  
10 NEED FOR SPECIAL EXPERTISE OF AN INDIVIDUAL MEMBER  
11 WHO OTHERWISE HAS A CONFLICT, WHERE THAT NEED  
12 OUTWEIGHS A POTENTIAL BIAS, THE MEMBER MAY  
13 PARTICIPATE IN THE DISCUSSION, BUT WILL NOT BE  
14 PERMITTED TO VOTE ON OR SCORE THAT MATTER. I CAN  
15 TELL YOU THAT HISTORICALLY THAT EXCEPTION HAS ONLY  
16 VERY RARELY BEEN UTILIZED.

17 SO THE ADVANTAGE ALSO OF FOLLOWING SORT OF  
18 THE GRANTS WORKING GROUP POLICY AS A MODEL IS THAT  
19 RECENTLY, RELATIVELY RECENTLY IN 2016, WE WENT  
20 THROUGH THE ADOPTION PROCESS OF THE OFFICE OF  
21 ADMINISTRATIVE LAW, WHICH IS A STATE AGENCY THAT  
22 REVIEWS OUR POLICIES BEFORE THEY BECOME OFFICIAL  
23 REGULATIONS. THIS CAN BE A VERY IN-DEPTH REVIEW.  
24 IT IS AN IN-DEPTH REVIEW. AND THIS POLICY HAS THE  
25 BENEFIT OF HAVING GONE THROUGH THAT OAL PROCESS AND

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1 BEEN APPROVED BY THE OAL. SO WE HAVE A TRACK RECORD  
2 WITH THIS LANGUAGE PASSING MUSTER WITH OAL.

3 SO WHAT WE ARE PROPOSING THEN -- GO TO THE  
4 NEXT SLIDE -- IS TO ADOPT THE LANGUAGE ON AN INTERIM  
5 BASIS TO BE EFFECTIVE JANUARY 15TH, NEXT MONTH,  
6 WHILE AUTHORIZING US TO SIMULTANEOUSLY BEGIN THE  
7 FORMAL PUBLIC COMMENT PERIOD AND ADOPTION PROCESS  
8 THROUGH OAL IN ORDER TO PERMANENTLY ADOPT CONCEPT  
9 RULES. THIS WILL NOT BE THE LAST TIME THE BOARD  
10 WOULD SEE ANY LANGUAGE. WE WOULD BRING THIS BACK AT  
11 THE CONCLUSION OF THE OAL PROCESS TO DISCUSS ANY  
12 POSSIBLE AMENDMENTS OR PUBLIC COMMENT THAT WE  
13 RECEIVED DURING THAT PROCESS.

14 I KNOW THAT'S A BIT OF A MOUTHFUL ON  
15 PROCESS ISSUES, BUT I'M HAPPY TO ANSWER ANY  
16 QUESTIONS.

17 CHAIRMAN THOMAS: THANK YOU, MR. TOCHER.  
18 DO WE HAVE A MOTION TO APPROVE?

19 DR. ABOUSALEM: I'LL MAKE THE MOTION.

20 CHAIRMAN THOMAS: LET'S SEE. I THINK  
21 SENATOR TORRES, SECONDED BY MOHAMMED. QUESTIONS OR  
22 COMMENTS OF MR. TOCHER?

23 MR. TORRES: YES.

24 CHAIRMAN THOMAS: ART.

25 MR. TORRES: SCOTT, I WANT TO THANK YOU

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1 FOR ALL THE WORK YOU PUT INTO THIS AND TO MAKE SURE  
2 THAT WE ARE CONSISTENT WITH ALL OUR GENERAL POLICIES  
3 OF CONFLICTS OF INTEREST. AS THE AUTHOR OF THIS  
4 LANGUAGE IN THE NEW INITIATIVE WITH BOB KLEIN, IT  
5 WAS VERY IMPORTANT FOR US TO MAKE SURE THAT THE  
6 CONSISTENCY WAS GOING TO OCCUR, NOT ONLY IN TERMS OF  
7 RULEMAKING AND THE NEED FOR CONFLICT OF INTEREST  
8 REGULATIONS, BUT I'M GLAD YOU'VE TAKEN THE TIME  
9 BECAUSE I KNOW HOW MUCH TIME IT TAKES TO GO THROUGH  
10 ALL THE AOL AND OTHER AGENCIES THAT BELEAGUER ANY  
11 STATE AGENCY, BUT CLEARLY YOU'VE DONE A VERY GOOD  
12 JOB. AND I WANT TO THANK YOU AGAIN FOR PUTTING THIS  
13 INTO MOTION.

14 MR. TOCHER: THANK YOU.

15 CHAIRMAN THOMAS: THANK YOU, ART. OTHER  
16 COMMENTS, QUESTIONS FROM MEMBERS OF THE BOARD? ANY  
17 PUBLIC COMMENT?

18 MS. BONNEVILLE: THERE'S NO PUBLIC  
19 COMMENT.

20 CHAIRMAN THOMAS: MARIA, WILL YOU PLEASE  
21 CALL THE ROLL.

22 MS. BONNEVILLE: HAIFAA ABDULHAQ.

23 DR. ABDULHAQ: YES.

24 MS. BONNEVILLE: MOHAMMAD ABOUSALEM.

25 DR. ABOUSALEM: YES.

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

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1 DR. GASSON: YES.  
2 MS. BONNEVILLE: LARRY GOLDSTEIN.  
3 DR. GOLDSTEIN: YES.  
4 MS. BONNEVILLE: DAVID HIGGINS.  
5 DR. HIGGINS: YES.  
6 MS. BONNEVILLE: STEVE JUELSGAARD.  
7 MR. JUELSGAARD: YES.  
8 MS. BONNEVILLE: RICH LAJARA. PAT LEVITT.  
9 DR. LEVITT: YES.  
10 MS. BONNEVILLE: LINDA MALKAS.  
11 DR. MALKAS: YES.  
12 MS. BONNEVILLE: SHLOMO MELMED.  
13 DR. MELMED: YES.  
14 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
15 LAUREN MILLER-ROGEN.  
16 MS. MILLER-ROGEN: YES.  
17 MS. BONNEVILLE: ADRIANA PADILLA.  
18 DR. PADILLA: YES.  
19 MS. BONNEVILLE: JOE PANETTA.  
20 MR. PANETTA: YES.  
21 MS. BONNEVILLE: AL ROWLETT.  
22 MR. ROWLETT: YES.  
23 MS. BONNEVILLE: BARRY SELICK.  
24 DR. SELICK: YES.  
25 MS. BONNEVILLE: MARVIN SOUTHARD.

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1 DR. SOUTHARD: YES.  
2 MS. BONNEVILLE: MICHAEL STAMOS.  
3 DR. STAMOS: YES.  
4 MS. BONNEVILLE: JONATHAN THOMAS.  
5 CHAIRMAN THOMAS: YES.  
6 MS. BONNEVILLE: ART TORRES.  
7 MR. TORRES: AYE.  
8 MS. BONNEVILLE: KAROL WATSON.  
9 THE MOTION CARRIES.  
10 CHAIRMAN THOMAS: OKAY. THANK YOU, MARIA.  
11 WE'RE GOING TO TAKE A FIVE-MINUTE BREAK. AND WHEN  
12 WE RECONVENE, WE WILL THEN TURN TO KAREN GETMAN TO  
13 READ US THE APPROPRIATE LANGUAGE FOR ADJOURNING TO A  
14 CLOSED SESSION. SO BACK IN FIVE, EVERYBODY. SINCE  
15 IT'S 10:54, LET'S MAKE IT AN EVEN TOP OF THE HOUR.  
16 THANK YOU.  
17 (A RECESS WAS TAKEN.)  
18 CHAIRMAN THOMAS: OKAY. IT'S 11 O'CLOCK.  
19 WE ARE RECONVENED. KAREN, IF YOU WOULD LIKE TO GIVE  
20 US INSTRUCTIONS FOR ADJOURNING TO CLOSED SESSION  
21 PLEASE.  
22 MS. GETMAN: THANK YOU. WE ARE MOVING  
23 INTO CLOSED SESSION FOR A DISCUSSION OF PERSONNEL  
24 AND IN PARTICULAR THE COMPENSATION FOR CIRM'S CEO  
25 AND PRESIDENT. THAT IS PURSUANT TO GOVERNMENT CODE

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1 SECTION 11.26(A) AND HEALTH AND SAFETY CODE SECTION  
2 125290.30(F)(3)(D).

3 CHAIRMAN THOMAS: OKAY. THANK YOU. DOUG  
4 IS TAKING US INTO THE BREAK-OUT ROOM. SO EVERYBODY  
5 COULD CLICK JOIN, AND WE WILL SEE YOU IN A SECOND.

6 (THE BOARD THEN WENT INTO CLOSED  
7 SESSION, NOT REPORTED NOR HEREIN TRANSCRIBED. AT  
8 THE CONCLUSION OF THE CLOSED SESSION, THE FOLLOWING  
9 WAS THEN HEARD IN OPEN SESSION.)

10 CHAIRMAN THOMAS: OKAY. THANK YOU. THE  
11 BOARD IS RECONVENING FROM CLOSED SESSION. AND WE  
12 HAVE A MOTION TO ENTERTAIN FOR THE BOARD WITH  
13 RESPECT TO ITEM NO. 14, AS THE BULLET POINT NOTES,  
14 COMPENSATION FOR CIRM'S CEO. SO WE WANT TO HAVE A  
15 MOTION THAT WE HAVE A MERIT INCREASE OF 3 PERCENT  
16 ABOVE CURRENT SALARY FOR MARIA, WHICH TAKES US TO A  
17 TOTAL OF -- IF SOMEBODY CAN DO THE MATH VERY  
18 QUICKLY --

19 MS. GETMAN: 583,490 IS WHAT I GOT.

20 CHAIRMAN THOMAS: OKAY. SO THE  
21 NUMBER -- THE MOTION IS TO INCREASE MARIA'S SALARY,  
22 WHICH IS ABOVE THE MEDIAN THAT WE DISCUSSED AT AN  
23 EARLIER MEETING, UP TO THE NUMBER THAT KAREN JUST  
24 INDICATED. IS THERE A SECOND FOR THAT?

25 DR. DULIEGE: AYE.



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1 MR. TORRES: SECOND.

2 CHAIRMAN THOMAS: IS THERE DISCUSSION FROM  
3 MEMBERS OF THE BOARD?

4 MS. BONNEVILLE: IS THAT ANNE-MARIE AND  
5 ART? I'M SORRY.

6 DR. DULIEGE: DOESN'T MATTER, YEAH.  
7 EITHER/OR.

8 MS. BONNEVILLE: BOTH. OKAY. GREAT.  
9 THANK YOU.

10 CHAIRMAN THOMAS: ANY DISCUSSION FROM  
11 MEMBERS OF THE PUBLIC?

12 MS. BONNEVILLE: I DO NOT SEE ANY HANDS  
13 RAISED.

14 CHAIRMAN THOMAS: OKAY. THAT BEING THE  
15 CASE, MARIA, WILL YOU PLEASE CALL THE ROLL.

16 MS. BONNEVILLE: HAIFAA ABDULHAQ.

17 DR. ABDULHAQ: YES.

18 MS. BONNEVILLE: MOHAMMAD ABOUSALEM.

19 DR. ABOUSALEM: YES.

20 MS. BONNEVILLE: KIM BARRETT.

21 DR. BARRETT: AYE.

22 MS. BONNEVILLE: DAN BERNAL. GEORGE  
23 BLUMENTHAL. MICHAEL BOTCHAN. LINDA BOXER.

24 DR. BOXER: YES.

25 MS. BONNEVILLE: JUDY CHOU.

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

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1 DR. MALKAS: YES.  
2 MS. BONNEVILLE: SHLOMO MELMED. LAUREN  
3 MILLER-ROGEN.  
4 MS. MILLER-ROGEN: YES.  
5 MS. BONNEVILLE: ADRIANA PADILLA.  
6 DR. PADILLA: YES.  
7 MS. BONNEVILLE: JOE PANETTA. AL ROWLETT.  
8 MR. ROWLETT: YES.  
9 MS. BONNEVILLE: BARRY SELICK.  
10 DR. SELICK: YES.  
11 MS. BONNEVILLE: MARVIN SOUTHARD.  
12 DR. SOUTHARD: YES.  
13 MS. BONNEVILLE: MICHAEL STAMOS.  
14 DR. STAMOS: YES.  
15 MS. BONNEVILLE: JONATHAN THOMAS.  
16 CHAIRMAN THOMAS: YES.  
17 MS. BONNEVILLE: ART TORRES.  
18 MR. TORRES: AYE.  
19 MS. BONNEVILLE: KAROL WATSON.  
20 MOTION CARRIES.  
21 CHAIRMAN THOMAS: THANK YOU. I BELIEVE  
22 MARIA MILLAN'S VIDEO IS NOT WORKING. BUT, MARIA, IF  
23 YOU'RE ON THE PHONE, YOU WANTED TO COMMENT?  
24 DR. MILLAN: I JUST WANTED TO THANK THE  
25 BOARD VERY MUCH FOR THIS MERIT INCREASE. IT'S MY

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1 HONOR TO SERVE IN THIS ROLE. THANK YOU SO MUCH.

2 CHAIRMAN THOMAS: THANK YOU, MARIA. OKAY.

3 ON TO ITEM NO. 15, CONSIDERATION OF

4 COMPENSATION -- OH, NO. SORRY. WRONG THING.

5 SORRY. WHERE AM I HERE? UPDATES FROM THE

6 ACCESSIBILITY AND AFFORDABILITY WORKING GROUP.

7 MR. TORRES: I THINK SEAN TURBEVILLE IS

8 GOING TO BE DOING THAT.

9 DR. TURBEVILLE: YES, SIR. I AM HERE.

10 UNFORTUNATELY I CAN'T SHOW MY VIDEO RIGHT NOW. I'M

11 LOCKED OUT. MARIA --

12 MS. BONNEVILLE: YOU JUST HAVE TO TURN

13 YOUR CAMERA BACK ON. THAT'S ALL.

14 DR. TURBEVILLE: THE HOST HAS STOPPED IT.

15 MS. BONNEVILLE: YOU'RE THERE.

16 DR. TURBEVILLE: LOVELY. ALL RIGHT. LET

17 ME GO AHEAD AND START MY SLIDES. ALL RIGHT.

18 WELL, GOOD AFTERNOON, EVERYBODY. IN

19 ADDITION TO -- THANK YOU, MR. CHAIRMAN, FOR THE

20 OPPORTUNITY TO PRESENT THIS UPDATE. IN ADDITION TO

21 GEOFF LOMAX'S PRESENTATION ON THE STANDARDS WORKING

22 GROUP, WHICH WAS ONE OF OUR INITIATIVES, I'M GOING

23 TO PROVIDE AN UPDATE ON TWO OTHER INITIATIVES,

24 WORKSTREAMS THAT WE HAVE KICKED OFF IN MEDICAL

25 AFFAIRS.

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1           SO ONE OF THE UPDATES IS TO THE ICOC, AND  
2           THAT IS GIVE AN UPDATE ON THE CCE, THE COMMUNITY  
3           CARE CENTERS OF EXCELLENCE, LISTENING SESSION  
4           RECENTLY THAT TOOK PLACE AT UCSF FRESNO. I DO WANT  
5           TO PAUSE HERE AND IMMEDIATELY ACKNOWLEDGE UCSF,  
6           PARTICULARLY VINCE SMILEY AS WELL AS OUR GROUP ON  
7           THE MEDICAL AFFAIRS SIDE. IT WAS A FAIRLY HEAVY  
8           LIFT AND A VERY GOOD SESSION, BUT IT WAS A FAIRLY  
9           QUICK ONE AND SUCCESSFUL. SO CERTAINLY WANT TO GIVE  
10          DUE DILIGENCE TO ALL THE HEAVY LIFT THAT GOT US TO  
11          THAT SESSION.

12                 AND THEN SECOND, I WANT TO INTRODUCE AND  
13          KICK OFF OUR ROAD MAP FOR ACCESS AND AFFORDABILITY.  
14          SO AS A REFRESHER, ONE OF OUR FIVE-YEAR STRATEGIC  
15          GOALS IS TO CREATE AND LAUNCH THE COMMUNITY CARE  
16          CENTERS OF EXCELLENCE THAT SUPPORT DIVERSE PATIENT  
17          PARTICIPATION IN THE RAPIDLY GROWING REGENERATIVE  
18          MEDICINE LANDSCAPE. SO IN TANDEM WITH THE ALPHA  
19          CLINIC, NOW WE HAVE NINE, THESE COMMUNITY CARE  
20          CENTERS OF EXCELLENCE WILL PROVIDE A CLINICAL  
21          INFRASTRUCTURE FOR RESEARCH, TRAINING, PROGRAMS, AND  
22          OUTREACH TO BEST SERVE PATIENTS WHO PARTICIPATE IN  
23          REGENERATIVE MEDICINE TRIALS OR RECEIVE APPROVED  
24          TREATMENTS IN THE COMMUNITY AND PARTICULARLY IN  
25          RURAL AREAS.

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1 SO IN ORDER TO PREPARE FOR THIS IMPORTANT  
2 PROGRAM, WE BEGAN CREATING SEVERAL REGIONAL  
3 LISTENING SESSIONS FOR INFORMATION GATHERING. SO  
4 THAT IS WE ASKED THE COMMUNITY TO GIVE US GUIDANCE  
5 ON WHAT THE COMMUNITY CARE CENTERS OF EXCELLENCE  
6 PROGRAMS SHOULD LOOK LIKE, WHAT ARE THE NEEDS, WHAT  
7 ARE THE CLINICAL NEEDS, WHAT ARE THE COMMUNITY  
8 NEEDS, AND WE'LL TAKE THAT FEEDBACK INTO THE AAWG  
9 WITH RESPECT TO DOWN THE ROAD DEVELOPING A CONCEPT  
10 PLAN. SO THROUGH THESE LISTENING SESSIONS, WE ARE  
11 AIMING TO DEVELOP A DRAFT CONCEPT PLAN WITH THE AAWG  
12 TO PRESENT TO THE ICOC FOR A FINAL APPROVAL IN JUNE  
13 OF 2023.

14 SO THIS SLIDE SHOWS THE THREE AREAS THAT  
15 WE WERE TARGETING WITH RESPECT TO THE CONCEPT PLAN.  
16 ONE, UNDERSTAND THE CAPACITIES OF REGIONAL PROVIDERS  
17 TO SUPPORT CLINICAL RESEARCH. TWO, IDENTIFY  
18 WORKFORCE TRAINING NEEDS TO SUPPORT PATIENTS IN  
19 REGENERATIVE MEDICINE. AND THREE, IDENTIFY  
20 OPPORTUNITIES TO PARTNER WITH COMMUNITY-BASED  
21 ORGANIZATIONS. AND AGAIN, THE ULTIMATE GOAL IS TO  
22 CREATE A NEW MECHANISM WITH THE CONCEPT PLAN FOR  
23 ORGANIZATIONS TO APPLY FOR FUNDING FOR THIS  
24 PARTICULAR PROGRAM.

25 SO ON OCTOBER 25TH MEDICAL AFFAIRS KICKED

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1 OFF OUR FIRST LISTENING SESSION AT THE FRESNO/CLOVIS  
2 UCSF FACILITY. THIS WAS CONSIDERED AN ENTHUSIASTIC  
3 MEETING WHERE WE HAD ABOUT 30 PARTICIPANTS WHICH  
4 INCLUDED HEALTHCARE PROVIDERS, INDIVIDUALS INVOLVED  
5 IN WORKFORCE DEVELOPMENT, AND ALSO COMMUNITY MEMBERS  
6 WITH THE UNDERSTANDING OF THE NEEDS AND CAPACITIES  
7 OF PROVIDERS, THE CLINIC, THE WORKFORCE, AND THE  
8 COMMUNITY.

9 SO THIS SLIDE SUMMARIZED SOME OF THE KEY  
10 TAKEAWAYS, AND THIS IS PRELIMINARY. WE CATEGORIZED  
11 THIS INTO THREE BUCKETS: ONE, CLINICAL READINESS;  
12 TWO, TRAINING; AND THREE, INCREASE PATIENT ACCESS.

13 SO ONE OF THE THINGS THAT WE LEARNED, AND  
14 I'D LIKE TO, INSTEAD OF GOING THROUGH EACH ONE OF  
15 THESE COMPONENTS, GIVE YOU A HIGH LEVEL TAKE-HOME  
16 MESSAGE FOR WHAT WE LEARNED FROM THIS MEETING. SO  
17 ONE THING THAT WE LEARNED FROM THE FRESNO EXPERIENCE  
18 WAS THAT THERE WAS A COMPREHENSIVE INFRASTRUCTURE  
19 ALREADY TO SUPPORT THE CLINICAL RESEARCH. IN  
20 ADDITION, THEY WERE EAGER TO COLLABORATE WITH OUR  
21 ALPHA CLINICS NETWORKS. AND THERE WERE A NUMBER OF  
22 POTENTIAL OPPORTUNITIES AND COLLABORATIONS WHICH WE  
23 COULD TAKE BACK TO THE AAWG.

24 WHAT WE OBSERVED WAS THAT THE MAIN  
25 TAKEAWAY WAS NOT THAT THEY FELT THEY NEEDED THE

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1     INFRASTRUCTURE. IT WAS THE KNOW-HOW AND THE  
2     METHODOLOGY AND THE TRAINING AND THE ABILITY TO  
3     SUPPORT A NETWORK WITHIN OUR EXISTING CLINICAL  
4     SITES.

5             ANOTHER STRONG THEME THAT EMERGED WAS  
6     CONTINUING MEDICAL EDUCATION AS THE PHYSICIANS FELT  
7     THAT THERE WAS STILL VERY LIMITED KNOWLEDGE ABOUT  
8     REGENERATIVE MEDICINE, CELL AND GENE THERAPY. AND  
9     FOR MANY OF YOU WHO HAVE JUST PROBABLY RETURNED FROM  
10    ASH, WE ARE STILL TRYING TO DOWNLOAD ALL OF THE  
11    INFORMATION THAT WAS PROVIDED ON CELL AND GENE  
12    THERAPIES. THERE'S A TON OF INFORMATION OUT THERE.

13            ONE OF THE SUGGESTIONS FROM THE COMMITTEE  
14    HERE WAS TO WORK WITH THE CALIFORNIA MEDICAL  
15    ASSOCIATION TO BRING EDUCATION AND VISIBILITY TO THE  
16    TYPES OF PROGRAMS WE ARE SUPPORTING.

17            ANOTHER, FOR INSTANCE, WAS HOW PHYSICIANS  
18    REFER PATIENTS TO LOCAL SITES AND CLINICAL TRIALS.

19            AND FINALLY, JUST AS IMPORTANT, HOW WE  
20    ENGAGE WITH THE CLINICAL COMMUNITY-BASED  
21    ORGANIZATIONS TO NOT ONLY LISTEN, BUT TO ALSO GAIN  
22    THE TRUST AT THE LOCAL COMMUNITY LEVEL.

23            SO IN RETROSPECT, THIS WAS A PILOT  
24    PROGRAM. THIS WAS SORT OF OUR FIRST RODEO, IF YOU  
25    WILL. WE DID GET QUITE A BIT OF FEEDBACK. I THINK



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1 IT WAS A SUCCESSFUL PILOT PROGRAM, PROVIDED GOOD  
2 FEEDBACK ON OUR APPROACH FOR OUR NEXT MEETINGS THAT  
3 ARE GOING TO TAKE PLACE IN THE NEXT TWO MONTHS. SO  
4 WE ARE PLANNING TWO MORE MEETINGS, ONE IN RIVERSIDE  
5 AND THE OTHER IN REDDING/SHASTA AREA. THERE ARE  
6 SUGGESTIONS ABOUT PERHAPS OTHER. ONE OF THE CAVEATS  
7 HERE WITH THIS INFORMATION IS THAT IT MAY NOT BE  
8 GENERALIZABLE TO OBVIOUSLY ALL OF CALIFORNIA, AND  
9 THAT'S WHY WE ARE GOING AFTER OTHER GEOGRAPHICAL  
10 AREAS TO ASK THE SAME QUESTIONS AND, AGAIN, TO  
11 CONCATENATE ALL THIS INFORMATION OVER TIME AND  
12 PRESENT IT TO THE AAWG.

13 AND THEN FINALLY, WE MAY PRESENT OR AT  
14 LEAST CONSIDER A FINAL PROGRAM FOR A PUBLIC WORKSHOP  
15 TO SUMMARIZE OUR FINDINGS FROM ALL OF THESE  
16 LISTENING SESSIONS. SO THAT IS THE MAIN TAKE-HOME  
17 MESSAGE FROM OUR RECENT COMMUNITY CARE CENTERS OF  
18 EXCELLENCE. I THINK RIGHT NOW PERHAPS, MR.  
19 CHAIRMAN, I'LL PAUSE TO SEE IF THERE'S ANY QUESTIONS  
20 OR COMMENTS ABOUT THAT PROGRAM.

21 CHAIRMAN THOMAS: THANK YOU, SEAN. I'D  
22 JUST LIKE TO POINT OUT DR. PADILLA AND I WERE AT  
23 THIS MEETING ON BEHALF OF THE BOARD ALONG WITH GEOFF  
24 LOMAX, WHO LED THE DISCUSSION, DID A VERY GOOD JOB.  
25 MARIA BONNEVILLE WAS THERE AS WELL AND OTHER MEMBERS

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1 OF THE MEDICAL AFFAIRS TEAM WITH SEAN. THERE WAS  
2 TREMENDOUS ENTHUSIASM VOICED BY EVERY SINGLE  
3 PARTICIPANT ABOUT THE CONCEPT OF THE COMMUNITY CARE  
4 CENTERS OF EXCELLENCE. AND THEY ARE EAGERLY LOOKING  
5 FORWARD TO HAVING THE OPPORTUNITY TO APPLY AT SUCH  
6 TIME AS THE RFA IS CIRCULATED.

7 IT HIGHLIGHTED A REAL NEED IN THAT AREA IN  
8 MANY DIFFERENT RESPECTS, WHICH SEAN HAS ALLUDED TO,  
9 AND DROVE HOME THE POINT ABOUT HOW THE COMMUNITY  
10 CARE CENTERS OF EXCELLENCE ARE GOING TO BE A VERY  
11 MATERIAL ADD IN TERMS OF ACCESSIBILITY TO OUR ALPHA  
12 CLINICS NETWORK, WHICH, AS YOU RECALL, WE RECENTLY  
13 EXPANDED TO NINE FACILITIES. AND SO THIS AS A FIRST  
14 MEETING WAS TERRIFIC IN MY OPINION.

15 ADRIANA, WOULD YOU LIKE TO -- ARE YOU ON?  
16 IS ADRIANA ON?

17 DR. PADILLA: YES. THANK YOU.

18 CHAIRMAN THOMAS: WE CAN HEAR YOU. THANK  
19 YOU.

20 DR. PADILLA: OKAY. GREAT. I JUST WANT  
21 TO SAY THANK YOU. IT WAS A REALLY NICE  
22 GET-TOGETHER. AND THANK YOU, SEAN, TO PUT THIS ON  
23 AND TO DO AN EXCELLENT SUMMARY FOR US.

24 I JUST WANTED TO SAY THAT IT WAS REALLY  
25 NICE TO SEE THE UC DAVIS ALPHA CENTER THERE. VERY

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1 HELPFUL TO REACH OUT. AND I THINK THAT IF OTHER  
2 ALPHA CENTERS THAT ARE CLOSE TO US CAN REACH OUT AND  
3 WORK IN A COLLABORATIVE WAY, IT'S GOING TO TAKE OFF  
4 THAT MUCH FASTER.

5 DR. TURBEVILLE: OKAY. VERY GOOD. ANY  
6 OTHER COMMENTS?

7 DR. BARRETT: I'D LIKE TO MAKE A VERY  
8 MINOR COMMENT. THE FIRST ONE IS NOT MINOR. I  
9 REALLY APPLAUD THIS EFFORT. I'M VERY GLAD, OF  
10 COURSE, THAT UC DAVIS WAS REPRESENTED.

11 MY VERY MINOR COMMENT, SEAN, FOR FURTHER  
12 DISSEMINATION OF THESE VERY IMPORTANT TAKEAWAYS IS  
13 TO CORRECT THE SPELLING OF PEER TO PEER. I THINK  
14 YOU MEAN P-E-E-R HERE, NOT P-I-E-R.

15 DR. TURBEVILLE: OKAY. THANK YOU. GOOD  
16 CATCH. OKAY. VERY GOOD.

17 WELL, MR. CHAIRMAN, IF IT'S OKAY, I'D LIKE  
18 TO MOVE OVER TO ANOTHER UPDATE.

19 CHAIRMAN THOMAS: CERTAINLY.

20 DR. TURBEVILLE: GOOD. SO ANOTHER  
21 FIVE-YEAR STRATEGIC PLAN IS TO COORDINATE WITH THE  
22 AAWG IN DEVELOPING A ROAD MAP FOR ACCESS AND  
23 AFFORDABILITY OF REGENERATIVE MEDICINE FOR ALL  
24 CALIFORNIA PATIENTS. SO THIS ROAD MAP WILL INCLUDE  
25 A STRATEGY FOR GATHERING THE NECESSARY DATA TO

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1 SUPPORT REIMBURSEMENT, TO ENGAGE WITH POLICYMAKERS  
2 AND REGULATORS, AND DEVELOP HEALTHCARE DELIVERY  
3 MODELS THAT CAN BE IMPLEMENTED AND REFINED WITH THE  
4 ALPHA CLINICS AND FUTURE COMMUNITY CARE CENTERS OF  
5 EXCELLENCE.

6 SO IN JANUARY OF 2023, WE WILL KICK OFF  
7 THE DEVELOPMENT OF FOCUSING ON -- WELL, KICK OFF ONE  
8 OF OUR ROAD MAPS FOR AFFORDABILITY AND  
9 ACCESSIBILITY. WE WILL BE FOCUSING FOR THE MOST  
10 PART ON CIRM-FUNDED CLINICAL TRIALS AND POTENTIALLY  
11 APPROVED THERAPIES. SO THIS SLIDE IS JUST AN  
12 EXAMPLE THAT WE PRESENTED TO THE AAWG ABOUT A WEEK  
13 AGO OF THE STRATEGIES WE RECENTLY BROUGHT FOR INPUT,  
14 RECOMMENDATION, AND CONSIDERATION. THIS IS BY NO  
15 MEANS VETTED. IT'S JUST AN EXAMPLE OF SOME OF THE  
16 STRATEGIES THAT WE WANT TO CONSIDER GOING AFTER.  
17 THESE STRATEGIES ARE ALIGNED WITH THE LANGUAGE OF  
18 PROPOSITION 14.

19 SO SOME OF THE STRATEGIES WE WOULD LIKE TO  
20 CONSIDER INCLUDE THE FOLLOWING: ONE, FACILITATE  
21 REIMBURSEMENT AND LIMIT PATIENT EXPENSES. SO THERE  
22 IS A LOT OF ACTIVITY RIGHT NOW WITH RESPECT TO OUT  
23 OF PATIENT COST WHEN IT COMES TO NOT ONLY COMMERCIAL  
24 AS WELL AS CLINICAL TRIALS. THIS SECTION, AND I'M  
25 NOT GOING TO GO OVER EACH ONE OF THESE CATEGORIES

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1 WITH RESPECT TO THE TACTICS, BUT THIS IS WHERE OUR  
2 PATIENT SUPPORT SERVICES SIT. AND WE ARE LOOKING  
3 FORWARD TO LAUNCHING THAT PROGRAM, BRINGING DATA TO  
4 THE AAWG TO SHOW THE IMPACT THAT WE ARE HAVING FOR  
5 PATIENTS, NOT ONLY ON THE FINANCIAL SIDE, BUT THE  
6 ABILITY TO ACCESS TRIALS AS WELL.

7 THE OTHER STRATEGY THAT WE ARE CONSIDERING  
8 IS THE SUPPORT FOR NEW PAYER MODELS. SO, ONE, THERE  
9 IS A LOT OF ACTIVITY RIGHT NOW WITH VALUE-BASED  
10 PAYMENT. SOME OF YOU ARE PROBABLY INVOLVED WITH  
11 THAT. WE'VE ALREADY RECEIVED QUITE A BIT OF INPUT  
12 FROM OUR AAWG COLLEAGUES WHO HAVE GOTTEN US IN  
13 CONTACT WITH SUBJECT MATTER THOUGHT LEADERS, IF YOU  
14 WILL, ON WHAT THESE PROGRAMS LOOK LIKE. THERE'S AN  
15 OPPORTUNITY FOR US TO ENGAGE. WE JUST RECENTLY  
16 FOUND OUT ON THE PRIVATE SIDE WITH PRIVATE PAYERS  
17 THERE ARE CONCATENATING, IF YOU WILL, RISK POOLS AND  
18 COALITION PARTNERS. SO THERE ARE QUITE A FEW  
19 STRATEGIES THAT WE CAN LOOK AT THAT WOULD ALLOW US  
20 TO SUPPORT SOME OF THE NEW PAYER MODELS FOR CELL AND  
21 GENE THERAPIES.

22 ANOTHER STRATEGY THAT WE MAY WANT TO  
23 CONSIDER IS THE STATE POLICY ISSUE. AND DO WE WANT  
24 TO CONSIDER CREATING AND/OR ENDORSING NEW STATE  
25 POLICY FOR CELL AND GENE THERAPIES AT THE STATE

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1 LEVEL? WE HAVE AN OPPORTUNITY ALSO AT THE FEDERAL  
2 LEVEL. SENATOR TORRES ALREADY GOT US IN CONTACT  
3 WITH THE GOVERNOR'S PLAN AND SOME OF THE COLLEAGUES  
4 OVER THERE ON THE OFFICE OF HEALTH AND  
5 AFFORDABILITY. SO THERE'S A GOOD OPPORTUNITY FOR US  
6 TO HAVE SOME SYNERGIES WITH THE STATE.

7 AND THEN, FINALLY, ANOTHER STRATEGY IS TO  
8 EXPAND THE CLINICAL INFRASTRUCTURE. AND THIS IS  
9 REALLY JUST TO PIGGYBACK ON ALL THE GREAT WORK CIRM  
10 HAS ALREADY DONE WITH THE ALPHA CLINICS. THOSE HAVE  
11 EXPANDED. WE HAVE AN OPPORTUNITY TO WORK WITH,  
12 LET'S SAY, POSTMARKETING REGISTRIES, WHICH IS A BIG  
13 DEMAND WITH RESPECT TO THOSE VALUE-BASED PAYMENTS  
14 FOR CELL AND GENE THERAPY. THOSE ARE CRITICAL. WE  
15 HAVE AN OPPORTUNITY TO EXPLORE REAL-WORLD EVIDENCE  
16 WITH THE ALPHA CLINICS AND THE REPOSITORY OF DATA  
17 THAT'S OUT THERE. THAT CONCLUDES H-E-O-R AS WELL.

18 ANOTHER COMPONENT, OF COURSE, IS  
19 ACCELERATE ADVOCACY AT THE COMMUNITY LEVEL AND THE  
20 MEDICAL EDUCATION.

21 SO THE GOAL MOVING FORWARD HERE IS THE  
22 NEXT SIX MONTHS, EVERY MONTH WE WILL BE PRESENTING  
23 DATA FOR EACH ONE OF THESE STRATEGIES TO THE AAWG.  
24 WE WILL GO BACK AND DO OUR DILIGENCE ON THE  
25 RESEARCH, WE'LL BRING IN OUR SUBJECT MATTER EXPERTS,

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1 THEN PRESENT THAT TO THE AAWG. CUMULATIVELY OVER  
2 SIX MONTHS, WE ARE HOPING THAT WE WILL HAVE AN  
3 APPROVED ROAD MAP FOR ACCESS AND AFFORDABILITY  
4 THROUGH THOSE PROCESSES AND THEN PRESENT THAT TO THE  
5 ICOC FOR FINAL APPROVAL AND PERHAPS EXECUTION OF  
6 SOME OF THESE PROGRAMS.

7 SO WITH THAT, AGAIN, THIS IS JUST KICKING  
8 OFF IN JANUARY. WE HAVE A FULL SCHEDULE UP UNTIL  
9 JUNE/JULY. WE HAVE HAD A PRODUCTIVE NINE MONTHS  
10 FROM THE MEDICAL AFFAIRS SIDE, AND WE ARE LOOKING  
11 FORWARD TO CONTINUING THE MOMENTUM IN 2023. SO WITH  
12 THAT, MR. CHAIRMAN, I'LL GO AHEAD AND PUNT IT BACK  
13 OVER TO YOU. AND THANK YOU FOR THE OPPORTUNITY FOR  
14 THE UPDATE.

15 CHAIRMAN THOMAS: THANK YOU VERY MUCH,  
16 SEAN. ARE THERE QUESTIONS OR COMMENTS OF SEAN ON  
17 THIS PARTICULAR SLIDE?

18 MS. BONNEVILLE: FRED HAS HIS HAND RAISED.

19 CHAIRMAN THOMAS: FRED.

20 DR. FISHER: JUST QUICKLY. THANK YOU,  
21 SEAN, FOR THIS. SPEAKING AS A PATIENT ADVOCATE FOR  
22 ALS AND MS, I'LL JUST GO ON RECORD THAT THESE  
23 VALUE-BASED INITIATIVES ARE A NIGHTMARE FOR THE ALS,  
24 MS, AND OTHER NEURODEGENERATIVE DISEASE COMMUNITIES.  
25 PROBABLY SPINAL CORD INJURY FITS IN THERE AS WELL.

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1 SO I WOULD ENCOURAGE US TO LOOK VERY CAREFULLY AND  
2 GET LOTS OF FEEDBACK FROM STAKEHOLDERS AND VARIOUS  
3 GROUPS, PATIENT GROUPS, ABOUT THE POTENTIAL IMPACT  
4 OF VALUE-BASED MODELS FOR COVERAGE.

5 THE OTHER THING THAT I DIDN'T HEAR YOU  
6 MENTION EXPLICITLY, BUT WILL JUST PUT ON THE TABLE  
7 IS HOPEFULLY AT SOME POINT IN YOUR PROCESS YOU WILL  
8 ENGAGE THE CALIFORNIA DEPARTMENT OF MANAGED CARE,  
9 WHICH I THINK COVERS ABOUT 90 PERCENT OF INSURERS IN  
10 THE STATE AS WELL AS THE CALIFORNIA DEPARTMENT OF  
11 INSURANCE, WHICH DEALS WITH THE OTHER TEN, BECAUSE  
12 WHEN IT COMES TO COVERAGE FOR CARE, EVEN FOR PEOPLE  
13 WHO ARE WELL INSURED, THE THERAPIES FOR  
14 NEURODEGENERATIVE DISEASE, THE ONES THAT HAVE BEEN  
15 APPROVED RECENTLY ARE EXCEEDINGLY EXPENSIVE, AND  
16 INSURANCE COMPANIES' FIRST RESPONSE IS TO LOOK FOR A  
17 WAY TO DENY COVERAGE EVEN TO THOSE WHO HAVE  
18 INSURANCE, LET ALONE THOSE WHO DON'T. SO I'LL LEAVE  
19 IT AT THAT. I KNOW YOU HAVE A LOT MORE WORK TO DO,  
20 BUT I FIGURED I'D JUST PUT THAT OUT FOR NOW.

21 THANKS.

22 DR. TURBEVILLE: THANK YOU. GOOD  
23 COMMENTS.

24 CHAIRMAN THOMAS: ANY OTHER QUESTIONS OR  
25 COMMENTS OF SEAN?



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1 DR. LEVITT: I WAS JUST GOING TO -- J.T.,  
2 IT'S PAT. AT THE MEETING WE TALKED ABOUT -- AT THE  
3 SUBCOMMITTEE MEETING WE TALKED ABOUT THE ISSUES THAT  
4 FRED RAISED. AND IT APPLIES BROADLY TO CHALLENGES  
5 IN TERMS OF REIMBURSEMENT SITUATIONS IN PEDIATRICS  
6 IN GENERAL IN CALIFORNIA. WE ARE AMONG THE WORST  
7 STATES. AND WITH SCHEDULES THAT IN SOME CASES  
8 HAVEN'T BEEN UPDATED FOR 10, 12 YEARS. SO THIS  
9 ISSUE AROUND ACCESSIBILITY AND AFFORDABILITY IS  
10 GOING TO BE A REAL ONE. WE ALREADY KNOW THERE'S  
11 LOTS OF DATA THAT INDICATES THAT IF YOU'RE ON  
12 MEDI-CAL AS A PEDIATRIC PATIENT, YOUR WAIT TIME IS  
13 SIGNIFICANTLY LONGER THAN IF YOU HAVE PRIVATE  
14 INSURANCE, WAIT TIME TO JUST GET IN TO SEE A  
15 PHYSICIAN. AND THAT WILL TRANSLATE IN TERMS OF WHAT  
16 WE ARE TRYING TO DO HERE.

17 SO SEAN AND I HAVE CONVERSED OFF LINE AS  
18 WELL, AND HE'S WELL AWARE OF THIS AND I THINK IS  
19 DOING A SUPERB JOB IN LEADING THIS EFFORT, THIS VERY  
20 IMPORTANT EFFORT.

21 CHAIRMAN THOMAS: THANK YOU, PAT. OTHER  
22 QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD?

23 MR. TORRES: JUST WANTED TO AGREE WITH  
24 THAT.

25 CHAIRMAN THOMAS: THANK YOU, ART.

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1 DR. LEVITT: HALLELUJAH.

2 CHAIRMAN THOMAS: OTHER QUESTIONS OR  
3 COMMENTS?

4 MS. BONNEVILLE: DAVID HIGGINS HAS HIS  
5 HAND RAISED.

6 CHAIRMAN THOMAS: DAVID.

7 DR. HIGGINS: YEAH. THE RECENT  
8 PROPOSITION THAT PASSED THAT RE-FUNDED US FOR  
9 ANOTHER FIVE POINT SOMETHING BILLION DOLLARS  
10 INCLUDED, I BELIEVE, CORRECT ME IF I'M WRONG, J.T.,  
11 BUT A COMMITMENT TO SPEND ONE AND A HALF BILLION OF  
12 THAT ON NEUROSCIENCE, NOT NECESSARILY  
13 NEURODEGENERATIVE, BUT NEUROSCIENCE  
14 BASED -- NEUROLOGICAL DISEASES. DOES THIS EFFORT  
15 THAT WE ARE HEARING ABOUT HERE TODAY REFLECT THAT  
16 SORT OF LOPSIDED, IF YOU WILL, I DON'T MEAN  
17 TO -- I'M OBVIOUSLY NOT TRYING TO DISPARAGE  
18 NEUROLOGICAL DISEASES. BUT IS THERE ANY REFLECTION  
19 IN YOUR EFFORT AS TO WHAT THE PROPOSITION'S SORT OF  
20 UNBALANCED EFFORT TOWARDS NEUROLOGY WAS? DO YOU GO  
21 OUT AND LOOK SPECIFICALLY FOR NEUROLOGICAL DISEASES  
22 TO BRING INTO THIS PROGRAM MIGHT BE ONE QUESTION.

23 DR. TURBEVILLE: YEAH. THERE'S CERTAINLY  
24 AN INITIATIVE AND WE HAD A DISCUSSION ABOUT THAT  
25 YESTERDAY. SOME OF THOSE ARE EARLY STAGE ASSETS.

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1 AND SO WHEN WE ARE STARTING TO THINK ABOUT ACCESS  
2 AND AFFORDABILITY, ONCE THOSE START GOING THROUGH  
3 THAT PIPELINE AND GET TO THE CLINIC, THEN I THINK,  
4 YEAH, THERE COULD BE A COMPONENT HERE WHERE WE COULD  
5 START ASSESSING SOME OF THAT. AND THAT'S TRUE ALL  
6 THE WAY THROUGH THAT LIFE CYCLE MANAGEMENT TO  
7 COMMERCIALIZATION. BUT FOR SPECIFICALLY RIGHT NOW,  
8 THESE ARE MOSTLY CLINICAL TRIALS AS WELL AS  
9 COMMERCIAL PRODUCTS.

10 MR. TORRES: ON THAT POINT, WHEN BOB KLEIN  
11 AND I WROTE THIS LANGUAGE, THERE WAS MUCH INTERNAL  
12 DEBATE AMONG THE SUPPORTERS AND ACTIVISTS THAT SOME  
13 SCIENTISTS SAID, NO, DON'T CREATE A SEPARATE ENTITY.  
14 OTHERS SAYING YOU'RE NOT PAYING ENOUGH ATTENTION TO  
15 NEUROLOGICAL DISEASES. YOU OUGHT TO HAVE A  
16 SEPARATE -- AT LEAST A SEPARATE AMOUNT THAT YOU  
17 CONCENTRATE ON. AND THAT'S WHERE WE ENDED UP. NOW  
18 IT'S UP TO CIRM TO DEVELOP A STRATEGY, WHICH IT IS  
19 IN THE PROCESS OF DOING. I THINK, DAVID, YOU'RE  
20 GOING TO BE PART OF THOSE DISCUSSIONS AS ARE THE  
21 OTHER ADVOCATES FROM ALS, MS, NEURODEGENERATIVE  
22 DISEASES TO MAKE SURE THAT THE NEXT STEPS THAT WE  
23 TAKE STARTING IN JANUARY, FEBRUARY ARE LEADING  
24 TOWARD A STRATEGIC PLAN FOR THE UTILIZATION OF THE  
25 1.5 BILLION.

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1 DR. HIGGINS: THANK YOU.

2 CHAIRMAN THOMAS: ANY OTHER COMMENTS OR  
3 QUESTIONS FOR SEAN?

4 MR. TORRES: THANK YOU AGAIN, SEAN.

5 DR. TURBEVILLE: WELCOME. THANK YOU FOR  
6 THE OPPORTUNITY.

7 CHAIRMAN THOMAS: OKAY. THE LAST  
8 ITEM -- THIS IS THIS NEW SECTION WE'VE ADDED TO THE  
9 EXTENT THERE ANY GENERAL COMMENTS FROM MEMBERS OF  
10 THE BOARD ABOUT THE APPLICATION REVIEW PROCESS.  
11 THIS IS LOOKING FOR ANY BOARD COMMENT, ANY MEMBERS.  
12 THIS IS SORT OF A PLACEHOLDER ITEM HERE. AT ANY  
13 SUCH TIME IN FUTURE MEETINGS WHERE THERE ARE  
14 COMMENTS, YOU'LL HAVE THE OPPORTUNITY.

15 SO WE ARE NOW AT PUBLIC COMMENT. ANY  
16 MEMBERS OF THE PUBLIC WISH TO MAKE ANY COMMENT ABOUT  
17 ANYTHING IN PARTICULAR?

18 MS. DEQUINA-VILLABLANCA: I DON'T SEE ANY,  
19 J.T.

20 CHAIRMAN THOMAS: OKAY. THANK YOU,  
21 MARIANNE.

22 WELL, THAT CONCLUDES TODAY'S MEETING. I  
23 WOULD LIKE TO ADJOURN IN KEVIN MEMORY. AND ALTHOUGH  
24 THIS IS, TO GO FULL CIRCLE TO THE BEGINNING OF THE  
25 MEETING, A VERY SAD TIME, I KNOW THAT KEVIN, WERE HE

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1       HERE, WOULD SAY TO ALL OF YOU LOVELY PEOPLE HAVE A  
2       HAPPY HOLIDAY SEASON.

3                 MR. TORRES:   HERE.   HERE.

4                 CHAIRMAN THOMAS:   AND A HEALTHY,  
5       PROSPEROUS NEW YEAR.

6                 MR. TORRES:   THANK YOU.

7                 MS. DEQUINA-VILLABLANCA:   AND EVERYONE  
8       REMEMBER THE JANUARY 26TH IN-PERSON BOARD MEETING  
9       HERE IN SOUTH SAN FRANCISCO.

10                CHAIRMAN THOMAS:   THANK YOU VERY MUCH.  
11       THANK YOU, EVERYBODY.   HAPPY HOLIDAYS.   WE STAND  
12       ADJOURNED.

13                (THE MEETING WAS THEN CONCLUDED.)

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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 VIRTUAL PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE AND THE APPLICATION REVIEW SUBCOMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON DECEMBER 15, 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.

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