BEFORE THE

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

REGULAR MEETING

LOCATION: AS INDICATED ON THE AGENDA

DATE: JUNE 20, 2019
11 A.M.

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

FILE NO.: 2019-13

I N D E X

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JUNE 20, 2019; 11:00 A.M.

CHAIRMAN THOMAS: WELCOME, EVERYBODY, TO THE REGULAR MEETING OF THE ICOC AND APPLICATION REVIEW SUBCOMMITTEE FOR JUNE 2019. MARIA, WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MS. BONNEVILLE: DAVID HIGGINS.

DR. HIGGINS: YES, HERE.

MS. BONNEVILLE: STEVE JUELSGAARD.

MR. JUELSGAARD: PRESENT.

MS. BONNEVILLE: SHERRY LANSING. DAVE MARTIN.

DR. MARTIN: PRESENT.

MS. BONNEVILLE: LAURIE MILLER.

MS. MILLER: HERE.

MS. BONNEVILLE: ADRIANA PADILLA. JOE PANETTA. FRANCISCO PRIETO. ROBERT QUINT. AL ROWLETT.

MR. ROWLETT: PRESENT. IF YOU COULD ASK J.T., IT WAS A LITTLE DIFFICULT TO HEAR HIM ON THE PHONE.

MS. BONNEVILLE: GREAT. THANK YOU FOR THAT FEEDBACK.

MS. BONNEVILLE: JEFF SHEEHY.
MR. SHEEHY: HERE.
MS. BONNEVILLE: OS STEWARD.
DR. STEWARD: HERE.
MS. BONNEVILLE: JONATHAN THOMAS.
CHAIRMAN THOMAS: HERE.
MS. BONNEVILLE: ART TORRES.
MR. TORRES: PRESENTO.
MS. BONNEVILLE: WHY, THANK YOU.
DIANE WINOKUR.
WE HAVE IS QUORUM.
CHAIRMAN THOMAS: OKAY. THANK YOU, MARIA.
WE HAVE ONE ITEM FOR ACTION TODAY. IT'S CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE TO CLINICAL TRIAL STAGE PROJECTS, CLINS 1, 2, OR 3. I'LL TURN THE MEETING AT THIS POINT OVER TO MR. SHEEHY.
MR. SHEEHY: THANK YOU, J.T. SO WHO'S GOING TO TAKE US THROUGH THIS TODAY? IS IT GOING TO BE DR. PATEL OR DR. SAMBRANO?
DR. PATEL: MR. SHEEHY, IT'S GOING TO BE ME, SHYAM.
MR. SHEEHY: OH, GREAT, SHYAM. WOULD YOU LIKE TO GO AHEAD WITH THE PRESENTATION?
DR. PATEL: THANK YOU, MR. SHEEHY.

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IT'S MY PLEASURE TO PRESENT THIS APPLICATION TO THE BOARD. I'M GOING TO DO A GENERAL INTRODUCTION FIRST AND THEN GET UNTIL THE DETAILS OF THE APPLICATION.

SO, AS YOU KNOW, THE CLINICAL STAGE FUNDING OPPORTUNITY IS COMPOSED OF THREE DISTINCT FUNDING OPPORTUNITIES. THE APPLICATION THAT IS IN FRONT OF YOU TODAY IS A CLIN2 CLINICAL TRIAL STAGE PROJECT.

WHEN THIS APPLICATION IS REVIEWED BY THE GRANTS WORKING GROUP, THEY WILL INDICATE THEIR PREFERENCE WITH THREE SCORES. IF IT'S GOT A TIER I SCORE, IT INDICATES IT HAS EXCEPTIONAL MERIT AND WARRANTS FUNDING. IF A GWG MEMBER THINKS THE APPLICATION DOES NOT WARRANT FUNDING AT THIS TIME, THEY CAN GIVE IT A SCORE OF 2 OR 3. A SCORE OF 2 WOULD INDICATE THAT IT HAS SOME MINOR IMPROVEMENTS THAT CAN BE MADE IN A RESUBMISSION PROCESS. IF THEY THINK IT HAS SUFFICIENT FLAWS, IT CANNOT BE RESUBMITTED FOR SIX MONTHS, THEY WILL GIVE IT A SCORE OF 3.

AS YOU KNOW, WE STARTED THIS YEAR WITH A $93 MILLION ALLOCATION FOR THE CLINICAL PROGRAM. THIS IS FOR THE GENERAL CLIN PROGRAM, BUT NOT INCLUDE SICKLE CELL PROJECT. AND OF THAT, 48

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MILLION HAVE BEEN APPROVED BY THE BOARD TO DATE. TODAY THE ONE APPLICATION UP FOR REVIEW IS REQUESTING $12 MILLION. IF THAT IS FUNDED BY THE BOARD, THAT WOULD LEAVE $33 MILLION GOING TOWARDS THE REMAINDER OF THE YEAR FOR THE CLIN PROGRAM.

CIRM HAS SET INTERNAL TARGETS FOR THE NUMBER OF CLIN2 AND CLIN1 PROJECTS THAT IT COULD HOPE TO GET APPROVED THIS YEAR. FOR CLIN2 THERE ARE FIVE APPROVED TO DATE, AND THIS WOULD MAKE THE SIXTH ONE OUT OF THE EIGHT THAT WERE TARGETED. AND THERE WERE TWO TARGETED FOR CLIN1, AND THOSE HAVE ALREADY BEEN APPROVED. AGAIN, THESE ARE NOT MEANT TO BE PROSCRIPTIVE, BUT INFORMATIVE.

SO THE APPLICATION TODAY, I'LL DESCRIBE THIS IN A LITTLE BIT OF DETAIL, IS CLIN2-11478, AND THE THERAPY ITSELF IS AUTOLOGOUS CTNS GENE-MODIFIED HEMATOPOIETIC STEM CELLS, AND THE INDICATION IS CYSTINOSIS. AND THE GOAL FOR THIS PROJECT IS TO COMPLETE A PHASE 1-2 CLINICAL TRIAL. AND THEY'RE REQUESTING ROUGHLY $12 MILLION, AND THE MAXIMUM FUNDS ALLOWABLE FOR THIS CATEGORY IS ALSO $12 MILLION.

ON THIS NEXT SLIDE I HAVE SOME BASIC INFORMATION PREPARED FOR YOU TO HELP YOU ASSESS THE FUNDING OPPORTUNITY FOR THIS PARTICULAR APPLICATION.

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SO CYSTINOSIS IS A RELATIVELY RARE DISEASE THAT AFFECTS ONE IN A HUNDRED TO 200,000 NEWBORNS A YEAR. THAT'S WORLDWIDE. THE DISEASE ITSELF IS A LYSOSOMAL STORAGE DISEASE AND IT'S INHERITED. AND IT'S CAUSED BY A MUTATION OF THE CTNS GENE. THIS MUTATION RESULTS IN NO CYSTINOSIN PROTEIN PRESENT IN CELLS. THE CYSTINOSIN IS A TRANSMEMBRANE LYSOSOMAL PROTEIN THAT IS RESPONSIBLE FOR SHADOWING CYSTINE OUT OF LYSOSOME INTO THE CELLS. WITHOUT THAT, WHAT HAPPENS IS CYSTINE BUILDS UP IN THE LYSOSOME, RESULTING IN CRYSTAL FORMATION THAT CAN CAUSE DAMAGE IN VARIOUS CELLS WITHIN VARIOUS TISSUES AND ORGANS.

IN PARTICULAR, THE KIDNEY AND EYES ARE THE MOST VULNERABLE TO DAMAGE. IN THE MOST SEVERE OF CYSTINOSIS, WHICH THIS APPLICATION PROPOSES TO ADDRESS, IS EARLY ONSET AND RESULTS IN RENAL FANCONI SYNDROME, WHICH IS REDUCED FUNCTION OF THE KIDNEY AS WELL AS EVENTUAL KIDNEY FAILURE.

THERE IS NO CURE FOR CYSTINOSIS, BUT THERE IS A TREATMENT CURRENTLY AVAILABLE. THIS IS DAILY ORAL AND EYE ADMINISTRATION OF CYSTEAMINE. THIS DOES NOT ACTUALLY PREVENT RENAL FANCONI SYNDROME OR END-STAGE RENAL FAILURE.

THE PROPOSED GENE THERAPY HAS POTENTIAL TO BE A ONE-TIME TREATMENT OPTION. AND IN THE ANIMAL

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MODEL STUDY TO DATE IT HAS SHOWN TO MAINTAIN KIDNEY AND EYE FUNCTION. SO THERE IS POTENTIAL FOR IT TO DO THE SAME IN HUMANS.

THE ADDITIONAL THING I'D WANT TO NOTE IS THAT THE PROPOSED MECHANISM OF ACTION FOR THIS IS A LITTLE BIT DIFFERENT THAN PREVIOUS SIMILAR APPROACHES FOR LYSOSOMAL STORAGE DISORDERS. SO IN GENERAL FOR THOSE TYPES OF DISORDERS WHERE HSC'S HAVE BEEN USED, THE HSC PROGENY ARE TRANSFERRING SOLUBLE LYSOSOMAL PROTEINS TO THESE CELLS. IN THIS PARTICULAR INSTANCE, THE PROTEIN ITSELF IS A TRANSMEMBRANE LYSOSOMAL PROTEIN, AND IT IS BELIEVED THAT THE MECHANISM OF ACTION HERE IS CELL-CELL MEDIATED CONTACT FROM THE PROGENY OF THE HSC'S, WHICH ARE GOING TO BE MACROPHAGES. THE CELL-CELL CONTACT WITH THE CELLS IN THE VARIOUS TISSUES AND ORGANS AND ARE TRANSFERRING LYSOSOMAL PROTEIN TO THOSE CELLS. AND, THUS, IT COULD HAVE POTENTIAL APPLICATIONS FOR OTHER SIMILAR DISEASES AS WELL.

THIS IS A STEM CELL PROJECT BECAUSE, OF COURSE, IT INVOLVES GENE-MODIFIED HSC'S AND, THUS, THAT IS WHY IT IS ELIGIBLE FOR CIRM FUNDING.

WITH RESPECT TO OUR PORTFOLIO, THERE IS ONE IND STAGE ACTIVITY PROJECT FOR THE SAME DISEASE INDICATION, WHICH IS ACTUALLY THE EARLIER STAGE FOR

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THIS PARTICULAR PROJECT I'LL DESCRIBE IN THE NEXT SLIDE. WE DON'T HAVE ANY CLINICAL TRIAL STAGE FOR CYSTINOSIS IN OUR PORTFOLIO.

AS I MENTIONED, WE HAVE BEEN SUPPORTING THIS PROJECT SINCE IND-ENABLING STAGE WITH A CLIN1 AWARD. THE CLIN1 AWARD AMOUNT WAS $5.3 MILLION, ALL OF WHICH HAVE BEEN ISSUED TO DATE. THERE WERE FIVE MILESTONES SET FOR THIS PARTICULAR AWARD. THE APPLICANT HAS ACHIEVED THE GMP MANUFACTURING AND TECH TRANSFER MILESTONES ON TIME. THEY HAVE ALSO ACHIEVED PHARM-TOX SAFETY STUDIES THAT WERE IND-ENABLING AS WELL AS FILING OF THE IND AND TRIAL START-UP ACTIVITIES WITH MINOR DELAYS. THERE ARE ONGOING PHARM-TOX STUDIES, WHICH IS WHY THIS PROJECT IS STILL ACTIVE, THAT WILL BE COMPLETED AND SUBMITTED TO THE FDA AT THE APPROPRIATE TIME, AND THE FDA HAS AGREED TO THIS.

WHEN THE GWG REVIEWED THIS APPLICATION, ALL 15 SCORING MEMBERS GAVE IT A SCORE OF 1, MAKING IT A UNANIMOUS TIER I RECOMMENDATION FROM THE GWG. AND THE CIRM TEAM RECOMMENDATION CONCURS WITH THE GWG RECOMMENDATION TO FUND THIS APPLICATION FOR THE AWARD AMOUNT OF ROUGHLY $12 MILLION. AND WITH THAT, I'M GOING TO HAND IT BACK TO MR. SHEEHY.

AND, MR. SHEEHY, I DO WANT TO NOTE THAT

THE APPLICANT IS PRESENT HERE AT CIRM HEADQUARTERS AND IS ABLE TO SPEAK IF NEEDED.

MR. SHEEHY: THANK YOU, SHYAM.

SO DO I HAVE A MOTION TO EITHER ACCEPT OR REJECT THE TEAM RECOMMENDATION AND TO FUND OR NOT FUND IT?

DR. HIGGINS: I MOVE TO ACCEPT.

MR. SHEEHY: OKAY. TO FUND. AND DO I HAVE A SECOND?

CHAIRMAN THOMAS: SECOND.

MR. SHEEHY: THE MOTION IS BY DR. HIGGINS AND WHO IS THE SECOND BY?

CHAIRMAN THOMAS: J.T.

MR. SHEEHY: OKAY.

CHAIRMAN THOMAS: DR. QUINT, YES.

MR. SHEEHY: DR. QUINT. I'M SORRY. GREAT.

IS THERE ANY BOARD DISCUSSION ABOUT THIS APPLICATION?

DR. MARTIN: THIS IS DAVE. I HAVE A QUESTION. THE SUBJECTS, THE PATIENTS, WHO WILL BE CANDIDATES FOR INCLUSION, THOSE ARE ADULT CYSTINOTIC PATIENTS OR PEDIATRIC OR NEWBORNS? WHAT POPULATION?

DR. PATEL: THE EVENTUAL TARGET POPULATION FOR THIS WOULD BE PEDIATRIC PATIENTS. IN THE TRIAL,

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WE ARE LOOKING THAT INFORMATION UP AND WILL PROVIDE IT TO YOU IN A MINUTE. WE ALSO HAVE THE APPLICANT HERE WHO CAN RESPOND TO THAT QUESTION IF YOU WOULD LIKE.

MR. SHEEHY: WE USUALLY WAIT TILL PUBLIC COMMENT, BUT I THINK J.T. IS RUNNING THE MEETING NOW. SO WE WILL GO AHEAD AND LET THE APPLICANT SPEAK.

MS. BONNEVILLE: JEFF, I THINK A FEW BOARD MEMBERS HAVE JOINED THE CALL. SO I'M JUST GOING TO CALL THEIR NAMES IF THAT'S OKAY WITH YOU.

DR. DEAS, ARE YOU ON THE LINE?

DR. DEAS: YES. HERE.

MS. BONNEVILLE: THANK YOU. DR. MELMED. AND DR. QUINT IS OBVIOUSLY ON THE LINE. SO THANK YOU. OKAY.

DR. PATEL: SO TO RESPOND TO THE QUESTION, IN THIS PARTICULAR TRIAL, THE PATIENT WOULD HAVE TO BE OVER 18 YEARS OF AGE.

MR. SHEEHY: DR. MARTIN, DOES THAT ANSWER YOUR QUESTION? OR DO YOU HAVE QUESTIONS FOR THE APPLICANT? SHOULD WE BRING THE APPLICANT UP FOR ANY QUESTIONS?

DR. MARTIN: I COULDN'T UNDERSTAND THAT.

DR. PATEL: ADULT PATIENTS.

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DR. MARTIN: ADULT. OKAY. THAT'S OVER 18? AND WHAT'S THE MAXIMUM AGE?

DR. PATEL: THERE IS NO MAXIMUM AGE IN THE INCLUSION CRITERIA.

DR. MARTIN: THANK YOU.

DR. DULIEGE: THIS IS ANNE-MARIE. AND I A HAVE A CLARIFICATION QUESTION. THE CIRM BOARD HAS FUNDED APPROXIMATELY $5.3 MILLION FOR THIS VERY PROJECT, WHICH LED TO TRIALS PRODUCT. IS IT THE VERY SAME TRIAL FOR WHICH WE ARE CONSIDERING FUNDING $12 MILLION OR IS THAT ANOTHER TRIAL?

DR. PATEL: FOR THE CLIN1 AWARD, WE DO ALLOW THE APPLICANT TO DO SOME TRIAL START-UP ACTIVITIES, BUT DOES NOT ACTUALLY INVOLVE TREATING THE PATIENTS. SO NO PATIENTS HAVE BEEN TREATED WITH CIRM FUNDING TO DATE FOR THIS TRIAL.

DR. DULIEGE: GREAT. THANK YOU.

DR. PATEL: IT'S THE PRECURSOR TO THIS AWARD.

DR. DULIEGE: I UNDERSTAND. AND MAYBE CAN WE GET A LITTLE BIT MORE DETAIL ABOUT THE EYE LEVEL, THE STUDY DESIGN, THE NUMBER OF PATIENTS, THEIR CONDITION TO BEGIN WITH, AND THE INTERVENTION AND THE FOLLOW-UP?

DR. PATEL: IF IT'S OKAY WITH THE BOARD,

I'D LIKE TO HAVE THE APPLICANT RESPOND TO THAT QUESTION.

DR. DULIEGE: THAT'S GREAT.

DR. CHERQUI: THANK YOU. SO I'M STEPHANIE CHERQUI, AND I AM THE PRINCIPAL INVESTIGATOR ON THIS GRANT. SO I WANT TO CLARIFY A COUPLE OF PATIENTS. WE HAD A SECOND DESIGN ELEMENT. SO THE FIRST COHORT WILL BE TWO ADULTS, AND THE SECOND COHORT IS TWO ADULTS, AND FOR THE THIRD COHORT OF TWO PATIENTS, IF THE RISK ASSESSMENT IS GOOD, WE ENROLL AS OF THIS TIME. THAT'S JUST CLARIFICATION.

SO WE HAVE THE PATIENT COMING FOR TRAINING, AND THEN WE HAD A BASELINE STUDY WHICH WILL EVALUATE ALL THE TISSUES BECAUSE THIS DISEASE AFFECTS ALL THE TISSUES OF THE BODY, THE KIDNEY, THE EYE, THE LEFT SIDE OF THE BRAIN, (UNINTELLIGIBLE). SO WE NEEDED TO GO THROUGH A MAJOR STUDY OF ALL THE COMPLICATIONS. AND SO WE HAVE A BASELINE (UNINTELLIGIBLE). THEN WE WILL COLLECT (UNINTELLIGIBLE) AND WILL BE MANUFACTURED BY UCLA BY DONALD KOHN. AND THIS WILL TAKE TWO, THREE MONTHS. AND AFTER WE'LL COME BACK, THE PATIENTS WILL COME BACK FOR TRANSPLANTATION. AND THEN AFTER TRANSPLANTATION, THEY WILL HAVE A FOLLOW-UP VISIT TO ASSESS SAFETY, BUT ALSO EFFICACY BECAUSE IT'S A

PHASE 1-2 CLINICAL TRIAL. WE WILL HAVE FOLLOW-UP VISITS EVERY SIX MONTHS FOR THREE YEARS.

DR. DULIEGE: THANK YOU.

DR. MARTIN: THIS IS DAVE. I HAVE SOME OTHER QUESTIONS SINCE THE APPLICANT IS PRESENT. AND THAT IS THESE ADULT PATIENTS PRESUMABLY ARE GOING TO HAVE SOME DEGREE OF FANCONI'S. AND WHAT EVIDENCE DO YOU HAVE OF THE REVERSIBILITY IN EXPERIMENTAL ANIMALS OF THE RENAL DISEASE? AND IS THAT GOING TO BE AN ENDPOINT IN THE STUDY AND THE INITIAL STUDY?

DR. CHERQUI: THESE ARE VERY GOOD POINTS. SO WE HAVE EVENTS THAT IF PATIENT HAS FANCONI SYNDROME, WE DO A REVERSE BY THIS TREATMENT BECAUSE THE FANCONI SYNDROME IS NOT JUST THE ACTUATION OF CYSTINE, BUT DUE THE ABSENCE PROTEIN. AND WE SHOWED BY OUR MECHANISM OF ACTION THAT WE CAN RESTORE THE PROTEIN INTO THE KIDNEY CELLS. SO WE SHOWED THAT IN MICE WE CAN REVERSE THIS. THE SECOND IMPORTANT AND (UNINTELLIGIBLE) OF THE EYE, WE SHOW THAT WE CAN CLEAR THE CYSTINE CRYSTALS IN THE CORNEA WHICH RESULTS IN BETTER EYE FUNCTION.

AND I WANT TO POINT OUT THAT THERE WAS AN ALLOGENEIC TRANSPLANT THAT WAS PERFORMED IN BELGIUM. IT JUST GOT BACK AND IT WAS RECENTLY PUBLISHED. UNFORTUNATELY, THIS KID WAS 16 YEARS OLD AND HE DID

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NOT PROGRESS BECAUSE IT WAS AN ALLOGENEIC TRANSPLANT. AND HE STAYED IN THE HOSPITAL FOR MORE THAN A YEAR AND EVENTUALLY DIED BECAUSE OF THE (UNINTELLIGIBLE) THAT DEVELOPED. AND IN SPITE OF THIS SAD AND UNFORTUNATE CASE, THE PHYSICIAN SHOULD SHOW THAT THERE WAS IMPROVEMENT OF THE FANCONI SYNDROME, STABILIZATION OF THE KIDNEY FUNCTION, AND THE EYE DEFECT. SO THE PHOTOPHOBIA, BECAUSE OF THE CORNEA CRYSTAL, WAS COMPLETELY RESOLVED. THE PATIENT HAD A GREAT PHOTOPHOBIA TO NO PHOTOPHOBIA TALL.

SO BECAUSE OF ALL THIS EVIDENCE OF OUR STUDIES AND BECAUSE OF THIS CASE, SECOND CASE, WE BELIEVE THAT THE KIDNEY AND THE EYE WILL BE VERY STRONG ENDPOINT. IF WE HAVE OTHER ENDPOINT, WE WILL STUDY THE FUNCTION, HALF FUNCTION, AND WE REALLY GO -- WE STUDY ALL THE COMPLICATIONS.

DR. MARTIN: HOW MANY SUBJECTS -- THANK YOU. AND HOW MANY SUBJECTS, PATIENTS, WOULD FIT YOUR INCLUSION OR SATISFY YOUR INCLUSION CRITERIA IN THE STATE?

DR. CHERQUI: SO WE ARE TRYING WITH SIX PATIENTS, AND SO FAR WE HAVE MANY PATIENT VOLUNTEERS, AND I'M HAPPY TO REPORT THAT WE HAVE OUR FIRST PATIENT THAT WILL START IN JULY 8. SO IT'S

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COMING, AND ACTUALLY IT STARTS JULY 8TH, AND IT'S A 20 YEARS OLD BOY WITH NO KIDNEY TRANSPLANT AND PRETTY HEALTHY. SO IT'S A REALLY GOOD FIRST PATIENT. WE HAVE MANY VOLUNTEERS ALREADY, AND SO IT'S A MATTER OF TREATING THEM, WHICH I'M TRYING NOT TO BE -- WE HAVE TWO CLINICAL PI THAT HAVE DONE OUR TRANSPLANTATION AND A MEDICAL DOCTOR IN CYSTINOSIS. SO WE HAVE A CHOICE THAT WE HAVE MANY CANDIDATES.

DR. MARTIN: THANK YOU.

MR. SHEEHY: ARE THERE OTHER BOARD COMMENTS OR QUESTIONS FOR THE APPLICANT? ARE THERE ANY --

MS. BONNEVILLE: THERE AREN'T ANY QUESTIONS HERE.

MR. SHEEHY: IS THERE ANY PUBLIC COMMENT AT ANY OF THE SITES?

DR. CHERQUI: I HAVE PREPARED SOMETHING, HAVE A POINT I WANTED TO SAY. SO I JUST WANT TO ADD SOMETHING. I WOULD REALLY SINCERELY THANK THE CIRM BECAUSE OF THE T-1 GRANT THAT WE RECEIVED IN 2016. BECAUSE OF THIS GRANT, WE WERE ABLE TO DO ALL THE STUDY AND PREPARE THE IND IN A RELATIVELY SHORT TIME OF THREE YEARS, WHICH WOULD HAVE BEEN COMPLETELY IMPOSSIBLE WITHOUT CIRM FUNDING. SO I WANTED TO TAKE THIS OPPORTUNITY TO SAY THANK YOU FOR THAT.

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I ALSO WANTED TO POINT OUT THAT I HAVE AN OUTSTANDING TEAM THAT TAKE CARE OF THIS CLINICAL TRIAL. WE HAVE THE CRITICAL SUPPORT OF THE UCSD SIGHT CLINIC AND THE (UNINTELLIGIBLE) CENTER. WE HAVE AN AMAZING MEDICAL TEAM OF 12 PHYSICIAN WHO ARE VERY DEDICATED, AND I'M EXCITED (UNINTELLIGIBLE). AND WE HAVE, AS I SAID, MANUFACTURING OF THE PRODUCT THAT IS DONE BY DONALD KOHN, WHO IS WELL KNOWN BY CIRM, AND WE ARE (UNINTELLIGIBLE) ON THIS PROJECT.

AND I JUST WANT TO SHARE AND POINT OUT THE MECHANISM OF ACTION THAT WE SHOWED ALLOWED US TO APPLY THIS PROOF OF CONCEPT TO ALL THE OTHER DISORDER THAT WAS NOT SOUGHT AS AN OPTION FOR THIS KIND OF TREATMENT. AND WE HAVE ALREADY SHOWN -- SUCCESSFULLY SHOWN THE PROOF OF CONCEPT ON ANOTHER (UNINTELLIGIBLE) DISORDER, BALINT DISEASE, AND WHICH WE RECEIVED RECENTLY A QUEST CIRM GRANT. AND THIS PATIENT GOT A HEART TRANSPLANT. AND SO WE SHOWED THAT STEM CELL INTERACT, AND WE SHALL TRY THAT ON FRIEDREICH ATAXIA, WHICH IS (UNINTELLIGIBLE) DISORDER FOR WHICH THERE IS NO TREATMENT.

SO I THINK THAT IF THIS TRIAL IS SUCCESSFUL, THERE IS MANY APPLICATION THAT WE COULD WORK. SO THANK YOU FOR YOUR TIME.

I THINK ALSO WANTED TO DO A QUICK OTHER

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COMMENT. NANCY STACK IS THE DIRECTOR OF THE AMAZING CYSTINOSIS RESEARCH FOUNDATION WHO HAS WORKED WITH US SINCE THE BEGINNING OF THIS PROJECT.

MS. STACK: HELLO. MY NAME IS NANCY STACK. AND I WANT TO THANK YOU FOR ALLOWING ME TO SPEND A MINUTE OR TWO TO TALK ABOUT CYSTINOSIS.

I'M ARE THE FOUNDER AND PRESIDENT OF THE CYSTINOSIS RESEARCH FOUNDATION. OUR DAUGHTER NATALIE WAS DIAGNOSED WITH CYSTINOSIS WHEN SHE WAS AN INFANT. CYSTINOSIS, AS YOU KNOW NOW, IS A RARE GENETIC DISEASE THAT'S CHARACTERIZED BY THE ABNORMAL ACCUMULATION OF CYSTINE IN EVERY CELL IN THE BODY. THE BUILDUP OF CYSTINE DESTROYS EVERY ORGAN IN THE BODY INCLUDING THE KIDNEYS, EYES, LIVER, THYROID, AND BRAIN. THE AVERAGE DEATH FROM CYSTINOSIS AND ITS COMPLICATIONS IS 28 YEARS OF AGE. FOR CHILDREN AND ADULTS WITH CYSTINOSIS, THERE ARE NO HEALTHY DAYS. THEY TAKE BETWEEN 8 TO 12 MEDICATIONS AROUND THE CLOCK EVERY DAY JUST TO STAY ALIVE. NATALIE TAKES 45 PILLS A DAY. IT'S A RELENTLESS AND DEVASTATING DISEASE.

MEDICAL COMPLICATIONS ABOUND, AND OUR CHILDREN'S LIVES ARE FILLED WITH A MYRIAD OF SYMPTOMS AND TREATMENTS. THERE ARE FEED TUBE FEEDINGS, KIDNEY TRANSPLANTS, BONE PAIN, DAILY

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VOMITING, SWALLOWING DIFFICULTIES, MUSCLE WASTING, SEVERE GASTROINTESTINAL SIDE EFFECTS, AND FOR SOME BLINDNESS.

WE STARTED THE FOUNDATION IN 2003. WE HAVE WORKED WITH AND FUNDED DR. STEPHANIE CHERQUI SINCE 2006. AS A FOUNDATION, OUR RESOURCES ARE LIMITED, BUT WE WERE ABLE TO FUND THE INITIAL GRANT FOR STEPHANIE'S STEM CELL STUDIES. WHEN CIRM AWARDED A GRANT TO STEPHANIE IN 2016, IT ALLOWED HER TO COMPLETE THE STUDIES, FILE THE IND, AND AS A RESULT WE NOW HAVE FDA APPROVAL FOR THE CLINICAL TRIALS. YOUR SUPPORT HAS CHANGED THE COURSE OF THIS DISEASE.

WHEN THE FDA APPROVED THE CLINICAL TRIAL FOR CYSTINOSIS LATE LAST YEAR, OUR COMMUNITY WAS FILLED WITH THE RENEWED SENSE OF HOPE AND OPTIMISM. I HEARD FROM 32 ADULTS WITH CYSTINOSIS, ALL OF THEM INTERESTED IN THE CLINICAL TRIALS. OUR ADULTS KNOW THAT THIS IS THEIR ONLY CHANCE TO LIVE A FULL LIFE. WITHOUT THIS TREATMENT, THEY WILL DIE FROM CYSTINOSIS. IN EVERY E-MAIL I RECEIVED, THERE WAS A MESSAGE OF HOPE AND GRATITUDE.

I RECEIVED AN E-MAIL FROM A YOUNG WOMAN WHO SAID THIS: "IT'S A NEW AWAKENING TO LEARN THIS MORNING THAT HUMAN CLINICAL TRIALS HAVE BEEN

APPROVED BY THE FDA. I REITERATE MY IMMENSE INTEREST TO PARTICIPATE IN THIS TRIAL AS SOON AS POSSIBLE BECAUSE MY QUALITY OF LIFE IS AT A LOW EBB AND THE TRIAL IS REALLY MY ONLY HOPE. TIME IS RUNNING OUT."

AND A MOM OF A 19-YEARS-OLD YOUNG MAN WHO WANTS TO BE THE FIRST PATIENT IN THE TRIAL WROTE AND SAID THIS: "ON THE DAY THE TRIAL WAS ANNOUNCED, I STARTED TO CRY TEARS OF PURE HAPPINESS. AND I THOUGHT, ANOTHER SUMMER JUST TO WAKE UP AND HAVE A CHILD WHO WILL NO LONGER HAVE CYSTINOSIS. I FELT SO HAPPY FOR WHOMEVER THAT MOM WOULD BE. I NEVER IMAGINED THE MOM I WAS THINKING ABOUT COULD BE ME. I'M SO HUMBLED TO HAVE THIS OPPORTUNITY FOR MY SON TO TRY TO LIVE DISEASE FREE."

MY OWN DAUGHTER NATALIE WENT INTO MY ARMS THAT DAY AND WE CRIED TEARS OF JOY. FINALLY, THE HOPE WE HAD CLUNG TO WAS NOW A REALITY. WE HAD COME FULL CIRCLE. I ASKED NATALIE HOW IT FELT TO KNOW THAT SHE COULD BE CURED. AND SHE SAID, "I SPENT MY ENTIRE LIFE THINKING THAT I WOULD DIE FROM CYSTINOSIS IN MY 30S, BUT NOW I MIGHT LIVE A FULL LIFE AND I'M THINKING ABOUT HOW MUCH THAT CHANGES HOW I THINK ABOUT MY FUTURE. I NEVER PLAN TOO FAR AHEAD, BUT NOW I CAN."

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AS A MOTHER, WORDS CAN'T POSSIBLY CONVEY WHAT IT FEELS LIKE TO KNOW THAT MY CHILD HAS A CHANCE TO LIVE A LONG, HEALTHY LIFE FREE OF CYSTINOSIS. I CAN BREATHE AGAIN. ON BEHALF OF ALL THE CHILDREN AND ADULTS WITH CYSTINOSIS, THANK YOU FOR FUNDING DR. CHERQUI, FOR CARING ABOUT OUR COMMUNITY, FOR VALUING OUR CHILDREN, AND FOR MAKING THIS TREATMENT A REALITY. OUR COMMUNITY IS READY TO START THIS TRIAL. THANK YOU FOR MAKING IT HAPPEN. THANK YOU.

MR. SHEEHY: THANK YOU. IS THERE ADDITIONAL PUBLIC COMMENT? SO COULD WE CALL THE ROLL ON THE MOTION TO ACCEPT THE TEAM RECOMMENDATION AND FUND THIS APPLICATION?

MS. BONNEVILLE: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MS. BONNEVILLE: DAVID HIGGINS.

DR. HIGGINS: YES.

MS. BONNEVILLE: STEVE JUELSGAARD.

MR. JUELSGAARD: YES.

MS. BONNEVILLE: DAVE MARTIN.

DR. MARTIN: YES.

MS. BONNEVILLE: LAUREN MILLER.

MS. MILLER: YES.

MS. BONNEVILLE: ROBERT QUINT.

DR. QUINT: YES.
MS. BONNEVILLE: AL ROWLETT.
MR. ROWLETT: YES.
MS. BONNEVILLE: JEFF SHEEHY.
MR. SHEEHY: YES.
MS. BONNEVILLE: OS STEWARD.
DR. STEWARD: YES.
MS. BONNEVILLE: JONATHAN THOMAS.
CHAIRMAN THOMAS: YES.
MS. BONNEVILLE: ART TORRES.
MR. TORRES: AYE.
MS. BONNEVILLE: MOTION CARRIES.
MR. SHEEHY: THAT CONCLUDES THE BUSINESS OF THE APPLICATION REVIEW SUBCOMMITTEE.
MS. BONNEVILLE: THANK YOU, JEFF.
CHAIRMAN THOMAS: THANK YOU, MR. SHEEHY.
WE HAVE ONE OTHER ITEM WHICH IS NOT AN ACTION ITEM TO DISCUSS WITH MEMBERS OF THE ARS. AS WE'VE BEEN DISCUSSING IN SOME DETAIL FOR QUITE A LENGTH OF TIME, THE TIME WAS GOING TO COME WHEN THE FUNDING AVAILABLE FOR NEW AWARDS WAS GOING TO RUN OUT AND THAT THAT WOULD PRECIPITATE NOT MAKING FURTHER NEW CLIN APPLICATIONS. WE TALKED ABOUT THIS AT OUR LAST BOARD MEETING, AND I THINK SHERRY, AMONG OTHERS, SAID THAT WE NEED TO MAKE SURE WE ARE

NOTIFYING THE GRANTEE COMMUNITY WHAT THE STATE OF PLAY IS WITH AVAILABLE FUNDING AND WHEN WE WOULD HAVE TO STOP TAKING FURTHER APPLICATIONS PENDING RAISING FURTHER BRIDGE FUNDING.

AND SO THAT TOPIC IS NOW RIPE, HAVING TAKEN STOCK OF WHAT IS IN THE PIPELINE NOW TO BE REVIEWED IN THE NEXT ONE OR TWO GWG'S AND AS A RESULT OF THAT AND THE REAL POSSIBILITY THAT AWARDS THROUGH WHAT WILL BE REVIEWED IN AUGUST COULD POSSIBLY EXCEED WHAT WE HAVE AVAILABLE FOR FUNDING. WE HAVE AN UPDATE, WHICH IS ITEM NO. 5, ON THIS SUBJECT, AND THAT WILL BE DISCUSSED BY DR. SAMBRANO.

DR. SAMBRANO: THANK YOU, DR. THOMAS.

SO AS WAS MENTIONED, WE ARE TRYING TO KEEP A CLOSE EYE, PARTICULARLY THIS YEAR, ON OUR OVERALL BUDGET FOR THE CLINICAL PROGRAM. AND SO TRYING TO DETERMINE AND PREDICT, TO THE EXTENT THAT WE CAN, APPLICATIONS THAT ARE COMING IN, THOSE THAT ARE LIKELY TO GET APPROVED, AND WHEN THAT BUDGET IS LIKELY TO BE DEPLETED.

SO IN THE MEMO WE SUMMARIZE WHAT IS THE CURRENT STATE OF THE PROGRAM WITH MODIFICATIONS. BASED ON THE APPROVAL OF THE APPLICATION TODAY, WE HAVE 33 MILLION NOW THAT REMAIN IN THE CLINICAL BUDGET, AND WE HAVE SEVERAL APPLICATIONS THAT ARE IN

THE SYSTEM, MEANING THAT THEY ARE IN THE PROCESS OF REVIEW IN SOME WAY. SO WE HAVE A COUPLE OF APPLICATIONS THAT WILL BE REVIEWED NEXT TUESDAY BY THE GWG. WE HAVE WHAT WE EXPECT TO BE EIGHT APPLICATIONS THAT WILL BE REVIEWED IN JULY, WHICH INCLUDE SOME TIER II'S THAT ARE COMING BACK. SO WITH ALL OF THAT, WE HAVE ABOUT 76 MILLION TOTAL REQUESTS FROM ALL OF THOSE APPLICATIONS.

IN ADDITION TO THOSE, WE EXPECT APPLICATIONS TO COME IN AT THE END OF THIS MONTH, PROBABLY UP TO FOUR, AND WE DON'T KNOW WHAT THOSE BUDGETS SPECIFICALLY WILL BE, BUT THEY WOULD ADD TO THE 76 MILLION AND COULD CARRY IT OVER TO ABOVE 90 MILLION.

SO GIVEN THOSE FACTORS, WHAT WE HAVE DECIDED TO DO IS, ONE, IS ALERT APPLICANTS OF THE POSSIBILITY THAT EVEN IF THEY APPLY AT THE END OF THIS MONTH, THERE MAY BE NO FUNDS AVAILABLE BY THE TIME THEY REACH THE END OF THE REVIEW CYCLE. AND ALSO THAT, ASSUMING THIS CONTINUES TO HOLD, THAT WE WOULD NOT HAVE AN OPEN APPLICATION FOR THE END OF JULY, WHICH IS THE TYPICAL END-OF-THE-MONTH DEADLINE IN JULY, MAY NOT HAPPEN IF WE FEEL THAT WE ARE LIKELY TO DEPLETE FUNDS.

SO THAT'S A SUMMARY OF THE UPDATE AND

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HAPPY TO TAKE ANY QUESTIONS IF YOU HAVE THEM.

CHAIRMAN THOMAS: DO MEMBERS OF THE ARS HAVE QUESTIONS FOR DR. SAMBRANO?

MR. SHEEHY: I ACTUALLY HAVE A QUESTION. SO HOW ARE WE NOTIFYING APPLICANTS? ARE WE PUTTING THE WORD ON THE WEBSITE?

DR. SAMBRANO: SO WE ARE DOING IT -- SO THERE'S TWO PLACES. THE PRIMARY PLACE IS IN THE WEBSITE WHERE THE APPLICATION IS. SO ANYBODY WHO INTENDS TO SUBMIT OR OPEN AN APPLICATION WILL SEE IT IN THE FACE PAGE OF THAT AREA. WE ALSO INTEND TO POST IT IN THE PUBLIC WEBSITE PAGE JUST TO ALERT ANYBODY WHO IS COMING ANEW TO SEE THE PROGRAM ANNOUNCEMENTS. AND THEN FOR THOSE THAT WE HAPPEN TO KNOW THAT ARE EITHER IN CONTACT WITH CIRM SCIENCE OFFICERS, WE ARE HAVING THEM ALSO ALERT THEM OF WHAT THE SITUATION IS SO THAT THEY CAN DECIDE APPROPRIATELY WHAT TO DO.

DR. STEWARD: SO THIS IS OS. COULD I MAKE A COMMENT?

CHAIRMAN THOMAS: SURE.

DR. STEWARD: THIS REALLY FOLLOWS UP ON WHAT SHERRY HAD SAID AT OUR LAST DISCUSSION OF THIS, WHICH IS THAT WE NEED TO BE CONSCIOUS OF THE FACT THAT A LOT OF PEOPLE OUT THERE HAVE BEEN WORKING

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HARD TO PREPARE APPLICATIONS AND THAT JUST SHUTTING OFF THE SPIGOT COMPLETELY AND IN SUCH A VERY SHORT TIME FRAME COULD BE HIGHLY DISRUPTIVE. THAT'S MY CONCERN.

OBVIOUSLY IT DOES NOT MAKE SENSE EITHER TO CONTINUE TO ACCEPT APPLICATIONS WHEN WE KNOW THERE'S NOT GOING TO BE MONEY AVAILABLE BECAUSE THAT AT LEAST IMPLIES TO THE INVESTIGATORS THAT THERE IS SOME CHANCE OF FUNDING. SO I'VE BEEN THINKING ABOUT THIS, AND I HAVEN'T ACTUALLY BEEN ABLE TO COMPLETELY FORMULATE AN IDEA, BUT BY WAY OF INTRODUCTION, THOSE ARE MY CONCERNS.

AND JUST TO OFFER A VERY PRELIMINARY AND NOT VERY WELL THOUGHT OUT ALTERNATIVE OR MAYBE MODIFICATION TO WHAT'S BEING PROPOSED HERE, WHAT I WOULD SUGGEST IS SOMETHING MORE LIKE A PAUSE. SO LET ME UNPACK THAT JUST A BIT.

RATHER THAN SAYING WE ARE NOT GOING TO ACCEPT ANY MORE APPLICATIONS AFTER JULY, INDICATE THAT WE WILL NOT ACCEPT APPLICATIONS IN THE NORMAL TIME FRAME IN JULY. HOWEVER, WE WILL RECONSIDER THE SITUATION WHEN, FOR EXAMPLE, SEPTEMBER WHEN THE FULL BOARD GETS A CHANCE TO MEET. THAT DELAY OR PAUSE, IF YOU WANT, WILL GIVE US TIME TO ASSESS THE EXTENT TO WHICH ANY FUNDS COME BACK TO CIRM BECAUSE OF

PROJECTS THAT HAVE FAILED TO MEET MILESTONES, WOULD HAVE A BETTER IDEA OF THE OVERALL BUDGET SITUATION FOR THE YEAR. THERE MAY BE OTHER CONDITIONS AND CONSIDERATIONS AS WELL; FOR EXAMPLE, WE WILL BE CONSIDERING THE DISTRIBUTION OF FUNDS INTO DIFFERENT BUCKETS. SO RIGHT NOW WE ARE LOOKING AT THE CLIN BUDGET AND THE TRAN BUDGET, AND IT MAY BE APPROPRIATE TO ACTUALLY RECONSIDER EXACTLY HOW MUCH IS THERE. THAT ALL COULD BE DONE IN SEPTEMBER WHEN WE HAVE A MUCH BETTER IDEA.

THE THIRD REASON FOR DOING THIS IS THAT IF THERE IS EVEN ENOUGH MONEY IN THE BUCKET TO FUND ONE GRANT, THEN AT LEAST THIS GIVES THE INVESTIGATORS THAT INFORMATION. THEY CAN CONTINUE TO PROCESS AND PREPARE THEIR APPLICATIONS WITH THE UNDERSTANDING THAT THE PROBABILITY OF FUNDING IS GOING TO BE VERY LOW, BUT NEVERTHELESS THEY CAN MAKE A DECISION BASED ON THE PROBABILITY OF FUNDING WHICH WE ALL DO ANYWAY. THAT'S JUST PART OF THE GAME.

AGAIN, THIS IS TO AVOID THE SUDDEN AND WHAT SEEMS TO BE A VERY ABRUPT CLOSING OF THE VALVE. I'LL JUST THROW THAT OUT THERE FOR DISCUSSION. THANK YOU.

MR. SHEEHY: OS, THIS IS JEFF. IT IS ABRUPT, BUT THAT'S KIND OF WHERE WE ARE, RIGHT? SO

I DON'T THINK -- I JUST DON'T KNOW HOW MUCH WE CAN PROMISE IN TERMS OF ADDITIONAL FUNDING. IF YOU LOOK AT THE NUMBERS, WE HAD 33 MILLION AND WE HAVE APPLICATIONS WORTH 76 MILLION, AND THEN WE HAVE APPLICATIONS ON TOP OF THAT COMING IN AS WELL. SO POTENTIALLY LOOKING AT THREE TIMES THE AMOUNT WE HAVE ALLOCATED -- APPLICATIONS WORTH THREE TIMES THE AMOUNT ALLOCATED. IT JUST DOESN'T SEEM LIKE WE CAN CREDIBLY SAY THAT THERE WILL BE ANY SIGNIFICANT PROGRAMMING PAST WHAT WE ARE DOING NOW.

AND THE OTHER QUESTION I MIGHT RAISE, AS THE TEAM HAS IT, IS WHAT IS THE ANTICIPATED, IF THEY KNOW AT THIS POINT, WHAT ARE THEY LOOKING AT AS POTENTIAL RETURN COMING BACK ON FUNDS THAT HAVE BEEN -- YEAH. WHAT ARE WE LOOKING AT IN TERMS OF FUNDS THAT ARE RETURNED FOR PROJECTS THAT HAVE FAILED TO MEET THEIR MILESTONES? YOU HAVE A NUMBER OR BALLPARK?

DR. STEWARD: BEFORE THEY ANSWER -- BEFORE CIRM TEAM ANSWERS THAT, CAN I JUST MAYBE ADDRESS WHAT YOUR FIRST POINT WAS, WHICH IS, AGAIN, I AGREE WITH EVERYTHING YOU SAID. AND THE ONLY THING THAT I'M DIFFERING ON IS A COMPLETE HALT VERSUS A PAUSE. WHAT I WOULD PROPOSE IS THAT WE SIMPLY INDICATE THAT, YES, THERE WON'T BE AN OPEN ROUND IN JULY OR

AUGUST, BUT THAT THE SITUATION WOULD BE REEVALUATED IN SEPTEMBER AND, DEPENDING ON THE AVAILABILITY OF FUNDS, BY THAT TIME WE WILL KNOW THE OUTCOME OF THE ONES THAT ARE IN THE SYSTEM, THEN WE CAN DETERMINE WHETHER OR NOT TO HAVE ANOTHER ROUND OF FUNDING.

IT'S MAYBE A SMALL DIFFERENCE, BUT I THINK IT'S AN IMPORTANT DIFFERENCE IN TERMS OF PERCEPTION AS FAR AS GIVING SOME OPPORTUNITY AND THOUGHT TO HOW WE END THIS PROGRAM IN AN ORGANIZED WAY, LET'S CALL IT. THANK YOU.

CHAIRMAN THOMAS: WE HAVE COMMENTS IN ORDER FROM GABE AND THEN FROM GIL.

MR. THOMPSON: YES. THIS IS GABE THOMPSON, VICE PRESIDENT OF GRANTS AND OPERATIONS. WE HAVE AS OF TODAY APPROXIMATELY $17.9 MILLION IN FUNDING THAT WE'VE ACCRUED THAT IS IN OUR UNALLOCATED BUCKET. AND SO THAT'S WHAT WE HAVE AS OF TODAY.

DR. SAMBRANO: SO THANK YOU. THIS IS GIL. SO JUST TO ADDRESS, OS, YOUR CONCERN, OUR INTENT WITH THIS MEMO WAS TO GIVE YOU AND OTHER BOARD MEMBERS A PICTURE OF WHERE WE BELIEVE WE ARE TODAY. BUT WITH THAT SAID, KNOWING THAT THINGS CAN CHANGE DEPENDING ON OUTCOMES AT NEXT WEEK'S GWG REVIEW IF NOTHING GETS RECOMMENDED, IF EVERYTHING GETS A

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THREE, THEN AND NO APPLICATIONS COME IN IN JUNE, THEN THE DECISION MAY BE TO KEEP THE JULY APPLICATION DEADLINE OPEN AND EXTEND IT UNTIL IT SEEMS APPROPRIATE.

BUT WE ALSO AGREE THAT IF THERE ARE CLEARLY FUNDS THAT BECOME AVAILABLE, EITHER THROUGH THE RETURNS LATER ON, THAT WE WOULD REOPEN THE APPLICATION WINDOW AND THAT OPPORTUNITY. BUT PART OF THIS WAS JUST TO KEEP YOU AS WELL AS THE PUBLIC INFORMED OF WHERE WE THINK WE ARE KNOWING THAT IT COULD CHANGE.

CHAIRMAN THOMAS: ARE THERE OTHER COMMENTS FROM MEMBERS OF THE BOARD? OKAY. THEN I THINK WE'D TAKE NOTE OF ALL THE COMMENTS WE'VE HAD. GIL, THANK YOU VERY MUCH FOR THE MEMO. WE WILL INDEED SEE WHAT HAPPENS IN THE SHORT TERM WITH THE GWG REVIEWS AND THE SUBMISSIONS, AND IT WILL SUPPLEMENT OUR THINKING ON THIS POINT ACCORDINGLY.

OKAY. THAT BRINGS US NOW TO PUBLIC COMMENT ON ANY TOPICS IN GENERAL. DO WE HAVE ANY MEMBERS OF THE PUBLIC EITHER HERE OR ON THE PHONE WHO WOULD LIKE TO SPEAK AT THIS POINT? HEARING NONE --

CONFERENCE OPERATOR: IF YOU'D LIKE TO ASK A QUESTION FROM THE PHONE, PRESS STAR ONE.

CHAIRMAN THOMAS: OKAY. HEARING NO PUBLIC COMMENT, THAT CONCLUDES THE BUSINESS OF TODAY'S APPLICATION REVIEW SUBCOMMITTEE. THANK YOU, EVERYBODY, FOR ATTENDING AND WE LOOK FORWARD TO THE NEXT MEETING, WHICH WILL BE TELEPHONIC IN JULY.

(THE PROCEEDING WAS THEN CONCLUDED AT 10:10 A.M.)

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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE TELEPHONIC PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE AND THE APPLICATION REVIEW SUBCOMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON JUNE 20, 2019, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CA CSR 7152
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