BEFORE THE

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

REGULAR MEETING

LOCATION: VIA ZOOM

DATE: SEPTEMBER 29, 2022
9 A.M.

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

FILE NO.: 2022-35

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12. PUBLIC COMMENT NONE

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THURSDAY, SEPTEMBER 29, 2022; 9 A.M.

CHAIRMAN THOMAS: OKAY. THANK YOU. AND WELCOME, EVERYBODY, TO THE SEPTEMBER 2022 MEETING OF THE ICOC. MARIA, WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: SURE.

HAIFAA ABDULHAQ.

DR. ABDULHAQ: YES.

MS. BONNEVILLE: KIM BARRETT.

DR. BARRETT: PRESENT.

MS. BONNEVILLE: DAN BERNAL.

MR. BERNAL: PRESENT.

MS. BONNEVILLE: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: HERE.

MS. BONNEVILLE: LINDA BOXER.

DR. BOXER: PRESENT.

MS. BONNEVILLE: CAROL CHRIST. LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: PRESENT.

MS. BONNEVILLE: DEBORAH DEAS.

DR. DEAS: HERE.

MS. BONNEVILLE: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MS. BONNEVILLE: YSABEL DURON.

MS. DURON: HERE.

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MS. BONNEVILLE: MARK FISCHER-COLBRIE.
DR. FISCHER-COLBRIE: HERE.
MS. BONNEVILLE: FRED FISHER.
DR. FISHER: HERE.
MS. BONNEVILLE: ELENA FLOWERS.
DR. FLOWERS: PRESENT.
MS. BONNEVILLE: JUDY GASSON.
DR. GASSON: HERE.
MS. BONNEVILLE: LARRY GOLDSTEIN.
DR. GOLDSTEIN: HERE.
MS. BONNEVILLE: DAVID HIGGINS.
DR. HIGGINS: HERE.
MS. BONNEVILLE: STEPHEN JUELSGAARD.
MR. JUELSGAARD: HERE.
MS. BONNEVILLE: RICH LAJARA.
MR. LAJARA: HERE.
MS. BONNEVILLE: PAT LEVITT. LINDA MALKAS.
DR. MALKAS: HERE.
MS. BONNEVILLE: SHLOMO MELMED.
DR. MELMED: HERE.
MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
DR. MIASKOWSKI: HERE.
MS. BONNEVILLE: LAUREN MILLER-ROGEN.
MS. MILLER-ROGEN: HERE.

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MS. BONNEVILLE: ADRIANA PADILLA. JOE PANETTA. AL ROWLETT.

MR. ROWLETT: HERE.

MS. BONNEVILLE: MARVIN SOUTHARD.

DR. SOUTHARD: HERE.

MS. BONNEVILLE: MICHAEL STAMOS.

DR. STAMOS: HERE.

MS. BONNEVILLE: JONATHAN THOMAS.

CHAIRMAN THOMAS: HERE.

MS. BONNEVILLE: ART TORRES. KRISTINA VUORI.

DR. VUORI: HERE.

MS. BONNEVILLE: KAROL WATSON. KEITH YAMAMOTO.

WE HAVE A QUORUM.

CHAIRMAN THOMAS: THANK YOU VERY MUCH, MARIA. LET'S GO STRAIGHT TO THE CHAIR'S REPORT.

TODAY I HAVE SOME SAD NEWS TO REPORT FROM THE FIELD OF STEM CELL FUNDING AND RESEARCH. EARLIER THIS MONTH WE LOST SUSAN SOLOMON, WHO WAS THE HEAD OF THE NEW YORK STEM CELL FOUNDATION AND ONE OF THE TRUE TITANS AND VISIONARIES IN OUR SPACE.

SHE HAD A BATTLE FOR A NUMBER OF YEARS WITH OVARIAN CANCER, AND WE WERE EXTREMELY SAD TO RECEIVE THE NEWS ON SEPTEMBER 8TH OF HER PASSING. I

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WOULD LIKE, IF YOU WOULD, TO READ A BIT OF A BRIEF BIOGRAPHY OF SUSAN JUST SO FOR THOSE OF YOU WHO WEREN'T FAMILIAR WITH HER UNDERSTAND THE IMPACT THAT SHE HAD IN THE STEM CELL FIELD.

SO PROCEED TO THAT. "A LAWYER BY TRAINING AND A LONGTIME ENTREPRENEUR AND BUSINESS EXECUTIVE, SUSAN L. SOLOMON BEGAN HER ROLE AS A HEALTHCARE ADVOCATE IN 1992 WHEN ONE OF HER SONS WAS DIAGNOSED WITH TYPE 1 DIABETES. AFTER CONVERSATIONS WITH CLINICIANS AND SCIENTISTS, SHE IDENTIFIED STEM CELLS AS THE MOST PROMISING WAY TO ADDRESS UNMET PATIENT NEEDS AND FELT AN INDEPENDENT ORGANIZATION WAS NEEDED TO HELP TRANSLATE CUTTING-EDGE STEM CELL RESEARCH INTO CLINICAL BREAKTHROUGHS AND CURES FOR PATIENTS.

"SHE CO-FOUNDED NYSCF IN 2005 AT A TIME WHEN THERE WAS LITTLE FEDERAL FUNDING FOR EMBRYONIC STEM CELL RESEARCH AND THE FUNDING AVAILABLE WAS EXTREMELY RESTRICTED. SOON AFTER ITS FUNDING, NYSCF STARTED THE FIRST PROGRAM TO SUPPORT POSTDOCTORAL FELLOWS CONDUCTING STEM CELL RESEARCH. TO DATE THIS PROGRAM HAS SUPPORTED 82 POSTDOCTORAL FELLOWS. IN 2010, WITH SUPPORT FROM THE ROBERTSON FOUNDATION, NYSCF INVESTIGATOR PROGRAM LAUNCHED IN RESPONSE TO THE LACK OF SUPPORT THROUGH TRADITIONAL MECHANISMS

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FOR EARLIER CAREER INVESTIGATORS WITHIN THE FIRST FIVE YEARS OF GETTING A TENURED TRACK POSITION. TO DATE NYSCF HAS SUPPORTED 71 INVESTIGATORS AROUND THE WORLD WITH SIX ADDITIONAL INVESTIGATORS TO BE ANNOUNCED NEXT MONTH.

"IN 2006 SUSAN OPENED THE FIRST INDEPENDENT AND PRIVATELY FUNDED STEM CELL LABORATORY TO CONDUCT EMBRYONIC STEM CELL RESEARCH. TODAY THE LABORATORY IS CALLED THE NYSCF RESEARCH INSTITUTE. AT THE TIME MANY LABS WERE UNABLE OR UNWILLING TO PERFORM CERTAIN TYPES OF RESEARCH DUE TO GOVERNMENT RESTRICTIONS, AND A PRIVATE LABORATORY WAS NEEDED TO CONDUCT CERTAIN EXPERIMENTS. SEVERAL PIONEERING SCIENTIFIC DISCOVERIES RESULTED FROM THIS INCLUDING THE GENERATION OF THE FIRST HUMAN EMBRYONIC STEM CELL LINE CREATED THROUGH SOMATIC CELL NUCLEAR, A DISCOVERY NAMED THE NO. 1 *TIME MAGAZINE* BREAKTHROUGH OF THE YEAR.

"ANOTHER DISCOVERY STEMMING FROM THIS RESEARCH WAS MITOCHONDRIAL REPLACEMENT THERAPY, A TECHNIQUE DEVELOPED BY NYSCF SCIENTISTS TO PREVENT THE MOTHER-TO-CHILD TRANSMISSION OF MITOCHONDRIAL DISEASES, THAT IS MOVING FORWARD IN CLINICAL TRIALS IN THE UK AND OTHER COUNTRIES.

"UNDER SUSAN'S LEADERSHIP, NYSCF BUILT THE

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FIRST FULLY AUTOMATED PLATFORM FOR THE HIGH THROUGHPUT PRODUCTION OF INDUCED PLURIPOTENT STEM CELLS, THE NYSCF GLOBAL STEM CELL ARRAY. THIS TECHNOLOGY ALLOWS SCIENTISTS TO STUDY STEM CELL LINES FROM PEOPLE, OPENING ENTIRELY NEW AVENUES OF RESEARCH, COLLABORATION, AND DISCOVERY.

"OVER 17 YEARS THE NYSCF RESEARCH INSTITUTE GREW FROM A ONE-ROOM, SAFE HAVEN LABORATORY FOR EMBRYONIC STEM CELL RESEARCH WITH A HANDFUL OF EMPLOYEES TO A GLOBALLY RENOWNED STEM CELL RESEARCH INSTITUTE ON THE CUSP OF MULTIPLE CLINICAL BREAKTHROUGHS IN A STATE-OF-THE-ART, DEDICATED FACILITY ON WEST 4T STREET IN NEW YORK.

"NYSCF RECENTLY BUILT A GMP FACILITY ON SITE IN ORDER TO MANUFACTURE CELLS THAT COULD BE USED FOR CELL REPLACEMENT THERAPY CLINICAL TRIALS, AND THE FIRST CELLULAR THERAPY UNDER DEVELOPMENT AT NYSCF FOR AGE-RELATED MACULAR DEGENERATION IS ANTICIPATED TO REACH PATIENTS IN 2023.

"TODAY NYSCF EMPLOYS 114 PEOPLE, INCLUDING SCIENTISTS, ENGINEERS, COMPUTER SCIENTISTS, PROGRAM STAFF, AND OTHERS. AND IN TOTAL NYSCF HAS RAISED AND DEPLOYED OVER 400 MILLION IN THE MOST PROMISING STEM CELL RESEARCH. NYSCF SUPPORTED RESEARCH HAS LED TO OVER 20 MAJOR CLINICAL BREAKTHROUGHS FOR

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DEVASTATING DISEASES, AND NYSCF HAS BECOME A PILLAR IN THE STEM CELL COMMUNITY BOTH THROUGH THE RESEARCH AND DISCOVERIES MADE AT THE NYSCF RESEARCH INSTITUTE AND TO THE COMMUNITY OF SCIENTISTS SUPPORTED BY NYSCF. NONE OF THIS WOULD HAVE BEEN POSSIBLE OR EXISTED WITHOUT THE SHEER FORCE OF WILL, PERSEVERANCE, AND VISION OF SUSAN SOLOMON."

SO WANTED TO LET YOU KNOW ABOUT THAT. SUSAN WAS A LONGTIME FRIEND OF MINE. I KNOW MARIA MILLAN WAS A GOOD FRIEND OF HERS AS WELL. AND I'VE KNOWN HER HUSBAND, PAUL GOLDBERGER. I WANT THE BOARD TO KNOW THAT ON HEARING THIS NEWS, I SENT PAUL A CONDOLENCE NOTE ON BEHALF OF CIRM.

THE INSTITUTE AT THE MOMENT IS BEING RUN ON AN INTERIM BASIS BY DERRICK ROSSI WHO YOU WILL RECALL IS A FORMER CIRM GRANTEE FROM 2006, LATER WENT ON TO CO-FOUND MODERNA, AND HAS BEEN A LONGTIME MEMBER OF THE NYSCF BOARD. SO THANK YOU FOR LETTING ME READ THAT. I JUST WANTED EVERYBODY TO KNOW ABOUT THAT AND ABOUT SUSAN AND THE TERRIFIC WORK SHE HAS DONE OVER THE YEARS. SO THANK YOU.

THAT CONCLUDES THE CHAIR'S REPORT. I'LL NOW TURN IT OVER TO DR. MILLAN FOR THE PRESIDENT'S REPORT.

MR. TORRES: MR. CHAIRMAN.

CHAIRMAN THOMAS: YES.

MR. TORRES: I JUST WANTED TO GO ON RECORD HAVING KNOWN HER FOR MANY YEARS AND JUST THE TREMENDOUS CONTRIBUTION SHE MADE TO THE FIELD. AND SHE WAS ALWAYS THERE TO HELP US WHETHER IT WAS IN THE CONGRESS OR ANYWHERE ELSEWHERE WHERE SHE COULD HAVE A VOICE. IT'S A TRAGIC LOSS FOR THE RESEARCH AND A TRAGIC LOSS FOR THE STEM CELL WORLD.

CHAIRMAN THOMAS: THANK YOU, ART. OKAY.

MARIA, PLEASE, PRESIDENT'S REPORT.

DR. MILLAN: THANK YOU, CHAIRMAN THOMAS. MARIANNE, DO YOU HAVE A PRESIDENT'S REPORT TO -- PERFECT. THANK YOU SO MUCH.

CHAIRMAN THOMAS, MEMBERS OF THE BOARD, AND MEMBERS OF THE PUBLIC, THANK YOU FOR THIS OPPORTUNITY TO PROVIDE AN UPDATE ON OUR PROGRAMS. NEXT SLIDE PLEASE.

IN SERVICE OF OUR MISSION TO ACCELERATE WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND WORLD, WE CONTINUE TO FUND ACROSS FIVE MAJOR PILLARS. AND I WANTED TO GIVE AN OVERVIEW OF THAT. NEXT SLIDE PLEASE.

AS YOU WILL RECALL, BECAUSE OF THE PASSAGE

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OF PROP 14, WE WERE ABLE TO CONTINUALLY FUND PROGRAMS, ALTHOUGH TO A LESSER DEGREE, AT THE END OF PROP 14 RESIDUAL FUNDING. AND THANKFULLY WITH THE PASSAGE OF PROP 14, WE WERE ABLE RELAUNCH OUR PROGRAMS AT THE VERY START OF THE NEW YEAR IN 2021.

AND AS YOU WILL RECALL ALSO, AT THE END OF 2021, THIS BOARD APPROVED OUR NEW FIVE-YEAR STRATEGIC PLAN. ACCORDING TO THIS, CIRM HAS ALREADY FUNDED UNDER PROP 14 -- HOW MUCH IN TOTAL RESEARCH DOLLARS? -- ABOUT $492 MILLION WITH PROP 14 FUNDS. THAT BRINGS OUR TOTAL FUNDING TO 3.6 BILLION ACROSS THE FIVE PILLARS.

IN ADDITION TO RESTARTING OUR R&D PROGRAMS, DISCOVERY, TRANSLATIONAL, AND CLINICAL STAGE PROGRAMS, WE ALSO RELAUNCHED OUR LEGACY EDUCATION PROGRAMS. AS YOU WILL SEE IN THE ORANGE IN THE SECOND COLUMN OF NUMBERS, IT IS A PROMINENT AMOUNT OF INVESTMENT INTO EDUCATION BECAUSE WE LAUNCHED THAT VERY EARLY, KNOWING THAT IT WOULD -- THE GOALS OF LAUNCHING THE EDUCATION PROGRAM WOULD BE SOMETHING THAT NEEDED TO START RIGHT AWAY IN ORDER TO ACHIEVE ITS GOALS. AND DR. KELLY SHEPARD WILL BE GIVING AN EXTENSIVE SPOTLIGHT PRESENTATION ON OUR EDUCATION PROGRAMS AT THE END OF THIS PRESIDENT'S REPORT.

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YOU WILL ALSO RECALL THAT PROP 14 SET ASIDE, EARMARKED $1.5 BILLION TO FUND DISEASES OF THE BRAIN, CNS AND NEUROPSYCHIATRIC RESEARCH. SO FAR UNDER PROP 14 DOLLARS, 23 AWARDS HAVE BEEN APPROVED BY THIS BOARD, TOTALING $88 MILLION IN THE CNS SPACE, AND THIS IS JUST THE START. IN A FUTURE BOARD MEETING, WE WILL GIVE A MORE EXTENSIVE PRESENTATION AND UPDATE ON OUR NEURO PROGRAMS INCLUDING THE NEW ENHANCEMENT AND PROGRESS IN TERMS OF HOW THESE ARE BEING BROUGHT FORWARD ALONG WITH THE NEW STRATEGIC PROGRAMS. NEXT SLIDE PLEASE.

SO THESE INVESTMENTS HAVE REALLY LED TO A VERY BROAD AND DIVERSE PORTFOLIO ACROSS DISEASE INDICATIONS. IF YOU LOOK AT THE PIE CHART, ACTUALLY 35 PERCENT OF OUR PORTFOLIO, OUR CUMULATIVE PORTFOLIO, BOTH FROM THE PROP 71 FUNDING AND THE NEWLY FUNDED PROGRAMS IN PROP 14, COMPOSE OVER A THIRD OF OUR PORTFOLIO IN TERMS OF NUMBERS OF GRANTS. THE OTHER PROMINENT AREAS ARE IN CARDIAC, MUSCULOSKELETAL, BLOOD, AND ONCOLOGY, BUT THERE ARE VERY IMPORTANT AND PROMINENT INVESTMENTS IN THE SPACE OF HIV, DIABETES, MUSCULOSKELETAL, AND OTHER DISEASES. YOU RECENTLY RECEIVED A REALLY AMAZING UPDATE ON OUR RARE DISEASE PORTFOLIO BY DR. ABLA CREASEY IN JUNE OR JULY OF THIS YEAR, AND YOU WILL

CONTINUE TO RECEIVE UPDATES ON OUR PORTFOLIO IN UPCOMING AND FUTURE MEETINGS. NEXT SLIDE PLEASE.

NOW, JUST FOR TODAY'S PRESENTATION, I WANTED TO FOCUS ON AN UPDATE ON OUR PROGRESS TO THE RECENTLY LAUNCHED STRATEGIC PLAN. FOR SAKE OF ORIENTATION, WE RELAUNCHED THIS PLAN IN JANUARY OF THIS YEAR AFTER THE BOARD APPROVAL IN DECEMBER OF '21. AND THE FIRST SIX WE ARE CALLING KIND OF A PRELAUNCH PERIOD. AND OUR OFFICIAL CLOCK FOR THE FIRST YEAR OF THE STRATEGIC PLAN WERE STARTING IN JUNE OF THIS YEAR. BUT I WANTED TO GIVE AN UPDATE ON THE CUMULATIVE PROGRESS TOWARD THE STRATEGIC GOALS ALONG THESE THREE THEMATIC AREAS OF ADVANCING WORLD-CLASS SCIENCE, DELIVERING REAL-WORLD SOLUTIONS, AND PROVIDING OPPORTUNITIES FOR ALL.

WE RECENTLY RELEASED CIRM'S 18-MONTH ANNUAL REPORT THAT TAKES US ALL THE WAY TO THE END OF THIS FISCAL YEAR, TILL JUNE. SO NOW THIS IS THE THREE-MONTH UPDATE SINCE THAT REPORT. NEXT SLIDE PLEASE.

IN THE AREA OF ADVANCING WORLD-CLASS SCIENCE, OUR TEAM, LED BY THE SCIENTIFIC PROGRAMS AND REVIEW TEAMS AND WORKING CROSS-FUNCTIONALLY, HAS ALREADY STARTED TO LAY DOWN THE FOUNDATIONAL GROUNDWORK FOR BUILDING CIRM KNOWLEDGE NETWORKS, A

MAJOR COMPONENT OF THE STRATEGIC PLAN BY FIRST WORKING ON OUR INTERNAL SYSTEMS. THIS INCLUDES DEVELOPING DATA SHARING AND MANAGEMENT GUIDELINES FOR OUR CIRM AWARDS AND DEVELOPING AND LAUNCHING A DATA ADVISORY PROCESS SO THAT, NOT ONLY ARE WE SEEKING TO ASK OUR APPLICANTS TO COME UP WITH A PLAN, BUT ALSO TO REFINE THIS AND TO CONTINUALLY IMPROVE UPON THIS WITH EXPERTS IN THE FIELD.

THIS IS BEING IMPLEMENTED WHILE THERE'S ONGOING DEVELOPMENT OF A CONCEPT PLAN FOR A DATA COORDINATING AND MANAGEMENT CENTER THAT WE WILL SEE IN 2023. IN ADDITION, BECAUSE OF OUR CONTINUOUS FUNDING OPPORTUNITIES PILLAR PROGRAMS, THIS BOARD JUST THIS PAST SEVERAL MONTHS HAS FUNDED 11 NEW BASIC DISCOVERY AWARDS IN A NEW PROGRAM CALLED DISC-0, WHICH FUNDS FOUNDATIONAL AND BASIC RESEARCH REALLY LOOKING AT MECHANISMS AND FUNDAMENTAL RESEARCH, FUNDAMENTAL SCIENCE TO HELP US TO UNDERSTAND THE COMPLEXITIES AND THE UNKNOWNS THAT WILL LATER LEAD TO POTENTIAL SOLUTIONS THAT ARE FUNDED THROUGH OUR OTHER PROGRAMS OF THE DISCOVERY 2 PROGRAM, WHICH IS A DISCOVERY PROGRAM TO IDENTIFY PRODUCT CANDIDATES, POTENTIAL CANDIDATES, OUR TRANSLATIONAL AND OUR CLINICAL PROGRAMS WHICH THEN TRANSLATE THESE AND BRING THESE DOWN THE DEVELOPMENT

PATH.

IN ADDITION, YOU FUNDED JUST THESE PAST SEVERAL MONTHS TWO NEW CLINICAL TRIALS AND ONE PRECLINICAL PROGRAM TO CONDUCT IND-ENABLING STUDIES SO THAT THAT CAN GO TO CLINICAL TRIAL. THIS BRINGS US A TOTAL OF 82 CLINICAL TRIALS FUNDED BY CIRM DIRECTLY, 13 CLINICAL TRIALS SINCE PROP 14 WAS APPROVED JUST A LITTLE BIT OVER A YEAR AND A HALF AGO.

IN PROGRESS, TO CONTINUE TO PROMOTE THE IDEA OF COLLABORATIVE RESEARCH ON OPPORTUNITIES FOR CONSORTIA, WHICH IS SOMETHING THAT OUR SCIENTIFIC STRATEGY ADVISORY PANEL WAS PART OF IN FORMING THE STRATEGIC PLAN. YOU WILL BE RECEIVING A PROPOSAL IN Q4 FOR A SHARED RESOURCE LAB CONCEPT THAT IS SOMETHING THAT IS PROVIDED FOR IN PROPOSITION 14 IN ADDITION TO CONTINUING TO DEVELOP OTHER PROGRAMS RELATED TO COLLABORATIVE RESEARCH AND BUILDING KNOWLEDGE NETWORKS. NEXT SLIDE PLEASE.

IN THE SECOND THEME OF DELIVERING WORLD-CLASS -- OF DELIVERING REAL-WORLD SOLUTIONS, YOU RECENTLY APPROVED THE MANUFACTURING NETWORK CONCEPT WHICH WILL BE -- THE RFA WILL BE RELEASED LATER THIS YEAR, AND THIS PROGRAM WILL BE BROUGHT ALONG IN EARLY 2023. THERE IS AN INCREDIBLE AMOUNT

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OF INTEREST IN THIS BOTH FROM THE RESEARCHERS, THE DEVELOPERS, INDUSTRY, AND OTHER STAKEHOLDERS WHO UNDERSTAND THAT MANUFACTURING IS THE CRITICAL GAINING ITEM TO THE SUCCESS OF OUR DEVELOPMENT PROGRAMS AND TO GETTING THESE PROGRAMS TO FINAL FDA APPROVAL AND, IMPORTANTLY, TO PATIENTS IN NEED.

THE CIRM PIPELINE AND CLINICAL PORTFOLIO IS CONTINUING TO EXPAND, NOT JUST THE NUMBER, BUT IN TERMS OF PROGRESS FORWARD. AND SOME DEMONSTRATION OF THIS IS DR. CREASEY GAVE AN OVERVIEW IN JUNE OF OUR PROGRAMS IN RARE DISEASE. AND YOU WILL NOTE THAT A SIGNIFICANT NUMBER OF THEM HAVE EXPEDITED PATHWAYS, SPECIAL DESIGNATION FROM THE FDA, TO ACCELERATE THAT PROGRESS. JUST THIS PAST MONTH, JUST IN SEPTEMBER, ONE OF OUR OTHER CIRM-FUNDED PROGRAMS, WHICH WAS STARTED AT STANFORD, FUNDED BY CIRM WHEN IT WAS JUST REALLY AN EARLY STAGE RESEARCH, NOW BEING BROUGHT BY A COMPANY CALLED JASPER THERAPEUTICS, RECEIVED A FAST TRACK DESIGNATION FOR A NONTOXIC CONDITIONING REGIMEN THAT ENABLES A SUCCESSFUL AND NONTOXIC REGIMEN FOR STEM CELL AND CELL/GENE TRANSPLANT. IN THIS CASE THE DESIGNATION IS FOR SEVERE COMBINED IMMUNODEFICIENCY. HOWEVER, THE SUCCESS OF THIS PLATFORM HAS FAR REACHING IMPLICATIONS ACROSS VARIOUS THERAPEUTIC

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APPLICATIONS FOR CELL AND GENE THERAPY.

AND SO THIS BRINGS UP OUR EXPEDITED PATHWAY DESIGNATIONS TO OVER 20 IN OUR CIRM PORTFOLIO CONSISTENT, IF YOU WILL RECALL, FROM THE PROP 71 THAT OUR PREVIOUS FIVE-YEAR STRATEGIC PLAN WAS TO ENACT THE NEW REGULATORY PARADIGM. SO CIRM CERTAINLY IS AT THE FOREFRONT OF THIS. OUR PROGRAMS WERE THE FIRST TO RECEIVE THE RMAT DESIGNATION WHICH WAS CREATED BY THE 21ST CENTURY CURES ACT. IN ADDITION, THERE ARE ADDITIONAL EXPEDITED DESIGNATIONS, BREAKTHROUGH, FAST TRACK, AND OTHERS THAT ARE ENABLING OUR PROGRAMS TO HAVE FREQUENT INTERACTIONS AND COLLABORATIVE PARTNERSHIP WITH THE FDA TO BRING THESE PROGRAMS FORWARD.

FRESH OFF THE PRESS IS THIS -- NOT OFF THE PRESS BECAUSE IT'S NOT BEEN PRESS RELEASED, BUT IT IS PUBLIC INFORMATION, THAT ONE OF OUR MAJOR PROGRAMS AND INVESTMENTS IN THE EMBRYONIC STEM CELL-BASED TREATMENT FOR DIABETES TYPE 1 BY VIACYTE, ONE OF OUR PROGRAMS THAT WE FUNDED FROM THE VERY BEGINNING AT CIRM, THAT PROGRAM HAS UNDERGONE A MERGER AND ACQUISITION WITH A PROMINENT BIOPHARMACEUTICAL COMPANY, VERTEX, THAT ALSO HAS A DEDICATION TO PROMOTING THE DEVELOPMENT OF STEM CELL-BASED TREATMENTS FOR DIABETES.

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I JUST WANTED TO TAKE A MOMENT, FIRST OF ALL, TO HIGHLIGHT, NOT ONLY THAT THIS IS SHOWING HOW THE FIELD IS STARTING TO MATURE, THAT THESE TYPES OF PARTNERSHIPS ARE OCCURRING, BUT ALSO WHAT MAKES CIRM UNIQUE. SO VIACYTE HAS BEEN FUNDED THROUGH SEVERAL MECHANISMS. AND ONE OF THE EARLY PROGRAMS WAS FUNDED THROUGH A LOAN MECHANISM. AND THIS BOARD APPROVED THE TERMS OF THE RENEGOTIATED LOAN WITH VIACYTE IN NOVEMBER OF 2020, WHICH ALLOWS US TO SHARE IN A POTENTIAL SUCCESS OF THIS PROGRAM. AND WITH THIS CHANGE OF CONTROL, AND I WANT TO HIGHLIGHT THAT DR. STEVE JUELSGAARD, WHO IS THE CHAIR OF OUR IP AND INDUSTRY SUBCOMMITTEE, WAS INSTRUMENTAL IN REALLY HELPING CIRM TO CRAFT THE VERY UNIQUE TERMS THAT ALLOWS US TO GAIN A RETURN ACTUALLY ON THAT LOAN REPAYMENT UPON THE EXCHANGE OF CONTROL. SO THIS IS SIGNIFICANT.

ANOTHER EXAMPLE OF THIS WAS A 47 INC. PROGRAM WHICH WAS VERY SUCCESSFUL, EVENTUALLY ACQUIRED BY GILEAD, WHICH TRIGGERED A LOAN REPAYMENT. THOSE LOAN REPAYMENTS COME BACK INTO THE CIRM RESEARCH BUCKET SO THAT WE CAN THEN FUND ADDITIONAL PROGRAMS WITH THIS. THIS IS HIGHLY UNUSUAL. IT IS THE ONLY FUNDING AGENCY THAT HAS BEEN ABLE TO EXECUTE SUCCESSFULLY ON THIS TYPE OF

MODEL.

SO I WANT TO THANK CHAIRMAN THOMAS, STEVE JUELSGAARD, MEMBERS OF THE TEAM LEGAL, GRANTS MANAGEMENT, THERAPEUTICS DEVELOPMENT, ALL THE PROGRAMS THAT REALLY DROVE THIS TO A SUCCESSFUL PROGRESS, NOT ONLY OF THE PROGRAM, BUT OF THE SYSTEM THAT ALLOWS US, THEN, TO TAKE THE SUCCESS OF THAT PROGRAM AND LEVERAGE IT INTO BEING ABLE TO SUPPORT FUTURE RESEARCH PROGRAMS.

ALSO IN PROGRESS IS THE EXPANSION OF THE ALPHA CLINICS NETWORK. AS YOU KNOW, THE ALPHA CLINICS NETWORK IS A VERY UNIQUE STEM CELL REGENERATIVE FOCUSED INFRASTRUCTURE CREATED BY CIRM, WHICH WAS RAGINGLY SUCCESSFUL AND, THEREFORE, WAS INCLUDED IN THE PROPOSITION AS A SUBJECT FOR EXPANSION. THE REVIEW FOR THIS EXPANSION PROGRAM JUST RECENTLY OCCURRED, AND THE CIRM TEAM WILL BE BRINGING FUNDING RECOMMENDATIONS TO THE OCTOBER ICOC MEETING, FUNDING RECOMMENDATIONS TO EXPAND THE ALPHA CLINICS PROGRAM. AND THIS, ALONG WITH THE COMMUNITY CARE CENTERS OF EXCELLENCE ALSO PROVIDED FOR IN PROP 14, ARE REALLY CRITICAL INFRASTRUCTURE IN BEING ABLE TO BRING -- TO CONDUCT NOT ONLY HIGH QUALITY CLINICAL TRIALS, BUT BRING ACCESS TO THIS TO ALL OUR COMMUNITIES AND TO BE ABLE TO BRING US TO THE NEXT

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ERA WHEN WE'RE HAVING SUCCESSFUL DELIVERY OF THESE TO ALL THOSE IN NEED.

YOU WILL ALSO RECALL THAT THE CIRM HAD ENTERED INTO A PARTNERSHIP WITH THE BESPOKE GENE THERAPY CONSORTIUM, WHICH IS A GENE THERAPY CONSORTIUM FOR RARE DISEASE, A PARTNERSHIP BETWEEN THE FOUNDATION FOR NIH, NIH, THE FDA, AND MULTIPLE STAKEHOLDERS. CIRM ENTERED INTO THIS, AND DR. ABLA CREASEY, WHO IS OUR VP OF THERAPEUTICS, SERVES ON THE STEERING COMMITTEE. AND THERE'S BEEN GREAT PROGRESS IN IDENTIFYING VERY HIGH POTENTIAL PROGRAMS THAT CIRM COULD FUND AND PARTNER IN THIS CONSORTIUM, AGAIN BRINGING FORWARD THE OBJECTIVES OF A COLLABORATIVE, EFFICIENT WAY TO BRING THE KNOWLEDGE TOGETHER AND ACCELERATE OUR PROGRAMS FORWARD. NEXT SLIDE PLEASE.

THE THIRD THEME, PROVIDING OPPORTUNITIES FOR ALL, IS REALLY THE FOCUS OF SOME OF THE THINGS YOU'LL BE HEARING BOTH FROM THE SPOTLIGHT ON EDUCATION BY DR. KELLY SHEPARD AND A CONCEPT PROPOSAL THAT'S BEING BROUGHT TO YOU BY DR. SEAN TURBEVILLE. SO JUST IN BRIEF, THE ACCOMPLISHMENTS FROM THIS PAST QUARTER IS THAT THE ICOC APPROVED -- THE AAWG HAD RECOMMENDED A PATIENT SUPPORT PROGRAM CONCEPT THAT WILL BE BROUGHT TO YOU BY DR. SEAN

TURBEVILLE. THIS REALLY IS THE FIRST STEP TOWARD OUR FIVE-YEAR STRATEGIC GOAL OF DELIVERING A ROAD MAP FOR ACCESS AND AFFORDABILITY.

IN ADDITION, I MENTIONED THAT OUR EDUCATION PROGRAMS WERE THE FIRST TO BE RELAUNCHED. THE CIRM TEAM ALSO BROUGHT FOR BOARD CONSIDERATION A NEW PROGRAM CALLED THE EDUC5 OR THE COMPASS PROGRAM. AND YOU AWARDED THE CREATION OF 16 NEW PROGRAMS IN THIS UNDERGRADUATE PROGRAM. DR. KELLY SHEPARD WILL BE GIVING A HIGHLIGHT ON WHAT MAKES THIS PROGRAM UNIQUE AND HOW IT ADDS TO OUR EDUCATIONAL OFFERINGS.

AND IN TERMS OF OUR PROGRESS, ONGOING PROGRESS AND COMMITMENT TO DEI, THE REVIEWING GRANTS MANAGEMENT TEAMS ACROSS THE ORGANIZATION HAVE ALREADY BEEN INTRODUCING ENHANCEMENTS INTO OUR INTERNAL SYSTEM. THE BOARD MEMBERS WHO SERVE ON THE GWG HAVE BEEN INSTRUMENTAL IN HELPING TO DEVELOP AN APPROACH TO HOW PROGRAMMATIC REVIEW CAN HAPPEN SO THAT WE REVIEW OUR PROGRAMS, NOT JUST FOR THE SCIENCE, BUT MAKING SURE THE SCIENCE IS STRENGTHENED BY OUR INCORPORATION OF DEI ELEMENTS. THERE WILL BE A BOARD UPDATE ON THE PROGRESS ON THIS IN THE NEXT -- IN AN UPCOMING BOARD MEETING. SO STAY TUNED FOR THAT.

AND NOW, NEXT SLIDE PLEASE, I'LL BE

INTRODUCING DR. KELLY SHEPARD, WHO WILL GIVE US A SPOTLIGHT ON OUR EDUCATION PROGRAMS. BUT I WANTED TO JUST PUT CONTEXT ON THE IMPORTANCE OF OUR EDUCATION PROGRAMS IN OUR STRATEGIC PLAN. AGAIN, THAT WAS APPROVED BY OUR BOARD. THE IDEA OF CIRM'S EDUCATION PROGRAM IS TO CREATE MULTIPLE ONRAMPS AND OPPORTUNITIES TO STRATEGICALLY BRING FORWARD A DIVERSE AND INCLUSIVE AND FULL VIEW OF OUR COMMUNITIES IN DEVELOPING OUR WORKFORCE AND DEVELOPING EXPERTISE. THIS WORKFORCE AND EXPERTISE IS CRITICAL IN THIS EMERGING FIELD TO BE ABLE TO COMPLETE THE CYCLE OF BRINGING THIS FROM BENCH TO BEDSIDE AND OUT INTO THE COMMUNITY.

IN ADDITION, OUR BOARD MEMBERS HAVE REMINDED US AT SOME OF THE PAST MEETINGS WHEN CONCEPTS WERE BEING BROUGHT FORWARD THAT NOT ONLY ARE OUR TRAINEES BEING EDUCATED, THEY'RE ESSENTIALLY PART OF THE SOLUTION IN TERMS OF ADVANCING THE SCIENCE. YOU WILL HEAR MANY SENIOR SCIENTISTS AND PROFESSORS SPEAK TO HOW THE CREATIVITY AND THE WORK COMES FROM THOSE ON THE BENCH, FROM OUR STUDENTS, FROM OUR POSTDOCS. AND SO NOT ONLY ARE THESE THE YOUNG PIPELINE BEING TRAINED, BUT THEY'RE ADVANCING THE WORLD-CLASS SCIENCE OBJECTIVES.

AND IN ADDITION, BY BRINGING FORWARD THE

LIVED EXPERIENCES, DIVERSE BACKGROUNDS, AND PERSPECTIVES FROM THE COMMUNITIES, THE VERY COMMUNITIES THAT WERE PRODUCING -- THAT WERE DRIVING THE SCIENCE AND PRODUCING THESE THERAPIES, WE ARE ENHANCING AND BUILDING STRONGER APPROACHES.

SO WITH THAT AS KIND OF A PERSPECTIVE ON WHY THESE PROGRAMS ARE SO IMPORTANT, NOT ONLY ON THEIR OWN, BUT HOW THEY BRIDGE AND THEY ACTUALLY ENABLE OUR ENTIRE STRATEGY, IT'S MY PLEASURE TO INTRODUCE DR. SHEPARD. FIRST, I'LL TAKE SOME QUESTIONS, CHAIRMAN THOMAS, IF YOU'D LIKE ME TO TAKE QUESTIONS BEFORE DR. SHEPARD'S PRESENTATION.

CHAIRMAN THOMAS: THANK YOU, MARIA, FOR THAT COMPREHENSIVE SUMMARY. ANY QUESTIONS ABOUT THAT PRESENTATION BY MEMBERS OF THE BOARD?

MS. DURON: YES, MR. CHAIR.

CHAIRMAN THOMAS: YES, YSABEL.

MS. DURON: THANK YOU. MARIA, I MAY BE JUMPING THE GUN, AND I KNOW YOU SAID THAT WE'D BE HEARING MORE ON THE DEI DEVELOPMENT, ET CETERA. BUT WHEN YOU MENTIONED 82 CLINICAL TRIALS VERY EARLY IN THE PRESENTATION, I STARTED THINKING. AND MAYBE YOU WILL HEAR LATER FROM GIL OR THIS IS PART OF THE PLANNING. BUT HOW ARE THE RESEARCHERS GOING TO BE TRACKING AND MEASURING THE ROLLOUT OF THEIR DEI

PLAN? NOT JUST PUT IT ON PAPER AND SAY THIS IS WHAT WE'RE GOING TO DO, BUT HOW DO THEY REPORT BACK TO US THAT, IN FACT, THEY'RE ABLE TO MEET SOME OF THE GOALS OR ENGAGEMENT WITH COMMUNITY THAT THEY PROPOSE? FOR THEM IT MIGHT BE A LEARNING CURVE, BUT WE DEFINITELY NEED TO SEE THAT THEY'RE AGREEING TO, NOT ONLY JUST CHECK THE BOX ON DEI, BUT ACTUALLY MAKE IT HAPPEN IN THEIR WORK WITH THE COMMUNITIES AND WITH ALL THE APPROPRIATE COMMUNITIES.

DR. MILLAN: THANK YOU, YSABEL. AT THE UPCOMING MEETING, WE WILL BE GIVING A MORE FULL ANSWER TO THAT. BUT I WILL JUST SAY THAT ALREADY THE TEAMS ARE WORKING ON THE METRICS THAT ARE BEING TRACKED IN OUR GRANTS MANAGEMENT PORTAL ON REPORTING. ALREADY, WHEN WE ATTEND THE CLINICAL ADVISORY PANEL MEETINGS, THE ADVISORS, THE GRANTEES THEMSELVES, ET CETERA, THAT'S IN THE LINGO. THAT IS IN THE CONVERSATION MUCH MORE THAN IT EVER WAS. AND SO IT'S GOING TO BE A LEARNING AND REFINING PROCESS. BUT TO START OFF WITH, WE'VE REALLY COME A LONG WAY EVEN IN THE PAST YEAR IN TERMS OF HOW THIS IS, I THINK, BECOMING PART OF -- WE'RE SHIFTING THE CULTURE ESSENTIALLY, SCIENTIFIC AND RESEARCH CULTURE. AND GIL AND OTHER MEMBERS OF THE BOARD WHO SERVE ON THE GWG HAVE ALSO OBSERVED HOW THIS HAS

ALSO SHIFTED AND HOW MUCH MORE ENGAGED THE SCIENTIFIC REVIEWERS ARE IN VIEWING THIS ALONG WITH OUR BOARD MEMBERS.

SO I THINK THAT IT'S NOT -- BY NO MEANS A FINISHED PRODUCT, AND THIS IS GOING TO BE A CONTINUAL EVOLUTION. IT WILL BE A CULTURAL SHIFT AS WELL AS UPGRADES IN OUR SYSTEMS AND ALSO UNDERSTANDING WHAT WE'RE ACTUALLY LOOKING AT, UNDERSTANDING ARE WE ACTUALLY ASKING THE QUESTIONS, TRACKING THE RIGHT THINGS. SO WE WILL BE BRINGING FORWARD SOME IDEAS TO THE BOARD AT THE UPCOMING MEETING, BUT WE ALREADY ARE STARTING TO DO THINGS TO ENHANCE OUR INTERNAL OPERATIONS AND OUR APPROACHES TO SUPPORT THE THINGS THAT WE'VE ALREADY PUT IN PLACE, SUCH AS ELEMENTS IN OUR APPLICATIONS THAT ASK FOR A PLAN, NOT JUST ASK FOR A PLAN, THERE ARE REALLY SPECIFIC AREAS, AND THEN THERE'S A RUBRIC THAT'S USED IN EVALUATING THESE PLANS. AND IS THERE A RIGHT ANSWER, WRONG ANSWER? IT'S REALLY NOT ONE OF THOSE CASES. THE IMPORTANT THING IS TO HAVE THE CONVERSATION AND TO UNDERSTAND WHAT WE ARE LOOKING AT AND TO WORK TOGETHER. SO I THINK WE ARE AT THE STARTING POINT. THAT'S A VERY LONG ANSWER, BUT I DO HOPE THAT WE HAVE A MORE FULL CONVERSATION AT OUR UPCOMING MEETING.

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MS. DURON: WELL, I THINK -- MAY I SAY, MR. CHAIR. I THINK IT'S REALLY IMPORTANT, ONE, THAT IT'S VERY PUBLIC IN TERMS OF THE TEMPLATES SO THAT OTHER RESEARCHERS CAN COME IN AND LOOK AT IT AS A MODEL, MARIA. I WAS AT THE BROAD INSTITUTE LAST WEEK IN BOSTON AND DESCRIBING WHAT CIRM IS DOING AROUND DEI. AND THEY SAID, "CAN WE SEE IT?" AND SO WE CAN DRIVE THE INDUSTRY, I HOPE, AND THE ACADEMIC INSTITUTIONS ABOUT WHAT DEI REALLY LOOKS LIKE. BUT HERE'S A TEMPLATE. IS IT JUST CHECK THE BOX? THIS IS THE TEMPLATE. THESE ARE THE MEASURES YOU MEET. AND WHEN YOU REPORT BACK, WE WANT TO SEE YOUR PROGRESS AROUND THIS. THANK YOU. I'M EXCITED TO HEAR THAT THAT'S GOING, BUT LET'S GET IT POSTED SO OTHER PEOPLE CAN GRAB IT. THANK YOU.

DR. MILLAN: THANK YOU.

CHAIRMAN THOMAS: THANK YOU, YSABEL. ANY OTHER QUESTIONS OR COMMENTS FOR MARIA FROM MEMBERS OF THE BOARD? OKAY. SEEING NONE, I THINK IT'S TIME, MARIA, TO HEAR FROM KELLY.

DR. MILLAN: ABSOLUTELY. I ALSO WANT TO REMIND EVERYBODY THAT OUR ANNUAL REPORT HAS BEEN POSTED AND THAT TO PLEASE REACH OUT IF YOU HAVE ANY QUESTIONS ABOUT ANY OF OUR PROGRAMS OR JUST THERE'S SO MUCH THAT WE PACK IN ALL THE TIME AND EVEN IN THE

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PRESIDENT'S REPORT, BUT IT'S REALLY JUST AN OPPORTUNITY FOR YOU TO KNOW WHERE WE'RE GOING SO THAT IF THERE'S A SPECIFIC AREA, THAT YOU CAN FOLLOW UP WITH US. THANK YOU VERY MUCH.

SO DR. KELLY SHEPARD IS ASSOCIATE DIRECTOR IN THE SCIENTIFIC PROGRAMS TEAM, AND SHE WILL BE PROVIDING A SPOTLIGHT ON OUR EDUCATION PROGRAMS. THANK YOU VERY MUCH.

DR. SHEPARD: THANK YOU SO MUCH. MAY I ASK IF SOMEBODY WILL BE OPERATING MY SLIDES FOR ME, OR SHOULD I SHARE MY SCREEN?

MS. DEQUINA-VILLABLANCA: YOU CAN SHARE YOUR SCREEN, KELLY, IF YOU LIKE, OR IF YOU NEED ME TO OPERATE YOUR SLIDES, JUST LET ME KNOW.

DR. SHEPARD: I'LL GIVE IT A TRY. SORRY ABOUT THAT. IT WOULD HAVE BEEN EASIER TO HAVE YOU DO THIS. SORRY ABOUT THIS, EVERYONE. OKAY.

MS. DEQUINA-VILLABLANCA: JUST LET ME KNOW. I CAN DO IT.

DR. SHEPARD: OKAY. THANK YOU VERY MUCH.

SO GOOD MORNING, MEMBERS OF THE BOARD, CIRM TEAM, AND MEMBERS OF THE PUBLIC. IT'S MY PLEASURE TO FOLLOW UP PRESIDENT MILLAN'S REPORT AND GIVE YOU AN UPDATE ON OUR EDUCATION PROGRAM SPOTLIGHT. SHE'S ALREADY PRESENTED A WONDERFUL

INTRODUCTION FOR ME, SO I'D LIKE TO JUST PLUNGE RIGHT INTO THE DETAILS OF THIS BECAUSE WE HAVE A LOT TO COVER AS A LOT HAS HAPPENED IN THE PAST YEAR.

SO LET ME JUST BEGIN BY GOING BACK JUST A TINY BIT IN TIME TO 2020, THE LAST TIME I PRESENTED A SPOTLIGHT LIKE THIS TO ALL OF YOU. AT THAT TIME I DISCUSSED CIRM'S HISTORIC TRAINING PROGRAMS THAT WERE FUNDED UNDER PROPOSITION 71. THESE INCLUDED THE SPARK OR EDUC3 PROGRAM, WHICH PROVIDES SUMMER INTERNSHIPS FOR HIGH SCHOOL STUDENTS. THIS PROGRAM WAS LAUNCHED IN 2012 AND HAS TO THIS DAY.

WE HAVE THE BRIDGES OR EDUC2 PROGRAM, WHICH SUPPORTS STUDENTS RANGING FROM VARIOUS DEGREES OF UNDERGRADUATE LEVEL TO MASTER'S LEVEL. THIS IS OUR LONGEST CONTINUOUSLY RUNNING TRAINING PROGRAM. IT WAS LAUNCHED IN 2009, AND IT IS CONTINUING TO PRESENT.

AND WE HAVE OUR RESEARCH TRAINING OR EDUC4 AWARDS, WHICH ARE CALLED THE CIRM SCHOLARS PROGRAM. THIS SUPPORTS STUDENTS AT PREDOCTORAL LEVELS AS WELL AS POSTDOCTORAL FELLOWS AND CLINICAL FELLOWS. THIS PROGRAM WAS THE FIRST AWARD MECHANISM FUNDED UNDER CIRM BACK IN 2006, AND IT RAN -- THESE AWARDS -- ACTUALLY THIS PROGRAM WRAPPED UP. THE LAST OF THEM ENDED IN 2017. SO THIS PROGRAM HAD A PERIOD OF

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DORMANCY UNTIL PROPOSITION 14 ALLOWED US TO RE-IMPLEMENT THIS PROGRAM UNDER THE NEW TERMS OF PROPOSITION 14.

SO NOW TAKING US TO THE PRESENT. WE HAVE FOUR ACTIVE PROGRAMS GOING FORWARD. AS DR. MILLAN MENTIONED, ONE OF THE FIRST THINGS THAT HAPPENED AFTER THE PASSAGE OF PROPOSITION 14 IS WE UPDATED AND RELAUNCHED OUR LONGSTANDING TRAINING GRANT PROGRAM SO THAT THEY COULD CONTINUE WHICH INCLUDE, OF COURSE, THE SPARK OR HIGH SCHOOL PROGRAM THAT I DESCRIBED, THE BRIDGES PROGRAM, AND THE CIRM SCHOLARS PROGRAM.

AND WE'VE RECENTLY ADDED A NEW TRAINING GRANT PROGRAM TO THIS CALLED THE COMPASS AWARDS. I'M GOING TO GO OVER EACH OF THESE PROGRAMS AND GIVE YOU AN UPDATE ON WHAT'S BEEN HAPPENING SINCE THESE PROGRAMS WERE RELAUNCHED BEGINNING IN EARLY 2021 AND MOST RECENTLY LAST MONTH WHEN YOU FUNDED THE COMPASS PROGRAM.

SO FIRST OF ALL, LET'S GO TO THE BRIDGES PROGRAM, WHICH HAS BEEN THE ONE THAT HAS BEEN RUNNING THE LONGEST, 13 YEARS AND COUNTING. THE OBJECTIVE OF THE BRIDGES PROGRAM IS TO PREPARE CALIFORNIA'S DIVERSE UNDERGRADUATE AND MASTER'S GRADUATE STUDENTS FOR HIGHLY PRODUCTIVE CAREERS IN

STEM CELL AND GENE THERAPY RESEARCH AND THERAPY DEVELOPMENT. THIS PROGRAM IS STRUCTURED BY INTEGRATION OF THE STEM CELL AND REGENERATIVE MEDICINE FOCUS WITHIN THAT BACHELOR'S, MASTER'S, OR CERTIFICATE GRANTING PROGRAMS AT INSTITUTIONS, SPECIFICALLY INSTITUTIONS THAT DID NOT RECEIVE CIRM-FUNDED INFRASTRUCTURE AWARDS UNDER PROPOSITION 71. SO TEACHING UNIVERSITIES AND UNIVERSITIES THAT DON'T HAVE MAJOR FEDERALLY FUNDED OR REGENERATIVE MEDICINE INFRASTRUCTURE ON THEIR OWN.

THESE ARE THE LIST OF THE INSTITUTIONS THAT CURRENTLY HAVE BRIDGES AWARDS, AND YOU CAN SEE THAT THEY RANGE FROM AS FAR NORTH AS CALPOLY HUMBOLDT AND AS FAR SOUTH AS SAN DIEGO STATE UNIVERSITY. THE MAJORITY OF THESE PROGRAMS ARE AT CAL STATE UNIVERSITIES, BUT THREE OF THEM ARE BASED AT COMMUNITY COLLEGES, CITY COLLEGE SAN FRANCISCO, BERKELEY CITY COLLEGE, AND PASADENA CITY COLLEGE.

NOW, WHILE THERE ARE 15 BRIDGES PROGRAMS THAT YOU SEE HERE, THEY ARE ALL A LITTLE BIT DIFFERENT IN THEIR FOCUS. WHILE THEY'RE ALL A LITTLE BIT DIFFERENT, THEY ALL DO HAVE SOME FEATURES IN COMMON HOWEVER, WHICH IS THAT THEY OFFER SPECIALIZED COURSES AND WORKSHOPS SPECIFIC TO THEIR OWN PROGRAMS. ALL BRIDGES STUDENTS RECEIVE A

HANDS-ON ADVANCED CELL CULTURE TECHNIQUES COURSE. THEY ALL PARTICIPATE IN PATIENT ENGAGEMENT AND COMMUNITY OUTREACH ACTIVITIES TO HELP THEM BECOME AMBASSADORS AND COMMUNICATORS WITH THEIR COMMUNITIES AND UNDERSTAND THE PERSPECTIVE OF PATIENTS.

BEGINNING WITH THE PROPOSITION 14 RELAUNCH OF THESE PROGRAMS, THERE IS INCLUDED A FORMAL DIVERSITY, EQUITY, AND INCLUSION PLAN. AND KIND OF THE HALLMARK OF THE BRIDGES PROGRAM IS THE HANDS-ON, PAID RESEARCH INTERNSHIP THAT TAKES PLACE AT A HOST INSTITUTION. SO THESE STUDENTS ACTUALLY VISIT NEARBY OR IN SOME CASES ACROSS THE STATE WORLD-CLASS RESEARCH INSTITUTIONS TO PERFORM PAID, HANDS-ON INTERNSHIPS AND GAIN VALUABLE LABORATORY EXPERIENCE.

THE CULMINATION FOR ALL OF THESE STUDENTS IS AN ANNUAL BRIDGES CONFERENCE WHERE THEY'RE ALL BROUGHT TOGETHER SO THAT THEY CAN NETWORK AND SHARE THEIR PROGRESS WITH ONE ANOTHER.

WE WERE ABLE TO HAVE THE ANNUAL CONFERENCE FOR THE BRIDGES AWARDS IN PERSON FOR THE FIRST TIME IN TWO YEARS LAST JULY. THIS TOOK PLACE IN SAN DIEGO. AND IT WAS A REALLY EXCITING OPPORTUNITY FOR US TO ALL BE ABLE TO COME TOGETHER AFTER HAVING VIRTUAL EXPERIENCES FOR THE LAST TWO YEARS. THE GENERAL PROGRAM OF THIS CONFERENCE INCLUDED

SCIENTIFIC SESSIONS THAT FEATURED SPEAKERS, RECENT AND LONG-STANDING CIRM GRANTEES SPEAKING ABOUT THEIR CUTTING EDGE AND INNOVATIVE NEW RESEARCH INTO STEM CELL MODELS, GENE, AND STEM CELL THERAPIES.

WE HAD A DEI KEYNOTE ADDRESS FROM DR. MARSHA TREADWELL, WHO IS THE CO-CHAIR FOR DEI COUNCIL UCSF BENIOFF AND AN EXPERT IN THIS AREA WHO BROUGHT REALLY INTERESTING AND POWERFUL INSIGHTS TO THE STUDENTS. THE TRAINEES HAD A POSTER SESSION TO PRESENT THEIR RESEARCH. THE PROGRAM ALSO FEATURED CAREER TOPIC TABLES WHERE THEY COULD NETWORK AND EXPLORE DIFFERENT DIRECTIONS THAT THEIR CAREERS MIGHT TAKE ONCE THEY CONCLUDE THEIR BRIDGES PROGRAM.

AND THERE WAS AN ADVOCACY PANEL ON COMMUNICATIONS PRESENTATIONS THAT WERE ORGANIZED BY OUR COMMUNICATIONS TEAM. YOU MIGHT NOTICE IN THIS PICTURE BELOW, THIS IS FROM LAST JULY. AND MS. YSABEL DURON PARTICIPATED IN OUR ADVOCACY PANEL THAT WAS HOSTED AND ORGANIZED BY CIRM'S OWN KATIE SHARIFY, WHO YOU ALSO SEE IN THAT PICTURE. AND THAT WAS A VERY SUCCESSFUL AND WELL-RECEIVED PANEL, AND WE ARE VERY EXCITED ABOUT INCLUDING MORE OF THESE TYPES OF ACTIVITIES IN OUR FUTURE CONFERENCES.

OKAY. SO A LITTLE BIT OF THE OUTCOME. SINCE THIS PROGRAM HAS BEEN OPERATING FOR 13 YEARS

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NOW, OVER TIME THERE ARE CURRENTLY ALMOST 2,000 ALUMNI FROM THIS PROGRAM, CURRENTLY A LITTLE OVER 1700, BUT THERE ARE 89 MORE THAT ARE ACTIVELY COMPLETING IN THIS YEAR'S COHORT. FORTY-ONE OF THOSE ARE FROM THE PROPOSITION 14 PROGRAMS WHICH LAUNCHED LAST FALL. SO PROPOSITION 14 RELAUNCHES ARE JUST GETTING GOING, SO THIS NUMBER IS GOING TO GO UP BY QUITE A BIT OVER THE NEXT FIVE YEARS.

THERE ARE OVER 500 DIFFERENT RESEARCH MENTORS PARTICIPATING IN THIS PROGRAM AND HOSTING THESE STUDENTS IN THEIR LABORATORIES. OVER 70 OF THESE HOST INSTITUTIONS HAVE BEEN PARTICIPATING, AND 39 OF THOSE ARE BIOTECH COMPANIES. THIRTY-ONE OF THE HOST INSTITUTIONS WERE ACADEMIC OR NONPROFIT RESEARCH INSTITUTIONS. AND THIS LAST BULLET IS SHOWING THAT I WAS REALLY EXCITED TO DISCOVER AS I WAS GOING OVER THE DATA THIS YEAR, SINCE 2009, WHEN THIS PROGRAM LAUNCHED, WE HAD 386 NEW MENTORS JOIN THE PROGRAM TO OFFER HOST INTERNSHIPS FOR THESE STUDENTS AND 43 DIFFERENT HOST SITES. MOST OF THESE ARE THE NEW BIOTECH COMPANIES THAT HAVE SPRUNG UP OVER THE YEARS. AND IT IS ALSO EVIDENCE OF GROWTH IN OUR FIELD AS DR. MILLAN WAS REFERRING TO IN HER EARLIER SLIDE.

OVER ON THE RIGHT IS A PIE CHART THAT

SHOWS YOU THE APPROXIMATE PROPORTIONS OF THE ALUMNI THAT ARE COMING OUT OF OUR BRIDGES PROGRAM BY THE CULMINATING DEGREE THAT THEY SEEK IN THE PROGRAM. JUST UNDER HALF ARE COMING WITH MASTER'S DEGREES, AND THE REMAINDERS ARE EITHER DEVELOPING A STEM CELL FOCUS WITHIN THEIR BACHELOR'S PROGRAM OR A CERTIFICATE PROGRAM.

SCIENTIFICALLY BRIDGES TRAINEES HAVE CONTRIBUTED TO OVER 364 PUBLICATIONS IN SCIENTIFIC JOURNALS. AND JUST TO TELL YOU A LITTLE BIT ABOUT WHERE WE'VE BEEN ABLE TO TRACK WHERE THESE TRAINEES HAVE GONE ON TO, ABOUT A THIRD OF THEM CONTINUE TO PURSUE FURTHER EDUCATION, EITHER A PH.D., M.D., OR SOME OTHER TYPE OF PROFESSIONAL DEGREE. ABOUT 65 PERCENT OF THOSE REPORTING ARE EMPLOYED, ABOUT 30 PERCENT OF THOSE IN AN ACADEMIC OR RESEARCH LABORATORY, AND JUST SLIGHTLY LESS THAN THAT, 28 PERCENT, IN INDUSTRY OR BIOTECH LABORATORIES. OTHERS GO ON INTO OTHER HEALTH PROFESSIONS: DENTISTRY, VETERINARY MEDICINE, OR OTHER STEM FIELDS. AND A SMALL PROPORTION OF THEM DO PURSUE NONSCIENTIFIC PROFESSIONS, WHICH IN SOME CASES INCLUDES TEACHING. AND THEN A SMALL NUMBER ARE ACTIVELY SEEKING POSITIONS OR APPLYING TO GRADUATE SCHOOL AT THIS TIME.

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HERE ARE JUST A COUPLE OF EXAMPLES OF SOME ALUMNI WHO HAVE COME FROM OUR BRIDGES PROGRAM THAT COVER SOME OF THE DIFFERENT CAREER TRACKS I JUST TALKED ABOUT. NICOLE RENEE SPARKS ON THE LEFT CAME FROM THE CAL STATE UNIVERSITY SAN BERNARDINO PROGRAM. SHE DID HER INTERNSHIP AT UC RIVERSIDE BACK IN 2011 TO 2012. AND SHE WAS RECENTLY HIRED AS AN ASSISTANT PROFESSOR UC IRVINE.

IN THE MIDDLE HERE WE HAVE ELIZABETH BENZ WHO RECEIVED HER MASTER'S DEGREE AT CAL POLY SAN LUIS OBISPO. SHE DID HER INTERNSHIP AT VIACYTE, SPECIFICALLY IN THE PROCESS ENGINEERING DEPARTMENT, AND GAINED SKILLS IN THAT AREA. SHE HAS NOW GONE ON TO BECOME A SENIOR PRODUCT DEVELOPMENT ENGINEER AT ILLUMINA. AND REFERRING AGAIN BACK TO MARIA'S PRESENTATION, THIS IS ANOTHER EXAMPLE OF HOW OUR TRAINEES, WHILE THEY ARE IN TRAINING, ARE ACTUALLY CONTRIBUTING TO THE VERY PRODUCTS SUCH AS THE VIACYTE DIABETES THERAPY THAT YOU HEARD ABOUT EARLIER. THEY'RE GAINING TRAINING WHILE THEY ARE CONTRIBUTING TO THE DEVELOPMENT OF THOSE PRODUCTS. AND THEN ONCE GRADUATING FROM THE PROGRAM, THEY ARE TAKING THOSE SKILLS AND APPLYING THEM IN A NEW DIRECTION AS LEADERS.

FINALLY, ON THE RIGHT I WANT TO INTRODUCE

CANDIDA TORIBIO WHO IS A GRADUATE OF THE PASADENA CITY COLLEGE BRIDGES PROGRAM. SHE DID HER INTERNSHIP AT USC, AND SHE WAS RECENTLY HIRED AT CIRM AS THE PROJECT MANAGER FOR THE SCIENTIFIC PROGRAMS TEAM WHERE SHE IS CONTRIBUTING SOME AMAZING SKILLS. AND SHE HAS BOTH THE SCIENTIFIC KNOWLEDGE AND THE PROJECT MANAGEMENT SKILLS THAT HELP US DO ALL OF OUR JOBS MORE EFFECTIVELY. AND SHE'S ALSO ABLE TO PROVIDE A UNIQUE PERSPECTIVE AS HAVING BEEN A PARTICIPANT IN THIS PROGRAM HERSELF.

NEXT I WOULD LIKE TO BRIEFLY GO OVER UPDATES TO OUR SPARK PROGRAM, WHICH IS OUR HIGH SCHOOL PROGRAM. SO, AGAIN, THE OBJECTIVE OF SPARK IS TO PROVIDE DIVERSE HIGH SCHOOL STUDENTS WITH HANDS-ON TRAINING IN STEM CELL/GENE THERAPY RESEARCH THROUGH SUMMER INTERNSHIP PROGRAMS AND REALLY TO INSPIRE THEIR INTEREST IN REGENERATIVE MEDICINE.

SPARK PROGRAMS SUPPLEMENT AND INTEGRATE WITHIN EXISTING SUMMER PROGRAMS THAT ARE SPONSORED BY ELIGIBLE CALIFORNIA INSTITUTIONS. CURRENTLY THERE 11 SPARK PROGRAMS AROUND THE STATE. WE HAVE SEVEN PRIOR TO THE PASSAGE OF PROPOSITION 14, AND NOW WE HAVE 11. AND YOU CAN SEE THE LOCATIONS AND THE INSTITUTIONS THAT ARE OFFERING THIS TRAINING TO OUR HIGH SCHOOL STUDENTS. SOME OF THE NEWER

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PROGRAMS THAT WERE ADDED THIS YEAR INCLUDE UC RIVERSIDE AND SANFORD BURNHAM PREBYS AND UC SAN DIEGO AND CHARLES DREW UNIVERSITY.

THE SPARK PROGRAMS ARE ALL A LITTLE BIT DIFFERENT AS WELL, BUT HAVE THESE FEATURES IN COMMON. THEY OFFER PREPARATORY COURSES OR WORKSHOPS FOR THE STUDENTS. THEY OFFER PATIENT ENGAGEMENT ACTIVITIES SO THAT THEY MAY GAIN UNDERSTANDING AND INSIGHTS FROM THE PERSPECTIVE OF PATIENTS. A LARGE COMPONENT OF THEIR PROGRAM IS COMMUNITY OUTREACH, PARTICULARLY THROUGH SOCIAL MEDIA PROJECTS. AND YOU WILL HEAR A LITTLE BIT ABOUT THAT TOWARDS THE END OF MY PRESENTATION. AND THEN, OF COURSE, THE SUMMER HANDS-ON RESEARCH INTERNSHIPS. THE CULMINATION OF THIS IS AN ANNUAL POSTER DAY EVENT, WHICH WE WERE ALSO ABLE TO HOLD IN PERSON THIS YEAR IN AUGUST. AND I'LL BE SHOWING YOU ON MY SLIDES A COUPLE PICTURES FROM THIS EVENT AS YOU CAN SEE BELOW.

SO THE ANNUAL MEETING WAS VERY EXCITING AND INTERESTING THIS YEAR. IT WAS HELD AT THE BENIOFF CHILDREN'S HOSPITAL IN OAKLAND AND THE HISTORIC MLK RESEARCH BUILDING. AND YOU CAN SEE THIS PICTURE BELOW WHERE THE STUDENTS ARE IN THE LIBRARY, THE BEAUTIFUL LIBRARY THERE, LISTENING TO

PRESENTATIONS.

THE THEME OF THIS MEETING WAS SICKLE CELL DISEASE, WHICH COULDN'T BE MORE APPROPRIATE, AT THE SITE OF THE CHILDREN'S HOSPITAL THERE. PRESENTATION, THE KEYNOTE SCIENTIFIC PRESENTATION WAS DR. MARK WALTERS WHO TALKED ABOUT THE DEVELOPMENT AND IMPLICATIONS OF GENE THERAPY FOR SICKLE CELL DISEASE.

DR. MARSHA TREADWELL, ALSO WEARING HER HAT AS THE DIRECTOR OF THE SICKLE CELL CARE CENTER AT UCF BENIOFF, SPOKE ABOUT BOTH THE SCIENTIFIC AND DIVERSITY, EQUITY, AND INCLUSION ASPECTS THAT ARE VERY IMPORTANT, ESPECIALLY IN THE AREA OF SICKLE CELL DISEASE, AND THE IMPACT ON THE COMMUNITIES THAT SUFFER FROM SICKLE CELL DISEASE.

AND A VERY TALENTED AND YOUNG AND INSPIRING PATIENT ADVOCATE, CHRISTELLE SALOMON, TALKED ABOUT HER EXPERIENCES RECEIVING A BONE MARROW TRANSPLANT TO TREAT HER SICKLE CELL DISEASE AND HOW IT'S INSPIRED HER TO CONTINUE AS AN ADVOCATE IN THIS AREA GOING FORWARD. THIS CONFERENCE FEATURED STUDENT PRESENTATIONS AND POSTERS AND ALSO A CAMPUS TOUR AND SOCIAL ACTIVITY.

SO SINCE THE INCEPTION OF THE SPARK PROGRAM, THERE HAVE BEEN 621 ALUMNI. HUNDRED AND

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SIX ARE FROM THE CLASS OF '22. SO THAT IS JUST FROM THIS MOST RECENT SUMMER UNDER THE AUSPICES OF THE PROPOSITION 14 RELAUNCH. THERE ARE OVER 200 PARTICIPATING HIGH SCHOOLS WHOSE STUDENTS COME IN AND WORK IN THESE LABS OVER THE SUMMER. OUR TRACKING INFORMATION ON THE ALUMNI IS NOT FOR THE ENTIRE CADRE, AND THAT'S BECAUSE MANY OF THEM ARE STILL IN HIGH SCHOOL AND COMPLETING JUNIOR OR SENIOR YEAR. HOWEVER, THE INFORMATION THAT I'VE BEEN ABLE TO OBTAIN, IT LOOKS LIKE ABOUT 38 PERCENT DO GO ON TO PURSUE BACHELOR'S OR UNDERGRADUATE DEGREES AFTER COMPLETING THEIR HIGH SCHOOL DIPLOMA. ABOUT 38 PERCENT OF THE ALUMNI WE'VE TRACKED ARE STILL IN COLLEGE, 20 PERCENT ARE STILL IN HIGH SCHOOL, AND 3 PERCENT HAVE REACHED THE POINT WHERE THEY ARE PURSUING OR HAVE ALREADY OBTAINED GRADUATE DEGREES. OF THE 141 WHO DID INDICATE THEIR MAJOR, 96 WERE IN BIOLOGY OR IN OTHER STEM DISCIPLINES.

A COUPLE OF EXAMPLES OF SOME SPARK ALUMNI FROM PAST AND PRESENT INCLUDE AMANDA WU WHO WAS A PARTICIPANT IN THE SPARK PROGRAM IN 2016. SHE'S CURRENTLY AN M.D./PH.D. CANDIDATE. MAYA ENRIQUEZ WHO PARTICIPATED IN SPARK IN 2012 AND HAS SUBSEQUENTLY RECEIVED A MASTER'S IN INTEGRATED BIOLOGY. AND DENNIS PORTILLO WHO GRADUATED FROM THE

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CEDARS-SINAI PROGRAM IN 2017 WHO'S CURRENTLY PURSUING A DEGREE AT YALE IN POLITICAL SCIENCE AND DOING AN INTERNSHIP IN GOVERNMENT AND PUBLIC SERVICES. SO I THINK THIS IS A FANTASTIC EXAMPLE OF HOW ONE OF OUR ALUMNI IS GETTING INVOLVED IN PUBLIC SERVICE AND GOVERNMENT WITH THE BACKGROUND AND UNDERSTANDING AND ADVOCACY FOR STEM CELL SCIENCE THAT ARE RECEIVED IN THE SPARK PROGRAM.

THE THIRD SECTION OF MY TALK WILL GO OVER THE RESEARCH TRAINING PROGRAM OR THE CIRM SCHOLARS. I WON'T HAVE AS MUCH TO UPDATE ON THIS BECAUSE THIS PROGRAM WAS ONLY RELAUNCHED AFTER HAVING BEEN DORMANT FOR SEVERAL YEARS. HOWEVER, IT IS ACTIVE AND HAS BEEN ONGOING FOR ALMOST A YEAR NOW. THE OBJECTIVE OF THIS PROGRAM IS TO CREATE A DIVERSE CADRE OF SCIENTISTS WITH THE KNOWLEDGE AND SKILL TO LEAD EFFECTIVE STEM CELL/GENE THERAPY RESEARCH. SO THESE ARE FUTURE FACULTY MEMBERS, FUTURE PRINCIPAL INVESTIGATORS IN LABORATORIES AND COMPANIES.

EACH OF THE INSTITUTIONS THAT OFFERS ONE OF THESE PROGRAMS PROVIDES A SINGLE INTEGRATED PROGRAM OF TRAINING THAT IS APPROPRIATE FOR THE EDUCATIONAL LEVELS OF ITS TRAINEES AND THE EXPERTISE OF ITS FACULTY. THESE ARE THE LOCATIONS OF THE 18 PROGRAMS THAT ARE OFFERING THIS GRADUATE AND

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POSTDOCTORAL AND CLINICAL LEVEL TRAINING. YOU CAN SEE THAT INCLUDES MANY OF THE MAJOR RESEARCH INSTITUTIONS AND MEDICAL SCHOOLS AROUND THE STATE OF CALIFORNIA.

ALL OF THESE PROGRAMS, AS IN THE CASES OF OUR OTHER ONES THAT I DESCRIBED TODAY, ARE A LITTLE DIFFERENT FROM ONE ANOTHER, BUT SHARE SOME FEATURES IN COMMON. THEY PROVIDE SPECIALIZED COURSES AND WORKSHOPS TO THE TRAINEES, STEM CELL ETHICS TRAINING. EACH TRAINEE WILL HAVE A TWO- TO THREE-YEAR LABORATORY APPOINTMENT WHERE THEY'RE GAINING AND DEVELOPING THEIR RESEARCH SKILLS AND EXPERTISE. THEY DO PARTICIPATE IN PATIENT ENGAGEMENT ACTIVITIES AND COMMUNITY OUTREACH ACTIVITIES JUST AS THEY DO IN OUR OTHER PROGRAMS. THERE HAS BEEN A FORMAL DIVERSITY, EQUITY, AND INCLUSION PLAN INTEGRATED WITHIN THESE PROGRAMS. AND THERE WILL BE SCIENTIFIC CONFERENCE ATTENDANCE AS WELL.

I'VE ONLY BEEN ABLE TO REVIEW THESE NUMBERS VERY SLIGHTLY SINCE THE PROGRAM HASN'T EVEN BEEN RELAUNCHED FOR A YEAR YET. HOWEVER, THERE ARE CURRENTLY 1,073 CIRM SCHOLARS TRAINED OR IN TRAINING TO DATE. 133 OF THIS NUMBER WERE ADDED SINCE PROPOSITION 14 RELAUNCHED. THE BREAKDOWN OF THESE

TRAINEES IS 376 PH.D STUDENTS, 521 POSTDOCS, 178 CLINICAL FELLOWS. THESE TRAINEES HAVE CONTRIBUTED TO A LARGER BODY OF SCIENTIFIC PUBLICATIONS. AT THIS POINT WE'RE UP OVER 1100, AND THAT'S JUST FROM THE FIRST ITERATION OF THIS PROGRAM.

WE DON'T HAVE AS RECENT OUTCOMES TO REPORT SINCE THIS PROGRAM WAS DORMANT, AS I MENTIONED; HOWEVER, I'M VERY EXCITED TO BE ABLE TO START TRACKING AND RETROACTIVELY GETTING INFORMATION ABOUT THE TRAINEES NOW THAT THIS PROGRAM HAS BEEN RELAUNCHED. I CAN TELL YOU ANECDOTALLY THAT A NUMBER OF THEM HAVE GONE ON AND BECOME FACULTY WITHIN OUR OWN STATE AND HAVE CALLED ME TO TALK ABOUT APPLYING TO OUR CIRM PROGRAMS IN THE DISCOVERY STAGE PILLAR. SO WE KNOW OF A NUMBER OF THEM THAT HAVE INDEED GONE ON TO BE LEADERS IN ACADEMIA AND IN COMPANIES AS WELL.

AND DERRICK ROSSI'S NAME CAME UP EARLIER IN J.T.'S PRESENTATION. HE'S ONE OF THE MOST WELL-KNOWN CIRM SCHOLARS.

FINALLY, I WILL TALK JUST A LITTLE BIT ABOUT THE COMPASS PROGRAM WHICH ONLY JUST LAUNCHED. WE'RE VERY EXCITED TO LAUNCH THIS NEW PROGRAM THAT TARGETS DIVERSE UNDERGRADUATE STUDENTS TO PROVIDE TRAINING FOR CAREERS IN REGENERATIVE MEDICINE

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THROUGH THE CREATION OF NOVEL RECRUITMENT AND SUPPORT MECHANISMS THAT WILL IDENTIFY AND FOSTER UNTAPPED TALENT.

THE STRUCTURE OF THESE PROGRAMS ARE INTEGRATED WITHIN BACHELOR'S DEGREE PROGRAMS AT COLLEGES AND UNIVERSITIES WITH ACCESS TO REGENERATIVE MEDICINE-RELATED LABORATORIES. SO THEY DON'T NECESSARILY HAVE TO HAVE THESE LABORATORIES IN HOUSE, BUT THEY HAVE TO HAVE ACCESS TO THOSE LABORATORIES TO BE ABLE TO PROVIDE THE STUDENTS WITH THE TRAINING. THESE PROGRAMS, IMPORTANTLY, IN ADDITION TO TRAINING STUDENTS, THEY ARE CREATING AND SUSTAINING A SUPPORTIVE AND INCLUSIVE TRAINING ENVIRONMENT, THE CULTURAL CHANGE THAT DR. MILLAN WAS REFERRING TO IN HER INTRODUCTION.

SO THIS PROGRAM FUNCTIONS BY KIND OF THREE MAJOR COMPONENTS. OVER HERE ON THE LEFT IS THE OUTREACH AND RECRUITMENT COMPONENT. THIS IS WHERE THESE GRANTEES ARE CHALLENGED TO DEVELOP NOVEL AND INNOVATIVE STRATEGIES TO IDENTIFY STUDENTS WHO MIGHT BE UNDERREPRESENTED OR WHOSE PERSPECTIVES ARE MISSING FROM OUR SCIENTIFIC WORKFORCE AND DEVELOP STRATEGIES TO OUTREACH AND MAKE THESE PROGRAMS ATTRACTIVE TO THEM. THE STRATEGY IS CALLED ADAPTIVE BECAUSE IT'S LEARN AS WE GO. FIND OUT, ASSESS HOW

WE ARE DOING, DETERMINE WHAT'S WORKING, WHAT'S NOT WORKING, AND CHANGE AND ADAPT. THIS COMPONENT OF THE PROGRAM IS SO IMPORTANT. THERE'S A KEY PERSONNEL ROLE THAT'S DEDICATED TO OVERSEEING THIS. AND, OF COURSE, A DIVERSITY, EQUITY, AND INCLUSION PLAN IS AN IMPORTANT PART OF THIS ARM OF THE PROGRAM.

IN THE CENTER WE ARE DISPLAYING THE EXPERIENCE THAT TRAINEES WHO ARE SELECTED TO PARTICIPATE IN COMPASS WILL EXPERIENCE. THEY WILL BE SUPPORTED FOR TWO TO THREE YEARS OF THEIR UNDERGRADUATE DEGREE PROGRAM. THEY WILL RECEIVE FOUNDATIONAL COURSES AND SPECIALIZED COURSES. THEY WILL HAVE OPPORTUNITIES TO DO RESEARCH INTERNSHIPS IN WORLD-CLASS LABORATORIES OVER THE SUMMER OR ON A PART-TIME BASIS DURING THE YEAR WHILE THEY'RE TAKING THEIR COURSES. AND THEY WILL RECEIVE STRATEGIC MENTORING TO HELP THEM DEVELOP SOFT SKILLS, TO HELP THEM FEEL INCLUDED, TO HELP THEM DEVELOP A SENSE OF THEIR COHORT. SO BASICALLY TO PROVIDE AN EXPERIENCE WHERE THEY FEEL SUPPORTED, INCLUDED, AND WELCOME.

AND FINALLY, THE THIRD VERY IMPORTANT COMPONENT ON THE RIGHT IS THE MENTORSHIP PROGRAM. WE ARE ALSO ASKING THESE PROGRAMS TO INNOVATE IN THEIR MENTORSHIP PRACTICES, WHICH AT MINIMUM MUST

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INCLUDE TRAINING OF ALL MENTORS AND PROGRAM PARTICIPANTS IN DEI SENSITIVITY AND THE IMPORTANCE OF INCLUSION. THEY WILL DEVELOP THE COHORT ACTIVITIES THAT THE STUDENTS WILL PARTICIPATE IN AND, GETTING TO DURON'S IMPORTANT POINT RAISED EARLIER, THE SHARING OF PRACTICES. ANY INNOVATIONS AND PRACTICES THAT ARE SUCCESSFUL, WE ARE REQUIRING THEM TO BE SHARED WITH OTHERS SO THAT THE BENEFITS OF THESE DEVELOPMENTS CAN EXTEND BEYOND JUST COMPASS GRANTEES, BUT TO OTHER PROGRAMS THAT ARE TRAINING OUR FUTURE WORKFORCE AND STUDENTS.

SO THE COMPASS PROGRAMS ARE SPREAD ACROSS THE STATE AS YOU CAN SEE HERE. I, IN PARTICULAR, WOULD LIKE TO HIGHLIGHT THE TWO DOTS IN PURPLE THAT YOU SEE. THOSE ARE COMMUNITY COLLEGES: SOLANO COMMUNITY COLLEGE, MIRACOSTA COMMUNITY COLLEGE. THESE ARE FIRST-TIME CIRM GRANTEES. AND THEY ARE BOTH SPECIAL BECAUSE THEY HAVE THE CAPACITY AND EXPERTISE THERE TO TRAIN AROUND MANUFACTURING AND CELL MANUFACTURING. AND YOU WILL HEAR A LOT MORE ABOUT THIS IN THE FUTURE BECAUSE IT'S SUCH A CRITICAL COMPONENT OF WHAT'S NEEDED TO ENSURE OUR MISSION. BUT WE ARE VERY EXCITED TO WELCOME THOSE INTO THE FOLD.

AND, IN PARTICULAR, I WANT TO HIGHLIGHT

ANOTHER SPECIAL ASPECT OF THOSE TWO PROGRAMS. THERE ARE TWO KEY PERSONNEL, ONE INVOLVED AT SOLANO COLLEGE AND ONE AT MIRACOSTA, KEAU WONG AND MICHAEL SILVA, WHO ARE BRIDGES ALUMNI. AND THIS SLIDE JUST DEPICTS THAT THEY BEGAN THEIR BRIDGES TRAINING WAY BACK IN 2011 AND 2012. KEAU WAS AT THE SAN MARCOS PROGRAM. MICHAEL SILVA WAS AT THE CSU CHANNEL ISLANDS PROGRAM. ONCE THEY COMPLETED THEIR TRAINING, THEY WENT INTO POSITIONS IN INDUSTRY, AND NOW THEY'VE COME BACK TO CONTRIBUTE THEIR KNOWLEDGE AND SKILLS TO HELP TRAIN MORE INDIVIDUALS SO THAT THEY CAN BENEFIT FROM THE SAME TYPES OF OPPORTUNITIES THAT THEY DID. THESE ARE BOTH MEMBERS OF THE LEADERSHIP TEAM ON THESE PROGRAMS, AND WE'RE REALLY LOOKING FORWARD TO WORKING WITH THEM AND GETTING THEIR PERSPECTIVE AND HELPING US IMPROVE ALL OF OUR PROGRAMS ACROSS THE BOARD. I'LL GET BACK TO KEAU AT THE END OF MY TALK BECAUSE HE HAS A SPECIAL MESSAGE FOR THE BOARD.

SO IN SUM, I'VE GONE OVER THE RECENT PROGRESS IN THESE FOUR PROGRAMS. THIS IS JUST A SUMMARY SLIDE THAT COMBINES THE TOTAL NUMBER OF TRAINEES THAT HAVE BEEN TRAINED TO DATE THROUGH THESE PROGRAMS AS WELL AS THE NUMBER OF TRAINEES THAT WE EXPECT TO BE ADDED TO THIS ALUMNI OVER THE

NEXT FOUR TO FIVE YEARS. SO HOPEFULLY AT A FUTURE UPDATE I'LL BE ABLE TO SHARE MORE EXCITING NEWS, AND THE COLORS THAT YOU SEE ON THE SLIDE WILL CHANGE.

NOW, JUST BEFORE I GO TO MY FINAL SLIDES WHERE I SHARE A COUPLE OF REAL-LIFE TRAINEE EXPERIENCES WITH YOU, I JUST WANTED TO ALLUDE BRIEFLY BACK TO SOMETHING THAT DR. MILLAN PRESENTED. WE ARE ACTIVELY IMPLEMENTING PROCESS IMPROVEMENTS BASED ON GRANTS WORKING GROUP FEEDBACK AND BOARD FEEDBACK AS WELL AS LESSONS FROM OUR 15 YEARS OF INTERNAL EXPERIENCE MANAGING THESE TRAINING GRANT PROGRAMS. THERE WILL BE NEW PROGRESS REPORT ENHANCEMENTS TO HELP US BETTER CAPTURE QUANTITATIVE AND REPORTABLE OUTCOMES RELATED TO DEI AT BOTH THE TRAINEE AND INSTITUTIONAL LEVEL. WE ARE DEVELOPING ENHANCEMENTS AND UPDATES TO OUR ALUMNI TRACKING SYSTEM. AND, OF COURSE, AS I ALLUDED TO, DEVELOPING SYNERGIES AND ALIGNMENTS BETWEEN AND ACROSS THE EDUC PROGRAMS, INCLUDING THE SHARING OF BEST PRACTICES AND INNOVATIONS.

SO FOR THE FINAL PART OF MY PRESENTATION I JUST WANTED TO SHARE A FEW EXCERPTS OF SOME TRAINEE EXPERIENCES IN THEIR OWN WORDS. I PRESENTED MANY FACTS AND FIGURES AND NUMBERS TO YOU, BUT THERE'S NOTHING THAT CONVEYS A MESSAGE LIKE A PERSONAL ONE.

SO ON MY FIRST SLIDE HERE ARE A COUPLE OF QUOTES FROM SOME RECENT SPARK TRAINEES. ALEXA PARTICIPATED IN THE SANFORD BURNHAM PROGRAM LAST SUMMER. SHE TELLS US, "IT IS NOT NORMAL TO BE PRESENTED WITH AN OPPORTUNITY LIKE THIS FROM WHERE I'M FROM BECAUSE IT'S A SMALL AND LOW INCOME TOWN. WHEN I TOLD MY FAMILY ABOUT THIS, THEY WERE VERY SUPPORTIVE. EVEN THOUGH I WOULD NEED TO SPEND MY SUMMER INTERNSHIP AWAY FROM MY HOMETOWN, THEY WERE OKAY WITH IT BECAUSE THEY KNEW THAT I COULD NOT MISS OUT ON THE OPPORTUNITY."

ON THE BOTTOM PART OF MY SLIDE, ANVITHA TOLD US SHE HAD AN AMAZING TIME THIS SUMMER WORKING UNDER HER PRINCIPAL INVESTIGATOR AND MENTOR. SHE SAID THE AMOUNT OF LESSON SKILLS AND KNOWLEDGE SHE LEARNED OVER THESE PAST TEN WEEKS SHOWS HOW MUCH A DEDICATED, COMMITTED, AND CURIOUS STUDENT CAN DO.

BOTH OF THESE STUDENTS ARE STILL IN HIGH SCHOOL, AND WE EXPECT GREAT THINGS FROM THEM IN THE FUTURE.

A COUPLE OF STORIES FROM SOME BRIDGES ALUMNI. JENNIFER HAMPTON HILL AT CALPOLY HUMBOLDT, A GRADUATE FROM THE 2011 PROGRAM, MENTIONED THAT SHE WAS A GOOD STUDENT AS AN UNDERGRADUATE, BUT WASN'T REALLY PREPARED FOR HER NEXT STEPS; BUT LUCKILY HER

MENTORS, DR. SPROWLES AND VARKEY, ENCOURAGED HER TO APPLY FOR THE BRIDGES PROGRAM. SHE SAYS IF SHE HADN'T DONE IT, SHE WASN'T SURE SHE WOULD HAVE GONE TO GRADUATE SCHOOL. SHE'S EXTREMELY THANKFUL FOR THE EXPERIENCE. IT WAS PIVOTAL FOR HER CAREER. SHE'S CURRENTLY A POSTDOC AT THE UNIVERSITY OF UTAH, AND SHE RECENTLY WON A VERY PRESTIGIOUS NOSTER IN SCIENCE MICROBIOME PRIZE FOR HER DISCOVERY THAT BACTERIAL CUES IN THE GUT CAN STIMULATE DEVELOPMENT OF INSULIN PRODUCING CELLS. SO HER WORK IS ALSO TOUCHING ON THE DIABETES FIELD FROM A DIFFERENT ANGLE, BUT HAVING AN IMPACT ALREADY.

ON THE LOWER PART OF MY SLIDE IS MIKO MALLARI WHO IS A STUDENT AT ONE OF OUR COMMUNITY COLLEGE-BASED BRIDGES PROGRAMS, CITY COLLEGE OF SAN FRANCISCO, VERY RECENTLY. HE'S AN EXAMPLE OF A STUDENT WHO HAD COME BACK TO OBTAIN SKILLS, THAT HE WASN'T PARTICULARLY HAPPY WITH THE WAY HIS CAREER WAS GOING WITH HIS CURRENT DEGREE, SO HE CAME BACK TO OBTAIN SOME ADDITIONAL SKILLS BECAUSE HE WASN'T SURE THAT HE HAD WHAT IT TAKES TO BE A SCIENTIST. HE NOW SAYS, "I'M SO GLAD TO HAVE TAKEN THE TIME TO PROGRESS THROUGH THE BIOTECH PROGRAM. I OWE A LOT OF MY SUCCESS TO THE MENTORS THAT I MET THERE, AND I FEEL MORE THAN READY FOR MY NEXT STEPS." HE'S

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CURRENTLY BEEN HIRED AS A RESEARCH ASSOCIATE AT SANA BIOTECHNOLOGY, WHICH IS A WELL KNOWN AND HIGHLY PROMISING LOCAL COMPANY -- WELL, THERE'S A LOCAL BRANCH ANYWAY.

AND, FINALLY, MY LAST SLIDE. THERE ARE JUST A COUPLE OF MORE INTERN STORIES THAT ARE VERY RECENT. KEVIN BROWN FROM THE CSU SAN MARCOS PROGRAM ACTUALLY RECORDED A VIDEO FOR US. WHILE WE DIDN'T HAVE TIME TO SHOW THE WHOLE THING AT THIS MEETING, WE WILL FIND A WAY TO MAKE IT AVAILABLE FOR ANYONE INTERESTED THROUGH SOME OF OUR OTHER OUTREACH OPPORTUNITIES.

KEVIN TELLS US, "A LOT OF THE RELATIONSHIPS I MADE HELPED ME MOVE FORWARD WHERE I WANTED TO GO AND WHAT I WANTED TO DO. THIS EXPERIENCE OPENED MY EYES TO THE PLETHORA OF POSSIBILITIES AND OPPORTUNITIES WITHIN SCIENCE. NOW I'M CONSIDERING MOVING FORWARD WITH AN M.D./PH.D. PROGRAM AND UNDERSTANDING HOW TO INCORPORATE MEDICINE AND RESEARCH INTO MY FUTURE."

FINALLY, I WANT TO CLOSE, GOING BACK TO KEAU WONG, WHO, AS I MENTIONED, WAS INDEED A BRIDGES SCHOLAR IN 2011 AND IS NOW ON THE LEADERSHIP TEAM OF A NEW COMPASS AWARD AT MIRACOSTA COLLEGE. HE ALSO CREATED A VIDEO THAT I WANT TO BE SURE TO SHARE WITH

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ALL OF YOU IN THE FUTURE. BUT FOR NOW I'LL JUST LEAVE YOU WITH THIS QUOTE. "I AM COMMITTED TO REIMBURSING MY EXPERIENCES, WITH INSURANCE, SO THAT STUDENTS WILL CONTINUE TO PARTICIPATE IN THESE HIGH IMPACT PROGRAMS THAT I BENEFITED FROM OVER A DECADE AGO. I'M A PROUD CIRM PRODUCT AND PARTNER." AND HIS MESSAGE TO YOU IS "THANK YOU AGAIN FOR YOUR TIME, YOUR INVESTMENTS, YOUR COMMITMENT TO THESE CRITICALLY IMPORTANT WORKFORCE AND EDUCATION PROGRAMS ACROSS CALIFORNIA." KEAU IS CURRENTLY AN ADJUNCT FACULTY AND DIRECTOR OF SECTOR DEVELOPMENT AND STRATEGIC PARTNERSHIPS AT THE BIOSCIENCES WORKFORCE DEVELOPMENT HUB AT MIRACOSTA COLLEGE.

AND THAT CONCLUDES MY PRESENTATION. THERE ARE A COUPLE OF LINKS HERE FOR MORE INFORMATION ABOUT THESE PROGRAMS AS WELL AS A LINK TO OUR BLOG WHERE MANY OF THESE STUDENT STORIES ARE FEATURED, PAST, PRESENT, AND FUTURE. AND I JUST DO WANT TO ACKNOWLEDGE THAT THERE ARE A NUMBER OF INDIVIDUALS AND TEAMS AT CIRM AND GRANTEES WHO ACTUALLY HELPED CONTRIBUTE TO A LOT OF THE INFORMATION YOU'VE SEEN IN THESE SLIDES. THANK YOU VERY MUCH. I'M HAPPY TO TAKE ANY QUESTIONS IF THERE ARE ANY.

CHAIRMAN THOMAS: THANK YOU, KELLY. THAT WAS ALMOST OVERWHELMING. SOMEBODY PLEASE GO ON

MUTE. WE'RE GETTING SOME INTERFERENCE HERE. THANK YOU.

I JUST WANTED TO SAY THAT THIS IS SO OUTSTANDING AND SO IMPORTANT FROM THE STANDPOINT OF ADVANCING THE WORKFORCE IN THE FIELD AND GENERATING INTEREST AND ENTHUSIASM IN REGENERATIVE MEDICINE. AND, AS ALWAYS, YOU'VE DONE A PHENOMENAL JOB IN MAKING ALL OF THIS HAPPEN. YOU HAVE A LOT BALLS IN THE AIR WITH ALL THE DIFFERENT PROGRAMS, AND YOU EFFORTLESSLY AND SEEMINGLY, IT SEEMS FROM THE OUTSIDE, TO PULL ALL OF THIS OFF IN A HIGHLY PROFESSIONAL MANNER. I JUST WANT, ON BEHALF OF THE BOARD, CONGRATULATE YOU FOR YOUR OUTSTANDING WORK. SO THANK YOU VERY MUCH.

WITH THAT, ARE THERE QUESTIONS, COMMENTS?

MR. TORRES: MR. CHAIRMAN, I CONTINUE TO BE MUTED AND UNMUTED. I HOPE YOU CAN HEAR ME.

CHAIRMAN THOMAS: YES, SENATOR TORRES.

MR. TORRES: I JUST WANT TO SAY CONGRATULATIONS, KELLY. YOU'VE DONE AN INCREDIBLE JOB. WHEN I FIRST CAME TO CIRM IN 2009, I EMBRACED THE BRIDGES PROGRAM A HUNDRED PERCENT. WHEN I MET WITH SOME OF OUR FIRST STUDENTS, MANY OF THEM WERE FROM UNDERSERVED AREAS OF CALIFORNIA. AND THE CONSISTENT PATTERN WAS WITHOUT THIS PROGRAM THEY

COULD NOT HAVE CONTINUED THEIR EDUCATION BECAUSE THEY COULDN'T AFFORD THE TUITION. AND SO THE STIPEND REALLY HELPED THEM GET OVER THE LINE AND CONTINUE THEIR ACADEMIC WORK.

EVERY TIME I'VE RAISED THIS PROGRAM WITH THE GOVERNOR AND LEGISLATURE, IT IS A FAVORITE FOR THEM BECAUSE THEY JUST CAN'T BELIEVE THE KIND OF WORK THAT WE ARE DOING WITH UNDERGRADUATES AND HIGH SCHOOL STUDENTS TO CONTINUE THEIR EDUCATION. BUT MORE IMPORTANTLY, WE ARE LAYING THE GROUNDWORK FOR FUTURE STEM CELL SCIENTISTS. AND SOME OF THE ACHIEVEMENTS OF THE GRADUATES OF BRIDGES AND SPARKS THAT KELLY JUST HIGHLIGHTED CLEARLY SHOW A PATTERN THAT WE ARE DOING THE RIGHT THING. AGAIN, CONGRATULATIONS TO KELLY AND THE STAFF AND THE STAFF BEFORE THAT HELPED CREATE THE BRIDGES PROGRAM, WITH ME THE SPARKS PROGRAM. IT'S REALLY BEEN A MONUMENTAL LEGACY FOR CIRM THAT'S GOING TO LAST GENERATIONS. THANK YOU.

CHAIRMAN THOMAS: THANK YOU, ART.

I'M JUST GOING TO GO IN SEQUENCE THAT I SEE ON MY SCREEN.

DR. BARRETT: THANK YOU VERY MUCH, J.T. SORRY. THERE'S A LOT OF INTERFERENCE. MAYBE ART COULD MUTE. FANTASTIC.

KELLY, THANK YOU FOR SUCH A WONDERFUL PRESENTATION. IT'S REALLY PLEASING TO SEE THE RESTART OF THE SCHOLARS PROGRAM. AND AS A FORMER GRADUATE DEAN, I WOULD BE REMISS IN NOT NOTICING THE POTENTIAL FOR PEER MENTORING AND NEAR PEER MENTORING AND THE SYNERGY THAT YOU CAN HAVE BETWEEN THESE PROGRAMS. ARE THERE INTENTIONAL EFFORTS TO UTILIZE THESE GRADUATE STUDENTS AND POSTDOCS AS MENTORS FOR THE UNDERGRADUATES AND HIGH SCHOOL STUDENTS?

DR. SHEPARD: YES. THAT'S A VERY GOOD POINT. AND AS YOU MIGHT HAVE NOTICED BY THE LOCATIONS OF SOME OF THE DIFFERENT PROGRAMS, THERE ARE MANY OPPORTUNITIES FOR INTERACTION BETWEEN THE CIRM SCHOLARS AT THE MAJOR RESEARCH UNIVERSITIES WITH BRIDGES STUDENTS WHO DO INTERNSHIPS THERE AS WELL AS FUTURE COMPASS SCHOLARS AND ALSO SPARKS STUDENTS. AND SO PART OF MY GOALS FOR THE COMING YEAR IS, NOW THAT COMPASS IS LAUNCHING UP, IS TO BRING PROGRAM DIRECTORS TOGETHER AND ENCOURAGE MORE OF THIS. WE HAVE SEEN SOME OF THIS HAPPEN ORGANICALLY, BUT IT'S CRITICALLY IMPORTANT. AND, IN FACT, IN THE COMPASS PROGRAM, WE SPECIFICALLY CALLED OUT FOR THE TRAINING OF MENTORS SO THAT THESE CIRM SCHOLARS WHO WILL ACT AS MENTORS ACTUALLY RECEIVE APPROPRIATE TRAINING TO HELP THEM BE BETTER MENTORS.

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DR. BARRETT: THANK YOU.

CHAIRMAN THOMAS: GEORGE.

DR. BLUMENTHAL: THANK YOU. THANK YOU, KELLY. IT'S A VERY IMPRESSIVE PRESENTATION. I'M MOST IMPRESSED WITH THE SUCCESS THAT YOU'VE HAD. FOR EXAMPLE, IN THE BRIDGES PROGRAM, LOOKING AT THE OUTCOME AND IMPACT DATA WAS REALLY IMPRESSIVE IN TERMS OF WHAT THOSE STUDENTS HAVE DONE SINCE GRADUATION. ONE OF THE MAJOR GOALS, OF COURSE, IS TO ADVANCE DIVERSITY IN THESE PROGRAMS. I WAS WONDERING WHETHER YOU HAVE DATA, FOR EXAMPLE, FOR THE BRIDGES PROGRAM ON THE DIVERSITY OF THOSE STUDENTS WHO HAVE PARTICIPATED IN THOSE PROGRAMS AND HOW THAT DIVERSITY COMPARES TO, FOR EXAMPLE, THE OVERARCHING DIVERSITY OF THE INSTITUTIONS FROM WHICH THEY COME FROM?

DR. SHEPARD: YES. THAT'S A QUESTION THAT HAS A RATHER LONG ANSWER AS WELL. SO THE SIMPLE ANSWER IS FOR EVERY STUDENT THAT'S APPOINTED INTO OUR PROGRAM, THERE IS A SET OF DEMOGRAPHIC DATA THAT IS COLLECTED ABOUT THEM AND HAS BEEN FOR A NUMBER OF YEARS, ALTHOUGH THE MEANS BY WHICH THAT DATA HAS BEEN COLLECTED HAS VARIED OVER TIME BECAUSE THIS PROGRAM -- THESE PROGRAMS STARTED VERY, VERY EARLY IN CIRM'S EXISTENCE BEFORE WE HAD THE CAPABILITIES

THAT WE DO NOW.

SO A LOT OF MY TIME I SPEND GOING OVER AND SYNTHESIZING AND FIGURING OUR THE BEST WAYS TO PRESENT THESE THINGS. BEFORE I GO FURTHER ON THE TOPIC, MAY I PLEASE DEFER TO DR. MARIA MILLAN, WHO MENTIONED THAT THERE WILL BE A PRESENTATION ON DEI SPECIFICALLY COMING, AND I'D LIKE TO HAVE HER ADVICE ON HOW MUCH TIME I SHOULD SPEND ADDRESSING THIS NOW AS OPPOSED TO COVERING THIS IN MORE DETAIL AT A FUTURE PRESENTATION. DR. MILLAN, DID YOU HAVE PERSPECTIVE ON THIS?

DR. MILLAN: I THINK IT WOULD BE WONDERFUL TO JUST LOOK AT IT ALTOGETHER AT AN UPCOMING PRESENTATION. BUT YOU CAN TELL THAT IT'S SOMETHING THAT WE'RE REALLY FOCUSING ON AND WE'RE BUILDING THAT, THE SYSTEMS FOR THAT. IT'S VERY IMPORTANT. WE WON'T KNOW IF WE'RE SUCCESSFUL UNLESS WE MEASURE THESE METRICS OF SUCCESS FOR THESE OBJECTIVES. SO THAT'S SOMETHING THAT IS REALLY INCORPORATED INTO THE PRINCIPLES OF HOW CIRM FUNDS PROGRAMS AND FOLLOWS PROGRAMS, AND THESE ARE THE ADDITIONAL ENHANCEMENTS YOU'LL BE HEARING ABOUT AT THE UPCOMING PRESENTATION.

DR. SHEPARD: THANK YOU.

CHAIRMAN THOMAS: THANK YOU, GEORGE. STAY

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TUNED IS THE SHORT ANSWER TO THAT QUESTION. YSABEL.

MS. DURON: THANK YOU, MR. CHAIR. AND I'M GOING TO KIND OF FOLLOW THE THEME WITH GEORGE.

KELLY, FIRST OF ALL, I HAVE TO GUSH. I THINK I'M SO THRILLED AND PLEASED AND PROUD OF WHAT CIRM IS DOING FOR STUDENTS. AND ALONG THAT CONTINUUM, I'M SO THRILLED TO SEE THE OUTCOMES. BUT MY VERY FIRST THOUGHT EVERY TIME I LOOKED AT A SLIDE IS WHERE IS THE DEMOGRAPHIC BREAKDOWN? I KNOW WE HAD A LITTLE BIT OF THAT IN A PRIOR PRESENTATION. SO I THINK THERE'S SOMETHING OUT THERE RIGHT NOW THAT CAN AT LEAST GIVE US, EVEN WITHIN THE GROUPS, CURRENTLY, EVEN THE PAST YEAR OR TWO, TO SEE THAT DEMOGRAPHIC BREAKDOWN AND, THEREFORE, TO SHOW, I THINK, EVEN AS GEORGE MENTIONED, NOT JUST COMPARING AGAINST THE OTHER INSTITUTIONS, BUT CIRM'S PROGRESS ALONG THE DEI SPHERE. I KNOW IT'S GOING TO BE HARDER TO CAPTURE SOME OF THAT INITIAL DATA; BUT AS ART MENTIONED, OF COURSE, THERE WERE RACIAL AND ETHNIC MINORITY KIDS FROM THE GET-GO. SO TO SEE THAT CIRM NOW IS REALLY MOVING FORWARD AND REFLECTING A REAL COMMITMENT AND INTENTIONALITY TO DEI.

SO EVERY ONE OF THOSE TIMES YOU DO A PRESENTATION, YOU NEED A SLIDE IN THERE THAT SHOWS

THE DEMOGRAPHIC BREAKDOWN BECAUSE A LOT OF PEOPLE WILL SAY, "OH, YOU HAVE ONE PICTURE OF THAT KID THERE. OH, YES, ISN'T SHE COOL?" BUT WHAT DOES IT REALLY LOOK LIKE IN TERMS OF THE NUMBERS? I LEARNED IT FROM ALL THE HARDCORE SCIENTISTS. GIVE ME THE NUMBERS.

DR. SHEPARD: I WILL BE HAPPY TO DO THAT. AT THE NEXT OPPORTUNITY TO PRESENT TO YOU, I WILL BE SURE TO INCLUDE THE BEST INFORMATION I CAN PROVIDE.

MS. DURON: GREAT. THANK YOU, KELLY.

CHAIRMAN THOMAS: THANK YOU. I SHOULD SAY, YSABEL, ANECDOTALLY, HAVING BEEN TO MOST ALL OF THE BRIDGES AND SPARK CONFERENCES THAT KELLY REFERENCED OVER THE YEARS, THERE'S TREMENDOUS DEMOGRAPHIC DIVERSITY. I THINK WE DO A VERY, VERY GOOD JOB OF REACHING OUT, IN PARTICULAR, TO UNDERSERVED COMMUNITIES. AND I THINK WHEN KELLY PRESENTS THE DATA AT THE FOLLOWING MEETING, YOU WILL SEE THAT BACKED UP. JUST REST ASSURED THAT HAS ALWAYS BEEN A TOP PRIORITY AND WILL CONTINUE TO BE.

MS. DURON: YOU KNOW WHAT. SORRY, J.T. I APPRECIATE YOUR TESTIMONIAL. AND HAVING BEEN THERE, I TOO COULD TESTIFY. BUT IT IS FOR THE PUBLIC TO SEE AND KNOW THAT THE INVESTMENTS WE ARE MAKING AND NEED ARE MAKING CHANGE AND IMPACT. AND FOR OUR

COMMUNITY OF COLOR WHO HAVE BEEN UNDERSERVED, TO RECOGNIZE AND SEE AND CAN BE PROUD THAT THEIR KIDS ARE THERE TOO. THAT REALLY NEEDS TO BE SHOWN. SO I APPRECIATE YOUR TESTIMONIAL. I KNOW YOU LOVE THESE PROGRAMS TOO, BUT WE NEED TO SEE THE EVIDENCE, RIGHT? THAT'S WHAT WE'RE TALKING ABOUT.

CHAIRMAN THOMAS: THANK YOU. AND THANK YOU, BY THE WAY, ALSO FOR YOUR EXPERT PRESENTATION INTO THE BRIDGES CONFERENCE THIS SUMMER. THAT WAS A MOST SUCCESSFUL PANEL, AND ALL OF YOUR COMMENTS WERE GREATLY APPRECIATED AND INSIGHTFUL AS ALWAYS. SO THANK YOU FOR THAT.

HAIFAA.

DR. ABDULHAQ: THANK YOU. SO THANK YOU SO MUCH, KELLY. IT'S SO INVIGORATING AND SO GRATIFYING TO SEE THE OUTCOMES OF THESE PROGRAMS. MY QUESTION TO YOU OR MY COMMENT IS I NOTICED, LOOKING AT THE MAPS FOR ALL THE PROGRAMS, THAT I DID NOT SEE PARTICIPATING INSTITUTIONS IN THE VALLEY, WHETHER IT'S IN FRESNO, MERCED, OR IN THE VALLEY AREA. AND I'M WONDERING WHY THAT IS AND IF CIRM INTENDS TO DO SOMETHING ABOUT THAT AND ALSO INVOLVE THE VALLEY.

DR. SHEPARD: SO ONE OF THE NEW COMPASS AWARDS WAS TO UC MERCED. SO WE ARE REALLY EXCITED TO ADD THEM. AND THAT MIGHT BE CLOSEST TO THE

VALLEY THAT WE HAVE OFFERING AT THIS TIME. BUT I TOTALLY AGREE WITH YOU AND UNDERSTAND.

SO PART OF WHAT WE'RE TRYING TO DO IS WE RECEIVE APPLICATIONS, AND THOSE ARE EVALUATED. AND WE DON'T RECEIVE A LOT OF APPLICATIONS FROM THOSE AREAS, BUT THAT DOESN'T MEAN WE CAN'T WORK THROUGH THE MEANS THAT WE HAVE TO TRY TO BE MORE INCLUSIVE TO STUDENTS FROM THOSE AREAS. AND SO EACH OF THESE PROGRAMS ARE ALLOWED TO PARTNER. THEY CAME IN WITH PARTNERS IN THEIR APPLICATION, BUT THEY ARE ALLOWED TO PARTNER WITH MORE PLACES TO BRING IN MORE STUDENTS.

PART OF MY GOAL AS THE PROGRAM DIRECTOR OF THESE EDUC PROGRAMS IS TO BRING THE PROGRAMS TOGETHER AND MAKE THEM AWARE OF WHO ELSE HAVE PROGRAMS AND WHAT KIND OF CONNECTIONS CAN BE MADE AND FOSTERED. AND I CAN TELL YOU THAT SINCE THE COMPASS AWARDS WERE FUNDED LAST MONTH, WE ALREADY HAD A NEW PARTNERSHIP CREATED BETWEEN ONE OF THE COMPASS AWARDEES AND AN INSTITUTION. SO I'M VERY ENCOURAGED THAT WE CAN BUILD ON THIS AND TRY TO BECOME MORE INCLUSIVE OVER TIME AND JUST KEEP BUILDING ON THAT AND DOING OUR BEST TO MAKE THIS MORE EXPANSIVE AND REACH MORE PEOPLE.

DR. ABDULHAQ: ALL RIGHT. THANK YOU.

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CHAIRMAN THOMAS: THANK YOU. MARIA.

DR. MILLAN: KELLY MADE THE POINT ABOUT THE COLLABORATIONS AND THE CROSS COLLABORATIONS THAT WILL BRING IN THE VARIOUS INSTITUTIONS, BUT I WANTED TO HIGHLIGHT THAT TWO COMMUNITY COLLEGES HAVE BEEN FUNDED UNDER THE EDUC5 PROGRAM. THAT WAS CHOSEN BY OUR GWG. SO THEY'RE UP AGAINST ACADEMIC CENTERS AROUND CALIFORNIA. AND THEY WERE CHOSEN BECAUSE THEY HAD SUCH STRONG PROGRAMS, AND THEY BRING VALUE IN TERMS OF QUALITY OF THE PROGRAMS AND WHAT THEY BRING IN TERMS OF THE COMMUNITIES THAT THEY WILL BE ABLE TO BRING INTO THIS WHOLE ECOSYSTEM. SO WE'RE REALLY EXCITED ABOUT IT, THAT IT SPANS ACROSS COMMUNITY COLLEGES, STATE COLLEGES, THE UC'S, AND IT WILL EXPAND OUR GEOGRAPHIC REACH.

DR. SHEPARD: JUST TO ADD A LITTLE BIT, SOMETHING THAT I FORGOT TO MENTION IS, NOT ONLY ARE THERE COMMUNITY COLLEGES THAT HOLD THESE GRANTS THEMSELVES NOW, BUT MANY OF THE BRIDGES PROGRAMS AND THE COMPASS PROGRAMS DO RECRUIT AND WILL BE RECRUITING DIRECTLY FROM COMMUNITY COLLEGES. ESPECIALLY WITH COMPASS WHICH TARGETS EARLIER STAGE STUDENTS, THEY WILL ACTUALLY -- SOME OF THEM ARE ACTUALLY REACHING OUT INTO HIGH SCHOOLS. AND SO THAT IS ANOTHER WAY TO TRY TO INCREASE AWARENESS OF

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THESE OPPORTUNITIES AROUND THE STATE.

CHAIRMAN THOMAS: THANK YOU, KELLY.

ANY OTHER COMMENTS OR QUESTIONS FROM MEMBERS OF THE BOARD? SEEING NONE, KELLY, THANK YOU ONCE AGAIN, FANTASTIC PRESENTATION, OUTSTANDING PROGRAMS, AND REALLY, REALLY EXCELLENT LEADERSHIP BY YOU ACROSS THE BOARD. SO THANK YOU VERY MUCH AGAIN.

DR. SHEPARD: THANK YOU VERY MUCH. IT TAKES A VILLAGE, AND I THANK YOU ALL FOR YOUR SUPPORT.

CHAIRMAN THOMAS: THANK YOU. OKAY. WE'RE GOING TO GO ON NOW TO OUR FIRST ACTION ITEM, WHICH IS CONSIDERATION FOR THE CONCEPT PLAN FOR PATIENT SUPPORT PROGRAM, AND WE'RE GOING TO HEAR FROM SEAN TURBEVILLE.

DR. TURBEVILLE: GREAT. WELL, LET ME GET THIS KICKED OFF HERE AND MAKE SURE YOU CAN SEE THE SLIDES.

CHAIRMAN THOMAS: WE CAN.

DR. TURBEVILLE: EXCELLENT. ALL RIGHT.

MR. CHAIRMAN, MR. VICE CHAIRMAN, MEMBERS OF THE BOARD, THANK YOU FOR THE OPPORTUNITY TO GIVE YOU AN UPDATE ON THE PATIENT SUPPORT PROGRAM, BUT, MORE IMPORTANTLY, A CONCEPT PLAN THAT DESCRIBES THE SCOPE AND OUR VISION OF A PATIENT SUPPORT PROGRAM

THAT WILL SUPPORT, NOT ONLY A NUMBER OF INITIATIVES, BUT ALSO THE PATIENT ACCESS FUND.

SO SPEAKING OF THAT, IT'S PROBABLY GOOD TO BACK UP A LITTLE BIT AND DETERMINE WHERE THIS LANGUAGE CAME FROM, PARTICULARLY THE PATIENT ASSISTANCE FUND. SO THIS LANGUAGE CAME OUT DIRECTLY OF PROPOSITION 14, AND I'LL VERBATIM DESCRIBE WHAT IS IN THE PROPOSITION. "ALL ROYALTY REVENUES RECEIVED THROUGH THE INTELLECTUAL PROPERTY AGREEMENTS SHALL BE DEPOSITED INTO AN INTEREST BEARING ACCOUNT IN THE GENERAL FUND, ...FOR THE PURPOSE OF OFFSETTING THE COST OF PROVIDING TREATMENTS AND CURES ARISING FROM INSTITUTE-FUNDED RESEARCH TO CALIFORNIA PATIENTS WHO HAVE INSUFFICIENT MEANS TO PURCHASE SUCH TREATMENTS OR CURES, INCLUDING THE REIMBURSEMENT OF PATIENT-QUALIFIED COSTS FOR RESEARCH PARTICIPANTS."

SO THIS IS THE LANGUAGE THAT GENERATED THE PATIENT ASSISTANCE FUND. SO THE AAWG GOT TOGETHER IN FEBRUARY OF 2022 AND DIRECTED CIRM TO SECURE ACCESS TO 15.6 MILLION IN THE LICENSING AND REVENUE FUND AND PROVIDE OPTIONS FOR DEVELOPING A CIRM PATIENT ASSISTANCE PROGRAM CONSISTENT WITH THE PROPOSITION LANGUAGE.

SO CIRM RESPONDED BY DOING THE FOLLOWING:

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ONE, WE SECURED THE FUNDS THROUGH THE FISCAL YEAR 2022-2023; TWO, WE PROVIDED OPTIONS FOR THE CIRM PATIENT ASSISTANCE PROGRAM TO SUPPORT THE AAWG AND TO INFORM DEVELOPMENT OF A CONCEPT PLAN. AND, FINALLY, THE DEVELOPMENT OF A DRAFT CONCEPT PLAN, WHICH HAS BEEN POSTED, IN RESPONSE TO THE AAWG RECOMMENDATIONS.

SO THIS IS A TIMELINE OF EVENTS. IT'S SORT OF A QUICK SNAPSHOT OF THE INTERACTIONS THAT WE'VE HAD WITH THE AAWG. THERE'S BEEN A LOT OF DISCUSSION. AS I MENTIONED EARLIER, THERE WAS THE BUDGET PROCESS FOR THE PATIENT ASSISTANCE FUND THAT TOOK OFF IN FEBRUARY. WE'VE HAD LOTS OF DISCUSSIONS WITH THE AAWG AND PRESENTATIONS OF PROPOSALS. WE ALSO KICKED OFF A MEDICAL AFFAIRS RESEARCH INITIATIVE, WHICH I'LL TALK TO IN A FEW MINUTES. IN JUNE WE GOT THE GOVERNOR'S BUDGET APPROVED, SO WE HAVE 15.6 LOCKED DOWN FOR THIS INITIATIVE. IN AUGUST WE PRESENTED OUR CONCEPT PLAN TO THE AAWG, RECEIVED FEEDBACK FROM THEM, AND TODAY WE ARE HERE TO PRESENT AT THE ICOC CONSIDERATION FOR THE PATIENT SUPPORT PROGRAM.

SO THE AAWG PSP RECOMMENDATIONS. SO, ONE, WE WANT TO PRESENT TODAY THE CONCEPT PLAN FOR THE PATIENT PROGRAM. THE PROPOSED PLAN WILL PROVIDE THE

FOLLOWING. SO THIS IS, AGAIN, POSTED ON OUR WEBSITE. ONE, WE WANT TO PROVIDE LOGISTICAL SUPPORTS FOR PATIENTS BEING EVALUATED OR ENROLLED IN CLINICAL TRIALS. AND, TWO, FINANCIAL SUPPORT FOR UNDERRESOURCED AND UNDERSERVED POPULATIONS IN CIRM-SUPPORTED CLINICAL TRIALS, INCLUDING THE CIRM PATIENT ASSISTANCE FUND.

SO OUR ASK OF YOU TODAY IS TO CONSIDER THE PROPOSED CONCEPT FOR THE DEVELOPMENT OF AN RFP. WE'D LIKE TO INITIATE THAT, GET THAT OUT THERE, START HAVING SOME OF THE SERVICE PROVIDERS RESPOND TO OUR RFP. THERE'S A NUMBER OF ADVANTAGES TO THAT. ONE, OPERATIONALLY IT TAKES TIME TO PUT THESE IN PLAY; AND, TWO, THERE'S SOME ADDITIONAL INFORMATION WE'D LIKE TO GATHER FROM SOME OF THE SUBJECT MATTER EXPERTS THAT ARE ASSOCIATED WITH THESE ORGANIZATIONS.

FINALLY, TO HIGHLIGHT, THIS PATIENT SUPPORT PROGRAM IS ONLY ONE COMPONENT OF THE FIVE-YEAR STRATEGIC PLAN. SO I HAVE MANY MORE IDEAS THAT I WANT TO PRESENT THAT WILL ALIGN WITH THE ROAD MAP FOR ACCESS AND AFFORDABILITY. AND I'M HOPING TO PRESENT THOSE BEFORE THE END OF THE YEAR. OKAY.

SO MANY OF YOU HAVE SEEN THIS SLIDE. THIS IS THE PLAN RATIONALE. THESE ARE THE BARRIERS WE'RE

TRYING TO BASICALLY ATTACK FOR THE MOST PART IN TERMS OF ACHIEVING BROAD AND EQUITABLE ACCESS TO REGENERATIVE MEDICINES. MANY OF YOU HAVE SEEN THIS IN OUR PREVIOUS PRESENTATIONS. IF YOU DID A LITERATURE RESEARCH OR REVIEW, YOU WOULD FIND THESE FIVE BUCKETS. MANY OF YOU ON THIS CALL ARE SUBJECT MATTER EXPERTS IN MANY OF THESE FIELDS. WHAT WE'RE FOCUSING ON RIGHT NOW FOR THIS PROGRAM IS THE INFORMATIONAL COMPONENT THAT WE CAN PROVIDE FOR PATIENTS AND FAMILY MEMBERS, THE LOGISTICAL COMPONENT FOR THOSE FAMILY MEMBERS AND PATIENTS, AND THE FINANCIAL.

WITH RESPECT TO THE FINANCIAL, WE HAVE A WHOLE WORKSTREAM WITH RESPECT TO BUSINESS RULES THAT IDENTIFIES WHO THESE PATIENTS ARE, HOW THEY QUALIFY. THOSE ARE ALL STANDARD OPERATIVE PROCEDURES. AND THAT WORKSTREAM IS KICKED OFF, AND WE PLAN TO PRESENT THAT INFORMATION AT THE NEXT AAWG.

SO THIS IS WHAT WE ARE TARGETING, AS I MENTIONED EARLIER, THE THREE COMMON TYPES OF BARRIERS. SO LET ME PAUSE HERE AND JUST KIND OF DESCRIBE HOW THIS IS BUILT OUT. THE PATIENT SUPPORT PROGRAM IS A HUB. AND IN THAT HUB THERE ARE MULTIPLE SERVICES THAT YOU CAN PUT IN PLAY. THE SERVICES THAT WE WANT TO FOCUS ON, AGAIN, ARE

INFORMATIONAL RIGHT OUT OF THE GATE. WHAT THIS WOULD PROVIDE IS PATIENTS' ACCESS TO THE INFORMATION, THE TYPES OF CIRM CLINICAL TRIALS, WHETHER THEY QUALIFY, IT'S A SAFE HARBOR FOR THEM TO ASK ADDITIONAL QUESTIONS, AND IT ALSO ALLOWS US TO DETERMINE WHETHER OR NOT THEY QUALIFY FOR THE PATIENT ACCESS FUND ELIGIBILITY.

LOGISTICAL COORDINATION, THAT, AGAIN, IS UNDER THE PATIENT SUPPORT PROGRAM, UNDER THAT UMBRELLA. WE HAVE THE EXPERTISE TO PROVIDE LOGISTICS FOR THE PATIENTS AND THEIR FAMILY MEMBERS THROUGH THE CELL AND GENE THERAPY SPACE.

FINALLY, UNDER THIS UMBRELLA IS THE FINANCIAL. THIS IS WHERE THE PATIENT ACCESS FUND SITS.

SO THIS MECHANISM WILL BE THE MECHANISM FOR WHICH WE WILL DEPLOY THE PATIENT ACCESS FUND RESOURCES TO SUPPORT PATIENTS, OF COURSE, THAT ARE UNDERRESOURCED AND UNDERSERVED POPULATIONS. AND THERE'S A NUMBER OF BUSINESS RULES THAT WE'RE STARTING TO PUT IN PLAY THAT DEFINE THOSE CHARACTERISTICS.

LET ME ALSO PAUSE HERE JUST FOR A SECOND. FOR BACKGROUND, PATIENT SUPPORT SERVICES HAVE BECOME INCREASINGLY IMPORTANT FOR CELL AND GENE THERAPIES.

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NO FDA-APPROVED PRODUCT LAUNCHES IN THE UNITED STATES WITHOUT A PATIENT SUPPORT PROGRAM. AND IN CELL AND GENE THERAPIES, WHAT WE'RE LEARNING RIGHT NOW IS THEY'RE BECOMING EVEN MORE IMPORTANT, NOT ONLY TAKING THE PATIENT THROUGH THE CLINICAL COMPONENT, ALSO ALL THE WAY TO THE POSTMARKETING COMPONENT, AND THAT'S CRITICAL AS WELL.

IF YOU THINK ABOUT SOME OF THE POSTMARKETING REQUIREMENTS OF SOME OF THE CELL AND GENE THERAPIES THAT HAVE JUST BEEN APPROVED, THERE'S ADDITIONAL EFFICACY, SAFETY, DURABILITY INFORMATION THAT'S REQUIRED, NOT ONLY TO THE COMPETENT AUTHORITIES LIKE THE FDA, BUT ALSO THAT INFORMATION IS REQUIRED FOR PAYORS, PARTICULARLY WITH THE SPECIFIC CONTRACTS THAT ARE CONTRACT BASED PAY FOR PERFORMANCE AND NEGOTIATIONS.

WHAT WE ARE OBSERVING IS, NOT JUST CIRM, EVERYBODY ELSE IS OBSERVING THIS TRANSITION AND EVOLUTION OF THE PATIENT SUPPORT PROGRAMS SPECIFICALLY JUST FOR GENE AND CELL THERAPIES.

SO I MENTIONED A NUMBER OF INITIATIVES THAT TOOK OFF WITH RESPECT TO MEDICAL AFFAIRS RESEARCH ACTIVITIES. SO BEFORE MY ONBOARDING, THERE WAS A STRATEGIC WORKSHOP THAT TOOK PLACE IN 2020. WE DID A FULL LITERATURE REVIEW AND CONTINUE TO GET

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INFORMATION THAT'S PUBLISHED ON THIS TOPIC. WE HAVE KEY INFORMANT INTERVIEWS, INCLUDING PATIENT SUPPORT PROVIDERS. WE WENT OUT TO SUBJECT MATTER EXPERTS TO GIVE US GUIDANCE. WE DID AN INTERNAL ANALYSIS OF CIRM-FUNDED TRIALS. MORE IMPORTANTLY, WE SENT OUT A SURVEY, AND THIS WAS A QUESTIONNAIRE THAT WENT OUT TO A NUMBER OF SITES, GAVE US GOOD GUIDANCE IN TERMS OF WHAT THEIR EXPECTATIONS WOULD BE IF, IN FACT, WE DID LAUNCH A PATIENT SUPPORT SERVICE. MORE IMPORTANTLY, WE DID SOME 45-MINUTE FOCUS GROUPS WITH SITES. THIS IS WHERE WE HAD AN EXTERNAL CONSULTANT. AND THIS SET UP A LITTLE BIT DIFFERENT. THIS IS WHERE WE WENT TO A SITE AND ASKED THEM, "HEY, IF, IN FACT, WE DO LAUNCH A SERVICE, WHAT ARE THE TYPES OF SERVICES THAT YOU WOULD EXPECT? WHAT WOULD TAKE THINGS OFF YOUR PLATE WITH RESPECT TO INFORMATION, LOGISTICS, AND PERHAPS EVEN FINANCIAL." THAT'S PROBABLY WHERE WE GOT THE MOST INTEL.

WE ALSO HAD A LOT OF ENGAGEMENT WITH CLINICAL CENTERS, SITE VISITS, IRB VISITS, AND DISCUSSIONS. AND THESE EFFORTS ARE STILL ONGOING. WE HAVE A LOT OF GOOD INTEL, BUT THERE'S STILL A LITTLE BIT MORE THAT WE'D LIKE TO OBTAIN.

SO THESE ARE THE PRELIMINARY RESULTS OF THE ONGOING RESEARCH FINDINGS. UNEQUIVOCALLY THERE

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IS A LARGE VARIABILITY IN PROJECTED PATIENT COSTS FOR CELL AND GENE THERAPIES. AND THAT'S TRUE FOR CIRM TRIALS, AND THAT'S TRUE FOR INDUSTRY TRIALS. IT'S ESTIMATED THAT CELL AND GENE THERAPY REQUIRES UP TO SIX- TO NINEFOLD HIGHER EXPENDITURES ON PATIENT TRAVEL AND LODGING COMPARED TO TRADITIONAL TRIALS.

THE CGT REQUIRES FREQUENT SITE VISITS. THIS IS NOT UNCOMMON. MANY OF YOU RUN THESE TRIALS. WHAT WE DID IS IDENTIFY IS SOME METRICS. AND, IN FACT, IN ONE PARTICULAR STUDY, AS MANY AS A HUNDRED DAYS WAS REQUIRED FOR ONE PATIENT FOR AN EARLY PHASE TRIAL.

WHAT WE ALSO IDENTIFIED IS SPONSORS EVALUATE FINANCIAL NEEDS ON A PATIENT-PER-PATIENT BASIS DUE TO TWO THINGS: ONE, THE EXTENSIVE DIFFERENCES IN THE FINANCIAL NEEDS FOR PATIENTS AND, TWO, THE NATURE OF THESE TRIALS. THERE'S ALSO BEEN A LOT OF, I'D SAY, AUDIBLES, IF YOU WILL. THE FDA HAS ASKED FOR ADDITIONAL INFORMATION THAT EXTENDS THE TRIAL TIME FOR SAFETY INFORMATION. SO THAT HAS ACCUMULATED NOT ONLY THE COST TO PATIENTS' OUT-OF-POCKET EXPENSES, BUT ALSO TO THE SPONSORS AS WELL.

WHAT WE OBSERVED AND WHAT WAS TOLD TO US

OVER AND OVER AGAIN IS THAT THE BURDEN ON THE TRIAL COORDINATORS MAY CAUSE DISPROPORTIONATE TIME FOCUSED ON REIMBURSEMENT VERSUS TIME SPENT ON PATIENTS AND THE TRIAL.

AND THEN, FINALLY, SITES ARE INCREDIBLY CLEVER. THEY FIND MULTIPLE WAYS TO COMPENSATE FOR FUNDS THAT PATIENTS ARE USING FOR OUT-OF-POCKET EXPENSES. THAT'S USING PRIVATE DONATIONS. THIS IS A GREAT FINDING, THAT THE SITES, AGAIN, ARE UTILIZING A NUMBER OF DIFFERENT RESOURCES OUTSIDE OF OUR FUNDING TO COMPENSATE THE PATIENTS FOR THESE ADDITIONAL TRIALS.

SO THE RATIONALE FOR THE PATIENT SUPPORT PROGRAM WAS SUPPORTED BY ALL THOSE INITIATIVES THAT WENT OUT TO GET THIS INFORMATION. SO WHAT WE HEARD FROM THE COMMUNITY WAS THAT THE CIRM PATIENT SUPPORT PROGRAM COULD RELIEVE PRESSURE ON CURRENT STAFF AND DELIVER A MORE SYSTEMATIC AND PROACTIVE APPROACH TO ASSISTING PATIENTS. THERE WAS A LITTLE BIT OF A SHIFTING OF THE SAND. I THINK WE WERE REALLY FOCUSED ON THE FINANCIAL COMPONENT, BUT THERE'S TWO OTHER COMPONENTS THAT WOULD REALLY HELP THE SITES OUT AND PATIENTS AS WELL.

ONE, AGAIN, INFORMATIONAL. SO WHAT THEY TOLD WAS A RESOURCE FOR THE PATIENT FAMILY WORKING

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IN CONJUNCTION WITH THE CARE TEAM, THE OPTION TO, ONE, WARM TRANSFER TO THE SITE, ALLEVIATE A LOT OF UNDUE PRESSURE ON SITE STAFF THAT CAN BE VIEWED AS NONBIASED, A SAFE HARBOR INFORMATION TO EXCHANGE INFORMATION TO THE PATIENT FROM OUR TRIALS AND EVEN OTHER TRIALS THEY MAY QUALIFY FOR.

LOGISTICAL COORDINATION. THIS IS A BIG, HEAVY LIFT. SERVICE TO SUPPORT THE NEEDS OF PATIENT'S CAREGIVERS WHERE THEY WOULD PROVIDE COORDINATION OF TRAVEL, HOUSING, AND REIMBURSEMENT WOULD ALLOW TIME TO FOCUS ON THE TRIAL AND THE PATIENTS.

AND THEN, FINALLY, THE FINANCIAL. SO ENROLLING AND TRACKING AVAILABLE FUNDING, GRANTS, AND ENSURING PATIENT FAMILIES ARE REIMBURSED DECREASES PATIENT FAMILY ANXIETY AND SITE LOAD. EVALUATING, DOING A THOROUGH EVALUATION OF THE FINANCIAL NEEDS OF THE PATIENTS. WE WERE ALSO TOLD THAT IN SOME INSTANCES FAMILIES ARE A LITTLE BIT HESITANT IN DESCRIBING THEIR FINANCIAL SITUATION. IT WAS TOLD TO US THAT HAVING ONE OF THESE SAFE HARBORS, CALL CENTER, IF YOU WILL, WOULD ALLOW PATIENTS TO ACTUALLY DESCRIBE THEIR FINANCIAL EXPERIENCE, SITUATION IN A MORE COMFORTABLE MANNER. AND, OF COURSE, FOCUSING ON THOSE FINANCIAL NEEDS

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FOR THE UNDERSERVED POPULATION.

THESE ARE THE THREE DELIVERABLES THAT ALL THE SITES ALIGNED ON. IF WE COULD PUT SOMETHING LIKE THIS IN PLAY, IT WOULD ALLEVIATE A LOT OF PRESSURE, NOT ONLY FINANCIALLY, BUT OPERATIONALLY FOR THE SITES.

SO THE PATIENT SUPPORT CONCEPT PLAN, THESE ARE THE OPERATIONAL ELEMENTS. WE PRESENTED THIS TO THE AAWG. THEY GAVE US GREAT FEEDBACK, AND THESE ARE THE SCOPE OF SERVICES THAT THEY RECOMMEND: ONE, PATIENT NAVIGATION WOULD CENTRALLY MANAGE INFORMATION SERVING ALL PATIENTS, REFERRAL OR LOGISTICAL COORDINATION FOR PATIENTS AND FAMILIES, EXPERIENCE ACROSS A BROAD RANGE OF DISEASE INDICATIONS. CIRM, FOR EXAMPLE, HAS A NUMBER OF THERAPEUTIC AREAS THEY'RE IN. THE CAPACITY TO DETERMINE PAF, THAT'S PATIENT ACCESS FUND, ELIGIBILITY FOR TRIAL PARTICIPANTS. WE WANT TO HAVE THE ABILITY TO MONITOR, LOOKING AT DATA, REAL-TIME DASHBOARDS. THAT ALLOWS US TO TRACK PATIENT INTERACTIONS. IT ALSO GIVES US AN OPPORTUNITY TO ASSESS THE VALUE OF THE PROGRAM, WHERE WE'RE HITTING THE MARK, WHERE THERE'S OPPORTUNITIES FOR US TO MAKE IMPROVEMENT. CERTAINLY CULTURAL ADAPTATION. THERE WILL BE MULTIPLE LANGUAGE CAPABILITIES AS WELL AS

TRANSLATION AND BACK TRANSLATION IF NEED BE. WE WANT SERVICES THAT PROVIDE CLINICAL TRIAL EXPERIENCE IN ACADEMIC CENTERS. THE ABILITY TO COMPLEMENT THE ALPHA CLINICS AND COMMUNITY CARE CENTERS OF EXCELLENCE. SO THIS IS ANOTHER CONCEPT THAT WE'LL BRING TO THE AAWG AS WELL, HOPEFULLY, TO THE BOARD ON HOW THE PATIENT ASSISTANCE PROGRAM, MORE SPECIFICALLY THE PATIENT SUPPORT PROGRAM, WILL COMPLEMENT THE COMMUNITY CARE CENTERS OF EXCELLENCE.

AND THE ASK FOR THE AAWG WAS TO BE ADAPTIVE, BE SCALABLE. CAN WE IMPLEMENT ADDITIONAL SERVICES SUCH AS BEHAVIORAL HEALTH OR OTHER SERVICES THAT WOULD HELP PATIENTS?

SO IN TERMS OF WHO COULD APPLY TO THE APPLICANT ELIGIBILITY, WHO CAN APPLY ARE FOR-PROFIT AS WELL AS NONPROFIT ORGANIZATIONS. THEY HAVE TO BE CAPABLE OF PROVIDING A SUITE OF SERVICES THAT THE AAWG RECOMMENDED TO SUPPORT THE PATIENT SUPPORT PROGRAM. WE DO WANT TO INITIATE THIS PROGRAM FAIRLY QUICKLY. WE'RE LOOKING AT 120 DAYS AFTER THE FINAL CONTRACT. THE GOAL HERE IS TO HOPEFULLY LAUNCH THIS PROGRAM IN Q2 OF NEXT YEAR. EACH APPLICANT MUST HAVE A CALIFORNIA LOCATION AND AN APPROPRIATE STATE OPERATING LICENSE. ALL APPLICANTS MUST HAVE A ROBUST TRACK RECORD, AND WE ARE ASKING FOR THE

APPLICANT TO HAVE FAIRLY SOPHISTICATED DATA AND TECHNOLOGY SERVICES AND, IN MY EXPERIENCE, MULTIPLE DATA BACKUP CAPABILITIES.

SO IN TERMS OF THE FIVE-YEAR TIMELINE FOR THE PATIENT SUPPORT PROGRAM, WE ARE TRACKING JUST FINE. WE ARE NOW STILL IN YEAR ONE, THE DISCOVERY. WE ARE FINALIZING THE MODEL. WE DO HAVE QUITE A BIT OF INTEL. WE WOULD LIKE TO MOVE FORWARD WITH AN RFP TO GET SOME ADDITIONAL INFORMATION AND HOPEFULLY IMPLEMENT SOME BASIC SERVICES.

THE FOLLOWING YEARS WE'LL BE ABLE TO GET THE FEEDBACK AND THE INFORMATION WE WANT. AGAIN, WHERE THERE'S GAPS, WHERE THERE'S OPPORTUNITIES FOR US TO IMPROVE THE SERVICES, AND WE WILL SCALE ACCORDINGLY THIS. AND THIS IS A FIVE-YEAR ASSESSMENT PROGRAM.

IN TERMS OF THE CONTRACT AND BUDGET, THE SERVICE PROVIDER WILL COST SOME RESOURCES IN ORDER FOR US TO HAVE THE INTEL AS WELL AS THE INFORMATION SUPPORT SYSTEM TO LAUNCH THE SYSTEM THAT WE WANT TO PUT IN PLAY. SO WE ESTIMATE, BASED ON DISCUSSIONS WITH SERVICE PROVIDERS THAT HAVE THESE SERVICES, THAT THERE WILL PROBABLY BE A BURN RATE OF 300 TO $500,000 PER YEAR, WHICH HAS BEEN BUDGETED. WE'VE BENCHMARKED TO ANTICIPATE A CASE VOLUME BASED ON THE

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NUMBER OF PATIENTS RIGHT NOW THAT ARE IN OUR TRIALS AS WELL AS AN OUTSIDE RESOURCE TO OTHER PATIENT SUPPORT PROGRAMS.

WE WOULD RECOMMEND THAT THIS WOULD BE A FIVE-YEAR CONTRACT WITH MANDATED MILESTONES. AND THE REASON FOR THAT IS ONCE YOU PUT THE INFRASTRUCTURE IN PLAY, IT IS SOMEWHAT DIFFICULT SOMETIMES TO SWITCH VENDORS. SO WE'RE GOING TO BE DOING OUR DUE DILIGENCE ON THE NUMBER OF SERVICE PROVIDERS THAT WE THINK WILL FIT THE BILL, PRESENT THAT INFORMATION TO THE AAWG, AND THEN GET THE FINAL BLESSING, OF COURSE, FROM THE BOARD ON WHO WE WANT TO WORK WITH.

USE OF ADMINISTRATIVE BUDGET FOR SERVICES. THIS IS THE BUDGET FUND. WE HAVE THAT INTERNALLY. THIS IS BASED ON THE ADMINISTRATIVE FUNDS FOR THE AFFORDABILITY ADMINISTRATIVE STAFF. SO WE DO HAVE THOSE FUNDS EARMARKED FOR THIS PROGRAM, AND THEY ARE INCLUDED IN THE CIRM ANNUAL BUDGET.

SO THE REQUEST TODAY IS TO CONSIDER THE PROPOSED CONCEPT PLAN WITH A TOTAL BUDGET OF UP TO 2.5 MILLION FOR THE DEVELOPMENT OF A REQUEST FOR PROPOSAL. THAT'S ALL WE REALLY WANT TO DO IS GET THAT RFP OUT THERE, START GETTING PEOPLE TO RESPOND. WE WILL REQUIRE SOME CAPABILITY PRESENTATIONS OF THE

SERVICE PROVIDERS THAT WILL GIVE US ADDITIONAL INTEL TO SUPPORT THE PATIENT SUPPORT PROGRAM.

WITH THAT, I'D LIKE TO SAY THANK YOU. I'LL OPEN IT UP TO ANY QUESTIONS FROM THE BOARD MEMBERS OR COMMENTS ON HOW WE MIGHT BE ABLE TO IMPROVE.

CHAIRMAN THOMAS: THANK YOU VERY MUCH, SEAN, FOR THIS DETAILED PRESENTATION AND VISION ON HOW THIS PROGRAM WILL PROCEED. I WANT TO KICK THIS OFF. WE NEED A MOTION TO APPROVE THE REQUEST ON THE SCREEN HERE. DO I HEAR A MOTION TO APPROVE?

DR. BARRETT: SO MOVED.

DR. STAMOS: SECOND.

CHAIRMAN THOMAS: MICHAEL, THANK YOU. QUESTIONS, COMMENTS FROM MEMBERS OF THE BOARD? MARIA, I CAN'T SEE.

MS. BONNEVILLE: DAN HAD HIS HAND RAISED ABOUT TEN MINUTES AGO. SO I'M GOING TO GO TO DAN. AND THEN ART TEXTED ME. HE CAN'T RAISE HIS HAND. HE'D LIKE TO GO AFTER DAN. AND THEN YSABEL, LEONDRA, AND AL. SO THANK YOU.

MR. BERNAL: THANK YOU, MARIA. IT'S POSSIBLE THAT BOTH YSABEL AND ART HAVE THE SAME QUESTION OR COMMENT THAT I DO. IT'S WITH REGARD TO THE INFORMATIONAL BARRIERS. ONE LESSON THAT WE'VE

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REALLY PICKED UP FROM COVID OR M-POX OR SOME OF THE OTHER PUBLIC HEALTH CHALLENGES THAT WE HAVE HAD IS THE CRITICAL ROLE THAT ON-THE-GROUND, COMMUNITY-BASED ORGANIZATIONS PLAY IN PROVIDING INFORMATION IN A CULTURALLY SENSITIVE AND APPROPRIATE WAY IN A WAY THAT PEOPLE WILL RECEIVE AND TRUST.

SO I'M WONDERING WHERE IN THIS STRUCTURE THERE WOULD BE OPPORTUNITIES FOR REAL ON-THE-GROUND COMMUNITY ORGANIZATIONS THAT HAVE STRONG RELATIONSHIPS IN THE COMMUNITY TO HELP DISSEMINATE THIS INFORMATION, RESPOND TO INQUIRIES OR QUESTIONS, AND REALLY DO IT IN A WAY THAT IS GOING TO BE MOST EFFECTIVE IN ENGAGING THE COMMUNITIES THEY SERVE.

DR. TURBEVILLE: GREAT QUESTION. SO WHAT WE'D LIKE TO DO IS STRESS TEST THIS A LITTLE BIT WITH RESPECT TO OUR FINAL PROGRAM. I ACTUALLY WOULD LOOK TO YOU GUYS FOR GUIDANCE ON HOW WE COULD STRESS TEST THIS PROPOSAL, THIS PROGRAM, OUT IN THE COMMUNITY. SO THAT, DAN, IS AN EXCELLENT QUESTION, AND THAT WOULD BE A GREAT OPPORTUNITY TO GET IN FRONT OF SOME FOLKS AND SEE IF IT RESONATES WITH THEM AND WE'RE HITTING THE MARK.

MR. BERNAL: JUST TO FOLLOW IT UP A LITTLE BIT MORE, PARTICULARLY HERE IN SAN FRANCISCO, WE'RE

SEEING PERSISTENT DISPARITIES WITH REGARD TO BOTH COVID AND M-POX IN VACCINATIONS, IN PEOPLE SEEKING TESTING, AND OTHER THINGS LIKE THAT TOO. IT'S REALLY BEEN THE PARTNERSHIPS WITH THE COMMUNITY-BASED ORGANIZATIONS, LATERAL-X COMMUNITY THAT HAVE REALLY BEEN ABLE TO ROLL THIS OUT AND DEAL WITH SOME OTHER CULTURAL BARRIERS, PARTICULARLY WITH M-POX WHEN THERE ARE CONCERNS ABOUT PEOPLE PERHAPS EXPOSING THEIR SEXUAL ORIENTATION THROUGH SEEKING SERVICES. SO I THINK THAT IS CRITICAL, THAT WE'RE ABLE TO ENGAGE THESE ORGANIZATIONS.

DR. TURBEVILLE: THANK YOU.

MS. BONNEVILLE: ART. IF YOU WANT TO UNMUTE YOURSELF.

MR. TORRES: YES, I'M UNMUTED. I'M SO GRATEFUL.

NO. 1, WHEN BOB KLEIN AND I BEGAN TO WRITE FOR THE 2020 ELECTION, THE NEW PROP 14, I BROUGHT MY EXPERIENCE AS VICE CHAIRMAN OF ONE LEGACY, THE ORGAN TRANSPLANT FOUNDATION, TO CREATE THIS LANGUAGE BECAUSE WE HAD STARTED YEARS AGO BY WORKING WITH THE TRANSPLANT COMMUNITY AND PATIENT ADVOCATES TO SEE HOW WE COULD HELP WITH FUNDING FROM ONE LEGACY TO THOSE NON-PROFITS, ONE OF WHICH WAS THE AVA FOUNDATION, WHICH REALLY HELPS HEART TRANSPLANT

PATIENTS.

I WANT TO THANK SEAN AND THE OTHERS WHO WORKED ON THIS PROPOSAL AND THE LANGUAGE. PART OF THE LESSONS THAT WE LEARNED IS EXACTLY WHAT DAN WAS SAYING. THAT IS, YOU HAVE TO ENGAGE COMMUNITY-BASED ORGANIZATIONS TO MAKE SURE THEY ARE A STAKEHOLDER IN WHATEVER PROCESS EVOLVES. IF WE HAD NOT GONE TO THE DEPARTMENT OF FINANCE AND THE GOVERNOR EARLY ON, WE WOULD NOT HAVE BEEN ABLE TO GET THIS THING GOING TILL JANUARY 1 OF 2023. SO I WANT TO THANK THE GOVERNOR AND THE DEPARTMENT OF FINANCE FOR REALLY HELPING US OUT IN TERMS OF GETTING THIS GOING.

THE THIRD ISSUE WHICH I WANTED TO EMPHASIZE IS THAT THIS IS AN ONGOING PROCESS. IT DOESN'T END WITH OUR VOTE TODAY TO APPROVE WHAT WE HAVE BECAUSE MOST OF OUR STAFF, INCLUDING SEAN AND WORK THAT HE'S DONE, THE PERSPECTIVE THAT I BRING, AND THE MEMBERS OF THE WORKING GROUP HAVE ALSO BEEN INVOLVED WHO REPRESENT PATIENT ADVOCATE ORGANIZATIONS IN TERMS OF THEIR WILLINGNESS AND THEIR ABILITY TO PARTICIPATE IN THE ONGOING OUTREACH TO PATIENT ADVOCATE COMMUNITIES AND NONPROFIT AND OTHER COMMUNITY ORGANIZATIONS TO BE PART OF THIS PROCESS.

THIS IS AN EVOLVING PROCESS. THIS IS NOT

THE END OF THE DAY. I'M SURE A LOT OF THE ISSUES THAT WILL BE RAISED ONCE THE RFP'S COME IN AND ARE REVIEWED BY OUR STAFF, THERE WILL BE OTHER QUESTIONS RAISED. SO I THINK THAT THIS IS A GREAT BEGINNING. IT'S AN OPPORTUNITY TO HELP PATIENTS HAVE ACCESS TO CLINICAL TRIALS AND TREATMENT.

AND, LASTLY, THE GOVERNOR SUPPORTED LAST YEAR A BILL TO CREATE AN OFFICE OF ACCOUNTABILITY. IT DIDN'T GET THROUGH THE LEGISLATURE, BUT IT GOT THROUGH THE LEGISLATURE THIS YEAR, AND THE GOVERNOR SIGNED IT A FEW WEEKS AGO WHICH APPROPRIATES 30 MILLION TO CREATE AN OFFICE OF ACCOUNTABILITY. THAT PROCESS WON'T BEGIN TILL JANUARY 1, 2023, BUT I'VE SPOKEN WITH THE AUTHOR AND I'VE SPOKEN WITH THE GOVERNOR AS WELL, THAT THIS REALLY NEEDS TO HAPPEN. ONCE WE START MOVING, I BELIEVE THAT WE'RE GOING TO WORK VERY CLOSELY IN TANDEM WITH HIS NEW OFFICE OF ACCOUNTABILITY IN STATE GOVERNMENT AS WELL AS THE AAWG EFFORTS AND THE MEMBERS.

AND, AGAIN, I WANT TO THANK THE MEMBERS OF THIS WORKING GROUP. THEY REALLY PROVIDED TREMENDOUS INPUT, TREMENDOUS PERSPECTIVE, AND THEIR EXPERIENCES ARE JUST ABSOLUTELY INVALUABLE. THANK YOU.

MS. BONNEVILLE: YSABEL.

MS. DURON: THANK YOU. THANK YOU, SEAN.

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I'M VERY EXCITED BY THE PROPOSAL. PART OF ME WAS NOT YET READY TO VOTE, BUT THANKS TO ART, WHO SAYS THIS IS EVOLVING, I OFTEN FEAR THAT THINGS GET LOST WHEN WE VOTE.

WHAT I DO LIKE IS THAT I SEE THE STEPS THAT ARE BEING LOOKED AT, AND THEN SOME OF THE PROPOSALS OR RESPONSES TO THEM ARE REALLY CRITICAL BECAUSE IN MY COMMUNITY WE WERE TALKING ABOUT ENGAGEMENT IN CLINICAL TRIALS IN 2009. SOME OF THE THINGS THAT YOU'VE IDENTIFIED TODAY WE IDENTIFIED THEN, AND THEY WERE LESS ABOUT THE PATIENT OR THE COMMUNITY WANTING TO ENGAGE. IT WAS MORE ABOUT SYSTEMS BARRIERS THAT KEPT THEM FROM PARTICIPATING. SO APPRECIATE THAT YOU'RE CREATING A MODEL THAT WILL IN FACT MEET HALFWAY WITH THE CLINICS -- WITH THE COMMUNITY.

BUT I DO ALREADY SEE A COUPLE OF ISSUES THAT YOU HAVE PUT. THESE WERE ONE OF THE LAST PAGES, PAGE NO. 3 AND 5, LICENSING AND ROBUST TECH SUPPORT. IF YOU WANT TO BRING COMMUNITY-BASED ORGANIZATIONS TO YOU, YOU ARE GOING TO HAVE TO NOT JUST LOOK AT THE LARGE ONES, THE LARGE NON-PROFITS WHO APPLY, WHO ARE LICENSED AND CERTIFIED AND HAVE, IN FACT, AN INFRASTRUCTURE THAT CAN SUPPORT WHAT YOU THINK THEY NEED TO SUPPORT; BUT IF YOU ARE GOING TO

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REACH OUT TOWARDS, AS DAN IMPLIED, THE CBO'S THAT ARE REALLY BOOTS ON THE GROUND, WHO HAVE COMMUNITY HEALTH WORKERS WHO ARE GOING TO BE ABLE TO ADDRESS THE LANGUAGE AND CULTURAL BARRIERS, WHO HELP THE PATIENTS ADHERE, AND TO HELP RETAIN THEM IN THESE TRIALS AND WITH THESE PARTNERS, THEN YOU'RE GOING TO REALLY NEED TO RELOOK AT THAT CONCEPT AROUND LICENSING. THAT INHIBITS A LOT OF CBO'S, PARTICULARLY THOSE WHO WORK IN COMMUNITIES WITH UNDOCUMENTED OR WHO ARE THEMSELVES VERY SMALL.

SO YOU HAVE TO LOOK AT THAT BECAUSE YOU SAY THE WORD "LICENSING" OR CERTIFICATION, AND THAT'S ANOTHER BARRIER THAT GOES UP.

THE SECOND ONE IS THE ROBUST TECH SUPPORT. ONCE AGAIN, THAT TAKES A LOT OF MONEY, A LOT OF INFRASTRUCTURE INVESTMENT. AND IF THOSE ARE BARRIERS, YOU CAN'T EVEN BEGIN TO BUILD TO SCALE OUT TOWARDS IMPROVING INFRASTRUCTURE BECAUSE YOU WON'T BE ABLE TO EITHER APPLY FOR THE GRANT, GIVEN WHAT ARE SEEN AS BARRIERS, OR HAVE THE OPPORTUNITY TO TRY TO DO SOMETHING BECAUSE YOU'RE AFRAID YOU WILL NOT BE ABLE TO MEET WHATEVER.

SORRY. ONE LAST POINT. AND SO I THINK YOU REALLY NEED TO LOOK AT THOSE TWO POINTS AND SEE IF THERE ISN'T KIND OF A TEAMING OPPORTUNITY. THE

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BIGGEST PROBLEM I HAVE SEEN IN PHARMA AND OTHERS WHEN THEY'RE TRYING TO BRING IN CLINICAL TRIALS, THEY ALWAYS LOOK AT THE BIG RESEARCH PICTURE. THEY DO NOT INVEST ENOUGH IN COMMUNITY-BASED ENGAGEMENT. AND SO THOSE ARE THE TIMES THEY'RE SCRAMBLING FOR THE DOLLARS TO PAY THAT END OF IT. IF YOU WANT EQUITY INVESTMENT, YOU NEED TO PUT EQUAL OPPORTUNITY MONIES INTO THOSE ARENAS AND NOT JUST MAKE SURE IT'S INVESTED AT THE TOP. AND SO ANY APPLICANT SHOULD PUT EQUAL AMOUNTS OF MONEY INTO PERHAPS PARTNERING WITH A COMMUNITY-BASED ORGANIZATION THAT MIGHT ALLEVIATE SOME OF THAT LICENSING AND TECH, BUT AT THE SAME TIME BRING THE MOST IMPORTANT CREDENTIALS TO THE TABLE. AND THAT IS CULTURAL AND LANGUAGE COMMUNICATION SKILLS AND BEING ABLE TO HELP MAINTAIN AND KEEP THOSE PATIENTS CLOSE AND IN ADHERENCE WITH THE TRIALS.

DR. TURBEVILLE: THANK YOU. YEAH. INSIGHTFUL. THAT'S VERY HELPFUL.

MS. BONNEVILLE: LEONDRA.

DR. CLARK-HARVEY: THANK YOU. I WILL BE BRIEF IN LIGHT OF ALL THE WONDERFUL COMMENTS THAT HAVE BEEN SAID. I AGREE COMPLETELY WITH WHAT YSABEL HAD TO SHARE AROUND ADDRESSING BARRIERS. AND SHE ELOQUENTLY SAID IT. I DON'T HAVE TO RESTATE IT.

BUT I ALSO WANT TO SHARE THAT INTERVENTIONS ARE ONLY AS EFFECTIVE AS THE INDIVIDUAL'S ACCESS TO THEM. SO I LOVE WHAT WE ARE DOING HERE, BUT I ALSO WANT TO SAY THAT IT'S SO IMPORTANT TO FOCUS ON THAT SPOKE OF THE WHEEL AROUND ACCESS, AROUND GETTING PEOPLE IN. AND I THINK THERE'S BEEN A CALL OUT TO THAT IN A PRESENTATION. SO I REALLY, REALLY APPRECIATE THAT. SO OFTEN WE TALK ABOUT SETTING UP PROGRAMS AND HAVING GOOD GOALS AND IDEAS, BUT NOT THINKING ABOUT HOW TO REALLY TRANSLATE THIS TO THE COMMUNITIES AND REALLY ENGAGE WITH CULTURAL BROKERS AND OTHERS WHO CAN HELP REALLY SPREAD THE GOOD NEWS ABOUT WHAT WE'RE TRYING TO DO AND GET THAT COMMUNITY BUY-IN.

I DO THINK THAT THIS PROJECT IS REALLY CONGRUENT WITH THE FOCUS ON PROMOTING DIVERSITY IN CLINICAL TRIALS. AS WE THINK ABOUT SOME OF THE CONVERSATIONS CERTAIN SUBGROUPS HAVE HAD AROUND OUR MISSION AND OUR GOALS AND OUR FOCUS ON HEALTH EQUITY, I THINK THIS IS A NICE WAY TO REALLY ENACT THAT. SO GIVING LOTS OF PRAISE HERE TODAY.

DR. TURBEVILLE: THANK YOU.

MR. BERNAL: AL.

MR. ROWLETT: I WANT TO SPEAK TO THE PROPOSAL PROCESS. AND AS A PATIENT ADVOCATE, WHAT I

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EXPERIENCE AS BEING PART OF THE GWG IS THAT OFTENTIMES APPLICATIONS THAT ARE NOT REFLECTIVE OF THE DEPTH AND BREADTH THAT WE WANT IN THE DEI AREA ARE A RESULT OF PROPOSALS THAT MAY NOT ASK ALL OF THE QUESTIONS THAT ARE IMPLIED AND WHAT YSABEL SAID. SO, FOR EXAMPLE, NOT JUST THAT YOU ARE EFFECTIVE IN WORKING WITH COMMUNITY-BASED ORGANIZATIONS, BUT WHY IS IT IMPORTANT TO ENGAGE THEM? AND WHAT ARE THE SPECIFIC GOALS ASSOCIATED OR MILESTONES ASSOCIATED WITH THE NUMBER OF INDIVIDUALS THAT WE WILL SERVE WHO ARE REPRESENTING UNDERSERVED AND UNSERVED COMMUNITIES WHOSE ONLY ACCESS TO A PATIENT ASSISTANCE PROGRAM IS THROUGH A CBO. THAT IS THE KIND OF QUESTION THAT HAS TO BE SOLICITED FROM -- THAT QUESTION HAS TO SOLICIT THAT ANSWER FROM AN APPLICANT. SORRY FOR MY BREAKING UP THERE.

IT IS MY HOPE THAT IN OUR DEVELOPMENT OF A PROPOSAL THAT WE ARE SENSITIVE TO MAKING SURE THAT PATIENT ADVOCATES HAVE AN OPPORTUNITY TO PROVIDE YOU WITH SOME FEEDBACK THAT I HOPE WOULD RESULT IN BETTER APPLICATIONS BECAUSE OFTENTIMES IT IS A REFLECTION OF THE PROPOSAL AND WHAT WE ASK OF OUR APPLICANTS THAT RESULTS IN ANSWERS THAT ARE NOT QUITE KEEPING IN THE GOALS OR THE TRUE SPIRIT OF WHAT WE WANT TO ACCOMPLISH WITH DEI. AND I'M NOT

SURE ABOUT THAT. I'M NOT SURE HOW FAR DOWN THE ROAD WE ARE IN THE DEVELOPMENT OF OUR PROPOSAL. WOULD LIKE TO HEAR MORE ABOUT THAT.

DR. TURBEVILLE: THAT'S GREAT GUIDANCE. I'VE SEEN SOME OF THE LANGUAGE IN THE OTHER PROPOSALS, RFP'S WHAT WENT OUT. SPOT ON. I SUPPORT THAT A HUNDRED PERCENT. SO I WILL TAKE A LOOK AT THAT LANGUAGE AND EVEN PASS IT BY YOU IF IT HITS THE MARK WITH RESPECT TO THE LANGUAGE WE WANT TO PUT IN THE RFP.

MR. ROWLETT: NOT TO BE RUDE OR INTERRUPT, BUT NOT JUST MYSELF, BUT THE OTHER PATIENT ADVOCATES WHO HAVE BEEN SITTING ON THE GWG AND WORKING WITH THE DEVELOPMENT OF A TOOL AS REFERENCED BY YSABEL THAT WE THINK WILL GARNER THE KIND OF PARTICIPATION IN OUR TRIALS FROM UNDERSERVED AND UNSERVED COMMUNITIES.

DR. TURBEVILLE: VERY GOOD.

MS. BONNEVILLE: ANNE-MARIE.

DR. DULIEGE: THANK YOU, SEAN, ALSO FOR THIS EXCELLENT, THINKING-FORWARD PRESENTATION. AND WE APPRECIATE THAT YOU CLEARLY MENTIONED THIS IS ONE OF SEVERAL PILLARS THAT YOU WANT TO ALIGN, DESCRIBE, AND SHARE WITH US LATER.

A COUPLE OF QUESTIONS. ONE IS HOW MANY

CLINICAL CENTERS ARE CURRENTLY UNDER CIRM'S PURVIEW, AND HOW MANY CLINICAL CENTERS WILL IT SERVE? SO THAT'S ONE QUESTION, BUT I'LL ASK THEM ALL.

DO YOU EXPECT MOSTLY FOR-PROFIT OR NON-FOR-PROFIT TO APPLY? AND WHAT IS YOUR SENSE OF WHO SHOULD BE BEST QUALIFIED, A FOR-PROFIT, SUCH AS A CLINICAL RESEARCH ORGANIZATION, OR A NOT-FOR-PROFIT, SUCH AS A COMMUNITY-BASED ORGANIZATION, PROS AND CONS?

AND THIRD IS HOW WILL YOU MEASURE THE ACCOUNTABILITY AND THE PRODUCTIVITY OF SUCH INTERVENTION OVER TIME? I'M PARTICULARLY REFERRING TO THE FACT THAT ULTIMATELY AN ENROLLMENT, FOR INSTANCE, IS THE RESPONSIBILITY OF THE INVESTIGATORS. SO ARE THERE GOING TO BE SOME FORM OF DELEGATION OF RESPONSIBILITIES THERE WHERE ULTIMATELY THERE'S A SLIGHT RISK THAT NO ONE WILL BE ACTUALLY ACCOUNTABLE FOR MAKING IT HAPPEN? SO STOP HERE.

DR. TURBEVILLE: CERTAINLY. I THINK FOR THE FIRST QUESTION, I'D PROBABLY PUNT THAT OVER TO MARIA MILLAN IN TERMS OF THE NUMBER OF SITES THAT ARE INCLUDED UNDER CIRM FUNDING. SO THAT, I THINK, IS YOUR FIRST QUESTION.

WHILE SHE PREPARES HER RESPONSE FOR THAT,

YOU HAVE SOME GREAT QUESTIONS. SO, ONE, THE SERVICES THAT WE ARE LOOKING FOR, AT LEAST FROM AN ACCOUNTABILITY STANDPOINT, RIGHT, THERE ARE A NUMBER OF METRICS THAT WE LOOK FOR WITH THESE TYPE OF PROGRAMS. ONE, NOT ONLY THE SPEED AT WHICH WE PROVIDE INFORMATION TO THE PATIENT AND THE CAREGIVER. THAT'S ALL REPORTED. BUT MORE IMPORTANTLY, THERE'S METRICS ON THE BACK END THAT ALLOW US TO DETERMINE WHETHER OR NOT WE WERE EFFECTIVE IN GETTING THAT PATIENT ENROLLED INTO A TRIAL AND THE SPEED AT WHICH WE ARE ABLE TO GET THAT INFORMATION FOR TRIAL. THERE'S LOTS OF CROSS INTERACTION WITH THESE ORGANIZATIONS THAT HAVE WARM TRANSFER CAPABILITIES DIRECTLY TO THE SITES. AND SO WE'LL BE ABLE TO DO THAT. THERE'S ALSO SOME TECHNOLOGY ON THE BACK END THAT ALLOWS US TO ALERT A SITE IF, IN FACT, WE CAN'T WARM TRANSFER THAT PATIENT OR THE FAMILY MEMBER TO LET THEM KNOW THAT WE HAVE A POTENTIAL PATIENT OR FAMILY THAT MAY QUALIFY FOR THE SITE.

SO THERE'S A NUMBER OF CALL CENTER METRICS THAT WE CONSTANTLY LOOK AT AND WE EVALUATE, AND THAT HELPS US TO EVALUATE THE EFFICACY OF THE PROGRAM, THE EFFECTIVENESS. IN TERMS OF -- AND WE HAVE THAT LIST IN THE CONCEPT PLAN, TO BE HONEST WITH YOU, A

NUMBER OF VARIABLES THAT WE'LL GO AFTER. IN TERMS OF WHETHER PROFIT OR NONPROFIT, WE ARE KEEPING IT OPEN. RIGHT NOW -- AND WE ARE NOT THE ONLY ONES LOOKING AT THIS. THERE SEEMS TO BE A REAL TIDE MOVING RIGHT NOW WITH RESPECT TO PATIENT SUPPORT SERVICES PARTICULARLY FOR CELL AND GENE THERAPY. AND SO WE'RE ALL LEARNING THIS SPACE. SO I AM ENTIRELY OPEN. IF THERE'S A NON-FOR-PROFIT ORGANIZATION THAT HAS THE SKILL SET, THE EXPERTISE, AND NOW EVEN LOOKING FOR THE COMMUNITY ENGAGEMENT WHICH WE ARE HEARING ABOUT, CERTAINLY OPEN TO THAT. AND THERE'S GOING TO BE A STANDARDIZED PROCESS FOR HOW WE EVALUATE EACH ONE OF THE PROPOSALS.

I THINK YOU HAD ONE MORE QUESTION THAT I MAY HAVE MISSED.

DR. DULIEGE: THAT WAS IT. BUT IF YOU ALLOW ME THEN BRIEFLY, JUST EXAMPLES WHERE THAT HAS BEEN DONE BEFORE. THIS IS PRETTY FREQUENT NOW THAT SITES ARE GETTING MORE HELP, FRANKLY, TO ENROLL PATIENTS AND ENROLL THE CROSS DIVERSITY OF POPULATIONS. DO YOU HAVE ANY EXAMPLES OF SUCCESS?

DR. TURBEVILLE: YEAH, CERTAINLY. I CAN USE MY EXAMPLE WHERE I SET UP A FAIRLY LARGE PHASE 3 TRIAL. THIS IS IN THE PDA SPACE, PANCREATIC CANCER, WHERE WE SET UP CALL CENTERS THROUGHOUT DIFFERENT

TERRITORIES. AND THAT WAS THEIR SPECIFIC AIM, RIGHT, TO PROVIDE INFORMATION FOR PATIENTS, FAIR, BALANCED INFORMATION ABOUT THE TRIAL AND IF, IN FACT, THEY DID MEET THE INCLUSION CRITERIA IF, IN FACT, THEY WANTED TO BE WARM TRANSFERRED TO THEIR SITE WHICH COUNTRY THEY'RE IN, WE DID THAT. WE PROVIDED THAT SERVICE. SO THAT IS ONE EXAMPLE. I'M AWARE OF OTHER SMALLER SHOPS RIGHT NOW THAT ARE PROVIDING VERY SIMILAR SERVICES IN THE UNITED STATES ON THE CELL AND GENE THERAPY ARENA AS WELL.

MS. BONNEVILLE: FRED.

DR. FISHER: IT'S TOUGH TO FILTER OUT ALL THE POINTS AND QUESTIONS THAT HAVE ALREADY BEEN MADE AND REMEMBER THEM. BUT I GUESS I'M -- WELL, PARTICIPATION RATES IN CLINICAL TRIALS IS INCREDIBLY LOW. AND SO THIS WILL BE AN IMPORTANT FACTOR; BUT AS OTHERS HAVE SAID, UNLESS THIS IS SEEN REALLY AS A COLLABORATION BETWEEN ALL OF THE ENTITIES THAT HAVE RELATIONSHIPS WITH THE TARGET POPULATIONS, IT'S NOT GOING TO WORK IN TERMS OF REACHING PEOPLE PARTLY BECAUSE YOU'RE NOT ENGAGING THE PEOPLE, ACTUALLY HAVE THE RELATIONSHIPS WITH THE TARGET POPULATION, AND PARTLY BECAUSE YOU'RE NOT ENGAGING THOSE ENTITIES THAT CAN ACTUALLY DRIVE PARTICIPATION IN CLINICAL TRIALS.

DRUG COMPANIES, BIOTECHS DO NOT HAVE RELATIONSHIPS WITH THE PATIENT TARGET POPULATION. CLINICS ONLY HAVE REALLY A LIMITED RELATIONSHIP. AND DEPENDING ON THE SIZE OF THE TRIAL, ONE CLINIC LIKELY CAN'T POPULATE A TRIAL SOLELY BASED ON THE PEOPLE THAT IT KNOWS OR THAT'S KNOWN TO THEM. SO I THINK IT WOULD BE IMPORTANT AS YOU DEVELOP THIS FURTHER TO REALLY SEE IT AS AN OPPORTUNITY TO BRING THE DIFFERENT CONSTITUENCIES, THE DIFFERENT ORGANIZATIONS THAT HAVE RELATIONSHIPS WITH THE TARGET POPULATIONS INTO THIS PROCESS. THAT WILL HELP ENSURE THAT THE PEOPLE WHO WE'D LIKE TO PARTICIPATE IN THE CLINICAL TRIAL, NO. 1, KNOW ABOUT IT AND HAVE THE SUPPORT THEY NEED TO PARTICIPATE IN IT.

THE OTHER QUESTION THAT WAS ASKED, I THINK ANNE-MARIE, ABOUT MILESTONES AND ACCOUNTABILITY, IT OCCURS TO ME THAT -- I'M WONDERING IF YOU HAVE A BASELINE SO WE KNOW WHERE WE ARE STARTING SO THAT WE CAN ACTUALLY MEASURE PROGRESS AND IMPACT, NOT JUST BASED ON THE NUMBER OF PEOPLE ULTIMATELY SERVED BY THIS, BUT HOW THIS PROGRAM IS HELPING TO GROW PARTICIPATION AND SUPPORT IN CLINICAL TRIALS.

DR. TURBEVILLE: GREAT COMMENTS. GOOD QUESTION. WE DON'T HAVE ANY HISTORICAL TO REALLY

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USE AS A BASELINE. THIS IS GOING TO BE WE'RE GOING START SLOW. SO WE'RE GOING TO USE OUR OWN INTERNAL HISTORICAL GROUP, IF THAT MAKES SENSE. SO YEAR ONE, THAT'S PROBABLY ONE OF THE BENCHMARKS THAT WE WILL COMPARE THE FUTURE YEARS TO. I'M NOT AWARE OF ANY DATA THAT'S OUT THERE IN THE PUBLIC DOMAIN THAT WE COULD BENCHMARK, BUT WE CAN LOOK FOR THAT.

DR. FISHER: I CAN'T TELL YOU THE EXTENT TO WHICH IT EXISTS, AND IT'S PROBABLY HIGHLY VARIABLE BASED ON WHICH POTENTIAL PATIENT POPULATION YOU'RE TALKING ABOUT. BUT AT SOME POINT IT WOULD BE GOOD TO LOOK AT THAT BECAUSE ACCESS TO CLINICAL TRIALS IS A CHALLENGE. AND CERTAINLY IN THE NEURODEGENERATIVE DISEASE COMMUNITY AND FROM MY OWN EXPERIENCE IN THE ALS COMMUNITY, THE PARTICIPATION RATES IN CLINICAL TRIALS IS PARTICULARLY LOW, COMPLICATED BY ALL KINDS OF FACTORS THAT I WON'T GO INTO HERE. SO THERE PROBABLY ISN'T ONE NUMBER, AND IT'S PROBABLY VARIABLE BASED ON THE TARGET POPULATION YOU'RE TALKING ABOUT, BUT IT WOULD BE SOMETHING GOOD TO KEEP IN MIND.

DR. TURBEVILLE: YEAH. JUST TO COMMENT ON THAT, THE NICE THING ABOUT THE ROBUSTNESS OF THIS PROGRAM IS NOT ONLY ARE WE JUST INTAKE, BUT WE CAN FOCUS INITIATIVES ON OUTBOUND ENGAGEMENT AS WELL.

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SO THAT'S PART OF THE SCALABILITY OF THIS DEPARTMENT OR PROGRAM.

DR. FISHER: AND IT WOULD BE POSSIBLE TO MEASURE THE EXTENT TO WHICH THE OUTREACH EFFORT IS INCLUSIVE AND COLLABORATIVE AS OPPOSED TO DRIVEN BY A SOLE ENTITY OR A CALL CENTER, WHICH I'M RELUCTANT TO THINK A CALL CENTER, CALLS BY STRANGERS ARE GOING TO DRIVE MUCH PARTICIPATION AS OPPOSED TO A CALL FROM SOMEONE THAT THE PARTICIPANT LIKELY HAS A RELATIONSHIP WITH THAT PREEXISTED THEIR CONSIDERATION OF PARTICIPATING IN A CLINICAL TRIAL.

DR. TURBEVILLE: YEAH, CERTAINLY. THAT TRUST NEEDS TO BE BUILT. AND THE PATIENT NAVIGATORS THAT I'VE WORKED WITH IN THIS SPACE ARE INCREDIBLY COMPASSIONATE. THERE'S A CALLING FOR THESE FOLKS, AND THEY HAVE AN EXPERTISE. AND MANY OF THEM HAVE BEEN PATIENTS THEMSELVES. SO THEY HAVE THAT CONNECTIVITY WITH THE PATIENTS. THEY UNDERSTAND WHAT THEY'RE GOING THROUGH WITH RESPECT TO CLINICAL TRIALS, AND IT CARRIES ALL THE WAY OVER FOR THE FAMILY DYNAMICS AS WELL AS EVEN LOOKING AT IT POST MARKETING, POST APPROVAL.

DR. FISHER: NOT TO BELABOR IT, BUT I WILL, A PATIENT NAVIGATOR LOCATED IN WASHINGTON, D.C., LET'S SAY, HIRED BY A COMPANY THAT'S RUNNING A

TRIAL THAT INCLUDES SITES IN CALIFORNIA, THEY'RE GOING TO BE LIMITED. AND THEY'RE GOING TO HAVE LOTS OF EMPATHY AND THEY KNOW HOW TO DEAL WITH PATIENTS. I'M JUST NOT CONVINCED THAT THEY ARE THE BEST PERSON TO BE REALLY ENGAGING PEOPLE AND THE BEST PERSON TO UNDERSTAND LOCAL RESOURCES AND CHALLENGES.

DR. TURBEVILLE: AND JUST TO RESPOND, IN THAT RFP, WE ARE FOCUSED MOSTLY, IF NOT ENTIRELY, ON SERVICE PROVIDERS THAT ARE HERE IN THE STATE. SO WE WON'T BE CONTRACTING OUTSIDE TO PROVIDE THAT LEVEL OF EXPERTISE TO OUR PATIENTS.

MS. BONNEVILLE: MOHAMMED.

DR. ABOUSALEM: THANK YOU. SEAN, THANK YOU VERY MUCH FOR THE PRESENTATION. I'M IN FULL SUPPORT OF THE PLAN AND WHAT YOU'RE TRYING TO DO HERE, AND I APPRECIATE THAT IT IS EVOLVING. AND I SPECIFICALLY APPRECIATE THE FACT THAT THIS WILL BE FUNDED FROM THE LICENSE INCOME, WHICH IS A VERY CREATIVE WAY OF DOING THIS.

AS I THINK ABOUT THE ULTIMATE GOAL, WHICH IS REACHING ALL PATIENTS IN CALIFORNIA, AND I MEAN ALL, WHO WOULD QUALIFY FOR THIS SERVICE. AND I'M LOOKING AT YOUR PRESENTATION, AND I'M TRYING TO SEE HOW CAN WE BUILD MEASURES THAT WOULD OVER TIME GUARANTEE THAT WE'VE ACTUALLY REACHED ALL THOSE

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PATIENTS. SO SPECIFICALLY I HAVE TWO POINTS TO BRING UP.

ONE IS WITHIN THE GROUP -- WITHIN THAT POPULATION OF PATIENTS WHO WOULD QUALIFY AND WOULD NEED THE SERVICE, AND THIS SHOULD BE AN OPTION TO THEM. EVEN WITHIN THAT POPULATION, THERE ARE SUBGROUPS THAT YOU CAN CATEGORIZE, WHETHER SOCIOECONOMICALLY OR RACIALLY. SO HOW CAN WE EVEN THROUGH THAT ROLLOUT PROCESS MAKE SURE THAT THE ROLLOUT ITSELF AND THE PHASING OF THE PROGRAM IS EQUITABLE SO WE'RE NOT SERVING ONE GROUP MORE THAN THE OTHER OVER TIME. I THINK IT NEEDS TO BE EQUITABLE AT ALL STAGES. SO IF YOU CAN JUST TAKE THAT AS ONE POINT TO CONSIDER.

THE OTHER POINT IS WHEN I LOOK AT YOUR OUTREACH, WHICH MAKES SENSE, YOU'RE GOI8NG TO DO IT THROUGH THESE ORGANIZATIONS AND SO ON; BUT WHEN I LOOK AT YOUR SLIDE 12 AND SAYS, OKAY, ORGANIZATIONS WILL APPLY, AND ORGANIZATIONS HAVE TO QUALIFY. SO IF THEY'RE NOT QUALIFIED FOR WHATEVER REASON AND THAT ONE ORGANIZATION IS SERVING A SPECIFIC GROUP OF PEOPLE, THAT TO ME MEANS THAT THOSE PEOPLE WILL NOT HAVE ACCESS TO THE SERVICE, AND IT'S NOT BECAUSE OF ANYTHING OF THEIR DOING. IT'S BECAUSE OF THE ORGANIZATION THEY TYPICALLY WORK WITH IS NOT

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QUALIFIED. SO WHAT CAN WE DO AS CIRM TO MAKE SURE THAT ACCESS TO THOSE PATIENTS IS NOT LIMITED TO THAT ONE CHANNEL THAT SERVES THEM?

I KNOW IT'S COMPLEX. I DON'T HAVE THE ANSWER. I'M JUST SAYING THAT THESE ARE THINGS YOU MAY WANT TO CONSIDER.

DR. TURBEVILLE: THOSE ARE EXCELLENT POINTS. ONE, MAKING SURE FROM A METRIC STANDPOINT THAT WE'RE HITTING AN EQUAL DISTRIBUTION OR A FINITE DISTRIBUTION OF PATIENTS THAT WE WANT TO TARGET, RIGHT, THE UNDERSERVED. SO THAT'S SOMETHING WE'LL BE MONITORING, AND I'LL THINK THROUGH SOME OF THE METRICS THAT WILL BE PUT IN PLAY.

THE OTHER IS THIS REALLY TIES INTO A WHOLE NOTHER WORKSTREAM THAT WE HAVE KICKED OFF, AND THAT'S THE COMMUNITY CARE CENTERS OF EXCELLENCE. THAT IS A PRESENTATION I HAVEN'T GIVEN TO THE GROUP, AND HOPEFULLY THAT WILL TAKE PLACE BY THE END OF THE YEAR. BUT WHEN YOU THINK ABOUT THE PATIENT SUPPORT SERVICES ON THE OUTREACH, NOT ONLY WILL IT PROVIDE SERVICES FOR THE ALPHA SITES, OR CIRM-SUPPORTED TRIALS, BUT WE'RE THINKING MUCH MORE ROBUST. IN THAT DEVELOPMENT PROGRAM, THERE'S AN OPPORTUNITY TO PROVIDE SYNERGY WITH THE COMMUNITY CARE CENTERS OF EXCELLENCE AS WELL. AND THAT'S WHERE WE'RE STARTING

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TO THINK THROUGH THE LONG-TERM VISION.

MS. BONNEVILLE: HAIFAA.

DR. ABDULHAQ: THANK YOU. I AM VERY SUPPORTIVE OF THIS EFFORT ALSO, SEAN. GREAT EFFORT. I THINK FRED REALLY TOUCHED ON THE SAME THING THAT I WAS GOING TO COMMENT ON, SO I WAS GOING TO MAKE THIS BRIEF, BUT MY COMMENT IS ALSO ON COLLABORATING WITH THE APPROPRIATE ORGANIZATIONS WITH HUGE OUTREACH OUT THERE LIKE, FOR EXAMPLE, LEUKEMIA AND LYMPHOMA SOCIETY, AMERICAN CANCER SOCIETY, AS WELL AS SIMILAR ORGANIZATIONS IN DIFFERENT DISEASE ENTITIES, INCLUDING THE PHYSICIAN ORGANIZATIONS THAT LIKE PRETTY MUCH BIG OUTREACH IN CALIFORNIA. BUT GREAT EFFORT. THANK YOU.

I ALSO WANTED JUST TO SHARE VERY BRIEFLY WITH THE BOARD THERE WAS ACTUALLY A STUDY PUBLISHED THIS YEAR ABOUT ENROLLMENT IN CLINICAL TRIALS FOR CAR-T AND DIFFERENT DISEASE STATES. AND THERE WAS REALLY SURPRISING TO ME THAT IN MULTIPLE MYOLOMA CAR-T TRIALS, THERE WERE ONLY 1 PERCENT AFRICAN-AMERICAN PATIENTS AND THERE WERE ONLY 5 PERCENT HISPANIC PATIENTS. THERE'S NO QUESTION THAT A BIG PART OF THIS IS THE INABILITY OF THESE PATIENTS TO GO TO THE NECESSARY CENTERS WHERE THEY HAVE ACCESS TO THESE TRIALS. SO DEFINITELY VERY

IMPORTANT EFFORT.

MS. BONNEVILLE: MARVIN.

DR. SOUTHARD: SO AS A MENTAL HEALTH ADVOCATE, I JUST WANTED TO SUGGEST THAT THERE'S A WELL-DEVELOPED NETWORK THAT YOU MAY WANT TO UTILIZE, WHICH ARE THE CLIENT COALITIONS. IN LOS ANGELES, FOR EXAMPLE, THERE'S CLIENT COALITIONS OF EVERY RACE AND ETHNICITY, LATINO, AFRICAN-AMERICAN, NATIVE AMERICAN, ASIAN, AND SO FORTH. AND SOME OF THEM ARE ALREADY ORGANIZATIONS WITH 501(C)(3)S AND SO FORTH. SO YOU MIGHT LOOK AT SYSTEMATICALLY TOUCHING THE CLIENT COALITIONS.

THERE'S ALSO STATEWIDE MENTAL HEALTH CLIENT COALITIONS THAT COULD BE UTILIZED, AND THEY EXIST ALSO IN THE RURAL COUNTIES IN SAN JUAN VALLEY. I THINK THOSE CLIENT COALITIONS ARE A RESOURCE YOU MIGHT BE ABLE TO TAP.

DR. TURBEVILLE: THANK YOU.

MS. BONNEVILLE: MARIA, IF YOU DON'T MIND, I'M GOING TO CALL ON LARRY, AND THEN I'LL COME TO YOU.

DR. GOLDSTEIN: THANK YOU, MARIA. SEAN, FASCINATING PRESENTATION.

I HAVE A QUESTION ABOUT THE PATIENT ACCESS FUND. $15.6 MILLION IS A DROP IN THE BUCKET

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COMPARED TO TYPICAL TRIAL COSTS. AND, IN FACT, IN THIS DAY AND AGE, YOU WOULD NOT OR YOU SHOULD NOT DO A CLINICAL TRIAL WITHOUT ENSURING THAT YOU HAVE A DIVERSE POPULATION OF PARTICIPANTS AND THAT YOU'VE REACHED INTO UNDERSERVED COMMUNITIES AND INCLUDED THEM. FOR EXAMPLE, I'M REVIEWING A LICENSING APPLICATION TO THE FDA WHERE IT'S CLEAR THAT THERE SIMPLY AREN'T ENOUGH MINORITY PARTICIPANTS TO MAKE THE DEVICE THAT THEY'RE DEVELOPING ROBUST. AND I THINK IT'S GOING TO BE A REAL PROBLEM FOR THEM.

SO THE QUESTION IS WHAT CAN BE CHARGED TO REGULAR CIRM FUNDS SO THAT THE PATIENT ACCESS FUND CAN BE RESERVED FOR THOSE COSTS THAT CIRM CANNOT SUPPLY THROUGH REGULAR MECHANISMS?

DR. TURBEVILLE: CERTAINLY. SO WHAT WE ARE OBSERVING IS CERTAINLY ON THE TRAVEL, HOTEL STAYS, MEALS, ALL THOSE ANCILLARY SUPPORTIVE MECHANISMS, MUCH OF THAT, I SHOULDN'T SAY ALL OF IT, BUT WHAT WE'RE OBSERVING IS QUITE A BIT IS COMING OUT OF THE PATIENT'S POCKET. SO THAT IS SOMETHING THAT WE CAN CERTAINLY REIMBURSE, BUT I DO AGREE WITH YOU. AND WE'RE GOING TO HAVE BUSINESS RULES FOR WHICH COMPONENTS WE FEEL ARE REIMBURSABLE. WE HAVE CERTAINLY THAT RANGE OF REIMBURSABLE ELEMENTS FOR THOSE CHARACTERISTICS.

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I DO AGREE WITH YOU THAT 15.6, IT'S A FANTASTIC START. AND IF WE'RE VERY CAUTIOUS AND IDENTIFY THE PATIENTS THAT WE WANT TO GO AFTER FOR THE SUPPORT, I THINK WE CAN UTILIZE THAT MONEY IN THE MOST APPROPRIATE WAY THAT WILL HIT THE MARKS THAT WE WANT. AND THAT, AGAIN, IS THAT UNDERSERVED PATIENT POPULATION.

DR. MILLAN: MARIA, MAY I PIPE IN AT THIS POINT? SO THANK YOU VERY MUCH. AND, SEAN, THANKS FOR A GREAT PRESENTATION. I JUST WANTED TO SHARE SOME THOUGHTS REGARDING A LOT OF EXCELLENT INPUT AND QUESTIONS THAT AROSE.

FIRST OFF, I JUST WANT TO MAKE SURE THAT WE WILL REALLY VIEW THIS PATIENT SUPPORT PROGRAM IN CONTEXT. A LOT OF THE DIFFERENT POINTS THAT ARE RAISED ARE ESSENTIAL TO THE SUCCESS OF THE OVERALL PROGRAMS IN TERMS OF THE KEY PARTNERSHIPS, MEANINGFUL PARTNERSHIPS, WITH COMMUNITY-BASED ORGANIZATIONS, WITH COALITIONS, AND ALL THAT. AND THAT IS WHAT CIRM IS ABOUT. CIRM IS THE HUB FOR THAT. SO THIS PATIENT SUPPORT PROGRAM IS A COMPONENT TO PROVIDE SOME KIND OF RESOURCES OR OPERATIONAL EXPERTISE IN DEPLOYING THE SERVICES AND THE SCOPE OF SERVICES AND ACTIVITIES THAT SEAN HAD LISTED BEFORE.

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BUT THE IDEA IS THIS IS JUST A COMPONENT, AND THIS WOULD BE INTEGRATED WITH ALL OF CIRM'S SYSTEMS. FOR INSTANCE, LET'S RAISE THE QUESTION OF THE PATIENT ASSISTANCE FUND OF 15.6 MILLION. THAT'S ABOUT THE SIZE OF ONE OF OUR CLINICAL TRIAL AWARDS, RIGHT. THE IDEA IS NOT SO MUCH THAT IT'S GOING TO SUPPORT GIVEN PROGRAMS. THE IDEA IS THAT IT WILL BE USED TO CREATE SYSTEMS SO WE CAN ADDRESS BROADLY UMBRELLA SOLUTIONS FOR HOW WE CAN GET THE MOST EFFICIENT SOLUTIONS TO THINGS THAT ARE CREATING THE BARRIERS THAT ARE PREVENTING ACCESS TO CLINICAL TRIALS FOR A BROAD RANGE OF PATIENTS. LIKE, FOR INSTANCE, IF THERE IS A WAY THAT WE CAN IDENTIFY KEY UNCOVERED SERVICES OR COSTS AND THEN CREATE A WAY TO HAVE THAT IN PLACE, THEN THE PARTNERSHIPS AND THE OTHER ACTIVITIES RELATED TO THE OUTREACH, WHICH WOULD NOT NECESSARILY MAYBE BE HANDLED BY THIS PARTICULAR PROGRAM, BUT HANDLED BY ALL THE OTHER CIRM SYSTEMS, WOULD HAVE A PLACE TO GO IN ORDER TO DEPLOY THESE TYPES OF RESOURCES IN ORDER TO ACHIEVE THE OBJECTIVES OF THE PARTNERSHIPS OF THE COMMUNITY CARE CENTERS OF EXCELLENCE, OF THE ALPHA CLINICS, OF OUR CLINICAL TRIALS THAT ARE ALL FUNDED THROUGH DIFFERENT MECHANISMS.

SO THE PATIENT ASSISTANCE FUND IS RESERVED

AS FUNDS THAT COULD DIRECTLY BENEFIT THE PATIENTS, BUT THERE'S ALSO FUNDING THAT WAS PROVIDED BY PROP 14 TO FUND RESEARCH AND PERSONNEL AND PROGRAMS TO BUILD SYSTEMS AND SOLUTIONS AND TO GAIN KNOWLEDGE ON ACCESS AND AFFORDABILITY. SO THIS IS JUST THE FIRST KIND OF, I WOULD SAY, A LEGO BLOCK, A KEY LEGO BLOCK AND SAYING, OKAY, IN ORDER FOR US TO START DEPLOYING THESE OTHER THINGS THAT SEAN HAD ALLUDED TO, AND THESE WILL TAKE SEVERAL YEARS TO ROLL OUT, INCLUDING WHAT THE COMMUNITY CARE CENTERS OF EXCELLENCE WILL BE, I THINK THAT CONCEPT PLAN WILL MAYBE BE READY FOR THE BOARD BY NEXT YEAR.

AS I MENTIONED IN THE BEGINNING, THE TEAM IS GOING OUT DOING LISTENING SESSIONS, GETTING ENGAGEMENT ACROSS THE STATE TO DETERMINE WHAT THOSE LOOK LIKE. SO I WANTED TO JUST MAYBE ADDRESS SOME OF THE QUESTIONS RELATED TO THE PARTNERSHIPS AND WHETHER THE COMMUNITY-BASED -- WOULD COMMUNITY-BASED ORGANIZATIONS BE THE APPLICANTS TO BECOME A PATIENT SUPPORT PROGRAM? IF A PARTICULAR COMMUNITY-BASED ORGANIZATION HAD THE CAPABILITY TO ADDRESS THE SCOPE OF ACTIVITIES BROADLY TO SUPPORT, NOT JUST ONE COMMUNITY, BUT BROADLY ACROSS ALL OF CALIFORNIA, THAT SUPPORTS ALL OF CIRM'S 80 PLUS CLINICAL TRIALS WITH THE VARIOUS INDICATIONS, THEN THEY WOULD BE

QUALIFIED TO COME IN. BUT THE CHANCES OF A COMMUNITY-BASED ORGANIZATION HAVING ALL THOSE CAPABILITIES IS REALLY TOUGH. THERE MIGHT BE SOME NON-PROFITS THAT HAVE A STRONG COMMUNITY-BASED ORGANIZATION ALREADY -- ENGAGEMENT ALREADY BUILT INTO IT, BUT THAT'S WHY THERE ARE GOING TO BE SPECIFICATIONS FOR THE RFP. AND THAT WILL BE SOMETHING THAT'S REVIEWED, AGAIN, FOR ALL OF THE PARAMETERS, INCLUDING DEI AND OPERATIONAL CAPABILITIES.

I DON'T KNOW IF I JUST CONFUSED EVERYTHING, BUT I JUST WANTED TO MAKE SURE THAT WE DIDN'T GIVE THE IMPRESSION THAT THIS PATIENT SUPPORT PROGRAM IS GOING TO BE THE ONE, THE PANACEA AND THE ONE COMPONENT THAT'S GOING TO ADDRESS ALL THESE THINGS. THERE'S A WHOLE ROAD MAP, ALL THE DIFFERENT CIRM PROGRAMS IN RELATION WITH THE OTHER PROGRAMS, INFRASTRUCTURE PROGRAMS, INCLUDING THE ALPHA CLINICS PROGRAM, WHICH WILL BE PRESENTED TO YOU IN THE UPCOMING MONTH THAT WILL BE REALLY CRITICAL IN ACHIEVING A LOT OF WHAT WAS DISCUSSED TODAY.

MS. DURON: THANK YOU, MARIA AND MARIA. I THINK WHAT I FEEL, THOUGH, IS WHAT HAS ALWAYS BEEN UNDERADDRESSED AND, IN FACT, MISSING OFTENTIMES FROM THE CLINICAL TRIAL PERSPECTIVE AND AT THE OVERSIGHT

LEVEL IS THAT PATIENTS, THE PATIENT POB AND THE PEOPLE WHO HELP THOSE PATIENTS, WHICH ARE THE CBO'S, HAS BEEN MISSING. IT'S BEEN THE WEAKEST LINK IN THE WHOLE PROCESS.

SO WHAT WE ARE ADDRESSING HERE, I THINK, IS TO STRENGTHEN THAT AND EQUALIZE IT AS A VERY KEY BASELINE APPROACH TO MAKING THE WHOLE PROCESS WORK WELL AND EQUITABLY. EVEN TO MARVIN'S POINT, 15.9 IS PROBABLY PEANUTS COMPARED TO WHAT IS NEEDED TO BUILD THIS REALLY IMPORTANT THIRD SPOKE, IF YOU WILL, SEAN, OR FOURTH -- DEPENDS HOW BIG THIS WHEEL IS -- BUT IT SHOULD BE EQUAL. AND TO ME IT IS THOSE BOOTS ON THE GROUND, NOT THE STATEWIDE ORGANIZATION THAT MAY HAVE A LITTLE THING HERE AND SOMETHING, AND EVEN A CALL CENTER, SEAN, DOESN'T GET IT. IT IS BOOTS ON THE GROUND. IT IS PEOPLE TO PEOPLE. IT IS MICROAPPROACHES WHERE PEOPLE ARE EMBRACED AND HEARD AND SEEN AND SUPPORTED THAT IS GOING TO BE THE BIG PAYOFF. IT IS ALSO THE BIGGEST LIFT. AND TO ME IT IS ALSO THE MOST LABOR INTENSIVE, BUT IT BECOMES SUCH AN IMPORTANT KEY POINT TO THIS PARTNERSHIP IN WHICH WE LIFT ALL BOATS.

AND SO I THINK THAT WE NEED -- AND WE START WITH OUTREACH. WE START WITH ENGAGING COMMUNITIES AND EDUCATING THEM AROUND WHAT THIS

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LOOKS LIKE, WHAT IT MEANS, HOW IT'S NOT MEANT TO DO HARM. AND, IN FACT, AND A LITTLE PIECE OF EDUCATION BECAUSE I'VE BEEN TALKING ABOUT THIS EVEN AT THE ALL OF US PROGRAM, WATCH WHEN YOU USE THE WORD "TARGET." WE'RE GOING TO TARGET YOUR COMMUNITY. PROFILE YOUR COMMUNITY. WE HAVE TO BE SUPER SENSITIVE. AND WHO'S GOING TO CLEAR THAT ROAD FOR YOU? THOSE COMMUNITY-BASED ORGANIZATIONS WHO HAVE THAT UNDERSTANDING AND SENSITIVITY OR EVEN COULD USE THAT WORD, BUT IN A CONTEXT, IN A LANGUAGE AND A HEART-TO-HEART WAY THAT COMMUNITY LISTENS.

SO YOU'RE REALLY BUILDING THIS PIECE OF THIS WHOLE PROGRAM FROM THE GROUND UP TO SHOW HOW IT IS KEY TO SUCCESSFUL INCLUSION IN CLINICAL TRIALS. IT HAS NOT BEEN DONE IN A HOLISTIC, INTENTIONAL, WELL-FUNDED MANNER, AND THAT IS WHY I THINK TO THIS DAY PHARMA KEEPS COMING BACK AND SAYS HOW DO WE COMMUNICATE? HOW DO WE ENGAGE COMMUNITY? COVID SHOWED A LITTLE BIT OF THE WAY, DAN POINTED AT IT, BUT IT STILL INCLUDED THE BOOTS ON THE GROUND THAT WERE COMMUNITY-BASED ORGANIZATIONS. SOMETIMES THE LITTLEST ONES ARE THE MIGHTIEST ONES, MARIA, HAVE THIS INFRASTRUCTURE HUGELY. YOU ARE GOING HELP THEM MAYBE BUILD THAT OUT A LITTLE, BUT TEAMING, AND I MEAN T-E-A-M-I-N-G, WITH THE LARGER GROUP AND

WORKING TOGETHER TO PRODUCE THAT IS GOING TO MAKE THE DIFFERENCE. I CANNOT SAY THIS OFTEN ENOUGH. SO I HOPE YOU RECORDED IT, PUT IT IN A LITTLE THING, AND JUST REPORTED IT OVER AND OVER BECAUSE OTHERWISE I'LL COME BACK AND SAY IT AGAIN.

DR. MILLAN: IF I MAY RESPOND TO THAT, MR. CHAIRMAN. I WANTED TO, FIRST OF ALL, SAY, YSABEL, WE HAVE RECORDED IT, AND THAT IS ACTUALLY SOMETHING THAT WE EMBRACE AND IS EMBEDDED IN OUR MIND AS AN IMPORTANT COMPONENT OF THIS.

I GUESS MAYBE WHAT I'M TRYING TO SAY IS THIS PARTICULAR INITIATIVE OR THIS PARTICULAR PIECE OF THE PUZZLE IS NOT MAYBE THE RIGHT ORGANIZATION OR THE RIGHT INITIATIVE TO DO THAT. WE DO THINK THAT THAT NEEDS A DEDICATED SOURCE OF FUNDING ON ITS OWN THAT INTEGRATES WITH THE SYSTEM. SO WE HAVE TO DEVELOP THAT SO THAT IT'S NOT JUST, BY THE WAY, HERE'S A LITTLE FOR YOU AND MAYBE WE'LL REACH OUT TO YOU. IT'S GOT TO BE A REAL PROGRAM IN TERMS OF THE COMMUNITY-BASED ORGANIZATION COMPONENT OF THIS.

I THINK MAYBE I'LL JUST STEP BACK A LITTLE BIT AND JUST SAY THAT, EVEN BEFORE WE TALK ABOUT THE BARRIERS TO INCLUSION, THERE ARE THE BARRIERS TO THE CONDUCT OF THESE TRIALS. SO THERE ARE PATIENTS WHO ALREADY REACHED THE CENTER AND ARE TRYING TO GET

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INTO THE TRIALS, AND THEN THERE ARE ALL SORTS OF COSTS AND THE INSURMOUNTABLE OBSTACLES WITH BEING ABLE TO GET THEIR CAREGIVERS BECAUSE THEY'VE NOW LOST TIME, THEY HAVE TO TRAVEL FROM AFAR, THE HUNDRED DAYS OF APPOINTMENTS ARE INSURMOUNTABLE FOR THEM. SO NOW THOSE SUBJECTS, WHETHER THEY COME FROM REMOTE AREAS, UNDERSERVED AREAS, OR WHETHER THEY'RE NOT, THEY'RE NOT ACCESSING THE TRIALS. SO WE KNOW, IN GENERAL, THAT THERE'S ALREADY A BARRIER TO BEING ABLE TO ACCESS THESE STEM CELL AND REGENERATIVE MEDICINE TRIALS BECAUSE OF THE NATURE OF THE TRIALS. THEY'RE COMPLEX. THEY REQUIRE, THE CAR-T'S, FOR INSTANCE, EXTENSIVE, IT'S GETTING BETTER, BUT EXTENSIVE OBSERVATION PERIODS BECAUSE OF THE SECONDARY EFFECTS OF THE TREATMENTS THEMSELVES, THE CYTOKINE STORM AND EVERYTHING ELSE, SO THEY REQUIRE THAT.

FIRST, WE NEED TO GET THE INFRASTRUCTURE IN PLACE TO ADDRESS THOSE WHO WE ALREADY KNOW COULD ALREADY BE PARTICIPATING IN THE TRIAL AND COULD ALREADY BENEFIT. AND THEN WE BUILD ALL THESE OTHER COMPONENTS TO MAKE SURE THAT ONCE WE HAVE BUILT KIND OF THESE FOUNDATIONS FOR BEING ABLE TO SERVE PATIENTS, THEN WE IN PARALLEL ARE BUILDING THE OUTREACH, THE EDUCATION, THE COMMUNITY ENGAGEMENT,

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THE COMMUNITY PARTNERSHIPS SO THAT THEY WOULD ALSO THEN BE ABLE TO UTILIZE THE SYSTEMS THAT ARE PUT IN PLACE TO ADDRESS THE INITIAL NEED THAT WE ALREADY SEE.

AND SO I JUST WANTED TO MAKE SURE THAT WE PUT IN CONTEXT WHAT'S BEING BROUGHT FOR BOARD CONSIDERATION TODAY AS A STARTING POINT. THIS DOESN'T CURRENTLY EXIST FOR OUR CIRM PROGRAMS. IT'S BEING ADDRESSED BY THE DIFFERENT INVESTIGATORS, BY THE DIFFERENT ACADEMIC CENTERS IN THEIR OWN WAY, BUT THERE'S NO INTEGRATED APPROACH FOR THE CIRM PROGRAMS YET. AND THE IDEA IS IF WE ARE ABLE TO DESIGN THIS, THEN IT SHOULD BRING AN EFFICIENCY SO THAT IT LIFTS ALL BOATS IN TERMS OF ALL THE EFFORTS OF THE VARIOUS INVESTIGATORS AND THE SITES, AND AS A STARTING POINT, THEN TO BE ABLE TO ROLL THAT OUT AND ACHIEVE ALL OF THOSE OTHER IMPORTANT OBJECTIVES THAT WERE DISCUSSED TODAY.

I WANTED TO JUST BRING THAT -- TO JUST BRING IT DOWN TO WHAT IS BEING ASKED FOR TODAY IS A CONCEPT APPROVAL TO BE ABLE TO PUT OUT A REQUEST FOR PROPOSAL TO ASK ALL THE FORPROFIT, NONPROFIT COMMUNITY-BASED ORGANIZATIONS, WHOEVER THINKS THAT THEY ARE ABLE TO BRING THESE TYPES OF SERVICES TO THE PATIENTS CURRENTLY, THOSE WOULD THEN BE

EVALUATED. AND THEN THE AAWG, ALONG WITH THE BOARD, WOULD THEN LOOK AT IT AND SAY, OKAY, IS THIS A GOOD ENOUGH STARTING POINT? IS THIS GOING TO BE SOMETHING THAT'S VALUABLE FOR CIRM TO PUT IN PLACE IN ORDER FOR US TO BUILD ALL THESE OTHER COMPONENTS THAT WE WANT TO PUT INTO IT SO THAT WE REALLY HAVE THE ABILITY TO HAVE STRATEGIC AND WELL-DEFINED AND WELL-DESIGNED CONNECTIVITY TO COMMUNITY-BASED ORGANIZATIONS SO THAT WHEN WE PUT OUR CLINICAL INFRASTRUCTURE IN PLACE, IT'S EMBEDDED INTO HOW THE SYSTEMS ARE DESIGNED SO THAT THEY CAN TAKE FULL ADVANTAGE OF THE ACADEMIC MEDICAL CENTERS OR COMMUNITY CARE CENTERS OR THE NETWORKS SO THAT CIRM-FUNDED PROGRAMS, THEREFORE, ARE THE SUBSTRATE THAT ARE PUT INTO THESE SYSTEMS AND WE CAN EXTRACT THE VALUE FROM PUTTING THESE THINGS IN PLACE.

I HOPE THAT -- I REALLY HOPE THAT I'M BEING CLEAR ENOUGH. AND IF NOT, I'M HAPPY TO DISCUSS IT FURTHER. THERE'S SO MANY OTHER PROGRAMS THAT ARE GOING TO BE CONSIDERED BY THE AAWG AS WELL AS OTHER CIRM PROGRAMS IN TERMS OF HOW KIND OF THE CLINICAL TRIAL HEALTHCARE DELIVERY COMPONENTS ALL PLAY TOGETHER. AND WE ARE IN THE BUILDING PHASE WITH THIS STRATEGIC PLAN, AND THIS IS JUST A VERY -- THE FIRST STEP FORWARD IN TERMS OF PUTTING RESOURCES

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IN PLACE SO THAT WE CAN BUILD ON THOSE TO ACHIEVE KIND OF THE FIVE-YEAR STRATEGIC GOALS AND THEN, OF COURSE, HOPEFULLY, BUILD ON FROM THERE.

MS. BONNEVILLE: FRED.

DR. FISHER: DR. MILLAN, THANKS VERY MUCH FOR THAT CONTEXT. AND, FRANKLY, I FIND WHAT YOU ARE SAYING ALARMING. AND YOU SAID A LOT, AND I'M NOT EXACTLY SURE WHERE TO START WITH IT, AND I WON'T BELABOR THE POINT. IF CIRM IS GOING TO BUILD SOMETHING FROM THE GROUND UP, MY SUGGESTION IS THEY BUILD IT RIGHT FROM THE START AND NOT SHOEHORN AN IDEA TO CREATE ONE THING THAT REALLY DOWN THE ROAD IS GOING TO BECOME SOMETHING ELSE. AND IF THERE ISN'T ENOUGH MONEY TO BUILD IT RIGHT, THEN COME TO THE BOARD AND ASK FOR A DIFFERENT FUNDING SOURCE TO MAKE IT WHAT IT NEEDS TO BE.

I'M TRYING TO IMAGINE THE ONE ENTITY OTHER THAN A TELEMARKETING FIRM THAT HAS THE CAPACITY TO REACH ALL DISEASE POPULATIONS AND ALL PATIENT POPULATIONS FOR ANY INDICATION FOR EVERY CLINICAL TRIAL THAT IS GOING TO BE THE RIGHT WAY TO ENGAGE THE COMMUNITIES WE ARE TRYING TO ENGAGE. A WITH ALL RESPECT TO THE WORK THAT HAS BEEN DONE BY SEAN AND THE GROUP THAT PUT THIS TOGETHER, THAT JUST SEEMS WRONG.

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IT WOULD BE LIKE CIRM SAYING WE WANT TO FUND ONE SCIENTIFIC ENTITY TO ADDRESS ALL NEURODEGENERATIVE DISEASE RESEARCH DRUG DEVELOPMENT. AND WE'RE GOING TO PUT OUT AN RFP TO FIND THE ONE WHO CAN DO IT ALL. IT'S JUST NOT PRACTICAL. IT'S NOT REALISTIC. AND WHILE I'M ONE WHO DOESN'T WANT PERFECT TO BE THE OBSTACLE OF GOOD ENOUGH, I DON'T THINK THIS IS GOOD ENOUGH BECAUSE YOU'RE STARTING ON THE WRONG FOOT. AND IF MONEY IS THE ISSUE, I THINK WE'VE GOT MONEY THAT COULD BE DEPLOYED IN SERVICE TO THIS SO THAT YOU'RE WORKING FROM THE GRASS ROOTS UP AS OPPOSED TO THE GRASS TOPS DOWN.

AND I WENT FROM REALLY WANTING TO SUPPORT THIS, AND I REALLY DON'T WANT TO GET IN THE WAY OF IT, BUT I THINK THE WAY YOU'RE GOING AT IT IS BACKWARDS. AND I FIND IT REALLY TROUBLING BECAUSE IT'S KIND OF CONTRARY TO EVERYTHING WE SPENT ALL OUR TIME TALKING ABOUT. I'LL STOP THERE.

DR. MILLAN: MAY I ASK SEAN TO RESTATE THE OBJECTIVE OF THE PATIENT SUPPORT PROGRAM JUST TO MAKE SURE THAT WE ARE LOOKING AT WHAT IS BEING BROUGHT FOR CONSIDERATION TODAY BECAUSE I REALLY DON'T WANT TO MAKE -- YOU KNOW, IN MY ATTEMPT TO EXPLAIN THAT THIS IS ONE COMPONENT OF THE OVERALL CIRM STRATEGY, I DON'T WANT TO TAKE AWAY FROM WHAT

IS ACTUALLY BEING PROPOSED FOR CONSIDERATION. AND IF THE BOARD DECIDES THAT THE PATIENT SUPPORT PROGRAM THAT HAS A SCOPE OF ACTIVITIES THAT ARE BEING PROPOSED TODAY DOESN'T BRING VALUE TO THE STRATEGY, THEN WE WOULD HAVE TO TAKE THAT BACK TO THE AAWG. BUT I WANT TO MAKE SURE THAT I DON'T GET IN THE WAY OF WHAT IS ACTUALLY BEING ASKED FOR TODAY IN MY ATTEMPT TO GIVE THE BIGGER VISION.

FRED, I APOLOGIZE IF I BROUGHT IT TO A TOTALLY DIFFERENT DIRECTION. SO WITH YOUR PERMISSION, I'D LIKE FOR SEAN TO REMIND US OF WHAT THE PROPOSED ACTIVITIES ARE FOR THIS PATIENT SUPPORT PROGRAM SO THAT THAT CAN BE SOMETHING THAT THE BOARD LOOKS AT.

DR. TURBEVILLE: CERTAINLY. FRED, CERTAINLY LISTENING TO YOU, I'M HEARING SOME GREAT COMMENTS. YSABEL AS WELL. THANK YOU FOR THE GUIDANCE. I THINK ALL OF THAT IS INSIGHTFUL.

I THINK WHAT WE ARE TRYING TO ARTICULATE HERE IS THAT, ONE, WE ARE TRYING TO BUILD THE FOUNDATIONAL. WE ARE NOT OPPOSED TO JUST N OF 1 FOUNDATION. IF THERE ARE OTHER ORGANIZATIONS THAT CAN PROVIDE VALUE TO ADDRESS YSABEL'S COMMENTS, ADDRESS FRED'S COMMENTS, WE CAN DO THAT. SO WE ARE NOT JUST SETTING OUT THIS RFP FOR ONE CENTRALIZED

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PLACE. THERE'S AN OPPORTUNITY FOR MANY ORGANIZATIONS TO WORK.

WHAT WE DO WANT IS WE WANT SOME INFRASTRUCTURE AT LEAST SO THAT WE'RE SYSTEMATIC IN REPORTING, SYSTEMATIC IN RESPONSE TO THE PATIENTS, AND ALL OF THAT HAS TO BE CENTRALIZED. OTHERWISE WHAT HAPPENS IS WHAT WE ARE OBSERVING NOW. THERE'S A LOT OF FRAGMENTATION OUT THERE. THERE'S A LOT OF GREAT SERVICES, BUT WE DON'T KNOW WHAT'S REALLY GOING ON FROM A METRIC STANDPOINT. THAT'S THE SPECIFIC AIM OF THIS IS TO BUILD THAT FOUNDATION. WE HAVE SOME GREAT INSIGHT FROM THE AAWG, EVERYBODY ON THIS CALL ON WHERE WE CAN BUILD THOSE SERVICES TO MEET OUR CIRM INITIATIVES.

THE MAIN SPECIFIC GOAL OF THIS IS REALLY TO TARGET THOSE PATIENTS THAT JUST DON'T HAVE A CHANCE TO GET INTO A CLINICAL TRIAL EITHER SIMPLY BECAUSE THEY DON'T HAVE THE FINANCIAL MEANS OR THEY DON'T HAVE THE FAMILY SUPPORT. THAT'S ONE OF THE SPECIFIC THINGS OF THIS IS GOING AFTER THE UNDERSERVED PATIENT POPULATION. I CAN'T TELL YOU, AND YOU GUYS ARE CLINICIANS YOURSELVES, HOW MANY TIMES WE SPOKE WITH CLINICIANS WHO SAID IF WE JUST HAD X, Y, AND Z, WE COULD HAVE HAD PATIENTS PARTICIPATE IN THIS TRIAL. SO THERE'S CERTAINLY A

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SELECTION FACTOR FOR TRIAL PARTICIPATION. AND THE GOAL OF THIS HOPEFULLY TO MAKE THIS EQUITABLE IS TO GO AFTER THAT PATIENT POPULATION THAT JUST DIDN'T HAVE A CHANCE TO BEGIN WITH.

MS. BONNEVILLE: YSABEL.

MS. DURON: THANK YOU, MARIA. AND THEREFORE, SEAN, WHAT I'M HEARING, WHICH IS WHAT I LIKE BECAUSE WHAT I HEARD WAS ON SOME LEVEL THIS IS MAINTENANCE OF PEOPLE ALREADY IN THERE WHO ARE FACING BARRIERS; THAT IS, IN TRIALS. AND I RECOGNIZE THAT THERE'S A LOT OF ISSUES THAT WE RECOGNIZED AND NOTED WITH COMMUNITIES OF COLOR, THE BARRIERS THAT EXIST EVEN JUST TO KEEP INSIDE TRIALS. BUT I'M THINKING THAT WHAT THIS IS MISSING THEN, AND I WOULD LOVE YOU TO TAKE IT BACK, IS TO ADD THAT COMMUNITY OUTREACH COMPONENT BECAUSE YOU'RE TALKING ABOUT REACHING OUT TO THESE COMMUNITIES. YOU'RE NOT TALKING ABOUT, OR AT LEAST THAT'S ONLY A PIECE, AND THEN TALKING ABOUT MAINTAINING THEM INSIDE THE TRIALS AND GETTING THEM TO ADHERE AND REMOVING THOSE BARRIERS AND WORKING IN CONJUNCTION WITH THE ACADEMIC INSTITUTIONS OR RESEARCH INSTITUTIONS OR WHOEVER IS PERFORMING THE TRIALS THEMSELVES.

SO YOU NEED -- WHAT'S MISSING HERE IS THAT COMMUNITY OUTREACH COMPONENT. AND I THINK THE WAY

IT'S WRITTEN OR PROPOSED, IT'S NOT CLEAR. AND SO YOU NEED REAL CLARITY. AND THEREIN YOU MIGHT EVEN SEPARATE THOSE LIKE DEPARTMENTS, IF YOU WILL, SO THAT HERE COMMUNITY-BASED ORGANIZATIONS WHO ARE SMALL CAN'T NECESSARILY DO THE BIG INFRASTRUCTURE LIFT, BUT WHO COULD BE CRITICAL TO BRINGING IN -- EDUCATING AND BRINGING IN THOSE PEOPLE THAT YOU'RE TALKING ABOUT AND WOULD NOT BE LEFT OUT OF THE PROCESS. WHERE IT SITS RIGHT NOW, IT SOUNDS LIKE EVEN A BIG LIFT FOR SOME OF THESE VERY ORGANIZATIONS THAT YOU REALLY WANT TO ENGAGE TO BE PART OF THE PROCESS. SO CAN YOU ADD, AND I DON'T EVEN KNOW -- NO, BECAUSE THAT'S ALREADY ON THE TABLE. JUST A RECOMMENDATION. SCREW UP THE PROCESS. BUT IT REALLY NEEDS A COMMUNITY ENGAGEMENT PROCESS OR, YEAH, A PROCESS, WHATEVER YOU CALL THAT. AN ADDITION SO THAT IT'S VERY CLEAR THAT THE COMMUNITY IS IN PARTNERSHIP WITH THIS WHOLE THING. SO FROM A TO Z, FRUIT TO NUTS, OR HOWEVER, TO FRED'S POINT. THANKS, SEAN.

DR. TURBEVILLE: THANK YOU.

MS. BONNEVILLE: AL.

MR. ROWLETT: SO WHAT I WOULD HAVE LIKED TO HAVE SEEN IN THE CONCEPT PLAN IS REFLECTED, A SOLICITATION OF THE EXPERTISE OF THE MEMBERS OF THE

GOVERNING BOARD, ESPECIALLY THOSE OF US WHO ARE INVOLVED IN THE GWG PROCESS WHO ARE PATIENT ADVOCATES, WHO ARE ADVOCATES FOR UNDERSERVED AND UNSERVED COMMUNITIES IN THE DEVELOPMENT OF A CONCEPT PLAN AND ULTIMATELY WOULD INFORM STAFF AS THEY DEVELOP A PROPOSAL. I WOULD HAVE LIKED TO HAVE SEEN THAT, AND THAT'S NOT CLEARLY DELINEATED IN THE PRESENTATION THAT I'VE SEEN HERE TODAY.

MS. BONNEVILLE: FRED.

DR. FISHER: NOW I'M JUST CONFUSED BECAUSE SOME OF US ARE TALKING ABOUT AN OUTREACH PLAN, AND WHAT I THOUGHT I HEARD SEAN AND MAYBE DR. MILLAN TALKING ABOUT IS WE ARE NOT REACHING OUT TO ANYBODY. WE ARE TAKING PEOPLE THAT ARE ALREADY KNOWN TO THE CLINICS WHO ARE TRYING TO ENROLL PEOPLE IN CLINICAL TRIALS, AND THE PEOPLE THAT THEY KNOW THAT THEY'RE ALREADY TRYING TO ENROLL HAVE OBSTACLES TO OVERCOME, AND THERE AREN'T THE RESOURCES TO HELP THOSE KNOWN PEOPLE OVERCOME THOSE OBSTACLES. SO WE WANT TO HAVE A RESOURCE TO HELP THE PEOPLE THAT ARE ALREADY KNOWN OVERCOME THOSE OBSTACLES.

I GUESS I NEED TO ASK WHICH IS IT BECAUSE IF IT'S THE LATTER, THEN I TOTALLY GET IT. THE NURSE COORDINATOR OR CLINICAL TRIAL HAS A POTENTIAL PARTICIPANT, BUT THEY'VE GOT FINANCIAL ISSUES, AND

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THEY SAY CALL THIS NUMBER. IT'S A CLINICAL TRIAL RESOURCE HOTLINE, AND THOSE PEOPLE ARE GOING TO HOOK YOU UP WITH THE MONEY YOU NEED OR THE WHATEVER YOU NEED TO OVERCOME THE OBSTACLE. THEY'RE NOT LOOKING FOR NEW PARTICIPANTS; THEY'RE NOT LOOKING TO REACH UNDERSERVED COMMUNITIES. THEY'RE NOT LOOKING TO ADD PEOPLE TO THE TRIAL. THEY'RE JUST LOOKING TO DEAL WITH THE PEOPLE THAT ARE IN FRONT OF THEM NOW, HOWEVER THEY GOT THERE. THAT'S AN ENTIRELY DIFFERENT CONCEPT THAN THE ONE THAT I AND YSABEL AND AL AND OTHERS HAVE BEEN TALKING ABOUT.

SO IF WE ARE NOT TALKING ABOUT INCLUSION AND WE ARE NOT TALKING ABOUT REACHING OUT, THEN JUST SAY THAT. AND WE CAN UNDERSTAND WHAT IT IS THAT WE ARE REALLY VOTING FOR IS A WAY TO GET SUPPORT TO PEOPLE WHO'VE SOMEHOW ALREADY MANAGED TO FIND THEMSELF IN FRONT OF A NURSE COORDINATOR BEING EVALUATED FOR PARTICIPATION IN A CLINICAL TRIAL. OR MAYBE I HAVE IT WRONG AGAIN. LET ME KNOW.

DR. MILLAN: SEAN, IS IT OKAY IF I JUST ATTEMPT ONE MORE TIME? I THINK THAT THERE ARE TWO SEPARATE THINGS, AS YOU CORRECTLY POINTED OUT, FRED. THERE ARE -- BY THE WAY, A LOT OF THE PATIENTS WHO ARE ALREADY IN FRONT OF THESE TRIALS, WHO ARE ALREADY IDENTIFIED AND TRYING TO GET IN, MANY OF

THEM WHO CAN'T ACTUALLY BE PARTICIPATING IN THE TRIAL ARE FROM UNDERSERVED COMMUNITIES. THEY CAN GET THERE, BUT THE REASON WHY MORE RESOURCED BACKGROUNDS ARE ABLE TO ENROLL INTO THE TRIAL AND OTHERS AREN'T IS BECAUSE WHERE THEY COME FROM REGARDLESS OF THE FACT THAT THEY EVENTUALLY WERE ABLE TO MAKE IT THERE. SO THAT IS -- BEING ABLE TO PROVIDE RESOURCES TO ADDRESS THE KNOWNS, WE DO BELIEVE THAT THAT STILL SERVES UNDERSERVED COMMUNITIES.

NOW, IN ORDER TO BE ABLE TO AUGMENT IT, THERE'S GOT TO BE THIS SECOND AND RELATED COMPONENT, WHICH IS THIS COMMUNITY-BASED ORGANIZATION AND MORE IN THE COMMUNITIES THEMSELVES. THAT'S WHY WE MENTIONED THAT COMING TO YOU NEXT YEAR WILL BE A COMMUNITY CARE CENTERS OF EXCELLENCE CONCEPT PROPOSAL BECAUSE THAT IS A MAJOR INFRASTRUCTURE ALONG WITH ALPHA CLINICS INFRASTRUCTURE THAT WOULD ENABLE IN THE COMMUNITY TYPE OF ENGAGEMENT. FOR TODAY WHAT WE ARE BRINGING TO YOU IS A CONCEPT PROPOSAL THAT WOULD ALLOW US TO DEPLOY THE PATIENT ASSISTANCE FUND THAT'S ALREADY BEEN ALLOCATED WHERE PATIENTS ALREADY WHO COULD BENEFIT FROM IT IN PARTICIPATION IN CIRM CLINICAL TRIALS COULD BENEFIT FROM THE PATIENT ASSISTANCE FUND IS ONE OF THE

COMPONENTS THAT A PATIENT SUPPORT PROGRAM WOULD BE ABLE TO DEPLOY. BUT IT WOULDN'T BE THAT WE WOULD JUST FUND SOMEBODY TO JUST WRITE A CHECK FOR A PATIENT ASSISTANCE FUND, BUT HAVE TO BE AN INTEGRATED APPROACH TO MAKE SURE THAT THEY HAVE THE CAPABILITIES TO DO THIS IN A COMPLIANT, REGULATORY COMPLIANT MANNER, THAT THE SYSTEMS ARE IN PLACE THAT THEY ARE ABLE TO DO -- TO HAVE A LOOK AT WHAT THE COVERAGE LOOKS LIKE BECAUSE THERE ARE SOME PENALTIES FOR DOUBLE COVERAGE FROM VARIOUS INSURANCE. SO IT HAS TO BE INTEGRATED WITH THE HOSPITAL SYSTEMS IN TERMS OF DETERMINING WHAT, THEN, CAN BE SUPPORTED.

IT IS THOSE TYPE OF OPERATIONAL TYPE CAPABILITIES THAT CIRM, WE KNOW WE CAN RELY ON OUR PROGRAMS THEMSELVES ACROSS CALIFORNIA BECAUSE THEY DO THAT, THEY RUN CLINICAL TRIALS, THEY TAKE CARE OF PATIENTS. BUT WHAT WE ARE BEING TOLD IS THAT THERE'S A NEED TO DO THAT BETTER IN ORDER TO BE ABLE TO RETAIN THOSE PATIENTS WHO COULD BENEFIT FROM PARTICIPATING IN THE TRIALS; BUT BECAUSE OF THE BARRIERS, LOGISTICS, AND COSTS AND INFORMATION, THEY'RE NOT. AND SO THAT IS WHAT WE'RE BRINGING TO YOU TODAY, A PATIENT SUPPORT PROGRAM CONCEPT THAT WILL ALLOW US TO PUT THAT IN PLACE. AND WHAT I WENT DOWN THE ROAD WAS TRYING TO EXPLAIN THAT THAT WILL

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ENABLE THE OTHER OBJECTIVES AS WELL. BUT FOR TODAY THE PROPOSAL IN FRONT OF YOU IS FOR A PATIENT SUPPORT PROGRAM THAT WILL ENABLE US TO ADDRESS, NOT FULLY ADDRESS EVERYTHING, BUT ADDRESS COMPONENTS OF THE THREE MAJOR AREAS, INFORMATIONAL, THE LOGISTICAL, AND THE FINANCIAL BARRIERS, THAT ALREADY WE'RE OBSERVING ARE BARRIERS TO PATIENTS FROM UNDERSERVED COMMUNITIES AS WELL AS FROM JUST THE GENERAL COMMUNITY FROM BEING ABLE TO COME IN FOR CLINICAL TRIALS.

DR. FISHER: I'M ASSUMING YOU'RE NOT EXPECTING A MEANS TEST FOR HOW THOSE FUNDS ARE DISTRIBUTED. I'M NOT NECESSARILY ENCOURAGING ONE. BUT WHAT YOU'RE DOING IS YOU'RE TAKING KIND OF A FILTER FEEDER APPROACH, WHICH WHOEVER HAPPENS TO FIND THEIR WAY INTO A TRIAL, WHICH BY DEFINITION MEANS THAT THE UNDERSERVED COMMUNITIES WILL CONTINUE TO BE UNDERSERVED AND UNDERREPRESENTED BECAUSE THEY'RE UNDERSERVED AND UNDERREPRESENTED NOW. SO TO ME $16 MILLION MIGHT BE PLENTY BASED ON THE FACT THAT WHAT WE ARE BASICALLY GOING TO BE DOING IS SERVING THOSE WHO FIND THEIR WAY THERE, AND WE KNOW AT LEAST AT THIS STAGE NOT ENOUGH PEOPLE FROM TRADITIONALLY UNDERSERVED COMMUNITIES FIND THEIR WAY INTO CLINICAL TRIALS, THIS WON'T HELP THEM FIND

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THEIR WAY IN. IT WILL HELP SERVE THOSE THAT DO.

DR. MILLAN: I WANT TO MAKE SURE THAT THAT'S NOT THE MESSAGE I'M GETTING ACROSS. I REALLY DON'T WANT TO GET THAT MESSAGE ACROSS BECAUSE THAT IS NOT THE INTENT OF WHAT I'M SAYING. THERE ARE PATIENTS WHO FALL OUT AND ARE -- TWO COMPONENTS. IN ADDITION TO SERVING THOSE WHO WE ALREADY KNOW HAVE BARRIERS TO COMING IN, SOME OF THE ACTIVITIES THAT ARE LAID OUT IN THE SCOPE OF ACTIVITIES ARE THAT. THERE ARE ACTUALLY SYSTEMS IN PLACE SO WHEN THERE ARE INQUIRIES OR REFERRING DOCTORS FROM THE COMMUNITY OR PATIENTS WHO ARE SEEKING INFORMATION, THAT'S NOT CURRENTLY HERE. SO THEY'RE ALREADY FALLING OUT IN TERMS OF HAVING THE PLACE TO CALL. EVEN IF WE SAY THAT THE CALL CENTER IS NOT GOING TO BE THE WHOLE SOLUTION, IT IS AN IMPORTANT PART OF THE SOLUTION BECAUSE WE DO, JUST IN OUR EXPERIENCE, VARIOUS MEMBERS OF OUR TEAM, THERE'S A LOT OF VERY NONSYSTEMATIC WAYS THAT PEOPLE ARE TRYING TO SEEK INFORMATION FOR HOW THEY CAN GET INFORMATION ON POTENTIAL CLINICAL TRIALS OR HOW TO GET INTO THESE TRIALS FROM ALL COMMUNITIES, AND ESPECIALLY FROM UNDERSERVED COMMUNITIES.

THERE ARE COMMUNITY -- THERE WILL BE OUTREACH PROGRAMS THAT ARE ONGOING, NOT JUST FROM

THIS PROGRAM, BUT FROM CIRM WHERE MEMBERS OF THE COMMUNITY, THE HEALTHCARE PROVIDERS, PEOPLE IN THE COMMUNITY WILL HEAR ABOUT CIRM FROM OTHER TYPES OF INITIATIVES THAT CIRM IS PUTTING OUT, INCLUDING OUR COMMUNICATIONS AND PUBLIC OUTREACH. BUT WHERE DO THEY GO TO WHEN THEY SAY, WELL, I MAY HAVE A PATIENT WHO I'D WANT TO REFER, AND HOW DO WE WORK THROUGH THE SYSTEM SO THAT WE CAN FIGURE OUT THE BEST WAY TO ACTUALLY BE ABLE TO GET THEM THERE EVEN FOR SCREENING OR ALL THAT? WE DON'T CURRENTLY HAVE AN INTEGRATED SYSTEM IN ORDER TO GET THAT INTAKE.

WHAT WE HAVE IS THEY MAY BE ABLE TO CALL ONE HOSPITAL, ONE MEDICAL CENTER. THEY DON'T HAVE A TRIAL. MAYBE THEY'RE A PART OF THE ALPHA CLINICS NETWORK. THAT HELPS. BUT IN TERMS OF BEING ABLE TO HAVE A GO-TO PLACE TO GET THE INFORMATION AS A VERY FIRST STEP, WE DON'T YET HAVE THAT. SO IT'S NOT THAT WE'RE JUST TAKING CARE OF THINGS THAT ALREADY EXIST. WE ARE PUTTING THINGS ALSO IN PLACE THAT DON'T EXIST THAT WILL START TO ADDRESS THE ABILITY, THE PATHWAYS FOR PATIENTS FROM COMMUNITY DOCTORS, FROM UNDERSERVED COMMUNITIES TO EVEN GET INTO THE SYSTEM, TO EVEN UNDERSTAND THAT THESE TRIALS EXIST.

AND THEN THE OTHER TYPES OF PROGRAMS THAT CIRM ALREADY HAS IN PLACE WOULD BE DEPLOYED, LIKE

OUR ALPHA CLINICS OR EVENTUALLY THE COMMUNITY CARE CENTERS TO HELP THEM THROUGH THAT WHOLE PROCESS. SO IT'S NOT -- YOU HAD SAID SOMETHING ABOUT THIS IS JUST A PIECEMEAL THING, AND YOU'RE NOT BUILDING IT RIGHT FROM THE START. DON'T DO IT. COMPLETELY AGREE WITH THAT. AND THAT'S WHY WE HAVE A STRATEGIC PLAN. THE STRATEGIC PLAN LAYS OUT WHAT THE FULL THING IS. THE STRATEGIC PLAN LAYS OUT THE BIG INVESTMENT THAT THE CIRM BOARD AND CONCEPT AGREES TO. YES, BRING US THE COMPONENTS AS YOU DEVELOP THEM BECAUSE THEY ARE INTEGRATED PIECES OF THE ENTIRE STRATEGIC PLAN.

SO THE STRATEGIC PLAN DOES ACCOUNT FOR THE GOALS THAT WE ARE DISCUSSING TODAY. IT'S JUST THAT THE FIRST COMPONENT IS THIS PATIENT SUPPORT PROGRAM, BOTH TO DEPLOY THE PATIENT ASSISTANCE FUND THAT'S AT HAND TO ADDRESS THE GAPS WE ALREADY KNOW AND TO BUILD AS WELL AS GAIN MORE INFORMATION, AS YOU SAY. WE DON'T -- WE NEED TO UNDERSTAND WHERE THE BARRIERS ARE, THE GAPS ARE. THAT WILL HAPPEN AS MORE INTAKE, AS MORE INFORMATION COMES IN TO US WHERE IT CAN BE ANALYZED. SO THAT'S WHY THE TECHNOLOGY AND THE DATA CAPABILITIES ARE IMPORTANT SO THAT THAT TYPE OF ANALYSIS CAN BE DONE IN ORDER TO DESIGN THE SOLUTIONS FOR THIS PROGRAM TO KEEP EVOLVING.

IT'S NOT -- THE CONCEPT PROPOSAL THAT'S BEING BROUGHT TO YOU IS JUST A STARTING POINT WITH A FIVE-YEAR TIMELINE, AND THEN IT WILL -- DOESN'T MEAN THAT -- IT'S NOT -- IT'S DESIGNED TO BE PART OF THE BIGGER PICTURE. IN FACT, IT'S ESSENTIAL. WHAT WE'RE TRYING TO SAY IS IT'S ESSENTIAL TO HAVE THESE INITIAL INFRASTRUCTURE AND CAPABILITIES IN PLACE. I DON'T KNOW IF THAT ADDRESSES YOUR CONCERNS BECAUSE MY INTENT WAS NOT TO MAKE IT SEEM LIKE THIS PROGRAM IS BEING DOWNSIZED OR THIS IS ALL WE CAN AFFORD. NO, NOT AT ALL. IN FACT, IT'S A NEEDS-BASED DESIGN. ANYWAY, I HOPE THAT THAT ANSWERS THE QUESTION; BUT IF NOT, I'LL TRY AGAIN IN A DIFFERENT WAY I GUESS.

MS. BONNEVILLE: HAIFAA.

DR. ABDULHAQ: I JUST WANTED TO MENTION VERY BRIEFLY, FROM MY STANDPOINT AS A PHYSICIAN WHO DEALS WITH AND WHO TREATS A HUGE PATIENT POPULATION OF UNDERSERVED PATIENTS, I DO SEE THE EFFORT THAT SEAN PROPOSED AS A GREAT EFFORT. I DON'T SEE THIS AS A WAY OF JUST RETAINING PATIENTS ON CLINICAL TRIAL, BUT REALLY GIVING THE ABILITY TO GO TO THESE CLINICAL TRIALS FOR UNDERSERVED PATIENTS. I CAN SPEAK TO THAT FROM A PRACTICAL EXPERIENCE OVER SO MANY YEARS BECAUSE MANY UNDERSERVED PATIENTS, THEY GET INITIAL EVALUATION. IT'S NOT LIKE THEY DON'T.

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BECAUSE SO MANY OF THE PHYSICIANS INVOLVED IN TREATMENT ARE INTERESTED IN HAVING THIS OPPORTUNITY. AND I CANNOT TELL YOU HOW MANY TIMES OUR PATIENTS GET THAT INITIAL EVALUATION, BUT THEN THEY ARE NOT ABLE TO PURSUE IT BECAUSE OF THE LACK OF THE MEANS.

SO I DO SEE THIS EFFORT AS VERY VALUABLE TO BE BROUGHT TO UNDERSERVED PATIENT POPULATION. I JUST WANTED TO SAY THAT BECAUSE THIS IS SOMETHING I'VE DEALT WITH. I'VE TREATED THESE PATIENTS. I CAN SPEAK TO PERSONAL EXPERIENCE, WHICH I THINK MANY ONCOLOGISTS AND ANY PHYSICIANS IN OTHER FIELDS CAN PROBABLY ATTEST TO.

DR. TURBEVILLE: REAL QUICKLY. IT IS A GREAT STARTING POINT, IN MY OPINION. WE HAVE THE INFRASTRUCTURE, AND THAT'S REALLY WHAT WE'RE PROPOSING, THE INFRASTRUCTURE SO THAT WE CAN SCALE. THE COMMENTS AND SUGGESTIONS THAT WE RECEIVED FROM EVERYBODY, WE CAN PIVOT. WE CAN DO THAT, BUT WE FIRST NEED TO GET THAT INFRASTRUCTURE IN PLACE SO THAT WE CAN PROVIDE THE SERVICES RIGHT OUT OF THE GATE. AND IT GIVES US OPPORTUNITIES TO DO OTHER THINGS IN THE FUTURE.

MS. BONNEVILLE: KRISTINA.

DR. VUORI: I REALLY APPRECIATE, I THINK, ALL THE EFFORT THAT HAS GONE INTO THIS BY SEAN AND

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HIS TEAM AND MARIA. AND THANK YOU FOR THE EXPLANATION, THAT THIS IS REALLY SORT OF A COMPONENT OF SOMETHING WHERE YOU EXPECT MORE PIECES TO BE INTEGRATED DOWN THE ROAD. I ALSO APPRECIATE COMMENTS FROM THE FELLOW ICOC COLLEAGUES WHO CLEARLY HAVE THOUGHT THESE THINGS THROUGH AND BRING A LOT OF WEALTH OF EXPERIENCE AND EXPERTISE TO THIS. REALLY TAKE TO HEART ESPECIALLY FRED'S COMMENTS.

SO I THINK THE ISSUE AT HAND, HOW I SEE IT HERE, IS THAT IT IS THE APPROPRIATE STARTING POINT FOR THIS VERY, VERY WORTHY AND IMPORTANT ACTIVITY, ESSENTIALLY A CALL CENTER, WHICH I ABSOLUTELY AGREE WITH FRED, IS REALLY A TARGET TOWARDS THOSE WHO ARE ALREADY SOMEHOW IN THE MIX, HAIFAA'S COMMENTS NOTED, POTENTIALLY SEEING A DOCTOR AND NOT KNOWING HOW TO TAKE THE NEXT STEPS OR NOT ABLE TO TAKE THOSE NEXT STEPS. WE ARE JUST TRYING TO MAYBE HONE IN A LITTLE BIT MORE IN CONCEPT HOW TO TRULY REACH THE UNDERSERVED POPULATIONS IN THE STATE OF CALIFORNIA, BUT A LITTLE BIT MORE THINKING WHAT THE WHOLE PUZZLE SHOULD LOOK LIKE BEYOND THIS ONE PIECE.

SO I'M PERSONALLY SWAYED IN THINKING ABOUT THIS A LITTLE BIT MORE AND MAYBE REVISITING THE TOPIC WHEN WE SEE A BIT MORE WHAT THE OTHER PIECES MIGHT LOOK LIKE. AT LEAST I HAVE NOT SEEN THE

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BIGGER PICTURE HOW THIS ONE ACTIVITY FITS IN. AND I'M NOT PERSONALLY, THEREFORE, ABLE TO ASSES WHETHER THIS IS THE BEST POSSIBLE STARTING POINT. JUST MY COMMENTS. THANKS.

MS. BONNEVILLE: YSABEL.

MS. DURON: THANK YOU, KRISTINA. APPRECIATE YOUR COMMENTS AS WELL. AND I HEARD HAIFAA, AND I THOUGHT ABOUT THE NUMBERS OF CANCER PATIENTS, LATINOS, THAT WE HAVE WORKED WITH OVER TIME ON THE GROUND AND SEEN HOW MANY TIMES THEY HAVE CONSIDERED SOMETHING AND THEN FALL OUT BECAUSE THEY CALL A CENTER AND TRY TO ADDRESS PRELIMINARY STEPS AND ARE SOMEHOW PUT OFF OR THEY ARE LOST. THE CALL CENTERS DO NOT FOLLOW THROUGH WELL, OR THEY GIVE THEM ANSWERS THAT THEY DON'T QUITE UNDERSTAND. WE'RE PARTICULARLY TALKING ABOUT PERHAPS SPANISH SPEAKING AND LOW LITERATE SO THAT THE INFORMATION ISN'T INTELLIGIBLE IN TERMS OF HOW THEY HEAR IT. MAYBE THEY DIDN'T GET TO ASK THE RIGHT QUESTIONS WHICH CONCERNED THEM LIKE IS THIS GOING TO COST ME? WHAT DO I HAVE TO DO? WHERE DO I HAVE TO GO TO DO THIS? HOW ARE WE GOING TO PAY FOR ME TO GO THERE?

THERE'S SO MUCH FINANCIAL TOXICITY FOR LOW-INCOME PATIENTS. EVEN MIDDLE INCOME PATIENTS HAVE PROBLEMS. SO WITHOUT THINKING ABOUT THIS, THIS

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ISN'T EVEN MAINTAINING THE ONES WHO ARE CURRENTLY MOVING INTO TRIALS. EVEN THEY HAVE THESE ISSUES NOW. AND SO, YES, THAT'S THE GREAT PLUG IN THAT CALL CENTER AND MORE EFFORTS AROUND THE CURRENT PATIENT, BUT IT'S NOT THE GREATEST MODEL IF WE REALLY WANT TO START FROM THE GROUND UP AND MAKE SURE THAT IT'S STREAMLINED FROM THE TIME THEY'RE DIAGNOSED AT AN ADVANCED STAGE, MIGHT NEED A CLINICAL TRIAL, AND STREAMLINED INTO THE PROCESS SO IT'S SMOOTH AND NOT BUMPY AND NOT INSECURE.

I HAVE A COLLEAGUE RIGHT NOW WHO WAS A PATIENT NAVIGATOR WHO IS NOW THE FOURTH STAGE, SECOND ROUND OF INVASIVE BREAST CANCER TRYING TO FIND A TRIAL AND NOT FINDING ANY OF THE HELP THAT SHE REALLY NEEDS. THIS IS A WOMAN WHO IS BILINGUAL. THIS IS A WOMAN WHO IS EDUCATED. THIS IS A WOMAN WHO KNOWS HOW TO NAVIGATE, AND SHE IS HAVING ISSUES. IF SHE HAS ISSUES, REMEMBER AND THINK ABOUT THOSE WHO ARE LEAST PREPARED. SO I APPRECIATE WHAT HAIFAA IS SAYING, BUT STILL I'D SAY TO HER, DO YOU HAVE A COMMUNITY-BASED HEALTH WORKER IN YOUR OFFICE WHO CAN HOLD THE HANDS FOR THESE PEOPLE THROUGH ALL OF THIS PROCESS SO THEY DON'T GET LOST IN THE SYSTEMS OR DON'T FALL OUT BECAUSE THEY DIDN'T GET THE KIND OF RESPONSES THEY NEEDED FROM THE GET-GO? THEY DIDN'T

FEEL LIKE THEY COULD GET THE HELP THEY NEED, AND THEY DIDN'T GET THE ANSWERS THEY NEEDED TO STAY.

SO I THINK THERE ARE LITTLE -- TO MAKE IT SEAMLESS, IT REALLY DOES, SO BACK TO WHERE FRED STARTED, WE NEED TO START TO DEVELOP THIS PROCESS AT A, NOT AT E. TO ME THIS IS E. I GET YOU, MARIA.

DR. MILLAN: I WANTED TO, FIRST OF ALL, JUST THANK ALL OF YOU REALLY FOR THIS INCREDIBLE FEEDBACK. I THINK THIS IS WHY I BRING IT TO THE BOARD. SO WHAT FRED -- AS I WAS RESPONDING TO FRED, I WAS THINKING THAT IF WE HAD THE COMMUNITY CARE CENTERS OF EXCELLENCE PROGRAMS IN PLACE AND WE KNOW WHAT THAT WOULD LOOK LIKE, FOR INSTANCE, THEN MORE -- YOU MAY HAVE MORE OF THE PUZZLE TO REALLY FIGURE OUT HOW THIS ALL INTEGRATES. SO IT'S NOT SO MUCH THAT IT'S NOT A NEEDED INFRASTRUCTURE. IT'S JUST THAT DO WE HAVE THE CRITICAL MASS OF THE OTHER COMPONENTS TO MAKE IT GO IS MAYBE WHAT I'M HEARING FROM THE BOARD. AND I THINK THIS IS A VERY FAIR AND WELL-CONSIDERED FEEDBACK FROM THE BOARD. IT'S NOT SO MUCH THAT IT'S NOT NEEDED OR THAT IT'S NOT WORTHWHILE DOING AT SOME POINT, BUT IT'S A TINY ISSUE IN THE DEVELOPMENT OF THE OTHER COMPONENTS.

SO I WANT TO THANK YOU ALL FOR THAT FEEDBACK BECAUSE WE GET THE MESSAGE, THAT THE TYPE

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OF RESOURCES THAT ARE BEING PROPOSED FOR THE PATIENT SUPPORT PROGRAM ARE NEEDED, BUT THEN THERE MAY BE THESE OTHER COMPONENTS THAT WE ALSO WANT TO BRING TOGETHER WITH IT. SO THAT'S A VERY GOOD FEEDBACK, AND WE APPRECIATE THAT.

DR. BARRETT: I WANT TO APPRECIATE THE WORK OF THE MANY COLLEAGUES WHO HAVE SPOKEN ON THIS TOPIC. I THINK THE POINTS ARE ALL EXTREMELY WELL TAKEN FROM PEOPLE WHO HAVE A LOT OF EXPERTISE IN THIS AREA AND CERTAINLY MORE EXPERTISE THAN I HAVE MYSELF. BUT THE WAY I'M SEEING THIS IS THESE THINGS ARE NOT EITHER/OR. AND I DON'T SEE THAT THESE ISSUES REALLY PREVENT US FROM MOVING FORWARD WITH WHAT'S BEING PROPOSED HERE. I THINK SEAN HAS DONE A GREAT AMOUNT OF WORK. I KIND OF ANALOGIZE THIS TO OUR EFFORTS TO DIVERSIFY OUR FACULTY IN ACADEMIC INSTITUTIONS. YES, WE NEED TO DO MORE OUTREACH. YES, WE NEED TO BE LOOKING AT THE PIPELINE. YES, WE NEED TO BE GOING TO PLACES TO RECRUIT PEOPLE. BUT WE ALSO NEED TO RETAIN THE PEOPLE WE HAVE. IF WE DON'T RETAIN THE PEOPLE WE HAVE AND MAKE THEM FEEL THAT THEY ARE IN A SUPPORTIVE ENVIRONMENT, THEN THAT HAS A KNOCK-ON EFFECT, NOT ONLY IN TERMS OF RETENTION, BUT THEM TELLING THEIR FRIENDS AND THE PEOPLE COMING BEHIND THEM THIS IS NOT A FRIENDLY

SPACE FOR YOU.

SO I PERSONALLY AM SUPPORTIVE OF THIS. IT IS A PIECE OF THE PUZZLE, BUT SEAN'S TEAM HAS OBVIOUSLY GONE OUT AND HEARD FROM PROVIDERS IN MUCH THE SAME WAY THAT HAIFAA MADE THAT VERY ELOQUENT STATEMENT ABOUT THE PATIENTS THAT SHE'S WORKED WITH, THAT THESE SERVICES ARE NEEDED BY THE PATIENTS AND WOULD ADDRESS SOME OF THESE ISSUES. SO THANK YOU.

MS. BONNEVILLE: MARVIN.

DR. SOUTHARD: I ALSO WANT TO AGREE THAT MY BIAS IS TOWARDS ACTION. AND SO I BELIEVE WE SHOULD TAKE THIS FIRST STEP EVEN THOUGH WE RECOGNIZE THAT OTHER STEPS NEED ALSO TO BE TAKEN, BUT I THINK WE NEED TO MOVE FORWARD.

MS. BONNEVILLE: THANKS, MARVIN. ANNE-MARIE.

DR. DULIEGE: JUST IN FOLLOW-UP OF WHAT YOU SAID, MARVIN, I THINK WE ALL UNDERSTAND TO A LARGE DEGREE THE COMPLEXITY OF WHAT IS PROPOSED HERE. MYSELF, HAVING BEEN RESPONSIBLE FOR PATIENT CARE SERVICE, PANCREATIC CANCER, I GOT IT FIRSTHAND. PERSONALLY I DO NOT NEED TO SEE ALL THE PILLARS ALIGNED BEFORE I CAN SUPPORT AND VOTE FOR GETTING STARTED FOR THE FIRST ONE. SO I WILL VOTE YES FOR THIS PROPOSAL.

I WAS WONDERING, SEAN AND MARIA, IF YOU HAD THOUGHT, MAYBE YOU HAVE ALREADY THOUGHT ABOUT WHETHER THE BOARD COULD HAVE -- COULD YOU PRESENT TO THE BOARD AT SOME POINT A DRAFT RFP BEFORE IT'S FINALIZED, NOT IN GREAT DETAILS? WE DON'T NEED TO GET INTO THE NITTY-GRITTY DETAILS AND BECOME OPERATIONAL, BUT JUST TO SEE HOW THE DRAFT PREFINAL RFP WILL ANSWER SOME OF THE CONCERNS THAT HAVE BEEN EXPRESSED?

MS. BONNEVILLE: THANK YOU, ANNE-MARIE.

DR. TURBEVILLE: LET MY BOSS RESPOND TO THAT. IS MARIA STILL ON?

DR. MILLAN: I THINK THAT IF THE BOARD -- THE BOARD -- WE, OF COURSE, WILL BE -- IT'S A MATTER OF PROCESS. SO IF YOU WOULD LIKE TO FIRST SEE THE RFP BEFORE YOU APPROVE THE CONCEPT, THAT COULD BE DONE. IF YOU APPROVE THE CONCEPT SO THAT THE RFP CAN BE DEVELOPED AND THE AAWG HAS AN OPPORTUNITY TO THEN ALSO WEIGH IN ON THE RFP, AND THEN IT CAN COME BACK TO THE BOARD PRIOR TO APPROVING ANY CONTRACT RELATED TO THIS RFP, THAT CAN BE DONE AS WELL. I THINK IT'S REALLY WHAT THE BOARD WOULD LIKE TO SEE BEFORE THEY APPROVE THE CONCEPT PROPOSAL.

DR. DULIEGE: THANK YOU, MARIA. JUST TO CLARIFY MY RECOMMENDATION, I THINK WE SHOULD VOTE ON

THE MOTION TODAY IF WE WANT TO APPROVE IT. HOWEVER, GIVEN THE NUMBER OF CONCERNS OR SUGGESTIONS THAT HAVE BEEN MADE, I THINK IT WOULD BE GOOD TO GET BACK TO THE BOARD PREFINALIZATION IN ONE WAY, SHAPE, OR FORM TO CLARIFY HOW THE RFP AS FINALLY PROPOSED ADDRESSES SOME OF THE CONCERNS EXPRESSED AT A HIGH LEVEL WITHOUT NITTY-GRITTY DETAILS. THAT'S MY SUGGESTION.

MS. BONNEVILLE: THANK YOU, ANNE-MARIE. LINDA.

DR. MALKAS: YES, I WANTED TO SAY THAT I WOULD SUPPORT TODAY'S PROPOSAL BECAUSE IT IS JUST THE FIRST STEP. AND SEAN AND HIS TEAM HAVE PUT A LOT OF THOUGHT INTO THIS. I KNOW, IN FACT, FROM HAVING DISCUSSIONS WITH DIFFERENT PARTIES, DIFFERENT CIRM LEADERSHIP THAT YOU ALL HAVE BEEN THINKING ABOUT THIS FOR SOME TIME. THAT'S HOW IT WOUND UP IN THE INITIATIVE. SO I RECOGNIZE THAT THIS IS JUST THE BEGINNING, AND I REALLY CAREFULLY LISTENED TO EVERYONE'S THOUGHTS ON THIS, AND I DO HEAR THE CONCERNS. I UNDERSTAND THE CONCERNS.

IN LISTENING TO EVERYONE TODAY, I HAVE FOUND THAT THE BEST MANAGEMENT FOR PATIENTS THAT I HAVE SEEN, AND THIS IS BOTH ON MY PROFESSIONAL SIDE AS WELL AS MY PERSONAL SIDE, IS IF A FAMILY MEMBER

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GOT INVOLVED AND REALLY HELPED THE PATIENT NAVIGATE, THAT THOSE WERE THE MOST SUCCESSFUL. THOSE ARE THE PATIENTS THAT HAVE VERY SUCCESSFUL OUTCOMES. SO IN A WAY CIRM HAS TO SERVE AS A KNOWLEDGEABLE FAMILY MEMBER. SOMEHOW THAT GETS INCORPORATED INTO YOUR THINKING. AND THAT WOULD BE NEW FOR EVERYBODY. IT'S JUST -- BUT I RECOGNIZE THAT THIS IS JUST THE VERY BEGINNING, AND I'M SURE WE'RE GOING TO HAVE MANY, MANY, MANY DISCUSSIONS OVER THE NEXT FIVE YEARS WITH THIS. SO I APPRECIATE EVERYONE'S COMMENTS TODAY, AND I THINK THIS HAS BEEN A GREAT DISCUSSION. THANK YOU.

MS. BONNEVILLE: CHRISTINE.

DR. MIASKOWSKI: THANK YOU. I WOULD LIKE TO SPEAK IN SUPPORT OF THIS MOTION. I'M PARTICULARLY MOVED BY HAIFAA'S COMMENTS AND BY THE TREMENDOUS AMOUNT OF WORK THAT SEAN HAS DONE. AND I WANT TO GIVE ANOTHER DIMENSION TO THIS. I'VE SERVED ON THE GWG, I GUESS, A YEAR NOW, MAYBE A YEAR AND A HALF, AND HAVE WATCHED THE PROGRESS IN TERMS OF DEI BEING INCLUDED IN OUR CLINICAL TRIALS. AND I WAS PLANNING TO COMMENT ABOUT THE LAST ROUND OF ALPHA CLINIC GRANT REVIEWS BECAUSE I SAW TREMENDOUS PROGRESS IN THOSE GRANTS IN TERMS OF THE PROPOSALS RELATED TO REALLY ACTUALIZING DEI. AND IN A NUMBER

OF THOSE PROPOSALS, APROPOS TO OUR DISCUSSION, THE SITES WERE PROPOSING USING PATIENT NAVIGATORS AND GOING OUT AND DOING COMMUNITY OUTREACH.

AND I TRULY BELIEVE AS WHAT HAIFAA SAID, PATIENTS FROM UNDERSERVED GROUPS ARE BEING SCREENED AND THEY DON'T HAVE THE RESOURCES TO PARTICIPATE IN A CLINICAL TRIAL THAT'S POTENTIALLY LIFESAVING. I THINK WE HAVE TO START SOMEWHERE. I REALLY APPRECIATED THE OVERVIEW OF THE PROGRAM, AND I THINK THIS IS A CRITICAL NEED. AND WE ACTUALLY HAVE IN SOME WAYS A WAY TO CAPTURE A METRIC FROM SOME OF OUR SITES THAT WE HAVE FUNDED IN CLINICAL TRIALS OR IN THE ALPHA CLINICS TO GET A SENSE FROM THEM HOW MANY PEOPLE FROM AN UNDERSERVED GROUP HAVE BEEN TURNED AWAY BECAUSE THEY DON'T HAVE THE RESOURCES TO PARTICIPATE IN THE TRIAL. MAYBE THAT'S PART OF SOME OF WHAT SEAN DID IN HIS OUTREACH. I THINK THIS IS A REALLY CRITICAL ISSUE. WE'VE FUNDED TRIALS THAT HAVE POTENTIAL THERAPIES THAT COULD TREAT PATIENTS, AND WE HAVE PARTICIPANTS WHO CAN'T PARTICIPATE BECAUSE THEY DON'T HAVE THESE RESOURCES. SO I'M REALLY IN SUPPORT OF THIS IN A PHASED PROGRAM TO MOVE FORWARD. THANK YOU.

MS. BONNEVILLE: DEBORAH.

DR. DEAS: YES. THANKS TO ALL WHO

PARTICIPATED IN THE DISCUSSION. I REALLY APPRECIATE ALL OF THE COMMENTS.

THE PROPOSAL THAT WE HAVE ON THE TABLE FOR ACTION TODAY IS THE FIRST STEP. AND IN MANY WAYS WE RECOGNIZE THAT IT DOESN'T GET US ALL THE WAY TO WHERE WE WANT TO BE. AND AS A FIRST STEP, I ALSO HEARD MENTION THAT WE'LL HAVE THESE DISCUSSIONS OVER THE NEXT FIVE YEARS. I WOULD CERTAINLY LIKE TO ALSO PROPOSE THAT, AS WE MAKE THIS FIRST STEP, WE DEVELOP OUR STRATEGIES ALIGNED WITH TIMELINES OF GETTING US TO WHERE WE ARE TRYING TO BE OVER THE NEXT FIVE YEARS AND NOT WAIT TO DO IT AS WE GET CLOSER TO FIVE YEARS. AND WHAT I MEAN BY THAT IS THAT WE SHOULD HAVE A STRATEGY TO INCREASE UNDERREPRESENTED ENROLLMENT IN THESE TRIALS AND TO SUPPORT FUNDING TO GET THEM IN THE TRIALS, BUT HAVE A TIMELINE FOR THAT STRATEGY OVER THE NEXT YEAR AND THE FOLLOWING YEAR AND NOT STRETCH THIS OUT, THAT IT WILL COME. WE REALLY NEED TO HAVE SOMETHING DEFINITIVE ON THE TABLE, AND PERHAPS THAT'S SOMETHING THAT CAN BE BROUGHT BACK TO THE BOARD AND WE COULD ASSESS ALONG THE WAY.

MS. BONNEVILLE: AL.

MR. ROWLETT: I CERTAINLY AM WILLING TO SHIFT MY VOTE, I'LL JUST SAY, FROM A NO TO A YES

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PROVIDED ANNE-MARIE'S COMMENTS. AND JUST TO BE VERY CLEAR, NOT TO MICROMANAGE THE ORGANIZATION, BUT TO GET AN APPRECIATION AS I SAID IN EACH OF MY COMMENTS, THAT AS A MEMBER OF THE GWG, IT IS THE PROPOSAL THAT GARNERS THE BEST APPLICATION. AND IT IS THAT PART OF THE PROCESS THAT I WANT TO MAKE SURE THAT THE COLLECTIVE EXPERTISE OF THE BOARD IS ACTIVELY SOLICITED TO PROVIDE YOU WITH FEEDBACK. AGAIN, NOT TO MICROMANAGE, BUT TO MAKE SURE THAT WE GET APPLICATIONS THAT REFLECT THE BEST OF DIVERSITY, EQUITY, AND INCLUSION.

CHAIRMAN THOMAS: OKAY. I THINK, MARIA, DO YOU SEE ANY OTHER HANDS RAISED THERE?

MR. TORRES: CALL FOR THE VOTE.

CHAIRMAN THOMAS: I WOULD JUST LIKE TO MAKE A COMMENT, ART, BEFORE WE DO THAT. OBVIOUSLY THE WORK THE AAWG AND THE BOARD ARE DOING IN THIS AREA IS EXTREMELY IMPORTANT. I PERSONALLY WOULD NOT LIKE TO SEE US GO INTO A FIRST STEP WHERE THERE WAS MATERIAL DISAGREEMENT WITH THE BOARD ON WHETHER THAT'S APPROPRIATE OR NOT. AND I AM HEARING THAT THERE ARE DISSENTING VIEWS ON THIS.

NOW, ONE OF THEM WHICH I WAS MOST CONCERNED ABOUT WAS AL'S WHICH HE JUST CLARIFIED IN THAT THE MEMBERS OF THE GWG PATIENT ADVOCATES ON

THAT BODY WERE NOT SUFFICIENTLY CONSULTED AS PART OF THE PROCESS OF PUTTING TOGETHER THIS CONCEPT PLAN, AND THAT WE'VE SORT OF GOTTEN AN INKLING OF THAT FROM THE VERY ROBUST COMMENTARY FROM THE PATIENT ADVOCATES ON THIS PARTICULAR MOTION.

I CAN'T RECALL DISCUSSIONS HAD MORE INPUT FROM A NUMBER OF PEOPLE THAN THIS ONE IN RECENT TIMES. AND I THINK THAT THE WAY TO DEAL WITH THAT IS THERE ARE TWO WAYS. ONE IS, WHICH I'M NOT HEARING A LOT OF SUPPORT FROM THE BOARD, IS TO DEFER THIS TO A LATER DATE WHEN THERE'S MORE THOUGHT THAT GOES INTO IT. THE OTHER WAY TO DO IT IS TO MAKE SURE THAT THERE IS ACTIVE PARTICIPATION, AS ANNE-MARIE AND AL SUGGESTED, IN THE CONSTRUCTION OF THE RFP BY MEMBERS OF THE BOARD WHO HAVE HAD THE MANY EXCELLENT COMMENTS THAT WE'VE HEARD TODAY AND HAVE THOSE COMMENTS INFORM THE ACTUAL CONSTRUCTION OF THE RFP SUCH THAT IT MEETS ALL OF THE CONCERNS THAT WERE EXPRESSED.

NOW, THE ONE CONCERN IT DOESN'T MEET IS THAT WE HAVE NOT HEARD THE FULL CONTEXT, IF THIS IS STEP ONE, WHAT ARE ALL THE OTHER STEPS? SO IT MAKES FOR A BIT OF DISCOMFORT IN VOTING FOR SOMETHING LIKE THIS WITHOUT KNOWING HOW IT FITS INTO THE GRAND PICTURE, UNDERSTANDING THAT THE GRAND PICTURE

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DEVELOPMENT IS A WORK IN PROGRESS, BUT I THINK THAT HAVING HEARD ALL THIS, AND PARTICULARLY AL'S COMMENT AT THE END THERE, I THINK AS LONG AS WE HAVE EXTENSIVE INVOLVEMENT BY MEMBERS OF THE BOARD WHO WISH TO INFORM THE CONSTRUCTION OF THE RFP, THAT THAT WOULD BE SOMETHING THAT WOULD GET A MAJORITY SUPPORT OF THE BOARD. BUT I ALSO WOULD HOPE THAT HAVING THAT AS A NEXT STEP WOULD ASSUAGE THE CONCERNS, VERY GOOD CONCERNS AND REAL CONCERNS, THAT WERE EXPRESSED IN OPPOSITION TO PROCEEDING AT THIS POINT. SO I JUST WANT TO THROW THAT OPEN FOR FURTHER COMMENT TO THE EXTENT ANYBODY HAS A COMMENT ON THAT.

MS. BONNEVILLE: J.T., I FIRST WANT TO MAKE SURE BOARD MEMBERS UNDERSTAND THAT THERE WOULD HAVE TO BE A CONFLICT SCREEN FOR THAT BECAUSE THEY OBVIOUSLY COULD NOT WEIGH IN IF THEY HAD TIES TO OR OTHER THINGS THAT INVOLVE A CONFLICT WITH ANY SORT OF ORGANIZATION THAT COULD COME IN FOR THIS FUNDING. SO I JUST WANT TO MAKE SURE THAT'S CLEAR. SO NOT EVERY BOARD MEMBER WOULD BE ABLE TO PARTICIPATE PERHAPS. AND THIS IS ALSO NOT SOMETHING WE'VE DONE IN THE PAST. SO I WOULD LOOK TO BEN TO MAKE SURE THIS IS AN ACTIVITY THE BOARD CAN ACTUALLY ENGAGE IN.

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CHAIRMAN THOMAS: THANK YOU.

MR. TORRES: MR. CHAIRMAN.

CHAIRMAN THOMAS: YES.

MR. TORRES: I'M SORRY. I KEPT QUIET THROUGH ALL THIS. WE MADE SURE THAT WE PROVIDED INPUT ON THE INITIAL PLAN TO THE MEMBERS OF THE WORKING GROUP OF WHICH WE HAVE DAN BERNAL, AL ROWLETT, ADRIANA PADILLA, DAVID HIGGINS AS PATIENT ADVOCATES, AND MANY OTHER 13 MEMBERS THAT HAVE PARTICIPATED IN PROVIDING THEIR INPUT. SO I JUST WANT TO MAKE SURE THAT PEOPLE ARE ON NOTICE THAT WE DID PROVIDE OPPORTUNITIES FOR INPUT, AND MANY OF YOU DID PROVIDE THAT VALUABLE INPUT.

WHAT I DO BELIEVE, AND THAT GOES BACK TO WHAT AL WAS SAYING EARLIER, BEST PRACTICES, ET CETERA, IN TERMS OF GETTING INVOLVED IN THE MICROMANAGEMENT OF OUR STAFF, ET CETERA, IS A VERY CAREFUL STEP THAT WE NEED TO CONSIDER. SO I WOULD SUPPORT WHAT ANNE-MARIE HAS SAID WAS LET'S VOTE FOR THIS CONCEPT, GET IT MOVING, AND THEN COME BACK TO THE BOARD, NOT FOR A VOTE, BUT FOR AT LEAST A REVIEW FOR THEIR INPUT ON THE RFP, AND THEN WE CAN MOVE FORWARD TO ISSUING THE RFP AND SEE WHAT COMES IN BECAUSE WE'RE SENDING THE RFP TO THE UNIVERSE OF CALIFORNIA. THAT'S THE ONLY PLACE WE CAN FUND. AND

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LET'S SEE WHAT COMES IN BASED ON THE RFP THAT HAS THE INPUT OF THE WORKING GROUP AND THE INPUT OF THE BOARD AND THE INPUT OF STAFF SO THAT WE HAVE A CROSS-SECTION OF OPINIONS AND INPUTS NOT VOTED UPON, BUT PROVIDED FOR BEFORE WE REACH OUT THE RFP TO THE WORLD IN CALIFORNIA.

MS. BONNEVILLE: FRED HAS HIS HAND RAISED, J.T.

CHAIRMAN THOMAS: FRED, PLEASE.

DR. FISHER: I'M JUST WONDERING -- SORRY. I APPRECIATE THE COMMENTS OF THE CHAIR AND THE PROPOSED SOLUTION, SECOND PART OF WHAT YOU'RE PROPOSING IN TERMS OF HOW PEOPLE MIGHT BE ENGAGED NOTWITHSTANDING THE CONFLICTS THAT WOULD PREVENT THAT. I'M WONDERING IF THAT REQUIRES AN AMENDMENT TO THE MOTION SO THAT IT IS SOLIDIFIED IN THE ACTION OF THIS BOARD OR NOT.

CHAIRMAN THOMAS: YEAH. I DON'T BELIEVE IT DOES. I THINK WE'RE VERY CLEAR. TO THE EXTENT, WHATEVER IS DOABLE, ACCORDING TO BEN AND THE LEGAL TEAM, I THINK, UNLESS SOMEBODY DISAGREES WITH THAT, IT'S UNDERSTOOD IT'S SORT OF PART OF THIS WHOLE DISCUSSION.

MR. HUANG: YES. I THINK, BASED ON WHAT AL AND ART JUST SAID, I THINK GENERALLY WE WOULD

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VOTE FOR THE MOTION THAT'S OUTLINED ON PAGE 15 OF SEAN'S PROPOSAL. OBVIOUSLY CIRM HAS RECEIVED FEEDBACK IN THIS PUBLIC MEETING AS TO INPUT INTO THE RFP AND VISIBILITY INTO THAT. UNLESS BOARD MEMBERS REQUEST IT, I PERSONALLY DON'T THINK WE NEED TO AMEND THE MOTION BECAUSE CIRM WILL BASICALLY -- WE WOULD FOLLOW THE INSTRUCTIONS ON THE BOARD UNLESS, FRED, YOU THINK WE NEED TO MAKE IT OFFICIAL, IN WHICH CASE WE WOULD NEED A FRIENDLY MOTION -- WE WOULD NEED TO AMEND THE MOTION AS -- I THINK KIM MADE THE MOTION AND MIKE STAMOS WAS THE SECOND. SO WE WOULD ASK THEM IF THEY WISH TO AMEND IT, OR WE COULD JUST PROCEED ON THE VOTE RECOGNIZING THAT CIRM WOULD REACH OUT TO THE BOARD MEMBERS FOR INPUT DEPENDING ON OBVIOUSLY A CONFLICTS CHECK.

MR. TORRES: YES. WHAT PREVAILS IS OUR CONFLICT OF INTEREST GUIDELINES, AND THOSE ARE INTACT. THAT'S WHY I DON'T THINK IT NEEDS TO BE IN THE MOTION.

DR. FISHER: JUST TO BE CLEAR, MY MOTION WAS NOT ON THE CONFLICTS PART. IT WAS ON WHETHER OR NOT THE MOTION NEEDS TO INCLUDE INSTRUCTIONS ABOUT HOW THE BOARD WILL BE FURTHER ENGAGED AS THE PROJECT, IF IT'S APPROVED, IS DEVELOPED.

DR. STAMOS: I'M COMFORTABLE AS IS. I

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THINK IT'S BEEN MADE CLEAR WHAT HAPPENS.

CHAIRMAN THOMAS: OTHER COMMENTS? I'M PARTICULARLY INTERESTED IN HEARING FROM MEMBERS OF THE BOARD WHO HAVE VERY VALID POINTS AND REASONS WHY THIS MAY BE A PREMATURE VOTE.

MR. TORRES: OH, COME ON.

CHAIRMAN THOMAS: ART, I HEARD THAT.

MR. TORRES: I WAS TALKING TO MY DOG, QUITE FRANKLY.

CHAIRMAN THOMAS: RIGHT. ANY OTHER COMMENTS?

MS. DURON: MR. CHAIR.

CHAIRMAN THOMAS: HOLD ON. SHLOMO AND THEN YSABEL.

DR. MELMED: AFTER HEARING ALL OF THIS, I WANT TO COMMEND SEAN AND THE STAFF FOR A TERRIFIC BEGINNING, TERRIFIC PROPOSAL, AND HAS MY ENTHUSIASTIC SUPPORT.

CHAIRMAN THOMAS: THANK YOU. YSABEL.

MS. DURON: THANK YOU, MR. CHAIR. I JUST WANT TO SAY I AM NOT CONFUSED ABOUT WHAT IS SUPPOSED TO BE GOING ON WITH THIS PARTICULAR PROPOSAL. I CAN SAY THAT I'M DISAPPOINTED THAT IT WASN'T FURTHER EXPANDED TO START AT A INSTEAD OF E. MY WAY OF INTERPRETATION. I'M NOT OPPOSED TO VOTING FOR IT.

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I WOULD LIKE TO SEE WHETHER IT'S A MOTION OR JUST A CLEAR, CONCRETE UNDERSTANDING THAT WE WILL -- I THINK MARIA WAS TRYING TO EXPLAIN IT -- THAT WE WILL LOOK AT THESE OTHER CONCERNS WE HAVE IN ORDER TO MAKE SURE THAT, AND I THINK TO SOME EXTENT DEBORAH DEAS EXPLAINED IT, LET'S PUT SOME THINGS IN MOTION THAT EVENTUALLY CAN CONCRETIZE AND TURN INTO A FULL BLOWN PLAN, ADDRESSING A TO E. I'M NOT OPPOSED TO VOTING ON THIS OR RECOGNIZING WHAT IT MEANS RIGHT NOW. AND SO THOSE ARE MY STATEMENTS. SO I DON'T NEED AT THIS POINT IN TIME AN ADDITIONAL AMENDMENT OR ANYTHING ELSE.

CHAIRMAN THOMAS: THANK YOU.

MS. DURON: WE ARE ON THE RECORD.

CHAIRMAN THOMAS: THANK YOU. ANNE-MARIE.

DR. DULIEGE: VERY BRIEFLY, I FULLY AGREE WITH YOU, YSABEL. I THINK WE ARE BELABORING TOO MUCH HERE. THE CIRM HAS A TRACK RECORD OF ALWAYS ACTING ON BOARD'S RECOMMENDATION AND GETTING BACK TO US. IN FACT, I CAN TESTIFY TO THAT. WHEN I HAD QUESTION ABOUT FINANCES, I RECEIVED A VERY CLEAR EXPLANATION AND WAS INVOLVED, NOT JUST EVEN MYSELF, BUT EVERYONE. SO LET'S TRUST THE CIRM AS WE'VE ALWAYS HAD A CHANCE AND THE OPPORTUNITY TO DO THAT. LET'S MOVE ON. NO NEED FOR AN AMENDMENT OF THE

MOTION, AND WE REALLY NEED TO MOVE ON NOW.

CHAIRMAN THOMAS: THANK YOU. I SEE NO MORE HANDS RAISED.

MS. BONNEVILLE: DAVID HIGGINS HAS HIS HAND RAISED.

CHAIRMAN THOMAS: I DON'T SEE THAT FOR SOME REASON. SORRY, DAVID.

DR. HIGGINS: THANK YOU, MARIA, AND THANK YOU, J.T. I JUST WANT TO THROW IN A FINAL COMMENT. I'VE BEEN AROUND FOR SIX OR SEVEN YEARS. AND WHAT I HAVE COME TO DO IS, AND THIS ISN'T MEANT TO SLIGHT ANYBODY. THIS IS MEANT TO EMPHASIZE THE CREDIBILITY AND THE NEGOTIABILITY THAT THE STAFF HAS HAD OVER ANY ISSUE THAT EVER WAS RAISED. AND I THINK THAT MY ADVICE TO THOSE WHO ARE NEW TO THIS GROUP IS GIVE THE STAFF A CHANCE AND LET THEM MOVE FORWARD. AND IF YOU HAVE MISGIVINGS, THEY WILL NEVER IGNORE THEM. THEY WOULD NEVER TRY TO PUSH SOMETHING THROUGH THAT THE BOARD DOESN'T SUPPORT. BUT GIVE THEM SOME SPACE. GIVE THEM SOME BENEFIT OF THE DOUBT. AND I WOULD GO AS FAR AS TO SAY A HUNDRED PERCENT OF THE TIME YOU'LL BE HAPPY IN THE END. SO JUST A PLUG FOR THE STAFF. THE STAFF ARE EXCEPTIONAL.

CHAIRMAN THOMAS: THANK YOU, DAVID. OKAY. MARIA, DO YOU SEE ANY OTHER HANDS UP FROM MEMBERS OF

THE BOARD?

MS. BONNEVILLE: I DO NOT.

CHAIRMAN THOMAS: OKAY. DO WE HAVE ANY COMMENTS FROM MEMBERS OF THE PUBLIC?

MS. BONNEVILLE: WE DO. I HAVE A COMMENT FROM DAVID JENSEN. "BASED ON THE PRESENTATION THIS MORNING, IT SEEMS THAT THERE MAY BE A STRONG SHIFT TO FUNDING INFORMATIONAL AND LOGISTICAL EXPENSES OF CLINICAL TRIALS AS OPPOSED TO PUTTING MONEY IN PATIENTS' POCKETS TO COVER THEIR EXPENSES. WHAT PERCENT OF 15.6 MILLION IS SLATED TO GO DIRECTLY TO PATIENTS?"

DR. TURBEVILLE: WE ALREADY AGREED THAT THE ENTIRE 15.6 WOULD BE ALLOCATED TO THE PATIENTS. THE ADMINISTRATION FUNDS WOULD COME OUT OF THE ADMINISTRATION'S FUNDS FOR OUR DEPARTMENT TO RUN THE OPERATIONS.

MS. BONNEVILLE: I SEE ANOTHER HAND RAISED FROM 310-429-9774. IF YOU CAN UNMUTE YOURSELF, AND YOU WILL HAVE THREE MINUTES FOR PUBLIC COMMENT.

MS. GREEN: THANK YOU. SO DOES THE UP TO 2.5 MILLION CONCEPT PLAN FUND GO INTO THE POCKETS OF PATIENTS WHO PROVIDE CONSULTATION, OR DO PEOPLE WITH A CONFLICT OF INTEREST, SUCH AS PEOPLE WHO DEMAND THAT PATIENTS PROVIDE ANSWERS WITHOUT PAYING FOR

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SUCH CONSULTATION OR WHO OFFER AMBIGUITIES THAT POSTPONE THE DECISION MAKING PROCESS AND THEREBY POSTPONE THE TREATMENT FOR SOME PATIENTS?

SO AS A HUMAN FACTORS ENGINEER, I'VE FOUND THAT THE AVERAGE PAYMENT TO PATIENTS FOR A USER FOR THEIR INPUT, SURVEY, QUESTIONNAIRE, INTERVIEW, ET CETERA IS $70. SO CAN YOU PLEASE ADDRESS HOW MUCH OF THAT 2.5 MILLION CONCEPT PLAN FUND WILL ACTUALLY GO INTO THE POCKETS OF THE PATIENTS TO THOSE CONSULTATIONS?

DR. TURBEVILLE: SO THE 2.5 MILLION IS FOR THE OPERATIONAL COST TO RUN THE PROGRAM OVER A FIVE-YEAR PERIOD. THAT'S THE PROJECTED OPERATION COST. THE ENTIRE 15.6 IS WHAT WILL BE PROVIDED TO THE PATIENTS. SO WE NEED TO BIFURCATE THOSE TWO. ONE IS OPERATIONAL AND THE OTHER IS PURELY FOR THE SUPPORT OF THE PATIENTS.

THERE IS A COMPONENT OF THAT OPERATIONAL PROGRAM THAT PROVIDES, OF COURSE, AS WE DISCUSSED EARLIER, NOT ONLY THE INFORMATIONAL, BUT ALSO THE LOGISTICAL. SO PART OF THAT 2.5 WILL ALSO GO INTO THOSE SERVICES AS WELL.

THE REPORTER: MR. CHAIRMAN, CAN WE GET A NAME ON THE PREVIOUS SPEAKER?

CHAIRMAN THOMAS: YES. WHOMEVER JUST

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SPOKE, PLEASE GIVE YOUR NAME FOR PURPOSES OF OUR TRANSCRIPT.

MARIA, DO WE STILL HAVE THAT PERSON ON THE PHONE OR DID THEY HANG UP?

MS. BONNEVILLE: THEY'RE STILL ON THE PHONE, BUT THEY'VE NOT PROVIDED THEIR NAME.

CHAIRMAN THOMAS: OKAY.

MS. DURON: MR. CHAIR, MAY I MAKE A COMMENT?

CHAIRMAN THOMAS: HOLD ON ONE SECOND, YSABEL. WE STILL NEED TO GET THE NAME OF THE PREVIOUS SPEAKER.

MS. BONNEVILLE: I THINK IT'S OKAY IF WE MOVE ON.

CHAIRMAN THOMAS: OKAY. YSABEL.

MS. DURON: I WAS SIMPLY TRYING TO INTERPRET, I GUESS, WHAT THE CALLER WAS TRYING TO SAY. AND I THINK FROM HER PERSPECTIVE PATIENTS ARE OFTEN CALLED UPON, AND I THINK, SEAN, YOU DID THAT IN THE SURVEYS YOU DID IN ORDER TO COME TO ALL OF THIS DATA THAT INFORMS WHAT THE BARRIERS ARE, WHAT COSTS ARE FOR PATIENTS, ET CETERA, ET CETERA. AND I KNOW THAT IT IS VERY OFTEN DONE IN RESEARCH WHEN YOU GO BACK TO COMMUNITY, ASK FOR THEIR OPINION, AND THERE'S A BIG FIGHT AT THE IRB ABOUT HOW MUCH MONEY

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IS TOO MUCH MONEY TO PAY THEM AS A STIPEND OR AN HONORARIUM TO PARTICIPATE IN THESE SURVEYS. IT IS VERY CRITICAL INFORMATION THAT INFORMS THESE SURVEYS AND INFORMS, THEREFORE, THE WORK THAT ACADEMICS AND RESEARCHERS AND EVERYBODY ELSE DOES.

AND SO I THINK SHE WAS -- I THINK SHE WAS BASICALLY TRYING TO FIND OUT WHAT IS THE VALUE ADD THAT YOU PUT ON A PATIENT'S OR A FAMILY MEMBER'S OR A COMMUNITY MEMBER'S PARTICIPATION. AND SO I THINK, SEAN, THAT'S TO ME WHAT I HEARD. I HOPE I'M NOT MISINTERPRETING HER, BUT IT IS TRUE. I THINK THAT WE UNDERVALUE THE EXPERTISE OF THE PATIENT AND THEIR FAMILY MEMBERS FOR GIVING US THE BASELINE INFORMATION WE NEED TO MOVE FORWARD.

SO IF THERE IS SOME NEW THOUGHT TO PERHAPS RAISING THE RATE OF A STIPEND WITHOUT IT BEING SEEN AS COERCIVE OR A BRIBE OR ANYTHING ELSE LIKE THAT. I APOLOGIZE TO THE CALLER IF I WAS WRONG IN WHAT SHE MIGHT HAVE BEEN SAYING.

MS. GREEN: YSABEL, YOU ARE STRAIGHT ON. YOU'RE ACCURATE BECAUSE IT IS ONLY THE PATIENTS WHO CAN COME UP WITH THAT INFORMATION THAT YOU ARE TALKING ABOUT. AND THOSE WHO ARE ACTUALLY DOING THE SURVEYING PROBABLY ALREADY HAVE JOBS AND, WHEREAS, THE PATIENTS ARE PROBABLY DESTITUTE BECAUSE THEY'RE

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DISABLED. AND SO IF YOU PUT ANY OF THAT MONEY INTO THE POCKET OF ANYONE BUT THE PATIENT, THEN THAT WOULD BE A CONFLICT OF INTEREST WITH THE PATIENT WHO NEEDS AND HAS PROVIDED INFORMATION CONSULTATION.

I'M ELIZABETH GREEN. THANK YOU.

CHAIRMAN THOMAS: THANK YOU, ELIZABETH.

OKAY. SO BEFORE WE VOTE, I WOULD LIKE, SEAN, I THINK YOU'VE GOT THE MESSAGE THAT, IN ADDITION TO FURTHER INPUT INTO THE RFP, THAT THE SOONER YOU CAN GET BACK TO THE BOARD WITH SORT OF FULL CONTEXT AS TO WHAT THE VARIOUS STEPS WILL BE AS TO THE EXTENT YOU CAN IDENTIFY THEM AT THIS POINT, DEVELOP THE PLAN TO TAKE TO THE AAWG FOR THE COMPREHENSIVE PROGRAM AND TO BRING THAT TO THE BOARD, THAT WILL BE VERY MUCH APPRECIATED. OKAY. SO HEARING NO MORE COMMENT, MARIA, WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: HAIFAA ABDULHAQ.

DR. ABDULHAQ: YES.

MS. BONNEVILLE: MOHAMMED ABOUSALEM.

DR. ABOUSALEM: YES.

MS. BONNEVILLE: KIM BARRETT.

DR. BARRETT: AYE.

MS. BONNEVILLE: DAN BERNAL.

MR. BERNAL: AYE.

MS. BONNEVILLE: GEORGE BLUMENTHAL.
DR. BLUMENTHAL: YES.
MS. BONNEVILLE: LINDA BOXER.
DR. BOXER: YES.
MS. BONNEVILLE: LEONDRA CLARK-HARVEY.
DR. CLARK-HARVEY: YES.
MS. BONNEVILLE: DEBORAH DEAS.
DR. DEAS: YES.
MS. BONNEVILLE: ANNE-MARIE DULIEGE.
DR. DULIEGE: YES.
MS. BONNEVILLE: YSABEL DURON.
MS. DURON: YES.
MS. BONNEVILLE: MARK FISCHER-COLBRIE.
DR. FISCHER-COLBRIE: YES.
MS. BONNEVILLE: FRED FISHER.
DR. FISHER: YES.
MS. BONNEVILLE: ELENA FLOWERS.
DR. FLOWERS: YES.
MS. BONNEVILLE: JUDY GASSON.
DR. GASSON: YES.
MS. BONNEVILLE: LARRY GOLDSTEIN.
DR. GOLDSTEIN: YES.
MS. BONNEVILLE: DAVID HIGGINS.
DR. HIGGINS: YES.
MS. BONNEVILLE: STEPHEN JUELSGAARD.

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MR. JUELSGAARD: YES.
MS. BONNEVILLE: RICH LAJARA.
MR. LAJARA: YES.
MS. BONNEVILLE: LINDA MALKAS.
DR. MALKAS: YES.
MS. BONNEVILLE: SHLOMO MELMED.
DR. MELMED: YES.
MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
DR. MIASKOWSKI: YES.
MS. BONNEVILLE: LAUREN MILLER-ROGEN.
MS. MILLER-ROGEN: YES.
MS. BONNEVILLE: AL ROWLETT.
MR. ROWLETT: YES.
MS. BONNEVILLE: MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MS. BONNEVILLE: MICHAEL STAMOS.
DR. STAMOS: YES.
MS. BONNEVILLE: JONATHAN THOMAS.
CHAIRMAN THOMAS: YES.
MS. BONNEVILLE: ART TORRES.
MR. TORRES: AYE.
MS. BONNEVILLE: KRISTINA VUORI.
DR. VUORI: YES.
MS. BONNEVILLE: THE MOTION CARRIES.
CHAIRMAN THOMAS: OKAY. THANK YOU. THANK

YOU, EVERYBODY, FOR AN OUTSTANDING DISCUSSION. THANK YOU, SEAN AND TEAM AND MARIA, FOR ALL THE THOUGHT THAT HAS GONE INTO THIS. WE WILL PROCEED ACCORDING TO THE DICTATES OF THIS DISCUSSION.

AND AT THIS POINT, GIVEN THAT IT'S THE NOON HOUR, LET'S TAKE A 20-MINUTE BREAK BOTH TO GIVE BETH A WELL-EARNED BREAK -- HER HANDS MUST BE GROSSLY OVERWORKED AT THIS POINT -- AND TO ALLOW EVERYBODY TO GET SOMETHING TO EAT, AND WE WILL THEN RECONVENE AT -- LET'S SEE HERE.

MS. BONNEVILLE: 12:50.

CHAIRMAN THOMAS: 12:50, 17 MINUTES. THANK YOU, EVERYBODY.

(A RECESS WAS TAKEN.)

CHAIRMAN THOMAS: OKAY, EVERYBODY. IF WE COULD RECONVENE HERE PLEASE. OKAY. WE'RE GOING TO GO A BIT OUT OF ORDER HERE AS WE ARE PRONE TO DO ON OCCASION. GO NEXT TO ITEM 9, CONSIDERATION OF CIRM SALARY STRUCTURE FOR LEVEL 9 AND 10.

MS. BONNEVILLE: J.T., CAN WE WAIT A COUPLE MINUTES? I JUST WANT TO MAKE SURE EVERYBODY IS BACK ON. YOU'RE SO PROMPT, THAT PERHAPS WE JUST NEED TO GIVE EVERYONE JUST A MINUTE OR SO.

CHAIRMAN THOMAS: I SEE. YOU LET ME KNOW WHEN WE SHOULD START UP.

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MS. BONNEVILLE: I'D BE HAPPY TO. IF YOU'RE BACK, CAN YOU JUST TURN ON YOUR VIDEO CAMERA SO I CAN MAKE SURE YOU GUYS ARE BACK, THAT WOULD BE GREAT. THANK YOU. I GUESS WE CAN START AND SEE WHERE WE END UP, J.T.

CHAIRMAN THOMAS: WE'LL TRY IT ONE MORE TIME FOR THOSE OF YOU WHO JUST HOPPED ON. WE ARE SKIPPING OVER FOR THE MOMENT TO ITEM 9, CONSIDERATION OF CIRM SALARY STRUCTURE FOR LEVELS 9 AND 10. PRESENTATION BY KEVIN MARKS. KEVIN, NICE TO HAVE YOU BACK.

MR. MARKS: THANKS, MR. CHAIRMAN, MEMBERS OF THE BOARD. SO AS A REMINDER TO THE BOARD, THE BOARD APPROVED THE SALARY STRUCTURE IN THE CIRM RANGES FOR LEVELS 1 THROUGH 8 OF THE ORGANIZATION IN THE JULY TIME FRAME. AT THAT TIME WE PULLED THE LEVELS 9 -- I'M SORRY. -- LEVELS 1 THROUGH 8. WE PULLED THE LEVELS 9 AND 10 TO PROVIDE A LITTLE BIT MORE DATA OR TO DIG A LITTLE DEEPER INTO DATA AND GET MORE CONCRETE COMPARABLES TO BE ABLE TO BRING IT BACK AT THIS MEETING.

THIS PRESENTATION IS VERY SIMILAR TO THE ONE THAT WAS GIVEN TO THE GOVERNANCE SUBCOMMITTEE ON SEPTEMBER 12TH. AND THE RESULT OF THAT WAS A RECOMMENDATION TO THE BOARD THAT IT MOVE FORWARD AND

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ADOPT THESE SALARY LEVELS THAT WILL BE PROPOSED IN THIS PRESENTATION.

MARIANNE OR DOUG, THANK YOU FOR PUTTING UP THE PRESENTATION. NEXT SLIDE PLEASE. AND NEXT SLIDE PLEASE.

SO AS A REMINDER, THE SCOPE OF THE COMPENSATION PROJECT WAS TO GIVE THE DETAILED SUMMARY OF THE RELATIVE WORTH OF THE JOBS, TO IDENTIFY THE COMPARATIVE DATA SOURCES, AND RECOMMEND THE COMPENSATION STRUCTURE THAT REFLECTS THE CURRENT HR STRATEGY. AND ULTIMATELY WE CREATED NOW A DOCUMENTED PROCESS THAT GOES THROUGH A JOB ANALYSIS, GIVES THE EXTERNAL AND INTERNAL EVALUATIONS, AND CREATES THE ASSIGNMENT TO A GRADE, PAY LEVEL, AND ROLE WITHIN THAT JOB STRUCTURE. NEXT SLIDE PLEASE.

SO IN EXECUTIVE SUMMARY FOR THIS PRESENTATION, SO ULTIMATELY WE REVIEWED THE BOARD'S RECOMMENDATIONS RELATED TO THE SCOPE OF RESPONSIBILITIES FOR BOTH THE CHAIR AND VICE CHAIR POSITIONS. ORIGINALLY THEY WERE NOT INCLUDED IN EITHER OF THE LEVELS, AND WE RECOMMEND THAT THEY MAINTAIN THEIR LEVELS IN LEVEL 10 FOR THE CHAIR AND LEVEL 9 FOR THE VICE CHAIR RESPECTFULLY.

AS A REMINDER OF THE RELEVELING PROCESS, WE DID REALIGN ALL OF THE VP LEVELS OF THE

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ORGANIZATION THAT WERE PREVIOUSLY SPREAD BETWEEN TWO COMPENSATION LEVELS TO ALL BE CAPTURED IN LEVEL 9. AND AT THE REQUEST OF THE GOVERNANCE SUBCOMMITTEE CO-CHAIRS, WE REEVALUATED, AS I MENTIONED IN THE BEGINNING, THE SALARY DATA WITH RESPECT TO THOSE TWO LEVELS AND WENT BACK AND DID A DEEPER DIVE INTO THE UC MEDICAL SCHOOLS COMPARABLES AS WELL AS THE PRIVATE RESEARCH INSTITUTIONS WITHIN CALIFORNIA. AS A REMINDER, THOSE ARE THE BENCHMARKS THAT ARE REQUIRED BY STATUTE FOR CIRM.

WHEN NEEDED, WE INCORPORATED INDUSTRY BENCHMARKS EITHER AS A REFERENCE POINT OR TO INCORPORATE THAT DATA WHEN THERE WAS VERY SPARSE DATA WITHIN THE REQUIRED TWO COMPARATORS. NEXT SLIDE PLEASE.

SO THIS IS JUST SIMPLY A REMINDER OF THE METHODOLOGY THAT WAS USED. THE ERI DATA REFLECTS THE MEDIAN OF THE ORGANIZATIONS, AND WE USE THAT FOR THE COMPARABLES IN RELATION TO THE PRIVATE RESEARCH INSTITUTIONS AND ALSO REFLECTS THE GEOGRAPHIC LOCATION OF OAKLAND AT THE TIME BECAUSE THAT'S WHEN WE STARTED THE SURVEY. NEXT SLIDE PLEASE.

SO IN LOOKING AT LEVEL 9 SPECIFICALLY, IT ENCOMPASSES THOSE FOLLOWING LISTED POSITIONS. SO FOR THESE ROLES, WE DID NOT INCLUDE DATA FOR THE VP

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MEDICAL AFFAIRS DATA. IN LOOKING AT THOSE BENCHMARKS AND IN CONSULTATION WITH THE CHAIR AND THE GOVERNANCE SUBCOMMITTEE CO-CHAIRS, THEY DID NOT SEEM TO BE ADEQUATE MATCHES FOR THE SCOPE OF DUTIES AND RESPONSIBILITIES EITHER FROM AN ACADEMIC PERSPECTIVE OR AN INDUSTRY PERSPECTIVE. SO THE RECOMMENDATION IS ON A GO-FORWARD BASIS THAT CIRM GOES BACK TO A COMPENSATION EXPERT AND TRY TO LOOK FOR MORE ADEQUATE COMPARABLES FOR THAT ON A GO-FORWARD BASIS.

WHAT WE ALSO TOOK A LOOK AT IS, AND IN PRIOR CONVERSATIONS, IF THE BOARD REMEMBERS, THE DIFFICULTY IN FINDING ACTUALLY COMPARABLES FOR THE VICE CHAIR POSITION, SO WHAT WE DID IS TAKE A LOOK AT THE ENCOMPASSED DUTIES THAT'S EXPECTED OF THE NEW VICE CHAIR MOVING INTO IT AS WELL AS THE EXISTING DUTIES OF THE EXISTING CO-CHAIR, VICE CHAIR, SENATOR TORRES. AND WE ARE COMING FORWARD WITH A RECOMMENDATION THAT WE UTILIZE THE SAME MARKET DATA THAT WAS ACQUIRED FOR THE VP OF BOARD GOVERNANCE POSITION, WHICH IS A MIXTURE OF OR A BLEND OF COMMUNICATIONS ROLES, EXTERNAL RELATIONS, AS WELL AS GOVERNMENT AFFAIRS ROLES, AS WELL AS A REGENTS CHIEF OF STAFF ROLE THAT'S ALL ENCOMPASSED IN THIS BLENDED RATE. WE DO BELIEVE THAT WOULD BE THE APPROPRIATE

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MATCH FOR THE VICE CHAIR POSITION, AND ULTIMATELY THE GOVERNANCE SUBCOMMITTEE AGREED WITH THAT RECOMMENDATION. NEXT SLIDE PLEASE.

SO LOOKING AT THE RELEVANT MARKET RANGES FOR THE POSITIONS, AND THEY'RE OUTLINED IN A MINIMUM, MEDIUM, AND MAXIMUM ROLE, YOU SEE THE ONES THAT WE USED TO ACTUALLY BENCHMARK AND CREATE THE CIRM LEVELS. AS A REMINDER, THE CIRM LEVEL IS GOING TO BE THE SAME METHODOLOGY THAT WE USED FOR LEVELS 1 THROUGH 8. THAT WOULD BE THE MINIMUM OF THE MINIMUM AND THE MAXIMUM OF THE MAXIMUM. IN THIS CASE THE CIRM RANGE AND THE RECOMMENDED RANGE WOULD BE A RANGE OF 238,000 TO 435,000. NEXT SLIDE PLEASE.

THEN IN LOOKING AT LEVEL 10, LEVEL 10 CERTAINLY ENCOMPASSES THE CHAIR AND PRESIDENT POSITION. HISTORICALLY THE MARKET RANGES THAT WERE USED FOR BOTH OF THOSE POSITIONS WERE THE SAME, AND WE RECOMMEND THAT WE CONTINUE WITH THAT SAME PHILOSOPHY. WHAT WE DID HERE IS PROVIDE A LITTLE BIT MORE GRANULARITY WHEN IT CAME TO THE VARIOUS PERCENTILES THAT WERE ARTICULATED FOR THE POSITIONS. AND THIS WENT THROUGH THE 25TH PERCENTILE, THE MEDIAN, AND THEN YOU SEE A BREAKDOWN BY THE FIFTHS GOING FORWARD. NEXT SLIDE PLEASE.

PREVIOUSLY THE BOARD ADOPTED THE 25TH AND

65TH PERCENTILES FOR THE MINIMUM AND MAXIMUM RANGE FOR THE LEVEL 9 EMPLOYEES. SO IT WILL ALLOW CONSISTENCY ACROSS THE TWO LEVELS. WE DO RECOMMEND THAT WE USE THOSE SAME PERCENTILES FOR BOTH OF THESE LEVELS.

HOW THAT APPLIES TO LEVEL 10, YOU CAN SEE ON THE SLIDE. IT TAKES US FROM A RANGE OF 427,000 TO A MAXIMUM OF 632,000 WITH A MEDIAN OF 569. AND AS TALKED ABOUT BEFORE, YOU CAN SEE AGAIN THE RECOMMENDED RANGES FOR THE LEVEL 9, WHICH IS 238,000 AND 435,000. AND, AGAIN, AS A REMINDER, THESE RECOMMENDATIONS WERE ADOPTED BY THE GOVERNANCE SUBCOMMITTEE ON SEPTEMBER 12TH.

AS ANOTHER PIECE OF INFORMATION, I REALIZE I GLANCED OVER IT, AND I APOLOGIZE. IN LOOKING AT THE COMPARATORS FOR THE LEVEL 10 POSITIONS, WHAT WE DID IS WE MESHED POSITIONS IN LOOKING AT THE MEDICAL SCHOOL ROLES. SO WE DID A COMBINATION OF THE DEANS OF MEDICAL SCHOOLS AS WELL AS THE VICE DEANS OF RESEARCH, AND WE CREATED A BLENDED RATE FOR THAT. AND THAT'S WHAT CAME TO THE NUMBERS THAT YOU SAW ON THE PREVIOUS SLIDE.

SO WITH THAT, THAT'S THE REMAINDER OF THE PRESENTATION. AT THIS POINT I WILL TAKE ANY QUESTIONS.

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DR. GASSON: MARIA, DO YOU SEE ANY HANDS RAISED? I DON'T SEE ANY HANDS RAISED. SO I WOULD LIKE TO THANK KEVIN, TAMMI BUETTNER, AND MEMBERS OF THE GOVERNANCE SUBCOMMITTEE FOR THE YEAR-LONG PROCESS THAT IS CULMINATING AT THIS POINT IN TIME.

SO I WOULD LIKE TO REQUEST A MOTION, THAT THESE RECOMMENDATIONS BE APPROVED BY THE FULL BOARD.

DR. SOUTHARD: SO MOVED.

DR. GASSON: OKAY. THAT WAS MOVED BY MARVIN. AND, ANNE-MARIE, DID YOU SECOND IT?

DR. DULIEGE: I'M SORRY. I HAD A PROBLEM WITH MY MOUSE SO I COULDN'T UNMUTE MYSELF. JUST A BRIEF CLARIFICATION. THESE ARE RECOMMENDATIONS FOR FULL-TIME EQUIVALENTS; BUT IF THE CHAIR OR THE VICE CHAIR IS ASSIGNED TO 80 PERCENT, WOULD THAT BE ADJUSTED TO THE PERCENT TIME THAT THEY'RE DOING?

DR. GASSON: YES.

DR. DULIEGE: SO THIS IS FOR FULL-TIME EQUIVALENT. OKAY. GREAT. THANK YOU.

DR. GASSON: MARVIN MADE A MOTION AND SOMEBODY SECONDED. I DIDN'T CATCH WHO THAT WAS.

DR. HIGGINS: I DID, BUT I DON'T KNOW IF I WAS IN LINE.

DR. GASSON: GREAT. IS THERE ANY DISCUSSION BY MEMBERS OF THE BOARD ON THIS TOPIC OF

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THE SALARIES FOR LEVELS 9 AND 10? SEEING NO HANDS RAISED, ARE THERE -- OH, FRED.

DR. FISHER: WHEN DOES IT GO INTO EFFECT IF IT'S APPROVED BY THE BOARD TODAY?

MR. MARKS: SO THE IDEA IS IT GOES INTO EFFECT IMMEDIATELY. SO THIS WILL THEN BE THE PUBLISHED RATES FOR THE CIRM RANGES. AS YOU ARE AWARE, CIRM PUBLISHES THE COMPENSATION RANGES FOR THE VARIOUS LEVELS ON ITS WEBSITE. SO IT WOULD BE SORT OF MY EXPECTATION AS SOON AS IT CAN GET UP ON THE WEBSITE, IT WOULD BE EFFECTIVE.

DR. GASSON: THANK YOU, KEVIN. YSABEL.

MS. DURON: THANK YOU, JUDY.

THIS IS JUST FOR ME A COMMENT. BUT I'M HAUNTED BY THE VOICE OF ELIZABETH AND THE KNOWLEDGE OF THE VALUE-ADDED PATIENTS AND PATIENT INFORMATION AND PATIENT ENGAGEMENT AND PATIENT RESPONSE TO SURVEYS AND THE LOW RECOMPENSE THEY GET AS A RESULT OF THE PARTICIPATION, AND THEN I COMPARE IT TO THE SALARY RANGES. NO DISRESPECT TO ANY PERSON WHO WORKS IN THESE POSITIONS WHO DESERVES THIS. I JUST HOPE THAT IN THE FUTURE WE REALLY RECONSIDER, WHEN WE ENGAGE PATIENTS, THAT WE SHOW THEM THAT THEY ARE A REAL VALUE, AND WE BALANCE OUR BUDGETS AND OUR BOOKS ACCORDINGLY TO MAKE SURE THAT THEY TOO

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RECOGNIZE THEY HAVE GREAT VALUE TO THE WORK WE DO. THANK YOU.

DR. GASSON: THANK YOU, YSABEL. SEEING NO OTHER HANDS.

DR. DULIEGE: ACTUALLY AGAIN, JUDY, I'M SORRY. I'M TRYING TO MANAGE WITHOUT A MOUSE. AGAIN CLARIFICATION. WHILE THIS GOES IN EFFECT NOW, SHOULD I UNDERSTAND THAT THIS IS A PARTICULAR READJUSTMENT FOR THE SALARIES OF ONGOING EMPLOYEES OR SPECIFICALLY MARIA, ART, AND J.T., OR IS THAT THE RANGE TO CONSIDER AS WE ARE LOOKING TO HIRE NEW EMPLOYEES IN THESE POSITIONS, AT LEAST NOT FOR MARIA, BUT FOR J.T. AND ART AT THE END OF THE YEAR?

DR. GASSON: KEVIN?

MR. MARKS: I WAS HOPING YOU WOULD HANDLE THAT ONE.

DR. GASSON: I'LL HANDLE IT. WE ARE NOT ANTICIPATING A CHANGE OR A RANGE ADJUSTMENT FOR THE CURRENT CHAIR AND CURRENT VICE CHAIR. THE TOPIC OF COMPENSATION FOR THE PRESIDENT AND THE CEO HAS NOT YET COME UP, BUT WILL BE COMING UP RELATIVELY SOON.

DR. DULIEGE: THANK YOU.

MR. MARKS: IF I COULD JUST ADD ONE QUICK THING. WITH RESPECT TO THE LEVEL 9 EMPLOYEES ABSENT THE VICE CHAIR, THE ADOPTION OF THESE RANGES WILL

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HAVE NO IMPACT EITHER UP OR DOWN FOR ANY OF THE EXISTING EMPLOYEES IN THOSE CATEGORIES.

DR. DULIEGE: THANK YOU.

DR. GASSON: THANK YOU, KEVIN.

OTHER HANDS, QUESTIONS, COMMENTS BY MEMBERS OF THE BOARD? SEEING NONE, MARIANNE, DO YOU HAVE ANY -- MARIA, DO YOU HAVE ANY QUESTIONS OR COMMENTS FROM THE MEMBERS OF THE PUBLIC?

MS. DEQUINA-VILLABLANCA: I SEE NONE, JUDY.

DR. GASSON: AT THIS POINT, THEN, I WOULD ASK MARIANNE TO PLEASE CALL THE ROLL TO VOTE ON THE MOTION THAT IS ON THE TABLE.

MS. DEQUINA-VILLABLANCA: HAIFAA ABDULHAQ.

DR. ABDULHAQ: YES.

MS. DEQUINA-VILLABLANCA: MOHAMMED ABOUSALEM.

DR. ABOUSALEM: YES.

MS. DEQUINA-VILLABLANCA: KIM BARRETT.

DR. BARRETT: AYE.

MS. DEQUINA-VILLABLANCA: DAN BERNAL.

MR. BERNAL: AYE.

MS. DEQUINA-VILLABLANCA: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: YES.

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MS. DEQUINA-VILLABLANCA: LINDA BOXER.
DR. BOXER: YES.
MS. DEQUINA-VILLABLANCA: LEONDRA CLARK-HARVEY.
DR. CLARK-HARVEY: YES.
MS. DEQUINA-VILLABLANCA: DEBORAH DEAS.
DR. DEAS: YES.
MS. DEQUINA-VILLABLANCA: ANNE-MARIE DULIEGE.
DR. DULIEGE: YES.
MS. DEQUINA-VILLABLANCA: YSABEL DURON.
MS. DURON: YES.
MS. DEQUINA-VILLABLANCA: MARK FISCHER-COLBRIE. I'LL COME BACK TO HIM. FRED FISHER.
DR. FISHER: YES.
MS. DEQUINA-VILLABLANCA: FRED FISHER.
DR. FISHER: YES.
MS. DEQUINA-VILLABLANCA: ELENA FLOWERS.
DR. FLOWERS: YES.
MS. DEQUINA-VILLABLANCA: JUDY GASSON.
DR. GASSON: YES.
MS. DEQUINA-VILLABLANCA: LARRY GOLDSTEIN.
DR. GOLDSTEIN: YES.
MS. DEQUINA-VILLABLANCA: DAVID HIGGINS.

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DR. HIGGINS: YES.
MS. DEQUINA-VILLABLANCA: STEPHEN JUELSGAARD.
MR. JUELSGAARD: YES.
MS. DEQUINA-VILLABLANCA: RICH LAJARA.
MR. LAJARA: YES.
MS. DEQUINA-VILLABLANCA: LINDA MALKAS.
DR. MALKAS: YES.
MS. DEQUINA-VILLABLANCA: SHLOMO MELMED.
DR. MELMED: YES.
MS. DEQUINA-VILLABLANCA: CHRISTINE MIASKOWSKI.
DR. MIASKOWSKI: YES.
MS. DEQUINA-VILLABLANCA: LAUREN MILLER-ROGEN.
MS. MILLER-ROGEN: YES.
MS. DEQUINA-VILLABLANCA: AL ROWLETT.
MR. ROWLETT: YES.
MS. DEQUINA-VILLABLANCA: MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MS. DEQUINA-VILLABLANCA: MICHAEL STAMOS.
DR. STAMOS: YES.
MS. BONNEVILLE: KRISTINA VUORI.
DR. VUORI: YES.
MR. TORRES: DID YOU CALL MY NAME?

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MR. HUANG: WE'RE NOT GOING TO CALL THE CHAIR AND VICE CHAIR BECAUSE THIS IS FOR COMPENSATION.

MR. TORRES: OH, GOT IT.

MS. DEQUINA-VILLABLANCA: THE MOTION CARRIES.

DR. GASSON: THANK YOU VERY MUCH, MARIANNE, AND I'LL TURN IT BACK OVER TO CHAIRMAN THOMAS.

CHAIRMAN THOMAS: I WAS JUST TALKING TO MYSELF. THANK YOU, MOHAMMED.

WE HAVE FOUR REMAINING ACTION ITEMS, EACH OF WHICH SHOULD BE QUITE SHORT. SO STARTING WITH NO. 6, CONSIDERATION OF AMENDMENTS TO THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP BYLAWS. BEN.

MR. HUANG: GOOD AFTERNOON, BOARD MEMBERS. THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP BYLAWS WERE APPROVED BY THE BOARD IN JANUARY OF THIS YEAR. TODAY'S AMENDMENT HAS ONE EDIT REPEATED THROUGHOUT, WHICH IS THE DELETION OF A REFERENCE TO THE APPLICATION REVIEW SUBCOMMITTEE SO THAT GRANT RECOMMENDATIONS FROM THE AAWG GO DIRECTLY TO THE ICOC BOARD. THIS PUTS THE AAWG BYLAWS IN LINE WITH THE FACILITIES WORKING GROUP BYLAWS AND ALLOWS A

BROADER MEMBERSHIP OF THE BOARD TO PARTICIPATE IN DECISION MAKING. AND THAT'S IT.

CHAIRMAN THOMAS: THANK YOU, BEN. DO WE HAVE A MOTION TO APPROVE?

MR. TORRES: MOVE TO APPROVE.

DR. ABDULHAQ: SECOND.

CHAIRMAN THOMAS: MOVED BY ART, SECONDED BY HAIFAA. QUESTIONS, COMMENTS FROM MEMBERS OF THE BOARD? COMMENTS FROM MEMBERS OF THE PUBLIC? MARIA, WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: HAIFAA ABDULHAQ.

DR. ABDULHAQ: YES.

MS. BONNEVILLE: MOHAMMED ABOUSALEM.

DR. ABOUSALEM: YES.

MS. BONNEVILLE: KIM BARRETT.

DR. BARRETT: AYE.

MS. BONNEVILLE: DAN BERNAL.

MR. BERNAL: AYE.

MS. BONNEVILLE: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: YES.

MS. BONNEVILLE: LINDA BOXER.

DR. BOXER: YES.

MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: YES.

MS. BONNEVILLE: DEBORAH DEAS.

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DR. DEAS: YES.
MS. BONNEVILLE: ANNE-MARIE DULIEGE.
DR. DULIEGE: YES.
MS. BONNEVILLE: YSABEL DURON.
MS. DURON: YES.
MS. BONNEVILLE: FRED FISHER.
DR. FISHER: YES.
MS. BONNEVILLE: ELENA FLOWERS.
DR. FLOWERS: YES.
MS. BONNEVILLE: JUDY GASSON.
DR. GASSON: YES.
MS. BONNEVILLE: LARRY GOLDSTEIN.
DR. GOLDSTEIN: YES.
MS. BONNEVILLE: DAVID HIGGINS.
DR. HIGGINS: YES.
MS. BONNEVILLE: STEPHEN JUELSGAARD.
MR. JUELSGAARD: YES.
MS. BONNEVILLE: RICH LAJARA.
MR. LAJARA: YES.
MS. BONNEVILLE: LINDA MALKAS.
DR. MALKAS: YES.
MS. BONNEVILLE: SHLOMO MELMED.
DR. MELMED: YES.
MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
DR. MIASKOWSKI: YES.

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MS. BONNEVILLE: LAUREN MILLER-ROGEN.
MS. MILLER-ROGEN: YES.
MS. BONNEVILLE: AL ROWLETT.
MR. ROWLETT: YES.
MS. BONNEVILLE: MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MS. BONNEVILLE: MICHAEL STAMOS.
DR. STAMOS: YES.
MS. BONNEVILLE: JONATHAN THOMAS.
CHAIRMAN THOMAS: YES.
MS. BONNEVILLE: ART TORRES.
MR. TORRES: AYE.
MS. BONNEVILLE: KRISTINA VUORI.
DR. VUORI: YES.
MS. BONNEVILLE: THE MOTION CARRIES.
CHAIRMAN THOMAS: THANK YOU. ITEM 7, CONSIDERATION OF STANDARDS WORKING GROUP CO-CHAIRS. GEOFF LOMAX.
DR. LOMAX: MARIANNE, ARE YOU GOING TO BE ABLE TO RUN THE SLIDES, JUST TO CONFIRM?
MS. DEQUINA-VILLABLANCA: HOLD ON ONE SECOND.
DR. LOMAX: THANKS VERY MUCH.
CHAIRMAN THOMAS, MEMBERS OF THE BOARD AND PUBLIC, GOOD AFTERNOON. MY NAME IS GEOFF LOMAX.

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I'LL BE PROVIDING AN UPDATE ON CIRM'S MEDICAL AND ETHICAL STANDARDS WORKING GROUP AND THEN BRINGING FORWARD CANDIDATES FOR CONSIDERATION TO BE APPOINTED TO THE WORKING GROUP. NEXT SLIDE PLEASE.

OUR MISSION IS TO ACCELERATE WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND THE WORLD. THE STANDARDS WORKING GROUP SUPPORTS THIS MISSION BY CONSIDERING A RANGE OF POLICIES TO ENSURE THAT OUR RESEARCH IS CONDUCTED ETHICALLY AND RESPONSIBLY. NEXT SLIDE PLEASE.

SO MY AIM TODAY IS TO FIRST PROVIDE AN OVERVIEW OF THE WORKING GROUP AND ITS HISTORY, AND IT WILL BE BRIEF. SECOND IS TO IDENTIFY ETHICS POLICY ISSUES THAT MAY REQUIRE FUTURE CONSIDERATION BY THE WORKING GROUP, SO A LOOKING FORWARD LOOK. THEN I'LL DESCRIBE THE PROCESS WE'VE BEEN FOLLOWING TO RECRUIT NEW MEMBERS TO THE WORKING GROUP. AND, FINALLY, REQUEST YOUR CONSIDERATION OF THE CANDIDATES WE BRING FORWARD TODAY. NEXT SLIDE PLEASE.

SO PURSUANT TO PROPOSITION 14, THE STANDARDS WORKING GROUP IS CHARGED WITH RECOMMENDING STANDARDS FOR THE MEDICAL, SOCIOECONOMIC, AND

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FINANCIAL ASPECTS OF CLINICAL, HUMAN SUBJECTS, AND RELATED RESEARCH SUPPORTED BY CIRM. NEXT SLIDE PLEASE.

PERHAPS THE BEST WAY TO SORT OF DESCRIBE THE WORK OF THE WORKING GROUP IS TO PROVIDE A VERY BRIEF REVIEW ON THE RECOMMENDATIONS THAT IT'S BROUGHT TO THE BOARD SINCE 2005, AND THIS IS AN ABBREVIATED VERSION, BUT I WILL CONTINUE.

SO BETWEEN 2005 AND 2006, THE WORKING GROUP CONVENED SIX MEETINGS TO DEVELOP CIRM'S FOUNDATIONAL STANDARDS FOR RESEARCH. THESE STANDARDS WERE NECESSARY SO CIRM COULD ISSUE RESEARCH AWARDS. IT WAS PARTICULARLY IMPORTANT FOR CIRM TO DEVELOP POLICIES FOR THE REVIEW AND OVERSIGHT OF AWARDS INVOLVING THE CREATION OF NEW EMBRYONIC STEM CELL LIENS AS SUCH DERIVATION WAS PROHIBITED BY THE NIH AND OTHER FEDERAL AGENCIES. THE WORKING GROUP RECOMMENDED A SET OF STANDARDS FOR PROTOCOL REVIEW AND OVERSIGHT CONSISTENT WITH THE NATIONAL ACADEMIES' GUIDELINES FOR EMBRYONIC STEM CELL RESEARCH. AND IN 2006 THE ICOC ADOPTED THESE RECOMMENDATIONS, REPRESENTING THE FIRST FORMAL SET OF POLICIES GOVERNING THE CONDUCT OF EMBRYONIC STEM CELL RESEARCH. NEXT PLEASE.

AFTER IMPLEMENTING THESE STANDARDS, CIRM

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EMBARKED ON AN EVALUATION PROCESS TO UNDERSTAND HOW THIS NEW BODY OF REGULATION WAS WORKING IN PRACTICE. THE CIRM TEAM TRAVELED TO AWARDEE SITES. WE SELECTED SPECIFIC AWARDS FOR COMPLIANCE EVALUATION, AND THE EVALUATION PROCESS WAS MODELED AFTER THE PROCESSES USED TO EVALUATE IRB'S WHERE THE CIRM TEAM REVIEWED OVERSIGHT COMMITTEE QUALIFICATIONS, LOOKED AT MEETING MINUTES, AND OTHER INTERNAL COMMUNICATIONS TO SUBSTANTIATE THAT OUR AWARDEES WERE IN ADHERENCE WITH THE REQUIRED POLICIES.

WE ALSO HELD A SERIES OF WORKSHOPS TO ALLOW ORGANIZATIONS TO SHARE THEIR EXPERIENCE AMONG THEIR PEERS AND PROVIDE RECOMMENDATIONS TO CIRM ON HOW OUR POLICIES COULD BE IMPROVED. DURING THIS PERIOD THE STANDARDS WORKING GROUP TOOK MANY OF THESE RECOMMENDATIONS UNDER CONSIDERATION, AND A SERIES OF TECHNICAL AMENDMENTS WERE MADE TO CIRM'S POLICIES REALLY FROM AN OPERATIONAL EFFICIENCY STANDPOINT.

AND THEN I ALSO HAD THE OPPORTUNITY ALONGSIDE THE NATIONAL ACADEMIES' COMMITTEE ON EMBRYONIC STEM CELL RESEARCH. AS YOU MAY RECALL, INDUCED PLURIPOTENT STEM CELL RESEARCH EMERGED DURING THIS TIME, AND THERE WAS CONSIDERABLE DISCUSSION ABOUT HOW THE HUMAN EMBRYONIC STEM CELL

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POLICY FRAMEWORK SHOULD BE APPLIED IN IPSC CONTEXT. NEXT SLIDE PLEASE.

THIS CONNECTIVITY TO THE NATIONAL ACADEMIES WAS TIMELY AS CIRM WAS IN THE PROCESS OF DEVELOPING AN INITIATIVE TO DERIVE AND BANK INDUCED PLURIPOTENT STEM CELL LINES. THE STANDARDS WORKING GROUP DELIBERATED OVER A TWO-YEAR PERIOD TO RECOMMEND A MODEL INFORMED CONSENT TEMPLATE, AND THIS MODEL TEMPLATE INCORPORATED THE LATEST RECOMMENDATIONS REGARDING A HOST OF ISSUES IN STEM CELL RESEARCH, SUCH AS THE USE OF CELLS IN ANIMALS, GENETIC DATA SHARING, AND THE SHARING OF DONOR CELLS INTERNATIONALLY.

I WILL JUST PAUSE THERE FOR A MOMENT. I'VE ENCAPSULATED ABOUT SIX YEARS OF HISTORY INTO NINE BULLETS. I DON'T KNOW IF THERE'S ANY QUESTIONS OR CLARIFICATIONS. OTHERWISE, I'LL CONTINUE. OKAY. I WILL MOVE TO THE NEXT SLIDE PLEASE THEN.

SO, AGAIN, WE ARE IN THE PROCESS OF RECONSTITUTING THE STANDARDS WORKING GROUP. SO I WANT TO GIVE YOU A SENSE OF ISSUES BOTH IN OUR STRATEGIC PLANNING PROCESS AND WITHIN THE FIELD GENERALLY THAT WE CONTINUE TO TRACK. FIRST, WE HAVE GENOME EDITING, THE NATIONAL ACADEMIES GENOME EDITING INITIATIVE BEING A PROGRAM IN THIS AREA.

AND THIS RELATES TO ONGOING EFFORTS TO CONSIDER ETHICS AND POLICY CONSIDERATIONS IN THE APPLICATION OF THIS TECHNOLOGY IN THE BIOMEDICAL RESEARCH SPACE.

THE NATIONAL ACADEMIES' RECOMMENDATIONS ARE NOTABLE FOR ITS ENDORSEMENT OF SOMATIC CELL EDITING, WHICH CIRM IS SUPPORTING IN A NUMBER OF AWARDS, WHILE MAINTAINING A MORATORIUM ON GERM LINE GENETIC EDITING FOR REPRODUCTIVE PURPOSES.

EMBRYO MODEL SYSTEMS, WE HEARD ABOUT THE UTILITY OF THESE MODELS DURING CIRM'S SCIENTIFIC ADVISORY MEETING, AND THE NATIONAL ACADEMY ENDORSES THE DEVELOPMENT OF THESE MODEL SYSTEMS, PARTICULARLY FOR UNDERSTANDING EARLY HUMAN DEVELOPMENT AND THE ETIOLOGY OF DISEASES OCCURRING EARLY IN THE LIFE COURSE.

HUMAN NEURAL ORGANOIDS, THESE ARE IN VITRO SYSTEMS DESIGNED TO MODEL BRAIN FUNCTION. THEY ARE VIEWED AS PARTICULARLY VALUABLE TOOLS FOR ELUCIDATING THE CAUSE AND POTENTIAL TREATMENTS FOR DISEASES OF THE BRAIN AND SHOULD PLAY A PROMINENT ROLE IN CIRM-FUNDED RESEARCH.

BLASTOCYST COMPLEMENTATION, THIS PROCEDURE HAS BEEN APPLIED IN EFFORTS SUITED FOR HUMAN TRANSPLANTATION IN ANIMALS SUCH AS PIGS, AND THERE CONTINUES TO BE CONSIDERATION OF POLICY ISSUES IN

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THIS SPACE.

AND, FINALLY, THE MORE PATIENT-FACING ISSUES CONTINUE TO EMERGE AROUND THE UNAUTHORIZED TREATMENTS AND HOW POTENTIAL HEALTH AND FINANCIAL RISKS TO PATIENTS COULD BE ADDRESSED THROUGH SOME SORT OF POLICY INTERVENTION.

I'LL JUST PAUSE FOR A MOMENT BECAUSE, AGAIN, I'M COVERING A WIDE AREA OF OUR ISSUES THAT CAME UP DURING PLANNING. IF ANYONE HAS ANYTHING TO ADD OR QUESTIONS, I'D BE HAPPY TO TAKE THEM. OKAY. WE'LL CONTINUE THEN. NEXT SLIDE PLEASE.

SO I'LL NOW DESCRIBE THE WORKING GROUP MEMBERS AND THE RECRUITMENT PROCESS. THE WORKING GROUP CONSISTS OF 19 MEMBERS. FIVE OF THE MEMBERS ARE PATIENT ADVOCATE OR NURSE MEMBERS FROM THE BOARD. THERE ARE NINE SCIENTISTS AND FOUR MEDICAL ETHICISTS. I'LL TOUCH A LITTLE BIT ON THE ETHICIST ROLE AND WHAT WE LOOK FOR IN TERMS OF IDENTIFYING CANDIDATES.

FIRST OF ALL, APPLIED ETHICS IN BIOMEDICAL RESEARCH IS VERY IMPORTANT PARTICULARLY BECAUSE THERE'S AN EXTENSIVE BODY OF FEDERAL REGULATION COVERING AREAS SUCH AS HUMAN SUBJECTS RESEARCH, ANIMAL WELFARE, GENETIC DATA SHARING, ET CETERA. AND IT'S CRITICAL TO UNDERSTAND AND APPRECIATE HOW

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THESE FEDERAL POLICY FRAMEWORKS CAN BE LEVERAGED TO SUPPORT THE HIGHEST STANDARDS OF RESEARCH. SO, FOR EXAMPLE, IN THE INFORMED CONSENT TEMPLATE WE DEVELOPED FOR OUR IPS BANK, IT'S GROUNDED IN THE FEDERAL COMMON RULE AND HUMAN SUBJECTS PROTECTIONS, BUT WE ALSO INCLUDED ADDITIONAL DONOR PROTECTIONS SPECIFIC TO INDUCED PLURIPOTENT STEM CELL RESEARCH.

SO WE ACTIVELY SEEK OUT MEMBERS WHO CAN PROVIDE RECOMMENDATIONS THAT ARE CONSISTENT AND COMPATIBLE WITH THESE FEDERAL POLICY FRAMEWORKS, BUT ALSO ENABLE TO US ADVANCE THE HIGHEST RESEARCH STANDARDS. NEXT SLIDE PLEASE.

FOR THE M.D. AND SCIENTIST MEMBERS, WE ACTIVELY SEEK OUT A RANGE OF EXPERIENCE THAT CUTS ACROSS THE ISSUES WE ENCOUNTER INCLUDING THE CONTEMPORARY TOPICS IDENTIFIED PREVIOUSLY. WE HAVE APPROACHED A NUMBER OF MEMBERS FROM THE GRANTS WORKING GROUP BECAUSE WE BELIEVE IT'S IMPORTANT THAT THE STANDARDS WORKING GROUP APPRECIATES THE RIGOR THAT CIRM APPLIES WHEN EVALUATING THE SCIENTIFIC WORTHINESS AND POTENTIAL OF PROTOCOLS WHICH WE FUND. IT IS TYPICAL IN ETHICS POLICY DISCUSSIONS TO WANT ASSURANCES THAT THE NOVEL SCIENTIFIC APPROACHES ARE WELL JUSTIFIED AND WELL GROUNDED IN THE SCIENCE. NEXT SLIDE PLEASE.

SO IN THE NEXT COUPLE OF SLIDES, I'D JUST LIKE TO DESCRIBE OUR RECRUITMENT PROCESS WHICH IS MODELED AFTER THE GRANTS WORKING GROUP PROCESS THAT DR. SAMBRANO PRESENTED TO YOU IN 2021. WE BEGIN BY WORKING WITH BOARD MEMBERS AND THOUGHT LEADERS TO IDENTIFY A RANGE OF ISSUES SUCH AS THE ISSUES I'VE SUMMARIZED TODAY, AND THEN SEEK TO IDENTIFY CONTENT AREA EXPERTS BY RECEIVING RECOMMENDATIONS FROM A VARIETY OF SOURCES, INCLUDING BOARD MEMBERS, CIRM TEAM MEMBERS, AND EXPERTS IN THE FIELD. WE SEEK FURTHER GUIDANCE FROM CIRM AND ICOC LEADERSHIP ONCE WE'VE COMPILED POTENTIAL CANDIDATES. AND, FOR EXAMPLE, TODAY'S NOMINEE FOR CO-CHAIR SPOKE AT LENGTH WITH CHAIRMAN THOMAS, DR. MILLAN, BOARDMEMBER FISHER, AND MYSELF ABOUT THE NEEDS AND EXPECTATIONS OF THE WORKING GROUP. NEXT SLIDE PLEASE.

YOU HAVE THE NOMINEE FOR CO-CHAIR'S BIOGRAPHY. IN THE CASE OF TODAY'S NOMINEE, AS THE ETHICS MEMBER CO-CHAIR, DR. KAHN BRINGS APPLIED ETHICS POLICY EXPERIENCE IN AREAS SUCH AS GENOME EDITING, GENETICS, AND BIOMEDICAL TECHNOLOGIES COMBINED WITH NATIONAL ACADEMIES' MEMBERSHIP AND LEADERSHIP ROLES IN ACADEMIES' COMMITTEES. THE NOMINEE WAS IDENTIFIED THROUGH HIS WORK ON THE NATIONAL ACADEMY COMMITTEE ON EMERGING SCIENCE,

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TECHNOLOGY, INNOVATION IN HEALTH AND MEDICINE. AND HE HAS NO FORMER HISTORY OF SERVICE TO CIRM. NEXT SLIDE PLEASE.

IN ADDITION TO THE OUTSIDE ETHICS POLICY CO-CHAIR, WE ARE RECOMMENDING FIVE BOARD MEMBERS FOR CONSIDERATION TODAY FOR CO-CHAIR AND WORKING GROUP MEMBERSHIP. AND WITH THAT, I THANK YOU FOR YOUR ATTENTION AND TURN IT BACK TO YOU, CHAIRMAN THOMAS.

CHAIRMAN THOMAS: THANK YOU VERY MUCH, GEOFF.

AND JUST FOR CONTEXT FOR THOSE WHO ARE NEWER MEMBERS TO THE BOARD, WE HAVE THE GOOD FORTUNE OF GEOFF HAVING BEEN PRETTY CLOSE TO ONE OF THE ORIGINAL CIRM HIRES AND HAS WORKED ON ALL OF THESE ISSUES SINCE INCEPTION. SO WE HAVE GREAT INSTITUTIONAL MEMORY INFORMING THE PROCESS AND WHAT WE'RE GOING TO BE DOING GOING FORWARD. SO THANK YOU, GEOFF, FOR ALL YOUR HARD WORK OVER THE MANY YEARS IN THIS AND OTHER AREAS.

SO WE NEED TO HAVE A MOTION TO APPROVE THE CO-CHAIRS AND ICOC BOARD MEMBERS. COULD YOU PUT THAT LAST SLIDE BACK UP AGAIN PLEASE.

MR. TORRES: SO MOVED.

CHAIRMAN THOMAS: MOVED BY SENATOR TORRES. DO WE HAVE A SECOND?

DR. SOUTHARD: MARV SECONDS.

CHAIRMAN THOMAS: THANK YOU, MARV.

QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD? I WOULD MERELY LIKE TO COMMENT, HAVING HAD, AS GEOFF REFERENCED, EXTENSIVE DISCUSSION WITH DR. KAHN, WITH HIM AND WITH FRED, I THINK HE WILL MAKE AN OUTSTANDING CHAIR FOR THIS WORKING GROUP AND WILL REALLY DRIVE THIS IN A VERY, VERY POSITIVE AND BENEFICIAL DIRECTION.

ANY COMMENTS FROM MEMBERS OF THE PUBLIC?

MS. BONNEVILLE: FRED HAS HIS HAND RAISED, J.T.

CHAIRMAN THOMAS: YES, FRED.

DR. FISHER: I AGREE WITH EVERYTHING YOU JUST SAID. AND DO I NEED TO LEAVE OR RECUSE MYSELF SINCE THE VOTE INVOLVES ME?

MS. BONNEVILLE: YES. I WILL NOT CALL YOUR NAME DURING ROLL CALL.

DR. FISHER: THANKS.

CHAIRMAN THOMAS: I, BEFORE WE VOTE, WANT TO THANK FRED FOR TAKING ON THE ROLE OF CO-CHAIR HERE. THIS IS A VERY IMPORTANT ROLE; AND, FRED, WE APPRECIATE YOUR WILLINGNESS TO SERVE IN ADDITION TO EVERYTHING ELSE. OKAY.

NO PUBLIC COMMENT, I ASSUME.

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MS. BONNEVILLE: NO PUBLIC COMMENT.

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

MS. BONNEVILLE: HAIFAA ABDULHAQ.

DR. ABDULHAQ: YES.

MS. BONNEVILLE: MOHAMMED ABOUSALEM.

DR. ABOUSALEM: YES.

MS. BONNEVILLE: KIM BARRETT.

DR. BARRETT: AYE.

MS. BONNEVILLE: DAN BERNAL.

MR. BERNAL: AYE.

MS. BONNEVILLE: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: YES.

MS. BONNEVILLE: LINDA BOXER.

DR. BOXER: YES.

MS. BONNEVILLE: LEONDRA CLARK-HARVEY. DEBORAH DEAS.

DR. DEAS: YES.

MS. BONNEVILLE: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MS. BONNEVILLE: YSABEL DURON.

MS. DURON: YES.

MS. BONNEVILLE: MARK FISCHER-COLBRIE.

DR. FISCHER-COLBRIE: YES.

MS. BONNEVILLE: ELENA FLOWERS.

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DR. FLOWERS: YES. AM I NOT REQUIRED TO ABSTAIN?

MS. BONNEVILLE: YOU ARE NOT UP FOR TODAY. THAT'S A DIFFERENT VOTE.

DR. FLOWERS: YES.

MS. BONNEVILLE: JUDY GASSON.

DR. GASSON: YES.

MS. BONNEVILLE: LARRY GOLDSTEIN.

DR. GOLDSTEIN: YES.

MS. BONNEVILLE: DAVID HIGGINS.

DR. HIGGINS: YES.

MS. BONNEVILLE: STEPHEN JUELSGAARD.

MR. JUELSGAARD: YES.

MS. BONNEVILLE: RICH LAJARA.

MR. LAJARA: YES.

MS. BONNEVILLE: LINDA MALKAS.

DR. MALKAS: YES.

MS. BONNEVILLE: SHLOMO MELMED.

DR. MELMED: YES.

MS. BONNEVILLE: CHRISTINE MIASKOWSKI.

DR. MIASKOWSKI: MARIA, CAN I VOTE SINCE I'M ONE OF THE PEOPLE?

MS. BONNEVILLE: YES, TODAY YOU CAN.

DR. MIASKOWSKI: YES.

MS. BONNEVILLE: LAUREN MILLER-ROGEN.

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MS. MILLER-ROGEN: YES.
MS. BONNEVILLE: AL ROWLETT.
MR. ROWLETT: YES.
MS. BONNEVILLE: MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MS. BONNEVILLE: MICHAEL STAMOS.
DR. STAMOS: YES.
MS. BONNEVILLE: JONATHAN THOMAS.
CHAIRMAN THOMAS: YES.
MS. BONNEVILLE: ART TORRES.
MR. TORRES: AYE.
MS. BONNEVILLE: KRISTINA VUORI.
DR. VUORI: YES.
MS. BONNEVILLE: THE MOTION CARRIES.
CHAIRMAN THOMAS: THANK YOU.
DR. CLARK-HARVEY: THIS IS LEONDRA CLARK-HARVEY. I DIDN'T GET MY YES IN LOUD ENOUGH.
MS. BONNEVILLE: IT'S OKAY. THANK YOU, LEONDRA.
DR. CLARK-HARVEY: NO PROBLEM.
CHAIRPERSON DURON: THANK YOU, EVERYBODY.
ITEM NO. 8, CONSIDERATION OF AMENDMENTS TO THE STANDARDS WORKING GROUP BYLAWS. BEN.
MR. HUANG: SO THE -- AS GEOFF NOTED, THE STANDARDS WORKING GROUP BYLAWS WERE LAST APPROVED

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BACK IN 2005, AND WE ARE NOW UPDATING IT TO REFLECT CHANGES MADE IN PROP 14. TODAY'S EDITS INCLUDE MARRYING MEMBER ELIGIBILITY TO PROP 14. SO THAT'S SECTION 2.

ON TO THE NEXT PAGE. CHANGING THE COMPENSATION TO FOLLOW THE ICOC BYLAWS, ALLOWING FLEXIBILITY IN THE NUMBER OF MEETINGS PER YEAR.

PAGE 5, AND THEN, FINALLY, PROVIDING FOR A MINORITY RECOMMENDATION REPORT. SO ALL THESE CHANGES WERE MADE TO REFLECT THE EDITS MADE IN PROPOSITION 14. THAT'S IT.

CHAIRMAN THOMAS: THANK YOU. DO WE HEAR A MOTION TO APPROVE?

DR. GASSON: SO MOVED.

DR. BLUMENTHAL: SECOND.

CHAIRMAN THOMAS: MOVED BY JUDY. I DON'T KNOW WHO THAT WAS CHIMING IN THERE.

DR. BLUMENTHAL: THIS IS GEORGE SECONDING.

CHAIRMAN THOMAS: QUESTIONS OR COMMENTS FROM MEMBERS OF THE BOARD? COMMENTS FROM MEMBERS OF THE PUBLIC? MARIA, WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: HAIFAA ABDULHAQ.

DR. ABDULHAQ: YES.

MS. BONNEVILLE: MOHAMMED ABOUSALEM.

DR. ABOUSALEM: YES.

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MS. BONNEVILLE: KIM BARRETT.
DR. BARRETT: AYE.
MS. BONNEVILLE: DAN BERNAL.
MR. BERNAL: AYE.
MS. BONNEVILLE: GEORGE BLUMENTHAL.
DR. BLUMENTHAL: YES.
MS. BONNEVILLE: LINDA BOXER.
DR. BOXER: YES.
MS. BONNEVILLE: LEONDRA CLARK-HARVEY.
DR. CLARK-HARVEY: YES.
MS. BONNEVILLE: DEBORAH DEAS.
DR. DEAS: YES.
MS. BONNEVILLE: ANNE-MARIE DULIEGE.
DR. DULIEGE: YES.
MS. BONNEVILLE: YSABEL DURON.
MS. DURON: YES.
MS. BONNEVILLE: MARK FISCHER-COLBRIE.
DR. FISCHER-COLBRIE: YES.
MS. BONNEVILLE: FRED FISHER.
DR. FISHER: YES.
MS. BONNEVILLE: ELENA FLOWERS.
DR. FLOWERS: YES.
MS. BONNEVILLE: JUDY GASSON.
DR. GASSON: YES.
MS. BONNEVILLE: LARRY GOLDSTEIN.

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DR. GOLDSTEIN: YES.
MS. BONNEVILLE: DAVID HIGGINS.
DR. HIGGINS: YES.
MS. BONNEVILLE: STEPHEN JUELSGAARD.
MR. JUELSGAARD: YES.
MS. BONNEVILLE: RICH LAJARA.
MR. LAJARA: YES.
MS. BONNEVILLE: LINDA MALKAS.
DR. MALKAS: YES.
MS. BONNEVILLE: SHLOMO MELMED.
DR. MELMED: YES.
MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
DR. MIASKOWSKI: YES.
MS. BONNEVILLE: LAUREN MILLER-ROGEN.
MS. MILLER-ROGEN: YES.
MS. BONNEVILLE: AL ROWLETT.
MR. ROWLETT: YES.
MS. BONNEVILLE: MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MS. BONNEVILLE: MICHAEL STAMOS.
DR. STAMOS: YES.
MS. BONNEVILLE: JONATHAN THOMAS.
CHAIRMAN THOMAS: YES.
MS. BONNEVILLE: ART TORRES.
MR. TORRES: AYE.

MS. BONNEVILLE: KRISTINA VUORI.
DR. VUORI: YES.
MS. BONNEVILLE: THE MOTION CARRIES.
CHAIRMAN THOMAS: THANK YOU. OKAY. ITEM 10, A REALLY SUBSTANTIVE ITEM, CONSIDERATION OF MINUTES FOR THE JULY 28, 2022, ICOC MEETING AND AUGUST 30, 2022, APPLICATION REVIEW SUBCOMMITTEE MEETING. I WILL MOVE APPROVAL. IS THERE A SECOND?
DR. SOUTHARD: SECOND.
CHAIRMAN THOMAS: ANY COMMENTS OR QUESTIONS FROM MEMBERS OF THE BOARD? COMMENTS FROM MEMBERS OF THE PUBLIC? MARIA, WILL YOU PLEASE CALL THE ROLL.
MS. BONNEVILLE: HAIFAA ABDULHAQ.
DR. ABDULHAQ: YES.
MS. BONNEVILLE: MOHAMMED ABOUSALEM.
DR. ABOUSALEM: YES.
MS. BONNEVILLE: KIM BARRETT.
DR. BARRETT: AYE.
MS. BONNEVILLE: DAN BERNAL.
MR. BERNAL: AYE.
MS. BONNEVILLE: GEORGE BLUMENTHAL.
DR. BLUMENTHAL: YES.
MS. BONNEVILLE: LINDA BOXER.
DR. BOXER: YES.

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MS. BONNEVILLE: LEONDRA CLARK-HARVEY.
DEBORAH DEAS.
DR. DEAS: YES.
MS. BONNEVILLE: ANNE-MARIE DULIEGE.
DR. DULIEGE: YES.
MS. BONNEVILLE: YSABEL DURON.
MS. DURON: YES.
MS. BONNEVILLE: MARK FISCHER-COLBRIE.
DR. FISCHER-COLBRIE: YES.
MS. BONNEVILLE: FRED FISHER.
DR. FISHER: YES.
MS. BONNEVILLE: ELENA FLOWERS.
DR. FLOWERS: YES.
MS. BONNEVILLE: JUDY GASSON.
DR. GASSON: YES.
MS. BONNEVILLE: LARRY GOLDSTEIN.
DR. GOLDSTEIN: YES.
MS. BONNEVILLE: DAVID HIGGINS.
DR. HIGGINS: YES.
MS. BONNEVILLE: STEPHEN JUELSGAARD.
MR. JUELSGAARD: YES.
MS. BONNEVILLE: RICH LAJARA.
MR. LAJARA: YES.
MS. BONNEVILLE: LINDA MALKAS.
DR. MALKAS: YES.

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MS. BONNEVILLE: SHLOMO MELMED.
DR. MELMED: YES.
MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
DR. MIASKOWSKI: YES.
MS. BONNEVILLE: LAUREN MILLER-ROGEN.
MS. MILLER-ROGEN: YES.
MS. BONNEVILLE: AL ROWLETT.
MR. ROWLETT: YES.
MS. BONNEVILLE: MARVIN SOUTHARD.
DR. SOUTHARD: YES.
MS. BONNEVILLE: MICHAEL STAMOS.
DR. STAMOS: YES.
MS. BONNEVILLE: JONATHAN THOMAS.
CHAIRMAN THOMAS: YES.
MS. BONNEVILLE: ART TORRES.
MR. TORRES: AYE.
MS. BONNEVILLE: KRISTINA VUORI.
DR. VUORI: YES.
MS. BONNEVILLE: I'M GOING TO GO BACK TO LEONDRA. LEONDRA, ARE YOU ON?
MS. CLARK-HARVEY: I AM. THANK YOU. YES.
MS. BONNEVILLE: I SPENT A LOT OF TIME EARLIER. SO I'M TRYING TO MAKE UP SOME TIME. THANK YOU. THE MOTION CARRIES.
CHAIRMAN THOMAS: THANK YOU, MARIA. THAT

CONCLUDES OUR ACTION ITEMS FOR TODAY'S AGENDA. WE ARE NOW READY TO GO INTO CLOSED SESSION. AND, KAREN, WILL YOU PLEASE READ US THE RELEVANT CODE SECTION TO SEND US OFF.

MS. GETMAN: MR. CHAIRMAN, MEMBERS OF THE BOARD WILL BE MOVING INTO CLOSED SESSION TO CONSIDER PERSONNEL AND IN PARTICULAR THE PERFORMANCE EVALUATION OF THE CEO AND PRESIDENT OF CIRM. THIS IS AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 11126(A) AND HEALTH & SAFETY CODE SECTION 125290.30(3)(D).

MS. BONNEVILLE: SO WE WILL BE PUTTING YOU INTO A BREAKOUT ROOM. I'M NOT SURE WHO'S DOING THAT, WHETHER IT'S MARIANNE OR DOUG. IF YOU HAVE ANY PROBLEMS, JUST REACH OUT AND WE WILL GET YOU IN THERE.

MS. DEQUINA-VILLABLANCA: DOUG IS DOING THAT.

MS. BONNEVILLE: GREAT. THANK YOU.

(THE BOARD THEN WENT INTO CLOSED SESSION, NOT REPORTED NOR HEREIN TRANSCRIBED. THE FOLLOWING WAS THEN HEARD IN OPEN SESSION.)

CHAIRMAN THOMAS: OKAY. WANT TO REPORT THAT THERE WERE NO ACTIONS TAKEN IN THE CLOSED SESSION.

THAT LEAVES THE PUBLIC COMMENT AS THE SOLE REMAINING ITEM ON THE AGENDA. ARE THERE ANY MEMBERS OF THE PUBLIC WHO WOULD LIKE TO COMMENT ON ANYTHING OF INTEREST TO THEM?

MS. BONNEVILLE: THERE ARE NO HANDS RAISED.

CHAIRMAN THOMAS: OKAY. I WANT TO THANK THE MEMBERS OF THE BOARD. THIS HAS BEEN A LENGTHY, BUT VERY IMPORTANT MEETING WITH EXTREMELY SUBSTANTIVE DISCUSSION ON A VARIETY OF TOPICS. AND I WANT TO WISH EVERYBODY A HAPPY REST OF SEPTEMBER. OUR NEXT ALL-PERSON BOARD MEMBER MEETING IS THE 29TH OF OCTOBER.

MS. BONNEVILLE: 27TH.

CHAIRMAN THOMAS: 27TH. OKAY. WITH THAT, WE STAND ADJOURNED.

MS. BONNEVILLE: THANK YOU, EVERYONE. HAVE A LOVELY REST OF YOUR DAY.

(THE MEETING WAS THEN CONCLUDED AT 3:26 P.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 VIRTUAL PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON SEPTEMBER 29, 2022, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CA CSR 7152
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