

BETH C. DRAIN, CA CSR NO. 7152

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: FEBRUARY 24, 2022
9 A.M.

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

FILE NO.: 2022-09

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I N D E X

ITEM DESCRIPTION	PAGE NO.
OPEN SESSION	
1. CALL TO ORDER	3
2. ROLL CALL	3
ACTION ITEMS	
3. CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE TO CLINICAL TRIAL STAGE PROJECTS PROGRAM ANNOUNCEMENT (CLIN 1,2 OR 3).	4
CLOSED SESSION	
NONE	
4. DISCUSSION OF CONFIDENTIAL INTELLECTUAL PROPERTY OR WORK PRODUCT, PREPUBLICATION DATA, FINANCIAL INFORMATION, CONFIDENTIAL SCIENTIFIC RESEARCH OR DATA, AND OTHER PROPRIETARY INFORMATION RELATING TO APPLICATIONS SUBMITTED IN RESPONSE TO AGENDA ITEMS 3 ABOVE. (HEALTH & SAFETY CODE 125290.30(F) (3) (B) AND (C)).	
DISCUSSION ITEMS	
5. PUBLIC COMMENT	NONE
6. ADJOURNMENT	16

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THURSDAY, FEBRUARY 24, 2022; 9 A.M.

CHAIRMAN THOMAS: OKAY. THANK YOU AND WELCOME, EVERYBODY, TO THE FEBRUARY MEETING OF THE ICOC AND THE APPLICATION REVIEW SUBCOMMITTEE. MARIA, WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: DAN BERNAL.

MR. BERNAL: PRESENT.

MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

MS. CLARK-HARVEY: PRESENT.

MS. BONNEVILLE: ANNE-MARIE DULIEGE. YSABEL DURON. ELENA FLOWERS. MARK FISCHER-COLBRIE.

DR. FISCHER-COLBRIE: HERE.

MS. BONNEVILLE: FRED FISHER.

DR. FISHER: HERE.

MS. BONNEVILLE: DAVID HIGGINS.

DR. HIGGINS: HERE.

MS. BONNEVILLE: STEVE JUELSGAARD.

MR. JUELSGAARD: HERE.

MS. BONNEVILLE: RICH LAJARA.

MR. LAJARA: HERE.

MS. BONNEVILLE: DAVE MARTIN.

DR. MARTIN: HERE.

MS. BONNEVILLE: CHRISTINE MIASKOWSKI. LAUREN MILLER ROGEN. ADRIANA PADILLA.

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DR. PADILLA: HERE.

MS. BONNEVILLE: JOE PANETTA.

MR. PANETTA: HERE.

MS. BONNEVILLE: AL ROWLETT.

MR. ROWLETT: HERE.

MS. BONNEVILLE: JONATHAN THOMAS.

CHAIRMAN THOMAS: HERE.

MS. BONNEVILLE: ART TORRES.

MR. TORRES: HERE.

MS. BONNEVILLE: KAROL WATSON.

DR. WATSON: HERE.

MS. BONNEVILLE: THANK YOU. AND LARRY
GOLDSTEIN.

DR. GOLDSTEIN: HERE.

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

CHAIRMAN THOMAS: THANK YOU, MARIA.
WE HAVE A BIT OF AN ABBREVIATED
AGENDA TODAY. WE HAVE ONE ACTION ITEM, WHICH
IS CONSIDERATION OF APPLICATIONS SUBMITTED IN
RESPONSE TO CLINICAL TRIAL STAGE PROJECTS PROGRAM
ANNOUNCEMENTS CLINS1, 2, AND 3. GOING TO BEGIN WITH
A PRESENTATION BY DR. SAMBRANO FOLLOWED BY SUMMARIES
BY DR. SAMBRANO. GIL, PLEASE.

DR. SAMBRANO: THANK YOU, MR. CHAIRMAN.

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1 GOOD MORNING, BOARD MEMBERS AND PUBLIC. LET ME JUST
2 SHARE MY SCREEN VERY QUICKLY AND GET US GOING.

3 SO I'M GOING TO PRESENT TO YOU THE
4 RECOMMENDATIONS FROM THE GRANTS WORKING GROUP
5 RELATED TO OUR LATEST CYCLE FOR THE CLINICAL
6 REVIEWS. AND AS ALWAYS WE BEGIN EACH OF OUR
7 MEETINGS WITH A REMINDER OF OUR MISSION STATEMENT TO
8 KEEP THAT IN MIND AS WE GO ON TO THE BUSINESS OF THE
9 ORGANIZATION: TO ACCELERATE WORLD-CLASS SCIENCE TO
10 DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE
11 TREATMENTS IN AN EQUITABLE MANNER TO A DIVERSE
12 CALIFORNIA AND WORLD.

13 SO THIS IS JUST A REMINDER OF OUR CLINICAL
14 STAGE PROGRAM OFFERINGS. WE HAVE THREE DIFFERENT
15 VARIETIES. TODAY WE HAVE AN APPLICATION FOR A
16 CLIN2, WHICH IS TO SUPPORT THE CONDUCT OF A CLINICAL
17 TRIAL.

18 THIS IS A REMINDER OF THE CLINICAL BUDGET.
19 WE HAVE AN ANNUAL ALLOCATION FOR THE FISCAL YEAR OF
20 162 MILLION. SO THE FISCAL YEAR RUNS FROM JULY OF
21 '21 THROUGH JUNE OF '22. UNDER THAT ALLOCATION, THE
22 BOARD HAS APPROVED 53.1 MILLION. THERE ARE 12
23 MILLION ON THE TABLE TODAY FOR THE APPLICATION UNDER
24 CONSIDERATION. IF THAT WERE APPROVED, THAT WOULD
25 LEAVE A BALANCE OF ABOUT 97 MILLION.

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1 A REMINDER OF THE SCIENTIFIC SCORING
2 SYSTEM THAT IS USED BY THE GRANTS WORKING GROUP TO
3 SCORE AND ASSESS THE MERIT OF THESE APPLICATIONS.
4 SO A SCORE OF 1 MEANS THAT THE APPLICATION HAS
5 EXCEPTIONAL MERIT AND WARRANTS FUNDING. IT MAY HAVE
6 SOME MINOR RECOMMENDATIONS AND ADJUSTMENTS, BUT
7 THOSE DON'T REQUIRE FURTHER ASSESSMENT BY THE GRANTS
8 WORKING GROUP. A SCORE OF 2 MEANS IT NEEDS
9 IMPROVEMENT. THOSE TYPES OF APPLICATIONS TYPICALLY
10 GO BACK TO THE APPLICANT FOR REVISIONS AND THEN GOES
11 TO THE GRANTS WORKING GROUP AGAIN FOR ANOTHER
12 REASSESSMENT. THOSE THAT RECEIVE A SCORE OF 3 ARE
13 SUFFICIENTLY FLAWED THAT WE DON'T ALLOW
14 REAPPLICATION OR RESUBMISSION FOR AT LEAST SIX
15 MONTHS, MEANING THEY REALLY DO HAVE MORE TO WORK ON
16 BEFORE THEY CAN COME BACK.

17 THE REVIEW CRITERIA THAT ARE UTILIZED IN
18 THAT SCORING ARE THE FOLLOWING FIVE QUESTIONS:
19 FIRST, DOES THE PROJECT HOLD THE NECESSARY
20 SIGNIFICANCE AND POTENTIAL FOR IMPACT? MEANING WHAT
21 VALUE DOES THIS PROJECT OFFER AND IS IT WORTH DOING?
22 DO THEY HAVE A SOUND RATIONALE, A GOOD PLAN AND
23 DESIGN? IS IT FEASIBLE, INCLUDING HAVING THE
24 APPROPRIATE RESOURCES AND APPROPRIATE TEAM TO
25 CONDUCT THE WORK? AND THEN, LASTLY, DOES THE

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1 PROJECT ADDRESS THE NEEDS OF UNDERSERVED
2 COMMUNITIES?

3 THIS IS A SLIDE JUST TO SHOW YOU WHAT THE
4 MAKEUP OF THE GRANTS WORKING GROUP IS. THIS IS A
5 NEW SLIDE, BUT I THOUGHT IT WOULD BE USEFUL JUST TO
6 MAKE SURE EVERYBODY UNDERSTANDS THE COMPOSITION OF
7 THE GRANTS WORKING GROUP AND WHERE THE
8 RECOMMENDATIONS COME FROM.

9 SO THE SCIENTIFIC WORKING GROUP MEMBERS
10 ARE TYPICALLY 15 IN A GIVEN PANEL. THAT'S PER PROP
11 71 AND PROP 14 STATUTE. SO THEY ARE EXPERTS, THEY
12 HAVE REGULATORY EXPERTISE, CMC, PRODUCT DEVELOPMENT,
13 OTHER TECHNOLOGY EXPERTISE THAT COMPOSE THAT PANEL.
14 AND THEY'RE THE ONES THAT PROVIDE THE SCIENTIFIC
15 SCORE ON ALL APPLICATIONS.

16 BUT IN ADDITION, THE GRANTS WORKING GROUP
17 INCLUDES PATIENT ADVOCATE AND NURSE MEMBERS FROM THE
18 ICOC WHO ALSO SERVE ON THE GRANTS WORKING GROUP.
19 THEY ARE RESPONSIBLE FOR THE DEI EVALUATION,
20 PROVIDING THE PATIENT PERSPECTIVE ON THE OVERALL
21 SIGNIFICANCE AND POTENTIAL IMPACT OF PROJECTS, AND
22 ALSO PROVIDE OVERSIGHT ON THE REVIEW PROCESS ITSELF.
23 AND SO THE DEI SCORE THAT YOU WILL SEE IN THE
24 SUMMARY, LAST SUMMARY PAGE, IS COMING FROM OUR
25 PATIENT ADVOCATE AND NURSE MEMBERS.

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1 AND THEN, LASTLY, WE BRING IN SCIENTIFIC
2 SPECIALISTS WHO ARE NONVOTING. SO IN INSTANCES WE
3 WILL HAVE GAPS IN KNOWLEDGE THAT WE WANT TO FILL,
4 AND SO WE BRING IN SUCH SPECIALISTS TO PROVIDE THEIR
5 EXPERT ASSESSMENT TO THE GROUP. THEY PROVIDE
6 INITIAL, BUT NOT FINAL, SCIENTIFIC SCORES ON THESE
7 APPLICATIONS.

8 SO FOCUSING IN ON THE APPLICATION UNDER
9 CONSIDERATION, THIS IS CLIN2-13259. THE TITLE IS
10 "PHASE I STUDY OF AUTOLOGOUS CD4LVFOXP3 IN
11 PARTICIPANTS WITH IPEX SYNDROME." SO THE THERAPY IS
12 A GENE THERAPY, IS GENE-CORRECTED CD4 POSITIVE
13 T-CELLS THAT BECOME REGULATORY T-CELLS. THE
14 INDICATION IS IPEX SYNDROME WHICH IS A MONOGENIC
15 AUTOIMMUNE DISEASE THAT AFFECTS YOUNG ADULTS AND
16 CHILDREN. THE GOAL IS TO COMPLETE A PHASE 1
17 CLINICAL TRIAL, AND THE FUNDS REQUESTED ARE JUST
18 UNDER 12 MILLION.

19 SO I'LL GIVE YOU A LITTLE MORE BACKGROUND
20 ON THIS PARTICULAR INDICATION. SO IMMUNE
21 DYSREGULATION POLYENDOCRINOPATHY ENTEROPATHY
22 X-LINKED SYNDROME -- I WON'T SAY THAT AGAIN -- OR
23 IPEX SYNDROME IS A RARE AUTOIMMUNE INFLAMMATORY
24 DISEASE CAUSED BY A FOXP3 MUTATION THAT LEADS TO A
25 LACK OF REGULATORY T-CELLS. AND SO THIS OFTEN

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1 MANIFESTS IN CHILDREN BETWEEN BIRTH AND ONE YEAR OF
2 AGE. IT IS FATAL, AS MENTIONED, AND LEADS TO
3 MANIFESTATIONS SUCH AS TYPE 1 DIABETES, ECZEMA,
4 GASTROINTESTINAL DISORDERS. AND SO IT MANIFESTS IN
5 A LOT OF AUTOIMMUNE ELEMENTS.

6 SO THE VALUE PROPOSITION FOR THIS THERAPY,
7 THE CURRENT STANDARD OF CARE OPTIONS CURRENTLY FOR
8 THESE PATIENTS IS CHRONIC IMMUNOSUPPRESSION OR
9 ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANT. THE
10 IMMUNOSUPPRESSION IS NOT CURATIVE AND IT HAS
11 SIGNIFICANT SIDE EFFECTS. STEM CELL TRANSPLANT CAN
12 BE CURATIVE. IT ISN'T ALWAYS. AND THERE ARE
13 INSUFFICIENT MATCH DONORS AS WELL AS SOME
14 SIGNIFICANT SIDE EFFECTS, SUCH AS GRAFT VERSUS HOST
15 DISEASE, FOR THESE ALLOGENEIC TRANSPLANTS.

16 SO OTHER CURATIVE AUTOLOGOUS GENE EDITING
17 THERAPIES ARE A LONG-TERM GOAL BOTH FOR THIS GROUP
18 AND OTHERS WHO ARE WORKING ON THIS. AND THE
19 PROPOSED THERAPY OFFERS A BRIDGING OPPORTUNITY FOR
20 IPEX TREATMENT BY HAVING AN IMMEDIATE BENEFIT. IT
21 IS PROVIDING SOMETHING THAT WOULD CERTAINLY BE
22 BETTER THAN IMMUNOSUPPRESSION, AND IT KEEPS THE
23 PATIENTS IN A MUCH BETTER CONDITION AND POTENTIALLY
24 MORE SUITABLE FOR STEM CELL TRANSPLANT IF IT'S
25 APPROPRIATE.

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1 SO THIS IS A GENE THERAPY PROJECT, AND
2 IT'S WHY IT QUALIFIES FOR CIRM FUNDING.

3 OTHER PROJECTS THAT ARE IN THE CIRM
4 PORTFOLIO THAT WE FUND, WE HAVE ONE OTHER GROUP THAT
5 HAS A TRAN¹ AWARD FROM CIRM. THAT'S A TRANSLATIONAL
6 STAGE, MUCH EARLIER THAN THE CURRENT APPLICATION,
7 THAT IS ALSO ADDRESSING IPEX SYNDROME. IN THAT
8 AWARD THE AWARDEES ARE TRYING TO DEVELOP A
9 GENE-CORRECTED HEMATOPOIETIC STEM CELL THERAPY FOR
10 TRANSPLANTATION THAT WOULD CORRECT THE FOXP3 GENE
11 DEFICIT, AND THIS WOULD ULTIMATELY BE A CURATIVE
12 THERAPY IF SUCCESSFUL. AS MENTIONED, IT IS STILL
13 EARLY STAGE.

14 THE CURRENT APPLICANT TEAM HAS RECEIVED
15 CIRM FUNDING PREVIOUSLY. THEY RECEIVED A CLIN¹
16 AWARD TO DO MUCH OF THE WORK THAT LED TO THEIR
17 PROPOSAL TO CONDUCT THIS CLIN² OR CLINICAL TRIAL
18 UNDER THE PHASE I. SO THEY HAD SIX MILESTONES WHICH
19 WERE ALL ACHIEVED ON TIME AND COMPLETED. THEY ALSO
20 HAD A DISC² AWARD FOR THAT TO DEVELOP THE
21 THERAPEUTIC CANDIDATE, WHICH IS ACTUALLY DIFFERENT
22 FROM THE ONE THAT IS BEING CONSIDERED UNDER THE
23 CURRENT APPLICATION. SO THOSE ARE TWO AWARDS THAT
24 THEY HAVE PREVIOUSLY HAD FROM CIRM.

25 SO THE RECOMMENDATION FROM THE GRANTS

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1 WORKING GROUP FOR THIS PROPOSAL IS A SCORE OF 1,
2 HAVING EXCEPTIONAL MERIT AND WARRANTS FUNDING.
3 THERE WERE 13 MEMBERS THAT GAVE THIS A SCORE OF 1.
4 THERE WAS ONE MEMBER THAT GAVE IT A SCORE OF 2. THE
5 DEI SCORE IS A 9.5 OUT OF 10. SO IT'S A VERY HIGH
6 DEI SCORE. THE CIRM TEAM RECOMMENDATION IS TO FUND
7 THIS APPLICATION IN CONCURRENCE WITH THE GRANTS
8 WORKING GROUP RECOMMENDATION FOR AN AWARD AMOUNT OF
9 JUST UNDER 12 MILLION. MR. CHAIRMAN.

10 CHAIRMAN THOMAS: THANK YOU VERY MUCH,
11 GIL. DO WE HAVE A MOTION TO APPROVE?

12 DR. HIGGINS: SO MOVED.

13 CHAIRMAN THOMAS: THANK YOU, DAVID. AND
14 THE SECOND WAS WHO? DAVID MARTIN?

15 DR. FISCHER-COLBRIE: SECOND. MARK
16 FISCHER-COLBRIE.

17 CHAIRMAN THOMAS: MARK. SORRY. THANK
18 YOU, MARK. THANK YOU, DAVID, TOO.

19 DO WE HAVE ANY DISCUSSION OR COMMENTS BY
20 THE BOARD?

21 MS. BONNEVILLE: LARRY HAS HIS HAND
22 RAISED, J.T.

23 CHAIRMAN THOMAS: LARRY.

24 DR. GOLDSTEIN: YES. THANK YOU.

25 I JUST WANT TO POINT OUT THAT THE QUESTION

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1 SOMETIMES COMES UP AS TO WHY WE SHOULD POUR
2 SIGNIFICANT RESOURCES INTO SUCH RARE DISEASES. AND
3 PART OF THE ANSWER IS THAT OFTEN WHEN WE DEVELOP A
4 THERAPY FOR A RARE DISEASE, THE TECHNOLOGY THAT IS
5 DEVELOPED IS APPLICABLE TO MUCH MORE COMMON
6 DISEASES. AND AUTOIMMUNE DISORDERS, IN GENERAL, ARE
7 A FEW PERCENT OF THE U.S. POPULATION AND PROBABLY
8 WORLDWIDE. SO THEY'RE RELATIVELY COMMON DISEASES,
9 AND THEY'RE MOSTLY NOT CURABLE. THE AUTOIMMUNE
10 DISEASES ARE USUALLY TREATED BY IMMUNOSUPPRESSION,
11 AND THAT IS ACTUALLY A REALLY ROUGH PATH TO GO.

12 SO THIS SORT OF THERAPEUTIC APPROACH,
13 ALONG WITH THE OTHERS FOR IPEX SYNDROME, MAY LEAD
14 THE WAY TO MUCH MORE COMMON AILMENTS. THANK YOU,
15 MR. CHAIRMAN.

16 CHAIRMAN THOMAS: THANK YOU, LARRY. DAVE
17 MARTIN.

18 DR. MARTIN: A COMMENT ON THAT JUST
19 FURTHER IS THAT THIS IS X-LINKED. AND SO IT'S
20 RELATIVELY STRAIGHTFORWARD BECAUSE, THEORETICALLY,
21 THERE'S ONLY ONE ALLELE THAT NEEDS TO BE CORRECTED.
22 THE OTHER IS INACTIVATED. PROBABLY HAVE TO HIT
23 BOTH, AND GET LUCKY TO HIT ONE ANYWAY. BUT IT'S
24 EASIER THAN HAVING ONE THAT'S HOMOZYGOUS RECESSIVE
25 IN TERMS OF TREATMENT. SO IT'S A GOOD CHOICE.

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1 MY SECOND QUESTION IS THAT PROBABLY \$12
2 MILLION, IT'S QUITE HIGH FOR A PHASE I STUDY. I
3 PRESUME THAT THIS HAS BEEN LOOKED AT CAREFULLY BY
4 STAFF AND FEEL THAT IT'S JUSTIFIED? THAT'S MY
5 QUESTION.

6 DR. SAMBRANO: YES. WE DO LOOK AT THE
7 BUDGET AND DO A COMPARISON TO OTHER SIMILAR
8 PROJECTS. SO THIS IS AN AUTOLOGOUS THERAPY. THE
9 MANUFACTURING COSTS AND THE NUMBER OF PATIENTS BEING
10 TREATED ARE ALIGNED WITH THE TOTAL BUDGET.

11 DR. MARTIN: HOW MANY PATIENTS, GIL?

12 DR. SAMBRANO: SO THIS IS BETWEEN 20 AND
13 36 THAT THEY ARE TARGETING.

14 DR. MARTIN: THAT'S A LARGE NUMBER. THEY
15 CAN PROBABLY GET AN APPROVAL ON THAT IF IT WORKS,
16 PHASE I STUDY ONLY.

17 CHAIRMAN THOMAS: THANK YOU, DAVE.

18 ANY OTHER QUESTIONS, COMMENTS BY MEMBERS
19 OF THE BOARD? ARE THERE ANY PUBLIC COMMENTS ON THIS
20 MOTION?

21 MS. BONNEVILLE: I DO NOT SEE ANY HANDS
22 RAISED, J.T.

23 CHAIRMAN THOMAS: THERE BEING NONE, MARIA,
24 WILL YOU PLEASE CALL THE ROLL.

25 MS. BONNEVILLE: DAN BERNAL.

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1 MR. BERNAL: AYE.
2 MS. BONNEVILLE: LEONDR A CLARK-HARVEY.
3 MS. CLARK-HARVEY: AYE.
4 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
5 ELENA FLOWERS. MARK FISCHER-COLBRIE.
6 DR. FISCHER-COLBRIE: AYE.
7 MS. BONNEVILLE: FRED FISHER.
8 DR. FISHER: AYE.
9 MS. BONNEVILLE: DAVID HIGGINS.
10 DR. HIGGINS: YES.
11 MS. BONNEVILLE: STEVE JUELSGAARD.
12 MR. JUELSGAARD: YES.
13 MS. BONNEVILLE: RICH LAJARA.
14 MR. LAJARA: YES.
15 MS. BONNEVILLE: DAVE MARTIN.
16 DR. MARTIN: YES.
17 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.
18 LAUREN MILLER ROGEN. ADRIANA PADILLA.
19 DR. PADILLA: YES.
20 MS. BONNEVILLE: JOE PANETTA.
21 MR. PANETTA: YES.
22 MS. BONNEVILLE: AL ROWLETT.
23 MR. ROWLETT: YES.
24 MS. BONNEVILLE: JONATHAN THOMAS.
25 CHAIRMAN THOMAS: YES.

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1 MS. BONNEVILLE: ART TORRES.

2 MR. TORRES: AYE.

3 MS. BONNEVILLE: KAROL WATSON.

4 DR. WATSON: YES.

5 MS. BONNEVILLE: THE MOTION CARRIES.

6 CHAIRMAN THOMAS: THANK YOU, MARIA. THAT
7 CONCLUDES TODAY'S ACTION ITEMS. DO WE HAVE ANY
8 COMMENTS FROM MEMBERS OF THE PUBLIC ON ANY ITEMS OF
9 INTEREST?

10 MS. BONNEVILLE: I DO NOT SEE ANY HANDS
11 RAISED.

12 CHAIRMAN THOMAS: OKAY. WELL, AS
13 PROMISED, THIS WAS A SHORT AND CONCISE MEETING.
14 THANK YOU, EVERYBODY.

15 A REMINDER FROM MARIA THAT OUR NEXT
16 MEETING IS A FULL BOARD MEETING ON MARCH 24TH, I
17 BELIEVE.

18 MS. BONNEVILLE: GOOD JOB, J.T. IT IS ON
19 MARCH 24TH.

20 CHAIRMAN THOMAS: THERE YOU GO. THANK YOU
21 VERY MUCH. AND WE HAVE SEVERAL --

22 MR. TORRES: ALL THESE GOLD STARS.

23 CHAIRMAN THOMAS: -- SEVERAL OTHER
24 MEETINGS BEFORE THEN OF VARIOUS SUBCOMMITTEES, SO WE
25 WILL SEE YOU IN THE INTERIM AND ON MARCH 24TH AT THE

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1 LATEST.

2 MR. TORRES: AND OUR CNS WORKSHOP TODAY
3 FROM 11 TO 4.

4 CHAIRMAN THOMAS: AND TOMORROW. THAT'S
5 RIGHT. THOSE OF YOU WHO ARE ABLE TO -- AND I
6 APOLOGIZE FOR MY CAT GETTING IN THE LINE OF VISION
7 HERE. THOSE OF YOU WHO ARE ABLE TO JOIN, THIS IS A
8 WORKSHOP THAT HAS BEEN PUT TOGETHER, A GREAT DEAL OF
9 WORK BY MEMBERS OF TEAM OVER MANY, MANY MONTHS, AND
10 I THINK WILL PROVE TO BE MOST INTERESTING. SO IF
11 YOU HAVE TIME AND CAN MAKE YOURSELVES AVAILABLE TO
12 LINK IN FOR ANY OR ALL, I THINK YOU WOULD FIND IT TO
13 BE A VERY, VERY INTERESTING AND REWARDING TIME. SO
14 THANK YOU. AND WITH THAT, WE STAND ADJOURNED.

15 MS. BONNEVILLE: THANKS, EVERYONE.

16 (THE MEETING WAS THEN CONCLUDED AT 9:27 A.M.)

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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE VIRTUAL PROCEEDINGS BEFORE THE APPLICATION REVIEW SUBCOMMITTEE OF THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON FEBRUARY 24, 2022, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

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