#### BEFORE THE

# CITIZENS FINANCIAL ACCOUNTABILITY OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE ORGANIZED PURSUANT TO THE CALIFORNIA STEM CELL RESEARCH AND CURES ACT

REGULAR MEETING

LOCATION: VIA ZOOM

DATE: NOVEMBER 20, 2020

9 A.M.

REPORTER: BETH C. DRAIN, CSR

CSR. NO. 7152

FILE NO.: 2020-19

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1	FRIDAY, NOVEMBER 20, 2020
2	9 A.M.
3	
4	CONTROLLER YEE: GOOD MORNING AND WELCOME,
5	EVERYONE. IT IS THE HOUR JUST A LITTLE PAST 9 A.M.
6	ON FRIDAY, NOVEMBER 20, 2020. AND WE'RE GATHERED
7	HERE REMOTELY FOR THE CITIZENS FINANCIAL
8	ACCOUNTABILITY OVERSIGHT COMMITTEE MEETING. BEFORE
9	WE GET STARTED, FOR THOSE OF YOU WHO ARE ABLE, I
10	WOULD ASK THAT YOU PLEASE RISE AND JOIN ME IN THE
11	PLEDGE OF ALLEGIANCE.
12	(THE PLEDGE OF ALLEGIANCE.)
13	CONTROLLER YEE: THANK YOU. BEFORE WE
14	PROCEED, I'D JUST LIKE TO WELCOME A NEW MEMBER WHO'S
15	JOINING US TODAY, DR. CATHERINE SARKISIAN. VERY
16	HAPPY TO HAVE HER JOINING THE COMMITTEE. IN
17	ACCORDANCE WITH ARTICLE 20, SECTION 3 OF THE
18	CALIFORNIA CONSTITUTION, SHE MUST TAKE HER OFFICIAL
19	OATH AS A NEW MEMBER OF OUR BOARD. SO, DR.
20	SARKISIAN, WELCOME. AND IF I COULD ASK YOU JUST
21	WHERE YOU ARE TO RAISE YOUR RIGHT HAND AND REPEAT
22	AFTER ME.
23	(THE OATH OF OFFICE WAS THEN DULY
24	ADMINISTERED BY THE CONTROLLER.)
25	CONTROLLER YEE: THANK YOU.
	3

1	CONGRATULATIONS. WE WELCOME YOU TO THE COMMITTEE.
2	AND WHAT I'D LIKE TO DO NOW IS JUST TO OFFICIALLY
3	CALL THIS MEETING TO ORDER.
4	DR. SARKISIAN: THANK YOU VERY MUCH.
5	CONTROLLER YEE: THANK YOU AND WE'LL HAVE
6	AN OPPORTUNITY TO HEAR FROM YOU SHORTLY.
7	MS. DRAIN, WOULD YOU PLEASE CALL THE ROLL?
8	THE REPORTER: I'M SORRY, CONTROLLER YEE.
9	THAT'S NOT SOMETHING THAT I'VE BEEN PREPARED TO DO.
10	CONTROLLER YEE: I CAN DO THAT.
11	THE REPORTER: THANK YOU.
12	CONTROLLER YEE: NO PROBLEM. OKAY. SO
13	LET ME CALL THE ROLL. MR. FISCHER-COLBRIE.
14	MR. FISCHER-COLBRIE: PRESENT.
15	CONTROLLER YEE: MR. LOTT.
16	MR. LOTT: HERE.
17	CONTROLLER YEE: DR. QUICK.
18	DR. QUICK: PRESENT.
19	CONTROLLER YEE: DR. SADANA.
20	DR. SADANA: PRESENT.
21	CONTROLLER YEE: AND DR. SARKISIAN.
22	DR. SARKISIAN: HERE.
23	CONTROLLER YEE: THANK YOU. ALL MEMBERS
24	OF THE COMMITTEE PRESENT. THIS MEETING IS
25	OFFICIALLY CALLED TO ORDER.
	4
	4

1	LET ME FIRST WELCOME ALL OF YOU HERE.
2	THANK YOU FOR SPENDING THE TIME WITH US HERE TODAY
3	AS WE CONVENE THIS MEETING, WHICH, UNDER THE
4	PROVISIONS OF PROPOSITION 71, IS TO PROVIDE A VERY
5	IMPORTANT OVERSIGHT FUNCTION OVER THE WORK OF THE
6	CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE,
7	WHICH WE WILL REFER TO AS CIRM THROUGHOUT THE
8	MEETING, AND THE STATE CONTROLLER'S OFFICE REVIEW OF
9	THE EXTERNAL AUDITOR'S ANNUAL AUDIT OF THE FINANCIAL
10	PRACTICES OF CIRM.
11	WHAT I'D LIKE TO DO IS JUST TO GIVE EACH
12	OF THE COMMITTEE MEMBERS AN OPPORTUNITY TO INTRODUCE
13	THEMSELVES. SO LET'S START WITH OUR NEWEST MEMBER,
14	DR. SARKISIAN. WELCOME.
15	DR. SARKISIAN: THANK YOU VERY MUCH,
16	CONTROLLER YEE. AND THANK YOU FOR THIS OPPORTUNITY.
17	I FEEL REALLY HONORED. I'M A FOURTH GENERATION
18	CALIFORNIAN AND A GERIATRICIAN AND A HEALTH SERVICES
19	RESEARCHER AT UCLA AND THE DIRECTOR OF THE UCLA
20	VALUE-BASED CARE RESEARCH CONSORTIUM, AND AN
21	NIH-FUNDED COMMISSIONED SCIENTIST. THANK YOU VERY
22	MUCH FOR THIS OPPORTUNITY.
23	CONTROLLER YEE: THANK YOU. WELCOME.
24	MARK FISCHER-COLBRIE.
25	MR. FISCHER-COLBRIE: I'M THE CEO OF
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1	STRATEOS, INC. THAT SEEKS TO ACCELERATE DRUG
2	DISCOVERY IN SYNTHETIC BIOLOGY ACTIVITIES IN ORDER
3	TO ADVANCE THAT DRAMATICALLY USING CLOUD LABS AND
4	FULL-SCALE AUTOMATION TO DEMOCRATIZE SCIENCE TO
5	TOOLS AND EQUIPMENT FOR DISCOVERY AND FORMALLY ALSO
6	CHAIRMAN OF THE JUVENILE DIABETES RESEARCH
7	FOUNDATION. THANK YOU.
8	CONTROLLER YEE: THANK YOU. THANK YOU FOR
9	YOUR SERVICE.
10	MR. JIM LOTT.
11	MR. LOTT: GOOD MORNING, EVERYONE. I,
12	ALONG WITH DR. SADANA, AM I THINK ONE OF THE
13	ORIGINAL MEMBERS OF THE CFAOC BACK TO WHEN THE WHOLE
14	THING FIRST GOT STARTED BACK IN 2004/2005. IT'S
15	REALLY GOOD TO SEE NEW BLOOD. DR. SARKISIAN,
16	WELCOME. IT WILL BE GOOD TO HAVE A FRESH FACE AND
17	NEW IDEAS AND A NEW CRITICAL EYE ON WHAT WE ARE
18	DOING.
19	I'M A PSYCHOLOGIST BY TRAINING. MY CAREER
20	HAS BEEN IN HEALTHCARE POLICY AND ADVOCACY FOR WELL
21	OVER 25, 30 YEARS. I'VE BEEN IN THE BUSINESS TOO
22	LONG. I REALLY KIND OF GOT OUT OF THAT. I'M NOW A
23	COLLEGE PROFESSOR.
24	AND I'LL MAKE ONE COMMENT, IF I MAY, MADAM
25	CHAIR, ABOUT AN E-MAIL WE ALL GOT, I KNOW I GOT

6

1	YESTERDAY. IT OBSCURES THE WORST THING I'M GOING TO
2	BE CALLED. I WANT YOU TO TALK TO MY STUDENTS. THEY
3	CALL ME A LOT ROUGHER THINGS THAN THAT.
4	CONTROLLER YEE: THANK YOU, MR. LOTT.
5	DR. QUICK.
6	DR. QUICK: GOOD MORNING, EVERYONE. GOOD
7	TO SEE YOU ALL AGAIN. DR. SARKISIAN, WELCOME TO THE
8	COMMITTEE. MY NAME IS MICHAEL QUICK. I'M A
9	PROFESSOR OF BIOLOGICAL SCIENCES AT THE UNIVERSITY
10	OF SOUTHERN CALIFORNIA. MY FIELD IS NEUROSCIENCE
11	WHERE WE INVESTIGATE DRUGS OF ABUSE AND ADDICTION.
12	AND I RECENTLY STEPPED DOWN AS THE PROVOST OF THE
13	UNIVERSITY, AND I'M NOW BACK ON THE LAB BENCH AND IN
14	THE CLASSROOM AND VERY MUCH ENJOYING IT.
15	CONTROLLER YEE: THANK YOU. DR. GURBINDER
16	SADANA.
17	DR. SADANA: GOOD MORNING, EVERYONE. AND
18	WELCOME, DR. SARKISIAN. AND THANK YOU, MADAM
19	CONTROLLER, FOR ALLOWING ME, AND IT'S AN HONOR TO BE
20	PARTICIPATING IN THIS. I'M PURELY A CLINICIAN AND
21	ALSO OVERSIGHT OF MANAGEMENT OF ESPECIALLY CRITICAL
22	CARE UNITS AS WELL AS ESPECIALLY IN THE CURRENT ERA
23	OF THE COVID 19. WE ARE DOING A LOT OF WORK IN THAT
24	AS WELL AS ALSO PROTOCOLS DEVELOPMENT, SHARING
25	INFORMATION THROUGHOUT THE NATION. AND BASICALLY

1	THAT'S WHAT I STILL DO.
2	CONTROLLER YEE: THANK YOU, DR. SADANA,
3	VERY MUCH.
4	I JUST WANTED TO GIVE A QUICK WELCOME TO
5	THE ATTENDEES WHO ARE FROM CIRM: DR. MARIA MILLAN,
6	WHO'S THE PRESIDENT AND CEO; JENNIFER LEWIS, WHO IS
7	THE ACTING DIRECTOR OF FINANCE AND THE DIRECTOR OF
8	GRANTS MANAGEMENT; CHILA SILVA-MARTIN, WHO WE'LL
9	HEAR FROM, WHO IS THE VICE PRESIDENT OF FINANCE;
10	JONATHAN THOMAS, WHO IS THE CHAIRMAN OF THE
11	INDEPENDENT CITIZENS OVERSIGHT COMMITTEE; AND ART
12	TORRES, WHO'S VICE PRESIDENT OF THAT COMMITTEE; AND
13	MARIA BONNEVILLE, WHO'S VERY HELPFUL WITH OUR OFFICE
14	TO COORDINATE THIS MEETING HERE TODAY, THE EXECUTIVE
15	DIRECTOR OF THE CIRM GOVERNING BOARD.
16	SO I'M STATE CONTROLLER BETTY YEE, AND I
17	HAVE THE DISTINCT HONOR OF CHAIRING THIS COMMITTEE,
18	WHICH IS THE CITIZENS FINANCIAL OVERSIGHT COMMITTEE.
19	SO WE ARE DISCHARGING THE DUTIES THAT HAVE BEEN
20	ASCRIBED TO US BY PROPOSITION 71, AND OUR MAIN
21	CHARGE IS TO DISCUSS THE INDEPENDENT ANNUAL AUDIT OF
22	EXPENDITURES OF THE AVAILABLE BOND FUNDING FROM
23	PROPOSITION 71 AND THE RESULTS OF THE ANNUAL
24	FINANCIAL AUDIT OF CIRM.
25	WHAT WE WILL DO IS HEAR FIRST FROM CIRM'S

1	ACTING DIRECTOR OF FINANCE, JENNIFER LEWIS. AND WE
2	THEN WILL BE LOOKING AT WELCOMING OUR CIRM PRESIDENT
3	AND CEO, DR. MILLAN, WHO WILL PROVIDE AN UPDATE OF
4	CIRM'S WORK LATER IN THE AGENDA.
5	I KNOW THAT IN LIGHT OF THE RECENT PASSAGE
6	OF PROPOSITION 14 IN ADDITION TO THE AUDIT REVIEWS
7	AND THE REVIEWS OF THE ACTIVITIES SINCE OUR MEETING
8	LAST AUGUST, DR. MILLAN WILL BE PROVIDING AN UPDATE
9	ABOUT CIRM'S LONG-TERM PLANS AS WELL. SO FAIRLY
10	FULL AGENDA, BUT AN EXCITING AGENDA.
11	AND WHAT I'D LIKE TO DO IS NOW JUST TURN
12	TO THE FIRST ACTION ITEM ON THE AGENDA, ACTUALLY
13	PROBABLY THE ONLY ACTION ITEM ON THE AGENDA; THAT
14	IS, THE ADOPTION OF THE MINUTES FROM THE AUGUST 23,
15	2019, COMMITTEE MEETING. AND I BELIEVE, LET'S SEE,
16	MR. FISCHER-COLBRIE, MR. LOTT, AND DR. QUICK AND I
17	WERE THE ATTENDEES IN THAT MEETING. SO ANY
18	QUESTIONS ABOUT THE MEETING MINUTES FROM THOSE
19	MEMBERS?
20	MR. LOTT: NO, MA'AM. I MOVE ACCEPTANCE
21	OF THE MINUTES.
22	CONTROLLER YEE: WE HAVE A MOTION BY MR.
23	LOTT TO ADOPT THE MINUTES FROM THE AUGUST 23, 2019,
24	MEETING. IS THERE A SECOND?
25	DR. QUICK: SECOND.

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1	CONTROLLER YEE: THANK YOU, DR. QUICK.
2	SECOND BY DR. QUICK.
3	LET ME JUST CALL THE ROLL VERY QUICKLY.
4	SO WE HAVE MR. FISCHER-COLBRIE.
5	MR. FISCHER-COLBRIE: AYE.
6	CONTROLLER YEE: MR. LOTT.
7	MR. LOTT: AYE.
8	CONTROLLER YEE: DR. QUICK.
9	DR. QUICK: AYE.
10	CONTROLLER YEE: DR. SADANA.
11	DR. SADANA: AYE.
12	CONTROLLER YEE: DR. SADANA, I DON'T KNOW
13	THAT YOU WERE PRESENT AT THAT MEETING. SO I WANT TO
14	BE SURE
15	DR. SADANA: NO, I WAS NOT PRESENT.
16	CONTROLLER YEE: DO YOU WISH TO ABSTAIN
17	FROM THAT THEN?
18	DR. SADANA: I COULD ABSTAIN.
19	CONTROLLER YEE: OKAY. DR. SARKISIAN,
20	THIS IS YOUR FIRST MEETING, SO WE'LL MARK YOU AS AN
21	ABSTENTION. AND I WILL VOTE AYE AS WELL. OKAY.
22	MINUTES HAVE PASSED OR HAVE BEEN ADOPTED ON A VOTE
23	OF FOUR ZERO. THANK YOU.
24	OUR NEXT ORDER OF BUSINESS IS THE MAIN
25	INFORMATIONAL ITEM; THAT IS, TO RECEIVE THE
	10

1	INDEPENDENT FINANCIAL AUDIT PRESENTATION BY OUR
2	INDEPENDENT AUDITOR MACIAS, GINI & O'CONNELL, ALSO
3	KNOWN AS MGO, WHICH WILL BE THEN FOLLOWED BY THE
4	AUDIT RESPONSE BY JENNIFER LEWIS, AND THEN WE WILL
5	HAVE THE STATE CONTROLLER'S AUDIT REVIEW OF THE
6	REPORTS THAT WILL BE PRESENTED BY OUR ASSISTANT
7	AUDIT DIVISION CHIEF.
8	SO, FIRST, LET ME JUST WELCOME MR. HARNER
9	WHO IS HERE WITH HIS PRESENTATION. GOOD MORNING.
10	MR. HARNER: GOOD MORNING. THANK YOU,
11	MADAM CONTROLLER. AND THANK YOU TO ALL THE MEMBERS
12	OF THE COMMITTEE FOR GIVING US THE OPPORTUNITY TO
13	PRESENT THE RESULTS OF OUR AUDIT.
14	CONTROLLER YEE: MR. HARNER, BEFORE YOU
15	START, I BELIEVE ALL OF OUR MEMBERS HAVE A COPY OF
16	THE MGO/CIRM AUDIT TO REFER TO.
17	MR. HARNER: SO WE ARE HERE TO PRESENT THE
18	RESULTS OF OUR AUDIT OF THE CIRM FINANCIAL
19	STATEMENTS THROUGH THE YEAR ENDED JUNE 30, 2019. AS
20	PART OF OUR AUDIT, WE HAVE THREE DELIVERABLES, THREE
21	REPORTS, TWO OF WHICH ARE FOUND WITHIN THE FINANCIAL
22	STATEMENTS, AND THEN THERE'S ANOTHER ONE WE CALL
23	REQUIRED COMMUNICATIONS THAT GOES TO THE ICOC OR THE
24	INDEPENDENT CITIZENS OVERSIGHT COMMITTEE, OR THE
25	COMMITTEE CHARGED WITH GOVERNANCE, WHICH WE

1	PRESENTED TO THEM LAST WEEK.
2	THE TWO REPORTS THAT ARE IN THE FINANCIAL
3	STATEMENTS ARE THE INDEPENDENT AUDITOR'S REPORT, AND
4	THEN OUR INDEPENDENT AUDITOR'S REPORT ON INTERNAL
5	CONTROLS OVER FINANCIAL REPORTING AND NONCOMPLIANCE
6	AND OTHER MATTERS BASED ON OUR AUDIT PERFORMED IN
7	ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS. I'LL
8	GO OVER THAT IN A SECOND WHAT THAT MEANS.
9	SO THE FINANCIAL STATEMENTS BEFORE YOU ARE
10	PREPARED BY CIRM'S MANAGEMENT IN ACCORDANCE WITH
11	WHAT WE CALL U.S. GAP, U.S. GENERALLY ACCEPTED
12	ACCOUNTING PRINCIPLES, AND THEN US AS THE
13	INDEPENDENT AUDITORS, WE PERFORMED OUR AUDIT IN
14	ACCORDANCE WITH GENERALLY ACCEPTED AUDITING
15	STANDARDS AND ALSO THE GOVERNMENT AUDITING
16	STANDARDS, WHICH ADDS ON A LITTLE EXTRA LAYER OF
17	THINGS THAT WE HAD TO CONSIDER IN OUR AUDIT.
18	SO FOR THE OPINION ON THE FINANCIAL
19	STATEMENTS, WE ISSUED OUR OPINION ON OCTOBER 15,
20	2019, AND WE ARE HAPPY TO SAY WE ISSUED AN
21	UNMODIFIED OPINION ON THOSE FINANCIAL STATEMENTS.
22	AN UNMODIFIED OPINION IS ALSO KNOWN AS A CLEAN
23	OPINION, AND IT'S THE HIGHEST LEVEL OF ASSURANCE
24	THAT AN INDEPENDENT AUDITOR CAN GIVE AN ORGANIZATION
25	REGARDING THE FAIR PRESENTATION OF THE FINANCIAL

1	STATEMENTS AND OF THE AMOUNTS AND DISCLOSURES THERE.
2	WE ALSO ISSUED OUR INDEPENDENT AUDITOR'S
3	REPORT ON THE INTERNAL CONTROLS AND ON COMPLIANCE,
4	WHICH IS THE LAST TWO PAGES OF THE FINANCIAL
5	STATEMENTS. THIS IS A REPORT THAT WE HAVE TO ISSUE
6	WHEN WE PERFORM AN AUDIT IN ACCORDANCE WITH
7	GOVERNMENT AUDITING STANDARDS. AND WHAT THIS REPORT
8	IS IS IF DURING OUR AUDIT WE BECOME AWARE OF ANY
9	DEFICIENCIES OR WEAKNESSES IN INTERNAL CONTROLS THAT
10	RISE TO A CERTAIN LEVEL, WE'RE REQUIRED TO REPORT
11	THOSE TO THOSE CHARGED WITH GOVERNING. SO THE TWO
12	COMMITTEES. AND WE'RE HAPPY TO SAY THAT WE DIDN'T
13	HAVE ANY SUCH INSTANCES OR DEFICIENCIES IN ANY
14	INTERNAL CONTROLS.
15	AND THE SECOND PART OF THAT REPORT, WHICH
16	IS PROBABLY MORE IN TUNE WITH CIRM, IS US HAVING TO
17	CONSIDER COMPLIANCE WITH LAWS, REGULATIONS, GRANTS,
10	
18	CONTRACTS, AND AGREEMENTS, AND IF THERE'S ANY
19	CONTRACTS, AND AGREEMENTS, AND IF THERE'S ANY NONCOMPLIANCE THAT COULD CAUSE MATERIAL
19	NONCOMPLIANCE THAT COULD CAUSE MATERIAL
19 20	NONCOMPLIANCE THAT COULD CAUSE MATERIAL MISSTATEMENTS IN THE FINANCIAL STATEMENTS. SO WITH
19 20 21	NONCOMPLIANCE THAT COULD CAUSE MATERIAL MISSTATEMENTS IN THE FINANCIAL STATEMENTS. SO WITH THIS THE BIGGEST AREA OF COMPLIANCE WOULD HAVE BEEN
19 20 21 22	NONCOMPLIANCE THAT COULD CAUSE MATERIAL  MISSTATEMENTS IN THE FINANCIAL STATEMENTS. SO WITH  THIS THE BIGGEST AREA OF COMPLIANCE WOULD HAVE BEEN  COMPLIANCE WITH PROP 71 AT THE TIME AND US REVIEWING
19 20 21 22 23	NONCOMPLIANCE THAT COULD CAUSE MATERIAL MISSTATEMENTS IN THE FINANCIAL STATEMENTS. SO WITH THIS THE BIGGEST AREA OF COMPLIANCE WOULD HAVE BEEN COMPLIANCE WITH PROP 71 AT THE TIME AND US REVIEWING THE EXPENDITURES AND WHATNOT. WE DID NOT. AND,

1	GRANTS.
2	AND THEN, LASTLY, I'LL JUST BRIEFLY
3	SUMMARIZE THE LETTER THAT WE GAVE TO THE ICOC. IT'S
4	A RECAP OF THE AUDIT, SUMMARIZES CERTAIN
5	COMMUNICATIONS WE'RE REQUIRED TO MAKE TO INFORM
6	THOSE IN CHARGE DURING THE AUDIT IF WE HAD ANY
7	DIFFICULTIES AND WHATNOT. WE ARE HAPPY TO SAY WE
8	DIDN'T HAVE ANY DIFFICULTIES IN PERFORMING OUR
9	AUDIT, WE DIDN'T HAVE ANY MISSTATEMENTS, CORRECTED
10	OR UNCORRECTED, WE HAD NO DISAGREEMENTS WITH
11	MANAGEMENT, AND NO ISSUES WITH MANAGEMENT SIGNING
12	OUR REPRESENTATION LETTER AND PROVIDING THAT BACK TO
13	US FOR US TO BE ABLE TO ISSUE OUR AUDIT.
14	AND SO WITH THAT SAID, I'LL OPEN UP TO ANY
15	QUESTIONS.
16	CONTROLLER YEE: THANK YOU, MR. HARNER,
17	FOR THE PRESENTATION. LET ME JUST TURN TO THE
18	MEMBERS OF THE COMMITTEE. ARE THERE ANY QUESTIONS
19	OR COMMENTS? FEEL FREE JUST TO CHIME IN. WE'RE A
20	SMALL COMMITTEE, SO I'LL DISPENSE WITH THE HAND
21	RAISING. NO QUESTIONS? GREAT. THANK YOU,
22	MR. HARNER, FOR THE REPORT.
23	LET ME NOW TURN TO JENNIFER LEWIS TO SEE
24	IF CIRM HAS ANYTHING IN RESPONSE TO THE AUDIT BY
25	MGO. GOOD MORNING, JENNIFER.

1	MS. LEWIS: MORNING, CONTROLLER YEE. AT
2	CIRM WE HAVE MANY INTERNAL CONTROLS IN PLACE TO
3	ENSURE THE RESULTS OF THE AUDIT, AND WE CONCUR WITH
4	THE FINDINGS AND RESULTS OF THIS AUDIT.
5	CONTROLLER YEE: THANK YOU. AND THEN FOR
6	THE QUALITY CONTROL REVIEW OF THE INDEPENDENT AUDIT
7	BY MGO, WE DO HAVE THE AUDITS DIVISION OF THE STATE
8	CONTROLLER'S OFFICE THAT CONDUCTS THAT QUALITY
9	CONTROL REVIEW. LET ME NOW TURN TO MIKE REEVES, WHO
10	IS THE ASSISTANT AUDITS DIVISION CHIEF, TO PRESENT
11	THAT REVIEW. GOOD MORNING, MIKE.
12	MR. REEVES: GOOD MORNING, COMMITTEE
13	MEMBERS. THANK YOU FOR ALLOWING THE STATE
14	CONTROLLER'S OFFICE TO PRESENT OUR REVIEW RESULTS.
15	THE REPORTER: I'M SORRY, MR. REEVES. THE
16	REPORTER CAN'T HEAR YOU.
17	MR. REEVES: UNDER THE AUTHORITY OF HEALTH
18	AND SAFETY CODE SECTION 125290.3
19	THE REPORTER: I'M SORRY, MR. REEVES. CAN
20	YOU SPEAK A LITTLE LOUDER? I CAN'T HEAR YOU.
21	MR. REEVES: WOULD YOU LIKE ME TO START
22	OVER OR
23	CONTROLLER YEE: WHY DON'T YOU START FROM
24	THE TOP, MIKE.
25	MR. REEVES: UNDER THE AUTHORITY OF HEALTH

1	AND SAFETY CODE SECTION 125290.3, THE SCO CONDUCTED
2	A QUALITY CONTROL REVIEW OF MGO'S WORKPAPERS
3	RELATING TO ITS FINANCIAL AUDIT OF THE CALIFORNIA
4	INSTITUTE FOR REGENERATIVE MEDICINE AS OF JUNE 30,
5	2019. THE SCO DETERMINED THAT THE FINANCIAL AUDIT
6	WAS PERFORMED IN ACCORDANCE WITH APPLICABLE AUDITING
7	STANDARDS AND THE CALIFORNIA BUSINESS AND
8	PROFESSIONAL CODE REQUIREMENTS.
9	WE ISSUED OUR REPORT ON NOVEMBER 3D, 2020,
10	AND I'M AVAILABLE TO ANSWER ANY QUESTIONS YOU HAVE
11	REGARDING THE REPORT.
12	CONTROLLER YEE: THANK YOU VERY MUCH. ARE
13	THERE QUESTIONS FROM COMMITTEE MEMBERS?
14	MR. LOTT: JUST TO CONFIRM, I READ YOUR
15	SHORT REPORT. YOU FOUND EVERYTHING TO BE OKAY.
16	THERE WAS NO ISSUES WITH THE WAY THE AUDIT WAS
17	CONDUCTED; IS THAT CORRECT? I JUST WANT TO GET THAT
18	ON THE RECORD. THERE WERE NO ISSUES WITH THE WAY
19	THE AUDIT WAS CONDUCTED?
20	MR. REEVES: YES, THAT'S CORRECT.
21	CONTROLLER YEE: THANK YOU. ANY OTHER
22	QUESTIONS FROM COMMITTEE MEMBERS? THANK YOU, MIKE.
23	AND THANK YOU, JENNIFER. THANK YOU, MR. HARNER.
24	I'LL JUST SAY THIS IS GREAT NEWS AND A GREAT OUTCOME
25	OF THIS ANNUAL AUDIT. I JUST AM REALLY PLEASED

1	THAT, WITH THE COMPLEXITY OF THE FINANCES OF CIRM,
2	TO HAVE THIS KIND OF AN OUTCOME OF AN AUDIT IS
3	SOMETHING WE SHOULD BE VERY PROUD OF AND THE WORK OF
4	THE FINANCIAL TEAM AT CIRM. SO THANK YOU ALL VERY
5	MUCH, AND WE WILL RECEIVE THOSE REPORTS AND REVIEWS
6	AS A COMMITTEE. THANK YOU.
7	ALL RIGHT. SO LET'S MOVE ON TO ITEM NO.
8	6. THIS IS A STATUS UPDATE OF CIRM'S FINANCIAL
9	PERFORMANCE, AND WE'LL ALSO HEAR AN UPDATE ON THE
10	GRANTS AWARDED AND THE GRANT PROCESS AS WELL.
11	BEFORE WE GET INTO THE DETAILS, LET ME
12	JUST SAY, WHEN I TOOK OVER AS CHAIR OF THIS
13	COMMITTEE, OBVIOUSLY IT'S A TREMENDOUS HONOR TO
14	CHAIR THIS COMMITTEE BECAUSE OF THE OVERSIGHT
15	RESPONSIBILITIES ACCORDED TO THE COMMITTEE IN
16	PROPOSITION 71, BUT ALSO ONE OF THE GREATEST
17	BENEFITS IS OBVIOUSLY BEING KEPT APPRISED OF ALL THE
18	TREMENDOUS PROGRESS CIRM HAS HELPED ENGINEER FOR
19	SOME VERY RARE AND COMPLICATED ILLNESSES.
20	PROGRESS HOPEFULLY WILL CONTINUE TO BE
21	MADE, AND I KNOW THAT SOMETIMES OVERSIGHT IS JUST
22	ABOUT THE NUMBERS; BUT BECAUSE WE MEET PUBLICLY AS A
23	COMMITTEE, I FELT IT WAS IMPORTANT TO HAVE IT BE
24	MUCH MORE THAN JUST RECEIVING AN AUDIT REPORT AND
25	ONE OF OUR INTANGIBLES ASSOCIATED WITH THE SUCCESS

1	OF AN ENDEAVOR LIKE THIS. SO I THINK THE THING TO
2	REMEMBER FOR ALL OF US HERE IS THAT THE TRUE
3	ECONOMIC IMPACT WILL BE DOWN THE ROAD IN THE FORM OF
4	THE DRAMATIC HEALTHCARE SAVINGS, WHICH IS GOING TO
5	BE REALLY THE BIG-TICKET PART OF THE WHOLE THING.
6	SO JUST REALLY PLEASED THAT WE COULD BE HERE.
7	I KNOW THERE ARE SEVERAL MEMBERS OF THE
8	COMMITTEE WHO HAVE EXPRESSED CONCERNS ABOUT JUST
9	WANTING TO HAVE CERTAIN EMPHASES ON CERTAIN TYPES OF
10	ASPECTS OF THE WORK AT CIRM. AND I'LL JUST SAY
11	WE'LL ALL HAVE AN OPPORTUNITY TO ASK QUESTIONS OF
12	THE PRESENTERS. JUST AS AN EXAMPLE, I IN THE PAST
13	HAVE EXPRESSED A DESIRE TO HEAR HOW CIRM IS
14	SUCCESSFULLY ENDEAVORING TO ENSURE ACCESS TO THE
15	CLINICAL TRIALS THAT SUPPORTS IN A CONCERTED EFFORT
16	TO BREAK DOWN HEALTHCARE BARRIERS AND TO BE SURE
17	THAT THOSE BARRIERS, WHICH HAVE UNFORTUNATELY
18	EXISTED FOR TOO LONG, FOR UNDERSERVED, LOW INCOME,
19	AND MINORITY COMMUNITIES IN THE STATE ARE NOT
20	FURTHERED BY THE WORK OF CIRM.
21	SO I WANT TO COMMEND CIRM FOR ITS SPARK
22	AND BRIDGES PROGRAMS, BOTH OF WHICH I KNOW YOU'RE
23	GOING TO HEAR A LITTLE BIT MORE ABOUT AS THESE ARE
24	PROGRAMS THAT ARE ENGAGING YOUNG ADULTS IN THE
25	UNDERSERVED COMMUNITIES TO ENCOURAGE CAREERS IN THE

1	SCIENCE AND MEDICAL FIELD.
2	WITHOUT FURTHER ADO, I'D LIKE TO WELCOME
3	CIRM'S CEO, DR. MARIA MILLAN.
4	DR. MILLAN: THANK YOU VERY MUCH,
5	CONTROLLER YEE. DID YOU WANT JENNIFER LEWIS TO GO
6	AHEAD AND GIVE THE FINANCIAL PRESENTATION, OR WOULD
7	YOU LIKE THE PROGRAM UPDATE FIRST?
8	CONTROLLER YEE: WHY DON'T WE DO THE
9	FINANCIAL PRESENTATION, THEN THE PROGRAMMATIC ASPECT
10	WILL PROBABLY
11	DR. MILLAN: THANK YOU SO MUCH. I'LL TURN
12	IT OVER, THEN, TO JENNIFER LEWIS, WHO'S BOTH IN
13	CHARGE OF OUR GRANTS MANAGEMENT TEAM, BUT ALSO HAS
14	BEEN WORKING WITH CHILA SILVA-MARTIN, WHO YOU KNOW,
15	WHO'S KINDLY SERVED AS OUR RETIRED ANNUITANT
16	ADVISING US DURING THIS TRANSITION. SO JENNIFER
17	WILL PRESENT THE FINANCIAL UPDATE TODAY. THANK YOU
18	VERY MUCH.
19	CONTROLLER YEE: GREAT. THANK YOU.
20	MS. LEWIS: THANK YOU. AGAIN, MY NAME IS
21	JENNIFER LEWIS, AND I AM THE DIRECTOR OF GRANTS
22	MANAGEMENT AT CIRM AND CURRENTLY ACTING AS THE
23	DIRECTOR OF FINANCE. THANK YOU VERY MUCH FOR THE
24	OPPORTUNITY TO PRESENT OUR FINANCIAL UPDATE TO YOU
25	TODAY.

1	SO AT CIRM WE ALWAYS START WITH OUR
2	MISSION, WHICH IS TO ACCELERATE STEM CELL TREATMENTS
3	TO PATIENTS WITH UNMET MEDICAL NEEDS. AS DR. MILLAN
4	MENTIONED, SHE WILL BE GIVING AN UPDATE ON SOME OF
5	THE PROGRESS WE'VE MADE TO DATE UNDER PROPOSITION
6	71.
7	FIRST TODAY I WANT TO REVIEW THE AGENDA
8	WITH YOU. I DID WANT TO NOTE THAT THE PRESENTATION
9	THAT YOU RECEIVED IN YOUR MATERIALS HAS A FEW EXTRA
10	SLIDES THAT I WILL NOT COVER IN THIS PRESENTATION
11	WHICH WAS SUBMITTED PRIOR TO THE PASSAGE OF
12	PROPOSITION 14, BUT I DID WANT TO REVIEW OUR AGENDA,
13	WHICH IS, FIRST, I'LL BE PRESENTING THE FINANCIAL
14	RESULTS FOR THE 19/20 FISCAL YEAR, WHICH ENDED ON
15	JUNE 30TH. I WILL REVIEW WHAT WE WERE ALLOCATED TO
16	SPEND DURING THAT PERIOD, WHAT THE ACTUAL FINANCIAL
17	RESULTS WERE, AND THE MAJOR DRIVERS THAT IMPACTED
18	THOSE FINANCIAL RESULTS. THEN I'LL COVER THE
19	2020/2021 FISCAL YEAR BUDGET THAT WAS APPROVED BY
20	OUR GOVERNING BOARD, THE ICOC, IN JUNE OF THIS YEAR.
21	AND FINALLY, DUE TO THE PASSAGE OF PROPOSITION 14, I
22	WILL SHARE AND UPDATE WITH YOU ON OUR 2020/2021
23	BUDGET AND PLAN TO PROPOSE A REVISED BUDGET TO OUR
24	BOARD LATER THIS YEAR.
25	SO, FIRST, LET'S DISCUSS THE 19/20 FISCAL
	20

1	YEAR AND THOSE FINANCIAL RESULTS. LOOKING AT THE
2	CHART ON THE SLIDE, THIS REPRESENTS THE BUDGET BY
3	CATEGORICAL LEVEL. THE FIRST COLUMN OF NUMBERS
4	REPRESENTS WHAT OUR BOARD APPROVED FOR US TO SPEND
5	DURING THE 19/20 FISCAL YEAR. AS YOU CAN SEE, IT IS
6	JUST ABOVE 15.6 MILLION.
7	THE SECOND COLUMN REPRESENTS THE ACTUAL
8	EXPENDITURES IN THE 19/20 FISCAL YEAR, WHICH ARE
9	JUST OVER 13.9 MILLION. AND THE LAST COLUMN
10	DISPLAYS THE VARIANCE, WHETHER SAVINGS OR OVERRUN.
11	AND AS YOU CAN SEE, WE HAD A SAVINGS OF ABOUT 1.7
12	MILLION DURING THE FISCAL YEAR.
13	THERE ARE A COUPLE OF AREAS WHERE WE HAD
14	SIGNIFICANT SAVINGS, AND I'D LIKE TO COVER THOSE
15	AREAS AND TALK A LITTLE BIT ABOUT WHY THOSE SAVINGS
16	OCCURRED.
17	DURING THE 19/20 FISCAL YEAR, THE AGENCY
18	HAD BEEN ANTICIPATING THE OUTCOME OF THE NOVEMBER
19	2020 ELECTION. THUS, WE HAVE MAINTAINED EFFICIENT
20	OPERATIONS AND PRODUCTIVITY WITH THE RESOURCES WE
21	HAD BY NOT BACK-FILLING POSITIONS, AND INSTEAD
22	CROSS-TRAINING STAFF OR USING OUTSIDE SERVICES AS
23	NEEDED. ADDITIONALLY, THE IMPACT OF COVID-19 ON OUR
24	OPERATIONS REDUCED OUR IN-PERSON MEETINGS SUCH AS
25	REVIEWS WHILE AT THE SAME TIME INCREASING OUR AWARD

1	VOLUME AS OUR BOARD REDEPLOYED RESEARCH FUNDS TO
2	GRANTS FOCUSED ON COVID-19.
3	THIS PIE CHART OUTLINES THE THREE MAJOR
4	AREAS WHERE WE HAD THE MOST SAVINGS. AND THAT WOULD
5	BE IN EMPLOYEE EXPENSES, EXTERNAL SERVICES, AND OUR
6	REVIEWS, MEETINGS, AND WORKSHOPS. I'LL GO INTO
7	DETAIL A LITTLE BIT ABOUT EACH ONE IN THE NEXT FEW
8	SLIDES.
9	SO THE FIRST AREA I'D LIKE TO DISCUSS IS
10	EMPLOYEE EXPENSES AS THIS IS THE AREA WE HAD THE
11	MOST SAVINGS AT ALMOST \$1 MILLION. AND WHY DID THIS
12	OCCUR? IN THE 19/20 BUDGET WE HAD BUDGETED
13	SUPPORTING 40 POSITIONS. AND WE STARTED OUT THE
14	FISCAL YEAR WITH 40 POSITIONS; BUT AS OF JUNE 30,
15	2020, WE HAD 33 POSITIONS. SO OVER THE COURSE OF
16	THE FISCAL YEAR, WE HAD SEVEN VACANCIES. AND
17	INSTEAD OF FILLING THOSE VACANCIES, WE LEFT THEM
18	UNFILLED, AND WE TOOK WORK FROM THESE POSITIONS AND
19	REDIRECTED THEM TO OUR EXISTING STAFF. THIS
20	RESULTED IN ABOUT AN 8-PERCENT SAVINGS OF ALMOST A
21	MILLION DOLLARS WHILE ALSO PROVIDING OPPORTUNITIES
22	FOR EXISTING STAFF TO GAIN SKILLS AND CROSS-TRAIN.
23	SO FOR US IT WAS AN ALL AROUND WIN-WIN FOR THE
24	ORGANIZATION IN LOWERING OUR EXPENSES IN THIS
25	CATEGORICAL AREA AS WELL AS GAINING NEW EXPERIENCES

1	FOR THE TEAM.
2	ANOTHER AREA WHERE WE HAD FAIRLY
3	SIGNIFICANT SAVINGS WAS IN EXTERNAL SERVICES.
4	TYPICALLY WE HAVE MANY CONTRACTS IN PLACE TO SUPPORT
5	OUR OPERATIONS LIKE SCIENTIFIC REVIEWS AND OUR ICOC
6	BOARD MEETINGS. SO WHEN WE HOLD IN-PERSON MEETINGS
7	AT OUR OFFICES, WE INCUR VARIOUS EXPENSES SUCH AS
8	AUDIOVISUAL SERVICES. HOWEVER, DURING 19/20 FISCAL
9	YEAR, AS WE ALL KNOW, WE WERE FACED WITH THE
10	COVID-19 PANDEMIC. AND WHEN THAT HIT, WE HAD TO
11	FIND NEW WAYS OF CONDUCTING OUR REGULAR OPERATIONS
12	WITHOUT IN-PERSON MEETINGS. AND ALL THE TEAMS
13	ACROSS THE ORGANIZATION SUCCESSFULLY DEVELOPED AND
14	IMPLEMENTED NEW PROCESSES FOR HOLDING MEETINGS
15	REMOTELY, WHICH ALLOWED OUR OPERATIONS TO REALLY
16	CONTINUE TO MOVE SMOOTHLY.
17	AS A RESULT, SOME OF THE EXTERNAL SERVICES
18	THAT WE NORMALLY INCURRED DID NOT MATERIALIZE FOR
19	THESE TELEPHONIC AND VIDEO MEETINGS. SO NOT ONLY
20	WERE THESE PROCESSES EFFECTIVE, BUT IT RESULTED IN
21	SAVINGS.
22	ANOTHER AREA THAT CONTRIBUTED TO THE
23	SAVINGS IN EXTERNAL SERVICES WAS FROM OUR LEGAL
24	OFFICE. OVER THE COURSE OF THE PAST FEW YEARS, OUR
25	LEGAL TEAM HAS REDUCED IN SIZE FROM A FAIRLY

1	ADEQUATE SIZE TEAM TO JUST ONE PERSON. THUS, IN THE
2	19/20 BUDGET, WE BUDGETED CONTINGENCY FUNDS IN
3	CASE TO ENSURE THAT THE LEGAL TEAM HAD THE
4	APPROPRIATE RESOURCES IN CASE SOME KIND OF
5	SPECIALIZED LEGAL SERVICES WERE REQUIRED TO MANAGE
6	OUR AWARD PORTFOLIO.
7	MOST OF THE CONTINGENT EXPENSES THAT WE
8	BUDGETED FOR DID NOT MATERIALIZE DURING THE 19/20
9	FISCAL YEAR, WHICH ALSO CONTRIBUTED TO SAVINGS IN
10	THIS CATEGORICAL AREA. AND SO OVERALL WE HAD ABOUT
11	12 PERCENT SAVINGS IN EXTERNAL SERVICES OF \$177,000.
12	AND THEN, LASTLY, THE LAST AREA I'D LIKE
13	TO COVER IS OUR REVIEWS, MEETINGS, AND WORKSHOPS.
14	WHEN WE CREATED THE 19/20 BUDGET, WE ANTICIPATED
15	THAT WE WOULD HAVE SOME MEETINGS IN PERSON AND THAT
16	WE WOULD HOLD SOME OF THE MEETINGS ALSO
17	TELEPHONICALLY. AGAIN, DUE TO THE PANDEMIC, THIS
18	WAS ANOTHER AREA THAT WAS DRAMATICALLY IMPACTED.
19	REVIEWS THAT WE NORMALLY HELD IN PERSON COULD NO
20	LONGER TAKE PLACE BECAUSE OF TRAVEL RESTRICTIONS AND
21	SOCIAL DISTANCE REQUIREMENTS, BUT THAT DIDN'T STOP
22	OUR OPERATIONS AND OUR TEAM.
23	NOT ONLY DID WE HOLD ALL OUR SCHEDULED
24	REVIEWS AND ADVISORY PANELS, BUT, ADDITIONALLY, OUR
25	GOVERNING BOARD APPROVED ADDITIONAL FUNDING FOR

1	COVID-19 PROJECTS, WHICH RESULTED IN NEW,
2	UNANTICIPATED REVIEWS IN THE FISCAL YEAR, CREATING
3	MORE FUNDED PROJECTS, BUT ALSO SAVING MONEY.
4	ADDITIONALLY, WE DID BUDGET FOR SOME
5	MEETINGS AND WORKSHOPS THAT BECAUSE, AGAIN, OF THE
6	PANDEMIC DID NOT MATERIALIZE DURING THE YEAR. AND
7	THEY TOO CONTRIBUTED TO THE SAVINGS OF ABOUT 35
8	PERCENT OR \$292,000 IN THIS AREA.
9	SO THAT'S THE 19/20 FISCAL BUDGET. I'D
10	LIKE TO MOVE ON TO THE 20/21 FISCAL YEAR BUDGET THAT
11	WAS APPROVED BY OUR BOARD EARLIER THIS YEAR IN JUNE.
12	CONTROLLER YEE: JENNIFER, CAN I HAVE YOU
13	PAUSE JUST A MOMENT. LET ME JUST SEE IF THE
14	COMMITTEE MEMBERS HAVE ANY QUESTIONS ABOUT THE
15	PRESENTATION THUS FAR. OKAY.
16	DR. QUICK: SO THANK YOU, JENNIFER. MAYBE
17	WE'LL TALK ABOUT THIS MORE AS WE TALK ABOUT THE
18	PROGRAMMATIC STUFF GOING FORWARD, BUT IT'S ALWAYS A
19	TRADE-OFF. YOU'RE TRYING TO ALWAYS MAKE SURE YOU'RE
20	SPENDING THE STATE'S RESOURCES WISELY. BUT, YOU
21	KNOW, THERE'S ALWAYS THE TRADE-OFF OF BEING
22	PRODUCTIVE.
23	SO DID WE LEARN ANYTHING FROM, FOR
24	EXAMPLE, HAVING TO GO TO ONLINE MEETINGS AND
25	WORKSHOPS AND THINGS LIKE THAT THAT YOU MIGHT BE

1	ABLE TO TAKE FORWARD INTO COMING YEARS THAT WILL
2	BALANCE THAT QUESTION OF PRODUCTIVITY VERSUS
3	SAVINGS?
4	MS. LEWIS: I THINK SO. DR. MILLAN, FEEL
5	FREE TO SHARE ANYTHING.
6	DR. MILLAN: I CAN TAKE THAT, JENNIFER.
7	THANK YOU SO MUCH. WE DEFINITELY, ALONG WITH THE
8	REST OF THE WORLD, LEARNED WHAT WE'RE ABLE TO DO
9	VIRTUALLY, BUT ALSO ACKNOWLEDGE WHAT WE CAN'T
10	OPTIMALLY DO VIRTUALLY. AS AN ORGANIZATION, WE HAVE
11	A VERY CRITICAL ROLE IN NOT ONLY FUNDING AND
12	PARTNERING AND PROBLEM SOLVING ALONG THE WAY IN
13	THESE INNOVATIVE AREAS OF RESEARCH AND CLINICAL
14	TRIALS, BUT ALSO BEING ABLE TO PROVIDE THE FORUM FOR
15	SIGNIFICANT INPUT SCIENTIFIC AND OTHERWISE.
16	SO THIS PLATFORM WE'RE USING TODAY, THE
17	VIDEOCONFERENCE, DOES ALLOW US TO REACH A BROAD
18	RANGE OF PARTICIPANTS ACROSS TIME ZONES AND
19	GEOGRAPHIES, AND THAT'S FANTASTIC. BUT I BELIEVE
20	AND I THINK WE ALL BELIEVE THAT ONE OF THE GREATEST
21	ADVANTAGES WE HAD AT CIRM IS WE ALREADY HAD VERY
22	MUCH A WELL-OILED MACHINE IN TERMS OF CONVENING
23	THESE PARTIES, VERY ESTABLISHED PROCESSES AND
24	PROCEDURES THAT TAKE INTO ACCOUNT COMPLIANCE AS WELL
25	AS EFFICIENCIES. BUT ALSO WE HAD AN ADVANTAGE THAT

1	THERE WERE ESTABLISHED ADVISORS, SCIENTIFIC
2	REVIEWERS, AND MEMBERS WHO ARE VERY MUCH FAMILIAR
3	WITH ALL OF THIS.
4	AND AS A MAINTENANCE LEVEL AND DURING A
5	CRISIS MANAGEMENT, IT SERVED US WELL FOR WHAT WE HAD
6	AND THE SHRINKING BUDGET THAT WE WERE DEPLOYING. I
7	THINK IT'S GOING TO BE A COMBINATION OF USING THE
8	PRINCIPLES AND LESSONS LEARNED FROM THAT. AS WE
9	SAFELY REOPEN IN THE NEAR FUTURE, WE WILL, OF
10	COURSE, RELY ON WHAT COMES FROM THE INTERACTIONS
11	THAT WE'RE USED TO IN THE PRE-COVID TIMES TO MAKE
12	SURE THAT WE HAVE THE MOST OPTIMAL APPROACHES TO
13	ACCOMPLISHING SOME PRETTY BOLD GOALS GOING FORWARD
14	WITH PROPOSITION 14, NOT JUST CONTINUING TO DEVELOP
15	A ROBUST PIPELINE OF THE INNOVATIVE TECHNOLOGIES,
16	BUT DETERMINING HOW TO WORK WITH ALL OF THE
17	STAKEHOLDERS IN DELIVERING THOSE TO PATIENTS AND ALL
18	COMMUNITIES. THANK YOU SO MUCH.
19	CONTROLLER YEE: THANK YOU, DR. MILLAN.
20	THANK YOU, DR. QUICK, FOR THE QUESTION.
21	ARE THERE OTHER QUESTIONS FROM COMMITTEE
22	MEMBERS BEFORE WE PROCEED? IF NOT, I HAVE ONE
23	QUESTION, JENNIFER. AND THAT IS REALLY APPRECIATIVE
24	OF THE SAVINGS AND PROBABLY JUST EVEN SOME POTENTIAL
25	ONGOING EFFICIENCIES AS WE MOVE FORWARD GIVEN THE

1	EXPERIENCE THAT YOU JUST TALKED ABOUT. JUST WANTED
2	TO GET A FLAVOR OF HOW MUCH OF THE SAVINGS ARE GOING
3	TO BE ONGOING VERSUS MORE OF THE ONE TIME BECAUSE OF
4	THE CIRCUMSTANCES THAT AROSE DURING THE FISCAL YEAR.
5	MS. LEWIS: I THINK, AGAIN, AND YOU'LL SEE
6	THIS WHEN I TOUCH ON THE 20/21 BUDGET, ALREADY IN
7	19/20 WE WERE OPERATING IN KIND OF A WIND-DOWN
8	MENTALITY FOR THE ORGANIZATION, AND YOU WILL SEE
9	THAT REFLECTED AS I MOVE FORWARD. AND SO AS AN
10	AGENCY, WE WILL, I THINK, WANT TO MAINTAIN
11	EFFICIENCIES WHILE ALSO MAINTAINING PERSONNEL,
12	RIGHT, AND MAKE SURE WE CAN CONTINUE THE OPERATIONS
13	SMOOTHLY AS THE PORTFOLIO AND AWARD MAKING AND
14	GRANTING WILL PICK UP AS WELL.
15	CONTROLLER YEE: GREAT. THANK YOU.
16	MS. LEWIS: ARE THERE ANY OTHER QUESTIONS?
17	CONTROLLER YEE: I DON'T SEE ANY OTHERS.
18	OKAY.
19	MS. LEWIS: SO NOW I'LL TOUCH ON THE
20	2020/2021 FISCAL YEAR BUDGET THAT WAS APPROVED BY
21	OUR BOARD THIS YEAR. BEFORE I REVIEW THE BUDGET IN
22	DETAIL, I WANTED TO TALK A LITTLE BIT ABOUT THE
23	STRUCTURE OF THIS BUDGET AS IT'S DIFFERENT THAN ONES
24	THAT MAY HAVE BEEN PRESENTED IN THE PAST AS I WAS
25	ALLUDING TO.

1	AT THE TIME THIS BUDGET WAS APPROVED IN
2	JUNE, WE HAD UNDER \$50 MILLION FOR NEW AWARDS
3	AVAILABLE AND WHETHER CIRM WOULD BE REFUNDED UNDER
4	PROP 14 WAS UNKNOWN AT THAT TIME. THUS, THIS BUDGET
5	WAS PHASED IN TWO PARTS TO SUPPORT A WIND-DOWN OF
6	OUR OPERATIONS.
7	THE ADMINISTRATIVE BUDGET FOR THE FIRST
8	HALF OF THE YEAR, JULY THROUGH DECEMBER, WAS
9	DESIGNED TO SUPPORT OPERATIONS TO SUPPORT THE
10	COVID-19 AWARDS, THE CURE SICKLE CELL PROGRAM WITH
11	OUR REMAINING FORWARD FUNDS, AND THEN AS WELL AS
12	OPERATIONS FOR FUNDING NEW AWARDS WITH ANY RETURNED
13	FUNDS AS THE ICOC APPROVED USE OF THOSE, AND AT THE
14	SAME TIME MAINTAINING CURRENT STAFF LEVELS TO MANAGE
15	THESE RESEARCH OPERATIONS.
16	THE SECOND HALF OF THIS BUDGET FROM
17	JANUARY THROUGH JUNE OF THE FISCAL YEAR SUPPORTS A
18	WIND-DOWN OF OUR ORGANIZATION. AND THE WIND-DOWN
19	THAT WE HAD PLANNED WOULD OCCUR IN TWO PHASES, WHICH
20	WOULD HAVE BEEN A SMALL WIND-DOWN AT THE END OF
21	DECEMBER AND THEN AN ADDITIONAL WIND-DOWN IN JUNE OF
22	2021, WHICH WOULD HAVE RESULTED IN THE CORE STAFF
23	REMAINING TO MANAGE SCIENTIFIC PROGRESS AND
24	COMPLIANCE OF ACTIVE AWARDS THROUGH 23/24 WITH A
25	LIMITED PART-TIME OPERATION SUPPORT OF THE SUPPORT
	20

1	TEAM.
2	SO JUST REALLY QUICKLY I WANTED JUST TO
3	GIVE YOU A FLAVOR OF THE CONSIDERATIONS WE TOOK IN
4	DEVELOPING OUR WIND-DOWN COSTS, AS I MENTIONED. DUE
5	TO THE PASSAGE OF PROPOSITION 14, WE WILL NOT BE
6	ENACTING THIS WIND-DOWN PLAN; HOWEVER, I WANTED TO
7	HIGHLIGHT WHAT WE TOOK INTO CONSIDERATION IN
8	DEVELOPING THIS BUDGET. ONE MAJOR COST OF THIS PLAN
9	AND THE BUDGET WAS TO INCUR FUNDS FOR LEAVE BUYOUT
10	WHICH WAS BUDGETED IN ACCORDANCE WITH THE STATE OF
11	CALIFORNIA ANNUAL LEAVE PROGRAM, WHICH WOULD ALLOW
12	CASH PAYMENT OF LEAVE BALANCES UPON SEPARATION OR
13	RETIREMENT FROM THE STATE.
14	ANOTHER COST THAT WE ACCOUNTED FOR WAS
15	ASSET DISPOSAL IN COMPLIANCE WITH THE STATE OF
16	CALIFORNIA'S POLICIES IF WE HAD TO CLOSE OUR
17	OFFICES, RETURN FURNITURE, AND RETURN EQUIPMENT TO
18	THE STATE.
19	AND, FINALLY, WE HAD TO RETAIN SOME STAFF
20	TO MANAGE THE VARIOUS ASPECTS OF THESE WIND-DOWN
21	ACTIVITIES TO TRANSITION TO STATE AGENCIES TO ENSURE
22	THAT OUR DATA AND RECORDS AND PORTFOLIO WAS HANDED
23	OFF IN AN ORDERLY FASHION. SO YOU WILL SEE SALARIES
24	AND ASSOCIATED BENEFITS FOR THESE KEY POSITIONS AS
25	PART OF THE WIND-DOWN BUDGET AS WELL.

1	HERE'S OUR CURRENT 2020/2021 FISCAL YEAR
2	BUDGET. THIS CHART DISPLAYS THE BUDGET IN TWO
3	HALVES. AS I DESCRIBED BEFORE, THE FIRST HALF IS
4	THE FISCAL YEAR FROM JULY THROUGH DECEMBER, WHICH
5	MAINTAINS STAFF LEVELS TO SUPPORT OUR OPERATIONS
6	WITH AN APPROVED BUDGET OF JUST UNDER 7.2 MILLION.
7	AGAIN, OUR PLAN WAS TO HAVE A SMALL WIND-DOWN AT THE
8	END OF DECEMBER, AND THEN FROM JANUARY THROUGH JUNE,
9	WE WOULD BE PERFORMING WIND-DOWN ACTIVITIES. THUS,
10	WE BUDGETED UNDER 5.2 MILLION FOR THE SECOND HALF OF
11	THE FISCAL YEAR, GIVING A TOTAL APPROVED BUDGET OF
12	12.3 MILLION FOR THE FISCAL YEAR.
13	AGAIN, BRIEFLY, I JUST WANTED TO SHARE
14	WHAT ARE SOME OF THE MAJOR COSTS IN THIS CURRENT
15	BUDGET. AS MENTIONED EARLIER, ONE OF THE BIGGEST
16	COSTS ARE FUNDS FOR WIND-DOWN ACTIVITIES THAT CIRM
17	WOULD HAVE TO UNDERTAKE IF PROPOSITION 14 WAS NOT
18	PASSED TO MANAGE AWARDS THROUGH 2023/2024. IN THE
19	20/21 FISCAL YEAR, WE ALSO ANTICIPATED THAT WE'D
20	HAVE AN INCREASE IN OUR FACILITIES COSTS DUE TO AN
21	INCREASE IN LEASE EXPENSES IN THE SECOND QUARTER OF
22	2021. AND, FINALLY, WE BUDGETED SOME CONTINGENCY
23	FUNDING FOR REVIEWS WHICH HAVE MATERIALIZED OVER THE
24	YEAR WITH REDEPLOYING RECOVERED FUNDS TO NEW
25	AWARDEES AS WELL AS, SINCE WE HAVE A SMALL LEGAL

1	STAFF, WE DID ANTICIPATE SOME ADDITIONAL LEGAL
2	SERVICES TO HELP WITH THE WIND-DOWN AND CONTINUING
3	ACTIVITIES.
4	FORTUNATELY FOR CIRM, PROPOSITION 14
5	PASSED, WHICH EXTENDS OUR AGENCY'S LIFE SPAN. AND,
6	THEREFORE, WE WILL BE BRINGING A REVISED PROPOSED
7	BUDGET TO OUR BOARD ON DECEMBER 21ST OF THIS YEAR,
8	SO IN ABOUT A MONTH, TO RETAIN STAFF AND SUPPORT THE
9	CORE OPERATIONS OF OUR PROGRAMS. AND ONCE THIS
10	REVISED BUDGET HAS BEEN APPROVED, WE WOULD BE HAPPY
11	TO SHARE AN UPDATE TO YOU WITH THE APPROVED BUDGET
12	AS WELL AS AT A FUTURE MEETING. BUT THIS CONCLUDES
13	MY PRESENTATION. AT THIS TIME, IF THERE ARE ANY
14	ADDITIONAL QUESTIONS REGARDING THE BUDGET, I'D BE
15	HAPPY TO TAKE THEM.
16	MR. LOTT: MADAM CHAIR, IF I MAY.
17	CONTROLLER YEE: THANK YOU, JENNIFER.
18	PLEASE, MR. LOTT.
19	MR. LOTT: THANK YOU, MS. LEWIS. ON THAT
20	LAST POINT YOU MADE, JUST FOR CLARIFICATION, IF AND
21	WHEN YOUR BOARD DOES APPROVE YOUR BUDGET, CAN YOU
22	SEND US WHAT THEY APPROVED THEN AND NOT WAIT UNTIL
23	OUR NEXT MEETING?
24	MS. LEWIS: ABSOLUTELY.
25	MR. LOTT: THANK YOU.

1	CONTROLLER YEE: I WAS GOING TO MAKE THE
2	SAME REQUEST, MR. LOTT. THANK YOU. OTHER QUESTIONS
3	FROM MEMBERS?
4	MR. FISCHER-COLBRIE: JUST A QUICK
5	QUESTION. I ASSUME THAT PART OF THIS BUDGET WILL
6	POSSIBLY ADD TO HEAD COUNT IN THE CONTEXT OF THERE
7	HAD BEEN A CONSOLIDATION OF JOB OPERATIONS IN THE
8	CONTEXT OF A WIND-DOWN, AND NOW WITH THE RAMP-UP,
9	THAT THERE MAY BE ADDITIONAL NEED TO RESTORE SOME OF
10	THE PREVIOUS HEAD COUNT?
11	MS. LEWIS: THAT IS A CONSIDERATION WE ARE
12	TAKING IS TO NOT HIRE ANY NEW POSITIONS BEYOND WHAT
13	WE WERE PREVIOUSLY STAFFED AT, BUT ANYTHING THAT
14	WOULD REESTABLISH POSITIONS THAT WERE ANTICIPATED IN
15	A WIND-DOWN OR, AS I MENTIONED PREVIOUSLY, WE DID
16	HAVE VACANT FOR SOME TIME.
17	MR. FISCHER-COLBRIE: GREAT. THANK YOU.
18	CONTROLLER YEE: THANK YOU. OTHER
19	QUESTIONS, MEMBERS? OKAY. JENNIFER, THANK YOU VERY
20	MUCH. WE LOOK FORWARD TO RECEIVING THE REVISED
21	BUDGET ONCE IT'S BEEN PRESENTED TO THE BOARD.
22	DR. MILLAN.
23	DR. MILLAN: THANK YOU VERY MUCH,
24	CONTROLLER YEE. JENNIFER, IF YOU WOULD KINDLY
25	DISPLAY THE NEXT PRESENTATION.

1	I WANT TO THANK YOU, CONTROLLER YEE, AND
2	MEMBERS OF THE CFAOC FOR THE IMPORTANT WORK YOU DO
3	IN PROVIDING OVERSIGHT FOR CIRM. AND IT'S MY GREAT
4	PLEASURE TO PROVIDE A PROGRAM UPDATE TODAY.
5	YOU SAW THIS A LITTLE BIT EARLIER, BUT
6	IT'S JUST A MAJOR OVERVIEW OF CIRM THAT WAS FORMED
7	IN 2004 BY PROP 71 AND \$3 BILLION IN BOND FUNDING.
8	IT WAS CREATED BY PATIENT ADVOCATES AND CALIFORNIA
9	STAKEHOLDERS THROUGH THE ELECTION PROCESS.
10	JUST AS A BIG OVERVIEW OF WHERE WE ARE
11	TODAY AND THE WIND-DOWN OF PROP 71 AND THE RAMP-UP
12	THROUGH THE NEW BOND INITIATIVE THROUGH PROP 14,
13	THAT THE MAJORITY OF THESE \$3 BILLION HAVE BEEN
14	EXPENDED TO FUND OVER A THOUSAND AWARDS, 1030 TO BE
15	EXACT, AND OVER 200 ARE STILL UNDER ACTIVE
16	MANAGEMENT FOR CUTTING-EDGE INNOVATION, RESEARCH,
17	AND FIRST-IN-HUMAN CLINICAL TRIALS. IN FACT, CIRM
18	HAS DIRECTLY FUNDED 68 CLINICAL TRIALS TO DATE, SOME
19	RECENTLY JUST APPROVED BY OUR BOARD, AND OVER 2700
20	PATIENTS IN CALIFORNIA HAVE PARTICIPATED AND
21	ENROLLED IN THESE TRIALS THUS FAR.
22	THROUGH THE COURSE OF THESE YEARS WITH
23	CIRM, ITS GROWTH, AND ALL OF THE DIFFERENT PHASES
24	THAT HAS GOTTEN US TO WHERE WE ARE TODAY, CIRM HAS
25	CREATED WHAT WE CALL VALUE PROPOSITION. IT HAS A
	2.4

1	DEFINED ACCELERATION-BASED FUNDING PARTNERSHIP MODEL
2	THAT'S THE ENVY OF MANY FUNDING AGENCIES AND
3	INVESTORS IN TERMS OF BEING ABLE TO IDENTIFY
4	TOPNOTCH, HIGH RISK, BUT HIGH REWARDS PROJECTS AND
5	BEING ABLE TO DEPLOY THE FINANCES THAT ARE NECESSARY
6	TO GET THESE PROGRAMS TO CRITICAL STAGES IN ORDER TO
7	SUPPORT THEM EVEN WHERE IN THE PAST THERE WAS WHAT
8	WAS CALLED THE VALLEY OF DEATH WHERE PROMISING
9	SCIENCE MAY DIE ON THE VINE BECAUSE THERE IS
10	INADEQUATE FUNDING EITHER FOR TRADITIONAL FUNDERS OR
11	FROM INVESTORS.
12	SO WE CALL THAT DERISKING, WHICH IS THAT,
13	BASED ON A VERY DEEP AND EXTENSIVE EXPERT DUE
14	DILIGENCE, SCIENTIFIC REVIEW, BY A BODY CALLED THE
15	GRANTS WORKING GROUP, THAT WE CAN TAKE IN PROPOSALS
16	OF PROMISING SCIENCE AND EVALUATE THEM FOR THEIR
17	POTENTIAL AND THEIR RIGOR.
18	BECAUSE OF THIS PROCESS AND THE QUALITY OF
19	THE PROGRAMS THAT WE FUND, THAT PROVIDES THE
20	OPPORTUNITY TO SET UP THE PROGRAMS VERY PROACTIVELY
21	IN MAKING SURE THAT WE CAN APPLY MILESTONE-BASED AND
22	ADVISORY AS WELL AS OVERSIGHT TO THESE PROGRAMS.
23	BECAUSE OF THIS, THE PROGRAMS HAVE BEEN INCREASINGLY
24	PROGRESSING THROUGH TO THE NEXT STAGES, AND THEN
25	LATER ON HAVE ATTRACTED INDUSTRY FUNDING. IN FACT,

1	TO DATE OF WHAT'S PUBLICLY DISCLOSED, THERE HAVE
2	BEEN OVER \$12 BILLION IN INDUSTRY INVESTMENT TO
3	BRING THE PROGRAMS, WHICH WE DERISKED AND SUPPORTED
4	EARLIER, TO TAKE THEM TOWARD COMMERCIALIZATION.
5	CIRM COULD NOT POSSIBLY TAKE THIS ALL THE WAY
6	THROUGH THE MARKETPLACE. SO THIS IS A CRITICAL NEED
7	TO HAVE ATTRACT THE RIGHT PARTNERS, INDUSTRY
8	PARTNERS, AND COMMERCIALIZATION ENTITIES.
9	AND MOST OF THIS INVESTMENT ACTUALLY HAS
10	OCCURRED JUST OVER THE PAST THREE TO FOUR YEARS, AND
11	I'LL DESCRIBE A LITTLE BIT OF HOW THIS HAS BEEN
12	HAPPENING.
13	IN ADDITION, WE HAVE BEEN VERY MUCH CLOSE
14	TO THE FDA'S EVOLVING REGULATORY PARADIGM. IN FACT,
15	WE AND OUR GRANTEES HAVE BEEN VERY INSTRUMENTAL IN
16	SHAPING HOW THESE NOVEL TECHNOLOGIES ARE BEING
17	EVALUATED BY THE FDA SO THAT THEY MAINTAIN THAT
18	QUALITY AND SAFETY STANDARD, BUT ACKNOWLEDGE THAT
19	THESE ARE NEW TECHNOLOGIES AND MAY NEED NEW
20	PARADIGMS TO FIGURE OUT HOW TO BEST GET THEM TO
21	PATIENTS IF THEY MEET ALL THE REQUIREMENTS TO DO SO.
22	CIRM HAS ALSO FUNDED SPECIALIZED
23	INFRASTRUCTURE, FIRST-IN-KIND INFRASTRUCTURE, SUCH
24	AS STEM CELL REGENERATIVE MEDICINE FOCUSED ON
25	CLINICAL COMPOSED OF TOP ACADEMIC CENTERS AROUND

1	THE STATE THAT ALSO HAVE RELATIONSHIPS WITH THEIR
2	NETWORK OF COMMUNITY AND OTHER CENTERS. AND THEY
3	ARE SPECIALIZED IN CONDUCTING STEM CELL REGENERATIVE
4	MEDICINE CLINICAL TRIALS AND ALL OF THE COMPLEXITIES
5	THAT ARE INVOLVED.
6	WE'VE ALSO ESTABLISHED, AND I'LL DESCRIBE
7	A LITTLE BIT MORE OF THIS LATER, A GENOMICS DATA HUB
8	AS WELL AS A TRANSLATIONAL HUB. TRANSLATION IS WHAT
9	IS NEEDED TO TAKE THE SCIENCE TO DO ALL OF THE
10	TESTING AND ALL OF THE PAPERWORK AND ALL OF THE
11	DOCUMENTATION INVOLVED TO GET FDA TO AGREE THAT THIS
12	IS NOW READY TO GO INTO CLINICAL TESTING.
13	WE FUNDED EDUCATION AND TRAINING PROGRAMS
14	TO BUILD THE WORKFORCE OF TOMORROW AND THE LEADERS
15	IN THE FIELD, AND I'LL DESCRIBE A LITTLE BIT MORE OF
16	THAT LATER ON IN THE PRESENTATION, AS WELL AS
17	EMBEDDED AND ENGRAINED IN CIRM ARE THE PATIENT
18	ADVOCATE LEADERSHIP. IN FACT, THE PATIENTS AND THE
19	COMMUNITY ADVOCATES AND STAKEHOLDERS ARE THE REASON
20	THAT CIRM EXISTS AT ALL. SO THEY'RE EMBEDDED WITHIN
21	ALL OUR SYSTEMS. THEY SERVE ON OUR BOARD, THEY
22	SERVE ON OUR ADVISORY PANELS, AND THEY ARE VERY MUCH
23	INVOLVED WITH US AS PARTNERS TO ADVISE US ON THE
24	BEST WAY TO COMMUNICATE WITH THE PUBLIC AND BE
25	INVOLVED IN A REAL-WORLD WAY AS WE ADVANCE THESE

1	TECHNOLOGIES.
2	SO JENNIFER GAVE YOU A MUCH MORE DETAILED
3	VERSION OF OUR CURRENT FINANCES; BUT JUST AS A BIG
4	PICTURE, TOTAL INVESTMENTS SINCE 2004 UNDER PROP 71
5	ARE SUMMARIZED IN THE BELOW SET OF IMAGES WITH
6	APPROXIMATELY \$480 MILLION INTO INFRASTRUCTURE, BOTH
7	BUILDING INFRASTRUCTURE AS WELL AS PROGRAMMATIC
8	INFRASTRUCTURES LIKE THE CLINICAL NETWORK AND THE
9	GENOMICS HUB THAT I MENTIONED. OVER \$200 MILLION IN
10	EDUCATIONAL PROGRAMS WHICH I'LL DESCRIBE LATER.
11	ALMOST A BILLION DOLLARS IN DISCOVERY BECAUSE
12	THERAPEUTICS, REAL MEDICINE, STARTS WITH TRUE AND
13	RIGOROUS SCIENCE. SO THE PIPELINE STARTS WITH
14	DISCOVERY AND EARLY STAGE SCIENCE. AND 360 MILLION
15	APPROXIMATELY IN THIS AREA OF RESEARCH CALLED
16	TRANSLATION, WHICH ARE THE PRACTICAL ASPECTS OF
17	TAKING THE SCIENCE INTO THE CLINICS, AND NOW OVER
18	730 MILLION IN CLINICAL TRIALS THEMSELVES. AND I
19	WON'T GO INTO DETAIL ABOVE, BUT THE BREAKDOWN,
20	ACCORDING TO WHAT WAS EXPENDED IN THE 2019/2020
21	PERIOD IS SUMMARIZED ABOVE.
22	PRIMARILY MOST OF THE INVESTMENT WENT INTO
23	CLINICAL STAGE AND LATE STAGE PROGRAMS. WE HAD TO
24	WIND DOWN OUR DISCOVERY PROGRAMS. THE EDUCATION
25	PROGRAM IS, THANKFULLY, STILL CONTINUING TO TRAIN

1	OUR GRADUATE STUDENTS AND HIGH SCHOOL STUDENTS.
2	WITH THE RECENT PANDEMIC ISSUES, THEY STILL HAVE
3	CONTINUED TO DO WHAT THEY CAN IN THE MEANWHILE TO
4	CONTINUE THOSE PROGRAMS, AND THEY WILL RESTART ONCE
5	WE REOPEN. INFRASTRUCTURE IS A HOLDOVER FROM
6	PREVIOUS INVESTMENT, SO THERE WERE NO NEW
7	INFRASTRUCTURE PROGRAMS FUNDED THIS YEAR.
8	I'M HAPPY TO TAKE ANY QUESTIONS, AND
9	PLEASE STOP ME ANYTIME ALONG THE WAY. AND IF
10	THERE'S A TIME CRUNCH, I'M ALSO HAPPY TO WIND IT UP
11	AND BE MORE BRIEF.
12	CONTROLLER YEE: DR. MILLAN, YOU'RE DOING
13	FINE ON TIME. LET ME JUST DO A QUICK CHECK WITH THE
14	MEMBERS TO SEE IF THERE ARE ANY QUESTIONS THUS FAR.
15	DR. QUICK: MARIA, YOU MENTION YOU'RE
16	GOING TO GO INTO THIS LATER, BUT I THOUGHT I'D JUST
17	ASK THIS QUESTION. OF THAT 12 BILLION OF INDUSTRY
18	INVESTMENT, DO YOU HAVE A BREAKDOWN OF HOW MUCH OF
19	THAT IS IN THE STATE OF CALIFORNIA? I WOULD ASSUME
20	IT'S A FAIRLY SIGNIFICANT AMOUNT.
21	DR. MILLAN: DR. QUICK, THAT IS A VERY
22	GOOD QUESTION, AND WE HAVEN'T BROKEN IT DOWN THAT
23	WAY BECAUSE OFTEN WHAT HAPPENS IS THAT THEY MADE THE
24	INVESTMENT INTO THE PROGRAM BY LARGER COMPANIES
25	OUTSIDE OF CALIFORNIA, BUT THE ISSUE IS THAT THEY

1	ARE INVESTING INTO THE PROGRAM WHICH EITHER EMANATED
2	FROM THIS AND FROM A CALIFORNIA COMPANY OR AN
3	INVESTIGATOR.
4	BUT I WILL SAY THAT ONE OF THE PROMINENT
5	EVENTS ALL INVOLVED CALIFORNIA, AND THAT'S THE 47
6	INC. CORPORATE DEAL BECAUSE THE SCIENCE STARTED AT
7	STANFORD. IT WAS SPUN OUT INTO A COMPANY,
8	CALIFORNIA COMPANY, 47 INC., AND THEN ACQUIRED BY
9	GILEAD, A CALIFORNIA COMPANY. SO THAT'S ONE OF THE
10	EXAMPLES THAT MAINTAIN ITS CALIFORNIA PRESENCE
11	THROUGH THAT TRANSITION.
12	DR. QUICK: THANK YOU.
13	MR. LOTT: MADAM CHAIR, IF I MAY, AND YOU
14	MAY GET TO THIS AT SOME POINT LATER, AND I'M LOOKING
15	AT THE SLIDE HERE AND IT'S MAKING ME THINK THIS
16	QUESTION. THIS IS NOT REALLY QUITE YOUR WHEELHOUSE,
17	BUT I WANT TO ASK THE QUESTION ANYWAY. ARE THERE
18	ANY SYNERGIES THAT CAN BE HAD BETWEEN WHAT YOU DO
19	AND THE ADVANCEMENTS IN THE CRISPR-CAS9 TECHNOLOGY?
20	ARE THERE ANY OPPORTUNITIES FOR CROSSOVER OR
21	FERTILIZATION OF THAT? CRISPR-CAS9 IS VERY
22	PROMISING, AS I THINK WE ALL KNOW.
23	DR. MILLAN: ABSOLUTELY.
24	MR. LOTT: IS THERE SOMETHING IN WHAT
25	YOU'RE THINKING ABOUT NOW THAT WE HAVE PROP 14 IN

1	PLACE AND MOVING FORWARD THAT MIGHT INVOLVE THAT
2	EFFORT?
3	DR. MILLAN: THANK YOU SO MUCH FOR THE
4	VERY IMPORTANT QUESTION BECAUSE, AS YOU STATED,
5	CRISPR-CAS9 IS A GENE EDITING TECHNOLOGY THAT'S
6	EXTREMELY PROMISING. IN FACT, WE ACTUALLY FUND
7	CRISPR-CAS9 PROGRAMS. OUR CIRM BOARD HAD DEEMED
8	THAT GENE THERAPY, GENE EDITING APPROACHES ARE
9	WHAT'S CALLED VITAL RESEARCH OPPORTUNITIES UNDER
10	PROP 71. AND THE BOARD HAD DECIDED THAT GENE
11	THERAPY, WHETHER IT'S ON STEM CELLS OR OTHER CELLS,
12	HOWEVER DEPLOYED, IS A VITAL RESEARCH OPPORTUNITY
13	THAT'S COMPATIBLE WITH THE MISSION THAT WAS DEPLOYED
14	BY PROP 71.
15	I WILL DESCRIBE SOME OF THOSE PROGRAMS.
16	IN FACT, TWO OF OUR PROGRAMS IN THE SICKLE CELL
17	ARENA ARE CRISPR-CAS9 BASED, AND THEY'RE PROGRESSING
18	ALONG TOWARD THE CLINICS. AS YOU KNOW, JENNIFER
19	DOUDNA IS IN CALIFORNIA, AND WE'RE VERY MUCH,
20	BETWEEN HER AND HER GROUPS AND ALL THE SCIENTISTS IN
21	THIS ECOSYSTEM, THERE'S A LOT OF OVERLAP, CROSSOVER,
22	AND DIRECT COLLABORATION. SO THE ANSWER IS, YES,
23	IT'S ALREADY SOMETHING THAT'S BEING DEVELOPED WITHIN
24	OUR PORTFOLIO CURRENTLY, AND WE ANTICIPATE THAT IT
25	WILL CONTINUE TO BE A BIG PART OF OUR SCIENTIFIC

1	PROGRAMS.
2	MR. LOTT: THANK YOU. THANK YOU VERY
3	MUCH.
4	MR. FISCHER-COLBRIE: JUST A QUICK KIND OF
5	QUESTION. THIS IS ONE WHERE CIRM HAS BEEN EXTREMELY
6	EFFECTIVE IN STRATEGIC PLANNING AND RELEASING
7	DOCUMENTS ASSOCIATED WITH THAT. DO YOU ANTICIPATE
8	DEVELOPING AN UPDATED OR NEW STRATEGIC PLAN?
9	DR. MILLAN: THANK YOU SO MUCH. EARLY
10	THIS YEAR AND IN JUNE OF THIS YEAR, WE WENT THROUGH
11	A PROCESS WITH THE BOARD OF LOOKING AT WHAT WE CALL
12	STRATEGIC CONCEPTS AND STARTING EVEN PRIOR TO THE
13	PASSAGE OF PROP 14 DOING KIND OF A LANDSCAPE
14	ANALYSIS, HISTORICAL ANALYSIS, AND TAPPING INTO ALL
15	OF THE INTERACTIONS WE HAVE WITH THE NATIONAL
16	ACADEMIES, SCIENTIFIC COMMUNITIES WHERE WE HAVE A
17	VERY BROAD AND DEEP KIND OF INTERACTION WITH ALL
18	THESE STAKEHOLDERS. AND WE TOOK THAT AND IDENTIFIED
19	CERTAIN AREAS THAT WE BELIEVE WOULD BE A STRONG
20	BASIS FOR A FUTURE STRATEGIC PLAN.
21	THE TEAM, IN ADDITION TO MAINTAINING
22	OPERATIONS AND DOING WHAT WE CAN WITH THE MONEY TO
23	CONTINUE TO ADVANCE THE SCIENCE, HAS BEEN ENGAGED IN
24	OUR INTERNAL EVALUATION OF POTENTIAL STRATEGIC
25	DIRECTIONS THAT COULD LEAD TO FUTURE CONCEPTS. SO

1	THE STEPS OF THAT IS THAT BY EARLY TO MID NEXT YEAR
2	WE HOPE TO BE ABLE TO BRING A DRAFT STRATEGIC PLAN
3	TO THE ICOC. AND THE AREAS THAT WILL BE IDENTIFIED,
4	AND THIS IS SOMETHING WE CAN SHARE WITH YOU, THE
5	JUNE 2020 PRESENTATION OUTLINES FOUR AREAS THAT WE
6	BELIEVE WE WILL DEVELOP IN THE STRATEGIC PLAN
7	RELATED TO ADVANCING WORLD-CLASS SCIENCE, INCREASING
8	ACCESS TO PATIENTS, OVERCOMING HURDLES TO
9	COMMERCIALIZATION, AND THEN, OF COURSE, DEPLOYING
10	THE NEXT GENERATION OF OPERATIONAL ENHANCEMENTS AND
11	EXCELLENCE IN ORDER TO DO ALL THAT, AGAIN, IN THE
12	SPIRIT OF ACCELERATION AND EXCELLENCE.
13	CONTROLLER YEE: THANK YOU, DR. MILLAN.
14	CHAIRMAN THOMAS: MARIA, CAN I JUST ADD ON
15	TO THAT REAL QUICKLY, CONTROLLER?
16	CONTROLLER YEE: YES, OF COURSE, WELCOME,
17	MR. THOMAS.
18	CHAIRMAN THOMAS: SO THE PROP 14 HAS IN IT
19	A NUMBER OF NEW ELEMENTS THAT ARE ABOVE AND BEYOND
20	WHAT WERE IN PROP 71. AND THOSE NEW ELEMENTS ARE
21	PART AND PARCEL OF THE THINGS THAT WILL BE
22	CONSIDERED IN THE DEVELOPMENT OF THIS NEW STRATEGIC
23	PLAN WHICH, AS DR. MILLAN POINTS OUT, WILL BE THE
24	SUBJECT MATTER DISCUSSION LIKELY LATE Q1, EARLY Q2
25	AT THE BOARD IN THE FORM OF A BOARD RETREAT ACTUALLY

1	TO DETERMINE THE PRIORITIES FOR THE DIFFERENT
2	ELEMENTS THAT ARE IN PROP 14. AND THAT WILL, IN
3	ADDITION TO ALL OF THE THINKING THAT'S GONE ON OVER
4	THE COURSE OF THIS YEAR THAT DR. MILLAN REFERRED TO,
5	WILL FORM THE BASIS FOR THAT STRATEGIC PLAN, WHICH
6	WILL BE APPROVED BY THE BOARD SOMEWHERE PROBABLY
7	Q3-ISH NEXT YEAR.
8	SO STAY TUNED FOR THAT, AND IT WILL FACTOR
9	IN A LOT OF NEW AND EXCITING THINGS THAT BUILD OFF
10	OF THE PROGRAMS THAT WE HAVE CURRENTLY IN PLACE
11	WHICH HAVE BEEN, AS DR. MILLAN SAYS, SO SUCCESSFUL
12	TO THIS POINT. THANK YOU.
13	CONTROLLER YEE: THANK YOU, MR. THOMAS. I
14	THINK WHAT I'LL ALSO REITERATE TO THE MEMBERS OF THE
15	COMMITTEE, WE'LL BE TRACKING THE PARALLEL EFFORTS OF
16	THOSE DISCUSSIONS SO THAT THIS COMMITTEE RECEIVES
17	INFORMATION MORE TIMELY. SO WE HAVE THE CONTEXT
18	ALREADY BUILT ALONG THE WAY BEFORE WE MEET FOR OUR
19	NEXT OVERSIGHT COMMITTEE MEETING. THANK YOU.
20	DR. MILLAN: THANK YOU, CONTROLLER YEE.
21	HOW MUCH TIME DO WE HAVE FOR THE JUST SO I KNOW
22	HOW TO PACE?
23	CONTROLLER YEE: I THINK ACTUALLY WE ARE
24	SCHEDULED TO YOU'RE DOING FINE ON TIME.
25	DR. MILLAN: OKAY. GREAT. SO WITHOUT

1	GOING INTO DETAIL, AS YOU CAN SEE FROM THIS PIE
2	CHART, THE RESEARCH AND DEVELOPMENT PORTFOLIO BUILT
3	BY WHAT I HAD JUST SUMMARIZED IS VERY BROAD, BUT
4	EACH OF THESE AREAS ALSO HAVE WITHIN THE DISEASE
5	AREA OR THE ORGAN AREA DIFFERENT TECHNOLOGIES,
6	WHETHER IT BE GENE EDITING, CRISPR-CAS9, TISSUE
7	ENGINEERING, STEM CELL TRANSPLANT, WHAT HAVE YOU.
8	SO I'LL JUST NOW GO ON TO THE NEXT SLIDE
9	TO DESCRIBE HERE'S KIND OF A IF WE FAST FORWARD
10	TO WHAT THE OUTPUT IS IN TERMS OF TYPES OF THERAPIES
11	OR AT LEAST THOSE THAT ARE MAKING THEIR WAY TOWARD
12	CLINICAL TRIALS, YOU CAN SEE THIS IS I'M NOT
13	GOING TO GO THROUGH EACH OF THEM, BUT I'VE LISTED
14	JUST SOME KIND OF BROAD AREAS OF THESE 68 CLINICAL
15	TRIALS AND 25 TRANSLATIONAL PROGRAMS MAKING THEIR
16	WAY TO THE TRIALS INVOLVING LARGE DISEASE
17	INDICATIONS SUCH AS TYPE 1 DIABETES WAS ONE OF OUR
18	MORE PROMINENT PROGRAMS FROM A COMPANY CALLED
19	VIACYTE TO DEVELOP A STEM CELL-BASED THERAPY FOR
20	TYPE 1 DIABETES, KIND OF A LIVING MEDICINE, TO VERY
21	RARE INDICATIONS.
22	ONE OF THE RECENT PROGRAMS THAT WAS FUNDED
23	BY THE BOARD IS FOR SPINA BIFIDA, WHICH RESULTS IN
24	PARALYSIS AND BABIES ARE BORN WITH THIS DEFECT IN
25	THE COVERING OF THEIR SPINAL CORD. AND THAT

1	TECHNOLOGY INVOLVES A STEM CELL-BASED APPROACH TO,
2	COMBINED WITH FETAL SURGERY, TO RESTORE THE BARRIER
3	AND INCREASE THE DOWNSTREAM CLINICAL OUTCOME OF
4	THOSE PATIENTS.
5	YOU CAN SEE HERE NEURODEGENERATION. WE
6	HAVE I'LL DESCRIBE ONE OF THESE IN PARKINSON'S
7	USING GENE THERAPY JUST, AGAIN, TO THE SPECIFIC
8	QUESTION OF THE ROLE OF GENE THERAPY IN OUR
9	PROGRAMS.
10	UNLESS THERE ARE SPECIFIC QUESTIONS HERE,
11	I'M GOING TO GO AHEAD AND PROCEED WITH JUST GOING
12	THROUGH SOME HIGHLIGHTS TO REPRESENT WHAT TYPE OF
13	PROGRAMS. I WANT TO PLEASE ENCOURAGE, AND WE'LL
14	SEND THE LINK TO THIS, WE HAVE A DASHBOARD ON OUR
15	CIRM WEBSITE WHICH IS UPDATED CONTINUALLY. AND
16	ANYBODY WHO IS INTERESTED IN IT CAN GO STRAIGHT
17	THERE. IT LISTS ALL OF OUR PROGRAMS, AND THEN IT
18	ALSO LISTS OUR CLINICAL TRIALS WITH DETAILS THAT
19	LINK TO THE CLINICALTRIALS.GOV UPDATES IN TERMS OF
20	ANY RELEASES OR COMPANY INFORMATION IF THEY'RE
21	COMPANIES.
22	SO WITH ALL THAT, I THINK THAT ONE OF THE
23	VALUE DEMONSTRATIONS OF THIS CIRM FUNDING PROGRAM
24	AND HOW WE DO BUSINESS IS OUR RESPONSE TO THE
25	COVID-19 CRISIS. SHORTLY AFTER WE ALL LOCKED DOWN

1	AND MOVED TO REMOTE WORK, WE REALIZED THAT THERE
2	WERE MANY OF OUR SCIENTISTS AND PROGRAMS THAT WE HAD
3	FUNDED THAT HAD SCIENCE AND POTENTIAL THERAPEUTICS
4	THAT COULD BE DEPLOYED TO TARGET COVID-19. WHILE
5	THE FEDERAL GOVERNMENT HAD INVESTED OVER \$10 BILLION
6	INTO VACCINE DEVELOPMENT, IN THIS CRISIS WE ALSO
7	KNEW THAT THERE WERE ISSUES REGARDING HOW TO DEAL
8	WITH PATIENTS WHO ALREADY WERE SICK.
9	SO IN ADDITION TO OUR EVENTUAL GOAL OF
10	CREATING IMMUNITY TO THIS AS A COMMUNITY, WE KNOW
11	THAT THERE ARE SOME ILLNESSES RESULTING FROM THIS.
12	AND SO IN ADDITION AND PARALLEL TO OPERATION WARP
13	SPEED OF THE FEDERAL GOVERNMENT, CIRM, WITH THE
14	MODEST AMOUNT OF FUNDING WE HAD, DEPLOYED A COVID
15	FUNDING ROUND. AND WE WERE AMAZED WITH HOW MANY
16	TOPNOTCH PROGRAMS CAME IN FOR THIS.
17	JUST TO HIGHLIGHT MY STATEMENT ABOUT HOW
18	THIS DEPLOYED THE VALUE PROPOSITION, WE WERE ABE TO
19	LAUNCH THIS PROGRAM LITERALLY WITHIN A SPAN OF
20	WEEKS. THAT INCLUDED ALL THE PROCESSES THAT WE GO
21	THROUGH IN TERMS OF CONCEPT DEVELOPMENT, MAKING SURE
22	THAT IT'S DOABLE WITHIN OUR SYSTEM, TAKING IT TO THE
23	BOARD, HAVING THE BOARD APPROVE IT UNDER AN
24	EMERGENCY MEETING. AND THEN WE HAD A FREQUENT
25	REVIEW OF THESE PROGRAMS WITH BI-WEEKLY REVIEWS AND

1	OUR BOARD MET BI-WEEKLY. SO IT WAS A CONTINUOUS
2	PROCESS. AND THROUGH ALL THAT, 17 AWARDS WERE
3	APPROVED AND LAUNCHED.
4	AND IN ADDITION TO THIS, TO THE TOPIC OF
5	HOW WE REACHED THE UNDERSERVED POPULATIONS AND THOSE
6	DISPROPORTIONATELY AFFECTED, WE ADDED TO THIS
7	PROGRAM ANNOUNCEMENT AND THEN ADOPTED IT INTO OUR
8	GENERAL FUNDING MECHANISM A REQUIREMENT THAT OUR
9	RESEARCHERS INCLUDE A PLAN FOR HOW THEY'RE GOING TO
10	DO OUTREACH IN TERMS OF CLINICAL TRIALS OR EVEN IN
11	EARLY STAGE RESEARCH HOW THEY ACCOUNT FOR AND
12	INCLUDE CONSIDERATIONS OF UNDERSERVED COMMUNITIES.
13	AND A VERY CONCRETE EXAMPLE OF THAT IS IN
14	ONE OF OUR EARLY STAGE PROGRAMS, LOOKING AT WAYS TO
15	DEVELOP THERAPIES AND EVEN VACCINES. SOME OF THE
16	CELL MODELS THAT WERE USED HAD A LIMITED HLA TYPE
17	THAT MAY HAVE BEEN MORE REPRESENTATIVE TISSUE
18	TYPE THAT'S MORE REPRESENTATIVE OF MAYBE THE
19	EUROPEAN BACKGROUND. AND OUR CIRM FUNDING WAS ABLE
20	TO EXPAND THAT IN ORDER TO MAKE SURE THAT THE TYPES
21	OF TISSUES THAT WERE USED IN THE SCIENCE REFLECTED
22	MORE DIVERSE POPULATIONS THAT WOULD BE RELEVANT TO
23	THIS RESEARCH.
24	WE BELIEVE, NOT ONLY IS THIS A POINT OF
25	INCLUSION, BUT IT'S JUST GOOD SCIENCE BECAUSE TO

1	DEVELOP THERAPIES EARLY ON THAT TARGET A CERTAIN
2	POPULATION, AND THEN WHEN YOU TAKE IT LATER ON AND
3	IT'S ACTUALLY BEING APPLIED TO A DIFFERENT SET OF
4	CIRCUMSTANCES, IT MAY NOT BE AS SUCCESSFUL AS ONE
5	HAD PREDICTED. SO NEXT SLIDE PLEASE.
6	CHAIRMAN THOMAS: MARIA, CAN I JUST ADD
7	ONE QUICK THING THERE FOR BENEFIT OF THE COMMISSION?
8	SO AS I'VE SAID ON A NUMBER OF DIFFERENT CALLS IN
9	RECENT WEEKS, I THINK THIS COVID ROUND REALLY WAS
10	CIRM AT ITS FINEST HOUR. WE HAD OBVIOUSLY A VERY
11	SERIOUS HEALTH CONCERN DEVELOPING IN THE SPRING
12	WHICH WAS TRIGGERING AN UNPRECEDENTED WORLDWIDE
13	COLLABORATION TO TRY TO DEVELOP TREATMENTS AND
14	CURES. AND WE DECIDED BACK IN MARCH THAT WE NEEDED
15	TO BE A PART OF THAT TO DO WHAT WE COULD TO
16	CONTRIBUTE.
17	AND SO, AS MARIA SAID, FROM THE FIRST
18	INSTANCE THAT THE SUGGESTION WAS MADE TO GET
19	INVOLVED HERE TO THE ACTUAL PROCESS OF MAKING
20	GRANTS, THINGS MOVED INCREDIBLY QUICKLY SUCH THAT
21	THERE WERE OVER 3+ MONTHS. THERE WERE SEVEN PEER
22	REVIEW MEETINGS ON PROJECTS AND TEN SEPARATE BOARD
23	MEETINGS, ALL OF WHICH WERE DRIVEN BY THE TEAM IN
24	EXPERT FASHION IN A WAY THAT REFLECTED THE REALLY
25	WELL-OILED FUNDING APPARATUS THAT CIRM HAS IN PLACE,

1	ALL OF IT OBVIOUSLY DONE REMOTELY. THERE WERE
2	LITERALLY NO GLITCHES IN THE PROCESS. WE GOT
3	THROUGH IT, MADE 17 BEST-IN-CLASS AWARDS, AND WERE
4	ABLE TO DO SO JUST HIGHLY EFFICIENTLY.
5	AND WE'RE VERY, VERY PROUD OF THAT AS I
6	HOPE YOU FOLKS WILL BE AS WELL BECAUSE IF YOU GO TO
7	OTHER MAJOR FUNDING AGENCIES, IT TAKES WEEKS, IF NOT
8	MONTHS, TO GET FUNDED. AND THIS GOT DONE IN
9	EXTREMELY SHORT ORDER. AND WE HAVE THESE PROJECTS
10	OUT THERE AS A RESULT THAT CALIFORNIANS CAN TAKE
11	PRIDE IN CONTRIBUTING TO. SO I JUST WANTED TO ADD
12	THAT LITTLE EDITORIAL COMMENT ON BEHALF OF THE
13	BOARD, AND TO THANK MARIA AND THE TEAM FOR PULLING
14	THIS ALTOGETHER IN JUST VERY, VERY SHORT ORDER. SO
15	THANK YOU.
16	CONTROLLER YEE: THANK YOU, MR. THOMAS.
17	THAT WAS A VERY IMPRESSIVE PIVOT. NOT ONLY
18	IMPRESSIVE, BUT JUST THE COMPREHENSIVENESS AND
19	THOUGHTFULNESS OF ALL OF THE CONSIDERATIONS BEING
20	INCLUDED SO THAT WE ARE NOT HAVING TO MAKE THOSE
21	CONSIDERATIONS AT LATTER STAGES, BUT REALLY UP-FRONT
22	AS WE'RE THINKING ABOUT HOW TO DEPLOY THE FUNDS FOR
23	THESE VARIOUS PROJECTS. OTHER COMMENTS FROM MEMBERS
24	BEFORE WE ASK DR. MILLAN TO CONTINUE?
25	DR. MILLAN: THANK YOU VERY MUCH. THANK

1	YOU, CHAIRMAN THOMAS, FOR THOSE COMMENTS.
2	ONE OF THE THINGS I WANTED TO KIND OF
3	HIGHLIGHT IS, OF COURSE, \$5 MILLION, THAT WAS NOT A
4	SIGNIFICANT AMOUNT OF MONEY COMPARED TO WHAT WE
5	SUPPORTED IN THE PAST, BUT WE WERE ABLE WITH THAT
6	AND WITH OUR SCIENTIFIC STAKEHOLDERS, EVERYBODY JUST
7	DID WHAT THEY COULD TO OPTIMIZE THE OPPORTUNITIES
8	WITH THEIR SCIENCE. AND WE WERE ABLE TO THEN FUND
9	THESE RESEARCH PROGRAMS THAT ACTUALLY HAD A UNIQUE
10	ASPECT TO THEM VERSUS THOSE THAT ARE BEING PURSUED
11	ELSEWHERE.
12	AND I JUST WANT TO REMIND EVERYBODY THAT
13	OUR GRANTS WORKING GROUP HAVE (BREAK IN AUDIO). WE
14	DEPLOYED A SPECIALTY PANEL, AND IT HAD TO GO THROUGH
15	THESE STEPS TO MAKE SURE THAT THEY WERE TRULY
16	SCIENTIFICALLY MEANINGFUL. AND WITH THAT, 17
17	PROGRAMS WERE FUNDED. I'M LISTING SOME OF THESE
18	HERE. THEY INVOLVE STEM CELL TECHNOLOGIES TO
19	IDENTIFY NOVEL THERAPIES, BUT ALSO TO DEPLOY NOVEL
20	VACCINE DEVELOPMENT. WE ALL KNOW WE ARE LEARNING
21	MORE AND MORE ABOUT COVID. THIS IS JUST THE START.
22	WE ARE IN CRISIS MANAGEMENT, BUT THERE'S SO MUCH
23	JUST TO ADDRESS THIS VIRUS AND WHAT WE CAN LEARN
24	FROM THIS FOR FUTURE INFECTIOUS DISEASE AS WELL AS
25	OTHER POTENTIAL FOR CELL THERAPIES AND GENE

1	THERAPIES THAT ARE BEING DEVELOPED TODAY.
2	IN TERMS OF CLINICAL STAGE PROGRAMS, I'D
3	LIKE TO JUST, I THINK, SPEND A LITTLE BIT MORE TIME,
4	BUT NOT EXTENSIVE AMOUNTS OF TIME. I'M HAPPY TO
5	TAKE QUESTIONS.
6	I'M SURE YOU'VE HEARD OF THE CONVALESCENT
7	PLASMA PROGRAM. IT'S KIND OF A PASSIVE IMMUNITY,
8	TAKING PLASMA FROM RECOVERED PATIENTS WHO HAD COVID,
9	AND THEN PASSIVELY USING THAT PLASMA INTO PATIENTS
10	WHO ARE SICK WITH COVID USING THAT PASSIVE IMMUNITY
11	AS A TREATMENT.
12	THIS IS CURRENTLY AUTHORIZED UNDER THE
13	FDA'S EMERGENCY USE AUTHORIZATION, SO IT'S MORE
14	WIDELY APPLIED. THE MAYO CLINIC, JOHN'S HOPKINS,
15	MANY OTHERS HAVE BEEN INVOLVED. BUT I WANT TO POINT
16	OUT WHAT MAKES THE CIRM FUNDING INTO THIS UNIQUE.
17	SO IT'S NOT JUST THE USE OF THE PLASMA, BUT THE CITY
18	OF HOPE, JOHN ZAIA, CITY OF HOPE, AND HIS
19	COLLABORATORS AT T-GEN AND OTHERS ARE LOOKING AT
20	WHAT ACTUALLY COULD BE THE ACTIVE INGREDIENTS WITHIN
21	THE PLASMA BECAUSE IT STILL LOOKS PROMISING, BUT IN
22	TERMS OF WHAT IS IT, WHAT ARE THE USEFUL COMPONENTS,
23	AND WHAT ARE THOSE THAT ACTUALLY CAN GET IN THE WAY
24	OF RECOVERY. SO THAT'S BEING ELUCIDATED IN A VERY
25	SOPHISTICATED MANNER, INCLUDING GENOMICS ANALYSIS,

1	AS WELL AS IMMUNOLOGIC ANALYSIS. SO THAT'S ONE OF
2	THE PROGRAMS.
3	THE OTHER PROGRAM IS A STEM CELL-DERIVED
4	IMMUNE CELL CALLED NATURAL KILLER CELLS. AND THE
5	SIGNIFICANCE OF THAT IS THAT NATURAL KILLER CELLS,
6	WHICH ARE IN OUR NATURAL IMMUNE SYSTEM, TYPICALLY GO
7	AROUND AND SURVEY AND HELP FIGHT VIRUS. IT'S
8	KNOCKED DOWN IN COVID. IT'S KNOCKED DOWN IN LEVELS
9	IN THE ELDERLY WHO ARE VERY SUSCEPTIBLE TO COVID.
10	THIS PROGRAM IS A CELL THERAPY THAT ESSENTIALLY
11	PROVIDES THESE NATURAL KILLER CELLS AS A DIRECT
12	ANTIVIRAL APPROACH.
13	AND THEN THE THIRD PROGRAM WE ARE FUNDING
14	IS OUT OF UCSF, DR. MATTHAY'S PROGRAM, WHO'S A
15	LEADER IN THE FIELD OF RESPIRATORY DISTRESS, A LUNG
16	INJURY THAT RESULTS FROM COVID. AND THROUGH THIS
17	PROGRAM, HE WAS ABLE TO EXPAND IT INTO UC DAVIS, AND
18	IT'S ALSO PART OF THE NATIONAL COLLABORATIVE EFFORT.
19	MSC, BASED ON PREVIOUS DATA, HAS BEEN SHOWN TO BE
20	NOT ONLY ANTI-INFLAMMATORY, BUT PROMOTE THE REPAIR
21	OF THE DAMAGED LUNG TISSUES. SO THAT'S SOMETHING
22	THAT'S BEING INVESTIGATED, AND THERE ARE OTHER
23	EFFORTS IN THIS FIELD. DR. MATTHAY IS ONE OF THE
24	ACADEMIC LEADERS IN THIS, SO WE ARE PLEASED THAT
25	WE'RE ABLE TO ENABLE HIM TO EXPAND THAT EFFORT.

1	ANY QUESTIONS ON THAT? NEXT SLIDE PLEASE.
2	SO ONE OF THE OTHER HIGHLIGHTS IS A
3	DEMONSTRATION OF WHAT THE MULTIPLIER EFFECT IS OF
4	CIRM AS A HUB FOR COLLABORATION. LAST YEAR I
5	BELIEVE WE HAD COVERED THAT CIRM HAD A LANDMARK MOU
6	WITH NHLBI, THE HEART LUNG BLOOD INSTITUTE OF THE
7	NIH, TO CURE SICKLE CELL. AND WE WERE CHOSEN FOR
8	THIS PARTNERSHIP BECAUSE THE NHLBI AND THE NIH
9	RECOGNIZED OUR ACCELERATION MODEL AND KIND OF THE
10	UNIQUE VALUE WE BRING INTO TRANSLATIONAL RESEARCH
11	AND THE TYPES OF PROGRAMS WE ALREADY HAD IN OUR
12	PORTFOLIO. SO IT LEVERAGED CIRM'S PROCESS. THEY
13	USED OUR APPLICATION FORMAT AS THE BASIS OF THEIR
14	OWN FUNDING AND WERE ABLE TO DEPLOY A SYSTEM WITHIN
15	THAT'S USED BY THE NIH IN ORDER FOR THEM TO MAKE A
16	RAPID FUNDING DECISION.
17	SO AS SOON AS OUR CIRM GWG MAKES A FUNDING
18	RECOMMENDATION, IN LESS THAN TWO WEEKS THE NIH WILL
19	LET US KNOW IF THEY'LL CO-FUND WITH US. WE'VE
20	ALREADY FUNDED TWO PROGRAMS UNDER THIS MECHANISM AND
21	MORE ARE IN THE PIPELINE. AND I'D LIKE TO JUST KIND
22	OF GO INTO THAT A LITTLE BIT MORE.
23	SO JUST BY WAY OF BACKGROUND, MANY OF YOU
24	KNOW THAT SICKLE CELL DISEASE IS A FATAL DISEASE
25	AFFECTING MAINLY BLACK AFRICAN-AMERICAN POPULATIONS,

1	BUT ALSO OTHERS. IT RESULTS AND WE'VE KNOWN
2	SINCE THE 1940S IT'S DUE TO A MOLECULAR DEFECT. AND
3	SINCE THEN, IT'S BEEN SHOWN THAT IT'S DUE TO A POINT
4	MUTATION. IT'S SIMPLY A TYPO IN THE GENES THAT
5	LEADS TO A DEFECT IN THE RED BLOOD CELLS. SO
6	INSTEAD OF BEING PLIABLE, OXYGEN DELIVERING DISKS
7	THAT RED BLOOD CELLS USUALLY ARE, THESE NORMAL
8	CELLS, IN THE CASE OF SICKLE CELL, WHEN THEY'RE
9	EXPOSED TO LOW OXYGEN OR STRESS, BECOME SICKLE
10	SHAPED, RIGID, AND BLOCK OFF BLOOD VESSELS. AND
11	THAT CAUSES PAIN CRISES, MINI STROKES, ORGAN DAMAGE,
12	AND RESULT IN A LIFE SPAN OF APPROXIMATELY 40 YEARS
13	EVEN IN THE U.S. AND THOSE IN SUB-SAHARAN AFRICA,
14	THE BABIES DON'T SURVIVE PAST INFANCY OR EARLY
15	CHILDHOOD.
16	SO NEXT SLIDE PLEASE. THE GOOD NEWS IS
17	WITH THE ADVANCEMENT IN THE FIELD, INCLUDING WHAT WE
18	SPOKE OF EARLIER, CRISPR-CAS9 AND OTHER GENE EDITING
19	TECHNIQUES, THERE ARE NOW PRECISE WAYS TO TARGET
20	SICKLE CELL. AND SO THIS COLLABORATION SEEKS TO
21	FUND CELL AND GENE THERAPY APPROACHES TO THIS. AND
22	IN ADDITION, CIRM IS ALSO FUNDING PROGRAMS THAT WILL
23	SUPPORT OTHER APPROACHES IN STEM CELL TRANSPLANT FOR
24	SICKLE CELL. I'LL JUST GO THROUGH SOME OF THESE IN
25	VERY HIGH LEVEL, BUT HAPPY TO TAKE QUESTIONS.

1	SO THE APPROACHES CAN INCLUDE GENE EDITING
2	THROUGH ADDITION, GENE ADDITION, ADDING HEMOGLOBIN
3	THAT WOULD NOT SICKLE, TARGETING FETAL HEMOGLOBIN
4	BECAUSE IT'S BEEN SHOWN THAT IN SOME CASES WHERE
5	PEOPLE HAVE THE PERSISTENCE OF THE FETAL FORM OF
6	HEMOGLOBIN, THAT IT'S ACTUALLY PROTECTIVE AGAINST
7	THIS SICKLING. SO THERE ARE SOME EFFORTS IN TERMS
8	OF JUST USUALLY WE PUT OUR HEMOGLOBIN GENE TO
9	SLEEP ONCE WE ARE BORN AND WE START TO MATURE. AND
10	THE APPROACH IS TO WAKE UP THAT FETAL HEMOGLOBIN
11	GENE BECAUSE IT ACTS BETTER THAN THE MATURE MUTATED
12	FORM THAT'S IN THE RED BLOOD CELLS, AND THEN
13	CORRECTION.
ויי	
14	NEXT SLIDE PLEASE. DON KOHN OUT OF UCLA
	NEXT SLIDE PLEASE. DON KOHN OUT OF UCLA HAS BEEN A LEADER IN THE FIELD OF GENE THERAPY. I
14	
14 15	HAS BEEN A LEADER IN THE FIELD OF GENE THERAPY. I
14 15 16	HAS BEEN A LEADER IN THE FIELD OF GENE THERAPY. I PRESENTED IN THE LAST MEETING SOME OF HIS
14 15 16 17	HAS BEEN A LEADER IN THE FIELD OF GENE THERAPY. I PRESENTED IN THE LAST MEETING SOME OF HIS ADVANCEMENTS IN ADA-SCID AND OTHER CHILDHOOD AND
14 15 16 17 18	HAS BEEN A LEADER IN THE FIELD OF GENE THERAPY. I PRESENTED IN THE LAST MEETING SOME OF HIS ADVANCEMENTS IN ADA-SCID AND OTHER CHILDHOOD AND GENE DISEASES. HE ALSO HAS A PROGRAM, A CLINICAL
14 15 16 17 18	HAS BEEN A LEADER IN THE FIELD OF GENE THERAPY. I PRESENTED IN THE LAST MEETING SOME OF HIS ADVANCEMENTS IN ADA-SCID AND OTHER CHILDHOOD AND GENE DISEASES. HE ALSO HAS A PROGRAM, A CLINICAL TRIAL, WITH A GENETIC MODIFICATION OF THE PATIENT'S
14 15 16 17 18 19	HAS BEEN A LEADER IN THE FIELD OF GENE THERAPY. I PRESENTED IN THE LAST MEETING SOME OF HIS ADVANCEMENTS IN ADA-SCID AND OTHER CHILDHOOD AND GENE DISEASES. HE ALSO HAS A PROGRAM, A CLINICAL TRIAL, WITH A GENETIC MODIFICATION OF THE PATIENT'S BLOOD-FORMING STEM CELLS, USES A VIRAL DELIVERY.
14 15 16 17 18 19 20	HAS BEEN A LEADER IN THE FIELD OF GENE THERAPY. I PRESENTED IN THE LAST MEETING SOME OF HIS ADVANCEMENTS IN ADA-SCID AND OTHER CHILDHOOD AND GENE DISEASES. HE ALSO HAS A PROGRAM, A CLINICAL TRIAL, WITH A GENETIC MODIFICATION OF THE PATIENT'S BLOOD-FORMING STEM CELLS, USES A VIRAL DELIVERY. NOW, THIS VIRUS IS TOTALLY IS NOT INFECTIOUS. IT
14 15 16 17 18 19 20 21	HAS BEEN A LEADER IN THE FIELD OF GENE THERAPY. I PRESENTED IN THE LAST MEETING SOME OF HIS ADVANCEMENTS IN ADA-SCID AND OTHER CHILDHOOD AND GENE DISEASES. HE ALSO HAS A PROGRAM, A CLINICAL TRIAL, WITH A GENETIC MODIFICATION OF THE PATIENT'S BLOOD-FORMING STEM CELLS, USES A VIRAL DELIVERY. NOW, THIS VIRUS IS TOTALLY IS NOT INFECTIOUS. IT DOESN'T HARM ANYTHING, BUT IT'S USED AS KIND OF THE
14 15 16 17 18 19 20 21 22	HAS BEEN A LEADER IN THE FIELD OF GENE THERAPY. I PRESENTED IN THE LAST MEETING SOME OF HIS ADVANCEMENTS IN ADA-SCID AND OTHER CHILDHOOD AND GENE DISEASES. HE ALSO HAS A PROGRAM, A CLINICAL TRIAL, WITH A GENETIC MODIFICATION OF THE PATIENT'S BLOOD-FORMING STEM CELLS, USES A VIRAL DELIVERY. NOW, THIS VIRUS IS TOTALLY IS NOT INFECTIOUS. IT DOESN'T HARM ANYTHING, BUT IT'S USED AS KIND OF THE SHUTTLE TO PUT IT TO INTRODUCE A GENE THAT'S AN

1	NEXT SLIDE PLEASE. ANOTHER APPROACH WHICH
2	IS A RESULT OF THIS NIH COLLABORATION IS A
3	PARTNERSHIP BETWEEN HARVARD AND BOSTON CHILDREN'S
4	HOSPITAL AND OUR CALIFORNIA INVESTIGATORS IN AN
5	APPROACH THAT'S LED BY DAVID WILLIAMS AT BOSTON
6	CHILDREN'S HOSPITAL WHERE THERE'S A GENETIC
7	MODIFICATION OF THE PATIENT'S OWN BLOOD-FORMING STEM
8	CELLS TO INCREASE THE EXPRESSION OF THAT FETAL
9	HEMOGLOBIN THAT I JUST SPOKE OF. AND USES IT
10	THROUGH THIS TECHNOLOGY CALLED SHRNA, SHORT HAIRPIN
11	RNA. SO IT'S KIND OF A MOLECULAR TOOL TO DO THIS.
12	AND OUR CIRM BOARD JUST APPROVED THIS PROGRAM, AND
13	THE NIH/NHLBI IS CO-FUNDING THIS PHASE 1
14	TRANSITIONING TO A PHASE 2 CLINICAL TRIAL. SO
15	THAT'S JUST BEING LAUNCHED SHORTLY, AND WE ARE VERY
16	EXCITED ABOUT THAT. IT WILL ALSO INCLUDE
17	MANUFACTURING AS WELL AS CLINICAL SITES IN
18	CALIFORNIA.
19	NEXT SLIDE PLEASE. DR. WALTERS AT UCSF
20	BENIOFF CHILDREN'S HOSPITAL IS USING THE CRISPR-CAS9
21	TECHNOLOGY AND THE NONVIRAL DELIVERY TO CORRECT THAT
22	TYPE OR THAT MUTATION THAT LEADS TO SICKLE CELL
23	DISEASE. AND THAT'S IN WHAT'S CALLED THE
24	IND-ENABLING PHASE, WHICH IS CIRM IS FUNDING UNDER
25	THIS COLLABORATIVE FUNDING OPPORTUNITY WITH THE NIH.

1	AND IT'S NOW GETTING READY TO PREPARE FOR A CLINICAL
2	TRIAL STAGE. SO STAY TUNED. BY THE TIME WE NEXT
3	SPEAK, THAT WILL BE PROBABLY FURTHER ALONG.
4	AND SIMILARLY, MATT PORTEUS OF STANFORD IS
5	ALSO USING CRISPR-CAS9 TO FIX THIS MUTATION. HE'S
6	USING A DIFFERENT TECHNOLOGY TO MARK WALTERS. WE
7	DON'T KNOW WHICH ONE IS GOING TO BE THE WINNER. AND
8	IN SOME WAYS, THEY CAN BOTH BE WINNERS BECAUSE OF
9	WHAT WE KNOW FROM OTHER TYPES OF TREATMENTS IS THAT
10	CERTAIN SUBSETS OF PATIENTS AND CERTAIN SITUATIONS,
11	ONE APPROACH MAY BE MORE SUCCESSFUL THAN ANOTHER
12	APPROACH. SO THIS ILLUSTRATES KIND OF THE ROBUST
13	PIPELINE THAT IS ALREADY BEING BUILT AT CIRM AND
14	WITH THIS COLLABORATION.
15	AND THIS IS JUST KIND OF ON THE
16	SURFACE, THIS PROGRESS IS ALREADY INCREDIBLE, BUT
17	THE INCREDIBLE THING IS HOW OUR TEAM AND THE NIH IN
18	A VERY COMPLEX, HUGE ORGANIZATION ARE WORKING SO
19	EFFICIENTLY TOGETHER THAT THE PI'S ARE SO EXCITED.
20	THEY'VE NEVER SEEN THE NIH MOVE SO FAST. SO IT'S
21	BEEN REALLY FUN FOR BOTH SIDES.
22	NEXT SLIDE PLEASE. I'LL JUST GO THROUGH
23	QUICKLY. STEM CELL TRANSPLANT IS SOMETHING THAT'S
24	ALREADY DONE. THERE'S SOME LIMITATIONS WITH THAT,
25	BUT CIRM HAS FUNDED PROGRAMS TO KIND OF OPTIMIZE THE

1	RESULTS OF JUST STEM CELL WITHOUT ANY GENE THERAPY,
2	WITHOUT ANYTHING ELSE TRANSPLANT BECAUSE, ALTHOUGH
3	WE ARE PUSHING FORWARD THESE NOVEL APPROACHES, WE
4	ALSO HAVE PROGRAMS THAT ARE SEEKING TO FIND
5	INNOVATIVE WAYS TO IMPROVE RESULTS WITH ALREADY
6	ESTABLISHED APPROACHES, SUCH AS BLOOD STEM CELL
7	TRANSPLANTS.
8	NEXT SLIDE PLEASE. AND THAT'S PART OF
9	THAT SAME CATEGORY.
10	NEXT SLIDE PLEASE. AND AS I STARTED THE
11	CONVERSATION, OUR PATIENT ADVOCATES ARE INTEGRAL TO
12	THIS ENTIRE PROCESS. THEY ARE INVOLVED IN THESE
13	TRIALS AND SPECIFICALLY IN SICKLE SILL. SO ADRIENNE
14	SHAPIRO, WHO YOU MAY KNOW, HAS A DAUGHTER WITH
15	SICKLE CELL, IS A STAUNCH ADVOCATE, BUT A HIGHLY
16	EDUCATED AND INFORMED AND PROACTIVE VOICE IN TERMS
17	OF NOT JUST ADVOCACY, BUT JUST THE LOGISTICS, THE
18	TECHNICAL ASPECT, AND THE SCIENCE EVEN. SO THEY
19	ASSIST US AND OUR GRANTEES WITH TALKING ABOUT STUDY
20	ENDPOINTS, CONSIDERATIONS AND INFORMED CONSENT,
21	CONSIDERATIONS IN PATIENT RECRUITMENT, SOCIAL
22	DETERMINANTS, THINGS THAT ARE NOT SO OBVIOUS THAT
23	CAN GET IN THE WAY. AND THINGS THAT ARE OBVIOUS IN
24	TERMS OF TRUST OF THE COMMUNITY TO THE SCIENTIFIC
25	COMMUNITY AND THESE TYPES OF TRIALS BECAUSE THERE'S

1	HISTORY FOR THAT AS WELL AS RELEVANT STUDY
2	ENDPOINTS.
3	NEXT SLIDE PLEASE. SO THAT'S IT IN TERMS
4	OF KIND OF A DEMONSTRATION CASE OF HOW COLLABORATION
5	KIND OF LEVERAGES THE CALIFORNIA INVESTMENT AND THEN
6	ALSO INCREASES ITS PROBABILITY OF SUCCESS BY
7	PARTNERING WITH OTHERS WHO ARE BOTH FUNDING AND
8	COMMITTED TO THIS FIELD.
9	CONTROLLER YEE: LET ME HAVE YOU JUST TAKE
10	A PAUSE HERE FOR A MOMENT. I JUST WANT TO SEE IF
11	THE COMMITTEE MEMBERS HAD ANY QUESTIONS OR COMMENTS
12	JUST ON THAT LAST PRESENTATION.
13	MR. FISCHER-COLBRIE: INCREDIBLY EXCITING.
14	CONTROLLER YEE: AND IT'S VERY IMPRESSIVE.
15	GO AHEAD, DR. SARKISIAN, PLEASE.
16	DR. SARKISIAN: CONGRATULATIONS. THIS IS
17	SO EXCITING TO SEE THE HUGE IMPACT YOU'RE HAVING.
18	AND SOME OF THE THINGS THAT JUMP OUT AT ME, I THINK,
19	ARE PARTICULARLY EXCITING IS THE WAY YOU WERE ABLE
20	TO PIVOT ON COVID SO QUICKLY. AND I LOVE THAT YOU
21	HAVE USED THE COVID OPPORTUNITY TO EVEN IT'S NOT
22	LIKE YOU CHANGED YOUR REQUIREMENTS FOR ALL OF YOUR
23	GRANTS TO REQUIRE A LARGER COMMITMENT TO MAKING SURE
24	THAT THE TRIALS GET OUT TO THE COMMUNITY.
25	ONE QUESTION I HAVE MOVING FORWARD, I
	60

1	NOTICE THAT ALL FIVE, THIS IS SOMETHING WE WORK ON
2	AT UCLA, LIKE MOST PEOPLE ARE REALLY ESPECIALLY
3	TRYING TO WORK ON THIS NOW IS ALL FIVE OF THE PI'S
4	YOU SHOWED ARE WHITE MEN. WHAT EFFORTS ARE YOU
5	MAKING, ARE YOU PLANNING TO MAKE TO INCREASE
6	DIVERSITY, NOT SOME OF THE PATIENTS IN THE TRIALS,
7	BUT THE SCIENTISTS AND THE LABS THAT ARE BEING
8	SUPPORTED BY THIS IMPORTANT WORK, IMPORTANT
9	INVESTMENT?
10	DR. MILLAN: THAT'S A VERY GOOD QUESTION.
11	THEY HAPPEN YOU'RE RIGHT. IN THIS PARTICULAR
12	CASE THEY DO HAPPEN TO BE ALL WHITE MEN. WE
13	DEFINITELY HAVE FEMALE INVESTIGATORS, I ASSURE YOU.
14	BUT I THINK IT'S A REALLY EXCELLENT QUESTION AND IN
15	FACT IS SOMETHING THAT, YOU KNOW FRANCIS COLLINS
16	AT THE NIH, HE HAS THIS TERMINOLOGY CALLED A
17	"MANAL." IT'S A PANEL OF ALL MALES. SO HE WILL NOT
18	PARTICIPATE IN ANY MEETING THAT HAS MANALS. I THINK
19	IT'S A CULTURE THAT WE NEED TO EMBED NOT, JUST AS
20	YOU SAY, WITH THE PARTICIPANTS AND RESEARCH
21	THEMSELVES, BUT THE RESEARCHERS THEMSELVES.
22	AND I DON'T HAVE AN ANSWER TO THAT RIGHT
23	NOW, BUT WE HAVE NOT HAD ANYTHING DELIBERATE IN
24	TERMS OF HOW WE CHOOSE OUR INVESTIGATORS. IT'S
25	PURELY ON SCIENTIFIC MERIT, BUT WE DEFINITELY HAVE

1	FOSTERED WHERE WE CAN IN OUR EDUCATIONAL PROGRAMS
2	DIVERSITY AND BACKGROUNDS AS WELL. AND THEN WHEN WE
3	HAVE SCIENTIFIC CONFERENCES, INCLUDING THE GRANTEE
4	MEETING, WHICH I WOULD HIGHLY ENCOURAGE. IT'S SUCH
5	A GREAT WE'LL SEND YOU THAT LINK AS WELL. IT'S A
6	RECENT MEETING. IT WAS A TWO-DAY MEETING OF ALL OF
7	OUR NOT ALL OF OUR, BUT MANY OF THE
8	INVESTIGATORS, MALE AND FEMALE, OF DIVERSE
9	BACKGROUNDS PRESENTING THEIR WORK. WE MAKE SURE
10	THAT WHERE WE CAN WE HAVE FAIR REPRESENTATION IN
11	THESE SPEAKING ENGAGEMENTS AS WELL. BUT THERE'S
12	DEFINITELY MORE THAT WE CAN DO.
13	MR. LOTT: DR. MILLAN, ON THAT POINT
14	MR. TORRES: ON THAT POINT I JUST WANT TO
15	MAKE SURE THAT MARIA PUT FORWARD TO THE COMMITTEE
16	NOW THE LANGUAGE THAT WE ADOPTED DURING THE GRANTS
17	REVIEW PROCESS AND HOW WE HAVE SENT A MESSAGE, A
18	CLEAR MESSAGE, TO RESEARCHERS ABOUT DIVERSITY, NOT
19	ONLY IN TERMS OF THEIR CLINICAL TRIALS, BUT ALSO IN
20	TERMS OF THEIR RESEARCH. MARIA, IF YOU WANT TO
21	ARTICULATE THAT, THAT WOULD BE GREAT.
22	DR. MILLAN: YES, ART. SO I DON'T HAVE
23	THE EXACT LANGUAGE, BUT WHAT HAPPENS IS THAT IN THE
24	REVIEW PROCESS, WHEN THEY KIND OF LAY OUT WHAT THEIR
25	PLAN IS, THEY'RE REQUIRED TO PUT TOGETHER DETAILS OR

1	AS MUCH AS THEY CAN OF HOW THEY WILL REACH OUT TO
2	THE DIVERSE AND UNDERREPRESENTED POPULATIONS. AND
3	THEN THAT'S CAPTURED INTO THINGS SUCH AS HOW WE
4	CRAFT MILESTONES WHERE IT'S FEASIBLE, LIKE
5	ENROLLMENT, MAKING SURE THAT THEY'RE NOT ALL COMING
6	FROM PRIVILEGED, HIGH-END COMMUNITY CENTERS IN THE
7	ENROLLMENT, BUT THAT IT TRULY DOES INVOLVE PATIENTS
8	OUTSIDE.
9	I WILL SAY THAT FOR THE CONVALESCENT
10	PLASMA, THAT IS SOMETHING THAT IS A VERY, VERY
11	IMPORTANT PART OF HOW THE OPERATIONS ARE BEING
12	CARRIED OUT. IN FACT, CIRM THEN ALSO FUNDED A
13	SUPPLEMENT TO THAT CONVALESCENT PLASMA WHERE THAT
14	ALLOWS UCI TO DEPLOY ITS RIVERSIDE KIND OF
15	COLLABORATIONS TO MAKE SURE THAT MORE OF THOSE
16	POPULATIONS IN RIVERSIDE HAVE ACCESS TO THIS
17	RESEARCH. WE HAVE MEMBERS OF THE ADVISORY PANEL,
18	SUCH AS SHEILA YOUNG WHO VERY MUCH IS INVOLVED IN
19	ALL OF THESE AND IS VERY VOCAL ABOUT WHAT IT WOULD
20	TAKE TO GAIN THE TRUST OF THE COMMUNITIES.
21	SO THESE TYPES OF PLANS ARE PUT IN, BUT
22	THEN WE FOLLOW UP ON IT IN ADVISORY PANELS, AND WE
23	ACTUALLY HAVE WHERE WE CAN EMBED IT IN TERMS OF THE
24	EXPECTATIONS WITHIN THE MILESTONES AND THE SUCCESS
25	MEASURES THAT WE FOLLOW AT CIRM.

1	MR. LOTT: SENATOR TORRES STOLE MY THUNDER
2	THERE, BUT I'M GLAD HE DID. HE GAVE YOU A GOOD
3	SAVE. IT REALLY ISN'T WHAT YOU ASK FOR. AND YOU
4	SOUND LIKE YOU'RE DOING IT, BUT IT MIGHT BE GOOD TO
5	TAKE A STRONGER REVIEW OF HOW YOU APPROACH YOUR
6	PROPOSALS, YOUR SOLICITATIONS, BECAUSE YOU CAN, YOU
7	HAVE A VERY POWERFUL FORUM HERE. AND IF YOU
8	SPECIFY, IF YOU MAKE IT REALLY CLEAR IN THE
9	STANDARDS AND THE REQUIREMENTS WHAT YOU NEED YOUR
10	CONTRACTORS TO DO, WE'VE DONE THIS IN LOCAL
11	GOVERNMENT. THERE'S ALL KINDS OF LANGUAGE SETS THAT
12	YOU CAN LOOK AT TO MAKE CERTAIN THAT MINORITY AND
13	DIVERSE COMMUNITIES ARE INCLUDED IN
14	GOVERNMENT-FUNDED PROJECTS.
15	SO THIS IS NOT SOMETHING THAT NEEDS TO BE
16	REINVENTED. I'M NOT TRYING TO CHASTISE YOU.
17	DR. MILLAN: ABSOLUTELY NOT.
18	MR. LOTT: IT'S JUST SOMETHING THAT HAS TO
19	BE PAID ATTENTION TO.
20	MR. TORRES: I THINK IT'S IMPORTANT, JIM,
21	TO SEND YOU THE LANGUAGE THAT WE PROVIDE ALL
22	APPLICANTS BECAUSE IT'S NEW LANGUAGE THAT WE
23	INSTITUTED TO MAKE SURE THAT DIVERSITY IS PARAMOUNT
24	IN TERMS OF THIS RESEARCH BECAUSE, AS YOU KNOW WITH
25	SICKLE CELL, IT AFFECTS LATINOS AS WELL AS

1	AFRICAN-AMERICANS. IN THE ABSOLUTE HORRIBLE
2	MISBALANCE OF COVID PATIENTS ALSO WHICH IS WHY DR.
3	MILLAN WAS CITING DR. ZAIA'S CLINICAL TRIAL AT CITY
4	OF HOPE TO MAKE SURE THAT THERE'S DIVERSITY OUTREACH
5	BECAUSE WE ARE NOT REACHING ENOUGH OF OUR OWN PEOPLE
6	TO MAKE SURE WE KNOW WHAT TO DO NEXT.
7	DR. MILLAN: IT IS A WORK IN PROGRESS.
8	BUT AS YOU SAY, ABSOLUTELY. WE'RE LEVERAGING WHAT
9	ALREADY IS OUT THERE, BUT I THINK AS A COMMUNITY, AS
10	A SCIENTIFIC COMMUNITY, IN OUR CONVERSATIONS WITH
11	NATIONAL ACADEMIES, NIH, WE STILL HAVE SOME WORK TO
12	DO. SO THE INPUT FROM THIS GROUP AND OTHER KIND OF
13	FUTURE ADVISORY GROUPS TO CIRM AND OUR BOARD
14	MEMBERS, SENATOR TORRES, YSABEL DURON, WHO'S ON OUR
15	BOARD, THEY'RE JUST GREAT LEADERS. THEY ARE HOOKED
16	INTO OTHER ASPECTS OF HOW TO DRIVE THESE INITIATIVES
17	FORWARD. SO WE'RE VERY FORTUNATE FOR THAT. BUT WE
18	ARE JUST STARTING. THIS IS JUST THE START, BUT'S IT
19	AN IMPORTANT START.
20	CHAIRMAN THOMAS: MARIA, ONE LAST THING ON
21	THIS POINT.
22	MR. TORRES: WE ALSO HAVE A PROVISION FOR
23	THE ESTABLISHMENT OF A 17-MEMBER WORKING GROUP ON
24	AFFORDABILITY AND ACCESSIBILITY. AND THAT WAS
25	SPECIFICALLY TIED TO PROVIDE MUCH MORE SUBSTANTIVE

1	OUTREACH TO COMMUNITIES OF COLOR AND DIVERSITY WHICH
2	HAVEN'T RECEIVED THAT.
3	WITH MY OTHER HAT AS A MEMBER OF THE BOARD
4	OF COVER CALIFORNIA, WE'RE LOOKING AT THAT IN TERMS
5	OF AFFORDABILITY AND ACCESSIBILITY, ESPECIALLY AS
6	THESE NEW TREATMENTS EMERGE. THANK YOU.
7	CONTROLLER YEE: BEFORE, CHAIRMAN THOMAS,
8	I TURN TO YOU, DR. SARKISIAN'S QUESTION SPECIFICALLY
9	RELATED TO THE DIVERSITY AMONG INVESTIGATORS. AND I
10	HOPE, DR. MILLAN, YOU WILL TALK A LITTLE BIT ABOUT
11	SOME OF THE EDUCATIONAL PROGRAMS AND WHAT WE'RE
12	DOING WITH SOME OF OUR YOUNG PEOPLE AND REALLY
13	EXPOSING THEM, HOW WE'RE BUILDING A PIPELINE, I
14	GUESS, OF JUST PROFESSIONALS IN THIS FIELD.
15	IN SOME RESPECTS I LOOK AT THIS WHERE
16	WE'RE VERY FOCUSED ON CERTAINLY THE COMMUNITY SIDE,
17	THE PATIENT SIDE, HOW WE'RE DOING THE OUTREACH TO BE
18	SURE THAT WE ARE CAPTURING THE DISPROPORTIONATELY
19	AFFECTED COMMUNITIES AND ALL THAT GREAT WORK THAT
20	CIRM HAS DONE, INCLUDING THE LANGUAGE THAT SENATOR
21	TORRES JUST TALKED ABOUT, BUT I DO THINK WE'RE
22	PROBABLY LEADING UP TO JUST HOW WHEN DOORS OF
23	OPPORTUNITIES HAVE BEEN CLOSED IN THE PAST, THERE'S
24	A MANIFESTATION TO THAT; AND THAT IS THAT WE'RE NOT
25	SEEING NECESSARILY THE BROAD COMMUNITY OF

1	INVESTIGATORS THAT WE WOULD LIKE TO SEE REPRESENTING
2	OUR MORE DIVERSE COMMUNITIES AT THIS POINT. BUT
3	IT'S NOT TO SAY IT'S NOT DEVELOPED, AND I THINK CIRM
4	IS DOING A GOOD JOB OF AT LEAST GETTING OUR YOUNG
5	PEOPLE EARLY ON EXPOSED TO THESE DISCIPLINES.
6	CHAIRMAN THOMAS.
7	CHAIRMAN THOMAS: THAT IS EXACTLY WHAT I
8	WAS ABOUT TO SAY. SO I WOULD STRONGLY RECOMMEND THE
9	BRIDGES PROGRAM, WHICH IS MEANT TO GET GRADUATE
10	STUDENT LEVEL EXPOSURE TO STEM CELL WORK BY TAKING
11	STUDENTS AND HAVING THEM DO INTERNSHIPS AT
12	UNIVERSITIES THAT HAVE STEM CELL PROGRAMS ON THE ONE
13	HAND AND EVEN BELOW THAT OUR HIGH SCHOOL SUMMER
14	PROGRAMS, WHICH ARE MEANT TO TAKE TYPICALLY AP BIO
15	LEVEL STUDENTS AND HAVE THEM WHO HAD SOME
16	EXPOSURE TO STEM CELLS AND HAVE THEM DO CRASH
17	COURSES OVER EIGHT WEEKS AT A NUMBER OF OUR ACADEMIC
18	INSTITUTIONS THROUGHOUT THE STATE AFTER WHICH THEY
19	LITERALLY COME OUT SOUNDING LIKE PH.D.'S. IT'S VERY
20	FUNNY TO SEE AND INCREDIBLY REWARDING.
21	BUT IF YOU TAKE THOSE TWO PROGRAMS, BOTH
22	OF THOSE ARE HIGHLY DIVERSE. AND WHAT THEY'RE BOTH
23	DOING IS REALLY GENERATING TREMENDOUS INTEREST IN
24	THE FIELD OF REGENERATIVE MEDICINE AND SENDING THESE
25	STUDENTS ON THEIR WAY TO ULTIMATELY BEING
	67

1	PROFESSIONALS IN THE FIELD, WHETHER IT'S AS
2	ACADEMICIANS OR PART OF THE WORKFORCE OR WHATEVER.
3	BUT GETTING TO DR. SARKISIAN'S INITIAL
4	QUESTION, MANY OF THESE PEOPLE WE'VE NOW HAD
5	THESE PROGRAMS FOR A NUMBER OF YEARS. AND SHOUT OUT
6	TO SENATOR TORRES WHO WAS THE INSPIRATION FOR THESE
7	A NUMBER OF YEARS AGO. THESE KIDS ARE GOING TO BE
8	THE DOCTORS OF TOMORROW AND THE SCIENTISTS OF
9	TOMORROW WHO WILL BE INVOLVED IN AWARDS SUCH AS
10	THOSE THAT WE ARE DISCUSSING HERE.
11	SO WE ARE VERY, VERY MINDFUL OF THAT ISSUE
12	OF FILLING THE PIPELINE AND SETTING THE TABLE FOR A
13	DIVERSE GROUP OF RESEARCHERS AND PHYSICIANS IN THIS
14	FIELD GOING FORWARD. THANK YOU.
15	CONTROLLER YEE: THANK YOU, CHAIRMAN
16	THOMAS.
17	DR. SARKISIAN: THAT'S GREAT. I REALLY
18	APPRECIATE, AND I DIDN'T MEAN IT SO MUCH AS A
19	CRITICISM BECAUSE IT'S SOMETHING THAT WE STRUGGLE
20	WITH AT UCLA. EVERY ACADEMIC CENTER STRUGGLES WITH
21	THIS. ONE THING THAT I'LL LOOK FORWARD TO SEEING
22	THE RESULT OF THAT. BUT AS YOU KNOW, 40 PERCENT OF
23	M.D./PH.D. STUDENTS NEVER END UP DOING RESEARCH,
24	NEVER GET A GRANT, AN INDEPENDENT GRANT FROM NIH.
25	THERE'S SO MANY OPPORTUNITIES FOR PEOPLE TO FALL
	C 0

1	OFF.
2	ONE OF THE THINGS WE'VE BEEN TALKING ABOUT
3	AT UCLA IS WE NEED TO REPLACE THE PIPELINE MODEL
4	WITH A VERY L.A. MODEL, AN ON-RAMPS MODEL, SO TO
5	GIVE PEOPLE LIKE YOU'RE DOING AT THE HIGH SCHOOL, AT
6	THE POST-DOC, AT THE GRADUATE STUDENT, WE NEED TO
7	JUST KEEP BUILDING THESE OPPORTUNITIES FOR ON-RAMPS
8	SO THAT IF YOU MISS THE START OF THE PIPELINE IN
9	HIGH SCHOOL OR YOUR FIRST YEAR AT UCLA YOU GET A C
10	IN AN IMPORTANT CLASS, THAT SHOULDN'T BE THE END OF
11	THE LINE. THERE SHOULD BE OTHER OPPORTUNITIES TO
12	COME BACK. THAT'S GREAT. KEEP UP THE FABULOUS
13	WORK.
14	CONTROLLER YEE: THANK YOU, DR. SARKISIAN.
15	GREAT POINT. DR. MILLAN.
16	DR. MILLAN: DR. SARKISIAN, THESE ARE ALL
17	EXCELLENT POINTS, AND WE LOOK FORWARD TO INTERACTING
18	WITH YOU AND THE OTHER MEMBERS HERE ON THESE OTHER
19	TOPICS BECAUSE I KNOW IT'S A FINANCIAL MEETING, BUT
20	ALL OF WHAT YOU BRING UP ARE ABSOLUTELY CRITICAL, ON
21	OUR MIND, LOVE THE ONRAMP, AND THE OPPORTUNITIES IN
22	CREATING PATHWAYS BECAUSE WE HAVE SEEN SUCCESSES OUT
23	THERE OF OUR BRIDGES AND SPARKS PROGRAMS FOR SURE
24	AND I'LL POINT THAT OUT. HOWEVER, WE CAN DO EVEN
25	MORE IN TERMS OF CREATING THESE RAMPS AND THESE

1	PATHWAYS THAT MAKES IT NOT AS ORGANIC IS GREAT,
2	BUT IT'S ALWAYS GREAT WHEN YOU HAVE MORE SHOTS ON
3	GOAL FOR FOLKS BEING ABLE TO MOVE FORWARD.
4	SO NOW, AND I WILL GO THROUGH THESE RATHER
5	QUICKLY. I APOLOGIZE, BUT I DID WANT TO POINT OUT
6	THE INNOVATION AND THE EARLY STAGE PROGRAMS THAT WE
7	CAN START LOOKING FORWARD TO SEEING HOW THESE PLAY
8	OUT IN THE NEAR FUTURE WITH THE NEW PROP 14, FOR
9	INSTANCE, MECHANISM.
10	SO SOME OF THE PROGRAMS THAT WE'RE
11	CURRENTLY FUNDING, ONE OF THEM IS IN PARKINSON'S
12	DISEASE. WE HAVE A VARIETY OF PROGRAMS WE'VE FUNDED
13	IN PARKINSON'S DISEASE. THIS ONE I POINT OUT
14	BECAUSE IT'S ALSO A GENE THERAPY APPROACH THAT USES
15	AN AAV, ADENO-ASSOCIATED VIRUS IT'S, AGAIN, A
16	NONINFECTIOUS FORM OF THE VIRUS TO DELIVER GLIAL
17	DERIVED NEUROTROPHIC WHICH IS KIND OF A GROWTH
18	FACTOR. THE INTENT OF THIS IS THAT THE CELL BECOMES
19	KIND OF THE SHUTTLE TO BRING THIS FACTOR INTO THE
20	AREAS OF THE BRAIN THAT SAVE THE NEURONS AND THAT
21	RESTORE THE PRODUCTION OF DOPAMINE THAT ARE ALL
22	RELATED TO KIND OF THE UNDERLYING PATHOPHYSIOLOGY
23	FOR PARKINSON'S.
24	I JUST WANT TO SAY, WITHOUT GOING INTO
25	DETAIL ON THIS, IN GENERAL TERMS, FOR PROGRAMS LIKE

1	THIS TO GET FUNDED, THEY HAVE TO HAVE VERY STRONG
2	DATA, PRECLINICAL DATA, TO COME IN AND A FEASIBLE
3	PLAN AND THEN ALSO DEMONSTRATE THAT THIS IS
4	SOMETHING THAT COULD BE DONE WITH A PATHWAY IN THE
5	REGULATORY SPACE. AND ONE OF THE THINGS WITH THIS
6	PROGRAM, AS CUTTING-EDGE AS IT IS, IS THEY HAD JUST
7	RECENTLY ANNOUNCED THE DOSING, THE SAFE DOSING OF
8	THE FIRST PATIENT. SO, AGAIN, IT'S EARLY DAYS AND
9	NEEDS TO START WITH UNTIL YOU TEST THIS IN THE
10	SAFEST WAY POSSIBLE WITH THE BEST PLAN, WE DON'T
11	KNOW HOW IT WILL TURN OUT. BUT, AGAIN, IT JUST
12	POINTS TO ONE OF THE PROGRAMS WITHIN THE DISEASE OF
13	THE BRAIN, NEURODEGENERATION, AGAIN, ONE OF THE
14	FOCUSES THAT'S MENTIONED IN THE PROP 14.
15	NEXT SLIDE PLEASE. AND IN ANOTHER NEURAL
16	INDICATION, THIS PROGRAM THAT'S BEING DEVELOPED IN
17	AN EARLIER STAGE CALLED TRANSLATIONAL SEEKS TO USE
18	CELL THERAPY TO CONTROL RECALCITRANT SEIZURES THAT
19	COULD BE FATAL. AND THIS WORK SUPPORTS EARLY WORK
20	BY DR. KRIEGSTEIN AT UCSF AND HAS SPUN IT OUT TO A
21	COMPANY, AND THE COMPANY NEURONA IS BEING FUNDED BY
22	CIRM.
23	SO THIS KIND OF ILLUSTRATES A MODEL THAT
24	IS DEFINITELY A MODEL THAT WE'VE SEEN WITH MANY OF
25	OUR PROGRAMS WHERE SOME OF THE EARLY WORK IS

1	SUPPORTED WITHIN THE UNIVERSITY, BUT ALSO WE FUND
2	THE START-UP, AND THE SCIENTISTS ARE MARKEDLY
3	INVOLVED. SO THIS IDEA OF INDUSTRY/ACADEMIC
4	PARTNERSHIP IS ALSO EMBEDDED INTO HOW WE FUND THESE
5	PROGRAMS BECAUSE WE KNOW THAT WITH THESE COMPLEX
6	THERAPIES, THE SCIENCE IS THE DRIVER. AND SO THE
7	WAY OF ENABLING THIS WORK IS MAKING SURE THAT WE
8	TAKE THAT INTO CONSIDERATION IN HOW WE FUND THE
9	PROGRAMS.
10	NEXT SLIDE. AND THIS PROGRAM IS RELATED
11	TO SPINAL CORD INJURY AND RESTORING THE PATHWAYS IN
12	THE SPINAL CORD. I BRING IT UP BECAUSE THERE IS A
13	LATER STAGE PROGRAM THAT WE HAVE FUNDED. JAKE
14	JAVIER IS ONE OF THE VISIBLE PATIENT ADVOCATES AND
15	WAS ONE OF THE EARLY PATIENTS ENROLLED IN THIS
16	TRIAL. SO YOU MAY HAVE SEEN HIM. THAT WAS WITH A
17	TRIAL PERFORMED BY ASTERIAS, NOW TAKEN ON BY A
18	COMPANY CALLED LINEAGE.
19	BUT IN ADDITION TO THAT MOVING ALONG WITH
20	THEIR CELL PRODUCT, WE ALSO FUND A PROGRAM OUT OF UC
21	SAN DIEGO AT AN EARLY STAGE TRIAL. JUST WANTED TO
22	POINT OUT THAT THIS IS ALL BASED ON SCIENCE. SO
23	THIS STEM CELL CLINICAL TRIAL OR THE ATTEMPT TO
24	BRING THIS TO CLINICAL TRIAL IS BASED ON THINGS SUCH
25	AS THIS. THIS IS A PICTURE OF ACTUALLY AXONS BEING

1	REESTABLISHED ACROSS A DAMAGED SPINAL CORD. AND
2	THAT IS A HUGE DEAL BECAUSE WHEN YOU'RE TALKING
3	ABOUT BEING ABLE TO TAKE A CELL THERAPY MY
4	BACKGROUND IS AS A TRANSPLANT SURGEON. SO WHEN WE
5	HAVE DISEASED LIVERS, KIDNEYS, ORGANS, WE SIMPLY
6	REPLACE IT, A GROSS MEANING DEMONSTRATION IN ITS
7	MOST ULTIMATE SENSE OF REPLACING SOMETHING THAT'S
8	DYSFUNCTIONAL OR NO LONGER WORKING. WHEN YOU'RE
9	TALKING ABOUT CELL THERAPY, YOU'RE TRYING TO
10	REESTABLISH THESE EITHER MOLECULAR OR MICROSCOPIC
11	EVENTS. AND SO THIS IS A REALLY EXCITING PROGRAM
12	THAT WE FUNDED, AND IT WILL BE IN OUR PIPELINE, AND
13	WE EXPECT TO SEE MORE PROGRESS IN THAT.
14	NEXT SLIDE PLEASE. AND THEN ALSO ON THE
15	HORIZON IS OUR PRODUCTS RELATED TO WHAT'S CALLED
16	IPSC CELLS, INDUCED PLURIPOTENT STEM CELLS, WHICH IS
17	YOU'VE HEARD OF IT BECAUSE IT WAS A SUBJECT OF A
18	NOBEL PRIZE TO SHINYA YAMANAKA AND OTHERS, ONE OF
19	OUR INVESTIGATORS HERE IN SAN FRANCISCO WHO ALSO IS
20	IN JAPAN, BUT THE IPSC TECHNOLOGY TAKES SKIN CELLS
21	OR BLOOD CELLS, REPROGRAMS THEM SO THEY ARE
22	EMBRYONIC STEM CELL-LIKE, MEANING THAT THEY CAN THEN
23	DIFFERENTIATE INTO ANY CELL OR ORGAN UNDER THE RIGHT
24	CONDITIONS. SO TAKING THIS TECHNOLOGY AND MARRYING
25	IT WITH GENE THERAPY, SO TAKING ALL OF THE JUST

1	STEM CELL BIOLOGY WAS A BIG DEAL IN 2004 WITH THE
2	INITIAL PROPOSITION. AND THERE WAS THEN PROGRESS IN
3	TERMS OF, WELL, YOU CAN ACTUALLY REPROGRAM CELLS
4	THAT ARE ALREADY MATURE LIKE THE SKIN AND OUR BLOOD
5	CELLS AND MAKE THEM EMBRYONIC STEM CELL-LIKE. AND
6	NOW THE PROGRESS IS TAKING THOSE IPSC AND THEN GENE
7	MODIFYING THEM TO CREATE POTENTIAL PIPELINES.
8	SO IN THIS PARTICULAR CASE, IT'S TARGETING
9	THIS CONDITION CALLED DYSTROPHIC EPIDERMOLYSIS
10	BULLOSA WHICH IS A HORRIBLE DISEASE. IT'S CAUSED BY
11	A MUTATION IN THE BASEMENT MEMBRANE. SO THESE
12	BABIES, CHILDREN, AND ADULTS WHO HAVE THIS HAVE
13	CONTINUOUS SLOUGHING OF THEIR SKIN BECAUSE ANY EVEN
14	LIGHT FRICTION WOULD CAUSE THE SKIN TO JUST DENUDE.
15	ONE CAN IMAGINE IT'S LIKE LIVING WITH THIRD-DEGREE
16	BURNS WHERE THERE'S ALREADY A HIGH MORTALITY WITH
17	YOUR SKIN NOT THERE. SO YOU'RE EXPOSED TO
18	INFECTIONS AND THE PAIN. THIS IS A CHRONIC
19	CONDITION AND HIGH COST OF MEDICAL CARE AS WELL AS
20	AN INCREDIBLY AWFUL QUALITY OF LIFE.
21	SO THIS PROGRAM AT STANFORD SEEKS TO USE
22	GENE THERAPY TO CORRECT THE DEFECT IN THE BASEMENT
23	MEMBRANE CONNECTIVE TISSUES, AND THAT'S UNDER WAY.
24	IT'S IN WHAT'S CALLED TRANSLATIONAL STAGE. THEY'RE
25	DOING THE TYPE OF RESEARCH NEEDED TO GET TO AN IND

1	SUCCESS IN THE CLINICS.
2	NEXT SLIDE PLEASE. THOSE ARE JUST SOME
3	EXAMPLES. TO TRY TO GO THROUGH THIS PORTFOLIO OF
4	250 PROGRAMS WOULD BE IMPOSSIBLE. SO I JUST WANTED
5	TO HIGHLIGHT THOSE. THEY'RE ALL OUR FAVORITES.
6	IT'S NOT JUST BECAUSE THEY'RE OUR FAVORITES, THEY
7	ARE OUR FAVORITES, BUT THEY'RE ALL OUR FAVORITES.
8	IT'S BECAUSE IT ILLUSTRATES KIND OF THE VALUE
9	PROPOSITION AND OF HOW WE DERISK THIS AMAZING
10	SCIENCE AND GET IT THROUGH WHAT IT NEEDS TO GET
11	THROUGH, THIS VERY COMPLEX AND WINDY ROAD, TO GET TO
12	THE CLINICS AND THEN BEYOND.
13	I'M JUST GOING TO GO THROUGH THESE PARTS
14	VERY, VERY QUICKLY. WE'VE SET UP INFRASTRUCTURES
15	SUCH AS CREATING THE LARGEST REPOSITORY OF THESE
16	TYPES OF CELLS THAT REPRESENT THE VARIETY OF
17	DIFFERENT DISEASE INDICATIONS SO THEN SCIENTISTS AND
18	DEVELOPERS CAN TAKE THE PLURIPOTENT STEM CELLS FROM
19	VARIOUS DISEASE TARGETS, DIFFERENTIATE THEM, LET'S
20	SAY, INTO A BRAIN TISSUE, WHICH IS REALLY HARD TO
21	TAKE A BRAIN BIOPSY, AND THEN ONE CAN USE THAT FOR
22	THINGS SUCH AS DRUG DISCOVERY OR MECHANISTIC STUDIES
23	THAT THEN LEAD TO OTHER TYPES OF THERAPIES. IT
24	DOESN'T NECESSARILY NEED TO BE A CELL THERAPY, BUT
25	THE CELLS THEMSELVES, THE STEM CELLS THEMSELVES

1	ENABLE THE DISCOVERY OF THERAPIES.
2	SO THIS IPSC REPOSITORY IS COMPOSED OF
3	2600 CIRM LINES. IT'S USED BY ACADEMIC AND
4	INDUSTRY. IT HAS BEEN THE REASON FOR COLLABORATIONS
5	WITH ENTITIES SUCH AS THE BROAD INSTITUTE, MIT,
6	HARVARD, THE CHAN ZUCKERBERG INITIATIVE IN TERMS OF
7	SINGLE CELL TYPE ANALYSIS THROUGH OUR GENOMICS
8	PROGRAM.
9	NEXT SLIDE. AND HERE IN THE RIGHT-HAND
10	CORNER IS ALL OF THE INSTITUTIONS THAT WERE
11	INVOLVED. IT'S A MULTI-INSTITUTIONS EFFORT.
12	NEXT SLIDE PLEASE. AND IN ADDITION TO THE
13	IPSC BANK, WE HAD PREVIOUSLY FUNDED A GENOMICS
14	PROGRAM WHICH CREATED THIS HUB FOR DATA SHARING OF
15	THIS ROBUST EXPLOSION OF GENOMICS DATA THAT WILL
16	ENABLE KIND OF THE FUTURE OF HOW WE ADVANCE
17	PRECISION MEDICINE AND REGENERATIVE MEDICINE.
18	NEXT SLIDE. SO HERE'S OUR TOPIC,
19	EDUCATION, TRAINING THE NEXT GENERATION. SO THIS IS
20	A PICTURE OF ONE OF THE GRADUATES OF THE BRIDGES
21	STUDENT AT HER SHE WORKS NOW FOR NOVO. AND WE
22	HAVE A BRIDGES MEETING THAT J.T. HAD TALKED ABOUT.
23	ART TORRES AND J.T. ATTEND EVERY SINGLE ONE OF THESE
24	MEETINGS. IT'S KIND OF ONE OF THE PRIDE AND JOYS OF
25	CIRM WHERE OUR STUDENTS PRESENT WHAT THEY'VE BEEN UP

1	TO AND THEY ALSO LEARN FROM THE OTHER SCIENTISTS.
2	AND THIS STUDENT CAME TO ME AND WAS SO EXCITED. SHE
3	WAS BUBBLING WITH ENTHUSIASM TALKING ABOUT HER WHOLE
4	JOURNEY AND HOW YOUNG SHE WAS IN TERMS OF WHAT
5	EXPOSURE SHE GOT AT ALL THE VARIOUS BOTH COMPANY AND
6	ACADEMIC LABS THROUGH THE CIRM PROGRAM. AND THEN
7	NOW SHE WAS OFFERED A JOB RIGHT OUT OF SCHOOL WITH A
8	COMPANY THAT'S DEVELOPING EMBRYONIC STEM CELL
9	SOLUTIONS FOR DIABETES.
10	AND THEN THE OTHER ASPECT OF IT IS PATIENT
11	ENGAGEMENT AND COMMUNITY OUTREACH AS PART OF OUR
12	EDUCATIONAL PROGRAM. SHE SAID THAT THAT REALLY
13	NAILED IT FOR HER IN TERMS OF WHY SHE CHOSE THIS.
14	SHE WAS INFUSED WITH THIS MISSION BECAUSE SHE
15	REALIZED THROUGH THOSE INTERACTIONS WHAT THIS MEANT,
16	WHAT HER PLACE COULD BE IN THIS WORLD TO IMPACT
17	THOSE COMMUNITIES AND THOSE PATIENTS.
18	NEXT SLIDE PLEASE. SO THE BRIDGES PROGRAM
19	IS A PROGRAM THAT BRIDGES THE OPPORTUNITIES OF
20	STUDENTS WHO ARE OFTEN FROM UNDERPRIVILEGED
21	BACKGROUNDS OR UNDERREPRESENTED BACKGROUNDS IN THE
22	CAL STATE UNIVERSITIES AROUND CALIFORNIA. AND THE
23	PROGRAMS HAVE A CURRICULUM THAT, AS J.T. DESCRIBED,
24	EXPOSES THEM TO THE SUBJECT OF SCIENCE, BUT ALSO
25	GIVES THEM PRACTICAL EXPERIENCE AND PARTNERED WITH

1	LABS IN TOP ACADEMIC INSTITUTIONS THAT HAVE VERY
2	ESTABLISHED PROGRAMS, SUCH AS STANFORD AND UCSD.
3	NEXT SLIDE PLEASE. AND THIS HAS LED TO
4	OVER 1600 TRAINEES COMING OUT OF THIS PROGRAM, 51
5	PERCENT OF THEM FIRST GENERATION COLLEGE STUDENTS.
6	IT'S INVOLVED OVER 200 MENTORS. AND THE MENTORS
7	THEMSELVES, WHENEVER WE ARE AT THESE MEETINGS, COME
8	UP TO ME AND SAY THAT'S ONE OF THE MOST BEST
9	INVESTMENTS CIRM HAS MADE BECAUSE WHEN THESE
10	STUDENTS COME INTO MY LAB, THEY ARE SO PRODUCTIVE
11	AND CONTRIBUTE SO MUCH. AND THEN OFTEN THEY HIRE
12	THEM OR THEY'RE NABBED BY OTHER ENTITIES BECAUSE
13	THEY GET THE SPECIALIZED EXPOSURE AND SPECIALIZED
14	SKILL SETS.
15	IT INVOLVES 60 HOST INSTITUTIONS AND IT'S
16	GROWING. 33 PERCENT ARE BIOTECH COMPANIES AND
17	APPROXIMATELY 70 PERCENT ARE ACADEMIC AND NONPROFIT.
18	AS YOU SEE THE PIE CHART, THE RESULT IS THAT THERE
19	ARE MANY THAT GO ON TO POSTGRADUATE WORK EVEN AFTER
20	THIS PROGRAM.
21	NEXT SLIDE PLEASE. ABOUT 60 PERCENT OF
22	THEM END UP GETTING JOBS IN R&D, 70 PERCENT ACADEMIC
23	NONPROFIT, AND 33 PERCENT IN BIOTECH. AND 35
24	PERCENT PURSUE GRADUATE PROGRAMS, PH.D.,
25	PROFESSIONAL, MEDICAL SCHOOL, AND OTHER GRADUATE
	7.0

1	PROGRAMS. THEY'VE CONTRIBUTED TO OVER 300
2	PUBLICATIONS IN SCIENTIFIC JOURNALS.
3	THERE ARE SO MANY STORIES, PERSONAL
4	STORIES, OF THESE STUDENTS. AND EVEN NOW,
5	ESPECIALLY WITH THE PASSAGE OF PROP 14, MANY ARE
6	COMING OUT OF THE WOODWORK SAYING I WAS A STUDENT
7	AND NOW I'M ON FACULTY. THEY'RE FOLKS WHO COME WITH
8	ALL OF THESE ACCOLADES AND AWARDS NOW AND SAID I
9	GREW UP UNDER THE CIRM PROGRAMS. AND IT'S AMAZING.
10	ALSO REMINDS ME I'M NOT AS YOUNG AS I THOUGHT I WAS.
11	BUT THEY WERE HERE. THEY PRECEDED ME IN TERMS OF
12	BEING INVOLVED IN THESE PROGRAMS BEFORE I WAS AT
13	CIRM. I WAS STILL PROBABLY IN THE OR AT THAT TIME.
14	BUT IT'S REALLY JUST SO AMAZING TO HEAR THEIR
15	STORIES.
16	AND THEN THERE'S ALSO A PROGRAM CALLED THE
17	SPARK PROGRAM THAT'S GEARED TO OUR HIGH SCHOOL
18	STUDENTS WITH EXPOSURE TO THIS FIELD, AND MANY OF
19	THESE STUDENTS ARE STILL IN HIGH SCHOOL. BUT OF
20	THOSE WHO HAVE ATTENDED THIS PROGRAM, 50 PERCENT ARE
21	IN THE UC SYSTEM, 20 PERCENT ARE EITHER IN PRIVATES
22	OR IN THE CAL STATE SYSTEM, AND OTHERS HAVE ATTENDED
23	SOME LESS KNOWN INSTITUTIONS LIKE YALE, COLUMBIA,
24	HARVARD, HOPKINS, AND DUKE. JUST KIDDING. SO THEY
25	VENTURE BOTH STAY IN CALIFORNIA AND INTEGRATE

1	HERE, BUT ALSO GO OUT TO THE OUTSIDE WORLD AND THEN
2	SOME OF THEM COME BACK. AND THAT'S IT, I THINK, FOR
3	THE EDUCATION PROGRAM.
4	NEXT SLIDE. SO WITH ALL THIS, I'M JUST
5	GOING TO END WITH SAYING WHAT'S OUR REPORT CARD
6	LIKE. IN 2016 WE LAUNCHED AN EXTREMELY BOLD
7	STRATEGIC PLAN. SO AS MANY OF YOU HAD NOTED, WE'RE
8	GOING TO NEED A NEW STRATEGIC PLAN, BUT I'D LIKE TO
9	GIVE AN UPDATE BECAUSE BY THE END OF THIS YEAR, WE
10	WILL BE FINISHED WITH THAT STRATEGIC PLAN.
11	WE CHOSE EXTREMELY BOLD GOALS. IN FACT,
12	MOST OF THESE WERE STRETCH GOALS, ESPECIALLY THE
13	CLINICAL TRIALS. WHEN WE FIRST STARTED, THERE WERE
14	17 CLINICAL TRIALS THAT CIRM HAD FUNDED. WHEN WE
15	FIRST STARTED, MOST PROGRAMS WEREN'T PARTNERED WITH
16	INDUSTRY, AND THERE WAS MAYBE A COUPLE HUNDRED
17	MILLION DOLLARS OF INVESTMENT INTO OUR PROGRAMS FROM
18	INDUSTRY.
19	SO WHERE ARE WE TODAY? WE SET A GOAL OF
20	DISCOVERING 50 NEW CANDIDATES AND THERE ARE 46
21	LIMITED ONLY BECAUSE WE WERE RUNNING OUT OF FUNDS.
22	THERE ARE A LOT MORE PROGRAM THAT COULD HAVE BEEN
23	FUNDED, BUT WE COULDN'T BECAUSE WE WERE RUNNING OUT
24	OF PROP 71 FUNDS. WE INCREASED BECAUSE OF THE
25	QUALITY OF THE PROGRAMS IN OUR SYSTEM, THE
	00

1	PROGRESSION OF PROGRAMS GOING FROM ONE STAGE TO THE
2	NEXT, FROM GOING FROM DISCOVERY TO THE TRANSLATIONAL
3	STAGE, FROM GOING FROM TRANSLATIONAL TO THE STAGE
4	RIGHT BEFORE CLINICAL TRIAL, CLIN1, AND GOING FROM
5	THAT STAGE TO CLINICAL TRIALS, AND EVEN WITHIN THE
6	CLINICAL TRIAL, GOING FROM PHASE 1 TO THE LATER
7	STAGE TRIALS, WE INCREASED THAT BY A HUNDRED PERCENT
8	IN THESE PAST FIVE YEARS.
9	AND IN TERMS OF THE REGULATORY PARADIGM,
10	EVEN FIVE YEARS AGO IT WASN'T AS CLEAR HOW THE FDA
11	WAS GOING TO MAKE SENSE OF ALL THESE OPPORTUNITIES
12	THAT WERE BEING DEVELOPED IN THIS INNOVATIVE FIELD.
13	AND SO UNDER THE 21ST CENTURY CURES ACT, THERE WAS A
14	REVAMP OF THE FDA TO CREATE PLATFORMS AND MECHANISMS
15	SO THAT THEY COULD CONSIDER THESE NOVEL REGENERATIVE
16	MEDICINE PROGRAMS. AND THEY CREATED AN EXPEDITED
17	PATHWAY CALLED RMAT, REGENERATIVE MEDICINE ADVANCED
18	THERAPY PATHWAY. ONE OF THE CIRM PROGRAMS WAS THE
19	VERY FIRST TO ACHIEVE THIS RMAT DESIGNATION. EVEN
20	TODAY THE CIRM PROGRAMS MAKE UP A GOOD PROPORTION OF
21	THE RMAT DESIGNATIONS OUT THERE. SO WE HAVE AT
22	LEAST EIGHT RMAT'S, AND ONE WAS JUST ANNOUNCED
23	TODAY, COMPOSING ABOUT 15 PERCENT OF THE TOTAL OUT
24	THERE IN THE U.S.
25	AND WHAT THIS REPRESENTS IS THAT THIS IS
	81

1	AN EVOLVING REGULATORY PARADIGM. THE CIRM PROGRAMS
2	ARE NOT ONLY ALIGNED WITH AND DEPLOYING THESE
3	PARADIGMS, BUT ARE ACTUALLY CONTRIBUTING TO WHAT'S
4	ALLOWING THE AGENCY TO DEVELOP ITS APPROACHES FOR
5	REGENERATIVE MEDICINE.
6	WE'VE SHORTENED TIME TO CLINICAL TESTING
7	FROM THINGS GOING FROM THE EARLIER STAGE TO CLINICAL
8	TRIALS. AND WE EXCEEDED THE GOAL. WE HAD A GOAL OF
9	59 NEW CLINICAL TRIALS IN FIVE YEARS. AND WITH THE
10	RECENT BOARD APPROVALS, WE HAVE NOW EXCEEDED IT TO
11	51 NEW CLINICAL TRIALS, BRINGING OUR TOTAL TO 68
12	TOTAL TRIALS DIRECTLY FUNDED BY CIRM WITH OVER 2700
13	PATIENTS OR SUBJECTS ENROLLED IN THOSE TRIALS.
14	I'LL GO INTO THIS AND END THE CONVERSATION
15	TODAY ON THIS TOPIC WITH INDUSTRY PULL. WHEN WE
16	FIRST LAUNCHED THE STRATEGIC PLAN, THERE WAS VERY
17	LITTLE UPTAKE FROM INDUSTRY, AND WE WERE CONCERNED
18	THAT WE CAN PUSH THE SCIENCE AND HAVE THESE
19	PROMISING PROGRAMS GO FORWARD; BUT UNLESS WE HAVE
20	THE INDUSTRY INVESTMENT, IT WOULD BE REALLY
21	DIFFICULT TO GET IT INTO COMMERCIALIZATION. AND
22	THAT'S WHAT'S REQUIRED TO GET TO PATIENTS MORE
23	WIDELY.
24	SO WE HAD A GOAL OF PARTNERING 50 PERCENT
25	OF OUR PROGRAMS, AND NOW 59 PERCENT OF THEM ARE

1	PARTNERED, AND THERE HAVE BEEN 72 PARTNERING EVENTS
2	OVER THE COURSE OF THESE FIVE YEARS, CULMINATING IN
3	OVER \$12 BILLION OF INVESTMENT INTO OUR PROGRAMS.
4	JUST \$8.6 BILLION JUST THIS YEAR ALONE YEAR TO DATE
5	IN 2020.
6	NEXT SLIDE. THIS JUST KIND OF SHOWS THAT
7	TRAJECTORY. BECAUSE OF THAT DERISKING FUNCTION THAT
8	WE PLAY, CIRM PROGRAMS HAVE ENABLED THE SPINOUT OF
9	45 COMPANIES FROM ACADEMIA, AND THREE OF OUR
10	COMPANIES HAVE ISSUED IPO'S OR THREE OF THE
11	COMPANIES THAT WE FUNDED HAVE ISSUED IPO'S. WE
12	DON'T WANT TO ACTUALLY OWN THE COMPANIES. SO IF YOU
13	CAN SEE THE AMOUNT OF INVESTMENT, AS YOU SEE HERE,
14	BEFORE WE LAUNCHED THE STRATEGIC PLAN 2014/2015,
15	INVESTMENT INTO OUR PROGRAMS WERE IN THE 40 MILLION
16	RANGE. AND WITH EACH YEAR, THIS IS EACH YEAR'S
17	INVESTMENTS, YOU CAN SEE IT CONTINUALLY INCREASING
18	MARKEDLY, LEADING TO THIS \$12 BILLION INVESTMENT TO
19	DATE.
20	NEXT SLIDE PLEASE. HERE'S SOME OF THE
21	I'M NOT GOING TO GO INTO EVERY SINGLE ONE OF THOSE,
22	BUT IT JUST GIVES YOU A SENSE OF WHAT TYPES OF
23	PROGRAMS MAKE UP THIS INDUSTRY INVESTMENT. 47 INC.
24	FOR CANCER. THERE'S QUITE A BIT IN THE CANCER
25	FIELD, BUT ALSO IN THE BLINDING EYE DISEASE WITH

1	JCYTE LICENSING SANTEN PHARMACEUTICAL, WHICH IS A
2	GLOBAL EYE DISEASE COMPANY, AS WELL AS SOME OTHER
3	PROGRAMS. AGAIN, HERE'S GRAPHITE BIO WHICH LICENSED
4	THE CRISPR TECHNOLOGY OUT OF STANFORD THAT JUST
5	RECENTLY LAUNCHED.
6	NEXT SLIDE PLEASE. AND HERE'S SOME
7	SPINOUTS THAT RESULTED FROM CIRM-FUNDED EARLY STAGE
8	PROGRAMS.
9	NEXT SLIDE. AND WE HAVE CREATED WHAT'S
10	CALLED AN INDUSTRY ALLIANCE PROGRAM. SO NOT ONLY
11	DOES IT RAISE VISIBILITY TO OUR PORTFOLIO PROGRAMS
12	FROM STRATEGIC INVESTORS AND COMPANIES SUCH AS THOSE
13	LISTED HERE WHO ARE INDUSTRY ALLIANCE PARTNERS, BUT
14	THESE INDUSTRY ALLIANCE PARTNERS ALSO GIVE US
15	FEEDBACK TO HELP US AND TO HELP THE GRANTEES FIGURE
16	OUT HOW TO ADDRESS CERTAIN CHALLENGES EVEN EARLY ON
17	IN THEIR DEVELOPMENT PROGRAMS, AGAIN, IN THE SPIRIT
18	OF ACCELERATION AND INCREASING PROBABILITY OF
19	SUCCESS.
20	NEXT SLIDE. AND HERE'S MY ENDING SLIDE.
21	WHAT'S THE OVERALL IMPACT? SO, IN CONCLUSION, CIRM
22	HAS FUNDED 68 CLINICAL TRIALS, OVER 2700 PATIENTS
23	ENROLLED. NOW WITH THE NEW PROPOSITION, WE EXPECT
24	THAT THAT WILL CONTINUE TO GROW. WE'VE CREATED A
25	SPECIALIZED INFRASTRUCTURE SUCH AS THE CLINICAL

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1	NETWORKS, THE GENOMICS HUB, AND THE STEM CELL BANKS
2	FOR RESEARCH, DEVELOPED A SPECIALIZED WORKFORCE FOR
3	THIS NEW FIELD. THIS IS, AGAIN, SOMETHING THAT WE
4	ENVISION WE WILL BUILD UPON TO CREATE EVEN MORE
5	OPPORTUNITIES, THE ONRAMPS AND SUCCESSFUL OFFRAMPS
6	FOR THE DIVERSE WORKFORCE OF THE FUTURE. CREATED A
7	ROBUST ECOSYSTEM HUB FOR PARTNERSHIP. NOT ONLY DOES
8	IT INCREASE FUNDING OPPORTUNITIES, BUT AN ALIGNMENT
9	FOR EXTREMELY CRITICAL ISSUES SUCH AS DIVERSITY AND
10	INCLUSION IN THESE RESEARCH PROGRAMS, AND A THOUSAND
11	PROGRAMS HAVE BEEN FUNDED FOR TRANSFORMATIVE
12	SOLUTIONS.
13	YOU ALL ARE AWARE OF THE ECONOMIC IMPACT
14	REPORT THAT WAS CONDUCTED. AS CONTROLLER YEE SAID,
15	THAT THE REAL IMPACT IS GOING TO BE DOWN THE ROAD
16	WHEN THESE THERAPIES MAKE IT BROADLY TO THE CLINICS
17	IN TERMS OF COST SAVINGS. BUT IN TERMS OF JUST KIND
18	OF A BENCHMARK AND SURROGATE MARKER FOR THE TYPE OF
19	IMPACT, WHAT WE CERTAINLY SEE IS FOR THIS \$3 BILLION
20	INVESTMENT BY THE CITIZENS OF CALIFORNIA, THERE'S
21	BEEN NOT ONLY THE INDUSTRY INVESTMENT OF \$12 MILLION
22	THAT WAS NOTED, BUT ALMOST \$11 BILLION IN SALES
23	REVENUE HAD BEEN GENERATED, \$650 MILLION IN TAXES,
24	AND CREATION OF ALMOST 60,000 NEW JOBS BECAUSE OF
25	THE PROGRAMS THAT WERE FUNDED THROUGH CTRM.

THANK YOU SO MUCH FOR YOUR ATTENTION. I
KNOW IT WAS A LONG PRESENTATION. IT WAS REALLY
WONDERFUL TO HAVE SUCH AN INTERACTIVE DISCUSSION.
THERE'S SO MANY MORE TOPICS, I'M SURE, WE COULD
COVER, BUT I'D LIKE TO GO AHEAD AND TURN IT OVER TO
CONTROLLER YEE. I'M HAPPY TO ANSWER ANY OTHER
QUESTIONS.
CONTROLLER YEE: THANK YOU VERY MUCH, DR.
MILLAN, TO CHAIRMAN THOMAS, AND SENATOR TORRES,
OTHERS WHO COMMENTED DURING THIS SECTION. IT'S
VERY, VERY EXCITING AND A BIT OF JUST KIND OF A
MARKER WITH RESPECT TO WHERE WE ARE BEFORE WE LAUNCH
INTO THIS NEXT CHAPTER WITH THE ADDITIONAL RESOURCES
GENEROUSLY APPROVED BY THE VOTERS OF CALIFORNIA.
LET ME TURN TO THE MEMBERS OF THE
COMMITTEE TO SEE IF THERE ARE ANY QUESTIONS OR
COMMENTS.
DR. SADANA: I'D LIKE TO, MADAM CHAIR.
CONTROLLER YEE: YES, PLEASE, DR. SADANA.
DR. SADANA: I'D LIKE TO CONGRATULATE, AND
THIS IS THE FIRST TIME WE HAVE SEEN SO MUCH PROGRESS
AS WELL AS CLINICAL APPLICATIONS THAN IN THE PAST.
WHILE I MISSED THE LAST MAYBE TWO MEETINGS, BUT THIS
IS GREAT. THANK YOU, DR. MILLAN, FOR ALL THESE AND
MR. THOMAS AS WELL FOR YOUR PRESENTATIONS.
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1	CONTROLLER YEE: THANK YOU.
2	MR. LOTT: MADAM CHAIR, IF I MAY, I WANT
3	TO ALSO APPLAUD EVERYONE'S EFFORTS. DR. MILLAN,
4	YOUR PRESENTATION WAS STELLAR. I REALLY APPRECIATE
5	ALL THE INFORMATION.
6	A COUPLE OF YEARS BACK I ASKED TO GET MORE
7	INFORMATION, MORE NEWS ABOUT WHAT'S GOING ON. THIS
8	MAY HAVE BEEN BEFORE YOUR TIME. I'VE BEEN GETTING
9	IT. I'VE BEEN GETTING LOADS OF IT. AND I'M SURE
10	YOU GUYS ARE WONDERING IF I REALLY EVEN READ THIS
11	STUFF. I READ EVERY BIT OF IT. I WANT YOU TO KNOW
12	I APPRECIATE YOUR KEEPING US ALL UP TO DATE. I GET
13	TWO, THREE, FOUR E-MAILS A WEEK WITH THE NEWS AND
14	WHAT'S GOING ON. AND I'M A BIT BORING. AS MY
15	CHILDREN TELL ME, DAD, YOU'RE A NICE GUY, BUT YOU'RE
16	BORING. BUT I'M A NERD. I LIKE TO SEE THE FACTS.
17	I LIKE TO SEE THE INFORMATION. I LIKE TO SEE THE
18	DATA. I LIKE TO SEE WHAT YOU GUYS ARE DOING. SO I
19	JUST WANT TO TELL YOU GUYS GREAT WORK, AND I'M
20	READING WHAT YOU SEND. SO KEEP ON SENDING THIS
21	STUFF TO ME. THANK YOU.
22	DR. MILLAN: WE WILL. THANK YOU SO MUCH.
23	CONTROLLER YEE: THANK YOU, MR. LOTT.
24	OTHER COMMENTS? DR. QUICK.
25	DR. QUICK: THANK YOU ALL AND

1	CONGRATULATIONS AND THANKS
2	MR. TORRES: I THINK BETTY WILL APPRECIATE
3	WHAT JIM JUST SAID BECAUSE ALL OF US ARE FORMER
4	SENATE STAFFERS OR LEGISLATIVE STAFFERS. YES, JIM,
5	YOU ARE A GREAT NERD BECAUSE YOU WERE ONE OF THE
6	BEST CONSULTANTS THE SENATE COMMITTEE ON HEALTH EVER
7	HAD WHEN I SERVED ON IT. SO I JUST WANTED TO THANK
8	YOU FOR ALL THE YEARS OF SERVICE YOU AND BETTY HAVE
9	PROVIDED. BUT THOSE OF US THAT WERE STAFFERS BEFORE
10	REALLY APPRECIATE THE WORK OF OTHER STAFFERS, LIKE
11	DR. MILLAN AND OTHERS, WHO PARTICIPATED IN THIS
12	PRESENTATION. THANK YOU.
13	CONTROLLER YEE: DR. QUICK.
14	DR. QUICK: THANK YOU. CONGRATULATIONS TO
15	THE TEAM, THE ENTIRE CIRM TEAM. JUST WONDERFUL.
16	I'M JUST WONDERING, DR. MILLAN, WHEN YOU
17	STARTED YOUR PRESENTATION, YOU SORT OF DIVIDED SOME
18	OF THE MONEY INTO FIVE BUCKETS, INFRASTRUCTURE,
19	EDUCATION. I WONDER AS YOU LOOK BACK, SO I'M GOING
20	TO ASK YOU TO GET YOUR CRYSTAL BALL OUT, AS YOU LOOK
21	BACK OVER THOSE FIRST 16 YEARS, WOULD YOU HAVE
22	PREDICTED THAT THAT'S WHERE THE MONEY WOULD HAVE
23	FALLEN INTO THOSE BUCKETS, HOW MUCH INTO EACH
24	BUCKET? AND NOW GOING FORWARD, DO YOU HAVE ANY
25	SPECULATION, I KNOW YOU HAVE TO PUT TOGETHER A

1	STRATEGIC PLAN TO KNOW THIS, BUT OF WHERE MONEY MAY
2	FALL INTO THOSE VARIOUS BUCKETS. I GUESS MY FINAL
3	POINT OF THIS QUESTION IS, AND I HOPE I'M NOT BIASED
4	BECAUSE I'M A BASIC SCIENTIST, I WOULD LIKE TO
5	CONTINUE TO SEE THAT DISCOVERY IS WHERE A BIG
6	BUCKET HERE BECAUSE, AS WE CAN SEE FROM THE ORIGINAL
7	PROP 71, IT'S REALLY DISCOVERY THAT IS DRIVING SO
8	MUCH OF WHAT ENDS UP HAPPENING IN THESE EMERGING
9	FIELDS. SO I'D HATE TO THINK THAT GOING FORWARD ONE
10	MIGHT BIAS TOWARD FOCUSING ON CLINICAL TRIALS, WHICH
11	IS CERTAINLY IMPORTANT, BUT MAKING SURE THAT THAT
12	HUGE BUCKET OF DISCOVERY IS PRIMED AND READY TO
13	SERVE.
14	DR. MILLAN: THANK YOU, DR. QUICK. AND
15	THE ANSWER IS YES TO YOUR QUESTION OF COMMITMENT TO
16	THE BASIC RESEARCH. THAT'S ANTICIPATED TO CONTINUE
17	AND, IN FACT, IS CRITICAL TO WHAT WE ARE ENVISIONING
18	FOR THE STRATEGIC PLAN.
19	AND THE CONCEPT PROPOSALS, WHICH I'LL
20	FORWARD TO YOU IF YOU HAVE NOT SEEN IT, THE JUNE
21	
	ICOC MEETING PROPOSAL REALLY HIGHLIGHTS HOW IT'S NOT
22	ICOC MEETING PROPOSAL REALLY HIGHLIGHTS HOW IT'S NOT ONLY INVESTING IN THIS IMPORTANT FOUNDATIONAL
22	ONLY INVESTING IN THIS IMPORTANT FOUNDATIONAL
22 23	ONLY INVESTING IN THIS IMPORTANT FOUNDATIONAL RESEARCH AND THEN ALL OF THE DOWNSTREAM EFFECTS OF

1	THE ENTIRE ENTERPRISE. SOME OF THE THINGS WE ARE
2	LOOKING AT THROUGH MECHANISMS SUCH AS A ROBUST
3	KNOWLEDGE SHARING CAPACITY WITH DATA BEING BEST
4	UTILIZED AND ALSO MARRYING THAT WITH THE ABILITY TO
5	TRANSLATE THAT INTO SOMETHING THAT WILL BE USEFUL
6	FOR INFORMING THE COMMUNITIES AND THE PUBLIC SO THAT
7	THEY CAN NAVIGATE THROUGH THE PROGRESS AND THEIR
8	HEALTHCARE CHOICES.
9	SO THOSE ARE THE TYPES OF THINGS WE'RE
10	LOOKING AT, BUT ABSOLUTELY AS AN UNDERPINNING BASIC
11	RESEARCH IS A MAJOR PART OF THAT. IN FACT, WHAT WE
12	PROPOSED TO THE BOARD IS THAT THE BASIC PILLARS THAT
13	YOU HAD ALLUDED TO THOSE FIVE AREAS WOULD BE A
14	STRONG AND VETTED AND PROVEN FOUNDATION FOR WHAT WE
15	CAN DO GOING FORWARD.
16	SO MORE ON THAT, BUT I'LL CERTAINLY MAKE
17	SURE THAT YOU RECEIVE AT LEAST THE CONCEPT OF THE
18	BIG PICTURE CONCEPT PROPOSALS THAT ARE BEING
19	CURRENTLY DEVELOPED ALONG WITH OUR BOARD.
20	CHAIRMAN THOMAS: DR. QUICK, JUST TO ADD
21	ON THAT A LITTLE ANECDOTE I THINK THE GROUP HERE
22	WOULD APPRECIATE. AS YOU SAW ON DR. MILLAN'S
23	PRESENTATION, WE DEVOTED ABOUT A THIRD OF OUR
24	FUNDING THUS FAR TO BASIC RESEARCH, RECOGNIZING
25	EXACTLY WHAT YOU SAY, WHICH IT'S THE DRIVING FORCE

1	THAT GETS EVERYTHING STARTED AND FROM WHICH COMES
2	ALL THAT FOLLOWS. AS IT HAPPENS, THE VERY LAST PEER
3	REVIEW SESSION THAT WE HAD BEFORE THE ELECTION WAS
4	ON BASIC RESEARCH AWARDS. WE CALL THEM DISCOVERY
5	AWARDS. AT THAT POINT, OF COURSE, THERE WAS NO
6	GUARANTEE PROP 14 WAS GOING TO PASS. AND OUR
7	REVIEWERS, AS THEY ALWAYS DO, WERE EXCEPTIONALLY
8	DILIGENT, PROFESSIONAL, AND SO ENERGIZED ABOUT BASIC
9	RESEARCH, AS THEY'VE BEEN SINCE CIRM'S INCEPTION,
LO	AND THEY WENT THROUGH AND THEY REVIEWED ALL THESE
L1	PROJECTS, AND WE CAME THROUGH WITH A SLATE OF THAT
L2	MEETING OF TEN PROJECTS THAT THE BOARD ULTIMATELY
L3	ADOPTED AND ARE NOW BEING FUNDED.
L4	BUT THE ANECDOTE I WANTED TO SHARE WITH
L5	YOU ALL IS AT THE VERY END OF THIS SESSION, WHICH
L6	COULD HAVE BEEN THE LAST PEER REVIEW SESSION ON
L7	BASIC RESEARCH CIRM EVER HAD, THERE WAS SORT OF A
L8	REFLECTION BY MEMBERS OF THE GROUP WHERE IT WAS
L9	ALMOST SORT OF A WISTFUL EXCHANGE WHERE THEY WERE
20	SAYING THAT THEY SO APPRECIATED THE OPPORTUNITY TO
21	SERVE AS PEER REVIEWERS OVER THE YEARS ON CIRM'S
22	BASIC RESEARCH PROJECTS, AS IT HAPPENED TO HAVE BEEN
23	THE SUBJECT MATTER THERE, AND THAT, THEY SAID, YOU
24	KNOW, WE ALL DO THIS FOR NIH AS WELL, AND THAT'S
25	GREAT AND WE LIKE DOING THAT, BUT WHAT WE REALLY

1	LOVE IS GETTING THE PHONE CALLS FROM CIRM TO COME
2	OUT AND WORK ON THEIR PROJECTS BECAUSE THERE'S
3	SOMETHING ABOUT THE CUTTING-EDGE, THE FRONTIER, THE
4	AMENABILITY TO TAKE RISK THAT THEY SO ENJOY AND THE
5	DYNAMICS.
6	MANY OF THESE RESEARCHERS HAVE BEEN PEER
7	REVIEWING TOGETHER FOR CIRM FOR YEARS. SO IT'S A
8	LITTLE COMMUNITY THAT'S FORMED WHERE THEY'RE ALL
9	FRIENDS AND THEY ALL CONTRIBUTE MIGHTILY. BUT THE
10	FACT THAT THEY SINGLED OUT THE FACT THAT THE CALL
11	FROM CIRM WAS THE THING THEY LOOKED FORWARD TO THE
12	MOST WAS REALLY TELLING TO US. AND, AGAIN,
13	PRE-ELECTION WAS QUITE A POIGNANT THING TO HEAR
14	BECAUSE WE MAY NOT HAVE HAD ANOTHER ONE. SO I JUST
15	THOUGHT MEMBERS OF THE COMMITTEE WOULD APPRECIATE
16	THAT AS A REFLECTION OF HOW IMPORTANT BASIC RESEARCH
17	IS TO WHAT WE DO, BUT HOW IMPORTANT WHAT WE DO IS TO
18	THE FIELD AND THE RESEARCHERS IN IT. SO ANYWAYS.
19	DR. MILLAN: I WANTED TO JUST ADD TO THAT
20	WHAT CHAIRMAN THOMAS SAID AND TO SAY THAT WE HAVE A
21	DIVERSE REVIEW PANEL, REVIEWERS, JUST TO OUR TOPIC.
22	AND ALSO, IN ADDITION TO THOSE WHO ARE MORE
23	ACCUSTOMED TO EACH OTHER, WHAT'S ALWAYS FUN IS NEW
24	MEMBERS ARE CONTINUOUSLY BEING BROUGHT ON WHO ARE
25	USED TO KIND OF THE TRADITIONAL APPROACHES TO

1	RESEARCH WHERE OFTEN YOU NEED TO HAVE PUBLISHED SO
2	MANY THINGS THAT BY THE TIME YOU ACTUALLY GET THE
3	GRANT, IT'S NO LONGER NOVEL. SO THEY LOVED THAT WE
4	ARE TAKING THE RISK.
5	AND ALSO WHAT'S GREAT ABOUT IT THESE
6	SCIENTIFIC DISCUSSIONS ARE AMAZING. IT'S JUST SUCH
7	A GREAT VALUE THAT EVERYBODY COME AWAY LEARNING SO
8	MUCH MORE BECAUSE THE SPECIALISTS IN THE VARIOUS
9	AREAS COME IN AND THERE'S THIS CROSS-FERTILIZATION
10	AND CROSSTALK. SO THERE ARE PEOPLE WHO, YES, WHO
11	ARE FAMILIAR WITH EACH OTHER, BUT MANY NEW MEMBERS
12	AND REVIEW SPECIALISTS WHO MAY NOT ALWAYS AGREE. SO
13	THERE'S A REALLY VERY, VERY VIGOROUS EXCHANGE AT ALL
14	THESE MEETINGS.
15	AND ONE OF THE INTERESTING THINGS IS THAT
16	EVEN IF REVIEWERS ARE HIGHLY SUPPORTIVE OF A
17	PROGRAM, THEY WILL ALWAYS BRING UP THE WEAKNESSES
18	AND THE CRITICISMS UP FRONT. SO IT'S REALLY, REALLY
19	BENEFICIAL TO EVERYBODY TO HAVE KIND OF EYES WIDE
20	OPEN AS WE TAKE THESE RISKS, RISKS WORTH TAKING, BUT
21	NEVERTHELESS JUST BE ABLE TO UNDERSTAND WHAT
22	POTENTIALLY OVERCOMES SOME OF THESE BETTER. THANK
23	YOU.
24	CONTROLLER YEE: THANK YOU, DR. MILLAN.
25	OTHER QUESTIONS FROM COMMITTEE MEMBERS?

1	SEEING NONE, WHAT I'D LIKE TO DO NOW IS
2	TURN TO THE PUBLIC COMMENT SECTION OF THE AGENDA.
3	JUST LET MEMBERS OF THE PUBLIC KNOW WHO ARE
4	LISTENING, IF YOU WISH TO MAKE A COMMENT, YOU MAY
5	RAISE YOUR HAND AND WE WILL ACKNOWLEDGE YOU, AND YOU
6	WILL GET TO SPEAK FOR TWO MINUTES ADDRESSING THE
7	COMMITTEE ONCE YOU'RE RECOGNIZED. JUST CHECK WITH
8	OUR TECHNICAL STAFF. TODD, I DON'T SEE ANYONE WITH
9	A HAND RAISED, DO YOU?
10	TODD: I DO NOT EITHER.
11	CONTROLLER YEE: VERY WELL. THANK YOU.
12	THEN LET ME JUST LOOK FOR CONCLUDING BOARD
13	COMMENTS IF THERE ARE ANY. MAYBE I'LL START.
14	THANK YOU VERY MUCH FOR A VERY ROBUST
15	PRESENTATION. THANK YOU FOR FULFILLING OUR CHARGE
16	OF RECEIVING THE INDEPENDENT FINANCIAL AUDIT AND THE
17	ATTENDANT REVIEWS OF THEM, THE QUALITY CONTROL
18	REVIEW WHERE WE HAVE DISCHARGED THE RESPONSIBILITY
19	OF THE COMMITTEE.
20	BUT MORE IMPORTANTLY, JUST APPRECIATE THE
21	ROBUST DISCUSSION TODAY, ALL OF YOU JUST BRINGING
22	YOUR RESPECTIVE DISCIPLINES AND PERSPECTIVES TO THIS
23	COMMITTEE AND THE WORK OF CIRM GOING FORWARD.
24	I JUST WANTED TO SAY THAT ONE OF THE
25	THINGS I HOPE IS PART OF THE STRATEGIC THINKING

1	GOING FORWARD IS HOW DO WE TELL OUR STORY BETTER.
2	AND I THINK YOU ARE DOING A GREAT JOB OF TELLING THE
3	STORY, BUT THERE'S SO MUCH. I THINK FOR MANY WHO
4	ARE SKEPTICAL ABOUT THIS PARTICULAR FIELD, ABOUT THE
5	LENGTHY PROCESSES WHICH ACTUALLY CIRM, I THINK, DOES
6	A REMARKABLE JOB OF EXPEDITING AND ACCELERATING A
7	LOT OF THE TRADITIONAL PROCESSES, BUT THAT AS WE ARE
8	SEEING ALL THESE VARIOUS RESEARCH EFFORTS AND
9	CLINICAL TRIALS ON THEIR WAY, THAT WE STILL ARE
LO	GETTING SOME BENEFIT. TO YOUR POINT, DR. MILLAN,
L1	THE ECONOMIC IMPACT IS SOMETHING THAT WE SHOULD NOT
L2	TURN OUR BACK TO. THIS IS DEFINITELY GENERATING
L3	BENEFIT FOR THE CALIFORNIA ECONOMY. SO TO BE ABLE
L4	TO KEEP THAT ON THE FRONT BURNER AND CERTAINLY
L5	LOOKING AT HOW WE TRANSLATE SOME OF THIS WORK, THAT
L6	MAYBE AT AN EARLIER STAGE GETS TO MEMBERS OF THE
L7	PUBLIC, AND I THINK PARTICULARLY GIVEN THE SIGHT OF
L8	AWARENESS TIME OF THE PUBLIC HEALTH PANDEMIC WHERE
L9	SO MANY ARE VERY FOCUSED ON HEALTH RIGHT NOW. JUST
20	WANTED TO PUT THAT ON THE TABLE.
21	AND THEN, LASTLY, WHAT I WOULD SAY IS THIS
22	COMMITTEE WILL CONVENE AGAIN FOR THE NEXT REVIEW OF
23	THE INDEPENDENT AUDIT, THAT REALLY I WELCOME JUST
24	OUR ABILITY TO BE ABLE HAVE MORE INFORMATION SHARED
25	WITH US DURING THE COURSE OF THE YEAR SO THAT WE

1	HAVE THAT CONTEXT BUILT DURING THE COURSE OF THE
2	YEAR AS WE LEAD UP TO THE NEXT ACCEPTANCE AND REVIEW
3	OF THE INDEPENDENT FINANCIAL AUDIT. SO THAT WOULD
4	BE ANOTHER ASPECT THAT I WOULD BE LOOKING FOR.
5	AND THEN, FINALLY, I WANT TO JUST SAY
6	THANK YOU. THIS IS WORK THAT REALLY IS AGAINST A,
7	TO SOME EXTENT, A DEGREE OF UNCERTAINTY AS WELL.
8	AND TO BE ABLE TO JUST STAY THE COURSE TO BE ABLE TO
9	JUST CONTINUE TO HAVE INTEGRITY WITH RESPECT TO THE
10	PROCESSES THAT HAVE ESTABLISHED.
11	AND MY LAST QUESTION FOR YOU IS REALLY
12	ABOUT THIS NEW ADMINISTRATION COMING IN IN
13	WASHINGTON. AND I KNOW THAT CIRM HAS INFORMED A LOT
14	OF THE EVOLUTION OF THE FDA PARADIGM. JUST WANTED
15	TO KIND OF GET YOUR SENSE OF ANY POTENTIAL CHANGES A
16	NEW ADMINISTRATION. SOMETIMES WITH AN
17	ADMINISTRATION TRANSITION, THINGS ARE IN A STATE OF
18	FLUX. AND SO JUST KIND OF WHAT YOU'RE ANTICIPATING
19	AROUND THOSE EVENTS.
20	CHAIRMAN THOMAS: ART, DO YOU WANT TO TAKE
21	THAT ONE?
22	MR. TORRES: AS BETTY KNOWS, I'M VERY
23	CLOSE TO THE VICE PRESIDENT ELECT AND ALSO WITH THE
24	PRESIDENT WHO I MET 40 YEARS AGO. AND SO A LOT OF
25	THE ENERGY THAT WE'RE COMPILING AS AN ORGANIZATION

1	IS TO INTERACT WITH THE PRESIDENT AND THE VICE
2	PRESIDENT ELECTS AS THEY MOVE FORWARD IN THE
3	HEALTHCARE FIELD. ALL OF US KNOW THE RELATIONSHIP
4	THAT THE PRESIDENT HAD WITH BRAIN CANCER AND BRAIN
5	TUMOR BECAUSE OF BEAU BIDEN, BUT ALSO BECAUSE HE WAS
6	HEADING THIS NEW INITIATIVE THAT WAS STARTED WHEN HE
7	WAS STILL VICE PRESIDENT UNDER PRESIDENT OBAMA. SO
8	I THINK HE WANTS TO CONTINUE THAT, AND I THINK IT'S
9	STILL EARLY TO DECIPHER WHO ARE THE MAIN PLAYERS SO
10	FAR AS HE BEGINS TO NOT EVEN HAVE A TRANSITION
11	BECAUSE OF THE IRRESPONSIBILITY OF THE CURRENT
12	INCUMBENT.
13	I THINK AS WE MOVE FORWARD, WE WILL KEEP
14	YOU ABREAST, ESPECIALLY YOU, CONTROLLER YEE, AS TO
15	THE KINDS OF EFFORTS THAT WE'RE GOING TO EMBARK ON
16	IN A COOPERATIVE BASIS. AND CLEARLY A LOT OF THAT
17	IS GOING TO HAVE TO DEAL WITH NEW TREATMENTS AND HOW
18	THEY'RE GOING TO BE FINANCED FOR PATIENTS. AND
19	THAT'S GOING TO INVOLVE, AS JIM LOTT WELL KNOWS,
20	MEDICARE, MEDICAID, AND IN OUR OWN STATE MEDI-CAL.
21	LUCKILY THE SUPREME COURT HAS RULED, SO FAR ANYWAY,
22	AT LEAST PRELIMINARILY, THAT WE'RE GOING TO BE OKAY
23	WITH COVER CALIFORNIA. THEY HAVEN'T ISSUED THE
24	FINAL DECISION, BUT OUR HOPES ARE THAT IT WILL BE
25	POSITIVE SO THAT WE CAN CONTINUE OUR WORK AND

1	CONTINUE TO INSURE THOSE THAT HAVE BEEN UNINSURED.
2	THAT'S GOING TO HAVE A LOT OF IMPACT ON
3	ACCESSIBILITY TO HEALTHCARE AND THE AFFORDABILITY OF
4	MANY OF THESE TREATMENTS. SO, IN SHORT, THAT'S
5	WHERE WE ARE AT. THANK YOU.
6	CHAIRMAN THOMAS: I'D LIKE TO ADD, JUST IF
7	I MIGHT, TO THAT, THAT AS WE KNOW, THE CURRENT
8	ADMINISTRATION HAS NOT BEEN ONE THAT PUT A LOT OF
9	FAITH OR EMPHASIS ON SCIENCE. THE INCOMING
10	ADMINISTRATION IS EXACTLY THE OPPOSITE, AND I'M
11	CERTAIN THAT THE OPPORTUNITIES FOR COLLABORATION AS
12	LEADERS IN THE FIELD THAT CIRM, THAT WE ALL ARE OUT
13	HERE, WILL HAVE A GREAT CHANCE TO FURTHER
14	COLLABORATE AND JOINTLY ADVANCE THE BALL ACROSS MANY
15	DIFFERENT DISEASES AND CONDITIONS.
16	SO WE ARE VERY OPTIMISTIC ABOUT THE NEW
17	ADMINISTRATION COMING IN AND THE POSSIBILITIES THAT
18	HOLDS FOR ADVANCEMENT.
19	CONTROLLER YEE: THANK YOU, CHAIRMAN
20	THOMAS. MARK, YOU HAD A COMMENT?
21	MR. FISCHER-COLBRIE: JUST A QUICK ONE.
22	I'D LIKE TO GET A SORT OF A SUMMARY OF THE NEW
23	REQUIREMENTS OF PROP 14 SOMEWHERE ALONG THE WAY IN
24	ORDER TO MAP OVER TO ENSURE THAT WE ARE OVERSEEING
25	THAT ACTIVITY AS WE GET INTO THE NEXT YEAR.

1	AND, SECOND, JUST IMPRESSIVE PROGRESS
2	ACROSS THE BOARD. IT'S PRETTY AMAZING AND, AS
3	MENTIONED EARLIER, INCREDIBLY EXCITING. SO JUST
4	KEEP UP THE FABULOUS WORK. SO THANK YOU.
5	CHAIRMAN THOMAS: IF I COULD SEND TO
6	MEMBERS OF THE COMMITTEE, WE HAVE A ONE-PAGER WHICH
7	OUR COUNSEL, JAMES HARRISON, PUT TOGETHER WHICH
8	DESCRIBES THE NEW ELEMENTS OF PROP 14 THAT ARE ABOVE
9	AND BEYOND PROP 71 SO THAT YOU WILL BE ABLE TO TRACK
10	EXACTLY WHAT WE DO. A NUMBER OF THESE HAVE BEEN
11	ALLUDED TO ALREADY, BUT I THINK THAT THIS MEMO WILL
12	GIVE YOU SORT OF SUMMARIZED CHAPTER AND VERSE TO
13	TRACK AS THINGS PROCEED FROM HERE. THANK YOU.
14	CONTROLLER YEE: THANK YOU, CHAIRMAN
15	THOMAS. GREAT. THANK YOU. OTHER COMMENTS,
16	MEMBERS? OKAY.
17	MR. LOTT: MADAM CHAIR, I DO HAVE ONE LAST
18	COMMENT, IF I MAY. AND THAT HAS TO DO WITH YOU.
19	OUR SPECIFIC TASK AND CHARGE IS VERY CLEAR. AND
20	WHAT YOU BROUGHT IN YOUR LEADERSHIP AS CONTROLLER
21	AND AS CHAIR OF OUR COMMITTEE HAS MADE OUR ABILITY
22	TO DISCHARGE THAT TASK AND THAT RESPONSIBILITY JUST
23	THAT MUCH MORE EASY. SO I WANT TO THANK YOU FOR
24	YOUR LEADERSHIP AND YOUR CHAIRMANSHIP,
25	CHAIRPERSONSHIP, EXCUSE ME, OF THIS COMMITTEE, AND
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1	KEEPING US ON TRACK AND MAKING CERTAIN THAT WE DO
2	WHAT THE PEOPLE OF CALIFORNIA HAVE ASKED US TO DO.
3	CONTROLLER YEE: THANK YOU, MR. LOTT.
4	THANK YOU VERY MUCH. IT IS AS WITH MY DAY JOB AS
5	CONTROLLER, NUMBERS HAVE LOTS OF STORIES BEHIND
6	THEM. AND I THINK REALLY TO UNDERSTAND THEM FULLY
7	IT IS ABOUT EXACTLY WHAT WE'VE LEARNED TODAY FROM
8	DR. MILLAN AND THE TEAM. SO VERY MUCH APPRECIATE
9	THE PATIENCE OF THE MEMBERS OF THIS COMMITTEE. AND
10	I WOULD AGREE WITH YOU. I THINK WE ARE MORE ABLE TO
11	SUCCESSFULLY FULFILL OUR CHARGE AND PUT IT IN PROPER
12	CONTEXT SO WE HAVE THE BROADER PERSPECTIVE. I
13	REALLY APPRECIATE THE COMMENT.
14	SEEING NO OTHER BUSINESS COME BEFORE THE
15	COMMITTEE, I BELIEVE A MOTION TO ADJOURN IS IN
16	ORDER.
17	MR. FISCHER-COLBRIE: I MOVE THAT WE
18	ADJOURN.
19	CONTROLLER YEE: OKAY. MOTION BY
20	MR. COLBRIE TO ADJOURN. SECOND?
21	DR. QUICK: SECOND.
22	CONTROLLER YEE: OKAY. SECOND BY DR.
23	QUICK. WITHOUT OBJECTION, THIS COMMITTEE IS HEREBY
24	ADJOURNED. THANK YOU ALL VERY MUCH FOR YOUR TIME
25	THIS MORNING. DR. MILLAN, YOU AND YOUR TEAM, THANK

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YOU.
 1
 2
                DR. MILLAN: THANK YOU SO MUCH.
 3
                CONTROLLER YEE: EVERYONE STAY SAFE.
         (THE MEETING WAS THEN CONCLUDED AT 11:23 A.M.)
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#### REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE PROCEEDINGS BEFORE THE CITIZENS FINANCIAL ACCOUNTABILITY OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON NOVEMBER 20, 2020, 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 133 HENNA COURT SANDPOINT, IDAHO (208) 920-3543

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