Summary of Clinical Trial Results

Gene Therapy Clinical Trial Results – A Summary for the Duchenne Community

About this summary

Study 101 was a clinical trial for an investigational gene transfer therapy called SRP-9001 (rAAVrh74.MHCK7.micro-dystrophin).*

An investigational therapy, often described as an experimental therapy, is one that is still being studied to see how safe it is and how well it works. It is also one that has not yet been approved by any regulatory body.

The main aim of this clinical trial was to find out if the gene transfer therapy SRP-9001 is a safe treatment for boys with Duchenne muscular dystrophy (referred to as Duchenne or DMD).

The clinical trial started in January 2018 and is still ongoing. The clinical trial will finish in April 2023. This summary includes the results that were collected and analyzed 12 months after all boys received treatment with SRP-9001.

This summary is intended for members of the public, the Duchenne community, the boys who took part in the clinical trial, and their families.

Sarepta Therapeutics is the sponsor of Study 101. Parent Project Muscular Dystrophy committed $2.2 million to the trial, with support from additional Duchenne foundations and families.

Contents of the summary

Key information about this clinical trial

The main aim of this clinical trial was to find out if the gene transfer therapy SRP-9001 is a safe treatment for boys with Duchenne

This clinical trial included four boys with Duchenne aged 4–6 years

In this clinical trial, four boys were given SRP-9001 by intravenous infusion over 1–2 hours

This clinical trial started in January 2018 and is still ongoing

Thank you to the boys who took part in this clinical trial

*This summary is based on the following publication: Mendell JR et al. "Assessment of Systemic Delivery of rAAVrh74.MHCK7.micro-dystrophin in Children With Duchenne Muscular Dystrophy: A Nonrandomized Controlled Trial" JAMA Neurol. 2020 Sep 1;77(9):1122-1131.

1. General information about this clinical trial

Why was this clinical trial done?

Duchenne muscular dystrophy (referred to as Duchenne or DMD) is a rare genetic condition that causes muscle weakness and wasting.

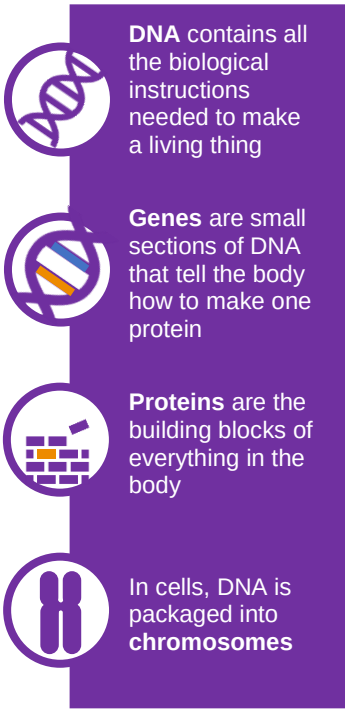
Duchenne is caused by a change (known as a mutation) in the **DNA** that makes up the *DMD* **gene**. The *DMD* gene makes a **protein** called dystrophin.

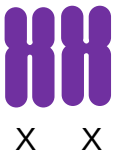
Dystrophin acts as a shock absorber to help cushion and protect muscles as they expand and contract during movement. Individuals with Duchenne cannot make complete, functional dystrophin protein, which causes their muscle fibers to become more and more damaged over time.

Muscle weakness is usually detected in early childhood and first shows as problems with movement. Young children with Duchenne may walk later than expected and have difficulties with running, jumping, stair climbing, getting up from the floor, and may have delayed speech.

As children get older, additional muscles become affected including the heart, diaphragm (the muscle that helps us to breathe) and skeletal muscles in the upper body. Weakness of the diaphragm and the muscles in the heart leads to respiratory and/or heart failure. Until recently, people with Duchenne often only lived until their teenage years before succumbing to heart and/or lung failure. However, extensive improvements to care mean that people with Duchenne may now enjoy productive and fulfilling lives into their 30s.

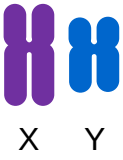
Duchenne mainly affects boys. This is because the *DMD* gene is found on the X **chromosome**.





Girls have two copies of the X chromosome (XX).

If one copy has a *DMD* gene mutation, they are unlikely to be affected as they have a second copy of the X chromosome.



Boys have only one copy of the X chromosome (XY).

If they have a *DMD* gene mutation, they will develop the condition as they do not have a back-up copy of the X chromosome.

There is no cure for Duchenne. Current treatment options either help to reduce symptoms or are limited to individuals with certain gene variants. There is a clear need for new treatments that treat all individuals with Duchenne.

For genetic conditions like Duchenne, which are caused by a change (mutation) in the DNA, gene transfer therapy can be used to transfer a new shortened, functional version of the gene into the body

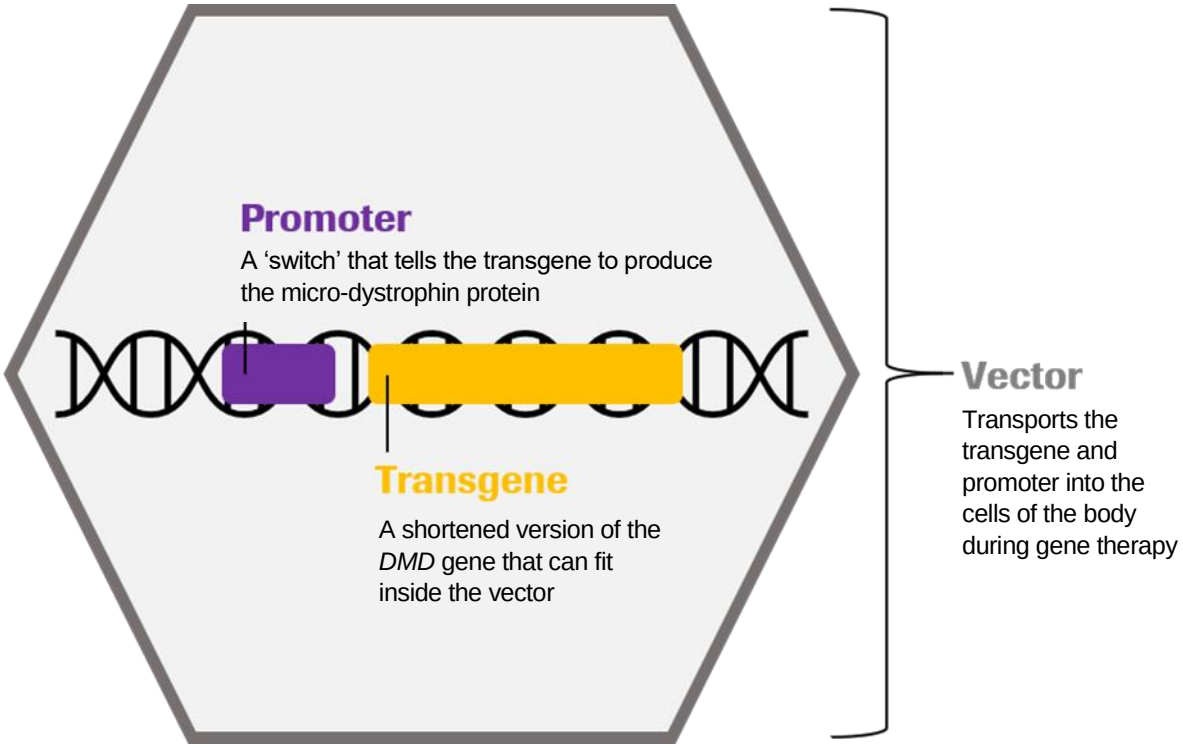
The main aim of this clinical trial was to find out if the gene transfer therapy SRP-9001 is a safe treatment for boys with Duchenne

What was the gene transfer therapy being studied?

This clinical trial looked at the gene transfer therapy called SRP-9001. The aim of this gene transfer therapy is to deliver a new shortened, but functional version of the *DMD* gene (a **transgene**) to muscle cells throughout the body.

The gene transfer therapy SRP-9001 (AAVrh74.MHCK7.micro-dystrophin) is made up of three essential components: a **vector**, a **promoter,** and a **transgene**.

- The SRP-9001 **vector** acts as a vehicle to deliver the transgene and the promoter to muscle cells throughout the body.
- SRP-9001 contains a **promoter** (a 'switch') that tells the transgene to only produce the micro-dystrophin protein when the transgene is inside a skeletal muscle or heart muscle cell. When not in a muscle cell, the SRP-9001 switch turns off production of micro-dystrophin. This ensures that the micro-dystrophin protein is only produced in cells where it is needed.
- The **transgene** is called micro-dystrophin. The *DMD* gene is very large, so researchers made a smaller version of this gene so that it can fit inside the vector.



What did researchers want to find out?

Researchers conducted this clinical trial to understand if the gene transfer therapy SRP-9001 was safe in boys with Duchenne.

The main question that researchers wanted to answer was:

1. Based on the four boys included in this clinical trial, is the gene transfer therapy SRP-9001 safe to use for individuals with Duchenne?

Other questions that researchers wanted to answer included:

2. Did the vector deliver the micro-dystrophin transgene to the muscle cells?
3. Was the micro-dystrophin protein **expressed** in the muscle cells?
4. Did the micro-dystrophin protein get to the correct location (the **muscle cell membrane**)?
5. Did the production of micro-dystrophin protein improve muscle function (as assessed by improvements in motor function assessments)?

Protein expression is the process of making a specific protein

The **muscle cell membrane** is a thin layer around the muscle cell which separates the inside of the cells from the outside

A **placebo** looks the same as medicine, but does not contain any real medicine

What kind of clinical trial was this?

This was the first clinical trial for the gene transfer therapy SRP-9001 in humans. Four boys with Duchenne received treatment with SRP-9001.

This was an open-label clinical trial. This means that there was no placebo, and both the researchers and the four boys knew that every boy in the clinical trial received the gene transfer therapy.

When and where did the clinical trial take place?

The clinical trial started in January 2018. This summary includes the results that were collected and analyzed 12 months after all clinical trial participants received the gene transfer therapy. The boys in this clinical trial are being offered long-term follow-up and evaluation through an extended clinical trial that will end in March 2023. At the time of writing this summary, the clinical trial is still ongoing – clinical trial doctors are still collecting information.

Additional clinical trials of SRP-9001 are currently underway and further studies are planned. See Section 6 for further information.

The clinical trial took place at a single hospital, the Nationwide Children's Hospital in Columbus, Ohio, USA.

2. Who took part in this clinical trial?

The clinical trial inclusion and exclusion criteria below ensured that the boys participating in the clinical trial were as similar as possible and exclude other medications or medical conditions that might make it difficult to interpret the results. The criteria below were used to identify individuals for this clinical trial. However, different criteria may be used for future trials.

What were the key inclusion criteria?

(who could take part)

- Aged between 4–7 years
- Male
- Genetic diagnosis of Duchenne with a mutation (details of the types of mutations e.g., **frameshift mutation**, or **premature stop codon** can be found below)
- Levels of **creatine kinase** greater than 1000 U/L
- Below-average performance on the **100-meter timed test**
- Being treated with a stable dose of oral steroids for Duchenne for at least 12 weeks prior to gene therapy, which was expected to remain constant throughout the study
- Able to cooperate with muscle function testing

What were the key exclusion criteria?

(who could **not** take part)

- Any signs of disease of the heart muscle
- An active viral infection or any severe infection (e.g., pneumonia, kidney infection or meningitis) within 4 weeks of starting the gene transfer therapy
- Individuals with elevated **antibodies** to the viral vector used in the gene transfer therapy
- Evidence of infection with HIV or Hepatitis B or C
- Individuals who had received any other medications that were being tested in clinical trials (other than steroids) or exon-skipping medications in the 6 months prior to **screening**
- Individuals who previously received any type of gene therapy or cell-based therapy (e.g., stem cell therapy or transplantation)

For more information on who could and could not take part in this clinical trial, please see Clinical Trials.gov.

Frameshift mutation: this is when a section of DNA is missing, or extra DNA gets inserted into a gene. The gene cannot be read correctly, which results in no protein production.

Premature stop codon mutation: this is when a gene makes a protein that is incomplete. This usually means that the protein does not work.

Creatine kinase: an enzyme that leaks out of damaged muscle.

100-meter timed test: a test that measures the time it takes to run 100m.

Antibodies: proteins in the blood that are produced by the immune system in response to a foreign substance and are able to neutralize it.

Part of screening for the study involved testing the boys with Duchenne for antibodies against the vector. Through this blood test, investigators determine the likelihood of the body recognizing the vector used in SRP-9001. If the body has a high level of antibodies, it is presumed that the body will fight against the vector that is used. It is best to have low to no antibodies to pursue gene transfer therapy.

Screening: the process you go through to determine if a clinical trial is suitable for you.

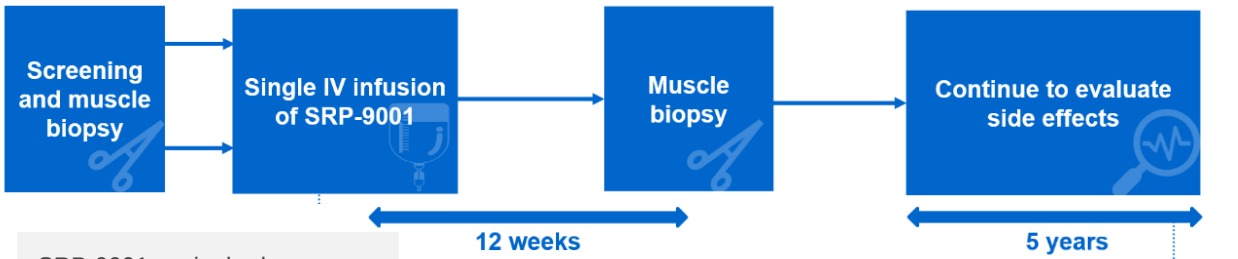
3. What happened during the clinical trial?

- Each boy received one dose of the gene transfer therapy, given by infusion through a vein (intravenous [IV] administration).
- All boys had a **muscle biopsy** before they received SRP-9001 and 12 weeks after receiving SRP-9001, to see if the micro-dystrophin transgene had been successfully transferred to the muscle and whether the micro-dystrophin protein was expressed in the muscle cells.
- After receiving SRP-9001, the boys were carefully monitored to look for any side effects of the treatment.
- Muscle function was measured by the **North Star Ambulatory Assessment (NSAA)** among other functional tests.
- All boys will be monitored for 5 years to evaluate the safety of SRP-9001 and the long-term impact of treatment.

A **muscle biopsy** is a small sample of tissue taken from a muscle

The NSAA is a rating scale used to measure muscle function in children with Duchenne. For additional details please see Section 4, Question 5

Clinical trial design



SRP-9001, a single-dose treatment, was administered by **infusion through a vein** (IV administration) **in a peripheral limb** (e.g., arm)

All gene therapy clinical trials have a long-term follow-up period to monitor the safety of SRP-9001 in people with DMD and to monitor the long-term impact of treatment on motor function and quality of life

4. What were the results of the clinical trial?

Question 1: Based on the four boys included in this clinical trial, is the gene transfer therapy SRP-9001 safe to use in individuals with Duchenne?

To investigate the safety of the gene transfer therapy, researchers looked at **adverse events** reported in the four boys up to 12 months after treatment with the gene transfer therapy.

Over the 12 months, none of the boys reported any serious side effects.

Overall, 53 adverse events were reported:

- 35 of the adverse events were thought to be unrelated to treatment
- 18 were thought to be related to treatment (side effects).

The most commonly reported **side effects** were:

Vomiting
(9 reports*)

Elevated liver enzymes beyond levels observed in individuals with Duchenne
(4 reports*)

Decreased appetite
(2 reports*)

Elevated levels were temporary. Levels returned to normal ranges for each individual with increased doses of steroids. Steroid treatment was reduced once levels returned to normal.

Other side effects that were each reported once were: fatigue, asthenia (weakness and lack of energy) and nausea.*

*These reports are the number of times that a side effect was reported. A single boy may have reported a side effect more than once.

No harmful immune system responses were reported after the boys received treatment with SRP-9001.

Increases in antibodies to the vector were seen in all boys 2 weeks after receiving SRP-9001. These increases were expected and remained stable for at least 1 year.

- It is expected that anti-vector antibodies remain for a person's lifetime - this would prevent re-dosing of the gene transfer therapy.

An **adverse event** refers to any undesirable experience that a person reports to a doctor after the use of a medical product or treatment. These may not be related to the medicine itself

A **side effect** is an adverse event that is thought to be related to a treatment

A **serious side effect** is one that is life-threatening, requires hospital care or causes lasting problems

Liver enzymes are proteins made by the liver. Elevated liver enzymes are a known side effect of gene transfer therapy and have been observed in several clinical trials. Patients with raised enzymes can be treated with additional steroids

There were no toxic effects from exposure to SRP-9001:

- when muscle tissue taken from the biopsy was examined under the microscope, the researchers could not see any harmful changes in the features of the muscle
- when tests were carried out on the heart, the researchers could not see any adverse findings on the function and structure of the heart.

Question 2: Did the vector deliver the micro-dystrophin transgene to the muscle cells?

To look at whether or not the micro-dystrophin transgene was delivered to the muscle cells, researchers looked at how many copies of the transgene were present in muscle cells taken from the muscle biopsy.

The micro-dystrophin transgene was found to be present in the muscles of all four boys after 12 weeks; on average, 3.3 copies of the micro-dystrophin transgene were reported in each muscle cell.

To determine if a transgene has reached a cell, scientists measure the number of copies of the transgene within that cell

Question 3: Was the micro-dystrophin protein expressed in the muscle cells?

In muscle biopsies taken 12 weeks after treatment, the micro-dystrophin protein was found in the muscle cells of all four boys.

With a lab technique called **western blot**, researchers measured an average micro-dystrophin level in the boys with Duchenne and compared this with the level of dystrophin expression measured by this technique in people without Duchenne.

- When the samples were adjusted to take into the account the amount of fat or muscle scarring in the boys with Duchenne, the average micro-dystrophin level was 95.8% of normal dystrophin expression.
- When the samples were not adjusted for fat or muscle scarring in the boys with Duchenne, the average micro-dystrophin level was 74.3% of normal dystrophin expression.

A western blot is a laboratory method used to detect specific protein molecules (e.g. micro-dystrophin)

This demonstrated that the micro-dystrophin transgene and promoter were successfully delivered to the muscle cells and that the promoter successfully ‘switched on’ the production of micro-dystrophin. However, please note that these percentages are based on results from only four boys with Duchenne. These percentages are likely to change in a larger group of patients; therefore, this will need to be confirmed in further studies.

Question 4: Did the micro-dystrophin protein get to the correct location (muscle cell membrane)?

- To understand where micro-dystrophin was located inside the muscle cells, scientists took a thin layer of muscle from patients 12 weeks after treatment and added a fluorescent label that attaches specifically to micro-dystrophin protein.

- Any micro-dystrophin protein present then lit up as fluorescent tissue when a light was shone onto the sample.
- This allowed researchers to use a microscope to see whether micro-dystrophin was present or not, and also where it was located inside the cells.
- On average, micro-dystrophin was found in 81% of muscle fibers (81 out of 100 fibers).
- Micro-dystrophin was also found in the correct location (muscle cell membrane) inside the cells and equal to 96% of the amount of dystrophin seen in people without Duchenne.

Question 5: Did the production of micro-dystrophin protein improve muscle function (as assessed by improvements in motor function assessments)?

Although the main goal was to assess whether the treatment was safe, researchers also measured muscle function using the NSAA.

The NSAA assesses 17 different items related to movement e.g., standing, walking, going up and down steps, and standing on one leg

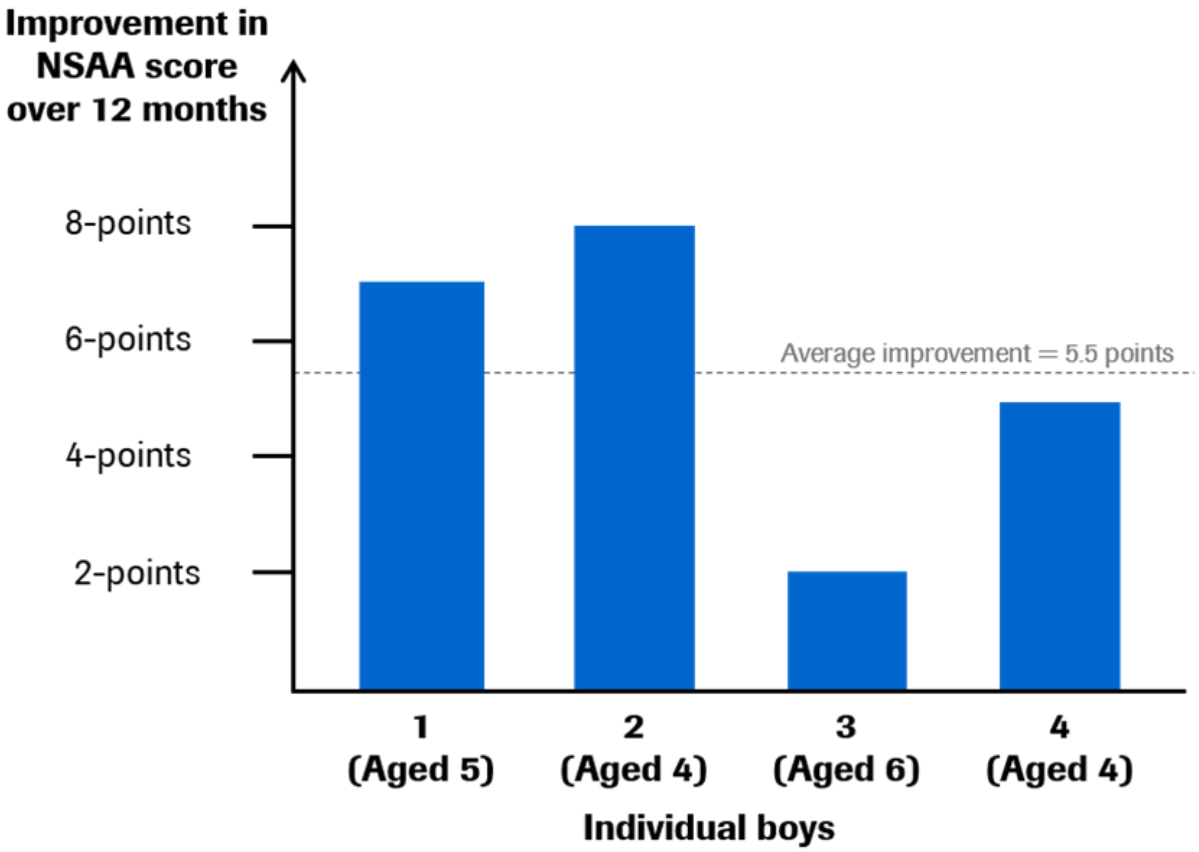
Each item is scored on a 3-point scale:

- 0 - unable to complete task independently
- 1 - can complete with no physical assistance, but needs to modify how they do the task in order to do so
- 2 - completes task independently without any modification

Higher scores mean that a person has better muscle function

For more information on the NSAA, please see: https://www.musculardystrophyuk.org/wp-content/uploads/2017/06/NSAA_Only_ManualVersion-2.0_May-2017.pdf

All four boys showed clinically meaningful improvements (an improvement of 2 or more points) in NSAA score over 12 months.



- Previous trials on the natural course of Duchenne have shown that up to 40% of boys up to the age of 7 may show some improvement (0.7–3 points per year) naturally in NSAA score over 12 months. A more recent study shows that these improvements peak at 6.3 years of age, and after this age a boy will typically decline in motor function.
- Patients 1, 2 and 4 showed a greater improvement in NSAA score compared with the natural course of Duchenne.
- Patient 3 (aged 6 years) would be expected to decline in NSAA score if he was not receiving treatment.

While promising, these results need to be confirmed in further studies.

5. How has this clinical trial helped research?

The information presented here is from a single clinical trial of four boys with Duchenne who received treatment with SRP-9001.

The clinical trial results suggest that:

- SRP-9001 was well tolerated by the boys with Duchenne
- the vector successfully delivered the micro-dystrophin transgene and promoter to the muscles
- micro-dystrophin protein was expressed, and it was found in the correct place (cell membrane) within the muscle cells
- improvement was seen in muscle function over 12 months.

However, this is a small trial and therefore the safety and efficacy of this gene transfer therapy will need to be confirmed in further studies.

No single clinical trial can tell us everything about the risks and benefits of a medicine. This trial supports the value for further evaluation of SRP-9001.

This means that you should not make any decisions based on this one summary – always speak to your doctor before making any decisions about your treatment.

6. Are there plans for other clinical trials?

As of July 2021, the following clinical trials of SRP-9001 are currently underway, and further studies are planned:

- NCT03769116
  - A clinical trial with 41 participants, which looks at the effects of SRP-9001 compared with placebo.
  - This trial is blinded, which means that neither the researchers nor the participants know whether the participants are receiving SRP-9001 or placebo.
- NCT04626674
  - A clinical trial with 32 participants, which looks at the safety of SRP-9001 and the amount of micro-dystrophin protein expressed in the muscle.
    - Cohort 1: Patients who are able to walk, aged 4–7 years of age at the time of screening
    - Cohort 2: Patients who are able to walk, aged 8–17 years of age at the time of screening
    - Cohort 3: Patients who are unable to walk
  - This trial is open label - both the researchers and participants know that everyone in the clinical trial will receive SRP-9001.

7. Where can I find more information?

If you would like to find out more about the results of this clinical trial, the full title of the relevant scientific paper is: “Assessment of Systemic Delivery of rAAVrh74.MHCK7.micro-dystrophin in Children With Duchenne Muscular Dystrophy. A Nonrandomized Controlled Trial”. The authors of the scientific paper are: Jerry R. Mendell, Zarife Sahenk, Kelly Lehman, Carrie Nease, Linda P. Lowes and others. The paper is published in the journal ‘JAMA Neurology’, volume number 77 on pages 1122–1131.

The ClinicalTrials.gov identifier for this clinical trial is: NCT03375164.

The paper can be accessed at the link below:
https://jamanetwork.com/journals/jamaneurology/fullarticle/2767086

Who can I contact if I have questions about this clinical trial?

If you have any further questions after reading this summary, please contact:
advocacy@sarepta.com or clinicaltrials@sarepta.com

If you took part in this clinical trial and have any questions about the results, please speak with the trial doctor or staff at the trial hospital or clinic.

If you have questions about your own treatment, please speak to the doctor in charge of your treatment.

Who organized and paid for this clinical trial?

Sarepta Therapeutics is the sponsor of Study 101. Parent Project Muscular Dystrophy committed $2.2 million to the trial, with support from additional Duchenne foundations and families.

Full title of the clinical trial and other identifying information

The full title of this clinical trial is: “Systemic Gene Delivery Clinical Trial for Duchenne Muscular Dystrophy (DMD)”.

- The protocol number for this clinical trial is: 17763.
- The ClinicalTrials.gov identifier for this clinical trial is: NCT03375164.

Gene Therapy Clinical Trial Results – A Summary for the Duchenne Community

Study summary

Introduction

Duchenne muscular dystrophy (referred to as Duchenne or DMD) is a rare genetic condition that causes **muscle weakness and wasting**. It is caused by a change (known as a mutation) in the DNA that makes up the *DMD* gene. The *DMD* gene makes a protein called dystrophin.

Dystrophin acts as a shock absorber to help cushion and protect muscles as they expand and contract during movement. Individuals with Duchenne cannot make complete, functional dystrophin protein, which causes their muscle fibers to become more and **more damaged over time**.

Study aims

The main aim of the study was to find out if the investigational gene transfer therapy **SRP-9001 (rAAVrh74.MHCK7.micro-dystrophin)** is a safe treatment for boys with Duchenne.

The aim of the SRP-9001 gene transfer therapy is to deliver a new **shortened, but functional version of the *DMD* gene** (a transgene) to muscle cells throughout the body via one dose of SRP-9001, which is given by infusion through a vein (intravenous [IV] administration).

Who took part in the study?

This study included

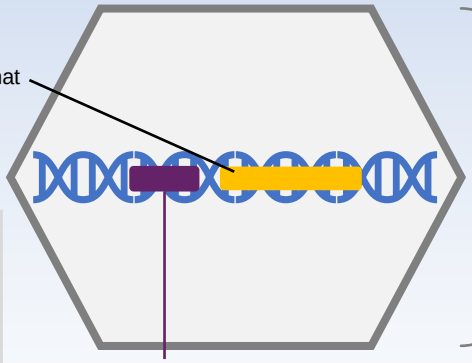
4 boys with Duchenne aged 4 to 6 years old

What was the gene transfer therapy being studied?

The gene transfer therapy SRP-9001 (rAAVrh74.MHCK7.micro-dystrophin) is made up of three essential components: a **vector**, a **promoter** and a **transgene**.

Transgene
A shortened, functional version of the *DMD* gene that can fit inside the vector

The *DMD* gene is very large, so researchers made a **shortened, functional version** of this gene so that it can fit inside the vector. This transgene is called micro-dystrophin.



Vector
Transports the transgene and promoter into the cells of the body during gene transfer therapy

Promoter
A 'switch' that tells the transgene to produce the micro-dystrophin protein

What did researchers measure in this study?

Safety

To investigate the safety of SRP-9001, researchers looked at **adverse events** reported in the 4 boys up to 12 months after treatment with SRP-9001.

An adverse event refers to any undesirable experience that a person reports to a doctor after the use of a medical product or treatment. These may not be related to the medicine itself.

Micro-dystrophin delivery, expression and targeting

Muscle biopsies were taken at the beginning of the study and 12 weeks after SRP-9001 treatment. The number of transgene copies in the muscle cells, the amount of micro-dystrophin protein present in cells, and the location of the micro-dystrophin protein were analyzed.

A muscle biopsy is small sample of tissue taken from muscle.

Muscle function

Although the main goal was to assess whether the treatment was safe, researchers also measured muscle function using the **North Star Ambulatory Assessment (NSAA)** among other functional tests.

The NSAA assesses 17 different items related to movement e.g., standing, walking, going up and down steps, and standing on one leg.

What were the main results from this study?

Safety

Over the 12 months, none of the boys reported any serious side effects.

*A **side effect** is an adverse event that is thought to be related to a treatment. A **serious side effect** is one that is life-threatening, requires hospital care or causes lasting problems.*

53 adverse events were reported

- **35** were thought to be unrelated to treatment
- **18** were thought to be **side effects** related to treatment

The **most commonly reported side effects** were:

- Vomiting (9 reports*)
- **Elevated liver enzymes** beyond levels observed in individuals with Duchenne (4 reports*†)
- Decreased appetite (2 reports*)

*Liver enzymes are proteins made by the liver. **Elevated liver enzymes** are a known side effect of gene transfer therapy and have been observed in a number of clinical trials. Patients with raised enzymes can be treated with additional steroids.*

*These reports are the number of times that a side effect was reported. A single boy may have reported a side effect more than once. †Elevated levels reported in three boys were temporary. Levels returned to normal ranges for each individual with increased doses of steroids. Steroid treatment was reduced once levels returned to normal.

Delivery, expression and targeting of micro-dystrophin in muscle cells

1 Did the vector deliver the micro-dystrophin transgene to the muscle cells?

The micro-dystrophin transgene was found to be present in the muscle of all 4 boys after 12 weeks. To determine if a transgene has reached a cell, scientists measure the number of copies of the transgene within that cell.

An average of

3.3 copies

of the micro-dystrophin transgene were reported in each muscle cell

2 Was the micro-dystrophin protein expressed in the muscle cells?

To understand if micro-dystrophin was expressed and where it was located inside the muscle cells, scientists used a technique called Western blot, which is a laboratory method used to detect specific protein molecules.

Micro-dystrophin protein was found in the muscle fibers of all 4 boys

When the samples were adjusted to account for fat or muscle scarring, researchers measured an average micro-dystrophin level of

95.8%*

compared with the normal level of dystrophin expression measured by this technique in people without Duchenne

When the samples were not adjusted to account for fat or muscle scarring, researchers measured an average micro-dystrophin level of

74.3%*

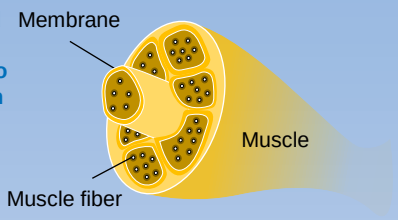
compared with the normal level of dystrophin expression measured by this technique in people without Duchenne

*Please note, these percentages are based on results from only four boys with Duchenne. These percentages are likely to change in a larger group of patients; therefore, this will need to be confirmed in further studies.

3 Did micro-dystrophin get to the right location (muscle cell membrane)?

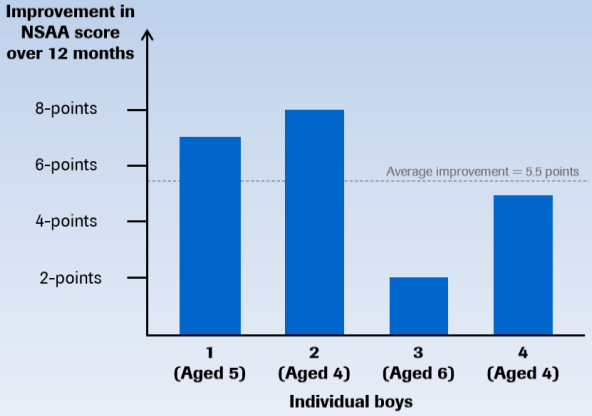
To understand where micro-dystrophin was located inside the muscle cells, scientists took a thin layer of muscle from patients and added a fluorescent label that attaches specifically to micro-dystrophin protein. Any micro-dystrophin protein present then lit up as fluorescent tissue when a light was shone onto the sample.

Micro-dystrophin was found in 81% of muscle fibers (81 out of 100 fibers). It was also found in the correct location inside the cells (muscle cell membrane), and equal to 96% of the amount of dystrophin seen in people without Duchenne.



Muscle function

All 4 boys showed clinically meaningful improvements (an improvement of 2 or more points) in NSAA scores over 12 months.



- Previous trials on the natural course of Duchenne have shown that up to 40% of boys up to the age of 7 may show some improvement (0.7–3 points per year) naturally in NSAA score over 12 months. A more recent study shows that these improvements peak at 6.3 years of age, and after this age a boy will typically decline in motor function.
- Patients 1, 2 and 4 showed a greater improvement in NSAA score compared with the natural course of Duchenne.
- Patient 3 (aged 6 years) would be expected to decline in NSAA score if he was not receiving treatment.

  While promising, these results need to be confirmed in further studies.

What were the main conclusions?

The information presented here is from a single study of four boys with Duchenne who received treatment with SRP-9001. The study results suggest that:

- SRP-9001 was well tolerated by the boys with Duchenne
- The vector successfully delivered the micro-dystrophin transgene and promoter to the muscles
- Micro-dystrophin protein was expressed and it was found in the correct location (cell membrane) within the muscle cells
- Improvement was seen in muscle function over 12 months

The study is ongoing and boys will be monitored for 5 years to evaluate the safety and the long-term impact of treatment. As of July 2021, two other clinical trials of SRP-9001 are currently underway and further studies are planned.

Where can I find more information?

If you would like to find out more about the results of this study, the full title of the relevant scientific paper is: "Assessment of Systemic Delivery of rAAVrh74.MHCK7.micro-dystrophin in Children With Duchenne Muscular Dystrophy. A Nonrandomized Controlled Trial". The paper is published in the journal 'JAMA Neurology' which can be accessed at the link here: https://jamanetwork.com/journals/jamaneurology/fullarticle/2767086.

Detailed information about this study can be found at: https://www.clinicaltrials.gov/ct2/show/NCT03375164