

# Evaluation of Safety Parameters and Dystrophin Expression by Sequential Administration of Exon-Skipping and Gene Therapy in a DMD<sup>mdx</sup> Mouse Model

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## Objectives

To investigate safety parameters and dystrophin expression following sequential peptide-conjugated phosphorodiamidate morpholino oligomer (PPMO) and adeno-associated virus gene therapy (AAV GT) administration in the mdx mouse model of Duchenne muscular dystrophy (DMD)

## Key Findings

Safety and dystrophin expression after sequential administration were consistent with individual treatment, suggesting that continuous exon-skipping therapy may be administered prior to AAV GT

## BACKGROUND

- Promising treatment approaches have emerged for DMD, including exon skipping and AAV-based vector gene therapy, which restore functional dystrophin by distinct mechanisms<sup>1,2</sup>
- Exon skipping with phosphorodiamidate morpholino oligomers (PMOs) restores the *DMD* gene open reading frame, enabling translation of shortened functional dystrophin protein
  - In the US, 4 PMOs are approved for patients with DMD; PMO clinical studies indicate that continuous exon-skipping therapy provides dystrophin restoration, preserves muscle, and slows disease progression<sup>3–9</sup>
  - PMOs are a next-generation chemistry platform in which a cell-penetrating peptide is conjugated to the PMO backbone, with the goal of increasing cellular uptake, exon skipping, and dystrophin production
- Delandistrogene moxeparvovec is a recombinant AAV (rAAV)-based gene therapy, designed to compensate for the absence of functional dystrophin in DMD by delivering a transgene encoding delandistrogene moxeparvovec micro-dystrophin, an engineered dystrophin protein that retains key functional domains of the wild-type protein<sup>10–12</sup>
  - Delandistrogene moxeparvovec is approved in the United States and UAE for the treatment of ambulatory pediatric patients aged 4 through 5 years with DMD with a confirmed mutation in the *DMD* gene<sup>13,14,a,b</sup>
- Here, the safety of sequential administration of RC-1001 (an exon 23-skipping PPMO) and AAV GT (a mouse codon-optimized version of delandistrogene moxeparvovec) and its impact on dystrophin expression were investigated in DMD<sup>mdx</sup> mice

<sup>a</sup>Delandistrogene moxeparvovec is contraindicated in patients with any deletion in exon 8 and/or exon 9 in the *DMD* gene. <sup>b</sup>As of August 2023.

## CONCLUSIONS

- Results from the DMD<sup>mdx</sup> mouse model support the safety of sequential administration of PPMOs and AAV GT and demonstrate noninterfering dystrophin restoration consistent with that of each individual treatment (PPMO or AAV GT)
  - No treatment-related adverse events were observed, including absence of abnormal histopathology
  - Sequential treatment showed co-localization of exon-skipped dystrophin and AAV GT micro-dystrophin
- These findings suggest that patients with DMD may be able to receive continuous exon-skipping therapy prior to AAV GT without the need for a washout period of exon-skipping therapy, thus allowing dystrophin restoration by distinct mechanisms

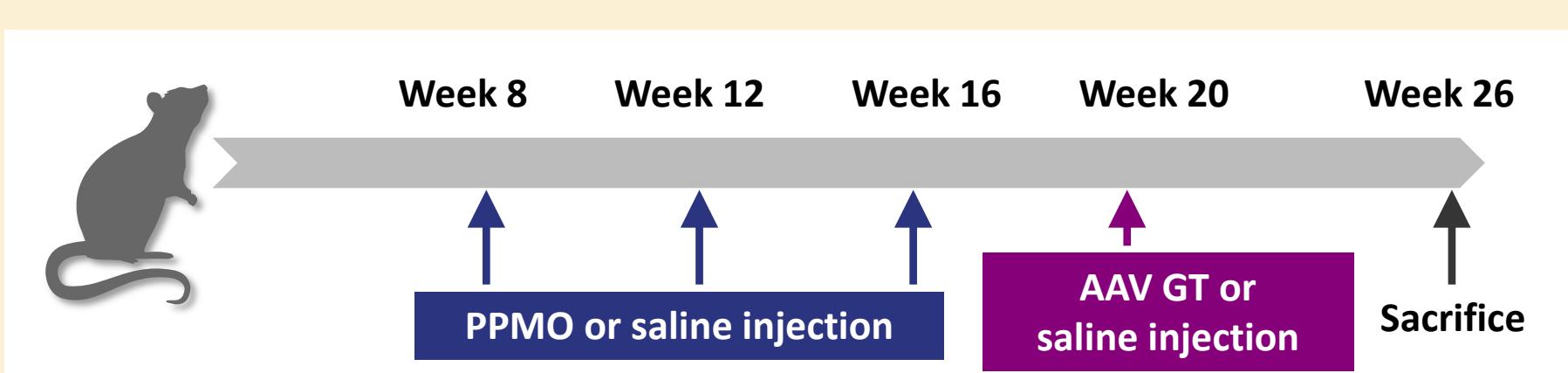
## METHODS

### Study design

- DMD<sup>mdx</sup> mice (C57BL/10ScSn-DMD<sup>mdx</sup>/J strain), a well-established model in nonclinical DMD research in which a nonsense mutation in exon 23 of the *DMD* gene causes dystrophin production deficiency, were used<sup>15</sup>
- Mice received 3 doses of PPMO (RC-1001) or placebo (saline) at 8, 12, and 16 weeks of age
- At week 20, mice received a single clinical dose of AAV GT (AAVrh74.MHCK7.Mouse-μDys2.0 construct) or saline
- All animals were euthanized at week 26

### Outcomes

- Serum chemistries: alanine aminotransferase (ALT), aspartate aminotransferase (AST), bilirubin, creatinine, blood urea nitrogen (BUN)
- Dystrophin expression: western blot (WB), immunofluorescence (IF)
- Mortality
- Histopathology



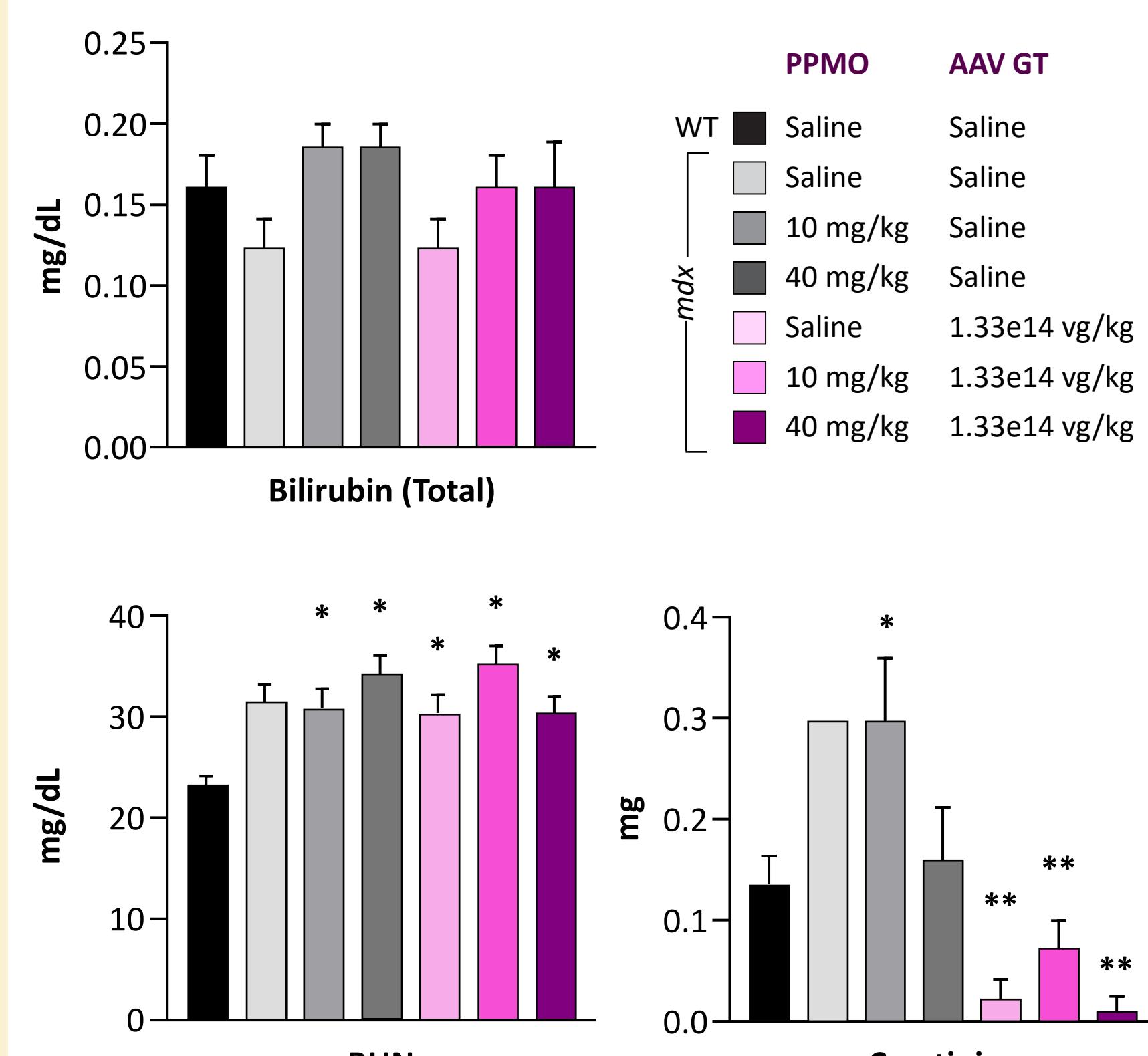
Group	Size	3 PPMO or saline injections at 8, 12, and 16 weeks	AAV GT or saline injection at 20 weeks <sup>a</sup>
WT	n=8	Saline	Saline
mdx	n=8	Saline	Saline
mdx	n=8	10 mg/kg	Saline
mdx	n=8	40 mg/kg	Saline
mdx	n=8	1.33e14 vg/kg	1.33e14 vg/kg
mdx	n=8	10 mg/kg	1.33e14 vg/kg
mdx	n=8	40 mg/kg	1.33e14 vg/kg

<sup>a</sup>Lower doses (4.43e13 vg/kg) were studied but not included here.

## RESULTS

No safety events were observed after sequential administration of PPMO and AAV GT up to 26 weeks in DMD<sup>mdx</sup> mice

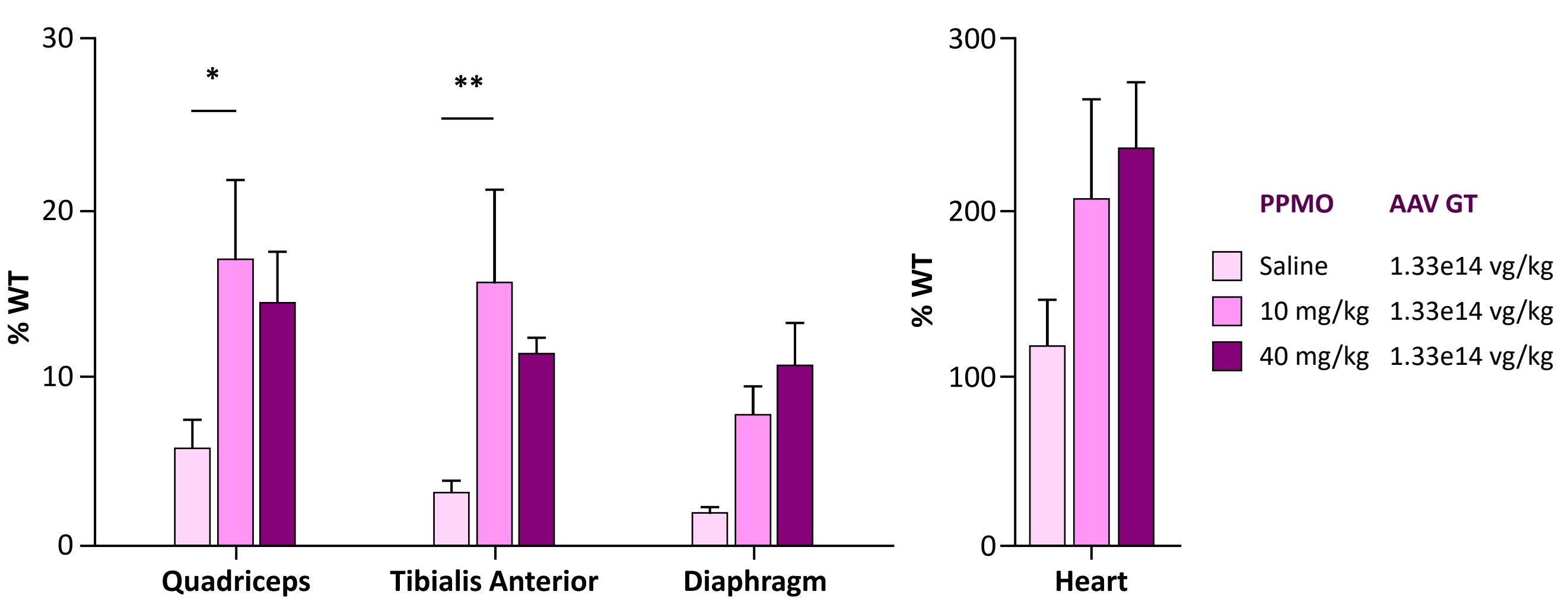
### Serum Chemistries at 26 Weeks



- No abnormal liver or renal serum chemistries, as shown with bilirubin and BUN
- Creatinine elevations observed are within the normal range
- ALT and AST are impacted by muscle injury due to disease, and therefore are not shown as conclusions cannot be made concerning the impact of treatment on these serum chemistries
- No treatment-related cage-side observations or morbidity
- No treatment-related abnormal histopathology following analysis of multiple tissues by a board-certified veterinary pathologist

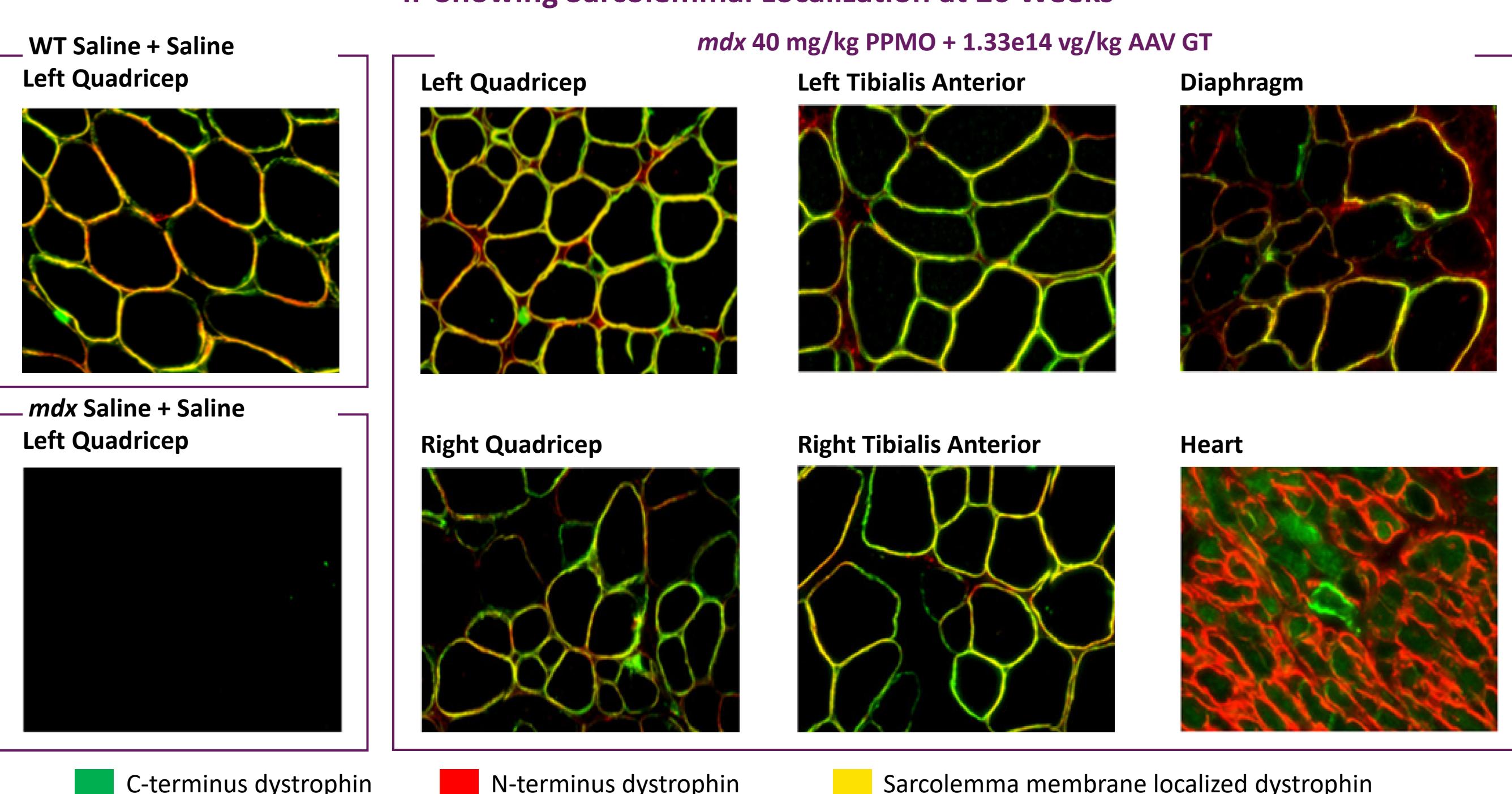
AAV GT micro-dystrophin expression was observed regardless of prior treatment with PPMO in DMD<sup>mdx</sup> mice

### AAV GT Micro-Dystrophin Protein Expression by WB at 26 Weeks

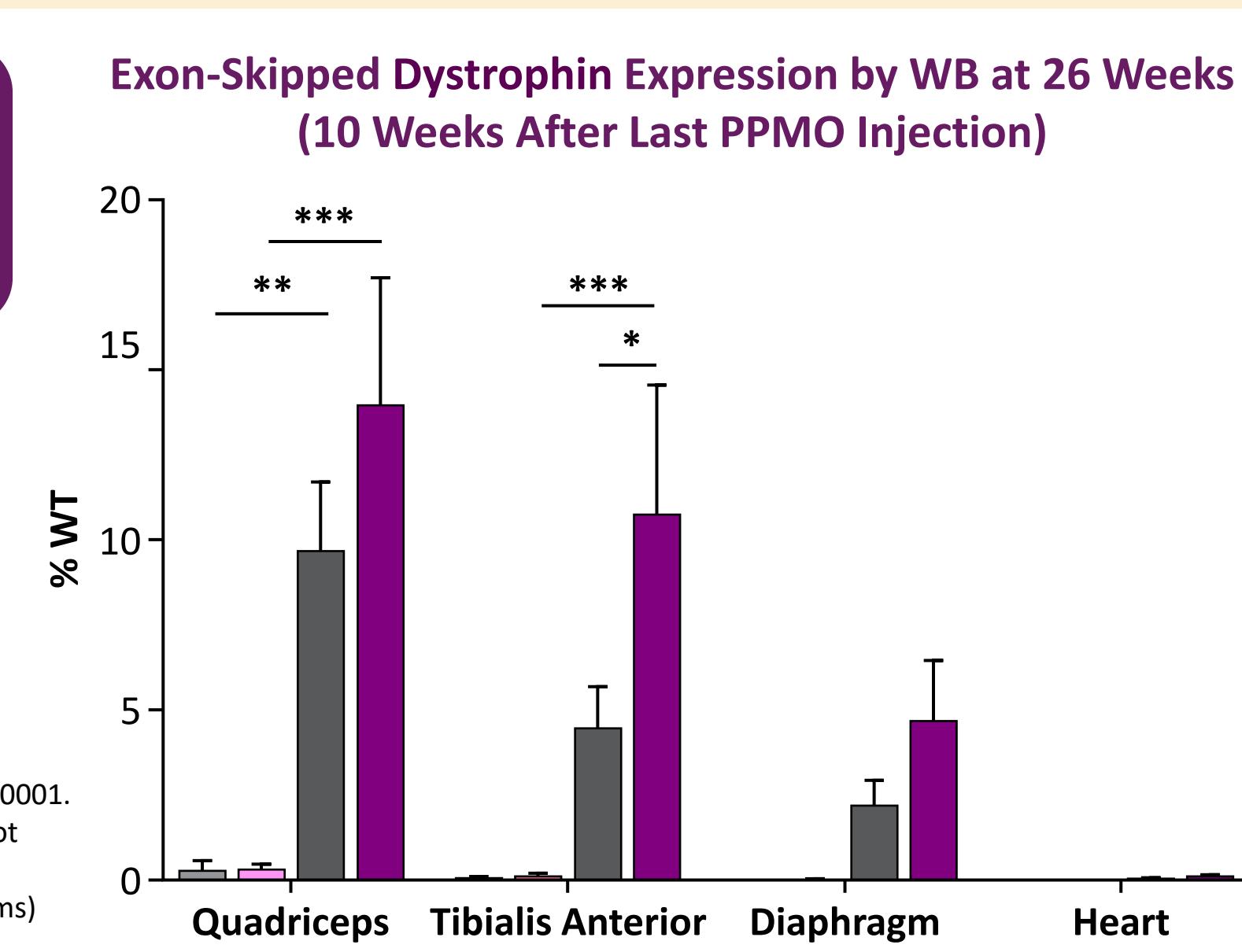


Sarcolemmal localization of exon-skipped dystrophin and AAV GT micro-dystrophin at 26 weeks was observed with sequential treatment

### IF Showing Sarcolemmal Localization at 26 Weeks



Exon-skipped dystrophin expression was observed with sequential treatment with AAV GT in DMD<sup>mdx</sup> mice



## ABBREVIATIONS

AAVrh74=adeno-associated virus serotype rh74; ALT=alanine aminotransferase; AST=aspartate aminotransferase; BUN=blood urea nitrogen; DSHB=Developmental Studies Hybridoma Bank; GT=gene therapy; IF=immunofluorescence; MHCK=myosin heavy-chain muscle creatine kinase promoter; PPMO=peptide-conjugated phosphorodiamidate morpholino oligomer; WB=western blot; WT=wild type; μDys=mouse micro-dystrophin.

## REFERENCES

- Lim KR, et al. *Drug Des Devel Ther*. 2017;11:1533–45.
- Mendell JR, et al. *Mol Ther Methods Clin Dev*. 2022;25:74–83.
- Sarepta Therapeutics, Inc. Data on file.
- Mendell JR, et al. *Neuromuscul Dis*. 2021;8:469–79.
- Khan N, et al. *J Neuromuscul Dis*. 2019;6:213–54.
- Charleston JS, et al. *Neurology*. 2018;90:e2146–54.
- Scaglioni D, et al. *Acta Neuropathol Commun*. 2021;9:7.
- Iff J, et al. Poster presented at WMS; October 11–15, 2022; Halifax, Canada.
- Masterson-Ricchetti K, et al. Poster presented at WMS; October 11–15, 2022; Halifax, Canada.
- Asher DR, et al. *Expert Opin Biol Ther*. 2020; 20:263–74.
- Zheng C, Baum BJ. *Methods Mol Biol*. 2008; 434:205–19.
- Mendell JR, et al. *JAMA Neurol*. 2020; 77:1122–31.
- US Food and Drug Administration. ELEVITY™ Highlights of prescribing information. <https://www.fda.gov/media/169679/download>. Published 2023 (Accessed September 2023).
- McGreevy JW, et al. *Dis Model Mech*. 2015;8:195–213.

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