

# Safety, $\beta$ -Sarcoglycan Expression, and Functional Outcomes From Systemic Gene Transfer of Bididistrogene Xeboparvovec in Limb-Girdle Muscular Dystrophy Type 2E/R4



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## Objective

Evaluate the safety and efficacy of bididistrogene xeboparvovec (SRP-9003) gene transfer therapy in patients with limb-girdle muscular dystrophy type 2E/R4

## Key Findings

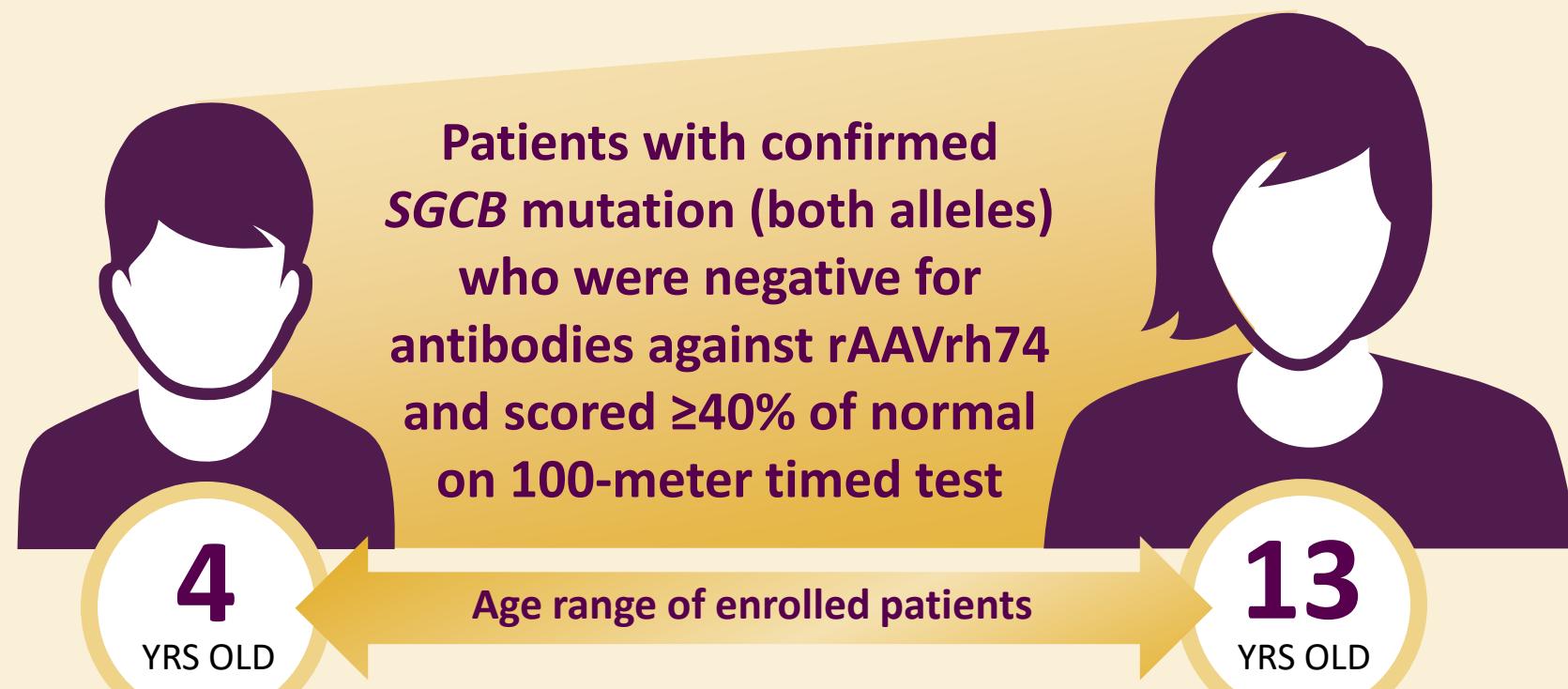
- Bididistrogene xeboparvovec was well tolerated with no new safety signals
- Persistence of bididistrogene xeboparvovec in transduced muscle continues to drive meaningful levels of  $\beta$ -sarcoglycan (SGCB) expression over time, leading to sustained functional improvements in patients with LGMD2E/R4

## CONCLUSIONS

- This interim analysis reinforces the acceptable safety profile of systemically administered bididistrogene xeboparvovec (SRP-9003)
- Bididistrogene xeboparvovec showed efficient transduction and drove robust, dose-dependent SGCB protein expression in all patients at day 60, resulting in reconstitution of the sarcoglycan complex; SGCB expression was sustained up to 2 years
- Patients treated with bididistrogene xeboparvovec demonstrated persistent stabilization at or over baseline in the North Star Assessment for Limb-girdle Type Muscular Dystrophies (NSAD), which were sustained up to 3 years in Cohort 1 and 2 years in Cohort 2; results were similar for timed function tests
- Exploratory post hoc analysis showed bididistrogene xeboparvovec-treated patients had clinically important improvements in functional outcomes, as measured by NSAD, compared with a natural history (NH) cohort up to 3 years
- The observed durable treatment effect provides proof of concept and supports further clinical assessment of bididistrogene xeboparvovec gene transfer therapy in patients with LGMD2E/R4

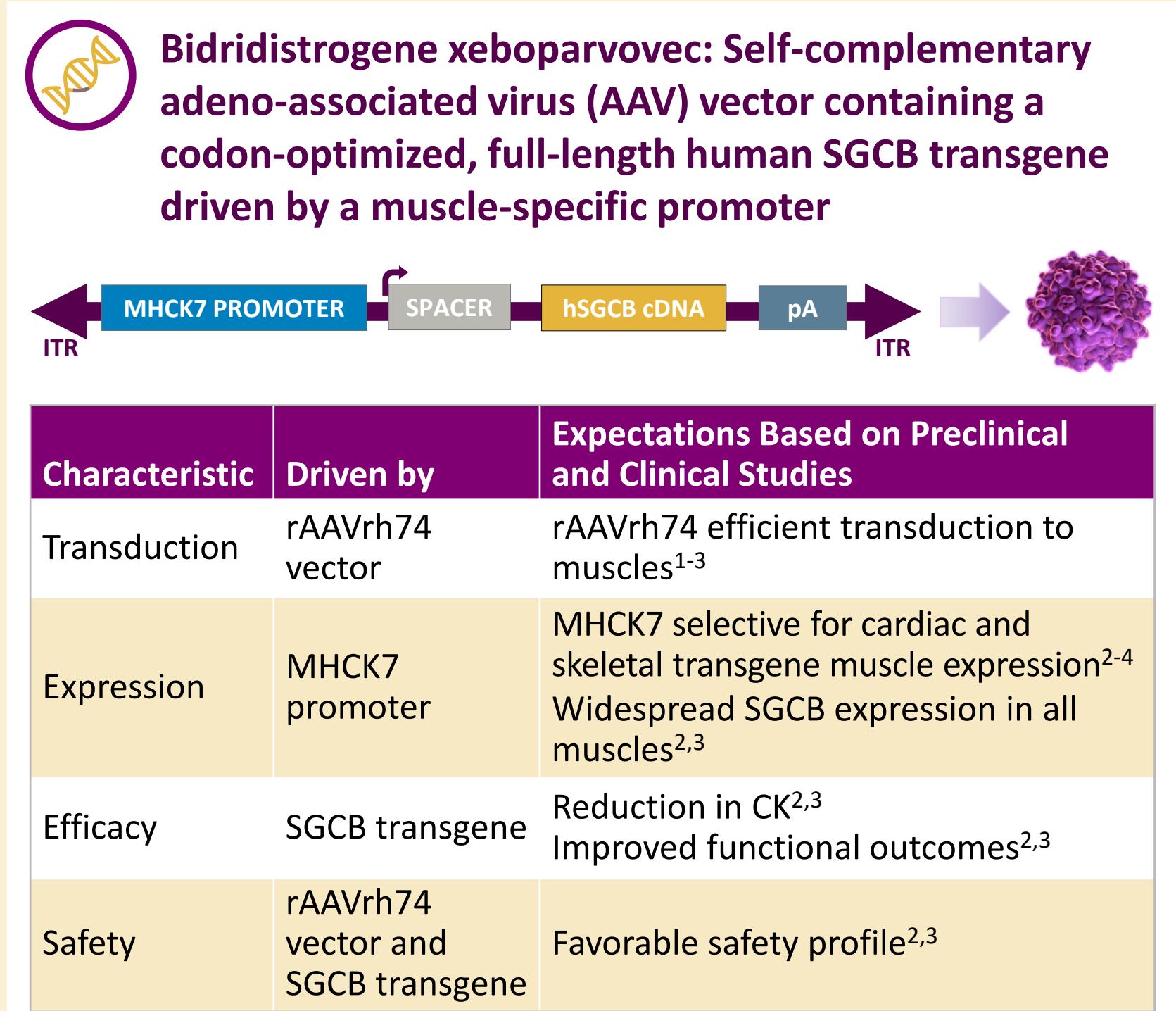
## METHODS

Study 9003-101 design and patients: first-in-human, open-label phase 1/2 study



Treatment: Systemic delivery of bididistrogene xeboparvovec single dose

- Cohort 1 dose:  $1.85 \times 10^{13}$  vg/kg (linear standard qPCR)
- Cohort 2 dose:  $7.41 \times 10^{13}$  vg/kg (linear standard qPCR)



## RESULTS

### Safety

#### Cohort 1 as of January 18, 2022 (n=3)

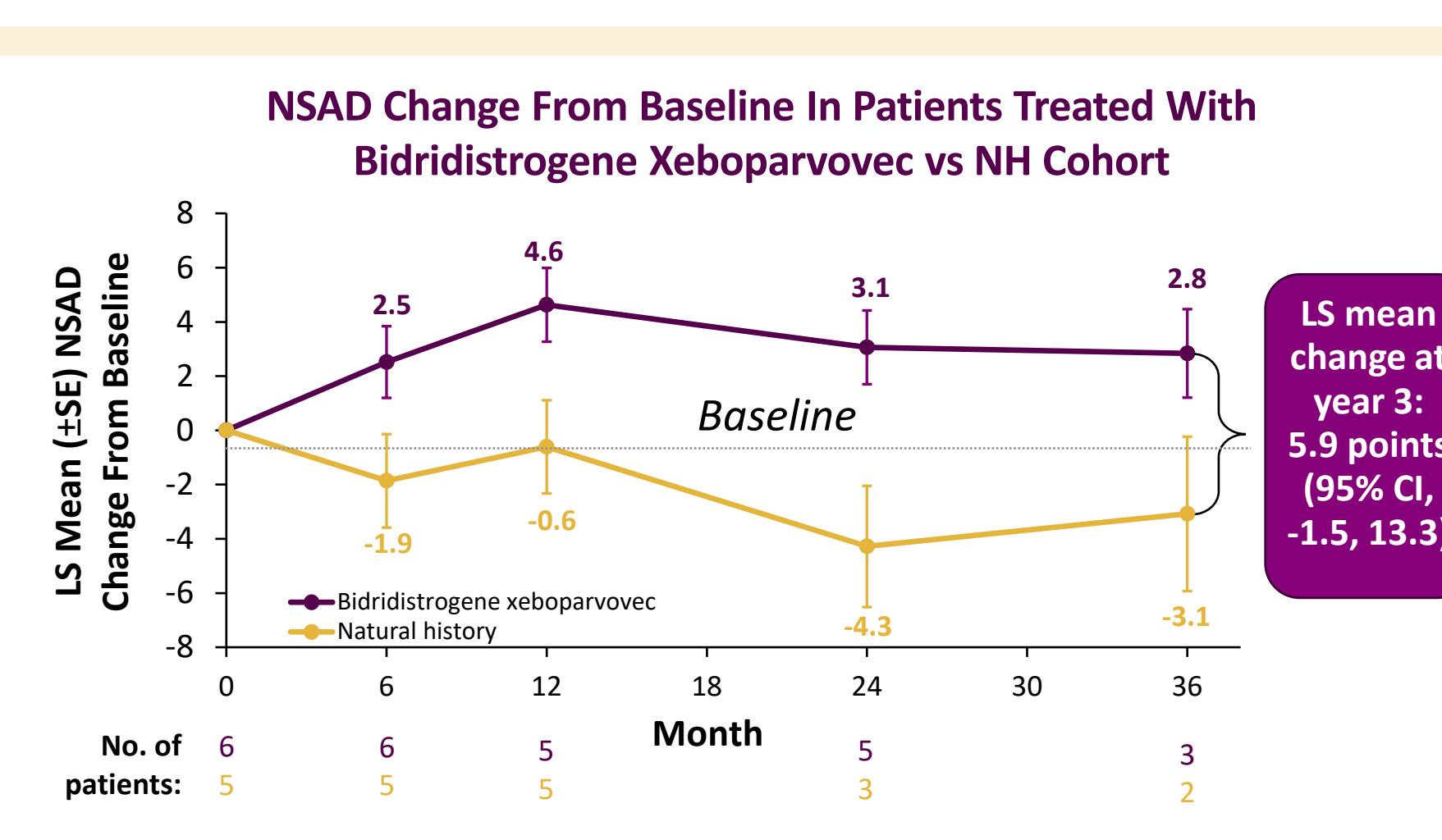
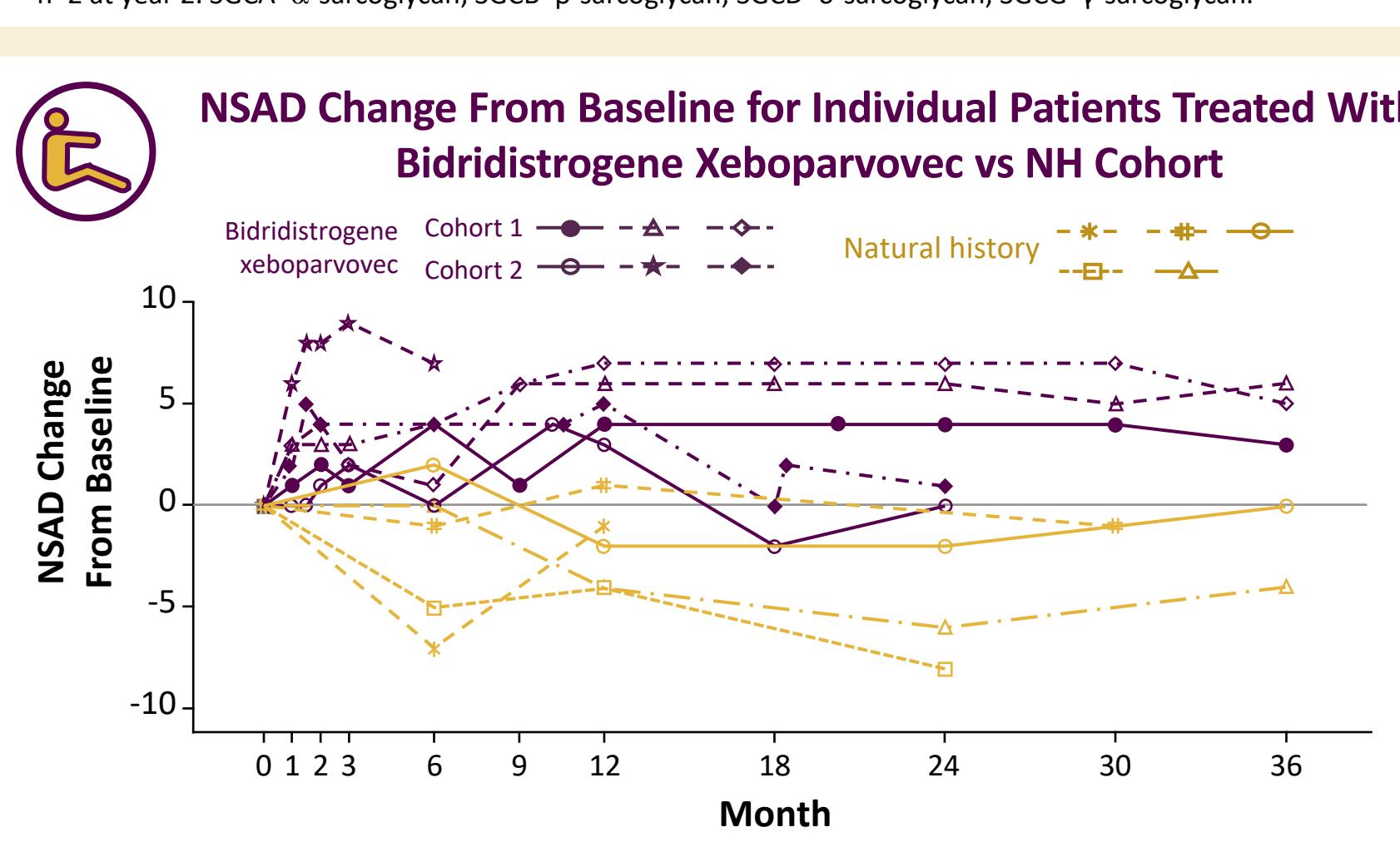
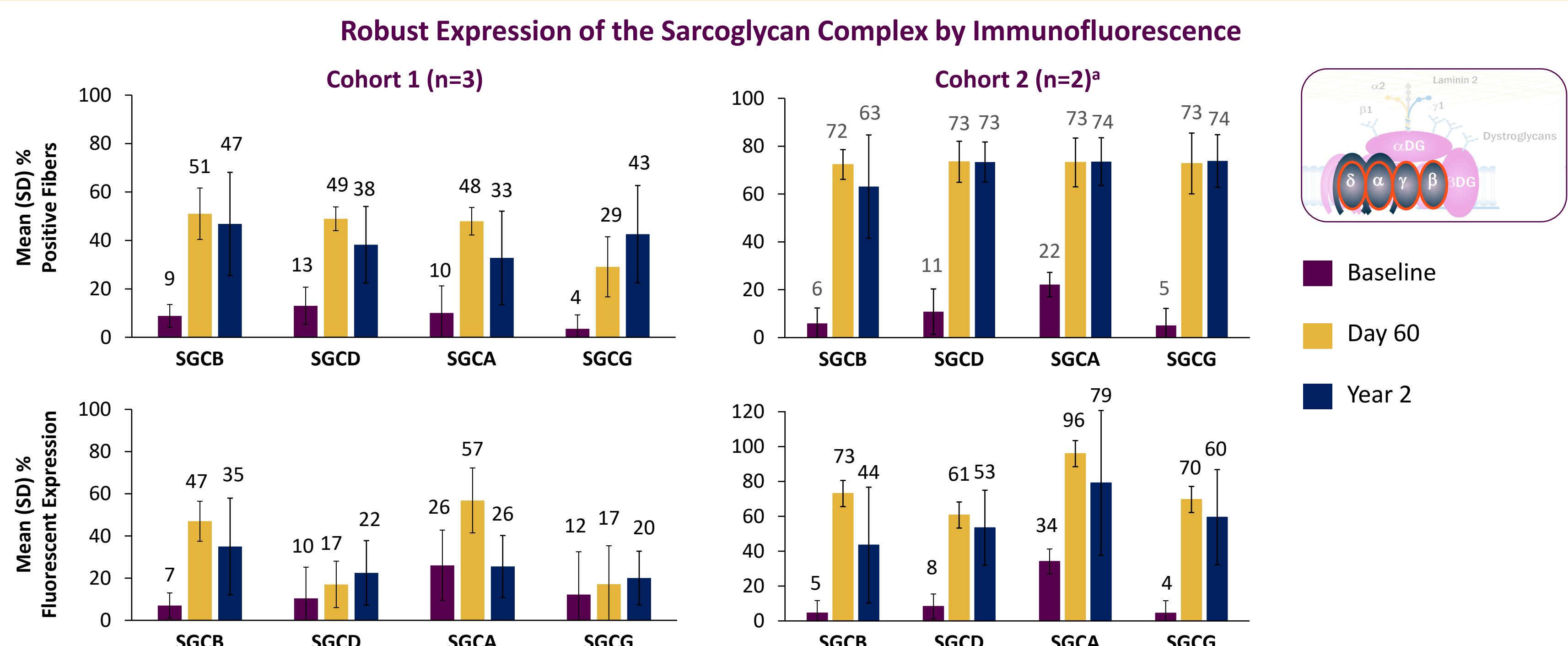
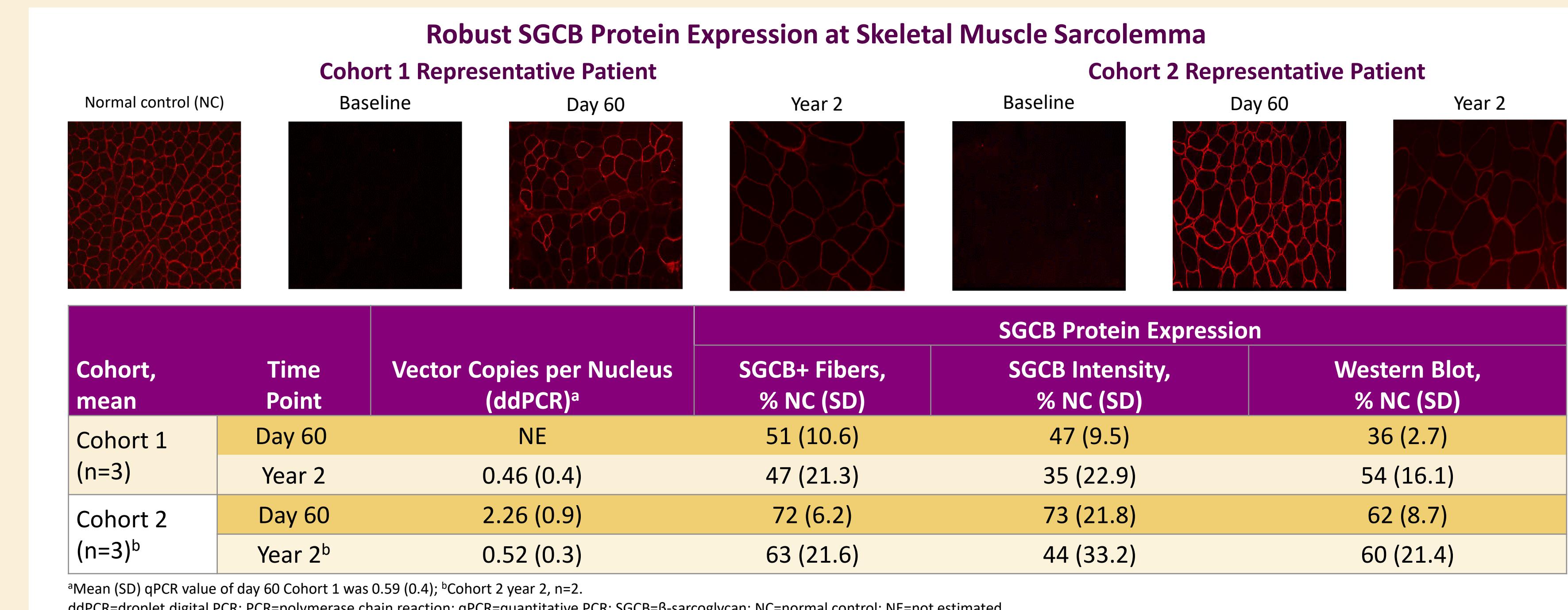
- 2 patients had elevated liver enzymes, 1 was designated a serious adverse event (SAE) and associated with transient increase in bilirubin
  - Occurred during or after steroid tapering; resolved within days following supplemental steroid treatment
- 1 patient experienced mild vomiting that resolved within 1 day without treatment

#### Cohort 2 as of January 18, 2022 (n=2)

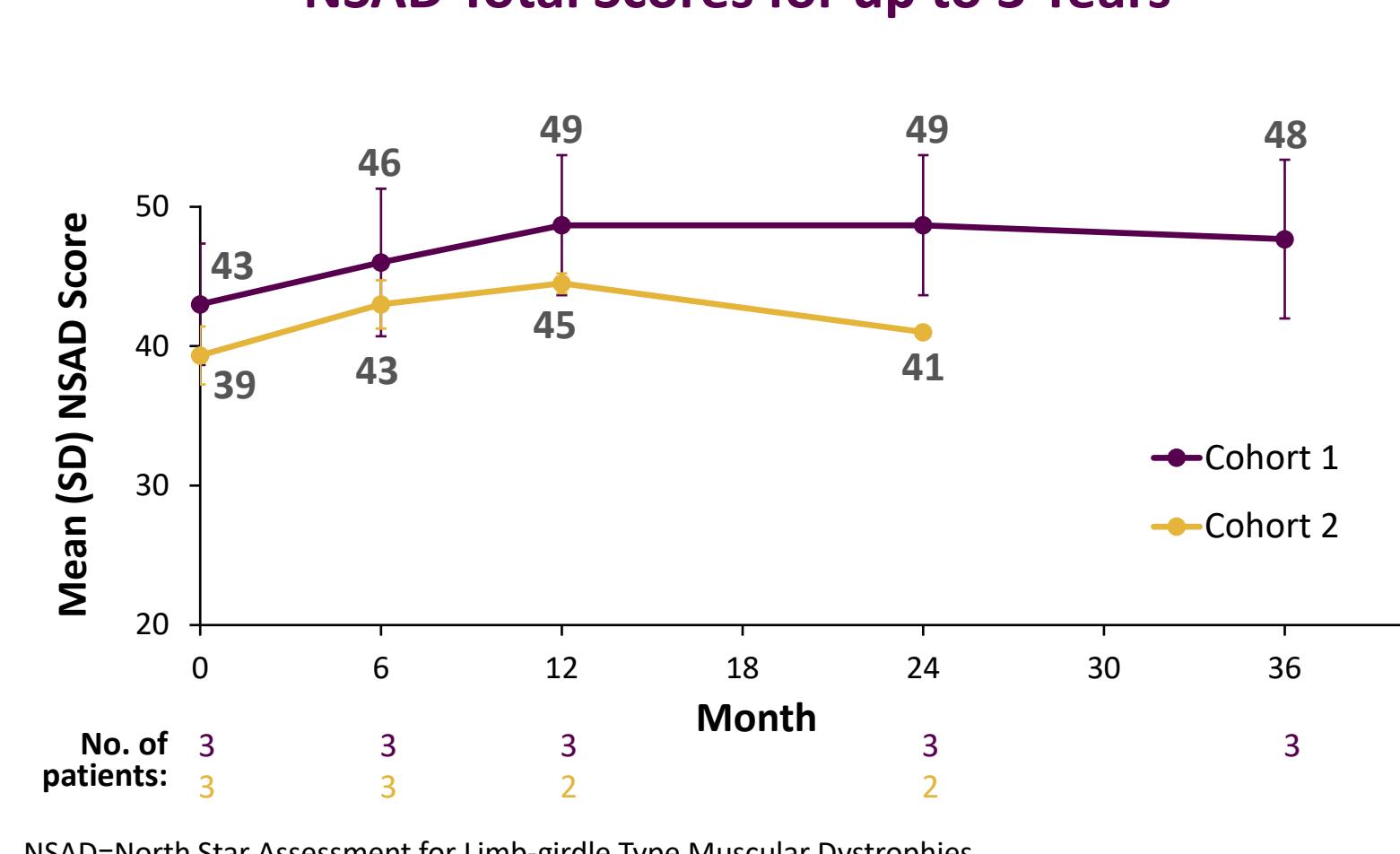
- Majority of AEs were mild to moderate (eg, vomiting, pain in extremity) and resolved
- 1 treatment-related SAE was observed
  - Dehydration resulting from vomiting 3 days after infusion, which resolved in 2 days with treatment
- 1 patient had mildly elevated gamma glutamyl transferase (GGT)
  - Returned to within normal limits while on tapering dose of steroids; GGT levels did not increase after steroid treatment
- 1 patient in this trial died due to a recreational accident unrelated to the study

#### Both cohorts

- Most common treatment-related AEs were vomiting (4 patients) and GGT elevation (3 patients)
- No stopping/discontinuation rules were triggered by AEs
- No other laboratory abnormalities were suggestive of safety concerns
  - No decreases in platelet counts observed outside the normal range
  - No clinical sequelae associated with complement activation



### Bididistrogene Xeboparvovec Improved or Stabilized NSAD Total Scores for up to 3 Years



### Sustained Improvements From Baseline in Functional Outcomes (Negative Numbers Correspond With Faster Test Times)

Mean (SD) Change From Baseline, s	Cohort 1 ( $1.85 \times 10^{13}$ vg/kg) <sup>a</sup>				Cohort 2 ( $7.41 \times 10^{13}$ vg/kg) <sup>b</sup>			
	6 months (n=3)	12 months (n=3)	24 months (n=3)	36 months (n=3)	6 months (n=2)	12 months (n=2)	24 months (n=2)	
Time to rise	-0.2 (0.8)	-0.8 (0.4)	-0.6 (0.2)	-0.3 (0.3)	-1.3 (0.9)	-1.1 (1.1)	-0.7 (0.4)	
4-stair climb	-0.5 (0.4)	-0.5 (0.3)	-0.3 (0.4)	-0.2 (0.6)	-0.4 (0.3)	-0.4 (0.0)	-0.3 (0.3)	
100m	-3.8 (2.9)	-5.3 (3.2)	-2.8 (6.4)	+2.6 (13.0)	-6.3 (6.7)	-7.9 (5.4)	-2.9 (9.7)	
10m	-0.6 (0.3)	-0.6 (0.2)	-0.2 (0.5)	0 (0.9)	-0.6 (0.6)	-0.6 (0.2)	-0.3 (0.9)	

<sup>a</sup> $1.85 \times 10^{13}$  vg/kg measured using linear standard qPCR; <sup>b</sup> $7.41 \times 10^{13}$  vg/kg measured using linear standard qPCR; s=second.

## REFERENCES

- Chiccone LG, et al. Mol Ther. 2014;22:713-24. 2. Mendell JR, et al. JAMA Neurol. 2020;e20484. 3. Pozsgai ER, et al. Mol Ther. 2017;25:855-69. 4. Salva MZ, et al. Mol Ther. 2007;15:209-29. 5. Liewluck T, Milone M. Muscle Nerve. 2019;58:167-77. 6. McNally EM. The SarcoIycons. Dallas, TX: Landes Bioscience; 2000-2013. 7. Taghizadeh E, et al. J Cell Physiol. 2018;234:7874-84. 8. Li J, et al. Mol Ther. 2016;24:S284.

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