

Duchenne Research Overview:

The landscape and the opportunities

**Parent
Project
Muscular
Dystrophy**

**JOIN THE FIGHT.
END DUCHENNE.**

Director of Research and Clinical Innovation
Eric Camino, PhD

Duchenne muscular dystrophy

- Caused by a mutation in *DMD* gene → Absence of dystrophin protein → muscle deterioration and weakness
- X-linked recessive disease with a prevalence of 1:5000 male births
- Progressive multi-system disease affecting:
 - Heart
 - Skeletal muscle
 - Smooth muscle
 - Bone
 - Cognitive function

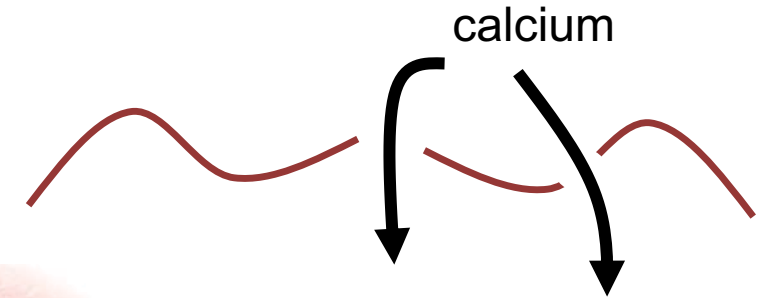
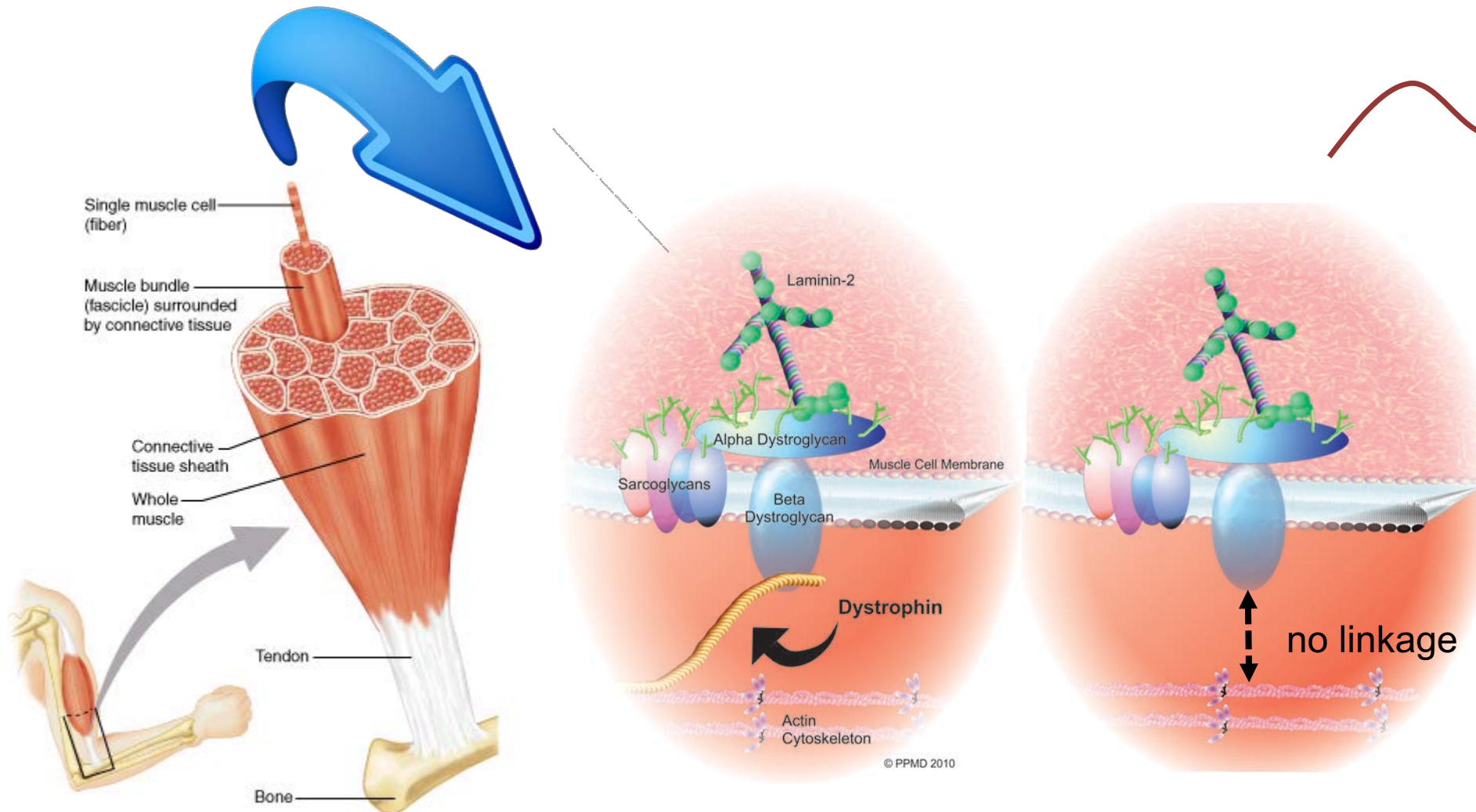


Genetics

- *DMD* is the largest gene in the human genome
- 79 exons / ~2.5 Million base pairs
- Cloned in 1987

Mutation	Population
Exon deletions	65%
Exon duplications	10%
Nonsense and other small changes	25%

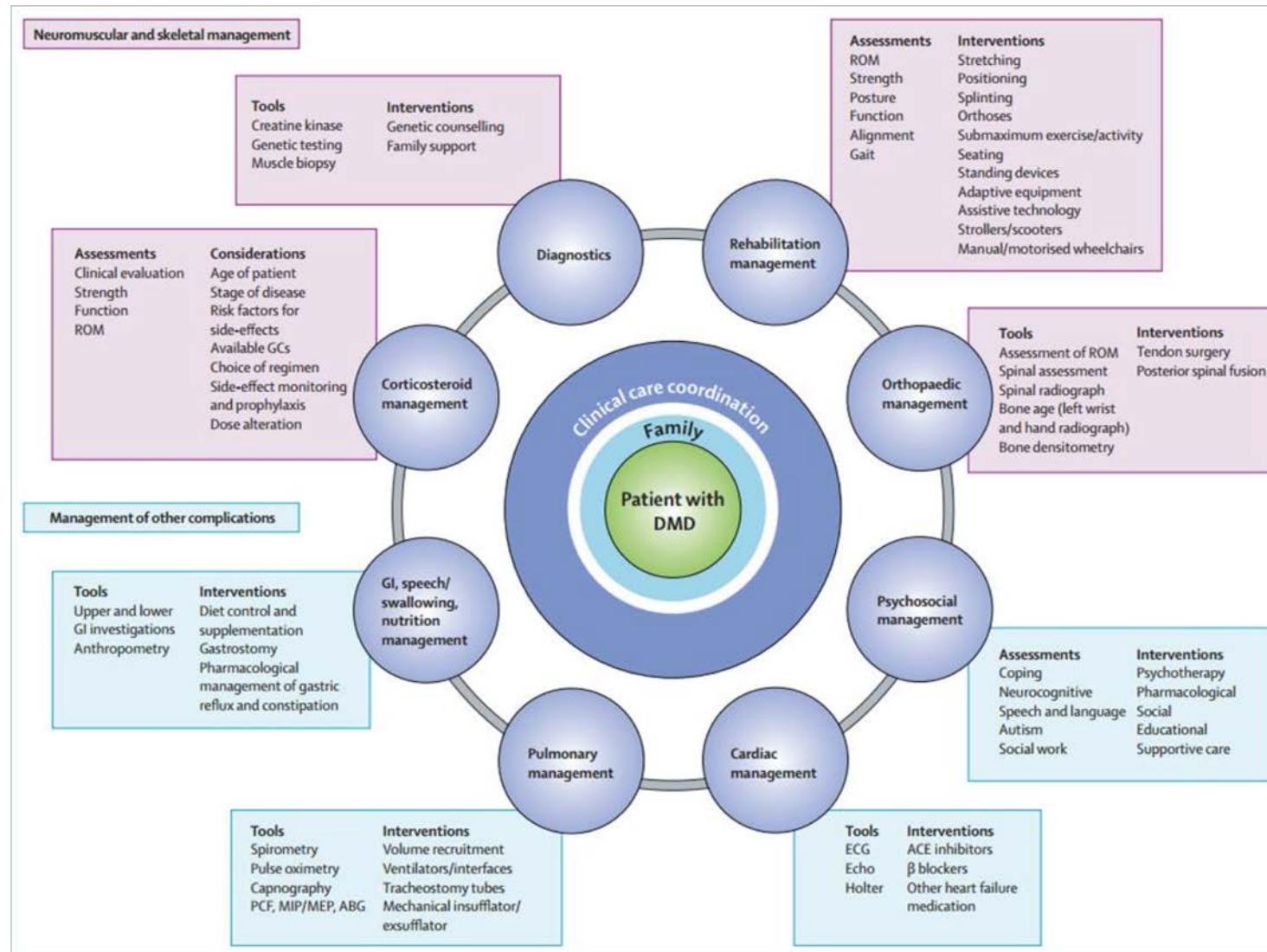
Impact of loss of dystrophin



- Membrane instability
- Calcium infiltration
- Inflammation
- Oxygen deprivation
- Fibrosis
- Muscle cell death

Care

- Patient focused multi-disciplinary approach
- Standard of care:
 - Glucocorticoid
- No Cure



What is a Clinical Trial?

- A trial is an experiment, not a therapy
- Risks and benefits
 - Data Safety Monitoring Boards (DSMB)
 - May assess safety and data during the trial
- Important to listen to pay attention to the informed consent/assent
 - Ask questions!
 - Ensure you understand the study
 - What is the timeline for visits?
 - How is reimbursement being handled?
 - Average length of a study visit?



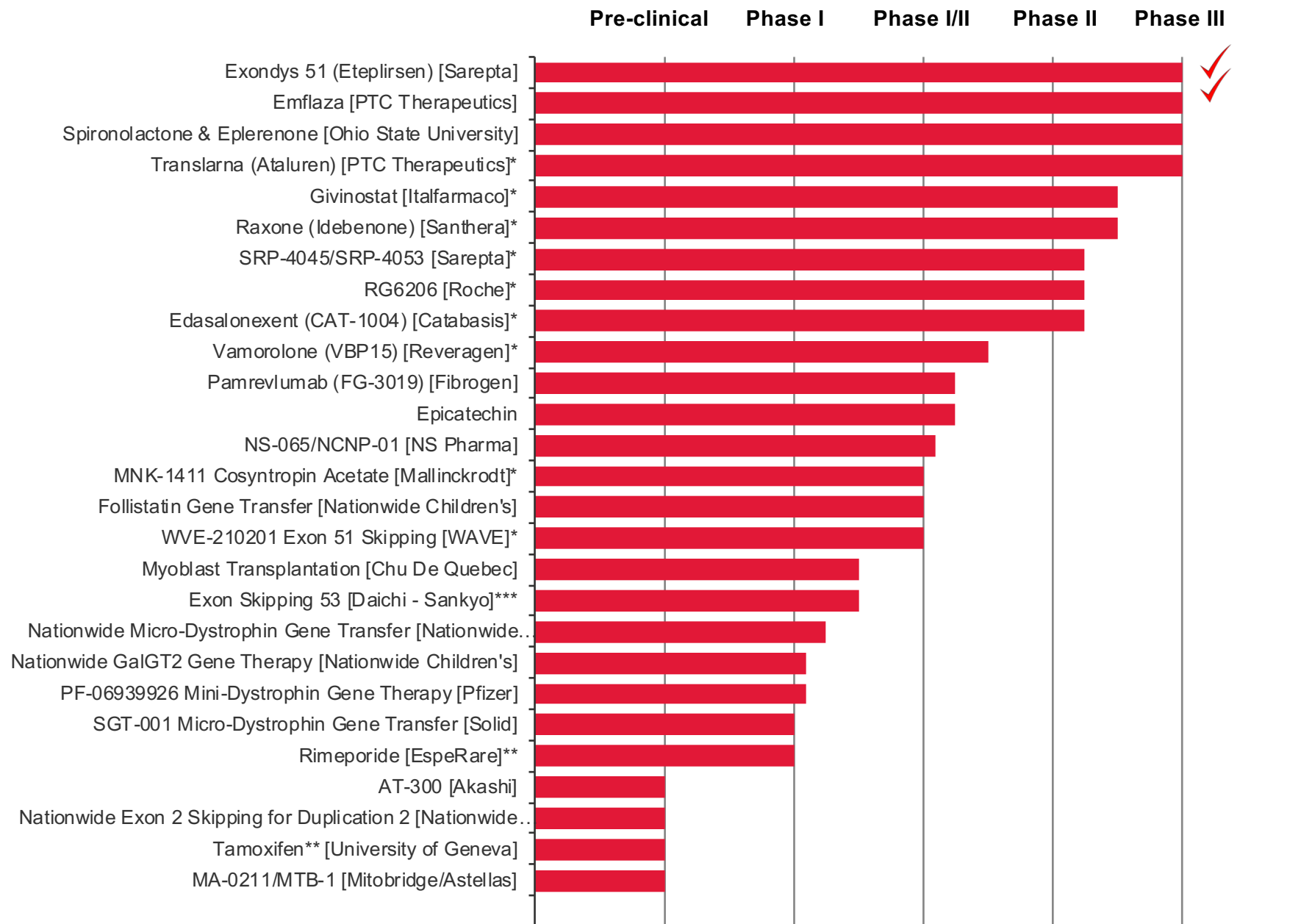
Study Types

- Pre-clinical:** lab and animal studies
- Phase I:** First in humans; assess safety
(mechanistic, usually in healthy volunteers, dosing, small n)
- Phase IIa:** Assess dose requirements and toxicity
- Phase IIb:** Assess efficacy; “Pivotal”
 - Phase IIa and IIb can be combined

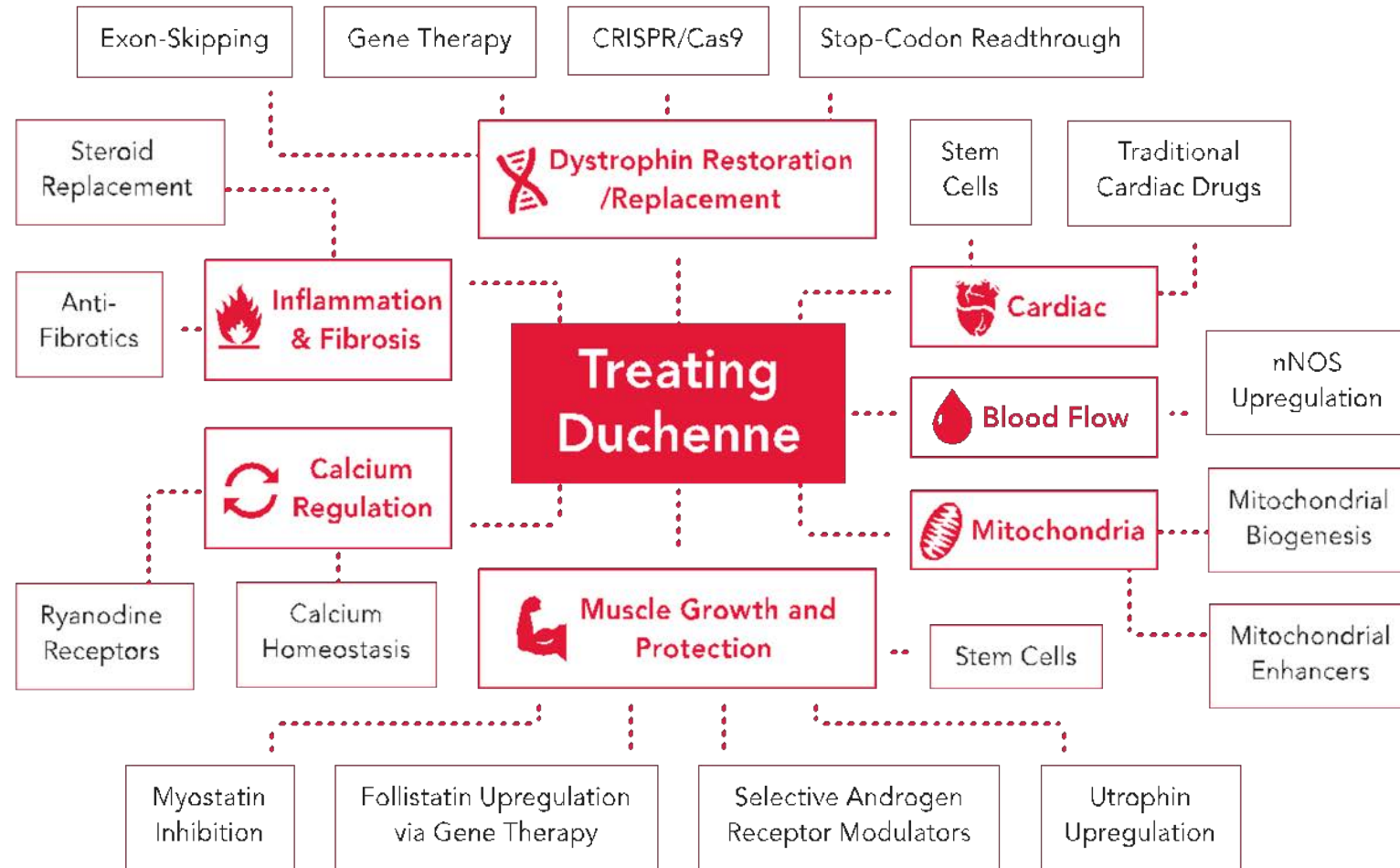
Study Types

- Phase III:** Classical randomized control placebo trial 1000-3000 subjects
 - In rare disease, this number can be much smaller
- Phase IV:** Post-Marketing; monitor long term effects

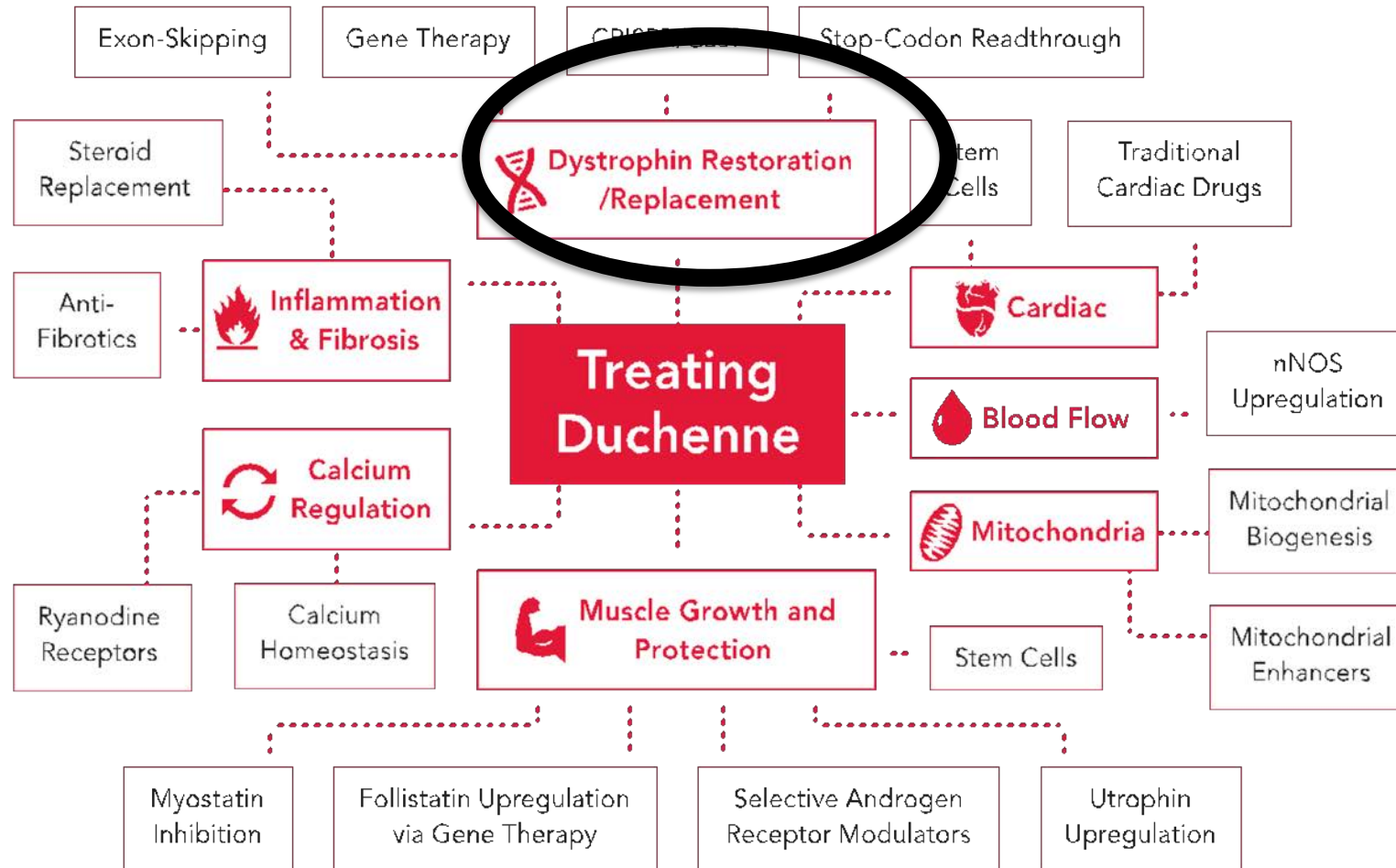




Clinical Trials in Duchenne



Clinical Trials in Duchenne



Dystrophin Restoration and Replacement

Exon Skipping (skip over the missing/defective part of the gene)

Exon 45 and 53: **Sarepta Essence** (7-13yo, ambulatory, steroids >6mo)
Casimersen and Golodirsen (Filed for AA)



Exon 53: **NS Pharma** (Phase II extension study)
NS-065/NCNP-01

NS Pharma

Exon 51: **WAVE Life Sciences** (Phase II/III, 5-18yo)
WVE-210201



Dystrophin Restoration and Replacement

Stop Codon Read-through (ignore the missing/defective part of the gene)

Ataluren (Translarna): **PTC Therapeutics**

(Phase III extension study, ≥ 5 yo, ambulatory, steroids ≥ 12 mo, non-sense mutation)

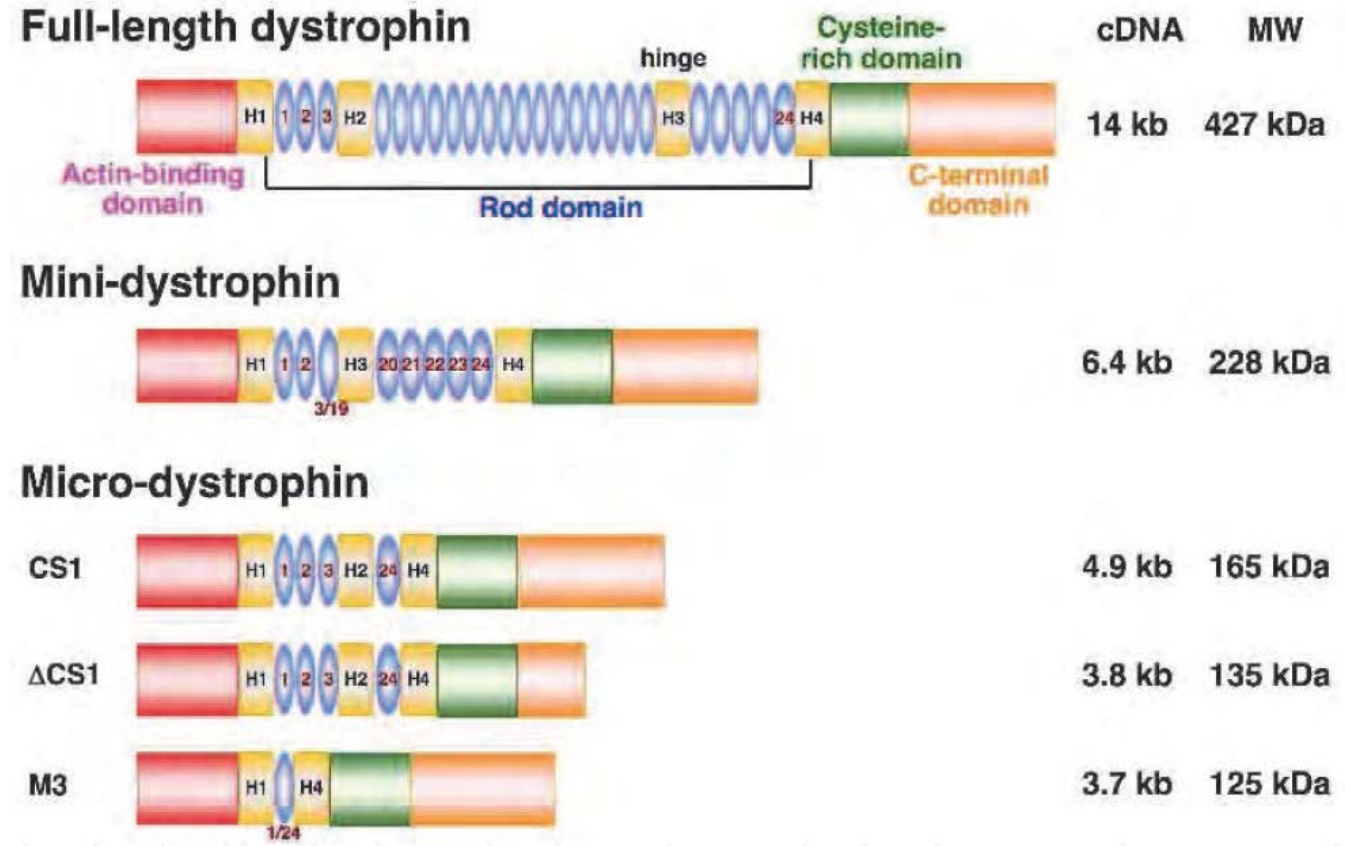
Currently approved by EMA not FDA



Dystrophin Restoration and Replacement

Gene Therapies

- AAV virus to deliver micro- or mini-dystrophins
- Single IV administration
- Effect is thought to last ~10 years
- Cannot be repeated at this time
 - Working to avoid the formation of antibodies to the virus
 - Goal – re-dosing



Gene Therapy

Micro-dystrophin: **Nationwide Children's Hospital / Sarepta**

- Exons 18-58
- Muscle specific
 - Doesn't cross blood brain barrier
- First trial finished dosing
- Second trial has begun dosing



Gene Therapy

SGT-001: Ignite DMD **Solid Biosciences** (Phase I/II, Micro-dystrophin)

- Steroids >24wks
- 4-17 years
- Recruiting



• PF-06939926: **Pfizer** (Phase I, Mini-dystrophin)

- 5-12 years, ambulatory, steroids >6mo
- Recruiting by invitation



Gene Therapy

GALGT2 – Nationwide Children’s Hospital

(Phase I/IIa, rAAVrh74.MCK.GALGT2)

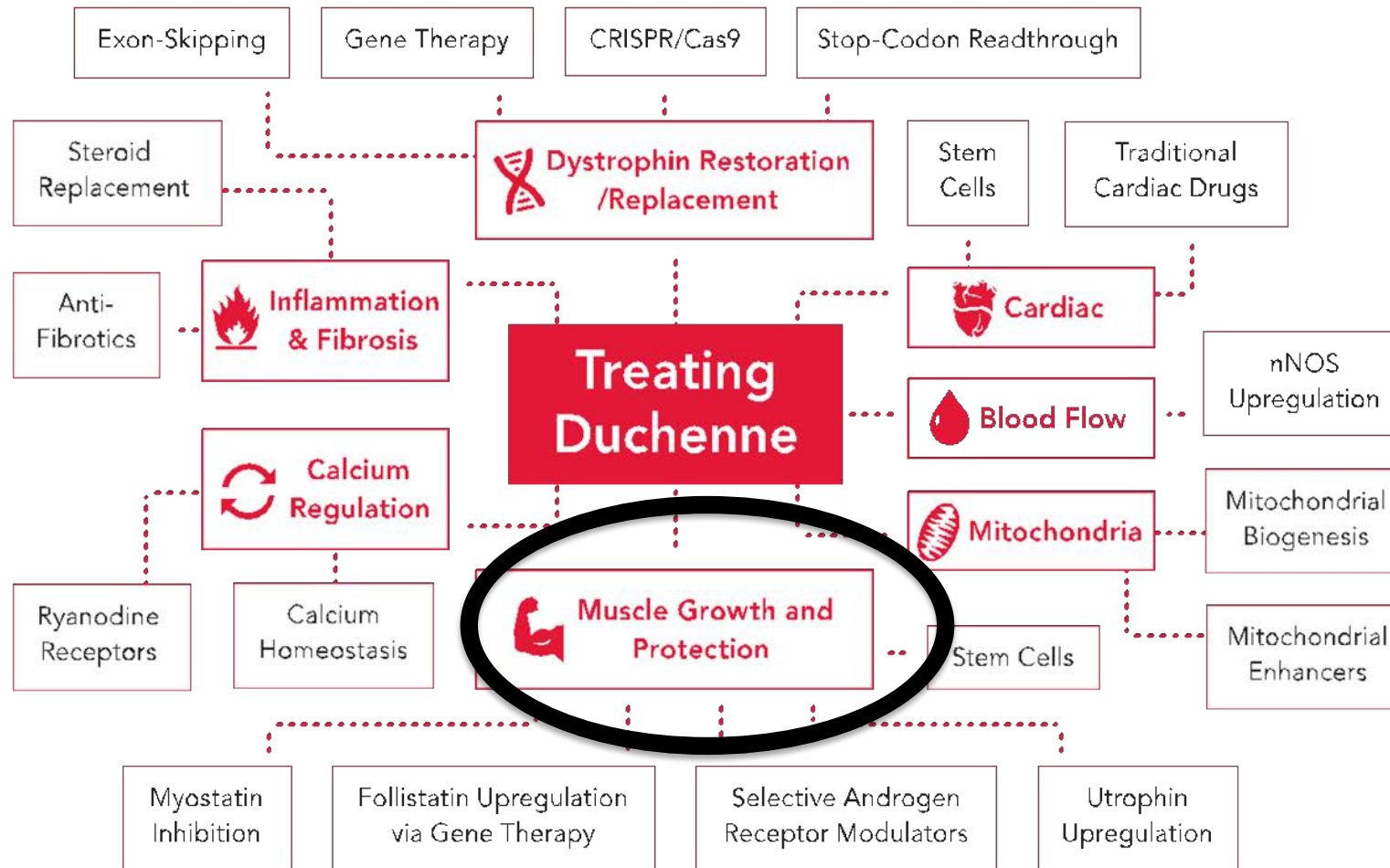
- 4 years and older, ambulatory, steroids >12wk
- Recruiting
- Upregulate dystroglycan-binding proteins



Exon 2 Duplication Strategy– Nationwide Children’s Hospital

- Preclinical
- Only study looking at duplications
- Specific to duplications in exon 2

Clinical Trials in Duchenne



Muscle Growth and Regeneration

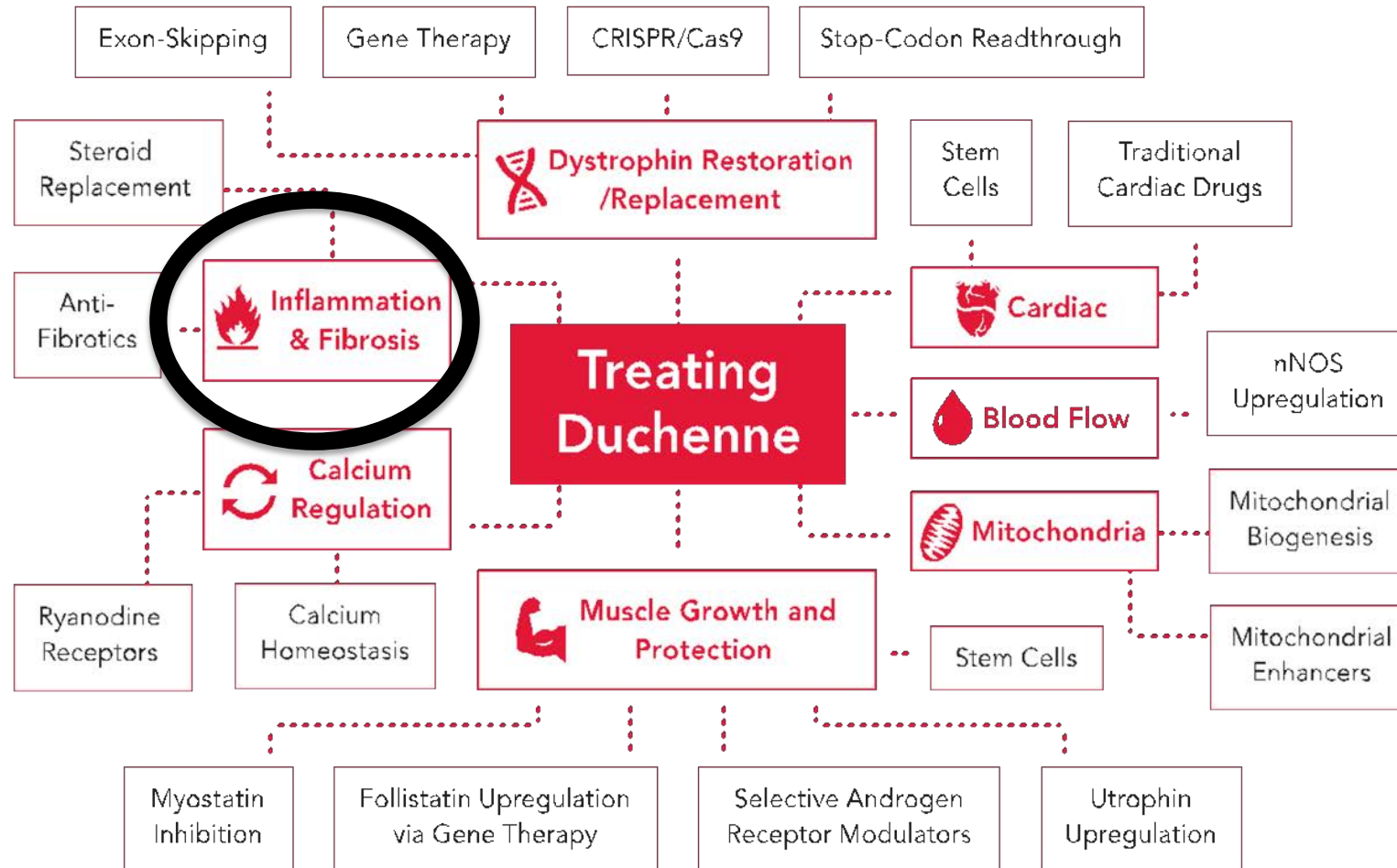
Biglycan : **Tivorsan Pharma** (pre-clinical)
TVN-102



Anti-myostatin: **Roche** (Phase II/III, 6-11yo, ambulatory, steroids)
RO7239361
Myostatin inhibitor



Clinical Trials in Duchenne



Anti-inflammatory

Edasalonexent: **Catabasis** (Phase III, 4-7yo, ambulatory, steroid naïve)

- NFkB inhibitor, anti-fibrotic



Vamorolone: **ReveraGen** (Phase 2b, 4-7yo, ambulatory, steroid naïve)

- Dissociative steroid



Anti-inflammatory

Givinostat: **Italfarmaco** (Phase III, >6yo, ambulatory, steroids >6mo)
HDAC Inhibitor



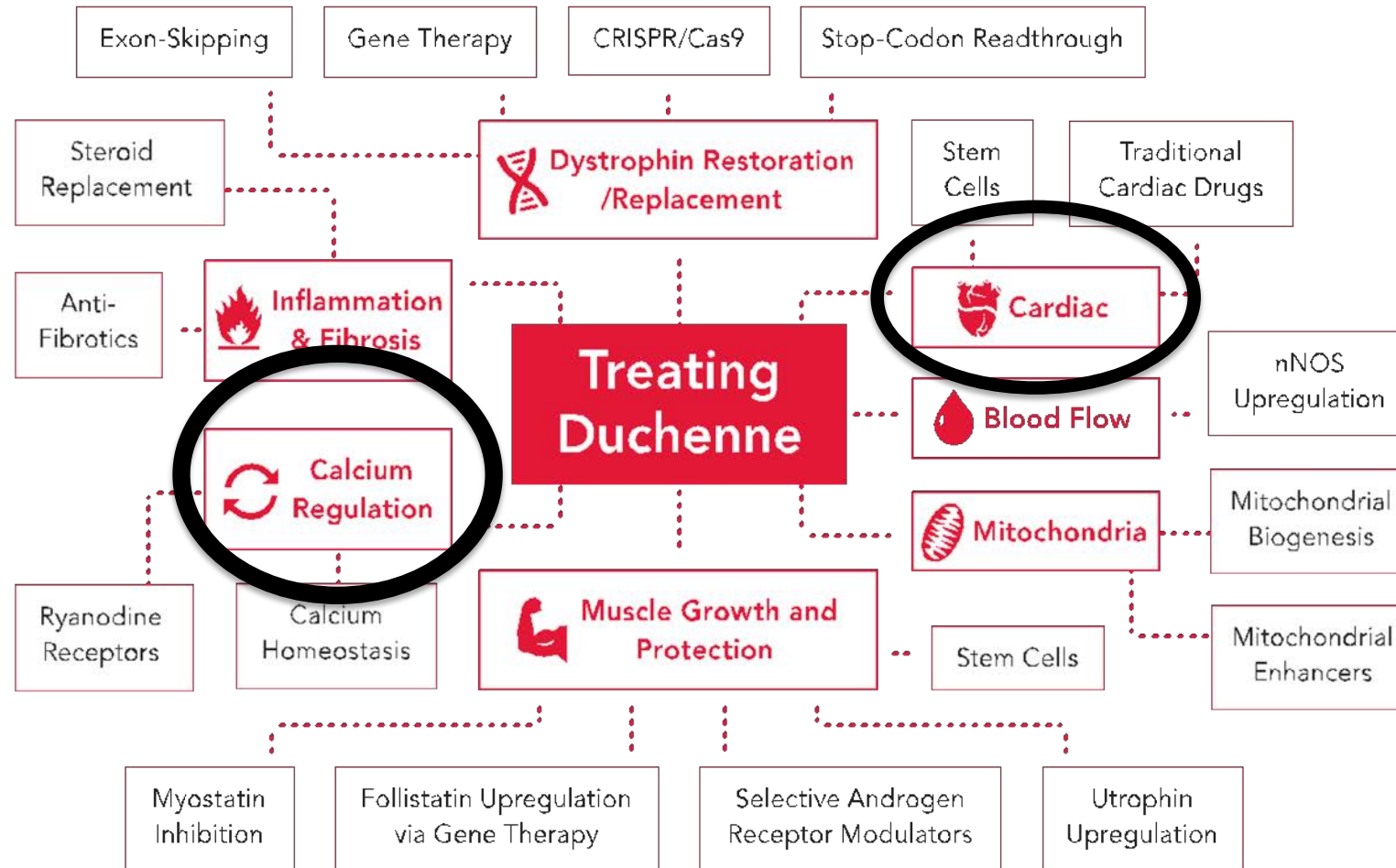
MK1411: **Mallinckrodt** (Phase II, 4-8yo, steroid naive)
Synthetic ATCH



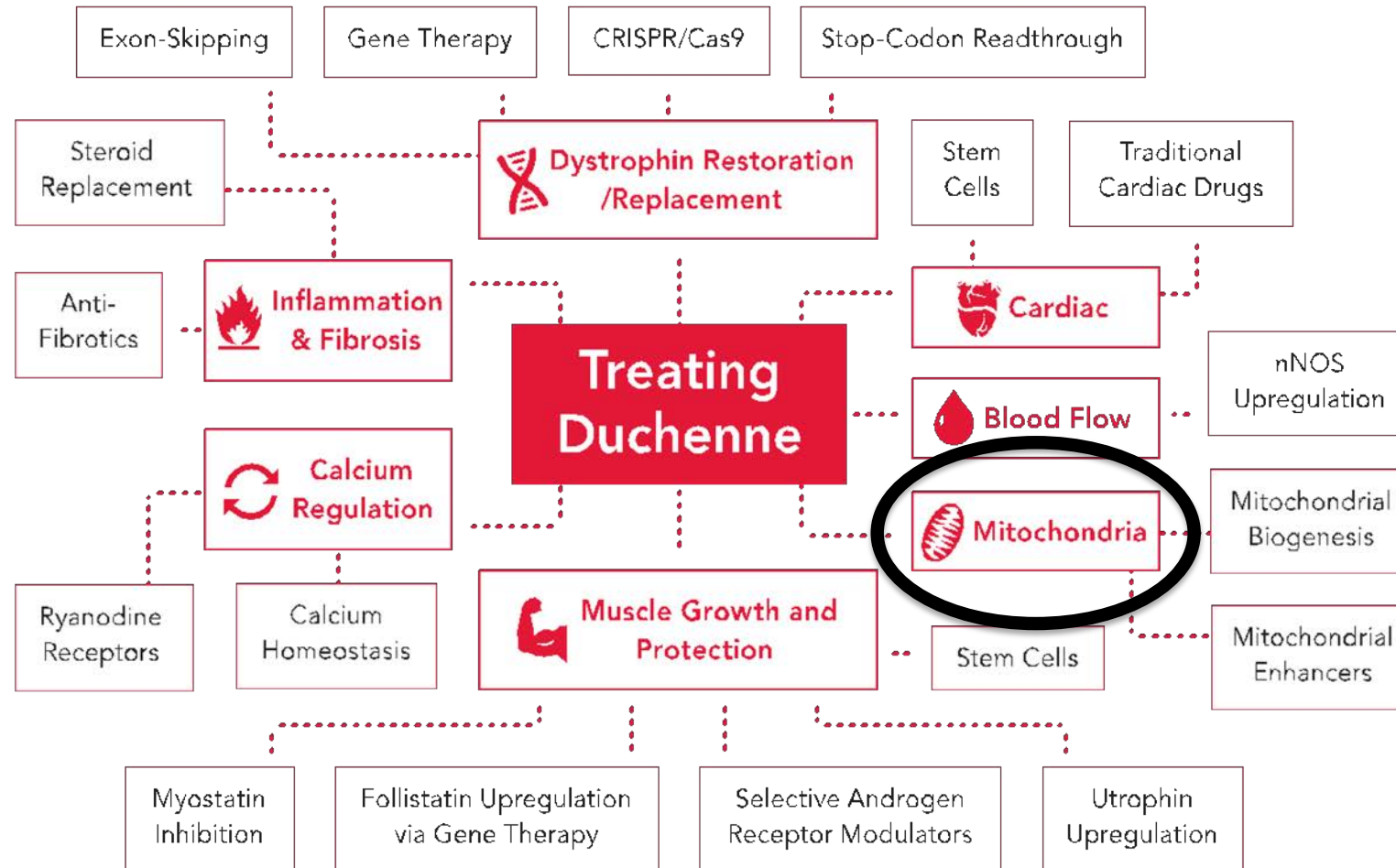
Pamrevlumab: **Fibrogen** (Phase II)
Antibody to CTGF



Clinical Trials in Duchenne



Clinical Trials in Duchenne



Mitochondria

Raxone (Idebenone): **Santhera** (Phase III, >10yo, >12mos steroids)

- Preservation of respiratory function
- Delos Trial
 - Steroid naïve complete, Seeking FDA review



Epicatechin: **Cardero Therapeutics** (Phase II)

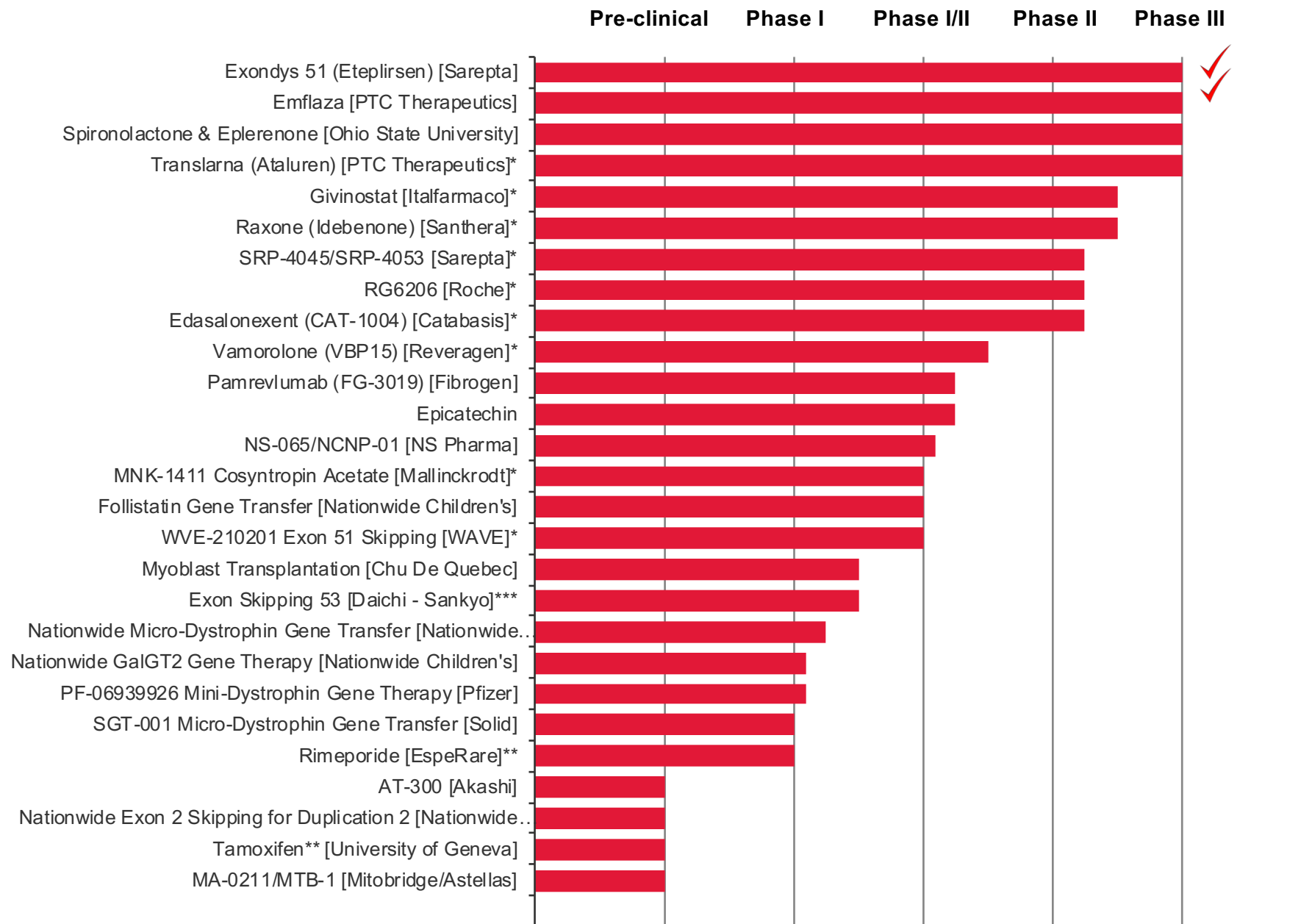
- Mitochondrial growth
- Reviewing results



MTB-1: **Astellas Pharma** (Pre-clinical)

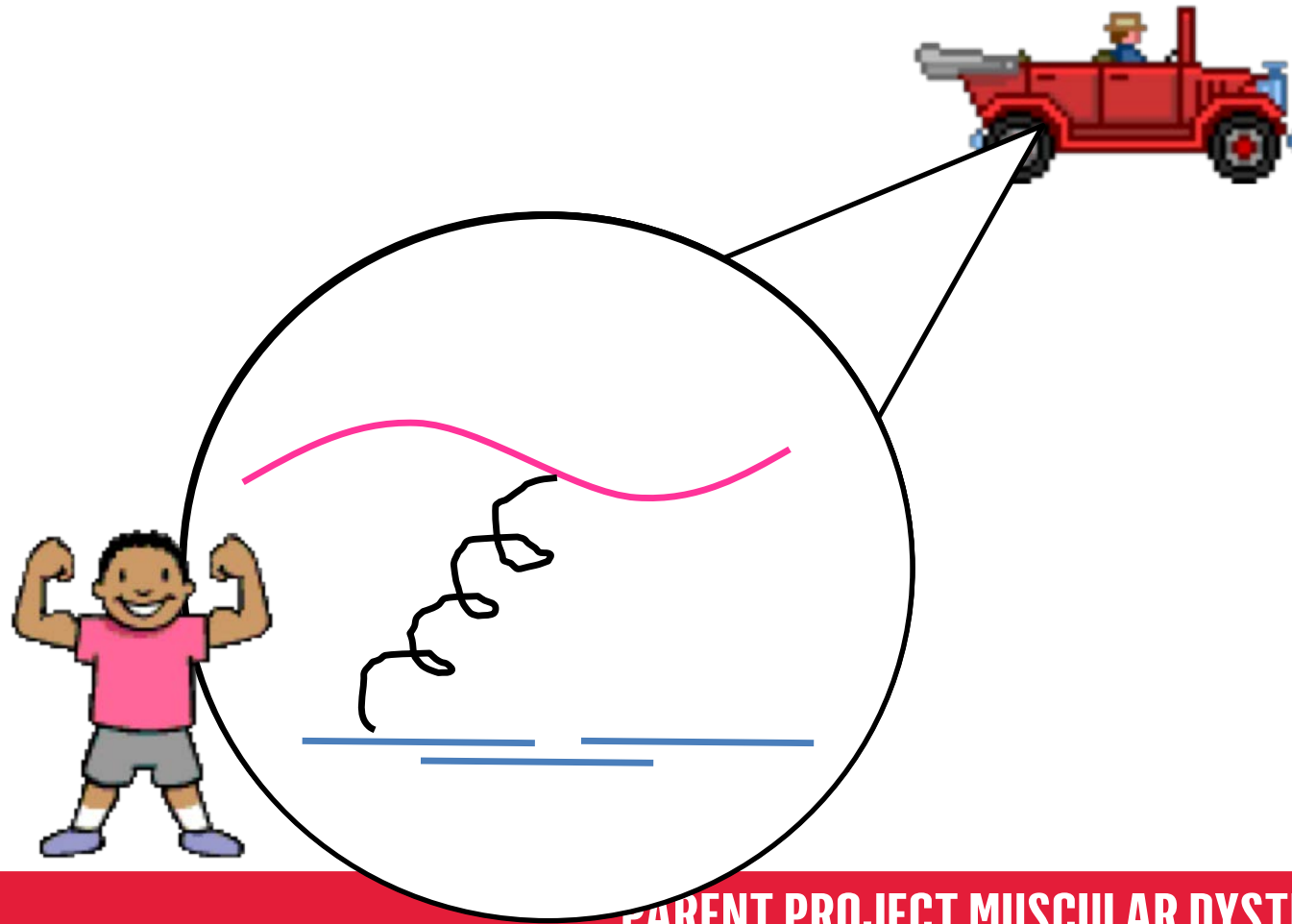
- Improved mitochondrial function

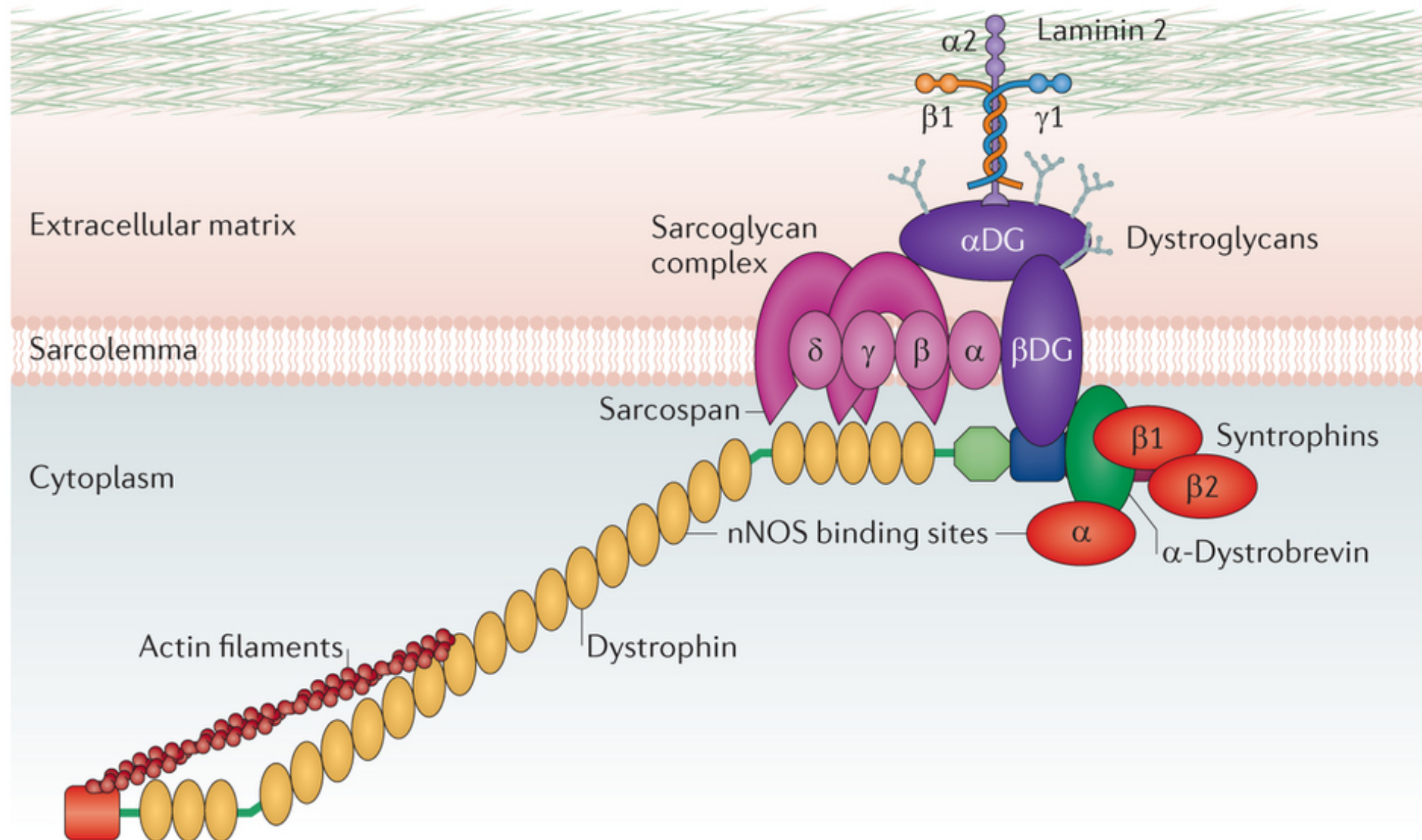




Thank you!

What does dystrophin *do*?





Nature Reviews | **Genetics**

Muscle Growth and Regeneration

- Myostatin Inhibition

- Domagrozumab

- Pfizer, Phase 2
 - STUDY TERMINATED



- BMS 986089 (now Roche)

- BMS/Roche, Phase 1
 - 6-11yo, ambulatory, steroids >6mos



Reading frame

Normal gene – THE FAT CAT ATE THE BIG RED RAT = Full length dystrophin

In-frame mutation – THE FAT CAT ATE THE ~~BIG RED~~ MAD RAT = THE FAT CAT ATE THE MAD RAT = BMD

Out-of-frame mutation – THE FAT CAT ATE THE BI~~G R~~ED MAD RAT = THE FAT CAT ATE THE BIE DMA DRA T = DMD

Exon-skipping – THE FAT CAT ATE THE ~~bie~~ dMA DRA T = THE FAT CAT ATE THE MAD RAT

