Plain Language Study Summary

SRP-5051-201: Two-part study for dose determination of vesleteplirsen (SRP-5051) (Part A), then dose expansion (Part B) in participants with Duchenne muscular dystrophy amenable to exon 51-skipping treatment (MOMENTUM)

Sarepta would like to thank the study participants and their families for their participation in this study. Their contribution helped researchers learn more about vesleteplirsen as a possible treatment option for Duchenne muscular dystrophy.

Sarepta created this summary to share the results of the study with the participants, their family members, and the general public.

This summary only shows the results from this study. Other studies with vesleteplirsen could have different results. Researchers evaluate results of many studies to understand which treatments work, how well they work, and how safe they are for patients.

This summary shows the overall results of this study. Results for each participant may have been different and are not part of this summary.

If you have questions about these results, please feel free to email Sarepta (advocacy@sarepta.com) or, if you were a participant, talk to your study doctor.

Here are the key parts of this summary:

If you are reading this on a computer, you can click on a topic below to skip to that section.

Why was this study done?

Researchers are looking for better ways to treat **Duchenne muscular dystrophy**, or **Duchenne** for short. Duchenne is a rare disease that affects mostly males. People with Duchenne have a **genetic mutation** that limits their ability to make a protein called **dystrophin**. Dystrophin plays an important role in protecting and strengthening muscles. Without the ability to make dystrophin, people with Duchenne have muscle weakness in many parts of the body that gets worse with time. Duchenne is an irreversible, progressive disease.

What are genetic mutations?
Genes are like tiny instruction manuals contained in the body's cells. Genes tell the cells how to make different kinds of proteins. Proteins play lots of different roles in keeping the body healthy and strong. If someone has a genetic mutation, it means there is a problem with the instructions for making a protein.

Vesleteplirsen (also known as SRP-5051) is an experimental drug that was being developed to help people with Duchenne caused by certain genetic mutations make a shorter form of dystrophin. It is given as an **intravenous (IV) infusion** (through a needle in the vein).

This study was done to learn about vesleteplirsen as a possible treatment option for people with Duchenne caused by certain genetic mutations.

What treatment was studied?

The treatment studied was vesleteplirsen, which was given as an IV infusion once every 4 weeks.

Who took part?

This study was done in 2 parts – **Part A** and **Part B**. Participants in both parts were males with Duchenne caused by certain genetic mutations.

There were 18 participants in Part A who were all between 7 and 18 years old when they joined. They were from these countries: the United States (9 participants), Canada (5 participants), Spain (2 participants), Belgium (1 participant), and the United Kingdom (1 participant).

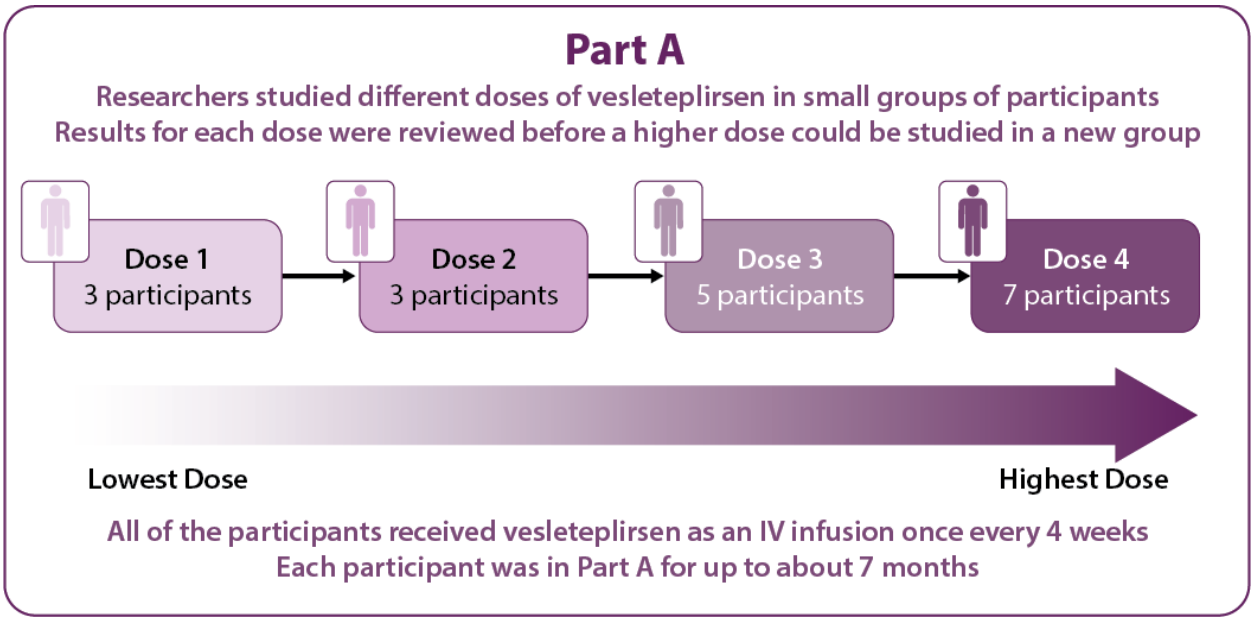
There were 62 participants in Part B. These participants included 14 who joined Part B after they finished Part A, 7 who received vesleteplirsen in another study before they joined this one, and 41 who had never received vesleteplirsen before they joined Part B. All of these participants were between 8 and 23 years old when they joined. They were from these countries: the United States (23 participants), the United Kingdom (9 participants), Canada (8 participants), Italy (8 participants), Belgium (6 participants), Spain (4 participants), Germany (3 participants), and the Netherlands (1 participant).

What happened during the study?

In Part A, researchers studied the effects of 4 different doses of vesleteplirsen in small groups of participants. They used the results from Part A to decide which doses should be given in Part B.

Participants were in Part A for up to about 7 months.

The figure below shows how Part A was done.



In Part B, researchers studied the longer-term effects of 2 doses of vesleteplirsen – a lower dose and a higher dose.

At the start of Part B, all of the participants received a low "starter" dose.

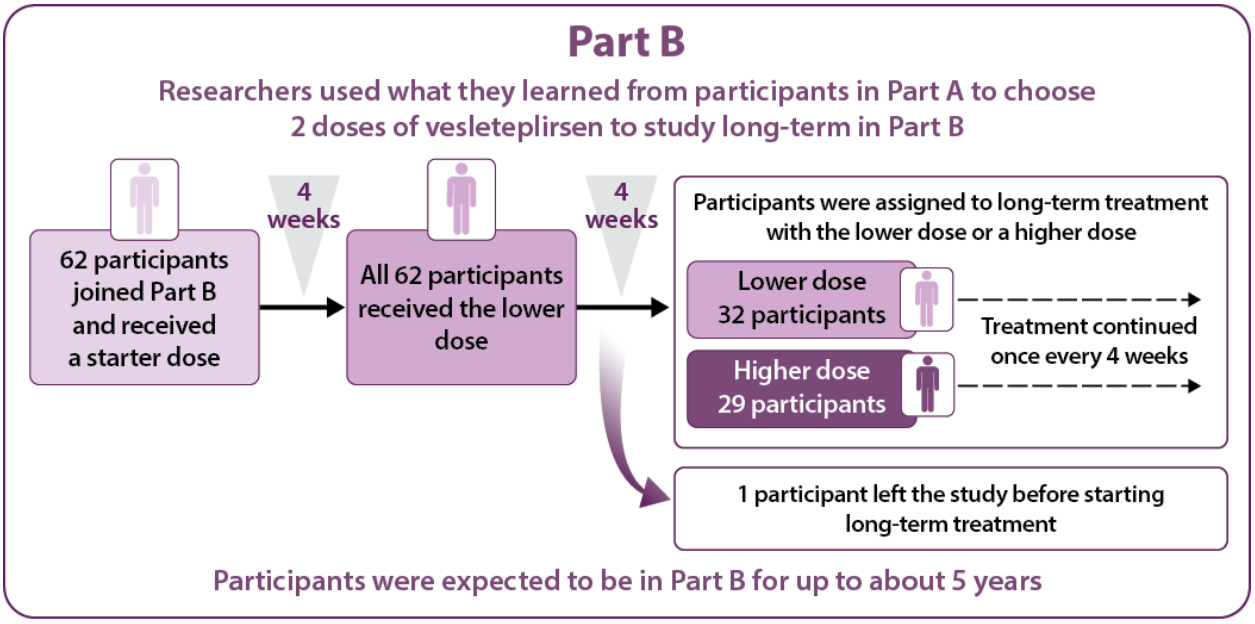
For their second infusion (4 weeks later), all of the participants received the lower of the 2 doses that would be studied in Part B.

Starting with the third infusion, about half of the participants continued long-term treatment with the lower dose. The other half started long-term treatment with the higher dose. There was 1 participant who left the study before starting long-term treatment.

For most of the participants in Part B, researchers used a computer program to randomly choose which dose each participant would receive as long-term treatment. Some participants were assigned to a specific dose so that researchers could be sure treatment assignments were split between the 2 doses as evenly as possible.

Participants were expected to be in Part B for up to about 5 years.

The figure below shows how Part B was done.



Throughout the study, the participants visited a study site (one of the hospitals or research centers where this study was done) regularly. During study site visits, the participants:

- Got their vesleteplirsen infusions
- Got regular check-ups so study doctors could monitor their Duchenne symptoms
- Gave blood and urine samples
- Told study doctors about how they were feeling, any new or worsening medical issues they were having, and any medications they were taking

Some of the participants also had biopsies. A **biopsy** is a procedure in which doctors collect a small amount of tissue. In this study, doctors collected samples of muscle and skin tissue so they could measure how dystrophin levels changed over time.

The participants were also asked to take a magnesium supplement (like a vitamin) while they were in this study. Magnesium is a mineral that plays an important role in many body functions. Participants were asked to take a magnesium supplement because low levels of magnesium are a known possible side effect of treatment with vesleteplirsen.

When the study ended, the participants had a final visit to the study site after their last dose.

What were the main goals of the study?

The main goal of Part A was:

- To learn about side effects that could happen with different doses of vesleteplirsen

The main goals of Part B were:

- To learn about any changes in the amount of dystrophin present in **skeletal muscles** (the muscles that connect to bones and allow arms, legs, and other parts of the body to move) after participants started treatment with vesleteplirsen
- To learn more about side effects of treatment with vesleteplirsen

What were the results?

This study was stopped sooner than planned. This happened in part because of a side effect (low levels of magnesium) that study doctors saw in some participants. Low levels of magnesium can often be treated with careful monitoring and magnesium supplements. But for some participants, this side effect persisted, even after participants stopped treatment. This side effect, combined with problems with kidney function experienced by some participants, led the sponsor to stop the study.

A summary of the main results from the study is provided below.

What side effects did the participants have?

These results describe the **side effects** that participants had during the study. These are new or worsening medical events that happened to participants during the study that the study doctors thought might be related to vesleteplirsen.

Some side effects are considered "serious". Examples of **serious side effects** are those that are life threatening, need hospital care for treatment, or cause long-term medical problems or death.

Did the participants have any serious side effects? If so, what were they?

In Part A, 2 of 18 participants (11%) had at least 1 serious side effect:

- Both of these participants had low levels of **magnesium** in their blood.
- One of these participants also had low levels of **potassium** in their blood.

Both of these participants received the highest dose of vesleteplirsen studied in Part A.

Magnesium and **potassium** are electrolytes (minerals) in our bodies that play an important part in keeping us healthy. Low levels of these electrolytes can affect things like muscle health, heart function, and digestion.

In Part B, 12 of 62 participants (19%) had at least 1 serious side effect. This included 6 of the 32 participants (19%) in the lower dose group and 6 of the 29 participants (21%) in the higher dose group. The most common serious side effects in Part B were low levels of potassium,

which affected 7 of 62 participants (11%), and low levels of magnesium, which affected 6 of 62 participants (10%). These were the only serious side effects that happened to more than 1 participant in Part B.

None of the serious side effects in this study were fatal.

Did the participants have any non-serious side effects? If so, what were they?

In Part A, 14 of 18 participants (78%) had non-serious side effects. The most common non-serious side effect in Part A was low levels of magnesium, which affected 11 of 18 participants (61%). This was the only non-serious side effect that happened to at least 25% of participants in Part A.

In Part B, all 62 participants had non-serious side effects. The most common non-serious side effects in Part B were low levels of magnesium, which affected 61 of 62 participants (98%), and low levels of potassium, which affected 29 of 62 participants (47%). These were the only non-serious side effects that happened to at least 25% of participants in Part B.

There was 1 participant in the study who stopped taking vesleteplirsen because of a side effect. This participant was taking the higher dose of vesleteplirsen in Part B and stopped treatment due to problems with kidney function.

Did the amount of dystrophin in the participants' muscle tissue change after treatment with vesleteplirsen?

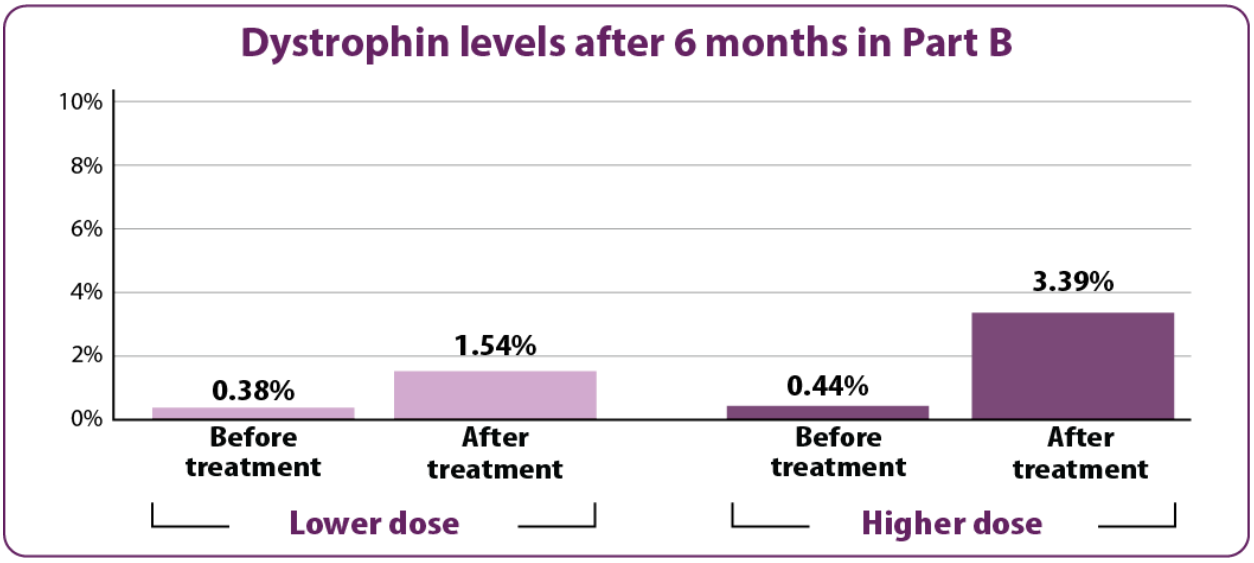
Yes.

Researchers looked at the biopsy samples that were collected from 39 of the participants who received vesleteplirsen for the first time in Part B. This included 20 participants who received the lower dose and 19 participants who received the higher dose.

These participants provided biopsy samples before they started treatment and again about 6 months later.

Researchers measured the amount of dystrophin in the muscle tissue samples with a lab test called a **western blot**.

The graph below shows how dystrophin levels changed, on average, after 6 months of treatment with each dose in Part B. The result is shown as a percentage (fraction) of how much dystrophin researchers would expect to see in a muscle tissue sample from someone who does not have Duchenne.



Results for each individual participant may have been different and are not in this summary.

You can find more information about this study – including additional results from the study – on the websites listed at the end of this summary.

What has happened since the study ended?

The study started in December 2021 and was stopped in February 2025.

When the study ended, Sarepta reviewed the data and created a report of the results. This is a summary of that report.

How has this study helped?

The results of this study helped doctors, researchers, and health authorities learn more about vesleteplirsen as a possible treatment option for Duchenne. Clinical studies like this are important to help researchers understand which treatments work and how well they work.

Additional clinical studies with vesleteplirsen are not planned.

Where can I learn more about this study?

You can find more information about this study on the websites listed below.

http://www.clinicaltrials.gov → On this website, type **NCT04004065** into one of the search boxes and click "Search".

https://euclinicaltrials.eu/ → On this website, click "Search clinical trials". Then type **2023-509935-23-00** in the top search box, scroll down, and click "Search".

Full study title: A Phase 2, Two-Part, Multiple-Ascending-Dose Study of SRP-5051 for Dose Determination, then Dose Expansion, in Patients with Duchenne Muscular Dystrophy Amenable to Exon 51-Skipping Treatment

Protocol number: SRP-5051-201

Sponsor: Sarepta Therapeutics, Inc.
Email: advocacy@sarepta.com
Phone: 1-888-SAREPTA (1-888-727-3782), For clinical study information, select option 4

Thank you!

Sarepta is grateful for the participants who helped make this study happen. Clinical study participants help researchers and health authorities find answers to important health questions and discover new treatments for disease.