Plain Language Study Summary

SRP-9001-104: A gene therapy study to evaluate the safety and efficacy of delandistrogene moxeparvovec (SRP-9001) following imlifidase infusion in participants with Duchenne muscular dystrophy (DMD) determined to have pre-existing antibodies to recombinant adeno-associated virus serotype (rAAVrh74)

Sarepta would like to thank the study participants and their families for taking part in this study.

This study was stopped sooner than planned. The decision to stop the study was made as part of Sarepta's effort to consolidate the company's near-term focus on research that is likely to have the biggest impact on the treatment of Duchenne.

Because the study was stopped early, the results could not be analyzed as planned.

Sarepta created this summary to share with the participants, their family members, and the general public. The goal of this summary is to help explain why and how the study was done so that people understand the important role that the study participants played in helping researchers find better ways to treat Duchenne.

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

What is Duchenne?

Duchenne muscular dystrophy, or **Duchenne** for short, 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.

Why was this study done?

This study was done to learn more about a treatment for Duchenne called delandistrogene moxeparvovec. **Delandistrogene moxeparvovec** (also known as SRP-9001) is a type of treatment called **gene therapy**. It is given as a one-time **intravenous (IV) infusion** (through a needle in the vein).

Each infusion of delandistrogene moxeparvovec contains many copies of a gene that has instructions for how to make a shorter form of dystrophin called **delandistrogene moxeparvovec dystrophin**. Each copy of the gene is delivered using a special carrier called a **vector**. The vector, which is called **rAAVrh74**, acts like a delivery vehicle that helps get the gene to the right place in the body's cells. Once the new gene is inside the cell, the body can use it as an instruction manual to help make delandistrogene moxeparvovec dystrophin.

Some people have antibodies to vectors like rAAVrh74. **Antibodies** are proteins in the immune system. Their job is to protect the body from foreign substances, such as bacteria and viruses. But if a person has antibodies to a gene therapy vector, these antibodies could block the vector from delivering the gene therapy inside the body's cells.

Because of this, people who have high levels of antibodies to rAAVrh74 are not eligible to receive delandistrogene moxeparvovec.

Imlifidase is a treatment that can help temporarily reduce antibody levels.

This study was done to learn whether using imlifidase with delandistrogene moxeparvovec could help people with Duchenne who have antibodies to the rAAVrh74 vector. If imlifidase could stop the antibodies from blocking the vector, this might make it easier for delandistrogene moxeparvovec to enter into muscle cells, allowing the muscle cells to make delandistrogene moxeparvovec dystrophin.

Who took part?

This study included males with Duchenne who were between 4 and 9 years old and who had elevated levels of rAAVrh74 antibodies. There were 5 people who joined the study, which took place in Spain.

What was the study plan?

Everyone who joined the study received 1 or 2 doses of imlifidase as an IV infusion.

After participants received imlifidase, study doctors collected blood samples from the participants to measure levels of rAAVrh74 antibodies.

If a participant's antibody level dropped enough after treatment with imlifidase, the participant could go on to receive treatment with delandistrogene moxeparvovec. If not, the participant would not be eligible for treatment with delandistrogene moxeparvovec.

How are antibody levels measured?

To measure antibody levels, researchers start with a blood sample. The blood sample is diluted with a solution. When you "dilute" something, you add a liquid to it to make it less concentrated, sort of like adding water to lemonade. The more water you add, the weaker (less concentrated) the lemonade will be.

In an antibody test, a specific amount of solution is added to a blood sample. If the concentration of antibodies in the diluted mixture is low enough, the antibody test will not be able to detect them.

In this study, researchers used a 1:400 dilution. This means that the amount of blood in the blood sample was mixed (diluted) with 400 times that amount of solution.

If the concentration of antibodies in this mixture was low enough that the antibody test could not detect them, this meant that the participant's antibody levels had dropped enough that they could go on to receive delandistrogene moxeparvovec.

If the test could still detect the antibodies, this meant that the participant's antibody levels were still too high, and they would not be eligible to receive delandistrogene moxeparvovec.

After treatment, participants who received imlifidase and delandistrogene moxeparvovec were asked to stay in the study for up to 2 years so that study doctors could keep track of their long-term health outcomes. Participants who received imlifidase but were not eligible for treatment with delandistrogene moxeparvovec were asked to stay in the study for up to 1 year for the same reason.

This study started in January 2024 and was stopped early in October 2025. Even though the study was stopped, study doctors continue to monitor the health of the participants who received study treatment.

What were the main goals of the study?

A main goal of this study was to learn whether using imlifidase to lower rAAVrh74 antibody levels would allow delandistrogene moxeparvovec to be delivered into the participants' muscle cells so that those muscle cells could make delandistrogene moxeparvovec dystrophin.

To help researchers learn this, the participants provided small amounts of muscle tissue in a procedure called a **biopsy**.

Each biopsy sample provided critical information to the study researchers because it let them measure:

- how many copies of the delandistrogene moxeparvovec dystrophin gene were in the sample of muscle tissue, and
- the amount and location of the delandistrogene moxeparvovec dystrophin protein in the muscle tissue.

Another main goal of the study was to learn about the side effects of the 2 study treatments. These are new or worsening medical events that happened during the study that the study doctors thought might have been related to imlifidase, delandistrogene moxeparvovec, or both.

How has this study helped?

Even though this study was stopped early, the participants in this study helped doctors, researchers, and health authorities learn more about ways in which patients with rAAVrh74

antibodies might be able to receive delandistrogene moxeparvovec as a treatment for Duchenne.

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 **NCT06241950** into one of the search boxes and click "Search".

https://euclinicaltrials.eu/ → On this website, click "Search clinical trials". Then type **2024-512624-11-00** in the top search box, scroll down, and click "Search".

Full study title: An Open-Label, Systemic Gene Delivery Study to Evaluate the Safety, Tolerability and Expression of SRP-9001 in Association with Imlifidase in Subjects with Duchenne Muscular Dystrophy with Pre-existing Antibodies to rAAVrh74

Protocol number: SRP-9001-104

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.