Moving drug development forward for Limb-Girdle Muscular Dystrophy

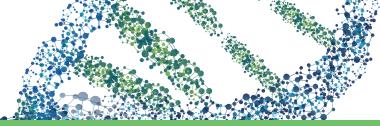
LGMD SCIENTIFIC WORKSHOP

February 8, 2024

A multi-stakeholder event including patients, advocacy organizations, clinicians, drug developers, and regulators.



WORKSHOP AGENDA



TIME	ΤΟΡΙΟ	S P E A K E R S
8:30 – 8:40 am	Welcome and Opening Remarks	Kathryn Bryant Knudson, CEO, The Speak Foundation
8:40 – 8:45 am	Workshop Run of Show	Keith Flanagan
LGMD Patho	physiology	
8:45 – 9:05 am	KEYNOTE ADDRESS	Jerry Mendell, MD
9:05 – 10:00 am	LGMD Subtype Overview Presentation: LGMD 2C/R5 LGMD 2D/R3 LGMD 2E/R4 LGMD 2I/R9 LGMD 2A/R1 LGMD 2B/R2	Peter Kang, MD Kathy Mathews, MD Matthew Wicklund, MD
10:00 - 10:25 AM	Presentation: LGMD Natural History Landscape	Nicholas Johnson, MD
MORNING BREAK		
Patient Focu	sed Drug Development	
10:40 – 11:00 am	Presentation: Patient Focused Drug Development in LGMD	Jennifer Levy , PhD
11:00 – 11:30 ам	Presentations: Introduction Video Patient Video	Early Impact on Children and Families Living with LGMD Donavon Decker (LGMD 2D/R3)
	Patient and Caregiver: Experiences and Treatment Preferences	Kathryn Bryant Knudson I <i>Moderator</i> Patrick Moeschen (LGMD 2E/R4) Kelly Brazzo (LGMD 2I/R9) Brooklyn Garza (LGMD 2A/R1) Rachel DeConti (LGMD 2C/R5, LGMD 2D/R3, LGMD 2E/R4) Joshua Thayer (LGMD 2B/R2)

LUNCH BREAK



WORKSHOP AGENDA



TIME TOPIC

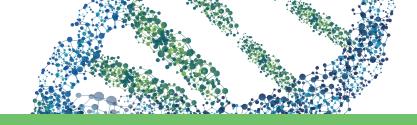
S P E A K E R S

Clinical Endpoints, Accelerated Approval, and Clinical Trial Design

12:20 – 1:10 рм	Fireside Chat: Accelerated Approval Pathway, Surrogate Endpoints, and Clinical Trial Design for LGMD	Annie Kennedy I <i>Moderator</i> Peter Marks, MD, PhD Peter Stein, MD	
1:10 – 1:40 рм	Presentation: Innovative Clinical Trial Design for LGMD	James Signorovitch, PhD	
1:40 – 2:00 рм	Presentation: Clinical Endpoint Considerations	Lindsay Alfano, PT, DPT	
2:00 – 2:30 pm	Presentations: Surrogate Endpoints in LGMD: Subtype Case Studies	Douglas Sproule , MD Louise Rodino-Klapac , PhD	
AFTERNOON BREAK			
2:45 – 4:15 рм	Roundtable: LGMD Endpoints and Clinical Trial Design	Keith Flanagan I <i>Moderator</i> Kathryn Bryant Knudson, Patient Advocate Michelle Campbell, PhD Joanne Donovan, MD, PhD Anh Nguyen, MD Sophie Olivier, MD Louise Rodino-Klapac, PhD Laura Rufibach, PhD James Signorovitch, PhD Douglas Sproule, MD Nicole Verdun, MD Matthew Wicklund, MD	
4:15 – 4:30 рм	Fireside Chat: Key Take-Aways and Next Steps	Keith Flanagan I <i>Moderator</i> Kathryn Bryant Knudson, Patient Advocate Peter Marks, MD, PhD Peter Stein, MD	



WORKSHOP SPEAKERS





Lindsay Alfano, PT, DPT Principal Investigator, Assistant Professor The Abigail Wexner Research Institute at Nationwide Children's Hospital Center for Gene Therapy



Nicholas Johnson, MD Associate Professor, Division Chief of Neuromuscular, and Vice Chair of Research, Department of Neurology Virginia Commonwealth University Head, GRASP LGMD Consortium



Michelle Campbell, PhD Associate Director, Stakeholder Engagement and Clinical Outcomes, Office of Neuroscience United States Food and Drug Administration (FDA)



Joanne Donovan, PhD, MD Chief Medical Officer Edgewise Therapeutics



Keith Flanagan Consultant Flanagan Strategies, LLC



Peter Kang, MD Professor and Vice Chair of Research Department of Neurology University of Minnesota Medical School



Annie Kennedy Chief of Policy, Advocacy, and Patient Engagement EveryLife Foundation for Rare Diseases



Kathryn Bryant Knudson Founder and CEO The Speak Foundation



Jennifer Levy, PhD Scientific Director Coalition to Cure Calpain 3 (C3)



Peter Marks, MD, PhD Director of the Center for Biologics Evaluation and Research (CBER) United States Food and Drug Administration (FDA)



Katherine Mathews, MD Professor of Pediatrics – General Neurology University of Iowa Health Care, Carver College of Medicine



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WORKSHOP SPEAKERS





Jerry R. Mendell, MD Former Attending Neurologist Nationwide Children's Hospital Senior Advisor, Medical Affairs Sarepta Therapeutics



Anh Nguyen, MD Vice President, Therapeutic Sector Leader AskBio Therapeutics



Sophie Olivier, MD Chief Medical Officer Atamyo Therapeutics



Louise Rodino-Klapac, PhD Executive Vice President, Head of R&D, Chief Scientific Officer Sarepta Therapeutics



Laura Rufibach, PhD Co-President Jain Foundation



James Signorovitch, PhD Managing Principal Analysis Group



Douglas Sproule, MD Chief Medical Officer ML Bio Solutions



Peter Stein, MD Director of CDER's Office of New Drugs (OND) United States Food and Drug Administration (FDA)



Nicole Verdun, MD Director, Office of Therapeutic Products (OTP) CBER, U.S. FDA



Matthew Wicklund, MD Professor of Neurology University of Texas San Antonio





PATIENT PANEL



Kelly Brazzo (Mom & Caregiver of Sammy) Subtype: LGMD 21/R9 (Dystroglycanopathy) Age of Onset: Age 2

Key Struggles: Sammy was diagnosed with heterozygous LGMD 2I/R9 at the age of two. Since that time, she has had a significant decline in her mobility resulting in frequent falls and an inability to rise from the chair or the floor. She has suffered from contractures requiring surgery for a heel cord lengthening procedure followed by serial casting as well as a complete spinal fusion.

Why this Event is Important: It is imperative that we continue to share the story of the LGMD patient experience to help accelerate drug development. We are grateful to have so many experts in this area coming together to expedite an approved therapy for this ultra rare, progressive and life-limiting disease.

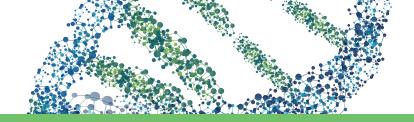


Rachel DeConti (Mom & Caregiver of Jacob) Subtype: LGMD 2D/R3 (Sarcoglycanopathy) Age of Onset: Age 5

Key Struggles: Jacob was diagnosed with LGMD 2D/R3 during the summer of 2021 when he suffered a case of Rhabdomyolysis. Since this diagnosis, he has had additional cases of Rhabdo when he overexerts himself, is in cold water for an extended time, and doesn't hydrate enough during physical activity. At now 7-years-old, he doesn't fully understand why he is slower than his peers at gym/recess, or why he can't play team sports with all of his friends. He also experiences trips/falls and we are constantly worried of impactful injuries.

Why this Event is Important: This event is so important for our entire LGMD community. It helps key stakeholders – drug researchers, developers and regulators – better understand what LGMD patients face daily with disease progression. Despite how far we have come over the years with various disease treatments, there is still not an approved treatment for LGMD. To us, this gathering brings us one step closer to helping expedite treatments for patients who critically need them, including my son. I am so appreciative of the collaboration and partnership this event represents.

PATIENT PANEL





Brooklyn Garza Subtype: LGMD 2A/R1 (Calpainopathy) Age of Onset: Age 9

Key Struggles: Weakness in arms struggles to lift, get up, get dressed, bathe, carry things — even a backpack at school, reach above shoulders. Weakness in legs walking long distances, climbing stairs, falling, lifting legs, bending down, can't run.

Why this Event is Important: To share my experiences living with Limb-Girdle Muscular Dystrophy in order to promote accelerated treatment and a cure for this disease. My goal is to further research and provide as much data as I can to help this go faster.



Patrick Moeschen Subtype: LGMD 2E/R4 (Sarcoglycanopathy) Age of Onset: Age 11

Key Struggles: The relentless progression of the condition renders it impossible to not worry about how bad things are going to get. As time ticks by, our bodies are slowly killing us. As adults, our risk/benefit scale differs from other patient groups.

Why this Event is Important: Safe, but accelerated access to trials and treatments must be at the forefront to provide hope. The FDA must think outside the box when presented with drug/genetic proposals about all types of muscular dystrophy.



Joshua Thayer Subtype: LGMD 2B/R2 (Dysferlinopathy) Age of Onset: Age 18

Key Struggles: I am no longer able to stand up or walk at all. I rely on a power wheelchair and conversion ramp van for mobility, and I require assistance to transfer, bathe, dress, prepare meals and perform most other activities of daily living.

Why this Event is Important: I applaud the FDA, clinicians, research doctors and drug sponsors for increasingly turning to patients for our input on clinical trial design, and I am encouraged to see our involvement extended to events like this one. My primary requests are for the stakeholders to accept what we tell you are clinically meaningful improvements, to apply surrogate endpoints for accelerated approval of LGMD drugs, and to develop and validate novel clinical outcome measurements that are appropriate to the LGMD community at all levels of progression.



