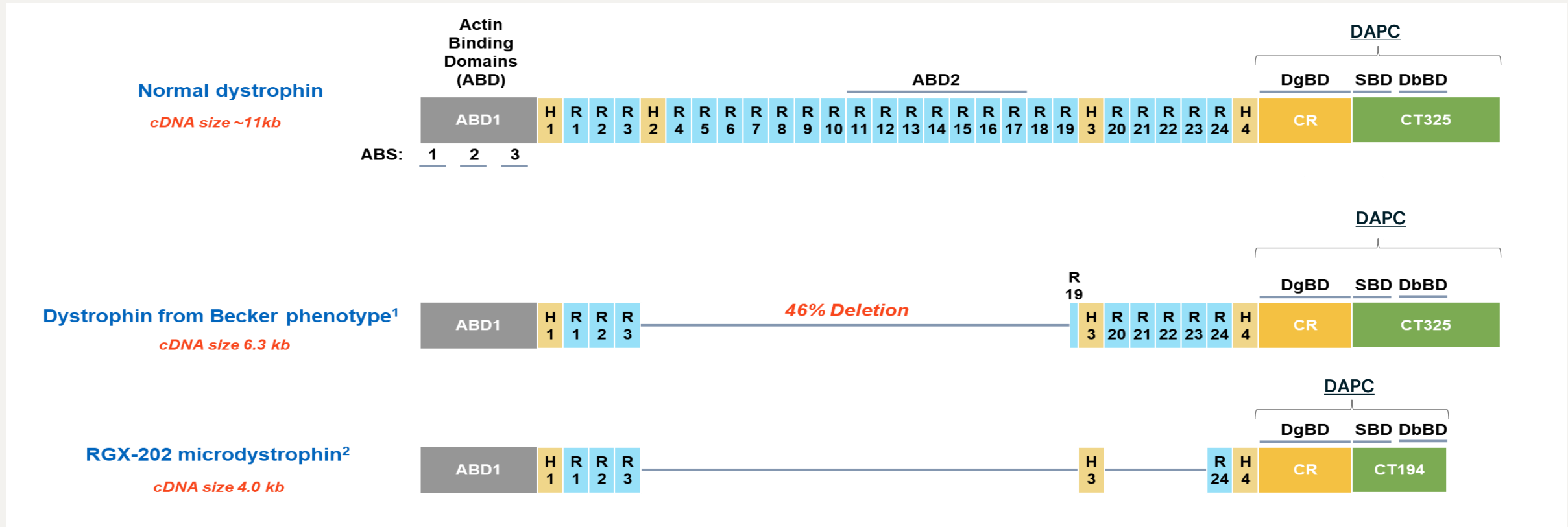

RGX-202, an Investigational Gene Therapy for the Treatment of Duchenne Muscular Dystrophy: Interim Clinical Data

Aravindhan Veerapandiyan, MD
Arkansas Children's Hospital

RGX-202 Transgene is Designed to Encode Key Elements of Naturally Occurring Dystrophin



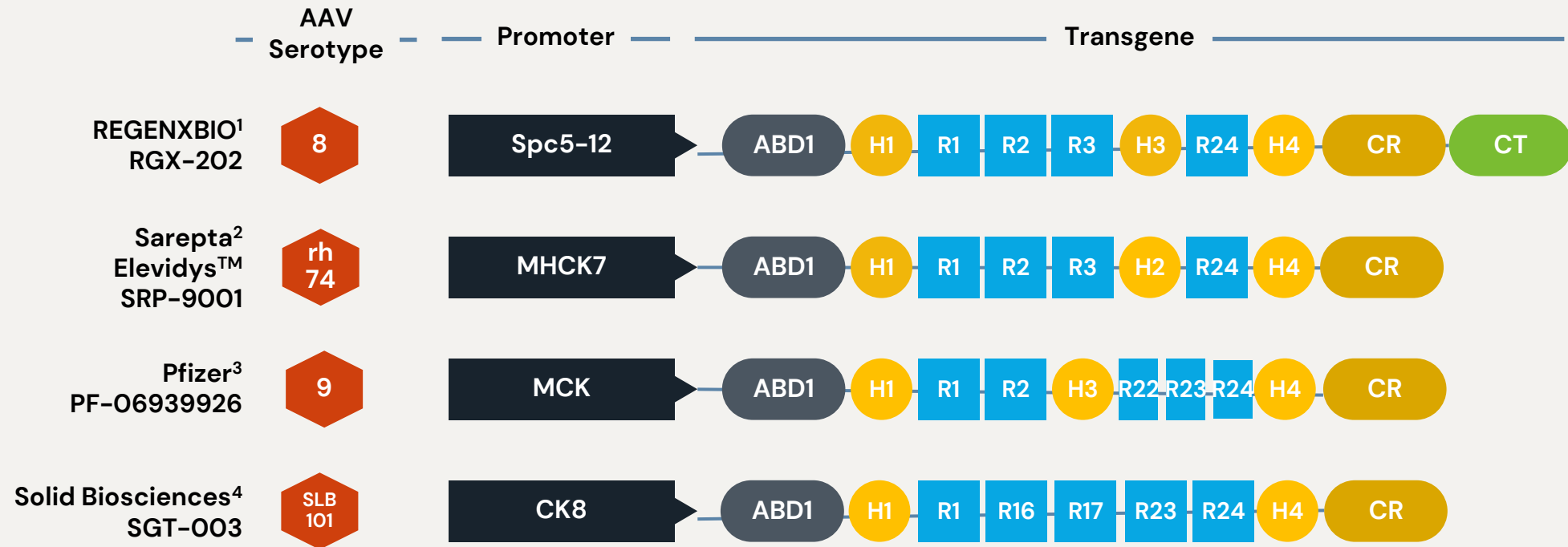
RGX-202 expresses a new, differentiated microdystrophin with important biology that is the most similar to a natural shortened dystrophin that protects muscles from degenerating

1. England (1990) Nature
2. Qiao (2021) ASGCT Virtual

Abbreviations: ABD: actin binding domain; DgBD: Dystroglycan binding domain; SBD: Syntrophin binding domain; DbBD: Dystrobrevin binding domain; CR: Cysteine rich domain; CT: carboxyl terminus; H: hinge; R: rod; DAPC: Dystrophin associated protein complex

RGX-202 is Novel Among Current Class of AAV- microdystrophins

RGX-202 is the only gene therapy designed to deliver a transgene for a microdystrophin with the functional elements of the C-Terminal (CT) domain found in naturally occurring dystrophin



1. Accessed November 1, 2023: [REGENXBIO Investor Day](#), July 11, 2023
 2. Harper (2002) Nat Med
 3. Wang (2000) PNAS
 4. <https://investors.solidbio.com/Corporate Presentation, January 2024>

RGX-202 Study Overview

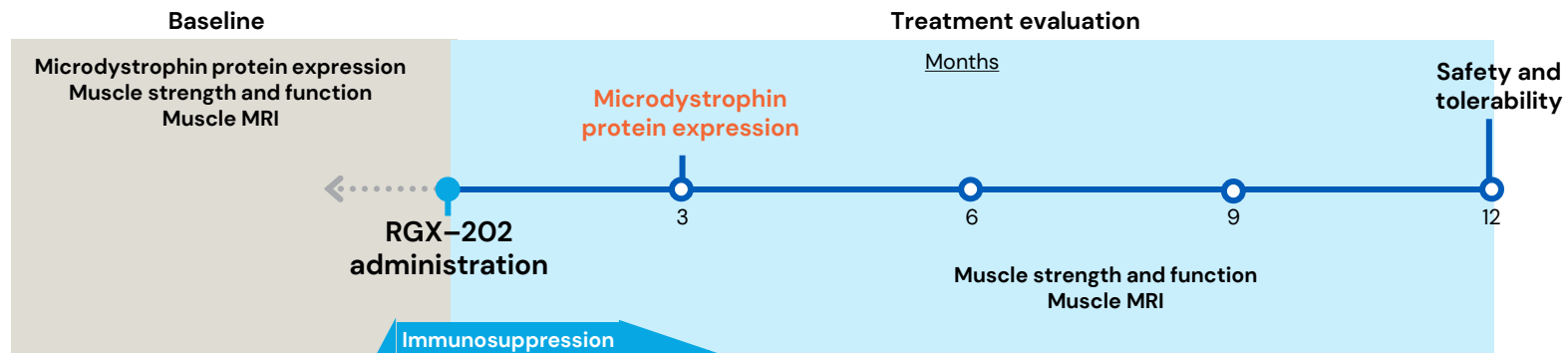
Key Eligibility Criteria

- Boys aged 4 to 11 years at screening
- Genetically confirmed DMD (mutations in exons 18 and above)
- 100-meter walk: able to perform without assistive devices
- No pre-existing antibodies to the gene therapy (AAV8 capsid)

Study Plan



Administration and Assessments Timeline



Key Baseline Characteristics & Safety

RGX-202 was well-tolerated with no serious adverse events

Patient	Age at Dosing	Weight at Dosing (kg)	Post-administration follow up (months)
Dose Level 1 1x10 ¹⁴ GC/kg			
1	4 yrs 4 mos	17.8	11
2	10 yrs 5 mos	28.3	9
3	6 yrs 6 mos	26.8	6
Dose Level 2 2x10 ¹⁴ GC/kg			
1	12 yrs 0 mos	24.3	4
2	8 yrs 1 mos	31.2	1

Interim Data: Dose Level 1

Dose Level 1

- Robust RGX-202 microdystrophin expression observed
- Serum CK levels meaningfully decreased, representative of improvement in muscle disease

Patient	Age at Dosing (years)	RGX-202 Microdystrophin Western blot (Jess method) (% Normal Control)	CK Levels, week 10 (% reduction from baseline)
Dose Level 1 1x10 ¹⁴ GC/kg			
1	4 yrs 4 mos	38.8	-43
2	10 yrs 5 mos	11.1	-44
3	6 yrs 6 mos	83.4	-93

Interim Data: Dose Level 2, 1st Patient

- Robust RGX-202 microdystrophin expression was observed at three months, with comparable results obtained via Western Blot and LC-MS
- Decrease in creatinine kinase (CK) levels at 10 weeks

RGX-202 Microdystrophin Expression

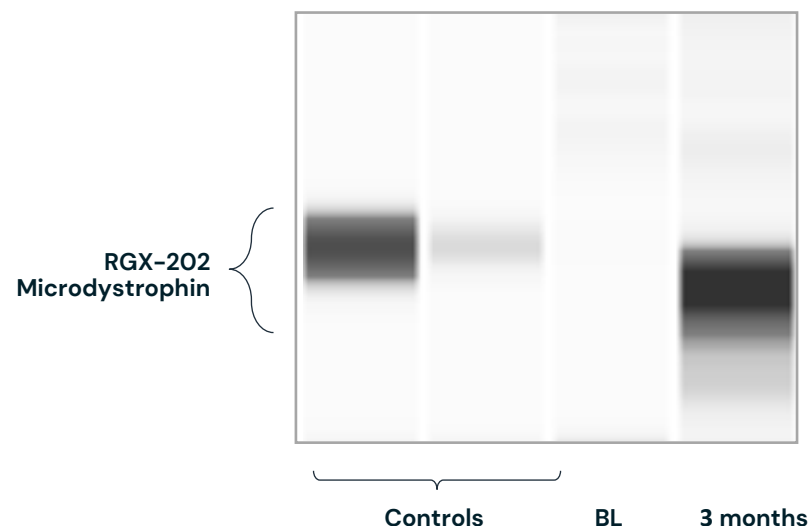
RGX-202 Microdystrophin (% Normal Control)	Patient 4 (12 yrs 0 mo 24.3 kg)
Western blot (Jess method)	75.7

CK levels

	Avg Baseline	Week 10
CK Levels (U/L)	13,131	2,983
% Reduction		77

Elevated CK levels are associated with muscle injury and are uniformly elevated in patients with Duchenne

Western Blot (Jess)



LC-MS



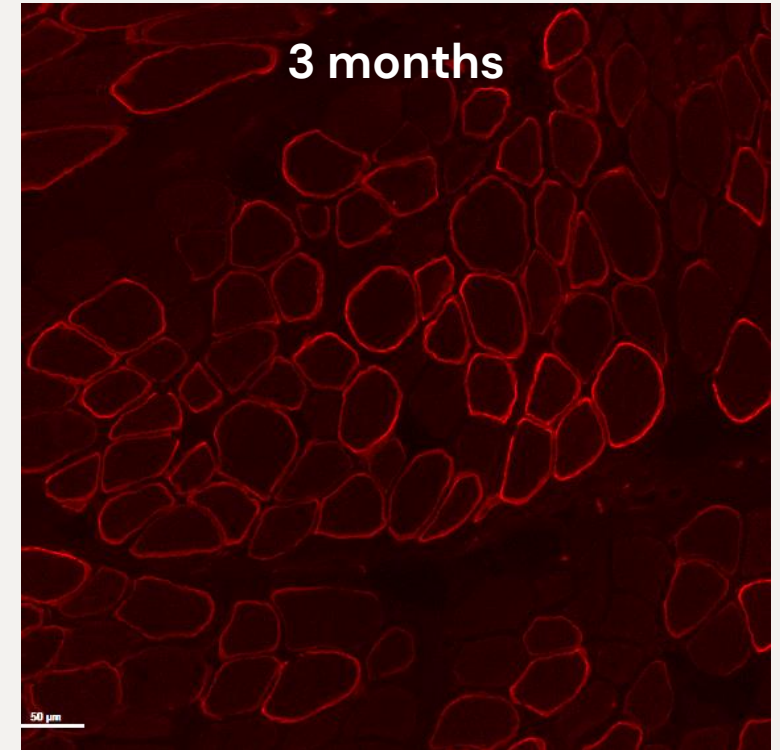
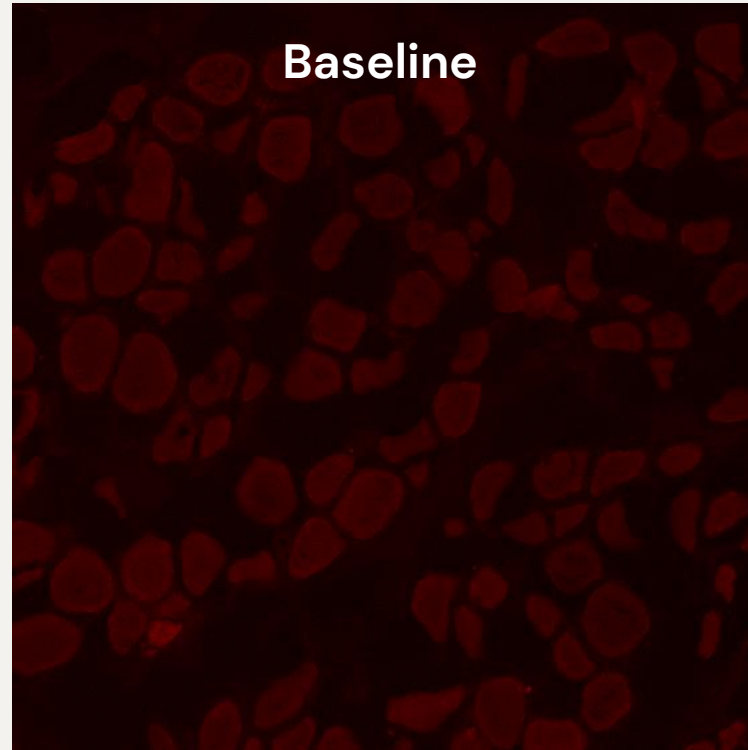
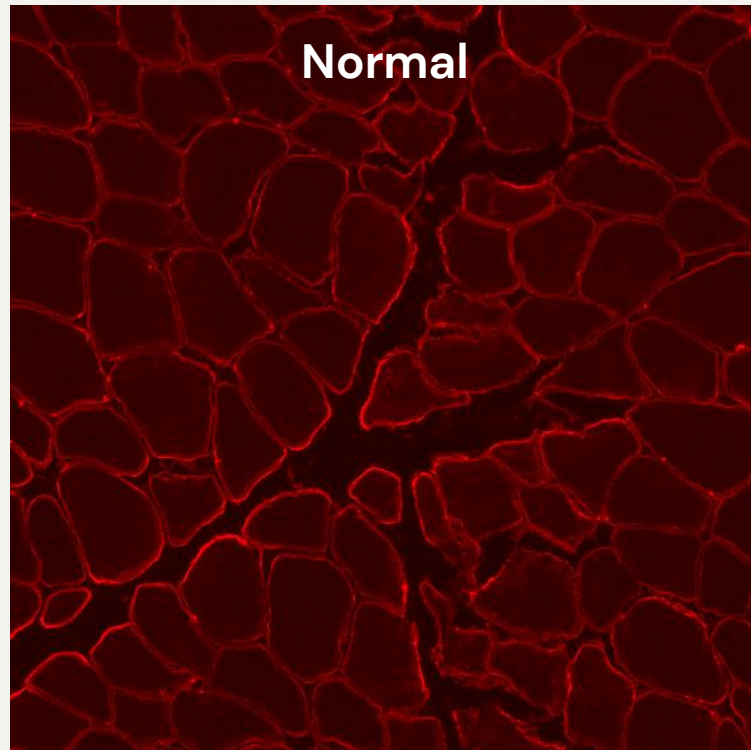
RGX-202 Microdystrophin Expression at 3 months

Robust RGX-202 microdystrophin expression was demonstrated at both dose levels

Age range at screening	Dose Level 1 % RGX-202 microdystrophin (n = 3)	Dose Level 2 % RGX-202 microdystrophin (n = 2 ¹)
4 to 5 years	38.8	
6 to 7 years	83.4	
8 to 11 years	11.1	75.7

1. Data not shown for patient with limited follow-up
Microdystrophin expression adjusted for muscle content
Control was level of wild-type (normal) dystrophin in normal muscle
Muscle biopsies are collected from bicep at baseline and 3 months post RGX-202 administration
Data cut date of February 23, 2024

RGX-202 microdystrophin is localized to the sarcolemma



AFFINITY DUCHENNE: Summary

RGX-202 has been well-tolerated at both dose levels with no SAEs

Robust RGX-202 microdystrophin expression was observed at both dose levels in all ages

Early evidence of strength and functional improvement from videos

REGENXBIO to initiate pivotal trial in second half of 2024 using RGX-202 microdystrophin expression as a surrogate endpoint likely to predict clinical benefit

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The AFFINITY DUCHENNE Investigators

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- Carolina Tesi-Rocha, M.D., Stanford School of Medicine

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