

| Disease | Product | Route | Highest Dose | AAV serotype | Related NCT (phase) | Signals of efficacy (phase) |
|---------|-------------------------------------|-------|--------------------------------|--------------|---|---|
| SMA-1 | onasemnogene abeparvovec | IV | 1.1×10^{14} vg/kg | scAAV9 | NCT02122952 (1) | Independent sitting >30 seconds. |
| | | | | | NCT03306277 (3) | Improvement CHOP-INTEND |
| | | | | | NCT03461289 (3) | score. Alive without permanent |
| | | | | | NCT03505099 (3) | ventilation at 18 months (3) |
| | | | | | NCT03837184 (3) | No control group. |
| | | | | | Approved | |
| SMA-2 | onasemnogene abeparvovec | IT | 2.4×10^{14} vg/kg | AAV9 | NCT03381729 (1) | increase of HFMSE in younger patients No control group.(SUSPENDED) |
| XMTM | resamirigene bilparvovec | IV | 3.5×10^{14} vg/kg | AAV8 | NCT03199469 (1,2) | Increased hours off ventilation, Improvement in CHOP-INTEND. Compared to delayed treatment controls(1,2) |
| DMD | scAAV9.U7.ATCA | IV | 3.0×10^{13} vg/kg | AAV9 | NCT04240314 (1) | Protein expression |
| | SGT-001 | IV | 2.0×10^{14} vg/kg | AAV9 | NCT03368742 (1) | Improvement in NSAA, 6MWT and lung function compared to natural history data |
| | rAAVrh74.MHCK7. micro-dystrophin | IV | 1.33×10^{14} vg/kg | AAVrh74 | NCT03375164 (1,2) NCT04626674 (1) NCT03769116 (3) | Improvement in NSAA, microdystrophin expression. Pre- dose self control (1) Improvement NSAA , RCT (3) |
| LGMD2E | GMT 0004 | IV | ? | ? | Genethon, no NCT | No data, on hold for safety reason |
| | PF-06939926 | IV | 2×10^{14} vg/kg | AAV9 | NCT03362502 (1) NCT04281485 (3) | Improvement in/stable NSAA. Self pre- treatment control (1) |
| LGMD2E | rAAVrh74.MHCK7.SGCB | IV | 5×10^{13} vg/kg | AAVrh74 | NCT03652259 (1) | Improvement in NSAD. Self, pre-treatment control |

Table 1a. Clinical Trials for Neuromuscular Disorders. BOLD= data from peer reviewed journal. SMA-1/2= Spinal Muscular Atrophy type 1/2. XMTM= X-linked Myotubular Myopathy. DMD= Duchenne Muscular Dystrophy. LGMD2E= Limb Girdle Muscular Dystrophy 2E. CHOP-INTEND= Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders. HFMSE= Hammersmith Functional Motor Score Expanded. NSAA= North Star Ambulatory Assessment. RCT= Randomised Controlled Trial. NSAD= North Star Assessment for dysferlinopathy. 6MWT=6 minute walk test. IV= intravenous. IT= intrathecal

| Disease | Product (route) | Route | Dose | AAV serotype | Related NCT (phase) | Signals of efficacy (phase) |
|---------|--------------------------|-------|----------------------------|--------------|---------------------|--|
| GAN | scAAv9/JeT-GAN | IT | 3.5x10 ¹⁴ vg | AAV9 | NCT02362438 (1) | no data |
| | AAV9-GLB1 | IV | 4.5x10 ¹³ vg/kg | AAV9 | NCT03952637 (1,2) | Less functional deterioration (BSID, VBAS, CGI) compared to natural history studies. No clinical evidence of disease progression at 6 months post dosing |
| GM1 | LYS-GM101 | IV | 8x10 ¹² vg/Kg | AAVrh10 | NCT04273269 (1) | No data |
| | AAVrh8-HEXA | IT | 4.5x10 ¹³ vg/kg | AAVrh8 | NCT04669535 (1) | No data |
| GM2 | TSHA-101 | IT | ? | AAV9 | NCT04798235 (1) | No data |
| | AV2-NSE-ASPA -WPRE-bGHpA | IC | 1 × 10 ¹² vg | AAV2 | No number (1) | reversal in brain NAA accumulation, motor improvement compared to baseline (GMFM) (1) |
| | rAAV9-CB6-ASPA | IC&IV | ? | AAV9 | I&D | Improvements in motor development (GMFM), Restoration of vision Improvements in myelination Reduction in brain oedema (MRI), Decrease CSF NAA level. Compared to patient baseline. |
| CD | AAV9 BBP-812 | IV | ? | AAV9 | NCT04998396 (1,2) | no data |
| | rAAV-Olig001-ASPA | IC | 3.7 x 10 ¹³ v.g | AAV/Olig001 | NCT04833907 (1,2) | no data |
| | SPK-3006 | IV | ? | AAV-rh74 | NCT04093349 (1) | No data |

| | | | | | | |
|-----------------|------------------|----|--------------------------------------|---------------------------|--|--|
| LOPD | AT845 | IV | 1×10 ¹⁴ vg/kg | AAV8 | NCT04174105 (1,2) | No data |
| | AAV2/8-LSPhGAA | IV | 2x10 ¹² vg/kg | AAV2/8 | NCT03533673 (1) | No data |
| MPS I | RGX-111 | IC | 5x10 ¹⁰ GC/g brain mass | AAV9 | NCT03580083 (1) | Reduction in CSF HS. Better neuro-development (WISC, BSID, VBAS) than natural history |
| | | | | AAV9 | NCT03566043 (1) | Reduction in CSF HS. Ongoing neurodevelopmental skill acquisition. |
| MPS II | RGX-121 | IC | 2.0x10 ¹¹ GC/g brain mass | AAV9 | NCT03566043 (1) | Reduction in CSF HS. Ongoing neurodevelopmental skill acquisition. |
| | | | | AAV9.CB7.hIDS | NCT04571970 (1) | No data |
| MPS IIIA | AAVrh10-h.SGSH | IC | 7.2×10 ¹¹ vg | AAVrh10 | NCT03612869 (1) | No data |
| | | | | SAF-301 | NCT01474343 (1) | Moderate improvement in sleep, attention and behaviour. Slowed brain atrophy compared to natural history (1) |
| | | | | ABO-102/scAAV9.U1a. hSGSH | NCT02716246 (1,2) NCT04088734 (1,2) | Neurocognitive development within the normal range of a non-affected child 30-36 months post administration (BSID, MDQ, VBAS, CGI) |
| MPS IIIB | rAAV2/5-hNAGLU | IC | 4x10 ¹² vg | AAV2 | NCT03300453 (1,2) | Neurocognitive progression (PEP-3, Vineland-II, TBAQ) improved compared to natural history(1,2) |
| | | | | rAAV9.CMV.hNAGLU | IV | 1 X 10 ¹⁴ vg/kg |
| MPS VI | AAV2/8.TBG.hARSB | IV | 6 x 10 ¹² vg/kg | AAV2/8 | NCT03173521 (1,2) | No data |

| | | | | | | |
|---------------|---------------------|----|--|---------|-------------------|---|
| | AV2CUhCLN2 | IC | 3x10 ¹² particle units | AAV2 | NCT00151216 (3) | Better neurodevelopment than natural history (LINCL scale)(3) |
| CLN2 | AAVrh.10CUCLN2 | IC | 9x10 ¹¹ molecules | AAVrh10 | NCT01414985 (3) | Better neurodevelopment than natural history (LINCL scale) (3) |
| CLN3 | AAV9-CLN3 | IT | 1.2x10 ¹⁴ vg | AAV9 | NCT03770572 (1) | No data |
| CLN6 | scAAV9.CB.CLN6 | IT | ? | AAV9 | NCT02725580 (1) | Slowed disease progression compared to natural history |
| MLD | AAVrh.10cuARSA | IC | ? | AAVrh10 | NCT01801709 (1) | No data |
| KD | AAVrh.10-hGALC | IV | ? | AAVrh10 | NCT04693598 (1,2) | No data |
| GD | PRV-GD2-101/PR001 | IC | ? | AAV9 | NCT04411654 (2) | No data |
| AADC-D | AAV-2 hAADC (IC) | IC | 1·81 × 10 ¹¹ vg | AAV2 | NCT01395641 (1) | PDMS-2 scores increased compared to patient's baseline (1) |
| FTD | FTD-GRN (IC) | IC | ? | AAV9 | NCT04408625 (1,2) | No data |
| | PBFT02 (IC) | IC | 2.2 × 10 ¹¹ GC/g brain weight | AAV1 | NCT04747431 (1,2) | No data |
| MSA | AAV2-GDNF (IC) | IC | ? | AAV2 | NCT04680065 (1) | No data |
| PD | AAV-GAD (IC) | IC | 1×1012 vg/mL | AAV2 | NCT00195143 (1) | Improvement in UPDRS score(1) No control |
| | AAV-hAADC-2 (IC) | IC | 3 × 10 ¹¹ vg | AAV2 | NCT00229736 (1) | Improvement in UPDRS score (1) No control |
| | AAV2-NRTN (IC) | IC | 2.4 × 10 ¹² vg | AAV2 | NCT00985517 (1) | Primary efficacy outcome not met(1) |
| | PRV-PD101/PR001(IC) | IC | ? | AAV9 | NCT04127578 (1) | No data |
| | AAV2-GDNF (IC) | IC | 3 × 10 ¹² vg | AAV2 | NCT01621581 (1) | No data |

| | | | | | | |
|-----|---------------------|-------|----------------------------------|---------|------------------------------------|--|
| | VY-AADC01 | IC | 4.7x 10 ¹² vg | AAV2 | NCT01973543 (1) | Decreased medication requirements Improvement in UPDRS score (1) No control |
| AD | AAV2-NGF (IC) | IC | 2.0 X 10 ¹¹ vg | AAV2 | NCT00876863 (3) NCT00087789 (1) | Efficacy outcomes not met (1) |
| | AAVrh.10hAPOE2 (IC) | IC | 5.0 x 10 ¹¹ gc/mL CSF | AAVrh10 | NCT03634007 (1) | No data |
| | AAV-hTERT (IT/IV) | IT/IV | ? | ? | NCT04133454 (1) | No data |
| HD | rAAV5-miHTT (IC) | IC | 6x10 ¹³ gc | AAV5 | NCT04120493 (1) | No data |
| ALS | AAV-miR-SOD1 | IT | ? | ? | I&D | Inconclusive efficacy |

Table 1b. Clinical Trials for Non- Neuromuscular Disorders. Bold= data from peer reviewed publication. See table one. GAN= Giant Axonal Neuropathy. GM1/2= GM1 /2gangiosidosis. CD= Canavan Disease. LOPD= Late Onset Pompe Disease. MPS= Mucopolysaccharidosis. CNL= Ceroid Neuronal Lipofuscinoses. MLD= Metachromatic Leukodystrophy. KD= Krabbe Disease. GD= Gaucher Disease. AADC-D= AADC Deficiency. FTD= Fronto-temporal Dementia. MSA= Multiple System Atrophy. PD= Parkinson's Disease. Huntington Disease. ALS= Amyotrophic Lateral Sclerosis. TBQA= Toddler Behaviour Assessment Questionnaire, PEP-3= Psychoeducational profile 3. WISC= Wechsler Abbreviated Scale of Intelligence. BSID= Bayley Scales of Infant and Toddler Development. VBAS= vineand behaviour adaptive scales. MDQ= Mullen developmental quotient . CGI= clinical global impression scale. GMFM= Gross Motor Function Measure. MRI= Magnetic Resonance Imaging . KABC= Kaufmann assessment battery for children. PDMS-2: Peabody developmental scale 2. UDRPS score= Unified Parkinson's Disease Rating Scale. LINCL scale= Late Infantile Neuronal Ceroid Lipofuscinosis Scale

| Disease | Product | N* | Serious Adverse Event (Treatment Related) | Suspected cause | Management |
|---------|---------------------------------|----------------|--|--|--|
| | | | 9 cases of thrombotic microangiopathy, one lead to death | complement- low c3,c4, high soluble C5b-9 complex | supportive- eculizumab trialled in one IV glucocorticoids, exchange transfusion, dialysis |
| SMA-1/2 | onasemnogene abeparvovec | | | | |
| | | c.1400 | 1 case hydrocephalus | unknown | VP shunt |
| | | | 6 severe Liver injury | Likely T-Cell mediated | MethylPrednisolone |
| | | | Transaminitis | T-Cell mediated | Extended course prednisolone |
| XMTM | resamirigene bilparvovec | 17 (high dose) | 3 deaths, associated liver dysfunction | Associated with higher dose | Unknown |
| | | | 1 death unknown cause | Unknown- in lower dose group | Unknown |
| | rAAVrh74.MHCK7.micro-dystrophin | 4 | | Unknown- T cell response | |
| | | | Transaminitis | not associated | Supportive |
| | | | 2 cases rhabdomyolysis | Unknown | Supportive |
| | | | 2 cases atypical HUS/ thrombotic microangiopathy | complement | Supportive- inc platelet transfusion and dialysis and eculizumab |
| | PF-06939925 | | | | |
| | | | 2 cases myocarditis (out of 3 of myositis) | related to CRIM negativity, direct anti transgene mediated | Exclude patients with predisposing mutations |
| | | 19 | 1 case myocarditis- leading to death | unknown, likely transgene | |
| | | | 1 case severe vomiting | unrelated | trial pause |
| DMD | | | | unknown | supportive- IV fluids |
| | | | 1 case hyperbilirubinemia | unknown | prednisolone |
| | SGT-001 | | 1 case transaminitis | unknown | prednisolone |
| | | | 2 cases atypical HUS/ thrombotic microangiopathy (immune haemolysis, thrombocytopenia, renal failure, cardiopulmonary insufficiency) | activation of the terminal complement pathway, C5b | Supportive plus eculizumab complement panel now added to monitoring. Empty capsids removed from product. 1 patient dosed since (7th) |
| | All 3 microdystrophin products | 30 | 5 cases myositis (including noted in pfizer above) | related to CRIM negativity, direct anti transgene mediated | Exclude patients with predisposing mutations (mutation exon 9-13; mutation exon 29 and 30) |
| | | | 3 cases myocarditis (out of 5 myositis) | | |
| | | | 12 cases dyskinesia | transgene | Risperidone |
| PD | AAV-2 hAADC | | 2 cases asymptomatic intracranial haemorrhage | Neurosurgery | Supportive |
| | | | 1 venous ICH (frontal dysfunction 3/52) | Neurosurgery | Supportive |

| | | | | | |
|----------|-------------------------|----|--|------------------------------|--|
| | | 16 | 1 arterial ICH (transient hemiplegia, aphasia) | Neurosurgery | Supportive |
| CD | AV2-NSE-ASPA-WPRE-bGHpA | 13 | Post operative fever | Neurosurgery | IV abx |
| | | | Brain abscess | Neurosurgery | IV abx |
| AD | AAV2-NGF | 26 | 2 cases post operative seizures | Neurosurgery | Supportive |
| | | | Post surgical hygroma | Neurosurgery | Drainage |
| CNL2 | AV2CUhCLN2 | 10 | 1 death status epilepticus | Likely Neurosurgery, unclear | Supportive- EEG monitoring added to protocol |
| | | | 2 Increased Seizures | Unclear | Antiepileptics prophylactically |
| | | | 1 Abnormal movements | Unclear | Nil |
| CNL6 | AAVrh.10CUCLN2 | 8 | 10 Emesis | Likely product | Supportive |
| | | | 1 Vomiting | Unclear | Supportive |
| | | | 2 Fever | Unclear | Supportive |
| LGMD2E | scAAV9.CB.CLN6 | 12 | 1 Abdominal Pain | Unclear | Supportive |
| | | 6 | 1 transaminitis+ hyperbilirubinemia | unclear | Supportive |
| | | | 1 vomiting | unclear | Supportive |
| MPS IIIB | ABO-101 | 11 | 1 vomiting and fever | Product related | Supportive |
| ALS | AAV-miR-SOD1 | 2 | Meningoradiculitis | Product related | MethylPrednisolone |

Table 2. Serious Adverse Events. See table one. EEG= Electroencephalogram.

| Disease | Product | Setting/ NCT | AAVab inclusion cut off | Evidence of AAVab post infusion | Evidence of Complement Activation | Evidence of T-Cell Activation | Immune Prophylaxis | Treatment SAE |
|----------|--|------------------------------------|---|--|--|--|---|---|
| SMA-1 | onasemnogene abeparvovec | NCT02122952 | Excluded if anti-AAV9 > 1:1600 ELISA binding immuno-assay | Serum AAVab levels rise | Not measured | IFN-γ Elispot to AAV9 seen, not to SMN. Associated with raised transaminases | Prednisolone (added after 1st patient) | Prednisolone for transaminitis. |
| | | NCT03461289(EU) NCT03306277(US) | Excluded if anti-AAV9 > 1:50 ELISA binding immuno-assay | Serum AAVab levels rise | Not measured | IFN-γ Elispot to AAV9 seen. Not seen to SMN. Associated with raised transaminases. Used to taper prednisolone. | Prednisolone | Prednisolone for transaminitis. |
| | | NCT03505099 (3 copies SMN) | Excluded if anti-AAV9 > 1:50 ELISA binding immuno-assay | Serum AAVab levels rise | Not measured, but no post infusion thrombocytopenia <75,000 | Unknown | Prednisolone | Prednisolone for transaminitis. |
| | | NCT03505100 (2 copies SMN) | | | | | | |
| | | Commercial | Excluded if anti-AAV9 >1:50 ELISA binding immuno-assay | Serum AAVab levels rise | Complementopathy associated with thrombocytopenia. C3, C4, Bb fragments, soluble C5b-9 complex, CH50, FH autoantibody, Factor B, factor H and factor I measured. | IFN-γ Elispot response to AAV9. Used to taper prednisolone | Prednisolone | Prednisolone, IV methyl- prednisolone, eculizumab |
| XMTM | resamirigene bilparvovec | NCT03199469 | Excluded if positive AAV8 abs over a threshold, threshold not stated. | Mention of 'vector antibody complexes' | Unknown | Unknown | Prednisolone | Unknown |
| | scAAV9. U7. ACCA | NCT04240314 | Excluded if AAV9 binding abs >1:400 by ELISA. | AAVabs rise | Unknown | Elispot positive AAV, used to taper prednisolone. | Prednisolone | Prednisolone tapered according to transaminases. |
| | rAAVrh74. MHCK7. micro-' dystrophin | NCT03375164 | Excluded if rAAVrh74 binding ab detected > 1:400 | AAV ab rise | CH50 measured, no abnormalities. No thrombocytopenia. | rAAVrh74, micro-dystrophin IFN-γ ELISpot. Liver enzymes not associated with T cell response | Prednoslone | Prednisolone tapered according to GGT |
| DMD | PF-06939925 | NCT03362502 | Excluded if pre-existing neutralizing AAV9 ab. | Unknown | aHUS complement activation, renal failure, thrombocytopenia. | Unknown | Prednisolone | Eculizumab given for complement activation |
| | SGT-001 | NCT03368742 | Excluded if positive AAV9 abs over a threshold, threshold not stated. | Unknown | Complement activity against capsid detected, resulted in immune haemolysis, thrombocytopenia, renal failure, cardiopulmonary insufficiency. (aHUS). Activation of the terminal limb of the classical complement pathway (C5b) in all subjects. | Unknown | Prednoslone, eculizumab, C1 esterase inhibitor. | Eculizumab given for complement activation- now screened for. |
| CD | rAAV9- CB6-ASPA | I&D | negative for AAV9 | No evidence of response | No evidence of activation. | No evidence of response | Ritixumab and sirolimus | None reported |
| LGMD2E | rAAVrh74.MHCK7 .hSGCB | NCT03652259 | Negative for AAVrh74 | Unknown | No signs of complement activation were observed. No thrombocytopenia. | Unknown | Prednisolone | None reported |
| MPS IIIA | scAAV9. U1a.hSGSH | NCT02716246 | AAV9 total Ab titer >1:100 is exclusion criterion. | Unknown | Mild and transient thrombocytopenia ?cause | Transiently positive Elispot to AAV9 capsid | Prednisolone | None reported |
| MPS IIIB | rAAV9.CMV. hNAGLU | NCT03315182 | total anti-AAV9 antibody titers ≥ 1:100 is exclusion criterion ELISA | Unknown | Unknown | 1/4 patients transiently positive Elispot to AAV9 capsid | Prednisolone | None reported |
| GM1 | AAV9-GLB1 | NCT03952637 | AAV9 total antibody titre must be <1:50 | Unknown | Unknown | Unknown | Rituximab, sirolimus, IV methylprednisolone, prednisolone | None reported |

Table 3a. Immune Responses to Systemically Administered Gene Therapies. See tables 1a&1b figure legends. AAV ab= anti- AAV antibody. INF-γ= interferon gamma.

| Disease | Product | Setting/NCT | AAVab Inclusion Cut Off | Evidence of AAVab post infusion | Evidence of Complement Activation | Evidence of T-Cell Activation | Cytokine measurement/ WBC measurement | Immune Prophylaxis | Immune Treatment of Adverse Events |
|----------|--------------------------|-------------|--|--|-----------------------------------|--|--|---|------------------------------------|
| GAN | scAAV9/JeT-GAN | NCT02362438 | 30% patients AAV9abs in serum. no Nabs in CSF | Serum and CSF AAV9 NAb levels rise | Not measured | ELISpot shows T cell response to AAV9. Not to gigaxonin. | Peripheral cytokine analysis/ asymptomatic CSF pleocytosis | IV Methylprednisolone, reducing course oral Prednisolone | None reported |
| SMA-2 | Onasemnogene abeparvovec | NCT03381729 | Anti-AAV9 Ab titers<1:50 | Unknown | Unknown | Unknown | Unknown | Nil | None reported |
| CD | AV2-NSE-ASPA-WPRE-bGHPA | I&D | No cut off | No AAV2 nabs in serum. No Nabs in CSF. | No evidence of activation | No evidence of activation | Cytokines: IL2, IL4, IL5, IL8, IL10, IL12, IL13, IFN γ , TNF α measured. No sig. differences pre and post | Rituximab + Sirolimus | None reported |
| MPS IIIA | AAVrh10-h.SGSH | NCT01474343 | No cut off | Anti-AAVrh.10 or antiSGSH abs not detected in serum | Not measured | No evidence of activation | Unknown | Mycophenolate Mofetil, Tacrolimus, Prednisolone | None reported |
| | AV2CUhCLN2 | NCT00151216 | No anti-AAV2abs | Developed, anti-AAV2 abs, gone after 18 months. | Not detected | Not detected | Unknown | Nil | None reported |
| CNL2 | AAVrh.10CUCLN2 | NCT01414985 | One subject Abs prior to transfer | AAV abs detected in serum | Not measured | Activation to capsid and transgene | Unknown/no abnormal inflammatory cells in CSF | Nil | None reported |
| CNL6 | scAAV9.CB.CLN6 | NCT02725580 | No cut off | Not detected | Not detected | Not detected | Unknown/Unknown | Nil | None reported |
| | AAV-GAD | NCT00195143 | No cut off. Some +ve at baseline | No AAV2 ab increased. No anti transgene abs | Not measured | Not Measured | Unknown/Unknown | Nil | None reported |
| PD | AAV-hADC-2 | NCT00229736 | Nab to AAV-2 1:1,200. is an exclusion criteriton | mildly increased AAV2 Nabs for 6/12 | Not measured | Not Measured | Unknown/Unknown | Nil | None reported |
| | AAV2-NRTN | NCT00985517 | no cut off | No increase AAV2 abs | Not measured | unknown | Unknown/Unknown | Nil | None reported |
| AD | AAV2-NGF | NCT00876863 | no cut off | No increase AAV2 abs | Not measured | unknown | Unknown/Unknown | Nil | None reported |
| AADC-D | AAV-2 hAADC | NCT01395641 | anti-AAV2 < 1.0 optical density. | No increase AAV2 abs | Not measured | unknown | Unknown/Unknown | Nil | None reported |
| GD | PRV-GD2-101/PR001 | NCT04411654 | | unknown | unknown | unknown | Unknown/Unknown | Methylprednisolone, prednisolone, sirolimus | None reported |
| | | | | Evidence of B cell activity against capsid patient 1 | Unknown | Evidence of T cell activation against capsid patient 1 | CSF Pleocytosis | First patient pred only second pred, sirolimus, rituximab | |
| ALS | AAV-miR-SOD1 | I&D | unknown | | | | | Prednisolone | |

Table 3b. Immune Responses to Direct CNS Administered Gene Therapies. See tables 1a&1b figure legends