

**Investigator Initiated Study (IIS)  
Medical Affairs Key Areas of Interest**



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| <p><b>AADC Deficiency (AADCd)</b></p>           | <p><b>Epidemiology of AADCd</b></p> <ul style="list-style-type: none"> <li>Country/regional epidemiological data</li> </ul> <p><b>Natural history of AADCd</b></p> <ul style="list-style-type: none"> <li>Natural history of AADCd: burden, course of disease, comorbidities, health care resource utilization, impact on quality of life, and patient-reported outcomes</li> </ul> <p><b>Diagnostics in AADCd</b></p> <ul style="list-style-type: none"> <li>Diagnostic testing, criteria to select high-risk populations</li> <li>Exploring clinical and laboratory approaches to facilitating diagnosis</li> <li>Understand clinical manifestations of genetic variants not previously described</li> </ul> <p><b>Real-World Evidence Treatment in AADCd with gene therapy</b></p> <ul style="list-style-type: none"> <li>Eladocogene exuparvovec gene therapy treatment experience</li> </ul> |
| <p><b>Duchenne Muscular Dystrophy (DMD)</b></p> | <p><b>Epidemiology of DMD</b></p> <ul style="list-style-type: none"> <li>Specific country/regional differences</li> <li>Different population types</li> </ul> <p><b>Natural history of DMD</b></p> <ul style="list-style-type: none"> <li>Predictors of disease progression</li> </ul> <p><b>Diagnostics in DMD</b></p> <ul style="list-style-type: none"> <li>Screening strategies/projects in high-risk population</li> </ul> <p><b>Real-World Evidence Treatment in DMD</b></p> <ul style="list-style-type: none"> <li>Ataluren long-term treatment experiences in general and non-ambulatory population</li> <li>Specific populations of interest (2-to-5-year-old patients, non-ambulatory population)</li> </ul>  |

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| <p><b>Familial Chylomicronemia Syndrome (FCS)</b></p>      | <p><b>Epidemiology of FCS</b></p> <ul style="list-style-type: none"> <li>• Country regional epidemiology data</li> <li>• Variant classification and the clinical impact (genotype/phenotype)</li> <li>• “Founder effect” study to understand variant frequency</li> </ul> <p><b>Natural history of FCS</b></p> <ul style="list-style-type: none"> <li>• Studies on nutrition support</li> <li>• Studies on pancreatitis in FCS patients as a key driver of disease progression</li> </ul> <p><b>Diagnosis of FCS</b></p> <ul style="list-style-type: none"> <li>• High-risk population: hypertriglyceridemia and pancreatitis</li> <li>• Validation of diagnosis tools</li> </ul> <p><b>Real-World Evidence Treatment in FCS</b></p> <ul style="list-style-type: none"> <li>• Volanesorsen long-term treatment experience</li> </ul> <p><i>Support focused on Brazil and LATAM countries</i></p>  |
| <p><b>Hereditary Transthyretin Amyloidosis (hATTR)</b></p> | <p><b>Epidemiology of hATTR</b></p> <ul style="list-style-type: none"> <li>• Country regional epidemiology data</li> <li>• Clusters and variants prevalence</li> <li>• “Founder effect” study to understand variant frequency</li> <li>• Prevalent genotypes in Southern Cone, Andean Countries, Mexico (SAM region) and mixed phenotypes description</li> </ul> <p><b>Natural history of hATTR</b></p> <ul style="list-style-type: none"> <li>• Predictors of disease progression</li> <li>• Genotype/phenotype correlation</li> <li>• Tools to support the determination of the neurologic involvement in patients without clinical evidence of hATTR</li> </ul> <p><b>Diagnosis of hATTR</b></p> <ul style="list-style-type: none"> <li>• Screening in high-risk populations</li> <li>• Validation of tools to define disease stage</li> </ul> <p><b>Real-World Evidence Treatment in hATTR</b></p> <ul style="list-style-type: none"> <li>• Inotersen long-term treatment experience</li> </ul> <p><i>Support focused on Brazil and LATAM countries</i></p> |

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| <p><b>Familial Partial Lipodystrophy (FPL)</b></p> | <p><b>Epidemiology of FPL</b></p> <ul style="list-style-type: none"> <li>• Country regional epidemiology data</li> <li>• Clusters and variants prevalence</li> </ul> <p><b>Natural history of FPL</b></p> <ul style="list-style-type: none"> <li>• Phenotype characterization for FPL type 1 and clinical diagnosis</li> <li>• Genotype/Phenotype correlation for FPL type 2-7</li> </ul> <p><b>Diagnosis of FPL</b></p> <ul style="list-style-type: none"> <li>• High risk population: hypertriglyceridemia</li> <li>• Validation of diagnosis tools</li> </ul> <p><i>Support focused on Brazil</i></p> |
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PTC may consider proposals outside of these disease areas aligned with PTC's broader scientific programs:  
<https://www.ptcbio.com/our-pipeline/>