Evaluation of serum MMP-9 as predictive biomarker for antisense therapy in Duchenne

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Supplementary Info





Full-length gel and of the image presented in figure S1 panel E

Serum MMP-9 [ng/ml] o 0 O 。 8 8 o σ 0

Visit

Figure S2

Figure S3



Figure S4



Table S1

Reference	Assay vendor	N healthy children	MMP-9 ng/ml (mean± SD)
Zocevic 2015 ⁴³	R&D	51	500 ± 150
Głowińska-Olszewska, 2007 ⁴⁴	R&D	28	400.4 ± 204
Polanska, 2007 ⁴⁵	R&D	20	194.6 (121.13-231.54) median (25-75%)
Nadarajah 2011 ²⁴	R&D	12	$73.2 \pm 121 \text{ median } \pm IQR$
Current report	R&D	32	256.7 ± 207.6

Cohort	Patients	Time points
Newcastle	30	2
	2	3
	1	4
	5	5
Subtotal	38	95
Leiden	15	2
	9	3
	4	4
Subtotal	28	73
Drisapersen	1	6
	11	7
Subtotal	12	83
Total	78	251

Table S2

Legends to Supplementary Figures and Tables:

Supplementary Figure 1. Technical validation of MMP-9 serum levels in DMD. A-B. Scatter plots showing significant correlations between serum and plasma MMP-9 levels in 111 serum and plasma samples obtained from DMD patients at the same moment using the ELISA assay (A) and in 60 serum and plasma samples as determined by antibody array (B). Serum levels are plotted on the x-axis, plasma levels on the y-axis. AU is arbitrary units. C-D. Scatter plots showing significant correlations between MMP-9 levels measured by ELISA and antibody array in 60 serum (C) and plasma samples (D). Each dot represents an independent patient sample. ELISA measurements are plotted on the x-axis, antibody array measurements on the yaxis. Spearman correlation was used to test whether significant associations exist. E. MMP-9 characterization by gelatin zymography. Example of gelatin zymography for 10 cases. Pro-MMP-9 and pro-MMP-2 are present in all samples, while the active forms are not detected. The control standard (S) shows both pro-active forms and the active form of MMP-2. L is molecular ladder. F. Scatter plot showing the correlation (Spearman) between serum MMP-9 values measured by ELISA (x-axis) and Pro-MMP-9 band intensity in the gelatin zymography assay (y-axis). No significant correlation was found between pro-MMP-2 band intensities and MMP-9 ELISA measurements. Each dot represents one of 29 DMD patients.

Supplementary Figure 2. Scatter plot showing serum levels of MMP-9 during the dose escalation study and the open-label extension study of study NCT01910649. MMP-9 levels are plotted on the y-axis while visits are plotted on the x-axis. Visits 2 to 12 are part of the dose escalating study, between visit 12 and 13 patients were not treated and this period varies between 9 to 47 weeks. Visit 13 represents the start of the open label extension study.

Supplementary Figure 3. Scatterplot showing the lack of association between serum MMP-9 and muscle leakage biomarkers. MMP-9 levels are plotted with CK (**A**) and LDH (**B**). A high correlation is present between CK and LDH levels for all patients involved in the phase 3 trial (NCT01254019, DMD114044) at baseline (**C**).

Supplementary Figure 4. Scatterplot showing the association between MMP-9 and duration of corticosteroid treatment. **A.** Plot showing the association between patients age and duration of corticosteroid treatment. **B.** Scatterplot showing the relationship between serum MMP-9 and duration of treatment with corticosteroids divided by age groups. For both panels the color represent age bins of 1 year starting from 5 years of age up to 14.

Supplementary Table 1. MMP-9 levels in healthy/ non DMD children reported in literature and in this manuscript.

Supplementary Table 2. DMD patients belonging to the natural history cohorts involved in the longitudinal study.