

Dear CIRM board,

12/8/2025

RE: Letter of support for CLIN2-19061

On behalf of the Accelerating Medicines Partnership® (AMP®) Bespoke Gene Therapy Consortium (BGTC), I am writing to express our strong support for the CLIN2-19061 application advancing AAV9/FIG4 gene therapy for CMT4J. As a national public-private partnership committed to enabling safe, efficient, and scalable development of gene therapies for rare monogenic diseases, the BGTC is deeply invested in accelerating programs that have compelling scientific rationale, rigorous preclinical evidence, and urgent unmet medical need. The CMT4J program meets all of these criteria.

CMT4J is a devastating, ultra-rare neurodegenerative condition caused by biallelic pathogenic variants in FIG4, leading to rapid loss of motor neurons, profound weakness, loss of ambulation, respiratory involvement, and severe disability—often beginning in childhood. Once neuronal loss occurs, it cannot be recovered. For these families, there are no approved therapies, and the opportunity to intervene is short. The lack of any disease-modifying treatment makes CMT4J one of the most urgent needs among rare pediatric neurological disorders.

The BGTC has closely evaluated the AAV9/FIG4 gene therapy program (ELP-02) through a rigorous scientific and technical review conducted by leading experts in AAV vector biology, manufacturing, clinical trial design, and regulatory science. The program was judged highly meritorious, both for its therapeutic potential and for its readiness to advance into a first-in-human clinical trial. Following this evaluation, the BGTC Steering Committee voted to include CMT4J as one of the consortium's clinical-stage programs, contingent upon securing an external funding mechanism, such as a CIRM award. This decision reflects our confidence in the program and the seriousness of the unmet medical need.

Should CIRM fund CLIN2-19061, the program would directly benefit from BGTC's coordinated infrastructure, including access to the NIH-led BGTC Coordinating Center, standardized BGTC manufacturing and testing frameworks, and expert guidance spanning preclinical study design, regulatory strategy, and clinical trial execution. These resources were created specifically to streamline the initiation of gene therapy clinical trials and to reduce barriers for ultra-rare diseases like CMT4J.

CLIN2-19061 represents a pivotal and time-critical opportunity to deliver the first gene therapy for children living with CMT4J. Without CIRM's support, the program will face delays that directly translate to irreversible loss of neurological function for affected patients. With CIRM's

support, this trial could move forward under the BGTC umbrella, bringing urgently needed treatment to families who have no other therapeutic options.

For these reasons, the BGTC strongly encourages CIRM to fund CLIN2-19061. This program is deeply aligned with both BGTC's and CIRM's missions to accelerate transformative therapies for rare, severe, and underserved patient populations. Advancing this AAV9/FIG4 gene therapy into the clinic would represent a meaningful milestone for CMT4J and a significant step forward for the field of bespoke gene therapy.

Thank you for your consideration and for your continued leadership in advancing innovative therapies for rare diseases.

Sincerely,

*P.J. Brooks*

Philip J. Brooks, Ph.D.

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