UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of report (Date of earliest event reported): November 3, 2025

Solid Biosciences Inc.
(Exact Name of Registrant as Specified in its Charter)

Delaware	**001-38360**	**90-0943402**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

500 Rutherford Avenue, Third Floor
Charlestown, Massachusetts 02129
(Address of Principal Executive Offices) (Zip Code)

Registrant's telephone number, including area code: (617) 337-4680

(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock $0.001 par value per share	SLDB	The Nasdaq Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02. Results of Operations and Financial Condition.

On November 3, 2025, Solid Biosciences Inc. (the "Company") announced its financial results for the third quarter ended September 30, 2025. The full text of the press release issued in connection with the announcement is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

The information provided under Item 2.02 of this Current Report on Form 8-K (including Exhibit 99.1) shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended (the "Securities Act"), or the Exchange Act, except as expressly set forth by specific reference in such a filing.

Item 7.01. Regulation FD Disclosure.

On November 3, 2025, the Company announced positive new interim data from its Phase 1/2 INSPIRE DUCHENNE clinical trial. A copy of the press release issued in connection with the announcement is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

Also on November 3, 2025, the Company made available an updated corporate presentation on its website. The corporate presentation is furnished as Exhibit 99.2 to this Current Report on Form 8-K.

The information provided under Item 7.01 of this Current Report on Form 8-K (including Exhibits 99.1 and 99.2) shall not be deemed "filed" for purposes of Section 18 of the Exchange Act, or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act or the Exchange Act, except as expressly set forth by specific reference in such a filing.

Item 8.01. Other Events.

On November 3, 2025, the Company announced positive new interim data from its Phase 1/2 INSPIRE DUCHENNE clinical trial, a Phase 1/2 first-in-human, open-label, single-dose, multicenter trial designed to evaluate the safety, tolerability and efficacy of SGT-003 in pediatric participants with Duchenne muscular dystrophy at a dose level of 1E14vg/kg. SGT-003 is administered as a one-time intravenous infusion, and a regulatory update.

INSPIRE DUCHENNE

Interim Clinical Data Update

The interim clinical data is reported as of a September 29, 2025 data cutoff date, with additional safety data reported as of October 31, 2025. As of October 31, 2025, 23 participants have been dosed in the trial. Enrollment in INSPIRE DUCHENNE is ongoing at 15 clinical trial sites across the United States, Canada, Italy and the United Kingdom. The Company expects to dose a total of 30 participants by early 2026.

Statistical correlations, as measured by the Pearson correlation coefficient, were observed between Day 90 SGT-003 microdystrophin therapy and reconstitution of key components of the dystrophin-associated protein complex ("DAPC"), including beta-sarcoglycan and neuronal nitric oxide synthase ("nNOS"). Beta-sarcoglycan is a critical component of the dystrophin associated / sarcoglycan complex that is highly expressed in cardiac and skeletal muscle and plays a crucial role in maintaining muscle integrity. Myopathy and cardiomyopathy are observed in diseases in which the sarcoglycan complex is absent. nNOS plays an important role in protecting cardiac and skeletal muscle by improving vasodilation and reducing functional ischemia and muscle breakdown. The Company's microdystrophin construct is the only microdystrophin gene therapy, approved or investigational, that contains the R16/R17 binding domain, which localizes nNOS to the muscle membrane.

Strong correlations were also observed between SGT-003 microdystrophin therapy and improvements in several biomarkers of muscle integrity, including serum creatine kinase ("CK"), lactate dehydrogenase ("LDH"), aspartate aminotransferase ("AST") and embryonic myosin heavy chain ("eMHC"), suggesting a coordinated downstream effect of treatment with SGT-003.

Correlation of SGT-003 Microdystrophin Levels with Biomarker % Increase from Baseline (N=10)	Pearson Correlation*
Day 90 SGT-003 microdystrophin positive fibers and beta-sarcoglycan positive fibers	0.95
Day 90 SGT-003 microdystrophin positive fibers and nNOS activity	0.95

Correlation of SGT-003 Microdystrophin Levels with Biomarker % Decrease from Baseline (N=7 unless noted)	Pearson Correlation**
Day 90 SGT-003 microdystrophin expression (mass spectrometry) and Day 180 CK	-0.78
Day 90 SGT-003 microdystrophin expression (western blot) and Day 180 CK	-0.71
Day 90 SGT-003 microdystrophin positive fibers (immunofluorescence) and Day 180 CK	-0.54
Day 90 SGT-003 microdystrophin expression (western blot) and Day 180 LDH	-0.71
Day 90 SGT-003 microdystrophin expression (mass spectrometry) and Day 180 LDH	-0.55
Day 90 SGT-003 microdystrophin expression (western blot) and Day 180 AST	-0.54
Day 90 SGT-003 microdystrophin positive fibers and embryonic myosin heavy chain (eMHC) positive fibers (N=10)	-0.51

* *A score of 1 indicates a perfect, positive linear relationship;*

** *A score of -1 indicates a perfect, negative linear relationship; Larger absolute values indicate stronger correlations.*

SGT-003, utilizing the Company's proprietary, rationally designed capsid, AAV-SLB101, has demonstrated strong transduction, achieving a mean of 13 vector copies per nucleus (N=10) at Day 90, along with meaningful restoration of biologic correlates across several measures of microdystrophin, components of the DAPC, and multiple biomarkers of muscle integrity and preservation.

In the 10 participants (aged 5-10) whose Day 90 biopsies were evaluated as of the September 29, 2025 data cutoff date, the Company observed mean microdystrophin expression of 58%, as measured by both western blot and mass spectrometry, and mean microdystrophin positive fibers of 51%, as measured by immunofluorescence. Furthermore, in each of those 10 participants, the Company observed properly localized and restored beta-sarcoglycan positive fibers at the mean 50% level as measured by immunofluorescence and nNOS activity-positive fibers (a less sensitive activity assay) at the mean 26% level.

Available Day 360 biopsy data from 2 participants (aged 5) as of September 29, 2025, demonstrated encouraging and durable transduction, achieving a mean of 12 vector copies per nucleus, as well as robust mean microdystrophin expression of 107%, as measured by western blot, and 100%, as measured by mass spectrometry, mean microdystrophin positive fibers of 67% and mean beta-sarcoglycan positive fibers of 70%, both measured by immunofluorescence, and mean nNOS activity-positive fibers of 36%.

Additionally, a mean 49% reduction in percent eMHC positive fibers, a histologic marker of muscle regeneration and disease progression, was observed at Day 90 (N=10). As muscle fibers deteriorate, muscle stem cells are activated to repair and replace damaged muscle fibers; during this process, new muscle fibers transiently express eMHC. In Duchenne, this stem cell-mediated repair process is futile because muscle fibers that are developed from stem cells lack dystrophin and therefore will be dystrophic. Consequently, the presence of eMHC positive fibers is an informative biomarker of disease progression, signaling constant muscle injury, breakdown and deterioration. A treatment-mediated decrease in eMHC is a favorable observation, and in combination with other markers of reduced muscle injury, suggests overall muscle preservation.

Favorable reductions across a range of biomarkers of muscle injury and breakdown were observed through both Day 90 and Day 360:

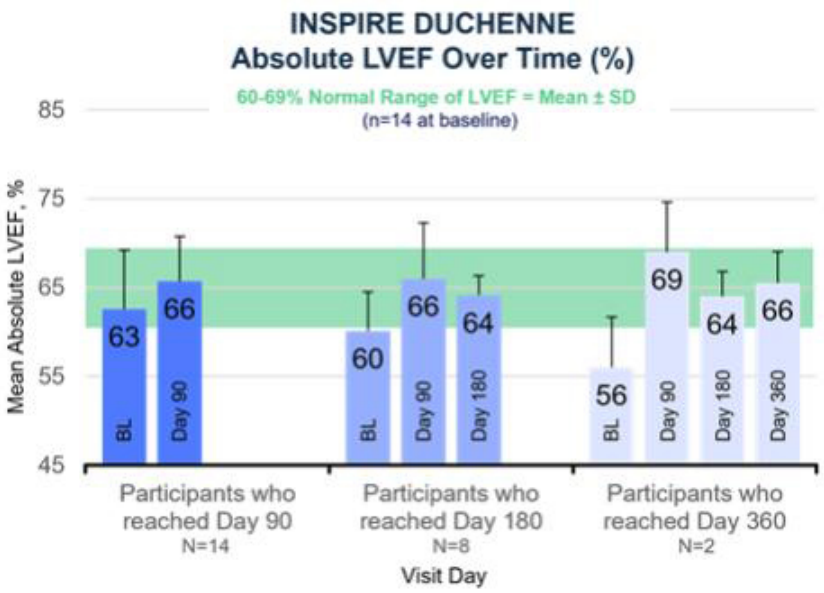
Serum Biomarkers	Day 90 Mean Reductions (N=14 unless noted)	Day 360 Mean Reductions (N=3 unless noted)
Serum creatine kinase (CK)	34%	42%
Serum alanine transaminase (ALT)	41%	29%
Serum aspartate aminotransferase (AST)	25%	40%
Serum lactate dehydrogenase (LDH)*	42%	46%
Serum titin**	22%	25%

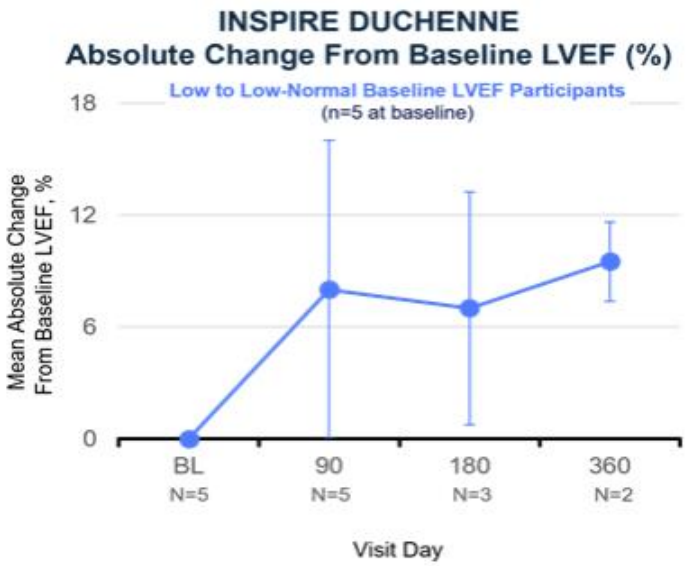
* *N=12 participant samples available at Day 90 for LDH (two samples hemolyzed);*
** *N=11 participant samples available at Day 90 and N=2 samples available at Day 360 for titin, which was batch-analyzed at an earlier cutoff date.*

Interim Cardiac Monitoring

Mean cardiac function trended into normal left ventricular ejection fraction ("LVEF") ranges (60-69%) for all SGT-003-treated participants who reached the Day 180 follow-up timepoint (N=8) as of the September 29, 2025, data cutoff date. Though cardiac injury biomarkers and cardiac imaging were collected primarily for safety analysis, early data may indicate a potential for benefit through reduction in troponin I ("cTnI") and increased systolic function as measured by LVEF by echocardiography. Observed increases in systolic function as measured by LVEF appeared to have been driven largely by participants with low to low-normal systolic function at baseline.

Mean reductions from baseline in serum cTnI of 31% at Day 90 (N=14) and 70% at Day 360 (N=3) were observed with reductions driven by participants who entered the trial with elevated baseline cTnI levels. cTnI is an important marker that can be predictive of severe cardiac disease in neuromuscular diagnoses.





Interim Safety Update

SGT-003 has been generally well tolerated in the 23 participants dosed as of October 31, 2025. Steroids alone were utilized as the prophylactic immunomodulation regimen. Signals of asymptomatic and self-resolving platelet declines and thrombocytopenia observed in early participants in the trial have been ameliorated in subsequent participants.

As of October 31, 2025, there was one treatment-related serious adverse event ("SAE") reported in the INSPIRE DUCHENNE trial. This SAE was identified as a Grade 3 immune-mediated myositis which, importantly, was not associated with muscle pain or weakness, and occurred in a participant who had a large deletion in a region coded for by SGT-003's microdystrophin. The participant promptly responded to steroid treatment with all clinical symptoms noted at presentation resolving and with muscle biomarkers, including CK, declining well below baseline levels. This SAE was reviewed by the trial data and safety monitoring board with the recommendation to continue dosing without interruption.

As of October 31, 2025, the most common treatment related adverse events (n=23) included nausea (73.9%), vomiting (69.6%), decreased appetite (47.8%), thrombocytopenia /platelet count decreased (47.8%), and headache (26.1%).

In Duchenne, transaminase elevations are the result of ongoing muscle injury as opposed to liver injury. Therapeutic interventions that lead to reductions in transaminases therefore indicate muscle protection in the setting of an avoidance of demonstrable liver injury, especially when more specific liver injury markers remain stable. As of the September 29, 2025, data cutoff date, the Company observed a mean alanine transaminase ("ALT") reduction of 41% (N=14), a mean AST reduction of 25% (N=14) and stable mean gamma-glutamyl transferase levels through Day 90 (N=14). Mean reductions of 40% AST and 29% ALT were observed in the three participants who reached the Day 360 follow-up. There have been no cases of drug-induced liver injury (DILI) observed as of October 31, 2025 (N=23).

SGT-003 Regulatory Update

The Company plans to meet with the U.S. Food and Drug Administration (the "FDA") in the first half of 2026 to discuss potential registrational pathways, including accelerated approval pathways, for SGT-003. The Company continues to dose participants in the INSPIRE DUCHENNE trial in the interim, with additional participant safety, clinical activity and functional data expected to enable a more robust discussion with the FDA.

Critically, the Company believes it has aligned with the FDA on SGT-003's potency assay strategy and will continue additional commercial-readiness CMC activities, with its process performance qualification manufacturing batches expected to be completed in 2026.

IMPACT DUCHENNE

In October 2025, the Company activated the first clinical trial site and began participant screening for IMPACT DUCHENNE, a Phase 3 randomized, double-blind, placebo-controlled clinical trial assessing SGT-003. IMPACT DUCHENNE will be conducted in pediatric participants outside of the United States and was designed to support potential ex-U.S. regulatory authorizations. The Company has received regulatory approvals to conduct IMPACT DUCHENNE in both Canada and Australia, and the Company plans to expand the trial into additional countries, subject to receipt of regulatory approvals.

Cautionary Note Regarding Forward-Looking Statements

This Current Report on Form 8-K contains "forward-looking statements" within the meaning of The Private Securities Litigation Reform Act of 1995, including statements regarding future expectations, plans and prospects for the Company; the ability to successfully achieve and execute on the company's goals, priorities and key clinical and preclinical milestones; strategies and expectations for the Company's SGT-003, SGT-212, SGT-501 and SGT-601 programs; expectations for site activations, planned enrollment, planned regulatory interactions and the potential approval pathways for SGT-003; plans for enrollment in the clinical trial of SGT-212; timing of planned clinical trial of SGT-501; and other statements containing the words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "would," "working" and similar expressions. Any forward-looking statements are based on management's current expectations of future events and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in, or implied by, such forward-looking statements. These risks and uncertainties include, but are not limited to, risks associated with the Company's ability to advance SGT-003, SGT-212, SGT-501, SGT-601 and other preclinical programs and capsid libraries on the timelines expected or at all; obtain and maintain necessary approvals and designations from the FDA and other regulatory authorities; replicate in clinical trials positive results found in preclinical studies and early-stage clinical trials of the Company's product candidates; obtain, maintain or protect intellectual property rights related to its product candidates; compete successfully with other companies that are seeking to develop Duchenne, Friedreich's ataxia and other neuromuscular and cardiac treatments and gene therapies; manage expenses; raise the substantial additional capital needed, on the timeline necessary, to continue development of SGT-003, SGT-212, SGT-501, SGT-601 and other candidates; and achieve its other business objectives and continue as a going concern. For a discussion of other risks and uncertainties, and other important factors, any of which could cause the Company's actual results to differ from those contained in the forward-looking statements, see the "Risk Factors" section, as well as discussions of potential risks, uncertainties and other important factors, in the Company's most recent filings with the Securities and Exchange Commission, and other filings that the Company may make with the Securities and Exchange Commission in the future. In addition, the forward-looking statements included in this Current Report on Form 8-K represent the Company's views as of the date hereof and should not be relied upon as representing the Company's views as of any date subsequent to the date hereof. The Company anticipates that subsequent events and developments will cause the Company's views to change. However, while the Company may elect to update these forward-looking statements at some point in the future, the Company specifically disclaims any obligation to do so.

Item 9.01. Financial Statements and Exhibits.

d) Exhibits

Exhibit No.	Description
99.1	Press Release dated November 3, 2025
99.2	Solid Biosciences Inc. Presentation November 2025
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

SOLID BIOSCIENCES INC.

Date: November 3, 2025

By: /s/ Alexander Cumbo
Name: Alexander Cumbo
Title: Chief Executive Officer

Solid Biosciences Reports Third Quarter 2025 Financial Results and Provides Update on INSPIRE DUCHENNE Clinical Trial Progress and Planned Regulatory Discussions

*- **Duchenne (SGT-003):** 23 participants have been dosed in the INSPIRE DUCHENNE trial as of October 31, 2025; Solid expects to have dosed 30 participants in total by early 2026, then plans to meet with the FDA to discuss potential registrational pathways in H1 2026 -*

- SGT-003 has been generally well tolerated using a steroid-only prophylactic immunomodulation regimen; cardiac safety monitoring continued to show reduction in cardiac injury and early signals of cardiac function normalization -

- Day 90 biopsy data from 10 treated participants (ages 5-10) showed all participants responded to treatment with mean microdystrophin expression of 58% by western blot, 58% by mass spectrometry, mean microdystrophin positive fibers of 51% by immunofluorescence, and mean beta-sarcoglycan positive fibers of 50% by immunofluorescence -

- Strong statistical correlations observed between Day 90 microdystrophin expression levels and key components of the dystrophin-associated protein complex (DAPC), beta-sarcoglycan (r = 0.95) and nNOS (r = 0.95), demonstrated evidence of SGT-003-mediated DAPC restoration and concordant signals of muscle protection via reductions in CK levels (r = -0.78) -

- Solid has activated the first clinical trial site and is currently screening participants for IMPACT DUCHENNE, a Phase 3 randomized, double-blind, placebo-controlled ex-U.S. clinical trial of SGT-003 -

*- **FA (SGT-212):** Solid has activated the first clinical trial site and is currently screening participants for FALCON, a Phase 1b first-in-human clinical trial evaluating SGT-212 for the treatment of Friedreich's ataxia -*

*- **CPVT (SGT-501):** Clinical trial site activation for ARTEMIS, a Phase 1b first-in-human clinical trial evaluating SGT-501 for the treatment of catecholaminergic polymorphic ventricular tachycardia expected in Q4 2025 -*

*- **Capsids (AAV-SLB101):** Over 30 agreements including licenses executed with corporations, institutions, and academic labs for the use of AAV-SLB101 -*

*- **Cash:** Company ended Q3 2025 with $236.1 million in cash, cash equivalents and available-for-sale securities; Solid has anticipated cash runway into H1 2027 -*

CHARLESTOWN, MA, November 3, 2025 – Solid Biosciences Inc. (Nasdaq: SLDB) (the "Company" or "Solid"), a life sciences company developing precision genetic medicines for neuromuscular and cardiac diseases, today reported financial results for the third quarter ended September 30, 2025, and announced positive new interim data from the Phase 1/2 INSPIRE DUCHENNE clinical trial. The Company also provided an update to the planned timing of its meeting with the U.S. Food and Drug Administration (FDA) to discuss potential registrational pathways, including accelerated approval pathways, for SGT-003.

Bo Cumbo, President and CEO of Solid Biosciences commented, "The interim INSPIRE DUCHENNE data reported today strengthens our confidence in SGT-003's therapeutic potential. From strong observed biological correlations of SGT-003 microdystrophin expression levels with properly localized restoration of key components of the dystrophin-associated protein complex to early evidence of cardiac function normalization, we are observing a clear and cascading effect in the human body, suggesting a coordinated, systemic response to treatment. We believe these interim data represent one of the most thorough early analyses of any Duchenne gene therapy to date. The quality and concurrence of these interim findings reinforce our conviction in SGT-003's potential to translate molecular impact into meaningful clinical outcomes."

Gabriel Brooks, MD, Chief Medical Officer of Solid Biosciences commented, "We are gratified and encouraged by the interim data observed to date. SGT-003 has been generally well tolerated with a minimally burdensome, prophylactic immunomodulatory regimen consisting of steroids alone. Importantly, early data suggests stabilization and improvement in cardiac function, as evidenced by both reductions in elevated baseline serum cardiac troponin I levels and a normalization in left ventricular ejection fraction (LVEF). We look forward to monitoring these cardiac markers closely as potential key differentiators of SGT-003."

Mr. Cumbo continued, "In light of the evolving regulatory landscape and the rapid pace of enrollment in INSPIRE DUCHENNE, we have made the proactive decision to move our planned meeting with the FDA to the first half of 2026. The additional time will enable us to 1) generate a more fulsome data set for discussion with the FDA, 2) work towards a comprehensive external comparator based on high-quality, well-matched natural history data, 3) begin our process performance qualification (PPQ) manufacturing runs with our CDMO partner in preparation for a potential biologics license application (BLA) submission, and 4) initiate dosing in IMPACT DUCHENNE, our Phase 3 randomized, double-blind, placebo-controlled clinical trial that will be conducted outside of the United States. We believe these activities put Solid in the best position to deliver the most compelling package to regulators.

"Our priority now is to rapidly build a robust data set to support a potential accelerated regulatory pathway for SGT-003, and we are committed to executing with urgency to deliver on SGT-003's potential as quickly as possible. Beyond SGT-003, our lead pipeline programs continue to progress. We are excited to announce that we have recently activated the first clinical trial site for FALCON, a first-in-human Phase 1b clinical trial evaluating our novel dual route Friedreich's ataxia gene therapy candidate, SGT-212. Later in the fourth quarter of 2025, we also expect to activate our first clinical trial site for ARTEMIS, a first-in-human Phase 1b clinical trial evaluating SGT-501, our gene therapy candidate intended to treat catecholaminergic polymorphic ventricular tachycardia. We look forward to continued advancement across our suite of therapeutics and delivery technologies in the quarters to come," Mr. Cumbo concluded.

INSPIRE DUCHENNE – Interim Clinical Data Update

INSPIRE DUCHENNE is a Phase 1/2 first-in-human, open-label, single-dose, multicenter trial designed to evaluate the safety, tolerability and efficacy of SGT-003 in pediatric participants with Duchenne at a dose level of 1E14vg/kg. SGT-003 is administered as a one-time intravenous infusion.

The interim clinical data reported in this release are as of a September 29, 2025, data cutoff date, with additional safety data reported as of October 31, 2025. As of October 31, 2025, 23 participants have been dosed in the trial. Enrollment in INSPIRE DUCHENNE is ongoing at 15 clinical trial sites across the United States, Canada, Italy and the United Kingdom. The Company expects to dose a total of 30 participants by early 2026.

Statistical correlations, as measured by the Pearson correlation coefficient, were observed between Day 90 SGT-003 microdystrophin therapy and reconstitution of key components of the dystrophin-associated protein complex (DAPC), including beta-sarcoglycan and neuronal nitric oxide synthase (nNOS). Beta-sarcoglycan is a critical component of the dystrophin associated / sarcoglycan complex that is highly expressed in cardiac and skeletal muscle and plays a crucial role in maintaining muscle integrity. Myopathy and cardiomyopathy are observed in diseases in which the sarcoglycan complex is absent. nNOS plays an important role in protecting cardiac and skeletal muscle by improving vasodilation and reducing functional ischemia and muscle breakdown. Solid's microdystrophin construct is the only microdystrophin gene therapy, approved or investigational, that contains the R16/R17 binding domain, which localizes nNOS to the muscle membrane.

Strong correlations were also observed between SGT-003 microdystrophin therapy and improvements in several biomarkers of muscle integrity, including serum creatine kinase (CK), lactate dehydrogenase (LDH), aspartate aminotransferase (AST) and embryonic myosin heavy chain (eMHC), suggesting a coordinated downstream effect of treatment with SGT-003.

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Day 90 SGT-003 microdystrophin expression (western blot) and Day 180 LDH	-0.71
Day 90 SGT-003 microdystrophin expression (mass spectrometry) and Day 180 LDH	-0.55
Day 90 SGT-003 microdystrophin expression (western blot) and Day 180 AST	-0.54
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Available Day 360 biopsy data from 2 participants (aged 5) as of September 29, 2025, demonstrated encouraging and durable transduction, achieving a mean of 12 vector copies per nucleus, as well as robust mean microdystrophin expression of 107%, as measured by western blot, and 100%, as measured by mass spectrometry, mean microdystrophin positive fibers of 67% and mean beta-sarcoglycan positive fibers of 70%, both measured by immunofluorescence, and mean nNOS activity-positive fibers of 36%.

Additionally, a mean 49% reduction in percent eMHC positive fibers, a histologic marker of muscle regeneration and disease progression, was observed at Day 90 (N=10). As muscle fibers deteriorate, muscle stem cells are activated to repair and replace damaged muscle fibers; during this process, new muscle fibers transiently express eMHC. In Duchenne, this stem cell-mediated repair process is futile because muscle fibers that are developed from stem cells lack dystrophin and therefore will be dystrophic. Consequently, the presence of eMHC positive fibers is an informative biomarker of disease progression, signaling constant muscle injury, breakdown and deterioration. A treatment-mediated decrease in eMHC is a favorable observation, and in combination with other markers of reduced muscle injury, suggests overall muscle preservation.

Favorable reductions across a range of biomarkers of muscle injury and breakdown were observed through both Day 90 and Day 360:

Serum Biomarkers	Day 90 Mean Reductions (N=14 unless noted)	Day 360 Mean Reductions (N=3 unless noted)
Serum creatine kinase (CK)	34%	42%
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Serum aspartate aminotransferase (AST)	25%	40%
Serum lactate dehydrogenase (LDH)*	42%	46%
Serum titin**	22%	25%

* *N=12 participant samples available at Day 90 for LDH (two samples hemolyzed);*

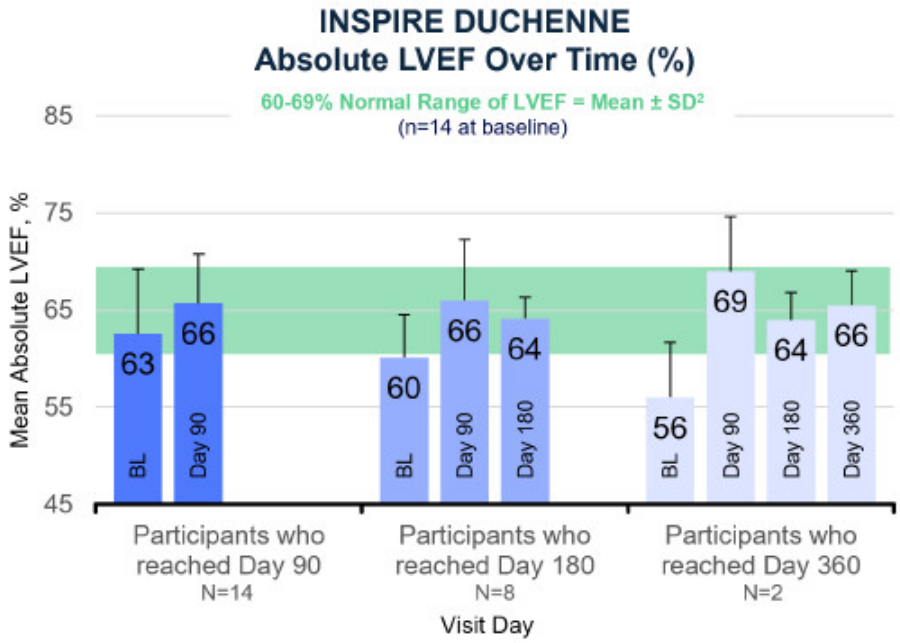
** *N=11 participant samples available at Day 90 and N=2 samples available at Day 360 for titin, which was batch-analyzed at an earlier cutoff date.*

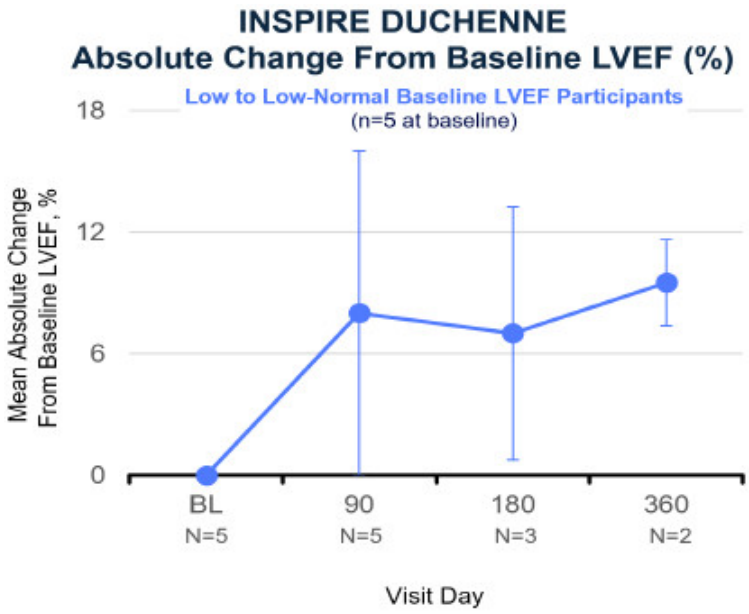
INSPIRE DUCHENNE – Interim Cardiac Monitoring

Cardiomyopathy is a leading cause of death in Duchenne, with 25% of individuals displaying evidence of cardiomyopathy by six years of age, increasing to 59% by 10 years of age.[1]

Mean cardiac function trended into normal LVEF ranges (60-69%)[2] for all SGT-003-treated participants who reached the Day 180 follow-up timepoint (N=8) as of the September 29, 2025, data cutoff date. Though cardiac injury biomarkers and cardiac imaging were collected primarily for safety analysis, early data may indicate a potential for benefit through reduction in troponin I (cTnI) and increased systolic function as measured by LVEF by echocardiography. Observed increases in systolic function as measured by LVEF appeared to have been driven largely by participants with low to low-normal systolic function at baseline.

Mean reductions from baseline in serum cTnI of 31% at Day 90 (N=14) and 70% at Day 360 (N=3) were observed with reductions driven by participants who entered the trial with elevated baseline cTnI levels. cTnI is an important marker that can be predictive of severe cardiac disease in neuromuscular diagnoses.





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SGT-003 has been generally well tolerated in the 23 participants dosed as of October 31, 2025. Steroids alone were utilized as the prophylactic immunomodulation regimen. Signals of asymptomatic and self-resolving platelet declines and thrombocytopenia observed in early participants in the trial have been ameliorated in subsequent participants.

As of October 31, 2025, there was one treatment-related serious adverse event (SAE) reported in the INSPIRE DUCHENNE trial. This SAE was identified as a Grade 3 immune-mediated myositis which, importantly, was not associated with muscle pain or weakness, and occurred in a participant who had a large deletion in a region coded for by SGT-003's microdystrophin. The participant promptly responded to steroid treatment with all clinical symptoms noted at presentation resolving and with muscle biomarkers, including CK, declining well below baseline levels. This SAE was reviewed by the trial data and safety monitoring board (DSMB) with the recommendation to continue dosing without interruption.

In Duchenne muscular dystrophy, transaminase elevations are the result of ongoing muscle injury as opposed to liver injury. Therapeutic interventions that lead to reductions in transaminases therefore indicate muscle protection in the setting of an avoidance of demonstrable liver injury, especially when more specific liver injury markers remain stable. As of the September 29, 2025, data cutoff date, we observed a mean alanine transaminase (ALT) reduction of 41% (N=14), a mean aspartate transaminase (AST) reduction of 25% (N=14) and stable mean gamma-glutamyl transferase (GGT) levels through Day 90 (N=14). Mean reductions of 40% AST and 29% ALT were observed in the three participants who reached the Day 360 follow-up.

There have been no cases of drug-induced liver injury (DILI) observed as of October 31, 2025 (N=23).

A presentation summarizing the interim data update can be accessed on the Presentations page of the Investors section of the Company's website.

SGT-003 Regulatory Update

Solid plans to meet with the FDA in the first half of 2026 to discuss potential registrational pathways, including accelerated approval pathways, for SGT-003. Solid continues to dose participants in the INSPIRE DUCHENNE trial in the interim, with additional participant safety, clinical activity and functional data expected to enable a more robust discussion with the FDA.

Critically, Solid has aligned with the FDA on SGT-003's potency assay strategy and will continue additional commercial-readiness CMC activities, with PPQ manufacturing batches expected to be completed in 2026.

In October 2025, Solid activated the first clinical trial site and began participant screening for IMPACT DUCHENNE, a Phase 3 randomized, double-blind, placebo-controlled clinical trial assessing SGT-003. IMPACT DUCHENNE will be conducted in pediatric participants outside of the United States (U.S.) and was designed to support potential ex-U.S. regulatory authorizations. We have received regulatory approvals to conduct IMPACT DUCHENNE in both Canada and Australia, and we plan to expand the trial into additional countries, subject to receipt of regulatory approvals.

SGT-212 for Friedreich's Ataxia (FA)

In October 2025, the Company activated the first clinical trial site and began participant screening for FALCON, a first-in-human, open-label, Phase 1b clinical trial of SGT-212. The trial is expected to enroll non-ambulatory and ambulatory adult participants living with FA in up to three cohorts and is designed to evaluate the safety and tolerability of systemic and bilateral intradentate nucleus (IDN) administration of SGT-212.

SGT-212 is the first investigational gene therapy for FA to utilize a dual route of administration and is intended to promote restoration of therapeutic levels of the frataxin protein to address the neurologic, cardiac and systemic clinical manifestations of FA.

SGT-501 for Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)

In the fourth quarter of 2025, Solid expects to activate the first clinical trial site for ARTEMIS, a first-in-human, open-label, Phase 1b clinical trial of SGT-501. The trial is expected to enroll adult participants with CPVT and is designed to evaluate the safety, tolerability and efficacy of SGT-501.

SGT-501 is a novel gene therapy candidate intended to promote excess levels of the cardiac CASQ2 protein to address the underlying ryanodine receptor (RYR2) instability and calcium dysregulation seen in CPVT. There are currently no approved treatments that address the underlying mechanisms of CPVT.

Platform Technologies – Capsids

AAV-SLB101, the Company's proprietary, next-generation capsid used in SGT-003, has been generally well tolerated in the 23 participants dosed in the INSPIRE DUCHENNE trial as of October 31, 2025, and has shown compelling levels of vector transduction, protein expression, and reduced liver targeting.

Solid has executed over 30 agreements, including licenses, with corporations, institutions and academic labs for the use of AAV-SLB101, with additional agreements and licenses expected to be executed by year end.

Additionally, the Company is building multiple cardiac and neuromuscular next-generation capsid and promoter libraries with final capsid selection from the first cardiac capsid library anticipated in the first half of 2026.

Third Quarter 2025 Financial Highlights

- **Cash Position:** Solid had $236.1 million in cash, cash equivalents, and available-for-sale securities as of September 30, 2025, compared to $148.9 million as of December 31, 2024. The Company expects that its cash, cash equivalents, and available-for-sale securities as of September 30, 2025, will enable it to fund its operational runway into the first half of 2027.

- **Research and Development (R&D) Expenses:** R&D expenses for the third quarter of 2025 were $38.9 million, compared to $27.3 million for the third quarter of 2024. The increase of $11.5 million in research and development expenses was primarily due to a $12.8 million increase in costs for SGT-003 primarily related to manufacturing, regulatory, and clinical costs, a $2.7 million increase in personnel related expenses, a $0.9 million increase in costs for SGT-601 primarily related to manufacturing costs and research costs, partially offset by a $3.3 million decrease in costs for SGT-212 primarily related to lower license and milestone related costs partially offset by an increase in clinical costs, and a $1.8 million decrease in costs for SGT-501 primarily related to lower research and manufacturing costs.
- **General and Administrative (G&A) Expenses:** G&A expenses for the third quarter of 2025 were $9.2 million, compared to $7.9 million for the third quarter of 2024. The increase of $1.3 million was primarily related to a $0.9 million increase in personnel-related costs and a $0.4 million increase in legal and consulting fees.
- **Net Loss:** Net loss for the third quarter of 2025 was $45.8 million, compared to $32.7 million for the third quarter of 2024.

References:

1. Gandhi S, et al. *Cells*. 2024;13(14):1168.
2. Romanowicz J, et al. *J Am Soc Echocardiogr*. 2023;36(3):310-323.

About Duchenne

Duchenne is a genetic muscle-wasting disease predominantly affecting boys, with symptoms usually appearing between three and five years of age. Duchenne is a progressive, irreversible, and ultimately fatal disease that affects approximately one in every 3,500 to 5,000 live male births and has an estimated prevalence of 5,000 to 15,000 cases in the United States alone.

About SGT-003

SGT-003 is an investigational gene therapy containing a differentiated microdystrophin construct and a proprietary, next-generation capsid, AAV-SLB101, which was rationally designed to target integrin receptors, and has shown enhanced cardiac and skeletal muscle transduction with decreased liver targeting in nonclinical studies. SGT-003’s microdystrophin construct uniquely includes the R16/17 binding domain, which localizes nNOS to the muscle membrane. Nonclinical studies have shown that nNOS can improve blood flow to the muscle thereby reducing muscle breakdown from ischemia and muscle fatigue. Together, these design features suggest that SGT-003 could be a potential best-in-class investigational gene therapy for the treatment of Duchenne.

About INSPIRE DUCHENNE

INSPIRE DUCHENNE is a first-in-human, open-label, single-dose, multicenter Phase 1/2 clinical trial to evaluate the safety, tolerability and efficacy of SGT-003 in pediatric participants with a genetically confirmed Duchenne diagnosis with a documented dystrophin gene mutation. INSPIRE DUCHENNE is a multinational trial designed to enroll participants in the United States, Canada, the United Kingdom and Italy.

About IMPACT DUCHENNE

IMPACT DUCHENNE is a Phase 3 randomized, double-blind, placebo-controlled trial to evaluate the efficacy of a single dose of SGT-003 in pediatric participants with a genetically confirmed Duchenne diagnosis with a documented dystrophin gene mutation. IMPACT DUCHENNE is a multinational trial designed to enroll participants outside of the United States with the aim of supporting potential ex-U.S. regulatory authorizations.

About Solid Biosciences

Solid Biosciences is a precision genetic medicine company focused on advancing a portfolio of gene therapy candidates targeting rare neuromuscular and cardiac diseases, including SGT-003 for Duchenne muscular dystrophy (Duchenne), SGT-212 for Friedreich's ataxia (FA), SGT-501 for catecholaminergic polymorphic ventricular tachycardia (CPVT), SGT-601 for TNNT2-mediated dilated cardiomyopathy and additional fatal, genetic cardiac diseases. The Company is also focused on developing innovative libraries of genetic regulators and other enabling technologies with promising potential to significantly impact gene therapy delivery cross-industry. Solid is advancing its diverse pipeline and delivery platform in the pursuit of uniting experts in science, technology, disease management, and care. Patient-focused and founded by those directly impacted by Duchenne, Solid's mission is to improve the daily lives of patients living with devastating rare diseases. For more information, please visit www.solidbio.com.

Cautionary Note Regarding Forward-Looking Statements

This press release contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, including statements regarding future expectations, plans and prospects for the company; the ability to successfully achieve and execute on the company's goals, priorities and key clinical and preclinical milestones; strategies and expectations for the company's SGT-003, SGT-212, SGT-501 and SGT-601 programs; expectations for additional site activations, planned enrollment, planned regulatory interactions and the potential approval pathways for SGT-003; plans for enrollment in the clinical trial of SGT-212; timing of planned clinical trial of SGT-501; the cash runway of the company and the sufficiency of the Company's cash, cash equivalents, and available-for-sale securities to fund its operations; and other statements containing the words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "would," "working" and similar expressions. Any forward-looking statements are based on management's current expectations of future events and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in, or implied by, such forward-looking statements. These risks and uncertainties include, but are not limited to, risks associated with the company's ability to advance SGT-003, SGT-212, SGT-501, SGT-601

and other preclinical programs, capsid libraries and other enabling technologies on the timelines expected or at all; obtain and maintain necessary approvals from the FDA and other regulatory authorities; replicate in clinical trials positive results found in preclinical studies and early-stage clinical trials of the company's product candidates; obtain, maintain or protect intellectual property rights related to its product candidates; replicate preliminary or interim data from clinicals trials in the final data of such trials; compete successfully with other companies that are seeking to develop Duchenne, FA, CPVT and other neuromuscular and cardiac treatments and gene therapies; manage expenses; and raise the substantial additional capital needed, on the timeline necessary, to continue development of SGT-003, SGT-212, SGT-501, SGT-601 and other candidates, achieve its other business objectives and continue as a going concern. For a discussion of other risks and uncertainties, and other important factors, any of which could cause the company's actual results to differ from those contained in the forward-looking statements, see the "Risk Factors" section, as well as discussions of potential risks, uncertainties and other important factors, in the company's most recent filings with the Securities and Exchange Commission. In addition, the forward-looking statements included in this press release represent the company's views as of the date hereof and should not be relied upon as representing the company's views as of any date subsequent to the date hereof. The company anticipates that subsequent events and developments will cause the company's views to change. However, while the company may elect to update these forward-looking statements at some point in the future, the company specifically disclaims any obligation to do so.

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SELECTED FINANCIAL INFORMATION (UNAUDITED)

CONDENSED CONSOLIDATED BALANCE SHEETS (in thousands, except share data)	September 30, 2025	December 31, 2024
Cash and cash equivalents	$ 61,364	$ 80,235
Available-for-sale securities	174,778	68,685
Prepaid expenses and other current assets	8,710	8,382
Operating lease, right-of-use assets	22,535	24,295
Property and equipment, net	4,356	4,747
Other non-current assets	247	366
Restricted cash	1,924	1,952
Total Assets	$ 273,914	$ 188,662
Accounts payable	$ 8,429	$ 4,237
Accrued expenses and other current liabilities	19,050	19,852
Operating lease liabilities	2,032	1,787
Finance lease liabilities	281	1,231
Derivative liabilities	6,550	3,150
Operating lease liabilities, excluding current portion	19,624	21,159
Total stockholders' equity	217,948	137,246
Total Liabilities and Stockholders' Equity	$ 273,914	$ 188,662
Common stock outstanding	77,882,685	40,468,141

CONDENSED CONSOLIDATED STATEMENT OF OPERATIONS (in thousands, except per share data)	Three Months Ended September 30, 2025	Three Months Ended September 30, 2024	Nine Months Ended September 30, 2025	Nine Months Ended September 30, 2024
Operating expenses:				
Research and development	$ 38,861	$ 27,327	$ 102,190	$ 65,661
General and administrative	9,197	7,855	27,613	24,171
Total operating expenses	48,058	35,182	129,803	89,832
Loss from operations	(48,058)	(35,182)	(129,803)	(89,832)
Other income, net:				
Interest income	2,586	2,328	7,852	7,544
Interest expense	336	(82)	208	(265)
Change in fair value of derivative liabilities	(850)	—	(3,400)	—
Other income, net	210	211	605	453
Total other income, net	2,282	2,457	5,265	7,732
Net loss	$ (45,776)	$ (32,725)	$ (124,538)	$ (82,100)
Net loss per share, basic and diluted	$ (0.48)	$ (0.79)	$ (1.46)	$ (2.04)
Weighted average shares of common stock outstanding, basic and diluted	94,417,746	41,443,317	85,069,288	40,182,303

November 2025

Corporate Presentation

Cautionary Note Regarding Forward Looking Statements

This presentation contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, including statements regarding future expectations, plans and prospects for the company; the ability to successfully achieve and execute on the company's goals, priorities and key clinical and preclinical milestones; strategies and expectations for the company's SGT-003, SGT-212, SGT-501 and SGT-601 programs; expectations for additional site activations, planned enrollment, planned regulatory interactions and the potential approval pathways for SGT-003; timing of planned clinical trials of SGT-212 and SGT-501; and other statements containing the words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "would," "working" and similar expressions. Any forward-looking statements are based on management's current expectations of future events and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in, or implied by, such forward-looking statements. These risks and uncertainties include, but are not limited to, risks associated with the company's ability to advance SGT-003, SGT-212, SGT-501, SGT-601 and other preclinical programs, capsid libraries and other enabling technologies on the timelines expected or at all; obtain and maintain necessary approvals from the FDA and other regulatory authorities; replicate in clinical trials positive results found in preclinical studies and early-stage clinical trials of the company's product candidates; obtain, maintain or protect intellectual property rights related to its product candidates; replicate preliminary or interim data from early-stage clinicals trials in the final data of such trials; compete successfully with other companies that are seeking to develop Duchenne, FA, CPVT and other neuromuscular and cardiac treatments and gene therapies; manage expenses; and raise the substantial additional capital needed, on the timeline necessary, to continue development of SGT-003, SGT-212, SGT-501, SGT-601 and other candidates, achieve its other business objectives and continue as a going concern. For a discussion of other risks and uncertainties, and other important factors, any of which could cause the company's actual results to differ from those contained in the forward-looking statements, see the "Risk Factors" section, as well as discussions of potential risks, uncertainties and other important factors, in the company's most recent filings with the Securities and Exchange Commission. In addition, the forward-looking statements included in this press release represent the company's views as of the date hereof and should not be relied upon as representing the company's views as of any date subsequent to the date hereof. The company anticipates that subsequent events and developments will cause the company's views to change. However, while the company may elect to update these forward-looking statements at some point in the future, the company specifically disclaims any obligation to do so.

This presentation contains estimates and other statistical data made by independent parties and by us relating to market size and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such data and estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

Solid is Led by an Experienced Management Team With Significant Industry Expertise

Bo Cumbo
President and CEO

AAVANTIBIO · SAREPTA THERAPEUTICS · VERTEX · GILEAD

Kevin Tan
Chief Financial Officer

Selecta Biosciences · SAREPTA THERAPEUTICS · CPP Investments · MACQUARIE

Jessie Hanrahan, Ph.D.
Chief Regulatory & Preclinical Operations Officer

AAVANTIBIO · bluebirdbio · SANOFI GENZYME · Boston Scientific

Ty Howton, J.D.
Chief Operating Officer

AAVANTIBIO · SAREPTA THERAPEUTICS · VERTEX · Genentech

Gabriel Brooks, M.D.
Chief Medical Officer

Pfizer · 4DMT · GE HealthCare · GILEAD

Paul Herzich
Chief Technology Officer

AAVANTIBIO · NOVARTIS · bridgebio · LogicBio

Shuli Kulak, M.D.
Head of Corporate Strategy & Business Development

AAVANTIBIO · Lonza · BIOMARIN · Deep Science Ventures

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Clinical Stage Genetic Medicines Company Targeting Neuromuscular and Cardiac Diseases

Program	Indication	Research / Discovery	Preclinical	Phase 1/2	Phase 3	Worldwide Rights
Neuromuscular						
SGT-003	Duchenne muscular dystrophy	INSPIRE DUCHENNE				✓
		IMPACT DUCHENNE				✓
SGT-212	Friedreich's ataxia (FA)					✓
Cardiac						
SGT-501	RYR2-Mediated CPVT					✓
	CASQ2-Mediated CPVT					✓
SGT-601	TNNT2 DCM					✓
SGT-401	BAG3-Mediated DCM					✓
SGT-701	RBM20 DCM					✓
Mayo Clinic Collaboration	Six Undisclosed Targets					✓
Platform						
Capsid Library[1]	Cardiac & NM					✓

Notes: In 2020, Solid entered into a collaboration agreement with Ultragenyx for the development of UX810, a next generation Duchenne construct comprised of Solid's proprietary nNOS microdystrophin and Ultragenyx's Pinnacle™ PCL manufacturing platform for use with AAV8 and Clade E variants thereof. Solid has the option to co-fund collaboration programs in return for a profit share or increased royalty payments at proof-of-concept. 1. Cardiac Capsid Library currently in NHPs, Mice and Pigs.

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Anticipated Near-Term Milestones

Program	Milestone	Anticipated Timing
Neuromuscular		
SGT-003 for Duchenne	Interim 10 participant Phase 1/2 data (safety, microdystrophin expression & biomarker data)	✓
	30 participants dosed in INSPIRE DUCHENNE	Early 2026
	Anticipated meeting with FDA to discuss registrational pathways	H1 2026
	IMPACT DUCHENNE: Phase 3 participant screening	Ongoing
SGT-212 for Friedreich's ataxia	IND cleared by FDA	✓
	FALCON: Phase 1b participant screening	Ongoing
Cardiac		
SGT-501 for CPVT	RYR2 IND cleared by FDA; CTA approved by Health Canada	✓
	ARTEMIS: Phase 1b activation of first clinical trial site	Q4 2025
SGT-601 for TNNT2	IND-enabling studies	Ongoing
Capsids		
AAV-SLB101	First-in-human data (SGT-003)	✓
Capsid Library (multiple capsids)	Complete rounds of NHP, mouse, and pig studies	Cardiac capsid selection H1 2026
Pipeline		
Multiple Pipeline Assets	BAG3 & RBM20 preclinical studies, Mayo Clinic collaboration preclinical work	Ongoing

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Neuromuscular Lead Program

Duchenne Muscular Dystrophy (Duchenne)

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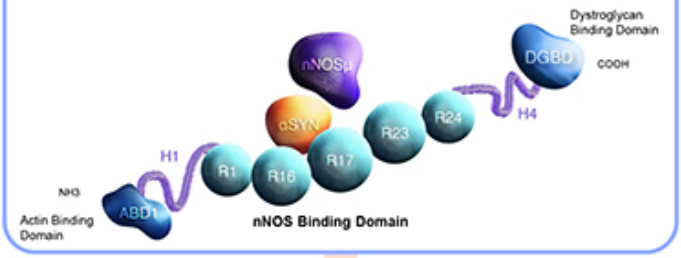
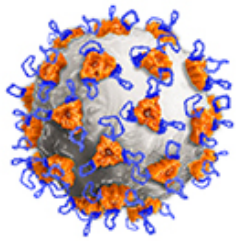
SGT-003: Next-Generation Duchenne Gene Therapy Candidate Optimized to Transduce and Preserve Muscle

SGT-003 MICRODYSTROPHIN TRANSGENE



Unique inclusion of nNOS-binding domain designed with the goal of preventing activity-induced ischemia and associated muscle injury[1,2]

SGT-003 AAV-SLB101 CAPSID



Rationally designed capsid targeting integrin receptors which are upregulated in dystrophic muscle[3]

SGT-003 was designed to enhance cardiac and skeletal muscle transduction of an optimized transgene while reducing liver targeting[1]

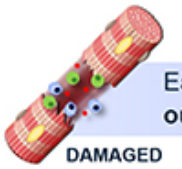
αSYN=alpha-syntrophin; ABD1=actin-binding domain 1; DGBD=dystroglycan binding domain; H=hinge; R=spectrin-like repeat; nNOS=neuronal nitric oxide synthase.

1. Lai Y, et al. J Clin Invest. 2009;119(3):624-635. 2. Ramos JN, et al. Mol Ther. 2019;27(3):623-635. 3. Hong A.V., et al. *Nature Communications*. 2024;15:7965.

SGT-003 is an investigational product that has not been approved by the FDA. No conclusions regarding safety and efficacy can be made.

Duchenne is a Disease of Impaired Muscle Integrity & Dysfunction[1-4]

In Duchenne, muscle fiber regeneration becomes impaired, leading to deterioration of muscle integrity resulting in difficulties with mobility, thoracic scoliosis, respiratory failure, and cardiac failure[4]

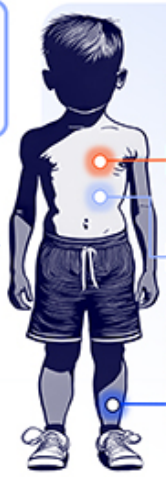


DAMAGED DUCHENNE MUSCLE

Early signals of muscle integrity decline **predict negative outcomes in certain organs**, such as the heart[5-7]

Muscle Integrity

↑ CK ↑ LDH ↑ AST ↑ ALT
↑ Histologic eMHC ↑ Troponin



Decreased heart function
Cardiomyopathy
HEART FAILURE

Weak diaphragm
RESPIRATORY FAILURE

Loss of muscle mass
Inflammation
Fibrosis
LOSS OF AMBULATION

The impact of treatments on muscle integrity for patients with Duchenne is key to determining efficacy[4]

αSYN=alpha-syntrophin; ABD1=actin-binding domain 1; ALT=alanine aminotransferase; AST=aspartate aminotransferase; DGBD=dystroglycan binding domain; H=hinge; LDH=lactate dehydrogenase; R=repeat.

1. Michele DE. *FEBS J*. 2022;289(21):6460-6462. 2. Coronado-Zarco R, de León AO. *J Frailty Sarcopenia Falls*. 2023;8(4):254-260. 3. Collins KH, et al. *Front Physiol*. 2018;9:112. 4. Escobar-Huertas JF, et al. *Cytoskeleton (Hoboken)*. 2024;81(6-7):269-286. 5. Sheybani A, et al. *Pediatr Res*. 2022;92(6):1613-1620. 6. Voleti S, et al. *Pediatr Cardiol*. 2020;41(6):1173-1179. 7. Wagner KR, et al. *Biomark Med*. 2021;15(15):1389-1396.

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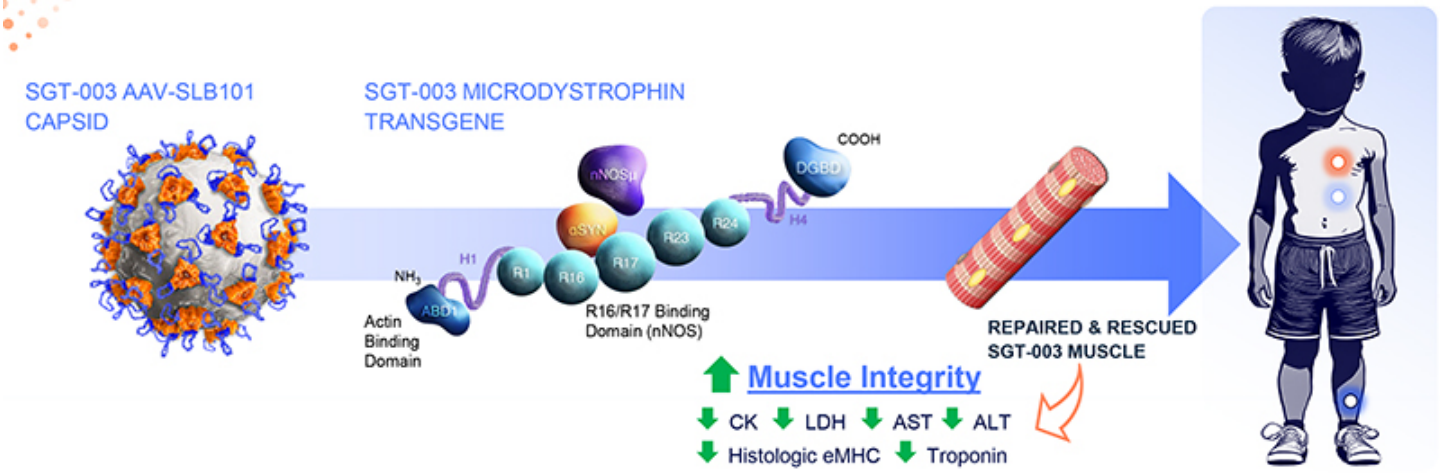
SGT-003 is Designed to Transduce and Preserve Muscle



SGT-003's optimized transgene and next-generation capsid were designed with the goal of enhancing cardiac and skeletal muscle transduction and reducing liver targeting

nNOS=neuronal nitric oxide synthase.
Data cutoff of September 29, 2025. Solid Biosciences.

INSPIRE DUCHENNE Clinical Progress

23 PARTICIPANTS DOSED AS OF OCTOBER 31, 2025

- **All participants responded to SGT-003 treatment (n=10):** Mean microdystrophin protein observed at consistent levels across three measures
- Observed comprehensive DAPC & biomarker analysis suggest **coordinated downstream effect of SGT-003**
- Early data suggest **potential cardiac benefit** through observed troponin I reductions & improvements in systolic function (LVEF)
- Early 2026: **30 participants dosed <u>in total</u>** *(anticipated)*
- **Oct 2025:** First clinical trial site activated & participant screening underway for IMPACT DUCHENNE, a Phase 3 randomized, placebo-controlled, ex-US trial of SGT-003 in pediatric participants

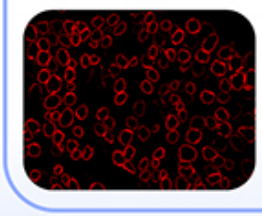
REGULATORY UPDATE

- **1H 2026:** FDA meeting to discuss registrational pathways *(anticipated)*

MICRODYSTROPHIN TRANSDUCTION

Dose	Vector Copies/Nucleus Day 90 (N=10)	Vector Copies/Nucleus Day 360 (N=2)
1.0E14 vg/kg	13	12

MICRODYSTROPHIN LOCALIZATION



Day 90 (Mean, N=10)	Day 360 (Mean, N=2)
58% (WB)[1]	107% (WB)[1]
58% (MS)[1]	100% (MS)[1]
51% (IF)[2]	67% (IF)[2]

DAPC=dystrophin-associated protein complex. LVEF=left ventricular ejection fraction. WB=Western blot. MS=mass spectrometry. IF=immunofluorescence.
1. Baseline western blot and mass spectrometry were both 0% mean normal dystrophin. 2. Baseline mean dystrophin positive fibers were 1.5% measured by IF. Dystrophin positive fibers are not adjusted for fat and fibrosis; these are absolute numbers. Data cutoff of September 29, 2025. Solid Biosciences.

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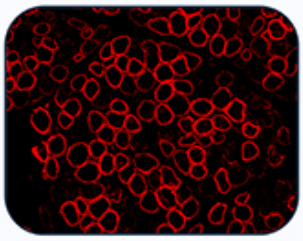
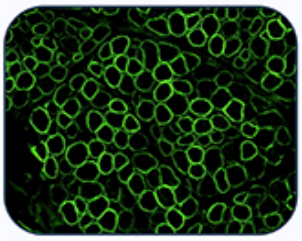
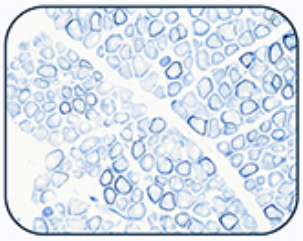
Compelling Microdystrophin Positive Fibers with Concordant DAPC Restoration Observed After SGT-003 Treatment

PERCENT POSITIVE FIBERS AT DAY 90 (N=10)[1]

Microdystrophin	β-sarcoglycan	nNOS activity
		
MEAN 51%	MEAN 50%	MEAN 26%

- Compelling levels of **microdystrophin expression** observed, which was strongly correlated with **restoration of key elements of the DAPC**, suggesting biologic evidence of therapeutic effect[1]
- The DAPC stabilizes the sarcolemma of skeletal and cardiac muscle during contraction and relaxation and protects muscle fibers from damage[2]

Microdystrophin positive fibers are not adjusted for fat and fibrosis; this is an absolute number. Representative images are shown.

1. Data cutoff of September 29, 2025. Solid Biosciences. 2. Anastasi G, et al. *Cells Tissues Organs*. 2003;173(1):54-63.

INSPIRE DUCHENNE Interim Safety Summary

23 participants have received SGT-003 at ages ranging from 1 to 10 years as of October 31, 2025

Cohort	Eligible Age Range (years)	Ages at Enrollment (years)	Weights for Dosing (kg)	Participants Enrolled (n)
1	4 to <7	4 to 6	≤27.8	13
2	7 to <12	7 to 10	≤39.7	8
3	0 to <3	1 to 3	≤17.0	2
Total	**0 to <12**	**1 to 10**	**≤39.7**	**23**

SGT-003 Treatment-Related Adverse Events as of October 31, 2025 (n=23)		n (%)
Serious Adverse Events (SAEs)		1 (4.3)[1]
Most Common Treatment-related Adverse Events (AEs)	Nausea	17 (73.9)
	Vomiting	16 (69.6)
	Decreased Appetite	11 (47.8)
	Thrombocytopenia / Platelet Count Decreased	11 (47.8)
	Headache	6 (26.1)

SGT-003 has been generally well tolerated as of October 31, 2025

1. One (n=1) CTCAE Grade 3 serious adverse event of immune-mediated myositis. The myositis was not associated with muscle pain or weakness. The participant responded promptly to steroid treatment, with all clinical symptoms noted at presentation resolving and with CK levels declining well below baseline.

CTCAE, common terminology criteria for adverse events.
Safety cutoff of October 31, 2025. Solid Biosciences.

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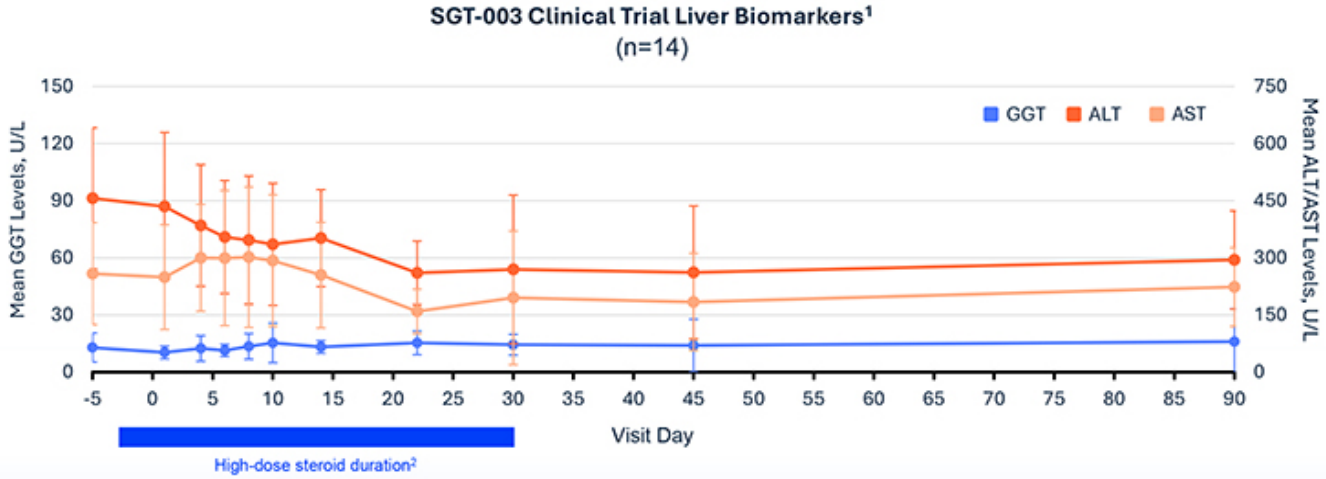
Liver Enzymes Remained Stable After SGT-003 Administration

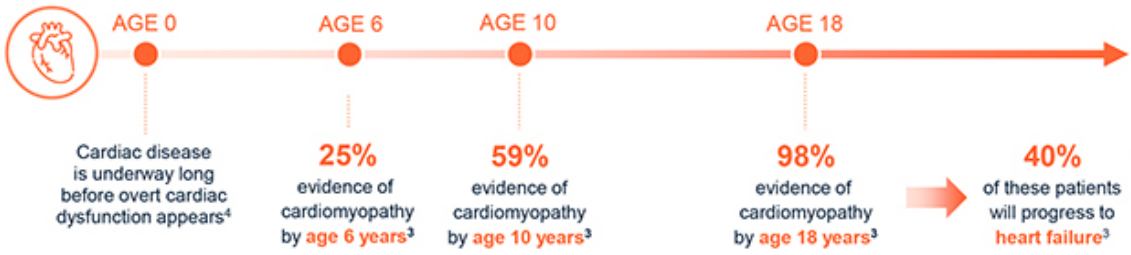


ALT=alanine aminotransferase; AST=aspartate aminotransferase; GGT=gamma-glutamyl transferase.
1. Data cutoff of September 29, 2025. Solid Biosciences. 2. Steroid tapering begins at Day 30 per INSPIRE DUCHENNE trial protocol.

Loss of Dystrophin Leads to Progressive Degeneration of Cardiac Muscle[1]

Cardiomyopathy is a leading cause of death in Duchenne muscular dystrophy[2]

INCIDENCE OF DUCHENNE-RELATED CARDIOMYOPATHY OCCURS EARLY IN LIFE[3]



Cardiac tissue has limited regenerative capacity: only ~1% of cardiomyocytes turn over annually[5]

Early troponin elevation is predictive of severe cardiac disease in neuromuscular diseases[6-9]

In muscular dystrophies, a hs-cTnI level >7.6 ng/L is correlated with a 3-fold increased risk of cardiac disease[10]

Early detection of changes in the heart using troponin inform interventions to slow disease progression, improve quality of life, and lower the risk of severe cardiomyopathy[11]

hs-cTnI=high-sensitivity cardiac troponin.

1. Schultz TI, et al. *JACC Basic Transl Sci*. 2022;7(6):608-625. 2. Meyers TA, et al. *Int J Mol Sci*. 2019;20(17):4098. 3. Gandhi S, et al. *Cells*. 2024;13(14):1168. 4. James J, et al. *Neuromuscul Disord*. 2011;21(7):462-467. 5. Parmacek MS, Epstein JA. *N Engl J Med*. 2009;361(1):86-88. 6. Sheybani A, et al. *Pediatr Res*. 2022;92(6):1613-1620. 7. Voleti S, et al. *Pediatr Cardiol*. 2020;41(6):1173-1179. 8. Wagner KR, et al. *Biomark Med*. 2021;15(15):1389-1396. 9. Saunders JT, et al. *Circulation*. 2011;123(13):1367-1376. 10. Spurney CF, et al. *Open Heart*. 2021;8(1):e001592. 11. D'Amario D, et al. *Heart*. 2017;103(22):1770-1779.

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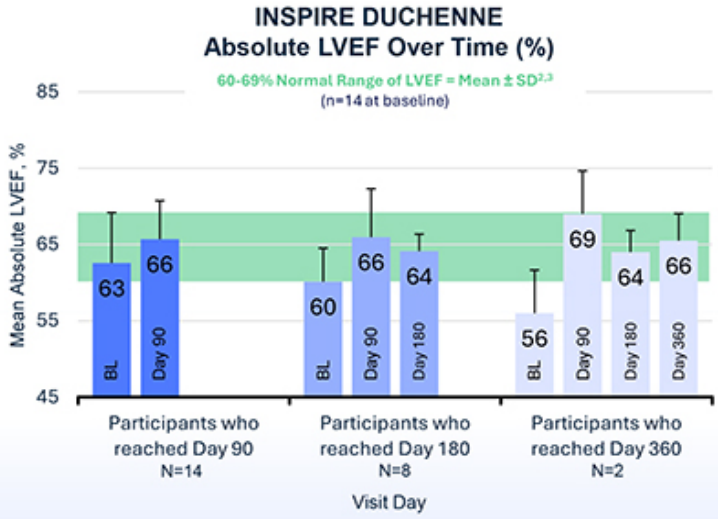
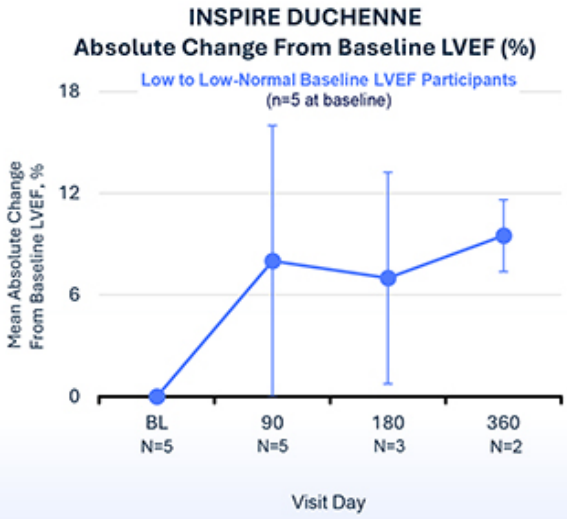
Stable-to-Improved Cardiac Function Observed After SGT-003 Dosing

Early observations of improved cardiac function driven by participants with low to low-normal baseline left ventricular ejection fraction (LVEF)[1]

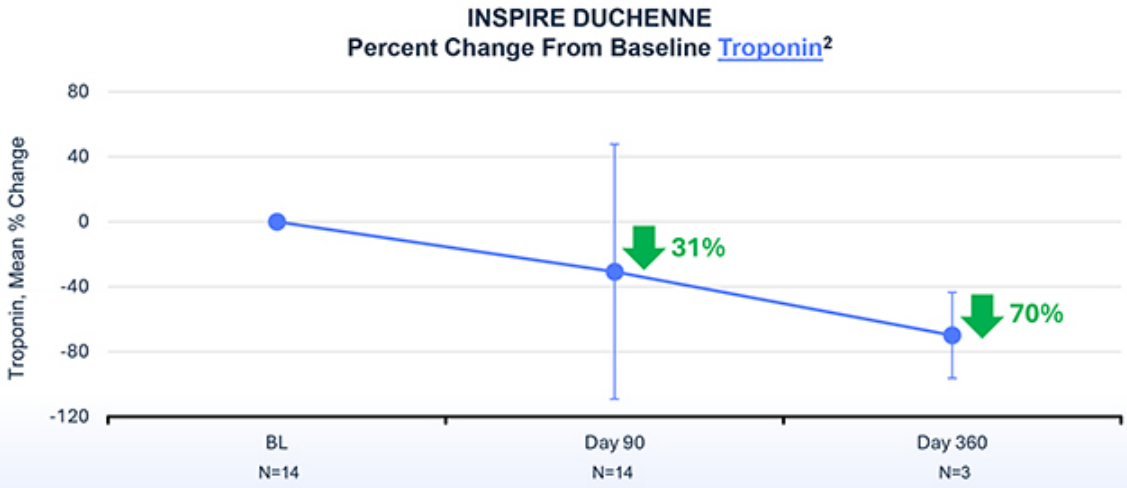




BL, baseline; CFB, change from baseline.
1. Data cutoff of September 29, 2025. Solid Biosciences. 2. The mean ± SD normal LVEF range is 60% to 69% for this age-matched population. 3. Romanowicz J, et al. *J Am Soc Echocardiogr.* 2023;36(3):310-323.

Troponin Reductions May Indicate Early Signals of SGT-003 Cardiac Treatment Effect

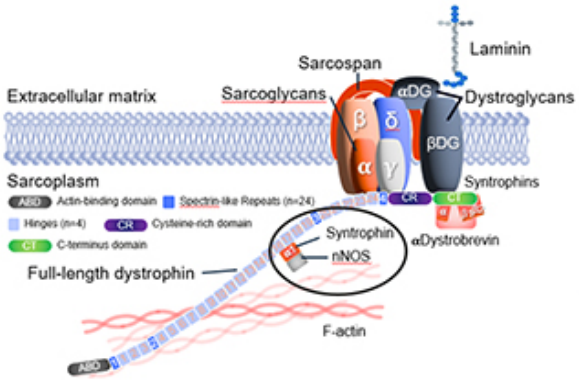
Troponin I is released during myocardial cell injury, acting as a signal of muscle breakdown and a surrogate for cardiac myocyte damage[1]



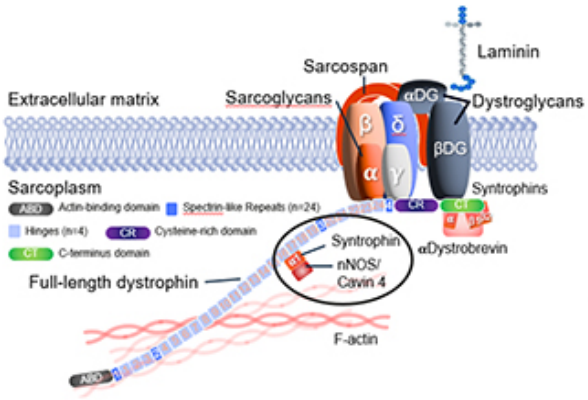
1. Sheybani A, et al. *Pediatr Res*. 2022;92(6):1613-1620. 2. Data cutoff of September 29, 2025. Solid Biosciences.

Dystrophin Organizes Critical Skeletal and Cardiac Muscle Proteins Required for Muscle Health

OVERVIEW OF THE SKELETAL DAPC



OVERVIEW OF THE CARDIAC DAPC



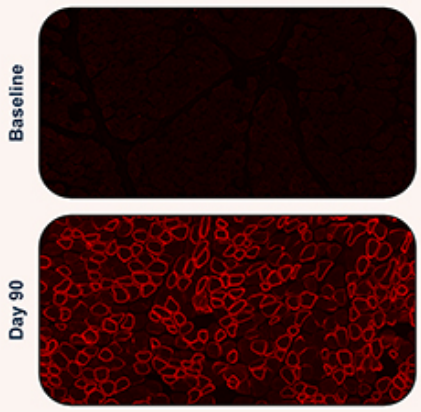
The absence of dystrophin can cause dissolution, or significant downregulation, of the entire DAPC and many of the mechanoprotective and mechanotransductive features are subsequently lost

Wilson DGS, et al. *Commun Biol.* 2022 Sep 27;5(1):1022.

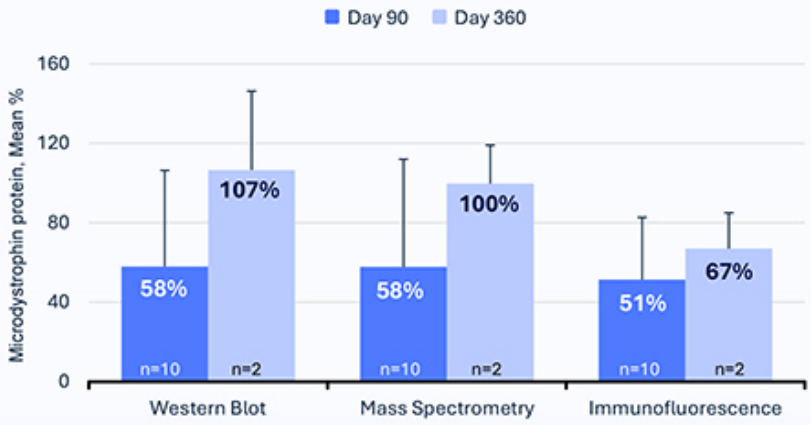
Compelling Microdystrophin Expression Observed at Day 90 Post SGT-003 Treatment

Comprehensive orthogonal measurements showed consistent microdystrophin expression

EXAMPLE MICRODYSTROPHIN BIOPSY[1]



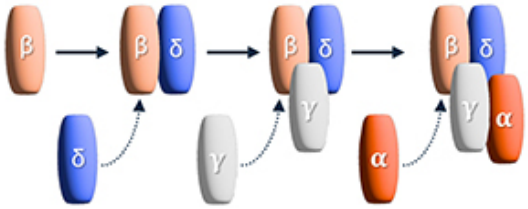
SGT-003 MICRODYSTROPHIN EXPRESSION[1]



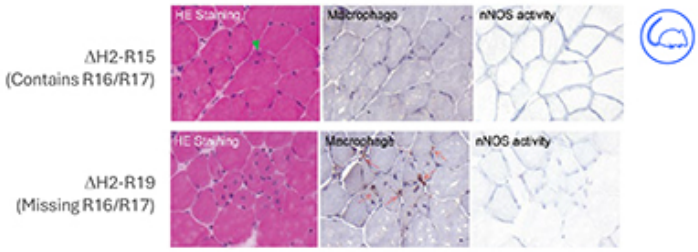
1. Data cutoff of September 29, 2025. Solid Biosciences. Baseline Western Blot and Mass Spectrometry were both 0% mean normal dystrophin. Baseline mean dystrophin positive fibers were 1.5% measured by IF. Dystrophin positive fibers are not adjusted for fat and fibrosis; these are absolute numbers. Representative images are shown.

β-sarcoglycan and nNOS are Key Components of the DAPC

SARCOGLYCAN COMPLEX FORMATION[1]



MICRODYSTROPHIN CONTRUCTS WITHOUT R16/R17 CANNOT RECRUIT nNOS[4]



- β-sarcoglycan tightly associates with δ-sarcoglycan to form a functional core that recruits γ- and α-sarcoglycan[2]
- Disruption of the β/δ core interferes with association of the sarcoglycan complex to the plasma membrane[3]

- Lack of nNOS at the sarcolemma leads to impaired NO-mediated vasodilation, functional ischemia, muscle fatigue and breakdown[5]
- Restoration of properly localized nNOS helps prevent muscle wasting, regulate muscle contraction, protect against oxidative stress, and is essential to more fully protect cardiac and skeletal muscle[5]

α=alpha; β=beta; δ=delta; γ=gamma.

1. Gao QQ, McNally EM. *Compr Physiol*. 2015;5(3):1223-39. 2. Tarakci H, Berger J. *Front Biosci (Landmark Ed)*. 2016;21(4):744-756. 3. Shi W, et al. *Muscle Nerve*. 2004;29(3):409-419. 4. Lai Y, et al. *J Clin Invest*. 2009;119(3):624-35. Staining captured after 8 days of intensive treadmill running (6-month-old male mice). 5. Buono R, et al. *Stem Cells*. 2012; 30(2):197-209.

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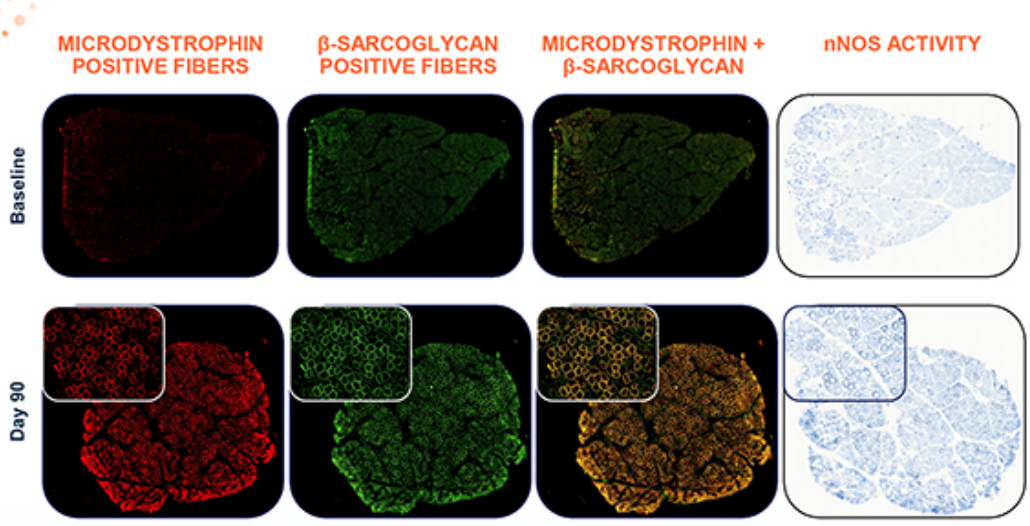
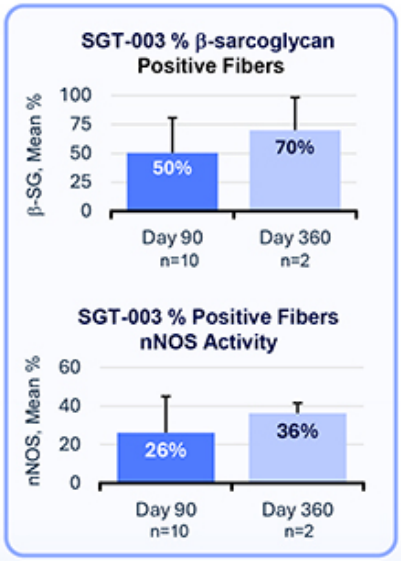
Restoration of Key Elements of the DAPC Observed After SGT-003 Treatment



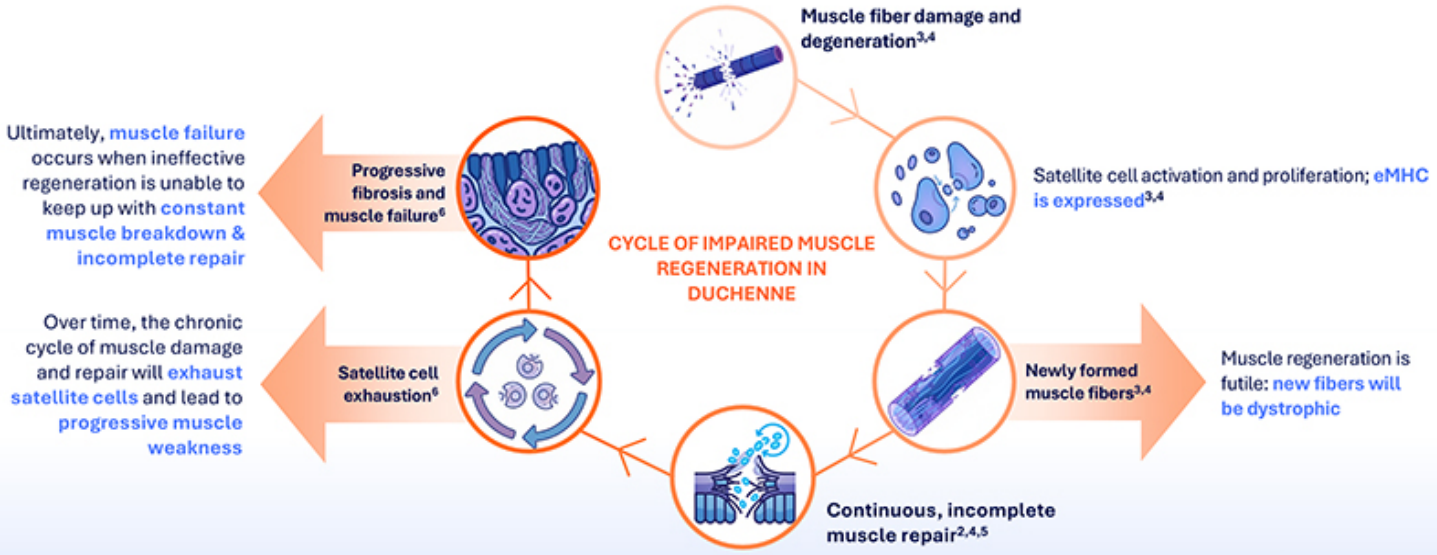


SGT-003 microdystrophin positive fibers (%) achieved a **statistical correlation** with both β-sarcoglycan positive fibers (%) and nNOS activity positive fibers (%) ($r_{Pearson}$ =0.95)

β-SG= β-sarcoglycan.
Data cutoff of September 29, 2025. Solid Biosciences. β-SG was measured by immunofluorescence and nNOS was measured using an activity assay. Representative images from the same participant are shown.

eMHC Expression Is Significantly Upregulated in Dystrophic Muscle Fibers[1-3]

Muscle stem cells (satellite cells) are activated to repair and replace damaged muscle fibers–during this process, newly formed muscle fibers transiently express embryonic myosin heavy chain (eMHC)[3,4]



1. Schiaffino S, et al. *Skelet Muscle*. 2015;5:22. 2. Guiraud S, et al. *Hum Mol Genet*. 2019;28(2):307-319. 3. Dubuisson N, et al. *Int J Mol Sci*. 2022;23(24):16080. 4. Cardone N, et al. *Acta Neuropathol Commun*. 2023;11(1):167. 5. Forcina L, et al. *Cells*. 2020;9(5):1297. 6. Abdel-Salam E, et al. *Acta Myol*. 2009;28(3):94-100.

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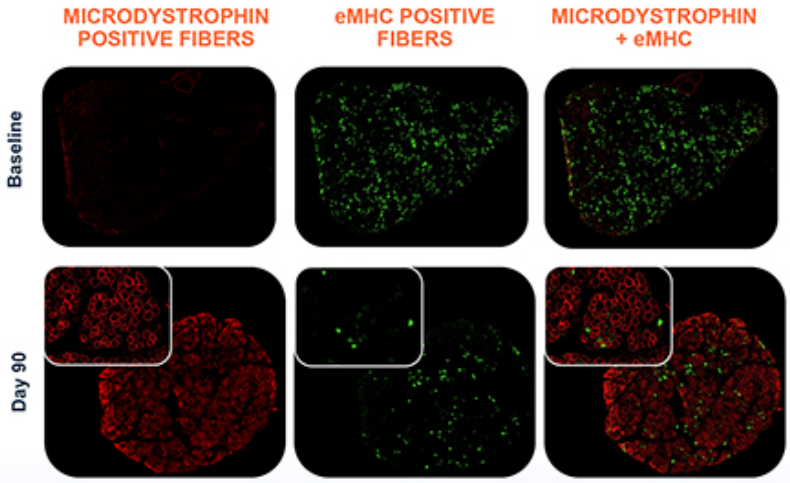
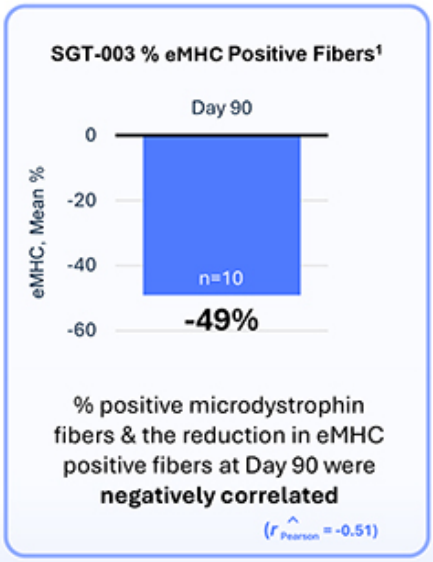
Full Slide Scans of Muscle Biopsy Sections Showed Uniform Improvements in eMHC[1,2]





% positive microdystrophin fibers & the reduction in eMHC positive fibers at Day 90 were **negatively correlated**

($r_{Pearson}$ = -0.51)

22 Data cutoff of September 29, 2025. Solid Biosciences. Representative images from the same participant are shown.

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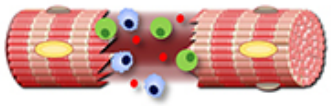
Comprehensive Reductions in Muscle Injury Signals Suggest Improved Muscle Integrity After SGT-003 Treatment

Improved muscle integrity may support slower disease progression and better long-term clinical outcomes[1-3]

DETERIORATION OF MUSCLE INTEGRITY IN DUCHENNE



- **ALT**
  Leakage is caused by skeletal muscle injury[4]
- **AST**
  Leakage is caused by skeletal muscle injury[4]
- **CK**
  Released from muscle fibers upon muscle damage[3]
- **LDH**
  Released from cells upon tissue damage[5]
- **Titin**
  Released into serum and urine upon muscle damage[3]

OBSERVED IMPROVEMENTS IN MUSCLE INTEGRITY WITH SGT-003

- **ALT**
  41% mean reduction at Day 90[6]
- **AST**
  25% mean reduction at Day 90[6]
- **CK**
  34% mean reduction at Day 90[6]
- **LDH**
  42% mean reduction at Day 90[6]
- **Titin**
  22% mean reduction at Day 90[6]

1. Siddique Ahmed Khan M, et al. *Int J Sci Res.* 2016;5(11):156-157. 2. Voleti S, et al. *Pediatr Cardiol.* 2020;41(6):1173-1179. 3. Oshida N, et al. *Sci Rep.* 2019;9(1):19498. 4. . Aulbach AD, Amuzie, CJ. A Comprehensive Guide to Toxicology in Nonclinical Drug Development (Second Edition). 2017. 5. Farhana A, Lappin SL. StatPearls [Internet]. 2023. 6. Data cutoff of September 29, 2025. Solid Biosciences. n=14 data collected at Day 90 for mean % reductions from baseline in CK, AST, ALT, troponin. N=12 data collected at Day 90 for mean % reductions from baseline in LDH; 2 LDH samples hemolyzed. N=11 data collected at Day 90 for mean % reductions from baseline in titin, which was batch analyzed at an earlier data cutoff date.

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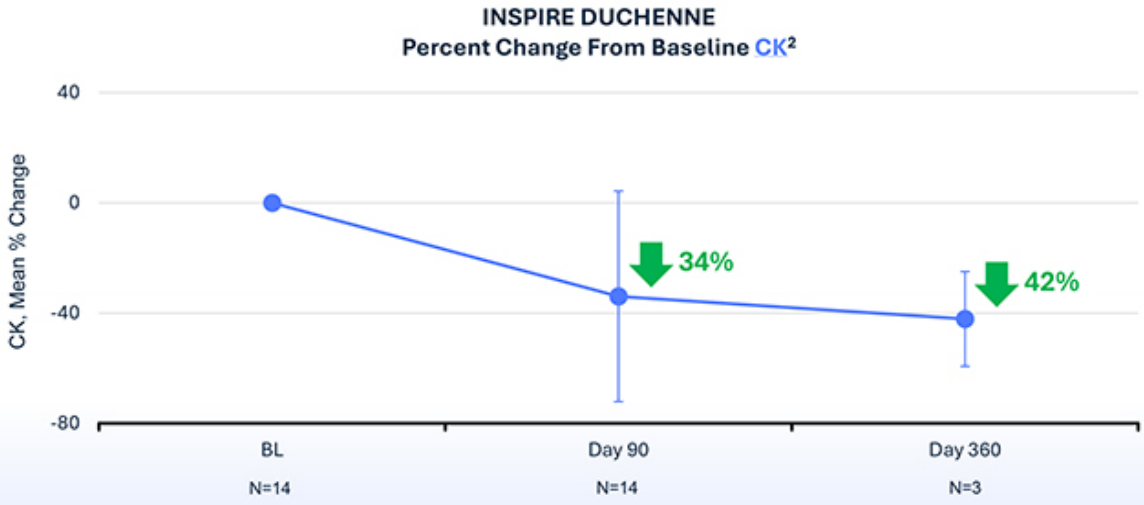
Reductions in CK Levels Observed After SGT-003 Treatment

Reductions in CK are signals of improved muscle integrity; CK is released from muscle fibers as a result of muscle damage[1]

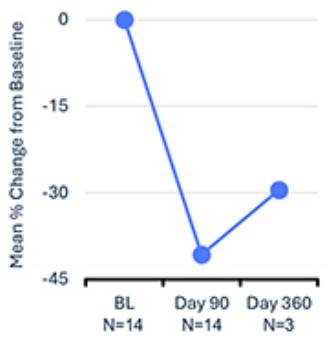


CK=creatinine kinase; LS=least squares.
1. Oshida N, et al. *Sci Rep*. 2019;9(1):19498. 2. Data cutoff of September 29, 2025. Solid Biosciences.

Improvements in Measures of Muscle Integrity & Resilience Observed After SGT-003 Treatment

Comprehensive and thorough assessment of muscle injury and metabolism

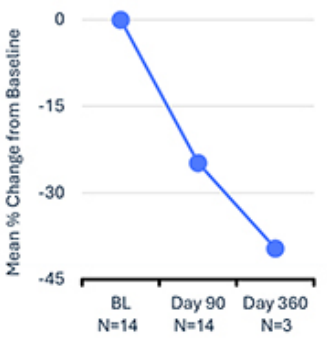
SERUM ALT Percent Change From Baseline[1]



41% at Day 90

29% at Day 360

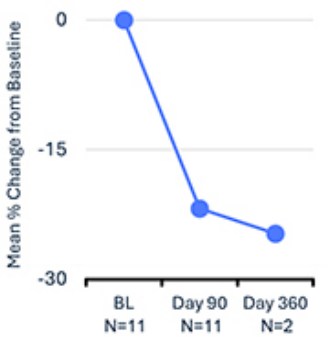
SERUM AST Percent Change From Baseline[1]



25% at Day 90

40% at Day 360

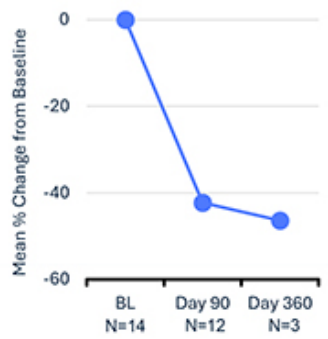
SERUM Titin Percent Change From Baseline[1,2]



22% at Day 90

25% at Day 360

SERUM LDH Percent Change From Baseline[1,3]



42% at Day 90

46% at Day 360

1. Data cutoff of September 29, 2025. Solid Biosciences. 2. Titin was batch analyzed at an earlier data cutoff date. 3. Two LDH samples hemolyzed at day 90 and are not available for inclusion.

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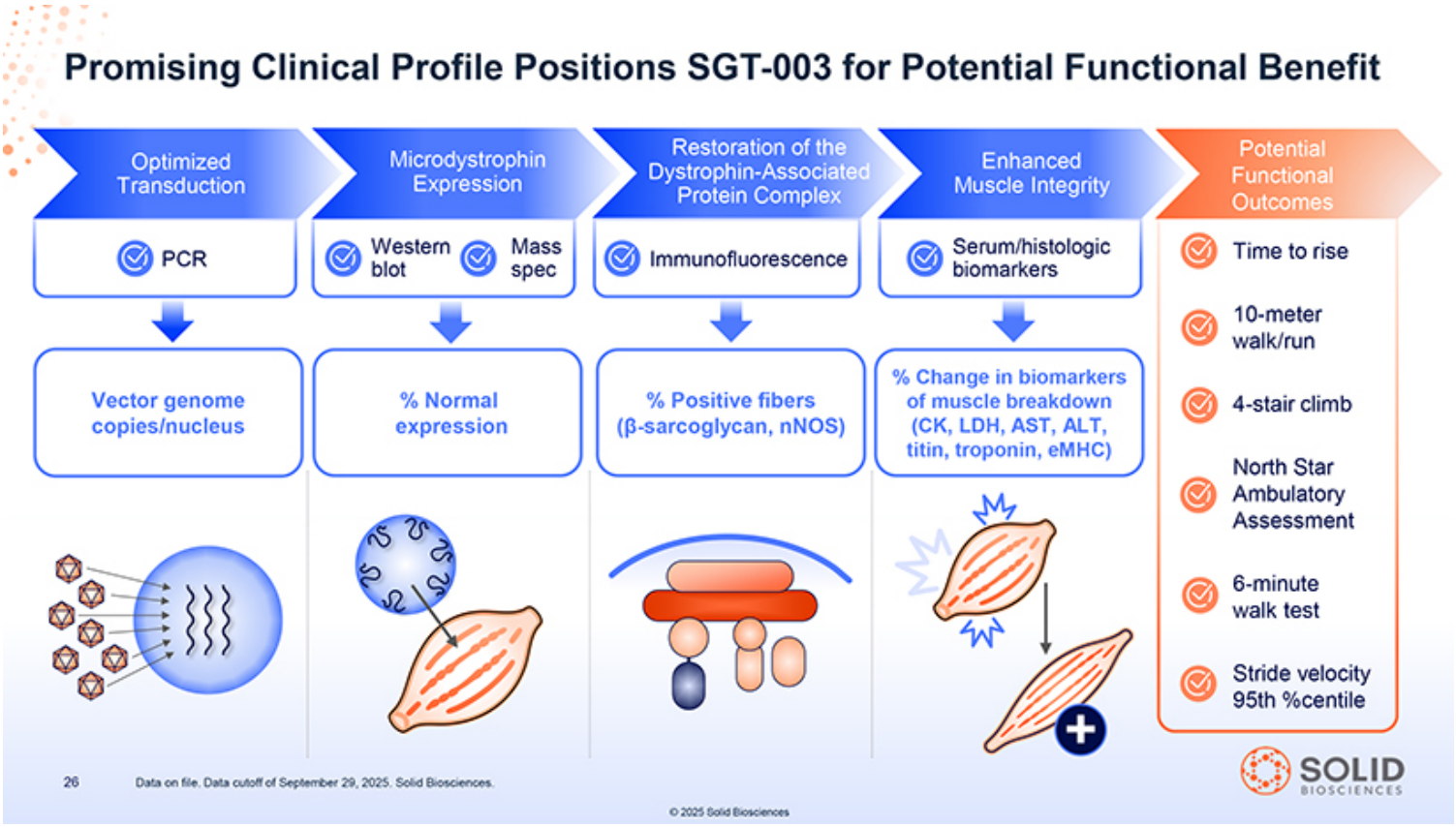

Promising Clinical Profile Positions SGT-003 for Potential Functional Benefit Restoration of the Potential Optimized Microdystrophin Enhanced Dystrophin-Associated Functional Transduction Expression Muscle Integrity Protein Complex Outcomes Western Mass Serum/histologic Time to rise PCR blot spec Immunofluorescence biomarkers 10-meter walk/run **% Change in biomarkers Vector genome % Normal % Positive fibers of muscle breakdown** 4-stair climb **copies/nucleus expression (â-sarcoglycan, nNOS) (CK, LDH, AST, ALT, titin, troponin, eMHC)** North Star Ambulatory Assessment 6-minute walk test Stride velocity + 95th %centile 26 Data on file. Data cutoff of September 29, 2025. Solid Biosciences. © 2025 Solid Biosciences

Neuromuscular Pipeline Program

Friedreich's Ataxia (FA)

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Friedreich's Ataxia (FA): A Progressive Genetic Neuromuscular Disease with High Unmet Medical Need

Affected Population

ESTIMATED

~5,000-7,000

patients in the US[1]

25,000

in EU[2]

PREVALENCE

1:40,000

people[3]

Cause

FA is a monogenic disease resulting from a deficiency of the frataxin (FXN) protein, which is important for mitochondrial function.

Postulated Mechanism: Decreased levels of FXN lead to less efficient energy production and buildup of toxic byproducts, resulting in oxidative stress that damages cells in the central nervous system and heart

Clinical Presentation and Unmet Need

Signs & Symptoms

- FA is a multisystem disease that affects motor control and coordination
- Most have loss of vision and hearing, slurred speech, muscle weakness
- The majority of patients with FA develop cardiac complications, most commonly presenting as hypertrophic cardiomyopathy and arrhythmia
- Cardiac complications are the primary cause of death

Age of Onset & Mortality

- Average onset of disease is between ages 10 and 15
- Average lifespan < 40 years

Solid Approach

Dual route of administration – IV and IDN – to deliver AAV-based gene therapy directly to the heart and cerebellum to restore functional expression of FXN in the heart and central nervous system

1. Koeppen AH. J Neurol Sci. 2011. 2. European Medicines Agency. Public summary of opinion on orphan designation: Omaveloxolone for treatment of Friedreich's ataxia. https://www.ema.europa.eu/en/medicines/human/orphan-designations/eu3182037. 3. Friedreich's Ataxia - Symptoms, Causes, Treatment | NORD. 2023. https://rarediseases.org/rare-diseases/friedreichs-ataxia/.

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Introducing SGT-212: The Only Dual Administration Approach to Address Both Neurologic and Cardiac Manifestations of FA

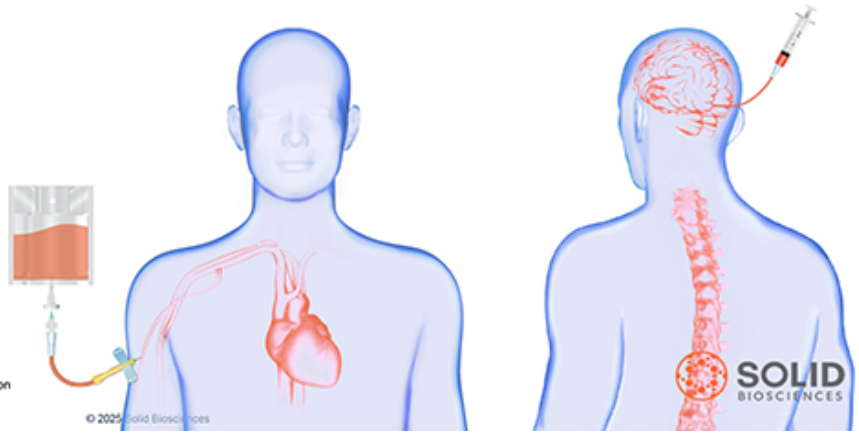
SGT-212
is the only FA gene therapy in development designed to directly address the neurologic and cardiac manifestations of FA

Intravenous (IV) Administration

- Focused on treating largest cause of mortality in Friedreich's ataxia: cardiomyopathy
- Potential to treat other disease-relevant organ systems

Direct Dentate Nuclei (IDN) Infusions*

- Removes challenges of crossing blood-brain barrier to address most disease-critical brain structure with potential to treat ataxia and dysarthria
- Direct administration using convection-enhanced delivery, which utilizes a catheter to deliver therapy using bulk flow
- MRI imaging during infusion, plus the use of gadolinium, will provide confirmation of delivery



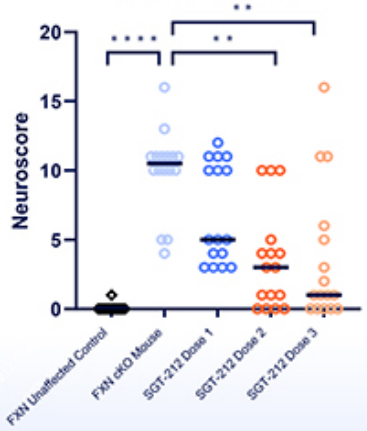
*Administration simplified for illustrative purposes. Actual SGT-212 IDN administration will use FDA-approved delivery catheter system.

SGT-212 Systemic Administration Resulted in Significant Neurological and Neuromotor Function Improvements

Neuronal proof-of-concept achieved in disease-relevant knockout mouse model (nKO)

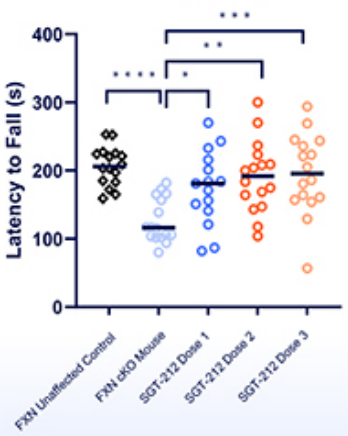
Neurological Assessment Score

Neuroscore[1] (Day 56)



Neuromotor Function Assessment

RotaRod[2] (Day 60)



Asterisks=statistical significance; FXN = Frataxin

1. The neurological score assessment was used to assess the severity of ataxia. 2. The RotaRod test evaluates coordination and balance by measuring the time to fall for mice running on a spinning rod that progressively accelerates – a decreased latency to fall indicates neuromotor impairment.

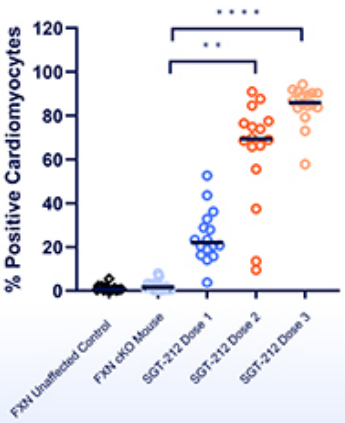
Data on file. Solid Biosciences 2024.

SGT-212 Systemic Administration Demonstrated Cardiac FXN Expression, Activity and Resolution of Cardiomyopathy Phenotype

Cardiac proof-of-concept achieved in disease-relevant knockout mouse model (cKO)

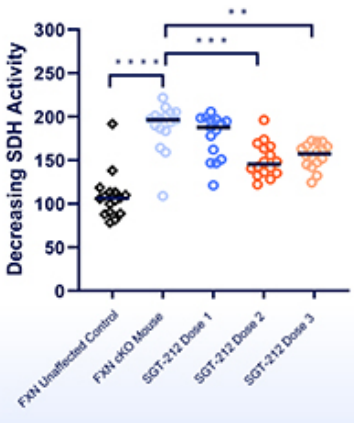
FXN Cardiac Expression

In Situ Hybridization in Heart



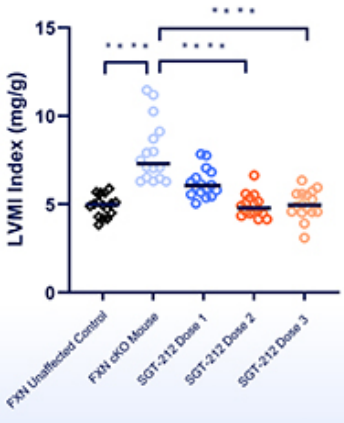
Mitochondrial Function

Succinate Dehydrogenase (SDH)



Indicator of Cardiac Structure

Left Ventricular Mass Index (Day 30)*



Asterisks=statistical significance

*Research has indicated that increased LVMI is correlated with increased risk of all-cause mortality (Pousset F, et al. 2015)

Data on file. Solid Biosciences 2024.

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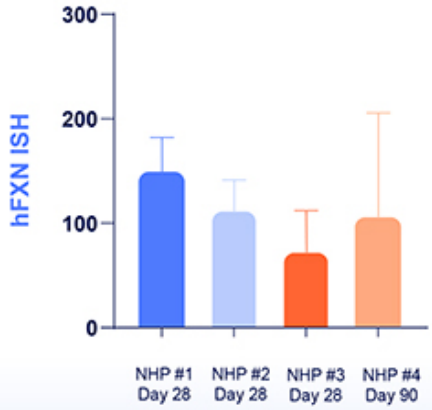
IDN Administration of SGT-212 Resulted in Robust FXN Expression in the Cerebellum in NHPs at Clinically Relevant Dose

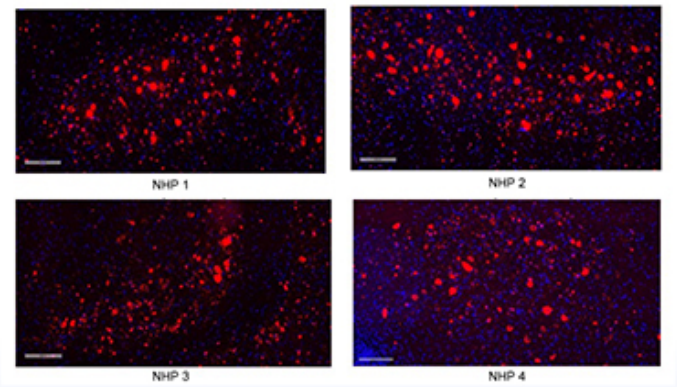
hFXN Expression in Dentate Nuclei (Cerebellum)

In Situ Hybridization*



hFXN Properly Localized to Dentate Nuclei (Cerebellum)

In Situ Hybridization



Human frataxin (hFXN)

*Data represent an average.
Data on file. Solid Biosciences 2024.

Solid has Built Robust Understanding and Expertise in FA Through Extensive Preclinical Work in NHPs

Substantial in-house preclinical work and preclinical studies by collaborators have been conducted across multiple candidates, routes of administration & dose levels

Overall NHP Studies Performed

9 NHP studies conducted in total across 4 different development candidates

n=120+ NHPs tested

Range of dose levels tested across 4 routes of administration (IV, IT, IV & IT, IV & IDN)

Follow-up time as long as 365 days post dose (including SGT-212)

SGT-212 NHP Tox Study Findings

- Dose-dependent & long-term biodistribution in NHP tissues was associated with corresponding transgene expression in the heart, dentate nucleus, and DRG
- The precision MRI-guided IDN injection procedure was safe and well tolerated by NHPs
- The proposed clinical IDN and IV dose levels demonstrated no treatment-related findings (both in CNS and non-CNS)
- The proposed clinical IDN and IV dose levels elicited therapeutically relevant levels of FXN expression

IV = Intravenous; IT = Intrathecal; IDN = Intradentate Nuclei; FXN = Frataxin; DRG = Dorsal Root Ganglion
Data on file. Solid Biosciences 2024.

FALCON Clinical Trial Design: SGT-212 Phase 1b Study

First-in-Human, Open-Label, Multi-Center Study to Enroll a Minimum of 6 Participants

Participant screening ongoing

Objective

Primary Objective

- To evaluate the safety and tolerability of IDN infusion and systemic IV infusion of SGT-212 gene therapy in participants with FA

Exploratory Objectives

- To evaluate the effect of SGT-212 on:
  - Frataxin protein expression
  - Motor function and disability
  - Cardiac function
  - Speech function

Design

Design

Study includes **3 cohorts** based ambulatory status:

- Cohort 1: Non-Ambulatory Participants
- Cohort 2: Ambulatory Participants
- Cohort 3: Ambulatory and Non-Ambulatory Participants (dose refinement or dose expansion)

All participants are adults with FA with documented cardiac hypertrophy

SGT-212 delivered by: magnetic resonance imaging (MRI) guided bilateral infusion to the dentate nuclei (DN) and intravenous (IV) infusion

Endpoints

Primary Endpoint

Incidence and severity of TEAEs from baseline to month 12

Exploratory Endpoints

Change from baseline frataxin protein expression in the blood, cardiac and skeletal muscle starting at day 90

Change from baseline starting at 18 months in key functional tests (e.g. mFARS, 9-hole peg test, timed 25-foot walk, among others)

Change from baseline starting at 12 months in left ventricular structure and function

Cardiac Lead Program

Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)

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Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT): a Fatal Disorder in a Young Population

Affected Population

~33,000
people[2]

1:10,000
people[2]

Cause

CASQ2 & RYR2 proteins: Regulate cardiac calcium (Ca^{2+}), important for electrical conduction and cardiac contraction / relaxation

Postulated Mechanism: Mutations in RYR2 or CASQ2 genes disrupt Ca^{2+} release into the cytoplasm triggering abnormal contraction and relaxation leading to arrhythmias

Clinical Presentation and Unmet Need

Signs & Symptoms
- Most commonly presents as syncope events or cardiac arrest
- Quality of life severely impacted. Risk of spontaneous arrhythmias and/or sudden death
- Poor Prognosis: Historically up to 50% mortality by age 35[1]

Age of Onset
- Typically identified in younger patients (mean onset between 7-9 y/o)[1]

Standard of Care
- Treatment landscape has not changed in decades: approved treatments – beta blockers and flecainide – do not address the underlying cause of disease, require strict compliance, and have challenging side effects

Solid Approach

AAV-based delivery of a genetic payload to the heart intended to achieve expression of wild-type CASQ2 protein using a cardiac-selective promoter and an optimized transient transfection manufacturing process

RYR2=Ryanodine receptor, CASQ2= Calsequestrin 2

1. Abbas, et al. *Arrhythm Electrophysiol Rev.* 2022. 2. Priori, et al. *JACC Focus Seminar* 2021

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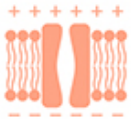
CPVT Represents High Unmet Need With No Approved Therapies That Treat Underlying Cause of Disease



CPVT is a channelopathy; a genetic mutation affects specific ion channels in cardiomyocytes

Mutations in RYR2 (calcium channel) and CASQ2 (calcium-binding protein) are the most common causes of CPVT

Altered calcium ion channels impact electrical conduction and cardiac contraction – can lead to fatal arrhythmia

Standard CPVT treatments are used off-label, require strict compliance, and have challenging side effects that are life-limiting

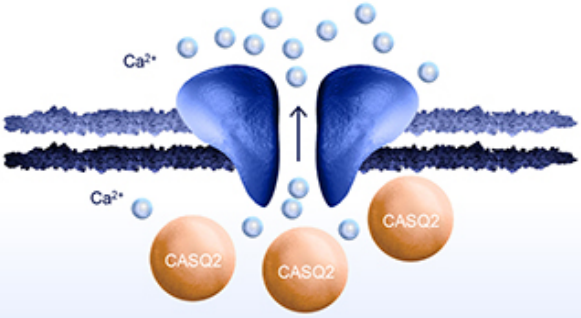
- Beta blockers
- Flecainide
- Implantable Cardioverter Defibrillators
- Left Cardiac Sympathetic Denervation

Rationale for CASQ2 Augmentation in RYR2 CPVT

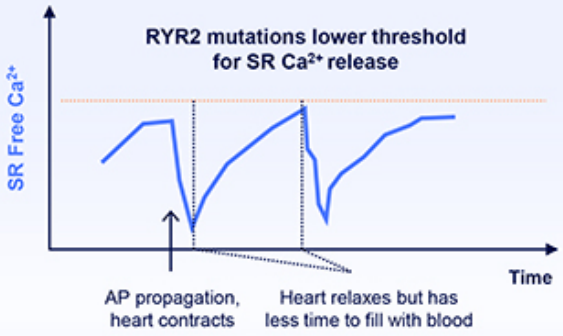
In RYR2 pathogenic mutations, normal CASQ2 levels are insufficient to maintain RYR2 in a closed conformation during diastole in high calcium flux states (such as with adrenaline)

RYR2 Mutation-Related CPVT

Mutations in RYR2 make the channel more sensitive to SR Ca^{2+} levels. This can result in abnormal release of Ca^{2+} in diastole that can lead to delayed afterdepolarizations (DAD) and resultant ventricular arrhythmia



Arrhythmia



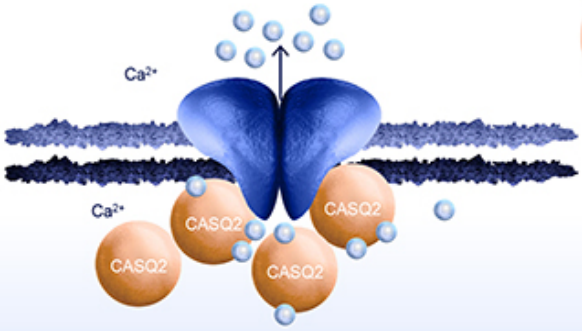
RyR, Ryanodine Receptor; SR, sarcoplasmic reticulum; AP, action potential; Ca^{2+}, calcium
Sources: Proprietary data from Priori Lab

Rationale for CASQ2 Augmentation in RYR2 CPVT (cont.)

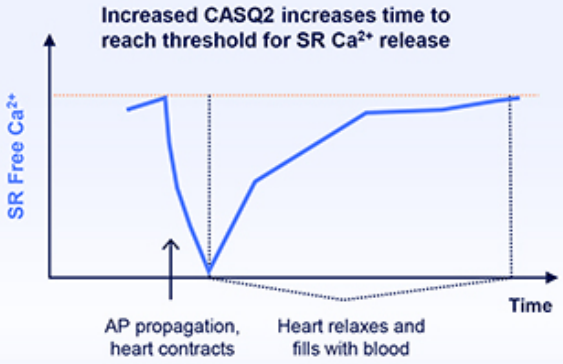
Cardiac delivery of SGT-501 is intended to increase CASQ2, thus enhancing Ca^{2+} buffering and counteracting Ca^{2+} sensitivity caused by RYR2 pathogenic mutations

RYR2 Mutation-Related CPVT + Increased CASQ2 expression

Increased CASQ2 enhances Ca^{2+} buffering within the SR and helps stabilize RYR2 in the closed state in diastole, reducing or eliminating the probability of delayed afterdepolarizations (DAD) and resultant ventricular arrhythmia



Normal Rhythm



RyR, Ryanodine Receptor; SR, sarcoplasmic reticulum; AP, action potential; Ca^{2+}, calcium
Sources: Proprietary data from Priori Lab

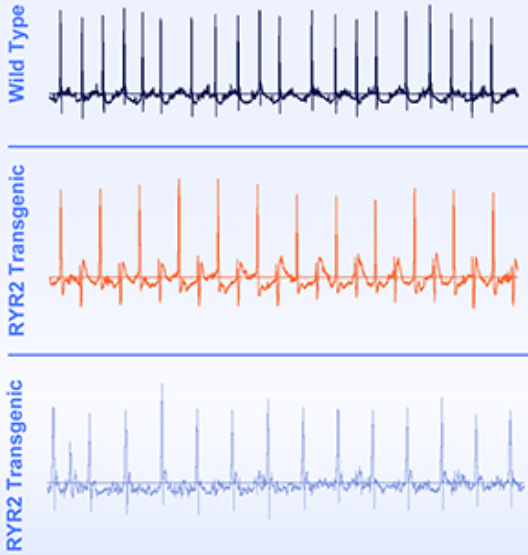
RYR2 CPVT Transgenic Mouse Model Used To Support Proof-of-Concept For AAV Gene Delivery of Human CASQ2

ECG response to β-adrenergic stimulation in WT and RYR2 transgenic mice 85 days post vehicle or SGT-501 treatment

WT Mice
Dosed With Vehicle
IP dose epinephrine & caffeine

RYR2 Transgenic Mice
Dosed With Vehicle
IP dose epinephrine & caffeine

RYR2 Transgenic Mice
Dosed With SGT-501
IP dose epinephrine & caffeine



Normal heart rhythm **in WT background strain animals**

Polymorphic and/or bidirectional arrhythmic morphology **in transgenic animals**

Normal heart rhythm **seen after β-adrenergic challenge in mice treated with SGT-501**

WT=Wild Type
Data on file. Solid Biosciences 2025.

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SGT-501 Elicited Steady Cardiac Protein Expression in Mice and NHPs

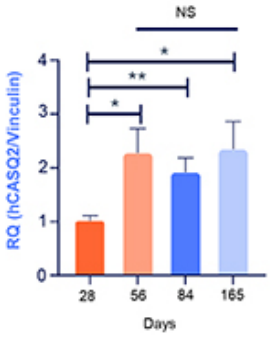
Clinically relevant expression levels continued through month 6 indicating potential durability and stability of expression

hCASQ2 Protein Expression

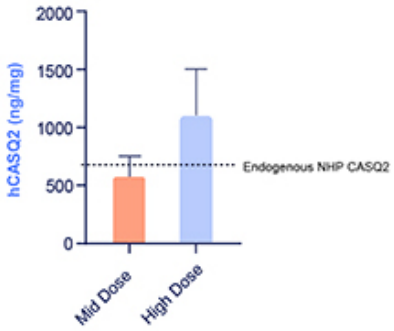
Mouse Kinetics: Expression significantly increased until Day 56, followed by continued stable expression through Day 165

NHP Kinetics: hCASQ2 expression levels were similar between 3- and 6-months post SGT-501 administration. hCASQ2 protein was increased 1.7-fold and 2.3-fold in the Mid- and High-Dose groups compared to endogenous NHP CASQ2 levels, respectively

hCASQ2 Kinetics



6-month hCASQ2



41

Human CASQ2 expression levels achieved in the High-Dose group were similar to CASQ2 levels measured in human heart samples (1,147 ± 486 ng/mg tissue protein). Data represented as mean ±SEM

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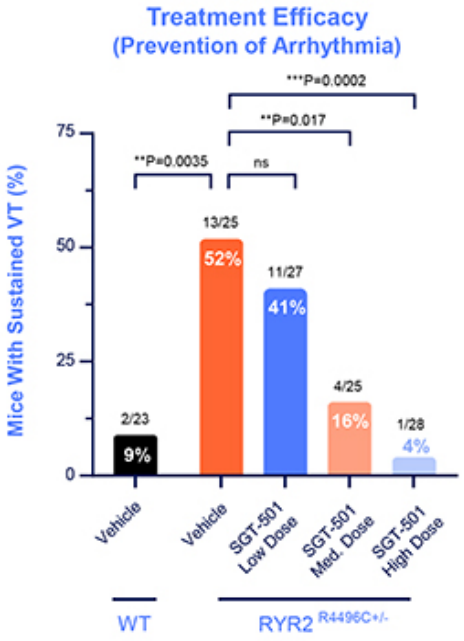
SGT-501 Demonstrated Protection From Sustained VT & Arrhythmia

SGT-501 demonstrated dose-responsive reduction in adrenaline-mediated VT in RYR2 adult mice

Proof-of-Concept Study Efficacy

SGT-501 treatment resulted in dose-responsive prevention of arrhythmia upon β-adrenergic challenge (epinephrine + caffeine) in an RYR2 transgenic mouse model of CPVT

Treatment efficacy was normalized to background model penetrance of 52%



Data on file. Solid Biosciences 2025.

SGT-501 was Well Tolerated in NHP GLP Toxicology Study

NHP GLP Tox Study

- 3- and 6-month timepoints
- 6 treatment groups across 3 dose levels
- Evaluated single and triple immunosuppression regimens
- N = 4/group

FINDINGS

- SGT-501 was well tolerated at each evaluated dose level: no adverse effects were observed on hematology or serum clinical chemistry in NHPs after treatment.
- SGT-501 IV administration of SGT-501 resulted in vector biodistribution in NHP cardiac tissue, providing confidence in potential for increased cardiac human CASQ2 expression in CPVT patients.
- Human CASQ2 transgene protein expression was detected only in the heart.

Data on file. Solid Biosciences 2025.

ARTEMIS Clinical Trial Design: SGT-501 Phase 1b Study

First-in-Human, Open-Label, Multi-Center Study to Enroll a Minimum of 6 Participants

Activation of first clinical trial site expected Q4 2025

Objective

Primary Objective

- To evaluate the safety and tolerability of a single IV infusion of SGT-501 gene therapy in participants with CPVT

Secondary Objectives

- To evaluate the efficacy of SGT-501 by:
  - Assessing arrhythmia burden during exercise
  - Assessing arrhythmia burden over time

Design

Design

Study includes up to **3 cohorts** based on age and on dose level

- Cohort 1: Participants ≥ 18, Dose Level 1
- Cohort 2[1]: Participants ≥ 18, Dose Level 2[2]
- Cohort 3: Participants ≥ 7 to < 18 years of age, dosed level at or below dose(s) assessed in adults[2]

All participants must have a history of life-threatening ventricular arrhythmic event with documented prior history of a VAS score of ≥ 2, and must be on a stable dose of background beta-blocker and/or flecainide

Endpoints

Primary Endpoint

Incidence of TEAEs through Day 360

Secondary Endpoints

Change from baseline of VAS on exercise treadmill test at Day 180

Exploratory Endpoints

Change from baseline in the incidence of ventricular arrhythmia at Day 180 with ECG patch

TEAEs=treatment-emergent adverse events
1. Optional for dose exploration; 2. Based on DSMB recommendation

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