

Hereditary myopathies

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Francesco Muntoni: disclosures

Duchenne Muscular Dystrophy

Clinical trials

- CI of 4 antisense oligonucleotides clinical trials with Sarepta.
- PI of Sarepta Phase III AAVrh74 microdystrophin
- CI of MDUK/Genethon AAV8 microdystrophin

Natural history studies

- PI of the MDUK funded UK North Star DMD network; and AFM funded iMDEX natural history study
- PI of D-Brain, dystrophin restoration in *mdx* brain, funded by Sarepta

Spinal Muscular Atrophy

- PI of Biogen antisense oligonucleotide nusinersen Phase III study
- PI of Novartis AAV9 phase II and III trials in SMA I
- PI of Roche risdiplam Jewelfish study

Natural history studies

- PI of the Biogen and MDUK funded UK North Star DMD network; and AFM funded iMDEX natural history study

Myotubular Myopathy

- PI of Astellas AAV8 MTM1 gene natural history and gene therapy trial

Other financial disclosures

- Member of Dyne Therapeutics SAB
- Ad-hoc SAB participation for Novartis, Biogen, Dynacure, Roche, Sarepta therapeutics, Lilly, Edgewise

Structure of the lecture

- Congenital myopathies are rare and genetically heterogenous with overlapping clinical features
- Some clinical findings are very helpful to suspect a congenital myopathy, including the presence of facial, axial and respiratory muscle weakness
- In the past muscle biopsy was always indicated to reach a final diagnosis
- While muscle biopsies still play an important role, muscle imaging techniques (muscle MRI and ultrasound) and next generation sequencing techniques now play a major role in the diagnostic pathway

Learning objectives

- Most relevant clinical signs
- Differential diagnosis
- Conditions associated with involvement of organs other than skeletal muscle
- Diagnostic algorithm
- Management and standards of care
- Therapeutic options

References

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