Megan Donnell, Executive Director Sanfilippo Children's Foundation

Mother to Isla (10) and Jude (8), Sanfilippo Syndrome

| 1 | TITLE: Clinical Trials: <i>Waiting for an emerging therapy.</i> |
|---|--|
| | https://courageousparentsnetwork.org/videos/clinical-trials-waiting-fo r-an-emerging-therapy/ |
| | Description: In this video, a mom of two children with Sanfilippo Syndrome discusses waiting for emerging enzyme replacement and gene therapy research to come to a trial. She discusses how the timelines in clinical research are long, much longer than she expected, and how stressful it was not knowing if a trial would come in time for her children to participate. |
| | Transcript: Megan: Yeah. So when the kids were first diagnosed with Sanfilippo, and we started looking at, you know, what potential therapies might be coming, because we'd had some very direct conversations with our diagnosing doctors about what was available. And basically nothing was available in terms of treatments or any intervention or anything we could do to help them. And we started to read about some emerging therapies. So it seems that we're heading into clinical trials, and mostly in the enzyme replacement therapy space and imaging therapy space. And when I first read about gene therapy, I was really excited because it was looking like certainly, the literature that I read, it was showing huge promise that the preclinical studies that have been done in animals were looking really promising. |
| | And so I was really excited about the potential opportunity for my kids participating in such therapies. And you have to remember at the time they were diagnosed, they were only two and four. So they were really little. And Eyla had, you know, the early signs of Sanfilippo but very mild symptoms, and Jude was completely asymptomatic. So I suppose I looked at gene therapy, and I looked at it through a hopeful lens. And I was excited to think that potentially they would be given something that could alter the trajectory of this disease. I do remember it took me a long time to really understand and accept what gene therapy was and how it worked, because I didn't come from a scientific background at all. And it sounded to me like almost science fiction when I read about the way that they were infecting kids with a virus basically, delivering a healthy copy of the gene into their cells. It was just absolutely crazy. |

| So I embarked on, I guess, a process as a mother, of understanding what was available and you know, what we might be able to do to get our kids involved in some of these emerging treatments. And then at the same time, I embarked on setting up the Sanfilippo Children's Foundation so that any opportunities that came along for kids like mine would be available for other kids here in Australia as well. |
|--|
| I think the time between the drug company agreeing to set up a clinical site here in Australia where we knew it was going ahead, and when it actually got to the point where all the regulatory approvals had been put in place and it was ready to go was so long. I mean, people in the industry have said to me, well, that was quick. But as a mom sitting there waiting for this emerging therapy to come down the pipeline, you know, we didn't have time to wait for it, and it was the most anxious, probably three, maybe four years. I can't even remember the timelines now; probably three years. But the most anxious three years of my life. I can't imagine ever going through anything like that. We were expecting it to be a year from the time that the commitment was made and the regulatory process began and the first child was treated and it ended up being more like three. |
| TITLE: Clinical Trials: As she aged my expectations about what treatment would mean adjusted. |
| https://courageousparentsnetwork.org/videos/clinical-trials-as-she-ag ed-my-expectations-about-what-treatment-would-mean-adjusted/ |
| Description: In this video, a mom talks about her pre-trial expectations for the outcomes of a treatment, how they adjusted as her daughter progressed in her disorder, and wonders at what point she would have chosen not to participate in an intervention. |
| Transcript: Megan: And so as a mother watching my kids who went from almost, you know, Eyla had some mild symptoms, Jude was completely asymptomatic. And so watching them slowly develop, you know, symptoms of Sanfilippo and that window of opportunity, you know, really narrowing. And I was worried it was going to close. So by the time they started recruiting children onto the trial, Eyla was 8. And you know, she's not attenuated she doesn't have an attenuated form of the disease, she does have classic Sanfilippo. But she has fared fairly well. And so she was at that stage still, you know, fluently talking, toilet trained, you know, doing really well, relative to her peers with Sanfilippo. |
| |

| | So I was still hopeful that the intervention would come in time for her. I suppose my expectations of what that intervention might deliver had adjusted. As she aged, you know, I understood that the more damage to the brain, the less likely the outcome would be miraculous. And so by the time that the trial began recruiting, I suppose my expectation was that or the best possible outcome might have been for her to be halted in the disease progression, that we could preserve her as she was. You know, whereas at the start of the wait, I guess my expectations were far higher for her. So I don't know at what point it would have gotten to where I would have said, okay, I don't think that this is a humane thing to do and if this is the right thing to do. And I kind of haven't really thought about that and you can't I can't as a mother, think about something that was a possibility that didn't occur. So I would just be tormenting myself. |
|---|--|
| 3 | TITLE: Clinical Trials: The pioneers and those who come after. |
| | https://courageousparentsnetwork.org/videos/clinical-trials-the-pione ers-and-those-who-come-after/ |
| | Description: This video is a discussion between two mothers with children with Sanfilippo, both of whom have foundations to drive research. When the gene therapy trial came, one mother's son was too far progressed in his disorder. The other mother had one child participate in the trial. They discuss the hope contained in the legacy of their children - inspiring and participating in the science as the pioneers that would help those children who came after. |
| | Transcript: Jennifer : We didn't we knew that this was not the lifestyle we wanted for Benjamin. And so as hopeful as we were for the therapy, it was a hope we had to place into parents like you. And I can remember getting your email and Stewart waking me up because of the time change and just being like you're never going to believe this. And the sweet picture of Eyla pulling her little butterflies, and feeling so gratified about the experience that other children were able to have and holding my hope in that space. |
| | Megan: I remember feeling really strongly, you know, particularly on the day that Eyla received the gene therapy of walking to the hospital behind her. And I took that photo of her pulling a little suitcase with the butterflies on it and feeling like, you know, this portion of the journey was the bit we were walking, but that you guys had walked the bit before, and we were carrying Ben with us. And also thinking about the kids that might walk behind us and the families who, you know, in the future might receive a diagnosis and then go straight into gene therapy. |

| | And what a different experience and outcome that would be and how amazing that would be. |
|---|--|
| | And I have a nephew who has had leukaemia and we've lived through that prior to my kids being diagnosed with Sanfilippo. And I remember it was just awful, you know, this child was diagnosed with this dreadful condition and the family had to go through two years of treatment. And I remember at the time thinking I couldn't think of anything worse, how awful this poor family you know, poor sister-in-law, blah, blah, blah. And now I look at that experience that they got a miracle. You know, somebody 20 years before had a completely different experience. So we were just that group in the middle. But I just felt so strongly on that day that, you know, we were there because of the work that had been done by the pioneers and we were there because of them. |
| | Megan: And I guess the other thing is, you know, you wear two hats; I have the mom hat and then the foundation hat. And I guess when we first started, I didn't think my kids would be eligible because that was the very first thing that the doctors told me, like, this isn't going to happen for your kids. So we embarked on this process more as a legacy for them. And it was only after we'd sort of started really looking in detail at the gene therapy that we thought, oh, actually, this could be something that Eyla and Jude access. So I think, as a mother, the legacy that we're building and the fact that they've been able to contribute to science in the way that both of them have, you know, even though Jude wasn't treated, he's still contributed to this scientific body of knowledge and he's participated in a few other studies. That's building a legacy for them and kind of making sense of the tragedy. |
| 4 | TITLE: Clinical Trials: Whatever decision you make, it is going to be right for you. |
| | https://courageousparentsnetwork.org/videos/clinical-trials-whatever- decision-you-make-it-is-going-to-be-right-for-you/ |
| | Description: In this video, a mom talks about how advancements in science have made it so that some families will be faced with choosing which trial to participate in. She discusses pursuing all the available options but emphasizes feeling confident that when the time comes to choose, you will make the decision that is right for you. |
| | Transcript: Megan: It's really interesting when we hear of new diagnoses, and we talk to the parents, the conversation is just like you've described that |

| | they're, they have this additional pressure in that they have to make a decision. And part of me is like, oh, my gosh, you don't know how lucky you are that you even get to make a decision. You know, we are Eyla and Jude were probably, you know, some of the last of the kids that came through that didn't really have a choice. And how lucky are you that you have a choice, but what a hard thing to grapple with. You know, the pressure on families, you're not going to choose the right trial, you know, it is a gamble. And I suppose all you can do is work with the clinician to understand the various trials, the various risks, understand what data is currently available. And the thing I always say to families is, you can't make a wrong decision because whatever decision you make is going to be the right one for you. |
|---|---|
| | But I feel like it's almost a harder position to be in when you have to choose. The other piece of advice that and I don't give advice, not advice, the other the other comment that I will often make to these families is pursue everything because if you put all your eggs in one basket and you don't qualify for that particular trial, you know, maybe you've missed a shot at some other one. So pursue all of the trials, understand you know, where you can get to with each of them. And you only have to commit to one when you're on the bed and the needle is in your arm. You know, that is that is the best thing I think you can do if you want to access a clinical trial. |
| | For us it was the only trial available. The other trials that were running in the world were enzyme replacement therapies, and we were unable to participate in those because they were not happening in Australia and the international sites weren't taking Australian patients. And the other gene therapies that were coming through the pipeline were not yet recruiting. So it really was the only option for us to participate or even pursue. |
| 5 | TITLE: Clinical Trials: The logistics and limitations of gene therapy.https://courageousparentsnetwork.org/videos/clinical-trials-the-logistics-and-limitations-of-gene-therapy/Description: In this video, a mom talks about gene therapy as a "one and done" treatment and acknowledges the limitations – once treated her child would develop the antibodies to the vector and re-dosing would not be an option. With two children being screened for gene therapy, she talks about the logistics of keeping the children separated once the first child had been treated. |

| | Transcript: Megan: I knew it was a one-off treatment and having siblings with we were hopeful that both would be traded in this program. That presented a few logistical challenges for us, in itself. We knew that once a child had been treated on the clinical trial that they would have antibodies and an immune response because obviously, they've been exposed to the virus. |
|---|--|
| | And so that meant, for example, if Eyla was treated first or if Jude actually screened first. So in my hopeful view of the world, Jude would be treated first; we knew that we would need to then keep Eyla and Jude separate for the period of time between Jude being treated and Eyla being treated. And that could have been, you know, up to three or four months; it could have been quite an extensive period. So that was quite a lot of pressure put on our family in just keeping that separation happening. And as a mother, that was really hard because I was almost at a point where I was going to have to choose which kid I go with, and could I be away from the other child for three or four months. So that was a consideration. |
| | I guess, the one-and-done approach of the gene therapies is attractive, in that we knew that moving forward, the only activity we would need to do on the clinical trial would be the follow-ups. So it wasn't like we had to relocate our family to Adelaide where they were running the clinical trial. It wasn't like we were having to fly back and forth every two weeks or anything like that. We only needed to go for the schedule of follow-ups. |
| | But of course, we also understand the limitation of gene therapy that it is your own at this stage can only give it once. So if I needed to top up in the future, and if we discovered in the future, the dice wasn't enough, or whatever, it would be a challenge or impossible to do. |
| 6 | TITLE: Clinical Trials: <i>Two children screened, one qualifies – antibodies exclude the other.</i> https://courageousparentsnetwork.org/videos/clinical-trials-two-child https://courageousparentsnetwork.org/videos/clinical-trials-two-child https://courageousparentsnetwork.org/videos/clinical-trials-two-child https://courageousparentsnetwork.org/videos/clinical-trials-two-child https://courageousparentsnetwork.org/videos/clinical-trials-two-child https://courageousparentsnetwork.org/videos/clinical-trials-two-child https://courageousparentsnetwork.org/videos/clinical-trials-two-child https://courageousparentsnetwork.org/videos/clinical-trials-two-child |
| | Syndrome discusses the screening process, explains that the younger child, a son, met the inclusion criteria but then screened positive for |

antibodies to the vector and was excluded. She discusses isolating her other child so as not to risk her exposure to the virus and developing the antibodies during her screening.

Megan: So Jude screened first. We knew that antibodies was the wildcard, that there was a risk. We were well aware of that. And I guess, my understanding of that risk was that it was about a 5 percent chance. I think some of the early literature showed that, you know, 5 percent of the general population do have antibodies to these viruses. It's a similar virus, but it results in an immune response to the particular virus they use. I always worried a little bit about the Sanfilippo kids and the fact that they put lots of things in their mouths, and would that mean that as a community, they were more susceptible to picking up these antibodies than the general population. I guess that was always in the back of my head.

But I kind of couldn't really control it. And so I guess I put it out of my mind. And I hadn't actually heard of any child, I heard of some children in the natural history study who screened positive. But I hadn't heard anecdotally of any children in the main trial who had -- and remember we -- you know, as a community you're not supposed to talk. So there could have been some other ones that we just didn't kind of hear about. What we know now is that the incidence of these antibodies is something more like 30 percent. There's literature out there that shows that. So it is a significant problem and as a field, gene therapy -- you know, the field needs to figure out a solution for this. So we screened and I was so hopeful, he just did beautifully. And it was stressful. I mean, screening for these trials is really stressful and there's so much writing on it.

But you know, he did beautifully and he pretty much passed every other hurdle. And unfortunately, he fell at the very last one, which was the antibodies, he screened positive. And it was like diagnosis day, all over again.

You know, I'd held three or four years of hope -- three years of hope that this would be the thing; I've invested so much personally and professionally into getting this trial up, you know, it wasn't just for my kids, but of course, if they were eligible, I wanted them to have the opportunity to participate. And so it was really crushing to know that this one thing -- and we had no idea where he picked it up or when he picked it up, you know, was it in the years while we were waiting for the child to come, was it six weeks ago? Who knew when he picked this up and it's probably a good thing I don't know.

But I also -- we all assumed that Eyla would have it too. These children are never apart. I mean, and they are so close they're never apart. She's the older one. So if he'd been exposed, it happened in her lifetime. You know, I couldn't imagine how he could have contracted a virus and not passed it on to her. So I guess the assumption was it was over for both kids. And it was really a bit of a miracle when we screened. And that was the first thing we did in the screening process for Eyla, but got the results back. The doctor called me and I remember him just saying, I don't -- I can't believe it that she's negative. So that was an amazing, an amazing day. And I still don't understand how, but I'm not going to question that.

Well, what I understood from speaking with the clinicians was the risk of that -- of him actually shedding the virus were very low, and the fact that he'd contracted it and it could have been years before, and that she hadn't, it was unlikely that he would now be able to pass the virus from him to her. But what I was more concerned about was that she would pick that virus up in the community in the time between her being screened for the antibody and being able to progress through the screening for the clinical trial. So we actually pulled her out of school and pretty much isolated her for the period of time we were waiting to screen; that was the other thing because she was the older of the siblings. We weren't even sure if she would be -- she was eligible on paper, but whether the clinicians would screen her or if they would look at other potentially more suitable candidates.

So we pulled her out of school. You know, I had -- I kept working and had a private nanny looking after her. We had all these rules; I remember the rules that we had stuck up on the wall. Anybody that came to the house had to wash their hands and sanitise their hands. If you came to the house and you had a sniffle, you're out. She wasn't allowed to swim. She wasn't allowed to, you know, go anywhere, and if we did take her out

| | when we had to take her out to Adelaide, I would board the plane and wipe everything down with antibacterial wipes. And you know, these people must have thought we were absolutely crazy. But I just thought, gosh, we're so close. I'm not risking it now. |
|---|--|
| 7 | TITLE: Clinical Trials: <i>Which child? The decision was made for me.</i> <u>https://courageousparentsnetwork.org/videos/clinical-trials-which-child-the-decision-was-made-for-me/</u> |
| | Description: In this video, a mother discusses having two children with a metabolic disorder. Her youngest screened for a gene therapy trial but it was found he possessed the antibodies to the vector and could not participate. Her older daughter was able to participate. She never had to choose a child because the antibodies made the decision for her. |
| | Transcript: Megan: You know that the scenario of one receiving the treatment and the other not was something I had thought about a lot. And it went right back to 2014 when we actually recorded a story for the Australian <i>60</i> |
| | <i>Minutes</i> on gene therapy, and the hope that we had for our kids. And you know, it was a relatively well-balanced story. But sometimes things can be sensationalised as they're promoted. And the promo that ran, I'll never forget it, ran in primetime while the national, kind of, football was on, this one event that everybody in the country watches and they ran |
| | this promo. And it was, what if one child gets the treatment and the other doesn't? And so the whole world, it felt, was talking about, you know, oh, one might get it one might not. And so I'd had a lot of time to consider that as a scenario. You know, I don't know, there were so many complicated feelings around that. And it's almost at least I didn't need |
| | to choose. And that was the way that the story had been spawned. How could his mother choose? |
| | I mean, at least I didn't have to choose which child to treat because that is something I would never have been able to do. The decision was made |
| | for me. I do have yeah, I do have guilt, I guess, that you know, whilst in my care, at some point, something happened and that meant that Jude was ineligible. And it's going to be tough to watch how they proceed |
| 8 | from here. And how they, you know, the trajectory of the disease and how it potentially altered for one but not the other TITLE: Clinical Trials: <i>Once treated the road ahead is unknown.</i> |
| 0 | |

https://courageousparentsnetwork.org/videos/clinical-trials-once-treat ed-the-road-ahead-is-unknown/

Description: In this video, a mom talks about how once her daughter was treated in a clinical trial the road ahead and her daughter's disease progression was not known.

Megan: So we're kind of in no man's land. She doesn't have a prognosis anymore. And for a little while, that was something I struggled with, you know, at least before we understood the natural history of the disease and we knew what we're in for. And you know, it's interesting, and I know we'll probably talk about the consent process and the risks and how they were explained to us. But I do recall, one of the risks that was outlined to me as we were going through this process is that potentially her body could be preserved and her brain not. And so you could end up with a 50-year old, you know, with the capacity -- cognitive capacity of what we have now. You know, is that something you're prepared to kind of live with?

I would say, you need to listen to your clinician and see the risks. And your hopes and expectations -- you really need to be realistic. You know, it's very -- it's our natural position to be optimistic and hopeful. But these are experiments. And that's the one thing I can remember constantly when we had participated in the trial, you know, the people around us, the family and friends who knew that we participated, the constant question, I got it from everybody. People who should have known better would say so what happens now? And why is she doing that? Is that normal? Is that to be expected? And I would constantly say, well, there's nothing -- this hasn't been done before, we don't know. There is no to be expected. The doctors can't tell us like we're watching and some of the things that we noticed in the first couple of weeks, I would report back to the docs. And they'd be like, no, that can't be right. That doesn't make sense. And then they'd be like, oh, yeah, that's interesting.

You know, so, so it's going into the unknown, and it's not like you're receiving a protocol or a treatment. You know, my nephew I mentioned before, when he had leukaemia, I mean, there were reams and reams of

| | literature, and they knew exactly what to expect. And yeah, this is a side effect of that particular point. We had no idea. No idea whatsoever. So I guess you should temper your expectations and remember that nobody knows. Nobody knows is it normal or not? The other thing that was really helpful was documenting. You know, I got into the habit of documenting sentences and things that she said, you know, change in her sleep patterns, you know, changes physically, because the very small changes are of interest to the doctors, and they are things that in the day-to-day, you could potentially not notice, or yeah, overlook. So documenting was really helpful. |
|---|---|
| 9 | TITLE: Clinical Trials: <i>Prioritizing Activities to meet the eligibility criteria</i> <u>https://courageousparentsnetwork.org/videos/clinical-trials-prioritizin</u> <u>g-therapies-to-meet-the-eligibility-criteria/</u> Description: In this video, a mom talks about prioritizing her children's physical and speech therapies in the hopes that it would increase their performance in the screening process so they would meet the eligibility criteria. She talks about the importance of accurately representing your child so as not to risk jeopardizing the trial. |
| | Megan: I prioritise therapies and things that I knew were going to help her in the areas that the eligibility criteria looked at, absolutely. And I can remember sitting in those screening rooms and just feeling the pressure of the world because we knew that they had to be able to pass particular thresholds in terms of their cognition. And I can remember just sitting in a room and like please do this, please do this. And when they do it, I'd be like, yay, you know, and it was huge. It was absolutely huge. And, yeah, |
| | It's a really tricky thing because at the same time I knew the whole point of a clinical trial is that they want to have accurate baselines, and that if you're focusing on these areas of development for your child to get them into the trial, you're going to have to focus on those areas of development post-trial so that the baseline is consistent. Because you know, you do carry, it's obviously important for you as a mother and for your family and your child to be on a clinical trial. And that's all you kind of think about. But at the end of the day, the trial is for the greater good, and you know, we can't risk the outcomes of a trial for the benefit of a single kid. And it's a very difficult thing as a parent to consider that. And |

| | I don't think many parents can or should, to be honest. But it is a really important thing that actually we shouldn't be necessarily representing our kids falsely to get them into a clinical trial that will potentially influence the outcomes of that trial and could risk future children accessing it. So you know, I think that the way that the outcome measures are set and the way that the investigators work with the families that they probably see through all of that, and they know when you've been doing that. But it's just so hard as a mother to not do |
|----|--|
| | everything that you possibly could to give your kid the chance. |
| 10 | TITLE: Clinical Trials: Is this really the right thing for my child? |
| | https://courageousparentsnetwork.org/videos/clinical-trials-is-this-rea lly-the-right-thing-for-my-child/ |
| | Description: In this video, a mother talks about understanding the risks during the informed consent process. She speaks honestly about the pressure that "something is better than nothing" and about deciding if this was really the right thing for her child. She remembers thinking "if we could just keep her like this her life would be ok." |
| | Transcript: Megan: I feel like the risks were definitely well explained to me to the point where almost every possible outcome was followed with the investigator before we finally signed off. And I was in the room with Eyla and her father wasn't there and they'd made sure that we got him on the phone, and that we were in agreement. You know, like they were really very they followed very strict processes and due diligence and made sure that we really understood. And there was definitely that pressure on me and I have felt that something is better than nothing. But the way I articulated that at the time and it was the final, okay, are we doing this, is this a go? Are you sure? You know, any final questions or comments. And I can remember saying to the doctor, I would rather regret trying than regret not trying. And I guess that's what it came down to that I knew I would know that we've done everything that we could possibly have done. And I did feel that pressure but I guess I was putting that pressure on myself. |
| | And I just said the word "I" about five times in the last three sentences. That was something that I suppose I stopped in that final meeting and did ask myself, am I doing this for me? Because I can't stand the thought |

| of living with the guilt of not getting my child something or watching my child, you know, follow the trajectory that we know is in place. Is this really the right thing for my child? And I actually think the clinician might have even asked me that question, are you doing this for yourself? Are you doing this for your child? So I did stop and consider that. But at the end of the day, I looked at her and at that stage, she was very content and happy. She had a good quality of life. She was very, very well. And I remember thinking if we could just keep her like this. Her life would be okay. |
|--|
| TITLE: Clinical Trials: <i>Survivor's guilt and my place in the community</i> . |
| https://courageousparentsnetwork.org/videos/clinical-trials-survivors- guilt-and-my-place-in-the-community/ |
| Description: In this video, a mother discusses survivors' guilt and the perception that members of the disease community might see her child as having qualified because of her role in funding research. |
| Transcript: Megan: I don't have any guilt other than, I guess, survivor guilt that we got the chance and other families didn't. I guess that, you know, I feel sad for the other families that screened out for reasons like Jude or simply didn't make it because the queue was so long. |
| So as, I guess, the work that I do in the foundation and talking to families, I understand both sides. I guess I was lucky that we got the opportunity to screen. So that's good, but I guess some of my survivor guilt is offset by the fact that Jude missed out. Actually, I actually haven't told publicly about Eyla's participation in the trial before this interview. So some of the Australian or most of the Australian families who I'm close with know that Eyla participated in I've talked to other families as they screen because I think it's a really invaluable insight that you're able to offer. I mean, so few people have been through something like this. So I feel like I need to share our experience. Very few of the international families that I know with Sanfilippo actually even know that Eyla was treated. And part of that was to do with, I guess, the guilt that we had the opportunity. And I didn't for whatever reason and there's the guilt but also there's the protection, you know, I didn't want to be attacked. You know, that was a possibility that people would sort of, well, why did they |
| |

| | The doctors were very careful about optics and making sure that it was really clear that we weren't being treated or the kids weren't being treated or even considered for treatment because of the role that I played in the foundation. |
|----|--|
| 12 | TITLE: Clinical Trials: <i>Restrictions in the Informed Consent and participation can be isolating.</i> |
| | https://courageousparentsnetwork.org/videos/clinical-trials-restrictions-in-the-informed-consent-and-participation-can-be-isolating/ |
| | Description: In this video, a mom discusses how participating in a clinical trial can be isolating. Not only do many trials contain restrictions about discussing your participation publicly but also because of some of the lifestyle changes that are necessary when participating. |
| | Transcript: Megan: Yeah. It is that was something that was really clearly explained to me when I signed the informed consent that really we're not supposed to talk about our participation in the clinical trial outside of our immediate family. It is very difficult to do that, given how broad our support base is and how many people are involved and invested in the work that we do as a foundation and also us as a family in our community. But it's important that we're not all out there talking about it from a number of different kinds of perspectives. I mean, the biggest one is that potentially we could impact in a negative way, the outcomes of the trial. If everybody is talking and comparing notes, and if the analysts who are looking at the share price of these biotechs are watching families and making conclusions about whether the drugs worked or not, you know, there are a whole range of different reasons why it makes sense that we're not public about it. |
| | We were not allowed to speak at all. I did speak to some families. We were the second family in Australia who were treated. So I spoke to the first family and I spoke to some international families who I know who'd participated in earlier phases of the trial all completely informally. But it's incredibly isolating to have had that experience actually, it was physically isolating because the other thing I didn't mention we were still conscious of antibodies and we didn't want to re-expose due to the virus and potentially increase his level of antibody after Eyla was treated |

| | so we kept them apart for I think it was two months. So after she'd been treated I stayed with her and they didn't see each other for two months. I saw him a couple of times very carefully. So it was physically isolating, but it was also emotionally isolating to have gone through something like that and not really being able to talk about it. Yeah, it was, it was tricky. |
|----|---|
| | We would Skype and it got harder. So when we were the trial was inter-state, so we travelled inter-state for the treatment. And we were there it was over the Christmas, New Year period. And I did that alone because I didn't I couldn't get anybody to come with me because it was Christmas that everybody had, you know, family plans, whatever. My sister came and joined me after Christmas. And so she spent the last couple of weeks while we were there, helping and it was great to have her support. But up until then, I'd been alone with Eyla. And that was really tough because you know, she was wiped out for the first few days after treatment, and it was Christmas and I couldn't even leave the house to get a coffee. It was crazy. |
| 13 | TITLE: Clinical Trials: <i>What diseases can actually say there is a cure?</i> <u>https://courageousparentsnetwork.org/videos/clinical-trials-what-dise</u> <u>ases-can-actually-say-there-is-a-cure/</u> Description: In this video, a mom discusses using the word cure in an aspirational way while fundraising, but is careful using it when talking about treatments or therapies – What diseases can actually say there is a cure? |
| | Transcript: Megan: I think I've always been careful about using the word "cure." I use it in a foundational sense, aspirationally. Because our objective isn't to find treatments; our objective is to find a cure. But when I'm talking about the individual projects that we found and the gene therapy was one of them, I'm very careful to describe it as a potential treatment and possibly piece of puzzle that will be required, you know, long term and that this is even if there is efficacy in this initial treatment, it's first generation and we're likely to have lots of iterations. |
| | When I think about the cure, I think there'll be some important components. And one of them, which is a difficult thing to kind of even |

| | consider or talk to families about the long-term cure will involve prenatal screening, you know, carrier screening. If we know we're carriers and we know we have a genetic risk and we were able to have babies that don't have it, you know, I mean, that's the ultimate cure. So yeah, no, I wouldn't say I wouldn't say anybody receiving any treatment at this stage for Sanfilippo anywhere in the world is receiving a cure. It's not possible. I mean, it's still such it's crazy to say it is, but it is still such early days in the process for this. |
|----|--|
| | I mean, what if we actually cured? What diseases can actually say there's a cure? Some really good treatments for some cancers? But are there any diseases that we actually can say have been cured? Yeah, but it's aspirational. We have to aim for that, you know, we have to aim for the cure. Because you know, we aim for cure, we might land at a relatively good treatment. |
| 14 | TITLE: Clinical Trials: <i>You give up some control when your child is a data point.</i> |
| | https://courageousparentsnetwork.org/videos/clinical-trials-you-give- up-some-control-when-your-child-is-a-data-point/ |
| | Description: In this video, a mother talks about how when your child is in a clinical trial much of the information or data collected is not shared with the parents and how difficult it is to look at the reports the trial sponsor posts and wonder which data point represents your child. |
| | Transcript: Megan: I guess the only other thing that people might not realize and can be a challenge is that you kind of sign your child over, and you put them in the hands of the researchers. And for those trials that are industry-led, and there's a biotech, and there's a lot tied up in IP, you don't see the results. So I can tell you what I observe in my child, and I can figure out when they present the data to the market, which one's my kid, and therefore what their kind of results might be, or I'm guessing. But it's not like a treatment where the doctor would say, all right, we've given the treatment and a baseline, you know, this was the enzyme levels and now they're this. So you don't actually see that data. |
| | Eyla has had I don't know, maybe six MRIs. I don't know how much atrophies occurred in her brain. I don't know how much enzyme, if any, |

is in her body. I don't know the size of her liver or her spleen. I can look at her physically and say, oh, is her stomach a bit smaller than it used to be, then the spleen must be smaller, but you don't get the results. And that's a really tricky thing for a family to not own the information about their child. And not only not own it, but not even know where to use it.

Yeah, I guess ultimately, it doesn't matter. You know, it is what it is. She is what it is. And maybe it's better that we don't know. Because if I saw some data that showed her you know, the atrophy within her brain had not been halted, might I have less expectations of her and therefore might she not perform as well? You know, like, there are all these kinds of implications, maybe it's a good thing we don't know. But I think it's important for families to understand that they're not going to have access to that information. And yeah, it will be interesting to see that data at some point and draw my own conclusions.

It's so emotional when you sit in that little dark room and you're looking at that graph, and you just -- it makes you feel sad to see it, it really does, you know. Even though you know, whatever the data isn't changing the outcome, and it doesn't change what you're seeing, seeing the data presented, you know, along with everybody else. Yeah, it just pulls on you God. It's really horrible.