Statistical Analysis Plan

SPONSOR:	Viridian Therapeutics, Inc.
PROTOCOL TITLE:	A randomized, controlled, safety and tolerability study of VRDN-001, a humanized monoclonal antibody directed against the IGF-1 receptor, in participants with thyroid eye disease (TED)
PROTOCOL VERSION:	Version 4.0, amendment date: 06-May-2024 Version 4.1 UK, amendment date: 16-Sep-2024 Version 4.2 EU, Amendment date: 30-Sep-2024
STUDY CODE:	VRDN-001-303
VERSION:	V1.0
DATE:	30MAY2025

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SIGNATURE PAGE

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1. List of Abbreviations and Definition of Terms

Abbreviation	Term
AE	adverse events
ATC	anatomical therapeutic chemical
CAS	clinical activity score
CI	confidence interval
CRO	contract research organization
DSMB	data safety monitoring board
ECG	electrocardiogram
EU	European Union
FDA	Food and Drug Administration
FSH	follicle stimulating hormone
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
HV	healthy volunteer
IOP	intraocular pressure
ITT	intent-to-treat
IV	intravenous
mITT	modified intent-to-treat
NCI-CTCAE	National Cancer Institute-Common Terminology Criteria for Adverse Events (NCI-CTCAE)
PT	preferred term
SAE	serious adverse events
SAP	statistical analysis plan
SoA	schedule of assessments
SMQ	standard MedDRA query
SOC	system organ class
TEAE	treatment-emergent adverse events
TEAEI	TEAE of interest
TED	thyroid eye disease
US	United States

2. Introduction

This Statistical Analysis Plan (SAP) was written for the clinical trial VRDN-001-303 (STRIVE) Week 15 analysis. All analyses are performed with a descriptive intent. The ICH guideline E3 "Structure and Content of Clinical Study Reports", E9 "Statistical principles in clinical trials" and E9 (R1) "Addendum on estimands and sensitivity analysis in clinical trials to the guideline on statistical principles in clinical trials" was used as a guide to the writing of the plan. The SAP was based on the version 4.0, amendment date: 06-May-2024, version 4.1 United Kingdom (UK), amendment date: 16-SEP-2024 and the version 4.2 European Union (EU), amendment date: 30-Sep-2024. A separate SAP will be provided for Week 52 analysis.

Any deviations from the analysis plan will be documented as such in the clinical study report.

3. Study Objectives, Endpoints and Estimands

3.1 Study Objectives and Endpoints

To confirm the safety and tolerability of VRDN-001 when given as 5 intravenous (IV) infusions of 10 mg/kg or 3 mg/kg every three weeks in participants with TED of any duration.

3.1.1. PRIMARY SAFETY ENDPOINT

- Treatment Emergent Adverse Event (TEAE) incidence rate through Week 15

3.1.2. SECONDARY ENDPOINTS

- Change from baseline in proptosis in the study eye as measured by exophthalmometer at Week 15
- TEAE incidence rate through Week 52

3.1.3. EXPLORATORY ENDPOINTS

- Change from baseline in proptosis in the study eye as measured by exophthalmometer at Weeks 24, 36 and 52
- Proptosis Responder defined as a reduction of at least 2 mm in study eye and no worsening of 2 mm or more in the fellow eye via exophthalmometer at Weeks 15, 24, 36 and 52
- Change from baseline in Clinical Activity Score (CAS) in the study eye at Weeks 15, 24, 36 and 52
- Diplopia Responder Rate (ie, reduction in Gorman Subjective Diplopia Score of ≥1 from baseline for participants with baseline Gorman Subjective Diplopia Score >0) at Weeks 15, 24, 36 and 52
- Diplopia Resolution Rate (ie, reduction in Gorman Subjective Diplopia Score to 0 from baseline for participants with baseline Gorman Subjective Diplopia Score >0) at Weeks 15, 24, 36 and 52
- Gorman Subjective Diplopia Score change from baseline at Weeks 15, 24, 36 and 52
- Durability of Proptosis Response

3.2 [redacted]

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4. Overall Study Design

The study design will be a randomized, controlled and double-masked study. Participants and site personnel (except pharmacy personnel preparing the infusate) will be masked to treatment for the entire study duration. The sponsor will be masked to treatment up to the primary database lock which will be performed after all participants have received the 5 IV infusions and completed the Week 15 assessments or early discontinued. Approximately 212 participants with TED of any duration will be randomized to treatment with 5 IV infusions of either 10 mg/kg or 3 mg/kg VRDN-001 at 3-week intervals at a randomization ratio of 3:1 (approximately 159 participants at 10 mg/kg and 53 participants at 3 mg/kg). Participants who withdraw early from the study will not be replaced.

The 3 to 1 randomization ratio of 10 mg/kg versus 3 mg/kg respectively has been selected to allow a majority of participants to receive the target therapeutic dose of 10 mg/kg while the remaining participants receive the lower control dose of 3 mg/kg. A controlled study design was selected based on United States (US) Food and Drug Administration (FDA) recommendation for safety evaluation in the TED population. The inclusion of the 3 mg/kg control arm reduces potential investigator bias while providing a clinically active treatment option to all participants.

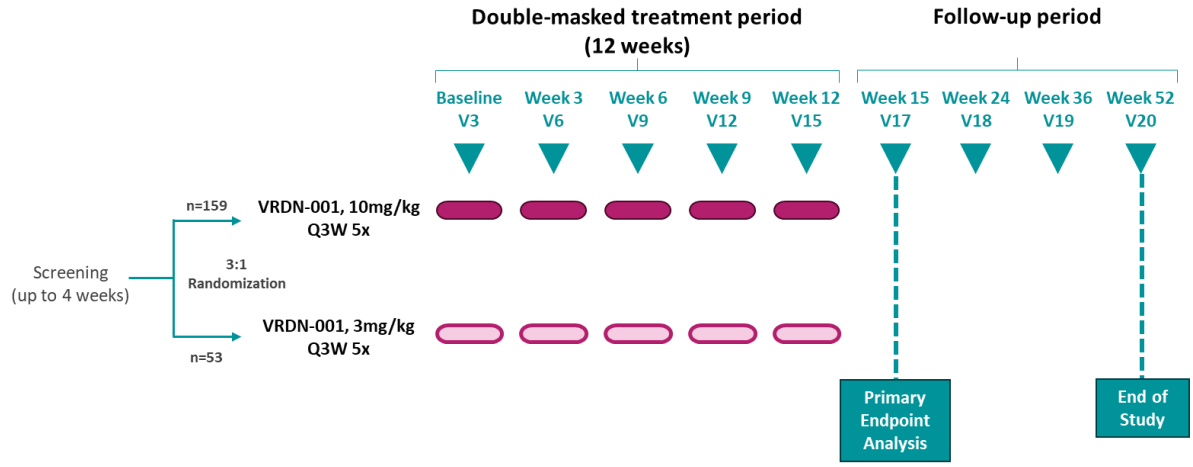
The screening period for this study is 4 weeks. Participants may be rescreened at the investigator's discretion. Participants in both treatment arms will receive the same number of IV infusions administered at 3-week intervals to maintain masking.

Ocular assessments will be performed on both eyes. The study eye (for the purposes of efficacy assessments performed in this safety study) will be the most proptotic at the last assessment performed prior to the Day 1 IV infusion and if both eyes are equally proptotic then the eye with the worse visual acuity will be selected. If proptosis and visual acuity are equal in both eyes, then the right eye will be selected as the study eye for efficacy assessments.

The independent Data Safety Monitoring Board (DSMB) will review safety and limited efficacy data at 6-month intervals during the study, with interim ad hoc DSMB meetings as required, to monitor clinical safety and determine if any required changes to study design should be implemented. Additionally, the safety data will be reviewed on an ongoing basis by

the Sponsor and any concerns will be immediately addressed and escalated to the independent DSMB, as needed.

Figure 1: Study Design Schematic



4.1 Sample Size Justification

The sample size of this study was not based on formal statistical calculations but for obtainingsufficient participant exposure and safety data for those exposed to VRDN-001 10 mg/kg to support a marketing application.

5. General Analysis Definitions

Data collected for this clinical study will be analyzed with SAS (Version 9.4 or higher) for all endpoints described in this SAP.

Descriptive statistics will be tabulated as follows:

- Categorical data will be summarized in contingency tables presenting frequencies and percentages.
- Continuous data will be summarized using number of non-missing values (n), mean, standard deviation, median, minimum and maximum values. First and third quartiles may be added in case of well-known asymmetric distribution.

All disposition, demographic and other efficacy analyses will be presented by randomized treatment group. The treatment groups will be displayed as follows:

- VRDN-001- 10 mg/kg
- VRDN-001- 3 mg/kg

The safety analyses will be presented by the actual treatment group. The treatment groups will be displayed as follows:

- VRDN-001- 10 mg/kg
- VRDN-001- 3 mg/kg

Listings with individual values will be provided for all data presented in the tables. These listings will be grouped by treatment arm and then sorted by participant identification number.

5.1 Study Period and Visit Window Definitions

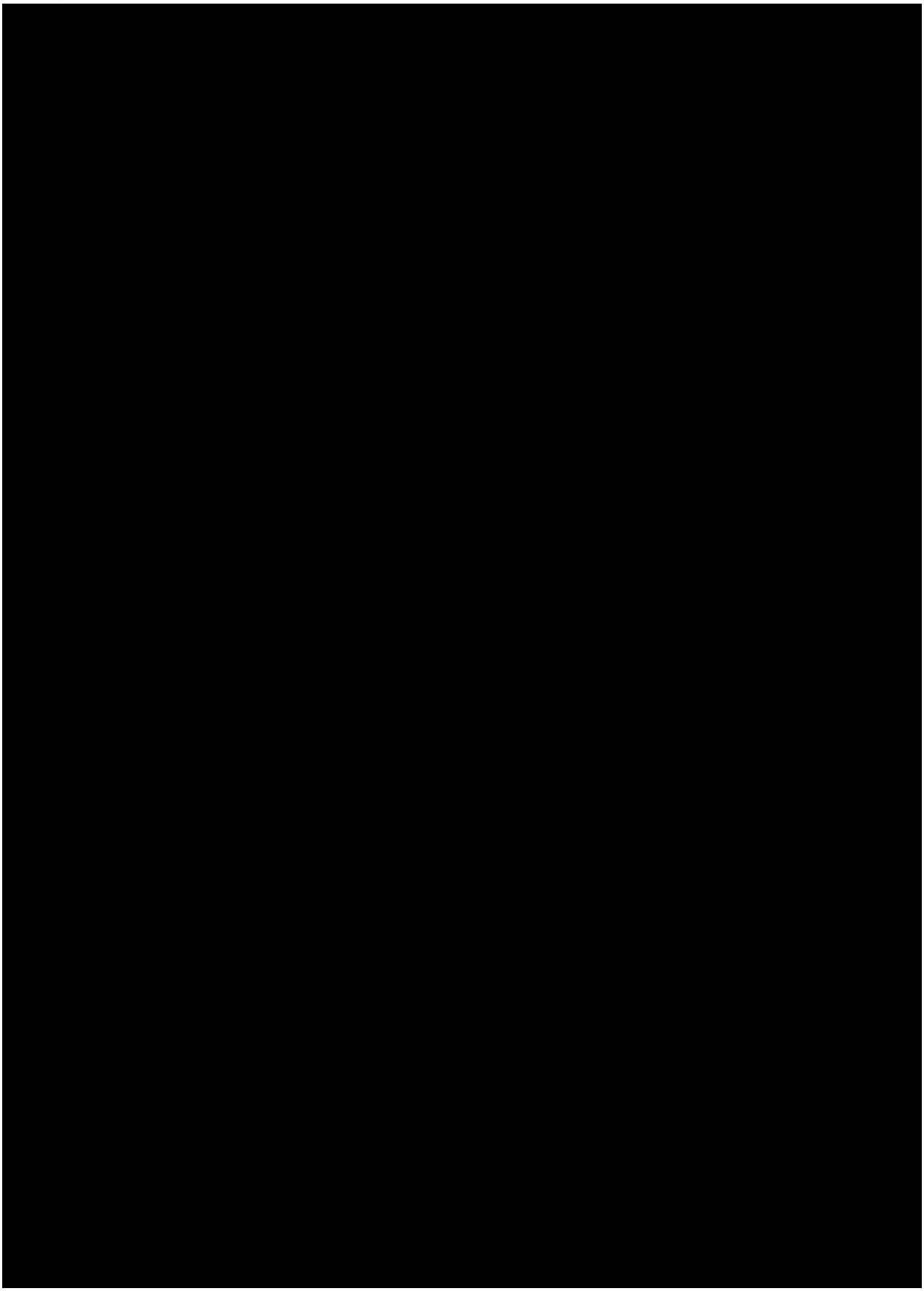
5.1.1 Study Periods

Screening period will be defined as the period before the start date of study medication.

Double-masked treatment period will be defined as the period between the start date of study medication administration and the Week 15 visit (inclusive).

5.1.2 [redacted]

[redacted]



5.2 Planned Analyses

5.2.1 Data Safety Monitoring Board

An independent DSMB will oversee the safety of the study and review safety and limited efficacy data from the study at 6-month intervals, with interim ad hoc DSMB meetings as required, to monitor clinical safety and determine if any required changes to study design should be implemented. Additionally, the safety data will be reviewed on an ongoing basis by the Sponsor and any concerns will be immediately addressed and escalated to the independent DSMB, as needed. The DSMB Charter for this study describes its roles and responsibilities and identifies its members. The charter also outlines a plan for disseminating study data and can be made available on request.

5.2.2 Week 15 Primary Analysis

The primary database lock and analysis will be performed after all participants have received the 5 IV infusions and completed the Week 15 assessments or early discontinued. All analyses specified in this SAP will be performed as appropriate. At the primary database lock, a subset of sponsor representatives will be unmasked to participant-level treatment data.

5.2.3 Week 52 Analysis

A final database lock and analysis will be performed after all participants have completed Week 52 assessments or early discontinued. At the time of the final database lock, all Viridian team members will be unmasked to subject-level treatment data.

5.3 Definition of Populations

5.3.1 Enrolled Population

The Enrolled population includes all participants who signed the informed consent.

5.3.2 Intent-to-Treat (ITT) Population

The Intent-to-Treat (ITT) population will include all participants, irrespective of whether study medication was administered or not. This dataset will be used to report participant disposition. The randomized treatment group will be used.

5.3.3 Modified Intent-to-Treat (mITT) Population

The Modified Intent-to-Treat (mITT) population will include all participants who received at least one IV infusion of study medication. This dataset will be used as the primary analysis population for efficacy endpoints. The randomized treatment group will be used.

5.3.4 Safety Population

The Safety population will comprise all participants in the ITT population but excluding those who did not receive at least one dose of study medication. This dataset will be employed to analyze the safety endpoints. The actual treatment group will be used.

5.4 Subgroup Definitions

The efficacy endpoints may be presented by the following subgroups if deemed appropriate. The thresholds below defining the subgroups may be shifted upon review of the actual data. These analyses are planned for the 10mg/kg treatment group, ie, the to-be marketed dose that is also being evaluated in pivotal Phase 3 studies.

- Baseline proptosis ≥20 mm in the study eye subgrouped by:
  - Months since TED symptoms onset ≤15 months and baseline CAS ≥3 in the study eye
  - Months since TED symptoms onset >15 months and
    - Baseline CAS 0 or 1 in the study eye
    - Baseline CAS < 3 in the study eye
    - Baseline CAS ≥3 in the study eye
    - All CAS scores
- Tobacco Usage (Current, Previous, Never)

The selected safety endpoints may be presented by the following subgroups if deemed appropriate.

- Months since TED symptoms onset (≤15 (active), or >15 (chronic))

If upon review of the data if additional subgroup analysis is deemed appropriate the analysis will be described in the clinical study report.

5.5 Treatment Assignment and Treatment Arms

- 5 infusions of 10 mg/kg VRDN-001 administered at 3-week intervals
- 5 infusions of 3 mg/kg VRDN-001 administered at 3-week intervals

5.6 Calculated Variables

- For events that occur after the first administration of study medication, relative day will be calculated as (date of XXX -date of first administration of study medication) +1. For

events that occur before the first administration of study medication, relative day will be calculated as (date of XXX -date of first administration of study medication).

- Study day 1 is defined as the day of the first administration of study medication.
- Baseline is defined as the last non-missing assessment prior to the first administration of study medication. Assessments completed on the date of study medication administration are assumed to take place before the administration, unless specified otherwise in the protocol.
- Change from baseline is defined as the post-baseline value – baseline value.
- Percent change from baseline is defined as 100*(post-baseline value – baseline value)/baseline value. If the baseline value is 0 and the post-baseline value is 0, the change from baseline and the percent change from baseline are both 0. If the baseline value is 0 and the post-baseline value is not 0, the change from baseline is the same as the post-baseline value and the percent change from baseline will be missing.
- Body Mass Index (BMI) = weight in kg / (height in m)^2.
- Age is collected in the clinical database.
- When calculating time in months utilize 30.4375 as the denominator
- When calculating time in years utilize 365.25 as the denominator

XXX can be any reference time point of interest (eg, start of adverse event [AE]) in calculation of the associated duration.

5.7 Partial Dates

For the calculation of the time (in months) from XXX to date of IMP, the following imputation rules will be applied when the date of XXX is incomplete:

- If the day is missing: impute to first day of the month
- If the day and month are missing: impute to 01JUL.
- If the day and month are missing and if the year is the same as the year of IMP: leave missing.

In order to evaluate if an AE is treatment emergent or not, and to evaluate if a medication or procedure is concomitant or not, the following rules will be applied in case of incomplete or missing dates:

- If end date is missing, the end date will be set to the last contact date.
- If end date is incomplete:
  - if the day is missing and month/year is same as the last contact date then use last contact date, else the end date will be imputed with the last day of the month;
  - if the day and month are missing: the end date will be imputed with minimum of (31 December of the year, last contact date, date of death).
- If start date is missing:

- if end date is before the start date of IMP administration, the start date will remain missing (medical history);
- if end date is after or on the date of IMP administration or the medication/AE is ongoing (or end date is missing), the start date will be imputed by the date of IMP administration.

- If start date is incomplete:
  - if end date is before the date of IMP administration, the start date will remain incomplete;
  - if end date is after or on the date of IMP administration or the medication/history is ongoing (or end date is missing), the start date will be imputed as follows: if the day is missing, the start date will be imputed with minimum of (the last day of the month, end date of medication/AE if available); if the day and month are missing: the start date will be imputed with minimum of (31 December of the year, end date of medication/AE if available).

However, the original date variable will not be imputed and only a temporary variable will be created in order to perform the evaluation. The temporary variable will not be used in any other calculation and will not be listed. In patient data listings, the documented date as recorded in the clinical database (ie, without imputation), will be reported (eg, XXMAR2014 in case of day missing, but month and year available).

5.8 [redacted]

[redacted]

[redacted]

5.9 Changes from the Protocol

The protocol states that the ITT population will be the primary analysis population, the SAP has clarified the mITT will be the primary efficacy analysis population.

6. Study Participants

6.1 Disposition of Participants

The number and percentage of participants in each population, along with number and percentage of participants who discontinue the treatment, and study along with the primary reasons will be tabulated for the ITT population. A participant listing will be provided that includes the date of and reason for premature study discontinuation.

The number of screen failures and the reasons for screen failure will be summarized.

6.2 Protocol Deviations

The major protocol deviations will be summarized for the Safety population. The summary will include the number and percentage of participants with at least one major protocol deviations along with the number of events. Additionally, the number, percentage, and number of events for each major deviation category will be presented. Details of all protocol deviations will be listed by participant and indicating category of protocol deviation.

Protocol deviations will be defined as major or minor by the Sponsor prior to database lock.

6.3 Inclusion and Exclusion Criteria

A listing of all inclusion and exclusion criteria not met will be provided for the Enrolled population.

7. Demographic and Other Baseline Characteristics

Participant demographics and baseline characteristics will be summarized for the Safety population. The variables to be summarized include but are not limited to:

- Age (years)
- Age Categories (18 to 34, 35 to 65, >65)
- Sex at Birth (Male, Female)
- Ethnicity (Hispanic or Latino, Not Hispanic or Latino, Not Reported, Unknown)

- Race (Asian, Black, White, Other)
- Country (United States, Rest of World)
- Audiometry PTA (db) (≤25, >25)
- Study Eye (OD, OS)
- Duration of TED (Number of months between the onset of TED symptoms and Day 1) (≤ 15 months, > 15 months)
- Baseline CAS for both study eye and fellow eye (0 or 1, >1) (<3, ≥3)
- Baseline proptosis value for both study eye and fellow eye
- Baseline Diplopia (continuous and categorical summary)
- Height
- Weight
- BMI
- Tobacco Usage (Current, Previous, Never)

A patient listing that includes all demographic and baseline variables will be provided.

7.1 Medical History

All relevant general medical histories will be collected on the "Medical History" eCRF page and will be used for the analysis of medical history. Procedures and surgeries will be summarized separately as stated below.

Medical history will be summarized by system organ class (SOC) and preferred term (PT), for the Safety Population. Number and percentage will be displayed for SOC and PT; including number and percentage of all participants with at least one medical history event. Participants will be counted only once at each level of reporting. The summary table will be sorted alphabetically by SOC and PT by descending overall frequency. The Medical Dictionary for Regulatory Activities (MedDRA) dictionary will be utilized for coding. The study data management plan will specify the version. The version will be included in the footnote of the appropriate output.

A listing of medical history will be provided.

7.2 Prior and Concomitant Medication

Prior and concomitant medications will be collected on the "Prior and Concomitant Medications" eCRF page.

Prior medications are defined as medications that start before study day 1.

Concomitant medications are defined as medications that are administered on or after the first day of study medication.

Medications that start before study day 1 and continue after will be reported as both prior and concomitant.

Prior and concomitant medications will be classified according to World Health Organization Drug Dictionary. The version of the dictionary will be specified in the data management plan and will be included in the footnote of the appropriate output.

Prior and concomitant medications will be summarized separately. The number and percentage of participants receiving a medication will be summarized by anatomical main group (1st level of the Anatomical Therapeutic Chemical (ATC) classification) and chemical subgroup (4th level of the ATC classification) for the Safety population. Participants will be counted only once at each level of reporting. Summary tables will be sorted alphabetically by ATC Level 1 and ATC level 4 by descending overall frequency.

A listing of all medications will be provided.

7.3 Prior and Concomitant Procedures and Surgeries

Prior and concomitant procedures and surgeries will be collected on the "Prior and Concomitant Procedures and Surgeries" eCRF page.

Prior procedures and surgeries are defined as procedures and surgeries that start before study day 1.

Concomitant procedures and surgeries are defined as procedures and surgeries that start on or after the first day of Study medication.

Procedures and surgeries that start before study day 1 and continue after will be reported as both prior and concomitant.

Prior and concomitant procedures and surgeries will be classified according to MedDRA. The version of the dictionary will be specified in the data management plan and will be included in the footnote of the appropriate output.

Prior and concomitant procedures and surgeries will be summarized separately. Prior and concomitant procedures and surgeries will be summarized by SOC and PT, for the Safety population. Number and percentage will be displayed for SOC and PT; including number and percentage of all participants with at least one event. Participants will be counted only once at each level of reporting. Summary tables will be sorted alphabetically by SOC and PT by descending overall frequency.

The data will be presented in a listing.

8. Ophthalmic Variables and Analysis

All ophthalmological assessments will be performed on both eyes and will be summarized for mITT population.

8.1 Measurement of Proptosis with Exophthalmometer

Proptosis (distance between the lateral orbital rim and the most anterior position of the cornea in millimeters (mm)) will be measured using an exophthalmometer. Three independent

measurements will be performed at each visit for each eye where proptosis is assessed. The average of the three measurements will be used for the analysis.

Proptosis Responder, defined as a reduction of at least 2 mm in the study eye and no worsening of 2 mm or more in the fellow eye via exophthalmometer, will be summarized with counts and percentages at Weeks 15, 24, 36 and 52.

Observed and change from baseline in proptosis in the study eye and fellow eye will be summarized with descriptive statistics (N, mean, standard deviation, median, minimum and maximum) for Weeks 15, 24, 36 and 52.

8.2 Clinical Activity Score (CAS)

The CAS is based on seven components: spontaneous retrobulbar pain, pain on attempted eye movements (upward, side to-side, and downward gazes), conjunctival redness, redness of the eyelids, chemosis, swelling of the caruncle or plica and swelling of the eyelids. Each component is scored as present or absent (scored as 1 or 0, respectively), and the CAS is given as the sum of the scores (range, 0 to 7, with higher scores indicating greater level of inflammation).

Observed and change from baseline in CAS in the study eye and fellow eye will be summarized with descriptive statistics (N, mean, standard deviation, median, minimum and maximum) for Weeks 15, 24, 36 and 52. The dichotomized category of less than or equal to 1 and greater than one will be summarized with counts and percentages.

8.3 Subjective Assessment of Diplopia (Gorman Subjective Diplopia Score)

Changes in diplopia grade will be assessed using the Gorman subjective diplopia score (range, 0 to 3), which includes four categories: no diplopia (absent, scored as 0), diplopia in the primary position of gaze when the patient is tired or awakening (intermittent, scored as 1), diplopia at extremes of gaze (inconstant, scored as 2), and continuous diplopia in the primary or reading position (constant, scored as 3).

Diplopia Resolution Rate is defined as a reduction in Gorman Subjective Diplopia Score to 0 from baseline for participants with baseline Gorman Subjective Diplopia Score >0.

Diplopia Responder Rate is defined as a reduction in Gorman Subjective Diplopia Score of ≥1 from baseline for participants with baseline Gorman Subjective Diplopia Score >0.

Diplopia Resolution Rate and Diplopia Responder Rate will be summarized with counts and percentages at Weeks 15, 24, 36 and 52.

Gorman Subjective Diplopia Score, Observed and change from baseline will be summarized with descriptive statistics (N, mean, standard deviation, median, minimum and maximum) for Weeks 15, 24, 36 and 52.

8.4 Intraocular Pressure

Intraocular Pressure (IOP) will be summarized by visit. An additional tabular summary of the percentage of subjects in categories of IOP (<15 mmHg, 15 to <20 mmHg, 20 to <25 mmHg, 25 to <30 mmHg, ≥30 mmHg) will be presented by treatment group and analysis visit.

8.5 Slit Lamp Biomicroscopy

The results (normal/abnormal not clinically significant/ abnormal clinically significant, unless otherwise specified) of the following ophthalmic variables will be summarized by eye and analysis visit.

- Lids / Lashes (Abnormal, Normal)
- Conjunctiva (Abnormal, Normal)
- Cornea (Abnormal, Normal)
- Corneal Staining (0,1+,2+3+,4+)
- Iris/Anterior Chamber (Abnormal, Normal)
- Lens Status (Aphakic, Pseudo-phakic, Phakic)
- Anterior Vitreous (Abnormal, Normal)
- Anterior Chamber Cells (0, 0.5+, 1+, 2+, 3+, 4+)
- Anterior Chamber Flare (0, 0.5+, 1+, 2+, 3+, 4+)

8.6 Fundoscopy

The results (normal/abnormal not clinically significant/ abnormal clinically significant, unless otherwise specified) will be summarized by eye and analysis visit.

8.7 Visual Acuity

Visual Acuity (VA) will be measured with either Snellen Eye Charts, or equivalent and using a participant's distance prescription glasses or contact lenses, as applicable. Pinhole acuity is acceptable in place of formal refraction if up to date or accurate refractions are not available. This assessment should be conducted prior to dilation of the eyes.

The change from baseline of VA will be assessed by the VA line and will be defined as (Post-baseline logMAR- Baseline logMAR). Where logMAR=-1*$\log_{10}$ (Snellen fraction).

9. Safety Evaluation

All safety analyses will be performed on the Safety population unless specified differently.

Safety assessments will be made at all analysis visits and both safety and tolerability will be evaluated by assessing the incidence of AEs and Serious Adverse Events (SAEs).

9.1 Extent of Exposure

Exposure will be summarized for the Safety population by number of doses received as well as the average duration between doses. For the number of doses received, the highest number of doses will be determined for each participant. The table will summarize the number of participants who received that number as the highest number of doses.

The number of participants who had a dose interruption will also be summarized.

All exposure data will be presented in a listing.

9.2 Adverse Events

AEs and SAEs will be reported from the time the participant signs the informed consent to the time the participant completes the study.

AEs will be coded using MedDRA. The dictionary and National Cancer Institute-Common Terminology Criteria for Adverse Events (NCI-CTCAE) versions are specified in the data management plan and will be included in the footnote for appropriate outputs. AEs will be analysed in terms of their type, incidence, severity/toxicity grade and relationship to the study treatment.

A treatment-emergent AE (TEAE) will be defined as an AE occurring on or after the day of the first administration of study medication. Furthermore, TEAE through Week 15 is defined as a TEAE occurring on or after the day of the first dose of study medication through the Week 15 visit (inclusive).

Related AEs are defined as events with a relationship to study medication equal to 'related' or with missing relationship.

The safety analysis in this section will summarize TEAEs through Week 15, Follow-up Period TEAEs and all TEAE employing discrete summaries at the participant- and event-level by SOC and PT. Participants will only be counted once at each level of summary.

A 95% confidence interval (CI) will be presented for Week 15 within treatment group.

An overall summary table will present the number and percentage of participants with at least one category of AE, for TEAEs through Week 15, the follow-up period TEAEs and all TEAEs.

In addition, tabulations of the number and percentage of participants who experienced TEAEs as well as severity of the events will be presented by SOC and PT. Participants will only be counted once for each preferred term. In case a participant experienced the same event more than once, the worst severity will be presented. A summary of total number of AEs will also be presented for each SOC.

The following tabulations will be presented for the Week 15 TEAEs:

- TEAEs
- Treatment-related TEAEs
- TEAEs leading to discontinuation of study medication
- TEAEs leading to death
- Serious TEAEs
- TEAEs of interest (TEAEI)
- TEAEs by the maximum severity grade
- Treatment-related TEAEs by the maximum severity grade

The following tabulations will be presented for the Follow-up period TEAEs:

- TEAEs
- Treatment-related TEAEs
- TEAEs leading to discontinuation of study medication
- Serious TEAEs

- TEAEI

The following tabulations will be presented for all TEAEs collected throughout the study:

- TEAEs
- Treatment-related TEAEs
- Serious TEAEs
- TEAEs leading to discontinuation of study medication
- Treatment-related TEAEs leading to discontinuation of study medication
- TEAEs leading to death
- Treatment-related TEAEs leading to death
- Serious TEAE related to study medication
- TEAEI
- TEAEs by the maximum severity grade
- Treatment-related TEAEs by the maximum severity grade

An additional summary describing the onset of TEAEI will be provided. The TEAEI are defined as below.

The overall AE summary and the summary of the TEAEI will be presented by the subgroup categories outlined in Section 5.4.

The summary of the number of infusions prior to the onset of an TEAEI will be provided. If the TEAEI occurs on the day of an infusion that infusion will be considered. In other words, if a participant reported hyperglycaemia after three infusions, the onset will be the third infusion. If there are multiple TEAEIs, the TEAEIs with the least number of infusions prior to onset will be used for the analysis.

All AEs and SAEs will be presented in a listing. Discontinuation due to an AE will be presented in a separate listing.

All deaths will be listed.

9.3 Clinical Laboratory

Parameters from the following laboratory categories will be summarised descriptively by treatment arm and analysis visit for the observed and change from baseline: serum chemistry, lipid panel, haematology, coagulation panel, and urinalysis.

Shift tables of NCI-CTCAE grade at baseline versus worst post-baseline NCI-CTCAE grade, end of treatment, end of study by CTCAE term will be produced for all gradable parameters.

For the laboratory parameters that cannot be graded, shift tables will be displayed for normal, low and high.

All NCI-CTCAE Grade 3/4 laboratory values will be listed by participant, parameter and date. Abnormal values will be listed for laboratory values that cannot be graded.

Other laboratory parameters will be listed, as appropriate. These will include Follicle Stimulating Hormone (FSH) test (females only), Human Immunodeficiency Virus (HIV) 1/2, Hepatitis C Virus (HCV), Hepatitis B Virus (HBV), and pregnancy test (serum and urine) results (females only).

9.4 Vital Signs

Vital signs include body temperature (°C), respiratory rate (breaths/min), heart rate (beats/min), systolic and diastolic blood pressure (mmHg), height (cm) weight (kg) and BMI (kg/m^2). Descriptive statistics of observed values and change from baseline by analysis visit and time point will be presented.

A summary of abnormal vital signs will be presented. The criteria for identifying abnormal vital signs are presented below.

Parameter	Abnormal Criteria
Systolic blood pressure	• ≥180 mmHg and increase from baseline of ≥20 mmHg • ≤90 mmHg and decrease from baseline of ≥20 mmHg • Decrease from baseline ≥20 mmHg
Diastolic blood pressure	• ≥105 mmHg and increase from baseline of ≥15 mmHg • ≤50 mmHg and decrease from baseline of ≥15 mmHg • Decrease from baseline ≥10 mmHg
Heart rate	• ≥150 beats/min and increase from baseline ≥15 beats/min • ≤50 beats/min and decrease from baseline ≥15 beats/min
Weight	• Increase from baseline ≥7% • Decrease from baseline ≥7%

A listing of vital signs data will be provided.

9.5 Electrocardiogram (ECG)

ECG results will be tabulated by analysis visit and timepoint as “normal”, “abnormal, not clinically significant” or “abnormal, clinically significant”. A shift from baseline table will also be presented. Shift tables at baseline versus worst post-baseline assessment, end of treatment and end of study will be produced.

A listing of ECG test results will be provided.

9.6 Physical Findings

A listing of physical examination data will be provided.

9.7 [redacted]

[redacted]

9.8 Infusion Site Reaction

The number and percent of participants with pain (mild, moderate, severe), itching (mild, moderate, severe), redness (mild, moderate, severe), swelling (mild, moderate, severe) will be summarized.

All infusion site reactions will be presented in a listing.

10. Pharmacokinetic Analyses

The details of the pharmacokinetic analysis will be provided in a separate analysis plan.

11. Other Endpoints

11.1 Anti-Drug Antibodies Analyses

The details of the ADA analysis will be provided in a separate analysis plan.

Certificate Of Completion

Envelope Id: [redacted]
Status: Completed
Subject: Complete with Docusign: VRDN-001-303 SAP Draft 30MAY2025 V1.0.docx
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Document Pages: 25 | Signatures: 4 | Envelope Originator:
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Ashley Pajak [redacted] Security Level: Email, Account Authentication (Required)	[redacted] Signature Adoption: Pre-selected Style Signature ID: [redacted] Using IP Address: [redacted] With Signing Authentication via Docusign password With Signing Reasons (on each tab): I am the author of this document	Sent: 5/30/2025 8:25:55 AM Viewed: 5/30/2025 8:26:38 AM Signed: 5/30/2025 8:27:25 AM
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Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/30/2025 8:25:56 AM
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VIRIDIAN

Week 52 Statistical Analysis Plan

SPONSOR:	Viridian Therapeutics, Inc.
PROTOCOL TITLE:	A randomized, controlled, safety and tolerability study of VRDN-001, a humanized monoclonal antibody directed against the IGF-1 receptor, in participants with thyroid eye disease (TED)
PROTOCOL VERSION:	Version 4.0, amendment date: 06-May-2024 Version 4.1 UK, amendment date: 16-Sep-2024 Version 4.2 EU, Amendment date: 30-Sep-2024
STUDY CODE:	VRDN-001-303
VERSION:	V1.0
DATE:	06FEB2026

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SIGNATURE PAGE

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Table of Contents

1. List of Abbreviations and Definition of Terms

Abbreviation	Term
AE	adverse events
ATC	anatomical therapeutic chemical
CAS	clinical activity score
DSMB	data safety monitoring board
ECG	electrocardiogram
EU	European Union
FDA	Food and Drug Administration
FSH	follicle stimulating hormone
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
IOP	intraocular pressure
ITT	intent-to-treat
IV	intravenous
MCMC	Markov Chain Monte Carlo
mITT	modified intent-to-treat
NCI-CTCAE	National Cancer Institute-Common Terminology Criteria for Adverse Events (NCI-CTCAE)
PT	preferred term
PTA	pure tone average
SAE	serious adverse events
SAP	statistical analysis plan
SMQ	standard MedDRA query
SOC	system organ class
TEAE	treatment-emergent adverse events
TEAEI	TEAE of interest
TED	thyroid eye disease
US	United States
VA	visual acuity

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2. Introduction

This Statistical Analysis Plan (SAP) was written for the clinical study VRDN-001-303 (STRIVE) final Week 52 analysis. All analyses will be performed with a descriptive intent. The ICH guideline E3 "Structure and Content of Clinical Study Reports", E9 "Statistical principles in clinical trials" and E9 (R1) "Addendum on estimands and sensitivity analysis in clinical trials to the guideline on statistical principles in clinical trials" was used as a guide to write the plan. The SAP is based on the version 4.0, amendment date: 06-May-2024, version 4.1 United Kingdom (UK), amendment date: 16-Sep-2024 and the version 4.2 European Union (EU), amendment date: 30-Sep-2024. A separate SAP for the Week 15 analysis was finalized on 30-May-2025.

Any deviations from the analysis plan will be documented as such in the clinical study report.

3. Study Objectives and Endpoints

3.1 Study Objectives

To confirm the safety and tolerability of VRDN-001 when given as 5 intravenous (IV) infusions of 10 mg/kg or 3 mg/kg every three weeks in participants with TED of any duration.

3.2 Study Endpoints

3.2.1 Primary Endpoint

- Treatment Emergent Adverse Event (TEAE) incidence rate through Week 15

3.2.2 Secondary Endpoints

- Change from baseline in proptosis in the study eye as measured by exophthalmometer at Week 15
- TEAE incidence rate through Week 52

3.2.3 Exploratory Endpoints

- Change from baseline in proptosis in the study eye as measured by exophthalmometer at Weeks 24, 36 and 52
- Proptosis Responder defined as a reduction of at least 2 mm in study eye and no worsening of 2 mm or more in the fellow eye via exophthalmometer at Weeks 15, 24, 36 and 52
- Change from baseline in Clinical Activity Score (CAS) in the study eye at Weeks 15, 24, 36 and 52
- Diplopia Responder Rate (ie, reduction in Gorman Subjective Diplopia Score of ≥1 from baseline for participants with baseline Gorman Subjective Diplopia Score >0) at Weeks 15, 24, 36 and 52
- Diplopia Resolution Rate (ie, reduction in Gorman Subjective Diplopia Score to 0 from baseline for participants with baseline Gorman Subjective Diplopia Score >0) at Weeks 15, 24, 36 and 52

- Gorman Subjective Diplopia Score change from baseline at Weeks 15, 24, 36 and 52
- Durability of Proptosis Response

4. Overall Study Design

The study design is a randomized, controlled and double-masked study. Participants and site personnel (except pharmacy personnel preparing the infusate) will be masked to treatment for the entire study duration. The sponsor was masked to treatment up to the primary database lock which was performed after all participants received the 5 IV infusions and completed the Week 15 assessments or early discontinued. A total of 231 participants with TED of any duration were randomized to treatment with 5 IV infusions of either 10 mg/kg or 3 mg/kg VRDN-001 at 3-week intervals at a randomization ratio of 3:1 (173 participants at 10 mg/kg and 58 participants at 3 mg/kg). Participants who withdraw early from the study will not be replaced.

The 3 to 1 randomization ratio of 10 mg/kg versus 3 mg/kg respectively has been selected to allow a majority of participants to receive the target therapeutic dose of 10 mg/kg while the remaining participants receive the lower control dose of 3 mg/kg. A controlled study design was selected based on United States (US) Food and Drug Administration (FDA) recommendation for safety evaluation in the TED population. The inclusion of the 3 mg/kg control arm reduces potential investigator bias while providing a clinically active treatment option to all participants.

The screening period for this study was 4 weeks. Participants were rescreened at the investigator's discretion. Participants in both treatment arms received the same number of IV infusions administered at 3-week intervals to maintain masking.

Ocular assessments will be performed on both eyes. The study eye (for the purposes of efficacy assessments performed in this safety study) is the most proptotic at the last assessment performed prior to the Day 1 IV infusion and if both eyes are equally proptotic then the eye with the worse visual acuity was selected. If proptosis and visual acuity are equal in both eyes, then the right eye was selected as the study eye for efficacy assessments.

The independent Data Safety Monitoring Board (DSMB) will review safety and limited efficacy data at 6-month intervals during the study, with interim ad hoc DSMB meetings as required, to monitor clinical safety and determine if any required changes to study design should be implemented. Additionally, the safety data will be reviewed on an ongoing basis by the Sponsor and any concerns will be immediately addressed and escalated to the independent DSMB, as needed.

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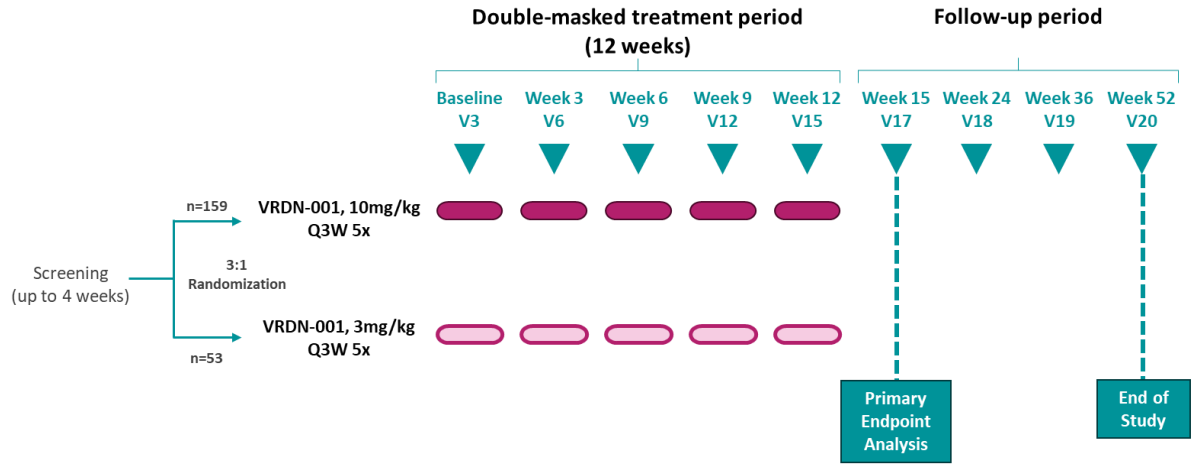
Figure 1: Study Design Schematic



4.1 Sample Size Justification

The sample size of this study was not based on formal statistical calculations but for obtaining sufficient participant exposure and safety data for those exposed to VRDN-001 10 mg/kg to support a marketing application.

5. General Analysis Definitions

Data collected for this clinical study will be analyzed with SAS (Version 9.4 or higher).

Descriptive statistics will be tabulated as follows:

- Categorical data will be summarized in contingency tables presenting frequencies and percentages.
- Continuous data will be summarized using number of non-missing values (n), mean, standard deviation, median, minimum and maximum values. First and third quartiles may be added in case of well-known asymmetric distribution.

All disposition, demographic and other efficacy analyses will be presented by randomized treatment group. The treatment groups will be displayed as follows:

- VRDN-001- 10 mg/kg
- VRDN-001- 3 mg/kg
- Total

The safety analyses will be presented by the actual treatment group. The treatment groups will be displayed as follows:

- VRDN-001- 10 mg/kg
- VRDN-001- 3 mg/kg
- Total

Listings with individual values will be provided for all data presented in the tables. These listings will be grouped by treatment arm and then sorted by participant identification number.

5.1 Study Period and Visit Window Definitions

5.1.1 Study Periods

Screening period will be defined as the period before the start date of study medication.

Double-masked treatment period will be defined as the period between the start date of study medication administration and the Week 15 visit (inclusive).

Follow-up period will be defined as the period between the day after the Week 15 visit and Week 52.

5.1.2 [redacted]

[redacted]

5.2 Planned Analyses

5.2.1 Data Safety Monitoring Board

An independent DSMB will oversee the safety of the study and review safety and limited efficacy data from the study at 6-month intervals, with interim ad hoc DSMB meetings as required, to monitor clinical safety and determine if any required changes to study design should be implemented. Additionally, the safety data will be reviewed on an ongoing basis by the Sponsor and any concerns will be immediately addressed and escalated to the independent DSMB, as needed. The DSMB Charter for this study describes its roles and responsibilities and identifies its members. The charter also outlines a plan for disseminating study data and can be made available on request.

5.2.2 Week 15 Primary Analysis

The Week 15 database lock occurred on 02June2025. All analyses through Week 15 were performed according to the Week 15 SAP (version dated 30May2025). At this primary

database lock, a subset of sponsor representatives were unmasked to participant-level treatment data.

5.2.3 Week 52 Analysis

A final database lock will occur after all participants have completed Week 52 assessments or early discontinued. At the time of the final database lock, all Viridian team members will be unmasked to participant-level treatment data.

All analyses described in the Week 15 and Week 52 SAP will be generated with the final locked data.

5.3 Definition of Populations

Details are found in the Week 15 SAP.

5.4 Subgroup Definitions

The efficacy endpoints may be presented by the following subgroups if deemed appropriate. The thresholds below defining the subgroups may be shifted upon review of the actual data. These analyses are planned for the 10 mg/kg treatment group, ie, the to-be marketed dose that is also being evaluated in the pivotal Phase 3 studies.

Baseline proptosis ≥20 mm in the study eye subgrouped by:

- Months since TED symptoms onset ≤15 months and baseline CAS ≥3 in the study eye
- Months since TED symptoms onset >15 months and
  - Baseline CAS 0 or 1 in the study eye
  - Baseline CAS < 3 in the study eye
  - Baseline CAS ≥3 in the study eye
  - All CAS scores
- Tobacco Usage (Current, Previous, Never)

The selected safety endpoints may be presented by the following subgroups based on TED duration if deemed appropriate.

- Months since TED symptoms onset (≤15 or >15)

If upon review of the data, additional subgroup analysis is deemed appropriate the analysis will be described in the clinical study report.

5.5 Treatment Assignment and Treatment Arms

- 5 infusions of 10 mg/kg VRDN-001 administered at 3-week intervals
- 5 infusions of 3 mg/kg VRDN-001 administered at 3-week intervals

5.6 Calculated Variables

Details are found in the Week 15 SAP.

5.7 Partial Dates

Details are found in the Week 15 SAP.

5.8 [redacted]

[redacted]

5.9 Changes from the Protocol

There have been no changes from the protocol included in this analysis plan, unless specified otherwise.

6. Study Participants

6.1 Disposition of Participants

The number and percentage of participants in each population, along with number and percentage of participants who discontinue the treatment, and study along with the primary reasons will be tabulated for the ITT population. A participant listing will be provided that includes the date of and reason for premature study discontinuation.

The number of screen failures and the reasons for screen failure will be summarized.

6.2 Protocol Deviations

The major protocol deviations will be summarized for the Safety population for the follow-up period and the entire study. The summary will include the number and percentage of participants with at least one major protocol deviations along with the number of events. Additionally, the number and, percentage, of participants and number of events for each major deviation category will be presented. Details of all protocol deviations will be listed by participant and indicating category of protocol deviation.

Protocol deviations will be defined as major or minor by the Sponsor prior to database lock.

6.3 Inclusion and Exclusion Criteria

Details are found in the Week 15 SAP.

7. Demographics and Other Baseline Characteristics

Details are found in the Week 15 SAP.

7.1 Medical History

Details are found in the Week 15 SAP.

7.2 Concomitant Medication

Concomitant medications will be collected on the "Prior and Concomitant Medications" eCRF page.

Concomitant medications are defined as medications that are administered on or after the first day of study medication.

Medications that start before study day 1 and continue after will be reported as both prior and concomitant.

Concomitant medications will be classified according to World Health Organization Drug Dictionary. The version of the dictionary will be specified in the data management plan and will be included in the footnote of the appropriate output.

Concomitant medications during the follow-up period and the entire study will be summarized separately. The number and percentage of participants receiving a medication will be summarized by anatomical main group (1st level of the Anatomical Therapeutic Chemical (ATC) classification) and chemical subgroup (4th level of the ATC classification) for the Safety population. Participants will be counted only once at each level of reporting. Summary tables will be sorted alphabetically by ATC Level 1 and ATC level 4 by descending overall frequency.

A listing of all medications will be provided.

7.3 Concomitant Procedures and Surgeries

Concomitant procedures and surgeries will be collected on the "Prior and Concomitant Procedures and Surgeries" eCRF page.

Concomitant procedures and surgeries are defined as procedures and surgeries that start on or after the first day of Study medication.

Concomitant procedures and surgeries will be classified according to MedDRA. The version of the dictionary will be specified in the data management plan and will be included in the footnote of the appropriate output.

Concomitant procedures and surgeries during the follow-up period and the entire study will be summarized separately. Concomitant procedures and surgeries will be summarized by SOC and PT, for the Safety population. Number and percentage will be displayed for SOC and PT;

including number and percentage of all participants with at least one event. Participants will be counted only once at each level of reporting. Summary tables will be sorted alphabetically by SOC and PT by descending overall frequency.

The data will be presented in a listing.

8. Ophthalmic Variables and Analysis

All ophthalmological assessments will be performed on both eyes and will be summarized for mITT population, unless stated otherwise.

8.1 Measurement of Proptosis with Exophthalmometer

Proptosis (distance between the lateral orbital rim and the most anterior position of the cornea in millimeters [mm]) will be measured using an exophthalmometer. Three independent measurements will be performed at each visit for each eye where proptosis is assessed. The average of the three measurements will be used for the analysis.

Observed and change from baseline in proptosis in the study eye and fellow eye will be summarized with descriptive statistics for Weeks 24, 36 and 52.

Proptosis Responder, defined as a reduction of at least 2 mm in the study eye and no worsening of 2 mm or more in the fellow eye via exophthalmometer, will be summarized with counts and percentages at Weeks 24, 36 and 52.

Durability of Proptosis Response in the study eye at Weeks 24, 36 and 52 is defined as achieving a proptosis response at Week 15 in the study eye and at the visit of interest. Durability of response will be summarized with counts and percentages at Weeks 24, 36 and 52.

8.2 Clinical Activity Score (CAS)

The CAS is based on seven components: spontaneous retrobulbar pain, pain on attempted eye movements (upward, side to-side, and downward gazes), conjunctival redness, redness of the eyelids, chemosis, swelling of the caruncle or plica and swelling of the eyelids. Each component is scored as present or absent (scored as 1 or 0, respectively), and the CAS is given as the sum of the scores (range, 0 to 7, with higher scores indicating greater level of inflammation).

Observed and change from baseline in CAS in the study eye and fellow eye will be summarized with descriptive statistics for Weeks 24, 36 and 52. The dichotomized category of less than or equal to 1 and greater than one will be summarized with counts and percentages.

8.3 Subjective Assessment of Diplopia (Gorman Subjective Diplopia Score)

Changes in diplopia grade will be assessed using the Gorman subjective diplopia score (range, 0 to 3), which includes four categories: no diplopia (absent, scored as 0), diplopia in the primary position of gaze when the patient is tired or awakening (intermittent, scored as 1),

diplopia at extremes of gaze (inconstant, scored as 2), and continuous diplopia in the primary or reading position (constant, scored as 3).

Diplopia Resolution is defined as a reduction in Gorman Subjective Diplopia Score to 0 from baseline for participants with baseline Gorman Subjective Diplopia Score >0.

Diplopia Responder is defined as a reduction in Gorman Subjective Diplopia Score of ≥1 from baseline for participants with baseline Gorman Subjective Diplopia Score >0.

Diplopia Resolution Rate and Diplopia Responder Rate will be summarized with counts and percentages at Weeks 24, 36 and 52.

Gorman Subjective Diplopia Score, observed and change from baseline, will be summarized with descriptive statistics for Weeks 24, 36 and 52.

8.4 Intraocular Pressure

Intraocular Pressure (IOP) will be summarized by analysis visit. An additional tabular summary of the percentage of participants in categories of IOP (<15 mmHg, 15 to <20 mmHg, 20 to <25 mmHg, 25 to <30 mmHg, ≥30 mmHg) will be presented by treatment group and analysis visit.

8.5 Slit Lamp Biomicroscopy

The results (normal/abnormal not clinically significant/ abnormal clinically significant, unless otherwise specified) of the following ophthalmic variables will be summarized by eye and analysis visit.

- Lids / Lashes (Abnormal, Normal)
- Conjunctiva (Abnormal, Normal)
- Cornea (Abnormal, Normal)
- Corneal Staining (0,1+,2+3+,4+)
- Iris/Anterior Chamber (Abnormal, Normal)
- Lens Status (Aphakic, Pseudo-phakic, Phakic)
- Anterior Vitreous (Abnormal, Normal)
- Anterior Chamber Cells (0, 0.5+, 1+, 2+, 3+, 4+)
- Anterior Chamber Flare (0, 0.5+, 1+, 2+, 3+, 4+)

8.6 Fundoscopy

The results (normal/abnormal not clinically significant/ abnormal clinically significant, unless otherwise specified) will be summarized by eye and analysis visit.

8.7 Visual Acuity

Visual Acuity (VA) will be measured with either Snellen Eye Charts, or equivalent and using a participant's distance prescription glasses or contact lenses, as applicable. Pinhole acuity is acceptable in place of formal refraction if up to date or accurate refractions are not available. This assessment should be conducted prior to dilation of the eyes.

The change from baseline of VA will be assessed by the VA line and will be defined as (Post-baseline logMAR- Baseline logMAR). Where logMAR=-1*log10 (Snellen fraction). A 3 line loss is defined as a worsening of at least 0.3 (ie, an increase from baseline of at least 0.3).

Observed and change from baseline in logMAR will be summarized by eye and analysis visit. The number of participants with a 3-line loss will be summarized with counts and presents by eye and analysis visit.

9. Safety Evaluation

All safety analyses will be performed on the Safety population unless specified differently.

Safety assessments will be made at all analysis visits and both safety and tolerability will be evaluated by assessing the count and percentages of AEs and Serious Adverse Events (SAEs).

9.1 Adverse Events

AEs and SAEs will be reported from the time the participant signs the informed consent to the time the participant completes the study.

AEs will be coded using MedDRA. The dictionary and National Cancer Institute-Common Terminology Criteria for Adverse Events (NCI-CTCAE) versions are specified in the data management plan and will be included in the footnote for appropriate outputs. AEs will be analysed in terms of their type, incidence, severity/toxicity grade and relationship to the study treatment.

A treatment-emergent AE (TEAE) will be defined as an AE occurring on or after the day of the first administration of study medication. A follow-up period TEAE is any TEAE that occurred the day after the Week 15 visit through the end of the study.

Related AEs are defined as events with a relationship to study medication equal to ‘related’ or with missing relationship.

The safety analysis in this section will summarize TEAEs through follow-up period TEAEs and all TEAE employing discrete summaries at the participant- and event-level by system organ class (SOC) and preferred Term (PT). Participants will only be counted once at each level of summary. For summary for the Follow-up Period, the summary will only include participants that continued into the follow-up period.

An overall summary table will present the number and percentage of participants with at least one category of TEAE, for follow-up period TEAEs and all TEAEs.

In addition, tabulations of the number and percentage of participants who experienced TEAEs as well as severity of the events will be presented by SOC and PT. Participants will only be counted once for each preferred term. In case a participant experienced the same event more than once, the worst severity will be presented. A summary of total number of AEs will also be presented for each SOC.

The following tabulations will be presented for the follow-up period TEAEs:

- TEAEs
- Treatment-related TEAEs
- TEAEs leading to discontinuation of study

- Serious TEAEs
- TEAEs by the maximum severity grade
- TEAE of Interest (TEAEI)

The following tabulations will be presented for all TEAEs collected throughout the study:

- TEAEs
- Treatment-related TEAEs
- Serious TEAEs
- TEAEs leading to discontinuation of study medication
- Treatment-related TEAEs leading to discontinuation of study medication
- TEAEs leading to death
- Treatment-related TEAEs leading to death
- Serious TEAE related to study medication
- TEAEI
- TEAEs by the maximum severity grade
- Treatment-related TEAEs by the maximum severity grade

The TEAEI are defined as below.

The overall AE summary and the summary of the TEAEI will be presented by the subgroup categories outlined in Section 5.4.

All AEs and SAEs will be presented in a listing. Discontinuation due to an AE will be presented in a separate listing.

All deaths will be listed.

9.2 Clinical Laboratory

Parameters from the following laboratory categories will be summarised descriptively by treatment arm and analysis visit for the observed and change from baseline: serum chemistry, lipid panel, haematology, coagulation panel, and urinalysis.

Shift tables of NCI-CTCAE grade at baseline versus worst post-baseline NCI-CTCAE grade, end of study by CTCAE term will be produced for all gradable parameters. For the laboratory parameters that cannot be graded, shift tables will be displayed for normal, low and high.

All NCI-CTCAE Grade 3/4 laboratory values will be listed by participant, parameter and date. Abnormal values will be listed for laboratory values that cannot be graded.

Other laboratory parameters will be listed, as appropriate. These will include Follicle Stimulating Hormone (FSH) test (females only), Human Immunodeficiency Virus (HIV) 1/2, Hepatitis C Virus (HCV), Hepatitis B Virus (HBV), and pregnancy test (serum and urine) results (females only).

9.3 Vital Signs

Vital signs include body temperature (°C), respiratory rate (breaths/min), heart rate (beats/min), systolic and diastolic blood pressure (mmHg), height (cm) weight (kg) and BMI (kg/m^2). Descriptive statistics of observed values and change from baseline by analysis visit and time point will be presented.

A summary of abnormal vital signs will be presented through the entire study. The criteria for identifying abnormal vital signs are presented below.

Parameter	Abnormal Criteria
Systolic blood pressure	• ≥180 mmHg and increase from baseline of ≥20 mmHg • ≤90 mmHg and decrease from baseline of ≥20 mmHg • Decrease from baseline ≥20 mmHg
Diastolic blood pressure	• ≥105 mmHg and increase from baseline of ≥15 mmHg • ≤50 mmHg and decrease from baseline of ≥15 mmHg • Decrease from baseline ≥10 mmHg
Heart rate	• ≥150 beats/min and increase from baseline ≥15 beats/min • ≤50 beats/min and decrease from baseline ≥15 beats/min
Weight	• Increase from baseline ≥7% • Decrease from baseline ≥7%

A listing of vital signs data will be provided.

9.4 Electrocardiogram (ECG)

Details for the ECG can be found in the Week 15 SAP.

9.5 Physical Findings

A listing of physical examination data will be provided.

9.6 [redacted]

9.7 Infusion Site Reaction

Details are found in the Week 15 SAP.

10. Pharmacokinetic Analyses

The details of the pharmacokinetic analysis will be provided in a separate analysis plan.

11. Other Endpoints

11.1 Anti-Drug Antibodies Analyses

The details of the ADA analysis will be provided in a separate analysis plan.

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[redacted] Viridian Therapeutics Security Level: Email, Account Authentication (Required), Login with SSO	[redacted] Signature Adoption: Pre-selected Style Signature ID: [redacted] Using IP Address: [redacted] With Signing Authentication via Docusign password With Signing Reasons (on each tab): I approve this document	Sent: 2/6/2026 11:29:53 AM Viewed: 2/6/2026 1:28:50 PM Signed: 2/6/2026 1:29:47 PM
Electronic Record and Signature Disclosure: Accepted: 4/26/2024 5:29:46 PM ID: [redacted]		
[redacted] ms Security Level: Email, Account Authentication (Required), Login with SSO	[redacted] Signature Adoption: Pre-selected Style Signature ID: [redacted] Using IP Address: [redacted] With Signing Authentication via Docusign password With Signing Reasons (on each tab): I am the author of this document	Sent: 2/6/2026 11:29:53 AM Viewed: 2/6/2026 11:30:27 AM Signed: 2/6/2026 11:31:01 AM
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[redacted] [redacted] [redacted] Security Level: Email, Account Authentication (Required), Login with SSO	[redacted] Signature Adoption: Pre-selected Style Signature ID: [redacted] Using IP Address: [redacted] With Signing Authentication via Docusign password With Signing Reasons (on each tab): I approve this document	Sent: 2/6/2026 11:29:53 AM Viewed: 2/6/2026 11:48:58 AM Signed: 2/6/2026 11:49:27 AM
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