

WHAT IS CLAIMED IS:

1. Use of AON1 in the manufacture of a medicament for the treatment of DMD or delaying the onset of DMD in a subject, wherein AON1 is to be administered to the subject at a dose of 0.4 mg/kg, 0.6 mg/kg, 0.8 mg/kg, 1.5 mg/kg, 3 mg/kg, 6 mg/kg, 9 mg/kg, 12 mg/kg or 18 mg/kg, wherein the AON1 is to be administered QW.
2. The use of AON1 according to claim 1, wherein the AON1 is to be administered QWx15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34 or 35W.
3. The use of AON1 according to claim 1 or claim 2, wherein the AON1 is to be administered QWx24W or QWx25W.
4. The use of AON1 according to any one of claims 1-3, wherein the AON1 is to be administered QWx25W.
5. The use of AON1 according to any one of claims 1-3, wherein the AON1 is to be administered QWx24W.
6. The use of AON1 according to any one of claims 1-5, wherein the AON1 is to be administered at a dose of 3 mg/kg.
7. The use of AON1 according to any one of claims 1-5, wherein the AON1 is to be administered at a dose of 6 mg/kg.
8. The use of AON1 according to any one of claims 1-5, wherein the AON1 is to be administered at a dose of 9 mg/kg.
9. The use of AON1 according to any one of claims 1-5, wherein the AON1 is to be administered at a dose of 12 mg/kg.
10. The use of AON1 according to any one of claims 1-5, wherein the AON1 is to be administered at a dose of 18 mg/kg.
11. The use of AON1 according to any one of claims 1-10 that is for the treatment of DMD in a subject.
12. The use of AON1 according to any one of claims 1-10, wherein the use is for the treatment of delaying the onset of DMD in a subject.
13. The use of AON1 according to any one of claims 1-12, further comprising that a second active agent is to be administered to the subject.
14. The use of AON1 according to claim 13, wherein the second active agent is eteplirsen, casimersen, golodirsen, viltolarsen, SRP-5051 (Sarepta Therapeutics), a corticosteroid such as deflazacort, a gene therapy (e.g., SRP-9001, GALGT2 or GNT 0004

(Sarepta Therapeutics)), gene editing (e.g., CRISPR/CAS9 (Sarepta Therapeutics)) or a cellular therapy (e.g., CAP-1002 (Capricor Therapeutics/Nippon Shinyaku Co. Ltd.)).