

The Development of Inhaled Therapies for Pulmonary Hypertension

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IMPERIAL

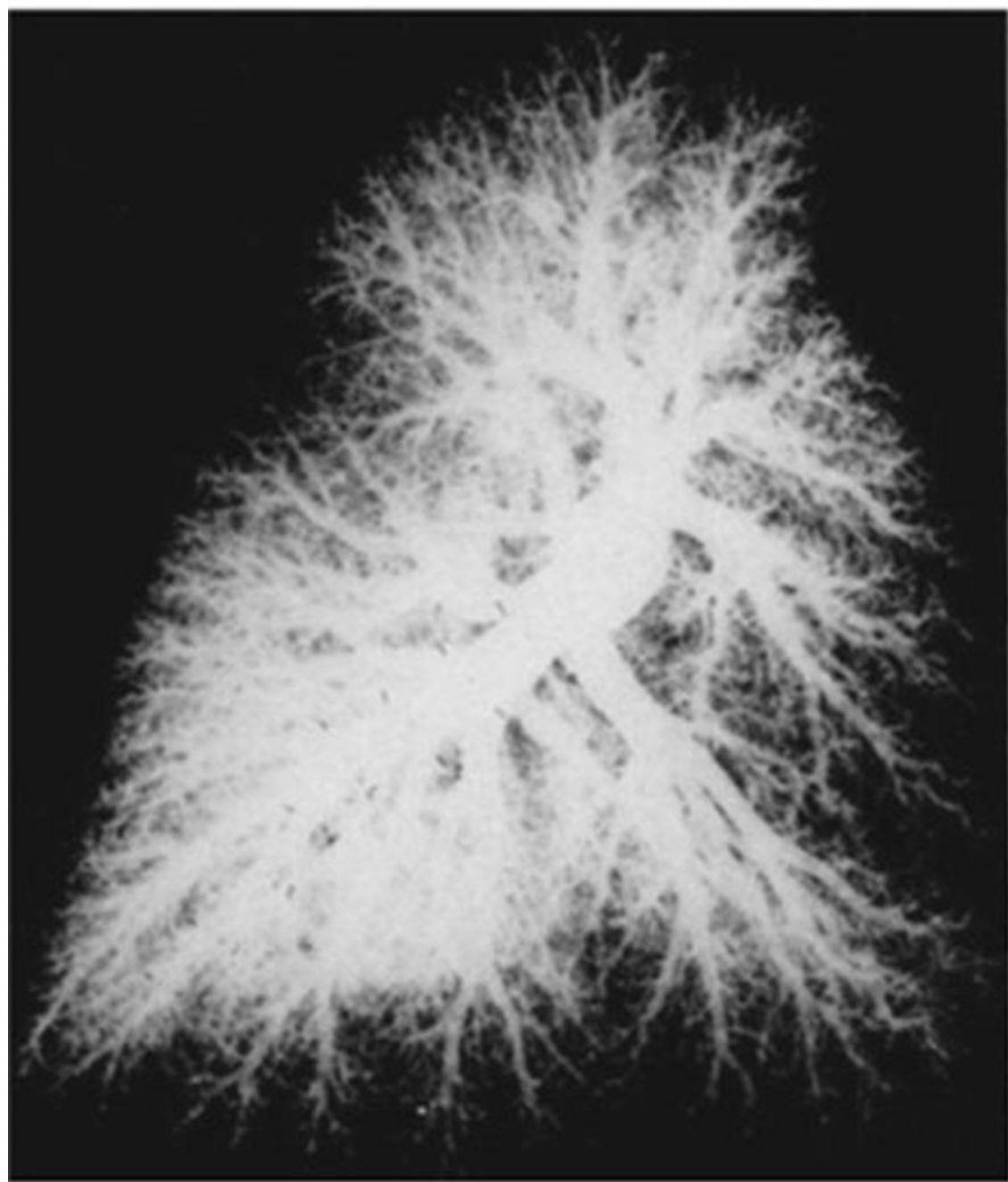
Imperial College Healthcare



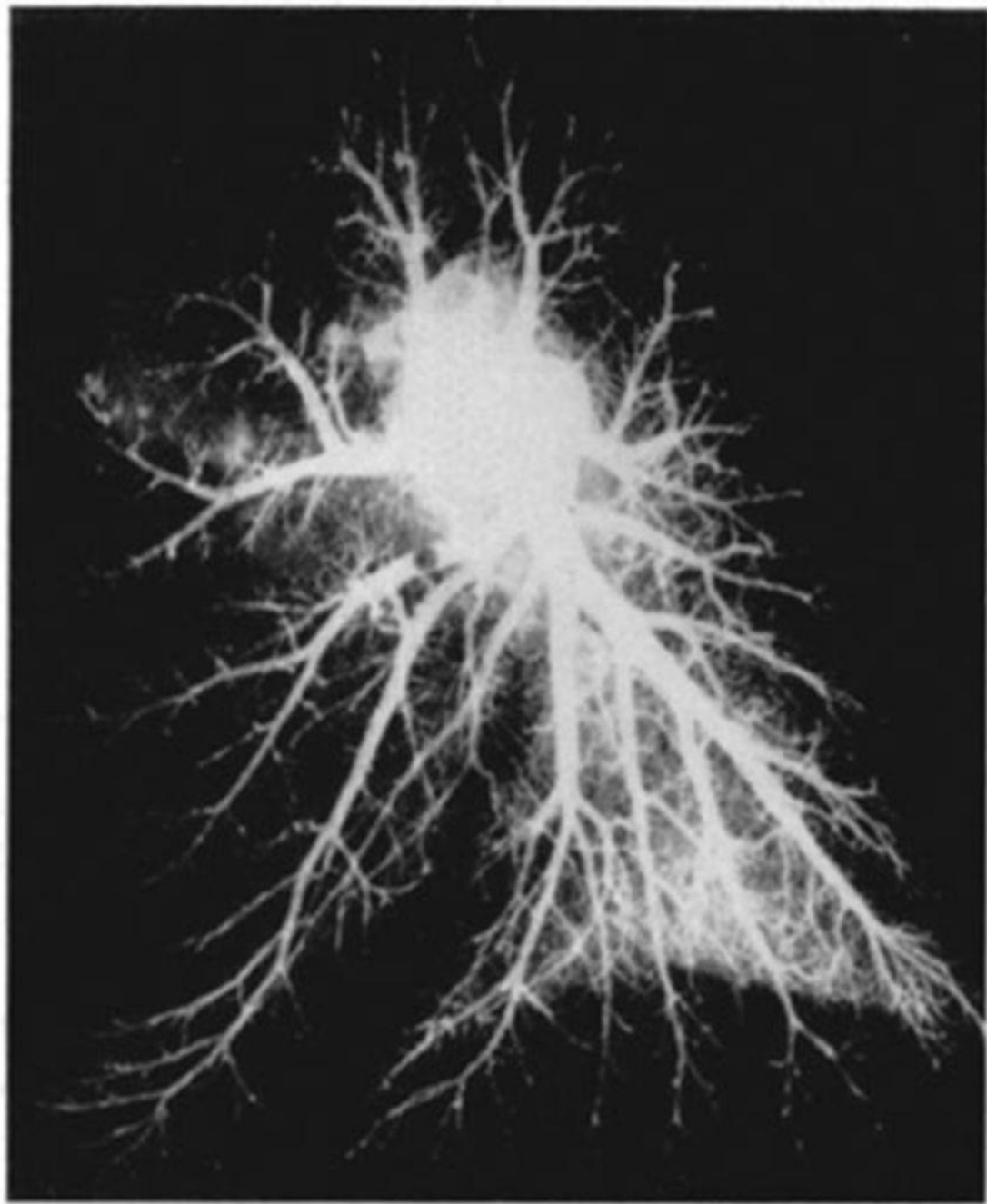
NHS Trust

Disclosures

- Honoraria for lectures
 - Merck Sharp & Dohme Ltd, Janssen
- Honoraria for scientific advisory boards / steering committees
 - Janssen, Gossamer Bio, Merck Sharp & Dohme Ltd, United Therapeutics, Apollo Therapeutics, Liquidia, Altavant, Aerovate, Morphic
- Congress support
 - Janssen
- Stocks
 - ATXA Therapeutics, Circular, Calibre Biometrics, iOWNA, OneWelbeck Clinic

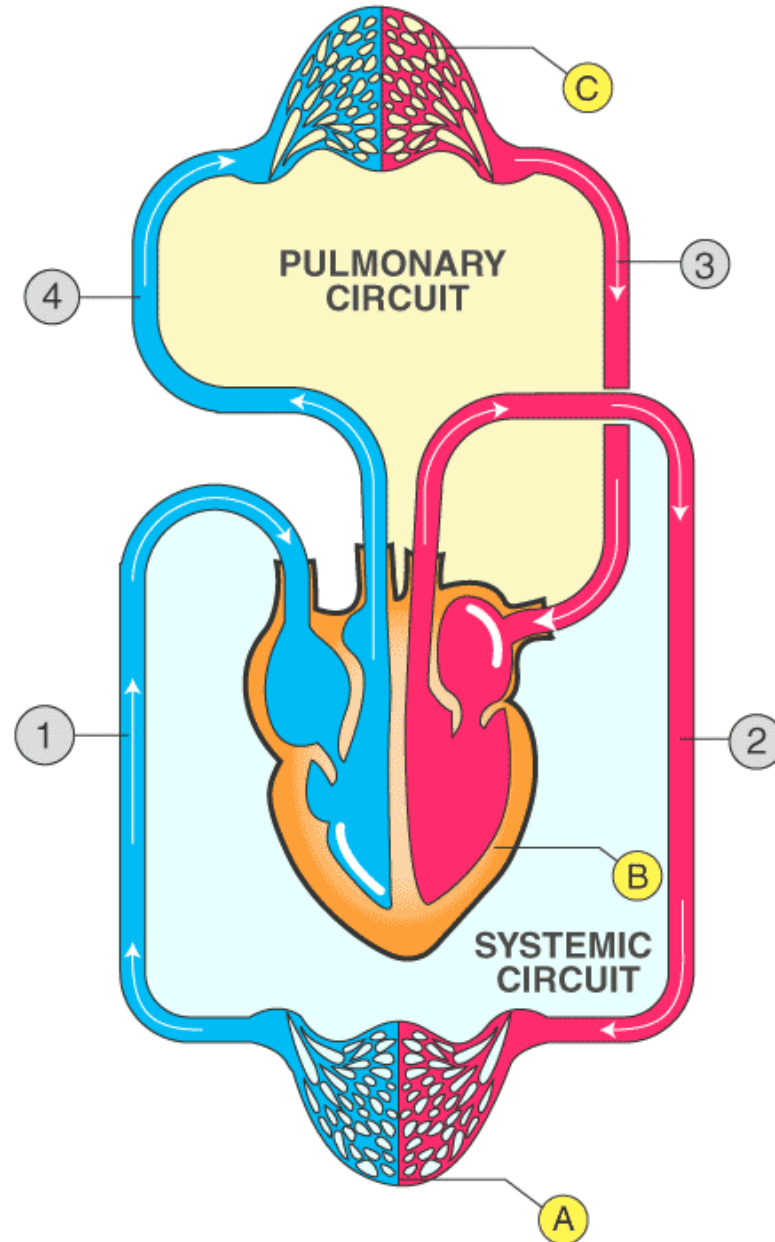


Normal



IPAH for 6 months

DOUBLE CIRCULATION



- ① Vena cava from body
- ② Aorta to body
- ③ Pulmonary vein from lungs
- ④ Pulmonary artery to lungs

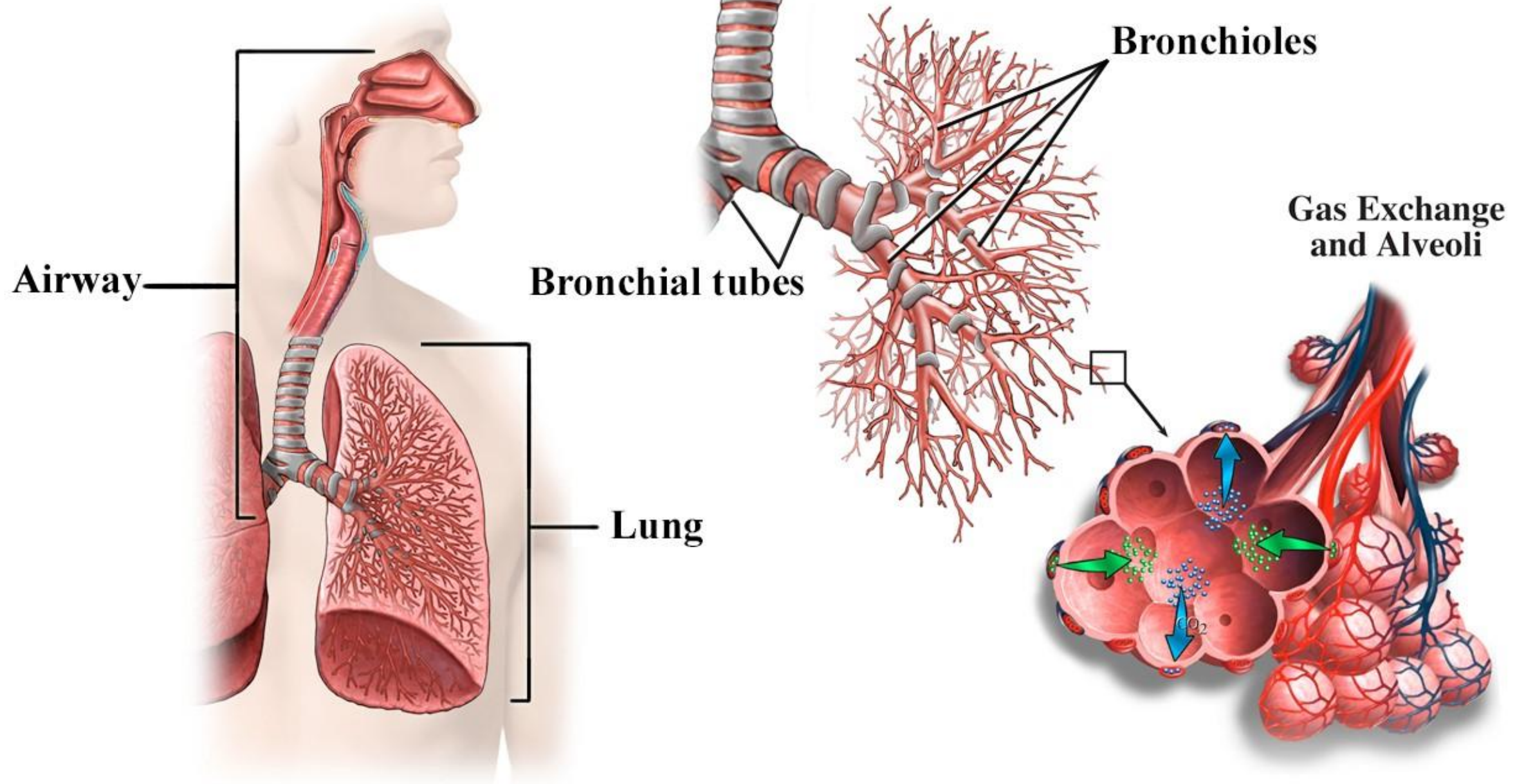
- A Capillaries of body organs apart from the lungs
- B Heart
- C Lung capillaries

Why?

1. Deposit drug in area of lung most likely to benefit and not cause harm
2. Get a therapy into the body that cannot be easily taken by mouth
3. Get a very short-acting therapy to the site of action before it degrades
4. Get a therapy closer to the site of the disease with minimal spillover to the rest of the body, eg powerful drugs that may cause side effects
5. Administer a fast-acting therapy to act as an as required medication



Respiratory Anatomy



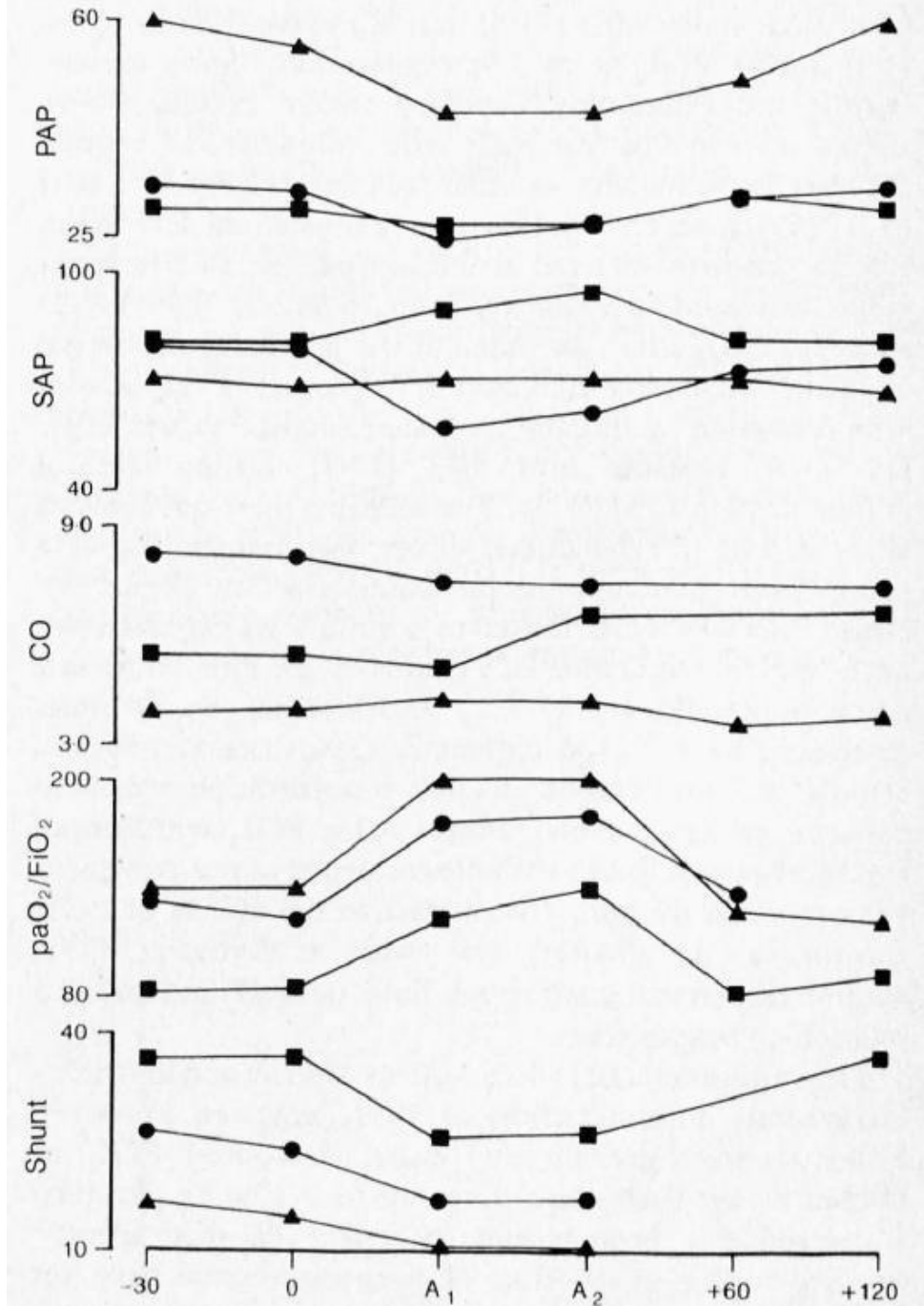
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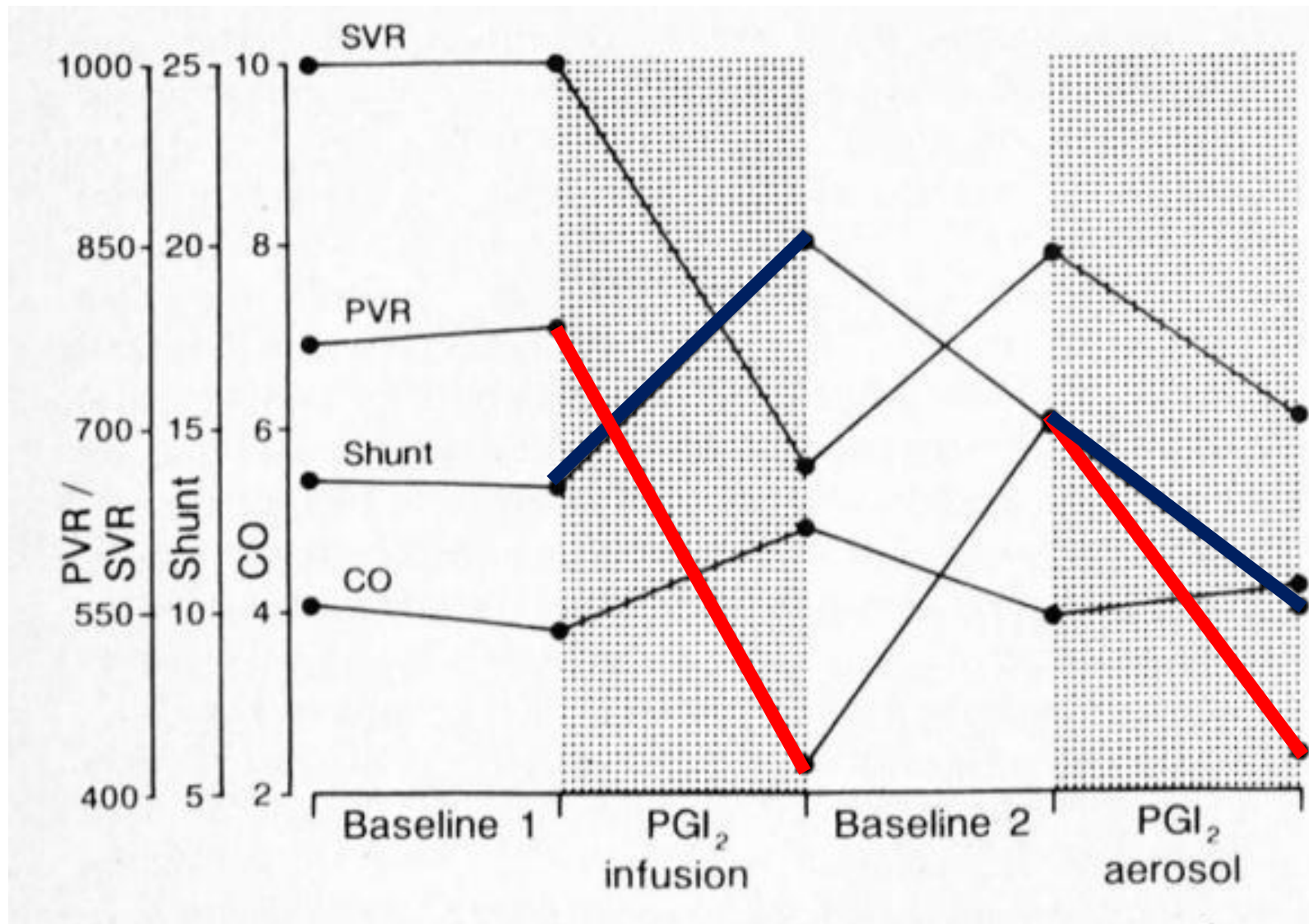
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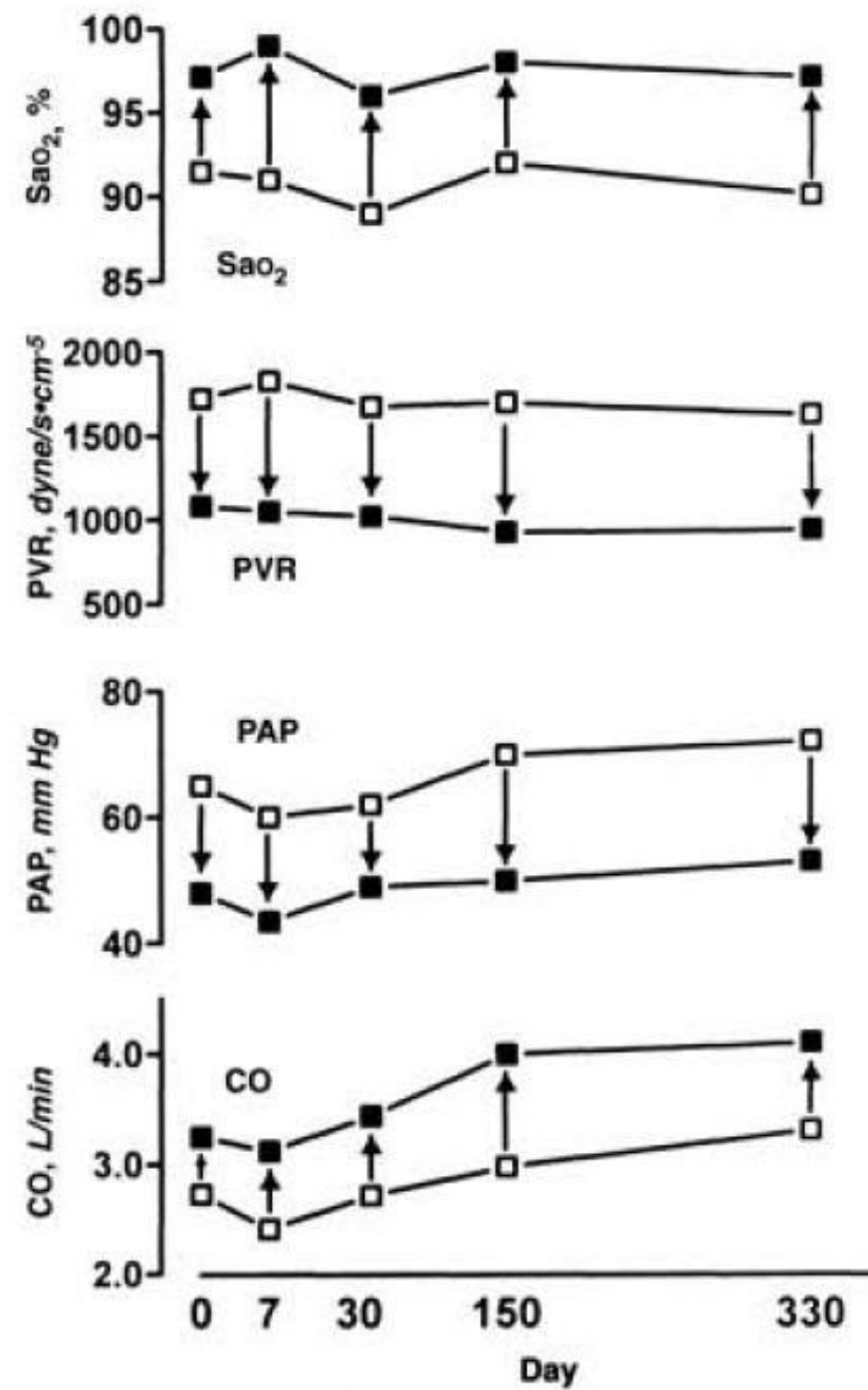
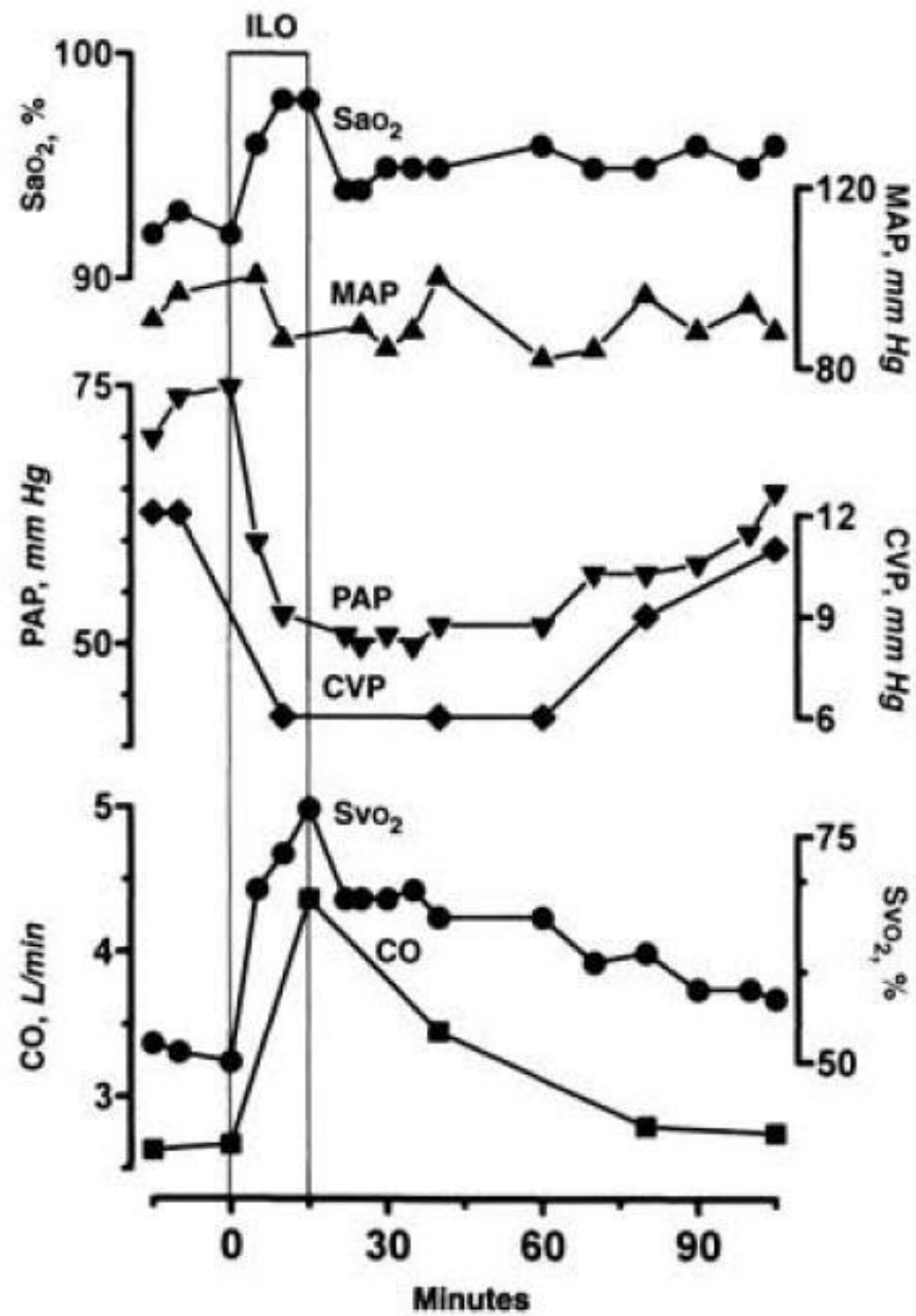
Walmrath D, Schneider T, Pilch J, Grimminger F, Seeger W. Aerosolised prostacyclin in adult respiratory distress syndrome. *Lancet* 1993, 342:961-962





Half-life of drug
~ 2-3 mins







Iloprost



Treprostinil aerosol

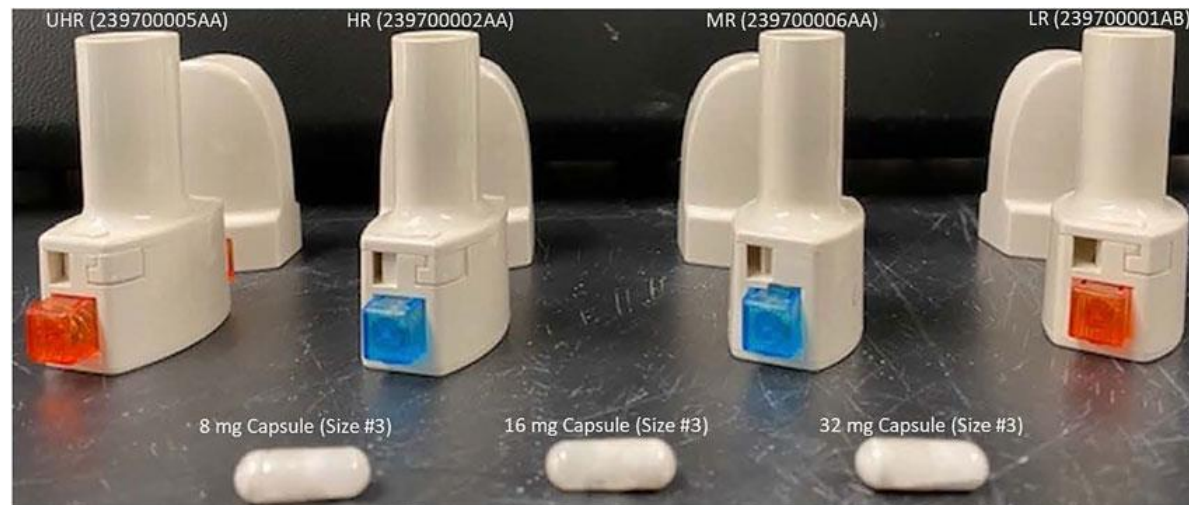
Treprostinil DPI



Tyvaso



Yutrepia

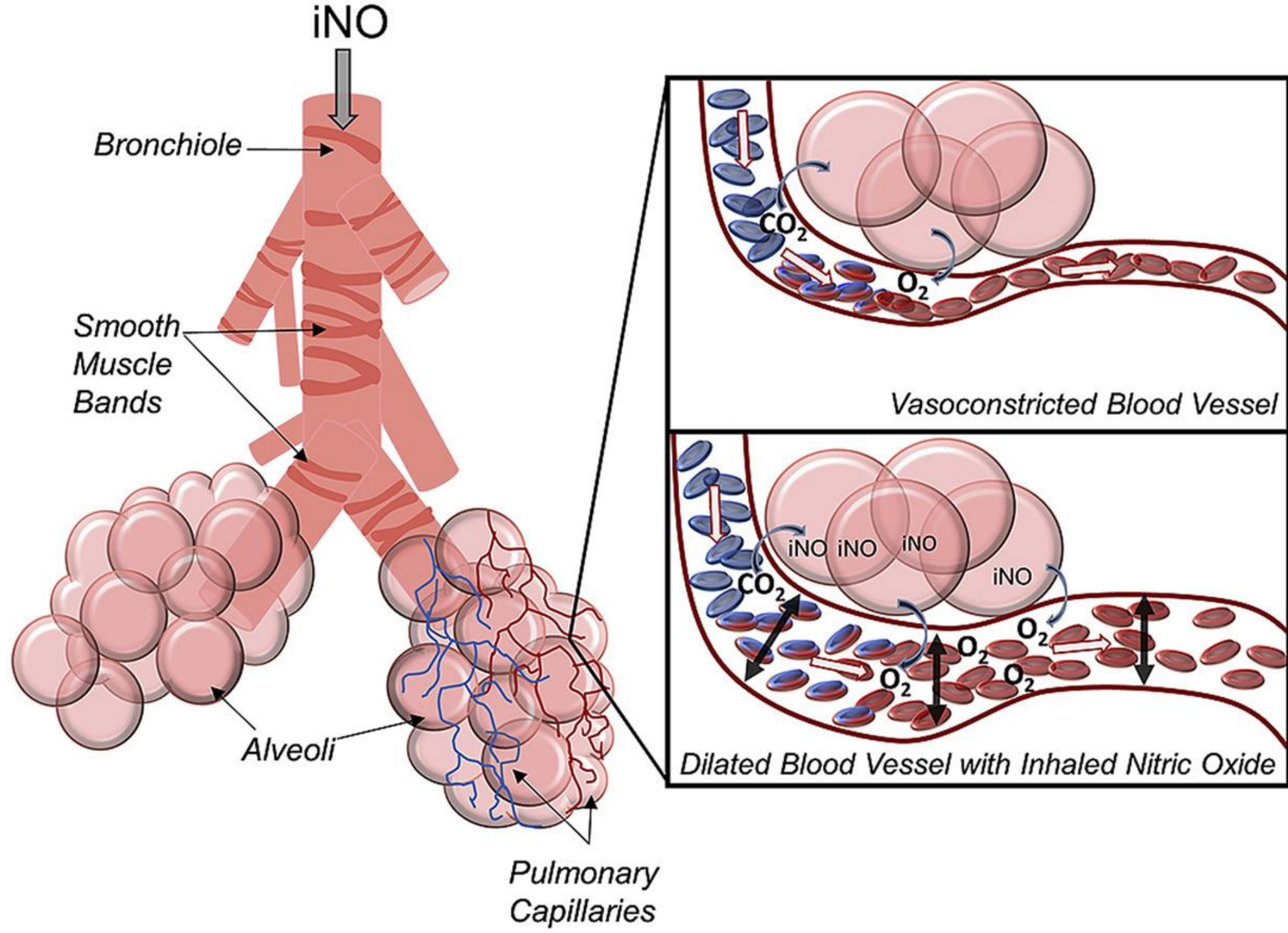


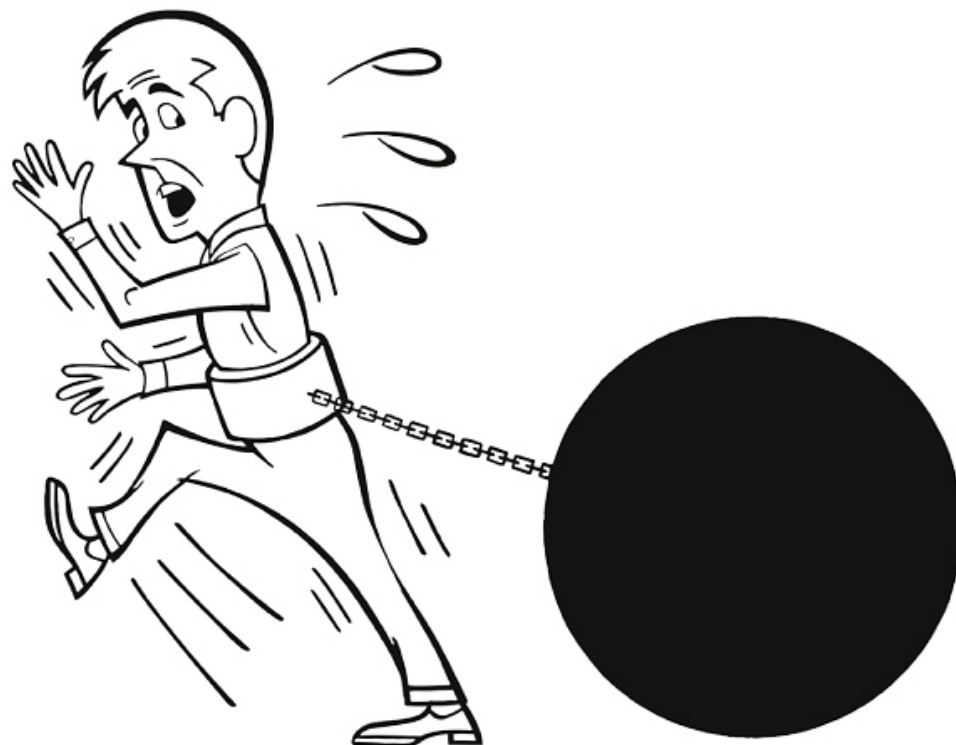
Treprostinil Palmitil DPI

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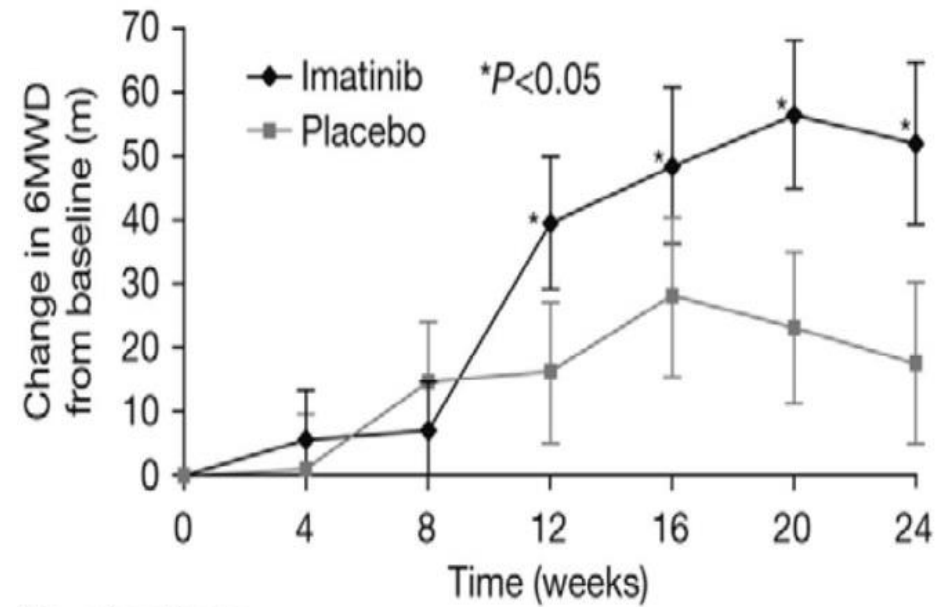
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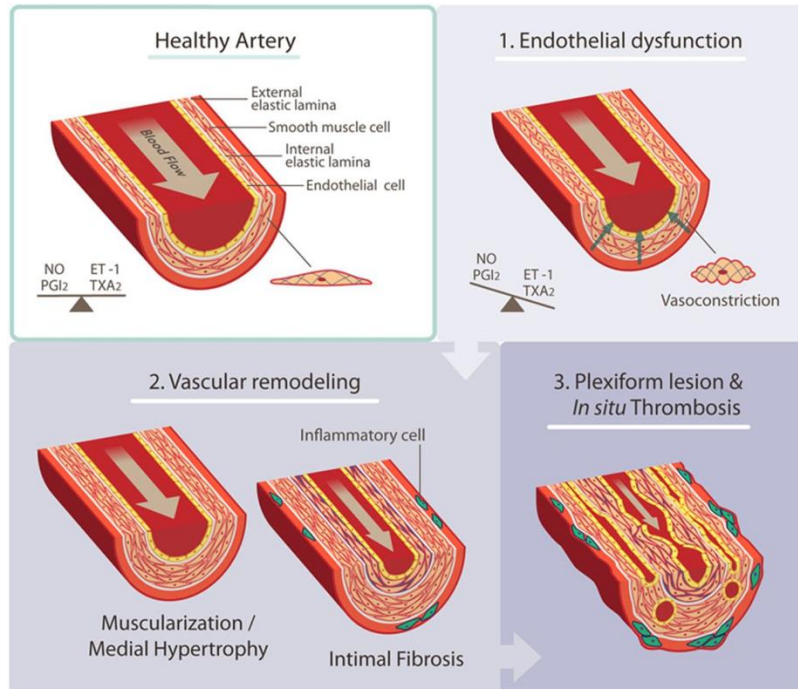
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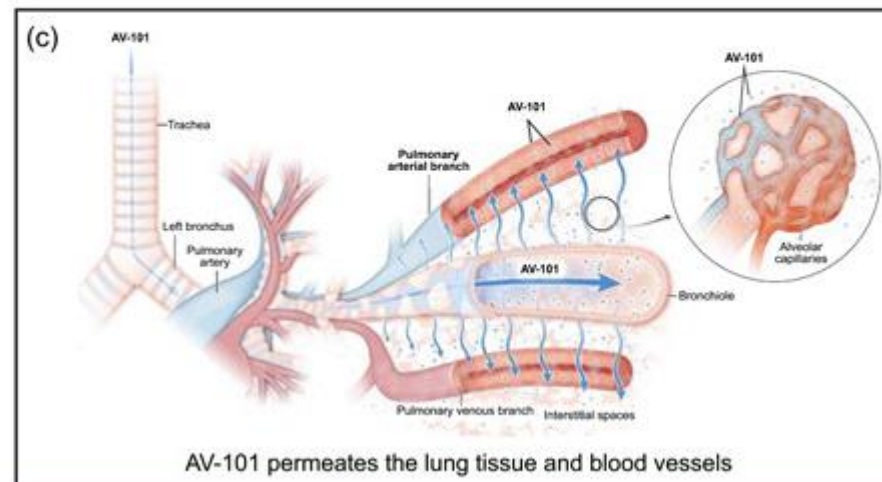
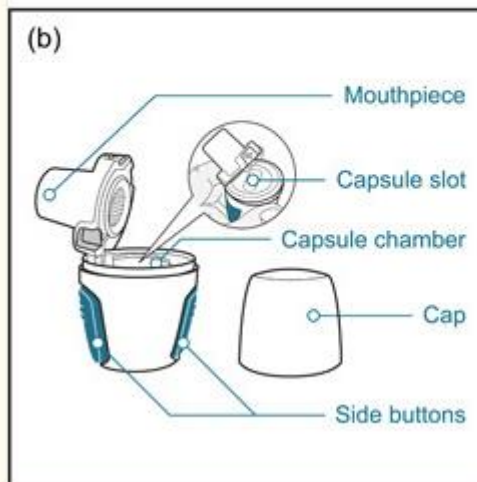
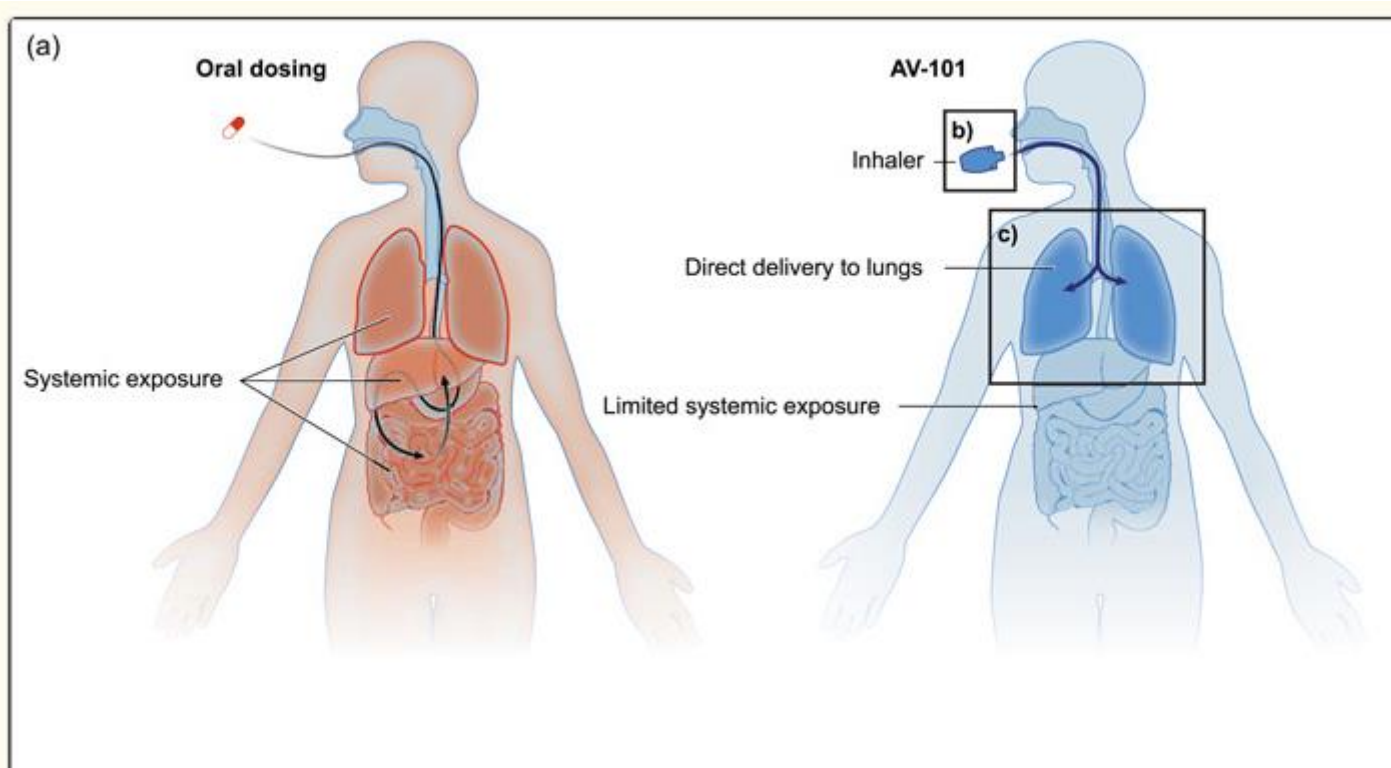
No. of patients

Imatinib	103	89	84	76	71	72	66
Placebo	98	93	91	88	82	84	80

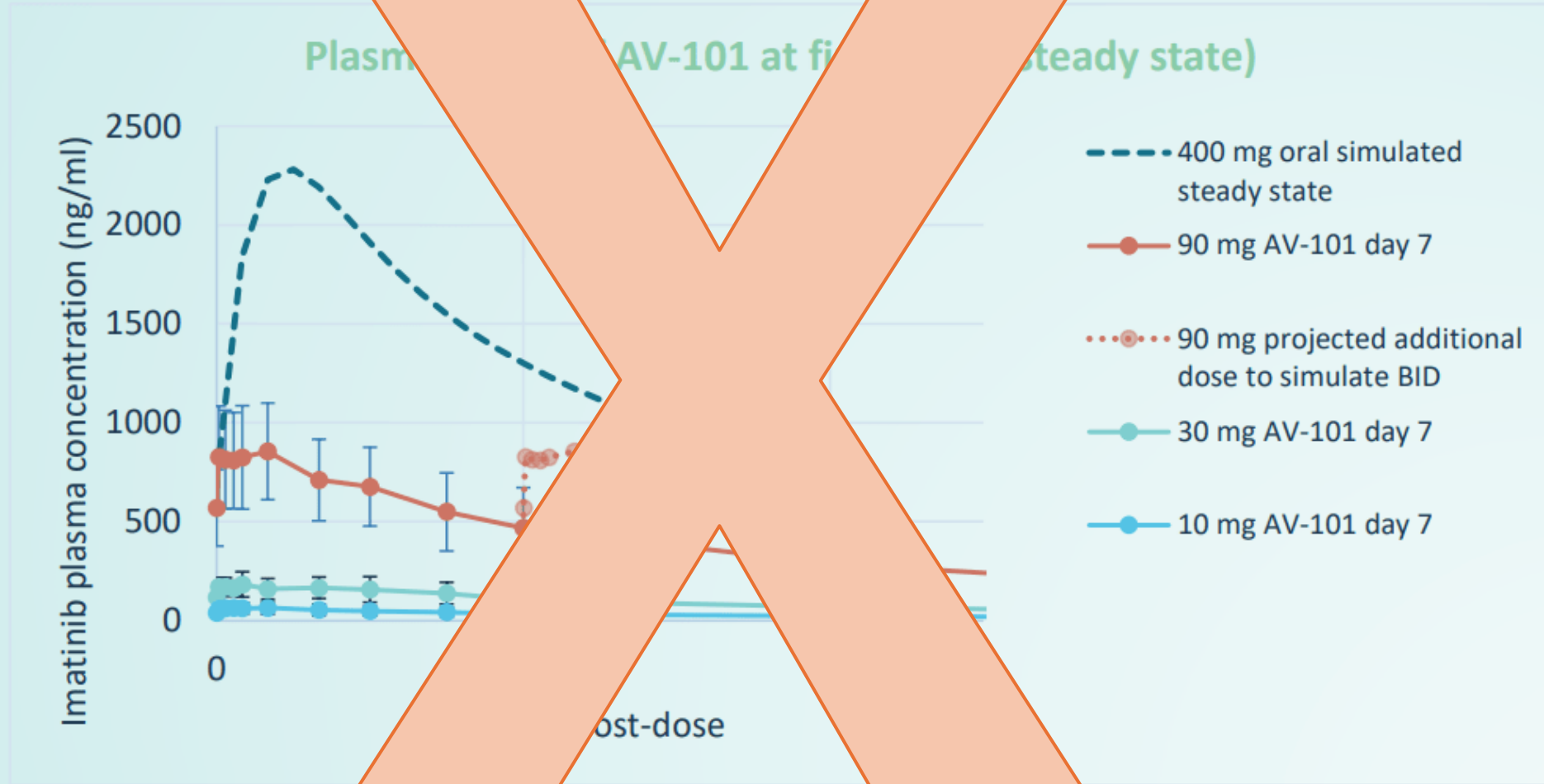


Hoeper et. al, Circulation, 2013

New drug approval for Imatinib in PAH was discontinued due to side effects



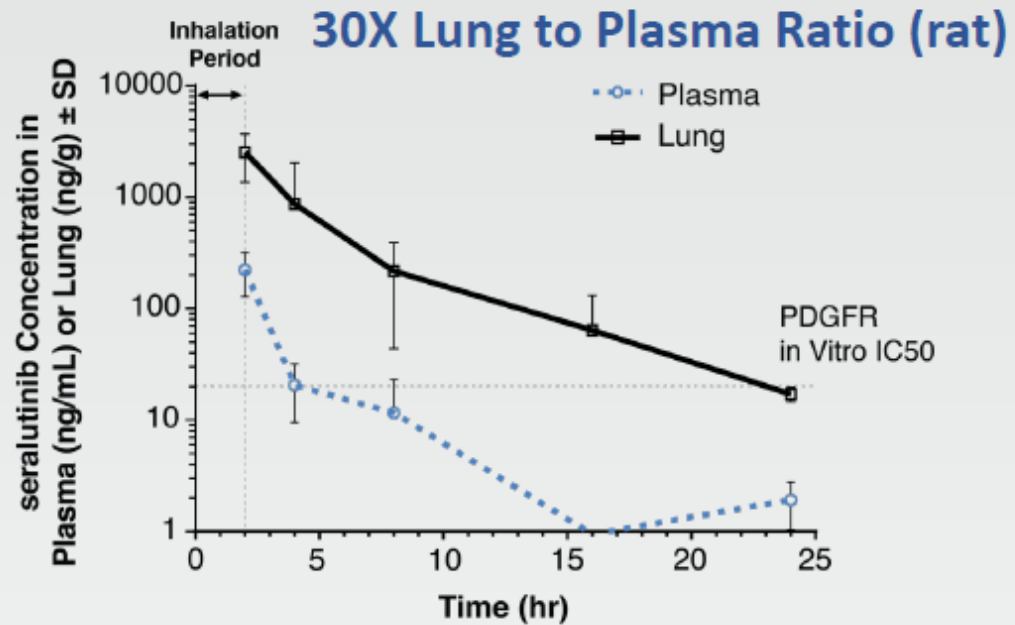
AV-101 Phase 1 Trial: Lower Systemic Exposures Observed



Systemic exposures for all doses of AV-101 observed to be lower than simulated steady-state exposure of 400 mg of oral imatinib

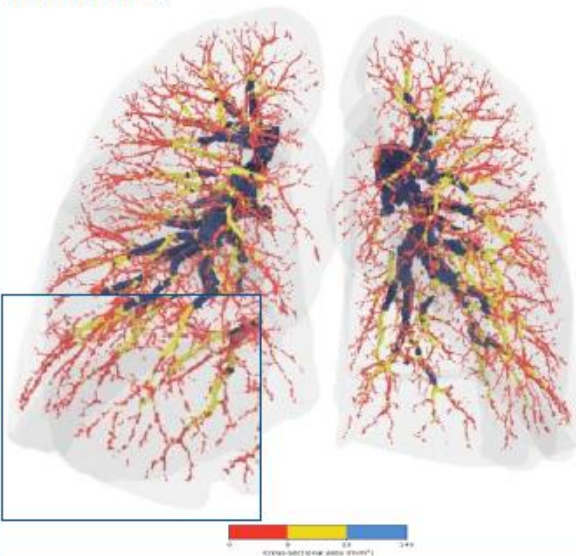
Potent PDGFR, CSF1R and c-KIT inhibitor

Compound	Cell Based IC ₅₀ (nM)				
	H1703 PDGFR α	HLF PDGF $\beta > \alpha$	PASMC PDGFR $\alpha = \beta$	CSF1R	c-KIT
Seralutinib	32	29	33	8	14
Imatinib	62	579	419	1032	230

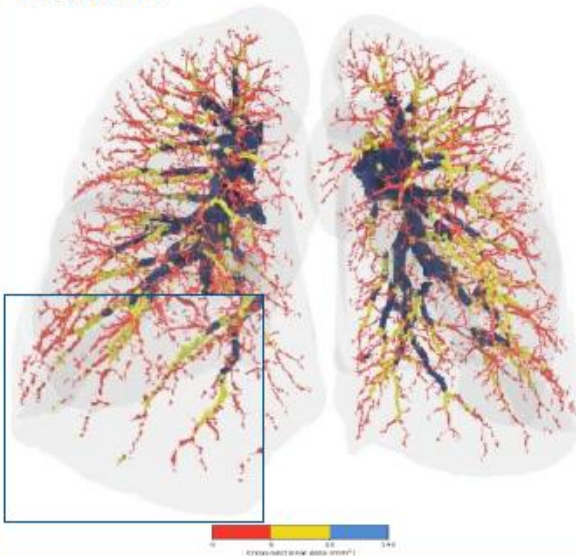


Examples of CT (FRI) Imaging: Placebo vs. Seralutinib

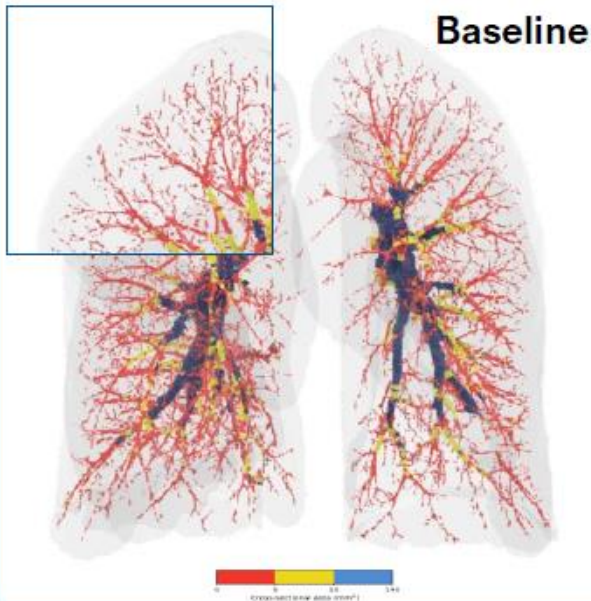
Baseline



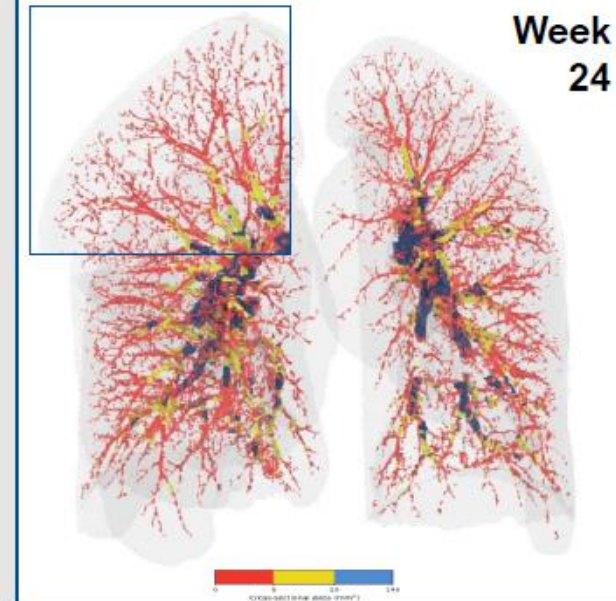
Week 24



Baseline



Week
24



Placebo subject

PAH meds

Female, 24 y, IPAH (FC II)

PDE5-i + prostacyclin

Serralutinib subject

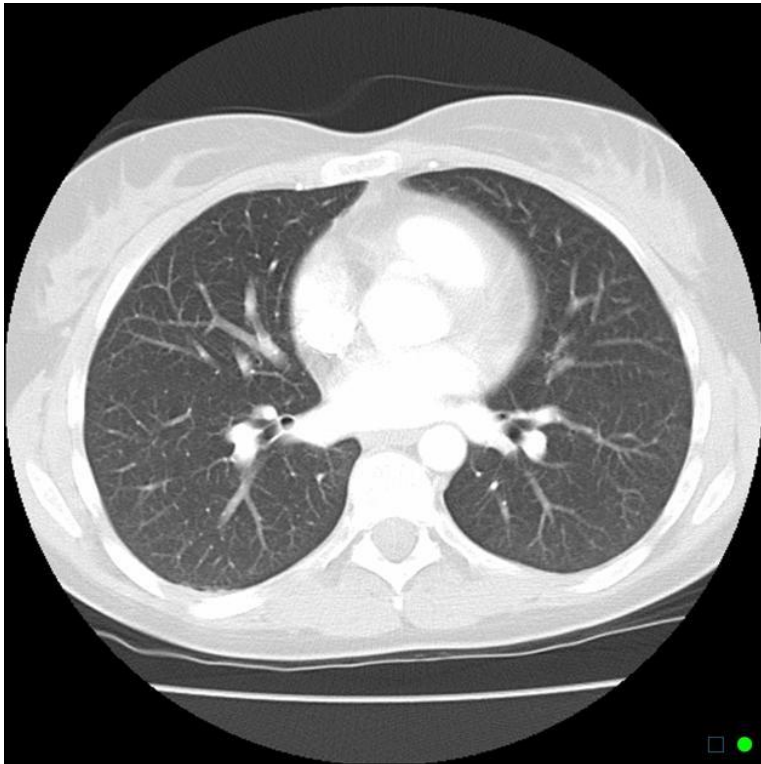
PAH meds

Female, 58 y, IPAH (FC II)

ERA + PDE5-i + prostacyclin

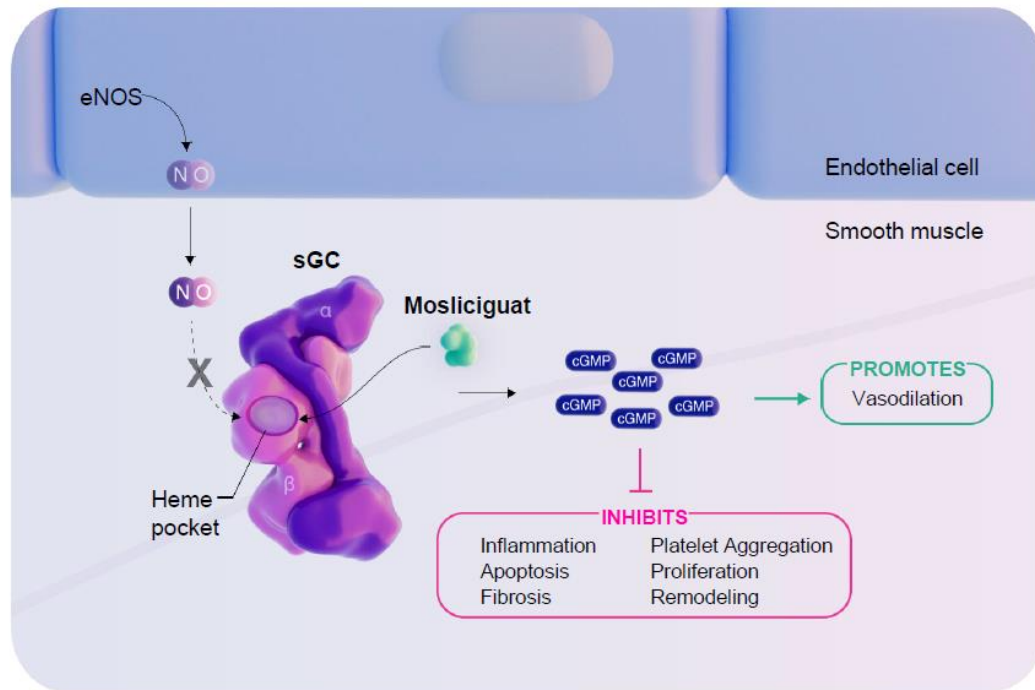
Increasing trend to move into lung fibrosis

Pulmonary Hypertension

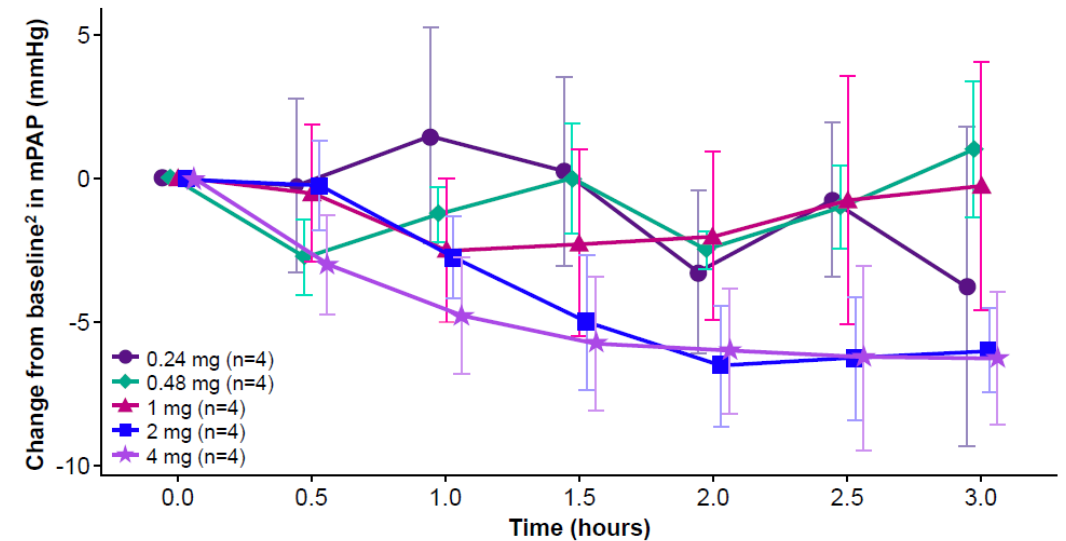


Increasing trend to move into lung fibrosis

Pulmonary Hypertension



Mean Change in mPAP Over Time in the PPS (N=20)¹



*These data are from PAH and CTEPH

Why?

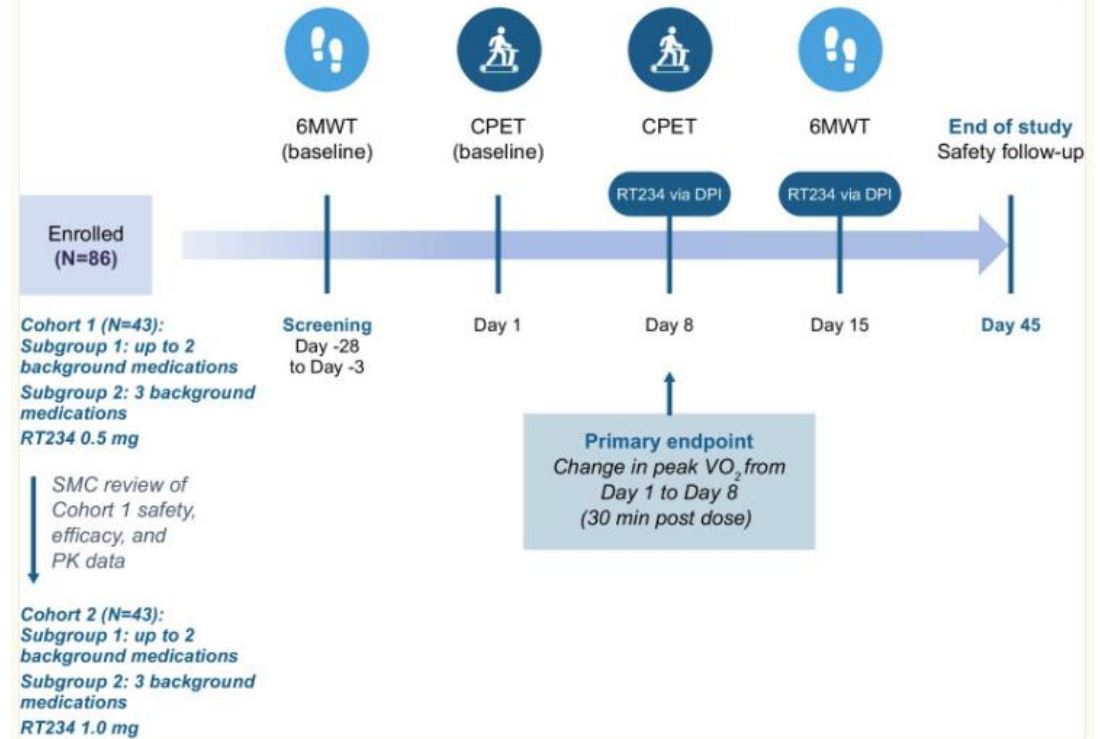
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PRN use???



Prospective, multicenter, open-label, 2-cohort, dose-escalation, Phase 2b study



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