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INTERIM RESULTS FROM THE PHASE 1B AND PHASE 2 TORREY OPEN-LABEL EXTENSION STUDY OF SERALUTINIB IN PULMONARY ARTERIAL HYPERTENSION (PAH)

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Background

- Seralutinib, an inhaled investigational medicine, works by blocking proteins that contribute to PAH
- Seralutinib is a fine dry powder administered by a pocket-sized inhaler device (**Figure**)
- Participants from a phase 1b study and those who completed the phase 2 TORREY study[1] had the option to enroll in an open-label extension (OLE) study,[2] which further evaluates the safety, tolerability, and efficacy of seralutinib

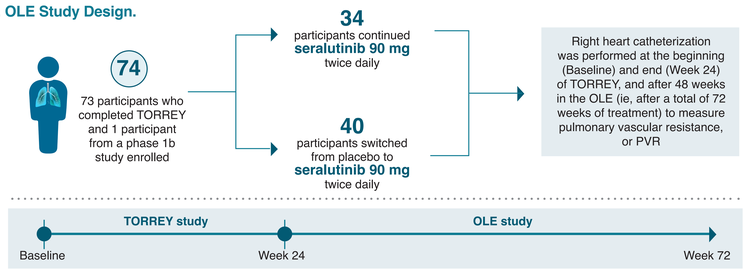
Learn more about seralutinib and how it works.

See poster 1064 for more information on the TORREY study.

Pocket-sized Dry-powder Inhaler.

How was the study done?

Figure 1. OLE Study Design.



Who participated in this study?

Figure 2. Participant Characteristics at the Start of the OLE (N=74). Numbers shown are averages ("means") or %.

PAH, pulmonary arterial hypertension; PRA, prostacyclin receptor agonist; PVR, pulmonary vascular resistance; WHO, World Health Organization.

What did the study show?

- Seralutinib was generally well tolerated during the OLE
- Increased levels of liver enzymes can be a sign of stress on the liver. A small number of participants (6.8%) taking seralutinib in the TORREY and OLE studies experienced an increase in levels above average
- No new side effects were observed during the OLE, including the serious side effects seen with other tyrosine kinase inhibitors such as oral imatinib

Table 1. Most Common Side Effects Seen in the OLE, by Number and Percentage of Participants in Both Groups With Each Listed Side Effect.
"Most common" means side effect in 10% or more of participants.

Side effect	Total (N=74)		
Participants with a side effect, n (%)	71 (95.9%)		
Headache	19 (25.7%)	**Nausea**	13 (17.6%)
Cough	18 (24.3%)	**Nasopharyngitis**	10 (13.5%)
COVID-19	17 (23.0%)	**Fatigue**	8 (10.8%)
Diarrhea	15 (20.3%)	**Pyrexia**	8 (10.8%)
Dyspnea	13 (17.6%)	**Rash**	8 (10.8%)

Dyspnea, shortness of breath; nasopharyngitis, runny nose, sneezing, and coughing; pyrexia, fever.

Figure 3. Pulmonary Vascular Resistance (PVR). During the OLE, PVR continued to decrease in participants who received seralutinib to Week 72 (the continued-seralutinib group) and decreased in participants who received placebo to Week 24, then switched to seralutinib to Week 72 (the placebo-crossed group).

A drop, expressed by a negative number, indicates a reduction of pressure in pulmonary blood vessels, which means that it became easier for the blood to flow from the heart to the lungs. Values are from 27 participants per group who had a RHC procedure done at the beginning of TORREY, after 24 weeks, and after 72 weeks.

Figure 4. 6-minute Walk Distance (6MWD), a Measure of Participants' Exercise Capacity, Increased in Both the Group That Continued on Seralutinib and the Group That Crossed Over to Seralutinib From Placebo in the OLE.

WHAT DO THE RESULTS OF THIS STUDY MEAN?

- **Seralutinib was well tolerated** over a period of up to 72 weeks
- **PVR and exercise capacity continued to improve** in some participants who received inhaled seralutinib in TORREY and the OLE
- These positive results encourage **further development of seralutinib** as a potential new treatment for PAH
- The **phase 3 PROSERA study** of inhaled seralutinib in adults with PAH is now enrolling

Learn more at proserastudy.com or scan the QR code

References: **1** Frantz RP, et al. *Lancet Respir Med.* 2024;12(7):523-534. **2** Sitbon O, et al. *Am J Respir Crit Care Med.* 2024;209:A1011.

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This poster presents results from the OLE as of March 4, 2024.

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