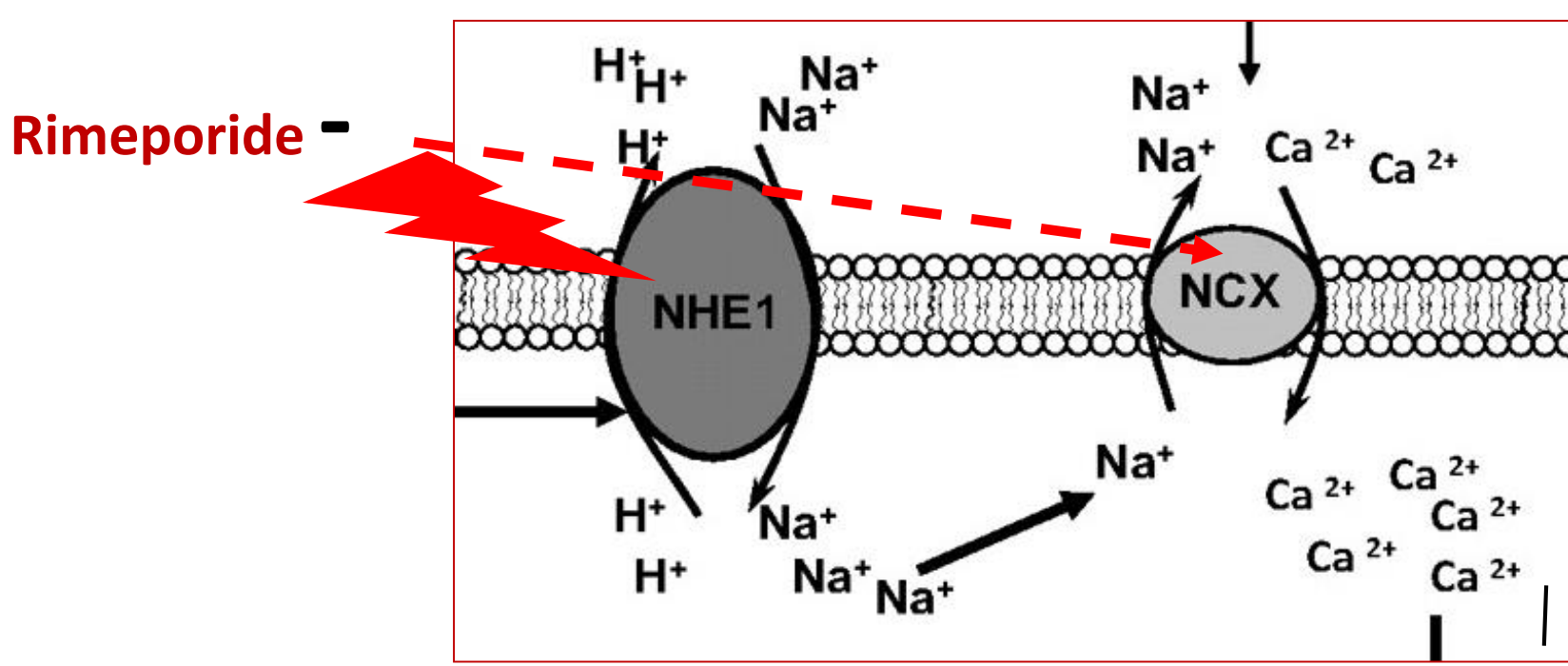


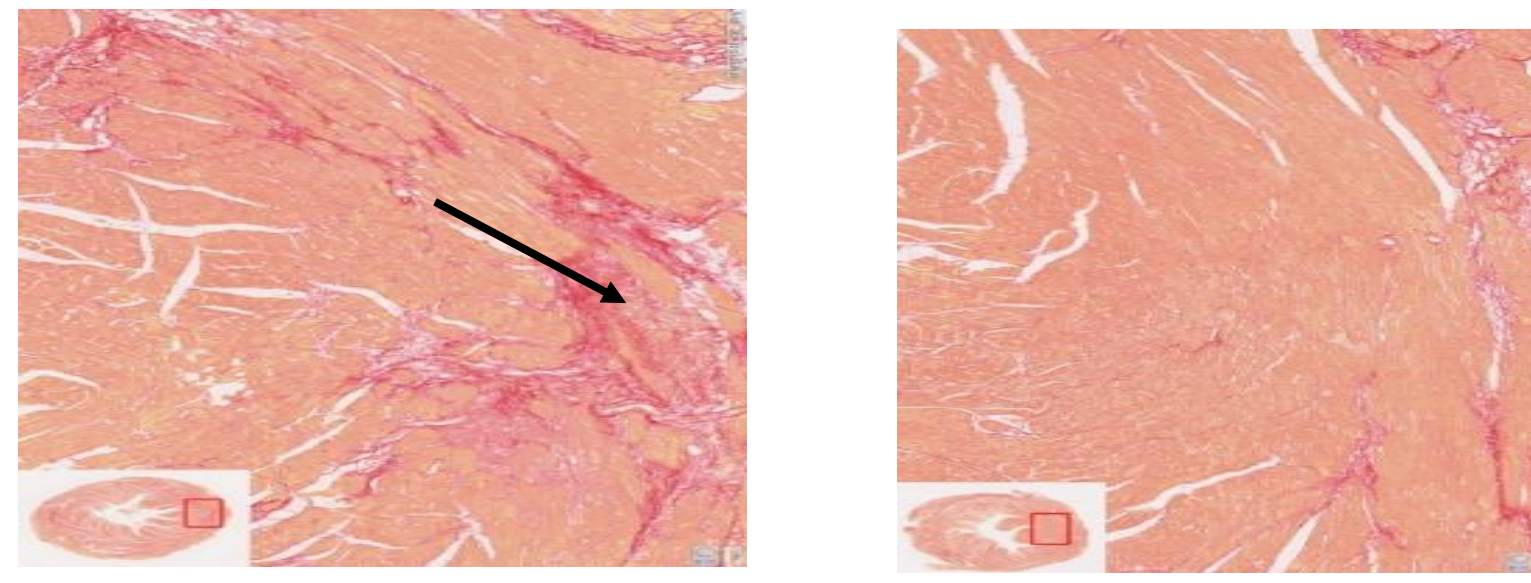
Background and rationale

Background of NHE-1 inhibition in DMD

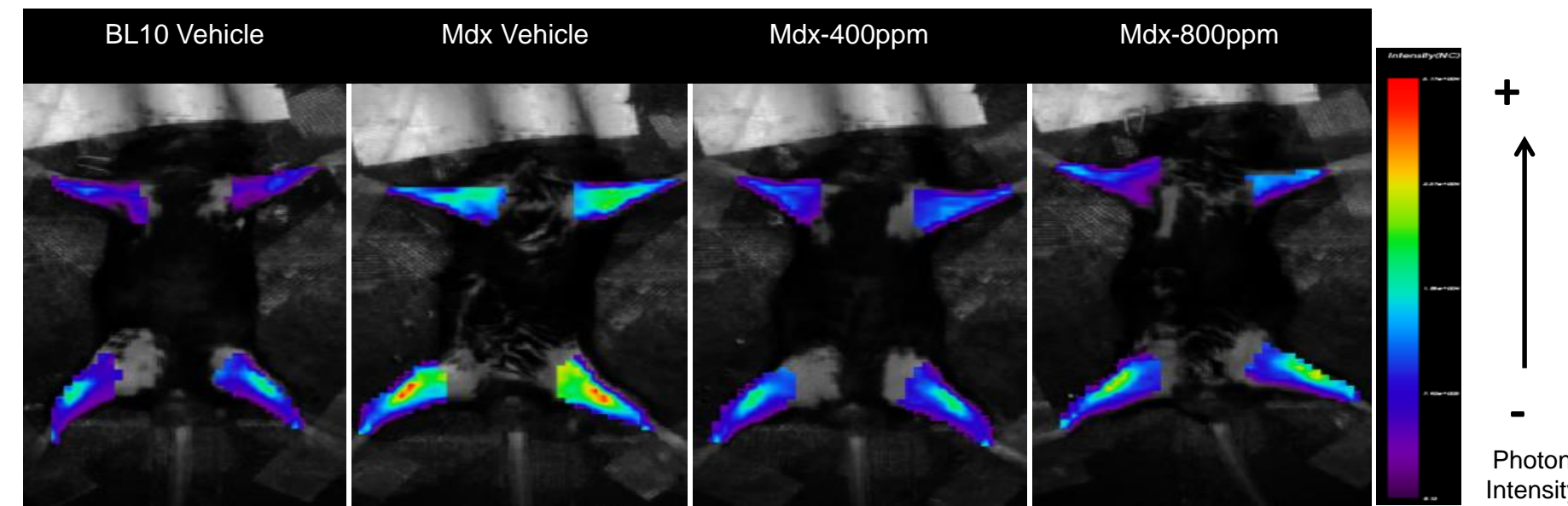


- $[Na^+]_i$ serves as a co-regulator of Ca^{2+} influx through the NCX and NHE-1, (Burr *et al*, 2015)
- $[Na^+]_i$ overload was observed in DMD patients (Weber *et al*, 2012), is responsible for edema and a secondary increase in basal Ca^{2+} levels leading to myofiber necrosis and muscles degeneration (Burr *et al*, 2015)
- **NHE-1 inhibitors reduce $[Na^+]_i$, & indirectly $[Ca^{2+}]_i$** (Iwata *et al*, 2007; Dorchie *et al*, 2015), **reduce myocardial necrosis** (Chahine *et al*, 2005), **myofiber fibrosis** (Nagaraju *et al*, 2015), **inflammation** (Yang *et al* 2013) and **prevent early death** (Bkaily *et al*, 2015) in CM hamsters .

Fibrosis and Inflammation in mdx mice

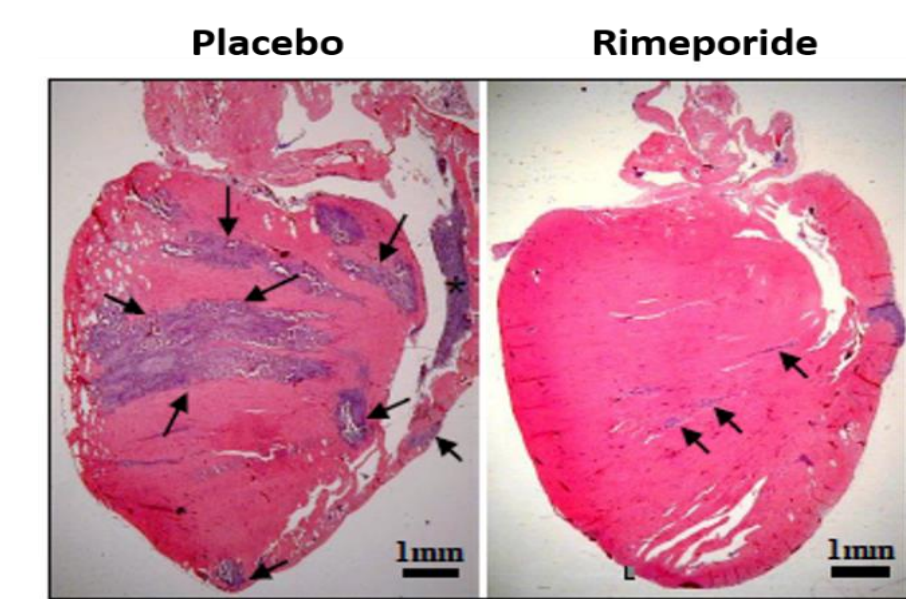


Significant reduction of fibrosis in the heart (above, -29%) & in diaphragm (-19%) , in mdx mice after a 9 M treatment



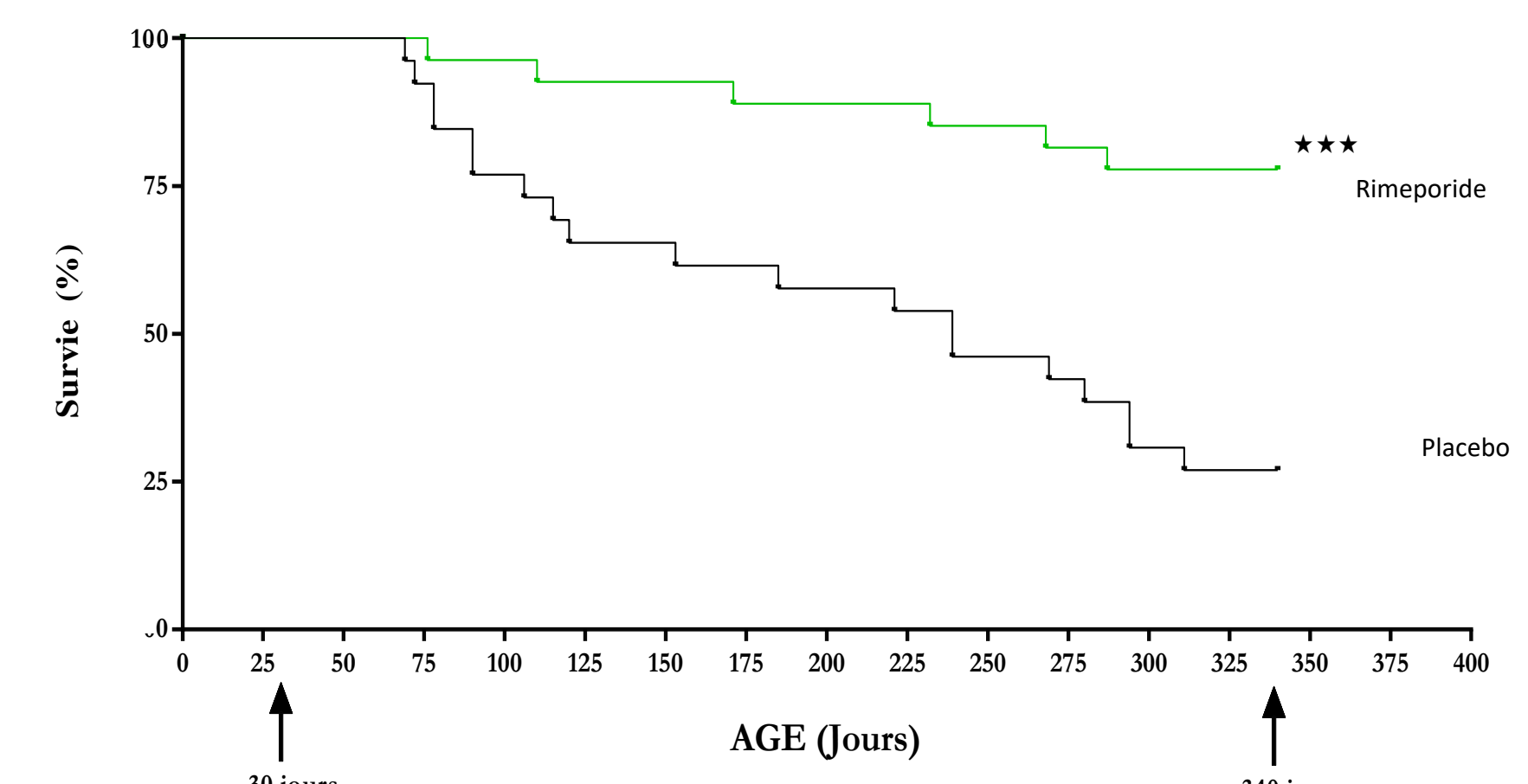
Significant reduction in inflammation in a large panel of skeletal muscles (forelimb & hindlimb) & diaphragm (-38%)

Cardioprotection in CMH Hamsters



Decreased heart necrosis, thrombosis, myolysis

Prevention of early death in cardiomyopathic hamsters



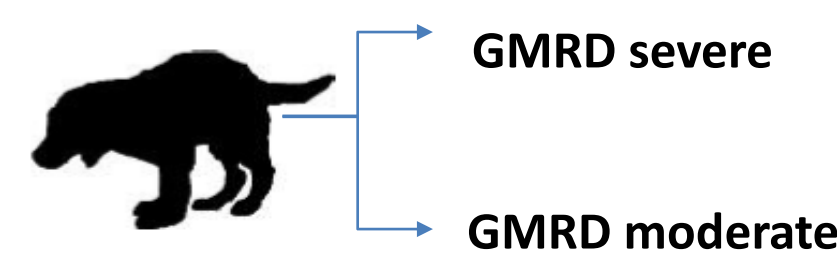
Phase II/III prerequisites

GLP Toxicology studies

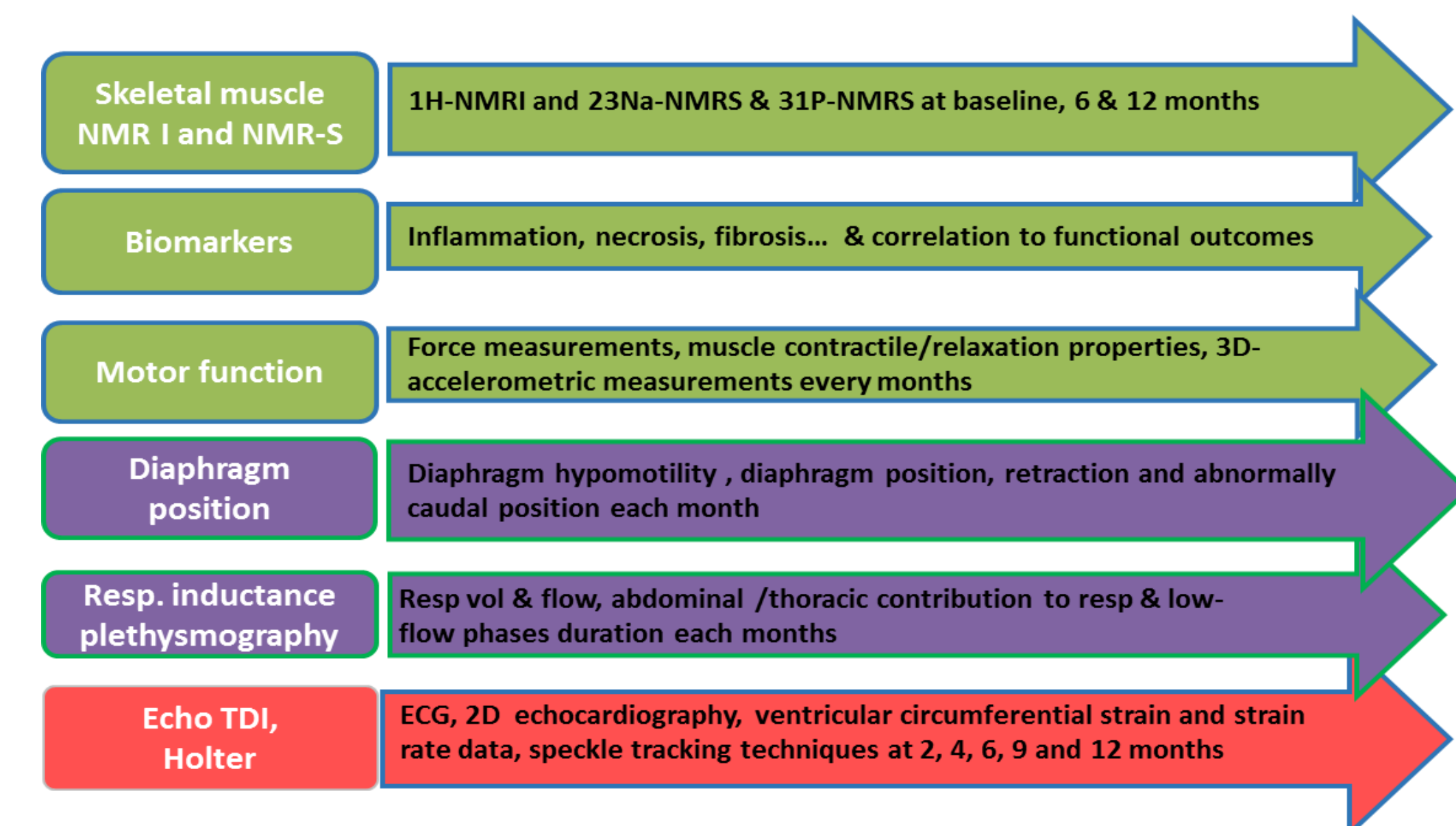
Extensive Toxicology package did show that Rimeporide was safe

- Repeated oral toxicity studies up to 26-week in rats and up to 39-week in dogs showed the main target organ in both species to be fundic parietal cells (reversible mild parietal cells alteration)
- No mutagenic activity nor teratogenic potential were shown
- No impairment of male and female fertility
- No skin sensitising properties
- No effect on cardiovascular hemodynamic parameters, no evidence of risk for any pro-arrhythmic effects
- No relevant effects on the central and peripheral nervous system, nor on the gastro-intestinal, renal and respiratory system

Translational GRMD Dogs studies



- 20 animals (8 severe & 12 moderate)
- Blinded treatment with Rimeporide at 20 mg/kg/d or placebo started from 2 to 12 months
- Objectives:
 - Contribute to the design of the clinical study by guiding dose selection, identifying novel non invasive biomarkers as well as cardiac outcome measures.

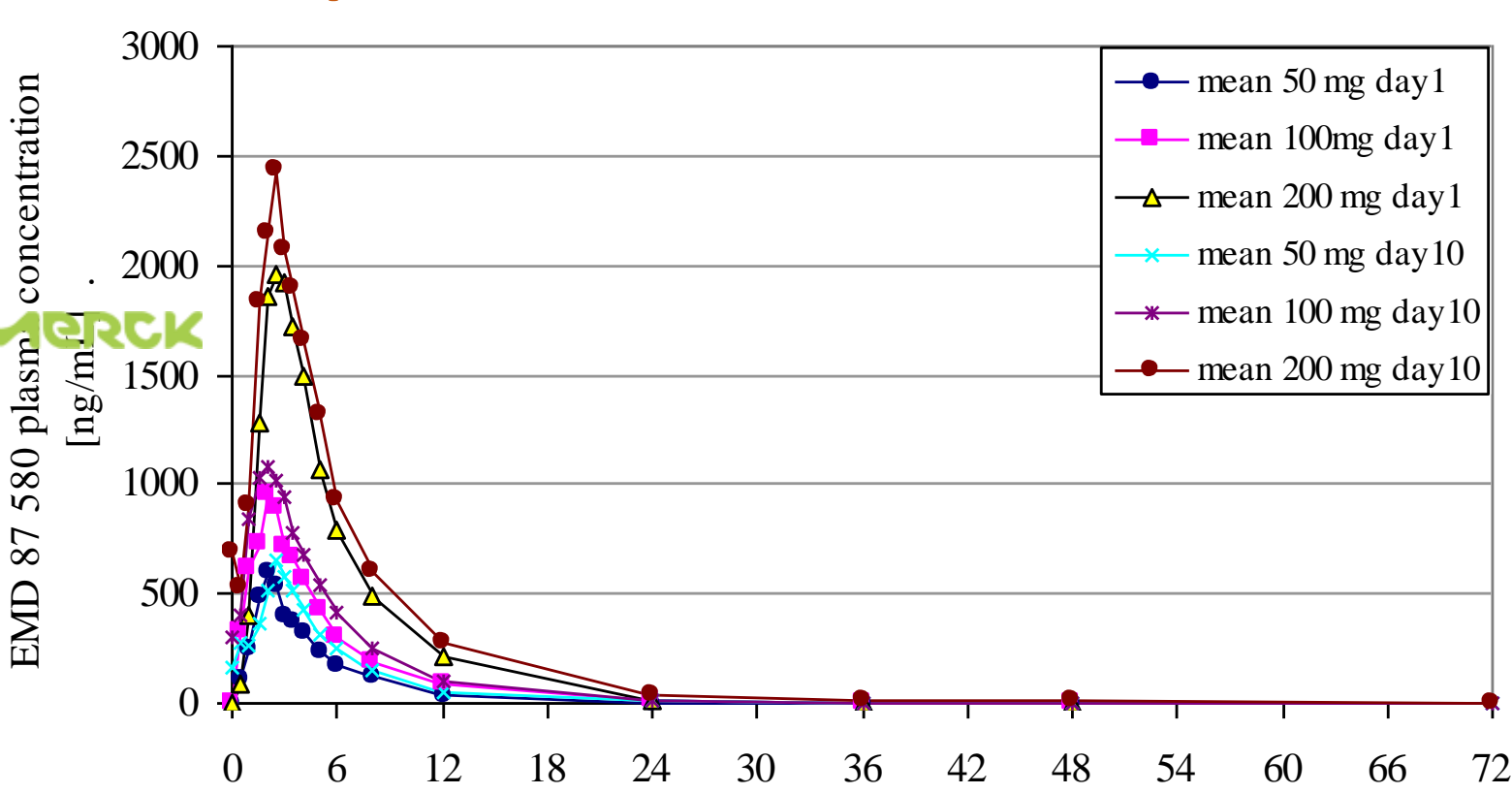


Rimeporide Clinical trial status update

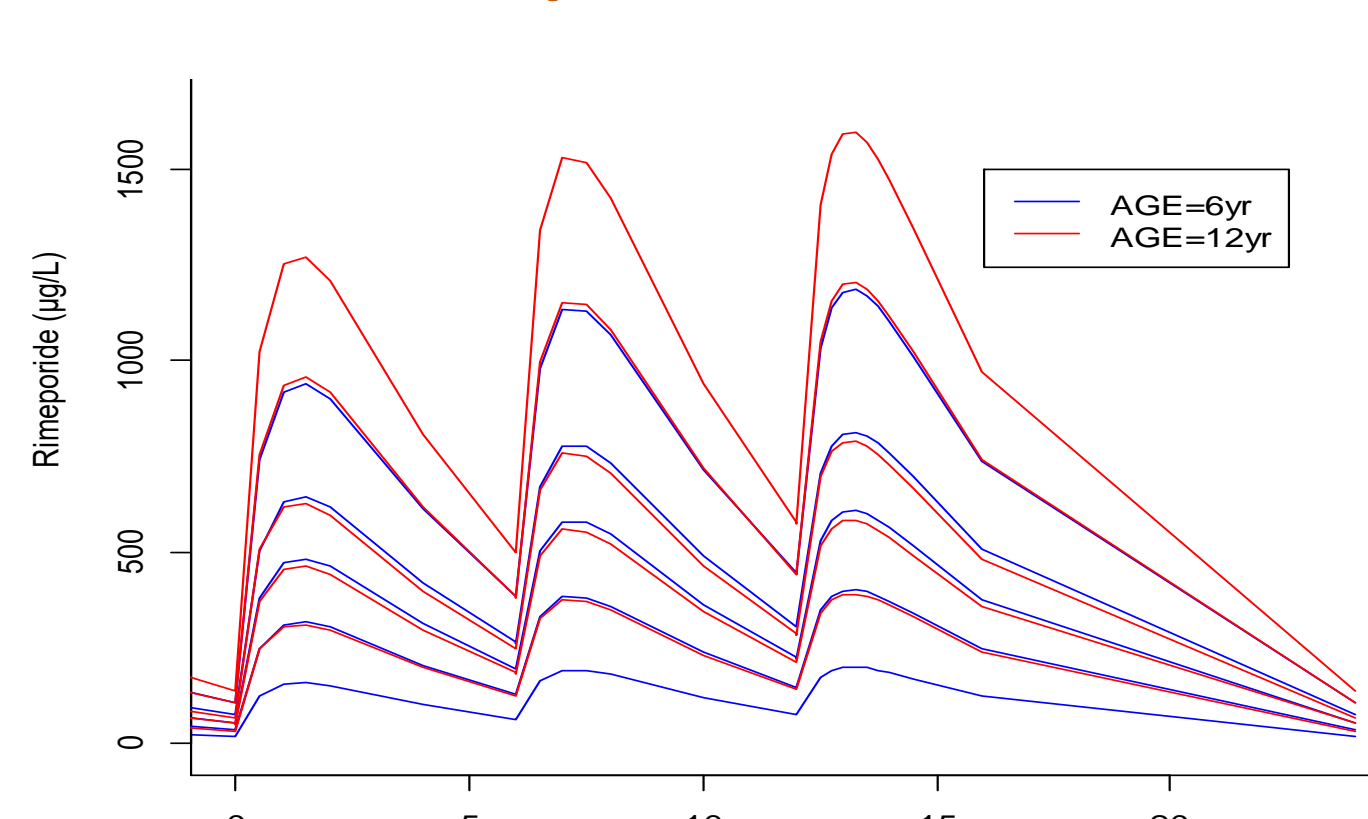
A complete safety & PK in healthy adults and congestive heart failure patients

- **Clinical pharmacology studies in over 166 healthy and CHF patients:**
 - Single oral and IV administration
 - Multiple oral doses administration
 - Food interaction
 - Drug Drug Interaction with Digoxin
 - Safety, tolerability, PK in CHF patients with renal insufficiency
- **Adverse events were mild in intensity with no clear dose dependency**
 - headache ($\approx 15\%$), dizziness ($\approx 5\%$), chest discomfort ($\approx 10\%$), paresthesias, vaso-vagal attacks, local skin reactions. No clinically relevant changes in vital signs, ECGs, Laboratory.
 - Similar events reported on Placebo and treated patients

PK profile in Adults



Predicted PK profile in Children

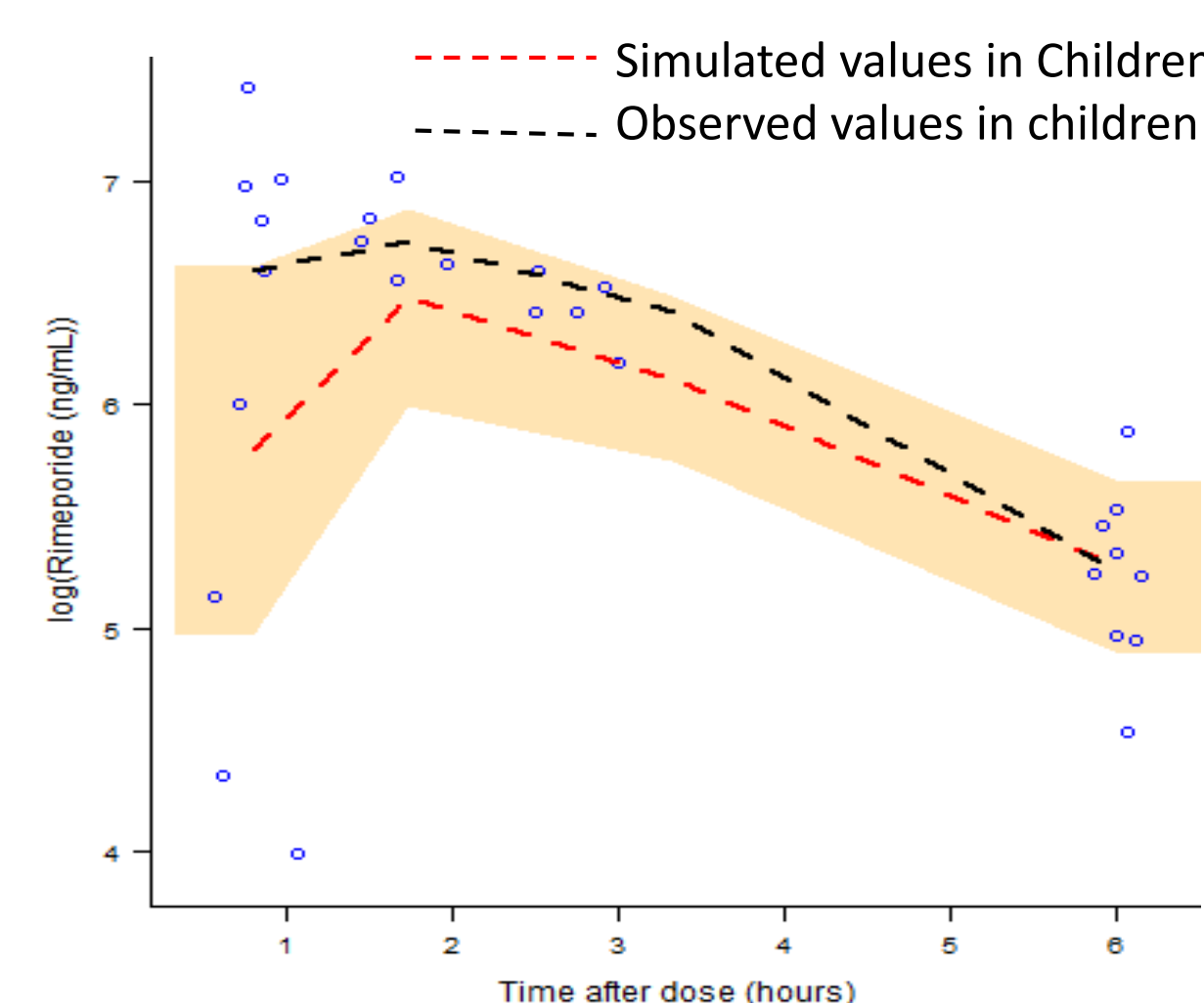


Ongoing Clinical development in patients with DMD (6 to 14 y)

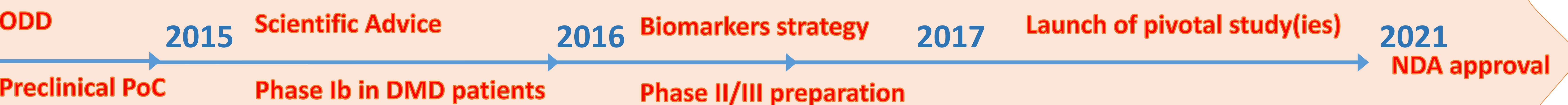
- **Primary objective:** Determine safety & tolerability of Rimeporide after 4 weeks oral treatment
- **Secondary objective :** Evaluate the PK profile of rimeporide in plasma
- **Exploratory objectives:** NMRI indices (T2, Muscle Mass, FF) & Serum Biomarkers



Cohort 1 PK results



- **In cohort 1:**
 - 5 ambulant DMD patients aged 6 to 10 y, enrolled in France, received oral rimeporide for 4 W
 - No treatment-related adverse events, no significant modification of safety lab & tolerability issues
- **In cohort 2:** 5 patients (6-10 y) in Italy, Spain & UK completed, safety analysis ongoing
- **PK:** Visual Predictive Check shows that the adult model, incorporating allometric scaling, adequately reflects the PK in children



Acknowledgements to patients & families , investigators and staff & patients organisations

