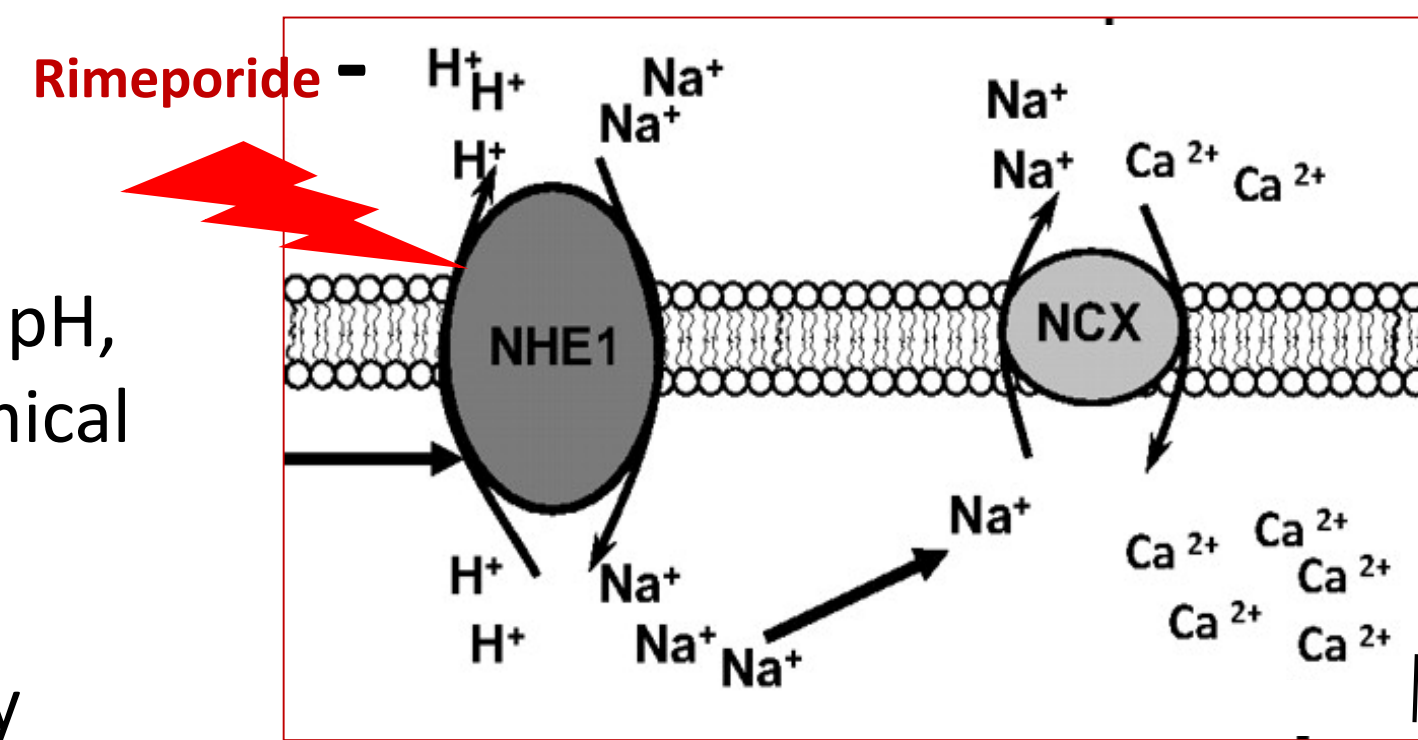


## Background and rationale

### Duchenne Muscular Dystrophy (DMD)

- DMD is a rapidly progressive and lethal form of muscular dystrophy affecting male children caused by mutations in the dystrophin gene. Currently, there is no cure for this rare disease.
- Na<sup>+</sup>/H<sup>+</sup> exchangers (NHE-1) are ubiquitous membrane that regulate pH, and cell volume. NHE-1 inhibitors have many applications in biochemical and physiological research.
- Rimeporide is a novel therapeutic approach for DMD :
  - Myocytes/cardiomyocytes of DMD patients are characterized by increased intracellular sodium concentrations and edema (Weber et al, 2012).
  - Increased intracellular pH has also been shown in myocytes of DMD patients (Torriani et al, 2012; Dunn et al, 1992) and is related to disease severity (Wary et al 2012).



Rimeporide mechanism of action, Modified from Stanbouly et al. 2008.

### Rimeporide

- Potent, orally administered selective NHE-1 inhibitor in clinical development for the treatment of patients with DMD by **EspeRare Foundation** (<http://esperare.org/>).
- Rimeporide has shown efficacy in two animal models relevant to different clinical manifestations of DMD:
  - Improvement of specific force, decreased fibrosis and inflammation established in dystrophic mice in skeletal and cardiac muscles.
  - Improvement in survival in hamsters with dilated cardiomyopathy with improved heart necrosis and fibrosis.
- Rimeporide has the potential to address inflammation, fibrosis and cardiomyopathy which are the 3 major pathogenic events in DMD that lead to a fatal outcome. Rimeporide is applicable to all patients with DMD, regardless of the causative mutation and has the potential to prolong ambulation, delay disease progression and prolong life.

## Population Pharmacokinetics of Rimeporide

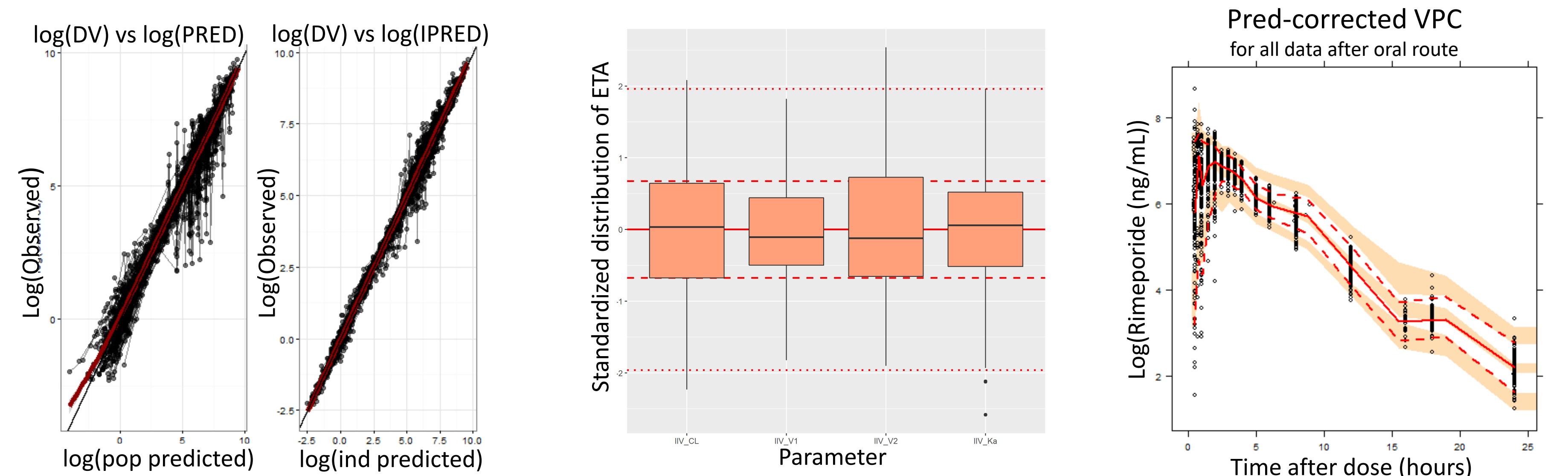
### Objectives

- To build a population PK model for Rimeporide based on adult healthy volunteers data in order to simulate Rimeporide concentrations in young boys suffering from DMD (6 to 14 years old).
- To check the adequacy of the model developed in adults with the concentrations obtained in paediatric patients in an ongoing phase Ib clinical trial.

### Methods

- Rimeporide plasma concentration, after intravenous and oral administrations in adult healthy volunteers, were obtained from 6 clinical studies, overall **156 subjects for 3302 Rimeporide concentrations**.
- Log-transformed plasma concentrations were modelled with non-linear mixed-effects approaches using NONMEM v7.3.0.

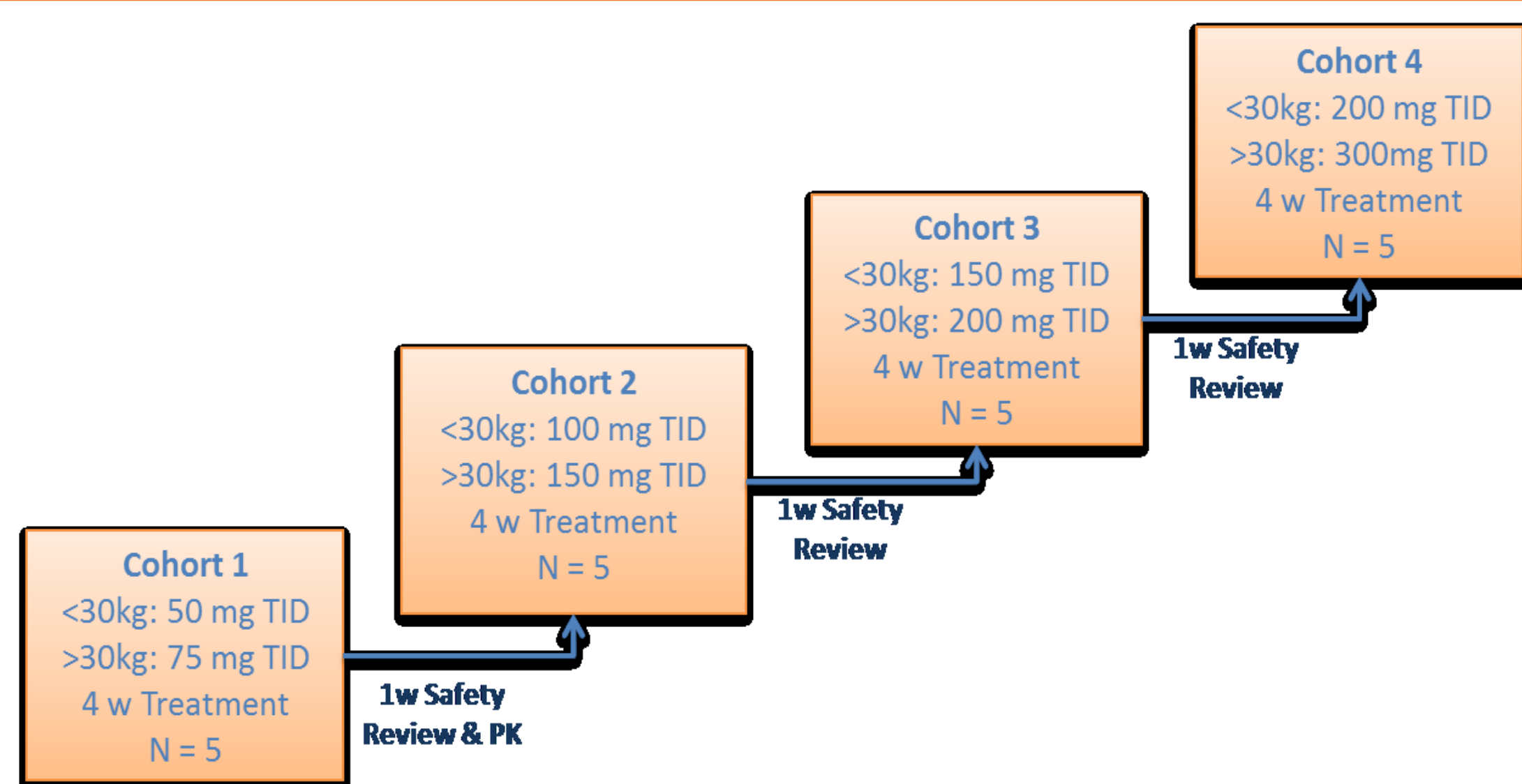
### Final PK model in adults healthy volunteers



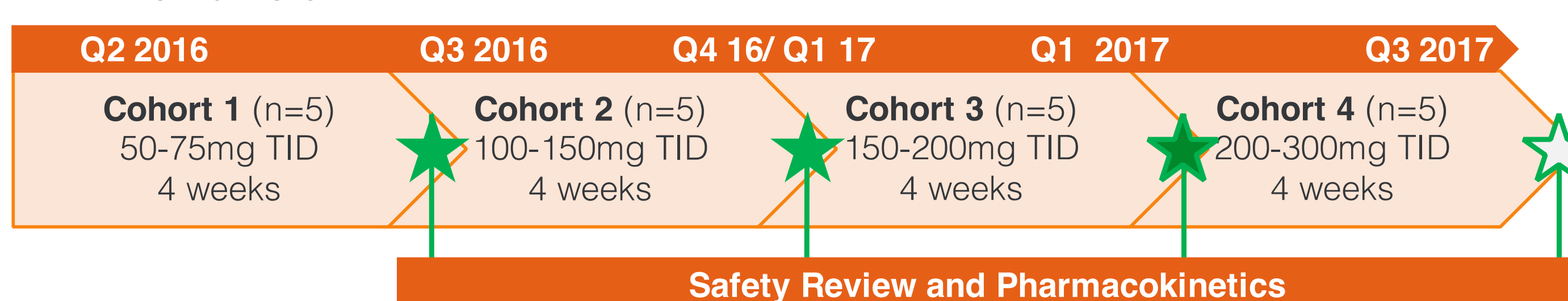
- 3-compartment model for disposition with a 3-transit compartment model for absorption and an absolute bioavailability fixed to 1.
- GOF, Distribution of random effects and pred-corr VPC plots show the good agreement between the model and the observed Rimeporide adults concentrations.

## Rimeporide Paediatric Clinical Trial

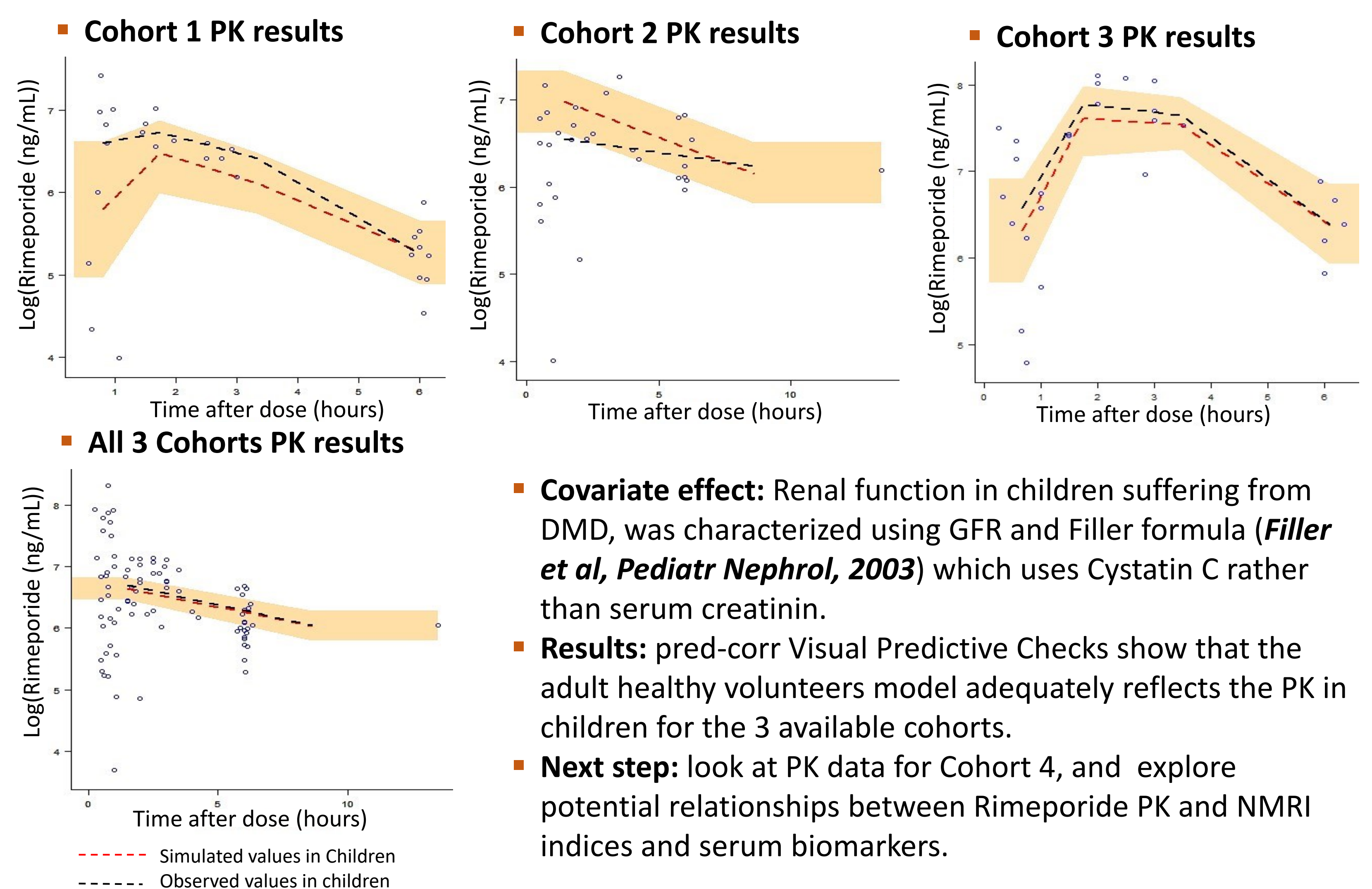
### Ongoing Clinical development in patients with DMD (6 to 14 y)



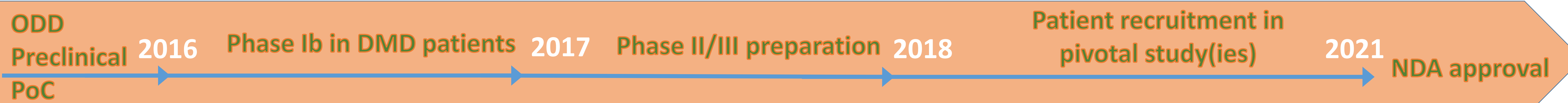
- Primary objective:** Determine safety & tolerability of Rimeporide after 4 weeks oral treatment three-times a day
- Secondary objective :** Evaluate the PK profile of Rimeporide in plasma
- Exploratory objectives:** NMRI indices (T2, Muscle Mass, Fat Fraction) & Serum Biomarkers



### Preliminary PK results for the first 3 cohorts (pred-corr VPC n=1000 replicates)



- Covariate effect:** Renal function in children suffering from DMD, was characterized using GFR and Filler formula (*Filler et al, Pediatr Nephrol, 2003*) which uses Cystatin C rather than serum creatinin.
- Results:** pred-corr Visual Predictive Checks show that the adult healthy volunteers model adequately reflects the PK in children for the 3 available cohorts.
- Next step:** look at PK data for Cohort 4, and explore potential relationships between Rimeporide PK and NMRI indices and serum biomarkers.



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