Seralutinib is delivered via inhalation by dry powder inhaler to potentially maximize the therapeutic index by directly targeting diseased pulmonary arterioles at doses up to 90 mg twice daily was well tolerated and achieved higher concentrations in lung tissue vs plasma. (see poster #1016 for more information on a Phase 1b inhaled seralutinib study in PAH patients)

**TORREY – SUBSTUDIES**

- A Computerized Tomography Substudy will examine the effect of seralutinib on pulmonary vascular remodeling by quantifying changes in pulmonary arterial blood volume
- A separate Heart Rate Monitoring Substudy will assess the effect of seralutinib on cardiac effort during the 6-minute walk test

**REFERENCES**

1. Yamamura et al. FASEB J 2019; 33:7835-74
2. Chen et al. BMC Genomics 2016; 17:381
5. Li et al. Am J Respir Crit Care Med 2020; 201:A2097