

Focused

on the Respiratory Health of Boys and Men With Duchenne Muscular Dystrophy (DMD)

At Santhera, we're studying a potential new treatment to preserve respiratory function in DMD.



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Educational Purposes



The following presentation is for educational purposes. It features information about:

- The role of mitochondria in Duchenne muscular dystrophy (DMD)
- The importance of respiratory health in DMD
- Santhera's role in studying potential treatment options
- Santhera clinical trials currently enrolling



Meet Santhera



US headquarters in Burlington, MA, with global headquarters in Pratteln,
Switzerland

Working in DMD since 2008

3 completed studies and 1 ongoing study in DMD; majority of clinical trial patients were no longer able to walk

Idebenone approved for Leber's hereditary optic neuropathy (LHON) in Europe

All products considered as investigational in the U.S.

OUR PIPELINE

idebenone in DMD (Duchenne muscular dystrophy)

Phase 3

vamorolone in DMD (exclusive option to license)

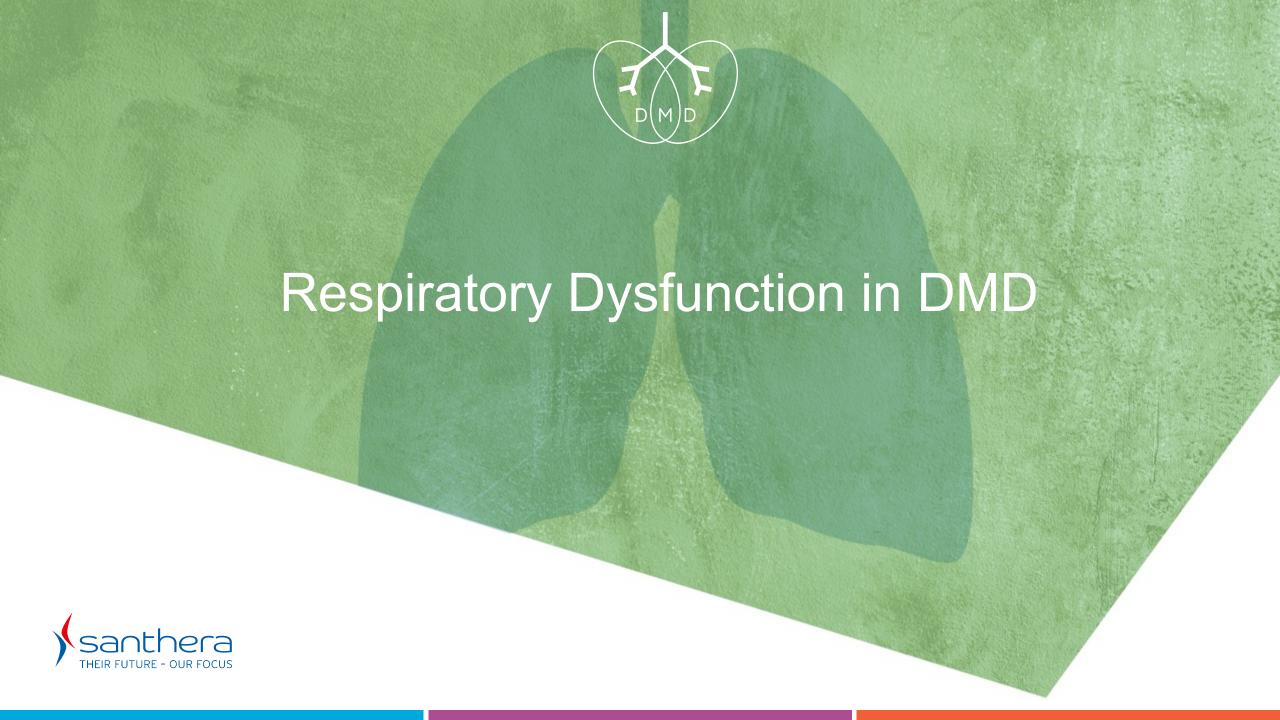
Phase 2b ReveraGen omigapil in CMD (congenital muscular dystrophy)

Phase 1

in CF (cystic fibrosis)

Phase 1b/2a





In DMD, Respiratory Muscles Weaken in the Same Way as Leg and Heart Muscles



Over time, respiratory muscles lose strength and put people with DMD at risk:

- Muscles supporting the lungs continue to weaken
- Lungs can't move air in and out as well
- Small changes in health or infections can become serious quickly





How to Protect Respiratory Health: Good Care and Be Aware



Protect respiratory health—be mindful of small changes in health, routinely test, and manage symptoms



GOOD CARE

- Find the right care team of experts that includes a neurologist
- See pulmonologist every year if walking
- Twice yearly pulmonary visits if using wheelchair full-time



BE AWARE

- When no long able to walk, watch for early signs that respiratory muscles are weakening:
 - Headaches

Trouble concentrating

Restless sleep

- Difficulty staying awake
- Shallow breathing at night
- Unexpected weight loss

- Protect against infections
 - Clear airways on a regular basis
 - Breath stacking
 - Get flu and pneumococcal vaccines
 - Watch colds carefully
 - Use cough assist and non-invasive ventilation as prescribed



Visit TakeabreathDMD.com



Important web-based information about DMD respiratory health including:

- Ways to help manage lung function and well-being for all ages
- How to address respiratory complications
- Sign up for monthly newsletters







Respiratory Health and Mitochondrial Dysfunction

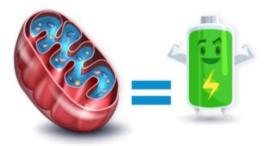


Mitochondrial Dysfunction Occurs in DMD



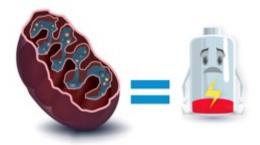
Lack of dystrophin contributes to mitochondrial dysfunction

- Mitochondria supply energy to cells to perform important functions
- Powerhouses of cell
- Muscle cells need a lot of energy and have large number of mitochondria



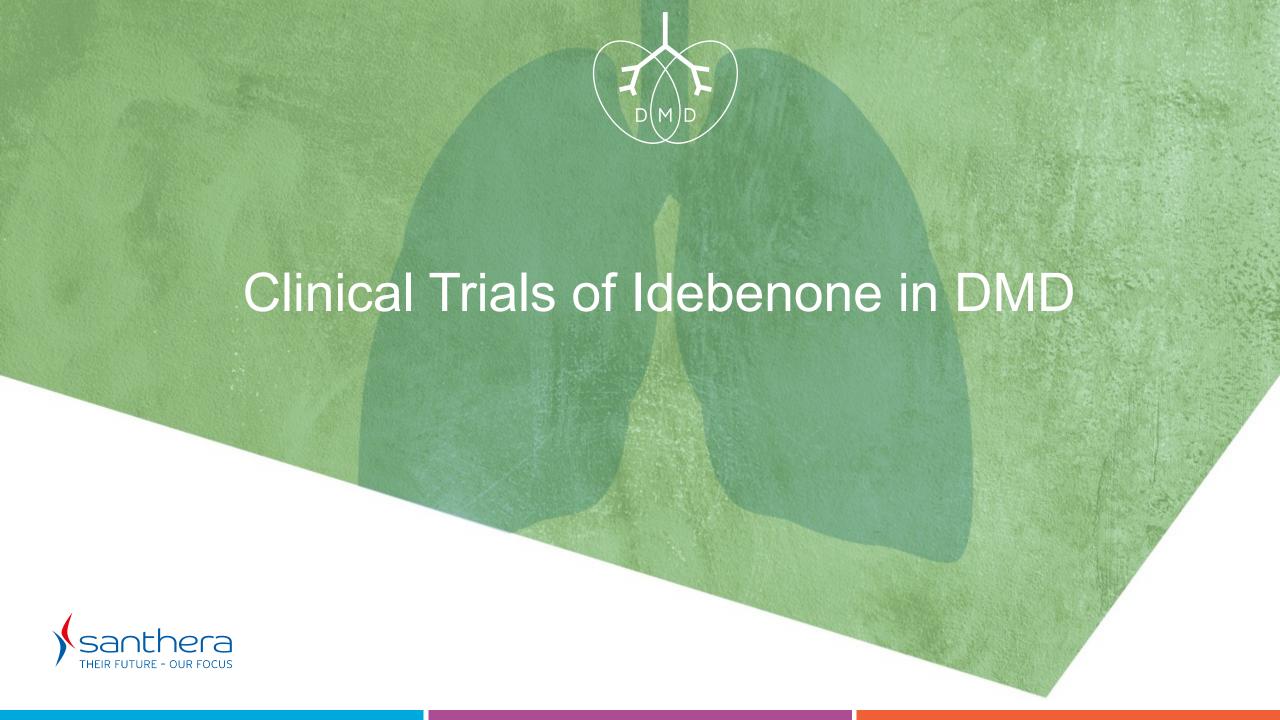
Healthy mitochondria

- Unhealthy mitochondria are associated with muscle cell death which can lead to muscle weakness
- Mitochondrial activation and protection are important treatment strategies



Unhealthy mitochondria





Idebenone in DMD Clinical Trials (DELOS)



DELOS: Phase 3 clinical trial in patients with DMD ages 10 and older not on steroids (completed)

Objective: To study how effective idebenone is compared to no treatment (placebo) on respiratory function in patients with DMD **not on steroids**

Study details

64
males with DMD

of patients were no longer walking

centers around the world

weeks
Idebenone
or placebo



Results: Idebenone in DMD Clinical Trials (DELOS)



DELOS primary end point

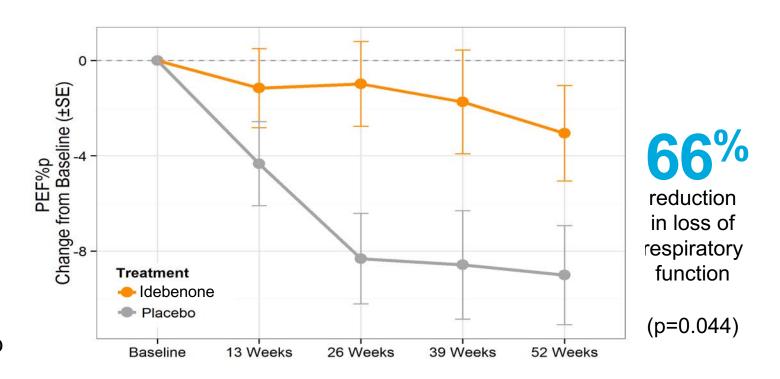
- Peak expiratory flow* percent predicted (PEF%p)
- Change in respiratory function from week 1 to week 52

DELOS results

- Trial met its primary endpoint
- 3.05% decline for idebenone group
- 9.01% decline in placebo group

PEAK EXPIRATORY FLOW (PEF)

A measure of the peak or maximum flow of air when a person breathes out as hard as he can





Idebenone in DMD Clinical Trials (SIDEROS)



SIDEROS: Phase 3 trial in patients with DMD on steroids (ongoing)

Objective: To study how effective idebenone is compared to placebo in delaying the loss of respiratory function in patients with DMD who are on steroids.

Study details

266
males with DMD

years of age and older who are using steroids

64
centers around
the world
(20 in the US)

78
weeks
Idebenone
or placebo



Idebenone in DMD Clinical Trials (SIDEROS)



Patients included in the study:



Any dystrophin mutation type

35-80% <u>FVC</u>

What is FVC?

- Total amount of air forcibly blown out after one big breath
- Normalized to population of same age, race, gender and height



On any steroid regimen of prednisone or deflazacort

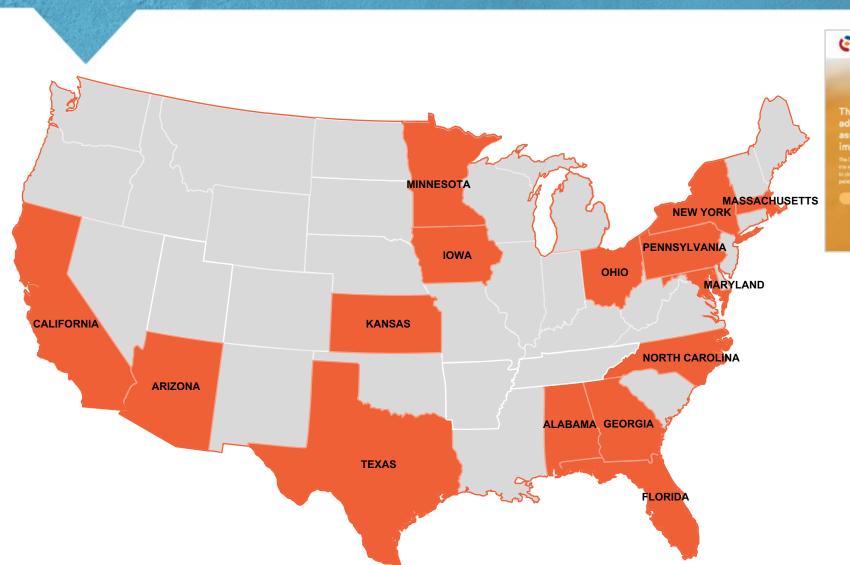
12 months

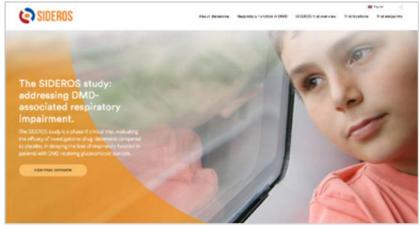
Corticosteroids use for at least 12 months prior to trial without any dosage changes in last 6 months



SIDEROS DMD Clinical Trial Sites







Visit www.Siderosdmd.com for an in-depth trial overview

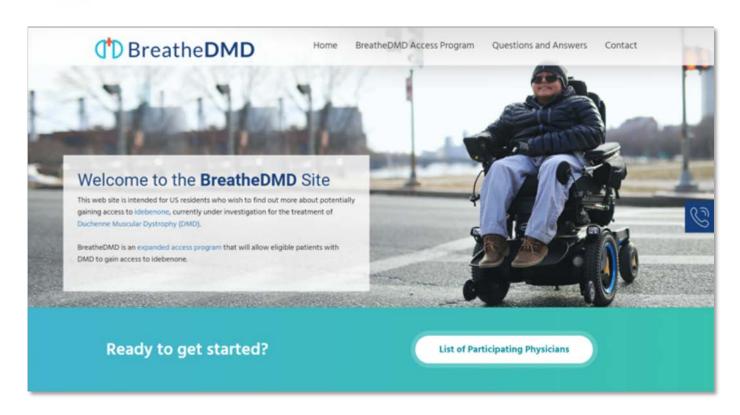
ClinicalTrials.gov identifier: NCT#02814019

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Welcome to BreatheDMD.com





BreatheDMD is an expanded access program that may allow eligible patients with DMD to gain access to idebenone.

Contact your treating physician or visit www.breathedmd.com for more information.

Participants must:*

- Be diagnosed with DMD
- Not be eligible for SIDEROS trial participation
- Be 8 years or older
- Have PEF or FVC of 25-80%p
- Have the ability to swallow pills
- Visit a participating center

^{*}additional criteria and restrictions may apply



Santhera is a proud partner of the DMD community.















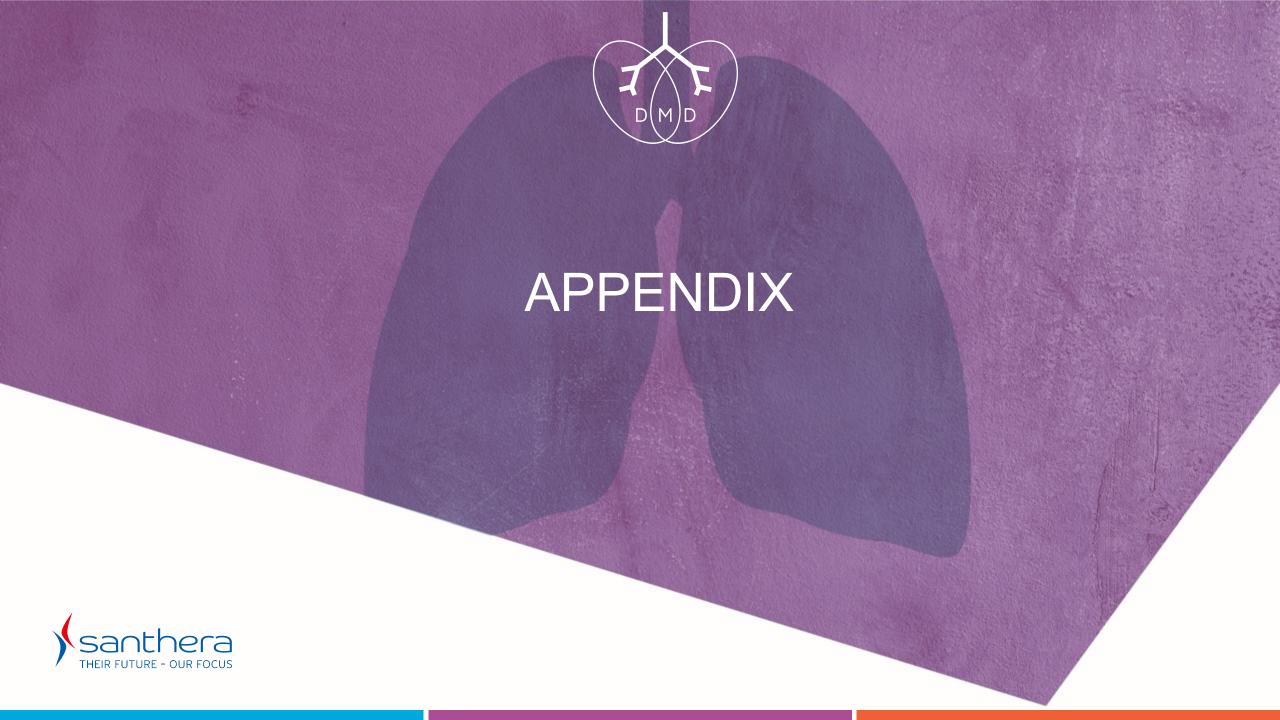




for joining us today.

At Santhera, we believe information and support can be empowering.





Idebenone in DMD Clinical Trials (SIDEROS)



Patients excluded from the study:

- Daytime ventilator assistance
- Part of any other ongoing therapeutic trial
- Any experimental drug within 90 days prior to start of SIDEROS participation





SIDEROS – US Clinical Trial Sites



Dr. Bradley TroxlerUniversity of Alabama

Birmingham, Alabama

Dr. James Woodward

Phoenix Children's Hospital *Phoenix, Arizona*

Dr. Cori Daines

Banner–University Medical Center Tucson, Arizona

Dr. David Michelson

Loma Linda University Medical Center Loma Linda, California

Dr. Leigh Maria Ramos-Platt

Childrens Hospital of Los Angeles Los Angeles, California

Dr. Perry Shieh

David Geffen School of Medicine at UCLA Los Angeles, California

Dr. Craig McDonald

UC Davis Department of Physical Medicine and Rehabilitation Sacramento, California

Dr. Marisa Couluris

Shriners Hospitals for Children *Tampa, Florida*

Dr. Han Phan

Center for Integrative Rare Disease Research *Atlanta, Georgia*

Dr. Kathy Mathews

University of Iowa lowa City, Iowa Dr. Jeffrey Statland

University of Kansas Medical Center Kansas City, Kansas

Dr. Thomas Crawford

Johns Hopkins University Hospital *Baltimore, Maryland*

Dr. Basil Darras

Boston Children's Hospital Boston, Massachusetts

Dr. Carla Grosmann

Gillette Children's Specialty Healthcare St Paul, Minnesota

Dr. Emma Ciafaloni

University of Rochester Rochester, New York

Dr. Benjamin Brooks

Carolinas HealthCare System Charlotte, North Carolina

Dr. Cuixia Tian

Cincinnati Children's Hospital Medical Center Cincinnati, Ohio

Dr. Andre Prochoroff

MetroHealth Medical Center Cleveland, Ohio

Dr. Oscar Henry Mayer

Children's Hospital of Philadelphia Philadelphia, Pennsylvania

Dr. Warren Marks

Cook Children's Medical Center Fort Worth, Texas

