The FIGHT DMD Trial: Cardiac Findings with Ifetroban in Duchenne Muscular Dystrophy

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June 26, 2026

Parent Project Muscular Dystrophy

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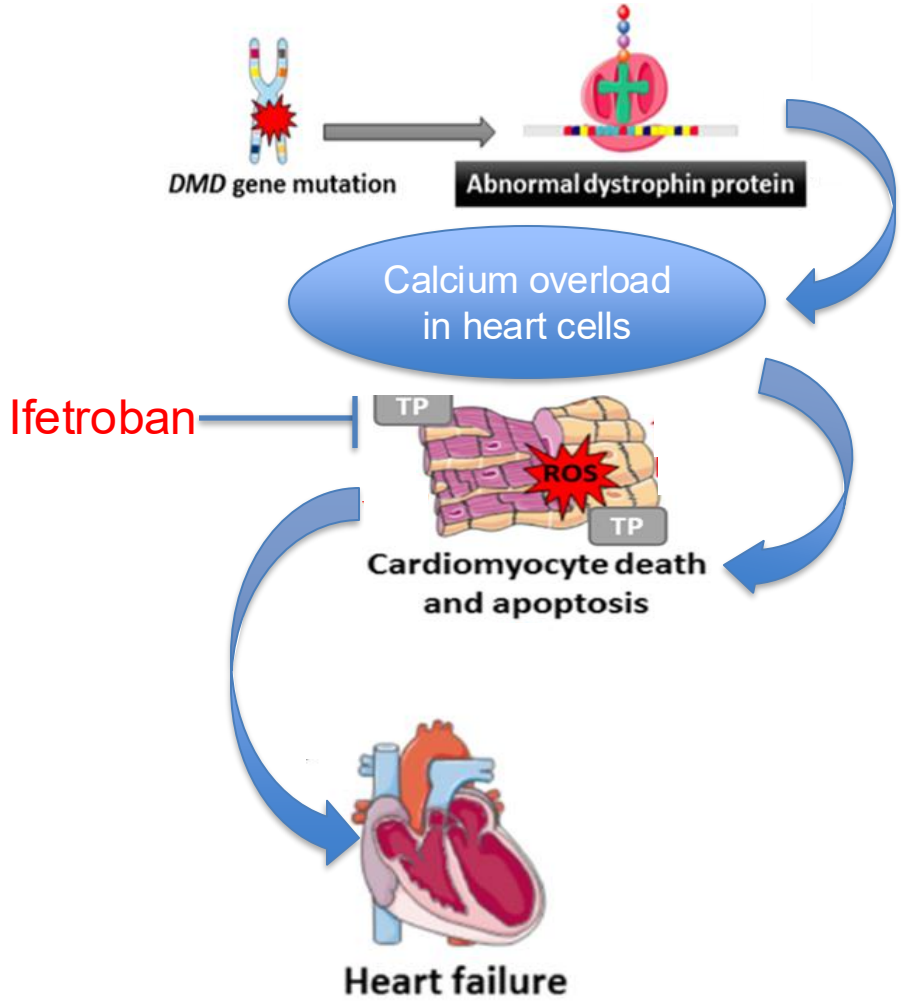
Disclosure Slide

- Site Principal Investigator for the FIGHT DMD trial, sponsored by Cumberland Pharmaceuticals
- Presentation content prepared in collaboration with Cumberland Pharmaceuticals.

How Ifetroban Works

- Ifetroban blocks some of the damage signals that lead to heart muscle injury in DMD
- Less cell damage means less fibrosis and less loss of heart function over time
- Safety established in over 1,400 clinical trial participants across nearly 30 studies



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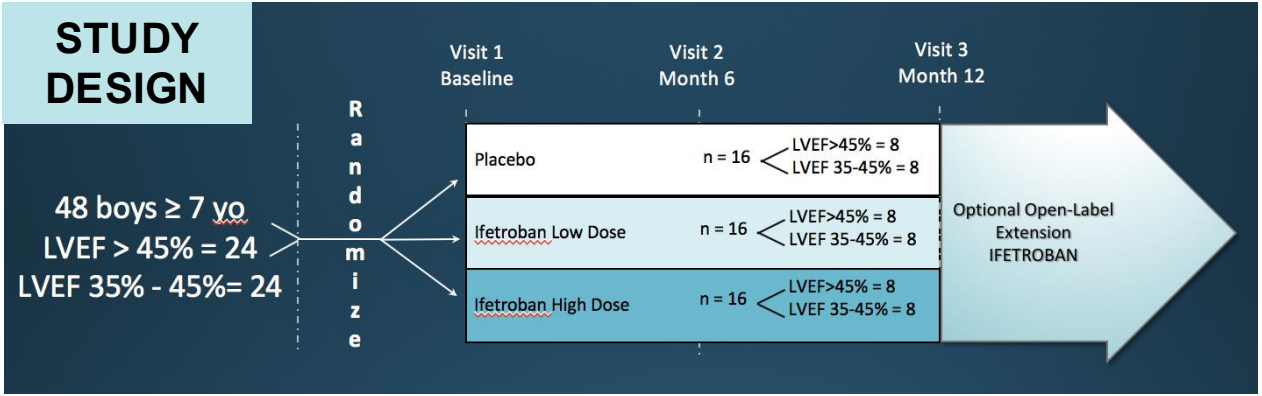
FIGHT DMD Study Design and Open-Label Extension

THE FIGHT DMD TRIAL

Planned enrollment of 48 boys; final enrollment was 41 randomized across the three arms



- All subjects received high dose ifetroban (300 mg/day)
- 21 subjects have completed up through 36 months with some completing 48 months of treatment
- Continuing to measure long-term safety and effects on heart function — updated findings will be shared as they become available

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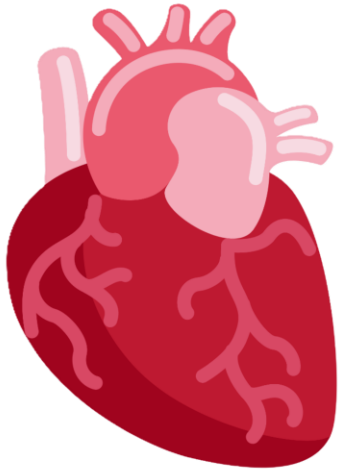
Cardiac Efficacy after 12 Months of Treatment

Heart Pumping
Increased with High-dose Ifetroban

5.4% Improvement in left ventricular ejection fraction
(p = 0.002)

N = 12 high-dose ifetroban
N = 24 placebo or DMD natural history



Blood Marker of Heart Strain and Damage
Decreased with High-dose Ifetroban

54 pg/mL Average Reduction in NT-proBNP
(p = 0.017)

N = 9 high-dose ifetroban
N = 25 placebo or DMD natural history

- FIGHT DMD enrolled **41** boys with DMD ages 7 and older to high-dose ifetroban (18), low-dose ifetroban (12), or placebo (11): 36 early-stage cardiomyopathy and 5 advanced-stage cardiomyopathy. Subjects from a DMD natural history study were incorporated into the placebo group
- The high-dose ifetroban cohort includes 14 early-stage and 4 advanced-stage participants while only early-stage participants were randomized to placebo; one additional late-stage subject was enrolled in the placebo group as an over-enrollment
- **31** subjects completed 12 months of treatment; some of these subjects could not undergo cardiac MRI due to contractures or could not get blood draws at the time of their visit.

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Blood Biomarkers Reflect Cardiac Improvement Over 12 Months of Treatment

THE FIGHT DMD TRIAL

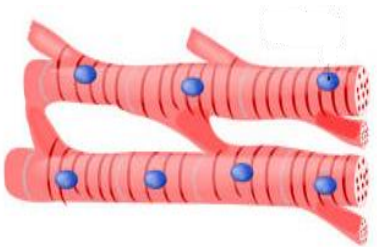
These blood proteins changed in directions consistent with heart muscle protection, supporting the cardiac function results

Markers of Protection and Repair
Increased with High-dose Ifetroban*

2.4x Increase
FGF16
Heart protective factor

2.1x Increase
TSPAN7
Tissue repair factor

Higher levels indicate protection/repair



Markers of Cell Damage
Reduced with High-dose Ifetroban*

30% Reduction
MYL3
Marker of heart muscle injury

50% Reduction
MYOD1
Marker of cell damage

*N = 21 high-dose ifetroban
N = 24 placebo + NHS

*The high-dose ifetroban biomarker group (N=21) includes participants from both the blinded study and the open-label extension

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Safety Profile of Ifetroban

THE FIGHT DMD TRIAL

- Most reported adverse events related to underlying disease
- No serious adverse events (SAEs) deemed related to study medication
- Events possibly related to ifetroban: bruising (2 high-dose, 1 low-dose), and small broken blood vessels (1 high-dose)
- Ifetroban used safely as add-on with standard DMD background therapies
- Long-term safety profile consistent through the open-label extension (the period after the original blinded study during which all participants received active ifetroban), with no new safety signals identified through 36 months of treatment
- Across all participants combined, boys have now received ifetroban for a total of approximately 90 years of treatment (~11 years at low dose, ~79 years at high dose)

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Program Next Steps

THE FIGHT DMD TRIAL

February 2025

FIGHT DMD Topline results announced

February 2026

Fast Track Designation granted

August 2026

Long-term safety and efficacy data expected through M36

Ifetroban has received Rare Pediatric Disease, Orphan Drug and Fast Track Designations

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Deramiocel – HOPE-3 Phase 3 Study Results

Parent Project Muscular Dystrophy

Regulatory Update

Capricor

Target PDUFA Date

August 22, 2026

Deramiocel Mechanism of Action

- **Deramiocel** is a cellular therapy under review by the FDA for approval for the treatment of **cardiomyopathy** in patients with DMD

- **Deramiocel** is administered by IV infusion every 3 months
- **Deramiocel** is a suspension of allogeneic Cardiosphere Derived Cells (CDCs) which are **not stem cells and do not engraft**

- **Deramiocel** mechanism of action is via exosome release which have anti-fibrotic, anti-inflammatory, and immunomodulatory activities
- **Deramiocel** has been administered to ~125 DMD patients with over 800 infusions
- **Deramiocel** granted Orphan Drug, RMAT and Rare Pediatric Disease designations

HOPE-3 Pivotal Phase 3 Trial

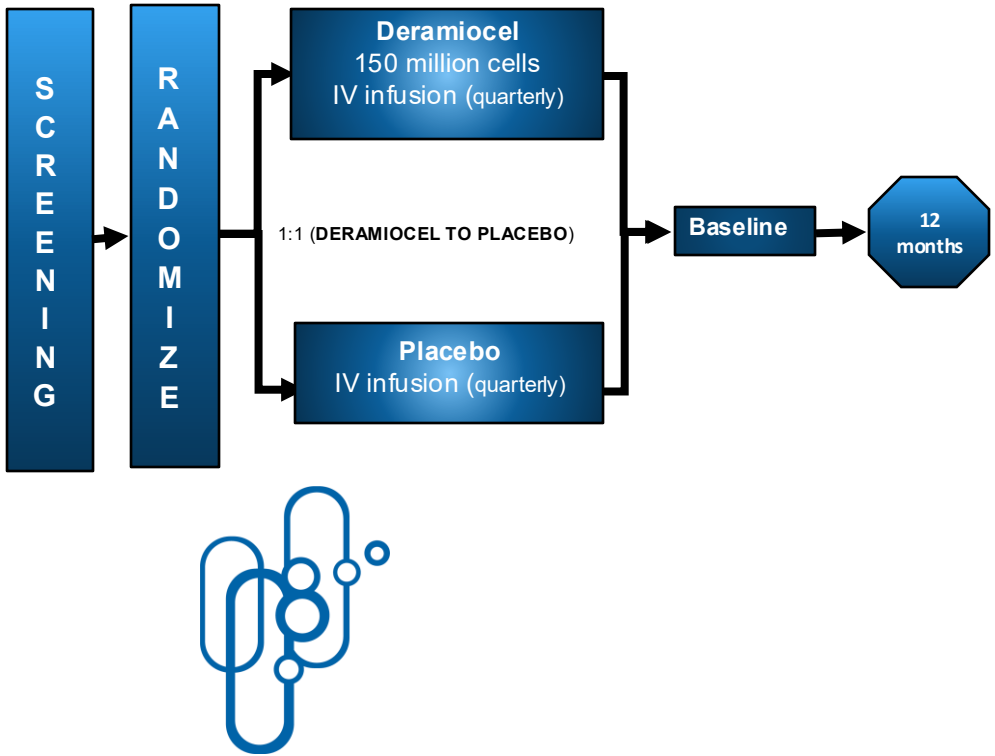
Study Design

Capricor

HOPE-3
DUCHENNE CLINICAL TRIAL

Design & Endpoints

- Phase 3: randomized (1:1), double-blind, placebo-controlled study
- **N = 106 subjects randomized**
- Conducted in the United States: 20 clinical sites
- **Primary efficacy endpoint**[1]: PUL v2.0
  skeletal muscle assessment
- **Key secondary endpoint**[1]: left ventricular fraction (LVEF)
  cardiac assessment
- **Other secondary endpoints**[1]:
  mid-level PUL v.2.0, GST and LGE
- **Announced positive topline results**: **Dec. 2025**



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Developing Transformative Therapies from Bench to Bedside

ClinicalTrials.gov ID: NCT05126758

[1]Type-I error controlled

Safety Results

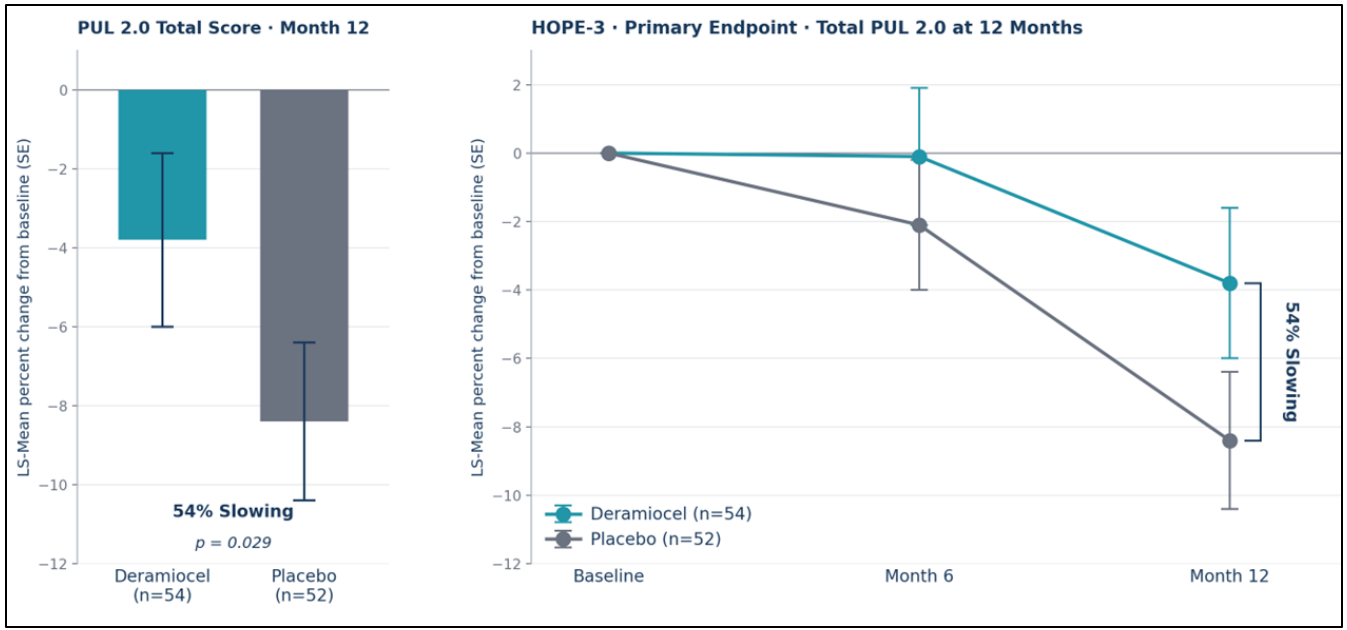
Favorable Safety Profile

Overview	Placebo (n=52)	Deramiocel (n=53)	Overall (n=105)
Any TEAEs	43 (82.7)	50 (94.3)	93 (88.6)
TEAEs related to IP or administration procedure	19 (36.5)	44 (83.0)	63 (60.0)
TEAEs related to IP	16 (30.8)	44 (83.0)	60 (57.1)
TEAEs related to administration procedure	9 (17.3)	23 (43.4)	32 (30.5)
TEAEs RELATED TO IP / PROCEDURE — BY MAXIMUM SEVERITY, n (%)			
Mild (grade 1)	15 (28.8)	19 (35.8)	34 (32.4)
Moderate (grade 2)	3 (5.8)	25 (47.2)	28 (26.7)
Severe (grade 3)	0	0	0
Life-threatening (grade 4)	1 (1.9)	0	1 (1.0)
Fatal (grade 5)	0	0	0
SERIOUS EVENTS & DEATHS, n (%)			
TEAEs leading to death	0	0	0
Any serious TEAEs	5 (9.6)	1 (1.9)	6 (5.7)
Serious TEAEs related to IP or procedure	1 (1.9)	1 (1.9)	2 (1.9)

HOPE-3 Primary Endpoint

Total PUL 2.0 at 12-Months

Mean Percent Change from Baseline



Δ 1.2 pts

54% slowing of disease

p = 0.029

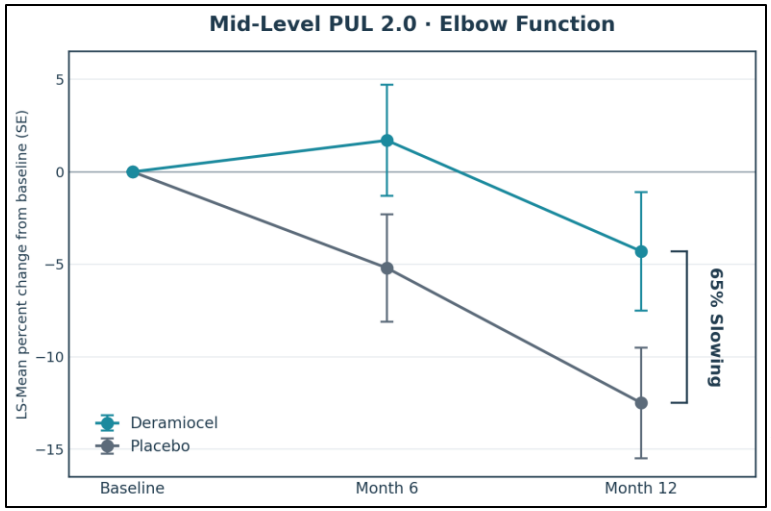
LS-mean difference 4.55 pp

Prespecified repeated-measures model using percent change from baseline. LS-mean difference = 4.55 percentage points, corresponding to a 1.2-point difference on the PUL 2.0 scale.

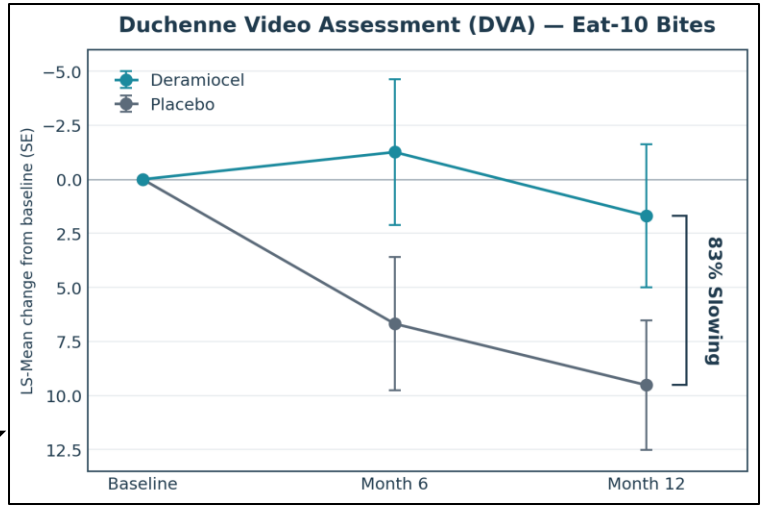
Mid-Level PUL 2.0 vs. DVA Eat-10-Bites

Statistically significant hand-to-mouth benefit observed via two independent measurement approaches.

Mean Percent Change from Baseline



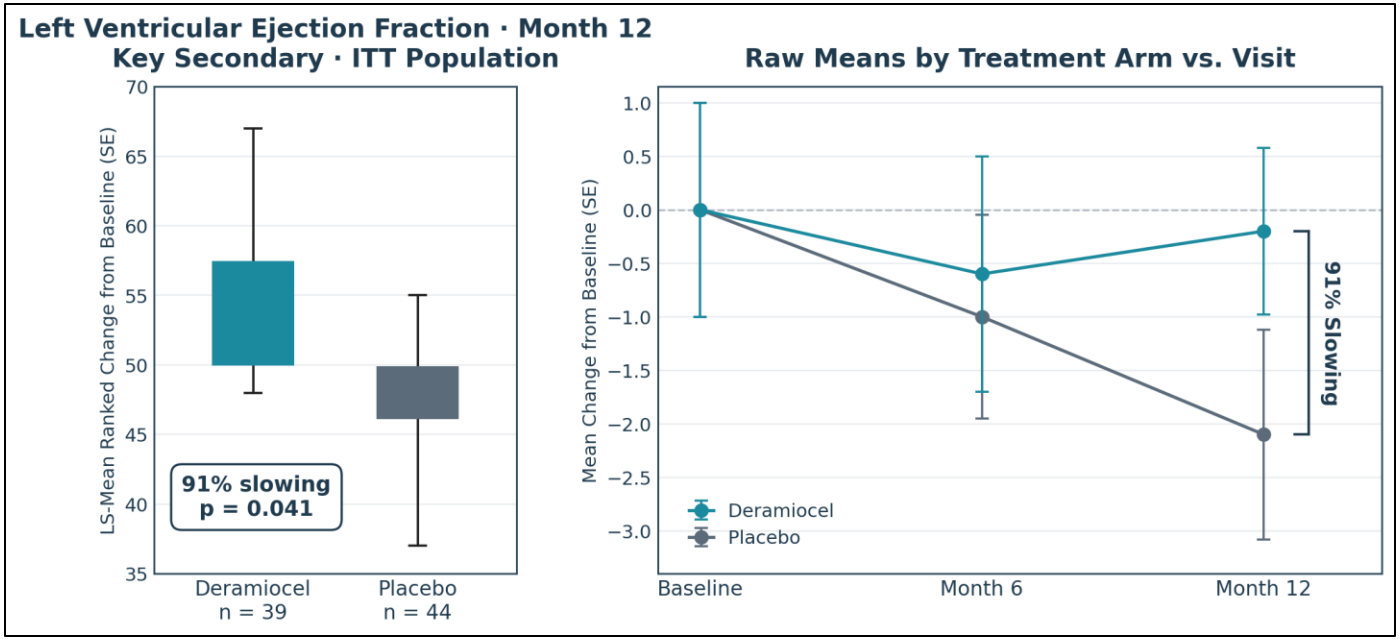
Disease Progression



- Two different tests agree: Mid-level PUL, done by a clinician, and the DVA Eat-10 Bites video.
- Both capture the same meaningful change for patients; confirming the result holds up across independent measures.

HOPE-3 Key Secondary Endpoint

Left Ventricular Ejection Fraction at 12-Months



Δ 2.4

LVEF percentage pts.

p = 0.041

LS-mean diff. 11.65 ranks

91% slowing of disease

LS-mean difference = 11.65 ranks, corresponding to a 2.4 percentage-point difference on LVEF. Based on prespecified rank ANCOVA model. ITT population with centrally reviewed and evaluable cardiac MRI LVEF at baseline and Month 12 (n=83).

Secondary: Late Gadolinium Enhancement

Progression of Heart Muscle Scarring

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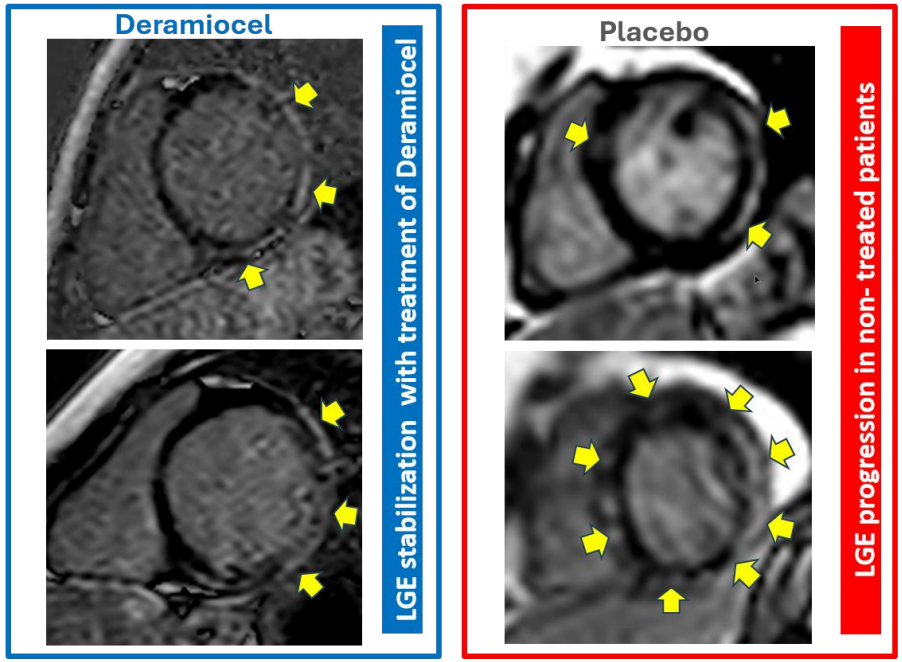

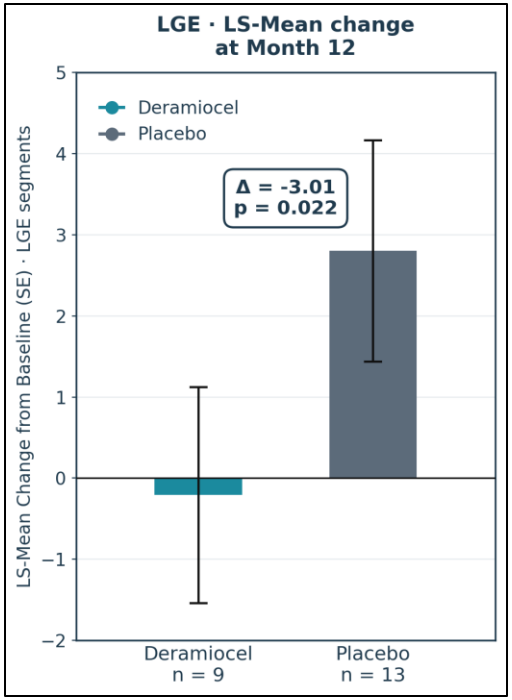

Δ 3.0

Mean Change Segments

p = 0.022

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- LGE stabilized with Deramiocel
- Non-treated patients progressed by 3 segments on average

Conclusions- Skeletal Muscle

Allogeneic cell therapy
IV every 3 months · acceptable tolerability & safety

HOPE-3 met ALL endpoints
Primary + secondary (type-1 error controlled)

Upper Limb Function

Slowed disease progression in skeletal muscle function

- **54% slowing** PUL 2.0 Total Score (p=0.029)
- **65% slowing** PUL 2.0 Mid-level score (p=0.008)
- **83% slowing** Eat-10 Bites — Duchenne Video Assessment (p=0.018)

Protects activities of daily living - transferring, turning, eating independently

Conclusions – Cardiac Function

Cardiac Function

Stabilized LVEF and LGE (fibrosis) progression

- **91% slowing** LVEF — all evaluable patients (p=0.041)
- **>100% slowing** LVEF — known cardiomyopathy (p=0.017)
- **Reduced** rate of LGE segment progression (p=0.022)

▶ **Preserved cardiac function** is likely to translate into survival benefit[1]

HOPE-3 confirms musculoskeletal and cardiac functional benefit in DMD and demonstrates anti-fibrotic activity

[1]Soslow, J. H. et al. Circ.: Heart Fail. 16, e010040 (2023).

Acknowledgements

Capricor

A Huge Thank You!

To all the patients and families who participated in the HOPE-3 Study

PATIENT ADVOCACY ORGANIZATIONS

- Parent Project Muscular Dystrophy
- Muscular Dystrophy Association
- CureDuchenne

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All the HOPE-3 Investigators and Study Staff

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