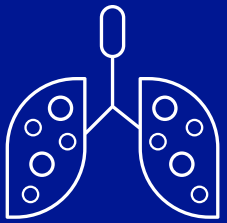
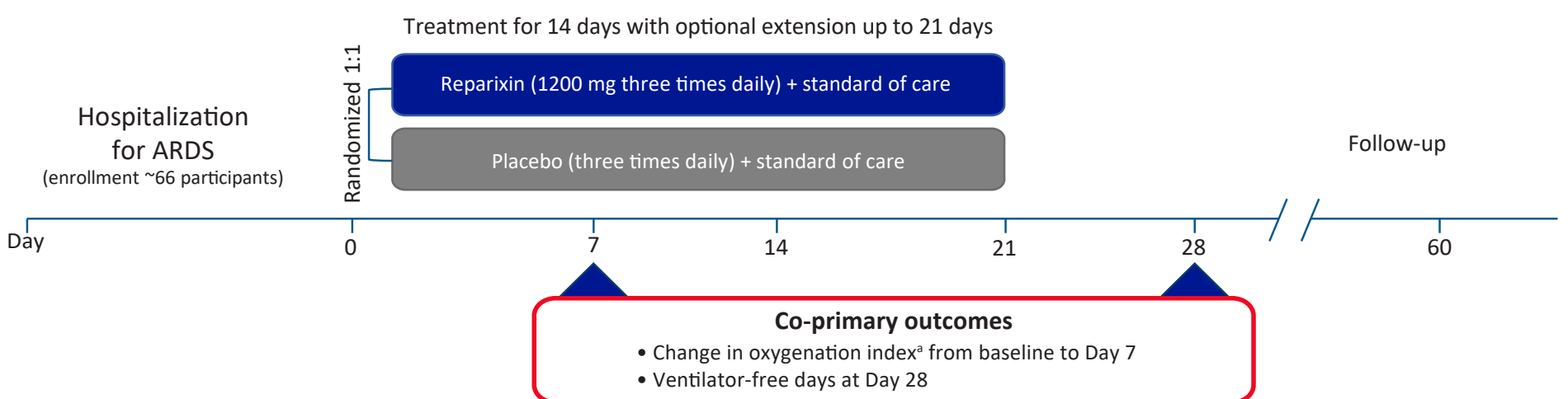


RESPIRATIO IS NOW ENROLLING AT YOUR HOSPITAL

ATTENTION: Are you caring for patients hospitalized with acute respiratory distress syndrome (ARDS)?



A phase 2, multinational, randomized, double-blind, placebo-controlled trial (NCT05496868)¹ is ongoing at your hospital to evaluate the efficacy and safety of reparixin as an add-on therapy to the standard of care for adults hospitalized with moderate-to-severe ARDS



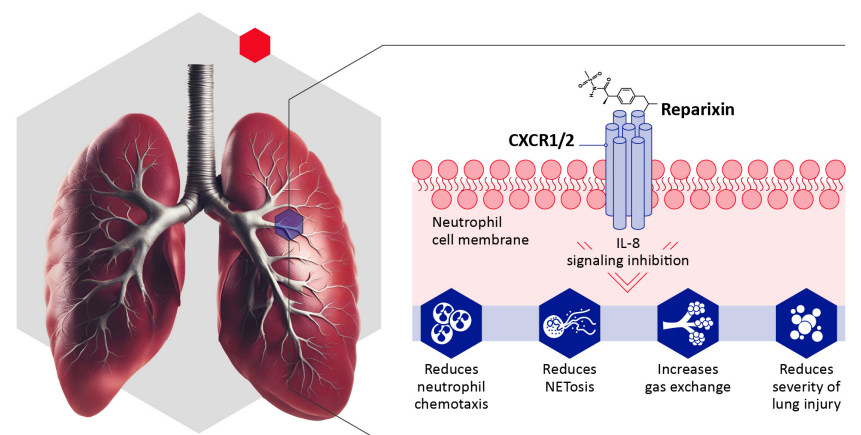
TARGET PATIENT POPULATION

- Hospitalized adults (aged ≥ 18 years)
- Mechanically ventilated (invasive) patients with $\text{PaO}_2/\text{FiO}_2$ ratio ≤ 200 mmHg in the presence of $\text{PEEP} \geq 5$ cm H_2O
- Respiratory failure not fully explained by cardiac failure or fluid overload
- Within 48 hours from fulfilling ARDS diagnosis
- Not pregnant or planning to become pregnant
- No known hypersensitivity to ibuprofen or medications belonging to the sulfonamide class
- Lack of chronic renal or hepatic dysfunction
 - Renal dysfunction: < 30 mL/min/ 1.73 m² eGFR or renal replacement therapy
 - Hepatic dysfunction: $\text{AST/ALT} \geq 3 \times \text{ULN}$ + total bilirubin $> 2 \times \text{ULN}$ or $\text{AST/ALT} \geq 5 \times \text{ULN}$; Child-Pugh Score ≥ 7

INVESTIGATIONAL AGENT: REPARIXIN

- Reparixin is an investigational, potent, noncompetitive allosteric inhibitor of the interleukin-8 receptors CXCR1 and CXCR2²
- Reducing interleukin-8 signaling may attenuate inflammatory responses by reducing neutrophil recruitment to the lung (Figure)³
- Modulation of interleukin-8 activity via blockade of its receptors may reduce progression of ARDS^{4,5}

Proposed Mechanism of Action^{2,3,6-11}



Reparixin is an investigational agent and may affect outcomes as proposed in the figure through inhibition of IL-8.

To learn more about the clinical trial, enrollment, and principal investigator at your site, visit www.clinicaltrials.gov/study/NCT05496868 or contact usmedinfo@dompe.com for additional information on how you can get involved in clinical research at your site!



ALT, alanine aminotransferase; AST, aspartate aminotransferase; CXCR, chemokine receptor; eGFR, estimated glomerular filtration rate; FiO_2 , fraction of inspired oxygen; IL, interleukin; NET, neutrophil extracellular trap; PaO_2 , partial pressure of arterial oxygen; PEEP, positive end-expiratory pressure; ULN, upper limit of normal. ^aChange in percentage of mean airway pressure $\times \text{FiO}_2/\text{PaO}_2$.

1. ClinicalTrials.gov. <https://www.clinicaltrials.gov/study/NCT05496868>. Accessed September 7, 2023. 2. Bertini et al. *Proc Natl Acad Sci U S A*. 2004;101:11791-11796. 3. Zarbock et al. *Br J Pharmacol*. 2008;155:357-364. 4. Williams and Chambers. *Am J Physiol Lung Cell Mol Physiol*. 2014;306:L217-L230. 5. Ha et al. *Theranostics*. 2017;7:1543-1588. 6. Alsabani et al. *Br J Anaesth*. 2022;128:283-293. 7. Hosoki et al. *Clin Exp Allergy*. 2019;49:130-132. 8. Russo et al. *Am J Respir Cell Mol Biol*. 2009;40:410-421. 9. Schraufstatter et al. *Am J Physiol Lung Cell Mol Physiol*. 2001;280:L1094-L1103. 10. Song et al. *Respir Res*. 2022;23:155. 11. Boro et al. *J Immunol*. 2017;199:1660-1671.