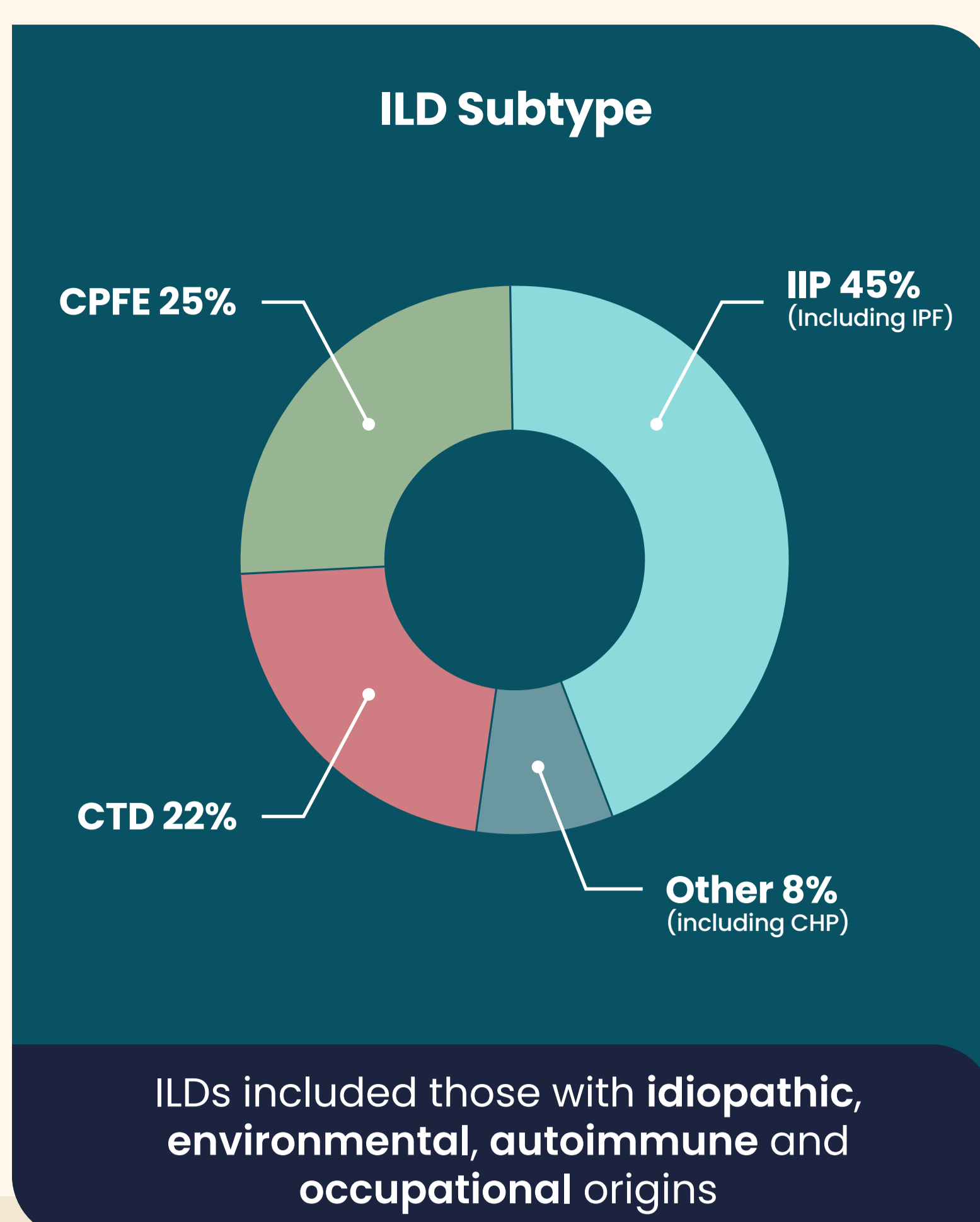
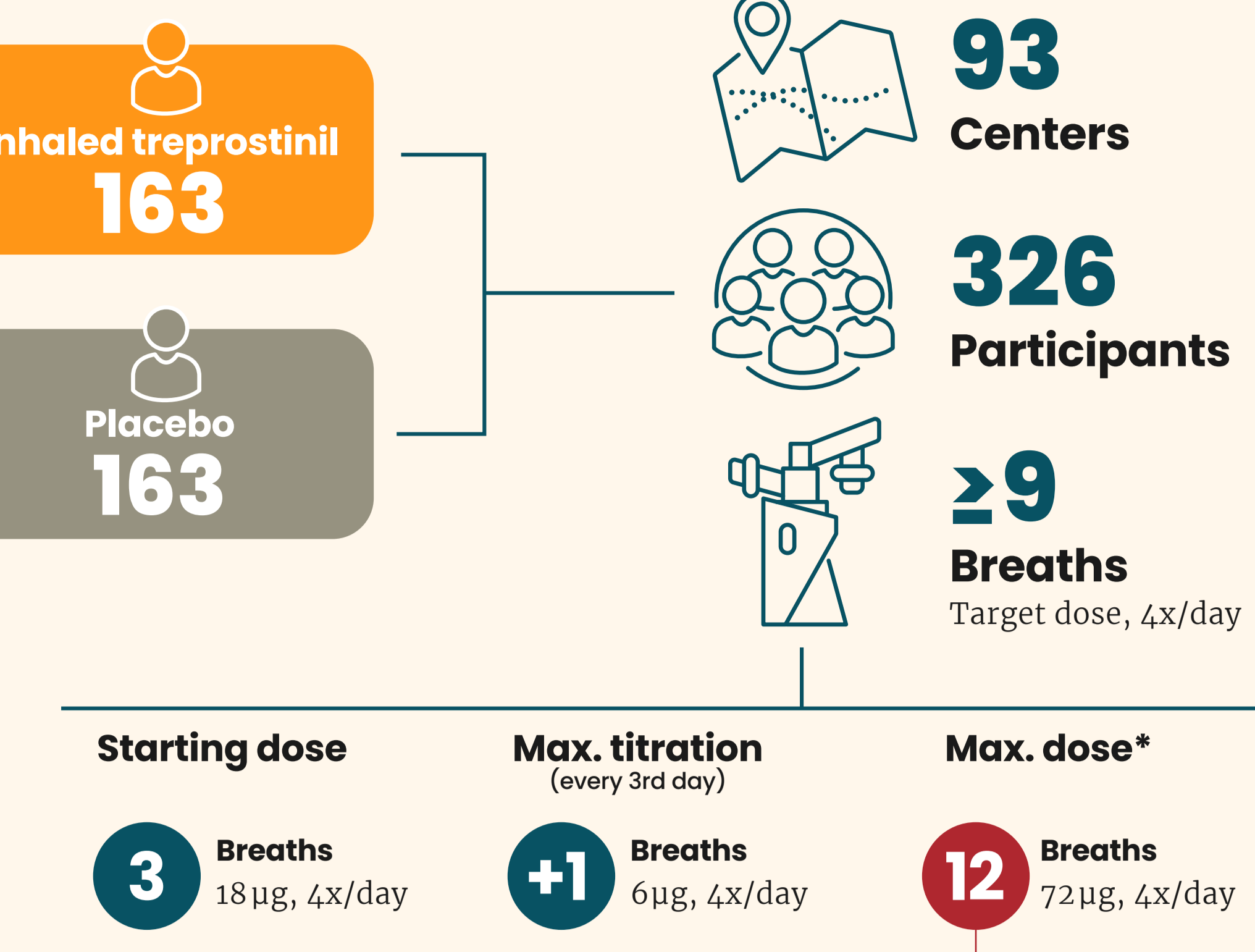


INCREASE: Inhaled Treprostinil in Pulmonary Hypertension Due to Interstitial Lung Disease

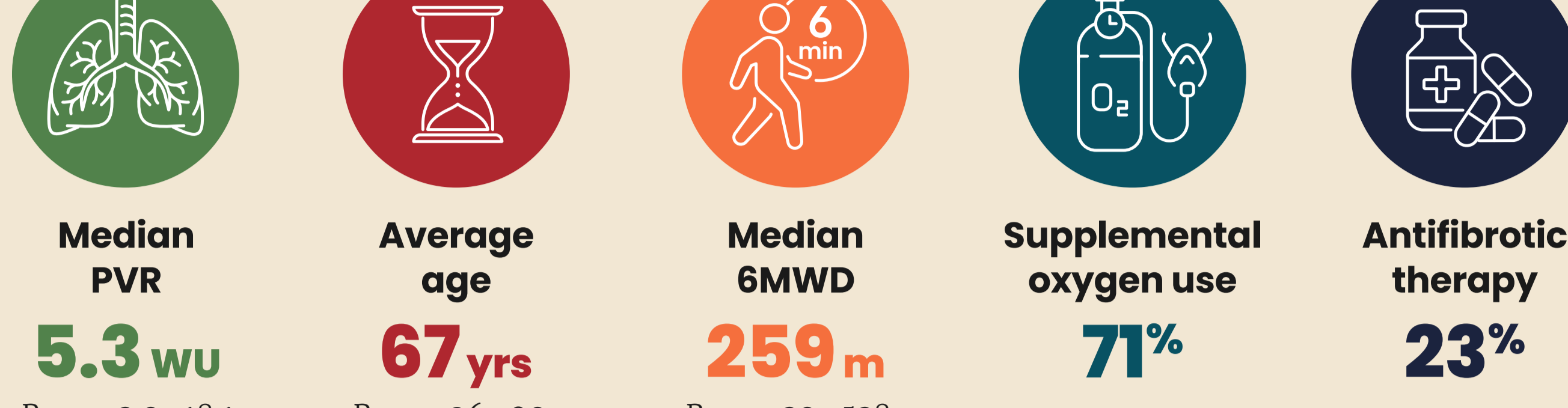
Phase III, multicenter, double-blind, randomized, placebo-controlled, parallel-group trial

Study Overview

A 16-week study evaluating the safety and efficacy of **inhaled treprostinil** in patients with PH-ILD

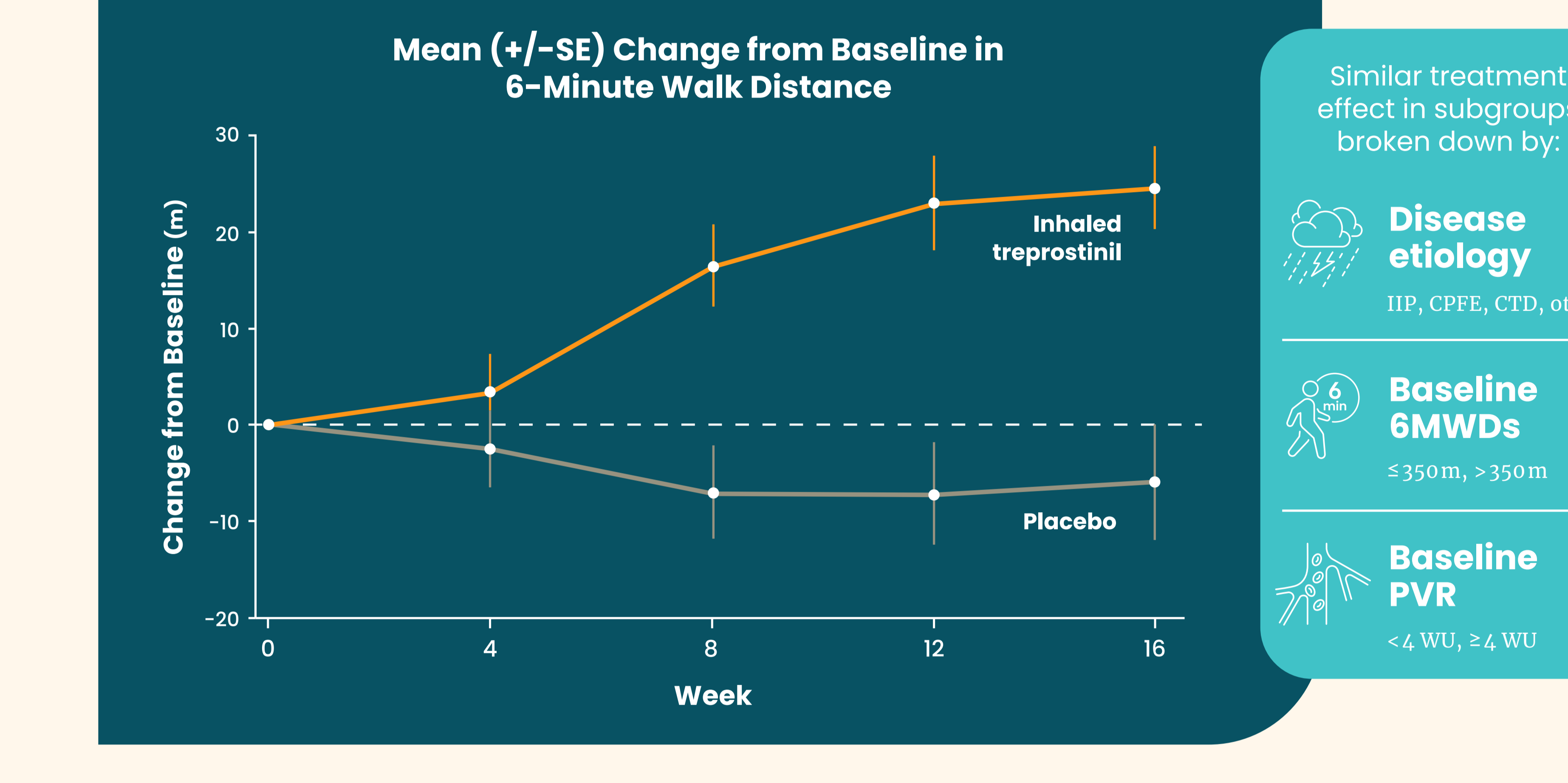


Baseline Characteristics

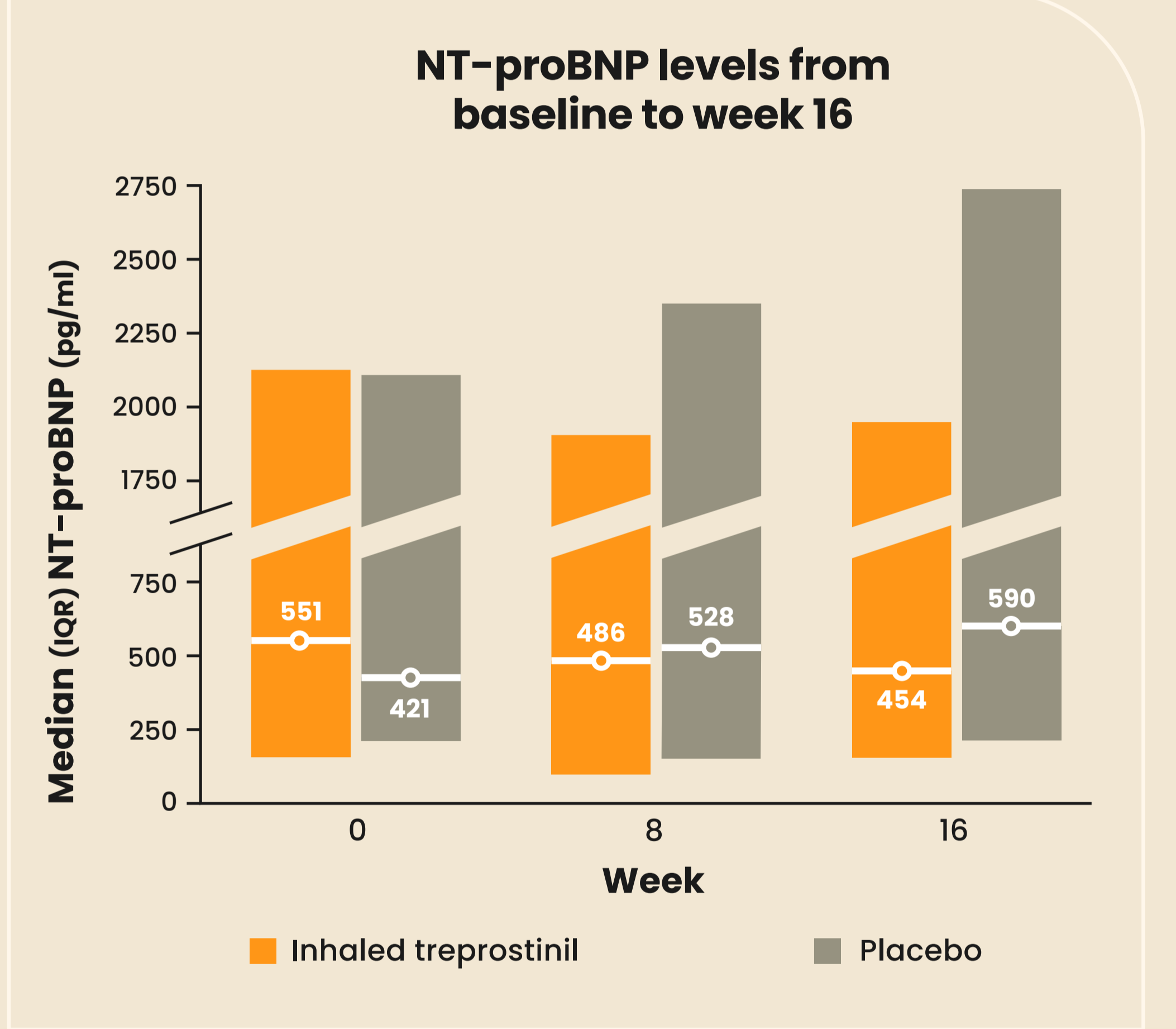
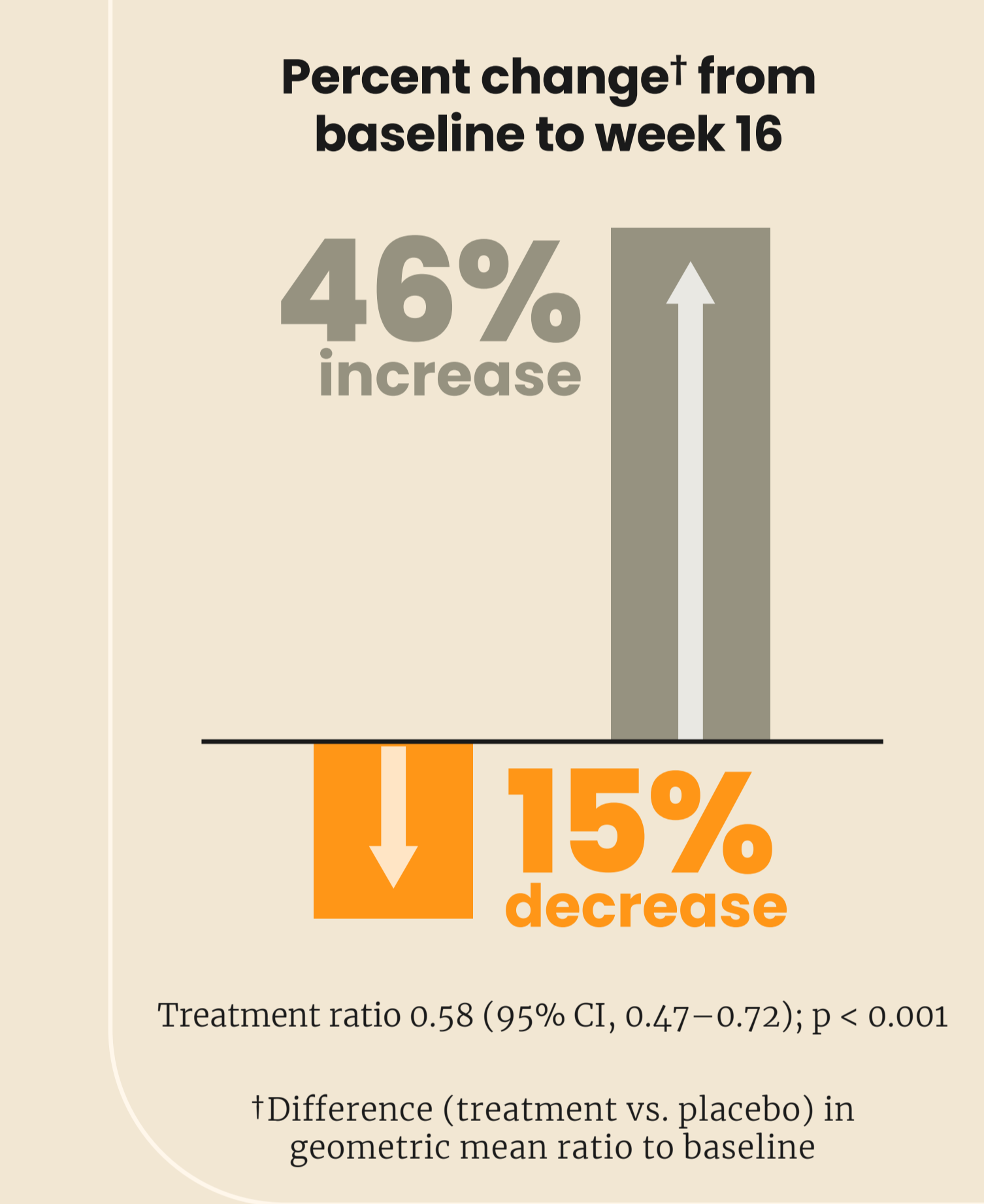


Results

Primary Endpoint

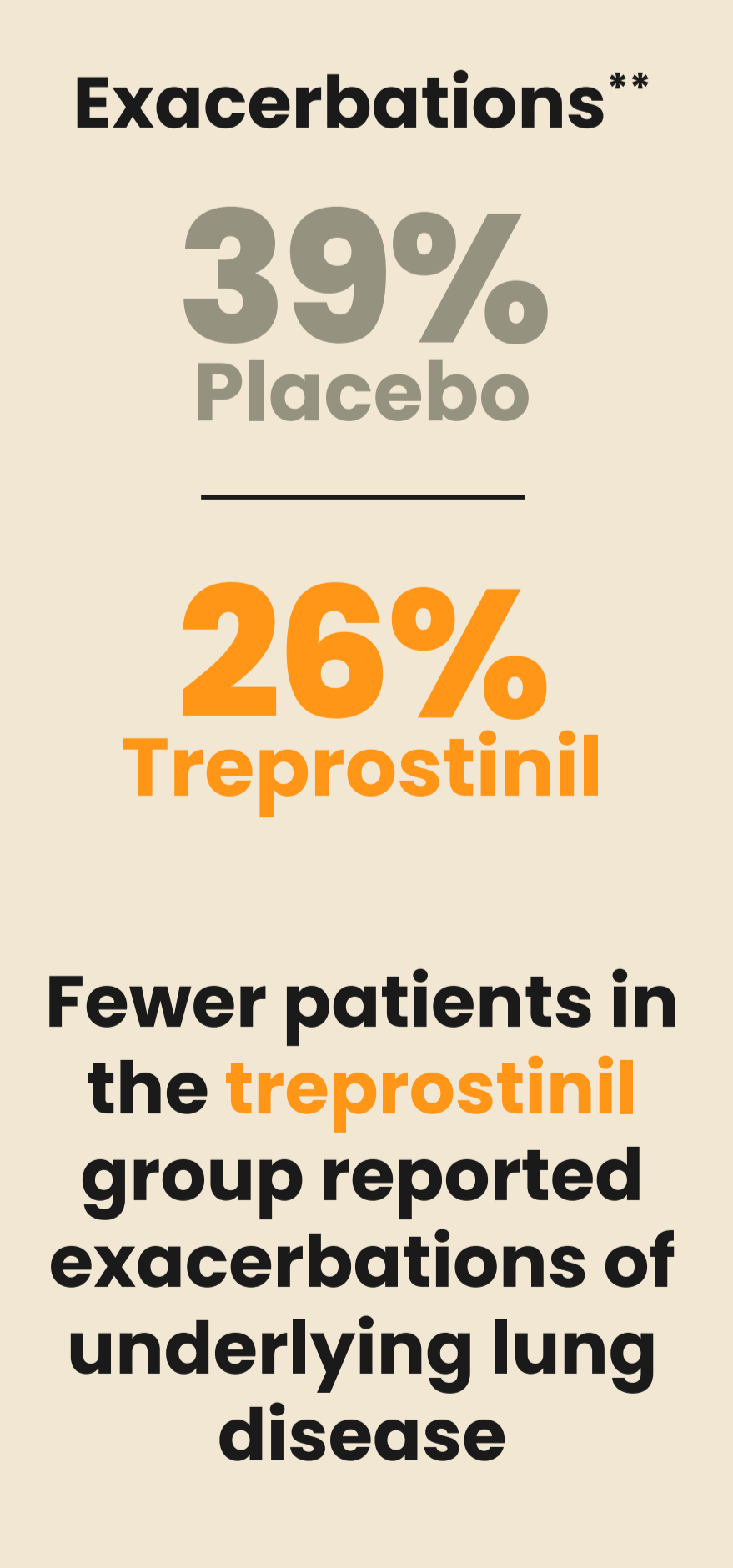
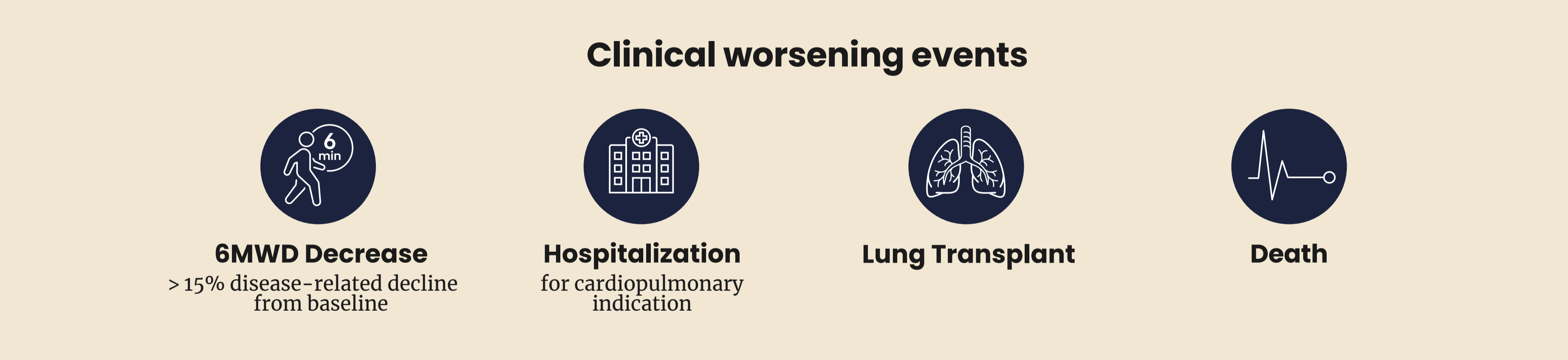
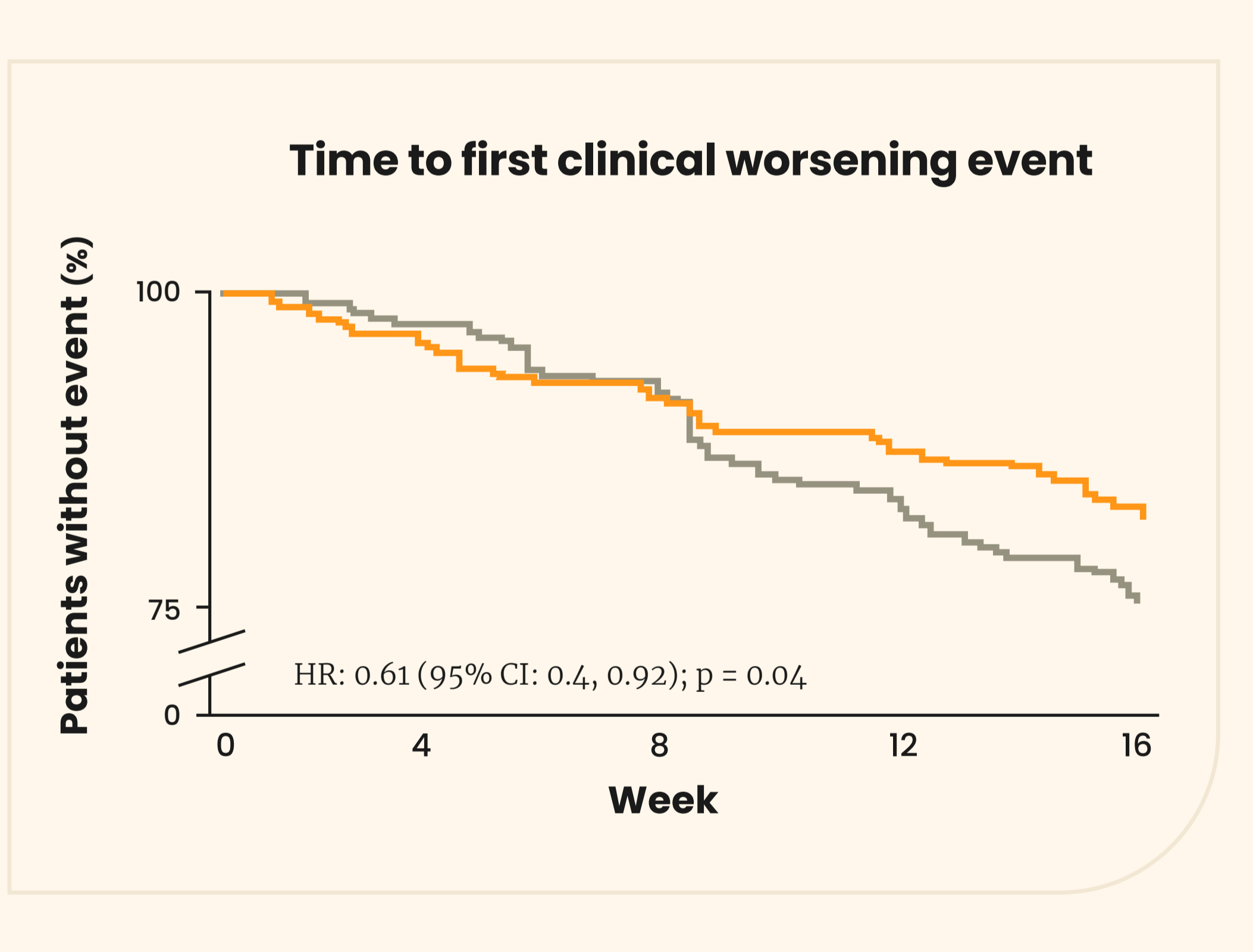
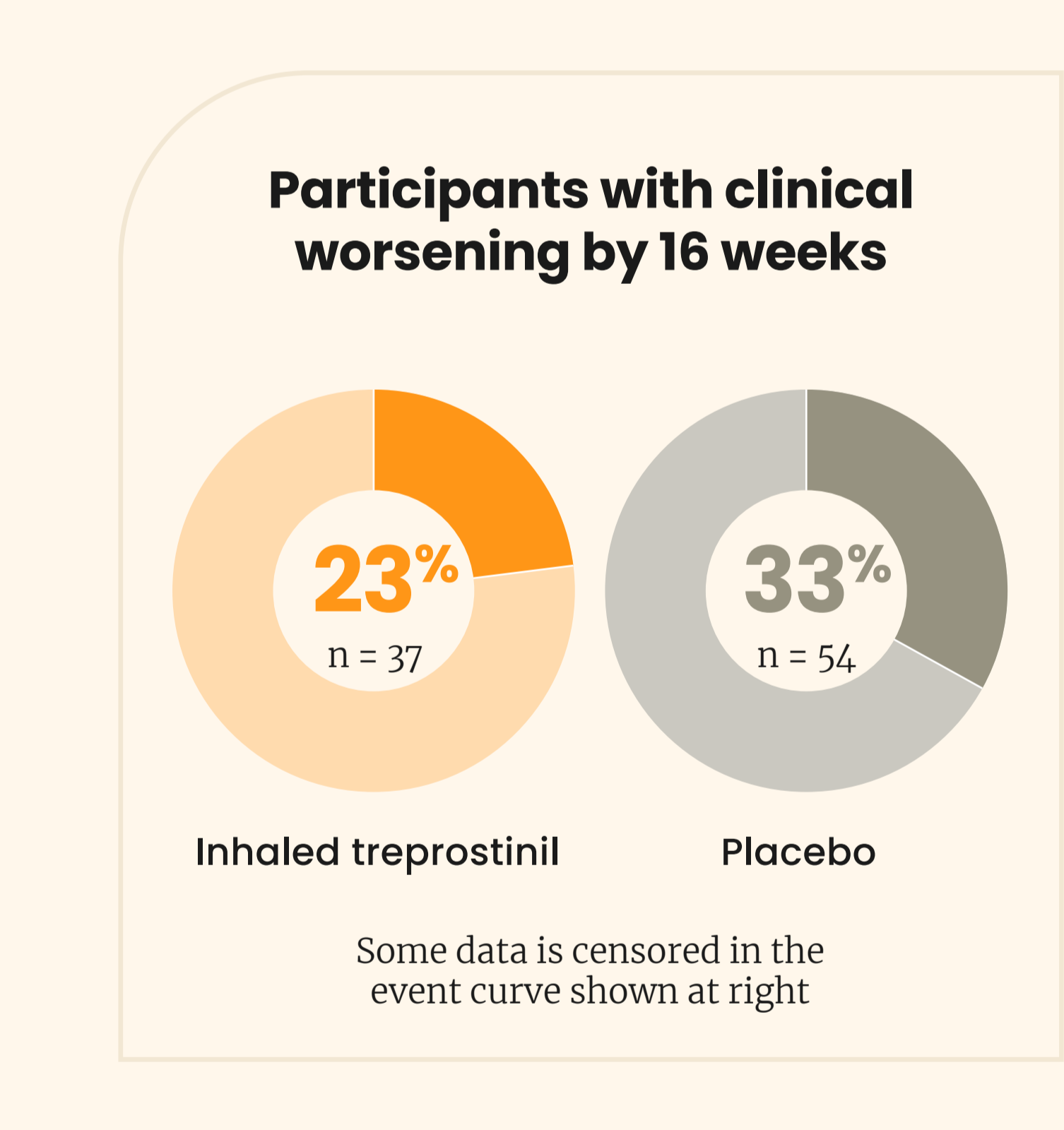


Secondary Endpoints



Treatment with inhaled treprostinil was associated with a lower risk of clinical worsening

Clinical Worsening



The use of inhaled treprostinil was not associated with any decrement in lung function or oxygenation. The safety profile of inhaled treprostinil was consistent with previous studies in people with pulmonary arterial hypertension (PAH).

Variable	Inhaled treprostinil (n=163)	Placebo (n=163)
Most frequently occurring adverse events – no. of patients (%) [‡]		
Cough	71 (44)	54 (33)
Headache	45 (28)	32 (20)
Dyspnea	41 (25)	51 (31)
Dizziness	30 (18)	23 (14)
Nausea	25 (15)	26 (16)
Fatigue	23 (14)	23 (14)
Diarrhea	22 (13)	19 (12)
Throat irritation	20 (12)	6 (4)
Oropharyngeal pain	18 (11)	4 (2)
NT-proBNP increased	9 (6)	25 (15)
AEs leading to discontinuation	16 (10)	13 (8)

**Acute, clinically significant respiratory deterioration characterized by evidence of new widespread alveolar abnormality

[‡]Shown are the most frequently occurring adverse events, which comprised all patients who underwent randomization and received at least one dose of treprostinil or placebo

Conclusion

In people with PH-ILD, treatment with inhaled treprostinil can improve exercise capacity and lower risk of clinical worsening

