



Inotrem announces new preclinical data supporting its lead compound's (LR12) positive role on vascular dysfunction during septic shock

Paris, September 13th, 2017. Inotrem S.A., a biotechnology company specialized in the control of acute inflammatory syndromes, such as septic shock, announced today that preclinical results show a direct and strong protective effect of its lead product candidate LR12 on vascular function during experimental septic shock. The firm was selected by a panel of peers to present these new results at the [International Sepsis Forum's 11th annual symposium](#) and at the [17th Congress of European Shock Society](#) held September 11-15, 2017 at Paris Pasteur Institute.

This new preclinical study brings additional data on the compound's protective effect and on the mechanism by which it operates to restore vascular function in sepsis. These results positively reinforce the data previously published showing the therapeutic potential of LR12, and strengthen the compound's profile as a novel treatment for septic shock. Having successfully completed a Phase 1 clinical trial in 2016 on LR12, Inotrem will leverage on these new results to develop its lead compound and foster clinical studies.

Founded in 2013, Inotrem develops an innovative approach for the treatment of acute inflammatory syndromes. The physiopathology of septic shock is characterized by an intense and excessive systemic inflammatory reaction in response to a serious infection; its consequences include the dysfunction of vital organs and major disorders that may prove fatal for patients. Sepsis affects up to 1% of the population annually with a mortality rate of 50%, placing it as the 10th leading cause of death in developed countries and the 1st cause of death in intensive care units. There are currently no specific targeted therapies approved for this indication besides antibiotics and symptomatic agents, and Inotrem's solution has the potential to become the first causal treatment for septic shock.

"Our data show for the first time that TREM-1, a key factor contributing to septic shock, is expressed by endothelial cells and triggers vascular dysfunctions during septic shock", said Dr Marc Derive, CSO and co-founder of Inotrem. "The pharmacological effect of our compound LR12 during experimental septic shock, which is an inhibitor of the TREM-1 pathway, can be explained by a strong protective effect on vascular function."

"These results shed new lights on the TREM-1 key role during sepsis, and as such in other cardiovascular indications, making TREM-1 a new and promising therapeutic target", added Jean-Jacques Garaud, CEO of Inotrem. "Currently LR12 is being evaluated in septic shock patients, and we believe it is important to develop innovative strategies in conditions where is no effective causal treatment available today".

For more information about Inotrem's preclinical study, please refer to the abstract published in [Critical Care](#), September 11, 2017.

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About Inotrem

Inotrem S.A., is a biotechnology company specialized in the control of acute inflammatory syndromes, such as septic shock. The company has developed a new concept of immunomodulation to control unbalanced inflammatory responses. Focusing on targeted immunotherapy for acute inflammatory syndromes in the critical care setting, the company has been founded in 2013 by Dr. Jean-Jacques Garaud, a former head of research and early development at the Roche Group, Prof. Sébastien Gibot and Dr. Marc Derive. Inotrem's lead product candidate (LR12) opens new personalized treatment options in a number of therapeutic indications such as septic shock or myocardial infarction. Inotrem is supported by leading European investors — Sofinnova Partners, Edmond de Rothschild Investment Partners, Biomed Invest and Inserm Transfert Initiative.

www.inotrem.com

About TREM-1 and LR12

Inotrem focuses on targeted immunotherapy for acute inflammatory syndromes in the critical care setting and has a significant expertise in the biology of TREM-1 receptor.

TREM-1 is an immunoreceptor expressed by innate immune cells. Upon activation, TREM-1 can directly amplify an inflammatory response. TREM-1 was initially characterized for its pathophysiological role during septic shock, and since, in other acute diseases such as ischaemia/reperfusion injury after myocardial infarction, haemorrhagic shock, ischaemia-reperfusion, pancreatitis and acute kidney injury. TREM-1 is one of the most upregulated pathways during the genomic storm observed in septic shock patients. Engagement of TREM-1 leads to a hyperactivated and exuberant inflammatory response which is responsible for the onset and progression from sepsis to septic shock. Currently, there is no specific causal treatment for septic shock, and previous attempts to develop treatments have failed.

LR12 is a synthetic peptide aiming at controlling the amplification loop of the inflammatory response by inhibiting the TREM-1 receptor. The therapeutic efficacy of LR12 is documented in several preclinical septic shock models in different species which have shown an appropriate inflammatory response, an improvement in hemodynamic parameters and survival rates

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