Pulmonary Infections: Bronchiolitis (BRO) Overview

- Common lower respiratory tract infection and leading cause of infant hospitalization[1]
- Significant impact on the elderly with 177k hospitalizations per year in the US[2]
- No drugs approved for the treatment of BRO patients[3]
- Standard of care in the hospital is oxygen and hydration[3]

[1]Source: WHO; [2]Source: CDC (due to RSV only); [3]Source: American Academy of Pediatrics

Market Dynamics: Bronchiolitis (BRO)

150k infant hospitalizations per year in the US for bronchiolitis*

180K elderly hospitalizations per year in the US due to RSV** implying more than 220k for bronchiolitis

AIT price will be based on reduced length of hospital stay from trials

AIT estimates the total US market size is in excess of $2 billion

Anticipate ex-US market to be comparable to the US market

We believe there is no competition

*Pelletier et al. Direct medical costs of hospitalizations in the United States, Pediatrics 2006
**Falsey et al. Respiratory Syncytial Virus infection in elderly and high risk adults, NEJM 2005

Completed Bronchiolitis Phase 2 Trial

Trial Design

- Randomized, Prospective, Double-blind
- 43 patients (age: 2-12 months) with bronchiolitis (mostly due to RSV)
- N=21: 160 ppm NO + O_2 5x/day for 30 minutes up to 5 days
- N=22: Supportive Care (O_2 & hydration)
- 3 follow up visits at 2, 3 & 4 weeks post discharge

Trial Highlights

- Single center at Soroka University Medical Center in Israel
- Presented at ATS 2015 in an oral session
- No treatment related SAEs
- Reduced length of hospital stay by >24hrs
- Statistical significance achieved in proposed phase III primary endpoint (Clinical Composite endpoint)

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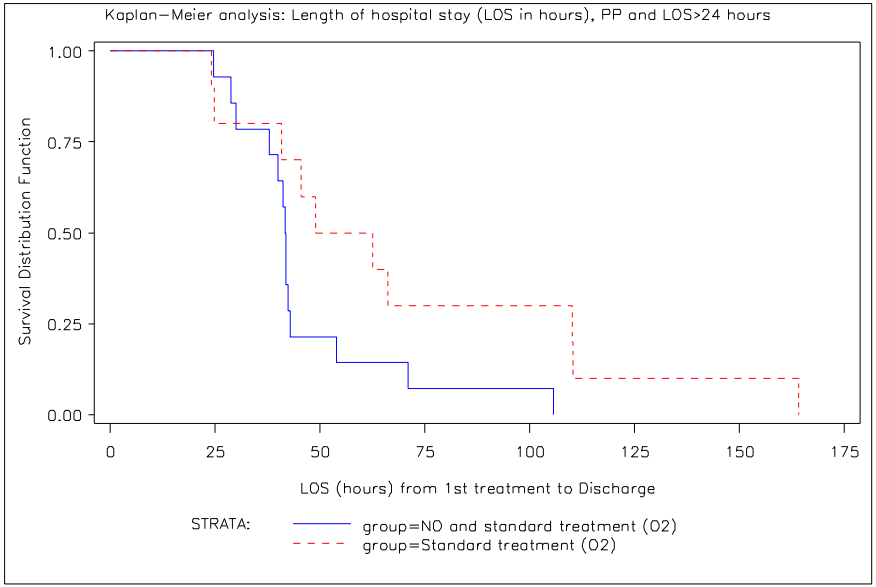
BRO Phase 2: Hospitalization Time

Decrease in Hospitalization time

(Per Protocol, N=24, minimum of one day of hospitalization)



P-value 0.0587

~34% reduction in time of hospitalization, a validated end point

On average patients stayed one day (24 hours) less in the hospital with Nitric Oxide treatment compare to standard treatment

Data presented in oral session at ATS 2015

Nitric Oxide for BROnchiolitis (NO-BRO) Phase 3 Trial Design

Randomized, Double Blind Trial

- Enroll 94 subjects at 3+ sites in Israel with a 1:1 randomization between 160 ppm NO + supportive care (O_2 + hydration) and supportive care alone
- Subjects will be 0-12 months old with acute bronchiolitis requiring hospitalization with at least 28 weeks of gestation
- PE (primary endpoint): the difference in hospital length of stay (discharge time based on physician decision)
- SE (secondary endpoint): the difference in time to clinical improvement based on the Modified Tal score (score ≥8 and ≤10 to enroll, ≤ 5 is goal)
- SE: the difference in time to S_pO_2 of ≥92%
- SE: Safety (specifically methaemoglobinemia and NO_2 levels) and Tolerability
- Treatment will be five 30 minute sessions per day not to exceed 25 treatments

Key Changes v. Phase 2

- Age was 2-12 months
- Gestation was a minimum of 36 weeks
- Tal score to enroll was ≥6 and ≤10
- ITT analysis was not restricted to hospitalized subjects
- Length of Stay was based upon hospital discharge, not physician decision
- Analysis included 24 subjects