UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): February 23, 2026

GOSSAMER BIO, INC.
(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-38796**	**47-5461709**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

3115 Merryfield Row, Suite 120
San Diego, California, 92121

(Address of Principal Executive Offices) (Zip Code)

(858) 684-1300
(Registrant's Telephone Number, Including Area Code)

N/A
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instructions A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.0001 par value per share	GOSS	Nasdaq Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company □

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. □

Item 8.01 Other Events.

On February 23, 2026, Gossamer Bio, Inc. (the "Company" or "Gossamer") announced topline results from its Phase 3 PROSERA study of seralutinib in patients with pulmonary arterial hypertension (PAH). Seralutinib is an investigational, inhaled tyrosine kinase inhibitor targeting PDGFR, CSF1R, and c-KIT, delivered via dry powder inhalation for the treatment of pulmonary arterial hypertension.

The Phase 3 PROSERA Study enrolled 390 patients with WHO Functional Class (FC) II or III PAH, with 197 randomized to the seralutinib arm and 193 randomized to the placebo arm. 55% of the enrolled patients were on background triple or quadruple PAH therapy, and 61% were on background prostacyclin therapy. The treatment and placebo arms were generally well balanced.

At Week 24, patients receiving seralutinib had a median change of +28.2 meters in 6MWD from baseline, while patients receiving placebo had a median change from baseline in 6MWD of +13.5 meters. The estimated Hodges-Lehmann treatment effect was +13.3 meters, with a p-value of 0.0320, which did not meet the prespecified threshold on the primary endpoint ($\alpha = 0.025$); therefore, p values for the key secondary endpoints cannot be evaluated for statistical significance. All p values herein are nominal. All four key secondary endpoints favored seralutinib versus placebo in the overall population.

Consistent with the Phase 2 TORREY Study, seralutinib delivered a compelling signal in the prespecified intermediate- and high-risk subgroup (n = 234), as defined by the REVEAL 2 Lite Risk Score ≥ 6 at screening, with a +20.0m placebo-adjusted improvement in 6MWD (p = 0.0207). Three of four key secondary endpoints also demonstrated a p-value below 0.0125, underscoring seralutinib's activity in patients with higher risk.

A key secondary endpoint, change in NT-proBNP at Week 24, demonstrated an estimated location shift of -120.4 ng/L compared with placebo (p=0.0002) in the overall population, with separation between the arms favoring seralutinib observed starting at Week 4 (-96.0 ng/L; p=0.0002). Key secondary endpoints time-to-clinical worsening (TTCW), clinical improvement and proportion of patients with a one point or greater reduction in REVEAL Lite 2 Risk Score all favored seralutinib as compared to placebo in the overall population.

In a prespecified subgroup analysis of patients with REVEAL Lite 2 score ≥6 at screening, corresponding to intermediate- and high-risk patients, seralutinib demonstrated a pronounced and clinically meaningful response profile across the primary and key secondary endpoints. All key secondary endpoints favored seralutinib, with placebo-adjusted effects including NT-proBNP at Week 24 (location shift = -265.8 ng/L; p=0.0002), ≥1-point improvement in REVEAL Lite 2 risk score at Week 24 (odds ratio = 2.033; p=0.0083), clinical improvement at Week 24 (odds ratio = 3.318; p=0.0101), and TTCW through Week 48 (hazard ratio = 0.744; p=0.4360).

In patients with connective tissue disease–associated PAH (CTD-APAH), seralutinib demonstrated a robust improvement in six-minute walk distance, achieving a placebo-adjusted gain of +37.0 meters at Week 24 (n=87; p=0.0104), indicating a strong treatment effect in this clinically challenging subgroup.

Overall, seralutinib was generally well tolerated in the PROSERA Study. Treatment-emergent adverse events (TEAEs) were reported in 86.5% of patients receiving seralutinib and 80.5% of patients receiving placebo. Treatment-emergent serious adverse events (SAEs) occurred in 16.0% of patients receiving seralutinib and 18.9% of patients receiving placebo. Transaminase elevations of three times or greater of the upper limit of normal were observed in 13% of patients receiving seralutinib and 1% of patients receiving placebo. The most frequently reported adverse event in patients treated with seralutinib was cough, reported in 37.0% of patients.

Based on these results, Gossamer expects to meet with the U.S. FDA to discuss the path forward for seralutinib in pulmonary arterial hypertension. The Company is pausing enrollment into the SERANATA Study to evaluate the impact of PROSERA results, particularly regional discrepancies in placebo response.

Additionally, PROSERA results from the CT functional respiratory imaging (FRI) substudy are expected in the coming weeks and are anticipated to provide additional insight into seralutinib's treatment effect, including pulmonary blood volume distribution.

The slides attached as Exhibit 99.1 to this Current Report contain certain additional information related to the clinical data results discussed above and are incorporated herein by this reference. The Company intends to present the slides during a conference call and live webcast with the investment community on February 23, 2026, at 8:30 a.m. ET.

Forward-Looking Statements

The Company cautions you that statements contained in this current regarding matters that are not historical facts are forward-looking statements. These statements are based on the Company's current beliefs and expectations. Such forward-looking statements include, but are not limited to, statements regarding: the therapeutic potential and market opportunity of seralutinib in PAH or PH-ILD, plans to put the ongoing Phase 3 SERANATA Study on hold, the expected plan to discuss topline results with the FDA and the potential to identify a development path forward for seralutinib. The inclusion of forward-looking statements should not be regarded as a representation by the Company that any of its plans will be achieved. Actual results may differ from those set forth in this press release due to the risks and uncertainties inherent in Gossamer's business, including, without limitation: topline results Gossamer reports is based on preliminary analysis of key efficacy and safety data, and such data may change following a more comprehensive review of the data related to the clinical trial and such topline data may not accurately reflect the complete results of a clinical trial; Gossamer may not be able to identify a development path forward for seralutinib, whether as a result of FDA feedback or otherwise, and any path forward may require additional capital and other resources or may limit the commercial opportunity for seralutinib; Gossamer may need to evaluate its current workforce in light of potential development paths for seralutinib; potential delays in the commencement, enrollment and completion of clinical trials; comparative safety information is not based on a head-to-head comparison and differences exist between study designs and subject characteristics which could confound the results; the Company's dependence on third parties in connection with product manufacturing, research and preclinical and clinical testing; the results of preclinical studies and early clinical trials with seralutinib are not necessarily predictive of future results; the success of any future Gossamer's clinical trials and preclinical studies for seralutinib; regulatory developments in the United States and foreign countries; unexpected adverse side effects or inadequate efficacy of seralutinib that may limit its development, regulatory approval and/or commercialization, or may result in clinical holds, recalls or product liability claims; Gossamer's ability to obtain and maintain intellectual property protection for seralutinib; Gossamer's ability to comply with its obligations in collaboration agreements with third parties or the agreements under which it licenses intellectual property rights from third parties; Gossamer may use its capital resources sooner than it expects; and other risks described under the heading "Risk Factors" in documents the Company files from time to time with the Securities and Exchange Commission. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof, and Gossamer undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date hereof. All forward-looking statements are qualified in their entirety by this cautionary statement, which is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit Number	Description
99.1	Slide Presentation entitled "Phase 3 PROSERA Topline Results"
101	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned thereunto duly authorized.

GOSSAMER BIO, INC.

Date: February 23, 2026

By: /s/ Christian Waage
Christian Waage
Executive Vice President, Technical Operations & Administration

February 2026

Forward Looking Statements

This presentation contains forward-looking statements. All statements other than statements of historical facts contained in this presentation, including statements regarding our future results of operations and financial position, business strategy, prospective products, product approvals, research and development costs, timing and likelihood of success, plans and objectives of management for future operations, and future results of current and anticipated products, are forward-looking statements.

In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "expect," "plan," "anticipate," "could," "intend," "target," "project," "contemplates," "believes," "estimates," "predicts," "potential" or "continue" or the negative of these terms or other similar expressions. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. These known risks and uncertainties are described in detail in our filings with the Securities and Exchange Commission (the "SEC") from time to time. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified and some of which are beyond our control, you should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise. All forward-looking statements are qualified in their entirety by this cautionary statement, which is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995 and we undertake no obligation to revise or update this presentation to reflect events or circumstances after the date hereof.

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

Call Participants

Faheem Hasnain — Co-Founder, Chairman, and Chief Executive Officer

Bryan Giraudo — Chief Operating Officer & Chief Financial Officer

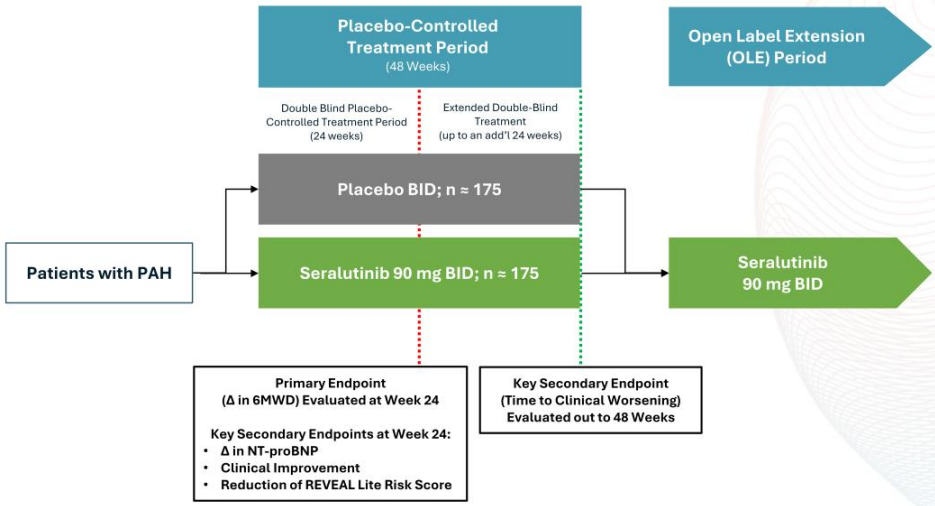
Richard Aranda, M.D. — Chief Medical Officer

Bob Smith — Chief Commercial Officer

Rob Roscigno, Ph.D. — Senior Vice President of Clinical Development

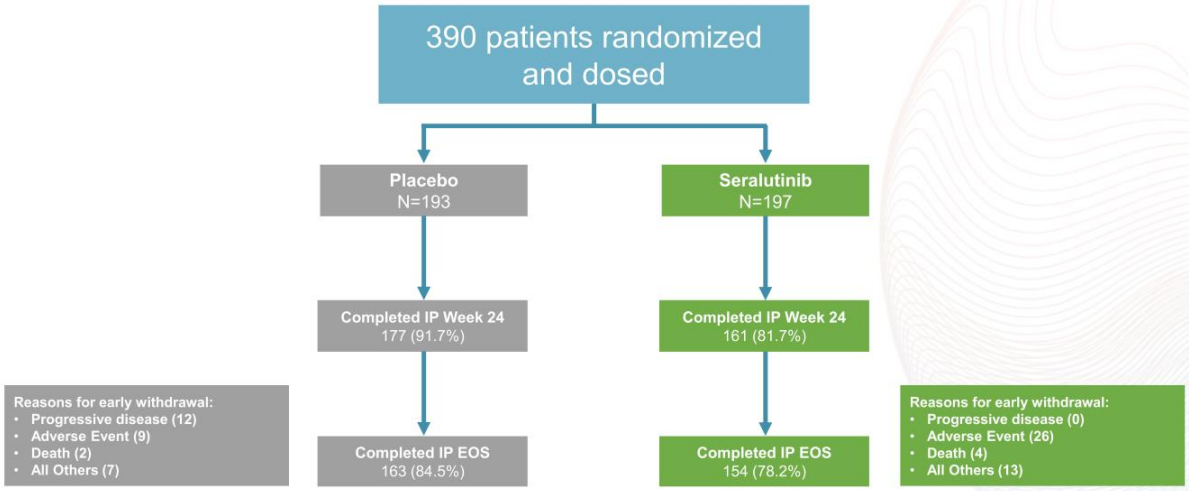
Caryn Peterson – Executive Vice President, Regulatory Affairs

Phase 3 PROSERA Trial Design



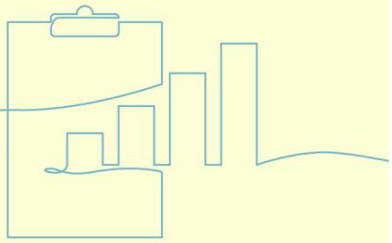
BID = twice-daily; 6MWD = 6-minute walk distance.

Patient Disposition

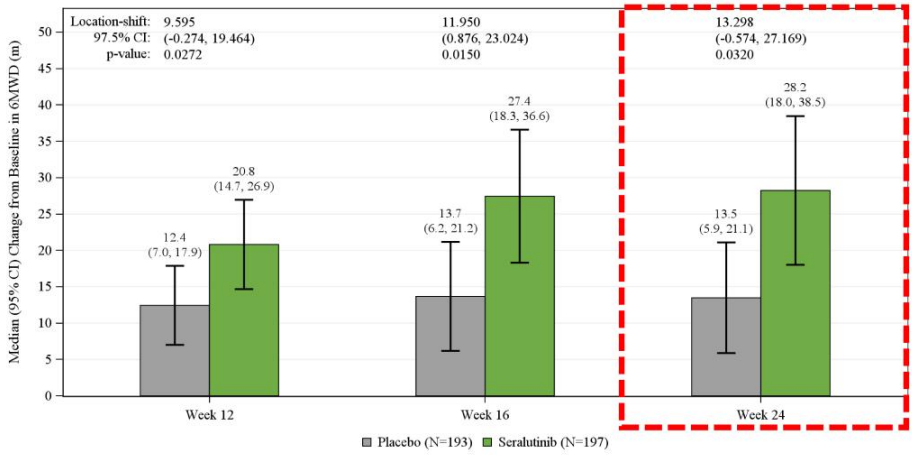


Baseline characteristics included in appendix.
IP = investigational product; EOS = end of study.

Results in Overall Patient Population

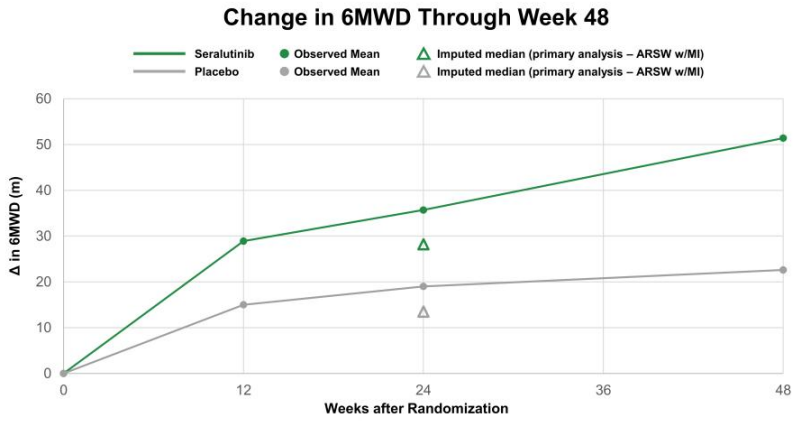


While Separation from Placebo is Apparent, Seralutinib Did Not Meet the Primary Endpoint of Δ in 6MWD at Week 24 (α = 0.025)



6MWD = 6-minute walk distance; CI = confidence interval.

Observed Mean Change in 6MWD Continued to Separate From Placebo After Week 24 in Sub-Population That Reached Week 48

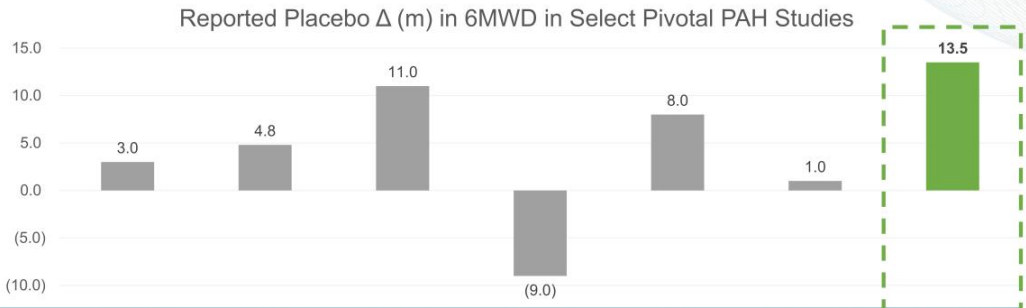


No. Observed				
Seralutinib	197	186	165	57
Placebo	193	186	176	65

Primary Analysis at Week 24:	
H-L Location Shift:	13.298m
97.5% CI:	-0.574, 27.169
p-value:	0.0320

ARSW w/MI = aligned rank stratified Wilcoxon test with multiple imputation; H-L Location Shift = Hodges-Lehmann location-shift estimate (treatment effect vs placebo); CI = confidence interval.

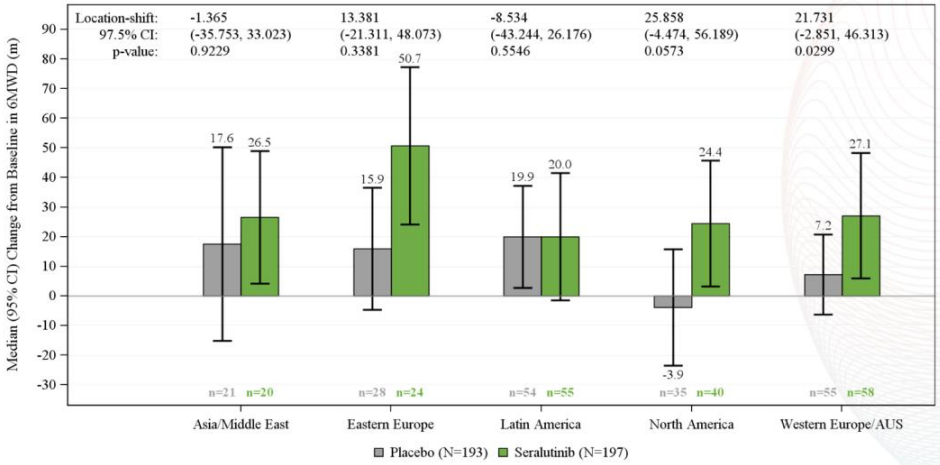
PROSERA Had Elevated Placebo 6MWD Response vs. Other Pivotal Studies For Add-On Treatments in PAH



Compound	Inhaled Tre	Oral Tre	Oral Tre	Selexipag	Oral Tre	Sotatercept	Seralutinib
Study	TRIUMPH[1]	FREEDOM-C[2]	FREEDOM-C2[3]	GRIPHON[4]	FREEDOM-EV[5]	STELLAR[6]	PROSERA
Timepoint	Week 12	Week 16	Week 16	Week 26	Week 24	Week 24	Week 24
Year	2007	2010	2010	2014	2018	2022	2026
Pbo-Adj. Δ	20m	11m	10m	12m	8m	41m	13m
Background PAH Therapies	PDE5 or ERA	PDE5 + ERA	PDE5 + ERA	PDE5 + ERA	PDE5 + ERA	PDE5 + ERA + Prostacyclin	PDE5 + ERA + Prostacyclin + Sotatercept

Note: Seralutinib is an investigational agent not approved for use in any jurisdiction. Caution: cross-trial comparisons may be limited by differences such as patient populations and study design. Tre = Treprostinil; Pbo = placebo; ERA = endothelin receptor antagonist; PDE5 = phosphodiesterase type 5 (PDE5) inhibitor. 1) McLaughlin, et al. JACC 2010; 2) clinicaltrials.gov/study/NCT00325442; 3) clinicaltrials.gov/study/NCT00887978; 4) Sitbon, et al. NEJM 2015; 5) White, et al. AJRCCM 2020; 6) Hoeper, et al. NEJM 2023

Placebo Effect was More Pronounced in Certain Regions, Particularly Latin America & Asia/Middle East



6MWD = 6-minute walk distance; CI = confidence interval.

Key Secondary Endpoints Favored Seralutinib in Overall Patient Population (all comparisons vs. placebo)

Change in NT-proBNP

-120.4 ng/L

(97.5% CI: -201.6, -39.1
p-value: 0.0002)

Clinical Improvement

1.6x times more likely to improve

(OR: 1.642, 97.5% CI: 0.863, 3.106
p-value: 0.0812)

Reduction in Risk Score

1.4x times more likely to have reduction

(OR: 1.420, 97.5% CI: 0.896, 2.248
p-value: 0.0877)

Time to Clinical Worsening

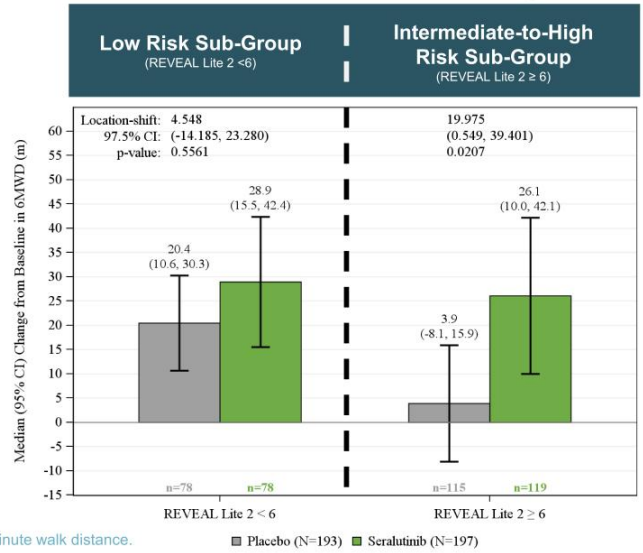
17% reduction

(HR: 0.829, 97.5% CI: 0.393, 1.708,
p-value: 0.5621)

OR = odds ratio; HR = hazard ratio; CI = confidence interval.
Note: p-values nominal.

Results in Prespecified Intermediate- and High-Risk Subgroup

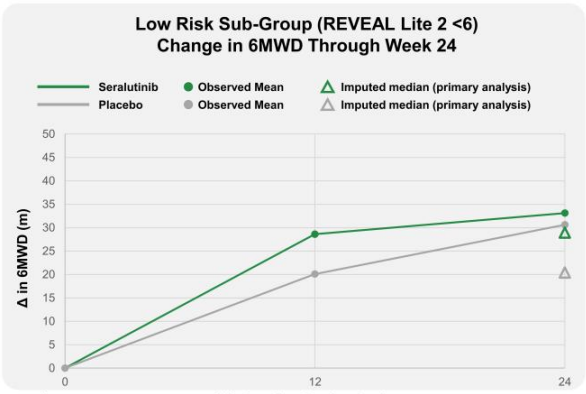
Seralutinib Demonstrated Meaningful Treatment Effect at Week 24 in Patients With Intermediate to High Risk, While Placebo Response Muted Effect in Cohort With Low Risk



CI = confidence interval; 6MWD = six-minute walk distance.
Note: p-values nominal.

The Tale of Two 6MWD Populations: Consistent Drug Effect, Differential Placebo

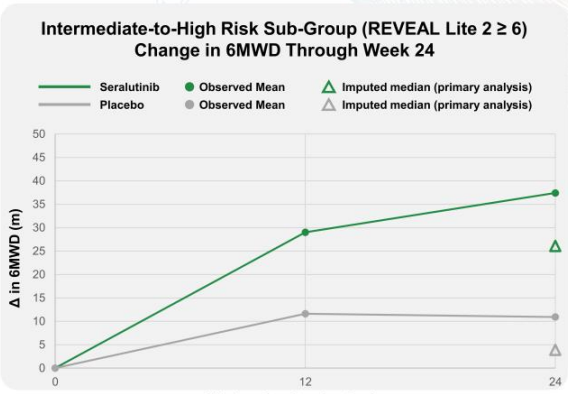
Low Risk Sub-Group (REVEAL Lite 2 <6)
Change in 6MWD Through Week 24



No. Observed		Weeks after Randomization	
Seralutinib	78	72	65
Placebo	78	75	72

Primary Analysis at Week 24:	
H-L Location Shift:	4.548m
97.5% CI:	-14.185, 23.280
p-value:	0.5561

Intermediate-to-High Risk Sub-Group (REVEAL Lite 2 ≥ 6)
Change in 6MWD Through Week 24



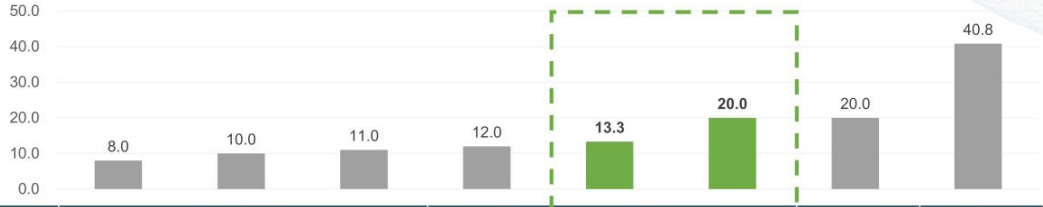
Weeks after Randomization		
119	114	100
115	111	104

Primary Analysis at Week 24:	
H-L Location Shift:	19.975m
97.5% CI:	0.549, 39.401
p-value:	0.0207

H-L Location Shift = Hodges-Lehmann location-shift estimate (treatment effect vs placebo); CI = confidence interval.

Comparison of PROSERA 6MWD Δ vs. Approved PAH Add-On Therapies

Reported Pbo-Adj. Δ (m) in 6MWD in Select Pivotal PAH Studies



Compound	Oral Treprostinil			Selexipag	Seralutinib		Inhaled Tre	Sotatercept
Study	FREEDOM-EV[5]	FREEDOM-C2[3]	FREEDOM-C[2]	GRIPHON[4]	PROSERA (Overall)	PROSERA (Int & High-Risk Pop)	TRIUMPH[1]	STELLAR[6]
Timepoint	Week 24	Week 16	Week 16	Week 26	Week 24	Week 24	Week 12	Week 24
Year	2018	2010	2010	2014	2026	2026	2007	2022
Active Δ	16m	15m	14.5m	4m	28.2m	26.1m	21.6m	34.4m
Placebo Δ	8m	11m	4.8m	-9m	13.5m	3.9m	3.0m	1.0m
Background PAH Therapies	PDE5 + ERA	PDE5 + ERA	PDE5 + ERA	PDE5 + ERA	PDE5 + ERA + Prostacyclin + Sotatercept		PDE5 or ERA	PDE5 + ERA + Prostacyclin
Most Recent TTM Sales[7]		**$484mm**		**$1.9bn**	**NA**	**NA**	**$1.8bn**	**$1.4bn**

Note: Seralutinib is an investigational agent not approved for use in any jurisdiction. Caution: cross-trial comparisons may be limited by differences such as patient populations and study design.
Pbo = placebo; Tre = Treprostinil; ERA = endothelin receptor antagonist; PDE5 = phosphodiesterase type 5 (PDE5) inhibitor. 1) McLaughlin, et al. JACC 2010; 2) clinicaltrials.gov/study/NCT00325442; 3) clinicaltrials.gov/study/NCT00887978; 4) Sitbon, et al. NEJM 2015; 5) White, et al. AJRCCM 2020; 6) Hoeper, et al. NEJM 2023; 7) SEC Filings.

Likewise, Enhanced Effects Were Seen in Intermediate- to High-Risk Sub-Group for Key Secondary Endpoints (all comparisons vs. placebo)

Change in NT-proBNP

-265.8 ng/L

(97.5% CI: -446.2, -85.5
p-value: 0.0002)

Clinical Improvement

3.3x times more likely to improve

(OR: 3.318, 97.5% CI: 1.167, 9.43
p-value: 0.0101)

Reduction in Risk Score (≥1 point)

2.0x times more likely to have reduction in risk

(OR: 2.033, 97.5% CI: 1.113, 3.713
p-value: 0.0083)

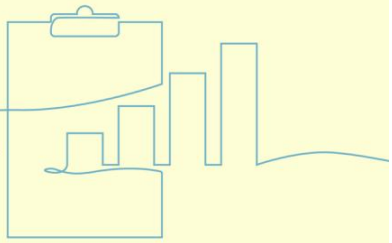
Time to Clinical Worsening

26% reduction

(HR: 0.744, 97.5% CI: 0.307, 1.728,
p-value: 0.4360)

OR = odds ratio; HR = hazard ratio; CI = confidence interval.
Note: p-values nominal.

Safety & Tolerability Results



Overall Summary of Treatment-Emergent Adverse Events (Safety Population)

Category	Placebo (N=190) n (%)	Seralutinib (N=200) n (%)
Number of subjects with at least one:		
TEAE	153 (80.5)	173 (86.5)
Severe TEAE	30 (15.8)	30 (15.0)
TEAE leading to discontinuation of IP	11 (5.8)	30 (15.0)
AESI	12 (6.3)	41 (20.5)
SAE	36 (18.9)	32 (16.0)
Fatal TEAE	3 (1.6)	4 (2.0)
Number of SAEs	67	53

TEAE = treatment-emergent adverse event; IP = investigational product; AESI = adverse event of special interest; SAE = serious adverse event.

Incidence of SAEs by preferred term: ≥ 2 Seralutinib subjects (Safety Population)

Preferred Term	Placebo (N=190) n (%)	Seralutinib (N=200) n (%)
Number of subjects with a SAE	36 (18.9)	32 (16.0)
Pneumonia	3 (1.6)	3 (1.5)
Pulmonary arterial hypertension	5 (2.6)	3 (1.5)
Right ventricular failure	4 (2.1)	3 (1.5)
Acute kidney injury	0	2 (1.0)
Device malfunction	2 (1.1)	2 (1.0)
Lower gastrointestinal haemorrhage	0	2 (1.0)

SAE = serious adverse event.

Incidence of TEAEs by preferred term: ≥ 5% in Seralutinib arm (Safety Population)

Preferred Term	Placebo (N=190) n (%)	Seralutinib (N=200) n (%)
Number of subjects with a TEAE	153 (80.5)	173 (86.5)
Cough	26 (13.7)	74 (37.0)
Headache	27 (14.2)	32 (16.0)
Alanine aminotransferase increased	1 (0.5)	29 (14.5)
Aspartate aminotransferase increased	1 (0.5)	28 (14.0)
Nausea	20 (10.5)	24 (12.0)
Diarrhoea	26 (13.7)	23 (11.5)
Upper respiratory tract infection	10 (5.3)	17 (8.5)
Dizziness	14 (7.4)	13 (6.5)
Dyspnoea	16 (8.4)	11 (5.5)
Hypokalaemia	14 (7.4)	11 (5.5)
Nasopharyngitis	17 (8.9)	11 (5.5)
Vomiting	11 (5.8)	11 (5.5)
Influenza	8 (4.2)	10 (5.0)
Syncope	8 (4.2)	10 (5.0)

TEAE = treatment-emergent adverse event.

Conclusion and Next Steps

Overall Takeaways from PROSERA Topline Results

- While study narrowly missed primary endpoint, we believe the overall results demonstrate clear evidence of clinical benefit in a heavily pretreated patient population
- PROSERA confirmed observation from TORREY Phase 2 of enhanced separation from placebo in patients with more severe baseline disease
- Safety and tolerability profile appear acceptable as on add-on therapy in PAH, with primary safety observations (cough and liver enzyme elevations) well understood by PAH treaters given profiles of existing therapies
- We believe the PROSERA and TORREY results together support a positive risk-benefit profile for seralutinib, potentially offering a new mechanism of action for a progressive disease with significant unmet need

Next Steps

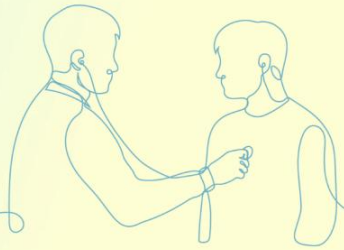
- Complete our in-depth analyses of the PROSERA data across endpoints and subgroups, pending the results from the CT FRI substudy, expected in the coming weeks
- Engage with the FDA to discuss the results to understand their perspective
- Assess ramifications for seralutinib and Gossamer portfolio, including impacts on capital allocation

CT FRI = computed tomography functional respiratory imaging.

We are deeply grateful to the patients, investigators, and teams whose dedication advanced the development of seralutinib

Thank you

Appendix



Select Baseline Demographics and PAH Disease Characteristics

Characteristic	Placebo (N=193)	Seralutinib (N=197)	Total (N=390)
Age (years) – mean (SD)	49.9 (13.87)	50.1 (13.89)	50.0 (13.86)
Sex – n (%)			
Female	164 (85.0)	170 (86.3)	334 (85.6)
PAH Classification – n (%)*			
Idiopathic	113 (58.5)	126 (64.0)	239 (61.3)
Heritable	25 (13.0)	13 (6.6)	38 (9.7)
Associated with CTD	42 (21.8)	45 (22.8)	87 (22.3)
Other	13 (6.7)	13 (6.6)	26 (6.7)
6MWD at baseline (m)			
Mean (SD)	374.9 (65.27)	372.9 (73.13)	373.9 (69.27)
Median	389.0	396.0	393.0
WHO FC at screening – n (%)			
Class II	49 (25.4)	51 (25.9)	100 (25.6)
Class III	144 (74.6)	146 (74.1)	290 (74.4)
NT-proBNP at baseline (ng/L)			
Mean (SD)	965.4 (1576.86)	1024.8 (1623.60)	995.4 (1598.86)
Median	422.0	451.0	423.5

* PAH associated with anorexigen use, methamphetamine use, or pulmonary shunt.

Select Baseline PAH Disease Characteristics

Characteristic	Placebo (N=193)	Seralutinib (N=197)	Total (N=390)
Number of background PAH disease-specific medications – n (%)			
1	9 (4.7)	13 (6.6)	22 (5.6)
2	76 (39.4)	78 (39.6)	154 (39.5)
≥ 3	108 (56.0)	106 (53.8)	214 (54.9)
Prostacyclin/PRA – n (%)	120 (62.2)	117 (59.4)	237 (60.8)
Inhaled	13 (6.7)	14 (7.1)	27 (6.9)
Oral	50 (25.9)	49 (24.9)	99 (25.4)
Parenteral	59 (30.6)	56 (28.4)	115 (29.5)
Subcutaneous	37 (19.2)	30 (15.2)	67 (17.2)
Intravenous (IV)	22 (11.4)	26 (13.2)	48 (12.3)

PRA = prostacyclin receptor agonist.