Pharvaris Presents Translational, Nonclinical, and Clinical Data at Bradykinin Symposium 2026

September 3, 2026

ZUG, Switzerland, Sept. 03, 2026 (GLOBE NEWSWIRE) -- Pharvaris (Nasdaq: PHVS), a late-stage biopharmaceutical company developing oral bradykinin B2 receptor antagonists to help address unmet needs of those living with bradykinin-mediated angioedema, such as hereditary angioedema (HAE) and acquired angioedema due to C1 inhibitor deficiency (AAE-C1INH), summarized the oral and poster presentations from the Bradykinin Symposium 2026, which will take place from September 3-4, 2026, in Berlin, Germany.

"The breadth of data being presented at the Bradykinin Symposium is reflective of Pharvaris' ongoing commitment to the scientific understanding of the biology and pathophysiology of the bradykinin B2 receptor," said Peng Lu, M.D., Ph.D., President of Pharvaris. *"As a company, we are pleased to continue to contribute to the body of knowledge supporting the scientific and clinical rationale for the antagonism of the bradykinin B2 receptor as a therapeutic approach, and for how investigational therapies acting as antagonists of this receptor, such as deucrictibant, could provide clinical benefits for those living with bradykinin-mediated diseases, including bradykinin-mediated angioedema."*

Details of the presentations are outlined below:

Bradykinin Science

Modeling human, rat, and humanized bradykinin B2 receptor-deucrictibant complexes in-silico will be presented as an oral presentation by Niklas Piet Doering, Ph.D. In silico modeling analyses revealed the structural determinants of species-specific differences in deucrictibant binding to the human and rat bradykinin B2 receptor and mechanistically explained why a minimal, rationally selected genetic modification was sufficient to humanize the receptor in a transgenic rat model, resulting in human-like sensitivity and pharmacological responsiveness to deucrictibant. Findings provide new mechanistic insights into deucrictibant-receptor interactions and validate the humanized bradykinin B2 receptor transgenic rat as a model for studying the pharmacological effects of small-molecule bradykinin B2 receptor antagonists.

LC-MS particle-based plasma proteomics in bradykinin-mediated angioedema will be presented by Jonathan DeGeer, Ph.D. Proteomic analyses using next-generation liquid chromatography-mass spectrometry (LC-MS) technology provided new insights into the biological pathways underlying bradykinin-mediated angioedema. Analysis identified and quantified nearly 7,000 plasma proteins and found more than 2,600 proteins with differential abundance in plasma of people with bradykinin-mediated angioedema (AE-BK) compared with healthy volunteers. Findings showed substantial overlap with previous HAE proteomic studies and identified key pathways involved including the kallikrein-kinin system and immune regulation, supporting the potential of advanced proteomic technologies to deepen understanding of AE-BK and identify novel biomarkers and therapeutic targets.

The NHP Bradykinin Challenge Model Predicts Human Deucrictibant Efficacious Doses will be presented by Juan Bravo, Ph.D. Following a bradykinin-challenge study in hon-human primates (NHPs), modelling successfully predicted the pharmacokinetic/pharmacodynamic (PK/PD) relationship of deucrictibant in humans. Combined with predictions of human deucrictibant PK based on nonclinical data, the exposures at dose levels used in Phase 2 deucrictibant clinical studies were predicted to remain above the pharmacologically relevant thresholds (EC_{50} and EC_{85}) for durations consistent with those associated with clinical responses of deucrictibant in the Phase 2 prophylactic and on-demand HAE studies. This indicates that the NHP bradykinin challenge model can inform human exposure targets, dose selection, and exposure–response expectations for bradykinin B2 receptor antagonists in bradykinin-mediated angioedema.

On-Demand Therapy

Oral Deucrictibant Immediate-Release Capsule for On-Demand Treatment of Hereditary Angioedema Attacks: Regional Subgroup Analysis From the Phase 3 RAPIDe-3 Trial will be presented as an oral presentation by Marc A. Riedl, M.D., M.S. Regional subgroup analysis data from North America (NA) and Europe/Rest of World (EU/RoW) from the Phase 3 RAPIDe-3 trial (NCT06343779) were consistent across geographic regions and aligned with results observed in the overall RAPIDe-3 study population. Deucrictibant immediate-release (IR) capsule showed shorter median time to onset of symptom relief (NA: 1.20 hours; EU/RoW: 1.28 hours), reduction in attack severity (NA: 2.43 hours; EU/RoW: 2.53 hours), and complete attack resolution (NA: 11.61 hours; EU/RoW: 12.04 hours), versus placebo, across global participants with HAE. Deucrictibant IR capsule was generally well tolerated, with no serious treatment-related adverse events reported.

End-of-Progression Using Patient Global Impression of Change Validation in RAPIDe-3 will be presented by Danny M. Cohn, M.D., Ph.D. An analysis of data from the Phase 3 RAPIDe-3 trial validated a Patient Global Impression of Change (PGI-C)-based definition of End of Progression (EoP) as a clinically meaningful endpoint for assessing the earliest signs of response to on-demand treatment of angioedema attacks in HAE. These findings support a valid and clinically meaningful, patient-centered definition of EoP based on PGI-C assessments, providing a robust operationalization of an outcome that was selected by the AURORA Core Outcome Set as a key measure of treatment benefit in acute HAE attacks.

End Of Progression of Attack Manifestations With Oral Deucrictibant Immediate-Release Capsule for On-Demand Treatment of Hereditary Angioedema Attacks in the Phase 3 RAPIDe-3 Trial will be presented by Henriette Farkas, M.D., Ph.D., D.Sc. Data from the Phase 3 RAPIDe-3 trial demonstrated that oral deucrictibant IR capsule was associated with significantly earlier EoP of HAE attack manifestations compared with placebo, as measured by time to EoP, a clinical outcome identified by HAE experts and patients as an important measure of on-demand treatment effectiveness. In the analysis, median time to a validated PGI-C-based definition of EoP was 17.5 minutes with deucrictibant IR capsule compared with 228.7 minutes with placebo, and 92.8% of deucrictibant-treated attacks reached EoP within 12 hours versus 60.9% of placebo-treated attacks.

Combination Treatment

Evaluating Safety Margins of the Use of Deucrictibant Immediate-Release Capsule in Combination With Deucrictibant Extended-Release Tablet will be presented by Juan Bravo, Ph.D. Pharmacokinetic modeling and nonclinical analyses demonstrated substantial safety margins for the potential combined use of deucrictibant extended-release (XR) tablet (40mg) and IR capsule (20mg). Estimated exposures remained below well-tolerated levels previously evaluated in deucrictibant clinical studies, supporting the safety margins for the potential combined use of deucrictibant across prophylactic and on-demand treatment settings.

Long-Term Prophylaxis

Results of the Phase 2 CHAPTER-1 Open-Label Extension Study on the Long-Term Safety and Efficacy of Oral Deucrictibant for Prophylaxis

in Hereditary Angioedema will be presented by Emel Aygören-Pürsün, M.D. Final data from the completed open-label extension (OLE) of the Phase 2 CHAPTER-1 (NCT05047185) study provided additional evidence on the long-term safety and efficacy of oral deucrictibant for prophylaxis in HAE. Participants received deucrictibant for a mean treatment duration of 22.2 months in the OLE part, with maximum exposure in the entire CHAPTER-1 study reaching 33.8 months. Deucrictibant was generally well tolerated, with no serious treatment-related adverse events and no treatment-emergent adverse events leading to study drug discontinuation. Long-term treatment was associated with a durable reduction in mean attack rate from 2.18 attacks per month at baseline to 0.12 attacks per month during the OLE, while monthly rates of moderate-to-severe attacks and attacks treated with conventional on-demand treatment were each 0.06 attacks per month.

CHAPTER-1 Open-Label Extension Study: Long-Term Prophylactic Treatment with Oral Deucrictibant Improved Disease Control and Health-Related Quality of Life in Participants with Hereditary Angioedema will be presented by Marcin Stobiecki, M.D., Ph.D. Patient-reported outcomes from the Phase 2 CHAPTER-1 OLE study demonstrated sustained improvements in health-related quality of life (HRQoL) with long-term prophylactic treatment with oral deucrictibant in HAE. Among participants who reached at least week 86 of the OLE, all reported feeling “much better” at week 86 compared with study baseline. Mean Angioedema Quality of Life (AE-QoL) total scores improved by 26.9 points from baseline at week 86, with the greatest improvements observed in the functioning and fear/shame domains, highlighting the potential impact of long-term prophylactic treatment on patients' daily lives and emotional well-being.

Cardiovascular Safety
Clinical Cardiovascular Safety Assessment of Oral Deucrictibant will be presented by Evangelia Pardali, Ph.D. An integrated analysis assessed cardiovascular (CV) outcomes across all clinical studies with deucrictibant in healthy participants and participants with HAE that had available data at the time of the analyses, including Phase 2 and Phase 3 studies supporting prophylaxis and on-demand treatment, respectively. Deucrictibant had a favorable CV safety profile across the studies analyzed, with no evidence of QT prolongation or CV safety signals observed. There were no reports of serious arrhythmias, QT prolongation, sudden cardiac death or treatment-related CV adverse events. Heart rate and blood pressure remained stable, and no clinically meaningful electrocardiogram changes were observed.

The presentations and posters are available on the Investors section of the Pharvaris website at: https://ir.pharvaris.com/news-events/events-presentations.

About Deucrictibant
Deucrictibant is a novel, potent, orally bioavailable small-molecule bradykinin B2 receptor antagonist currently in clinical development. Deucrictibant is being investigated for its potential to prevent the occurrence of bradykinin-mediated angioedema attacks and to treat the manifestations of attacks if/when they occur by inhibiting bradykinin signaling through the bradykinin B2 receptor. Pharvaris is developing two formulations of deucrictibant for oral administration: an extended-release tablet to enable sustained absorption and efficacy as prophylactic treatment, and an immediate-release capsule to enable rapid onset of activity for on-demand treatment. Deucrictibant has been granted orphan drug designation for the treatment of bradykinin-mediated angioedema by the U.S. Food and Drug Administration, the European Commission, and Swissmedic.

About Pharvaris
Pharvaris is a late-stage biopharmaceutical company developing novel, oral bradykinin B2 receptor antagonists to help address unmet needs in bradykinin-mediated conditions, including all types of bradykinin-mediated angioedema. Pharvaris’ aspiration is to offer therapies with injectable-like efficacy™, a well-tolerated profile, and the convenience of oral administration to prevent and treat bradykinin-mediated angioedema attacks. By delivering on this aspiration, Pharvaris aims to provide a new standard of care in bradykinin-mediated angioedema. For more information, visit https://pharvaris.com/.

Forward Looking Statements
This press release contains certain forward-looking statements that involve substantial risks and uncertainties. All statements contained in this press release that do not relate to matters of historical fact should be considered forward-looking statements, including, without limitation, statements relating to our future plans, studies and trials, and any statements containing the words “believe,” “anticipate,” “expect,” “hope,” “estimate,” “may,” “could,” “should,” “would,” “will,” “intend” and similar expressions. These forward-looking statements are based on management’s current expectations, are neither promises nor guarantees, and involve known and unknown risks, uncertainties and other important factors that may cause Pharvaris’ actual results, performance or achievements to be materially different from its expectations expressed or implied by the forward-looking statements. Such risks include but are not limited to the following: uncertainty in the outcome of our interactions with regulatory authorities, including the FDA; the expected timing, progress, or success of our clinical development programs, especially for deucrictibant immediate-release capsules and deucrictibant extended-release tablets, which are in late-stage global clinical trials; the outcome of regulatory approvals, including the outcome of our NDA and MAA for the on-demand treatment of acute attacks of HAE; our ability to replicate the efficacy and safety demonstrated in the RAPIDe-1, RAPIDe-2, RAPIDe-3, and CHAPTER-1 Phase 2 and Phase 3 studies in ongoing and future nonclinical studies and clinical trials, such as CHAPTER-3, and CREAATE; risks arising from epidemic diseases, which may adversely impact our business, nonclinical studies, and clinical trials; our ability to potentially use deucrictibant for alternative purposes, for example to treat C1-INH deficiency (AAE-C1INH); the value of our ordinary shares; the timing, costs and other limitations involved in obtaining regulatory approval for our product candidates, or any other product candidate that we may develop in the future; our ability to establish commercial capabilities or enter into agreements with third parties to market, sell, and distribute our product candidates; our ability to compete in the pharmaceutical industry, including with respect to existing therapies, emerging potentially competitive therapies and with competitive generic products; our ability to market, commercialize and achieve market acceptance for our product candidates; our ability to produce sufficient amounts of drug product candidates for commercialization; our ability to raise capital when needed and on acceptable terms; regulatory developments in the United States, the European Union and other jurisdictions; our ability to protect our intellectual property and know-how and operate our business without infringing the intellectual property rights or regulatory exclusivity of others; our ability to manage negative consequences from changes in applicable laws and regulations, including tax laws (including the Biosecure Act), our ability to maintain an effective system of internal control over financial reporting; changes and uncertainty in general market conditions; disruptions at the FDA and other agencies; changes and uncertainty in general market, political and economic conditions, including as a result of inflation and geopolitical conflicts; changes in regulations and customs, tariffs and trade barriers; and the other factors described under the headings “Cautionary Statement Regarding Forward-Looking Statements” and “Item 3. Key Information—D. Risk Factors” in our Annual Report on Form 20-F and other periodic filings with the U.S. Securities and Exchange Commission. These and other important factors could cause actual results to differ materially from those indicated by the forward-looking statements made in this press release. Any such forward-looking statements represent management’s estimates as of the date of this press release. New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. While Pharvaris may elect to update such forward-looking statements at some point in the future, Pharvaris disclaims any obligation to do so, even if subsequent events cause its views to change. These forward-looking statements should not be relied upon as representing Pharvaris’ views as of any

date subsequent to the date of this press release.

Contact Maggie Beller Vice President, Head of Corporate and Investor Communications maggie.beller@pharvaris.com