

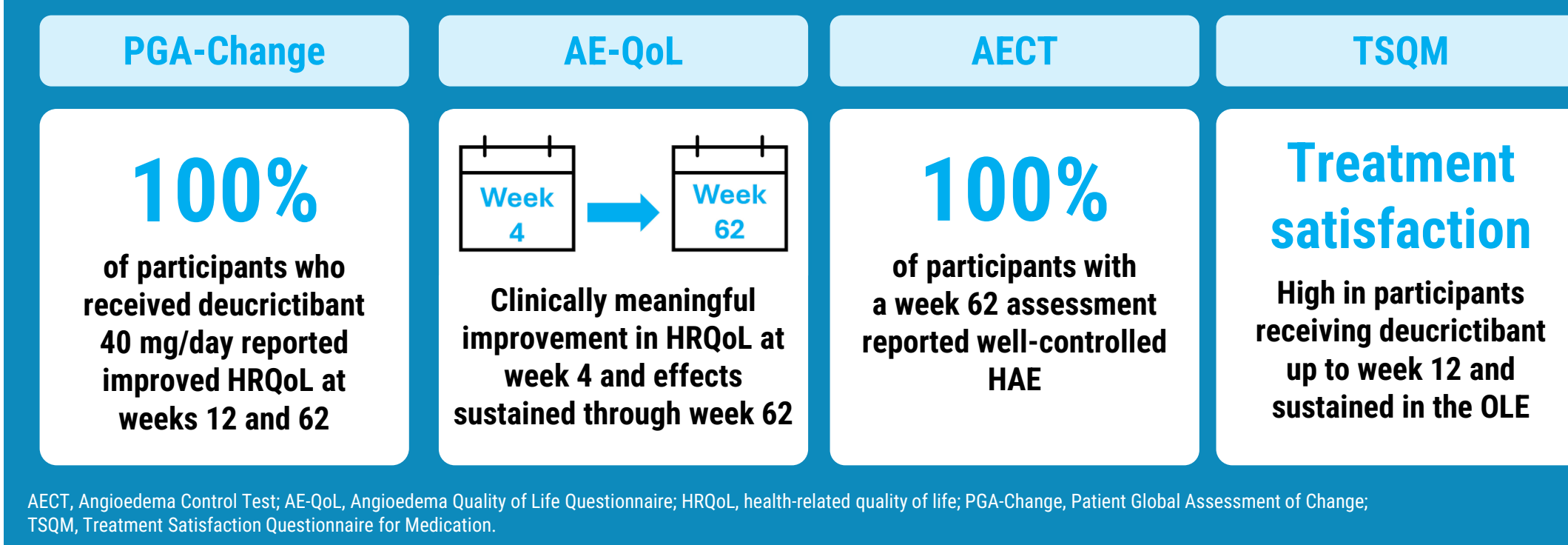
Long-Term Prophylactic Treatment with Oral Deucricitbant Improves Disease Control and Health-Related Quality of Life in Participants with Hereditary Angioedema: CHAPTER-1 Open-Label Extension Study

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Key takeaways

The ongoing Phase 2 CHAPTER-1 open-label extension (OLE) provides additional evidence on the sustained effects of long-term prophylactic treatment with oral deucricitbant on disease control, health-related quality of life (HRQoL), and treatment satisfaction for participants with hereditary angioedema (HAE).



Background

- Hereditary angioedema (HAE):** a bradykinin-mediated condition with painful swelling attacks affecting multiple locations in the body and negatively impacting HRQoL.¹⁻⁷
- Unmet need:** additional prophylactic treatments offering injectable-like efficacy, a well-tolerated profile, and ease of administration.⁸⁻¹¹
- Oral deucricitbant:** a selective, bradykinin B2 receptor antagonist under development for both prophylactic and on-demand treatment of HAE attacks.¹¹⁻²²

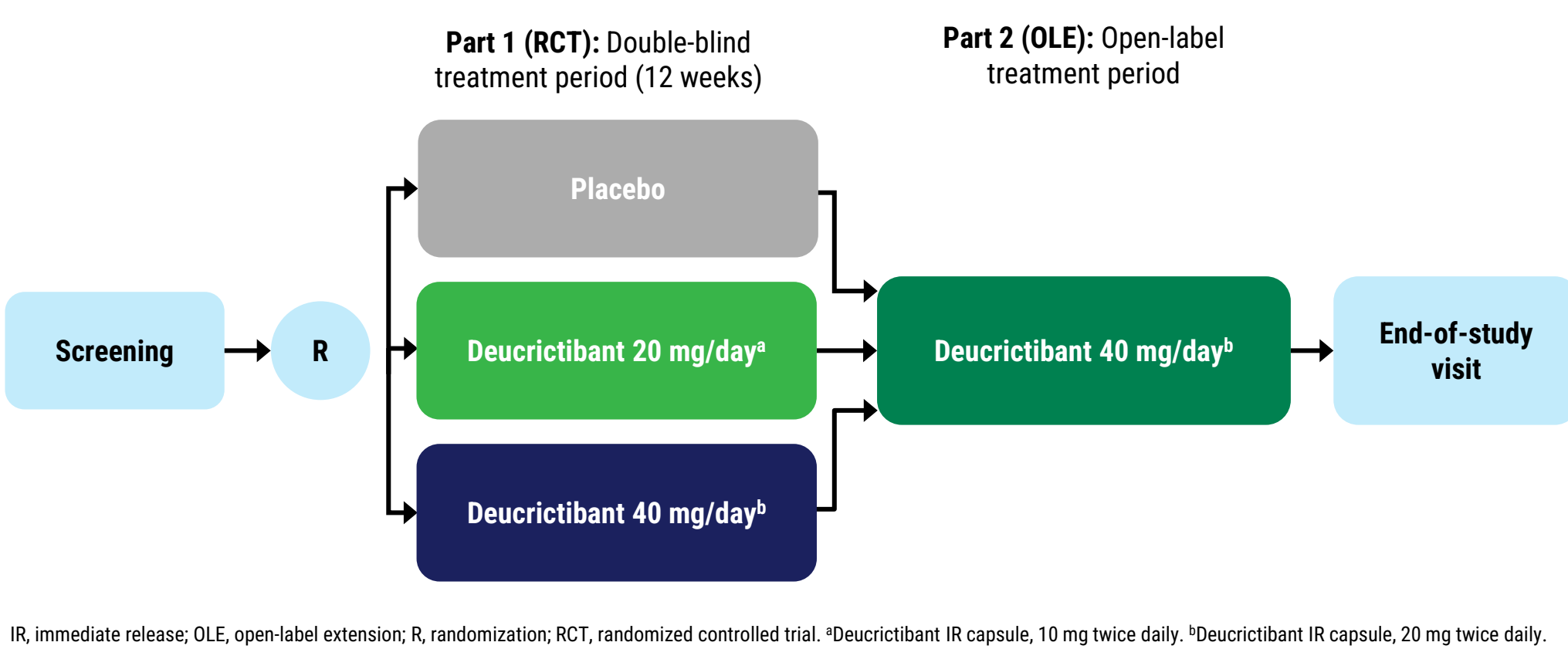
Objective

Evaluate the impact of deucricitbant treatment on disease control, HRQoL, and treatment satisfaction through 62 weeks in adult participants with HAE in the CHAPTER-1 OLE study (data snapshot 10 June 2024).¹⁸

Methods

- CHAPTER-1 (NCT05047185)*:** a two-part, Phase 2 study.¹⁸
 - Part 1 randomized controlled trial (RCT) is complete. Part 2 OLE is ongoing.
- Eligible participants:** adults diagnosed with HAE-1/2, not receiving other prophylactic treatments at screening, and with a pre-specified minimum number of attacks.

Figure 1. CHAPTER-1 study design



COI: M.M.: received research grant support and/or speaker/consultancy fees from and/or is/was investigator in clinical studies for BioCryst, CSL Behring, Intellia, KalVista, Novartis, Octapharma, Pharming, Pharvaris, Takeda. J.A.: received speaker bureau member for BioCryst, CSL Behring, Pharming, Takeda; received consulting fees from and is/was a clinical trial investigator for BioCryst, BioMarin, CSL Behring, KalVista, Pharming, Pharvaris, Takeda; received consulting fees from Cycle Pharma. F.A.: CSL Behring, Takeda. E.A.-P.: received speaker fees from BioCryst, CSL Behring, KalVista, Otsuka, Pharvaris, Takeda; received grants from CSL Behring, Takeda; received funding to attend meetings from BioCryst, CSL Behring, KalVista, Takeda; institution received consulting fees from Astra, BioCryst, Intellia, KalVista, Pharvaris, Takeda. M.C.: received grant research support and/or speaker/consultancy fees from BioCryst, CSL Behring, KalVista, Novartis, Pharming, Sobri, Takeda; received funding to attend conferences/educational events from CSL Behring, Menarini, MSD, Novartis, Pharming, Takeda; is/was a clinical trial/registry investigator for BioCryst, CSL Behring, KalVista, Novartis, Pharming, Takeda, UCB. H.C.: AstraZeneca (Alexion), CSL Behring, KalVista, Novartis, Pharming, Takeda, Novartis, Roche, Sanofi, Sobri, Takeda; advisory board: AstraZeneca (Alexion), CSL Behring, KalVista, Novartis, Pharming, Takeda. N.C.: received unrelated research support from Takeda and conference attendance support from Novartis, Takeda. E.E.: received funding to attend conferences and other educational events, acted as medical advisor or speaker for, and/or participated in clinical trials with BioCryst, Dr Falk Pharma, Novartis, Pharming, Pharvaris, M.D.G.: received fees from CSL Behring and conference attendance support; member of the immunology clinical reference group; clinical trial work for BioCryst, Novartis. S.G.: received funding to attend conferences and other educational events; acted as medical advisor or speaker; received financial and other assistance with patient care projects and/or participated in clinical trials with Baxter, CSL Behring, Dyax, Grifols, Pharming/Swedish Orphan, Takeda, ViroPharma. M.B.: received speaker fees from CSL Behring. P.G.: received fees for consultation and speaking from BioCryst, KalVista, Takeda; received travel grants from CSL Behring, Pharming, Takeda. S.K.A.: chief and/or principal investigator and in receipt of honorarium for consulting work and advisory boards organized by BioCryst, Biotech, CSL Behring, Ionis, KalVista, Pharvaris, Takeda, 24 Pharmaceuticals. T.K.: received research grants and/or speaker or consultancy fees from and is/was an investigator in clinical studies for BioCryst, CSL Behring, KalVista, Novartis, Sanofi/Regeneron, Pharming, Takeda. M.E.M.: speaker for Amgen, AstraZeneca, BioCryst, CSL Behring, KalVista, Novartis, Sanofi/Regeneron, Pharming, Takeda. M.A.: received research grants from AstraZeneca, BioCryst, CSL Behring, GSK, KalVista, Merck, Novartis, Pharming, Pharvaris, Takeda. M.D.T.: no conflicts of interests to disclose relative to this work. A.V.: received consultant, speaker, and personal fees from AstraZeneca, Berlin-Chemie/Menarini Group, CSL Behring, KalVista, Novartis, Pharming, Sobri, Takeda; investigator for Pharming, Sobri, Takeda; investigator for Pharming, Sobri, Takeda; investigator for Pharming, Sobri, Takeda; investigator for Pharming, Sobri, Takeda; speaking fees from BioCryst, CSL Behring, Genentech, GSK, Takeda. W.H.Y.: member of advisory boards for BioCryst, CSL Behring, Merck, Novartis, Sanofi, Takeda; received speaker fees for AstraZeneca, Merck, Novartis, Takeda; research grants from Aimune Therapeutics, ALK Abello, AnaptysBio, Aretea, Aslan, AstraZeneca, Astra, BioCryst, Bristol Myers, Celgene, CSL Behring, DBV Technologies, Demira, Eli Lilly, Escient, Galderma, Genentech, GSK, Glenmark, Haleon, Incyte, Ionis, Moderna, Novartis, Novavax, Pharvaris, Pharming, Providence, RAPT Therapeutics, Regeneron, Roche, Sanofi, Stallergenes, Demira, Upstream Bio, VBI. A.Z.: received speaker/consultancy fees from BioCryst, CSL Behring, KalVista, Pharming, Takeda. R.C.: employee of RC Consultancy and consultant to Pharvaris, holds stocks in Pharvaris. S.M.: employee of Mulders Clinical Consulting and consultant to Pharvaris, holds stocks in Pharvaris. J.L.: employee of Pharvaris, holds stock in Pharvaris. U.F.: employee of Pharvaris, holds stock in Pharvaris. U.K.: employee of Pharvaris, holds stock in Pharvaris. J.K.: employee of JCK Consult and consultant to Pharvaris, holds stocks/stock options in Pharvaris. A.L.: employee of GrayMatters Consulting and consultant to Pharvaris, holds stocks/stock options in Pharvaris. P.L.: employee of Pharvaris, holds stocks/stock options in Pharvaris. M.A.R.: received research grant support, consultancy fees, speaker fees, and/or clinical trial fees from Astra, BioCryst, BioMarin, Celldex, CSL Behring, Cycle Pharma, Grifols, Intellia, Ionis, KalVista, Novartis, Pharming, Pharvaris, Sanofi-Regeneron, Takeda.

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Methods

- Patient Global Assessment of Change (PGA-Change)²³:** a tool to measure the change in the impact of HAE on patient's HRQoL since starting study treatment compared with pre-treatment:



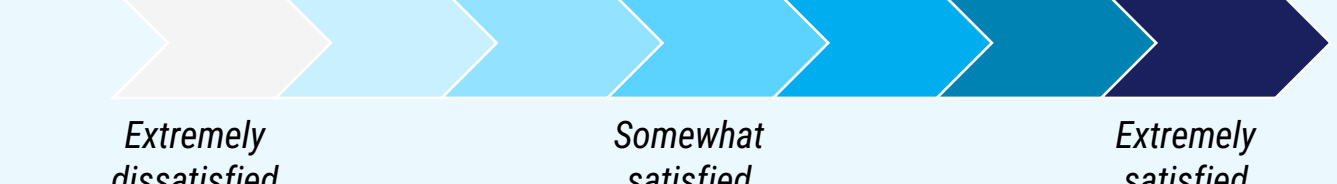
- Angioedema Quality of Life Questionnaire (AE-QoL)²⁴⁻²⁶:** a tool validated for HAE and comprising a 17-item questionnaire across four domains, "functioning", "fatigue/mood", "fear/shame", and "nutrition", on a five-point response scale:



- Angioedema Control Test (AECT)^{27,28}:** a four-item questionnaire with a five-point response scale developed and validated to retrospectively quantify disease control and aid management decisions in patients with recurrent angioedema (AECT-4Wk – four-week recall used):



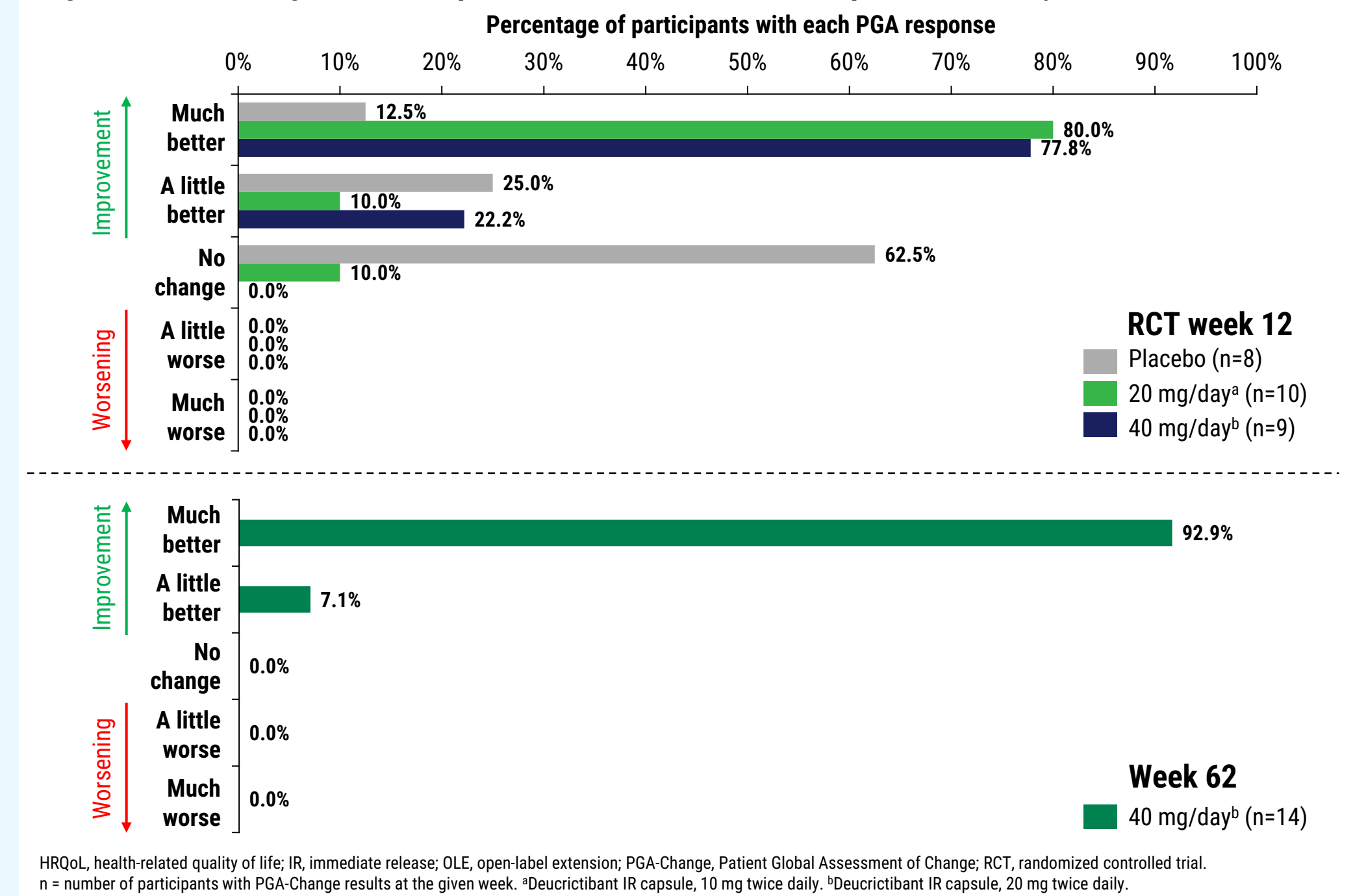
- Treatment Satisfaction Questionnaire for Medication (TSQM) Version II²⁹:** an 11-item questionnaire to gauge patients' satisfaction with "effectiveness", "side effects", "convenience", and "global satisfaction" of a medication:



Results

- All 30 participants who completed the Part 1 RCT enrolled in the Part 2 OLE.
 - At data cutoff: five participants had discontinued. 25 were ongoing, of whom 14 had reached at least the week 62 visit.
- This analysis included the 14 participants who had reached at least the week 62 visit.
 - Mean (SD) exposure to deucricitbant 40 mg/day for these 14 participants in the OLE: 16.9 (3.0) months.
 - Min-max exposure in the OLE: 12.4–20.8 months.
 - Maximum exposure to deucricitbant in the entire study: 23.7 months.

Figure 2. PGA-Change: HRQoL improved at weeks 12 and 62 compared with study baseline



Results

Figure 3. AE-QoL: Improvement in HRQoL by week 4 and effects sustained through week 62

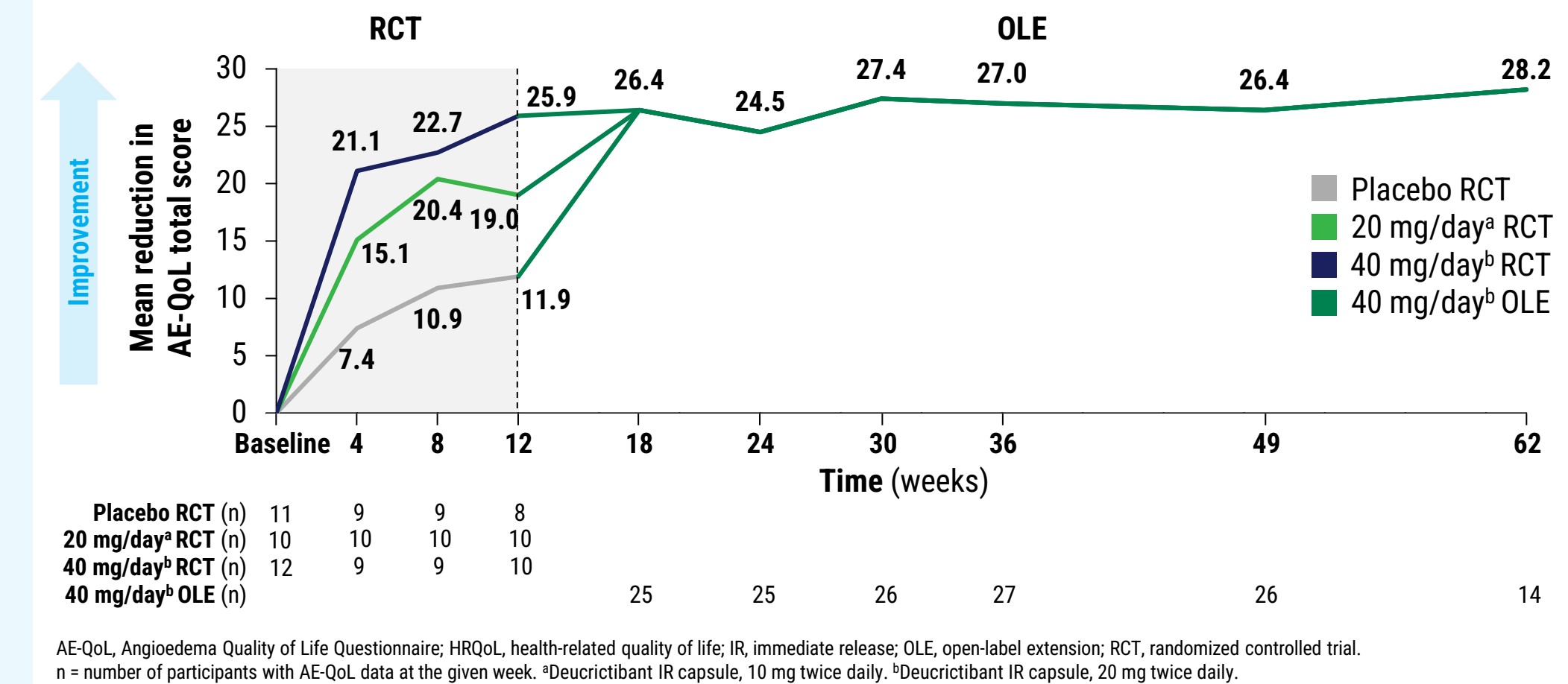


Figure 4. AECT: Improvement in disease control by week 4 and effects sustained through week 62

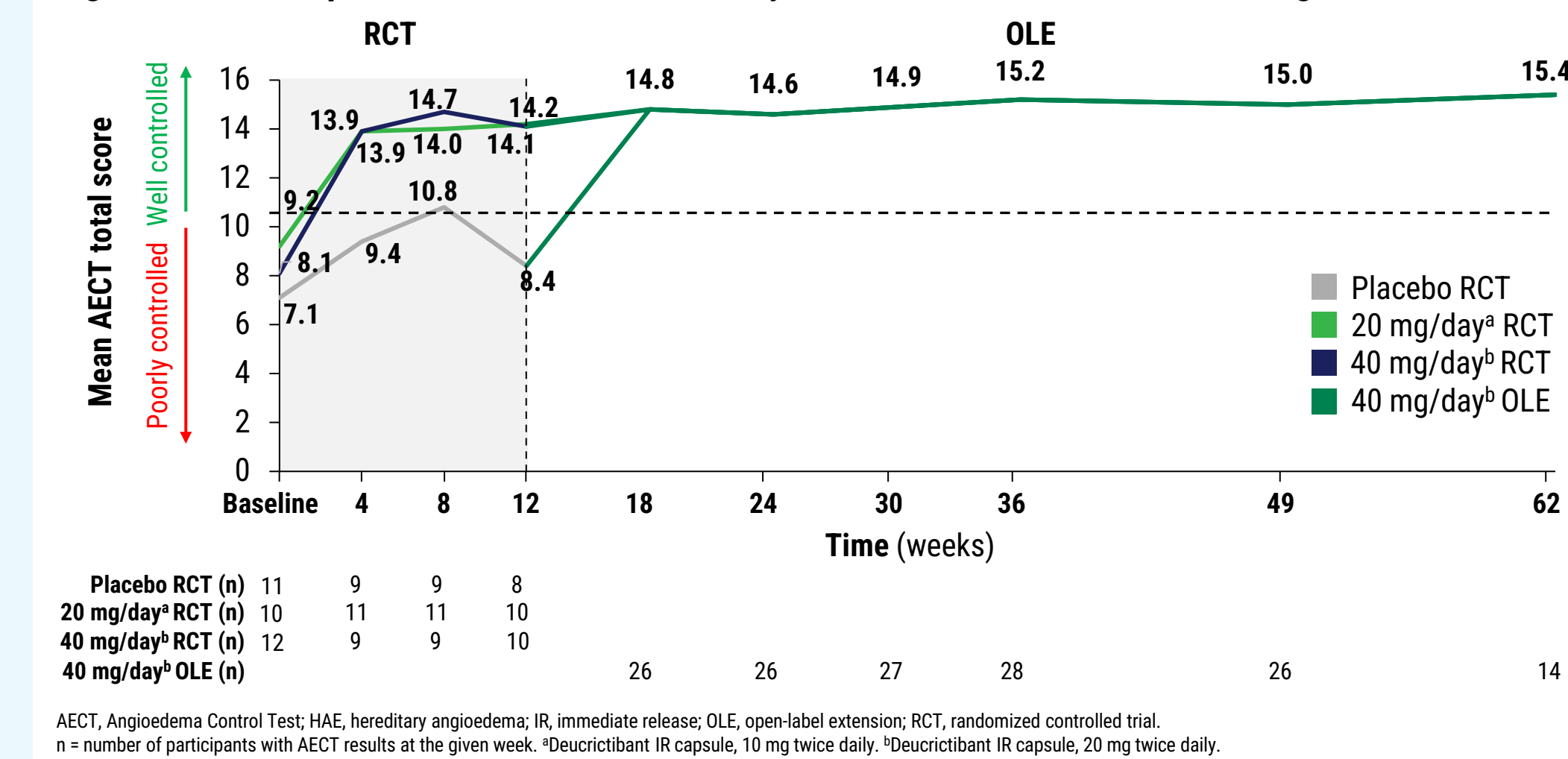
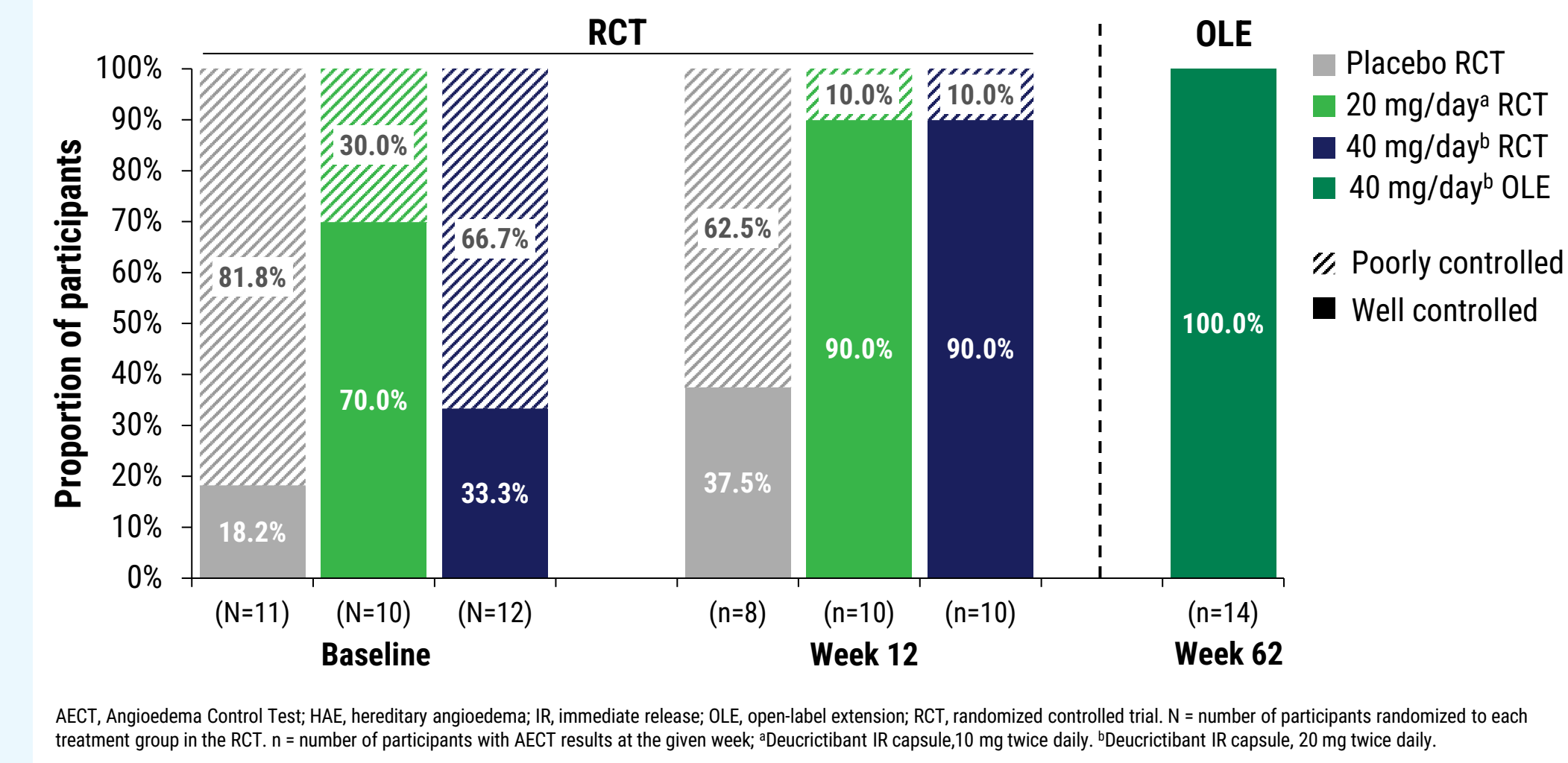


Figure 5. AECT: 90% of participants at 12 weeks and 100% of participants at 62 weeks receiving deucricitbant showed well-controlled HAE



Results

Figure 6. TSQM: Greater patient satisfaction with effectiveness vs placebo at week 12 was sustained in the OLE

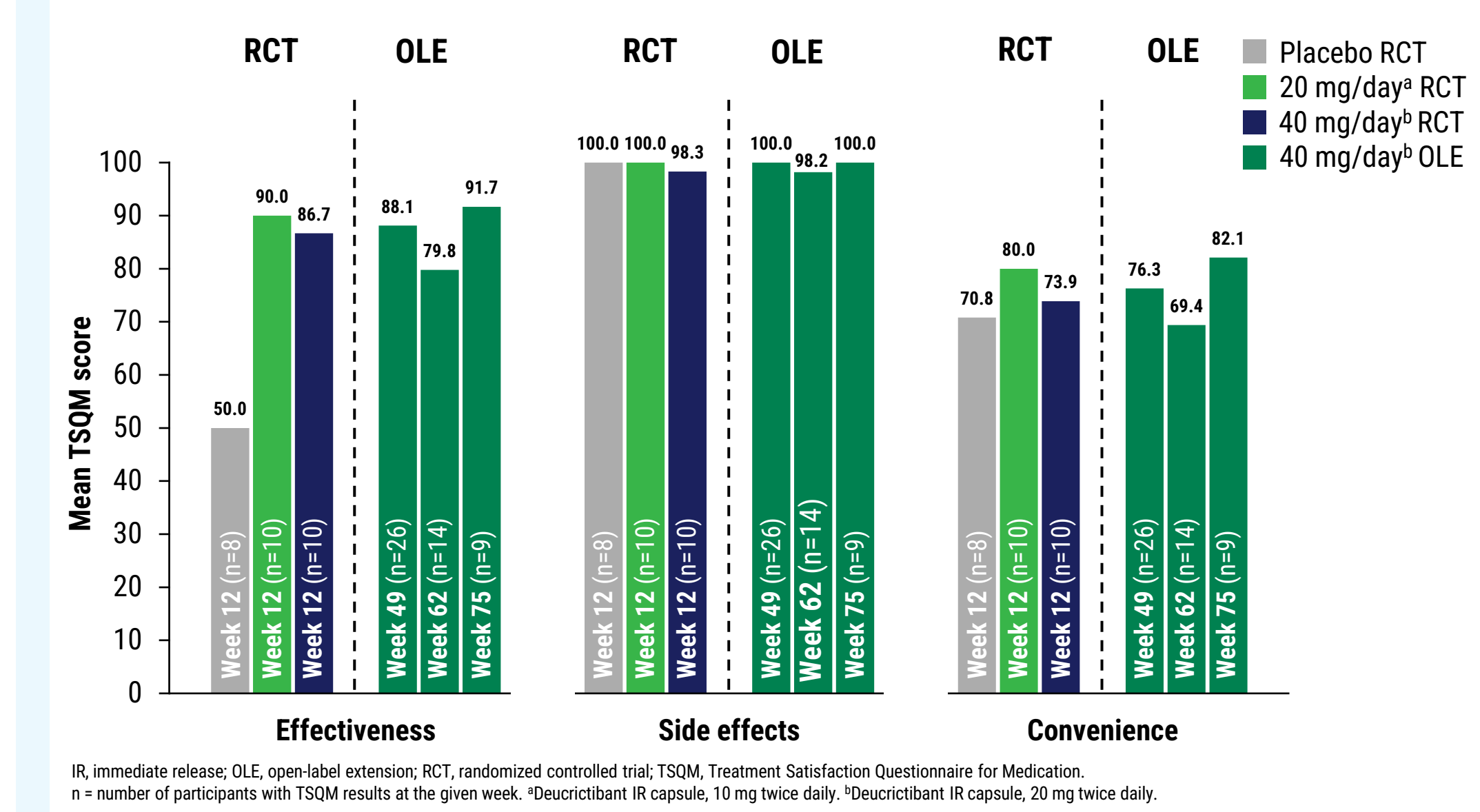
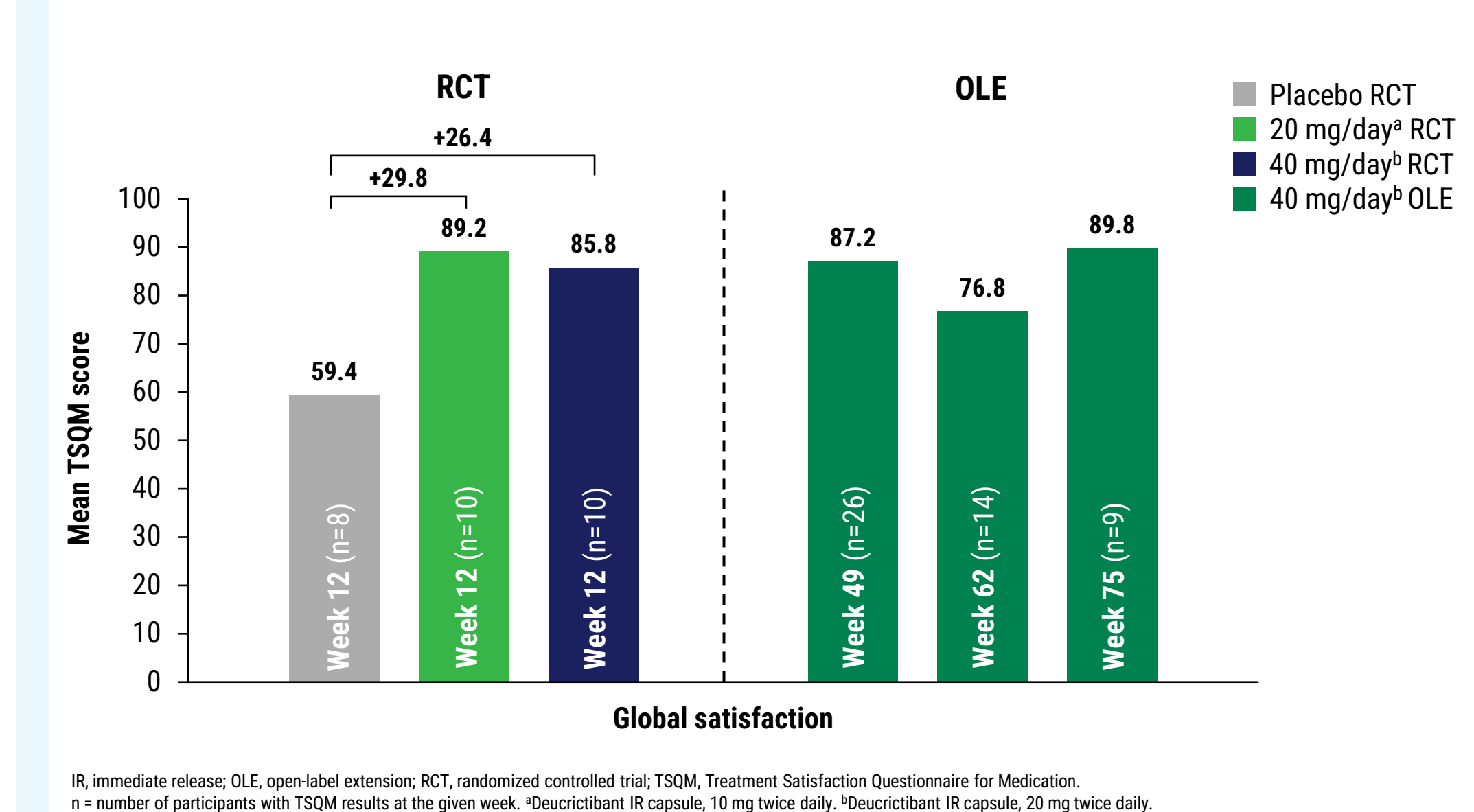


Figure 7. TSQM: Greater overall patient satisfaction vs placebo at week 12 was sustained in the OLE



This presentation includes data for an investigational product not yet approved by regulatory authorities.

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