

Early symptom relief following treatment with the oral bradykinin B2 receptor antagonist deucricitbant immediate-release capsule (PHVS416) in patients with hereditary angioedema attacks

M.A. Riedl¹, J. Anderson², E. Aygören-Pürsün³, M.L. Baeza⁴, L. Bouillet⁵, H. Chapdelaine⁶, D.M. Cohn⁷, A. Du-Thanh⁸, O. Fain⁹, H. Farkas¹⁰, J. Greve¹¹, M. Guilarte¹², D. Hagin¹³, R. Hakl¹⁴, J.S. Jacobs¹⁵, A. Kessel¹⁶, S. Kiani-Alikhan¹⁷, P. Králícková¹⁸, H.H. Li¹⁹, R. Leonart²⁰, M. Magerl²¹, M.E. Manning²², A. Reshef²³, B. Ritchie²⁴, G. Spadaro²⁵, M. Staevska²⁶, P. Staubach²⁷, M. Stobiecki²⁸, G.L. Sussman²⁹, M.D. Tarzi³⁰, A. Valerieva²⁶, W.H. Yang³¹, M.H. Jouvin³², R. Crabbé³³, S. van Leeuwen³⁴, H. Chen³², L. Zhu³², J. Knolle³⁵, A. Lesage³⁶, P. Lu³², M. Maurer²¹

¹Division of Rheumatology, Allergy and Immunology, University of California San Diego, La Jolla, CA, USA; ²Clinical Research Center of Alabama, AllerVie Health Birmingham, AL, USA; ³Department for Children and Adolescents, University Hospital Frankfurt, Goethe University Frankfurt, Frankfurt, Germany; ⁴Allergy Department, Hospital General Universitario Gregorio Marañón, Madrid, Spain; ⁵National Reference Center for Angioedema (CREAK), Department of Internal Medicine, Grenoble Alpes University, Laboratoire T-RAIG, UMR 5525 TIMC-IMAG (UGA-CNRS), Grenoble, France; ⁶CHU de Montréal, Université de Montréal, Montréal, Canada; ⁷Department of Vascular Medicine, Amsterdam Cardiovascular Sciences, Amsterdam UMC, University of Amsterdam, Amsterdam, The Netherlands; ⁸Department of Dermatology, University Montpellier, Montpellier, France; ⁹Department of Internal Medicine, Sorbonne University, AP-HP, Saint Antoine Hospital, Paris, France; ¹⁰Department of Internal Medicine and Haematology, Hungarian Angioedema Center of Reference and Excellence, Semmelweis University, Budapest, Hungary; ¹¹Department of Otorhinolaryngology, Head and Neck Surgery, Ulm University Medical Center, Ulm, Germany; ¹²Allergy Section, Internal Medicine Department, Hospital Universitari Vall d'Hebron, Barcelona, Spain; ¹³Allergy and Clinical Immunology Unit, Department of Medicine, Tel Aviv Sourasky Medical Center and Sackler Faculty of Medicine, University of Tel Aviv, Tel Aviv, Israel; ¹⁴Department of Clinical Immunology and Allergy, St. Anne's University Hospital in Brno and Faculty of Medicine, Masaryk University, Brno, Czech Republic; ¹⁵Allergy and Asthma Clinical Research, Walnut Creek, CA, USA; ¹⁶Bnai Zion Medical Center, Technion-Israel Institute of Technology, Haifa, Israel; ¹⁷Department of Immunology, Royal Free London NHS Foundation Trust, London, United Kingdom; ¹⁸Institute of Clinical Immunology and Allergy, University Hospital Hradec Králové, Charles University, Faculty of Medicine in Hradec Králové, Hradec Králové, Czech Republic; ¹⁹Institute for Asthma and Allergy, Chevy Chase, MD, USA; ²⁰Allergy Service, Bellvitge University Hospital, L'Hospitalet de Llobregat, Barcelona, Spain; ²¹Institute of Allergy, Charité - Universitätsmedizin Berlin, Corporate Member of Freie Universität Berlin and Humboldt-Universität zu Berlin, and Fraunhofer Institute for Translational Medicine and Pharmacology ITMP, Allergy and Immunology, Berlin, Germany; ²²Allergy, Asthma and Immunology Associates, Ltd., Scottsdale, Arizona, USA; ²³Allergy, Immunology and Angioedema Center, Barzilai University Hospital, Ashdod, Israel; ²⁴Division of Hematology, Department of Medicine, University of Alberta, Edmonton, AB, Canada; ²⁵Department of Translational Medical Sciences and Center for Basic and Clinical Immunology Research (CBIS), University of Naples Federico II, Napoli, Italy; ²⁶Department of Allergy, Clinic of Allergy, University Hospital "Alexandrovska", Medical University of Sofia, Sofia, Bulgaria; ²⁷Department of Dermatology, University Medicine Mainz, Mainz, Germany; ²⁸Department of Clinical and Environmental Allergy, Jagiellonian University Medical College, Krakow, Poland; ²⁹Gordon Sussman Clinical Research Inc, Toronto, Canada; ³⁰Department of Medicine, Brighton and Sussex Medical School, Brighton, United Kingdom; ³¹Ottawa Allergy Research Corporation, Department of Medicine, University of Ottawa, Ottawa, ON, Canada; ³²Pharvaris Inc., Lexington, MA, USA; ³³RC Consultancy, Bassins, Switzerland; ³⁴SLC Consultancy, Woerden, The Netherlands; ³⁵JCK Consult, Frankfurt, Germany; ³⁶GrayMatters Consulting, Schilde, Belgium

Introduction

- Approved therapies for hereditary angioedema (HAE) attacks are administered parenterally with substantial treatment burden due to administration time and risk of pain or other injection site reactions¹⁻⁴, with treatment of many attacks being delayed or forgone.⁵⁻⁶
- An unmet need exists for on-demand oral therapies that are effective and well-tolerated and may reduce the treatment burden enabling prompt administration as recommended by international clinical guidelines.⁷⁻⁹
- Deucricitbant immediate-release (IR) capsule (PHVS416) is an investigational formulation containing deucricitbant (PHA121), a highly potent, specific, and orally bioavailable competitive antagonist of the bradykinin B2 receptor.¹⁰⁻¹¹
- In the Phase 2 RAPIDe-1 trial (NCT04618211¹²) deucricitbant IR capsule reduced time to onset of symptom relief and to attack resolution measured through the visual analogue scale-3 (VAS-3) and substantially reduced use of rescue medication.¹³⁻¹⁴

Methods

- RAPIDe-1 was a Phase 2, double-blind, placebo-controlled, randomized, crossover, dose-ranging trial of deucricitbant IR capsule for the acute treatment of angioedema attacks in patients with type 1 and 2 HAE.
- A primary analysis was performed including 147 qualifying HAE attacks treated by 62 patients with double-blinded placebo or deucricitbant IR capsule 10, 20, or 30 mg (modified intent-to-treat analysis, mITT = all randomized patients with ≥1 treated HAE attack and VAS results at both pre-treatment and ≥1 post-treatment time point).
- Mean Symptom Complex Severity (MSCS) score and Treatment Outcome Score (TOS) are validated composite scores based on patient-reported symptoms of attacks at the affected body sites, included in ecallantide clinical trials¹⁵⁻¹⁷. Changes in MSCS score and in TOS from pre-treatment to 4 hours post-treatment were secondary endpoints of RAPIDe-1.
- MSCS is a point-in-time measure of symptom severity:
 - Patient-rated severity of each affected symptom on a categorical scale (0 = normal, 1 = mild, 2 = moderate, 3 = severe)
 - Calculated as average score from all affected body sites involved (symptom complexes)
 - Decrease in score reflects improvement in symptom severity
- TOS is a measure of symptom response to treatment:
 - Patient assessment of response for each affected body site on categorical scale (significant improvement [100], improvement [50], same [0], worsening [-50], significant worsening [-100])
 - Calculated as weighted average of the response at all body sites using pre-treatment severity as weight
 - Increase in score reflects improvement in symptom from pre-treatment
 - Complex Assessment questions evaluate patient-reported change in attack symptoms from pre-treatment
 - A lot better or resolved – a little better – same – a little worse – a lot worse

Results

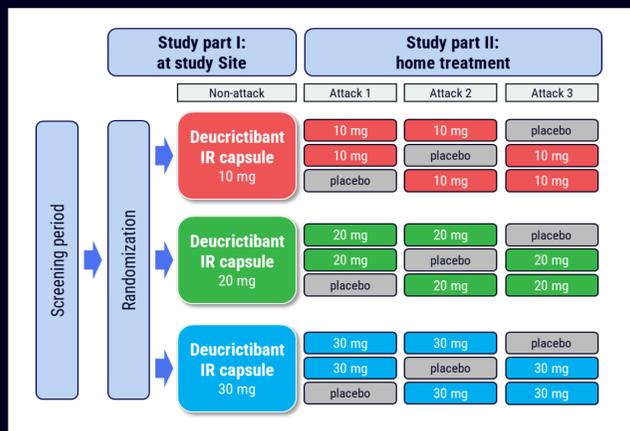


Figure 1. RAPIDe-1 trial design schematic

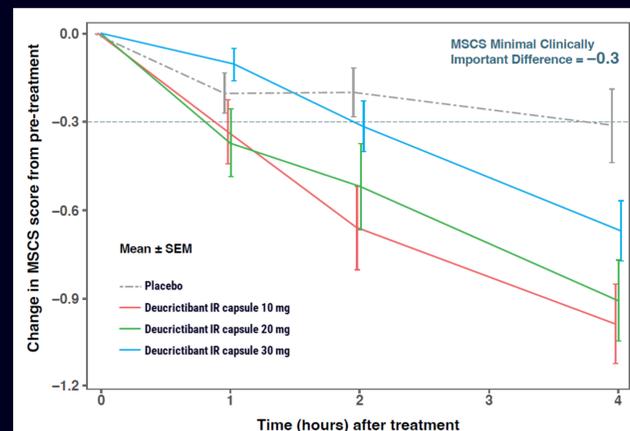


Figure 2. Deucricitbant IR capsule significantly reduced MSCS score at 4h

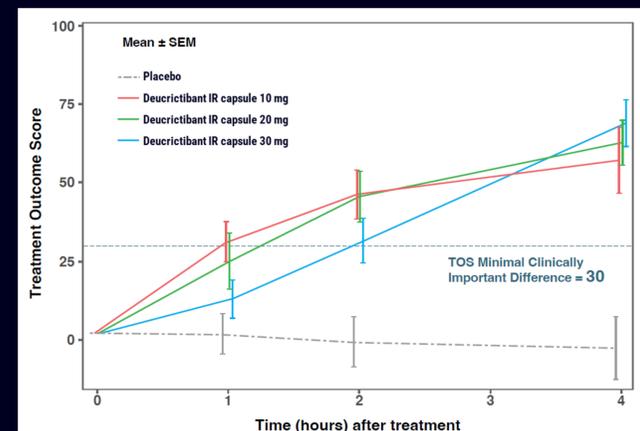


Figure 3. Deucricitbant IR capsule significantly improved TOS at 4h

	Placebo	Deucricitbant IR capsule 10 mg	Deucricitbant IR capsule 20 mg	Deucricitbant IR capsule 30 mg
Number of patients with post-treatment TOS PRO	49	21	16	19
Number of attacks with post-treatment TOS PRO	49	36	28	29
Attacks with onset of all symptom complexes "a little better" within 48 hours – n (%)	18 (36.7%)	32 (88.9%)	25 (89.3%)	27 (93.1%)
Median (95% CI) time (hours) to onset of symptom relief by KM estimate	7.62 (3.95, -)	1.89 (0.97, 3.97)	2.15 (1.75, 4.00)	1.98 (1.80, 3.87)

Onset of symptom relief = The time point when TOS PRO first reaches at least "A little better" for all symptom complexes affected at baseline, and no new symptom in any other symptom complex is reported. Relief is confirmed if the improvement is sustained at 2 consecutive time points

Table 1. Deucricitbant IR capsule reduced time to onset of symptom relief

	Placebo	Deucricitbant IR capsule 10 mg	Deucricitbant IR capsule 20 mg	Deucricitbant IR capsule 30 mg
Number of patients with post-treatment TOS PRO	49	21	16	19
Number of attacks with post-treatment TOS PRO	49	36	28	29
Attacks with onset of all symptom complexes "a lot better or resolved" within 48 hours – n (%)	13 (26.5%)	30 (83.3%)	23 (82.1%)	25 (86.2%)
Median (95% CI) time (hours) to almost complete or complete symptom relief by KM estimate	23.28 (5.78, 47.17)	4.02 (3.93, 5.77)	5.93 (3.90, 8.58)	4.12 (3.92, 7.22)

Almost complete or complete symptom relief = The time point when TOS PRO first reaches "A lot better or resolved" for all symptom complexes affected at baseline, and no new symptom in any other symptom complex is reported.

Table 2. Deucricitbant IR capsule reduced time to almost complete or complete symptom relief

Conclusions

- In the Phase 2 RAPIDe-1 trial deucricitbant IR capsule improved symptoms and reduced time to symptom relief and to resolution of HAE attacks
- Clinical meaningful improvement of symptoms was observed during the first hours after treatment with deucricitbant IR capsule

References

¹Beriner[®] [package insert], <https://labeling.cslbehrring.com/pi/us/beriner/en/beriner-prescribing-information.pdf> (accessed 25 April 2023). ²Firazy[®] [package insert], https://www.shirecontent.com/PI/PDFs/Firazyr_USA_ENG.pdf (accessed 25 April 2023). ³Kalbitor[®] [package insert], https://www.shirecontent.com/PI/PDFs/Kalbitor_USA_ENG.pdf (accessed 25 April 2023). ⁴Ruconest[®] [package insert], https://www.ruconest.com/wp-content/uploads/Ruconest_PL_Apr2020.pdf (accessed 25 April 2023). ⁵Tuong LA et al. Allergy Asthma Proc 2014;35:250-4. ⁶US Food and Drug Administration, Center for Biologics Evaluation and Research. The voice of the patient – Hereditary angioedema. May, 2018. <https://www.fda.gov/media/113509/download> (accessed 25 April 2023). ⁷Betschel S et al. Allergy Asthma Clin Immunol 2019;15:72. ⁸Busse PJ et al. J Allergy Clin Immunol Pract 2021 2021;9:132-50. ⁹Maurer M et al. Allergy 2022;77:1961-90. ¹⁰Lesage A et al. Front Pharmacol 2020;11:916. ¹¹Lesage A et al. Int Immunopharmacol 2022;105:108523. ¹²<https://clinicaltrials.gov/ct2/show/NCT04618211> (accessed 25 April 2023). ¹³Maurer M et al. AAAAI 2023;411. ¹⁴Farkas H et al. 13th C1-inhibitor Deficiency and Angioedema Workshop 2023;0-19. ¹⁵Vernon MK et al. Qual Life Res 2009;18:929-39. ¹⁶Cicardi M et al. N Engl J Med 2010;363:523-31. ¹⁷Levy RJ et al. Ann Allergy Asthma Immunol 2010;104:523-9.