

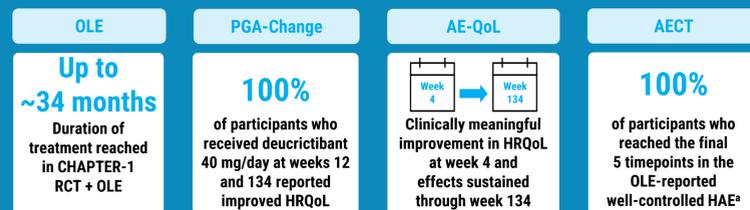
Long-Term Prophylactic Treatment With Oral Deucricitbant Improved Disease Control and Health-Related Quality of Life in Hereditary Angioedema: CHAPTER-1

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Key takeaways

Final data from the completed Phase 2 CHAPTER-1 open-label extension (OLE) provide further evidence on the sustained effects of long-term prophylactic treatment with oral deucricitbant on health-related quality of life (HRQoL) and disease control for participants with hereditary angioedema (HAE).



AECT, Angioedema Control Test; AE-QoL, Angioedema Quality of Life Questionnaire; HAE, hereditary angioedema; HRQoL, health-related quality of life; OLE, open-label extension; PGA-Change, Patient Global Assessment of Change; RCT, randomized controlled trial. *Well-controlled HAE defined as AECT score ≥10.

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, investigational, orally administered bradykinin B2 receptor antagonist under development for both prophylactic and on-demand treatment of attacks of bradykinin-mediated angioedema, including HAE.¹¹⁻²²

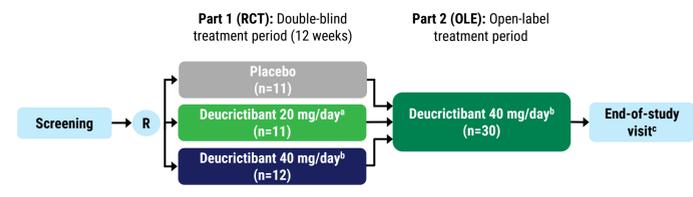
Objective

To evaluate the long-term impact of deucricitbant treatment on health-related quality of life (HRQoL) and disease control in adults with HAE.¹⁸

Methods

- CHAPTER-1 (NCT05047185)*:** a two-part, Phase 2 study.^{18,19}
 - Part 1 randomized controlled trial (RCT) and Part 2 (OLE) are complete.
- Eligible participants:** adults diagnosed with HAE-1/2, not receiving other prophylactic treatments at screening, and with a pre-specified minimum number of attacks in the 3 months prior to screening.

Figure 1. CHAPTER-1 study design



OLE, open-label extension; R, randomization; RCT, randomized controlled trial. *Deucricitbant IR capsule, 10 mg twice daily. †Deucricitbant IR capsule, 20 mg twice daily. ‡Twenty-one participants rolled over to the CHAPTER-4 (NCT06679881) OLE in which deucricitbant extended-release (XR) tablet is administered.

Methods

Patient-reported outcome instruments

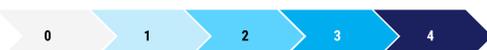
Patient Global Assessment of Change (PGA-Change)²³: a tool that uses a five-point Likert response scale to assess the change in the impact of HAE on patient's HRQoL since starting study treatment compared with pre-treatment:



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



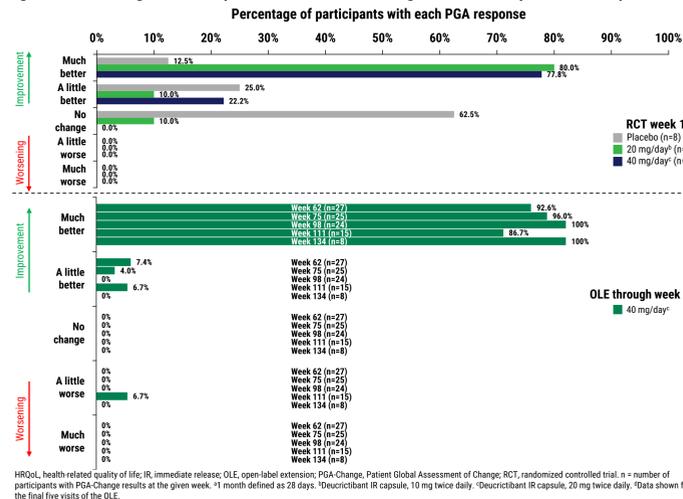
Angioedema Control Test (AECT)^{27,28}: a four-item questionnaire with a five-point response scale developed and validated to retrospectively quantify disease control and aid management decisions in patients with recurrent angioedema (AECT-4Wk – 4-week recall used):



Results

- This analysis included all 30 participants who completed the Part 1 RCT and enrolled into the Part 2 OLE. Twenty-one participants were on study at the time of CHAPTER-1 study end and all continued into the ongoing CHAPTER-4 OLE (NCT06679881)²¹ in which deucricitbant extended-release (XR) tablet is administered. None of the 9 discontinuations in the CHAPTER-1 OLE were reported as treatment-related.
 - Mean (SD) treatment duration in the OLE was 22.2 (8.1) months.^a
 - Maximum deucricitbant exposure during the entire study was 33.8 months.^a

Figure 2. PGA-Change: HRQoL improved at week 12 and through week 134 compared with study baseline

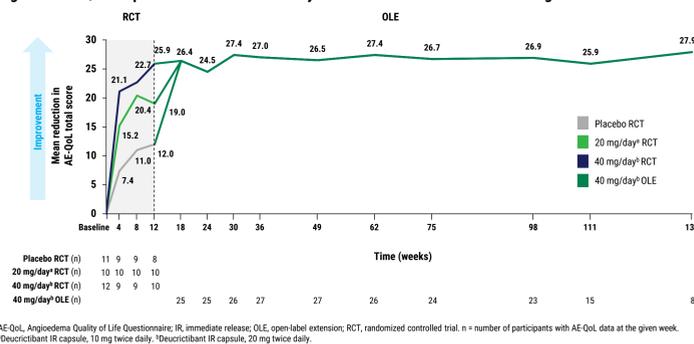


HRQoL, health-related quality of life; IR, immediate release; OLE, open-label extension; PGA-Change, Patient Global Assessment of Change; RCT, randomized controlled trial. n = number of participants with PGA-Change results at the given week. *1 month defined as 28 days. †Deucricitbant IR capsule, 10 mg twice daily. ‡Deucricitbant IR capsule, 20 mg twice daily. §Data shown for the final five visits of the OLE.

Results

Health-related quality of life using AE-QoL

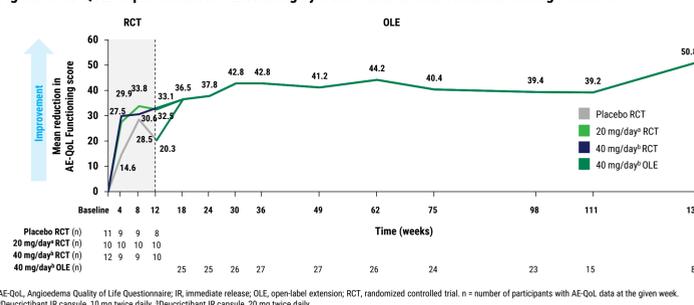
Figure 3. AE-QoL: Improvement in Total Score by week 4 and effects sustained through week 134



AE-QoL, Angioedema Quality of Life Questionnaire; IR, immediate release; OLE, open-label extension; RCT, randomized controlled trial. n = number of participants with AE-QoL data at the given week. †Deucricitbant IR capsule, 10 mg twice daily. ‡Deucricitbant IR capsule, 20 mg twice daily.

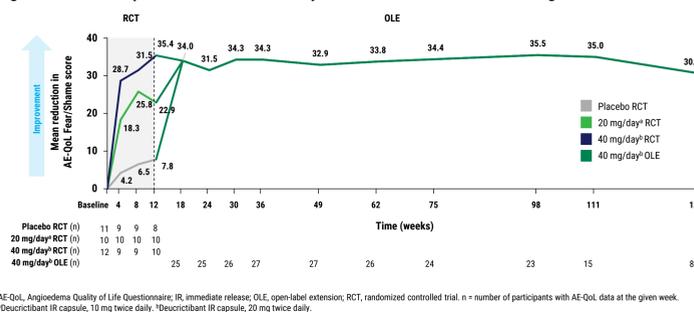
AE-QoL Subdomains "Functioning" and "Fear/Shame"

Figure 4. AE-QoL: Improvement in Functioning by week 4 and effects sustained through week 134



AE-QoL, Angioedema Quality of Life Questionnaire; IR, immediate release; OLE, open-label extension; RCT, randomized controlled trial. n = number of participants with AE-QoL data at the given week. †Deucricitbant IR capsule, 10 mg twice daily. ‡Deucricitbant IR capsule, 20 mg twice daily.

Figure 5. AE-QoL: Improvement in Fear/Shame by week 4 and effects sustained through week 134

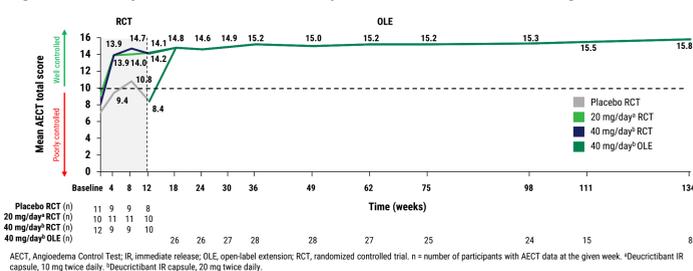


AE-QoL, Angioedema Quality of Life Questionnaire; IR, immediate release; OLE, open-label extension; RCT, randomized controlled trial. n = number of participants with AE-QoL data at the given week. †Deucricitbant IR capsule, 10 mg twice daily. ‡Deucricitbant IR capsule, 20 mg twice daily.

Results

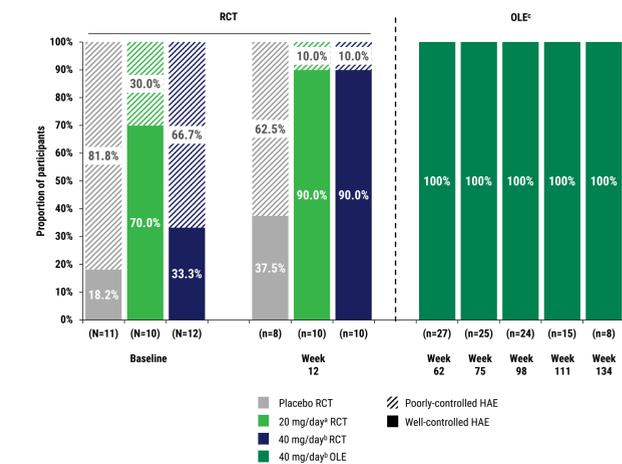
Disease control

Figure 6. AECT: Improvement in disease control by week 4 and effects sustained through week 134



AECT, Angioedema Control Test; IR, immediate release; OLE, open-label extension; RCT, randomized controlled trial. n = number of participants with AECT data at the given week. †Deucricitbant IR capsule, 10 mg twice daily. ‡Deucricitbant IR capsule, 20 mg twice daily.

Figure 7. AECT: 90% of participants at 12 weeks and 100% of participants at 62-134 weeks receiving deucricitbant achieved the definition of well-controlled HAE



AECT, Angioedema Control Test; HAE, hereditary angioedema; IR, immediate release; OLE, open-label extension; RCT, randomized controlled trial. N = number of participants randomized to each treatment group in the RCT. n = number of participants with AECT results at the given week. †Deucricitbant IR capsule, 10 mg twice daily. ‡Deucricitbant IR capsule, 20 mg twice daily. §Data are shown for the final five visits during the OLE.

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

References

- Busse PJ, et al. *N Engl J Med.* 2020;382:1136-48.
- Maurer M, et al. *Allergy.* 2022;77:1961-90.
- Bork K, et al. *Allergy Asthma Clin Immunol.* 2021;17:40.
- Bygum A, et al. *Front Med.* 2017;4:212.
- Mendivil J, et al. *Orphanet J Rare Dis.* 2021;16:94.
- Chong-Neto HJ. *World Allergy Organ J.* 2023;16:100758.
- Lumry WR, et al. *Allergy Asthma Proc.* 2010;31(5):407-14.
- Bouillet L, et al. *Allergy Asthma Proc.* 2022;43:406-12.
- Covella S, et al. *Future Pharmacol.* 2024;4:41-53.
- Center for Biologics Evaluation and Research. The voice of the patient – hereditary angioedema. US Food and Drug Administration; May 2018. <https://www.fda.gov/media/113509/download>. Accessed September 02, 2025.
- Betschel SD, et al. *J Allergy Clin Immunol Pract.* 2023;11:2315-25.
- Lesage A, et al. *Front Pharmacol.* 2020;11:916.
- Lesage A, et al. *Int Immunopharmacol.* 2022;105:108523.
- RAPiDe-1. <https://clinicaltrials.gov/study/NCT04618211>. Accessed September 02, 2025.
- RAPiDe-2. <https://www.clinicaltrials.gov/study/NCT05396105>. Accessed September 02, 2025.
- RAPiDe-3. <https://clinicaltrials.gov/study/NCT06343779>. Accessed September 02, 2025.
- Maurer M, et al. Presented at: AAAAI; February 24-27, 2023; San Antonio, TX, USA.
- CHAPTER-1. <https://www.clinicaltrials.gov/study/NCT05047185>. Accessed September 02, 2025.
- Aygören-Pürsün E, et al. Presented at: EAACI; May 31-June 3, 2024; Valencia, Spain.
- CHAPTER-3. <https://clinicaltrials.gov/study/NCT06669754>. Accessed September 02, 2025.
- CHAPTER-4. <https://clinicaltrials.gov/study/NCT0679881>. Accessed September 02, 2025.
- Zanichelli A, et al. Presented at: 14th C1-Inhibitor Deficiency and Angioedema Workshop 2025. May 29-June 1, 2025; Budapest, Hungary.
- Guy W (ed). *ECDEU Assessment Manual for Psychopharmacology*, 1976. 24. Weller K, et al. *Allergy.* 2012;67:1289-98.
- Weller K, et al. *Allergy.* 2016;71:1203-9.
- Vanya M, et al. *J Patient Rep Outcomes.* 2023;7:33.
- Weller K, et al. *Allergy.* 2020;75:1165-77.
- Weller K, et al. *J Allergy Clin Immunol Pract.* 2020;8:2050-7.