

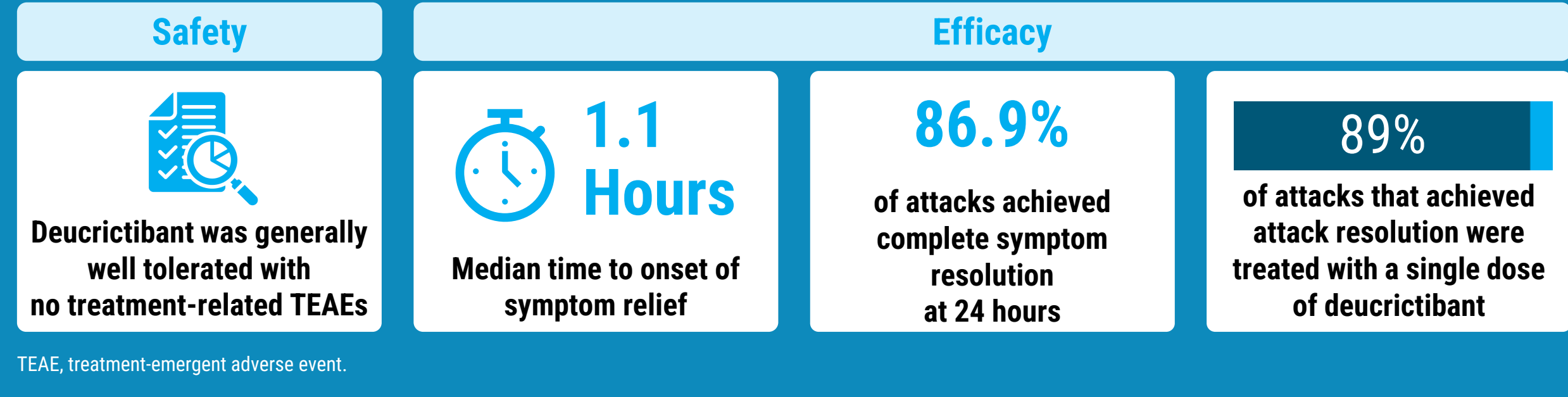
# Long-Term Safety and Efficacy of Oral Deucricitbant for Treatment of Hereditary Angioedema Attacks: Results of the RAPIDe-2 Extension Study

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## Key takeaways

Final Part A results from the RAPIDe-2 extension study are consistent with the results of the Phase 2 RAPIDe-1 and provide further evidence on the long-term safety and efficacy of deucricitbant immediate-release (IR) capsule for treatment of hereditary angioedema (HAE) attacks.



## Background

- Hereditary angioedema (HAE):** bradykinin-mediated condition with painful swelling attacks.<sup>1</sup>
- Unmet need:** guidelines recommend HAE attacks are treated as early as possible.<sup>2-4</sup> Parenteral administration often leads to on-demand treatment (ODT) of HAE attacks being delayed or forgone.<sup>5-8</sup>
- Deucricitbant:** a selective, orally-administered, investigational, bradykinin B2 receptor antagonist under development for prophylactic and ODT of bradykinin-mediated angioedema.<sup>9-16</sup>

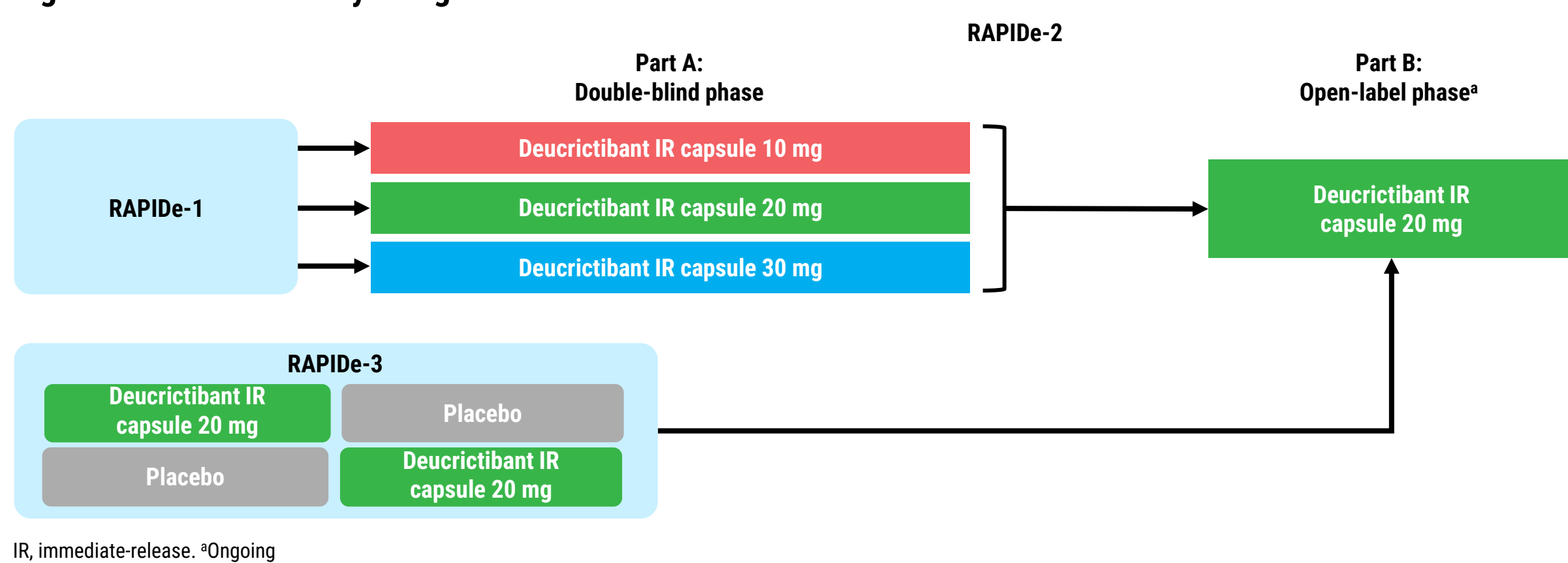
## Objective

To evaluate the long-term safety and efficacy of deucricitbant IR capsule for ODT of repeat HAE attacks in the RAPIDe-2 extension study.

## Methods

- RAPIDe-2 (NCT05396105)\*:** a two-part, Phase 2/3 long-term extension study.<sup>11</sup>
- Part A eligible participants:** adults who completed RAPIDe-1 (NCT04618211).<sup>9</sup>
- Part A prophylaxis:** no long-term prophylaxis (LTP) for HAE was allowed. Recent LTP HAE treatment prior to screening was allowed with a prespecified washout period.

Figure 1. RAPIDe-2 study design



- Primary endpoint:** safety, including treatment-emergent adverse events (TEAEs), clinical laboratory tests, vital signs, and electrocardiogram (ECG) findings.
- Secondary endpoints:** efficacy endpoints using patient-reported outcome tools.
- Data collection:** pre-specified at pre-treatment, hourly for 6 hours, and at 8, 12, 24, and 48 hours post-treatment.

Table 1. Efficacy endpoints

Key efficacy endpoints	Defined as
Time to and proportion of attacks achieving:	
Onset of symptom relief	PGI-C rating of at least "a little better" for 2 consecutive timepoints by 12 hours <sup>a</sup>
Substantial symptom relief	PGI-C rating of at least "better" for 2 consecutive timepoints by 12 hours <sup>a</sup>
Reduction in attack severity	≥1-level reduction in the PGI-S from pre-treatment for 2 consecutive timepoints by 12 hours <sup>a</sup>
Complete attack resolution	PGI-S rating of "none" at 24 hours <sup>b</sup>

PGI-C, Patient Global Impression of Change; PGI-S, Patient Global Impression of Severity. <sup>a</sup>If rescue medication used within 14.5 hours post-treatment, time to event was censored at 14.5 hours regardless of whether event occurred within 12 hours post-treatment. <sup>b</sup>Rescue medication use within 33.5 hours post-treatment was regarded as not achieving complete attack resolution at 24 hours.

## Results

### Data:

- RAPIDe-2 Part A included 465 attacks from 19 participants.

Table 2. Participant characteristics

Participant characteristics	Deucricitbant IR capsule (combined dose group) <sup>a</sup> (N=19)
Age in years, mean (SD)	44.4 (17.6)
Sex: male/female, n (%)	7 (36.8) / 12 (63.2)
Race: White/other, n	18 / 1
Years since HAE diagnosis, mean (SD)	23.3 (15.2)
HAE-1, n (%)	17 (89.5)
HAE-2, n (%)	2 (10.5)

HAE, hereditary angioedema; IR, immediate-release; SD, standard deviation. <sup>a</sup>All participants who received any dose of deucricitbant in the study. Study baseline refers to results at the screening or enrollment visit of RAPIDe-2 Part A. For parameters whose values remain constant over time, baseline values from RAPIDe-1 were used. For parameters without results at the screening or enrollment visit of RAPIDe-2 or for parameters not collected at that time, the last available assessment in RAPIDe-1 was used as the baseline values. Data for combined dose group shown (deucricitbant 10 mg, 20 mg, and 30 mg).

## Results

### Safety analysis (Part A)

- No treatment-related TEAEs and no treatment-related serious or severe TEAEs, no findings in clinical laboratory tests, vital signs, or electrocardiograms.

Table 3. TEAEs within 3 days of study drug administration

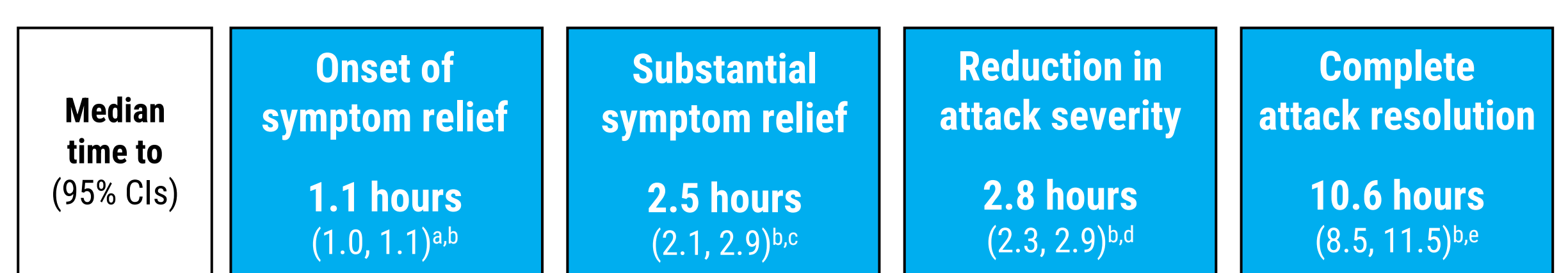
Adverse events	Deucricitbant IR capsule (combined dose group) (N=19; A=465)
Attacks with any TEAE, n (%)	12 (2.6)
Treatment-related TEAEs, n	0
Serious TEAEs, n	1 <sup>a</sup>
Treatment-related serious TEAEs, n	0
TEAEs leading to study drug discontinuation, study withdrawal, or death, n	0

IR, immediate-release; TEAE, treatment-emergent adverse event, defined as adverse event occurring from first study drug administration. A = number of treated attacks. N = number of participants. <sup>a</sup>Tooth caries unrelated to treatment. Combined dose group includes deucricitbant 10 mg, 20 mg, and 30 mg.

### Efficacy analysis (Part A)

- Modified intention-to-treat analysis set: participants who treated ≥1 attack with deucricitbant IR capsule and had PGI-C results from ≥1 post-treatment timepoint.

Figure 2. Median time to achieving key efficacy endpoints



CI, confidence interval; PGI-C, Patient Global Impression of Change; PGI-S, Patient Global Impression of Severity. <sup>a</sup>PGI-C rating of at least "a little better" for 2 consecutive timepoints by 12 hours post-treatment regardless of any missing intervening assessments and without rescue medication use. <sup>b</sup>Within-participant correlation was not accounted for in all Kaplan-Meier estimates. <sup>c</sup>PGI-C rating of at least "better" for 2 consecutive timepoints by 12 hours post-treatment regardless of any missing intervening assessments and without rescue medication use. <sup>d</sup>≥1-level reduction in PGI-S from pre-treatment for 2 consecutive timepoints by 12 hours post-treatment and without rescue medication use. <sup>e</sup>PGI-S rating of "none" within 48 hours post-treatment and without rescue medication use.

Figure 3. Majority of attacks achieved key efficacy endpoints

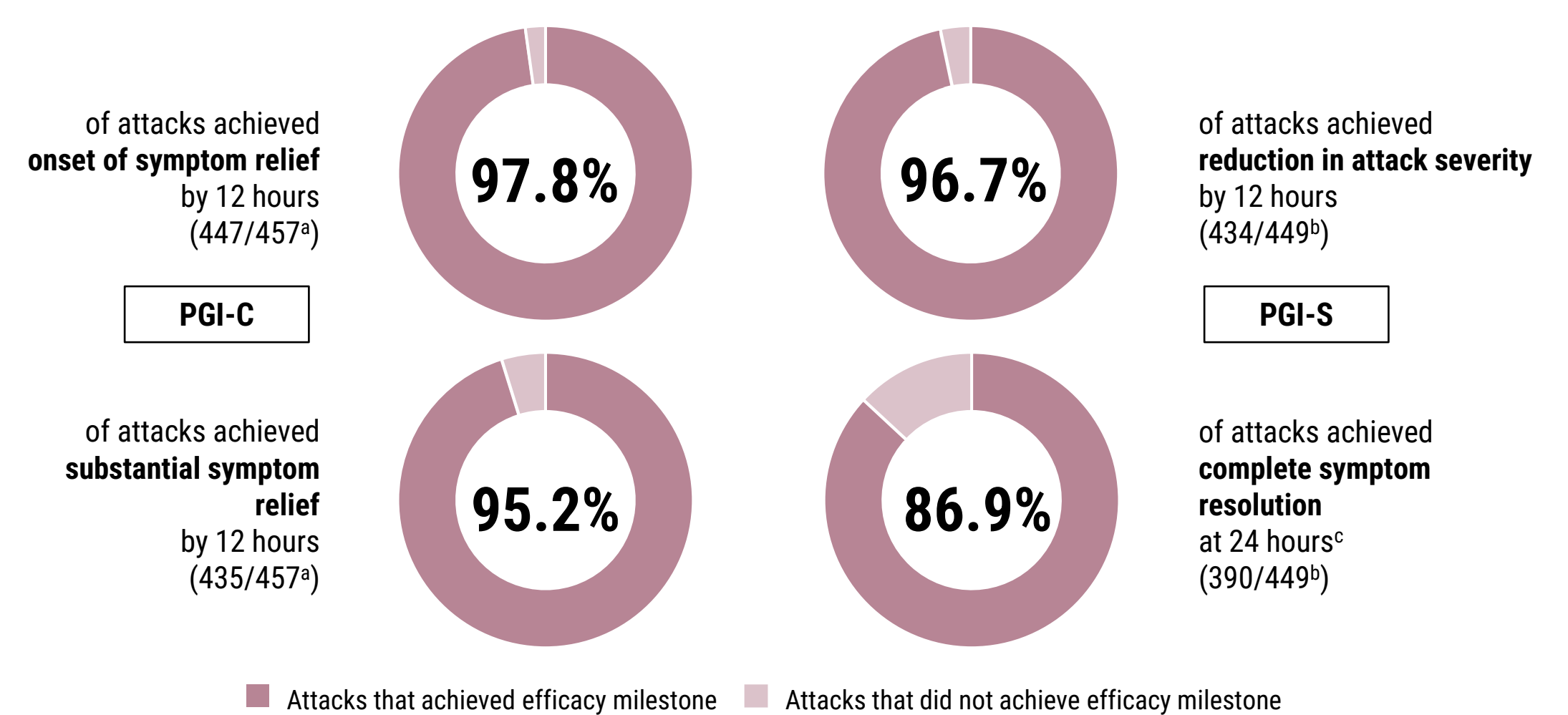
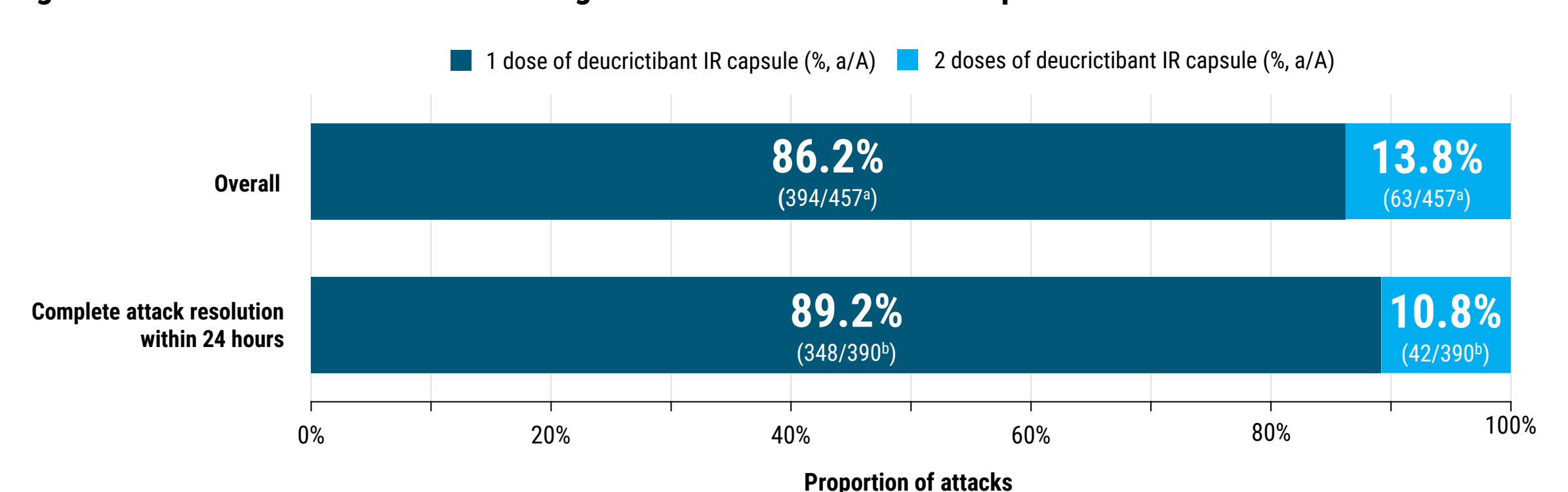


Figure 4. Most attacks treated with a single dose of deucricitbant IR capsule and without rescue medication



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

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