

# Garadacimab provides early onset of protection against HAE attacks from Week 1 after first administration

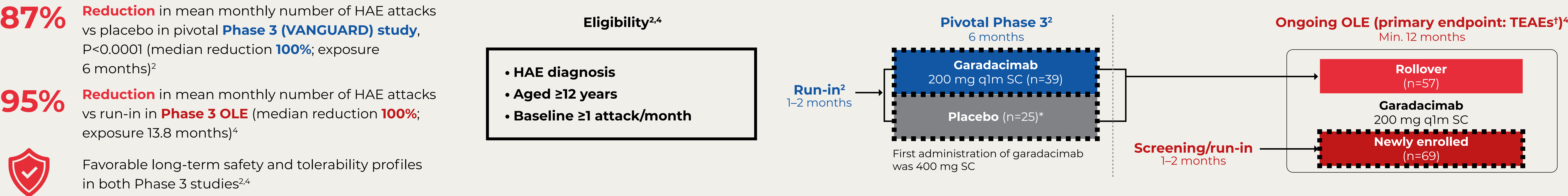
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## BACKGROUND

- Early onset of efficacy and durable attack protection are critical to optimize disease control and establish treatment confidence
- Garadacimab is a first-in-class, fully human mAb targeting FXIIa under evaluation for HAE in pediatric, adolescent, and adult patients<sup>1-3</sup>

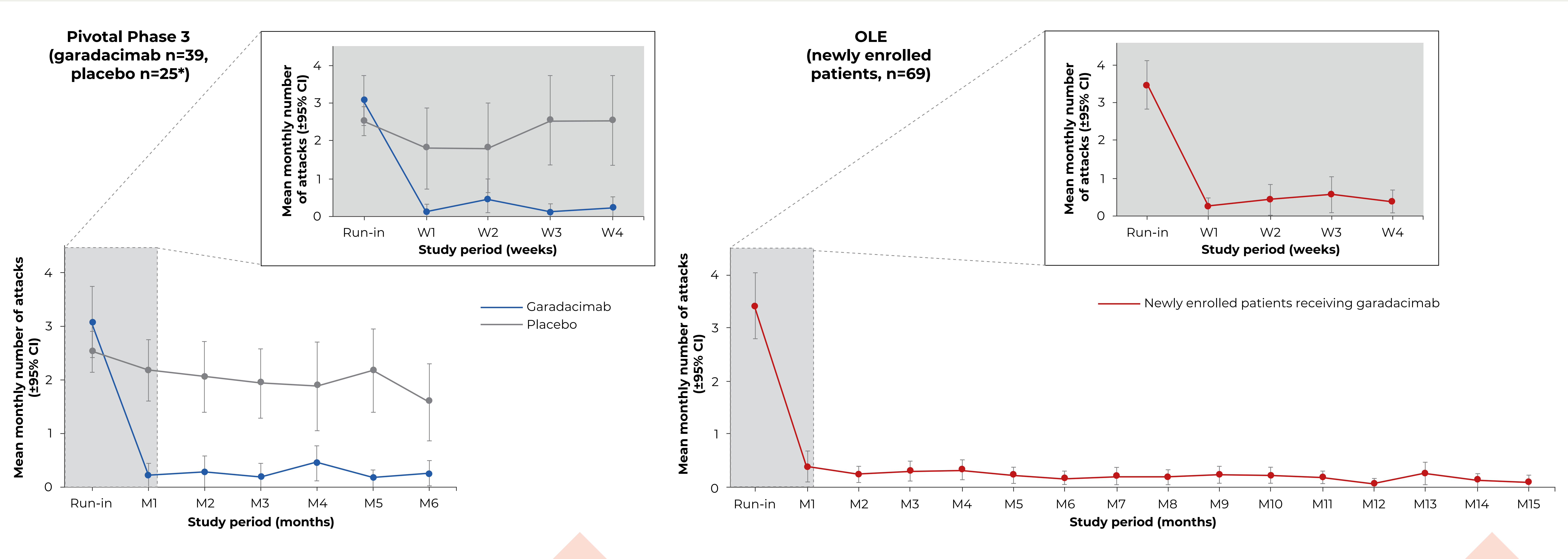
## STUDY DESIGN AND KEY OUTCOMES OF THE PIVOTAL PHASE 3 AND OLE STUDIES



**Post hoc analysis from the pivotal and OLE Phase 3 studies**

**Early onset of efficacy and durable protection from HAE attacks demonstrated by garadacimab**

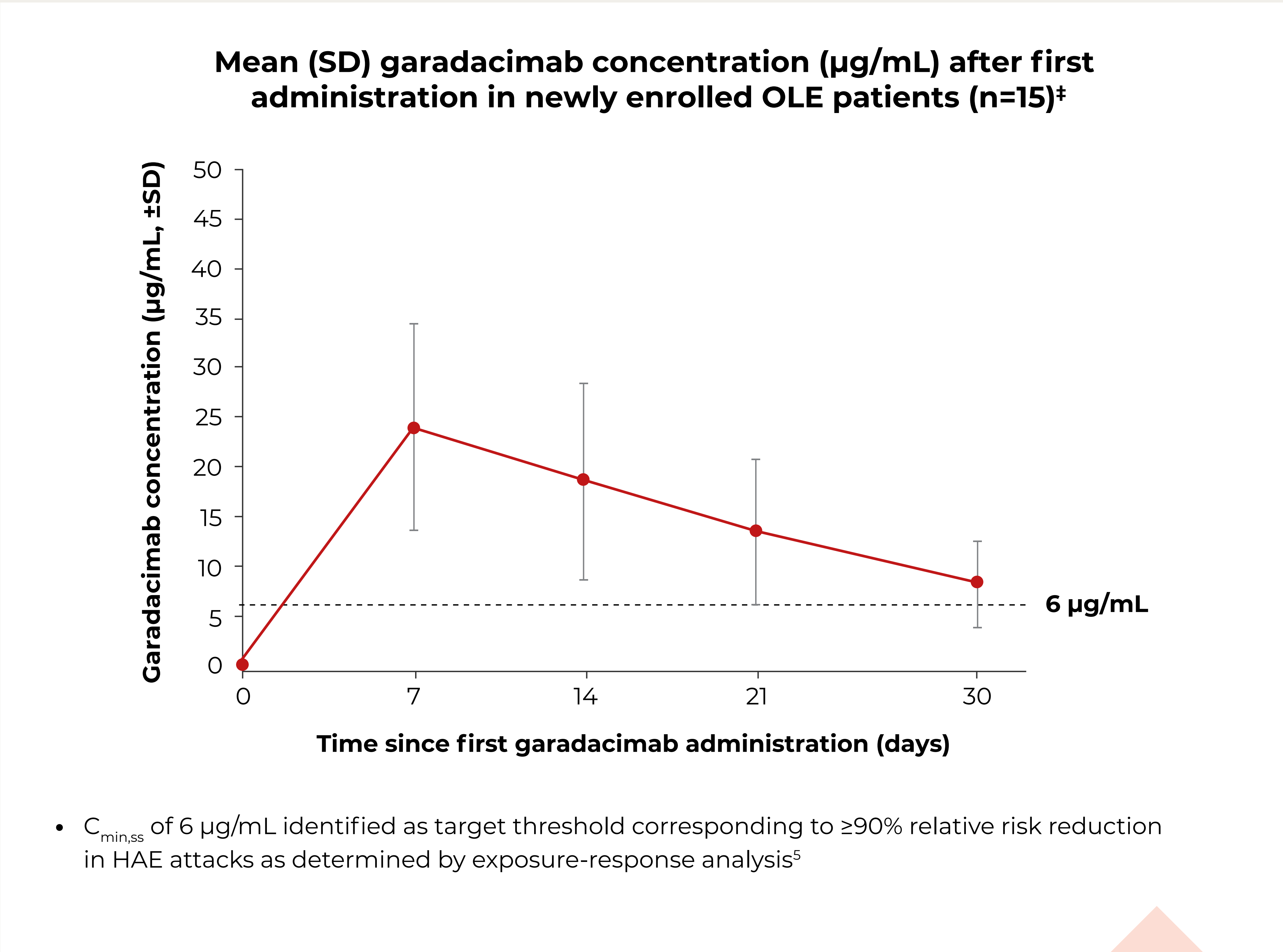
## GARADACIMAB SHOWS EARLY ONSET AND DURABLE PROTECTION FROM HAE ATTACKS



Garadacimab reduced mean monthly attack number as early as Week 1 vs run-in, compared to placebo

Garadacimab reduced mean monthly attack number as early as Week 1 vs run-in

## GARADACIMAB CONCENTRATION EXCEEDS THERAPEUTIC THRESHOLD AFTER FIRST ADMINISTRATION



- C<sub>min,ss</sub> of 6 µg/mL identified as target threshold corresponding to ≥90% relative risk reduction in HAE attacks as determined by exposure-response analysis<sup>5</sup>

Garadacimab exposure exceeded target therapeutic threshold of 6 µg/mL after the first administration and remained over threshold through to Day 30\*

## CONCLUSIONS

- Early onset of protection from HAE attacks with garadacimab as early as Week 1 after first administration in both pivotal and OLE Phase 3 studies
- Durable protection from HAE attacks with garadacimab across 15 months in the Phase 3 OLE study
- Garadacimab exposure exceeded target therapeutic threshold from Week 1 after first administration

\*One patient in the placebo arm was excluded from efficacy analysis as they received treatment for <30 days; †TEAEs in patients with HAE-C1-INH; ‡Pharmacokinetic parameters were evaluated after the initial loading dose in a representative subset of newly enrolled patients (n=15); §CI, confidence interval; C<sub>min,ss</sub>, minimum concentration in the dosing interval at steady state; FXIIa, activated factor XII; HAE, hereditary angioedema; HAE-C1-INH, hereditary angioedema with C1-inhibitor deficiency or dysfunction; M, month; mAb, monoclonal antibody; OLE, open-label extension; q1m, once-monthly; SC, subcutaneous; SD, standard deviation; TEAE, treatment-emergent adverse event; W, week.

## References

1. Cao H et al. *J Allergy Clin Immunol* 2018;142:1355–1358; 2. Craig TJ et al. *Lancet* 2023;401:1079–1090; 3. ClinicalTrials.gov. NCT05819775. Available at: <https://clinicaltrials.gov/ct2/show/NCT05819775> (accessed May 2024); 4. Anderson J et al. Abstract A016. Presented at the American College of Allergy, Asthma & Immunology 2023 Annual Scientific Meeting, November 9–13, 2023, Anaheim, California; 5. Sharma A et al. Poster PII-142. 2024. Presented at the American Society for Clinical Pharmacology and Therapeutics Annual Meeting, March 27–29, 2024, Colorado Springs, CO, USA.

## Disclosures

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