Long-term efficacy and safety of subcutaneous garadacimab for prophylaxis of HAE attacks: Results from a multicenter phase 3 study (VANGUARD) and open-label extension

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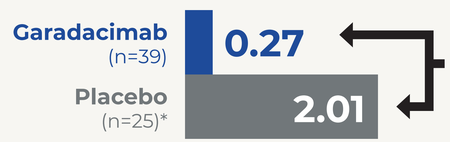
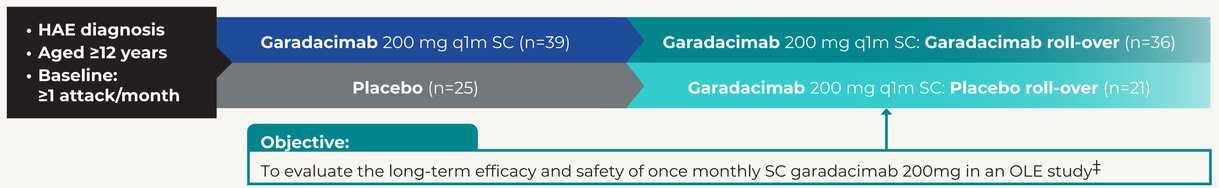
BACKGROUND: PIVOTAL PHASE 3 EFFICACY OUTCOMES[1]

Mean number of monthly HAE attacks
(primary endpoint)



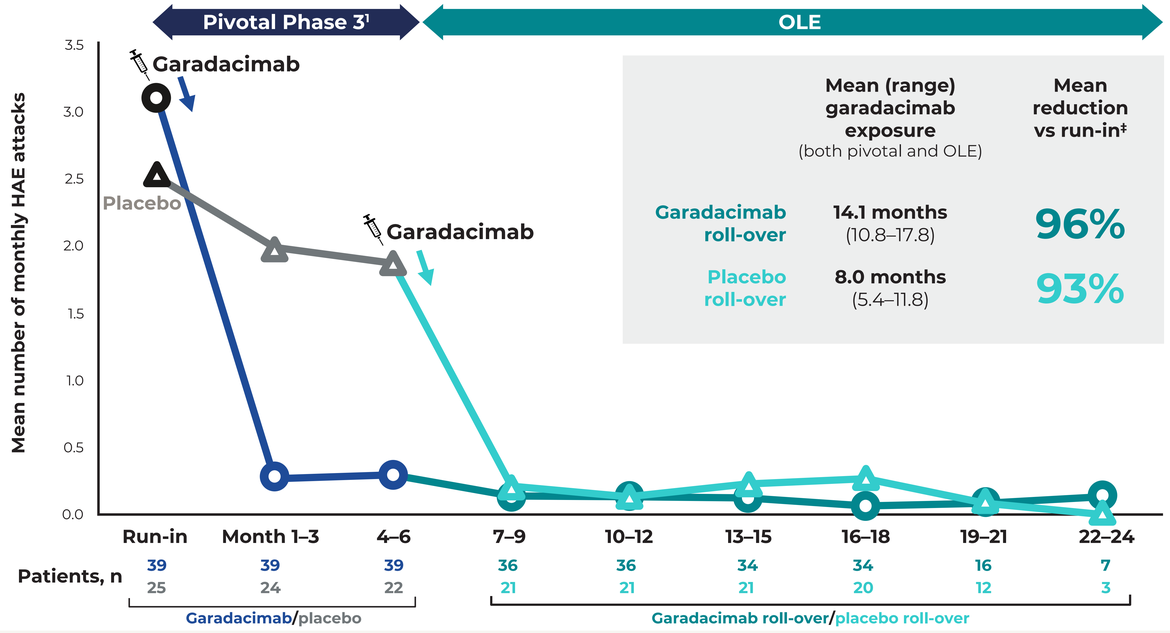
87% **reduction in mean attack rate at 6 months of the pivotal Phase 3 study**
(key secondary endpoint; P<0.0001)

LONG-TERM EFFICACY AND SAFETY: PIVOTAL PHASE 3 AND OLE STUDY DESIGN



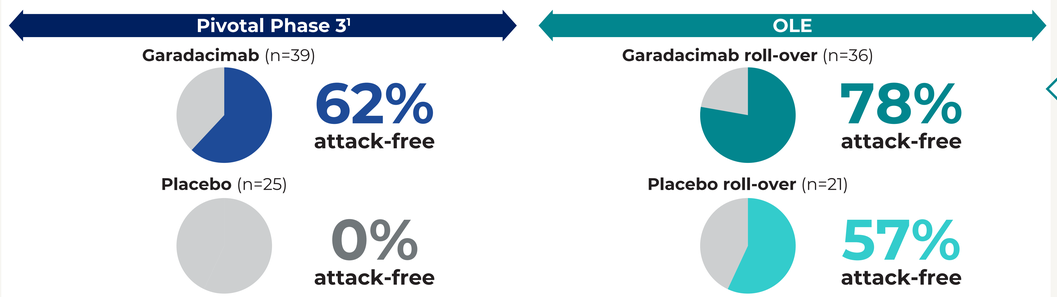
Objective:
To evaluate the long-term efficacy and safety of once monthly SC garadacimab 200mg in an OLE study‡

DURABLE REDUCTION IN MONTHLY HAE ATTACK RATE VS RUN-IN



	Mean (range) garadacimab exposure (both pivotal and OLE)	Mean reduction vs run-in‡
Garadacimab roll-over	14.1 months (10.8–17.8)	96%
Placebo roll-over	8.0 months (5.4–11.8)	93%

SUSTAINED ATTACK-FREE STATUS BEYOND 6 MONTHS



Durable efficacy 95% (21/22) attack-free patients in pivotal Phase 3 study **remained attack-free in OLE** (mean exposure: 14.0 months [range 11.3–17.8])

FAVORABLE LONG-TERM SAFETY PROFILE CONSISTENT WITH PIVOTAL PHASE 3 STUDY

	Pivotal Phase 3[1]		OLE (patients received garadacimab)	
Type of event, n (%)	Garadacimab (n=39)	Placebo (n=25)	Garadacimab roll-over (n=36)	Placebo roll-over (n=21)
Total TEAEs	25 (64)	15 (60)	27 (75)	14 (67)
Related to treatment	4 (10)	3 (12)	2 (6)	4 (19)
COVID-19 infection	0	3 (12)	10 (28)	6 (29)
Injection-site reaction§	2 (5)	3 (12)	2 (6)	4 (19)
Upper-respiratory tract infection	4 (10)	2 (8)	3 (8)	0
Nasophayngitis	3 (8)	1 (4)	3 (8)	2 (10)
Headache	3 (8)	4 (16)	0	1 (5)

No SAEs[¶] or AESIs[#] per protocol related to garadacimab

No deaths or discontinuations due to TEAEs

In OLE, **most common TEAE** was **COVID-19**

CONCLUSIONS

- **Robust and durable efficacy of garadacimab from pivotal Phase 3 study, 95% of attack-free patients sustained attack-free status in OLE study**
- **Comparable attack reduction for garadacimab (96%) and placebo (93%) roll-over patients; sustained reduction in monthly HAE attack rate vs run-in**
- **Favorable long-term safety profile consistent with pivotal Phase 3 study**

*One patient in the placebo arm was excluded from efficacy analysis as they received treatment for <30 days. †TEAEs in HAE-C1-INH patients. ‡Efficacy analysis data cut-off: February 2023; safety analysis data cut-off: September 2022. §Most frequently related TEAE to garadacimab. ¶In the pivotal Phase 3 study, there was one severe SAE (laryngeal attack) assessed as not related to trial treatment: the patient made a full recovery after being hospitalized and being kept under observation overnight. In the overall OLE population (N=161), there were three SAEs (COVID-19, n=2; abdominal HAE attack, n=1) assessed as not related to garadacimab and all had resolved at time of data-cut-off.
#As defined in the protocol, AESIs per protocol included severe hypersensitivity including anaphylaxis, thromboembolic or abnormal bleeding events; none met AESI criteria as per protocol.
AESI, adverse event of special interest per protocol; HAE, hereditary angioedema; HAE-C1-INH, hereditary angioedema with C1-esterase inhibitor deficiency; OLE, open-label extension; q1m, once monthly; SAE, serious adverse event; SC, subcutaneous; TEAE, treatment-emergent adverse event.

1. Craig TJ et al. *Lancet* 2023;401:1079–1090.

DISCLOSURES
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