

Being Attack-Free With Garadacimab Improves Quality of Life in Patients With Hereditary Angioedema

F. Ida Hsu¹, William R. Lumry², Emel Aygören-Pürsün³, Julia Braverman⁴, John-Philip Lawo⁵, Maessa Pollen⁴, Chiara Nenci⁶, Timothy J. Craig^{7,8}

¹Section of Rheumatology, Department of Medicine, Yale University School of Medicine, Allergy & Immunology, New Haven, CT, USA; ²AARA Research Center, Dallas, TX, USA; ³Klinikum der Johann Wolfgang-Goethe Universität, Klinik für Kinder- und Jugendmedizin, Frankfurt, Germany; ⁴CSL Behring, King of Prussia, PA, USA; ⁵CSL Innovation GmbH, Marburg, Germany; ⁶CSL Behring AG, Bern, Switzerland; ⁷Allergy, Asthma and Immunology, Department of Medicine, Pediatrics and Biomedical Sciences, Pennsylvania State University, Hershey, PA, USA; ⁸Vinmec International Hospital, Times City, Hanoi, Vietnam.

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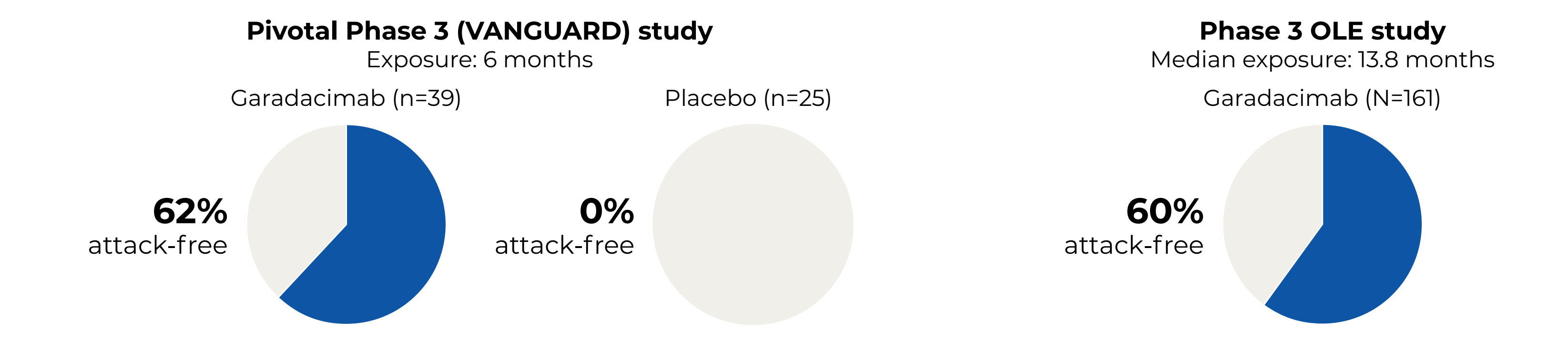
CONCLUSIONS

- In the Phase 3 open-label extension (OLE) study of patients with hereditary angioedema (HAE), garadacimab was associated with health-related quality of life (HRQoL) improvements in the garadacimab-naïve cohort
- HRQoL improvements observed in prior garadacimab studies were sustained long-term in the previous garadacimab exposure cohort
- Attack-free patients in both cohorts experienced the lowest impairment scores in the Angioedema Quality of Life questionnaire (AE-QoL)

BACKGROUND

- HAE causes recurrent, unpredictable, debilitating, potentially life-threatening attacks of swelling which are detrimental to QoL¹⁻³
- Per current guidelines, HAE treatment goals are complete disease control and normalization of life³
- Garadacimab (fully human anti-activated factor XII monoclonal antibody) demonstrated durable efficacy with a favorable long-term safety profile and sustained HRQoL improvements in pivotal Phase 3 (VANGUARD) and ongoing Phase 3 OLE studies^{1,4}

Most patients treated with garadacimab were attack-free in the Phase 3 studies^{1,4}



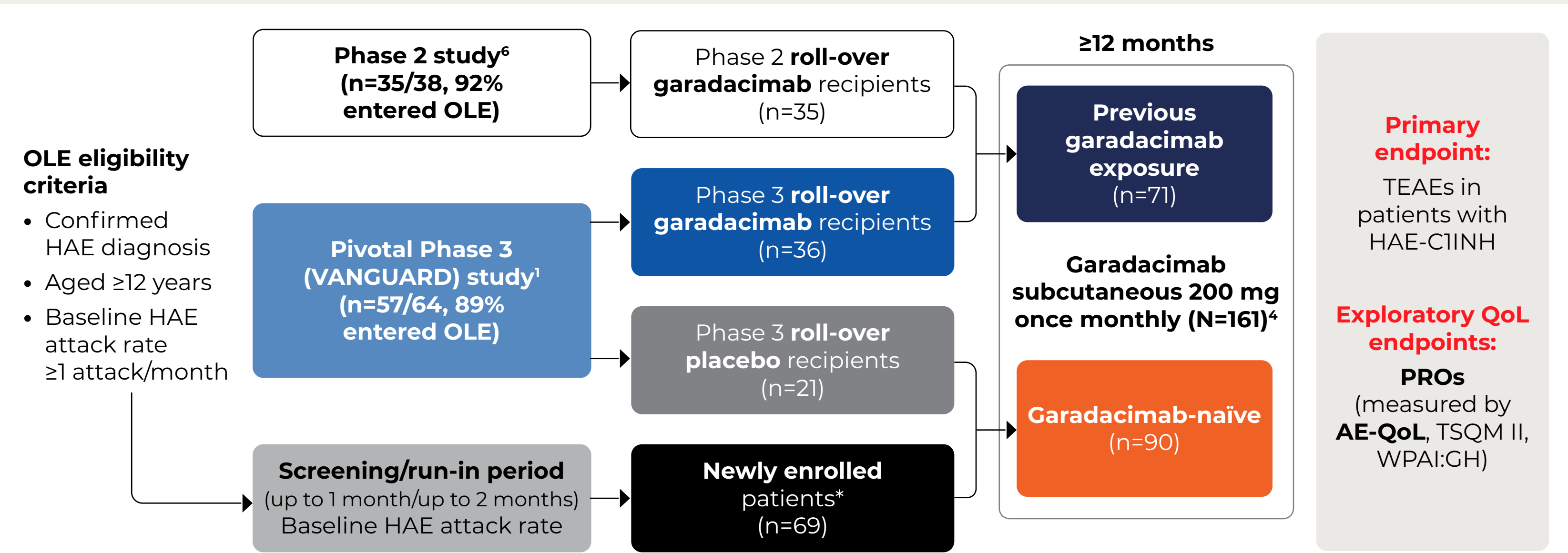
OLE, open-label extension.

- Post hoc* analyses of the pivotal Phase 3 (VANGUARD) study showed that patients with HAE who received garadacimab and were attack-free had the greatest HRQoL improvements⁵
- Long-term monitoring of garadacimab efficacy, safety and HRQoL are ongoing in the Phase 3 OLE⁴

OBJECTIVE

- This *post hoc* analysis of the ongoing Phase 3 OLE study evaluated HRQoL by attack-free status in two cohorts: garadacimab-naïve patients and patients with previous garadacimab exposure

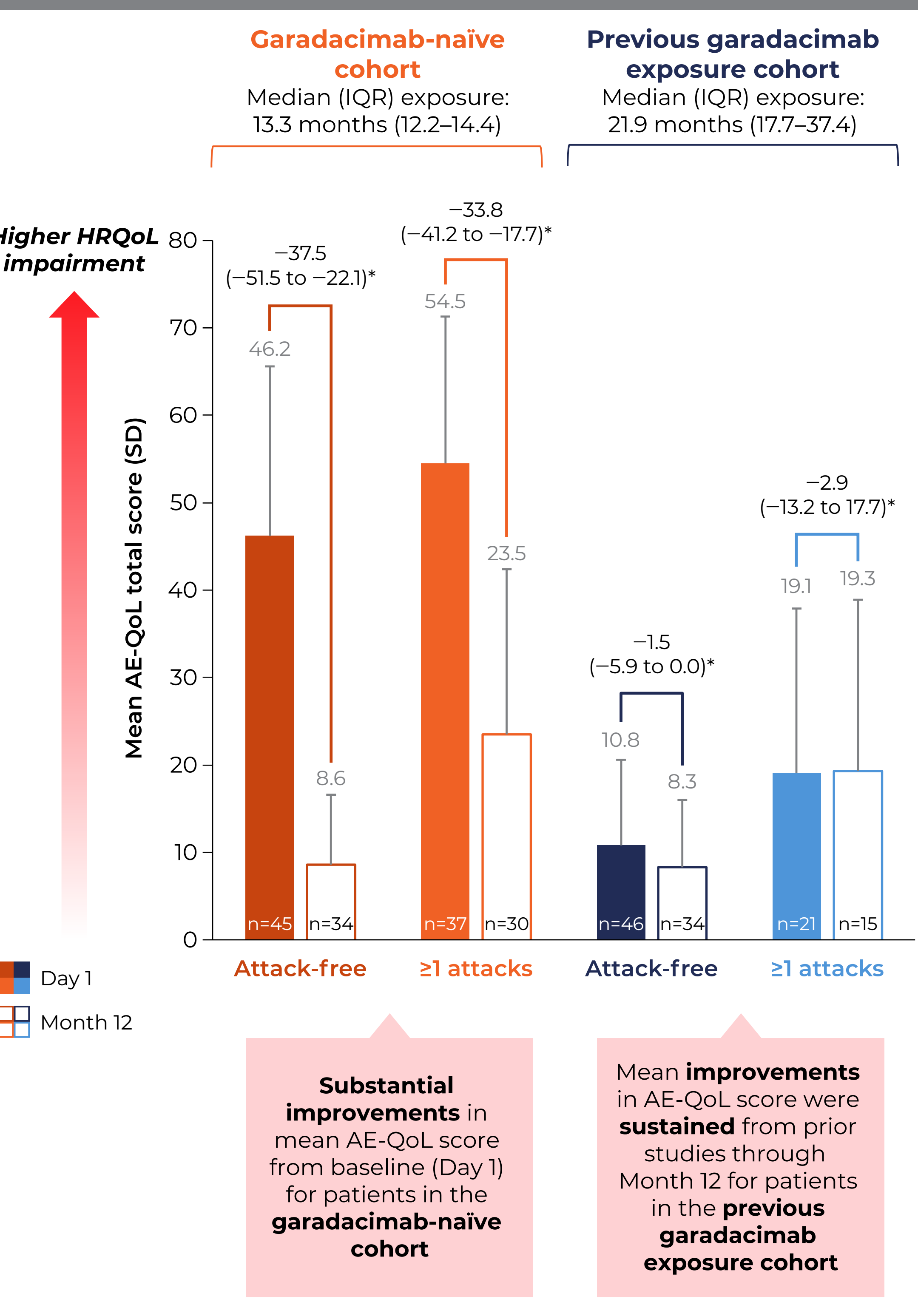
PHASE 3 OLE STUDY DESIGN



*Newly enrolled patients received one SC 400 mg loading dose as their first dose.
AE-QoL, Angioedema Quality of Life questionnaire; HAE, hereditary angioedema; HAE-C1INH, HAE due to C1 inhibitor deficiency or dysfunction; OLE, open-label extension; PRO, patient-reported outcome; QoL, quality of life; TEAE, treatment-emergent adverse event; TSQM, Treatment Satisfaction Questionnaire for Medication; WPAI:GH, Work Productivity and Activity Impairment Questionnaire: General Health.

RESULTS

Figure 1: Mean AE-QoL total scores were substantially improved in all patients receiving garadacimab, and were lowest for those who were attack-free at Month 12



*Median reduction (IQR).
AE-QoL, Angioedema Quality of Life questionnaire; HRQoL, health-related quality of life; IQR, interquartile range; SD, standard deviation.

References

- Craig TJ et al. *Lancet* 2023;401:1079–1090; 2. Bork K et al. *Allergy Asthma Clin Immunol* 2021;17:40; 3. Maurer M et al. *Allergy* 2022;77:1961–1990; 4. Reshef A et al. *Allergy* 2024;doi:10.1111/all.16351 [online ahead of print]; 5. Aygören-Pürsün E et al. Presented at EAACI 2024. Flash talk presentation 1405; 6. Craig TJ et al. *Lancet* 2022;399:945–955.

Figure 2: Most attack-free patients treated with garadacimab reported never experiencing any QoL impairment (dark blue) across almost every question at Month 12*

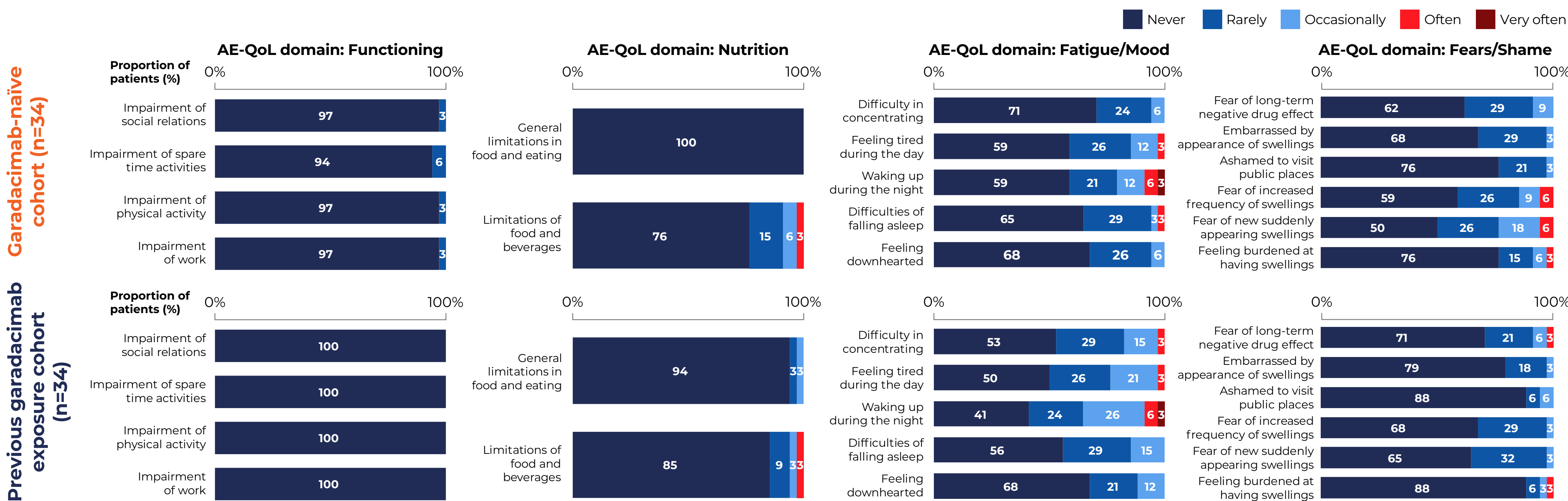
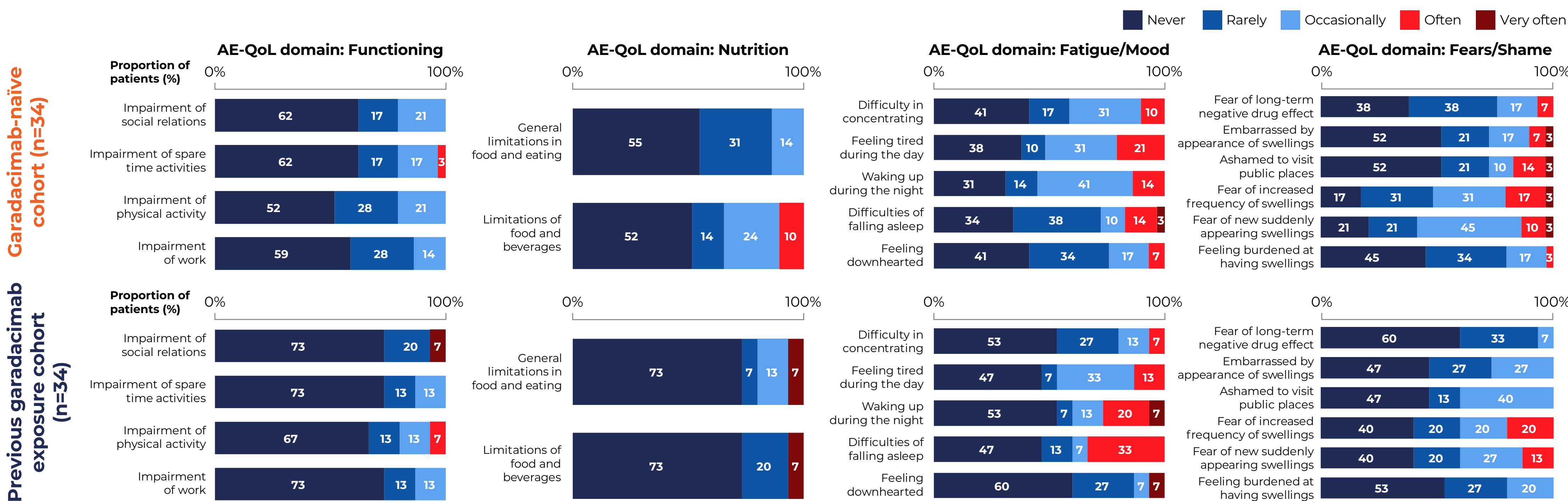


Figure 3: Most patients treated with garadacimab who experienced ≥1 attacks reported never (dark blue) or rarely (mid-blue) experiencing QoL impairment across most questions at Month 12*



*Sum of AE-QoL total scores may not equal 100 due to rounding.
AE-QoL, Angioedema Quality of Life questionnaire; QoL, quality of life.

Disclosures

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