

# Treatment of HAE Attacks with Anticipated Future Oral On-demand Therapies as Reported by Patients

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## Background

- People living with HAE experience unpredictable, painful and debilitating attacks of tissue swelling in various locations of the body that can be life-threatening depending on the location affected
- While self-administered, parenteral on-demand treatments (currently only subcutaneous or intravenous) are available for HAE attack management, oral therapies presently in development may provide patients alternatives to current on-demand treatment options
- The objective of this analysis was to assess anticipated behavior related to a potential oral on-demand HAE treatment

## Methods

- The US Hereditary Angioedema Association (HAEA) recruited people living with HAE to complete an online survey
  - Recruitment was stratified to include ~50% of patients taking on-demand therapy only and ~50% receiving long-term prophylaxis plus on-demand therapy
- The survey was self-reported, and took respondents approximately 20 minutes to complete
- The survey was completed by 107 individuals between September 6 and October 19, 2022; response rate was 69% (107/155)
- Respondents provided consent for their data to be used anonymously or in aggregate
- Analysis was performed using descriptive statistics

## Disclosures

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## Results

- Respondents included 107 Type I or II HAE patients, 80.4% female, mean age 41 years (**Table 1**)

**Table 1. Respondent characteristics**

Characteristic	Total (N=107)
<b>Age, mean (range), years</b>	41 (16-83)
<b>Gender, n (%)</b>	
Female	86 (80.4)
Male	21 (19.6)
<b>Type of therapy, n (%)</b>	
On-demand only	53 (49.5)
Prophylaxis with on-demand	54 (50.5)
<b>On-demand treatments used, n (%)</b>	
Icatibant	84 (78.5)
C1 esterase inhibitor (recombinant)	13 (12.1)
C1 esterase inhibitor (human)	9 (8.4)
Ecallantide	1 (0.9)
<b>Time to administration of on-demand treatment, n (%)</b>	
<1 hour	46 (43.0)
≥1 hour	61 (57.0)
<b>Prophylactic treatments used, n (%) of those using prophylaxis (n=54)</b>	
Lanadelumab	31 (57.4)
Berotrastat	7 (13.0)
C1 esterase inhibitor (subcutaneous)	7 (13.0)
Androgens/steroids	5 (9.3)
C1 esterase inhibitor (intravenous)	4 (7.4)

## Conclusions

- Based on this analysis, people living with HAE currently using parenteral on-demand treatment may treat more of their attacks and treat earlier with an oral on-demand treatment option if approved, and are likely to experience less anxiety when anticipating administration of an oral on-demand treatment**

## Results

**Table 2. Comparison of anticipated behavior related to potential oral on-demand treatment versus current parenteral on-demand treatment**

Question	Percent, %	Baseline with current parenteral on-demand treatment, %
What percent of the time do you think you would carry an effective HAE on-demand pill/tablet with you when traveling outside your home?	95.1	63.9
What percent of attacks do you think you would treat with an HAE on-demand pill/tablet?	88.5	80.3
Would you treat your attacks faster/earlier with an HAE on-demand pill/tablet versus your current on-demand treatment? ("Yes")	75.7	--

- Patients reported that they anticipated carrying an oral on-demand treatment 95.1% of the time on average versus a baseline of 63.9% with current parenteral on-demand treatment (**Table 2**)
- Patients reported that they would treat 88.5% of their attacks on average with an oral on-demand treatment (96.1% of attacks for patients ≤24 years of age) versus a baseline of 80.3% with current parenteral on-demand treatment (72.5% of attacks for patients ≤24 years of age) (**Table 2**)
- 75.7% of patients reported that they would plan to treat their attacks earlier with an oral on-demand treatment versus parenteral, including 100% (n=14) of patients ≤24 years of age (**Table 2**)
  - Of these patients, 82.9% were extremely anxious about parenteral on-demand treatment, with 80% of those patients reporting that they would have less anxiety when anticipating using an oral on-demand treatment

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