

Sebetralstat for On-demand Treatment of Hereditary Angioedema Attacks in European Participants: Interim Analysis from KONFIDENT-S

Mauro Cancian,¹ Emel Aygören-Pürsün,² Laurence Bouillet,^{3,4} **Teresa Caballero**,⁵ Danny M. Cohn,⁶ Henriette Farkas,⁷ Vesna Grivcheva-Panovska,⁸ Mar Guilarte,⁹ Sorena Kiani-Alikhan,¹⁰ Tamar Kinaciyan,¹¹ Damia Leguevaques,¹² Ramón Leonart Bellfill,¹³ Markus Magerl,^{14,15} Inmaculada Martinez-Saguer,¹⁶ Sinisa Savic,¹⁷ Maria Staevska,¹⁸ Petra Staubach,¹⁹ Marcin Stobiecki,²⁰ Anna Valerieva,¹⁸ Patrick F. K. Yong,²¹ James Hao,²² Michael D. Smith,²² Christopher M. Yea,²² Paul K. Audhya,²² Andrea Zanichelli^{23,24}

¹Departmental Allergy Division, Department of Systems Medicine, University of Padua, Padua, Italy; ²University Hospital Frankfurt, Goethe University Frankfurt, Frankfurt, Germany; ³University of Grenoble Alpes, T-RAIG Unit, CNRS, UMR 5525, CHU Grenoble Alpes, TIMC, Grenoble, France; ⁴French National Reference Center for Angioedema (CREAK), Internal Medicine Department, Grenoble University Hospital, Grenoble, France; ⁵Servicio de Alergia, Hospital Universitario La Paz, Hospital La Paz Health Research Institute (IdiPAZ), Biomedical Research Network on Rare Diseases (CIBERER, U754), Madrid, Spain; ⁶Department of Vascular Medicine, Amsterdam Cardiovascular Sciences, Amsterdam University Medical Center, University of Amsterdam, Amsterdam, Netherlands; ⁷Hungarian Angioedema Center of Reference and Excellence, Department of Internal Medicine and Haematology, Semmelweis University, Budapest, Hungary; ⁸University Clinic of Dermatology, School of Medicine, University Saints Cyril and Methodius, Skopje, North Macedonia; ⁹Department of Allergy, Hospital Universitari Vall d'Hebron, Vall d'Hebron Research Institute (VHIR), Barcelona, Spain; ¹⁰Division of Infection and Immunity, University College London, London, UK; ¹¹Department of Dermatology, ACARE and Hereditary Angioedema Center Vienna and Burgenland, Medical University of Vienna, Vienna, Austria; ¹²Department of Pediatric Rheumatology, Centre Hospitalier Universitaire (CHU) de Lille, Lille, France; ¹³Hospital Universitari de Bellvitge, Institut de Recerca IDIBELL, L'Hospitalet de Llobregat, Barcelona, Spain; ¹⁴Institute of Allergology, Charité-Universitätsmedizin Berlin, corporate member of Freie Universitätsmedizin Berlin and Humboldt-Universität zu Berlin, Berlin, Germany; ¹⁵Fraunhofer Institute for Translational Medicine and Pharmacology ITMP, Immunology and Allergology, Berlin, Germany; ¹⁶HZRM Haemophilia Center Rhein Main, Frankfurt, Germany; ¹⁷The Leeds Institute of Rheumatic and Musculoskeletal Medicine, University of Leeds, Leeds, UK; ¹⁸Department of Allergology, Medical University of Sofia, Clinic of Allergology, University Hospital 'Alexandrovskia, Sofia, Sofia, Bulgaria; ¹⁹Department of Dermatology, University Medical Center Mainz, Mainz, Germany; ²⁰Department of Clinical and Environmental Allergology, Jagiellonian University Medical College, Krakow, Poland; ²¹Department of Immunology, Frimley Health NHS Foundation Trust, Frimley, UK; ²²KalVista Pharmaceuticals, Framingham, MA, USA; ²³Operative Unit of Medicine, Angioedema Center, IRCCS Policlinico San Donato, San Donato Milanese, Milan, Italy; ²⁴Dipartimento di Scienze Biomediche per la Salute, University of Milan, Milan, Italy.

Disclosures

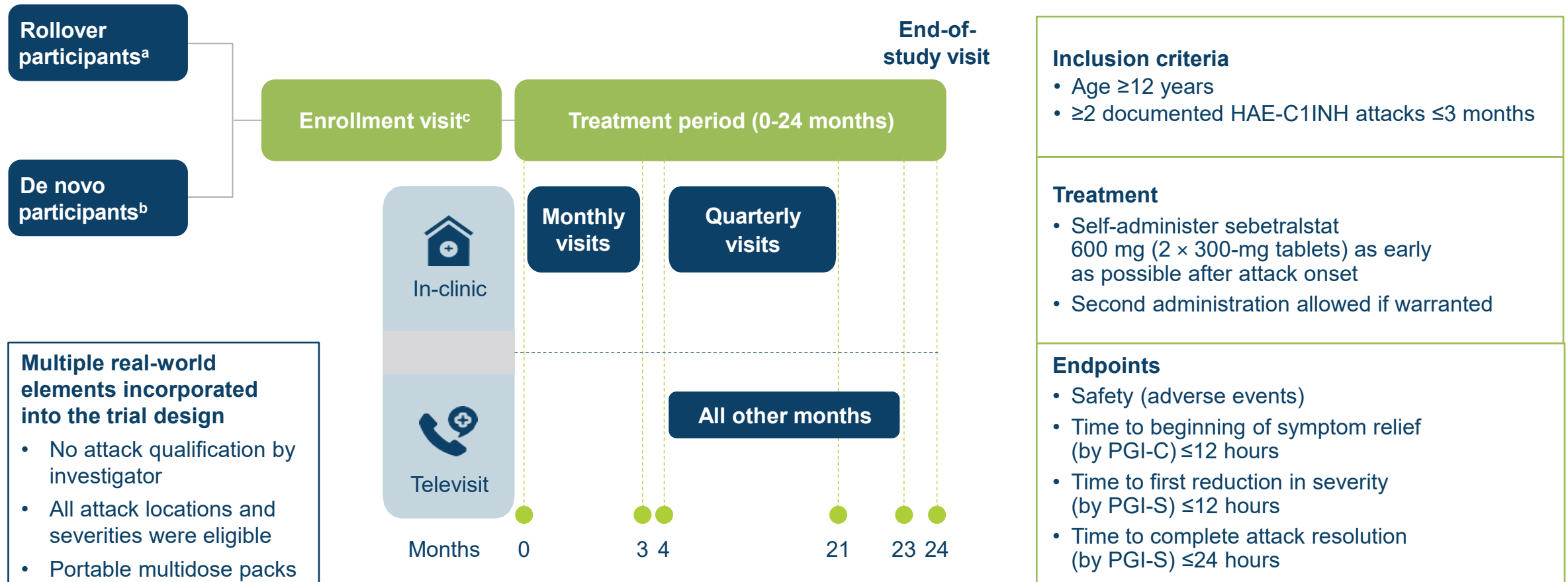
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Background and Objective

- Sebetralstat—a small molecule plasma kallikrein inhibitor—is an orally administered, on-demand treatment for HAE attacks in adults and adolescents aged ≥ 12 years^{1,2}
- In the phase 3 KONFIDENT trial in patients with HAE, sebetralstat compared with placebo resulted in shorter times to beginning of symptom relief, reduction in attack severity, and complete attack resolution; sebetralstat was well tolerated³

Herein, we present safety and efficacy data from an interim analysis of the European subgroup of KONFIDENT-S, an ongoing, 2-year, open-label extension study of sebetralstat for the on-demand treatment of HAE

KONFIDENT-S OLE Trial Design



NCT05505916, EudraCT: 2021-001176-42. ^aCompleted the phase 3 KONFIDENT trial. ^bAll other participants, including those who participated in the phase 2 trial.

^cFor de novo participants, the enrollment visit is a screening visit.

HAE-C1INH, hereditary angioedema due to C1 inhibitor deficiency; OLE, open-label extension; PGI-C, Patient Global Impression of Change; PGI-S, Patient Global Impression of Severity.

Baseline Characteristics of European Participants with ≥ 1 Sebetralstat-treated Attack^a

	Overall n=69
Age, median (IQR), years	35.0 (22.0–48.0)
≥ 18 years of age, n (%)	57 (82.6)
Sex, female, n (%)	39 (56.5)
White race, n (%)	64 (92.8)
BMI, median (IQR), kg/m²	25.5 (22.4–30.8)
HAE-C1INH type, n (%)	
Type 1	66 (95.7)
Type 2	3 (4.3)
Treatment, n (%)	
On-demand only	60 (87.0)
LTP	9 (13.0)

- Participants treated a median of 10 attacks (IQR, 5-20) during the study

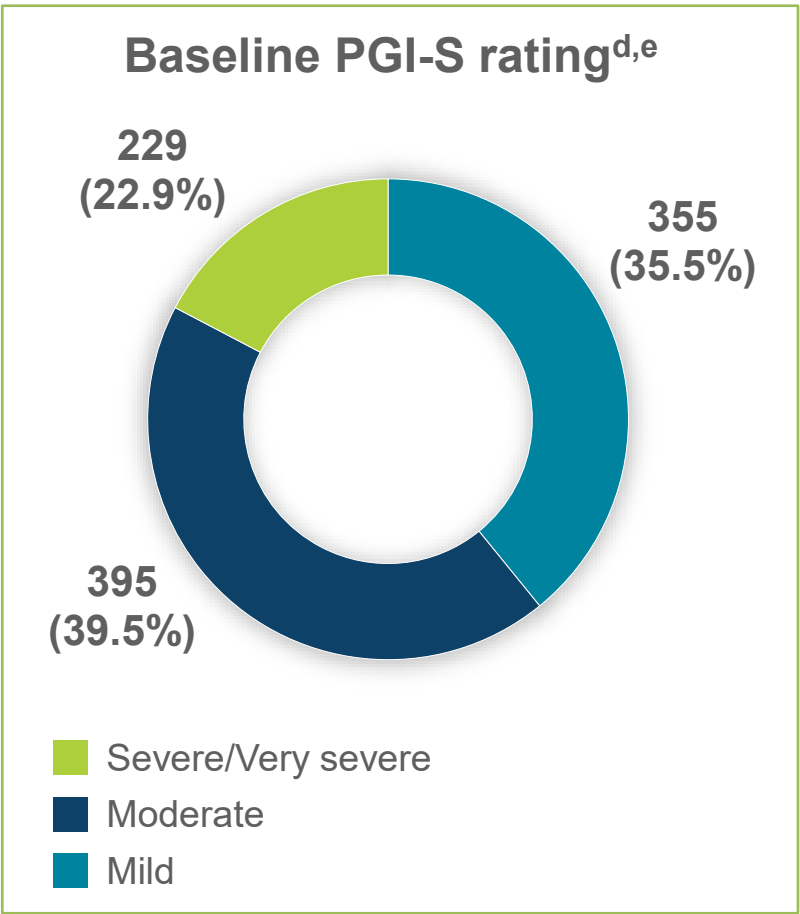
Data cutoff: September 14, 2024.

^aSafety analysis population from 15 European countries.

BMI, body mass index; HAE-C1INH, hereditary angioedema due to C1 inhibitor deficiency; IQR, interquartile range; LTP, long-term prophylaxis.

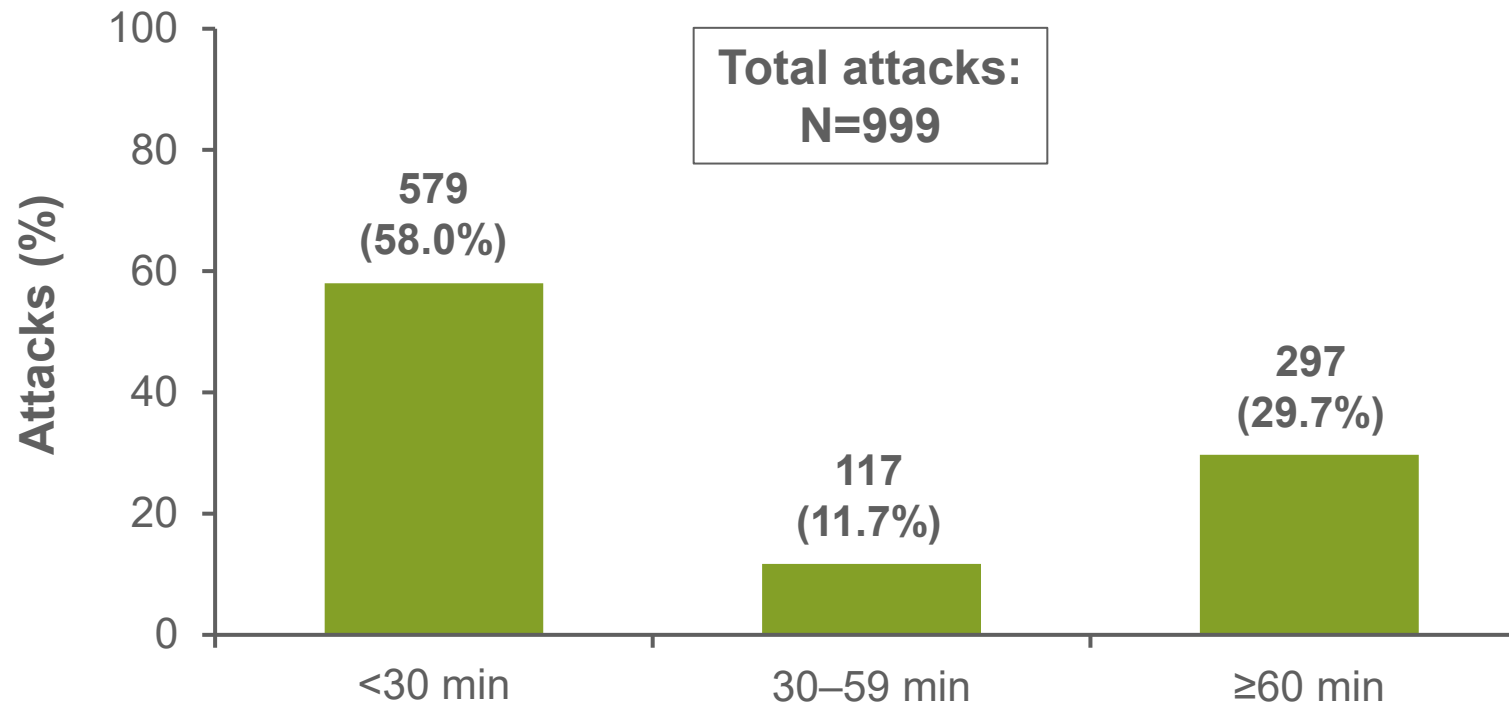
Attack Characteristics in European Participants

	Total attacks: N=999
Primary attack locations,^{a,b} n (%)	
Abdomen	387 (38.7)
Arms/hands	308 (30.8)
Legs/feet	237 (23.7)
Genitals	60 (6.0)
Head/face/neck	54 (5.4)
Torso	44 (4.4)
Larynx/throat	23 (2.3)
Primary pooled attack location,^{b,c} n (%)	
Mucosal	410 (41.0)
Subcutaneous only	567 (56.8)



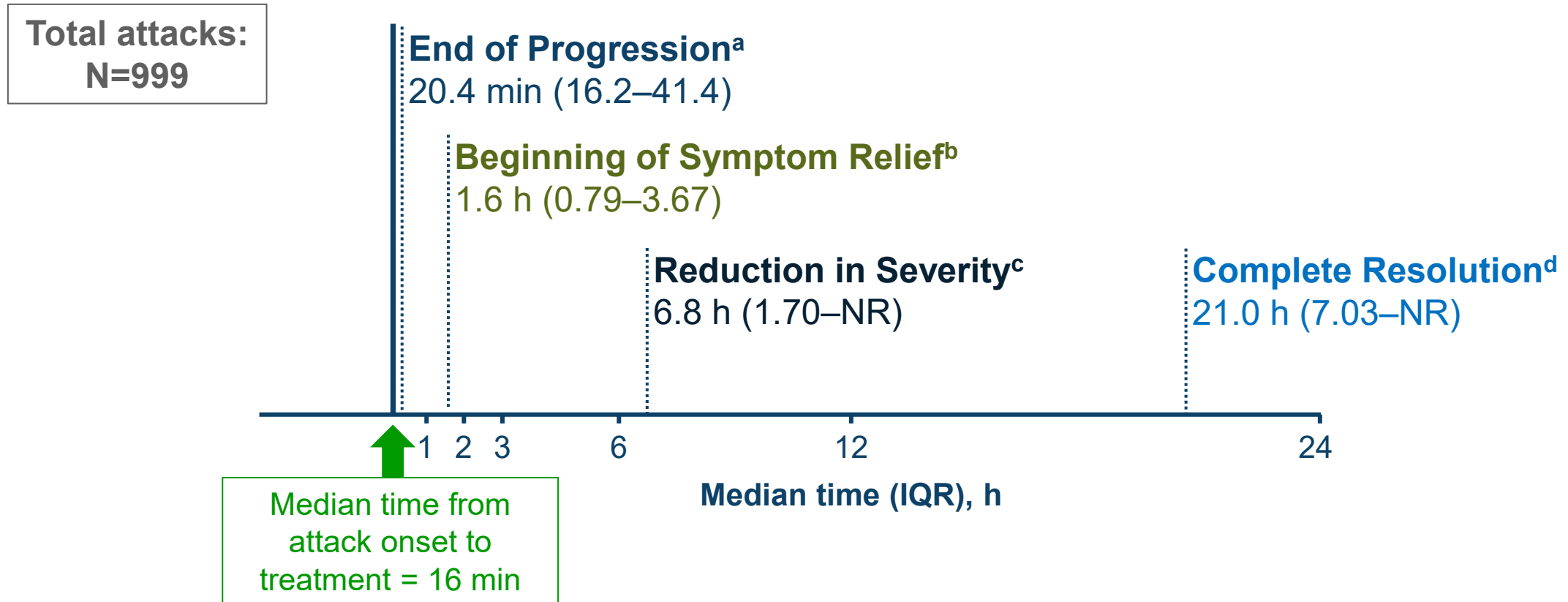
Data cutoff: September 14, 2024.
^aParticipants who had multiple attack locations were counted once in each reported location. ^bMissing: 22 (2.2%). ^cMucosal: abdomen, larynx/throat; subcutaneous: all other attack locations. ^dPGI-S score was transformed into numeric values: 0=none, 1=mild, 2=moderate, 3=severe, 4=very severe. ^e'None' was reported for 12 attacks (1.2%); missing: 20 (2.0%).
PGI-S, Patient Global Impression of Severity.

Time from Attack Onset to Sebetralstat Administration in European Participants



- The median time from attack onset to sebetralstat administration was 16.0 minutes (IQR, 1.0–69.0)
 - 69.7% of attacks were treated within <1 hour of onset
- For adolescents (n=12), the median time to sebetralstat administration was 10.0 minutes (IQR, 1.0–41.0)

Effectiveness in Sebetralstat-treated Attacks

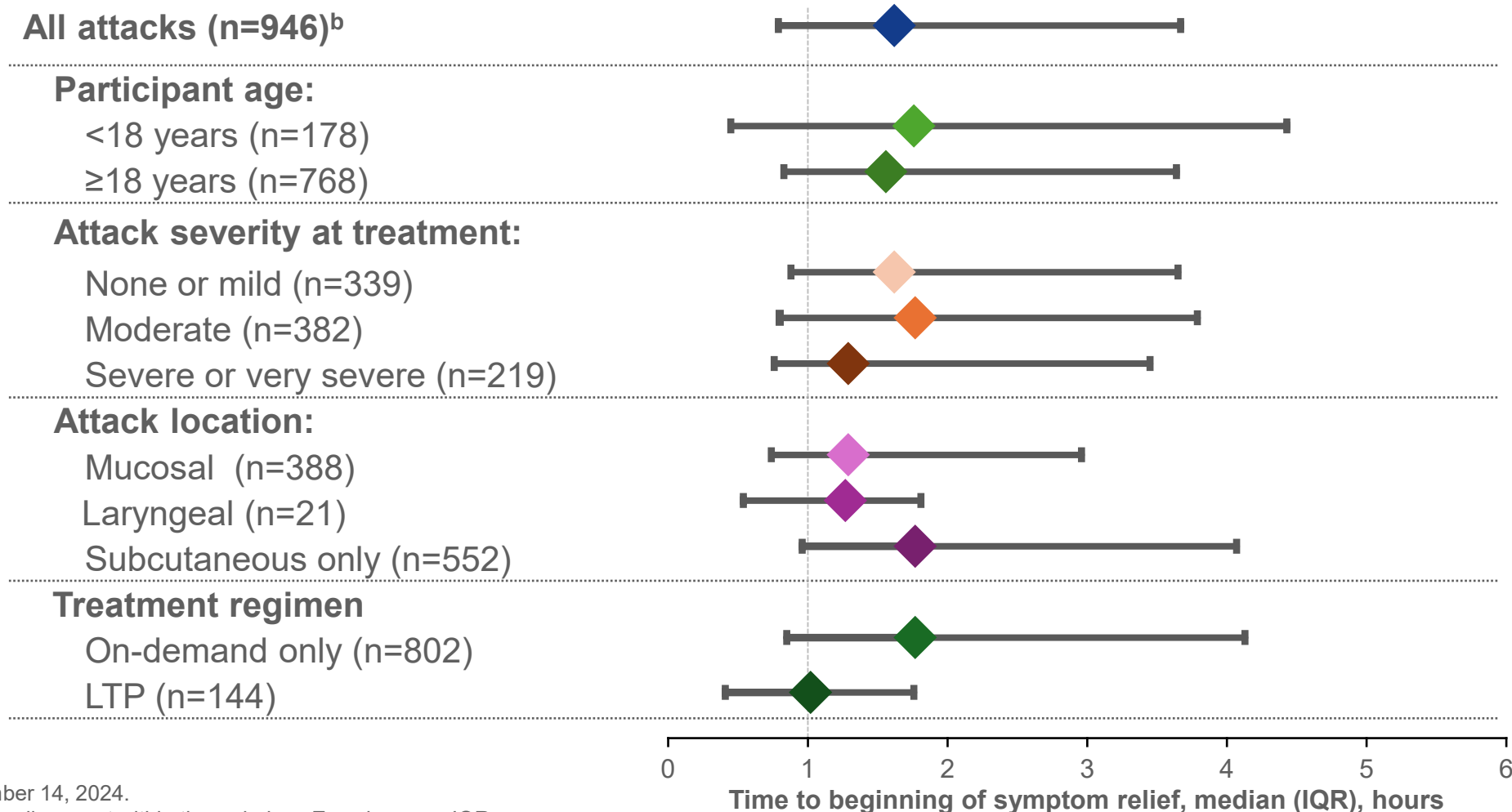


Data cutoff: September 14, 2024.

^aEnd of progression was analyzed post hoc as the time when the worst HAE attack severity was recorded within 4 hours on the PGI-S scale for attacks treated with sebetralstat. ^bDefined as a PGI-C rating of at least “A little better” for ≥ 2 consecutive time points (with missing data entries in between) within 12 hours of the first dose of sebetralstat (7-point scale: “Much worse,” “Worse,” “A little worse,” “No change,” “A little better,” “Better,” “Much better”). ^cDefined as a ≥ 1 -level decrease on the PGI-S scale for ≥ 2 consecutive time points within 12 hours of the first dose of sebetralstat. ^dDefined as a PGI-S rating of “None” (ie, no symptoms) within 24 hours.

HAE, hereditary angioedema; IQR, interquartile range; NR, not reached; PGI-C, Patient Global Impression of Change; PGI-S, Patient Global Impression of Severity.

Time to Beginning of Symptom Relief in Subgroups^a



Data cutoff: September 14, 2024.

Diamonds are the medians met within time window. Error bars are IQR.

^aDefined as a PGI-C rating of at least “A little better” for 2 consecutive time points within 12 hours of the first dose of sebetralstat.

^bExcluding attacks that lacked post-baseline assessments.

IQR, interquartile range; LTP, long-term prophylaxis; PGI-C, Patient Global Impression of Change.

Sebetralstat Administration and Use of Conventional Treatment in KONFIDENT-S

	Total attacks: N=999
Attacks treated with a second dose within 12 hours of the first dose of sebetralstat, n (%)	174 (17.4)
Attacks reaching beginning of symptom relief within 12 hours before or without an additional dose ^a , %	97.0
Attacks treated with conventional treatment within 12 hours of the first dose of sebetralstat, n (%)	60 (6)

^aAmong the 803 attacks that reached this endpoint (80.4%).
Data cutoff: September 14, 2024.

Safety

	Total n=69
Participants experiencing TEAE, n (%)	
Any TEAE	40 (58.0)
Treatment related^a	6 (8.7)
Any TEAE within 3 days of sebetralstat administration	27 (39.1)
Any grade ≥ 3 TEAE	6 (8.7)
Treatment related	0
Any serious TEAE	6 (8.7)
Treatment related	0
Any TEAE leading to hospitalization	5 (7.2)
Any TEAE leading to study discontinuation	2 (2.9) ^b
Any TEAE leading to death	0

Data cutoff: September 14, 2024.

^aSix patients reported treatment-related TEAEs, including headache (n=3), influenza-like illness (n=3), vomiting (n=3), skin burning sensation (n=2), myalgia (n=2), and tremor (n=1). ^bTEAEs leading to discontinuations included intracranial mass (n=1) and skin burning sensation (n=1).

TEAE, treatment-emergent adverse event.

Conclusions

- In KONFIDENT-S, sebetralstat enabled early treatment of HAE attacks in European participants (median time, 16 minutes)
- Sebetralstat resulted in rapid end of attack progression, early symptom relief, reduction in attack severity, and attack resolution, consistent with data reported in the KONFIDENT trial
- Median time to beginning of symptom relief was consistent across all subgroups, including by age, attack severity at onset, attack location at onset, and LTP use
- Sebetralstat was well tolerated, and safety results were consistent with the phase 3 KONFIDENT trial¹

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