

Satisfaction with Sebetalstat for HAE Attacks in Patients Switching from Parenteral On-demand Treatments in KONFIDENT-S

Maeve E. O'Connor,^{1,2} Michael E. Manning,³ Inmaculada Martinez-Saguer,⁴ Sinisa Savic,⁵ Daniel F. Soteres,⁶ James Hao,⁷ Paolo Bajcic,⁷ Paul K. Audhya,⁷ Raffi Tachdjian⁸

¹Integrative Allergy & Immunology Care, LLC, Charlotte, NC, USA; ²Allergy Asthma & Immunology Research Institute & Allergy Asthma & Immunology Relief, PA, Charlotte, NC, USA; ³Internal Medicine, University of Arizona College of Medicine-Phoenix, Phoenix, AZ, USA; ⁴HZRM Haemophilia Center Rhein Main, Frankfurt, Germany; ⁵The Leeds Institute of Rheumatic and Musculoskeletal Medicine, University of Leeds, Leeds, UK; ⁶Asthma & Allergy Associates, PC, and Research Center, Colorado Springs, CO, USA; ⁷KalVista Pharmaceuticals, Framingham, MA, USA; ⁸Division of Allergy and Clinical Immunology, David Geffen School of Medicine, University of California, Los Angeles, CA, USA

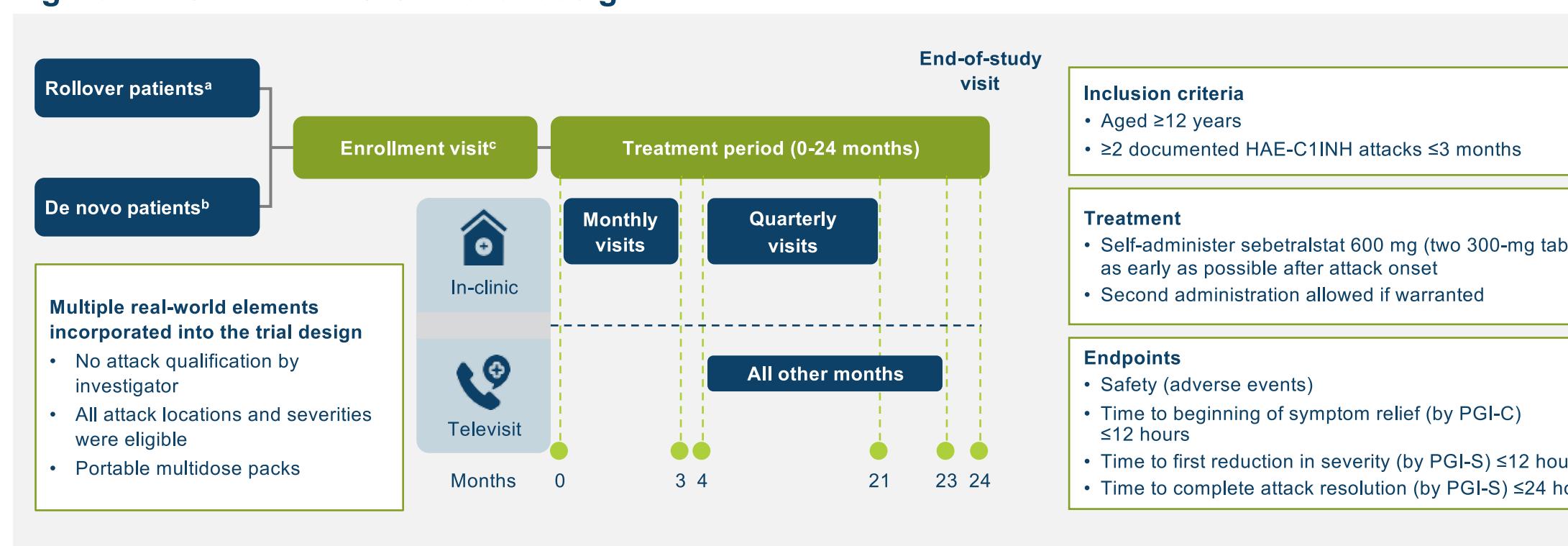
Background

- Global hereditary angioedema (HAE) guidelines recommend the early use of on-demand treatment upon recognition of an HAE attack to reduce morbidity and prevent mortality^{1,2}
- Until recently, available on-demand treatments were only administered parenterally (via intravenous infusion or subcutaneous injection), which has been previously shown to delay treatment³
- Sebetalstat, an oral, on-demand plasma kallikrein inhibitor, was recently approved for the treatment of HAE attacks in patients aged ≥ 12 years⁴
- Here, we present interim findings from the KONFIDENT-S open-label extension trial on time to beginning of symptom relief and treatment satisfaction from patients who switched from icatibant, plasma-derived C1-inhibitor (pdC1INH), recombinant C1-inhibitor (rC1INH), or multiple parenteral on-demand treatments to oral sebetalstat

Methods

- KONFIDENT-S is an ongoing, 2-year, multicenter, open-label extension trial (NCT05505916, EudraCT: 2021-001176-42) (Figure 1)
 - Eligible patients aged ≥ 12 years with HAE due to C1-inhibitor deficiency (HAE-C1INH) and ≥ 2 documented attacks within 3 months before enrollment or had completed the phase 3 KONFIDENT trial (NCT05259917)
 - Patients using long-term prophylactic (LTP) were eligible to participate, provided they had been on a stable dose regimen of a protocol-allowed LTP for ≥ 3 months before enrollment
- All attacks that included satisfaction data as of September 14, 2024 were included in this assessment

Figure 1. KONFIDENT-S OLE trial design



KONFIDENT-S endpoints evaluated

- Time to beginning of symptom relief defined as at least "a little better" at 2 consecutive time points within 12 hours of the first dose, measured by the Patient Global Impression of Change (PGI-C)
- Treatment satisfaction was assessed 24 hours after the first dose of sebetalstat for each attack on a 7-point Likert scale (Figure 2)

References

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4. Sebetalstat (EKTERLY) prescribing information. KalVista Pharmaceuticals, Inc. 2025.

Disclosures

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Methods (cont)

Figure 2. Treatment satisfaction rating (7-point Likert scale)

Overall, how satisfied were you with sebetalstat therapy for this HAE attack?



Results

Table 1. Baseline characteristics (N=107)

	Previously used on-demand treatment			
	Icatibant (n=47)	pdC1INH (n=18)	rC1INH (n=22)	Multiple treatments* (n=40)
Age, median (IQR), years	35 (21.0-47.0)	19 (15.0-36.0)	34 (25.0-44.0)	41 (31.5-52.5)
Sex, female, n (%)	29 (61.7)	13 (72.2)	2 (100)	30 (75.0)
White race, n (%)	35 (74.5)	12 (66.7)	2 (100)	30 (75.0)
BMI, median (IQR), kg/m ²	25.6 (22.0-30.0)	23.6 (19.8-30.0)	25.4 (19.5-31.2)	25.1 (23.0-30.5)
Type of HAE-C1INH				
Type 1	42 (89.4)	17 (94.4)	2 (100)	37 (92.5)
Type 2	5 (10.6)	1 (5.6)	0	3 (7.5)
Treatment, n (%)				
On-demand only	33 (70.2)	12 (66.7)	1 (50.0)	33 (82.5)
LTP	14 (29.8)	6 (33.3)	1 (50.0)	7 (17.5)

Data cutoff: September 14, 2024.

*Patients reported using >1 conventional on-demand treatment at screening.

BMI, body mass index; HAE-C1INH, hereditary angioedema due to C1 inhibitor deficiency; IQR, interquartile range; LTP, long-term prophylaxis; pdC1INH, plasma-derived C1INH; rC1INH, recombinant C1-inhibitor.

Table 2. Attack characteristics of sebetalstat-treated attacks

Attacks	Previously used on-demand treatment			
	Icatibant (n=409)	pdC1INH (n=167)	rC1INH (n=22)	Multiple treatments* (n=491)
Baseline severity (PGI-C), n (%)				
Mild ^b	147 (35.9)	54 (32.3)	3 (13.6)	224 (45.6)
Moderate	165 (40.3)	71 (43.1)	12 (54.5)	234 (47.7)
Severe/very severe	97 (23.7)	41 (24.6)	7 (31.8)	33 (6.7)
Primary pooled attack location, n (%)				
Mucosal ^c	154 (37.7)	98 (58.7)	13 (59.1)	166 (33.8)
Involving the larynx	8 (2.0)	7 (4.2)	0	3 (0.6)
Subcutaneous only ^c	254 (62.1)	69 (43.1)	9 (40.9)	325 (66.2)
Missing	1 (0.2)	0	0	0
Time from attack onset to treatment, median (IQR), minutes	6.0 (1.0-63.0)	6.0 (1.0-39.0)	37.5 (18.0-61.0)	21.0 (1.0-100.0)
Attacks treated with a second dose within 12 hours, n (%)	74 (18.1)	45 (26.9)	6 (27.3)	115 (23.4)
Attacks treated with conventional treatment within 12 hours, n (%)	14 (3.4)	7 (4.2)	0	31 (6.3)

Data cutoff: September 14, 2024.

*Icatibant + pdC1INH, n=282; icatibant + pdC1INH + rC1INH, n=124; icatibant + rC1INH, n=51; and pdC1INH + rC1INH, n=34. ^bBaseline severity was classified as "None" for 4 attacks in the icatibant, 3 in the pdC1INH, and 3 in the multiple treatments. ^cMucosal: attacks with primary location of "Abdomen" and/or "Larynx/throat"; subcutaneous: other attacks not involving the mucosal locations.

IQR, interquartile range; pdC1INH, plasma-derived C1INH; rC1INH, recombinant C1-inhibitor; PGI-C, Patient Global Impression of Change; PGI-S, Patient Global Impression of Severity.

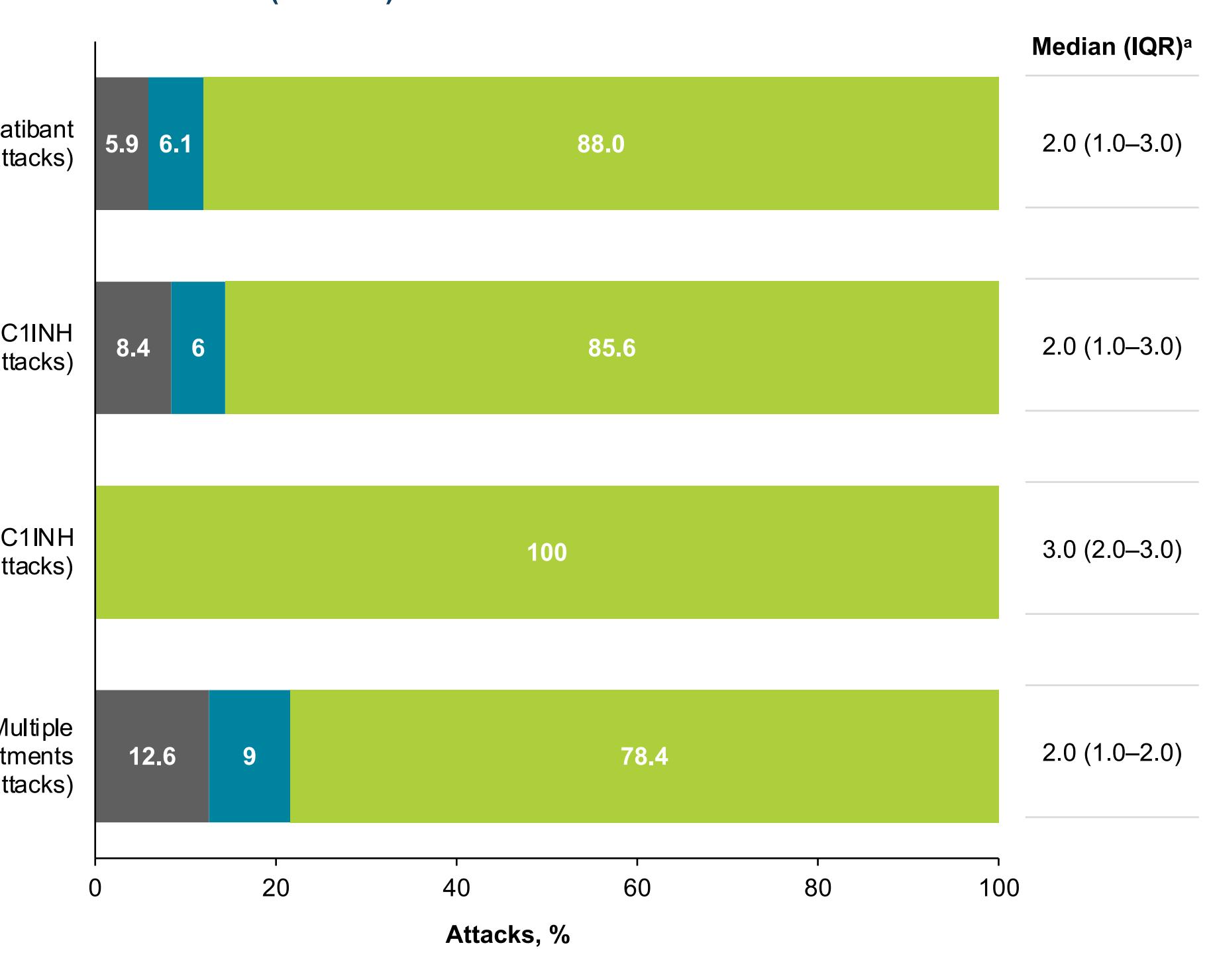
- Across all subgroups (Table 1), most attacks were mild (38.5%) or moderate (44.3%; Table 2)

- A second dose of sebetalstat was administered within 12 hours of their first dose for a total of 240 attacks (22.0%) across all subgroups

- In total, conventional on-demand treatments were administered for 52 attacks (4.8%) within 12 hours after use of sebetalstat

Results

Figure 4. Satisfaction with sebetalstat for each attack by previously used on-demand treatments (N=1089)



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Conclusions

- In this interim analysis of the KONFIDENT-S trial, oral sebetalstat enabled early treatment and resulted in early symptom relief
- Patients reported being very satisfied with sebetalstat, regardless of prior parenteral on-demand therapy

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