

Long-term clinical outcomes of patients with acute hepatic porphyria who were not attack-free after 6 months of givosiran treatment: a subgroup analysis of the phase 3 ENVISION study

1 Introduction

What is AHP?

- Acute hepatic porphyria (AHP) is a term for a group of four genetic diseases that affect the whole body and that if untreated, can get worse with time

Acute Intermittent Porphyria (AIP)
(the most common)

Variegate Porphyria (VP)

Hereditary Coproporphyria (HCP)

ALA Dehydratase-deficiency Porphyria (ADP)

- A build-up of delta-aminolevulinic acid (ALA) and porphobilinogen (PBG) in the body can cause:
 - Attacks**
 - Appear suddenly and last a short time
 - Severe and sometimes life-threatening symptoms
 - Chronic symptoms**
 - Appear more slowly and can last a long time
 - Negatively affect day-to-day activities and quality of life

Symptoms of AHP

- Pain
- Headache
- Seizures
- Sun sensitivity

- Nausea
- Vomiting
- Constipation
- Diarrhoea

- Muscle weakness
- Paralysis
- Sensory loss
- Rapid heartbeat

- Trouble sleeping
- Fatigue
- Anxiety
- Depression
- Memory loss
- Confusion

Not all symptoms of AHP shown

What is givosiran?

- A medicine that is used to treat adults with AHP that prevents the build-up of ALA and PBG in the body

What was the ENVISION study?

- ENVISION (NCT03338816) was a Phase 3 clinical study in patients with AHP that evaluated the:
 - effects of givosiran compared with placebo
 - long-term effect and safety of givosiran treatment

Start

Givosiran

Placebo

6 months

Up to 36 months

- Patients were grouped into:¹

Attack Free:
had no attacks after 6M of givosiran treatment (46 patients)

Not Attack Free:
had at least 1 attack after 6M of givosiran treatment (33 patients)

All Patients:
'Attack Free' and 'Not Attack Free' groups combined (79 patients)

- In the 1st 6 months (6M), patients treated with givosiran had fewer attacks than those on placebo
- We investigated the long-term outcomes of patients who completed the study through to month 36 (36M)

2 Methods and Results

Annualized attack rate

Methods

- Primary endpoint was annualized attack rate (AAR)
- AAR was the average number of attacks per person in a year that required any of the following:

Hospitalization

Urgent care visit

Intravenous hemin at home

- To calculate the effect of givosiran treatment, AARs were
 - calculated every 6M
 - compared to values before treatment

AAR decreased over time with givosiran treatment

Duration of givosiran treatment (months)	Attack Free (Mean AAR)	Not Attack Free (Mean AAR)	All Patients (Mean AAR)
Historical AAR	~12	~12	~12
>0-6	~2	~8	~5
>6-12	~1	~4	~2.5
>12-18	~1	~3	~2
>18-24	~1	~2	~1.5
>24-30	~1	~1.5	~1.2
>30-36	~1	~1	~1

- 1st 6M of treatment: all treated patients had reduced AAR (historical AAR vs >0-6M)
- Continued treatment: AAR decreased further over time in all groups (>6-12M and later)

Of the Not Attack-Free group, the percentage of patients who were attack-free after the 1st 6M of treatment (during 6M treatment intervals) increased over time:

- 9% attack-free after >6-12M of treatment
- 79% after >30-36 M of treatment

ALA and PBG urine concentrations

Methods

- To estimate effect of givosiran, concentrations of ALA and PBG in urine were:
 - measured throughout the study
 - compared to starting values

ALA and PBG concentration decreased over time with givosiran treatment

ALA

Months after givosiran treatment	Attack Free (Median ALA)	Not Attack Free (Median ALA)	All patients (Median ALA)
0	~18	~18	~18
6	~1	~2	~1.5
36	~1	~1	~1

PBG

Months after givosiran treatment	Attack Free (Median PBG)	Not Attack Free (Median PBG)	All patients (Median PBG)
0	~40	~40	~40
6	~5	~10	~7.5
36	~1	~1	~1

- ALA and PBG reductions were similar in the Not Attack Free and Attack Free groups

Health-related quality of life (HRQoL)

- Several surveys are used by medical professionals to evaluate health-related quality of life (HRQoL) in people
- These tools can estimate impact of disease on a person's life beyond their symptoms

HRQoL was measured using:

Best health you can imagine

EQ visual analog scale (EQ VAS) score

Participants draw a line on the scale to indicate how good or bad their health was on that day

Worst health you can imagine

An increase of more than 7-8 EQ VAS points has been considered as 'clinically meaningful' in other chronic diseases

12-item Short-Form Health Survey (SF-12) version 2 Physical Component Summary (PCS) score

General health: Health (excellent → poor)

Current effect of health on activities: Moderate-intensity activities, like pushing a vacuum cleaner or bowling (limited a lot → not at all); Climbing several flights of stairs (limited a lot → not at all)

Effect of physical health on work or activities in the past 4 weeks: Limited the kind of work/activities performed (all of the time → none of the time); Limited accomplishments (all of the time → none of the time); Pain interfered with normal work (extreme interference → no interference)

An increase in PCS score of 2-5 has been considered 'clinically meaningful' in other chronic diseases

HRQoL improved over time with givosiran treatment

A

Months after givosiran treatment	Attack Free (Mean EQ VAS)	Not Attack Free (Mean EQ VAS)	All patients (Mean EQ VAS)
0	0	0	0
6	6.9	2.2	4.5
36	19.9	17.5	18.7

B

Months after givosiran treatment	Attack Free (Mean PCS)	Not Attack Free (Mean PCS)	All patients (Mean PCS)
0	0	0	0
6	7.3	4.1	5.7
36	8.3	9.1	8.7

- HRQoL improved in all patients
 - After 6M of treatment (0M vs 6M)
 - After 36M of treatment (0M vs 36M)
 - At 36M, HRQoL improvements were similar in the Not Attack Free and Attack Free groups

3 Conclusions

- Results indicate that long-term treatment with givosiran provides sustained clinical and HRQoL benefits to patients who remain attack-free and those who don't

- Both patient groups had reduced attacks and other treatment-related improvements within the 1st 6M of givosiran treatment

Attack-Free group

- Remained attack-free
- HRQoL continued to improve until end of study

Not Attack-Free group

- Further reductions in number of attacks
- HRQoL improved with long-term treatment

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