

Annualized attack rate reductions vs historical data and hemin use of patients with acute hepatic porphyria in the phase 3 ENVISION trial who were not attack-free after 6 months of givosiran treatment

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Conclusions

- Both patient groups had composite AARs below their historical AAR in addition to other treatment-related improvements within the first 6 months of givosiran treatment
- Patients who were attack-free remained attack-free, did not require hemin treatment, and reported HRQoL improvements through month 36
- Patients who were not attack-free after the first 6 months of givosiran treatment experienced further reductions in attack frequency and hemin use, and improvements in HRQoL with long-term givosiran treatment
- The results suggest that the response to givosiran treatment helps to reduce chronic symptoms as well as AHP attack frequency and further clinical improvement is expected over time

Introduction

- Acute hepatic porphyria (AHP) comprises a group of rare, chronic, multisystem disorders caused by defects in the heme biosynthesis pathway
- Patients with AHP may experience:
 - acute episodic attacks characterized by pain, neurological symptoms, and changes in mental status
 - chronic symptoms that impact daily activities and health-related quality of life (HRQoL)
- Givosiran is an RNA interference therapy that prevents accumulation of δ -aminolevulinic acid (ALA) and porphobilinogen (PBG)
 - Approved in the USA, Brazil, Taiwan, and Canada for the treatment of adults with AHP, and in the EU, Switzerland, and Japan for the treatment of adults and adolescents (≥ 12 years of age) with AHP
- ENVISION (NCT03338816) was the pivotal phase 3, multicenter, randomized, double-blind (DB), placebo-controlled study of givosiran in AHP
 - Sustained reductions in annualized attack rate (AAR) with givosiran were observed^{1,2}
 - 58% of patients who completed the study through month 36 were attack-free after the first 6 months of givosiran treatment and for the study duration²
- Evaluating patient-level changes in composite AAR with givosiran compared with historical AAR, as well as changes in treatment burden, may offer additional insights into the treatment benefit of givosiran over time
- We examined long-term outcomes in patients who were not attack-free after the first 6 months of givosiran treatment

Methods

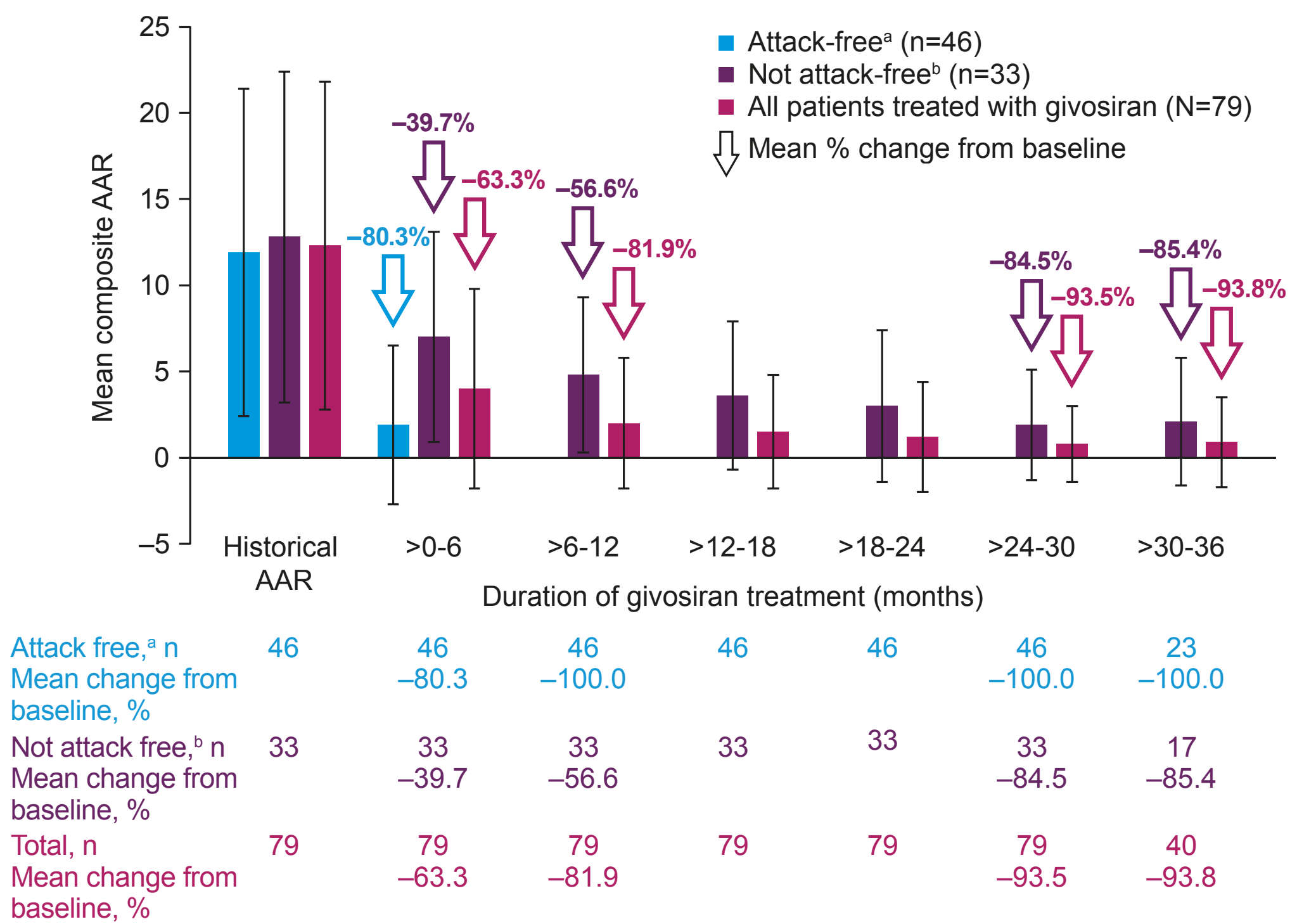
- Eligibility criteria:
 - AHP diagnosis
 - ≥ 12 years of age
 - ≥ 2 attacks requiring hospitalization, urgent care, or intravenous hemin at home during the 6 months before study enrollment
- Patients were randomized (1:1) to givosiran or placebo for 6 months in a DB period followed by a 30-month open-label extension (OLE) period, in which all patients received givosiran
- This *post hoc* descriptive analysis comprised patients who completed the DB and OLE periods
- Subgroups were defined based on attack frequency after the first 6 months of givosiran treatment
 - Attack-free: patients with 0 attacks
 - Not attack-free: patients with ≥ 1 attack

Table 1. Demographics and baseline disease characteristics

Demographic/characteristic	Attack-free ^a (n=46)	Not attack-free ^b (n=33)	All patients treated with givosiran (N=79)
Age at screening, years			
Median (range)	41.5 (19.0-61.0)	36.0 (20.0-57.0)	38.0 (19.0-61.0)
Time since diagnosis, years			
Mean (SD)	9.43 (10.00)	10.32 (9.92)	9.80 (9.91)
Median (range)	5.63 (0.19-38.52)	7.31 (0.14-43.29)	6.64 (0.14-43.29)
Q1, Q3	2.05, 16.76	4.25, 12.97	2.25, 13.93
Age at diagnosis, years			
Mean (SD)	32.44 (11.39)	26.70 (9.03)	30.04 (10.79)
Median (range)	30.13 (6.26-58.07)	27.15 (5.00-46.09)	29.25 (5.00-58.07)
Q1, Q3	24.82, 41.51	21.50, 32.84	22.69, 36.55
Female, n (%)	39 (84.8)	31 (93.9)	70 (88.6)
Prior hemin prophylaxis regimen, n (%)	18 (39.1)	13 (39.4)	31 (39.2)
Prior chronic symptoms when not having attacks, n (%)	23 (50.0)	20 (60.6)	43 (54.4)
Prior chronic opioid use when not having attacks, n (%)	13 (28.3)	10 (30.3)	23 (29.1)
History of depression, n (%)	11 (23.9)	13 (39.4)	24 (30.4)
History of hypertension, n (%)	11 (23.9)	10 (30.3)	21 (26.6)
History of neuropathy, n (%)	18 (39.1)	13 (39.4)	31 (39.2)

The demographics and disease characteristics at the DB period baseline were summarized. Baseline represents 6 months before randomization.
^aPatients with 0 attacks after 6 months of givosiran treatment. ^bPatients with ≥ 1 attack after 6 months of givosiran treatment.
DB, double-blind; N, total number of patients included; n, patients included per subgroup; Q1, first quartile; Q3, third quartile; SD, standard deviation.

Figure 1. Mean composite AAR

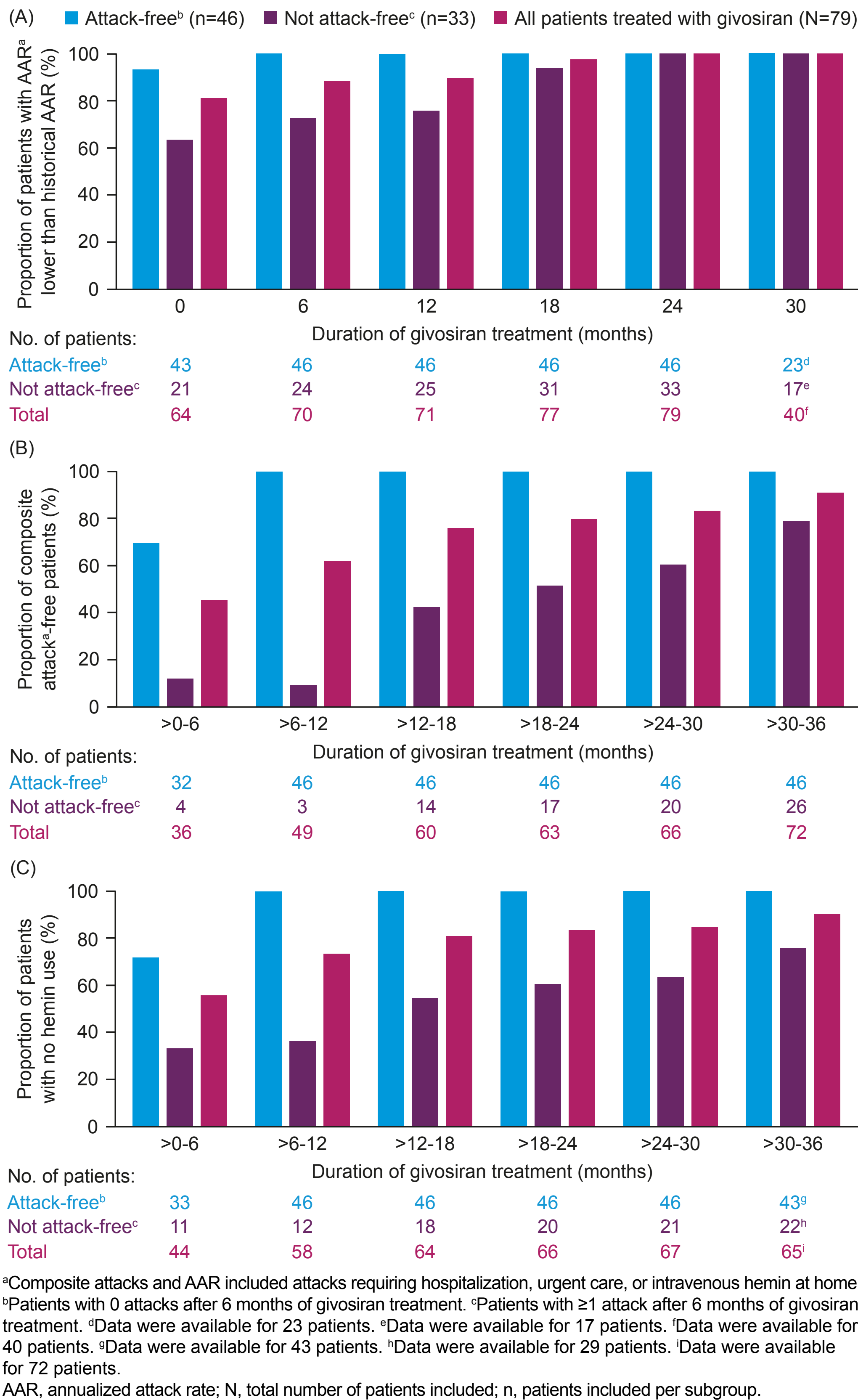


Composite AAR included attacks requiring hospitalization, urgent care, or intravenous hemin at home. Historical AAR was calculated based on the number of attacks requiring hospitalization, healthcare facility visit, or hemin use at home at baseline. Baseline represents 6 months before randomization. Error bars show standard deviations. Data on arrows show mean % change from baseline in mean composite AAR.
^aPatients with 0 attacks after 6 months of givosiran treatment. ^bPatients with ≥ 1 attack after 6 months of givosiran treatment.
AAR, annualized attack rate; N, total number of patients included; n, patients included per subgroup.

Results

- 94 patients were randomized and 79 of these completed the ENVISION study
 - 46 (58.2%) were attack-free
 - 33 (41.8%) were not attack-free
- Median age at screening (Table 1):
 - 41.5 years for patients who were attack-free
 - 36.0 years for patients who were not attack-free
- Mean composite AAR (attacks requiring hospitalization, urgent care, or intravenous hemin at home) was 7.0 (range, 0.0-23.9) during >0-6 months for patients who were not attack-free
- Mean composite AAR per 6-month interval decreased over time for patients who were not attack-free (Figure 1)
 - Mean percentage reductions relative to historical composite AAR (mean [standard deviation], 12.8 [9.6]):
 - 39.7% after >0-6 months of givosiran treatment
 - 85.4% after >30-36 months of givosiran treatment
- The proportion of patients with a composite AAR below historical AAR increased throughout the study (Figure 2A)
 - All attack-free patients had a composite AAR below historical AAR after 6 months of givosiran treatment
 - Among patients who were not attack-free:
 - 72.7% (24/33) had a composite AAR below their historical AAR after 6 months of givosiran treatment
 - 100% (17/17) had a composite AAR below their historical AAR after 30 months of givosiran treatment
- The proportion of patients who became attack-free increased over time (Figure 2B)
 - Patients who were attack-free after 6 months of givosiran treatment remained attack-free throughout the study
- The proportion of patients with no hemin use per 6-month interval increased over time (Figure 2C)
 - All attack-free patients had discontinued hemin use after >6-12 months of givosiran treatment
 - Among patients who were not attack-free:
 - 33.3% (11/33) were not using hemin after >0-6 months of givosiran treatment
 - 75.9% (22/29) were not using hemin after >30-36 months of givosiran treatment

Figure 2. Proportions of (A) patients with AAR lower than historical AAR, (B) patients who became attack-free, and (C) patients with no hemin use at each 6-month interval



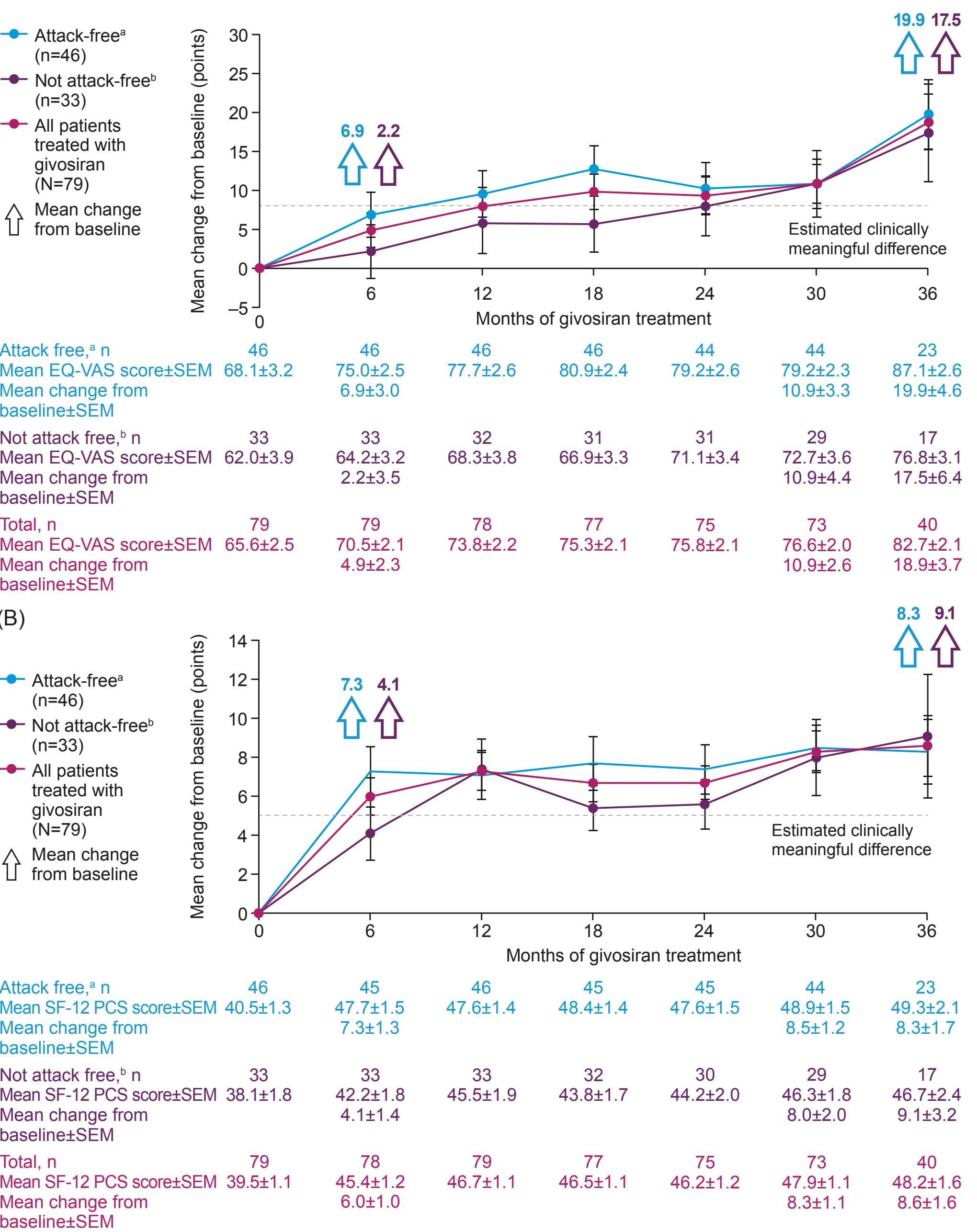
- Median urinary ALA and PBG levels decreased over time (Table 2)
 - Median percentage reductions from baseline in ALA levels:
 - Attack-free: 87.5% at 6 months and 92.7% at 36 months
 - Not attack-free: 84.8% at 6 months and 91.6% at 36 months
 - Median percentage reductions from baseline in PBG levels:
 - Attack-free: 88.5% at 6 months and 97.2% at 36 months
 - Not attack-free: 86.3% at 6 months and 93.4% at 36 months
- HRQoL, measured using EQ-VAS scores and 12-item Short Form Health Survey (SF-12) version 2 Physical Component Summary (PCS) scores, improved in both groups
 - Mean change from baseline in EQ-VAS scores improved over time (Figure 3A)
 - Attack-free: 6.9 points at 6 months and 19.9 points at 36 months
 - Not attack-free: 2.2 points at 6 months and 17.5 points at 36 months
 - Mean change from baseline in SF-12 version 2 PCS scores improved over time (Figure 3B)
 - Attack-free: 7.3 points at 6 months and 8.3 points at 36 months
 - Not attack-free: 4.1 points at 6 months and 9.1 points at 36 months

Table 2. Urinary ALA and PBG levels

Months of treatment	Attack-free ^a (n=46)	Not attack-free ^b (n=33)	All patients treated with givosiran (N=79)
Baseline ALA, mmol/mol, median (range)	15.84 (1.39-82.00)	17.58 (2.35-88.85)	16.52 (1.39-88.85)
ALA, mmol/mol, median (median % change from baseline)			
After 6 months of treatment	1.41 (-87.5)	1.29 (-84.8)	1.29 (-86.0)
After 30 months of treatment	0.80 (-92.6)	1.11 (-90.0)	1.02 (-92.3)
After 36 months of treatment	0.82 (-92.7)	1.33 (-91.6)	0.93 (-92.7)
Baseline PBG, mmol/mol, median (range)	39.41 (2.99-147.17)	48.50 (0.44-150.00)	40.94 (0.44-150.00)
PBG, mmol/mol, median (median % change from baseline)			
After 6 months of treatment	4.42 (-88.5)	5.12 (-86.3)	4.54 (-88.1)
After 30 months of treatment	1.88 (-94.7)	2.20 (-93.8)	1.97 (-94.6)
After 36 months of treatment	1.04 (-97.2)	1.84 (-93.4)	1.22 (-95.9)

Urinary levels of ALA and PBG were normalized to creatinine. Median ALA in healthy individuals: 0.46 mmol/mol. Median PBG in healthy individuals: 0.02 mmol/mol. Baseline represents 6 months before randomization. For patients who received placebo in the DB period and givosiran in OLE period, the data only included post givosiran treatment with baseline redefined relative to the first dose of givosiran and analysis visits mapped based on redefined baseline.
^aPatients with 0 attacks after 6 months of givosiran treatment. ^bPatients with ≥ 1 attack after 6 months of givosiran treatment.
ALA, δ -aminolevulinic acid; DB, double-blind; N, total number of patients included; n, patients included per subgroup; OLE, open-label extension; PBG, porphobilinogen.

Figure 3. Mean change from baseline in (A) EQ-VAS and (B) SF-12 version 2 PCS score (A)



The EQ-VAS assesses a patient's global impression of their overall health on a visual analog scale that ranges from 0 (worst possible health) to 100 (best possible health). Scores on the PCS of the SF-12 range from 0 (worst functioning) to 100 (best functioning). Estimates for the clinically meaningful difference are ≥ 7 to 8 points for EQ-VAS and 2 to 5 points for SF-12. Baseline represents 6 months before randomization. Error bars show SEM. Data on arrows show absolute mean change from baseline in EQ-VAS and SF-12 score points.
^aPatients with 0 attacks after 6 months of givosiran treatment. ^bPatients with ≥ 1 attack after 6 months of givosiran treatment.
N, total number of patients included; n, patients included per subgroup; PCS, Physical Component Summary; SEM, standard error of the mean; SF-12, 12-item Short Form Health Survey.

REFERENCES

- Balwani M *et al*. *N Engl J Med* 2020;382:2289-301.
- Kuter DJ *et al*. *J Hepatol* 2023;79:1150-58.

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