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Real-World Effectiveness and Disease Management Data in European Patients With HAE on Long-term Prophylaxis With Lanadelumab

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Rationale: This study assessed the effectiveness and dose adaptation with lanadelumab in preventing hereditary angioedema (HAE) attacks in the real-world.

Methods: This interim, descriptive analysis of a retrospective, observational, European (Germany, France, Austria and Greece) chart review study included patients ≥12 years old with HAE (type I or II) who initiated long-term prophylaxis (LTP) with lanadelumab (index event) with systematic documentation of attacks before (pre-index) and after LTP (post-index) initiation. Detailed patient history (estimated sample size 150) was collected for ≤12 months pre-index and followed-up for ≥12 months post-index or until lanadelumab discontinuation. Primary outcomes included effectiveness of lanadelumab LTP in improving attack-free rate (AFR) and the effect of dose interval increase from O2W on AFR.

Results: Overall, data from 52 patients (HAE type I, 90.4%) from Germany (n=17, 1 site) and France (n=35, 3 sites) with a mean±SD age of 43.0±15.4 years (69.2% female); 19.2% with a history of life-threatening attacks were analysed; 50% received \geq 1 prior LTP and 98.1% on-demand treatments. Mean±SD pre-index number of attacks was 40.1±42.2 over 12 months. From index, the median treatment duration was 23.6 (IQR: 16.9–33.6) months; 35 (67.3%) patients had \geq 1 increase in the interval of administration, with a median of 8.4 (IQR: 5.6–13.4) months to first increase in interval from Q2W. Monthly AFRs ranged from 15.4% to 34.6% in the pre-index period and 88.2% (months 2 and 5) to 100% (months 12, 23, 33, 34 and \geq 36) in the post-index period; none had life-threatening attacks post-index.

Conclusions: In this interim analysis, lanadelumab dosing schedules were commonly adapted by investigators in daily clinical practice and AFR improvement was maintained. The full analysis may confirm these preliminary findings and provide further real-world insights into utilization patterns/interval of administration of lanadelumab in patients with HAE.