

Single dose of zilebesiran linked to reduction in systolic BP

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A single dose of subcutaneous zilebesiran is associated with a reduction in systolic blood pressure (SBP), according to a study <u>published</u> online Feb. 16 in the *Journal of the American Medical Association*.

George L. Bakris, M.D., from the University of Chicago in Illinois, and colleagues examined antihypertensive efficacy and safety of different zilebesiran dosing regimens in a phase 2 randomized trial. Participants were randomly assigned to one of four zilebesiran regimens (150, 300, or 600 mg once every six months or 300 mg once every three months) or placebo for six months. The full analysis set included 377 patients: 302



receiving zilebesiran and 75 receiving placebo.

The researchers found that the 24-hour mean ambulatory SBP changes were -7.3, -10.0, and -8.9 mm Hg with zilebesiran 150 mg once every six months, 300 mg once every three months or once every six months, and 600 mg every six months, respectively, compared with 6.8 mm Hg with placebo. In the change from baseline to month 3, the least-squares mean differences versus placebo were -14.1, -16.7, and -15.7 mm Hg for zilebesiran 150 mg every six months, 300 mg once every three months or six months, and 600 mg every six months, respectively. Over six months, 60.9 and 50.7 percent of patients receiving zilebesiran and placebo, respectively, had adverse events, and 3.6 and 6.7 percent, respectively, had serious adverse events.

"These data support further investigation of zilebesiran as a <u>therapeutic</u> <u>strategy</u> for patients with hypertension," the authors write.

Several authors disclosed ties to pharmaceutical companies, including Alnylam Pharmaceuticals, which manufactures zilebesiran and funded the study.

More information: George L. Bakris et al, RNA Interference With Zilebesiran for Mild to Moderate Hypertension, *JAMA* (2024). <u>DOI:</u> <u>10.1001/jama.2024.0728</u>

Ernesto L. Schiffrin, RNA Injection Every 6 Months to Improve Adherence and Lower Blood Pressure in Patients With Hypertension, *JAMA* (2024). DOI: 10.1001/jama.2023.26071

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