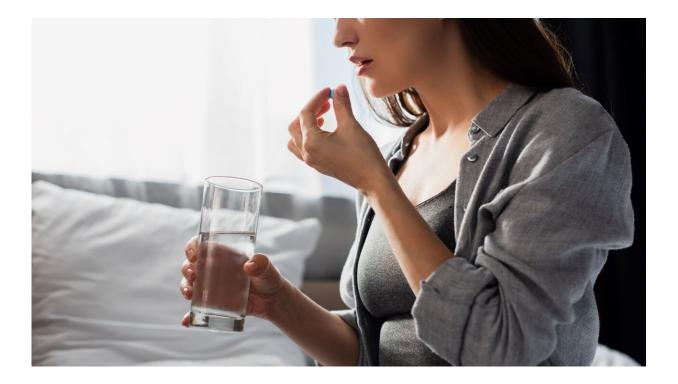


On-demand sebetralstat speeds symptom relief in hereditary angioedema, clinical trial finds

June 4 2024, by Elana Gotkine



For patients with type 1 or type 2 hereditary angioedema, sebetralstat



provides faster times to beginning of symptom relief than placebo, according to a <u>study</u> published online May 31 in the *New England Journal of Medicine* to coincide with the annual congress of the European Academy of Allergy and Clinical Immunology, held from May 31 to June 3 in Valencia, Spain.

Marc A. Riedl, M.D., from the University of California at San Diego in La Jolla, and colleagues conducted a Phase III trial involving participants aged 12 years or older with type 1 or type 2 <u>hereditary angioedema</u>. A total of 136 participants were assigned to take up to two oral doses of sebetralstat (300 or 600 mg) or <u>placebo</u> for an angioedema attack, with 110 participants treating 264 attacks.

The researchers found that the time to the beginning of symptom relief was faster with 300- and 600-mg sebetralstat than placebo, with median times of 1.61, 1.79, and 6.72 hours, respectively. The time to reduction in the attack severity was faster with the 300- and 600-mg doses than with placebo, with median times of 9.27, 7.75, and more than 12 hours, respectively.

Compared with placebo, the time to complete resolution was faster with the 300- and 600-mg doses. The percentage of attacks with complete resolution with 24 hours was 42.5, 49.5, and 27.4 percent with the 300- and 600-mg doses and with placebo, respectively.

"The administration of sebetralstat for hereditary angioedema <u>attacks</u> led to faster times to symptom relief, reduced severity, and attack resolution than placebo," the authors write.

More information: Marc A. Riedl et al, Oral Sebetralstat for On-Demand Treatment of Hereditary Angioedema Attacks, *New England*



Journal of Medicine (2024). DOI: 10.1056/NEJMoa2314192

Rohan Ameratunga et al, New Therapies for Type 1 and Type 2 Hereditary Angioedema, *New England Journal of Medicine* (2024). DOI: 10.1056/NEJMe2405299

More Information

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