

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

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

provides faster times to beginning of symptom relief than placebo, according to a [study](#) 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 [hereditary angioedema](#). A total of 136 participants were assigned to take up to two oral doses of sebetrastat (300 or 600 mg) or [placebo](#) 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 sebetrastat 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 sebetrastat for hereditary angioedema [attacks](#) 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 Sebetrastat for On-Demand Treatment of Hereditary Angioedema Attacks, *New England*

Journal of Medicine (2024). [DOI: 10.1056/NEJMoa2314192](https://doi.org/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](https://doi.org/10.1056/NEJMe2405299)

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