Acute Hepatic Porphyria (AHP) Disease Manifestations and Daily Life Impacts in EXPLORE International Prospective, Natural History Study

Anderson KE¹, Ventura P², Balwani M³, Bissell DM⁴, Rees DC⁵, Stölzel U⁶, Phillips JD⁷, Kauppinen R⁸, Langendonk JG⁹, Desnick RJ³, Deybach JC¹⁰, Bonkovsky HL¹¹, Parker C⁷, Naik H³, Badminton M¹², Stein P⁵, Minder E¹³, Windyga J¹⁴, Martasek P¹⁵, Cappellini M¹⁶, Sardh E¹⁷, Harper P¹⁷, Sandberg S¹⁸, Aarsand A¹⁸, Alegre F¹⁹, Ivanova A²⁰, Talbi N¹⁰, Ko JJ²¹, Lin T²¹, Penz C²¹, Simon A²¹, Gouya L¹⁰

¹University of Texas, Medical Branch Galveston, Texas, USA, ²Università degli Studi di Modena e Reggio Emilia, Italy; ³Mt. Sinai Icahn School of Medicine, New York, New York, USA; ⁴University of California, San Francisco, California, USA; ⁵King's College Hospital, United Kingdom; ⁶Klinikum Chemnitz, Germany; ⁷University of Utah, Salt Lake City, Utah, USA; ⁸University Hospital of Helsinki, Finland; ⁹Erasmus MC, University Medical Center Rotterdam, Netherlands; ¹⁰Centre Français des Porphyries, France; ¹¹Wake Forest University, Winston-Salem, North Carolina, USA; ¹²University Hospital of Wales, United Kingdom; ¹³Stadtspital Triemli, Zentrallabor, Switzerland; ¹⁴Instytut Hematologii i Transfuzjologii, Poland; ¹⁵Univerzity Karlovy v Praze, Czech Republic; ¹⁶University of Milan, Italy; ¹⁷Karolinska University Hospital, Karolinska Institutet, Sweden; ¹⁸Norwegian Porphyria Centre [NAPOS], Norway; ¹⁹Clinica Universidad de Navarra, Spain; ²⁰St. Ivan Rilski University Hospital, Bulgaria; ²¹Alnylam Pharmaceuticals, Cambridge, Massachusetts, USA

Acute Hepatic Porphyria (AHP)

Disease Overview¹⁻⁴

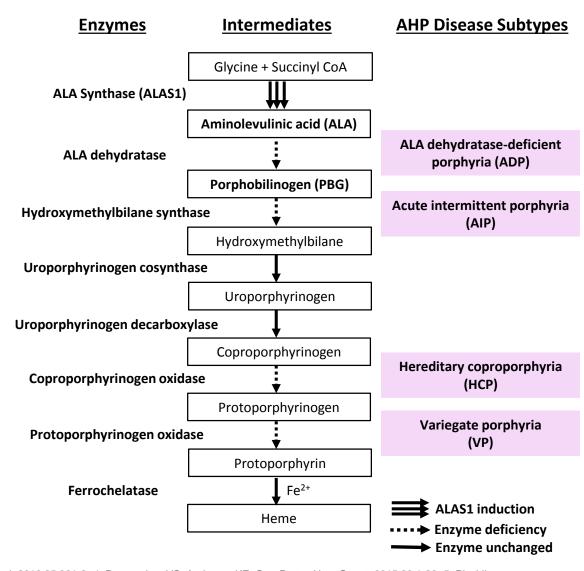
- Family of rare, genetic diseases due to a deficiency in one of the enzymes in heme biosynthesis in liver
- Acute Intermittent Porphyria (AIP) most common, with mutation in hydroxymethylbilane synthase (HMBS)
- Additional types of AHP include hereditary coproporphyria (HCP) and variegate porphyria (VP) resulting from deficient levels of CPOX and PPOX enzymes, respectively

Disease Pathophysiology

- Induction of ALAS1 leads to accumulation of toxic heme intermediates ALA/PBG
- ALA believed to be primary toxic intermediate that causes disease manifestations

Attacks, Chronic Manifestations, and Comorbidities⁵⁻⁹

- Acute neurovisceral attacks can be life-threatening
- · Chronic symptoms in between attacks increasingly recognized
- Hypertension, chronic kidney disease and liver disease
- Disability and social isolation common



^{1.} Bonkovsky, et al., Am J Med. 2014;127:1233-41. 2. Elder, et al., JIMD. 2013;36:849-57. 3. Szlendak U et al. Adv Clin Exp Med. 2016;25:361-8. 4. Ramanujam VS, Anderson KE. Curr Protoc Hum Genet. 2015;86:1-26. 5. Pischik and Kauppinen. Appl Clin Genet. 2015;8:201-14. 6. Bonkovsky, et al., Poster. Presented at the American Association for the Study of Liver Diseases; November 9-13, 2018, San Francisco, CA, USA. 7. Stewart. J Clin Pathol. 2012;65:976-80. 8. Simon, et al., Patient. 2018;11:527-37. 9. Naik, et al., Mol Genet Metab. 2016;119:278-83.

explore Natural History Study

Study Design

Observational, multinational, prospective natural history study

Key Eligibility Criteria

- Males or females ≥ 18 years old
- Diagnosis of AHP
 - Acute intermittent porphyria (AIP), hereditary coproporphyria (HCP) and variegate porphyria (VP)
- Recurrent attacks
 - 3+ attacks[^] within 12 months of screening or using hemin or GnRH analog prophylactically

Key Objectives

- Characterize natural history and current AHP management
 - Medical history and medication usage
 - Porphyria signs and symptoms
 - Biomarkers
 - Quality of life (QoL)

Part B ongoing and enrolling patients

- Eligibility criteria expanded to ≥ 1 attacks[^] within 12 months of screening
- Phone call every 3-6 months for 3 years; no clinic visits required

Part A Assessments

Screening Clinic Visit

Questionnaires
Physical Examination
Blood and Urine Samples

Month 2 and 4
Phone Call

Questionnaires
Mailed Urine Samples

Every 6 Month
Clinic Visit

Questionnaires
Physical Examination
Blood and Urine Samples

If having an attack^ – notify site, complete attack form and collect blood/urine samples

Patient Demographics and Baseline Characteristics

- 112 patients,13 countries (44% US), median follow-up 12 months (range: 9-12 months)
- Most patients were white/Caucasian females with AIP

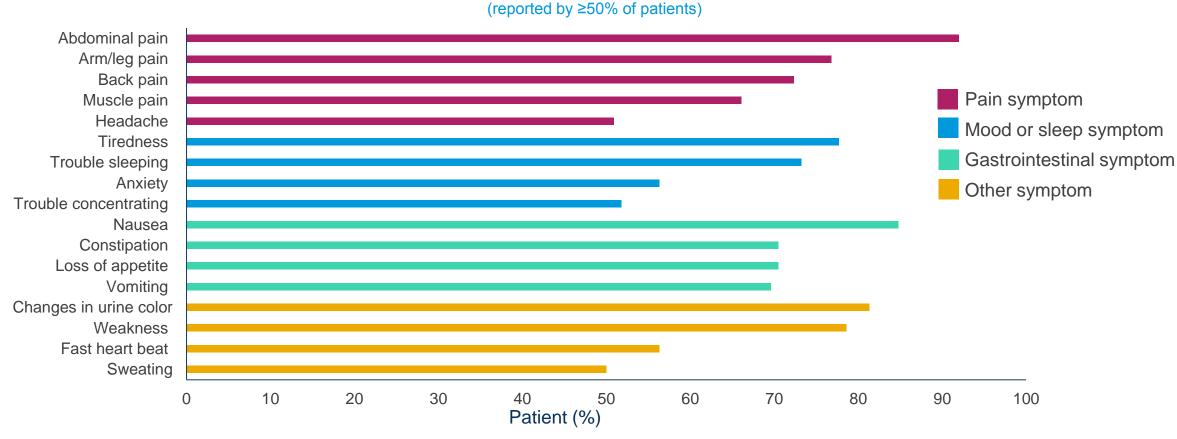
Characteristic	EU (n=63)	US (n=49)
Mean age, years	41 (13)	37 (12)
Female, n (%)	55 (87)	45 (92)
Race, n (%)		
White/Caucasian	52 (83)	43 (88)
Asian	0	3 (6)
Black/African American	0	3 (6)
Not answered	11 (18)	0
Height, cm	166	165
BMI, kg/m ²	24	26
AHP subtype, n (%)		
Acute intermittent porphyria	61 (97)	43 (88)
Variegate porphyria	2 (3)	3 (6)
Hereditary coproporphyria	0	3 (6)

Data are mean (SD) unless otherwise stated AHP, acute hepatic porphyria; BMI, body mass index; SD, standard deviation

Attack Frequency and Common Attack Symptoms at Baseline

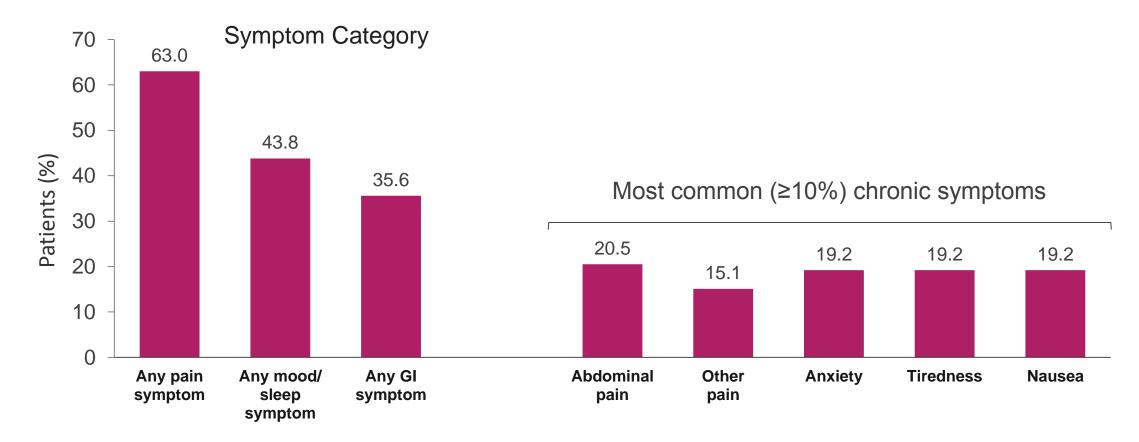
- Mean (S.) attack number in prior 12 months of 9.0 (10.6) for EU patients and 9.7 (9.2) for US patients
 - ~35% of attacks required hospitalization, with similar rate in EU and US (3.2 and 3.5, respectively)
- Abdominal pain most prominent symptom experienced during attacks

Patient Questionnaire: "Symptoms that are always or usually associated with a porphyria attack" (n=112)¹



Patient-reported Chronic Symptoms at Baseline

- Chronic symptoms between attacks reported by 65% (n=73/112) of patients; occurred more frequently in US than EU patients (71.4% and 60.3%, respectively)
- Among patients with chronic symptoms, 71% (n=52/73) reported daily¹ symptoms
- Similar to porphyria attacks, most common chronic symptom was pain

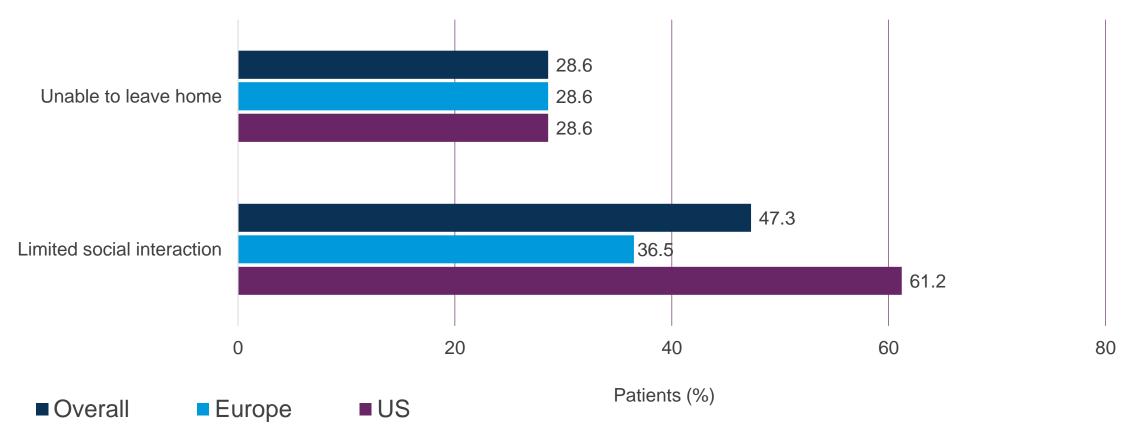


^{1.} Gouya L et al. Oral presented at *EASL* 2018. 2.Ventura P et al. Poster presented at *EASL* 2019. Chronic symptoms are those occurring during asymptomatic periods

Impact of Disease on Daily Life at Baseline

Disease-Related Social Limitations

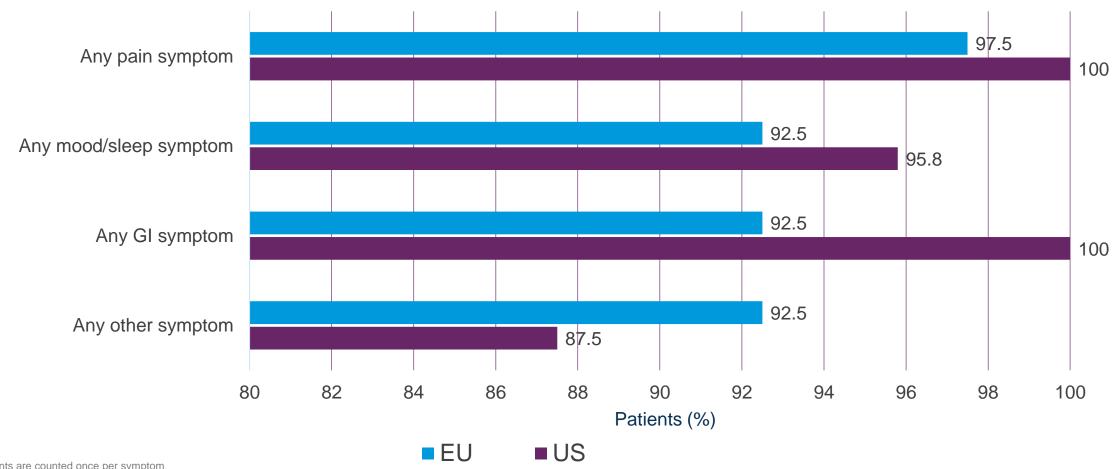
- 28.6% of both EU (18/63) and US patients (14/49) reported being home-bound
- 36.5% of EU patients (23/63) and 61.2% of US patients (30/49) had limited social interactions in the prior 12 months



On-Study Symptoms During Attacks

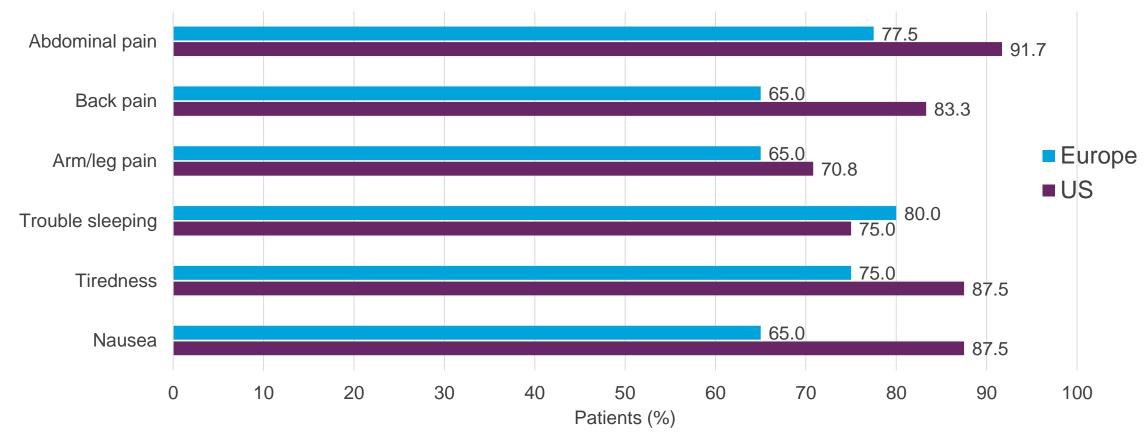
Attack Symptoms

During attacks on study, patients in EU and US reported similar symptom constellations



Commonly (>70%) Reported Symptoms During Attacks

- Abdominal pain most common attack symptom
 - Other pain symptoms: muscle (EU: 47.5%; US: 66.7%), headache (EU: 45.0%; US: 62.5%), skin (EU: 22.5%; US: 29.2%), and other pain (EU: 25.0%; US: 33.3%)
- In general, a greater proportion of US patients reported attack symptoms than EU patients



Summary

Baseline Characteristics

- Overall, patients with AHP experiencing ongoing attacks in the EU and US showed similar attack rates and similar symptoms in the acute and chronic setting
 - Most common attack symptoms included pain (abdomen, back, or arm/leg), nausea, change in urine color and tiredness
 - Most common chronic symptoms included pain, anxiety, tiredness and nausea
- Patients reported negative impacts on daily life from AHP, including limited social interactions and being home-bound

On Study Results

 This study demonstrates that a large proportion of patients with AHP experiencing ongoing attacks in the EU and the US have chronic symptoms that likely also contributes to their impaired daily functioning

Next Steps

EXPLORE Part B is ongoing in 22 active sites, 13 countries with ~100 patients

• Expanding to more countries and broader patient population (e.g., ≥ 1 attacks within prior 12 mo, adolescents, ADP patients)

Acknowledgements



Thank you to the patients and their families who contributed to this study and to the Patient Organizations for their support.

Funding: This study is sponsored by Alnylam Pharmaceuticals.