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Disclosures

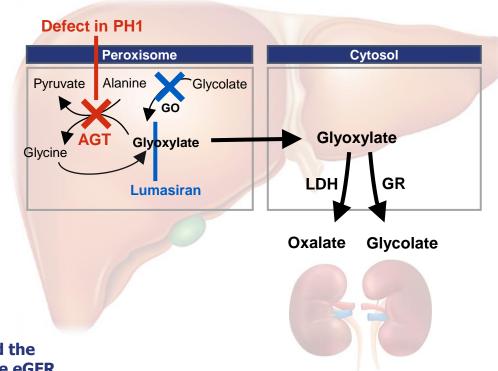
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Primary Hyperoxaluria Type 1 and Lumasiran

- PH1 is a rare genetic disorder characterized by hepatic oxalate overproduction due to a deficiency in the hepatic peroxisomal enzyme AGT^{1,2}
- Approximately half of patients with PH1 progress to kidney failure by early adulthood, and nearly all by age 60 years^{3,4}
- Lumasiran, a subcutaneously administered RNAi therapeutic approved for the treatment of PH1 in all age groups, decreases hepatic oxalate production by inhibiting the production of GO⁵⁻⁷
- In clinical trials, treatment with lumasiran resulted in substantial reductions in urinary and plasma oxalate in pediatric and adult patients, with an acceptable safety profile; eGFR remained stable with lumasiran treatment⁸⁻¹¹

This analysis of pooled data from patients with PH1 and an eGFR of ≥30 mL/min/1.73m² enrolled in clinical trials of lumasiran evaluated the changes in kidney function in patient subgroups stratified by baseline eGFR



^{1.} Cochat P, Rumsby G. *N Engl J Med.* 2013;369:649-58; 2. Milliner DS, et al. *GeneReviews*®. Available from: https://www.ncbi.nlm.nih.gov/books/NBK1283; 3. Hopp K, et al. *J Am Soc Nephrol.* 2015;26:2559-70; 4. Harambat J, et al. *Kidney Int.* 2010;77:443-9; 5. OXLUMO (lumasiran) [prescribing information]. Cambridge, MA: Alnylam Pharmaceuticals, Inc.; 2020; 6. OXLUMO (lumasiran) [summary of product characteristics]. Alnylam Netherlands B.V.; 2020; 7. Liebow A, et al. *J Am Soc Nephrol.* 2017;28:494-503; 8. Frishberg Y, et al. *Clin J Am Soc Nephrol.* 2021; in press; 9. Garrelfs SF, et al. *N Engl J Med.* 2021;384:1216-26; 10. Saland J, et al. Presented at: Annual Meeting of the American Society of Nephrology; October 22-25, 2020; 11. Deschênes G, et al. Presented at: Annual Meeting of the American Society of Nephrology; October 22-25, 2020. AGT, alanine-glyoxylate aminotransferase; eGFR, estimated glomerular filtration rate; GO, glycolate oxidase; GR, glyoxylate reductase/hydroxypyruvate reductase; LDH, lactate dehydrogenase; PH1, primary hyperoxaluria type 1; RNAi, ribonucleic acid interference.



Pooled Analysis by Baseline eGFR Subgroup

 Data in this analysis were from 75 patients with PH1 (age ≥12 months^a) enrolled in lumasiran studies; 46 were treated with lumasiran from the start of the study through the Month 12 visit

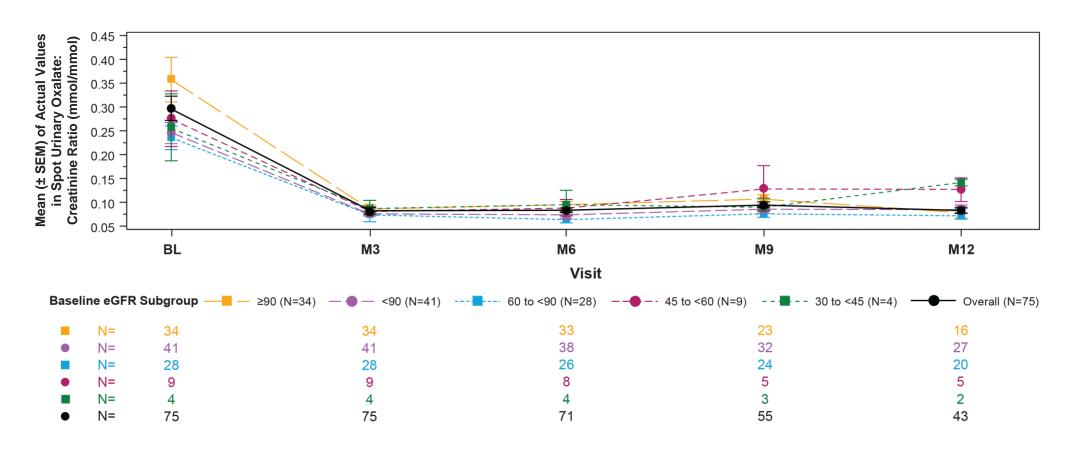
Study	Phase 2 Open-Label Extension (N=20)	Phase 3 ILLUMINATE-A (N=39)	Phase 3 ILLUMINATE-B (N=16) ^a
Study design	Long-term extension of Phase 1/2 study; up to 54 months of dosing	6-month, double-blind, placebo- controlled primary analysis period followed by a long-term extension period of up to 54 months	Single-arm, open-label study with a 6-month primary analysis period followed by a long-term extension period of up to 54 months
Patients	 Patients with PH1 who completed the Phase 1/2 study, part B Age 6 to 64 years eGFR >45 mL/min/1.73m² 	 Patients with PH1 Age ≥6 years eGFR ≥30 mL/min/1.73m² 	 Patients with PH1 Age ≥12 months^a to <6 years eGFR >45 mL/min/1.73m²

- eGFR calculated based on the Modification of Diet in Renal Disease Study equation for patients ≥18 years or the Schwartz Bedside equation for patients ≥12 months and <18 years^{1,2}
- Baseline eGFR subgroups analyzed: \geq 90, <90, 60 to <90, 45 to <60, and 30 to <45 mL/min/1.73m²

Spot Urinary Oxalate: Creatinine by eGFR Subgroup

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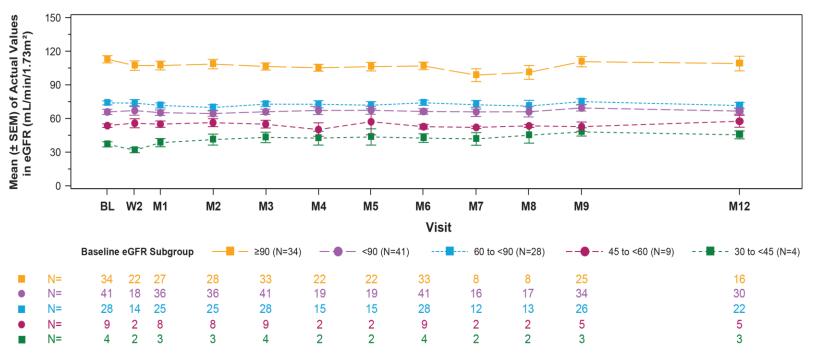
Treatment With Lumasiran Resulted in Substantial Reductions in Spot Urinary Oxalate: Creatinine Ratios, Regardless of Kidney Function at Baseline





eGFR Over Time by eGFR Subgroup

eGFR Remained Stable With Lumasiran Treatment Through Month 12 in All eGFR Subgroups



eGFR, mL/min/1.73m ²			
Baseline eGFR subgroup	Mean change (95% CI) from baseline to Month 12		
≥90 (N=16)	-1 (-8, 6)		
<90 (N=30)	0 (-3, 3)		
60 to <90 (N=22)	-2 (-5, 1)		
45 to <60 (N=5)	3 (-8, 14)		
30 to <45 (N=3)	9 (7, 11)		



Conclusions

- Patients with PH1 had stable kidney function over time with lumasiran treatment, regardless
 of kidney function at baseline
- Given the progressive kidney function decline that is characteristic of PH1, the eGFR stability observed during 12 months of treatment with lumasiran is encouraging
- Treatment with lumasiran resulted in substantial reductions in urinary oxalate across patient subgroups with various degrees of kidney function impairment at baseline
- Kidney function will continue to be monitored for the duration of the lumasiran clinical trials

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