

Eplontersen in hereditary ATTR-polyneuropathy: Week 66 final analysis of the phase 3 NEURO-TTRansform study

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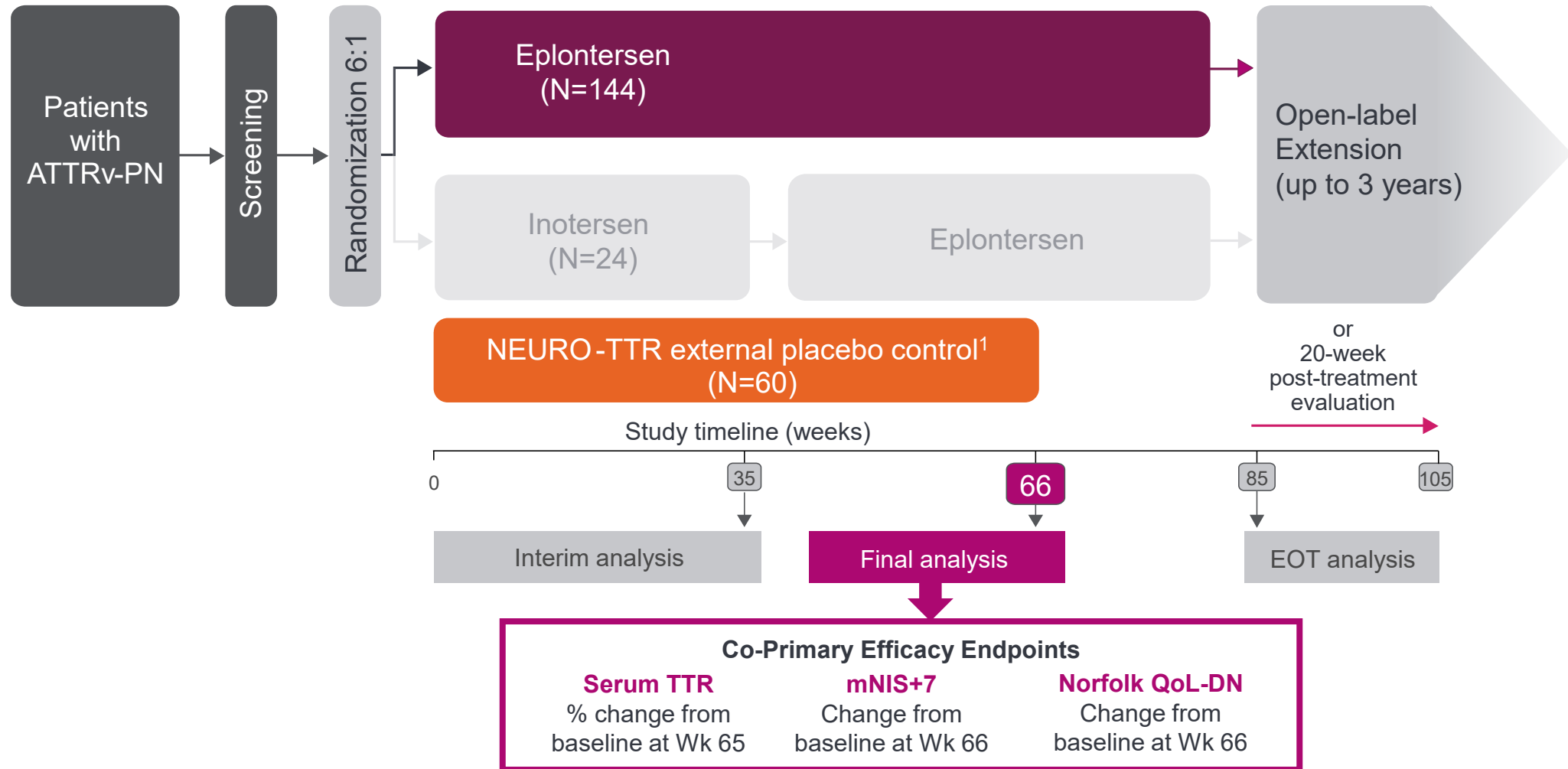
Presenting Author's Disclosures

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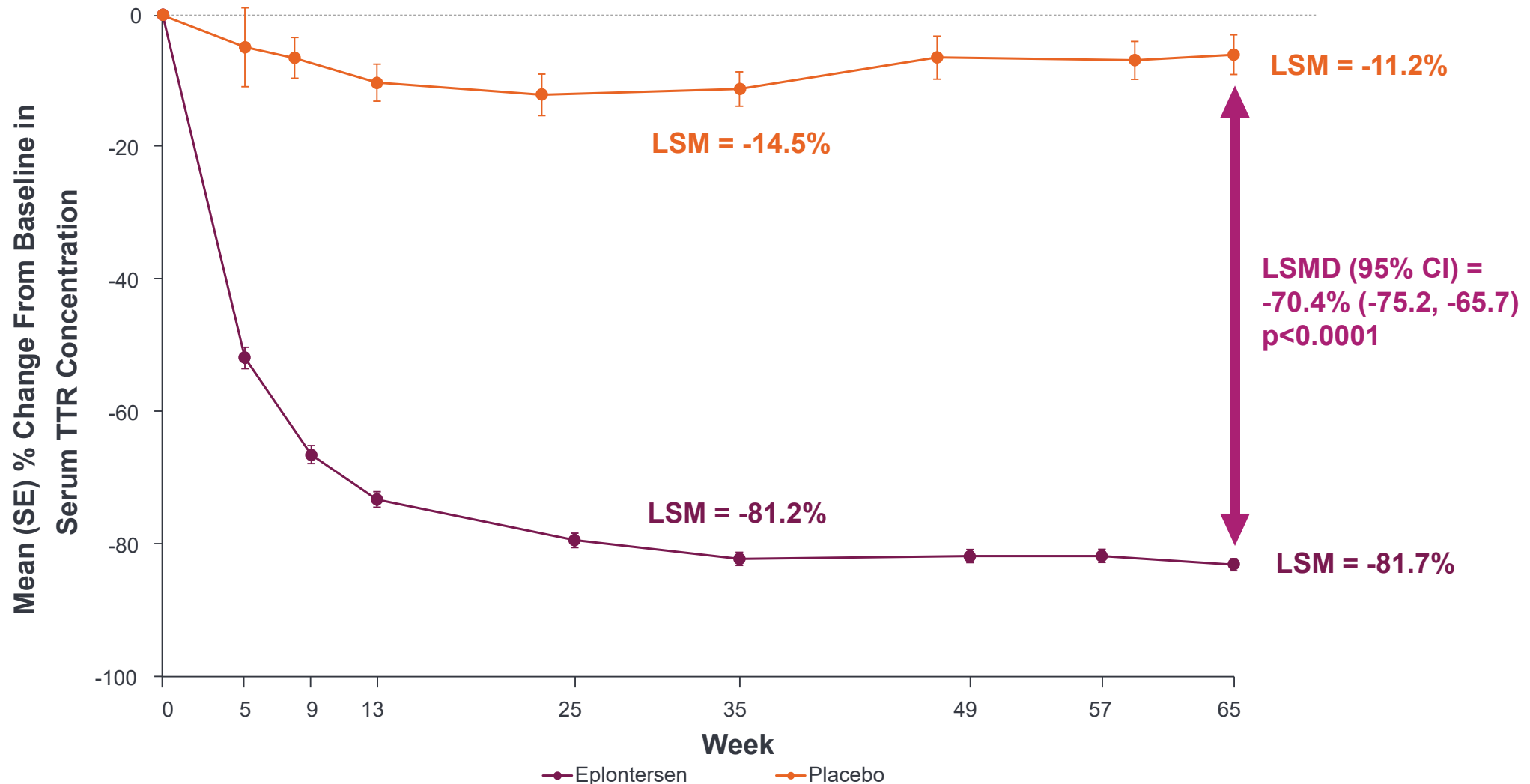
- Consultant to Ionis, Alnylam, SOBI, Pfizer, and Eidos

NEURO-TTRansform Study Design

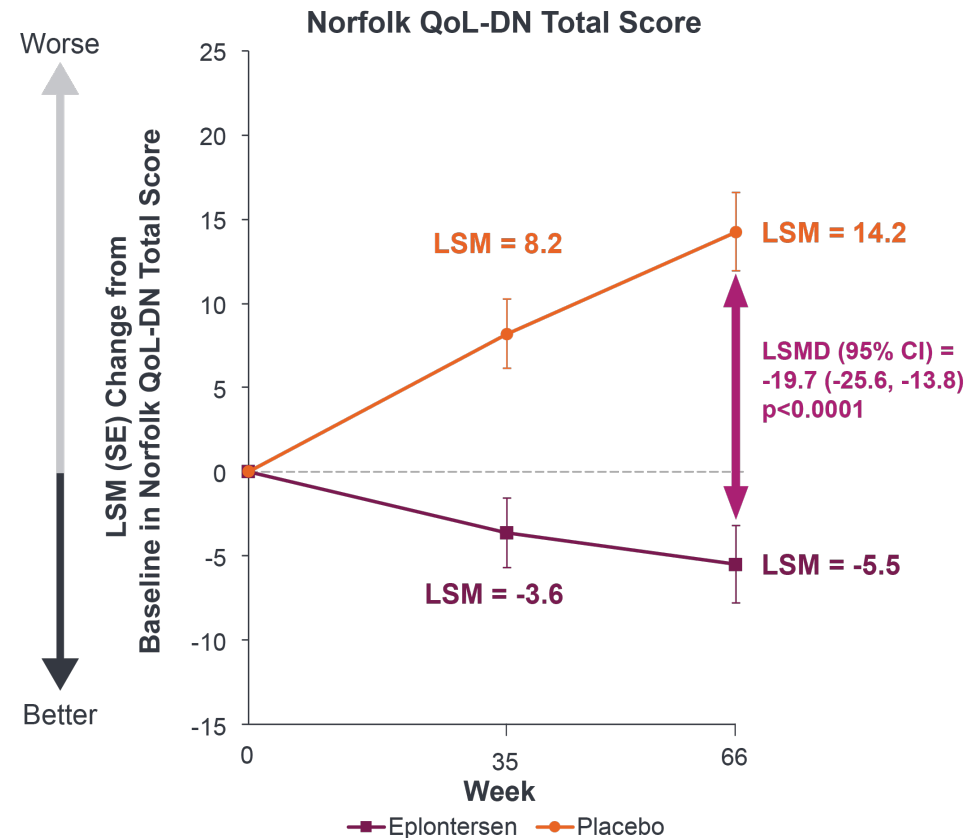
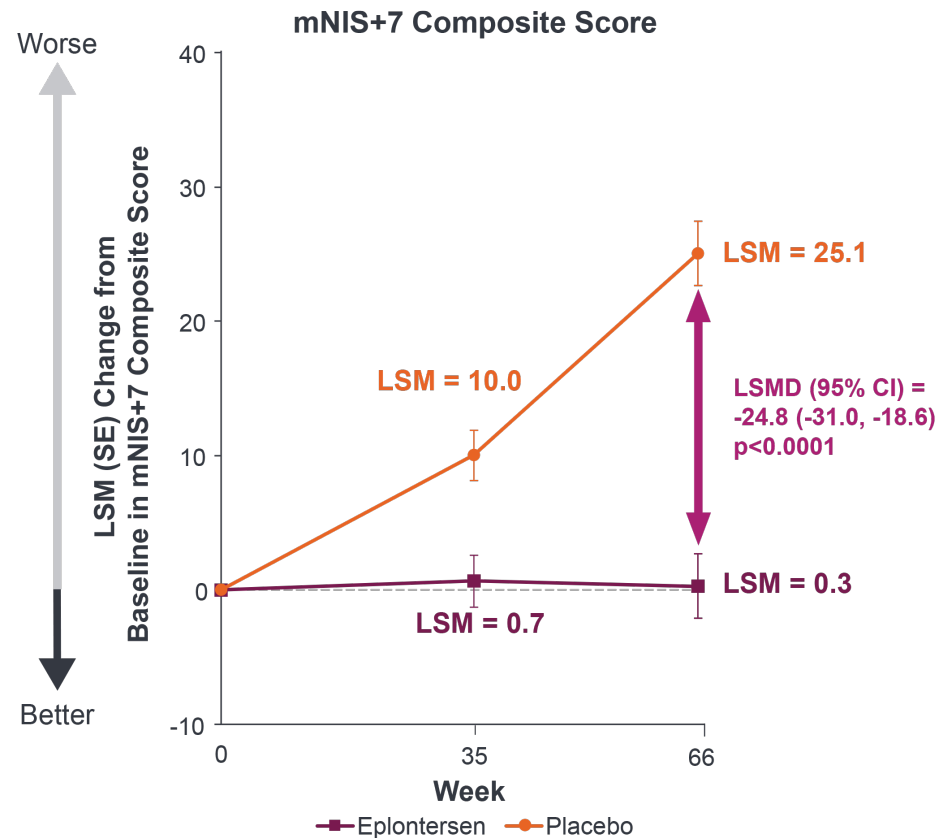


- The external placebo control from NEURO-TTR¹ was appropriate because of similar eligibility criteria and endpoints
- Baseline demographics and clinical characteristics were generally well balanced between eplontersen and external placebo control

Significant and Sustained Reduction in TTR Concentration From Baseline With Eplontersen Compared With Placebo



Eplontersen Halted Progression of Neuropathy Impairment and Significantly Improved Quality of Life vs Placebo at Week 66



Final Analysis

- Eplontersen treatment effect was consistent across prespecified subgroups as well as for mNIS+7 components and Norfolk QoL-DN domains at Week 66
- Eplontersen resulted in statistically significant improvements in all secondary endpoints at Week 66 compared with placebo

Eplontersen was Well Tolerated and Demonstrated an Acceptable Safety Profile at Week 66

- Eplontersen and placebo had comparable incidences of TEAEs, including those related to study drug and leading to treatment discontinuation
- No TEAEs of special interest led to study drug discontinuation
- No SAEs were related to study drug
- 2 deaths occurred in the eplontersen group prior to the interim analysis, both related to known sequelae of ATTR amyloidosis¹⁻⁵ and neither assessed as study drug–related

Incidence, n (%)	Placebo	Eplontersen
N	60	144
Any TEAE	60 (100)	140 (97.2)
Related to study drug	23 (38.3)	53 (36.8)
Leading to study drug discontinuation	2 (3.3)	5 (3.5)
TEAE of special interest	12 (20.0)	41 (28.5)
Ocular events potentially related to Vit A deficiency	9 (15.0)	39 (27.1)
Thrombocytopenia	1 (1.7)	3 (2.1)
Glomerulonephritis	2 (3.3)	0
Other TEAE of interest	47 (78.3)	87 (60.4)
Any serious TEAE	12 (20.0)	21 (14.6)
Related to study drug	1 (1.7)	0
Fatal TEAE	0	2 (1.4)
Related to study drug	0	0

Conclusions

- In patients with ATTRv-PN, eplontersen treatment resulted in clinically and statistically significant benefits through Week 66 compared with placebo
 - Sustained reduction in serum TTR concentration
 - Halted progression of neuropathy impairment
 - Improved patient quality of life
- These findings are further supported by statistically significant improvements in all secondary endpoints at Week 66 compared with placebo
- Eplontersen was well tolerated and demonstrated an acceptable safety profile
- Long-term safety and tolerability data are being assessed in the open-label extension study



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