

# Lumasiran for Primary Hyperoxaluria Type 1: Analysis of Urinary Oxalate and eGFR Over Time in Patients With and Without Baseline Pyridoxine Use

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## Conclusions

- In a post hoc analysis of long-term data from a Phase 2 and two Phase 3 trials:
  - After initiation of lumasiran, the B6-use and non-B6-use groups achieved similar rapid and sustained reductions in 24-hour UOx or spot UOx:Cr over time
  - The eGFR remained stable over time during lumasiran treatment, regardless of baseline B6 use
- Mean changes from baseline in eGFR for both B6-use and non-B6-use groups were minimal over 30 to 36 months
- This analysis provides additional evidence that lumasiran confers a UOx reduction benefit in patients on a stable regimen of vitamin B6

## Introduction

- PH1 is a rare autosomal recessive disorder characterized by overproduction of hepatic oxalate, which can lead to chronic kidney disease and systemic complications that can be life-threatening.<sup>1,2</sup>
- Lumasiran is an RNA interference therapeutic that reduces hepatic oxalate overproduction in patients with PH1 by reducing glycolate oxidase levels in the hepatocyte.<sup>3</sup>
- Sustained reductions in UOx have been demonstrated in multiple clinical trials of lumasiran.<sup>4-9</sup>
- Vitamin B6 (B6; pyridoxine) can reduce hepatic oxalate production in patients who have pyridoxine-responsive gene variants.<sup>2,10</sup>
- In the ILLUMINATE-A trial (NCT03681184) of lumasiran in patients with PH1 ≥6 years of age, the observed reduction in 24-hour UOx from baseline to 6 months was similar in patients with and without baseline B6 use.<sup>5</sup>
- Here, we present up to 3 years of UOx and kidney function results based on baseline B6 use for one Phase 2 and two Phase 3 trials.

## Methods

- We performed a post hoc analysis of data from 3 lumasiran clinical trials to evaluate changes in UOx and eGFR in patients with and without baseline B6 use (Table 1).

**Table 1. Lumasiran Clinical Trials in Post Hoc B6 Analysis**

	Phase 2 <sup>a</sup>	ILLUMINATE-A <sup>5</sup>	ILLUMINATE-B <sup>9</sup>
<b>ClinicalTrials.gov identifier</b>	NCT03350451	NCT03681184	NCT03905694
<b>Phase</b>	2	3	3
<b>Design</b>	Open-label extension study including patients from the single-blind, placebo-controlled Phase 1/2 trial (NCT02706886). <sup>4</sup> Part B (patients with PH1)	Randomized, double-blind, placebo-controlled study with extension period	Single-arm, open-label study with extension period
<b>Participants (N)</b>	20	39	18
<b>Inclusion criteria</b>	<ul style="list-style-type: none"> <li>Completed Phase 1/2 study, Part B</li> <li>PH1</li> <li>Age 6–64 years</li> <li>24-hour UOx excretion &gt;0.7 mmol/24h/1.73m<sup>2</sup></li> <li>eGFR ≥30 mL/min/1.73m<sup>2</sup></li> <li>eGFR &gt;45 mL/min/1.73m<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>PH1</li> <li>Age ≥6 years</li> <li>24-hour UOx excretion &gt;0.7 mmol/24h/1.73m<sup>2</sup></li> <li>eGFR ≥30 mL/min/1.73m<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>PH1</li> <li>Age &lt;6 years</li> <li>UOx:Cr greater than ULN for age</li> <li>eGFR &gt;45 mL/min/1.73m<sup>2</sup> if age ≥12 months or normal serum creatinine if age &lt;12 months</li> </ul>
<b>Status</b>	Completed	Completed	Active, not recruiting
<b>Data cutoff month</b>	M54	M36 data presented <sup>11</sup>	M30 data presented <sup>12</sup>
<b>Total duration</b>	Up to 54 months	Up to 60 months	Up to 60 months

- Patients were categorized by use of B6 at study baseline; UOx and eGFR data over time were analyzed by B6 use at baseline (yes: B6-use group; no: non-B6-use group).

## Results

- Demographic and baseline disease characteristics in the B6-use and non-B6-use groups are shown in Table 2.

**Table 2. Baseline Characteristics**

Baseline B6 use	Phase 2 <sup>a</sup> (N=20)		ILLUMINATE-A <sup>b</sup> (N=39)		ILLUMINATE-B (N=18)	
	Yes (N=13)	No (N=7)	Yes (N=22)	No (N=17)	Yes (N=11)	No (N=7)
<b>Age at consent, median (range), years</b>	11 (6-43)	14 (6-31)	11.5 (6-47)	19 (6-60)	4.5 (1-6)	3.4 (0-5)
<b>Female, n (%)</b>	9 (69)	4 (57)	7 (32)	6 (35)	5 (45)	5 (71)
<b>Race,<sup>c</sup> n (%)</b>						
<b>White</b>	11 (85)	4 (57)	16 (73)	14 (82)	10 (91)	6 (86)
<b>Asian</b>	2 (15)	2 (29)	4 (18)	2 (12)	0 (0)	0 (0)
<b>Other</b>	0 (0)	1 (14)	1 (5)	1 (6)	1 (9)	1 (14)
<b>More than 1 race</b>	0 (0)	0 (0)	1 (5)	0 (0)	0 (0)	0 (0)
<b>BMI, mean (SD), kg/m<sup>2</sup></b>	19.9 (5.2)	23.0 (6.5)	20.3 (5.8)	25.1 (6.0)	14.6 (1.8)	16.2 (1.6)
<b>Genotype category,<sup>d</sup> n (%)</b>						
<b>PR*</b>	2 (15)	0 (0)	11 (50)	6 (35)	3 (27)	0 (0)
<b>M/M or M/N</b>	7 (54)	3 (43)	6 (27)	4 (24)	6 (55)	4 (57)
<b>N/N</b>	4 (31)	4 (57)	5 (23)	7 (41)	2 (18)	3 (43)
<b>eGFR, mean (SD), mL/min/1.73m<sup>2</sup></b>	69.7 (16.9)	91.5 (24.8)	81.1 (27.8)	82.3 (26.3)	114.4 (33.1)	110.2 (17.4)

<sup>a</sup>In Phase 2 (patients with eGFR ≥45mL/min/1.73m<sup>2</sup>), age at consent was determined during the Phase 1 parent study. <sup>b</sup>In ILLUMINATE-A (patients with eGFR ≥30 mL/min/1.73m<sup>2</sup>), N=13 were randomized to placebo for the 6-month double-blind period and crossed over to lumasiran during the extension period; N=26 were randomized to lumasiran for the double-blind period and continued lumasiran during the extension period. <sup>c</sup>There were no patients in any of the 3 trials in the following race categories: Black or African American, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander. <sup>d</sup>PR was defined as NM\_000030.3(AGXT):c.508G>A (p.Gly170Arg) or NM\_000030.3(AGXT):c.454T>A (p.Phe152Ile). M and N were defined based on a publication by Mandtke et al.<sup>11</sup> categorized as unlikely to cause a complete lack of AGT protein production and assumed no AGT protein production, respectively. The asterisk (\*) denotes any genotype of PR, M, or N (M, missense; N, nonsense; PR, pyridoxine-responsive).

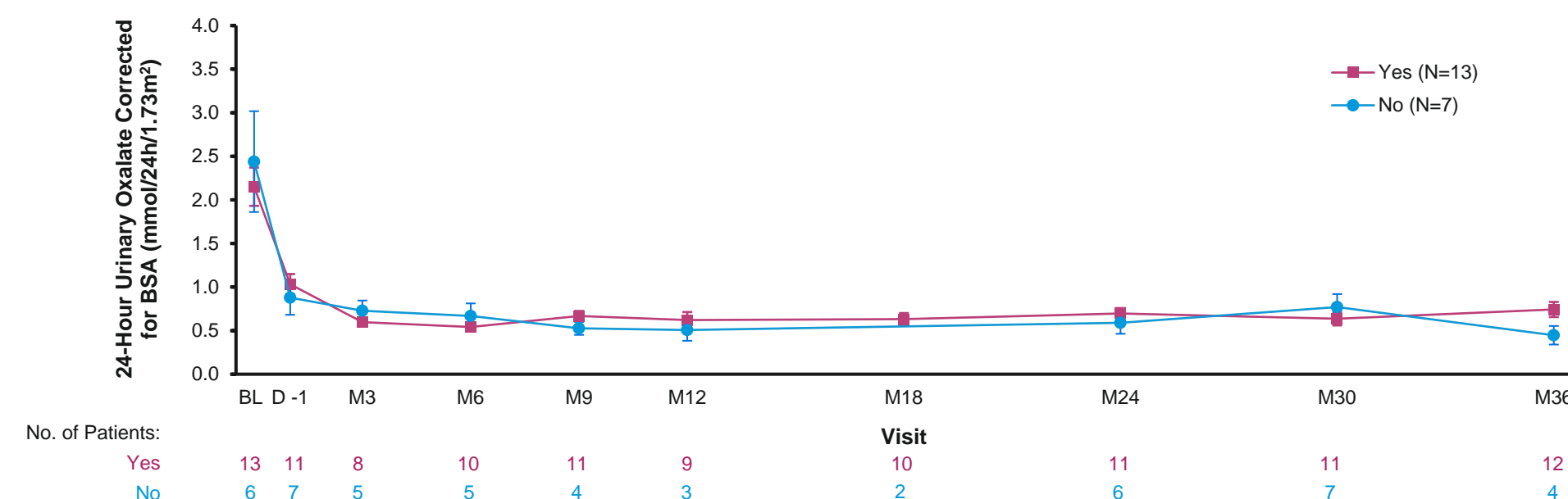
- Of patients with B6 use at baseline, 77%, 91%, and 55% remained on B6 at the latest data cutoff for Phase 2, ILLUMINATE-A, and ILLUMINATE-B, respectively; of patients not using B6 at baseline, none initiated it during the studies.
  - Overall, 10% to 44% of enrolled patients across the 3 studies had a B6-responsive genotype.
  - Most patients with a B6-responsive genotype were taking B6 at baseline (65%-100%).

## Urinary Oxalate

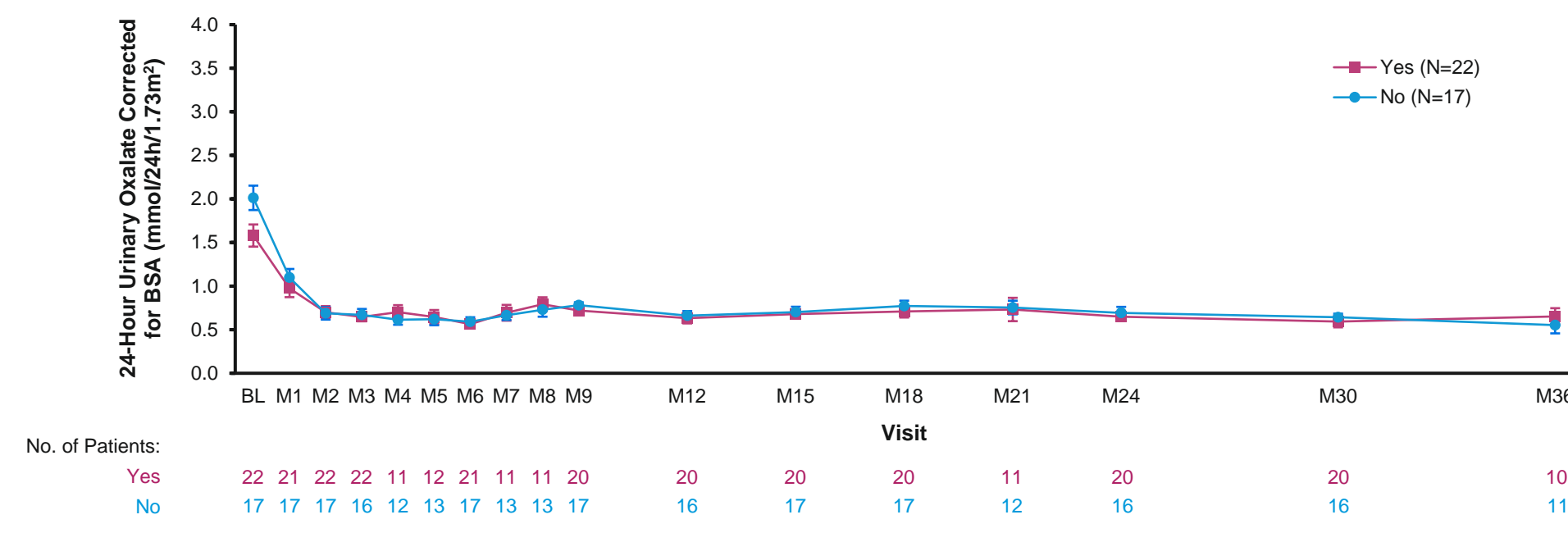
- The B6-use and non-B6-use groups both achieved similar rapid and sustained reductions in 24-hour UOx or spot UOx:Cr over time (Figure 1)

**Figure 1. Mean (SEM) Urinary Oxalate Over Time in Lumasiran Trial Data, by Baseline Pyridoxine (B6) Use (Yes/No)**

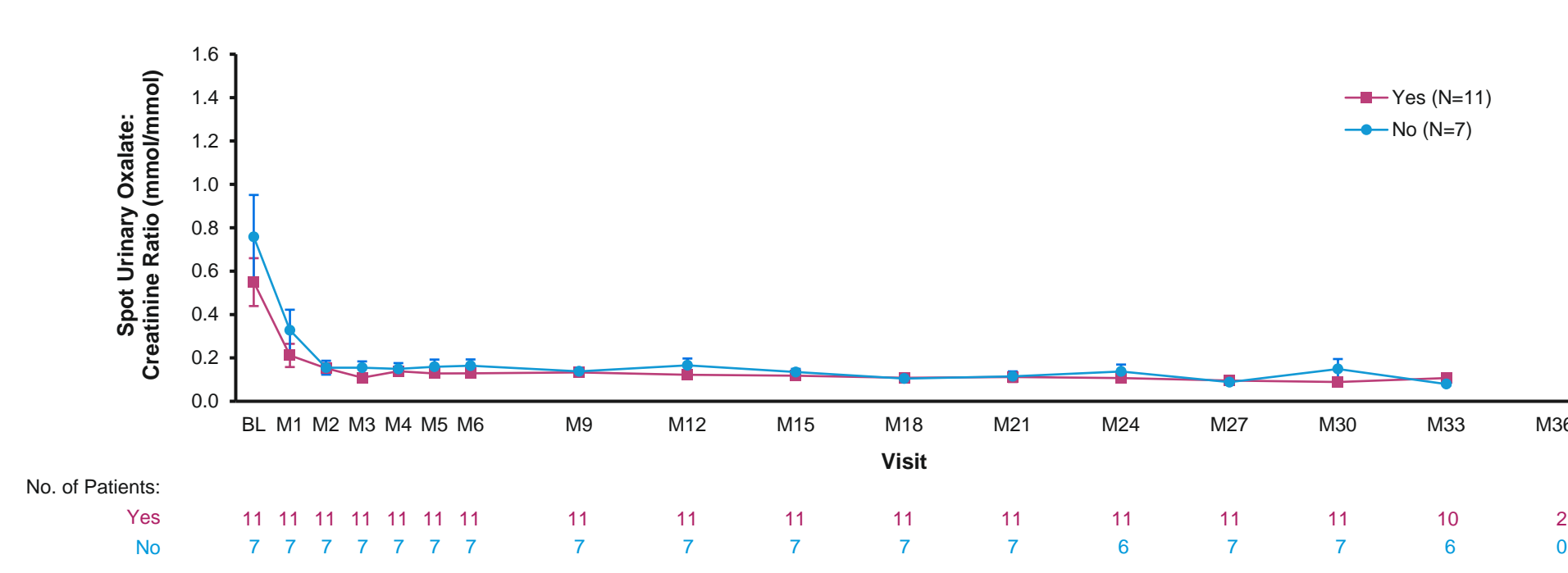
### A. Phase 2<sup>a</sup>



### B. ILLUMINATE-A<sup>b</sup>



### C. ILLUMINATE-B



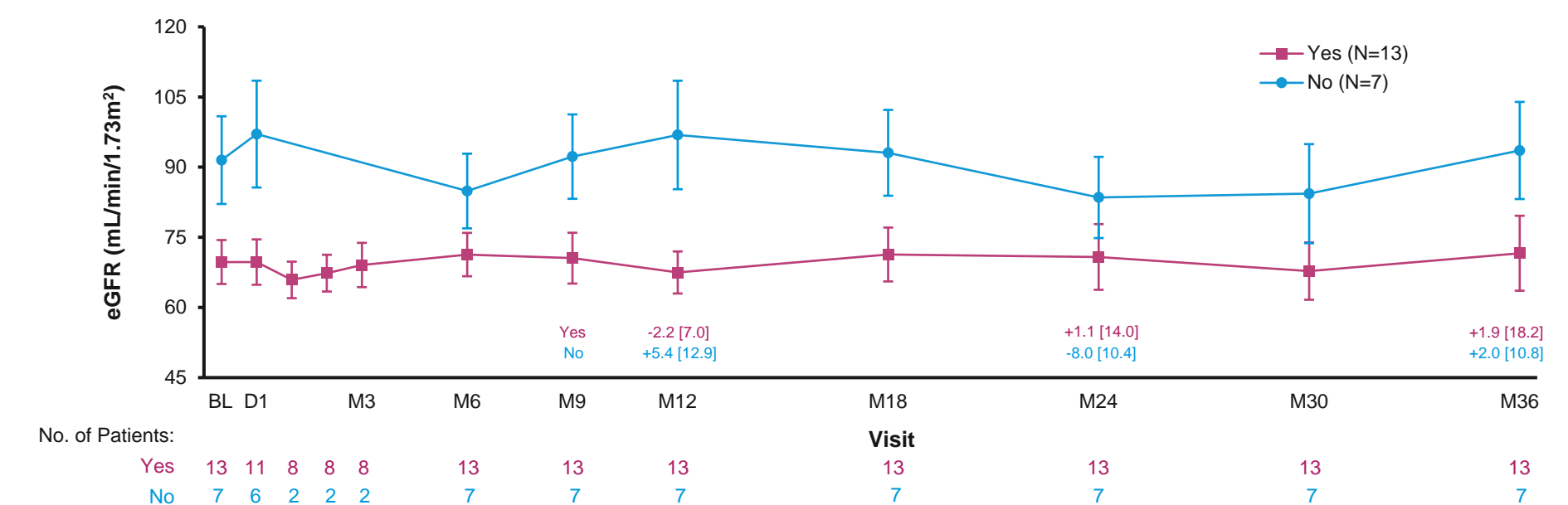
The mean and SEM are not displayed when the number of patients at the visit is <3. <sup>a</sup>In Phase 2, age at consent was determined during the Phase 1 parent study. <sup>b</sup>In ILLUMINATE-A, N=13 were randomized to placebo for the 6-month double-blind period and crossed over to lumasiran during the extension period; N=26 were randomized to lumasiran for the double-blind period and continued lumasiran during the extension period.

## eGFR

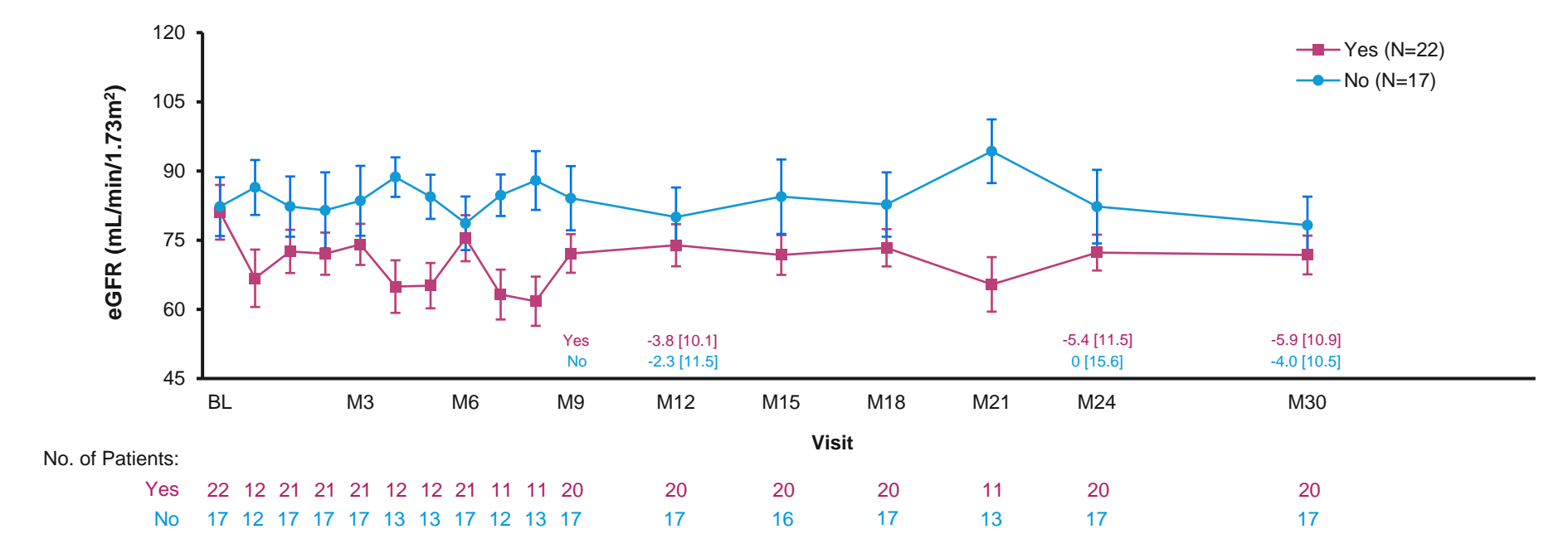
- In general, eGFR remained stable over time in both the B6-use and non-B6-use groups (Figure 2).

**Figure 2. Mean (SEM) eGFR Over Time in Lumasiran Trial Data, by Baseline Pyridoxine (B6) Use (Yes/No)**

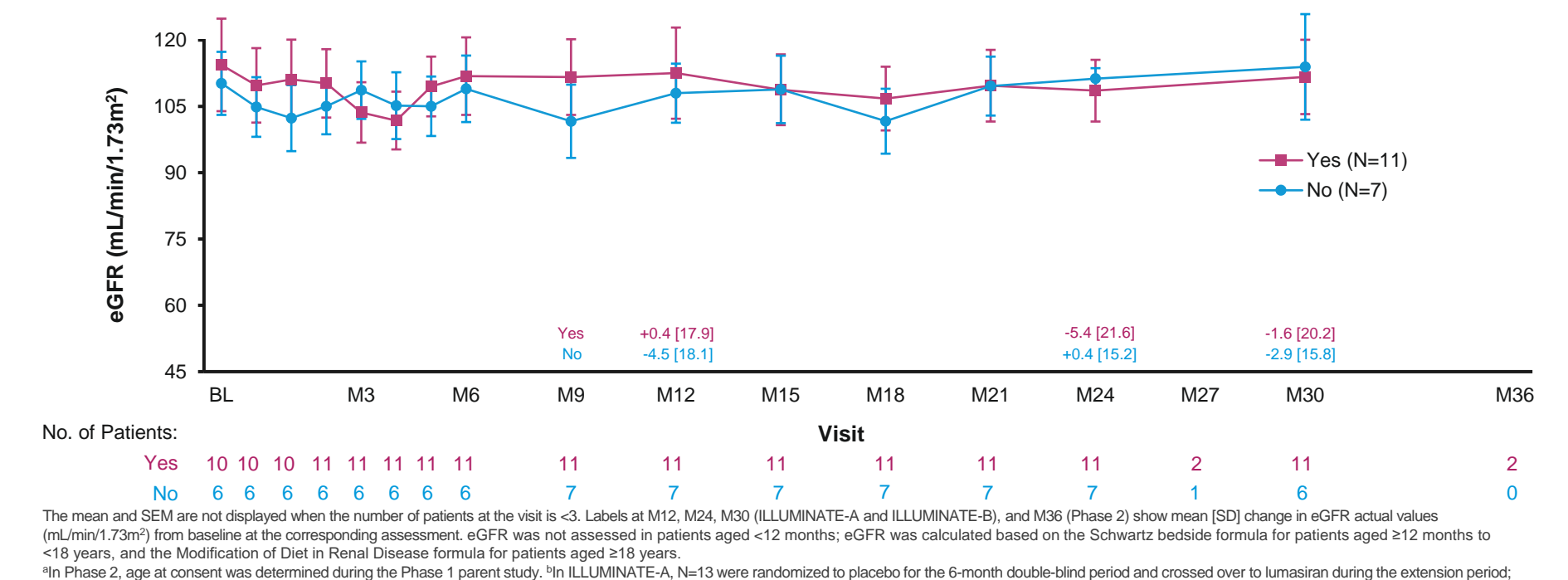
### A. Phase 2<sup>a</sup>



### B. ILLUMINATE-A<sup>b</sup>



### C. ILLUMINATE-B<sup>c</sup>



- Mean changes from baseline in eGFR at M12, M24, and M30/M36 were low (range, -8.0 to 5.4 mL/min/1.73m<sup>2</sup>) in B6-use and non-B6-use groups.
- In the Phase 2 study, eGFR levels were generally lower in patients with B6 use versus no B6 use at baseline.

**Limitations:** Interpretation of our results may be limited due to the post hoc nature of the analysis and the small sample size.

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**Abbreviations:** BL, baseline; BMI, body mass index; BSA, body surface area; D, day; eGFR, estimated glomerular filtration rate; ID, identifier; M, month; N, nonsense; PH1, primary hyperoxaluria type 1; POx, plasma oxalate; PR, pyridoxine-responsive; UOx, urinary oxalate; UOx:Cr, urinary oxalate:creatinine ratio; ULN, upper limit of normal.

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