## KARDIA-3 Study Design: Zilebesiran as Add-On Therapy in Patients with High Cardiovascular Risk and Hypertension Inadequately Controlled by Standard of Care Antihypertensives

For US HCPs Only

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Nonadherence to SoC daily oral regimens contributes to inadequate BP control

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Zilebesiran is an investigational RNA interference therapeutic targeting hepatic AGT synthesis with potential for biannual SC dosing

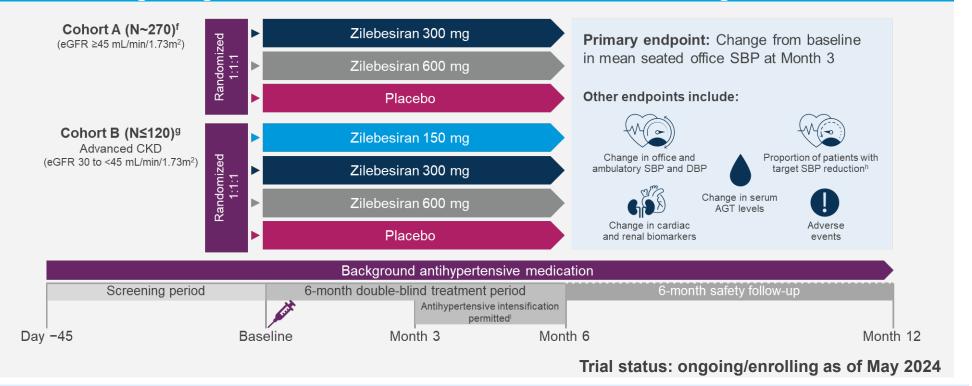


A single SC dose of zilebesiran significantly reduced 24-hour mean ambulatory and office Material Presented SBP from baseline to Month 3, with effects largely sustained to Month 6, compared with placebo when used as:

- monotherapy in KARDIA-1<sup>1,a</sup>
- add-on to SoC therapy in KARDIA-2<sup>2,b</sup>

## KARDIA-3° is evaluating a single SC dose of zilebesiran in adults with CVD or at high CV risk

- History of CVD and/or 10-year ASCVD risk >15% and/or eGFR 30<60 mL/min/1.73 m<sup>2</sup>
- Inadequate BP control with two to four antihypertensives:
- office SBPd 140-170 mmHa at screening
- ambulatory SBPe 130-170 mmHg before randomization



and Today 20035. and Summarized descriptively by treatment group. Mean SBP <140 mmHq (seated office SBP) or <130 mmHq (seated office SBP) or <130 mmHq (24-hr mean ambulatory SBP), or ≥10 mmHg reduction, and no intensification of antihypertensives. Antihypertensives way be intensified per investigator judgment. AGT, angiotensinogen; ASCVD, atherosclerotic cardiovascular disease; BP, blood pressure; CKD, chronic kidney disease; CV, cardiovascular; CVD, cardiovascular disease; DBP, diastolic blood pressure: eGFR, estimated glomerular filtration rate; hr. hour: Q6M, every 6 months; SBP, systolic blood pressure: SC, subcutaneous; SoC, standard of care, 1, Bakris GL et al. JAMA 2024;331;740–9, 2, Desai AS et al. Oral presentation 21475 presented at the American College of Cardiology Annual Scientific Session & Expo, April 7, 2024, Atlanta, GA, USA.