Persistent growth-promoting effects of vosoritide vin children with achondroplasia are accompanied by improvements in physical and social aspects of health-related quality of life

Adapted from: Savarirayan R, Irving M, Wilcox WR, Bacino CA, Hoover-Fong JE, Harmatz P, Polgreen LE, Mohnike K, Prada CE, Kubota T, Arundel P, Leiva-Gea A, Rowell R, Low A, Sabir I, Huntsman-Labed A, Day J

Genet Med. 2024.

doi: 10.1016/j.gim.2024.101274.

Epub ahead of print.

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> Achondroplasia.expert is organised and funded by BioMarin. This material has been developed in conjunction with the Achondroplasia.expert Editorial Committee.

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Background

- Evidence from Phase 2 and 3 clinical trials and extension studies demonstrated that vosoritide treatment lead to an improvement in AGV after 1 year in children with ACH compared to a placebo
 - This improvement in AGV is maintained at 3 years
- It is unknown whether children with ACH derive HRQoL benefits through the increased height and improved body proportionality achieved with vosoritide
 - These benefits take time to manifest, indicating the need for early initiation of vosoritide to achieve the maximum benefits from increased stature and proportionality
- This analysis focuses primarily on the results at 3-year follow up from an ongoing Phase 3 OLE study, with the aim of investigating the effect of vosoritide on HRQoL in children



Methods: OLE study following Phase 3 placebo-controlled study



*Children were required to have a clinical diagnosis of achondroplasia confirmed with genetic testing to be eligible for enrolment. †Children and/or caregivers completed QoLISSY at baseline and at 6 monthly intervals

ACH, achondroplasia; HRQoL, Health-related quality of life; OLE, Open-label extension; QD, Daily; QoLISSY, Quality of Life in Short Stature Youth. Savarirayan R, et al. Genet Med. 2024. doi: 10.1016/j.gim.2024.101274. Epub ahead of print.



Results: Patient characteristics





SD, standard deviation; vos, vosoritide Savarirayan R, et al. Genet Med. 2024. doi: 10.1016/j.gim.2024.101274. Epub ahead of print.

Results: Caregiver-reported QoLISSY change from baseline to year 3 (week 156)



Vosoritide demonstrated a positive effect on physical and social functioning,

particularly in children with more pronounced changes in height Z-score

Changes were greatest in participants with ≥1 SD increase in height Z-score

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Results: Self-reported QoLISSY change from baseline to year 3 (week 156)



Mean change from baseline

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Conclusions

- Results from this study suggest that 3 years of treatment with vosoritide may translate into improvements in the HRQoL of children with ACH, as shown by increased QoLISSY scores over time
- Changes were most marked in physical and social domain scores
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Vosoritide may improve self-reported and caregiver-reported QoLISSY physical and social scores compared to baseline, with the greatest increases being seen in participants with a ≥1 SD increase in height Z-score

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https://pubmed.ncbi.nlm.nih.gov/39305160/

Savarirayan et al. assessed the impact of vosoritide on growth-associated health-related quality of life (HRQoL) in children with achondroplasia. Data were gathered using the Quality of Life in Short Stature Youth (QoLISSY) questionnaire. Vosoritide improved self-reported and caregiver-reported QoLISSY physical and social scores, with the greatest increases being seen in participants with a \geq 1 SD increase in height Z-score.

A total of 121 children aged 5 to <18 years were enrolled in the 111-301 study. Of these, 119 proceeded to the 111-302 open-label extension study. All participants received vosoritide at a daily dose of 15 μ g/kg. At Year 3, improvements were noted in QoLISSY physical and social scores, with the greatest improvements observed in participants with ≥1 standard deviation increase in height Z-score. These results indicate that there are quality of life benefits related to improved height deficit in children with achondroplasia treated with vosoritide.

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