

FIG. 1

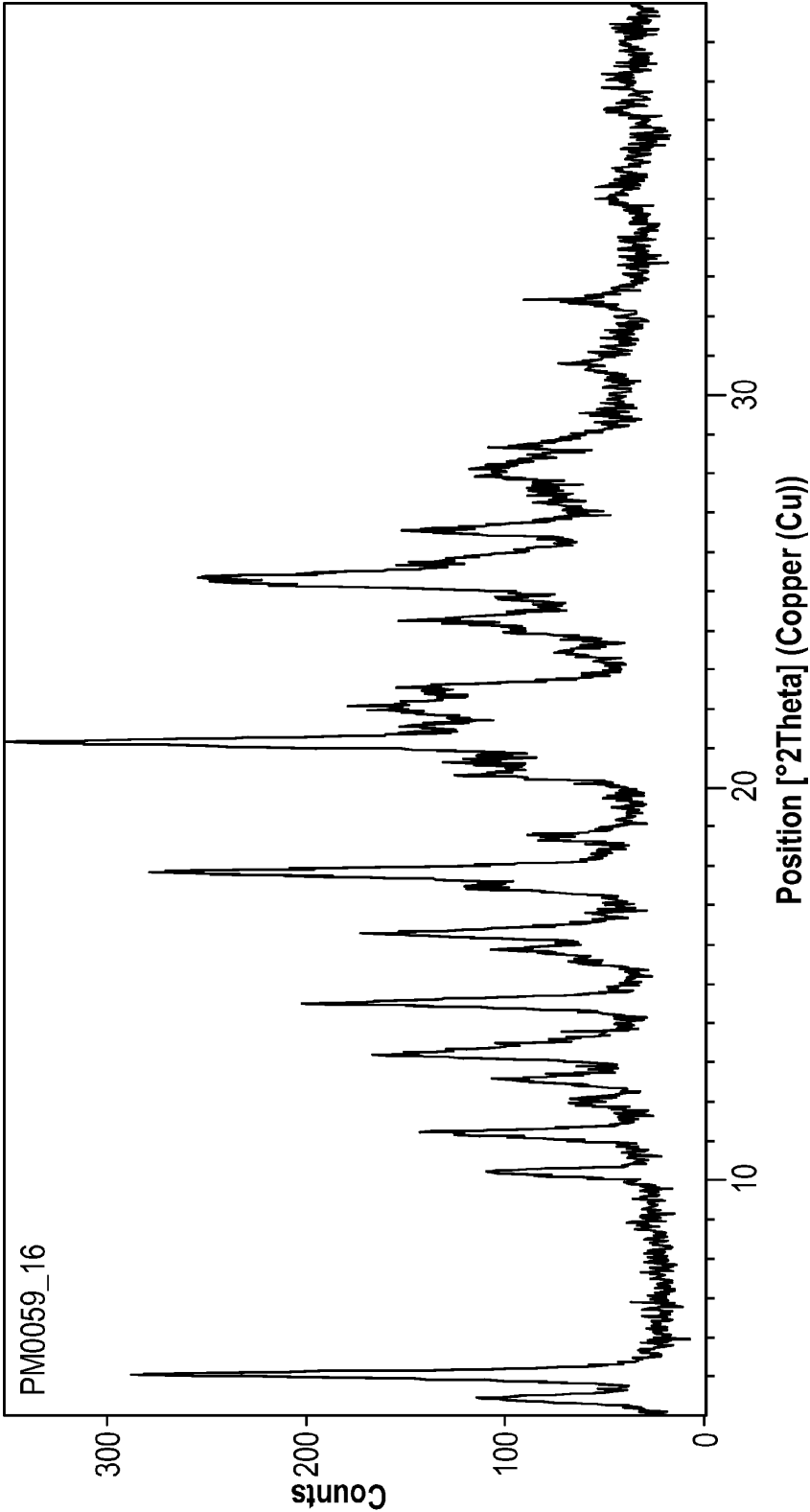


FIG. 2

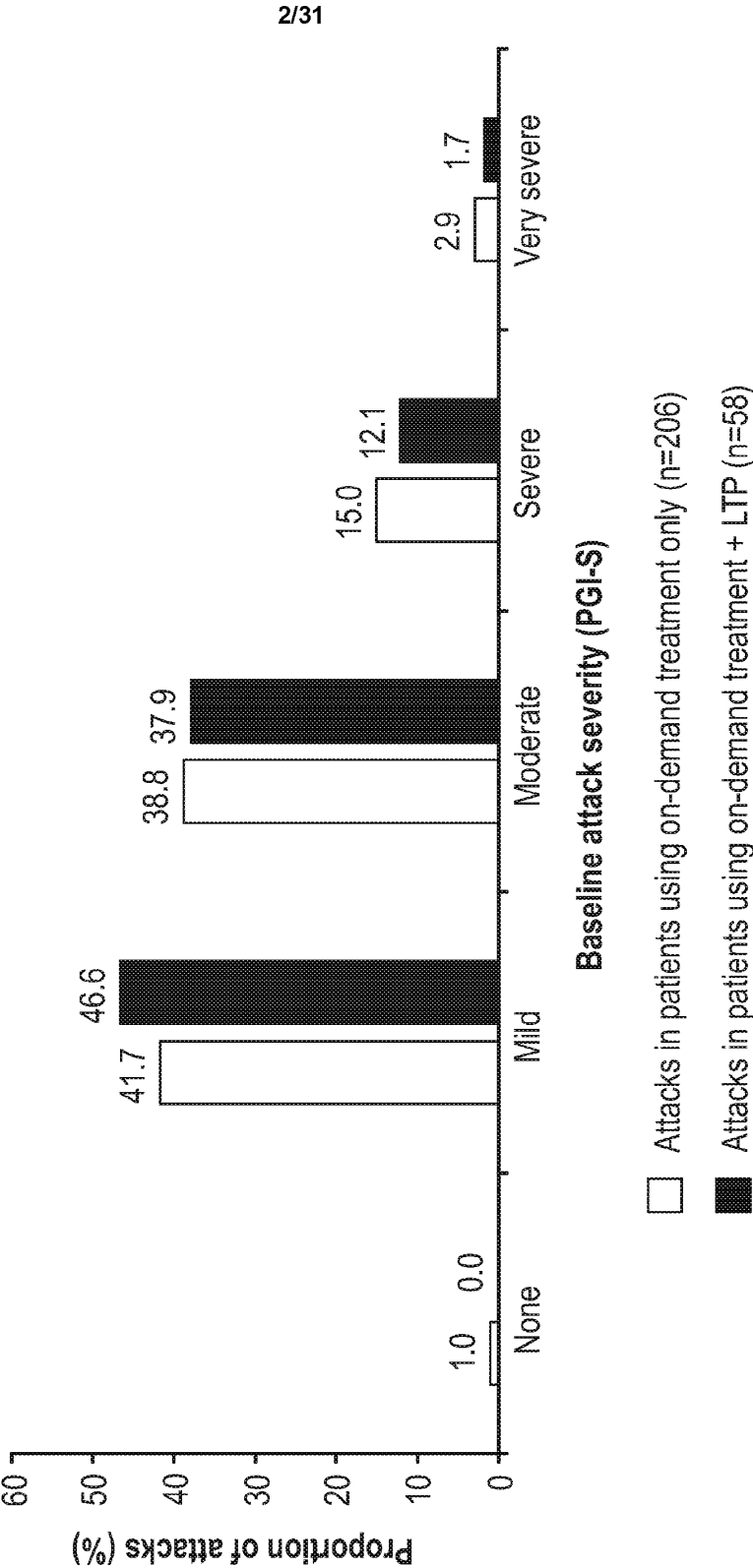
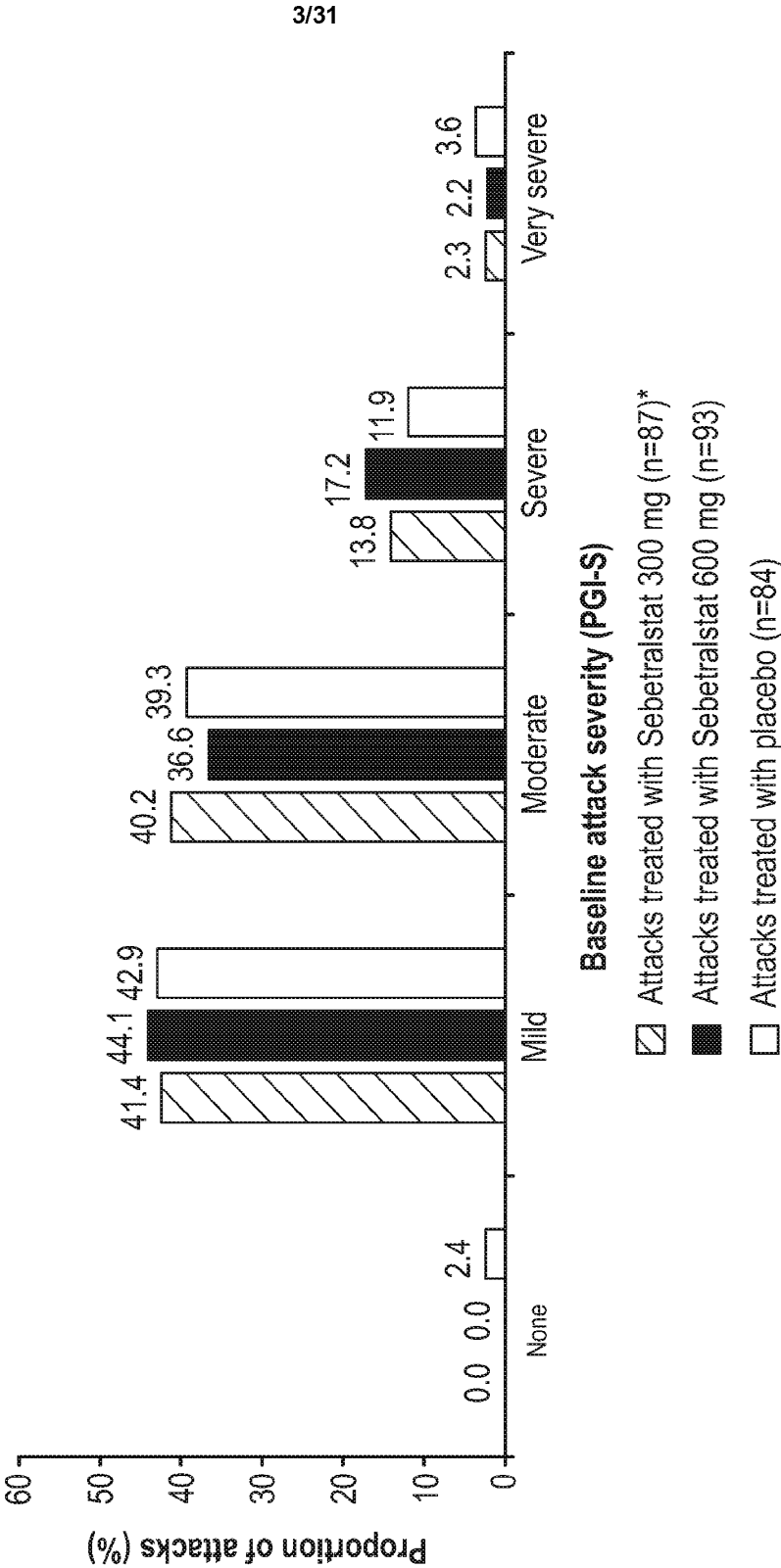


FIG. 3



*Baseline severity for 2 attacks not reported

FIG. 4

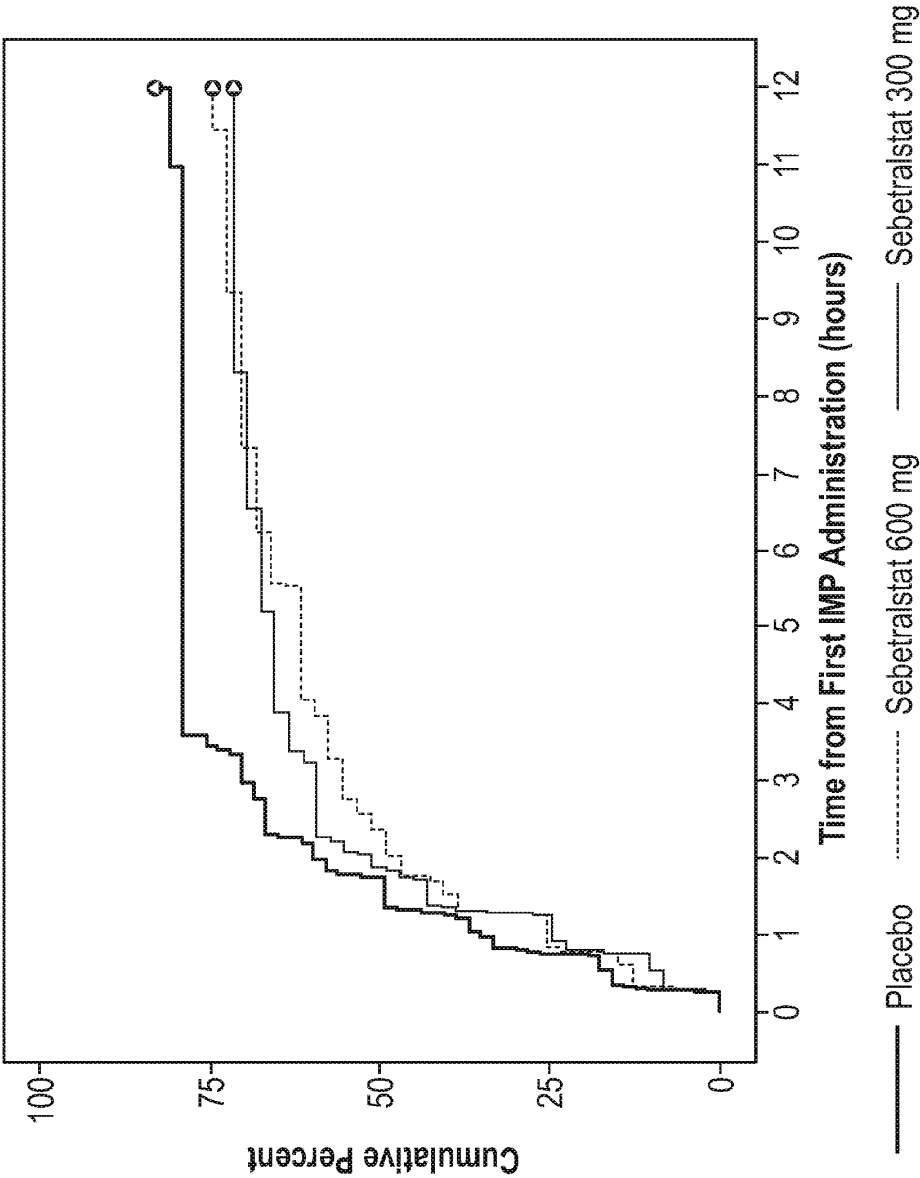


FIG. 5

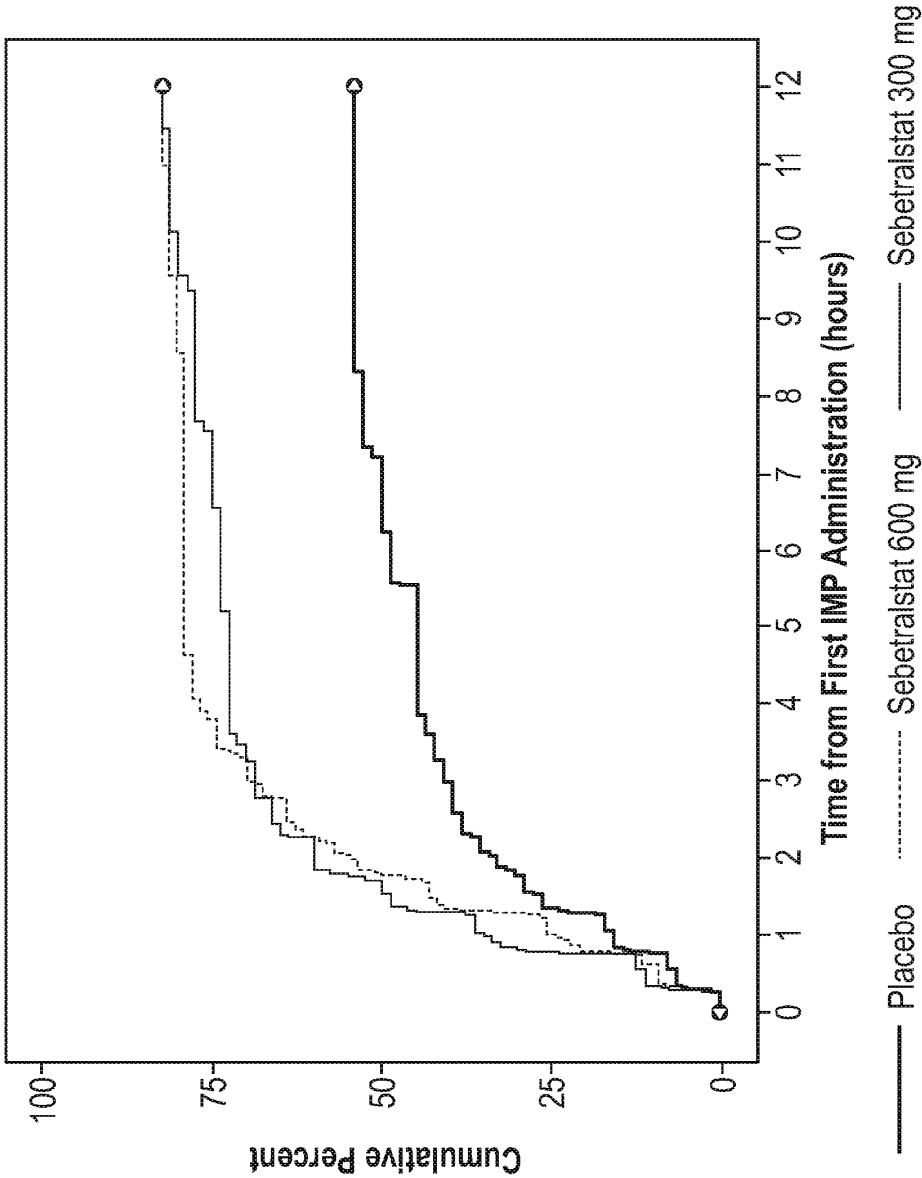


FIG. 6

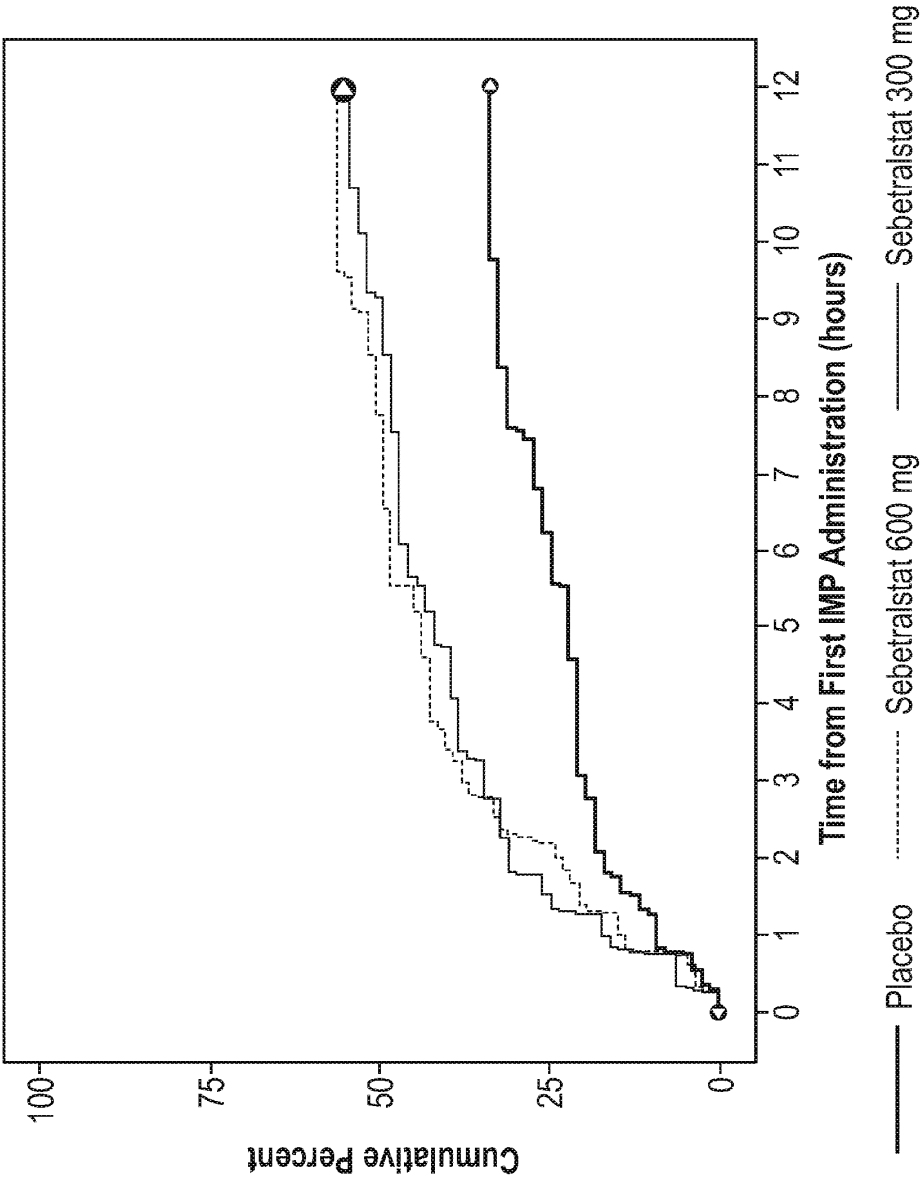


FIG. 7

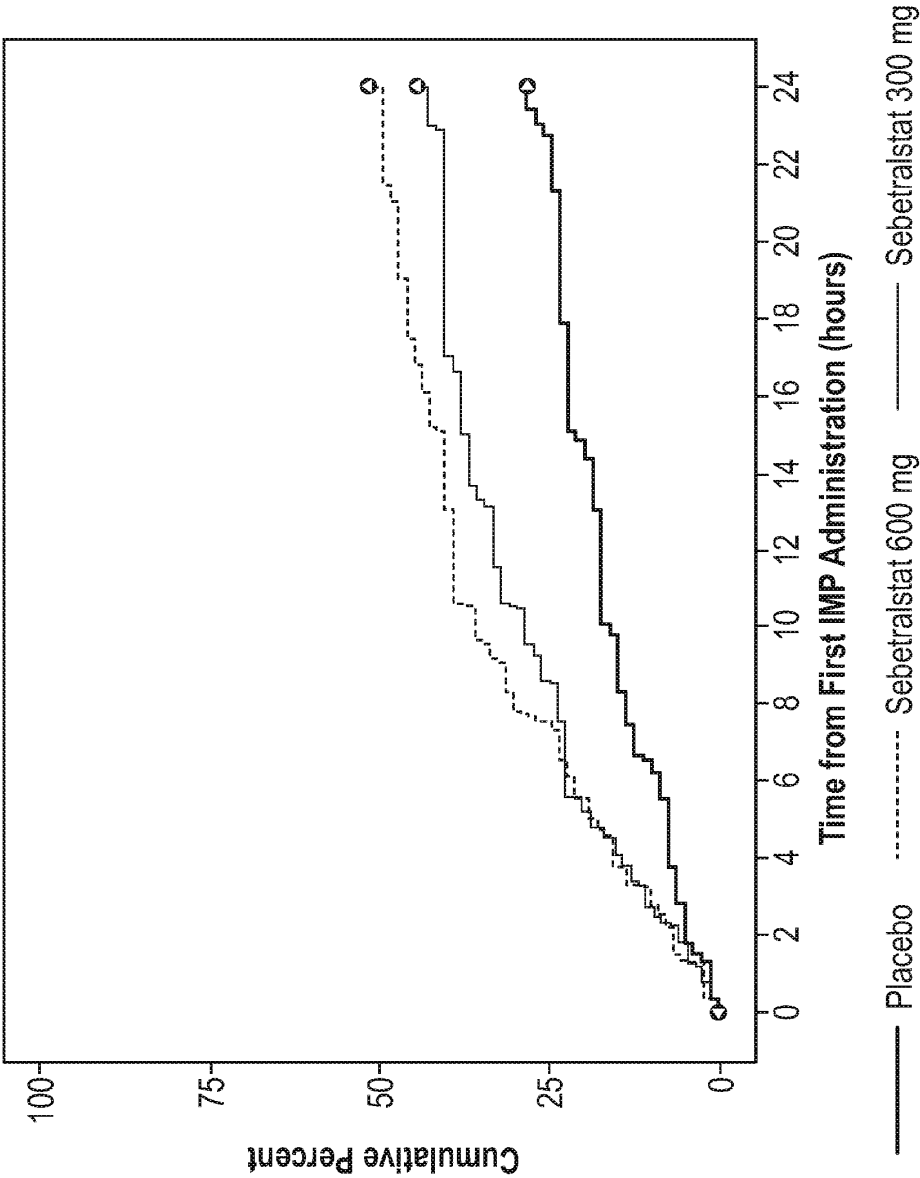


FIG. 8

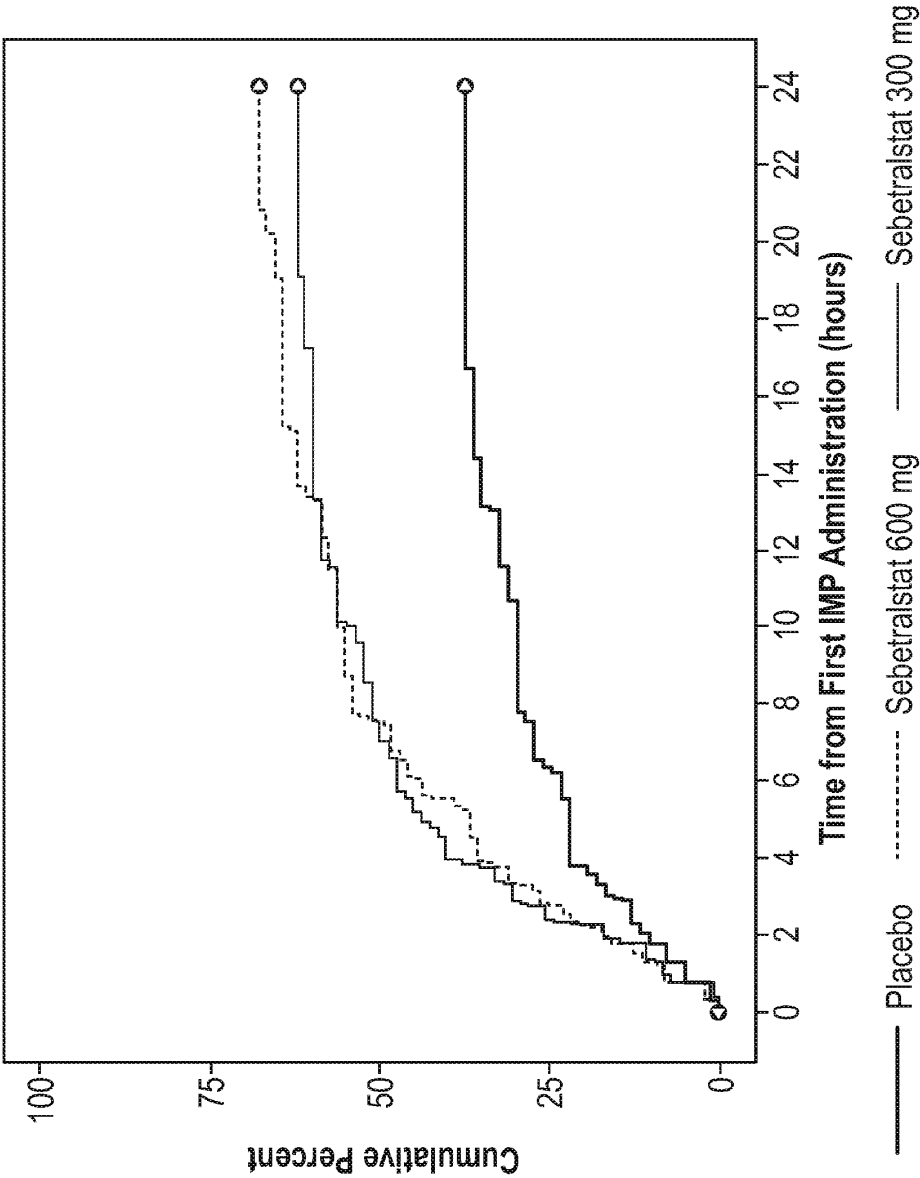
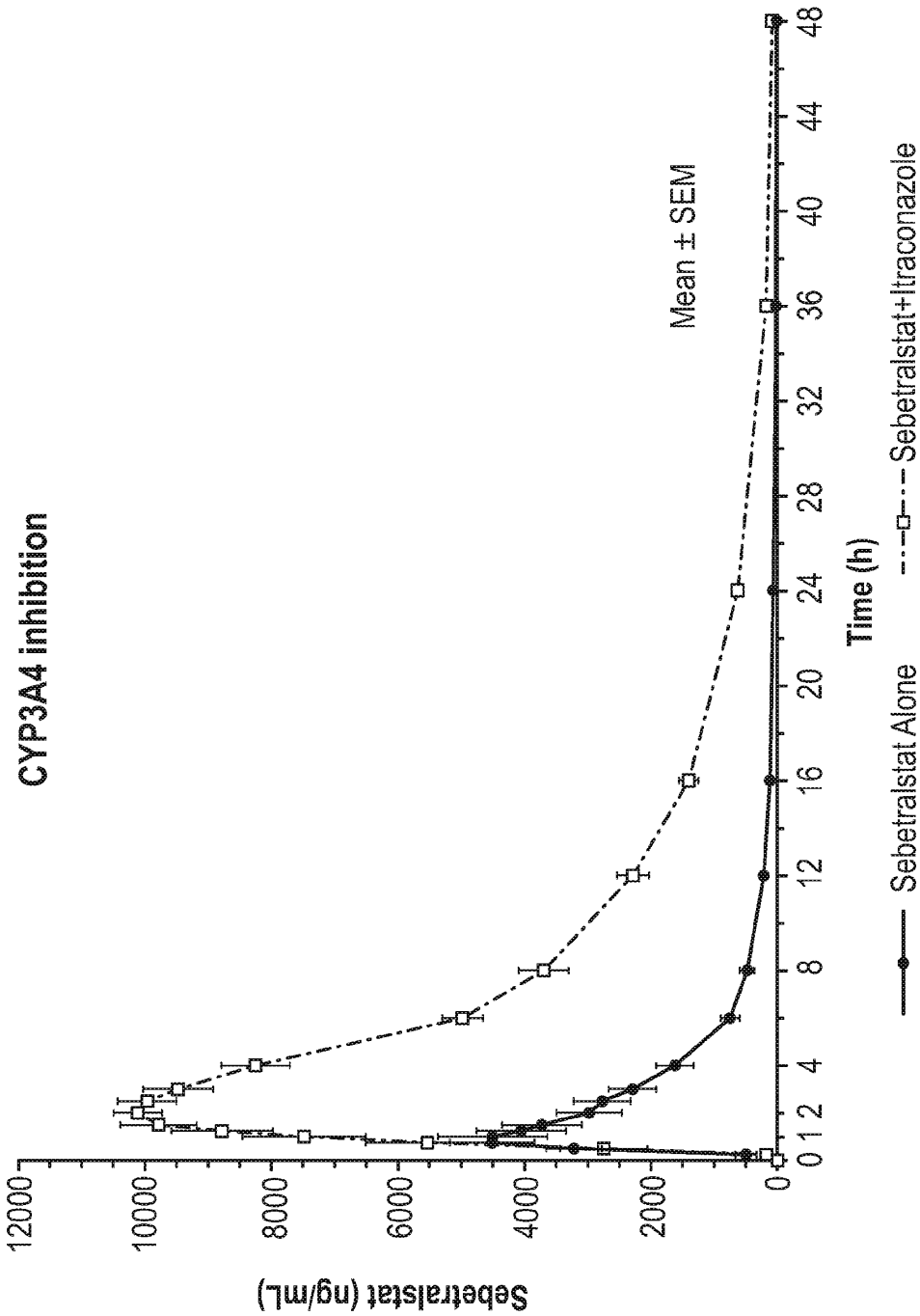
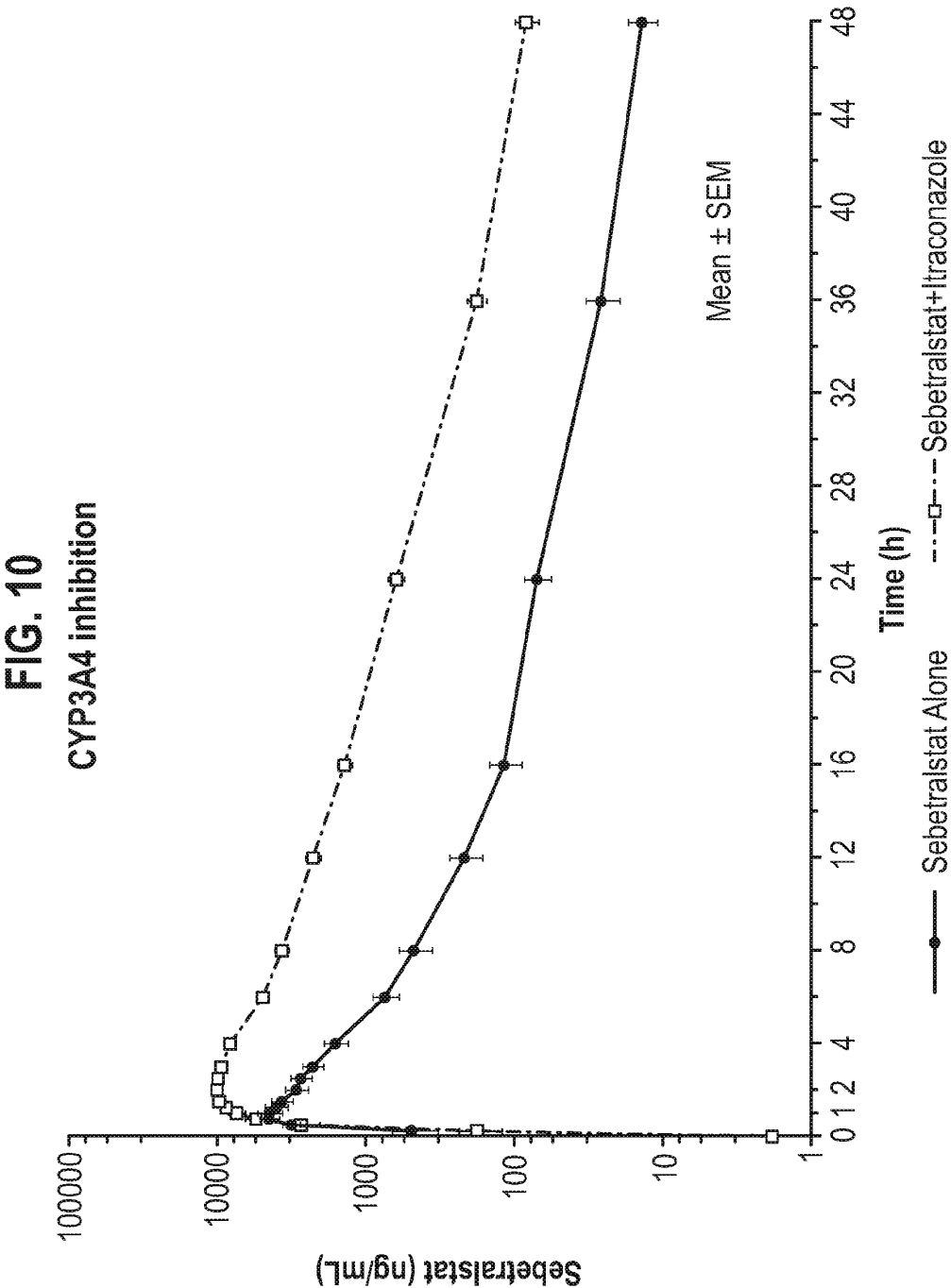


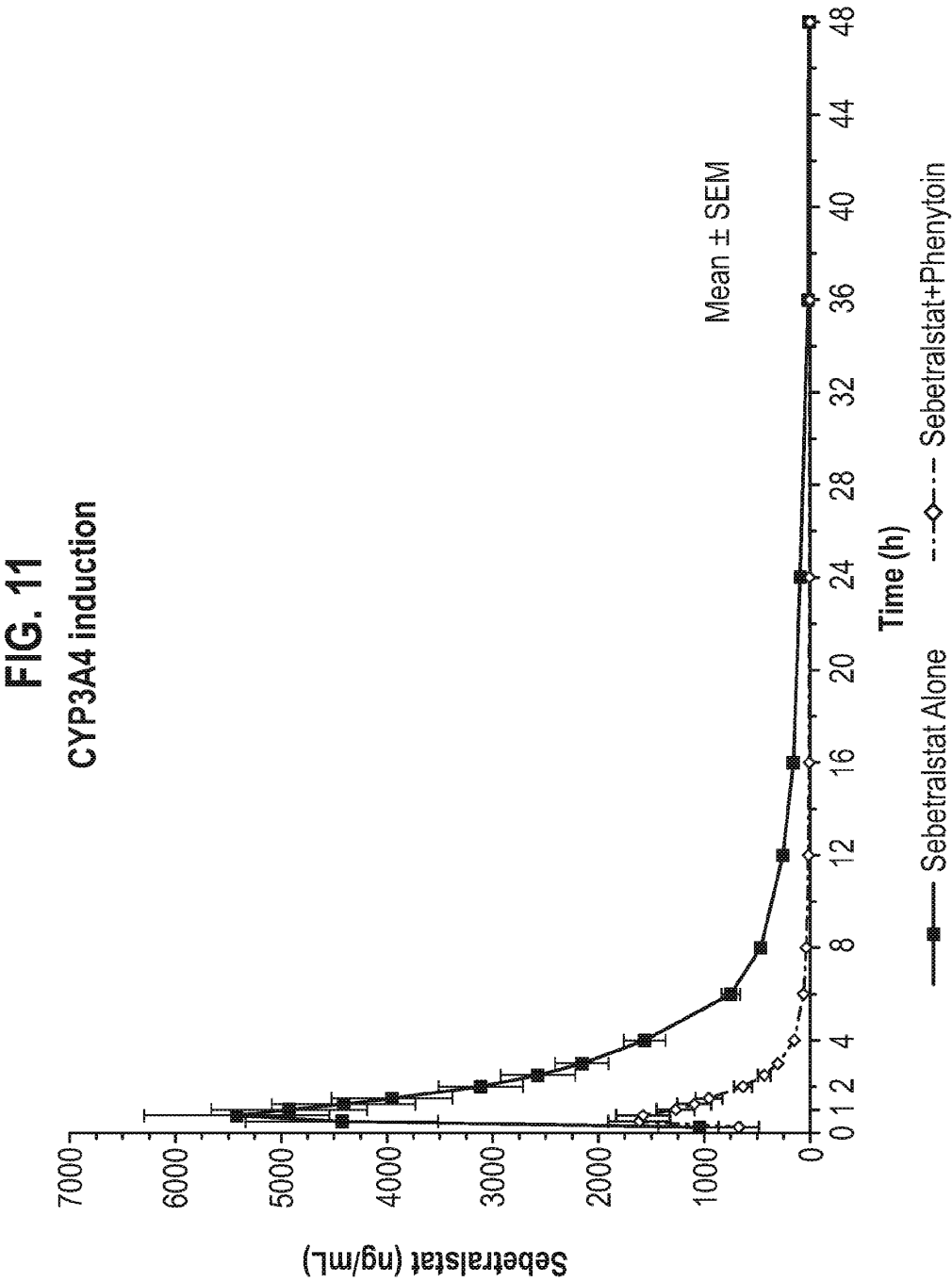
FIG. 9
CYP3A4 inhibition



10/31



11/31



12/31

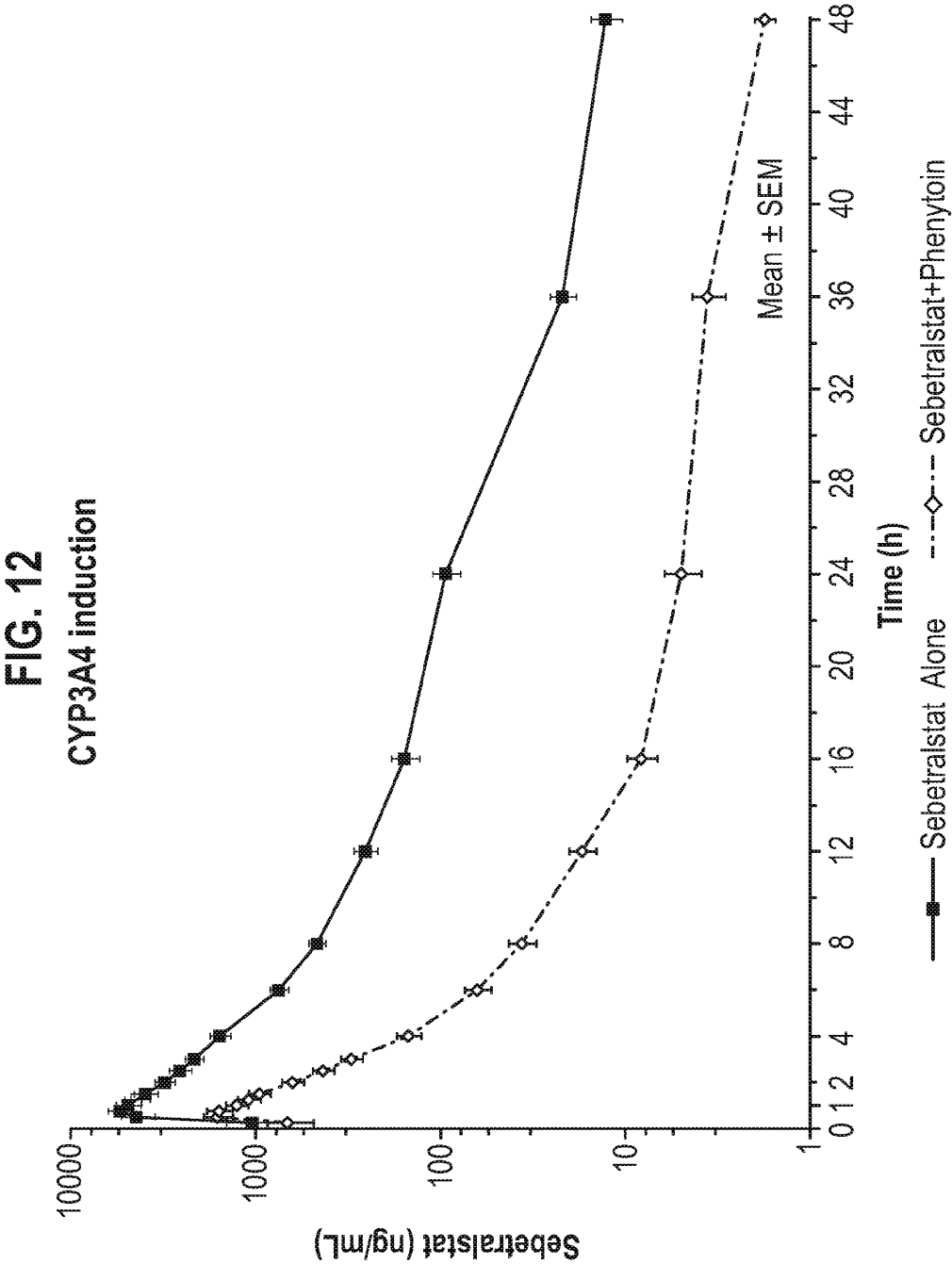


FIG. 13
Mean Sebetralstatat plasma concentrations
Moderate CYP3A4 Inhibition (verapamil)

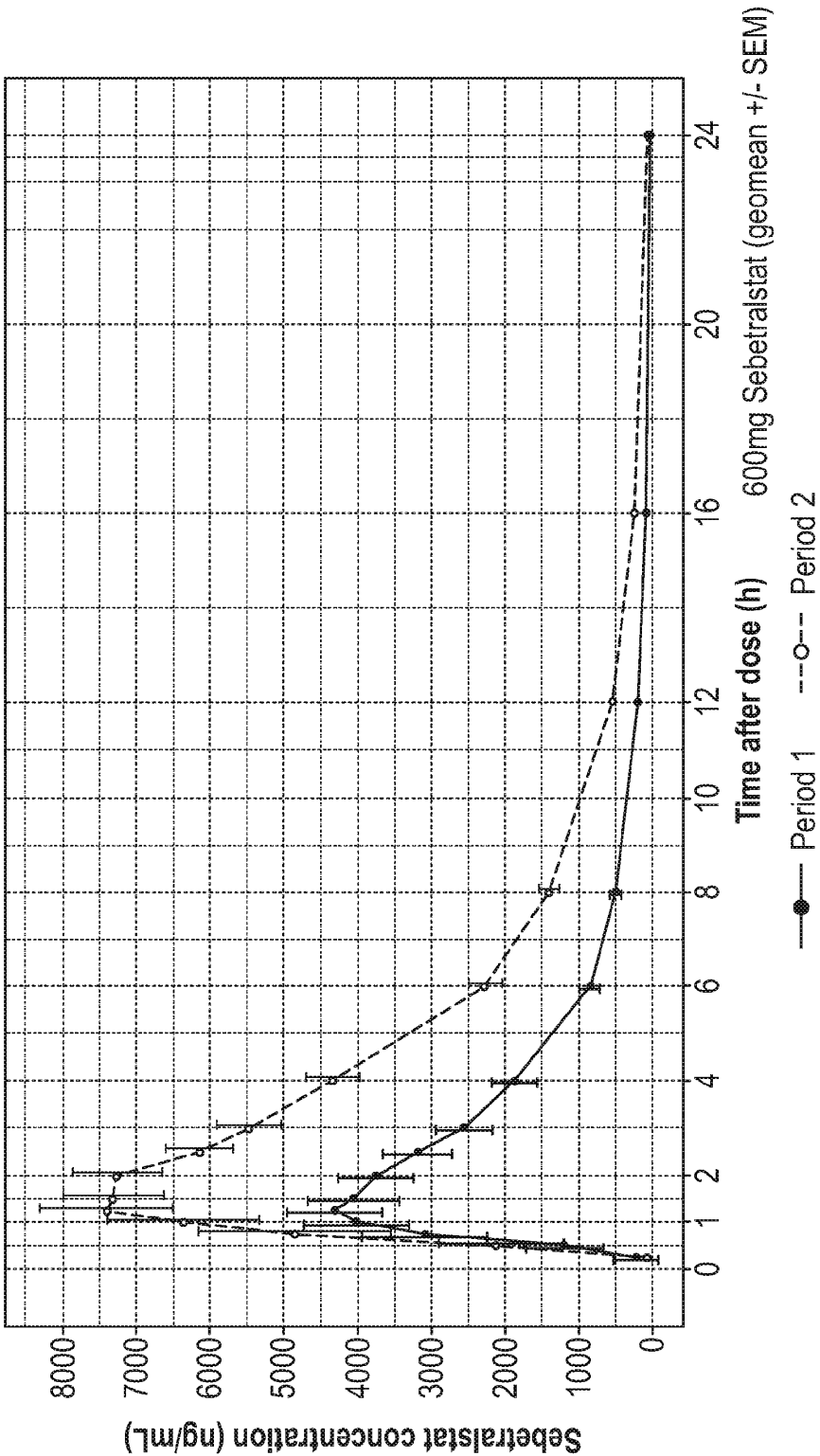
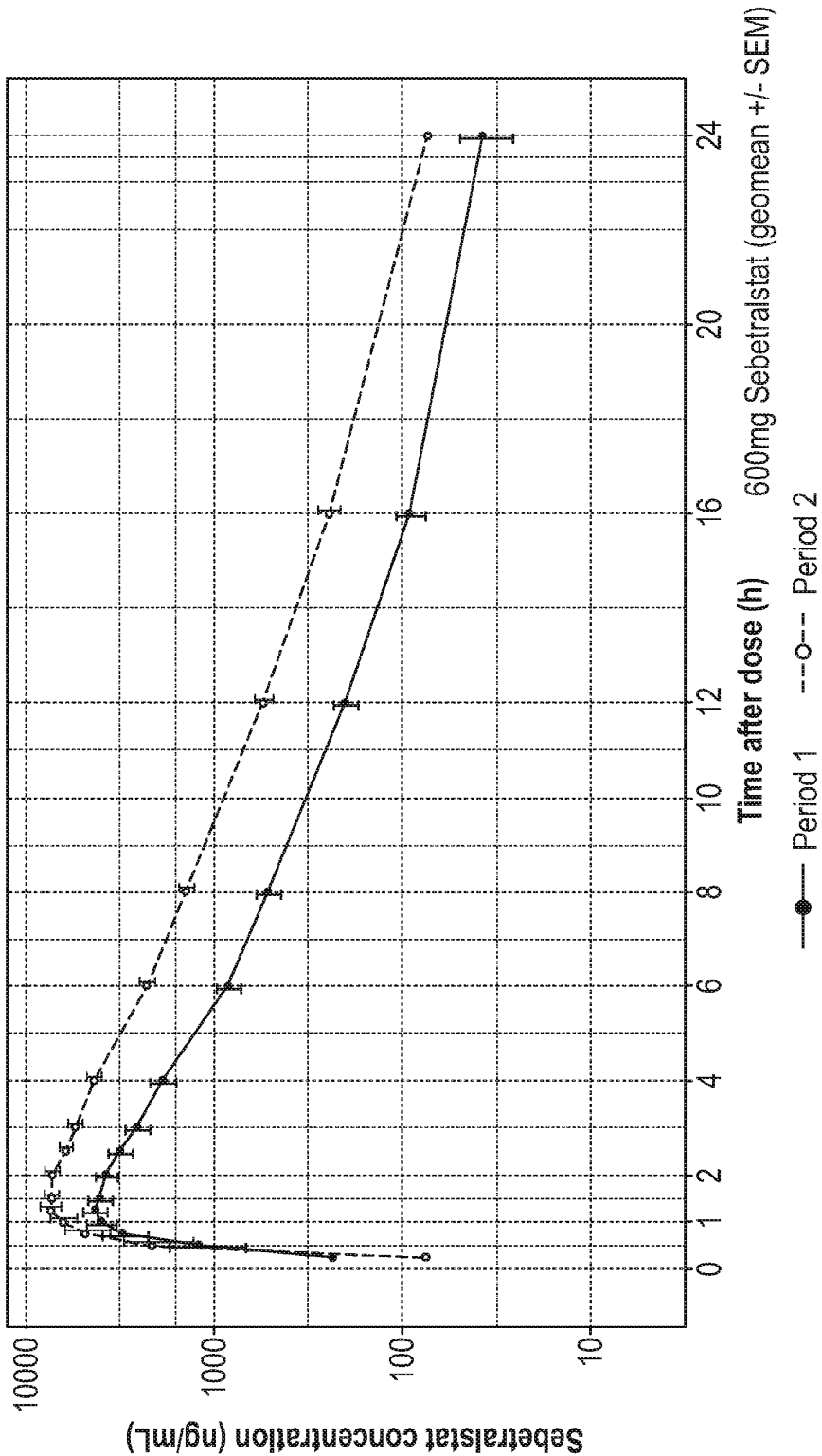
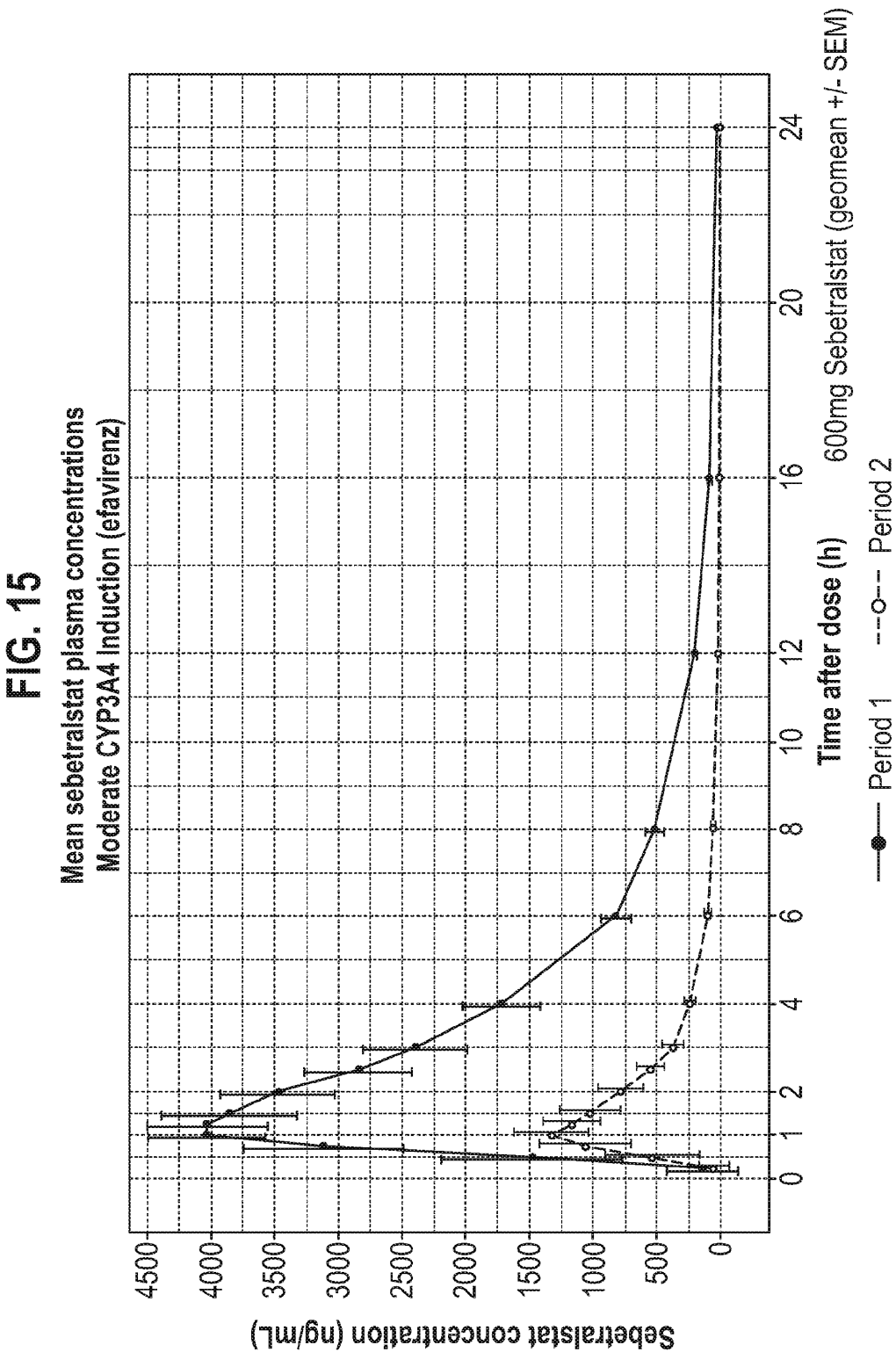
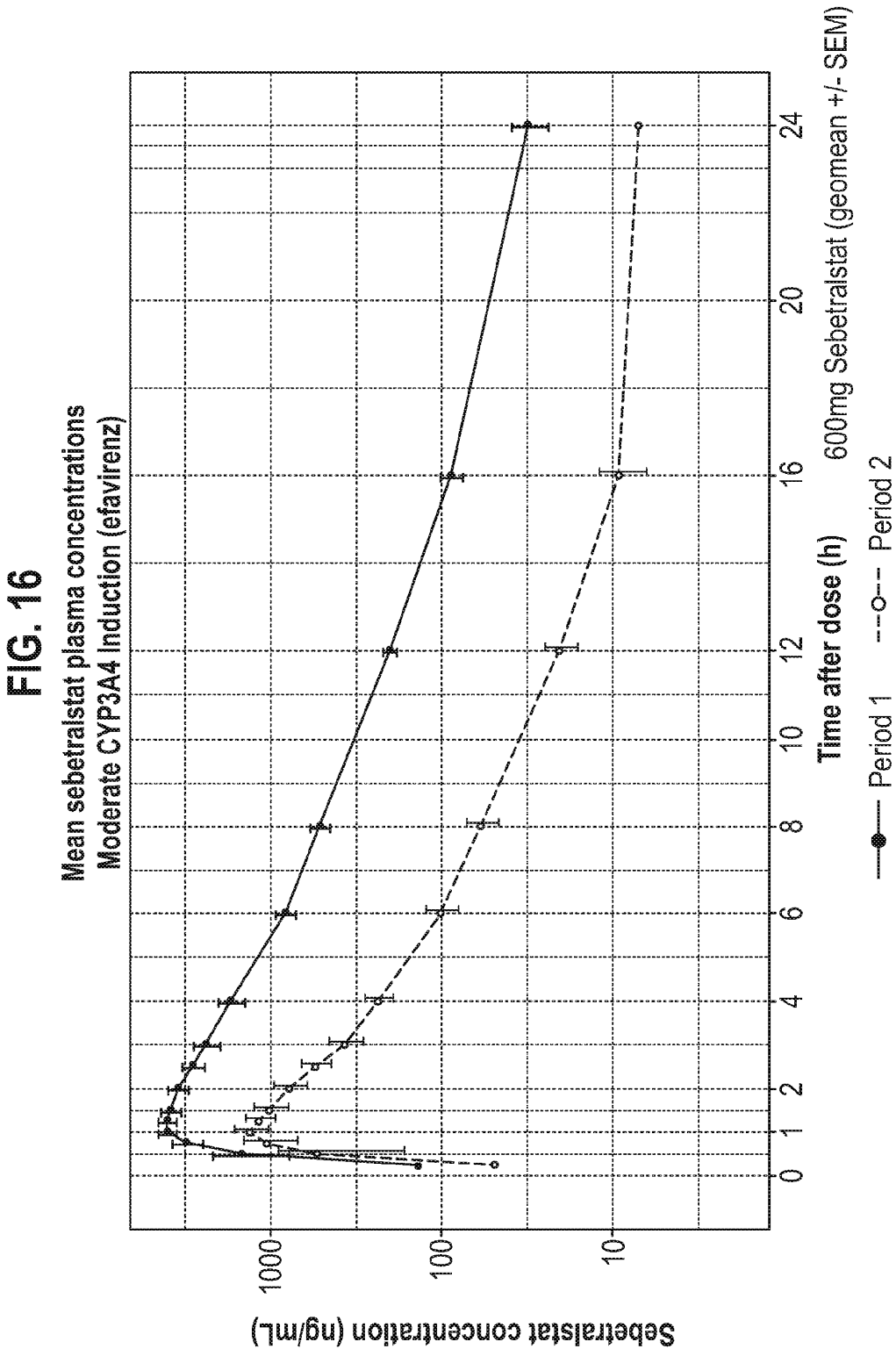


FIG. 14
Mean sebetralstatat plasma concentrations
Moderate CYP3A4 Inhibition (verapamil)







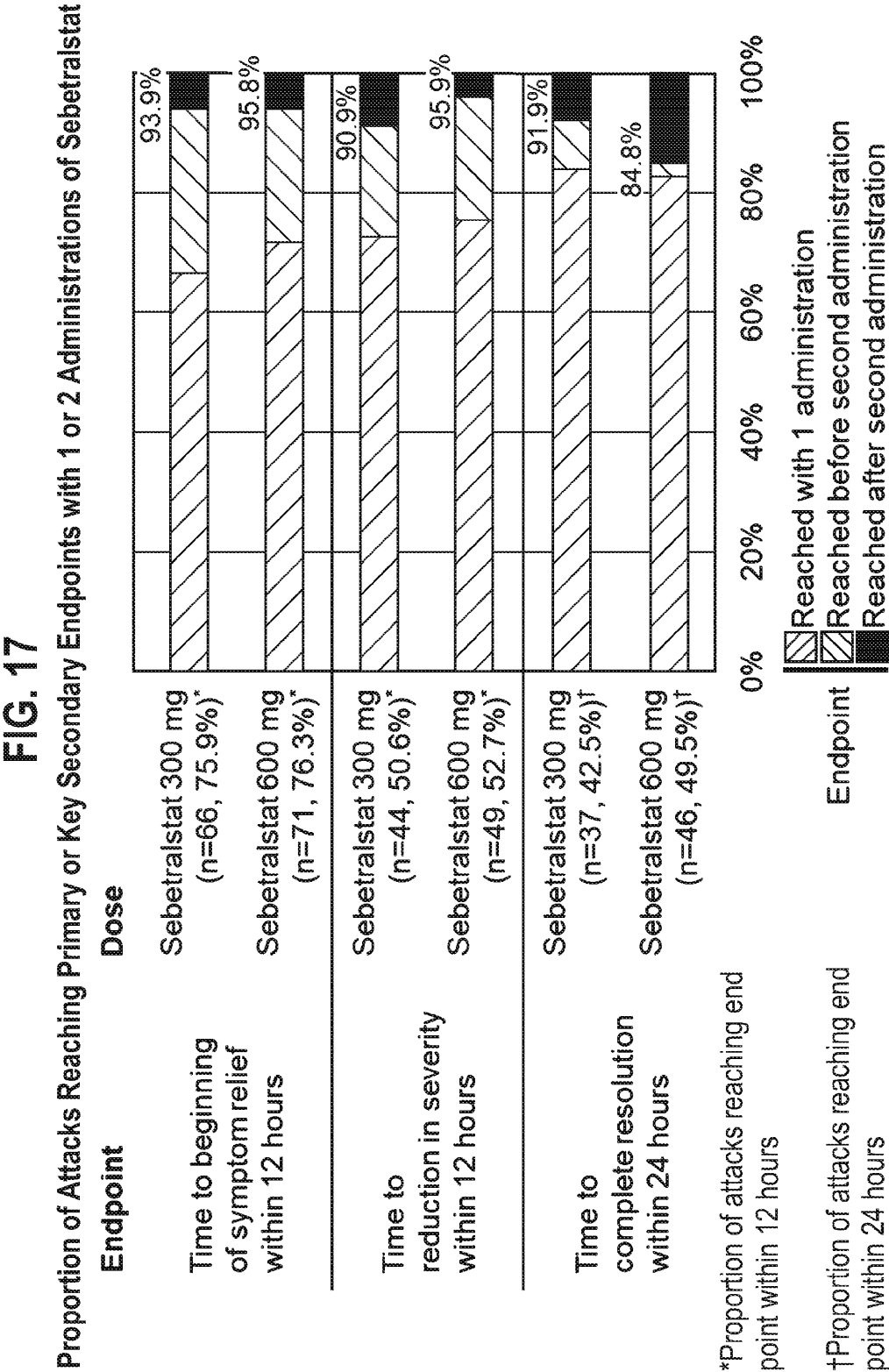
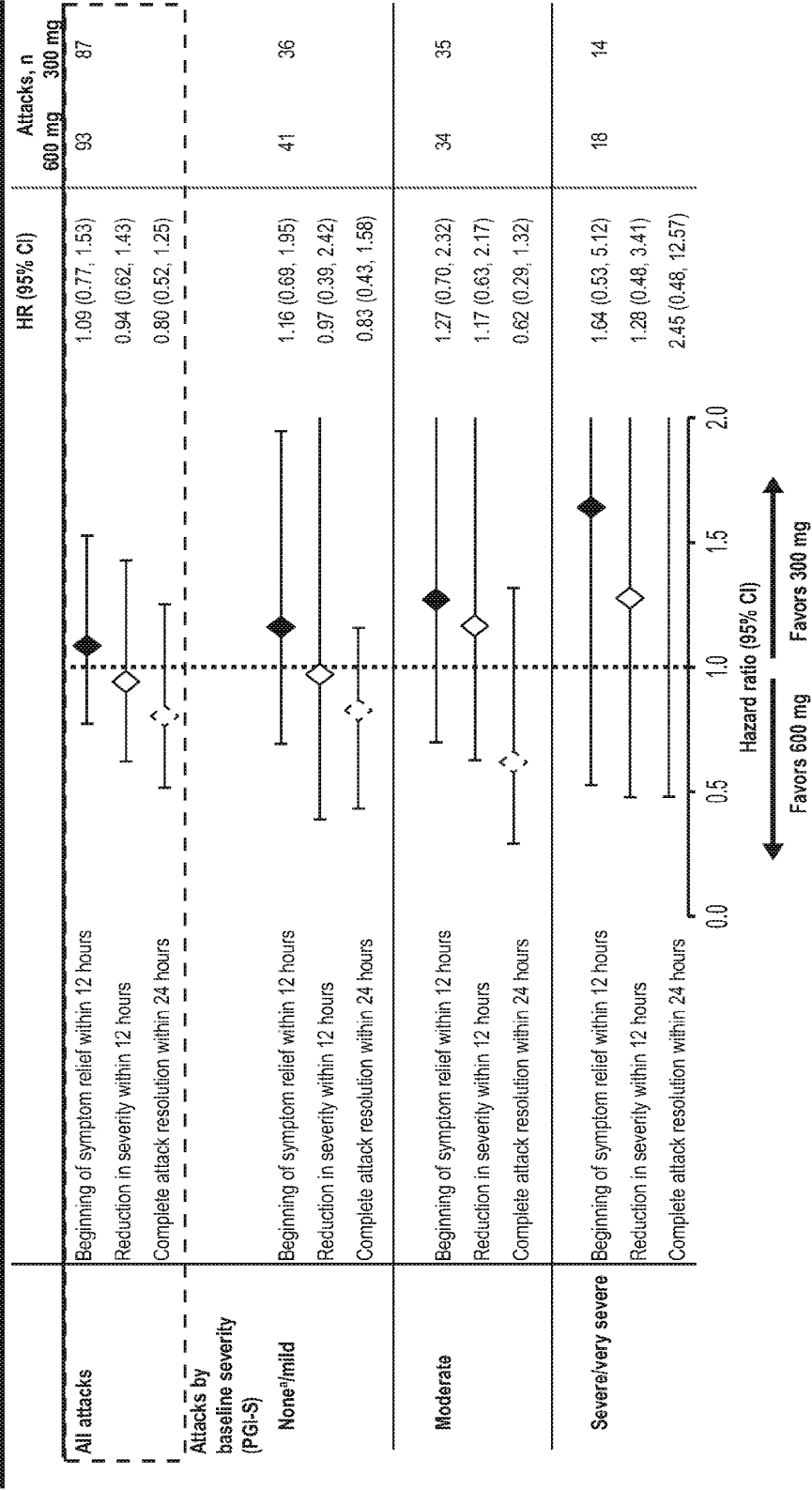
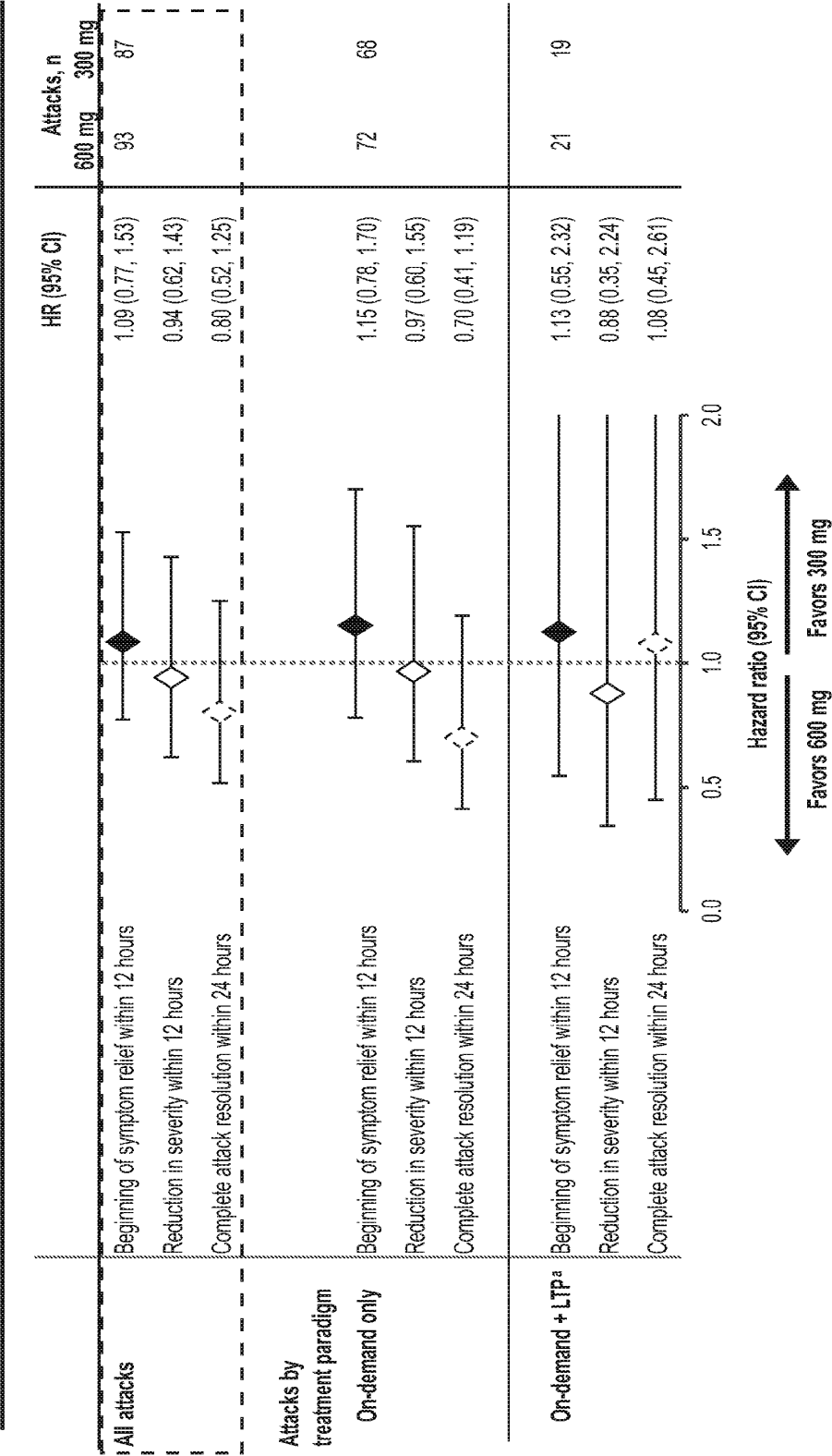


FIG. 18
Sebetralstat 600 mg vs 300 mg by Baseline Attack Severity



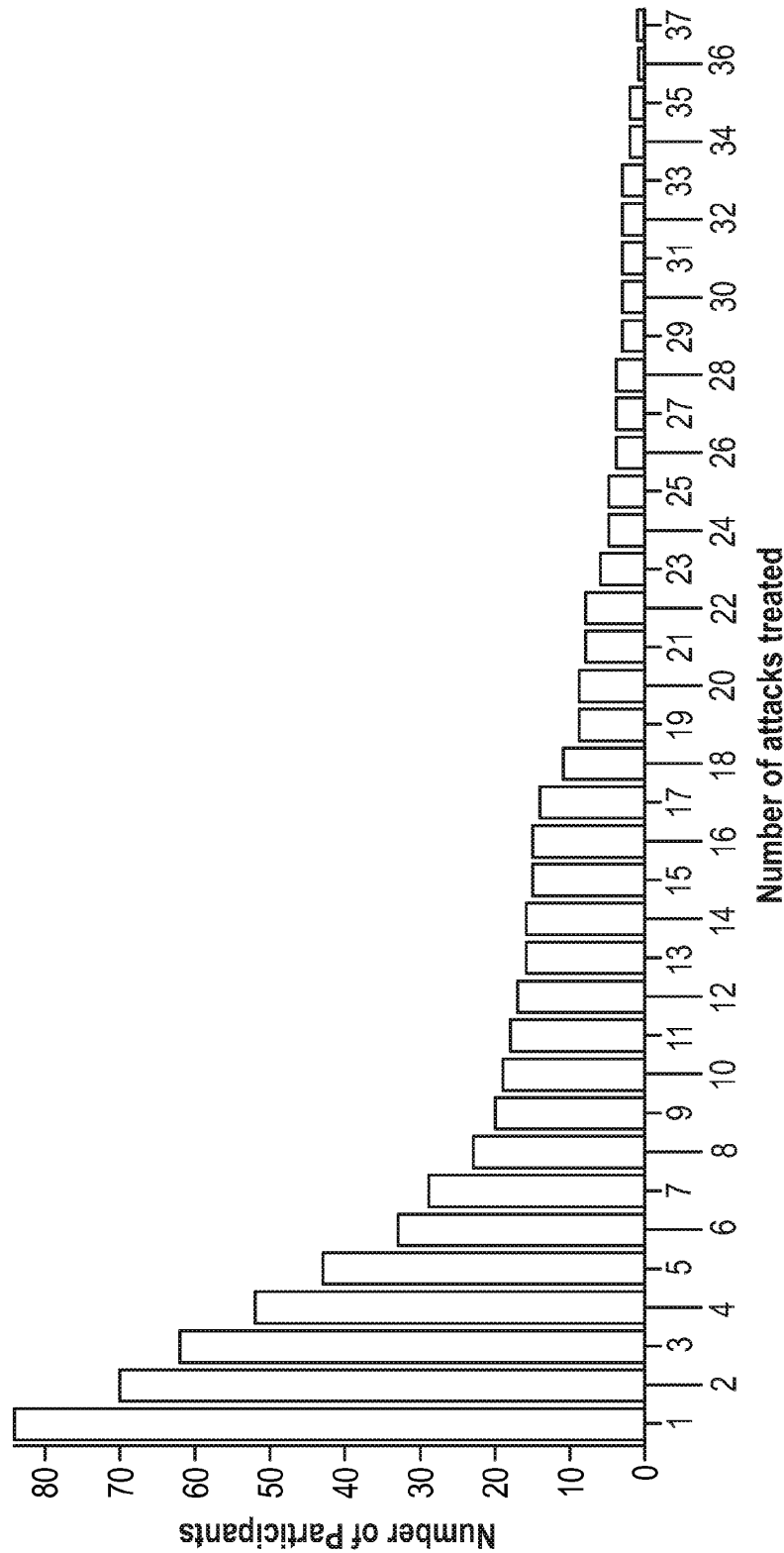
^aFor 2 attacks in the placebo group, participants rated the baseline attack severity as "None" on the PGI-S rating scale. These attacks were censored at zero for both key secondary endpoints.

FIG. 19
Sebetralstatat 600 mg vs 300 mg by Treatment Paradigm



^aOf the 24 participants taking LTP, 11 (46%) received berotralstat, 8 (33%) received lanadelumab, and 5 (21%) received C1INH.

FIG. 20
Number of Sebetralstat-treated Attacks



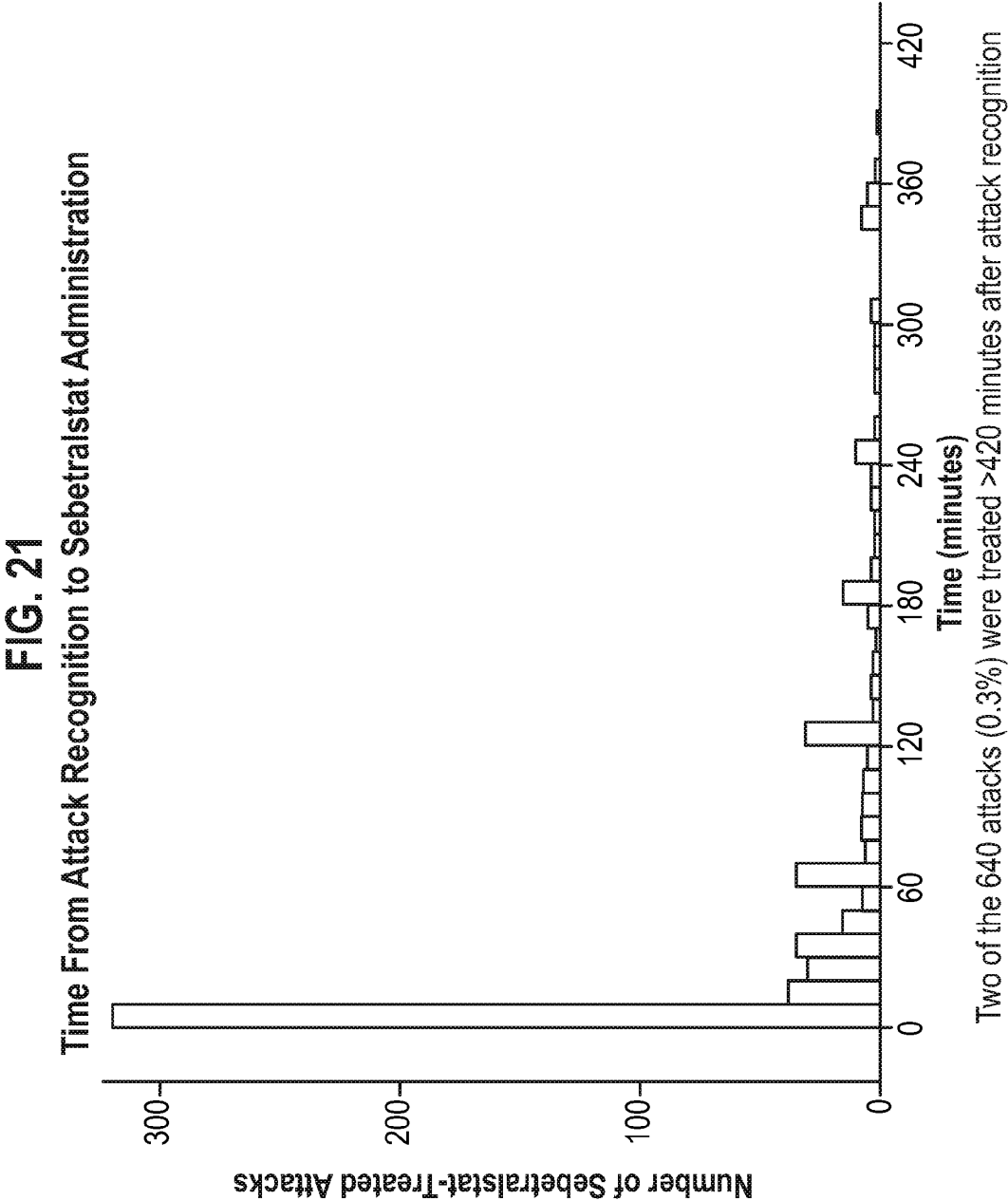
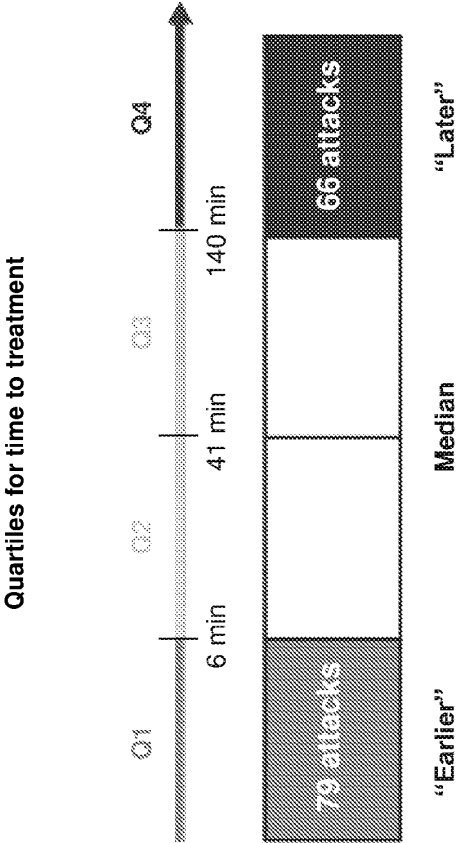


FIG. 22
Time from Attack Onset to Treatment



min, minutes; Q1, first quartile; Q2, second quartile; Q3, third quartile, Q4, fourth quartile.
Data shown is for all attacks treated (N=264). All attack locations and severities were included except for laryngeal attacks that were considered severe at baseline.

FIG. 23
Probability for Faster Complete Attack Resolution

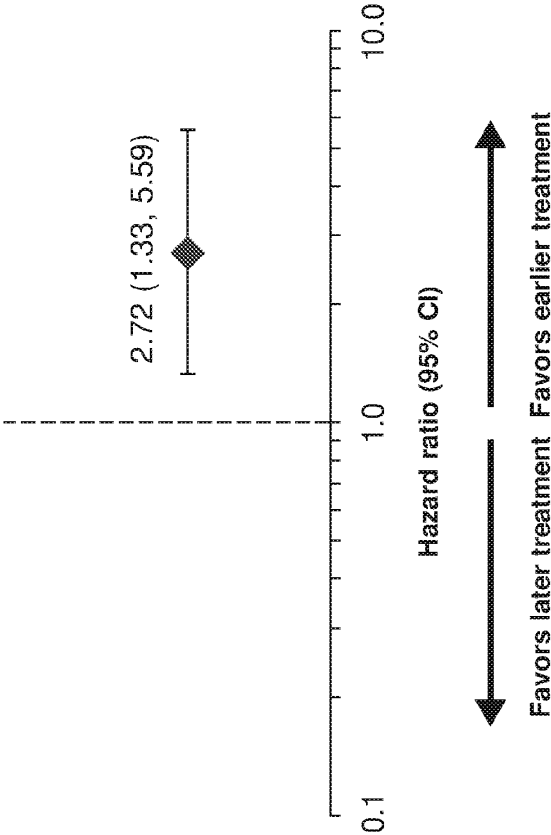


FIG. 24
Time to Complete Attack Resolution within 24 Hours Versus Time to Treatment

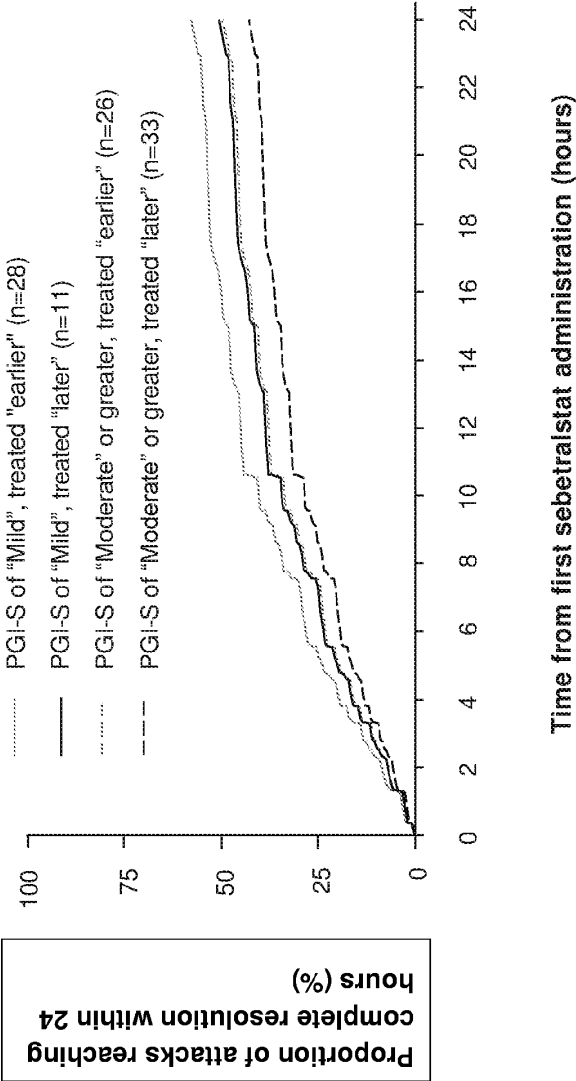
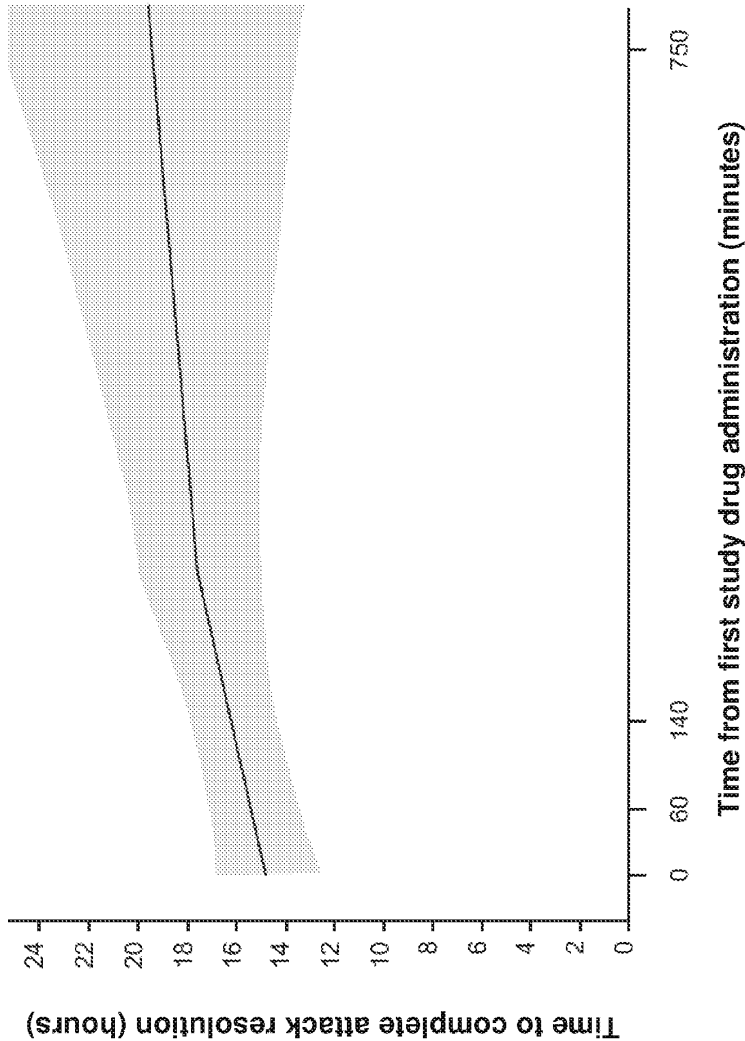


FIG. 25
LOESS Regression Curve Fitting Time to Complete Attack Resolution within 24 hours
Versus Time to Treatment



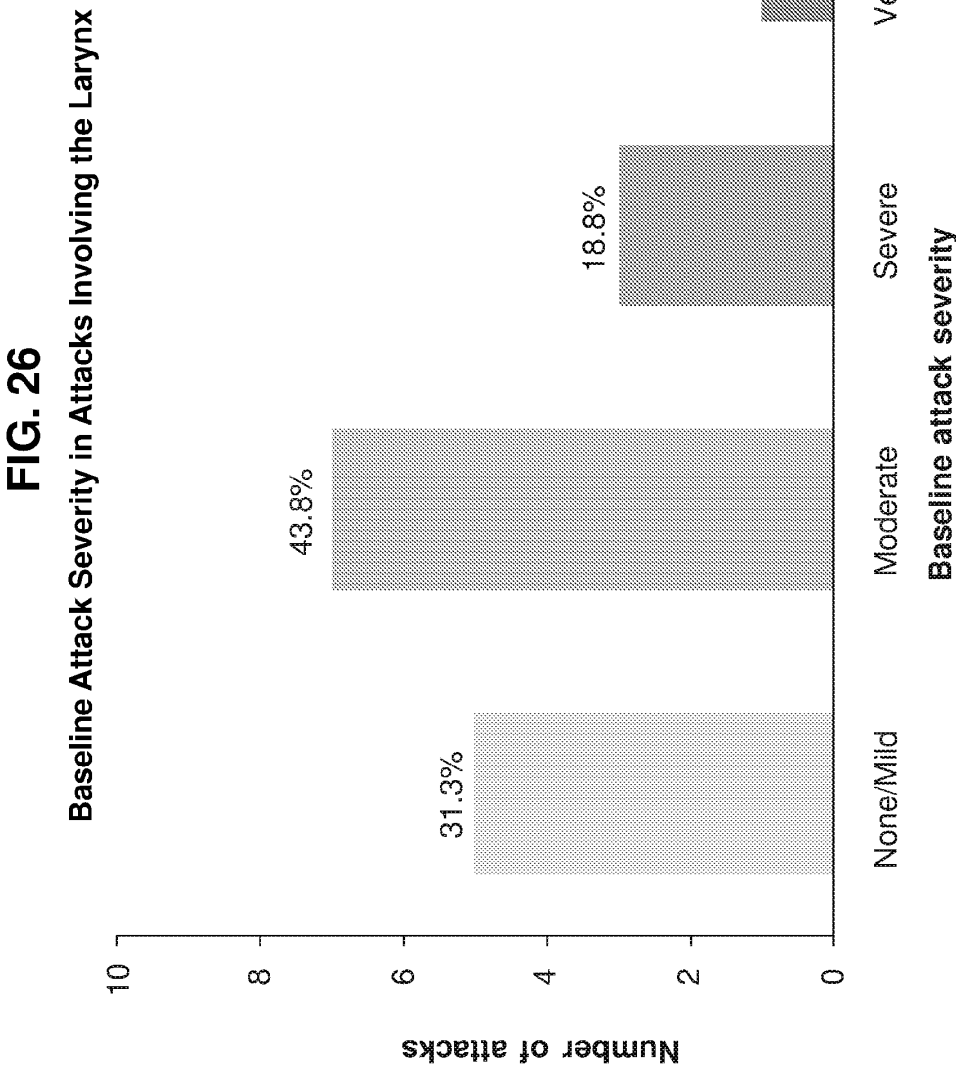


FIG. 27
Time to Sebetralstat Administration

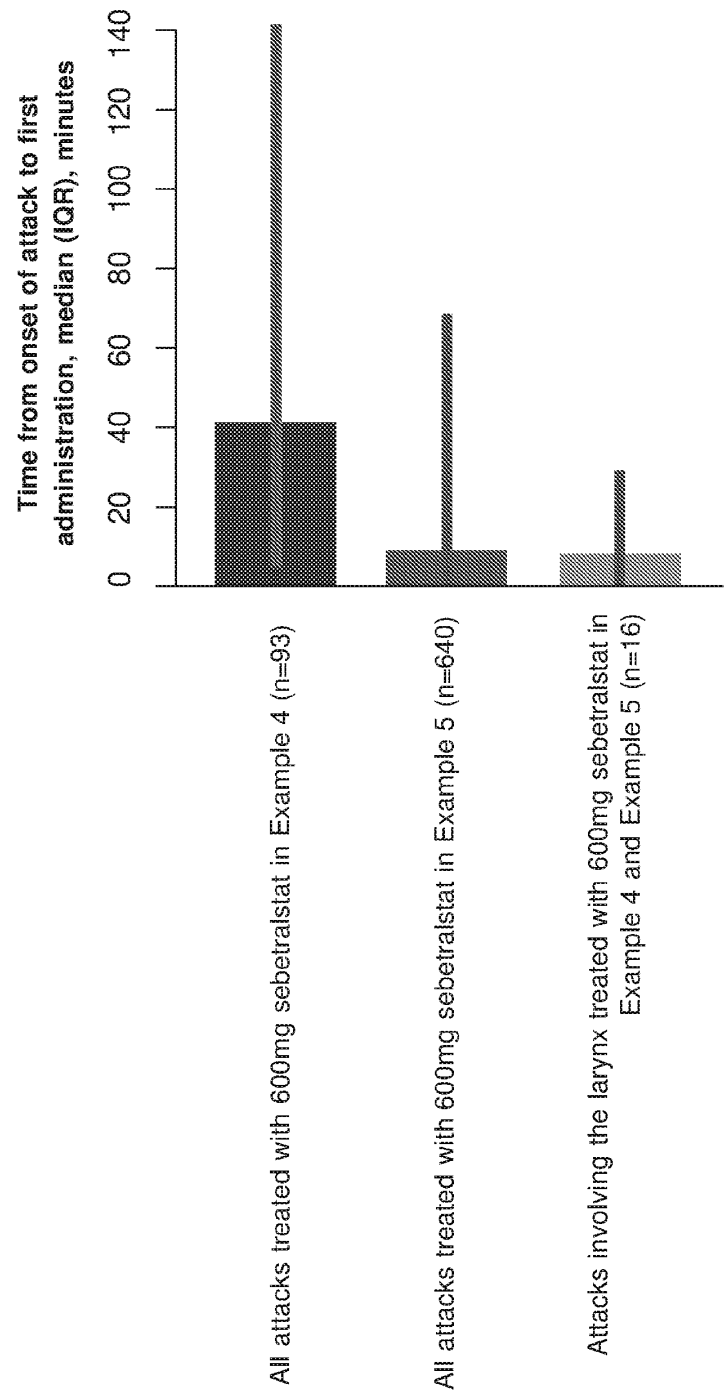
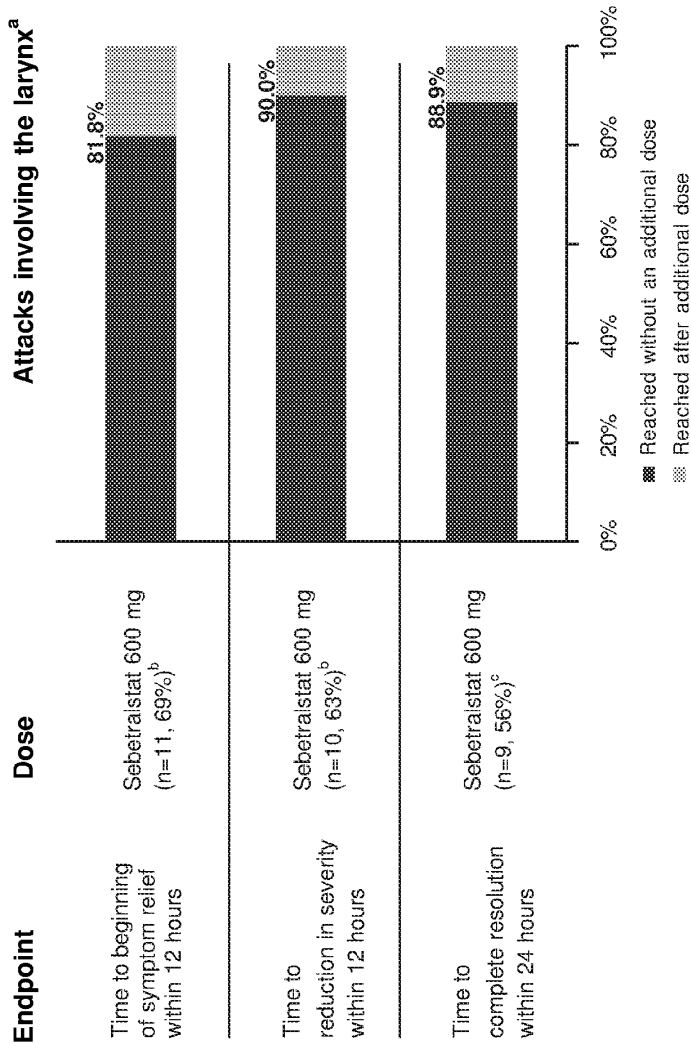


FIG. 28
The Proportion of Attacks Involving the Larynx that Reached the Primary and Key Secondary Endpoints without an Additional Dose



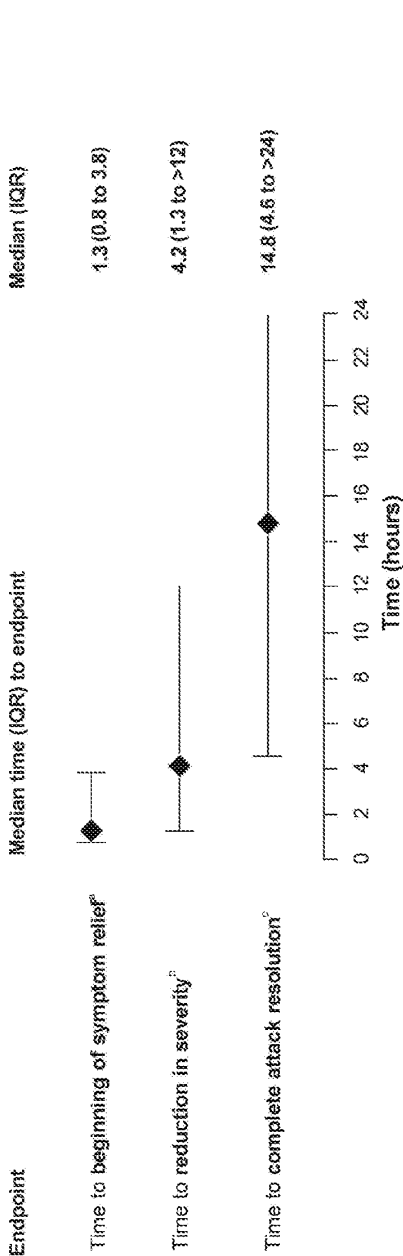
^a In Example 4, a second administration of study treatment was not permitted for attacks involving the larynx. However, a second administration of sebetraistat 600 mg was permitted in Example 5.

^b Proportion of attacks involving the larynx which reached the endpoint within 12 hours.

^c Proportion of attacks involving the larynx which reached the endpoint within 24 hours.

FIG. 29

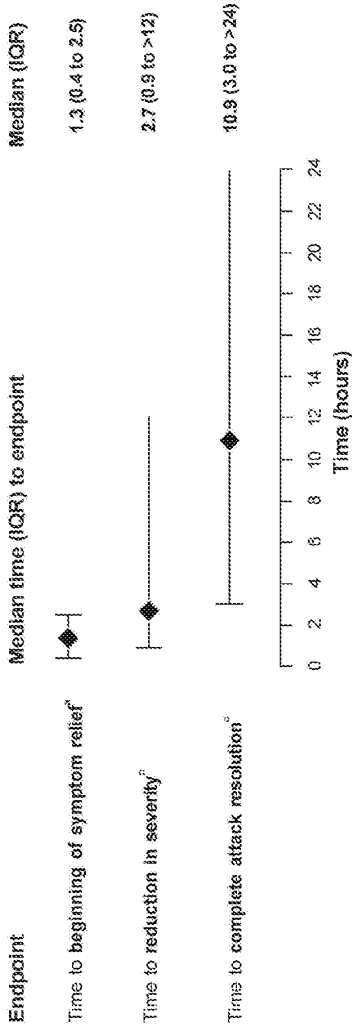
Sebetralstat Effectiveness Among Participants Receiving LTP



IQR, interquartile range; LTP, long-term prophylaxis; PGI-C, Patient Global Impression of Change; PGI-S, Patient Global Impression of Severity.
^aDefined as a PGI-C rating of at least "A Little Better" for 2 consecutive time points within 12 hours (with missing data entries between consecutive time points).
^bDefined as a decrease in the PGI-S rating for 2 consecutive time points within 12 hours.
^cDefined as a PGI-S rating of "None" within 24 hours.

FIG. 30

Sebetralstat Effectiveness Among Participants Receiving Berotralstat

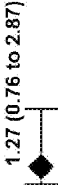


IQR, interquartile range; LTP, long-term prophylaxis; PGI-C, Patient Global Impression of Change; PGI-S, Patient Global Impression of Severity.
^aDefined as a PGI-C rating of at least "A Little Better" for 2 consecutive time points within 12 hours (with missing data entries between consecutive time points).
^bDefined as a decrease in the PGI-S rating for 2 consecutive time points within 12 hours.
^cDefined as a PGI-S rating of "None" within 24 hours.

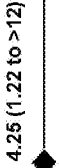
FIG. 31

Effectiveness Endpoints

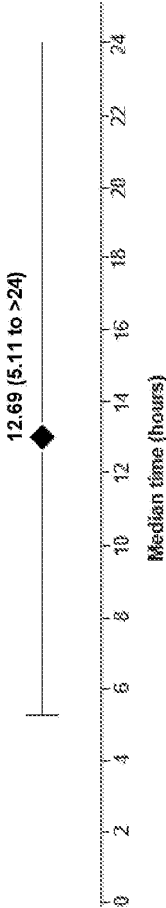
Time (IQR) to beginning of symptom relief within 12 hours



Time (IQR) to reduction in severity within 12 hours



Time (IQR) to complete attack resolution within 24 hours



IQR, interquartile range.
Error bars represent IQR.