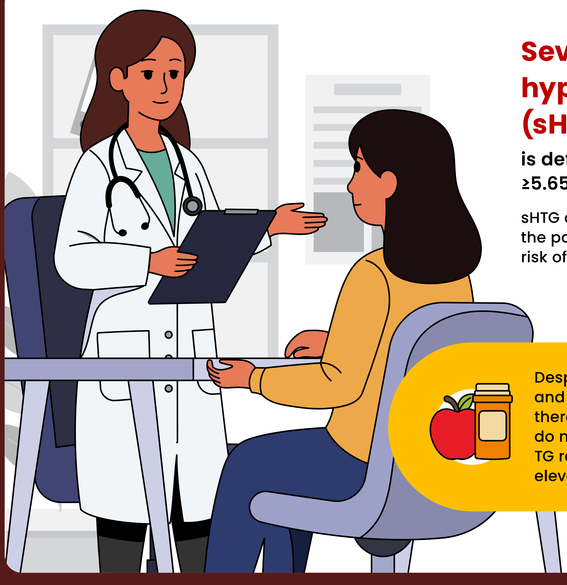
Treating Severe Hypertriglyceridemia and Reducing the Risk of Pancreatitis



Severe hypertriglyceridemia (sHTG)

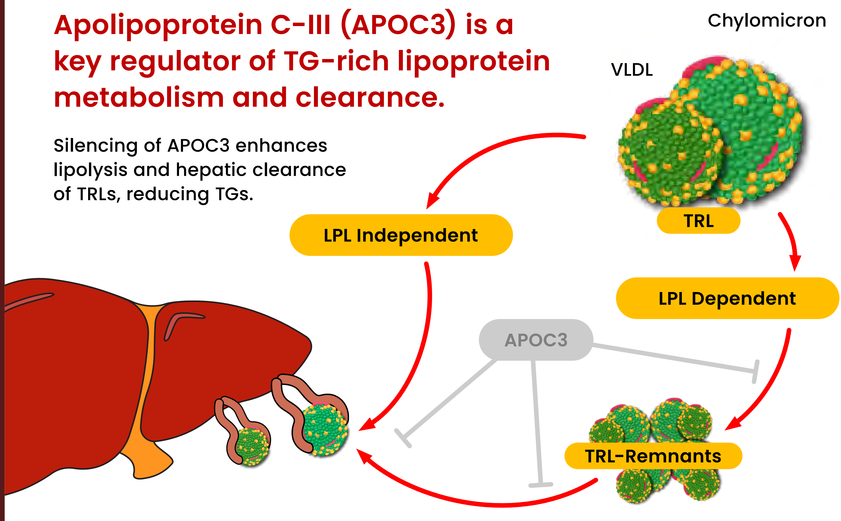
is defined as triglycerides ≥5.65 mmol/L (≥500 mg/dL).

sHTG affects approximately 1% of the population and increases the risk of acute pancreatitis (AP).

Despite lifestyle modification and available lipid-lowering therapies, many patients do not achieve meaningful TG reduction and remain at elevated AP risk.

Apolipoprotein C-III (APOC3) is a key regulator of TG-rich lipoprotein metabolism and clearance.

Silencing of APOC3 enhances lipolysis and hepatic clearance of TRLs, reducing TGs.



Plozasiran is a hepatocyte-targeted siRNA that reduces hepatic APOC3 synthesis.

In the SHASTA-3 and 4 trials, plozasiran:

Showed sustained TG reductions of ~80%

~80%

Lowered TGs and other lipid parameters

Reduced AP event frequency by ~80%

~80%

Watch *Leading Insights*

with Professors Ioanna Gouni-Berthold and Gerald Watts to learn more about how plozasiran can help patients.



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