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Summary

Guiding the care of hypertriglyceridemia-induced acute pancreatitis: Multidisciplinary care and the role of new therapies through apoC-III inhibition (Sobi (Swedish Orphan Biovitrum)) (Complete Session)

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The speakers reviewed hypertriglyceridaemia-induced acute pancreatitis as an under-recognised, severe form of pancreatitis (representing approximately 7% of cases) and presented phase 3 trial data showing that the apoC3 inhibitor olezarsen reduced triglyceride levels by 43–65% and pancreatitis episodes by 85–88% over one year in patients with familial chylomicronaemia syndrome and severe hypertriglyceridaemia.

KEY POINTS

- The speakers stated that hypertriglyceridaemia-induced pancreatitis is associated with higher rates of severe disease (approximately 90% severe vs 7% for biliary or alcohol aetiologies), persistent organ failure, necrosis, and mortality compared to other causes.
- Triglyceride levels drop rapidly (half-life under one hour for chylomicrons) after fasting, so the speakers emphasised that testing must occur within 24 hours of emergency admission, yet this is done in fewer than 10% of patients as stated.
- The speakers reported that in the BALANCE trial (66 patients with familial chylomicronaemia syndrome and triglycerides over 880 mg/dL), olezarsen reduced pancreatitis by 88% (1 episode in each active arm vs 11 in placebo) with no thrombocytopenia, in contrast to the prior therapy volanesorsen.
- In the CORE studies of broader severe hypertriglyceridaemia (approximately half with triglycerides over 880 mg/dL), the speakers stated olezarsen reduced pancreatitis by 85%, with a number needed to treat of 20 overall and 4 in the highest-risk subgroup (prior pancreatitis, triglycerides over 880 mg/dL).

- The speakers noted that treatment initiated within 24 hours was associated with 16% persistent organ failure vs approximately 40% when started after 48 hours, underscoring the importance of early recognition, though they acknowledged that evidence for acute-phase interventions (insulin, heparin, plasmapheresis) remains limited.
- The speaker recommended multidisciplinary management and stated that olezarsen is a promising option for high-risk patients with prior pancreatitis and triglycerides over 880 mg/dL, though European approval for the severe hypertriglyceridaemia indication is still pending.

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