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Combined Analyses of Participants Treated With Efgartigimod Early in the Course of Generalized Myasthenia Gravis Across Clinical Studies

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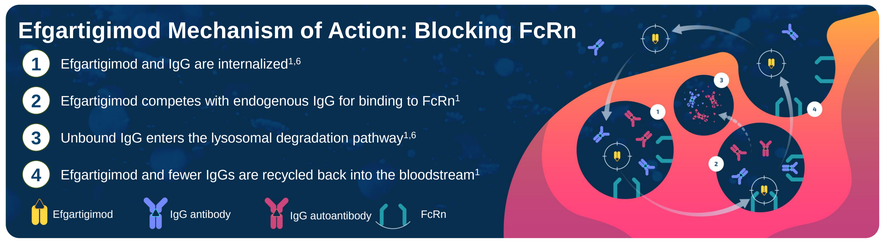
INTRODUCTION

- Efgartigimod is an IgG1 antibody Fc fragment that has been engineered for increased affinity to FcRn compared to endogenous IgG, and is uniquely composed of the only part of the IgG antibody that normally binds FcRn[1]
- Efgartigimod selectively reduces IgG by blocking FcRn-mediated IgG recycling without impacting antibody production or other parts of the immune system, and does not decrease albumin[1-3]
- Efgartigimod PH20 SC is a coformulation of efgartigimod and recombinant human hyaluronidase PH20 (rHuPH20), which allows for rapid SC administration of larger volumes[4,5]



MG is debilitating, particularly in the early course of disease (within 2-3 years from diagnosis), and during this time, symptoms frequently progress from ocular to generalized[7-9]

- The greatest degree of weakness generally occurs early in the disease course of gMG[8]

METHODS

OBJECTIVE

Describe the efficacy of efgartigimod in pooled AChR-Ab+ participants receiving either efgartigimod (IV or SC) early in the disease course of gMG based on time from diagnosis and treatment history across clinical studies

	Ph 2 gMG study	ADAPT	ADAPT-SC	ADAPT NXT
Phase	2	3	3	3b
Dosing	EFG IV 10 mg/kg	EFG IV 10 mg/kg	EFG IV 10 mg/kg or EFG PH20 SC 1000 mg	EFG IV 10 mg/kg
AChR-Ab+ Participants	EFG IV: n=12 PBO: n=12	EFG IV: n=65 PBO: n=64	EFG IV: n=46 EFG PH20 SC: n=45	EFG IV: n=69
Duration	11 weeks	26 weeks	10 weeks	126 weeks

POOLING STRATEGY

Included participants from the Phase 2 gMG, ADAPT, ADAPT-SC, and ADAPT NXT studies who were **AChR-Ab+** and **receiving AChEI at baseline of the respective study**

Participants were divided in the following subgroups:

1. Participants who received efgartigimod or placebo >3 years from diagnosis
2. Participants who received efgartigimod or placebo ≤3 years from diagnosis

SUMMARY

Treatment with efgartigimod (IV or SC) ≤3 years of diagnosis led to improvements in MG-ADL scores comparable to those observed in participants who received efgartigimod >3 years from diagnosis

Similar proportions of participants treated both ≤3 years from diagnosis and >3 years from diagnosis were able to achieve MSE

These short-term observations suggest that employing efgartigimod early in the disease course is effective

These results warrant confirmation in a longer prospective study specifically enrolling participants early in the gMG disease course

The ongoing Phase 4 ADAPT-EARLY (NCT06909214) study is investigating the safety and efficacy of efgartigimod PH20 SC in adults with new-onset gMG without prior immunosuppressive therapy

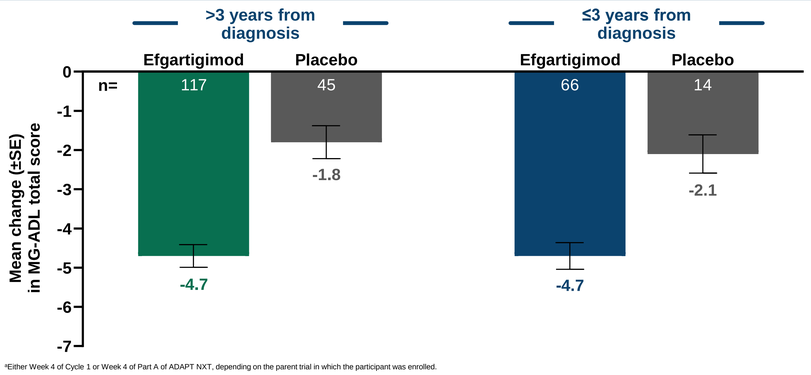
RESULTS

Table 1. Baseline Demographics and Clinical Characteristics
Pooled AChR-Ab+ Population

	>3 years from diagnosis		≤3 years from diagnosis	
	Efgartigimod (n=123)	Placebo (n=47)	Efgartigimod (n=70)	Placebo (n=16)
Age, y, mean (SD)	50.5 (14.9)	46.9 (15.7)	55.9 (17.8)	50.1 (16.3)
Sex, female, n (%)	87 (70.7)	29 (61.7)	32 (45.7)	8 (50.0)
Time since gMG diagnosis, y, mean (SD)	11.4 (8.1)	12.3 (8.3)	1.5 (0.9)	1.7 (0.8)
MG-ADL score, mean (SD)	9.0 (2.9)	8.5 (2.2)	9.0 (2.8)	8.9 (2.5)
QMG score, mean (SD)	15.7 (5.0)	15.0 (5.0)	15.4 (4.8)	15.5 (3.9)
MGFA disease class at screening, n (%)				
Class II	46 (37.4)	21 (44.7)	31 (44.3)	4 (25.0)
Class III	76 (61.8)	23 (48.9)	33 (47.1)	11 (68.8)
Class IV	1 (0.8)	3 (6.4)	6 (8.6)	1 (6.3)

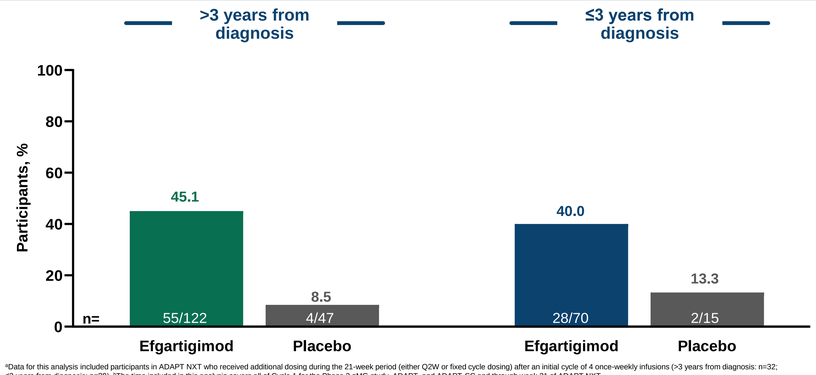
- No formal statistical comparisons were performed between subgroups

Figure 1. Mean Change From Baseline in MG-ADL Total Score at Week 4[a]
Pooled AChR-Ab+ Population



[a]Either Week 4 of Cycle 1 or Week 4 of Part A of ADAPT NXT, depending on the parent trial in which the participant was enrolled.

Figure 2. Percentage Achieving MSE (MG-ADL Total Score of 0 or 1) at Any Time Point ≤21 Weeks[a,b]
Pooled AChR-Ab+ Population



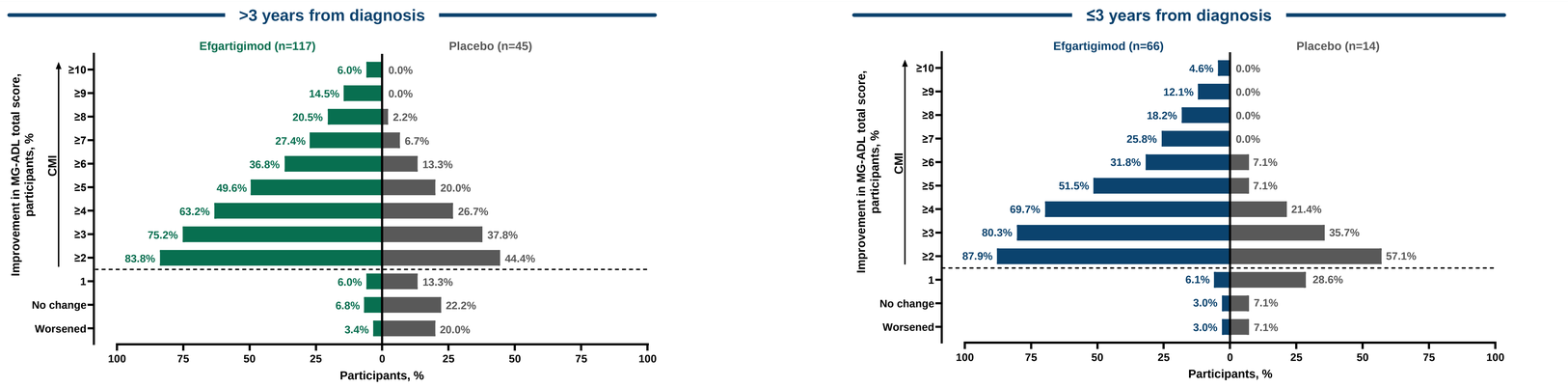
[a]Data for this analysis included participants in ADAPT NXT who received additional dosing during the 21-week period (either Q2W or fixed cycle dosing) after an initial cycle of 4 once-weekly infusions (>3 years from diagnosis: n=32; ≤3 years from diagnosis: n=28). [b]The time included in this analysis covers all of Cycle 1 for the Phase 2 gMG study, ADAPT, and ADAPT-SC and through week 21 of ADAPT NXT.

Table 2. Safety Summary
Safety Analysis Population

	Ph 2 gMG Study		ADAPT		ADAPT-SC				ADAPT NXT	
	PBO (n=12)		EFG (n=12)		PBO (n=83) [34.5 PY]		EFG IV (n=84) [34.9 PY]		EFG IV (n=55) [10.5 PY]		EFG SC (n=55) [10.7 PY]		EFG IV (n=69) [134.7 PY]	
	ER[a]	n (%)	ER[a]	n (%)	ER[a]	n (%)	ER[a]	n (%)	ER[a]	n (%)	ER[a]	n (%)	ER[a]	n (%)
TEAEs	NR	10 (83.3)	NR	10 (83.3)	7.8	70 (84.3)	7.2	65 (77.4)	7.6	28 (50.9)	12.4	37 (67.3)	6.0	67 (97.1)
Serious TEAEs	NR	0	NR	0	0.3	7 (8.4)	0.1	4 (4.8)	0.5	4 (7.3)	0.9	8 (14.5)	0.4	27 (39.1)
Discontinued due to TEAE	NR	0	NR	0	0.1	3 (3.6)	0.2	3 (3.6)	0	0	0.2	2 (3.6)	<0.1	5 (7.2)

[a]ER was calculated as number of events per total PY of follow-up.

Figure 3. Proportion of Participants With Increasing MG-ADL Threshold Improvement at Week 4[a]
Pooled AChR-Ab+ Population



[a]Either Week 4 of Cycle 1 or Week 4 of Part A of ADAPT NXT, depending on the parent trial in which the participant was enrolled.

ABBREVIATIONS

Ab, antibody; AChEI, acetylcholinesterase inhibitor; AChR, acetylcholine receptor; CMI, clinically meaningful improvement; ER, event rate; Fc, fragment crystallizable region; FcRn, neonatal Fc receptor; gMG, generalized myasthenia gravis; Ig, immunoglobulin; IV, intravenous; MG, myasthenia gravis; MG-ADL, Myasthenia Gravis Activities of Daily Living; MGFA, MGFA, Myasthenia Gravis Foundation of America; MSE, minimal symptom expression; NR, not reported; PBO, placebo; Ph 2, Phase 2; Q2W, every 2 weeks; PY, participant-years; QMG, Quantitative Myasthenia Gravis; rHuPH20, recombinant human hyaluronidase PH20; SC, subcutaneous; TEAE, treatment emergent adverse event.

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