191

Combined Analyses of Participants With Anti-Acetylcholine Receptor Seronegative Generalized Myasthenia Gravis Treated With Efgartigimod Across Clinical Studies

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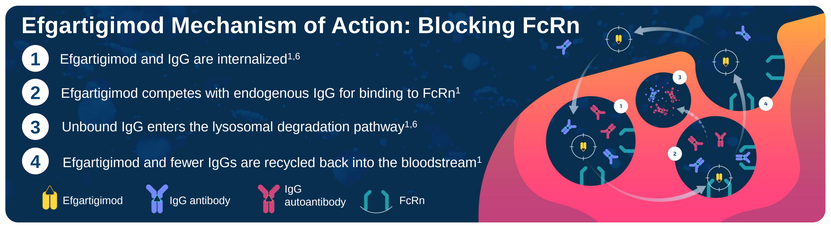
INTRODUCTION

- Efgartigimod is an IgG1 antibody Fc fragment that has been engineered for increased affinity to FcRn compared with 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]



Clinical Challenges in the Management of AChR-Ab- gMG

- AChR-Ab- gMG affects a heterogenous patient population that is potentially difficult to diagnose and treat, has a high unmet clinical need, and has historically been excluded from clinical trials[2,7-9]
- The phase 3 ADAPT SERON clinical trial (NCT06298552) is currently underway to evaluate the safety and efficacy of efgartigimod IV in patients with AChR-Ab- gMG

METHODS

Efgartigimod IV

ADAPT / ADAPT+

- **Placebo-controlled, randomized, Phase 3 trial**
- **Efgartigimod 10 mg/kg IV**
- **Study duration:** 26 weeks
- **Efgartigimod:** n=84
  Placebo: n=83

adapt myasthenia gravis study

- **Long-term, OLE**
- **Efgartigimod 10 mg/kg IV**
- **Study duration:** ≤3 years
- **Efgartigimod:** n=145

adapt+ myasthenia gravis study

Efgartigimod PH20 SC

ADAPT-SC / ADAPT-SC+

- **Phase 3, randomized, noninferiority, PD trial**
- **Efgartigimod 10 mg/kg IV**
  Efgartigimod PH20 SC 1000 mg
- **Study duration:** 10 weeks
- **Efgartigimod IV:** n=55
  Efgartigimod PH20 SC: n=55

adapt SC myasthenia gravis study

- **Long-term, OLE**
- **Efgartigimod PH20 SC 1000 mg**
- **Study duration:** ≤3 years
- **Efgartigimod PH20 SC:** n=179

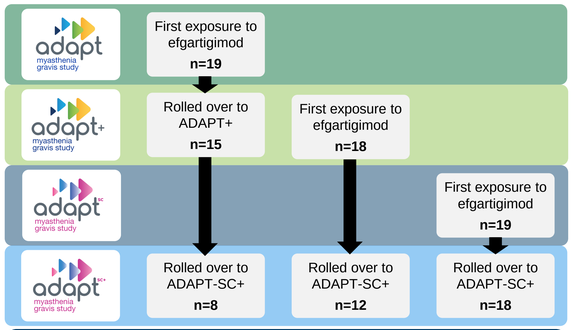
adapt SC+ myasthenia gravis study

SUMMARY

- **Patients with AChR-Ab- gMG have a high unmet clinical need and have historically been excluded from clinical trials**
- **Both IV and SC efgartigimod were well tolerated in participants with AChR-Ab- gMG in ADAPT/ADAPT+ and ADAPT-SC/ADAPT-SC+, with no new safety signals observed**
- **Improvements in MG-ADL were seen consistently at week 3 in participants with AChR-Ab- gMG across multiple cycles**
- **IV and SC efgartigimod led to clinically meaningful improvements in MG-ADL for participants with AChR-Ab- gMG, with some achieving MSE across cycles**
- **The ADAPT SERON study evaluating the safety and efficacy of efgartigimod IV in patients with AChR-Ab- gMG is actively recruiting**

RESULTS

Figure 1. Pooled AChR-Ab- Participant Population Disposition



- Across all participants (N=262) in the pooled population (AChR-Ab+ [n=206]; AChR-Ab- [n=56]), the total follow-up was 500.4 PY of exposure
- In AChR-Ab+ participants, the total follow-up was 385.5 PY
- In AChR-Ab- participants, the total follow-up was 114.9 PY

Table 1. Baseline Demographics and Disease Characteristics
Overall and AChR-Ab- Pooled Populations

	Overall Population (N=262)	Pooled AChR-Ab- Population (n=56)
Age, y, mean (SD)	49.6 (15.4)	48.1 (13.2)
Sex, female, n (%)	175 (66.8)	45 (80.4)
Time since gMG diagnosis, y, mean (SD)	8.6 (8.0)	8.7 (8.1)
MG-ADL score, mean (SD)	9.1 (2.7)	10.1 (3.1)
QMG score, mean (SD)	15.8 (4.7)	17.1 (4.7)
MGFA disease class at screening, n (%)		
Class II	108 (41.2)	21 (37.5)
Class III	144 (55.0)	32 (57.1)
Class IV	10 (3.8)	3 (5.4)

Figure 2. Mean Change From Cycle Baseline in MG-ADL at Week 3 by Cycle
Pooled AChR-Ab- Population

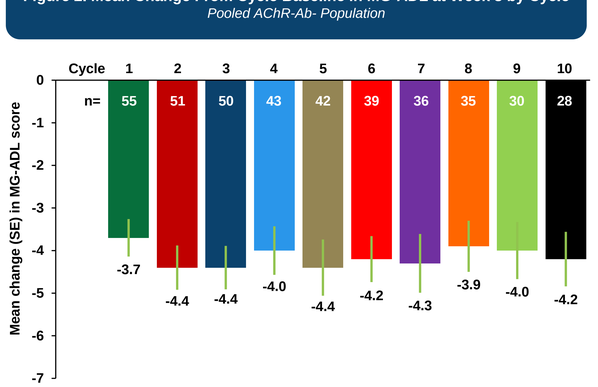


Figure 3. Clinically Meaningful Improvement (decrease of ≥2 in MG-ADL total score) at Week 3 by Cycle
Pooled AChR-Ab- Population

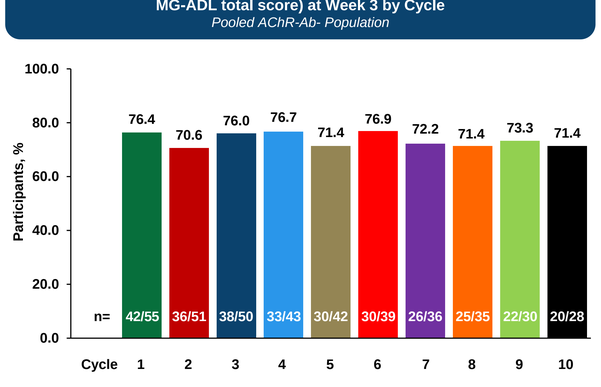
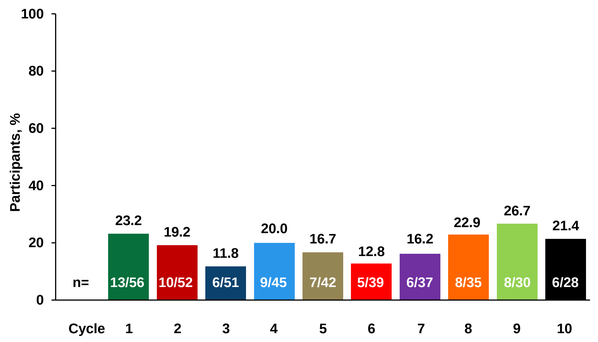


Table 2. Summary of TEAEs
Overall Study Populations

	ADAPT		ADAPT+		ADAPT-SC				ADAPT-SC+	
	Efgartigimod IV (n=84) [34.9 PY]		Efgartigimod IV (n=145) [229.0 PY]		Efgartigimod IV (n=55) [10.5 PY]		Efgartigimod PH20 SC (n=55) [10.7 PY]		Efgartigimod PH20 SC (n=179) [193.4 PY]	
	ER[a]	n (%)	ER[a]	n (%)	ER[a]	n (%)	ER[a]	n (%)	ER[a]	n (%)
TEAEs	7.22	65 (77.4)	3.53	124 (85.5)	7.62	28 (50.9)	12.43	37 (67.3)	8.95	152 (84.9)
Serious TEAEs	0.11	4 (4.8)	0.24	36 (24.8)	0.48	4 (7.3)	0.93	8 (14.5)	0.26	33 (18.4)
Discontinued due to TEAE	0.20	3 (3.6)	0.06	12 (8.3)	0	0	0.19	2 (3.6)	0.03	4 (2.2)

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

Figure 4. Minimal Symptom Expression (MG-ADL total score of 0 or 1 at any time during a cycle) by Cycle
AChR-Ab- Population



Scan to learn more about the ADAPT SERON study examining efgartigimod in participants with AChR-Ab- gMG

ABBREVIATIONS
AChR-Ab-, acetylcholine receptor antibody seronegative; AChR-Ab+, acetylcholine receptor antibody seropositive; ER, event rate per participant years of follow-up; Fc, fragment crystallizable region; FcRn, neonatal Fc receptor; gMG, generalized myasthenia gravis; Ig, immunoglobulin; IV, intravenous; MG-ADL, Myasthenia Gravis Activities of Daily Living; MGFA, Myasthenia Gravis Foundation of America; MSE, minimal symptom expression; OLE, open-label extension; PD, pharmacodynamic; PK, pharmacokinetic; PY, participant years; QMG, Quantitative Myasthenia Gravis; rHuPH20, recombinant human hyaluronidase PH20; SC, subcutaneous; TEAE, treatment-emergent adverse event.

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