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Observed Efficacy of Efgartigimod in Generalized Myasthenia Gravis Across Patient Subgroups in the ADAPT-SC+ Study

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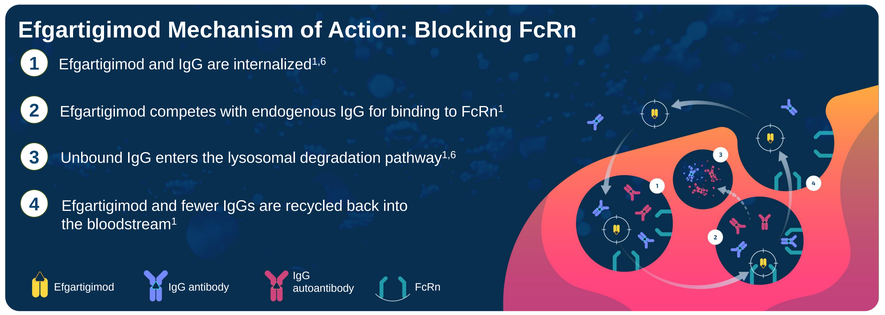
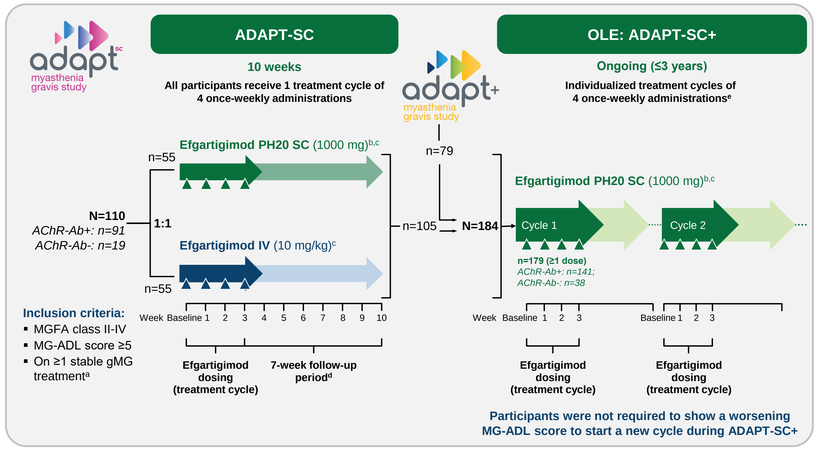
INTRODUCTION

- 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]



METHODS



[a]AChEIs, steroids, and/or NSISTs. [b]Coformulated with 2000 U/mL rHuPH20. [c]Arrows indicate efgartigimod administration. [d]Participants could not receive treatment in the 7-week follow-up period. [e]Participants who are not in need of retreatment at study entry will instead start with an intertreatment period.

SUMMARY

- **Efgartigimod PH20 SC resulted in consistent improvements in AChR-Ab+ participants across subgroups, including those only receiving AChEIs**
- **Clinical improvements across subgroups were similar to those seen in participants in the ADAPT trial,[2] reinforcing efgartigimod's efficacy across a broad gMG population**
- **Results in participants with short disease duration and limited/no exposure to prior treatments suggest efgartigimod may be an effective option early in their disease course**
- **The majority of adverse events were mild or moderate with no new safety findings**

RESULTS

Table 1. Participant Demographics and Baseline Characteristics
Overall and AChR-Ab+ Population

	Efgartigimod PH20 SC *Overall* *(n=179)*	Efgartigimod PH20 SC *AChR-Ab+* *(n=141)*
Age, years, mean (SD)	50.7 (15.5)	51.0 (15.9)
Sex, female, n (%)	119 (66.5)	90 (63.8)
Weight, kg, median (Q1-Q3)	76.9 (64.0-89.8)	77.0 (63.0-92.0)
AChR-Ab+, n (%)	141 (78.8)	141 (100)
Total MG-ADL score, mean (SD)	7.9 (3.4)	7.6 (3.4)
Total MG-QoL15r score, mean (SD)	13.6 (6.9)	13.1 (6.8)
MG therapy during the first year, n (%)		
Any steroid	128 (71.5)	103 (73.0)
Any NSIST	89 (49.7)	67 (47.5)
Any AChEI	150 (83.8)	122 (86.5)
Steroid + NSIST	69 (38.5)	53 (37.6)
AChEI only	29 (16.2)	23 (16.3)

- 184 participants rolled over from ADAPT-SC (n=105) and ADAPT+ (n=79)
- 179 participants (141 AChR-Ab+ and 38 AChR-Ab-) received ≥1 dose of efgartigimod PH20 SC in ADAPT-SC+ through December 2022, with a mean (SD), median, and maximum study duration for all participants of 412.9 (104.52), 451, and 585 days, respectively

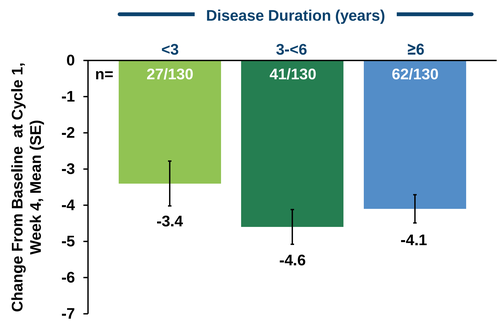
Table 2. Summary of TEAEs
Overall Population

	Efgartigimod PH20 SC *(n=179; PYFU=193.4)*	
	ER[a]	n (%)
Any TEAE	9.0	152 (84.9)
Any TEAE grade ≥3	0.4	36 (20.1)
Any serious TEAE	0.3	33 (18.4)
Any injection site reaction	3.2	82 (45.8)
Fatal event[b]	<0.1	4 (2.2)
Discontinued study treatment owing to TEAEs[c]	<0.1	4 (2.2)
Most commonly observed TEAEs[d]		
Injection site erythema	1.7	52 (29.1)
COVID-19	0.2	40 (22.3)
Headache	0.6	36 (20.1)
Nasopharyngitis	0.2	28 (15.6)
Diarrhea	0.2	24 (13.4)
Injection site pain	0.2	21 (11.7)
Injection site pruritus	0.2	19 (10.6)
Injection site bruising	0.2	18 (10.1)

[a]Event rate was calculated as number of events per total PYFU. [b]Fatal events (metastatic renal cell cancer, cardiac arrest, pulmonary mass, and COVID-19/respiratory failure) were not related to efgartigimod PH20 SC treatment, as determined by investigators. [c]Treatment discontinuations were due to metastatic renal cell cancer (Cycle 1, death), cardiac arrest (Cycle 2, death), COVID-19/respiratory failure (Cycle 3, death), and MG crisis (Cycle 1). [d]Most frequent TEAEs occurring in >10% of participants receiving efgartigimod PH20 SC.

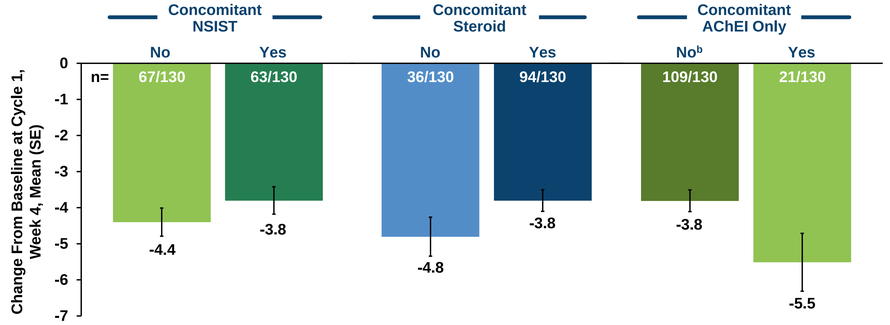
- Participants experiencing injection site reaction events decreased over subsequent cycles; from 34.6% (n=62/179) in Cycle 1 to 10.3% (n=7/68) in Cycle 9
- No injection site reactions were grade ≥3, serious, or resulted in treatment discontinuation

Figure 1. Week 4[a] MG-ADL Score Change From Baseline by Disease Duration
AChR-Ab+ Population



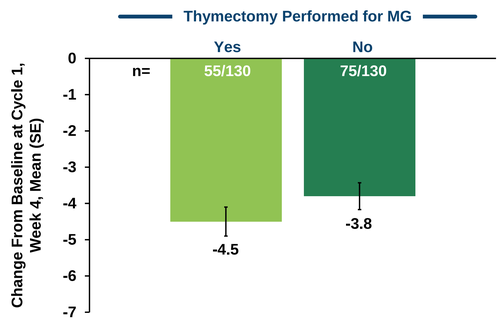
[a]Data available for n=130 participants at week 4 visit of cycle 1.

Figure 2. Week 4[a] MG-ADL Score Change From Baseline by Concomitant Therapy
AChR-Ab+ Population



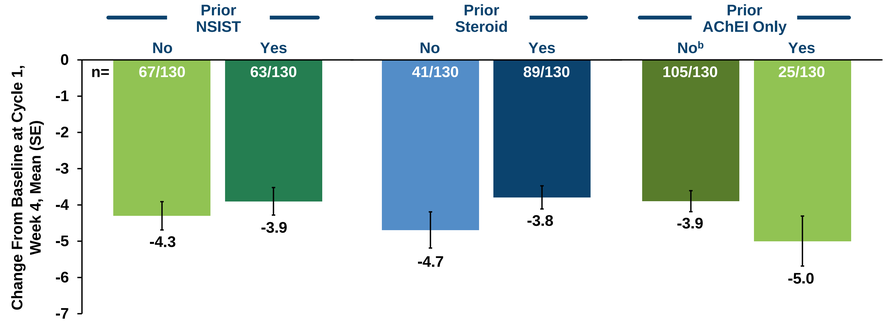
[a]Data available for n=130 participants at week 4 visit of cycle 1. [b]Participants in this group may have received either AChEI in combination with other therapies or have not received AChEI anytime during the first year.

Figure 3. Week 4[a] MG-ADL Score Change From Baseline by Thymectomy Status
AChR-Ab+ Population



[a]Data available for n=130 participants at week 4 visit of cycle 1.

Figure 4. Week 4[a] MG-ADL Score Change From Baseline by Prior Therapy
AChR-Ab+ Population



[a]Data available for n=130 participants at week 4 visit of cycle 1. [b]Participants in this group may have received either AChEI in combination with other therapies or have not received AChEI anytime during the first year.

ABBREVIATIONS
AChEI, acetylcholinesterase inhibitor; AChR-Ab, acetylcholine receptor antibody; 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, Myasthenia Gravis Foundation of America; MG-QoL15r, Myasthenia Gravis Quality of Life 15-Item Questionnaire, Revised; NSIST, nonsteroidal immunosuppressive therapy; OLE, open-label extension; PD, pharmacodynamic; PK, pharmacokinetic; PYFU, participant years of follow-up (sum of follow-up time of all participants expressed in years in the applicable period); rHuPH20, recombinant human hyaluronidase PH20; SC, subcutaneous; TEAE, treatment-emergent adverse event.

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1. Ulrichts P, et al. *J Clin Invest.* 2018;128(10):4372-4386. **2.** Howard JF Jr, et al. [published correction appears in *Lancet Neurol.* 2021;20(8):e5.] *Lancet Neurol.* 2021;20(7):526-536. **3.** Guptill JT, et al. *Autoimmunity.* 2022;55(8):620-631. **4.** Study ARGX-113-2001 (ADAPT-SC) Clinical Trial Protocol v2.0, 02 Jul 2021. **5.** Locke KW, et al [published correction appears in *Drug Deliv.* 2019;26(1):1300.]. *Drug Deliv.* 2019;26(1):98-106. **6.** Sesarman A, et al. *Cell Mol Life Sci.* 2010;67(15):2533-2550.

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