



Clinical Outcomes, Disease Course, and Health-Related Quality of Life in Patients With Multifocal Motor Neuropathy: iMMersioN, Study in Progress

Stojan Peric,¹ Luis Querol,² Sadiq Altamimi,³ Olivier Van de Steen,⁴ Inge Van de Walle,⁴ Emma Persson,⁴ Iris Van Hoomissen,⁴ Gabriela Szmyd,⁴ Miodrag Vujcic,⁴ Marqus Hamwright,⁴ Clémence Arvin-Bérod,⁴ Jeffrey A. Allen⁵

¹University of Belgrade, Faculty of Medicine, Neurology Clinic, University Clinical Center of Serbia, Belgrade, Serbia; ²Hospital de la Santa Creu i Sant Pau, Neuromuscular Disorders Unit, Barcelona, Spain; ³The Neurology Group, Pomona, CA, USA; ⁴argenx, Ghent, Belgium;

⁵University of Minnesota, Department of Neurology, Minneapolis, MN, USA



INTRODUCTION

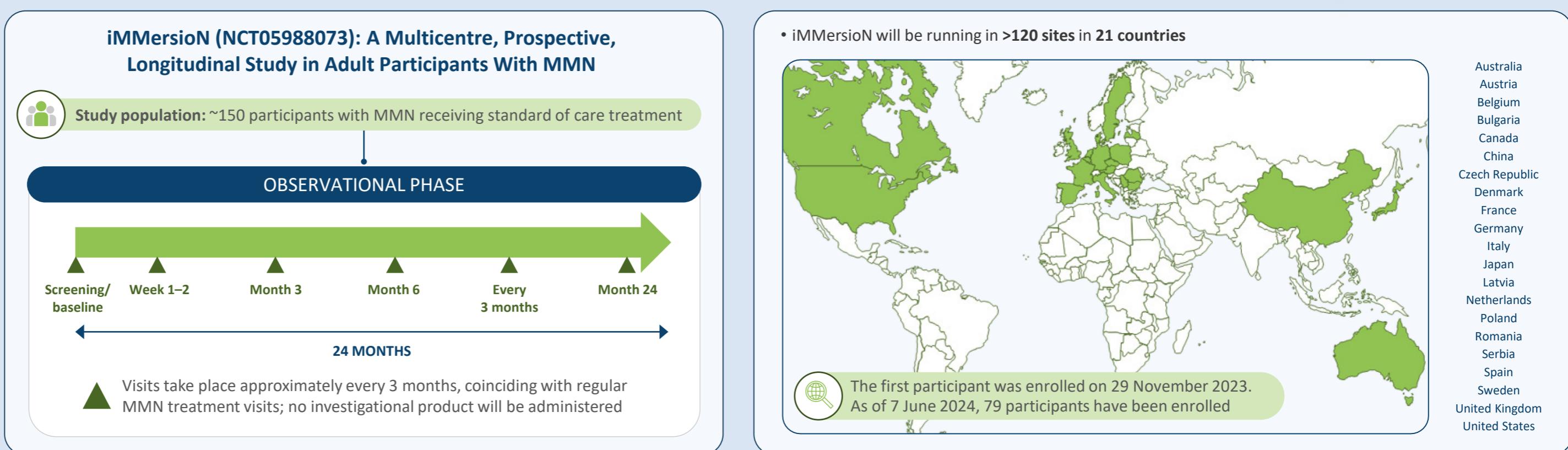
Multifocal Motor Neuropathy (MMN)

- MMN is a rare, peripheral, immune-mediated, chronic neuropathy, associated with axonal degeneration and progressive, disabling asymmetric limb weakness without sensory loss¹⁻³
- MMN is driven by motor nerve conduction block due to IgM autoantibody-mediated complement activation¹⁻³
- Patients with MMN typically have a normal life expectancy; however, ≤20% of patients experience relatively severe disability, predominantly in the upper limbs³
- Patients living with MMN report broad impacts on their daily lives, work, social life and overall well-being⁴

iMMersioN Study Rationale

- Due to the low prevalence of the disease (at least 0.6 per 100,000 individuals),¹ observational data on patient experience and management of MMN in clinical practice are usually limited to small cohorts and retrospective analyses
- There is an opportunity to further understand MMN diagnosis, disease course and management, and to characterise the healthcare resource use of patients
- iMMersioN is a global, prospective longitudinal study that will follow participants with MMN over time and collect data on clinical outcomes, HRQoL and use of healthcare resources

STUDY DESIGN



KEY ELIGIBILITY CRITERIA

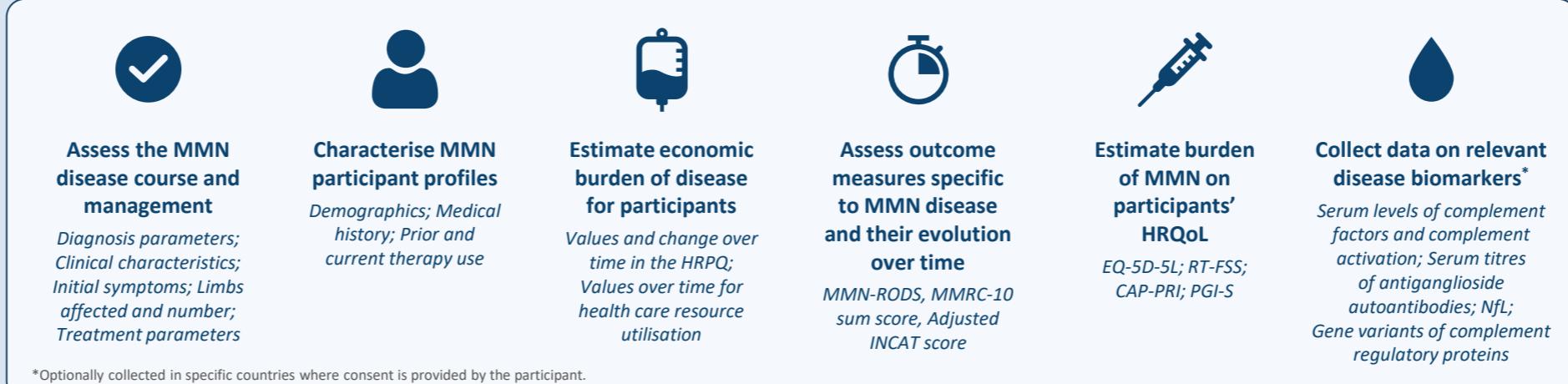
Inclusion Criteria

- At least local legal age of consent for clinical studies when signing the informed consent form
- Capable of providing informed consent to participate in the study and complying with protocol requirements
- Diagnosis of MMN by a neuromuscular specialist or neurologist

Exclusion Criteria

- Participation in any clinical trial with an investigational medicinal product
- Presence of other medical condition that could affect the assessment of MMN

STUDY OBJECTIVES AND ENDPOINTS



KEY TAKEAWAYS

iMMersioN is an ongoing, global, prospective, longitudinal study aiming to provide a detailed view of the impact of MMN and its treatment on participants in a real-world setting

The study will examine clinical outcomes, disease course, HRQoL, and resource utilisation over 24 months in ~150 adult participants with MMN

Presented at the 10th Congress of the European Academy of Neurology (EAN): June 29–July 2, 2024, Helsinki, Finland

ABBREVIATIONS

CAP-PRI: chronic acquired polyneuropathy patient-reported index; EQ-5D-5L: EuroQol 5-Dimension 5-Level; HRPQ: health-related productivity questionnaire; HRQoL: health-related quality of life; IgM: immunoglobulin M; INCAT: Inflammatory Neuropathy Cause and Treatment; MMN: multifocal motor neuropathy; MMN-RODS: Rasch-built overall disability scale for MMN; MMRC: Modified Medical Research Council; NfL: Neurofilament light chain; PGI-S: Patient Global Impression of Severity; RT-FSS: Rasch-Transformed Fatigue Severity Scale.

DISCLOSURES AND ACKNOWLEDGEMENTS

SP: lecture honoraria from ADOC, argenx, Berlin-Chemie Menarini, Mylan, Pfizer, Remedica, Salveo, Teva Actavis, Viatris, and Wörwag; research grants from argenx, Kedrion Biopharma and Octapharma; consultant fees from argenx, Dianthus Therapeutics and Mylan; and travel grants from ADOC, Berlin-Chemie Menarini, Kedrion Biopharma, Medis, Octapharma, Pfizer, Roche, Sanofi Genzyme, Teva Actavis and Wörwag; and reports no other conflicts of interest outside or related to this work. LQ: research grants from CIBERER, Fundación La Marató, GBS/CIDP Foundation International, Grifols, Instituto de Salud Carlos III – Ministry of Economy and Innovation (Spain) and UCB; speaker or expert testimony honoraria from Alnylam, Annexon, argenx, Avilar Therapeutics, Biogen, CSL Behring, Janssen, LFB, Lundbeck, Merck, Novartis, Octapharma, Roche, Sanofi Genzyme and UCB; serves as Clinical Trial Steering Committee for Sanofi Genzyme; and was Principal Investigator for UCB's CIDP01 trial. SA: nothing to disclose. IVW, EP, IVH, MH, CA-B: employees of argenx. OVS: consultant for argenx. GS, MV: consultants for argenx and PPD. JA: consulting honoraria from Akcea, Alexion, argenx, CSL Behring, Grifols, Johnson & Johnson, Sanofi and Takeda.

This study is sponsored by argenx. Medical writing support was provided by Envision Pharma Group, funded by argenx.

REFERENCES

1. Yeh WZ et al. *J Neurol Neurosurg Psychiatry*. 2020;91(2):140–8.
2. Budding K et al. *Neuroimmunol Neuroinflamm*. 2021;9:e1107.
3. Harschnitz O, et al. *J Clin Immunol*. 2014;34(suppl 1):S112–9.
4. Katz J, et al. First global multifocal motor neuropathy (MMN) quality of life (QoL) patient survey identifies needs in education and treatment. Accessed 21 June 2024. http://www.neuropathyaction.org/downloads/MMN_article%209-26-2016.pdf.

SCAN ME

