Impact of Long-Term Intravenous Efgartigimod on Quality of Life, Disease Severity, and Safety in Participants With Generalized Myasthenia Gravis During ADAPT NXT

76

Gregory Sahagian, MD,[1] Ali A. Habib, MD,[2] Kristl G. Claeys, MD, PhD,[3,4] Yessar Hussain, MD,[5] Elena Cortés-Vicente, MD, PhD,[6,7] Jeffrey Guptill, MD,[8] Li Liu, PhD,[8] Rosa H. Jimenez, MD, PhD,[8] Delphine Masschaele, PhD,[8] Renato Mantegazza, MD,[9] Andreas Meisel, MD,[10] Arjun Seth, MD,[11] Shahram Attarian, MD, PhD,[12] and the ADAPT NXT Study Group

[1]The Neurology Center of Southern California, Carlsbad, California; [2]Department of Neurology, University of California, Irvine, Orange, California; [3]Department of Neurology, University Hospitals Leuven, Leuven, Belgium; [4]Laboratory for Muscle Diseases and Neuropathies, KU Leuven, Leuven, Belgium; [5]Austin Neuromuscular Center, Austin, Texas; [6]Neuromuscular Diseases Unit, Department of Neurology, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain; [7]Biomedical Research Institute Sant Pau, Barcelona, Spain; [8]argenx, Ghent, Belgium; [9]Emeritus Department of Neuroimmunology and Neuromuscular Diseases, Fondazione IRCCS Istituto Neurologico Carlo Besta, Milan, Italy; [10]Department of Neurology and NeuroScience Clinical Research Center, Charité - Universitätsmedizin Berlin, Berlin, Germany; [11]Department of Neurology, Northwestern University, Chicago, Illinois; [12]Reference Center for Neuromuscular Disorders and ALS, Timone Hospital University, Marseille, France

INTRODUCTION

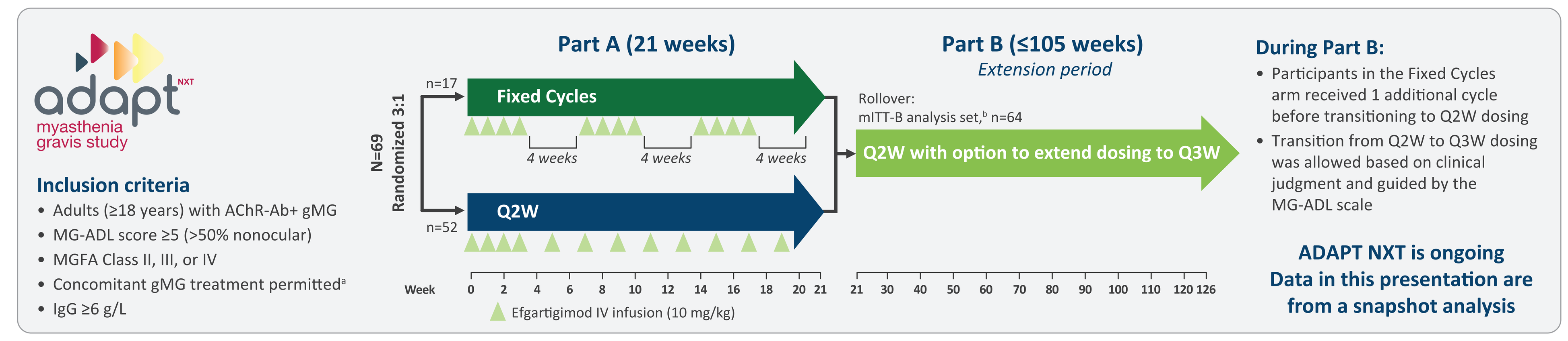
- Efgartigimod is a human IgG1 antibody Fc fragment that has been engineered for increased affinity to FcRn compared with endogenous IgG and is uniquely composed of the only part of the IgG antibody that normally binds FcRn[1]
- Efgartigimod selectively reduces IgG by blocking FcRn-mediated IgG recycling without impacting antibody production or other parts of the immune system, and does not decrease albumin or increase cholesterol[1-3]

Efgartigimod Mechanism of Action: Blocking FcRn

METHODS

ADAPT NXT is a Phase 3B, randomized, open-label, parallel-group study designed to evaluate 2 dosing regimens of efgartigimod IV to maximize and maintain clinical benefit in participants with gMG

- In Part A, both study arms initially received 1 cycle of 4 once-weekly infusions. Subsequently, the Fixed Cycles arm received 2 additional cycles of 4 once-weekly infusions (with 4 weeks between cycles), and the Q2W arm received infusions once every other week
- In Part B, participants transitioned to or continued Q2W infusions, with the option to extend dosing to every third week (Q3W)



Inclusion criteria

- Adults (≥18 years) with AChR-Ab+ gMG
- MG-ADL score ≥5 (>50% nonocular)
- MGFA Class II, III, or IV
- Concomitant gMG treatment permitted[a]
- IgG ≥6 g/L

During Part B:

- Participants in the Fixed Cycles arm received 1 additional cycle before transitioning to Q2W dosing
- Transition from Q2W to Q3W dosing was allowed based on clinical judgment and guided by the MG-ADL scale

ADAPT NXT is ongoing
Data in this presentation are from a snapshot analysis

[a]Including NSISTs, corticosteroids, and/or AChEIs. If receiving corticosteroids and/or NSISTs, must be on a stable dose for ≥1 month prior to screening. [b]All participants who entered Part B and had ≥1 analysis visit in Part B.

RESULTS

TABLE 1. ADAPT NXT Baseline Demographics and Clinical Characteristics
Safety Analysis Set

	Efgartigimod IV (N=69)
Age, years, mean (SD)	55.9 (16.4)
Age ≥65 years, n (%)	25 (36.2)
Sex, female, n (%)	43 (62.3)
Time since diagnosis, years, mean (SD)	7.0 (7.1)
MGFA classification at screening, n (%)	
Class II	23 (33.3)
Class III	44 (63.8)
Class IV	2 (2.9)
Total MG-ADL score, mean (SD)	9.4 (3.2)
Total MG-ADL categorization, n (%)	
5-12	56 (81.2)
>12	13 (18.8)
Total MG-QoL15r score, mean (SD)	16.9 (6.1)
EQ-5D-5L VAS score, mean (SD)	56.0 (18.9)
Neuro-QoL fatigue T-score, mean (SD)	56.2 (7.2)
Baseline MG therapy, n (%)	
Any steroid	40 (58.0)
Any NSIST	27 (39.1)
Any AChEI	61 (88.4)
AChEI only	17 (24.6)

TABLE 2. Summary of TEAEs[a]
Safety Analysis Set

	Efgartigimod IV (N=69, PYFU=134.7)	
	n (%)	ER[b]
TEAE	67 (97.1)	6.0
Serious TEAE	27 (39.1)	0.4
Grade ≥3 TEAE	28 (40.6)	0.5
Fatal TEAE[c]	1 (1.4)	0.01
Discontinued due to TEAEs	5 (7.2)	0.04
Most frequent TEAEs[d]		
COVID-19[e]	28 (40.6)	0.2
Headache	15 (21.7)	0.3
Upper respiratory tract infection	14 (20.3)	0.2
Bronchitis	14 (20.3)	0.2
Myasthenia gravis	14 (20.3)	0.1
Arthralgia	13 (18.8)	0.1
Nasopharyngitis	12 (17.4)	0.1
Back pain	11 (15.9)	0.1
Influenza	11 (15.9)	0.1
Diarrhea	10 (14.5)	0.1
Nausea	9 (13.0)	0.2
Cough	9 (13.0)	0.1
Pyrexia	9 (13.0)	0.1
Urinary tract infection	8 (11.6)	0.1
Fatigue	7 (10.1)	0.1
Myalgia	7 (10.1)	0.1
Dyspnea	7 (10.1)	0.1

[a]TEAE data from Part A and Part B combined. [b]ER was calculated as number of events/PYFU. [c]The fatal TEAE occurred unexpectedly while the participant (89-year-old female) was asleep. No autopsy was performed, but the fatality was considered by the investigator to be unrelated to efgartigimod treatment. [d]Reported by ≥10% of participants. [e]High frequency of COVID-19 TEAEs is attributable to the study occurring during the COVID-19 pandemic.

TABLE 3. ANCOVA[a] Analysis of the Mean of the Average MG-ADL Total Score Change From Baseline During Weeks 1-21

	Efgartigimod IV Fixed Cycles		Efgartigimod IV Q2W		Efgartigimod IV Fixed Cycles vs Q2W
	n	LS mean (95% CI)	n	LS mean (95% CI)	LS estimate (95% CI)
mITT analysis set[b]	17	−5.13 (−6.50, −3.77)	52	−4.61 (−5.38, −3.85)	−0.52 (−2.10, 1.07)

- Participants in the Fixed Cycles and Q2W dosing arms demonstrated rapid, clinically meaningful average improvements from baseline in MG-ADL total scores during Part A, with **no statistically significant difference detected between dosing arms**

[a]The ANCOVA model used for statistical analysis included treatment arm as a factor and baseline MG-ADL total score as a covariate to account for any differences in baseline MG-ADL scores. [b]All randomized participants with a baseline MG-ADL total score and ≥1 postbaseline analysis visit at or before Week 21.

FIGURE 1. Mean Change in MG-ADL Total Score From Baseline (Week 1-126)

- Mean (SE) total score decreased from 9.4 (0.4) at baseline to 4.1 (0.6) at Week 126
  - MG-ADL is an 8-item participant-reported assessment of MG symptoms and their effects on daily activities
  - Total scores range from 0 to 24, with a higher score indicating more severe impairment

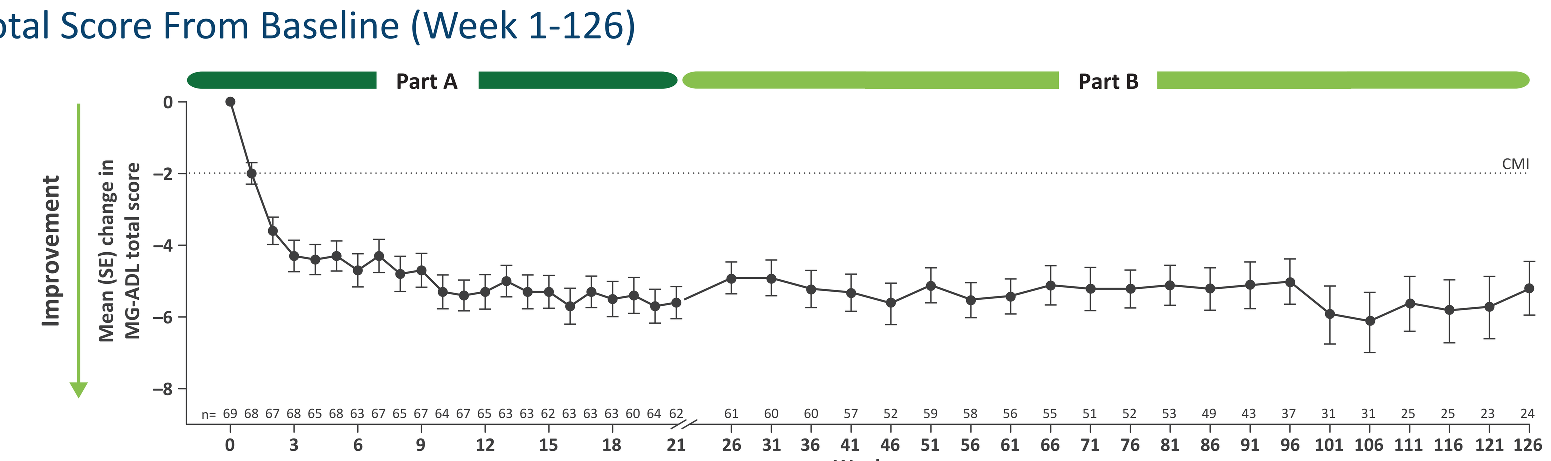


FIGURE 2. Mean Change in MG-QoL15r Score From Baseline (Week 1-126)

- Mean (SE) total score decreased from 16.9 (0.8) at baseline to 10.7 (1.1) at Week 126
  - MG-QoL15r is a participant-reported survey of perceived health-related QoL
  - Total scores range from 0 to 30, with a higher score indicating more severe impact of MG symptoms on QoL

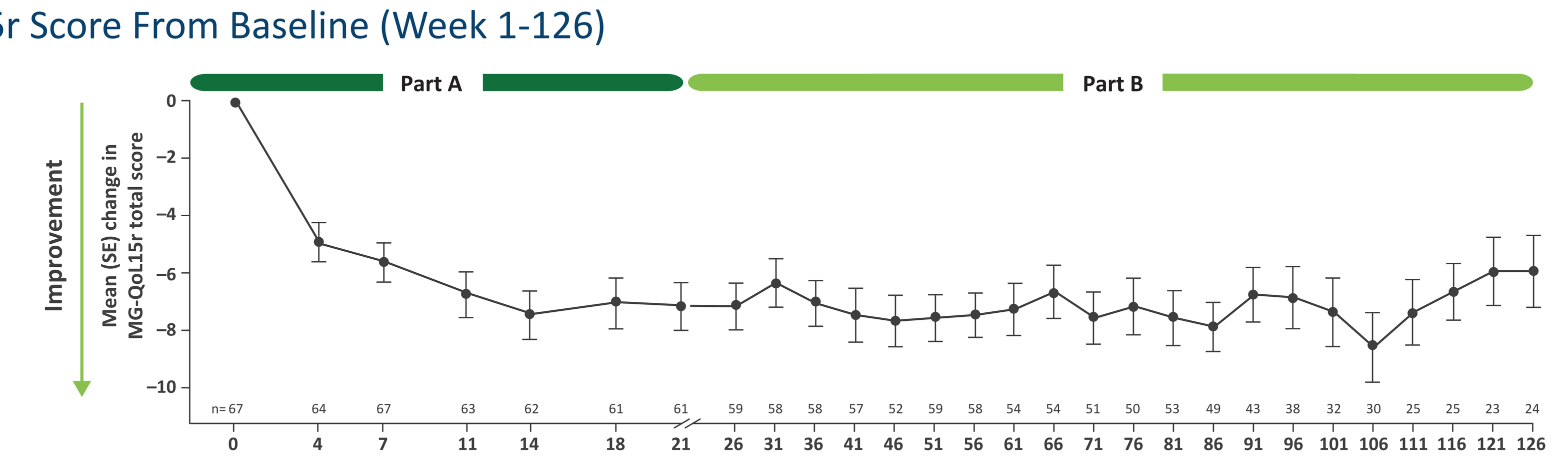


FIGURE 3. Mean Change in EQ-5D-5L VAS Score From Baseline (Week 1-126)

- Mean (SE) score increased from 56.0 (2.3) at baseline to 76.5 (3.5) at Week 126
  - EQ-5D-5L VAS is a participant-reported rating of health status
  - Scores range from 0 ("the worst health you can imagine") to 100 ("the best health you can imagine")

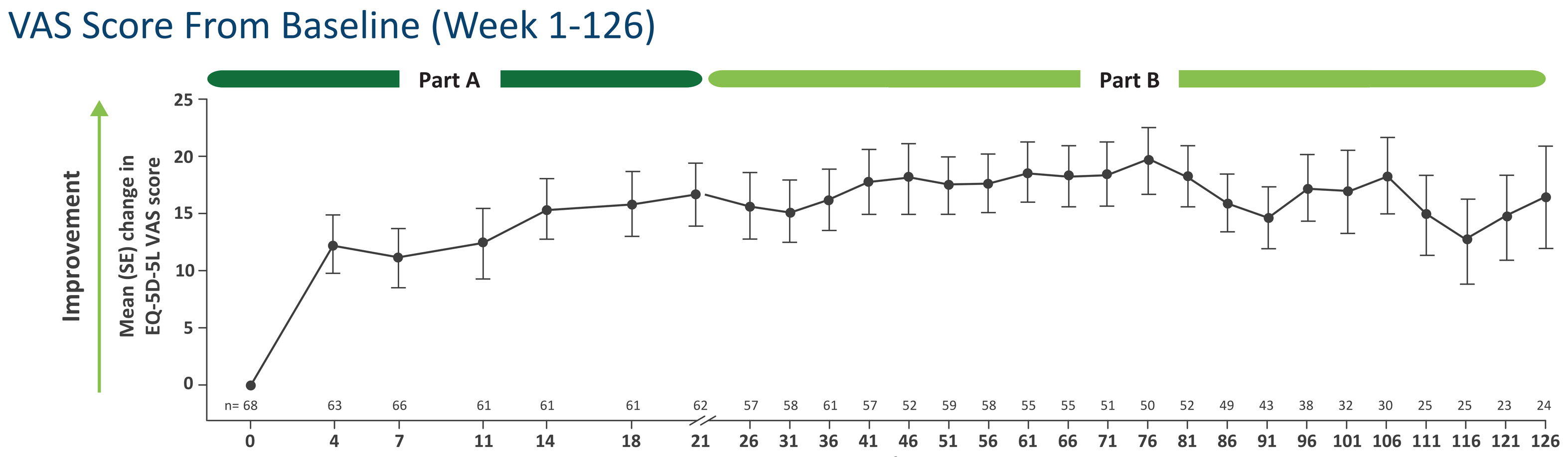
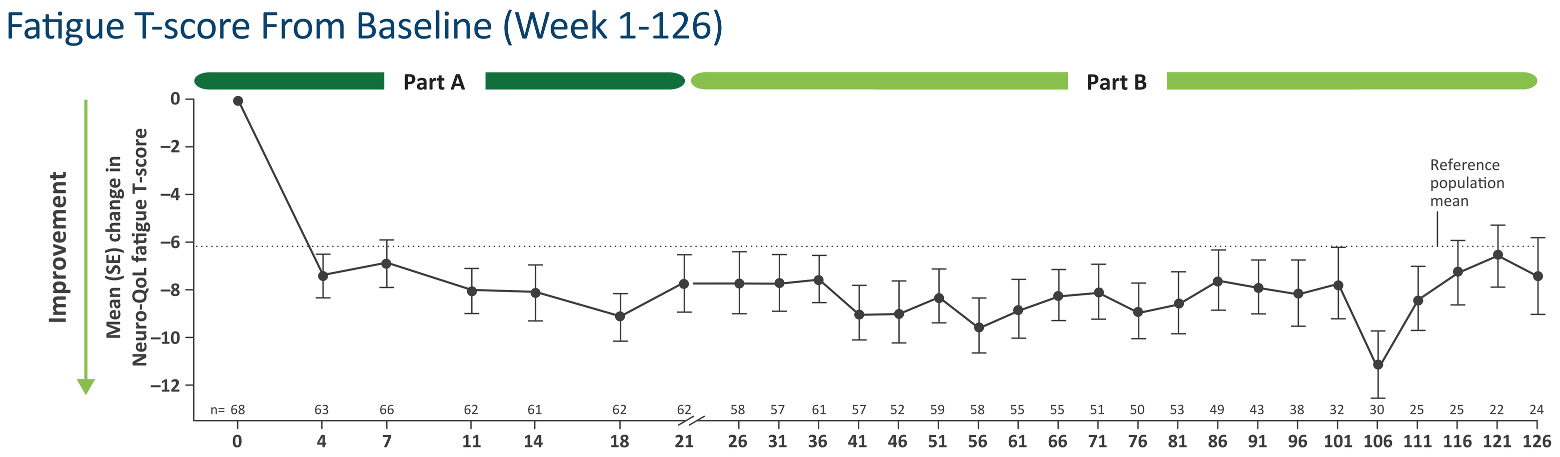


FIGURE 4. Mean Change in Neuro-QoL Fatigue T-score From Baseline (Week 1-126)

- Mean (SE) T-score decreased from 56.2 (0.9) at baseline to 48.4 (1.7) at Week 126
  - The Neuro-QoL fatigue scale[a] is a participant-reported assessment of feelings ranging from tiredness to debilitating exhaustion
  - T-scores are standardized such that the mean (SD) T-score is 50 (10) in a reference population representative of the general US population, with higher T-scores indicating higher levels of fatigue[5]



[a]The 8-item short-form questionnaire was used for this assessment.

SUMMARY

- Participants demonstrated clinical (MG-ADL) improvements as early as Week 1, and improvements were sustained through 126 weeks
- Improvements in QoL (MG-QoL15r), health status (EQ-5D-5L VAS), and fatigue (Neuro-QoL) correlated with clinical improvements and were sustained through 126 weeks
- Mean fatigue levels improved by Week 4 and were sustained at a level lower than the Neuro-QoL reference population mean
- Efgartigimod was well tolerated across dosing regimens and throughout the study period
- ADAPT NXT provides data on further options to individualize efgartigimod dosing for the treatment of gMG

PRESENTED AT MYASTHENIA GRAVIS FOUNDATION OF AMERICA (MGFA) SCIENTIFIC SESSION AT THE AMERICAN ASSOCIATION OF NEUROMUSCULAR & ELECTRODIAGNOSTIC MEDICINE (AANEM) ANNUAL MEETING; OCTOBER 29, 2025; SAN FRANCISCO, CA

ABBREVIATIONS

AChEI, acetylcholinesterase inhibitor; **AChR-Ab+**, acetylcholine receptor autoantibody–positive; **ANCOVA**, analysis of covariance; **EQ-5D-5L VAS**, EuroQol 5-Dimension, 5-Level Visual Analogue Scale; **ER**, event rate; **Fc**, fragment crystallizable region; **FcRn**, neonatal Fc receptor; **gMG**, generalized myasthenia gravis; **IgG**, immunoglobulin G; **IV**, intravenous; **LS**, least squares; **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; **mITT**, modified intent-to-treat; **MSE**, minimal symptom expression; **Neuro-QoL**, Quality of Life in Neurological Disorders; **NSIST**, nonsteroidal immunosuppressive therapy; **PYFU**, participant years of follow-up; **Q2W**, every other week; **Q3W**, every third week; **QoL**, quality of life; **TEAE**, treatment-emergent adverse event.

DISCLOSURES AND ACKNOWLEDGMENTS

The authors gratefully acknowledge the ADAPT NXT trial participants and investigators.
GS: Alexion, argenx, UCB, Immunovant, Biogen. **AAH:** Alexion/AstraZeneca, argenx, UCB, Immunovant, Regeneron, Cabaletta Bio, Amgen, Genentech/Roche, Novartis, Arcellx, Merck, Nkarta, NMDpharma, Grifols, Cartesian, Janssen/Johnson & Johnson, Cour, Kyverna, MGNet, NIH/NINDS, Immunis. **KGC:** Alnylam, Amicus, argenx, Biogen, CSL Behring, Ipsen, Janssen, Lupin, Pfizer, Roche, Sanofi-Genzyme, UCB. **YH:** no disclosures. **EC-V:** argenx, UCB, Alexion, Janssen. **JG, LL, RHJ, DM:** argenx. **RM:** Alexion, argenx, Ra, Biomarin, Catalyst, UCB, Teva, Merck, Roche, Janssen, Biogen. **AM:** Alexion, argenx, Grifols, SA, Hormosan GmbH, UCB, Janssen, Merck, Octapharma, German Myasthenia Gravis Society. **AS:** argenx, Takeda, UCB. **SA:** Alexion, argenx, Sanofi, Pfizer, LFB, UCB, Janssen, Biogen. The ADAPT NXT trial was funded by argenx. Medical writing and editorial support for this presentation were provided by Precision AQ and funded by argenx.

REFERENCES

1. Ulrichts P, et al. *J Clin Invest*. 2018(10);128:4372-4386. **2.** Howard JF Jr, et al. *Lancet Neurol*. 2021;20(7):526-536. **3.** Guptill JT, et al. *Autoimmunity*. 2022;55(8):620-631. **4.** Sesarman A, et al. *Cell Mol Life Sci*. 2010;67:2533-2550. **5.** National Institute of Neurological Disorders and Stroke (NINDS). *User Manual for the Quality of Life in Neurological Disorders (Neuro-QoL) Measures*. Version 3.0, March 2021. Accessed September 10, 2025. https://www.healthmeasures.net/images/neuro_qol/User_and_scoring_guides/Neuro-QOL_User_Manual_v3_26Apr2021_FINAL.pdf.

SCAN ME