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

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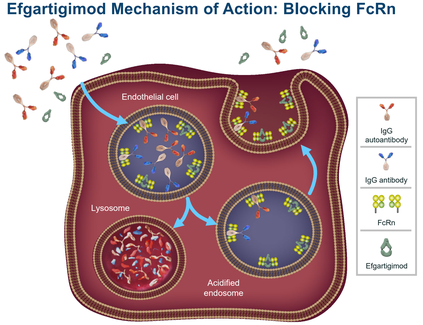
INTRODUCTION

Efgartigimod Mechanism of Action: Blocking FcRn



- Efgartigimod is an IgG1 antibody Fc fragment that has been engineered for increased affinity to FcRn, 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, albumin levels, or other parts of the immune system[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]
- PK/PD modeling and phase 3 data (ADAPT-SC) have demonstrated that 4 once-weekly administrations of 1000 mg efgartigimod PH20 SC and 10 mg/kg efgartigimod IV result in comparable decreases in IgG levels[5]

Clinical Challenges in the Management of AChR-Ab- gMG

- AChR-Ab- gMG affects a heterogenous and potentially difficult-to-diagnose and treat patient population with high unmet clinical need who have historically been excluded from clinical trials[2,6-8]
- 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

- 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

- 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

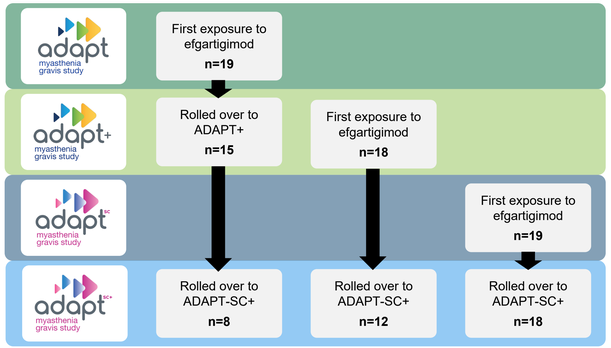
adapt SC+ myasthenia gravis study

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, mean, y (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)

Table 2. Summary of TEAEs

Overall Study Populations

	ADAPT		ADAPT+		ADAPT-SC		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 2. Mean Change From Cycle Baseline in MG-ADL at Week 3 by Cycle

Pooled AChR-Ab- Population

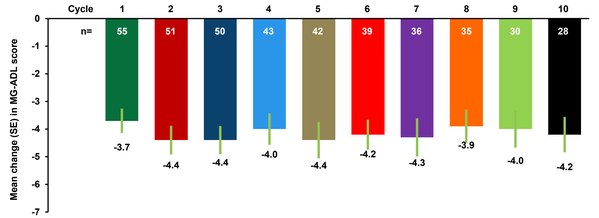


Figure 3. Clinically Meaningful Improvement (Decrease of ≥2 in MG-ADL total score) at Week 3 by Cycle

Pooled AChR-Ab- Population

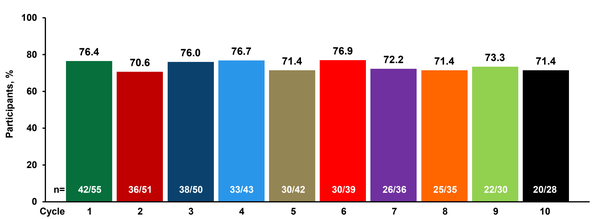
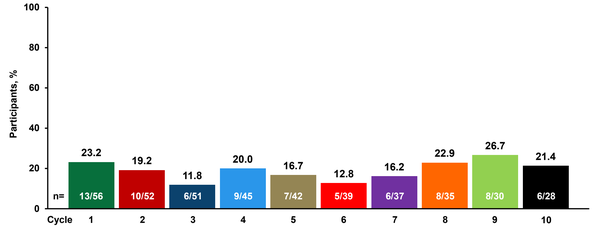


Figure 4. Minimal Symptom Expression (MG-ADL total score of 0 or 1 at any time during a cycle) by Cycle

AChR-Ab- Population



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

ACKNOWLEDGMENTS AND DISCLOSURES: **The authors gratefully acknowledge the ADAPT, ADAPT+, ADAPT-SC, and ADAPT-SC+ trial participants and investigators.** The ADAPT, ADAPT+, ADAPT-SC, and ADAPT-SC+ trials were funded by argenx. Medical writing and editorial support for this presentation were provided by Precision AQ and funded by argenx. **EB:** argenx. **JFH:** AcademicCME, Alexion AstraZeneca Rare Disease, argenx, Biologix Pharma, Cartesian, Centers for Disease Control and Prevention, F. Hoffmann-LaRoche Ltd, Horizon Therapeutics plc, Medscape CME, Merck EMB Serono, MGFA, Muscular Dystrophy Association, NIH, NMD Pharma, Novartis Pharma, PCORI, PeerView CME, PlatformQ CME, Ra Pharmaceuticals/UCB Bioscience, Regeneron Pharmaceuticals, Sanofi US, Takeda, Tolerranzia AB, UCB Bioscience, and Zai Labs. **TV:** Alexion/AstraZeneca, Allergan/Abbvie, Amgen, argenx, Cartesian, CSL Behring, Dianthus, ImmunAbs, Immunovant, Johnson & Johnson, Regeneron, Remegen, and UCB. **RM:** Alexion, argenx, Biogen, BioMarin, Catalyst, Merck, Ra, Roche, Teva, and UCB. **AM:** Alexion, argenx, German Myasthenia Gravis Society, Grifols, Hormosan Pharma GmbH, Janssen, Merck, Octapharma, and UCB. **KU:** Alexion, argenx, Chugai, Janssen, Japan Blood Products Organization, Merck, Mitsubishi Tanabe Pharma, UCB, and Viela Bio (now Horizon). **VB:** Akcea, Alexion AstraZeneca, argenx, CSL, Grifols, Immunovant, Ionis, Momenta (J&J), Octapharma, Takeda, UCB, and Viela.

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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Presented at the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) Annual Meeting; October 15-18, 2024; Savannah, Georgia