Poster #202

ADAPT NXT: An Open-Label Study to Assess the Clinical Efficacy and Safety of Efgartigimod to Further Individualize Treatment in Patients With gMG

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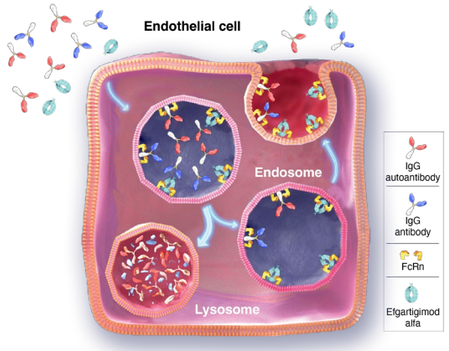
INTRODUCTION

Efgartigimod Mechanism of Action: Blocking FcRn



- FcRn recycles IgG, extending its half-life and maintaining its serum concentration[1]
- Efgartigimod is a human IgG1 Fc fragment, a natural ligand of FcRn, engineered for increased affinity to FcRn[2,3]
- Efgartigimod was designed to outcompete endogenous IgG, preventing recycling and promoting lysosomal degradation of IgG[2-6]
  - Targeted reduction of all IgG subclasses
  - No impact on immunoglobulins M or A
  - No reduction in albumin levels
  - No increase in cholesterol
  - No impact on IgG production or ability to mount an immune response

RATIONALE

- Cyclic administration of efgartigimod 10 mg/kg IV was well tolerated and effective at improving strength and function in patients with gMG in previous studies[4]
- The goal of this study is to provide additional dosing regimens to further individualize treatment for patients with gMG

Pharmacodynamic Modeling

- Simulated total IgG modeling, based on existing clinical data, was performed to assess relative reductions in IgG with additional individualized dosing regimens[7]
- Based on these modeling data, continuous dosing of efgartigimod Q2W or Q3W provide IgG reductions that fall within the range of reductions observed with cyclical dosing[7]

Safety

- No treatment-related serious adverse events have been observed in ongoing clinical studies in which efgartigimod was administered weekly or Q2W[7]
- Q2W continuous dosing of efgartigimod has been used to treat other conditions without notable changes to risk profile[8]

ABBREVIATIONS

AChR, acetylcholine receptor; EQ-5D-5L VAS, EuroQoL 5-Dimensions 5-Level Visual Analog Scale; FcRn, neonatal Fc receptor; gMG, generalized myasthenia gravis; IgG, immunoglobulin G; IV, intravenous; IVIg, intravenous immunoglobulin; MG-ADL, Myasthenia Gravis Activities of Daily Living; MG-QoL15r, Myasthenia Gravis Quality of Life 15-Item Questionnaire, Revised; Neuro-QoL, Adult Quality of Life in Neurological Disorders; NSIST, nonsteroidal immunosuppressive therapy; SCIg, subcutaneous immunoglobulin; TSQM-9, Treatment Satisfaction Questionnaire for Medication–9 Items; Q2W, every 2 weeks; Q3W, every 3 weeks.

DESIGN

INCLUSION CRITERIA

- ≥18 years of age
- Anti-AChR-antibody positive gMG
- MG-ADL total score ≥5 (>50% nonocular)
- Stable background treatment of gMG is allowed[a]

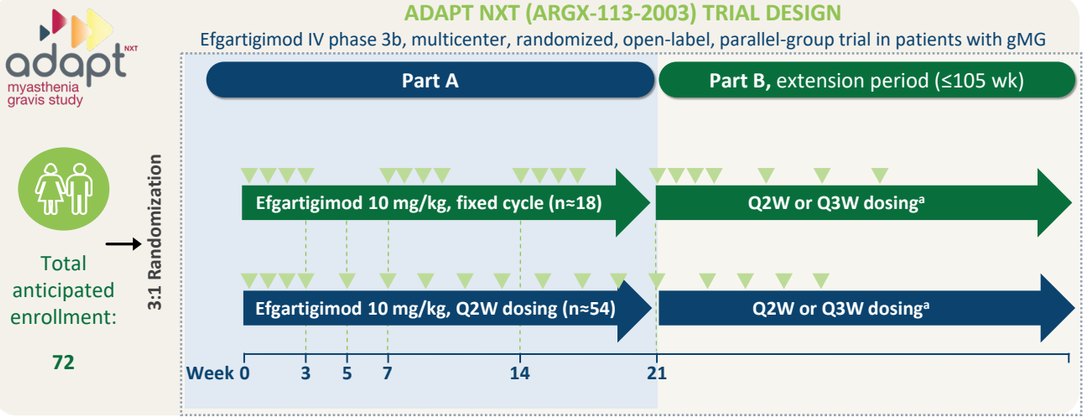
[a]Concomitant gMG therapy permitted, but not required (NSISTs, steroids, and/or acetylcholinesterase inhibitors; stable dose for ≥1 month before screening for NSISTs and/or corticosteroids).

EXCLUSION CRITERIA

- Total IgG <6 g/L at screening
- Use of IVIg or SCIg within 14 days, eculizumab within 1 month, any other investigational product within 3 months or 5 half-lives, monoclonal antibody within 5 half-lives, or rituximab within 6 months of screening
- Received a live or live-attenuated vaccine <28 days before screening
- History of malignancy
- Received a thymectomy <3 months before screening
- Active infection

ADAPT NXT (ARGX-113-2003) TRIAL DESIGN

Efgartigimod IV phase 3b, multicenter, randomized, open-label, parallel-group trial in patients with gMG



Note: Green triangles indicate day of efgartigimod infusion.
[a]During Part B, participants who maintain clinical improvement receiving the Q2W dosing regimen can switch to the Q3W dosing regimen. Participants in Part B who do not maintain clinical improvement on the Q3W dosing regimen will be permitted to switch back to the Q2W dosing regimen.

ENDPOINTS

PRIMARY ENDPOINT

- **Mean of the average MG-ADL total score change from Week 1 through Week 21 by regimen arm**

SECONDARY AND ADDITIONAL ENDPOINTS

- **Secondary Endpoint**
  - Incidence and severity of adverse events, serious adverse events, adverse events of special interest, laboratory test results, vital signs, and electrocardiogram results
  - Change from baseline in the MG-ADL total score over time
  - Percentage of participants who have a ≥2-, 3-, 4-, or 5-point improvement in MG-ADL total score over time
  - Participants achieving minimal symptom expression, defined as MG-ADL total score 0–1, over time
- **Exploratory Endpoints**
  - Patient treatment satisfaction (TSQM-9 domain scores)
  - Pharmacokinetic and pharmacodynamic effects
  - Impact on quality of life (MG-QoL15r, EQ-5D-5L VAS, and Neuro-QoL)
  - Feasibility of remote MG-ADL scale administration and receiving efgartigimod infusions off site

SUMMARY

ADAPT NXT is a phase 3b, multicenter, randomized, open-label, parallel-group trial evaluating the efficacy and safety of different dosing regimens of IV efgartigimod in patients with gMG

ADAPT NXT is designed to determine the efficacy, safety, and tolerability of 10 mg/kg IV efgartigimod administered in additional dosing regimens

Recruitment is ongoing

Estimated primary completion date: end of 2023

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KG: Alexion, UCB, and argenx. **GS:** Alexion Pharmaceuticals, argenx, UCB, Immunovant, and Biogen. **YH:** none. **MHF**: argenx, abbvie, Allergan, Eisai, Catalyst, and Cala Health. **AAH**: argenx, Alexion Pharmaceuticals, VielaBio, UCB, Genentech, Regeneron, and Sanofi. **TS:** Bristol-Myers Squibb, Sanofi, Alexion Pharmaceuticals, Alnylam, Bayer Vital, Biogen, Celgene, CSL Behring, Euroimmun, Janssen, Merck Serono, Novartis, Roche, Sanofi Aventis, and Siemens. **TR:** Abbott, Alexion Pharmaceuticals, argenx, Biogen, Celgene, Merck, Novartis, Roche, Teva, and UCB. **MR:** none. **FS:** none. **EB**, **DG**, **LL**, and **JP:** employees of argenx. **RM:** Alexion Pharmaceuticals, argenx, UCB, BioMarin, Catalyst Pharmaceuticals, UCB, Teva, Merck, Roche, and Biogen. Medical writing and editorial support was provided by PRECISION Value and Health and funded by argenx.

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