Poster #108

Long-Term Safety, Tolerability, and Efficacy of Efgartigimod in Patients With Generalized Myasthenia Gravis: Interim Results of the ADAPT+ Study

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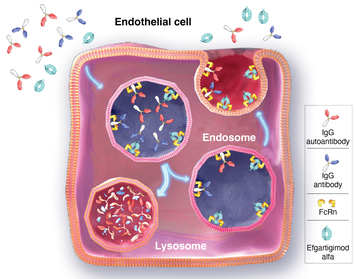
INTRODUCTION

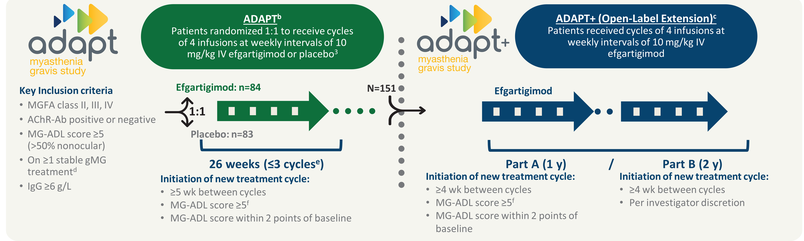
Efgartigimod Mechanism of Action: Blocking FcRn



- 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

METHODS

ADAPT was a 26-week, global, multicenter, randomized, double-blind, placebo-controlled, phase 3 trial evaluating efgartigimod in patients with gMG. Participants who completed ADAPT were eligible to be rolled over to ADAPT+[4,a]



Note: Beige rectangles within arrows indicate day of efgartigimod infusion.
[a]Participants who required retreatment but were unable to complete a treatment cycle within the time frame of ADAPT were also eligible to be rolled over to ADAPT+. [b]The ADAPT study was started on August 22, 2018, and was completed on April 6, 2020. [c]The ADAPT+ study was started on March 1, 2019 and current data cutoff was January 31, 2022. [d]Acetylcholinesterase inhibitor, steroid +/or nonsteroidal immunosuppressive therapy. Patients could not change concomitant therapies in ADAPT or during dosing in Part A of ADAPT+. Physicians could change concomitant therapies between doses in Part A and at any time in Part B of ADAPT+. [e]≤3 cycles dosed at ≥8 weeks after initial cycle. [f]With >50% from nonocular items.

SUMMARY

- IRs of AEs were similar across ADAPT and ADAPT+ (84% [placebo arm] and 77% [efgartigimod arm] of patients in ADAPT vs 85% of patients in ADAPT+)
- AChR-Ab+ patients with ≥1 year of follow-up across ADAPT/ADAPT+ (n=95) received a median (range) 5.0 (0.4–7.6) cycles/y
- In AChR-Ab seropositive patients, efgartigimod treatment resulted in repeatable and consistent decreases in MG-ADL and QMG scores, as well as IgG and anti-AChR-Ab levels, over multiple cycles in ADAPT+
- This analysis suggests that long-term efgartigimod treatment is well tolerated and efficacious in patients with gMG
- The ADAPT+ study is currently ongoing

RESULTS

- 145 patients have received ≥1 cycle (or part of a cycle) of open-label efgartigimod as of January 31, 2022
- AChR-Ab+ patients with ≥1 year of follow-up across ADAPT/ADAPT+ (n=95) received a median (range) of 5.0 (0.4–7.6) cycles/year

Table 1. Summary of AEs (Safety Population)

	ADAPT						ADAPT+		
	Placebo (n=83) [34.51 PY]			Efgartigimod (n=84) [34.86 PY]			Efgartigimod (n=145) [217.55 PY]		
	IR[a]	m	n (%)	IR[a]	m	n (%)	IR[a]	m	n (%)
AEs[b]	**7.8**	270	70 (84)	**7.2**	252	65 (77)	**3.6**	783	123 (85)
SAEs	**0.3**	10	7 (8)	**0.1**	4	4 (5)[c]	**0.2**	52	34 (23)[c]
≥1 Infusion-related reaction event	**0.3**	9	8 (10)	**0.1**	3	3 (4)	**0.1**	21	15 (10)
Infection AEs	**1.2**	42	31 (37)	**1.6**	56	39 (46)	**0.8**	164	80 (55)
Discontinued due to AEs	**0.1**	3	3 (4)	**0.2**	7	3 (4)	**0.1**	14	12 (8)
Severe AEs (grade ≥3)	**0.4**	12	8 (10)	**0.3**	10	9 (11)	**0.3**	72	38 (26)
Death[d]	-	0	0 (0)	-	0	0 (0)	**<0.1**	5	5 (3)
Most frequent AEs									
Nasopharyngitis	**0.5**	17	15 (18)	**0.3**	12	10 (12)	**0.1**	24	20 (14)
Upper respiratory tract infection	**0.2**	5	4 (5)	**0.3**	11	9 (11)	**<0.1**	7	6 (4)
Urinary tract infection	**0.1**	4	4 (5)	**0.3**	9	8 (10)	**0.1**	18	13 (9)
Headache	**1.1**	39	23 (28)	**1.2**	40	24 (29)	**0.5**	98	36 (25)
Nausea	**0.4**	15	9 (11)	**0.2**	7	7 (8)	**0.1**	13	9 (6)
Diarrhea	**0.4**	14	9 (11)	**0.2**	6	6 (7)	**0.1**	19	14 (10)
COVID-19[e]	-	0	0 (0)	-	0	0 (0)	**0.1**	23	22 (15)

[a]IR was calculated as number of events per total PYs of follow-up. [b]AEs were predominantly mild or moderate. [c]Only 1 SAE was considered treatment related per investigator. [d]None of the deaths in ADAPT+ were related to efgartigimod administration per the principal investigator. [e]Includes all preferred terms of COVID-19, COVID-19 pneumonia, Coronavirus infection, and SARS-COV-2 test positive.

Figure 1. Proportion of Patients With Increasing MG-ADL Thresholds, per Cycle
AChR-Ab+ Patients

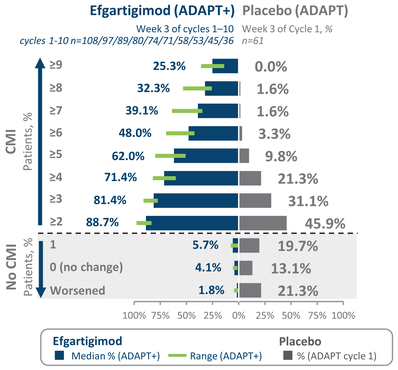
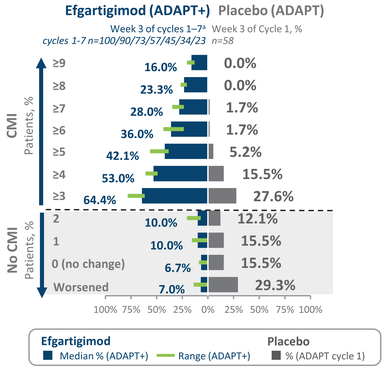


Figure 2. Proportion of Patients With Increasing QMG Thresholds, per Cycle
AChR-Ab+ Patients



[a]QMG was not a required assessment in part B of ADAPT+; therefore, there are fewer data for cycles compared to MG-ADL.

Figure 3. Mean Change in MG-ADL Total Score From Cycle Baseline
AChR-Ab+ Patients

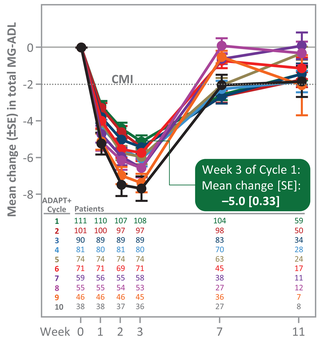


Figure 4. Mean Change in QMG Total Score From Cycle Baseline
AChR-Ab+ Patients

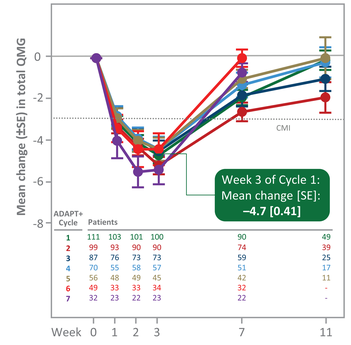
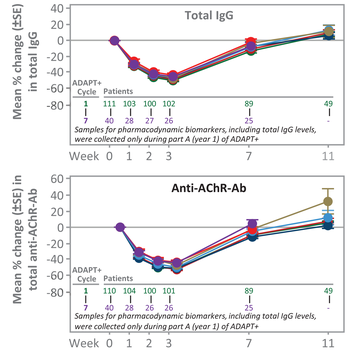


Figure 5. Mean % Change in IgG and Anti-AChR-Ab Levels From Cycle Baseline
AChR-Ab+ Patients



ABBREVIATIONS
AChR-Ab, acetylcholine receptor antibody; AE, adverse event; CMI, clinically meaningful improvement; COVID-19, coronavirus disease 2019; FcRn, neonatal Fc receptor; gMG, generalized myasthenia gravis; IgG, immunoglobulin G; IR, incidence rate; IV, intravenous; m, number of events; MG-ADL, Myasthenia Gravis Activities of Daily Living; MGFA, Myasthenia Gravis Foundation of America; PY, patient-year; SAE, serious adverse event; SE, standard error; QMG, Quantitative Myasthenia Gravis.

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ACKNOWLEDGMENTS AND DISCLOSURES: The authors gratefully acknowledge the ADAPT and ADAPT+ trial participants and investigators. **JFH:** Alexion, argenx, Cartesian Therapeutics, the CDC, Myasthenia Gravis Foundation of America, Muscular Dystrophy Association, NIH, Patient-Centered Outcomes Research Institute, UCB, Takeda, Immunovant, Regeneron, Sanofi, Horizon, and Toleranzia; **VB:** CSL, Grifols, Bionevia, Shire, and Octapharma; **TV:** Alexion, argenx, NIH, UCB, Horizon, Regeneron, Sanofi, Cartesian Therapeutics, and Grifols, SA; **CK:** *Neurology,* Acceleron Pharma, Akcea, Alnylam, argenx, Biogen, CSL Behring, and Sanofi Genzyme; **SP:** Pfizer, Teva Actavis, Berlin-Chemie Menarini, Mylan, Wörwag Pharma, ADOC, Salveo, Kedrion, Octapharma AG, argenx, Mylan, Sanofi Genzyme, and Roche; **JLDB:** argenx, Alexion, CSL, UCB, Alnylam, and Sanofi Genzyme; **HM:** Alexion, argenx, and UCB, Japan Blood Products Organization and Chugai and the Ministry of Health, Labour and Welfare of Japan; **AM:** Alexion, argenx, Grifols, Hormosan, UCB, Janssen, Vitaccess, Octapharma and German Myasthenia Gravis Society; **SB:** AB Science, Alexion, Amylyx, argenx BV, Healey ALS Center-MGH, Janssen, Sanofi, UCB, Alnylam, Grifols, Janssen, Mitsubishi Pharma, Octapharma, Pfizer, and Takeda; **MP:** CSL Behring, Momenta, Alexion, argenx, Zwijnaarde, Catalyst, and Terumo BCT; **AG** and **CT:** employees of argenx; **KU:** argenx, UCB, Janssen, Horizon, Chugai Pharma, Mitsubishi Tanabe Pharma, Alexion, and the Japan Blood Products Organization; **RM:** Alexion, argenx, BioMarin, Catalyst Pharmaceuticals, UCB, Teva, Merck, Roche, and Biogen. The ADAPT and ADAPT+ trials were funded by argenx. Medical writing and editorial support for this presentation was provided by PRECISION Value & Health and funded by argenx.

Presented at the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) Annual Meeting; September 21–24, 2022; Nashville, TN, USA