

Effects of Efgartigimod Treatment on Humoral and Cellular Immune Responses: Analysis of T-Cell–Dependent Antibody Response in Cynomolgus Monkeys

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INTRODUCTION

Efgartigimod Mechanism of Action: Blocking FcRn



- FcRn recycles IgG, extending its half-life and maintaining its serum concentration¹
- 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 IgG lysosomal degradation without directly impacting its production²⁻⁶
- Targeted reduction of all IgG subtypes
- No impact on IgM or IgA
- No reduction in albumin levels
- No increase in cholesterol

Immunosuppressive Therapies Used in Treatment of gMG May Increase Susceptibility to Infections and Impair Immune Response to Vaccines⁷⁻⁸

- Previous gMG treatments have the potential to^{7,9-10}:
- Increase risk of infection
- Reduce therapeutic antibody response
- Impair cellular immune responses to vaccination
- Glucocorticoids and B-cell–depleting therapies (including MMF) have been shown to substantially reduce immunogenicity of mRNA vaccines to SARS-CoV-2⁸

Evidence Suggests Efgartigimod Does Not Impair Humoral Response to COVID-19 Vaccination¹¹

- Among ADAPT+ study patients with gMG who received COVID-19 vaccination prior to October 2021, COVID-19 immunization resulted in antigen-specific IgG responses in most patients receiving efgartigimod (12/15 patients)^{11,12}
- Impact of concomitant immunosuppressive therapies (eg, glucocorticoids and B-cell– depleting therapies such as MMF) warrants additional investigations¹¹

Keyhole Limpet Hemocyanin (KLH): A Model Antigen for Testing T-Cell–Dependent Antibody Response (TDAR) and Simulating Vaccines Responses¹³

- Following KLH immunization, PBMCs secrete cytokines including IFN-γ as part of cell-mediated immune response¹³
- TDAR against KLH has been demonstrated in cynomolgus monkeys¹⁴
- Quantification of the antibody response to immunization with a T-cell–dependent antigen is a sensitive method for assessing immunocompetence¹⁴

ABBREVIATIONS



RESULTS

Humoral Response: Anti-KLH IgM and IgG Antibodies Titers

Figure 1. Anti-KLH IgG Titer – Average Male + Female

• Anti-KLH IgG: lower IgG titers after 2nd KLH dose in efgartigimod-treated animals; however, no statistical difference between groups after washout

groups



REFERENCES

1. Sesarman A, et al. Cell Mol Life Sci. 2010;67(15):2533-2550. 2. Ulrichts P, et al. J Clin Invest. 2018;128(10):4372-4386. 3. Vaccaro C, et al. Nat Biotech. 2005;23(10):1283-1288 4. Howard JF Jr, et al. Lancet Neurol. 2021;20(7):526-536. 5. Nixon AE, et al. Front Immunol. 2015;6:176. 6. Ward SE, et al. Front Immunol. 2022;13:892534 7. Patel SY, et al. Front Immunol. 2019;10(33):1-22. 8. Deepak P, et al. medRxiv [Preprint]. 2021;2021.04.05.21254656. 9. Jolles S, et al. Clin Exp Immunol. 2016;188(3):333-341. **10.** Sanders DB, et al. *Neurology.* 2016;87:419-425. **11**. Howard JF Jr, et al. Response to coronavirus 2019 vaccination in patients receiving efgartigimod. Abstract presented at: AANEM 2022; September 21–24; Nashville, TN. 12. Guptill JT, et al. Autoimmunity. 2022; Aug 29;1-12 (Online ahead of print). 13. Swaminathan A, et al. Br J Clin Pharmacol. 2014;78(5):1135-1142. 14. Picotti JR, et al. J Immunotoxicol. 2005;2(4):191-196.

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Figure 2. Anti-KLH IgM Titer – Average Male + Female

• Anti-KLH IgM: no statistical differences between

- vs untreated groups
- (recovery)



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Lower anti-KLH IgG titers were observed after the second KLH challenge in efgartigimod-treated animals that normalized during the treatment-free period

No difference was observed in IgM titers or KLH-elicited cellular response between efgartigimod- and vehicle control-treated animals

T-cell–dependent antibody and cellular immune responses were mounted to a prototypical antigen under efgartigimod treatment

Total IgG titers significantly decreased under efgartigimod treatment, consistent with



COVID-19, coronavirus 2019; EFG, efgartigimod; ELISpot, enzyme-linked immunosorbent spot; FcRn, neonatal Fc receptor; gMG, generalized myasthenia gravis; IFN-y, interferon-y; IgG, immunoglobulin G; KLH, keyhole limpet hemocyanin; MMF; mycophenolate mofetil; mRNA, messenger RNA; PBMC, peripheral blood mononuclear cell; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2; SFU, spot-forming unit; TDAR, T-cell–dependent antibody response.