# EPR-127

# “A real world experience with Efgartigimod in generalized Myasthenia Gravis in a national reference center»


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# Disclosures

**C. Antozzi received funding for meeting attendance or Advisory Board participation from Biogen, Sanofi, Momenta and argenx.**

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**A. Pinna is an employee of argenx.**

# Efgartigimod and Myasthenia Gravis (MG)

**Efgartigimod (EFG) is a humanized IgG1 Fc fragment with increased affinity for the neonatal Fc receptor (FcRn) for IgGs.**

**EFG inhibits the FcRn causing increased catabolism of IgG and specific autoantibodies.**

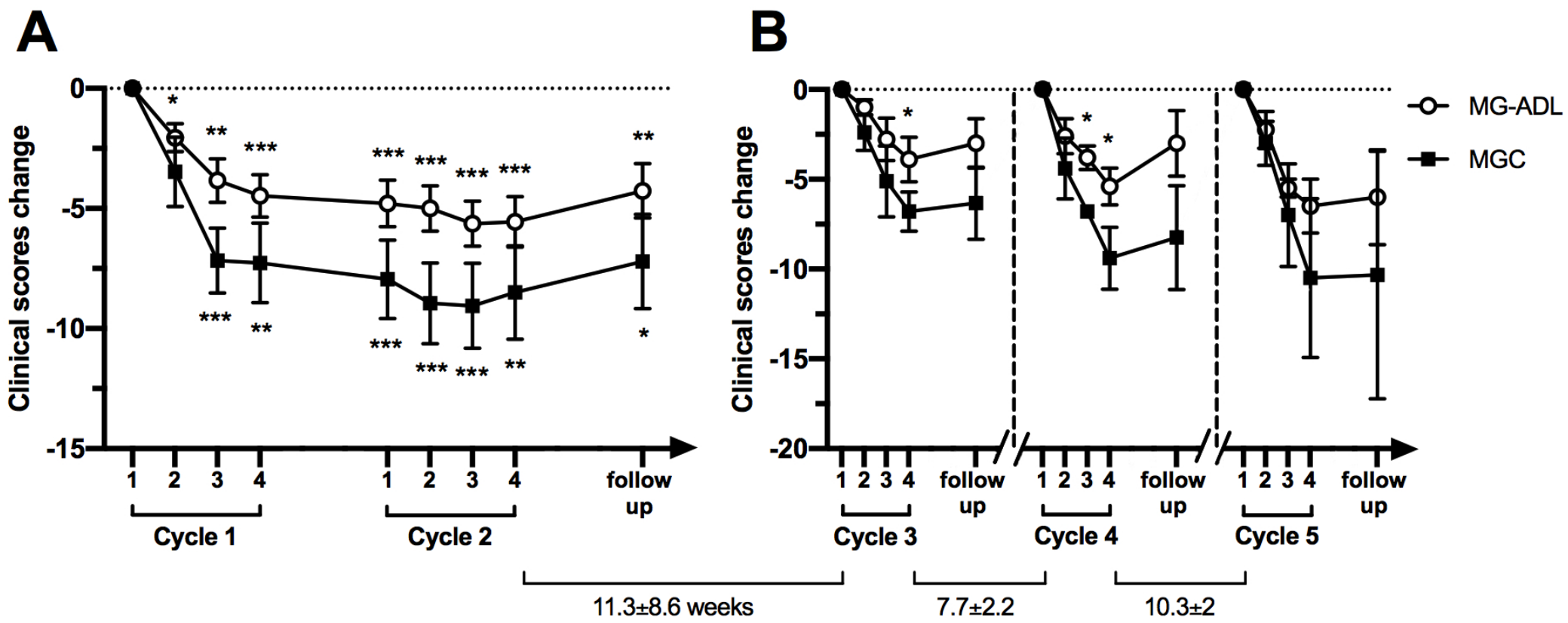
**The efficacy of EFG was reported by the Phase 3 ADAPT trial along a clinical follow up of 26 weeks *(Howard JF et al., Lancet Neurol 2021; 20: 526–36).***

**We studied the efficacy of EFG in 19 gMG in a real world setting in a single center, from November 2021 to February 2023**

# EFG treatment schedule:

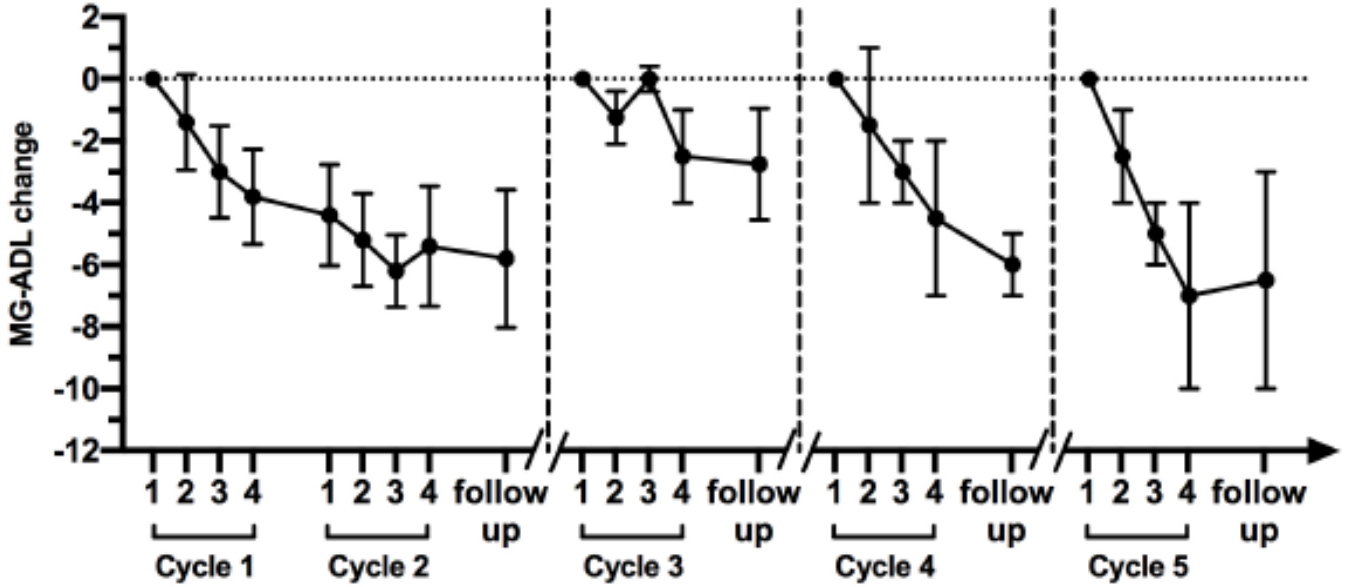
**Fixed period (A):** Cycle 1 + 2 (4 weekly infusions each)
**Flexible Period (B):** EFG given in case of MG-ADL, QMG changes

**3 cycles:** 53%, **4 cycles** 26% and **5 cycles** 21% of patients

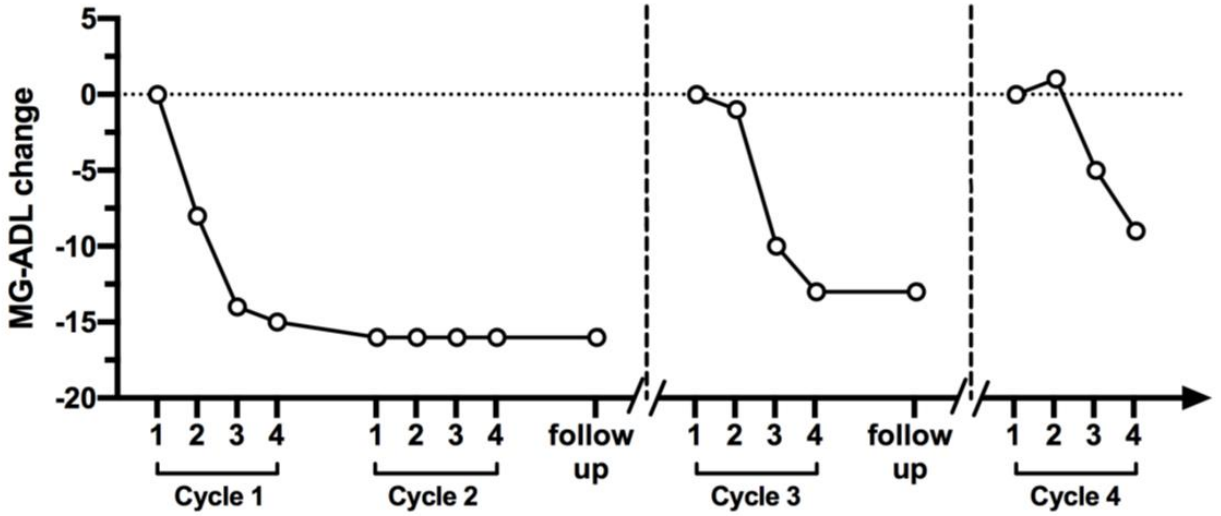



**Clinical improvement outlasted IgG half-life**

# EFG and autoantibody specificities




**TRIPLE negative gMG**




**MuSK g-MG**

**Mean AChR-Ab reduction after 2 cycles (Fixed Period): 63%**

**Side Effects: very mild (headache 21%, diarrhea 16%, upper resp. tract infection 26%)**

**Covid-19 infection in 10/19 (53%), all vaccinated; no lung involvement, no MG worsening**

**PIS at 14 months: 79% of positive outcomes (MM 16% + Improved 63%)**

**Prednisone: prescribed in 15/19 (79%): mean reduction 33%**

# Course of the disease before (1 year) and during EFG

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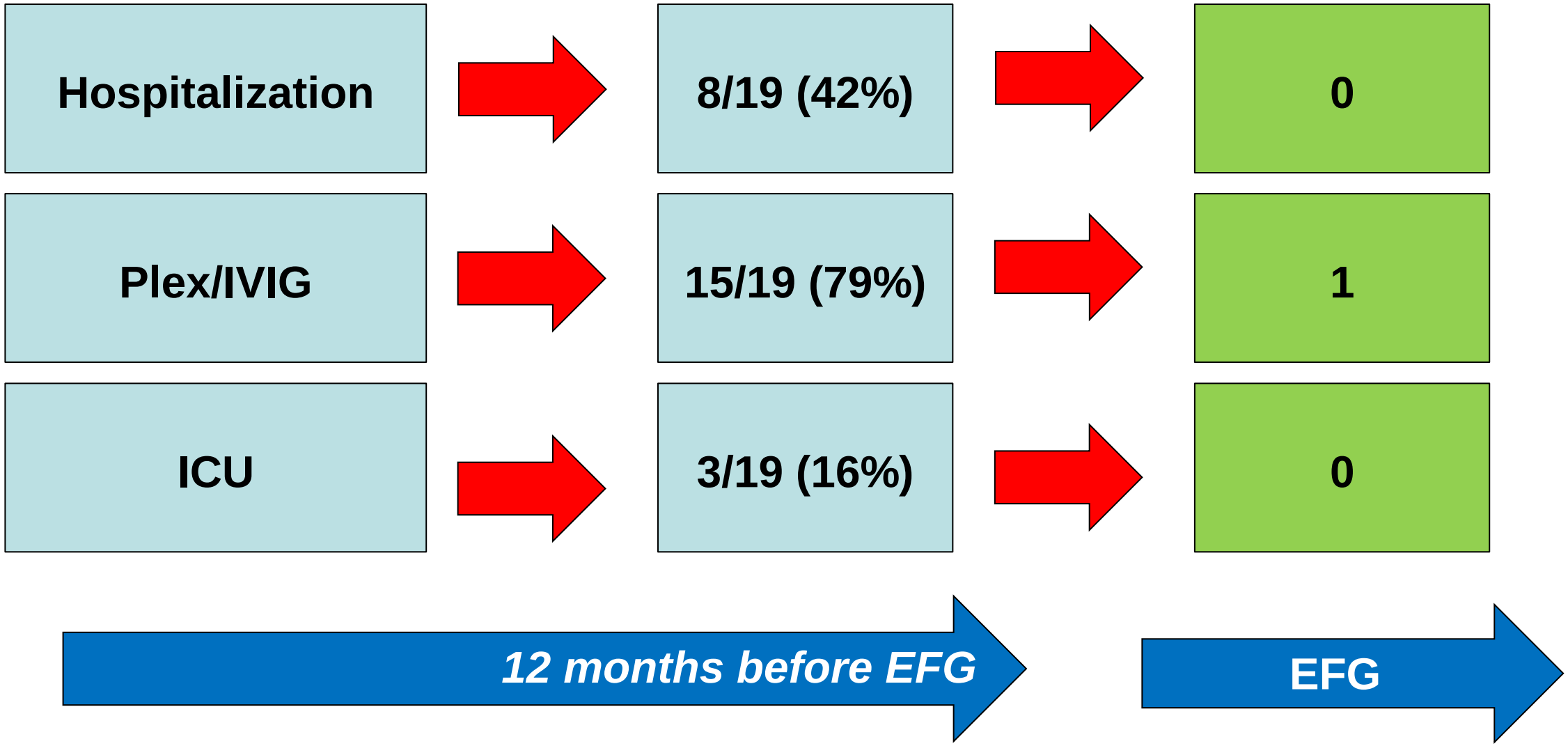

# Conclusions

**EFG provided rapid and clinically meaningful improvement in gMG patients in a real world setting, regardless of their serostatus.**

**EFG had a dramatic effect on the disease course.**

**EFG had a steroid-sparing effect.**

**A longer real world follow-up is needed to assess the influence of ongoing therapies and variables potentially associated with improvement to design the optimal schedule(s) of administration of EFG in gMG.**