

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: Individualizing Treatment Options With Efgartigimod

Efgartigimod is well tolerated and effective in patients with gMG when dosed using an **individualized cycle approach**^{1,2}

Continuous dosing approaches to efgartigimod have been employed in other disease states, including ITP and pemphigus²

ADAPT NXT was designed to describe the efficacy and safety of IV efgartigimod 10 mg/kg administered in a continuous regimen (**infusions every 2 or 3 weeks**) and a cyclic regimen (**cycles of 4 once-weekly infusions, with 4 weeks between cycles**)²

ADAPT NXT will provide information on further individualization of efgartigimod dosing in patients with gMG²

Rationale for Dosing Choices

Pharmacodynamic Modeling

- Simulated total IgG modeling, based on existing clinical data, was performed to assess relative reductions in IgG with additional individualized dosing regimens¹
- Based on these modeling data, continuous dosing of efgartigimod may provide similar reductions in IgG to individualized cycle dosing

Safety

- No serious adverse events were assessed as related to efgartigimod in ongoing clinical studies in which efgartigimod was administered weekly or Q2W¹
- Q2W continuous dosing of efgartigimod has been used to treat other conditions without notable changes to risk profile²

ADAPT NXT (ARGX-113-2003) Study Design

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



Total anticipated enrollment = 72

Eligibility criteria

Age ≥ 18 y

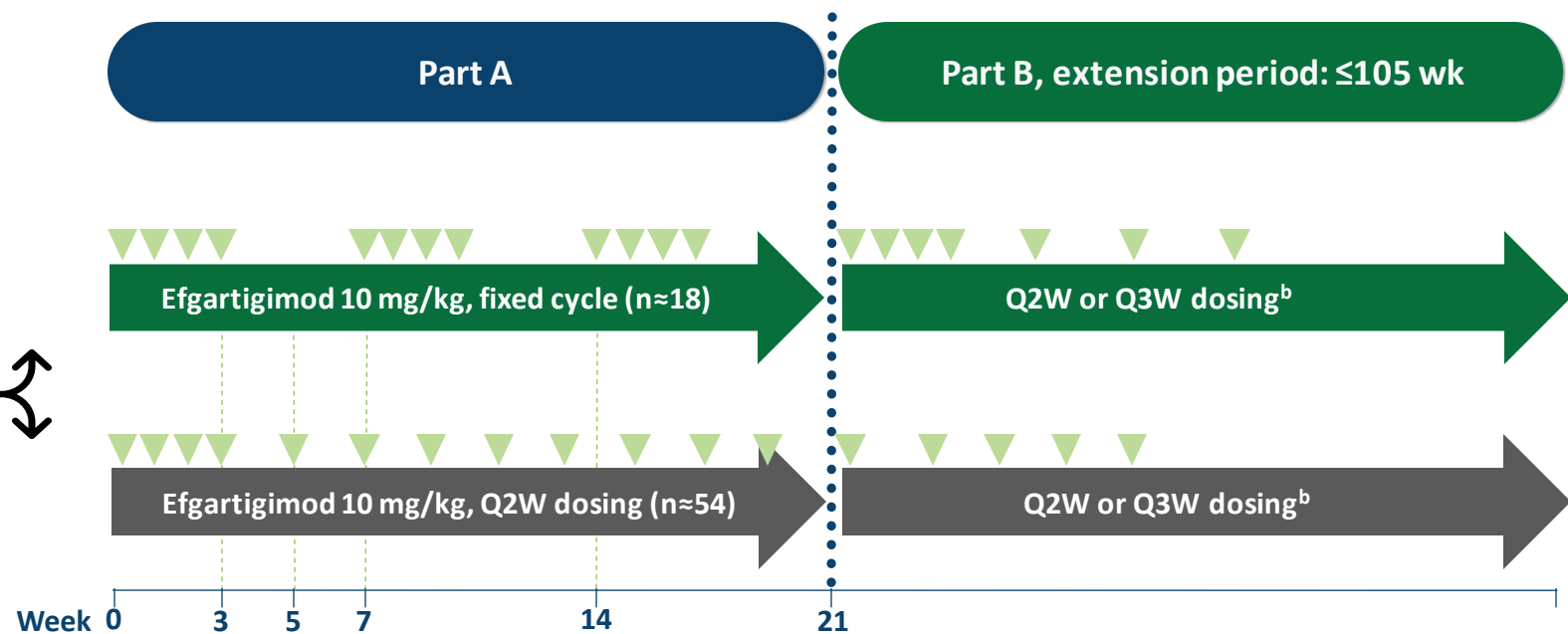
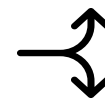
AChR-Ab positive

MG-ADL score ≥ 5
($>50\%$ nonocular)

Stable background treatment permitted^a

IgG ≥ 6 g/L

3:1 Randomization



gMG, generalized myasthenia gravis; IgG, immunoglobulin G; IV, intravenous; NSIST, nonsteroidal immunosuppressive therapy; Q2W, every 2 weeks; Q3W, every 3 weeks.

^aConcomitant gMG therapy permitted, but not required (NSISTs, steroids, and/or acetylcholinesterase inhibitors; stable dose for ≥ 1 month before screening for NSISTs and/or corticosteroids). ^bDuring 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 able to switch back to the Q2W dosing regimen. argenx Data on File, 2022.

ADAPT NXT Primary and Secondary Endpoints

PRIMARY ENDPOINT

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

SECONDARY ENDPOINTS

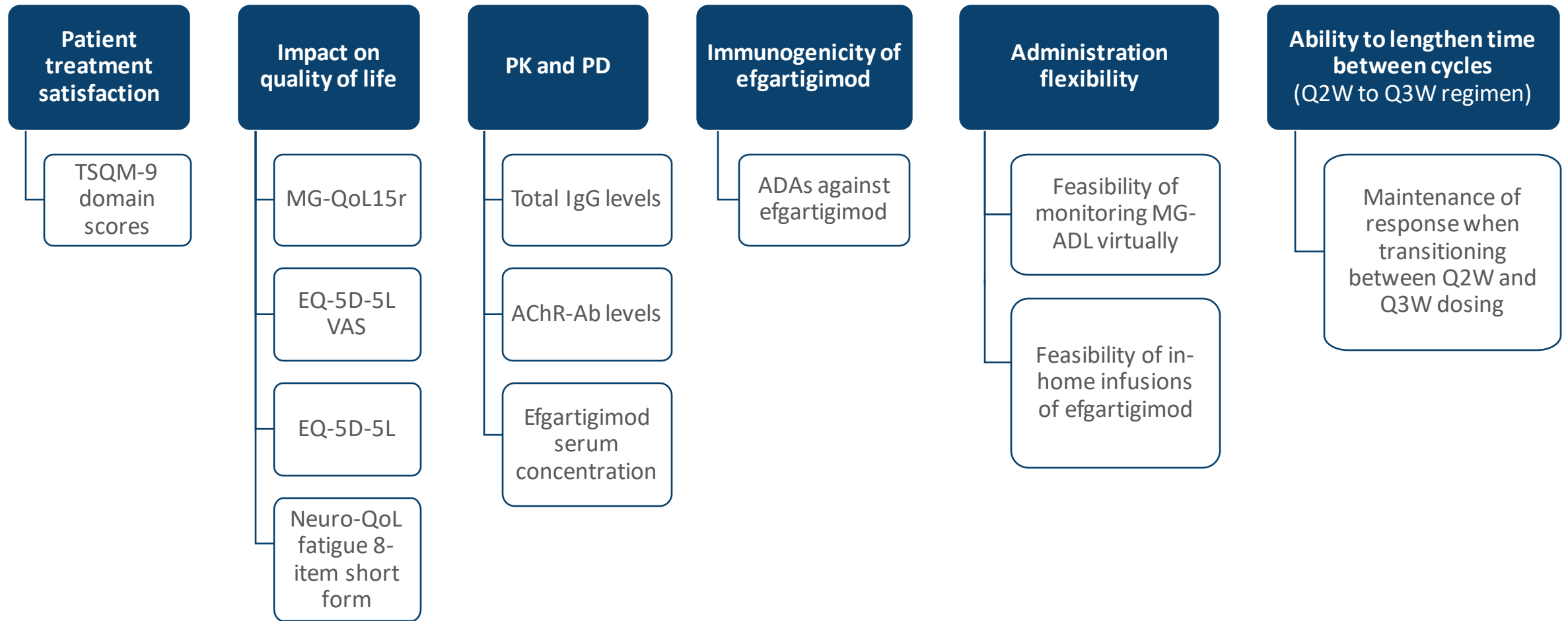
- Incidence and severity of adverse events, serious adverse events, adverse events of special interest, laboratory test results, vital signs, and electrocardiogram results
- Change from baseline in the MG-ADL total score over time
- Percentage of participants who have a ≥ 2 -, 3-, 4-, or 5-point improvement in MG-ADL total score over time
- Participants achieving minimal symptom expression, defined as MG-ADL total score 0–1, over time

MG-ADL, Myasthenia Gravis Activities of Daily Living.

^aMG-ADL will be completed weekly until the end of Part A.

argenx Data on File, 2022

ADAPT NXT Exploratory Objectives



Summary



ADAPT NXT is a phase 3b, multicenter, randomized, open-label, parallel-group trial evaluating different dosing regimens of IV efgartigimod in patients with gMG¹

ADAPT NXT is designed to determine the efficacy, safety, and tolerability of 10 mg/kg IV efgartigimod administered in additional dosing regimens¹

Recruitment for this study is ongoing²

IV, intravenous; gMG, generalized myasthenia gravis.

1. argenx Data on File, 2022. 2. ClinicalTrials.gov. An open-label study to investigate the clinical efficacy of different dosing regimens of efgartigimod IV in patients with generalized myasthenia gravis (ADAPT NXT). July 28, 2021. Updated September 1, 2022. <https://clinicaltrials.gov/ct2/show/NCT04980495?term=ARGX-113-2003&draw=2&rank=1>.