

# REAL-WORLD OUTCOMES OF PATIENTS LIVING WITH GENERALIZED MYASTHENIA GRAVIS INITIATING

EFGARTIGIMOD TREATMENT IN THE UNITED STATES

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### Introduction and objectives



• Efgartigimod is a human IgG1 Fc fragment that is a natural ligand of the neonatal Fc receptor (FcRn), engineered to have increased affinity for FcRn and outcompete endogenous IgG.¹ It was approved for treatment of gMG in the United States (US) in 2021 based on ADAPT trial results.¹-³

Myasthenia Gravis Activities of Daily Living (MG-ADL), an 8-item patient-



reported scale that measures gMG symptoms and functional status, has been used as a primary or secondary endpoint in both clinical trials and observational studies.⁴ In ADAPT, a significantly greater proportion of efgartigimod-treated patients achieved clinically meaningful improvement (≥2-point change) in MG-ADL (77.8% vs. 48.3%) at week 4.¹

■ Evidence for effectiveness of efgartigimod in routine clinical practice is

limited. The objective of this study was to evaluate preliminary real-world

treatment and enrolled in the My VYVGART Path patient support program.

MG-ADL outcomes among patients with gMG who initiated efgartigimod

### Methods

#### Dataset description

- The dataset was obtained from My VYVGART Path, a patient support program that provides personalized Nurse Case Manager support for enrolled patients with gMG.
- Through phone contact, My VYVGART Path captures:
  - Baseline characteristics (age, gender, etc.)
  - Dates of efgartigimod infusions
  - MG-ADL scores (limited collection, highly dependent on patient availability)
- These data were integrated with dispense and MG-ADL data from specialty pharmacies.

#### Inclusion criteria

Adults enrolled in My VYVGART Path who:

Initiated efgartigimod by July 28, 2023

AND

Had baseline MG-ADL (of ≥2 points) and at least 4 MG-ADL scores postefgartigimod initiation captured

#### **Data** analysis

- Treatment cycle utilization was determined using infusion date data.
- MG-ADL response was calculated as follows:
  - Largest observed response: Difference between the lowest MG-ADL score observed post-efgartigimod initiation at any timepoint vs. baseline score for each patient (n=705 data points)
  - Average observed response: Difference between every captured MG-ADL score postefgartigimod initiation vs. baseline score for each patient (n=4318 data points)
- The best state achieved by patients was further characterized by:
  - Lowest observed score: Lowest MG-ADL score achieved by each patient postefgartigimod initiation regardless of timepoint (n=705 data points)
  - Minimal symptom expression (MSE): Defined as achievement of a lowest observed
     MG-ADL score of 0 or 1 at any timepoint post-efgartigimod initiation

#### Conclusions



- Our results represent the most comprehensive (N=705 patients) real-world outcomes of efgartigimod treatment to date.
- Regardless of the time of MG-ADL capture during treatment cycles, a substantial proportion of individuals enrolled in My VYVGART Path and receiving efgartigimod experienced clinically meaningful improvement, consistent with the ADAPT results.
- At their best state post-efgartigimod, 78% of patients had an MG-ADL score of ≤4, and 35.5% of patients had achieved MSE.
- Key limitations of this study include: (1) the study cohort was limited to patients enrolled in the My VYVGART Path program who had initiated efgartigimod by July 28, 2023, and (2) the MG-ADL data analyzed were self-reported by patients, with limited consistency in timepoint and frequency of capture.
- Future studies should continue to gather data from patients receiving efgartigimod treatment with standardized data capture to continue to illustrate real-world benefit to patients.

### Results

1. Among patients in the full dataset, 705 fulfilled the inclusion criteria

We report our findings up to July 28, 2023.



- Among 3577 patients who had initiated efgartigimod, 1825 (51%) had a baseline MG-ADL score and at least 1 score captured post-efgartigimod initiation. A total of 705 patients (39% of 1825) with a baseline score of ≥2 who had ≥4 MG-ADL scores post-efgartigimod initiation were included in the study.
- Among the 705 included patients, 4318 MG-ADL scores measured after efgartigimod initiation were captured, with 6.1 records per patient on average (range: 4-28).

# 2. Timing at which MG-ADL scores were captured was highly varied

Figure 2. Illustration of individualized dosing schedule of efgartigimod

First treatment cycle

Subsequent treatment cycle

Individualized gap between treatment cycles based on clinical evaluation

# 3. Clinically meaningful improvement in MG-ADL was observed after efgartigimod initiation

Largest observed response (n=705 data points)

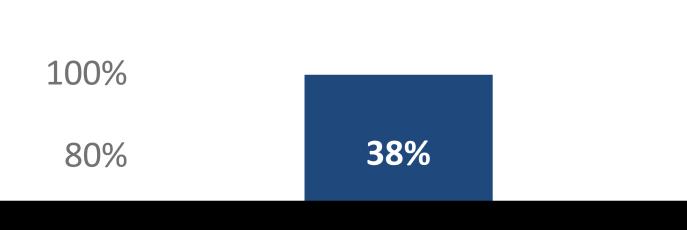
▼ 5.8 points mean reduction from baseline, with 93% of patients

Average observed response (n=4318 data points)

**V 3.7** points mean reduction from baseline, with **73%** of patients

## 4. At their best state, the majority of patients achieved MG-ADL ≤4, with response across all subdomains

Figure 5. Distribution of lowest observed MG-ADL scores



1% 21% 5. MSE was achieved by 250 (35.5%) patients

MSE has been examined as an endpoint to assess treatment efficacy in recent clinical trials<sup>5,6</sup>

Figure 7. MSE rate (overall and by baseline MG-ADL score)

200/