Are Health Providers (HCPs) Ready for a Paradigm Shift for Generalized Myasthenia Gravis (gMG) Care?

Carole Drexel, PhD¹; Emily Bixler, MBA¹; Katie Kowalski, MPH²; Genna Mvalo³; James F. Howard Jr., MD⁴ ¹PlatformQ, Needham, MA; ²National Organization for Rare Disorders, Danbury, CT; ³Myasthenia Gravis Foundation of America, Elmhurst, IL; ⁴University of North Carolina, Chapel Hill, NC

This activity is supported by an educational grant from argenx.







n = 752 pre, n = 315 post, n = 63 follow-up, *P<.05 (significant)

Which of the following treatments

for gMG is associated

with potential increased risk of

nephrotoxicity with long-term use?

(Answer: Intravenous

immunoglobulin [IVIg])





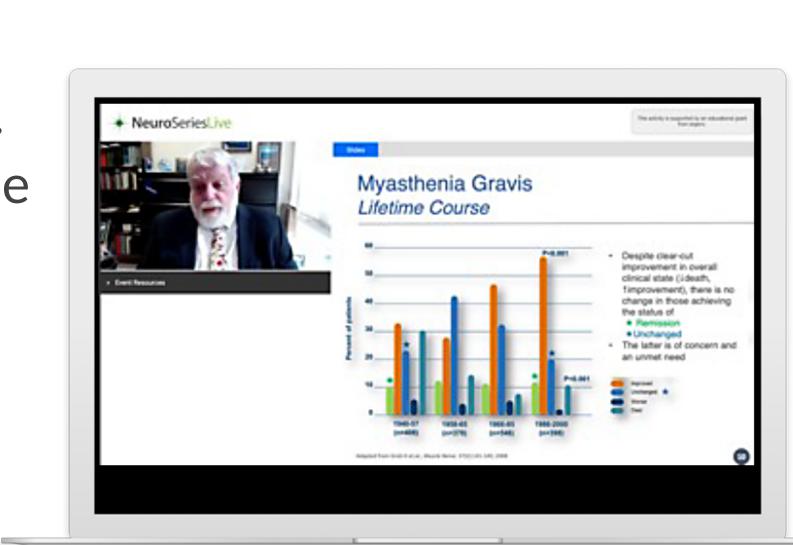
An analysis of baseline data from

the Myasthenia Gravis Patient

Registry (MGPR) published by

INTRODUCTION

BACKGROUND: Patients with gMG present with multiple comorbidities that complicate their management with standard therapeutic regimens. The safety of new targeted agents could lessen the disease and treatment burdens. The goal of this study was to assess the impact of continuing medical education (CME) on HCP competence treating gMG in the context of comorbidities and the emerging role of anti-FcRn therapies.



METHODOLOGY

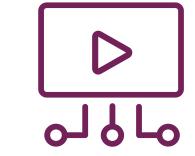
Educational Program and Evaluation Details



Partners

of America (MGFA), National Organization for Rare Disorders (NORD)

Education: PlatformQ Health, Postgraduate Institute for Medicine



Interventions

A 60-minute CME activity was launched live-online 11/30/21 and will remain on-demand for 1 year.



Measurements

Data Collected

Questions asked pre-, immediate post-, and -months post-activity. Chi Square tests were used for statistical analysis.

Changes in knowledge, competence,

reported behavior, engagement, and

identification of continuing gaps

Title:

Evolving Treatment Approaches for Generalized Myasthenia Gravis to Reduce Disease Burden and Improve Daily Living

Learning Objectives:

- Describe the impact of comorbidities on the burden of disease, quality of life (QoL), and selection of personalized treatment for patients with gMG
- Define the profiles of patients who could benefit from emerging targeted treatment options for gMG based on the results of antibody testing, limitations of currently available treatment options, and comorbidities
- Summarize the mechanism of action, efficacy, safety, and place in therapy of new and emerging targeted treatment options for gMG
- Explain how current management of gMG with available treatments drives up healthcare costs and negatively impacts patients' QoL









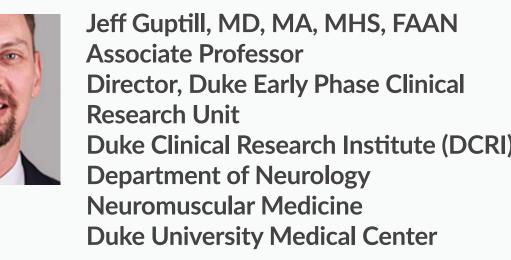


RESULTS (Cont.) METHODOLOGY (Cont.)

Faculty

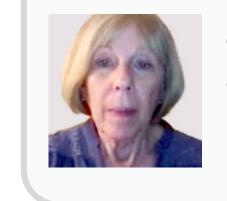


Professor of Neuromuscular Disease Professor of Neurology & Medicine The University of North Carolina



Duke Clinical Research Institute (DCRI)

Patient Vignette Speaker



Joan Monroe Joan discussed the burden of the disease, how it impacts her daily life, as well as her treatment journey.

Session components included recorded patient vignettes, downloadable resources, live polling, and audience real-time Q&A.

RESULTS

Learner Demographics



Learner Engagement

certificates

awarded



35:53

*Target Audience: neuromuscular, neuroimmunology, neuro-ophthalmology and neurology

specialists, along with advanced care practitioners, such as NPs, PharmDs/RPhs, and PAs.



themselves as





slide downloads

We have updated the protocols according to the latest guidelines.

Provided patient with education and other treatment options.

Patient has a better prognosis with the new treatment available.

Shown better daily functioning and fewer hospitalizations.

I am able to better diagnose and provide evidence-based information to patients.

Positive Impact on Clinical Practice and Patient Experience/Outcomes Changes in Knowledge/Competence



of learners reported the activity positively impacted their clinical practice

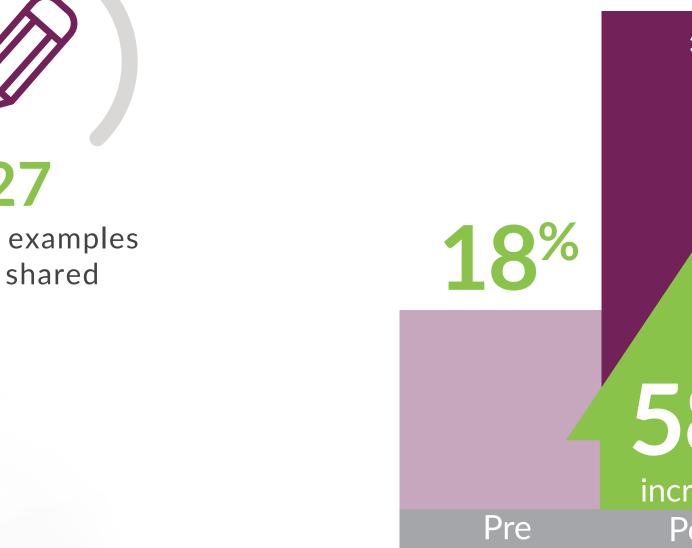
of learners reported the

the patient experience

activity positively impacted

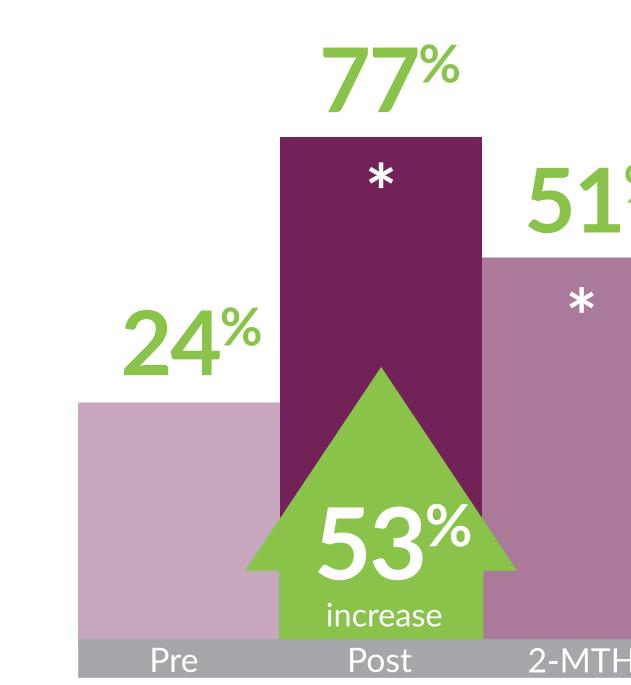






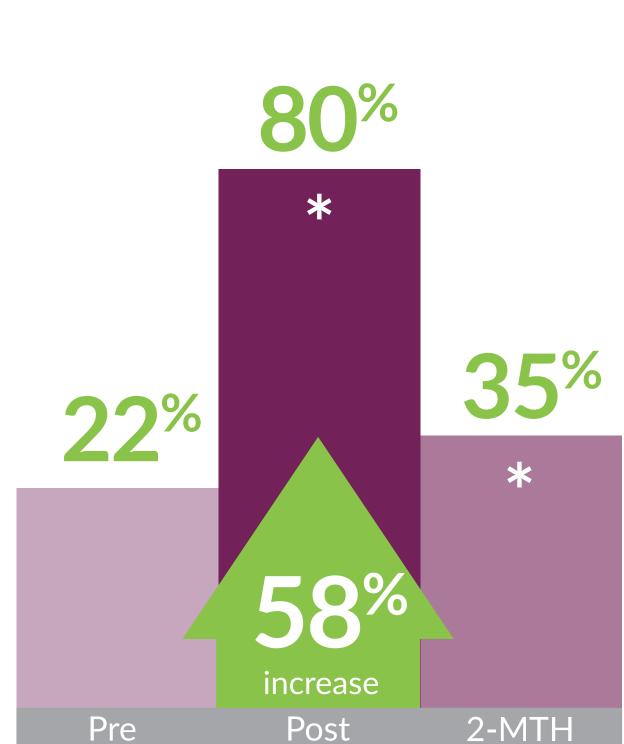
What is the mechanism of action of efgartigimod, an emerging treatment for patients with gMG? (Answer: It binds the neonatal Fc receptors [FcRn], reducing IgG

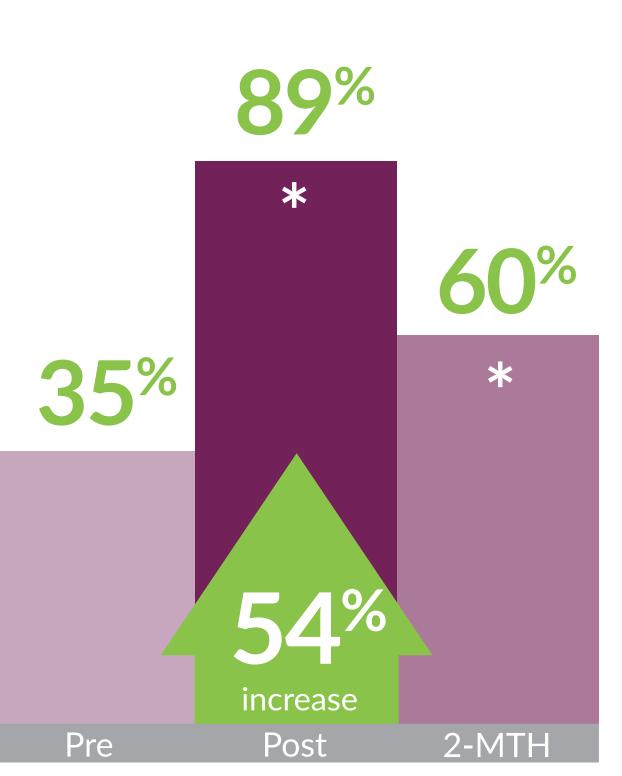
antibody levels)



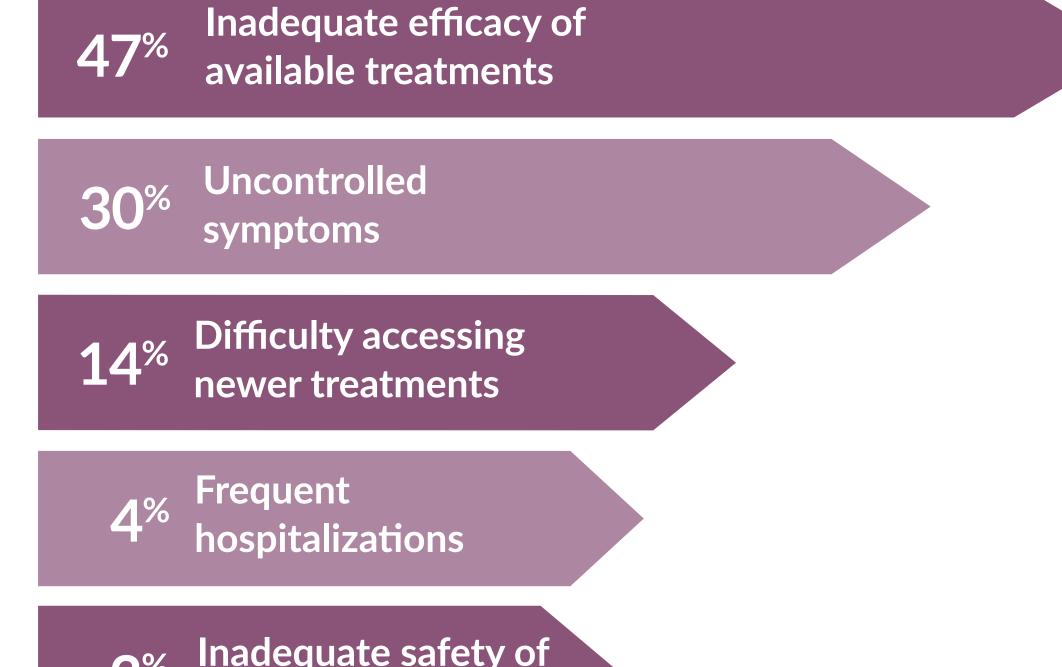
Cutter and colleagues in 2019 found that, on average, what percent of the 1,140 participants reported moderate-to-severe symptoms or disability that limited their activities of daily living (ADL)? (Answer: One-half)

Andrea is a 54-year-old patient with severe, refractory gMG with acetylcholine receptor (AChR) antibodies. Of the following agents, which treatment would be indicated to better manage Andrea's disease, according to the most recent update to current international consensus guidance on management of myasthenia gravis (MG), assuming none of them had been tried before? (Answer: Eculizumab)

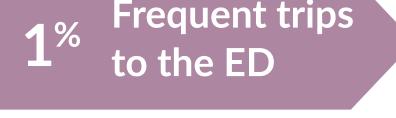


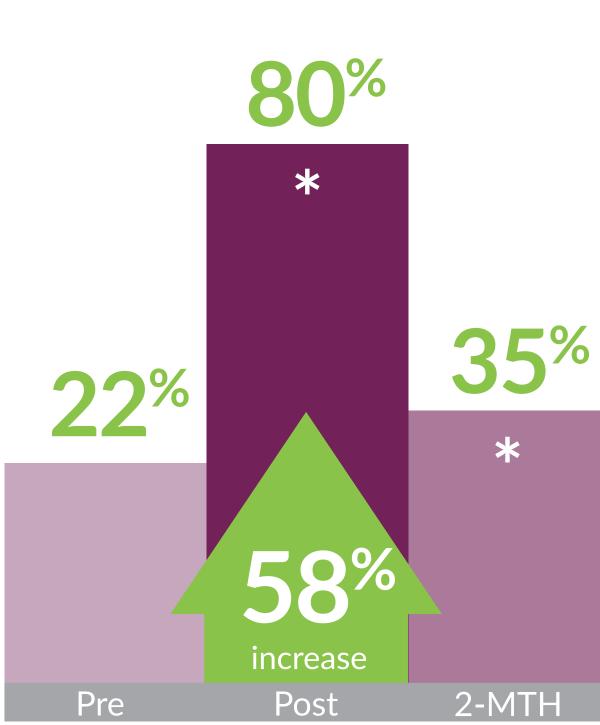




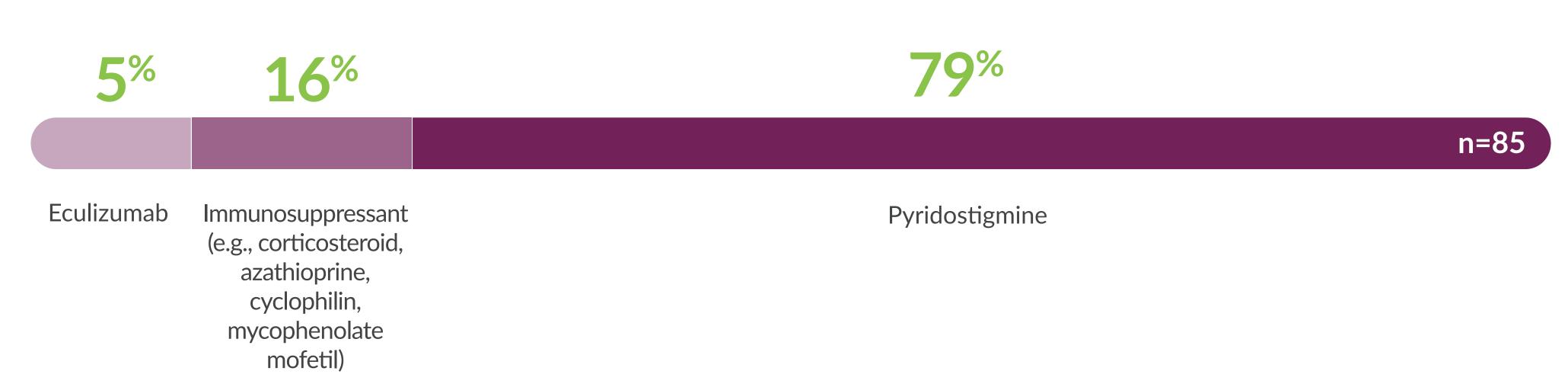


3% Inadequate safety of





If you treat patients with gMG, what treatment do you typically try first?



CONCLUSION

Live and on-demand CME positively impacts the ability of HCPs to adapt to the changing landscape of gMG management. Additional education on practical strategies and criteria for treatment selection would further assist HCPs.