VP.39



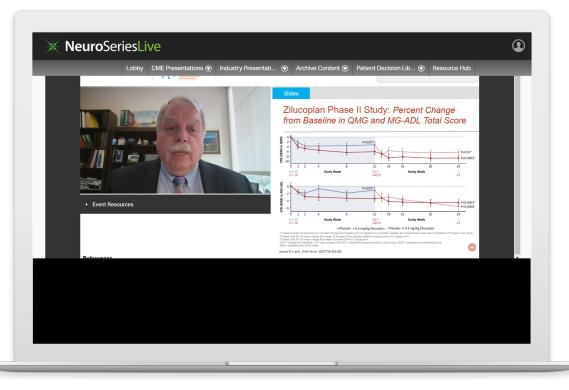
A New Era for gMG Management: Impact of Continuing Education on Improving Diagnosis and Classification of gMG Patients

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INTRODUCTION

The management of generalized myasthenia gravis (gMG) is changing with the advent of targeted therapeutics and an expanding pipeline. HCPs need to know how to use biomarkers and antibody testing to better individualize therapeutic decisions. We assessed the impact of online continuing medical education (CME) for clinicians (HCPs) on competence related to gMG diagnosis and knowledge of current, new, and emerging treatment options.



METHODOLOGY

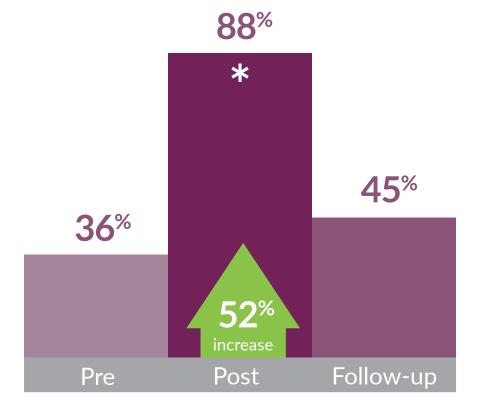
Educational Program and Evaluation Details

RESULTS

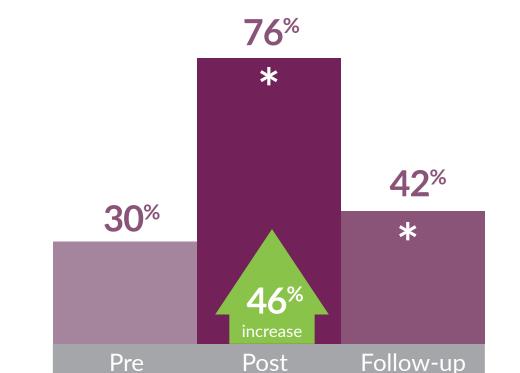
Changes in Knowledge/Competence

n = 906 pre, n = 437 post, n = 64 follow-up, *P<0.05

Which of the following current or emerging agents for MG management works by inhibiting complement C5? (Answer: Eculizumab)



Which of the following is true about MG prognosis and burden of disease? (Answer: Treatment refractory MG is more likely associated with more severe symptoms)



- Partners:
 - Advocacy groups: Muscular Dystrophy Association (MDA), National Organization for Rare Disorders (NORD), Myasthenia Gravis Foundation of America (MGFA) *Education*: PlatformQ Heath, Postgraduate Institute for Medicine (PIM)
- Interventions: One 60-minute CME activity was launched live-online on 3/9/21 and remained on-demand for 1 year.
- **Data collected**: changes in knowledge, competence, reported behavior, engagement, and identification of continuing gaps
- **Measurements**: questions asked pre and immediately post activity. 2-month follow-up survey was sent to learners to evaluate change in practice. Chi Square tests were used for statistical analysis.

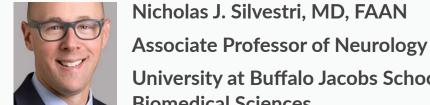
Applying Enhanced Understanding of the Mechanisms of Disease in gMG: **Improved Diagnostics and Targeted Treatment Options**

Learning Objectives:

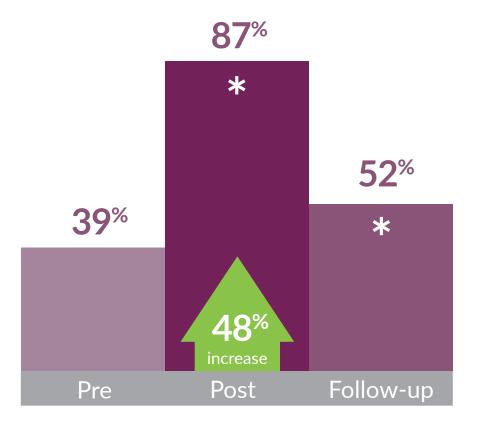
- 1. Describe the role of pathogenic antibodies in driving the pathophysiology of gMG, their contributions as biomarkers of disease and potential response to therapy, and the need for autoantibody testing
- 2. Describe the burden of gMG disease and the challenges faced by patients who receive traditional treatments
- 3. Describe the MOA, efficacy, safety, and place in therapy of emerging biologic treatments for gMG
- 4. Summarize the correlation between autoantibody status, prediction of therapeutic response, and symptom improvement based on patient-outcome measures

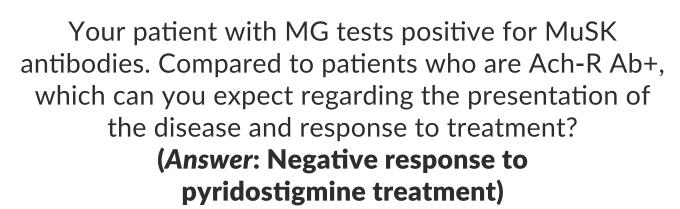
Expert Faculty Panel:

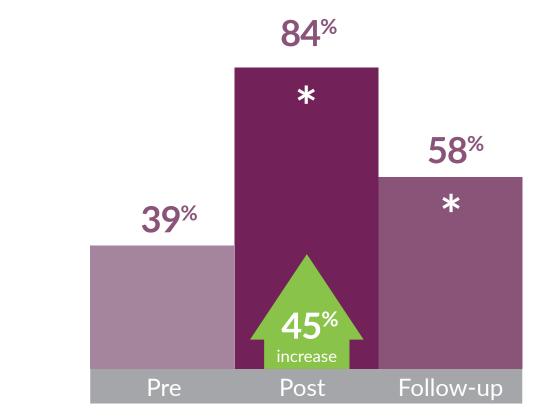




Which is a property of efgartigimod? (Answer: It reduces levels of IgG 1, 2, 3, and 4 and improves measures of MG disease severity in Ach-R Ab+ and Ach-R Ab- patients)



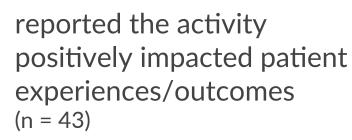




Positive Impact on Patient Outcomes and Clinical Practice

Among Those Who Responded to the 2-Month Follow-Up Survey (n = 64):







reported the activity positively impacted clinical practice (n = 48)

write-in examples were shared



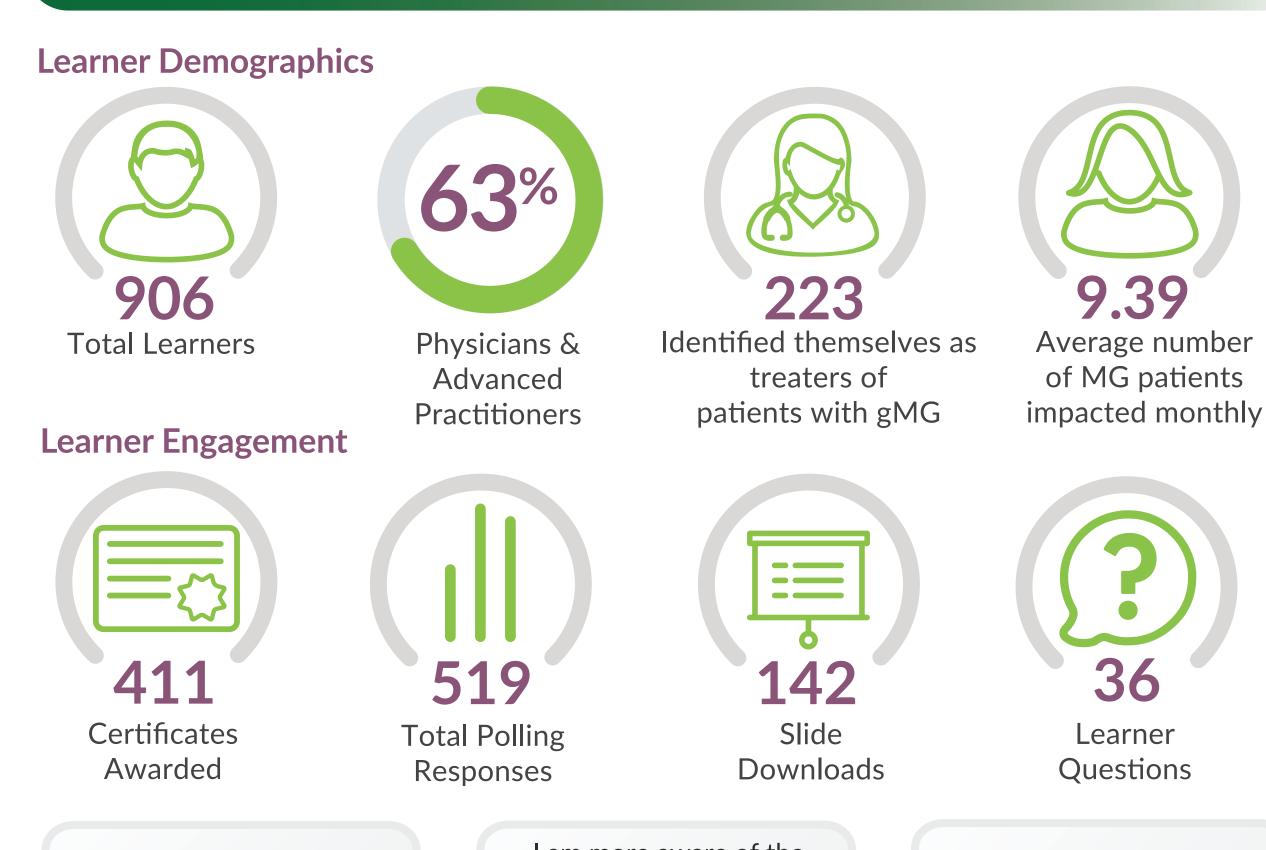
Professor of Neurology, Medicine and Allied Health University of North Carolina at Chapel Hill Chapel Hill, NC

University at Buffalo Jacobs School of Medicine & **Biomedical Sciences**

Buffalo, NY

Activity featured downloadable slides, panel discussions, live polling, pre-program and live Q&A.

RESULTS



Beliefs of Clinicians Before the Activity (Collected with In-Activity Polling Questions):

V	Vhic	h is ar	approach to confirm a	diagnosis of MG?	n=305
1%	8%	9%		81%	
Mu Gei	netic	oiopsy = testing	= 8% to confirm n-transferase gene = 9%	Blood test to check for antibody against ACh receptors = 81%	

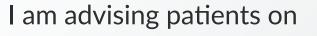
17%	18%	29%	36%
Antibodies against AChR and MuSK are the only detectable antibodies	Antibodies found in MG are either IgG or IgA	The presence of AChR antibodies is often indicative of early or late onset MG	The presence of MuSK antibodies is associated with high likelihood of response to eculizumab

17%	21%	29%	33%
It enhances the production of ACh	It blocks neonatal Fc receptor of IgG1 and reduces IgG1 levels	It blocks neonatal Fc receptor and reduces overall IgG levels	It is an antibody targeted against complement C5

CONCLUSIONS

Post-test and participant surveys support the positive impact of live and on-demand online CME education on awareness of gMG burden, diagnosis, and prognosis based on biomarkers and management. The education also revealed areas of need for continuing education on the following topics:

- Diagnosis of gMG
- Type of antibodies associated with gMG



clinical trials available and asking them to maintain an ADL diary.

I am more aware of the pitfalls with seronegative MG and other rare antibodies.

I was able to share optimism regarding therapies which

will soon be available.



• Impact of gMG burden on treatment selection

• Strategies to individualize therapy

• Mechanism of action and place in treatment of FcRn targeted agents