HCP & PATIENT EDUCATION

Individualizing Therapy for Generalized Myasthenia Gravis: Can Continuing Medical Education Help Guide Treating Clinicians?

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This activity was supported by an educational grant from argenx.

INTRODUCTION

With the recent approvals of anti-FcRn agents and C5 inhibitors, along with the development of other pipeline agents, an expanded treatment landscape for generalized myasthenia gravis (gMG) is helping clinicians (HCPs) more effectively individualize therapy. A multi-component educational initiative comprised of live and endured CME activities, as well as resources to support shared decision-making, was developed to enhance the ability of treating HCPs (T-HCPs). Specifically, these educational activities were designed to help HCPs account for comorbidities, disease presentations, and patient preferences when making individualized treatment recommendations.

METHODOLOGY

Partners

Advocacy groups: National Organization for Rare Disorders (NORD); Myasthenia Gravis Foundation of America (MGFA)

Measurements

Questions asked before, immediately post, and 2 months after the activity. Chi Square tests were used for statistical analysis.

Data Collected

Engagement, changes in knowledge, competence, reported behavior, and identification of continuing gaps.

Interventions

Online educational initiative comprised of:

- A live and endured 60-minute CME activity featuring a panel of clinicians and a patient discussing the latest updates in gMG management and how to apply them to treatment individualization (launched September 9, 2022)
- Four 15-minute endured CME-certified case discussions on strategies to apply new information into treatment selection for gMG (launched September 22, 2022)
- A non-accredited 15-minute video showcasing an interaction between a patient/caregiver and HCPs to demonstrate strategies that can help identify patients' and caregivers' treatment goals and priorities
- A non-accredited downloadable PDF document listing key questions clinicians can ask patients to identify treatment goals and other information when making individualized management decisions
- A social-media campaign to disseminate curated content via micro-learning videos (1 to 4 minutes each) that complement the CME session to NPI-verified HCPs

METHODOLOGY

Learning Objectives:

1. Describe the burden of gMG disease and its treatment with traditional options
2. Summarize the targeted mechanisms of action, efficacy, safety, and place in therapy of new and emerging treatments for gMG with a focus on FcRn-receptor antagonists
3. Describe how accounting for patient characteristics (autoantibody status, MG presentation), preferences, desire to maintain autonomy, quality of life, and treatment goals can impact treatment selection

Faculty

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RESULTS

Engagement:

2,241 learners

1,337 CME live/enduring learners

904 micro-learning

90 slide downloads

Demographics

critical care/ emergency medicine	other	primary care	neurologists
4%	22%	18%	56%

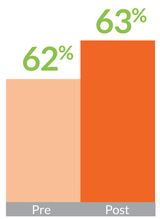
67% clinicians (MDs/DOs/NPs/PAs)

59% identified as treaters seeing an average of 9 MG patients monthly

16% of CME leaners participated in ≥2 activities

RESULTS

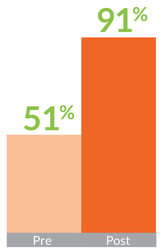
Changes in Knowledge/Competence



(Pre-test n=578; Post-test n=301)

Question: What counseling points should you discuss with your patients who are currently undergoing IVIG therapy?

Correct answer: This medication may require some pre-medications that would be administered prior to the infusion.

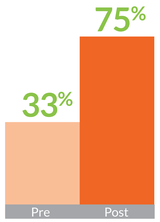


(Pre-test n=132; Post-test n=65)

Case #1: Treatment considerations for a 36-year-old, stay-at-home dad with two toddlers who has experienced poor response to initial treatment with IVIg infusions.

Question: What should you consider when selecting therapy for a patient with myasthenia gravis who has experienced poor response to initial treatment with IVIg infusions?

Correct answer: Comorbid conditions, access to care/infusion centers, and severity of disease ($P<0.05$).

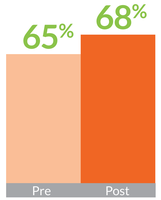


(Pre-test n=132; Post-test n=65)

Case #2: Treatment recommendation for a 35-year-old woman with diabetes and AChR-ab+ myasthenia gravis controlled with PLEX therapy who expresses a desire to switch therapy because she just started a new job and will not have as much time off from work.

Question: What therapy would you transition this patient to?

Correct answer: Efgartigimod ($P<0.05$).

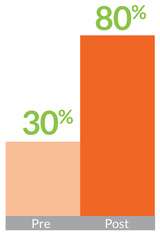


(Pre-test n=82; Post-test n=60)

Case #3: Consideration for a woman presenting with ptosis, rapid progression, and normal neurophysiologic testing. Controlled with corticosteroids but eventually progressed to muscle-specific tyrosine kinase myasthenia gravis (MuSK+ MG).

Question: What considerations do you need to keep in mind for this patient?

Correct answer: Rituximab has proven efficacious for patients with MuSK+ MG, as well as in ongoing clinical trials exploring CAR T-cell therapy.



(Pre-test n=82; Post-test n=64)

Case #4: 64-year-old male with AChR-ab+ myasthenia gravis who received prednisone, mycophenolate mofetil, plasma exchange with poor response but experienced marked improvement with efgartigimod. Admitted with acute respiratory failure (COVID pneumonia) and ventilated for 5 months, during which he experienced an acute myasthenia gravis exacerbation. The infectious disease team is asking whether to continue his MG therapy.

Question: What is your recommendation at this time?

Correct answer: Continue efgartigimod for myasthenia gravis. ($P<0.05$).

Provider Insights

60% reported a positive impact on their clinical practice

58% believed that participation in this activity had a positive impact on their patients

37% are confident or very confident that new and emerging therapies for gMG will make the treatment journey easier for their patients (n=59)

14% are confident in finding a treatment that will relieve their patients' disease burden (n=76)

"Cost-related issues/payer agreements" was the greatest perceived barrier to initiating novel therapies for patients with gMG (n=250)

CONCLUSION

Live and on-demand education positively impacted T-HCPs' ability to personalize therapy for gMG. Overall low baseline performance related to newer concepts in therapy selection emphasizes that future education should continue to enhance T-HCPs' ability to identify patient and disease factors that drive therapy selection.