Consultant for UCB. Dr. Irani has received personal compensation in the range of $5,000-$9,999 for serving on a Scientific Advisory or Data Safety Monitoring board for UCB. Dr. Irani has received personal compensation in the range of $500-$4,999 for serving as an Editor, Associate Editor, or Editorial Advisory Board Member for Brain. Dr. Irani has received personal compensation in the range of $10,000-$49,999 for serving as an Expert Witness for kinmi. The institution of Dr. Irani has received research support from UCB / CSL. Dr. Irani has received intellectual property interests from a discovery or technology relating to health care.

Do Statins Have a Protective Effect Against Neuro-Autoimmune Disease and Comorbidity?

Mohsen Ahmed, Afaaq Ahmed, Muhammed Ors, Ronak Trivedi, Nabeel Ahmed, Nizar Souayah

Objective

To investigate the neuroprotective potential of statins (ST) against neuro-autoimmune disease (NAD) in patients, and risks of associated comorbidities.

Background

ST have been shown to provide neuroprotective benefits in patients with cardiovascular disease and related risk factors. However, the extent of neuroprotective potential of ST medications in patients with NAD has not been determined.

Design/Methods

A retrospective analysis on 34464 patients hospitalized at a tertiary care center in a major metropolitan area was conducted. 7527 patients were in the ST group, while 26937 patients were not taking any statins (nST). 190 patients had a NAD diagnosis and 10818 had diabetes mellitus (DM). 702 patients carried a diagnosis of diabetic neuropathy and/or diabetic retinopathy (DMNR). NAD patients were further categorized as those with or without ST medications (aST and anST). The outcomes compared included the prevalence of NAD, comorbidities, encephalopathy, and overall neurological complications.

Results

The prevalence of NAD was 0.39% and 0.60% in ST and nST, respectively ($p < 0.05$). 69% of aST and 27% of anST had DM ($p < 0.00001$). Patients in aST had a significantly higher amount of DMNR than those in anST (13.8%, 0.62%, $p < 0.0001$) and high risk comorbidity (45%, 15%, $p < 0.01$). There was no significant difference between aST and anST in the prevalence of encephalopathy (10%, 6%, $p > 0.05$) and overall neurological complications (17%, 14%, $p > 0.05$).

Conclusions

These results suggest that patients taking ST may be associated with a lower risk of NAD with no increase in overall neurological complications during hospitalization. Despite these findings, ST may be associated with an increased burden of disease and higher prevalence of progressive neuropathy.

Disclosure: Mr. Ahmed has nothing to disclose. Mr. Ahmed has nothing to disclose. Mr. Ors has nothing to disclose. Mr. Trivedi has nothing to disclose. Mr. Ahmed has nothing to disclose. Dr. Souayah has received publishing royalties from a publication relating to health care.

Clinical Experience With Efgartigimod in Generalized Myasthenia Gravis: Results From a Case Series of US-Based Patients Participating in an Expanded Access Program

Sami Khella, Nancy Kuntz, Denis Ostrovskiy, Deborah Gelinas, Omar Rahman, Zabeen Mahuwala

Objective

To describe the efgartigimod treatment regimens and response among 6 US-based patients with generalized myasthenia gravis (gMG) enrolled in an Expanded Access Program (EAP).

Background

For some patients with gMG, available therapies do not provide sufficient symptom relief and can cause serious side effects. Efgartigimod, a human IgG1 antibody Fc-fragment (natural ligand of the neonatal crystalline fragment receptor [FcRn]), has increased affinity to FcRn vs endogenous IgG. Efgartigimod reduces IgG recycling and increases IgG degradation. Efgartigimod received FDA approval in 2021 for the treatment of gMG in adults who are anti-acetylcholine receptor (AChR) antibody positive.

Design/Methods

In the efgartigimod EAP (NCT04777734), gMG patients had access to open-label efgartigimod. Eligible patients (=18 y) met clinical criteria of the Myasthenia Gravis Foundation of America classifications II–IV and had a Myasthenia Gravis Activities of Daily Living (MG-ADL) score =5 points (>50% attributed to non-ocular symptoms). During the first two, fixed-treatment cycles, patients received 4 weekly infusions of efgartigimod 10 mg/kg. During the 4-week inter-treatment period, patients received their ongoing treatments and no efgartigimod infusions. Baseline demographic characteristics and safety data were collected. Treating physicians had the option to assess and track clinical function and burden of disease among treated patients.

Results

As of the cutoff date (Dec 17, 2021), 8 patients have been enrolled in the US; follow-up data are available for 6 (3 males and 3 females; median age 59 y). 83% (5/6) of patients received at least 2 treatment cycles and 4–5 infusions per cycle. Symptom improvements were noted. Four patients reported 6 AEs: fatigue (resolved), tachycardia and headache (both resolved), dyspnea and diplopia (both not resolved), and back spasms (status unknown).

Conclusions

We report on 6 patients with gMG who received efgartigimod as part of an EAP. Detailed patient narratives will be presented.

Disclosure: Dr. Khella has received personal compensation in the range of $5,000-$9,999 for serving as a Consultant for Ionis. Dr. Khella has received personal compensation in the range of $5,000-$9,999 for serving on a Scientific Advisory or Data Safety Monitoring board for Ionis. Dr. Khella has received personal compensation in the range of $5,000-$9,999 for serving on a Scientific Advisory or Data Safety Monitoring board for Pfizer. Dr. Khella has received personal compensation in the range of $5,000-$9,999 for serving on a Scientific Advisory or Data Safety Monitoring board for Alnylum. Dr. Khella has received personal compensation in the range of $500-$4,999 for serving on a Scientific Advisory or Data Safety Monitoring board for Eidos. Dr. Kuntz has received personal compensation in the range of $500-$4,999 for serving on a Scientific Advisory or Data Safety Monitoring board for Sarepta. Dr. Kuntz has received personal compensation in the range of $5,000-$9,999 for serving on a Scientific Advisory or Data Safety Monitoring board for Avexis. Dr. Kuntz has received personal compensation in the range of $5,000-$9,999 for serving on a Scientific Advisory or Data Safety Monitoring board for Biogen. Dr. Kuntz has received personal compensation in the range of $5,000-$9,999 for serving on a Scientific Advisory or Data Safety Monitoring board for Sarepta. Dr. Ostrovskiy has received personal compensation in the range of $500-$4,999 for serving on a Speakers Bureau for Argenix. Dr. Gelinas has received personal compensation for serving as an employee of argenx. Dr. Gelinas has stock in argenx. Mr. Rahman has received personal compensation for serving as an employee of argenx. Mr. Rahman has received stock or an ownership interest from argenx. The institution of Dr. Mahuwala has received research support from UCB. The institution of Dr. Mahuwala has received research support from Alexion. The institution of Dr. Mahuwala has received research support from argenex.

Do Statins Have a Protective Effect Against Neuro-Autoimmune Disease and Comorbidity?

Mohsen Ahmed, Afaaq Ahmed, Muhammed Ors, et al.

Neurology 2022;99;S43
DOI 10.1212/01.wnl.0000903340.03380.c8