

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/frontlines-cidp/evolving-strategies-in-cidp-care-personalized-approaches-and-emerging-treatments/33067/>

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Evolving Strategies in CIDP Care: Personalized Approaches and Emerging Treatments

Announcer:

You're listening to *On the Frontlines of CIDP* on ReachMD. On this episode, we'll hear from Dr. Sami Khella, who's the Director of the Clinical Electrophysiology and a Professor of Clinical Neurology at the University of Pennsylvania. He'll be discussing treatment guidelines for chronic inflammatory demyelinating polyradiculoneuropathy, or CIDP. Let's hear from Dr. Khella now.

Dr. Khella:

For patients who have other comorbidities that preclude steroid use—for example, somebody with bad osteoporosis—you don't want to give them high-dose, long-term steroids. For somebody with bad diabetes that's poorly controlled or where they're noncompliant, for example, steroids or other immunosuppressants may not be a great way to treat them, and those patients might benefit from having a nurse coming into the home with home-infused IVIG, which is also a first-line therapy. So I think you have to tailor the treatment to avoid the obstacles, if you will, for treating CIDP patients.

There is an FDA-approved therapy, efgartigimod, which is an injectable medication that just came on the market, and this is the first time that the FDA has approved a new therapy since IVIG was approved many years ago after the ICE trial. Efgartigimod, of course, is an FcRn inhibitor, and so I like to think of it as a chemical plasma exchange or chemical plasmapheresis which removes the antigen or the antibody that's being made which behaves as an antigen to the nerve. So efgartigimod is a new advancement, and that helps expand the therapeutic armamentarium. Now, of course, the complement inhibitors are being tested right now. Other FcRn inhibitors are being tested.

So there are a number of therapies on the horizon, and I think it's a really exciting time in treating this really by and large treatable disease.

Announcer:

That was Dr. Sami Khella talking about treatment guidelines for CIDP. To access this and other episodes in our series, visit *On the Frontlines of CIDP* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!