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/neurofrontiers/reducing-the-burden-of-gmg-with-a-novel-b-cell-therapy/35496/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Reducing the Burden of gMG with a Novel B-Cell Therapy

Announcer:
Welcome to *NeuroFrontiers* on ReachMD. On this episode, we'll hear from Dr. Richard Nowak, who's an Associate Professor of Neurology at Yale University and the global principal investigator for the Myasthenia Gravis Inebilizumab Trial, or MINT for short. He's also the founding Director of both the Program for Clinical and Translational Neuromuscular Research and the Yale Myasthenia Gravis Clinic. He'll be sharing his thoughts on how inebilizumab might fit into the treatment landscape for generalized myasthenia gravis. Here's Dr. Nowak now.

Dr. Nowak:
I think that inebilizumab is unique from the other FDA-approved medications that we currently have for generalized myasthenia gravis in that it is a CD19 B-cell depleting therapy strategy. So it would potentially represent the first-in-class C19 B-cell-directed therapy for generalized myasthenia gravis. And the way that I view medications that target B-cells is that especially with inebilizumab, we're targeting the factories of autoantibody production, which include specifically plasma blasts and certain long-lived plasma cells. The other therapies that we have available to us based on recent clinical trials and recent FDA approval target the more downstream pathomechanisms of disease, whereas this targets a more upstream part of the immune dysregulation that occurs in autoimmune conditions like myasthenia gravis.

Despite us having a number of different treatments available that we might not have had five or ten years ago, we still have a proportion of our patients that have inadequately controlled disease. And if you really look into the details of some of the available clinical studies where they have looked at things like achieving something called minimum expression, which is defined as an MG-ADL score of 0 to 1, you roughly have maybe a quarter to a third of individuals that achieved that minimum symptom expression, essentially, perhaps little to no active disease. So we still have a long way to go in terms of getting the majority or all of our patients under good control and to have options, I think, is critically important.

The other thing that I would add is that many of the currently available therapies do require frequent dosing or more frequent dosing, for instance, compared to inebilizumab. Inebilizumab is given intravenously initially day 1, day 15, and then a single infusion is repeated every six months, so the burden of treatment with a medication like inebilizumab is less if you compare it to some of the other intravenous or injectable medications. So I think it's a balance in terms of treatment burden and clinical benefit and having a new mechanism of action that we could use for our patients with myasthenia gravis. I think it fits well, and I think it will enhance our current treatment paradigm and allow for us to hopefully better treat our patients and get their myasthenia gravis under the best control that we can have. So it's a welcome addition to the treatment paradigm and what we have in terms of available options for our patients.

Announcer:
That was Dr. Richard Nowak discussing the potential role of inebilizumab in generalized myasthenia gravis treatment. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!