

# Steroid-Sparing Effect of Complement blockers and FcRn Inhibitors in Generalized Myasthenia Gravis: A Real-World Cohort Analysis



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## Background

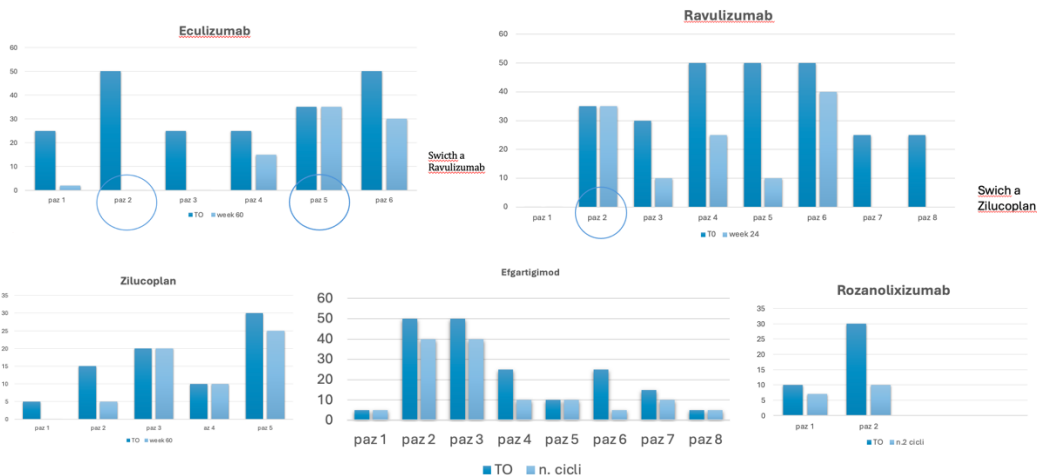
Myasthenia gravis is an autoimmune disorder characterized by neuromuscular junction dysfunction [1]. The current treatment is based on a combination of symptomatic and immunosuppressive drugs, and thymectomy when indicated. Prolonged corticosteroid therapy is effective but limited by long-term adverse effects [2]. The advent of targeted immunotherapies, such as complement C5 inhibitors (eculizumab, ravulizumab, zilucoplan) and neonatal Fc receptor (FcRn) blockers (efgartigimod, rozanolixizumab), offers new options for disease control with potential corticosteroid-sparing benefits [3].

## Objective:

To evaluate the impact of novel targeted therapies on corticosteroid tapering or withdrawal in a real-life cohort of patients with AChR and MuSK related gMG.

## Results:

	N° Patients	Mean age at T0	MGFA at T0	Disease duration at T0
<u>Ecuzumab</u>	4	43 (SD 26.03)	2 pz IIA, 2 pz IIB	7,5 (SD 3.41)
<u>Ravulizumab</u>	7	48 (SD 10.62)	2 pz IIA, 3 pz IIB, 1 pz IIIA, 1 pz IIIB	8,2 (SD 7.01)
<u>Zilucoplan</u>	5	64,4 (SD 10.83)	3 pz IIA, 2 pz IIB	13,2 (SD 10.59)
<u>Efgartigimod</u>	8	64 (SD 8.73)	1 pz IIA, 6 pz IIB, 1 pz IIIB	15,8 (SD 18.53)
<u>Rozanolixizumab</u>	2	72,5 (SD 6.36)	2 pz IIB	14 (SD 1.41)



## Conclusions:

Our real-world data confirm the corticosteroid-sparing potential of both complement C5 inhibitors and FcRn antagonists in patients with gMG. These findings support the integration of targeted immunotherapies not only for symptom control but also to minimize corticosteroid exposure and its related morbidity. Larger prospective studies are warranted to define optimal timing and patient selection for a personalized, low-toxicity treatment approach in MG.

## References:

- 1) Gilhus NE, Verschuuren JJ. Myasthenia gravis: subgroup classification and therapeutic strategies. *Lancet Neurol.* 2015 Oct;14(10):1023-36. doi: 10.1016/S1474-4422(15)00145-3.
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- 3) Tanneer MR, Verschuuren JJGM. Emerging therapies for autoimmune myasthenia gravis: Towards treatment without corticosteroids. *Neuromuscul Disord.* 2020 Feb;30(2):111-119. doi: 10.1016/j.nmd.2019.12.003.



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