



More gMG patients than you realize continue to
SUFFER IN SILENCE
WITH SYMPTOMS
possibly including those in your practice

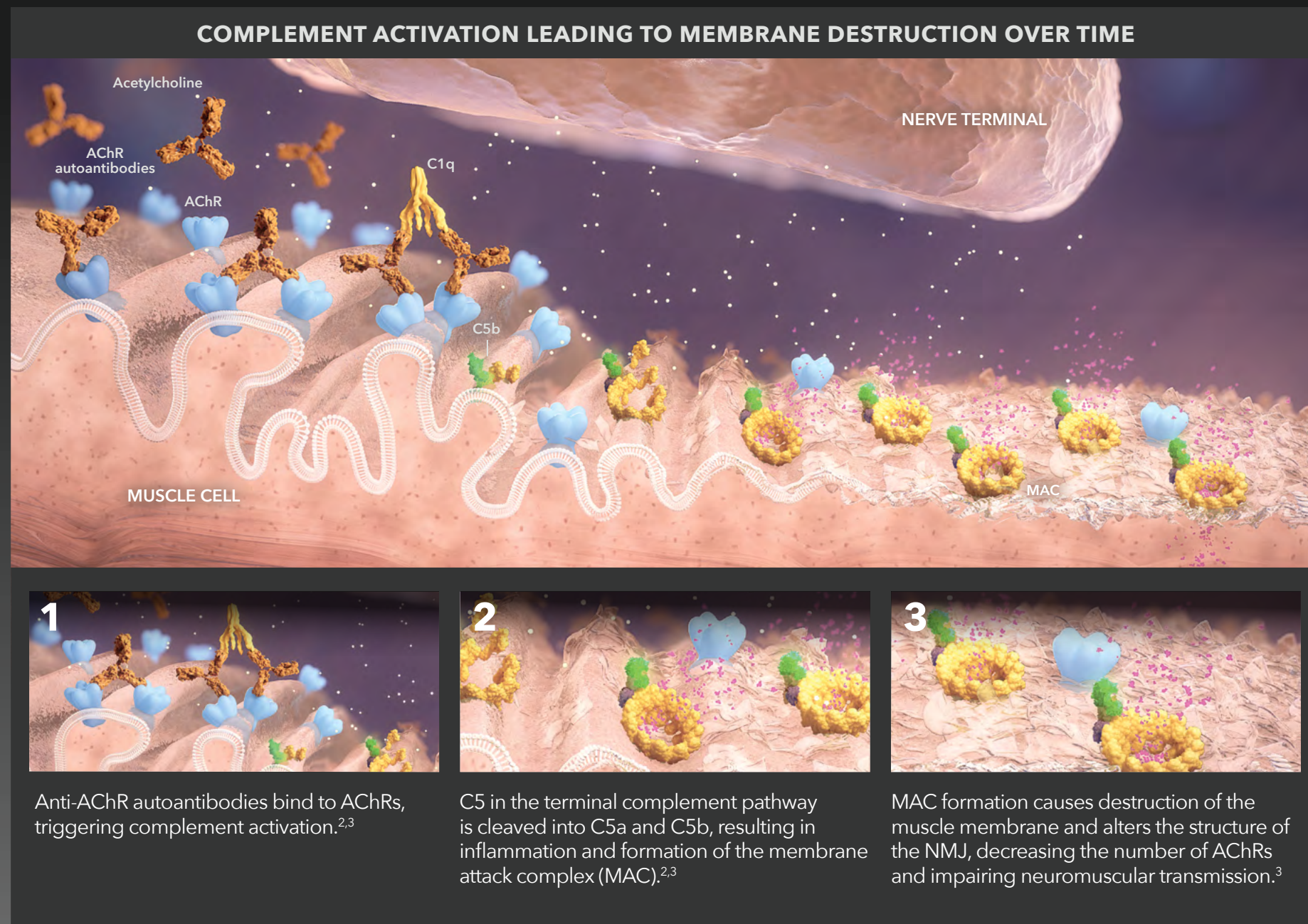
If your adult patients with anti-acetylcholine receptor (AChR) antibody-positive generalized myasthenia gravis (gMG) have persistent symptoms, complement may be to blame.

ALEXION[®]

Complement may be a culprit in the **UNDERLYING CAUSE** of damage in your gMG patients

Up to 85% of patients with gMG are anti-AChR antibody positive¹

The complement cascade is a vital part of the body's immune system, but in patients with anti-AChR antibody-positive gMG, it plays a critical role in damage at the neuromuscular junction (NMJ).²



Did you know complement can be activated whenever anti-AChR antibodies are present?²



In the majority* of patients, the progression of myasthenia gravis (MG) symptoms **CAN OCCUR AS SOON AS 1 YEAR**

3 out of 4

Approximately 3 out of 4 patients with ocular symptoms **progress to generalized symptoms**, including bulbar, that can impact talking, chewing, swallowing, or breathing.⁴⁻¹⁴

1 out of 5

1 out of 5 MG patients who went on to develop generalized symptoms did so within **1 month** of presenting with ocular symptoms.^{11*}

22 out of 25

22 out of 25 MG patients with ocular symptoms who developed generalized symptoms did so **within a year**.^{11*}

*Based on a study evaluating the diagnosis and treatment of 1976 patients with MG (246 with ocular MG and 1730 with gMG) between 1940 and 2000. In this study, 80% of patients who initially presented with ocular symptoms developed gMG.¹¹

Do you look for signs of MG symptom progression in your practice?

Right now, there may be patients in your practice with **REFRACTORY** gMG

Patients may be considered refractory if they fail to respond to therapies, experience intolerable side effects, have contraindications, or are unable to reduce their dose of immunosuppressive therapy.^{15,16}

Are you asking your patients about subtle gMG symptoms they may still be experiencing?

In a survey, patients continued to experience the following despite treatment^{17*}:

TROUBLE CHEWING
39%

WEAKNESS OF
UPPER LIMBS
71%

WALKING
PROBLEMS
70%

..... TROUBLE
SWALLOWING
44%

..... MUSCLE
WEAKNESS AFTER
PHYSICAL STRAIN
75%

*These data are based on survey results of 1518 patients in the German Myasthenia Association with confirmed MG. All patients completed a questionnaire that included analysis of demographics, impairments, therapeutic course, use of complementary therapies, illness-related costs, and quality of life (SF-36).¹⁷

Refractory gMG can have a **DEVASTATING IMPACT** on your patients' quality of life

In patients with refractory gMG compared to patients with nonrefractory gMG at a 4-year follow-up^{18*}:

75% HIGHER (worse) MG-ADL **ASSESSMENT SCORES**

2x as likely to experience **OVERNIGHT HOSPITALIZATION**

17x as likely to experience **INTENSIVE CARE UNIT STAY**

In a retrospective study that used claims data and health system databases to assess the clinical burden of over 4000 patients, **those with refractory gMG** compared to nonrefractory gMG (n=403) were found to be more likely to have experienced^{19†}:

EXACERBATION – **4.7x** as likely

ER VISIT – **~2x** as likely

MYASTHENIC CRISIS – **4x** as likely

*This retrospective study analyzed data from adults with gMG in the Myasthenia Gravis Foundation of America Patient Registry who had completed the enrollment questionnaire between July 2013 and February 2018 and at least 1 follow-up questionnaire by February 2019. Comparisons were made between ever-refractory (n=49) and nonrefractory (n=581) patients regarding clinical and healthcare resource utilization outcomes.¹⁸

Abbreviation: MG-ADL, Myasthenia Gravis Activities of Daily Living.

†This retrospective study assessed the clinical burden of refractory MG relative to nonrefractory MG based on enrollment and claims data. Rates of myasthenic crises, exacerbations, inpatient hospitalizations, and emergency room visits over a 1-year period were measured for 403 refractory, 3811 nonrefractory, and 403 non-MG control patients from Optum Research Database and Impact National Benchmark Database between January 2000 and December 2014.¹⁹

What are you doing to ensure your patients' quality of life?

It's time to reevaluate the way you define and think about **REFRACTORY gMG**

Probe further to see if your patients are still
experiencing gMG symptoms, and work together
to create a new management plan.



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