



# Treatment of NMOSD



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# Disclosures

- May discuss off-label use of medications
- Today's activities are all volunteer-based with no financial relationships

# Objectives

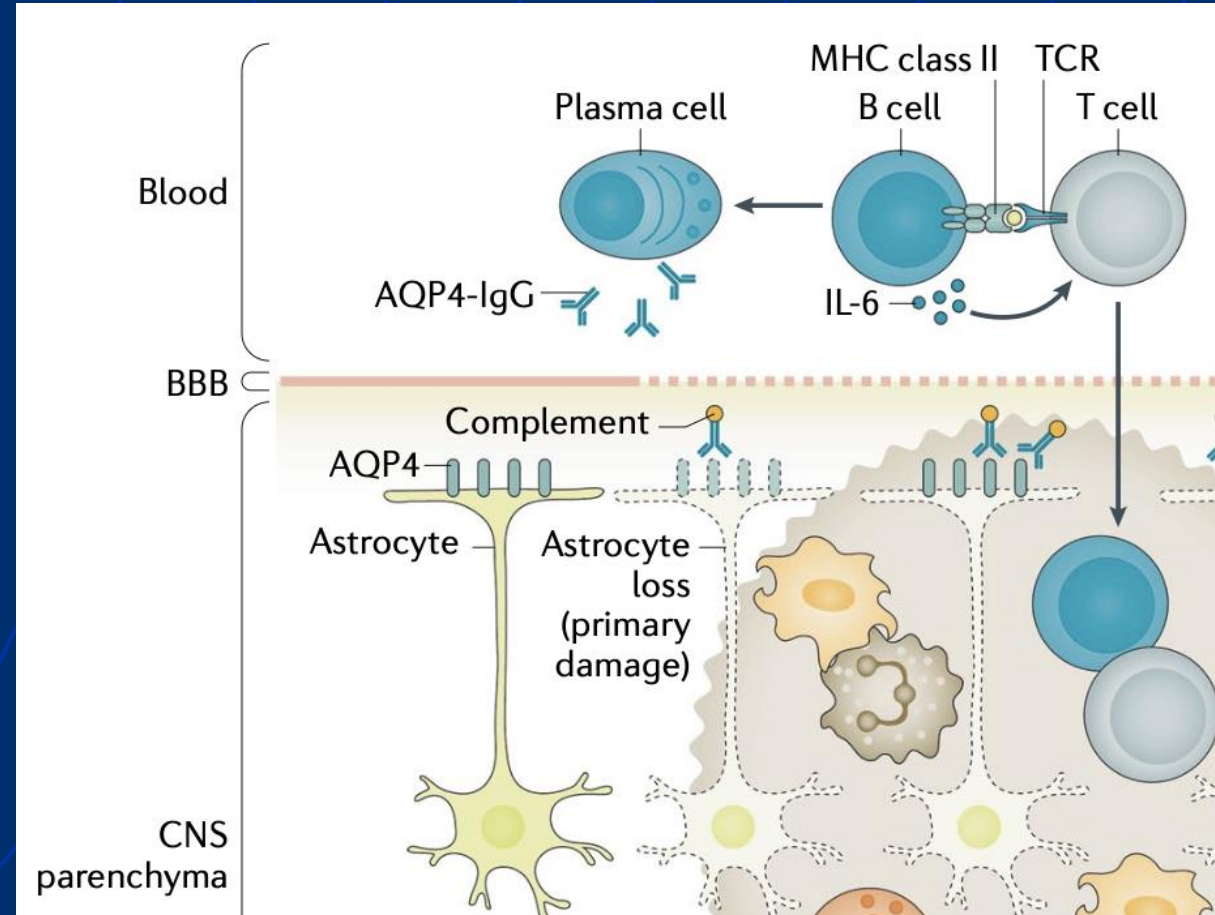


- Treatment targets
- Treatments in the hospital
- Long-term treatments

# What Happens in NMO

## PATHOPHYSIOLOGY

- B cells are activated, sometimes by a molecule called IL-6
- Some of these produce the AQP4 antibody of NMO
- These antibodies damage the nervous system via complement fixation



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# Treatments in the Hospital

- Intravenous methylprednisolone (IV steroids)
  - Eliminates multiple immune cells
  - 3-5 days, depending on symptom evolution
- Plasmapheresis (PLEX)
  - Removes antibodies, signaling molecules, and complements
  - 1 session every other day for 5 sessions



# Maintenance Treatment Considerations

- Average 0.7 attacks/patient/year (range: 0.1-3)
- Disability is cumulative and attack-related
  - No progressive phase
- An individual attack can be severe

# DMT Selection



EFFICACY  
LOGISTICS  
POTENTIAL RISKS  
VACCINATIONS



# B Cell Depletion

## Rituximab

- Developed in 1997, targets CD20 on B cells
- Intravenous
- Loading doses of 1000 mg twice two weeks apart
- Maintenance dose once every 6 months
- Screening for HBV and TB
- Risk for HBV reactivation and infections





# B Cell Depletion

## **Inebilizumab**

- Approved in 2020, targets CD19 on B cells
- Intravenous
- Loading doses of 300 mg twice two weeks apart
- Maintenance dose of 300 mg every 6 months
- Screening for HBV and TB
- Risk for HBV reactivation and infections

# IL-6 Antagonism



## Satralizumab

- Approved in 2020
- Subcutaneous
- Loading doses of 120 mg at weeks 0, 2, and 4
- Maintenance dose of 120 mg every 4 weeks
- Headache, upper respiratory tract infections, nausea, and joint pain most common side effects
- Screening for HBV and TB
- Regularly checking liver function



Pediatrics  
patients age  
> 12 yo



# Complement Inhibition

## **Eculizumab**

- Approved in 2019
- Intravenous
- Weekly loading doses of 900 mg for 4 weeks
- Maintenance dosing of 1200 mg every 2 weeks
- Headache, diarrhea, and upper respiratory tract infections most common side effects
- Risk for meningococcal meningitis
- Meningococcal vaccination and potentially prophylactic antibiotics

# Complement Inhibition



## Ravilizumab

- Approved in 2024
- Extended-dosing complement inhibitor (every 8 weeks)
- Headache, diarrhea, and upper respiratory tract infections most common side effects
- Risk for meningococcal meningitis



# Clinical Trials

SLIDE SUBHEAD

# Eculizumab for Pediatric NMO



**Clinicaltrials.gov ID: NCT04155424**

**Sponsor: Alexion Pharmaceuticals**

**US Sites: Terminated early, only 5 enrolled**

- Purpose: Safety and efficacy of eculizumab in patients between 2 and 18 years old
- Type: open-label, all patients receive eculizumab
- Dosing: weight-based, weekly during the induction phase, every two weeks thereafter
- Timeframe: 52-53 weeks, may extend to 104 weeks

## Eligibility

- Between 2 and 17 years old
- At least 10 kg, two relapses in the last two years
- Vaccinated
- Stable dosing of supportive immunosuppressing medications

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# Satralizumab for Pediatric NMO



**Clinicaltrials.gov ID: NCT05199688**

**Sponsor: Hoffmann-La Roche**

**US Sites: Children's Hospital Colorado**

- Purpose: Pharmacodynamics of satralizumab in patients between 2 and 11 years old
- Type: open-label, all patients receive satralizumab
- Dosing: weight-based, every 2 weeks during the induction phase, every four weeks thereafter
- Timeframe: 48 weeks, option to extend

## Eligibility

- AQP4 positive
- Between 2 and 11 years old
- At least 10 kg
- One attack in the preceding year
- Stable dosing of supportive immunosuppressing medications

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# Inebilizumab for Pediatric NMO



**Clinicaltrials.gov ID: NCT05549258**

**Sponsor: Amgen**

**US Sites: Loma Linda, UCSD, Mass Gen**

- Purpose: Pharmacodynamics, pharmacokinetics, and safety of inebilizumab in patients between 2 and <18 years old
- Type: open-label, all patients receive satralizumab
- Dosing: administered IV over 28 weeks
- Timeframe: 80 weeks maximum

## Eligibility

- AQP4 positive
- Between 2 and 18 years old
- At least 15 kg
- Two attacks in last two years
- Receipt of certain meds previously may exclude

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# Ravulizumab for Pediatric NMO



**Clinicaltrials.gov ID: NCT05346354**

**Sponsor: Alexion Pharmaceuticals**

**US Sites: Worldwide (Miami, Durham, DC)**

- Purpose: Efficacy and safety of ravulizumab in pediatric patients
- Type: open-label, all patients receive ravulizumab
- Dosing: weight-based, two initial loading doses two weeks apart followed by maintenance doses every 4 or 8 weeks depending on weight
- Timeframe: 50 weeks, with a follow-up extension period of up to 104 weeks

## Eligibility

- AQP4 positive
- Age not precisely defined
- One attack in the preceding year
- Stable supportive immunosuppressing drugs
- Vaccinated against meningitis
- Excluded if recently receiving certain treatments

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# Pediatric Observational NMO Studies



- Longitudinal Study of NMO and Transverse Myelitis: UTSW in Dallas. Children ages > 6 previously with NMO, TM, or ON. Blood and DNA samples. Must be able to go to UTSW.
- Neuroimaging and Neurobehavioral Outcomes: Johns Hopkins. Children between 13-18 years old. Neuropsychological testing and MRI of the brain.
- Pediatric Observational NMO Study: Mayo Clinic in Rochester. Any pediatric patient with positive AQP4 antibodies. Determination of clinical course over multiple visits during one year (times 0, 3, 6, 9, and 12 months).

# Rituximab vs FDA Medications in Adults



**Clinicaltrials.gov ID: NCT07010302**

**Sponsor: Massachusetts General Hospital**

**US Sites: Boston**

- Purpose: compare relapse prevention in the 5 commonly-used treatments
- Type: randomized, double-blind
- Dosing: medication dependent, at usual doses
- Timeframe: 30-48 months

## Eligibility

- AQP4 positive
- Age > 18
- Excluded if certain co-morbid infections (hepatitis, TB) or immunodeficiencies (HIV or otherwise)

# Efgartigimod for Adult Acute Optic Neuritis



**Clinicaltrials.gov ID: NCT06453694**

**Sponsor: Massachusetts General Hospital**

**US Sites: Boston**

- Purpose: determining whether or not efgartigimod in addition to steroids is better than steroids alone
- Type: randomized, placebo-controlled trial, with option for PLEX rescue, pilot study of 20 patients
- Dosing: 2,016 mg of drug or placebo on days 0 and 3
- Timeframe: 6 months (not yet enrolling, estimated completion 7/2027)

## Eligibility

- First episode of optic neuritis
- Clinically symptomatic with visual acuity 20/60 or worse
- Age > 18
- Treatment can be administered within 10 days of symptom onset

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# Ravulizumab Safety in Pregnancy



**Clinicaltrials.gov ID: NCT06312644**

**Sponsor: Alexion Pharmaceuticals**

**US Sites: Boston**

- Purpose: to determine frequency and characteristics of maternal and fetal complications in those receiving ravulizumab during pregnancy
- Type: observational patient registry
- Dosing: any
- Timeframe: now through July 2034

## Eligibility

- Medically-confirmed pregnancy
- Receipt of ravulizumab up to 40 weeks prior to conception and up to 52 weeks after birth



# DMTs Under Study in Adults Internationally

- Bruton's tyrosine kinase inhibitors: zanubrutinib
- B-cell activating factor antibodies: belimumab
- JAK inhibitors: baricitinib
- Neonatal Fc receptor antibodies: batoclimab
- CD38 antibodies: daratumumab
- CD20 antibodies: ofatumumab, MIL62, divozilimab
- CAR-T: BAFF-R CAR-T

# Acute Treatments Under Study in China



- Efgartigimod
- Eculizumab
- Immunoadsorption vs PLEX



# Thank you for listening!



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