



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/medical-industry-feature/ig-therapy-a-cornerstone-of-treatment-for-cidp/33065/

ReachMD

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

Ig Therapy: A Cornerstone of Treatment for CIDP

Voiceover:

CIDP is a rare autoimmune condition that affects the peripheral nerves and may lead to physical disability if left uncontrolled.¹⁻³ While the pathogenesis of CIDP is not fully elucidated, it is a complex disease involving both the humoral and cell mediated components of the immune system. Multiple mechanisms have been postulated in CIDP pathogenesis including B&T cell activation, FC receptors, pro inflammatory cytokines, auto antibodies and complement pathways. These mechanisms result in macrophage induced inflammation and nerve demyelination and potentially axonal damage. Exogenous IgG is an immunomodulating therapy with actions that address multiple CIDP pathways. IgG modulates B&T cells, neutralizes pathogenic auto antibodies, reduces pro inflammatory cytokines and adhesion molecules, inhibits activated complement, modulates various FC receptors and saturates FCRN, accelerating catabolism of auto antibodies. ¹⁻⁷ With a large body of evidence, IgG therapy is a cornerstone of treatment for CIDP that has been trusted for years.

References:

- Dalakas MC, Latov N, Kuitwaard K. Intravenous immunoglobulin in chronic inflammatory demyelinating polyradiculoneuropathy (CIDP): mechanisms of action and clinical and genetic considerations. *Expert Rev Neurother*. 2022 Nov-Dec;22(11-12):953962. doi:10.1080/14737175.2022.2169134. Epub 2023 Jan 23. PMID: 36645654.
- Van den Bergh PYK, van Doorn PA, Hadden RDM, et al. European Academy of Neurology/Peripheral Nerve Society guideline on diagnosis and treatment of chronic inflammatory demyelinating polyradiculoneuropathy: Report of a joint Task Force-Second revision [published correction appears in *J Peripher Nerv Syst.* 2022 Mar;27(1):94. doi:10.1111/jns.12479] [published correction appears in *Eur J Neurol.* 2022 Apr;29(4):1288. doi:10.1111/ene.15225]. *J Peripher Nerv Syst.* 2021;26(3):242-268. doi:10.1111/jns.12455
- 3. Querol L, Lleixà C. Novel immunological and therapeutic insights in Guillain-Barré Syndrome and CIDP. *Neurotherapeutics*. 2021 Oct;18(4):2222-2235. doi:10.1007/s13311-021-01117-3. Epub 2021 Sep 21. PMID: 34549385; PMCID:PMC8455117.
- 4. Querol L, Hartung H, et al. The role of the complement system in chronic inflammatory demyelinating polyneuropathy: implications for complement-targeted therapies. *Neurotherapeutics*. 2022 April 12;19:864-873. doi: 10.1007/s13311-022-01221-y
- 5. Matucci A, Maggi E, Vultaggio A. Mechanisms of action of Ig preparations: immunomodulatory and anti-inflammatory effects. *Front Immunol.* 2015;5:690. Published 2015 Jan 12. doi: 10.3389/fimmu.2014.00690
- 6. Raju R, Dalakas MC. Gene expression profile in the muscles of patients with inflammatory myopathies. Effect of therapy with IVIg and biological validation of clinically relevant genes. *Brain*. 2005 Aug; 128(Pt 8): 1887-96. doi: 10.1093/brain/awh518. Epub 2005 Apr 27. PMID: 15857930.
- 7. Dalakas MC, Spaeth PJ. The importance of FcRn in neuro-immunotherapies: From IgG catabolism, FCGRT gene polymorphisms, IVIg dosing and efficiency to specific FcRn inhibitors. Ther Adv Neurol Disord. 2021;14:1756286421997381. Published 2021 Feb 26. doi:10.1177/1756286421997381
- 8. van Schaik IN, Bril V, van Geloven N, et al. Subcutaneous immunoglobulin for maintenance treatment in chronic inflammatory demyelinating polyneuropathy (PATH): a randomised, double-blind, placebo-controlled, phase 3 trial. The Lancet Neurology. 2018;17(1):35-46. doi:https://doi.org/10.1016/s1474-4422(17)30378-2

@2025 CSL Behring USA-HIZ-0941-MAY25