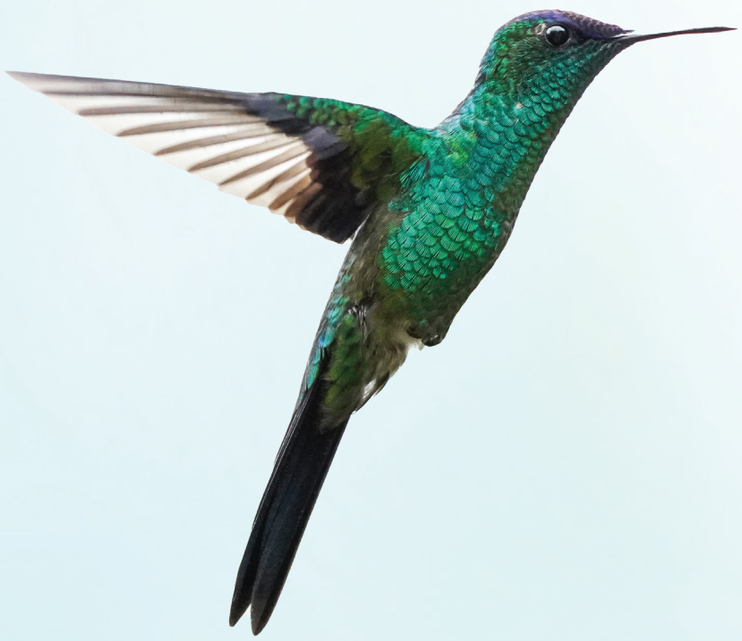
Series 1:
Intro to MOGAD

MOGbytes™

A snack-sized guide to understanding MOGAD



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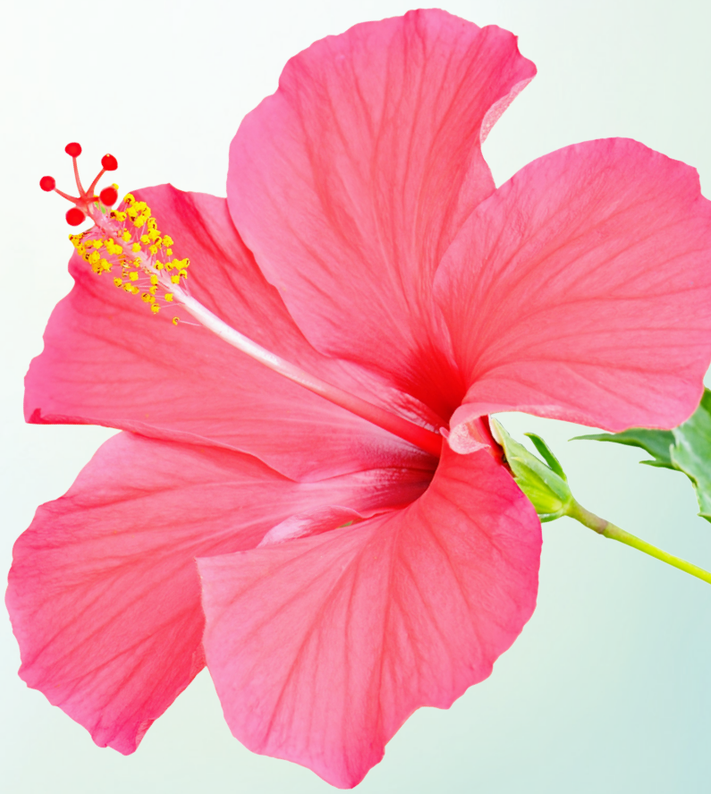


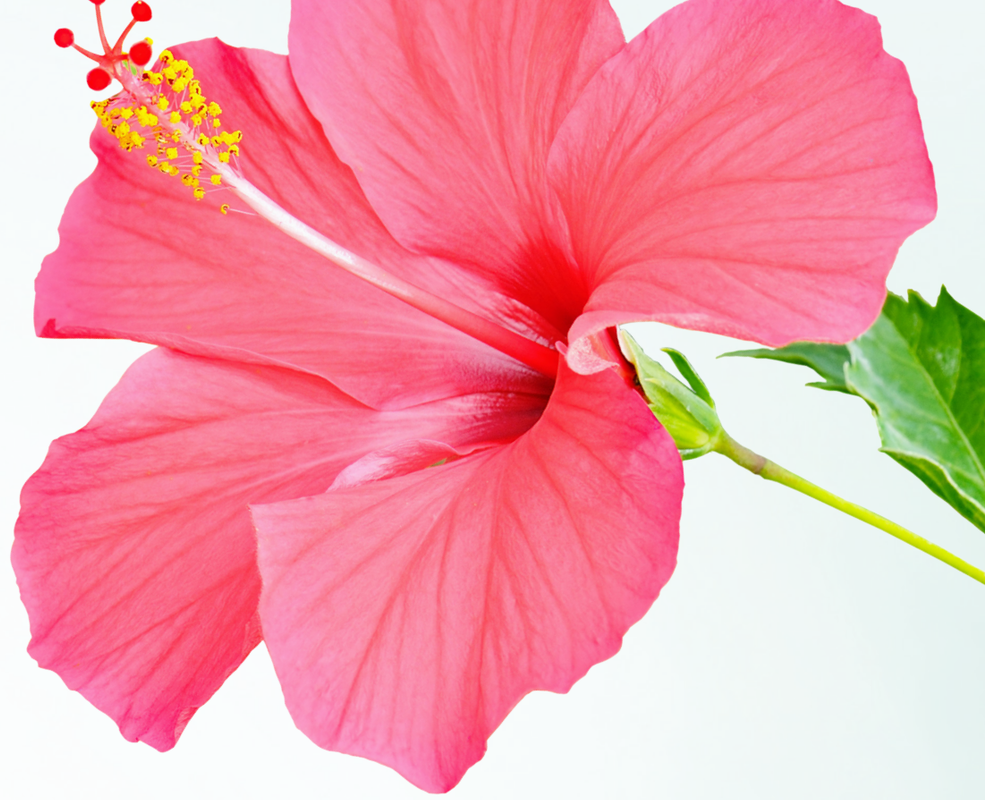
M yelin

O ligodendrocyte

G lycoprotein

A ntibody-associated

D isease



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MOGAD

is a rare autoimmune condition that targets a protein (MOG) found on the protective coating of nerves in the:

Eyes

Brain

Spinal Cord

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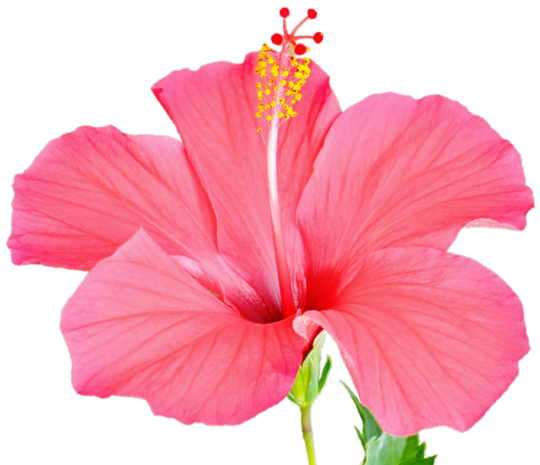
Did you know?

MOGAD:

- Affects **1.3 to 3.4 out of every 100 000 people worldwide**
  - Diagnostic testing differences may affect these numbers
  - This number is growing as testing becomes more widespread and MOGAD research is improving
- **Impacts all ages** with the average age of first symptoms being 28-30 years old
- **Often looks different** depending on age
  - Acute disseminated encephalomyelitis (ADEM) is more common in patients under 10 years old
  - Optic neuritis and myelitis are more common in adults
- Has **not been linked to gender or race**



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Symptoms

MOGAD can impact patients differently

Blurry vision
Vision loss
Color vision loss
Eye pain

Headaches
Seizures
Behavioral changes
Memory loss

Changes in:
Bladder and bowel sensation
Bladder and bowel function
Sexual function

Weakness or numbness in arms and/or legs
Chronic fatigue

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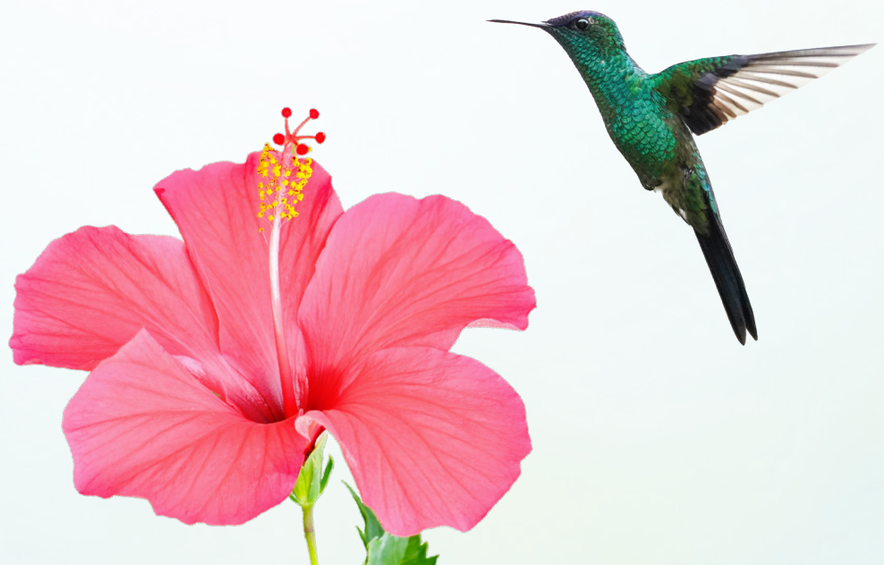
Symptoms

MOGAD presents as a **sudden onset of symptoms, also known as an attack**, that range in type and severity.

- Patients may experience a **single attack** over a lifetime (termed monophasic disease) or **multiple attacks** known as relapsing.
- Around **half of all patients** with MOGAD will experience a relapse.
- Following the first attack, **some patients fully recover**, while **others may experience ongoing symptoms**.



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Diagnosis

STEP 1 | Recognizing key symptoms

- Vision changes or eye pain
- Weakness or numbness in arms or legs
- Confusion, seizures, or changes in behavior

STEP 2 | MOG antibody blood test

- A clear positive result to support MOGAD diagnosis
- Borderline results might require more testing or MRI confirmation

STEP 3 | MRI and Additional Testing

- MRI to identify lesions (spots of inflammation or damage) on the optic nerves, brain, brainstem, or spinal cord
- Additional clinical testing may include Optical Coherence Tomography (OCT) and Visual Field Testing (VTF)

STEP 4 | Rule out other conditions

- Doctors must rule out other potential causes of symptoms, including but not limited to:
  - Multiple sclerosis (MS)
  - Neuromyelitis optica spectrum disorder (NMOSD)

Every patient's experience with MOGAD is unique. This is a general guide to the diagnostic process — your doctor will choose the tests that best fit your needs.

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Treatment Options

During an attack

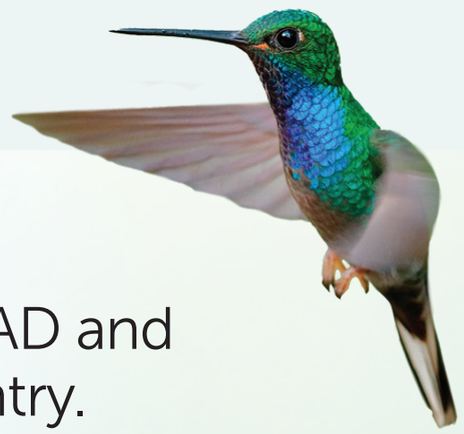
- IV or oral steroids
- Plasma exchange (PLEX)
- Intravenous immunoglobulin (IVIG)

Preventative

- Mycophenolate motefil (CellCept)
- Azathioprine (Imuran)
- Steroids
- Rituximab (Rituxan)
- IVIG or subcutaneous immunoglobulin (SCIG)
- Tocilizumab (Actemra)

Potential new treatments

- Currently, there are two ongoing clinical trials:
  - CosMOG
  - Meteoroid
- Each trial is studying a different treatment for MOGAD



There is currently no specific treatment for MOGAD and treatment options are different based on country.

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Inspired by **patients.**
Driven by **science.**

Developed in collaboration with Elias Sotirchos, MD, Associate Professor of Neurology at The John Hopkins University School of Medicine