Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS) as a Post-Infectious Autoimmune Disease: Benefits of Intravenous Immunoglobulin (IVIG)

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Introduction

- In the late 1990s, a subgroup of children who presented with obsessive-compulsive disorder (OCD) and/or tic disorders following streptococcal infections were described, and the diagnosis pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) was developed to describe the disorder.¹
- Due to difficulties in determining a relationship between strep infections and PANDAS symptoms, a new diagnosis, pediatric acute-onset neuropsychiatric syndrome (PANS), was developed to encompass the growing number of infectious agents potentially related to PANS onset.²
- Significant findings indicate a relationship between a postinfectious response and behavioral changes^{3,4}; this suggests a form of post-infectious autoimmunity through molecular mimicry.⁵
- Given these findings, we hypothesized that an immune defect is the underlying mechanism leading to PANS.⁵
- Based on this hypothesis, we proposed a study to explore the efficacy of IVIG [Octagam 5%] for PANS treatment.

Efficacy Endpoints

- Changes in Psychological Evaluation Scores from Baseline to Visits 7/8/9
- Parent-Rated Symptom Survey
- Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS)
- Yale Global Tic Severity Scale (YGTSS)
- Anxiety Disorders Interview Schedule for DSM-IV (ADIS)
- Clinical Global Impression (CGI)
- Pediatric Acute Neuropsychiatric Symptom Scale Phone Interview Scores
- Parent and Patient Artifacts (various)

Results

- Total of 21 participants at 3 clinical sites.
- Mean age: 10.86 yrs; males (13 [62%]); females (8 [38%]).
- Mean follow-up time from Visit 0 to Visit 8 was 186 days (±13 days).
- Late follow-up (Visit 9) occurred 29-46+ weeks after last IVIG infusion to gather data on durability of response.



STUDY SCHEMATIC

- The primary efficacy endpoints were determined by clinical observation, parent observation, validated psychometric assessments, and interviews by psychologists/psychiatrists.
 - Statistically significant improvements were demonstrated in all psychometric assessments from baseline as compared to Visit 7.
- Results from the **CY-BOCS** assessment (Figure 1) demonstrated significant reductions in obsessive thoughts and behavior at Visits 7/8/9 as compared to treatment initiation (baseline).
- Results from the **Parent-Related Symptom Survey (Figure** 2) demonstrated significant reductions in symptoms beginning at Infusion 3 through Infusion 6 (compared to baseline).
- Results from the CGI Severity of Illness Scale (Figure 3) demonstrated significant reductions from baseline as compared to results at Visits 7/8/9, as well as reductions in the follow-up period (Visit 7 to Visit 8; Visit 8 to Visit 9).
- Cunningham Panel (Moleculera Labs) (Figure 4 [Left]) 100% of subjects demonstrated out of range results. Neural Zoomer (Vibrant Wellness) (Figure 4 [Right]) 71.4% of subjects demonstrated out of range results.



Results (continued)







Figure 2. Parent-Rated Symptom Survey Results

Figure 3. CGI Severity of Illness Scale Results



Figure 4. Brain Autoimmunity Results



Conclusions

- In PANS patients, all psychometric endpoints studied exhibited statistically significant decreases following 6 cycles (infusions) of IVIG as well as durability of response for up to 46 weeks in a subset of subjects.
- Patients with PANS can benefit from a 6-cycle course of IVIG.
- Provisional data demonstrate durability of the positive impact of IVIG treatment.
- PANS is an autoimmune disease; innate immunity and the complement system may play a role in the pathogenesis of PANS.

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