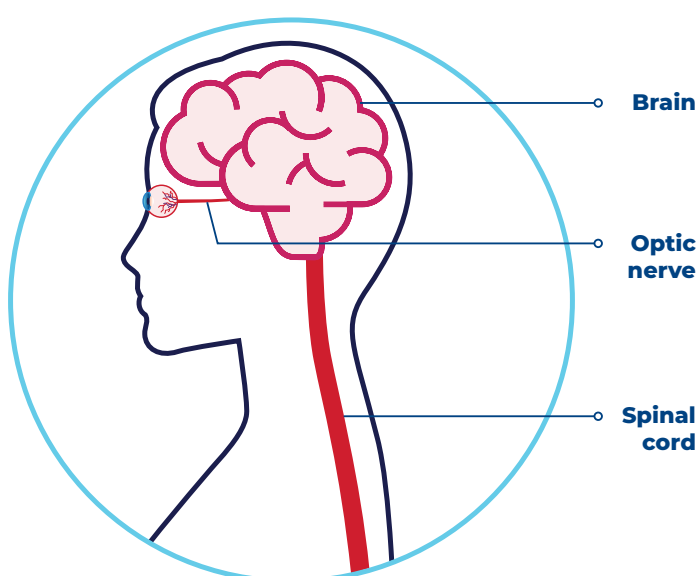


Neuromyelitis Optica Spectrum Disorder (NMOSD)

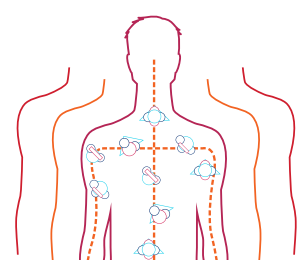
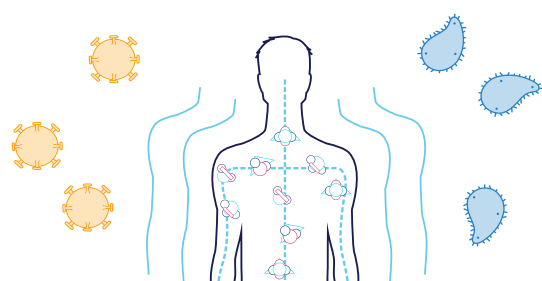
WHAT IS NEUROMYELITIS OPTICA SPECTRUM DISORDER?

NMOSD is a **rare disease** in which the immune system is inappropriately activated to target healthy tissues and cells in the central nervous system (CNS).¹

Approximately three-quarters of people with NMOSD are anti-aquaporin-4 (AQP4) antibody-positive, meaning they produce antibodies that bind to the AQP4 protein. This binding can inappropriately activate the complement system to **destroy cells** in the **optic nerve, spinal cord** and **brain**.²⁻⁴



THE COMPLEMENT SYSTEM



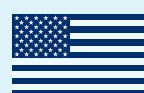
The complement system is a part of the immune system and is **essential to the body's defence against infection**.⁵

When the system is **thrown out of balance**, or dysregulated, these proteins can **trigger a dangerous, uncontrolled cascade of reactions** that attack cells and tissues resulting in **harmful inflammation** and the **destruction of healthy cells**.⁵

Diagnosed prevalence in adults is



~16K⁶



~6K⁶



~5K⁶



~4K⁶



NMOSD most commonly **affects women** and begins in the **mid-30s**. **Men and children** may also develop NMOSD, but it is even more rare.^{7,8-10}

Patients with NMOSD may experience¹¹



Vision problems, including vision loss



Intense pain



Loss of bladder/bowel function



Fatigue



Abnormal skin sensations (e.g., tingling, prickling or sensitivity to heat/cold)



Impact on coordination and/or movement, including paralysis



Nausea and/or uncontrolled vomiting



Hiccups

Most people living with NMOSD experience **unpredictable attacks, known as relapses**. Each relapse can result in cumulative disability including **vision loss, paralysis** and sometimes **premature death**.^{4,11}

HOW IS NMOSD DIAGNOSED?

The journey to diagnosis can be long, with the disease **sometimes misdiagnosed**. NMOSD is a **distinct disease from other CNS diseases**, including multiple sclerosis (MS).^{1,12}

A **neurologist or neuro-ophthalmologist** diagnoses NMOSD by one or more of the following:^{1,8}



- ✓ Evidence of a blood test for the NMOSD-specific biomarker
- ✓ At least 1-2 core manifestations of the disease (e.g., inflammation of the optic nerve or spinal cord)
- ✓ Magnetic resonance imaging (MRI) of the brain, spinal cord or optic nerve
- ✓ Identification of certain patterns in how the disease presents (such as length and location of the lesions caused by tissue damage)

Content created by Alexion, AstraZeneca Rare Disease

References:

1. Jarius S, et al. The History of Neuromyelitis Optica. *J Neuroinflammation*. 2013;10:797.
2. Hamid SHM, et al. What Proportion of AQP4-IgG-negative NMO Spectrum Disorder Patients are MOG-IgG Positive? A Cross Sectional Study of 132 Patients. *J Neurol*. 2017;264(10):2088-2094.
3. Yick LW, et al. Aquaporin-4 Autoantibodies From Neuromyelitis Optica Spectrum Disorder Patients Induce Complement-Independent Immuneropathologies in Mice. *Front. Immunol*. 2018;9:1438.
4. Wingerchuk DM, et al. The Spectrum of Neuromyelitis Optica. *Lancet Neurol*. 2007;6(9):805-15.
5. Cedzyński M, et al. Editorial: The Role of Complement in Health and Disease. *Front. Immunol*. 2019;10:1869.
6. AstraZeneca Data on File - Epidemiology estimates are composed of a triangulation of different data sources including Data Monitor, Decision Resources Group, Kantar Health, and internal input (updated as of May 2024).
7. Bukhari W, et al. Incidence and Prevalence of NMOSD in Australia and New Zealand. *J Neurol Neurosurg Psychiatry*. 2017;88(8):632-638.
8. Wingerchuk DM, et al. Revised diagnostic criteria for neuromyelitis optica. *Neurology*. 2006;66(10):1485-1489.
9. Drori T, et al. Diagnosis and classification of neuromyelitis optica (Devic's syndrome). *Autoimmunity Reviews*. 2014;13(4-5):531-533.
10. Eaneff S, et al. Patient perspectives on neuromyelitis optica spectrum disorders: Data from the PatientsLikeMe online community. *Multiple Sclerosis and Related Disorders*. 2017;17:116-122.
11. Mutch K, et al. Life on Hold: The Experience of Living with Neuromyelitis Optica. *Disabil Rehabil*. 2014;36(13):1100-1107.
12. Mealy MA, et al. Assessment of Patients with Neuromyelitis Optica Spectrum Disorder Using the EQ-5D. *Int J MS Case*. 2019;21(3):129-134.