IS IT **LEMS** OR **MG**?

Test your knowledge of the symptoms of Lambert-Eaton myasthenic syndrome (LEMS)

Indicate with a check mark whether the symptoms below are a sign of LEMS or myasthenia gravis (MG).

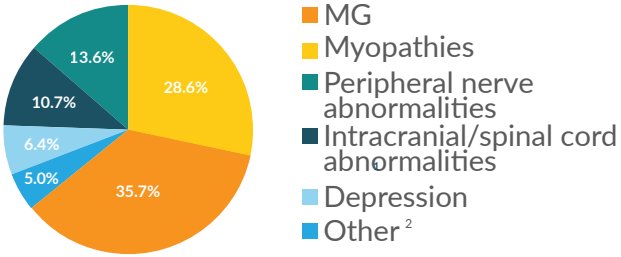
SYMPTOMS[1]	LEMS	MG
Symmetrical muscle weakness	☐	☐
Asymmetrical muscle weakness	☐	☐
Caudal-to-cranial pattern of spread	☐	☐
Early and prominent oculobulbar involvement	☐	☐
Later and mild oculobulbar involvement	☐	☐
Diminished or absent tendon reflexes	☐	☐
Autonomic dysfunction	☐	☐
Symptoms worsen with exercise	☐	☐

FIRDAPSE®
(amifampridine) Tablets 10 mg

MISDIAGNOSIS IS COMMON

Myasthenia gravis (MG) is the most common misdiagnosis of LEMS [2]

Common LEMS Misdiagnoses



More than 1/3 of misdiagnosed LEMS patients were **initially diagnosed as having MG** [2]

58% of patients were misdiagnosed at least once in a 2011 cohort of adult patients with LEMS [2]

FIRDAPSE is a potassium channel blocker indicated for the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in adults.

CONTRAINDICATIONS

FIRDAPSE is contraindicated in patients with:

- A history of seizures
- Hypersensitivity to amifampridine phosphate or another aminopyridine

WARNINGS AND PRECAUTIONS
Seizures: FIRDAPSE can cause seizures. Consider discontinuation or dose-reduction of FIRDAPSE in patients who have a seizure while on treatment. FIRDAPSE is contraindicated in patients with a history of seizures.

Hypersensitivity: If a hypersensitivity reaction such as anaphylaxis occurs, FIRDAPSE should be discontinued and appropriate therapy initiated.

ADVERSE REACTIONS
The most common (> 10%) adverse reactions are: paresthesia, upper respiratory tract infection, abdominal pain, nausea, diarrhea, headache, elevated liver enzymes, back pain, hypertension, and muscle spasms.

To report SUSPECTED ADVERSE REACTIONS, contact Catalyst Pharmaceuticals at 1-844-347-3277 (1 844-FIRDAPSE) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see enclosed full Prescribing Information in pocket.

DIFFERENTIATING LEMS FROM MG

Keys to a differential diagnosis of LEMS vs myasthenia gravis

LEMS[3]		MG[3]
Ages of onset: 35 and 60		Ages of onset: 35 and 50
Symmetrical muscle weakness		Asymmetrical muscle weakness
Caudal-to-cranial pattern of spread		Craniocaudal pattern of spread
Mild, late-onset oculobulbar involvement		**Early and prominent oculobulbar involvement**
Absent or diminished Tendon reflexes		Tendon reflexes typically preserved
Autonomic dysfunction		No autonomic dysfunction
Transient improvement with exercise		Weakness worsens with exercise
Labs: Auto-antibodies to VGCC		Labs: Auto-antibodies to AChR or MuSK

90% **of MG cases include early oculobulbar involvement (vs 5% in LEMS)**

CATALYST NO-COST ANTIBODY DIAGNOSTIC TESTING

A free program to help your patients find answers

Catalyst Pharmaceuticals, in collaboration with a national diagnostic lab provider, offers free anti-VGCC antibody testing for adult patients with symptoms suggestive of LEMS. The test is available to adult patients who already have a negative AChR antibody test or an equivocal EMG test for LEMS.

Testing for the presence of anti-VGCC antibodies can confirm a diagnosis of LEMS[4,5,6]

The presence of anti-VGCC antibodies can be detected in up to 90% of patients with LEMS[4,5,6]

To request a free test, contact your Catalyst representative or visit FreeLEMStest.com

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2. Titulaer MJ, Lang B, Verschuuren JJ. Lambert-Eaton myasthenic syndrome: from clinical characteristics to therapeutic strategies. Lancet Neurol. 2011;10(12):1098-1107.
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4. Harms L, Sieb JP, Williams AE, et al. Longterm disease history, clinical symptoms, health status, and healthcare utilization in patients suffering from Lambert Eaton myasthenic syndrome: results of a patient interview survey in Germany. J Med Econ. 2012;15(3):521-530.
5. Zalewski NL, Lennon VA, Lachance DH, et al. P/Q- and N-type calcium-channel antibodies: oncological, neurological, and serological accompaniments. Muscle Nerve. 2016;54(2):220-227.
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