

Myositis Disease & Treatment Landscape in the United States & Germany: Results from a Quantitative Physician Survey

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Key Takeaway

U.S. & German physicians report high rates of moderate-to-severe myositis, significant polypharmacy & increasing refractoriness – confirming a consistent unmet need for effective, durable & steroid-sparing treatment options

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Background:

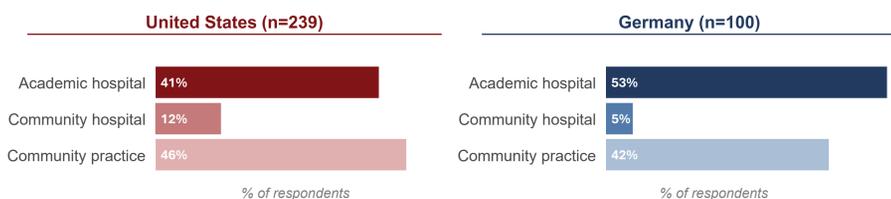
- Idiopathic inflammatory myopathies (IIM, or myositis) are immune-mediated diseases characterized by progressive muscle inflammation and significant systemic involvement, affecting an estimated ~80,000 patients in the U.S. and ~85,000 in Europe¹⁻³
- Myositis is comprised of adult subtypes – dermatomyositis (DM), antisynthetase syndrome (ASyS), and immune-mediated necrotizing myopathy (IMNM) – and a pediatric subtype, juvenile IIM (JIIM), each with unique clinical profiles and prognoses^{1,4}
- A persistently high unmet need is driven by disease severity and a lack of effective therapies – compounded by symptom heterogeneity and inconsistent classification standards¹
- Real-world treatment patterns remain poorly characterized across geographies
- Informed by qualitative interviews, we conducted a quantitative physician survey in the U.S. and Germany to define the therapeutic landscape and identify gaps for emerging treatment approaches, such as chimeric antigen receptor (CAR) T cell therapy

Methods:

- N=339 treating physicians recruited Mar-May 2025, following 8 qualitative interviews of U.S. experts
- Quotas used to ensure specialty & practice setting mix
- All survey respondents met screening criteria, including:
 - Management of ≥10 myositis patients per month
 - A baseline CAR T familiarity (self-reported ≥3/5); mean familiarity 4/5
- Online survey contained questions on treatment approach, disease severity, refractoriness, etc.
- The survey focused on DM, ASyS, IMNM and JIIM

Specialties represented		
Specialty	U.S.	DE
Rheumatologist	n=102	n=36
Neurologist	n=40	n=24
Dermatologist	n=42	n=20
Pulmonologist	n=40	n=6
Pediatric Rheum.	n=15	n=14
Total Sample	n=239	n=100

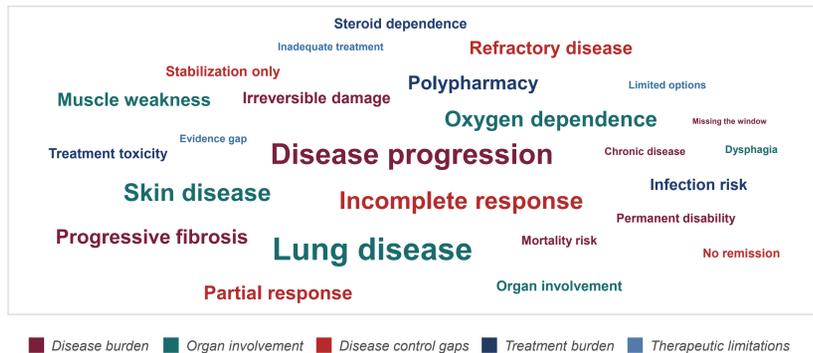
Fig. 1 Clinical practice setting of respondents by geographies



Qualitative Context: Unmet Need in Myositis

Fig. 2 Key domains of myositis unmet need

Themes & terms derived from qualitative interviews with N=8 U.S. myositis-treating physicians; term font size reflects coding frequency



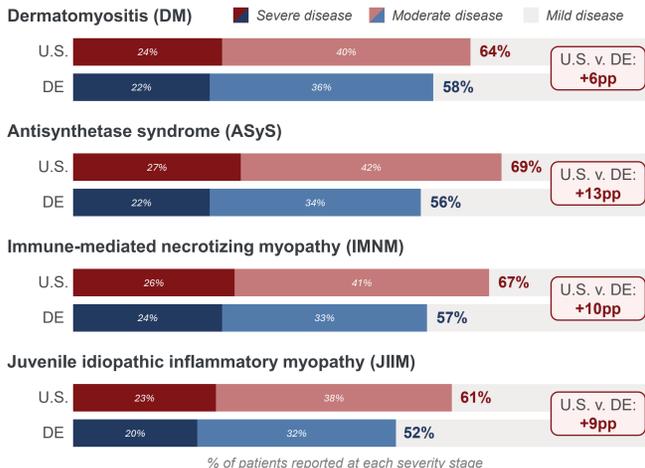
Key findings:

- Organ involvement was the most frequently coded theme across all interviews, with lung, muscle and skin disease noted
- Disease burden & disease control gaps were prominent, with disease progression & incomplete response as key concerns
- Treatment burden was consistently identified, including polypharmacy, treatment toxicity & steroid dependence

Quantitative Results: Disease Severity & Refractoriness

Fig. 3 Moderate-to-severe burden by subtype & geography

Respondents' estimates for proportion of patients in moderate or severe disease state based on provided severity definitions.

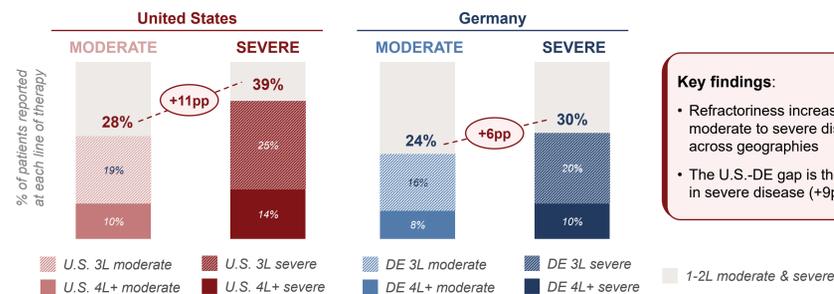


Key findings:

- Moderate-to-severe disease exceeds 60% across all subtypes in the U.S. (range 61-69%) versus 52-58% in Germany
- The U.S.-DE gap is consistent across all 4 IIM subtypes
- Rheumatologists report the highest moderate-to-severe burden across geographies (70 vs. 61% U.S. non-Rheum. & 60 vs. 53% DE non-Rheum.)

Fig. 4 Refractoriness burden for IIM by severity stage & geography

Overall IIM (averaged across DM, ASyS, IMNM, JIIM). Values shown = % of patients estimated by respondents at each line by severity stage.



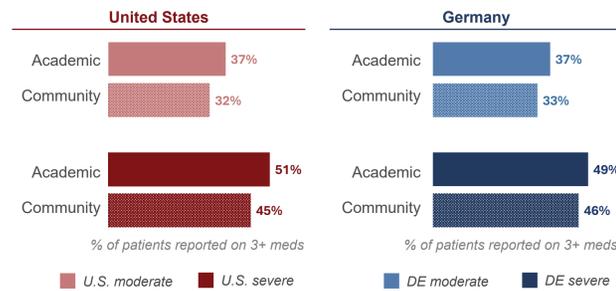
Key findings:

- Refractoriness increases from moderate to severe disease across geographies
- The U.S.-DE gap is the widest in severe disease (+9pp)

Quantitative Results: Medication Utilization

Fig. 5 Medication burden for IIM by severity stage & geography

Respondents' estimates for proportion of patients on 3+ concurrent medications (immunomodulators and glucocorticoids)



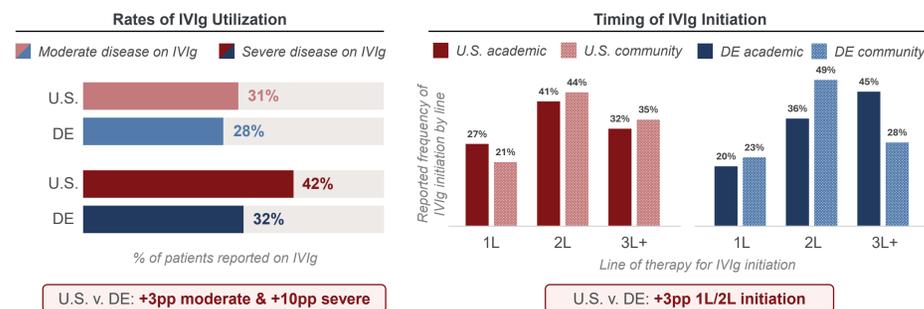
Severe vs moderate: +12-14pp across settings & geographies

Key findings:

- ~35% of moderate and ~50% of severe IIM patients require 3+ concurrent medications
- The moderate-to-severe polypharmacy increase is consistent across specialties, practice settings & countries
- IVIg use is higher in the U.S. for severe & moderate disease, with earlier reported use
- In the U.S., reported IVIg use varies by specialty (range from Neuro. ~50% to Derm. ~20%); in Germany, rates consistently ~25-35% across specialties

Fig. 6 IVIg utilization & timing in IIM by geography

Respondents' estimates for proportion of patients receiving IVIg as well as the timing of IVIg introduction



U.S. v. DE: +3pp moderate & +10pp severe

U.S. v. DE: +3pp 1L/2L initiation

Conclusions

- Qualitative interviews of myositis experts in the U.S and Germany identified organ involvement, disease progression & incomplete response as dominant unmet need themes in myositis; the quantitative survey confirmed these concerns across 339 myositis-treating physicians in two countries
- Moderate-to-severe disease predominates across all IIM subtypes in both countries, with estimates in the U.S. consistently higher than Germany
- Polypharmacy is common in severe disease, reflecting a consistent step-up from moderate across settings and geographies
- IVIg use and earlier initiation are higher in the U.S., potentially reflecting differences in treatment recommendations and/or access rather than disease burden alone
- Applying survey-derived estimates to U.S. prevalence, ~50,000 patients have moderate-to-severe myositis; of these, ~15,000 are refractory (3L+) and ~18,000 are receiving IVIg
- Limitations include compensated participation, reliance on physician estimates, geographic scope limited to U.S. & Germany and differential drug access potentially confounding treatment patterns