**Table e-1: International Consensus Guidance Recommendations for treatment of Myasthenia Gravis: Clinical Care Definitions in Myasthenia Gravis**

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| **Goals for the treatment of MG** | MGFA Task Force Post-Intervention Status (PIS) classification Minimal Manifestation Status (MMS) or better, with no more than Grade 1 CTCAE (Common Terminology Criteria for Adverse Events) medication side-effects. **MMS:** The patient has no symptoms or functional limitations from MG but has some weakness on examination of some muscles. This class recognizes that some patients who otherwise meet the definition of Remission have mild weakness.**CTCAE Grade 1** medication side-effects: asymptomatic or only mild symptoms; intervention not indicated.  |
| **Definition of Remission** | The patient has no symptoms or signs of MG. Weakness of eyelid closure is accepted, but there is no weakness of any other muscle on careful examination. Patients taking cholinesterase inhibitors every day with reasonable evidence to support symptomatic benefit are therefore excluded from this category. |
| **Definition of “Ocular MG”** | \*MGFA Class I- Any ocular muscle weakness. May have weakness of eye closure. Strength in all other facial, bulbar and limb muscles is normal.#  \* Based on dysfunction due to MG at a specified point in time, and is not dependent upon the duration of disease. #It is recognized that some patients report fatigue when strength testing is normal. The physician should use clinical judgment in attributing fatigue to generalized MG in the absence of objective non-ocular weakness.  |
| **Definition of “Impending Myasthenic Crisis”** | Rapid clinical worsening of MG that, in the opinion of the treating physician, could lead to crisis in the short term (days to weeks). |
|  **Definition of “Manifest Myasthenic Crisis:”**  | \*MGFA Class V - Worsening of myasthenic weakness requiring intubation or non-invasive ventilation to avoid intubation, except when these measures are employed during routine postoperative management. # \*The concept of crisis focuses on the clinical implications - it represents a serious, life-threatening, rapid worsening of MG and potential airway compromise from ventilatory and/or bulbar dysfunction.  #The use of a feeding tube without intubation places the patient in MGFA Class IVB  |
|  **Definition of “Refractory MG”**  | PIS is Unchanged or Worse after corticosteroids and at least two other IS agents, used in adequate doses for an adequate duration with persistent symptoms and/or side-effects that limit functioning, as defined by patient and physician.  |