

Bari 7-10 Novembre 2013



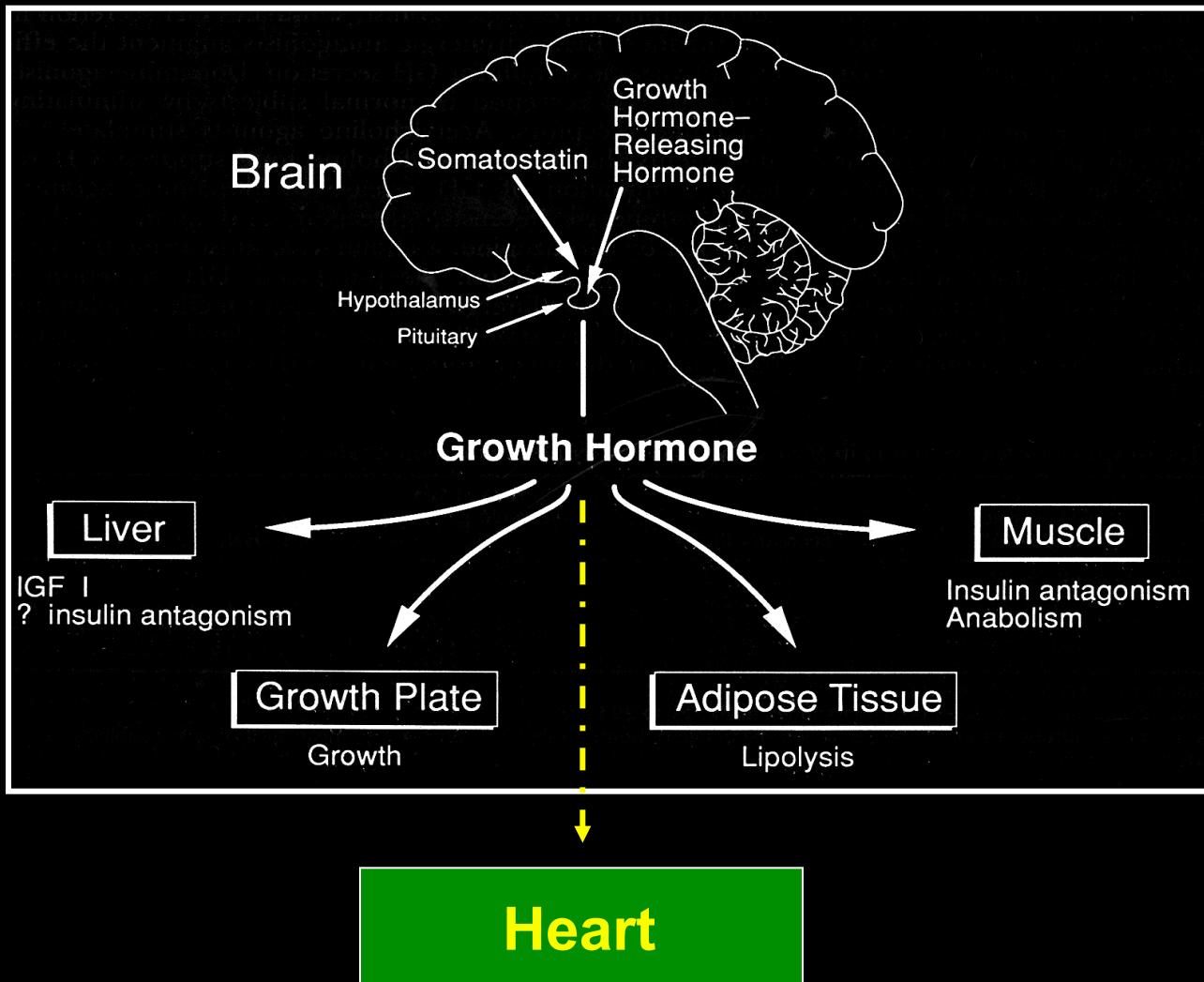
GH E CARDIOPATIA DILATATIVA



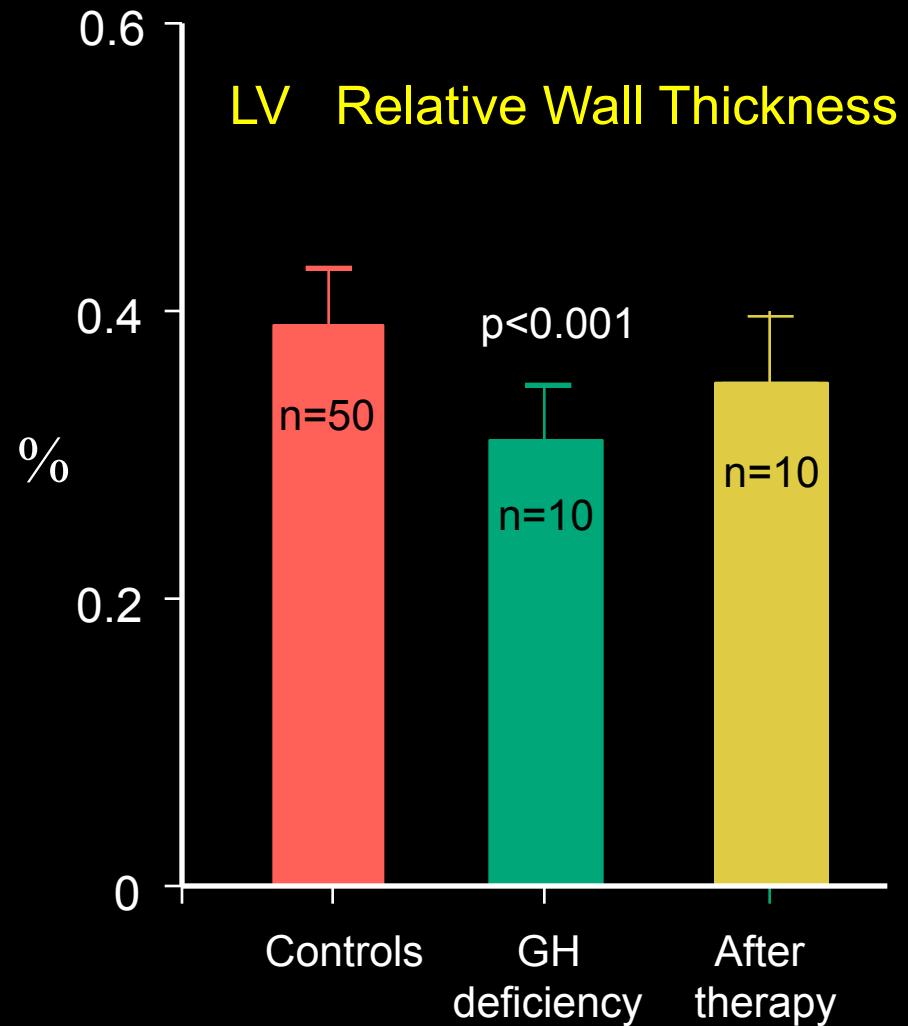
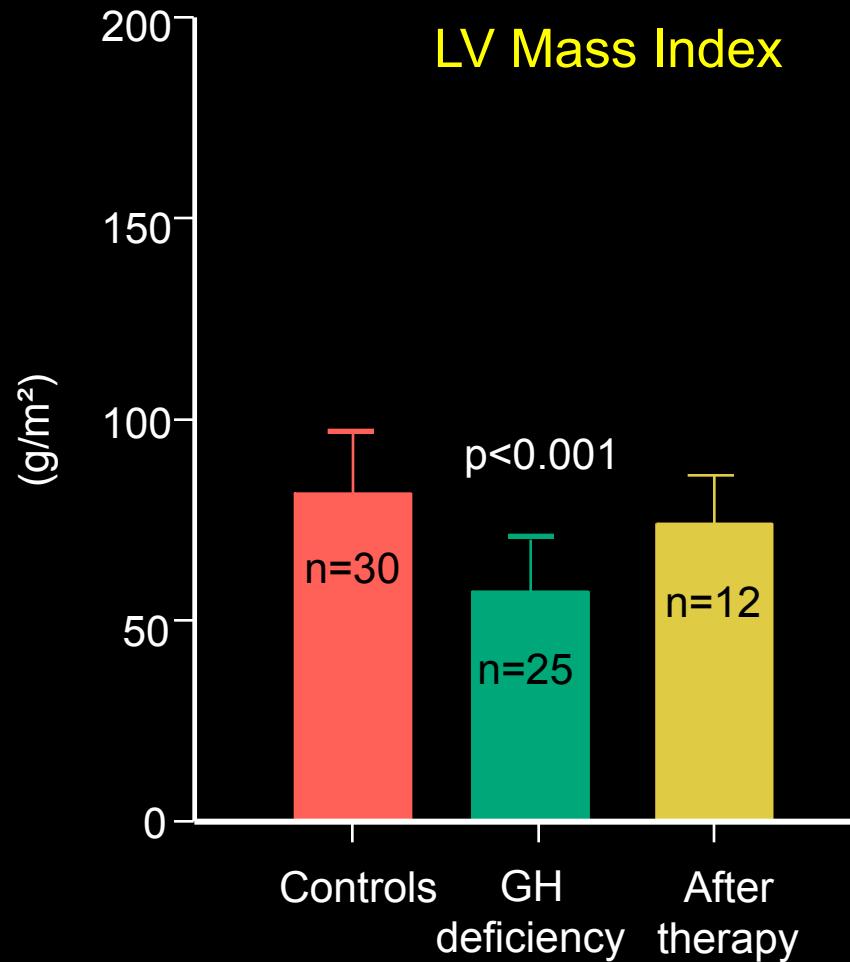
Trattamento Ormonale Scompenso Cardiaco

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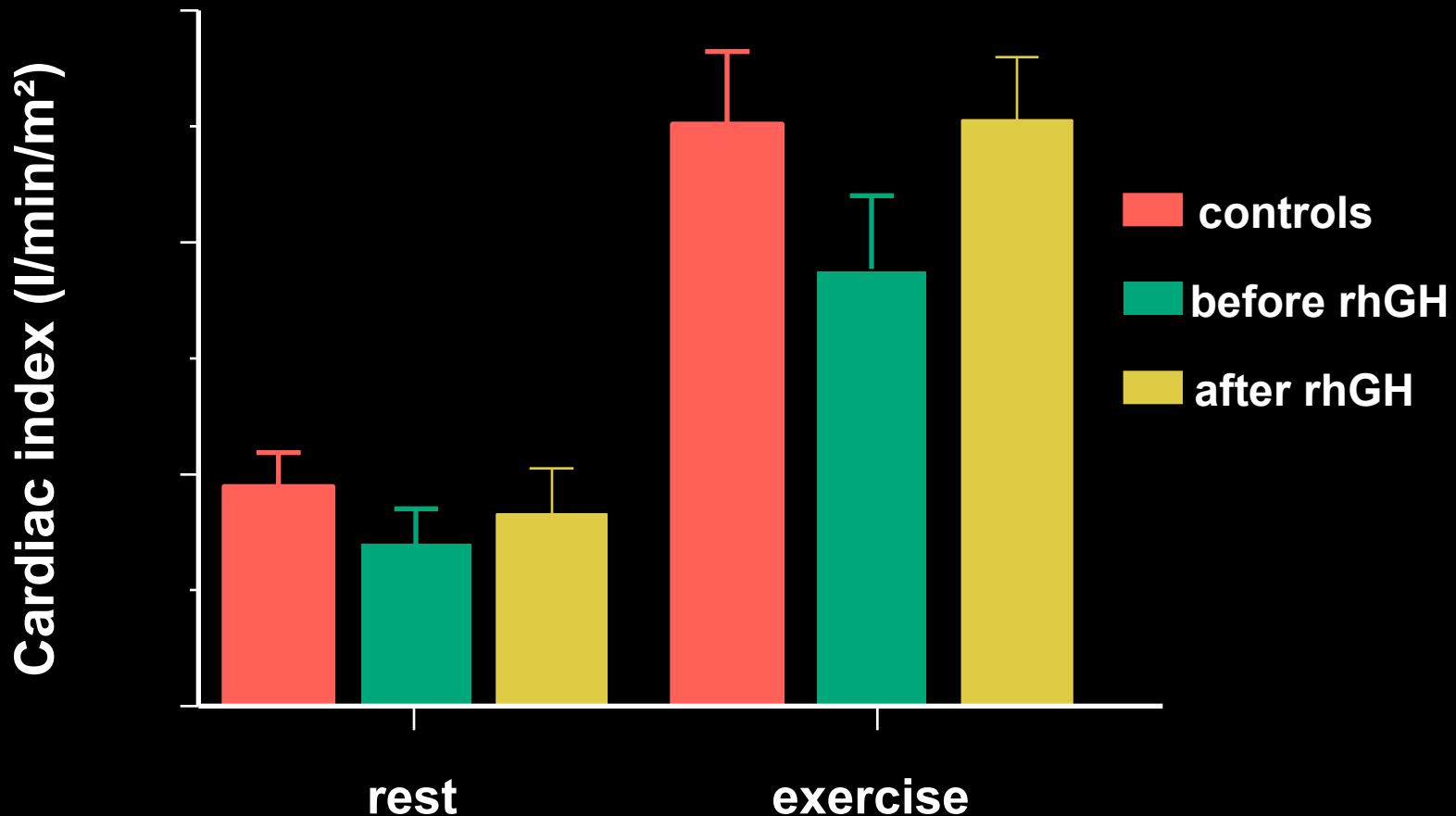
Growth Hormone Effects



Growth Hormone Deficiency



Cardiac Performance in GH Deficiency



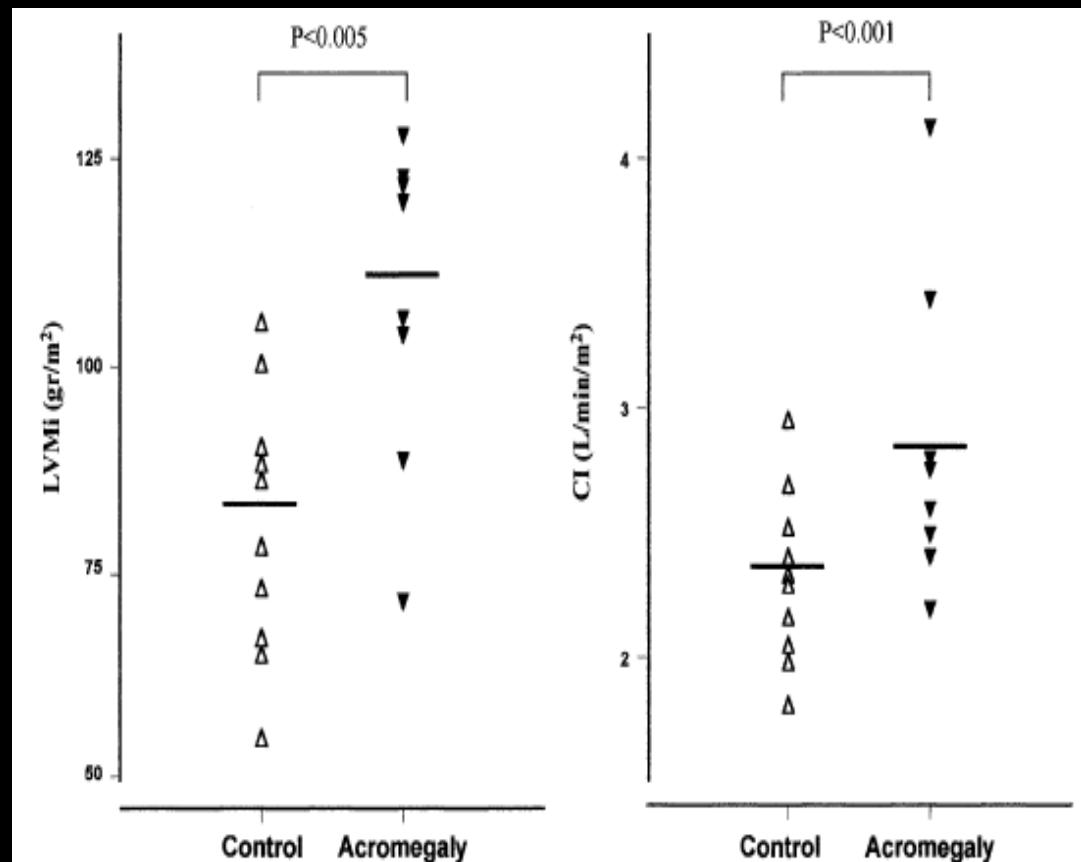
Cardiopatia Acromegalica

10 pazienti con
Acromegalia di breve
durata (< 5 anni) vs 10
controlli sani

| | Controls (n = 10) | Patients (n = 10) |
|---------------------------------|-------------------|--------------------------|
| Systolic function | | |
| SI (ml/m ²) | 33 ± 2 | 39 ± 6 ^a |
| CI (L/min·m ²) | 2.90 ± 0.34 | 2.85 ± 0.57 ^b |
| SVR (dyn·sec·cm ⁻⁵) | 1731 ± 225 | 1428 ± 248 ^b |
| Diastolic function | | |
| E (cm/sec) | 77 ± 11 | 76 ± 15 |
| A (cm/sec) | 46 ± 7 | 49 ± 8 |
| E/A ratio | 1.70 ± 0.22 | 1.58 ± 0.32 |
| MDT (msec) | 156 ± 27 | 151 ± 24 |
| IRT (msec) | 82 ± 7 | 80 ± 14 |

^a P < 0.01.

^b P < 0.001 vs. controls.



Rationale for GH Therapy in CHF

- GH/IGF-1 activity in CHF
- Stimulation of “adaptive” myocardial growth

Mild concentric remodelling

No fibrosis or reduction of capillary density

\uparrow *Contractility*

No fetal gene reprogramming

- Metabolic advantages

Relatively low oxygen cost of contractility

e.g. *reduction of parietal stress, \uparrow Ca²⁺ sensitization*

- Stimulation of survival anti-apoptotic pathways
- \uparrow Vascular reactivity
- Beneficial effects on skeletal muscle

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Number 13

A PRELIMINARY STUDY OF GROWTH HORMONE IN THE TREATMENT OF DILATED CARDIOMYOPATHY

SERAFINO FAZIO, M.D., DOMENICO SABATINI, M.D., BRUNELLA CAPALDO, M.D., CARLO VIGORITO, M.D.,
ARTURO GIORDANO, M.D., RAFFAELE GUIDA, M.D., FRANCESCO PARDO, M.D.,
BERNADETTE BIONDI, M.D., AND LUIGI SACCÀ, M.D.

"Recombinant human growth hormone administered for three months to patients with idiopathic dilated cardiomyopathy increased myocardial mass and reduced the size of the left ventricular chamber, resulting in improvement in hemodynamics, myocardial energy metabolism, and clinical status."

GH therapy in 119 patients with CHF

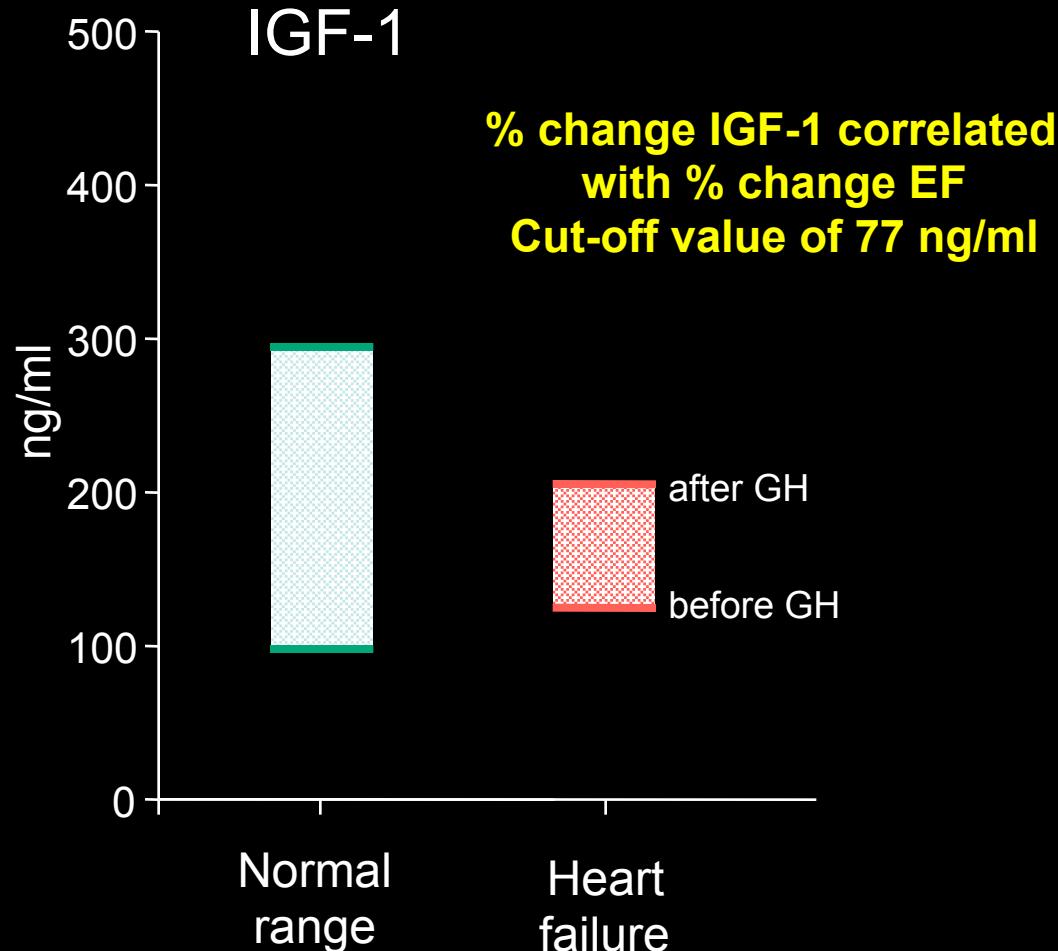
(in order of publication date)

| 1 st author | Dose (IU/ week) | Duration | No | Placebo | Benefit | IGF (ng/ml) |
|------------------------|-------------------------|-----------|----|------------|---------|-------------------------|
| Cuneo | 12 (IU/week) (84) | 3 months | 1 | No | Yes | ? |
| Fazio | 4 IU/2nd day (14) | 3 months | 7 | No | Yes | 198 to 406 |
| Frustaci | 4 IU/ day (28) | 3 months | 5 | No | No | ? |
| Volterrani | 0.1 IU/Kg/24h | 24 hours | 12 | No | Yes | 169 to 248 |
| O'Driscoll | 10+14 IU day (70+98) | 1+7 weeks | 2 | No | Yes | ? |
| De Luis Roman | 16 IU/day (12) | 1 year | 1 | No | Yes | ? |
| Osterziel | 2 IU/day (14) | 3 months | 50 | Yes | No | 134 to 211 |
| Isgaard | 2.6 IU day (mean 18) | 3 months | 22 | Yes | No | 175 to 425 |
| Genth-Zotz | 2 IU/day (14) | 3 months | 7 | No | Yes | 0.69 to 1.45 (UI/ml) |
| Adamopoulos | 4 UI/2nd day(14) | 3 months | 12 | No (R&C-O) | Yes | |
| Cittadini | 2.5 UI/day | 6 months | 28 | No (R&C) | Yes | 94 to 146 |
| Cittadini | | 48 months | 28 | No (R&C) | Yes | 94 to 166 |

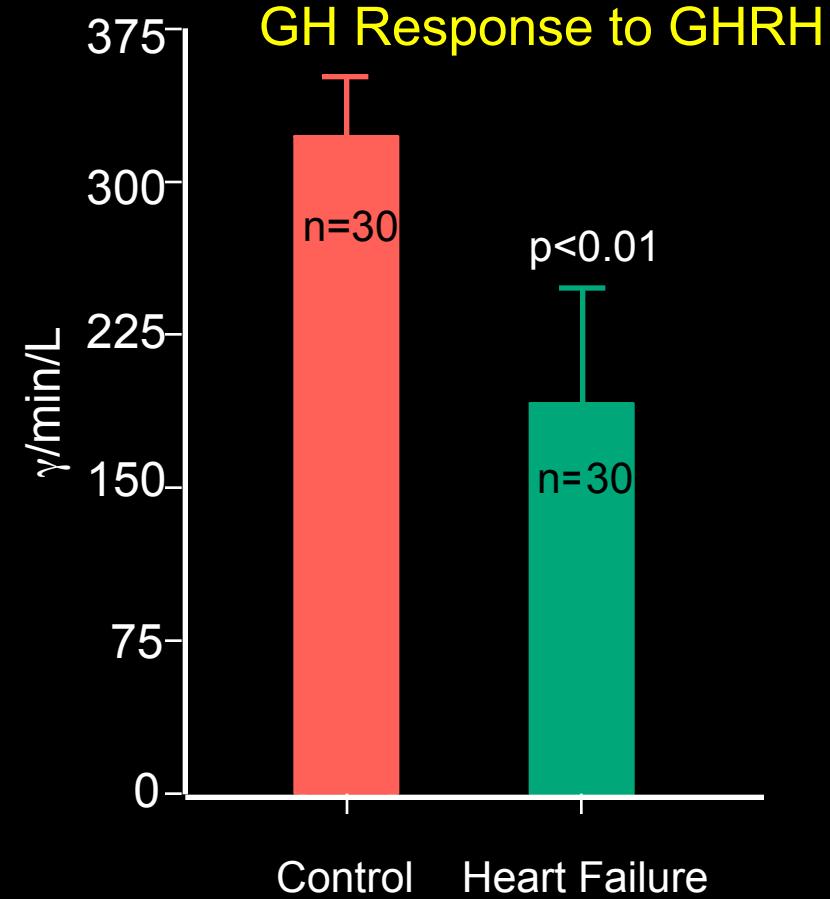
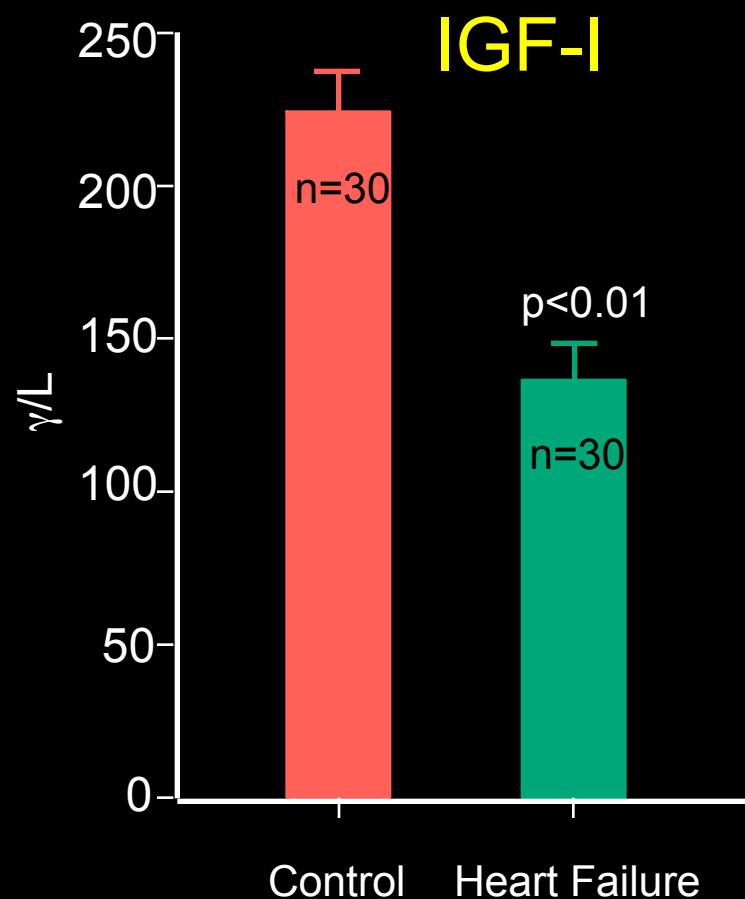
Potential reasons for inconsistencies of GH trials in CHF

- Placebo effect
- Short study duration
- Questionable end-points
- Low dose
- Inhomogeneous GH/IGF-1 axis among study groups

Potential reasons for inconsistencies of GH trials in CHF: GH/IGF-1 status



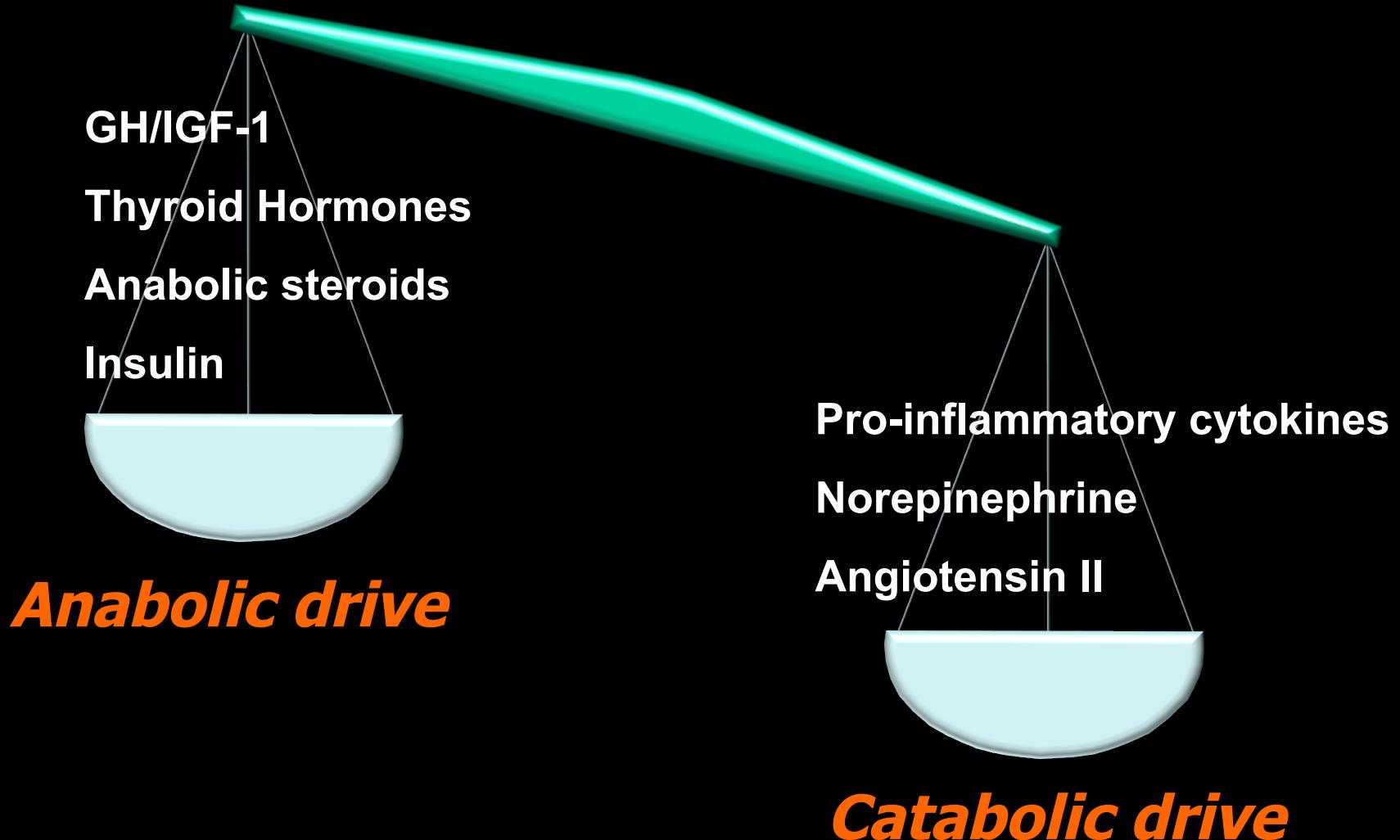
GH/IGF Status in CHF



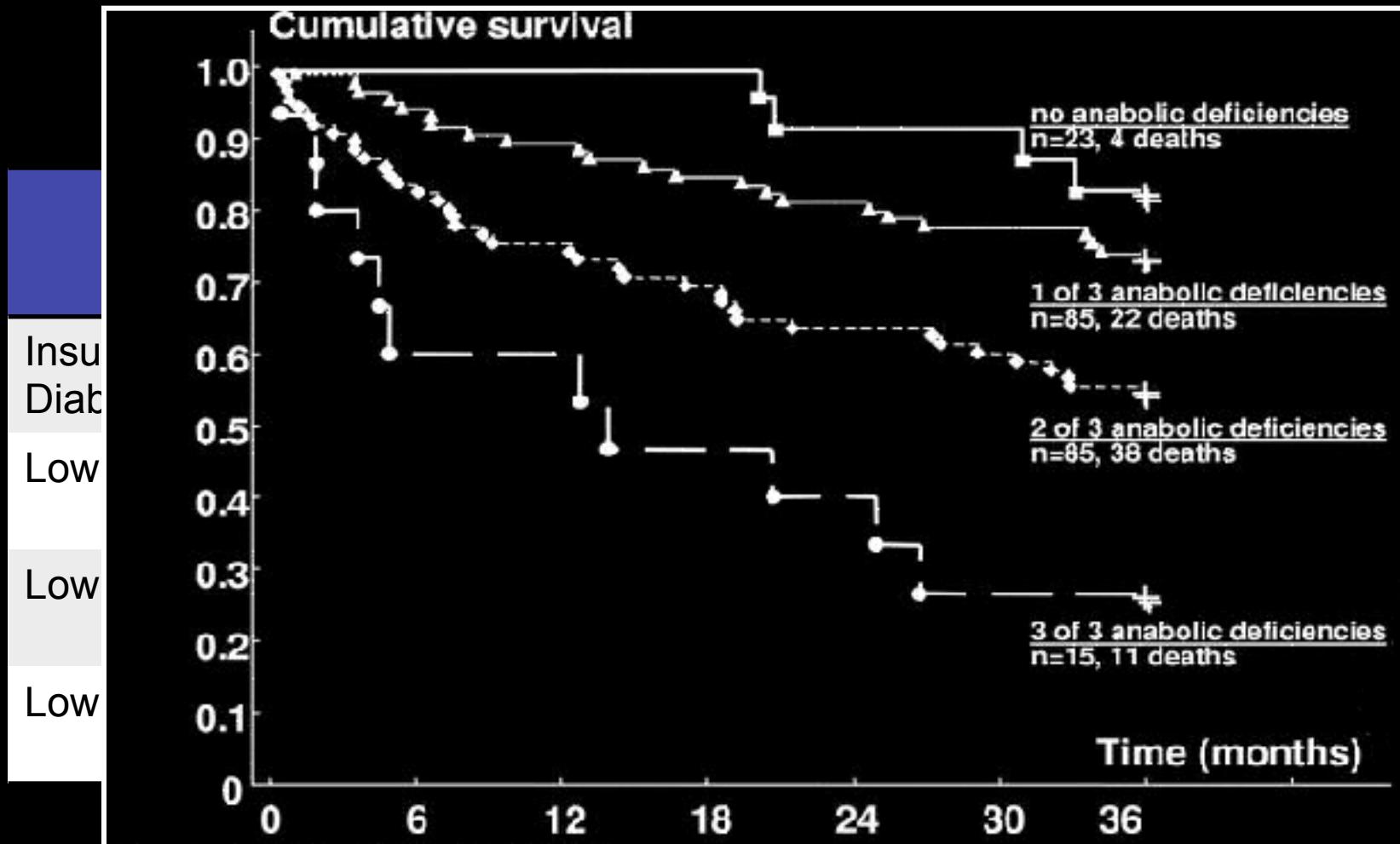
Broglio et al., Ann Endocrinol 1997

Paradigm shift

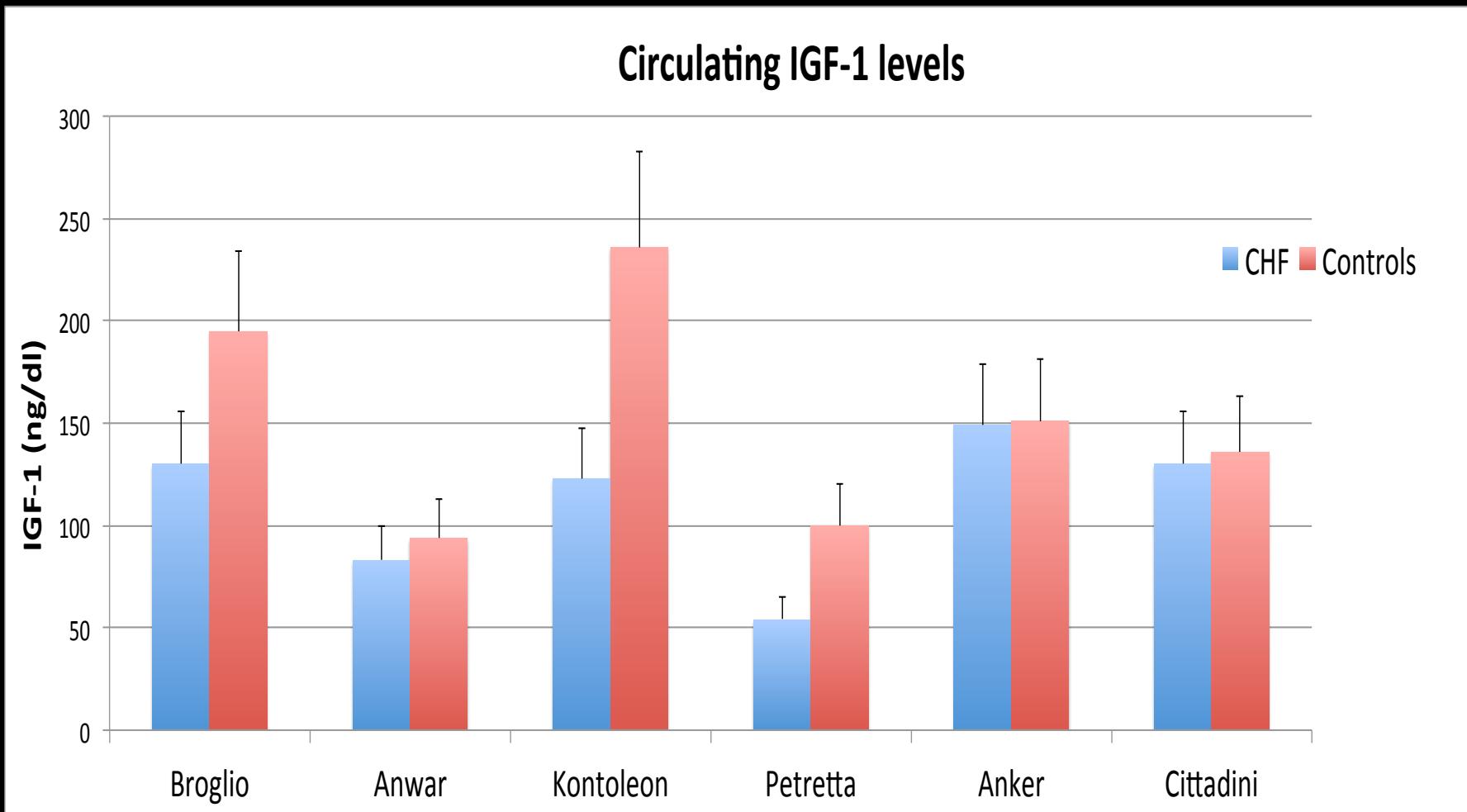
Lo squilibrio ormonale/metabolico nel CHF



"Reverse" model in CHF and clinical relevance

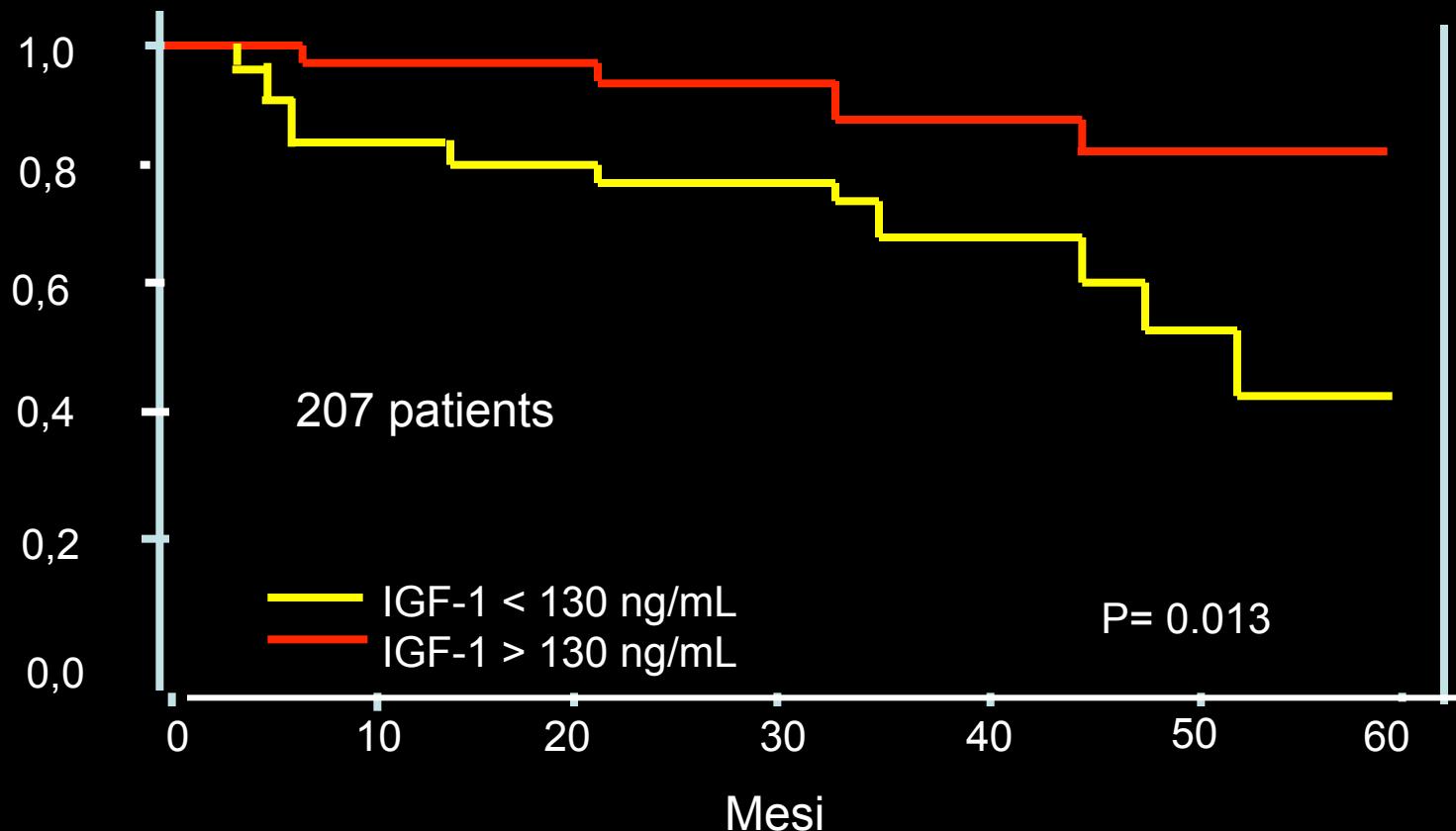


Livelli IGF-1 nel CHF



IGF-1 and survival in CHF

Sopravvivenza cumulativa



Cittadini A, unpublished data

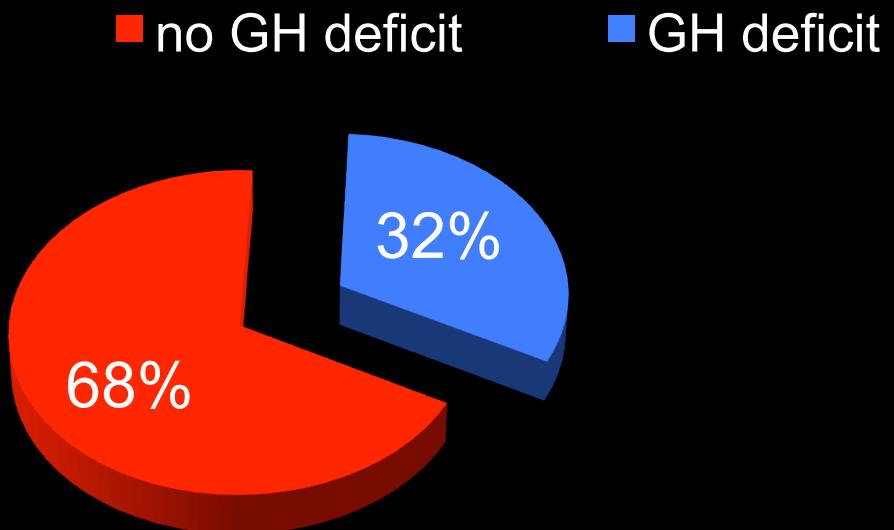
Prevalenza del deficit di GH

130 pazienti con ICC

Test da stimolo di GH:

- Stimolazione con Growth-Hormone Releasing Hormone (GHRH) + Arginina
- Misurazione GH ai tempi 0, 15', 30', 45' 60', 90'
- Diagnosi di GH deficit (GHD)
- Picco di GH < 9 ng/dl (AIFA, nota 39)

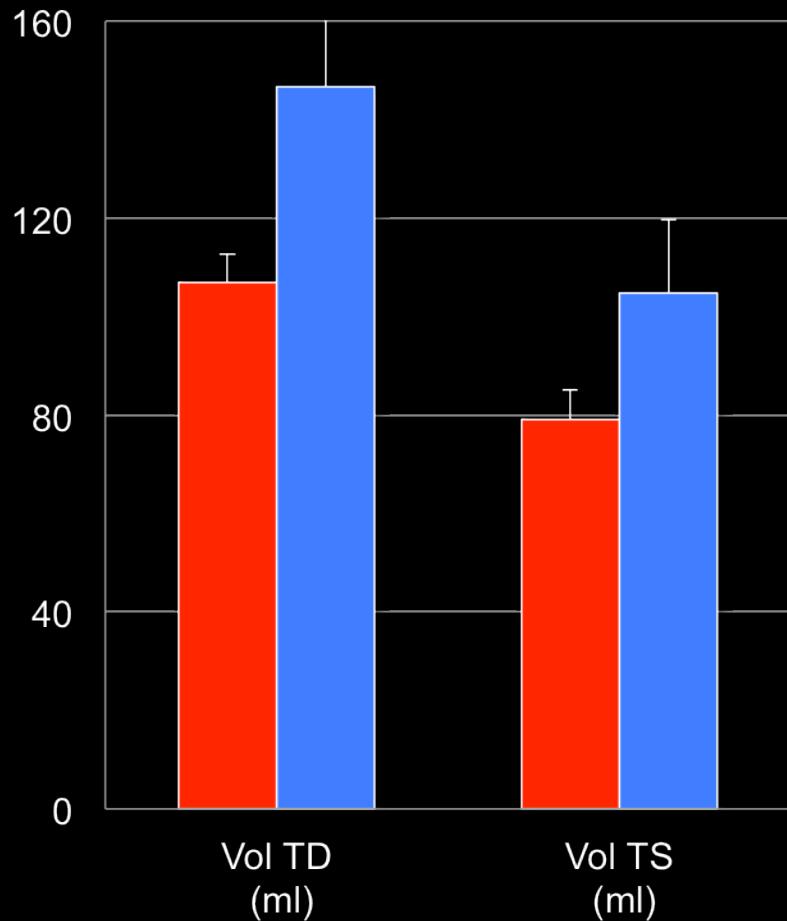
Risposta GH



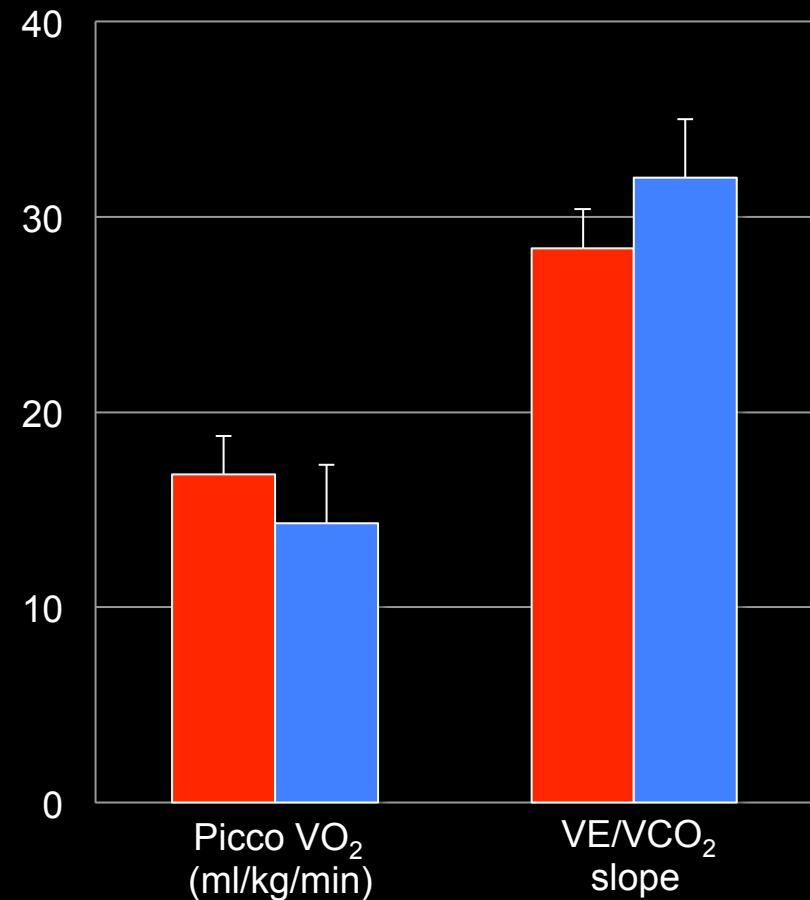
Architettura cardiaca e Performance fisica

No GH deficit GH deficit

Ecocardiografia

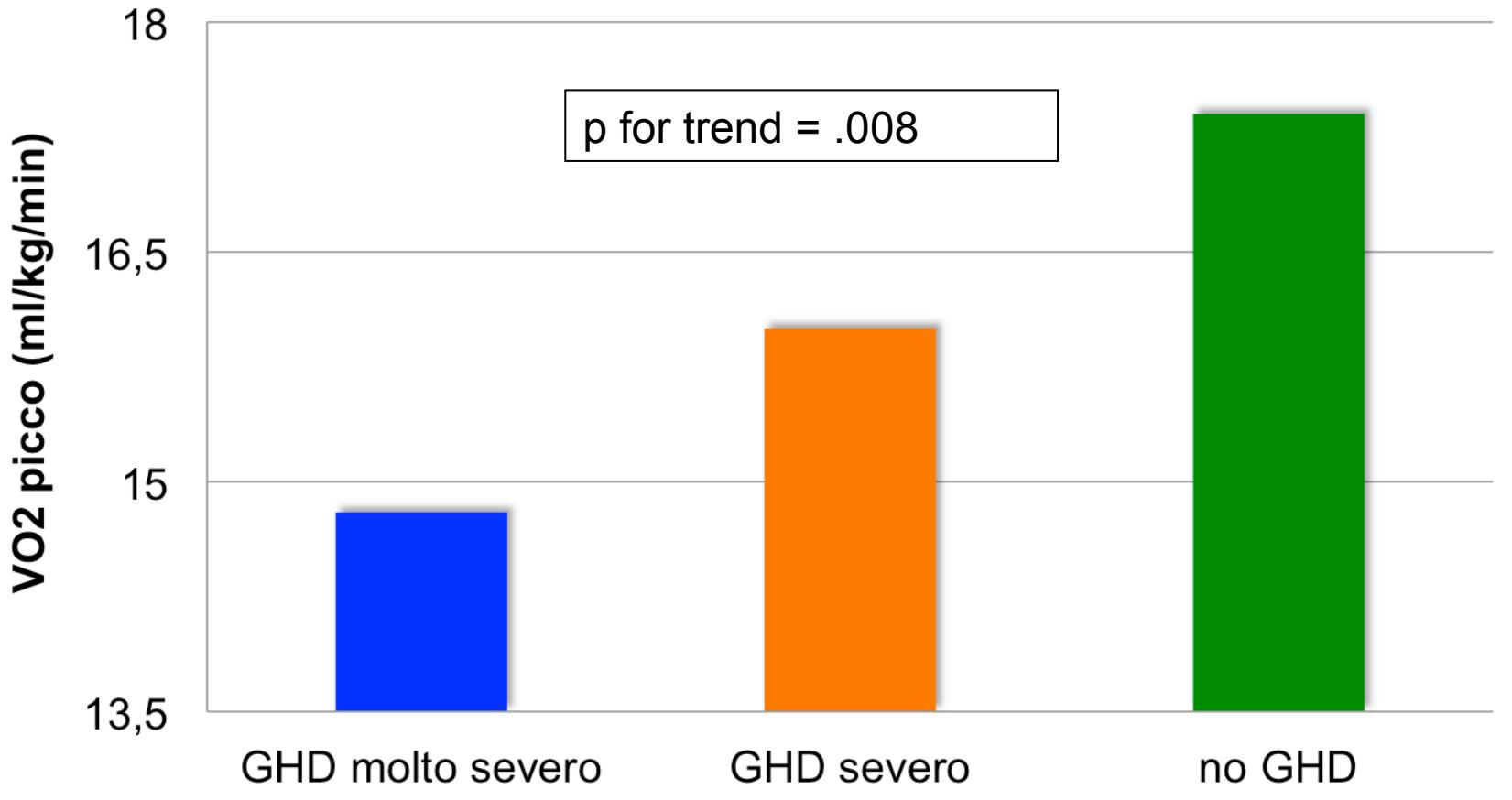


Test Cardiopolmonare



Consumo di O₂ - Severità GHD

Consumo di picco di VO₂



GH replacement therapy

JCEM

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OF CLINICAL
ENDOCRINOLOGY
& METABOLISM

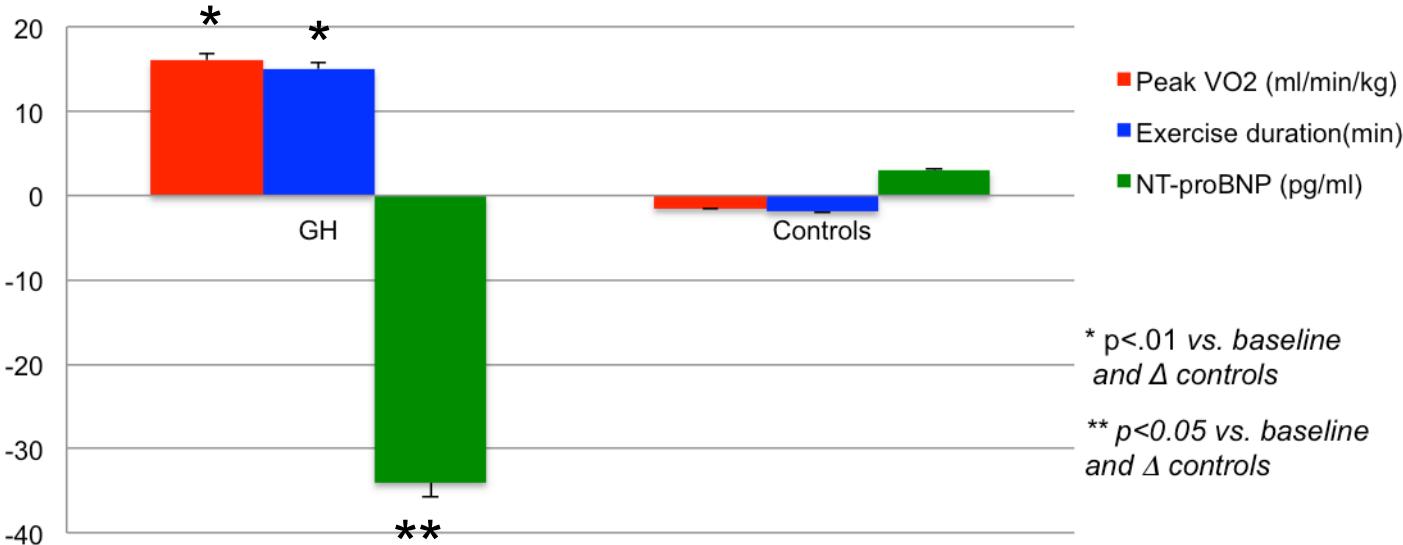
Growth Hormone Deficiency in Patients with Chronic Heart Failure and Beneficial Effects of Its Correction

Antonio Cittadini, Lavinia Saldamarco, Alberto Maria Marra, Michele Arcopinto, Guido Carlomagno, Massimo Imbriaco, Domenico Del Forno, Carlo Vigorito, Bartolomeo Merola, Ugo Oliviero, Serafino Fazio and Luigi Saccà

J. Clin. Endocrinol. Metab. 2009 94:3329-3336 originally published online Jul 7, 2009; doi: 10.1210/jc.2009-0533

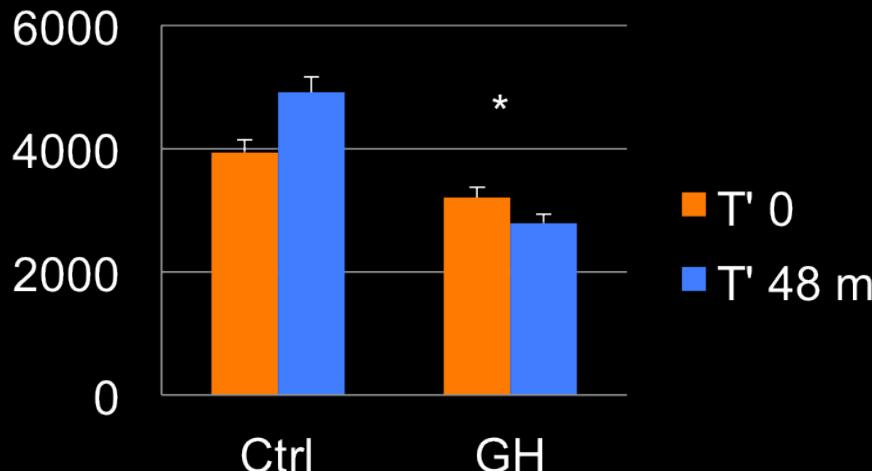
Study duration: 6 months

Treatment Effect (Delta change from baseline)

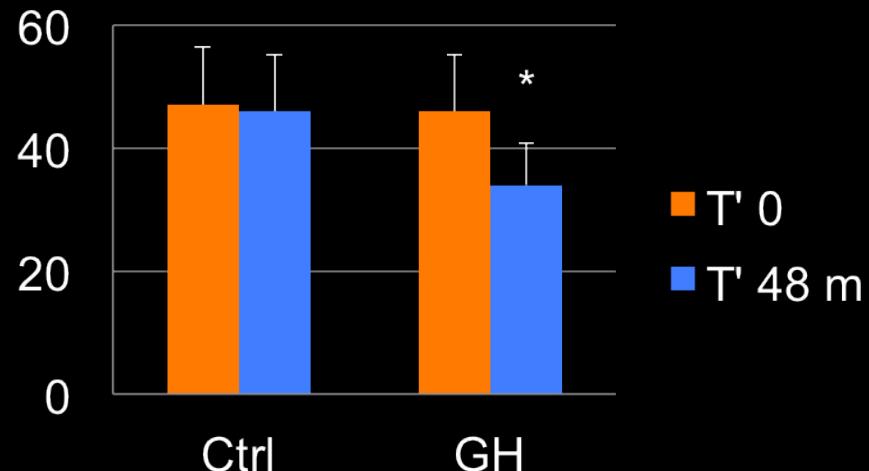


Long-term effects

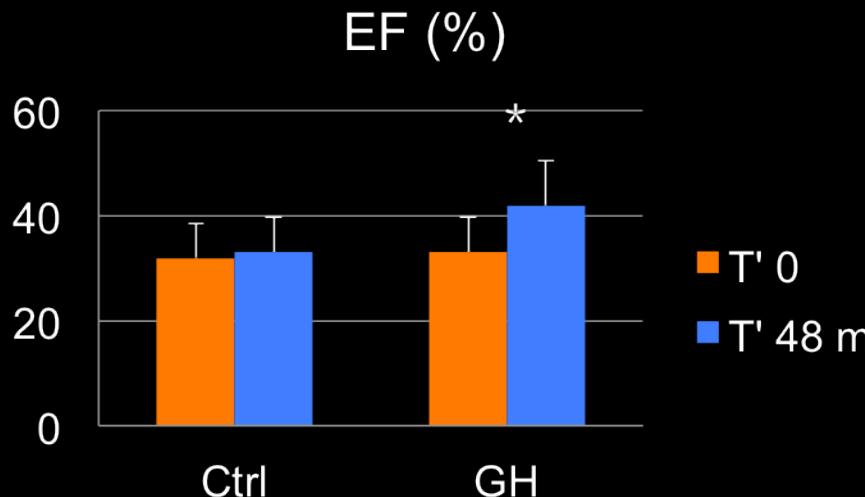
NT-proBNP (pg/ml)



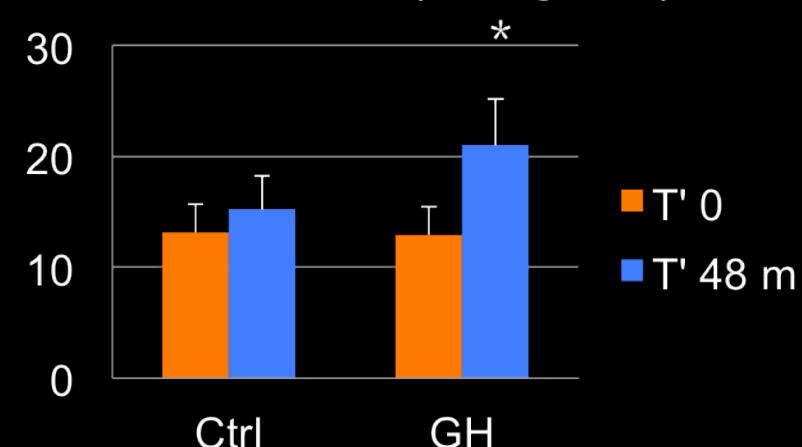
MLWHFQ



EF (%)



VO2 max (ml/Kg/min)



Direzioni Future

- Prevalenza del deficit di GH nel CHF
- Studi prospettici sull'impatto del deficit sulla progressione e mortalità del CHF
- Terapia ormonale sostitutiva nel CHF con RCT

T.O.S.CA. Registry



Trattamento Ormonale Scompenso Cardiaco

Steering Committee

Chair: Prof. Luigi Saccà

Members: Prof. Antonio Cittadini (Director), Dott. Piernicola Garofalo, Prof. Eduardo Bossone, Prof. Pasquale Perrone-Filardi, Prof. Francesco Perticone

Scientific Advisors: Prof. Raffaele Napoli, Prof. Annamaria Colao

Participating fellows: Dott. Emanuele Bobbio, Dott. Domenico Sirico, Dott. Andrea Salzano

Obiettivi

Valutare la prevalenza e l'impatto prognostico dei difetti ormono-metabolici nella Insufficienza Cardiaca Cronica.

- **End-point primario:** Valutare l'associazione tra presenza di deficit ormono-metabolici e mortalità da tutte le cause
- **End-point secondari:** Valutare l'associazione tra presenza di deficit ormono- metabolici ed il combinato di mortalità da causa cardiache ed ospedalizzazione per scompenso cardiaco
- **End-point terziari:** Variazioni della $\text{VO}_2 \text{ max}$, dei volumi ventricolari, della capacità funzionale e della frazione di eiezione del Ventricolo Sinistro

Significato e potenzialità

- La durata prevista per il registro sarà di 5 anni con un follow-up medio di 2,5 anni.
- Al fine di testare l'ipotesi che i deficit ormono-metabolici siano predittori di mortalità nei pazienti con ICC, sarà necessario arruolare almeno 700 pazienti.

Implicazioni cliniche

- Miglioramento della stratificazione del rischio nel paziente con ICC.
- Selezione dei soggetti a maggior rischio, per i quali siano necessari approcci terapeutici più aggressivi.
- Dimostrazione di un'associazione prognostica indipendente tra difetti ormono-metabolici e prognosi.

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Bari,
7-10 novembre 2013

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