



Bari,
7-10 novembre 2013

Simposio 12

Update sulla terapia farmacologica dell'acromegalia

Efficacia clinica

Renato Cozzi



S.C. Endocrinologia Ospedale Niguarda, Milano
renatocozzi@tiscali.it



Efficacia clinica degli analoghi della somatostatina



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- ★ Sono il primo trattamento medico
- ★ Riducono i livelli ormonali
- ★ Controllano le dimensioni tumorali
- ★ Migliorano i sintomi della malattia
- ★ Migliorano le comorbidità

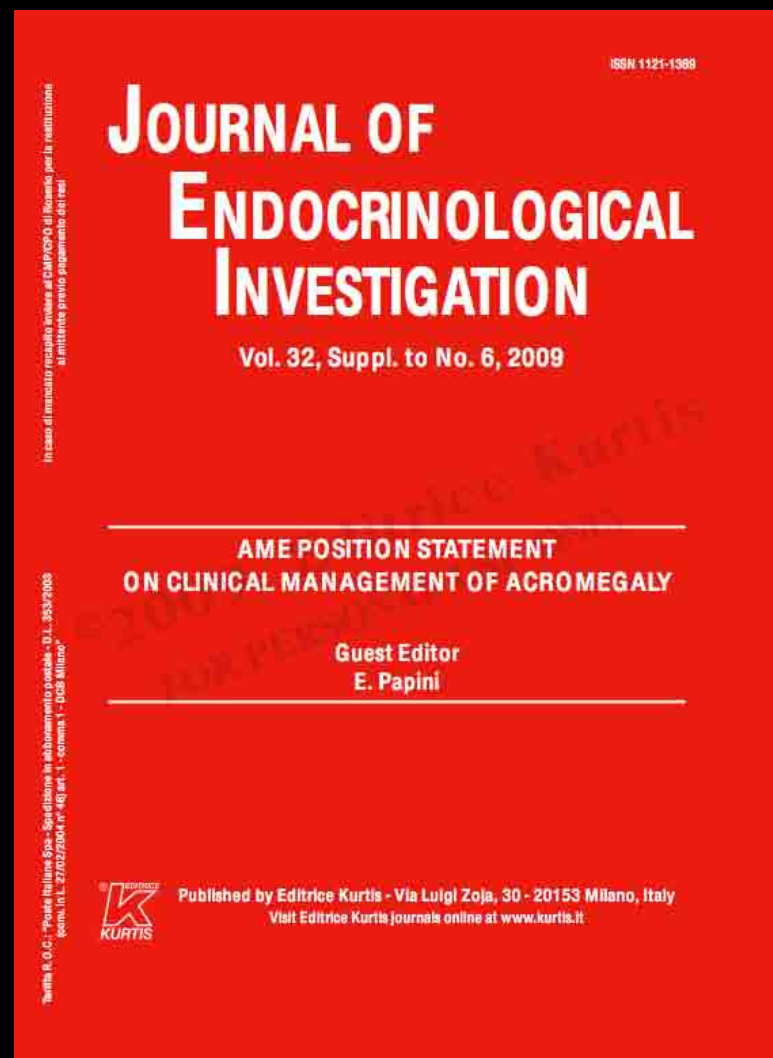


Therapeutic algorithm: first line medical treatment



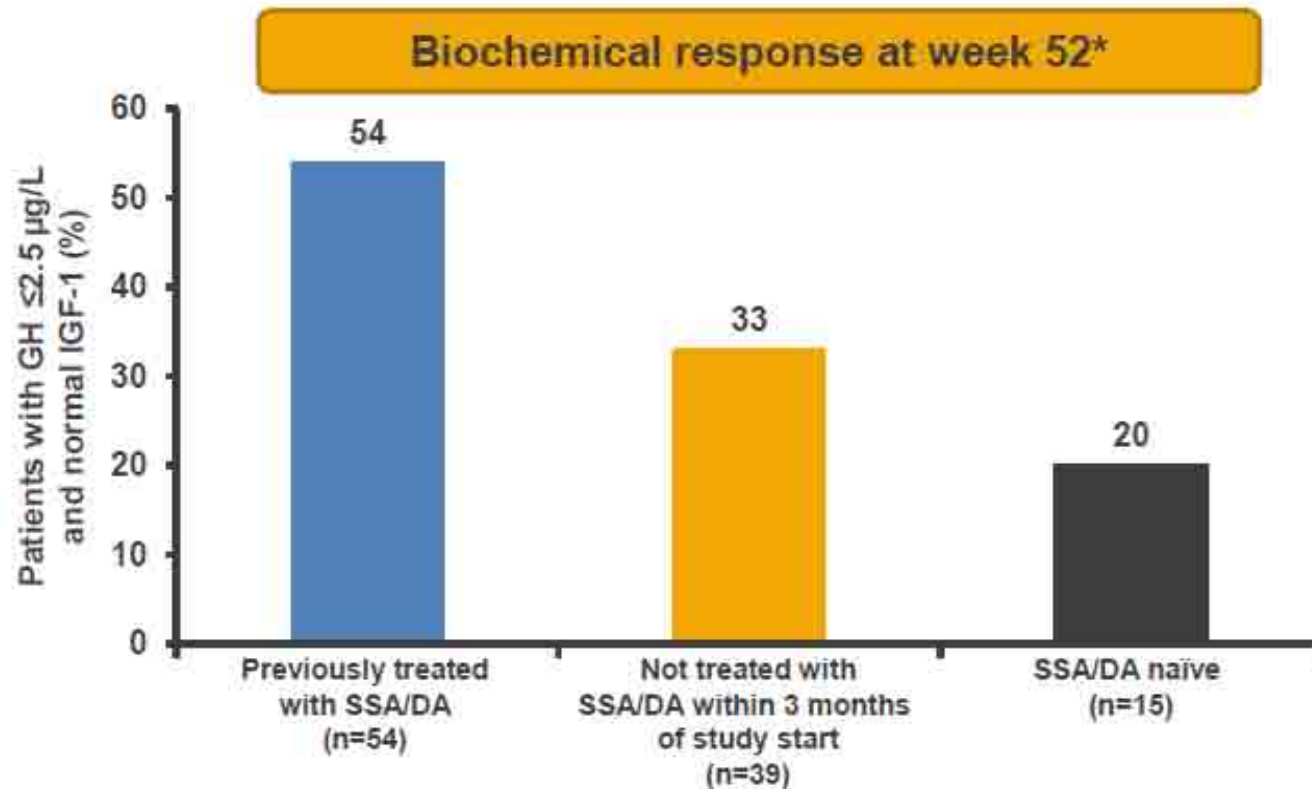
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- ✓ Depot preparations of SA are recommended as the first choice of pharmacotherapy
- ✓ SA effectively inhibit hormonal hypersecretion: achieving safe GH and normal IGF-I levels in at least 50% of patients, and considerable decrease of GH and IGF-I secretion in another 40%
- ✓ without any tachyphylaxis during up to 18 years of continuative administration
- ✓ obtaining a progressive amelioration of hormonal control



Lanreotide Autogel: randomized trial of *de novo* and previously treated patients

50% of patients had been previously treated with SSAs or DA, all had uncontrolled GH at study start

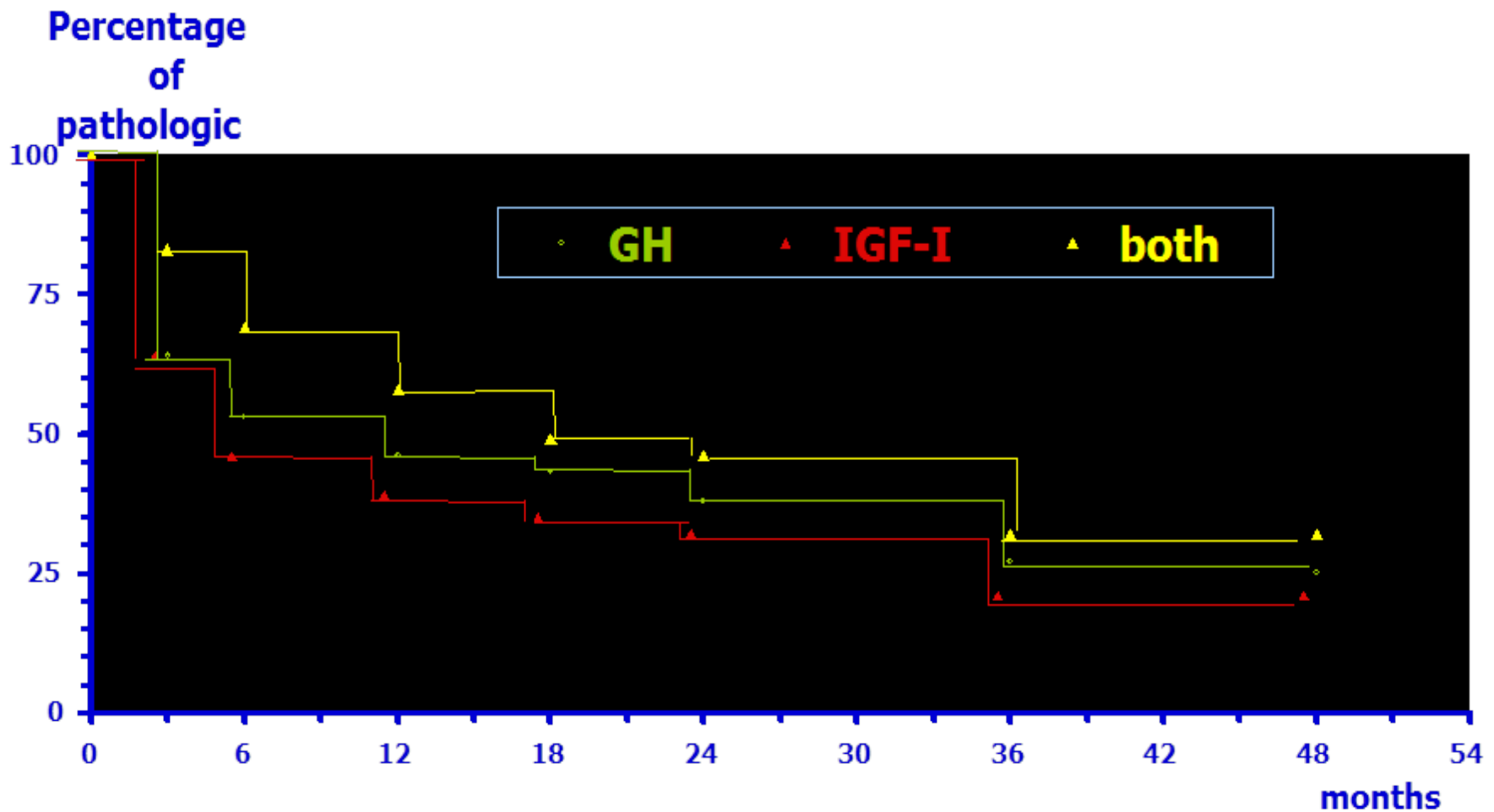


*End of open-label phase

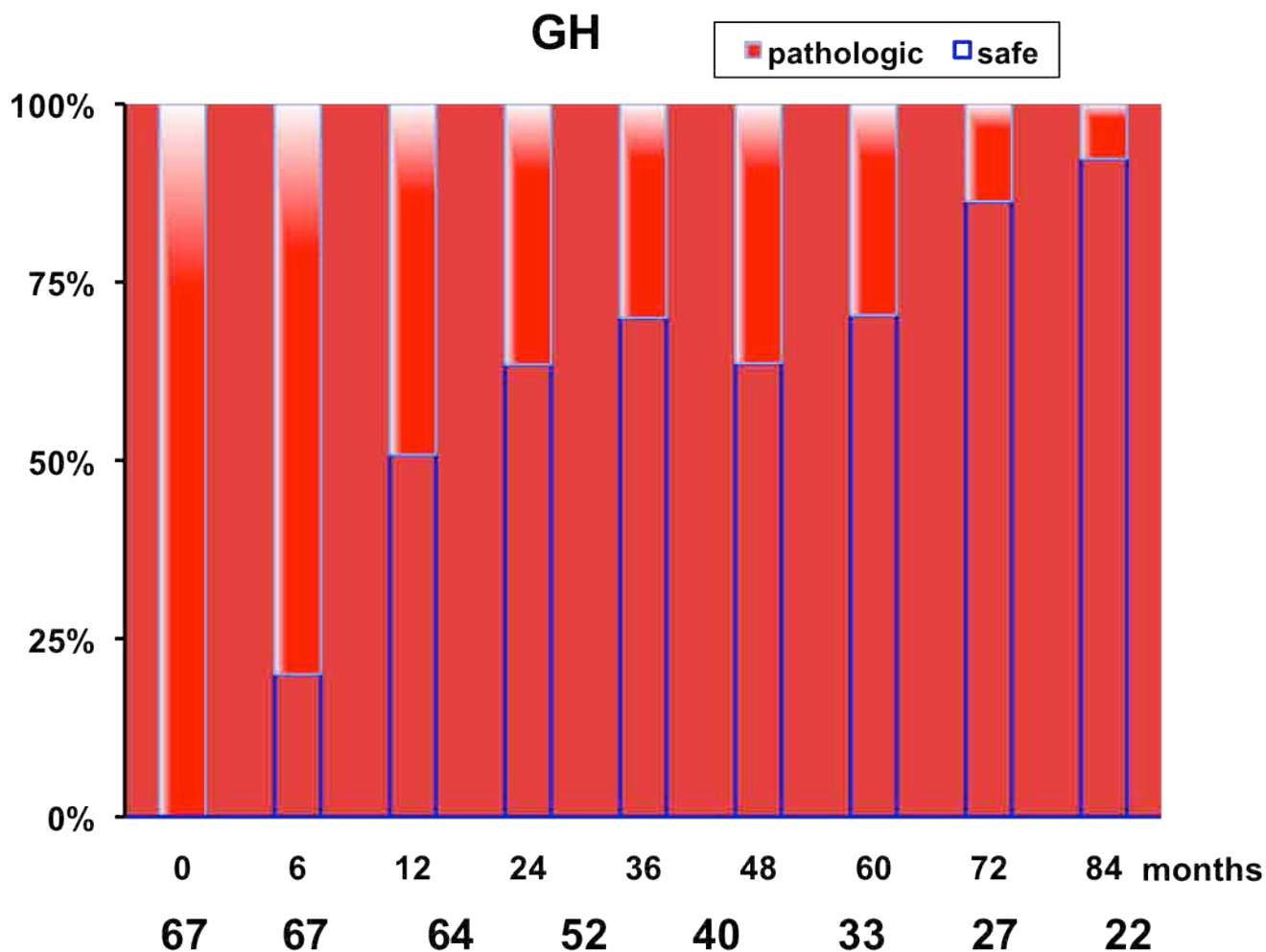
After 13 injections of study treatment, last dose administered in patients taking all doses (n=105)

Melmed S et al. *Pituitary* 2010;13:18–28

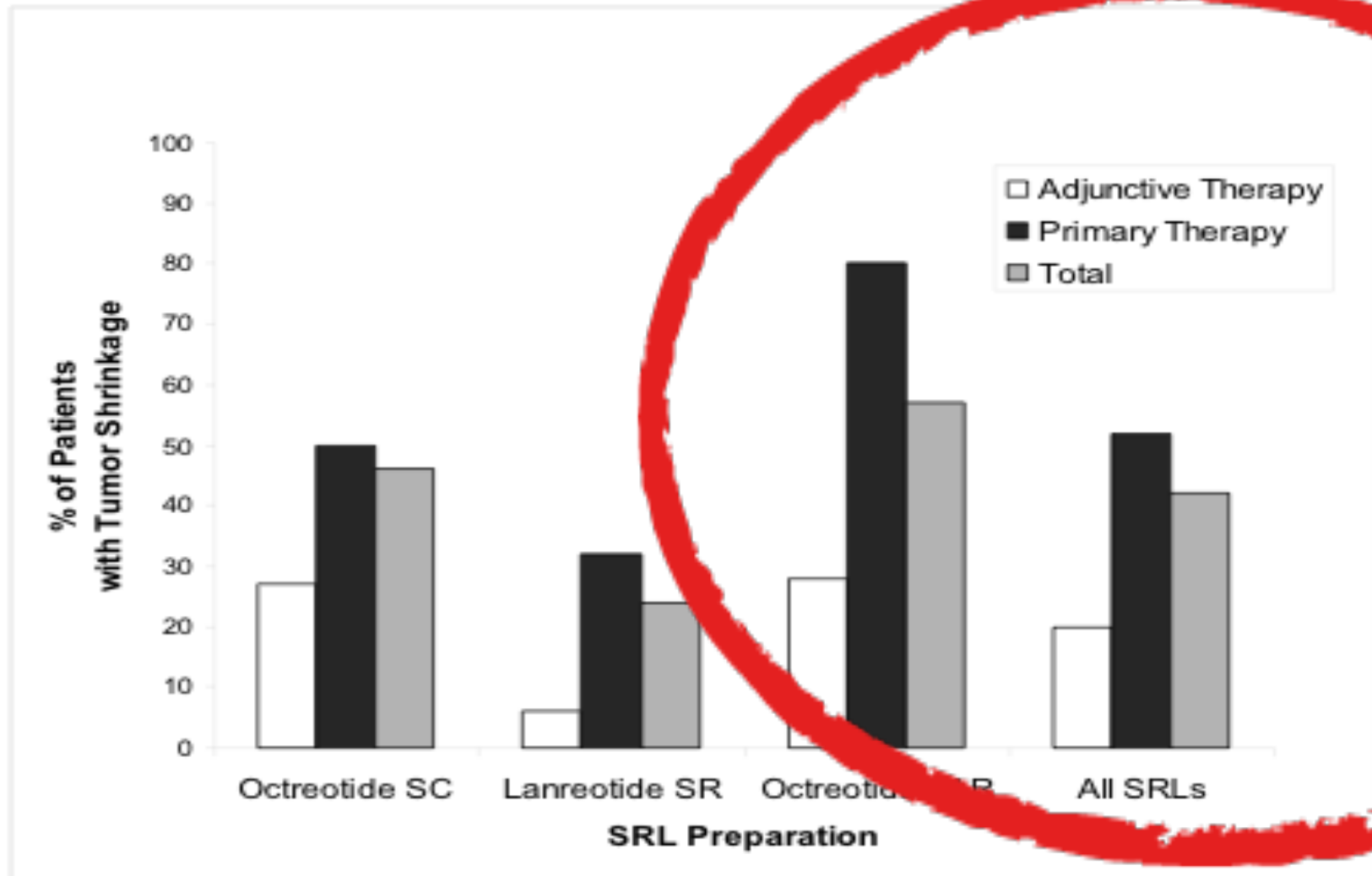
Miglioramento progressivo del controllo ormonale



Terapia primaria con SSA



SSA e shrinkage tumorale



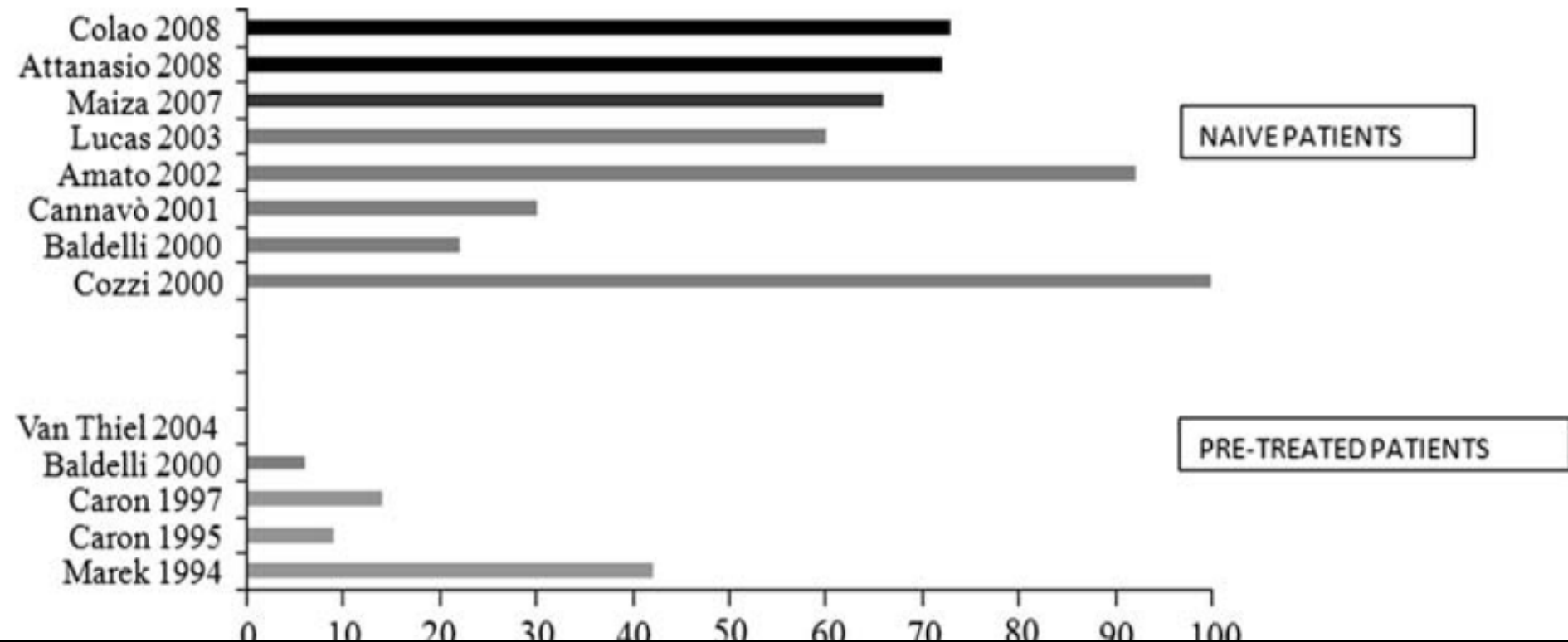
Progressione nello shrinkage tumorale



Effects of lanreotide SR and Autogel on tumor mass in patients with acromegaly: a systematic review



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PRIMARYS - PRImary Treatment in Macroadenoma AcRomegalY with Lanreotide



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Background

- First-line SSA therapy can provide biochemical control and shrink tumors in acromegaly¹⁻³
- Variation and shortcomings in previous study methods obscure extent of tumor shrinkage
- Key elements of PRIMARYS study:
 - tumor volume change as primary endpoint
 - rigorous central MRI evaluation to minimize variability
 - large treatment-naïve cohort
 - macroadenomas only
 - long study duration
 - lanreotide Autogel 120 mg (without titration)

1. Mercado et al. Clin Endocrinol 2007. 2. Colao et al. Clin Endocrinol 2009a; 3. Colao et al. Clin Endocrinol 2009b
MRI, magnetic resonance imaging; SSA, somatostatin analog



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E d i t o r i a l

Does Preoperative Somatostatin Analog Treatment Improve Surgical Cure Rates in Acromegaly? A New Look at an Old Question

Albert Beckers

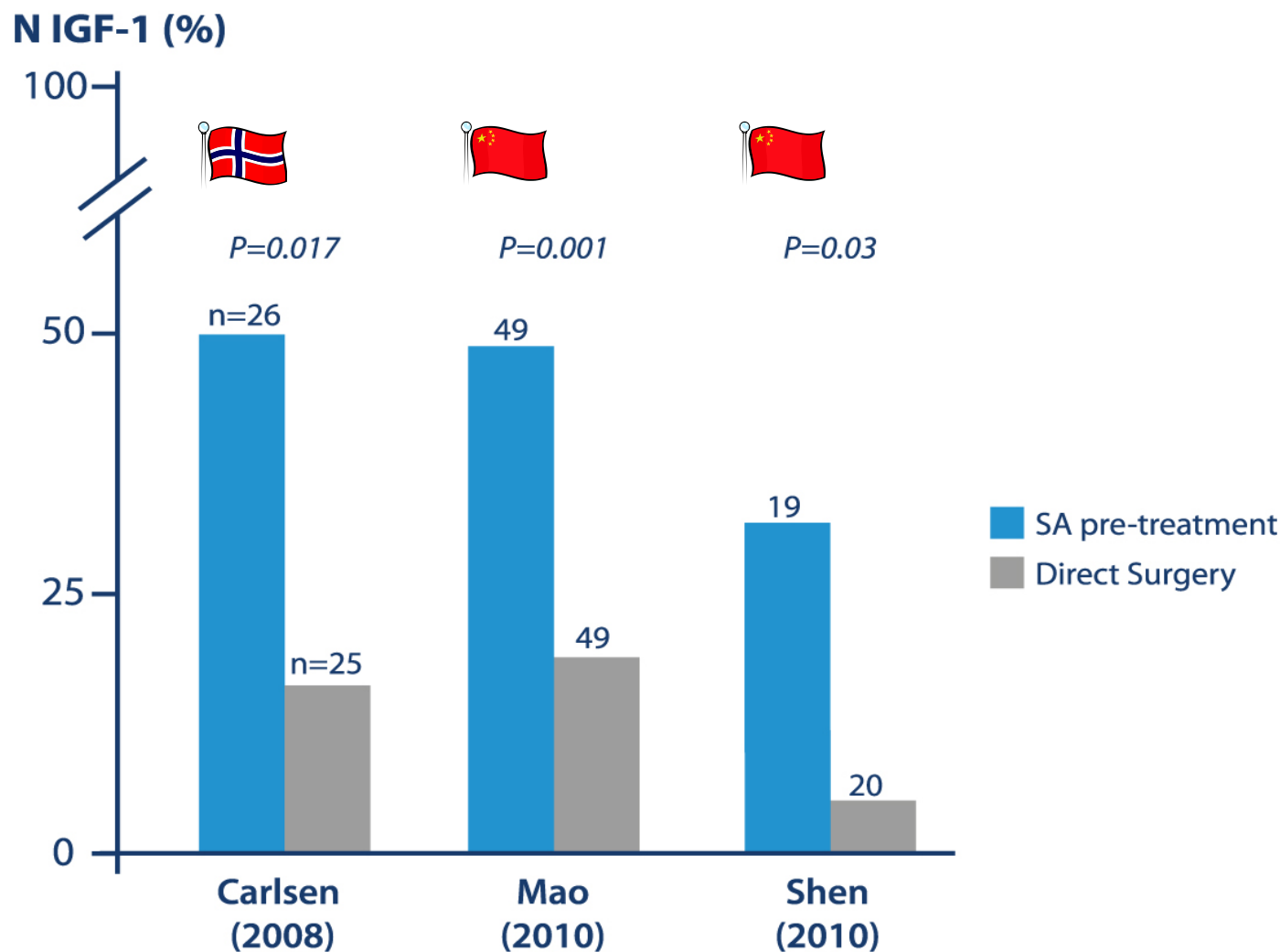
Department of Endocrinology, Centre Hospitalier Universitaire de Liège, University of Liège, Domaine Universitaire du Sart Tilman, B-4000 Liège, Belgium

J Clin Endocrinol Metab, August 2008, 93(8):2975–2977

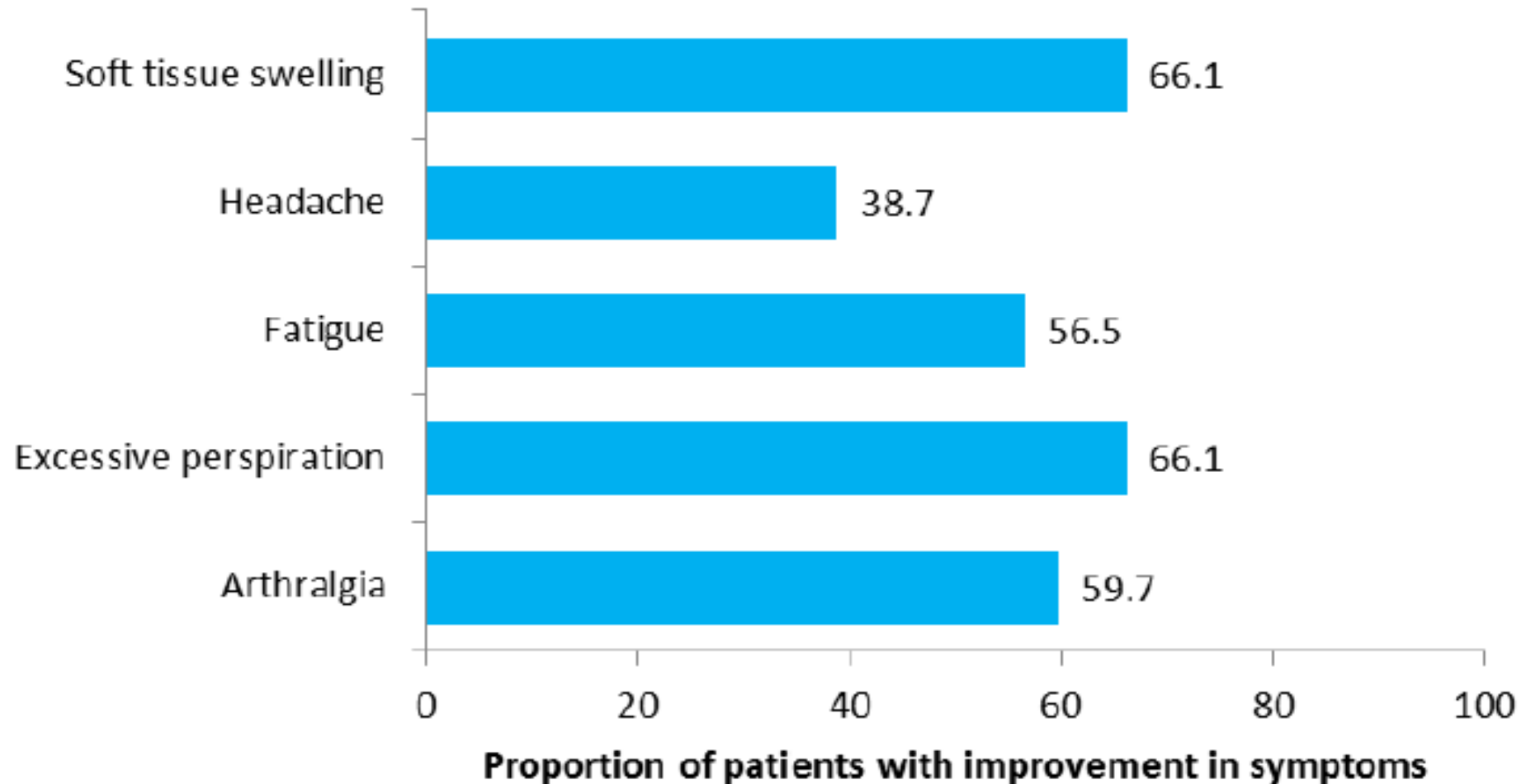
Macroadenomas: pre-operative SA-therapy increases early remission rates



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PRIMARYS - PRImary Treatment in Macroadenoma AcRomegalY with Lanreotide



Improvement of cardiac parameters in patients with acromegaly treated with medical therapies



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	Occurrence in acromegaly	References
LV hypertrophy	72% of patients ($n = 14$) 74.3% of patients >50 years 35% of patients <30 years	Bogazzi [14] Colao [5]
LV function	60% ↓ in function compared with controls ($n = 22$)	Di Bello [15]
Valve disease	30 and 5% of patients had aortic and mitral valve regurgitation compared with 7% and 0% of controls 19% ↑ risk of developing valve disease per year of active acromegaly ($n = 40$)	Pereira [16]
Arrhythmias	22.9% of patients with late potentials compared with 2.9% of controls ($n = 70$) Abnormally long QT interval	Maffei [17] Fatti [18]
Hypertension	46% of patients demonstrated hypertension compared with 25% of controls ($n = 200$)	Vitale [19]
Endothelial dysfunction (IMT)	Significantly ↑ IMT compared with controls ($n = 14$) Significantly ↓ IMT compared with controls (patients with acromegaly $n = 21$; controls $n = 282$)	Kartal [20] Otsuki [21]
Endothelial dysfunction (flow-mediated vasodilatation) ^a	Significantly ↓ compared with controls ($n = 14$ and $n = 17$, respectively)	Kartal [20] Sakai [22]

Improvement of cardiac parameters in patients with acromegaly treated with medical therapies



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	First-line somatostatin analogues ($n = 56^a$)		
	At diagnosis	12 months	<i>P</i> value
LVMl (g/m^2)	144.4	125.2	<0.0001
E/A ratio	1.0	1.1	<0.0001
LVEF (%)	55.3	58.0	0.0002
Diastolic blood pressure (mm Hg)	89.8	85.7	<0.0001
Heart rate (bpm)	83.2	76.2	<0.0001
Total to HDL cholesterol ratio	4.3	3.6	<0.0001
Prevalence of LV hypertrophy [n (%)]	41 (73.2)	25 (44.6)	0.0004
Prevalence of diastolic function [n (%)]	25 (44.6)	2 (3.6)**	<0.0001
Prevalence of systolic function [n (%)]	14 (25.0)	2 (3.6)	<0.0001



COMORBIDITIES EVALUATION AND TREATMENT IN ACROMEGALY

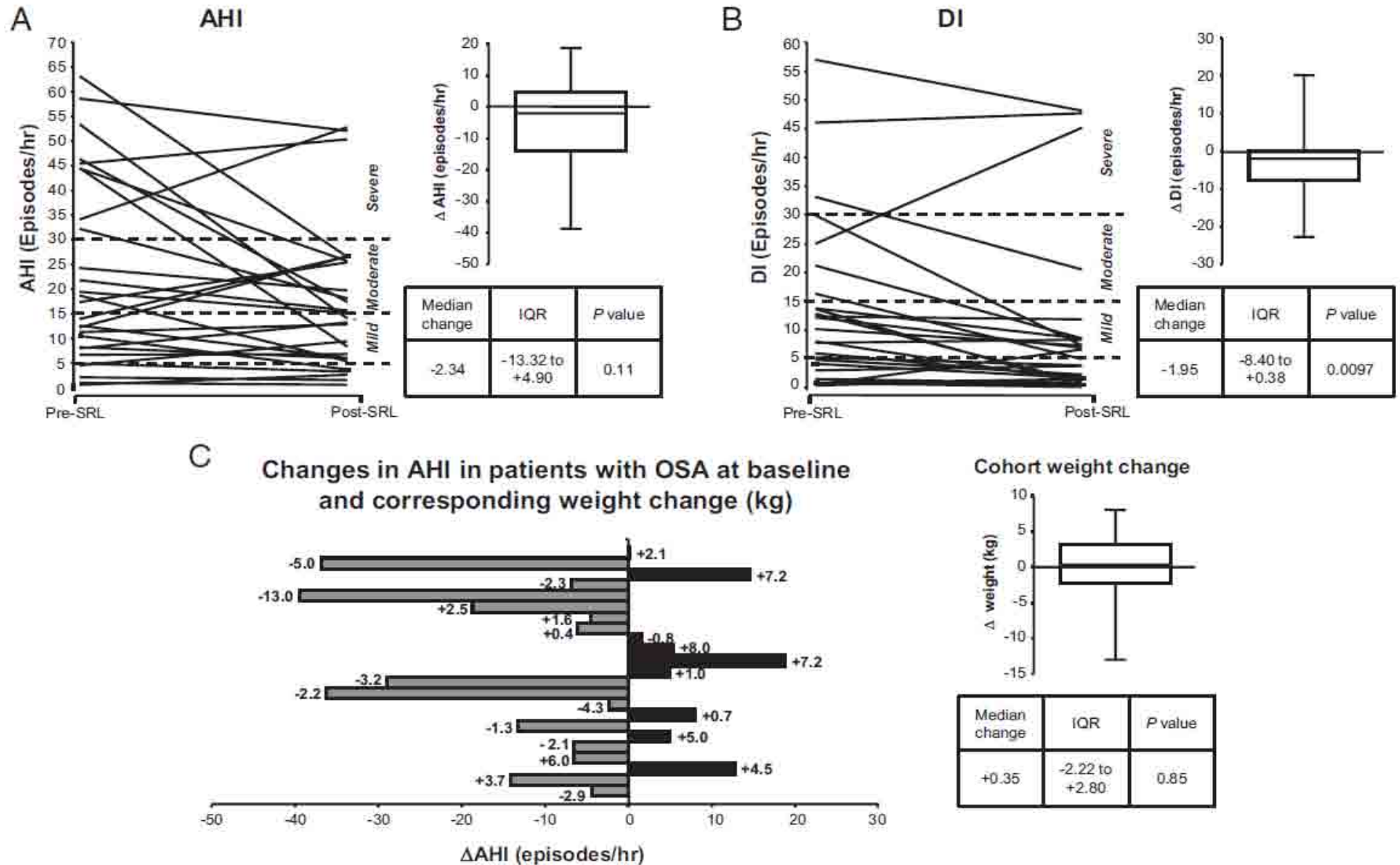
Cometa Project-1

Effetti del controllo della secrezione di GH e di IGF-1 sulla pressione arteriosa e sul ritmo cardiaco in pazienti con acromegalia attiva

Lanreotide autogel su Sleep Apnea



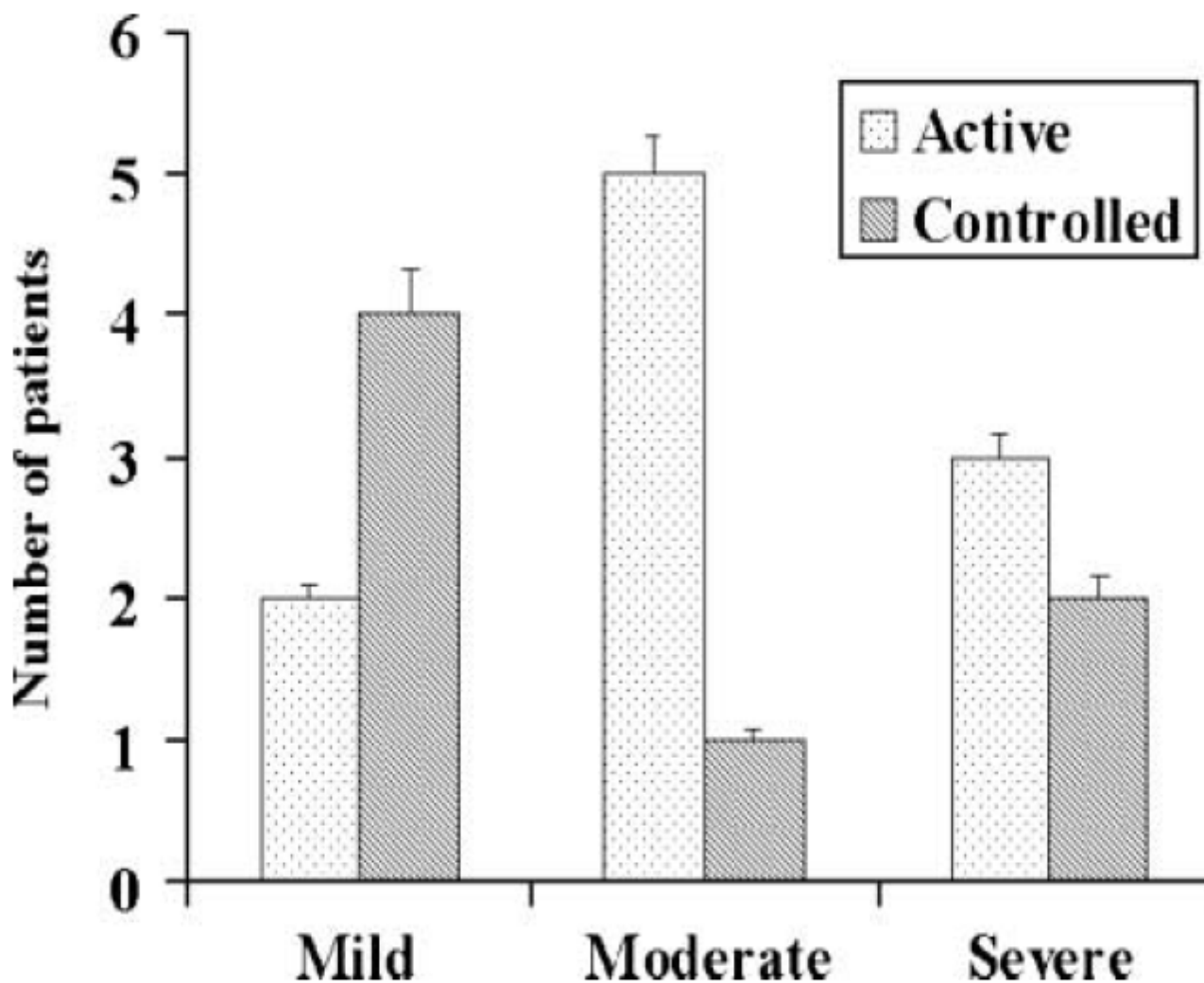
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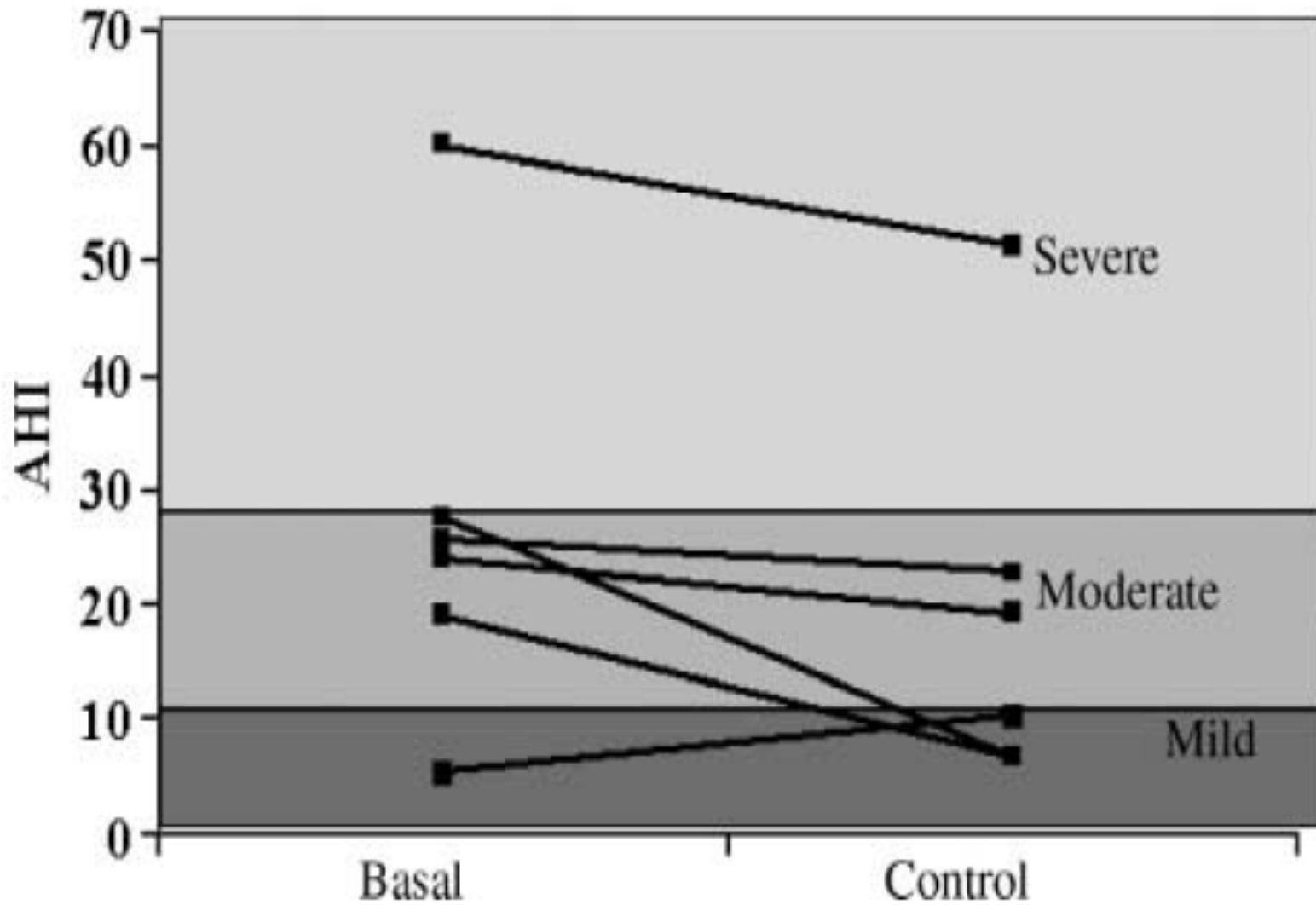


Sleep apnoea syndrome is highly prevalent in acromegaly and only partially reversible after biochemical control of the disease



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