

# Pegvisomant home care program leading to rapid IGF-1 control can improve quality of life



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## BACKGROUND:

Pegvisomant has demonstrated efficacy in attaining IGF-1 normalisation in previously uncontrolled acromegalic patients. It works by blocking growth hormone (GH) action and reducing IGF-1 levels. The goal of the therapy is to achieve a normal serum IGF-1. A home care program might improve treatment compliance.

## OBJECTIVE:

Evaluation of home educational program and quality of life (QoL) in 18 acromegalic patients with an inadequate response to surgery and/or radiation therapy and/or Somatostatin analogues (SSA), upon start and during treatment with pegvisomant.

## METHOD: HOME CARE PROGRAM

### Day 1: 🏠 2 hours:

- Acromegaly: Explaining disease
- Drug approach
- Discussing possible side effects
- Manipulation of the material, attention to sterility
- Practising with demo material
- PASQ (Patient-Assessed Acromegaly Symptom Questionnaire)
- Reporting to physician

### Day 2: 🏠 1 hour:

- Discussing possible side effects
- Manipulation of the material, attention to sterility
- Practising with demo material
- Administering the injection: by patient
- Importance of adherence
- Dose titration
- Reporting to physician

### Day 3: 🏠 45 minutes:

- Manipulation of the material, attention to sterility
- Practising with demo material
- Administering the injection: by patient
- Importance of adherence
- Dose titration
- PASQ
- Reporting to physician

### Day 7: 🏠 45 minutes:

- Autonomy: Manipulation of the material & administering the injection: by patient
- Importance of adherence
- Dose titration
- PASQ
- Reporting to physician

### Day 30: 📞 15 minutes

- PASQ
- Reporting to physician

### 6 weeks: 📞 15 minutes

- Dose titration
- Reporting to physician

### 3 months: 📞 15 minutes

- Dose titration
- Reporting to physician

### 4.5 months: 📞 15 minutes

- Dose titration
- Reporting to physician

### 6 months: 📞 15 minutes

- PASQ
- Reporting to physician

### 12 months: 📞 15 minutes

- PASQ
- Reporting to physician

### 18 months: 📞 15 minutes

- Dose titration
- Reporting to physician

## RESULTS:

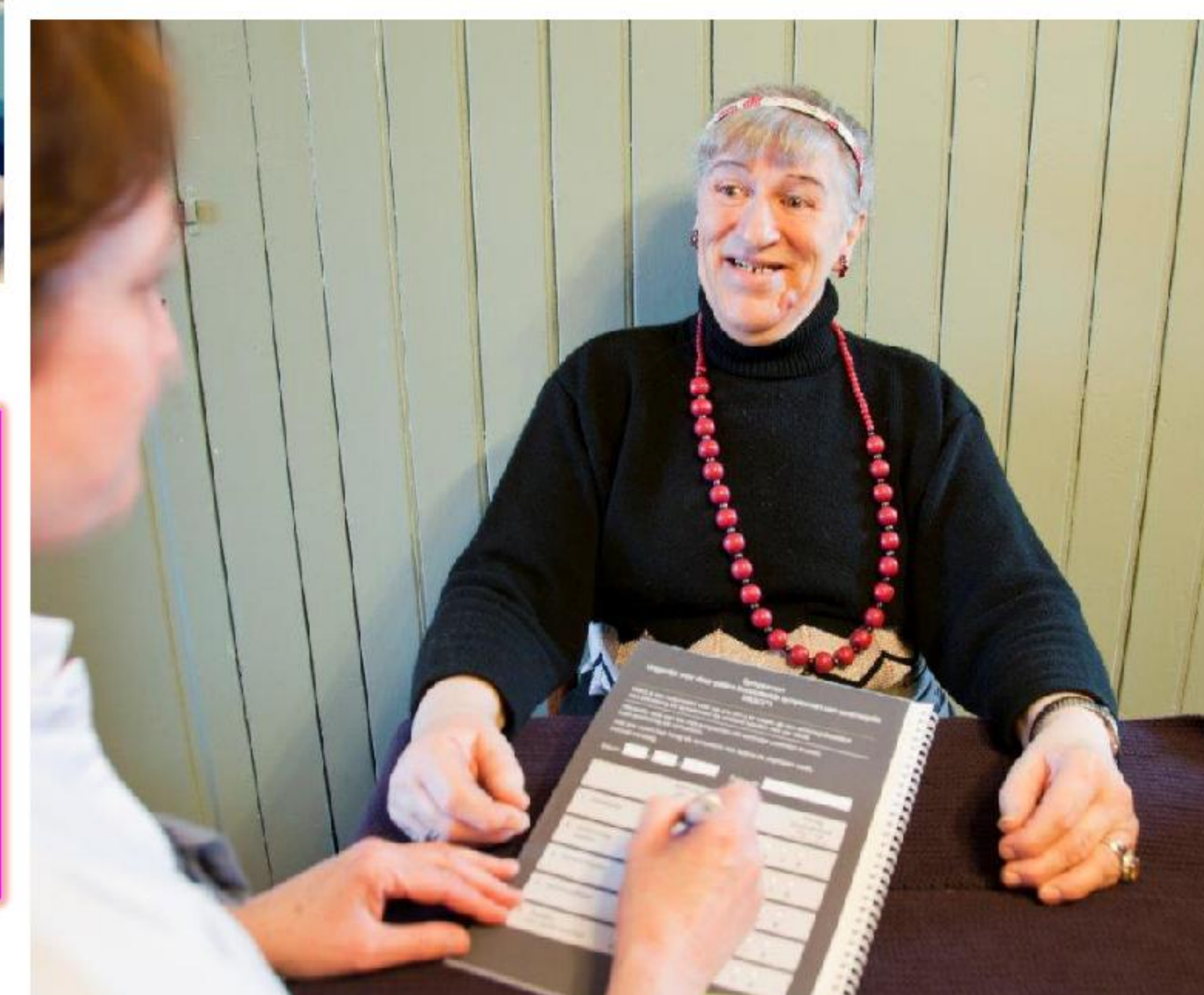
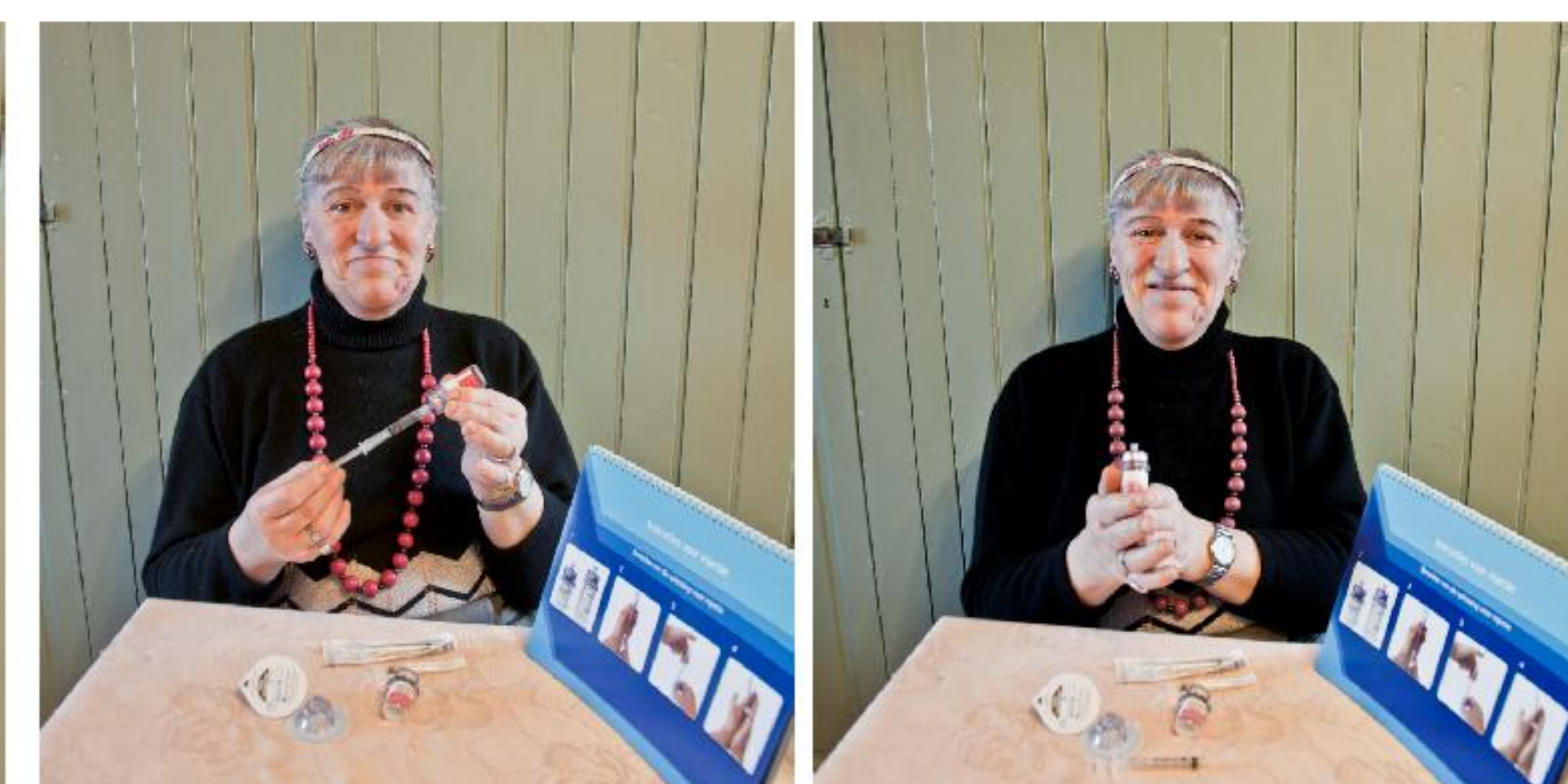
- Associated treatments were long-acting SSA: octreotide LAR 30mg monthly (n=5), lanreotide 90mg monthly (n=4) and lanreotide 120mg monthly (n=6).
- In all participants, IGF-1 decreased (sometimes needing dose adjustment of pegvisomant from 10 mg OD to 30 mg OD).

	Baseline (n=18)	3 months (n=18)	4.5 months (n=12)	6 months (n=9)	12 months (n=11)
IGF-1 (ng/ml) (mean ± SD)	464 ± 262	221 ± 103	282 ± 236	249 ± 167	217 ± 136

- QoL improved significantly over time (p<0.001), based on decreased complaints of headache (p=0.002), perspiration (p=0.001), joint pain (p=0.007), fatigue (p=0.023) and soft tissue swelling (p=0.001). These improvements were durable up to month 18.

	Baseline (n=11)	1 month (n=18)	6 months (n=15)	12 months (n=10)	18 months (n=9)
PASQ (0-8) (mean ± SD)	11 ± 7	7 ± 6	6 ± 6	6 ± 5	3 ± 3

- Two adverse events were recorded: one hypoglycemic episode in an insulin-treated woman with type 2 diabetes and one case of lipodystrophy. None of the patients discontinued pegvisomant.
- No drop-outs were observed.



## CONCLUSION:

Working with a specialist nurse can help to improve QoL by attaining rapid IGF-1 normalisation, due to enhanced patients' compliance. PASQ scores improved both on short and longer term.

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