Current Clinical Management of Acromegaly in the UK: a Survey of Endocrinologists

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INTRODUCTION

• Acromegaly is a rare endocrine disorder with an estimated prevalence of 1:140,000-1:250,000.1
• Treatment options include transphenoidal surgery (TSS), medical management, radiotherapy or a combination of these, depending on disease and patient factors.
• In 2014 the Endocrine Society published clinical practice guidelines for the management of acromegaly2.

OBJECTIVE

• The objective of this survey was to obtain a snapshot of current UK practice following publication of the new guidelines.

METHODS

• A survey was undertaken of 21 endocrinologists from 19 secondary and tertiary care National Health Service centres in England (n=17), Scotland (n=1) and Wales (n=3).
• The surveys gathered information about current clinical management of acromegaly, local biochemical control criteria and the factors that drive treatment decisions.
• Endocrinologists with recognised interest and significant experience in the treatment of acromegaly were invited to participate by letter.
• Surveys were conducted by the Novartis Medical Science Liaison team between November 2014 and March 2015. Survey questions were validated by an endocrinologist.

RESULTS

Centre Characteristics

• The estimated number of new patients with acromegaly seen per year ranged between centres from 1-20 and the number of existing patients from 11-250.
• Most common referral sources for patients with acromegaly (not mutually exclusive) were other endocrinologists (14 respondents) and general practitioners (12 respondents).

Biochemical Control Criteria

• All 21 survey respondents stated that both insulin-like growth factor 1 (IGF-1) and growth hormone (GH) are important for assessing biochemical control.
• Most respondents use GH<1.0 mcg/L and IGF-1 < upper limit of normal (ULN) to define biochemical control, as shown in Figure 1.
• For 12/21 respondents the possible effect on tumour volume is an important criterion when choosing a medical treatment.

Figure 1: What are the Locally Accepted Criteria for Biochemical Control?

Importance of Biochemical vs Symptomatic Control

• Respondents were asked to rate the importance of biochemical vs symptomatic control for treatment decision-making on a visual analogue scale. The results are shown in Figure 2.

Figure 2: Which Factor is More Likely to Drive Treatment Decisions (n=20)?

CONCLUSIONS

• This survey relied upon clinical opinion of only 21 clinicians; nevertheless, it provides useful insights into the current management of acromegaly in the UK.
• The survey highlights some areas of consistency in management between centres:
  • all respondents think that both IGF-1 and GH are important for assessing biochemical control; most use GH<1.0 mcg/L as the local biochemical control criterion (in line with current guidelines)
  • there was consensus in the use of TSS as primary therapy
• The survey also highlights some areas of variation and guideline recommendations not yet fully adopted; most notably the treatments that are used after failed surgery