

Effectiveness and Tolerability of Lanreotide in Acromegaly – A German database analysis



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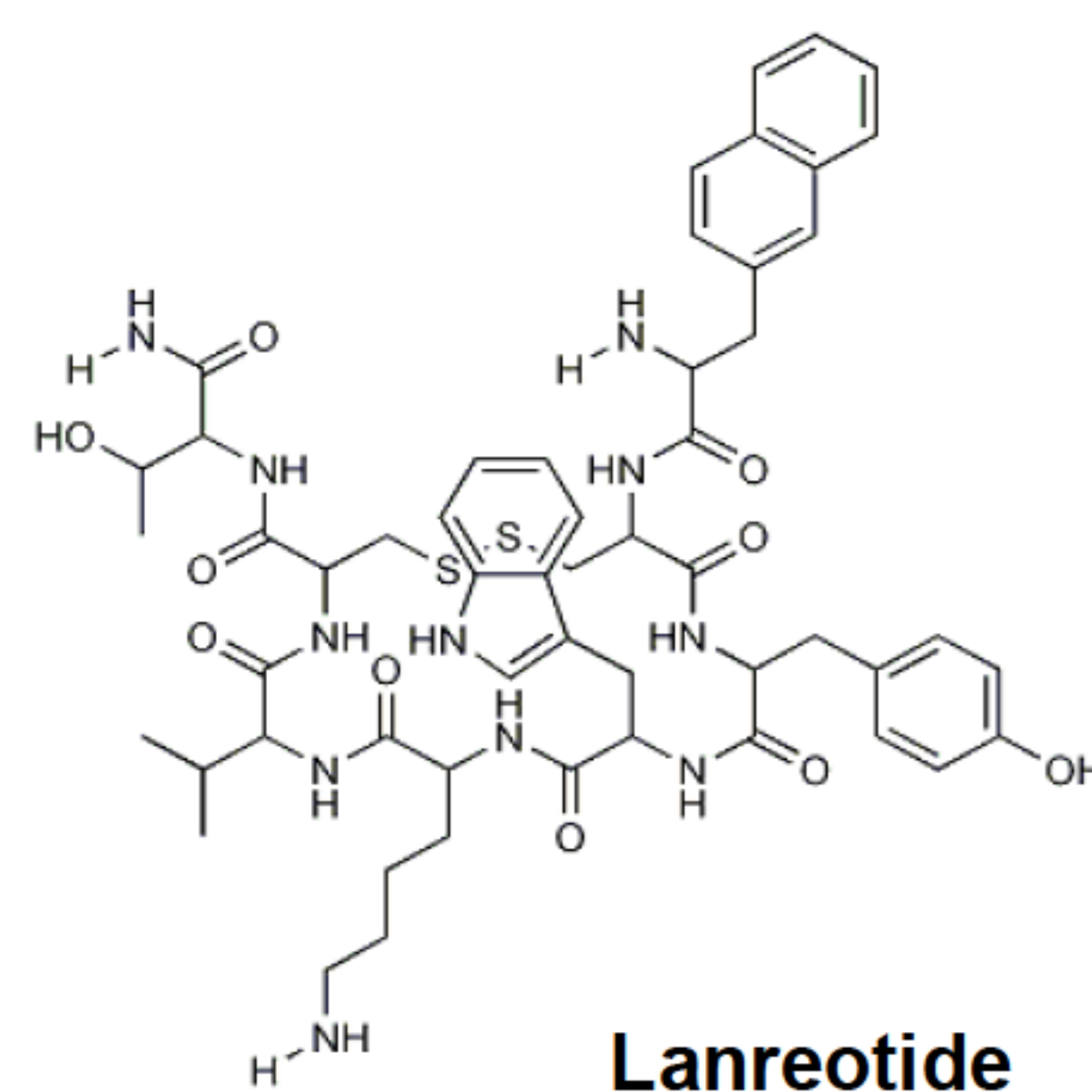
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1 Introduction/ Objectives / Methods

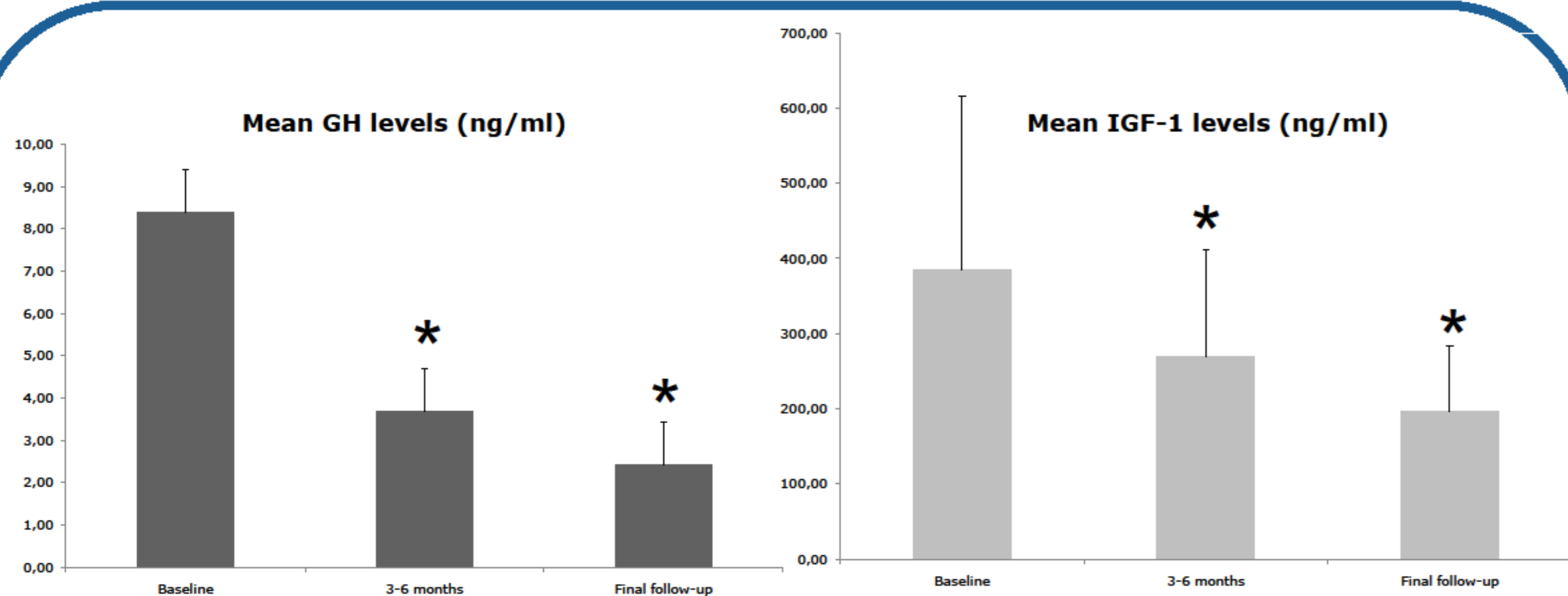
Somatostatin analogues (SSA) present the treatment of choice in patients with previously poorly controlled acromegaly. We conducted a retrospective analysis of acromegalic patients enrolled in the Network of Excellence for Neuroendocrine Tumors Munich and treated with the SSA lanreotide. Fifty-six acromegalic patients (25 females; mean age 59 years; 33 with macroadenoma) switched to lanreotide from previous medical therapies for acromegaly (n=33; 19 due to insufficient biochemical control, 14 due to poor treatment tolerability) (n=11 switch from dopamine agonists, n=15 switch from octreotide, n=3 switch from pegvisomant, n=4 switch from combination therapy) or were medically treatment-naïve (n=23).

2 Results

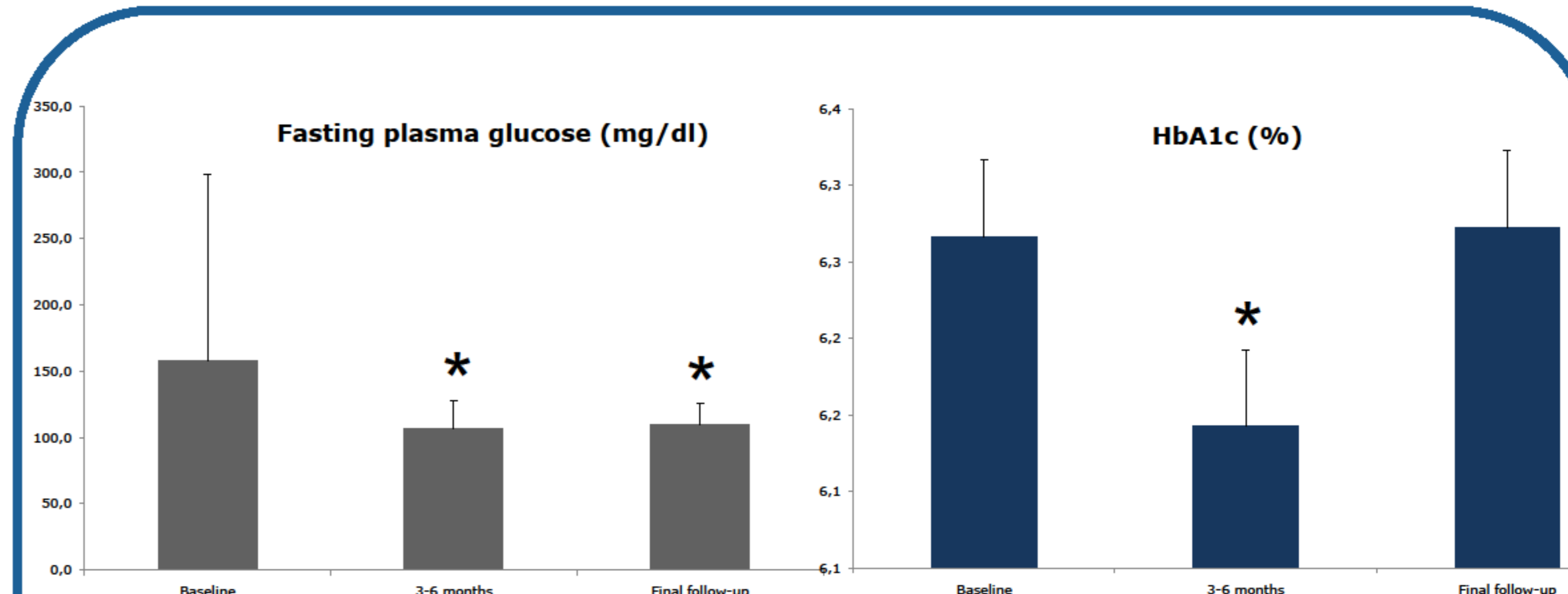


Epidemiology	All patients n=56		Switch patients n=33	
	N	%	N	%
Gender				
- Male	31	55,4	19	57,6
- Female	25	44,6	14	42,4
	Mean	SD	Mean	SD
Age (years)	59,4	17,1	58,2	18,6
	N	%	N	%
Adenoma type				
- macroadenoma	33	59	21	63,6
- microadenoma	23	41	12	36,4
	N	%	N	%
Previous treatments for acromegaly				
- preoperative medical treatment	12	21,4	7	21,2
- pituitary surgery	48	85,7	30	90,9
- radiation	13	23,2	10	30,3
- prior acromegaly medication	33	59	33	100
Primary medical therapy	3	5,4	1	3
	Mean	SD	Mean	SD
Mean follow-up time on lanreotide (years)	4,6	4,6	5,4	4,9

Table 1 Epidemiological characteristics of the study population.



Graphs 1a & b
Mean GH and IGF-1 levels after 3-6 months and at final evaluation on lanreotide.



Graphs 2a & b
Mean fasting plasma glucose and HbA1c levels after 3-6 months and at final evaluation on lanreotide.

3 Conclusions

➤ Lanreotide leads to significant clinical improvement, biochemical control, favorable impact on glycemic status and is well-tolerable in the treatment of acromegaly.

4 References/Bibliography

Effectiveness and Tolerability of Lanreotide in Acromegaly A German database analysis. Dimopoulou C, Störmann S, Schopohl J, Faust J, Stalla, GK (in preparation)

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