

Dopamine agonist therapy in combination with somatostatin analogue treatment in patients with acromegaly: analysis of the German Acromegaly Registry

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INTRODUCTION

For acromegaly, a treatment algorithm (including surgery, radiotherapy and medical therapy) has been proposed, since no treatment is efficient in all patients

Somatostatin analogues (SAs) is the standard medical therapy

Combinations of SA with dopaminagonists (DAs) have been proposed for uncontrolled patients, but have not yet been sufficiently evaluated

Out of 1434 patients entered into the German Acromegaly Registry, 35 patients with DA addition to SA treatment (for at least 3 months before DA addition) have been assessed

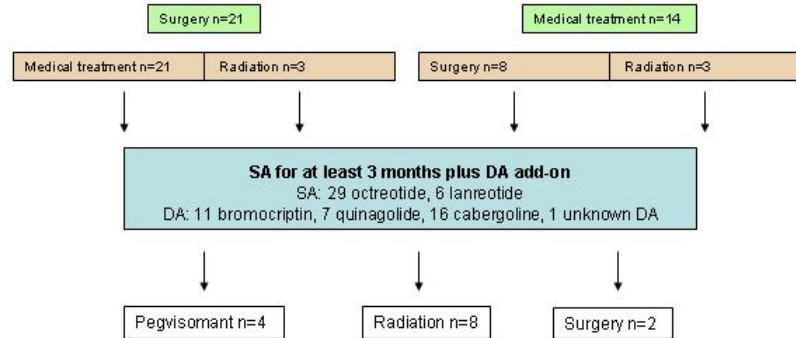


Table 1: Treatment scheme in 35 patients

RESULTS

35 patients received primary therapy (21 patients surgical therapy, 14 medical treatment), 6 patients received radiotherapy after primary treatment and before SA therapy (mean duration 28,8+/-28,6 months before)

29 patients received octreotide, 6 patients lanreotide (at different dosages and formulations); mean duration of SA monotherapy before DA add-on: 24,7+/-25,9 months

11 patients received bromocriptin, 7 patients quinagolide, 16 patients cabergoline, 1 patient DA not specified (at different dosages)

In 9 out of 35 patients, IGF-1 before and after DA add-on was available. Before DA add-on, 7 out of 9 patients had elevated IGF-1 while 2 had normal IGF-1 levels (according to local reference ranges). After DA add-on, 4 patients had normal IGF-1, 4 patients had elevated IGF-1 and 1 patient displayed uncertain values (decrease in IGF-1 from 473,2+/-172,2 ng/ml to 437+/-221,1 ng/ml not significant (p= 0,2986) (Table 2)

GH after OGTT before and after DA was available in 6 patients with all values before and after elevated >1 ng/ml (GH basal was available in 2 patients)

14 patients needed further treatment after combined therapy

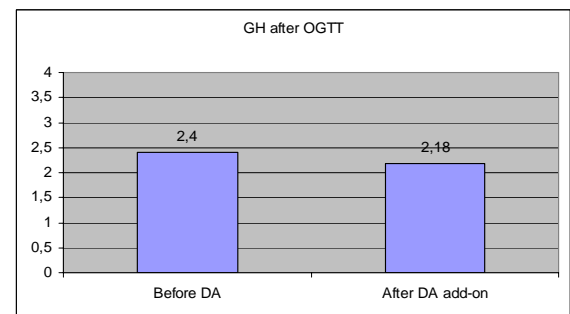
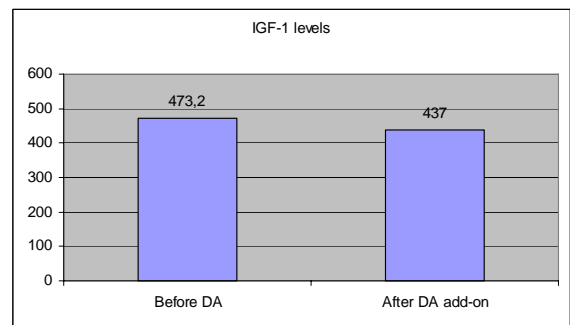


Table 2: Efficacy of DA add-on therapy to SA treatment

- IGF-1 levels before and after DA (n=9)
- GH after OGTT before and after DA (n=6)

CONCLUSION

The analysis within the German Acromegaly Registry reveals the limitations of a retrospective evaluation to judge the efficacy and clinical practices of a combined therapy with SAs and DAs. From these data and other small scale prospective and retrospective analyses, a possible normalisation of the somatotrophic axis after DA addition to SA treatment can be expected which should be further evaluated in defined subgroups in prospective clinical trials.

Participants of the German Acromegaly Registry

Bidlingmaier M, Biering H, Blossey HC, Blum H, Bode H, Bogner U, Bornstein T, Breidert M, Buchfelder M, Caspar-Bell G, Cissewski K, Demtröder F, Diedrich S, Droste M, Faust M, Feldkamp J, Finke R, Freischem CW, Gain T, Gerbert B, Gräf KJ, Grußendorf M, Hammes HP, Hampel R, Heckmann C, Hehrmann R, Heike M, Herrmann BL, Höffken K, Hörmann R, Hüfner M, Jakobeit J, Jausch-Hancke C, Jockenhövel F, Jungheim K, Jungmann E, Langer HJ, Klingmüller D, Knippert A, Koch C, Kornely E, Krebs J, Krone W, Lehnert H, Levasseur S, Löbner C, Lohmann T, Lüdecke DK, Mann A, Mann K, Matern S, Meuser J, Meyer A, Minnemann T, Mischke WJ, Mönig H, Müller UA, Müller OA, Nordmeyer JP, Palitzsch KD, Paschke R, Petersenn S, Pfeiffer A, Pichl J, Plöckinger U, Raue F, Reincke M, Reschke K, Rhode V, Ritter M, Rudorff KH, Rühle H, Schmidt U, Schober HC, Scholten T, Schopohl J, Schories M, Schröder H, Schröder HE, Schröder U, Schulte HM, Schuppert F, Schürmeyer TH, Schwedes U, Shanin M, Spiekler K, Stalla GK, Stamm B, Steinmetz A, Strasburger C, Stumvoll M, Tharandt L, Thraen W, Tuschy U, von Werder K, Ventz M, Ventzke K, Weber MM, Wolf M, Würl K, Zeuzem S, Zick R, Zimmer T