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BACKGROUND & OBJECTIVES

- This study was undertaken to understand concordance between outcomes reported by US acromegaly patients treated with long-acting somatostatin analogues (SSA) and those perceived by their treating endocrinology health care professional (HCP)
- Analyses of concordance between patients and HCPs and patient reported outcome data are reported elsewhere (Abstract #7999; Abstract #5468 respectively)
- This poster reports how endocrinology HCPs perceive their acromegaly patients' treatment outcomes. The focus was on examining outcomes of patients who are biochemically controlled on stable SSAs.

METHODS Patient A Patient A provides contact info for his/her acromegaly HCP Patient A **HCP-Patient HCP Phone Interview** Survey results Concordance results Patients survey results **Concordance between Patient A Results of HCP interviews for** subset of patients and his/her acromegaly designated HCP biochemically controlled Poster #5468 Poster #7999 This poster #8138

- Acromegaly patients in the US with stable disease (no change in medical treatment in the past 12 months), seen by their treating HCP in the past year completed an online survey.
- The treating acromegaly HCP for each specific patient completed a telephone interview based on his/her perception of the specific patient's outcomes
- The interview focused on: Disease Management, Symptoms, Adverse Reactions, General Health and Treatment Preferences
- The study received IRB approval by Tulane University
- 39 interviews were conducted. Of these, 30 HCPs (77%) were treating patients that were biochemically controlled (IGF-1≤1xULN). Data for these 30 HCPs were analyzed descriptively and are presented herein.

RESULTS

Demographic Characteristics

HCPs had been treating acromegaly patients for a mean of 21 ± 12 years; 60% were in an academic practice; 40% were in a private or community hospital setting

Symptoms

Frequency, Severity, and Pattern of Symptoms

- HCPs reported 27% of their patients were symptomatically well-controlled and 73% were partially controlled
- HCPs reported that the majority of their patients experienced fatigue/weakness/feeling tired (87%), joint pain (70%), headaches (60%) and soft tissue swelling (43%). Forgetfulness/short-term memory loss/feeling in a daze, referred to as "acro-fog," was reported by 47% of HCPs (Table 1)
- HCPs indicated that 60% of their patients had fatigue/weakness/feeling tired that was "moderate" or "severe." Many (>30%) reported their patients experienced "moderate" or "severe" headaches and joint pain. For some symptoms, HCPs reported they were not aware of the severity (range: 3% to 17%)
- HCPs reported that their patients experienced some symptoms constantly, including feeling fatigue/weakness/tired (37%), headaches (27%), and swelling of soft tissues (20%). A few HCPs reported their patients experienced symptoms at the end of the injection cycle including headaches, fatigue/weakness/feeling tired, excess sweating, joint pain, and swelling of soft tissue (range: 3-10%). In most instances HCPs were not sure of the temporal pattern of when their patients experienced symptoms (Table 2)

Table 1: Frequency and Severity of Symptoms as Reported by HCPs (N=30)

Symptom	Reported Patient Experiences Symptoms % (N)	Mild % (n)	Moderate % (n)	Severe % (n†)	Not Sure about severity % (n)
Headache	60% (18)	20% (6)	27% (8)	10% (3)	3% (1)
Fatigue/Weakness/Feel ing Tired	87% (26)	23% (7)	50% (15)	10% (3)	3% (1)
Excess Sweating	33% (10)	7% (2)	10% (3)	3% (1)	13% (4)
Joint Pain	70% (21)	17% (5)	40% (12)	7% (2)	7% (2)
Swelling of Soft Tissue	43% (13)	23% (7)	17% (5)	3% (1)	0% (0)
Carpal Tunnel Syndrome	23% (7)	3% (1)	3% (1)	3% (1)	13% (4)
Vision Problems	7% (2)	0% (0)	0% (0)	0% (0)	7% (2)
Snoring	33% (10)	10% (3)	7% (2)	0% (0)	17% (5)
Acro-fog*	47% (14)	17% (5)	17% (5)	0% (0)	10% (3)

^{*1} HCP said the patient had Acro-fog but didn't indicate severity

Table 2: Pattern of Symptoms as Reported by HCPs (N=30)

Symptom	Reported Patient Experiences Symptom % (N)	Experiences Symptom Constantly % (n)	Experiences Symptom Right after Injection % (n)	Experiences Symptom Mid Cycle % (n)	Experiences Symptom End of Cycle % (n)	Not Sure about pattern % (n)
Headache	60% (18)	27% (8)	0	0	7% (2)	27% (8)
Fatigue/Weakness/Feeling Tired	87% (26)	37% (11)	3% (1)	0	10% (3)	37% (11)
Excess Sweating	33% (10)	10% (3)	0	0	3% (1)	20% (6)
Joint Pain	70% (21)	30% (9)	0	0	7% (2)	33% (10)
Swelling of Soft Tissue	43% (13)	20% (6)	0	0	3% (1)	20% (6)
Carpal Tunnel Syndrome	23% (7)	0% (0)	0	0	0% (0)	23% (7)
Vision Problems	7% (2)	0% (0)	0	0	0% (0)	7% (2)
Snoring	33% (10)	10% (3)	0	0	0% (0)	23% (7)
Acro-fog	47% (14)	10% (3)	0	0	3% (1)	33% (10)

General Health Rating

• Mean overall ratings of their patients' general health, on a scale ranging from 0 to 100 with 0 = worst health imaginable and 100 = best health imaginable, was 73 ± 17 (range: 25-95)

Treatment Preferences

• HCPs were asked to provide input on what aspects of treatment their acromegaly patients would like to improve. 50% stated that patients would like better symptom control

Limitations

- Patients were recruited to this study, by social media, via the Acromegaly Community patient support group. It is unclear to what extent data from this study are generalizable to other patient populations with acromegaly
- HCPs relied on chart notes and recollection from prior visits when responding to questions

CONCLUSIONS

- This is the first study in which endocrinology HCPs were asked about their perception of disease management for a specific patient instead of focusing on their general experience
- HCPs report that only 27% of biochemically controlled acromegaly patients on a stable dose of SSA are well-controlled symptomatically
- HCPs are aware that their patients experience a variety of symptoms including fatigue/weakness/feeling tired, joint pain, headaches, swelling of soft tissue, and acro-fog. Many of these symptoms, including fatigue/weakness/feeling tired, headaches, and joint pain were reported as "moderate" or "severe"
- HCPs gave patients a mean general health rating of 73 (out of 100)
- HCPs are aware of the significant symptom burden and impact in general health by their biochemically-controlled patients
- The fact that treatment was kept stable, despite having active acromegaly symptoms, suggests an unmet need in this
 population