Nature Reviews Endocrinology **10**, 700 (2014); published online 14 October 2014; doi:10.1038/nrendo.2014.176

PHARMACOTHERAPY

Pasireotide for uncontrolled acromegaly—new phase III trial data

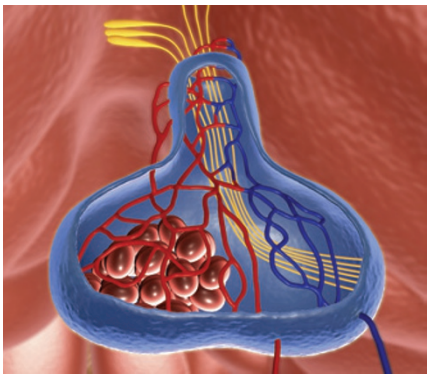
Results from a phase III clinical trial show that pasireotide long-acting release (LAR) is more effective than either octreotide or lanreotide for treating patients with acromegaly, supporting use of pasireotide LAR for patients with disease that is inadequately controlled by first-generation somatostatin analogues.

Octreotide and lanreotide are the current first-line therapies for acromegaly; however, these treatments are estimated to leave as many as 30–80% of patients with inadequately controlled levels of circulating growth hormone and insulin-like growth factor 1 (IGF-1).

Prior to this study, a large randomised double-blind clinical trial demonstrated that pasireotide LAR was superior to octreotide in patients with acromegaly who had not previously received pharmacological therapy for their disease.

Mônica Gadelha, lead author of the study, says "the new study complements the earlier study performed in medically naïve patients ... but the greatest unmet need is in patients inadequately controlled by first-generation somatostatin analogues".

The multicentre study enrolled 198 patients, aged ≥18 years, who had previously received either 30 mg octreotide long-acting repeatable or 120 mg lanreotide Autogel as monotherapy, but whose acromegaly remained uncontrolled after 6 months of continuous treatment. Inadequate control was defined as five-point, 2 h mean growth hormone levels of >2.5 μg/l and IGF-1 levels >1.3 times the sex-adjusted and age-adjusted upper normal limit. Participants were randomly assigned to one of three groups for 24 weeks, receiving either 40 mg or 60 mg of pasireotide LAR every 28 days or open label active control with continued treatment with octreotide or lanreotide. The end points of the study were achieving adequate control of growth hormone and IGF-1 levels, tumour volume reductions, changes in symptoms and quality of life.



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A greater proportion of patients who received pasireotide LAR achieved biochemical control and had >25% reductions in tumour volume, as well as greater improvements in symptoms than patients in the active control group, although patients in all groups reported increases in quality of life.

Jennifer Sargent

Original article Gadelha, M. R. *et al.* Pasireotide versus continued treatment with octreotide or lanreotide in patients with inadequately controlled acromegaly (PAOLA): a randomised, phase 3 trial. *Lancet Diabetes Endocrinol.* doi:10.1016/S2213-8587(14)70169-X