



This is a repository copy of *Medical treatment achieves similar quality of life to surgically treated acromegaly patients in remission: the QuaLAT study.*

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/196995/>

Version: Published Version

---

**Article:**

Arshad, M.F., Ogunleye, O., Ross, R.J.M. [orcid.org/0000-0001-9222-9678](https://orcid.org/0000-0001-9222-9678) et al. (1 more author) (2021) Medical treatment achieves similar quality of life to surgically treated acromegaly patients in remission: the QuaLAT study. *Journal of the Endocrine Society*, 5 (Supplement 1). A522. ISSN 2472-1972

<https://doi.org/10.1210/jendso/bvab048.1064>

---

**Reuse**

This article is distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND) licence. This licence only allows you to download this work and share it with others as long as you credit the authors, but you can't change the article in any way or use it commercially. More information and the full terms of the licence here: <https://creativecommons.org/licenses/>

**Takedown**

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing [eprints@whiterose.ac.uk](mailto:eprints@whiterose.ac.uk) including the URL of the record and the reason for the withdrawal request.



[eprints@whiterose.ac.uk](mailto:eprints@whiterose.ac.uk)  
<https://eprints.whiterose.ac.uk/>

**Conclusions:** Rapid reductions in mUFC were sustained for up to 6 years of osilodrostat treatment and were accompanied by improvements in clinical signs of hypercortisolism. Osilodrostat was well tolerated, with no new safety signals during long-term treatment.

## Neuroendocrinology and Pituitary

### CLINICAL TRIALS AND STUDY UPDATES IN NEUROENDOCRINOLOGY AND PITUITARY

#### *Medical Treatment Achieves Similar Quality of Life to Surgically Treated Acromegaly Patients in Remission: The QuaLAT Study*

Muhammad Fahad Arshad, MBBS, MRCP<sup>1</sup>,  
Oluwafunto Ogunleye, MBBCh<sup>2</sup>, Richard John M Ross, MBBS,  
FRCP, MD<sup>1</sup>, Miguel Debono, MD, MRCP, PhD<sup>3</sup>.

<sup>1</sup>University of Sheffield, Sheffield, United Kingdom, <sup>2</sup>Sheffield Teaching Hospitals, Sheffield, United Kingdom, <sup>3</sup>Schl of Medical/BioMedical Sci, University of Sheffield, Sheffield, United Kingdom.

**Background:** Quality of life (QOL) in acromegaly has been a subject of interest in several published studies; however, there is no consensus on how QOL in patients who require medical treatment after surgery compares with those who achieve remission by surgery only.

**Aim:** Quality of life after acromegaly treatment (QuaLAT) is a case-control questionnaire-based study with the aim to compare the QOL in those who were treated with surgery only with those who required medical treatment after surgery at a single tertiary centre for acromegaly.

**Methods:** Patients with acromegaly attending endocrinology clinics were identified via our database. These were matched on the duration of disease into those who underwent surgery and went into disease remission biochemically (Group 1), and those who did not achieve biochemical remission after surgery and therefore required further medical treatment to control the disease (Group 2). Participants were then asked to fill three questionnaires to measure their QOL; Acromegaly Quality of Life Questionnaire (ACROQOL), and two generic questionnaires; 36-Item Short Form Survey (SF36) v2, and Fatigue Severity Scale (FSS).

**Results:** 20 patients from each group participated in the study. The mean±SD duration of acromegaly (years) was similar in the two groups (9.8±6.9 vs 9.7±6.9 p=0.653). The majority of patients in the medical group were on somatostatin analogues, either alone or in combination (n=14), with four and two patients on cabergoline and pegvisomant alone respectively. There was no difference in QOL scores between groups 1 & 2, as measured by ACROQOL (mean score±SD 54.4±24.8 vs 55.3±26.1 p=0.765), SF36v2 (Physical component score 40.1±11.1 vs 45.6±12.0 p=0.235; mental component score 41.7±13.0 vs 43.1±16.4 p=0.601), or FSS (mean score±SD 4.4±2.2 vs 4.5±2.0 p=0.985) questionnaires. There was no difference in ages between both groups and there were 75% females in group 1 and 45% in group 2. When compared with healthy controls as reported in the published literature, all three QOL scores were lower in our cohort [1-3].

**Conclusions:** Medical treatment achieves similar QOL to surgically treated acromegaly patients in remission in the

long term. When compared with healthy controls, QOL remains worse in treated acromegaly patients.

**References:**1. Webb, S.M., et al., *Validity and clinical applicability of the acromegaly quality of life questionnaire, AcroQoL: a 6-month prospective study*. Eur J Endocrinol, 2006. **155**(2): p. 269-77.2. Jenkinson, C., et al., *Assessment of the SF-36 version 2 in the United Kingdom*. J Epidemiol Community Health, 1999. **53**(1): p. 46-50.3. Ongre, S.O., et al., *Progression of fatigue in Parkinson's disease -A nine-year follow-up*. Eur J Neurol, 2020.

## Neuroendocrinology and Pituitary

### CLINICAL TRIALS AND STUDY UPDATES IN NEUROENDOCRINOLOGY AND PITUITARY

#### *Oral Octreotide Capsules Lowered Incidence and Improved Severity of Acromegaly Symptoms Compared to Injectable Somatostatin Receptor Ligands—Results From the MPOWERED Trial*

Nienke Biermasz, MD, PhD<sup>1</sup>, Maria Fleseriu, MD<sup>2</sup>,  
Alexander V. Dreval, MD, PhD<sup>3</sup>, Yulia Pokramovich, MD<sup>3</sup>,  
Irina Bondar, MD<sup>4</sup>, Elena Isaeva, PhD<sup>5</sup>, Mark E. Molitch, MD<sup>6</sup>,  
Djuro P. Macut, MD, PhD<sup>7</sup>, Nina Leonova, MD, PhD<sup>8</sup>,  
Gerald Raverot, MD, PhD<sup>9</sup>, Yossi Gilgun-Sherki, PhD<sup>10</sup>,  
William H. Ludlam, MD, PhD<sup>11</sup>, Gary Patou, MD<sup>12</sup>, Asi Haviv, DMD<sup>10</sup>,  
Murray B. Gordon, MD<sup>13</sup>, Vaidotas Urbanavicius, MD<sup>14</sup>,  
Robertas Knispelis, MD<sup>15</sup>, Shlomo Melmed, MB, ChB<sup>16</sup>,  
Christian J. Strasburger, MD<sup>17</sup>.

<sup>1</sup>Leiden University Medical Center, Oegstgeest, Netherlands,

<sup>2</sup>Oregon Health & Science University, Portland, OR, USA,

<sup>3</sup>M.F. Vladimirovsky Moscow Regional Research Clinical Institute, Moscow, Russian Federation, <sup>4</sup>Novosibirsk State Medical University, Novosibirsk Oblast, Russian Federation,

<sup>5</sup>Interregional Clinical Diagnostic Center, Kazan, Russian Federation,

<sup>6</sup>Northwestern University Feinberg School of Medicine, Chicago, IL, USA, <sup>7</sup>University of Belgrade, Belgrade, Serbia,

<sup>8</sup>Antrium Multidisciplinary Medical Clinic, Barnaul, Russian Federation, <sup>9</sup>Hospices Civils de Lyon, Lyon Cedex 03, France,

<sup>10</sup>Chiasma, Inc., Ness Ziona, Israel, <sup>11</sup>Chiasma, Inc,

Needham, MA, USA, <sup>12</sup>Chiasma, Inc., Needham, MA, USA,

<sup>13</sup>Allegheny General Hospital, Pittsburgh, PA, USA, <sup>14</sup>Vilnius University Hospital, Vilnius, Lithuania,

<sup>15</sup>Kaunas University Clinics, Kaunas, Lithuania, <sup>16</sup>Cedars Sinai Medical Center,

West Hollywood, CA, USA, <sup>17</sup>Charite Campus Mitte, Berlin,

Germany.

**Background:** Patients with acromegaly may have high symptom burden. The phase 3 MPOWERED trial assessed control of acromegaly by oral octreotide capsules (OOC; MYCAPSSA<sup>®</sup>) in comparison to injectable somatostatin receptor ligands (iSRLs) in patients responding to both OOC and iSRLs. iSRLs have been first-line medical treatment for patients with acromegaly for decades. OOC are newly approved in the US for patients previously controlled on iSRLs.

**Methods:** Eligibility criteria for MPOWERED included acromegaly diagnosis, biochemical control of acromegaly (insulin-like growth factor I <1.3 × upper limit of normal; mean integrated growth hormone, <2.5 ng/mL) and ≥6 months' iSRL (octreotide, lanreotide) treatment. Eligible patients entered a 26-week Run-in phase to determine the effective OOC dose; responders at week 24 then entered a