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Adherence, Duration, and Healthcare Costs in a Real-World Population of Patients With Acromegaly

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ABSTRACT

Background: Recent real-world studies characterizing treatment use in patients with acromegaly are limited and did not measure adherence, duration of therapy lines, or associated healthcare costs.

Objectives: This study aimed to describe treatment patterns in adults with acromegaly who are newly initiating medical therapy. Using IQVIA PharMetrics® Plus data, patients were identified from 1/1/2014 to 12/31/2022. New therapy start date was the index date. Continuous enrollment during baseline (12-month pre-index) and follow-up (≥6 months post-index or study end) periods and start of a new acromegaly therapy (no use in the 12 months prior) were required. Outcomes measured during follow-up included index therapy, second-line therapy, therapy switch, and persistence of and adherence to index therapy.

Methods: The study included 453 patients who initiated first-line medical therapy: 46.1% with cabergoline as index treatment, 24.5% with injectable octreotide, 15.0% with lanreotide, 5.5% with bromocriptine, 4.9% with pegvisomant, 2.2% with pasireotide, 1.1% with oral octreotide, 0.4% with cabergoline + octreotide, and 0.2% with cabergoline + lanreotide. Mean follow-up time was 2.9 years. Mean duration ranged from 235.2 days (bromocriptine) to 492.0 days (pegvisomant) for index monotherapy and 180.0 days (cabergoline + lanreotide) to 596.5 days (cabergoline + octreotide) for index combination therapy.

Results: At end of follow-up, 54.3% of patients were not on any treatment, 19.6% remained on index therapy, and 26.0% switched therapy. Among switchers (n=114), the most common second-line was lanreotide (19.5%). In an exploratory analysis of treatment-naïve or previously treated patients (n=782), 65.7% continued, 10.9% switched, and 23.4% stopped treatment during follow-up. Switchers had higher rates of hospitalization, ED services, and all-cause healthcare

costs vs continuers and discontinuers (23.5% vs 18.3% and 16.4%; 30.6% vs 24.7% and 20.2%; and $156,889 vs $102,371 and $46,495, respectively).

Conclusion: This real-world study found that a large proportion of patients switched or stopped treatment, which may indicate dissatisfaction with current, mainly injectable therapies. Switching of current therapies was associated with higher healthcare utilization and costs. Future research is needed to analyze the impact of therapies on patient outcomes.

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