Once-Daily Oral Paltusotine in the Treatment of Patients With Biochemically Uncontrolled Acromegaly: Interim Results of the PATHFNDR-2 Open-Label Extension

MON-069

Mônica R. Gadelha, MD, PhD[1]; Alessandra Casagrande, MD, PhD[2]; Atanaska Elenkova, MD, PhD[3]; Cesar L. Boguszewski, MD, PhD[4]; Raquel S. Jallad, MD[5]; Beibei Hu, MS[2]; Erika Hubina, MD, PhD[6]; Pouneh K. Fazeli, MD, MPH[7]; Maria Fleseriu, MD[8]; Peter J. Snyder, MD[9]; Christian J. Strasburger, MD[10]; Martin Bidlingmaier, MD[11]; Yining Zhao, MD[12]; Beatriz Soares, PhD, MD[13]; Peter J. Trainer, MD[2]; R. Scott Struthers, PhD[2]; Alan Krasner, MD[2]; Beverly M.K. Biller, MD[14]

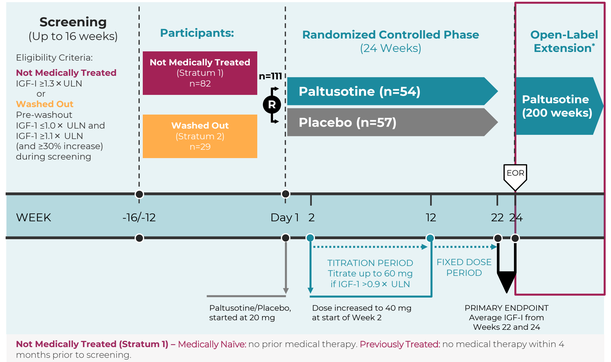
BACKGROUND

- Paltusotine is a non-peptide, selective somatostatin 2 (SST2) receptor agonist in development as a once-daily oral treatment for patients with acromegaly or carcinoid syndrome[1]
- PATHFNDR-2 was a randomized, double-blind, placebo-controlled trial that demonstrated a rapid and durable response for paltusotine in medically untreated patients with biochemically uncontrolled acromegaly

STUDY DESIGN

- The ongoing PATHFNDR-2 open-label extension (OLE) is evaluating the efficacy and safety of longer-term treatment with paltusotine
  - OLE starting dose of 20 mg/day, titrated to 40 mg/day based on tolerability at OLE Week 2, and optional titration to 60 mg/day based on IGF-I levels
  - Adjunctive acromegaly medication (eg, cabergoline, pegvisomant) is permitted beginning at OLE Week 24 at the investigator's discretion
  - MRI scans are performed locally and read by a central radiologist

PATHFNDR-2 Study Design



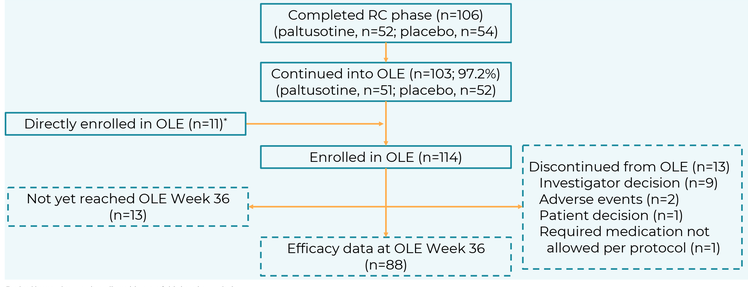
Not Medically Treated (Stratum 1) – Medically Naïve: no prior medical therapy. Previously Treated: no medical therapy within 4 months prior to screening.

Washed Out (Stratum 2) – Controlled on octreotide or lanreotide for at least 3 months but agreed to stop injections during the screening period.

*Data cutoff for this interim analysis: September 1, 2024.
EOR = end of randomized controlled phase; R = randomization.

RESULTS

Patient Disposition



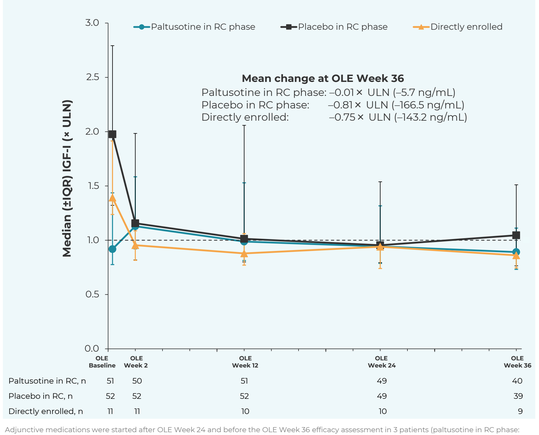
Dashed boxes show patient disposition as of this interim analysis.
*Met eligibility criteria for RC phase; were in screening process when target enrollment reached.
OLE = open-label extension; RC = randomized controlled.

Patient Characteristics

Parameters	Paltusotine in RC (n=51)	Placebo in RC (n=52)	Directly Enrolled (n=11)	All Patients (n=114)
Age, years, mean (SD)	47.5 (13.3)	45.5 (11.7)	58.4 (8.6)	47.7 (12.7)
Female, n (%)	26 (51.0)	29 (55.8)	4 (36.4)	59 (51.8)
Time since diagnosis, years, mean (SD)	8.0 (8.1)	6.0 (5.2)	14.9 (5.5)	7.8 (7.1)
Prior pituitary surgery, n (%)	47 (92.2)	45 (86.5)	10 (90.9)	102 (89.5)
Prior pituitary radiation, n (%)	2 (3.9)	3 (5.8)	0	5 (4.4)
OLE baseline IGF-I, × ULN, mean (SD)	1.17 (0.57)	2.12 (1.12)	1.55 (0.34)	1.64 (0.96)
Received rescue medication in RC, n	1	12	–	–

OLE baseline = Study Week 24 (end of the randomized controlled phase).
OLE = open-label extension; RC = randomized controlled.

IGF-I Levels Were Decreased in Patients Newly Treated With Paltusotine and Maintained in Previously Treated Patients

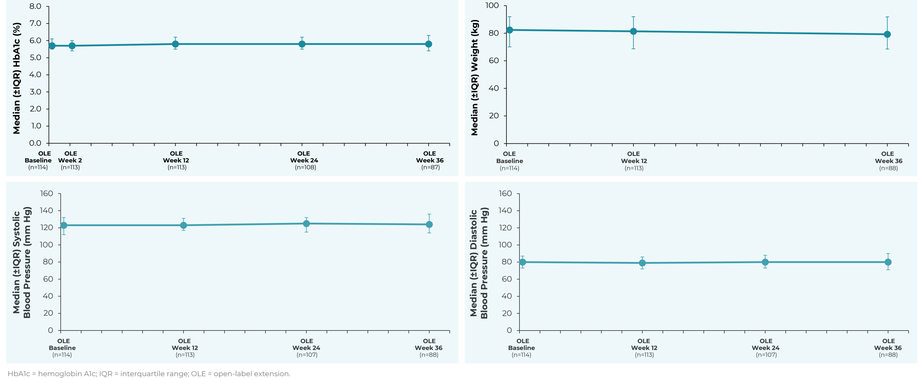


Paltusotine in RC, n	51	50	51	49	40
Placebo in RC, n	52	52	52	49	39
Directly enrolled, n	11	11	10	10	9

Adjunctive medications were started after OLE Week 24 and before the OLE Week 36 efficacy assessment in 3 patients (paltusotine in RC phase: n=1 cabergoline; placebo in RC phase: n=1 cabergoline, n=1 bromocriptine).
OLE baseline = Study Week 24 (end of the randomized controlled phase).
IQR = interquartile range; OLE = open-label extension; RC = randomized controlled.

- GH levels were reduced in patients newly treated with paltusotine and maintained in previously treated patients
- Acromegaly Symptom Diary scores were stable from OLE baseline through OLE Week 36

HbA1c, Blood Pressure, and Weight Were Stable During Treatment With Paltusotine (All Patients)



HbA1c = hemoglobin A1c; IQR = interquartile range; OLE = open-label extension.

CONCLUSIONS

- During treatment with once-daily oral paltusotine, IGF-I levels decreased rapidly in patients who had received placebo during the RC phase and patients with elevated IGF-I who were directly enrolled into the OLE
- Previously observed decreases in IGF-I were sustained in patients who continued on paltusotine
- Paltusotine was well tolerated during longer-term treatment

SAFETY

Adverse Events: Open-Label Extension

AEs, n (%)	Paltusotine in RC phase (n=51)	Placebo in RC phase (n=52)	Directly Enrolled (n=11)	Overall (n=114)
Any AE	42 (82.4)	47 (90.4)	10 (90.9)	99 (86.8)
Treatment-related SAE*	3 (5.9)	0	0	3 (2.6)
AE leading to discontinuation†	0	2 (3.8)	0	2 (1.8)
Most common AEs (incidence >5% in the overall patient population)				
Diarrhea	2 (3.9)	11 (21.2)	1 (9.1)	14 (12.3)
Hyperglycemia	6 (11.8)	5 (9.6)	2 (18.2)	13 (11.4)
Urinary tract infection	6 (11.8)	5 (9.6)	0	11 (9.6)
Headache	4 (7.8)	5 (9.6)	1 (9.1)	10 (8.8)
Arthralgia	4 (7.8)	4 (7.7)	0	8 (7.0)
Upper respiratory tract infection	3 (5.9)	5 (9.6)	0	8 (7.0)
Cholelithiasis	5 (9.8)	2 (3.8)	0	7 (6.1)

*Cholelithiasis and gastritis in 1 patient each; sinus arrest and biliary colic in 1 patient.
†Mild lipase increase and aggressive pituitary tumor in 1 patient each.

- At OLE Week 24 (last available timepoint), 7 of 83 patients had a reduction in pituitary tumor volume of >20% from OLE baseline: 6 patients who had received placebo in the RC phase and 1 directly enrolled patient

REFERENCE

1. Zhao J, et al. *ACS Med Chem Lett*. 2023;14(1):66-74.

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AUTHOR AFFILIATIONS

[1]Neuroendocrinology Research Center/Endocrinology Division, Medical School and Hospital Universitario Clementino Fraga Filho, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil; [2]Crinetics Pharmaceuticals, Inc., San Diego, CA, USA; [3]Department of Endocrinology, Medical University-Sofia, USHATE "Acad. Ivan Penchev", Sofia, Bulgaria; [4]Department of Internal Medicine, Endocrine Division (SEMPR), Federal University of Paraná, Curitiba, Brazil; [5]Neuroendocrine Unit, Division of Endocrinology and Metabolism, Clinics Hospital, University of São Paulo Medical School, São Paulo, Brazil; [6]2nd Department of Internal Medicine, Division of Endocrinology, Central Hospital of Northern Pest - Military Hospital, Budapest, Hungary; [7]Neuroendocrinology Unit, Division of Endocrinology and Metabolism, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA; [8]Pituitary Center, Departments of Medicine and Neurological Surgery, Oregon Health and Science University, Portland, OR, USA; [9]Division of Endocrinology, Diabetes and Metabolism, Department of Medicine, University of Pennsylvania, Philadelphia, PA, USA; [10]Department of Medicine for Endocrinology and Metabolism, Charité Universitaetsmedizin, Campus Mitte, Berlin, Germany; [11]Medizinische Klinik und Poliklinik IV, LMU Klinikum, Munich, Germany; [12]Department of Neurosurgery, University Hospital Erlangen, Erlangen, Germany; [13]Department of Internal Medicine, Medical School of the Federal University of Minas Gerais, Belo Horizonte, Brazil; [14]Neuroendocrine and Pituitary Tumor Clinical Center, Massachusetts General Hospital, Boston, MA, USA

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AUTHOR DISCLOSURES

MRG reports being a PI of research grants from Crinetics and Recordati; an occasional consultant for Camurus, Crinetics, Ipsen, Novo Nordisk, and Recordati; and a speaker for Camurus, Novo Nordisk, and Recordati. AC, BH, PJT, RSS, and AK are employees and shareholders of Crinetics Pharmaceuticals. AE reports being a PI/SI of research grants from Pfizer, Novartis, and Novo Nordisk; and a PI in clinical trials for Corcept Therapeutics, Crinetics Pharmaceuticals, Recordati Rare Diseases, and Xeris Pharmaceuticals. CLB reports being a PI of research grants from Crinetics; receiving consulting fees, honoraria, and meeting support from Crinetics, Ipsen, Novo Nordisk, and Recordati; and serving on advisory boards for Crinetics and Recordati. RSJ reports being a PI of a research grant from Crinetics. EH reports being a PI of clinical trials for Crinetics and Lilly. PKF reports being a PI of research grants from Corcept and Crinetics; a consultant for Quest Diagnostics and Regeneron; and an occasional advisory board member for Camurus, Chiesi, and Crinetics. MF reports receiving occasional scientific consulting fees from Amolyt, Camurus, Crinetics, Debiopharm, Novo Nordisk, and Recordati; and being a PI of research grants to the University from Crinetics. PJS reports being a PI of a research grant from Crinetics. CJS reports being a PI of a research grant from Crinetics; and an occasional consultant/speaker for Amolyt Pharma, Crinetics, Novo Nordisk, Pfizer, Recordati, and Sandoz-Hexal. MB reports being a PI of research grants from Amolyt, Camurus, Chiasma, Crinetics, IDS, Ionis, Lumos, and OPKO; an occasional consultant for Crinetics, Ionis, Novo Nordisk, Pfizer, Roche, and Sandoz; and a speaker for Euroimmun, Novo Nordisk, and Pfizer. YZ reports nothing to disclose. BS reports being a PI of research grants from Crinetics; and serving as a speaker for Ipsen, Novo Nordisk, and Recordati. BMKB reports being a PI of research grants to Massachusetts General Hospital from Crinetics and Ionis; and an occasional consultant for Amolyt, Camurus, Chiesi, Crinetics, Pfizer, and Recordati.