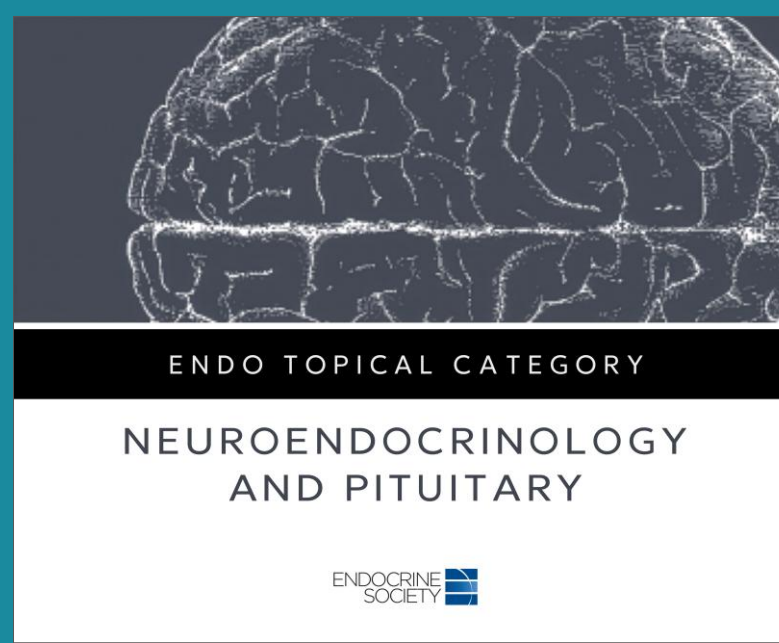


# Real-World Biochemical Control in Acromegaly: Insights From US Claims and Laboratory Data

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## BACKGROUND

- Normalization of insulin-like growth factor 1 (IGF-I) is a primary therapeutic goal in patients with acromegaly, as serum IGF-I levels directly correlate with improved clinical outcomes and reduced morbidity and mortality<sup>1-4</sup>
- In the United States, important gaps persist in understanding how frequently IGF-I normalization is achieved among patients with acromegaly who are surgically and/or medically treated<sup>4</sup>

## OBJECTIVE

- To assess real-world patterns of IGF-I normalization in patients with acromegaly using integrated claims and laboratory data

## METHODS

**Design:** Retrospective, observational, cohort study

**Data Sources:** Komodo US claims data linked to Labcorp IGF-I laboratory records through Prognos Health

### Study Population:

- ✓ Adults aged ≥18 years
- ✓ Documented diagnosis of acromegaly (ICD-10 code E22.0)
  - ✓ At least 2 IGF-I measurements during follow-up
- ✓ Continuous health plan enrollment for at least 6 months prior to the index date

**Study Period:** January 2020 to December 2025

**Index Date:** Date of first treatment for acromegaly (date of first post-diagnosis IGF-I measurement for patients with no documented treatment)

### Stratification by Treatment Modality

- ✓ Surgery only
- ✓ Monotherapy
- ✓ Combination therapy
- ✓ Surgery plus pharmacotherapy
- ✓ No documented treatment

### Key Endpoints

- IGF-I normalization
- Time to normalization
- Predictors of normalization

**Statistical Analysis:** Descriptive statistics, multivariable logistic regression

IGF-I normalization is defined as IGF-I ≤1.0 × upper limit of normal. ICD-10 = International Classification of Diseases, Tenth Revision.

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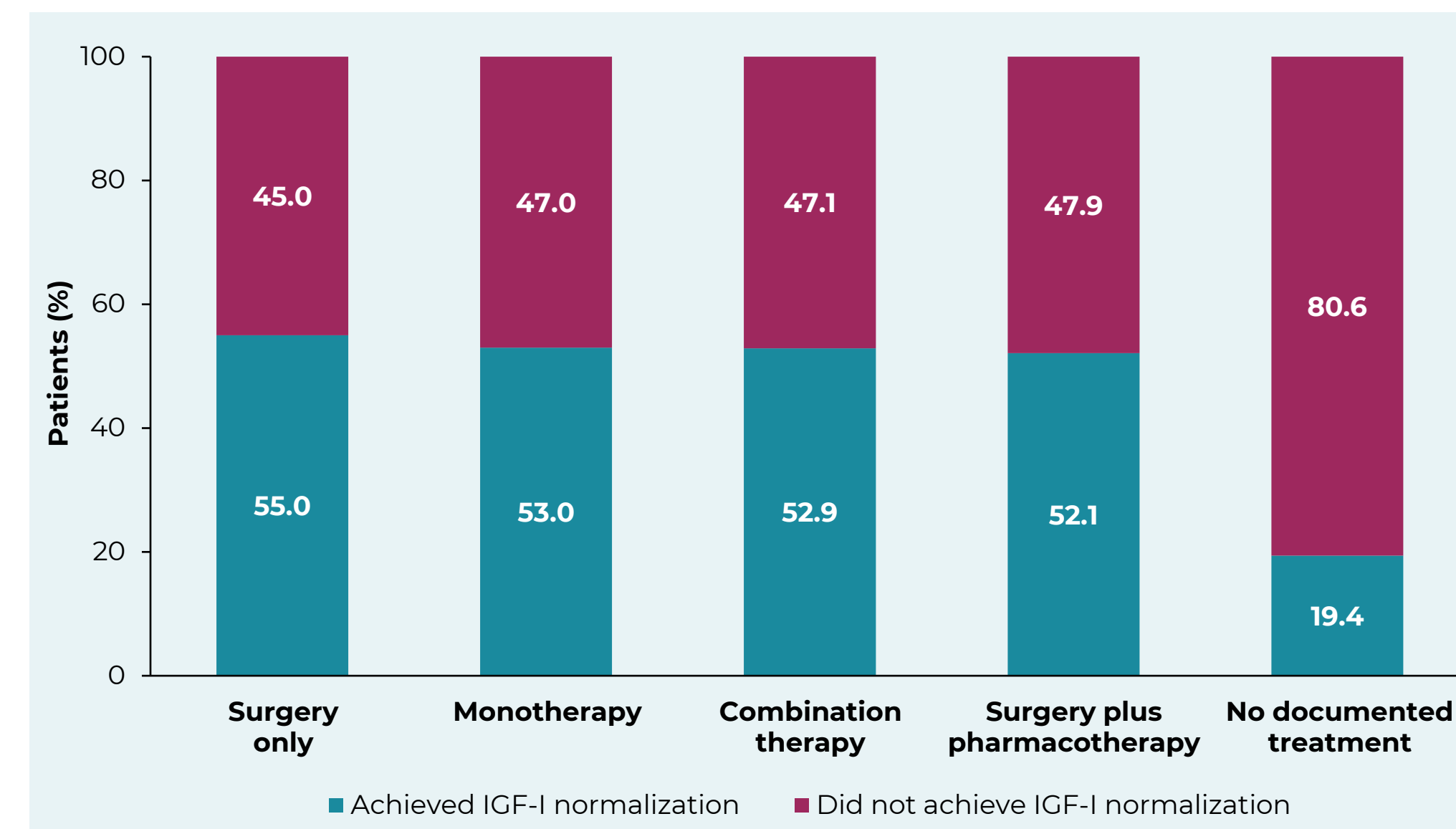
## Demographic and Clinical Characteristics of Patients With Acromegaly

Characteristic	Patients (N=5169)
Age, years, mean ± SD	51.5 ± 16.7
Female, n (%)	2972 (57.5)
Treatment modality, n (%)	
Surgery only	767 (14.8)*
Monotherapy	717 (13.9)
Combination therapy	189 (3.7)
Surgery plus pharmacotherapy	426 (8.2)*
No documented treatment	3070 (59.4)

\*The claims-based surgery rate is lower than that observed in routine clinical practice<sup>5,6</sup> and suggests a low capture rate for surgical claims and/or a high rate of surgeries performed prior to the study period.

- The claims data indicate that a large proportion of patients with acromegaly did not receive any documented treatment(s) within the study period
- Among those patients with documented surgical and/or medical treatment(s), a substantial number did not achieve IGF-I normalization

## IGF-I Normalization by Treatment Modality

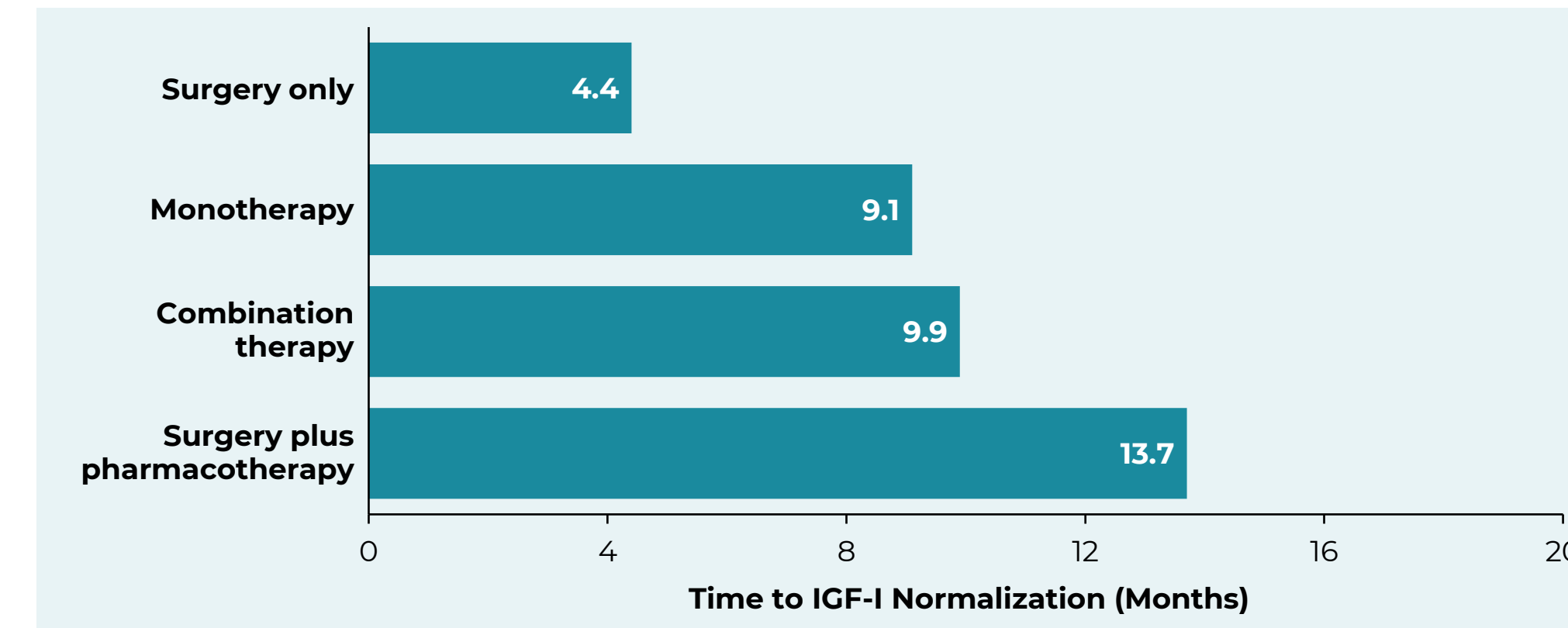


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## RESULTS

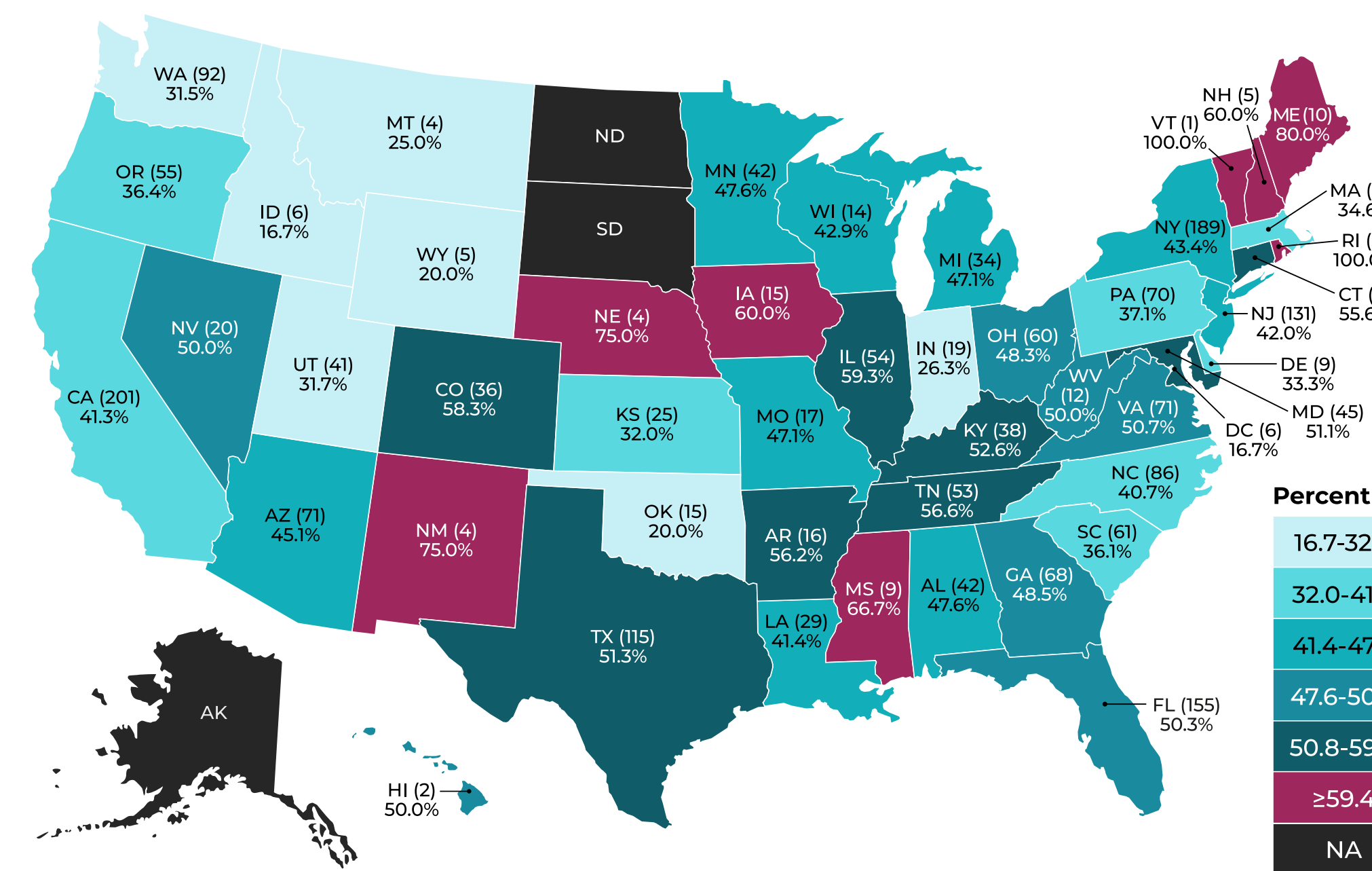
### Time to IGF-I Normalization by Treatment Modality\*



\*Patients with no documented treatment were excluded from this analysis.

- Across US states, a significant proportion of patients did not achieve IGF-I normalization during the study period

### Failure to Achieve IGF-I Normalization in Patients With Documented Acromegaly Treatment, by US State\*



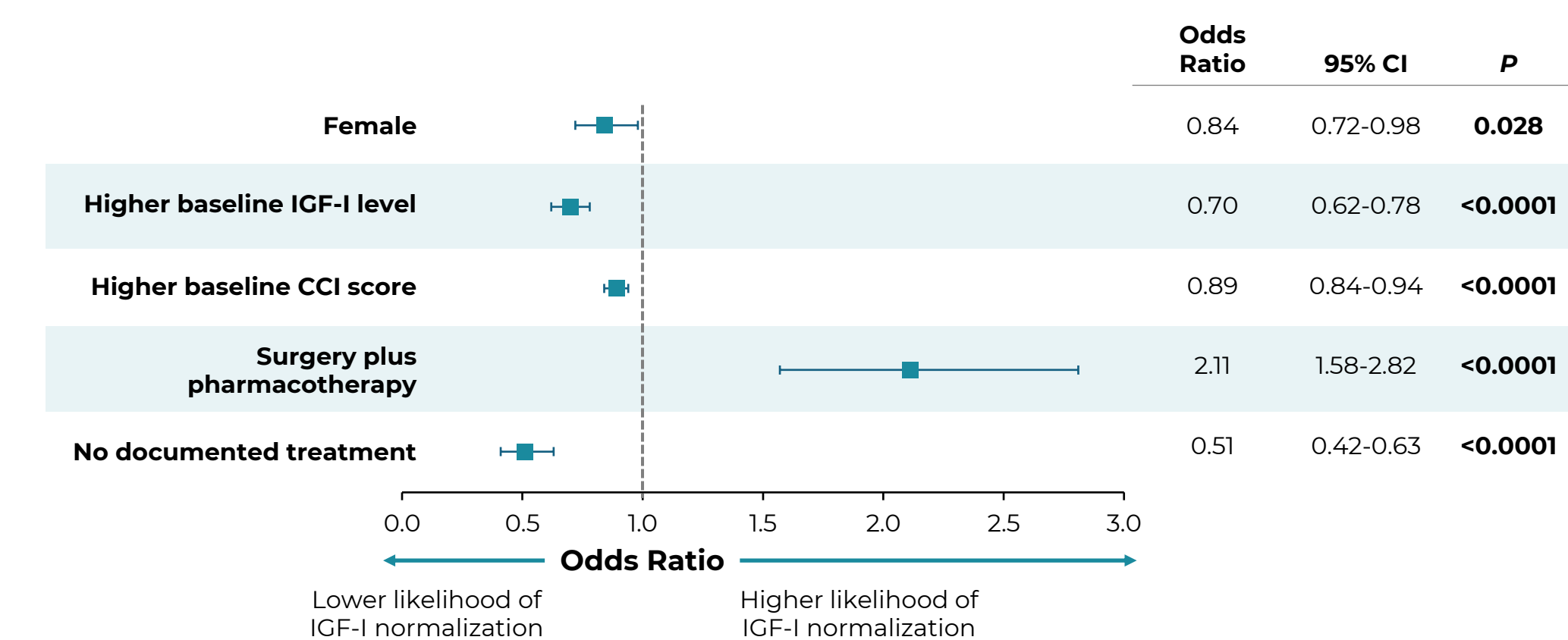
\*For each US state, the number of patients with documented acromegaly treatment, in this analysis, is shown in parentheses next to the state abbreviation. NA, not available.

## ACKNOWLEDGMENTS

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- In a multivariable analysis, patients in the surgery plus pharmacotherapy subgroup showed a higher likelihood of achieving IGF-I normalization
- Additional predictors of a lower likelihood of IGF-I normalization included female sex, higher baseline Charlson Comorbidity Index score, and higher baseline IGF-I level

### Likelihood of IGF-I Normalization in Patients With Acromegaly



Multivariable logistic regression was used to estimate odds ratios and 95% CIs for IGF-I normalization, adjusting for age, sex, region, index year, baseline IGF-I level, and baseline CCI score; factors reaching statistical significance are presented. Monotherapy was selected as the reference category for treatment modality (surgery plus pharmacotherapy and no documented treatment categories). The CCI is widely used to describe a patient's comorbidity burden and can be derived from ICD-10 codes; higher CCI scores indicate more severe comorbidity burden and greater mortality risk.<sup>7</sup> CCI = Charlson Comorbidity Index; ICD-10 = International Classification of Diseases, Tenth Revision.

## LIMITATIONS

- Claims-based analyses are restricted to a predefined study period, and patients who received treatment prior to the study period may not be classified accurately (eg, patients with no documented treatment)
- In some US states, the number of treated patients was low, which may have skewed the percentage without IGF-I normalization

## CONCLUSIONS

- By integrating claims and laboratory data, this study provides robust real-world estimates of IGF-I normalization in patients with acromegaly
- A large proportion of patients received no recent treatment, and among those treated, many still did not achieve target IGF-I levels
- These findings underscore the unmet need for biochemical control in patients with acromegaly, which is an important public health concern given the well-established association between elevated IGF-I levels and increased mortality<sup>8,9</sup>

## DISCLOSURES

SW and RMC are employees and shareholders of Crinetics Pharmaceuticals, Inc. JU and NAT have nothing to disclose.

