

# BIOCHEMICAL CONTROL AND CLINICAL IMPROVEMENT IS INDUCED BY LONG-TERM PASIREOTIDE ADMINISTRATION IN THE MAJORITY OF PATIENTS WITH CUSHING'S DISEASE PERSISTENT AFTER PITUITARY SURGERY

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## INTRODUCTION

Pasireotide (SOM230) is a multireceptor ligand somatostatin analog with high binding affinity to somatostatin receptor subtype 5, which is predominantly expressed in ACTH-secreting pituitary adenomas. It is indicated for the treatment of adult patients with Cushing's disease (CD) in whom pituitary surgery cannot be performed or has not been curative.

## PATIENTS AND METHODS

Our study evaluated the effects of pasireotide, administered for 12 months at a dose of 600-900 mcg/daily, in five CD patients with persistent/recurrent disease after pituitary surgery. The characteristics of our patients are summarized in Tab 1.

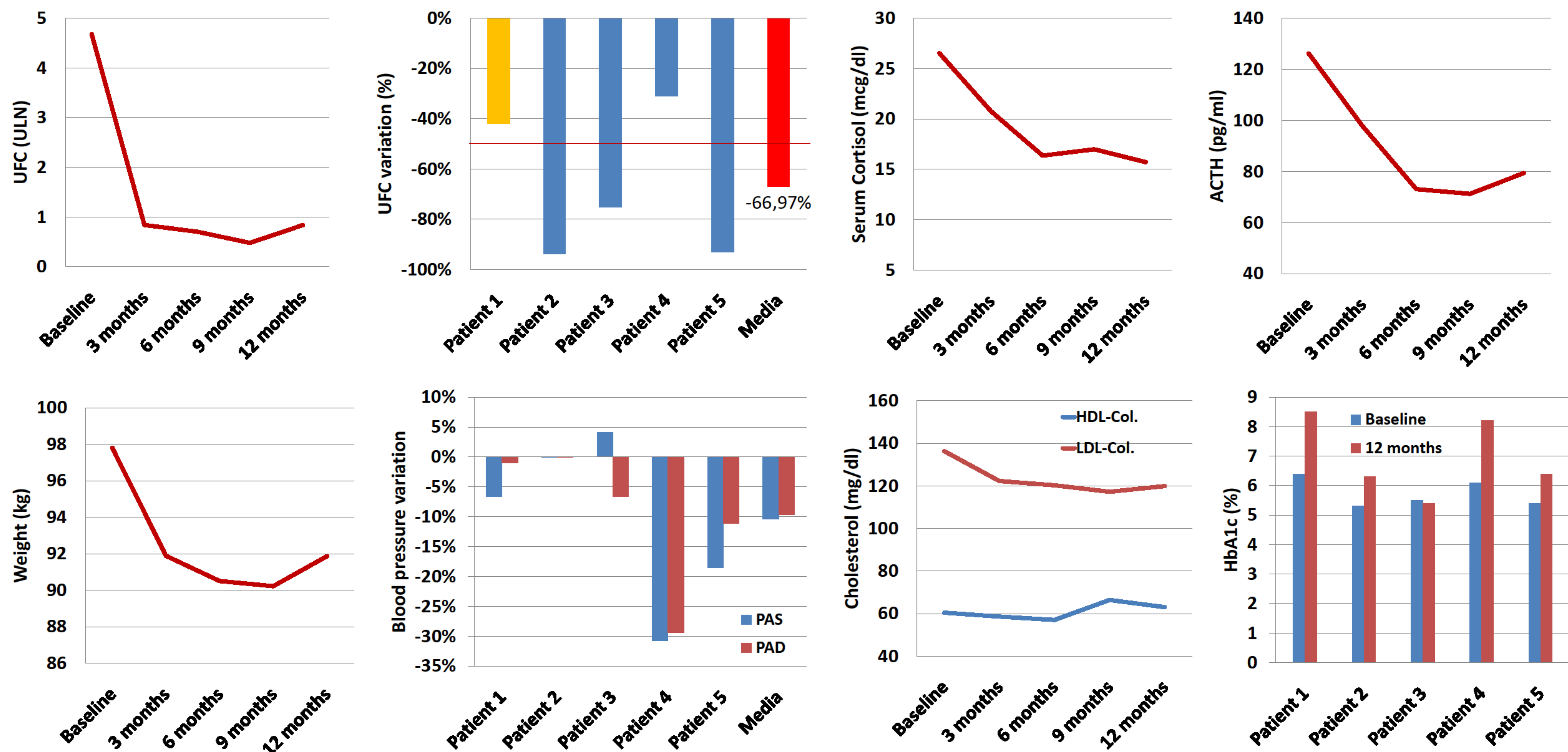
Twenty-four-hour urinary free cortisol (UFC) levels, serum cortisol, plasmatic ACTH, weight, body mass index, waist circumference, blood pressure and glucose and lipid metabolism parameters were evaluated in all patients.

Tab.1. Characteristics of patients

Patients (n)	5
M/F (%)	2/3 (40/60)
Age at diagnosis (media ± SD)	34,0 ± 8,86
Age (media ± SD)	40,6 ± 10,92
Disease duration (media ± SD)	8.25 ± 5.74
micro/Macro (%)	4/1 (80/20)
TNS (%)	5/5 (100)
Radiotherapy (%)	1/5 (20)
Adrenalectomy (%)	2/5 (40)

## RESULTS

After six months of therapy 4/5 patients (80%) had normal UFC levels, confirmed at 12 months. UFC normalization was associated with a slight improvement of anthropometric values (BMI, waist circumference, systolic and diastolic blood pressure reduction) and amelioration of lipid profile. In the remaining 20% of patients (1/5), normalization of UFC levels after 6 months of therapy was followed by escape from response. No patient experienced adrenal insufficiency. Hyperglycemia due to pasireotide therapy occurred in 2 patients with previous normal glucose metabolism.



## CONCLUSIONS

These findings suggest that Pasireotide is an effective treatment for 80% of patients with persistent or recurrent CD after surgery. This treatment induces rapid UFC normalization associated with clinical improvement and biochemical control of disease. Hyperglycemia is a frequent event occurring in 40% of patients.