

PP 142 - ACROMEGALY (ACROM) IN EMILIA ROMAGNA (ER): RESULTS FROM THE ACROMER, A MULTICENTRIC SURVEY OVER 45 YEARS

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BACKGROUND: Acromegaly is a rare disease, the incidence and prevalence of which are underestimated due to many factors such as late or missed diagnosis and paucity of registries.

AIM: To collect in a large database (AcromER) all available data on acromegalic patients of Emilia Romagna (ER) over a period of 47 years.

METHODS: Retrospective, observational, multicenter study involving adult (≥ 18 years) acromegalic patients followed in 12 Endocrine Clinics of ER in the period 1970-2017. The study was approved by the Ethical Committee of the 12 clinical centers. Main information on diagnosis, treatment and comorbidities of each patient were collected in a standardized CRF. The same patient who was followed in two or more centers was considered once.

RESULTS: A total of 467 patients [280 F (59,95%), median age at diagnosis of 49 years (18-85), median follow-up: 12,9 years] were included. Estimated incidence and prevalence were 0.49 per year and 11.2 cases per 100.000. Somatic changes (70,2%), headache (33,8%), snoring (24,8%), menstrual abnormalities in females (20%), hyperhidrosis (15,6%), and visual impairment (14,5%) were the most frequent symptoms at diagnosis. Micro and macroadenomas were 30,8% and 69,2%, respectively. The age at diagnosis was significantly lower in patients with macro than in those with microadenomas ($p < 0,05$). Surgery was the first line therapy in 367 patients (78,6%), medical therapy in 100 (21,4%). Surgery resulted in persistent disease remission in 52% of cases, in transient remission with subsequent relapse in 10%, and in no cure in 38%. Remission occurred more frequently in micro than macroadenomas ($p = 0,0001$) and in trans-sphenoidal endoscopic approach ($p = 0,002$). Somatostatin analogues (SSA) were used after surgery in 80% of cases, dopamine agonists (DA) in 6%, and DA+SSA in 14%. SSAs, DA, and DA+SSAs were used as first line medical therapy in 85%, 4%, and 10% of cases. At last follow-up 49% of patients were cured, 39% had controlled disease, and 12% uncontrolled disease. With exception of cancer, all the other comorbidities were more frequent in patients treated with first line medical therapy compared to surgery or surgery+medical therapy ($p < 0,05$). The use of Pegvisomant was more frequent in tertiary than in smaller endocrinological centers ($p = 0,0001$).

CONCLUSIONS: This is the first Italian epidemiological analysis coming from an endocrinological network covering the whole area of an Italian region. In the single regional setting of ER the management of acromegaly and the treatments outcomes resulted to be aligned with other European reports. Furthermore, these data speak in favor of homogeneity of acromegaly management in the Endocrine Clinics of ER.