

# IGF-1 Monitoring During Growth Hormone Treatment in Children with GHD



## Rationale behind IGF-1 monitoring:

During rhGH treatment, reliable IGF-1 monitoring is valuable for assessing efficacy and safety, evaluating adherence and ensuring correct dosage<sup>1</sup>

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IGF-1 levels can be used in conjunction with other clinical parameters, like height velocity, to measure efficacy and safety of rhGH therapy<sup>2-4</sup>



IGF-1 SDS is the preferred measure of serum IGF-1 levels, values should remain in the normal range, between:<sup>5-7</sup>

**-2 and +2 SDS**

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Despite the difference in IGF-1 profiles across daily rhGH and LAGH products, efficacy and safety outcomes are similar<sup>8</sup>



When monitoring mean IGF-1 levels, samples should be collected at **4 days post-somatrogen injection**<sup>2</sup>

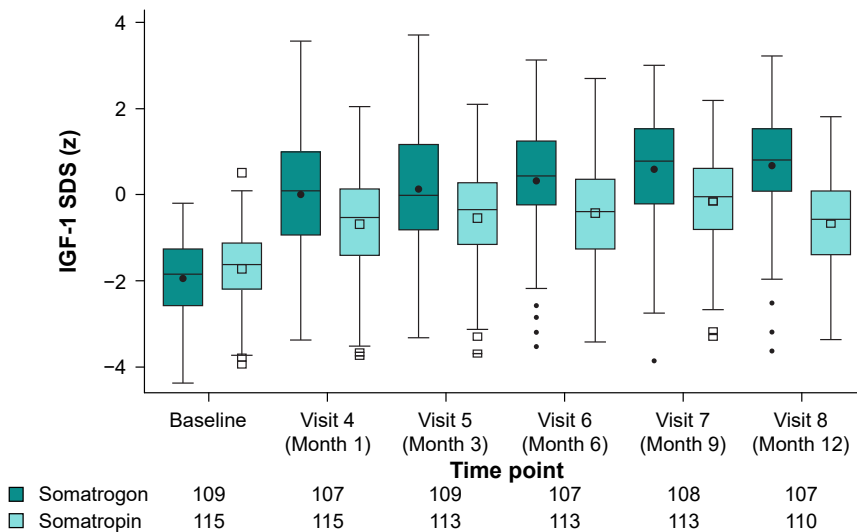
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## Despite the difference in IGF-1 profiles following injection with either daily rhGH or somatrogen, efficacy and safety outcomes are similar for both<sup>8,9</sup>

### 12-month Phase 3 study<sup>9</sup>

#### IGF-1 SDS over time



The mean IGF-1 SDS in the **somatrogen** group was:

- At baseline was **-1.95**
- After month 1, approached 0
- After 12 months was **0.65** (range **-3.64 to 3.22**)

The mean IGF-1 SDS in the **somatropin** group was:

- At baseline was **-1.72**
- Across the 12 months, remained near 0 (range **-0.69 to -0.16**)

### Phase 2 OLE study<sup>10</sup>

**-2** ▲ **+2**  
**IGF-1 SDS**

For up to 5 years, patients treated with **somatrogen** had a mean IGF-1 SDS that remained between **-2 and +2**

	Total year 1 (N=48)	Year 2 (N=44)	Year 3 (N=43)	Year 4 (N=38)	PEN (N=40)
IGF-1 SDS (Z) at end of year					
n	43	41	38	1	35
Mean, SD	0.64 (0.96)	0.65 (1.08)	1.05 (0.82)	0.29 (-)	1.29 (0.81)
Median	0.58	0.68	1.09	0.29	1.25
Minimum, maximum	-1.66, 2.64	-2.23, 2.69	-0.96, 2.92	0.29, 0.29	-0.34, 2.71

Figures were adapted from Deal CL et al. 2022<sup>9</sup> and Ngenla, Prescribing information, Israel.<sup>2</sup>

BMI, body mass index; CI, confidence interval; GHD, growth hormone deficiency; IGF-1 insulin-like growth factor 1; LAGH, long acting growth hormone; LSM, least square mean; OLE, open label extension; PEN, somatrogen delivery via a prefilled pen device; rhGH, recombinant human growth hormone; SD, standard deviation; SDS, standard deviation score. 1. Kildemoes RJ et al. *J Clin Endocrinol Metab* 2021;106:567-576; 2. Ngenla, Prescribing information, Israel.; 3. Chong YM et al. *Anticancer Res* 2007;27:1617-1624; 4. Laron Z. *Mol Pathol* 2001;54:311-316; 5. Blum WF et al. *Endocr Connect* 2018;7:R212-R222; 6. Kos S et al. *Eur J Endocrinol* 2019;181:L1-L4; 7. Chanson P et al. *J Clin Endocrinol Metab* 2016;101:3450-3458; 8. Bidlingmaier M et al. *J Clin Endocrinol Metab* 2021;106:e2367-e2369; 9. Deal CL et al. *J Clin Endocrinol Metab*. 2022;107:e2717-e2728; 10. Zadik Z et al. *J Pediatr Endocrinol Metab* 2023;36:261-269.

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12-month Phase 3 study<sup>2</sup>

Efficacy of somatrogen compared to somatropin in paediatric patients with GHD at month 12

Efficacy of **once-weekly somatrogen** was **non-inferior** to **once-daily somatropin** based on height velocity at 12 months

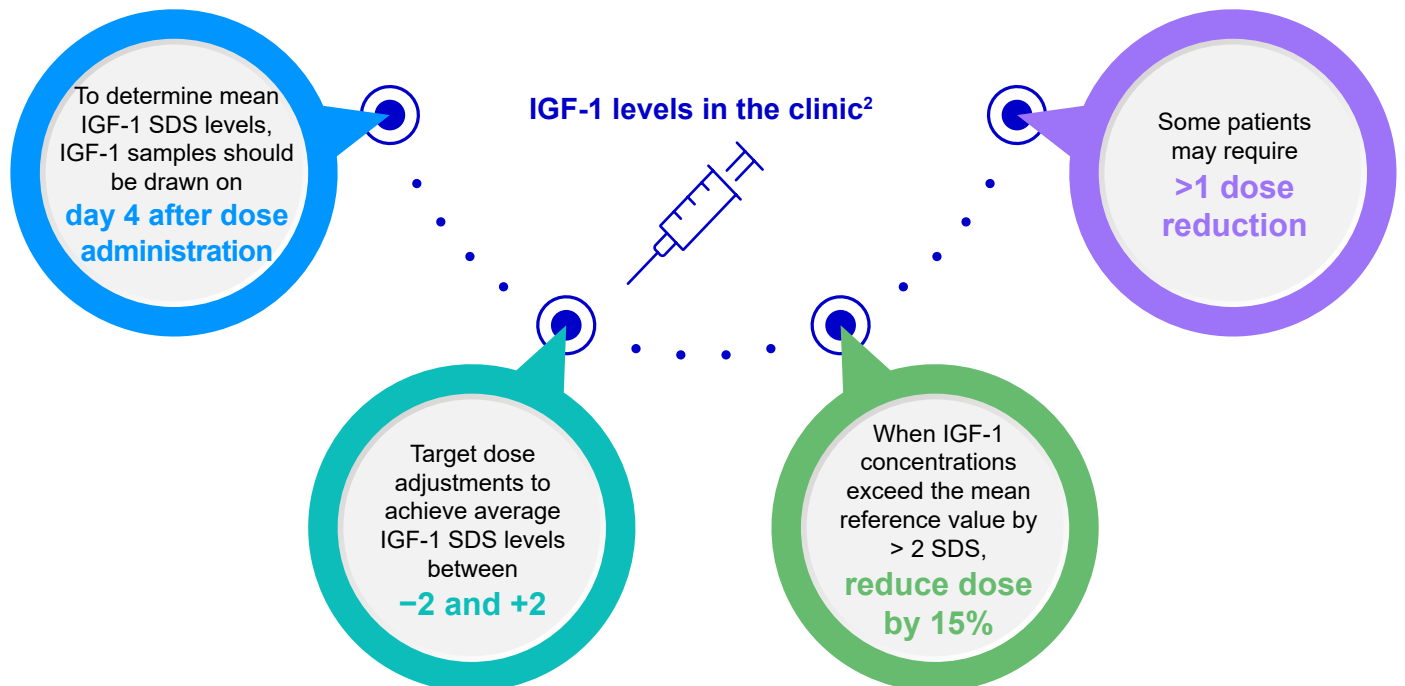
Treatment parameter	Treatment group		LSM difference (95% CI)
	Somatrogen (N=109)	Somatropin (N=115)	
	LSM estimate	LSM estimate	
Height velocity (cm/year)	10.10	9.78	0.33 (-0.24, 0.89)
Height standard deviation score	-1.94	-1.99	0.05 (-0.06, 0.16)
Change in height standard deviation score from baseline	0.92	0.87	0.05 (-0.06, 0.16)

## Somatrogen and IGF-1 Monitoring in Clinical Practice<sup>2</sup>

**Somatrogen dose may be adjusted as necessary, based on:<sup>2</sup>**

- Growth velocity
- Body weight
- Adverse reactions
- Serum IGF-1 levels

Refer to the summary of product characteristics for more information on dose adjustment protocols<sup>2</sup>



Figures were adapted from Deal CL et al. 2022<sup>9</sup> and Ngenla, Prescribing information, Israel.<sup>3</sup>  
 BMI, body mass index; CI, confidence interval; GHD, growth hormone deficiency; IGF-1 insulin-like growth factor 1; LAGH, long acting growth hormone; LSM, least square mean; OLE, open label extension; rhGH, recombinant human growth hormone; SDS, standard deviation score.  
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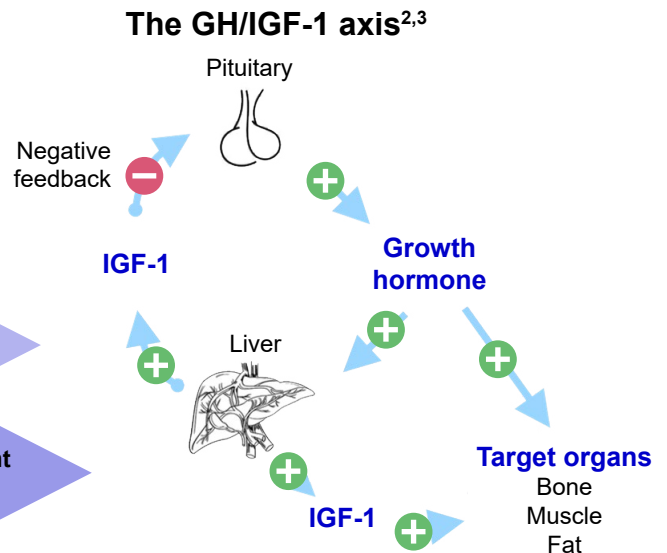
## Rationale Behind IGF-1 Monitoring

Growth hormone acts via the GH/IGF-1 axis to increase production of IGF-1<sup>1-3</sup>

Together, GH and IGF-1 stimulate metabolic changes and trigger growth<sup>1-3</sup>

rhGH will increase serum levels of IGF-1 via the same GH/IGF-1 axis<sup>1,3</sup>

IGF-1 levels increase in a dose-dependent manner during rhGH treatment<sup>1</sup>



IGF-1 levels are an indicator for bioavailable GH, therefore, can be used in conjunction with other clinical parameters, like height velocity, to measure efficacy and safety of rhGH therapy<sup>1-3</sup>

Adjust rhGH treatment dosing, to optimise efficacy and manage adverse events<sup>4</sup>

IGF-1 testing is essential to:

Follow adherence and long-term safety of rhGH treatment<sup>4,5</sup>

Assess GH status to help predict response to rhGH therapy in individual patients<sup>5</sup>

## Measuring IGF-1 in Practice

IGF-1 SDS is the preferred measure of IGF-1<sup>1</sup>

Multiple factors can affect serum IGF-1 measurements, including:<sup>1-3</sup>



Age



BMI



Other endocrine  
hormones



Nutritional status



Methodology

IGF-1 concentrations  
are often measured using commercially  
available immunoassay kits<sup>1</sup>

Measuring IGF-1 SDS accounts for factors  
that can affect IGF-1 concentrations like:<sup>2,3</sup>

- Age
- Gender
- Pubertal stage

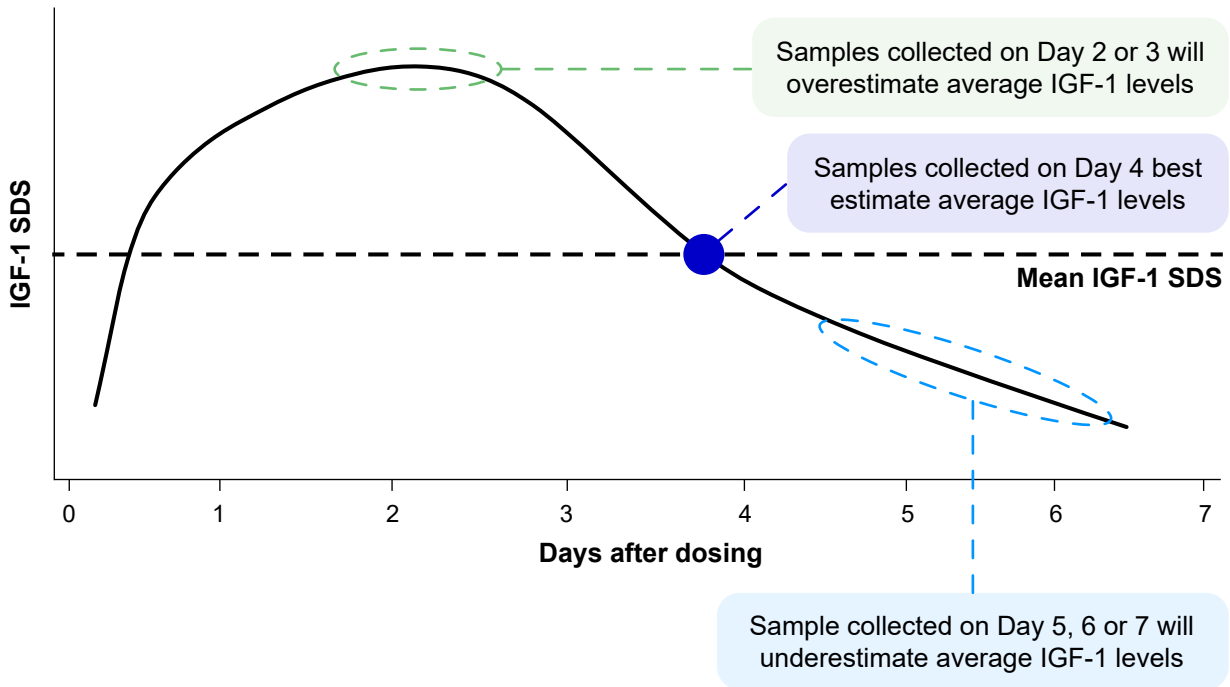
**-2 to +2**

(50th percentile=0)

is the normal range in which IGF-1  
SDS values should reside<sup>1</sup>

## IGF-1 Samples Should be Drawn on Day 4 After Dose Administration<sup>1-5</sup>

### Conceptual Representation of Somatorogon PD Profile<sup>1,3</sup>



**Samples drawn outside of Day 4 should be interpreted with caution<sup>3</sup>**