Due to diagnostic delays most patients with acromegaly already exhibit advanced disease at diagnosis[1,2]

Acromegaly is a rare, progressive disease commonly caused by excess GH secretion from a pituitary adenoma, resulting in increased levels of IGF-1[1,2]

The clinical features of acromegaly develop slowly over time which repeatedly leads to a delayed diagnosis, often in the range of 7–10 years[1,2]

Diagnostic delay leads to prolonged GH and IGF-1 exposure which is associated with worsening comorbidities, reduced QoL and increased mortality risk[1]

Biochemical control achieved via treatment can normalise the mortality rate but may not reverse certain complications[2]

Click to learn more about the irreversible complications of acromegaly

A study of 603 patients with acromegaly reported:[2]

- **5.5 year** mean diagnosis delay
- Mean (SD) age at diagnosis of 51.8 (15.3) years
- **24% (144/603) of patients** received a diagnosis **more than 10 years** after the first acromegaly associated comorbidity

Click to learn more about diagnostic delay in acromegaly

"I suffered roughly 12 years prior to diagnosis, and firmly believed, because of the changes within my acromegaly, that I would not be here now to tell my story if I hadn't actively sought out a correct diagnosis"
– Statement of a patient with acromegaly[3]

Due to delayed diagnosis, there are often a number of comorbidities present in many patients at diagnosis[1]

One of the most prevalent comorbidities in acromegaly patients is related to the cardiovascular system, including cardiomyopathy, atherosclerosis, and hypertension[1]

Click to learn more about acromegaly signs, symptoms and comorbid conditions

Know the signs, find the cause, manage acromegaly[4,5]

American Association of Clinical Endocrinologists Medical Guidelines and Endocrine Society Clinical Practice Guidelines recommend clinicians should:

- Consider testing for acromegaly in patients with typical clinical manifestations, especially those with enlarged acral and facial features[4,5]
- Screen for acromegaly by measuring IGF-1 levels, because it is a biomarker of integrated GH secretion[4]

Click here to learn more about diagnostic testing in acromegaly

For more information or if you have any questions please contact your medical Pfizer colleague or the medical information department at

https://www.pfizermedicalinformation.it

GH, growth hormone; IGF-1, insulin-like growth factor-1; QoL, quality of life.

1. Abreu A et al. *Pituitary* 2016;19:448–457; 2. Esposito D et al. *Eur J Endocrinol* 2020;182:523–531; 3. FDA. Voice of the Patient: Living with Acromegaly. January 2021; 4. Katznelson L et al. *J Clin Endocrinol Metab* 2014;99:3933–3951; 5. Katznelson L et al. *Endocr Pract* 2011;17:1–44.

PP-UNP-ITA-3482

Due to diagnostic delays most patients with acromegaly already exhibit advanced disease at diagnosis[1,2]

Acromegaly is a rare, progressive disease commonly caused by excess GH secretion from a pituitary adenoma, resulting in increased levels of IGF-1[1,2]

The clinical features of acromegaly develop slowly over time which repeatedly leads to a delayed diagnosis, often in the range of 7–10 years[1,2]

Diagnostic delay leads to prolonged GH and IGF-1 exposure which is associated with worsening comorbidities, reduced QoL and increased mortality risk[1]

Biochemical control achieved via treatment can normalise the mortality rate but may not reverse certain complications[2]

Click to learn more about the irreversible complications of acromegaly

A study of 603 patients with acromegaly reported:[2]

- **5.5 year** mean diagnosis delay
- Mean (SD) age at diagnosis of 51.8 (15.3) years
- **24% (144/603) of patients** received a diagnosis **more than 10 years** after the first acromegaly

Click to learn more about diagnostic delay in acromegaly

Irreversible complications of acromegaly

Unlike changes to soft tissue, bone enlargement associated with acromegaly is not reversible with successful treatment[1]

As the diagnosis of acromegaly is often delayed, orofacial changes may compromise the patient´s QoL both functionally and socially[1]

"The changes in appearance and other health obstacles made me withdraw from everyday life. One cannot understand what it is like to look into the mirror and not recognize the person staring back until it happens to you"
– Statement of a patient with acromegaly[2]

Arthropathy and arthralgia may be reversible in the early stages of the disease however, established degenerative arthritis may be irreversible[1]

Click to learn more about acromegaly signs, symptoms and comorbid conditions

- Screen for acromegaly by measuring IGF-1 levels, because it is a biomarker of integrated GH secretion[4]

Click here to learn more about diagnostic testing in acromegaly

For more information or if you have any questions please contact your medical Pfizer colleague or the medical information department at

QoL, quality of life.

1. Abreu A et al. *Pituitary* 2016;19:448–457; 2. FDA. Voice of the Patient: Living with Acromegaly. January 2021.

PP-UNP-ITA-3482

Due to diagnostic delays most patients with acromegaly already exhibit advanced disease at diagnosis[1,2]

Acromegaly is a rare, progressive disease commonly caused by excess GH secretion from a pituitary adenoma, resulting in increased levels of IGF-1[1,2]

The clinical features of acromegaly develop slowly over time which repeatedly leads to a delayed diagnosis, often in the range of 7–10 years[1,2]

Diagnostic delay leads to prolonged GH and IGF-1 exposure which is associated with worsening comorbidities, reduced QoL and increased mortality risk[1]

Biochemical control achieved via treatment can normalise the mortality rate but may not reverse certain complications[2]

Click to learn more about the irreversible complications of acromegaly

A study of 603 patients with acromegaly reported:[2]

- **5.5 year** mean diagnosis delay
- Mean (SD) age at diagnosis of 51.8 (15.3) years
- **24% (144/603) of patients** received a diagnosis **more than 10 years** after the first acromegaly

Click to learn more about diagnostic delay in acromegaly

A study of 603 patients with acromegaly reported:

Increasing comorbidities	During the entire study period, the group without diagnostic delay (DD)* had a mean total of 2.8 comorbidities **increasing to 5.4 in patients with a DD of ≥10 years**[1]
Higher number of complications	Patients with longer DD† had a **higher number of complications** compared to patients with earlier diagnoses[1,‡]
Longer diagnostic delay	A significant increase in mortality compared to the general population was only found in patients with **≥10 years DD**. It was non-significant in the other groups with patients with earlier diagnoses[1,‡]

*The group without diagnostic delay was defined as patients with the first comorbidity occurring <1 year before acromegaly diagnosis; †≥10 years from first comorbidity to diagnosis; ‡Patient groups include patients without DD, 1–5 year DD, and 5–10 years DD.
DD, diagnostic delay.

1. Esposito D et al. *Eur J Endocrinol* 2020;182:523–531.

PP-UNP-ITA-3482

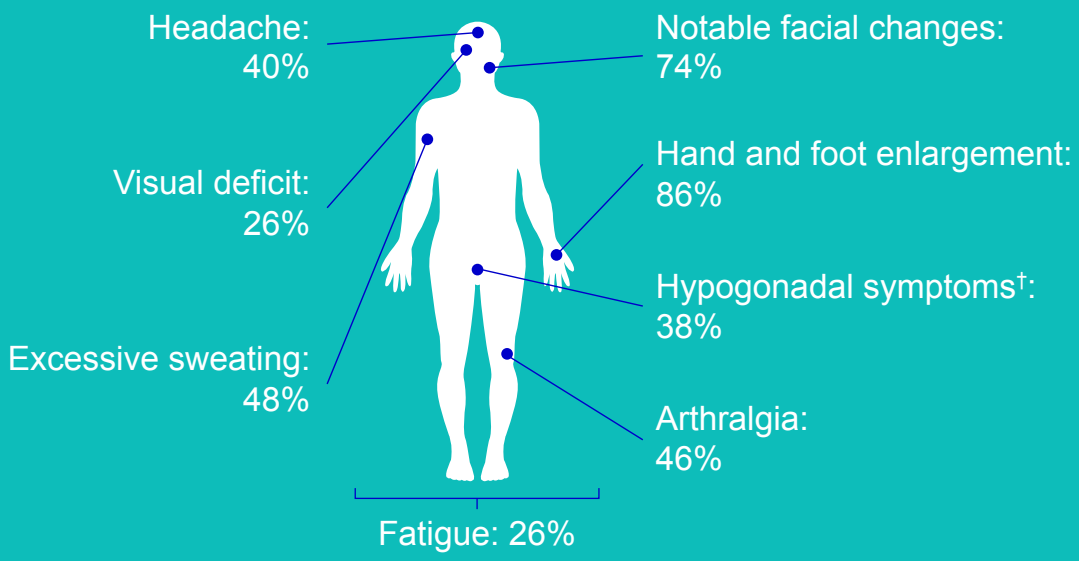
Due to diagnostic delays most patients with acromegaly already exhibit advanced disease at diagnosis[1,2]

Acromegaly is a rare, progressive disease commonly caused by excess GH secretion from a pituitary adenoma, resulting in increased levels of IGF-1[1,2]

The clinical features of acromegaly develop slowly over time which

Common signs and symptoms of acromegaly

Incidence of common acromegaly symptoms:[1,*]



Cardiovascular conditions[2]

- In patients with acromegaly, chronic excess of GH and IGF-1 leads to the development of acromegalic cardiomyopathy
- Acromegaly is associated with increased morbidity and mortality primarily attributed to CV and cerebrovascular diseases
- LV hypertrophy and impaired diastolic function is prevalent, especially in older patients with chronic disease

in acromegaly patients is related to the cardiovascular system, including cardiomyopathy, atherosclerosis, and hypertension[1]

Click to learn more about acromegaly signs, symptoms and comorbid conditions

Guidelines recommend clinicians should:

- Consider testing for acromegaly in patients with typical clinical manifestations, especially those with enlarged acral and facial features[4,5]
- Screen for acromegaly by measuring IGF-1 levels, because it is a biomarker of integrated GH secretion[4]

Click here to learn more about diagnostic testing in acromegaly

For more information or if you have any questions please contact your medical Pfizer colleague or the medical information department at

*Symptoms occurring in >20% of the acromegaly population based on data collected in the Pituitary Tumor Registry;[1] †Hypogonadal symptoms include complaints of decreased libido, oligo- or amenorrhea, infertility, and erectile dysfunction.[1]
CV, cardiovascular; GH, growth hormone; IGF-1, insulin-like growth factor-1; LV, left ventricular.
1. Drange MR, et al. *J Clin Endocrinol Metab* 2000;85:168–174; 2. Sharma MD et al. *Methodist Debakey Cardiovasc J.* 2017;13:64–67.

PP-UNP-ITA-3482

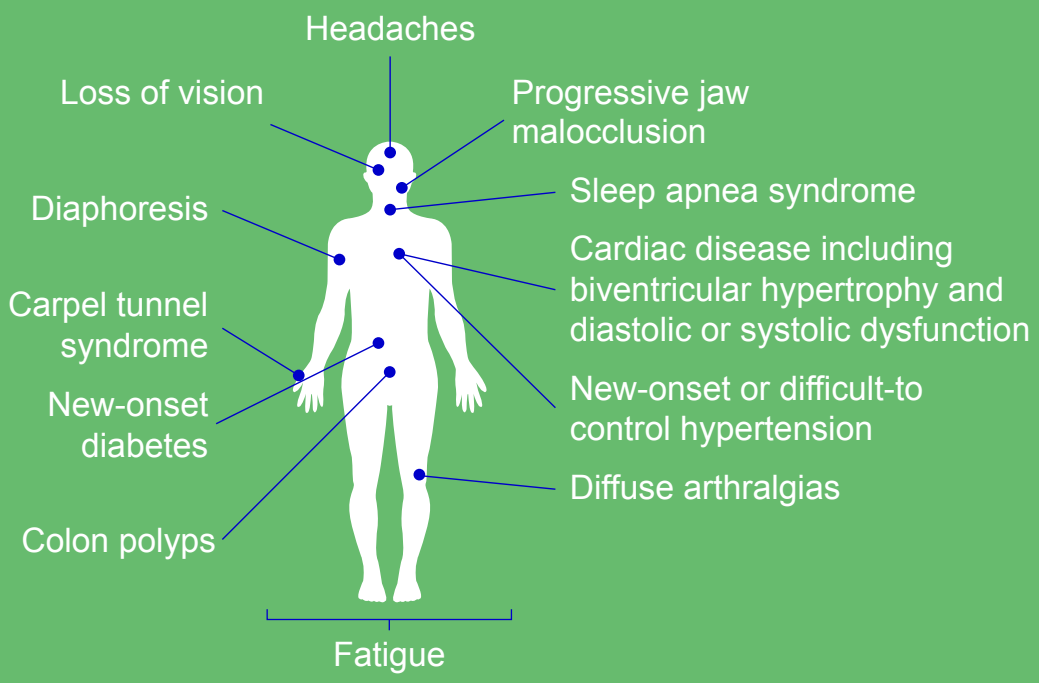
Due to diagnostic delays most patients with acromegaly already exhibit advanced disease at diagnosis[1,2]

Acromegaly is a rare, progressive disease commonly caused by excess GH secretion from a pituitary adenoma, resulting in increased levels of IGF-1[1,2]

The clinical features of acromegaly develop slowly over time which

Know the signs, find the cause, manage acromegaly[1,2]

American Association of Clinical Endocrinologists medical guidelines recommend that clinicians should consider diagnostic testing for acromegaly in patients with 2 or more of the following conditions:[2]



Measuring IGF-1 levels is the initial screening test for patients presenting with clinical features of acromegaly[1]
In patients with elevated or equivocal serum IGF-1 levels, guidelines recommend confirmation of the diagnosis by finding lack of suppression of GH to < 1 µg/L following documented hyperglycemia during an oral glucose load[1]

cardiomyopathy, atherosclerosis, and hypertension[1]

Click to learn more about acromegaly signs, symptoms and comorbid conditions

- Consider testing for acromegaly in patients with typical clinical manifestations, especially those with enlarged acral and facial features[4,5]
- Screen for acromegaly by measuring IGF-1 levels, because it is a biomarker of integrated GH secretion[4]

Click here to learn more about diagnostic testing in acromegaly

For more information or if you have any questions please contact your medical Pfizer colleague or the medical information department at

GH, growth hormone; IGF-1, insulin-like growth factor-1.

1. Katznelson L et al. *J Clin Endocrinol Metab* 2014;99:3933–3951; 2. Katznelson L et al. *Endocr Pract* 2011;17:1–44.

PP-UNP-ITA-3482