

Acromegaly treatment

Italian Association Of Clinical Endocrinologists (Ame) And Italian Aace Chapter Position Statement For Clinical Practice: Acromegaly:

Any newly diagnosed patient should be referred to a multidisciplinary team experienced in the treatment of [pituitary neuroendocrine tumors](#). The therapeutic management of [acromegaly](#) always requires a personalized strategy. Normal age-matched [IGF-1](#) values are the treatment goal. [Transsphenoidal surgery](#) by an expert [neurosurgeon](#) is the primary treatment modality for most patients, especially if there are neurological complications. In patients with poor clinical conditions or who refuse surgery, primary medical treatment should be offered, firstly with [somatostatin analogs](#) (SSAs). In patients who do not reach hormonal targets with first-generation depot SSAs, a second pharmacological option with pasireotide LAR or pegvisomant (alone or combined with SSA) should be offered. Irradiation could be proposed to patients with surgical remnants who would like to be free from long-term medical therapies or those with persistent disease activity or tumor growth despite surgery or medical therapy. Since the therapeutic tools available enable therapeutic targets to be achieved in most cases, the challenge is to focus more on the quality of life ¹⁾.

Medical treatment

see [Acromegaly medical treatment](#).

Conservative

Asymptomatic elderly patients.

Surgery

see [Somatotroph adenoma surgery](#).

Radiotherapy

Variable efficacy of pituitary radiotherapy in acromegaly is reported.

High precision CONFORMAL FRACTIONATED RADIOTHERAPY (CRT) is an effective modality to achieve remission in patients with acromegaly after failed [TRANSSPHENOIDAL SURGERY](#) (TSS) ²⁾.

Gamma Knife radiosurgery

see [Gamma Knife radiosurgery for acromegaly](#)

References

1)

Cozzi R, Ambrosio MR, Attanasio R, Bozzao A, De Marinis L, De Menis E, Guastamacchia E, Lania A, Lasio G, Logoluso F, Maffei P, Poggi M, Toscano V, Zini M, Chanson P, Katznelson L. Italian Association Of Clinical Endocrinologists (Ame) And Italian Aace Chapter Position Statement For Clinical Practice: Acromegaly - Part 2: Therapeutic Issues. *Endocr Metab Immune Disord Drug Targets*. 2020 Jan 28. doi: 10.2174/1871530320666200129113328. [Epub ahead of print] PubMed PMID: 31995025.

2)

Patt H, Jalali R, Yerawar C, Khare S, Gupta T, Goel A, Lila A, Bandgar T, Shah NS. HIGH PRECISION CONFORMAL FRACTIONATED RADIOTHERAPY IS EFFECTIVE IN ACHIEVING REMISSION IN PATIENTS WITH ACROMEGALY AFTER FAILED TRANSSPHENOIDAL SURGERY. *Endocr Pract*. 2015 Oct 22. [Epub ahead of print] PubMed PMID: 26492545.

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