

Comment on "Persistent remission of acromegaly in a patient with GH-secreting pituitary adenoma: Effect of treatment with pasireotide long-acting release and consequence of treatment withdrawal"

I read with interest the recent report from Yu et al¹ describing their experience with primary medical therapy using pasireotide LAR in the treatment of a patient with acromegaly. In their case report, they noted that hormonal control was accompanied by tumour shrinkage during pasireotide therapy, and that when the drug was withdrawn, acromegaly did not recur after 21 months of follow-up. This study adds to a small but growing body of work showing dramatic long-term responses of pituitary adenomas to pasireotide.²⁻⁶ Previously, in 2019, we reported our experience in two acromegaly patients with germline AIP mutations whose disease was resistant to surgery and had poor responses to first-generation somatostatin analogues.⁷ Both patients achieved biochemical control of growth hormone (GH) and insulin-like growth factor-1 (IGF-1) and had marked tumour shrinkage. We noted that in one case, following a gradual decrease of IGF-1 to deficient levels, pasireotide LAR could be withdrawn after >10 years of continuous treatment. Now, approximately five years later, our patient has had no recurrence of his acromegaly, his tumour is not visible on imaging and he is considered cured. As also seen by Yu et al, we noted that the diabetes mellitus that developed during pasireotide LAR also resolved following drug withdrawal. Taken together, these reported cases suggest that a subgroup of patients with pituitary adenomas can have a marked response to pasireotide LAR therapy that includes tumour involution, a characteristic that is not well described with first-generation compounds. The molecular factor(s) that underlie this hyper-responsiveness to pasireotide, including AIP gene mutations and somatostatin receptor expression/signalling, deserve to be explored further.

CONFLICT OF INTEREST

The author has nothing to disclose.

DATA AVAILABILITY STATEMENT

This publication is not associated with any unpublished data.

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