



# ABC 2015

## PASIREOTIDE 648

### NAPLES CLINICAL EXPERIENCE



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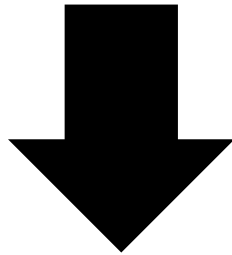
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*“Università Federico II” Naples, Italy*

# Patients Enrollment

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**6 PATIENTS  
ENROLLED**



**6-24 MONTHS  
OF FOLLOW-UP**

# I Clinical Case

## Mrs MA

### CLINICAL PRESENTATION

- Moon Face
- Truncular obesity
- Dorsal Fat
- Hirsutism
- Asthenia
- Bruising

- First Diagnosis: 30-year-old female

### DIAGNOSIS

- Serum Morning Cortisol: 373 mcg/L (50-250)
- Serum Midnight Cortisol: 255 mcg/L (50-90)
- Serum Morning ACTH: 142 pg/ml (9-52)
- DMX (2mg):  
Serum Cortisol 221 mcg/L (normal, <18 mcg/L)
- Pituitary MRI: Indirect signs of microadenoma

### THERAPY

- I line: Ketoconazole with no response
- II line: Neurosurgery with no remission of disease
- III line: Stereotactic Radiotherapy
- IV line: Cabergoline with no response

# Patient came to our attention 7 years later

## Clinical presentation

**Truncular obesity** BMI: 44 kg/m<sup>2</sup>; WC: 130 cm

**Blood Pressure** BP: 110/80 mmHg

**Lipid Profile** T-c: 180 mg/dL; LDL-c: 101 mg/dL;  
HDL-c: 50 mg/dL; TG: 143 mg/dL

**Glucose Profile** OGTT (time 0, 30, 60, 90, 120 minutes)  
Glucose mg/dl (68; 139; 140; 107; 125)  
Insulin  $\mu$ U/ml (8.9; 44.5; 116; 97; 134)

### Ongoing Therapy

Metformin 500 mg: 1cp/bid

# Reevaluation

## Baseline

UFC: 197  $\mu\text{g}/24\text{h}^*$  (normal, 35–135)

Serum morning cortisol: 169  $\mu\text{g}/\text{L}$  (normal, 50–200)

Serum midnight cortisol: 122  $\mu\text{g}/\text{L}$  (normal, 50–90)

**Serum morning ACTH: 50  $\text{pg}/\text{mL}$  (normal, 9–52)**

**Serum midnight ACTH: 54  $\text{pg}/\text{ml}$  (9-52)**

## LD-DXM TEST (2 mg)

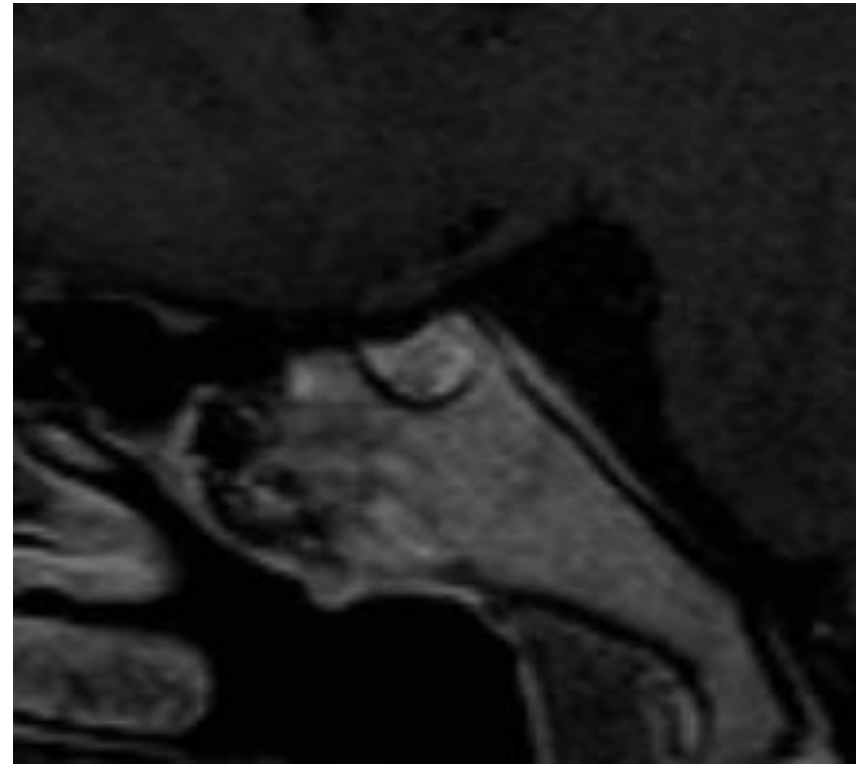
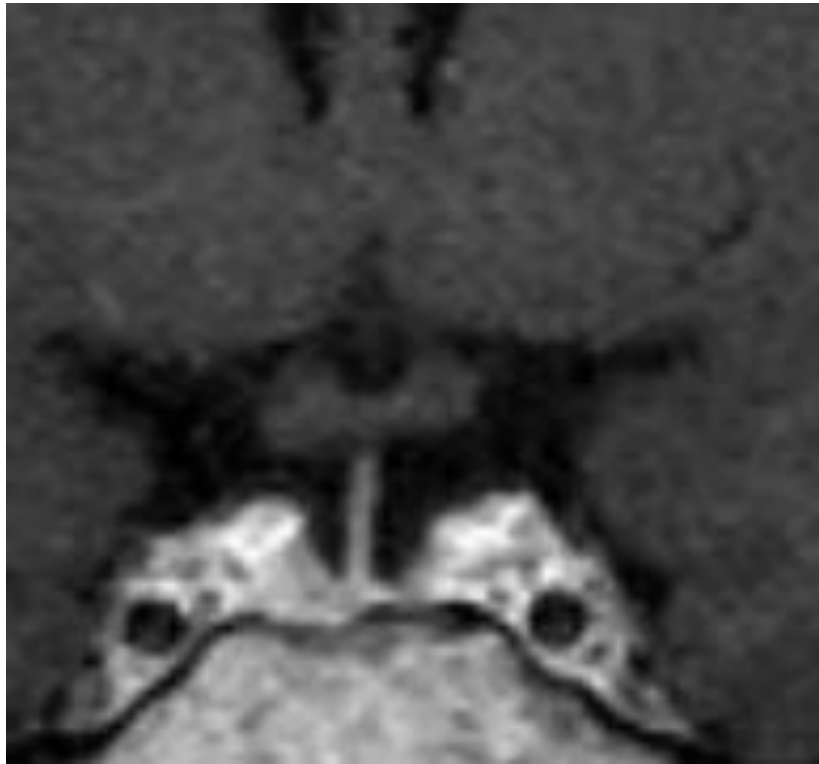
Serum morning cortisol: 53  $\mu\text{g}/\text{L}$  (normal, <18  $\mu\text{g}/\text{L}$ )

## ACTH-dependent Cushing's syndrome

\*Mean of 2 UFC measurements

ACTH, adrenocorticotrophic hormone; DXM, dexamethasone

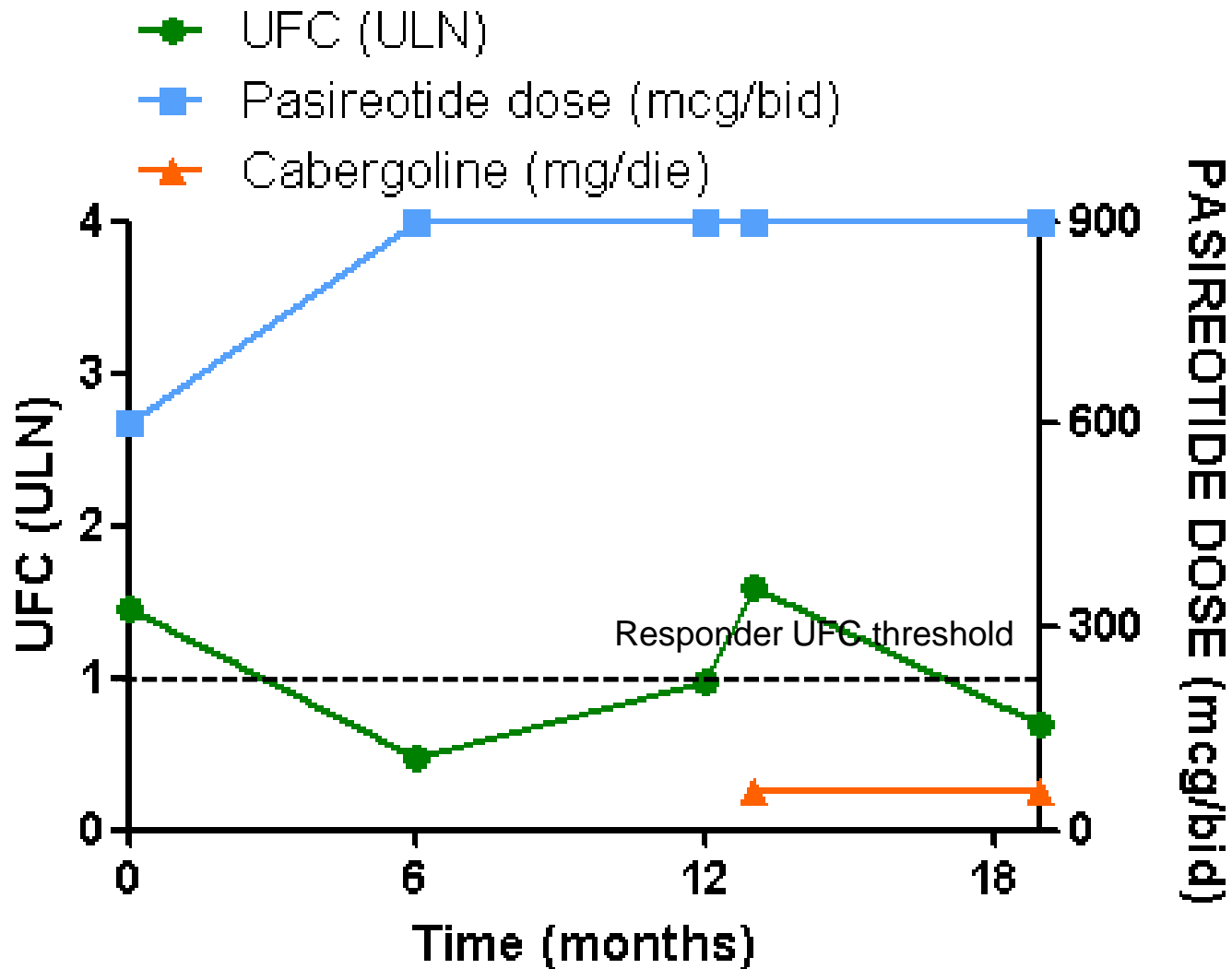
# Revaluation



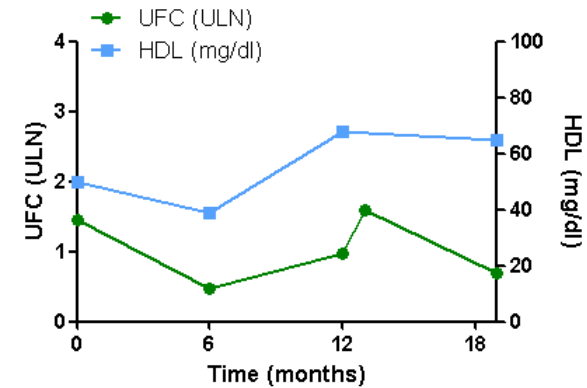
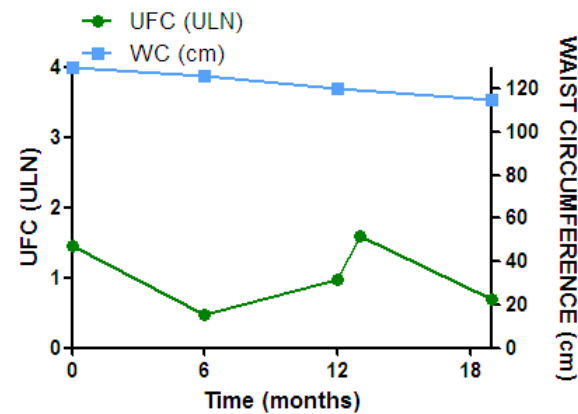
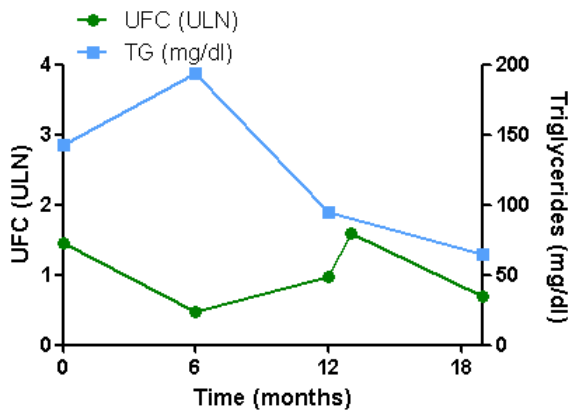
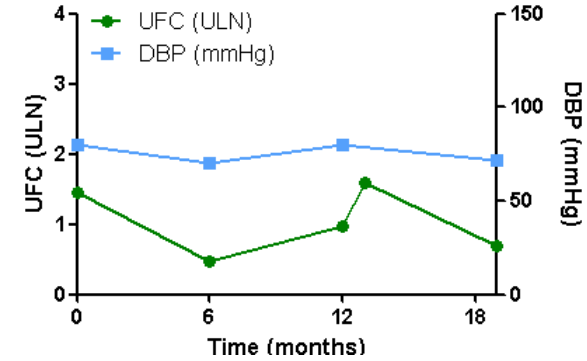
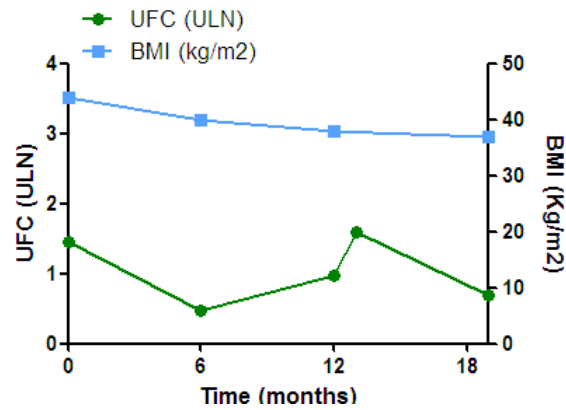
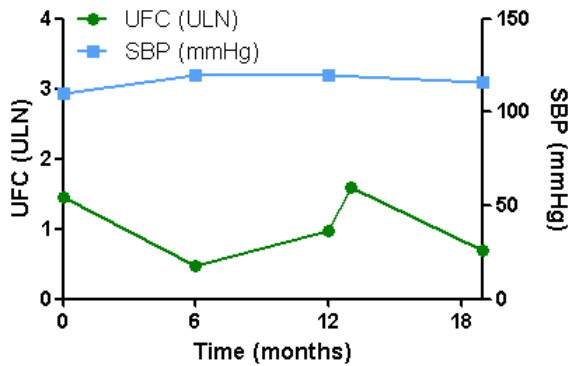
**Pituitary MRI**

Negative

# Pasireotide 648

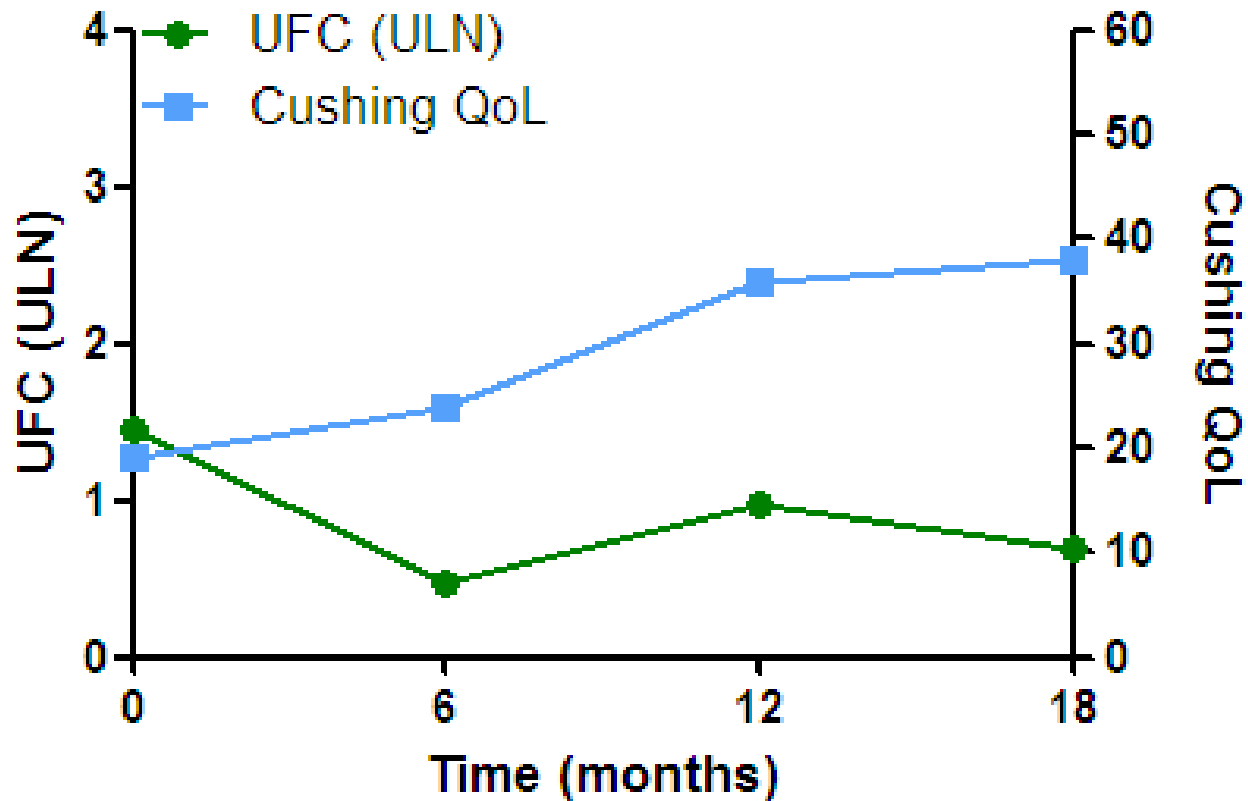


# Pasireotide 648: Clinical signs and symptoms

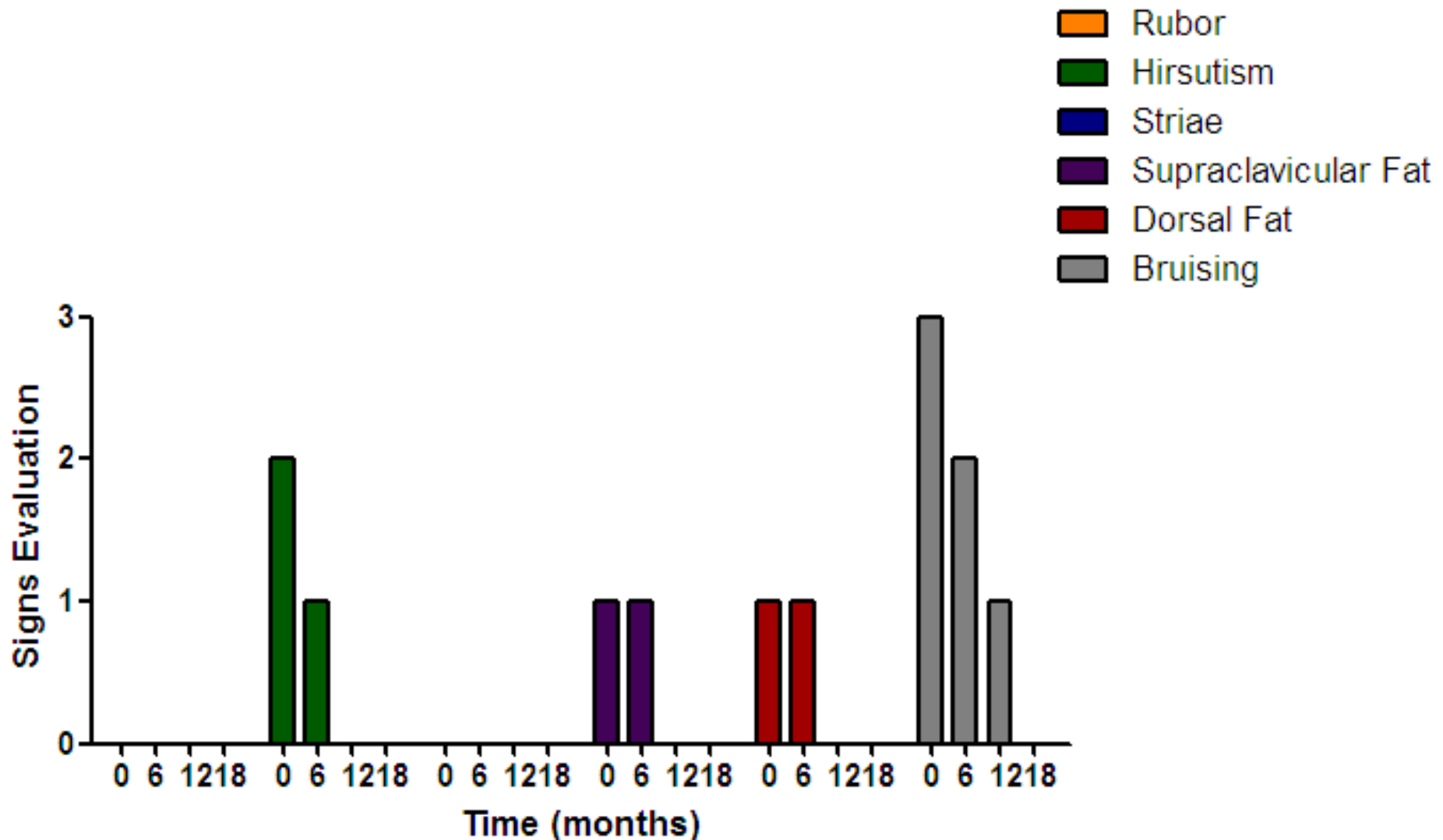




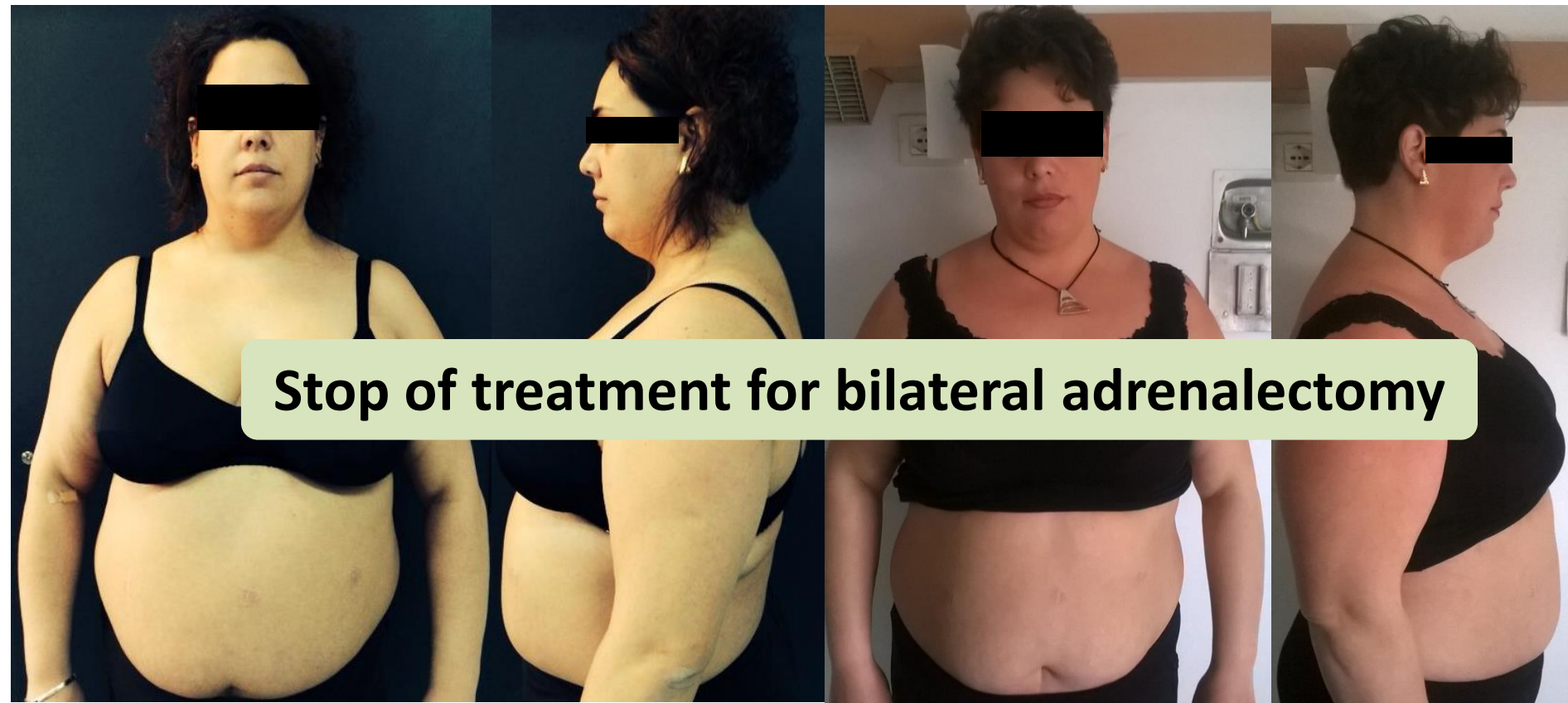
# Pasireotide 648: Clinical signs and symptoms



# Pasireotide 648: Clinical signs and symptoms



# Clinical improvement: before and after Pasireotide



# II Clinical Case

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## Mrs BM

### CLINICAL PRESENTATION

- Eyelid Ptosis
- Diplopia
- Endometrial Cancer 2 months before

- First Diagnosis: 42-year-old female

### DIAGNOSIS

- Urinary Free Cortisol (UFC): 275 mcg/ml (50-200)
- Pituitary MRI: Pituitary macroadenoma

### THERAPY

- I line: Neurosurgery with no remission of disease

# First-line treatment

Neurosurgery: Transsphenoidal adenomectomy

2 years later

UFC: 1.4 x ULN\*

# Relapse

Midnight serum cortisol: 242 µg/mL (normal, 50–90)

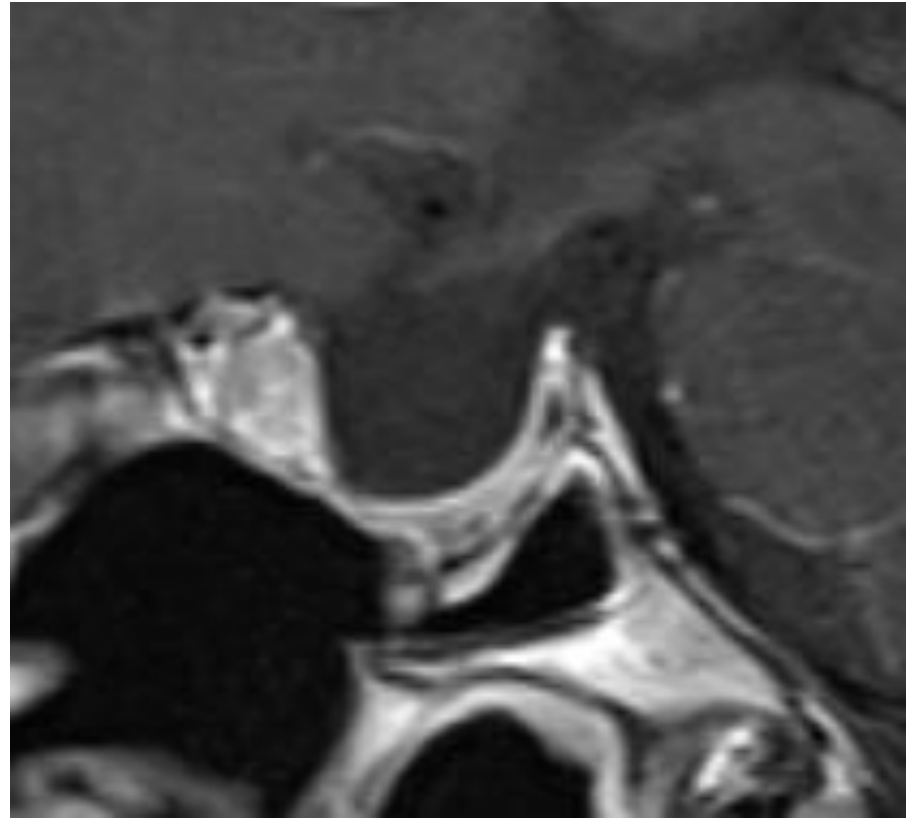
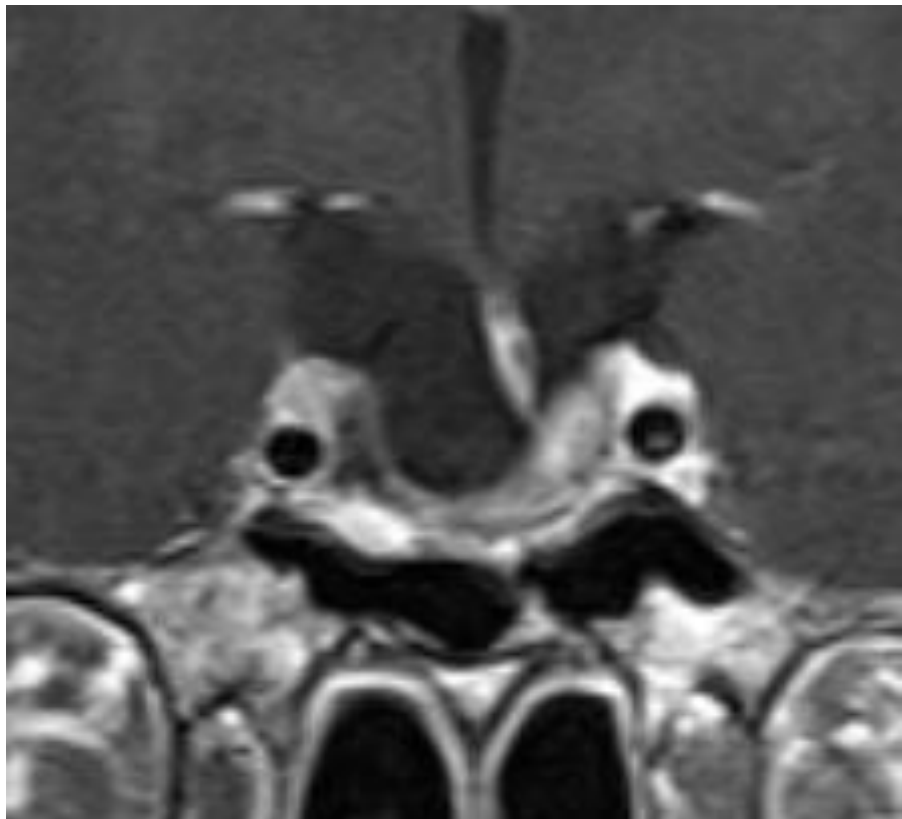
**DXM 2 mg:** Serum cortisol: 230 µg/L (normal, <18 µg/L)

**Pituitary MRI:** empty sella

\*Mean of two UFC measurements

ULN, upper limit of normal

# Revaluation



**Pituitary MRI**

Empty sella

# Clinical presentation before Pasireotide

**Truncular obesity** BMI: 28.3 kg/m<sup>2</sup>; WC: 101 cm

**Blood Pressure** BP: 120/82 mmHg

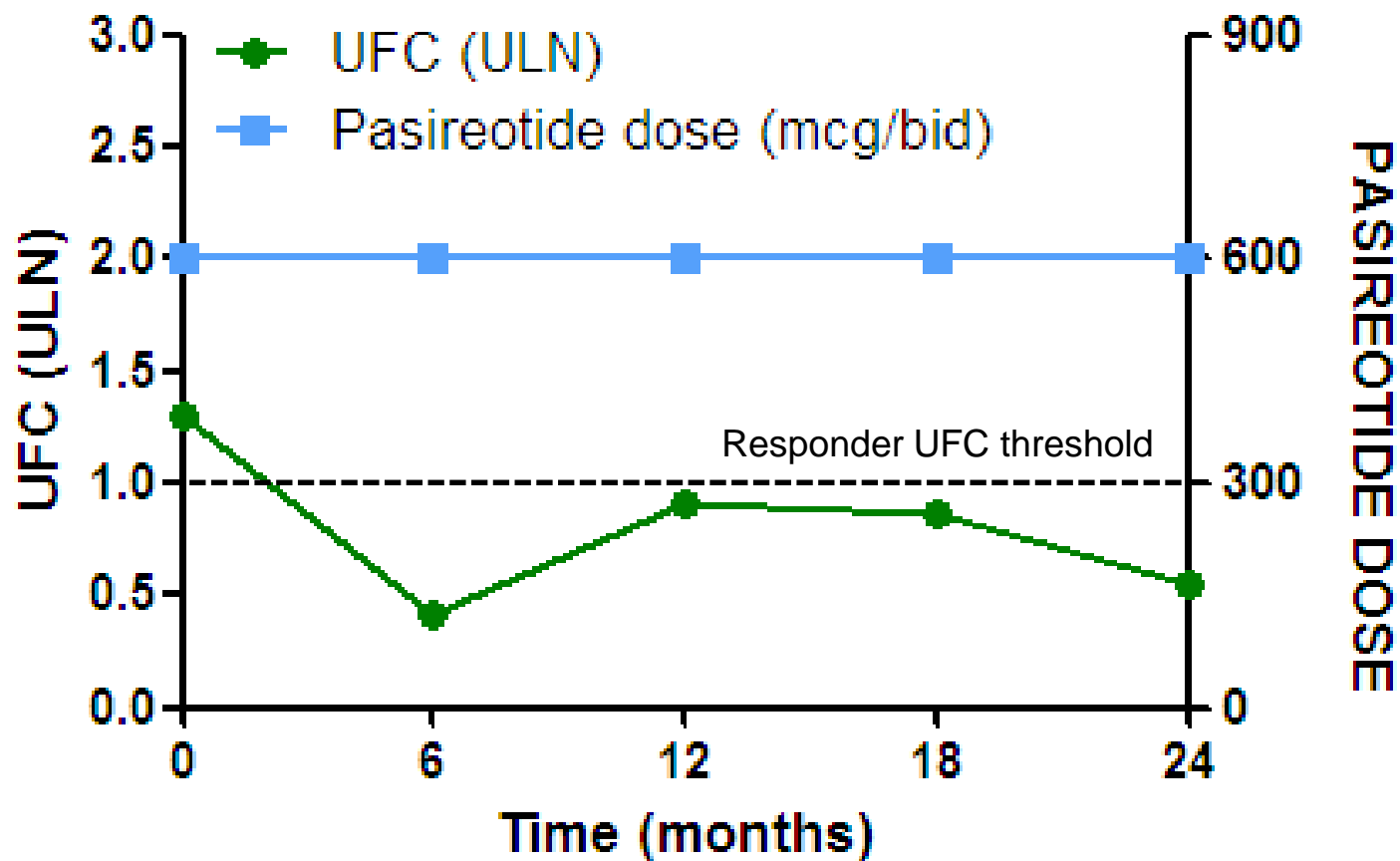
**Lipid Profile** T-c: 202 mg/dL; LDL-c: 112 mg/dL;  
HDL-c: 64 mg/dL; TG: 132 mg/dL

**Glucose Profile** Diabetes Mellitus: HbA1c 7.2%

## Ongoing Therapy

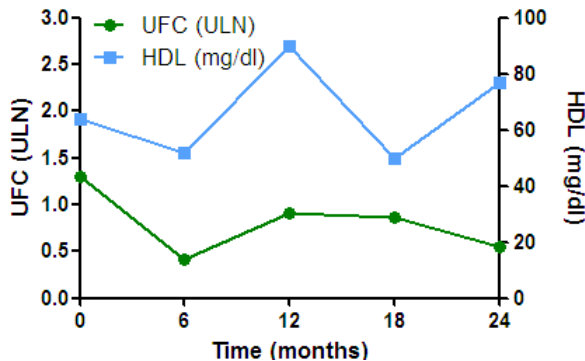
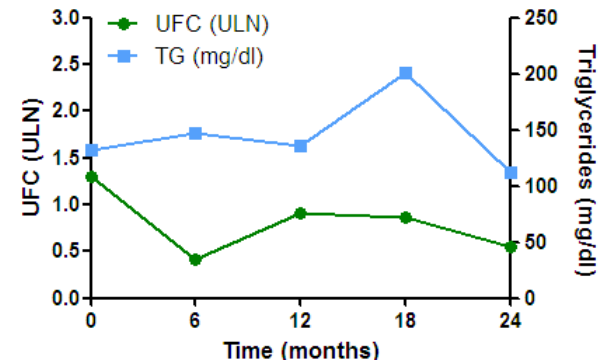
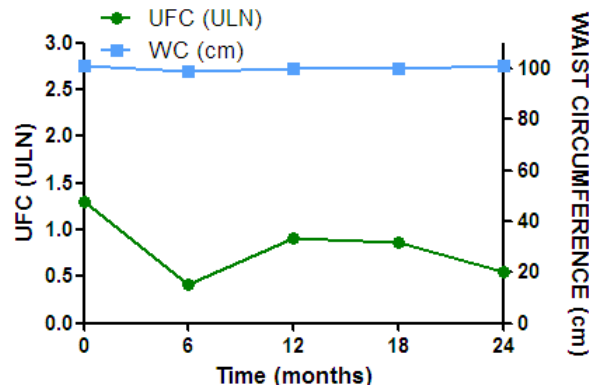
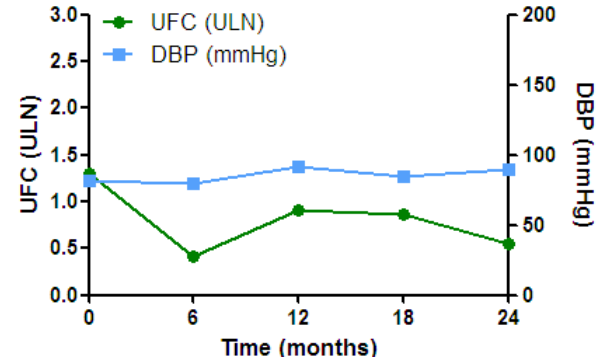
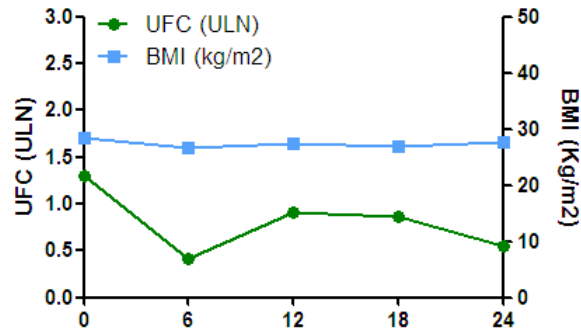
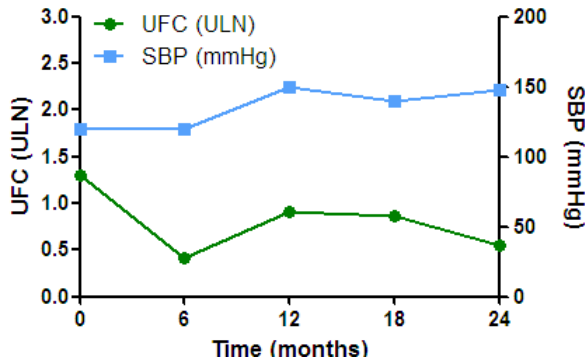
Metformin 1000 mg: 1cp/tid  
Long Acting Insulin: 16 UI/bed time

# Pasireotide 648

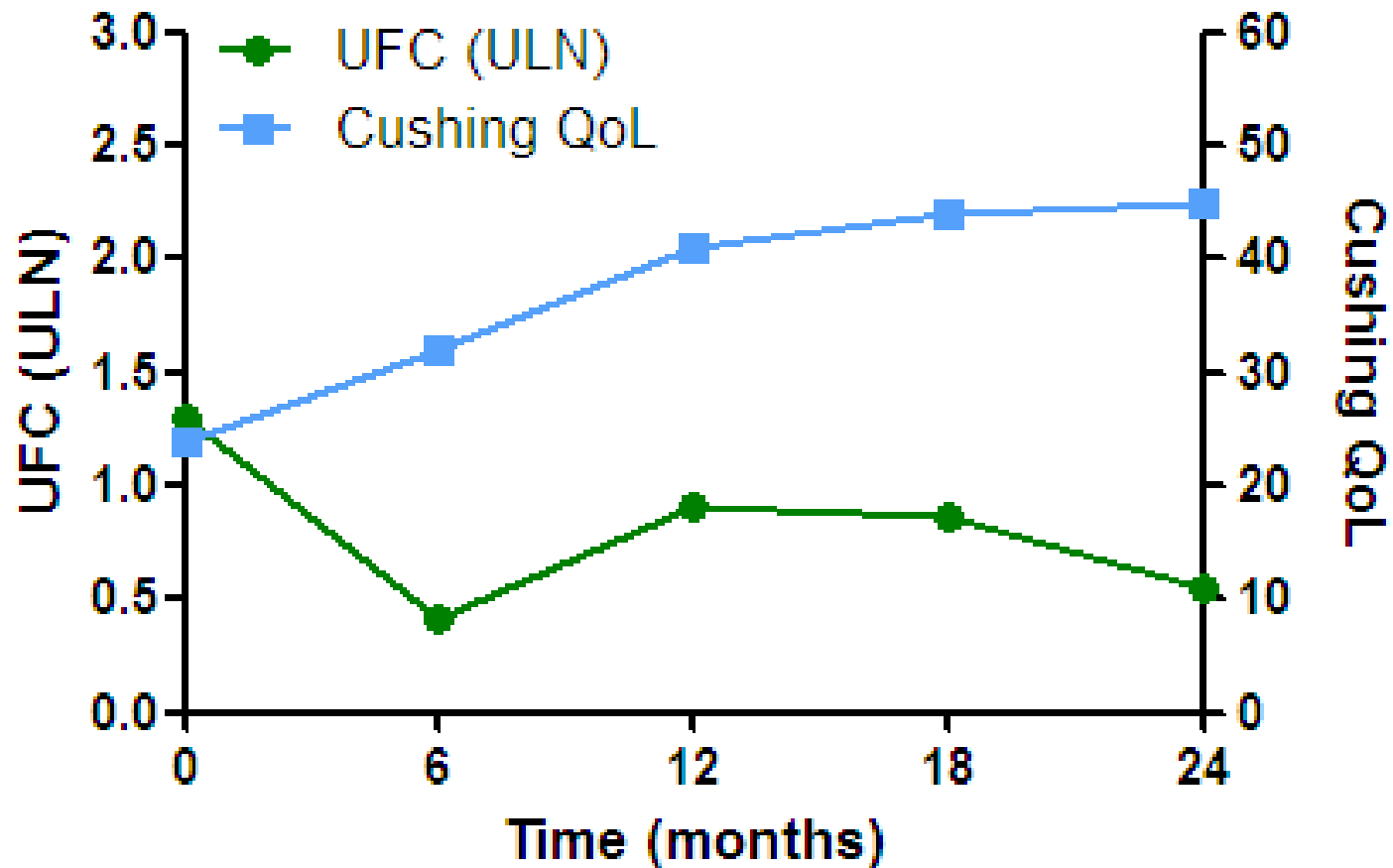




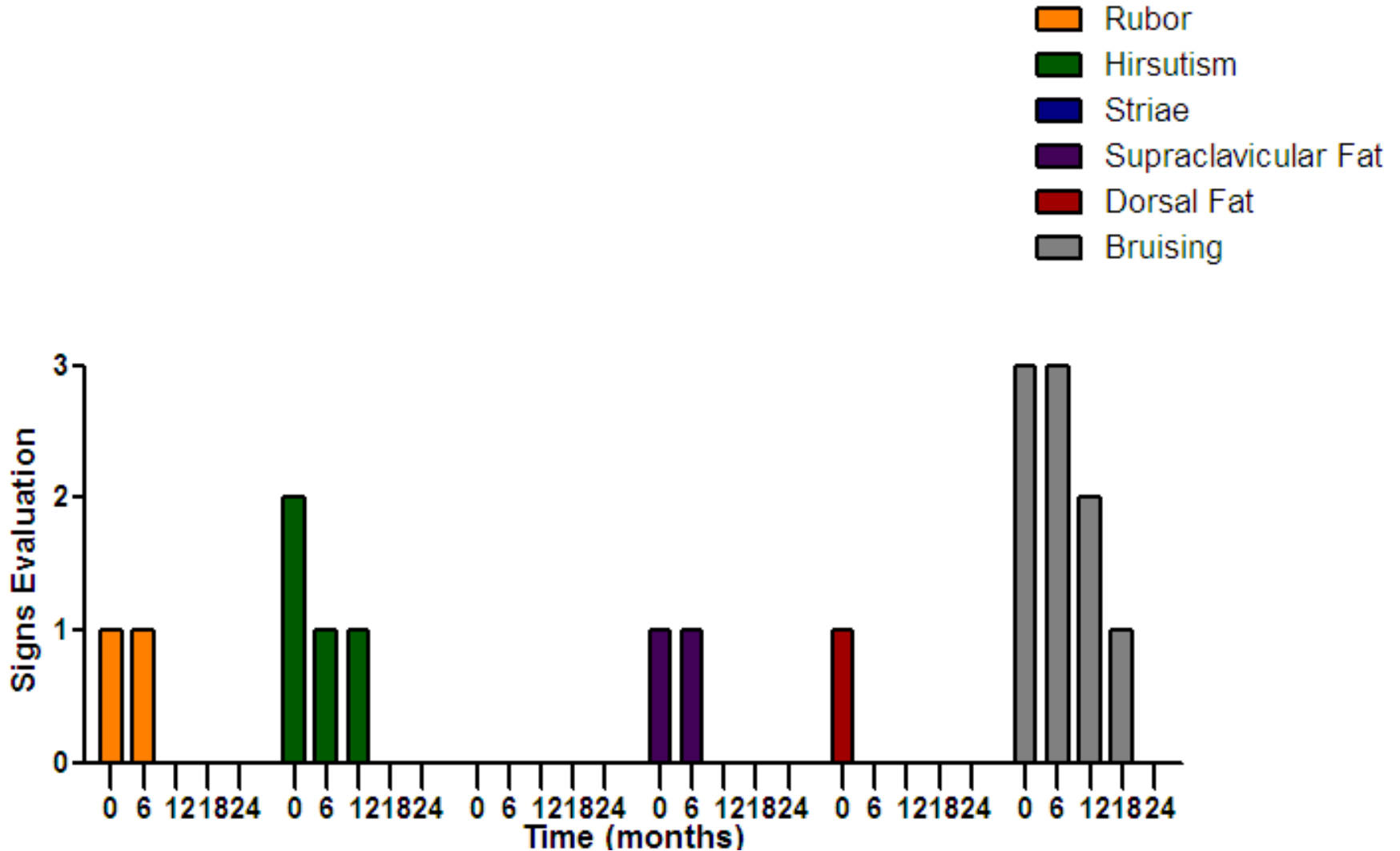
# Pasireotide 648: Clinical signs and symptoms



# Pasireotide 648: Clinical signs and symptoms



# Pasireotide 648: Clinical signs and symptoms



# Clinical improvement: before and after Pasireotide



# III Clinical Case

## Mrs SC

### CLINICAL PRESENTATION

- Facial Rubor
- Truncular obesity
- Striae rubrae
- Dorsal Fat
- Supraclavicular Fat
- Asthenia

- First Diagnosis: 64-year-old female

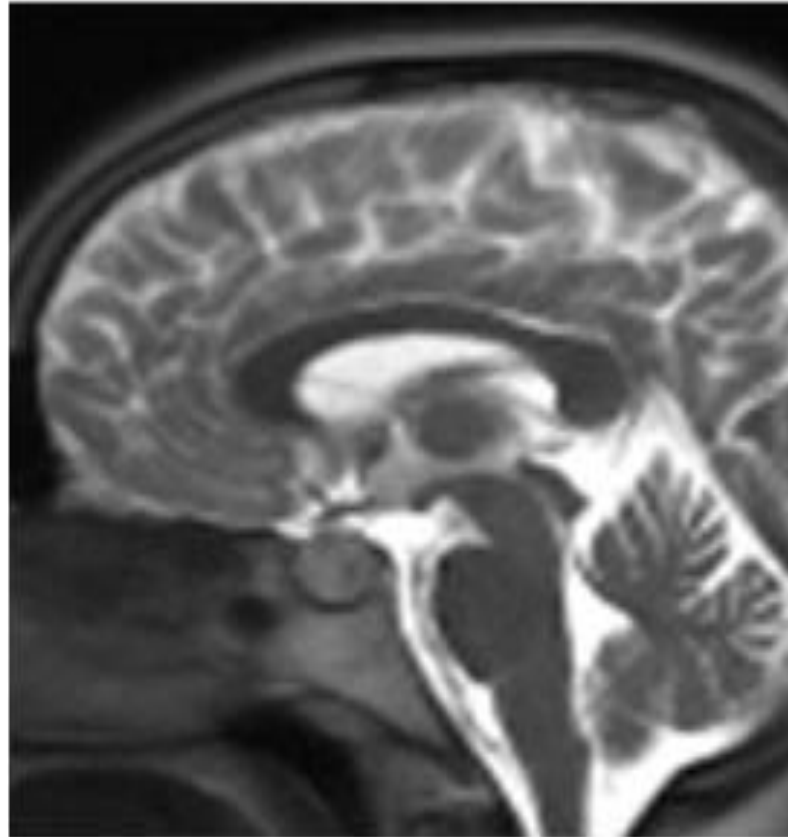
### DIAGNOSIS

- Serum Morning Cortisol: 185 mcg/L (50-250)
- Serum Midnight Cortisol: 148 mcg/L (50-90)
- Serum Morning ACTH: 105 pg/ml (9-52)
- Serum Midnight ACTH: 69,9 pg/ml (9-52)
- UFC: 374 mcg/24h (35-135)
- Over night DMX (2mg):  
Serum Cortisol 81 mcg/L (normal, <18 mcg/L)
- Pituitary MRI: Macroadenoma ( Ø max=21 mm)

### THERAPY

- I line: Neurosurgery was refused and Pasireotide was started

# Pituitary MRI



## Pituitary MRI

Macroadenoma (  $\text{Ø}=21 \times 15$  mm)

# Clinical presentation before Pasireotide

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**Truncular obesity** BMI: 32.5kg/m<sup>2</sup>; WC: 112 cm

**Blood Pressure** BP: 140/70 mmHg

**Lipid Profile** T-c: 208 mg/dL; LDL-c: 120.8 mg/dL;  
HDL-c: 38 mg/dL; TG: 246 mg/dL

**Glucose Profile** Diabetes Mellitus: HbA1c 6.8%

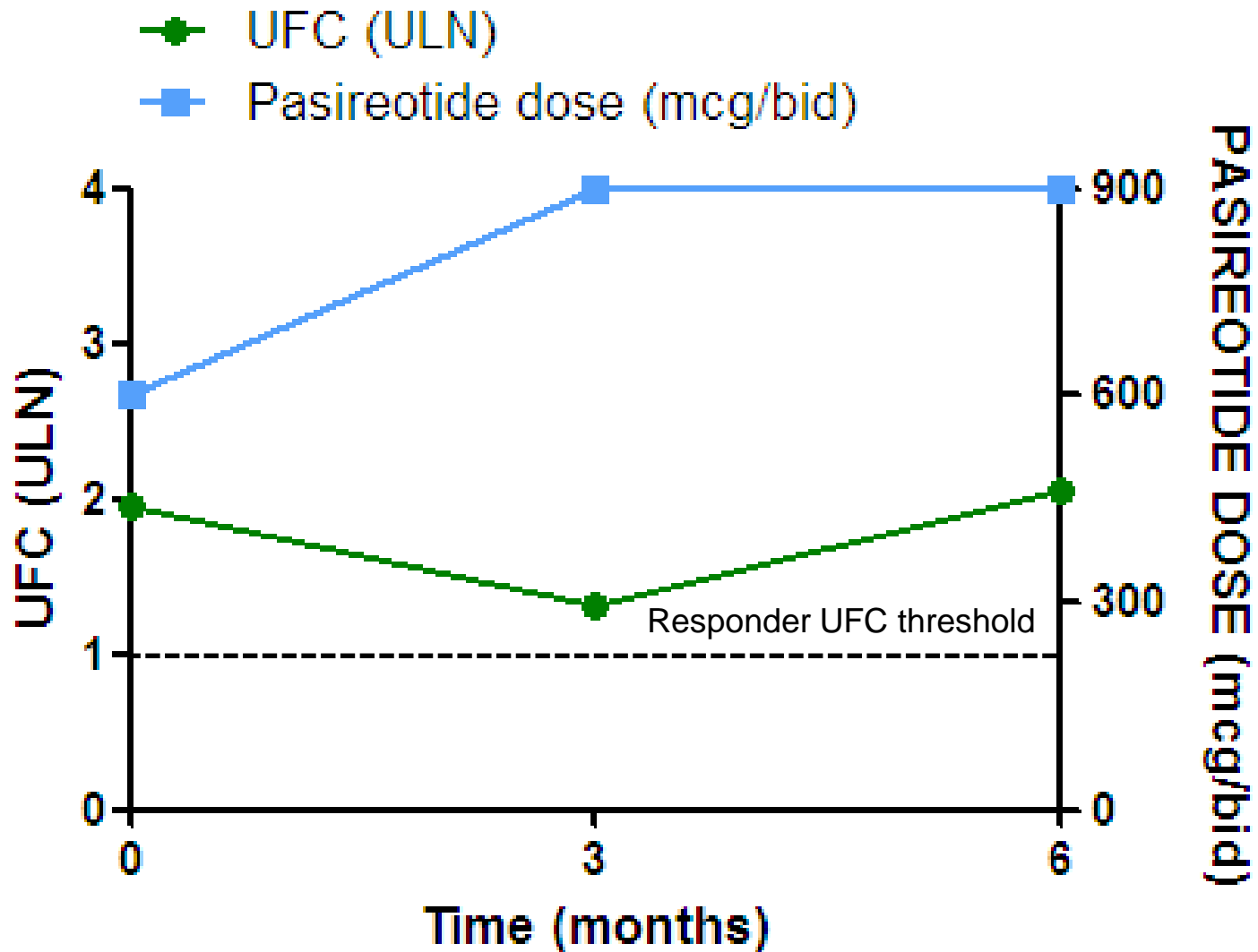
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## Ongoing Therapy

Metformin 1000 mg: 1 cp/tid

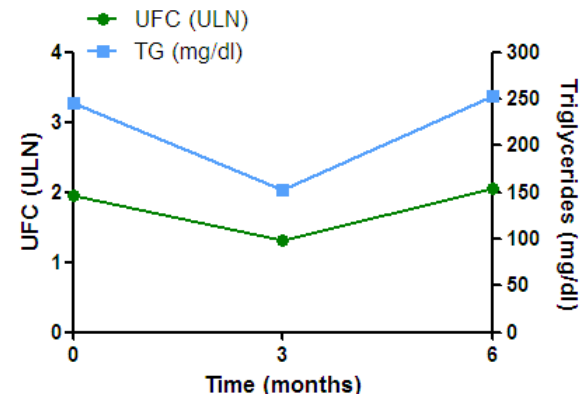
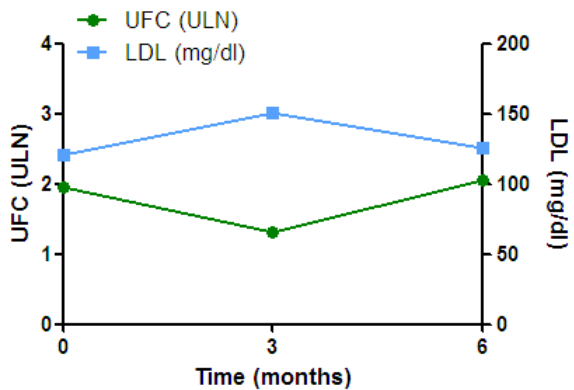
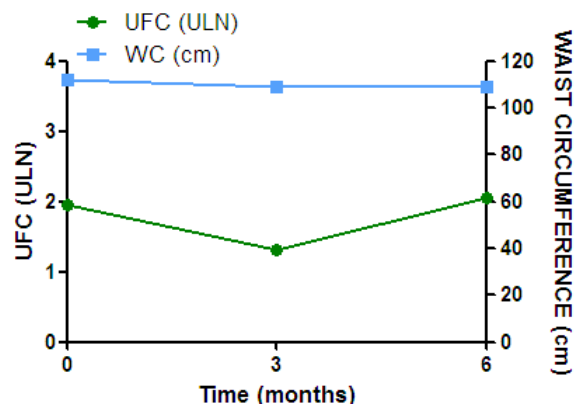
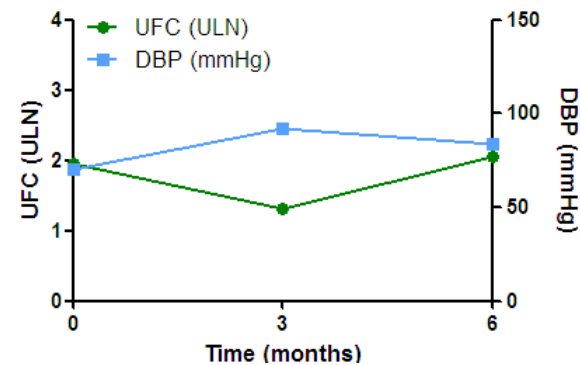
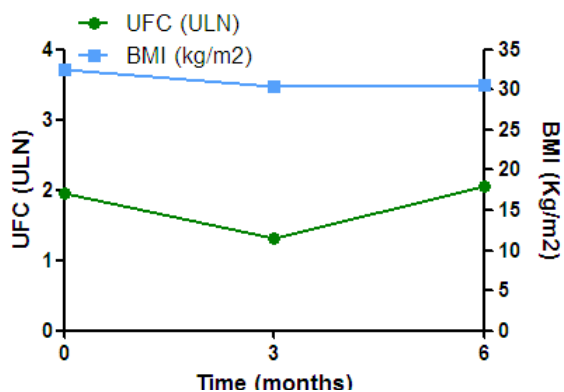
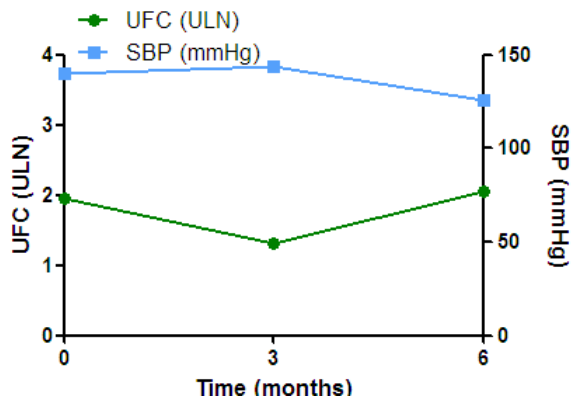
Fenofibrate 145 mg: 1cp/die

# Pasireotide 648

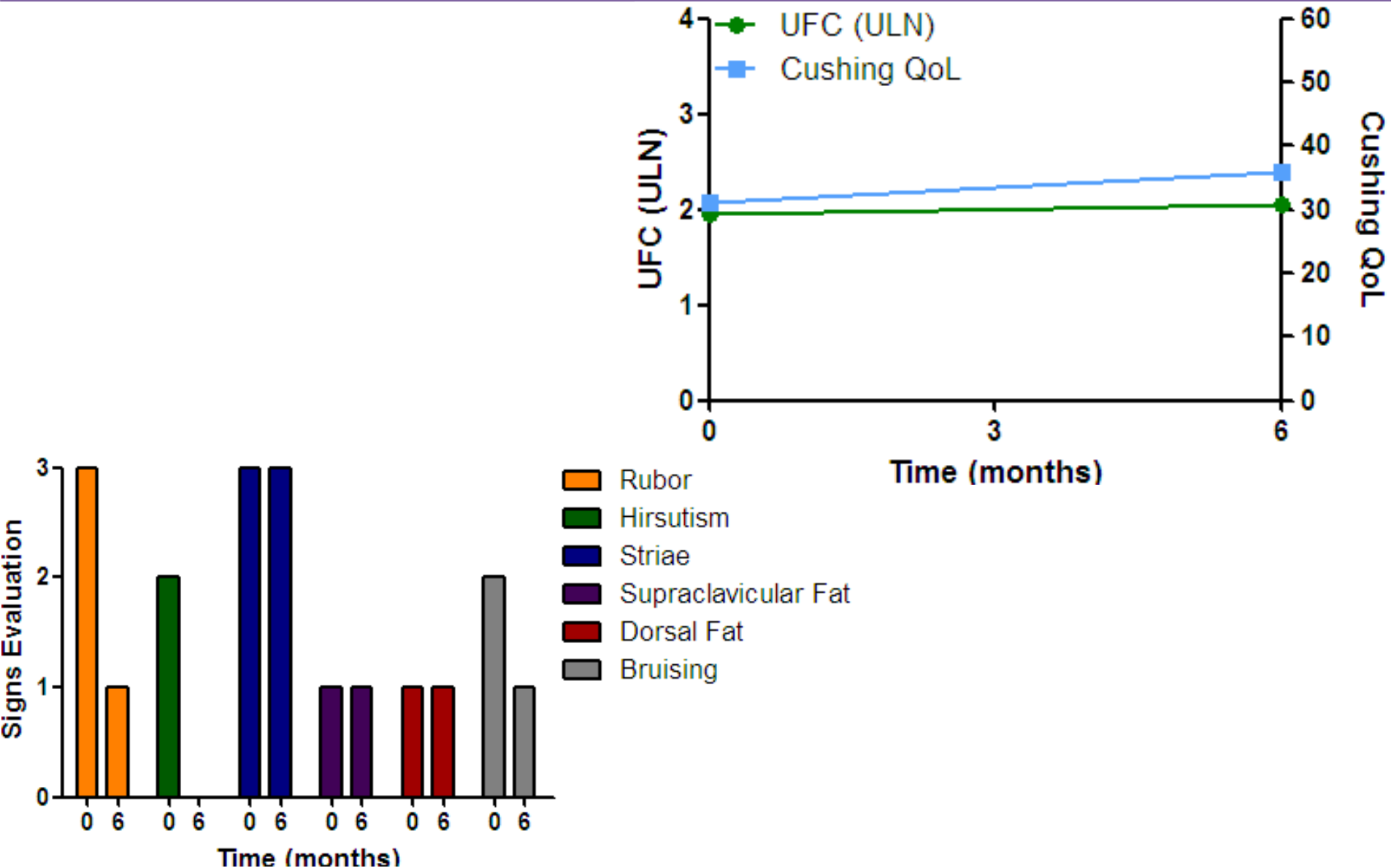




# Pasireotide 648: Clinical signs and symptoms



# Pasireotide 648: Clinical signs and symptoms



# Clinical improvement: before and after Pasireotide



# ABC 2015



## GRAZIE PER L'ATTENZIONE

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