

How is acromegaly currently treated?

At this time, treatment options for patients with acromegaly include surgery, medication and radiation, or a combination of these. The decision about which option to start with is usually based on age, the size and location of the tumor, and other existing medical conditions.

For patients not cured by surgery, the two most often used first-line pharmacological agents for patients are the somatostatin analogs (SSAs): Octreotide and lanreotide injectables. Over the past 4 years, lanreotide has been growing rapidly and gaining significant market share. While these injectable SSAs provide a measure of effectiveness for many people with acromegaly, they still pose significant challenges such as injection site reactions, including hardness, nodules, swelling, bruising and inflammation. Research has also shown that more than half of patients experience suboptimal symptom control with these existing injectable treatments resulting in worsening, or breakthrough symptoms towards the end of a monthly dosing cycle. These treatment burdens, together with the requirement that these injections be administered by a healthcare professional, often times in-office, also results in some patients feeling a loss of independence and missing valuable workdays. This in-person injection administration burden has been especially acute during the COVID-19 pandemic.

Chiasma believes that MYCAPSSA has the potential to address many of the treatment challenges associated with these SSA injections currently faced by patients with acromegaly, and the physicians who prescribe products for this indication.

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