BACKGROUND

- Acromegaly results from excessive growth hormone production, leading to malony不仅要-association and morbidity, and increased mortality. 1
- The current prevalence estimate of acromegaly is often quoted at 60 cases per million of non-elderly populations at any given time. 2
- Recent population-based studies in European countries suggest that the prevalence of acromegaly in the United States: A Claims-Based Analysis

OBJECTIVE

- The objective of this study was to estimate the prevalence of acromegaly, overall and stratified by age and gender, in the US.

METHODS

Study Design and Data Source

- A retrospective cohort study of acromegaly patients (<65 years old) using two HIPAA-compliant commercial health insurance claims databases from 1/1/2008 to 12/31/2013: Truven Health MarketScan Commercial Claims and Encounters Database and IMS Health PharMetrics.

Study Population and Study Timeline

- Patients enrolled in 2013 and had ≥2 claims with acromegaly (ICD-9-CM 253.03), or one claim with acromegaly and one claim for pituitary tumor (ICD-9-CM 237.7x), pituitary surgery (hypophysectomy), or cranial/sterotactic radiosurgery any time 2008-2013.

Study Cohort

- Sensitivity analysis cohort: Patients had no requirement for continuous enrollment. edition of the study only examined patients under age 65.

RESULTS

- There were up to 2581 and 2100 prevalent acromegaly patients in MarketScan and PharMetrics, respectively, in 2013.
- In both databases, there were about 50% females; age distributions were also similar: 10.2% 10-24 year olds, 16.1% 25-34 year olds, 25.4% 35-44 year olds, 26.5% 45-54 year olds, and 28.6% 55-64 year olds.
- 2013 prevalence was slightly higher in the MarketScan than in PharMetrics.
- In the main analysis, the 2013 prevalence of acromegaly was 8.8 per million in the MarketScan database and 7.1 per million in PharMetrics.

LIMITATIONS

- Acromegaly patients who have had surgery and are cured may not return for regular care, so if they return, may not have acromegaly coded. As a result, adequately treated patients may be underestimated in this analysis, biasing the results toward lower prevalence.
- Other limitations include the inability to identify undiagnosed patients and use of claims without confirmation from medical records or pathology reports to identify cases.
- These results may not be representative of the general acromegaly population since this analysis included only patients with commercial insurance.
- These results are not representative of older patients since this study only examined patients under age 65.

CONCLUSIONS

- This study indicates that the prevalence of acromegaly may be up to 50% higher than previously reported.
- Disease prevalence increases with age and is slightly higher in females than males.
- These results suggest that there are almost 25,000 diagnosed acromegaly patients in the US.

REFERENCES


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