

# Effects of Age, Body Mass Index, and Sex on the Performance of Macimorelin for the Diagnosis of Adult Growth Hormone Deficiency: a Post hoc Analysis

Jose M Garcia,<sup>1</sup> Beverly MK Biller,<sup>2</sup> Marta Korbonits,<sup>3</sup> Vera Popovic-Brkic,<sup>4</sup> Anton Luger,<sup>5</sup> Christian J. Strasburger,<sup>6</sup> Philippe Chanson,<sup>7</sup> Ronald Swerdloff,<sup>8</sup> Christina Wang,<sup>8</sup> Rosa Rosanna Fleming,<sup>9</sup> Fredric Cohen,<sup>9</sup> Kevin CJ Yuen,<sup>10</sup>

<sup>1</sup>GRECC VA Puget Sound HCS/University of Washington, Seattle, WA; <sup>2</sup>Massachusetts General Hospital, Boston, MA; <sup>3</sup>Barts and the London School of Medicine, Queen Mary University of London, London, UK, <sup>4</sup>Medical University, Belgrade, Serbia, <sup>5</sup>Medical University, General Hospital, Vienna, Austria, <sup>6</sup>Charité, Berlin, Germany, <sup>7</sup>GHU Paris-Sud - Hôpital de Bicêtre, Paris, France, <sup>8</sup>LA Biomedical Research Institute at Harbor-UCLA, Torrance, CA, USA, <sup>9</sup>Strongbridge Biopharma, Trevose, PA; <sup>10</sup>Swedish Neuroscience Institute, Seattle, WA.

## Conflict of interest disclosures:

PC is an employee of Strongbridge Biopharma. RRF is an employee of Strongbridge Biopharma. BMKB has served as the principal investigator of research grants to Massachusetts General Hospital from OPKO and Strongbridge and has received occasional consulting honoraria from Aeterna Zentaris, Ascendis, Merck Serono, Novo Nordisk, Pfizer and Strongbridge. KCY has served as the principal investigator of research grants to Swedish Neuroscience Institute from Pfizer, Novo Nordisk, Teva Pharmaceuticals, OPKO Biologics, and Aeterna Zentaris, and has served on the advisory boards for Pfizer, Novo Nordisk, and Sandoz. AL has received honoraria for lectures and/or consulting from Aeterna Zentaris, Ipsen, Merck Serono, Novo Nordisk, Pfizer and Sandoz. JMG receives research support from Aeterna Zentaris. MK has served as the principal investigator of research grants CMUL from Pfizer, Ono, has received occasional consulting honoraria from Novartis, and Ono and has served on the advisory boards for Pfizer. VB has received occasional consulting honoraria for International Database OS Novo Nordisk and has provided lectures for Pfizer and Novartis. CIS has received occasional consulting honoraria from Aeterna Zentaris, Ascendis, Chiasma, Ipsen, Merck Serono, Novartis, Novo Nordisk, Pfizer, Sandoz and Strongbridge Biopharma. PC has received unrestricted research and educational grants from Ipsen, Novartis, Novo-Nordisk, and Pfizer as the head of the Department of Endocrinology and Reproductive Diseases, Hôpital Universitaires ParisSud; has served as primary investigator for clinical trials funded by Novartis, Pfizer, Ipsen, Italpharmaco, Antisense, and Prolor Biotech; is a member of the advisory boards from Ipsen, Novartis, and has been a member of the advisory board of HypoCCS, sponsored by Eli Lilly; and has given lectures for Ipsen, Novartis, and Pfizer (all the fees and honoraria were paid to his institution). RS has been an investigator for Clarus, Antares, and Novartis. CW has received research support from Clarus Therapeutics, Antares and TesorX.

## Objective

To determine whether the performance of the macimorelin diagnostic test is affected by age, baseline body mass index (BMI), and sex

## Introduction

- The diagnostic performance of macimorelin, an orally active ghrelin receptor agonist FDA-approved for the diagnosis of adult growth hormone deficiency (AGHD) in the United States, has previously been demonstrated in a phase 3 study that compared macimorelin with the insulin tolerance test (ITT)<sup>1</sup>
- However, it is not known if the diagnostic performance of macimorelin varies according to patient demographics that are known to influence peak growth hormone release induced by other secretagogues

## Methods

- This post hoc analysis included data from a previously published phase 3 study of subjects with a high likelihood of GHD (Group A, considered to have AGHD based on having a low IGF-I level plus either of these: at least 3 other pituitary hormone deficiencies or a structural hypothalamic or pituitary lesion) vs healthy controls (Group D)<sup>1</sup>
- The probability of AGHD was estimated using 4 logistic models fitted to the data: unadjusted, age-adjusted, baseline BMI-adjusted, and sex-adjusted
- Each model considers all subjects as independent observations, not taking matching into account
- The area under the curve (AUC) of the estimated receiver operating characteristic (ROC) curve (0 to 1 range, where 1 is perfect) from each adjusted model was compared with the AUC from the unadjusted model
- The estimated sensitivity and specificity for each model at cutpoint values of 2.8 and 5.1 ng/mL were calculated

## Results

- Summary statistics from the macimorelin test are shown in **Table 1**
- Of the 70 subjects included in the analysis, 41 had a high likelihood of GHD and 29 were healthy controls
- Mean±SD (range) age was 41.7±13.9 (18-66) years
- Mean±SD (range) BMI was 27.1±4.0 (20.8-36.6) kg/m<sup>2</sup>
- 56% were male
- Peak GH concentration was 0.91 for Group A and 16.2 for Group B

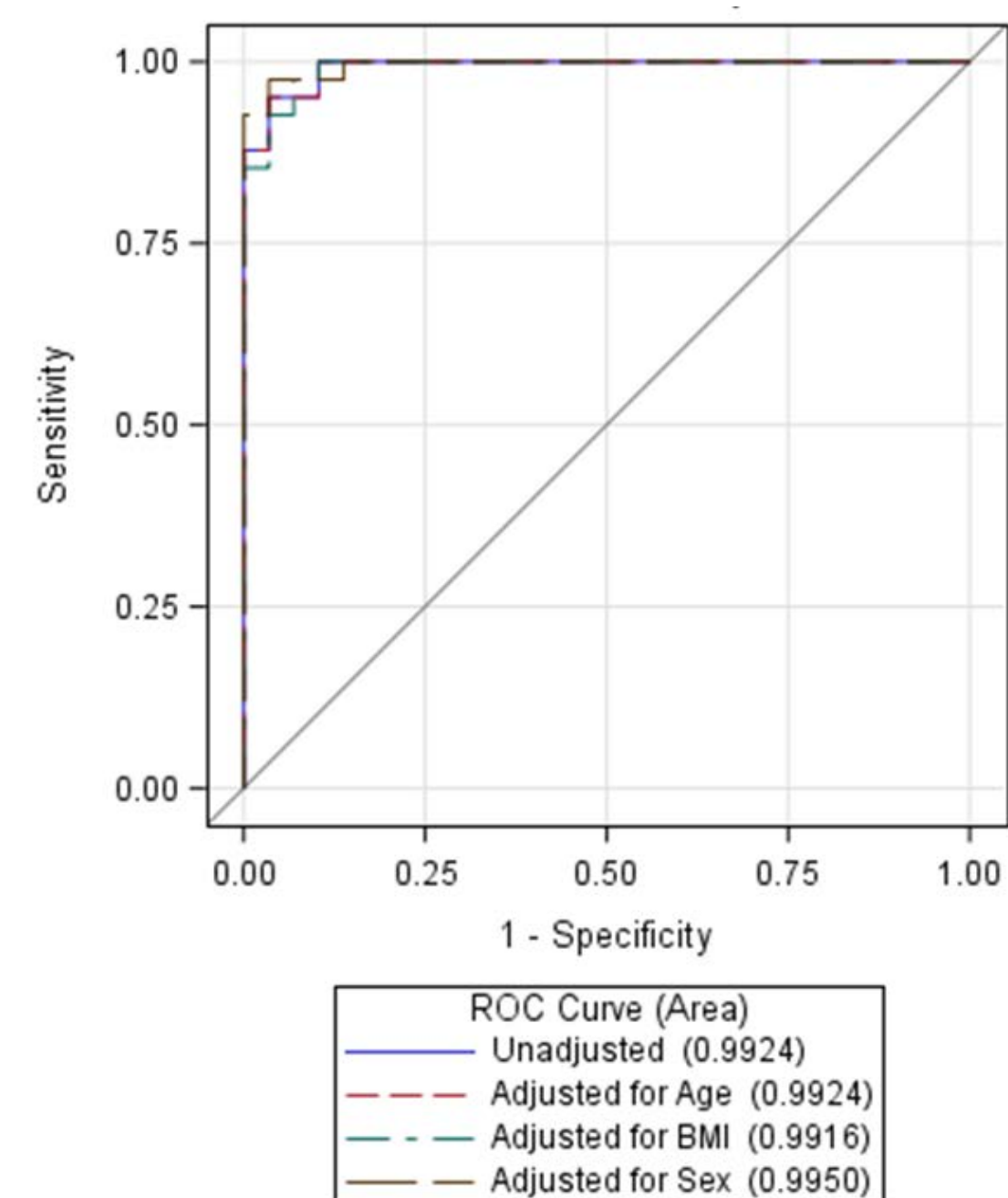
**Table 1** Summary statistics from the macimorelin test

	Group A n=41	Group D n=29	Total n=70
<b>Age, years</b>			
Mean (SD)	42.9 (14.8)	40.0 (12.5)	41.7 (13.9)
<b>Baseline BMI (kg/m<sup>2</sup>)</b>			
Mean (SD)	27.8 (4.4)	26.1 (3.2)	27.1 (4.0)
<b>Sex, n (%)</b>			
Female	17 (41.5)	14 (48.3)	31 (44.3)
Male	24 (58.5)	15 (51.7)	39 (55.7)
<b>Peak GH concentration (ng/mL)</b>			
Mean (SD)	0.91 (1.9)	16.2 (7.4)	7.2 (9.0)

BMI, body mass index; GH: growth hormone; SD, standard deviation.

- The ROC AUC for the unadjusted model was 0.9924 (95% CI: 0.9807, 1), age-adjusted ROC AUC was 0.9924 (95% CI: 0.9807, 1), BMI-adjusted ROC AUC was 0.9916 (95% CI: 0.9786, 1), and sex-adjusted ROC AUC was 0.9950 (95% CI: 0.9861, 1) (**Figure 1 and Table 2**)

**Figure 1** ROC curves for unadjusted and adjusted models



**Table 2** ROC AUC for unadjusted and adjusted models

Model	ROC AUC	95% CI	P-value for AUC Adjusted vs. Unadjusted
Unadjusted	0.9924	(0.9807, 1)	
Adjusted for Age	0.9924	(0.9807, 1)	1
Adjusted for BMI	0.9916	(0.9786, 1)	0.6861
Adjusted for Sex	0.9950	(0.9861, 1)	0.4207

BMI, body mass index; CI, confidence interval

- For the unadjusted model at cutpoint values of 2.8 and 5.1, estimated sensitivity was 88% and 93%, and specificity was 97% and 97% (**Table 3**)
- These values remained the same for cutpoint 2.8 when adjusting for age and adjusting for mean or median BMI
- At cutpoint 5.1, the values remained the same when adjusting for age and mean BMI (**Table 4**)
- When adjusting for sex, sensitivity for females was 88% and specificity was 93% at cutpoint 2.8, and sensitivity for females was 94% and specificity was 93% at cutpoint 5.1
- Sensitivity for males was 88% and specificity was 100% at cutpoint 2.8, and sensitivity for males was 92% and specificity was 100% at cutpoint 5.1

**Table 3** Estimated sensitivity and specificity at the prespecified cut-off of 2.8 ng/mL for the macimorelin test

	Sensitivity (%)	Specificity (%)	Covariate equals
<b>Unadjusted</b> (95% CI)	88 (74, 96)	97 (82, 100)	
<b>Adjusted for Age</b> (95% CI)	88 (74, 96)	97 (82, 100)	
<b>Adjusted for BMI</b> (95% CI)	90 (77, 97)	97 (82, 100)	BMI = minimum = 20.4
<b>Adjusted for BMI</b> (95% CI)	88 (74, 96)	97 (82, 100)	BMI = mean = 27.1
<b>Adjusted for BMI</b> (95% CI)	88 (74, 96)	97 (82, 100)	BMI = median = 26.7
<b>Adjusted for BMI</b> (95% CI)	76 (60, 88)	100 (88, 100)	BMI = maximum = 36.6
<b>Adjusted for Sex</b> (95% CI)	88 (64, 99)	93 (66, 100)	Sex = Female
<b>Adjusted for Sex</b> (95% CI)	88 (68, 97)	100 (78, 100)	Sex = Male

BMI, body mass index; CI, confidence interval

**Table 4** Estimated sensitivity and specificity at the prespecified cut-off of 5.1 ng/mL for the macimorelin test

	Sensitivity (%)	Specificity (%)	Covariate equals
<b>Unadjusted</b> (95% CI)	93 (80, 99)	97 (82, 100)	
<b>Adjusted for Age</b> (95% CI)	93 (80, 99)	97 (82, 100)	
<b>Adjusted for BMI</b> (95% CI)	95 (84, 99)	93 (77, 99)	BMI = minimum = 20.4
<b>Adjusted for BMI</b> (95% CI)	93 (80, 99)	97 (82, 100)	BMI = mean = 27.1
<b>Adjusted for BMI</b> (95% CI)	93 (80, 99)	93 (77, 99)	BMI = median = 26.7
<b>Adjusted for BMI</b> (95% CI)	90 (77, 97)	97 (82, 100)	BMI = maximum = 36.6
<b>Adjusted for Sex</b> (95% CI)	94 (71, 100)	93 (66, 100)	Sex = Female
<b>Adjusted for Sex</b> (95% CI)	92 (73, 99)	100 (78, 100)	Sex = Male

BMI, body mass index; CI, confidence interval

## Conclusions

Results of this post hoc analysis show that the diagnostic performance of macimorelin was not meaningfully affected by age, baseline BMI, or sex over the ranges that were studied.

## References:

1. Garcia JM, et al. J Clin Endocrinol Metab. 2018;103(8):3083-3093.

This trial was sponsored by Novo Nordisk and is registered with ClinicalTrials.gov (NCT01009905).

The authors acknowledge the medical writing assistance of Amy Ross, PhD (ETHOS Health Communications, Yardley, PA). Presented at ENDO 2019: March 23-26, 2019; New Orleans, LA, USA.

