



Clinical trial results:

A Phase 3, randomized, double-blind, placebo-controlled, multi-center trial to assess efficacy and safety of octreotide subcutaneous depot (CAM2029) in patients with acromegaly

Summary

EudraCT number	2019-001191-11
Trial protocol	DE HU GB PL ES GR IT
Global end of trial date	02 May 2023

Results information

Result version number	v1 (current)
This version publication date	23 October 2025
First version publication date	23 October 2025

Trial information

Trial identification

Sponsor protocol code	HS-18-633
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Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT04076462
WHO universal trial number (UTN)	-

Notes:

Sponsors

Sponsor organisation name	Camurus
Sponsor organisation address	Rydbergs torg 4, Lund, Sweden, 224 84
Public contact	VP Clinical Development, Camurus AB, 46 462865730, info@camurus.com
Scientific contact	VP Clinical Development, Camurus AB, 46 462865730, info@camurus.com

Notes:

Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	No

Notes:

Results analysis stage

Analysis stage	Final
Date of interim/final analysis	02 May 2023
Is this the analysis of the primary completion data?	Yes
Primary completion date	02 May 2023
Global end of trial reached?	Yes
Global end of trial date	02 May 2023
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

To assess the superiority of CAM2029 compared to placebo in biochemical response for IGF 1

Protection of trial subjects:

Patients in the trial were regularly and carefully monitored for AEs. Parameters that were monitored regularly included vital signs, hematology laboratory assessments, blood chemistry (including renal and liver function and thyroid hormones), urinalysis, electrocardiogram, gallbladder ultrasound, local tolerability, and assessments for other potential AEs. Blood samples were also taken for qualification and quantification of anti-octreotide antibodies to assess for potential immunogenicity. In addition, the protocol provided specific guidance for dose adjustment/IMP discontinuation and safety follow-up for adverse drug reactions, liver toxicity (increased liver enzymes), and QT prolongation. Patients were discontinued from treatment with the blinded investigational medicinal product and switched to rescue with the standard of care in case they experienced worsening of signs and symptoms of acromegaly together with an increase in the levels of IGF-1 to $\geq 1.3 \times \text{ULN}$ at two consecutive visits.

During the trial, self- or partner-administration of CAM2029 in the abdomen or thigh was allowed after appropriate training and under the supervision of adequately trained trial personnel. The patients or their partners were, however, not permitted to administer CAM2029/placebo on their own until they had been appropriately trained and judged capable of doing so by the trial personnel.

Background therapy:

No specific background therapy was defined for the trial. Patients were eligible and enrolled, if they were biochemically controlled on treatment with long-acting somatostatin receptor ligands (octreotide LAR or lanreotide ATG). The first dose of CAM2029 or placebo on Day 1 in the Double-blind Treatment Phase was given 4 weeks (± 3 days) after the last dose of octreotide LAR or lanreotide ATG.

Evidence for comparator:

Placebo was used as a comparator.

Actual start date of recruitment	19 August 2019
Long term follow-up planned	No
Independent data monitoring committee (IDMC) involvement?	No

Notes:

Population of trial subjects

Subjects enrolled per country

Country: Number of subjects enrolled	Türkiye: 15
Country: Number of subjects enrolled	Poland: 1
Country: Number of subjects enrolled	Spain: 7
Country: Number of subjects enrolled	United Kingdom: 4
Country: Number of subjects enrolled	Germany: 6
Country: Number of subjects enrolled	Hungary: 1
Country: Number of subjects enrolled	Italy: 9

Country: Number of subjects enrolled	Russian Federation: 21
Country: Number of subjects enrolled	United States: 8
Worldwide total number of subjects	72
EEA total number of subjects	24

Notes:

Subjects enrolled per age group	
In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	0
Adolescents (12-17 years)	0
Adults (18-64 years)	53
From 65 to 84 years	19
85 years and over	0

Subject disposition

Recruitment

Recruitment details:

A total of 33 clinical trial sites in 9 countries randomized patients into the trial. The first patient was enrolled on 19 August 2019, and the last patient completed the trial on 02 May 2023.

Pre-assignment

Screening details:

Patients with the diagnosis of acromegaly treated with a stable dose of octreotide LAR or lanreotide ATG were screened.

Period 1

Period 1 title	Double-blind Treatment Phase (overall period)
Is this the baseline period?	Yes
Allocation method	Randomised - controlled
Blinding used	Double blind
Roles blinded	Subject, Investigator, Monitor, Data analyst, Carer, Assessor

Blinding implementation details:

The blinding was supported by the placebo product being identical to the CAM2029 product regarding appearance, volume, and viscosity of the solution. The randomized treatment assignment, and all individual IGF-1, GH, PK, and immunogenicity results remained concealed to patients, Investigators, and the trial team until the trial was completed and a decision was made to unblind. IGF-1 results were monitored by an independent reader during the trial.

Arms

Are arms mutually exclusive?	Yes
Arm title	CAM2029

Arm description:

Active treatment.

Arm type	Experimental
Investigational medicinal product name	Octreotide subcutaneous depot
Investigational medicinal product code	CAM2029
Other name	
Pharmaceutical forms	Injection
Routes of administration	Subcutaneous use

Dosage and administration details:

CAM2029 was administered with a ready-to-use pre-filled syringe once monthly for 24 weeks.

The patients randomized to CAM2029 received 20 mg CAM2029 on Day 1 regardless of their previous dose of octreotide LAR or lanreotide ATG.

If needed, doses of IMP could be down-titrated from 20 mg to 10 mg once monthly for safety/tolerability reasons.

Arm title	Placebo
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Arm description: -

Arm type	Placebo
Investigational medicinal product name	Placebo
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Injection
Routes of administration	Subcutaneous use

Dosage and administration details:

Placebo was administered with a ready-to-use pre-filled syringe with a volume of 0.5 or 1.0 mL, once monthly for 24 weeks. The volumes corresponded to 20 mg CAM2029 (for 1.0 mL) and 10 mg CAM2029 (for 0.5 mL).

Number of subjects in period 1	CAM2029	Placebo
Started	48	24
Completed	46	24
Not completed	2	0
Consent withdrawn by subject	2	-

Baseline characteristics

Reporting groups

Reporting group title	CAM2029
Reporting group description:	
Active treatment.	
Reporting group title	Placebo
Reporting group description: -	

Reporting group values	CAM2029	Placebo	Total
Number of subjects	48	24	72
Age categorical			
Units: Subjects			
In utero	0	0	0
Preterm newborn infants (gestational age < 37 wks)	0	0	0
Newborns (0-27 days)	0	0	0
Infants and toddlers (28 days-23 months)	0	0	0
Children (2-11 years)	0	0	0
Adolescents (12-17 years)	0	0	0
Adults (18-64 years)	34	19	53
From 65-84 years	14	5	19
85 years and over	0	0	0
Age continuous			
Units: years			
arithmetic mean	57.0	52.0	
standard deviation	± 11.2	± 15.1	-
Gender categorical			
Units: Subjects			
Female	28	12	40
Male	20	12	32

End points

End points reporting groups

Reporting group title	CAM2029
Reporting group description: Active treatment.	
Reporting group title	Placebo
Reporting group description: -	
Subject analysis set title	Intention-to-treat (ITT) Analysis Set
Subject analysis set type	Intention-to-treat
Subject analysis set description: ITT included all patients randomized to a treatment arm.	
Subject analysis set title	Safety Analysis Set
Subject analysis set type	Safety analysis
Subject analysis set description: Safety analysis set included all patients who received at least one dose of IMP.	
Subject analysis set title	Full analysis set
Subject analysis set type	Full analysis
Subject analysis set description: All randomized patients in the ITT analysis set who received at least one dose of the randomized IMP.	

Primary: Proportion of Patients With Mean IGF-1 Levels $\leq 1 \times$ ULN at Week 22/24

End point title	Proportion of Patients With Mean IGF-1 Levels $\leq 1 \times$ ULN at Week 22/24
End point description: If one of the IGF-1 values at Week 22 or Week 24 was missing, the other value was used to define a responder/non-responder in the analysis. The variable (or endpoint) of interest was considered missing only if no IGF-1 value could be obtained from either the Week 22 or the Week 24 sample. A composite strategy was assumed for intercurrent events, and a patient was considered as a non-responder if he/she discontinued treatment with IMP or had the dose reduced prior to Week 22 (regardless of IGF-1 values), and/or was switched to rescue medication. ULN was based on the patient's sex and age at screening. Note that the numbers presented in the table with End point values represent the estimated number of responders based on imputation of data, and not the proportion of responders. The mean proportion of responders was 72.2% in the CAM2029 treatment arm and 37.5% in the placebo treatment arm.	
End point type	Primary
End point timeframe: At Week 22 and Week 24	

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	24		
Units: Estimated number of patients				
number (not applicable)	34.7	9.0		

Statistical analyses

Statistical analysis title	Difference in proportions
Statistical analysis description: Cochran-Mantel-Haenszel-type common difference in proportions across strata, stratified by prior treatment (octreotide LAR or lanreotide ATG).	
Comparison groups	Placebo v CAM2029
Number of subjects included in analysis	72
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0018 ^[1]
Method	Cochran-Mantel-Haenszel
Parameter estimate	Risk difference (RD)
Point estimate	34.6
Confidence interval	
level	95 %
sides	2-sided
lower limit	11.3
upper limit	57.9

Notes:

[1] - Upper-tailed p-value

Secondary: Proportion of Patients With Mean GH Levels <2.5 µg/L at Week 24

End point title	Proportion of Patients With Mean GH Levels <2.5 µg/L at Week 24
End point description: Proportion of Patients with Mean GH Levels <2.5 ug/L at Week 24 in the ITT analysis set. Note that the numbers presented in the table with End point values represent the estimated number of patients based on imputation of data, and not the proportion of patients.	
End point type	Secondary
End point timeframe: At Week 24	

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	24		
Units: Patients	42	20		

Statistical analyses

No statistical analyses for this end point

Secondary: Proportion of Patients With Mean GH Levels <1.0 µg/L at Week 24

End point title	Proportion of Patients With Mean GH Levels <1.0 µg/L at Week 24
End point description: Proportion of Patients with Mean GH Levels <1.0 ug/L at Week 24 in the ITT analysis set. Note that the numbers presented in the table with End point values represent the estimated number of patients based on imputation of data, and not the proportion of patients.	

End point type	Secondary
End point timeframe:	
At Week 24	

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	24		
Units: Patients				
number (not applicable)	28.8	9.0		

Statistical analyses

No statistical analyses for this end point

Secondary: Patients/partners competent to administer CAM2029 or placebo

End point title	Patients/partners competent to administer CAM2029 or placebo
End point description:	
Patients/partners declared competent out of those choosing to self-inject (percentage of patients/partners choosing to self-inject) in the ITT analysis set. Note that the numbers presented in the table with End point values represent the number of patients who were declared competent and not the proportion of patients.	
End point type	Secondary
End point timeframe:	
Week 24	

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	35	22		
Units: Patients	32	20		

Statistical analyses

No statistical analyses for this end point

Secondary: Change from baseline to Week 24/EOT in TSQM convenience domain scores

End point title	Change from baseline to Week 24/EOT in TSQM convenience domain scores
End point description:	
Change in Treatment Satisfaction Questionnaire for Medication (TSQM) scores in the convenience domain from baseline to Week 24/EOT by treatment arm: ANCOVA model within a pattern-mixture model framework in the ITT analysis set.	

The TSQM domain scores ranged from 0 to 100, where higher scores indicated better satisfaction. In the ANCOVA analysis of change from baseline to Week 24/EOT, the baseline TSQM scores represented the patients' satisfaction with their previous treatment with standard of care (octreotide LAR or lanreotide ATG).

End point type	Secondary
End point timeframe:	
From baseline to Week 24 / End of treatment	

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	24		
Units: score				
least squares mean (confidence interval 95%)	13.85 (9.45 to 18.25)	9.90 (4.06 to 15.75)		

Statistical analyses

Statistical analysis title	Mean difference
Comparison groups	CAM2029 v Placebo
Number of subjects included in analysis	72
Analysis specification	Pre-specified
Analysis type	superiority
Parameter estimate	Mean difference (final values)
Point estimate	3.94
Confidence interval	
level	95 %
sides	2-sided
lower limit	-2.94
upper limit	10.83

Secondary: Change from baseline to Week 24/EOT in TSQM effectiveness domain scores

End point title	Change from baseline to Week 24/EOT in TSQM effectiveness domain scores
End point description:	
Change in TSQM scores in the effectiveness domain from baseline to Week 24/EOT by treatment arm: ANCOVA model within a pattern-mixture model framework in the ITT analysis set.	
The TSQM domain scores ranged from 0 to 100, where higher scores indicated better satisfaction. In the ANCOVA analysis of change from baseline to Week 24/EOT, the baseline TSQM scores represented the patients' satisfaction with their previous treatment with standard of care (octreotide LAR or lanreotide ATG).	
End point type	Secondary
End point timeframe:	
From baseline to Week 24 / End of treatment	

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	24		
Units: score				
least squares mean (confidence interval 95%)	-2.72 (-9.94 to 4.51)	-3.11 (-12.09 to 5.86)		

Statistical analyses

Statistical analysis title	Mean difference
Comparison groups	CAM2029 v Placebo
Number of subjects included in analysis	72
Analysis specification	Pre-specified
Analysis type	superiority
Parameter estimate	Mean difference (final values)
Point estimate	0.4
Confidence interval	
level	95 %
sides	2-sided
lower limit	-10.8
upper limit	11.6

Secondary: Change from baseline to Week 24/EOT in TSQM global satisfaction domain scores

End point title	Change from baseline to Week 24/EOT in TSQM global satisfaction domain scores
End point description:	
Change in TSQM scores in the global satisfaction domain from baseline to Week 24/EOT by treatment arm: ANCOVA model within a pattern-mixture model framework in the ITT analysis set. The TSQM domain scores ranged from 0 to 100, where higher scores indicated better satisfaction. In the ANCOVA analysis of change from baseline to Week 24/EOT, the baseline TSQM scores represented the patients' satisfaction with their previous treatment with standard of care (octreotide LAR or lanreotide ATG).	
End point type	Secondary
End point timeframe:	
From baseline to Week 24 / End of treatment	

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	24		
Units: score				
least squares mean (confidence interval 95%)	0.10 (-7.00 to 7.20)	-2.77 (-11.60 to 6.06)		

Statistical analyses

Statistical analysis title	Mean difference
Comparison groups	CAM2029 v Placebo
Number of subjects included in analysis	72
Analysis specification	Pre-specified
Analysis type	superiority
Parameter estimate	Mean difference (final values)
Point estimate	2.87
Confidence interval	
level	95 %
sides	2-sided
lower limit	-8.23
upper limit	13.97

Secondary: Change from baseline to Week 24/EOT in TSQM side effects scores

End point title	Change from baseline to Week 24/EOT in TSQM side effects scores
End point description:	
Change in TSQM scores in the side effects domain from baseline to Week 24/EOT by treatment arm: ANCOVA model within a pattern-mixture model framework in the ITT analysis set. The TSQM domain scores ranged from 0 to 100, where higher scores indicated better satisfaction. In the ANCOVA analysis of change from baseline to Week 24/EOT, the baseline TSQM scores represented the patients' satisfaction with their previous treatment with standard of care (octreotide LAR or lanreotide ATG).	
End point type	Secondary
End point timeframe:	
From baseline to Week 24 / End of treatment	

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	24		
Units: score				
least squares mean (confidence interval 95%)	3.37 (-1.95 to 8.69)	-3.70 (-10.77 to 3.38)		

Statistical analyses

Statistical analysis title	Mean difference
Comparison groups	CAM2029 v Placebo
Number of subjects included in analysis	72
Analysis specification	Pre-specified
Analysis type	superiority
Parameter estimate	Mean difference (final values)
Point estimate	7.07
Confidence interval	
level	95 %
sides	2-sided
lower limit	-1.63
upper limit	15.76

Secondary: Patient satisfaction scale score at Week 24/EOT

End point title	Patient satisfaction scale score at Week 24/EOT
End point description:	
Patient satisfaction scale scores at Week 24/EOT in the ITT analysis set. Patient satisfaction scores ranged from 1 (much worse) to 5 (much better), where higher scores indicated better satisfaction.	
End point type	Secondary
End point timeframe:	
At Week 24 / End of treatment	

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	24		
Units: score				
arithmetic mean (confidence interval 95%)	3.9 (3.6 to 4.2)	3.4 (2.9 to 3.8)		

Statistical analyses

No statistical analyses for this end point

Secondary: Change from baseline to Week 24/EOT in AcroQoL Total Score

End point title	Change from baseline to Week 24/EOT in AcroQoL Total Score
End point description:	
Change in Acromegaly Quality of Life Questionnaire (AcroQoL) total score from baseline to Week 24/EOT by treatment arm: ANCOVA model within a pattern-mixture model framework in the ITT analysis set. The AcroQoL domain scores ranged from 0 to 100, where higher scores indicated better quality of life. In the ANCOVA analysis of change from baseline to Week 24/EOT, the baseline AcroQoL scores represented the patients' quality of life while on treatment with standard of care (octreotide LAR or lanreotide ATG).	
End point type	Secondary

End point timeframe:

From baseline to Week 24 / End of treatment

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	24		
Units: score				
least squares mean (confidence interval 95%)	4.685 (1.510 to 7.861)	2.237 (-2.246 to 6.721)		

Statistical analyses

Statistical analysis title	Mean difference
Comparison groups	CAM2029 v Placebo
Number of subjects included in analysis	72
Analysis specification	Pre-specified
Analysis type	superiority
Parameter estimate	Mean difference (final values)
Point estimate	2.448
Confidence interval	
level	95 %
sides	2-sided
lower limit	-2.958
upper limit	7.853

Secondary: Change from baseline to Week 24/EOT in AcroQoL Physical Domain Score

End point title	Change from baseline to Week 24/EOT in AcroQoL Physical Domain Score
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End point description:

Change in AcroQoL Physical Domain Score from Baseline to Week 24/EOT by treatment arm: ANCOVA model within a pattern-mixture model framework in the ITT analysis set.

The AcroQoL domain scores ranged from 0 to 100, where higher scores indicated better quality of life. In the ANCOVA analysis of change from baseline to Week 24/EOT, the baseline AcroQoL scores represented the patients' quality of life while on treatment with standard of care (octreotide LAR or lanreotide ATG).

End point type	Secondary
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End point timeframe:

From baseline to Week 24 / End of treatment

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	24		
Units: score				
least squares mean (confidence interval 95%)	3.968 (0.346 to 7.590)	-1.198 (-6.348 to 3.952)		

Statistical analyses

Statistical analysis title	Mean difference
Comparison groups	CAM2029 v Placebo
Number of subjects included in analysis	72
Analysis specification	Pre-specified
Analysis type	superiority
Parameter estimate	Mean difference (final values)
Point estimate	5.166
Confidence interval	
level	95 %
sides	2-sided
lower limit	-1.097
upper limit	11.429

Secondary: Change from baseline to Week 24/EOT in AcroQoL Psychological Domain Total Score

End point title	Change from baseline to Week 24/EOT in AcroQoL Psychological Domain Total Score
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End point description:

Change in AcroQoL Psychological Domain Total Score from baseline to Week 24/EOT by treatment arm: ANCOVA model within a pattern-mixture model framework in the ITT analysis set.

The AcroQoL domain scores ranged from 0 to 100, where higher scores indicated better quality of life. In the ANCOVA analysis of change from baseline to Week 24/EOT, the baseline AcroQoL scores represented the patients' quality of life while on treatment with standard of care (octreotide LAR or lanreotide ATG).

End point type	Secondary
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End point timeframe:

From baseline to Week 24 / End of treatment

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	24		
Units: score				
least squares mean (confidence interval 95%)	5.054 (1.684 to 8.424)	4.433 (-0.313 to 9.178)		

Statistical analyses

Statistical analysis title	Mean difference
Comparison groups	CAM2029 v Placebo
Number of subjects included in analysis	72
Analysis specification	Pre-specified
Analysis type	superiority
Parameter estimate	Mean difference (final values)
Point estimate	0.621
Confidence interval	
level	95 %
sides	2-sided
lower limit	-5.147
upper limit	6.39

Secondary: Change from baseline to Week 24 in EQ-5D-5L Visual Analog Scale Score

End point title	Change from baseline to Week 24 in EQ-5D-5L Visual Analog Scale Score
End point description: Change in EQ-5D-5L visual analogue scale (VAS) score from baseline to Week 24/EOT in the ITT analysis set. The EQ-5D-5L VAS scores ranged from 0 (worst imaginable health state) to 100 (best imaginable health state).	
End point type	Secondary
End point timeframe: From Day 1 until Week 24 / End of Treatment	

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	42	21		
Units: score				
arithmetic mean (confidence interval 95%)	0.9 (-2.4 to 4.3)	0.1 (-5.8 to 6.0)		

Statistical analyses

No statistical analyses for this end point

Secondary: Change from baseline to Week 24 in EQ-5D-5L Index Value

End point title	Change from baseline to Week 24 in EQ-5D-5L Index Value
End point description: Change in EQ-5D-5L Index Value from baseline to Week 24/EOT in the ITT analysis set. An EQ-5D-5L Index Value of 0 represented death and 1 represented full health. Values below 0 can occur.	
End point type	Secondary
End point timeframe: From Day 1 until Week 24 / End of Treatment	

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	42	21		
Units: score				
arithmetic mean (confidence interval 95%)	-0.009 (-0.059 to 0.040)	0.012 (-0.029 to 0.052)		

Statistical analyses

No statistical analyses for this end point

Secondary: Plasma octreotide concentrations over time

End point title	Plasma octreotide concentrations over time ^[2]
End point description:	Descriptive statistics of plasma octreotide concentration values in the full analysis set.
End point type	Secondary
End point timeframe:	From pre-dose until Week 24 / End of treatment

Notes:

[2] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period. Justification: Octreotide as a pharmacokinetic value is only reported for the active arm. In the table the pre-dose value at Week 24 is presented.

End point values	CAM2029			
Subject group type	Reporting group			
Number of subjects analysed	47			
Units: ng/mL				
arithmetic mean (standard deviation)	1.049 (± 0.970)			

Attachments (see zip file)	Mean octreotide plasma concentrations over time/F14.2.19.5
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Statistical analyses

No statistical analyses for this end point

Secondary: Proportion of Patients With Mean IGF-1 Levels ≤1x ULN at Week 22/24, Irrespective of IMP Dose

End point title	Proportion of Patients With Mean IGF-1 Levels ≤1x ULN at Week 22/24, Irrespective of IMP Dose
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End point description:

This is the key secondary endpoint I. If one of the IGF-1 values at Week 22 or Week 24 was missing, the other value was used to define a responder/non-responder in the analysis. The variable (or

endpoint) of interest was considered missing only if no IGF-1 value could be obtained from either the Week 22 or the Week 24 sample. A composite strategy was assumed for intercurrent events, and a patient was considered as a non-responder if he/she discontinued treatment with IMP prior to Week 22 (regardless of IGF-1 values), and/or was switched to rescue medication. For this endpoint, a patient who had their dose reduced was not directly classified as a non-responder. ULN was based on the patient's sex and age at screening. Note that the numbers presented in the table with End point values represent the estimated number of responders based on imputation of data, and not the proportion of responders. The mean proportion of responders was 72.2% in the CAM2029 arm and 37.5% in the placebo arm.

End point type	Secondary
End point timeframe:	
At Week 22 and Week 24	

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	24		
Units: Estimated number of patients				
number (not applicable)	34.7	9.0		

Statistical analyses

Statistical analysis title	Difference in proportions
Statistical analysis description:	
Cochran-Mantel-Haenszel-type common difference in proportions across strata, stratified by prior treatment (octreotide LAR or lanreotide ATG).	
Comparison groups	CAM2029 v Placebo
Number of subjects included in analysis	72
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0018 ^[3]
Method	Cochran-Mantel-Haenszel
Parameter estimate	Risk difference (RD)
Point estimate	34.6
Confidence interval	
level	95 %
sides	2-sided
lower limit	11.3
upper limit	57.9

Notes:

[3] - Upper-tailed p-value

Secondary: Proportion of Patients With Mean IGF-1 levels $\leq 1 \times \text{ULN}$ at Week 22/24 and Mean GH Levels $< 2.5 \mu\text{g/L}$ at Week 24

End point title	Proportion of Patients With Mean IGF-1 levels $\leq 1 \times \text{ULN}$ at Week 22/24 and Mean GH Levels $< 2.5 \mu\text{g/L}$ at Week 24
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End point description:

This is the key secondary endpoint II.

If one of the IGF-1 values at Week 22 or Week 24 was missing, the other value was used to define a responder/non-responder in the analysis. The variable (or endpoint) of interest was considered missing only if no IGF-1 value could be obtained from either the Week 22 or the Week 24 sample or no GH value

at Week 24. A composite strategy was assumed for intercurrent events, and a patient was considered as a non-responder if he/she discontinued treatment with IMP or had the dose reduced prior to Week 22 (regardless of IGF-1 values), and/or was switched to rescue medication. ULN was based on the patient's sex and age at screening.

Note that the numbers presented in the table with End point values represent the estimated number of responders based on imputation of data, and not the proportion of responders. The mean proportion of responders was 70.0% in the CAM2029 arm and 37.5% in the placebo arm.

End point type	Secondary
End point timeframe:	
At Week 22 and Week 24	

End point values	CAM2029	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	48	24		
Units: Estimated number of patients				
number (not applicable)	33.6	9.0		

Statistical analyses

Statistical analysis title	Difference in proportions
Comparison groups	CAM2029 v Placebo
Number of subjects included in analysis	72
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0035
Method	Cochran-Mantel-Haenszel
Parameter estimate	Mean difference (final values)
Point estimate	32.3
Confidence interval	
level	95 %
sides	2-sided
lower limit	8.8
upper limit	55.7

Adverse events

Adverse events information

Timeframe for reporting adverse events:

AEs were assessed from the time of informed consent until completion of all trial procedures and discharge from the trial.

Assessment type	Systematic
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Dictionary used

Dictionary name	MedDRA
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Dictionary version	25.0
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Reporting groups

Reporting group title	CAM2029
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Reporting group description:

Safety analysis set.

Reporting group title	Placebo
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Reporting group description: -

Serious adverse events	CAM2029	Placebo	
Total subjects affected by serious adverse events			
subjects affected / exposed	4 / 47 (8.51%)	2 / 24 (8.33%)	
number of deaths (all causes)	0	0	
number of deaths resulting from adverse events	0	0	
Gastrointestinal disorders			
Gastritis erosive			
subjects affected / exposed	0 / 47 (0.00%)	1 / 24 (4.17%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Hepatobiliary disorders			
Cholecystitis			
subjects affected / exposed	0 / 47 (0.00%)	1 / 24 (4.17%)	
occurrences causally related to treatment / all	0 / 0	1 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Infections and infestations			
COVID-19			
subjects affected / exposed	2 / 47 (4.26%)	0 / 24 (0.00%)	
occurrences causally related to treatment / all	0 / 2	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	
COVID-19 pneumonia			

subjects affected / exposed	1 / 47 (2.13%)	0 / 24 (0.00%)	
occurrences causally related to treatment / all	0 / 1	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	
Influenza			
subjects affected / exposed	1 / 47 (2.13%)	0 / 24 (0.00%)	
occurrences causally related to treatment / all	0 / 1	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	

Frequency threshold for reporting non-serious adverse events: 5 %

Non-serious adverse events	CAM2029	Placebo	
Total subjects affected by non-serious adverse events			
subjects affected / exposed	36 / 47 (76.60%)	19 / 24 (79.17%)	
Nervous system disorders			
Headache			
subjects affected / exposed	3 / 47 (6.38%)	0 / 24 (0.00%)	
occurrences (all)	3	0	
General disorders and administration site conditions			
Injection site erythema			
subjects affected / exposed	12 / 47 (25.53%)	5 / 24 (20.83%)	
occurrences (all)	19	7	
Injection site swelling			
subjects affected / exposed	7 / 47 (14.89%)	2 / 24 (8.33%)	
occurrences (all)	10	2	
Injection site mass			
subjects affected / exposed	3 / 47 (6.38%)	5 / 24 (20.83%)	
occurrences (all)	8	12	
Injection site pruritus			
subjects affected / exposed	7 / 47 (14.89%)	1 / 24 (4.17%)	
occurrences (all)	9	1	
Injection site induration			
subjects affected / exposed	4 / 47 (8.51%)	3 / 24 (12.50%)	
occurrences (all)	6	4	
Injection site pain			

<p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>4 / 47 (8.51%)</p> <p>4</p>	<p>3 / 24 (12.50%)</p> <p>7</p>	
<p>Injection site nodule</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>4 / 47 (8.51%)</p> <p>5</p>	<p>1 / 24 (4.17%)</p> <p>4</p>	
<p>Fatigue</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>3 / 47 (6.38%)</p> <p>4</p>	<p>1 / 24 (4.17%)</p> <p>1</p>	
<p>Injection site rash</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>0 / 47 (0.00%)</p> <p>0</p>	<p>2 / 24 (8.33%)</p> <p>5</p>	
<p>Blood and lymphatic system disorders</p> <p>Anaemia</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>1 / 47 (2.13%)</p> <p>1</p>	<p>3 / 24 (12.50%)</p> <p>3</p>	
<p>Leukopenia</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>0 / 47 (0.00%)</p> <p>0</p>	<p>2 / 24 (8.33%)</p> <p>2</p>	
<p>Gastrointestinal disorders</p> <p>Abdominal pain upper</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>3 / 47 (6.38%)</p> <p>6</p>	<p>0 / 24 (0.00%)</p> <p>0</p>	
<p>Skin and subcutaneous tissue disorders</p> <p>Pruritus</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>4 / 47 (8.51%)</p> <p>4</p>	<p>0 / 24 (0.00%)</p> <p>0</p>	
<p>Musculoskeletal and connective tissue disorders</p> <p>Arthralgia</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>8 / 47 (17.02%)</p> <p>10</p>	<p>2 / 24 (8.33%)</p> <p>3</p>	
<p>Infections and infestations</p> <p>COVID-19</p> <p>subjects affected / exposed</p> <p>occurrences (all)</p>	<p>2 / 47 (4.26%)</p> <p>2</p>	<p>3 / 24 (12.50%)</p> <p>3</p>	

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
30 March 2020	<ul style="list-style-type: none">- Deletion of the GH cycle assessment at Week -2;- Addition of option for patients who were screen failures in HS-19-647 to be screened for HS-18-633;- Clarifications about the definition of the primary estimand and the responder definition for the secondary endpoints;- Update of the enrollment criteria to enable the inclusion of patients with Gilbert syndrome and to adjust the diagnosis of acromegaly to clinical practice.
31 January 2023	<ul style="list-style-type: none">- Upgrade of the TSQM, ACroQoL, and EQ-5D-5L endpoints from exploratory to secondary;- Update of the text describing how to handle PDs due to COVID-19;- Implement recommendations from the US FDA on the statistical analysis:<ul style="list-style-type: none">- Addition and/or update of sensitivity, supportive, and subgroup analyses of the primary and key secondary endpoints;- Update of the primary estimand definition;- Usage of ITT analysis set for the efficacy analysis.

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported