RC3.4

Effect of CAM2029 on long-term biochemical and symptom control in patients with acromegaly according to prior injectable somatostatin receptor ligand

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10 May 2026 | 14:40

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Presented at the 28th European Congress of Endocrinology (ECE); Prague, Czech Republic; 9–12 May 2026

Conflicts of interest

Institutional grants:

Alexion Pharmaceuticals

Crinetics Pharmaceuticals

DebioPharm

Scientific consulting honoraria:

Alexion Pharmaceuticals

Camurus AB

Crinetics Pharmaceuticals

DebioPharm

Marea Therapeutics

Recordati Rare Disease

ACROINNOVA 2, a 52-week, Phase 3, open-label trial of CAM2029 in patients with acromegaly

CAM2029 is a novel, long-acting octreotide SC depot developed using FluidCrystal® technology[1]

Patients directly enrolled into ACROINNOVA 2 had IGF-I ≤2×ULN at baseline on octreotide LAR or lanreotide ATG

Key eligibility criteria:

- Diagnosis of acromegaly
- Stable treatment with SoC for ≥3 months*

Day 1 — **Week 24** — **Week 52**

Open-label treatment with CAM2029 20 mg† every 4 weeks (±1 week)
Administered using a pre-filled syringe‡ or autoinjector pen

Extension phase§

ACROINNOVA 2 direct enrolment:
biochemically controlled or uncontrolled on octreotide LAR or lanreotide ATG
IGF-I levels ≤2×ULN at screening

Patients enrolled directly into ACROINNOVA 2 (N=81)

SoC baseline
(prior to receiving first CAM2029/placebo dose)

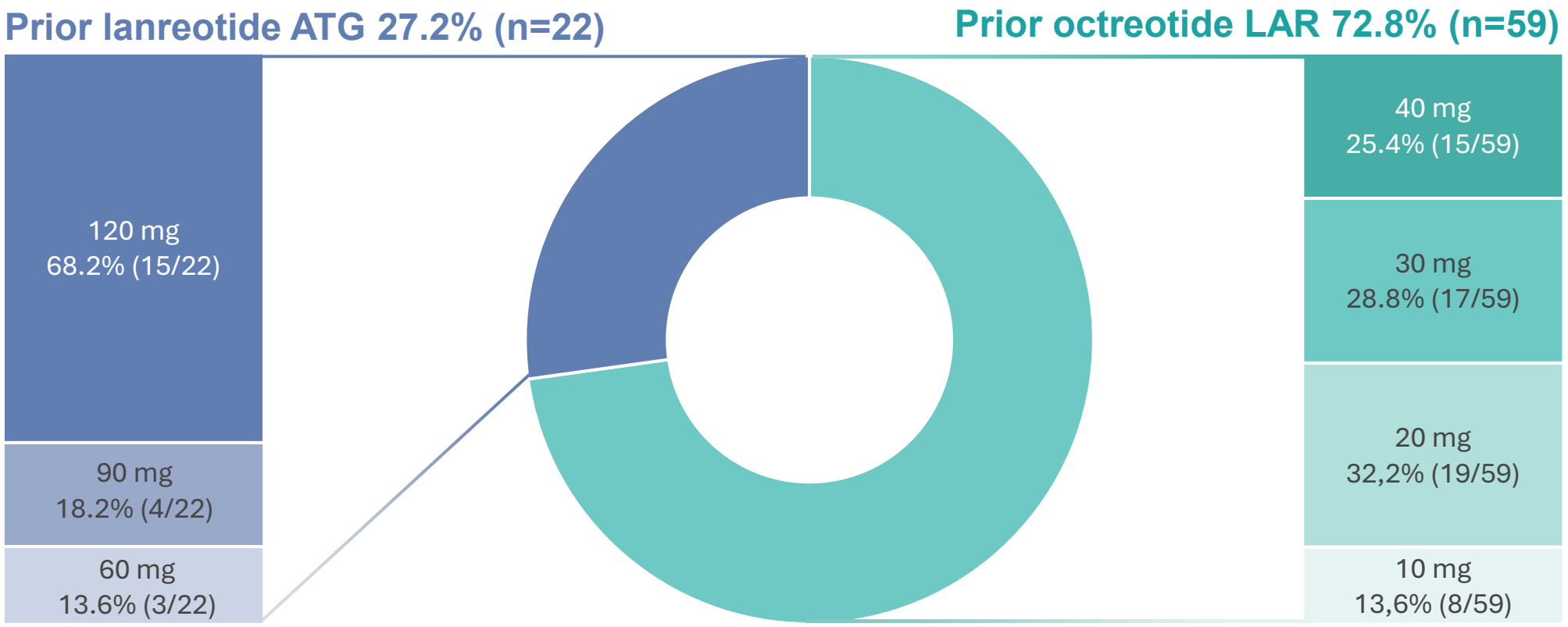
Autoinjector pen

We report descriptive data for biochemical control rate and symptom control during the 52-week core phase for directly enrolled patients, stratified by last SRL therapy received prior to enrolment into the ACROINNOVA 2 study

ACROINNOVA 2 (NCT04125836).[2]
*Treatment with a stable dose of octreotide LAR (10, 20, 30 or 40 mg) or lanreotide ATG (60, 90 or 120 mg); †If required based on safety and tolerability, dose could be reduced to 10 mg CAM2029; ‡Only the autoinjector pen is available following marketing authorisation; §Upon completing the week 48 CAM2029 treatment and week 52 assessment in the core phase of ACROINNOVA 2, patients could elect to receive CAM2029 in a 52-week extension phase.
ATG, Autogel; GH, growth hormone; IGF-I, insulin-like growth factor I; LAR, long-acting repeatable; SoC, standard of care; SRL, somatostatin receptor ligand; ULN, upper limit of normal per age and sex.
1. Ferone D *et al. J Clin Endocrinol Metab* 2025;110:1729–39; 2. Clinicaltrials.gov. NCT04125836.

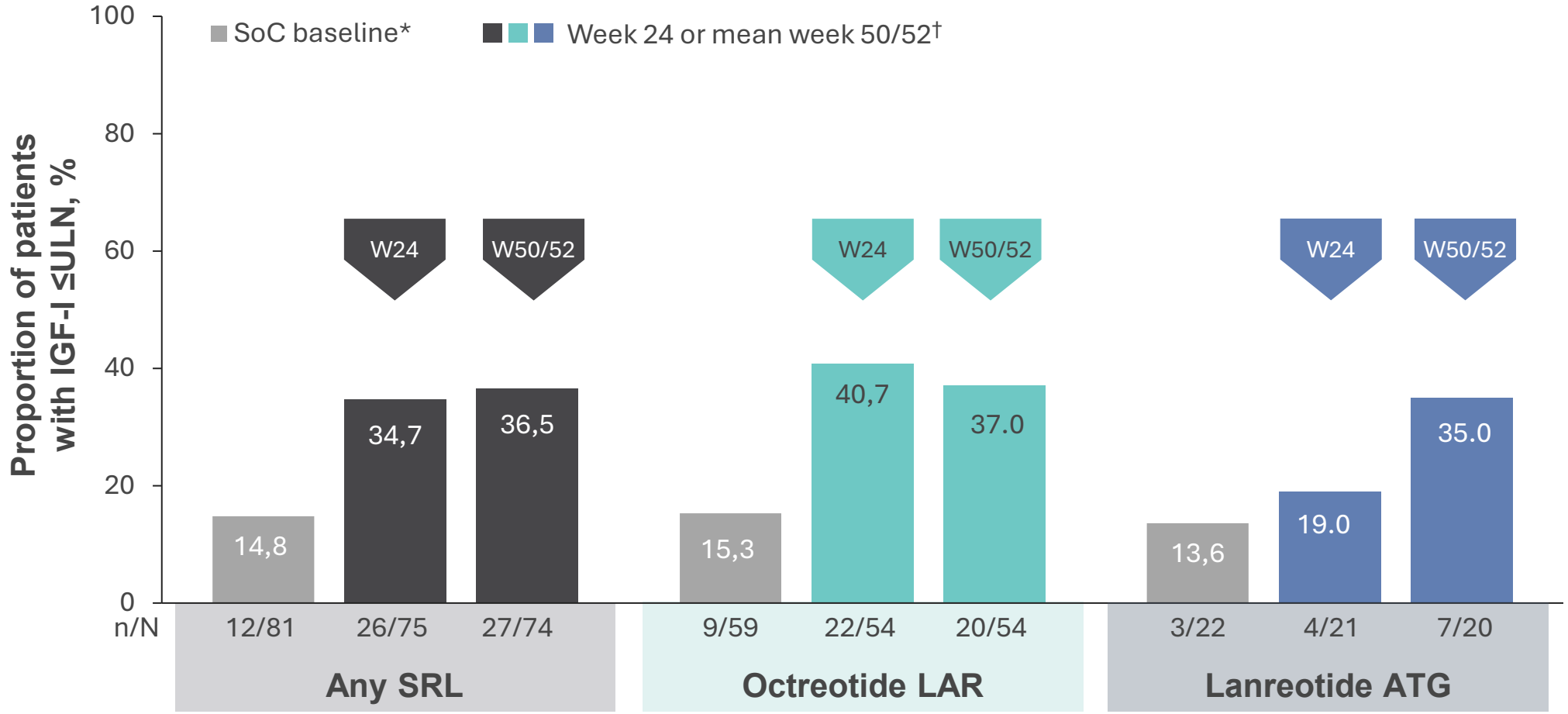
Most patients in the directly enrolled group of ACROINNOVA 2 received octreotide LAR at baseline

- **81 patients were directly enrolled into ACROINNOVA 2 and 74 (91.4%) completed the core phase**



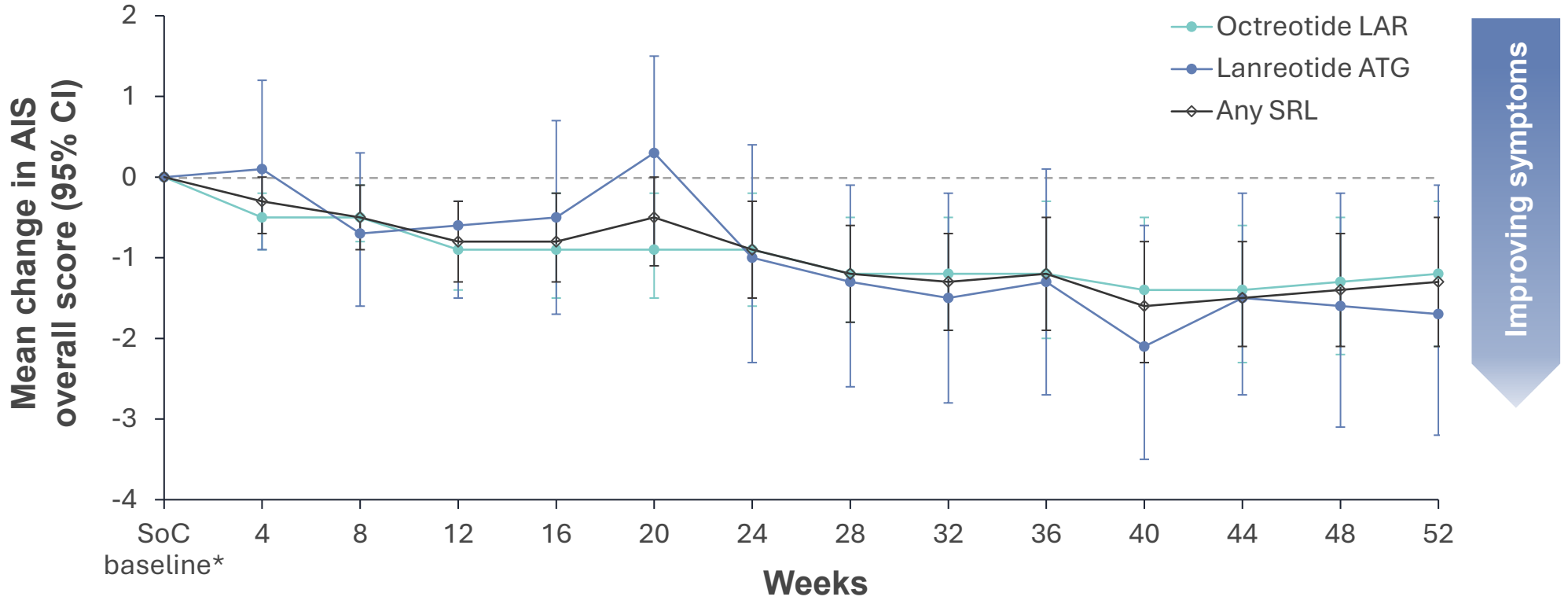
Last medication for acromegaly taken prior to day 1 in ACROINNOVA 2.
ATG, Autogel; LAR, long-acting repeatable.

Switching to CAM2029 treatment improved biochemical control rates, regardless of prior SRL type



Intention-to-treat population. Figure includes all patients with available data at the timepoint.
*Prior to receiving the first CAM2029 dose; IGF-I values are means from assessments at week −2 and day 1; †IGF-I values are means from assessments at weeks 50 and 52.
ATG, Autogel; IGF-I, insulin-like growth factor I; LAR, long-acting repeatable; SoC, standard of care; SRL, somatostatin receptor ligand; ULN, upper limit of normal per age and sex; W, week.

Acromegaly symptom control improved in most patients from baseline to week 52



Any SRL	n	81	81	81	81	79	79	76	76	76	76	75	75	74	73
Octreotide LAR	n	59	59	59	59	57	57	55	55	55	55	55	54	53	53
Lanreotide ATG	n	22	22	22	22	22	22	21	21	21	21	20	21	21	20

*The closest preceding measurement before the first dose of CAM2029. AIS 0–18; sum of scores (0–3; none–severe) for six symptoms (headache, sweating, fatigue, joint pain, paraesthesia and soft tissue swelling).[1]
AIS, Acromegaly Index of Severity; ATG, Autogel; CI, confidence interval; LAR, long-acting repeatable; SRL, somatostatin receptor ligand.

1. Ferone D *et al. J Clin Endocrinol Metab* 2025;110:1729–39.

Conclusions

- In patients with IGF-I ≤2×ULN on baseline injectable SRLs, 52 week of CAM2029 treatment at a standard dose of 20 mg every 4 weeks:
  - Was **well tolerated**
  - **Improved** biochemical control rate from 14.8% at SoC baseline to 36.5% at week 50/52
  - **Progressively reduced** the symptom burden
- Improvements in biochemical and symptom control with long-term CAM2029 were similar, **regardless of previous SRL treatment**

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These results support CAM2029 as a long-term treatment option for acromegaly, including in some patients without biochemical control on octreotide LAR or lanreotide ATG

ATG, Autogel; IGF-I, insulin-like growth factor; LAR, long-acting repeatable; SoC, standard of care; SRL, somatostatin receptor ligand; ULN, upper limit of normal per age and sex.

Acknowledgements

- **Thank you to the patients, investigators, nurses and trial coordinators who made this trial possible**
- The ACROINNOVA 2 trial was funded by Camurus AB
- Statistical analysis was provided by Jacob Råstam
- Medical writing assistance was provided by Esther Illman, MBChB, MSc, at Amiculum®, and was funded by Camurus AB