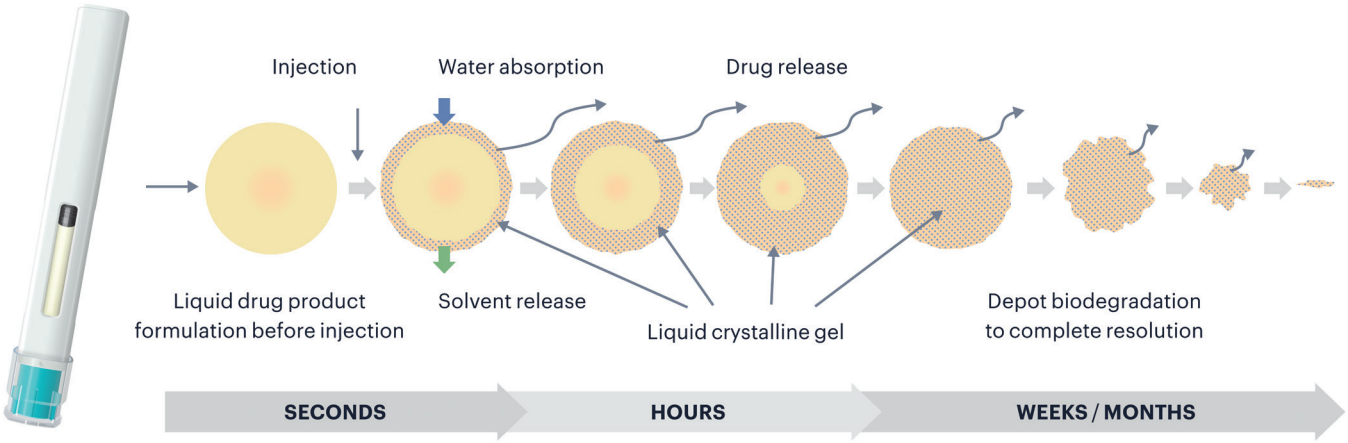
Supplementary material

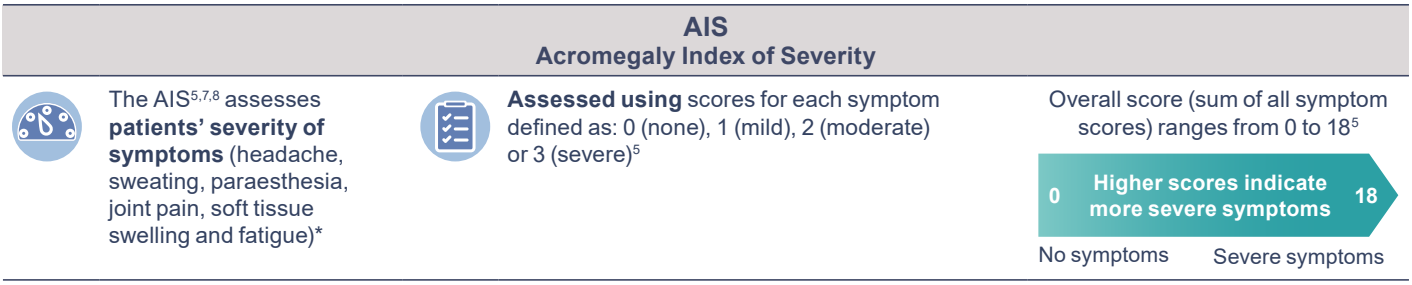
Supplementary Figure 1: The FluidCrystal® drug delivery system[1–5]

CAM2029 pre-filled pen (autoinjector)



In ACROINNOVA 1, CAM2029 was administered via pre-filled syringes.[5] Only the pre-filled pen autoinjector is available following marketing authorisation.[6]

Supplementary Figure 2: Overview of AIS



ACROINNOVA 1 and 2 were not powered to assess changes in acromegaly symptom severity using the AIS.
*In ACROINNOVA 1 and 2, paraesthesia was included in addition to the five symptoms assessed with the AIS in Fleseriu *et al*. 2020.[5,7]

Supplementary Table 1: Patient demographics and medical histories at screening

	Directly continued (N=20)	Restarted (N=23)	Overall (N=43)
Mean age, years (SD)	60.5 (10.9)	51.3 (14.0)	55.6 (13.3)
Sex, n (%)			
Female	14 (70.0)	13 (56.5)	27 (62.8)
Male	6 (30.0)	10 (43.5)	16 (37.2)
Mean time since diagnosis, years (SD)	14.4 (9.3)	9.7 (8.2)	11.8 (9.0)
Prior pituitary surgery, n (%)	18 (90.0)	20 (87.0)	38 (88.4)
Past medications,* n (%)	20 (100)	23 (100)	43 (100)
Octreotide	15 (75.0)	15 (65.2)	30 (69.8)
Lanreotide	9 (45.0)	13 (56.5)	22 (51.2)
Cabergoline	1 (5.0)	6 (26.1)	7 (16.3)
Bromocriptine	1 (5.0)	1 (4.3)	2 (4.7)
Pegvisomant	1 (5.0)	1 (4.3)	2 (4.7)
IGF-I ≤ULN,† n/N (%)	12/19 (63.2)	11/23 (47.8)	23/42 (54.8)

Demographic data from the screening assessments at the start of ACROINNOVA 1 and 2. Extension safety analysis set (all patients in the directly continued group and all patients in the restarted group who received at least one dose of CAM2029 during the extension).

*Any time prior to enrolment in ACROINNOVA 1 (prior-CAM2029 and prior-placebo) or the core phase of ACROINNOVA 2 (directly enrolled);
†At SoC baseline; extension efficacy analysis set (all patients who received at least one dose of CAM2029 and completed at least one efficacy assessment during the extension). IGF-I, insulin-like growth factor I; SD, standard deviation; SoC, standard of care; ULN, upper limit of normal per age and sex.

Supplementary Table 2: AEs by preferred term reported in the extension phase of ACROINNOVA 2

AE by preferred term reported in **≥3 patients** overall, n (%)	Directly continued (N=20)	Restarted (N=23)	Overall (N=43)
Headache	3 (15.0)	5 (21.7)	8 (18.6)
Arthralgia	2 (10.0)	5 (21.7)	7 (16.3)
Injection site mass	1 (5.0)	4 (17.4)	5 (11.6)
Injection site swelling	1 (5.0)	4 (17.4)	5 (11.6)
Injection site erythema	1 (5.0)	3 (13.0)	4 (9.3)
Injection site nodule	0	3 (13.0)	3 (7.0)
Injection site pain	2 (10.0)	1 (4.3)	3 (7.0)
COVID-19	1 (5.0)	2 (8.7)	3 (7.0)
Upper respiratory tract infection	1 (5.0)	2 (8.7)	3 (7.0)
Soft tissue swelling	0	3 (13.0)	3 (7.0)
Diarrhoea	1 (5.0)	2 (8.7)	3 (7.0)

Extension safety analysis set. Table shows TEAEs. AE, adverse event; COVID-19, Coronavirus disease 2019; TEAE, treatment-emergent adverse event.

References

1. Tiberg F *et al. Chem Lett* 2012;41:1090–2.
2. Tiberg F, Johnsson M. *J Drug Deliv Science Tech* 2011;21:101–9.
3. Engstedt J *et al. Colloids Surf B Biointerfaces* 2024;239:113955.
4. Tiberg F *et al. Br J Clin Pharmacol* 2015;80:460–72.
5. Ferone D *et al. J Clin Endocrinol Metab* 2025;110:1729–39.
6. Camurus AB. Oczyesa® (CAM2029). UK Summary of Product Characteristics, 2025.
7. Fleseriu M *et al. Pituitary* 2020;23:347–58.
8. Fleseriu M *et al. Front Endocrinol* 2021;12:627711.