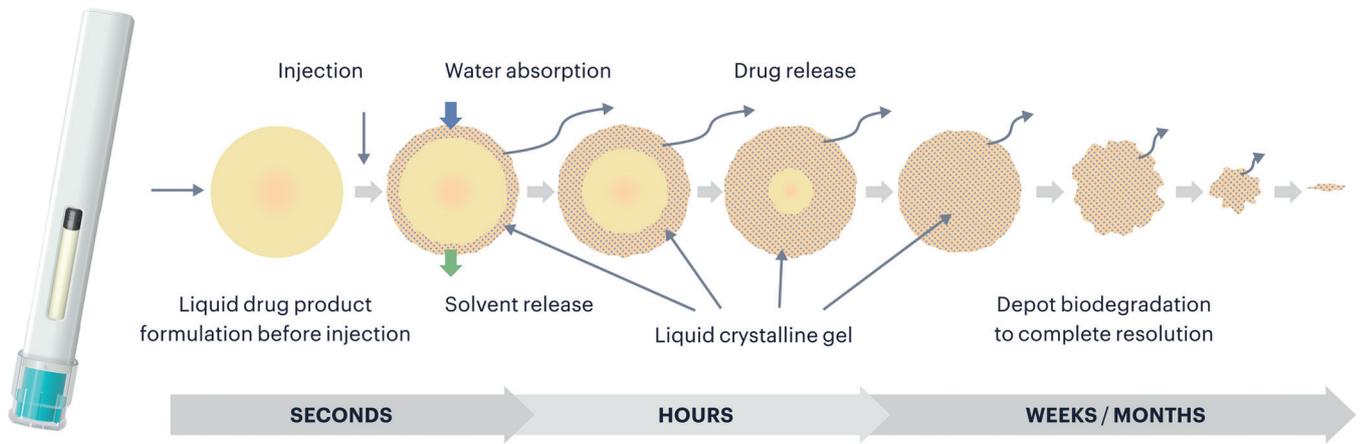


Supplementary material

Supplementary Figure 1: The FluidCrystal® drug delivery system¹⁻⁵

CAM2029 pre-filled pen
(autoinjector)



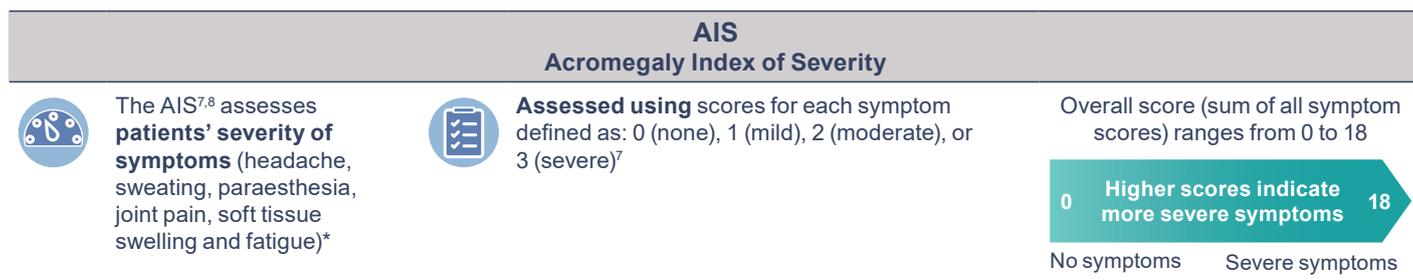
In ACROINNOVA 1, CAM2029 was administered via pre-filled syringes.⁵ Only the pre-filled pen (autoinjector) is available following marketing authorisation.⁶

Supplementary Table 1: Patient demographics and medical history

	Overall ⁵ N=48	On-time assessment (≤28 days) n=19	Later assessment (>28 days) n=23
Mean age, years (SD)	57 (11.2)	59 (9.4)	54 (12.7)
Sex, n (%)			
Female	28 (58.3)	13 (68.4)	11 (47.8)
Male	20 (41.7)	6 (31.6)	12 (52.2)
Mean time since diagnosis, years (SD)	10.8 (6.8)	13 (8.5)	9 (5.5)
Prior pituitary surgery history, n (%)	42 (87.5)	17 (89.5)	20 (87.0)
Baseline treatment, n (%)			
Octreotide LAR	25 (52.1)	9 (47.4)	13 (56.5)
Lanreotide ATG	23 (47.9)	10 (52.6)	10 (43.5)

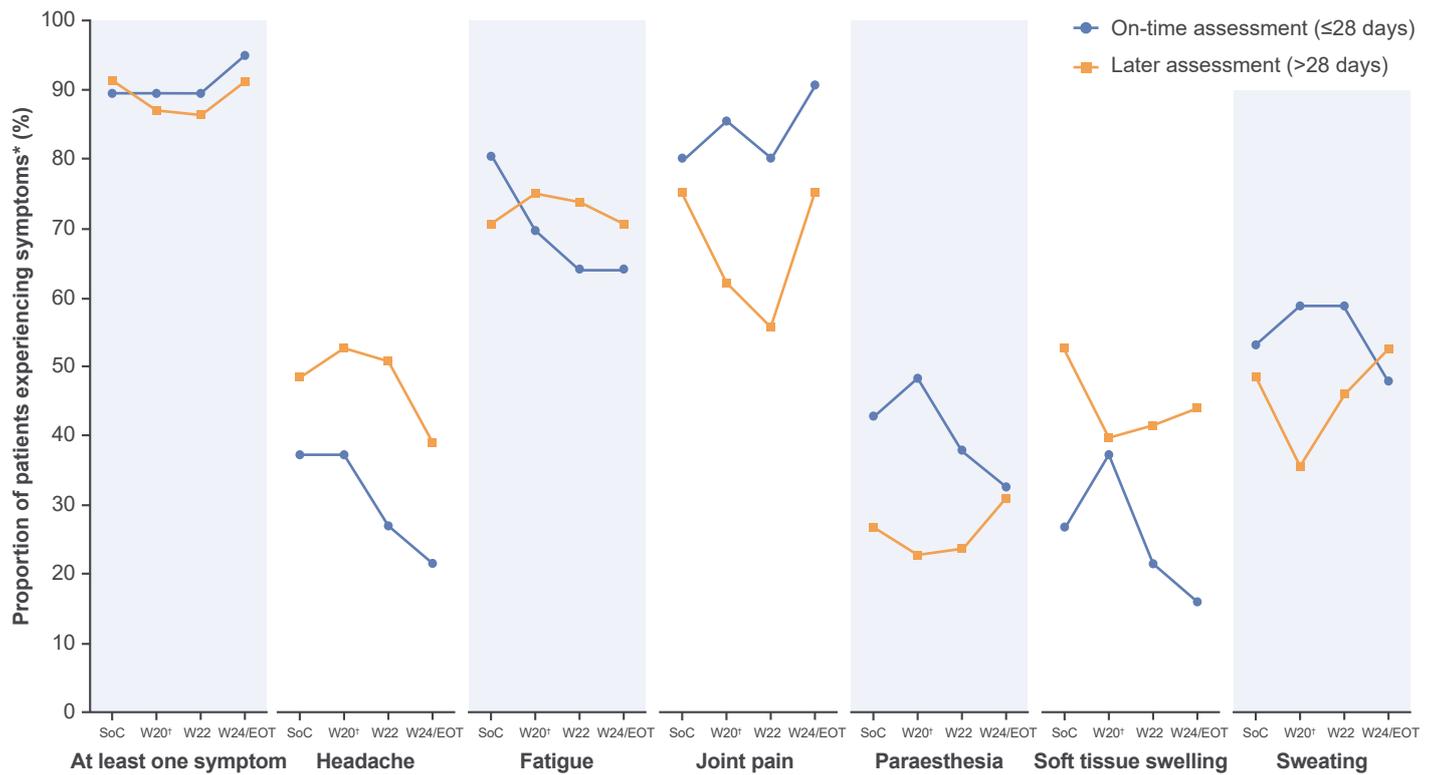
Adapted from Ferone D *et al. J Clin Endocrinol Metab* 2025;110:1729–39. ATG, Autogel; LAR, long-acting repeatable; SD, standard deviation.

Supplementary Figure 2: Overview of AIS



ACROINNOVA 1 was not powered to assess changes in acromegaly symptom severity using the AIS. *In ACROINNOVA 1, paraesthesia was included in addition to the five symptoms assessed with the AIS in Fleseriu *et al* 2020.⁵

Supplementary Figure 3: Control of individual symptoms was maintained throughout the dose-to-assessment interval, including among patients with assessments performed >28 days post-dose



*Symptoms included in the AIS assessment; [†]W20 assessments were conducted prior to CAM2029 administration. Data are for patients who completed their W20 dose and post-final dose assessments (on-time assessments at W20, W22 and W24/EOT, n=19; later assessments at W20 and W24/EOT, n=23; later assessments at W22, n=22). W20 assessments were conducted prior to CAM2029 administration. SoC, standard of care.

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