CONCLUSIONS

There are significant inter-center differences in the linear growth rate of children treated withIncrelex®, as reflected in the variability of height SDS change in the registry population. To increase adherence and treatment outcome, the registry population could benefit from further educational efforts.

In summary, the results from the registry provide evidence of the long-term safety and efficacy ofIncrelex® in children with IGFD. The registry continues to provide valuable information on the management of children with IGFD. Additional analyses are needed to further understand the inter-center variability in growth outcomes and to identify factors that may influence growth response toIncrelex® treatment.

ACKNOWLEDGEMENTS

This study was funded by Ipsen. The authors acknowledge the contributions of all investigators, participating centers, and their staff, as well as the patients and their families who have participated in the registry. The authors would also like to thank the journal’s reviewers for their valuable feedback.

REFERENCES


3. Wohlfahrt J et al. Poster presented at the 19th Joint Meeting of Paediatric Endocrinology, 16-23 September 2013, Milan, Italy.

The IGFD Registry is supported by Ipsen.