

Lundberg E¹, Andersson B¹, Krström B¹, Rosberg S² and Albertsson Wikland K²

¹Inst of Clinical Sciences, Pediatrics, Umeå University, Umeå, ²Dep of Physiology/Endocrin, Inst of Neuroscience/physiology, The Sahlgrenska Academy at University of Gothenburg, Gothenburg, Sweden

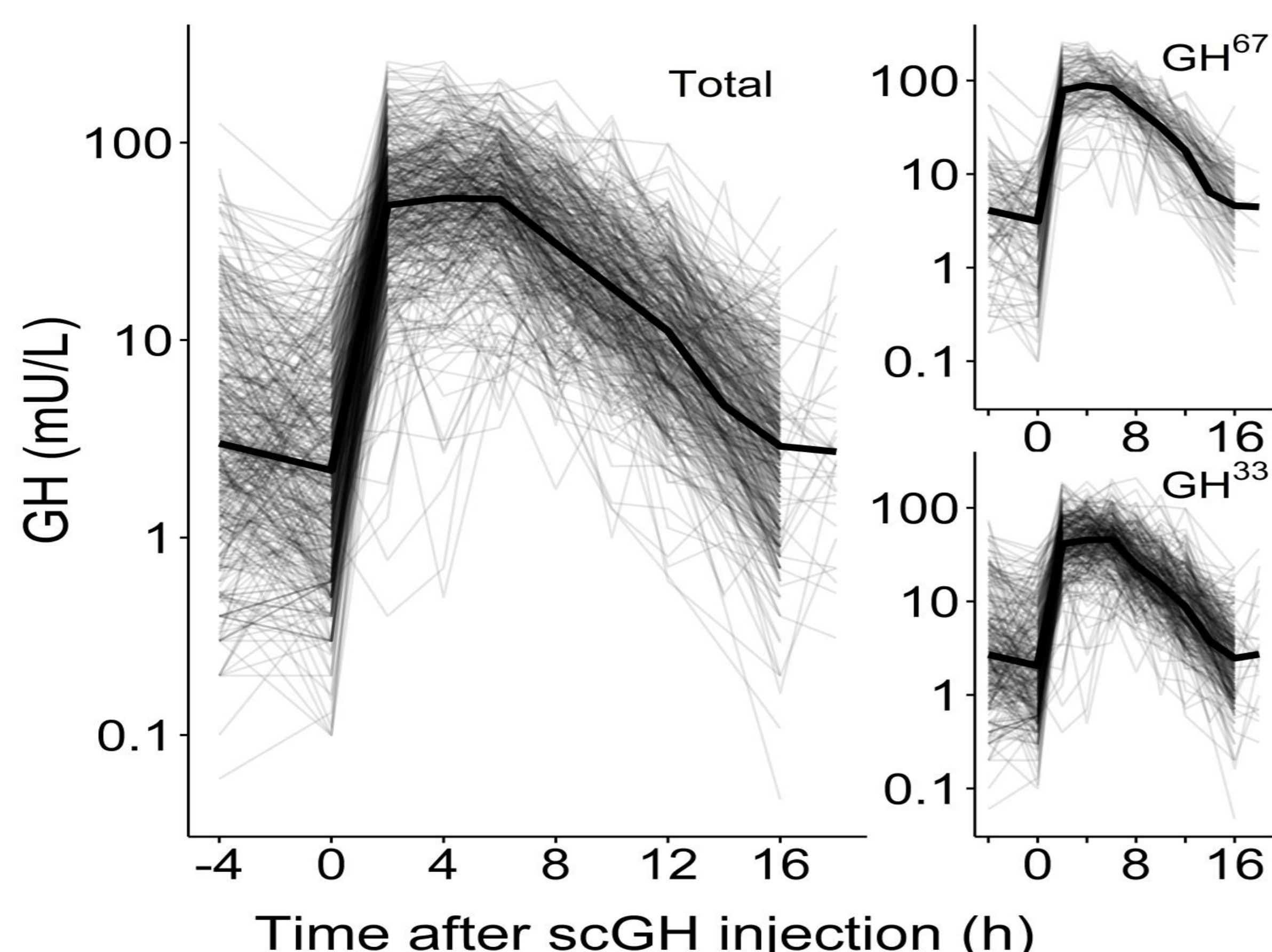
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Aim To study pharmacokinetics, pattern of the injected GH serum concentration and inter-individual variation after subcutaneous (sc) rhGH-injection in a large group longitudinally followed GH treated children.

Background Endogenous GH-pattern is characterized by high peaks (growth signal) and low troughs (metabolic signal). Variation in uptake of exogenous GH given by daily sc injection at bedtime has not been studied in a longitudinally followed children.

Results

GH-curves in Clinical-setting for total group n=429 and per GH-dose group 33, n=288 or 67µg/kg/d, n=106



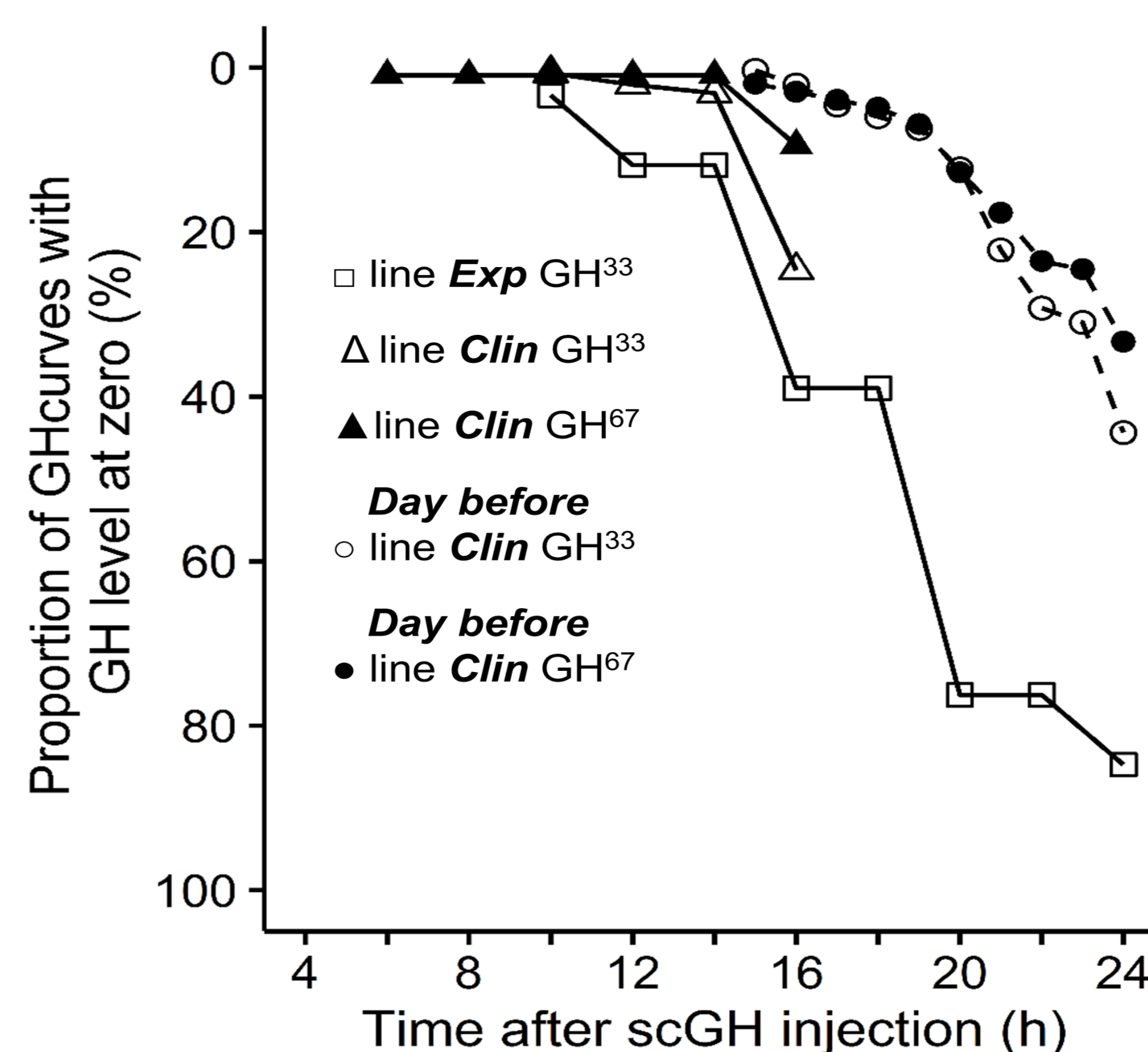
Results presented as median (mU/L) and inter-individual variation (CV%)

Total group: C_{max} 71(44) and AUC 534(42).
 GH-dose-dependency for GH³³ vs GH⁶⁷ was found for C_{max} 63(31) vs 103(32), p<0.001; for AUC 464(29) vs 865(29), p<0.001.

Conclusions

- The pharmacokinetics of injected GH was found to have both a great intra- and inter-individual variation
- The max GH level in serum and AUC were higher after a injection with the higher dose
- 60% of the GH-curves had not returned to the zero-level before the next injection in Clinical-setting mirroring real life

GH-curves (%) coming back to zero-level



Experimental-setting (□ line) 85% of GH-curves reached zero-level within 24h after the injection. **Clinical-setting, day before:** 43% of GH-curves (○ line) in GH³³ and 33% (● line) in GH⁶⁷ reached zero-level after 24h. **Clinical-setting, 25%** of GH-curves (Δ line) in GH³³ and 11% (▲ line) in GH⁶⁷ reached zero level at 16h.

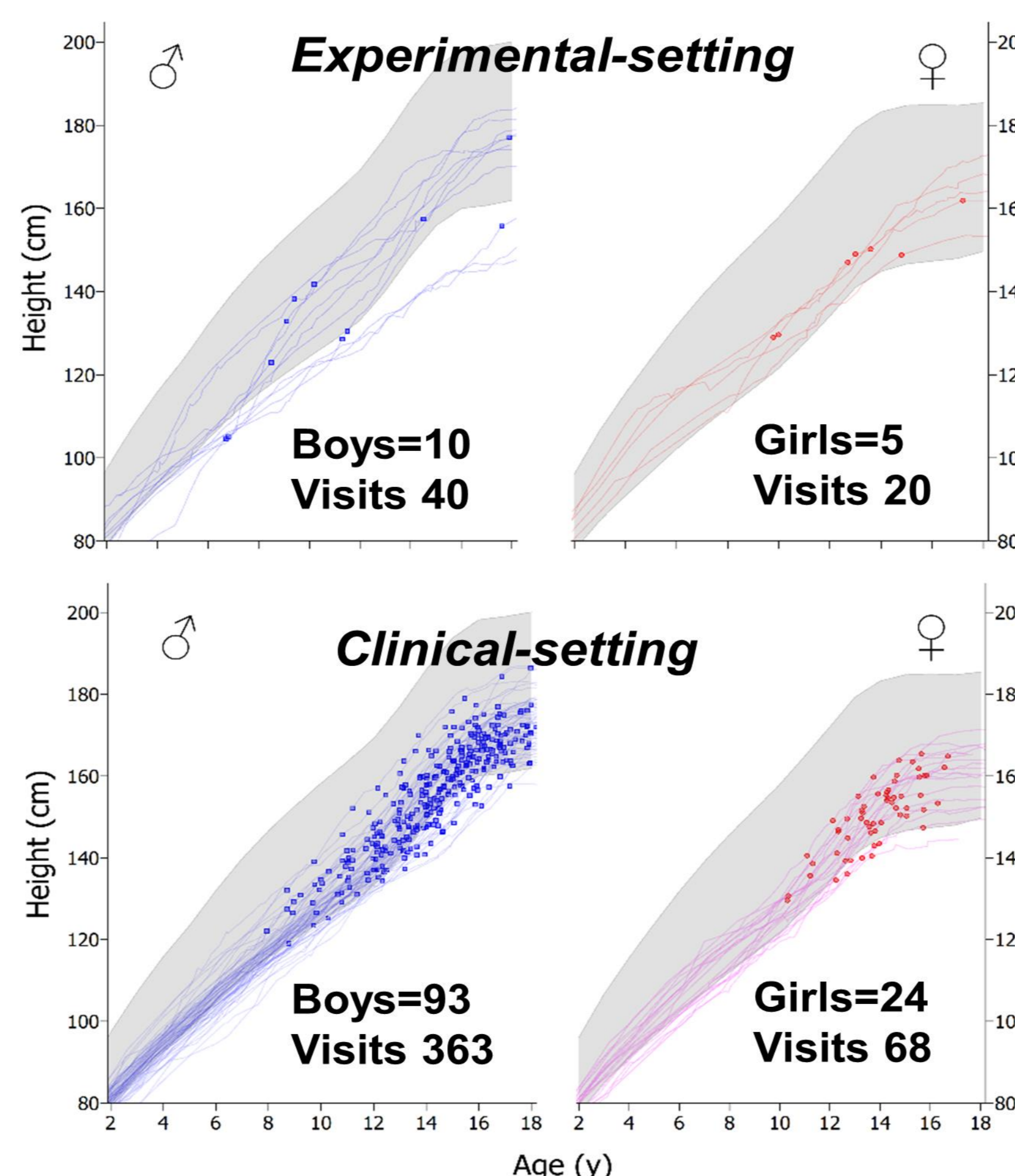
Study design GH-curves from the children who were followed yearly with GH-curves for up to 8 years after GH-dose 33 (GH³³) or 67 (GH⁶⁷) µg/kg/d, given as a sc injection at 90° angle in the thigh, using a 12mm needle.

Experimental-setting (59 GH-curves from 15 children, diagnose MPHD), GH³³, concentration 4 or 16IU/ml, given by a nurse at 09:00, blood samples were drawn every 30 min until 6h and thereafter every 2h until 24h after the injection.

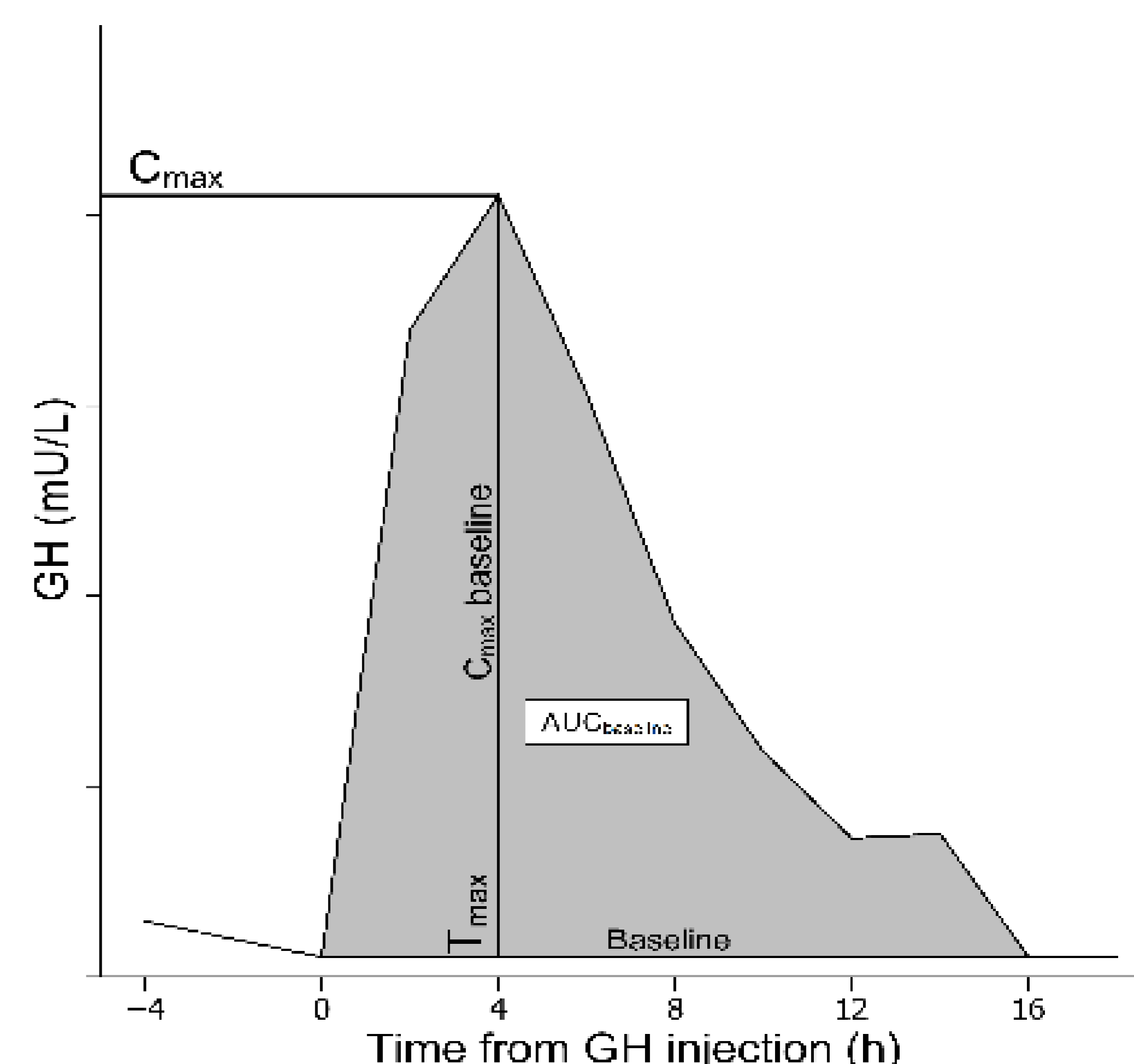
Clinical-setting (429 GH-curves from 117 children, diagnose IGHD/ISS), GH³³ or ⁶⁷, injected by the patient at 18:00, blood samples were drawn every 2h until 16h after the injection. Time for the previous injection the *day before* was reported by the patient.

Study population

Age and height for boys (*left*) and girls (*right*) at their yearly visit for GH-curves.



Methods GH was analysed by Pharmacia Polyclonal assay, IRP 80-505. Pharmacokinetics was estimated by time, T_{max}(h); at max GH concentration/level, C_{max}(mU/L) and area under the curve, AUC(mU/L).



Disclosure: EL,BA, SR, KAW has nothing to declare; BK has received consultant honoraria from Pfizer.

elena.lundberg@umu.se