OA-GE-15

OUTCOMES IN EARLY RESPONDERS ACHIEVING ≥5% WEIGHT LOSS AT 16 WEEKS WITH LIRAGLUTIDE 3.0 mg AS AN ADJUNCT TO INTENSIVE BEHAVIOUR THERAPY (IBT) IN INDIVIDUALS WITH OBESITY IN THE SCALE IBT TRIAL

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INTRODUCTION

The SCALE IBT study demonstrated the overall efficacy of liraglutide 3.0 mg for weight reduction as an adjunct to IBT. The present analysis explored the effect of intervention in the subgroup of liraglutide-treated individuals categorized as early responders (ER) who lost ≥5% at week 16. This subgroup corresponded to individuals that would have been eligible to continue treatment after 16 weeks in a real-world clinical setting.

METHODOLOGY

The 56-week SCALE IBT trial randomized adults with obesity (BMI ≥30 kg/m²) and without diabetes to liraglutide 3.0 mg or placebo as an adjunct to a Centers for Medicare & Medicaid Services-based programme of IBT (CMS-IBT), including prescribed exercise (escalating to 250 min/week) and diet (1200–1800 kcal/day). This exploratory *post-hoc* analysis assessed the proportion of liraglutide-treated individuals categorized as ER and describes their outcomes after 56 weeks of treatment.

RESULTS AND DISCUSSION

Mean characteristics at randomisation (n=142) for liraglutide 3.0 mg-treated individuals were: 45.4 years old, 83.8% females, 109 kg, BMI 39.3 kg/m². At 16 weeks, 66.9% of these had achieved ≥5% weight loss. At 56 weeks, mean weight reduction in this ER subgroup was 10.4%, with 79.9% and 44.2% of this subset achieving weight loss ≥5% and ≥10%, respectively, and 88.4% of this subset still on drug. Other secondary outcomes are shown in the table. Adverse events were similar in the ER subset to the overall trial population, the most frequent adverse events were gastrointestinal events reported for 74.7% in the ER subset as compared with 71.1% in the overall liraglutide group and 48.6% in the overall placebo group.

CONCLUSION

More than two-thirds of people with obesity receiving liraglutide 3.0 mg as an adjunct to IBT were eligible for long-term treatment according to the EMA prescribing information. Of these, the majority continued on therapy to 56 weeks achieving clinically relevant reductions in body weight.

KEY WORDS

intensive behavior therapy, liraglutide, early responders, obesity, scale-IBT

OA-GE-16

THE MODIFIED FERRIMAN-GALLWEY SCORE AND HIRSUTISM AMONG FILIPINO WOMEN

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INTRODUCTION

The modified Ferriman-Gallwey (mFG) score is the gold standard in the clinical evaluation of hirsutism, a common manifestation of hyperandrogenism. Racial variations in terminal hair growth limit this tool. Ideally, race-specific mFG scores for hirsutism should be established. This study aimed to determine the mFG cut-off score among Filipino women and its association with biochemical hyperandrogenism.

METHODOLOGY

A total of 128 Filipino females were included in this prospective cross-sectional study and divided into 2 groups: PCOS (n=28) and non-PCOS (n=100). Polycystic ovary syndrome (PCOS) was diagnosed using the 2003 Rotterdam Criteria while non-PCOS subjects were healthy controls conveniently sampled from the general population. They underwent mFG score determination, ovarian ultrasound by a single sonographer, and hormone testing. The mFG cut-off score was determined based on the 95th percentile in the non-PCOS group. Logistic regression was used to analyze the relationship of the determined mFG score with biochemical hyperandrogenism.

RESULTS
Normal values of the total mFG score is between 0 and 7. Using a cut-off score of 7, a higher proportion of hirsute women were observed in the PCOS group (17.9% vs. 5.0%, *p*=0.025). Elevated calculated free testosterone (cFT) was also significantly associated with hirsutism (odds ratio, 5.9; 95% CI, 1.4 – 23.8; *p*=0.013).

CONCLUSION
A score of 7 and above represents hirsute women in this population. Hirsute women are more likely to have elevated cFT.

KEY WORDS
hirsutism, hyperandrogenism, modified Ferriman-Gallwey score

OA-GE-17

DELAYED PUBERTY AND INSULIN-LIKE GROWTH FACTOR-I IN THALASSEMIA MAJOR AND THALASSEMIA INTERMEDIA ADOLESCENTS: A COMPARATIVE STUDY

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INTRODUCTION
Delayed puberty, a common endocrine complication, is well-recognized in thalassemic adolescents. Evaluation of delayed puberty has been done in both thalassemia major (TM) and thalassemia intermedia (TI) patients but comparative study between them is still limited. Emerging evidence suggests that insulin-like growth factor-I (IGF-I) could have an influence on pubertal development. Therefore, this study aimed to determine and compare delayed puberty and serum IGF-I levels between thalassemic adolescents with different phenotypes.

METHODOLOGY
A total of 82 thalassemic adolescents (13-17 years), 24 with TM and 57 with TI, attending Day Care Center, Yangon Children Hospital, participated. Delayed puberty was defined as lack of breast development by age of 13, lack of pubic hair by 14, lack of menarche by 16 in female patients and no testicular enlargement by 14, lack of pubic hair by 15 or more in male patients. Fasting serum IGF-I concentrations were determined by ELISA method.

RESULTS
There was no significant difference in IGF-I concentrations between TM and TI adolescents (*P*=0.51). Nineteen (79.2%) of TM patients and 52 (91.2%) of TI patients showed delayed puberty. Median IGF-I concentration of TM patients with delayed puberty was significantly lower (*P*=0.004) than those without whereas, for TI patients, no significant difference (*P*=0.59) was seen.

CONCLUSION
A higher percentage of delayed puberty was noted in TI adolescents when compared with TM ones. Circulating IGF-I may play a role in delayed puberty of TM adolescents whereas, in TI adolescents, delayed puberty might not be related to IGF-I level.

KEY WORDS
delayed puberty, insulin-like growth factor-i, thalassemic adolescents

OA-GE-18

REPRODUCTIVE OUTCOMES FOLLOWING CHILDHOOD HEMATOPOIETIC STEM CELL TRANSPLANTATION: SUCCESSFUL PREGNANCIES AND 40 CHILDREN BORN TO 25 OF 180 ADULT LONG-TERM SURVIVORS

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INTRODUCTION
Gonadal insufficiency and infertility are amongst the most frequent and emotionally sensitive late complications following hematopoietic stem cell transplantation (HSCT). So far little is known about reproductive outcomes following childhood HSCT.

METHODOLOGY
Successful pregnancies/births were evaluated amongst 180 adult long-term survivors following HSCT, transplanted at median age 15.5 (range 8.0–19.9) years.