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AcroVoice: the controversial values in reflecting acromegaly disease activity

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To the Editor,

We read with great interest the article by Janssen et al. entitled "AcroVoice: eliciting the patients' perspective on acromegaly disease activity" [1]. In this study, they explored patients' perspectives on acromegaly disease activity and treatment success by quantifying the relative importance of each disease parameter in the ACRODAT® on overall disease activity. They concluded that all five parameters, including insulin-like growth factor-I (IGF-I), tumor size, comorbid conditions, signs/symptoms, and quality of life (QoL), had some influences on disease activity from the patients' perspective. This clinical research is interesting and novel, but there are some controversial matters worthy to be discussed.

Firstly, we have some doubts about the rationality of the five parameters of ACRODAT®. Only IGF-I levels, rather than both of IGF-I and growth hormone (GH) levels, were included in the clinical parameters. Although IGF-I is a good marker that reflects the disease activity of acromegaly, the most important indicator of disease control status is GH, which is also of great concern to both patients and physicians [2]. In addition to GH, we think that endocrine functions of acromegaly patients should also be added [3]. Because endocrine dysfunctions, mainly including anterior pituitary deficiency and subsequent hormone replacement therapy, are important factors that induce the decline in QoL, and sometimes may even cause life-threatening pituitary crisis.

Furthermore, each parameter of ACRODAT® was quantified by patients across three severity levels, from least to most severe. However, we believe that the patient's responses or selections are too subjective because there are no specific values to define "slight" or "significant" abnormalities as shown in Table 1. Assessments of discrete choice experiment (DCE) are also quite subjective. Not to mention patients, even for professional endocrinologists, it is likely that there will be differences in the viewpoints of disease control of acromegaly after comprehensive assessment of multiple clinical and patient-centered parameters of the same patients.

Finally, this study did not further research the clinical application of ACRODAT® and DCEs, so we don't know their practical application values in treatment decisions of acromegaly. Besides, for those patients who are biochemically cured but do not feel well in their perspectives, this study also did not provide the guidance on how to further change the treatment strategy. ACRODAT® is a promising and interesting tool for both physicians and patients, but more studies are needed to evaluate the actual clinical advantages of ACRODAT® in optimizing treatment and outcomes of acromegaly.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical approval This article does not contain any studies with human participants performed by the author.

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