# The growth hormone deficiency reversal trial

Submission date	<b>Recruitment status</b> Stopped	[X] Prospectively registered		
16/03/2021		Protocol		
Registration date	Overall study status	Statistical analysis plan		
18/03/2021	Stopped	Results		
Last Edited	<b>Condition category</b> Nutritional, Metabolic, Endocrine	Individual participant data		
12/09/2024		<ul><li>Record updated in last year</li></ul>		

#### Plain English summary of protocol

Background and study aims:

Growth hormone (GH) is a hormone essential for normal growth and development. If a child doesn't have enough GH, the speed of growth is slower and final adult height reduced. Growth hormone deficiency (GHD) is a condition where the pituitary gland doesn't make enough growth hormone in childhood. GH treatment allows children with GHD to grow normally. GH is given as daily injections continued until the child reaches adult height. GH is usually given for 5-10 years and can cost £10,000-23,000 per patient per year.

Children are tested for GHD by measuring the highest amount of GH in the blood following a test. When GH production is checked after children reach their final height, some children are found to have normal levels of GH; these children therefore no longer have GHD. Some doctors think that this change occurs during puberty. Many pubertal children on GH therapy are assumed to no longer have GHD but doctors usually continue daily GH injections until the child reaches final adult height. Therefore some children continue to have potentially unnecessary, costly daily injections.

The aim of this 'GHD Reversal' study is to find out whether certain children can stop their GH injections at puberty and still reach a similar final adult height to those children who continue to have daily GH injections.

#### Who can participate?

Children with I-GHD whose stimulated GH levels are found to be normal when tested after they have entered puberty. After giving their consent, these children will be randomised (chosen by 50:50 chance by a computer) to either continue or stop their daily GH injections.

#### What does the study involve?

The study will test whether the children who stop their GH injections reach a similar final adult height to those children that continue their injections. Children will have 6-monthly trial assessments at their hospitals endocrine clinic where they will have blood samples taken (to look at the level of GH and the lipids in it) and other biometric data (e.g. height, weight) collected. These activities are already done as part of standard care for these children and the trial visits should be matched up to the child's usual visit schedule. At the first and last trial assessments children will have an X-ray of their non-dominant hand, and at some they will be asked to complete a short questionnaire about their quality of life (the CHU-9D questionnaire). At the last trial assessment children will have another GH test.

What are the possible benfits and risks of participating?

If a child is in the group who are not taking growth hormone, this would mean that they no longer need to have daily injections.

If a child is randomised to the group who are continuing with their growth hormone injections they may not directly benefit from taking part in the study, however the information we get from the study may help us to improve the treatment of young people with growth hormone deficiency in the future.

Taking part in this study is very unlikely to cause any child any discomfort or side-effects. If a child is put in the group who stop their injections of growth hormone then their growth will be monitored closely. At the first sign that a child might be developing another shortage of growth hormone they will be retested and growth hormone treatment restarted.

Where is the study run from?

The Chief Investigator is Professor Mehul Dattani at University College London (UCL). UCL are also the Sponsor. The study is being coordinated by the Birmingham Clinical Trials Unit at the University of Birmingham.

When is the study starting and how long is it expected to run for? June 2020 to November 2027

Who is funding the study? National Institute for Health Research - Health Technology Assessment Programme (UK

Who is the main contact?
Professor Mehul Dattani, m.dattani@ucl.ac.uk
Mr Adam Khan, a.r.khan@bham.ac.uk

## Contact information

## Type(s)

Scientific

#### Contact name

Prof Mehul Dattani

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## Type(s)

Public

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#### Mr Adam Khan

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## Additional identifiers

## Clinical Trials Information System (CTIS)

2020-001006-39

## Integrated Research Application System (IRAS)

281209

## ClinicalTrials.gov (NCT)

Nil known

#### Protocol serial number

IRAS 281209, HTA - NIHR127468

# Study information

#### Scientific Title

Effect on final height of discontinuation vs continuation of growth hormone treatment in pubertal children: The Growth Hormone Deficiency Reversal Trial

#### Acronym

GHD Reversal Trial

#### Study objectives

Discontinuation of growth hormone medication (somatropin) at early puberty in children with isolated growth hormone deficiency results in a final height that is no worse than pubertal children who continue taking somatropin until final height is reached.

#### Ethics approval required

Ethics approval required

#### Ethics approval(s)

approved 09/04/2022, Wales REC3 (The Caerphilly Suite, Holiday Inn Cardiff North M4/J32, Merthyr Road, Coryton, Cardiff, CF15 7LH, United Kingdom; +44 (0)2922 941107; Wales. REC3@wales.nhs.uk), ref: 22/WA/0005

#### Study design

Multicentre interventional non-inferiority randomized controlled trial

#### Primary study design

Interventional

## Study type(s)

Treatment

#### Health condition(s) or problem(s) studied

Isolated growth hormone deficiency in pubertal children

#### Interventions

Control arm: Standard care - Continuation of growth hormone medication (somatropin) as daily injections, until final height. Treatment will last from the point of randomisation, up until 6 weeks before final assessment (which is variable, as below).

Experimental arm: Discontinuation of growth hormone medication (i.e. stopping of daily injections) during early puberty (unless GH treatment is required for clinical reasons) whilst they are in the trial.

Participants are randomised 1:1 between the control and experimental arms. Minimisation variables are trial centre, sex and Tanner stage: (B2 (females) or 6-<9 ml testicular volume (males) vs B3 (females) or 9-12 ml testicular volume (males). Randomisation will be provided by a secure online randomisation system at the Birmingham Clinical Trials Unit (BCTU).

Follow-up (the same duration in both arms) will continue until each patient reaches their 'near Final Height (FH)'. This is defined as a growth rate of less than 2 cm/year and an X-ray analysis via BoneXpert software, confirming that patients have reached a 'bone age' (a measure of skeletal growth) of 14 in females and 16 in males. It is expected that patients will reach their FH within 36 months, however, this may vary. As such, a standard follow-up duration has not been set for

most patients. Follow-up will end for any patients that have not reached FH once the final patient reaches their 36-month assessment, to keep to the trial timeline.

#### Intervention Type

Supplement

#### Primary outcome(s)

Height (cm) measured in Standard Deviation Score (FH SDS) at end of follow-up

#### Key secondary outcome(s))

- 1. Bone-related:
- 1.1. Bone age delay measured using BoneXpert X-ray analysis at end of follow-up
- 1.2. Bone age acceleration measured using BoneXpert X-ray analysis between enrolment and end of follow-up
- 1.3. Bone health index measured using BoneXpert X-ray analysis at end of follow-up
- 2. Biochemistry:
- 2.1. Serum IGF-1 and lipid profiles measured using trial site's usual testing methods at end of follow-up
- 2.2. Peak stimulated GH measured using insulin tolerance test or argnine test at end of follow-up
- 3. Adverse events measured using GHD Reversal Trial CRFs over follow-up duration
- 4. Health Economics:
- 4.1. Cost per percentage achieving Target Height measured using healthcare contacts costs (captured via GHD Reversal Trial CRFs) over follow-up duration
- 4.2. Cost per Quality Adjusted Life Year (QALY) gained, measured using CHU-9D questionnaire over follow-up duration
- 5. Qualitative Research: Trial acceptability (parents, patients and staff); reasons to decline the trial; parent and patient experience of the trial and treatment pathways, measured via interviews with parents, patients and site staff during the pilot phase of the trial

#### Completion date

30/11/2027

## Reason abandoned (if study stopped)

Participant recruitment issue

# **Eligibility**

#### Kev inclusion criteria

- 1. Initial diagnosis of I-GHD will have been made by either two GH stimulation tests (peak GH <6.  $7\mu g/L$ ) or one abnormal stimulation test with low IGF-1 (below normal range for sex & age), irrespective of sex-hormone priming for GH stimulation tests
- 2. Children with reversed I-GHD (peak GH  $\geq$ 6.7 µg/L and a serum IGF-1 within normal reference range for sex and age) and a normal brain MRI (incl. small anterior pituitary)
- 3. Children in established puberty Tanner stages B2/3 in girls & 6-12ml testes\* in boys (as measured by orchidometer\*\*)
- 4. Children will have discontinued GH treatment for a minimum of 6 weeks prior to re-testing
- 5. Children will have remained off GH therapy from time of re-test until randomisation
- 6. Ability to tolerate the administration of GH therapy
- 7. Ability to comply with trial schedule and follow up
- 8. Written informed consent obtained from the patient's parent/guardian and written assent obtained from patient (where age appropriate). Patients aged 16 years or older will provide

their own written informed consent

\*In the event of discrepancy between the size of an individual's testicles, the larger testicle should be used

\*\*In the event that the size of a patient's testicle falls between the measuring beads of the orchidometer and it is not clear which bead the testicle is most similar to, the larger bead should be used

#### Participant type(s)

Patient

#### Healthy volunteers allowed

No

#### Age group

Child

#### Lower age limit

8 years

### Upper age limit

17 years

#### Sex

All

#### Total final enrolment

5

#### Key exclusion criteria

- 1. Multiple pituitary hormone deficiency (hypopituitarism) with or without additional pituitary hormone supplementation
- 2. Known genetic cause of I-GHD
- 3. Organic GHD (mid-brain tumours, congenital mid-brain malformations, septo-optic dysplasia; radiotherapy to the total body or brain)
- 4. Ectopic posterior pituitary
- 5. Other indications for GH therapy
- 6. Receiving GH treatment during the (minimum 6 week) discontinuation period
- 7. Receiving prednisolone or dexamethasone for a period of 4 weeks or longer in the time period immediately prior to randomisation
- 8. Known history of persistent non-compliance with prescribed medication regimens
- 9. Pregnant or lactating
- 10. Any malignancy
- 11. Currently participating in another Clinical Trial of an Investigational Medicinal Product (CTIMP)

#### Date of first enrolment

01/08/2021

#### Date of final enrolment

09/05/2024

## **Locations**

#### Countries of recruitment

**United Kingdom** 

England

Austria

Study participating centre Great Ormond Street Hospital

Great Ormond Street London United Kingdom WC1N 3JH

Study participating centre Alder Hey Children's Hospital

Eaton Road Liverpool United Kingdom L12 2AP

Study participating centre The Royal London Hospital

80 Newark Street London United Kingdom E1 2ES

Study participating centre Birmingham Children's Hospital

Steelhouse Lane Birmingham United Kingdom B4 6NH

Study participating centre King's College Hospital

Denmark Hill London United Kingdom SE5 9RS

## Study participating centre Royal Manchester Children's Hospital

Oxford Road Manchester United Kingdom M13 9WL

## Study participating centre Norfolk and Norwich University Hospital

Colney Lane Norwich United Kingdom NR4 7UY

## Study participating centre Nottingham Children's Hospital

Queen's Medical Centre, Derby Road Nottingham United Kingdom NG7 2UH

## Study participating centre St James's University Hospital

Beckett Street Leeds United Kingdom LS9 7TF

## Study participating centre Kepler Universitätsklinikum

Krankenhausstrasse 9, Med Campus III Linz Austria 4020 Linz

## Study participating centre

#### Klinikum Wels-Grieskirchen

Grieskirchner Straße 42 Wels Austria 4600 Wels

## Study participating centre LKH-Universitätsklinikum Graz

Auenbrugger Platz 1 Graz Austria 8036 Graz

# Study participating centre Uniklinikum Salzburg

Müllner Hauptstraße 48 Salzburg Austria 5020 Salzburg

## Study participating centre Universitätsklinik Innsbruck

Anichstraße 35 Innsbruck Austria 6020 Innsbruck

## Study participating centre Newcastle Freeman Hospital

Freeman Road Newcastle United Kingdom NE7 7DN

## Study participating centre Southampton General Hospital

Tremona Road Southampton United Kingdom SO16 6YD

# Sponsor information

#### Organisation

University College London

#### **ROR**

https://ror.org/02jx3x895

# Funder(s)

## Funder type

Government

#### **Funder Name**

Health Technology Assessment Programme

#### Alternative Name(s)

NIHR Health Technology Assessment Programme, Health Technology Assessment (HTA), HTA

## **Funding Body Type**

Government organisation

#### Funding Body Subtype

National government

#### Location

United Kingdom

## **Results and Publications**

## Individual participant data (IPD) sharing plan

Requests for data generated during this study will be considered by BCTU (to bctudatashare@contacts.bham.ac.uk). Data will typically be available within six months after the primary publication unless it is not possible to share the data (for example: the trial results are to be used as part of a regulatory submission, the release of the data is subject to the approval of a third party who withholds their consent, or BCTU is not the controller of the data).

Only scientifically sound proposals from appropriately qualified Research Groups will be considered for data sharing. The request will be reviewed by the BCTU Data Sharing Committee in discussion with the Chief Investigator and, where appropriate (or in absence of the Chief Investigator) any of the following: the Trial Sponsor, the relevant Trial Management Group (TMG), and independent Trial Steering Committee (TSC).

A formal Data Sharing Agreement (DSA) may be required between respective organisations once release of the data is approved and before data can be released. Data will be fully de-identified (anonymised) unless the DSA covers transfer of patient identifiable information. Any data transfer will use a secure and encrypted method.

## IPD sharing plan summary

Available on request

## **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes