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Acromegaly : treatment and follow-up : the Leiden studies

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Citation

Biermasz, N. R. (2005, November 2). *Acromegaly : treatment and follow-up : the Leiden studies*. Retrieved from <https://hdl.handle.net/1887/4334>

Version: Corrected Publisher's Version

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Note: To cite this publication please use the final published version (if applicable).

CURRICULUM VITAE

Nienke R. Biermasz werd geboren op 12 maart 1974 te Gasselte. Na het voltooien van het Praedinius Gymnasium te Groningen in 1992, maakte zij in 1992 een aanvang met de studie Medicijnen aan de Rijks Universiteit Leiden, waarvan een onderzoekstage in Edinburgh (1997) deel uitmaakte. In september 1997 legde zij haar doctoraal examen af.

Sinds 1996 werkte Nienke Biermasz onder leiding van Dr. F. Roelfsema aan de klinische studie naar de behandelingsresultaten van acromegalie. Door middel van dit onderzoek legde zij de basis voor het onderhavige proefschrift. Zij behaalde in augustus 1999 haar artsexamen en was aansluitend tot 2001 werkzaam als artsonderzoeker bij de afdeling Stofwisselingsziekten en Endocrinologie van het Leids Universitair Medisch Centrum. In deze periode werden klinische studies bij patiënten met acromegalie en GH deficiëntie verricht. In 2000 werd een NWO-AGIKO stipendium toegekend.

Nienke Biermasz is sinds januari 2001 in opleiding tot internist (als AGIKO). Zij voltooide inmiddels twee jaar perifere opleiding in het Medisch Centrum Haaglanden, lokatie Westeinde (Opleider: Mw. Dr. P.H.L.M. Geelhoed-Duijvestijn) en is momenteel bezig met het academische gedeelte van de opleiding in het Leids Universitair Medisch Centrum (Opleiders: Prof. Dr. A.E. Meinders en Prof. Dr. J.A. Romijn). Na het algemene deel van de opleiding zal zij aanvangen met het aandachtsgebied endocrinologie.



PUBLICATIONS

- Biermasz NR, van Dulken H, Roelfsema F. 1999 Direct postoperative and follow-up results of transsphenoidal surgery in 19 acromegalic patients pretreated with octreotide compared to those in untreated matched controls. *J Clin Endocrinol Metab* 84:3551-3555
- McColm JR, Stenson BJ, Biermasz NR, McIntosh N. 2000 Measurement of Interleukin 10 in bronchoalveolar lavage from preterm ventilated infants. *Arch Dis Child*. 82: F156-9
- Biermasz NR, van Dulken H, Roelfsema F. 2000 Long-term follow-up results of post-operative radiotherapy in 36 patients with acromegaly. *J Clin Endocrinol Metab* 85:2476-82
- Biermasz NR, van Dulken H, Roelfsema F. 2000 Postoperative radiotherapy in acromegaly is effective in reducing GH concentration to safe levels. *Clin Endocrinol (Oxf)* 53:321-7
- Biermasz NR, van Dulken H, Roelfsema F. 2000 Ten-year follow-up results of transsphenoidal microsurgery in acromegaly. *J Clin Endocrinol Metab* 85:4596-602
- Biermasz NR, Hamdy NA, Janssen YJ, Roelfsema F. 2001 Additional beneficial effects of alendronate in growth hormone (gh)- deficient adults with osteoporosis receiving long-term recombinant human GH replacement therapy: a randomized controlled trial. *J Clin Endocrinol Metab* 86:3079-85
- Smit JW, Janssen YJ, Lamb HJ, van der Wall EE, Stokkel MP, Viergever E, Biermasz NR, Bax JJ, Vliegen HW, de Roos A, Romijn JA, Roelfsema F. 2001 Six months of recombinant human GH therapy in patients with ischemic cardiac failure does not influence left ventricular function and mass. *J Clin Endocrinol Metab* 86:4638-43
- Roelfsema F, Biermasz NR, Veldman RG, Veldhuis JD, Frolich M, Stokvis-Brantsma WH, Wit JM. 2001 Growth hormone (GH) secretion in patients with an inactivating defect of the GH-releasing hormone (GHRH) receptor is pulsatile: evidence for a role for non-GHRH inputs into the generation of GH pulses. *J Clin Endocrinol Metab* 86:2459-2464
- Biermasz NR, Dulken HV, Smit JW, Roelfsema F. 2002 Postoperative thyrotropin releasing hormone-induced growth hormone release predicts recurrences in patients with acromegaly. *Clin Endocrinol (Oxf)* 56:313-9
- Roelfsema F, Biermasz NR, Veldhuis JD. 2002 Pulsatile, nyctohemeral and entropic characteristics of GH secretion in adult GH-deficient patients: selectively decreased pulsatile release and increased secretory disorderliness with preservation of diurnal timing and gender distinctions. *Clin Endocrinol (Oxf)* 56:79-87
- Biermasz NR, van den Oever NC, Frolich M, Arias AM, Smit JW, Romijn JA, Roelfsema F. 2003 Sandostatin LAR in acromegaly: a 6-week injection interval suppresses GH secretion as effectively as a 4-week interval. *Clin Endocrinol (Oxf)* 58:288-95

- Keenan DM, Roelfsema F, Biermasz N, Veldhuis JD. 2003 Physiological Control of Pituitary Hormone Secretary-Burst Mass, Frequency and Waveform: a statistical formulation and analysis. *Am J Physiol Regulatory Integrative Comp Physiol*, 285: R664-673
- Pereira AM, Aken van MO, Dulken van H, Schutte PJ, Biermasz NR, Smit JWA, Roelfsema F, JA Romijn. 2003 Long-term Predictive Value of Postsurgical Cortisol Concentrations for Cure and Risk of Recurrence in Cushing's Disease. *J Clin Endocrinol Metab.* 88:5858-64
- Biermasz NR, Pereira AM, Frolich M, Romijn JA, Veldhuis JD, Roelfsema F 2004 Octreotide Re-presses Secretary- Burst Mass and Nonpulsatile (Basal) Secretion but does not Restore Event Frequency or Orderly GH Secretion in Acromegaly. *Am J Physiol Endocrinol Metab* 286:E25-30
- Biermasz NR, Dekker FW, Pereira AM, Van Thiel SW, Schutte PJ, Van Dulken H, Romijn JA, Roelfsema F. 2004 Determinants of survival in treated acromegaly in a single center: predictive value of serial insulin-like growth factor I measurements. *J Clin Endocrinol Metab.* 89:2789-96
- Biermasz NR, Van Thiel SW, Pereira AM, Hoftijzer HC, Van Hemert AE, Smit JWA, Romijn JA, Roelfsema F. 2004 Decreased quality of life in patients with acromegaly despite long-term cure of growth hormone excess. *J Clin Endocrinol Metab.* 89:5369-76
- Thiel SW van, Smit JWA, Bax, JJ, Roos A de, v.d.Wall E, Biermasz NR, Viergever E, Vliegen HW, Romijn JA, Roelfsema F, Lamb HJ. 2004 Six-months of recombinant human GH therapy in patients with Ischemic cardiac failure. *Int J Cardiovasc Imaging.* 20:53-60
- Van Thiel SW, Romijn JA, Biermasz NR, Ballieux BEPM, Frolich M, Smit JWA, Corssmit EPM, Roelfsema F, Pereira AM. 2004 Octreotide LAR and Lanreotide are equally effective in controlling growth hormone secretion in acromegalic patients. *Eur J Endocrinol.* 150:489-95
- Biermasz NR, Hamdy NAT, Pereira AM, Romijn JA, Roelfsema F. 2004 Long-term skeletal effects of recombinant human growth hormone (rhGH) alone and rhGH combined with alendronate in GH-deficient adults: a seven-year follow-up study. *Clin Endocrinol (Oxf).* 60:568-75
- Zirkzee EJM, Corssmit EPM, Biermasz NR, Brouwer PA, Wiggers-De Bruine FT, Kroft L, Van Buchem MA, Roelfsema F, Pereira AM, Smit JWA, Romijn JA. 2004 Pituitary magnetic resonance imaging is not required in the postoperative follow-up of acromegalic patients with long-term biochemical cure after transsphenoidal surgery. *J Clin Endocrinol Metab* 89:4320-4
- Biermasz NR, Hamdy NAT, Pereira AM, Romijn JA, Roelfsema F. 2005 Long-term Maintenance of the Anabolic Effects of Growth Hormone (GH) on the Skeleton in Cured Patients with Acromegaly. *Eur J Endocrinol* 152: 53-60

- Biermasz NR, Pereira AM, Smit JWA, Romijn JA, Roelfsema F. 2005 Morbidity after Long-term Remission for Acromegaly; Persisting Joint-Related Complaints Cause Reduced Quality of Life. *J Clin Endocrinol Metab* 90:2731-9
- Biermasz NR, Pereira AM, Romijn JA, Roelfsema F. 2005 The intravenous octreotide test and its prediction of efficacy of Sandostatin LAR treatment in active acromegaly. *Growth Horm IGF Res.* 15: 200-6
- Pereira AM, Biermasz NR, Roelfsema F, Romijn JA. 2005 Pharmacological Therapies for Acromegaly: A Review of their Effects on Glucose Metabolism and Insulin Resistance. *Treat Endocrinol* 4:43-53
- Pereira AM, Schmid EW, Schutte PJ, Voormolen JHC, Biermasz NR, Van Thiel SW, Corssmit EPM, Smit JWA, Roelfsema F, Romijn JA. 2005 High Prevalence of Long-term Cardiovascular, Neurological and Psychosocial Morbidity after Treatment for Craniopharyngioma. *Clinical Endocrinology* 62:197-204
- Van Aken MO, Pereira AM, Biermasz NR, van Thiel SW, Hoftijzer HC, Smit JW, Roelfsema F, Lamberts SW, Romijn JA. 2005 Quality of Life in Patients After Long-term Biochemical Cure of Cushing's Disease. *J Clin Endocrinol Metab.* 90:3279-86
- Van Thiel SW, Romijn JA, Pereira AM, Biermasz NR, Roelfsema F, van Hemert A, Ballieux B, Smit JW. 2005 Effects of DHEA, superimposed on growth hormone substitution, on quality of life and IGF-I in patients with secondary adrenal insufficiency: a randomised, placebo controlled, crossover trial. *J Clin Endocrinol Metab,* 90:3295-303
- Thiel SW van, Bax, JJ, Biermasz NR, Holman E. R., Poldermans, D., Roelfsema F, Lamb HJ, v.d.Wall E, Smit JWA, Romijn JA, Pereira A.M. 2005 Persistent diastolic dysfunction despite successful long-term octreotide treatment in acromegaly. *European Journal of Endocrinology,* 153: 231-8
- Roelfsema F, Biermasz NR, Romijn JA, Pereira AM. New strategies for the pharmacotherapy in acromegaly. *Expert Opinion on Emerging Drugs,* 2005, in press.
- Biermasz NR, Romijn JA, Pereira AM, Roelfsema F. Current pharmacotherapy for acromegaly: a review. *Expert Opinion on Pharmacotherapy,* 2005, in press
- Eustatia-Rutten CFA, van der Kleij-Corssmit EPM, Biermasz NR, Pereira AM, Romijn JA, Smit JW. Survival and Cancer Specific Mortality in Differentiated Thyroid Carcinoma. *J Clin Endocrinol Metab,* provisionally accepted
- Biermasz NR, Smit JWA, Pereira AM, Frolich M, Romijn JA, Roelfsema F. Acromegaly caused by Growth Hormone Releasing Hormone tumors: long-term observational studies in three patients. submitted