**Incidentally detected non-functioning pituitary microadenomas:**

**A UK practice survey**

Please return the completed survey to [clinical@endocrinology.org](mailto:clinical@endocrinology.org)

**SURVEY**

1. Your position:
2. Consultant Endocrinologist
3. Trainee in Endocrinology
4. Other (please provide details)
5. Type of practice:
6. Tertiary hospital
7. District General hospital
8. Private
9. Other  (please provide details)
10. Requested investigations at first review after the incidental detection of a (presumed) pituitary **microadenoma (i.e. tumour with max diameter less than 1 cm)** (please tick all applicable options)
11. Pituitary function tests
12. Visual assessment
13. Other  (please add details)
14. Which pituitary function tests do you typically request? (please tick all applicable options)
15. IGF-I
16. GH
17. FSH, LH and gonadal hormones
18. PRL
19. Morning cortisol
20. Short Synacthen test
21. TSH, fT4
22. 24hr urine free cortisol
23. Overnight Dexamethasone suppression test
24. Plasma and urine osmolalities
25. Other  (please add details)
26. If after the first review the investigations are consistent with a non-functioning pituitary **microadenoma** and providing you discovered no abnormalities in your selected investigations, do you:
27. Discharge the patient?  (please comment on what advice you would provide to the patient/GP)
28. Continue monitoring?

**If you opted for A, no need to continue to further questions.**

**If you opted for B, please continue the survey.**

1. What is your practice with imaging follow-up?
2. Pituitary MRI at 1 year and if stable, discharge
3. Pituitary MRI at 1 and 2 years and if stable, discharge
4. Pituitary MRI at 1 ,2, and 3 years and if stable, discharge
5. Pituitary MRI at 1 and 2 years and then life-long clinical follow-up without discharge
6. Other  (please add details)
7. What is your practice with hormonal follow-up?
8. Yearly pituitary function tests until discharge  (please define which)
9. I do not repeat pituitary function tests after initial assessment, unless clinical suspicion of new pituitary dysfunction or imaging has shown tumour enlargement
10. Other  (please add details)
11. What factors influence your decision to discharge the patient? (Please tick all that apply)
12. Young age at tumour detection
13. Old age at tumour detection
14. Maximum tumour diameter < 6 mm
15. Patient Preference
16. Other  (please provide details)
17. Any other comments

**Thank you for completing this questionnaire**

***We are conducting a UK multicentre retrospective audit on the outcomes of incidentally found (presumed) non-functioning pituitary microadenomas in the UK. If you would like to take part, please contact Dr. Niki Karavitaki (n.karavitaki@bham.ac.uk)***.