**Incidentally detected non-functioning pituitary microadenomas: A UK practice 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**

Please send to clinical@endocrinology.org

***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).***