Supplementary data

Questionnaire on the management of prolactinomas

1. How would you interpret prolactin (PRL) levels < 100 ng/ml? (Respondents could choose either, both or none)
   A. They exclude the diagnosis of prolactinomas
   B. They are rather indicative of pseudoprolactinomas and other causes of hyperprolactinemia

2. In which conditions would you find PRL levels >250ng/ml? (Respondents could choose either, both or none)
   A. Only with macroprolactinomas;
   B. Also with microprolactinomas;
   C. Also in cases of macroprolactinemia;
   D. Also in cases of drug-induced hyperprolactinemia

3. Would you add TSH regularly when PRL was detected to be elevated?
   A. Yes   B. No

4. Which drug could cause hyperprolactinemia? (Respondents could choose either, both or none)
   A. Metoclopramide   B. Antipsychotics   C/ Contraceptives   D. Others _______________

5. Would you favor the screening for macroprolactin?
   A. Yes, Routinely;   B. Only in asymptomatic patients;   C. Never consider;   D. Consider but couldn’t detect

6. What is the maximum bromocriptine (BCR) daily dose do you prescribe?
   A. 5mg   B. 7.5mg   C. 10mg   D. 15mg   E. >15mg

7. What is the maximum cabergoline (CAB) weekly dose do you prescribe?
   A. 2mg   B. 2.5mg   C. 3mg   D. 3.5mg   E. >3.5mg   F. Never

8. When to treat microprolactinomas (MIC)?
   A. Always   B. Only in the presence of symptoms

9. What is the drug of choice for MIC?
   A. Bromocriptine (BCR);   B. Cabergoline (CAB);   C. either BCR or CAB

10. How long should be treated patients with MIC who achieve normal PRL levels?
    A. Maintain treatment indefinitely;   B. Drug withdrawal after 2–3 years;   C. Drug withdrawal after menopause

11. Would you indicate surgery as primary therapy for microprolactinomas?
    A. Yes   B. No

12. What is your approach for women with MIC who become pregnant in use of BCR?
    A. Discontinue BCR;   B. Change BCR to CAB;   C. To maintain the treatment

13. What is your approach for women with MIC who become pregnant in use of CAB?
    A. Discontinue CAB   B. Change CAB to BCR   C. To maintain the treatment

14. What is the ideal drug for women who wish to become pregnant?
    A. BCR   B. CAB   C. Either

15. Would you allow breast-feeding in women with prolactinomas?
    A. No   B. Only in cases of MIC   C. Both in cases of MIC and MAC

16. When to treat macroprolactinomas (MAC)?
    A. Always   B. Only in the presence of symptoms

17. What is the drug of choice for MAC?
    A. Bromocriptine (BCR);   B. Cabergoline (CAB);   C. either BCR or CAB

18. How long should be treated patients with MAC who achieve normal PRL levels?
    A. Maintain treatment indefinitely;   B. Drug withdrawal after 2–3 years;   C. Drug withdrawal after menopause

19. What is your approach for women with MAC who become pregnant in use of BCR?
    A. Discontinue BCR;   B. Change BCR to CAB;   C. To maintain the treatment

20. What is your approach for women with MAC who become pregnant in use of CAB?
    A. Discontinue CAB   B. Change CAB to BCR   C. To maintain the treatment

21. What is your preferred treatment for prolactinoma? (Suppose each treatment is available)
    A. BRC   B. CAB   C. Surgery