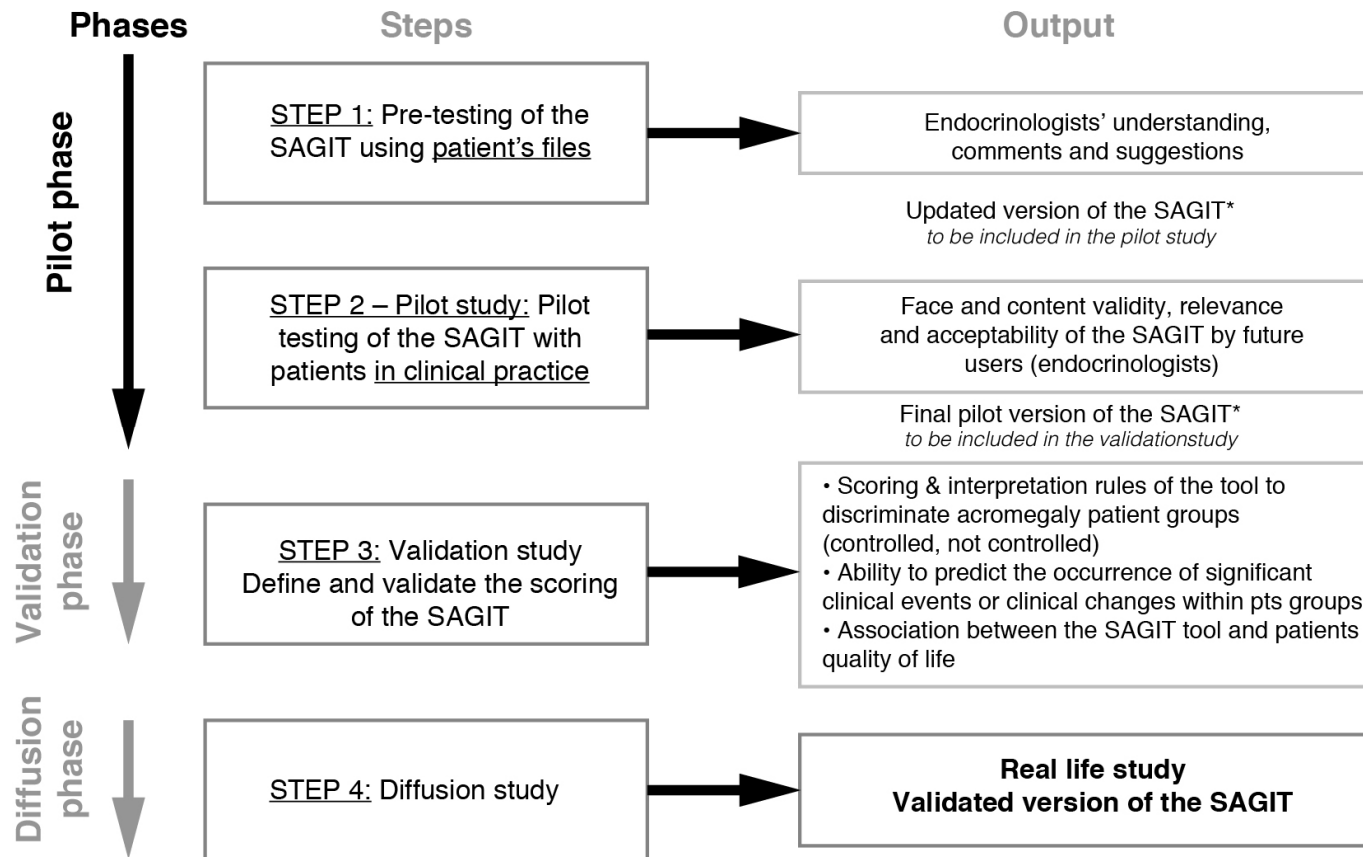


Supplemental figures and tables

Supplemental Fig. 1 Stepwise development process for the SAGIT instrument



Supplemental Table 1 Characteristics of endocrinologist population included in Step 1 pre-testing and Step 2 pilot study according to country

Characteristics	Step-1 pre-testing (n=11)						Step 2 prospective pilot study (n=9)					Step 2 retrospective pilot study (n=4)	
	Brazil	France	Germany	Italy	Spain	UK	France	Germany	Italy	Spain	USA	Brazil	UK
Number of endocrinologists	2	2	1	2	2	2	2	1	2	2	2	2	2
Age (years) ^a	47–48	40–58	32	40–48	53	45–47	41–54	43	34–44	34–56	42–44	38–48	48 ^b
Mode of practice ^c													
Outpatient clinic	1	0	0	0	1	2	0	1	1	1	0	2	2
Hospital	1	2	1	2	1	2	2	1	2	1	2	0	0
Number of years treating acromegaly patients ^a	15–20	10–30	2	8–20	23–25	11–18	12–24	12	7–10	3–30	3–30	10–14	10–19
Number of acromegaly patients seen per month ^a	10–60	2–30	5–10	10–40	10–12	2–5	3–10	10	3–6	4–10	10–15	12–80	1–10

^aRange; ^bMissing data; ^cSome endocrinologists worked in both outpatient clinics and hospitals

Supplemental Table 2 Endocrinologists' feedback (via telephone interview) on items in each section of the SAGIT instrument during Step 1 pre-testing and Step 2 retrospective pilot study

Sections of SAGIT	General comments/difficulties reported	
	Step 1 pre-testing (original instrument)	Step 2 retrospective pilot study (pilot instrument)
Title	<ul style="list-style-type: none"> • Informative • No need for improvement 	<ul style="list-style-type: none"> • No issues reported, except for the need to adapt the first page for clinical study
Signs and symptoms (S)	<ul style="list-style-type: none"> • Lack of instructions on how to score each item, how to interpret the score, and how to account for the severity ranking • List of symptoms fine; some additional symptoms proposed (e.g. acral changes, fatigue/asthenia, visual symptoms, paraesthesia in feet or legs, skin changes, facial dysmorphism, cardiopathy) 	<ul style="list-style-type: none"> • No major issues • Need for "cosmetic" changes only • Comorbidity "swelling" needs to be more explicit or reworded because it does not apply exactly to what patients with acromegaly have
Associated comorbidities (A)	<ul style="list-style-type: none"> • Lack of instructions on how to score each item, how to interpret the score, and how to account for the severity ranking • List of comorbidities fine; additional comorbidities proposed (e.g. visual signs, intestinal polyps, obesity, cancer) • Definition needed for each comorbidity listed 	<ul style="list-style-type: none"> • Comorbidity "swelling" needs to be more explicit or reworded because it does not apply exactly to what patients with acromegaly have
GH levels (G)	<ul style="list-style-type: none"> • Well understood • Ranges and units well adapted but loss of sensitivity for small improvements because ranges of the concentration categories are too large • GH nadir with OGTT and GH random or series not always reported in the patient's medical record, or not always performed routinely at each consultation 	<ul style="list-style-type: none"> • Need to highlight the "OR" between GH nadir with OGTT and GH random or series

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|--------------------------|---|--|
| GH levels (G) | <ul style="list-style-type: none"> • Highest concentration of GH nadir with OGTT proposed is not high enough • Meaning of “series” not understood | |
| IGF-1 levels (I) | <ul style="list-style-type: none"> • Well understood • Ranges and units well adapted, but loss of sensitivity for small improvements because concentration ranges are too large | <ul style="list-style-type: none"> • No changes required |
| Tumor profile (T) | <ul style="list-style-type: none"> • Some categories are not sensitive enough • Important to differentiate invasive from non-invasive tumors, parasellar/laterosellar versus intrasellar versus suprasellar tumors, sinus versus chiasm versus cavernous sinus versus sphenoidal sinus invasion | <ul style="list-style-type: none"> • More precision is required |

GH, growth hormone; IGF-1, insulin-like growth hormone-1; OGTT, oral glucose tolerance test

Supplemental Table 4 Practical aspects of the SAGIT instrument: results of the PRAC-Test® questionnaire in each country during Step 1 pre-testing and Step 2 pilot study

Practical aspects of SAGIT	Step-1 pre-testing							Step 2 pilot study								
	Brazil (n=2)	France (n=2)	Germany (n=1)	Italy (n=2)	Spain (n=2)	UK (n=2)	TOTAL (n=11)	Prospective					Retrospective			
								France (n=2)	Germany (n=1)	Italy (n=2)	Spain (n=2)	USA (n=2)	SUBTOTAL (n=9)	Brazil (n=2)	UK (n=2)	TOTAL (n=13)
Easy to understand	2	2	1	1	1	2	9	2	1	2	2	1	8	1	2	11
Concise	2	2	1	2	2	2	11	2	1	2	1	2	8	2	2	12
Precise	1	2	1	1	1	1	7	1	1	2	1	1	6	1	2	9
Informative	2	2	1	2	1	2	10	2	0	2	2	1	7	1	2	10
Practical	2	1 ^a	1	2	1	2	9 ^a	0	0	2	2	1	5 ^a	1	2	8 ^a
Simple	2	1 ^a	1	1	2	2	9 ^a	2	0	2	2	1	7	2	2	11
Exhaustive	0	0	0	1	1	1	3 ^a	1	1	2	0	1	5	0	1	6
Quick to complete	2	1 ^a	1	2	2	2	10 ^a	2	0	2	2	1	7	2	2	11
Unbiased	1	1 ^a	1	2	2	2	9 ^a	1	1	2	2	2	8	2	2	12

^aOne data point missing

Supplemental Table 5 Baseline characteristics of patients who took part in Step 2 pilot study

Characteristics	Disease/treatment status			Total (n=26)
	Stable/controlled acromegaly (n=10)	Active/uncontrolled acromegaly (n=9)	Treatment naïve (n=7)	
Age (years)				
Mean	57.8	45.0	45.3	50.0
Median (range)	58.5 (44–73)	44.0 (19–77)	44.0 (31–63)	49.0 (19–77)
Gender (n)				
Male	5	4	3	12
Female	5	5	4	14
Time since acromegaly diagnosis (years)				
Mean	7.5	2.6	0.1	3.8
Median (range)	6.0 (1–22)	2.0 (1–5)	0.0 (0–1)	2.0 (0–22)