

1. Patient personal details

Institute code:

Physician code:

Initials:

Number of patient in the registry:

Date of visit:

2. Medical therapy of acromegaly:

● Was filled with the „A” (baseline) form Yes / No

● Was filled with the „B” (follow-up) form Yes / No

Has the patient received medical therapy for acromegaly: Yes / No

└ If yes

Medication:

Earlier (not given anymore) or current

Lanreotide autogel

Octreotide LAR

Bromocriptine

Quinagolide

Cabergoline

Pegvisomant

Pasireotide

Other (please, specify):

.....

For each medicinal product separately, the following questions apply:

↳ Start date:

↳ Maximal reached dose: unit: [...]

↳ Side effects yes / no / no data

- if yes:
- Gallbladder stone (on echography): yes / no
 - Elevation(s) of liver enzyme(s): yes / no / not defined
 - Lipodystrophy: yes / no / not defined
 - Other:
 -

↳ End date: / Currently receiving the therapy.

↳ Reason for withdrawal: Low efficacy / Side effect / Preference of the patient / Noncompliance / Other.

- Other:

- Response to this specific medical treatment:

↳ Well-controlled / Partially responsive / Ineffective / No data.

↳ IGF-1: - unit: ng/ml **calculator** nmol/L
- Upper limit of normal (ULN):
→ Upper limit of normal ratio (ULNR):

↳ Random GH: - unit: ng/ml **calculator** mU/L
- range: -

↳ Mean GH: - unit: ng/ml **calculator** mU/L
- range: -

↳ If no

Has the patient receiving now medical therapy for acromegaly
Yes / No

- If yes:

Medication:

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Octreotide LAR

Bromocriptine

Quinagolide

Cabergoline

Pegvisomant

Pasireotide

Other (please, specify):
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