

PATIENT ELIGIBILITY ASSESSMENT SHEET- FOR CLINICIANS

Familial Pituitary Tumour Syndromes: identification of AIP, MEN-1, p27 mutations/deletions and other novel genes – An Australasian Perspective

Patient initials:	Patient D.O.B.
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Doctor's name: _____ Practice Address: _____ _____ _____ Phone: () _____ Fax: () _____ Email: _____

ELIGIBILITY CRITERIA (Please circle appropriate criteria)

- A) MEN-1 gene mutation positive from previous testing (with or without a pituitary tumour)
OR
- B) Pituitary tumour diagnosed < 40 years of age
OR
- C) Pituitary tumour diagnosed > 40 years of age PLUS family history of pituitary tumour (at any age)
OR
- D) Pituitary tumour diagnosed > 40 years of age PLUS patient has other MEN-1 related neoplasia(s)
OR
- E) Pituitary tumour occurring in a patient > 40 years PLUS family member with other MEN-1 related neoplasia(s)[§]

For patients in categories B to E please indicate whether:

- MEN-1 gene mutation negative (genetic testing previously undertaken)
- No genetic testing undergone as yet

[§]**Typical MEN1 related neoplasias:** Primary hyperparathyroidism, anterior pituitary adenoma, GEP tumours (e.g., gastrinoma, insulinoma), adrenal adenoma, bronchial carcinoid, thymic carcinoid.

EXCLUSION CRITERIA:

Do any of the following apply:

- Age less than 18 years
- Unable to give independent informed consent
- Unable to understand and/or read English
- Serious medical or psychiatric illness due to which the study might place undue burden on the participant or prevent them from completing the study

Please return this form with your patient's signed consent form via email or fax, to:

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