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# Refining Screening and Referral in Frontline Care Settings

**Announcer:**
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**Dr. Yuen:**
Hello, everyone. This is CME on ReachMD, and my name is Dr. Kevin Yuen. Here with me today is my esteemed colleague, Dr. Eliza Geer.

The need for prompt referrals is important for optimizing outcomes for our patients. So, Dr. Geer, can you give us some pointers on how to identify patients with acromegaly in the frontline setting and when to refer?

**Dr. Geer:**
Sure. So we know it's really a challenge to identify these patients because it's a rare disease, and often by the time they come to us at pituitary centers, they've already been either diagnosed or the diagnosis has been suspected. So we're certainly not at the front line. Because patients often have an insidious onset of their symptoms and many features that they have, like diabetes, high blood pressure, are very common in the general population, it is really hard to identify these patients. Many of our referrals come from general endocrinologists, so general endos, in a sense, are on the front line, but often they're getting referrals from a whole range of providers, and the range is large because the symptom panel for patients is very large and diverse. So patients might go to an orthodontist or an oral surgeon for jaw misalignment or a change in their teeth spacing. Female patients might go to their gynecologist with menstrual disorders. Patients with headaches might see a neurologist. Patients with snoring and sleep apnea might see a sleep medicine doctor. It's really a long list. Patients could see an orthopedic surgeon or a neurosurgeon for joint and spine issues. They could see a dermatologist for oily skin or skin tags or an ophthalmologist for vision changes. We also know that patients with acromegaly often have mass effect and hypopituitarism, so many male patients might see a urologist for hypogonadism. So it's a range of people who are on the front line, which makes it very challenging. We do know that the diagnostic delay for patients is often years, and this is a problem. It leads to increased morbidity and mortality, so it is important to screen patients who we suspect could have acromegaly.

One thing to think of is identifying sort of clusters of signs and symptoms in combination that might be more specific for acromegaly. For example, someone with acral enlargement, you know, their rings and their shoes aren't fitting, plus oral facial changes, you know, a change in their bite or their teeth, in addition to systemic manifestations, like sleep apnea or hypertension or ventricular hypertrophy, these are patients we should certainly consider getting an IGF-1 level. So it's important for us to increase awareness of acromegaly among many specialties of healthcare providers doing CME events and ongoing education. It's also helpful to have outreach strategies and collaborate with patient advocacy groups, and that could also help promote earlier referral for diagnostic testing.

**Dr. Yuen:**
Thank you, Dr. Geer, for a comprehensive review of that. It certainly is important to get the word out, especially to the non-endocrinology colleagues, and I think what you said really hits on the point. Increasing the awareness so that at least they think about the possibility of

acromegaly, because only by thinking about it, that really prompts testing to be initiated. And I think perhaps, also, maybe even having more education, particularly in the training setting for our trainees who may not necessarily see many of these patients when they go out and see these patients.

So this has been a lot of information in only a few minutes. We hope you found our perspectives useful.

**Announcer:**
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