**Survey questionnaire**

**Participant characteristics**

1. **What specialty do you belong to?**
	1. Endocrinology
	2. Rheumatology
	3. Metabolic medicine
	4. Clinical chemistry
	5. Geriatric medicine
	6. General practice
	7. Others: \_\_\_\_\_\_\_\_\_\_\_
2. **What grade are you?**
	1. Consultant
	2. GP
	3. Trainee
	4. Other: \_\_\_\_\_\_\_\_\_\_\_\_
3. **Which type of hospital do you work at? (tick all)**
	1. Specialist hospital/Tertiary referral centre
	2. General hospital
	3. Community based
	4. Primary care
	5. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Do you run a specialist metabolic bone clinic?**
	1. Yes
	2. No
5. **Do you have access to regional specialist adult bone MDTs?**
	1. Yes
	2. No
6. **Which part of the UK best describes where you work?**
	1. Scotland
	2. Wales
	3. Northern Ireland
	4. North East and Yorkshire
	5. North West
	6. Midlands
	7. South Central
	8. London
	9. South East
	10. South West
	11. Other: \_\_\_\_\_\_\_\_\_\_\_

**Section 1- Assessment of PHPT**

Case details:

80 year old woman with a recent hip fracture.

**Biochemistry:**

Calcium 2.85mmol/l

PTH 25pmol/L (<7.2 pmol/L)

25OH vitamin D 15nmol/L (>50nmol/L)

CrCl 45 ml/min/1.73m²

Mild cognitive impairment living at home.

Patient has been referred for consideration of parathyroid surgery (4 month wait).

1. **To make the diagnosis, would you request 24 hour urinary calcium: creatinine clearance ratio?**
	1. Yes (**if yes, go to step 2**)
	2. No (**if no, skip to question 6**)
2. **Given that you would request a 24-hour urinary calcium: creatinine clearance ratio, do you wait until after correcting Vitamin D?**
	* 1. Yes **(if yes, go to Step 3)**
		2. No **(if no, ignore 3 and go to 4)**
		3. N/A as I would not request a 24-hour calcium: creatinine ratio (**if N/A,** **ignore question 3**)
3. **Given you would wait under after correcting Vitamin D, to what level and how long do you wait?**
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Do you advise on a range of calcium intake during that day?**
	1. Yes (**if yes, go to step 5**)
	2. No (**if no, ignore step 5 and go to step 6**)
	3. N/A as I would not request a 24-hour calcium: creatinine ratio (**if N/A, ignore Step 5**)
5. **Given you would advise on a range of calcium intake during that day, what do you advice (mg/day)?**
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **To make the diagnosis, would you request a spot urine for calcium: creatinine clearance ratio?**
	1. Yes (**if yes, go to Step 7**)
	2. No (**if no, ignore Step 7 and go to Step 8**)
7. **If yes, would this be random, morning or fasting?**
	1. Random
	2. Morning
	3. Fasting
	4. Other: \_\_\_\_\_\_\_\_\_\_\_
8. **How would you correct a low 25OH Vitamin D?**
	1. Single bolus of X
	2. Daily dose of X over X days
	3. Weekly dose of X over X weeks
	4. Other: \_\_\_\_\_\_\_\_\_\_\_
9. **Please describe the dose and duration to correct low 25OH Vitamin D:**
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. **What level of 25OH Vitamin D do you aim for (nmol/L)?**
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2- Assessment of fracture risk**

Case details:

80 year old woman with a recent hip fracture.

Calcium 2.85mmol/l

PTH 25pmol/L (<7.2 pmol/L)

25OH vitamin D 15nmol/L (>50nmol/L)

CrCl 45 ml/min/1.73m²

Mild cognitive impairment living at home.

Patient has been referred for consideration of parathyroid surgery (4 month wait).

**Assume that biochemical PHPT is now confirmed.**

1. **How do you assess fracture risk (select all that apply)?**
	1. DXA – Lumbar Spine, Total hip, Femoral neck
	2. DXA – distal radial
	3. DXA – VFA
	4. FRAX
	5. QFracture
	6. Other: \_\_\_\_\_\_\_\_\_\_\_\_
2. **If you use DXA, when do you request it?**
	1. At presentation
	2. Immediately after parathyroid surgery
	3. X months after parathyroid surgery **(if this option, answer step 3 else ignore)**
	4. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_
3. **How many months after parathyroid surgery would you wait to do a DXA?**
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3- Anti-osteoporotic medication in this case**

1. **What type of agents would you recommend regarding approach to anti-osteoporosis medication (AOM)?**
	1. No different to other patients with osteoporosis
	2. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **In general when do you start AOM?**
	1. Pre parathyroid surgery ( if this option, answer Step 3 else ignore)
	2. Within 3 months after parathyroid surgery
	3. 1 year after parathyroid surgery
	4. Post parathyroid surgery without a DXA
	5. Post parathyroid surgery with a DXA
	6. No general approach, varies widely depending on patient risk factors
	7. Other: \_\_\_\_\_\_\_\_\_\_\_
3. **If you would treat with anti-osteoporosis drugs before parathyroid surgery, do you favour any particular agent in this case?**
	1. Oral bisphosphonates
	2. IV Zolendronic acid
	3. SC Denosumab
	4. Other: \_\_\_\_\_\_\_\_\_\_\_\_
4. **If PHPT is confirmed, what is the role of cinacalcet in this case?**
	1. As a treatment for reducing fracture risk
	2. Pre-operatively as stand alone
	3. Pre-operatively as combination with anti-osteoporosis medication
	4. If not a candidate for parathyroid surgery
	5. No general role for cinacalcet
	6. Other: