

- S1. Wassenaar, M.J., et al. 2009. High prevalence of arthropathy, according to the definitions of radiological and clinical osteoarthritis, in patients with long-term cure of acromegaly: a case-control study. *Eur. J. Endocrinol.* **160**:357–365.
- S2. Mazziotti, G., et al. 2008. Prevalence of vertebral fractures in men with acromegaly. *J. Clin. Endocrinol. Metab.* **93**:4649–4655.
- S3. Barkan, A.L., Beitins, I.Z., and Kelch, R.P. 1988. Plasma insulin-like growth factor-I/somatomedin-C in acromegaly: correlation with the degree of growth hormone hypersecretion. *J. Clin. Endocrinol. Metab.* **67**:69–73.
- S4. Rokkas, T., Pistiolas, D., Sechopoulos, P., Margantinis, G., and Koukoulis, G. 2008. Risk of colorectal neoplasm in patients with acromegaly: a meta-analysis. *World J. Gastroenterol.* **14**:3484–3489.
- S5. Cannavo, S., et al. 2006. Acromegaly and coronary disease: an integrated evaluation of conventional coronary risk factors and coronary calcifications detected by computed tomography. *J. Clin. Endocrinol. Metab.* **91**:3766–3772.
- S6. Davi, M.V., et al. 2008. Sleep apnoea syndrome is highly prevalent in acromegaly and only partially reversible after biochemical control of the disease. *Eur. J. Endocrinol.* **159**:533–540.
- S7. Hataya, Y., et al. 2001. A low dose of ghrelin stimulates growth hormone (GH) release synergistically with GH-releasing hormone in humans. *J. Clin. Endocrinol. Metab.* **86**:4552.
- S8. Argetsinger, L.S., et al. 1993. Identification of JAK2 as a growth hormone receptor-associated tyrosine kinase. *Cell.* **74**:237–244.
- S9. Woelfle, J., Billiard, J., and Rotwein, P. 2003. Acute control of insulin-like growth factor-I gene transcription by growth hormone through Stat5b. *J. Biol. Chem.* **278**:22696–22702.
- S10. Chia, D.J., et al. 2006. Characterization of distinct Stat5b binding sites that mediate growth hormone-stimulated IGF-I gene transcription. *J. Biol. Chem.* **281**:3190–3197.
- S11. Wang, X., et al. 2008. Endotoxin-induced proteolytic reduction in hepatic growth hormone (GH) receptor: a novel mechanism for GH insensitivity. *Mol. Endocrinol.* **22**:1427–1437.
- S12. Bianchi, A., et al. 2009. Influence of growth hormone receptor d3 and full-length isoforms on biochemical treatment outcomes in acromegaly. *J. Clin. Endocrinol. Metab.* **94**:2015–2022.
- S13. Quaife, C.J., et al. 1989. Histopathology associated with elevated levels of growth hormone and insulin-like growth factor I in transgenic mice. *Endocrinology.* **124**:40–48.
- S14. Pei, L., Melmed, S., Scheithauer, B., Kovacs, K., and Prager, D. 1994. H-ras mutations in human pituitary carcinoma metastases. *J. Clin. Endocrinol. Metab.* **78**:842–846.
- S15. Burton, F.H., Hasel, K.W., Bloom, F.E., and Sutcliffe, J.G. 1991. Pituitary hyperplasia and gigantism in mice caused by a cholera toxin transgene. *Nature.* **350**:74–77.
- S16. Hayward, B.E., et al. 2001. Imprinting of the G(s)alpha gene GNAS1 in the pathogenesis of acromegaly. *J. Clin. Invest.* **107**:R31–R36.
- S17. Yin, Z., Williams-Simons, L., Parlow, A.F., Asa, S., and Kirschner, L.S. 2008. Pituitary-specific knockout of the Carney complex gene Prkar1a leads to pituitary tumorigenesis. *Mol. Endocrinol.* **22**:380–387.
- S18. Verges, B., et al. 2002. Pituitary disease in MEN type 1 (MEN1): data from the France-Belgium MEN1 multicenter study. *J. Clin. Endocrinol. Metab.* **87**:457–465.
- S19. Lin, S.Y., and Elledge, S.J. 2003. Multiple tumor suppressor pathways negatively regulate telomerase. *Cell.* **113**:881–889.

- S20. Fero, M.L., et al. 1996. A syndrome of multiorgan hyperplasia with features of gigantism, tumorigenesis, and female sterility in p27(Kip1)-deficient mice. *Cell*. **85**:733–744.
- S21. Farrell, W.E. 2006. Pituitary tumours: findings from whole genome analyses. *Endocr. Relat. Cancer*. **13**:707–716.
- S22. Georgitsi, M., et al. 2008. Large genomic deletions in AIP in pituitary adenoma predisposition. *J. Clin. Endocrinol. Metab.* **93**:4146–4151.
- S23. Laws, E.R. 2008. Surgery for acromegaly: evolution of the techniques and outcomes. *Rev. Endocr. Metab. Disord.* **9**:67–70.
- S24. Fahlbusch, R., Keller, B., Ganslandt, O., Kreutzer, J., and Nimsky, C. 2005. Transsphenoidal surgery in acromegaly investigated by intraoperative high-field magnetic resonance imaging. *Eur. J. Endocrinol.* **153**:239–248.
- S25. Brada, M., Ajithkumar, T.V., and Minniti, G. 2004. Radiosurgery for pituitary adenomas. *Clin. Endocrinol. (Oxf)*. **61**:531–543.
- S26. Schonbrunn, A. 2008. Selective agonism in somatostatin receptor signaling and regulation. *Mol. Cell. Endocrinol.* **286**:35–39.
- S27. Greenman, Y., and Melmed, S. 1994. Heterogeneous expression of two somatostatin receptor subtypes in pituitary tumors. *J. Clin. Endocrinol. Metab.* **78**:398–403.
- S28. Lamberts, S.W. 1988. The role of somatostatin in the regulation of anterior pituitary hormone secretion and the use of its analogs in the treatment of human pituitary tumors. *Endocr. Rev.* **9**:417–436.
- S29. Billestrup, N., Swanson, L.W., and Vale, W. 1986. Growth hormone-releasing factor stimulates proliferation of somatotrophs in vitro. *Proc. Natl. Acad. Sci. U. S. A.* **83**:6854–6857.
- S30. Biermasz, N.R., et al. 2007. Acromegaly caused by growth hormone-releasing hormone-producing tumors: long-term observational studies in three patients. *Pituitary*. **10**:237–249.
- S31. Fougner, S.L., et al. 2008. The clinical response to somatostatin analogues in acromegaly correlates to the somatostatin receptor subtype 2a protein expression of the adenoma. *Clin. Endocrinol. (Oxf)*. **68**:458–465.
- S32. Colao, A., et al. 2006. Partial surgical removal of growth hormone-secreting pituitary tumors enhances the response to somatostatin analogs in acromegaly. *J. Clin. Endocrinol. Metab.* **91**:85–92.
- S33. Jallad, R.S., Musolino, N.R., Salgado, L.R., and Bronstein, M.D. 2005. Treatment of acromegaly with octreotide-LAR: extensive experience in a Brazilian institution. *Clin. Endocrinol. (Oxf)*. **63**:168–175.
- S34. Ferrante, E., et al. 2006. Octreotide promotes apoptosis in human somatotroph tumor cells by activating somatostatin receptor type 2. *Endocr. Relat. Cancer*. **13**:955–962.
- S35. Fougner, S.L., et al. 2008. Low levels of raf kinase inhibitory protein in growth hormone-secreting pituitary adenomas correlate with poor response to octreotide treatment. *J. Clin. Endocrinol. Metab.* **93**:1211–1216.
- S36. Nolan, L.A., Schmid, H.A., and Levy, A. 2007. Octreotide and the novel multireceptor ligand somatostatin receptor agonist pasireotide (SOM230) block the adrenalectomy-induced increase in mitotic activity in male rat anterior pituitary. *Endocrinology*. **148**:2821–2827.
- S37. Lesche, S., Lehmann, D., Nagel, F., Schmid, H.A., and Schulz, S. 2009. Differential effects of octreotide and pasireotide on somatostatin receptor internalization and trafficking in vitro. *J. Clin. Endocrinol. Metab.* **94**:654–661.
- S38. Pivonello, R., et al. 2007. Treatment with growth hormone

receptor antagonist in acromegaly: effect on cardiac structure and performance. *J. Clin. Endocrinol. Metab.* **92**:476–482.

S39. Jorgensen, J.O., et al. 2005. Cotreatment of acromegaly with a somatostatin analog and a growth hormone receptor antagonist. *J. Clin. Endocrinol. Metab.* **90**:5627–5631.

S40. Login, I.S., and Login, J. 2008. Governor Pio Pico, the monster of California...no more: lessons in neuroendocrinology. *Pituitary*. Online ahead of print.

S41. Roelfsema, F., Biermasz, N.R., Pereira, A.M., and Romijn, J.A. 2008. The role of pegvisomant in the treatment of acromegaly. *Expert Opin. Biol. Ther.* **8**:691–704.

S42. Rowlinson, S.W., et al. 2008. An agonist-induced conformational change in the growth hormone receptor determines the choice of signalling pathway. *Nat. Cell Biol.* **10**:740–747.

S43. Tentler, J.J., Hadcock, J.R., and Gutierrez-Hartmann, A. 1997. Somatostatin acts by inhibiting the cyclic 3',5'-adenosine monophosphate (cAMP)/protein kinase A pathway, cAMP response element-binding protein (CREB) phosphorylation, and CREB transcription potency. *Mol. Endocrinol.* **11**:859–866.

S44. Quereda, V., and Malumbres, M. 2009. Cell cycle control of pituitary development and disease. *J. Mol. Endocrinol.* **42**:75–86.

S45. Arzt, E., Chesnokova, V., Stalla, G.K., and Melmed, S. 2009. Pituitary adenoma growth: a model for cellular senescence and cytokine action. *Cell Cycle* **8**:677–678.

S46. Vierimaa, O., et al. 2006. Pituitary adenoma predisposition caused by germline mutations in the AIP gene. *Science*. **312**:1228–1230.

S47. Ezzat, S., Zheng, L., Zhu, X.F., Wu, G.E., and Asa, S.L. 2002. Targeted expression of a human pituitary tumor-derived isoform of FGF receptor-4 recapitulates pituitary tumorigenesis. *J. Clin. Invest.* **109**:69–78.

S48. Bruns, C. 2002. SOM230: a novel somatostatin peptidometric with broad somatotropin release inhibiting factor (SRIF) receptor binding and a unique antisecretory profile. *Eur. J. Endocrinol.* **146**:707–716.