Supplement 3. Post-hoc analysis: clinical sample

Self-efficacy

Similar to the results of the ITT analyses, a significant interaction was found for self-efficacy (GSE) ($p=.013$), with PPEP-Pituitary reporting more self-efficacy (difference 1.66, $p=.007$) compared to controls (T1 vs. T0), which persisted up to the 6 month follow-up (difference 1.77, $p=.044$) (T2 vs T0). No significant difference in self-efficacy was observed in partners.

Bother and Needs for Support

Similar to the results of the ITT analyses, an interaction was revealed on being bothered by mood problems ($p=.006$), with PPEP-Pituitary reporting to be less bothered by mood problems compared to controls (LBNQ-Pituitary) (difference -6.67, $p=.011$) at T1 relative to T0. At T2 relative to T1 PPEP-Pituitary reported more bother by mood problems compared to controls (difference 8.54, $p=.003$), but this increase was not significantly different from baseline (difference 1.87, $p=.483$). In addition, an interaction was found for the Total bother score (LBNQ-Pituitary) ($p=.023$), with PPEP-Pituitary reporting a higher Total bother score compared to controls (difference 5.11, $p=.006$) at T2 relative to T1, but this increase was also not significantly different from baseline (difference 2.44, $p=.193$). New findings raised in the clinical sample analyses were that there was a significant interaction for need for support for negative illness perceptions (LBNQ-Pituitary) ($p=.048$), with PPEP-Pituitary reporting a higher need for support than controls (difference 7.88, $p=.018$) at T2 relative to T1, but this increase was not significantly different from baseline (difference 3.14, $p=.422$). Furthermore, an interaction was found for need for support for physical and cognitive problems (LBNQ-Pituitary) ($p=.046$), with PPEP-Pituitary reporting a higher need for support compared to controls at T2 relative to T0 (difference 7.43, $p=.036$) and at T2 relative to T1 (difference 7.01, $p=.023$).

Illness perceptions

Similar to the results of the ITT analyses in patients, no significant differences in illness perceptions were observed (B-IPQ).
Similar to the observations of the ITT analyses in partners, an interaction was found for perceived treatment control (B-IPQ) \((p=.045)\), with PPEP-Pituitary reporting more treatment control compared to controls at T2 relative to T1 \(\text{difference } 3.24, p=.016\), but this increase at T2 was not significantly different from baseline \(\text{difference } 1.26, p=.360\).

**Coping**

Similar to the observations of the ITT analyses, no significant differences in coping styles (UCL) were found for patients and partners.

**Participation and autonomy**

Similar to the observations of the ITT analyses, no significant differences in participation and autonomy (IPA) were found for patients.

**Quality of life**

In contrast to the ITT analyses in patients, a significant interaction was found for depressive symptoms (HADS) \((p=.027)\), with PPEP-Pituitary reporting more depressive symptoms compared to controls at T2 relative to T1 \(\text{difference } 1.17, p=.008\), but this increase was not significantly different from baseline \(\text{difference } 0.67, p=.191\).

Similar to the results of the ITT analyses in partners, an interaction was found for vitality (SF-36) \((p=.029)\), with PPEP-Pituitary reporting more vitality compared to controls \(\text{difference } 15.70, p=.009\) \(\text{T1 vs. T0}\), which persisted up to 6 month follow-up \(\text{difference } 17.75, p=.033\) \(\text{T2 vs. T0}\). Furthermore, an interaction was found for anxiety (HADS) \((p=.023)\), with PPEP-Pituitary reporting less anxiety at T2 relative to baseline \(\text{difference } -3.10, p=.007\). In addition, an interaction was found for depressive symptoms (HADS) \((p=.025)\), with PPEP-Pituitary reporting less depressive symptoms at T2 relative to T1 \(\text{difference } -2.86, p=.011\), as well as at T2 relative to T0 \(\text{difference } -3.38, p=.009\). Furthermore, an interaction was found for the Total HADS score \((p=.009)\), with PPEP-Pituitary reporting a lower total HADS score at T2 relative to T1 \(\text{difference } -5.33, p=.021\), as well as lower at T2 relative to T0 \(\text{difference } -6.85, p=.002\). A new finding raised in this clinical sample
analysis in partners was that a significant interaction was found for social functioning (SF-36) 
($p=.036$), with PPEP-Pituitary reporting better social functioning at T2 relative to T1 (difference 
19.70, $p=.023$), which was also significantly different from baseline (difference 22.30, $p=.012$).