



Adrenal Mass

New technology has resulted in the detection of small masses in the adrenal glands. The challenge is to identify and treat significant lesions without undue evaluation of insignificant lesions. Significant lesions are those that produce excess hormones and those that are malignant. Malignant tumors include primary adrenal cancers or metastases (*often breast, lung, or kidney*).

Most large (>6cm) adrenal masses require surgical excision to rule out cancer. Lesions <3 cm are usually benign and non-functional. All lesions >1cm require endocrine evaluation to define hormonal function and serial imaging to elucidate prognostic characteristics.

MINIMUM ENDOCRINE EVALUATION TO RULE OUT EXCESS HORMONES

No hypertension	With hypertension
Overnight (1mg) dexamethasone suppression Urinary or plasma metanephrines	Overnight (1mg) dexamethasone suppression Urinary or plasma metanephrines Serum potassium Plasma aldosterone concentration-plasma renin activity ratio

IMAGING CHARACTERISTICS SUGGESTIVE OF BENIGN TUMORS

Unenhanced CT	MRI
<ul style="list-style-type: none"> • Slow doubling time if serial scans have been done • Homogenous (<i>not heterogeneous</i>) with smooth border • Low attenuation value. • No follow-up recommended 	<ul style="list-style-type: none"> • Slow doubling time if serial scans have been done • Homogenous (<i>not heterogeneous</i>) with smooth border • High fat content • No follow-up recommended

Unfavorable (*atypical*) scanning features of an adrenal mass are: lipid-poor, necrotic, hemorrhagic, or calcified.

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Underwriting requirements: An APS is required for 10 yr after admission of an adrenal mass.

Adrenal masses	
<ul style="list-style-type: none"> No cancer history in past 15 years Pheochromocytoma not suspected All imaging characteristics favor benign tumor. 	
Simple cyst or myelolipoma	0
<1cm	0
1-3cm, shown to be non-functional after minimum endocrine evaluation (<i>see above</i>)	0
1-3cm, shown to be functional after endocrine evaluation, excised	Rate for residual endocrine syndrome (<i>Cushing's, etc.</i>).
1-3cm, no endocrine evaluation or functional tumor not excised, no BP debits, stable* for one year by CT or MRI	Rate for residual endocrine syndrome, no less than 75. If not known to be stable for one year then postpone.
3.1-6 cm and stable* for one year by CT or MRI	Rate as 1-3cm tumor. If not known to be stable for one year then postpone.
Others: >6cm, any mass unstable in size or in imaging characteristics, unfavorable imaging characteristics, questionable characteristics, history of cancer, etc.	Individual consideration

***Stability is defined as no change in size, shape, or radiographic features on repeat testing.**

To get an idea of how a client with a history of a adrenal mass on chest x-ray tests would be viewed in the underwriting process, feel free to use the *Ask "Rx" pert underwriter* on the reverse side for an informal quote.

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ADRENAL MASS TESTS - ASK "RX" PERT UNDERWRITER (ask our experts)

Producer _____ Phone _____ FAX _____
Client _____ Age/DOB _____ Sex _____

If your client has history of a adrenal mass on CT or MRI:

① Please provide:

- Date initially found _____
- Size _____
- Date of last follow-up _____

② Please note if any of the following have occurred (check all that apply):

- CT scan or MRI _____
- Biopsy -- give pathology report _____
- Surgery -- give pathology report _____

③ Was an endocrine evaluation done?

④ Is your client on any medications?

- yes, please give details _____
- no

⑤ Does your client have hypertension?

⑥ Has your client ever had cancer?

- yes, please give details _____
- no

⑦ Has your client smoked cigarettes?

In the last 12 months?

- yes
- no

In the last 7 years?

- yes
- no

⑧ Does your client have any other major health problems? (ex: heart disease, etc.)

- yes, please give details _____
- no

After reading the *Rx for Success on Adrenal Mass*, please feel free to use this *Ask "Rx" pert underwriter* for an informal quote.

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