



Clinical Practice Snapshot

Adrenal Tumors

FINAL VERSION, 211120

1. Diagnosis:
 - a. Diagnosis: [Radio button, one selection]
 primary aldosteronism pheochromocytoma
 Cushing incidentaloma
 ACC/metastasis other
 unknown
(if 'other', answer question 1b)
 - b. Other diagnosis: [Free text; character limit?]
2. Previous treatment:
 - a. Previous treatment performed: [Radio button, one selection]
 yes no unknown
(if yes, answer question 2b)
 - b. Type of previous treatment: [Radio button, one selection]
 medical therapy
 follow-up
 surgery
 other
 unknown
(if 'other', answer question 2c)
 - c. Other previous treatment: [Free text; character limit?]
3. Preoperative care:
 - a. Discussed in multidisciplinary team: [Radio button, one selection]
 yes no unknown
 - b. Preoperative imaging performed: [Tick-box, multiple selection]
 MRI
 CT
 PET CT
 other
 unknown
(if 'other', answer question 3c)
 - c. Other preoperative care: [Free text; character limit?]
4. 1st surgery for current disease:
 - a. 1st surgery date: [Date, dd/mm/yy format; on/after DoB]
 - b. Type surgery: [Radio button, one selection]
 laparoscopy retroperitoneoscopy robot-assisted
 open no surgery unknown
 - c. Status after surgery: [Radio button, one selection]
 for hormonally active tumors: hormonally cured
 for malignant tumors: negative resection margins
 not cured other unknown
 - d. Lymph node dissection performed? [Radio button, one selection]
 yes no
 unknown not applicable (no malignant tumor)
 - e. Further treatment needed: [Radio button, one selection]
 yes no unknown
(if 'yes', answer question 4f)

- f. Specification further (adjuvant) treatment [Radio button, one selection]
 mitotane chemotherapy
 radiation therapy other
(if 'other', answer question 4g)

g. Specification other adjuvant treatment: [Free text; character limit?]

5. Possible complications after surgery:

- a. Early complications (within 30 days after surgery): [Radio button, one selection]

yes no unknown

(if yes, answer question 5b)

- b. Which complication has occurred? [Free text; character limit?]

- c. Late complications (occurring more than 30 days after surgery): [Radio button, one selection]

yes no unknown

(if yes, answer question 5d)

- d. Which complication has occurred? [Free text; character limit?]

6. Last visit evaluation:

- a. Date last follow-up: [Date, dd/mm/yy format; on/after DoB]

- b. Unforeseen pathology outcome:

yes no unknown

[Radio button, one selection]

(if yes, answer question 6c)

- c. Which unforeseen pathology outcome has occurred? [Free text; character limit?]



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