



Network
 Urogenital Diseases (ERN eUROGEN)

## **Clinical Practice Snapshot**

## **Adrenal Tumors**

## FINAL VERSION, 221024

1.	Please update the common data elements. (Changes might have occurred in	•	
	treatment/genetics/diagnosis etc.)	[Radio button, one selection]	
	I have changed nothing		
	I have added previously unknown information		
	O I don't know how to		
2.	Diagnosis:		
	a. Diagnosis:	[Radio button, one selection]	
	primary aldosteronism pheochromocytoma		
	○ Cushing ○ incidentaloma		
	○ ACC ○ other		
	○ metastasis ○ unknown		
	(if 'other', answer question 2b)		
	b. Other diagnosis:	[Free text; character limit?]	
3. Previous treatment:			
	a. Previous treatment performed:		
	( ) yes ( ) no ( ) unknown	[Radio button, one selection]	
	(if yes, answer question 3b)		
	b. Type of previous treatment:	[Radio button, one selection]	
	of follow-up		
	surgery		
	○ other		
	unknown		
	(if 'other', answer question 3c)		
	c. Other previous treatment:	[Free text; character limit?]	
4.	Preoperative care:		
	a. Discussed in multidisciplinary team:	[Radio button, one selection]	
	yes Ono Ounknown	[	
	b. Preoperative imaging performed:	[Tick-box, multiple selection]	
	☐ MRI	[ex sex)exp.c sexecut]	
	□ст		
	□ PET CT		
	□ other		
	□ unknown		
	(if 'other', answer question 4c)		
	c. Other preoperative care:	[Free text; character limit?]	
5.	1st surgery for current disease:		
-	a. 1 <sup>st</sup> surgery date:	[Date, dd/mm/yy format; on/after DoB]	
	b. Type surgery:	[Radio button, one selection]	
	○ laparoscopy ○ retroperitoneoscopy ○ robot-assisted		
	open on surgery other	○ unknown	
	(If 'other', answer questions 5c)	_	
	c. Other type of surgery:		
	d. Status after surgery:	[Radio button, one selection]	
	for hormonally active tumors: hormonally cured	•	
	for malignant tumors: negative resection margins		

		not cured other unknown		
	e.	Lymph node dissection performed?	[Radio button, one selection]	
		yes no	,	
		unknown ont applicable (no malignant tumor)		
	f.	Further treatment needed:		
		○ yes ○ no ○ unknown	[Radio button, one selection]	
		(if 'yes', answer question 5g)	,	
	g.	Specification further (adjuvant) treatment	[Radio button, one selection]	
	J	mitotane chemotherapy	-	
		radiation therapy other		
		(if 'other', answer question 5h)		
	h.	Specification other adjuvant treatment:	[Free text; character limit?]	
6.	Possible	e complications after surgery:		
	a.	Early complications (within 30 days after surgery):	[Radio button, one selection]	
		(if yes, answer question 6b and 6c)		
	b.	Which complication has occurred?	[Free text; character limit?]	
	c.	How would you classify this complication?	[Radio button, one selection]	
		On need for pharmacological, surgical, endoscopic, or radiological		
		interventions, besides symptomatic treatment (antiemetics, analgesics, o	diuretics, electrolytes)	
		Requiring pharmacological treatment such as antibiotics, blood transfusion	ons,	
		or total parenteral nutrition		
		Requiring surgical, endoscopic, or radiologic intervention		
		Life-threatening requiring intensive care management		
		O Patient died		
		O I don't know / no information in medical file		
	d.	Late complications (occurring more than 30 days after surgery):	[Radio button, one selection]	
		yes		
		(if yes, answer question 6e and 6f)		
	e.	Which complication has occurred?	[Free text; character limit?]	
	f.	How would you classify this complication?	[Radio button, one selection]	
		No need for pharmacological, surgical, endoscopic, or radiological		
		interventions, besides symptomatic treatment (antiemetics, analgesics, or	diuretics, electrolytes)	
		<ul> <li>Requiring pharmacological treatment such as antibiotics, blood transfusions,</li> </ul>		
		or total parenteral nutrition		
		Requiring surgical, endoscopic, or radiologic intervention		
		Life-threatening requiring intensive care management		
		O Patient died		
		I don't know / no information in medical file		
7.	Last visi	t 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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