



Network
 Urogenital Diseases (ERN eUROGEN)

Clinical Practice Snapshot

Adrenal Tumours

FINAL VERSION, 240903

			umour Diagnosis specification	
	a.	Clinical diagnosis Primary aldosteronism	_	[Radio button, one selection]
		Cushing ACC	○ Incidentaloma○ Other	
		○ Metastasis	Other	
		(If 'Other', answer question	n h)	
	b.	Other clinical diagnosis	1 6)	[Free text; string]
	υ.	Ctrici cirrical diagnosis		[Free text, string]
	c.	Date of clinical diagnosis		[Date, dd/mm/yy format; after DoB]
	C.	Date of chilical diagnosis		[Date, dayining yy format, after Dob]
	d.	Pathologic diagnosis		
	u.	ACC		[Radio button, one selection]
		○ Pheochromocytoma		[Natio button, one selection]
		Metastasis		
		Adenoma		
		Other		
		•	heochromocytoma', show Clinical	Practice Snanshot)
		· -	estion 2a-2f and 3e in Clinical Pra	
			2g, 3a, 5i-5l in Clinical Practice Sno	
		(If 'Pheochromocytoma', a		<i>apsnot</i>)
		(If 'Other', answer question		
	e.	Other pathologic diagnosis	/	[Free text; string]
	٠.			[1.100 toxt) 5116]
	f.	Date of pathologic diagnosis		[Date, dd/mm/yy format; after DoB]
				[240, 44,, , , , ,
	Clinica	al Practice Snapshot		
1.	Please	e update the common data el	ements. (Changes might have occ	curred in patient status/hospital or
	treatr	nent/genetics/diagnosis etc.)		[Radio button, one selection]
	◯ I ha	ave changed nothing		
	◯ I h	ave added previously unknow	n information	
2.	Diagn	osis:		
	а	 Specify type of metastasis 		[Radio button, one selection]
		Melanoma	Other	
		Lung cancer	Unknown	
		Renal cancer		
		(If 'Other', answer questio	n 2b)	
	b	. Other type of metastasis		[Free text; string]
	C.	Date of diagnosis of prima	ry tumour	[Date, dd/mm/yy format; after DoB]
	d	. TNM classification primary	tumour: T	[Free text; string]
	u	. Traivi classification primary	camour. I	[Free text, string]
	^	. TNM classification primary	tumour: N	[Free toyt: string]
	е	. ITVIVI CIASSITICALIUTI PITITIAL	tumour. N	[Free text; string]

	f.	TNM classification primary tumour: M	[Free text; string]	
	g.	Hormone, tumour or systemic cancer-related symptoms at presentat		
		more information)	[Radio button, one selection]	
		○ Yes ○ No		
3.	Previous	s treatment:		
٥.	a.	Neo-adjuvant treatment ACC performed:	[Radio button, one selection]	
	u.	No	[riddio bactori, one selection]	
		Yes		
		Unknown		
		(If 'Yes', answer question 3b)		
	b.	Which neo-adjuvant treatment was given?	[Checkbox, multiple selection]	
		Mitotane		
		Chemotherapy		
		Other neo-adjuvant treatment		
		Unknown		
		(If 'Other neo-adjuvant treatment', answer question 3c)	[Frontout, string]	
	C.	Other neo-adjuvant ACC treatment	[Free text; string]	
	d.	Pre-surgical treatment with alpha blockers for pheochromocytoma pe	erformed:	
		No	[Radio button, one selection]	
		Yes		
		Unknown		
	e.	Previous treatment metastasis performed (including treatment of pri	mary tumour):	
			[Radio button, one selection]	
		(If 'Yes', answer question 3f)		
	f.	Type of previous treatment:	[Checkbox, multiple selection]	
		Chemotherapy		
		Radiotherapy		
		Immunotherapy Angiogenesis inhibitors		
		Angiogenesis inhibitorsTyrosine kinase inhibitors (TKIs)		
		Hormonal treatment (prostate cancer)		
		Surgery for primary tumour		
		Other previous treatment		
		Unknown		
		(If not 'Unknown', a date field for last date treatment will appear)		
		(If 'Radiotherapy', answer question 3g)		
		(If 'Surgery on primary tumour, answer question 3i, 3j, 3k)		
		(if 'Other previous treatment', answer question 3I)		
	g.	Type of radiotherapy	[Radio button, one selection]	
		Stereotactic radiation therapy (SBRT)		
		Proton radiotherapyOther type of radiotherapy		
		Unknown		
		(If 'Other type of radiotherapy, answer question 3h)		
	h.	Other type of radiotherapy	[Free text; string]	
			-	
	i.	Number of operations for primary tumour	[Number, integer]	
	j.	Date of 1st surgery [Da	ite, dd/mm/yy format; on/after DoB]	
	k.	Type of surgery	[Free text; string]	
	1	Other provious treatment	[Frontoyt, string]	
	l.	Other previous treatment	[Free text; string]	
	m	Date of last treatment (appears for each selected previous treatment	nt selected for auestion 3f)	
	111.			
		LDa	ate, dd/mm/yy format; on/after DoB]	
4.	4. Preoperative care:			
	a.	Discussed in multidisciplinary team:	[Radio button, one selection]	
	۵.	○ Yes ○ No ○ Unknown	the state of the s	

	b.	Preoperative imaging performed:	[Checkbox, multiple selection]
		□ MRI	
		□ст	
		□ PET CT	
		☐ Other	
		□ Unknown	
		(If 'Other', answer question 4c)	
	c.	Other preoperative imaging	[Free text; string]
	c.		[Free text, string]
	الم	Man a hispan manfarmada	[Dadia huttan ana salastian]
	d.	Was a biopsy performed?	[Radio button, one selection]
		Yes No Unknown	
		(If 'Yes', answer question 4e, 4f, 4g, 4i)	
	e.	Date of biopsy	[Date, dd/mm/yy format; on/after DoB]
	f.	Was the biopsy conclusive or inconclusive?	[Radio button, one selection]
		○ Conclusive	
	g.	Pathologic diagnosis	
		ACC	[Radio button, one selection]
		○ Pheochromocytoma	,
		○ Metastasis	
		Adenoma	
		Other	
		9	
		(If 'Other', answer question 4h)	[For a book obstruct]
	h.	Other pathologic diagnosis biopsy	[Free text; string]
	i.	Did any complications occur during/after the biopsy?	[Radio button, one selection]
5.	1 st surg	ery for current disease of the adrenal tumour:	
	a.	1 st surgery date:	[Date, dd/mm/yy format; on/after DoB]
	b.	Type surgery:	[Radio button, one selection]
		Laparoscopy Retroperitoneoscopy Robot-a:	
		Open Other Ounknow	
		(If 'Other', answer questions 5c)	
	c.		[Free text, string]
	_	Lymph node dissection performed?	
	d.	• •	[Radio button, one selection]
		○ Yes ○ No	
		○ Unknown ○ Not applicable	
		(If 'Yes', answer question 5e and 5f)	
	e.	Which lymph node template was removed?	[Free text, string]
	f.	Number of resected lymph nodes in pathology report	[Numeric, integer]
	g.	Status after surgery for malignant tumours	[Radio button, one selection]
		R0 (Negative resection margins)	
		R+ (Positive resection margins)	
		RX (Unclear resection margin)	
		Unknown	
		(If 'Positive resection margins', answer question 5h)	
	h		[Dadia hutton, one coloction]
	11.	Specification positive resection margins	[Radio button, one selection]
		R1 (Microscopic positive resection margins)	
		R2 (Macroscopic positive resection margins)	
		Unknown	
	i.	Ki67 score	[Numeric, %, integer]
		O-9%	
		○ 10% - 19%	
		○≥20%	
		Unknown	
	j.	ENSAT tumour classification	[Radio button, one selection]
	٦.	○ Stage I ○ Stage IV	than and the second of the sec
		Stage II Unknown	
		Stage III	
	k.	S-GRAS score	[Automatic calculation]
	_		[Automatic calculation]
	I.	Weiss score	[Numeric, integer, between 0-9]

	m.	Status after surgery when tumour was hormonally active pre-surgery Cured	(Radio button, one selection)		
		Not cured			
		Not applicable, tumour was not hormonally active pre-surgery			
		Unknown			
6.	Possible	e complications after surgery:			
	a.	Did any intraoperative complications occur?	[Radio button, one selection]		
		Yes No Unknown			
	b.	(If 'Yes', answer question 6b) Which complications occurred?	Free text; string]		
	D.	Which complications occurred:	Tree text, string]		
	c.	Did any postoperative complications occur (within 30 days after surg	ery): [Radio button, one selection]		
		○ Yes ○ No ○ Unknown	, , ,		
		(If 'Yes', answer question 6d and 6e)			
	d.	Which complications occurred?	[Free text; string]		
	e.	Clavien-Dindo classification of this complication?	[Radio button, one selection]		
		Grade 1			
		Grade 2			
		○ Grade 3a○ Grade 3b			
		Grade 4			
		Grade 5			
		Unknown			
7.	Follow-	up within a year from the start date of treatment (question 2.5 in the	Common Data Elements):		
	a.	Date last follow-up:	[Date, dd/mm/yy format; after DoB]		
	b.	Further treatment needed after the 1st surgery for adrenal tumour?			
		○ Yes ○ No ○ Unknown	[Radio button, one selection]		
		(If 'Yes', answer question 7c)			
	c.	Specification further (adjuvant) treatment (excluding recurrence)	[Checkbox, multiple selection]		
			nibitors () Unknown		
		(If 'Additional surgery' answer question 7d, 7e, 7f)			
	d.	(If 'Other', answer question 7g) Number of additional operations	[Numeric, integer]		
	u.	Number of additional operations	[Numeric, integer]		
		(A date field and reason of surgery will appear per additional surgery	v)		
	e.	Reason of additional surgery	[Date, dd/mm/yy format; on/after FS]		
	f.	Date of additional surgery	[Date, dd/mm/yy format; on/after FS]		
	_	Consideration of the contract	[From tout, atribue]		
	g. h.	Specification other (adjuvant) treatment: For pheochromocytoma: Biochemical recurrence	[Free text; string]		
	11.	(elevated metanephrine levels in blood/urine)?	[Radio button, one selection]		
		Yes No Unknown	[Madio Batton, one selection]		
	i.	For pheochromocytoma: Follow-up imaging performed?	[Radio button, one selection]		
		○ Yes ○ No ○ Unknown			
		(If 'Yes', answer question 7j)			
	j.	Recurrence confirmed on follow-up imaging?	[Radio button, one selection]		
		○ No			
		Yes, local recurrence			
		Yes, metastasized recurrence			
		Unknown (If 'Ves matestasized recurrence' answer question 7b)			
		(If 'Yes, metastasized recurrence', answer question 7k) (If any 'Yes', answer question 7s and 7u)			
	k.	Location of metastasized recurrence	[Free text, string]		
	ĸ.	2000 Of metastasized recurrence	[i rec text, string]		
	I.	For metastasis: Did adrenal cortex insufficiency occur?	[Radio button, one selection]		
		○ Yes ○ No ○ Unknown	•		
	m.	For ACC: Biochemical recurrence?	[Radio button, one selection]		

	○No					
	Yes, other biochemical marker (17-hydroxy progesterone, DHEA-S, 11-deoxycortisol etc.)					
	Unknown					
	(If 'Yes, other biochemical marker, answer question 7n)				
n.	Biomarker(s) indicating recurrence		[Free text, string]			
			-			
0.	For ACC: Date last CT (thorax/abdomen) within the first year of the start date of treatment (question 2.5 in					
	the Common Data Elements)	[Date, o	[Date, dd/mm/yy format; on/after FS]			
p.	For ACC: Progression of tumour based on last scan following RECIST scoring? [Radio button, one selection]					
q.	For ACC/metastasis: Was there a recurrence of the tur	nour?	[Radio button, one selection]			
	○No					
	Yes, local recurrence					
	Yes, metastasized recurrence					
	Unknown					
	(If 'Yes, metastasized recurrence', answer question 7q)					
	(If any 'Yes', answer question 7s)					
r.	Location of metastasized recurrence		[Free text, string]			
s.	Date of recurrence diagnosis [Date, dd/mm/yy format; on/after FS]					
t.	Was further treatment for recurrence of the adrenal to	umour performed?				
	○ Yes ○ No ○ Unknown		[Radio button, one selection]			
	(If 'Yes', answer question 7u)					
u.	Specification further treatment for recurrence		[Checkbox, multiple selection]			
		nmunotherapy	Other			
		argeted therapy	Unknown			
	(If 'Additional surgery' answer question 7v and 7w)	.,				
	(If 'Other', answer question 7x)					
٧.	Number of additional surgeries		[Numeric, integer]			
	(A date field will appear per additional surgery)					
w.	Date of additional surgery	[Date, o	dd/mm/yy format; on/after FS]			
х.	Specification other treatment for recurrence:		[Free text; string]			



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