Adrenal incidental tumour (incidentaloma) pathway

Adrenal incidental tumour found on a scan done for another purpose
(for frail patients, the referring team may decide on a pragmatic approach with no further investigation)

1

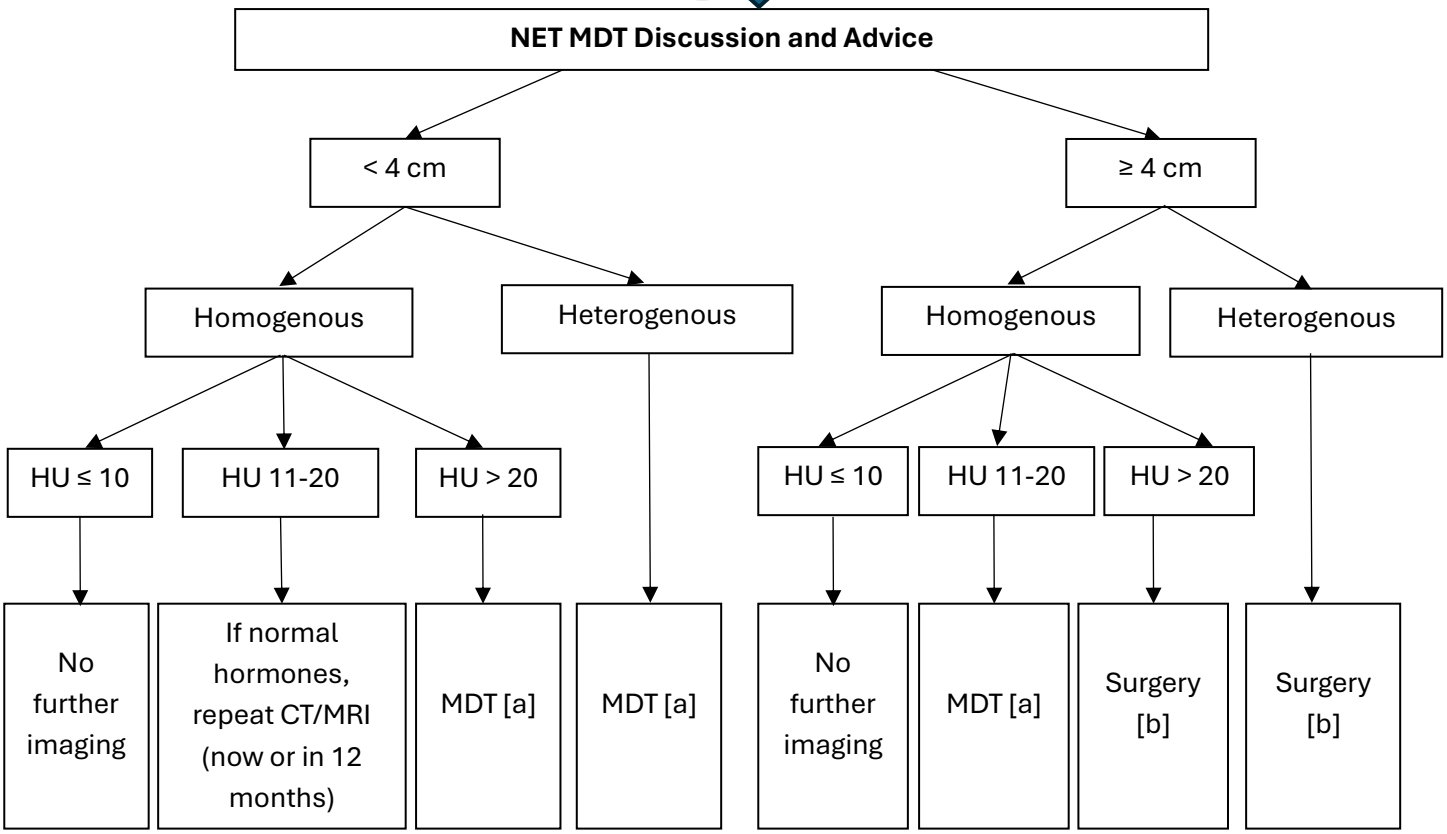
Do the following tests as an outpatient (BEFORE REFERRING TO ENDOCRINOLOGY):

- 1mg Overnight Dexamethasone Suppression Test (**ONDST**; do in all patients)
  - If on **anti-epileptics** or **oral oestrogens** → do 24hr collection for urinary free cortisol (UFC) instead
  - If on **steroids** for other reason → 9am cortisol with steroids omitted the morning of the test
- 24hr urine collection for **metanephrines**
  - Only do if HU not mentioned in the scan report, or if HU ≥ 10 on a non-contrast scan
- Aldosterone & Renin (**ARR**; only if known HTN, or K^+ < 3.5 mmol/L spontaneous or on diuretics)
  - Ensure K+ ≥ 3.5 mmol/L before the test (give oral replacement if needed)

2

Refer to the NET MDT using the online referral form

3



[a] Individualized approach as unlikely to be malignant but increased risk if age < 40 years. Usually needs immediate additional scanning. If indeterminate mass and no surgery, follow-up CT/MRI in 6-12 months.

[b] MDT usually recommends surgery here. For tumor staging, CT +/- FDG-PET CT. If no surgery, follow-up CT/MRI in 6-12 months.

For all patients, if hormonal excess is identified, this requires MDT discussion and separate management plan.

(THIS PAGE IS FOR THE DOCTOR PERFORMING THE TEST)

(PLEASE PRINT THE NEXT PAGE AND HAND IT OVER TO THE PATIENT)

Overnight dexamethasone suppression test instructions:

- Give the patient a prescription (FP10) for 1mg Dexamethasone tablets.
- Give the patient a green request form for 9am cortisol. Advise the patient to arrange the test with their GP using the given form. They can alternatively have it done at Edward Jenner unit in GRH, or at the Westblock Outpatients department in CGH.
- If the investigations are being done by the SDEC team, the patient can come back to SDEC at either site (no need for a green request form in this case).
- Instruct the patient to take the Dexamethasone at 11pm the night before the booked test.
- Measure 9am cortisol the next day.
- A cortisol level of < 50 nmol/l is a normal response.

24 hour urine collection instructions:

- Give the patient a green request for 24-hour urine collection for urinary free cortisol (UFC).
- Advise the patient to collect the brown 24-hour urine collection bottle from the pathology laboratory at GRH or CGH using the form provided. Alternatively, the requesting clinician can ask pathology to deliver a 24-hour urine bottle to the patient's GP practice. All bottles should come with general collection instructions.
- Give the patient the following instructions for urine collection:
    1. On the morning that you intend to start the collection, begin by emptying your bladder into the toilet.
    2. Every time you pass urine after this, collect all of the urine and put it into the specimen bottle.
    3. If you get up overnight to pass urine, collect the urine and put it into the specimen bottle.
    4. When you wake the following morning, empty your bladder and collect the urine into the specimen bottle.
    5. This completes the collection.
    6. Please ensure that you label the specimen bottle with your name, date of birth, hospital or NHS number and the date and start and finish times of the collection.
    7. The day you finish the urine collection, please return the specimen bottle with the associated specimen request form to either your GP practice or the hospital Pathology department at CGH or GRH.

(THIS PAGE CAN BE PRINTED OUT AND HANDED OVER TO THE PATIENT)

(TICK THE TEST THE PATIENT NEEDS TO DO)

[ ] Overnight dexamethasone suppression test (ONDST) instructions:

- You should have been given a prescription for **1mg Dexamethasone tablets**.
- Take the tablets **at 11pm at night**.
- You need to have a blood sample taken at 9am the next morning for a test called **9am cortisol**. This could either be done at your GP surgery (you should have been given a form for this), or at Edward Jenner unit in GRH, or at the Westblock outpatients department at CGH. You might have alternatively been asked to come to the Same Day Emergency Care (SDEC) unit on either GRH or CGH.

[ ] 24 hour urine collection (for UFC) instructions:

- You should have collected a big brown bottle for 24-hour urine collection for urinary free cortisol (UFC) from the pathology laboratory at GRH or CGH.
- On the morning that you intend to start the collection, begin by emptying your bladder into the toilet.
- Every time you pass urine after this, collect all of the urine and put it into the specimen bottle.
- If you get up overnight to pass urine, collect the urine and put it into the specimen bottle.
- When you wake the following morning, empty your bladder and collect the urine into the specimen bottle.
- This completes the collection.
- Please ensure that you label the specimen bottle with your name, date of birth, hospital or NHS number and the date and start and finish times of the collection.
- The day you finish the urine collection, please return the specimen bottle with the associated specimen request form to either your GP practice or the hospital Pathology department at CGH or GRH.

References:

1. Fassnacht, M., Tsagarakis, S., Terzolo, M., et al. (2023). European Society of Endocrinology clinical practice guidelines on the management of adrenal incidentalomas, in collaboration with the European Network for the Study of Adrenal Tumors. *European journal of endocrinology*,*189*(1), G1-G42. European Society of Endocrinology clinical practice guidelines on the management of adrenal incidentalomas, in collaboration with the European Network for the Study of Adrenal Tumors - PubMed
2. Bancos, I., & Prete, A. (2021). Approach to the patient with adrenal incidentaloma. *The Journal of Clinical Endocrinology & Metabolism*, *106*(11), 3331-3353. https://doi.org/10.1210/clinem/dgab512
3. Abdel-Magid, M., & Hasan, F. (2025). Adrenal adenomas: an overview. *Medicine*. https://doi.org/10.1016/j.mpmed.2025.07.003

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