

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	Overnight (1mg) dexamethasone suppression			
Urinary or plasma metanephrines	Urinary or plasma metanephrines			
	• Serum potassium			
	 Plasma aldosterone concentration-plasma renin activity ratio 			

IMAGING CHARACTERISTICS SUGGESTIVE OF BENIGN TUMORS				
Unenhanced CT	MRI			
 Slow doubling time if serial scans have been done 	 Slow doubling time if serial scans have been done 			
 Homogenous (not heterogeneous) with smooth border 	 Homogenous (not heterogeneous) with smooth border 			
• Low attenuation value	High fat content			
No follow-up recommended	No follow-up recommended			

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

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Rx FOR SUCCESS ADRENAL MASS

UNDERWRITING REQUIREMENTS

An APS is required for 10 years after admission of an adrenal mass.

Adrenal masses

- No cancer history in past 15 years
- Pheochromocytoma not suspected
- All imaging characteristics favor benign tumor

8 8	
Simple cyst or myelolipoma	0
< 1cm	0
1 – 3cm, shown to be non-functional after minimum endocrine evaluation (see above)	0
1 – 3cm, shown to be functional after endocrine evaluation, excised	Rate for residual endocrine syndrome (Cushing's, etc.).
$1-3\mathrm{cm}$, 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.
$3.1-6\ \text{cm}$ and stable* for one year by CT or MRI	Rate as $1-3 \text{cm}$ 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, use the Ask "Rx" pert Underwriter on the next page for an informal quote.

Rx FOR SUCCESS ADRENAL MASS

Ask "Rx"pert Underwriter	(Ask Our Expert)			
After reading the Rx for Succes	ss on Adrenal Mass, use t	his form to Ask "Rx'	'pert Underwriter for an informal quote.	
Producer	PI	none	Fax	
Client	Ag	ge/DOB	Sex	
If your client has a history of an	n adrenal mass on CT or	MRI, please answer	the following:	
1. Please provide:				
☐ Date initially found				
☐ Size				
☐ Date of last follow-up				
2. Please note if any of the fo	llowing have occurred (C	heck all that apply.).		
CT scan or MRI				
☐ Biopsy—give pathology r	report			
☐ Surger—give pathology r	eport			
3. Was an endocrine evaluation	on done?			
☐ Yes. Please give details.				
□No				
4. Is your client on any medic	ations?			
☐ Yes. Please give details.				
□No				
5. Does your client have hype	rtension?			
☐ Yes. Please give details.				
□No				
6. Has your client ever had ca	incer?			
☐ Yes. Please give details.				
□No				
7. Has your client smoked cig	arettes?			
In the last 12 months?	In the last 7 years?			
Yes	☐ Yes			
□No	□No			
8. Does your client have any o	other major health proble	ms (e.g., heart disea	se, etc.)?	
☐ Yes. Please give details.				
ПNo				