

## **Adrenal Gland Tumor - Treatment Options** [1]

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**ON THIS PAGE:** You will learn about the different ways doctors use to treat people with this type of tumor. To see other pages, use the menu on the side of your screen.

This section outlines treatments that are the standard of care (the best proven treatments available) for this specific type of tumor. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study to test a new approach to treatment to evaluate whether it is safe, effective, and possibly better than standard treatment. Clinical trials may test such approaches as a new drug, a new combination of standard treatments, or new doses of current therapies. Your doctor can help you review all treatment options. For more information, visit the [Clinical Trials](#) [3] and [Latest Research](#) [4] sections.

### **Treatment overview**

For an adrenal gland tumor, different types of doctors often work together to create a patient's overall treatment plan that combines different types of treatments. This is called a [multidisciplinary team](#) [5].

Descriptions of the most common treatment options for an adrenal gland tumor are listed below. Treatment options and recommendations depend on several factors, including the type and stage of the tumor, possible side effects, and the patient's preferences and overall health. Your care plan may also include treatment for symptoms and side effects, an important part of cancer care. Take time to learn about all of your treatment options and be sure to ask questions about things that are unclear. Also, talk about the goals of each treatment with your doctor and what you can expect while receiving the treatment. Learn more about [making treatment decisions](#) [6].

Up to 25% of adrenal tumors may be linked to a genetic syndrome (see the [Risk Factors](#) [7] section). When planning treatment, it may be helpful to talk with a [genetic counselor](#) [8] to learn whether the tumor is associated with a specific syndrome. In addition, your family may learn whether other family members should undergo specific genetic tests. Learn more about [genetic testing](#) [9].

### **Surgery**

Surgery is the removal of the tumor and surrounding tissue during an operation. Adrenalectomy, which is the surgical removal of the adrenal gland with the tumor, may be needed to treat an adrenal gland tumor. A surgical endocrinologist is a surgeon who specializes in treating an endocrine tumor using surgery.

If the tumor is smaller than 5 cm and, based on its size or the way it looks on imaging scans, shows no evidence that it is cancerous, then laparoscopic surgery may be possible. Laparoscopic surgery is a minimally invasive technique in which a surgeon uses a lighted, flexible, tube instrument and makes small incisions in the skin. This technique minimizes pain and post-operative recovery time compared with traditional incisions. Laparoscopic surgery may be performed from the abdomen or back, depending on the location of the tumor and the experience of the surgeon.

If the tumor is possibly cancerous or larger than 5 cm to 6 cm, surgery using one large incision in the abdomen or back is recommended. If the patient has previously had abdominal surgery, an incision in the back may be easier.

If the surgery is performed laparoscopically, the person can usually leave the hospital in one to three days and resume daily activities within a week. If a larger incision is needed, then the person is usually hospitalized for up to five to seven days and should not lift heavy objects for six weeks after surgery.

Surgery is the main treatment for a pheochromocytoma. Learn more about [treatment options for a neuroendocrine tumor](#) [10].

Adrenal surgery can cause bleeding. The tumor can also make excess stress hormones, called catecholamines, and the patient will need to be monitored and receive medication to treat high blood pressure during surgery. Talk with your surgeon before the operation about the possible side effects you may experience and how they will be managed. Learn more about [surgery](#) [11].

### **Hormone therapy**

Because adrenal gland tumors may produce excess hormones, the doctor may prescribe various medications to control the levels of these hormones before, during, or after other treatments. For example, if the tumor is producing excess catecholamines, the patient may need a drug to lower the levels of these body chemicals before additional treatment can be given. Or, after surgery, a patient may need medication to block the effects of excess cortisol, a natural steroid that may be produced by the tumor. These drugs include metyrapone (Metopirone), metyrosine (Demser), spironolactone (Aldactone), and streptozin (Zanosar).

### **Chemotherapy**

Chemotherapy is the use of drugs to destroy tumor cells, usually by stopping the cells' ability to grow and divide. Chemotherapy is given by a medical oncologist, a doctor who specializes in treating a tumor with medication.

Systemic chemotherapy is delivered through the bloodstream to reach cancer cells throughout

the body. Common ways to give chemotherapy include an intravenous (IV) tube placed into a vein using a needle or in a pill or capsule that is swallowed (orally). A chemotherapy regimen (schedule) usually consists of a specific number of cycles given over a set period of time. A patient may receive one drug at a time or combinations of different drugs at the same time.

Mitotane (Lysodren) is a medication used to treat cancer in the adrenal cortex. It reduces the amount of adrenocorticoids produced by the adrenal cortex.

The side effects of chemotherapy depend on the individual and the dose used, but they can include fatigue, risk of infection, nausea and vomiting, hair loss, loss of appetite, and diarrhea. These side effects usually go away once treatment is finished.

Learn more about [chemotherapy](#) [12] and [preparing for treatment](#) [13]. The medications used to treat cancer are continually being evaluated. Talking with your doctor is often the best way to learn about the medications prescribed for you, their purpose, and their potential side effects or interactions with other medications. Learn more about your prescriptions by using [searchable drug databases](#) [14].

## **Radiation therapy**

Radiation therapy is the use of high energy x-rays or other particles to destroy tumor cells. A doctor who specializes in giving radiation therapy to treat a tumor is called a radiation oncologist. The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. When radiation treatment is given using implants, it is called internal radiation therapy or brachytherapy. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time.

Side effects from radiation therapy may include fatigue, mild skin reactions, upset stomach, and loose bowel movements. Most side effects go away soon after treatment is finished. Learn more about [radiation therapy](#) [15].

## **Getting care for symptoms and side effects**

A tumor and its treatment often cause side effects. In addition to treatment to slow, stop, or eliminate the tumor, an important part of care is relieving a person's symptoms and side effects. This approach is called palliative or supportive care, and it includes supporting the patient with his or her physical, emotional, and social needs.

Palliative care can help a person at any stage of illness. People often receive treatment for the tumor and treatment to ease side effects at the same time. In fact, patients who receive both often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the tumor, such as chemotherapy, surgery, and radiation therapy. Talk with your doctor about the goals of each treatment in the treatment plan.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and supportive care options. And during and after treatment, be sure to tell your doctor or another health care team member if you are experiencing a problem so it is addressed as quickly as possible. Learn more about [palliative care](#) [16].

### **Metastatic adrenal gland tumor**

If an adrenal gland tumor has spread to another location in the body, it is called metastatic cancer. Patients with this diagnosis are encouraged to talk with doctors who are experienced in treating this stage of cancer, because there can be different opinions about the best treatment plan. Learn more about seeking a [second opinion](#) [17] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include [clinical trials](#) [3] studying new treatments.

Your health care team may recommend a treatment plan that includes a combination of surgery, radiation therapy, and chemotherapy. Supportive care will also be important to help relieve symptoms and side effects.

For many patients, a diagnosis of metastatic cancer can be very stressful and, at times, difficult to bear. Patients and their families are encouraged to talk about the way they are feeling with doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients, including through a support group.

### **Remission and the chance of recurrence**

A remission is when cancer cannot be detected in the body and there are no symptoms. This may also be called "no evidence of disease" or NED.

A remission can be temporary or permanent. This uncertainty leads to many survivors feeling worried or anxious that a tumor will come back. While many remissions are permanent, it's important to talk with your doctor about the possibility of the tumor returning. Understanding the risk of recurrence and the treatment options may help you feel more prepared if it does return. Learn more about [coping with the fear of recurrence](#) [18].

If the tumor does return after the original treatment, it is called a recurrent tumor. It may come back in the same place (called a local recurrence), nearby (regional recurrence), or in another place (distant recurrence).

When this occurs, a cycle of testing will begin again to learn as much as possible about the recurrence, including whether the tumor's stage has changed. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the therapies described above, such as surgery, chemotherapy, and radiation therapy, but they may be used in a different combination or given at a different pace. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent tumor.

People with a recurrent adrenal gland tumor often experience emotions such as disbelief or fear. Patients are encouraged to talk with their health care team about these feelings and ask about

support services to help them cope. Learn more about [dealing with recurrence](#) [19].

## **If treatment fails**

Recovery from an adrenal gland tumor is not always possible. If treatment is not successful, the disease may be called advanced or terminal.

This diagnosis is stressful, and this is difficult to discuss for many people. However, it is important to have open and honest conversations with your doctor and health care team to express your feelings, preferences, and concerns. The health care team is there to help, and many team members have special skills, experience, and knowledge to support patients and their families. Making sure a person is physically comfortable and free from pain is extremely important.

Patients who have advanced cancer and who are expected to live less than six months may want to consider a type of palliative care called hospice care. Hospice care is designed to provide the best possible quality of life for people who are near the end of life. You and your family are encouraged to think about where you would be most comfortable: at home, in the hospital, or in a hospice environment. Nursing care and special equipment can make staying at home a workable alternative for many families. Learn more about [advanced cancer care planning](#) [20].

After the death of a loved one, many people need support to help cope with the loss. Learn more about [grief and loss](#) [21].

*The next section helps explain clinical trials, which are research studies. Use the menu on the side of your screen to select About Clinical Trials, or you can select another section, to continue reading this guide.*

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### **Links:**

[1] <http://www.cancer.net/cancer-types/adrenal-gland-tumor/treatment-options>

[2] <http://www.cancer.net/about-us>

[3] <http://www.cancer.net/node/18431>

[4] <http://www.cancer.net/node/18434>

[5] <http://www.cancer.net/node/25356>

[6] <http://www.cancer.net/node/24582>

[7] <http://www.cancer.net/node/18426>

[8] <http://www.cancer.net/node/24907>

[9] <http://www.cancer.net/node/24895>

[10] <http://www.cancer.net/node/19443>

[11] <http://www.cancer.net/node/24462>

[12] <http://www.cancer.net/node/24723>

[13] <http://www.cancer.net/node/24473>

[14] <http://www.cancer.net/node/25369>

[15] <http://www.cancer.net/node/30687>

[16] <http://www.cancer.net/node/25282>

[17] <http://www.cancer.net/node/25355>

[18] <http://www.cancer.net/node/25241>

[19] <http://www.cancer.net/node/25042>

[20] <http://www.cancer.net/node/25113>

[21] <http://www.cancer.net/node/25111>