

[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.

This section tells you the treatments that are the standard of care for this type of tumor. “Standard of care” means the best treatments known. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study that tests a new approach to treatment. Doctors want to learn if it is safe, effective, and possibly better than the standard treatment. Clinical trials can test a new drug, a new combination of standard treatments, or new doses of standard drugs or other treatments. Your doctor can help you consider all your treatment options. To learn more about clinical trials, see the [About 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]. Cancer care teams also include a variety of other health care professionals, including physician assistants, oncology nurses, social workers, pharmacists, counselors, dietitians, and others.

Up to 25% of adrenal tumors may be linked to a genetic syndrome (see the [Risk Factors](#) [6] section). When planning treatment, it may be helpful to talk with a [genetic counselor](#) [7] to learn whether the tumor is associated with a specific syndrome. If you are diagnosed with an adrenal tumor, it is important to learn if any other members of your family may have had any types of endocrine disease in the past. If so, the syndrome may affect other family members as well, and

specific genetic tests may be recommended for them. Learn more about [genetic testing](#) [8].

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](#) [9].

Surgery

Surgery is the removal of the tumor and, if necessary, some surrounding healthy tissue during an operation. Adrenalectomy is the surgical removal of the adrenal gland with the tumor. This 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 the surgeon uses a lighted camera and special instruments and makes small incisions in the skin. This technique reduces pain and recovery time after surgery compared with traditional larger 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, surgery using 1 larger incision in the abdomen or back is recommended. If the patient has previously had abdominal surgery, an incision in the back may be easier.

Surgery is also the main treatment option for a pheochromocytoma, the tumor of the adrenal medulla that produces excess catecholamines. Learn more about [treatment options for a neuroendocrine tumor](#) [10].

If laparoscopic surgery is performed, then the person can usually leave the hospital in 1 to 3 days and resume daily activities within a week. If a larger incision is needed, then the person is usually hospitalized for up to 5 to 7 days and should not lift heavy objects for 6 weeks after surgery.

Adrenal gland surgery can cause bleeding. The tumor can also make excess stress hormones, called catecholamines. If this is the case, the patient will need to be monitored and receive medication to treat high blood pressure during surgery. Patients with a tumor that produces very large amounts of hormones may require extensive medication and preparation before surgery. They may also need to stay in an intensive care unit for a short period after the surgery is performed. Talk with your surgeon before the operation about the possible side effects that you

may experience and how they will be managed.

Learn more about the basics of [cancer 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 a pheochromocytoma that 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 for an adrenocortical carcinoma that produces hormones, a patient may need medication to block the effects of excess cortisol. These drugs include metyrapone (Metopirone), metyrosine (Demser), spironolactone (Aldactone), and streptozocin (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 gets into the bloodstream to reach tumor 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 1 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 the [basics of chemotherapy](#) [12] and [preparing for treatment](#) [13]. The medications used to treat adrenal gland tumors 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. Adrenal tumors require radiation therapy in very rare cases.

The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. 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 the [basics of 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 is any treatment that focuses on reducing symptoms, improving quality of life, and supporting patients and their families. Any person, regardless of age or type and stage of their tumor, may receive palliative care. It works best when palliative care is started as early as needed in the treatment process. 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, emotional support, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the tumor, such as chemotherapy, surgery, or 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 palliative 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 can be addressed as quickly as possible. Learn more about [palliative care](#) [16].

Metastatic adrenal gland cancer

If an adrenal gland tumor has spread to another part in the body from where it started, doctors call it metastatic cancer. If this happens, it is a good idea to talk with doctors who have experience in treating it. Doctors can have different opinions about the best standard treatment plan. Also, clinical trials might be an option. Learn more about getting a [second opinion](#) [17] before starting treatment, so you are comfortable with your chosen treatment plan.

Your treatment may include a combination of surgery, radiation therapy, and chemotherapy. Palliative 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 tumor cells cannot be detected in the body and there are no symptoms. This may also be called having “no evidence of disease” or NED.

A remission may be temporary or permanent. This uncertainty causes many people to worry that the 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. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the treatments 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. Whichever treatment plan you choose, palliative care will be important for relieving symptoms and side effects.

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 the tumor cannot be cured or controlled, the disease may be called advanced or terminal.

This diagnosis is stressful, and advanced cancer 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 an advanced tumor and who are expected to live less than 6 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 in this guide is About Clinical Trials](#) [3]. It offers more information about research studies that are focused on finding better ways to care for people who have been diagnosed with a tumor. Or, use the menu to choose another section to continue reading this guide.

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/18426>

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

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

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

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

[11] <http://www.cancer.net/node/30689>

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

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

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[15] <http://www.cancer.net/node/24728>

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[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>