Aims and objectives of this session

Tumours of the adrenal gland are a heterogeneous group of lesions that arise from either the adrenal cortex or the medulla. These tumours are extremely rare and exhibit an average annual age-adjusted incidence of 0.29 cases per 100,000 individuals. They include several subtypes of lesions that can be either malignant or benign. Some of these tumours are functional and produce hormonal and metabolic syndromes that can lead to their discovery. Other adrenal tumours (up to 50% of tumours, depending on the histologic subtype) are silent and are only discovered when they attain a large size and produce localised abdominal symptoms or metastases. However, the discovery of adrenal incidentalomas is becoming increasingly frequent due to the widespread use of abdominal ultrasonography, computed tomography and magnetic resonance imaging.

Most of these tumours are sporadic, and their aetiology remains unknown. However, several syndromes have been associated with an increased risk of adrenal tumours, and the underlying molecular defects of these syndromes have advanced our understanding of the molecular pathways involved in the tumourigenesis of adrenal tumours. The aim of this session is to focus on the most recent studies examining differences in the incidence, prognosis, work-up, and modern surgical management of different subtypes of adrenal tumours.

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (+) are 3 minutes in length, followed by 3 minutes for discussion.

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**Adrenal vein sampling vs. CT scan to determine treatment in primary aldosteronism: An outcome-based randomised diagnostic trial**


**Institutes:**
1. University Medical Center Nijmegen, Dept. of Urology, Nijmegen, The Netherlands
2. University Medical Center Nijmegen, Dept. of Internal Medicine, Nijmegen, The Netherlands
3. Institute of Cardiology, Dept. of Hypertension, Warsaw, Poland
4. University Medical Center Nijmegen, Dept. of Radiology, Nijmegen, The Netherlands
5. University Medical Center Nijmegen, Dept. of Health Evidence, Nijmegen, The Netherlands
6. University Medical Center Utrecht, Dept. of Vascular Medicine, Utrecht, The Netherlands
7. University Medical Center Groningen, Dept. of Endocrinology, Groningen, The Netherlands
8. Erasmus Medical Center, Dept. of Internal Medicine, Rotterdam, The Netherlands
9. Academic Medical Center, Dept. of Internal and Vascular Medicine, Amsterdam, The Netherlands
10. University Medical Center Nijmegen, Dept. of Laboratory Medicine, Nijmegen, The Netherlands
11. Institute of Cardiology, Dept. of Interventional Cardiology and Angiology, Warsaw, Poland

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**Longitudinal evaluation of health related quality of life following laparoscopic adrenalectomy: Impact of adrenalectomy on cortisol-producing adenoma**

**By:** Inoue S., Kurimura Y., Fukuoka K., Ueno T., Kitano H., Goto K., Shinmei S., Hieda K., Hayashi T., Teishima J., Matsubara A.
**Programmed death-ligand 1 expression in pheochromocytoma**  
By: Yasuhiro H., Tanaka T., Imai A., Hatakeyama S., Yoneyama T., Koie T., Ohyama C.  
Institutes: Hiroshi University Graduate School of Medicine, Dept. of Urology, Hiroshi, Japan

**Visualization of aldosterone-related steroids on adrenal frozen sections**  
By: Nishimoto K., Higashi T., Nishikawa T., Seki T., Oyama M., Kosaka T., Oya M., Suematsu M., Sugiuira Y.  
Institutes: Saitama Medical University International Medical Center, Dept. of Uro-Oncology, Hidaka, Japan, 2Tokyo University of Science, Dept. of Faculty of Pharmaceutical Sciences, Noda, Japan, 3Yokohama Rosai Hospital, Endocrinology & Diabetes Center, Yokohama, Japan, 4California University of Science and Medicine, School of Medicine, Dept. of Medical Education, Colton, United States of America, 5Keio University School of Medicine, Dept. of Biochemistry, Shinjuku, Japan, 6Keio University School of Medicine, Dept. of Urology, Shinjuku, Japan

**Ten minutes rapid measurement of aldosterone and active renin concentration may change the diagnosis and treatment of primary aldosteronism**  
By: Satoshi F., Morimoto R., Ono Y., Tezuka Y., Omata K., Nezu M., Iwakura Y., Igarashi Y., Kudo M., Arai Y., Ito S.  
Institutes: Tohoku University Graduate School Of Medicine, Division Of Clinical Hypertension, Endocrinology & Metabolism, Sendai, Japan, 2Tohoku University Hospital, Division of Nephrology, Endocrinology and Vascular Medicine, Sendai, Japan, 3Tohoku University Hospital, Dept. of Urology, Sendai, Japan, 4Tohoku University Graduate School of Medicine, Division of Clinical Hypertension, Endocrinology & Metabolism, Sendai, Japan

**Prognosis of patients with malignant adrenal pheochromocytomas: A conditional probability analysis**  
By: Wenjun X., Zhu Y., Ye D.  
Institutes: Fudan University Shanghai Cancer Center, Dept. of Urology, Shanghai, China

**Partial laparoscopic adrenalectomy as a method of surgical management of adrenal tumors**  
By: Knežević N., Milas I., Kulić T., Penezić L., El Saleh A., Baćak Komcan I., Kaštelan Z.  
Institutes: University Hospital Zagreb, Dept. of Urology, Zagreb, Croatia, 2University Hospital Zagreb, Dept. of Anesthesiology, Zagreb, Croatia

**Predictive factors of hypertension persistence after adrenalectomy in Conn adenoma**  
By: Prudhomme T., Becquart N., Cordonnier C., Duly Bouhanick B., Bennet A., Thoulouzan M., Soulié M., Saint F., Huyghe E.  
Institutes: CHU Rangueil, Dept. of Urology, Toulouse, France, 2CHU D’Amiens, Dept. of Urology, Amiens, France, 3CHU Rangueil, Dept. of Arterial Hypertension, Toulouse, France, 4CHU Larrey, Dept. of Endocrinology, Toulouse, France

**Comparative study of laparoscopic (216 cases) and robotic (40 cases) posterior retroperitoneal anatomical adrenalectomy**  
Institutes: The First Affiliated Hospital of Nanchang University, Dept. of Urology, Nanchang, China

**Outcomes of adrenalectomy for adrenal metastasis of renal cell carcinoma in the era of adrenal-sparing radical nephrectomy: A multicenter study**  
Institutes: CHU Rennes, Dept. of Urology, Rennes, France, 2CHU Brest, Dept. of Urology, Brest, France, 3CHU Amiens, Dept. of Urology, Amiens, France, 4CHU Toulouse, Dept. of Urology, Toulouse, France, 5CHU Tours, Dept. of Urology, Tours, France, 6CHU Rouen, Dept. of Urology, Rouen, France, 7CHU Orleans, Dept. of Urology, Orleans, France, 8CH Orleans, Dept. of Urology, Orleans, France, 9CH Toulouse, Dept. of Urology, Toulouse, France
Poster Session 24

17:13 - 17:20

Summary
To be confirmed