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 localized 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.

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

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

Longitudinal evaluation of health related quality of life following laparoscopic adrenalectomy: Impact of adrenalectomy on cortisol-producing adenoma
Programmed death-ligand 1 expression in pheochromocytoma
By: Yasuhiro H., Tanaka T., Imai A., Hatakeyama S., Yoneyama T., Koie T., Ohyama C.
Institutes: Hiroaki University Graduate School of Medicine, Dept. of Urology, Hiroaki, 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., Sugira Y.
Institutes: Saitama Medical University International Medical Center, Dept. of Uro-Oncology, Hidaka, Japan, Tokyo University of Science, Dept. of Faculty of Pharmaceutical Sciences, Noda, Japan, Yokohama Rosai Hospital, Endocrinology & Diabetes Center, Yokohama, Japan, California University of Science and Medicine, School of Medicine, Dept. of Medical Education, Colton, United States of America, Keio University School of Medicine, Dept. of Biochemistry, Shinjuku, Japan, Keio 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: Satoh 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, Tohoku University Hospital, Division of Nephrology, Endocrinology and Vascular Medicine, Sendai, Japan, Tohoku University Hospital, Dept. of Urology, Sendai, Japan, Tohoku 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: Klei eviš N., Milas I., Kulič T., Penežić L., El Saleh A., Bárák Köcman I., Kaštelan Z.
Institutes: University Hospital Zagreb, Dept. of Urology, Zagreb, Croatia, University 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., Soulé M., Saint F., Huyghe E.
Institutes: CHU Rangueil, Dept. of Urology, Toulouse, France, CHU D’Amiens, Dept. of Urology, Amiens, France, CHU Rangueil, Dept. of Arterial Hypertension, Toulouse, France, CHU 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, CHU Brest, Dept. of Urology, Brest, France, CHU Amiens, Dept. of Urology, Amiens, France, CHU Toulouse, Dept. of Urology, Toulouse, France, CHU Tours, Dept. of Urology, Tours, France, CHU Rouen, Dept. of Urology, Rouen, France, CHU Orleans, Dept. of Urology, Orleans, France, CHU Orleans, Dept. of Urology, Orleans, France, CHU Toulouse, Dept. of Urology, Toulouse, France
Poster Session 24

17:13 - 17:20

Summary
To be confirmed