

# Froedtert and Medical College of Wisconsin Algorithm for Management of Adrenal Incidentalomas

This algorithm is intended to be a guide for the initial evaluation of incidentally identified adrenal nodules. Adrenal nodules of any size that are concerning for malignancy or pheochromocytoma on imaging, or identified in patients with a history of hypertension, should be referred for subspecialty evaluation with Endocrinology, Endocrine Surgery, and/or the Froedtert/MCW Multidisciplinary Adrenal Clinic.

**SPECIALIST REFERRAL**  
**Multidisciplinary Adrenal Clinic**  
414-805-0993  
**Endocrinology**  
262-253-7155  
**Endocrine Surgery**  
414-805-0993

**INCIDENTAL ADRENAL MASS  
(≥1 cm)**

Consider referral for all incidental adrenal nodules

**BIOCHEMICAL EVALUATION**

- Plasma-free metanephrines
- Plasma ACTH, 1-mg dexamethasone suppression test (requires 8AM serum cortisol, ACTH, and dexamethasone levels)
- Morning serum aldosterone, plasma renin activity, and potassium (in patients with a history of hypertension)

**DEDICATED ADRENAL IMAGING STUDIES**

- Adrenal protocol CT scan (may be obtained after biochemical studies)
  - Adrenal MRI, if contraindication to radiation exists
- FDG-PET scan may be considered if there is a history of malignancy and concern for metastasis
  - Adrenal biopsy should NOT be performed prior to specialist referral

**Normal Evaluation**

**Indeterminate/Abnormal results**

**REFERRAL for SPECIALTY EVAL**

- Multidisciplinary Adrenal Clinic;
- Endocrinology; and/or
- Endocrine Surgery

Imaging features benign and <4 cm

Imaging features indeterminate and <4 cm

Imaging suspicious for malignancy and size >4 cm

Follow-up in 12 mos\*

**ANY CHANGE** → Requires further evaluation

\* Recommend repeat biochemical evaluation. For imaging guidelines, please refer to American College of Radiology guidelines on follow-up for adrenal incidentalomas.