PATIENT EDUCATION

Adrenal tumors & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this cancer?

Each kidney has an adrenal gland. Growths include benign adenomas, pheochromocytoma (adrenaline-making), adrenocortical carcinoma (a rare cancer), and metastases from another cancer (lung, kidney, and others). Surgery is the usual treatment for many isolated tumors. Radiation is used for selected leftover beds, unresectable masses, or painful metastases - not as a first step for an untreated pheochromocytoma.

What you may notice

- High blood pressure spells, headache, or sweating (possible hormone excess)
- Belly or flank pain, or a mass on a scan
- A known cancer elsewhere and a new adrenal spot
- Medicines you already take for blood pressure - bring the list

Usual care — the big picture

Endocrine surgery and endocrinology must rule out a functioning pheochromocytoma before anyone operates or radiates casually. Blood and urine hormone tests come first. Systemic therapy is used for carcinoma and for many metastases.

Where CureRays may fit. CureRays treats selected adrenal beds or metastases after hormones are checked and your endocrine team agrees. We will not treat a possible pheo without blockade. Confirm the diagnosis name: adenoma, pheo, carcinoma, or metastasis.

What radiation treatment usually involves

- Hormone-workup review before simulation
- Image-guided planning that respects stomach, kidney, and spine
- A course length matched to the goal
- Blood-pressure watch if a functioning tumor is in play

Immobilization — why it matters

A vac-bag and breath coaching keep the upper abdomen still. Tell us about recent surgery or an open wound.

Side effects you should know about

Effects depend on the area treated, the dose, and other therapies. This list is typical, not a promise and not complete. Confirm your personal list with your clinician.

- **Nausea and fatigue.**
- **Stomach or bowel irritation.**
- **Rare / serious.** Blood-pressure crisis, fever, or sudden back pain/weakness.

What this means for you at CureRays

The most important sentence is which adrenal diagnosis you have. Radiation plans differ completely for a pheo versus a lung-cancer metastasis.

Questions to ask

- Has a pheochromocytoma been ruled out or blocked?
- Is this a primary adrenal cancer or a metastasis?
- What is the goal of radiation?
- Who manages hormone medicines during the course?

How to schedule or learn more

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