

Scarborough, Hull and York Pathology Service

Suspected phaeochromocytoma or paraganglioma (PPGL) (see Box 1) **Collect 24h urine sample for fractionated metanephrines** See patient information leaflet: Collecting your 24 hour urine sample (PIL1186/HEY1445-2024) Met ≥4.5 umol/24h Solitary mild increase in OR Met <1.5 umol/24h Met (1.5 - 4.4 umol/24h) Normet ≥10.5 umol/24h AND OR OR Normet <3.5 umol/24h Normet Both Met ≥1.5 AND (3.5 - 10.4 umol/24h) Normet ≥3.5 umol/24h Possible false positive result **PPGL likely.** If the patient is taking any medications **Urgent PPGL** known to increase met/normet (box 2), referral to unlikely. consider switching to an alternative if safe **Endocrinology** to do so & repeat after 2 weeks, or submit required. A&G request to the relevant speciality. Otherwise, repeat.

If borderline on repeat, submit Advice & Guidance request to Endocrinology.

Box 1. Indications for testing

- 1. Signs and symptoms of PPGL, such as uncontrolled hypertension along with headaches, sweating, flushing, anxiety and tachycardia.
- 2. Adrenal incidentaloma, with or without hypertension.
- 3. Hereditary predisposition or syndromic features suggesting hereditary PPGL.
- 4. Previous history of PPGL.

Box 2. Medications k	known to increase u	rine metanephrine,	/normetanephrine

Drug class	Example(s)	Effect
Tricyclic antidepressants	Amitriptyline	Increase Normet
Selective serotonin reuptake inhibitors	Citalopram, Sertraline	Increase Normet
Selective noradrenaline reuptake inhibitors	Venlafaxine	Increase Normet
β-adrenergic receptor blockers	Propanolol, Atenolol	Increase Normet & Met
a-adrenergic receptor blockers (non- specific rather than selective)	Phenoxybenzamine	Increase Normet
Monoamine oxidase inhibitors	Phenelzine, Isocarboxazid	Increase Normet & Met
Anxiolytic psychotropic drugs	Buspirone	Increase Met
Othors	Sulphasalazine	Increase Normet
Others	Cocaine	Increase Normet and Met
	Tricyclic antidepressants Selective serotonin reuptake inhibitors Selective noradrenaline reuptake inhibitors β-adrenergic receptor blockers a-adrenergic receptor blockers (nonspecific rather than selective) Monoamine oxidase inhibitors	Tricyclic antidepressants Selective serotonin reuptake inhibitors Selective noradrenaline reuptake inhibitors β-adrenergic receptor blockers a-adrenergic receptor blockers (nonspecific rather than selective) Monoamine oxidase inhibitors Others Amitriptyline Citalopram, Sertraline Venlafaxine Propanolol, Atenolol Phenoxybenzamine Phenelzine, Isocarboxazid Buspirone Sulphasalazine

Met = metanephrine Normet = normetanephrine Endocrine Society Guidelines: Diagnosis and Treatment of Phaeochromocytoma and Paraganglioma de Jong et al. Journal of clinical endocrinology and metabolism, 94(8); pp. 2841-2849.