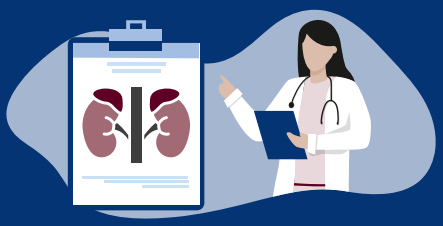
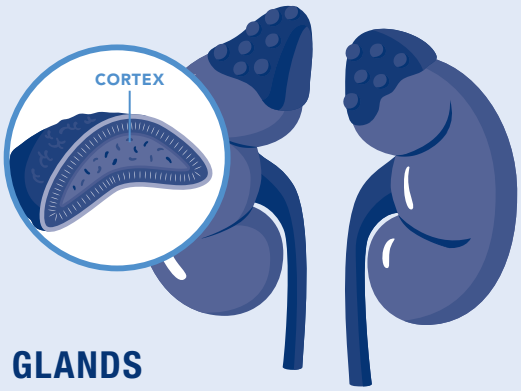
AN ENDOCRINE SOCIETY PATIENT RESOURCE

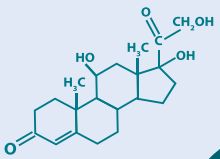
NAVIGATING AN ADRENOCORTICAL CARCINOMA DIAGNOSIS





GLANDS

Adrenal glands produce hormones. The inner adrenal medulla make catecholamines (noradrenaline and adrenaline) and the outer adrenal cortex make steroid hormones that regulate salt (MINERALocorticoids or aldosterone) sugar (GLUCOcorticoid or cortisol) and sex hormones (androgen or DHEAS). Adrenocortical Carcinoma (ACC) is a term specifically referring to a cancer of the adrenal cortex.



HORMONES

Approximately 50% of ACCs produce excessive symptomatic steroid hormones, or more than normal. In these cases, signs or symptoms of hormone excess will be present.

May also experience worsening high blood pressure, diabetes, weight gain, menstrual irregularities, hirsutism, or erectile dysfunction.

ACC is also associated with an inherited cancer syndrome requiring genetic testing and counseling.

DIAGNOSIS

Adrenocortical carcinoma (ACC) is rare. It is a malignant tumor, meaning it has the potential to spread (metastasize) to other organs in the body.

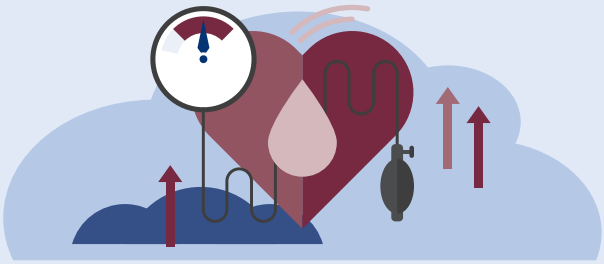
In more than 50% of cases, ACC is diagnosed by chance during imaging studies for other reasons.

Alternatively, the diagnosis is made during evaluation for potential hormone excess.

SYMPTOMS

The symptoms of ACC may vary depending on the extent of the disease (size and metastasis) and hormone excess.

- Asymptomatic: without symptoms
- Rarely abdominal discomfort associated with tumor “burden weight”
- Hormone excess: high blood pressure, diabetes, weight gain, menstrual irregularities, hirsutism, and/or libidinal/erectile dysfunction



Visit endocrine.org for more information.

Editors: Irina Bancos, MD; Fady Hannah-Shmouni, MD, FRCPC; Gary Hammer, MD, PhD

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TREATMENT OPTIONS

Treatment varies based on the stage.

LOCAL OPTIONS

- Surgery
- Radiation therapy
- Radiofrequency ablation

SYSTEMIC OPTIONS

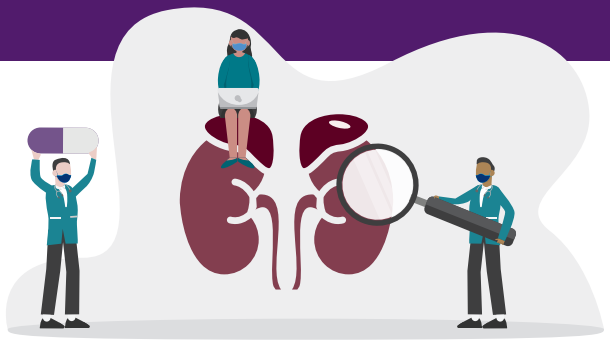
- Mitotane
- Chemotherapy
- Emerging target agents

ASSEMBLE YOUR HEALTH CARE TEAM!

ACC requires treatment from a multidisciplinary team of providers with high levels of expertise. This may include an endocrinologist, adrenal surgeon, radiation oncologist, endocrine pathologist, cancer geneticist, and a medical oncologist.

WHAT CAN I EXPECT

Your healthcare provider will request several follow-up visits to monitor how well the treatments are working.



THE STAGE OF ACC INFLUENCES THE MOST APPROPRIATE THERAPY FOR CARE

STAGE 1 TUMORS: smaller than 5 cm and have not affected lymph nodes or other parts of the body.

STAGE 2 TUMORS: larger than 5 cm and have not affected lymph nodes or other parts of the body.

STAGE 3 TUMORS: any size that has spread to surrounding tissue, but have not affected lymph nodes or other parts of the body.

STAGE 4 TUMORS: metastatic and has spread outside the adrenal glands to other organs and tissue.

Patients have questions. We have answers.

Endocrine Society is your trusted source for endocrine patient education.
Our free, online resources are available at endocrine.org/patient-engagement

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