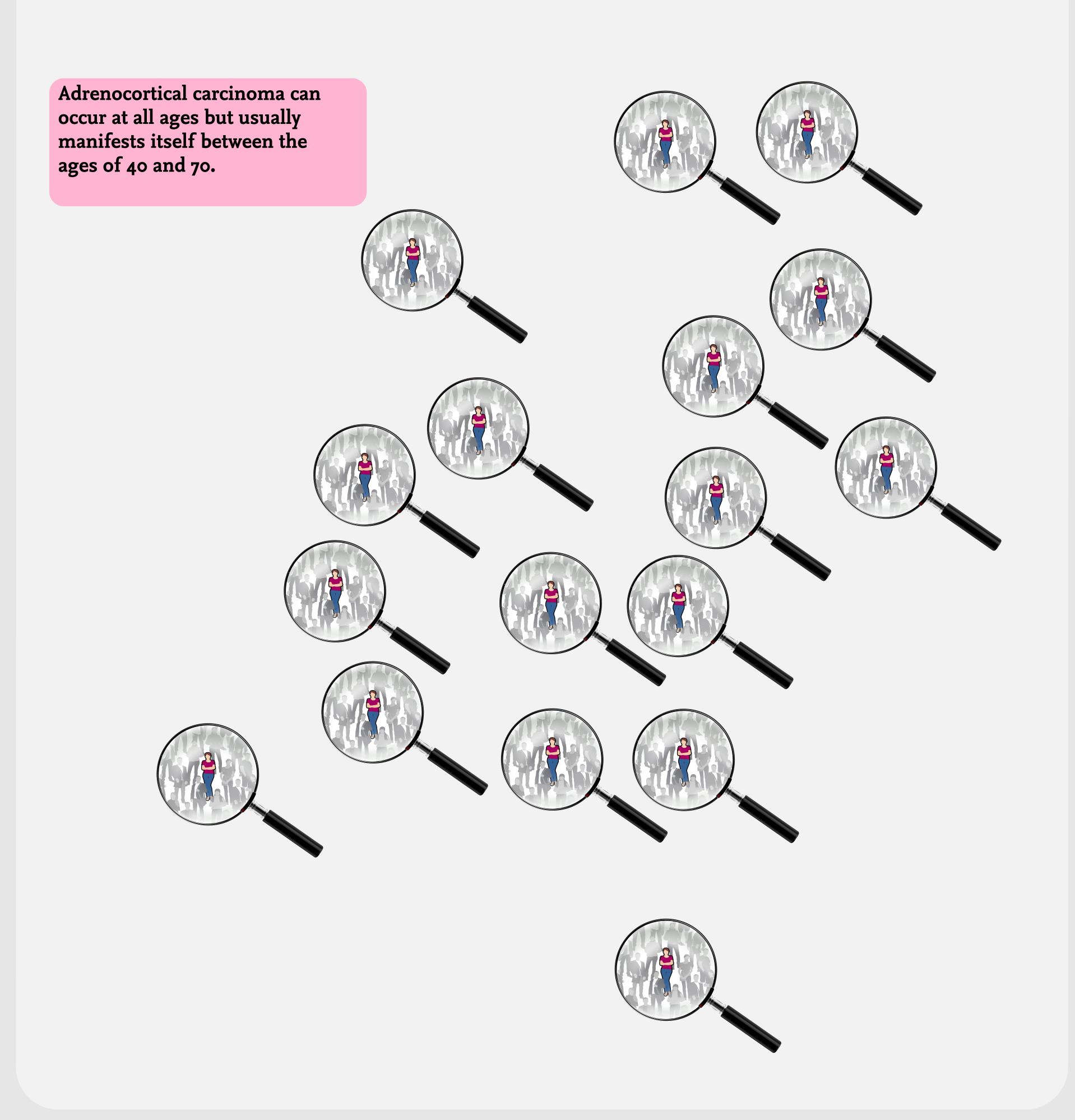


What is adrenocortical carcinoma?

Adrenocortical carcinoma is a malignant tumour of the adrenal glands, which grows into surrounding healthy tissue and which disrupts the functioning of the tissue.

Adrenocortical carcinoma is diagnosed in about 17 people in the Netherlands each year.

That is about 1 person in every one million.





What are the consequences of adrenocortical carcinoma?



Symptoms caused by the size of the tumour or by ingrowth and pressure on other tissues



Pain.



Nausea and vomiting.



Shortness of breath.



More difficult bowel movements.

2

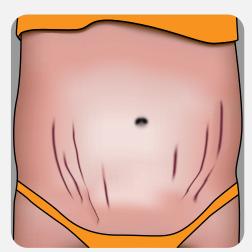
Symptoms caused by overproduction of hormones

Cortisol

Symptoms and signs of Cushing's syndrome



Typical distribution of fat.



Stretch marks (striae).



Loss of muscle tone.



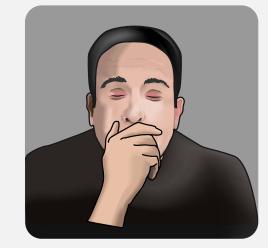
A round and bloated face (moonface).



High blood pressure.



Thin skin. Bruises.



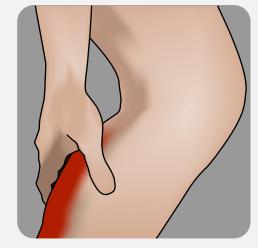
Tiredness.



Cognitive and mood problems.

Aldosterone

Symptoms and signs of primary hyperaldosteronism



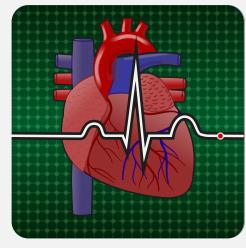
Muscle cramps.



High blood pressure.



Headache.



Heart palpitations.



Low potassium level.

Androgens

Symptoms and signs of hyperandrogenism



Excessive body hair.



Excessive sweating.



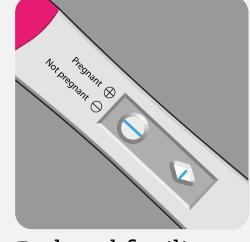
Acne.



Menstrual problems.



Deeper voice.



Reduced fertility.



How is adrenocortical carcinoma diagnosed?

Assessment by family doctor or medical specialist in connection with symptoms and signs

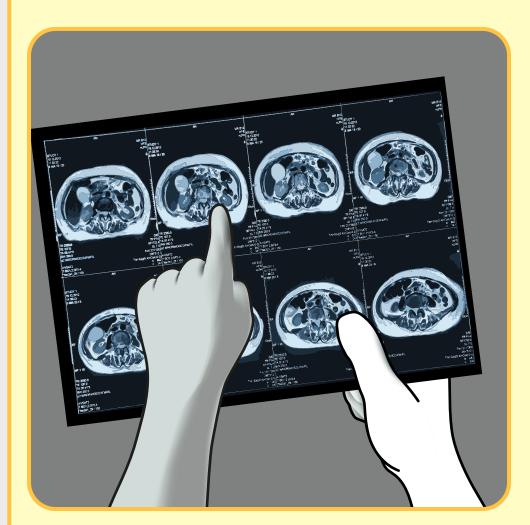
Hospital outpatients' clinic

Possible adrenocortical carcinoma

Internal medicine specialist (endocrinologist)

Tests for a tumour in the adrenal gland.

Determine if there is a malignant tumour



- situation, size, expansion of the tumour
- presence of metastases

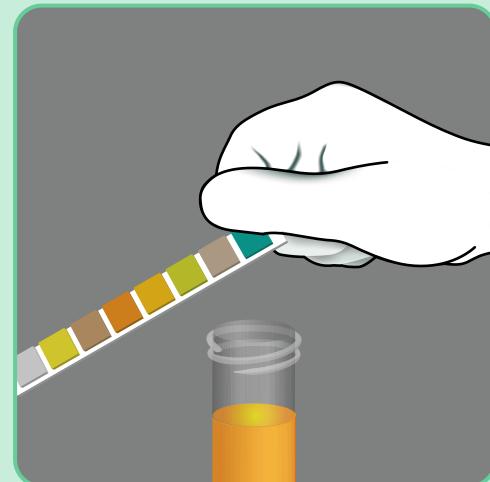


examination of (a part of) the tumour by anatomical pathologist

Determine if there is hormonal overproduction



• blood tests and urine tests for the overproduction of cortisol, androgens and aldosterone



Treatment

* * Preferably, diagnostics will take place in a Bijniernetwerk Nederland centre (the 8 UMCs and Máxima Medical Centre)



How is adrenocortical carcinoma treated?

Operate, if possible. Medication to slow down the overproduction of hormones. After the operation Check that the tumour has been If needed. completely removed After-treatment with Mitotane (medicines) Radiation Chemotherapy Follow-up checks Checks on the functioning of one or Cortisol or aldosterone deficiency? both adrenal glands. Supplement these hormones with medicines. Carry out check-up scans periodically. Blood tests, urine tests or saliva tests. Check for overproduction of hormones. The tumour comes back If the tumour comes back or there If needed, a new operation or treatment with mitotane or chemotherapy. are metastases. Preferably, treatment will take place in a Bijniernetwerk Nederland centre

(the 8 UMCs and Máxima Medical Centre)