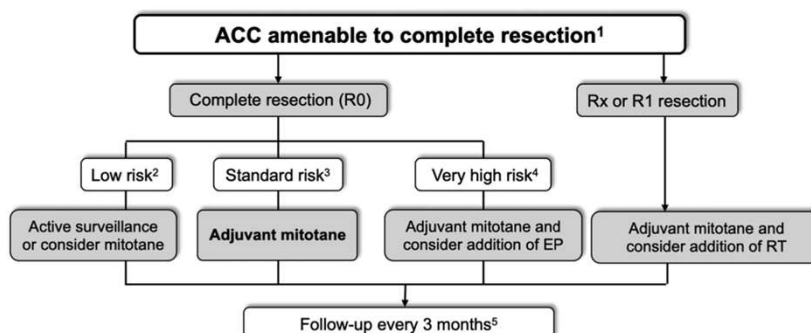


Staging	ENSAT stage	Definition
	I	T1, N0, M0
	II	T2, N0, M0
	III	T1–T2, N1, M0 T3–T4, N0–N1, M0
	IV	T1–T4, N0–N1, M1

T1: tumor ≤5 cm; T2: tumor >5 cm; T3: infiltration into surrounding tissue; T4: tumor invasion into adjacent organs or venous tumor thrombus in vena cava or renal vein; N0: no positive lymph node; N1: positive lymph node; M0: no distant metastases; M1: presence of distant metastases.

bei Diagnosestellung

- 50-60% ENSAT I + II
- 20% ENSAT III
- 20-30% ENSAT IV



Fassnacht et al. European Society of Endocrinology Clinical Practice Guidelines on the management of adrenocortical carcinoma in adults, in collaboration with the European Network for the Study of Adrenal Tumors, 2018. Terzolo & Fassnacht. Our experience with the management of patients with non-metastatic adrenocortical carcinoma. European Journal of Endocrinology, 2022.

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Laborkontrollen unter Mitotan-Therapie

Parameter	Interval	Comment
Mitotane blood level	Every 6–9 weeks ¹	Target: 14–20 mg/L
ACTH	Suspected glucocorticoid deficiency or excess	Glucocorticoid status is difficult to determine Target: ACTH in the normal range or slightly above (e.g. < 2 times the ULN)
GOT, GPT, bilirubin, GGT	Initially every 4 weeks, after 6 months every 8 weeks	GGT is invariably elevated without clinical consequences. If other liver enzymes are rapidly increasing (>3 times of baseline), there is an increasing risk of liver failure: Interrupt mitotane
TSH, ft4	Every 3–4 months	Reduction of ft4 is frequent. Thyroid hormone replacement is a debated issue
Renin	Every 6 months	If renin ↑↑ and K in the high normal range, add fludrocortisone Target: renin two to three times the normal range
Cholesterol (HDL, LDL), triglycerides	Every 3–4 months	If total and LDL cholesterol ↑↑, consider treatment with statins not metabolized by CYP3A4
Blood count	Every 3–4 months	Check for rare (and in only few cases severe) leucopenia, thrombocytopenia, and anemia
LH, testosterone, SHBG ²	In case of symptoms of hypogonadism	Reduction of testosterone levels may be masked by increased SHBG and calculation of free testosterone is recommended. Testosterone replacement is a debated issue

¹In the first 3 months, mitotane blood levels should be checked more frequently. Additional measurements may be needed in case of severe toxicity (in particular, neurological toxicity). ²In male patients.

Terzolo & Fassnacht. Our experience with the management of patients with non-metastatic adrenocortical carcinoma. European Journal of Endocrinology, 2022.

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