

Table 1. Recommendations of the diagnostic work-up in patients with suspected or proven ACC (ENSAT 2005, www.ensat.org/acc.htm)

Hormonal evaluation	
Glucocorticoid excess (minimum 3 out of 4 tests)	Dexamethasone suppression test (1mg, 23:00 h)
	Excretion of free urinary cortisol (24h urine)
	Basal cortisol (serum)
	Basal ACTH (plasma)
Sexual steroids and steroid precursors	DHEA-S (serum)
	17-OH-progesterone (serum)
	Androstenedione (serum)
	Testosterone (serum)
	17-beta-estradiol (serum, only in men and postmenopausal women)
Mineralocorticoid excess	Potassium (serum)
	Aldosterone/renin ratio (only in patients with arterial hypertension and/or hypokalemia)
Exclusion of a phaeochromocytoma	Catecholamine or metanephrine excretion (24h urine)
	Meta- and normetanephrines (plasma)
Imaging studies	
	CT or MRI of abdomen and CT thorax
	Bone scintigraphy (when suspecting skeletal metastases)
	FDG-PET (optional)
Follow-up	
	CT or MRI of abdomen and CT thorax every 2-3 months (depending on treatment)