

The management of post-operative recurrences in patients with adrenocortical carcinoma (ACC): The experience of San Luigi Hospital.



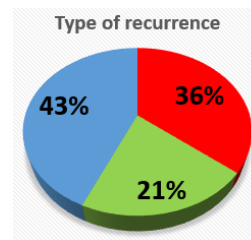
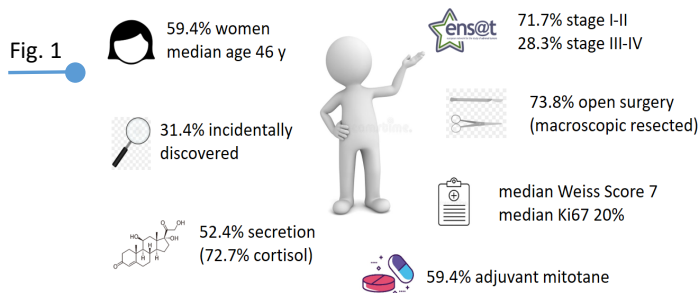
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BACKGROUND - The management of post-operative recurrences of ACC remains controversial, although the current guidelines recommend a surgical approach whenever feasible with radical intent.

AIM - The aim of our study was to evaluate retrospectively the management of recurrences in patients with ACC. We collected data of 106 patients with ACC followed at the San Luigi Hospital for the management of recurrence. Median follow up was 34 months.

OUTCOME - The baseline characteristics of patients are reported in Fig. 1. Median RFS was 12 months (IQR: 6-23), and median OS was 45 months (IQR 29-77).



Baseline characteristics of patients stratified by the type of recurrence did not differ between them.

■ group A (unique lesion)
■ group B (multiple lesions in a single organ)
■ group C (affecting multiple organs)

Type of treatment was reported in Fig 2.
After treatment of recurrence, 60% of patients were free of disease attaining a RFS of 15 months (IQR 6-65).

Fig. 2

Type of recurrence	Type of treatment	
	Local (surgery, radiotherapy or RFA)	Systemic +/- local (chemotherapy, mitotane)
	N = 64	N = 41
Group A	38 (100%)	0
Group B	14 (66.7%)	7 (33.3%)
Group C	12 (26.1%)	34 (73.9%)

- OS was significantly better ($p < 0.001$) in group A (70 months) than groups B (53 months) and C (31 months).
- Patients who underwent local treatments had better OS than patients treated with systemic therapies ($p < 0.001$).
- Adjuvant mitotane (HR 2.71, 1.48-4.97 $p = 0.001$), time to first recurrence (HR 0.94, 0.92-0.96, $p < 0.001$) and type of treatment (HR 2.13, 1-4.53, $p = 0.049$) were independent prognostic factors for OS in a multivariate analysis.
- After adjusting for prognostic factors, group A had a better overall survival (HR 2.37, 1.08-5.19, $p = 0.031$).

CONCLUSION

We managed ACC recurrences mainly with a locoregional approach, not only when recurrences occurred as a unique lesion, and we were able to attain a disease-free status in 60% of patients. The chance of future survival was better when ACC recurred as a unique lesion allowing a locoregional treatment.