

## Possible treatments in Metastatic Adrenocortical Carcinoma – Case Report

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The adrenocortical carcinoma (ACC) is a rare cancer of the adrenal cortex, affecting 0.5 to 2 cases per million inhabitants per year. The ACC is usually aggressive, with a 5-year survival of 25%. Most cases of ACC occur sporadically, but in some situations, this malignancy may be associated with a hereditary syndrome. It was reported the case of a 56 years old female patient, who initially presented with a mass in the upper pole of the left kidney, underwent to oncologic nephrectomy. Histopathological examination revealed adrenal cortex carcinoma. Initially, the treatment was mitotane, with the progression of the disease, it was initiated chemotherapy with doxorubicin, etoposide and cisplatin, associated to mitotane. After five cycles, the disease was stable, however, there was toxicity and limit dose of anthracycline, the treatment was followed with cisplatin, etoposide and mitotane for another five cycles. Upon new restaging there was an increase in the number and size of nodules, it was started treatment with capecitabine, gemcitabine and mitotane. The patient received seven cycles, with good tolerance to treatment. The third line treatment showed clinical benefit for the patient, with prolonged survival and, improving the quality of life, and could be considered a routine practice for this disease. It is expected the emergence of new treatments grounded in the genetic and molecular profile, as well as predictor factors of response to the treatment, and waiting results of immunotherapy and other trials.

The adrenocortical carcinoma (ACC) is an uncommon malignant growth of the adrenal cortex, influencing 0.5 to 2 cases for each million occupants for every year. The ACC is typically forceful, with a 5-year endurance of 25%. Most instances of ACC happen inconsistently, yet in certain circumstances, this harm might be related with an innate disorder. It was accounted for the instance of a 56 years of age female patient, who at first gave a mass in the upper shaft of the left kidney, experienced to oncologic nephrectomy. Histopathological assessment uncovered adrenal cortex carcinoma. At first, the treatment was mitotane, with the movement of the ailment, it was started chemotherapy with doxorubicin, etoposide and cisplatin, partner d to mitotane. After five cycles, the illness was steady, in any case, there was poisonousness and cutoff portion of anthracycline, the treatment was followed with cisplatin, etoposide and mitotane for another five cycles. Upon new restaging there was an expansion in the number and size of knobs, it was begun treatment with capecitabine, gemcitabine and mitotane. The patient got seven cycles, with great resilience to treatment. The third line treatment demonstrated clinical advantage for the patient, with delayed endurance and, improving the personal satisfaction, and could be viewed as a normal practice for this ailment. It is normal the development of new medicines grounded in the hereditary and atomic profile, just as indicator components of reaction to the treatment, and holding up consequences of immunotherapy and different preliminaries.

### Biography:

Celio Guercio has completed his Oncology Residence at the age of 29 years from Amaral Carvalho Hospital- SP, Brazil. He is the director of Oncolive Diagnósticos e Tratamentos and professor of Rio Verde University, BRA. He also is reviewer of European Journal of Cancer and others oncology journals.