

Important study on adrenal cortex cancer completed

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(Medical Xpress) -- Adrenocortical cancer is an uncommon form of cancer that is often fatal. For the first time, a large-scale randomized treatment study has now been carried out. The study is being published in the prestigious *New England Journal of Medicine* and constitutes an important and long-awaited platform for continued research.

This is a major [international collaboration](#) and an entirely academic study, with no funding from drug companies. It's important for both [patients](#) and their physicians to evaluate treatment alternatives, says Britt Skogseid, professor of tumour endocrinology at Uppsala University, who directed the study and has received many favourable reactions to the Swedish initiative from all over the world.

The chance of surviving advanced adrenal gland cancer is low, less than 15 per cent. Because the disease is uncommon, 0.7-2 cases per million, it is impossible for a single country to amass a sufficiently large patient base. In this phase-III study researchers compared the outcome of the two most widely used chemotherapy treatments, both in combination with mitotan.

With 12 countries working in collaboration, a robust study has now been carried out, covering 304 patients with metastasized adrenocortical [cancer](#). The NIH in the US also provided patients for the study. One group was given mitotan in combination with etoposide, doxorubicin and cisplatin every fourth week, while the other group was given mitotan in combination with streptozotocin every third week. In cases of treatment

failure, patients were given the alternative treatment.

The results show that the former combination had an effect on the tumour in 23.2 per cent of cases, while the latter combination was effective in 9.2 per cent of cases. The former drug combination also led to a longer period of zero tumour growth. On the other hand, there was no difference in mortality. In most patients the tumour continued to grow, and the survival rate was only 24 per cent at the end of the study.

Until now we physicians have had to deal with this serious disease without being able to lean on the findings of controlled studies. There is still no good [treatment](#), but at least we now have something to relate to, and we have a network of researchers all over the world for future studies, says Britt Skogseid.

More information: Reference: *N Engl J Med* 2012; 366:2189-2197 June 7, 2012.
www.nejm.org/doi/full/10.1056/NEJMoa1200966%20

Provided by Uppsala University

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