Editorial Comment

Editorial Comment to Advanced adrenocortical carcinoma successfully treated with gemcitabine plus capecitabine as second-line chemotherapy

Yamamoto *et al*. presented the case of a patient with advanced adrenocortical carcinoma (ACC) who was treated successfully with gemcitabine, capecitabine, and mitotane (GC-M) therapy after etoposide, doxorubicin, cisplatin, and mitotane (EDP-M) therapy.[1]

ACC is a rare and aggressive malignant neoplasm that typically has a poor prognosis. In cases with metastatic disease, 5-year survival rates have been reported to range from 0% to 28%.[2] The First International Randomized Trial in Locally Advanced and Metastatic Adrenocortical Carcinoma Treatment demonstrated improved progression-free survival (PFS) in patients treated with EDP-M therapy compared to patients treated with streptozotocin plus mitotane.[3] EDP-M therapy was generally accepted as the current first-line treatment for advanced ACC on the basis of the results of this trial.[1] Second-line treatment for advanced ACC, however, is not well established. Based on preclinical data, several targeted therapies for advanced ACC have been investigated.[4] However, none has yet been shown to definitively improve PFS or overall survival in large randomized trials.

The case report by Yamamoto *et al*. presented a patient with advanced ACC who was treated with GC-M therapy as a second-line treatment and achieved long-term disease control.[1] In an earlier study, Henning *et al*. reported the efficacy and safety of gemcitabine-based chemotherapy for patients with advanced ACC.[5] Henning *et al*. found an objective response rate of 4.9% and a median PFS of 12 weeks (range 1–94 weeks), but a few patients with long-term disease control were described.[5] GC-M therapy would be a therapeutic option for patients who progress under EDP-M therapy and cannot be enrolled in clinical trials.

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Conflict of interest

The author declares no conflict of interest.

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