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Title: Outcomes of Adrenalectomy for Isolated Synchronous Versus Metachronous Adrenal Metastases in Non–Small-Cell Lung Cancer: A Systematic Review and Pooled Analysis

Background:

- The occurrence of adrenal metastases in a patient with NSCL cancer usually signals wide-spread systemic disease, and is an indication for palliative treatment.
- Occasionally, the adrenal metastasis is the only site of extra-pulmonary disease. Case reports have documented long-term survival after adrenalectomy and curative resection of the primary lung cancer.
- No previous systemic review of adrenalectomy in NSCL cancer has been conducted.

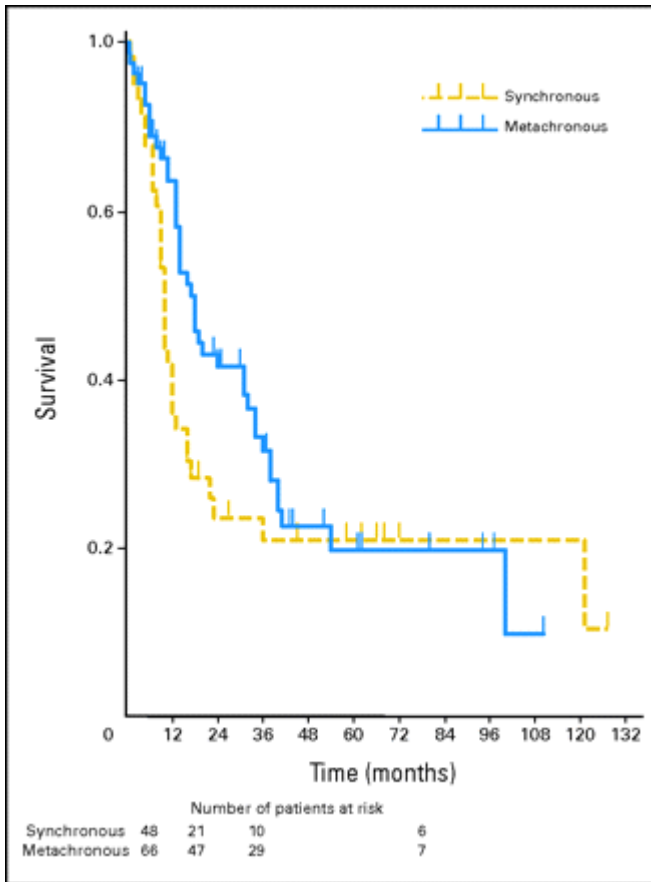
Study design (research question, population):

- MEDLINE search of English publications from Jan 1980-June 2007. Manual search of references and contact with the authors for more information if necessary.
- To be included, studies had to document pathologically confirmed adrenal metastases, adrenalectomy and resection of primary lung cancer, distinguish between synchronous and metachronous adrenal metastases, and include at least 4 patients. Patients with prior resection of definitive radiation for brain mets were included as were bilateral adrenal mets.
- DFI was defined as the time from primary lung surgery to the documentation of adrenal mets. Metachronous mets were those occurring > 6 months after resection of primary.

Study results:

- Of initial 132 articles, 34 were relevant to adrenalectomy. Of these, 15 articles reported on more than 4 cases and in 10 a distinction between metachronous and synchronous mets could be made.
- These 10 articles included 114 patients, 48 synchronous and 66 metachronous. Laparoscopic adrenalectomy was performed in 40%. There were few complications from the adrenalectomy. 21% of patients developed recurrence in the adrenal bed.

	Synchronous	Metachronous
mOS	12 mos	31 mos
M DFS	9 mos	11 mos
1 year survival	45%	80%
2 year survival	30%	52%
5 year survival	26%	25%



Study commentary:

This is the first systematic review of the literature on adrenalectomy for mets from NSCL cancer. While limited by the retrospective nature and the highly selected patient population, it still makes a strong case for adrenalectomy in selected patients. The primary tumor must be dealt with in curative fashion. Although the median survival for patients with metachronous mets was much longer than for those with synchronous mets, the similar survival in the two groups suggests that both groups of patients should be considered. Importantly, some patients with bilateral adrenal mets and with prior brain mets treated aggressively were long term survivors.

Bottomline for Canadian medical oncologists:

Although isolated adrenal metastases is an unusually occurrence in NSCL cancer, there is potential for long term survival with curative resection of the primary and resection of the isolated metastases. The 25% long term survival seen in patients with both synchronous or metachronous adrenal mets is similar to that for hepatic resection of mets from colorectal cancer. Bottomline – send a copy of this to your local urologist.



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Journal of Clinical Oncology. March 1 2008; 26(7):1142-7.