

Mitotane: Adis Evaluation

Clinical Considerations

- An adrenal cytotoxic agent that, to date, is the only drug specifically approved for the treatment of ACC
- Recommended (in combination with etoposide, doxorubicin and cisplatin) as first-line treatment for advanced disease
- Also has a role in the adjuvant setting and a potential role in the neoadjuvant therapy setting
- Adverse events are generally reversible with dose reduction or treatment interruption
- Regular monitoring of plasma drug concentrations is necessary during treatment to optimise drug efficacy and safety

Plain Language Summary

Background and rationale

- Adrenocortical carcinoma (ACC), a rare and aggressive cancer of the adrenal glands, is associated with a poor prognosis.
- Radical surgery remains the only potentially curative treatment; however, in many cases the cancer is only diagnosed in an advanced stage and surgical resection may not be feasible. Furthermore, even with complete surgical resection, disease recurrence is common.
- Besides surgery, treatment options for ACC remain very limited. Indeed, mitotane (Lysodren®), a derivative of the insecticide DDT, is currently the only drug specifically approved for the treatment of ACC.

Clinical findings

- Mitotane has been shown to provide clinically significant benefit when surgery is not feasible or when used following surgery for the prevention (or delay) of disease recurrence (adjuvant therapy).
- The side effects of mitotane are generally manageable (and resolve following dose reduction or treatment interruption) although regular monitoring of mitotane concentrations in blood is necessary during treatment to optimise drug effectiveness and safety.

Conclusion

Mitotane remains the cornerstone of systemic treatment for ACC, both in the unresectable/metastatic disease and adjuvant therapy settings.

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