

OPTIM-ACC adrenocortical carcinoma study

Announcement letter

Dear colleague,

As you are involved in the treatment of patients with endocrine tumours, we wish to inform you that our team is designing an academic study aiming to assess metabolomics and liquid biopsy for the early diagnosis of adrenocortical carcinoma (ACC) and its recurrence. This project is made possible thanks to the fundraising of a patient's family ("Mathilde et ses étoiles"). The sponsor is Cliniques universitaires Saint-Luc (UCLouvain). Please find here below a preliminary version of the study flowchart.

In summary, eligible patients will be ≥ 18 y individuals with a newly identified adrenal mass ≥ 1 cm (pheochromocytoma excluded). Patients will be managed according to 2023 ESE / ENSAT guidelines (1).

The experimental part of the study includes blood and urine samples harvested for metabolomics (steroid profiling) and liquid biopsy (ctDNA), and, in case of ACC, along the follow-up after surgery. A lab manual will be provided.

Primary endpoints of the study will be diagnostic accuracy and prognostic value of steroid profiling and ctDNA. Therapeutic targets could also be identified.

Given the low incidence of ACC (1-2 case per 1 million person-years), this study will be multicentric and your participation will be highly valuable. A feasibility questionnaire will be sent to potential participating centers.

Awaiting further practical details, please feel free to send us your comments and let us know if you would be interested in participating in such a study.

Kind regards,

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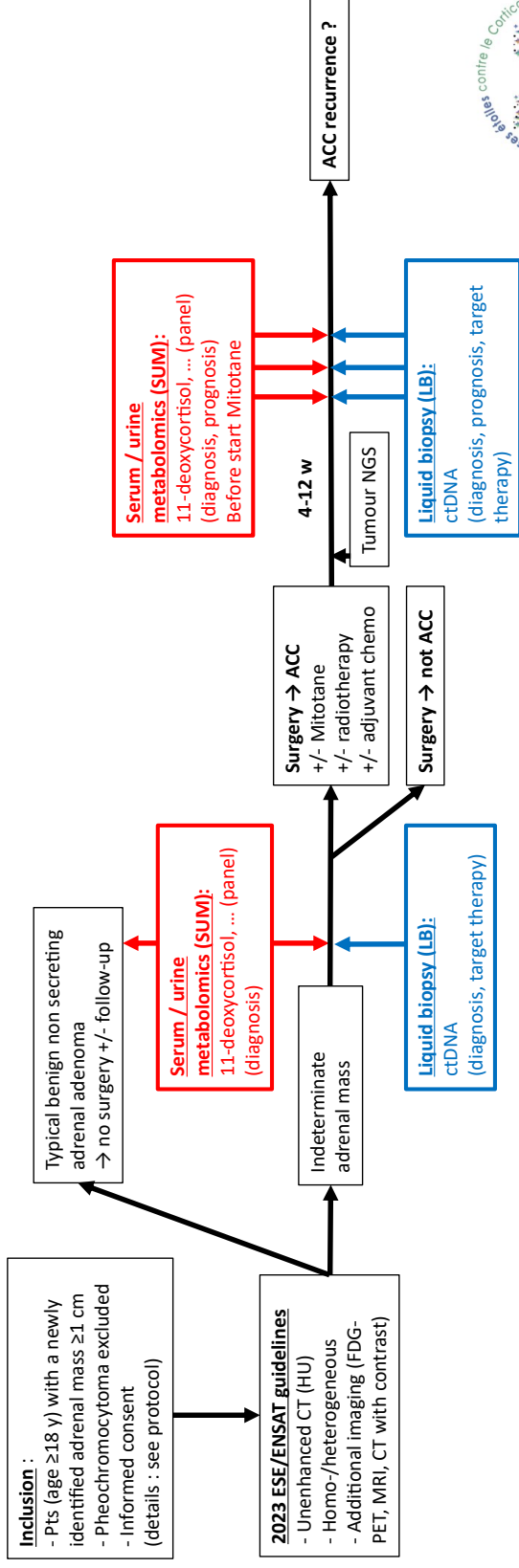
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(1) Fassnacht M, Tsagarakis S, Terzolo M, et al. European Society of Endocrinology clinical practice guidelines on the management of adrenal incidentalomas, in collaboration with the European Network for the Study of Adrenal Tumors. *Eur J Endocrinol.* 2023;189(1):G1-G42. doi:10.1093/ejendo/lvad066



Black = standard of care, **Red / blue = experimental.**

1° end point :

- Accuracy of SUM and LB for new diagnosis of ACC
- Prognostic value (2y PFS) of SUM and LB after surgery (= minimal residual disease, MRD) in pts with SUM and/or LB positive before surgery.

2° end point :

- PFS + OS in pts MRD(+) vs MRD(-)
- Therapeutic targets

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