

BACKGROUND

➤ **Adrenocortical carcinoma (ACC)** is a rare and aggressive malignancy characterized by substantial risk of recurrence despite definitive surgery.

➤ **Prognosis** is strongly influenced by ENSAT stage, completeness of resection and tumor proliferative activity **Ki-67**.

➤ **Complete en-bloc resection** remains the cornerstone of curative treatment, while the role of minimally invasive surgery is limited to carefully selected localized tumors in experienced centers.

➤ **Systemic therapy** (adjuvant mitotane and EDP-mitotane) for advanced or recurrent disease, selectively.

OBJECTIVE

➤ To evaluate surgical and oncological outcomes of patients with ACC and identify clinicopathological and treatment-related factors associated with recurrence, disease-free survival and overall survival.

METHODOLOGY

▪ **Study design:** Retrospective observational cohort study

▪ **Study population:** 48 consecutive patients with histologically confirmed ACC managed surgically during **January 2022-January 2025**.

▪ **Clinical and pathological variables:**

1. ENSAT stage

2. Resection margins

3. Surgical approach (open vs minimally invasive)

4. Mitotic rate/Ki-67

▪ **Oncological outcomes:**

1. Recurrence pattern

2. Time to recurrence

3. Disease-free survival (**DFS**)

4. Overall survival (**OS**)

