

# Dashboard of Data Visualization Concepts for Patients with Metastatic Adrenocortical Carcinoma

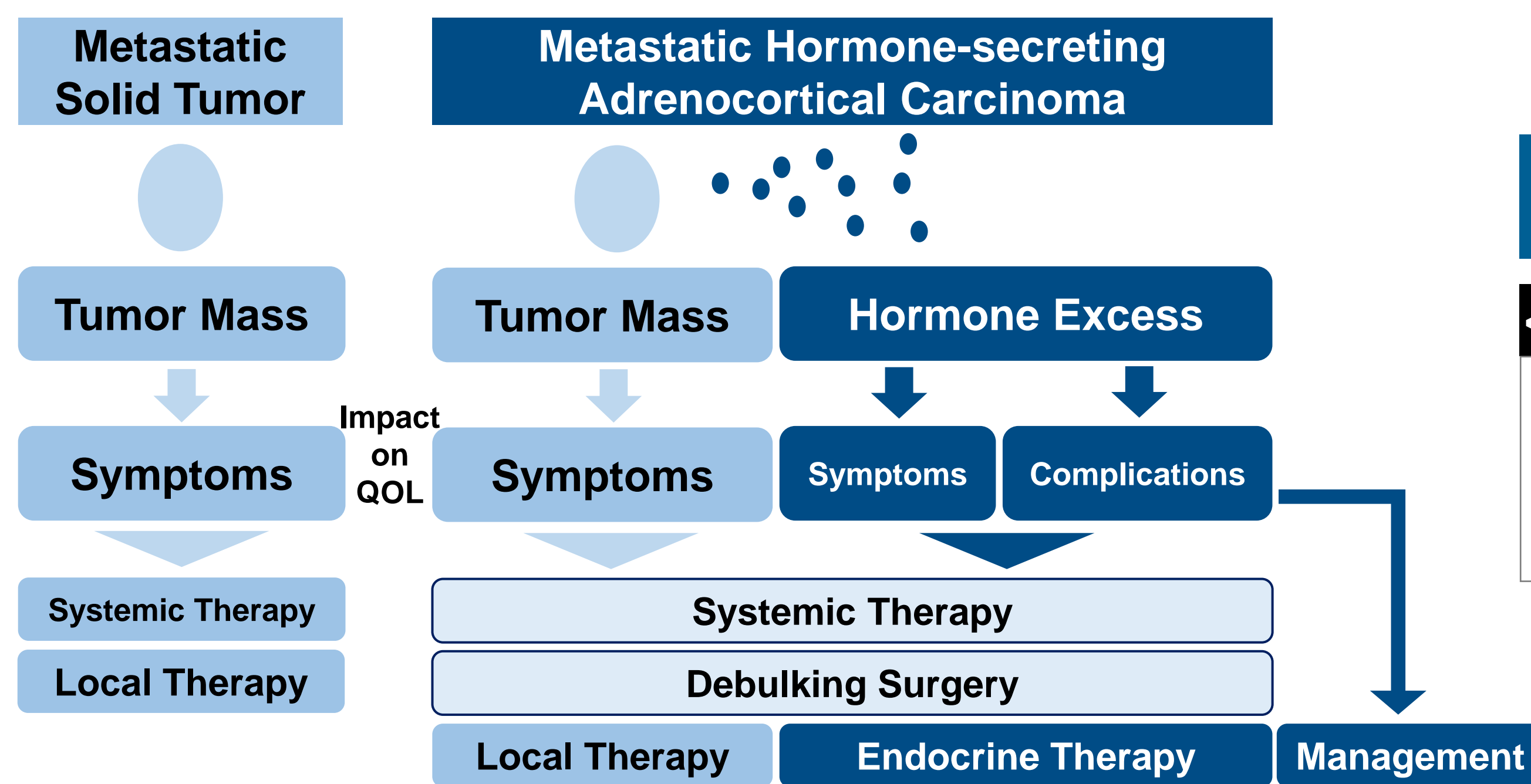


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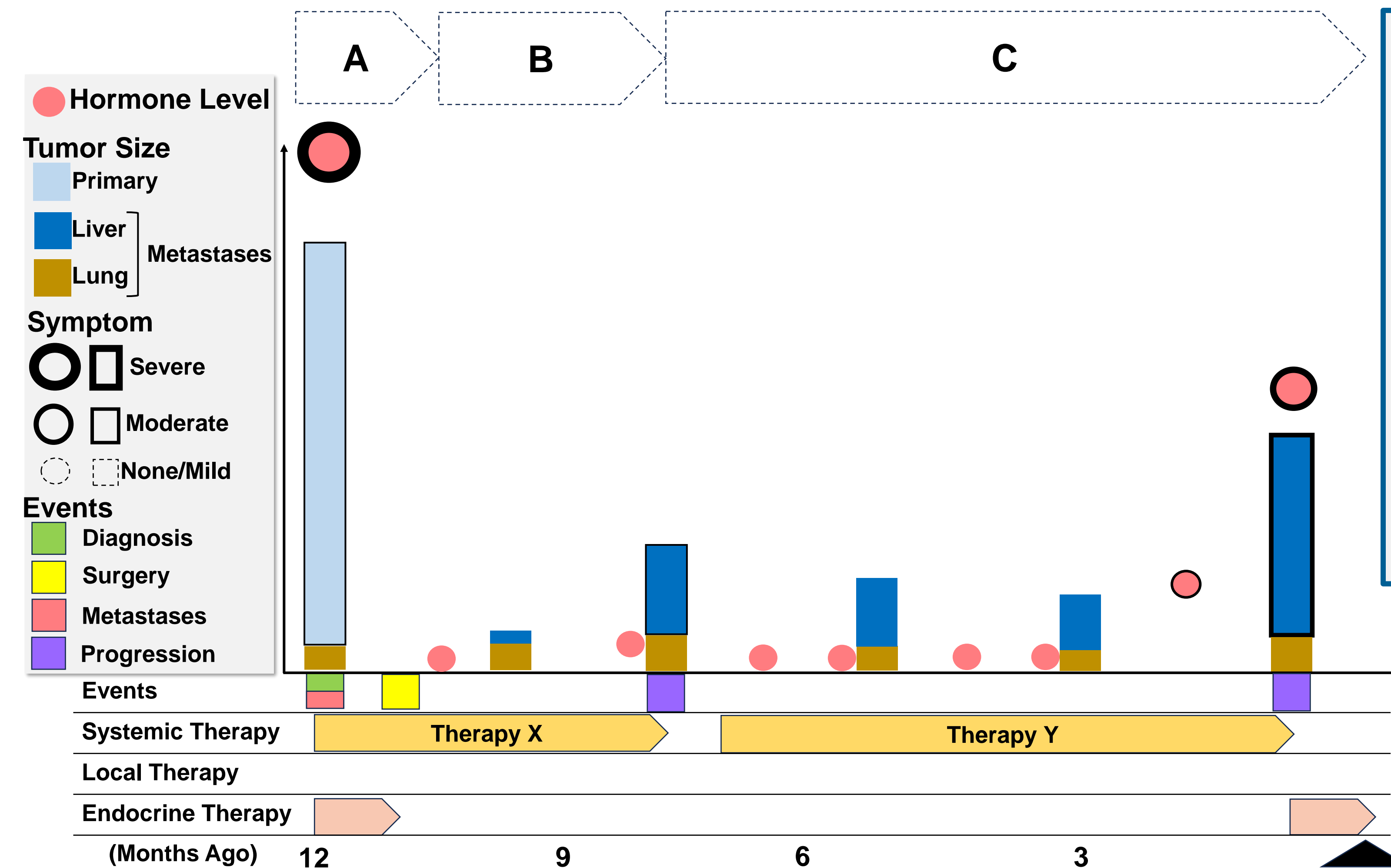
## BACKGROUND

- ✓ Adrenocortical carcinoma (ACC) is an aggressive and rare endocrine malignancy, with 60% of cases being functional, primarily secreting cortisol.
- ✓ Hypercortisolism often causes hypertension, immunosuppression, muscle weakness, and weight gain, leading to deteriorating QOL or fatal conditions.
- ✓ Physicians must consider oncological and endocrinological perspectives (tumor burden and hormone excess) with numerous time-series parameters.



- ✓ The decision-making process for treatment with effective data sharing remains a challenging task.

## Single Patient View



(A) QOL was significantly impaired due to hormonal excess; hence, the primary tumor was removed surgically.

(B) After surgery, treated with therapy X; however, the lung metastases and the newly emerged liver metastases were enlarged.

(C) Tumor reduction was initially observed after initiating therapy Y. However, tumor growth progressed and the treatment was discontinued. Symptoms of hormone excess reappeared with tumor growth, and endocrine therapy was restarted.

## USAGE SCENARIO

### Support of Decision-Making

- 1) Physician-patient communication
- 2) Multidisciplinary meetings: The oncologist, endocrinologist, and surgeon

### Research Development

- 1) Analyzing therapeutic response and prognosis with the impact of hormone excess status or genomic mutation
- 2) Compare the chronological progress of patients with subgroup classification

## FUTURE PERSPECTIVE

ACC is very rare and it is necessary to build a multinational connected database. We anticipate that this user-centered service may be a catalyst for further data gathering.

As a data source, we can retrospectively use patient data from the National Center. We are also looking for partners to help us develop these ideas.

## Multiple Patient View

