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A Clinical Audit on Diabetes Care in a Multidisciplinary-Team Diabetes Clinic

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INTRODUCTION
The implementation of a Diabetes Multidisciplinary-team Clinic (DMTC) is a step taken to help more patients achieve their glycemic goal. In 2018, Kajang Hospital Endocrine Unit has set up a team consisting of doctors, diabetes educators, pharmacists and dietitians to provide a unique and optimum care for every person with diabetes seen.

METHODOLOGY
We randomly audited patients referred to DMTC in 2018. The diabetes care components were audited before (baseline) and after (4 and 8 months) the implementation of DMTC. Data were compared against local guidelines to achieve target HBA1c, blood pressure (BP), and low-density lipoprotein-cholesterol (LDL-C). We described demographics of the patients and compared the mean difference in target goals between visits.

RESULTS
There were 100 patients recruited in this study. The mean age was 51 ± 2.2 years old, where 60% of the patients were more than 50 years old. Most patients were female (59%). 54% were Malay while 33% were Indians. Chinese and other races constitute 11% and 2%, respectively. We observed a significant reduction in HbA1c compared to baseline levels after 8 months (10.4 ± 2.5 vs $9.9\pm2.5\%$; $p=0.001$). Patients had significantly improved mean systolic BP after 8 months from baseline (139.47 ± 18.6 mmHg vs 135.12 ± 14.6 mmHg; $p=0.003$), but not the diastolic BP (80.34 ± 12.6 mmHg vs 77.77 ± 10.5 mmHg; $p=0.183$). The LDL-C levels, however, did not improve from baseline and the percentage of achieving target LDL-C levels were not any better after 4 and 8 months of follow up.

CONCLUSION
The results of this audit were generally positive and emphasized the feasibility of improving the current clinical practice. Further effort and more structured approach are needed to identify the treatment gaps between the current practice and target goal.

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Oncocytic Adrenocortical Neoplasms: A Report of 10 Cases with Emphasis on the Malignant Subgroup

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INTRODUCTION
Oncocytic adrenocortical neoplasms (OANs) are rare and unique tumors with distinctive biologic behavior and prognosis from conventional adrenocortical neoplasms. The Lin-Weiss-Bisceglia (LWB) system is recommended to differentiate benign from malignant OANs. Despite this classification system, the biologic behavior and clinical outcome for malignant OANs remain uncertain.

METHODOLOGY
We describe the clinical, histopathological features and immunohistochemistry analysis of 10 histologically confirmed OANs categorized by the LWB criteria.

RESULTS
Of 10 OAN cases, 6 were males with a mean age of 62 ± 3 years. 70% of OANs were incidentalomas, large tumors (mean=89.7 mm $\pm$ 19.2) and 50% were functioning. By LWB criteria, 8 (80%) were malignant, 1 (10%) borderline and 1 (10%) benign. In the malignant group, there were more males (75%), larger tumour size (108 ± 20.7 mm vs 68 mm and 24 mm) and heavier (240g (63.5-968 g) vs 60g and 23g) compared to the borderline and benign group. 6 cases (75%) were pure OANs. 5/9 cases (62.5%) achieved R0 resection. MIB index was >5% (5-50%) in 4/5 cases and 1 case <1% in the malignant group. 50% of malignant OANs were treated with adjuvant therapy (mitotane), chemotherapy or radiotherapy. Two cases (28%) developed recurrence and distant metastases leading to one mortality within 24 months of diagnosis and the other alive with clinical evidence of disease 65 months of diagnosis.

CONCLUSION
In this series, malignant OAN was associated with male gender, larger tumour size at presentation and higher MIB index. LWB system appears robust to differentiate benign lesions from its malignant counterpart. MIB index may improve prognostication but further biological marker is needed to predict behaviour and outcomes for malignant OANs in order to inform appropriate surveillance and therapeutic strategies.