

Supplementary Table 10. Overview of our hypothetically proposed “S-GRAS-based recommendation” as compared with the current European ACC Guidelines (Fassnacht et al EJE 2018).

| | N (% of total) | SGRAS 0-1 (n) | S GRAS 2-3 (n) | S-GRAS 4-5 (n) | S-GRAS 6-9 (n) |
|---|------------------------|---------------|----------------|-------------------|---------------------|
| S-GRAS-based “recommendation” → | | No mitotane | No mitotane | Adjuvant mitotane | Adjuvant EDP-M/EP-M |
| Recommendation in ACC guidelines ↓ | | | | | |
| R0 and ENSAT 1-2 and ki67 ≤10% Consider mitotane or surveillance | 242 (26%) | 157 | 85 | 0 | 0 |
| R0 and ENSAT 3-4 OR ENSAT 1-2 AND ki67 > 10% Adjuvant mitotane | 177 (19%) 345 (37%) | 1 7 | 81 196 | 92 139 | 3 3 |
| R0 and ENSAT 3-4 AND ENSAT 1-2 AND ki67 > 10% Adjuvant mitotane | 116 (12%) | 0 | 31 | 82 | 3 |
| RX / R1 Adjuvant mitotane + consider radiotherapy (ev. chemotherapy in higher risk patients) | 160 (17%) | 3 | 35 | 76 | 180 |

Legend:

Green shading boxes = “our suggestion” is a less aggressive approach (surveillance vs adjuvant mitotane).

Light grey shading boxes and bold text = agreement between guidelines and “our suggestion” for adjuvant mitotane.

Light red shading = “our suggestion” favours a more aggressive adjuvant treatment (adjuvant chemotherapy).

This table shows that in the large majority of the cases, our proposed “S-GRAS-based recommendations” are in agreement with the current guidelines. However, there are subgroups of patients for which, according to the S-GRAS stratification, we would theoretically not suggest adjuvant mitotane.