



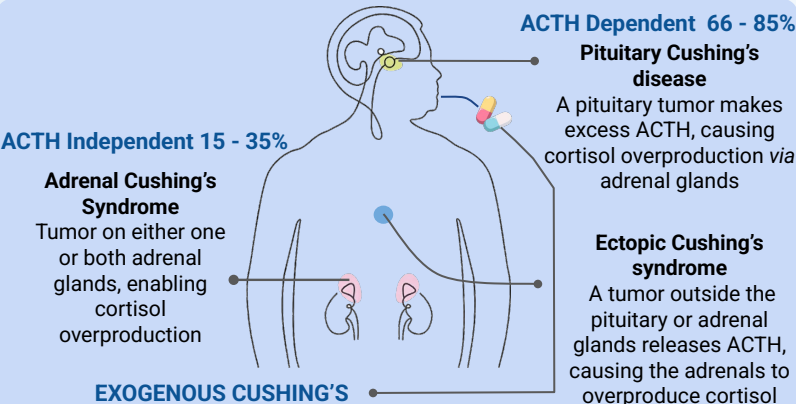
CUSHING'S AWARENESS DAY

Cushing's syndrome is a disorder characterized by physical and mental changes resulting from having too much cortisol (hypercortisolism) in the blood for a long period of time. There are two types of Cushing's syndrome: Endogenous and exogenous (caused by factors outside the body)

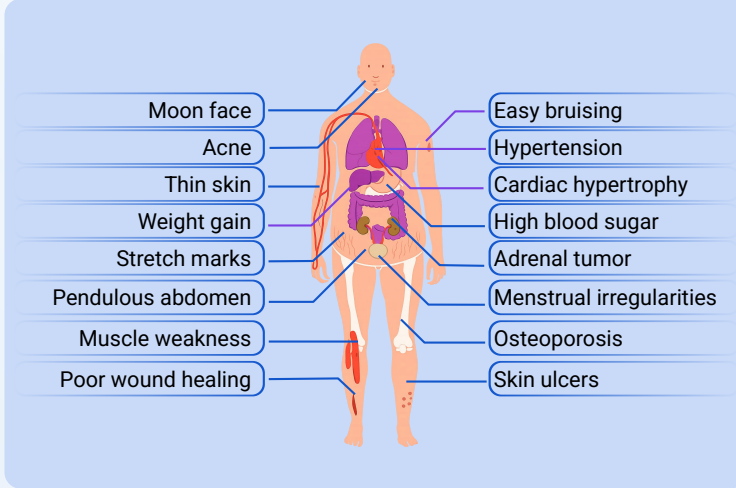


CUSHING'S OVERVIEW

ENDOGENOUS CUSHING'S



CLINICAL FEATURES



EXOGENOUS CUSHING'S

Cushing's triggered due to excess cortisol from a source outside the body, often from a medication containing steroids

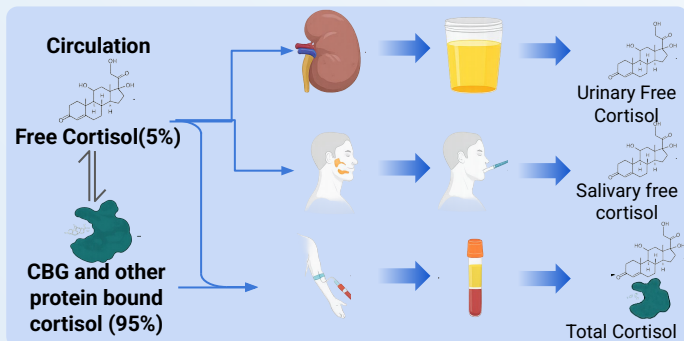
INCIDENCE, PREVALENCE & IMPACT

	Annual Incidence	Prevalence	Gender Predilection	Onset
Cushing's Syndrome	3.2 cases /million	57 cases/million	3-4X more common in women	30 - 60 age group
Cushing's Disease	2.4 cases/million	22 cases/million	3X more common in women	20 - 50 age group

EMERGING EVIDENCE

- The terms "Cushing's" and "hypercortisolism" are often used interchangeably
- Recent industrial research suggests that hypercortisolism may be prevalent in resistant diabetes and resistant hypertension (Corcept)
- A study called the "The **CATALYST** trial" found ~24% of difficult-to-control T2D patients had endogenous hypercortisolism
- The **MOMENTUM** study (March 2026) found 27% of resistant hypertension patients had hypercortisolism

DIAGNOSIS



TREATMENT

1L of Treatment : Surgery (Tumor resection)

PHARMACOLOGICAL TREATMENT

Pituitary-directed drugs

- Somatostatin analog: Pasireotide
- Dopamine agonist: Cabergoline

Adrenal-directed drugs

- Steroidogenesis inhibitors: Osilodrostat, Ketoconazole, Metyrapone, Levoketoconazole
- Adrenolytic drug: Mitotane

Glucocorticoid receptor-directed drugs

- Mifepristone
- Relacorilant (under review)



TREATMENT GUIDELINES (ENDOCRINE SOCIETY 2026)

Patient Scenario	Recommended Action / Drug Choice
Severe / Life-Threatening	Use rapid-acting inhibitors: Metyrapone, Osilodrostat or IV Etomidate
Pregnancy / Breastfeeding	No approved drugs; Metyrapone or Cabergoline are typically used
Females w/ High Androgens	Consider Ketoconazole (helps lower androgen levels)
Males w/ Hypogonadism	Avoid Ketoconazole (can worsen the condition)
Liver Injury / High Enzymes	Avoid Ketoconazole due to hepatotoxicity risks
Concern for Tumor Size	Consider Pasireotide or Cabergoline
Ineffective Monotherapy	Use Combination Therapy (e.g., Metyrapone + Ketoconazole)

RESOURCES

