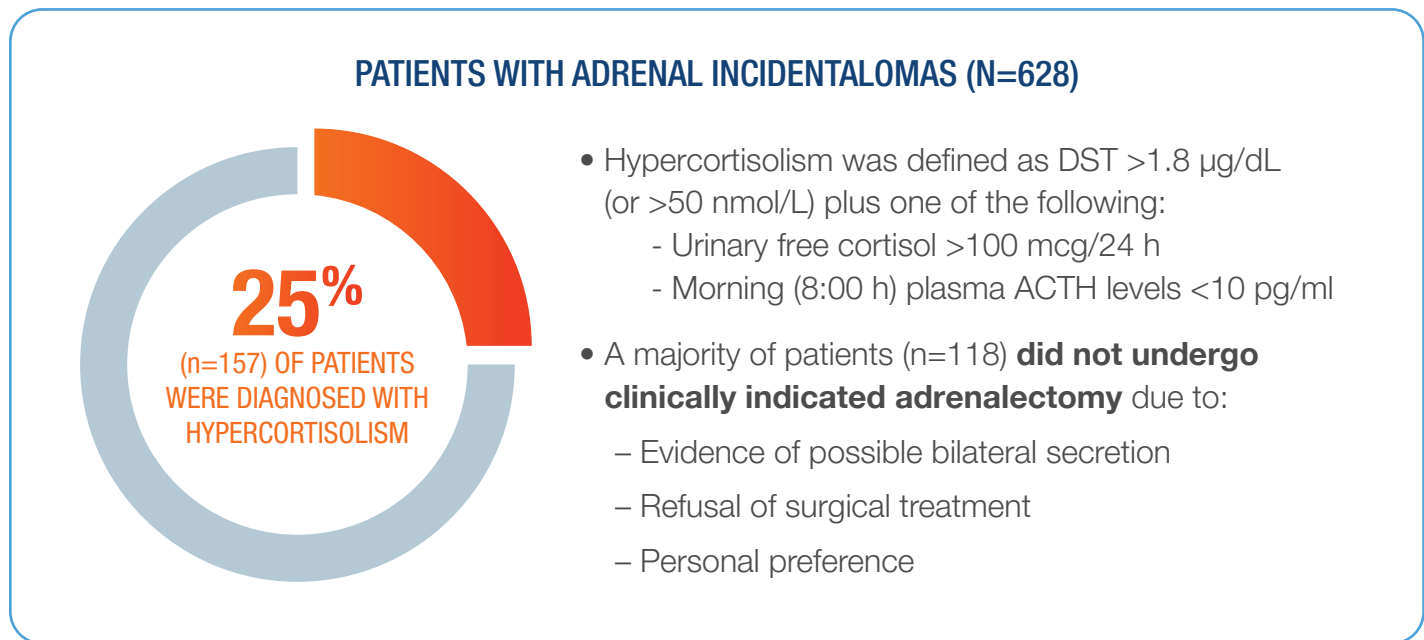


IN A STUDY OF PATIENTS WITH ADRENAL INCIDENTALOMAS HYPERCORTISOLISM INCREASED THE RISK OF COMORBIDITIES AND CARDIOVASCULAR (CV) EVENTS

628 patients with adrenal incidentalomas were evaluated for hypercortisolism and assessed every 12-15 months for the first 3 years then every 24-36 months for up to 15 years.¹

1 out of every 4 patients with an adrenal incidentaloma was diagnosed with hypercortisolism¹



Patients with hypercortisolism had a significantly higher¹:

Prevalence of type 2 diabetes

19.0% vs **7.0%** ($P < 0.05$)

Prevalence of metabolic syndrome

42.8% vs **12.7%** ($P < 0.05$)

Systolic and diastolic blood pressure

SBP: **145.0 mmHg** vs **139.0 mmHg** ($P < 0.01$)

DBP: **85.7 mmHg** vs **82.9 mmHg** ($P < 0.02$)

HYPERCORTISOLISM WAS ASSOCIATED WITH SIGNIFICANTLY HIGHER RISK OF CV EVENTS AND MORTALITY

Patients with hypercortisolism had higher rates of CV events compared to patients without hypercortisolism¹

>11x

higher rate of
PTA/CABG

(4.5% vs 0.4%,
respectively; $P < 0.05$)

>4x

higher rate of
myocardial infarction

(6.4% vs 1.5%,
respectively; $P < 0.05$)

>3x

higher rate
of stroke

(5.1% vs 1.5%,
respectively; $P < 0.05$)

PTA=Percutaneous transluminal angioplasty, CABG=Coronary artery bypass graft.



Patients who did not undergo adrenalectomy had an increased risk for mortality¹

These patients were pharmacologically treated with optimized therapy (medication adjustments and dose escalations) to reduce altered metabolic and CV parameters

- **The prevalence of metabolic syndrome and type 2 diabetes was increased** in patients who did not undergo adrenalectomy
- **The risk for CV mortality was almost 2x greater** for patients who received optimized medication for comorbidities compared to patients who received surgery



...the autonomous secretion of cortisol from an adrenal incidentaloma... is associated to metabolic and cardiovascular complications inducing reduction of either quality of life and survival, due to higher incidence of cardiovascular events and cardiovascular mortality...¹



-Petramala et al. 2020

Reference: 1. Petramala L, Olmati F, Concistrè A, et al. Cardiovascular and metabolic risk factors in patients with subclinical Cushing. *Endocrine*. 2020;70(1):150-163. doi:10.1007/s12020-020-02297-2

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