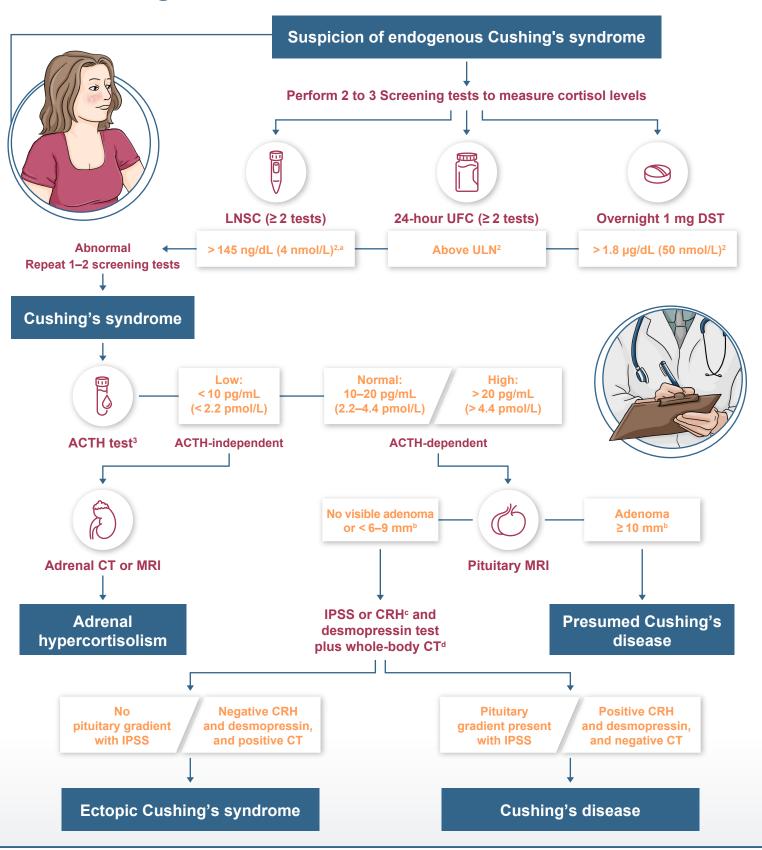
Testing and Diagnosis of Cushing's Syndrome and Cushing's Disease¹





^a Cutoff values may vary between labs because different methods used to measure cortisol give different reference ranges; ^b There is consensus that all patients with lesions < 6 mm should have IPSS and those with lesions of ≥ 10 mm do not need IPSS, but expert opinions differ for lesions between 6–9 mm in diameter; ^c CRH test may not be available; ^d This alternative option does not have clear consensus and needs further research. ACTH, adrenocorticotropic hormone; CRH, corticotropin-releasing hormone; CT, computerized tomography; DST, dexamethasone suppression test; IPSS, inferior petrosal sinus sampling; LNSC, late-night salivary cortisol; MRI, magnetic resonance imaging; UFC, urinary free cortisol; ULN, upper limit of normal.

1. Fleseriu M, et al. Lancet Diabetes Endocrinol. 2021;9(12):847-875; 2. Nieman LK, et al. J Clin Endocrinol Metab. 2008;93(5):1526-1540; 3. Lacroix A, et al. Lancet. 2015;386(9996):913-927.

This material is not to be used for the treatment or diagnosis of hypercortisolism or Cushing's syndrome, nor is it a substitute for clinical judgment or guidelines. For patients suspected of having Cushing's disease, the clinical work-up begins by determining if hypercortisolism is present.