

A. Diamantopoulos\* (Dr), P. Mourelatos\* (Dr), M. Koulenti\* (Dr), E. Partsalaki\* (Dr), M. Giannakou\* (Dr), DA. Vassiliadi\* (Dr), S. Tsagarakis\* (Dr)
   
 \*Department of Endocrinology, Diabetes and Metabolism, National Expertise Center for Rare Endocrine Disorders and member of the Endo-ERN, “Evangelismos” General Hospital of Athens, Athens, GREECE

### Introduction

Medical therapy is a valuable option for patients with peristent or recurrent Cushing's Disease (CD) after transphenoidal adenomectomy (TSA)
   
 Herein we report our real-life experience with the use of osilodrostat, a recently approved *CYP11B1* inhibitor, in patients with CD, who were already on another medical therapy.

### Material and Methods

Five patients with persistent/recurrent CD after TSA were switched to osilodrostat due to:
 

- inadequate control of CD
- significant metyrapone-induced hyperandrogenism and/or
- patient’s preference for fewer tablets per day

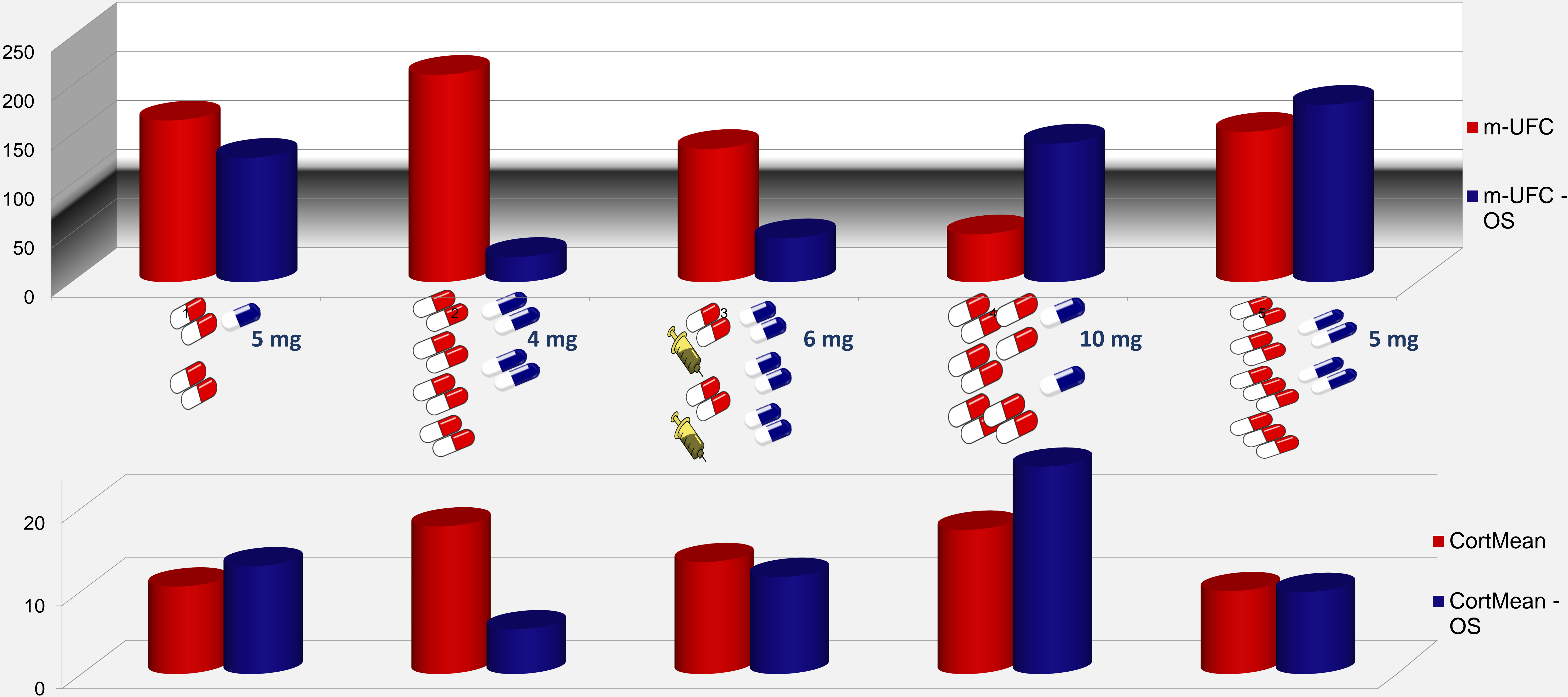
 Cushing’s control was evaluated by:
 

- ❖ the mean value of two 24h-Urinary Free Cortisol (*mUFC*) levels and
- ❖ a 5-point day rhythm of serum cortisol (*CortMean*)

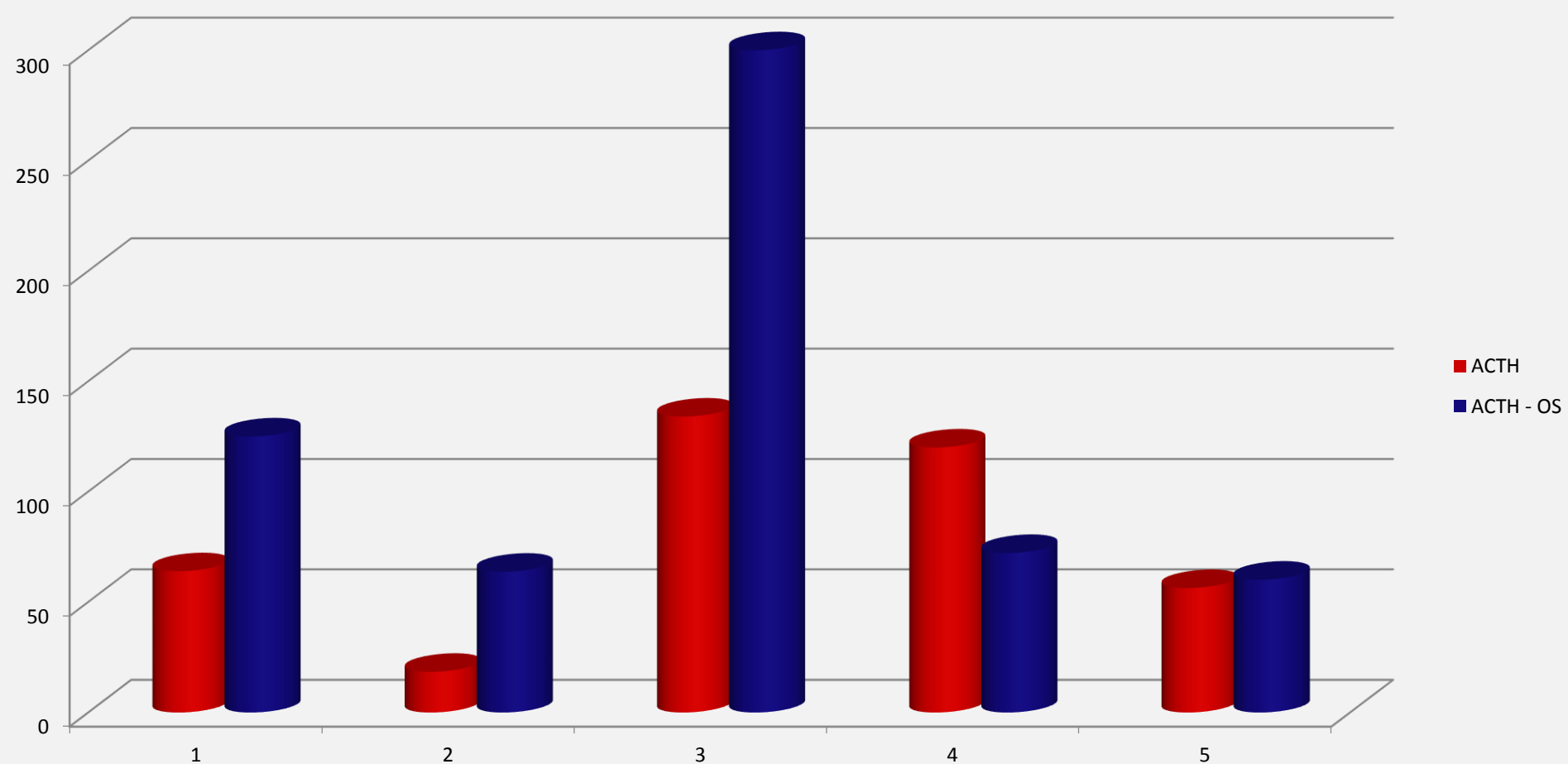
	Patients (n=5)
Gender (Female)	5
Age (years)	52 ( 33 – 76 )
Previous medication	
a. Metyrapone	3
b. Metyrapone + Pasireotide	1
c. Metyrapone + Ketoconazole	1
Dose of Osilodrostat (mg)	4 – 10

Median treatment duration was 45 weeks (range 12-75).

### Results



ACTH levels increased in most patients



Comorbidities (diabetes, hypertension, dyslipidemia) ameliorated in patients with improved control

### Conclusions

Osilodrostat treatment resulted in better control of hypercortisolemia in patients on other medical treatment but with a better dosing regimen and fewer side-effects.
   
 Based on our preliminary experience, it seems that osilodrostat is a promising effective and safe choice for the treatment of patients with persistent or recurrent Cushing’s disease.

### Adverse effects- androgen levels

Patient	Weeks of treatment	Testo (ng/dl)	Testo-OS (ng/dl)	Δ4 (ng/ml)	Δ4-OS (ng/ml)	DHEA-S (µg/dl)	DHEAS-OS (µg/dl)
1	53	53	48	3.7	2.5	60.2	47.2
2	48	164	29	10.2	3.1	332	79.5
3	75	10	9	1.2	0.9	15	15
4	12	44	65	4.6	5.1	53.8	60.3
5	36	215	41	11.8	3.8	232	161

➤One patient developed adrenal insufficiency on 8mg
   
 ➤ Testosterone levels were normalized in patients with high testosterone levels during metyrapone administration

Conflicts of Interest
   
 No conflict of interest