Reference Range Guide

TRUFORMA®

Low-Dose Dexamethasone Suppression Test Interpretation:

8-hour post-dexamethasone cortisol:

>2.40 µg/dL: Consistent with Cushing's.

≤1.03 µg/dL: Not consistent with Cushing's.

Grey Zone 1.04-2.40 µg/dL: further testing may be required.

If 8-hour results are consistent with hyperadrenocorticism:

-4-hour sample **≤1.03 µg/dL** and/or 4 or 8-hour sample <50% of baseline: consistent with PDH

-No 50% or greater suppression at 4 or 8-hours compared to baseline: unable to determine pituitary vs adrenal origin, eACTH recommended for differentiation.

ACTH Stimulation Test Interpretation:

Addison's suspect:
Post-ACTH cortisol **<2.0 µg/dL** – Consistent with Addison's
Post-ACTH cortisol **2.0-7.5 µg/dL** – Grey Zone: further testing may be required
Post-ACTH cortisol **>7.5 µg/dL** – Addison's ruled out

Cushing's suspect:
Post-ACTH cortisol **7.5-22.5 µg/dL** – Not consistent with Cushing's
Post-ACTH cortisol **>22.5 µg/dL** – Consistent with Cushing's
Post-ACTH cortisol **<7.5 µg/dL** – Consider exogeneous glucocorticoid therapy (iatrogenic hyperadrenocorticism), other medication, inappropriate testing, spontaneous hypoadrenocorticism

Cushing's Monitoring on Trilostane:
Please refer to drug manufacturer's guidelines for monitoring with ACTH stimulation test.

Baseline Cortisol Interpretation:

Addison's suspect: Results **>2.0 µg/dL** are considered not consistent with hypoadrenocorticism. If the result is around or below this cutoff, ACTH stimulation test is recommended to confirm diagnosis.

Endogenous ACTH Interpretation:

Results should be interpreted after the diagnosis of Cushing's disease and before implementing therapy.
eACTH **>10.5 pg/mL** (within normal range or elevated) – Consistent with pituitary dependent hyperadrenocorticism
eACTH **<10.5 pg/mL** (below normal range) – Consistent with adrenal tumor

All tests should be evaluated in conjunction with clinical presentation.