mid segments of all walls; image of thickening immediately above the aortic valvular plane. CT angiography: bilateral adrenal masses (9.2x9.2x10.8 cm on the right; 2.3x2.8x3.3 cm on the left), suggestive of pheochromocytoma. Cardiogenic shock led to patient transfer to our hospital for ECMO, in which she was maintained for 14 days. Pheochromocytoma was confirmed (normetanephrine 15689 µg/24h [normal < 390 µg/24h], metanephrine 15000 [normal < 320 µg/24h]) and adrenergic blockade initiated. Hospitalization complications and surgical risk delayed bilateral adrenalectomy to 1 month after admission. She initiated glucocorticoid and mineralocorticoid replacement, was transferred to the ward stable, and started a rehabilitation program before hospital discharge. Phosphocalcic metabolism was normal (PTH 38.7 pg/mL, normal 10–65 pg/mL). High calcitonin levels (87 pg/mL, normal <5 pg/mL) lead to the diagnosis of medullary thyroid carcinoma, followed by total thyroidectomy. MIBG showed "No foci of radiopharmaceutical overaptation related to norepinephrine transporter overexpression lesions.", and genetic study revealed heterozygous variant c.1900T>C [p. (Cys634Arg)] in exon 11 of the RET gene, confirming suspicion of MEN-2A syndrome. As there was no family history of endocrine neoplasias, she was referred to genetic counselling for evaluation of family members. She maintains follow-up, currently treated with hydrocortisone 7.5 + 5 + 2.5 mg od, fludrocortisone 0.1 mg od, and levothyroxine 137 mcg, with improvement of functional capacity and general state (weight gain of 13 kg), recovery of left ventricular function, normal urinary metanephrines, and calcitonin < 2.0 pg/mL. **Conclusions:** To our knowledge, MEN-2A syndrome presenting with cardiogenic shock due to pheochromocytoma was not yet described. Knowledge of unusual presentations of rare syndromes is important to arise suspicion and improve differential diagnosis in life-threatening conditions as cardiogenic shock.

Bone and Mineral Metabolism

OSTEOPOROSIS: DIAGNOSIS AND CLINICAL ASPECTS

Trends in Osteoporosis Treatment Uptake and Persistence Among Postmenopausal Women in the U.S., 2010–2015

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SUN-389

Background: Over the last several years, the approval of new pharmacotherapies, changes to health plan formularies limiting treatment access, the emergence of new evidence related to medication safety and effectiveness, and updates to clinical practice guidelines may have influenced osteoporosis treatment patterns. Sankey visualizations were used to depict postmenopausal (PM) women's osteoporosis treatment journeys, from treatment uptake, patterns of transition, to persistence. *Methods*: We conducted a retrospective analysis of all PM women (aged 55+) who newly initiated five antiresorptive treatments between October 1, 2010 and September 30, 2015 using patient and prescription data from the Truven Health Analytics MarketScan Commercial Claims and Encounters and Medicare Supplemental databases. We identified women who were continuously enrolled in the health plan for one year prior to the date of treatment initiation (index date) and were treatment-free during this period. Treatment states were evaluated cross-sectionally at six-month time points; treatment switches and gaps in therapy between time points were not captured. Persistence was defined as a patient being on the same treatment at a given follow-up time point as compared to the treatment they were on at the index date. *Results*: Among women newly initiating any of the five antiresorptive therapies, alendronate (53%) remained the most commonly prescribed therapy, followed by ibandronate (13 %), zoledronic acid-ZA (12%), risedronate (11 %), and denosumab (11%). New initiation of alendronate was high across all age, prior fracture history, and osteoporosis diagnosis subgroups (range: 45–68%). From 2010 to 2015, new uptake of denosumab increased by 13%, while ZA uptake declined by 10%. A higher proportion of denosumab users were ≥ 65 years (denosumab: 59%; ZA: 54%; alendronate: 46%) and had a prior history of fracture (denosumab: 30%, ZA: 25%; alendronate: 19%) compared to bisphosphonate users. Two-year persistence was highest among women initiating denosumab (58%), followed by ZA (48%), alendronate (32%), ibandronate (30%), and risedronate (25%). Persistence was lowest for oral bisphosphonate users (alendronate range: 30–33%), irregular among ZA users (range: 29–49%) and higher for denosumab users across all subgroups (range: 46–59%). From 2010 to 2014, persistence improved for all therapies, except among ZA users, which declined by 9%. *Conclusions*: Little has changed in the prescribing patterns and patient profiles of PM women newly initiating antiresorptive therapies over five years from 2010–2015. Alendronate remained the most commonly prescribed therapy despite lower rates of persistence, with similarly high uptake regardless of risk for fracture. Denosumab was primarily prescribed to women at higher risk for fracture, and persistence was higher compared to other therapies across all subgroups.

Adrenal

ADRENAL CASE REPORTS II

Adrenal Insufficiency Due to Adrenal Hemorrhage

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SUN-170

Introduction: Antiphospholipid Syndrome (APS) can involve multiple organ systems but endocrine manifestations are rare. In most cases adrenal insufficiency (AI) is the first endocrine manifestation of APS. The prompt diagnosis of adrenal insufficiency is critical. We present a case of AI associated with antiphospholipid syndrome who was managed successfully. **Case presentation**: A 50-year-old man was admitted with deep venous thrombosis of the