Hi Dr. Yau:

We want to have an onsite slide review with you for the AACE Product Theater on May 16th before the conference starts and before the product theater. This would be with our Marketing Director. Are you available in the evening for a dinner/slide review?

In addition, I know is planning to go to one of your programs in Sacramento in early May to meet with you. Just a heads up.

Let me know your AACE travel plans.

Thanks!

Corcept Therapeutics
How are you doing on the rewrite?

Corcept Therapeutics

149 Commonwealth Drive

Menlo Park, CA 94025

Office (b) (6)

Cell (b) (6)

From: Hanford Y. (b) (6)
Sent: Saturday, June 02, 2018 4:05 AM
To: (b) (6)
Subject: Re: Manuscript (b) (6) comments.pdf

Yes, I got it. Working on it. But (b) (6) and (b) (6) have something more urgent that I just received yesterday that I need to attend to but I am hopeful I should have my inputs to you by end of next week.

V/r,

Hanford
On Fri, Jun 1, 2018 at 4:17 PM, [REDACTED] wrote:

I didn't hear from you. Just making sure you got the file.

---

Original Message---

From: [REDACTED]
Sent: Monday, May 21, 2018 10:32 AM
To: [REDACTED]
Subject: Manuscript [REDACTED] comments.pdf

[REDACTED]

Great seeing you in Boston.
Attached is the manuscript version with [REDACTED] and [REDACTED] comments.
Sorry it is a scanned version b/c [REDACTED] provided hand written comments on Dr. [REDACTED] version.
Please let me know if you need anything.
Thank you, I’ll review your changes this week and let you know if I have questions. If you haven’t started reviewing yet, please make any changes to version.

Best regards,

Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025
Office: Cell:

From:
Sent: Saturday, September 08, 2018 6:39 AM
To:
Cc:
Subject: R: FOR YOUR REVIEW/APPROVAL: Subclinical Hypercortisolism Screening Manuscript

Dear all,

Please find attached my revised version of the manuscript. I have added my disclosures and a sentence at the beginning of the section on the biochemical evaluation. Furthermore I have slightly modified the figure 2.

Hoping this is acceptable for you.
Thank you for your work.

Best
Dear Authors,

Attached is a revised version of the manuscript based on the previous round of comments I received from you. Please review the manuscript carefully as content has changed since you last looked at it. Please send me any edits or your approval by Friday, Sept. 14th.

Thank you for all your contributions to the manuscript. I’m hopeful that we can finalize and submit soon.

Best regards,

[Redacted]
Dr. Yau - thank you for the documents. See you next week.

Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025
Office: [b] (6) [b] 0037
Cell: [b] (6) [b] 0037

-----Original Message-----
From: Yau, Hanford [mailto:Hanford.Yau@va.gov]
Sent: Thursday, January 18, 2018 5:52 AM
To: [b] (6) [b] 0037
Subject: Signed agreement and paper

Sorry about the delay. Attached is my signed agreement. I have been on the road and did not have access to a scanner.

Also, attached is the [b] (6) [b] paper I referred to during conference call with [b] (6) [b] and [b] (6) [b]

I will be at Corcept HQ next Wednesday around 1pm. Hope to see you.

V/r,
Hanford
Dear Dr. Yau,

On behalf of Corcept Therapeutics, Inc, we are pleased to confirm your participation in the Corcept Speaker Bureau Training Meeting, taking place on Saturday, February 24, 2018, with arrivals and welcome reception, including a Corcept Corporate update, on Friday, February 23, 2018.

Please complete and return the enclosed forms by Monday, February 12, 2018, to [Redacted], of ClinicalMind, via email at [Redacted] or via fax at [Redacted]:

- **Speaker Contract:** You are required to sign a Speaker Contract in order to participate as a member of the Corcept Speaker Bureau. Please keep the original for your records and return a copy to ClinicalMind.

Corcept will compensate you for your active participation (based on full attendance at the program; no compensation is provided for partial attendance).

Please be aware that Corcept complies with all applicable state laws/regulations related to disclosure of payments to health care providers by a pharmaceutical manufacturer. If you practice or are licensed to practice in Massachusetts; Washington, DC; or Vermont, please be aware that fees paid to you by Corcept in connection with the activity discussed above may be disclosed as required (eg, in an annual report to the relevant state agency).
In the meantime, please contact (b) (6) at (b) (6) or (b) (6) if you have any questions or concerns.

We look forward to a successful program!

Sincerely,

(b) (6)  
Corcept Therapeutics

640 West 28th Street, 5th Floor, New York, NY 10001
Thank you Drs. and Yau for your participation in today’s call.

The discussion we had was exactly what and I needed to create the first outline draft.

Here are the next steps/action items:

1. Please complete and sign the attached author agreement and send back to me
2. – could you please share the Diabetes Care article you were referring to when we had the discussion on polymorphism
3. Dr. Yau – I remember seeing the article with the clinical suspicion index but can’t recall the author. If you have it, could you please forward the article
4. – we’ll take a look at the ominous octet for inspiration. Do you have a particular image/table that you like for us to look at?
5. and I will get started on developing an outline based on your input today.

Here is the high level view of the process:
   a. Draft outline
   b. Draft manuscript
   c. Final approval and journal submission (submit by end of March or earlier)
   d. Update manuscript based on reviewers’ comments
   e. Final approval and re-submission
   f. Publish (open access article so that it will be free to all)

Regards
Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025

Office: (b) (6)
Cell: (b) (6)
Dear Authors,

Attached is a revised version of the manuscript based on the previous round of comments I received from you. Please review the manuscript carefully as content has changed since you last looked at it. Please send me any edits or your approval by **Friday, Sept. 14th**.

Thank you for all your contributions to the manuscript. I’m hopeful that we can finalize and submit soon.

Best regards,

[Redacted]

Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025

**Office:** [Redacted]

**Cell:** [Redacted]
Hi Dr. Yau,

Following is the adverse event that I submitted regarding my conversation with [redacted].

I will track down the formal DSA submitted report and send it shortly.

Thank you,

[b] (6)
Corcept Therapeutics, Inc.
149 Commonwealth Drive
Menlo Park, CA 94025
Office [redacted]
Cell [redacted]

Thank you

From: [redacted]
Sent: Friday, September 23, 2016 11:54 AM
To: patientadvocate; Corcept Medical Information
Subject: AE report spark id 293650115

Hello,
Please contact me for any questions regarding attached AE report.
Thank you,

[b] (6)
Corcept Therapeutics, Inc.
149 Commonwealth Drive
Menlo Park, CA 94025
Office [redacted]
Cell [redacted]
Hi Dr. Yau and [b] (6).

Please see attached form sent to FDA on 10/6/16 regarding adverse event for patient [b] (6).

Thank you,

[b] (6)

Corcept Therapeutics, Inc.
149 Commonwealth Drive
Menlo Park, CA 94025
Office [b] (6)
Cell [b] (6)

Hi [b] (6),

Attached is the MedWatch Report for this case.

It was sent to the FDA on October 6, 2016.

Please let me know if you need anything else.

Thanks,
Hi

Could you please bring up the medwatch form as pdf for this expedited case? I would like to review today.

Do you have the date and documentation for when this was submitted to FDA?

Best

Begin forwarded message:

From: (b) (6)
Date: March 9, 2018 at 9:22:34 AM PST
To: (b) (6)
Subject: (b) (6)

Hello colleagues,

A solicited initial adverse event report has been identified for Korlym:

(b) (6)

Thank you,

(b) (6)
Dr. Yau,

Just wanted to follow up to see if you had a chance to review and add your comments. I’ve received written comments from [b] (6) and wanted to get your before I reconcile.

Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025
Office: [b] (6)
Cell: [b] (6)

From: [b] (6)
Sent: Sunday, February 18, 2018 11:37 AM
To: [b] (6)
Cc: [b] (6)
Subject: R: For Review: Outline - Screening/diagnosis hypercortisolism without cushingoid features

Dear all,
Please find attached my revision.
Thank you
Best

University of Milan
Fondazione IRCCS Cà Granda - Ospedale Maggiore Policlinico
Via Francesco Sforza 35, 20122 Milan, Italy
Tel: [b] (6)
Fax: [b] (6)
Dear Authors

Based on the conversation from our last call, we were able to put together an outline for your review and edits.

As we stated on the call, our goal is to create a white paper with practical recommendations for the community physicians that may come in contact with this patient population.

We did our best to summarize what was available in the literature. But we are missing your voice. We need your clinical and practical experience in the area. I have imbedded numerous comments within the text to help keep the ultimate reader in mind.

We are not looking to write a typical data rich review article. The best way to think about the purpose of this paper it is to remember the various students and clinicians that have consulted with you over the years. What knowledge and learnings would you like to impart on them.

**ACTION:** Please take the next two weeks to read through and edit the attached outline and I would like to collect all your comments by **Feb 26th** so we can turn it into a manuscript.

Thank you for your help in this process.

Regards
Dear (b) (6) and Yau,

I just wanted to send a reminder for our call tomorrow (Tuesday Jan 9th).

I will host a web meeting, but feel free to follow along using the following PDFs if you don’t have access.

Date: Jan 9th

Time: 6am California time; 9 am East coast; 3pm Italy.

Dial in:

iPhone one-tap: +1 (b) (6)  

Or Telephone:

Dial: +1 (b) (6)  

Meeting ID: (b) (6)

Dr. Chiodini – the call in number for Italy is +1 (b) (6) ; the meeting ID is (b) (6) #

Web: Join from PC, Mac, iOS or Android: https://meetings.ringcentral.com/j/1488646367

(b) (6)
Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025

Office: (b) (6)
Cell: (b) (6)
(b) (6)
Dear all,

Please find attached my revised version of the manuscript. I have added my disclosures and a sentence at the beginning of the section on the biochemical evaluation. Furthermore I have slightly modified the figure 2.

Hoping this is acceptable for you. Thank you for your work.

Best

_________________________________________________________________
Istituto Auxologico Italiano, IRCCS
Via Pierlombardo 22, 20135, Milan, Italy
Tel
Email:
Website: www.auxologico.it

Da: [b] (6)
Invio: giovedì 6 settembre 2018 22:41
A: [b] (6) Yau, Hanford
Cc: [b] (6)
Oggetto: FOR YOUR REVIEW/APPROVAL: Subclinical Hypercortisolism Screening Manuscript

Dear Authors,

Attached is a revised version of the manuscript based on the previous round of comments I received from you. Please review the manuscript carefully as content has changed since you last looked at it. Please send me any edits or your approval by Friday, Sept. 14th.

Thank you for all your contributions to the manuscript. I’m hopeful that we can finalize and submit soon.

Best regards,
This is excellent! I look forward to getting the final three sections from you.

Re: the DST section, could you please add some information about drawing dexamethasone serum levels. Clinicians often forget to order this in conjunction with the DST. This really helps them have more confidence in the results from the DST.

I’m attaching the 2016 European guideline. I think they are more progressive with their thinking on the topic of acth independent cushing’s (adrenal). Perhaps you could use it in your conclusion/discussion section.

Regards

Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025
Office: (b) (6)
Cell: (b) (6)

Good morning,

Hope all is well. I have included a first draft of the manuscript for your review. There are three sections (24 UFC, ACTH, conclusion) that I still need to work on ... will keep you posted. Have a great weekend!

From: Yau, Hanford <Hanford.Yau@va.gov>;
Thanks for completing the author’s agreement. I am checking in on your progress with the manuscript. Please feel free to reach out to [redacted] if you need anything.

Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025
Office: [redacted]
Cell: [redacted]

-----

Thank you very much Dr. Nguyen! I look forward to collaborating with all.

We are delighted to have you on this project! We will be sending you a docusign authors’ agreement for you to digitally sign. If you need any of the references cited in our initial outline draft, please let us know.
Thank you for working with us on this project. We look forward to getting your edits.

Regards

Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025
Office: (b) (6)
Cell: (b) (6)

From: Yau, Hanford <Hanford.Yau@va.gov>
Sent: Tuesday, July 10, 2018 7:02 AM
To: (b) (6)
Subject: Introduction and Addition to Publication Project

I want to “virtually” introduce all of you to my colleague, (b) (6), to our publication project on hypercortisolism. I will be supervising her and will continue to contribute to project also but she will be taking a lead in further assisting with the research, contribution, writing and publication process.

I have included our most recent outline for her to review and I will be providing additional background and training to her to get her caught up to speed on the project.

Thank you all. Please feel free to reach out to her and provide any guidance or needs. She is standing by ready to assist.

V/r,
Hanford Yau, MD, CCD, FACP, FACE
Orlando VA Medical Center at Lake Nona
Division of Endocrinology, Diabetes, & Metabolism
13800 Veterans Way (Clinic 1D)
Orlando, FL 32827
Tel: (b) (6)
Fax: (b) (6)

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disclosure under applicable law. This information is intended only for the use of the individual to whom this e-mail is addressed. If you are not the intended recipient, or the employee or agent responsible to the intended recipient, you should return this e-mail to the sender immediately and delete this message from your computer. You are hereby notified that any disclosure, copying, distribution, or taking of action based on the contents of this message is prohibited.
Hi Dr. Yau:
Here is the mocked up Product Theater bio. Can you take a look and let me know if all looks ok? Your credentials look squished and small. Can we just use MD or would you like your full credentials displayed?
Let me know if you have any other changes.
Thanks.

Hi,

Happy holidays to you and family. Attached is a cleaned up version of my bio. Please delete everything that his highlighted. Changes are in blue font. Thank you. Anyway to re-center the pic so my head is not cut off, LOL??

The product theater bio should reflect the updated bio as attached. Let me know if there are anything else you need from me. Sorry for the delay but have been away for the holidays and also catching up on my own medical care.

V/r,
Hanford Yau, MD, CCD, FACP, FACE
Assistant Professor of Medicine and Endocrinology, University of Central Florida
Assistant Clinical Professor of Medicine, The University of California, San Francisco
Site Director of Endocrinology, Diabetes, and Metabolism Fellowship Training
Orlando VA Medical Center at Lake Nona
Division of Endocrinology, Diabetes, & Metabolism
13800 Veterans Way (Clinic 1D)
Orlando, FL 32827
Tel: (b) (6)
Fax: (b) (6)
responsible to the intended recipient, you should return this e-mail to the sender immediately and delete this message from your computer. You are hereby notified that any disclosure, copying, distribution, or taking of action based on the contents of this message is prohibited.
Good morning,

Hope all is well. I have included a first draft of the manuscript for your review. There are three sections (24 UFC, ACTH, conclusion) that I still need to work on … I will keep you posted. Have a great weekend!

From:
Sent: Monday, July 23, 2018 1:27 PM
To:
Cc:
Subject: [EXTERNAL] RE: Introduction and Addition to Publication Project

Thanks for completing the author’s agreement. I am checking in on your progress with the manuscript. Please feel free to reach out to [b] (6) and I if you need anything.

Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025
Office: [b] (6)
Cell: [b] (6)
(b) (6)

From:
Sent: Wednesday, July 11, 2018 10:23 AM
To:
Cc: Yau, Hanford <Hanford.Yau@va.gov>
Subject: RE: Introduction and Addition to Publication Project

Thank you very much. I look forward to collaborating with all.
From: Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025
Office: (b) (6)
Cell: (b) (6)

From: Yau, Hanford <Hanford.Yau@va.gov>
Sent: Tuesday, July 10, 2018 7:02 AM
To: (b) (6)
Subject: [EXTERNAL] RE: Introduction and Addition to Publication Project

Dear (b) (6)

We are delighted to have you on this project!
We will be sending you a docusign authors’ agreement for you to digitally sign.
If you need any of the references cited in our initial outline draft, please let us know.
Thank you for working with us on this project. We look forward to getting your edits.

Regards

From: Yau, Hanford <Hanford.Yau@va.gov>
Sent: Wednesday, July 11, 2018 12:45 PM
To: (b) (6)
Cc: Yau, Hanford <Hanford.Yau@va.gov>
Subject: [EXTERNAL] RE: Introduction and Addition to Publication Project

We are delighted to have you on this project!
We will be sending you a docusign authors’ agreement for you to digitally sign.
If you need any of the references cited in our initial outline draft, please let us know.
Thank you for working with us on this project. We look forward to getting your edits.

Regards

I want to “virtually” introduce all of you to my colleague, (b) (6), to our publication project on hypercortisolism. I will be supervising her and will continue to contribute to project also but she will be taking a lead in further assisting with the research, contribution, writing and publication process.

I have included our most recent outline for her to review and I will be providing additional background and training to her to get her caught up to speed on the project.
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V/r,
Hanford Yau, MD, CCD, FACP, FACE
Orlando VA Medical Center at Lake Nona
Division of Endocrinology, Diabetes, & Metabolism
13800 Veterans Way (Clinic 1D)
Orlando, FL 32827
Tel: (b) (6)  
Fax: (b) (6)  

CONFIDENTIALITY NOTICE: This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. This information is intended only for the use of the individual to whom this e-mail is addressed. If you are not the intended recipient, or the employee or agent responsible to the intended recipient, you should return this e-mail to the sender immediately and delete this message from your computer. You are hereby notified that any disclosure, copying, distribution, or taking of action based on the contents of this message is prohibited.
Thank you very much! 

Corcept Therapeutics  
149 Commonwealth Drive  
Menlo Park, CA 94025

From: (b) (6)
Sent: Monday, September 24, 2018 6:58 AM
To: (b) (6) Yau, Hanford <Hanford.Yau@va.gov>
Subject: RE: Reference Question for Adrenal Hypercortisolism Manuscript

Good morning all,

Correction to references below.

Thanks,

Dexamethasone suppression test (DST)

The recommended screening test for evaluation of biochemical hypercortisolism in most patients is the 1 mg overnight dexamethasone suppression test (ODST) with a diagnostic cutoff of 1.8 µg/dL or greater. While some clinicians have cited a historic cutoff of =5 µg/dL as “normal,” the use of this historic cutoff misclassified up to 15% of patients with false-negative results. ¹, ²

The current cutoff of post dexamethasone serum cortisol of 1.8 µg/dL enhances test sensitivity to greater than 95% balanced with a test specificity of 80%. ³

\text{(Reference # 17 on screening draft sent 9/6/18)


From:  
Sent: Friday, September 21, 2018 2:34 PM  
To: Yau, Hanford <Hanford.Yau@va.gov>  
Cc:  
Subject: [EXTERNAL] RE: Reference Question for Adrenal Hypercortisolism Manuscript

Thank you, both. I appreciate your help.

From:  
Sent: Friday, September 21, 2018 4:47 AM  
To:  
Cc:  
Subject: RE: Reference Question for Adrenal Hypercortisolism Manuscript

I am currently on leave. Let me have a look into previous draft and citations and get back to you ASAP. I will return on Tuesday. Thank you for reviewing the citations and references for accuracy.

From:  
Sent: Thursday, September 20, 2018 1:57 PM  
To: Yau, Hanford <Hanford.Yau@va.gov>  
Subject: [EXTERNAL] Reference Question for Adrenal Hypercortisolism Manuscript  
Importance: High

Hi Dr Yau,

I’m fact checking the manuscript as we begin to finalize it, and I came across a section that I believe
has the wrong references. I traced back where the text first came from and it seems to be from your re-write in July. I hate to bother you with his, but can you point me to the appropriate references?

Many Thanks,

Dexamethasone suppression test (DST)

The recommended screening test for evaluation of biochemical hypercortisolism in most patients is the 1 mg overnight dexamethasone suppression test (ODST) with a diagnostic cutoff of 1.8 μg/dL or greater. While some clinicians have cited a historic cutoff of =5 μg/dL as “normal,” the use of this historic cutoff misclassified up to 15% of patients with false-negative results. The current cutoff of post dexamethasone serum cortisol of 1.8 μg/dL enhances test sensitivity to greater than 95% balanced with a test specificity of 80%.  


Thank you, both. I appreciate your help.

Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025

Office
Cell:

---
(b) (6)

From: Yau, Hanford <Hanford.Yau@va.gov>
Sent: Friday, September 21, 2018 4:47 AM
To: [b] (6) [b] (6)
Cc: [b] (6) [b] (6)
Subject: RE: Reference Question for Adrenal Hypercortisolism Manuscript

I am currently on leave. Let me have look into previous draft and citations and get back to you ASAP. I will return on Tuesday. Thank you for reviewing the citations and references for accuracy.

---
(b) (6)

From: [b] (6)
Sent: Thursday, September 20, 2018 1:57 PM
To: Yau, Hanford <Hanford.Yau@va.gov>
Subject: [EXTERNAL] Reference Question for Adrenal Hypercortisolism Manuscript
Importance: High

Hi Dr Yau,

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Many Thanks,

(b) (6)

Dexamethasone suppression test (DST)
The recommended screening test for evaluation of biochemical hypercortisolism in most
patients is the 1 mg overnight dexamethasone suppression test (ODST) with a diagnostic cutoff of 1.8 µg/dL or greater. While some clinicians have cited a historic cutoff of =5 µg/dL as “normal,” the use of this historic cutoff misclassified up to 15% of patients with false-negative results. \(^{23,24}\) The current cutoff of post dexamethasone serum cortisol of 1.8 µg/dL enhances test sensitivity to greater than 95% balanced with a test specificity of 80%. \(^{25}\)


Good morning all,

Correction to references below.

Thanks,

Dexamethasone suppression test (DST)

The recommended screening test for evaluation of biochemical hypercortisolism in most patients is the 1 mg overnight dexamethasone suppression test (ODST) with a diagnostic cutoff of 1.8 µg/dL or greater. While some clinicians have cited a historic cutoff of =5 µg/dL as “normal,” the use of this historic cutoff misclassified up to 15% of patients with false-negative results. ¹, ²

The current cutoff of post dexamethasone serum cortisol of 1.8 µg/dL enhances test sensitivity to greater than 95% balanced with a test specificity of 80%. ³


From: Yau, Hanford <Hanford.Yau@va.gov>
Sent: Friday, September 21, 2018 4:47 AM
To: [b] (6)
Cc: [b] (6)
Subject: RE: Reference Question for Adrenal Hypercortisolism Manuscript

I am currently on leave. Let me have a look into previous draft and citations and get back to you ASAP. I will return on Tuesday. Thank you for reviewing the citations and references for accuracy.

From: [b] (6)
Sent: Thursday, September 20, 2018 1:57 PM
To: Yau, Hanford <Hanford.Yau@va.gov>
Subject: [EXTERNAL] Reference Question for Adrenal Hypercortisolism Manuscript
Importance: High

Hi Dr Yau,

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Many Thanks,
[b] (6)

Dexamethasone suppression test (DST)
The recommended screening test for evaluation of biochemical hypercortisolism in most patients is the 1 mg overnight dexamethasone suppression test (ODST) with a diagnostic cutoff of 1.8 µg/dL or greater. While some clinicians have cited a historic cutoff of ≈5 µg/dL as “normal,” the use of this historic cutoff misclassified up to 15% of patients with false-negative results. The current cutoff of post dexamethasone serum cortisol of 1.8 µg/dL enhances test sensitivity to greater than 95% balanced with a test specificity of 80%.


Attached are our comments and edits from myself and (b) (6).

Thank you.

V/r,
Hanford

[Redacted]
2nd authorship for [b] (6) is very reasonable and I agree. Thank you for considering the recommendation. I have been supervising and working with her extensively and I want to make sure she gets due credits (always advocating for my trainees)

V/r,
Hanford

[b] (6)

Thank you for clarifying that you don’t have other disclosures. Regarding your suggestion to move [b] (6) to first or second author, I am fine to move her to second but have reservations with her as first author. (b) (6) made extensive edits and provided references to the detailed outline that the med comm agency produced. He’s been quite active in the development of the manuscript, so I’m reluctant to move him to second. I hope this seems acceptable to you.

Best regards,
[b] (6)
Subject: RE: FOR YOUR REVIEW/APPROVAL: Subclinical Hypercortisolism Screening Manuscript

I also need to add a disclosure statement that I serve as a consultant and speaker for Corcept Therapeutics, of course. No other conflict of interest or financial interest relevant to this paper.

V/r,
Hanford

From: [REDACTED]
Sent: Friday, September 07, 2018 4:42 PM
To: [REDACTED]; [REDACTED]
Cc: [REDACTED]
Subject: [EXTERNAL] RE: FOR YOUR REVIEW/APPROVAL: Subclinical Hypercortisolism Screening Manuscript

Thank you, Dr. Yau. I will look over your edits and let you know if I have any questions.

Best regards,
[b] (6)

Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025
Office: [REDACTED]
Cell: [REDACTED]

From: [REDACTED] <Hanford.Yau@va.gov>
Sent: Friday, September 07, 2018 11:36 AM
To: [REDACTED]; [REDACTED]
Cc: [REDACTED]
Subject: RE: FOR YOUR REVIEW/APPROVAL: Subclinical Hypercortisolism Screening Manuscript

Attached are our comments and edits from myself and [REDACTED].

Thank you.

V/r,
Hanford
Dear Authors,

Attached is a revised version of the manuscript based on the previous round of comments I received from you. Please review the manuscript carefully as content has changed since you last looked at it. Please send me any edits or your approval by **Friday, Sept. 14th**.

Thank you for all your contributions to the manuscript. I’m hopeful that we can finalize and submit soon.

Best regards,

Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025

**Office:**

**Cell:**

(6)
From: Yau, Hanford
To: [b] (6)
Cc: [b] (6)
Subject: RE: Reference Question for Adrenal Hypercortisolism Manuscript
Date: Friday, September 21, 2018 7:47:00 AM

I am currently on leave. Let me have a look into previous draft and citations and get back to you ASAP. I will return on Tuesday. Thank you for reviewing the citations and references for accuracy.

From: [b] (6)
Sent: Thursday, September 20, 2018 1:57 PM
To: Yau, Hanford <Hanford.Yau@va.gov>
Subject: [EXTERNAL] Reference Question for Adrenal Hypercortisolism Manuscript
Importance: High

Hi Dr Yau,

I’m fact checking the manuscript as we begin to finalize it, and I came across a section that I believe has the wrong references. I traced back where the text first came from and it seems to be from your re-write in July. I hate to bother you with this, but can you point me to the appropriate references?

Many Thanks,

Dexamethasone suppression test (DST)
The recommended screening test for evaluation of biochemical hypercortisolism in most patients is the 1 mg overnight dexamethasone suppression test (ODST) with a diagnostic cutoff of 1.8 μg/dL or greater. While some clinicians have cited a historic cutoff of ≤5 μg/dL as “normal,” the use of this historic cutoff misclassified up to 15% of patients with false-negative results.23,24 The current cutoff of post dexamethasone serum cortisol of 1.8 μg/dL enhances test sensitivity to greater than 95% balanced with a test specificity of 80%.25

Corcept Therapeutics
149 Commonwealth Drive
Menlo Park, CA 94025
Office: (b) (6)
Cell: (b) (6)
Thank you, Much appreciated.

V/r, Dr. Yau

Hi Dr. Yau and

Please see attached form sent to FDA on 10/6/16 regarding adverse event for patient.

Thank you,

Corcept Therapeutics, Inc.
149 Commonwealth Drive
Menlo Park, CA 94025
Office
Cell

Hi and ,

Attached is the MedWatch Report for this case.

It was sent to the FDA on October 6, 2016.
Please let me know if you need anything else.

Thanks,

Hi,

Could you please bring up the medwatch form as pdf for this expedited case? I would like to review today.

, do you have the date and documentation for when this was submitted to FDA?

Best

Begin forwarded message:

Hello colleagues,

A solicited initial adverse event report has been identified for Korlym:
Thank you,

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Ashfield Pharmacovigilance
5003 S. Miami Blvd. Suite 500. Durham, NC 27703
Direct [redacted]
Main 919.401.8003
Toll-Free 866.401.8003
Sorry about the delay. Attached is my signed agreement. I have been on the road and did not have access to a scanner.

Also, attached is the paper I referred to during conference call with and .

I will be at Corcept HQ next Wednesday around 1pm. Hope to see you.

V/r,
Hanford