

WE CLAIM:

1. A method of reducing the risk of hypercoagulopathy in a Cushing's syndrome patient, the method comprising:

Determining that said patient is at elevated risk of suffering from hypercoagulopathy as compared to other Cushing's syndrome patients,

Administering an effective amount of a glucocorticoid receptor modulator (GRM) to said patient, said GRM administration comprising a first anticoagulation therapy,

Whereby said risk of developing hypercoagulopathy is reduced as compared to the risk of developing hypercoagulopathy in a Cushing's syndrome patient who has not received said first anticoagulation therapy.

2. The method of claim 1, wherein said determining that said patient is at elevated risk of suffering from hypercoagulopathy comprises:

measuring a blood clotting marker or identifying a blood clot in the patient, and

comparing the measured blood clotting marker to normal values of said blood clotting marker,

wherein decreased blood clotting time, or elevated platelet count, or elevated fibronectin or D-dimer levels, or presence of a blood clot determine that the patient is at elevated risk of hypercoagulopathy.

3. The method of claim 1, wherein the GRM is administered orally.

4. The method of claim 1, wherein the Cushing's syndrome patient suffers from Cushing's Disease.

5. The method of claim 1, wherein the GRM is mifepristone.

6. The method of claim 1, wherein the GRM is a non-steroidal GRM having a heteroaryl ketone fused azadecalin backbone.

7. The method of claim 5, wherein the GRM is selected from relacorilant, CORT122928, and CORT113176.

8. The method of claim 5, wherein the GRM is relacorilant.

9. The method of claim 1, further comprising administering a second anticoagulation therapy.

10. A method of reducing risk of developing deep vein thrombosis (DVT), pulmonary embolism (PE), or venous thromboembolism (VTE) in a Cushing's syndrome patient, the method comprising:

Determining that said patient is at elevated risk of suffering from at risk of developing DVT, PE, or VTE as compared to other Cushing's syndrome patients,

Administering an effective amount of a glucocorticoid receptor modulator (GRM) to said patient, said GRM administration comprising a first anticoagulation therapy,

Whereby said risk of developing DVT, PE, or VTE is reduced as compared to the risk of developing DVT, PE, or VTE in a Cushing's syndrome patient who has not received said first anticoagulation therapy.

11. The method of claim 10, wherein said determining that said patient is at elevated risk of suffering from hypercoagulopathy comprises:

measuring a blood clotting marker or identifying a blood clot in the patient, and

comparing the measured blood clotting marker to normal values of said blood clotting marker,

wherein decreased blood clotting time, or elevated platelet count, or elevated fibronectin or D-dimer levels, or presence of a blood clot determine that the patient is at elevated risk of developing DVT, PE, or VTE.

12. The method of claim 1, wherein the GRM is administered orally.

13. The method of claim 11, wherein the patient suffers from Cushing's syndrome.

14. The method of claim 11, wherein the GRM is a glucocorticoid receptor antagonist (GRA).

15. The method of claim 14, wherein the GRM is mifepristone.

16. The method of claim 14, wherein the GRM is a non-steroidal GRM having a heteroaryl ketone fused azadecalin backbone.

17. The method of claim 16, wherein the GRM is selected from relacorilant, CORT122928, and CORT113176.

18. The method of claim 17, wherein the GRM is relacorilant.

19. The method of claim 11, further comprising administering a second anticoagulation therapy.

20. The method of claim 11, wherein said risk of developing DVT, PE, or VTE is reduced at one month of medical treatment as compared to the risk, one month following surgery, of developing DVT, PE, or VTE in a Cushing's syndrome patient who has received surgical treatment for Cushing's syndrome.

21. The method of claim 2, wherein said risk of developing hypercoagulopathy is reduced at one month of medical treatment as compared to the risk, one month following surgery, of developing hypercoagulopathy in a Cushing's syndrome patient who has received surgical treatment for Cushing's syndrome.