

1 **Low-Dose Short Synacthen Test with Salivary Cortisol in Patients with Suspected Central Adrenal Insufficiency**

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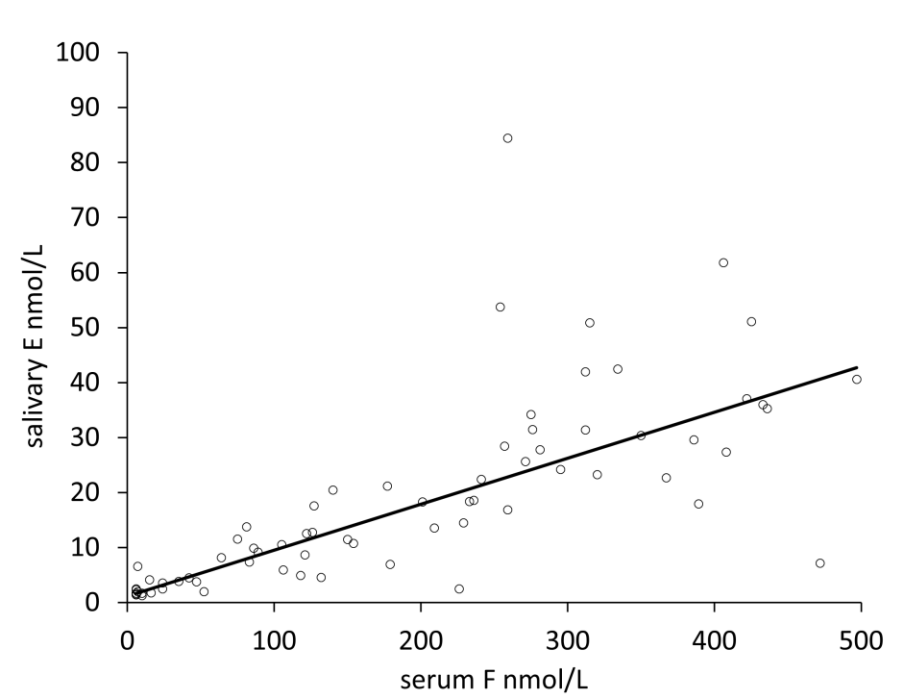
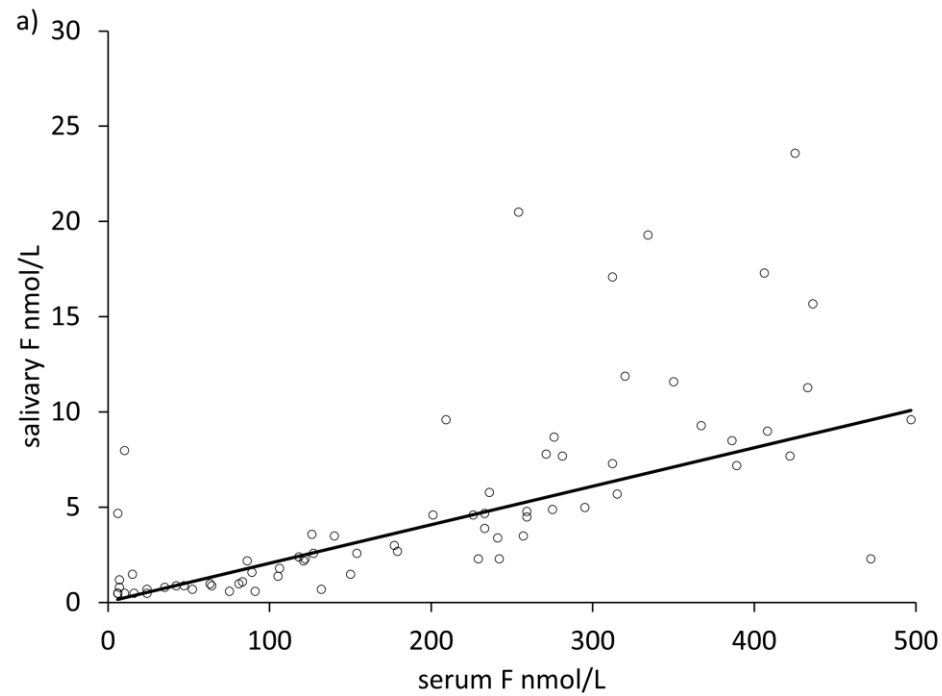
3 *Authors:* Ceccato Filippo^{1,2,3}, Selmin Elisa¹, Antonelli Giorgia⁴, Barbot Mattia^{1,2,3}, Daniele Andrea¹, Boscaro Marco¹, Plebani Mario⁴, Scaroni Carla^{1,2}.

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5 *Supplementary figure 1.* Passing-Bablok regression between serum F and salivary F (A: $y=0.02x+0.04$, $r=0,72$, $p<0.001$) and E (B: $y=0.08x+1.17$, $r=0,73$, $p<0.001$)

6 in patients with central AI, for both basal and post-synacthen samples (n=74).

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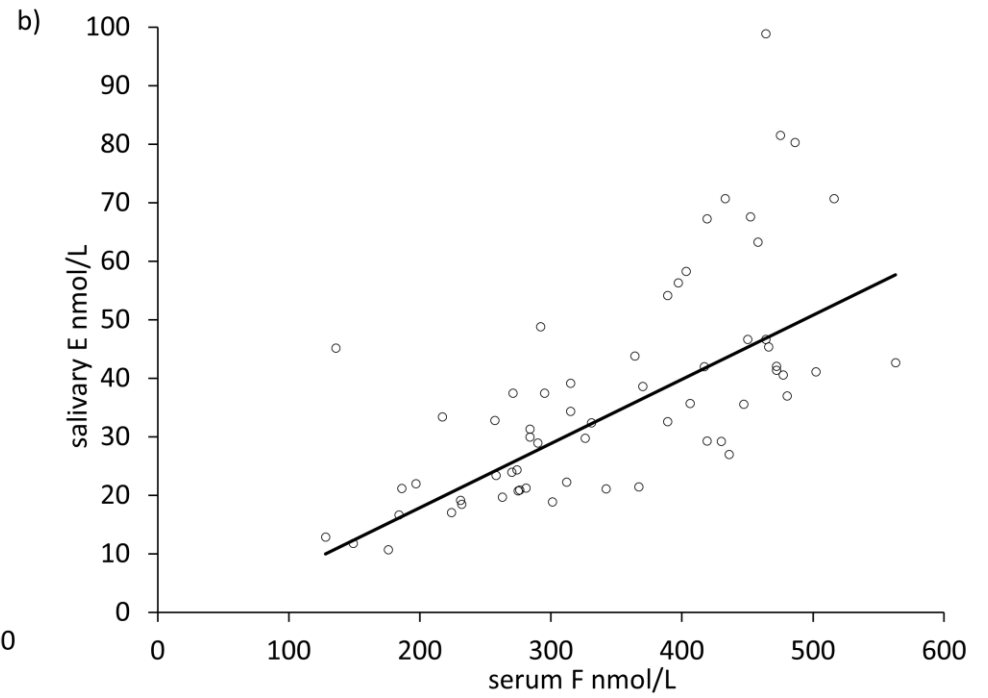
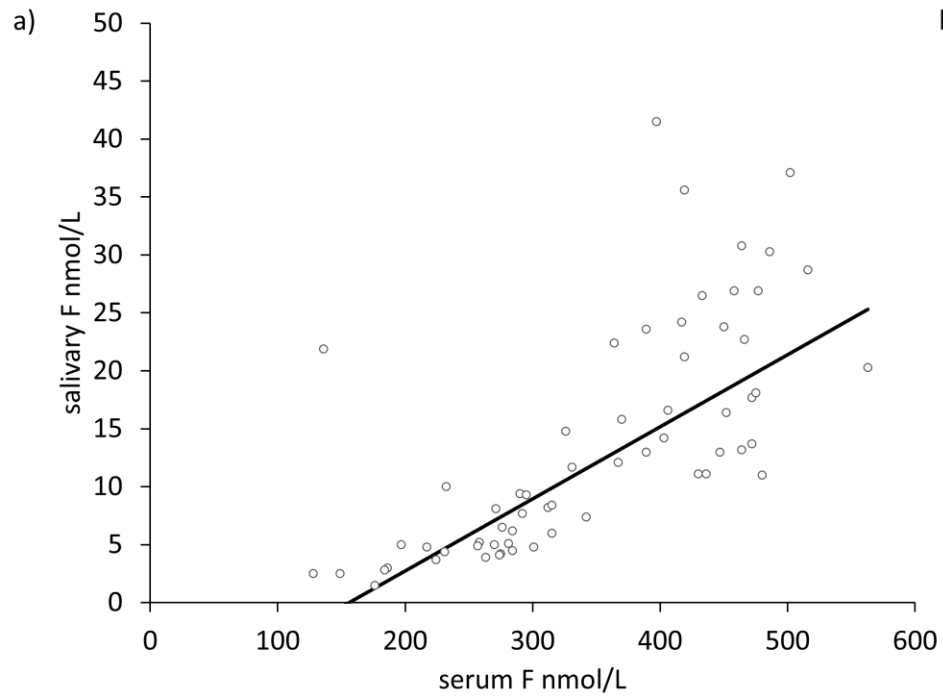


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10 *Supplementary figure 2. Passing-Bablok regression between serum F and salivary F (A: $y=0.06x-0.70$, $r=0.71$, $p<0.001$) and E (B: $y=0.11x-4.02$, $r=0.67$, $p<0.001$)*
11 *in patients with RAS, for both basal and post-synacthen samples (n=62).*

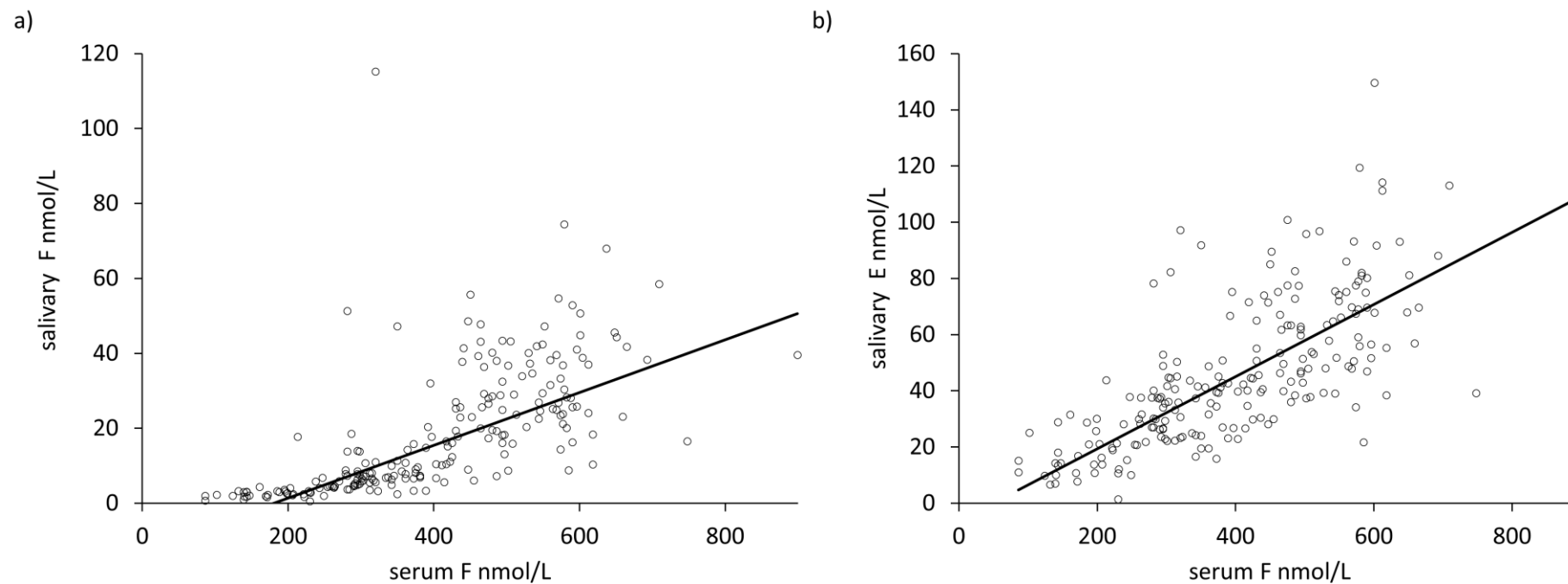
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16 *Supplementary figure 3. Passing-Bablok regression between serum F and salivary F (A: $y=0.07x-12.71$, $r=0.66$, $p<0.001$) and E (B: $y=0.13x-6.39$, $r=0.70$, $p<0.001$)*
17 *in patients with a normal HPA axis, for both basal and post-synacthen samples (n=212)*

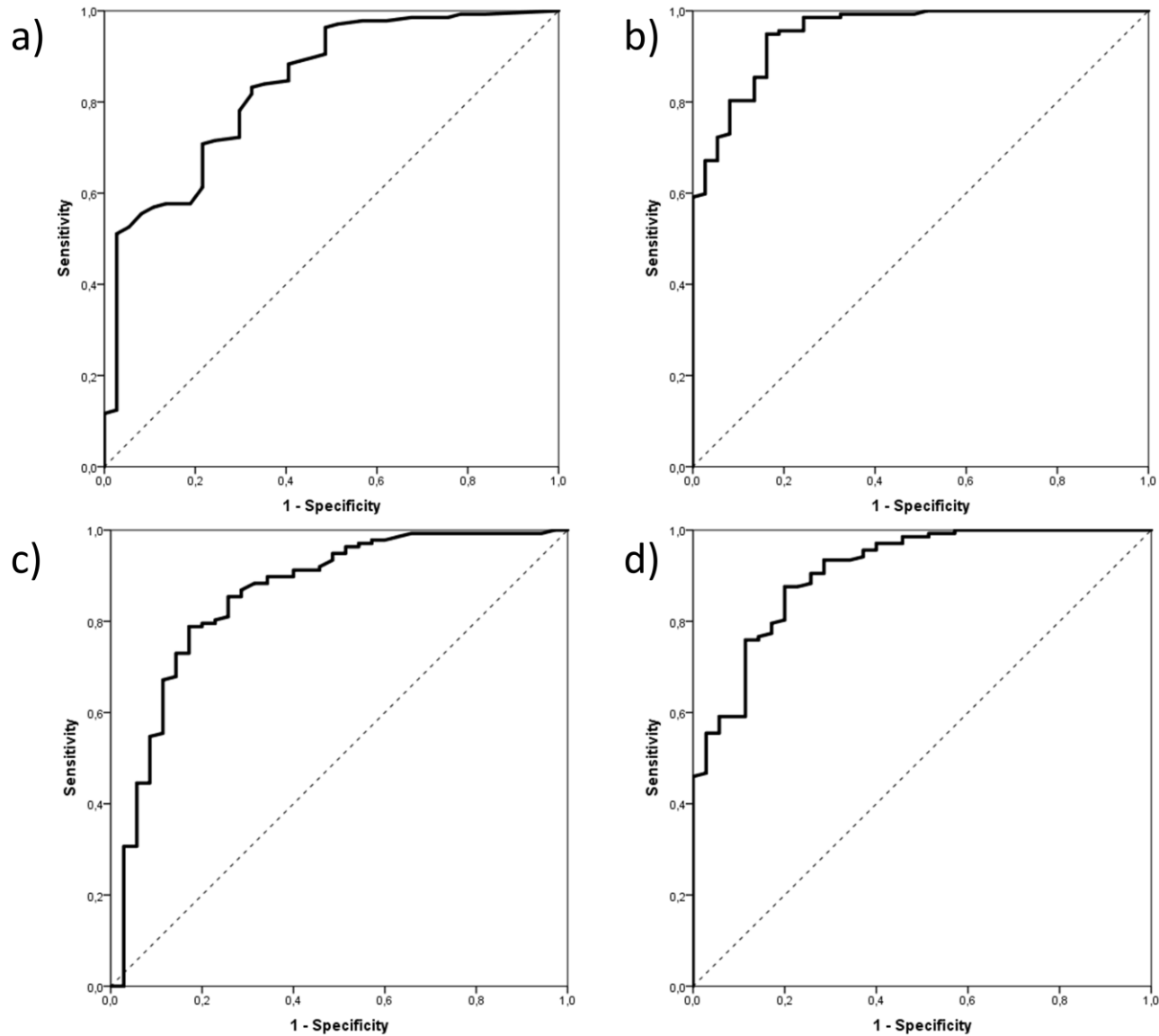
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21 *Supplementary figure 4: ROC curves of salivary F and E levels, before and after LDSST, in adrenal sufficient patients (n=137) vs those with adrenal insufficiency*
22 *(n=37). The best thresholds are reported in the manuscript (table 4). Panel a: salivary F⁰; panel b: salivary F^{30LDSST}; panel c: salivary E⁰; Panel d: salivary E^{30LDSST}.*



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24 *Supplementary figure 5: Distribution of patients by our calculated threshold for salivary cortisol (F). AS: adrenal sufficient patients; AI: adrenal insufficiency;*
 25 *HPA: hypothalamic pituitary adrenal; RAS: relative adrenal sufficiency.*

