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MAY 2025 THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

Endocrine news

BREAKing NEWS

To commemorate National Osteoporosis Awareness and Prevention Month, *Endocrine News* focuses on the latest research on bone health and its complications.

- **TAKING THE SKELETONS OUT OF THE CLOSET:** A look at three studies from The Journal of Clinical Endocrinology & Metabolism that reveal new insights into osteoporosis, bone health, treatment, and more.
- **FRACTURE LIAISON SERVICES:** We take a deep dive into how Fracture Liaison Services can be a game changer in osteoporosis and fracture prevention.

TO YOUR "HEALTHSPAN"

Q&A with JoAnn Manson, MD, DrPH, MACP

ENDOCRINE SOCIETY
Hormone Science to Health

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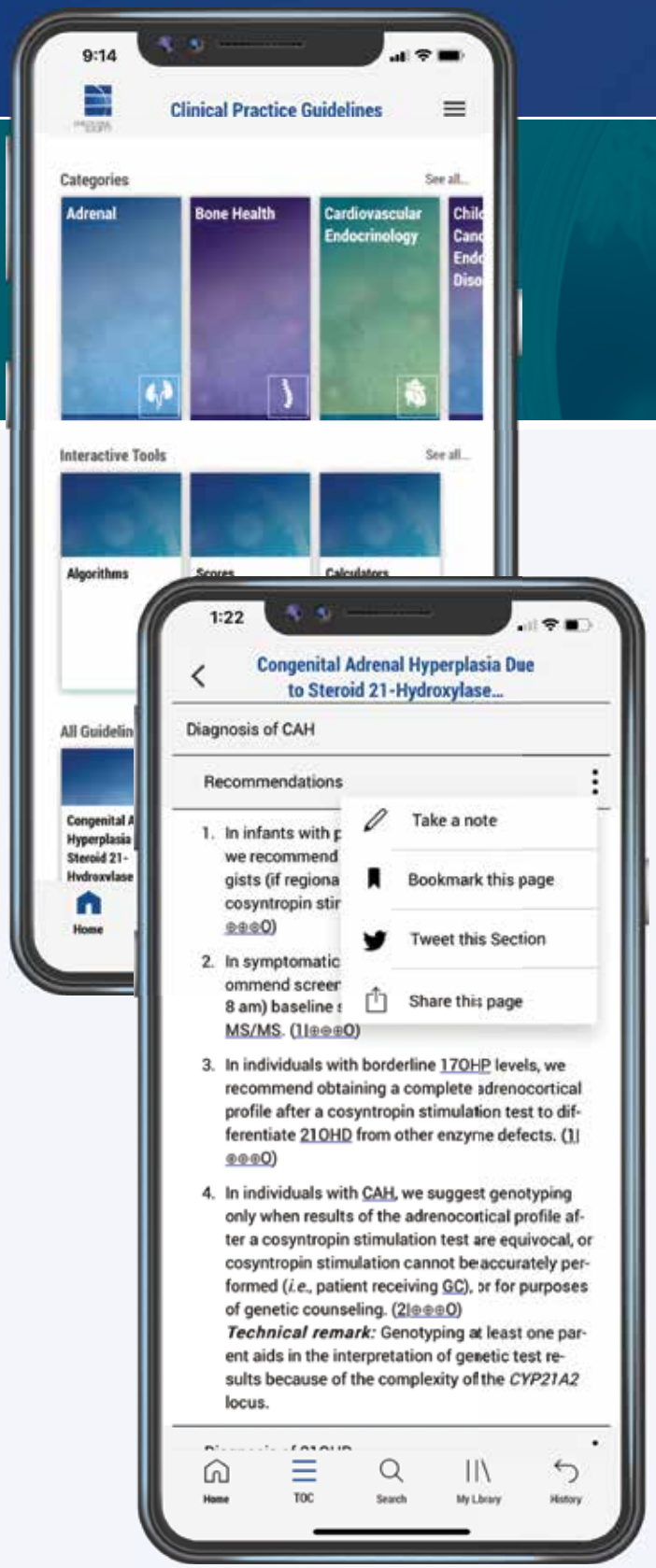
BY VAFA TABATABAIE, MD, AND MURIEL BABEY, MD



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ENDOCRINE SOCIETY
Hormone Science to Health

Endocrine Society Stands Up for Science

We Urge U.S. Lawmakers to Restore NIH Funding and Diabetes Prevention Program.

Let's not sugarcoat the situation: Biomedical research funding in the United States has taken a significant hit in recent months.

Deep budget cuts and staff layoffs at the National Institutes of Health (NIH) threaten not only the livelihoods of our many research members, but also the very progress we're making to understand and treat diseases that affect millions of people around the world. In my own institution, U.K. collaborators are impacted by these funding cuts; the same will hold true across the globe.

One alarming example is the administration's abrupt cancellation of NIH funding for the Diabetes Prevention Program (DPP) and the DPP Outcomes Study. The loss of this ongoing research program, which is being conducted at 30 institutions in 21 states, will affect thousands of researchers and tens of millions of people in the U.S. who have type 2 diabetes and prediabetes.

Since its inception in 1996, the DPP has provided important long-term data on factors that prevent diabetes. Among its findings, the DPP found that a 5% – 7% weight loss lowered the risk of developing diabetes by 58%.

A follow-up to the original program, the DPP Outcomes Study has continued to monitor many of the more than 3,100 surviving participants since 2002. Factors under examination include long-term effects of diabetes prevention on Alzheimer's disease and dementia, cancer, heart disease and stroke, nerve damage, kidney disease, and eye disease.

Staff Cuts to Health Agencies

In addition to the DPP, the Society is concerned about the administration's recent move to slash tens of thousands of jobs at the U.S. Department of Health and Human Services (HHS), which oversees the NIH, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS), and other health agencies.

Recent layoffs include 3,500 full-time employees at the FDA, 2,400 at the CDC, 1,200 at the NIH, and 300 at the CMS, according to an HHS fact sheet.

The NIH layoffs and other cuts, in particular, will harm the agency's ability to review grant applications, fund research, and run needed programs. Since January, there have been multiple actions to cut federal funding of research, including an attempt to freeze all grants and an announcement that would limit indirect costs for NIH grants to 15%.

Adding to our concerns, the administration is implementing additional layers of administrative review for grants and funding opportunities, which we fear will politicize the process of awarding scientific grants.

Endocrine Society Advocacy

So, what is the Endocrine Society doing about all this?

We have expressed our opposition to budget cuts and layoffs directly to the administration and members of Congress. We have called for an immediate restoration of funding to the DPP and other crucial health programs.

We took this message directly to important senators and representatives during our March Hill Day. We visited over 30 key congressional offices and shared the importance of research funding and for the Special Diabetes Program. Seventeen members told the lawmakers' health aides about the consequences of these actions.

One member who attended the Hill Day noted that her organization had received NIH funding for work to help pediatric cancer patients live happy and healthy lives and eventually have children of their own. "I also use this NIH funding to help train the next generation of physician-scientists, and I worry that without this funding, our nation will not be able to continue to be a leader in biomedical research," she said.

> **"Biomedical research funding in the United States is facing an extremely challenging time. As one of the most respected medical societies in the world, the Endocrine Society is doing all it can to ensure our scientists continue the research that millions of people around the world depend on."**

Another member at Hill Day said the funding cuts came as a shock at her university because research fellows can no longer rely on steady, sustainable support for workforce and training grants. "The devastation that we've seen with cuts in training grants are really sending a message that we don't want the next generation to go into science," she said.

Following our Hill Day meetings, several of the offices we visited contacted the administration and shared our concerns. Two days later, the NIH announced it would begin to resume Advisory Council meetings and study sections. We have also issued statements to the media about the impact of these cuts, which received attention. We submitted testimony to the congressional appropriations committees and provided representatives and senators with updates on the status of funding decisions and issues at the NIH so that they could continue to press for restoration of funding. Members of Congress have expressed appreciation for the information that our members have shared about the direct impacts of cuts.

The NIH has a longstanding reputation as a bipartisan priority due to the consistent advocacy of our members and those of other science-focused societies, and together we have been successful in the past at delivering increases to the NIH budget and protecting the agency from harmful actions, such as ensuring that graduate school tuition waivers were not treated as taxable income in the 2017 tax reform bill.

Join Our Advocacy Campaign

You can help in this effort! We're asking Society members in the U.S. to urge their federal lawmakers to take immediate actions to reverse these cuts. It only takes a few minutes to send a message to members of Congress. Visit **endocrine.org/advocacy/take-action** or access the campaigns at:

- Online campaign to restore Diabetes Prevention Program.
- Online campaign on how NIH funding cuts hurt research.

Join your peers in participating. Already, members have sent more than 1,100 messages to Congress.

Biomedical research funding in the United States is facing an extremely challenging time. As one of the most respected medical societies in the world, the Endocrine Society is doing all it can to ensure our scientists continue the research that millions of people around the world depend on.

John Newell-Price, MD, PhD, FRCP
President, Endocrine Society

Boning Up: National Osteoporosis Awareness and Prevention Month

Each May in the U.S. is National Osteoporosis Awareness and Prevention Month, which is observed to raise awareness about osteoporosis, promote prevention, and early detection. Bone health is one of the cornerstones of endocrine science and practice, so we felt that this was the perfect issue to take a look at some of the recent research focusing on bone health and potential treatment breakthroughs.

Endocrinologists are certainly on the front lines in terms of treatment since osteoporosis often develops without any obvious symptoms. Endocrinologists are the experts who are relied upon to discover often overlooked signs of bone loss as well as conduct research that leads to a better understanding of osteoporosis and other bone disorders. To that end, we've got a variety of research articles discussed as well as a look at a treatment method that is truly patient-centered.

On page 20, Kelly Horvath tries her hand at **"Taking the Skeletons Out of the Closet"** where she examines three recent studies from the Endocrine Society's *Journal of Clinical Endocrinology & Metabolism* that take a deep dive into research surrounding bone health complications. These papers looked at treatment options to increase bone density in breast cancer patients; the impact of sleeve gastrectomy procedures on bone mass in postmenopausal women; and the confounding increase in fragility fractures while osteoporosis appears to be underdiagnosed and thus undertreated.

From the Endocrine Society's Bone and Mineral Special Interest Group, on page 32, members Vafa Tabatabaie, MD, and Muriel Babey, MD, discuss the importance of **"Fracture Liaison Services,"** and how they can contribute to an improved quality of life for the patients as well as cost savings, and why the time to start one is now. To put it plainly, a Fracture Liaison Service — or FLS — is a "patient-centered, coordinated care model designed to identify, assess, and manage patients who have experienced a fragility fracture," the authors explain, adding that among the benefits an FLS offers are "reducing the risk of future fractures and associated mortality, enhanced patient education and adherence to treatment, improved health and quality of life, increased healthcare efficiency, and impressive cost savings," both for the patient and the caregiver.

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A unique aspect of using an FLS is how it is tailor-made for each patient; there is no "typical" or "one-size-fits-all," according to Tabatabaie, who says "Each institution has limitations and strengths; it is important for champions to start somewhere, stay pragmatic and flexible and modify their protocols as they go with the goal of capturing the patients at highest risk for recurrent fracture. FLS is a never-ending QI project."

As part of our ongoing efforts to spotlight Endocrine Society Laureates, Glenda Fauntleroy Shaw talks to this year's Outstanding Clinical Investigator Laureate JoAnn Manson, MD, DrPH, MACP, in **"To Your 'Healthspan' "** on page 28. Manson discusses her ongoing research on menopausal estrogen therapy, the risks and benefits of nutritional supplements, her numerous large-scale prevention trials, and why she feels that the concept of a "healthspan" is more important than a lifespan, in which a care provider tries to "understand which interventions are most effective for maintenance of cardiometabolic health and prevention of cognitive decline, loss of mobility and physical function, and impaired quality of life," she explains. "We're interested in multi-omic predictors of biological aging and interventions that may be able to slow biological aging, such as measured by epigenetic and proteomic clocks, and to extend healthspan. This will include testing novel and repurposed medications for this indication."

Next month, we take a look at what attendees can expect from **ENDO 2025** in San Francisco, Calif., in July, so be sure to keep an eye out for the June issue! If you have any suggestions, questions, or comments, feel free to contact me at: **mnewman@endocrine.org.**

— **Mark A. Newman**, Executive Editor, *Endocrine News*

Marrow Fat Not a Reliable Marker for Fragility Fracture Risk in Postmenopausal Women

A new study has found that bone marrow fat content, as measured by advanced imaging techniques, does not predict the risk of fractures in postmenopausal women. The findings, recently published in *The Journal of the Endocrine Society*, challenge the idea that bone marrow adipose tissue (BMAT) plays a significant role in fracture susceptibility and suggest that other factors, such as prior osteoporotic fractures, may be more relevant in assessing future fracture risk.

As women age, their risk of osteoporosis-related fractures increases. Recent advancements in magnetic resonance imaging (MRI) and proton density fat fraction (PDFF) measurements have made it possible to assess BMAT noninvasively. BMAT is unique in that it is the only tissue where fat cells and bone cells are located next to each other. Some researchers have speculated that increased BMAT could weaken bones and contribute to fractures, but evidence supporting this idea has been limited.

"Most fractures occur in individuals who have not been diagnosed with osteoporosis by [bone mass density] screening and have few risk factors. Enhanced methods for identifying individuals with the greatest risk for fracture would enable the treatment of patients who would likely have the most favorable benefit-to-risk profiles, ultimately reducing the burden of fractures," the authors write in "Marrow Adiposity Content and Composition Are Not Associated With Incident Fragility Fractures in Postmenopausal Women: The ADIMOS Fracture Study."

To investigate this potential link, researchers conducted a longitudinal study involving 195 postmenopausal women. Participants were divided into two groups: one with a history of osteoporotic fractures within the past year and another with osteoarthritis but no fractures. The researchers used water-fat imaging (WFI) to measure PDFF levels in the lumbar spine and proximal femur — two key areas associated with bone strength. They also recorded new fractures over an average follow-up period of three years.

The study revealed that bone marrow fat levels were higher at the femoral head (90.0%) compared to the lumbar spine (57.8%), but these levels did not correlate with the likelihood of experiencing a future fracture. Although bone marrow fat was not an indicator of fractures, the study verified that a history of recent osteoporotic fractures was significantly associated with an increased risk of future fractures. This finding aligns with previous research emphasizing that women who have already experienced an osteoporotic fracture are at a much higher risk of subsequent fractures.

These findings suggest that bone marrow fat measurements may not be useful as a standalone tool for fracture risk assessment in postmenopausal women. Instead, clinical risk factors such as previous fractures, bone mineral density, and overall bone quality remain more reliable indicators of fracture risk, reinforcing the importance of early intervention and monitoring for women at risk.

The study's authors emphasize the need for larger studies with longer follow-up periods to further explore the relationship between bone marrow fat and bone health. Future research may also investigate whether other factors, such as inflammation or metabolic changes, contribute to fracture risk in postmenopausal women. — *Jackie Oberst*

AI-Driven Analysis Highlights Diabetes Severity Risk in Black Communities

A new study in *The Journal of Clinical Endocrinology & Metabolism* has revealed that Black/African Americans are significantly more likely to develop severe insulin-deficient diabetes (SIDD), a more serious form of the disease, compared to White Americans. Using data-driven cluster analysis, a technique widely used within the field of artificial intelligence (AI) and machine learning, researchers found that racial background more than lifestyle plays a major role in diabetes subtypes, shedding light on potential disparities in disease severity and treatment outcomes.

Diabetes is not a single condition but a collection of subtypes with different causes and effects on the body. Previous research has identified several distinct clusters of diabetes, but most studies have primarily focused on White populations. This new study, conducted by researchers at the University of Alabama at Birmingham, aimed to analyze diabetes patterns in a more diverse population, particularly in the Deep South.

The study reviewed electronic health records of 89,875 adults diagnosed with diabetes between 2010 and 2019. Approximately 42% of the study population was Black/African American, allowing researchers to compare how diabetes subtypes vary by race. Researchers used hierarchical cluster analysis to classify patients into different diabetes subtypes based on six key biological markers, including glutamic acid decarboxylase autoantibody levels, hemoglobin A1c, body mass index (BMI), age at diagnosis, and insulin function indicators (HOMA2-B and HOMA2-IR).

The results showed a significant difference in diabetes cluster distribution between Black and White patients. Black Americans were nearly twice as likely to be diagnosed with SIDD — a form of diabetes characterized by impaired insulin production and higher risks for serious complications. Surprisingly, the study found that Black Americans with SIDD had a greater impairment in beta-cell function, which is responsible for producing insulin, despite not being more obese or insulin resistant than White patients. This challenges common assumptions that obesity and insulin resistance are the primary factors driving diabetes severity in Black populations. Additionally, Black Americans with SIDD faced a higher risk of complications, suggesting that the condition may be more aggressive in this group.

These findings highlight the importance of considering racial differences in diabetes diagnosis and treatment. If Black patients are more likely to develop SIDD, they may require earlier intervention and more aggressive treatment strategies to manage the disease effectively and prevent complications.

The study's lead researchers emphasize the need for personalized treatment approaches rather than a one-size-fits-all method. They also stress the importance of improving access to healthcare and diabetes management resources for Black communities, that already experience higher rates of diabetes-related complications.

"Overall, awareness of these different type 2 diabetes clusters and their clinical features should enhance the ability of physicians to tailor diabetes treatment to their individual patients, thereby representing an important step toward precision diabetes," the authors write in "Data-driven Cluster Analysis Reveals Increased Risk for Severe Insulin-deficient Diabetes in Black/African Americans." adding that "future studies in different parts of the world will be necessary in order to validate and obtain a global picture of these type 2 diabetes clusters and their implications." — *Jackie Oberst*

"If Black patients are more likely to develop severe insulin-deficient diabetes, they may require earlier intervention and more aggressive treatment strategies to manage the disease effectively and prevent complications."

Testosterone Before Birth: A Key Factor in Childhood Body Composition

What goes on in the womb does not stay in the womb as prenatal hormone exposure plays a critical role in shaping childhood growth and body composition. A recent study published in *The Journal of Clinical Endocrinology & Metabolism* suggests that prenatal testosterone exposure is linked to sex-specific body composition changes, with boys exposed to higher testosterone levels in the womb showing increased fat mass at age seven while girls appeared unaffected.

During pregnancy, maternal testosterone levels naturally rise in the third trimester. Women with polycystic ovary syndrome (PCOS), a common hormonal disorder of excess androgens, tend to have even higher levels of free testosterone (FT), potentially exposing their developing babies to more androgen in the womb. Prior studies have suggested that prenatal androgen exposure can influence growth patterns, particularly in early school age boys, leading to accelerated catch-up growth up to seven years of age.

To further investigate this link, researchers analyzed data from 897 mother-child pairs, including 458 boys. They measured maternal testosterone at 28 weeks of pregnancy using mass spectrometry and later assessed body composition in the children at age seven using Dual X-ray Absorptiometry (DXA). This advanced imaging technique provided detailed measurements of fat mass and lean body mass. The team also took other anthropometric measurements, such as body weight, body mass index (BMI), and abdominal circumference.

The findings, published in "Prenatal Testosterone Exposure Is Linked to Sexually Dimorphic Changes in Body Composition in 7-Year-Old Children," revealed that boys exposed to higher maternal testosterone levels in the womb had increased body fat by age seven. Specifically, a doubling of maternal FT was associated with a 4.2% increase in fat mass index (FMI), along with small but significant increases in BMI. These results suggest that prenatal testosterone may contribute to greater fat accumulation in boys, potentially influencing their long-term metabolic health. However, in girls, no significant relationship was found between maternal testosterone levels and body composition, indicating that boys may be more susceptible to the effects of prenatal androgens on fat accumulation.

"In utero, boys grow faster than girls, which is complemented by increased metabolic activity," the authors write. "Boys' inability to adapt to a compromised uterine environment may increase their susceptibility to testosterone exposure." Further studies are needed to determine the underlying mechanisms for this sex-based difference as well as long-term implications of these findings.

These findings provide further evidence that prenatal hormone exposure plays a critical role in shaping childhood growth and body composition. While the long-term health implications remain unclear, increased fat mass in childhood is a known risk factor for obesity and metabolic disorders later in life.

The study's lead researchers suggest that future research should explore whether these early differences persist into adolescence and adulthood, and whether they contribute to conditions such as obesity, insulin resistance, or cardiovascular disease.

Given that PCOS affects up to 10% of women of reproductive age and is associated with higher testosterone levels, these findings may also have implications for prenatal care. Identifying children at risk of altered body composition due to prenatal hormone exposure could help guide early interventions aimed at promoting healthy growth and development. — *Jackie Oberst* EN

"These findings provide further evidence that prenatal hormone exposure plays a critical role in shaping childhood growth and body composition. While the long-term health implications remain unclear, increased fat mass in childhood is a known risk factor for obesity and metabolic disorders later in life."

ENDOCRINOLOGY

Tena-Sempere Named Editor-in-Chief of *Endocrinology*

Manuel Tena-Sempere, MD, PhD

The Endocrine Society has appointed Manuel Tena-Sempere, MD, PhD, of the University of Cordoba in Spain, as the next editor-in-chief of its flagship basic science journal, *Endocrinology*, starting January 2026.

Tena-Sempere is a professor of physiology at the University of Cordoba, a research group leader at the biomedical research institute of Cordoba (IMIBIC) and a principal investigator at the Spanish network of Research on Obesity and Nutrition (CIBEROBN) in Cordoba, Spain.

"I am pleased to announce Dr. Tena-Sempere as our next editor-in-chief of *Endocrinology* and to see his vision for the journal come to life," says Endocrine Society President John Newell-Price, MD, PhD, FRCP. "His stature in the field and innovative ideas will bring in even more high-quality basic research papers from around the world."

Tena-Sempere's area of expertise is the neuroendocrinology of reproduction and metabolism, with a focus on the neurohormonal and molecular mechanisms for the control of puberty and fertility in mammals, and their modulation by metabolic signals and obesity.

He has been active in mentoring young scientists and leading educational and scientific programs at European and American endocrine societies. He has published more than 380 articles in international peer-reviewed journals, including 67 papers published in *Endocrinology* since 1993, and has served as editor of more than 15 scientific journals, including associate editor of *Endocrinology* (2013 – 2017).

"I am excited to step into the role as editor-in-chief of *Endocrinology* and to build on the journal's mission to showcase foundational endocrine research," Tena-Sempere says. "I am honored to continue *Endocrinology*'s work promoting rigorous research and fostering scientific collaboration."

Endocrinology is the flagship basic science journal of the Endocrine Society and a leader in hormone science and research, earning more than 34,000 citations a year and citation life spans of up to 29 years.

MEMBERS in the NEWS

Award Season: Drucker, Habener, Knudsen, and Mojsov Receive Accolades

Just when you thought it was time to roll up the red carpet, four Endocrine Society members have recently been announced as taking home their fair share of prestigious awards that recognize outstanding leaders in research and science.

First off, the 2025 Breakthrough Prize for Life Science has been presented to Daniel J. Drucker, MD, senior investigator at the Lunenfeld-Tanenbaum Research Institute, Sinai Health, and a university professor in the Department of Medicine at the University of Toronto's Temerty Faculty of Medicine in Ontario, Canada; Joel F. Habener, MA, MD, chief of Laboratory of Molecular Endocrinology, Massachusetts General Hospital; Lotte Bjerre Knudsen, DMSc, chief scientific advisor and head of the GLP-1 Centre of Excellence at Novo Nordisk; and Svetlana Mojsov, PhD, research associate professor at Rockefeller University in New York, were honored for their roles in the discovery and development of GLP-1-based drugs that have revolutionized the treatment of obesity. They share the award with Jens Juul Holst of the University of Copenhagen.

Daniel J. Drucker, MD

Joel F. Habener, MA, MD

Lotte Bjerre Knudsen, DMSc

Svetlana Mojsov, PhD

PHOTO: Lori Chertoff / Rockefeller University

"These are diseases with a high morbidity and mortality and are attracting greater research efforts to understand the pathophysiology and to develop effective therapies to combat them," Habener told *Endocrine News* in a 2020 interview when he won the Warren Alpert Foundation Prize alongside Drucker. "Obesity and its ensuing constellation of ensuing disorders known as the metabolic syndrome include diabetes, steatohepatitis, hypertension, and even dementia and certain types of cancer."

It's been quite the past couple of years for these researchers — and the patients they've helped. Drucker received the 2023 Wolf Prize in Medicine "for pioneering work in elucidating the mechanisms and therapeutic potential

of enteroendocrine hormones," including "seminal contributions to our understanding of the physiology and pharmacology of glucagon-like peptides and their use for the benefit of patients."

Drucker's discoveries of GLP-1, GLP-2, and dipeptidyl peptidase-4 (DPP-4) activity have enabled the development of multiple new innovative classes of medications for the treatment of diabetes, obesity, and obesity-associated comorbidities. He demonstrated that GLP-1 directly stimulates insulin secretion from pancreatic beta cells.

"It's extremely gratifying to see decades of basic and clinical science translated into innovative medicines with substantial beneficial impact in humans," Drucker says. "A timely reminder that understanding the science of endocrinology and investing in basic research can provide enormous dividends that improve human health."

Nicknamed "the Oscars of Science," the Breakthrough Prize for Life Science recognizes the world's top scientists. Each prize is $3 million and is presented in the fields of Life Sciences, Fundamental Physics and Mathematics.

"I am very honored to receive the Breakthrough Prize for my contribution to the discovery of GLP- 1 and to join the group of scientists who made major contributions to our knowledge and developed treatments for diseases that improve the health of millions of people," Mojsov tells *Endocrine News*.

In other awards news, Mojsov, Knudsen, and Habener also received the Friends of the National Library of Medicine's (FNLM) 2025 Distinguished Medical Science Award for their groundbreaking contributions to the development of GLP-1 receptor agonists (GLP-1Ras), benefiting millions of people worldwide. Previously, Habener, Knudsen, and Mojsov won the 2024 Lasker~DeBakey Clinical Medical Research Award again for their work on GLP-1RAs.

Habener became interested in how the hormone glucagon fits into the puzzle of how the body regulated blood sugar levels in the 1970s. When Habener cloned the gene for glucagon, he discovered that it encodes not only glucagon itself, but also another molecule that resembles glucagon-like-peptide-1.

Mojsov identified and synthesized the physiologically active form of GLP-1 and developed innovative research methods and reagents that detected GLP-1 in the intestines. She developed sensitive and specific radioimmunoassay for GLP-1 and chromatographic methods that allowed her to detect GLP-1 (7-37) in rat intestines, a tissue where incretin is secreted. "My studies at the Endocrine Unit and collaborative studies with Gordon Weir proved that GLP-1(7-37) is the long sought after incretin," she says.

> **"It's extremely gratifying to see decades of basic and clinical science translated into innovative medicines with substantial beneficial impact in humans. A timely reminder that understanding the science of endocrinology and investing in basic research can provide enormous dividends that improve human health."**
>
> — DANIEL J. DRUCKER, MD, SENIOR INVESTIGATOR AT THE LUNENFELD-TANENBAUM RESEARCH INSTITUTE, SINAI HEALTH, AND A UNIVERSITY PROFESSOR IN THE DEPARTMENT OF MEDICINE AT THE UNIVERSITY OF TORONTO'S TEMERTY FACULTY OF MEDICINE IN ONTARIO, CANADA

Knudsen was responsible for inventing the first long-acting GLP-1RA. "I suggested as early as 1996 that it should be prioritized for obesity, based on initial promising animal

data, as well as the increasing prevalence of obesity," she says. "I have continued to lead in obesity with early publications documenting effects on a broad range of neurons involved with both homeostatic and hedonic aspect of energy homeostasis."

The FNLM will formally present the award to Habener, Mojsov, and Knudsen at the 2025 Friends of the NLM Awards Gala, to be held on September 8, 2025, at the Willard Intercontinental Hotel in Washington, D.C. The Gala is a premier event bringing together leaders from the medical, library, and research communities to celebrate exceptional contributions to medical science, public service, and health information access.

Shlomo Melmed, MB, ChB, Elected AAAS Fellow

Shlomo Melmed, MB, ChB

Shlomo Melmed, MB, ChB, executive vice president of medicine and health sciences and dean of the Medical Faculty at Cedars-Sinai, has been elected Fellow of the American Association for the Advancement of Science (AAAS).

The lifetime honor recognizes Melmed, the Helene A. and Philip E. Hixon Distinguished Chair in Investigative Medicine, for his decades of significant contributions to the field of endocrinology, particularly for revealing biological processes involved in pituitary tumorigenesis and control of hormone production and action.

Melmed will be welcomed into the association during the annual Fellows Forum in Washington, D.C., on Saturday, June 7, 2025.

"I am both humbled by and grateful for this peer-recognized honor, which reflects the longstanding dedication of my laboratory team, including students, postdocs, fellows, and colleagues, all engaged in the pursuit of new knowledge underpinning normal and disordered function of the pituitary gland and its hormones," Melmed says. "The pituitary is indeed the master homeostatic conductor for maintaining cell communication, as well as developmental, metabolic, growth, and reproductive homeostasis. I am proud of our contributions to furthering therapeutic advances for our patients with pituitary disorders."

Melmed's National Institutes of Health–funded laboratory and pituitary clinic have contributed to alleviating adverse impacts of pituitary failure and pituitary tumors, including prolactinomas, acromegaly, Cushing's disease, and non-secreting adenomas.

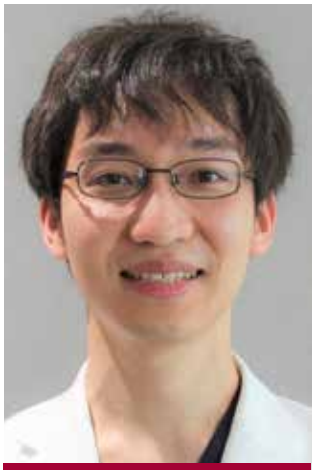
Melmed has been a leader at Cedars-Sinai for more than 40 years and has been the health system's chief academic officer since 1998. He has trained more than 80 physicians, scientists, and graduate students who hold leading positions in academic endocrinology worldwide. He is an editor of Williams *Textbook of Endocrinology*, edits *The Pituitary,* and was editor-in-chief of *Endocrinology* and of *The Pituitary*.

Melmed served on the Endocrine Society Council, as president of the International Society of Endocrinology, and as president and a founding member of the Pituitary Society. Additionally, he is a member of the California Institute for Regenerative Medicine's Independent Citizens' Oversight Committee.

Melmed has received two Endocrine Society Laureate Awards: the 2004 Clinical Investigator Award and the 2018 Outstanding Scholarly Physician Award. In 2022, he was the inaugural recipient of the Transatlantic Alliance Award from the Endocrine Society and the European Society of Endocrinology (ESE). He is a master of the American College of Physicians and has been honored with the Pituitary Society's Lifetime Achievement Award, the Dale Medal from the Society for Endocrinology, and the Royal Society of Medicine's Clinical Endocrinology Trust Medal.

He earned his medical degree with distinction from the University of Cape Town, South Africa, and is a diplomate of the American Board of Internal Medicine, certified in endocrinology and metabolism.

Hoshino Wins Wayne Bardin International Travel Award



Yoshitomo Hoshino, MD, PhD

The Endocrine Society has selected Yoshitomo Hoshino, MD, PhD, as the recipient of its 2025 C. Wayne Bardin, MD, International Travel Award for his outstanding **ENDO** abstract and research contributions to the care of patients with bone health disorders.

The C. Wayne Bardin, MD, International Travel Award was created in honor of Past President Wayne Bardin, who made remarkable research contributions to both reproductive physiology and contraception throughout his long career. As the winner, Hoshino received a $3,000 travel grant for **ENDO** and complimentary meeting registration.

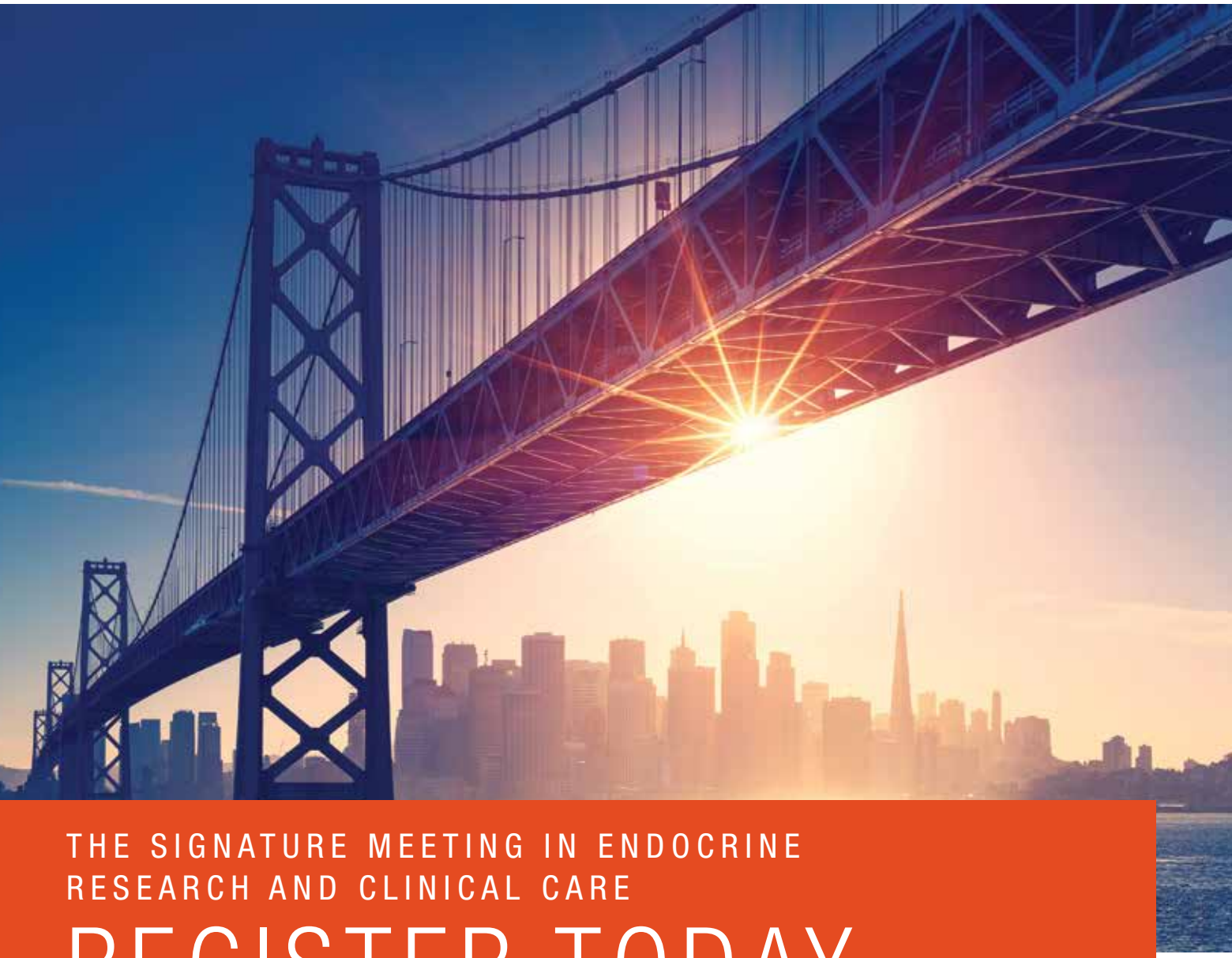
Hoshino is a physician-scientist in the Department of Nephrology and Endocrinology at the University of Tokyo Hospital in Tokyo, Japan. After gaining broad clinical experience in endocrinology, he pursued research and earned his PhD in internal medicine from the University of Tokyo, where his work focused on bone and mineral metabolism.

Hoshino identified a novel autoimmune mechanism in acquired FGF23-related hypophosphatemic osteomalacia and proposed the disease concept of "autoimmune osteomalacia," a discovery published in the *New England Journal of Medicine*. He is passionate about bridging clinical observation and basic research, leveraging his clinical background to contribute to the development of new diagnostic and therapeutic strategies in endocrinology.

Additional information about these awards can be found at: **https://www.endocrine.org/awards/c-wayne-bardin-md-international-travel-award**. EN

ENDO2025

JULY 12–15, 2025 SAN FRANCISCO, CA



THE SIGNATURE MEETING IN ENDOCRINE RESEARCH AND CLINICAL CARE

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ENDOCRINE SOCIETY

> We've become increasingly interested in the concept of 'healthspan' as being even more important than 'healthspan' and trying to understand which interventions are most effective for maintenance of cardiometabolic health and prevention of cognitive decline, loss of mobility and physical function, and impaired quality of life. **We're interested in multi-omic predictors of biological aging and interventions that may be able to slow biological aging, such as measured by epigenetic and proteomic clocks, and to extend healthspan. This will include testing of novel and repurposed medications for this indication."**

The Endocrine Society's 2025 Outstanding Clinical Investigator Laureate **JoAnn Manson, MD, DrPH, MACP**, in "**To Your Healthspan**" on page 28

Percentage of Black adults in Alabama who have diabetes.

SOURCE: ALABAMA PUBLIC HEALTH

Children born to mothers with diabetes are 28% more likely to be diagnosed with a neurodevelopmental disorder, including autism. **SOURCE:** REUTERS

$256,000

Estimated average annual earnings by diabetes specialists/endocrinologists.

SOURCE: MEDSCAPE PHYSICIAN COMPENSATION REPORT 2024

The age women should begin having bone density scans to screen for osteoporosis according to updated guidelines from the U.S. Preventive Services Task Force.

SOURCE: NBC NEWS

The median duration of an endocrinology telemedicine video visit, including time spent uploading diabetes device data, is significantly lower than the median duration (240 minutes) for in-person clinic visits.

SOURCE: *JOURNAL OF TELEMEDICINE AND TELECARE*

ENDO 2025

We hope to see you at **ENDO 2025**, taking place July 12 – 15, 2025, in **San Francisco, Calif.** With more than 7,000 attendees, nearly 2,000 abstracts, and more than 200 other sessions, **ENDO** is the top global meeting on endocrinology research and clinical care. **ENDO** provides

the opportunity to collaborate with an unparalleled list of endocrinologists, healthcare practitioners, and leading scientists from around the world. Through sharing our experience, advice on patient care, and new advances in research, we move the needle forward in hormone health and science.

Our outstanding slate of world-renowned speakers will showcase the most cutting-edge advances in research and medicine, with presentations spanning the spectrum of science, clinical care, and social implications.

The **ENDO 2025** education program features:

- **Three plenary sessions:** Genomics and Healthcare, Innovative Approaches in Obesity Care: From Molecules to Society, and Women's Reproductive Health: Aging and Environment
- **More than** 75 symposia sessions
- **More than** 40 Meet the Professor sessions
- **Four** Master Clinician panels
- **Six** Meet the Scientist sessions
- **Four Basic Science Pathways**, including Diabetes and Metabolism; Neuroendocrinology; Nuclear Receptors and Signaling; and Reproductive Endocrinology
- And a robust poster hall for accepted scientific abstracts.

https://www.endocrine.org/meetings-and-events/endo-2025

PES 2025 Annual Meeting

National Harbor, Maryland
May 15 – 18, 2025

The Pediatric Endocrine Society's (PES's) Annual Meeting brings together a diverse international community of over 1,000 clinicians, researchers, and trainees to share the excitement of new ideas, establish new friendships, and learn the latest insights covering the wide scope of this diverse field.

https://pedsendo.org/

AAES 2025 Annual Meeting

Milwaukee, Wisconsin
May 17 – 19, 2025

American Association of Endocrine Surgeons (AAES) 2025 Annual Meeting attendees can look forward to dynamic speakers, presentations of innovative research, opportunities to connect with colleagues, and informative panel discussions. The AAES Annual Meeting is dedicated to the advancement of the science and art of endocrine surgery through exchange of knowledge and fostering collaboration. The upcoming 2025 event promises to deliver innovative programming that will enrich attendees' clinical practices, provide networking opportunities, and facilitate scholarly pursuits. We cordially invite you to join us in Milwaukee for this exciting event. It will be an excellent opportunity to dive into new topics, share expertise, and connect with peers who share similar interests.

https://www.endocrinesurgery.org/2025-annual-meeting

ADA 85th Scientific Sessions

Chicago, Illinois
June 20 – 23, 2025

The American Diabetes Association's (ADA) Scientific Sessions offers researchers and healthcare professionals the unique opportunity to share ideas and learn about the significant advances and breakthroughs in diabetes. Participants will receive exclusive access to more than 190 sessions and 2,000 original research presentations, take part

in provocative and engaging exchanges with leading diabetes experts, expand their professional networks, and so much more.
https://www.acla.com/

19th International Pituitary Congress

San Francisco, California
July 9 – 11, 2025

The 19th International Pituitary Congress will include distinguished clinicians and clinical researchers, fellows in training, and experts in basic science. As usual, we will present cutting-edge in-depth topics that will permit each attendee to become familiar with the latest trends in pituitary endocrinology. The format of the meeting is intended to facilitate maximum interaction and free exchange of ideas among the participants and speakers. The focus of the Congress is on current concepts, future strategies, and options for the investigation, diagnosis and treatment of pituitary diseases.
https://pituitarysociety.org/

ASBMR 2025 Annual Meeting

Seattle, Washington
September 5 – 8, 2025

The ASBMR Annual Meeting is the world's largest and most diverse meeting in the bone, mineral, and musculoskeletal research field, attracting more than 2,500 attendees from more than 50 countries, including clinicians and researchers, representing all career levels and specializing in a variety of disciplines. The ASBMR Annual Meeting boasts nearly 100 education sessions and 1,000 poster presentations in four information-filled days. Upon returning home from the meeting, attendees will be able to discuss with confidence the most current and significant advances in biomedical and clinical research and develop and apply new and enhanced strategies for treatment and care of patients.
https://www.asbmr.org/annual-meeting

INTERNATIONAL **ITINERARY**

26th Vitamin D Workshop

Montreal, Canada
June 24 – 27, 2025

The 2025 Vitamin D Workshop will include keynote lectures, more than 20 invited speakers, promoted short communications, plenary posters, and general poster sessions over 2.5 days. Abstract submissions on all aspects of vitamin D biology are welcome. Abstracts will be ranked and considered for promotion to short talks. While the program details are still being finalized, the invited speakers will cover the spectrum from basic research and translational studies to clinical impact and public health aspects.
https://vdw.swoogo.com/vdw2025

Adipose Biology Conference

Montreal, Quebec, Canada
August 19 – 20, 2025

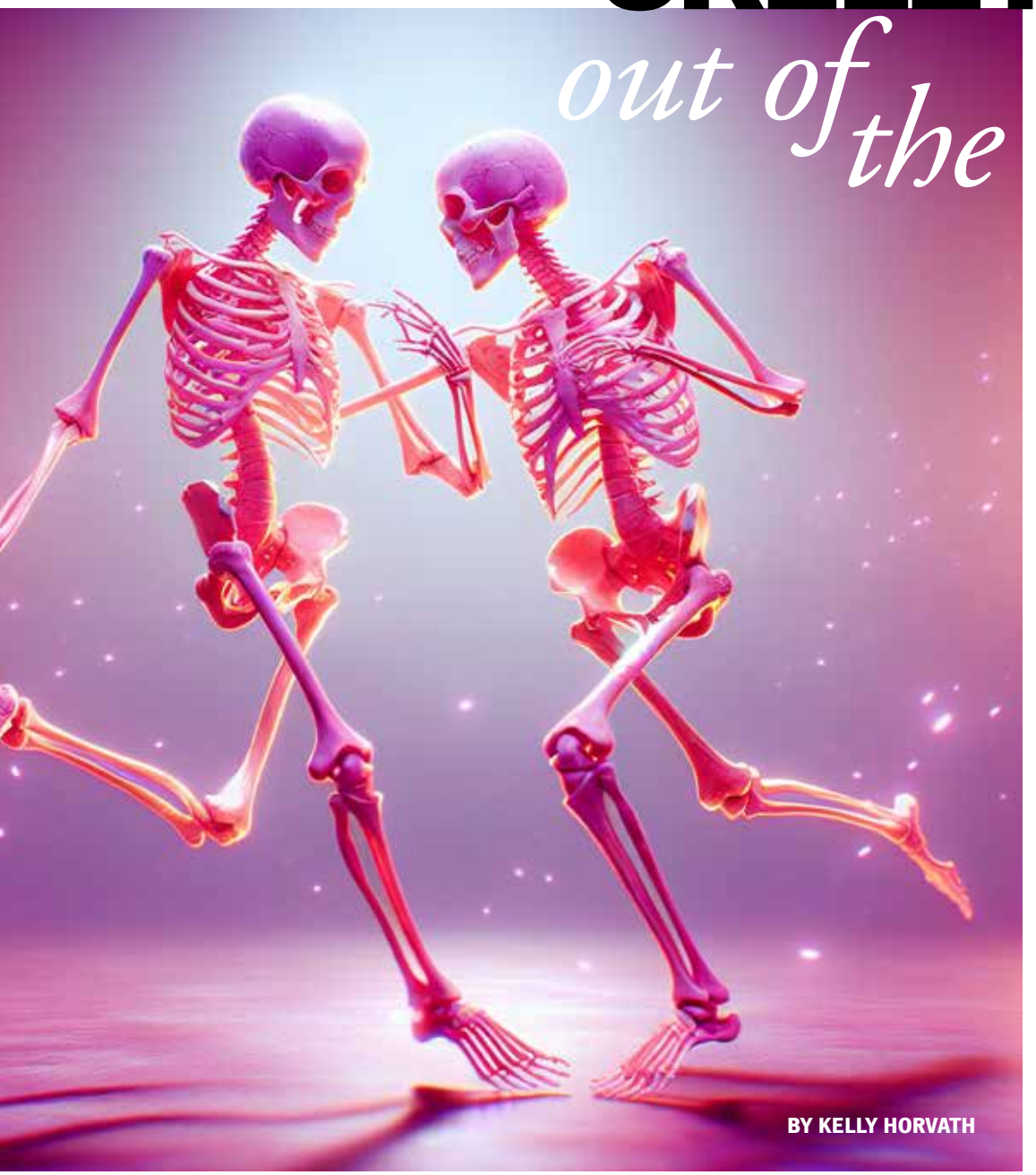
The Adipose Biology Conference is a dynamic platform that unites scientists at all career stages, fostering collaboration, knowledge exchange, and mentorship to propel groundbreaking advancements in mechanisms of adipose tissue biology.
https://www.adiposebiology.com/

54th Annual Conference of Endocrine Society of India

Kolkata, India
September 4 – 7, 2025

ESICON 2025 promises to be a confluence of ideas, innovation, and interaction, bringing together leading experts, researchers, and clinicians interested in endocrinology. The recent advances in molecular endocrinology, diabetes care, obesity, bone health, and reproductive endocrinology have redefined our approach to patient care. India, and particularly academic centers across the country, have contributed significantly to global endocrine research — ranging from the epidemiology of metabolic disorders to novel insights into thyroid and adrenal pathophysiology. As we gather in Kolkata, we look forward to fruitful scientific exchanges, forging new collaborations, and exploring the city's timeless charm.
https://esicon2025.com/

taking the SKELETONS *out of the closet*



BY KELLY HORVATH

Three Studies Reveal New Insights into Osteoporosis and Bone Health

A triad of studies from the Endocrine Society's *Journal of Clinical Endocrinology & Metabolism* examines several issues relating to bone health complications. These papers look at treatment options to increase bone density in breast cancer patients, the impact of sleeve gastrectomy procedures on bone mass in postmenopausal women, and the confounding increase in fragility fractures even as osteoporosis appears to be underdiagnosed and thus undertreated.

Since May is National Osteoporosis Awareness Month, *Endocrine News* is highlighting three articles published in *The Journal of Clinical Endocrinology & Metabolism* (JCEM) in January focusing on various aspects of osteoporosis research that help further this goal. They also make important strides in answering the many clinical questions surrounding this prevalent disease, including some we didn't know needed asking.

Between 2030 and 2034, the number of osteoporosis cases is projected to reach 263.2 million globally (prevalence varies by country), with women being affected 1.5 times more than men. The increased bone fragility it causes leads to 37 million fragility fractures (hip, spine, and wrist) annually, which can severely impact individual health and well-being in terms of decreasing quality of life, mobility, and functioning and causing chronic pain, hospitalization, long-term disability, need for skilled care, and death. And the associated enormous global economic, social, and health burden keeps growing.

Since osteoporosis can develop without any obvious symptoms, it is often up to endocrinologists (and primary care clinicians) to spot commonly overlooked signs of bone loss before fracture occurs. Endocrinologists are also at the forefront of conducting research that improves our understanding of osteoporosis, like the three studies presented here.

Mind the Gap

In "Trends in Osteoporosis Drug Therapy Receipt Among Commercial and Medicare Advantage Enrollees in the United States, 2011– 2022," Juan P. Brito, MD, MSc, medical director of the Shared Decision Making National Resource Center; Innovation and Quality chair, Division of Endocrinology; and investigator, Knowledge and Evaluation Research Unit at the Mayo Clinic in Rochester, Minn., and Rozalina G. McCoy, MD, MS, associate division chief for clinical research, Division of Endocrinology, Diabetes, and Nutrition, University of Maryland School of Medicine in Baltimore, Md., and director of Precision Medicine and Population Health, at the University of Maryland Institute for Health Computing in North Bethesda, Md., and team took a deep dive into who is (and is not) taking which osteoporosis medications and why (or why not).

Juan P. Brito, MD, MSc

> Our data cannot tell us with certainty the reasons for why fractures are increasing, but results suggest several concerning hypotheses. [M]ost of the increase in ODT has been driven by denosumab. **Importantly, discontinuation of denosumab therapy without immediately transitioning to a bisphosphonate can lead to rapid bone loss and rebound fractures."**
>
> — JUAN P. BRITO, MD, MSC, MEDICAL DIRECTOR, SHARED DECISION MAKING NATIONAL RESOURCE CENTER; INNOVATION AND QUALITY CHAIR, DIVISION OF ENDOCRINOLOGY; INVESTIGATOR, KNOWLEDGE AND EVALUATION RESEARCH UNIT, MAYO CLINIC, ROCHESTER, MINN.

McCoy says that the team undertook this 12-year retrospective cohort study of more than 13 million patients (13,408,733) because treatment rates are low ("far below where we would expect them to be given the prevalence of osteoporosis"), despite the highly effective treatments that are widely available. "However, who is most likely to be undertreated and why is not clearly understood," she says. "We hypothesized that there are components of both: underdiagnosis — patients are not recognized as having osteoporosis and are therefore not being treated — and undertreatment — patients are recognized as having osteoporosis and are still not being treated."

McCoy explains that although prior studies have examined one or the other of these gaps in care, none has looked at both simultaneously and in the same population nor assessed the current state of osteoporosis management across the U.S. "Our goal," she says, "was to perform a broader analysis of osteoporosis drug therapy (ODT) trends in a diverse middle-age and older adult population (all those who may require treatment) to identify osteoporosis care gaps. The ultimate goal is to then explore these care gaps more deeply and develop interventions that can address them."

Perhaps the most pressing question to tackle first is why, with all of our available tools, is osteoporosis underdiagnosed and undertreated? McCoy and Brito cite a host of factors, ranging from provider specific (e.g., care fragmentation, guideline complexity, and low screening rates) to patient specific (cost and potential inconvenience) as well as some that bridge both, like side effect concerns and lack of awareness.

To get to the bottom of this seeming contradiction, the team used claims data from the OptumLabs Data Warehouse, which includes enrollees in commercial and Medicare Advantage health plans across the U.S. "We identified men and women ages 50 years and older between 2011 and 2022 and grouped them by whether they had a diagnosis of osteoporosis or by history of fragility fracture within the past year, meaning that they have osteoporosis and an indication for treatment for secondary prevention of recurrent fracture," explains McCoy.

Groups were then subdivided by age (older than 65 years and ages 54 – 64 years) and sex. They excluded patients who had any contraindication to ODT and those who had other health conditions that may cause fractures (e.g., stage 5 chronic kidney disease, end-stage kidney disease, pregnancy, metastatic cancer, disorders of collagen, Paget disease of the bone, rickets, osteomalacia, osteogenesis imperfecta, hypophosphatasia, bone cancers, and plasma cell neoplasms), with the aim of focusing their analysis on the population that would truly benefit from — and should receive — ODT.

"We then analyzed ODT use trends, zooming in on whether patients were receiving intravenous zoledronic acid, other bisphosphonates, denosumab, and anabolic agents, and whether therapy was newly started or ongoing/continued. Statistical analyses then identified trends over time," McCoy says.

Reassuringly, among women ages 65 years and older with documented osteoporosis, ODT fill rates increased from 36.3% to 50.1% for women without fragility fractures and from 30.8% to 43.7% for women with fragility fractures. These rates represent prescribing for primary prevention and signal increasing awareness about the potential for preventing fractures among those at risk.

Other ODT use trends did not surprise the team but were alarming: "The proportion of patients across all ages with documented diagnosis of osteoporosis increased from 3.3% in 2011 – 2012 to 4.9% in 2021 – 2022. But concerningly, the proportion of patients experiencing a fragility fracture within the year increased from 1.4% to 2.5% during the same time period," McCoy says. They also saw that underdiagnosis of osteoporosis is very common: "More than 70% of patients who had a recent fragility fracture — meaning that they have osteoporosis and are at highest risk for fracture — did not have an osteoporosis diagnosis. Men were much less likely than women to be diagnosed with osteoporosis even after experiencing a fragility fracture (30% of women 65+ who had fragility fracture were diagnosed with osteoporosis, compared to just 9% of men 65+)," McCoy says. But here is one surprise: "What was even more concerning," she adds, "is that rates of underdiagnosis increased during the study period in both women and men."

The unpleasant surprises revealed by the data continued. Says McCoy: "Only one in 10 women 65+ received ODT, and rates of treatment were lower in women who had fragility fractures but were not diagnosed with osteoporosis — and this got worse over time, with ODT use for secondary prevention (highest need group) declining from 9.2% to 7.4% during the study period. Only 1% of men 65+ received ODT."

Clinical guidelines state that denosumab use requires close follow up, including monitoring calcium and vitamin D levels, and management, consisting of either lifelong therapy or immediate transition to a bisphosphonate on discontinuation because of the associated increased risk of bone density loss and rebound fracture. "Patients may not be transitioning appropriately, contributing to higher fracture rates," Brito says.

The team gleaned several key takeaways for clinicians from their analysis. To mitigate the underdiagnosis and undertreatment aspect, clinicians

Peter R. Ebeling, AO, FAHMS, MBBS, MD, FRACP, FRCP, FASBMR

"The key takeaway is not to neglect bone health after surgical or medical bariatric treatment. Calcium nutrition and vitamin D levels need optimization, and at least 2,000 IU/d of vitamin D is required. Regular resistance training exercise should also be encouraged before and after commencing bariatric treatment, **and there should be consideration of bone density testing, particularly in postmenopausal women."**

— PETER R. EBELING, AO, FAHMS, MBBS, MD, FRACP, FRCP, FASBMR, HEAD, SCHOOL OF CLINICAL SCIENCES, MONASH UNIVERSITY, CLAYTON, AUSTRALIA

Rozalina G. McCoy, MD, MS

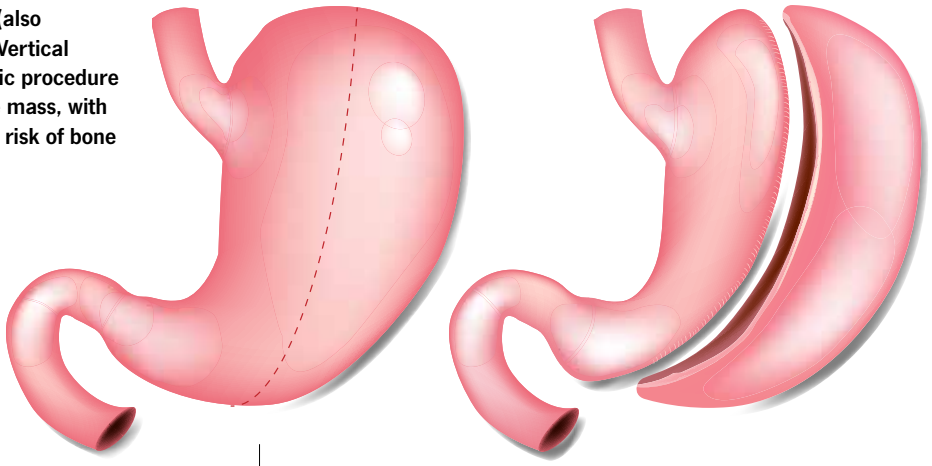
> More than 70% of patients who had a recent fragility fracture — meaning that they have osteoporosis and are at highest risk for fracture — did not have an osteoporosis diagnosis. Men were much less likely than women to be diagnosed with osteoporosis even after experiencing a fragility fracture ... . **What was even more concerning is that rates of underdiagnosis increased during the study period in both women and men."**

— ROZALINA G. MCCOY, MD, MS, ASSOCIATE DIVISION CHIEF, CLINICAL RESEARCH, DIVISION OF ENDOCRINOLOGY, DIABETES, AND NUTRITION, UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE, BALTIMORE, MD.; DIRECTOR, PRECISION MEDICINE AND POPULATION HEALTH, UNIVERSITY OF MARYLAND INSTITUTE FOR HEALTH COMPUTING, NORTH BETHESDA, MD.

Why is Osteoporosis Underdiagnosed and Undertreated?

According to Juan P. Brito, MD, MSc, and Rozalina G. McCoy, MD, MS, existing osteoporosis is frequently missed for various patient- and clinician-related reasons:

- **Fragmented care:** Patients who experience a fragility fracture and perhaps are treated in a hospital, emergency department, or orthopedic clinic (depending on the type of fracture) may not then have appropriate follow-up with endocrinology or primary care to undergo testing and receive treatment for osteoporosis. Hospitals, emergency departments, orthopedic surgeons, endocrinologists, and primary care clinicians often have no way of communicating and coordinating with each other, particularly in areas with different hospital and clinic systems.
- **Complex guidelines:** Varying recommendations for how to treat, what to treat with, and treatment length create confusion among clinicians.
- **Low screening rates:** Bone density testing is inconsistently performed, both in postmenopausal women (particularly after their first bone density test typically done at age 65) and especially in men.
- **Patient barriers:** Cost (for ODTs other than oral bisphosphonates like Fosamax, which is very inexpensive) and potential inconvenience hinder treatment.
- **Side effect concerns:** Both patients and clinicians may hesitate to treat osteoporosis (particularly for primary prevention, if they have not yet experienced a fracture) out of fear of extremely rare but serious ODT risks like atypical femur fracture and osteonecrosis of the jaw, even though the benefits of treatment (prevented typical fractures) far, far outweigh the potential risks.
- **Lack of awareness:** Clinicians may not recognize fragility fractures — fractures of the hip, spine, or wrist — as diagnostic of osteoporosis irrespective or in the absence of bone density testing. Patients may not be aware of treatments.



Laparoscopic Gastrectomy Gastric Sleeve (also known as the Greater Curve Gastrectomy, Vertical Gastrectomy) — the most common bariatric procedure — decreases calcium absorption and bone mass, with postmenopausal women facing the highest risk of bone deterioration.

should improve follow-up of fragility fractures and understand that they are diagnostic of osteoporosis, "treat patients to prevent recurrent fracture regardless of or while waiting for bone density scores," "increase bone density testing in high-risk groups," "recognize that osteoporosis also affects men and screen for and treat osteoporosis in this population," and educate patients to mitigate concerns about ODTs. To redress some of the unfortunate trends they identified, they urge clinicians to "prioritize bisphosphonates as first-line therapy unless contraindicated because their discontinuation will not result in rebound bone density loss and heightened risk of fracture" and "monitor denosumab use and ensure proper transition to bisphosphonates if discontinued."

McCoy and Brito offer an additional important consideration: "[S]ystemic interventions, such as Fracture Liaison Services, can enhance care coordination and reduce fracture rates but face implementation challenges. Addressing these barriers is critical for improving osteoporosis management."

Against this backdrop of current trends, two other studies provide insights into areas for improvement when bone health is impacted secondarily to other conditions.

Sleeve Gastrectomy May Not Bypass the Problem

In "Impact of Sleeve Gastrectomy on Skeletal Health: An Overlooked Concern," Peter R. Ebeling, AO, FAHMS, MBBS, MD, FRACP, FRCP, FASBMR, head of the School of Clinical Sciences at Monash University in Clayton, Australia, provides a commentary on a study published in JCEM in November 2024, by Wu, K. C. et al., "Skeletal effects of sleeve gastrectomy, by sex and menopausal status and compared to Roux-en-Y gastric bypass surgery" was undertaken by [Anne L.] Schafer's team at [University of California, San Francisco] because little was known about bone health after sleeve gastrectomy as opposed to the previously more favored Roux-en-Y gastric bypass surgery," Ebeling says.

In short, that study demonstrated that bone mass, microstructure, and strength decrease after sleeve gastrectomy (SG), now the most commonly performed bariatric procedure worldwide, and postmenopausal women may be at the highest risk of these skeletal consequences after SG. These effects seem to be driven by decreased calcium absorption, despite optimal calcium and vitamin D dosing during the study period that reflected current clinical guideline recommendations. Although the decline in calcium absorption was less than that after Roux-en-Y gastric bypass (RYGB) surgery, it was nevertheless significant.

These skeletal health impairments may have been thus far "overlooked," or perhaps unanticipated, because of the differences in mechanism of action between RYGB and SG. Whereas in RYGB, the intestine — the main site of calcium absorption — is bypassed, in SG, by contrast, most of the stomach is removed without altering the intestinal pathway. To explain the unforeseen consequences, given that the site of calcium absorption is left untouched with SG, Ebeling says, "SG likely reduced calcium absorption by reducing gastric acidification and through alterations in other markers of nutrition, such as insulin-like growth factor (IGF)-1, that can affect calcium absorption."

As mentioned, SG has overtaken RYGB as the most commonly performed bariatric procedure, due to various patient and surgeon preferences. The slightly lower weight loss achieved with SG is overshadowed by its simpler surgical approach and lower peri- and postoperative complication and mortality rates. SG also seems to be associated with lower fracture risk compared with RYGB in some studies. "Greater decreases in calcium absorption following [RYGB] surgery were associated with greater increases in bone turnover markers and declines

AT A GLANCE

- Despite increasing diagnosis rates of osteoporosis, treatment remains low among women and men, and rates of fragility fractures continue to increase.
- Sleeve gastrectomy decreases calcium absorption and bone mass, with postmenopausal women facing the highest risk of bone deterioration.
- For breast cancer patients on aromatase inhibitors, adding eldecalcitol to risedronate significantly increases bone mineral density at multiple sites.

in bone density, which could increase fracture risk particularly at cortical bone sites," Ebeling says. "As the magnitude of these changes were smaller after [SG], this may contribute to their lower fracture risk in other studies."

Again, although these risks may be lower, they should not be underestimated. Moreover, "there are also implications for patients initiating medical bariatric therapy with glucagon-like peptide-1 receptor agonists (GLP-1RAs)," Ebeling says. "Non-surgical weight loss can also be associated with decreases in calcium absorption and increases in bone turnover markers. Recent studies with GLP-1RAs have shown decreases in spine and total hip bone mineral density over 12 months after commencing treatment."

These effects can be attenuated with lifestyle approaches that include an exercise intervention. Given that the rates of bariatric surgeries and GLP-1RA prescribing are likely to increase, attention to these adjunct lifestyle approaches is essential. "The key takeaway is not to neglect bone health after surgical or medical bariatric treatment," Ebeling says. "Calcium nutrition and vitamin D levels need optimization, and at least 2,000 IU/d of vitamin D is required. Regular resistance training exercise should also be encouraged before and after commencing bariatric treatment, and there should be consideration of bone density testing, particularly in postmenopausal women."

Breakthrough in Bone Health

For at least one subset of patients with risks for osteoporosis, there is good news. "In Eldecalcitol Add-on to Risedronate Reduces Bone Loss From Aromatase Inhibitors in Postmenopausal Breast Cancer Patients," Yasuo Imanishi, MD, PhD, Department of Metabolism, Endocrinology, and Molecular Medicine at the Osaka Metropolitan University Graduate School of Medicine, in Japan, and team may have demonstrated an effective way to offset the negative effects of aromatase inhibitors (AIs) prescribed for treatment of hormone receptor-positive (HR+) early-stage breast cancer (EBC).

AIs are given as adjuvant therapy in HR+ EBC because of the reductions in recurrence and mortality rates they confer — but these benefits come with the well-known cost of increased osteoporotic fracture risk. AIs are also known to reduce bone mineral density (BMD), trabecular bone score (TBS), and bone microarchitecture. Patients taking AIs are advised to protect their bone health with nutrition, physical activity, and lifestyle modifications in accordance with clinical practice guidelines. Although these patients are advised to take vitamin D and calcium, many remain vitamin D deficient or insufficient.

Therefore, Imanishi and team sought an improved approach to preserve bone health in these patients. Knowing from prior studies that antiresorptive agents (e.g., risedronate) given alongside AIs can prevent bone loss, they conducted CERAMIQUE (Combination therapy of Eldecalcitol with Risedronate on Aromatase inhibitor-treated post-operative Mammary carcinoma In the prevention of bone QUality and quantity Exacerbation), in which 200 postmenopausal women median age 67 years with HR+ EBC were randomized to either an eldecalcitol add-on therapy group (17.5 mg risedronate + 0.75 ug eldecalcitol) or a risedronate monotherapy group (17.5 mg) for 24 months to determine differences primarily in the change of lumbar spine BMD and secondarily in femoral neck BMD, total hip BMD, TBS, and the incidence of vertebral and nonvertebral fractures.

As the researchers expected, the additional bisphosphonate improved primary and some secondary outcomes in the 90 participants who completed the trial (95 in the monotherapy group). Eldecalcitol, an oral, active form of vitamin D with antiresorptive properties, added to risedronate significantly increased BMD at each of the three sites of interest (but did not improve TBS). Regarding the primary outcome, eldecalcitol improved lumbar spine BMD even at a low starting point, "suggesting that eldecalcitol could improve BMD in patients who do not achieve adequate BMD with oral bisphosphonate treatment alone," they said. The lack of improvement in TBS may possibly be explained by the relatively high TBS at commencement, due to pretreatment with risedronate among the participants (an enrollment prerequisite).

All in all, conclude the researchers, "this study puts forward a third option for patients who respond poorly to oral bisphosphonates." EN

– HORVATH IS A FREELANCE WRITER BASED IN BALTIMORE, MD. IN THE APRIL ISSUE, SHE WROTE ABOUT THE **ENDO 2025** SESSION, "THYROID DISRUPTORS," THAT DISCUSSES IMPACT OF CERTAIN ENDOCRINE-DISRUPTING CHEMICALS ON VARIOUS ASPECTS OF THYROID HEALTH.

BY GLENDA FAUNTLEROY SHAW

Endocrine News talks to the Endocrine Society's 2025 Outstanding Clinical Investigator Laureate JoAnn Manson, MD, DrPH, MACP, about her ongoing research on menopausal estrogen therapy, the risks and benefits of nutritional supplements, her numerous large-scale prevention trials, and why she feels that the concept of a "healthspan" is more important than a lifespan.

To Your "Healthspan"

Q&A with JoAnn Manson, MD, DrPH, MACP

Manson and colleagues on the VITAL trial meet to plan the next study, questionnaires, and clinic visits.

JoAnn Manson, MD, DrPH, MACP

The life's work of JoAnn Manson, MD, DrPH, MACP, has had extraordinary impact on clinical medicine and women's health, and her quest to unlock medical discoveries continues. Her most recent work tackles the concept that our "healthspan" is more important than our "lifespan" and investigates what interventions can ensure we maintain better health and quality of life for longer.

Manson's efforts to address critical problems like these, and her numerous large-scale prevention trials, are key examples of what led the Endocrine Society to name her the 2025 Outstanding Clinical Investigator Laureate. Manson serves as the Michael and Lee Bell Endowed Professor of Women's Health at Harvard Medical School and chief of the Division of Preventive Medicine at Brigham and Women's Hospital. She is also a professor at the Harvard T.H. Chan School of Public Health.

The Endocrine Society's Laureate award is just one of Manson's numerous career honors, including the American Heart Association's (AHA's) Distinguished Scientist Award, the AHA's Research Achievement Award, the Woman in Science Award, election to the Institute of Medicine of the National Academies (National Academy of Medicine) and the Association of American Physicians, and mastership in the American College of Physicians.

Endocrine News asked Manson more about her clinical discoveries and how she arrived at this path of research.

Endocrine News: What did the news of the Laureate recognition mean to you?

JoAnn Manson: I was tremendously honored and excited to hear the news about receiving the award. The Endocrine Society has played a key role in my career and professional growth since my earliest days as an endocrine fellow, so it

> "We've become increasingly interested in the concept of 'healthspan' as being even more important than 'lifespan' and trying to understand which interventions **are most effective for maintenance of cardiometabolic health and prevention of cognitive decline, loss of mobility and physical function, and impaired quality of life."**
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> — JOANN MANSON, MD, DRPH, MACP, MICHAEL AND LEE BELL ENDOWED PROFESSOR OF WOMEN'S HEALTH, HARVARD MEDICAL SCHOOL; CHIEF, DIVISION OF PREVENTIVE MEDICINE, BRIGHAM AND WOMEN'S HOSPITAL; PROFESSOR, HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH, BOSTON, MASS.

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Manson meets with study staff to examine the calendar packs for the pills being tested in one of the division’s large-scale randomized trials.

was very gratifying to be recognized in this way. I feel that I share this award with the superb team of researchers and colleagues I’ve been privileged to work with over the decades.

***EN:* Your contributions have had a major impact on our understanding of the risks and benefits of menopausal estrogen therapy and vitamin D supplementation. You’ve also led studies on prevention of several chronic diseases, including heart disease, type 2 diabetes, and cancer. Was there a defining moment early in your career that sparked the trajectory into this area of research?**

Manson: Seeing patients with late-stage complications of preventable diseases really motivated me to pursue research on prevention, both on modifiable lifestyle factors that reduce the risk of major chronic diseases and testing promising interventions in large-scale randomized clinical trials. I was fortunate to have an opportunity early in my career to become one of the principal investigators (PIs) of the Women’s Health Initiative (WHI), as PI of the WHI clinical center in Boston. The WHI tested not only menopausal hormone therapy but also calcium/vitamin D supplementation and a low-fat dietary intervention. It was exciting to be involved in the WHI and to be part of a team effort that helped to inform clinical decision making on these interventions and to fill some of the knowledge gaps in women’s health.

For estrogen, it was particularly important to understand how the complex benefit-to-risk profile differed by a woman's age, time since menopause, and underlying health risks, and it turned out to be generally more favorable in early rather than later menopause. This was not known prior to WHI and wasn't clear from the observational research. I was also fortunate to be able to launch, again with amazing colleagues, the large-scale VITamin D and OmegA-3 TriaL (VITAL), testing these interventions for chronic disease prevention. All of these studies are team efforts, and we also owe an enormous debt of gratitude to the study volunteers who participate in these trials and help get answers for future generations. Regarding your question about a defining moment early on, my mother's death from ovarian cancer at the start of my medical training was the original inspiration for my commitment to women's health and randomized trial research.

EN: You are a contributor to Medscape, Web MD, and many lay media outlets. Are the concerns of women over 50 still the same as 10 years ago? It seems low estrogen or vitamin D deficiency remain major concerns of women in menopause.

Manson: Yes, I'm frequently asked questions about who's a candidate for menopausal hormone therapy and who should take vitamin D supplements. These questions are similar to the ones I've been asked over the past decade. However, I'm also being asked lots of questions about other dietary supplements and which ones are worth taking, including whether to take omega-3s or multivitamins. For the latter, the increasing number of questions may be related to our recent findings in COSMOS that multivitamins appear to slow age-related memory loss in older adults. In this field, the answers tend to be nuanced, and most require taking individual factors into account. It's rarely a "one-size-fits-all" answer.

EN: Can you share a few of your Division of Preventive Medicine's major research goals for the coming year?

Manson: We've become increasingly interested in the concept of "healthspan" as being even more important than "lifespan" and trying to understand which interventions are most effective for maintenance of cardiometabolic health and prevention of cognitive decline, loss of mobility and physical function, and impaired quality of life. We're interested in multi-omic predictors of biological aging and interventions that may be able to slow biological aging, such as measured by epigenetic and proteomic clocks, and to extend healthspan. This will include testing of novel and repurposed medications for this indication.

We also have several additional questions we'd like to pursue in VITAL, COSMOS, and some of our other trials, as well as an interest in trying to replicate some of the key findings in new trials. Finally, we have a strong interest in studying contemporary formulations of transdermal estradiol and progesterone therapy, to better understand their health effects among recently menopausal women.

EN: When you're not at work, what is your favorite way to pass the time?

Manson: Spending time with my family, no matter what the activity. We especially enjoy time outdoors, such as nature hikes, walking, and exploring towns on the north shore of Boston and throughout New England. We live in an antique colonial house that's now 220 years old, so there's always repair work beckoning. But visiting with our three children (two in California and one in Connecticut) or welcoming them home for their visits remains our greatest joy and favorite activity. EN

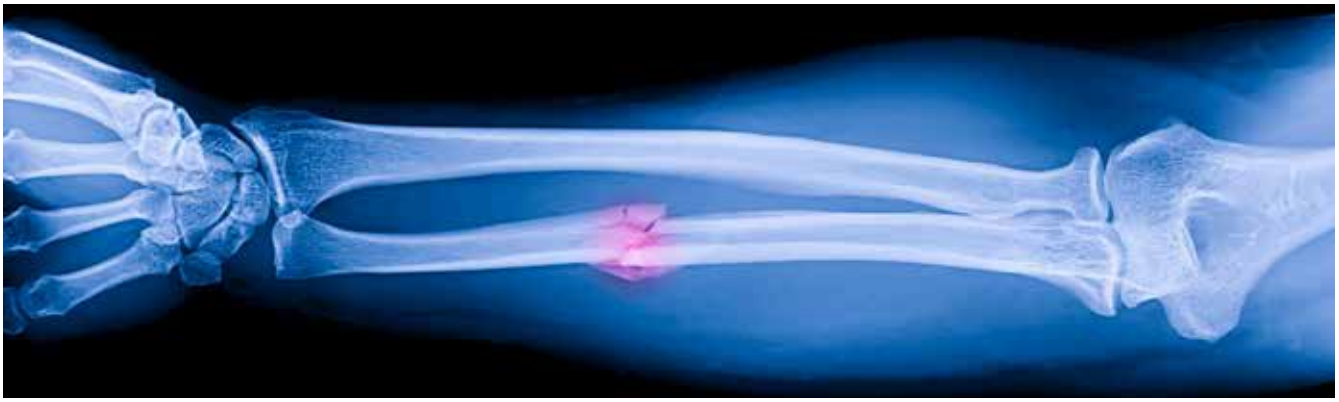
– SHAW IS A FREELANCE WRITER BASED IN CARMEL, IND. SHE IS A REGULAR CONTRIBUTOR TO *ENDOCRINE NEWS* AND WRITES THE MONTHLY LABORATORY NOTES COLUMN.

On behalf of Endocrine Society's Bone and Mineral Special Interest Group Steering Committee, Vafa Tabatabaie, MD, and Muriel Babey, MD, discuss the importance of Fracture Liaison Services, how they can contribute to better patient care, improved quality of life and cost savings, and why the time to start one is now.

Fracture Liaison *services*

BY VAFA TABATABAIE, MD, AND MURIEL BABEY, MD

Osteoporotic fractures are a leading threat to the health and independence of older adults around the world, which makes the need for Fracture Liaison Services (FLS) more vital than ever.



A Game-Changer in Osteoporosis and Fracture Prevention

Osteoporotic fractures pose a significant threat to the health and independence of older adults worldwide. Despite advances in medical care, only about 20% of individuals who suffer an initial fragility fracture receive appropriate evaluation and treatment aimed at identification and treatment of osteoporosis and therefore remain at high risk for subsequent fractures.

To close the gap between acute fracture management and long-term treatment of osteoporosis, multiple professional organizations have recommended establishing a Fracture Liaison Service (FLS), a proactive and cost-effective approach that has been shown to transform secondary fracture prevention, save costs, and improve patient outcomes.

What is a Fracture Liaison Service?

FLS is a patient-centered, coordinated care model designed to identify, assess, and manage patients who have experienced a fragility fracture. FLS programs have gained global recognition as the most effective strategy for preventing future fractures among patients with osteoporosis. The FLS team is typically led by a "champion" physician and includes other healthcare professionals such as nurse practitioners and patient coordinators; the program ensures that patients receive comprehensive and timely evaluation and care tailored to their needs, including patient education on diet and lifestyle improvement, fall prevention, and medication. The FLS model seeks to identify patients who have already suffered a fracture and connect them to appropriate care, rather than waiting for patients to find their way to the right provider.

Despite abundant evidence in the literature about proven benefits of FLS including reducing the risk of future fractures and associated mortality, enhanced patient education and adherence to treatment, improved health and quality of life, increased healthcare efficiency, and impressive cost saving, the FLS model remains underutilized in many parts of the world. As Napoli, Ebeling, and Kiel noted in their recent opinion piece in the *New England Journal of Medicine* [Napoli N., Ebeling, P.R., Kiel D.P. "Coordinating Multidisciplinary Care — Improving Outcomes after Fragility Fractures." N Engl J Med 392;2], lack of reimbursement for FLS-related services in the U.S. creates a financial barrier that renders administrators and healthcare leaders unwilling to absorb the initial costs of establishing such service, such as hiring patient coordinators.

It is also possible that FLS champions face uncertainty when trying to decide where to start and which FLS model to

> There is no one-size-fits-all when it comes to FLS. Each institution has limitations and strengths; it is important for champions to start somewhere, stay pragmatic and flexible, and modify their protocols as they go with the goal of capturing the patients at highest risk for recurrent fracture. **FLS is a never-ending QI project."**
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> — **VAFA TABATABAIE, MD**, IS PROFESSOR OF MEDICINE AND ORTHOPEDICS; INTERIM CHIEF, DIVISION OF ENDOCRINOLOGY; AND DIRECTOR OF FRACTURE LIAISON SERVICES AT MONTEFIORE MEDICAL CENTER, ALBERT EINSTEIN COLLEGE OF MEDICINE, THE BRONX, N.Y.

adopt. RESTORE (REducing future fractureS and improving ouTcOmes of fRagility fracturE) is a pragmatic randomized clinical trial that proposes to compare two approaches to secondary fracture prevention: enhanced usual care in which patients and their primary care providers are provided with bone health educational materials; and augmented FLS, in which patients are referred to a local bone health specialist.

The primary outcome is cumulative incidence of new fragility fractures occurring within two years after randomization. The centralized FLS model employed in the RESTORE study provides an alternative framework for future FLS programs and if found to be superior to usual care, will impact quality of fragility fracture care and U.S. healthcare policy, which may result in the Centers for Medicare and Medicaid Services (CMS) beginning to reimburse comprehensive post-fracture care in the U.S. While we await the results of RESTORE to identify which type of FLS practice is more effective and while advocacy efforts for recognizing FLS reimbursement models are ongoing, we turn to Endocrine Society members and beyond to share their experience of establishing successful FLS programs.

HiROC: FLS at Geisinger

Based in Danville, Pa., Geisinger Health System's FLS branded High Risk Osteoporosis Clinic (HiROC) uses an in-house consultation model. The initial model was designed so that all patients older than 50 years of age who are admitted with a hip fracture have an inpatient consult by rheumatology to initiate evaluation for osteoporosis and arrange for outpatient follow up.

An FLS team needs a "champion" physician along with other healthcare professionals to ensure patients get care and education tailored to their specific needs.

Thomas Olenginski, MD, rheumatologist and HiROC FLS physician champion notes that over the years, trauma surgeons, hospitalists, and emergency room providers started consulting rheumatology for other types of fractures as well. Despite challenges in providing optimal care for this vulnerable population, Geisinger's FLS team has consistently initiated treatment in about 75% of eligible patients, and more than 50% of patients seen in hospital choose to follow up in clinic post-discharge.

Having documented a roughly 15%, six-month post-fracture mortality rate in all patients, and importantly, 20% in men, Olenginski and his team strive to provide timely post-fracture care and hope their work inspires others to champion the cause of secondary fracture prevention through integrated FLS care.

Serving The Bronx: FLS at Montefiore Einstein

Vafa Tabatabaie, MD, director of FLS at Montefiore Einstein in The Bronx, N.Y., and a member of Endocrine Society's Bone and Mineral Special Interest Group, established a multidisciplinary FLS program at her institution in 2014. "A few months before graduating endocrine fellowship, I received a consult request from our orthopedic service to see a woman who was admitted with bilateral femoral neck fractures after falling while bowling," she recalls. "I immediately thought, how come this is the first time I am receiving such a consult request despite knowing many cases of fragility fracture are treated in our institution every day?"

Montefiore Einstein FLS was formed in 2014 as a collaborative effort among orthopedic surgery, geriatrics, and endocrinology. Their current protocol involves several arms, including initiation of alendronate at discharge by a consultant geriatrician who co-manages patients admitted with hip fracture. "There is no one-size-fits-all when it comes to FLS," Tabatabaie says. "Each institution has limitations and strengths; it is important for champions to start somewhere, stay pragmatic and flexible, and modify their protocols as they go with the goal of capturing the patients at highest risk for recurrent fracture. FLS is a never-ending QI project."

A DECADE OF FLS

Looking back at 10 years of experience in establishing and maintaining an FLS program in an underresourced, busy, inner-city healthcare system, Tabatabaie shares the following simple tips with future FLS Champions:

- **Do not let the enormity of the task overwhelm you; recognize that no matter how small your first step is, it will be an improvement over the status quo.**
- **Build a team: Seek buy-in from other stakeholders in your organization, such as orthopedic surgery and geriatrics. You will find other partners that share your goal and your passion. My colleague Mani Kahn, MD, chief of trauma and orthopedic surgery and residency program director at Montefiore, tells me how he dislikes operating on the same limb twice. Wanda Horn, MD, director of Inpatient Geriatrics Service is happy to have a partner in managing frail older adults who have gone through the ordeal of recovering from a hip fracture. They also want to see our patients recover uneventfully and thrive, and not to return to the emergency department a few months later with another fracture.**
- **Tap into available resources: There is a treasure trove of resources already out there, use them! An excellent example is the "Capture the Fracture" initiative created by the International Osteoporosis Foundation where you can find implementation strategies, mentorship, patient handouts, and much more.**
- **Simplify your algorithm: The FLS Champion, whether an endocrinologist, rheumatologist, geriatrician, or hospitalist often comes up with an algorithm in collaboration with other stakeholders to triage and manage patients with a fragility fracture. Depending on local resources, be open to starting small and simple: Can the patients be seen by the endocrine or rheumatology inpatient consult service? Can advanced practice providers such as nurse practitioners (NPs) or physician's assistants (PAs) implement the algorithm and check in with the champion periodically? As the work progresses, incremental success can attract more resources and allies to your cause. Remember "perfection is the enemy of progress."**

"As populations age worldwide, the burden of osteoporotic fractures is expected to increase, including an expected doubling of incidence of hip fractures in the next few decades. While we must strive to detect osteoporosis and prevent fractures *before* they happen, **secondary prevention of fragility fractures is guaranteed to deliver an immediate impact in enhancing health and well-being of patients worldwide."**

—**MURIEL BABEY, MD,** IS ASSISTANT PROFESSOR, ADJUNCT, IN THE DIVISION OF ENDOCRINOLOGY, METABOLISM, AND DIABETES, AT THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, SAN FRANCISCO, CALIF.

Bone & Mineral SIG

Throughout the year, the Endocrine Society's Bone & Mineral SIG holds informational webinars as well as discussions via the SIG subgroup in the EndoForum online community.

There will also be special events and sessions at ENDO 2025 in San Francisco, Calif., including the popular All SIG Reception on Friday, July 11, 2025 from 5 p.m. to 7 p.m.

For more information, go to: https://www.endocrine.org/our-community/special-interest-groups/bone-and-mineral.

The Future of Fracture Liaison Services

As populations age worldwide, the burden of osteoporotic fractures is expected to increase, including an expected doubling of incidence of hip fractures in the next few decades. While we must strive to detect osteoporosis and prevent fractures *before* they happen, secondary prevention of fragility fractures is guaranteed to deliver an immediate impact in enhancing health and well-being of patients worldwide.

For individuals who have experienced a fragility fracture, enrolling in an FLS program could be a life-changing step toward stronger bones and a healthier future. As awareness grows, more hospitals and healthcare systems recognize the value of this innovative approach. With continued support from policymakers and healthcare providers, Fracture Liaison Services have the potential to revolutionize osteoporosis care and significantly improve patient outcomes worldwide.

The time to start your FLS is NOW! EN

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Vafa Tabatabaie, MD, is professor of medicine and orthopedics; interim chief, Division of Endocrinology; and director of Fracture Liaison Services at Montefiore Medical Center, Albert Einstein College of Medicine, The Bronx, N.Y.

Endocrine Society is Advocating for You

We know this has been an extraordinarily turbulent and disruptive time for U.S. researchers and our colleagues around the world. Since January, there have been a myriad of U.S. executive actions affecting researchers, including cuts to research, firing of federal workers, rescinded grants, and withdrawn funding opportunities.

In early April, a judge issued a permanent injunction on the federal government's attempt to cap the National Institutes of Health's (NIH's) indirect costs at 15%. While this is a win for researchers, a media report indicates that the administration plans to appeal the ruling. Reports about funding freezes at institutions in the U.S. continue to populate. The administration has frozen NIH funding for grants issued to Columbia University. This has resulted in a freeze on the Diabetes Prevention Program Outcome Study (DPPOS), as Columbia served as the coordinating institution for DPPOS, and threatens the care of diabetes patients and the continuation of these studies at 30 different U.S. institutions in 21 states.

At the time this article was written, Northwestern University, Cornell University, and Harvard University have also had federal research funds frozen by the current administration.

We are deeply concerned about the impact that these actions have on our members and want to share some of the actions that we are taking to protect research.

- We participated in two Capitol Hill days, flying our members to Washington to meet with dozens of lawmakers to describe the impact of cuts to research.
- We are collecting stories about the impacts to endocrine research programs and sharing these with congressional offices so that they can understand the disruption.
- We have submitted testimony to the House Appropriations Committee urging it to provide increased funding to the NIH and protect the agency from recissions or other administration actions to claw back funding.
- We have issued statements to the press, urging lawmakers to restore funding to critical studies and oppose firings and cuts to the NIH.
- We have issued multiple advocacy campaigns to give members the opportunity to weigh in directly with their elected officials.

We will continue to educate Congress and fight to protect the NIH, but we need your help. Please send your stories about the impacts of these funding freezes and policy changes to **advocacy@endocrine.org** so that we can illustrate the harm these cuts are having. We also urge our U.S. members to participate in our advocacy campaigns and share these campaigns with your colleagues.

NIH Director Sets Priorities

Following his Senate confirmation in March, Jayanta (Jay) Bhattacharya, MD, PhD, began his role as director of the National Institutes of Health (NIH) on April 1. Through an email to NIH staff, Bhattacharya introduced five priority areas, listed below, that he will be directing the NIH to focus on:

1. Focus on improving population health: Address the health needs of Americans, including the chronic disease crisis.

2. Reproducibility and rigor: The NIH will address and solve the reproducibility crisis.

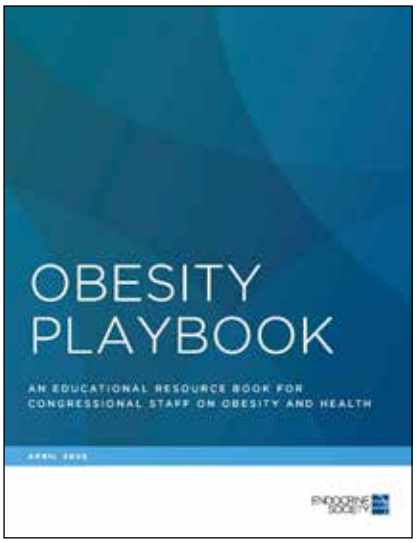
3. Innovation and collaboration: To be at the forefront of biomedical innovation, innovative technologies, ideas, and approaches will be embraced.

4. Research safety and transparency: Experiments should pose no risk of harm to humans and must maintain the highest ethical standards and transparency.

5. Academic freedom: Varied perspectives will be valued and encouraged.

Bhattacharya lifted the travel ban for NIH staff, allowing staff to travel for most conferences and meetings again. He also has resumed publication of study section and advisory council meetings in the *Federal Register*, and some notices are returning to the weekly NIH grants guide. Though some but not all institutes and centers have yet to publish their advisory council meetings, further delaying the grant review and awards process for researchers.

The Endocrine Society Continues Obesity Education Initiative for Policymakers



On April 3, the Endocrine Society released an updated version of our "Obesity Playbook," an educational resource guide on obesity for members of Congress and their staff.

Members of Congress and the new administration have expressed interest in addressing obesity, one of the costliest chronic diseases in the U.S. We designed the Playbook to provide members of Congress and their staff with a "go-to" resource about obesity with information to inform them about obesity so that they can address it effectively. The Playbook includes obesity prevalence data, information about the cost burden of obesity, the impact obesity has on our military and national security, and treatment options, including the latest information about anti-obesity medications (AOMs) and drug compounding.

The Playbook is one component of our Obesity Education Initiative (see **https://www.endocrine.org/advocacy/priorities-and-positions/obesity** for more information). The initiative, supported by Lilly and Novo Nordisk, includes educational briefings for members of Congress and staff on obesity, media resources including podcasts and science writer conferences, and other educational materials.

Obesity in the News: CMS Rulemaking and Preventive Services Task Force Proposal

On April 4, the Centers for Medicare and Medicaid Services (CMS) announced that it would not finalize a proposal that would have allowed Medicare and Medicaid to cover anti-obesity medications (AOMs) for weight loss.

The Society has shared our disappointment with the administration and media that CMS chose not to implement this proposal, which was included in a rule finalizing payment policies for Medicare Part D and Medicare Advantage. We are concerned about the impact this will have on Medicare and Medicaid beneficiaries with limited incomes. While CMS decided to not move forward with the coverage rule proposal, the United States Preventive Services Task Force (USPSTF) announced this week that it will develop draft recommendations looking at whether AOMs can affect health outcomes such as cardiovascular disease. If the Task Force gives the recommendations a grade of "A" or "B," this could mean that private insurers must cover AOMs.

The Society will monitor this closely and will weigh-in at the appropriate time to encourage the Task Force to issue a favorable recommendation. The Society will also continue to advocate for the Treat and Reduce Obesity Act (TROA), which would allow CMS to cover AOMs. EN

Right On Track

BY COURTNEY CARSON

The launch of seca's real-time Treatment Tracker empowers endocrinologists with data-driven insights through integrated body composition monitoring for more responsive, personalized patient monitoring.

The Treatment Tracker from seca analyzes an individual's body composition in order to create a more accurate overall picture that will potentially lead to a more personalized treatment regimen with an abundance of data to back it up.

Treatment Tracker is the latest development from seca, a manufacturer of medical scales and measurement systems. The tracker's software integrates patients' body composition data with existing treatment plans in real time, providing clinicians with a centralized platform to track interventions, visualize changes in the body in real time, and make adjustments to enhance patient outcomes.

For endocrinologists managing complex metabolic conditions such as obesity, diabetes, polycystic ovary syndrome (PCOS), and more, the timely integration of body composition analytics represents a shift in care. Historically, body composition assessments have been left out of the therapeutic decision-making process, often resulting in delayed or less-than-optimal adjustments to interventions. With the Treatment Tracker, seca aims to close this gap by ushering in a new era of personalized, data-backed treatment.

"Seca recognizes the need for body composition analysis to evolve from just a measurement into a tool that significantly enhances patient outcomes," according to Nina Crowley, PhD, RD, director of clinical education and partnerships at seca. "With the industry shifting away from outdated metrics like BMI (body mass index), it's

more important than ever to equip clinicians with tools that provide actionable insights."

Treatment Tracker allows endocrinologists and metabolic health providers to set personalized goals aligned with patients' unique metabolic profiles, creating targeted, evidence-based objectives focused on fat percentage, muscle mass, and total body weight. Additionally, the platform offers a way to monitor patients' responses to interventions such as GLP-1 agonists, insulin therapy, lifestyle changes, or bariatric procedures through an intuitive visual dashboard.

Treatment plans may be adapted in real time by analyzing shifts in fat-free mass and muscle retention, ensuring timely and data-driven modifications to therapy, medication, or nutrition. And patient engagement is enhanced as real-time data are leveraged through the platform for shared decision making, motivating patients to take an active role in their metabolic health journey. This solution is particularly timely as new therapies, including GLP-1 receptor agonists, become mainstays in weight and diabetes management. The need for careful tracking of muscle mass and metabolic adaptations is greater than ever.

Treatment Tracker offers endocrinologists a tool to enhance metabolic care and personalize treatment strategies across diverse patient populations. More than a data aggregation tool, seca's Treatment Tracker is the newest clinical ally for endocrinology practices focused on providing proactive, informed, and patient-centered medicine. EN

– CARSON IS A BIRMINGHAM, ALA.-BASED FREELANCE WRITER AND IS A REGULAR CONTRIBUTOR TO *ENDOCRINE NEWS*.